U.S. Department of Justice
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An Evaluation of the COPS Office Methamphetamine Initiative

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Executive Summary

Methamphetamine production, sale, and use have increased dramatically in many US communities over the past two decades. This trend is especially true of the communities in the West and Midwest that have seen skyrocketing seizures of methamphetamine (meth) labs and similar arrest numbers for other meth-related offenses. The significant health consequences of meth abuse have also become evident ranging from physiological harm done to users (e.g., weight loss, paranoia, tooth decay, hallucinations) to the endangerment of young children exposed to meth activity (e.g., lab explosions, chemical contamination, fetal exposure to the drug).

In 1998, the Office of Community Oriented Policing Services (COPS) began the Methamphetamine Initiative program that provided $4.5 million to six U.S. cities to implement anti-methamphetamine projects. Those cities were Phoenix, Arizona; Dallas, Texas; Oklahoma City, Oklahoma; Salt Lake City, Utah; Minneapolis, Minnesota; and Little Rock, Arkansas. The Institute for Law and Justice, Inc. (ILJ) in partnership with 21st Century Solutions, Inc. and several independent expert consultants evaluated the implementation and the early impact of these programs on their local meth problem.

This report presents an introduction to methamphetamine, its history, production methods, and its impact on people's health and the environment. An outline of the evaluation methodology and a cross-site analysis also are provided. This report includes individual chapters for each of the six sites describing their implementation efforts, challenges, and successes. Finally, conclusions are presented and recommendations offered.

Methamphetamine and Its Effects

Methamphetamine, a derivative of amphetamine, dates back to the early 1900s but became more widely used during World War II. Its popularity spread and because it was not controlled, it was widely available to anyone in tablet form. The production of injectable methamphetamine became illegal under the 1970 Controlled Substances Act, however, motorcycle gangs and other groups began to illegally manufacture and traffic the drug.

There are three primary production methods for meth[1]: the P2P or amalgam method, and two ephedrine reduction methods using pre-cursor chemicals (one using red phosphorous and the other using anhydrous ammonia). Production of meth is relatively easy with most or all of the ingredients found in local hardware, grocery, or warehouse-type stores. Manufacturing meth can cause significant environmental and health hazards to the "cooks," including chemical spills, fires, explosions, respiratory failure, chemical burns, and liver and kidney damage. With the advent of "box labs," cooks can transport their chemicals and equipment almost anywhere. This can become highly dangerous especially when unsuspecting neighbors, hotel guests, storage facility managers, or others stumble upon a lab.

National-level data indicated that among club drugs, meth accounted for the largest share of emergency department mentions, and was especially problematic in the metropolitan areas of the western U.S. (DAWN, 2000). The 2000 Drug Abuse Warning Network (DAWN) data also suggested that meth-related deaths were higher for white males. The 1999 Treatment Episode Data Set (TEDS) revealed that meth accounted for close to 56,000 treatment admissions, which was a major increase from 20,000 admissions just six years prior in 1993. Furthermore, a nine-year period in the Arrestee Drug Abuse Monitoring Program (ADAM) data revealed a regional difference in meth use with the West and Northwest U.S. having the highest percentages of arrestees testing positive for the drug while the Northeastern U.S. had the lowest. Finally, Drug Enforcement Administration (DEA) data indicated almost 9,600 meth labs seized between 1973 and 1999, with sixty-one percent of these seizures occurring between 1996 and 1999.

The Methamphetamine Initiative Evaluation

ILJ's evaluation strategy for the six Methamphetamine Initiative sites was multi-faceted and focused on the process of implementation and a cross-site analysis. Because of several constraints, including time, funding, and available data, it was determined that the impact of the Initiative on law enforcement, the community, and meth users could not be evaluated.

Process Evaluation Questions

The following were the critical process evaluation questions for each of the six sites.

[1] The term *meth* is a common abbreviation of *methamphetamine* and will be used throughout this report.

- Who was involved in project implementation and what were their roles and responsibilities?
- What partnerships were formed and how were they sustained?
- Were the implementation steps carried out as planned?
- What implementation barriers were encountered, and how were they overcome?
- What types of training or technical assistance were needed to implement the project?
- How was the meth initiative linked to the four main components of the Initiative: intervention, prevention, treatment, and education?
- How was the meth initiative linked to community policing at the sites? What benefits were derived from this linkage, and what difficulties were encountered?

Data Collection

Data collection began with a history of the meth market at each of the sites. Specifically, evaluators sought information on the emergence and current state of meth users, producers, and distributors in their communities. Additional information was collected using face-to-face interviews with individuals such as law enforcement personnel at all levels, project partners, and in some cases meth abusers. Evaluators also conducted on-site observations of lab seizures and other law enforcement interventions, partnership meetings, and project-related events. Agency-specific data were collected from the primary grantee as well as other law enforcement agencies (e.g., local DEA offices and neighboring city agencies). Whenever possible, other project partners provided additional data. For example, drug court programs had numbers on meth-related drug court cases, District Attorney offices prepared information on meth-related prosecutions, and treatment centers calculated the number of meth-related admissions. Data collection also included numbers on public awareness campaigns, such as the number of advertisements, billboards, radio spots, brochures, etc. Project partners completed a survey which probed the extent and successfulness of the partnerships formed under the Meth Initiative project. Finally, newspaper articles and national-level databases provided context to the information from the sites.

Cross-Site Analysis

All six cities in the Meth Initiative were located west of the Mississippi River. This is not surprising given that methamphetamine has primarily been found in the West and Midwest U.S.

The populations of the cities varied from less than 200,000 in Salt Lake City and Little Rock to more than one million in Dallas and Phoenix.

While all six sites attributed the onset of methamphetamine in their communities to outlaw motorcycle groups, four of the sites had a much longer meth history with at least one site's meth problem dating back to the 1970s. Minneapolis and Little Rock have experienced a much more recent insurgence of meth into their communities, dating back only into the mid-to-late 1990s. Phoenix, Dallas, and Minneapolis had a much higher percentage of the drug entering their cities through illegal Mexican National trafficking routes while Salt Lake City, Oklahoma City, and Little Rock were more likely to see small-time cooks producing the drug in smaller batches. While meth users were predominately white, user groups began to diversify in several of the cities. Phoenix and Dallas saw an increase in non-white, minority groups (especially Hispanics and African Americans) engaging in meth-related activities. Oklahoma City saw an increase in higher socio-economic groups participating in the drug trade, while Little Rock's meth problem was typically associated with motorcycle gangs and the "party scene" at strip clubs and dance clubs.

Project interventions typically included clandestine lab seizures and meth-related arrests. Oklahoma City, Phoenix, and the states of Arkansas and Utah generated the most lab seizures during the project period. While Dallas and Minneapolis had fewer seizures, they had a larger percentage change during the project period.

All sites participated in some prevention and education efforts during their grant-funded period. Five sites printed brochures and pamphlets, which were distributed to residents, community groups, city agencies, and others. Anti-meth advertisements on billboards and buses were seen at four of the sites, as were "media blitzes." Public service announcements, including radio spots and television commercials, were undertaken by three sites.

All six sites organized and provided training under their Methamphetamine Initiative projects. Groups receiving training included patrol officers, narcotics officers, community organizations, residents, and businesses. Two of the sites, Salt Lake City and Minneapolis, used multi-disciplinary teams to conduct training sessions. In Dallas and Oklahoma City, narcotics officers conducted the training. Trainings held in both Little Rock and Phoenix were facilitated by the local project coordinator and project manager.

The treatment community participated in each of the sites' Meth Initiative partnership to varying degrees. Four sites partnered with drug courts in their jurisdictions, which in their own right had varying degrees of success in actually reaching the meth users in their areas. In Hennepin County (Minneapolis), the drug court was only one of six in the country to be considered a comprehensive program. The court saw an increase of 30 percent in those clients receiving treatment for their drug addictions, but no specific statistics on meth clients were available.

Partnerships were a key component in all six sites. In fact, the partnerships formed under the Meth Initiative were one of the major successes of the overall program. The number of agencies involved and the focus of the partnerships varied. For example, Dallas and Oklahoma City partnered with two other local agencies including their community drug courts while Minneapolis and Salt Lake City had a much larger number of partners (ten and more than 30 agencies respectively). Furthermore, the focus of the partnerships varied. In Dallas, the partnerships were formed around research, education and treatment. Phoenix Police Department and their partners focused on their non-traditional media campaign. Salt Lake City Police Department and their partners focused on a multitude of issues including enhanced prosecution, training, public awareness, child endangerment, and increased law enforcement efforts.

Finally, the intent of the Meth Initiative project was to approach local methamphetamine problems using a community policing approach. The 1999 Law Enforcement Management and Administrative Statistics (LEMAS) survey indicated that the six sites funded under the COPS Meth Initiative program were actively involved in some forms of community policing agency-wide. However, the linkages between the Meth Initiative itself and community policing were not strong in five of the six sites. The most comprehensive link to community policing was found in Salt Lake City's project which used a citywide, multi-agency Community Action Team to concentrate on problematic business and household addresses and general community concerns.

Phoenix, Arizona

At the time the proposal for the Meth Initiative was written, meth was rated as the fourth most abused drug in the city. The Phoenix Police Department's (PPD) Drug Enforcement Bureau (DEB), which is housed under the Investigations Division, was primarily responsible for

implementing the Methamphetamine Initiative. Within the DEB there are also two sections: enforcement and investigations. The enforcement section investigates most of the meth labs located in the city and the surrounding metropolitan area.

The PPD proposal outlined several activities for their project:

- A supplementary law enforcement component
- A drug-free workplace initiative
- A non-traditional media campaign to educate the public about the dangers and consequences of meth use and production
- A methamphetamine database study

In addition, partnerships were formed with the Treatment Assessment Screening Center (TASC), Inc. and the county District Attorney's Office. Community outreach efforts were made to various community groups to educate them about meth. PPD's Meth Initiative project manager conducted these presentations of which some were to unique groups (e.g., power companies and Department of Solid Waste Management).

Because of duplicative efforts on the part of the local High Intensity Drug Trafficking Area (HIDTA)[2], the supplementary law enforcement component was reorganized as an educational effort on meth lab identification and consequences of using highly toxic and unstable chemicals. The supplementary law enforcement component also included interacting with Community Action Officers to identify community groups that would benefit from educational presentations on meth. Database creation and link analysis were used together with an analysis of meth-related narcotic complaints. Finally, some federal funding was used to buy equipment (e.g., gas chromatograph/mass spectrometer).

The PPD anticipated partnering with local businesses to implement a drug-free workplace initiative, which included brochures, presentations to businesses, community fairs, and seminars.

A non-traditional media campaign was proposed, and PPD together with their partners and the Office of National Drug Control Policy (ONDCP) created unique ways to disseminate an anti-meth message. These efforts included an illustrated booklet on the effects and long-term

[2] HIDTA programs operate under the Office of National Drug Control Policy and are organized regionally. Their mission is to coordinate federal, state, and local drug control efforts. There are currently 26 HIDTA designated regions. More information may be found at http://www.whitehousedrugpolicy.gov/hidta/index.html.

consequences of meth; a video, "*Meth: Unsafe at Any Speed;*" billboards with a hotline number; and anti-meth messages on grocery bags at two grocery stores, on cards dispersed with video rentals, in advertisements at the local AMC movie theater, and on faxes sent to community groups.

The proposed database development portion of this project, in addition to the link analysis mentioned above, included a replication of the ADAM interview process with adults and juveniles booked into jail. The analysis of the interviews was incomplete and the creation of the community complaint database suffered from officer re-assignment and minimal cooperation.

The county District Attorney also partnered with the PPD and dedicated one prosecutor to all meth cases. The expected outcome was that the dedicated prosecutor would expedite case flow and increase prosecutions. This was unable to be tested because there was no baseline data to compare.

Several of the evaluation findings from the Phoenix Police Department's Methamphetamine Initiative may be attributable, at least in part, to the education and training efforts under the project. For example, PPD experienced

- An increase in the number of patrol stops during which chemicals and meth equipment were discovered by the officers,
- An increase in the number of reported fires caused by meth production, and
- An increase in the number of labs reported by hotel/motel staff.

The evaluation also revealed several other key findings.

- The meth market remained relatively stable with arrested offenders continuing to be white, unemployed adults between the ages of 21 and 44.
- While Mexican nationals were becoming more involved in meth production and distribution, most offenders arrested by DEB tended to be "small-time" cooks using "box" labs.
- Pre-cursor chemicals remained widely available.

PPD experienced some challenges during the implementation of the Meth Initiative. Specifically, there were unclear lines of authority with at least one of the partners, staff turnover, delays in obtaining equipment and supplies, the perception by some staff that the project was

"short-term," and the difficulties in educating other agencies that were not formal partners under the Meth Initiative but dealt directly with meth problems.

Evaluation challenges included difficulty in comparing agency-specific data to other data sources (e.g., DAWN, TEDS, ADAM) and sorting out the numerous competing anti-meth efforts in the Phoenix metro area. There were a multitude of other agencies already conducting meth-related projects, including HIDTA, the National Guard, and others. There was also minimal data relating to youth involvement in meth. Despite these challenges, recommendations included (1) changing the public's attitude about meth that the problem is an individual rather than a community one, (2) increasing penalties, especially for lab cooks who typically received probation, (3) increasing the restrictions on precursor chemicals, and (4) focusing on providing treatment resources.

Salt Lake City, Utah

Salt Lake City is the largest city in the state of Utah, covering more than 90 miles and home to about 175,000 residents. The city first saw methamphetamine in the late 1980s, but it quickly spread and its use increased dramatically in the 1990s. The Salt Lake City Police Department's (SLCPD) Meth Initiative was multi-faceted and encompassed four general areas: (1) law enforcement, (2) enhanced prosecution and nuisance abatement, (3) child endangerment, and (4) public awareness and training. An overarching component to the SLCPD project was the inclusion of numerous partner agencies at the local, state, and federal levels. The SLCPD Meth Initiative pooled more than 30 agencies in a collaborative effort to fight the local meth problem. These agency representatives were each assigned to one of the four areas as a subcommittee member. Each month the partners gathered for a Partner's Work Group Meeting. At the conclusion of these general meetings, partners would meet in subcommittees to address specific issues surrounding law enforcement efforts, nuisance abatement, child endangerment, and public awareness. A Meth Team was also created which was specifically staffed with line personnel who worked closely with the community in general, and meth-involved individuals specifically.

Using COPS grant funds, SLCPD funded six positions, including a project coordinator, data analyst, intelligence analyst, Youth and Family specialist, Deputy District Attorney, and a paralegal. Two other positions were assigned to the Meth Initiative from the Health Department

and the Division of Child and Family Services, but their salaries were paid through a BJA grant. Equipment and software were also purchased, including *Analyst's Notebook* and an Automated Fingerprint Identification System (AFIS).

Law enforcement efforts included a focus on meth-related arrests and clandestine lab seizures. Over the course of the grant, the SLCPD and the DEA reported slight increases in meth-related arrests for sales and possession, but the majority of arrests were made for lab seizures. The District Attorney's Office increased prosecutions of meth cases and was able to draw upon a new child and elderly endangerment statute, which was lobbied for by individuals involved in the Meth Initiative. The SLCPD also partnered with the City Prosecutor's Office to employ civil nuisance abatement procedures, however, this piece of the SLCPD Meth Initiative did not see much success. The county Health Department also co-located a staff person at the police department to be available for call-out to clandestine lab scenes or to make decisions on nuisance properties (e.g., closing a location to the public as a result of severe health violations).

Another focus of the project was to address endangered children. SLCPD already had on staff several Youth and Family Specialists (YFS) who worked closely with their Youth Detectives and other sworn personnel on child-related issues. One YFS was hired with Meth Initiative funds, but all worked on meth-related cases. The police department also partnered with the Division of Child and Family Services (DCFS) to expedite the investigation of meth-related child endangerment cases. One DCFS caseworker was assigned to be co-located at the police department and worked predominately on meth-related cases. This arrangement was highly beneficial for both agencies, and allowed for a close working relationship between DCFS, police officers, and YFS. Frequently, DCFS would accompany officers and/or YFS to crime scenes or on search warrants where children were expected to be present. This was especially beneficial when children had to be placed in state's custody. Since DCFS was already on-scene, they were able to personally take care of children's needs and conduct their investigation immediately. A protocol was also implemented in the police department, which outlined call-out procedures for DCFS and/or YFS in appropriate situations.

The SLCPD's Meth Initiative proposed to work with a local dependency (family) drug court, however numerous circumstances beyond the control of the participants prevented the joint effort. It was agreed that treatment was an important component so representatives from

local treatment facilities and the state's Division of Substance Abuse sat in on the Partner's Work Group meetings. As part of the evaluation, ILJ staff visited several treatment facilities in the Salt Lake City area to speak with clients (n=35) about their methamphetamine abuse. Summary findings indicated that the interviewees were generally in outpatient treatment programs. More than half of the clients interviewed had been in at least one treatment program prior to their current involvement. When asked about the effects meth had on them and their lives, almost all of the interviewees listed numerous (on average 8 items in a 14 item list) problems associated with their meth abuse. In general, the meth clients stated that they entered treatment because they were "tired" of the lifestyle or because they were mandated to participate by a court order.

A public awareness campaign and training for the community were clear goals of the SLCPD's Meth Initiative. A kick-off campaign was held one year into the funding period and was followed up by television commercials, radio ads, billboards, and other public relations efforts. Multi-disciplinary teams from the Meth Initiative typically conducted training sessions. These teams included narcotics officers, the DCFS case worker, the Health Department worker, and others. Topics covered during training varied, but some typical issues addressed were drug identification, health consequences of meth abuse, meth abuse and children, and others.

Community policing efforts were defined by the SLCPD primarily through inter-agency collaboration to address the methamphetamine problem. Specifically, the police department worked with the multi-agency Community Action Teams, and partnered with numerous other local, state, and federal law enforcement agencies. The SLCPD also "partnered" with the community by addressing concerns about problematic residences in some communities. The police department opened a hotline to take drug-related complaints, many of which were related to methamphetamine. If a location received a number of complaints, the police would follow up and in some instances conduct consensual searches ("knock and talks") of the property.

When asked what was the most successful piece of the Meth Initiative, partners unequivocally stated it was the partnerships. The SLCPD and others involved in the Initiative found that co-locating individuals from DCFS, the Health Department, the DA's Office, and others worked extremely well to coordinate responses and conduct informal cross training. The establishment of formal department protocols to include inter-agency call-outs also increased

coordination and allowed non-law enforcement agencies to be involved in cases from the beginning. Some challenges associated with the partnerships and the Initiative revolved around administrative tie-ups with processing the MOUs for agencies to begin work on the project. There were also some initial role conflicts, jurisdictional boundary questions, and some communication problems. In general, these issues were worked out among the agencies with support from high-level supervisors, and some were addressed through the formalization of SLCPD inter-agency protocols.

Dallas, Texas

The Dallas Police Department (DPD) partnered with the Greater Dallas Council on Alcohol and Drug Abuse (GDCADA) to focus on research, education, and treatment for their Meth Initiative project. The Dallas County DIVERT (Dallas Initiative for Diversion and Expedited Rehabilitation and Treatment) Court program received some funding to provide inpatient treatment for a small number of meth users.

DPD had six narcotics detectives and one sergeant as clandestine lab experts all of whom received DEA certified training. During the first year of the grant, the detectives and the sergeant focused on mid-level to upper-level suppliers and generally relied upon confidential informants and undercover operations. By the second year of the grant, the DPD focused more heavily on seizing clandestine labs.

Under the Initiative, GDCADA conducted two studies – one to develop a user profile and one to report on the treatment outcomes of meth users. The user profile study was based on data from assessments completed by the Dallas County Community Supervision and Corrections Department (CSCD) and GDCADA. A total of 134 cases were examined with the following results.

- Mean age of users: 31 years, with 82.8 percent in their 20s or 30s;
- Gender: For the CSCD sample, 63 percent male and 37 percent female; for the GDCADA sample, 62.5 percent female and 37.5 percent male; combined samples showed 55 percent male and 45 percent female;[3]

[3] The difference in male and female percentages in the sample is due to the different populations these two agencies serve. CSCD (the corrections arm of the criminal justice system) has a larger male population while GDCADA (a treatment-based organization) has a larger female population.

- Race: Overwhelming majority were Caucasian (95.5 percent); followed by Hispanic (2.2 percent) and African American (2.2 percent);
- Sexual Orientation: Of the 61 who reported, 60 (98.4 percent) identified themselves as heterosexual;
- Marital status: Single (43.8 percent), divorced (25.8 percent), separated (15.6 percent), married (13.3 percent), and widowed (1.6 percent);
- Education: Mean of 11.2 years of education with about 2/3 of the sample completing 11 or more years (high school diploma or GED); and
- Socioeconomic indicators: Almost 48.5 percent reported having no income (68 of 134 provided their income level); 35 individuals reported a median income of $18,240.

The study on treatment outcomes included 23 individuals who completed treatment for meth use under the Community Supervision and Corrections Department and GDCADA during the last quarter of 1998 and the first half of 1999. These individuals represent 24 percent of individuals referred to CSCD and GDCADA. Due to a small sample, the author of the study could not make inferences regarding the success or failure of either of the programs.

With regard to prevention efforts, GDCADA distributed information materials to a 19 county area surrounding Dallas and held a one-day symposium on meth. GDCADA originally planned to conduct a public education campaign on high-risk individuals, but was unable to fully reach this goal for several reasons, one of which was frequent management changes.

Community policing in Dallas was described as a department-wide and division-level program. Each of the six patrol divisions included an Interactive Community Policing (ICP) unit. This unit received training under the Meth Initiative in applying problem solving methods to meth-specific problems. All ICP officers were trained in the identification of meth producers. This and other trainings were also offered to other levels and divisions of the DPD as well as outside agencies, including the District Attorney's Office, the DIVERT court, and community groups.

Oklahoma City, Oklahoma

Under the Methamphetamine Initiative, the Oklahoma City Police Department (OCPD) used overtime funds to seize, process, and dismantle clandestine laboratories. The Department devoted more time to citizen and police officer training and used Meth Initiative funds to cover

these costs. The Initiative also funded supplies and equipment (e.g., robots) needed for methamphetamine laboratory processing, and additional personnel hours. The only employee funded under the Meth Initiative was a chemist who worked with the department for two years and assisted with the processing of clandestine lab seizures. With grant funds, OCPD also developed a comprehensive methamphetamine public education campaign.

The Meth Initiative was housed at OCPD's Narcotics Unit, which operated within the Special Projects Unit and was staffed by a captain, three supervisors, and 18 officers. In total, 30 officers (full and part-time) were involved with the Meth Initiative. In the 1990s, OCPD saw the meth problem in Oklahoma City and the state of Oklahoma grow considerably, and the cooks, users, and distributors also began to change. Evaluators interviewed 14 Drug Court meth clients (10 women and 4 men) whose ages ranged from 21 to 42 years old. Findings suggested that most of the interviewees began using meth at an average age of 23 and used meth on a daily basis for an average of 14 days straight. Most of the interviewees purchased meth from white, male dealers who were typically known to the user. Eight of the interviewees indicated they had sold meth, and only one reported selling to a large group of people who were unknown to him. Five of the 14 interviewees stated that they had cooked meth and believed it was easy to get precursor chemicals. Six meth clients reported that they had been in treatment for meth in the past.

OCPD Meth Initiative partners included the Oklahoma County Drug Court and the local Drug Enforcement Administration (DEA) Office. One of the officers working in the Narcotics Unit under the SPU was assigned to the Oklahoma County Drug Court Program. The Drug Court accepted repeat criminal offenders facing the prospect of serving time for felony charges, however, violent offenders and drug offenders charged with manufacturing or trafficking were not eligible. The Drug Court team included representatives from two treatment providers, the DA's Office, the judge, an Oklahoma County Sheriff's deputy, and the full-time OCPD sergeant. Team members concentrated on weekly reviews of the status of clients. Of the 135 active cases in October 2000, 35 (or 26 percent) were meth clients, which was a substantial increase compared to July 1999, when active meth cases represented 14 percent of the total (12 of 87).

A lieutenant and three officers were also assigned to the DEA Meth Task Force. The Task Force originally focused on mid- to high-level meth manufacturers and distributors, but

later changed their focus to target individuals or groups distributing precursor chemicals. Many of the investigations resulting from the Task Force frequently had an interstate component. The Task Force also targeted large department stores and other large warehouse-type stores that sold legitimate precursor chemicals for training about chemicals used in meth cooking.

Other intervention efforts under the Meth Initiative resulted in an increase in arrests and clandestine lab seizures. Data from 1998 to 1999 indicated that the number of meth labs seized and processed by OCPD increased by 70 percent, from 66 to 112 and was on pace to seize about 150 labs in 2000 (an average of 13 labs per month). That would have been a projected increase of about 34 percent from 1999 to 2000. The Oklahoma State Bureau of Investigation also increased their activities, seizing 62 more labs in 1999 than in 1998, an increase of about 23 percent.

With regard to prevention, the OCPD Meth Initiative provided training to all OCPD officers in identifying meth lab chemicals. Community groups, including the Greater Oklahoma City Hotel and Motel Association and the Oklahoma Natural Gas Company, also received education and training from the Narcotics Unit lieutenants. Presentations consisted of a lecture about health hazards, equipment, chemical identification; a video about meth; and a question-and-answer period. The OCPD also kicked off its "Life or Meth" campaign in September 2000, which included a mock raid at a local motel demonstrating the dangers of seizing a clandestine lab. Other public awareness efforts consisted of posters on bus stop benches and billboards in residential areas, and team members working with local grocery and hardware outlets to have messages printed on shopping bags. Finally, two videos for police officers and citizens were in production.

Results of the evaluation included

- An increase in the number of lab seizures;
- An increase in training of officers, businesses, and civilians, which helped to explain part of the increase in the number of labs seized;
- An increase in the awareness of the meth problem in Oklahoma through its "Life or Meth" campaign;
- The ability to purchase additional equipment to protect officers from the hazards of chemicals used in meth manufacturing; and

- A sustaining relationship between OCPD and its partners, the Drug Court and the DEA Meth task force.

Little Rock, Arkansas

Little Rock Police Department was the primary grantee in the Methamphetamine Initiative and partnered with the Pulaski County Sheriff's Department and the Arkansas State Crime Laboratory. The North Little Rock Police Department (located in a more rural area outside of the city of Little Rock) was later added as a partner when data indicated that they had a significant meth problem. The Little Rock Methamphetamine Initiative had a number of components, including the following.

- Educating the community about the hazards of meth, the chemicals involved in production, the identity of potential users, their distribution points, and available treatment and prevention programs
- Training law enforcement officers on what to look for in investigating meth crimes and responding to meth labs in a safe manner
- Purchasing safety and other equipment (e.g., gas chromatograph and surveillance equipment)
- Purchasing computer equipment and crime analysis services to collect and distribute information on the local meth market and individuals in that market, which would result in the establishment of a shared information and intelligence system
- Allocating funds for overtime to promote meth investigations by narcotics officers
- Providing money to enhance the delivery of drug treatment services
- Using community oriented policing and crime prevention personnel to establish hotlines to gather information from citizens on the local meth problem and to implement drug awareness programs about meth

The Little Rock Meth Initiative differed from the other sites in two key ways. First, meth was not commonly available, and according to state and other official data it was not widely abused. Because of this, local officials did not consider meth a significant law enforcement or public health problem. This began to change in the late 1990s, especially in the more rural areas of Arkansas as clandestine labs were discovered throughout the state. However, even after the LRPD received Methamphetamine Initiative funding meth was still considered distinct from and secondary to the problems associated with other illicit drugs in the greater Little Rock area. What little information was available about meth in Little Rock indicated that it was primarily a

drug used by Whites, was sold in closed-market environments which made enforcement difficult, and was generally present at parties, dance clubs, or raves.

The second way in which Little Rock differed from the other Meth Initiative sites was the lack of available local data that could be used to quantify the nature of the local meth problem. Because this information was unavailable, evaluators interviewed a sample of 178 detainees in the Pulaski County Jail during the summers of 1999 (n=52) and 2000 (n=126). The methods for selecting interviewees were similar in both years. That is, individuals who were detained for drug offenses were approached to participate in the study. In 2000, an additional group of non-drug detainees were asked to participate in the study (74 of the 126). The purpose of the group was to assess the level of bias that may have been present in the 1999 group. Findings from the interviews indicated that the prevalence of meth could have been greater than official data sources revealed. In fact, among the drug arrestees interviewed, 45 percent stated they had used meth with more arrestees admitting to use in 2000 (46 percent) as compared to 1999 (44 percent). Twenty percent of those in the drug offense groups sold meth and more than 10 percent cooked meth. In addition, while meth use was more predominate among Whites, about half of the Black respondents indicated that they knew people actively involved in the meth market. Furthermore, interview data also revealed that meth was widely used and easily available in the Little Rock area. Almost all of the White respondents and a majority of the Black respondents agreed with the statement that, "meth is commonly used around here."

Intervention efforts from the LRPD and the Pulaski County Sheriff's Department were difficult to measure given that they did not have any automated way to track meth-related incidents. A later goal of the Meth Initiative was to establish inter-agency data sharing, however, preliminary analysis of the hand-recorded data indicated that LRPD saw a doubling of arrests and lab seizures in the first eight months of 1999 compared to 1998. Increases were more pronounced in the PCSD where (in comparing the first nine months of 1998 and the first nine months of 1999) meth arrests quadrupled and lab seizures increased from 3 to 40. Law enforcement officials also focused their attention on disrupting precursor chemical transactions and began by delivering informational posters to retail outlets accompanied by a short presentation on precursor drugs.

Training and public awareness efforts were met with some difficulty in the early stages of the LRPD Meth Initiative project. The police department established an in-service training on meth, which was provided to all sworn officers in an eight-hour session. The Pulaski County Sheriff's Department also provided one to three hour training sessions to most department personnel, including jail staff. However, public awareness efforts were nearly non-existent until a Program Coordinator with experience in community-based treatment was hired. A billboard campaign, brochures, pamphlets, and a partnership with a local TV station to run a PSA were all subsequently implemented after the addition of the Coordinator.

The treatment component of the LRPD Meth Initiative was honed down by COPS in order to focus more funding on other parts of the project. In addition to what was considered by LRPD Meth Initiative staff as inadequate funding for treatment, the LRPD also experienced delays in implementing the truncated piece of the treatment component and were unsuccessful at partnering with the drug court program.

Community policing efforts and the Meth Initiative had little overlap in Little Rock. While the community policing (COPP) officers did receive training on meth and used that information in their public speaking engagements, LRPD officials noted that COPP officers were generally not in contact with meth. If a COPP officer did encounter meth, they would notify the Narcotics Unit.

Despite several barriers to the successful implementation of the Meth Initiative project, the LRPD and the Pulaski County Sheriff's Department did yield some beneficial outcomes, including

- A safer and effective response to clandestine labs, enhanced investigative efforts, and a dramatically reduced turn-around time in chemical analyses conducted by the State Crime Laboratory as a result of equipment purchases.
- An enhanced level of cooperation and coordination between the LRPD and the Pulaski County Sheriff's Department.
- A more informed citizenry regarding methamphetamine, and the recognition among police that such an outcome results in direct benefits to police (e.g., higher rates of citizen reporting).

- A better trained police force that can be effective in responding to meth and who can respond to the drug with improved health and legal outcomes because of the training that has been provided.

Minneapolis, Minnesota

Among all six sites, meth was least prevalent in Minneapolis. The goal of the Minneapolis Police Department's (MPD) Methamphetamine Initiative was to impede the distribution and use of meth to minimize the harmful effects to the city and the state in general. The MPD's approach to the Meth Initiative focused on training, education/prevention, enforcement/intervention, and research. MPD partnered with ten other agencies, including other local, state, and federal law enforcement agencies; the County Attorney; County Probation; state Pollution Control Agency, state Bureau of Criminal Apprehension, and the state's Department of Health and Family Support.

Intervention efforts revealed that there were two primary sources for methamphetamine: (1) large shipments of meth from Mexico by Mexican Nationals to local Hispanic communities, and (2) small, local, rural labs operated by loose networks of young, white males. The metro Minneapolis area is home to as many as nine narcotics task forces, several local law enforcement narcotics units, and the FBI and DEA narcotics task forces. MPD also has district level Community Response Teams operating in undercover operations. According to law enforcement officials, meth was a particularly difficult problem for several reasons, including the general secretive nature of the interactions, a lack of true leaders of groups, and ethnic and language barriers. The Meth Initiative was credited with assisting law enforcement in their intervention efforts by funding overtime for officers and providing equipment (e.g., two-way digital phones, digital camera, etc.). Overall, there was an increase in lab seizures, meth-related prosecutions, and the severity of meth-related dispositions between the late 1990s and 2000. These increases, however, were more readily apparent in the more rural outlying areas of the city and the county. Furthermore, the state's Health and Family Support Department lab reported that there was an increase in the size of meth seizures from 26.9 pounds (1997) to more than 70 pounds (1998).

While there was no formal treatment component to the MPD's Meth Initiative project, the community did have a long-standing commitment to drug treatment and access to a new drug court (one of the five or six comprehensive drug courts in the country).

Education efforts proved to be a major focus of MPD's project. Primarily, the education component took on a "train-the-trainer" approach, which was geared toward school health teachers, chemical health specialists, school nurses, and other school officials. In addition, the MPD also kicked off a public awareness campaign, which included posters, a neighborhood resource guide on meth, and a short video on meth use and labs.

MPD together with DEA, Bureau of Criminal Apprehension, and the Fire Department developed a four-hour training program for first responders which covered among other topics clandestine laboratory hazards, dangers to first responders, medical screening and chemical monitoring, and clean up activities. An eight-hour training session for investigators was also developed the focus of which was on enforcement issues surrounding investigation and prosecution, issues related to liability, and the role of various agencies. The eight-hour session also included hands-on experience at a mock lab. The training team, which developed these two training sessions also developed professional training materials (e.g., a training video on traffic stops, a background paper on meth, procedures to follow when potential labs are discovered, and other materials).

Finally, while the MPD did not make community policing an explicit goal of the Meth Initiative project they did engage in community policing activities. Specifically, the MPD characterized their commitment to and reliance on partnerships a major community policing effort. Many partnerships that were formed under the Initiative were entirely new. The meth training helped build relationships with other local agencies generally, but the training also promoted community policing within the department because it prepared officers to work with community constituents on the local meth problem.

Overall, the Meth Initiative in Minneapolis increased the capacity for numerous, diverse agencies to address the methamphetamine issue in a coordinated way. Some successes seen through the evaluation included

- Training provided throughout the state to law enforcement as well as other individuals and agencies about local data on use of meth and other drugs, behavioral characteristics of meth users, and identifying meth and related chemicals and materials;
- Training and public awareness materials which increased knowledge and collaboration;

- Surveillance and other equipment which enhanced investigations and increased inter-agency law enforcement coordination;
- Overtime funding which supported long-term investigations; and
- The Health Department survey of court-related meth users which was able to create a picture of the meth market.

Conclusions and Recommendations

Findings from the national evaluation of the COPS Meth Initiative supported some previous research about the meth problem in the U.S., but it also shed light on several emerging trends. The following recommendations focus on intervention, prevention, treatment, and community policing strategies to help reduce methamphetamine abuse.

Intervention

- **Identify the source of meth:** Intervention efforts should first focus on whether meth is creeping into their cities via Mexican national traffickers, or whether it is homemade using small, local labs. The size and location of clandestine labs present different problems for law enforcement personnel. Understanding the meth market helps officials to better focus their efforts on specific characteristics of local market dynamics.
- **Approach from a closed-market perspective:** In part because the drug is manufactured in clandestine labs, methamphetamine operates in a closed market, making enforcement more difficult.
- **Identify the user population:** Meth users today are more racially diverse and tend to fall into a wide range of ages and socioeconomic classes. Females are also becoming more prevalent in the market as well.
- **Evaluate local sales practices and current legislation regarding pre-cursor chemicals:** The evaluation revealed variation among the sites regarding the accessibility of pre-cursor chemicals. Most of the sites had legislation or regulations guarding the sale of pre-cursor chemicals including ephedrine and pseudoephedrine, but this was not true everywhere. In states lacking this legislation, enforcement was made extremely difficult.
- **Garner support and resources from various city agencies:** A multi-agency approach to combating meth has proven to be a successful approach for many of the Meth Initiative sites. Law enforcement and other agencies should be creative in their partnerships and their approach to combating meth in their communities. Non-law enforcement agencies such as the health department, local hospitals, child and family services, hotel/motel associations, and others can make a significant impact on identifying, reporting, and addressing methamphetamine problems in a community.

- **Identify or outline appropriate seizure, clean up, and decontamination policies:** Responsibility for lab seizure and clean up was not outlined at many of the Meth Initiative sites. Protocols should be put in place which outline the appropriate agencies to call when a meth lab is discovered. These agencies should be trained and well-equipped to handle the dangerous chemicals involved in the process.

- **Review and revise (if necessary) endangerment procedures and legislation:** Danger surrounding meth abuse is not only posed to the "cooks" or the users themselves, but also to live-in children or elders, neighbors, hotel guests, first responders, and the like who may unknowingly be ingesting fumes or exposing themselves to chemical contamination.

Prevention

- **Train all law enforcement officers and other first responders:** First responders such as police, firefighters, and emergency medical technicians are faced with an extraordinarily dangerous situation, especially if they are unaware of the presence of methamphetamine at the scene.

- **Train unique groups** : Training given to unique community groups (e.g., public utility workers, hotel/motel staff, schools, etc.) also proved successful in the Meth Initiative. It is likely that individuals in these agencies may be the first to come across a lab or a contaminated area.

- **Educate the community and garner their support:** Community education campaigns were quite successful in getting the message out to their respective communities primarily because they used a variety of venues.

Treatment

- **Include the treatment community as an important partner in combating the meth problem:** Treatment is an essential component to reducing drug abuse in our communities.

- **Work with a drug court:** The evaluation findings suggest that drug courts could be a beneficial option for meth users primarily because they expose meth-addicted individuals to treatment immediately and provide a more rigid structure with little tolerance for infractions. Thought should also be given to partnering with a broad scope of drug courts, including adult, juvenile, and dependency (family) courts.

- **Partner with local treatment providers:** Hospitals and local substance abuse agencies bring a wealth of knowledge and experience to the table. At the very least these agencies can provide invaluable training on a variety of topics, including the dynamics of meth abuse (e.g., routes of administration, the likelihood and rationale for tweaking), common side effects (e.g., physical as well as emotional), and steps for getting clean and how they may differ depending on a person's drug of choice (i.e., a meth addict may need to take a different path to recovery than a cocaine addict).

Community Policing

- **Involve as many local agencies in anti-meth efforts as possible:** Given that methamphetamine presents a number of serious problems in a community, partnerships with other local agencies as well as with community members can successfully attack the problem from multiple angles.

- **Attack the meth problem from multiple angles:** By partnering with agencies like a local drug court, a youth and family service agency, or even another law enforcement agency, a vast array of resources previously untapped are made available.

- **Engage the community:** Most of the sites did focus some of their resources and attention on providing community members with educational material about meth; but only a few sites attempted to actively recruit their communities in the fight against meth. This was one of the most important pieces of the Meth Initiative because it often provided the participants with their first pieces of information about meth. It also provided the community with a means to report suspicious or illegal activity to the police or other authorities.

Chapter 1

Background and Cross-Site Analysis

In 1998, the Office of Community Oriented Policing Services (COPS Office), U.S. Department of Justice, provided almost $4.5 million to six carefully selected cities in the United States to address the methamphetamine problem in their areas. Through community policing principles and partnerships among law enforcement and community agencies, the jurisdictions sought to contain and reduce the problem of methamphetamine abuse.

When the grants were awarded, the COPS Office solicited proposals to evaluate the implementation and impact of the local efforts. The Institute for Law and Justice, Inc., in partnership with 21st Century Solutions, Inc., received the grant award after a competitive process (Grant Number 98-CK-WX-K058).

This final report describes the efforts of that evaluation. The report is divided into eight chapters. Chapter 1 discusses the methamphetamine problem across the country and presents the most recent data from a variety of sources. This chapter also describes the evaluation design and methods and presents findings of the cross-site analysis. Chapters 2 through 7 describe each site individually. Activities in Phoenix, Arizona; Salt Lake City, Utah; Oklahoma City, Oklahoma; Dallas, Texas; Little Rock, Arkansas; and Minneapolis, Minnesota are discussed in detail. The final chapter presents conclusions and recommendations.

The Meth Problem

Across the nation, but particularly in the West and Midwest, methamphetamine abuse has become a serious problem. Law enforcement officials, public health officers, policymakers, state legislatures, the U.S. Congress, and the media have warned that meth is dangerous to those who manufacture, possess, and use it. More importantly, they have shown that meth is a serious health hazard to anyone who comes in reasonable contact with the chemicals; notably, these include children, residents who live near "cookers," and first responders to the scene of a clandestine laboratory—emergency medical teams, fire fighters, and law enforcement officers.

To combat methamphetamine abuse, state, local, and federal government entities have passed legislation that restricts the use of precursor chemicals to make the drug. Funds have

been provided to law enforcement at all levels to increase training in identification and elimination of meth labs. The U.S. Department of Health and Human Services has provided research grants to scientists to find ways to treat meth users. And the U.S. Department of Justice has increased its funding to state and local law enforcement to clean up labs, arrest distributors and users, improve equipment, enhance training, and increase public awareness of the drug problem. The COPS Office has provided nearly $100 million to law enforcement to combat the meth problem over the last four years.

What is Meth?

Over 170 slang terms exist for methamphetamine, including "meth," "ice," and "crank" (Pennell, Ellett, Rienick, and Grimes, 1999). It is "by far the most prevalent synthetic controlled substance clandestinely manufactured in the United States" (ONDCP, 2001a). Methamphetamine is a derivative of amphetamine, a drug first synthesized in Germany in 1887. Though not much was done with it in its early years, by the 1920s, amphetamine was seriously investigated as a cure or treatment against nearly everything from depression to decongestion. Methamphetamine, more potent and easier to make, was discovered in Japan in 1919 (Burton, 1991). The crystalline powder was soluble in water, making it easy to inject.

During World War II, amphetamines were widely used to keep troops awake and on the move. The "Nazi method" of cooking meth is attributed to German soldiers who used meth prior to going into battle. It was a quick, undetectable method of manufacturing the drug from readily available material. In Japan, intravenous methamphetamine abuse reached epidemic proportions immediately after World War II, when supplies stored for military use became available to the public. In the United States in the 1950s, legally manufactured tablets of both dextroamphetamine (Dexedrine) and methamphetamine (Methedrine) became available and were used non-medically by college students, truck drivers, and athletes. As use of amphetamines spread, so did their abuse. Amphetamines became a cure-all for such things as weight control and treating mild depression.

This pattern changed in the 1960s with the increased availability of injectable methamphetamine. The 1970 Controlled Substances Act restricted the legal production of injectable methamphetamine, causing its use to decrease greatly. In the 1970s, outlaw

motorcycle gangs and other independent trafficking groups became the major suppliers of methamphetamine throughout the United States.

Meth is attractive to users because it alleviates fatigue and "produces feelings of mental alertness and well-being" (Pennell, et al., 1999). Like adrenaline, methamphetamine stimulates the central nervous and the sympathetic nervous systems. Similar to cocaine, it produces a "rush and a high" as a result of the release of high levels of dopamine into the areas of the brain that regulate pleasure. Users tend to go on meth "binges," often staying high and awake for hours or days at a time.

NIDA researchers indicate that long-term meth abuse results in addiction, with chronic relapses "characterized by compulsive drug-seeking and drug use" (NIDA, 1998). In addition, chronic abusers exhibit symptoms that can include violent behavior, anxiety, confusion, and insomnia. Psychotic features can also be displayed, including paranoia, mood disturbances, hallucinations, and delusions.

Meth Production

The production of illicit methamphetamine is a relatively simple process and is usually carried out by people without formal knowledge of chemistry or science. Meth "cookers" produce the drug by following cookbook recipes learned while in jail (Irvine and Chin, 1991) or, more recently, by purchasing underground books, chatting on the Internet, or looking at specific meth websites.

The three most prominent methods of cooking involve the "P2P" or amalgam method and two ephedrine reduction methods – one that uses red phosphorous and a second that uses anhydrous ammonia. The P2P method uses phenyl-2-propanone and methylamine as the primary precursors and requires more time to cook than the ephedrine reduction methods. Hydrochloric acid, mercury, and aluminum re-agents are used in this method. In 1980, P2P became a Schedule II controlled substance and thus more difficult to obtain. However, it spurred a growth in the development of clandestine laboratories specializing in the production of P2P from phenylacetic acid. Synthesis of P2P from phenlyacetic acid involves the use of lead acetate as the primary reagent, which means that some meth can be contaminated with lead and result in lead poisoning (Burton, 1991). Other ways to synthesize phenylacetic acid include the use of industrial chemicals such as toluene (from brake cleaner) or benzene.

The ephedrine reduction methods became more popular when P2P became illegal. Large-scale production of meth using these methods depends on ready access to bulk quantities of ephedrine and pseudoephedrine. Both of these drugs are found in cold, allergy (Sudafed), or diet pills, which can be purchased at drug, grocery, or convenience stores. The reduction of ephedrine to meth makes use of red phosphorous ("Red P," found in matches) or anhydrous ammonia (fertilizer).

To produce meth in large or small quantities, cookers can purchase most of the equipment and some of the chemicals at local hardware, grocery, or warehouse-stores. Listed below are equipment and chemicals commonly used to cook meth.

Equipment and Chemicals Needed for Methamphetamine Cooking

Household Equipment	Chemicals (Source)
Tempered Glass Baking Dishes	Ephedrine (Cold and Allergy Medicine)
Glass Pie Dishes	Pseudoephedrine (Cold and Allergy Medicine)
Glass or Plastic Jugs	Alcohol (Rubbing/Gasoline Additive)
Bottles	Toluene (Brake Cleaner)
Measuring Cups	Ether (Engine Starter)
Turkey Baster	Sulfuric Acid (Drain Cleaner)
Glass Jars	Methanol (Gasoline Additive)
Funnels	Lithium (Camera Batteries)
Coffee Filter	Trichloroethane (Gun Scrubber)
Blender	Anhydrous Ammonia (Farm Fertilizer)
Rubber Tubing	Sodium Hydroxide (Lye)
Paper Towels	Red Phosphorous (Matches)
Rubber Gloves	Iodine (Veterinarian Products)
Gasoline Can	Sodium Metal (Made from Lye)
Plastic Tote Box	MSM (Animal Food Supplement)
Tape	Table Salt/Rock Salt
Clamps	Kerosene
Hotplate	Gasoline
Strainer	Muriatic Acid
Aluminum Foil	Campfire Fuel
Propane Cylinder (20-lb.)	Paint Thinner
	Acetone

Source: www.streetdrugs.org

Environmental and Health Issues

One of the major problems with meth cooking is the danger associated with the chemicals used in the process. Most of the cookers do not have the skills, knowledge, or appropriate laboratory to carry out a proper synthesis. In all probability, they do not use the correct proportion of precursors, reagents, solvents, or catalysts and may not follow directions with precision. The result is a product that contains all types of contaminants, including lead, acid, gasoline, kerosene, ammonia, and phosphorous. Also, in preparing the mix, ventilation may be poor and the temperature in a room may be unregulated. These factors create a dangerous environment where the potential for chemical spills, fire, and explosions are high.

Furthermore, the typical chemicals found in a lab are highly flammable or explosive. Benzene, ethanol, petroleum ether, and phosphine are extremely flammable (Irvine and Chin, 1991). Chemicals like sodium, magnesium, and potassium metals, when mixed with air and water, can ignite and lead to explosions. Solvents (paint thinner) and other chemicals are hazardous to the environment and may contaminate water supplies when dumped into sewers and the ground.

Meth labs have been found in residences (kitchens and bathrooms), motel and hotel rooms, apartment complexes, barns, sheds, car trunks, and trailer houses. Because of the ease of transportability with "box labs," cookers can take the equipment and chemicals with them readily. This enhances the danger of meth.

The chemicals used in a meth lab are also dangerous to individuals. Exposure to corrosive chemicals causes irritation to the eyes, skin, nose, throat, and lungs. Inhaling paint thinner, breathing in hydrogen cyanide, and touching various metals and salts can lead to drowsiness, coma, respiratory failure, burns, and liver and kidney damage.

Because of these dangers, law enforcement officers now recognize that proper equipment, training, and disposal methods are necessary when shutting down a meth lab. The DEA provides equipment and training to state and local officers on a limited basis. Many agencies now have protocols in place when responding to a lab. These policies and procedures help to safeguard the first responders, officers, residents, and bystanders to a degree. Clean-up is expensive, no matter what the size of the lab. The DEA says that lab clean-ups range in cost from $1,500 to about $7,000.

Findings from National-Level Data

At the national level, a number of federal agencies are involved in collecting data on drug use. The data from these agencies provide a snapshot view of methamphetamine abuse nationwide. The National Institute of Drug Abuse (NIDA), the Office of Applied Studies of the Substance Abuse and Mental Health Services Administration (SAMSHA), and the National Institute of Justice (NIJ) collect relevant data on meth and other drugs.

Drug Abuse Warning Network (DAWN)

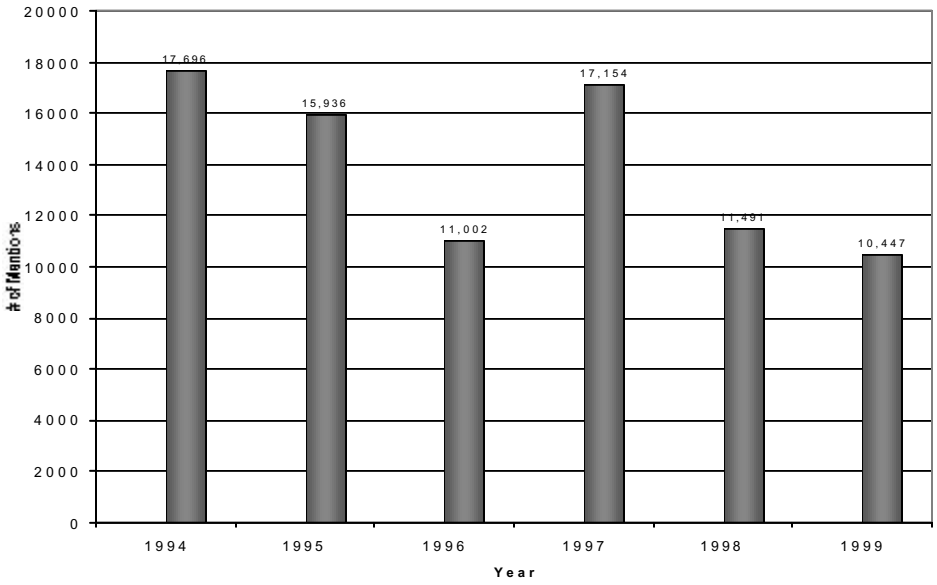
Data from NIDA's Drug Abuse Warning Network (DAWN) indicate that among club drugs[1], methamphetamine accounts for the largest share of emergency department (ED) mentions and is most frequent in metropolitan areas in the western United States (DAWN, 2000). From 1994 to 1999, data indicate "year-to-year volatility" for methamphetamine. Exhibit 1 shows the ups and downs of emergency department mentions for meth nationally. Exhibit 2 shows the race and ethnicity of the individuals who went to emergency departments in 1999. Whites outnumbered Blacks by 11 to 1 and Hispanics by almost 5 to 1.

When meth numbers are compared to other drug-related episodes, however, they become rare events. Cocaine, heroin, and marijuana account for the largest number of ED visits. Meth was mentioned in 2 percent of drug-related episodes in 1999 (10,447). This number was statistically unchanged from 1998 (11,491).

DAWN also reports data from 21 metropolitan areas. The vast majority (80 percent) of estimated ED mentions of meth in 1999 came from 5 cities in the western part of the country – Los Angeles (910 mentions), San Diego (584), San Francisco (554), Seattle (353), and Phoenix (341). Among the metro areas with at least 100 mentions of meth in 1998 or 1999, significant increases from 1998 to 1999 occurred in St. Louis (58 percent, from 66 to 104) and Seattle (33 percent, from 266 to 353). Mentions of meth decreased during this time in Atlanta (49 percent, from 162 to 83), Dallas (46 percent, from 186 to 100), Phoenix (24 percent from 446 to 341), and San Diego (19 percent, from 721 to 584).

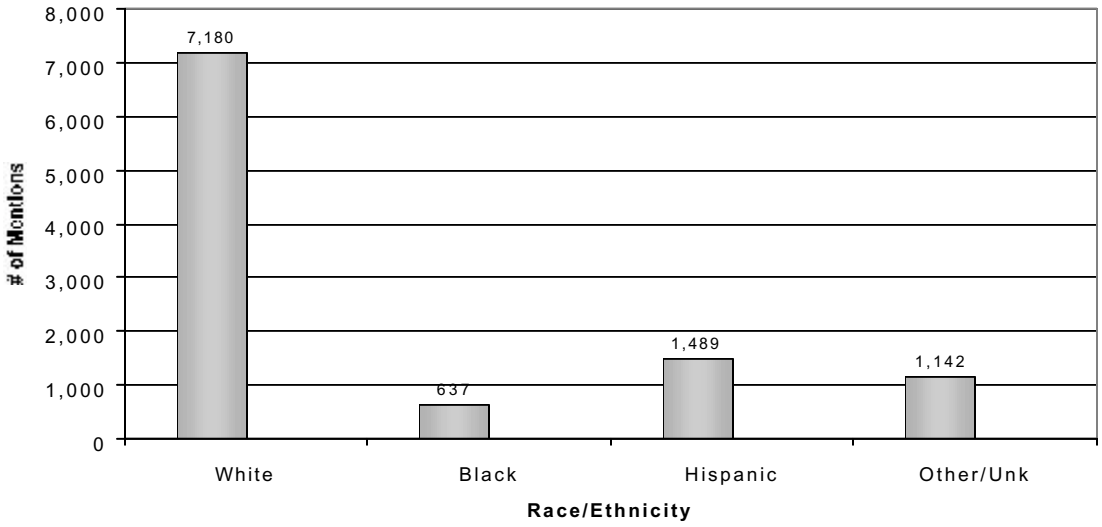
[1] According to DAWN definitions, club drugs include LSD, GHB, Ketamine, MDMA or Ecstacy, Rohypnol, and Methamphetamine.

Exhibit 1: Number of Emergency Department Mentions of Meth, 1994-1999



Source: Drug Abuse Warning Network, 2000

Exhibit 2: Number of Emergency Department Visits by Race and Ethnicity, 1999



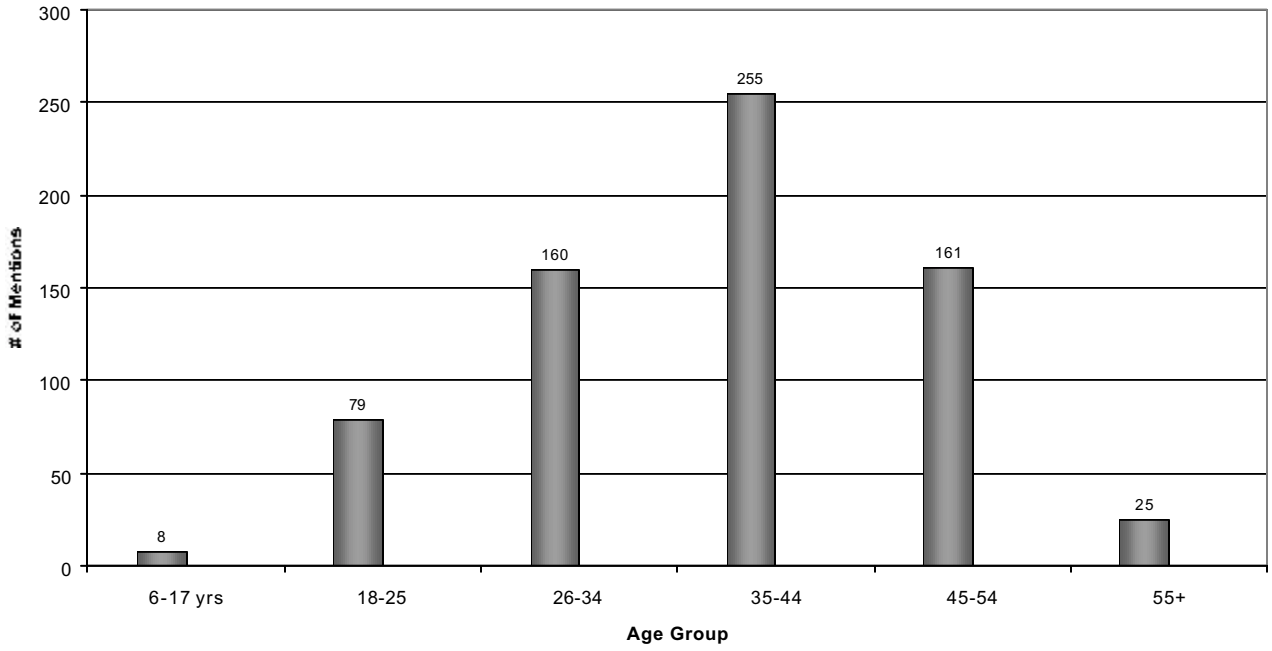
Source: Drug Abuse Warning Network, 2000

Deaths related to drug abuse were reported to DAWN by 139 medical examiners (ME) in 40 metropolitan areas. For 1999, cocaine was the most frequently mentioned drug, followed by

heroin and "alcohol-in-combination." Methamphetamine ranked sixth nationally in 1999 (6 percent of episodes or 690 of 11,651) and was usually mentioned in combination with other drugs. For individual metro areas, meth ranked second in ME episodes in Oklahoma City (23 percent), and third in San Diego (25 percent), and was reported frequently in other western cities: Las Vegas (18 percent), Phoenix (17 percent), Salt Lake City (16 percent), San Francisco (16 percent) and Seattle (12 percent).

In terms of race and ethnicity, meth ranked sixth among white decedents (555 mentions), fifth among Hispanic decedents (70 mentions), and eighteenth for Black decedents (42 mentions). For gender, of the 690 episodes, 539 were male and 151 were female. In terms of age group, the mode is 35-44 year olds (255 mentions) followed by 45-54 year olds (161 mentions) and 26-34 year olds (160) (see Exhibit 3).

Exhibit 3: Number of Meth-related Deaths by Age, 1999



Source: Drug Abuse Warning Network, 2000

Treatment Episode Data Set (TEDS)

The Treatment Episode Data Set (TEDS) collected by SAMHSA's Office of Applied Studies includes drug use profiles from clients who enter a treatment facility that receives public funding. In 1998, over 1.5 million people were admitted to facilities across the country for treatment for abuse of alcohol and drugs. About 63 percent of all treatment facilities are included in the TEDS survey, representing about half to two-thirds of the nation's treatment admissions to publicly funded programs.

For the most part, like other national databases, TEDS treatment admissions are dominated by alcohol, heroin, cocaine, and marijuana/hashish. These substances account for 90 percent of all TEDS admissions. Methamphetamine accounts for about 3.6 percent (55,745 of about 1.56 million admissions) in 1999. This represents an increase from 1.3 percent (20,771 of about 1.58 million admissions) in 1993 (TEDS, 2000). Exhibit 4 shows the number of national admissions by year and the percent of admissions by year for methamphetamine.

Exhibit 4: Number and Percent of National Admissions to Publicly Funded Treatment Facilities for Meth: 1993-1999

	1993	1994	1996	1997	1998	1999
Number of Meth Admissions	20,771	33,440	47,684	40,998	53,560	55,745
Percent	1.3	2.0	2.9	2.6	3.5	3.6

Source: TEDS, 2000

Exhibit 5 shows the treatment admissions for the states that are of interest to our study for methamphetamine and amphetamine (unfortunately these could not be dis-aggregated for each drug). In Arkansas, Minnesota, and Utah, the number of admissions clearly increased from 1993 to 1998. For Oklahoma and Texas, admissions increased since 1993, but showed fluctuations over the six-year period. Arizona did not participate until 1998, hence the missing data for the first five years of the period.

Exhibit 5: Primary Methamphetamine and Amphetamine Admissions and Admissions Per 100,000 Aged 12 and Over, by Selected States: 1993-1998

Number of Admissions Ages 12 and Over

State	'93	'94	'95	'96	'97	'98
AZ	--	--	--	--	--	806
AR	269	599	1044	1001	1498	1779
MN	300	478	940	672	1511	1574
OK	503	1298	2242	1737	2191	1928
TX	994	1379	1475	394*	1035	1260
UT	237	792	1689	1402	1738	2207

Admissions per 100,000 Ages 12 and Over

'93	'94	'95	'96	'97	'98
--	--	--	--	--	22
13	29	51	48	71	83
8	13	25	17	39	40
19	48	83	64	80	69
7	9	10	3	7	8
17	54	111	90	108	133

* The dramatic drop is attributed to a change in reporting. In 1996, Texas stopped reporting its criminal justice system's substance abuse clients to TEDS.

Source: TEDS, 2000

Arrestee Drug Abuse Monitoring (ADAM)

In 1987, the National Institute of Justice began collecting data to measure drug use patterns among arrestees. Over the years, the Drug Use Forecasting (DUF) Program, with 23 sites, evolved into the Arrestee Drug Abuse Monitoring (ADAM) Program, with 35 sites in 1998. For approximately two weeks every calendar quarter, researchers with the ADAM program interview arrestees who have been booked in the past 48 hours about their drug use history. The arrestees are then asked to submit to a urine drug screen.

Over a nine-year period (1990-1999), ADAM data showed variation in meth use across the country. In nine cities, over 20 percent of male or female arrestees tested positive for meth. These cities were Des Moines, Las Vegas, Phoenix, Portland, Sacramento, Salt Lake City, San Diego, San Jose and Spokane. The data also show that meth had not appeared in seven sites in 1998 – Anchorage, Atlanta, Birmingham, Cleveland, Fort Lauderdale, Laredo, and New York City. Overall, the ADAM data indicate that there is a regional difference in meth use. The West and Northwest have the highest percentages of arrestees testing positive for meth and the Northeast has the lowest. In the Midwest and South, four jurisdictions appear to have the most serious meth problems—Dallas, Oklahoma City, Omaha, and Des Moines.

Exhibit 6 shows trends for male and female arrestees who tested positive for methamphetamine use from 1990 to 1999. The exhibit indicates that 1993 was a peak year for

Dallas, with 1994 a peak year for Phoenix. In the years that followed, however, percentages decreased, showing the volatility of meth use over time.

Exhibit 6: Percentage of Male and Female Arrestees Testing Positive for Methamphetamine, by Site, 1990-1999

Site	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Dallas										
Male	1.9	1.4	0.6	3.5	2.0	2.2	1.2	2.6	3.3	2.5
Female	4.0	2.2	2.4	5.2	3.3	3.7	1.5	2.8	4.0	3.2
Minn										
Male	--	--	--	--	--	--	--	--	0.8	1.1
Female	--	--	--	--	--	--	--	--	--	2.5
OKC										
Male	--	--	--	--	--	--	--	--	8.0	8.7
Female	--	--	--	--	--	--	--	--	--	11.3
Phoenix										
Male	6.7	4.1	5.0	13.7	25.4	22.0	11.1	16.4	16.4	16.6
Female	6.6	3.9	7.1	15.1	26.0	21.7	14.0	25.6	22.4	14.3
SLC										
Male	--	--	--	--	--	--	--	--	20.3	24.8
Female	--	--	--	--	--	--	--	--	31.4	34.1

ADAM, 1999 and 2001

Drug Enforcement Administration (DEA) Lab Seizures

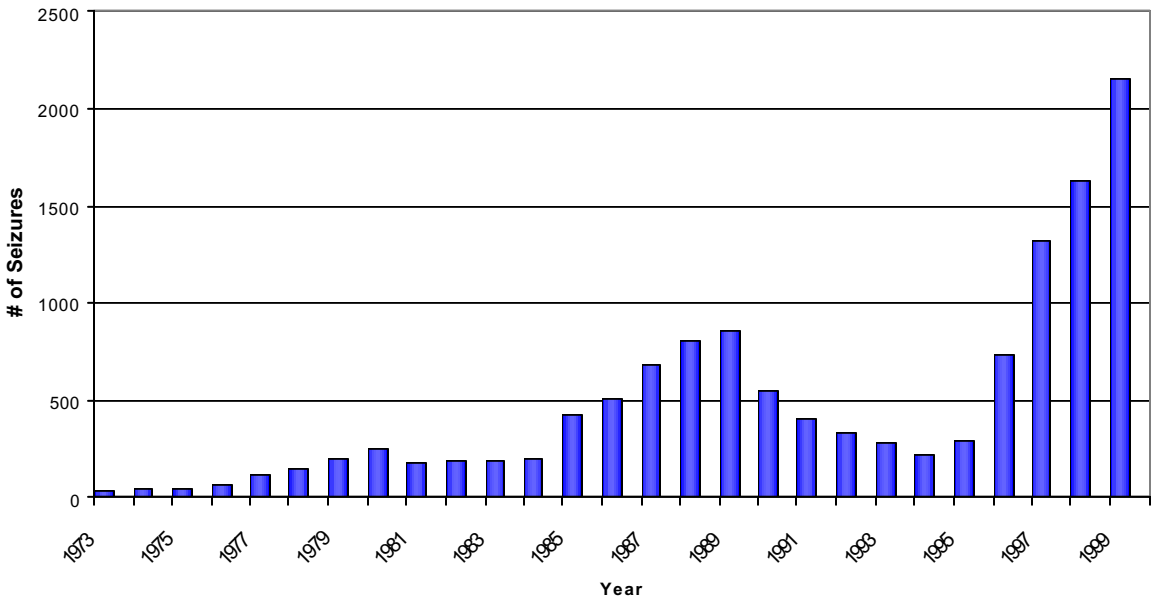
The Drug Enforcement Administration (DEA) maintains data on the number of clandestine laboratories seized, amounts taken, and (more recently) on the number of local law enforcement officers trained. From 1973 to 1999, DEA seized nearly 9,600 labs, with 61 percent of those seizures occurring from 1996 to 1999. Exhibit 7 shows the number of seizures over the 27-year period.

