

Methamphetamine in Minnesota

A report on the impact of one illicit drug

July 2008



Prepared by
The Office of the State Drug Policy and Meth Coordinator

In conjunction with:
Minnesota Department of Health
Minnesota Department of Human Services
Minnesota Department of Corrections
Minnesota Department of Education
Minnesota Department of Public Safety



Methamphetamine in Minnesota

A report on the impact of one illicit drug

July 2008

Last Updated: 7-1-08

Background

This report was prepared in response to the strong on-going interest in data, trends, and costs associated with the illicit drug methamphetamine (“meth”). Information was provided by various agencies and entities and is intended to be as current as possible, while also providing historical data and trends. Numerous individuals from the agencies cited in the report were very helpful in providing data and information about how meth has impacted their work. They are to be acknowledged for their contributions and for their efforts in dealing with methamphetamine in Minnesota. There are many other organizations and individuals who are involved in substance abuse issues who are not specifically cited in this report. Their efforts are also a critical part of the statewide response to the challenge of meth, alcohol and other substance abuse.

This report was developed by the Office of the State Drug Policy and Meth Coordinator housed within the Minnesota Department of Health. Please submit comments to that office.

Chuck Noerenberg
Minnesota State Drug Policy and Meth Coordinator
651-201-4835
chuck.noerenberg@state.mn.us

Golden Rule Building
85 East 7th Place
PO Box 64882
Saint Paul, MN 55164-0882

Table of Contents

Executive Summary	Page 5
Summary of recommendations to enhance anti-meth efforts – Page 9	
Introduction - Meth in Minnesota	Page 11
What is meth?	
Effects of meth use	
How is meth made?	
Environmental health impact of meth manufacturing	
Statewide human toll	
An estimate of some of the public costs from methamphetamine	
Progress made - Current data about meth and other drugs in Minnesota	Page 14
Meth labs in Minnesota	
Bureau of Criminal Apprehension statewide drug arrest data	
Minnesota State Patrol K-9 Criminal Patrol Unit drug seizures	
Minnesota Gang and Drug Task Forces	
Bureau of Criminal Apprehension Laboratory narcotics cases	
Minnesota National Guard Counterdrug Program	
Adult Meth District Court cases filed in Minnesota	
Meth and other drug felony offenders sentenced	
Department of Corrections state prison drug offenders	
Statewide drug addiction treatment admissions	
Treatment admissions in the Twin Cities Area	
Meth-related emergency room visits in Minneapolis and St. Paul	
Minnesota Student Survey of drug and alcohol abuse	
Out-of-home placements related to substance abuse	
Prenatal drug use	
Meth use in Minnesota compared to the rest of the country	Page 28
Persons age 12 or older reporting past year meth use 2002-2006	
Persons age 18-25 – past year meth use	
12 th graders – past year meth use	
Effects of the 2005 comprehensive anti-meth law	Page 29
Restrictions on the sale of cold medicine	
Meth lab clean-up requirements	
Meth-related crimes involving children and vulnerable adults	
Bureau of Criminal Apprehension meth agents	
Methamphetamine treatment support grants	
Evidence-based practices for methamphetamine treatment	
Meth-related initiatives since the 2005 legislation	Page 35
Meth Offender Registry	
Drug Endangered Children Alliance	

Additional efforts to deal with meth in Minnesota

Page 36

Chemical Health Division, Minnesota Department of Human Services
Minnesota Prevention Resource Center
Drug courts
Safe and Drug Free Schools
Initiative Foundations / McKnight Foundation – Meth Collaboratives
Children’s Justice Initiative
Minnesota Local Government Meth Project
Methamphetamine Education and Drug Awareness Coalition of Wright County
Minnesota County Attorneys Association – Revealing Meth in Minnesota Project
Department of Health - Meth Lab Program
Pollution Control Agency - meth lab cleanup research
Minnesota Department of Natural Resources - meth lab warning
Department of Agriculture - curbing anhydrous ammonia theft

Federal government response to meth

Page 41

National Alliance for Model State Drug Laws
Drug Enforcement Administration / Meth Registry
White House Office of National Drug Control Policy
National Alliance for Drug Endangered Children
Meth resources Web site
Combat Meth Act
Meth Remediation Act

Meth-related issues, trends, and myths

Page 43

Meth and cocaine drug abuse trends
Flavored meth and cocaine?
Urine meth labs?
Sentencing Guidelines Commission report on drug offender sentencing

Recommendations to enhance efforts against meth and other drugs

Page 45

Develop cost-effective system of electronic monitoring of purchases of pseudoephedrine products used to make meth
Strengthen protection from toxic meth lab homes
Provide training for people who work with drug-endangered children
Develop best practices for school- and community-based education and prevention efforts
Review current law regarding endangering children and vulnerable adults
Provide training to veterinarians and animal humane officers to report child abuse
1-800 number for suspected child abuse or endangerment
Clarify substance abuse data restrictions and provide training
Expand court supervised drug treatment by developing drug courts throughout the state
Continue to expand accessibility to effective addiction treatment resources

Sources and references

Page 50

Methamphetamine in Minnesota

A Report on the Impact of One Illicit Drug

Executive Summary

What is meth?

Methamphetamine is a very strong stimulant drug that causes the release of high levels of dopamine and other chemicals in the brain. Meth comes in various forms, but it is commonly a white odorless powder. It is often most potent in its crystallized form, referred to as crystal meth or “ice.” When meth is smoked or ingested, it produces an intense rush of pleasurable feelings, increased energy, decreased appetite, and often an increase in sexual libido. This compelling physiological reaction can easily lead to continued and increasing use.

Longer-term effects of meth use can include severe weight loss, diminished memory, mood disturbances and psychosis, extreme tooth decay, aggressive and violent behavior, irreversible damage to certain brain functions, and a debilitating addiction. Meth abuse and addiction often lead to criminal behavior—such as theft and burglary—to provide cash to buy the drug, as well as violent crimes, such as physical and sexual assault.

