



March 21, 2007

H.R. 545 - Native American Methamphetamine Enforcement and Treatment Act of 2007

Floor Situation

H.R. 545 is being considered on the floor under suspension of the rules and will require a two-thirds majority vote for passage. This bill was introduced by Representative Tom Udall (D-NM) on January 17, 2007. The bill was ordered to be reported from the Committee on the Judiciary, by voice vote, on February 7, 2007.

H.R. 545 is expected to be considered on the floor on March 21, 2007.

Summary

H.R. 545:

- Amends the Omnibus Crime Control and Safe Streets Act of 1968 to include territories and Indian tribes as eligible grant recipients (or confirm that eligibility) under the programs to address the manufacture, sale, and use of methamphetamine;
- Amends the USA PATRIOT Improvement and Reauthorization Act of 2005 to include Territories or Indian tribes in the grant programs for Drug Endangered Children; and

**Note: This amendment is intended to extend the PATRIOT Act to include Native American children who reside in homes where methamphetamine or other drugs are unlawfully manufactured, distributed, dispensed, or used.*

- Amends the USA PATRIOT Improvement and Reauthorization Act of 2005 to include Territories or Indian tribes in grant programs to address methamphetamine use by pregnant and parenting women offenders.

**Note: This amendment is intended to extend the PATRIOT Act to include Native American women who use methamphetamine or other unlawful drugs and are pregnant or parenting.*

**Note: An amendment to HR 545 was offered by Representative Jim Jordan (R-OH) in the Judiciary Committee markup that would ban the use of these grant funds toward abortion. The amendment was not agreed to by a recorded vote of 20-15.*

Background

Methamphetamine is a powerful stimulant that has detrimental Effects on the brain and the central nervous system. It is derived from one of three chemicals: ephedrine, pseudoephedrine, or phenylpropanolamine, which are common ingredients found in over-the-counter drugs, such as Sudafed.

The process for making methamphetamine is fairly simple, and many recipes for synthesizing meth are available on the Internet. According to the Drug Enforcement Administration (DEA), the majority of meth in the United States comes from “superlabs” located in Mexico, California, and other southwestern states, where the Native American population is more prevalent. Superlabs are capable of producing 10 or more pounds of meth in less than 24 hours. The majority of these labs smuggle pseudoephedrine in bulk from Mexico and Canada to the United States and then synthesize it to produce methamphetamine.

Methamphetamine is a national epidemic because it is also produced in Small Toxic Labs (STLs). Different from Superlabs, STLs yield a much smaller amount of meth and utilize over-the-counter cold medications containing pseudoephedrine, such as Sudafed, or Advil Cold and Sinus. Further, unlike Superlabs, STLs can be found across the country in much smaller areas such as households or tribal territory.

While meth is manufactured using household products, its synthesis produces toxic chemicals that pose great dangers for those who are near the location of a meth lab. For example, crystalline iodine can burn skin and irritate eyes, and the vapor from iodine crystals can also harm the respiratory system.

According to the DEA, between 2001 and 2004, there were over 60,000 domestic meth-related incidents. Meth investigation and seizure during this four year period experienced a 27% increase in the number of cases. The 2003 National Survey on Drug Use and Health found that over 12 million Americans, approximately 5.2% of the population, have used methamphetamine at least once.

Present Regulations

The Controlled Substances Act (CSA), which is Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, establishes federal standards for drugs and other controlled substances. Considering several factors, such as the substance's medicinal value, harmfulness, and potential for abuse or addiction, the CSA categorizes all federally regulated substances into one of five schedules. Substances classified as Schedule I are the most dangerous drugs with no recognized medicinal use, while drugs that are less problematic are categorized as Schedule V. Meth has a high potential for abuse and is categorized as a Schedule II drug.

In 1988, CSA was amended to include provisions of the Chemical Diversion and Trafficking Act to target the manufacture of meth by regulating bulk ephedrine and pseudoephedrine transactions. However, the 1988 alterations created a loophole for over-the-counter ephedrine, pseudoephedrine, and phenylpropanolamine drug product sales, exempting them from record-keeping and reporting requirements.

In an effort to close this loophole, Congress adopted the Domestic Chemical Diversion Control Act of 1993. This act requires all importers, exporters, and distributors who handle controlled substances to keep records and register their transactions. However, the Domestic Chemical Diversion Control Act does not apply to drugs that include pseudoephedrine.

In 1996, the DEA implemented the Comprehensive Methamphetamine Control Act (MCA), which expanded previous controlled substances registrations and regulations to include those who distribute substances such as pseudoephedrine, which are used in meth production.

On March 9, 2006, President Bush signed the USA PATRIOT Improvement and Reauthorization Act of 2005 (Public Law 109-177), which included provisions to strengthen Federal, state, and local efforts to combat the spread of methamphetamine.

Grant Programs

H.R. 545 amends several grant programs that are directed toward the enforcement and treatment of methamphetamine in order to ensure they include Native American populations and territories. Specifically these programs include:

- The Hot Spots program, which specifically provides funding for a broad range of initiatives designed to assist state and local law enforcement in undertaking anti-methamphetamine initiatives;
- The Drug-Endangered Children Grant Program, which provides comprehensive services to assist children who live in a home where meth has been used, manufactured and sold; and
- The Pregnant and Parenting Women Offenders Grant Program, which is designed to facilitate cooperation between the criminal justice, child welfare, and substance abuse systems in order to reduce the use of drugs by pregnant women and those with dependant children.

Additional Information

[The Drug Enforcement Agency](#)

[The White House Drug Policy](#)

Cost

The Congressional Budget Office estimates that implementing the bill would result in no significant increase in spending for these grant programs. Enacting H.R. 545 would not affect direct spending or receipts.

Staff Contact

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