In addition to these data, DEA keeps track of state and local law enforcement activities through their El Paso Intelligence Center (EPIC). In 1999, state and local officers seized over 7,500 labs, with over 35 percent in California (2,691), followed by Washington (597), Missouri

(438), and Oklahoma (396). Of these labs, 237 were classified as "super labs" where more than 10 pounds of methamphetamine were seized. Most of these were found in California (228).[2]

Recently, DEA has increased its training to local law enforcement in identifying, dismantling, and cleaning up clandestine labs. With funds from the COPS Office, DEA has trained over 2,200 officers in the past four years.

Exhibit 7: DEA Meth Lab Seizures, 1973-1999



Source: Drug Enforcement Administration, 2000

Combating Methamphetamine Abuse in Six Cities: The COPS Office Methamphetamine Initiative

In 1998, the COPS Office provided funds to six law enforcement agencies to combat methamphetamine abuse. The funds were to be used to support a wide variety of enforcement, intervention, and prevention efforts. Consistent with community policing principles, the agencies were encouraged to form partnerships with local agencies, including other law enforcement organizations, treatment providers, drug courts, and the like.

[2] EPIC clandestine lab seizure data do not capture all labs nationwide. The data are collected from all DEA offices across the U.S., but state and local law enforcement reporting is on a voluntary basis.

The COPS Office invited Phoenix, Salt Lake City, Oklahoma City, Dallas, Little Rock, and Minneapolis to submit grant proposals. These jurisdictions were selected after a careful analysis of existing data from DAWN, ADAM, TEDS, and the Uniform Crime Reports. In addition, internal COPS Office information about grant activity and community policing were added to the mix. Before officially receiving a grant award, however, each site had to submit proposals to the COPS Office that specified the types of intervention, prevention, education, and treatment programs that would beused. The sites had to explain in their applications how their efforts would mesh with their five-year community policing plans. They also had to include data on the extent and nature of their methamphetamine problems and describe how they had dealt with them through enforcement efforts. Budgets had to be approved as well.

As a result of the proposal writing and budget negotiation process, grants were not officially approved and awarded until after 1999 had begun. Each site received about $750,000 for the Meth Initiative, for a total of about $4.5 million. The projects were funded for a twelve month period.

Evaluation Strategy and Methods

To evaluate the six Meth Initiative projects, ILJ and 21st Century Solutions engaged in a multi-faceted process evaluation. At one level, we were interested in knowing about the site-specific implementation of the programs. That is, how did each site use its funds and implement programs? At another level, we were interested in obtaining information that would tell us something about the success of the Meth Initiative across all six sites and explore the commonalities across the sites. At a third level, we were concerned about the impact of the initiative on law enforcement; the community; and meth users, distributors, and manufacturers.

Overall, we found that we could engage in a rigorous process and cross-site evaluation, but given the constraints of time and funding, we could not determine the impact of the initiative on law enforcement, the community, and meth users. Data were not readily available to measure outcomes, and the timing of the evaluation did not permit us to conduct pre- and post-surveys. So we concerned ourselves with answering a number of questions that centered on implementation of the projects. Critical process questions applicable to all sites included:

- Who is involved in project implementation and what are their roles and responsibilities?
- What partnerships were formed and how were they sustained?
- Were the implementation steps carried out as planned?
- What barriers were encountered, and how were they overcome?
- What types of training or technical assistance were needed to implement the project?
- How was the meth initiative linked to intervention, prevention, treatment, and education?
- How was the meth initiative linked to community policing at the sites? What benefits were derived from this linkage, and what difficulties were encountered?

In addition to these questions, we sought information about the history of meth at the sites, a description of the "meth market," and knowledge about meth users, producers, and distributors.

To answer these questions, we conducted interviews, collected data from law enforcement, observed clandestine lab seizures and other interventions, surveyed partners about their roles and responsibilities, examined newspaper articles, and made use of existing national databases to augment our findings.

Interviews

At each site, we interviewed a number of law enforcement officials, including narcotics detectives, supervisors, managers, and chief executives. This included members of the Phoenix, Salt Lake City, Oklahoma City, Dallas, Little Rock, and Minneapolis police departments well as their law enforcement partners. For example, in Oklahoma City we interviewed the special-agent in charge at DEA and members of the Meth multi-jurisdictional task force. In Minneapolis, Hennepin County Sheriff's deputies and St. Paul police officers were interviewed. Representatives of all of the non-law enforcement partner agencies were also interviewed. In Salt Lake City, because of the magnitude of the project, over 60 members of the partnership were interviewed. In Phoenix, over 40 people were interviewed, including drug court officials, treatment providers, probation officers, district attorneys, the judiciary, school representatives, medical examiner, health services personnel, crime lab staff, and staff of the State Attorney General's Office.

In addition to interviews with officials, we interviewed drug court clients, probationers, jail detainees, confidential informants, and addicts. In Little Rock, a random sample of 52 detainees in the Pulaski County Jail were interviewed to obtain information about their background, drug use history, and involvement in the local drug market.

Other Data Collection Methods

For each major city police department, we requested drug arrest data by type of drug and by classification of drug. In addition, we collected information from narcotics divisions about all drug seizures and drug arrests. Where possible, we received a breakdown for methamphetamine seizures and arrests. From drug courts, we collected annual overall data for cases adjudicated by the court. For methamphetamine cases, we collected as much information as possible that was relevant to the cases.

For public awareness campaigns, we kept track of advertisements, including public service TV ads, radio spots, billboard ads, and the number of brochures produced and distributed. For training, we collected numbers of police officers (in service and recruits) and civilians trained. To increase our understanding of local partnerships, we sent a questionnaire to all members of the partnerships at each site and received 94 responses. Finally, to augment our findings, we used data from DAWN, TEDS, and ADAM.

Cross-Site Findings

The jurisdictions selected for the Meth Initiative vary in a number of ways, though some similarities exist. They range in population from about 175,000 in Salt Lake City and Little Rock to over 1 million in Dallas and Phoenix. All of the sites are located west of the Mississippi River—not coincidentally, as the meth problem is a western region phenomenon. The police agencies responsible for the Meth Initiative grants varied in size, basically following their population rankings, with the smaller agencies in Salt Lake City and Little Rock and the larger agencies in Dallas and Phoenix. The larger agencies had a smaller percentage of officers devoted to patrol compared to the other agencies. That is, Dallas (36 percent) and Phoenix (41 percent) devote fewer officers to patrol than Little Rock (78 percent). Exhibit 8 shows the characteristics of the agencies and their populations.

Meth History and Meth Markets

In all six sites, methamphetamine first appeared as a result of outlaw motorcycle gangs, some of whom were transplanted from California. These were the first cooks of meth, relying primarily upon the P2P method.

Exhibit 8: Characteristics of Police Agencies Affiliated with Meth Initiative: 1999

Agency	# Total Employees	# Sworn Personnel	# Sworn in Patrol	% Sworn in Patrol	Total 911 Calls	Population	# Officers/ 10,000
Dallas	3,581	2,858	1,041	36	1,073,745	1,053,292	27
Little Rock	644	558	438	78	--	175,752	32
Minneapolis	1,197	917	460	50	374,251	358,785	26
Oklahoma City	1,233	978	472	48	586,656	469,852	21
Phoenix	3,278	2,532	1048	41	1,041,554	1,159,014	22
Salt Lake City	567	404	188	47	--	172,575	23

Law Enforcement Management and Administrative Statistics, 2001

The Phoenix Police Department saw their first meth lab in 1990. In 1996, 65 labs were seized. By 1999, the number of labs seized increased to 116. At first, meth cookers were mostly White, blue collar groups producing sufficient amounts of meth for their own use, as well as enough to sell to support the purchase of chemicals needed to cook more meth. As of February 2001, meth production is still associated with Whites, although the economic and ethnic spectrum has widened. Users are individuals of all ages and economic status, from teens to professionals with stressful jobs.

Much of the meth in Salt Lake City is either produced in small batches by local cooks, or brought into the city by Mexican nationals. Narcotics officers estimated that about 50 percent of methamphetamine suppliers in the area were local, independent groups or gangs; 40 percent were illegal aliens; 5 percent were affiliated with motorcycle gangs; and 5 percent did not fit these categories. The clandestine labs are normally small, yielding quantities to be used by an

individual and his or her friends. Clandestine labs have been found in a variety of locales, including single family homes, apartments, hotels and motels, and even small rented storage units.

The meth problem in Minneapolis and Little Rock is a more recent phenomenon than in other locations. Minnesota drug enforcement officers convened a conference in 1995 to discuss the emerging meth problem tied to bikers operating in rural areas of the state. Now, however, the perception is that distribution has moved away from bikers toward major distribution by Mexican nationals. These groups had been involved in cocaine and crack distribution but had learned how to make meth and take advantage of the profit potential involved with it. In Mexico, a pound of meth can be purchased for approximately $3,000 and sold in Minneapolis for $10,000 to $15, 000. Federal prosecutors note that these groups have turned to meth in order to control the production end and eliminate the uncertainties brought about by having to rely on Colombian cocaine suppliers.

Within the Little Rock area, methamphetamine was commonly associated with biker gangs and the "party scene" at a number of strip and dance bars. In the 1970s and 1980s, meth was not widely found in the local community, nor was it commonly available, in part because local cookers were few and far between and limited their sales to small, tightly knit groups. Thus, meth was not considered a significant law enforcement or public health problem. This began to change in the late 1990s, and especially in the more rural areas of Arkansas.

Methamphetamine in Oklahoma City dates back to the mid-1970s, when it was used to "cut" or dilute cocaine, the prominent drug of choice among dealers. For the most part, the amphetamine-related problem at that time involved pharmaceutical tablets, such as Dexedrine and diet drugs; however, meth was also cooked (using the P2P method) and distributed by some motorcycle groups. Meth was still a relatively minor problem in the early part of the 1990s, but by 1996, an upsurge in use and distribution occurred. Narcotics detectives interviewed recalled finding more and more labs at this time. They also noted a change in the market – there seemed to be more involvement by non-blue collar workers. Professional, white-collar criminals became involved, and detectives saw fewer dealers and labs from trailer houses. Most of the labs found in Oklahoma City used either the ephedrine reduction method or the red phosphorous method.

Currently, detectives believe that about 95 percent of methamphetamine is produced in urban areas.

In Dallas, as in other locations, outlaw motorcycle gangs and independent groups historically were the first distributors of methamphetamine. In recent years, however, organized trafficking groups from Mexico have become the primary distributors of large amounts of methamphetamine. In interviews, detectives said that the biggest change in the last ten years is that Mexican Nationals are now doing the bulk of meth cooking and distributing in the Dallas area. One detective from the DPD noted that in the 1980s and early 1990s, "white speeders" were the only ones who used and manufactured meth. That has changed. By 1994, the Dallas Police Department saw Mexican Nationals dominating the trade. Users changed as well—Whites, Hispanics and occasionally, an African-American will be caught with meth. According to DPD, White males were the predominate group distributing and using meth during the 1980s.

Interventions—Seizing Clandestine Labs

Interventions by police under the Meth Initiative primarily consisted of clandestine laboratory seizures. These seizures occurred as a result of patrol officers making traffic stops and finding "box labs" in the trunks of cars, citizens calling in to report "odd" smells, and narcotics officers using informants, making undercover buys, and conducting surveillance to locate labs.

Oklahoma City, Phoenix, and the states of Arkansas and Utah generated the most clandestine lab seizures during the grant period. Dallas and Minneapolis generated fewer *numbers* of lab seizures, but had higher percentages of change over that period. That is, both jurisdictions did not seize many clandestine labs in 1998, as it was not a priority. But over the grant period, law enforcement turned their attention to labs, and as a result, seizures more than doubled in Minneapolis from 1998 to 1999 and increased nine-fold in Dallas from 1998 to 2000.

In the Salt Lake City region, the DEA is called to almost all clandestine lab seizures. This is because local police departments have become increasingly aware of the dangers in handling such hazardous materials, and because DEA agents have received training in handling the chemical substances. DEA collects evidence at clandestine lab scenes and also provides funding for hazardous waste clean-up. In 1998, DEA and local law enforcement seized 222 labs

in the state of Utah and 267 in 1999. Preliminary data from 2000 show that they seized 163 labs in just nine months. These figures indicate that, on average, the DEA seizes anywhere between 18 and 23 labs per month. While DEA data for Utah are not necessarily representative of Salt Lake City specifically, they do illustrate the serious nature of clandestine labs in Utah.

In Oklahoma City during the grant period, officers were involved with nearly 300 lab seizures. From 1998 to 1999, the number of meth labs seized and processed increased by 70 percent. Between 1999 and 2000, a 40 percent increase occurred. This means that during the Meth Initiative, the number of labs seized, processed, and dismantled increased by 136 percent. Phoenix saw similar increases. In 1996, 65 labs were seized. By 1999, that number rose to 116. In 2000, 133 labs were found.

In Little Rock and throughout the state of Arkansas, more and more clandestine labs have been discovered since 1995. Statewide, there has been a dramatic increase in the number of lab seizures since that time—24 labs in 1995, 95 labs in 1996, 240 labs in 1997, and 433 labs in 1998.

In Minnesota in 1997, there were 22 meth labs seized (statewide). This increased to 46 in 1998 and 109 during 1999. The first four months of 2000 witnessed 45 lab seizures. Officials estimate that two-thirds of the lab seizures occurred in the non-metropolitan regions of the state (Butler Center, 2000).

Data from Dallas indicate that in 1998 only 4 labs were seized. By 1999, 15 labs were discovered and dismantled. The cost to the department for three of the labs was nearly $7,500. DEA paid for nine clean-ups, the county paid for one, and costs for two others are "pending." Most of these were "Nazi labs."[3] In 2000, narcotics detectives seized and dismantled 38 labs.

Prevention and Education

Prevention and education were at the core of most of the projects (Exhibit 9). All of the police agencies believed that educating their officers and the public about the hazards and dangers of meth were critical to reducing production and use. In five of the six sites, brochures and pamphlets were printed and distributed to residents, community groups, and city and county agencies. Advertisements on billboards and buses about the dangers of meth appeared in four of

[3] Nazi labs produce meth using ephedrine or pseudoephedrine, lithium, and anhydrous ammonia (ONDCP, 2001b).

the jurisdictions. Public Service Announcements were made under the auspices of the grant in three sites, and a "media blitz" occurred in four sites. Little Rock typified the use of these techniques, as the program coordinator there made use of billboards, buses, pamphlets, PSAs and press conferences to get the word out about the dangers of meth.

Exhibit 9: Public Education Campaigns in Six Sites

Site	Billboards and Buses	PSAs	Brochures	Media
Dallas	--	--	✓	--
Little Rock	✓	✓	✓	✓
Minneapolis	--	--	✓	--
Oklahoma City	✓	✓	✓	✓
Phoenix	✓	--	✓	✓
Salt Lake City	✓	✓	--	✓

Phoenix used a combination of traditional and non-traditional methods to reach its audiences. Phoenix developed an illustrated booklet that explains the effects and long-term consequences of meth use and how to identify the chemicals and equipment used to make meth. The booklet was intended to inform not only the general community about the dangers of meth, but also to educate police and others who may encounter meth users or associated equipment. A total of 4,500 copies were printed in English and additional copies were translated into Spanish. Phoenix also produced a video, *Meth: Unsafe at Any Speed.* The video featured speakers from the city and Maricopa County who discussed the dangers of meth, along with graphic displays of meth labs and chemicals used for cooking. The video was also produced in English and Spanish and was closed-captioned for the hearing impaired. The video won a "Telly"[4] award in 2000. About 200 copies of the video were distributed to all city departments, with a directive that all 13,000-plus employees should see the video.

Phoenix followed San Diego's lead by putting up billboards stating, "What's Cookin' in Your Neighborhood? METH?" A meth hotline number to report users, dealers, labs, or other information was part of the message. At a later date, 20 additional billboards were introduced with the same message translated into Spanish. Another non-traditional media campaign was supported by the two major supermarkets in Phoenix: Basha's and Safeway. Both market chains

agreed to place the same billboard ad on their grocery bags. In late fall of 1999, Basha's agreed to print 2.3 million bags with the message and Safeway printed 400,000 bags in January 2000.

In Minneapolis, a number of extremely professional education materials were generated through the grant. Two distinctive posters were created and distributed. One was designed for businesses (3000 produced) and another for schools (2000-2500 produced). Additionally, a neighborhood resource guide on meth was developed. Nearly 5000 guides (4600) were produced and distributed to community groups throughout the metropolitan region.

In Salt Lake City, the agency mainly responsible for the public awareness component was the Utah Council for Crime Prevention (UCCP). While it took some time to get the public awareness part of the project up and running, once it began, it gained momentum quickly. A campaign to fight methamphetamine sponsored by the UCCP began on February 2, 2000. More than 70 people attended the campaign kick-off. Public service announcements were also arranged by the UCCP, including more than 1700 statewide and 400 metro-area radio announcements between mid-January and February 2000. Television public service announcements were also debuted, and three different anti-methamphetamine commercials ran from February through mid-March 2000. The UCCP and other partners working on the public awareness component provided their own resources to keep the anti-meth message running. They were also successful at generating funding from other sources, as well as garnering donated materials such as PSAs and billboards.

The Oklahoma City Police Department kicked off its "Life or Meth" campaign in September 2000. As part of its efforts, OCPD staged a mock raid at a local motel, demonstrating the dangers of seizing a clandestine lab. The fire department, emergency medical teams, patrol officers, and narcotics officers took part in the event. During the exercise, police burst into a motel room, "arrested" three people, and collected meth equipment scattered in the room. Officers wore protective jumpsuits and used standard safety procedures during the raid. Television crews, and reporters from radio and print media attended the mock raid. Children and parents were encouraged to wear the special safety equipment; and officers were available to discuss the dangers of meth use, distribution, and production.

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[4] Telly awards are given to outstanding non-network and cable commercials.

During its media blitz, which lasted about two weeks, four newspaper articles appeared in the *Daily Oklahoman* and the *Oklahoma Gazette*, the most prominent newspapers for the Oklahoma City region. Public service ads ran on television and radio and continued over the five-month campaign. Television news coverage also occurred, as evidenced by a report on Channel 5 (ABC affiliate) on October 10, 2000. The story centered on the dangers of meth to the user and the public problems associated with it. The news spot encouraged residents and businesses to call police if they sensed hints of meth—for example, a smell like cat urine, the sight of traffic in front of houses, and odd behavior from residents and their children.

In Dallas, prevention and education efforts fell short of the original goals. Initially, the Greater Dallas Council on Alcohol and Drug Abuse (GDCADA) had a two-fold prevention strategy. First, funding was to be used to disseminate methamphetamine abuse information to a 19-county area surrounding Dallas. Second, GDCADA was to launch a public education/prevention campaign based on the information provided by a GDCADA users' profile that identifies high-risk individuals. By the end of calendar year 2000, GDCADA had fulfilled the first goal by distributing information in the 19-county area, and had convened a one-day symposium on meth. The public education campaign, however, did not reach fruition. Part of the problem stemmed from numerous changes in GDCADA management during the grant period.

Training

Training in meth awareness occurred in every site for patrol officers, narcotics officers, community organizations, and residents and businesses; and training goals were achieved in every site. In Salt Lake City and Minneapolis, multi-disciplinary teams were used for training. In Dallas and Oklahoma City, narcotics officers trained other officers, residents, and business people. In Little Rock and Phoenix, the project coordinator and project manager, respectively, facilitated and conducted training.

In Dallas, the Narcotics Division trained patrol and community policing officers approximately 25 times on methamphetamine identification and production detection. This training took place both in-service and at the academy. Additionally, training occurred with the Organized Crime Unit, the District Attorney's Office, the Drug Court, and the Dallas Fire Department firefighters and arson investigators. The Narcotics Division also presented

methamphetamine education and detection information to 13 community groups, including apartment managers, Boy Scouts, and crime watch groups.

All Oklahoma City Police Department officers received educating and training in identifying meth lab chemicals. Citizens also received education and training. Narcotics Division lieutenants addressed a number of civic groups, citizens, and organizations during 1999 and 2000. Speaking engagements varied from one-day seminars at Oklahoma State University to morning talk shows on local television. Of direct importance to the Meth Initiative were speaking engagements to the Greater Oklahoma City Hotel and Motel Association and the Oklahoma Natural Gas Employee seminar. Both groups were targeted because clandestine labs were found in motel and hotel rooms, and because gas company employees have the potential for noticing suspicious chemical odors during their work hours. The presentations consisted of a lecture, videos about meth, and a question-and-answer period. Narcotics officers discussed health hazards, identification of equipment and chemicals, and procedures to follow if a lab or waste site is discovered. The video shows common glassware, chemicals, and hardware necessary to manufacture meth.

In Phoenix, the project manager made over 84 presentations to diverse groups, including the general community, schools, cityand county employees, and the patrol staff in the police precincts. Most unique of these were presentations to the employees of Arizona's two power companies, the "Salt River Project" and the Public Service Power Company, and to the City of Phoenix Department of Solid Waste Management. Descriptions were provided of the types of equipment used to make meth, as well as the kinds of chemicals and waste that could be found at a lab site.

In addition, the project manager gave presentations to the Community Action Officers in the six police precincts. The purpose was to describe information about meth labs and to encourage police officers to identify specific community groups that could benefit from such information. The presentations to patrol seem to have resulted in more labs seized in 2000 as a result of patrol stops of vehicle stops.

Minneapolis developed a four-hour training program for first responders and an eight-hour training program for investigators. The four-hour training session covered topics such as the scope of clandestine laboratory hazards, understanding the cooking process and toxic effects,

dangers to first responders, employee health and safety, medical screening and chemical monitoring, clean-up activities, and community awareness. The eight-hour session also included legal issues related to liability, enforcement issues on investigation and prosecution, hands-on experience at a mock lab, and the roles of various agencies. A training video on traffic stops was also produced. This was based on several incidents in which officers making traffic stops stumbled on "TOTE Bag Labs" in which meth chemicals were found in a vehicle stop.

Through October 2000, 89 courses had been offered with 3,455 students attending. Students included law enforcement patrol officers, investigators, and first responders such as emergency medical services and fire fighters. The training sessions generally included 30 to 40 attendees, with half the sessions open to partner agencies. Officers from DEA, Bureau of Criminal Apprehension (BCA), and the Minneapolis Police Department (MPD) conduct the training. In addition, MPD and the BCA have partnered for “out-state” training that has taken place in New Ulm, Rochester, Duluth and Fergus Falls, and other regions of the state.

During 1999, the training team expanded the training to include transit, housing, sanitation and parks employees, all of whom may come into contact with clandestine meth labs. They also incorporated a train the trainer method to educate block clubs on the identification and dangers of meth. This included developing Neighborhood Watch brochures on meth, as well as providing training and materials to retail stores that sell potential precursor materials.

Training was an important component in Salt Lake City as well. Just as in Minneapolis, the approach was multidisciplinary. Project participants from a wide variety of backgrounds agreed to put on training sessions for community members. Trainers included a Health Department partner, a family services member, a youth services person, the DEA, and a Salt Lake City police officer. As in other sites, training recipients included patrol officers, members of city and county agencies, businesses, and schools. In addition, Salt Lake City’s multi-disciplinary team trained nurses, mental health workers, probation and parole officers, and Boy Scouts.

Treatment

Treatment providers also participated in the Meth Initiative in the six sites. In four of the sites, drug courts were active partners. In Salt Lake City, Oklahoma City, Dallas, and

Minneapolis, meth users who opted for the drug court rather than the criminal justice process received treatment.

Drug courts varied in their abilities to reach meth users. In Salt Lake City, through unforeseen contract technicalities, the drug court was unable to receive direct funding from the Meth Initiative project. Despite the difficulty in accessing funding, the drug court remained up and running and began to see some success. In 1999, 24 drug clients were accepted into the program. Of these, 12 were meth users. Five of the drug clients successfully completed the program.

The Oklahoma City Drug Court, formed in 1998, accepts repeat criminal offenders who are facing the prospect of serving time for felony charges. The Drug Court team includes representatives from two treatment providers, the DA's Office, the judge, an Oklahoma County Sheriff's deputy, and a full-time Oklahoma City police sergeant. The deputy sheriff, who works part-time, focuses mainly on serving warrants when a Drug Court client fails to meet the requirements of the program. Team members concentrate on weekly reviews of the clients' status. If there are violations of the contract, the team also determines appropriate sanctions. Over the past two years, the Drug Court team has reviewed over 4,200 cases to determine their eligibility for Drug Court. Selecting clients is rigorous, with about 5 percent of applicants accepted into the program. Between July and October 2000, the Drug Court team reviewed 420 cases and accepted 21 new clients. Of the 135 active cases in October 2000, 35 (or 26 percent) were meth clients. This is a substantial increase compared to July 1999, when the percentage of active meth cases was 14 percent (12 of 87). The largest percentage (54 percent) of current Drug Court clients were charged with a cocaine-related incident, followed by meth clients, and then marijuana clients at 10 percent.

One quarter of the meth clients did not complete the Drug Court program. Most of the terminations occured early in the program (within the first three months), although the Drug Court has tried working with a few meth clients for as long as one year to try to keep them in the program. The reasons for termination are multiple absences from treatment sessions coupled with multiple positive urine tests for meth (one client transferred to another county's Drug Court program). The first graduation for Drug Court clients took place in June 2000. Six clients graduated at that time, one of whom was a meth client. Eighteen Drug Court participants

graduated in December 2000, including two meth clients. Of the three successful meth clients, one completed the treatment in one year, with the other two completing treatment in two years.

A primary partner in Dallas is the DIVERT Court (Dallas Initiative for diVersion and Expedited Rehabilitation and Treatment), one of four drug courts in Texas. Funding for this court comes from the state. A number of agencies work with the court, including adult probation, the Greater Dallas Council on Alcohol and Drug Abuse, and the Texas Association of the Drug Court Professionals. An addiction severity index is used to measure the addiction level of persons brought to court, and a mental health questionnaire is administered by the staff psychologist. DIVERT Court began accepting cases in January 1998.

Between January 1998 and June 2000, 532 cases were referred to DIVERT court. Of these, 123 cases were active as of August 2000. Fifteen individuals involved with meth were part of the program. Of the 15, four successfully graduated and six were still in the program. Of the remaining five clients, four did not complete the program and were placed in the criminal justice system, and the fifth client died during the program.

The Hennepin County Drug Court in Minneapolis is unusual in that it is a comprehensive drug court. Court officials estimated that Hennepin County is one of only five or six comprehensive drug courts among the approximately 600 drug courts in the United States. All felony drug cases come to this court with the exception of those involving serious persons offenses. Thus, the court is responsible for trafficking, manufacturing, dealing, and possession cases. The court began work in 1997. Approximately 1,100 to 1,500 drug court clients are assessed annually, with 60 percent of drug court clients subsequently enrolled in treatment. This is an increase from approximately 30 percent of drug case defendants who received treatment prior to drug court. Unfortunately, statistics on meth clients were not available at the time of this report.

Partnerships

One of the major successes of the Meth Initiative is the partnerships that were formed during the program. The size, diversity, and focus of the partnerships varied by site. Also, some programs saw more success in their partnerships than others, but overall, collaborative efforts proved to be an important part of these projects.

In more than half of the sites, the partnerships were small in number although they were formed with diverse agencies. For example, Little Rock Police Department partnered with other law enforcement agencies (including the Sheriff and another local police department), but they also partnered with the state crime lab. Their focus was primarily on training law enforcement officers on how to recognize and respond to meth crimes, but they also began a drug hotline and purchased equipment.

Dallas Police Department's partnering agencies included a local council on alcohol and drug abuse as well as a local drug court. Their partnership efforts were focused on research, education, and treatment.

The Oklahoma City Police Department's partners included the local DEA office and a local drug court. The OKCPD partnered with the drug court to provide more inpatient and outpatient treatment for meth addicts. The partnership with the local DEA office produced a meth task force.

Phoenix Police Department formed partnerships with a local treatment assessment screening center (TASC) and also with the county district attorney's office. The focus of the partnership with TASC was on a media campaign using billboards, videos, booklets, and grocery bags. The county district attorney's office focused on prosecuting meth offenders.

The Meth Initiative partnerships in both Minneapolis and Salt Lake City were larger in scale and equally diverse. Minneapolis Police Department had ten formal partners including other law enforcement agencies (local, state, and federal), the Department of Health and Family Support, and probation. The Initiative partnerships helped to provide training to law enforcement and community members state-wide. There was also an improvement among law enforcement agencies in collaborating on drug investigations.

The Salt Lake City Meth Initiative was the largest and most diverse project with more than 30 formal partners. Law enforcement agencies, health officials, child and family services, and drug court staff, among others, were all included in the partnership. Increased law enforcement efforts, enhanced prosecution, training and public awareness, and a focus on child endangerment issues were at the core of the project. The partnerships that emerged through the Meth Initiative proved to be very successful. In fact, when the participants themselves were

asked how they would measure the successfulness of the Meth Initiative, they stated that they would measure the level of collaboration that was taking place between agencies.

It is also important to mention that most of the project sites formed or enhanced relationships with agencies outside of their formal MOU partners as a direct result of their work for the Meth Initiative. For example, in Phoenix, a number of agencies were contacted regarding anti-meth messages for their media campaign. In Minneapolis, there were a number of local law enforcement agencies and task forces involved in narcotics enforcement (including meth enforcement). The Meth Initiative was a vehicle that helped these agencies to increase communication and improve working relationships. Salt Lake City's project attracted a number of individuals and agencies who were willing to volunteer their time to help with the project. Most notable were representatives from the local treatment community who sat in on formal partnership meetings.

Community Policing

For the purposes of this evaluation, community policing was defined as a philosophy that emphasizes three elements: (1) adaptation or organizational change within policing agencies; (2) police and community engagement and interaction; and (3) problem oriented policing or problem solving (POP). These elements are the means to achieve the goals of controlling crime, maintaining order, and empowering citizens for the purpose of improving the quality of life in neighborhoods. This definition is culled from a number of researchers, policy makers, and police officials (Maguire, et al., 1997).

Adaptation means the way in which the police department overcomes organizational level obstacles to successful agency-wide community policing efforts. There are a number of ways in which organizational change can occur. These include improving leadership and management; changing the organizational culture; modifying organizational structures; enhancing research and planning; and re-engineering an assortment of traditional areas like policies and procedures and call management schemes.

Community policing is founded on the premise that police agencies must first develop a feeling of respect, trust, and support with the community (interaction), and then build upon this foundation a series of active partnerships (engagement) with the community. Community interaction and engagement calls for police to become fully immersed in the culture, structure,

and activities of the community. This operational strategy means that a continuous information input and feedback process exist between the police and the community.

Herman Goldstein called attention to problem solving and problem oriented policing as an alternative to traditional law enforcement strategies. He contends that the process of problem solving is flexible and dependent upon the nature of the problem, the cooperation of the agencies involved, and the degree of commitment to problem resolution. The SARA model, popularized in 1987 by the Newport News Police Department (Eck and Spelman, 1987), serves as the model for problem oriented policing. Basically this involves **S**canning the problem, **A**nalyzing the depths of the problem, **R**esponding with appropriate solutions conducive to a long term resolution, and **A**ssessment of the efficacy of the problem solving strategy. Tailoring solutions to specific community problems is a crucial component of problem solving strategies, and therefore of community policing.

Using this definition and the accompanying elements, we examined the links to community policing and the Meth Initiative.

According to the most recent data from the Law Enforcement Management and Administrative Statistics (LEMAS) survey, all six of the Meth Initiative agencies are actively involved in forms of community policing. Exhibit 10 shows the types of community policing activities reported to LEMAS in 1999. In terms of community interaction, all of the agencies train citizens in community policing and meet with community groups. Four of the six have formal problem solving partnerships with community organizations. In terms of problem-oriented policing (POP), five of the six agencies actively encourage it, but only two of them use POP in their evaluations of officer performance.

In terms of organizational adaptation, or the willingness of an agency to adapt to community policing principles, five of the six agencies reported that they had formal written plans for community policing. All of the agencies assigned patrol officers to geographic areas, and four of six assigned investigators to geographic areas. These are indicators that de-centralization has taken place to a certain degree. All of them had officers assigned specifically to community policing—from 13 in Oklahoma City to 155 in Phoenix.

Exhibit 10: Community Policing Activities of Police Agencies Affiliated with the Meth Initiative, 1999

	Dallas	Little Rock	Minneapolis	Oklahoma City	Phoenix	Salt Lake City
CP Plan*	FW	FW	NF	FW	FW	FW
CP Officers	138	84	89	13	155	16
Citizen Surveys	--	✓	--	--	✓	✓
Citizen Training	✓	✓	✓	✓	✓	✓
Community Group Meetings	✓	✓	✓	✓	✓	✓
Formal Problem Solving	✓	--	✓	✓	--	✓
Geog. Assign.-- Invest.	--	✓	✓	--	✓	✓
Geog. Assign. -- Patrol	✓	✓	✓	✓	✓	✓
POP Actively Encouraged	✓	✓	✓	--	✓	✓
POP Used for Evaluations	✓	--	--	--	--	✓

*FW = Formal Written Plan; NF = No Formal Written Plan

Source: Law Enforcement Management and Administrative Statistics, 2001

Unfortunately, the links between community policing and the Meth Initiative were not strong within five of the six sites. Salt Lake City had the most comprehensive program, using Community Action Teams, nuisance abatement procedures, consensual searches, and partnerships. In the other agencies—Dallas, Little Rock, Minneapolis, Oklahoma City, and Phoenix—partnerships, community involvement in training, and public awareness campaigns were the major elements that linked the Meth program to community policing principles.

In Salt Lake City, the Community Action Teams (CAT) were the major link between community policing and the Meth program. At the time of this report, there were 15-20 agencies involved in CATs, with between 8 to 35 or 40 members and one designated leader per CAT. In some instances, agencies assigned more than one person to a particular CAT. In many cases, people who were assigned to the CATs were also participants in the Meth Initiative (e.g., city prosecutors, youth and family specialists). CATs worked on an address-based system where addresses were chosen based on information given to the CATs by a complainant. In general, in order for an address to have been considered at a CAT meeting, it was necessary for more than one agency to be involved. Meth cases were often worked by CATs, COP officers, narcotics officers, and Meth Initiative personnel.

Conclusions

The Meth Initiative proved to be successful in a number of key areas. First, law enforcement agencies in all six sites seized a substantial number of clandestine labs over the two and one-half years of the program. All six agencies used overtime funds to combat these labs. Second, COPS Office funds allowed narcotics officers the opportunity to obtain proper equipment. Because meth production creates health and safety problems for officers, training and equipment are necessary tools to prevent serious illnesses and other bodily harm. Third, the COPS Office initiative increased the ability of law enforcement agencies to form partnerships with non-law enforcement organizations. Partnerships with drug courts, the Drug Enforcement Administration, other law enforcement agencies, treatment organizations, social service agencies, and city and county agencies assisted the primary grantee to combat the meth problem and inform the public. Fourth, the public awareness campaigns in every jurisdiction appeared to be successful in reaching large numbers of people. Brochures, public service announcements, billboards, community outreach, and media blitzes were integral parts of these campaigns.

While we could not collect pre- and post-data to measure the degree of success of these programs, anecdotal information indicates that the publicity served to inform the public about the dangers of meth. Fifth, training of patrol officers and citizens was successfully carried out in all six sites. The success of these efforts translated into better knowledge about labs, users, and distributors. This, in turn, led to better arrests and additional information on the whereabouts of labs.

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Chapter 2

Combating Meth in Phoenix: Innovation and Intervention

Introduction

Like other cities in the western part of the United States, Phoenix, Arizona has experienced widespread use of methamphetamine. In the 1990s, Phoenix witnessed a large increase in the manufacture and use of the drug. To assist in combating the problem, the Office of Community Oriented Policing Services (COPS Office) provided funding to the Phoenix Police Department to work with the Treatment Assessment Screening Center (TASC, Inc.) and other partners.

This chapter documents the implementation of the process and progress of the Phoenix Police Department during the course of the 18-month methamphetamine project. The chapter is organized as follows. First a brief description of the Phoenix site is provided followed by a discussion of the efforts expected through the Meth Initiative Project based on the site application to the COPS Office. Next, the evaluation approach is described followed by the results of the evaluation based on consultant site visits. Findings include a description of the history of the nature and scope of meth production and use in Phoenix and efforts to address this problem prior to the COPS Meth Grant. The operation and activities of the project are detailed to focus on prevention, intervention, enforcement, and treatment efforts undertaken under the auspices of the project. Finally, some "lessons learned" about one community's approach to methamphetamine and thoughts about researching drug control strategies are presented.

Site Description

Phoenix lies within Maricopa County; with over 1.2 million residents, it is the largest city in Arizona and is ranked as the sixth largest city in the nation. Over 70 percent of the residents in the city and the surrounding area are White. About 34 percent of the residents are Hispanic and African Americans comprise about five percent of the population.

The Phoenix Police Department (PPD) provides law enforcement to Phoenix residents in an area of more than 469 square miles. To accomplish this, the department employs approximately 2,600 police officers and detectives and more than 700 civilian support staff personnel.

Similar to other large metropolitan cities, major crimes in Phoenix have dropped over the past several years although drugs continue to plague the city. In 1997 nearly 113,000 Part 1 index crimes were reported by the PPD. By 2000 that figure had declined to about 97,700, a drop of over 13.5 percent. Most of that decline is attributed to a decrease in burglaries (-3,700), thefts (-8,000), and aggravated assaults (-700). Part 2 crimes also declined during the same period—from 90,500 to 78,800, though abuse of narcotics stayed fairly stable (8,400 offenses known in 1997 and 8,200 in 2000). At the time the grant proposal was written, meth was rated as the fourth most abused drug after alcohol, marijuana, and crack cocaine.

The PPD is divided into six divisions, each with an assistant chief to provide oversight. There are two are patrol divisions, an investigations division, a professional standards division, a support operations division, and a technical services division. The two patrol divisions are divided into North and South, with three precincts in each division. The Investigations Division has three components—General Investigations (homicide, aggravated assaults, robberies, forgeries, auto thefts, and fugitive apprehensions); Family Investigations (sex crimes, domestic violence, crimes against children, missing persons, and ensure compliance with the sex offender notification law); and the Drug Enforcement Bureau.

The Drug Enforcement Bureau (DEB) was responsible for the Methamphetamine Initiative. It is organized into two sections—enforcement and investigations—with lieutenants managing each. The enforcement section has eight squads to investigate narcotics complaints and handle criminal investigations. The investigations section has four squads to gather intelligence, conduct forfeiture investigations, and work with federal agencies on large-scale drug problems. In 1999, DEB received a total of 2,486 narcotics and dangerous drug complaints, a decrease from 1998 when 3,820 complaints were received. Of these complaints, 1,197 or 48 percent were assigned for follow-up investigations. Of these investigations, 563 or 47 percent were successfully resolved with an arrest or seizure.

The enforcement section investigates most of the meth labs located within the city and surrounding metropolitan area. In 1999, 20 meth lab certified detectives and 5 certified supervisors were responsible for coordinating, investigating, and obtaining evidence found at meth labs. They also oversaw environmental clean-ups.

While the enforcement section has primary responsibility for meth labs, other units within DEB often deal with the meth problem. For example, the Narcotics Conspiracy Squad conducts long-term investigations of upper-level narcotics trafficking organizations and works with the HIDTA program. The commercial narcotics interdiction squad is responsible for interdiction of narcotics transported through the air, bus, rail, or mail systems. In 1999, the commercial interdiction squad seized 7.7 kilograms of meth as well as 5.4 kilograms of cocaine and 463 kilograms of marijuana. Finally, some members of DEB work with the DEA drug task force, which seized nearly 90 kilograms of meth in 1999 and arrested 223 drug traffickers for cocaine, heroin marijuana, and meth.

COPS Office Proposal

The Phoenix effort to address meth was directed toward prevention and enforcement. The enforcement effort was housed within the Drug Enforcement Bureau (DEB) of the Phoenix Police Department. A partnership was forged with TASC, Inc., a long-time leader in the community that provides drug abuse prevention, education, detection, and treatment services. TASC has a drug-free workplace component within its array of services and also provides assistance to the criminal courts for drug diversion cases.

The Phoenix grant proposed to conduct an innovative methamphetamine initiative incorporated within a community policing philosophy to include:

- A supplementary law enforcement component
- A drug-free workplace initiative
- A non-traditional media campaign to educate the public about the dangers and consequences of meth use and production
- A methamphetamine data base study.

Each of these efforts is described below in more detail.

Enforcement

The enforcement effort, according to the grant, expected to solicit businesses to partner with the project and train store clerks to recognize the purchasing practices of meth producers buying precursor supplies and to develop linkages to report such information. This effort was abandoned to some extent when it was learned that the Maricopa County HIDTA (High Intensity Drug Trafficking Area) Meth Task Force was embarking on a similar effort with business owners. With approval from the COPS Office, the project re-directed this effort to educate and inform diverse groups in the community about meth lab identification and the consequences of mixing potentially volatile chemicals. This shift in direction ultimately proved to be the most innovative feature of the project.

The enforcement feature also included maintaining positive and frequent interaction with the Community Action Officers within each of the six police precincts and encouraging these officers to identify community groups and organizations that would benefit from presentations about the dangers of meth production and use. The project manager intended to go to briefings in each precinct to inform patrol officers of the ways that the Meth Initiative Project could provide assistance to officers, (e.g., how to identify chemicals and equipment associated with meth production). The project also expected to develop databases that would provide linkage analysis regarding meth producers and distribution and thus enhance intelligence gathering efforts. Specifically, a questionnaire was to be administered to all burglars arrested by area detectives. Questions would focus on the association of property crimes and drug use. Data would be entered into a linkage database used by analysts to identify criminal associates and possible leads for further investigation. Another type of analysis that was to take place was the examination of all narcotics complaints associated with meth directed to the DEB. Subsequent to data entry and analysis, a profile of targets and areas would be developed for further investigations.

Finally, with respect to the law enforcement effort, specific equipment relative to meth lab investigations was requested, including a gas chromotograph/mass spectrometer for the department's crime lab to affirm meth evidence, along with training for DEB investigators by U.S. Customs to investigate hidden compartments in vehicles used to secure illegal drugs. The effects of the law enforcement component were intended to result in more labs seized and more

suspects arrested and prosecuted. For prosecution purposes, the project also intended to contract with a County Attorney to be assigned only to meth cases.

Drug-Free Workplace

Utilizing the experience and expertise of their partner, TASC, Inc., the project hoped to work with local large and small businesses to encourage and design a five-step drug-free workplace. Objectives would include educating employers about employee drug use, employer liability, treatment alternatives, drug screen alternatives, and benefits of having a drug-free workplace.

Media Campaign

TASC collaborates with Office of National Drug Control Policy (ONDCP) on their anti-drug campaign. With the project manager, TASC staff intended to explore unique types of media to attract the public's attention to meth and provide informational materials and phone contacts to link the public with appropriate intervention agencies.

Database Development

This component includes the linkage software described above. It not only includes the results from interviews with burglars, but also a compilation and analysis of narcotics complaints emanating within the DEB from calls from the public and other agencies. Review of the information was expected to assist in identification of threat areas or targets.

An additional data analysis effort included interviews with a sample of adults and juveniles booked into local jails to develop a profile of the meth user and identify use trends and possible treatment alternatives. This effort is a replication of the ADAM process, or Arrestee Drug Abuse Monitoring system, supported by the National Institute of Justice (NIJ). This program identifies a sample of booked arrestees and asks questions about their drug use. A parallel study, completed in 1999 by the San Diego Association of Governments and also funded by NIJ (Pennell et al., 1999), supplemented the regular interview with 60 additional questions directed to meth users). The TASC staff intended to use a similar approach to develop a picture of meth users in Phoenix.

Evaluation

The evaluation design required a number of site visits and semi-structured interviews with local stakeholders. The interviews with representatives from diverse disciplines served primarily to determine the history of meth production and use, to identify prevention, intervention, and enforcement efforts to address meth, and to describe the progress of implementation of the COPS Meth Initiative Project. In addition, data sources were identified that could describe the nature and scope of the meth problem over time, as well as provide measures for determining the effects of the Meth Initiative. A number of other sources were reviewed as well, covering such topics as legislation associated with meth, reports by the legislature, local ordinances, newspaper articles, studies about drug use, educational materials, etc. Also reviewed were monthly reports by the project manager of the COPS Meth Initiative and monthly reports by TASC to the project manager.

The remainder of this report describes information gained during the site visits that spanned from February 1999 to August 2000.

History of Meth in Phoenix

Interviews were conducted with over 40 individuals representing a wide array of agencies and disciplines, including law enforcement (federal, state, and local), probation, prosecution, the judiciary, schools, medical examiner, health services, drug treatment providers, crime labs, and the State Attorney General's Office. In all instances, respondents were queried about the history of meth with respect to users, producers, and distributors. Additionally, questions were raised about the types of interventions taking place and those that should occur in the areas of prevention, enforcement, treatment, interdiction, etc. Respondents also provided their perceptions of the "stage" or "status" of meth use and production at the time of the interview according to phases of an epidemic. In addition to these interviews, the evaluator asked the project manager to schedule time for all DEB investigators to meet as a group during each site visit. The investigators were asked some of the same questions repeatedly, such as what had changed since the last visit with respect to users, producers, and traffickers. The next section is based on the results of the interviews and review of news articles and various reports.

Methamphetamine use is not a new phenomenon in Phoenix. The first meth lab was found in 1990. What was new in the mid-90s was the surge in the number of meth producers and the rise in use. In 1996, 65 labs were seized. By 1999, that number rose to 116—an increase from 87 labs in 1998. Historically, producers of meth were motorcycle groups, many transplanted from California. At first, meth cookers were mostly White, blue collar groups producing sufficient amounts of meth for their own use as well as enough to sell to support the purchase of chemicals needed to cook more meth. According to the Phoenix Police Department, in 1998 about three-quarters of the meth suppliers in the area were local independent groups, 20 percent were undocumented persons, and 5 percent were associated with biker groups.

As of February 2001, meth production is still associated with Whites, although the economic and ethnic spectrum has widened. Most cookers use the ephedrine or pseudo-ephedrine reduction method of cooking, utilizing makeshift labs that can be disassembled quickly and moved to other sites. These are defined as "boxed" labs. A small proportion of meth manufacturing is attributed to biker groups. They are purported to be the "best meth cookers." What sets them apart is their relative sophistication in manufacturing. They tend to reside in more rural areas of Arizona, obtain their chemicals from companies on the east coast, and distribute large amounts of meth out of state. These tactics make them less visible to law enforcement.

Another group of meth cookers and users are the Mexican Nationals, although investigators rarely seize labs from them within the Phoenix city limits. Law enforcement has speculated that the reasons for this are twofold. First, ephedrine is not regulated in Mexico as it is in the United States. This means that some meth is being produced in Mexico and then transported across the border for distribution statewide and nationally. Second, investigators believe that undocumented aliens are transporting precursor chemicals from Mexico into the United States. Iodine and red phosphorous are brought into the U.S., meth is then cooked and produced, and again sold throughout the state. This results in a higher purity of methamphetamine. DEB investigators have difficulty infiltrating the Mexican cartels that traditionally were involved in cocaine trafficking. The cartels have recognized the demand for meth in this country and have the organization and structure for a high level drug trade business. The scope of their involvement is difficult to ascertain.

Among Whites, meth production is less structured and poorly organized. Yet a definite network exists among the suppliers of the precursor chemicals, which are quite prevalent. Sources in Phoenix suggested that for just $200 an individual could purchase equipment and sufficient amounts of chemicals to cook $1,000 worth of meth (an ounce). The increase in use and availability of meth has made meth a primary drug among users of illegal drugs, according to those interviewed. However, drug trafficking of heroin, cocaine, and marijuana across the border continues at high levels, based on a lengthy series of articles in the *Arizona Republic* in January 2000 as well as other indicators such as drug arrests by the police department.

Arrest statistics from the Phoenix Police Department indicate that 19 percent of all drug arrests in 1999 were in the dangerous drug category, which primarily is methamphetamine but also includes synthetic drugs such as MDMA, Ecstasy, and other so-called "club" or "rave" drugs. Ninety-five percent (95%) of the adults arrested in this category were White, compared to 78 percent of the heroin and cocaine users who were White.

As suggested in the five-city study of meth users (Pennell et al., 1999), interviews with Phoenix respondents indicated that meth users and dealers differ from users of other drugs. That is, the drug market appears less organized and not as visible compared to other drugs. Individuals, for the most part, buy and sell to persons they know, rather than strangers. Meth transactions generally take place indoors.

By January 2000, Phoenix informants adamantly believed that the meth problem was reaching epidemic proportions in their city and would get worse before it got better. Respondents in August (2000) voiced similar predictions. Suggestions about the types of interventions that should take place to curb the rise of meth are discussed at the end of this report.

Other Indicators of Meth Use

The Community Epidemiology Work Group (CEWG), supported by the U.S. Department of Health and Human Services, under the auspices of the National Institute of Drug Abuse (NIDA), represents a network of researchers in diverse fields from metropolitan areas who meet bi-annually to discuss drug abuse trends among population sub-groups.

The June 1999 CEWG report suggests that there is "great variability in methamphetamine patterns and contexts of use, depending on population, location, and history of use" (Dept. of Health and Human Services, June 1999). Mortality data that links death to methamphetamine show 51 deaths in 1998 and 36 in the first half of 1999, a projected increase in the latter year.

Following San Francisco and San Diego, Phoenix had the third highest rate per 100,000 of emergency mentions involving methamphetamine, in 1998. However, the 1998 rate was a 36 percent decrease from the previous year after a steady rise since 1993. Drug treatment admissions for methamphetamine in Hawaii, Phoenix, and San Diego outstripped admissions for all other drugs, according to the CEWG report. But in the first half of 1999, admissions in Phoenix declined (Dept. of Health and Human Services, December, 1999).

The ADAM (Arrestee Drug Abuse Monitoring) data strongly indicate that methamphetamine use among arrestees remains primarily in the West; sites such as Sacramento and Salt Lake City are beginning to show increased use of meth. With the exception of labs springing up sporadically in rural areas of the Midwest and Northeast and some meth use noted among certain sub-groups, the western part of the United States remains the dominant source for production and use of methamphetamine.

Exhibit 1 shows the percentage of male and female arrestees testing positive for meth in Phoenix during the decade of the 1990s. In 1999, nearly 17 percent of the adult males and 14 percent of the adult females in Phoenix tested positive for methamphetamine. These numbers are in contrast to the beginning of the decade when nearly 7 percent of males and 7 percent of females tested positive for meth. Male arrestees testing positive for meth have declined since 1994, but females follow an "up-and-down" pattern during the same period. Preliminary ADAM results for Phoenix in 2000 suggest that meth-positives for adult men and women ranged from 25 percent in the early part of the year to 16 percent at the end of the year. Proportionately more adult arrestees in Phoenix were positive for cocaine and marijuana in 2000 than for meth.

Exhibit 1: Percentage of Male and Female Arrestees Testing Positive for Methamphetamine, Phoenix, 1990-1999

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Male	6.7	4.1	5.0	13.7	25.4	22.0	11.1	16.4	16.4	16.6
Female	6.6	3.9	7.1	15.1	26.0	21.7	14.0	25.6	22.4	14.3

Source: Arrestee Drug Abuse Monitoring Program, 1999 and 2000

During the 1990s, meth-positive rates ranged from less than one percent to 28 percent positive for adult males in Sacramento. In 1995, 22 percent of the adult males in Phoenix showed recent use of meth, the highest percentage between 1995 and 1999. In contrast, 32 percent of the Phoenix male arrestees tested positive for cocaine in 1999.

The COPS Meth Initiative - Partnerships and Interventions to Address Methamphetamine Production and Use

To place the COPS Meth Initiative in perspective, the overall drug control strategy within the state of Arizona and the efforts taking place prior to the COPS Meth Initiative are described. In the mid-90s, indicators of drug use soared in Arizona, specifically methamphetamine. The Governor developed a Drug Control Strategy that, among other directives, required the Arizona National Guard to devote a significant amount of resources to the prevention and control of illegal drugs. Guardsmen and women were assigned to various agencies to perform a variety of tasks, such as assisting the border patrol and local law enforcement to stem the tide of drugs transported across the border. Although they have no enforcement authority, the Guard personnel became additional resources. In the Drug Enforcement Bureau, nine National Guard staff are assigned to analyst positions, responsible for responding to citizen complaints (by phone) and analyzing data on locations and suspects to provide to the investigators for follow up. Another section of the Guard in Phoenix provides an extensive drug abuse prevention and education component that develops materials (e.g., videos, posters, bookmarks, bumper stickers, etc.) and conducts presentations in schools and before community groups about the consequences of substance abuse. In the past couple of years, their emphasis was primarily on meth. A website was also established (www.antimeth.org). According to the Guard administrators, they receive hundreds of requests from around the world.

Also in the mid-90s, the Governor established a number of HIDTA (High Intensity Drug Trafficking Areas) Task Forces within the state to focus primarily on meth. In Maricopa County, the authority for the HIDTA rests jointly with the DEA and the Sheriff and is comprised of law enforcement personnel from other municipalities as well as representatives from the State Attorney General's Office. A primary role of the HIDTA is the investigation and seizure of meth labs. In early 1999, the HIDTA directed additional efforts toward retailers and wholesalers of businesses where precursor chemicals can be purchased. Business owners and staff were educated about the ingredients used to make meth and the ordinances regarding the restrictions on the amounts that can be sold at one time. The HIDTA efforts are inclusive of Maricopa County, covering over 9,000 square miles with over 20 municipalities. The Phoenix Police Department, by contrast, serves only the city but about half of the population of the entire county. The HIDTA Meth Task Force also coordinates its efforts with the US Attorney General's Interagency Meth Task Force.

The Drug Enforcement Bureau (DEB) has six squads that interact with the Community Action Officers in six police precincts. Another squad, "Knock and Talk," conducts investigations citywide. There are 20 investigators in the section who respond to complaints about narcotic activity, respond to potential lab scenes, and conduct undercover efforts to arrest drug users and dealers (e.g., surveillance, undercover buys of illegal drugs, etc.) It is important to point out that meth is just one of the drugs investigated by this team. Review of the ADAM data suggests that cocaine use is more prevalent among arrestees than methamphetamine. In addition, Arizona shares a border with Mexico, so there is significant trafficking and distribution of many drugs. In the latter part of the Meth Initiative, the DEB team assigned two detectives to work solely on cases involving meth.

An additional squad has sole responsibility for conspiracy and wiretap investigations related to drug trafficking. The 64 DEB investigators are housed in an isolated, industrial location with some DEA agents and the National Guard analysts. A DEB investigator is a member of the HIDTA Meth Task Force. Many of the efforts undertaken by the DEB as part of the COPS Meth Initiative took place in collaboration and partnership with the HIDTA group.

Partnership Efforts

The project manager hired for the Meth Initiative is a retired Phoenix police officer with experience in overseeing grant projects in specialized units.

In the early months of the COPS Meth Initiative, considerable time was spent on securing the Memoranda of Understanding (MOU) with TASC, Inc. and the Maricopa County District Attorney's Office, and ordering the equipment specified in the grant. Each of these tasks required interaction with a number of city and county agencies.

Training for the crime lab technician in the use of new laboratory equipment was set up and steps were initiated with U. S. Customs to train the DEB agents to investigate trap compartments in vehicles where drugs are hidden. The project manager received certification to teach Hazardous Materials courses.

Regular contact with TASC staff occurred. The project manager also discussed the Meth Initiative with the Arizona National Guard staff, who offered their support and resource materials for prevention and education purposes.

Between June and December 1999, the trap compartment training occurred, the lab technician received training in the new lab equipment, and the County Attorney came on board to focus on meth prosecutions. Also, analysis training was provided by DEA to the DEB agents and analysts to assist them in interpreting the complaint forms called in by residents for the purpose of identifying hotspots and targets. Collaborative efforts and information sharing continued with the National Guard, the HIDTA Meth Task Force, and the precinct community action officers.

Community Outreach

The project manager made an impressive effort with respect to the partnering and intervention efforts with members of the community. Over the course of the grant, he made over 84 presentations to diverse groups, including the general community, schools, city/county employees, and the patrol staff in the police precincts. Most unique of these were presentations to the employees of Arizona's two power companies: the "Salt River Project" and the Public Service Power Company as well as to the City of Phoenix Department of Solid Waste Management. The project manager described the types of equipment used to make meth as well

as the kinds of chemicals and waste that could be found at a lab site. The premise is that power employees checking meters and sanitation workers picking up trash have unique opportunities to uncover evidence of meth labs and report such information to law enforcement.

In addition, the project manager gave presentations to the Community Action Officers in the six police precincts. The purpose of these was to provide information about meth labs and to encourage the police officers to identify specific community groups that could benefit from such information. A review of cases involving lab seizures indicates the presentations to patrol seem to have resulted in more labs seized in 2000 as a result of patrol stops of vehicles. Probation officers were provided presentations and the project manager also talked with a pharmacology class at Arizona State University. Included in the public presentations were school classrooms in middle schools.

Non-Traditional Media Campaign

Information booklet

DEB staff prepared a booklet about methamphetamine and its effects and consequences and extensive review took place among DEB staff and staff from other divisions in the police department. The result was a well-written, illustrated booklet that explains the effects and long-term consequences of meth use and how to identify the chemicals and equipment used to make meth. The booklet was intended to inform, not only the general community about the dangers of meth, but also to educate police and others who may encounter meth users or associated equipment. The initial printing of 4,500 copies was insufficient to meet demand. The PPD received multiple requests, including requests from attendees at the COPS Meth Conference in August 2000. Other sources of requests resulted in the translation of the booklet into Spanish.

Video

The project also developed a meth video, entitled *Meth-Unsafe at Any Speed.* The video featured a number of stakeholders in the City and County speaking about the dangers of meth along with graphic displays of meth labs and chemicals used for cooking. It was produced in English, closed-captioned, and in Spanish. The video was submitted and received a "Telly" award. Ultimately, 198 copies of the video were distributed to all city departments with a directive that all 13,000-plus employees should see the video.

Billboards

A visit to San Diego by the TASC staff resulted in permission to use the wording on a billboard stating "What's Cookin' in Your Neighborhood? METH"? followed by instructions to call the meth hotline number to report users, dealers, labs, or other information. TASC staff worked with the various partners and the billboard company and secured, free-of-charge, 20 billboards within the city that contained the meth message. The partners included the Phoenix Police Department, TASC, Inc., the Maricopa METH Task Force, the Arizona Partnership for a Drug-Free America, and the Department of Justice COPS Office. A press conference was held to announce the billboards with participation by the police department, the Sheriff, the Mayor's Office, and others. Subsequent to the media coverage about the billboards, calls to the hotline number soared. At a later time, an additional 20 billboards were introduced with the same message translated into Spanish. There were no hotline calls associated with this additional posting.

Other Innovative Community Efforts

Another non-traditional media campaign was supported by the two major supermarkets in Phoenix: Basha's and Safeway. Through the efforts of TASC, Inc. staff, both market chains agreed to place the same billboard ad on their grocery bags. In late fall of 1999, Basha's agreed to print 2.3 million bags with the message and Safeway printed 400,000 bags by January 2000.

A unique media tactic was the development of 25,000 double-sided postcards about meth. On one side was the billboard message ("what's cookin") and on the other side were facts about meth. Originally, the postcards were to be distributed at all "Video-to Go" stores in the Phoenix area. The video stores had agreed to place the postcards in each rental; this never materialized due to a change in store personnel. Instead, the post cards were distributed at presentations and displays in which TASC staff participated.

Another approach involved the use of an advertisement in the movie theaters. The AMC theater company agreed to place a promotional advertisement about having a drug-free workplace in their theaters for a 13-week period for a cost of about $100 per week. The theater company was adamant about not presenting any negative messages about drug use to their customers.

Finally, FAXNET 1, a communication network, was used to invite the public to a "Meth and Kids Open Forum" co-sponsored by the police department and the State Attorney General's Office in October 1999. During the course of the project, over a thousand faxes were sent to community groups inviting them to attend public presentations by the DEB. Additional publicity was obtained by utilizing the City of Phoenix water billing process, which provides a "notes" section in which the DEB placed an article.

Prosecution

The State Attorney General's Office prosecutes most methamphetamine lab cases in Phoenix. The County Attorney's Office takes responsibility for the felony drug sales and possession cases, prioritized along with other cases in that office. Drug cases involving only misdemeanors are diverted to the Drug Court. The Meth Initiative called for a dedicated prosecutor to attend to only meth cases. Delays occurred in the contracting process and the prosecutor was on board in September 1999 with the first meth case prosecuted in October. From the inception through November 26, when the contract ended, the prosecutor filed on 269 defendants. The use of a dedicated prosecutor in the County Attorney's Office was expected to expedite the case flow and ensure prosecution. Unfortunately, there were no baseline data to test that assumption, although officers in the DEB expressed appreciation in having a dedicated prosecutor with knowledge about meth use and market dynamics.

A review of cases with the prosecutor in mid-2000 suggested that the majority of the defendants were White males (70%); 25 percent were Hispanic, and 5 percent were African-American. This breakdown is consistent with information provided from informant interviews. The prosecutor reported that her involvement may have been more effective if she had started at the inception of the grant and had opportunities to discuss the issues surrounding the filing of cases involving meth with the DEB investigators on a regular basis. A change noted by the prosecutor during her tenure with the grant was that more individuals were charged with possession of chemicals used to make meth. She also expressed that sometimes, there was insufficient information in the arrest report to substantiate that the chemicals were in fact intended to be an ingredient in the meth recipe. The DEB Lieutenant was pleased to have had a dedicated prosecutor for meth cases and intends to seek other funds to continue this effort.

Drug Free Workplace Efforts

The TASC, Inc. staff hired personnel to design and implement a plan for drug free workplaces. To this end, a number of business groups were contacted initially through correspondence. Letters explained the benefits of developing the framework for a drug free workplace. Brochures were printed and incorporated with invitations to employees to host a presentation by TASC, Inc. staff. Targeted employers included listings of hotel and motel owners and car rental managers.

Staff attended a number of community fairs and seminars and provided prevention and educational materials about drug abuse. Staff also met with the National Guard and attended the Meth Strike Force monthly meetings.

Few presentations to workplaces took place because of lack of interest and response by the employers targeted. In addition, staff turnover in TASC, Inc. limited the continuity of this effort.

Database Development

During 2000, adult males and females booked into jail were interviewed using the meth interview. The subsequent analysis was incomplete and is not included in this report.

The proposed development of a database to include an analysis of community complaints involving meth did not take place because the staff was reassigned to other duties within the DEB. Additionally, the database was to consist of data collected by burglary detectives from persons arrested for burglary. There was minimal cooperation to complete this effort.