Methamphetamine is made by chemically extracting and converting the common decongestant pseudoephedrine. This manufacturing or “cooking” process uses various toxic chemicals to extract and convert the pseudoephedrine to meth. Meth labs produce a variety of by-products that are hazardous to human health and the environment. The clean-up and remediation of meth labs has cost Minnesotans millions of dollars.

The impact of meth in Minnesota

Significant meth use and meth manufacturing took hold in Minnesota beginning in the mid to late 1990s. The problem intensified through 2005, the year Governor Pawlenty and the Minnesota Legislature enacted comprehensive anti-meth legislation. The following statistics describe some of the impact of meth in Minnesota:

- **Meth labs:** In 2005, there were nearly 500 reported meth labs and an unknown number of undiscovered meth labs in Minnesota.
- **Arrests and incarceration:** There have been more than 20,000 arrests for felony meth offenses in Minnesota since 2001, more than 10,000 individuals have been convicted and sentenced as felony-level criminals, and thousands have spent time in prison – with more than 900 currently behind bars in state prison as of January 1, 2008. Many more meth offenders have spent time in local jails and under the supervision of probation officers.
- **Court cases:** In 2005, 4,579 adult felony meth court cases were filed throughout Minnesota, constituting over 14 percent of all felony cases that year.
- **Treatment:** Methamphetamine abuse and addiction accounted for 16 percent of all chemical dependency treatment admissions in 2005 – a total of 7,115 cases. At least 35,000 individuals have entered treatment for meth abuse and addiction in Minnesota since 2000.
- **Use among young people:** Between 2002 and 2005, past year meth use in Minnesota among persons age 18-25 was estimated to be third highest in the nation, at 3.84 percent.

- **Emergency room visits:** Between 2004 and 2007, in Minneapolis and St. Paul alone, more than 3,000 Minnesotans went to a hospital emergency room because of ill effects from meth.
- **Prenatal meth use:** Since 2001, physicians reported that more than 1,000 mothers used meth while they were pregnant, endangering themselves and their children.

These are the visible numbers, but they only reveal part of the story. The human toll and the public and private costs from meth have been enormous.

An estimate of statewide costs from meth

The Minnesota Department of Public Safety estimated that in 2004, the statewide public costs associated with methamphetamine abuse exceeded \$120 million. This estimate was based on average per case costs for law enforcement, prosecution, corrections, environmental clean-up costs, and social services as reported by various state and local agencies. These figures were estimates based on certain assumptions and not an actual tally of expenses incurred. There is no statewide cost inventory for the impact of meth and any statewide estimates are imprecise. However, an extrapolation of the department's estimate suggests that the real public costs of meth in Minnesota since the late 1990s may have reached \$500-\$750 million and are probably much higher. Although the precise cost is uncertain, there is no doubt that this one illicit drug has had a major impact on state and local government budgets. It has had an even more dramatic and personal impact on the thousands of families who experienced the damaging effects of meth use and addiction.

Progress made – current data about meth in Minnesota

Meth hit Minnesota hard and is still having a tremendous impact across the state. However, there is strong evidence that the use of meth has decreased in Minnesota, as shown by the following data:

- **Meth labs:** The number of reported meth labs decreased 92 percent between 2003 and 2007.
- **Meth arrests:** Drug arrests in the category that includes methamphetamine peaked in 2005 at 4,790 and declined 19 percent from 2005 to 2006.
- **Meth seizures and arrests:** Quantities of methamphetamine seized by Gang and Drug Task Forces decreased 46 percent between 2006 and 2007 and meth arrests decreased 12 percent. (However, in 2007, meth still accounted for 43 percent of all arrests by Drug and Gang Task Forces statewide.)
- **Bureau of Criminal Apprehension lab cases:** Meth-related BCA laboratory cases are down substantially from a peak of 3,602 reported cases in 2005 to 1,948 cases in 2007. (However, in 2007, meth was still involved in 54 percent of controlled substance cases reported by the BCA lab.)
- **Adult meth district court cases:** Adult meth court case filings decreased by 26 percent between 2005 and 2006.
- **Meth and drug offenders convicted and sentenced:** After significant increases between 2001 and 2005, the number of felony meth offenders convicted and sentenced decreased slightly, from 2,113 in 2005 to 2,076 in 2006.
- **Department of Corrections state prison drug offenders:** Between 2001 and 2006, the number of meth offenders in state prison increased dramatically from 139 in 2001 to 1,138 in 2006, but decreased by nearly 15 percent between 2006 and 2008. (There were still 969 meth offenders in state prison on January 1, 2008.)

- **Statewide chemical dependency treatment admissions:** Between 2005 and 2007, chemical dependency admissions for which meth was the primary substance of abuse decreased from 7,115 to 4,729, a decrease of 34 percent.
- **Minnesota Student Survey:** The Minnesota Student Survey shows a steady decrease in reported meth use among 9th and 12th graders between 2001 and 2007.
- **Prenatal meth use:** Reported prenatal meth use decreased 34 percent between 2005- 2007.

These are just some of the indicators that suggest a significant decrease in meth use in Minnesota over the past few years. It appears that state laws and policies; prevention, enforcement and treatment efforts; and the hard work of community coalitions throughout Minnesota are beginning to reduce the extent and impact of meth abuse.

Results of the 2005 anti-meth legislation

In 2005, Governor Pawlenty and the Minnesota Legislature enacted comprehensive legislation to deal with the growing scourge of meth. The provisions of this legislation have been effective in dealing with significant aspects of the meth problem in Minnesota. The legislation contained tight restrictions on the sale of cold medicine containing pseudoephedrine that took effect July 1, 2005. These restrictions are credited with dramatic reductions in meth labs. The legislation included notice and clean-up requirements for properties that contained a meth lab. This has helped to protect residents and home buyers from living in homes that housed meth labs. The legislation also provided on-going funding for ten Bureau of Criminal Apprehension agents dedicated to combating meth and related criminal activity. These agents are dispersed throughout the state to work with law enforcement on meth interdiction and enforcement. The 2005 legislation remains one of the most comprehensive packages of state laws in the nation enacted to deal with methamphetamine.

