



**EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF NATIONAL DRUG CONTROL POLICY
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**Statement of Scott Burns
Deputy Director for State and Local Affairs
White House Office of National Drug Control Policy
Before the House Committee on Government Reform
Subcommittee on Criminal Justice, Drug Policy and Human Resources
“Fighting Methamphetamine in the Heartland: How Can the Federal Government Assist
State and Local Efforts?”
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Chairman Souder, thank you for affording me the opportunity to appear before you today to discuss the problem of methamphetamine in America. As a former prosecutor in a small town, I am well acquainted with the toll that methamphetamine takes on a community. For an individual, the use of methamphetamine is eventually devastating to one’s mind, body, and potential. Collectively, the criminal activity, environmental and economic harm, and danger to children that results from methamphetamine use and production make the drug a significant threat in communities where it is found.

My testimony today contains two parts. First, I will briefly outline the extent of the methamphetamine problem, including what we know about who is using it, how it affects the user, where it comes from, and the impact on local communities, including the lasting impact of toxic methamphetamine labs. Second, I will describe the government’s approach to methamphetamine within the context of the President’s *National Drug Control Strategy*. Much of the burden of tackling methamphetamine falls on the shoulders of state and local agencies, so I will also address federal support of state and local governments.

Methamphetamine: Extent of the Problem

The reasons for methamphetamine’s growing popularity stem not only from the immediate effect upon the user – which I describe below – but also the relative ease of attaining the chemicals to manufacture methamphetamine and sell it for profit.

Like any drug, we know that people use methamphetamine for a very simple reason: it makes them feel good, at least in the immediate, short term. Users have described the initial allure of methamphetamine as the short, intense rush followed by a sense of euphoria, extra energy, increased libido, and sense of invulnerability lasting up to eight hours.

The medium and long term effects of methamphetamine, however, are nothing short of devastating. Methamphetamine users begin to exhibit nervousness, paranoia, schizophrenia-like symptoms, irritability, confusion, and insomnia. Along with increased use comes the propensity for violence, erratic behavior, and often – partly due to association with other methamphetamine users – fraudulent activity such as identity theft, forgery conspiracies, and car theft. There are few more cruelly efficient means of aging an individual than using methamphetamine. Law enforcement and treatment providers report chronic

Percentage Reporting Methamphetamine Use (2002 National Survey on Drug Use and Health)			
Age	Lifetime	Annual	Past 30 Days
12–17	1.5	0.9	0.3
18–25	5.7	1.7	0.5
26 or older	5.7	0.4	0.2
12+ (Total)	5.3	0.7	0.3

methamphetamine users in their twenties who – in addition to having wrinkled, leathery skin, few teeth left, and open sores – appear to be in their fifties.

Psychologically, withdrawal from methamphetamine produces depression that can last for months. Both current and former methamphetamine users can exhibit psychotic symptoms that persist for years after the use has ended.

Scope of the National Methamphetamine Threat

Recent years have seen a significant rise in the use of synthetic drugs, a worldwide trend implicating Europe, China, Thailand, and other countries. In the United States, the synthetic drug market has centered around methamphetamine and MDMA (Ecstasy). Methamphetamine use has been migrating from the West Coast eastward, leaving devastating social consequences wherever it takes hold.

According to the 2002 National Survey on Drug Use and Health, over 35 million U.S. residents (about 14.9% of the population) used an illicit drug sometime within the past year. Of these, approximately 1.5 million reported using methamphetamine during the year (representing 0.7% of the population), and about 12.4 million U.S. residents over the age of 12 had used methamphetamine at least once in their lifetime (representing 5.3% of the population).ⁱ

According to the Drug Abuse Warning Network's annual emergency department (ED) report, there were 670,307 drug abuse-related ED episodes in the U.S. during 2002 with 1,209,938 total drug mentions. Methamphetamine was mentioned 17,696 times in these ED episodes.ⁱⁱ

One of the most interesting aspects of the methamphetamine threat is its lack of national uniformity. Simply put, according to the National Drug Intelligence Center, in some areas of this country, methamphetamine use and production is not classified as a significant problem. Yet in other regions, it is a significant threat. The majority of reporting law enforcement agencies in the Pacific, West Central, and Southwest regions identify methamphetamine as their greatest drug threat. By contrast, very few law enforcement agencies in the Florida/Caribbean, Mid-Atlantic, New York/New Jersey and New England regions have identified methamphetamine as a primary threat. While there is also some level of disparity nationwide with respect to the marijuana, cocaine, and heroin threat, the difference is not as stark as with methamphetamine.