Enforcement and Intervention Findings

A review of a sample of lab case files from 1999 and 2000 indicated two important changes that may be attributed to the project efforts. First, a high proportion of cases involved stops made by patrol officers in which chemicals and equipment associated with meth cooking were found. This may be a direct result of the training provided to patrol regarding items to be aware of with relevance to meth cookers. In August 2000, the detectives reported that there *was* an increase in the number of calls they received from patrol. Patrol officers are identifying meth equipment when they make vehicle stops or when called to residences for another reason and

recognize signs of meth cookers (e.g., stained coffee filters, kitty litter, empty iodine containers, etc.). The DEB investigators believe that patrol officers have become better informed about meth through the meth video and the meth booklets produced by the grant as well as presentations given at the precinct level.

Officers also noted that many more fires caused by faulty or careless meth cooking are reported. One investigator surmised that more individuals are showing up in the trauma centers as a result of burns due to meth fires.

In 2000, there were a large number of labs reported by hotel and motel staff that were subsequently investigated by the DEB staff. A reason for this upsurge may be the increased awareness of the indicators of meth labs, (e.g., odors, stains, equipment, chemicals, etc.) by hotel and motel personnel, including managers, security staff, and housekeeping services staff. Awareness may have increased from presentations given to those responsible for managing motels and hotels. A review by the consultant of about 30 meth lab investigations confirmed that several were discovered in these establishments.

At the time of the last site visit (August 2000), DEB investigators agreed that the meth problem had not yet abated in Phoenix and is still on the upswing. Most of the DEB investigations of meth cases result from patrol, confidential informants, and complaints by citizens.

Investigators agreed that the arrested offenders (e.g., meth cookers, users, and dealers) who they arrest are primarily White, often unemployed adults between the ages of 21 and 44. The narcotics investigators believe that Mexican Nationals, both legal and illegal, are becoming more involved in meth production and distribution; but the DEB does not investigate them because they are outside their jurisdiction—in Maricopa County or other parts of the state. The County Meth Task Force and the HIDTA teams, along with DEA, track and investigate the cases outside the city limits.

Most of the offenders arrested by DEB remain either “small-time” cookers and users with "boxed" labs in their vehicles or low-level "Beavis and Butt-head" labs (characterization of the relatively unsophisticated labs that utilize standard glassware and plastics and ephedrine reduction/extraction methods). Precursor chemicals remain widely available despite ordinances that regulate the purchase of certain types and amounts. Liquid iodine is now more widely used

than iodine crystals, and the use of mineral spirits is also more widespread. The DEB investigators perceive that the Mexican Mafia is becoming more involved in larger labs. Availability of meth results in little change in price, with a quarter gram available for $20 and a pound of meth costing about $6,000.

The DEB investigators expressed some frustration with their efforts to stem the production and use of meth due to insufficient staffing in their own Bureau and the break in continuity when investigators get promoted and/or transferred. Meth investigations require extensive training with respect to understanding the effects and consequences of the chemicals used. Also, investigators think that public apathy exists regarding the production and use of drugs. The public attitude is exemplified by a reluctance to incarcerate lab cookers or provide intensive supervision for those on probation. Finally, the DEB investigators think that education efforts should be more realistic and graphic regarding the dangers of mixing the chemicals and the consequences of methamphetamine use.

As noted earlier, the DEB busted 116 meth labs within the city limits. In 2000, 133 labs were found. Of these, 22 had children present. The Arizona State Attorney General's Office has begun a Drug Endangered Children program, soliciting the assistance of child protective services to remove the children to protective custody and have them tested for toxicity. Beginning in January 2000, DEB investigators began tracking the number of children present at lab scenes.

The evaluation consultant asked to see the files involving lab cases to determine characteristics of suspects, location of labs, and types of labs (e.g., sophisticated versus simple, low-level), whether "haz-mat" was called for lab clean-up, source for investigation, and types of chemicals at the scene. About 30 files were perused on a computer monitor where the data are maintained as narrative reports. Half of the cases were taken from January 1999 and half were from labs discovered in January 2000.

Overall, lab locations were fairly evenly distributed across vehicles, residences, storage lockers, and hotels/motels. The number of labs found in vehicles is a result of patrol officers being trained to identify meth lab paraphernalia, according to the DEB investigators. The source of the calls from motels/hotels was frequently a security officer, maid, or manager, again indicative of these staff being informed about items associated with meth production. It is apparent that labs discovered and ultimately investigated by the DEB were low-level,

unsophisticated, "boxed" operations based on the types of equipment found and the chemicals at the scene. It was common to see the following items listed in the report narratives about labs (either singly or in combination: glass jars, tubing, denatured alcohol, coffee filters, kitty litter, "blister packs" of over-the-counter medication (for ephedrine reduction), lye, acetone, lighter fluid, torches, propane cylinders, plastic baggies, Ph strips, iodine (crystals or liquid), flasks, syringes, funnels, scale, ephedrine, battery acid, hot plate, red phosphorous, matches, tablets, other drugs, blender, recipe/instructions for making meth, camp stove, written log with names and amounts (presumably related to meth customers), mineral spirits, hydrogen peroxide, baster, beakers, and cyanide.

Many of the lab reports indicated that it was a "boxed" lab, thereby mobile and capable of being moved quickly. Data for suspects were somewhat incomplete because suspects had fled or the scene involved a storage locker or trash bin in which equipment and/or chemicals had been stored or discarded. The majority of suspects who could be identified were White. Despite the small number of cases, it seems apparent that the labs discovered within the city limits are initiated by small-time meth users who are making sufficient meth for their own and their friends' use. The larger, more sophisticated labs are operating in more rural areas of the state and investigated by the County Meth Task Force and the HIDTA task forces.

A quote from the Phoenix CEWG representative confirms this, "Labs are typically portable, makeshift, and operated by non-chemists, all of which contribute to unsafe and unhealthy conditions."

Challenges for Program Implementation and Evaluation

The COPS Meth Initiative presented challenges both for the local program as well as the evaluation. A discussion of these may be of interest for future similar efforts.

The program required partnerships to be developed with other entities, such as TASC, Inc., in an effort to promote a community policing approach. Although funds were allocated to TASC, Inc., the lines of authority were not always clear. The TASC, Inc. staff hired additional personnel to work on the Initiative but the staff were trained and supervised by TASC, Inc., with little or no input by the project manager of the Initiative. The turnover of staff had an impact on

the capacity of the partner to complete some of the efforts that were proposed in the grant proposal.

Purchase of equipment for the Meth Initiative required the assistance of different departments in the City of Phoenix. In some cases, there were long delays in obtaining equipment and supplies due to administrative "paperwork." Similarly, getting a dedicated prosecutor on board took several months.

From the view of the consultant, it appeared that the Meth Initiative was perceived by staff in the DEB as "a short-term grant project" and not clearly understood by all the staff. While the project manager took on most of the project operations, the investigators were also called upon to conduct activities specific to the grant. Since the DEB detectives investigate all illegal drug activity, the time devoted to meth was limited and dependent on the priority placed on other efforts (e.g., conspiracy cases, wiretaps, search warrants, etc). Without sufficient dedication to meth-specific cases, the database compilation could not take place.

Another issue common to most jurisdictions is the degree of collaboration and information sharing among agencies. It was apparent in Phoenix that there are a number of justice agencies involved in the enforcement and prosecution of meth cases. Not all were aware of the Meth Initiative despite the efforts of the project manager, and information or indicators about meth were not always willingly shared. Finally, as is the case in most law enforcement agencies, staff get promoted and transferred and these actions affect implementation and maintenance of a special project.

In future projects, perhaps the COPS Office could provide more technical assistance to agencies to facilitate implementation and sustainability after the funding is terminated. Also, individuals in different jurisdictions could have benefited from more meetings with one another to share their experiences and learn from one another.

Evaluation Challenges

It is difficult to determine the success or impact of the Meth Initiative in Phoenix given the current indicators of drug use. The task for the evaluators was intended to be a process evaluation; that is, to document the implementation of the grant. However, the issue of "success" remains. Some of the effects of the grant are intuitive—such as better training

identifies more meth users and cookers. That seemingly was the case as lab seizures increased, especially the ones found by patrol officers. But educating the community may have also raised awareness of citizens and contributed to more labs *known* to law enforcement, not necessarily more production. Other indicators of use and abuse, such as DAWN data, ADAM data, and arrests, are difficult to interpret because they cover different time periods, different geographical areas (e.g., city, county, state), and different populations (e.g., deaths due to overdose versus self-reported use).

Another complicating issue about evaluating any drug control effort is the number of competing efforts taking place, such as the HIDTA Meth Task Forces and the educational activities of the National Guard. Disentangling the effects of one effort over another is difficult, if not impossible, to discern. Probably the best measure to link the activities of the Meth Initiative to specific outcomes would have been a pre- and post citizen survey to determine whether increased awareness on the part of citizens about the meth issue occurred as a result of the non-traditional media campaign (e.g., billboards, grocery bags, postcards, presentations, etc.). Also, it appears that the investigative efforts of patrol officers were enhanced based on the number of labs found. A similar pre- and post-effort may have confirmed the assertion that the training of officers contributed to increased seizures by patrol. In future efforts that focus on community awareness, such before and after measures should be considered.

There were, and are minimal data about youth involvement in meth use although the treatment providers who were interviewed seemed to think it was extensive.

When asked what steps should be taken to stem the production and use of meth in Arizona, the following suggestions and observations were offered.

- Public attitudes about drug abuse need to be addressed. Too many people believe abuse is only the users' problem as well as their prerogative. The media could take greater responsibility to educate the community, but generally report only sensational events, e.g., labs blowing up. Similarly, the educational efforts should be reality-based, focusing on the health hazards of meth production and effects of long term use on the brain.
- Penalties should be stricter. Lab cookers tend to get probation if convicted.
- Availability could be curtailed by increased restrictions on precursor chemicals. The current restrictions allow large amounts of chemicals to be purchased without mandated reporting.

- Treatment is virtually non-existent in Arizona due to managed care that mandates the number of days that can be paid. A news article in early 2000 stated that there are only 12 residential treatment beds for juveniles in the entire state of Arizona.
- Recently, the State Attorney General issued an edict requiring law enforcement to contact Child Protective Services when labs are seized in locations in which children are present. The policy suggests that children should be removed and tested for inhalation of toxic chemicals. According to law enforcement, the social service agencies are reluctant to take any steps that might separate parents from their children.

The COPS Meth Initiative in Phoenix accomplished a number of its proposed objectives. The community education effort, in particular, was significant with respect to the video, information booklet, the number of presentations, billboards, and messages on grocery bags. Also, the Drug Enforcement Bureau benefited from the training they were provided as well as the equipment obtained as a result of the COPS Office grant. The equipment and the training needed to investigate and dismantle meth labs demonstrate another unique feature about meth compared to other illegal drugs.

Finally, the experience in Phoenix, as well as this evaluator's experience in San Diego County where meth use is quite prevalent, suggests that the unique features of meth, including the hazardous chemicals involved, the effects on the brain chemistry, and the fact that it is "homemade" suggest that one single agency cannot successfully address this problem. Meth creates problems for the environment, the health of its users, and those around them, such as children. To provide successful interventions, a multi-agency, multi-discipline approach must be employed in order to successfully address prevention, enforcement, and treatment. The COPS Meth Initiative provides a "jumpstart" for communities with meth problems. The challenge becomes the ability of the communities to sustain that momentum once the funding ends.

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Chapter 3

A Partners' Approach to Fighting Meth: Salt Lake City's Initiative

Introduction

At the beginning of the COPS Methamphetamine Initiative evaluation, it was clear that Salt Lake City's project promised to be large, dynamic, and multidisciplinary. Since the start of the project in early 1999, these expectations, for the most part, have become realities.

This chapter describes the scope of the methamphetamine abuse problem in Salt Lake City; characteristics of the local meth market; and the goals, setbacks, and successes of the Meth Initiative project. The chapter also outlines the methodological approach by the evaluation team and discusses Salt Lake City's intervention, treatment, and prevention efforts. Finally, the chapter also includes a description of the community policing strategies that were implemented as a result of the Meth Initiative project and how they helped to address the meth problem in Salt Lake City.

Project Summary and Implementation

Salt Lake City is the largest city in the state of Utah covering an area of about 90 square miles with a population of about 175,000. The Salt Lake County region is the most populous area in the state with more than 850,000 of the more than 2 million residents of the state and covering 756 square miles. According to 2000 US Census Bureau estimates, the racial composition of Salt Lake County is about 86 percent White, almost three percent Asian, one percent Black or African American, and one percent Native Hawaiian or other Pacific Islander. Almost 12 percent of the population indicated that they were of Hispanic or Latino origin. The state of Utah is one of the fastest growing states in the country and has the youngest population in the nation. The median age in 1998 was about 27 (national median was about 35).

The Salt Lake City Police Department received the COPS Methamphetamine Initiative grant (about $750,000) which was housed in their Special Investigations Division of their

Operations Bureau. The department currently has 412 sworn officers on staff with an authorized strength of 413. The non-sworn staff is comprised of 158 full-time persons (authorized at 160).[1]

The Meth Initiative in Salt Lake City

Methamphetamine first appeared in Salt Lake City in the late 1980s but increased dramatically in the early to mid 1990s. At the start of the evaluation, participants in the Meth Iniative were asked their viewpoints about the seriousness of the meth problem in their community. According to officers at the Salt Lake City Police Department (SLCPD), methamphetamine was increasingly becoming the drug of choice on the street. In fact, almost all of the project participants who were interviewed at the beginning of the project saw meth as an escalating problem in Salt Lake City.

Federal funding for an anti-methamphetamine project was a perfect opportunity for SLCPD to begin to address their growing problem. A grant specialist and a lieutenant in the SLCPD collaborated on the proposal for the Meth Initiative. They identified four areas that were most important in addressing the methamphetamine issues in Salt Lake City including 1) law enforcement 2) enhanced prosecution/nuisance abatement 3) child endangerment and 4) public awareness/training.

In addition, several individuals were hired to augment the existing SLCPD staffing and to improve inter-agency collaboration on methamphetamine-related issues. The original positions written into the grant included a Data Analyst, an Intelligence Analyst, an Deputy District Attorney, a Paralegal, a Youth and Family Specialist (YFS), and a Project Coordinator. In addition, two other individuals were expected to work 40 hours per week at the Salt Lake City Police Department. They came from Division of Child and Family Services (DCFS) and the Salt Lake Valley Health Department (SLV HD). These last two positions, while working on the COPS Meth Initiative project, were funded through a grant from the Bureau of Justice Assistance.

A grant specialist and a lieutenant from the SLCPD made first contact with most of the Methamphetamine Initiative participants who had been assigned to the project by their

[1] The real and authorized strength numbers are based on general fund authorizations. These do not include any grant-funded positions.

respective agencies. When the evaluation team conducted initial interviews with the project participants about the project implementation, all of the interviewees were supportive of the Methamphetamine Initiative and looked forward to working with other agencies. In fact, many noted that the level of collaboration that the grant called for was both necessary and beneficial.

Interagency collaboration was a main focus of this project from the start. The strategies outlined in the grant supported a multidisciplinary approach to combating the methamphetamine problem. These strategies included:

- Enhancing law enforcement efforts to curtail the production, distribution, and abuse of methamphetamine;
- Enhancing prosecution of civil and criminal cases related to methamphetamine;
- Addressing child endangerment and adult protective services issues in relation to methamphetamine production, distribution, and abuse;
- Using civil remedies to reduce the impact of methamphetamine on neighborhoods;
- Developing a public awareness campaign; and
- Forming a training team and developing a training curriculum to reduce the risk of physical harm and increase the public's knowledge of methamphetamine.

Evaluation Methods

Because the SLC project was both large and dynamic, the evaluation effort was designed to be multifaceted. Site visits were scheduled every six to eight weeks, at which time key project participants were interviewed about the project, and their roles, shortcomings and successes, and their desire to continue the project after funding ended. Interviews were also conducted with drug court participants and drug treatment clients.

In addition to the interviews, quantitative data was collected on arrests, clandestine lab seizures, prosecutions, DCFS and Health Department cases, treatment admissions, and public awareness. The evaluators also scheduled ride-alongs with narcotics officers, and they observed drug court proceedings. Analyzing data from many sources enabled the evaluators to understand the larger context of the meth problem in Salt Lake City, and to describe how others were addressing the problem outside the scope of the COPS Meth Intiative. That is, the data provided a picture of the larger environment in which the project was taking place.

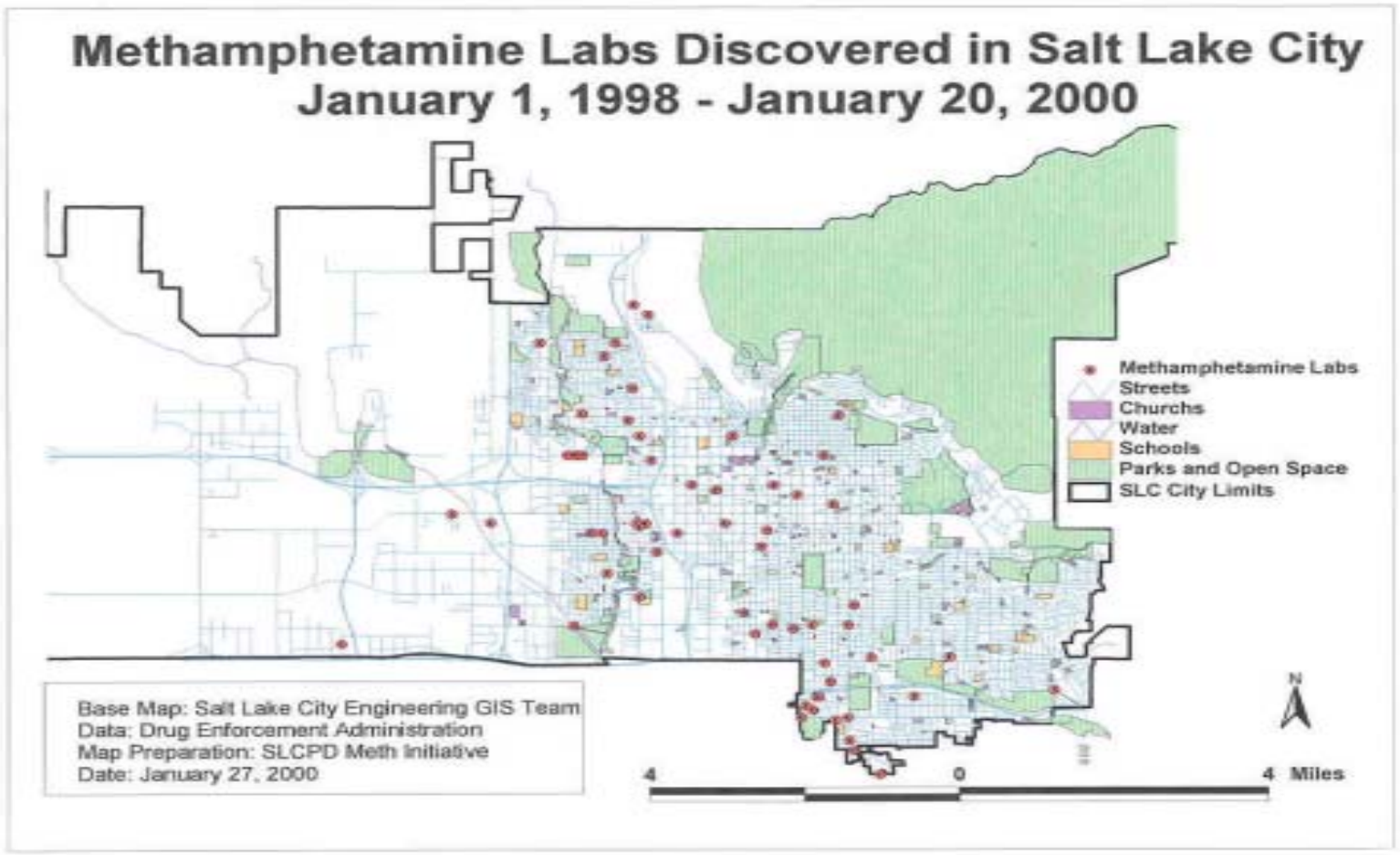
History of Meth and the Meth Market in Salt Lake City

Multiple local sources indicated that the meth abuse problem in Salt Lake City had been increasing at an incredible rate. National Arrestee Drug Abuse Monitoring (ADAM) statistics reinforced the significance of the problem. Although Salt Lake City has only been an ADAM site since the fourth quarter of 1998, findings show that there is a serious meth problem in the area. Figures from the fourth quarter of 1998 showed that more than 20 percent of male arrestees and 31 percent of female arrestees tested positive for methamphetamine. These numbers increased in 1999 with more than 24 percent of adult male arrestees and 34 percent of adult female arrestees testing positive for meth. Even with only one quarter documented for the year 1998, Salt Lake City was placed among the top three ADAM sites in methamphetamine abuse (behind San Diego and Sacramento) for both 1998 and 1999.

Based on ADAM data as well as information from the police department, Salt Lake City appears to be similar to other cities with a significant methamphetamine abuse problem (see Pennell, Ellett, Rienick, and Grimes, 1999). Meth users in Salt Lake City are predominately non-Hispanic, white males and females between 18 to 32 years of age, with white females becoming the most heavily involved group. In fact, the racial composition of users is heavily skewed to whites. Furthermore, it appears that the individuals using meth fall within a wide range of socio-economic groups.

According to law enforcement officials, much of the meth in Salt Lake City is either produced in small batches by local cooks, or is trafficked into the city by Mexican nationals. Law enforcement estimated that approximately 50 percent of methamphetamine suppliers in the area are local, independent groups/gangs, 40 percent are illegal aliens, 5 percent are motorcycle gangs, and 5 percent are some other type of supplier. The clandestine labs are normally small, yielding quantities adequate for use by an individual and his/her friends. These labs have been found in a variety of locales, including single family homes, apartments, hotels and motels, and even small storage units. The map on the following page (Exhibit 1) details the locations where methamphetamine labs were discovered in a two-year period. It also indicates the proximity of the labs to other landmarks, including churches, schools, and parks. As is evident in the map, clandestine lab sites are not concentrated in one, or even a few areas. Rather, they are spread throughout the city.

Exhibit 1: Methamphetamine Lab Locations



With regard to price, methamphetamine is slightly less expensive than heroin, but more expensive than cocaine. Exhibit 2 below shows the approximates suppliers' price for methamphetamine. Exhibit 3 compares the street prices of cocaine, heroin, and meth. The information is regularly updated by the SLCPD based on undercover investigations or interviews with people who have knowledge of the meth market.

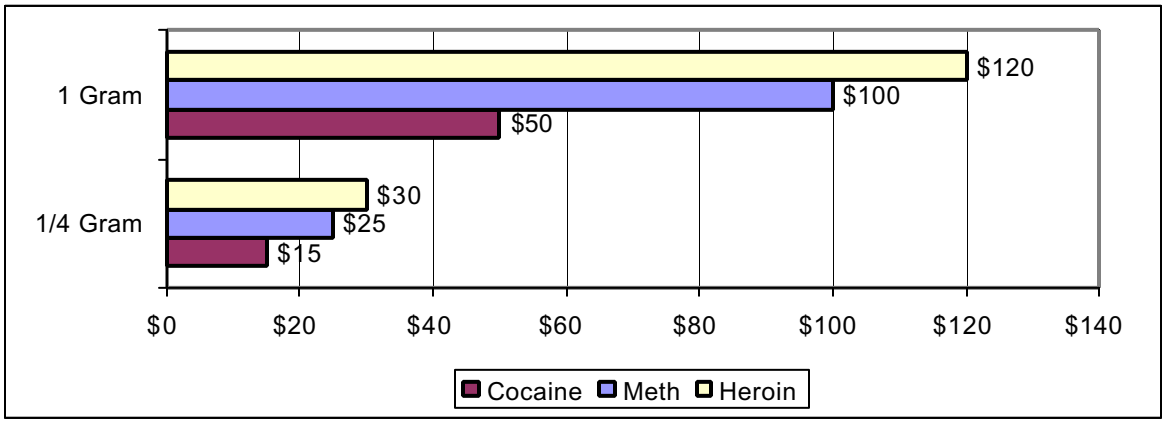
Exhibit 2: Street Value of Methamphetamine, 2000

Methamphetamine	Retail	Wholesale
¼ gram	$25*	$25*
½ gram	$50	$30
1 gram	$80-120	$60
1/16 ounce ("Teener")	$110-150	$80
1/8 ounce ("Eight ball")	$140-180	$110
1 Ounce	$700-900	$550
1 Pound	$10-12,000	$7,000
1 Kilogram	$18-22,000	$9,000

* Retail and wholesale values for 1/4 gram of meth are the same, since it is not likely that a buyer would purchase such a small amount wholesale.

Source: Salt Lake City Police Department

Exhibit 3: Street Price of Methamphetamine, Cocaine, and Heroin, 2000



Much of the police information on the meth market was substantiated by meth users. As part of the evaluation, interviews were conducted with meth addicts who were participating in treatment programs in the Salt Lake City area (N=35). All of the interviewees stated that their

primary drug of abuse was meth. Of the 35 individuals, the mean age was 36 (range of 20-52), they averaged less than a high school diploma, and most had been arrested multiple times. Most of the interviewees were multiple drug users, with 32 of the 35 having used more than 5 drugs during their lifetime. Most of the treatment clients first tried marijuana at age 13, and their first experience with meth was around age 24. The method of ingestion varied, but the most common was snorting followed by smoking, and then injecting.

All of the treatment clients supported the idea that it is easy to buy, sell, and make meth. In fact, all of the interviewees had bought meth, 29 had sold it, and 16 had cooked it. Additionally, their comments supported the notion that the meth market is a closed one. All of the clients had been introduced to meth by a friend or family member, and 29 of the 35 bought from a regular source. Of the 29 sellers, 26 of them only sold to a regular group. Finally, most of the buying, selling, and manufacturing of meth took place in someone's home.

Salt Lake City's Project

Collaborative Efforts

The recipient of the COPS Methamphetamine Initiative grant was the Salt Lake City Police Department. Their goal was to implement a system-wide approach to combating the meth problem in Salt Lake City and the surrounding communities. They did this by recruiting more than 30 different agencies to participate in the project. The group was a mixture of city, county, state, and federal agencies responsible for a variety of tasks that would help to decrease the abuse of methamphetamine. For most of the partner agencies, this project was an opportunity to either foster or strengthen a productive partnership with the police department as well as with one another. Below is a list of the partnering agencies (Exhibit 4).

Each of the participating agencies were assigned to one of four subcommittees according to their expertise: (1) Law Enforcement, (2) Child Endangerment, (3) Enhanced Prosecution and Nuisance Abatement, and (4) Public Awareness and Training. Exhibit 5 shows each of the subcommittee's goals for the project and their successfulness in meeting each. As can be seen in the exhibit, the Meth Initiative was quite successful in meeting the objectives they set forth at the beginning of the project. They had the most difficulty with the Enhanced Prosecution/Nuisance Abatement objectives which will be discussed in more detail later in the chapter.

Exhibit 4: Project Partners

- Salt Lake City Police Department
- Drug Enforcement Administration
- West Valley City Police Department
- U.S. Immigration and Naturalization Service
- U.S. Environmental Protection Agency
- Salt Lake Valley Health Department
- Utah Council on Crime Prevention
- Salt Lake County District Attorney
- Administrative Office of the Courts
- Division of Child and Family Services
- Salt Lake City Prosecutor's Office
- Salt Lake County Division of Substance Abuse
- State Department of Substance Abuse
- Utah State Legislator
- State Division of Aging and Adult Services
- Intermountain Evaluation Services
- Salt Lake City Mayor's Office
- U.S. Attorney's Office
- Salt Lake County Criminal Justice Services
- Office of Guardian ad-Litem
- Mobile Neighborhood Watch
- Housing and Neighborhood Development
- Salt Lake City School District
- Community Counseling Center
- Commission on Criminal and Juvenile Justice
- Division of Human Services
- Utah Attorney General's Office
- Court Watch
- Department of Public Safety
- Salt Lake City Capital Planning and Programming Division
- Primary Children's Medical Center

Exhibit 5: Progress Made in Meeting Project Objectives

Law Enforcement Objectives	Met	On-Going	Not Met
Establish and staff an Intelligence Unit	✓		
Train supervisors and patrol officers in problem solving techniques		✓	
Establish written descriptions of the roles of law enforcement partners	✓		
Enhance partnership with West Valley Police Department		✓	
Purchase an Automated Fingerprint Identification System for regional use	✓		
Provide Community Policing Problem Solving workshops		✓	

Enhanced Prosecution/Nuisance Abatement Objectives	Met	On-Going	Not Met
Co-locate an attorney from the City Prosecutor's Office and the District Attorney's Office at the SLCPD	✓		
Hire a paralegal to assist the attorneys	✓		
Cooperate with prosecution entities to facilitate enhanced prosecution of crimes (e.g., child endangerment)		✓	
Track and monitor methamphetamine-related prosecution activities		✓	

Outline protocols for methamphetamine-related civil and criminal cases			✓
Reduce barriers to successful prosecution of methamphetamine cases		✓	
Facilitate effective nuisance abatement and other civil remedies			✓
Address barriers to effective nuisance abatement through changes in policies, practices, and procedures			✓
Develop training to improve case management using civil remedies			✓

Child Endangerment Objectives	**Met**	**On-Going**	**Not Met**
Develop a Family Drug Court model that addresses child endangerment and parental addiction		✓	
Hire a Youth and Family Specialist to respond to and manage meth-related cases pertaining to children and elderly	✓		
Provide training to schools, parent groups, child care facilities, and youth service providers		✓	
Develop early interventions at pre-natal visits and emergency room visits involving infants			✓
Identify roles and procedures that define the relationship between YFS, DCFS, and SLCPD	✓		

Public Awareness/Training Objectives	**Met**	**On-Going**	**Not Met**
Contract with the Utah Council on Crime Prevention to develop a local campaign linked to the national public awareness campaign	✓		
Conduct training for community groups on methamphetamine issues		✓	
Work with SLCPD to develop media support for the public awareness campaign	✓		
Work with community organizations to disseminate information related to methamphetamine		✓	
Identify trainers from SLCPD, DEA, Board of Health, DCFS, YFS, and the attorneys	✓		
Develop individual training segments to address target audiences		✓	

To adequately manage such a large project, the participating agencies were also assigned to one of two project groups. The first group, the Partner's Work Group (PWG), consisted of administrative personnel, while the second group, the Meth Team, consisted of line employees of the participating agencies. The PWG met once per month to discuss recent activities of the

subcommittees, address problems, and discuss important developments related to the Initiative. The Meth Team, on the other hand, was located at the SLCPD and was responsible for responding to and following up on cases, and performing other work consistent with their job descriptions. The Team was comprised of the following key positions:

- Project Manager
- Project Coordinator
- Data Analyst
- Intelligence Analyst
- Division of Child and Family Services Worker (DCFS)
- Salt Lake Valley Health Department Worker (SLV HD)
- Youth and Family Specialists (YFS)
- Deputy District Attorney
- City Prosecutor
- Paralegal

As discussed later, several partnership issues arose as the team members began to work together. However, most participants felt that inter-agency collaboration was necessary to help combat the methamphetamine problem in Salt Lake City. In fact, many people went beyond just verbally advocating such a relationship and made special efforts to ensure that the partnerships were maintained. Their efforts included:

- Calling out partnering agencies (i.e., DCFS, YFS, SLVHD, WVPD) to crime scenes to help with child, family, health, and law enforcement issues;
- Sharing intelligence information within the SLCPD (e.g., among separate divisions) as well as with other law enforcement entities such as the neighboring West Valley City Police Department and the Drug Enforcement Administration (DEA);
- Organizing internal data on arrests as well as collecting data from outside agencies (e.g., DA's office, DEA, WVPD) in order to analyze the extent of the meth problem and the progress of the Initiative; and
- Cooperating with agencies like the Salt Lake Valley Health Department and the Utah Council on Crime Prevention to increase the public's awareness of methamphetamine problems.

For many participants in the Salt Lake City Methamphetamine Initiative, the establishment of cooperative relationships among agencies represented the biggest success of the

project; and many believed these relationships would continue after federal funding for the Methamphetamine Initiative ended.

Intervention

Intervention efforts were a major focus of the Salt Lake City project and represented an essential first step to control the use, sale, and manufacturing of meth. Several agencies were intimately involved in this aspect of the project including law enforcement (SLCPD and DEA), the City Prosecutor's Office, the District Attorney's Office, the Division of Child and Family Services, and the Salt Lake Valley Health Department. Overall, the objectives of these groups were to focus on meth arrests, to seize clandestine labs, to identify and abate nuisance properties in the community, to aggressively prosecute meth-related felony cases, to identify endangered children and remove them from contaminated homes, and to identify health problems resulting from meth labs and close dangerous locations to entry/occupancy. In most cases, these objectives were met with success. In instances where problems proved difficult to resolve, the participants were flexible enough to offer alternative ideas and experiment with other options.

Law Enforcement

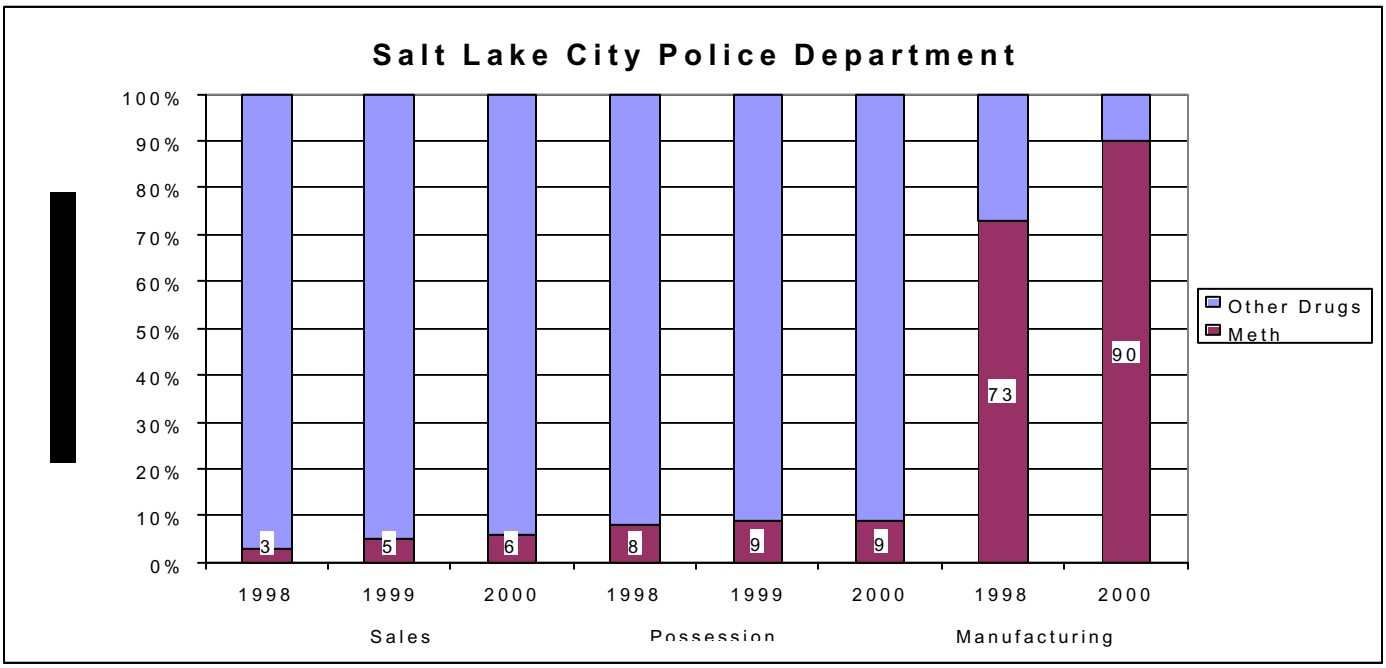
To gauge the amount of time and resources that were being spent on methamphetamine-related activities, the evaluators collected arrest data from both the SLC PD and the Drug Enforcement Administration (Salt Lake City district office)[2].

The SLCPD and the DEA contributed a great deal of time and resources to combating meth abuse, which significantly affected the Meth Initiative. The city narcotics officers deal with the methamphetamine-related cases falling under the SLCPD jurisdiction. The DEA district office operates as a metro narcotics task force, which is composed of federal agents as well as officers from local law enforcement agencies. The DEA addresses meth cases falling outside of SLCPD's jurisdiction, as well as all clandestine lab cases.

In Exhibit 6, two charts display the percent of meth arrests compared to the percent of other drug arrests for both the SLCPD and the DEA in 1998 and 1999. This information is also broken down into the type of charge at arrest (e.g., sales, possession, and manufacturing).

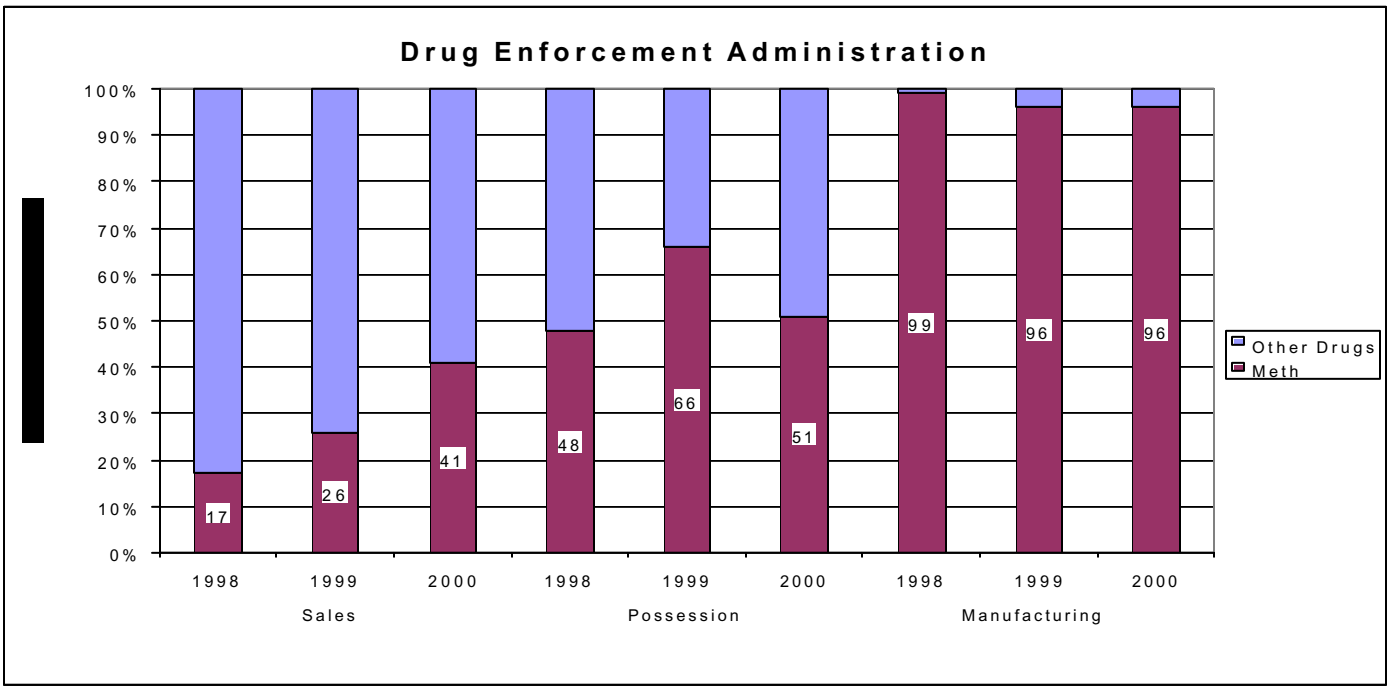
[2] The DEA's jurisdiction includes Salt Lake City proper as well as surrounding areas.

Exhibit 6: Arrest Data from SLCPD and DEA



Salt Lake City PD	1998	1999	2000*
Sales			
All Drugs	1238	542	192
Meth	38	26	12
Possession			
All Drugs	1270	1132	893
Meth	98	102	84
Manufacturing			
All Drugs	40	27	10
Meth	29	14	9

*Note: Numbers from 2000 include only the first nine months.



DEA	1998	1999	2000*
Sales			
All Drugs	213	191	49
Meth	37	50	20
Possession			
All Drugs	44	56	39
Meth	21	37	20
Manufacturing			
All Drugs	181	275	156
Meth	180	265	150

*Note: Numbers from 2000 include only the first nine months.

The data show that meth arrests for both sales and possession represented only a small percentage of all sales and possession arrests for the SLCPD during 1998 and 1999. Specifically, meth-related sales arrests comprised only 3 percent of all drug sales arrests in 1998 and almost 5 percent in 1999. Meth-related possession arrests comprised almost 8 percent of all drug possession arrests in 1998 and about 9 percent in 1999. The meth-related arrests for manufacturing accounted for a much larger percentage of all manufacturing arrests in Salt Lake City. In 1998, 73 percent of all manufacturing charges were meth-related, which dropped to 52 percent in 1999.

The data collected for the first nine months of 2000 are similar to the previous two years. Meth-related sales arrests comprised about 6 percent of all drug sales arrests, while meth-related possession arrests comprised about 9 percent of all drug possession arrests. Again, meth manufacturing arrests comprised a much larger percentage than the other two categories with about 90 percent of all manufacturing charges being meth-related. Overall, meth-related arrests accounted for about 6 percent of all SLCPD drug arrests in 1998, 8 percent in 1999, and 10 percent in the first nine months of 2000.

The data gathered from the DEA showed a slightly different trend. Arrests for meth sales accounted for 17 percent and 26 percent of all drug sales arrests in 1998 and 1999, respectively. Possession charges for meth were even higher (48 percent in 1998 and 66 percent in 1999 of all possession charges), while manufacturing charges were almost exclusively methamphetamine related (99 percent in 1998 and 96 percent in 1999). Preliminary data for the first nine months of 2000 showed an increase in sales but a decrease in possession. Meth-related manufacturing arrests stayed the same. Overall, meth-related arrests accounted for about 54 percent of all DEA drug arrests in 1998, 67 percent in 1999, and about 78 percent in the first nine months of 2000.

To further explain the scope of the manufacturing problem in the area, data were also gathered on the number of clandestine labs seized between 1998 and June 2000. It is important to note that the DEA is called to almost all of the clandestine lab seizures in the state of Utah. This is due to an increased awareness of local departments about the dangers involved in handling such hazardous materials, and because DEA agents have received training in handling the chemical substances. Not only does the DEA collect evidence at clandestine lab scenes, they also provide funding for hazardous waste clean up. The DEA data reflect an enormous (and

growing) state-wide problem. The DEA seized 222 labs in 1998 and 267 in 1999. Preliminary data from 2000 show that they seized 163 labs in just nine months. These figures indicate that, on average, the DEA seizes anywhere between 18 and 22 labs per month. While DEA data is not necessarily representative of Salt Lake City specifically, it does illustrate the serious nature of clandestine labs in Utah.

Intelligence Analyst

The Intelligence Analyst was a new position for the SLCPD created under the COPS Methamphetamine Initiative project. Although the individual assigned to fill the position was expected to work primarily on the Meth Initiative project, it became immediately clear that his expertise was a valuable asset to other parts of the department as well. In fact, his knowledge and willingness to work with others not only opened up lines of communication within the department, it also helped to create or rejuvenate relationships with other agencies in the city. In many ways, the Intelligence Analyst helped to open up the department so that better information could be gathered and used in cases.

A good example of this was a case in which the Intelligence Analyst helped close an investigation involving distribution, importation, and manufacturing of illicit drugs including marijuana, cocaine, and methamphetamine. The investigation revealed that at least three to five pounds of methamphetamine were being distributed to multiple towns each month. At the end of the investigation, more than 41 people were arrested (including 4 suspects in a homicide case); approximately $70,000 in cash was seized; 35 pounds of marijuana and two pounds of methamphetamine were confiscated; and 22 cars were impounded.

With information gathered from several different agencies, the Intelligence Analyst used the computer program *Analyst's Notebook* to create a link chart, or a picture, of all involved parties and their relationships to one another. According to the Intelligence Analyst, it was the cooperation among multiple agencies that resulted in the successful completion of the investigation. Those involved in the case included the FBI (primary investigating agency), DEA, Salt Lake City Police Department, and Salt Lake County Sheriff's Office.

This case was representative of the strides taken to increase collaboration among law enforcement personnel by sharing intelligence information. As a result, all cooperating agencies

now have a more comprehensive view of the meth problem in Salt Lake City and the surrounding communities.

In addition to researching information for law enforcement officers, the Intelligence Analyst also handles telephone complaints from community members. In 1999, the SLCPD, with the aid of the Intelligence Analyst, received and investigated more than 660 calls from community members. In 1998, before the Intelligence Analyst was hired, the department handled only 402 calls. The Analyst estimated that approximately 50 percent of the calls received in 1999 were related to drug activity. Of that 50 percent, approximately 40-50 percent were specifically linked to methamphetamine. The Analyst noted that community members' awareness of the drug and its identifying features (e.g., smell, lab materials, etc.) greatly increased in the time that he was there.

Prosecution

The Meth Initiative project in Salt Lake City also planned to use resources from both the city and county prosecutors. In fact, an Deputy District Attorney, a City Prosecutor, and a paralegal were all co-located at the police department for 20 hours per week. The goals set forth at the beginning of the project were:

- To enhance the prosecution of civil and criminal cases related to methamphetamine through increased staffing and partnerships, and
- To use civil remedies to reduce the impact of methamphetamine on neighborhoods.

Enhanced Prosecution

The Deputy District Attorney and paralegal positions proved to be a highly beneficial relationship for both the DA's office and the police department. The first Deputy DA co-located in the police department was well accepted by law enforcement personnel, especially the narcotics officers. He was active in filing cases and was consistently available to provide support and advice to officers on cases. He was also able to accompany officers out on several investigations to gather first-hand knowledge of police procedures and evidence collection.

A new Deputy DA filled the position after an abrupt and unexpected change in personnel.[3] Because of the sudden change, he was not accepted in the police department in the beginning. The work environment subsequently relaxed, and eventually both the Deputy DA and the police department were in favor of his assignment and were looking forward to working together. Progress still needs to be made in fostering a comfortable relationship between the new Deputy DA and the officers (especially the narcotics officers).

Aggregate data were gathered from the DA's Office on drug prosecutions and dispositions throughout the county.[4] Overall, between 1995 and 1999, drug-related cases comprised about 18 percent of all cases moving through the DA's Office. Unfortunately, specific information on meth cases, including trend data, was difficult to obtain.[5] However, data was gathered on the prosecution cases which resulted from the Meth Initiative efforts. These cases included meth-related offenses as well as offenses related to other drugs. Below is a table outlining the number of prosecutions which resulted from Meth Initiative cases for 1999 and the first half of 2000 (Exhibit 7). Overall, the numbers show that in 1999 meth cases comprised only 8 percent of all drug cases in Salt Lake County, but in the first six months of 2000, they comprised almost 17 percent of all drug cases.

Exhibit 7: DA Prosecutions Resulting from Meth Initiative Cases

	DA Prosecutions+			
	All Drugs		Methamphetamine	
	1999	2000*	1999	2000*
Sales	342	225	7	18
Possession	384	268	49	57
Manufacturing	16	13	4	8
Total	742	506	60	86

+ All cases included here were eventually disposed.
* Year 2000 only includes data for the first six months.

[3] The DA ordered a change in personnel without first consulting the police department which was a stipulation of their contract.

[4] The DA's jurisdiction includes all of Salt Lake County.

[5] Long term data on meth cases was difficult to obtain from the DA's Office because their record keeping system did not distinguish between meth and other drug cases.

Nuisance Abatement

The civil nuisance abatement component of the Salt Lake City Meth Initiative was expected to be one of the most hard-hitting resources in their fight against meth. This did not occur for several reasons, including misunderstandings about nuisance abatement laws, a lack of communication, and a weak statute/ordinance. Various entities were involved in the nuisance abatement portion of the project, including the SLCPD officers, the Office of the City Prosecutor, and Community Action Teams (CATs). CATs are small multi-agency groups assigned to areas throughout the city to focus on specific community problems (often specific addresses).

One of the main goals for nuisance abatement was to create open lines of communication between officers, CATs, and city prosecutors. It was hoped that this would lead to more cases being filed in a more expedient manner (especially more serious nuisance abatement cases).

At the beginning of the project, there were some misconceptions about the scope of the city prosecutor's authority regarding nuisance abatement cases. Specifically, there was a belief that the city prosecutor could confiscate nuisance properties. Although several individuals attempted to rectify this misunderstanding among police officers and others involved in the Meth Initiative, it still exists in the police department albeit to a lesser degree.

There was also a distinct difference in the way the City Prosecutor's Office and the police department defined success in nuisance abatement cases. Typically, a nuisance case began when the City Prosecutor's Office sends a property owner a letter explaining the repercussions of perpetuating a nuisance property. In most cases (roughly 70-80 percent), the police department and City Prosecutor's Office do not receive any further complaints after the first letter is sent. While the city prosecutors and the CATs viewed these cases as successes, law enforcement officials focused on those owners who did not abate their nuisance property and wished to aggressively pursue them in court.

Unfortunately, according to the City Prosecutor's Office, they have limited power in handling serious nuisance abatement cases. However, many in the police department said that the city prosecutors were simply not using the statute to the fullest extent possible.

Eventually this led to a deeper division between the officers and the City Prosecutor's Office. Despite a training session held by the City Prosecutor's Office,[6] and the creation of a check sheet to guide officers in collecting evidence for nuisance cases, these differences persisted.

Two city prosecutors began the process of drafting a new city ordinance regarding nuisance abatement properties to specifically address the 20 percent of chronic violators who owned unresolved nuisance properties in Salt Lake City. However, it seemed that those efforts stalled after their contract was not renewed to participate in the Meth Initiative. In total, only two Meth Initiative-related nuisance abatement cases were ever filed in the City Prosecutor's Office.

Child Endangerment and Adult Protective Services

Intervention efforts were also directed at underserved groups such as handicapped individuals, elderly residents, and children. Strategies included a drug court model, hiring an additional Youth and Family Specialist, providing training to various groups such as schools and child care facilities, developing early interventions at pre-natal visits, and identifying roles and procedures outlining the relationship between the YFS, DCFS, and the police department.

Child Endangerment Legislation

A significant success of the project was the endangerment legislation written by project participants and passed by the state legislature in early 2000. Protecting children and elderly residents was always a priority of the Meth Initiative, but with the passage of the new legislation, there was even more attention given to these groups. Violations under the previous endangerment law were proscribed as misdemeanor offenses. Under the new law, however, a person can be charged with a *third degree felony* if a child or elderly person is exposed to, ingests, inhales, or is in contact with illegal drugs or chemicals and will be charged with a *first degree felony* if a child or elderly person is actually harmed.

[6] According to the city prosecutor, their first attempt at training officers on evidence collection in nuisance abatement cases was poorly attended by police department personnel. Subsequent trainings garnered more support from the police department.

It should be noted that only a few cases were filed using this new law during the grant period. It seemed that attorneys were still getting acquainted with the scope of the law and how it could apply to their prosecution of cases.

Youth and Family Specialists

Although civilian Youth and Family Specialists (YFS) were already a employed by the SLCPD, the Meth Initiative provided for an additional YFS position during the grant period. These specialists addressed the concerns of children, elderly, and disabled individuals during law enforcement operations. Among other things, they conducted initial assessments of children on-scene, performed crisis intervention at crime scenes, and linked individuals to other social services. Once the removal of a child was authorized, however, the Division of Child and Family Services intervened in place of the YFS.

Youth and Family Specialists were often the first to be called out by police to a crime scene when children, elderly, or handicapped individuals were present. Because of this, they worked closely with SLCPD officers as well as DCFS workers. They also carried caseloads and provided training on methamphetamine-related issues throughout the community.

Division of Child and Family Services

Almost from the beginning, the worker co-located at the SLCPD from the Division of Child and Family Services (DCFS) was recognized as an integral part of the project. Although she was brought into the project under a different (Bureau of Justice Assistance) grant, she was located at the SLCPD 40 hours per week and worked exclusively with children who were endangered by meth.

Because she was from an outside agency, it took some time for other project participants (especially the police) to fully understand the extent of her expertise and authority, and to determine what she might bring to the Meth Initiative project. In fact, there were some struggles in the beginning of the project including some overlapping responsibilities with the YFS, and not being consistently called out by law enforcement. Several things were done to foster cooperative relationships. A formal statement of roles and responsibilities was drafted, and a call-out protocol was implemented. The DCFS worker not only sought to educate law enforcement about her job and what she could bring to the Meth Initiative, she also made herself available 24 hours

a day, seven days a week, for call-outs when her expertise was needed at a crime scene. With time, the relationships between DCFS, YFS, and law enforcement resulted in a highly productive partnership.

During the project, the DCFS worker's time was spent predominately on cases for the Meth Initiative Project. Exhibit 8 provides information on the caseload activity for the DCFS worker per quarter from July 1999 to September 2000. Exhibit 9 provides demographic information on the children the DCFS worker served. Interestingly, according to the DCFS worker, much of her caseload (approximately 48 percent) involved children who had never been involved with DCFS before. In other words, a large portion of her work through the Initiative was dealing with children who were previously "falling through the cracks."

In addition to her casework, the DCFS worker became actively involved in conducting training sessions for community members on methamphetamine and children. She also pursued a partnership with Primary Children's Medical Center, which resulted in a DCFS-wide protocol for decontaminating meth-endangered children and taking them to the hospital for testing and evidence collection. Finally, the DCFS worker was an advocate for the new child endangerment statute and testified before the state legislature.

Exhibit 8: DCFS Case Outcomes

	3rd Q 1999	4th Q 1999	1st Q 2000	2nd Q 2000	3rd Q 2000	Total
Children served	26	37	41	26	30	160
Children removed	13	20	11	15	14	73
Children returned to parents	0	0	2	6	0	8
Times DCFS called to law enforcement scene	12	15	7	9	5	48

Exhibit 9: DCFS Client Demographics

		3rd Q 1999	4th Q 1999	1st Q 2000	2nd 2000	3rd 2000	Total
Gender	Male	18	23	22	10	11	84
	Female	8	14	19	16	19	76
Race/ Ethnicity	White	14	28	20	7	15	84
	Black	2	0	0	3	0	5
	Asian/Pac. Isl.	0	2	1	0	5	8
	Hispanic	3	6	15	8	10	42
	Native Amer.	3	0	1	0	0	4
	Other	4	1	4	8	0	17
Age	Under 18	14	37	41	26	30	148
	18-30	12	0	0	0	0	12

Health Department

Another important partner in the Methamphetamine Initiative was the Salt Lake Valley Health Department worker. She was co-located at the SLCPD, was a participant in the Meth Team, and was a member of the Public Awareness and Training Subcommittee. On a daily basis, she managed open cases or provided expertise about possible new cases. She was responsible for collecting and maintaining all information on clean-up forms (filled out by the owner or the clean-up company – whomever cleaned the property) and evidence sheets filled out by law enforcement (often the DEA). A large portion of the Health Department worker's time was spent on Meth Initiative cases. Exhibit 10 provides statistics on cases the Health Department worker handled while involved in the Meth Initiative. Specifically, the exhibit shows that a total of 82 locations were closed to occupancy, 65 locations were closed to entry, and 29 locations were reopened. She also responded to 97 crime scenes and spent a great deal of time on training in the community.

Exhibit 10: Meth Initiative Health Department Worker Cases

	3rd Q 1999	4th Q 1999	1st Q 2000	2nd Q 2000	3rd Q 2000	Total
Locations closed to occupancy	19	15	14	18	16	82
Locations closed to entry	5	14	13	18	15	65
Locations reopened	7	11	5	6	0	29
Times Health Dept worker was called to a law enforcement scene	24	20	12	26	15	97

It took a long time before the relationship between the Health Department and law enforcement was fully realized. And to some extent, there is still a great deal of room for growth in the relationship. The Health Department worker found her first meth lab in 1986. The house was closed to occupancy, but the property was not cleaned up properly. This began her long-term campaign to have law enforcement include the Health Department in its investigations. It was not until 1994 that the Health Department finally became actively involved in these cases. At the time of this report, she was called out to almost all clandestine lab crime scenes in Salt Lake City, but still felt she could be called out more (e.g., when police served warrants or conducted "knock and talks").

One of her biggest concerns was the clean-up of clandestine lab sites. Because methamphetamine was made in a variety of locations (storage units, hotels/motels, car trunks, etc.), it was difficult to determine who was responsible for clean up and rehabilitation of the location to its original state. It was common practice for the DEA to contract with a hazardous waste company to dispose of waste materials, but the property owner was responsible for determining how clean the location should be. Property owners seldom completely overhauled the area where a clandestine lab was located (e.g., carpet replacement, paint stripping, etc.). Although state legislation was introduced that would have provided standards for housing units (i.e., How clean is clean?), it was struck down.

Treatment

Treatment Admissions

The treatment component of the Meth Initiative was an area that could have seen more growth and attention throughout the project. The public system for substance abuse treatment is headed by the Utah State Division of Substance Abuse, however, direct services are provided through single- or multi-county organizations or "service districts." The public treatment providers in Salt Lake County saw a tremendous increase in meth-addicted clientele (see Exhibit 11). Between FY 1997 and FY 2000, the number of meth-related treatment admissions to Salt Lake County treatment facilities more than doubled, and the percentage of meth admissions increased from 8 percent of total admissions in FY 1997 to 15 percent in FY 2000. The demographic information also corresponds to data from other sources about the local meth

market. That is, females are a growing population of users in treatment and whites are the predominate treatment clientele.

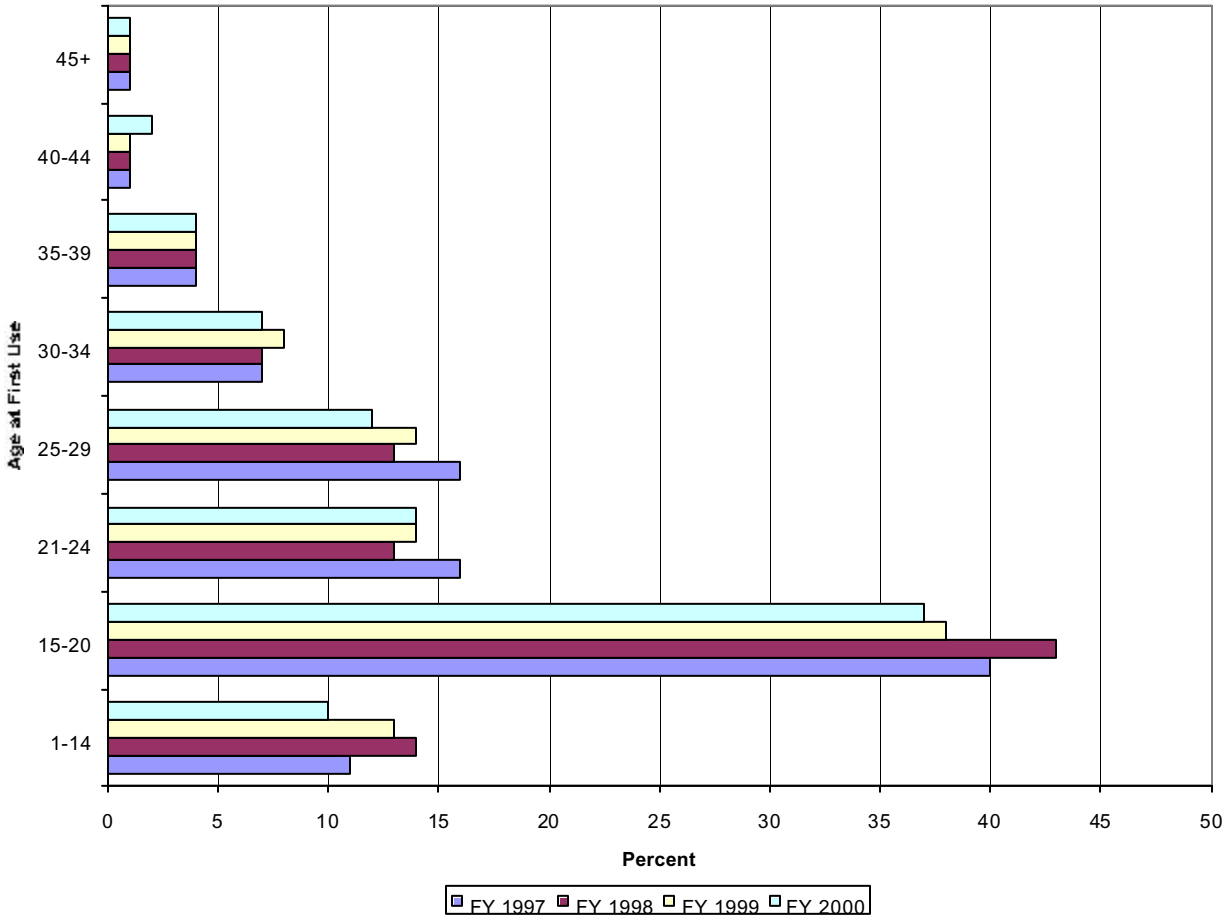
Exhibit 11: Treatment Admissions to Salt Lake County Facilities

		FY 1997	FY 1998	FY 1999	FY 2000
Total Admissions		9,602	9,582	10,489	12,521
Meth Admissions		812 (8%)	1,348 (14%)	1,692 (16%)	1,884 (15%)
Sex	Male	435 (54%)	704 (52%)	781 (46%)	921 (49%)
	Female	377 (46%)	644 (48%)	911 (54%)	963 (51%)
Race	White	767 (94%)	1220 (91%)	1530 (90%)	1717 (91%)
	Other	45 (6%)	128 (9%)	162 (10%)	167 (9%)

Source: Salt Lake County Division of Substance Abuse

Additional treatment admission data included clients' age at which they first used methamphetamine and their preferred method of ingesting meth. The data varied slightly from the data that was collected from interviews with treatment clients (N=35). The average age at which interviewees first tried meth was 24 (median age was 22), which is slightly higher than the age of the county-wide treatment admissions (Exhibit 12). For example, in FY 1999, about half of county treatment clients reported they were age 20 or younger at time of first use. Also, the preferred method of ingestion for the interviewees was snorting followed by smoking and injecting. As shown in Exhibit 13, the county-wide treatment clients were much more likely to ingest by smoking. Also, there was a clear decrease over time in snorting, intravenous, and oral ingestion.

Exhibit 12: Salt Lake County Treatment Clients' Age at First Use of Meth

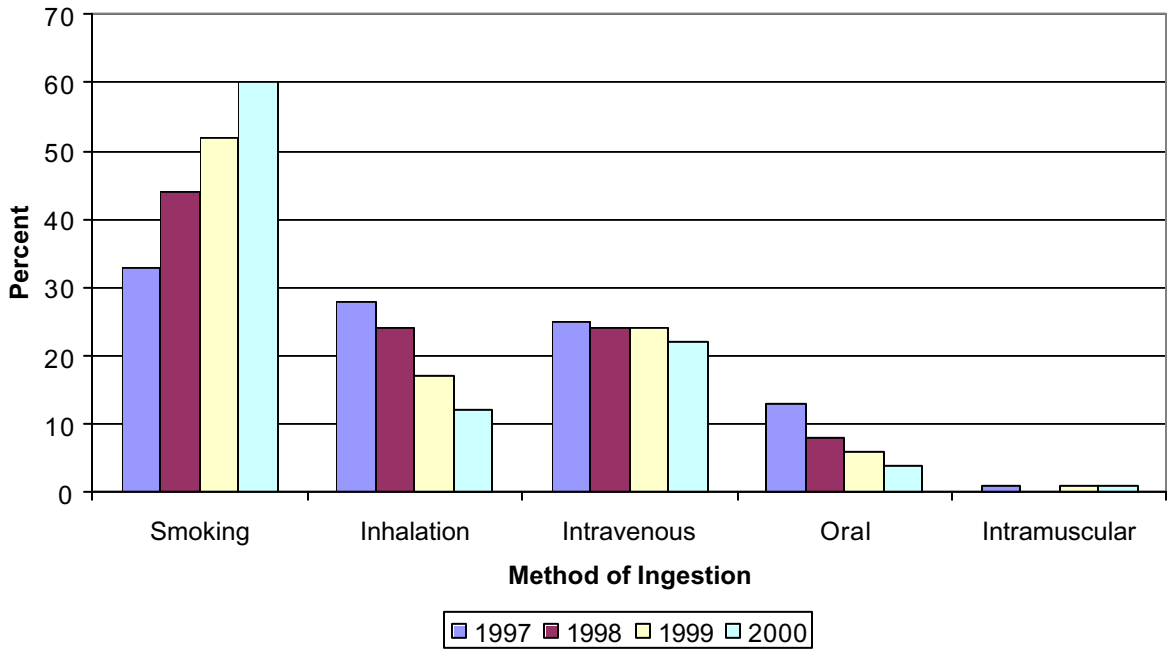


Dependency Drug Court

The Salt Lake City Meth Initiative initially focused on the Dependency (Family) Drug Court as the main treatment component of the project. The Dependency Drug Court, launched in May 1999, was based on similar courts in Reno, San Diego, and Florida as well as the Salt Lake City Adult Drug Court. The purpose of the Dependency Drug Court is to work with individuals who have a substance abuse problem and who have temporarily lost or were in danger of permanently losing their children. At the time of this report, three judges in District Three (Salt Lake County) had volunteered to hear cases for the Dependency Drug Court. An additional Dependency Drug Court had been started in District Four (Utah County), and two others were

just getting started in two separate Districts (District Seven, Emery County; and District Two, Weber County).

