



PAT BROWN INSTITUTE OF PUBLIC AFFAIRS

METHAMPHETAMINES: THE NUMBER ONE PUBLIC SAFETY ISSUE IN CALIFORNIA

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Introduction

When one views the landscape of important public safety issues in the State it is difficult to determine where to begin. Is it homeland security, with its threats of acts of terrorism? Is it disaster preparedness, with the threats of earthquakes, fires and floods? Or is it the familiar area of crime, with threats of violence, drug trafficking and thefts of identity or property? As I pondered where to begin I thought of the answer that Willie Sutton, the famous bank robber gave when asked why he robbed banks. "Because that's where the money is". So I deduced that if I were to uncover clues as to the important public safety issues in California, I would have to start with the budget because that's where the money is allocated.

In January 2006 the Governor submitted a budget to the Legislature that proposed to spend over the next 2 years:

- Eight million dollars for Sexual Assault Felony Teams (SAFE) because sexual predators represent one of the greatest threats to safety and security of the citizens of California;
- Nine million eight hundred thousand dollars to add 6 new Gang Suppression Enforcement Teams (GSET) to the one team already in place because gang-related homicides result in 800 deaths at a cost of \$1.4 billion annually;
- Six million dollars to create 3 new teams to augment the 3 existing California Methamphetamine Strategy Programs (CALMS) because meth, as it is called on the street, is the leading drug-related, law enforcement problem facing California; and

- One million three hundred thousand dollars to increase Special Crimes Unit investigations and prosecutions of individuals and businesses involved in complex financial and identity theft crimes (e-budget/CA).

In May of 2006 the budget was revised to propose an additional \$142.2 million for public safety programs of which \$20 million was to intensify and strengthen the California Multi-jurisdictional Methamphetamine Enforcement Team Program (CAL-MMET) for a regional approach to the eradication of meth in California. The balance of the funds were for Vertical Prosecution Block Grants (\$8.2 million) to follow heinous cases through the judicial process, competitive grants for the Mentally Ill Offender Crime Reduction Program (\$50 million), the Citizens Options for Public Safety (COPS) \$21.3 million, the Juvenile Justice Crime Prevention Act (JJCPA) \$21.3 and \$19.5 million to offset costs for training local sheriff' deputies and probation officers who work in jails and juvenile halls (e-budget/CA/revised).

Thus it would seem that from a budgetary standpoint, methamphetamine would rate as the number one concern in enhancing public safety in California. Indeed based on a series of surveys in 2005 and 2006, sponsored by the National Association of Counties (NACo) and conducted by the Research Institute of Washington, DC, meth has become the new "bath tub gin" in America. Responding to the surveys were 500 sheriffs in counties across 44 states, many of whom reported that meth was their number one drug-related problem (8 Western States reported meth as the number 1 drug problem while none of 6 Eastern States did). Meth is a public safety hazard not only addicting hapless users but because of the volatile mixture of chemicals used in its manufacture, it causes death and injury. It is produced in vacant buildings, hotel bathrooms, apartment buildings and business locations causing explosions and fires

that injure or kill innocent victims whose only misfortune is to be in an adjacent room or building.

The Criminal Effects of Methamphetamine on Communities

The criminal effects of methamphetamines stem from the horrifying, multifaceted results of the manufacture, distribution and use of the drug and will require more than one solution involving the coordination of police, fire and health entities

A summary of the telephone survey revealed:

- More counties (48%) reported that meth was the primary drug problem—more than cocaine (22%), marijuana (22%) and heroin (3%) combined;
- Ninety percent of counties had some kind of precursor legislation in effect. Forty-six percent of sheriffs reported that the number of meth lab busts were down because of precursor legislation in their jurisdictions;
- Fifty-five percent of law enforcement officials reported an increase in robberies or burglaries in the last year and 48% reported an increase in domestic violence;
- Sixty-three percent of counties reported an increase in workloads in the last year and 73% reported that they were paying more overtime;
- Forty-eight percent of counties reported that up to 1 in 5 inmates were incarcerated because of meth-related crimes. Seventeen percent reported that 1 in 2 inmates were incarcerated because of meth-related crimes; and
- Eighty-five percent reported out-of-state importation and 71% reported importation from Mexico (NACo; 2006).

It is interesting that 46% of the counties reported a decrease in meth lab seizures and that only 12% reported an increase. These are promising findings to say the least. However while on the face of it the survey suggests that the precursor legislation has limited the ability to purchase pseudoephedrine, an ingredient in many of the over-the-counter cold medicines and a main ingredient needed for the manufacturing of meth, it

does not address the problem of addiction and consequently has not reduced the use of meth in most jurisdictions. At the same time that certain meth lab busts have occurred, robberies and burglaries were up in 55% of the counties, causing public safety staff workloads to rocket sky high and meth-related arrests to increase in 63% of the locales.