With respect to the State of Indiana, methamphetamine abuse is a growing threat, and abuse has spread from rural to more urban areas. Health officials indicate that the drug is mostly used by middle class, blue-collar Caucasians, but is increasing in popularity among youth. Much of the methamphetamine consumed in Indiana is generally manufactured in Mexico or the southwestern states and transported into Indiana. Local methamphetamine distributors (Nazi Labs) produce a higher purity product (30-40 % purity level), but do not produce large enough quantities to support wholesale distribution. Small individual operators produce enough methamphetamine for personal use, friends, and limited sales. Nazi labs, usually constructed in bars or residential homes, produce enough for retail distribution.

Methamphetamine Production and Trafficking: Who is Responsible?

Unlike cocaine and heroin, which are rarely produced domestically, methamphetamine is both imported into the United States and produced domestically. We know that transnational drug trafficking organizations, and especially those headquartered in Mexico, are responsible for the importation, and much of the distribution of, methamphetamine within the United States. While some of these organizations are headquartered outside of the United States, they actually operate “super-labs” within our borders. These are often poly-drug organizations which are served by a vast network of transporters, distributors and money brokers who distribute not only methamphetamine, but also cocaine, heroin, marijuana and MDMA throughout America.

Although the sheer number of small, toxic laboratories (STLs) found throughout the United States is greater than the number of super-labs, the latter are actually responsible for the greater share of methamphetamine being used and distributed throughout our nation.

The most common ingredient in methamphetamine is pseudoephedrine. STLs typically divert the pseudoephedrine from pharmacies and discount stores. The large, Mexican-controlled super-labs that make large quantities of methamphetamine for importation and distribution, however, get much of their pseudoephedrine from or through Canada. My testimony will address our efforts to work with Canada to deprive producers of easy access to bulk quantities of pseudoephedrine.

With respect to domestic production, there are essentially four reasons that methamphetamine is produced within our borders. The first is simply the market phenomenon of continuing demand as use increases. The second is the ease of attaining information on making methamphetamine – recipes, techniques, and sources are all easily accessible on the Internet, and books on the subject can easily be ordered online. The third is the ease of purchasing the ingredients for making methamphetamine within the United States. The fourth reason is more subtle. For users and dealers, cooking methamphetamine has developed into a social activity where methamphetamine users can share information on methods of cooking and using methamphetamine, who in the “meth world” may be working undercover for police, and what sort of criminal enterprises, such as identity theft, may be feasible to enable the illegal acquisition of the ingredients used in methamphetamine.

Methamphetamine: More Than Just A Drug

Methamphetamine, like marijuana, cocaine, and heroin, causes harm to more than just the user. However, methamphetamine is unique in the extent to which the manufacturing process itself causes harm to neighbors, the environment, property values, and tragically, to innocent victims such as young children.

Environmental damage

Methamphetamine is fundamentally an adulterated mixture of pharmaceutical extracts with poisonous materials. The ingredients in methamphetamine are found in over-the-counter cold medicines and diet pills, household products like lithium camera batteries, matches, tincture

of iodine, and hydrogen peroxide. Flammable household products, including charcoal lighter fluid, gasoline, kerosene, paint thinner, rubbing alcohol, and mineral spirits, are often used in the production process. Corrosive products, such as muriatic acid, sulfuric (battery) acid, and sodium hydroxide from lye-based drain cleaners, also may be used. In rural areas where anhydrous ammonia is used as a fertilizer, farmers are increasingly finding their ammonia tanks have been tapped by “cooks” using this highly toxic chemical to produce methamphetamine. These chemicals are not only flammable and corrosive – they are poison. Any property owner whose rental has been converted into a toxic methamphetamine lab knows of the long, expensive process required to make the location safe and habitable again. Because the cost is many thousands of dollars, buildings may actually have to be razed and rebuilt after a methamphetamine lab has been discovered. Some 15% of methamphetamine labs in this country are discovered as the result of an explosion or fire at the lab – a further risk to nearby innocent property owners.

Associated Criminal Activity

Additionally, law enforcement in this country has identified a trend associated with the domestic manufacture of methamphetamine: in areas where methamphetamine manufacturing is increasing, so also are car thefts, forgeries, and especially identity theft incidents. Law enforcement in these areas report that this correlation appears to exist with more frequency than with cocaine, heroin or marijuana use or trafficking.