Exhibit 13: Salt Lake County Treatment Admission Clients' Method of Ingestion



Dependency Drug Court programs are based on individual needs, however there are certain elements required of all participants including random urine testing, appearances before the judge in court at least once per month, and participation in some type of counseling or other treatment program.[7] If the drug court participants successfully complete the program, they are able to regain custody of their children and have their charges dropped.

Meth Initiative partners who were involved in the Dependency Drug Court pointed out several advantages of the drug court compared to a general criminal court. Specifically, participants began their treatment program immediately, friends and family members were encouraged to be present in court and provide support, cases were tracked more closely and reviewed more frequently given the short time period between appearances in court, and families

[7] Only treatment centers that have an agreement to work with the court are able to accept Dependency Drug Court participants.

could be reunited in a shorter period of time. There were, however, some problems with the court program such as overloaded treatment agencies, variability in drug court requirements among judges, and lack of funding.[8]

Statistical information was gathered from the first Dependency Drug Court on the total number of people accepted into the program, the number of people charged with a methamphetamine-related crime, and the total number of people who successfully completed the program (Exhibit 14). Given that the first Dependency Drug Court only began in the Spring of 1999, the numbers presented here are understandably small. At the time this report was written, additional Dependency Drug Courts were implemented or were in the initial stages of being implemented in other parts of the state.

Exhibit 14: Dependency Drug Court

	1999*	2000	Total
Number of Drug Cases	24	63	87
Number of Meth Cases	12	40	52
Number of Graduates	5	14	19

* According to the Dependency Drug Court, a case may include more than one person, but graduates are counted as individuals.

Survey of Treatment Clients

In addition to the Dependency Drug Court, the evaluators also visited treatment centers to interview staff and clients. One private facility[9] and four public facilities agreed to meet with us and allowed us to interview some individuals in their programs. We asked to meet with only those individuals who described their primary drug of abuse as methamphetamine.

The one private facility offered in-patient treatment, detox, day treatment, and evening outpatient treatment but had only one client who classified meth as their primary drug of abuse. Discussions with residential treatment providers revealed that meth addicts were not commonly admitted to private facilities, probably because they lacked the financial means or the insurance to enroll in expensive private programs.

[8] The Court was not eligible to receive direct funding from the Meth Initiative project.

[9] Several private facilities were contacted; however, only one agreed to our visit.

Types of programs offered by the public facilities visited included in-patient, intensive outpatient, and regular outpatient treatment; mother and children's programs, day treatment, aftercare programs, and housing programs. None of the facilities offered all of these programs, but several offered multiple types of treatment options. The in-patient programs that were visited were either all-female or all-male facilities.

Of the treatment clients who were interviewed (N=35), most were participating in at least two different programs, usually Narcotics Anonymous/Alcoholics Anonymous and an out-patient program. Fewer individuals participated in in-patient programs (40 percent), and detox (31 percent). Few of the clients had been admitted to a hospital (6 percent) preceding their most recent admission to a treatment program.

The interviewees were also asked about their treatment history. More than half had been in at least one treatment program before for methamphetamine abuse. Most (33 of the 35 people interviewed) attributed eight or more of the following problems to their meth abuse:

- Weight loss
- Dental problems
- Family problems
- High blood pressure
- Paranoia
- Violent behavior
- Medical treatment for hyperactivity
- Sleeplessness
- Money problems
- Work problems
- Skin problems
- Hallucinations
- Legal problems
- Hours of intense behavior

Most interviewees mentioned several reasons for getting involved with treatment, but they all emphasized one reason in particular. The most common reason for seeking treatment was a feeling of being "tired" of the lifestyle, along with a realization that the addiction had seriously affected the well-being of their family. Some of the comments were

> I was tired of the game.
>
> It was time to change.
>
> I was tired of hurting my family.
>
> I was tired of the life.
>
> I was tired of the person I became.

Another important reason for getting involved in treatment was that a drug court mandated their participation. Often, these individuals faced serious jail time if they did not

successfully complete a treatment program. For those involved in the Dependency Drug Court, their motivation was to regain custody of their child(ren).

A less frequently mentioned reason for seeking treatment was the feeling of "hitting rock bottom" or experiencing serious physical or psychological problems from using meth. Some of the comments included:

> My life went downhill.
>
> I lost everything.
>
> I tried to commit suicide.
>
> I was experiencing hallucinations and was diagnosed with drug-induced paranoia.
>
> My health and my teeth were deteriorating.

In summary, the Meth Initiative recognized that members from the treatment community could and should have been more involved in the project. To the credit of those involved in providing treatment in the Salt Lake City area, several individuals agreed to participate informally by sitting in on the Partner's Work Group meetings to answer questions and provide expertise on treatment issues. At the time of this report, several individuals including those involved in the Dependency Drug Court were looking for ways to increase their participation and contribution to the Meth Initiative.

Prevention

Public Awareness

The agency mainly responsible for the public awareness component of the project was the Utah Council for Crime Prevention (UCCP). While it took some time to get the public awareness component up and running, once it began, it gained momentum quickly. A UCCP-sponsored campaign to fight methamphetamine began on February 2, 2000. More than 70 people attended the campaign kick-off, including the following:

- DCFS representatives
- Federal law enforcement representatives (DEA, INS)
- Treatment agency representatives
- Legislators

- Law enforcement representatives (SLCPD, Midvale Police Department and West Valley Police Department)
- Educators
- Local corporation representatives
- Parents
- Media (TV and radio)
- District Attorney's Office

Several individuals made presentations on their areas of expertise regarding methamphetamine. For example, some law enforcement officials discussed the need to collaborate with other agencies in order to alleviate the methamphetamine problem. The State Division of Substance Abuse workers addressed treatment options for meth abusers, and a state legislator reviewed methamphetamine-related legislation introduced that session. The DCFS worker assigned to the Meth Team also talked about her experiences entering houses with meth labs.

In addition to presentations, a simulated meth lab was set up for demonstration purposes by the DEA; Drug Free America donated their nationally recognized advertisements against methamphetamine; and a map was displayed that identified methamphetamine labs in the vicinity of children's areas (schools, parks).

Public service announcements were also arranged by the UCCP, including more than 1,700 statewide and 400 metro radio announcements between mid-January and February 2000. Television public service announcements were also debuted. Three different anti-methamphetamine commercials were broadcast from February through mid-March 2000.

The public awareness efforts of the Meth Initiative were not as extensive as first expected, in part because of the limited amount of funding provided for the public awareness campaign. The UCCP and some of the other partners working on public awareness provided many of their own resources to keep the anti-meth message running. They were also successful in generating funding from other sources such as donations of resources (e.g., billboards, slogans) and volunteer workers.

Training

What made Salt Lake City's training unique was its multidisciplinary approach; with project participants from a variety of backgrounds conducting training sessions for community members. Trainers included the Health Department worker, the DCFS worker, YFS, DEA, SLCPD officers, and volunteers through the Utah Council for Crime Prevention. Exhibit 15 lists the types of training delivered as well as some of the audiences.

Exhibit 15: Training Sessions and Participants

Training Topics	Training Participants
	Elementary, Middle, & High Schools
	Hotels & Motels
Drug Identification	Community Businesses (Banks, Churches)
Drug Identification & Intervention	Mental Health Staff
Legal & Social Consequences of Drug Use	Other Police Departments
Utilization of Meth & Drug Initiative Team	Landlords
Signs & Symptomology	Apartment Complexes
Meth Labs -- A Health Perspective	Neighborhood Watch Groups
Methamphetamine -- A Health Perspective	Boys & Girls Club
Methamphetamine -- A YFS Perspective	Boy Scouts of America
Child Endangerment	Nurses
Meth Use & Consequences	Community Councils
Meth & Children	Probation & Parole Officers
Drug Endangered Children	Parking Enforcement
How to Recognize Meth in Your Neighborhood	Power Company
	County Building Inspectors

The trainings put on by the project participants were successful for the most part. Requests for training came from a wide variety of companies, organizations, and agencies. Perhaps even more importantly, the Meth Initiative was able to provide training on a wide variety of meth-related topics because of the diversity of their participants. The training component was expected to continue as long as time and resources were available.

Community Policing

Community policing for the Salt Lake City Meth Initiative focused on three elements: (1) work done by the Community Action Teams (CATS), (2) law enforcement responses to community complaints, and (3) partnerships with other law enforcement agencies.

Community Action Teams

The CATs were originally formed as a result of a Comprehensive Community Project (the focus was on juvenile crime prevention) that began five years prior to the Meth Initiative. As was mentioned earlier, CATS are small, multi-agency groups assigned to various geographic areas. Their mandate is to focus on specific community problems. Most often, problem addresses are targeted for investigation based on information given to the CATs by a complainant. Generally, in order for an address to be considered at a CAT meeting, it is necessary for more than one agency to be involved.

At the time of this report, there were 15-20 agencies involved in CATs with between 8 to 35 or 40 members and one designated leader per CAT. In some instances, agencies assigned more than one person to a particular CAT. In many cases, people assigned to the CATs were also participants in the Meth Initiative (e.g., city prosecutors, YFS). Meetings were held at least every two weeks, and often once a week depending upon the CAT's case load or the participants' schedules.

Meth cases were often the focus of CATs, COP officers, narcotics officers, and Meth Initiative personnel. According to some individuals, however, there were some communication problems and some jurisdictional misunderstandings between the CATs and the SLCPD. Specifically, some CAT members felt that they were not receiving important information from SLCPD officers working meth cases, and that a number of cases that involved methamphetamine were re-directed to the Methamphetamine Initiative team and were handled by COP officers or narcotics officers, rather than being handled by the CATs themselves.

Despite these problems, however, it was the hope of the CATs that they would remain involved in the methamphetamine investigations so that they could share their information with agencies like the SLCPD.

Law Enforcement Responses

Nuisance Abatement

As mentioned earlier, nuisance abatement was initially expected to be an important element of the Methamphetamine Initiative. Given the problems that revolved around this portion of the project, the SLCPD was forced to re-examine its efforts at nuisance properties in

the community. It was decided that the contract with the City Prosecutor's Office would not be renewed for the continuation of the grant period which began in September 2000. The City Prosecutor's Office was in full agreement with this decision. At the time of this report, the Meth Initiative group was still devising a new plan of attack for the nuisance abatement portion of the project.

Consensual Searches

Consensual searches, or "knock and talks," were conducted by SLCPD officers and were considered to be a community policing strategy for the Meth Initiative project. "Knock and talks" in Salt Lake City are an addressed-based investigative tool that the police department uses to follow up on complaints (usually made by community members) about suspicious activity in housing units. The procedure involves several officers informing the homeowner or tenant that they received complaints about their residence. They ask the resident for permission to "come in and look around," and residents often allow officers into their homes. This tactic proved to be quite successful, since in many of the cases officers encountered illegal activity in the residence such as possession of drugs, drug paraphernalia, and even clandestine meth labs.

Partnering with Other Law Enforcement Agencies

This particular goal of the Initiative was slow in getting started and still needed a great deal of attention at the end of the evaluation period. At the start of the project, the SLCPD envisioned a unified law enforcement effort to combat the local drug problem. Relationships with other local departments have grown stronger, but still remain informal. That is, there is no formal protocol for call-outs or sharing intelligence information.

It seemed that the relationship between the SLCPD and the DEA improved more significantly than other ones. Data and other intelligence was shared much more readily and call-outs were more frequent. In part, these changes could be attributed to several reasons. First, the data analyst who was hired during the Meth Initiative project provided a vital line between the two agencies. Both the SLCPD and the DEA found it easier to deal with the same individual(s) on a regular basis. Second, due to the DEA's integral involvement in clandestine lab processing and clean-up, joint agency responses were almost mandated. Finally, the local DEA office was a metro task force. Hence, there were a number of SLCPD officers assigned to

the DEA's office. Despite the fact that the SLCPD officers were not physically located in the same place, many of the officers still kept in close contact with other officers in the department.

One element of the project that was expected to open up inter-departmental communication was the purchase of an Automated Fingerprint Identification System (AFIS). Because West Valley City Police Department already had a system, the SLCPD hoped that the two departments could link their fingerprint information. In fact, part of the funding from the Initiative went to West Valley PD to upgrade their own system to be compatible with SLCPD's new one. Unfortunately, serious delays with the purchase of the equipment prevented the two departments from achieving this goal prior to this report.

In summary, the SLCPD's plan to implement community policing strategies saw some real progress throughout the duration of the Meth Initiative project. Specifically, the department's focus was primarily on addressing community problems through the use of CATS and consensual police searches. While they made some progress in addressing community complaints, the nuisance abatement efforts met with some serious difficulties and never really achieved the goals that were set forth at the beginning of the project. However, the police department saw some real, but limited, success in opening up lines of communication with other law enforcement agencies, especially West Valley City Police Department and the DEA.

Partnerships

Nearly all of the participants we interviewed said inter-agency collaboration was necessary and worthwhile. In fact, when asked how they would measure the success of the Methamphetamine Initiative, they said they would measure the level of collaboration among agencies.

In addition to interviews, a five-point, Likert scale survey was sent to all 62 project participants. There were 41 questions on the survey, all of which addressed the quality of the partnerships in the project. Sub-sections covered collaboration, membership, communication, goals, strategies, and knowledge and beliefs. Comments were encouraged on each subsection and a cover letter outlined the purpose of the survey and the importance of completing it. The response rate was about 68 percent with 42 of the 62 surveys returned.

The belief that the project was a successful one was reiterated in the partnership surveys. In fact, most of the survey respondents commented on the successes of the partnerships. Thirty nine respondents (93 percent) either strongly agreed or agreed that the partners worked well together and that key players from the different agencies had been included in the project. One respondent noted, "We have a committed crew of individuals who seem to go above and beyond what is required of them to help solve this [the meth] problem." Several also emphasized the importance of new alliances for the project; for example:

> This initiative has brought several organizations together where little contact or understanding existed before. The result has been outstanding cooperation and some real successes in dealing with various different aspects of the problem.

Thirty-five respondents (83 percent) also believed that the partnership was flexible enough to add members when necessary and 37 (88 percent) believed that other project participants were open enough to accept outside ideas or suggestions. Interestingly, 34 of the 42 respondents (81 percent) said they were committed to continuing their involvement in the project after funding ended; however, 27 respondents (64 percent) did not know if the partnerships would actually remain intact after that time. For example, one respondent said, "I … believe that many agencies will not continue unless more grant funding is found." Another commented, "There is still a lot we can do to improve if we're able to find continued funding."

Strengths

Co-location

Co-location was one key to the success of the SLCPD Meth Initiative. In fact, of all the partners, those who were co-located at the department saw the most improvement in their relationships. Communication between these individuals became easier not only because they were located together in the police department, but also because they were willing to work on cultivating a trusting and productive partnership with others involved in the project. This was especially true of the Project Coordinator, the Intelligence Analyst, the Data Analyst, the DCFS worker, the Health Department worker, and the Deputy District Attorney.

The Project Coordinator was an important driving force for the project. Her commitment to the Meth Initiative and its goals was apparent. Among many other tasks, her main

responsibilities included organizing partner meetings, organizing trainings, and keeping participants informed of changes in the project. She also began to investigate new funding sources for the project. As one survey respondent put it, "[The Coordinator] is committed to this grant and its purpose. [She] is the glue that keeps it together."

The civilian positions of Intelligence Analyst and Data Analyst proved to be valuable resources not only in the Meth Initiative project, but also in the general day-to-day business of the police department. They worked on gathering intelligence and other data for drug cases (meth and other drugs) and general information for the SLCPD, but they also worked with other law enforcement agencies in collaborative efforts. Interviewees who worked directly with the Intelligence and Data Analysts noted the vast improvements made in information gathering at the department. This included SLCPD officers as well as other law enforcement agency personnel and Meth Initiative project partners. These same individuals also believed that the two positions created a direct information link with other law enforcement agencies which promoted the sharing of important information about criminal activity in the city.

Having the DCFS and the Health Department workers in-house helped others to understand the usefulness of their expertise and authority. By being co-located, they were able to answer officers' questions, and were also available for immediate call-out. This fostered a trusting and highly productive relationship between law enforcement and the DCFS and the Health Department. Almost all of the law enforcement personnel who were interviewed noted the importance of these positions in the project and praised their expertise and commitment to their jobs. One of the survey respondents commented, "The efforts of the Health Department and [DCFS] have been outstanding. They should be commended and continued in this critical effort."

Two big advantages to locating an Deputy District Attorney in the police department were the focus that was placed on prosecuting meth cases and the mutually beneficial relationship that emerged between the two agencies. According to law enforcement, the Deputy DA's knowledge of the law was extraordinarily helpful in their investigative duties. And, at least while he was there, the first Deputy DA assigned to the team made it a point to ride along with officers and was proactively involved in the Partner's Work Group and other meetings. This created a strong, trusting relationship between the DA's Office and the SLCPD narcotics officers.

Protocols

Several protocols were either created or re-drafted to outline the proper procedure for handling crime scene activities. For example, it became formal procedure for SLCPD officers to call out other divisions of the department (e.g., the youth detectives) or federal law enforcement agencies (e.g., DEA) to address circumstances outside the scope of their work (e.g., handling youth at crime scenes, or collecting chemical evidence from a lab which required proper training and equipment). Not only did this address child and safety issues, it also fostered a productive and mutually beneficial partnership between these agencies.

Additionally, it became official protocol that the DCFS worker and/or a YFS would be called to crime scenes depending upon the severity of the situation in which the child, elder or handicapped person was placed. Specifically, the DCFS worker responded to all crime scenes within her assigned area in Salt Lake City that involved both methamphetamine and children. The Youth and Family Specialists were often the first to arrive with the police to provide an initial assessment at crime scenes; conduct follow-up investigations to track the progress of their clients; and make additional resources available to children, family, and others. According to law enforcement officers who worked with DCFS and the YFS, their presence at a crime scene was indispensable.

The importance of formal protocol was reiterated in the partnership survey. At the time the survey findings were collected, 37 of the 42 respondents (88 percent) believed that the partnership had clearly defined the roles and responsibilities of the participants. Overall, the protocols helped to make investigations and crime scenes easier to manage by allowing others to handle their own areas of expertise. As one survey respondent wrote,

> In the beginning, partners had some trouble working through roles and responsibilities. However, once the lines of communication were open, these problems became less and less.

Challenges

As with most independent entities for quite some time, an adjustment period was necessary to achieve the inter-agency collaboration envisioned for this project. Some of the obstacles that arose are discussed below.

Contracts and Memoranda of Understanding

There were delays in getting some of the contracts and memoranda of understanding signed and processed so agencies could co-locate their employees at the SLCPD. While it was stressed that most of these postponements were due to simple errors and the red tape characteristic of government bureaucracy, there was some indication that other delays could have been avoided. Specifically, many of the interviewees stressed their frustration with the time it took to get people "on board" to begin work on the Initiative. Several participants mentioned that the Initiative would have been much more productive had the partnering agencies completed the paperwork such as contracts and Memoranda of Understanding months prior to the official start of the project.

Role Conflicts

Because of the new inter-agency relationships, the responsibilities of some positions overlapped or conflicted. This was especially apparent early in the project when DCFS and YFS were involved in child endangerment situations. These two agencies were not clear on the boundaries of their responsibilities with regard to first response, initial assessments, child removal, and child placement. Some of the early misunderstandings were resolved through informal communication and time. A written protocol was also created to outline the responsibilities and duties of both the Division of Child and Family Services worker and the Youth and Family Specialists. It proved to be highly successful in clarifying roles and responsibilities. In fact, a YFS later stated that having the DCFS worker at the SLCPD alleviated a lot of stress and increased her understanding of the role of DCFS.

Jurisdictional Issues

Given the cross-jurisdictional nature of many methamphetamine-related crimes, the SLCPD found it desirable to cooperate with other law enforcement agencies as well as other government agencies. With so many agencies involved, all of which had their own goals and agendas outside of the Meth Initiative, some time was needed to address and understand one another's jurisdictional boundaries.

The link between the DEA and the SLCPD was especially important. Not only did DEA agents independently investigate methamphetamine cases, but they were also certified and equipped to break down clandestine labs. Local agencies did not have this type of certification;

therefore, they often called on the DEA to collect evidence at clandestine lab sites. In addition, because local law enforcement was not involved in all methamphetamine cases, the data collected by local agencies were insufficient to form an accurate picture of the methamphetamine problem. Unfortunately, the DEA and the SLCPD did not share data on methamphetamine cases in the beginning of the project. Slowly, lines of communication expanded by using the Intelligence Analyst and the Data Analyst; and by increasing communication with the SLCPD officers assigned to the DEA Metro Task Force.

Collaboration was also important with other local law enforcement agencies. For example, while there was talk of sharing resources with West Valley City Police Department at the start of the project, this relationship was slow in being realized. Specifically, a cooperative call-out protocol was proposed and seen as advantageous for both departments. That is, each department would call the other for methamphetamine cases including clandestine labs. However, this call-out practice was sporadic at best. Part of the problem was that call-outs were not standard procedure and therefore it was dependent upon the lead officer on the case. At the time of this report, the possibility of implementing such a protocol was still being investigated.

There were also some jurisdictional struggles between the Meth Initiative and the Community Action Teams (CATs). According to some individuals assigned to the CATs, the Meth Initiative began to take over much of what they were doing in the neighborhoods to fight meth abuse. There was no formal protocol or procedure which outlined the roles of each group, and therefore there was some misunderstanding and some frustration about their overlapping responsibilities.

Finally, there were some jurisdictional struggles at the beginning of the project between law enforcement agencies (i.e., police, DA's Office) and social resource agencies (i.e., Health Department, DCFS). At times, some agencies' goals and objectives were seen as conflicting with other agencies' goals and objectives. For example, it was important for the DCFS worker to capture the crime scene on film to prove that a child was truly endangered in their surroundings (e.g., photographing chemicals next to a baby bottle in the refrigerator). Because she was not allowed to enter a contaminated location, she needed to rely on law enforcement officers to take pictures of the scene. Many times, at least at the beginning of the project, officers did not take pictures of the scene. When the DCFS worker was finally allowed onto the premises, all of the

evidence would have been destroyed or taken away by officers during their own evidence collection. Therefore, she was unable to collect necessary evidence for her own case for child endangerment. Relationships improved a great deal over the course of the project with the help of formal written protocols and informal education about their respective responsibilities, authority, and expertise.

Communication Problems

Even in those circumstances where partnering agencies made significant advancements in their collaborative relationships, communication among agencies was sometimes lacking. For example, call-out protocols were used sporadically in the beginning of the project in part because there was not a full understanding of each agencies roles and responsibilities and how they might aid at a crime scene. This was especially true of the call-out protocols for the DCFS and Health Department workers. While call-outs improved dramatically for the DCFS worker, the Health Department worker expressed that could be called out by law enforcement agencies more frequently.

There were also some communication problems between the CATs and the Meth Initiative. In the beginning of the project, there was little or no communication about each other's roles and responsibilities. As a result, law enforcement officers encountered some jurisdictional struggles about the scope of their activities in both the CATs and the Meth Initiative which then increased their anxiety and further alienated the two groups from one another.

The co-location of the city prosecutors did not work as well as planned, in part, because there were some serious communication problems between them and the SLCPD. Specifically, at the beginning of the project, there were some misconceptions about the scope of the city prosecutor's authority regarding nuisance abatement cases. For example, there was a belief that the city prosecutor could confiscate nuisance properties. Furthermore, there was disagreement between the police department and the City Prosecutor's Office about the definition of a successful nuisance abatement case and miscommunication on the quality and quantity of evidence necessary to file a case in court.

Despite attempts from both agencies to clarify roles and responsibilities, to compromise on the overall goals of the nuisance abatement portion of the project, and to define the standards

for filing a case in court, problems persisted between these two agencies. The general feeling from both sides was that the partnership between the police and the City Prosecutor's Office was not working for the purposes of the Meth Initiative project.

Finally, an additional communication-related issue was the lack of information about the goals of the project. Interestingly, this issue did not arise during the interviews, however, it was clearly addressed in the partnership survey. Fifteen (36 percent) of the participants who responded to the survey did not know if there was a common goal among partners. Furthermore, 10 respondents (24 percent) did not know if the partnership had realistic goals, and 14 (33 percent) did not know if the goals were measurable, and 17 (40 percent) either did not know or disagreed that the partnership was on track for meeting its goals. One respondent commented, "While I agree that the partners have common goals for the big picture, there is some disagreement about emphases." Another survey respondent stated that they had "never seen goals addressed" in presentations or in any other arena of the partnership.

Some of the survey respondents also expressed dissatisfaction about partnership communication in general. Eleven of the respondents either did not know or disagreed that the partners were well informed about the project, and six did not know if relevant information was shared in a timely manner. Ten of the survey respondents believed there were barriers to effective communication among the partners, while five did not believe that each member had an equal voice in the partnership.

However, despite some of the problems that the partners encountered with communication, overall, the partnership made significant progress in opening up lines of communication. As one survey respondent wrote,

> We have never collaborated with law enforcement to the extent we have with this partnership. The partnership has set up lines of communication that I hope will endure….

Conclusions

The most successful component of the Salt Lake City Meth Initiative project is the degree to which the SLCPD expanded their partnerships with other law enforcement agencies as well as with city, county, state, and federal agencies in their fight against methamphetamine. By using resources from a variety of agencies (e.g., DCFS, Health Department, Drug Court), the Salt Lake

City Meth Initiative was better able to address and impact the meth problem through procedures, protocols, and practices that echoed the mission and the goals of the participating agencies.

For example, prior to the Meth Initiative, law enforcement officers were less aware of the warning signs of meth labs (e.g., odor, lab equipment), the serious hazards they faced from the chemicals present at such labs, and how to safely secure a contaminated site. As a result of the Initiative, officers were educated about meth, how to recognize clandestine labs, as well as the potential dangers of such labs. SLCPD, as well as other police departments, now call out the DEA to properly handle the evidence collection and to contract with a hazardous waste company to remove the material from the site, thus making for a much safer environment for all involved.

Also, the handling of children exposed to meth or hazardous chemicals has also improved since the start of the Meth Initiative project. Prior to the project, it was common for police officers to place children with a convenient caregiver (e.g., family member living on the premises, neighbor). Now DCFS or YFS are either at the scene or called to the scene to appropriately handle situations where children, elderly, or handicapped individuals are present.

Much has also been done to educate the public about the drug, its effects, and the dangers associated with it. Prior to the Initiative, people in the community may have seen suspicious or illegal activity taking place, but they were unable to relate it to meth. Training sessions put on by the Meth Initiative and the UCCP helped to educate the public about identifying the drug and the chemicals used to produce it, the effect that it has on people, and what a clandestine lab looks and smells like.

Training sessions have also helped other local organizations in their fight against meth. Specifically, training sessions put on for hotels and motels have been extremely successful. In Salt Lake City cooks sometimes rent a room in a hotel or motel for several days while they manufacture meth. Many of the downtown hotels and motels have created a phone tree that allows an establishment to disseminate information on the person(s) who rented the room, the types of bags they were carrying, etc. so that other establishments could contact law enforcement if the cook moved locations and requested a room at a different hotel. It also helps hotels and motels to avoid serious contamination and damage to their own property.

While the Salt Lake City Meth Initiative experienced some setbacks during the course of the project, the biggest challenge that faced them was the communication problems among

agencies. These problems were due, in part, to the shear magnitude of the project. However, the partners in the Meth Initiative made sincere efforts at overcoming some of these communication issues and began to form strong, positive relationships with many of the partners, but especially with those individuals co-located in the department. Overall, Meth Initiative partners came away with a better understanding of each other's jobs and responsibilities, and the resources each brought to the project and to the meth abuse problem in their community.

The Meth Initiative project was also successful in addressing problems with role conflicts and jurisdictional struggles. In many cases the problems were resolved. The inter-agency protocols were successful in creating smoother working relationships among the different agencies (e.g., SLCPD, DCFS, and DEA). They were also indicative of the high level of support given to the project by the participating agencies including supervisory staff.

These are just some of the things that have positively impacted Salt Lake City as a result of the COPS Meth Initiative project. Overall, the Salt Lake City Methamphetamine Initiative made some extraordinary advances in both fighting the meth problem and cultivating strong relationships with other agencies. However, the true test will be whether the progress that has been made with this project will continue to grow. The SLCPD has recently hired a new Chief who plans to make significant changes to the organization of the department. The coming months will tell whether the Meth Initiative has staying power in Salt Lake City.

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Chapter 4

Meth in the Metroplex: The Dallas Experience

Introduction

The Dallas Police Department (DPD), which directs the Methamphetamine Initiative, requested funds to enhance operational strategies and to expand those strategies into its community policing model. In its application, the department indicated that there was a "lack of understanding on the part of citizens and officers alike about the impact of Methamphetamine use in the city." To overcome this problem, the DPD cited five strategies for the project:

1. Public education, including training for citizens and the development of educational material;
2. Treatment program funding to reduce recidivism and determine effective treatment methods;
3. Interdiction through identification of precursor chemical suppliers;
4. Problem solving strategies; and
5. Enforcement strategies.

DPD used the grant to cover overtime costs to develop a more user-friendly intelligence database, educate different community groups and patrol officers about methamphetamine, and supplement enforcement. Equipment was also purchased to assist detectives in surveillance operations.

The DPD worked in partnership with the Greater Dallas Council on Alcohol and Drug Abuse (GDCADA) in three areas—research, education, and treatment. In the area of research, the Dallas County Community Supervision and Corrections Department and GDCADA collected data from substance abuse assessments to develop a local methamphetamine user profile and to identify effective treatment. In the area of education, GDCADA held a one-day symposium of professionals to share the latest information known about methamphetamine. In the area of treatment, GDCADA provided treatment vouchers to individuals who sought treatment for methamphetamine specifically. These individuals did not have to be involved with the criminal justice system.

The DPD also provided funding ($20,000) to the Dallas County DIVERT Court to provide inpatient treatment for a small number of methamphetamine users (about 4 or 5 users)

who were arrested for drug possession or fraudulent possession of a controlled substance prescription.

The evaluation of the Dallas Meth Initiative relied on different sources of data and information. Among these are data on drug arrests, data from ADAM and DAWN, GDCADA reports on meth users and treatment, and interviews with Drug Court clients and police informants.

Background

The DPD serves a population of over 1 million people in the North Texas area. The metropolitan area (which includes Fort Worth) is known as the Metroplex, with over 4.9 million residents, an increase of almost 22 percent since 1990. In addition to a growing population, Dallas is the center of commercial enterprise, transportation networks, and international finance. The Dallas/Fort Worth International Airport serviced over 60 million people in 1997 and became the world's busiest in total aircraft operations. Two major interstates, I-35 and I-30, cross through Dallas. This same infrastructure and transportation hub attracts illicit activities, particularly narcotics smuggling.

According to the DEA, North Texas has become a hub for Mexican "poly-drug" traffickers who seek new areas and routes for distribution of methamphetamine. Law enforcement investigators found that Mexican meth distributors were taking advantage of the transportation networks in the Dallas area. They cite the seizure of almost 50 pounds of meth at the Fort Worth Amtrak train station in 1997 and the seizure of about 20 pounds of meth at the Dallas/Fort Worth Airport. In December 1997, through wiretaps and surveillance, investigators indicted more than 20 individuals for manufacturing and distributing over 100 pounds of meth per week. They found that production occurred in Los Angeles, with Dallas serving as the wholesale distribution center for the Midwest and East Coast.

The task for the DPD was to contain the meth problem through education, prevention, and interdiction. In its grant application, DPD ranked methamphetamine as the fourth most commonly abused substance in the city, after alcohol, crack, and powder cocaine. At the time of the application, the department had one team of officers (six detectives and a sergeant) dedicated

to enforcement and investigations of meth-related crimes.[1] Most of the targets for enforcement were mid- to upper-level organizations responsible for the importation of meth into the Dallas area from Mexico and California. During the course of the grant period, however, DPD shifted focus away from these organizations and concentrated on seizing clandestine meth labs. In addition to this shift, the department underwent considerable change following the appointment of a new police chief in 1999.

History of Methamphetamine in Dallas

In Dallas, as in other locations, outlaw motorcycle gangs and independent groups historically were the first distributors of methamphetamine. In recent years, however, organized trafficking groups from Mexico have become the primary distributors of large amounts of methamphetamine (DEA, 1996; Maxwell, 2000). In interviews, detectives said that the biggest change in the last ten years is that Mexican Nationals are now doing the bulk of meth cooking and distributing in the Dallas area. One detective noted that in the 1980s and 1990s, "white speeders" were the only ones who used and manufactured meth. That has changed. By 1994, Mexican Nationals dominated the trade. Users have changed as well—Whites, Hispanics and occasionally an African-American will be caught with meth. In the 1980s, DPD found that the distributors and users of meth were overwhelmingly white males.

In addition to changes in distributors and users, detectives noted that the process for cooking changed. Instead of the "P2P" method (1-phenyl-2-propanone), which could take up to 24 hours to produce meth, cooks are now using the "cold cook" and "Nazi" methods, which take far less time to manufacture. For the Nazi method, local labs rely on purchasing ephedrine or pseudoephedrine pills in large quantities and use lithium and anhydrous ammonia. For the cold cook method, they use ephedrine, red phosphorous (Red P), and iodine crystals. Cooks buy or steal their ephedrine or pseudoephedrine pills from convenience stores, local pharmacies, or illegal suppliers. These are typically 60 milligram tablets such as Xtreme Relief, Mini-Thins, Zolzina, Two-Way, and Ephedrine Release. Precursor chemicals like anhydrous ammonia and Red P are stolen or purchased from local hardware or warehouse outlets. The sergeant in charge of the Meth grant made two comments about these methods. First, he said that Texas laws are

[1] The team was the only one of its kind to deal with meth; however, they also took on cases involving other drugs including heroin, cocaine, and marijuana.

not as stringent about precursor chemicals as laws in other states, making it easy for cooks to purchase them. Second, he said that Red P labs have increased in the last year, with the cold cook and Nazi methods about equal in popularity.

Technological advances have assisted cooks and users. In our interviews with detectives they said that cooks use the Internet for recipes, sources of chemicals, and trade secrets. A confidential informant noted that the Internet was a good way to learn about meth and also to "check people out."

Over the two-year period of the grant, the sergeant in charge of the Meth unit has noticed a change in the way cooks set up and dismantle labs. The sergeant said that in the last six months of 2000, police were not finding the "crude, nasty smelling labs." He said that cooks were building more sophisticated filtration systems that eliminated the odor and thus helped them avoid getting caught. Recently, his officers found a five-gallon charcoal bucket filtration system that eliminated the odor completely. He also said that cooks were getting smarter about cleaning up after themselves. Rather than leaving a mess and evidence in motels and apartments, some cooks are washing their glassware, cleaning up, and leaving less paraphernalia.

The sergeant also said that a "class system" is becoming apparent with clandestine labs. That is, the differences between "Beavis and Butthead" cooks and "higher level" cooks are more pronounced. The higher level cooks are cleaner, more efficient, not using the drug, and perhaps making money. The lower level cooks are messy, use the dope themselves, and are not concerned about profits. They seem to be cooking to satisfy their addiction.

Meth Market Dynamics

According to DPD detectives, buying and selling meth is "cliqueish." That is, most meth dealers sell t only o people they know and are hesitant to sell to outsiders. The detectives claim that this is part of the "paranoia" of meth users and dealers. Most of the users and dealers are white males and females, ages 18 to 35. However, detectives have seen older people involved, with some in their 60s. Cookers are primarily male and "run the show." Females are given the tedious jobs of clean up.

Law enforcement officers indicated that Mexican Nationals have become involved in the marketplace. While they prefer to sell to Hispanic people, it is not uncommon for them to sell to

a white undercover officer, though they will charge more per pound. One detective noted that a Hispanic person could buy a pound for $6,500, while a white person could be charged $7,500 to $8,000 per pound. Police report that Mexican Nationals are bringing "finished product" into the United States at a rate of 40-50 pounds per trip. The quality control is poor because of the mass production involved, and purity is weak, with the drug "cut" or diluted as it passes from one person to another. One detective estimated that the purity level was about 12 to 15 percent. The price has also dropped from $15,000 per pound in the 1980s to its current value of about $7,000 per pound. These prices are validated by the DEA, which reports that in the North Texas region, a pound sells for $4,500-$7,500, an ounce sells for $450-$900, and a gram costs $70-100 (Maxwell, 2000). These prices are lower than those in Houston where a pound of domestic meth goes for $10,000-$14,000, while a pound of Mexican meth costs $5,000-$8,000. An ounce of domestic meth in Houston sells for $600-$800, and an ounce of Mexican meth sells for $350-$600.

Some detectives have noticed that "small box lab" manufacturers are increasing and that hotels are locations for this activity. However, they believe methamphetamine laboratories are a small problem compared to other sources of methamphetamine distribution. Because so many dealers and suppliers bring in methamphetamine from Mexico and other places, laboratories were not part of the enforcement equation in 1998 and early 1999. (This has changed since December 1999, when labs suddenly became the focus for enforcement.)

The views of the detectives are substantiated by anecdotal evidence provided to the Texas Epidemiology Work Group in 1998. The research indicates that most of the methamphetamine in Dallas originates in Mexico, although local labs are becoming more common, especially north of Dallas (Maxwell, 2000).

An interview with a methamphetamine user revealed slightly different information. She said she bought meth when she was 11 years old from friends and later from her friends' parents. Eventually, she began to work her way through the maze of buyers and sellers and made contact with Mexican distributors. Her ex-boyfriend was heavily involved in trafficking as well, mostly selling pounds of meth. She substantiated the officer's views about the cost of meth depending upon ethnic background—$800-$1,200 per ounce for white people; $400-$500 per ounce for Hispanic buyers. Cash was not the only commodity used. Some dealers took checks or tangible

goods like televisions and VCRs; and dealers sold meth at different locations—at grocery stores, parking lots, or residences.[2]

According to this user/dealer, the best methamphetamine originates in the Philippines, coming to Dallas via California. It is normally purple and resembles glass. She also indicated that approximately once a month someone drives to California and brings methamphetamine back. She said that it is worth the drive to California and back, given the profit that can be made on this particular type of methamphetamine (she stated that it was possible to get $15,000 per pound for the Philippine methamphetamine). She also indicated that Vietnamese, Laotian, and Hmong people were the primary distributors for this type of methamphetamine. Finally, she said this indicated a changing pattern of user, with Mexican and Asian people becoming more involved in the last three years.

A second dealer/user discussed his involvement in the drug trade. He learned how to make meth from motorcycle gang members in the 1980s and sells it in small quantities to 6 to 12 people per week. He can get about $600 to $800 per ounce in Dallas. Most of his customers are older white males.

ADAM Data

For approximately two weeks every calendar quarter, the Arrestee Drug Abuse Monitoring Program (ADAM) interviews arrestees who have been booked in the past 48 hours about their drug use history. Arrestees are also asked to submit to a urine drug screen.

From ADAM data for the 1990s, we find that a small percentage of arrestees tested positive for methamphetamine use. Exhibit 1 shows that meth use by arrestees fluctuated but remained at a fairly low level from 1990 through 1998, with the highest percentage of positive tests in 1993 (3.5 percent of males and 5.2 percent of females). When compared to other ADAM sites in the West and Northwest, methamphetamine use is low. This finding is a bit surprising, especially given Dallas's proximity to the Mexican border.

[2] The evaluators observed detectives purchasing meth from this user in the parking lot of a shopping center. Eventually she became an informant for the detectives and allowed us to interview her.

Exhibit 1: Percentage of Male and Female Arrestees Testing Positive for Methamphetamine, Dallas 1990-98

	1990	1991	1992	1993	1994	1995	1996	1997	1998
Male	1.9	1.4	0.6	3.5	2.0	2.2	1.2	2.6	3.3
Female	4.0	2.2	2.4	5.2	3.3	3.7	1.5	2.8	4.0

Source: Arrestee Drug Abuse Monitoring Program, 1999

DAWN Data

Dallas is one of 21 metropolitan areas that participates in the Drug Abuse Warning Network (DAWN), sponsored by the Substance Abuse and Mental Health Administration. DAWN data are collected from hospitals with emergency departments.

These data reflect the number of emergency room mentions per 100,000 in population annually or bi-annually. Exhibit 2 shows the number of emergency room mentions for cocaine, heroin, marijuana, and methamphetamine from the first half of 1991 to the first half of 1999. Cocaine was the drug mentioned the most in emergency rooms over the nine-year period. From 1993 to 1996, emergency room mentions of cocaine hovered around 29 to 32 per 100,000. From the second half of 1996 to the second half of 1998, a steady increase occurred from 29.3 to 54.1 and then declined in the first half of 1999 to 40.6.

Methamphetamine emergency room mentions are relatively low compared to cocaine, heroin, and marijuana. Emergency room mentions for meth reached a peak in the first half of 1995 with 5.3 mentions per 100,000, then declined over the next two and one-half years. By the first half of 1998, mentions went up to 4.9, but then declined in the following year. Exhibits 3 and 4 show the breakdown of meth mentions by age and gender. They show that males and 18 to 25 year olds accounted for the increases in 1995 and 1998.

Exhibit 2: Dallas DAWN Mentions of Cocaine, Heroin, Marijuana and Methamphetamines, Per 100,000 Population: 2nd Half 1991-1st Half 1999

	2h 91	1h 92	2h 92	1h 93	2h 93	1h 94	2h 94	1h 95	2h 95	1h 96	2h 96	1h 97	2h 97	1h 98	2h 98	1h 99
Cocaine	30.2	25.5	27.4	29.1	28.5	29.6	31.2	31.9	29.7	28.9	29.3	34.0	39.6	51.9	54.1	40.6
Heroin	5.4	5.9	6.1	6.2	6.5	4.6	5.4	6.3	5.4	6.8	7.7	10.6	10.8	10.8	10.2	8.5
Marijuana	4.8	7.7	7.0	8.3	7.4	10.4	10.0	10.5	13.0	12.3	10.9	18.1	19.9	31.3	30.8	25.3
Meth	1.7	1.6	1.4	2.1	—	2.7	3.9	5.3	3.3	2.2	2.6	3.2	3.4	4.9	2.7	2.3

Source: Texas Commission on Alcohol and Drug Abuse, 2000

Exhibit 3: Dallas DAWN Mentions of Methamphetamines, Per 100,000 Population by Gender: 2nd Half 1991-1st Half 1999

	2h 91	1h 92	2h 92	1h 93	2h 93	1h 94	2h 94	1h 95	2h 95	1h 96	2h 96	1h 97	2h 97	1h 98	2h 98	1h 99
Male	2.2	2.1	1.7	2.9	1.1	3.1	4.1	5.7	3.3	3.4	3.0	3.4	4.7	6.4	4.4	3.0
Female	1.1	0.8	--	1.5	--	2.2	3.7	4.9	3.4	1.1	2.2	3.0	2.2	3.4	1.2	1.7

Source: Texas Commission on Alcohol and Drug Abuse, 2000

Exhibit 4: Dallas DAWN Mentions of Meth Per 100,000 Population by Age: 2nd Half 1991-1st Half 1999

AGE	2h 91	1h 92	2h 92	1h 93	2h 93	1h 94	2h 94	1h 95	2h 95	1h 96	2h 96	1h 97	2h 97	1h 98	2h 98	1h 99
6-11	2.0	2.4	2.3	3.6	--	4.1	6.4	8.8	5.1	2.8	3.8	5.3	5.3	7.4	4.0	3.5
12-17	--	--	--	--	0	0.4	4.9	--	0.4	--	1.7	--	1.3	3.4	3.0	2.9
18-25	3.7	3.4	5.5	7.6	--	5.1	9.6	19.9	11.7	5.9	4.5	13.5	9.7	14.2	4.8	6.8
26-34	3.0	3.1	2.3	4.3	2.7	7.2	8.5	9.3	6.1	2.6	6.4	4.7	7.6	9.3	6.0	3.9
35+	1.1	--	--	--	0.3	1.0	1.2	1.4	1.4	1.6	1.4	1.1	1.4	2.3	1.6	1.1

Source: Texas Commission on Alcohol and Drug Abuse, 2000

Methamphetamine Users in Dallas

As part of its partnership agreement with the DPD, the GDCADA conducted two studies, one to develop a user profile (, 1999a) and another to report on the treatment outcomes of meth users (Cahill, 1999b). Dr. Melissa Cahill of GDCADA conducted the study of meth users by examining data from the Dallas County Community Supervision and Corrections Department (CSCD) and GDCADA. Both agencies collect information on meth users through their substance abuse assessments. Data were generated from assessments completed between October 1998 and June 1999 for CSCD, and January to June 1999 for GDCADA. A total of 134 valid cases were examined: 94 were from CSCD (representing 5 percent of all assessments completed during the time period), and 40 were from GDCADA (representing about 2.6 percent of all assessments during the time frame).

Demographic information includes the following:

- Mean age of users: 31 years, with 82.8 percent in their 20s or 30s;
- Gender: For the CSCD sample, 63 percent male and 37 percent female; for the GDCADA sample, 62.5 percent female and 37.5 percent male; combined samples showed 55 percent male and 45 percent female;[3]
- Race: Overwhelming majority were Caucasian (95.5 percent); followed by Hispanic (2.2 percent) and African American (2.2 percent);
- Sexual Orientation: 60 of 61 (98.4 percent) reported being heterosexual;
- Marital status: Single (43.8 percent), divorced (25.8 percent), separated (15.6 percent), married (13.3 percent), and widowed (1.6 percent);
- Education: Mean of 11.2 years of education with about 2/3 of the sample completing 11 or more years (high school diploma or GED); and
- Socioeconomic indicators: Almost 48.5 percent reported having no income (68 of 134 provided their income level); 35 individuals reported a median income of $18,240.

Cahill also examined arrest histories for both samples. Of the CSCD meth users, 25.8 percent had no misdemeanor arrests, 24.7 percent had one, 19.4 percent had two, and 30.2 percent had three or more. With respect to felony arrests, 7.4 percent had none, 42.6 percent had

[3] The difference in male and female percentages in the sample is due to the different populations these two agencies serve. CSCD (the corrections arm of the criminal justice system) has a larger male population while GDCADA (a treatment-based organization) has a larger female population.

one, 17 percent had two, and 33.1 percent had three or more. Most of these arrests were for misdemeanor or felony possession of a controlled substance.

For the GDCADA meth users, self-reported history of arrests was analyzed. For these users, 17.5 percent reported they had no misdemeanor arrests, 27.5 percent reported one, 22.5 percent reported two, and 32.5 percent reported three or more. For felony arrests, 42.5 percent reported none, 35 percent reported one, 17.5 percent reported two, and 5 percent reported three or more.

DIVERT Court

DIVERT Court (Dallas Initiative for diVersion and Expedited Rehabilitation and Treatment) is one of four drug courts in the state of Texas. Funding for this court comes from the state. A number of agencies work with the court, including adult probation, the GDCADA, and the Texas Association of the Drug Court Professionals. To measure the addiction level of persons brought to court, they use an addiction severity index. They also use a mental health questionnaire which is administered by the staff psychologist.

DIVERT court began accepting cases in January 1998. To become eligible for participation in DIVERT, the following criteria must be met:

1. The individual meets the Dallas County standards for pretrial release;
2. The individual is charged with possession of less than one gram of a controlled substance; possession of more than four ounces but less than five pounds of marijuana; possession of less than 20 units of LSD; or is charged with the fraudulent possession of a controlled substance prescription;
3. There is no evidence of drug dealing;
4. The individual does not have "holds" from other jurisdictions for offenses that are greater than a Class C misdemeanor;
5. The individual has no other felony offenses pending;
6. The individual has no history of violent offenses;
7. The individual has no prior felony convictions or deferred sentences; and
8. The individual is evaluated to be chemically dependent.

The final determination on the admission of an individual to DIVERT court is made by the District Attorney. Drug court involves three phases for the participant: Phase I—

Stabilization, Orientation, and Assessment; Phase II – Intensive Treatment, and Phase III – Transition.

In Phase I, a case manager is assigned and a needs assessment conducted. Participants must go through individual and group counseling, regularly attend at 12-step meetings of Alcoholics Anonymous or Narcotics Anonymous, and take at least two urinalysis tests per week. To move up to Phase II, a person must be clean for 14 consecutive days, not miss scheduled services for 14 treatment days, and be employed or have vocational/educational goals. Phase I lasts from two to eight weeks.

During Phase II, the treatment plan is updated and goals and objectives are set for treatment. Individual and group counseling continues, as does attendance at 12-step meetings, but urinalysis tests are reduced to one or two tests per week. To advance to Phase III, an individual must remain clean for 60 consecutive days, have no unexcused absences from drug testing for 60 consecutive days, have no unexcused absences from scheduled services for 30 treatment days, be employed or have educational goals, and demonstrate adjustment to treatment. This phase can take 12 to 16 weeks to complete.

Phase III is a transition phase where recovery appears to be in sight. Individuals must continue individual and group counseling, attend 12-step meetings, and take urine tests two to four times per month. Stability in living arrangements is required, and educational and vocational planning is stressed. The participant begins to pay for program fees or completes community service.

To graduate from the program, participants must be clean for 90 consecutive days, have no unexcused absences from urine tests for 90 consecutive days, have no unexcused absences from scheduled services for 60 treatment days, be employed or have an education/vocation plan, pay all fees, and fulfill treatment goals.

Between January 1998 and June 2000, 532 cases were referred to DIVERT court. There were 123 active cases as of August 2000. Originally, the program was supposed to handle 300 active cases. However, when they were not able to obtain federal funding, the number was cut to 200. Due to other considerations (mainly the number of case managers), the current maximum number of active cases that can be handled is 150.

From January 1998 to June 2000, 15 individuals involved with meth were accepted to DIVERT. Of the 15, four clients successfully graduated, six were still in the program, one opted out (a person can change his or her mind within the first 30 days of the program), one died, and three failed the program.

Of the six still in the program, one individual is incarcerated, but allowed to participate through an agreement between DIVERT and the Corrections Department Inmate Program. He is allowed to attend appropriate treatment outside of the jail.

Of the three clients who failed the program, two clients committed new offenses and were terminated from DIVERT. One client stopped reporting to the DIVERT court and was presumed to have fled and thus, terminated from the program.

DIVERT Court in Action

The court meets every Tuesday night. The drug court team includes the judge, an assistant district attorney, a public defender, three case managers, and treatment providers. The court team meets from 5:00 to 6:00 p.m., and the court convenes from 6:00 to 9:30 p.m.

During the court process, the judge makes a point of talking with every person on the docket for the evening. We observed court activity on two occasions. In general, the evening starts with individuals who are in jail. They enter the court in their jumpsuits, handcuffed together. On one particular evening, this “jail chain” consisted of two women and one man. The two women were escorted in together. The judge spoke with both of them. They had completed their assignments for the week, but one of the women appeared a bit chagrined. She must have been uncooperative in the recent past, and one of the treatment providers asked her what word she was supposed to remember. It was "grandiosity." Both of the women received applause from the audience.

Then the bailiff brought in Mr. N. He appeared unhappy and agitated. After a quick greeting, he launched into how badly he had been treated that day. The judge listened and then asked Mr. N to listen to him and the audience members. The judge indicated that Mr. N was in real trouble and that everyone was there to determine whether he was a good candidate for the program. The judge asked the audience (which included individuals in the program) a number of questions, such as how long certain members had been in jail and their education levels. Mr. N

kept interrupting and the judge kept asking him to listen. Mr. N would not admit that he had a drug problem and kept stressing that he had to get out and work at least part of the day, or he could not participate in any drug treatment program. The judge asked him about his previous appearance and the threats that he made, including threats about his mother and his girlfriend. This upset Mr. N, who started speaking loudly to the judge and even yelled to his girlfriend, saying that the threats were misrepresented and that he had explained things to her. Mr. N did not calm down, so the judge told him that he was not a good candidate for the program and sent him back to jail. The judge told Mr. N's mother and girlfriend that Mr. N had a very serious problem and that the last time he was intoxicated, he became paranoid and even threatened to kill his mother and girlfriend. The judge told them that this was a very serious threat and that they should be very careful around Mr. N when he was released.

During the course of the evening, the judge acknowledged participants who had moved up to new phases of the program. The judge spoke to each person about their successes, and they received applause from attendees and fellow drug court participants. The atmosphere was very supportive for some of the participants and also difficult for those who failed or took backward steps in their program.

Violators of the program were questioned harshly by the judge and forced to explain their behavior to the group and how they would avoid such behavior in the future. They were also given sanctions, including paying for a positive urinalysis, attending additional court reviews, or even being placed in jail for a weekend. If non-compliance occurs and the case manager recommends it, a person can be placed under “zero tolerance.” This is the court’s last attempt to get compliance by a participant prior to a jail sentence or termination from the program. Under zero tolerance, a person must have no positive urinalysis tests, no missed test dates, no missed counseling sessions or AA meetings, no missed court appearances, weekly progress reports from the substance abuse service provider, and appearances before the court every week.

A DIVERT Court Participant

To provide readers with an example of the ups and downs of meth users and drug court participants, we followed an individual for about nine months. His story follows.

Billy is a 30-year-old white male. When he was 12, he was diagnosed with attention deficit disorder and placed on Dexedrine. He was on Dexedrine until he was expelled from high

school at 15. In 1988 and1989, he was in and out of jobs, mainly stocking shelves in grocery stores. In 1990, he worked as a night “stocker” for a grocery store and was first introduced to meth during the late night shift. The night crew leader was the supplier (and the grocery manager was the cooker, although he did not learn that until three months later) and most of the night crew used meth. He referred to the crew leader, Randy, as his "blood brother."

Billy snorted meth the first time he used it, and he could not believe his focus. It reminded him of being on Dexedrine, but it had a much more potent effect. From the outset, he did not want to share meth with anyone. The second time he used, he shot it. He has tried cocaine, including crack, and heroin, but had never become a routine user of these substances.

Billy was arrested in March 1998 when he wrecked his car at 10 in the morning. He was trying to get to a KMart parking lot to do his last quarter ounce. He had been up for 13 days, either at the bowling alley or scoring dope. At first, he said, it looked like the officers were not going to arrest him, but then they found about 30 syringes in his back seat. That gave the officers probable cause to search, and Billy admitted that he had a quarter ounce on him.

Billy’s dealer, Gil, lived off of the Northwest Highway in Dallas. Billy indicated that the quality of meth varied from buy to buy. When he was using regularly, he was consuming about a one-quarter ounce a day (or every other day). It cost him about $345. T o support his habit, he stole small items and returned them to the store (if the return was under $10, no receipt was needed). At one point, he was earning about $200 a day as a merchandiser with two routes, and all of his earnings were being used to support his habit. He would get high in the bathroom of the store he was about to stock and would then stock the shelves in 15 minutes. Billy has not experienced many health problems stemming from his habit, other than "meth bites" (big sores filled with pus).

About six months prior to his entry into DIVERT, Billy had a good job filling fire extinguishers. He realized that he needed help when he "lost it" (lost his temper) with his boss while on the job and when he saw that his telephone bill had increased because he was always paging his dealer. He started with DIVERT in October 1998. However, he had previously been in the Homeward Bound treatment facility as an outpatient client, but "he got a girl in trouble." He was living with his parents, who started going to AlAnon and learned about how they were enabling his addictive behavior.

Billy said he did not get much out of treatment the first time around and ended up in jail for two weeks in February 1999 due to a relapse. The incident, he said, "woke him up." An acquaintance had brought him some meth on a Friday afternoon. Billy thought he could take it, recover over the weekend, and be fine for his urinalysis on Monday. However, Friday turned into Sunday and he was still consuming meth. When he appeared in court, the judge told him the next time he relapsed, he would go back to jail and another drug treatment program. He said he realized that he could get "dry," but not "sober."

Billy had completed the eighth step (of his 12-step program). He moved out of his parent's house and became active in his church. For employment, he approached a manager who he had worked for two years earlier. Initially, the manager was reluctant to rehire him, but after talking with DIVERT staff, the manager decided to give him another try. Billy stayed three months and one day, until he tested positive for amphetamines. A confirmation test of the urine sample showed that it was not meth (it was ephedrine; he said he had taken "mini-thins"). However, the possibility of a positive test was enough for the manager. Billy said that he was not upset at the manager, telling him he understood and that he had been thinking about leaving anyway. Billy is now working at a local grocery store on a 5 a.m. to 2 p.m. shift, which allows him to go to treatment meetings in the evening. However, he will have to miss the noon meetings, which he said he enjoyed attending.

Later, Billy experienced difficulties paying fees and then tested positive for meth during Phase III of his treatment. The court referred him to a psychiatrist for a mental health assessment. The doctor recommended prescription amphetamines to assist with concentration. Billy insisted that he try to continue with the DIVERT court program, but once again tested positive for meth. He was then released from DIVERT court for a technical violation and was returned to regular court processing.

Intervention

Six narcotics detectives and one sergeant serve as the clandestine meth lab experts for the Dallas Police Department. All members of this team have received DEA certified training. In the first year of the meth initiative, they targeted mid- to upper-level suppliers. Generally, the detectives relied upon confidential informants to get them close to dealers or went undercover

and purchased small amounts of meth from local suppliers. In the second year, attention shifted to the seizure and dismantling of clandestine laboratories. From 1999 to the time of this report, detectives were involved in obtaining and implementing search warrants and overseeing clean-up through funds provided by the DEA.

Data from the DPD show increases in meth arrests from 1998 to 1999 both department-wide and within the narcotics division. In 1998, departmentwide arrests for meth sales/manufacturing and possession totaled 84. In 1999, that total increased to 174. The increase occurred while overall drug arrests were declining (11,045 in 1998 to 10,842 in 1999). (See Exhibit 5.)

Exhibit 5: Departmentwide Drug Arrest Statistics

	1998		1999	
Drug	**Sales/ Manufacturing**	**Possession**	**Sales/ Manufacturing**	**Possession**
Marijuana	26	4,085	16	4,095
Cocaine	1,193	5,018	1,190	4,786
Heroin	90	215	161	220
Amphetamines	64	184	25	153
Methamphetamine	21	63	70	104
Total	1,480	9,565	1,462	9,358
	11,045		10,820	

The narcotics division also increased its meth arrests (see Exhibit 6), making 50 in 1998 and 90 in 1999. At the same time, Exhibit 7 shows the narcotics division also seized more meth—91 kilograms in 1998 and 102 kilograms in 1999.

Exhibit 6: Narcotics Division Drug Arrests

Drug	1998	1999
Marijuana	268	211
Cocaine	1,360	1,154
Heroin	135	101
Amphetamines	38	22
Methamphetamines	50	90
Ephedrine/Precursor Chemicals	2	1
Total	1,851	1,578

Exhibit 7: Narcotics Division Drug Seizures (in Kilograms)

Drug	1998	1999	June 2000
Marijuana	2,404	2,330	1,840
Cocaine	261	113	180
Heroin	32	19	3.3
Amphetamines	17	21	2
Methamphetamines	91	102	42
Ephedrine	81	0	
Total kilograms	2,886	2,585	2,067
Precursor Chemicals (in gallons)	0	196	6.5

The amount of drugs seized by the Narcotics Division overall decreased by 10 percent between 1998 and 1999. Only amphetamine and methamphetamine drug seizures went up, with a 12 percent increase in meth seizures between 1998 and 1999.

Data from DPD indicate that in 1998 only 4 labs were seized. In 1999, 15 labs were discovered and dismantled. The cost to the department for three of the labs was nearly $7,500. DEA paid for nine clean-ups, the county paid for one, and clean-up costs for two others are "pending." Most of these were "Nazi labs." In 2000, narcotics detectives seized and dismantled 38 labs.

The Dallas County District Court provided the number of cases filed for drug manufacturing and possession by month for 1998 and 1999. Cases filed for methamphetamine/amphetamine manufacturing or possession only, and the drug manufacturing and possession charges could not be counted separately. The total number of drug cases filed was down 12 percent between 1998 and 1999. In 1998, there were 8,015 drug cases filed in Dallas County; in 1999, there were 7,156 drug cases filed.

Treatment

Cahill (1999b) reported on 23 individuals who completed treatment for meth use under the Dallas County Community Supervision and Corrections Department (CSCD, n=13) and GDCADA (n=10) during the last quarter of 1998 and the first half of 1999. These 23 persons represent about 24 percent of the individuals referred to both agencies for substance abuse treatment.

Seven different agencies participated in the treatment of the 23 individuals (Cahill, 1999b). They delivered three types of treatment: supportive outpatient, intensive outpatient, or residential programs. Supportive outpatient programs include group meetings twice per week (1 to 2 hours each) and attendance at self-help meetings (AA or NA). Intensive outpatient programs include group meetings 3 to 4 times a week (3-hour sessions) and attendance at self-help meetings. Residential programs require the person to live at the program residence and participate in treatment programming every day of the week.

Cahill found that 10 of the 23 participants successfully completed treatment. Four of seven completed supportive outpatient, two of seven completed intensive outpatient, and four of nine completed residential programs. Because the sample sizes are so small, Cahill could not make inferences about the success or failure of treatment at CSCD or GDCADA.

Prevention

Prevention efforts fell short of the original goals under the meth initiative. Initially, the GDCADA prevention effort was two-fold. First, funding was to be used to disseminate methamphetamine abuse information materials to a 19-county area surrounding Dallas. Second, GDCADA was to launch a public education/prevention campaign based on the information provided by the user's profile that identifies high-risk individuals. By the end of calendar year 2000, GDCADA has fulfilled the first goal by distributing information in the 19-county area and had convened a one-day symposium on meth. The public education campaign however, did not reach fruition. Part of the problem stemmed from numerous changes in GDCADA management during the grant period. Four chief executive officers and three project coordinators served during this time, creating problems in stability and direction for the organization.

Community Policing

In Dallas, community policing is a department-wide and division-level program. DPD divides the department into 6 Patrol Divisions—Central, Northeast, Southeast, Southwest, Northwest, and North Central. Within each division are separate units—crime prevention, traffic, interactive community policing. DPD has over 2,800 sworn officers. During the evaluation, the Commander of ICP was interviewed (April 1999) and the community policing officers were contacted for telephone interviews (2001).

The ICP program began in July 1996 in the southern and western sections of the city and then expanded city-wide a year later (July 1997). ICP officers use a computer system to enter data about their activities. According to information provided by the ICP commander, ICP officers have 17 different categories of activities. Data entered into the system include a tracking number, dates, type of activity, and source of activity. It also includes contact information, results information and evaluation of what they have accomplished. ICP officers can enter information about the meetings they attend—how many people, what was discussed, etc. The data are linked to the city's GIS system that can produce maps for the officers. More than 12,000 activities were reported between 1996 and 1999.

Additionally, ICP officers also engage in a number of programs, including Weed and Seed, "Better Kids, Better Dallas," Law Enforcement and Private Security (LEAPS), Crime Prevention Robots, Crime Watch (600 active watches), Citizens Police Academy (420 citizens attended), Mobile Storefronts, Graffiti Abatement, Volunteers in Patrol (33 active groups with 758 members), Senior Citizen Liaison Program, and Explorers (Boy Scouts).