Meth-related initiatives since 2005

Subsequent to the 2005 legislation, Governor Pawlenty established a meth offender registry Web site administered by the Department of Public Safety. The registry provides information to the public about meth manufacturers and is sorted by county. By December 2007, there had been nearly 20,000 inquiries to this Web site. The Governor also directed the creation of a State Drug Endangered Children Alliance, which is designed to provide a comprehensive approach to the needs of children exposed to drug and alcohol abuse by coordinating the policies and efforts of law enforcement, child protective services, courts, prosecutors, schools, health professionals, and prevention experts. This is an on-going effort and Minnesota is now part of the National Alliance for Drug Endangered Children.

Additional efforts to deal with meth in Minnesota

When meth came to Minnesota, communities, local governments, state agencies, and organizations throughout the state geared up to meet this threat. Here are examples of what has been done:

- The Minnesota Department of Health established a meth lab program and worked with various agencies to spread the word about the dangers of meth labs. Meth lab clean-up guidelines were established and became a model for other states.
- The judicial branch established drug courts as an effective way for convicted meth offenders to pay their penalty, but also to receive the treatment and supervision necessary to return to their communities as productive, law-abiding citizens.
- The Minnesota County Attorneys Association initiated a statewide meth task force and established a very well-attended meth education booth at the Minnesota State Fair.

- The McKnight Foundation funded a meth project through its regional Initiative Foundations that brought community coalitions together to develop strategies against meth in their communities.
- The Association of Minnesota Counties, League of Minnesota Cities, and Minnesota School Boards Association came together to form the Minnesota Local Government Meth Project. Counties and cities took the lead in developing protocols for cleaning up meth lab sites.
- Many other agencies developed meth-related information and devoted resources.

These are just some of the many examples of the extensive and widespread response to meth in Minnesota. It has been said that the only good thing about meth is that it brought together a wide range of professionals, experts, and concerned citizens to work on solutions to reduce the human tragedy caused by this drug. The result has been more effective policies, better procedures, and improved communication across disciplines and agencies. The coalitions that are in place as a result of this effort can help provide an infrastructure of expertise and resources to deal with broader substance abuse issues and new threats as they arise.

Federal government response to meth

The federal government also responded to the meth crisis and funded a variety of efforts as well as legislation to deal with methamphetamine throughout the country. The National Alliance for Model State Drug Laws regularly convenes experts from around the country at conferences designed to help strengthen state laws to combat meth. The National Alliance for Drug Endangered Children (NADEC) was created out of concerns about the dangers to children living in meth lab homes. NADEC has a goal of helping to create statewide Drug Endangered Children Alliances in all 50 states. Congress also passed the Combat Meth Act, which created nationwide restrictions on the sale of products containing pseudoephedrine. This has helped diminish meth labs nationwide. In December 2007, Congress passed the Methamphetamine Remediation Research Act, which will result in broader meth lab cleanup and remediation standards.

Meth-related issues, trends, and myths

The public's concern about meth remains high and reports about potential trends in meth abuse generate significant media attention. In recent months, reports of strawberry flavored meth and urine meth labs raised questions about whether these are the latest trends. Neither one of these turned out to be genuine trends, but meth is a compelling drug, and the stories of those who use it and the consequences of their use continue to generate significant interest and discussion. There is a concern that if meth use is diminishing, other drugs may take its place. There is some anecdotal evidence that as meth has become more difficult to obtain, there has been a corresponding increase in cocaine use, but the data doesn't indicate a clear trend. There is an ongoing interest on the part of the Legislature in issues related to criminal sentencing of drug offenders, including meth offenders. Legislation to create a Working Group to study drug offender policy issues was enacted into law during the 2008 legislative session.

Meth in context with other drugs

It is important to focus on meth and its devastating and costly impact throughout the state. But it is also critical to recognize that meth is just one illicit drug and one substance of abuse. Arguably, its impact has been relatively small compared to the on-going impact of alcohol abuse. In some communities, crack cocaine and other illicit drugs have been at least as damaging. Meth abuse is only one part of a broader substance abuse problem. The lessons learned from meth need to be considered and applied in that broader context.

Summary of recommendations to enhance efforts against meth and other drugs

Although there are encouraging signs about diminished meth use, on-going work is needed to ensure that this drug doesn't have a resurgence or become entrenched among various groups or subcultures. From meetings and discussions with prevention specialists, law enforcement officials, judges, treatment experts, child protection workers, public defenders, social workers, prosecutors, legislators, and other policy makers, it is clear that there are some issue areas related to meth abuse that could use additional policies and resources. Recommendations to improve efforts to deal with methamphetamine in Minnesota include the following:

1) Develop cost effective system of electronic monitoring of purchases of pseudoephedrine.

The 2005 anti-meth legislation restricts access and limits purchases of products containing pseudoephedrine. Purchasers must provide identification and sign a log book that records the amount of the drug purchases. There is some evidence that meth manufacturers are circumventing the pseudoephedrine purchase restrictions by making purchases from multiple drug stores in multiple towns. This has again raised interest in the development of a cost effective electronic system of monitoring purchases of meth precursors across the state. Electronic monitoring of prescription drugs could also help address the growing concern about prescription drug abuse.

2) Strengthen protection from toxic meth lab homes.

Recent reports about home purchasers buying a house that turned out to be a former meth lab have generated interest in reviewing the notice and disclosure requirements for meth properties to see if they can be clarified and strengthened. Current law is not clear as to whether an arrest for manufacturing meth is required as a prerequisite to placing restrictions on the use of property contaminated by meth production. Clarifying this law and perhaps strengthening the notice requirements would help provide additional protection from contaminated meth lab properties.

3) Provide training for those who work with drug endangered children.