Chemicals Used in Methamphetamine Production	
Chemical	Hazards
Pseudoephedrine	Ingestion of doses greater than 240 mg. causes hypertension, arrhythmia, anxiety, dizziness, and vomiting. Ingestion of doses greater than 600 mg. can lead to renal failure and seizures.
Acetone/Ethyl Alcohol	Extremely flammable, posing a fire risk in and around the laboratory. Inhalation/ingestion causes severe gastric irritation, narcosis, or coma.
Freon	Inhalation can cause sudden cardiac death or severe lung damage. Corrosive if ingested.
Anhydrous Ammonia	Inhalation causes edema of the respiratory tract and asphyxia. Contact with vapors damages eyes and mucous membranes.
Red Phosphorus	May explode on contact or friction. Ignites if heated above 260°F. Vapor from ignited phosphorus severely irritates the nose, throat, lungs, and eyes.
Hypophosphorus Acid	Extremely dangerous substitute for Red Phosphorus. If overheated, deadly phosphine gas is released. Poses a serious fire and explosion hazard.
Lithium Metal	Extremely caustic to all body tissues. Reacts violently with water and poses a fire or explosion hazard.
Hydriodic Acid	A corrosive acid with vapors that are irritating to the respiratory system, eyes, and skin. If ingested, causes severe internal irritation and damage that may cause death.
Iodine Crystals	Gives off vapor that is irritating to respiratory system and eyes. Solid form irritates the eyes and may burn skin. If ingested, it will cause severe internal damage.
Phenylpropanola mine	Ingestion of greater than 75 mg. causes hypertension, arrhythmia, anxiety, dizziness. Quantities greater than 300 mg. can lead to renal failure, seizures, stroke, and death.
Source: US Department of Justice, <i>Information Bulletin: Children at Risk (7/2002)</i>	

Methamphetamine: Innocent Victims

Recently, the Department of Justice published an important report regarding children who have been raised in homes where methamphetamine labs were discovered. The results, while preliminary, are disturbing. Along with an increase in methamphetamine labs was an increase in children found present at the lab sites – most of whom resided at the residence where the lab was found. The inherent dangers to children being raised at or near a methamphetamine lab are severe: inhalation or ingestion of toxic substances including methamphetamine, accidental injection or prick by discarded needles or other paraphernalia; and severe illness after the ingestion of chemicals. Further, children at methamphetamine labs are more likely to be physically and sexually abused by members of their own family and other individuals at the site. While withdrawing from a methamphetamine high, some parents fall into a deep sleep for days,

during which time their children suffer from neglect, chemical exposure, hunger, and further abuse by other methamphetamine-using individuals. And in some cases, children have died as a direct result of exposure to the toxicity of a methamphetamine lab.

**Number of Children Involved in Meth Lab-Related Incidents, United States
(El Paso Intelligence Center – U.S. Department of Justice)**

	2000	2001	2002	2003*
Number of incidents	8,971	13,270	15,353	14,260
Incidents with children present	1,803	2,191	2,077	1,442
Children residing in labs	216	976	2,023	1,447
Children affected**	1,803	2,191	3,167	3,419
Children exposed to toxic chemicals	345	788	1,373	1,291
Children taken into protective custody	353	778	1,026	724
Children injured; killed	12; 3	14; 0	26; 2	44; 3

*The 2003 figure for the number of incidents is calendar year, while the remaining data in the column are for fiscal year

**Data for 2000 and 2001 may not show all children affected

DISRUPTING THE METHAMPHETAMINE MARKET: THE FEDERAL RESPONSE

The President’s *National Drug Control Strategy* aims to reduce use of all drugs in America by 25% within five years. While not focused exclusively on any specific illicit drug, the *Strategy* recognizes methamphetamine as one of the primary drug threats to America. Within the *Strategy* are three priorities: 1) stopping drug use before it starts, 2) healing America’s drug users, and 3) disrupting drug markets. Recent data shows that with respect to youth aged 12-17, the President’s goal of reducing drug use by 10% over two years was exceeded by one percentage point – good news for all Americans.

As a government faced with the challenges of punishing dangerous criminals and taking methamphetamine off the street, we are working hard to ratchet up costs to both the trafficker and the methamphetamine cook at a tempo that prevents the methamphetamine trade from adapting to new pressures or continuing its eastward expansion.