Methamphetamine Production and Distribution in California

The City Council of Long Beach referred the matter of “how the City could fight the increasing problem of methamphetamine use and related crime” to the public Safety Advisory Commission (PSAC) in September 14, 2005. During the year that followed, the PSAC conducted public hearings and heard presentations from members of the public at large, law enforcement officials, health and human services personnel and persons in rehabilitation processes. On August 15, 2006 the Council unanimously adopted the PSAC Report and a report from a consortium of health agencies on recommendations on how to address problems related to the production, distribution and use of methamphetamines in Long Beach. The Commission’s recommendations included restricting over-the-counter drugs containing ephedrine and psuedoephedrine; assessing the effectiveness of addiction programs; monitoring the effects of Proposition 36 and exploring innovative measures law enforcement can use. The health organizations advocated a social marketing campaign focused on the drug, more support groups for parents, students and meth users (PSAC, 2006).

According to law enforcement officials in Los Angeles County and Long Beach, Mexican drug-trafficking organizations (DTOs) are the primary distributors of methamphetamines in California, enlisting local street gangs and Asian criminal groups

who convert the powdered form to a crystallized form known as “ice” which is sold for up to \$30,000 per pound. DTOs have shifted their production of meth superlabs to Mexico and Riverside/San Bernardino Counties to reduce the risk of discovery. It is anticipated that California will remain one of the most active drug smuggling and production areas for meth due to the close proximity of the state’s major air, land and sea ports of entry to Mexico. The response of current legislation has been that of a law enforcement and suppression approach.

Treatment Approaches

Proposition 36, an alternative sentencing law that provides funding for substance abuse, has not had enough of a history to determine the effectiveness with persons who are addicted to meth. Health officials at Los Angeles County and Long Beach Departments of Health indicate that there are more methamphetamine related emergency room visits than any other drug. Treatment capacities as reported by Health Directors are that:

- Fifty-seven percent of treatment facilities lack funding;
- Thirty-seven percent report insufficient capacity for treatment;
- Thirty-three percent do not have sufficiently trained staff; and
- Thirty-seven percent report that different protocols are required for meth.

There are basically four approaches to the treatment and rehabilitation of meth users and proponents of each claim a measure of success. However research on the effectiveness of treatment approaches is scant or based on too few cases to be reliable as to results in progress. Briefly the approaches are:

- Moral—The person is bad if they make a bad choice in the use of drugs;
- Disease—The person is powerless over the disease and must be cured;
- Behavioral—The person has the power to change based on the way they think;
- Holistic—The person is competent to help if given the right education, tools and support (building on the good points of the other models).

A much more promising approach is present in the Methamphetamine Treatment Project (MTP), a multi-site initiative to study the treatment of meth dependence using a new, comprehensive protocol developed jointly by the MATRIX Institute of Addictions and UCLA's Integrated Substance Abuse Program (ISAP). Their goal is to see how this protocol can be transferred to the community drug system.

Conclusion and Recommendations

Methamphetamine, a drug that is largely popular in the Western States, is moving across the country from west to east, and is both dangerous and hazardous. While the suppression approach of law enforcement coupled with precursor legislation has resulted in fewer production labs and curbed the sale of over-the-counter drugs, the use of meth and meth-related burglaries, robberies and arrests has all increased. Beyond these realities, due to the longer lasting effects of meth compared to cocaine, it is anticipated that meth use will continue to surpass cocaine as the preferred illegal drug for hard drug users. Complicating matters even more is the fact that the drug trafficking organizations controlling the United States meth trade have shifted their production to superlabs in Mexico and outlying rural areas of California making discovery and prosecution more difficult. Obviously we cannot arrest ourselves out of the meth problem.

Public Safety groups and health officials report that they are unable to determine the effectiveness of treatment and rehabilitation programs in the community due to their limited history, incomplete records and lack of established program performance measurements (PSAC, 2006). Based on these conclusions the State of California should pursue legislation within a comprehensive framework that includes:

- Prevention and Education with a focus on funding clinical and community research projects that provide factual data on the production, distribution and use of methamphetamines;
- Continued Enforcement and Containment of methamphetamine production and distribution on a Western-Regional basis and not just at the State level;
- Vastly increased funding of Treatment and Rehabilitation programs and projects to determine best practices for providing comprehensive services to persons suffering from methamphetamine addiction; and
- Exploring the feasibility of collaborating with State, County and Municipal elected officials on the possibility of standardized legislation that will restrict and monitor the sales of over-the-counter drugs containing ephedrine or pseudoephedrine.

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