Child care workers, foster parents, and law enforcement are often the first to recognize children and families who are endangered by meth abuse or other drug use. In some cases, there may be clear signs of neglect or abuse that must be reported to child protection authorities. In other cases, the impact may not be as obvious, but may be just as damaging over time. Training should be provided that includes information about signs and symptoms to look for, who to contact, what resources are available, and how best to help.

4) Develop best practices for school and community education and prevention efforts.

Schools and community organizations periodically hold meetings for parents and children to talk about the dangers of meth and other drugs, and these meetings are a key component of anti-meth prevention efforts statewide. To make their job easier and to maximize effectiveness, best practices as to the most appropriate and effective anti-drug information and messages should be developed and made available.

5) Review current laws regarding endangering children and vulnerable adults with drugs.

Current law includes a crime based on conducting meth activities around children or vulnerable adults. There is also a separate offense for endangering a child by illegally selling, manufacturing, or possessing a controlled substance. These two provisions should be reviewed for consistency and to ensure they are as effective as possible in protecting children.

6) Consider making veterinarians and animal humane officers mandatory reporters for potential child neglect and abuse.

Meth and other drug abuse and addiction greatly increase the likelihood of family violence. There is an extremely high correlation between the abuse of animals and violence against women and children. When veterinarians and animal humane officers are involved with cases of abuse of animals and there are children in the home, they should be trained on how to respond and report the potential danger of child neglect and abuse to child protection or social services.

7) Establish 1-800 number for suspected child abuse or endangerment.

About 35 states provide a state government sponsored toll free 1-800 number for anyone to call if they suspect child abuse or endangerment. Although within Minnesota, various agencies and non-governmental entities provide child abuse information and referrals, there is not a centralized number. A single toll-free number could help improve child abuse reporting and response.

8) Clarify substance abuse data restrictions and provide training.

There seems to be a widespread belief that restrictions imposed by government data practices laws seriously inhibit overall substance abuse efforts, particularly in connection with drug endangered children. In some cases, there is a lack of information or lack of clarity about the data practices law and what data may be shared, not necessarily an actual prohibitive restriction. A comprehensive effort to provide information and training on data practices to the various professionals who work on substance abuse issues would help maximize the effectiveness of substance abuse resources.

9) Expand court supervised drug offender treatment by developing drug courts throughout the state.

Drug courts are courts in which the sentencing judge retains jurisdiction over supervision, treatment, and rehabilitation of certain drug offenders. Drug courts provide case management for drug offenders, working with various disciplines. Studies of the results of drug courts show promise in breaking cycles of addiction, reducing recidivism, and saving costs over time. Many drug court graduates have successfully reintegrated into their communities, regaining custody of their children, obtaining jobs, and helping other drug court participants regain control over their lives. However, this option is available in less than one-fourth of Minnesota counties. A formal report by the Sentencing Guidelines Commission, Department of Corrections, and Judicial Branch on the effectiveness of drug courts is due to the Legislature in January 2009. Preliminary data, and results from other states, suggest that a greater investment in drug courts by federal, state, and local governments is warranted.

10) Continue to expand accessibility to effective addiction treatment resources.

The Chemical Health Division of the Minnesota Department of Human Services recently revised their administrative "Rule 25," which functions as the gateway to public money for addiction treatment. The goals of this revision include the expansion of accessibility to individualized addiction treatment and the implementation of uniform chemical dependency assessments across the state. There is a two-pronged approach to expanding addiction treatment resources. The first is to make sure treatment is accessible through updated guidelines and procedures for uniform assessments and individualized treatment. The second is to review the effectiveness of treatment programs to ensure that resources are being used efficiently. Enhanced accountability measures are being incorporated into treatment programs, but additional work will help maximize the effectiveness and availability of treatment programs.

Introduction: Methamphetamine in Minnesota

The following report provides information about the impact of the illicit drug methamphetamine (meth) in Minnesota. It includes current and historical data and a review of some of the key policies and efforts that are helping the fight against meth. Some information about how meth abuse compares to other illicit drug abuse in Minnesota is included. The report includes recommendations on how to improve efforts to deal with the scourge of meth in Minnesota.

What is meth?

Methamphetamine is a man-made stimulant that causes the release of high levels of dopamine, serotonin, and epinephrine in the brain. Dopamine is a neurotransmitter involved with the brain's experience of pleasure, motivational impulses, and certain motor functions. Meth comes in various forms, but it is commonly a white, odorless, and bitter tasting crystalline powder that may be ingested orally, snorted, smoked, or taken by needle injection. Its crystallized form, referred to as "crystal meth" or "ice" is often the purest form of meth.

When meth is smoked or injected, it produces an immediate intense rush of pleasurable feeling and a rapid change in brain chemistry. By whatever means it is ingested, meth produces a feeling of euphoria that may last for hours. As the concentration of meth diminishes in the blood, the user may take repeated doses of the drug to maintain the feeling of euphoria. Meth users sometimes binge on the drug over the course of several days, often going without food or sleep. The human body on meth is over-stimulated by dopamine and other chemicals. As these chemicals dissipate, the user may feel sick rather than euphoric. After prolonged use resulting in addiction, users may take meth as much to avoid feeling ill as to experience pleasure. Over time, the body may develop a tolerance for the drug and require higher and higher doses to maintain its effects.

Effects of meth use

The short-term effects of meth use include a rush of good feeling and euphoria, increased attentiveness and activity, decreased fatigue, decreased appetite, and increased sexual libido. Meth may also increase heart beat, blood pressure, and body temperature. Some meth users indicate that they will always remember the incredible rush when they first ingested meth.

Longer-term effects of meth use may include significant changes in brain function, impaired verbal learning and memory loss, mood disturbances and psychosis, aggressive and violent behavior, severe weight loss and dental problems, an increased risk of strokes, and a powerful, destructive addiction. Meth can damage cells and nerve terminals in the brain involved in production of dopamine and serotonin. It may take months or years after the end of meth usage for the brain to regain normal functioning. In some cases, the damage is irreversible - certain brain functions never return to normal.