One of the flagship initiatives of this administration which cuts across agencies and programs such as the Drug Enforcement Agency, the Organized Crime Drug Enforcement Task Force and High Intensity Drug Trafficking Areas, is the Priority Targeting Initiative. Most of the priority drug trafficking organization (DTO) targets are poly-drug in nature, and respond to market forces – such as the demand for methamphetamine. For FY 2005, the administration is requesting \$34.7 million for the Priority Targeting Initiative, which includes 256 positions to further DEA’s plan for addressing the nation’s illegal drug threats. This initiative will target priority DTOs involved in the manufacture and distribution of illegal drugs, including those involved in the diversion of precursor chemicals used to manufacture methamphetamine. With respect to OCDETF, the proposal includes \$9.6 million for 113 positions, including 71 U.S. Attorneys, to address staffing imbalances and ensure we can prosecute those we arrest. The request also includes \$6.3 million and 60 positions (26 agents) to expand the capacity of the drug intelligence fusion center, which would advance investigations of command and control targets linked to the Attorney General’s priority targeting list. With respect to HIDTA, in FY 2003, Consolidated Priority Organizational Target (CPOT) initiatives received \$16.5 million in funding, and of these initiatives, two were solely methamphetamine-related, and seven were poly-drug. Of the seven poly-drug initiatives, we classify four as having included a methamphetamine focus.

Of the original 53 priority drug targets, nine were listed as either methamphetamine distributors or poly-drug traffickers who deal in methamphetamine and other drugs. The new CPOT list has 40 targets.

With respect to agency activities related to methamphetamine, the various activities of the federal government include:

Drug Enforcement Administration

I am joined today by an official from the Drug Enforcement Administration. In order to avoid overlapping with his testimony, I will be brief with respect to the DEA's role in attacking the methamphetamine problem. In summarizing the Federal government's efforts to stem the spread of methamphetamine, however, I would note that the DEA is the lead agency in our drug enforcement efforts to investigate, dismantle, and apprehend for prosecution the members of drug trafficking organizations trafficking in methamphetamine.

The DEA's role is multifaceted with respect to methamphetamine: in addition to the identification and investigation of methamphetamine manufacturers and trafficking organizations, DEA plays an important role in providing support to state and local agencies regarding investigations, hazardous waste removal, prevention, public awareness, and training. Additionally, DEA regulates various chemicals such as iodine, phosphorous and iodine tincture that are used in the manufacture of methamphetamine.

Methamphetamine Prosecutions and OCDETF

Following up an investigation and arrest with the prosecution and sentencing of methamphetamine manufacturers and traffickers is a key part of our *National Drug Control Strategy*. Generally, the 93 United States Attorneys and their Assistant United States Attorneys have the responsibility of providing this follow-through on methamphetamine prosecutions. In FY 2002, there were 2,171 federal cases filed related to methamphetamine, against a total of 4,208 defendants. In addition, there were approximately 100 major methamphetamine lab cases filed. Together, these constituted 12% of all federal drug cases filed in the United States in that year.

Within the context of major drug prosecutions, the Department of Justice's OCDETF program provides a framework for federal, state, and local law enforcement agencies to work together to target well-established and complex organizations that direct, finance, or engage in illegal narcotics trafficking and related crimes. The amount appropriated for FY 2004 OCDETF is \$550.6 million. The President's Budget request for FY 2005 is \$580.6 million.

With respect to OCDETF-led activity reported in FY 2003, reports indicate that there were at least 79 methamphetamine organizations disrupted (6%, responsible for about 4,830 kilograms of methamphetamine each year) and at least 142 methamphetamine organizations dismantled (11%, responsible for about 7,250 kilograms of methamphetamine each year). In FY 2003, the government initiated 180 new OCDETF investigations against methamphetamine organizations - approximately 26% of all OCDETF investigations. Additionally, there were 14 new cases in FY 2003 (2% of investigations) involving precursor chemicals. The Great Lakes and West Central OCDETF regions have recently developed methamphetamine strategies related to the goal of attacking methamphetamine and poly-drug networks.

Methamphetamine at the Border

Agencies with responsibilities for protecting our borders continue to see the influx of methamphetamine into our nation. The seizure statistics on the preceding page shows all federal methamphetamine seizures and specify arrival zone and Southwest Border seizures from 1997 to 2002.

HIDTA

The HIDTA program was created in 1990 to focus law enforcement efforts on the nation's most serious drug trafficking threats. Each year, the 28 HIDTAs submit a variety of drug trafficking initiatives for review and funding approval. As indicated at the beginning of my testimony, methamphetamine is a serious threat in some regions (and hence for some HIDTAs), but in other areas such as New England, the methamphetamine threat is negligible, and the HIDTA focuses on other drugs. Regardless of the HIDTA, the program nationwide is refocusing on the highest priority trafficking organizations – the wholesale distributors and command-and-control targets.