At the time of this evaluation, 48 officers were assigned to 24 areas in the city to perform community policing activities. This increased to 72 officers—DPD increased the number of officers assigned to ICP in late 1999 as part of a major re-organization. Seventy-two sworn officers (including 6 sergeants, 21 corporals and 46 line officers) were assigned to the six patrol divisions.

ICP sergeants have a great deal of latitude in officer deployment. For instance, in the Northwest Division, officers are assigned geographically. Two officers are assigned a five to ten square-mile area of responsibility. Other ICP officers are assigned to geographic areas as well, though the areas of coverage vary by division.

The officers have no set shifts, which allows them to work their 40 hours per week wherever or whenever problems arise. This allows them to work a day shift if businesses are having problems, evenings when they need to meet with residents at home or do bar inspections, or even work a 4 a.m. to 8 a.m. time slot to target a prostitution problem.

The ICP units work closely with smaller Crime Prevention (CP) units at each division. The CP units, usually consisting of two to four staff members plus a sergeant, provide citizen and business presentations, meetings and surveys, and crime analysis. For example, the ICP unit

handles meetings and presentations if the CP unit is overbooked. The CP unit handles most presentations and meetings, but brings back valuable information about problems and passes it to the ICP unit for follow-up.

Prior to receiving the meth grant, patrol and ICP officers had not been active in any strategy developed to address the methamphetamine problem in Dallas County. The department said that these officers had not received adequate training about methamphetamine and had limited experience in applying problem solving methods to methamphetamine-specific problems. With the grant, all patrol and ICP officers were provided training in the detection of methamphetamine producers. As one officer stated, "Before, I would have walked through an apartment and had no clue what all that glassware meant. It would have just been harmless junk. Now I realize that it is a potential health and public safety hazard."

In 1999, the Narcotics Division trained patrol and ICP officers approximately 25 times on methamphetamine identification and production detection. This training has been provided both as in-service training and at the academy for recruits. Additionally, training has been delivered to the Organized Crime Unit, the District Attorney's Office, the DIVERT court, and the Dallas Fire Department firefighters and arson investigators. This education effort has led to increased detection of methamphetamine laboratories.

The narcotics division also presented methamphetamine education and detection information to 13 community groups, including apartment managers, Boy Scouts, and crime watch groups. Interviews with ICP and CP officers (who usually worked with the narcotics division to set up these meetings) revealed that these trainings were considered extremely valuable, especially with apartment managers and staff. Now feeling like the apartment managers are sufficiently trained, one officer is starting to work with Extended Stay Hotels on meth interventions. While training these hotel managers on lab detection, this officer advises them to require daily or frequent maid service and to conduct routine checks for insects and functioning fire alarms. The officer stresses that routine access to the rooms will prevent cookers from setting up a major lab. In addition, he lets managers know that if they find meth equipment and chemicals, the hazards and clean up will not only close one room for a period of time, but also may affect as many as four to eight other rooms.

Conclusions

The meth problem in Dallas is similar to other sites in that primary users were biker groups in the 1970s and 1980s, with the problem now more widespread in the community. Mexican nationals and local cookers dominate the meth scene. Based on findings from treatment research, we know that local users are primarily white males in their 30s, with an arrest record that includes misdemeanors and felonies. Females are also involved in using meth but less so than males. In terms of the success of treatment, we know that four out of 15 meth users in Drug Court completed the program, five failed, and six are still in treatment.

During the project the Dallas police changed the way in which they intervene in the meth market. During the first year of the Initiative narcotics detectives focused on the middle or upper level dealer, hoping to contain the supply of meth at a higher level. By the second year narcotics detectives changed strategies and began targeting clandestine labs. This change was due, in part, to the increase in training of community policing officers and patrol officers in identifying meth labs. As officers became more aware of meth labs they began to call the narcotics team which resulted in a change of emphasis. This also meant that the Dallas narcotics officers worked more in partnership with DEA, especially in lab clean ups.

The grant provided training for officers and community groups that would not have occurred as quickly without extra funding. While we cannot measure the impact of training with statistical certainty, we know that it has changed the way in which officers approach labs through our interviews. ICP officers have gained a new "respect" for meth and for narcotics detectives' expertise in dealing with the problem.

Unfortunately, the Dallas partnerships under the Initiative were not as strong as they could have been. This is due in part to the changes that took place within one of the partner agencies. The Greater Dallas Center for Alcohol and Drug Abuse went through a number of administrative changes during the grant period an without continuity the partnership could not be sustained. With DIVERT court the partnership was not as strong as other sites and can be attributed in part to the divisions that affect most agencies within the criminal justice process – communication and roles and responsibilities.

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Chapter 5

Bustin' Labs: Meth Interdiction and Prevention in Oklahoma City

Introduction

The Oklahoma City Police Department (OCPD) serves a population of over 450,000 in an area that covers 625 square miles. The police department currently consists of 966 sworn officers (with an authorized strength of 1,030). The Meth Initiative is housed at the Special Projects Unit of the OCPD, which includes the Narcotics Unit. The number of officers in the Narcotics Unit ranged from 13 to 18 during the course of the Initiative; however, due to the number of meth labs, almost 30 officers worked part- or full-time on meth lab processing. The Narcotics Unit is responsible for interdiction and handling all the major violators for all drugs.

For the Meth Initiative, OCPD used overtime funds to seize, process, and dismantle clandestine laboratories; and it devoted more time to citizen and police officer training. The grant covered the costs of training, the purchase of supplies and equipment needed for two years of methamphetamine laboratory processing, and additional hours for personnel. With grant funds, OCPD also developed a comprehensive methamphetamine public education campaign that received coverage from the print and telecommunications media.

The Oklahoma County Drug Court and local Drug Enforcement Administration (DEA) Office served as partners to OCPD. The Drug Court provided inpatient and outpatient treatment for participants addicted to methamphetamine, and the DEA joined OCPD in establishing a Meth Task Force.

History of Methamphetamine in Oklahoma City

As in other sites, methamphetamine in Oklahoma City dates back to the mid-1970s, when it was used to "cut" or dilute cocaine, the prominent drug of choice among dealers. For the most part, during the mid-1970s Oklahoma City saw a significant speed drug problem especially with the abuse of pharmaceutical tablets, such as Dexedrine, barbiturates, and diet drugs. Meth was primarily distributed by motorcycle groups and was produced using the P2P method.

During this time, about 95 percent of meth was produced in the rural areas of the state. Labs were sporadically discovered in and around Oklahoma City; about six to ten labs were seized a year. Phencyclidine labs (PCP) were seized as often as methamphetamine labs, and MDA and MDMA were also seen routinely. Additionally, LSD and marijuana possession cases dominated the work of chemists in the state narcotics crime lab, who began to see purity levels increase and more potent effects of both drugs.

By the 1980s, marijuana had become the drug of choice, with LSD use fluctuating greatly (it almost disappeared and then returned dramatically). Motorcycle gangs controlled about 75 to 85 percent of the meth market during this period. Generally, they used the P2P method to concoct their meth. The health risks associated with clandestine lab chemicals were not well known then, even by chemists.

As in other major cities, crack cocaine became the drug of choice in Oklahoma City in the early 1990s. Meth was a minor problem in the early part of the decade, but by 1996, an upsurge in use and distribution had occurred. Narcotics detectives we interviewed recall finding more and more labs at this time. They also noted a change in the market; there seemed to be more involvement by non-blue collar workers. The professional, white-collar criminal became involved, and detectives saw fewer dealers and labs in trailer houses. Most of the labs found in Oklahoma City used either the ephedrine reduction method or the red phosphorous method. In the last few years, the detectives said, methamphetamine is "starting to look more like crack" (including larger amounts). Currently, detectives believe that about 95 percent of methamphetamine production is conducted in urban areas. "Cookers" do not seem to have any fear of the chemicals they are using, as evidenced by production in residential neighborhoods.

The major concern for law enforcement officials in Oklahoma City is the health hazard of meth. Over the last 20 years, the issue had not been an important topic; but in the 1990s chemists and public safety officers who routinely dismantle clandestine labs came to understand the health risks associated with precursor chemical exposure. More training of patrol officers has been provided and narcotics detectives have attended training by the DEA, where they received certification as hazardous materials specialists.

Dynamics of the Meth Market

The meth market has changed considerably over the last decade, according to narcotics detectives. With the growth of the meth trade in the 1990s, cooks, users, and distributors have changed.

In the 1980s and early 1990s, one detective in OCPD (known as the "meth king" by his colleagues) literally knew all of the cooks. But, he says, that is no longer true because "there are too many out there now." Most of the cooks build small labs and sell 8-balls (one-eighth ounce or 3.4 grams) for about $150. An ounce will cost $700 to $1,000 with a purity level of about 90 percent. This can be compared to meth brought in by Mexican Nationals, which has a purity level of about 70 percent. A pound of meth can be purchased for about $4,500 to $8,000, depending on its origins.

Detectives also noted that "the last three years [since 1997] have been the worst they have seen" in terms of numbers of labs. They attribute the increase to the availability of ingredients in stores and the recipes on the Internet for making the drug. They indicate that all of the ingredients can be found at large department stores.

Many of the cooks run "mom and pop labs"—ones that produce only a one-half to one ounce of meth, which is generally sold to acquaintances or family members. These labs are often seen in kitchens or bathrooms. The more sophisticated distributors appear to be "more business-minded." OCPD narcotics detectives cited an example of three brothers who cooked meth and operated a large meth business. Individuals purchased different ingredients to avoid bringing attention to themselves and then brought them to different locations. The detectives said that there were seven different labs for this family. They produced pounds of meth and were charged with conspiracy to manufacture, which has a higher sentence than possession with intent to distribute. To date, two of the brothers have been sentenced in Federal court to over 360 months each.

Narcotics detectives also said they have witnessed an increase in female cooks, but that the "male hierarchy is still alive." They indicated that there is a "subservient structure" to meth distribution. This means that women are used as distributors at dance bars and as prostitutes. The stripper bars are the "closest thing to an open air drug market" and are the same places that

conducted business in the 1980s with biker gangs. Female strippers both sell and use meth as it keeps their weight down and their energy levels up.

Finally, detectives and crime lab chemists indicate that clandestine labs have moved from the rural areas into the city. Warehouses, apartment complexes, and single-family homes have been locations for lab seizures.

It is also important to note that Oklahoma City is located, literally, at a major crossroads for drug trafficking. Two major U.S. highways intersect there—Interstate 35 (north and south) and Interstate 40 (east and west). According to narcotics detectives, organized Mexican Nationals use these routes to distribute a variety of drugs from the Mexican border. Marijuana, cocaine, and methamphetamine are smuggled in cars, buses, and planes and brought into Oklahoma. Thus, OCPD has an "Interdiction Unit" that works in bus stations and at the airport to try to contain the drug trade.

Meth Users

To obtain detailed information on the habits of meth users, interviews were conducted with 14 Drug Court meth clients. Using a structured protocol, we interviewed 10 women and 4 men whose ages ranged from 21 to 42 years old. We learned that one woman first experimented with meth when she was 13 years old. Others began at a later age, with an average age of 23 when they first used the drug. When asked about the longest period of time in which they used meth daily, the average was about 14 days.[1]

Of the 14 people we interviewed, most purchased meth from white, male dealers. Two respondents indicated that they bought meth from someone who was strictly a drug dealer, but most purchased it from an acquaintance or close friend. Others said that they bought meth from a family member, another purchased from a co-worker, and one was a cooker.

One woman had never purchased meth because her boyfriend cooked and supplied her with the drug. Eight of the individuals interviewed indicated that they had sold meth. Only one reported selling to a large group of people who were unknown to him; this individual sold meth from his workplace and also sold cocaine and marijuana.

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[1] Two respondents indicated that they had used meth continuously for 2 and 3 years, respectively. We eliminated these two in our calculations.

When asked if they had ever cooked meth, five of these Drug Court clients indicated that they had done so. Respondents said it was easy to get the precursor chemicals, either by buying them themselves or getting them from a precursor chemical distributor within the state. They noted that red phosphorus was difficult to obtain—two respondents said they traveled to Arkansas and Texas to purchase Red P. Another person, who cooked for eight years, reported that it was easy to get the precursor chemicals from 1990 to 1994 but became difficult in 1994 and 1995, and that red phosphorus was "impossible to obtain."

Six meth clients reported that they had been in treatment for meth in the past, with one indicating that she had been through five other treatment programs for meth specifically.

ADAM Data

In the fall of 1998, Oklahoma City became a new site for the NIJ-funded Arrestee Drug Abuse Monitoring (ADAM) program. For approximately two weeks every calendar quarter, researchers at the University of Oklahoma interview arrestees who have been booked in the past 48 hours about their drug use history. The arrestees are then asked to submit to a urine drug screen. The results from five quarters of urine test data collection are presented in Exhibit 1. (Note that Oklahoma City female arrestees cannot be compared to other sites in 1998 because data were not collected.)

The ADAM data show that the percentage of male arrestees testing positive in Oklahoma City is greater than rates found for 21 of the 35 ADAM sites in 1998 and 24 of the 35 ADAM sites in 1999.

Exhibit 1. Percentage of Male and Female Arrestees Testing Positive for Methamphetamine—Oklahoma City by Quarter

	3Q 1998	4Q 1998	1Q 1999	2Q 1999	3Q 1999	4Q 1999
Male	7.8	8.5	5.3	7.5	13.6	8.4
Female	N/A	N/A	9.5	8.4	10.5	16.8

Source: Arrestee Drug Abuse Monitoring Program

From the ADAM data and through independent interviews with narcotics detectives, it appears that one of the major changes that has occurred in Oklahoma City is the increase of

female arrestees using methamphetamine. The ADAM data show a marked increase in the fourth quarter of 1999 of female arrestees testing positive for meth. From the third quarter of 1999 to the fourth quarter, an increase of 60 percent occurred. From the beginning of the year to the end of the year, the increase is almost 77 percent. For males, the percentage of arrestees testing positive for meth decreased from the third quarter of 1999 to the fourth quarter by 38 percent. Over five quarters, the percentage of male arrestees testing positive declined, increased and then declined again to almost the original percentage (8.4 percent in the fourth quarter of 1999 to 8.5 percent in the fourth quarter of 1998).

In our interviews in December 2000, narcotics detectives said that they observed an increase in women as meth users in the Drug Court as well as at meth lab seizures.

Other Sources of Information

According to the DEA's El Paso Intelligence Center (EPIC) clandestine lab reporting system (1999), the state of Oklahoma ranks fourth in the number of meth labs reported with 396, after California (2,691 labs), Washington (597) and Missouri (438). Ninety-seven percent of the clandestine labs reported to EPIC are meth labs. Other anecdotal information sources report that the state of Oklahoma is experiencing an "epidemic-level" meth problem in the eastern and southeast portions of the state, especially Latimore and LeFlore counties.

Currently, there are no systematic sources of information in Oklahoma City about how methamphetamine is distributed. Treatment providers report that there seems to be a saturation of methamphetamine distribution in southwest Oklahoma City.

Intervention

As mentioned earlier, the OCPD Narcotics Unit works within the Special Projects Unit. A Captain oversees three supervisors and 18 officers in the Unit. Meth grant funds were used to pay for overtime, equipment, and training for these officers. The only employee directly funded by the Meth grant is a chemist position for two years to assist with the processing of clandestine laboratory seizures.

Approximately 30 Special Project Unit officers and supervisors from the Oklahoma City Police Department are involved either part- or full-time in the Methamphetamine Initiative.

These officers are involved in additional methamphetamine laboratory seizures, appropriate processing, and filing of cases. One officer from Special Projects Unit is devoted to the Oklahoma County Drug Court program.

The OCPD Bomb Squad and the Oklahoma City Fire Department Hazardous Materials team participates in lab seizures, having received training and equipment through the Meth Initiative. In most instances they accompany narcotics detectives to lab seizures. The primary concern is for officer safety—narcotics detectives are aware that some labs have been booby-trapped by the distributors or cookers. Two small robots were purchased through the grant. These are equipped with small video cameras and can carry sensors to detect hazardous material. They can climb stairs, roll through a field of grass, stop, turn, look around, and provide officers with useful information inside buildings and rooms.

Narcotics officers used a variety of tactics to combat meth manufacturing, distribution, and use. Prior to and during the grant period, OCPD used undercover buys, confidential informants, knock and talks, surveillance, and assistance from patrol officers making traffic stops to apprehend meth users and distributors.

Drug Seizures, Arrests, and Charges Filed

During the past three years, officers working on the Meth Initiative have been involved with nearly 300 lab seizures. Exhibit 2 shows the number of labs seized by the OCPD and the Oklahoma State Bureau of Investigation (statewide seizures). From 1998 to 1999, the number of meth labs seized and processed by OCPD increased by 70 percent, from 66 to 112. Based on data from the first nine months of 2000, OCPD was on pace to seize about 150 labs in 2000 (an average of 13 labs per month). This would be a projected increase of about 34 percent from 1999 to 2000. The Oklahoma State Bureau of Investigation also increased their activities, seizing 62 more labs in 1999 than in 1998, an increase of about 23 percent.

A further breakdown of the data shows that in 1999, 16 of the 112 labs were "box labs" that required 2-3 officers to assist in the dismantling and disposal of chemical waste. One of the seizures was from a vehicle requiring only one officer to assist in dismantling the lab. The other 95 seizures were larger labs that required the services of 3-6 officers, the bomb squad, and a civilian chemist. In the first nine months of 2000, 118 labs were seized. According to official records, three of the meth labs resulted in a fire or explosion.

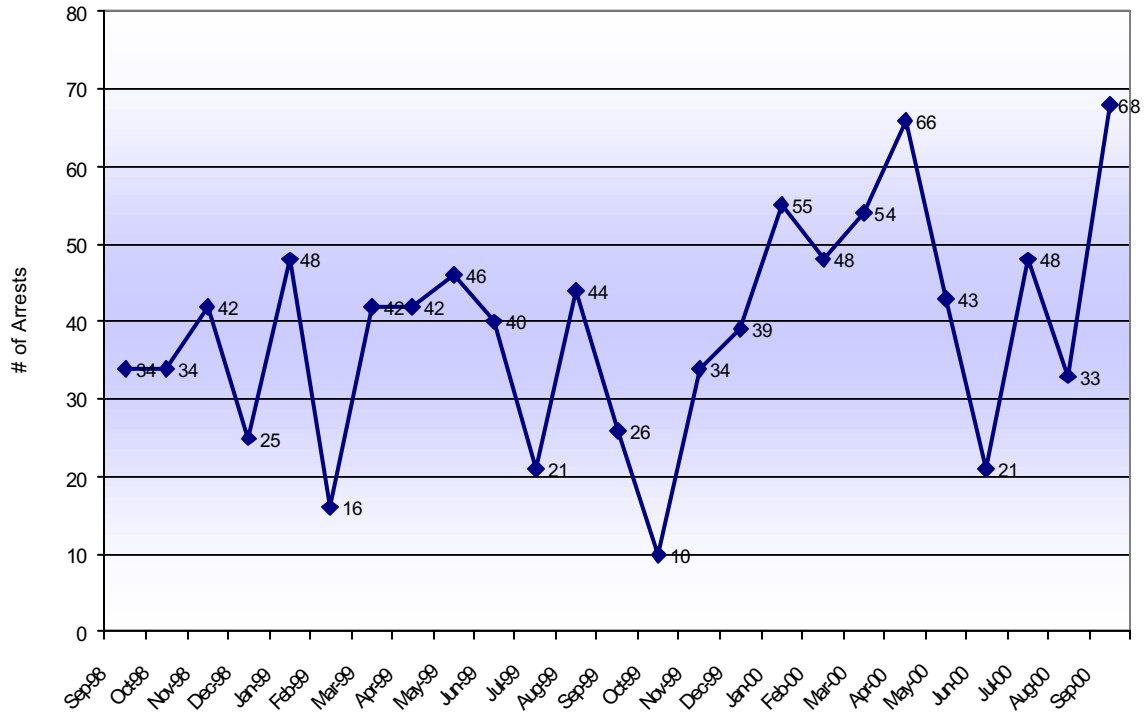
Exhibit 2: Meth Lab Seizures by Year and Agency

Agency	1998	1999	2000 (through September)
Oklahoma City PD	66	112	118
Oklahoma State Bureau of Investigation	269	331	N/A

In 1998, four clan lab seizures were categorized as "large"—resulting in over 1 kilo seized. These four seizures represent 59 percent of the total amount seized in 1998. In 1999, there were 2 large seizures (4.5 and 5.4 kilos) that represented 82 percent of the amount for the year. In 2000, 5 large labs accounted for 65 percent of the 2000 total to date, plus 11 "medium" producing labs, between a ¼ kilo and 1 kilo. These medium labs produced 25 percent of the 2000 total to date. The largest lab seizure across all the years is in 1999—a 5.4 kilo lab.

From September 1998 to October 2000 (25 months) the OCPD Narcotics Unit made 979 arrests for a variety of drug offenses (see Exhibit 3). From September 1, 1998 to August 31, 1999 the Narcotics Unit made 434 arrests (about 32 per month). From September 1, 1999 to August 31, 2000 the unit made 477 arrests (nearly 40 per month). Unfortunately, OCPD does not disaggregate meth arrests from other drug offenses, so we do not know the extent to which meth arrests increased or decreased during the grant period.

Exhibit 3: Number of Drug Arrests by OCPD Narcotics Unit by Month, September 1998-September 2000

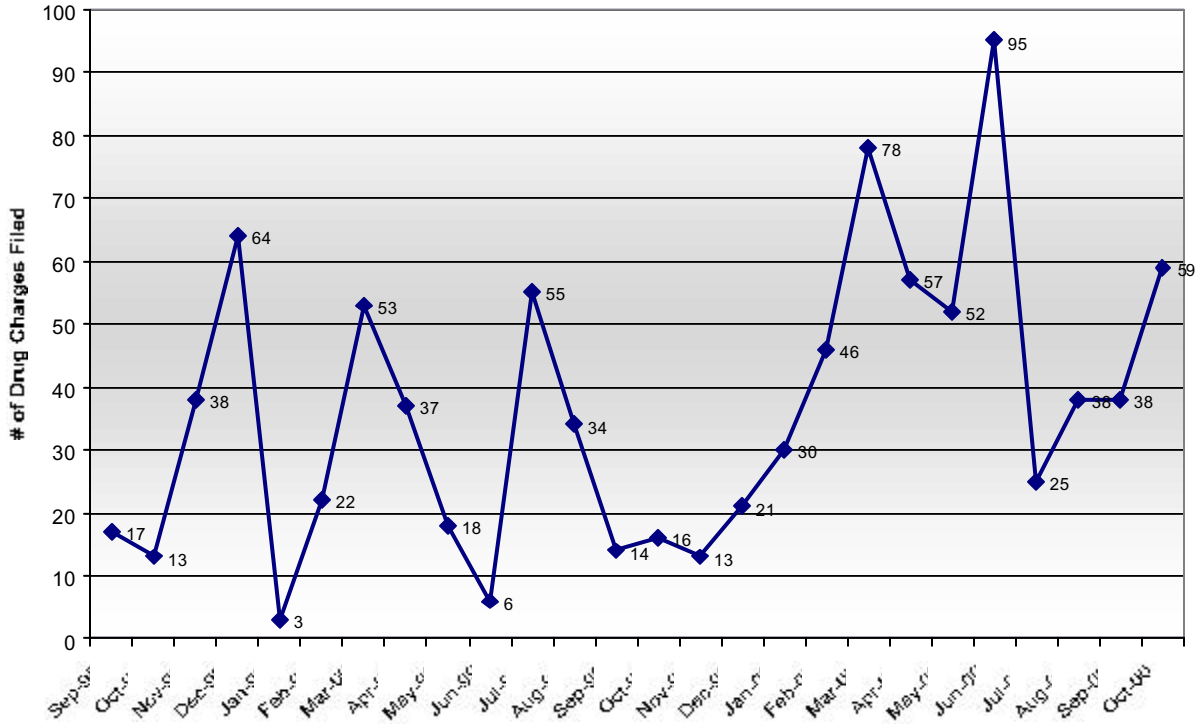


Charges Filed

The Narcotics Unit builds cases through controlled buys, arrests, and seizures of lab equipment. During the first ten months of 2000, 518 drug possession, manufacturing, and distribution cases were filed by the Unit (see Exhibit 4). During a similar period in 1999, 271 cases were filed. This means that the unit increased the number of cases in 2000 by more than 90 percent. Unfortunately, we cannot disaggregate these data to determine how many cases were meth related. We do know that the Oklahoma County District Attorney's Office filed a total of 190 meth cases in 1999 and 292 cases in 2000.[2]

[2] We do not know how many of these cases came from OCPD's Narcotics Unit. The Oklahoma County DA's Office is responsible for filing charges other from police departments within the county. Since OCPD is the largest agency in the county we may assume that the department is responsible for a majority of the cases.

Exhibit 4: Drug Charges Filed by OCPD Narcotics Unit by Month, September 1998-October 2000



Meth Task Force

A lieutenant and three officers from OCPD are detailed to DEA for the Meth Task Force. In addition to participating in the Task Force, they also assist in meth lab processing for OCPD. Other law enforcement agencies, while involved initially with the Task Force, have had to withdraw because of staffing shortages in their agencies. The Task Force originally pursued mid- to high-level meth manufacturers and distributors, but the group decided to change its focus to target individuals or groups distributing precursor chemicals. Many of the investigations resulting from this focus have an interstate component and often involve working with officers and agents in Kansas and Texas. One case resulted in the arrest of nine people, including a business owner and employees, who were charged with conspiracy to manufacture meth. Along with other evidence gathered through wiretaps and other narcotics investigation tactics, one undercover officer purchased four cases of pseudoephedrine from this network. Under

Oklahoma's tough precursor laws, the defendants could face 20 years to life in prison if found guilty.

Observing a Lab Seizure

During a site visit, the evaluator observed the seizure of labs by OCPD officers. This provided information about how narcotics officers respond and deal with a small lab. What follows is a brief description of how one lab was seized.

Shortly after 10:00 p.m., the on-call lieutenant received a call about a potential methamphetamine lab in the trunk of an automobile. An OCPD patrol officer made a traffic stop after witnessing erratic driving. When he spoke to the driver, it was apparent that she was intoxicated. The officer then searched the car and discovered a number of jars with various liquids in the trunk. Having been trained on what methamphetamine production looks like, the officer called the Narcotics Unit for assistance. He then placed the suspect in the back of the police car, filled out an incident report, and stayed on scene until the narcotics officers left. The patrol officer said that the suspect had been kicked out of her boyfriend's house and was trying to locate a place to stay when she got pulled over. She had two garbage bags full of clothes in the truck along with the jars of liquid. After her statement was recorded, the suspect promptly went to sleep in the back of the police car and slept through the entire processing.

Two narcotics officers and the lieutenant responded to the call. When the lieutenant arrived and saw the extent of the lab (very small, no security devices, no noticeable leaks or spills, would not have to be processed within an enclosed space), he downgraded the call. This meant that the fire department and/or the bomb squad would not need to respond. A gas toximeter was placed within range of the evidence to ensure that the gas levels remained safe. The jars were removed from the trunk of the car and placed on the ground in the Public Storage parking lot. (The location was not suspected of being a storage area; it just happened to be where the driver pulled over). The lieutenant and one officer donned protective clothing, while the other officer took the evidence notes and digital camera pictures. They systematically opened the jars, took samples, and tested the liquids with field kits to make some initial determination of what the jars contained. They seized empty jars, needles, and numerous coffee filters as well. One jar, where the substances were beginning to separate into various layers, was tested for both amphetamine and methamphetamine. The amphetamine test was negative, but

the methamphetamine test was clearly positive. All the samples would be tested later at the laboratory for more conclusive results than is possible with the field tests. While the jars were being processed at the scene, a forensic technician arrived and fingerprinted the jars as the Narcotics Unit completed its testing. The processing at the scene was completed shortly after 1:00 a.m. The representative samples were sealed in a plastic bucket similar to those seen containing pool chemicals and returned to the narcotics office. The sealed container was to be placed in a locked storage closet at the Narcotics Unit and then would be dropped off at the laboratory in the morning when it opened.

The entire process, from receipt of the call to sealing the evidence container, took a little less than four hours. Evidence processing at the scene took approximately two hours, even though this was a small laboratory.

Partnerships: Drug Court Treatment

The Oklahoma County Drug Court is the primary partner for the OCPD Meth Initiative and provides treatment for meth clients, as well as other drug offenders. Formed in 1998, the Drug Court accepts repeat criminal offenders who are facing the prospect of serving time for felony charges.

The Drug Court team includes representatives from two treatment providers, the DA's Office, the judge, an Oklahoma County Sheriff's deputy, and a full-time OCPD sergeant. The deputy sheriff, who works part-time, focuses mainly on serving warrants when a Drug Court client fails to meet the requirements of the program. Team members concentrate on weekly reviews of the clients' status. If there are violations of the clients' contract with the Court, the team also determines appropriate sanctions. Over the past two years, the Drug Court team has reviewed over 4,200 cases to determine eligibility for Drug Court. Selecting clients is rigorous, with about 5 percent of applicants accepted into the program. Between July and October 2000, the Drug Court team reviewed 420 cases and accepted 21 new clients.

Violent offenders and drug offenders who are charged with manufacturing or trafficking are generally not eligible, but drug offenders who are also users can be considered. Participants enter a guilty plea and sign a contract with the Drug Court. The participant is technically on probation as long as he or she is in the program.

One of two rehabilitative centers conducts an initial assessment of the client. A primary counselor is assigned to the case, and the counselor tracks the individual through treatment. A case management team reviews each case to determine if there are other areas in which the client needs assistance (reestablishing connections with children, health plans, etc.). The case management team remains involved until specific goals have been accomplished. One primary counselor and four others are available to the client, as well as three state-certified case managers.

Participants agree to unannounced and random urinalyses. The Court will expel participants for relapses, although relapses are also dealt with through immediate sanctions such as community service or a weekend in jail. The Court has also started a re-entry program for those who end up in prison, and it recently widened the acceptance criteria to include probation violators. The Court currently operates one day a week (on Friday) with two sessions (at 10:30 a.m. and 11:30 a.m.). Drug Court staff meet prior to the sessions to discuss cases and to expedite the hearings.

During a typical staff meeting, staff members review 40 to 50 cases on the docket. Clients who have attended all of their treatment sessions and have tested negative on the most recent urinalysis are assigned the next court date. Follow-up court dates depend on the participants' steps in the process. Those in Phase I (or beginners) report to the court every week; those in Phase II (intermediate) report every two weeks; and those in Phase III report every three weeks. Discussion is more in-depth for those participants who are just entering or about to enter the program. For example, for one male who was charged with cocaine possession, the staff discussed his living arrangements in great detail. He lived alone and claimed that he could participate in Drug Court without relapse. But staff members were skeptical and located an aunt that he could live with while in treatment. The DA's office had decided that it must know where he would be living before admitting him to the program, so the case was continued for a week so that staff could talk with him and perhaps explore other housing options.

Drug court clients have different treatment options and sanctions for not following the rules. For those participants who receive treatment assessments that recommend "extensive treatment," the Drug Court can refer them to the Regional Substance Abuse Treatment (RSAT) group. RSAT places clients in therapeutic communities that suit their needs for intensive

treatment. RSAT can take an unlimited number of referrals and about 15 Drug Court participants are in therapeutic communities.

Participants who fail to report for 30 days or more are automatically remanded into custody. Some clients who are experiencing problems may be notified that they are on "termination status." Drug court staff hope that threatening an individual with termination from the program will serve as an incentive to start following the rules again.

Observing a Staff Meeting and Drug Court Session

Of 23 cases reviewed in one staff meeting, 12 participants were attending the appropriate number of individual, group, and 12-step sessions and had tested negative on the most recent urinalysis. Staff spent minimal time on these cases but discussed the four new and seven problematic cases more thoroughly. For clients with problems, the staff decided on appropriate sanctions, which can be modified once the client is heard in court. For example, the client may have a reasonable explanation for not attending a treatment session and could be excused. Sanctions can include additional treatment meetings, submitting to urinalyses more often, community service, and jail time. Drug Court participants must ask the staff's permission to leave town, even for a weekend. Of the seven problem cases, two were already back in jail and one would be sent back to jail the next week.

After the staff meeting, Drug Court began. The time spent in conference expedited the court process considerably. Those who were in good standing were processed quickly. He or she simply stated the number of days of sobriety and then received an ovation from everyone in the courtroom. Then each client was asked if there was anything new to report—some clients mentioned new jobs, new children, or new grandchildren. The judge gave his congratulations on continuing to perform well and then assigned a new court appearance date. An individual who was promoted to a new phase in treatment took slightly longer because he had to read a brief statement in court about what he had learned about his addiction. Those clients who received a sanction also took longer because they could make a statement and could discuss the sanction as well.

Drug Court Caseload and Outcomes

In 1998, the Drug Court started with 15 participants. Staff wanted to ensure that the first clients received enough support to succeed. As of October 2000, the Drug Court had approximately 166 participants. The average time in the program is about two years. Of the 166 open cases, 135 were active clients progressing through the required steps. For those 31 persons not on active status, 24 had active warrants outstanding and were expected to return to serve their original sentence if they were not located within 30 days of the warrant issuance. The remaining seven clients were serving what is called a split sentence; after serving part of their original sentence, there cases would be reviewed by the Drug Court team to determine their eligibility to return to the program.

Of the 135 active cases in October 2000, 35 (or 26 percent) were meth clients. This is a substantial increase compared to July 1999, when active meth cases represented 14 percent of the total (12 of 87). The number of meth clients exceeded expectations, as the sergeant and Drug Court coordinator thought that there would be about 15 percent during the life of the grant. The largest percentage (54 percent) of Drug Court clients in October 2000 had been charged with a cocaine-related incident, followed by meth clients, and then marijuana clients at 10 percent.

Approximately 50 methamphetamine clients had been accepted from 1998 to October 2000. (This number is approximate because some clients were accepted and then dropped almost immediately due to incompatibility; these cases were excluded from this analysis.). All of the meth clients were white, with an equal distribution of men and women. The average age of the meth clients was 33, ranging from 22 to 46.

One quarter of the meth clients did not complete the Drug Court program. Most of the terminations occur early in the program (within the first three months), although the Drug Court has worked with a few meth clients for as long as one year to try to keep them in the program. The reasons for termination are multiple absences from treatment sessions coupled with testing positive for meth multiple times on the urinalysis. One client transferred to another county's Drug Court program because he committed a meth-related incident in Oklahoma County, but resides in another county.

The first graduation for Drug Court clients took place in June 2000. Six clients graduated at that time, one of whom was a meth client. Eighteen Drug Court participants graduated in

December 2000 including two meth clients. Of the three successful meth clients, one completed the treatment in one year, with the other two completing treatment in two years.

Prevention

Training

As part of the Meth Initiative, all OCPD officers received training in identifying meth lab chemicals. As described earlier, the officers observed on our ride successfully identified meth materials and knew the procedures for handling the problem.

Citizens also received education and training. Narcotics Unit lieutenants addressed a number of civic groups, citizens, and organizations during 1999 and 2000. Speaking engagements varied from one-day seminars at Oklahoma State University to morning talk shows on local television. Of direct importance to the Meth Initiative were speaking engagements to the Greater Oklahoma City Hotel and Motel Association and the Oklahoma Natural Gas Employee seminar. Both groups were targeted because clandestine labs have been found in motel and hotel rooms, and gas company employees have the potential for noticing suspicious chemical odors during their work hours. Gas company employees, for example, respond to over 600,000 service calls annually, and service technicians perform all types of inspections both inside and outside residences and businesses. The Hotel and Motel Association sent about 60 members to the two-hour presentation. Line maintenance personnel, service technicians, and meter-readers were part of the audience at the Natural Gas Company presentation. The presentations consisted of a lecture, a video about meth, and a question-and-answer period. Narcotics officers discussed health hazards, common equipment and chemical identification, and procedures to follow if a lab or waste site is discovered. The video shows common glassware, chemicals, and hardware necessary to manufacture meth.

In addition to OCPD's training program, the Methamphetamine Task Force targets large department stores, and other large warehouse-type stores that sell legitimate precursor chemicals. They meet with managers and sales clerks from these stores and provide them with information about chemicals used in meth cooking.

Public Awareness/Education Campaign: "Life or Meth"

Promoting awareness and education of the hazards of methamphetamine, the OCPD kicked off its "Life or Meth" campaign in September 2000. As part of its efforts, OCPD staged a mock raid at a local motel demonstrating the dangers of seizing a clandestine lab. The fire department, emergency medical teams, patrol officers, and narcotics officers took part in the event. During the exercise, police burst into a local motel room, "arrested" three people, and collected meth equipment scattered in the room. Officers wore protective jumpsuits and used standard safety procedures during the raid. Television crews and radio and print media reporters attended the mock raid. Children and parents were encouraged to wear the special safety equipment; and officers were available to discuss the dangers of meth use, distribution, and production. Chief M.T. Berry held a brief press conference and emphasized safety issues.

During the media blitz, which lasted about two weeks, four newspaper articles appeared in the *Daily Oklahoman* and the *Oklahoma Gazette*, the most prominent newspapers for the Oklahoma City region. A full-page advertisement appeared in the Sunday, October 8, 2000 edition of the *Daily Oklahoman*. Public service ads ran on television and radio and continued over the five-month campaign. Television news coverage also occurred, as evidenced by a report on Channel 5 (ABC affiliate) on October 10. The story centered on the dangers of meth to the user and the problems associated with it to the public. The news spot encouraged residents and businesses to call police if they suspected meth, e.g., a smell like cat urine, the sight of traffic in front of houses, and odd behavior from residents and their children.

In addition to the media blitz, the Meth Initiative paid for posters on bus stop benches and billboards in residential areas, and team members worked with local grocery and hardware outlets to have messages printed on shopping bags.

As part of the educational campaign, two videos were in production for police officers and citizens. In addition, about 10,000 colorful fact sheets were printed for officers to distribute at community meetings. The goals were to educate the public about the meth problem and to provide officers with information on identifying a meth lab when they first respond to a call for service or make a proactive traffic stop.

Because the education campaign began in September 2000 when the evaluation was ending, it is not possible to discuss the full scope and reaction of the public to this effort.

However, there is some limited anecdotal evidence that the initial stages were very visible. Individuals report that they have seen the bench signs, heard the radio advertisements on rock stations late at night, and viewed the television news spots. One Drug Court participant we interviewed had seen the campaign and thought it was a great idea. To systematically measure public perception of the media campaign, OCPD, in partnership with a local gas utility company, will send a "postcard"-size questionnaire to residents of Oklahoma City. Residents will be asked about their perceptions of the drug problem, whether they have heard about the "Life or Meth" campaign, where they heard about it, and whether they have called the police about meth use or distribution. The survey will be sent in the spring of 2001.

The Narcotics Unit has prepared for the impact that the education campaign might have on workload. They sent five officers and two supervisors to training in lab cleanup in October 2000. Additionally, with the increasing safety concerns, officers attended the DEA Site Safety training in August. The Narcotics Unit captain said he anticipates that, after this training, OCPD will have an additional officer at every meth lab seizure simply to ensure site safety.

Community Policing

Community policing in Oklahoma City has taken a number of different turns in the 1990s. Three chiefs have been in charge of implementing community policing during that time. The chief and others we spoke with indicated that community policing began in the early 1990s but has only recently been implemented in special ways within the department.

Early attempts at implementing community policing failed for a variety of reasons. In the mid-1990s, the chief followed the Houston Police Department's model of "Neighborhood Oriented Policing," but the concept met with considerable resistance from the rank-and-file. The current chief, M.T. Berry, indicated that expectations for community policing were too high in the early 1990s and could not be achieved. In attempting to deal with citywide problems, he said, the police department was not able to work with city agencies because there was a "bit of over taxing of the city agencies." That is, the police department had requested a number of things from city agencies that they could not fulfill. For example, resources were not available to assist police in such efforts as cleaning up trash, mowing lawns, and shutting down drug houses.

So the community and police officers became disenchanted with community policing. Since 1998, however, the police have focused their efforts on problem solving and "Sector Policing."

In 1998, Chief Berry expanded community policing to include sector policing, or initiatives in city sectors that have specific goals and objectives. Basically, these are problem oriented policing projects in targeted neighborhoods. Patrol officers are required to deal with community problems in their areas of responsibility and solve them. For example, officers focus on domestic violence and child abuse problems in the southwest part of the city.

Weed and Seed

In the Will Rogers Division (one of three patrol divisions in the police department), one of the primary areas for community policing is the Weed and Seed area. In 1995, city officials received Weed and Seed funds from the U.S. Department of Justice and targeted three "Section 8" housing complexes. The program allowed the department to target these high-crime areas and provide social services to improve quality of life. Program implementation began in 1997 after a year of planning. Off-duty officers from the police and sheriff's departments began working overtime shifts in the target area. Budgetary constraints limited the presence to two officers or sheriff's deputies and provided officers between 20 and 24 days a month.

Since 1997, the neighborhood has steadily improved, and a comprehensive three-phase community improvement effort began in 1999. Weed and Seed officers patrol side streets to maintain a visible presence and coordinate with neighborhood watch groups. Lt. Lisa Camacho, who supervises the OCPD officers, said,

> Most times officers who are on duty just go from call to call. That's reactive. Because we're 'off-duty,' we're more proactive. We're able to patrol the side streets rather than just take the fastest routes to get to a scene. We're able to talk to people, spend time in the neighborhood, see who is where and what they're doing. What we're trying to do is get people to take back the area and show some responsibility in doing it by teaching them how.

According to the *Daily Oklahoman*, since 1997, Part 1 crimes—including murder, robbery, auto theft, burglary, rape, theft and felony assault—dropped in the Weed and Seed area by 35.5 percent. In Oklahoma City as a whole, the same crimes fell by 20.5 percent. "Crime has really gone down here," Lt. Camacho said, "but what does that really mean to the people who

live here? I don't live here. I just work in this area. It's the people who are here all day every day, the ones who can't go home to a safer neighborhood, that this matters to. Overall, they seem really pleased…. I've seen a huge increase in people taking care of their homes and lawns. I think it's because they feel like they have something to be proud of here now."

Community Interaction

According to the Chief and others in the department, the relationship between the police and residents of Oklahoma City has been "great" over the last few years. The Chief noted that in the last ten years, the city has had a public safety tax, which brings in funds and also shows the overwhelming support the community has for the police department. He mentioned that there have been some problems and incidents that could have caused difficulties between the police and the community, but that community support "has been pretty amazing" in spite of these problems.

It appears that the police department shares an unusual amount of trust with the community. The Chief explained that unlike other police departments, most officers are from Oklahoma City and have a stake in city affairs. The officers have grown up in the city and have a commitment to what goes on. He said that they are very open to the community and open to information needs by the local media.

The primary link between community policing and the Meth Initiative is the education program and public awareness campaign. By taking a proactive approach to educating the public and working with officers and residents to identify meth odors, the department hopes to prevent widespread use of meth and alert citizens to the dangers of meth cooking. As noted earlier, the department is attempting to measure the perceptions of residents toward meth and quality of life issues.

Conclusion

The meth problem in Oklahoma City and the state of Oklahoma has grown considerably in the 1990s. What was once a small, rural, isolated problem dominated by bikers has become a large, urban, multi-user, multi-manufactured drug epidemic. Mexican Nationals, white males, and to a lesser extent, white females dominate the distribution, use, and cooking of meth. Meth

labs have been found in houses, apartments, motel rooms, and car trunks within the city limits of Oklahoma City.

With funds from the COPS Office, the OCPD:

- Increased the number of lab seizures from 66 in 1998 to 112 in 1999 and from 112 in 1999 to at least 118 by September 2000;
- Increased its training of officers, businesses, and civilians, which helps to explain part of the increase in the number of labs seized;
- Increased awareness of the meth problem in Oklahoma through its "Life or Meth" campaign; and
- Purchased additional equipment to protect officers from the hazards of chemicals used in meth manufacturing.

OCPD maintained strong links to its partners, the Drug Court and the DEA Meth task force. Officers from OCPD were assigned to work directly with both organizations and were well received.

Overall, the Meth Initiative in Oklahoma City enhanced the ability of the police, Drug Court, and DEA to deal with a growing problem. Without the additional funding provided by the grant, OCPD would not have been able to shut down as many labs, train and educate as many people, and purchase the equipment necessary to improve officer safety.

Chapter 6

"Shining Light" on the Methamphetamine Problem in Little Rock: Processes and Outcomes Associated with the COPS Office Methamphetamine Initiative

The evaluation of the COPS Methamphetamine Initiative in Little Rock included data collection on the nature of the local methamphetamine problem and on enforcement and intervention activities by the local partners; and assessments of how Initiative activities may have influenced local perceptions and definitions of the methamphetamine situation in the Little Rock area. The data came from a variety of archival sources (e.g., local arrest and prosecution data), face-to-face and telephone interviews with local officials, surveys of agency representatives who are either participants in the Initiative or who are somehow potentially involved with methamphetamine abusers, and observations of Initiative activities during regular site visits.

The evaluation in Little Rock differs from those conducted in other sites because local data that could be used to quantify the nature of the local meth problem was limited. For instance, Little Rock is not an ADAM site. Accordingly, a major goal of this evaluation effort was to generate a better understanding of the methamphetamine market in the Little Rock metropolitan area by augmenting local data sources with an original data collection effort. This involved interviewing a sample of detainees in the Pulaski County Jail during the summers of 1999 and 2000. These efforts proved quite successful and resulted in the completion of 178 interviews. Many of the respondents were intimately involved in the local methamphetamine market. Thus, a more detailed portrait of the local meth market was generated than would have been possible if only available data sources were used. The major findings from this effort are described below.

Program Overview

In 1998, the Little Rock Police Department and its partner agencies—the Pulaski County Sheriff's Department and the Arkansas State Crime Laboratory—received a $750,000 grant to

participate in the U.S. Department of Justice's Methamphetamine Initiative. Components in the original program design included the following:

- Educating the public about the hazards of methamphetamine, the chemicals involved in production, the identity of potential users, their distribution points, and available treatment and prevention programs.
- Using community oriented policing and crime prevention personnel to establish hotlines to gather information from citizens on the local meth problem and to implement drug awareness programs about meth.
- Training police officers on what to look for in investigating meth crimes and responding to meth labs in a safe manner. This includes sending local officers to DEA-sponsored classes to certify officers in the dismantling of labs.
- Purchasing safety equipment to be used during the dismantling of labs.
- Purchasing a gas chromatograph (mass spectrometer) for use by the Arkansas State Crime Lab. This was to be used to reduce delays in the processing of drug cases, which hit an average turn-around time of 162 days in 1998 (compared to 21 days in 1992).
- Purchasing undercover and surveillance equipment to aid in the investigations of meth crimes.
- Allocating funds for overtime pay to promote meth investigations by narcotics officers.
- Providing funds to enhance the delivery of drug treatment services to meth abusers.
- Purchasing computer equipment and crime analysis services to collect and distribute information on the local meth market and individuals in that market. This would result in the establishment of a shared information system that will give cooperating agencies the ability to share intelligence.

At the time of this report, all of the above program elements had not been fully implemented. The areas of greatest program implementation have related to enhanced law enforcement interdiction. The purchase of additional investigatory and safety equipment and the availability of funds to support overtime pay for narcotics officers have resulted in an enhanced police ability to conduct methamphetamine-based investigations and to respond to reported meth lab activity. In addition, the initiative partners have engaged in significant training efforts to educate all sworn officers on how to recognize indications of meth use and production, and on how to respond to such indications. These efforts have extended to a generalized public awareness and education campaign that has potentially

reached thousands of citizens (e.g., billboard and electronic PSAs, neighborhood and school-based presentations). Further, the initiative has resulted in the establishment of a telephone hotline where citizens are encouraged to call if they suspect that methamphetamine activity may be taking place. Thus, it is expected that the discovery and reporting of meth-based activities within the police departments and community have been enhanced by these efforts.

Setting and History

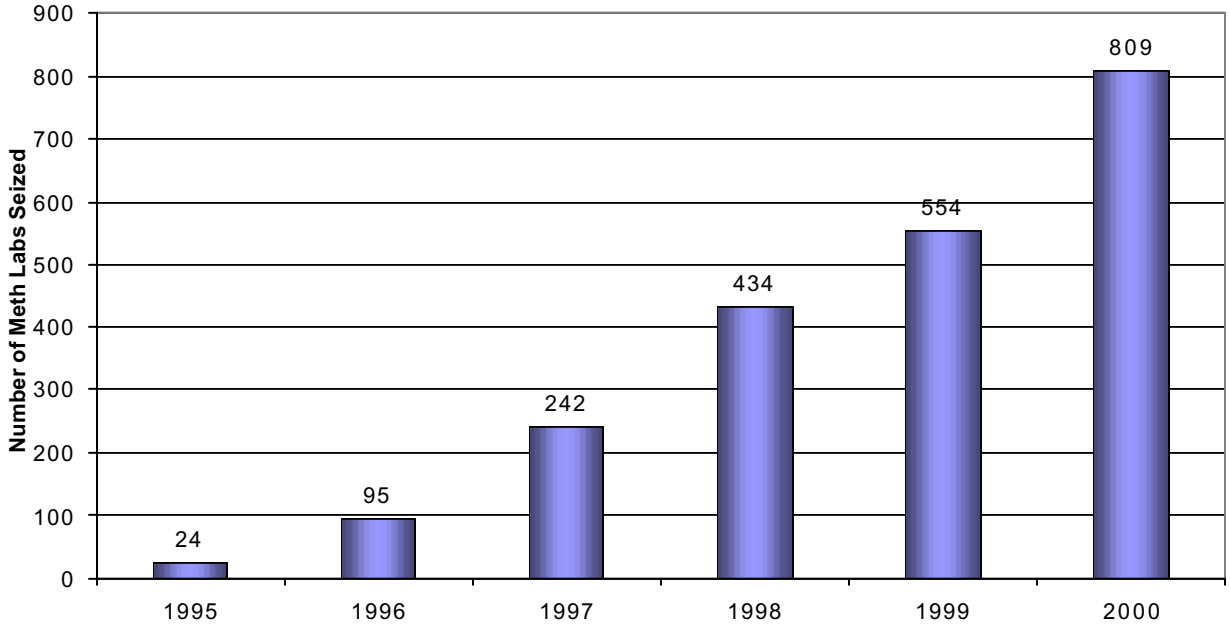
Little Rock, the state capital of Arkansas, is located in the central part of the state and has 183,000 residents within the city limits. There are over 500,000 people in the Greater Little Rock Metropolitan Area. Little Rock lies within Pulaski County, which had a 1995 population of 352,240.

Within the Little Rock area, as in many areas of the nation, methamphetamine has been a drug available to specific and limited population subgroups since the early 1970s. Commonly associated with biker gangs and the "party scene" at a number of strip and dance bars, meth was not widely found in the local community. Meth was not commonly available, at least partly because local cookers were few and far between and limited their sales to small, tightly knit groups. Thus, meth was not considered a significant law enforcement or public health problem. This began to change in the late 1990s, and especially in the more rural areas of Arkansas. More and more clandestine labs were being discovered in the state. Statewide, there has been a dramatic increase in the number of lab seizures since 1995 (see Exhibit 1).

However, even after federal funding was received through the Methamphetamine Initiative to combat local meth production and consumption, the vast majority of respondents in Little Rock—and available official data—indicate that the problem of methamphetamine is distinct from and secondary to the problems associated with other illicit drugs in the greater Little Rock area.

The above perceptions hold more strongly in the more urban areas of Little Rock than in the outlying areas of Pulaski County. Interviews with the Pulaski County Sheriff's Department and the North Little Rock Police Department reveal a differing perception of the methamphetamine problem as it is emerging in the outlying areas of Little Rock. According to these respondents, meth is quickly becoming the major drug problem in their jurisdictions.

Exhibit 1: Clandestine Meth Lab Seizures in Arkansas*



*2000 figure is an estimate based on 588 labs seized as of 9/22/00
Source: Arkansas Crime Laboratory

Meth Market Characteristics

Prevalence Indicators

There are few sources of information on the prevalence of methamphetamine use in the Little Rock area. As noted earlier, Little Rock is not an ADAM site; and while there have been statements that Little Rock will be a site in the future, relevant local respondents (e.g., Sheriff's Department personnel) said they had not been contacted about the program and, at the time of this report, had not yet begun a planning process to implement the ADAM program locally.

Fortunately, the Arkansas Bureau of Alcohol and Drug Abuse Prevention has collected and compiled some useful data on the issue. Beginning in October 1997 and continuing through February 1998, the Bureau sponsored a data collection effort from arrestees housed in the Pulaski, Washington, and Drew county jails (N = 567). The data presented here focus on results from Pulaski County (N = 297, 52.4 percent of the sample). In the overall sample and each of the three counties, the highest

DSM-III-R diagnosis rate was for alcohol (34 percent for Pulaski County). In Pulaski, the diagnosis of "upper" use was much lower (5.1 percent) than in Washington County (25 percent) and slightly lower than in Drew County (7.1 percent). In contrast, cocaine was much higher in Pulaski (19.2 percent) than in the other counties. Across counties, "uppers" were more prevalent among whites than among African-Americans.

Urinalyses indicate that amphetamine use was found in 8.8 percent of the entire sample, much lower than cannabinoid (39.4 percent) or cocaine (22.8 percent) use. In Pulaski, almost 70 percent of the arrestees tested positive for drug use, with cannabinoids leading the way (43.5 percent) followed by cocaine (36.2 percent). All other types of drugs were found in less than 3 percent of the arrestees. Amphetamines were most likely to be found among arrestees 24 to 44 years old, and all arrestees testing positive for amphetamines were white.

Arrestees were also asked to self-report drug use within the last three days. Six percent reported use of crystal meth. This compares to 28.9 percent reporting marijuana use and 9.9 percent reporting crack cocaine use. Arrestees were asked if they used or needed drugs. Among Pulaski County arrestees, 14.3 percent of those who reported "needing" drugs referred to methamphetamine. This compares to 54.8 percent reporting need for crack and 35.7 percent reporting need for alcohol. Fewer than 5 percent reported being on meth during their crime.

Compared to the overall sample from the three counties, meth use appears less common in Pulaski County. For instance, 4.3 percent of the positive urinalyses in Pulaski were for amphetamines. In Washington County (Northeast corner of the state), the comparable figure was 18 percent. Slightly over 5 percent of the arrestees in Pulaski were found to be abusing or to be dependent on "uppers." The comparable figure for the entire sample was 13.1 percent.

A similar methodology was used with juveniles confined in county juvenile detention facilities, including Pulaski County. Urinalyses revealed the most commonly used drug was cannabinoids (41.5 percent). Only 2.1 percent of juveniles tested positive for amphetamines. Self-report measures and DSM-III-R diagnoses also indicated very few youth having problems with drugs other than marijuana (1.9 percent diagnosed with "uppers"). Of the 22.2 percent of the total sample reporting being under the influence when they committed their crime, 8.5 percent (n = 4) reported being on crystal meth.

Thus, both adult and juvenile arrestee populations indicate that meth use appears to be fairly uncommon in Pulaski County, relative to the use of other illicit drugs and to levels found in some other Arkansas counties.

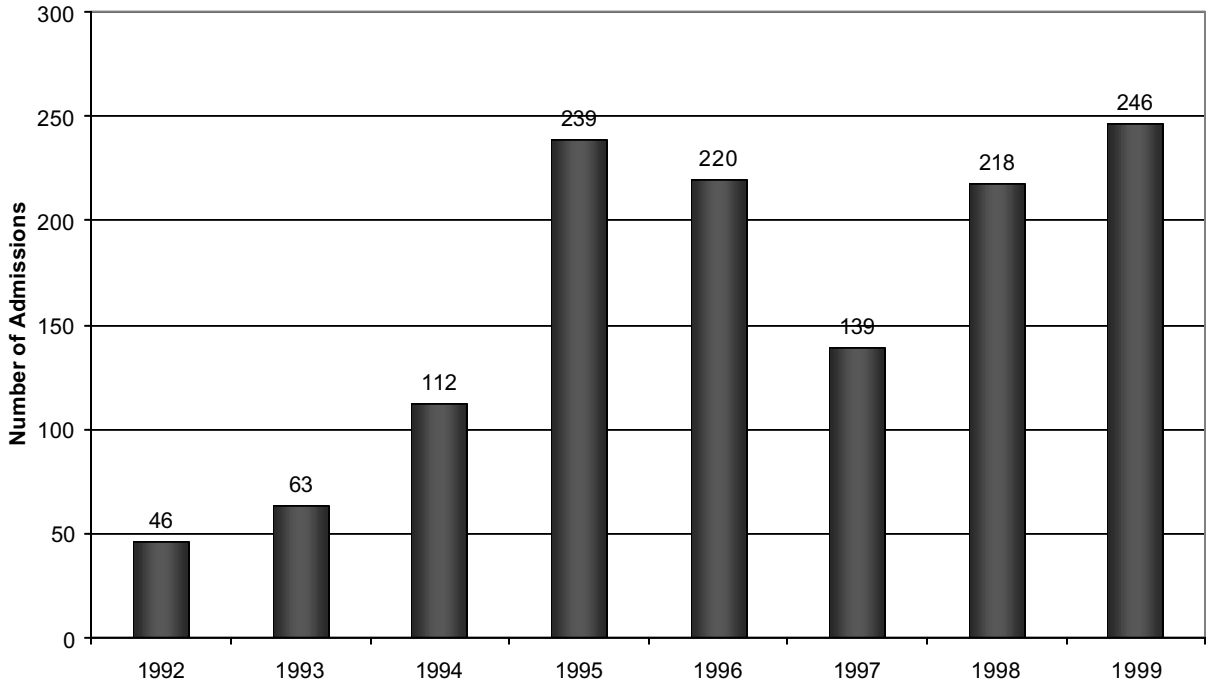
Three other studies bear on this issue. One was a "blind" study of women ages 15 to 44 who asked for a pregnancy test at one of 18 health department units in the state, with four clinics being in Pulaski County and two being in Little Rock. Across the state, only 29 of the 1,460 women generating urinalyses had traces of amphetamine in their system (.02 percent). In Pulaski County, 2 percent tested positive for amphetamines and 18 percent tested positive for any drug. Gallup also conducted an adult household telephone survey to estimate alcohol and drug use among Arkansans. It was estimated that only 0.3 percent of the adult population witnessed methamphetamine use or abuse. For Central Arkansas, the estimate was 0.2 percent of the population. Finally, in a study of 3,850 individuals treated for substance abuse in a four-county area including Pulaski, 220 had a drug problem primarily involving amphetamines (5.71 percent). This compares to 51.3 percent with alcohol problems and 25.2 percent with crack/cocaine problems. Among the 220 individuals with an amphetamine problem, only five were African-American.

More recent data from substance abuse treatment providers in the state indicate that methamphetamine addiction has been increasing dramatically. Treatment facilities began seeing methamphetamine addicts on a regular basis in 1997. During FY 1997, 1,230 meth users were admitted into substance abuse recovery centers in the state. In 1998, 1,744 meth abusers were admitted into treatment (a 41.7 percent increase), and by FY 1999 1,925 meth abusers entered treatment (a 56.5 percent increase from 1997) (Silverman, February 6, 2000, *Arkansas Democrat Gazette*).

Between July 1,1992 and June 30,1999, approximately 8,497 treatment admissions for amphetamine were recorded by the Arkansas Bureau of Alcohol and Drug Abuse Prevention. Approximately 1,283 of these admissions were from Catchment Area Nine, which includes Pulaski, Saline, Loanoke, and Prairie counties. In contrast to statewide admissions data, for this catchment area, amphetamine admissions for treatment have been relatively flat since 1995 (see Exhibit 2). Importantly, of these admissions, only 30 admissions were for people recorded as being non-white.

Thus, there are some data indicating the problem of methamphetamine has escalated dramatically in Arkansas during the last few years. It remains unclear from these data, however, whether increases in demand for methamphetamine treatment has been concentrated in particular parts of the state (e.g., rural areas) or whether the increases are more evenly distributed (e.g., in Little Rock as well). It is clear from the data, however, that amphetamine use appears largely concentrated among white populations.

Exhibit 2: Amphetamine Treatment Admissions



Source: Arkansas Bureau of Alcohol and Drug Abuse Prevention

Views of Local Officials

Across the site visits, open-ended interviews were conducted with over 30 law enforcement, court, and treatment personnel. One focus of the interviews was to assess the nature of the local methamphetamine problem and related interventions.

As indicated earlier, the law enforcement community of Little Rock had originally defined the problem of methamphetamine as being distinct from and secondary to the problems associated with

other illicit drugs in the greater Little Rock area. The general consensus during initial site visits was that methamphetamine in the city of Little Rock is considered less of a problem than crack cocaine. Crack has been generally associated with the African-American community, while meth is considered a white person's drug of choice. Meth production, distribution, and use patterns were perceived as being confined to relatively small groups of people and were not perceived as major threats to the overall level of public safety.

The above perceptions held more strongly in the urban areas of Little Rock than in the outlying areas of Pulaski County. Interviews with members of the Pulaski County Sheriff's Department and the North Little Rock Police Department reveal a differing perception of the meth problem as it is emerging in the outlying areas of Little Rock. According to one high-ranking respondent, "drug inmates who are white say meth is going through the roof." Respondents also commented on particular features of the local meth market. Unlike crack cocaine—which in the City of Little Rock has been historically distributed in open air drug markets by African-Americans affiliated with known gangs such as the Bloods, Crips, Gangster Disciples, and Black Disciples—methamphetamine is reported to be distributed in smaller, close-knit circles. According to street narcotics officers within the Little Rock Police Department, methamphetamine is usually distributed among groups of users who frequent the same party circles at local dance clubs and bars. According to narcotics officers, the drug is produced in one- to two-ounce batches and distributed more for its inducement effects than for profit. These officers suggest that the distribution method is more comparable to that of rave drugs such as ecstasy and LSD than to the cocaine trade.

The narcotics officers reported that meth tends not to be present in most of Little Rock. It was reported there are no open-air markets for meth, and that meth dealing is an indoor activity, often occurring in strip clubs. A common theme was that it has wide appeal to "party kids."

Officers estimated that about 60 percent of the market involves "personal partiers," cooks who make enough for themselves and a few friends. Small, tight networks based on partying, not profit or loyalty, appear common. This is a non-violent crowd, typically unarmed and respectful of the police. Bikers are a small part of this crowd. Within this market, meth is associated with pornography and sex

toys. A lifestyle of self-indulgence is typical among these users, who tend to be young, non-directed, and sexually active.

The second type of meth market involves "entrepreneurs," cooks who make enough meth for broader distribution. They make an ounce or two at a time and provide it to friends and low-level distributors. These distributors typically buy in one-eighth-ounce lots and sell it for between $60 and $100 a gram, turning a nice profit and having enough meth for personal consumption. Once again, there is little "formal organization" to these networks. Mexican cartels do not appear to be active in the local meth market.

There are two types of entrepreneur, neither being very sophisticated. The first is the "old school" cooker, typically an older, rural, biker-related individual. These folks are held in higher regard by the narc officers than a newly emerging group of cooks with mixed educational levels and backgrounds who are attracted to the "democratization of drug manufacturing."

Jail Detainees

Methods and Procedures

During the summers of 1999 and 2000, members of the evaluation team conducted a survey of jailed offenders in the Pulaski County Jail. The jail staff could not pre-identify individuals charged with methamphetamine-related offenses. In 1999, the researchers decided to select incarcerated offenders charged with a drug offense(s) as the sampling frame. A list of all such individuals was provided. Of the 1,079 inmates at the county jail at the time of the survey efforts, approximately 15 percent (162) were charged with possession of a controlled substance. Particular units were then selected to maximize variation in the sampled offenders (e.g., females vs. males, long-term vs. short-term offenders, etc.). The researchers proceeded to seek volunteers from each selected unit for interviews. All identified offenders in each unit were approached for interviews before efforts to interview extended to another unit. A total of 58 offenders were approached in this manner, with only six individuals refusing to participate in the study. This yielded a 90 percent response rate and 52 useable surveys. The provision of a candy bar to the volunteers appeared to ensure high response rates.

In 2000, it was decided to expand the survey efforts by including a random sample of non-drug arrestees as well as a sample of drug arrestees. This was done to assess the level of bias that may have been generated in 1999 by confining the sample to drug arrestees (i.e., perhaps prevalence rates for meth use are higher among non-drug arrestees than drug arrestees). Survey efforts paralleled those undertaken in 1999; lists of drug and non-drug arrestees were provided by the jail staff, and survey efforts continued until the desired number of interviews per sample had taken place. The final sample for 2000 included 52 drug arrestees and 74 non-drug arrestees. Similar to 1999, over 90 percent of the approached detainees were willing to complete the survey (see Exhibit 3).