In addition to the physical and psychological effects of meth, behavioral problems often result from meth use. Because of the compelling nature of the meth rush, the euphoria, and the increase in energy and sexual appetite that may accompany meth use, meth users often engage in risky behavior and they face an increased risk of sexually transmitted diseases and HIV. Of the 1,027 reported cases of prenatal drug use in 2006 in Minnesota, 212 involved the use of meth. The impact of prenatal meth usage is not fully understood, but research is being conducted and there is significant concern about potential short-term and long-term damage.

Long-term meth use is detrimental to physical, mental, emotional, and behavioral health and can result in severe addiction. Addiction is a chronic disease with behavioral components that require lifelong management and periodic professional services. Although meth addiction is treatable - as with alcohol addiction and addiction to other illicit drugs - full recovery may take years.

How is meth made?

Meth has been around in various forms and potency levels for decades. Meth is made in a variety of ways; however, the current meth surge involves two common methods of manufacturing. Both start with crushed cold tablets and alcohol. With one technique, Red Phosphorous is mixed with water and iodine and other chemicals to produce the meth base. The other method (which is more common in Minnesota) uses lithium and anhydrous ammonia to produce the meth base. Under both methods, the meth is then “salted out,” using salt and sulfuric or muriatic acid, producing hydrogen chloride gas that is bubbled through the meth base to extract the meth.

According to information from the Minnesota Pollution Control Agency, production of methamphetamine involves three phases: 1) extraction of the decongestant pseudoephedrine contained in cold and allergy tablets; 2) conversion of the extracted pseudoephedrine to methamphetamine base, which is a volatile liquid; and, 3) the precipitation of meth from the meth base to isolate the desired product – meth HCl. The meth manufacturing process uses a variety of toxic and flammable chemicals that are often left behind as chemical waste in a variety of contaminated containers or dumped on the ground or into the wastewater system.

Environmental health impact of meth manufacturing

Many of the agents and chemicals used to convert pseudoephedrine to meth are common household products such as lye and paint thinner. The dangers inherent to these toxic products are compounded during the meth manufacturing process as they are heated and mixed with other chemicals and the fumes and residues are inhaled and absorbed. These ingredients pose a significant health and environmental risk to meth users, family members, and friends, as well as to first responders and subsequent purchasers of the property. It is estimated that 5-7 pounds of toxic waste are produced for every pound of meth manufactured. Cleanup of these properties according to the Minnesota Department of Health guidelines is essential to diminish the potential harm. Proper cleanup of these properties can cost thousands of dollars. Although meth labs have decreased dramatically since products containing pseudoephedrine were taken off the shelf and placed behind the pharmacy counter, there are still meth labs in production in Minnesota. It is not known how many Minnesota homes, rental properties, and motel rooms have been and continue to be contaminated by meth residue.

Statewide human toll

It is difficult to adequately convey the broad human toll caused by meth abuse and addiction, which has occurred in every corner of Minnesota. From the personal stories of recovering meth addicts, we know that in many cases, nothing, absolutely nothing, was more important during their addiction than getting high on meth. These individuals neglected themselves, their families, and their jobs. In the most extreme cases, meth addicts destroyed their own health and aged quickly to a premature death or caused the death of others. Children of meth addicts have been beaten and tortured, leading to lifelong medical issues and in some cases, death. Other children experienced neglect and abuse and in some cases were introduced to meth and addiction by their parents. Schools experienced increased behavioral issues from meth-affected children.

Men tell of beating their spouses and turning against their friends. Parents tell of their children seeing them arrested by narcotics agents, face down on the floor at gunpoint. Meth addicts tell of giving their bodies and their self-respect for a hit of meth. In some cases they offered up their spouses or significant others to obtain meth.

Because meth could be manufactured easily and cheaply, hundreds of toxic meth labs were created by meth users to maintain their habit. The residue from these labs still impacts the inhabitability of houses throughout the state. Many meth users stepped off the main path of life in their communities and entered a drug-induced alternative reality driven by the urge to keep experiencing the high of methamphetamine. This drug high usually turned very sour, leading to ill health, arrests, loss of custody of their children, time spent in prison, and years of trying to salvage and repair their lives and their relationships.

An estimate of some of the public costs from meth

The Minnesota Department of Public Safety developed statewide public cost estimates related to methamphetamine abuse in 2004. The estimate was based on certain assumptions and case study cost estimates from various agencies and jurisdictions and is not an actual tally of expenses incurred. The estimates for law enforcement, prosecution, correctional, environmental, social services, and treatment costs ranged from \$120 million to \$140 million for one year. The average of the low and high estimates of statewide public costs for meth abuse in 2004 was \$130 million, broken down as follows:

Law enforcement costs:	\$39,250,000
Prosecution costs:	\$14,822,000
Corrections costs:	\$42,618,966
Environmental costs:	\$3,500,000
Treatment costs:	\$14,129,453
Child welfare costs:	\$15,730,000
Total:	\$130,050,419

There has been no statewide economic cost study on methamphetamine. The 2004 estimate did not include the financial or personal costs of meth-related crimes; health care costs for meth users; lost productivity with absences from work; state agency staff costs (other than Corrections and the Courts); private pay insurance costs; costs for juveniles; or many other unknown and long-term costs to those affected by meth crime and addiction.

The spread of meth abuse became apparent in Minnesota in the late 1990s and did not peak until 2005-2006. Meth use appears to have declined somewhat during 2006-2008, but it remains a very costly statewide problem. A rough estimate of statewide public costs during this time period can be obtained by extrapolating from the 2004 Department of Public Safety's statewide cost estimate. If the average annual costs for the period from 1998-2008 (inclusive) were even 50 percent of the estimated 2004 costs (or about \$65 million), the total public costs during this period exceeded \$715 million. Given the very real costs that are not included in the 2004 estimates and the fact that meth has been a costly drug in Minnesota for more than ten years, *the overall public costs of meth abuse in Minnesota may have reached \$500-\$750 million dollars and are probably higher.* This does not count the private costs associated with this drug. Because of the variance in certain data and cost ranges, this is a very general estimate, not an actual accounting of costs. But by any analysis, the dollar costs have been staggering. The human toll on thousands of families throughout Minnesota has been even more disturbing.