In FY 2003, the HIDTA program approved over 500 initiatives nationwide. Of these, some 300 initiatives directly related to a specific drug or drugs (as opposed to, for example, money laundering, intelligence, or law enforcement training); some 150 initiatives were poly-drug – many involving methamphetamine. Of the remaining initiatives approved for funding, nearly 80 were focused solely or primarily on methamphetamine – more than were focused on any other single drug by itself.

A few examples of how the HIDTA program is responding to the methamphetamine threat in America include:

- **Central Valley HIDTA**: In May of last year, agents from a Central Valley HIDTA (California) task force responded to a reported methamphetamine laboratory fire in a rural area of Madera County, California. Agents discovered evidence of laboratory activity in the residence in front of the workshop: approximately six pounds of finished methamphetamine that had been converted to “ice” crystals (worth up to \$78,000), iodine crystals, approximately twenty pounds of red phosphorous, and other chemicals used in methamphetamine production. An assault rifle, two semi-automatic hand guns and a microwave wireless surveillance system with a monitor and antenna were also found in the house. Additionally, in July of this year, upon serving a search warrant in Goshen, California, two Central Valley HIDTA task forces recovered twenty-five pounds of methamphetamine. Two children were also removed from the residence and placed with Child Protective Services. The methamphetamine seized from the residence, if diluted by 80%, would have represented about \$4.5 million – a sizable profit for an investment of less than \$75,000.
- **Hawaii HIDTA**. A Hawaii HIDTA-led investigation identified members of an organization operating in North Carolina, Utah, California, Hawaii, Tonga, Fiji, New Zealand, and Australia. A portion of the investigation culminated with the execution of 47 arrest warrants, 30 search warrants, and 13 seizure warrants in Utah, California, Hawaii, and Alaska. In addition, more than \$700,000 in cash, three pounds of cocaine, 10 pounds of crystal methamphetamine, several pieces of real property, and 15 vehicles were seized.

- **National Methamphetamine Chemical Initiative.** HIDTA also funds the National Methamphetamine Chemical Initiative (NMCI), and in FY 2003, provided over \$500,000 in support. This initiative was established and is funded through the Southwest Border HIDTA – California Partnership. The National Methamphetamine Chemical Initiative targets domestic methamphetamine production by fostering nationwide sharing of information between law enforcement agencies and providing training to investigators and prosecutors. The initiative focuses on stopping the illegal sale and distribution of methamphetamine precursors. It also maintains a national database that tracks clandestine laboratory seizures, providing federal, state, and local law enforcement with up-to-date information on methamphetamine production methods, trends, and cases.

Drug-Endangered Children

The Department of Justice is reviewing methods of improving assistance to children found at locations where drugs are used, kept, manufactured or sold, such as clandestine methamphetamine lab sites. One model program, California’s Drug Endangered Children (DEC) program, works to reduce the incidence of drug-related child endangerment and to meet the needs of children and communities threatened by exposures to clandestine methamphetamine labs. The program brings together and assists law enforcement response teams by providing technical assistance, conducting trainings and workshops, developing educational resources, and fostering interagency collaboration.

DOJ and ONDCP are committed to working together to review the effectiveness of these programs and identify opportunities to support similar programs in other areas of the country.

The Methamphetamine Interagency Task Force has provided several recommendations to improve interagency cooperation. The task force has suggested that jurisdictions take steps including:

- Increase information sharing and promote multidisciplinary approaches and partnerships among prevention, education, treatment, and law enforcement agencies at the federal, state, and local levels
- Expand collaborations among social services agencies and public health officials
- Conduct research on the hazards to which children found in methamphetamine labs are exposed
- Develop protocols to support drug-endangered children that should generally address staff training; roles and responsibilities of intervening agencies; appropriate reporting, cross reporting, information sharing, and confidentiality; safety procedures for children, families, and responding personnel; interviewing procedures; evidence collection and preservation procedures; medical care procedures; and community resource development

Additionally, legal standards regarding drug-endangered children generally differ by state. DOJ and ONDCP are working together to identify opportunities to work with state and local legislatures to improve and update state laws regarding child endangerment and neglect.

Drug Courts

For FY 2005, the Administration proposed an increase in the Drug Courts program from \$38 million to \$70 million. By expanding the number of drug courts and increasing retention in and successful completion of drug court programs by methamphetamine users, this program will

provide an alternative to incarceration by using the coercive power of the court to force abstinence and alter behavior with a combination of escalating sanctions, mandatory drug testing, treatment, and strong aftercare programs.