Exhibit 3. Response Patterns: Pulaski Detainee Survey

	1999 Drug Arrestees	2000 Drug Arrestees	2000 Nondrug Arrestees	Total
N	58	53	81	192
# Refused	6	1	7	14
Completed	52	52	74	178

Refusal Rate 7.3 percent

Surveys were conducted in a face-to-face structured interview format. The interview schedule was adapted from the one used by Pennell and her associates with arrestees in five Western cities (1999). Focus was on self-reported personal involvement with methamphetamine in terms of use, sales, and production; perceptions of the local meth market; knowledge of people in the market, and attitudes towards the drug and related law enforcement efforts. The interview, on average, took one half hour to complete. A series of skip patterns was used to elicit greater and more detailed levels of information from those individuals most heavily involved with methamphetamine and knowledgeable of the local market.

Interview Samples

Exhibit 4 presents information on the characteristics of the respondents by sample. Across all three samples, two-thirds of the interviewees were African-American and over 80 percent were male. The mean age of the interviewees was slightly over 31 years of age. Little variation is noted across

samples on these demographic characteristics, except for the percent African-American being slightly lower among the 2000 drug arrestees (56 percent). Forty percent of the interviewees had not completed high school, and only slightly over half were employed at the time of their arrest. Only 15 percent of the interviewees were married at the time of the survey; the remaining were either never married (53 percent) or divorced/separated (27 percent). These figures are quite comparable to those exhibited by the entire Pulaski County jail population. Some non-response bias may exist, however. Nine of the 14 persons who refused to be interviewed were African-American, and only one of the refusals was female. The refusals were also slightly younger than those who accepted interviews (mean age was 28). Thus, the interview procedures may have resulted in a disproportionate loss of young black males from the interview sample. This will have implications for the representativeness of the findings, because as we shall see, race is strongly related to measures of involvement in the meth market.

Many of the respondents admitted involvement in the local Little Rock drug market. For instance, 53 of the respondents admitted being involved in the sale of drugs, and 50 individuals admitted making money illegally in the 30 days before their arrest. The range of illegal income was reported to be between $7 and $240,000, with 12 individuals reporting an illegal monthly income of more than $10,000. As revealed in Exhibit 4, the mean income from illegal sources in the last 30 days greatly exceeded mean income from legal sources ($3,962 versus $1,655). As might be expected, the differences in sources of income varied much more greatly for drug arrestees than non-drug arrestees. Nonetheless, even among non-drug arrestees, a large percentage reported fairly high levels of non-legal income.

The respondents were also commonly involved in the drug market as purchasers and users of drugs. Of the 178 respondents, 114 reported buying drugs for their own use in the 30 days before their arrest, with 25 individuals reporting more than $1,000 in drug purchases. The mean cost of purchased drugs in that month was reported as $597.

Exhibit 4. Sample Characteristics

	1999 Drug Arrestees	2000 Drug Arrestees	2000 Non-Drug Arrestees	Total
N	52	52	74	178
Mean Age	30.37	32.91	30.76	31.2
Percent Black	69.2	55.8	71.6	66.3
Percent Male	84.6	78.8	86.5	83.7
Mean Income from Legal Sources in Prior 30 days	$919	$2,853	$1,302	$1,655
Mean Income from Illegal Sources in Prior 30 days	$5,499	$6,115	$1,473	$3,962
Percent Have Used:				
Alcohol	70.6	76.9	81.1	76.8
Marijuana	75.0	67.3	68.9	70.2
Crack	42.3	50.0	31.1	39.9
Powder Coke	28.8	40.4	30.1	32.8
Heroin, Opiates	3.8	0.0	2.7	2.2
PCP/Angel Dust	0.0	3.7	2.0	5.1
Amphetamine	21.2	21.2	13.5	18.0
Barbiturates	13.5	7.7	9.5	10.1
Methadone	3.8	2.0	1.4	2.3
Valium/Tranquilizers	11.5	15.4	14.9	14.0
LSD/Acid	1.9	7.7	4.1	4.5

The respondents self-reported using a variety of drugs, with marijuana (70 percent), crack (40 percent), powder cocaine (33 percent), and meth (29 percent) being the most commonly used types of illegal drugs. These percentages varied slightly across the samples, with the non-drug arrestees tending to report slightly lower levels of drug use than drug arrestees. These differences are marginal, however.

Fifty-five percent of the respondents stated they were under the influence of drugs when arrested, with the plurality of these stating they were under the influence of crack and/or marijuana at the time of arrest.

Thus, the interviewees are not strangers to the local drug market in Little Rock. They tend to be active in both the sale and purchase of drugs, and thus should be informed respondents about the local meth market.

Findings

Interview data from the 178 randomly selected jail detainees in Pulaski County indicate the prevalence of meth may be greater than reflected in official data sources. The interview data indicate that the sample of Little Rock respondents are quite involved in the meth market, especially whites. The data are summarized in Exhibit 5. Across the two drug arrestee samples, about 45 percent of the respondents admitted to having use meth. The percentage decreased to 27 percent among the non-drug arrestees. Similar patterns emerge among the other meth items. A higher percentage of drug arrestees than non-drug arrestees reported using, dealing, and cooking meth. Of significance is the finding that drug arrestees in 2000 tended to report more involvement with meth than drug arrestees in 1999. For both groups, however, involvement in using, dealing, and cooking meth was surprisingly high, with a third of the respondents using meth in the last year, almost 20 percent dealing meth, and more than 10 percent reporting cooking meth.

Glaring in their differences are patterns across racial lines. Black respondents were much less likely to report involvement in the meth market than whites. A significant minority of the 118 Black respondents reported using meth (19.5 percent), while the overwhelming majority of the 52 white respondents reported likewise (82.7 percent). Overall, 38 percent of the detainees reported having used meth. Over 40 percent of the whites have dealt meth, compared to 4 percent of the Blacks. Over 25 percent of the whites reported cooking meth; the comparable figure for Blacks is less than 3 percent. Consistent with interviews from the law enforcement respondents and the available treatment data, these data indicate the meth market in Little Rock is dominated by whites.

Females were more likely to report meth use than males (51.9 percent v. 35 percent), but because there are a small number of female respondents (n = 27), these differences should be treated

with caution. No notable differences were found across gender in terms of percent dealing or cooking meth.

Exhibit 5. Personal Experiences with Meth by Sample, Race, and Gender

	1999 Drug Arrestees	2000 Drug Arrestees	2000 Non-Drug Arrestees	Total
N	52	52	74	178
Percent Used Meth Ever	44.2	46.2	27.0	37.6
Percent Dealt Meth	15.4	25.0	10.8	16.3
Percent Cooked Meth	9.6	17.3	5.4	10.1
Percent Used in Last 12 Months	34.6	32.7	18.9	27.5

	Black	White	Total
N	118	52	178
Percent Used Ever	19.5	82.7	37.6
Percent Dealt Meth	4.2	44.2	16.3
Percent Cooked Meth	2.5	26.9	10.1
Percent Used in Last 12 Months	11.9	65.4	27.5

	Male	Female	Total
N	149	27	178
Percent Used Ever	34.9	51.9	37.6
Percent Dealt Meth	15.4	18.5	16.3
Percent Cooked Meth	9.4	11.1	10.1

While personal participation in the meth market is concentrated among whites, a substantial percentage of the Black respondents report knowing people actively involved in the Little Rock meth market. As revealed in Exhibit 6, about half of the Black detainees know people who use or sell meth, and a third know individuals who cook meth. Comparable figures are much higher for the white respondents, with almost two-thirds of the whites knowing someone who cooks. More than four of five

white respondents report knowing users. Thus, while there is a degree of racial segregation in the Little Rock meth drug market, the segregation is by no means complete. Qualitative information gleaned from the interviews suggest that racial cross-over in the meth market tends to involve Blacks who work and party with whites. In such interactions, Blacks are exposed to meth. This appears especially true among those who work in the construction industry, where meth is used not only for recreational purposes, but also to enhance work productivity. Interestingly, some of the Blacks who reported knowing white meth users, dealers, or cookers mentioned having met such individuals in the Pulaski County Jail. Thus, racial cross-over in the meth market appears to be somewhat promoted by the incarceration of meth abusing individuals.

Exhibit 6: Measures of Personal Contact with Meth, by Sample and Race

	1999 Drug Arrestees	2000 Drug Arrestees	2000 Non-drug Arrestees
N	(52)	(52)	(74)
% Know People Who Use, Sell, or Cook	75.0	80.8	70.3
% Know Users	65.4	69.2	52.7
% Know Dealers	53.8	65.4	45.9
% Know Cookers	40.4	57.7	31.1

	Black	White
	(118)	(52)
% Know People Who Use, Sell, or Cook	65.3	96.2
% Know Users	52.5	82.7
% Know Dealers	45.8	73.1
% Know Cookers	33.1	59.6

The data on measures of personal contact with meth in Exhibit 5 reveal similar patterns noted earlier with regard to personal involvement in the meth market. The percentage of detainees knowing meth users, dealers, and cookers is slightly higher among drug arrestees than among non-drug arrestees, and is a bit higher for the 2000 drug arrestees than the 1999 drug arrestees. A majority of respondents across samples personally know a user, with a third of the respondents personally know a cooker.

The interview data also yield evidence that meth is widely and easily available in the Little Rock area. Despite concerted law enforcement efforts to disrupt the local meth market, the quality and availability of meth is perhaps greater now than a year ago. The cost remains the same, about $80 to $95 per gram on average, according to the jail detainees. The relevant interview findings are contained in Exhibit 7. Almost all of the white respondents and a majority of the Black respondents report that "meth is commonly used around here." While most tend to think that meth is a less serious local problem than crack, most think meth is a much more serious problem than marijuana. Most think it is not difficult to get meth, especially whites. A majority of whites think they can acquire meth within an hour; Blacks tend to report that meth is not nearly as available for them. The overwhelming majority of whites can find meth in their own neighborhood. This is true for only a quarter of the Black respondents. Importantly, there are few major differences for these items among respondents in 1999 and 2000. At least a year of experience under the Methamphetamine Initiative seems not to have altered perceptions of the meth market among these jail detainees. This is despite the fact that the arrestees are fully aware that meth has been made more of a law enforcement and political priority within the last few years.

Exhibit 7: Measures of Four Characteristics of the Local Meth Market, by Year and Race

	Black		White	
	1999	2000	1999	2000
N	36	82	16	36
Meth is commonly used around here	55.6	79.3	100.0	91.7
Meth is a more serious problem than crack	16.7	46.3	31.3	30.6
Meth is a more serious problem than marijuana	55.6	77.5	87.5	83.3
It is (very) difficult to get meth	30.6	18.3	0.0	13.9
Would take an hour or less to get meth	38.9	45.1	62.5	55.6
Would take an hour or less to get crack	88.9	82.9	62.5	63.9
Personally knows someone to get meth from	58.3	56.8	87.5	82.9
Can find meth in own neighborhood	22.2	25.6	68.8	71.4
Compared to a year ago, quality of meth is				
Better	27.8	21.0	37.5	20.0
Don't know	55.6	70.4	18.8	22.9
Compared to a year ago, price of meth is:				
Same	19.4	13.6	6.3	11.4
Don't know	50.0	56.8	18.8	22.9
Compared to a year ago, meth is now:				
More Available	52.8	46.9	68.8	42.9
Don't know	38.9	39.5	12.5	20.0
More attention paid to meth now than a year ago	80.6	78.0	62.5	94.3
Law enforcement had made meth more of a priority compared to last year	69.4	82.5	87.5	97.1
Estimated Cost per gram	$77.35	$80.00	$94.61	$82.00

According to the data, interviewees (especially white arrestees) personally knew users, dealers, and cookers in the Little Rock area. Furthermore, the interviewee data also suggest that those involved with meth tended to use, deal, and cook the drug quite intensively. The interview data also suggest there is little hierarchy in the market. Users, dealers, and cookers are often one and the same. The

market appears very "democratic," exhibiting strong levels of horizontal articulation. While the market is highly diffuse and loosely organized, and is not associated with the violence commonly attributed to the crack market, it appears to be a market not easily affected by enforcement efforts. In addition, the racial segregation of the market is by no means complete. Blacks who lead more integrated lifestyles have easy access to meth, and a substantial minority have experimented with it.

Interventions

Law Enforcement Response

While the above data illustrate a geographical and racial difference between methamphetamine and other illicit drug use, neither the Little Rock Police Department (LRPD) nor the Pulaski County Sheriffs Department have implemented an automated data collection method for tracking methamphetamine related incidents. Up to this point, both jurisdictions rely on the manual gleaning of meth incidents from crime and arrest reports to identify meth-specific offenders. Monthly arrest data have been made available to the evaluators. For ease of presentation, however, arrest data for 1998 and 1999 are presented in Exhibit 8. These data include information on arrests, drug seizures, and clandestine lab seizures made by the Street Narcotics Unit of the LRPD, the Little Rock Special Narcotics Operations Unit, and the Pulaski County Sheriff's Department. The Little Rock police data are based on number of charges rather than the distinct number of individuals charged. The Sheriff's Department data are based on number of arrestees. Thus, these data are not comparable across agencies. Accordingly, interpretations of the data should be confined primarily to assessments of intra-departmental changes in police activity between 1998 and 1999.

Exhibit 8. Measures of Police Activity Involving Methamphetamine, Little Rock Police Department and Pulaski County Sheriff's Department, 1998-1999

	Little Rock Street Narcotics Unit		Little Rock Special Narcotics Ops		Pulaski County Sheriff's Department	
	1998	1999 (thru August)	1998	1999 (thru August)	1998 (thru Sept.)	1999 (thru Sept.)
Felony Drug Arrests	1,153	1,040	311	213	227* (total drug arrests)	373* (total drug arrests)
Misdemeanor Drug Arrests	319	214	40	17		
Attempted Manufacturing Meth	19	29	5	1	0	5
Manufacturing Meth	23	54	0	0	4	42
Possession of Ephredine	11	67	0	2	0	23
Possession of Meth	16	14	1	1	18	37
Possession of Meth with Intent to Deliver	58	94	41	6	17	67
Meth Delivery	0	0	0	0	3	1
Total Meth Arrests	127	258	47	10	42	175
Meth Seizures (in grams)	7,299	4980	8,476	522	64	722
Meth Labs Seized	18	41	8	1	3	40

* Total drug arrests

These data indicate that police activity involving enforcement of methamphetamine statutes picked up dramatically between 1998 and 1999 for both agencies. While the LRPD data includes only eight months of 1999, the total volume of meth arrests doubled compared to 1998, and the number of labs seized more than doubled. Increases are even more pronounced for the Sheriff's Department where meth arrests more than quadrupled and lab seizures skyrocketed from 3 to 40, comparing the first nine months of 1998 to the first nine months of 1999. In 1999, meth cases comprised almost half of the drug arrests within the Sheriff's Department (46.9 percent). The comparable figure for the LRPD

was 20.5 percent. These data clearly indicate a dramatic and rapid increase in meth arrests and interventions for both agencies since the Methamphetamine Initiative began.

Monthly meth arrest figures for both agencies are presented in graphic form in Exhibits 9 and 10. Exhibit 9 reports meth arrests and clandestine lab seizures made by the Street Narcotics Unit of the Little Rock PD for 1998-1999. Variations in possession and manufacturing arrests across months are quite pronounced, but the data indicate an upward trend in the data, with a few months representing a great deal of meth arrest activity (e.g., 40 meth possession arrests in March and August 1999) while most months witness a much more modest level of activity (10 to 15 arrests). Arrests for manufacturing tend to be less frequent than arrests for possession, but there are many spikes in the manufacturing data as well. Lab seizures per month are also quite variable, ranging from no labs seized from June to August of 1998 to 12 labs seized in August 1999.

Exhibit 9: Meth Arrests Made by the Street Narcotics Unit, LRPD, 1998-1999

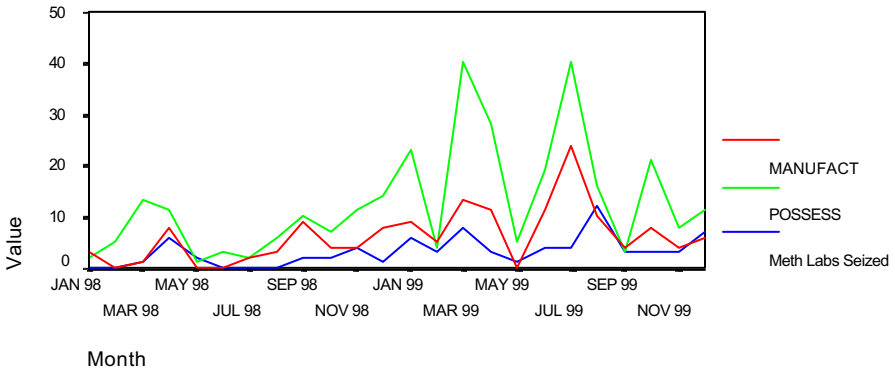
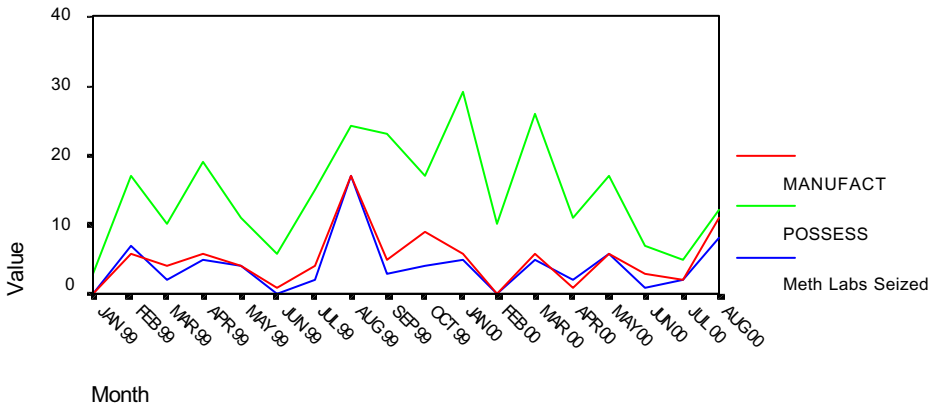


Exhibit 10 presents monthly arrest and lab seizure data for the Pulaski County Sheriff's Department for January 1999 to August 2000. These data suggest meth arrests peaked early in 2000, and then have witnessed a slightly decreasing to flat trend. The number of monthly lab seizures also exhibits some fluctuation, averaging 2 to 5 seizures per month, except for a peak level of 17 seizures in August 99. By the end of August 2000, the Sheriff's Department had made 153 meth arrests for 2000. This compared to 177 meth arrests for the comparable period in 1999. The number of labs seized in

2000 actually decreased from 1999 levels (40 to 29), suggesting meth arrest levels and interdiction outcomes may have stabilized within the Sheriff's Department.

Exhibit 10: Meth Arrests Made by the Pulaski County Sheriff's Department, 1999-2000



Police respondents from both the Little Rock PD and the Sheriff's Department indicate that cooperation between the two agencies in responding to meth is very strong. The partnership is not as strong with the North Little Rock Police Department. Information between the LRPD and Sheriff's Department is being shared, and those agencies rely on each other during investigative processes. The Sheriff's Department has been especially helpful to the LRPD in responding to lab clean-up requests.

The North Little Rock Police Department (NLRPD), was added to the partnership after local data indicated that North Little Rock was witnessing a significant meth problem. Contact between NLRPD and the LRPD has been minimal, with one respondent suggesting that the "only tangible part of the partnership is one laptop computer given to NLRPD by the Initiative." Information sharing and officer cross-training has not been witnessed, but this has not proven a disappointment to NLRPD. It is felt that lab activity is minimal in NLR, with 11 labs being seized in 1999 while 18 labs were seized from the beginning of 2000 to the end of September 2000. This was not viewed as a major increase. Further, at least one NLRPD officer argued that "because the meth market is so diffuse and decentralized, there's relatively little benefit to regional coordination and partnerships."

The departments are planning a data link through the use of shared jail and arrest records that will promote interagency cooperation in methamphetamine enforcement. The goal is to have a data link-up and server to provide intelligence and mapping services, to identify cookers known in the area, and to help coordinate activities of the various narcotics units across departments. It is felt that information sharing will help solidify the currently positive relationships between the two narcotics units and promote a coordinated approach to a "regional problem." It is also believed that the information sharing will transcend the issue of meth, and that positive spillover effects will be large. This is a major focus of the entire Meth Initiative in Little Rock. Notwithstanding this focus, the desired data linkages have not yet been established. However, officers from each department are now working together in developing standardized data collection forms that contain valuable meth-specific information.

Street-Level Markets and Enforcement Efforts

Police respondents indicate the distribution method of methamphetamine has limited enforcement's efforts to uncover suppliers. As noted previously, street narcotics officers say that meth is usually distributed among groups of users who frequent the same party circles at local dance clubs and bars. Distribution systems are "closed," involving small groups of people who do not generally sell to strangers. Few arrests are made for methamphetamine sales, rather the vast majority of arrests are being made for possession. As one Little Rock Police officer relates, "With crack we saw a recipe come in from the West Coast. . . . the sales mechanism for methamphetamine is different."

The fact that the local meth market is very distinct from other local drug markets, especially crack, presents major issues for street-level narcotics officers. Narcotics enforcement in Little Rock is organized to deal with production, distribution, and use patterns unrelated to those found with meth. This was illustrated by ride-alongs of the evaluator(s) with narcotics officers. On two separate occasions, the ride-alongs had little relationship to meth, despite adequate prior notice about the visit. Houses and other locations where labs had been discovered were pointed out, but there was little indication that officers had specific knowledge of current meth locations. The evaluator did witness police responses to the discovery of two meth labs while conducting site visits, and in each instance the discoveries were based on citizen identification of the labs. These observations and interview data from narcotics officers indicate that much of the law enforcement response to meth in Little Rock is based on

"reactive" responses to citizen complaints and calls. As one narcotics officer who has specialized informally on meth stated, "Most of the lab busts are based on calls from citizens/informants saying someone is cooking. It's amazing how easy these busts are." He and other respondents also indicated that meth arrestees are more likely to "roll over and inform" than other types of drug arrestees. This is attributed to the paranoia generated by prolonged meth abuse and the stiff mandatory penalties for meth manufacturing (e.g., 70 per cent of a minimum mandatory 10-year sentence must be served for a manufacturing conviction).

In contrast, enforcement-based responses to other drugs in the area, especially crack cocaine, appear to be much more proactive. This is consistent with earlier observations. Originally, methamphetamine interdiction was not central to pre-existing narcotics enforcement in the area, which appeared to be traditional, aggressive, and high visibility enforcement in selected "hot spot" areas that involved the presence of open-air drug markets. This is not the distribution pattern of the local methamphetamine market. Accordingly, it has taken some time for the Little Rock PD to assess the local situation and make adjustments to their enforcement/interdiction efforts.

The Little Rock PD narcotics officers reported that meth tends not to be present in most of Little Rock. On the other hand, deputies from the Pulaski County Sheriff's Department and officers from the North Little Rock Police Department indicate they come across meth frequently. Clandestine labs are commonly encountered, and a number of police respondents from different departments indicated that "if we had the resources we could bust a lab a day in the immediate region." This "regional" reference includes Loanake and Saline Counties, counties adjacent to Pulaski. These areas are "worked" by the LRPD and Pulaski County Sheriff's Department because it is believed that a majority of meth coming into the county is still cooked in these more rural settings.

Precursor Drugs

A major goal of local enforcement efforts is to disrupt transactions involving the acquisition of precursor drugs. Most local retailers were reported as being sensitive to large ephedrine sales and have hired security who will report large sales. But there are no regulations or laws requiring reporting. In Little Rock, there is one "mom and pop" pharmacy that has been selling cold medicine to cooks by the

case. This is a well-known situation, but it has not been stopped because there is no legal authority to do so. But narcotics officers are working with local prosecutors, who recently filed a conspiracy charge against the pharmacy owners. The local prosecutor has stated that the case is in the pre-trial stages, and hopes the case will send a strong message to the retail community. The Sheriff's Department has also reported on their attempts to build some cases against other retailers who are known to sell large volumes of ephedrine and pseudo-ephedrine. Further, late in 2000, LRPD narcotics officers initiated a major awareness campaign targeting retail stores that sell precursor chemicals. Approximately 150 retail outlets were delivered posters detailing information on precursor drugs (paid for by the grant) and were provided a short presentation by the officers. The LRPD reports that calls from retail establishments picked up immediately. The Sheriff's Department has reported similar efforts and outcomes. For example, the Sheriff's Department printed up cards identifying precursors. These cards have been distributed to retail outlets. The result has been calls in which purchasers and their license plates have been reported. Finally, these enforcement agencies are lobbying for enhanced legislation to penalize stores for excessive sales to particular individuals. The proposed legislation would extend to the sale of iodine and red phosphorus, as well as ephedrine and pseudo-ephedrine.

In addition, the local multi-jurisdictional task force has made the precursor market an enforcement priority. They are actively involved, with DEA support, in trying to stop the flow of precursor drugs to meth manufacturers. All respondents acknowledged the need to better communicate with retailers about meth issues and to promote either voluntary self-restraint or to engender compliance with legal threats.

Police Officer Training

The Little Rock PD has established an in-service meth training program. The goal is to educate all sworn officers (N = 500) in an eight-hour training session. As of January 13, 2000, about 275 officers had gone through the training, held at the LRPD Training Academy. The initial focus was placed on training COPP officers. Subsequent phases have focused on training patrol officers. The training is provided by narcotics officers who have gone through DEA School. Observations of training sessions during the December 1999 site visit indicate a very professionally administered and informative training

process, which should be effective in providing officers with information they need to communicate well with the general public about the nature of meth and the hazards it poses.

Between January 2000 and Sept.1, 2000 the Little Rock PD provided 40 hours of methamphetamine-specific training to 381 officers. These included a mix of in-service training efforts aimed at current officers, training of new academy recruits, and training to members of the Mid-West Meth Group (HIDTA). A total of 440 hours of training was provided during eleven 40-hour training sessions, most of which were held at the LRPD Training Academy.

The Sheriff's Department has put on one- to three-hour meth training sessions for most departmental personnel, including jail staff. They are now also training staff from municipal policing agencies in Loanoke County, where a lot of meth production is going on. They feel these efforts have generated many more officers recognizing meth situations because arrests and seizures increased dramatically after the training sessions.

Treatment

The former Coordinator for Community Programs in the City of Little Rock reported that the treatment program originally submitted for the Methamphetamine Initiative grant ($250,000) was reduced as a result of discussions with the COPS Office to $50,000. Thus, the treatment component of the initiative is limited. Moreover, there have been extensive delays in implementing even the truncated form of treatment proposed under the original grant.

Initial explorations were made between the LRPD and the local drug court to provide methamphetamine abusers drug treatment through the drug court program. These efforts proved unsuccessful. This is one reason for the delay in implementing a treatment component. But it was not till a December 1999 site visit by the evaluator that Little Rock PD staff had face-to-face contact with the Drug Court Judge -- a delay of almost one year since the grant started in making this essential contact. In the original grant proposal, drug court clients abusing meth were identified as likely targets of intervention under the initiative. But animosities between the relevant parties and strong concerns about the quality of treatment services provided drug court clients in Little Rock resulted in the meth initiative

seeking alternative approaches to deliver treatment services. Remaining options that were explored included:

- Provide services through a pre-existing adolescent and women's program and target abusers who use meth as the drug of choice. Use standard treatment services.
- Develop a separate contract with a treatment provider to specifically deliver meth treatment to some, as of now, unidentified meth abuser population.

Despite funding inadequacies, some discussion had taken place on providing residential treatment services for a small number of meth users. The Little Rock City Counsel was brought in to advise the police department on how the funds could be lawfully distributed to treatment providers and a solicitation was developed. Bids went out to local treatment providers in February-March 2000. No bids were received, perhaps because the solicitation had very restrictive criteria (e.g., the agency must have served the Little Rock population for at least five years, the agency must be not-for-profit, and the agency must have demonstrated community linkages). The bid was re-advertised in April, and one community organization put in a bid. Recovery Centers of Arkansas, an organization that has been in existence for over 25 years and which has a strong regional reputation, was awarded the contract. The contract was signed in September 2000 with services provided for a one-year period. The $50,000 contract calls for the hiring of a therapist person with expertise in delivering services to methamphetamine users. Staff at the Recovery Centers indicates that cognitive/behavioral therapies will be employed with meth users because they have been found to be the most effective treatment modalities. The newly hired therapist will be trained in such therapies and will deliver enhanced case management system for meth abusers and addicts. In addition, the treatment provider will deliver individual and group counseling to a unspecified number of clients during the course of the grant. Specialized meth groups will be developed, and the therapist will provide in-service training to other therapists who work with meth clients.

Treatment staff at Recovery Centers reports much familiarity with meth abusers. The Center reported treating 84 residential clients and 33 outpatient clients between July and December 1999 who listed meth as their primary choice of drug. These numbers are thought to justify focusing treatment efforts on those meth users already in treatment. The grant does not call for the funding of additional treatment beds or hours for meth-abusing clients.

The Pulaski County Sheriff's Department does not have a treatment or identification/ referral plan in place for methamphetamine abusers confined within the county jail. Overall, meth-specific treatment services for abusers in Little Rock are not very well developed, and the COPS methamphetamine initiative has done little, to date, to improve the situation. But progress has been made recently, and a request has been made to expand the funding for meth-based treatment services within the grant's no-cost extension (see below). All indications are that this request will be approved, and that the additional funding can be utilized in a worthwhile manner.

Prevention and Awareness Campaigns

Prevention efforts under the Meth Initiative were nearly non-existent until the hiring of a Program Coordinator in July 1999. With a background in community-based treatment and program administration, her efforts have focused on community outreach and awareness programming (in addition to executing the treatment contract discussed above). A noteworthy public education campaign has emerged.

A major feature of the effort is a billboard campaign. A contract with a local billboard company has been executed ($23,000) which involves one billboard at a time being displayed which communicates the danger of meth and presents phone numbers for the LRPD and the PCSD. The locations of the billboards will rotate every 6-8 weeks across the county. Two templates have been developed, with each one being rotated every six months. The Program Coordinator has developed a series of brochures and pamphlets (reading level up to the sixth grade) for widespread distribution throughout the county. These information sources will be available at community centers, neighborhood police centers, and at community meetings sponsored by COPP officers. The first order of brochures/pamphlets cost $3,000.

An electronic mass media campaign is also underway. This involves a collaborative partnership with a local television station to run a 25 second PSA, which has already been produced. The local cable access station has already been running the PSA. The Coordinator has done a number of morning TV interviews, as well as radio interviews and news talk programs. Unfortunately, local TV

stations have not been reported to be running the PSA in a consistent manner that is likely to expose a large viewership to the PSA.

A bus advertisement campaign was initiated by the LRPD, but was never implemented due to costs. The campaign was to involve "meth ads" being placed on the sides and back of local buses. The buses featuring the ads would be rotated by route, to maximize citizen exposure to the ads. The expenditure of this effort was not approved by city officials.

Other aspects of the public awareness campaign include introducing a meth component into a local cable program run by a community policing officer and utilizing a newly-hired Neighborhood Watch Coordinator in the public education campaign. As of this writing, these efforts have not yet commenced.

Another major feature of the public awareness/education program involves community presentations made by narcotic officers, with the support of COPP officers. This involves the viewing of videotapes that show the aspects of the manufacture, distribution, and use of methamphetamine. Community members are also presented with pamphlets, hot line numbers, and other information to promote education and awareness. This process hit full stride in May 2000, and has continuing throughout the year. The LRPD has participated in a variety of community events and youth programs during which officers provided presentations on methamphetamine. The LRPD created and distributed pamphlets, t-shirts, pencils, and cups at these venues; all of which contained messages about the harmful effects of meth and provided the phone number of the LRPD. Almost 5,000 citizens were exposed to the information provided, many of which were young children.

The LRPD and Pulaski County Sheriff's department also created a hotline, which is featured prominently in most of their outreach literature and electronic media presentations. Unfortunately, it is impossible to empirically assess the effectiveness of this strategy. The phone number is not a dedicated line for meth reports; rather it is a generalized police line operated out of the narcotics office (calls are routed downtown during off-hours). A log identifying the nature of calls is not maintained, thus is unclear whether the public awareness campaign has had the desired result in enhancing citizen awareness and reporting about meth. Anecdotes abound, however, that this has been the result of the awareness campaign.

Community Policing

The community policing initiative within the city of Little Rock has had little overlap with the methamphetamine problem up to this point. According to one Little Rock community policing officer he has not seen a lot of methamphetamine within the neighborhoods where community policing has been implemented.

Little Rock started its community policing program in 1992 with 15 satellite stations (ALERT Centers) and bicycle patrols, predominately located in African-American neighborhoods. Thirty-nine community policing officers and four sergeants were assigned to the unit, and they focused their long-term assignments to particular neighborhoods on assessing and responding to community needs as gleaned through community meetings. The consensus among the law enforcement personnel of Little Rock is that the geography and the demographics of the methamphetamine problem do not over lap with the community policing initiative.

COPP officers in Little Rock are reported to not be in contact with meth issues. When a COPP officer identifies a drug issue, s/he will communicate with the narc unit about the problem, but there is no structured communication flow between the units. While the training of COPP officers about meth was slow to be implemented, most officers have now received the training. During the second quarter of 2000, every COPP officer received eight hours of meth-specific training. The goal is for COPP officers to incorporate information on meth in their public speaking activities. This has not yet been fully implemented; meth education and training for the public has tended to be undertaken by Narcotics Officers who at times speak with Neighborhood Watch and community groups. These events have been coordinated by COPP officers, however. Plans have been in place for School Resource Officers to conduct methamphetamine awareness programs in the local schools. These efforts were originally scheduled to commence in January 2000, but have not yet occurred.

During June 2000, Police Chief Lawrence Johnson, who became Chief of LRPD in March 2000, restructured the community policing efforts within the department. Chief Johnson presents himself as a strong supporter of community policing who believes those concepts should be translated into all aspects of operations within LRPD, including the Meth Initiative.

Previously, COPP officers were assigned to a special unit administered within the Special Operations Unit. Under the new structure, COPP officers were absorbed into the department's three Patrol Divisions. The rationale was to break down the separation between COPP officers and patrol; and the goal is to eventually have community policing department-wide, and to integrate community policing philosophies and practices into pre-existing structures and operations.

COPP officers received the change well, but apparently many patrol officers did not. Often, patrol officers tend to think they do the real police work and do not want their roles altered. But one Captain of a patrol division did not feel the structural changes have had much impact. The captain said the roles of patrol officers and COPP officers have not changed, and that "there hasn't been a notable change in community policing in Little Rock." Whatever the level of community policing that has been implemented in Little Rock, it is clear that community policing efforts in the city are quite disconnected to most activities associated with the Meth Initiative. It remains to be seen whether the new police leadership will change the situation.

Implementation Patterns

Overall the implementation of the Meth Initiative in Little Rock has been uneven. Many original program components have taken many months to witness implementation, and in some instances, core activities have not yet commenced. Partnerships under the Initiative have been neither extensive nor intensive. As a result, program funding has not yet been fully accessed (as of the end of 2000, almost one-half of the program dollars had not been expended). Recently the Little Rock Initiative asked for a no-cost extension to continue the project for one more year. The request has been approved, and some significant changes in program priorities have been introduced (e.g., enhancing treatment funding and service delivery).

It appears that the nature of implementation processes may have been due, at least partially, to the context in which the program was initially conceived and developed. This requires further exploration and elaboration.

When grant processes were initiated, methamphetamine was not recognized as a serious law enforcement or social problem within major sectors of the Little Rock community. The original authors

of the grant proposal acknowledge not having a grasp of the local problem nor having detailed understandings of methamphetamine in general. One original author stated "we did not know what to ask for, and did not have a strong sense of what to do with the funding." Narcotics enforcement in Little Rock was focused on the crack market, and the then-captain of the narcotics units had not personally prioritized methamphetamine as an immediate or emerging threat. The Chief's office was not heavily involved in the writing of the grant proposal, and did not interject itself into the implementation process. Its goal was to get the funding, and to ensure the required paper work was completed. Attention to program detail was not provided, and implementation was left largely in the hands of the Narcotics Unit. Further, when some key city officials became disappointed with the grant when proposed treatment interventions were reduced, they too became aloof toward grant processes. In effect, strong leadership was not in place to move the grant forward. The implementation context was characterized by a lack of knowledgeable and committed people in positions of authority to steward the initial phases of program implementation.

This remained the situation for at least the first six months of the initiative, until a Project Coordinator was hired in July 1999. During this period, grant activities were confined largely to the purchase of equipment, the training of narcotics officers, and the provision of overtime to support the emerging prioritization of methamphetamine law enforcement. Little coordination among the partners was evidenced (partnership meetings are still sporadic), law enforcement interdiction was the sole focus of the initiative (at least within the Little Rock PD), and the development of a comprehensive approach to combating the meth problem remained on the back burner.

When the Project Coordinator commenced her duties, she immediately immersed herself into the development of prevention and treatment programming, her areas of primary interest and expertise. But being an "outsider" to the LRPD, and not having anyone to help her navigate intra-organizational and inter-organizational waters, resulted in a slow-moving process of education and action. As she stated, she didn't have the authority to push things along. Despite this situation, she made much progress in invigorating the program implementation environment and overseeing the establishment of a bona fide series of prevention, community awareness, and treatment interventions.

The more traditional police intervention efforts remained the major responsibility of two Sergeants within the Narcotics Unit, who did an admirable job of coordinating officer training, overseeing equipment purchases, and facilitating the emergence of enhanced interdiction efforts. But efforts at coordinating the entire set of operations and inter-organizational linkages were left unattended for the majority of the first two-year grant period.

This has begun to change with new leadership in the Chief's office and within the LRPD Narcotics Units. When Chief Johnson took command of the LRPD in March 2000, he immediately altered the composition of the senior administrative staff, including placing a new Captain in charge of the Narcotics Units. The new Captain is more "hands on" than his predecessor, and believes that the local methamphetamine problem should be given more priority than it has been in the past. So does Chief Johnson. In an exit interview with the Chief, meth was said to be the primary drug problem in Little Rock, particularly because meth investigations/lab clean ups are so expensive and meth abuse has dire consequences for young children, family members, and environmental safety. While the Chief acknowledged not studying the program closely, he did state that:

- The education and community awareness program should be enhanced, especially in the area of LRPD being more fully involved in school-based education efforts. General education of the public was also endorsed. Public relations officers, School Resource Officers, and Community Policing Alert Centers will be used to supplement the efforts of the Project Coordinator.
- A close look at treatment programming will take place to assess how treatment dollars are being utilized and how more direct services to can be provided.
- The LRPD will take more of a joint problem-solving, community-based approach in response to the local meth problem than it has in the past. This was not part of the original program design, which was focused on equipment and specialized investigations.

While these components have proven beneficial to the department and the community, the Chief's goal is to engage in a broader community-based effort with the remaining time and funds associated with the Methamphetamine Initiative. His statements and approach reflect a significant change within the LRPD.

Summary and Conclusions

This chapter and the data presented in it shed considerable light on the nature of the methamphetamine market in Little Rock, Arkansas. Except for a few cities in the Western United States, there is a paucity of information on local meth markets. In addition, cities that are not ADAM sites have relatively little information on the prevalence of meth in those cities. When the local jurisdiction's criminal justice and health authorities do not include "meth" as a data element in their automated data systems, the ability to discern the nature of the local meth problem is made even more difficult. This was the case in Little Rock. Only anecdotal evidence and limited standardized data on the local meth problem were available. These sources of information suggest that relative to other drugs, meth is a secondary but growing problem in that city. Perceived to be a "white person's" drug, the problem appeared concentrated in the outskirts and more rural areas of the jurisdiction. This portrait is also consistent with newspaper coverage of the phenomenon, which has tended to emphasize personal tragedies associated with meth use and the growing presence of labs in the more rural areas of the state.

The data gleaned from jail detainees reported in this chapter, although not based either on a large or random sample of jail detainees, have been highly useful in helping to better understand the meth market in Little Rock. While congruent with the views of local officials on many counts, these data suggest the problem is perhaps more severe than previously realized. Meth is widely and easily available. Despite concerted law enforcement efforts to disrupt the local meth market, the cost, quality and availability of meth appears similar to that reported to exist in prior years. Users, dealers, and cookers tend to be white; there appear to be many of them in the Little Rock area; and they use, deal, and cook the drug quite intensively. Except for the apparent exclusion of women from the production and distribution activities surrounding the meth market, there appears to be little hierarchy in the market. Users, dealers, and cookers are often one and the same. While the market is highly diffuse and loosely organized, and is not associated with the violence commonly attributed to the crack market, it is also a market not easily affected by enforcement efforts.

The "official" view of meth in Little Rock was that meth was not considered a major social or criminal justice problem until the receipt of the federal grant. The meth problem, if it existed at all in

Little Rock, was relatively hidden. Narcotic officers, treatment professionals, and governmental officials, while recognizing meth as a growing problem, did not have much contact with manifestations of the problem and did not view it as a major social threat. In contrast to more rural areas of Arkansas and to crack cocaine in Little Rock, the meth problem in Little Rock was considered minor. This changed with the introduction of the federal grant. Officers in the Little Rock law enforcement community and citizens became the recipients of training, education, and awareness programs regarding methamphetamine. Law enforcement resources were also now more available to respond to meth when it was encountered. The net result was an increase in the productivity of law enforcement responses to meth in the local community (i.e., arrests, lab seizures). Finally, the Meth Initiative brought in outside researchers who compiled systematic data on the local problem, including the inmate self-reported data presented in this chapter. At least certain of these data suggest the local meth problem is more serious than had been previously realized.

In effect, the federal grant had the effect of illuminating the local meth problem. One Little Rock narcotics officer presented the following metaphor. He likened meth use and production to the existence of roaches in one's home. The roaches are there, but because they only come out into the open when the house is dark and the residents are sleeping, they are hidden. The federal grant served as the "light" that exposed the roaches. A meth problem did exist in Little Rock, but its dimensions were not fully recognized. Today, at least partially as a result of the federal grant, the meth problem in Little Rock is accorded a much more serious status as a local social problem.

In addition to this illuminating, the Federal Methamphetamine Initiative has had a variety of other positive impacts on the Little Rock community. A consensus of local officials state that the initiative has generated the following beneficial outputs and outcomes:

- Equipment purchases have resulted in the much safer and effective response to clandestine labs, enhanced investigative efforts, and a dramatically reduced turn-around time in chemical analyses conducted by the State Crime Laboratory.
- An enhanced level of cooperation and coordination between the LRPD and the Pulaski County Sheriff's Department. The respective narcotic units are now more willing to work together; attitudinal and cultural change regarding cooperation has transpired.

- A more informed citizenry regarding methamphetamine, and the recognition among police that such an outcome results in direct benefits to police (e.g., higher rates of citizen reporting).
- A better trained police force that can be effective in responding to meth without actively seeking out the drug because of citizen awareness and who can respond to the drug with improved health and legal outcomes because of the training that has been provided.

The Little Rock Methamphetamine Initiative originated in a somewhat different context than most of the other sites. In jurisdictions such as Phoenix, Dallas, and Salt Lake City, the local methamphetamine problem was recognized as serious and increasing in nature when applications were filed with COPS for federal funding under the Methamphetamine Initiative. In Little Rock, in 1998, local law enforcement and relevant governmental officials did not view methamphetamine abuse as a significant law enforcement concern. The Little Rock Police Department, the central partner in the Little Rock Initiative, had not prioritized methamphetamine as a drug enforcement problem.

At the time funding for the Little Rock Methamphetamine Initiative was achieved, available baseline data on the local methamphetamine problem in Little Rock was sparse, at best. As detailed in this chapter, some of the available data indicated the local problem was relatively minor compared to that found in other jurisdictions. While most local respondents considered the local meth problem to be increasing, it was still considered to be quite secondary to other local drug problems. For instance, within the grant application submitted by the Little Rock Police Department to the COPS Office under the Methamphetamine Initiative, methamphetamine was ranked as the sixth "most commonly abused controlled substance" in Little Rock. Other substances ranking more highly included alcohol, marijuana, crack cocaine, powder cocaine, and tranquilizers. Further, the grant application noted that methamphetamine trafficking and consumption had not had a significant impact on any other crime types (i.e., violent, property, sex crimes) in the jurisdiction.

The initial funding process had start-up implications for program development and implementation. At first, the Little Rock Police Department did not feel a great sense of "ownership" in the project. In meeting with staff from the COPS Office, the Little Rock Police Department eventually overcame its initial reluctance and submitted a grant application for the methamphetamine initiative. In the initial proposal submitted to the COPS Office, $250,000 of the $750,000 grant award was to be

dedicated to the provision of treatment services to meth abusers. The COPS Office suggested more enforcement and less treatment. The treatment component was reduced to $50,000.

Even within this situational context, however, it is important to highlight the considerable benefits generated by the Meth Initiative in Little Rock. As revealed in this chapter, much of the funding has been used productively. It has been used to shed light on a problem that was largely unrecognized, but which was very real nonetheless. It has resulted in enhanced community awareness about methamphetamine. Extensive training of local law enforcement officers has resulted in a much more informed and knowledgeable approach to dealing with meth in the community. Risks to the personal safety of officers and citizens who have to confront meth have been reduced because of the grant. Sharing of information and resources has occurred across agency lines and has improved the legal and social responses to what is clearly an emerging problem with great consequence within the Little Rock region.

The early data suggest that the initiative has had only minor effect on the local meth market and the price, availability, and quality of meth in Little Rock. What the market may have looked like had the grant not been implemented is anyone's guess. But it does appear that the methamphetamine problem in the Little Rock area is continuing to grow despite law enforcement efforts to control it.

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Chapter 7

Getting in Front of an Emerging Drug Problem: The Minneapolis Methamphetamine Initiative

Of the six sites participating in the COPS Methamphetamine (meth) Initiative, Minneapolis was the one where meth was least prevalent. Given Minnesota's location as the most eastern of the six sites, and given the pattern of eastern migration of methamphetamine, this is not surprising. Seeing, however, the rapid growth in illegal meth labs in states such as Iowa, Missouri, and Nebraska, and the early indications of a similar increase in Minnesota, local law enforcement and health officials saw the methamphetamine initiative as an opportunity to prepare for the likely increase in meth manufacture, distribution, and use. Their goal for the initiative was to impede the distribution and use of meth and to thereby minimize the harmful effects of methamphetamine in Minneapolis and throughout the state.

The study of this initiative relied on multiple methods. These included the collection of data on enforcement/intervention activities and site visits that included interviews with initiative participants and other law enforcement, court, and treatment officials. The site visits also provided opportunities to conduct ride-alongs with narcotics officers and observations of drug court and treatment facilities. In addition to the site visits, phone interviews were conducted throughout the two-year period with members of the task force concerning training, education, intervention/enforcement, and research. Additional data collection activity included collecting of newspaper accounts about methamphetamine, secondary analysis of data collected from drug court clients and probationers, and the national assessment team's survey on interagency relationships.

History

The Minneapolis/St. Paul metropolitan area encompasses approximately 500 square miles and 2.8 million people. The metropolitan region comprises more than one-half of the state's total population. Local officials noted that methamphetamine had been around for years as a relatively minor drug problem in the Minneapolis - St. Paul metropolitan region and in the state generally. Meth use and distribution was largely associated with biker groups. This picture

began to change in the mid- to late-1990s as meth distribution increasingly involved Mexican-Nationals, and there was an increase in the seizure of illegal meth labs throughout the state.

The Minneapolis methamphetamine initiative is under the direction of the Minneapolis Police Department (MPD). The initiative task force is composed of the MPD along with ten other agencies: the Hennepin County Sheriff's Department, the St. Paul Police Department, the Ramsey County Sheriff Department, the Hennepin County Attorney (prosecutor's office), Hennepin County Probation, the Minneapolis Pollution Control Agency, the Minnesota State Patrol, the Minnesota Bureau of Criminal Apprehension, the Drug Enforcement Agency, and the Minneapolis Department of Health and Family Support.[1] The initiative focuses on four primary activities: training, education/prevention, enforcement/intervention, and research.

Meth Market Characteristics

General Picture

Law enforcement and treatment officials view the Twin Cities drug market as principally involving cocaine and marijuana. Law enforcement officials have noted a more recent increase in heroin as well as so called "exotic" drugs including "wets," Khat, and "RAVE" drugs. "Wets" (also known as "sherm") consist of marijuana cigarettes soaked in formaldehyde and dried. Khat, a plant imported from Africa, is used primarily by the Somalian population in the area.

Officials express primary concern over the wide availability of both cocaine and marijuana. Federal prosecutors note that an arrest for one pound of cocaine would have been considered a "big case" in the 1980s, whereas now a pound of cocaine is a threshold requirement for prosecution.

Law enforcement officers describe racial and geographic patterns in drug distribution and use. Crack and powder cocaine predominate in the urban Twin Cities areas and are often sold in predominantly African-American neighborhoods. In contrast, they believe that methamphetamine is more often the drug of choice for whites, particularly in rural areas.

As discussed in subsequent sections, arrests for cocaine and crack are much more prevalent in Minneapolis than in rural areas of the state. Three factors enter into the number of

[1] Minneapolis is located in Hennepin County. St. Paul is located in Ramsey County.

cocaine arrests within Minneapolis. First, cocaine, particularly crack, tends to be sold in more open-air markets that are visible to complainants and witnesses. Second, the MPD employs specialized, neighborhood based narcotics teams and enforcement officers that focus on open-air cocaine sales and the crime problems associated with open drug markets. Third, because MPD officers make most of their cases through informants and most of the informants have been involved in cocaine distribution and use, they know more about the trends and availability of cocaine.

Their efforts have produced some significant cases, including the arrest and conviction of 11 members of the 132nd Street Shotgun Crips gang that operated a cocaine trafficking network from Los Angeles to Minneapolis. This group was reported to have sold approximately 5 kilos of cocaine a week from a north Minneapolis house. In 1999, indictments were handed down against some 60 defendants, many of them members of another Los Angeles street gang, the Broadway 5-2 Crips, following a lengthy investigation of a cocaine-crack trafficking network operating since the mid-1990s. According to officers, the gang moved its operations to Minneapolis because the prices for both crack and cocaine were higher than in California.

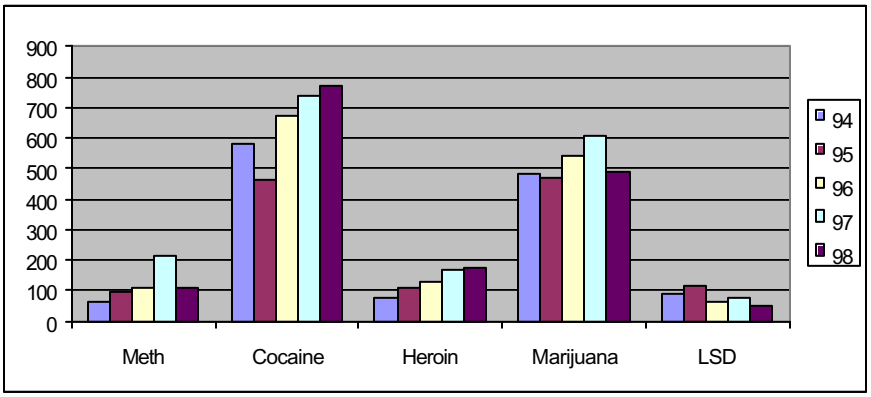
As noted previously, meth is considered a small but growing element of the region's drug problem. Concern began to mount in 1995 when Minnesota drug enforcement officers convened a conference to discuss the emerging meth problem tied to Biker Groups operating in the rural areas of the state. The perception is that distribution has moved away from the biker's groups toward major distribution by Mexican Nationals whose past activities largely involved cocaine. There are also reports of small, mom and pop labs being discovered in the metro area. Narcotics officers believe, however, that most of the meth cooking occurs in rural areas of the state.

Drug Use Indicators

The available data support the description of meth as a small but growing problem. There was a clear increase in all indicators during 1997. The picture is more mixed since that time. Drug use indicators such as emergency room mentions and overdose deaths declined in 1998 and 1999, but many law enforcement indicators continued to increase.

Meth emergency room mentions increased significantly in 1997, more than doubling over prior years (see Exhibit 1). They declined, however, in 1998 and 1999.[2]

Exhibit 1: Emergency Department Mentions of Selected Drugs, Minneapolis/St. Paul 1994-1998



Source: www.hazelden.org

There were seven methamphetamine-related deaths in Hennepin and Ramsey counties during 1999. This compared to eight in 1998. These were increases from the three previous years during which there were four or five meth-related deaths. In contrast, the two-county region experienced 53 cocaine-related deaths and 47 opiate-related deaths during 1999 (see Exhibit 2).

Exhibit 2: Drug Abuse Related Deaths, Hennepin and Ramsey Counties

Drug	1995	1996	1997	1998	1999
Cocaine	53	74	58	44	53
Opiates	30	27	30	38	47
Methamphetamine	5	4	4	8	7

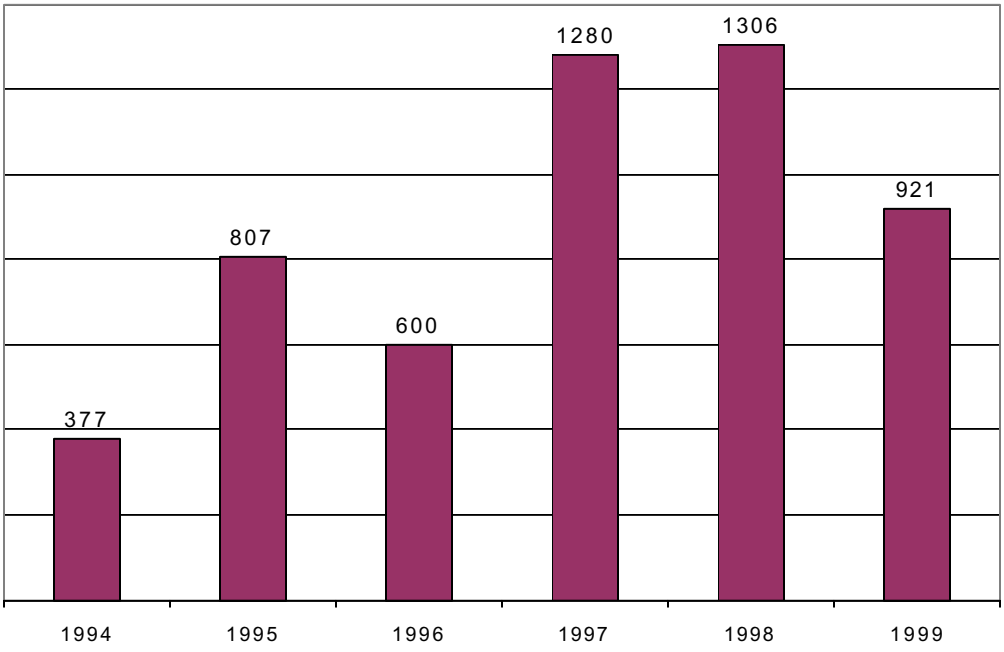
Source: Falkowski, 1998; Butler Center, 2000; www.hazelden.org

Statewide treatment admissions for meth increased significantly from 1994 to 1995 and in 1997 and 1998. Indeed, the 1997 numbers reflected a doubling from the previous year. Admissions decreased in 1999 from the peak levels (see Exhibit 3). The proportion of treatment

[2] Final numbers for 1999 are not yet available. They are reported to have declined, however. See Butler Center, 2000.

admissions involving users outside of the metropolitan area increased from 47 percent in 1994 to 58 percent in 1999. Thus, although the number of treatment admissions in the metro area increased after 1994, there was a greater proportionate increase in the non-metro regions of the state (Butler Center, 2000).

Exhibit 3: Methamphetamine Treatment Admissions, Minnesota



Source: www.hazelden.org

The ADAM program began in Minneapolis in 1998. Data were collected for the third and fourth quarters and data collection has continued since that time. During 1998, less than one percent of arrestees tested positive for meth. Eighteen percent of the males admitted to lifetime use of meth. Less than 4 percent of females admitted meth use (National Institute of Justice, 1999). During 1999, the proportion of arrestees testing positive was 1.1 percent of males and 2.5 percent of females. This compared to 29 percent of males and just over one-third of females (36 percent) testing positive for cocaine (National Institute of Justice, 2000).

Of the 34 ADAM sites reporting on meth use among male arrestees, Minneapolis ranked 19. Minneapolis ranked lower than many western cities as well as Midwestern cities like Des Moines (13.9 percent) and Omaha (7.8 percent) but above Chicago, Detroit, and Cleveland,

where no male arrestees tested positive for meth. The situation was very similar for female arrestees. Minneapolis ranked 17 of the 32 sites reporting the percent of female arrestees testing positive. Minneapolis's finding of 2.5 percent of females testing positive compared to 22.4 percent in Des Moines and 11.1 percent in Omaha (National Institute of Justice, 2000). Thus, local officials' perception of meth as a small but potentially growing problem is supported in the ADAM data.

Law Enforcement Indicators

Court data on the sentencing of drug defendants also provides a picture of the relative distribution of meth in urban versus rural areas of Minnesota. During 1998, there were 34 amphetamine cases in Hennepin County, 175 in Ramsey County, 157 in other metropolitan areas, and 322 in the non-metropolitan regions of the state. In contrast, there were 509 cocaine cases in Hennepin County, 403 in Ramsey County, 90 in other metropolitan regions, and 201 in the non-metro region. This generates ratios of 0.07 meth cases per cocaine cases in Hennepin County and 0.43 meth cases per cocaine cases in Ramsey County. In contrast, there were 1.74 meth cases for every cocaine case in other metropolitan areas and 1.6 meth cases per every cocaine case in the non-metro region (see Exhibit 4).

Exhibit 4: Cocaine and Amphetamine Drug Court Cases, 1998

	Hennepin County	Ramsey County	Other Metro	Greater Minnesota
Cocaine	509	403	90	201
Amphetamine	34	175	157	322
Ratio Amphetamine to Cocaine	0.07	0.43	1.74	1.60

Source: Minnesota Sentencing Guidelines Commission, 2000

The court data also indicate the growth of meth in Minnesota. As Exhibit 5 illustrates, the number of amphetamine[3] cases in Minnesota courts increased from 84 in 1988 to 659 in 1998. This reflected a 684 percent increase. In contrast, during this period cocaine cases increased 129 percent, marijuana cases increased 10 percent, and hallucinogens increased 25 percent. Consequently, meth cases now comprise one-quarter of all drug offenses in the state. Exhibit 6 demonstrates the growth in amphetamine cases. The most substantial growth is in the

[3] Minnesota courts classify amphetamine and methamphetamine in a global category labeled amphetamine.

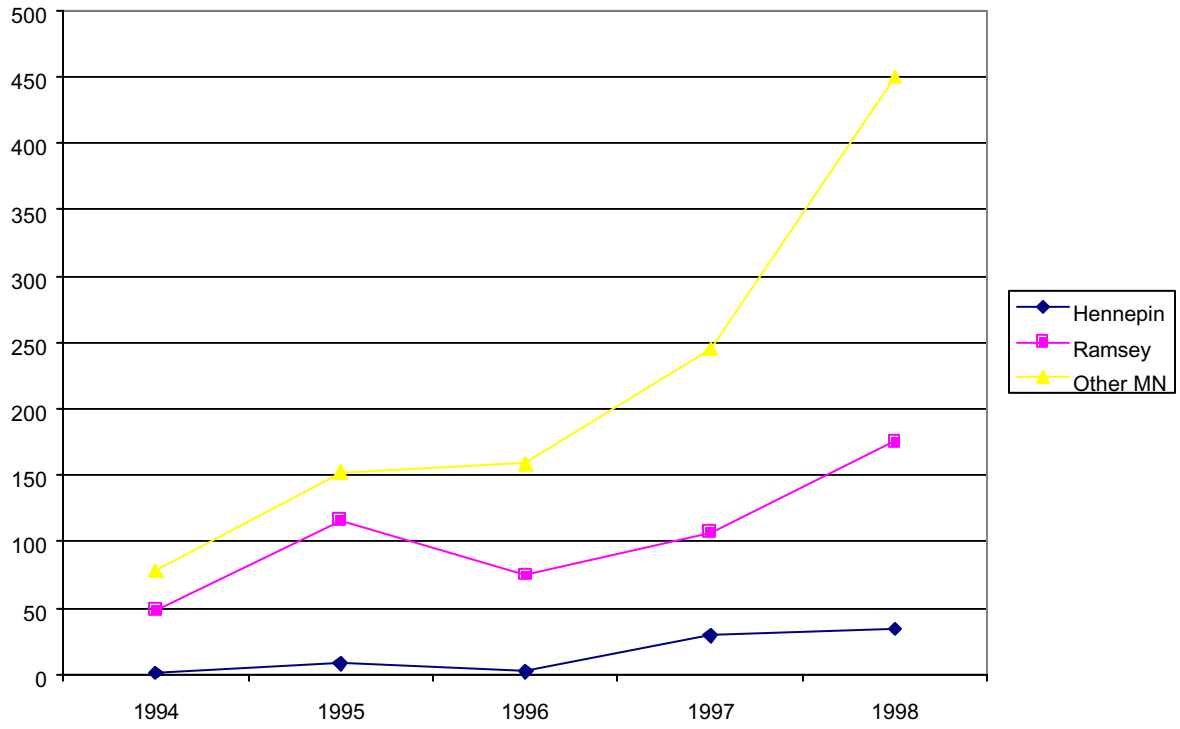
non-metropolitan regions of the state, but increases are also evident in Hennepin and Ramsey counties (Minneapolis/St. Paul).

Exhibit 5: Drug Offenses in Minnesota Courts

		1988	1989	1990	1994	1995	1996	1997	1998	Change 1988-98
Cocaine	#	524	831	893	823	884	812	1071	1203	+129%
	%	44	52	49	49	52	48	50	47	
Marijuana	#	365	497	564	509	355	412	432	402	+10%
	%	31	31	31	30	21	24	20	16	
Amphetamine	#	84	89	95	95	276	236	381	659	+684%
	%	7	6	5	5	16	14	18	26	
Hallucinogens	#	47	73	92	66	45	53	61	59	+25%
	%	4	5	5	4	3	3	3	2	
Other	#	87	109	166	89	103	90	114	159	+83%
	%	7	7	9	5	6	5	5	6	
Unknown	#	73	3	1	78	55	92	68	60	-18%
	%	6	0	0	5	3	5	3	2	
Total	#	1180	1602	1811	1692	1718	1695	2127	2542	+115%

Source: Minnesota Sentencing Guidelines Commission, 1997a, 1997b, 1998, 2000

Exhibit 6: Amphetamine Drug Cases in Minnesota Courts, 1994-1998



During 1998, prices for meth were reported to be $100 per gram, approximately $1,000 per ounce, and $10,000 to $12,000 per pound (Falkowski, 1998). This remained relatively constant during 1999 and early 2000: $100 per gram, $1,200 per ounce, $10,000-12,000 per pound, and $24,000 per kilogram (Butler Center, 2000).

Interviews with Probationers and Drug Court Clients

In an effort to gain more insight into meth use and distribution in the Minneapolis region, the Minneapolis Health Department, a formal partner in the anti-meth initiative, conducted a series of interviews with drug court clients and probationers. Interviews were conducted with 343 drug court clients and 150 probationers during late 1999 and early 2000. Of these, 94.1 percent admitted drug use, including 69 who were admitted meth users and 395 who admitted using drugs other than meth.

As Exhibit 7 shows, there was no real difference in terms of gender among meth and other drug users. Court-related meth users tended to be slightly older than other drug users.

There were significant differences in terms of race, however. Eighty-seven percent of the court-related meth users are White compared to 23 percent of other drug users. In contrast, only 6 percent of the meth users were African-American compared to 67 percent of the non-meth drug users.