Progress made: Current data about meth and other drugs in Minnesota

The data charts on the following pages contain numbers related to meth and other drugs in Minnesota, including meth labs, drug arrests and seizures, court cases, prison inmates, treatment admissions, student drug use, and prenatal drug exposure. In many cases, percentage changes in the numbers over a course of years or between the two most recent years for which we have data have been included. As with all data, determining its true meaning requires careful analysis. Changes in numbers may or may not represent a true change in the nature of the problem and may simply reflect a change in the resources to address the problem. What appears to be a trend may be a temporary shift or be related to a small number of cases. A wide array of data has been included in an attempt to provide as clear a picture as possible about what is happening with meth in Minnesota.

Meth labs in Minnesota

Reported meth labs decreased 92 percent in Minnesota between 2003 and 2007.

Meth lab data are recorded and reported independently by a variety of jurisdictions and agencies. There is no common definition of what constitutes a meth lab, and some databases include incidents where equipment used to make meth has been found or waste materials have been dumped. Consequently, the numbers of labs do not match perfectly across databases. However, the various agencies that track meth labs show a consistent pattern. Meth labs in Minnesota increased steadily between 1999 and 2003. There was some decrease in 2004 and a very significant decrease in 2005, the year products containing ephedrine and pseudoephedrine were placed behind the pharmacy counter. The decrease continued in 2006 and 2007, with the Minnesota Department of Health reporting a total of 35 meth labs in 2007, down from a high of 497 in 2003.

Meth Labs in Minnesota and the U.S. 1999-2007

	1999	2000	2001	2002	2003	2004	2005*	2006	2007	2003-2007
BCA Meth Lab Data						212	112	64		
MN Gang & Drug Task Forces		144	206	310	410	238	100	56	33	-92%
MDH Meth Lab Data	18	43	53	217	497	320	117	59	35	-93%
DEA MN Meth Lab Incidents	100	123	154	250	309	168	88	30	25	-92%
DEA U.S. Meth Lab Incidents	7,438	9,092	13,537	16,212	17,356	17,170	12,484	6,435	5,080	-71%

*Note: Beginning July 1, 2005, products containing pseudoephedrine were placed behind the pharmacy counter.
 Sources: Bureau of Criminal Apprehension (BCA), Minnesota Department of Public Safety; Office of Justice Programs, Minnesota Department of Public Safety; Environmental Health Division, Minnesota Department of Health; National Clandestine Laboratory Database, Drug Enforcement Administration (DEA)

Bureau of Criminal Apprehension statewide drug arrest data

Drug arrests in the category that includes methamphetamine peaked in 2005 at 4,790 arrests and declined 19 percent between 2005 and 2006.

The Minnesota Bureau of Criminal Apprehension collects statewide crime arrest data and annually publishes the Uniform Crime Reports. This data shows that between 2001 and 2005 there was a 59 percent increase in the number of arrests in the category of illicit drugs that includes meth. The 4,790 arrests in 2005 translate into an average of 13 meth-related drug arrests by local law enforcement and Gang and Drug Task Forces statewide every single day, 365 days a year. Meth (and other dangerous drug category) arrests declined 19 percent between 2005 and 2006, from 4,790 to 3,877 arrests.

Bureau of Criminal Apprehension Statewide Drug Arrest Data 2001- 2006

	2001	2002	2003*	2004	2005	2006
Meth & Other Dangerous Drugs	3,009	3,838	4,180	4,251	4,790	3,877
Cocaine / Opium	3,961	3,173	2,841	3,692	3,582	4,106
Synthetics	293	514	246	642	529	558
Marijuana	10,731	11,453	10,658	10,854	11,114	11,317
Narcotics Arrests Totals	17,994	18,978	17,925*	19,439	20,015	19,858

*Note: 2003 Information excludes St. Paul Police Department data.

Source: Bureau of Criminal Apprehension Uniform Crime Reports

Minnesota State Patrol K-9 Criminal Patrol Unit drug seizures

Minnesota State Patrol K-9 Unit meth drug seizures between 2004 and 2007 peaked in 2006, at 38.5 pounds.

As part of statewide Minnesota law enforcement drug interdiction efforts, the Minnesota State Patrol Criminal Patrol Unit and their K-9 drug detection dogs seized the following drugs:

	2004	2005	2006	2007	2004-2007 Totals
Meth	4.3 lbs	22.6 lbs	38.5 lbs	13.4 lbs	117.5 lbs
Cocaine	.16 lbs	.38 lbs	2.5 lbs	116 lbs	119.04 lbs
Heroin	.47 lbs	5.21 lbs	.19 lbs	1.14 lbs	7.01 lbs
Other Drugs	n/a	n/a	31.2 lbs	518.4 lbs	549.6 lbs
Marijuana	450 lbs	762 lbs	550 lbs	4,399 lbs	6,161 lbs

Note: This data represents a small portion of overall drug seizures and are not necessarily valid statewide trend indicators.

Source: K-9 Criminal Patrol Unit; Minnesota State Patrol

Minnesota Gang and Drug Task Forces

Quantities of meth seized by Gang and Drug Task Forces decreased 46 percent between 2006 and 2007, and meth arrests decreased 12 percent. However, in 2007, meth arrests still accounted for 43 percent of all arrests by Gang and Drug Task Forces statewide.