Our International Efforts: Canada and Mexico

By their very nature, synthetic drugs present special challenges. Production often takes place in industrialized nations, and because the drugs are made in laboratories and not harvested from fields, there are no crops to eradicate, as with marijuana, heroin, and cocaine. Supply reduction efforts must instead focus on limiting access to precursor chemicals, shutting down illegal labs, and breaking up the organized criminal groups that manufacture and distribute the drugs.

Disrupting the synthetic drug market requires strengthening international and domestic law enforcement mechanisms, with emphasis on flexible and rapid communications at the operational level. We must be as nimble as the traffickers who fuel the market, developing policies and methods that allow us to adapt quickly and seize every opportunity to disrupt the trade, with a particular emphasis on chemical control efforts.

Most of the methamphetamine consumed in the United States is manufactured using diverted pseudoephedrine and ephedrine. This internal production is dispersed among thousands of labs operating throughout the United States, although a relatively small number of “super labs” are responsible for most of the methamphetamine produced.

To counter the threat from methamphetamine, we and our neighbors, Mexico and Canada, must continue to tighten regulatory controls on pseudoephedrine and ephedrine, thousands of tons of which are smuggled illegally into the United States each year. Controls on other precursor chemicals, such as iodine and red phosphorus, are equally important.

In recent years, an inadequate chemical control regime has enabled individuals and firms in Canada to become major suppliers of diverted pseudoephedrine to methamphetamine producers in the United States. The imposition of a regulatory regime last January, combined with U.S.-Canadian law enforcement investigations such as Operation Northern Star, appears for the moment to have reduced the large-scale flow of pseudoephedrine from Canada into the United States. There are signs that some of this reduction has been offset by the diversion from Canada of ephedrine.

Pseudoephedrine diversion from Mexico is also a serious threat to the United States. Once the drug is diverted from legal applications, numerous drug trafficking organizations efficiently smuggle it across the Southwest Border and ship it to major methamphetamine labs in the United States, many of which are managed by Mexican traffickers. During just two months last year, authorities made seizures totaling 22 million pseudoephedrine tablets that were being shipped from Hong Kong to Mexico. In addition to the pseudoephedrine threat from Mexico, methamphetamine is produced in Mexico for onward shipment to the United States—more than a ton of methamphetamine was seized on the Southwest Border last year.

Access to Recovery Treatment Initiative

While not exclusively targeted at methamphetamine, the President's *National Drug Control Strategy* recognizes that reducing the demand for drugs is an indispensable component of reducing the threat posed by any drug. With this in mind, the President's Access to Recovery initiative will help to reduce methamphetamine dependency. The FY 2005 budget proposes \$200 million for ATR. This represents an increase of \$100.6 million over the FY 2004 enacted amount. People in need of treatment, no matter where they are – emergency rooms, health clinics, the criminal justice system, schools, or the faith community – will receive an evidence-based assessment of their treatment need and will be issued vouchers for the cost of providing that treatment.

CONCLUSION

In conclusion, I am pleased to present to you today the federal government's cooperative efforts to reduce the use, production, and trafficking of methamphetamine in this country. The drug poses a serious threat to not only the user, but those in contact with the user and/or manufacturer such as children and neighbors. Due to the extremely toxic nature of methamphetamine and its manufacturing process, we know that neighborhoods and the environment can be adversely affected for significant periods of time. Within the context of our *National Drug Control Strategy*, we know that reducing all drug use – including methamphetamine use – will require a balanced, consistent, and coordinated focus among law enforcement agencies, as well as agencies with the responsibility of helping ameliorate the effects of methamphetamine use and production. With initiatives such as Access to Recovery, the Priority Targeting Initiative, and our continuing support of law enforcement in cleaning up the toxic after-effects of methamphetamine, we are moving closer to creating an America that is free from dangerous drugs such as methamphetamine.

ⁱ Substance Abuse and Mental Health Services Administration, *Results from the 2002 National Survey on Drug Use and Health: National Findings*, September 2003:

<http://www.samhsa.gov/oas/nhsda/2k2nsduh/Results/2k2Results.htm#toc>

ⁱⁱ Substance Abuse and Mental Health Services Administration, *Emergency Department Trends from the Drug Abuse Warning Network, Final Estimates, 1995-2002*, July 2003:

http://dawninfo.samhsa.gov/pubs_94_02/edpubs/2002final/