Exhibit 7: Drug Court Clients and Probationers in Hennepin County, Demographics

	Meth Users	Non-Meth Drug Users
Gender	**N=69**	**N=395**
Male	78.3	80.5
Female	21.7	19.5
Age	**N=69**	**N=395**
18-21	17.4	21.1
22-25	10.1	19.8
26-30	18.9	16.7
31-35	11.6	12.5
36-40	21.7	16.4
41-45	10.1	7.2
46+	10.1	7.3
Mean	32.3	30.1
Race/Ethnicity	**N=69**	**N=395**
African-American	5.8	66.6
Caucasian	87.0	22.8
Hispanic	1.4	0.5
American Indian or Alaskan Native	2.9	4.8
Asian or Pacific Islander	0	1.8
Other	2.9	3.5
Education	**N=69**	**N=395**
Some high school or less	14.5	35.2
High school or GED	53.6	38.7
Some College	21.7	20.2
College	10.1	5.8
Employment Status	**N=51**	**N=268**
Employed prior to involvement in drug court	78.4	71.2
Currently employed	100.0	67.8
Currently working full time	90.2	79.1
Parental Status	**N=51**	**N=292**
Don't have children	45.1	30.8
Children live with me	29.4	41.8
Children don't live with me	25.5	26.4

Source: Data provided by Minneapolis Department of Health and Family Support

Meth users had somewhat higher educational achievement and were more likely to have worked at the time of arrest and to be working while under court supervision. Meth users were less likely to have children and fewer meth users were living with their children.

The demographic patterns were very similar to those observed in treatment admission data. As Exhibit 8 indicates, 97 percent of meth users admitted for treatment are white. In contrast, 37 percent of cocaine users admitted for treatment were White, with the majority of cocaine users admitted for treatment being African-American. Meth users admitted for treatment tended to be somewhat younger than cocaine users. This was reverse the case for the drug court clients and probationers. Meth users admitted for treatment most typically reported sniffing as the administration route, but over one-quarter admitted injecting meth.

Exhibit 8: Characteristics of Persons Admitted to Treatment in Minneapolis/St. Paul in 1999 (1st half) by Primary Drug

	Methamphetamine	Cocaine
Total Admissions	**N=175**	**N=1,175**
Gender		
Male	70.3 %	67.6 %
Female	29.7	32.4
Race/Ethnicity		
White	96.7	37.3
African American	1.3	54.4
Hispanic	0.7	3.4
American Indian	0	3.2
Asian	0	0.1
Age		
Under 18	4	2.1
18-25	33.1	9
26-34	32.6	37.2
35+	30.3	51.7
Administration Route		
Smoking	17.6	84.4
Sniffing	48.7	13.1
Injection	26.1	2.4
Other	7.6	0
Secondary Drug	40.8 (marijuana)	55.9 (alcohol)
Tertiary Drug	44.1 (alcohol)	43 (marijuana)
1st Treatment	26.7	21.8
Daily Nicotine Use	69.7	69.8
Job Is Primary Income Source	58.2	51.6

Source: Drug and Alcohol Abuse Normative Evaluation System (DAANES), Minnesota Department of Human Services, 1999. Provided by Butler Center for Research at Hazelden, www.hazelden.org.

Court-related meth users also appeared to have more extensive multi-drug use history. For example, all the meth users reported marijuana use, 62 percent reported crack use, 88 percent reported cocaine use, and 74 percent had used LSD (see Exhibit 9). The corresponding figures for non-meth users were 87 percent, 23 percent, 37 percent, and 10 percent for marijuana, crack, cocaine, and LSD, respectively. Meth users also reported slightly younger age at first use of drugs (mean=14.3) than did non-meth drug users (mean=15.9).

Exhibit 9: Drug Court Clients and Probationers in Hennepin County, Self-Reported Drug Use Experience

	Meth Users	Other Drug Users
Use of Other Drugs	**N=69**	**N=395**
Marijuana	100.0	86.6
Crack	62.3	23.3
Cocaine	88.4	36.7
Heroin	40.6	7.3
LSD	73.9	10.4
Inhalants	31.9	1.5
Amphetamine/Speed	65.2	7.3
Khat	4.3	0
Gamma	1.4	0
Age at First Drug Use	**N=-69**	**N=393**
10 and under	8.7	6.6
11-15	66.7	49.1
16-18	21.7	27.0
19-21	7.3	8.1
22-25	0	3.6
26-30	0	3.6
30 and above	1.4	2.0
Mean	14.3	15.9

Source: Data provided by Minneapolis Department of Health and Family Support

An additional set of questions about acquiring meth was asked of meth users only. As Exhibit 10 indicates, over 80 percent reported buying meth indoors and 10 percent admitted making meth. Only 7 percent of the purchases were reported as occurring outdoors. Most purchases (83 percent) were made in residences and nearly three-quarters relied on one main source.

Exhibit 10: Reported Mode of Acquisition, Meth Users

Do you usually get meth:	**N=68**
Indoors	80.9
Outdoors	7.4
Make yourself	10.3
Do you usually buy meth at a:	**N=53**
Residence	83.0
Business	7.5
Workplace	3.8
Other	5.7
Do you have a main source – that is, one dealer that you usually hook up with?	**N=61**
Yes (other than self)	73.8
No	26.2
Is your main source:	**N=45**
A dealer and cooker	20.0
A dealer or middleman	62.2
Don't know	17.8
Race or ethnicity of main source	**N=43**
Caucasian	88.4
African American	7.0
Asian or Pacific Islander	2.3
Other	2.3
Have you sold or made meth in past year?	**N=69**
Yes, sold only	5.8
Yes, made and sold	1.4
No	92.8

Source: Data provided by Minneapolis Department of Health and Family Support

Thus, on the basis of the interviews, meth users are more likely to be white, to be employed, and to have more extensive involvement abusing a variety of drugs. They purchase their drugs indoors, typically from one supplier. This appears to be consistent with law enforcement accounts that the meth market is difficult to penetrate due to its relatively closed nature.

Intervention

Interviews

Consistent with the law enforcement indicators discussed above, interviews with narcotics officers suggested that methamphetamine appears to be increasing in the area. Whereas it used to be confined to particular areas of the city, they are "now finding it all over the place." This being said, the officers do not consider meth to be a common street drug. Rather, meth tends to be sold in relatively closed networks either in bars or through friends. This is consistent with the self-reports of users discussed above.

Drug enforcement activities revealed two primary sources for meth in the region. The largest source involves the shipment of meth from Mexico by Mexican Nationals to local Hispanic communities in the city and state. For example, last year police made a number of arrests of a Hispanic family of 15 involved in high volume distribution of meth. This group had been involved in cocaine and crack distribution but had learned how to make meth and take advantage of its profit potential. In Mexico, a pound of meth can be purchased for approximately $3,000 and sold in Minneapolis for $10-$15,000. Federal prosecutors noted that these groups have turned to meth in order to control the production end and eliminate the uncertainties brought about by having to rely on Colombian cocaine suppliers.

The second source of meth comes from small, local, rural labs operated by loose networks of young white males, often including but not limited to bikers. These labs are small and portable, making discovery and intervention difficult. The labs are not limited to the outskirts, however, as demonstrated by the July 1999 explosion of a clandestine lab in north Minneapolis. Within the Minneapolis/St. Paul metropolitan area, meth sales and use are considered more prevalent in the St. Paul area, largely because of the "blue-collar" bars in the vicinity.

The Minneapolis metropolitan area is characterized by multiple narcotics enforcement efforts with as many as nine different narcotics task forces, the MPD narcotics unit, the St. Paul Police Department (SPPD) narcotics unit, the Hennepin County Sheriff's Department, the FBI, and DEA, each working narcotics cases in the area. In addition, the MPD has a number of district-level Community Response Teams (CRTs) involved in undercover operations in the city of Minneapolis. Once a week, Lieutenant Isaac Delugo of the MPD and the meth initiative

manager, along with members of the East and West task forces, the Airport Police, DEA, FBI and ten officers from his own unit assigned to different area task forces, meet to discuss current investigations and to decide whether particular cases merit joint investigative efforts.

Unlike the CRTs, which respond to citizen complaints and focus on a variety of problems from crack houses to prostitution, the MPD narcotics unit has focused on long-term investigations using traditional undercover techniques.

Narcotics officers reported that they were each involved in two to three active cases and about half of those involved meth. They noted that they used the same enforcement techniques with meth as with other drugs, and that they worked regularly with other task forces in the area and had a very good relationship in particular with the Hennepin County Sheriff's Department. They also said that they tried to make cases that could be taken to federal court in light of the stiffer sentences in the federal guidelines. One problem they encountered, however, was that they were seeing more cases where amphetamine was being sold as methamphetamine. This poses a particular problem because the sentencing guidelines have no special provisions for amphetamine as they do for meth (see, United States Sentencing Commission, 1999:26).

Law enforcement officers and prosecutors have stated that methamphetamine cases pose particularly difficult problems. As described earlier, meth does not appear to have the same market dynamics as cocaine, heroin, or marijuana. Perhaps related to the alleged paranoia that exists with meth users, sale and use tends to be more hidden from public view. More importantly, ethnic/racial and language barriers hamper larger quantity investigations involving Hispanic groups. The MPD has only two Hispanic narcotics officers, an insufficient number to make buys or to monitor and translate the surveillance transcripts in these cases. Prosecutors also noted that unlike cocaine cases, meth cases tend not to directly involve the leaders of the groups. Most prosecutions involve mules or gophers, many of whom do not know who the kingpins are in the organization. They also noted that those who are arrested tend not to reveal anything about the network in spite of facing serious jail time.

Law enforcement officials have been able to make several significant cases, nonetheless. The most noteworthy was the arrest of Juan Monroy and Alfredo Prieto, the leaders of a major drug ring responsible for distributing over 100 pounds of meth. The Monroy and Prieto network was involved in shipping meth from Mexico to California and then to Minnesota. The case,

completed in mid-1999, led to the arrest of several other members and the seizure of 34 pounds of meth, at the time the largest seizure of this type in Minnesota history. In addition to Monroy and Prieto, 11 other members of the network were convicted in federal court.

Since the Monroy and Prieto prosecutions, there have been a number of additional major cases involving Mexican National groups trafficking large amounts of meth into the Minneapolis region. An ongoing investigation targeted a group involved in both meth and cocaine trafficking. The meth was coming from Arizona and California. A traffic stop in Kansas resulted in the seizure of 13 kilos of meth and indicated the meth was tied to the group under investigation in Minneapolis. A warrant served on a Minneapolis house led to several arrests, including an individual believed to be a major figure in a Mexican National organization. Approximately $260,000 in cash was seized at the house.

The SPPD narcotics unit also had a significant bust involving meth. In a joint Title III operation with DEA and the Minnesota Bureau of Criminal Apprehension, a number of arrests and seizures of 56 pounds of meth, 12 pounds of cocaine, marijuana and guns were carried out. The COPS grant provided support for the overtime expenses associated with this operation.

The summer of 2000 witnessed several additional large meth seizures. Hennepin County Sheriff's Department (HCSD) seized 20 pounds, the Bureau of Criminal Apprehension seized 26 pounds, and the SPPD seized 46 pounds. All involved Mexican National dealers. The COPS funding for overtime and equipment was considered instrumental in these seizures by officials from these agencies. Indeed, one law enforcement official reported that while the arrests would have likely occurred eventually, the COPS overtime funding allowed for a much more intensive investigation and more timely arrests and seizures.

The COPS methamphetamine initiative was credited with assisting law enforcement partners in several different ways. The overtime funding was seen as particularly important for carrying out effective investigations of meth-dealing groups. This was considered essential for facilitating long-term, costly, intensive investigations of drug trafficking organizations.

Officials from both agencies were very appreciative of the equipment provided through the Meth Initiative. One official describing the equipment said, "The COPS grant was a godsend." The two-way digital phones allowed secure communication within narcotics units and between units. One narcotics officer explained that the "phones immeasurably helped us (MPD

and HCSD) in working together." The cameras and recording equipment replaced outdated equipment and were considered very important in building cases. MPD officials were particularly pleased with the digital camera and lens equipment purchased under the grant. Officers noted that with major cases the camera was often used on a daily basis for several weeks. The advantages of the camera include its high quality of pictures given varying light conditions, the ability to rapidly print out pictures from the computer, and the ability to share pictures across units and agencies.

Law enforcement officials also spoke of the increased effectiveness based on surveillance bugs, hidden cameras, digital cameras, and meth safety equipment for the meth lab-certified officers. Additionally, the grant supported the purchase of several drug-sniffing canines that were deployed by the Minnesota State Patrol. All metropolitan law enforcement agencies were able to call the MSP canine unit for support.

Law Enforcement Data

In 1997, there were 22 meth labs seized (statewide). This increased to 46 in 1998 and 109 during 1999. The first four months of 2000 witnessed 45 lab seizures (see Exhibit 11). Officials estimate that two-thirds of the lab seizures occur in the non-metropolitan regions of the state (Butler Center, 2000).

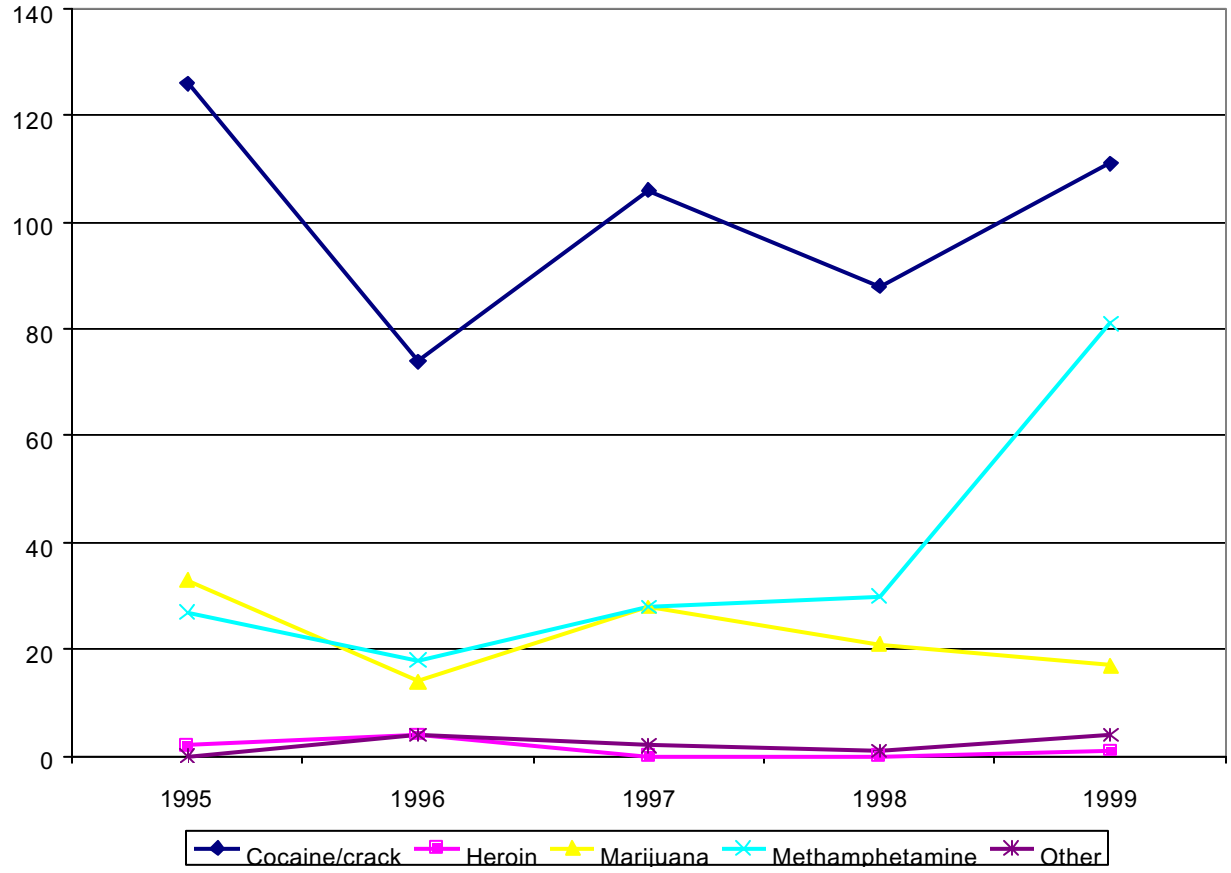
Exhibit 11: Meth Lab Seizures, Minnesota

Year	Lab Seizures
1997	22
1998	46
1999	109
2000 (January-April)	45 (135 projected)

Source: Falkowski, 1998; Butler Center, 2000

The increase in meth availability, and the increased attention to meth manufacture and distribution, is reflected in drug cases prosecuted in federal court. From 1995 to 1998 methamphetamine cases hovered between 20 and 30 cases per year. They then more than doubled in 1999 to 81 (see Exhibit 12).

Exhibit 12: Drug Cases Sentenced in U.S. Federal Court, Minnesota



Methamphetamine arrests comprise a small portion of the Minneapolis Police Department's narcotics enforcement. From January through October 2000, there had been 41 arrest incidents involving meth. This compared to 31 in 1999 and 50 in 1998 (through October of each year). Each year, this represented 1 percent of all drug arrest incidents (see Exhibit 13). In contrast, as Exhibit 14 indicates, meth arrests were more prevalent in St. Paul. Examining the January to October period revealed 219, 140, and 152 meth arrests from 1998 through 2000, respectively. This comprised between 14 and 18 percent of all the drug arrests made by the St. Paul Police Department.

Exhibit 13: Minneapolis Police Department Arrest Incidents Involving Drugs

Year (January through October)	Arrest Incidents Involving Meth	Total arrest Incidents Involving Drugs	Meth as Percent of Total Cases
1998	50	4132	1.2
1999	31	3816	0.8
2000	41	3791	1.1

Minneapolis Police Department Arrest Incidents Involving Methamphetamine and Total Drug Arrest Incidents

	Arrest Incidents Involving Methamphetamine			Arrest Incidents Involving Drugs		
	1998	1999	2000	1998	1999	2000
January	4	0	1	323	296	296
February	5	2	5	428	338	438
March	6	5	5	456	404	460
April	2	7	3	419	381	372
May	5	1	3	424	325	399
June	11	2	6	433	435	335
July	8	3	3	428	408	297
August	5	2	6	480	455	438
September	0	6	3	385	390	362
October	4	3	6	356	384	394
November	3	6		343	380	
December	1	8		298	362	
Jan-Oct	50	31	41	4132	3816	3791
Percent of total	1.2	0.8	1.1			

Source: Minneapolis Police Department, CODEFOR Unit

Exhibit 14: St. Paul Police Department Arrest Incidents Involving Drugs

Year (January through October)	Arrest Incidents Involving Meth	Total Arrest Incidents Involving Drugs	Meth as Percent of Total Cases
1998	219	1242	17.6
1999	140	977	14.3
2000	152	843	18.0

St. Paul Police Department Arrest Incicdents Involving Methamphetamine and Total Drug Arrest Incidents

	Arrest Incidents Involving Methamphetamine			Arrest Incidents Involving Drug		
	1998	1999	2000	1998	1999	2000
January	17	20	9	122	124	67
February	24	15	14	117	82	69
March	45	16	19	141	105	96
April	30	11	21	143	105	89
May	22	11	13	124	77	77
June	12	11	8	93	96	69
July	14	11	10	119	102	60
August	21	11	15	111	103	120
September	21	16	26	109	91	107
October	13	18	16	161	102	89
November	16	10	18	108	92	64
December	17	8	7	116	79	39
Jan-Oct	219	140	152	1242	977	843
Percent of total	17.6	14.3	18.0			

Source: St. Paul Police Department

Data from the Hennepin County District Court present a picture quite similar to that found in the law enforcement data. Meth cases comprised less than five percent of all the drug cases in District Court. The number of meth cases increased from 64 in 1999 to 101 in 2000 (January through November). This mirrored an overall increase in drug cases from 1467 to 1997 (see Exhibit 15). As Exhibit 16 indicates, males comprise most of the defendants in both meth cases (81.2 percent) and non-meth drug cases (86.7 perceent). The strong racial pattern observed in treatment data was also apparent in the court data. Just under 90 percent of the meth defendants were white whereas only 23 percent of the non-meth drug defendants were white.

Exhibit 15: District Court Drug Cases, Meth and Non-Meth—1999-2000 (Hennepin County)

January-November 1999	N	Percent
Methamphetamine Cases	64	4.4
All Other Drug Cases	1403	95.6
Total	1467	100.0
January-November 2000		
Methamphetamine Cases	101	4.8
All Other Drug Cases	1997	95.2
Total	2083	100.0

Source: Data provided by Hennepin County District Court

Exhibit 16: District Court Drug Cases by Gender and Race—1999-2000 (Hennepin County)

	Methamphetamine		All Other Drugs		Total	
Gender	**N**	**Percent**	**N**	**Percent**	**N**	**Percent**
Male	134	81.2	2934	86.7	3068	86.4
Female	31	18.8	451	13.3	482	13.6
Total	165	100	3385	100	3550	100
Race/Ethnicity						
Non Hisp Asian/PI	0	0	22	.6	22	.6
Hisp Asian/PI	0	0	5	.1	5	.1
Non Hisp Black	10	6	2326	68.7	2336	65.8
Hisp Black	0	0	6	.2	6	.2
Non Hisp Ind/Akan	2	1	82	2.4	84	2.4
Hisp Ind/Akan	1	.7	9	.3	10	.3
Non Hisp White	145	88	769	22.8	914	25.7
Hisp White	7	4.3	160	4.7	167	4.7
Unknown	0	0	6	.2	6	.2
Total	165	100	3385	100	3550	100

Source: Data provided by Hennepin County District Court

In 1999, 44 percent of meth defendants plead guilty in District Court (Hennepin County). This increased in 2000 to 50 percent. In both years this was a higher rate of guilty pleas than was true for other types of drug cases (see Exhibit 17). This was also reflected in the dispositions presented in Exhibit 18. Just less than one-half of the meth defendants in 1999 and just over one-half in 2000 were convicted. This was a higher conviction rate than in other drug cases. Similar numbers of meth and non-meth cases were diverted from court, though this declined from 27 percent in 1999 to 18-19 percent in 2000.

Exhibit 17: Type of Plea Entered, District Court (Hennepin County)

January-November 1999	Methamphetamine		All Other Drugs		Total	
	N	Percent	N	Percent	N	Percent
Plead Not Guilty	36	56.2	934	66.6	970	66.1
Plead Guilty	28	43.8	469	33.4	497	33.9
Total	64	100.0	1403	100.0	1467	100.0
January-November 2000						
Plead Not Guilty	50	49.5	1234	62.3	1284	61.6
Plead Guilty	51	50.5	748	37.7	799	38.4
Total	101	100.0	1982	100.0	2083	100.0

Source: Data provided by Hennepin County District Court

Exhibit 18: District Court Dispositions, District Court (Hennepin County)

Final Disposition	Methamphetamine		All Other Drugs		Total	
January-November 1999	N	Percent	N	Percent	N	Percent
Conviction	30	46.9	476	34.0	506	34.5
Continued for Dismissal	0	0	1	.1	1	.1
Diversion	17	26.6	381	27.1	397	27.1
Acquittal	0	0	10	.8	10	.8
Dismissal	9	14.1	274	19.5	283	19.2
Warrant/Pending	8	12.5	261	18.6	269	18.3
Total	64	100	1403	100	1467	100
January-November 2000						
Conviction	52	51.5	775	39.1	827	39.7
Continued for Dismissal	0	0	10	.5	10	.5
Diversion	18	17.8	381	19.2	399	19.1
Acquittal	0	0	14	.8	14	.8
Dismissal	17	16.8	406	20.5	423	20.3
Warrant/Pending	14	13.9	396	19.9	410	19.6
Total	101	100.0	1982	100.0	2083	100.0

Source: Data provided by Hennepin County District Court

The conviction disposition increased in severity from 1999 to 2000 for meth cases. As Exhibit 19 indicates, the percent of first, second, and third degree felony convictions increased from approximately 24 percent of meth convictions in 1999 to 38 percent in 2000. There was no such increase in the disposition severity in non-meth cases. This may reflect either

heightened narcotics enforcement attention or changes in prosecutorial emphasis on meth cases, or both. As Exhibit 20 illustrates, there was also a decrease in the number of meth defendants receiving probation, with more defendants receiving at least some sentenced time in the local work house, work house plus prison, or prison. Further, meth defendants were more likely to receive some type of incarceration than were non-meth drug defendants.

Exhibit 19: Disposition Severity, District Court (Hennepin County)

Level of Drug Offense	Methamphetamine		All Other Drugs		Total	
January-November 1999	**N**	**Percent**	**N**	**Percent**	**N**	**Percent**
First Degree	6	9.3	96	6.8	102	7
Second Degree	4	6.3	113	8.1	117	8
Third Degree	5	7.8	180	12.8	185	12.6
Fourth Degree	0	0	37	2.6	37	2.5
Fifth Degree	49	76.6	957	68.2	1006	68.5
Simulated	0	0	20	1.5	20	1.4
Total	64	100	1403	100	1467	100
January-November 2000						
First Degree	7	6.9	130	6.6	137	6.6
Second Degree	20	19.8	165	8.3	185	8.9
Third Degree	11	10.9	227	11.5	238	11.4
Fourth Degree	1	1	37	1.9	38	1.8
Fifth Degree	61	60.4	1274	64.3	1335	64.1
Simulated	1	1	149	7.4	150	7.2
Total	101	100	1982	100	2083	100

Source: Data provided by Hennepin County District Court

Exhibit 20: District Court Sentences, Hennepin County

Type of Sentence	Methamphetamine		All Other Drugs		Total	
January-November 1999	**N**	**Percent**	**N**	**Percent**	**N**	**Percent**
Prison	7	10.9	58	4.1	65	4.4
Stay Prison-Work House	9	14.1	179	12.8	188	12.8
Stay Prison-No Work House	1	1.6	26	1.9	27	1.8
Workhouse	9	14.1	190	13.5	199	13.6
Stay Workhouse	1	1.6	5	.4	6	.4
Probation	37	57.8	945	67.4	982	66.9
Total	64	100	1403	100	1467	100
January-November 2000						
Prison	12	11.9	126	6.4	138	6.6
Stay Prison-Work House	17	16.8	280	14.1	297	14.3
Stay Prison-No Work House	3	3.0	38	1.9	41	2.0
Workhouse	19	18.8	270	13.6	289	13.9
Stay Workhouse	0	0	3	.2	3	.1
Probation	50	49.5	1265	63.8	1315	63.1
Total	101	100	1982	100	2083	100

Source: Data provided by Hennepin County District Court

Laboratory Activities

The Minneapolis Health and Family Support Department Laboratory has been in existence since 1895 and began systematic drug testing in the late 1960s. The lab conducts about half the drug tests in the metro area, sharing responsibility with two other labs–the state Bureau of Criminal Apprehension and the St. Paul Police Department. The lab services approximately 60 agencies and conducts all the tests for the MPD and the COPS Methamphetamine Initiative. They also noted that they do not receive information from any other of the labs, and that they may not see all the meth in the county.

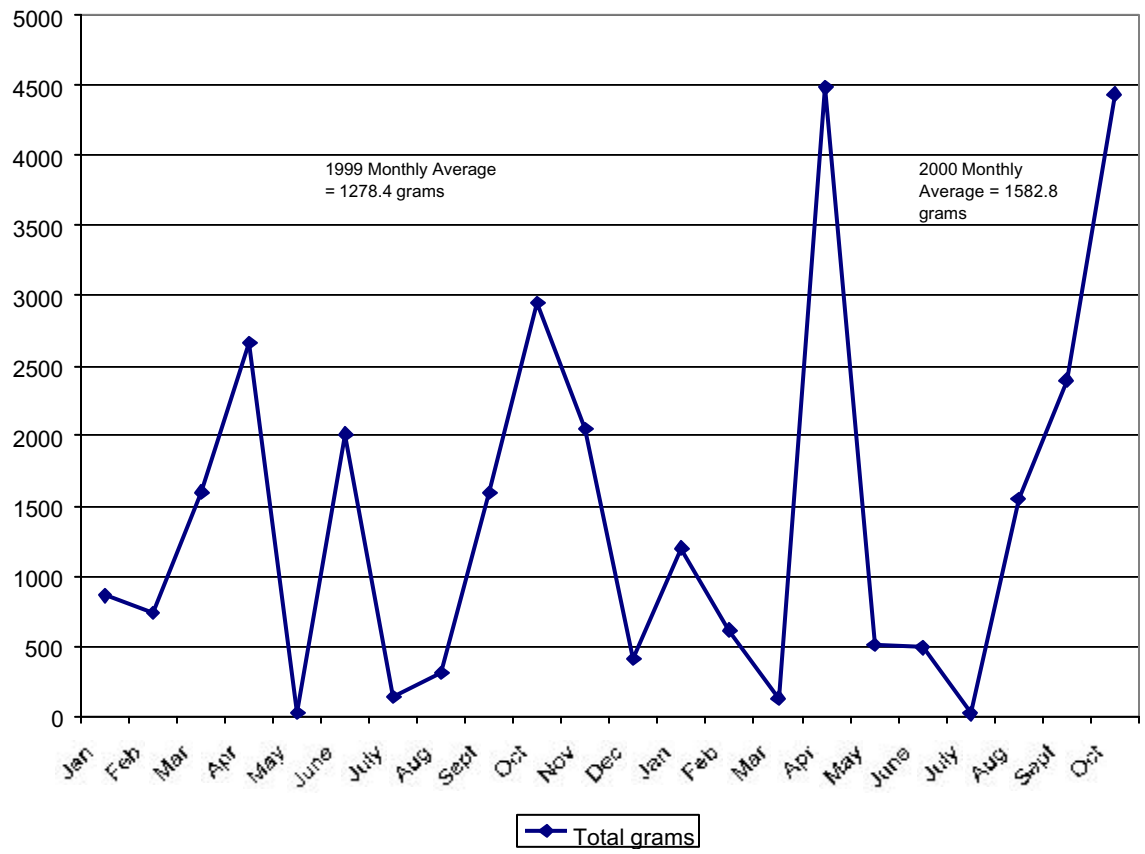
In terms of methamphetamine, they noted that when they do test methamphetamine, they tend to get the entire seizure. While they have seen meth at the lab at least for the past 10 years there has been a definite and substantial increase recently. Meth seizures tested in the lab increased from 26.9 pounds in 1997 to 70.2 pounds in 1998. They noted, for example, that they

had six cases that included one pound of meth each and one case of one pound of amphetamine.[4] They reported that they began to see an upturn in meth in the area approximately three years ago when they began hearing about it—particularly in the south metro area. While it had been prevalent in the biker population for some time, it has now spread to other areas of the city. Crack continues to be the drug of choice in the inner city, but there is evidence of an increase in low-purity level, cut meth in the southern suburbs. Pure white meth is relatively rare. Most meth is cut with Dimethyl sulfone that is available through veterinarians' offices for arthritis in animals, and which is also found in some industrial solvents. They said they do not recall seeing crystal meth; and while they have seen a few cases of heroin, Ecstasy, and some GHB submissions, the predominant drugs are cocaine and marijuana. They did note an increase in Khat, a plant legal in Somalia but a controlled substance here. They attribute this increase to the growing Somalian population.

Exhibit 21 presents monthly data on meth samples submitted for testing from January 1999 through October 2000. The data indicate significant month-to-month variation but there does seem to be a steady flow of meth samples. Further, there is some evidence of an increase in the amount of meth seized from 1999 to 2000, with very significant amounts seized in April and October 2000.

[4] The Minneapolis Health and Family Support Department Laboratory reports that amphetamine and methamphetamine are very similar, differing only in the precursor or starter drug (norephedrine or norpseudophedrine vs. ephedrine or pseudophedrine).

Exhibit 21: Meth Samples Tested in Lab



The 22-month period witnessed 536 meth samples from 195 cases submitted to the lab (see Exhibit 22). MPD submitted 31 percent of the samples and was involved in just over one-quarter of the cases. In addition to MPD, samples were submitted from the Hennepin County Sheriff, ten other police departments, six task forces, the FBI, and the MSP. As Exhibit 22 indicates, there were no major shifts from 1999 to 2000. The total number of cases was nearly equal (87 and 84, respectively) but the 2000 samples tended to include more meth per month, per case, and per sample.

Exhibit 22: Data on Meth Samples Submitted to Minneapolis Health Department Lab, 1999-2000

	Total (Jan 1999-Oct 2000)		Jan-Oct 1999		Jan-Oct 2000	
	Number	Percent	Number	Percent	Number	Percent
Total cases submitted to lab	**195**	**100.0**	**87**	**100.0**	**84**	**100.0**
MPD cases	53	27.2	21	24.1	22	26.2
Total meth samples	**536**	**100.0**	**288**	**100.0**	**182**	**100.0**
MPD samples	169	31.5	67	23.3	61	33.5
Total grams	**31,169.4**	**100.0**	**12,882**	**100.0**	**15,828.2**	**100.0**
Grams per month	1416.8		1288.2		1582.8	
Grams per case	58.2		44.7		86.9	
Grams per sample	159.8		148.1		188.4	
Purity						
Samples 75-100% purity	46	8.7	24	8.5	7	3.8
Samples 50-74.9% purity	26	4.9	7	2.5	9	4.9
Samples 25-49.9% purity	69	7.1	20	7.1	39	21.4
Samples 0-24.9% purity	390	73.4	232	81.9	127	69.8

As is evident in Exhibit 22, there is significant variability in purity levels. Law enforcement and lab officials attribute this to the point in the distribution chain where the seizure occurs. High purity levels tend to indicate locally cooked meth that has not been cut. In contrast, lower purity levels tend to indicate meth being imported from Mexico that has been cut.

In 1999, 13.6 percent of the meth samples submitted to the lab were above 50 percent purity levels. During the first ten months of 2000, this had dropped to 8.7 percent. Local officials attribute this to the increase in meth imported into the region, as opposed to locally cooked meth.

Partnerships

Organizational Structure

Understanding the context in which the Minneapolis Meth Initiative operates is made complicated by the wide array of enforcement agencies currently engaged in narcotics enforcement in the metropolitan area. In addition to the ten agencies that make up the initiative there are at least six Multijurisdictional Drug Task Forces operating in the area. Moreover, the Airport Police, Bloomington Police Department, Champlin Police Department, West Hennepin

Department of Public Safety, Minnesota Gang Task Force, and several small agencies are also involved in narcotics enforcement and have submitted evidence from methamphetamine seizures to the lab. Finally, within the MPD itself, there are decentralized narcotics officers, known as CRACK Teams, working within in the Community Response Teams (CRTs) that engage in proactive, neighborhood level enforcement activities in the city's five precincts.[5]

Cooperation and Coordination

Relationships between law enforcement agencies in the Minneapolis and St. Paul metro areas appear to have improved over the course of the Meth Initiative. The first site visit indicated a lack of interaction between the MPD and the St. Paul Police Department. However, changes in personnel in both departments' narcotics units coupled with the interaction through the Meth Initiative has led to increased cooperation between the two agencies. An SPPD official stated, "The grant forced us to work together." An MPD official added, "We are all playing well together." Officials from both agencies agreed that the level of cooperation between the two agencies was much better than had been true in the past.

Beyond SPPD and MPD, local officials credit the Meth Initiative for creating a vehicle for increased interaction and cooperation among all the participating regional law enforcement agencies. Coming together to plan and implement the grant was seen as helping build relationships among the various narcotics units and drug task forces. Indeed, participants said one of the biggest benefits of the grant was that it provided a vehicle for bringing together people from a variety of agencies that are addressing the illegal drug problem. An investigator with the DEA task force also expressed these sentiments. He noted that for years, given all the narcotics units and task forces operating in the region, narcotics officers were "tripping over each other all the time." The meth grant was helpful by bringing key players together on a regular basis to share information. "We have been able to do a lot of work with the narcotics unit and the crack teams due to the funding available from the meth grant," he said. Additionally, the MPD narcotics unit has maintained a centralized confidential informant (CI) database that has been helpful in coordinating narcotics investigations. One official seemed to capture narcotics

[5] While most CRACK teams are a part of the CRT Teams, several CRACK teams now operate independently and are no longer associated with the CRTs.

officers' sentiments when he noted, "We work together on a daily basis and have a great relationship."

In addition to the day-to-day investigative work, partnerships were also strengthened through the collaborative commitment to training. The MPD and the Bureau of Criminal Apprehension (BCA) have taken a creative approach to providing training statewide (see subsequent discussion). The COPS Meth Initiative was used to develop the training materials and to provide the training at no cost to the partnering agencies. BCA has separate funding that allows training to be provided to law enforcement, firefighters, and EMS personnel throughout the state. There has been considerable interest in training from agencies outside the metropolitan area. Indeed, meth training has occurred not only in the Twin Cities area but also in Rochester, New Ulm, Fergus Falls, and Duluth.

The impression of strong collaboration from the interviews was also supported in the partnership survey of key actors involved in the Meth Initiative. Eighty percent or more of the respondents noted that the partners work well together, key agencies are included, and that the partners are vested in the effort (see Exhibit 23). Similarly, there are high levels of agreement that members are kept well informed and have common goals (see Exhibit 24). Some members of the initiative are concerned about whether the partnership will continue once federal funding ends, and some members report that they do not know about some aspects of the initiative (e.g., barriers to effective communication, sharing information with the public, partnership on track for meeting goals).

Exhibit 23: Perceptions of Collaboration and Membership, from Partnership Survey (N=15)

Item	Agree	Don't Know	Disagree
Collaboration			
Partners work well together	87 %	13 %	0 %
Key players from other agencies included	93	7	0
Members work well with agencies outside partnership	80	20	0
Partnership will remain in place once federal funding is gone	40	40	20
Internal issues, problems addressed immediately	80	20	0
Processes in place to handle conflict	53	40	7
Each partner is vested in effort	80	20	0
Clearly defined roles and responsibilities	73	20	7
Membership			
All necessary agencies have been included	73	20	7
Members are open to outside ideas or suggestions	73	27	0
Partnership is flexible in that members could be added	67	20	13

Exhibit 24: Perceptions of Communication and Goals, from Partnership Survey (N=15)

Item	Agree	Don't Know	Disagree
Communication			
Members are well informed	67 %	27 %	7 %
There is active listening among partners	67	33	0
Each member has an equal voice	33	27	40
Regularly scheduled partnership meetings occur	40	20	40
Information is shared in a timely manner	73	13	13
There are barriers to effective communication	43	36	21
Information is shared with the public	33	47	20
Goals			
Partners have common goals	80	20	0
A timeline and roadmap for fulfilling goals has been established	73	27	0
Partnership has realistic, obtainable goals	73	27	0
Goals are measurable	67	33	0
Partnership on track for meeting goals	53	47	0

As Exhibit 25 indicates, most of the participants believe that the initiative has the potential to reduce the meth problem, that adequate attention is being paid to enforcement of

drug laws related to meth, and that adequate attention is being given to training. There were very high levels of agreement that participants have been pleased with their involvement, have a better understanding of the meth problem, and are committed to continued involvement. A sizeable proportion of the respondents reported that they did not know whether adequate attention was being given to treatment for meth users or whether the initiative has led to improved quality of life. Again, respondents expressed some concern about the partnership continuing when the federal funding expires.

Exhibit 25: Perceptions of Strategy and Knowledge Beliefs about Initiative, from Partnership Survey (N=15)

Item	Agree	Don't Know	Disagree
Strategy			
Initiative has potential to reduce meth problem	73 %	27 %	0 %
Under initiative, adequate attention being paid to enforcement of drug laws related to meth	80	20	0
Under initiative, adequate attention being paid to treatment for meth users	13	73	13
Under initiative, adequate attention being paid to training law enforcement in meth identification and laws	87	13	0
Under initiative, adequate attention being paid to community awareness of meth problem	73	20	7
Initiative has helped organizations increase resources	80	20	0
Efforts under this initiative will continue when federal funding runs out	53	47	0
Quality of life in our jurisdiction has/is improving under this initiative	47	53	0
Knowledge and Beliefs			
My participation in initiative has made a positive difference	80	20	0
I am enjoying working on this initiative	93	7	0
I am committed to continuing my involvement with the meth problem after federal funding ends	93	7	0
I have a better understanding of the meth problem since my involvement on this project	100	0	0
My awareness of resources in the community to fight the meth problem has been increased	80	20	0

Treatment/Drug Court

There are no specific treatment components to this particular initiative. There is, however, a relatively new drug court and a long-standing commitment to drug treatment in the state. The Hennepin County Drug Court is unusual in that it is a comprehensive drug court. All felony drug cases come to the drug court with the exception of those involving serious persons offenses. Thus, the court is responsible for trafficking, manufacturing, dealing, and possession cases. Court officials estimated that Hennepin County has one of only five or six comprehensive drug courts among the approximately 600 drug courts in the United States. The court was implemented in 1997.

In the early 1990s, Hennepin County initiated a diversion program intended to divert crack users (primarily) into treatment. Local officials were committed to retaining an adversarial component in the diversion program so that defendants did not have to waive their rights to challenge the charges they faced in order to access treatment. This created long delays between arrest and entry into treatment. Indeed, following arrest most defendants were released and would not make their appearance in court for six or seven months. Furthermore, only 30 percent of those charged and who qualified for diversion entered the program. The diversion program was also seen as lacking because it did not include regular drug testing. Consequently, during 1996 a planning committee was created to design a more effective approach to drug cases. The committee designed a comprehensive drug court that would handle all felony drug cases. The court made a commitment that all drug cases would make an initial court appearance within 24 hours and, with just a few exceptions,[6] all drug case defendants would go through a drug test and a chemical health assessment in order to identify treatment needs. Defendants with no prior felony convictions would be eligible for diversion to treatment, and other defendants placed on probation would also be eligible for treatment. Both diversion and probation cases would participate in judicial monitoring, drug testing, and treatment or related programs (e.g., jobs, GED). The court retained an adversarial component whereby defendants retain the right to challenge (most commonly in suppression hearings) but where they can begin treatment prior to the resolution of legal proceedings. Hennepin County was also encouraged to move toward a

[6] The typical exception is a very serious felony where incarceration in prison seems highly probable. In such cases responsibility for drug assessment and treatment shifts to the state Department of Correction.

drug court by the widespread availability of drug treatment programs and by the availability of funds to provide treatment for drug court clients.

Drug Court Process

Defendants in drug cases arrested by 4:00 a.m. appear in drug court by 1:30 p.m. the next afternoon. A drug test and a chemical assessment evaluation are conducted. If the assessment indicates a substance abuse problem, the defendant can be conditionally released to treatment. The theory is that the "crisis" created by the arrest may produce an amenability to treatment that may not be present following months of court proceedings. Consequently, the goal is to make an evaluation, referral, and placement in treatment within 36 hours of arrest.

Cases coming into drug court generally fall into one of three categories:

- Prison-bound (drugs and a gun, very large quantities of drugs, and long prior records) cases that are generally handled through a plea bargain
- Probation cases that may include incarceration up to 12 months in the county workhouse (a minimum security adult facility holding approximately 400 people) and that are eligible for treatment and judicial monitoring
- Diversion to treatment for first-time possession cases

The probation and diversion cases are typically placed on a program of judicial monitoring, drug testing, and treatment. Under this regime, for the initial 90 days clients are drug tested at least weekly, in treatment if assessed to need treatment, and either in school, working, or in a GED or work preparation program. During this period clients report to the judge once per month. If making satisfactory progress, drug tests are reduced to twice monthly during the second 90-day period, with appearance before the judge on a bi-monthly basis. Both of the presiding judges attribute much of the program's success to the frequent contacts defendants must have with the judges. This contact is not only for the purposes of deterrence. In instances of successful completion, and in recognition of successful constructive events in the lives of defendants, the judges have ceremonies to mark the occasions. Judge Lynn noted, "We do a lot of cheerleading. This is the first time anything positive has happened to many of these people."

Approximately 1100 to 1500 drug court clients are assessed annually, with 60 percent subsequently enrolled in treatment. This is an increase from approximately 30 percent of drug case defendants who received treatment prior to drug court.

Drug Court and Probation Clients

As noted in the earlier section on the meth market, the court-related meth users who participated in the survey tended to have more extensive involvement in the use of a variety of drugs and were younger at first drug use (compared to other court-related drug users). Meth users were also more likely to report feeling dependent on drugs and to have received treatment prior to the drug court experience. Meth users were somewhat more likely to report having received treatment while in drug court. Almost one-half of both meth and non-meth users reported having completed treatment (see Exhibit 26).

Exhibit 26: Experience with Treatment and in Drug Court

	Meth Users	Non-Meth Users
Felt dependent on drugs	66.7 (n=69)	38.1 (n=391)
Received treatment before drug court	47.8 (n=69)	24.3 (n=395)
Received treatment while in drug court	70.6 (n=51)	54.8 (n=292)
Finished treatment	47.2 (n=36)	49.7 (n=292)
Treatment was very helpful in getting off drugs	44.4 (n=36)	69.6 (n=158)

Source: Data provided by Minneapolis Department of Health and Family Support

One-third of meth users reported that they started using meth "to get high" (see Exhibit 27). One-quarter stated that they started using because their friends and peers used meth. Other reasons for using meth included to stay awake, to get more energy, to replace another drug, and to lose weight. Forty percent claimed to prefer meth to cocaine or crack, whereas 59 percent said they did not. Of those who preferred meth to cocaine or crack, over half reported that meth produced a better high; another quarter stated that the high lasts longer.

Exhibit 27: Meth Users Reported Reasons for Starting to Use Meth

	Percent
Reason started to use meth	**N=69**
To get high	33.3
Friends/peers used	24.5
To stay awake	14.5
To get more energy	11.6
To replace another drug	10.1
To lose weight	4.3
Prefer to cocaine or crack?	**N=68**
Yes	39.7
No	58.8
No cocaine or crack use	1.5
Of those who prefer to cocaine/crack, why?	**N=27**
High is better	51.9
High lasts longer	25.9
Cheaper	11.1
Easier to get	3.7
Other	7.4

Source: Data provided by Minneapolis Department of Health and Family Support

The interviews with drug court clients also provided insight into their perceptions of the utility of drug court. One set of items asked what the client hoped to gain by participating in drug court. The two most common responses were to stay out of jail or prison and to have charges dropped (see Exhibit 28). Approximately 20 percent stated that they hoped to receive treatment. Other responses included getting back with family and finding a job. The pattern of responses was quite similar for meth users and other drug users.

Exhibit 28: Drug Court Clients' Goals for Participating in Drug Court

Hope to get out of drug court	Meth Users (N=51)	Non-Meth Users (N=292)
Stay out of jail/prison	45.1	39.7
Charges dropped	35.3	43.2
Receive treatment	21.6	19.5
Get back with family	7.8	14.7
Find job	4.0	9.6
Other	49.0	42.1

Source: Data provided by Minneapolis Department of Health and Family Support

Drug court clients were also asked to assess how helpful they found various elements of drug court. Seventy percent of meth users stated that the threat of jail was most helpful and 60 percent reported the fine reduction for a clean drug test was most helpful (see Exhibit 29). Fifty percent reported that random drug tests were most helpful. Forty-five percent reported that meetings with the judge were most useful and 6 percent reported meetings with probation officers were most useful. When the "helped most" and it "helped some" responses are combined, it becomes clear that meth users are supportive of all the program components. Indeed, nearly 70 percent find meeting with the probation officer to be at least somewhat helpful and over 80 percent believe the other elements are helpful. The patterns were quite similar for non-meth drug users though these users were somewhat more supportive of the various program elements than were meth users. This may reflect the earlier finding that the meth users tended to be more experienced drug users.

Exhibit 29: Drug Court Clients' Perceptions of Elements of Drug Court

	Meth Users				Non-Meth Users			
	Works Most	Helped Some	Doesn't Work	N*	Works Most	Helped Some	Doesn't Work	N*
Threat of jail	70.0	14.0	16.0	50	78.6	10.4	11.1	280
Fine reduction for clean UA test	60.5	31.6	7.9	38	67.4	22.3	10.3	224
Random drug testing	50.0	30.0	20.0	50	64.8	21.7	13.5	267
Meetings with judge	44.9	44.9	10.2	49	61.8	28.9	9.3	280
Meetings with probation officer	5.7	62.9	31.4	35	33.8	35.1	31.1	225

* The varying "Ns" reflect "don't know" responses. The series of questions were asked of 51 meth users and 292 other drug users.

Source: Data provided by Minneapolis Department of Health and Family Support

There is a wide array of treatment providers in the community who provide varied treatment programs and offer cultural and gender specific programs. There are 88 treatment programs in the metropolitan area with which the Department of Adult Services has contracts, and 17 of these programs have contracts with the drug court. Additionally, the court offers an

MRT program that offers a cognitive, moral development approach, and a job preparation and GED program.

Several innovative program components are included in drug court. All of the probation officers and most of the prosecutors and public defenders are specifically assigned to drug court. The court routinely imposes a substantial fine ($6,000). The court uses the fine as a positive reinforcement tool, however. Defendants are tested one to two times a week and every negative drug test earns the defendant $250 toward the fine. Thus, 24 negative drug tests eliminate the fine. A consortium of African-American churches offers approximately 50 one-on-one mentors for young African-American males in drug court. Additionally, several of the service providers operate on a faith-based model. Several community groups have requested that the drug court incorporate restorative justice principles. Essentially, the community groups would like the opportunity to explain to drug offenders how their drug-using behavior affects the neighborhood.

The drug court staff member responsible for the GED and jobs training program is also involved in discussions with military personnel about the possibility of successful drug court clients joining the military. Because many of the defendants have child support payments but often have trouble paying them, the army is viewed as a possible source of aid in that it offers enlistees child support assistance.

Resources for Drug Court and Treatment

Minneapolis benefits from a long history of state commitment to substance abuse treatment.[7] Local officials have estimated that there is more treatment available in the Minneapolis metropolitan region than in approximately 35 states. The Department of Adult Services, a state agency, provides funding for treatment as well as a statewide program of treatment assessment (Chemical Health Division). If the Chemical Health Division finds an individual in need of treatment, state funding is provided.

The treatment programs are subject to regular monitoring by the Drug and Alcohol Abuse Normative Evaluation System (DAANES), which assesses the number of referrals, levels of treatment, rate of completions and discharges. These data are then used during contract negotiations between the Department of Adult Services and the treatment providers.

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[7] The SAMHSA Treatment Locator identifies 190 treatment facilities within 100 miles of Minneapolis.

The drug court decided against charging user fees for drug court clients. The exception is a $25 fee used to support special court programs (e.g., bus tokens to come to court for drug tests and appearances or to get to treatment).

Prevention

The Minneapolis initiative focuses on both education and training. Each will be discussed briefly.

Education

The education component is taking what is described as a "train-the-trainer" approach in which school officials are learning about meth. The hope is that these individuals will be able to educate others about meth and be alert to signs of meth abuse within the school population. Officials from the Health Department and the Hazleden Institute developed the educational program. The training is geared toward school health teachers, chemical health specialists, school nurses, school liaison officers (MPD), and alternative school staff.

The first training took place on April 2, 1999. There were approximately 35-38 attendees. The course included a focus on marijuana in the morning and meth in the afternoon. The information presented included local data on use of meth and other drugs, behavioral characteristics of meth users, presentations on identifying meth and related chemicals and materials, and similar issues. The meth initiative team also plans to develop a 12-minute video presentation to be made available to the schools.

Another key prevention component is the public education campaign. A number of extremely professional education materials were generated through the grant. Two distinct posters were created and distributed. One was designed for businesses (3,000 produced), another for schools (2,000-2,500 produced). Additionally, a neighborhood resource guide on meth was developed. Nearly 5,000 guides (4,600) were produced and distributed to community groups throughout the metropolitan region.

In addition to the posters, MPD created a video on meth use and labs for use with block clubs. The tape is just under five minutes and discusses meth, its dangers, lab materials, and contact resources. Thirty copies of the tape were made and will be used with block clubs throughout the city.

Training

The Meth Initiative's main achievement has been the development of an ambitious training program. MPD has developed a four-hour training program for first responders and an eight-hour training program for investigators. A training team convened by MPD and including officials from the DEA, Bureau of Criminal Apprehension, and Fire Department developed the training component. The four-hour training session covers topics such as the scope of clandestine laboratory hazards, understanding the cooking process and toxic effects, dangers to first responders, employee health and safety, medical screening and chemical monitoring, clean-up activities, and community awareness. The eight-hour session also includes topics on legal issues related to liability, enforcement issues on investigation and prosecution, hands-on experience at a mock lab, and the role of various agencies.

The group also developed very sophisticated and professional training materials. These included a background paper on meth and folding brochures on identifying meth precursor chemicals and lab materials, procedures to follow when potential labs or materials are discovered, vehicle stop procedures, and related matters. Approximately 2500-3000 of the brochures were distributed to police, fire, and emergency response teams that attended training, as well as to city sanitation, parks, utility, and other workers.

The group also decided to develop a training video on traffic stops. This was based on several incidents in which officers making traffic stops stumbled on "TOTE Bag Labs" in which meth chemicals are found in a vehicle stop. The video focuses on identification of chemicals and materials and procedures to follow. MPD's goal is to train all sworn staff. Most will attend the four-hour session, with investigators attending the eight-hour session. The training is also being extended to firefighters, ambulance staff, and law enforcement personnel throughout Minnesota. The eight-hour session has also included prosecutors and personnel from the Pollution Control Agency.

The four-hour training began on April 5, 1999. The eight-hour training began on April 20, 1999. Through October 2000, 89 courses had been offered with 3,455 students attending. Students included law enforcement patrol officers, investigators, and first responders such as emergency medical service personnel and fire fighters. The training sessions have generally included 30 to 40 attendees, with half the sessions open to partner agencies. Officers from DEA,

BCA, and MPD conduct the training. In addition, MPD and the Bureau of Criminal Apprehension have partnered for "out-state" training that has taken place in New Alm, Rochester, Duluth and Fergus Falls and other regions of the state.

During 1999, the training team decided to expand the training to include transit, housing, sanitation and parks employees, all who may come into contact with clandestine meth labs. The focus of these sessions was on recognition of meth labs and response (who to call) in the event that they suspect such a lab. They also incorporated a train the trainer method to educate block clubs on the identification and dangers of meth. This included the development of neighborhood watch brochures on meth as well as training and materials distributed to retail stores that sell potential precursor materials. In the future they hope to carry out a billboard campaign that will include a contest for students to design a display that will then be posted on billboards throughout the city.

The training appears to have been well received. Formal evaluations were available from 479 students attending 22 courses. Based on a 10-point scale where 10 indicates the highest possible rating, courses averaged a rating of 8.6 for the overall quality of the course. Students rated the "usefulness" of the course information as 8.8 (see Exhibit 30).

Exhibit 30: Methamphetamine Training

Year	# Courses	# Students	Overall Quality of Course (10 = highest)	Usefulness of Information (10 = highest)
1999	54	1870		
2000 (through October)	35	1585		
Total	89	3455	8.6	8.8

Source: Data provided by Minnesota Bureau of Criminal Apprehension

The training brochures developed through the grant have been considered a big success. In fact, the Federal Law Enforcement Training Center ordered 200 brochures to be used in their own training courses, and MPD has received requests for these materials from agencies throughout the country.

The team that developed the training for MPD noted that a bi-product of the grant has been much closer working relationships between MPD, DEA, BCA, SPPD, and the Fire Marshal.

Further, MPD training officials stated that the meth grant was instrumental in developing and delivering meth training. One official stated, "I don't see how else (absent the COPS grant) we ever would have done all the training."

Media Coverage

During 1996, several feature articles in the *Minneapolis Star Tribune* began to focus on meth as a potential threat to public safety. Interest in meth appeared to stem from a combination of national attention and several high-profile local incidents. For example, a March 1996 article titled, "Drug officers turn their attention to meth," focused on the seizure of a meth lab in Minneapolis, as well as former Attorney General Reno's comments at a Department of Justice (DOJ) conference on the growing meth threat. This was reinforced in a September article that reported on a DOJ meeting of the U.S. Attorneys from 14 Great Plains states that sought to stop the spread of meth across the Plains and Midwest.

The theme that meth had moved from a potential to a real threat in Minnesota was apparent in a series of articles in September and October 1998. The lead story noted, "Just three years ago it was insignificant in Minnesota. It was that 'West Coast' problem." The headline announced, "The new drug of choice: methamphetamine explodes onto Minnesota scene" (Minneapolis Star Tribune, 9/27/98). The remainder of the series focused on homeless teens who were thought to be using meth frequently.

During 1999, a series of articles focused on raids on meth labs, fires from meth lab explosions, and dangers posed to citizens, law enforcement officers, and the environment. In January, a meth lab was uncovered in an ice-fishing house on a lake 25 miles east of Minneapolis. One of the responding officers was overcome by the fumes from the chemicals. In July, a chemical explosion at a Minneapolis home led to two meth cookers being severely burned. The release of toxic fumes led to six police officers and three paramedics being hospitalized. Local residents were vacated and the Interstate highway was closed for a short time. The article noted that Minneapolis was using a federal grant to provide training and public education about the growing meth problem.

The following month, another high profile incident brought continued attention to the meth problem when officers shot and killed a suspect who initially shot at officers during a drug raid at a farm. The raid was based on intelligence from the July meth lab explosion.

These incidents were followed in November by a lab seizure said to have sufficient chemicals to "level" a Minneapolis block. This incident again led to a major story that focused not only on the specific incident but on the broader meth problem. Following a four-month investigation, Minneapolis narcotics officers entered a building to arrest a suspect. They found the suspect surrounded by chemicals. The narcotics unit detective reported, "When the officers went in and arrested the guy they took one look around and knew they had to get the hell out of there" (Minneapolis Star Tribune, 11/11/99). The article noted how the officers had recently attended a special training on meth investigation and were consequently able to appropriately and safely respond to the potentially explosive situation. The article also reported that the COPS grant was being used to train non-law enforcement personnel including block club leaders, housing inspectors, and public works employees, and to educate high school students about the dangers of meth.

The attention to meth continued in stories throughout 2000. These included several fires caused by meth labs, reports of meth distributors being arrested and convicted, and several violent confrontations between the police and meth users.

Community Policing

Making a connection to community policing efforts did not appear to be an explicit goal of the grant implementers. Rather, the project's commitment to and reliance on building partnerships with a variety of public agencies and community groups all reflect a community policing philosophy.

The relationship between MPD and the County Health Department was described as an entirely new one that emerged from the methamphetamine initiative. The data collection by the lab, the research component, and the community education effort all reflect the new collaboration. As noted above, the community education component is focused on the schools. Attendees in the educational program include MPD, school liaison officers, DARE officers, health educators, and other school personnel. The training and education group has also worked with MPD's 32 community safety officers, who provide presentations on meth to the city's Block Clubs (Neighborhood Watch Program), community organizations, and business associations.

The meth training also helped build relationships with a variety of other local government agencies. Specialized meth training was developed for Minneapolis city risk managers (each unit of city government has a risk manager), department of transportation employees (primarily sanitation and parks), and housing inspectors.

Finally, the training on meth provided to all MPD officers was an indirect method to ensure that officers involved in community policing were prepared to work with community constituencies on the meth problem. This was particularly true for district CRT teams that are responsible for neighborhood drug complaints.[8]

Summary

The fact that the Meth Initiative was implemented when methamphetamine was emerging as a new and growing drug problem in the Minneapolis region makes assessing the initiative's impact on the meth problem particularly difficult. On the one hand, many indicators of meth use have not continued to escalate, as they appeared to be doing in 1997 and 1998, and this may be an indicator of the initiative having a positive effect. On the other hand, other indicators (e.g., meth seizures) have increased. This would seem to reflect increasing amounts of meth in the region. Then again, it may indicate increased law enforcement effectiveness through the support of the Meth Initiative.

Despite these caveats, it does appear that the COPS methamphetamine initiative had a major effect by increasing the capacity of law enforcement agencies, prosecution and court personnel, health officials, treatment providers, school officials, emergency response personnel, and other public officials to respond to the meth problem. This impression was clearly manifest in interviews with officials both within and outside law enforcement agencies and appears supported in the relevant data. Some of the key elements of this capacity building include:

- The extensive training provided locally and throughout the state to both law enforcement and other public officials. One Health Department official commented, the initiative "got meth on people's radar screens so they understand the nature and damage that such a drug can do."
- The training and public education materials produced and widely disseminated not only increased knowledge and awareness but also fostered partnerships

[8] This is in contrast to the narcotics unit that is focused on long-term investigations of drug distribution networks.

between law enforcement, educators, health and treatment officials, fire and emergency response officials, and other agencies.

- The purchase of surveillance and communications equipment enhanced investigations and also assisted in collaboration among narcotics units.
- Overtime funding supported long-term investigations, including expensive wiretap cases, of trafficking organizations.
- The Health Department research supported problem solving by creating a picture of meth use and distribution heretofore unavailable to local officials.

Additionally, although the relatively small number of cases makes interpretation difficult, there was some evidence that the heightened attention to the meth problem may have affected either narcotics enforcement attention or prosecutorial emphasis (or both). Specifically, during 2000 meth defendants were more likely to plead guilty, to be convicted of a higher-level felony, and to serve a portion of the sentence in either the workhouse or prison than was the case in 1999. Further, most of the changes were restricted to meth cases rather than all drug cases.

Local officials also identified several ongoing issues and concerns:

- The need for overtime funding and buy money.

Narcotics officers described these as the two most important resources for conducting effective investigations of drug trafficking organizations. Indeed, during one site visit the research team observed a situation where an undercover officer had to convince a dealer to front him the money for one pound of meth because the narcotics unit did not have adequate buy money to make the purchase.

- The need for ongoing federal assistance

Given the continued severity of the cocaine and crack cocaine problems, local officials have tremendous difficulty generating resources to address an emerging drug problem such as meth. Local officials credit the COPS Meth Initiative for enabling them to develop and implement the training and public education efforts and to conduct the research. They believe, however, that they could do much more in terms of intervention, training and public education, and prevention with ongoing federal support. Local officials also note that it would be very helpful, and would support problem-solving efforts, if federal grants such as the COPS Meth Initiative included resources for clerical support and crime analysts.

- Adequate funding for DEA meth lab clean-up efforts

Given the serious environmental consequences and the tremendous costs associated with cleaning up meth labs, local officials rely on the DEA to address lab clean-ups. As described in other sections of the country, local officials are very concerned about DEA having adequate budgetary support to continue to handle meth lab clean-ups.

Conclusion

All agree that the Minneapolis methamphetamine initiative has brought attention to what appears to be an emerging problem in the area. Interestingly, law enforcement indicators, including seizure data (amount and purity levels), clandestine lab cleanups, and anecdotal accounts from undercover narcotics officers indicate an increase in meth activity. In contrast, treatment data, hospital admissions and mortality data, drug court referrals, and arrests paint a somewhat different picture. These data show the problem to be quite small in Minneapolis (and in some instances, declining) relative to other drug problems, particularly cocaine, marijuana, and heroin. Interpreting these contradictions in the data is both difficult and perhaps premature. Clearly drug arrests are a function of both enforcement intensity and market dynamics, and most effort by the MPD and other task forces in the metropolitan area is directed toward the cocaine and crack cocaine markets. Unlike crack, which can be found readily in open-air drug markets, meth markets are difficult to penetrate, since meth users appear to reside predominantly in the rural and suburban areas of the Twin Cities, and since they tend to purchase from one source in residential settings.

Several officials offered potential explanations for the somewhat divergent picture emerging from the data. Several treatment officials noted it could be that the dangerous and damaging effects of frequent meth use make it a “self-limiting” drug. The well-known consequences of frequent use, including rapid physical deterioration, combined with the less-than-pleasant feelings of paranoia, anger, and confusion, are most certainly unattractive features to many drug users.

Another theory is that as the purity levels of meth have declined, there are fewer acute incidents such as emergency room episodes and treatment admissions. Thus, use could be level or increasing but not showing up in these types of indicators.

A final theory, though difficult to test, is that the increased enforcement activity and the increased officer awareness due to the training, has led to increasing meth and lab seizures, while at the same time maintaining a lid on increased meth use. Local officials certainly believe that the federally funded Meth Initiative has increased local capacity for enforcement, training, and prevention and public awareness.

There is little doubt that the greatest dangers to meth reside with the use of highly volatile and lethal toxic substances required in the manufacturing of this drug. Recent explosions in Minneapolis and elsewhere clearly indicate that clandestine labs are time bombs. They have the potential for killing or maiming not only the producer/user but also countless innocent victims. The Meth Initiative in Minneapolis has directed a substantial portion of its attention to improving awareness of these potential or existing dangers. Other enforcement agencies would benefit from looking closely at these efforts to reduce the potential for harm by such makeshift labs.