A major component in Minnesota's drug enforcement efforts are the combined Gang and Drug Task Forces, which now cover a majority of the state. There are 22 Gang and Drug Task Forces throughout Minnesota – funded with Federal Byrne Grant money and state and local funds. A variety of factors affect drug seizures and arrests and, in some cases, a single large drug bust or isolated incident may skew the information. A one year shift may or may not indicate a trend. However, the data from the task forces is consistent with other data showing a potential decline in the prevalence of meth in Minnesota. Between 2006 and 2007, meth seizures decreased 46 percent and meth arrests declined by 12 percent. Meth is still taking up a significant amount of the effort of these task forces – in 2007, meth accounted for 43 percent of all drug task force arrests.

Drug Seizures - Selected Drug Types 2001-2007 – Gang and Drug Task Forces

Grams Seized*	2001	2002	2003	2004	2005	2006	2007	2006-2007
Meth	155,948	116,806	75,465	77,831	57,397	57,389	31,088	- 46%
Cocaine	73,173	50,028	31,313	36,376	20,993	62,067	39,721	- 36%
Crack	4,221	5,703	5,812	5,564	3,424	7,403	3,092	- 58%
Ecstasy		4,808	2,594	5,739	3,708	85,895	4,779	- 94%
Heroin	77	38,884	155	1,466	2,417	1,413	1,441	+ 2%
LSD (d.u.)		222	49	68,390	165	157	1,419	+804%
Khat	0	0	112,867	54,912	87,076	415,158	807,743	+ 95%
Marijuana (oz.)	39,767	68,283	167,336	63,390	68,877	33,341	75,744	+127%

*Note: Measured in grams unless indicated otherwise. "d.u." refers to dosage units. Marijuana is measured in ounces.

Arrest Data - Selected Drug Types 2001-2007 – Gang and Drug Task Forces

No. of Arrests	2001	2002	2003	2004	2005	2006	2007	2006-2007
Meth	1,609	2,201	2,629	2,612	2,889	2,294	2,012	-12%
Cocaine	608	768	616	906	700	801	744	- 7%
Crack	376	442	492	454	557	645	614	- 5%
Ecstasy		56	71	84	108	152	136	- 11%
Heroin	59	49	39	72	75	74	58	- 22%
LSD		11	8	9	3	11	8	- 27%
Khat	0	0	10	4	13	28	8	- 71%
Marijuana	1,476	1,550	1,603	1,547	1,518	1,463	1,273	- 13%

Sources: Office of Justice Programs, Minnesota Department of Public Safety; Statewide Gang and Drug Coordinator's Office

Bureau of Criminal Apprehension Laboratory narcotics cases

Meth-related BCA lab cases are down substantially from a peak of 3,602 reported cases in 2005 to 1,948 cases in 2007. However, in 2007, meth was still involved in 54 percent of controlled substance cases reported by the BCA Lab.

The Bureau of Criminal Apprehension provides criminal lab services to local law enforcement agencies throughout the state. A significant portion of controlled substance cases in Minnesota involve the BCA performing the lab tests necessary to determine whether a substance seized at the scene of a crime is a controlled substance and to identify the drug. The rise of meth abuse in Minnesota had a significant impact on the workload of the BCA lab, increasing from 713 cases in 1999 to a peak of 3,602 cases in 2005. Although case numbers have decreased, the 1,948 meth cases accounted for 54 percent of all BCA narcotics cases in 2007.

Bureau of Criminal Apprehension Lab Narcotics Cases 1999-2007

	1999	2000	2001	2002	2003	2004	2005	2006	2007
Cases Reported	2,756	2,862	2,196	5,048	3,380	3,576	5,312	4,019	3,636
Meth	713	890	922	2,711	2,199	2,308	3,602	2,256	1,948
% Meth	26%	31%	42%	54%	65%	65%	68%	56%	54%
MDMA	0	14	18	78	36	59	53	89	93
% MDMA	0	.5%	.8%	1.5%	1.1%	1.6%	1.0%	2.2%	2.6%
Cocaine	766	801	490	1,249	819	826	1,212	1,152	1,048
% Cocaine	28%	28%	22%	25%	24%	23%	23%	29%	29%
Heroin	29	33	26	52	46	30	50	36	39
% Heroin	1.1%	1.2%	1.2%	1.0%	1.4%	.8%	.9%	.9%	1.1%
Marijuana	1,077	1,025	779*	804	246	227	219	273	283
% Marijuana	39.1%	35.8%	35.5%	15.9%	7.3%	6.3%	4.1%	6.8%	7.8%
Psilocyn	65	66	41	108	45	62	84	66	46
% Psilocyn	2.4%	2.3%	1.9%	2.1%	1.3%	1.7%	1.6%	1.6%	1.2%

*Note: Starting in 2001, the BCA only processed marijuana cases that were scheduled for trial – this reduced the number of cases reported.

Source: Lab Data; Bureau of Criminal Apprehension, Minnesota Department of Public Safety

Minnesota National Guard Counter-Drug Program

Minnesota National Guard Drug interdiction efforts in support of law enforcement in federal Fiscal Year 2006 included 467 arrests involving seizures of cash, drugs, weapons, and other property, totaling over \$21 million.

The Minnesota National Guard Counter-Drug Program is an interdiction and education effort that receives approximately \$1 million in federal funding to support about 20 full-time Guard members. Specific missions include support to community-based organizations and educational institutions, youth leadership development, coalition development and support, information dissemination, investigative case support, criminal analysis, aviation support, equipment procurement, and training.

The Counter-Drug Program meth interdiction efforts reached a peak in 2005-2006. Drug interdiction efforts in support of law enforcement in federal Fiscal Year 2006 included 467 arrests involving seizures of cash, drugs, weapons, and other property totaling over \$21 million. This included the seizure of 209.5 pounds of meth valued at \$5.2 million. In federal Fiscal Year (Fed FY) 2007, this program conducted fly-ins, adventure programs, and drug abuse education programs that reached more than 15,000 students across Minnesota.

In cooperation with local law enforcement agencies and Drug and Gang Task Forces, the Minnesota National Guard Counter-Drug Program helped with the following drug seizures.