Finally, given the urban/rural distinction in the use and distribution of meth in Minnesota, it appears to be an appropriate expenditure of resources to expand the training related to meth manufacture, distribution, and use to the entire state rather than to focus on the metropolitan region alone. Clearly, partnering the COPS Meth Initiative with state funding to provide statewide training has been a wise investment of public resources.

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Chapter 8

Recommendations and Conclusions

In 1998 the COPS Office provided funding to six police agencies across the United States to combat their local methamphetamine problem through intervention, prevention, treatment, and community policing strategies. These sites (Phoenix, Dallas, Salt Lake City, Oklahoma City, Minneapolis, and Little Rock) were also encouraged to form new partnerships or strengthen existing ones with other local agencies in their communities (e.g., other law enforcement agencies, social services agencies, treatment providers, and drug courts).

The six sites were similar in that they were all located west of the Mississippi River and all saw meth first distributed by outlaw motorcycle groups. However, it was immediately apparent that these sites had more differences than similarities. First, the size of their populations and thus the size of their agencies varied significantly. Salt Lake City and Little Rock both with populations around 175,000 have between 400 and 500 sworn officers, while Dallas and Phoenix serve populations over one million and have between 2,500 and 3,000 sworn officers.

The sites also varied in their local meth market characteristics. Phoenix, Salt Lake City, Oklahoma City, and Dallas saw meth as an emerging problem in the early part of the 1990s, while Minneapolis and Little Rock have seen meth as a more recent phenomenon. Furthermore, while all of these sites first characterized meth users as white and primarily blue collar workers, the demographics have changed over time. Phoenix, Salt Lake City, Oklahoma City, and Little Rock still describe users as primarily white although they are seeing more ethnic and economic diversity. Dallas and Minneapolis have seen more Hispanics among meth users, which is significant given the role that Mexican nationals have played in trafficking the drug into these locales. This change in user demographics also impacts the manufacturing and distribution of meth into an area. That is, Phoenix, Salt Lake City, and to a lesser degree Oklahoma City and Little Rock are dealing primarily with clandestine labs operated by local users, while Dallas and Minneapolis are dealing more with Mexican nationals trafficking meth into their cities.

The sites varied in their approaches to implementing the Meth Initiative project, in part because of their differences in meth market dynamics. The evaluation team studied the sites'

implementation efforts and measured the degree to which they implemented intervention, prevention, treatment, and community policing strategies. The level of cooperation among partnering agencies was also examined.

The evaluation methodology included interviews with key project partners, quantitative data collection (including arrest data, clan lab seizures, treatment admissions, public awareness statistics, etc.), other qualitative data collection (including ride-alongs, drug court observations, etc.), a partnership questionnaire, and a review of national databases including TEDS, DAWN, and ADAM.

The Meth Initiative in Six Sites

The findings from the evaluation indicate that the sites varied in the extent to which they met some of their proposed activities for the Meth Initiative. However, while all sites experienced shortfalls in some areas of their projects, they met with much success in others.

All of the sites employed some type of intervention strategies to address their local meth market. Generally, most intervention strategies focused on arrests and clandestine lab seizures. All of the sites also provided some type of training to law enforcement officials that often covered drug identification and clan lab identification (e.g., glassware, pre-cursor chemicals, etc.). Some went even further with Minneapolis creating one 4-hour and one 8-hour training session for law enforcement. Various equipment was also purchased. Among other things, Oklahoma City purchased robots for clan labs, Minneapolis purchased two-way digital phones, and Salt Lake City purchased Automated Fingerprint Identification System (AFIS) equipment. Finally, there were also unique intervention approaches at the sites. Phoenix had a dedicated prosecutor from the County Attorney's Office who handled only meth cases. Little Rock focused law enforcement resources on pre-cursor chemical abuse (i.e., targeting those individuals selling or buying in large quantities). Salt Lake City had a rather extensive intervention component in their project; they had representatives from several agencies co-located at the police department including an Deputy District Attorney, a Health Department worker, a Division of Child and Family Services (DCFS) worker, and a City Prosecutor. The project also funded an Intelligence Analyst position.

Prevention and education efforts were implemented at all of the sites; however, some efforts were more comprehensive than others. For various reasons, Dallas and Little Rock seemed to have the most difficulty with their prevention and education efforts. Phoenix had the most extensive and unique community education campaign of all the sites. In addition to some common publicity efforts (e.g., booklets and pamphlets), they also implemented a non-traditional media campaign that encompassed anti-meth messages on grocery bags at local stores, postcards that were inserted into videos at a local rental store, and the production of a video which won a Telly award.

Among the six sites, treatment efforts proved to be less extensive compared to other components of the Meth Initiative projects. Oklahoma City, Dallas, and Salt Lake City included drug courts as partners in their projects. The Minneapolis project did not include a formal treatment component, although there is a great deal of commitment to drug treatment in the state. Oklahoma City, Dallas, and Minneapolis all saw some real progress in their partnerships with drug courts and also in their efforts to treat meth-addicted individuals.

Community policing efforts existed in these agencies to varying degrees. Five of the six agencies had some type of formal written plan for community policing. All of the agencies assigned patrol officers to geographic areas and four of the six assigned investigators to geographic areas indicating that de-centralization had taken place to some degree. All of the sites had officers assigned specifically to conduct community policing activities; although it was not clear what type of role they played or whether they were assigned to “special units.”

For most of the sites, community policing strategies were not specifically tied to the Meth Initiative project. Salt Lake City had the most comprehensive program, defining their efforts through the use of Community Action Teams, nuisance abatement procedures, consensual searches (or "knock and talks"), and multi-agency partnerships. Dallas, Little Rock, Minneapolis, Oklahoma City, and Phoenix all defined their Meth Initiative community policing efforts through their project partnerships, community involvement in training, and public awareness campaigns.

Finally, the six sites were expected to work on creating better working relationships with other local agencies in their respective areas. All of the sites formed successful partnerships with Salt Lake City's approach being the most comprehensive. Overall, Salt Lake City had more than

30 partner agencies involved in the project: other law enforcement agencies (including federal agencies), the Health Department, the Division of Child and Family Services, the District Attorney's Office, and the State Attorney General's Office among others.

The Meth Initiative Evaluation and Recommendations

The national evaluation of the COPS Meth Initiative provided support to some already known facts about the meth problem in the US; it also shed light on some emerging trends. Perhaps the most notable observation is the degree to which methamphetamine is associated with geographic regions of the United States. Although all six sites had encountered meth in their communities, it was clear that the Western-most states were hit hardest by the drug. Phoenix and Salt Lake City had identified meth as a significant problem in their communities; this was reinforced by findings from national surveys on emergency room admissions, arrestee drug testing, and clandestine lab seizures. Dallas and Oklahoma City saw a more recent emergence of a meth problem in their communities while neither Minneapolis nor Little Rock considered meth a significant drug problem in their areas. In short, the Meth Initiative provided the necessary resources to fight an already significant problem for some sites and exposed a largely unknown, but growing problem at other sites.

As evidenced by Minneapolis and Little Rock, and based on increasing news coverage of meth occurrences on the East Coast, it appears meth is rapidly expanding to new parts of the country. This information could be used to the advantage of those areas that may only recently be seeing meth in their communities. It is especially relevant for agencies responsible for combating drug abuse in their communities. Much can be gained by studying and understanding the existing meth markets including those reported on here. Given that meth poses serious health risks to those using the drug as well as those who are unwittingly exposed to its hazardous chemicals, training on identifying methamphetamine, its chemical components, and clandestine laboratories should be addressed first.

Furthermore, the geographic borders of the meth problem and the variation in meth market characteristics have clear implications for law enforcement efforts and policy implementation. For example, cities with a larger meth trafficking problem will be implementing different strategies than those with a significant clandestine lab problem.

Similarly, cities dealing with a long-time meth problem will encounter different issues than those with an emerging meth problem. While there is no uniform way to approach methamphetamine abuse in a community, several key issues have been identified through this evaluation as well as through the complementary research done in conjunction with the evaluation.

The national evaluation of the COPS Methamphetamine Initiative produced a number of recommendations on intervention, prevention, treatment, and community policing strategies to help reduce methamphetamine abuse.

Intervention

The COPS Methamphetamine Initiative sites participated in a variety of enforcement efforts to address and decrease meth abuse in their communities. Numerous recommendations arise from their efforts as well as other agencies' documented experiences with meth.

1. **Identify the source of meth:** This may seem straightforward, however, the manufacture and distribution of the drug can vary from city to city (e.g., trafficked in from outside the area, or cooked in local labs). There may also be changes within a city over a period of time. For example, Dallas first focused their intervention efforts on Mexican national traffickers, but mid-way through the project re-oriented their resources to combat the emerging clandestine lab problem in the area. Mexican national traffickers were also prevalent in Phoenix and Minneapolis while Salt Lake City and Oklahoma City had more small, local labs producing the majority of the drug. Depending upon size, the location of clandestine labs also varies across sites. Large "super labs" that have the capacity to produce 10 pounds of meth or more per process tend to be located in remote, rural locations to reduce the possibility of detection. On the other hand, cooks producing in smaller batches have the option and the mobility to set up a lab and cook almost anywhere. "Boxed" labs found in hotels, storage units, basements of homes, or even in the trunk of a car are not uncommon. The size and location of clandestine labs present different problems for law enforcement personnel. Larger labs yield larger quantities of the drug but may be easier to detect because of their size. Although yielding a lesser amount of the drug, smaller labs are more mobile, making detection more difficult. Smaller labs (especially when they are found in homes or hotels/motels) also have the potential to contaminate a greater number of properties and endanger more individuals than larger labs. Understanding the source of meth in a community informs law enforcement strategies and helps to better focus efforts on specific characteristics of local meth markets.
2. **Approach from a closed-market perspective:** In part because the drug is manufactured in clandestine labs, methamphetamine operates in a closed market, making enforcement more difficult. Police are faced with the challenge of breaking into a drug market where much of the buying, selling, and cooking

happens in private residences or rural locations, and among a group of people who are generally familiar with one another. In fact, it is rare to find methamphetamine being sold in public areas (e.g., street corners) or to individuals that the seller does not know. Thus, the approach to investigating these types of cases is very different than other investigations which rely more heavily on open air markets (e.g., marijuana, cocaine, etc.). Enforcement efforts for meth may rely more heavily on long-term, undercover investigations whereas other drug cases may rely on the less time consuming "buy-bust" or other similar strategies to be more effective.

3. **Identify the user population:** Identifying the meth-abusing population in an area can be difficult. As was found among the Meth Initiative sites, meth users can be a heterogeneous group in many ways. While meth users have historically been described as white men who work blue collar jobs, this trend has been changing. Meth users today are more racially diverse and tend to fall into a wide range of ages and socioeconomic classes. It is also important to note here that females are becoming more prevalent in the market as well. While female cooks might still be rare, they are increasing in numbers. With this increased diversity in meth-using populations, it has become more difficult to identify the typical meth user making it more difficult to focus anti-meth efforts. However, because the meth market relies heavily on individuals who know one another, law enforcement may find that individual groups of meth users may be relatively homogeneous. The heterogeneity may be more apparent when comparing groups across the larger local, state, and/or national markets.

4. **Evaluate local sales practices and current legislation regarding pre-cursor chemicals:** The evaluation revealed variation among the sites regarding the accessibility of pre-cursor chemicals. Most of the sites had legislation or regulations guarding the sale of pre-cursor chemicals including ephedrine and pseudoephedrine. According to Phoenix, pre-cursors remained readily available despite these formal regulations. Little Rock chose to focus their attention on the sale of pre-cursor chemicals although there were no formal laws or regulations outlining specific policies to address those who illegally participated in the activity. Law enforcement resources should focus on local sales of pre-cursor chemicals and officers should be on the lookout for distributors selling pre-cursors in unusually high quantities. Additionally, state lawmakers should be proactive in outlining laws and sanctions for buying and selling pre-cursor chemicals for the purpose of manufacturing meth.

5. **Garner support and resources from various city agencies:** Attacking a methamphetamine problem in any community is difficult. However, a multi-agency approach to combating meth has proven to be a successful approach for many of the Meth Initiative sites. The manufacture, distribution, and use of methamphetamine has significant impacts beyond those individuals directly involved in the trade. The cooking process alone can impact and likely harm a multitude of people, not to mention contaminate the environment where the drug was manufactured. Minneapolis garnered support from a multitude of other local law enforcement agencies, while Salt Lake City recruited the help of other city

agencies such as the District Attorney's Office, Health Department and the Division of Child and Family Services all of which have enforcement powers to augment the local police department's scope of authority. Convening a multi-agency group to attack a local meth problem can increase available resources exponentially, thereby also increasing the likelihood of success. Law enforcement and other agencies should be creative in their partnerships and their approach to combating meth in their communities. Non-law enforcement agencies such as the health department, local hospitals, child and family services, hotel/motel associations, and others can make a significant impact on identifying, reporting, and addressing methamphetamine problems in a community.

6. **Identify or outline appropriate seizure, clean-up, and decontamination policies:** Responsibility for lab seizure and clean up was not outlined at many of the Meth Initiative sites. That is, responsibility fluctuated between local police departments and the DEA or other federal enforcement agencies (e.g., HIDTA). This was often due to local agencies lacking the necessary training and equipment to appropriately and safely seize a lab and collect evidence. Protocols should be put in place which outline the appropriate agencies to call when a meth lab is discovered. These agencies should be trained and well-equipped to handle the dangerous chemicals involved in the process.

   Furthermore, the residual effects of meth production are felt well after the cook is over. As noted in chapter one, dangerous contaminants result from the cooking process such as lead, acid, and gasoline. Meth cooks frequently dump their residual chemicals in a convenient place such as a backyard, in an abandoned container, or down a sink drain. This type of dumping again creates a dangerous situation for unknowing individuals and causes serious environmental damage requiring expensive clean up. Small departments and even some larger departments are often unable to handle the cost of removing hazardous materials and are forced to rely upon some outside funding source (including the DEA). Furthermore, because it is so cost-prohibitive, or perhaps because they do not fully understand the consequences of chemical contamination, property owners are reluctant to completely overhaul an area after it has been contaminated thus leaving a property contaminated with dangerous chemicals. Some Meth Initiative sites lacked laws or regulations outlining hazardous waste removal and rehabilitation standards for properties that had been contaminated with dangerous chemicals. It is important to set out standards or regulations (even at the local level) to identify responsible parties and define "how clean is clean" so that properties can be renewed to a clean, and livable space. For example, despite two failed attempts to pass state legislation, Salt Lake City was successful in passing a city-wide ordinance to address these important issues.

7. **Review and revise (if necessary) endangerment procedures and legislation:** There is significant physical danger to those involved in and those in the surrounding area of a meth cooking operation. Highly toxic and unstable chemicals coupled with the limited and sometimes non-existent knowledge of the cooker make for a highly dangerous situation. The danger is not only posed to the "cooks," but to live-in children or elders, neighbors, hotel guests, first responders,

and the like who may unknowingly be ingesting fumes or exposing themselves to chemical contamination. Proper decontamination of individuals after they have been exposed to these chemicals is essential. Utah's state legislators have begun to address endangerment issues by passing legislation during the course of the Meth Initiative grant period. The new legislation allows prosecutors to file enhanced charges against offenders when children or elderly individuals are endangered by being exposed to, ingesting, inhaling, or being in contact with illegal drugs or chemicals.

Prevention

Training was a goal for all of the sites in the Meth Initiative project. Groups receiving training varied by site, but included law enforcement, other first responders, hotel and motel staff, public works companies, doctors and nurses, community organizations, landlords, etc. Some of the topics covered in training included drug identification, chemical identification, lab clean up, and health and safety issues. Not only did this type of training add to the safety of those individuals who may come into contact with meth or its pre-cursor chemicals, it also increased awareness about meth-related concerns and lent credence to the significance of the problem in the local communities. Some recommendations follow:

1. **Train all law enforcement officers and other first responders:** Due to the various chemicals used in the cooking process and the inexperience of the cooks, there is a high potential for fires, explosions, or chemical spills. First responders such as police, firefighters, and emergency medical technicians are faced with an extraordinarily dangerous situation, especially if they are unaware of the presence of methamphetamine at the scene. Training efforts at the Meth Initiative sites proved effective in increasing awareness about the drug, pre cursor chemicals, and manufacturing process. Training also increased the safety of these individuals by educating them of the proper procedures to take when entering a location where meth may or may not be present (e.g., not turning on light switches, and opening up windows to ventilate a property). Ultimately, this training can prevent on-scene injuries to officers who are able to identify meth paraphernalia early and act accordingly. A good example of the effectiveness of the training was seen in Phoenix. Specifically, after a series of recent training session for patrol officers, the city saw an increase in the identification of meth labs in vehicles stopped for traffic or other violations.
2. **Train unique groups** : Training given to unique community groups also proved successful in the Meth Initiative. The Phoenix Meth Initiative provided training to some very diverse groups, including schools, city and county employees, power companies, and the city's Department of Solid Waste Management. In Salt Lake City, the Meth Initiative provided training to local hotel/motel staff who then created a phone chain so that if a lab was found at one of the properties, other hotels/motels in the area would get a description of the cookers or users

responsible for the contamination. It is likely that these individuals may be the first to come across a lab or a contaminated area. Thus, by educating them to identify methamphetamine, pre-cursor chemicals, and lab equipment they can help prevent injury by quickly reporting paraphernalia or suspicious activity to the police.

Also, law enforcement can recruit local businesses to get involved in combating the meth problem themselves. For example, law enforcement can educate local retailers about criminal use of pre-cursor chemicals found in over-the-counter drugs or commercially available products (e.g., cold medicines, cleaning solvents, home and garden materials, etc.). Law enforcement may also train retailers to identify when a customer purchases a suspicious amount of a product.

School officials, teachers, and others who spend time with children may also be a good source of information. In some cases, children may be exposed to chemical contaminants causing physical side effects (e.g., chemical burns, respiratory problems) that may be noticeable to others. Teachers, and others who come into contact with children on a daily basis can identify children who may be living in hazardous situations.

3. **Educate the community and garner their support:** Community education campaigns were quite successful where implemented among the Meth Initiative sites. They ranged in creativity across sites with anti-meth messages appearing on billboards, television commercials, radio announcements, posters, shopping bags, and other various places. The campaigns were successful in getting the message out to their respective communities primarily because they used a variety of venues. This also created an informed citizenry and fostered open lines of communication so that information could be more readily shared between the community and law enforcement. For example, by displaying anti-meth messages along with a phone number, community members were better able to identify meth-related activity and were also more likely to contact police about suspicious activity in their neighborhoods (e.g., high traffic into and out of homes, odd smells, nuisance properties, etc.).

Treatment

The Meth Initiative sites did not focus a great deal on treatment although some saw more success than others. In general, the treatment component of the Meth Initiative for many sites was defined by a formalized partnership between the police department and a local drug court. For several sites, partnering with local drug courts meant that participants were able to gain access to treatment more quickly and were also held to stricter standards (including regular urinalysis) which were meant to prevent relapse into drug abuse. One drug court was aimed primarily at drug-addicted parents who were at risk of permanently losing custody of their child(ren). While this component was not emphasized in the Meth Initiative sites, several recommendations emerged from the evaluation.

1. **Include the treatment community as an important partner in combating the meth problem:** Treatment is an essential component to reducing drug abuse in our communities. Several of the Meth Initiative sites outlined treatment as a component of their project, but they were limited in scope and typically included only drug courts as a partner. Dallas and Little Rock provided some funding to local drug courts to help provide expedited services to meth addicts. The Oklahoma County Drug Court had various other agencies specifically assigned to the court, which included a District Attorney, a Sheriff's deputy, and a local police officer. Minneapolis has a noted history of supporting substance abuse treatment, and a "comprehensive" drug court, which is responsible for almost all felony trafficking, manufacturing, dealing, and possession cases. While Salt Lake City saw a slow start to their treatment component, their eventual partnership was broader in scope than the others. They involved the drug court, but actively involved local substance abuse service providers as well as local hospitals.

   While the Meth Initiative sites saw few advances in the treatment component of their projects, most sites generally viewed treatment as an important piece in the fight against meth. Future efforts should expand beyond the obvious partnerships with drug courts, and reach out to local providers. These connections may help facilitate more expedient referrals and help individuals access services more quickly.

2. **Work with a drug court:** Most of the Meth Initiative sites identified partnerships with local drug courts as a treatment component of their project. In general, the evaluation findings suggest that drug courts could be a beneficial option for meth users primarily because they expose meth-addicted individuals to treatment immediately and provide a more rigid structure with little tolerance for infractions. Thought should also be given to partnering with a broad scope of drug courts, including adult, juvenile, and dependency (family) courts.

3. **Partner with local treatment providers:** Hospitals and local substance abuse agencies bring a wealth of knowledge and experience to the table. At the very least these agencies can provide invaluable training on a variety of topics, including the dynamics of meth abuse (e.g., routes of administration, the likelihood and rationale for tweaking), common side effects (e.g., physical as well as emotional), and steps for getting clean and how they may differ depending on a person's drug of choice (i.e., a meth addict may need to take a different path to recovery than a cocaine addict). These agencies may also participate in a more hands-on approach to combating the local meth problem by setting up clinics, or formalizing a referral protocol with other city agencies including the local police department.

Community Policing

Despite the fact that the link between community policing and the Meth Initiative project was not very strong, evaluation findings indicate that this is an avenue that should be further examined by the sites. A strong relationship between law enforcement and the community can

help to combat the meth problem. In most of the sites this relationship began with an education campaign to inform community members about the methamphetamine problem. This foundation can be expanded to garner further support from the community and provide law enforcement with a direct line of communication about illegal activity in their communities.

Additionally, all of the sites partnered with agencies in their respective communities to address the methamphetamine problem from a variety of angles. Given the diversity of issues surrounding meth abuse (e.g., nuisance properties, environmental hazards, chemical contamination, and endangered children), this approach is especially important to ensure that as many resources as possible are being employed. While some partnerships were larger in number than others, they were all successful in forming a solid foundation for future cooperation with local agencies.

The increased communication and collaboration allowed agencies to work together more seamlessly. For example, some law enforcement agencies made it an informal protocol to call out partner law enforcement agencies to clandestine lab busts. Salt Lake City even had representatives from other local agencies co-located at the police department to increase communication and encourage collaboration. The Salt Lake City Meth Initiative evolved into a true collaborative effort especially through their intervention efforts. That is, appropriate agencies (e.g., Youth and Family Services, Health Department, etc.) were called out to crime scenes when it was identified that their expertise was required to handle a situation. Co-location also helped the partners to better understand the work and scope of responsibility of the other partners in the project. The project partners were adept at identifying existing agency resources, and were also successful in employing existing agency resources in new ways. The agencies were willing to adapt to new and different problems in their communities.

1. **Involve as many local agencies in anti-meth efforts as possible:** Throughout the Meth Initiative, partnerships proved to be a successful component for most of those involved in the projects. It is to be expected that not all partnerships work as well as planned; however, the Meth Initiative sites both created new relationships and expanded others, and saw some significant success in doing so. Given that methamphetamine presents a number of serious problems in a community, partnerships with other local agencies as well as with community members can successfully attack the problem from multiple angles.
2. **Attack the meth problem from multiple angles:** By partnering with agencies like a local drug court, a youth and family service agency, or even another law

enforcement agency, a vast array of resources previously untapped are made available. Some of the agencies mentioned here were successful (to some degree) in getting more meth-involved individuals into treatment, being better prepared to handle children exposed to meth, providing appropriate resources to help families recover from the effects of meth abuse, and coordinating with other law enforcement entities to share intelligence about meth-related activity in their communities. Other good examples of successful partnerships included using the local health department to address nuisance properties and enforce the clean-up and rehabilitation of a contaminated property. Also, partnerships with the city prosecutor and the District Attorney's Office provided legal support in aggressively filing meth cases and using enhanced penalties for meth-related offenses whenever possible.

3. **Engage the community:** A very important partnership that could have been expanded upon during the course of the grant period was one with the community. Most of the sites did focus some of their resources and attention on providing community members with educational material about meth; but only a few sites attempted to actively recruit their communities in the fight against meth. Specifically, some Meth Initiative sites proactively approached various community groups including local businesses to participate in training sessions on meth. This was one of the most important pieces of the Meth Initiative because it often provided the participants with their first pieces of information about meth. It also provided the community with a means to report suspicious or illegal activity to the police or other authorities. By getting the community involved, local officials are able to disseminate an anti-meth message, but they are also able to allow the community to begin to take responsibility for their own safety and the safety of their neighbors.

Conclusions

The national evaluation of the COPS Meth Initiative served several functions. It provided a snapshot of the scope of the methamphetamine problem in six regionally diverse areas of the country. The evaluation yielded valuable information about how agencies facing a severe methamphetamine problem addressed the local meth crisis, but it also revealed how agencies with an emerging meth problem worked to get in front of the problem. And, the evaluation provided an opportunity to examine diverse approaches to combating meth, and how these approaches meshed with and (in some instances) changed the existing collaborative structure between a law enforcement agency and other community agencies.

As evidenced here, it is possible to educate the community and engage city agencies while working together with a police agency to address a community's methamphetamine problem. This was, in fact, the key finding of the evaluation. To effectively combat

methamphetamine, a community must face the problem using a multi-agency, multi-faceted approach. This is crucial because methamphetamine does not only impact the individuals using or making the drug. Rather, it is the community that is affected, whether it be through chemical contamination of public space; an unsafe neighborhood with a great deal of drug trafficking; the endangerment and abuse of children; or the financial and social costs of arresting, housing, and treating meth-addicted individuals.

Appendix 1

Date

Dear :

The Office of Community Oriented Policing Services (COPS Office) has provided funding to combat the methamphetamine problem in your jurisdiction. The XXXXXX Police Department is the recipient of grant funds under the Methamphetamine Initiative. The project involves a number of people and agencies actively participating in training, education, public awareness, law enforcement interventions, and treatment.

The Institute for Law and Justice (ILJ) and 21st Century Solutions have been awarded a grant from the COPS Office to evaluate this project. As part of the evaluation, we are examining the relationships among the partners in the project. Your name and affiliation were provided to us by the XXXXXX Police Department or through our interviews with people involved in the program.

We ask that you fill out the enclosed questionnaire and return it in the self-addressed envelope to

Institute for Law and Justice
1018 Duke St.
Alexandria, VA 22314

Your opinion about the project is extremely important to us and to the evaluation. We hope that you will take the time to answer these questions. If you have any questions, please call Stacy Osnick at 703-684-5300. Thank you in advance for your cooperation.

Sincerely,

J. Thomas McEwen
Managing Principal, ILJ

Craig D. Uchida
President, 21st Century Solutions

Methamphetamine Initiative Questionnaire

I. Partnership Capacity

1. Are you a formal partner of this project? Yes ___ No ___
   If not, do you attend meetings of the partnership? Yes ___ No ___

2. As a formal partner of the project how often do you attend meetings?
   a. _____ Once a week
   b. _____ Once a month
   c. _____ Once every 3 months
   d. _____ Twice a year
   e. _____ I have never attended a meeting

3. Are members of the partnership from local agencies (city or county)? Yes ___ No___
4. Are members of the partnership from state agencies? Yes ___ No ___
5. Are members of the partnership from Federal agencies? Yes ___ No ___

For each of the statements below, indicate which response best fits your personal opinion. There is also a space provided for any additional comments you may wish to make.

6. Collaboration

		Strongly Agree	Agree	Don't Know	Disagree	Strongly Disagree
a.	The partners work well together	1	2	3	4	5
b.	Key players from the different agencies have been included in the partnership	1	2	3	4	5
c.	Members work well with agencies outside the partnership	1	2	3	4	5
d.	This partnership will remain in place once federal funding for this initiative is gone	1	2	3	4	5
e.	Internal issues, concerns, or problems are addressed immediately	1	2	3	4	5
f.	Processes are in place to handle both internal and external conflict	1	2	3	4	5
g.	Each partner is vested in this effort	1	2	3	4	5
h.	There are clearly defined roles and responsibilities	1	2	3	4	5

7. Members

		Strongly Agree	Agree	Don't Know	Disagree	Strongly Disagree
a.	All of the necessary agencies have been included in this partnership	1	2	3	4	5
b.	Members are open to outside ideas or suggestions	1	2	3	4	5
c.	The partnership is flexible in that members could be added if necessary	1	2	3	4	5

8. Communication

		Strongly Agree	Agree	Don't Know	Disagree	Strongly Disagree
a.	All members are well informed	1	2	3	4	5
b.	There is active listening amongst partners	1	2	3	4	5
c.	Each member has an equal voice in the partnership	1	2	3	4	5
d.	Regularly scheduled partnership meetings occur	1	2	3	4	5
e.	Relevant information is shared in a timely manner	1	2	3	4	5
f.	There are barriers to effective communication (i.e., language, computer incompatibility)	1	2	3	4	5
g.	Information is shared with the public	1	2	3	4	5

9. Goals

		Strongly Agree	Agree	Don't Know	Disagree	Strongly Disagree
a.	The partners have common goals	1	2	3	4	5
b.	A timeline and roadmap for fulfilling goals has been established	1	2	3	4	5
c.	The partnership has set realistic, obtainable goals	1	2	3	4	5
d.	The goals are measurable	1	2	3	4	5
e.	The partnership is on track for meeting its goals	1	2	3	4	5

Comments on collaboration, members, communication, and goals:

_____

_____

_____

_____

_____

_____

_____

_____

_____

II. Methamphetamine Problem

10. Strategy

		Strongly Agree	Agree	Don't Know	Disagree	Strongly Disagree
a.	This initiative has the potential to reduce the methamphetamine problem in my jurisdiction	1	2	3	4	5
b.	Under this initiative, adequate attention is being paid to enforcement of drug laws related to methamphetamine	1	2	3	4	5
c.	Under this initiative, adequate attention is being paid to treatment programs for methamphetamine users	1	2	3	4	5
d.	Under this initiative, adequate attention is being paid to training law enforcement in methamphetamine identification and laws	1	2	3	4	5
e.	Under this initiative, adequate attention is being paid to: community awareness of the methamphetamine problem	1	2	3	4	5
f.	This initiative has helped organizations increase their resources	1	2	3	4	5
g.	Efforts under this initiative will continue when federal funding runs out	1	2	3	4	5
h.	Quality of life in our jurisdiction has/is improving under this initiative	1	2	3	4	5

11. Knowledge and Beliefs

		Strongly Agree	Agree	Don't Know	Disagree	Strongly Disagree
a.	My participation in this initiative has made a positive difference	1	2	3	4	5
b.	I am enjoying working on this initiative	1	2	3	4	5
c.	I am committed to continuing my involvement with the methamphetamine problem after federal funding ends	1	2	3	4	5
d.	I have a better understanding of the methamphetamine problem since my involvement on this project	1	2	3	4	5
e.	My awareness of resources in the community to fight the methamphetamine problem has been increased	1	2	3	4	5

Comments on strategies, knowledge, and beliefs:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Please provide the following information for the person who completed this questionnaire. The information may be used to clarify responses or request additional information.

Site: _____

Name: _____

Title: _____

Agency: _____

Phone: _____/_____ **Fax**: _____/_____

E-Mail Address: _____

Thank you for your cooperation. Please return the completed survey in the enclosed, postage paid envelope to:

Institute for Law and Justice
1018 Duke St.
Alexandria, VA 22314

Institute for Law and Justice
1018 Duke Street
Alexandria, Virginia
Phone: 703-684-5300
Fax: 703-739-5533
E-Mail: ilj@ilj.org

An Addendum to the Evaluation of the COPS Office Methamphetamine Initiative

Salt Lake City, Utah

January 31, 2003

Prepared for
Office of Community Oriented Police Services
United States Department of Justice

Prepared by
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Introduction

In 1998, the Office of Community Oriented Policing Services (COPS) funded six cities to implement anti-meth programs. Of these six cities, Salt Lake City, Utah, proved to have one of the largest and most diverse projects. Headed by the Salt Lake City Police Department (SLCPD), the overall goal of the project was to implement a system-wide approach to combat the local meth problem (in Salt Lake City as well as the surrounding communities).[1] There was specific emphasis on arrests, lab seizures, enhanced prosecution of meth offenses (especially involving children), nuisance abatement, treatment for drug offenders, and training and education for local officials and community members. More than 30 agencies agreed to participate in the project. They represented all levels of government as well as private local agencies.

As outlined in the National Evaluation of the Methamphetamine (Meth) Initiative final report, SLCPD saw real success in implementing and expanding their project. They were also successful in extending their grant funding period through June 2001. They did this by leveraging their federal dollars to gain additional resources from participating agencies. By the end of the funding period, several agencies had agreed to use their own monies to pay for (in whole or in part) staff that were previously funded through the grant.[2] SLCPD was also successful in absorbing several new positions that had been created using federal grant dollars (e.g., intelligence analyst, data analyst) into their annual budget. Finally, other agencies made a commitment to remain a part of the project without any contribution from federal dollars or local funds.

Because of the city's success in meeting the goals of their project and in keeping such a large number of agencies involved in the anti-meth effort, the evaluation team believed it was important to follow the Salt Lake City Meth Initiative to the end of their federally funded period. Whereas most of the grantees used the last of their COPS dollars before the end of 2000, Salt Lake City continued for an additional six months and used the last of their federal dollars in June 2001. This report represents an addendum to the final chapter on Salt Lake City's Meth Initiative and covers grant-funded activities from January through June 2001.

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1 The project was later expanded to focus on other drugs as well.

2 These positions included the Deputy District Attorney, the paralegal, the Child Protective Services worker from the Division of Child and Family Services, and the Salt Lake Valley Health Department worker.

Evaluation Methods

The evaluation methodology remained consistent with that of the larger evaluation effort. During the extension period, the evaluation team assigned to Salt Lake City continued with site visits, interviews, observations, and data collection. Two visits were made during the six-month period (March and June). While on-site, the evaluators interviewed key participants in the project, attended Partners Work Group meetings, attended Community Action Team (CAT) meetings, observed training sessions on child endangerment legislation, and participated in ride-alongs.

Salt Lake City's Project

Organizational Change

The SLCPD saw some organizational change at the very beginning of 2001. The new year brought with it a new Chief to the SLCPD who made some changes in the organization. He reorganized the Department and decentralized the Operations Bureau (where patrol was housed), and he assigned patrol officers geographically to one of two precincts. It was expected that sub-stations would be built in the coming years to increase communication and interaction with the community. Most of the Meth Initiative staff physically remained where they had always been located; however, they were re-assigned to the Community Support Division in the Investigative Bureau. The Youth and Family Specialists (YFS) and the Community Action Teams (CATs) were assigned to one of the two precincts and were no longer centrally located.

New Project Staff

After the induction of the new Chief and his subsequent changes to the department's organizational structure, two new individuals were assigned to the Meth Initiative as Project Director (Captain) and Project Manager (Lieutenant). Both participated in the Initiative by sitting in on the Partner's Work Group meetings as well as subcommittee meetings. Some specific issues they focused on included a child endangerment checksheet for line officers, increased communication with partners in the Initiative, and providing counsel and advice on police issues. Both the Captain and the Lieutenant agreed that there was significant meth abuse in the Salt Lake City area, and that the Meth Initiative was extremely important in combating this problem.

.Several other new individuals were brought into the Meth Initiative project. These newcomers included two retired police officers who were hired as part-time employees to fill the data analyst position. Two existing project staff from the Division of Child and Family Services and the Salt Lake Valley Health Department left the Meth Initiative, but were replaced with other agency staff. The Deputy District Attorney (DDA) position was turned over a third time since the project's inception. A pediatrician affiliated with the University of Utah and Primary Children's Medical Center was included in the Initiative as well, and she occasionally sat in on Partners Work Group (PWG) meetings. She was also conducting research on the prevalence of methamphetamine exposure on newborn babies.

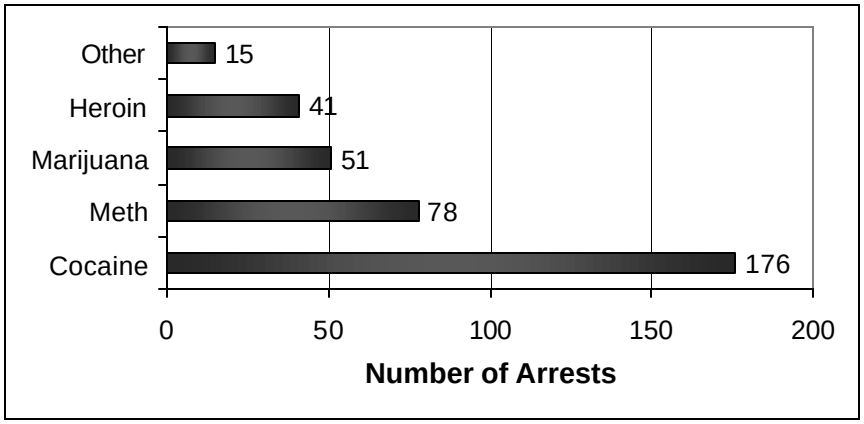
Intervention

Intervention efforts remained the focal point of much of the Meth Initiative's work toward combating meth. Specifically, arrests, clandestine lab seizures, intelligence sharing, data analysis, crime scene response, and enhanced prosecution were given a great deal of attention during January - June 2001.

SLCPD Data

Arrests and clandestine lab seizures continued to be a significant focus of the Meth Initiative project. SLCPD data from the Narcotics Unit indicated that there were approximately 78 meth-related arrests and 14 clandestine lab arrests in the first 6 months of 2001 (see Exhibit 1). Meth-related arrests (including methamphetamine clandestine labs) constituted about 25 percent of all drug arrests for the first part of 2001.

Exhibit 1: Number of Drug Arrests Reported by SLCPD Narcotics Unit (January 1 - June 20, 2001)



Also during this time, the Drug Enforcement Administration (DEA) was undergoing some organizational changes that directly impacted the SLCPD's anti-meth efforts. Specifically, the DEA worked with local law enforcement agencies to train them on evidence collection and investigation of clandestine labs. Concurrently, the DEA was moving away from smaller local investigations and began focusing more exclusively on large-scale drug investigations. Because of these changes, the SLCPD began to take on responsibility of investigations and follow-up of clandestine labs. DEA provided support through providing equipment and logistics (i.e., lab truck, respirator filters and funding for processing the lab). Despite these changes, the collaborative relationship between the SLCPD and the DEA remained intact, in part because the SLCPD continued to assign officers to the DEA Metro Narcotics Task Force.

Intelligence Analyst

The Intelligence Analyst continued to work with the Meth Initiative project as well as with narcotics officers on a variety of projects and cases. The Analyst estimated that he spent the majority of his time gathering intelligence for drug cases (meth as well as other drugs), but that he also spent time answering the community drug hotline and working with the Automated Fingerprint Identification System (AFIS). At the end of the federally funded period of the

Initiative, he had begun to work on a new project that would produce a link chart of all known meth cooks in the state of Utah.

The Intelligence Analyst also noted his involvement in tracking the buyers of pre-cursor chemicals by having companies that sell pre-cursor chemicals fill out a form to identify the buyers. At the time, the SLCPD was focusing on Iodine because the DEA was covering Ephedrine and Pseudoephedrine.

The Intelligence Analyst provided a demonstration of the statewide database ULEIN (Utah Law Enforcement Intelligence Network) to the evaluation team. It is web-based and funded with HIDTA (High Intensity Drug Trafficking Areas) monies, and it includes information on individuals or groups being investigated by any law enforcement agency in the state. Some features of the database include search for persons, businesses, organizations, or license plate numbers. It also includes information on the source agency (i.e., the agency that first entered the person or group into the system), demographics, criminal history, last known address, identifying marks such as scars or tattoos, etc. The database also manages photos, property information, and case information. Some smaller organizations may even use ULEIN as a records management system.

Data Analyst

During the six-month extension period (January - June 2001), the Data Analyst position was filled by two retired SLCPD police officers. One of the retired officers had spent 25 years with the SLCPD. Of those 25 years, 11 were spent in homicide investigations, and 5 were spent in the crime lab. He is a certified fingerprint examiner and spends the majority of his time with the Initiative working with the AFIS. The other retired officer had been with SLCPD for more than 20 years. During his time with the department he worked in a variety of assignments including patrol, narcotics, gangs, and SWAT. He spent four years away from the department before returning to fill the part-time data analyst position. His main responsibilities include answering the community complaint hotline, collecting intelligence information, compiling other information for detectives' investigations, and working with the AFIS system.

As noted in the final report, the community complaint hotline is housed in the Meth Initiative office and is answered by the Data Analysts, the Intelligence Analyst, and other members of the Meth Initiative team. While the community may call in to this line with a

variety of complaints or requests for information, a large number (on average, more than 50%) are drug-related. Over the past several years, the Meth Initiative team has seen a substantial increase in the number of calls coming in to the office on a daily basis (sometimes as high as 10-15). In 1998, slightly more than 400 calls came in to the department during the year. By 2001, slightly more than 400 calls came in to the department just during the first six months. If the 2001 trend continues, the number of calls answered could reach more than 800—about a 100 percent increase from 1998.

The Automated Fingerprint Identification System (AFIS), which had been part of Salt Lake City's original plan, was installed in the SLCPD only after some significant delays. The objective was to use the AFIS as a data collection and intelligence tool. It would also allow different law enforcement agencies to share fingerprint information. As of December 2000, little progress had been made in installing and using the AFIS in the police department. Eventually, SLCPD implemented their "PC Pawn" (personal computer pawn) project. "PC Pawn" consisted of 11 desktop computers housed at pawn shops across Salt Lake City. Since 1986, pawn shops in the city were required by city law to collect fingerprints from individuals selling items to the shop (Salt Lake City Code 5.48.070). AFIS was installed in shops that volunteered to house and operate the desktops and biometrics scanners. Each week, fingerprint information from the PC is downloaded into SLCPD's larger fingerprint database. At the time of download, fingerprints are scanned for matches with those already in the database. When necessary, fingerprint experts examine prints more closely for matches. By the end of June 2001, these systems had been in the field for almost three months and had collected approximately 300 prints. The SLCPD was also awaiting fingerprints from West Valley City Police Department, the FBI, and the state's Bureau of Criminal Identification.

Child Endangerment

The subcommittee on Child Endangerment has seen perhaps the most noticeable advancement toward their goals. The Youth and Family Specialists and the Division of Child and Family Services worker continued to focus attention on endangered youth while working with the police department to ensure seamless supervision of children who were endangered by drug use generally, and meth abuse specifically. The Deputy District Attorney and the paralegal assigned to the Meth Initiative have also continued to work with all of these groups to ensure that

necessary evidence is collected at crime scenes in order to build strong court cases. When possible, sentences have been increased using the recently enacted (2000) child and elder endangerment statute (Utah Code Ann. § 76-5-112.5).

Youth and Family Specialists

The Youth and Family Specialists (YFS) section of the police department was decentralized during the change in administration. They were initially concerned about the possible consequences decentralization would have on them as well as on their relationship with those they have been working with over the previous years (e.g., Meth Initiative, CATs, and the narcotics officers). Initially, some felt that there was not as much interaction among the YFS because they were split between two precincts. There were also some perceived differences in training opportunities and procedures for handling after-hours calls.

Generally, however, the YFS believed that being located in the two precincts proved to be very beneficial. They found that they had a better relationship with the patrol officers and were able to work more closely with them and educate them about the role of YFS in the police department. During the final months of the federally funded period, YFS was planning training for the patrol officers on child endangerment issues and a checksheet to help officers with evidence collection at possible child endangerment scenes (which at that time was in rough draft format). The YFS was also providing the call-out protocol to patrol officers so that they were better able to handle a scene that involved children, elderly, or handicapped individuals. Several members of the YFS expressed concern that the call-out protocol was not being followed consistently and that it may not have been presented to officers during training. They suggested that this needs to happen in order for the call-out protocol to be effective.

Interestingly, YFS also commented on changes that they had begun seeing in the meth market. Specifically, many of the YFS indicated that younger kids were getting involved with meth and that their primary drugs of choice were GHB/Ecstasy and meth.

Division of Child and Family Services (DCFS)

The Child Protective Services (CPS) worker initially assigned to the Meth Initiative decided to take several months off from the Initiative and resume her previous duties with DCFS. Another CPS worker replaced her at the Meth Initiative. The new CPS worker had been with the

Division for three years, but she had little knowledge of the Meth Initiative. She did however bring with her a great deal of experience in dealing with juvenile drug users. In fact, the new CPS worker noted that during her time with DCFS there was much more meth use among teens especially in recent years. She attributed this to meth being less expensive compared to other drugs.

This was her first time working closely with the police department, and she found that it offered her more security when going out in the neighborhoods. She also found that it was easier to get officers' help because she was co-located at the SLCPD and because she was actively fostering relationships with officers. The new CPS worker believed that the police officers knew her but were not as open with her as they were with the previous CPS worker.

When asked about her overall feelings about the project, the CPS worker noted that the Meth Initiative would benefit from more than one CPS person working on the project. She described the Initiative as "case driven" with the potential for a great deal of overtime. Call-outs to a crime scene could take up to 8-10 hours and there was a higher removal rate which required a significant amount of time. This is consistent with the previous CPS worker's comment that although she only handled cases under the Meth Initiative, these cases provided a great deal of work with the potential for substantial overtime.

District Attorney and Child Endangerment Legislation

As noted above, a third DDA was assigned to the Meth Initiative project (Spring 2000) since its inception in 1998. The newest DDA has four years of experience with the District Attorney's office and has worked in a variety of divisions, her most recent work being with teenagers. Her philosophy toward drug cases is systemic rather than individualistic—approach them on a unified front to make significant change rather than just address the problem on a case-by-case basis. This meshed well with the goals of the Meth Initiative and led to a strong and productive partnership. With regard to the meth problem, both the DDA and the paralegal assigned to the Initiative believed that meth was second only to cocaine in the Salt Lake City drug market. Both also noted that meth was found more frequently in suburban areas while cocaine and heroin were found more often in the city.

During her tenure with the Meth Initiative, the Deputy District Attorney continued to focus on the enhanced prosecution of drug cases generally, and meth cases specifically. Exhibit

3 below shows the number of cases prosecuted by the DDA during her participation in the Meth Initiative stretching from July 1, 2000 to July 31, 2001. These figures indicate that more than 60 percent of the DDA's caseload involved methamphetamine. This figure is up from previous statistics reported in the final report (8 percent in 1999 and 17 percent during the first half of 2000).

Exhibit 3: DDA Prosecutions Resulting from Meth Initiative Cases (July 1, 2000 to July 31, 2001)

	All Drugs	Methamphetamine
Sales	156	22
Possession	208	589
Manufacturing	0	5
Total	**364**	**616**

In addition to these prosecutions, the Deputy District Attorney and the paralegal have also been successful in using the new Child and Elder Endangerment statute. This legislation was passed early in 2000, but it was infrequently applied by the District Attorney's Office. During one of the first cases filed in court, the judge dismissed the case during the preliminary hearing due to a lack of expert testimony about the effects of pre-cursor chemicals on the child. Upon discovering this obstacle, the DDA (along with others from the DA's office and the Meth Initiative team) proactively sought out doctors who were willing to enter a pool to be called upon to write medical reports and/or provide their expert testimony in court.

They were successful in finding two doctors willing to participate. In the interim, the DDA decided to hold all child endangerment cases until medical experts were found. During the first half of 2001, the DDA filed about 30 cases (not all within the city of Salt Lake). Of those cases, all were child-related (as opposed to elderly-related), all were third degree felony charges, and none had gone to trial. The DDA estimated that about 60 percent of these cases were meth-related or involved a clandestine lab.

In addition to filing cases, the DDA provided training on the Endangerment statute to agencies such as local police departments and Adult Probation and Parole as well as other prosecutors throughout the state. Other trainers, including a SLCPD narcotics detective accompanied her to trainings as well. The DDA felt that this training could be extremely helpful in getting more child endangerment cases filed.

When asked about the partnership with the police, both the DDA and the paralegal noted that the police were improving in their evidence collection at endangerment scenes; this resulted in the DDA filing cases more quickly. In fact, the paralegal noted that she rarely had to send a case back to the police for further investigation.

When asked about the advantages of being co-located in the police department, the Deputy District Attorney and the paralegal both felt that it was a very positive experience. They felt that co-location allowed them to work closely with the police department and made them feel they were all on the same team. It promoted open communication, led to filing cases more quickly, and provided opportunities for cross-training.

The DDA and paralegal positions were funded in part by the federal grant monies from the COPS Meth Initiative. Available funding for the DDA and paralegal positions was up at the end of June 2001. Both believed that despite the absence of federal funding their relationship with the police department would continue.

Health Department

There was also a turnover in the Health Department position assigned to the Meth Initiative. The person originally assigned to the project was replaced by a new worker with four years experience with the Health Department. This new worker was named the full-time meth coordinator but was still assigned to do some basic Health Department work. He was lab certified along with several other Health Department workers, and his jurisdiction covered the entire county.

The newly assigned Health Department worker had no previous "hands-on" experience with meth but did have an academic background that informed his work. His most notable work with the Initiative was assisting in drafting a county ordinance on cleaning standards for meth-contaminated properties. He anticipated that the county ordinance, which was based on Washington state's model, would be accepted in early June.[3]

Among other topics, the ordinance outlined the following:

- Responsibilities of the department
- Responsibilities of the property owner

[3] The ordinance was later passed on July 12, 2001.

- Responsibilities of the contractor
- Fitness for use
- Pre-decontamination site assessment
- Permit to decontaminate
- Decontamination
- Post-decontamination site assessment
- Exemptions
- Enforcement
- Right to appeal.

This ordinance was the Health Department's response to two unsuccessful attempts at passing legislation through the state legislature on cleaning standards for chemically contaminated properties. According to this newly assigned Health Department worker, the legislature may still address clean-up legislation at a later time, in order to provide state-wide standards.

In addition to the ordinance, the Health Department also adopted "Standard Operation Procedures [SOP] and Best Management Practices for Decontamination of and Sampling at Chemically Contaminated Properties." This manual described various methods of manufacturing meth including the "amalgam method" and the "ephedrine method." The SOP also outlined byproducts and contaminants, implications for human health, exposure risk, decontamination, and testing standards.

With regard to the Meth Initiative project, the Health Department worker found that co-location was helpful for him. He believed that the SLCPD was consistent in calling him out to crime scenes, although other local agencies had not been as consistent. His goal was to have a Health Department representative eventually be called out to all lab scenes. To reach this goal he anticipated coordinating with other law enforcement agencies in the county by conducting outreach to other jurisdictions.

Treatment

Treatment only became a formal piece of the Salt Lake City Meth Initiative in the latter stages of implementation. The Meth Initiative team intended to include a treatment component

at the beginning of the project by partnering with the Dependency Drug Court. The original premise of the partnership was that meth abusers (especially women with children) would have an increased opportunity to present their case to the court and participate in a treatment program in lieu of spending time in jail. However, the Initiative experienced some difficulty in transferring funds to the Dependency Drug Court and the formalization of the partnership was significantly delayed.

Representatives from the treatment community (local service providers, Utah Division of Substance Abuse) saw their involvement in the Meth Initiative as essential, so several individuals sat informally on the Partners Work Group meetings and provided expertise when necessary. The treatment community eventually became much more involved and proactive in the Meth Initiative. So much so, in fact, that two representatives voluntarily created a new treatment-focused subcommittee under the Initiative. It is comprised of direct service providers, agency heads, and people from a detoxification center.

In addition, the state Division of Substance Abuse, which had become an active partner in the Meth Intiative, received tobacco settlement money from DCFS that was put toward the Dependency Drug Court system. The total amount was about $60,000 of which $55,000 went for direct services and $5,000 went to urinalysis costs. Other Dependency Drug Court services were being provided in-kind by the Division of Substance Abuse (e.g., administrative work, case managers, etc.). The purpose of the funding was to increase access into treatment for Dependency Drug Court participants. It also helped to increase awareness of and understanding about methamphetamine.

The Utah Division of Substance Abuse was looking for ways to get additional funds, but had no staff to write the grants. Both of the representatives who began the Treatment Subcommittee indicated, however, that they see more support going to meth-related issues in the Salt Lake City area, more money going to the Dependency Drug Court, and more support from the governor. Both representatives also indicated that they saw more camaraderie at the PWG meetings and more partners viewing treatment as a family issue and not just an individual issue.

Prevention

Public Awareness

The Utah Council for Crime Prevention (UCCP) has continued to be active in promoting anti-meth messages in the Salt Lake City area. At the start of the project they were given approximately $20,000 of Meth Initiative funds to work on a public awareness campaign. Because very little could be done with such a small amount of money, the UCCP used this money to leverage additional resources to expand the public awareness portion of the Meth Initiative. In part, they did this through matching funds for advertisements, increasing the number of volunteers conducting training sessions, and other innovative approaches.

From 1999-2000, they saw a great deal of success and produced a number of anti-meth items including:

- Two videos produced with donated materials ("On Thin Ice" and "What's Cookin' in Your Neighborhood?")
- "Body by Meth" poster
- Table tents
- Bookmarks
- Video cards
- Bumper stickers (in process).

Additional public awareness work was done by negotiating with local television and radio stations as well as newspapers to promote anti-meth messages. Toward the end of June 2001, the UCCP met with six television channels, three radio stations, and two newspapers to get the word out about meth. Some unsubstantiated plans included working with a local channel to plan a year-long focus on meth including production of public service announcements (PSAs). Another local television station may also agree to provide "free" time at the end of commercials to promote anti-meth public service announcements.

During the extension period (January - June 2001), the UCCP was in the process of planning other events that would highlight anti-meth messages. These included a Club Drug Summit that would provide an open forum for experts and policy makers to discuss the club drug problem (including methamphetamine) and generate recommendations. There would also be a

community event on club drugs in conjunction with the summit. The latter event would focus on educating the community on the club drug problem. A variety of groups were invited to attend including the police, civic associations, university fraternities, media, sheriff, youth groups, school principals, and others.

The UCCP has committed time, resources, and staff in helping to fight the methamphetamine problem in the Salt Lake City area. They have been successful in generating videos, television commercials, radio announcements, newspaper ads, billboards, and a variety of other items with an anti-meth message. Because of the seriousness of the problem, they have decided to keep a focus on methamphetamine and have written anti-meth initiatives into their annual work plan. That is, they will continue to produce anti-methamphetamine public awareness messages despite a lack of federal dollars.

Training

In addition to the above efforts, the UCCP was very active in offering meth-related training to a variety of groups. The UCCP provided general information on meth but also attempted to tailor the training to the particular group that requested the training. The groups that requested this type of training were diverse and included hotels/motels, PTA conference attendees, churches, youth groups, parents, and more. The UCCP recruited volunteer trainers including DEA agents, private attorneys, and others.

The Meth Initiative team, housed at the SLCPD, was also very active in providing training to community groups. Training sessions held during the first half of 2001 followed closely the number and focus of training sessions reported in the final report. That is, the training sessions focused on a number of topics including:

- Drug identification
- Club drugs
- Meth production, use, and consequences
- Methamphetamine Initiative
- Child/elderly endangerment statute (conducted by the DDA)

Exhibit 4 shows the number of training sessions, the number of attendees, and the total number of hours for training sessions held from 1999 through the first six months of 2001. The numbers

indicate that in a typial month, the Meth Initiative team conducted 8 training sessions totaling 17 hours. The average number of attendees was 337.

Exhibit 4: Training Data

	1999*	2000	2001+	Total
Number of Sessions	72	99	49	220
Number of Participants	2,519	4,477	2,094	9,090
Number of Training Hours	136.5	220	103.5	460

* 1999 data begin in March.
\+ 2001 includes data for the first six months only.

Community Policing

The Meth Initiative team defined their community policing efforts through their work with the Community Action Teams (CATs), their response to community complaints (including their knock-and-talk investigations), and their relationships with other local city agencies (especially law enforcement agencies). The new Lieutenant assigned to the Meth Initiative noted that SLCPD has been doing community policing since 1994. He believed that the Department educated and trained on the philosophy of community policing, and that the Meth Initiative provided resources to expand upon it.

The evaluation found that this has indeed been the case. The Meth Initiative fostered strong working relationships with other city agencies as seen through their work in the Partners Work Group meetings and their work with the CATs. The SLCPD also worked closely with other law enforcement agencies, especially surrounding city police agencies and federal agencies (e.g., DEA, FBI). Furthermore, the Meth Initiative team specifically, and the SLCPD generally, have made efforts to work with the community in addressing the problems that they define as serious (e.g., illegal drug activity, nuisance properties).

Community Action Teams

As noted in the final report, the Community Action Teams (CATs) are geographically-assigned groups comprised of representatives from various city agencies. While they have continued to evolve over the years, their mission essentially remained the same—to solve community problems through a multi-agency approach by using as many diverse resources as

necessary. They also continued to meet on a regular basis which could be as often as once a week. In December 2000, a new person was assigned from the Mayor's office to oversee their activities. This person had four years of previous experience with the CATs as a member on behalf of the City Council.

Some of the CATs' progress in the program has come in the form of improved communication and interaction with other governmental agencies. Hence, there are better services being provided, an increase in morale, and a more formal accountability process for the partners.

The CATs were not absent challenges including burn-out and agency re-assignments. It was not uncommon to see participants become overwhelmed by the nature of the work and the degree of effort necessary to truly impact a problem in the community. Furthermore, participants dealt with turnover quite frequently. The participating agencies had no established criteria for CAT involvement, so moving personnel in and out of a CAT was relatively easy and predictable depending upon the needs of a particular agency. This type of movement had negative effects on the CATs because they were frequently reorienting new individuals to the group and to the specific issues the CAT was focusing on in the community.

Furthermore, at the end of June 2001, problems still emerged where individuals from participating agencies did not readily share information with the group. This caused some overlap in workload among agencies that were investigating the same address. There were plans to create a database that would be used by agencies both inside and outside of the city. It would contain addresses, attendance at meetings, agency responsibilities, etc., and would be web-based for ease of accessibility. Not only would this database provide agencies with the information necessary to best address a community problem, it would also prevent overlap among agencies that could be working on the same problem. The CATs also hoped to plan more pro-active neighborhood activities to get community members more involved in helping to solve some of their problems.

A Super CAT was also created; it was comprised of division heads and policy makers. Ideally, this group would work much like the Partner's Work Group of the Meth Initiative. That is, the participants gather information at the grass-roots level, which they then use to effect

change. This group only began meeting in the last few months of the federally funded period of the Meth Initiative, so it was difficult to determine any change or progress in their activities.

"Knock and Talk" Investigations

"Knock and talks" are used by police as an investigative tool to follow up on residences that receive a number of complaints from community members. They are, in essence, consensual searches whereby police approach residents by knocking on their front door and asking the resident if they may "look around." Narcotics officers generally conduct these operations about twice per month and usually visit six to twelve residences. As noted in the final report, SLCPD found that this approach proved to be quite successful since many of the residents were found to be involved in some type of illegal activity.

Nuisance Abatement

The nuisance abatement subcommittee had the most difficulty during the implementation stage of the Meth Initiative. For a number of reasons listed in the final report, this subcommittee saw very little progress during the tenure of the Meth Initiative. By the end of the funding period in June 2001, no formal action had taken place to rectify the situation. However, the Mayor had requested that relevant agencies meet to work out a resolution. This would demand a considerable amount of time and effort since the purpose would be to re-define how nuisance properties would be dealt with in the city.

As of the last official visit to Salt Lake City, the nuisance process remained the same. That is, the City Prosecutor continued to write nuisance abatement letters to violators and sent them through the CATs. The City Attorney's Office would prosecute a criminal matter if the case was deemed serious enough. According to the Meth Initiative's project coordinator, there needs to be some guidelines for both civil and criminal nuisance abatement. She believed that nuisance abatement should be viewed as a larger city issue and that progress could be made to this end given the increased awareness of the problem through the Meth Initiative.

Relationships with other Agencies

The clearest success of the Meth Initiative in Salt Lake City was the communication and cooperation among the partners. The participants themselves stated that the relationships created or strengthened among Meth Initiative agencies represented the biggest success of the project.

Furthermore, most participants agreed that inter-agency collaboration was absolutely necessary to address the methamphetamine problem in Salt Lake City. In fact, many people went beyond just verbally advocating such a relationship and made special efforts to ensure that the partnerships were maintained. This feeling was maintained and was evidenced by the number of agencies willing to institutionalize practices and procedures as well as keep their staff participating in the Initiative even after federal funding for the project ended.

Summary and Conclusions

While the Initiative began with the promise of more than 30 agencies agreeing to participate in the project, in the end the project had formed a much smaller group of relevant, concerned agencies. Throughout the life of the project some partners dropped out and others were newly initiated into the project. This is natural given that many partnerships were unexplored prior to the Meth Initiative grant. Despite the smaller number, this approach proved to be integral to the success of the Meth Initiative project. In fact, this siphoning effect created a cohesive core group that was committed to the project, assessed the needs of the community, and focused their available resources on these needs.

Furthermore, staff turnover proved to be a consistent theme throughout the project and across almost all of the participating agencies. Specifically, during the multi-year project, almost all of the original staff from the SLCPD, DCFS, Health Department, and District Attorney's Office were replaced by new staff with (oftentimes) less training on meth. It also took some time to acquaint new staff with the overall purpose of the project and their specific responsibilities. However, despite this staff turnover, the inter-agency relationships that formed during the course of the Meth Initiative project showed signs of sustainability. These kinds of relationships foster better communication among agencies and more expedient approaches to addressing issues in and around Salt Lake City. Ideally, this network of agencies would be taken advantage of and adopted for future city-wide projects.

At various points during 1998-2001, project staff were forced to re-evaluate the proposed goals of the project and determine where to focus valuable resources. To their credit, SLCPD and the Meth Initiative did not blindly adhere to a proposal, which by the end of the federally funded period was several years old. Rather, they reassessed and reformulated their approach to

addressing the methamphetamine problem; this included re-thinking their approach to nuisance abatement, re-working their relationship with the Dependency Drug Court, and inviting the treatment community to be a formal part of the project. This flexibility proved to be a major success for the SLC Meth Initiative and was a testament to the level of commitment from Meth Initiative staff and partner agencies. This flexibility also helped them to extend their federal dollars because they were able to focus their federal funds on parts of the project that were likely to succeed. They did not expend a great deal of funding on proposed project goals that proved to be more difficult to implement than initially anticipated.

The Salt Lake City Meth Initiative also expended federal dollars to implement and formalize protocols and procedures for a variety of operations including call-out protocols to other law enforcement agencies, call-out protocols for specialists when crime scenes involve children or elderly, evidence collection for child and elder endangerment cases, and decontamination of chemically contaminated properties. These efforts have helped to strengthen partnerships and formalize agency responsibilities, which ensures consistency and accountability within and across agencies. A positive result of this type of institutionalization could be that these protocols and procedures be used as a "best practices" template for future efforts.

Through public awareness and community education, the Meth Initiative was successful in keeping the anti-meth message in the forefront. Despite the small amount of Meth Initiative dollars provided to the public awareness campaign, a great deal of time and attention were given to recruiting volunteers and soliciting donated materials (e.g., billboards, tv advertisement spots, etc.). These efforts are vital if a project is to gain the public's acceptance and support. This financial and in-kind support also helps to sustain the project in the community and encourages the project to grow and encompass other important individuals and agencies. It also raises the public's awareness, which could decrease harmful side-effects and increase communication with law enforcement when suspicious activity is afoot.

Salt Lake City has found a recipe for success to fight their methamphetamine problem. It focuses on partnerships, clear and attainable goals, formalized protocols and procedures, and education. Evaluation findings also indicate that the Meth Initiative showed incredible flexibility during times of staff turnover and changing goals, encouraged agencies to institutionalize best

practices, and informed the community by using anti-meth messages to help in their prevention efforts.

Overall, several components of the Meth Initiative project revealed some preliminary measures of success. During the first half of 2001, more than 20 percent of the Narcotics Unit's cases involved methamphetamine. The DDA assigned to the Meth Initiative prosecuted close to 1, 000 cases in just over a year's time with more than 60 percent of those cases involving methamphetamine. At the same time, Salt Lake City saw a decline in the number of arrestees testing positive for methamphetamine (ADAM, 1999, 2000, 2001). Finally, SLCPD continued with their training efforts and held close to 50 training sessions for other law enforcement agencies and the public in just the first six months of 2001.

The efforts of the Meth Initiative project in Salt Lake City have shown tremendous success during the implementation of their project. Despite the absence of federal dollars, participating agencies have made fighting methamphetamine a priority in their offices and have agreed to keep moving forward. With this history and a bright future, the Salt Lake City Methamphetamine Initiative has a real chance to make significant, positive change.

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