National Guard Drug Seizures Federal Fiscal Years 2004-2007

	Fed FY 2004	Fed FY 2005	Fed FY 2006	Fed FY 2007	2004-2007 Totals
Meth	99.4 lbs	92.6 lbs	209.5 lbs	86.6 lbs	488.1 lbs
Street Value	\$1,999,440	\$2,315,325	\$5,237,779	\$2,160,415	\$11,712,959
Cocaine	21 lbs	59.7 lbs	155.6 lbs	217 lbs	453.3 lbs
Street Value	\$410,120	\$1,194,280	\$3,112,990	\$4,344,710	\$9,062,100
Crack	2.8 lbs	4.6 lbs	21.7 lbs	4.6 lbs	33.7 lbs
Street Value	\$114,600	\$184,480	\$866,000	\$184,512	\$1,349,592
Marijuana	2,973 lbs	975.6 lbs	1,603 lbs	5,775.5 lbs	11,327.1 lbs
Street Value	\$8,916,699	\$3,902,400	\$6,411,528	\$23,098,190	\$21,540,446
Marijuana Plants	723 plants	5,088 plants	614 plants	964 plants	7,389 Plants
Street Value	\$1,446,000	\$10,176,000	\$646,000	\$1,927,518	\$14,195,518

Note: These figures overlap with the Drug and Gang Task force numbers.

Source: Minnesota National Guard Counter-Drug Program

Adult Meth District Court cases filed in Minnesota

Adult meth court case filings decreased from 4,709 in 2005 to 3,482 in 2006, a 26 percent decrease.

Adult meth court cases filed in Minnesota increased steadily and dramatically between 1999 and 2005. The 472 meth cases filed in 1999 constituted only about 7 percent of felony drug cases and 2.2 percent of all felonies. By 2005, 4,709 adult meth court cases were filed, constituting about 46 percent of all felony drug cases and more than 14 percent of all felony cases filed throughout Minnesota. Between 2005 and 2006, adult meth case filings decreased 26 percent, a reduction of more than 1200 cases. It is too early to tell whether this significant decrease between 2005 and 2006 in the number of meth court cases filed represents a sustained downward trend, but it is a hopeful indicator. However, meth cases continue to have a significant impact on Minnesota's judicial system.

Adult Meth and Drug District Court Cases Filed in Minnesota 1999-2006

	1999	2000	2001	2002	2003	2004	2005	2006	2005-2006
Adult Meth Cases Filed	472	1,154	1,818	2,911	3,535	3,948	4,709	3,482	-26%
Felony Drug Cases	6,873	6,753	7,656	9,210	9,638	10,021	9,863	9,125	-7.5%
All Felony Cases	21,455	22,278	24,435	28,215	29,119	30,046	32,633	31,145	-4.6%
Meth % of Felony Drug Cases	7%	17%	24%	32%	37%	39%	46%	38%	
Meth % of All Felonies	2%	5%	7%	10%	12%	13%	14%	11%	

Source: State Court Administration, Minnesota Supreme Court

Meth and other drug felony offenders sentenced

After significant increases between 2001 and 2005, the number of felony meth offenders sentenced decreased slightly between 2005 and 2006.

The number of meth offenders sentenced for felony convictions increased 135 percent between 2001 and 2006. Between 2005 and 2006, there was a slight decrease of 1.8 percent in the number of meth offenders sentenced. This is consistent with other indicators that suggest diminished meth activity. However, the number of new meth cases remained above 2,000 each year between 2004 and 2006 and 2007 data is not yet available. The number of meth offenders surpassed cocaine offenders in 2003 and remained higher through the latest data in 2006. The number of cocaine offenders sentenced increased at a more gradual rate between 2001 and 2006, but did not decrease between 2005 and 2006. Total drug offenders sentenced increased by nearly 73 percent between 2001 and 2006.

Meth and Other Drug Felony Offenders Sentenced 2001-2006

Drug/Year	2001	2002	2003	2004	2005	2006	2005-2006	2001-2006
Meth	882	1,316	1,733	2,044	2,113	2,076	-1.8 %	+135%
Meth - % of Total Drug Offenders	34%	38.4%	44.5%	50.6%	48.4%	46.3%	-2.1	+12.3
Cocaine	1,096	1,353	1,351	1,243	1,368	1,471	+7.5%	+34.2%
Cocaine - % of total Drug Offenders	42%	39.5%	34.7%	30.8%	31.3%	32.8%	+1.5	-9.2
Marijuana	389	428	386	338	388	424	+9.3%	+9.0%
Other / Unknown	229	327	426	413	497	514	+3.4%	+125%
Total Drug Felonies	2,596	3,424	3,896	4,038	4,366	4,485	+2.7%	+72.8%

Source: *Controlled Substance Offenses Sentencing Practices Data Reports; Minnesota Sentencing Guidelines Commission*

Department of Corrections state prison drug offenders

Between 2001 and 2006, the number of meth offenders in state prison increased dramatically from 139 in 2001 to 1,138 in 2006. The number decreased by nearly 15 percent between 2006 and 2008. However, there were still 969 meth offenders in state prison on January 1, 2008.

Between 2001 and 2006, the number of meth offenders in Minnesota's prison system increased at a startling rate. By 2005, more than half of the drug offenders in state prison were meth offenders. The impact on prison costs has been significant and the influx of meth offenders has seriously strained the Department of Corrections' budget. The number of meth offenders as of January 1 each year peaked in 2006 at 1,138. There were still 969 meth offenders in state prison on January 1, 2008.

The overall increase in drug offenders in state prison since 2001 is largely due to the scourge of meth in Minnesota. Incarcerating those who manufacture, distribute, and abuse meth in Minnesota has been a vital part of the strategy to reduce the harm from meth. And while this has contributed to a significant increase in prison inmates overall, Minnesota continues to have one of the lowest incarceration rates in the country.

Challenge Incarceration Program: The Department of Corrections Challenge Incarceration Program (CIP) is an intensive, rigorous, highly structured and disciplined program for carefully selected, non-dangerous drug and property offenders. This program has a high level of offender control and accountability for both male and female offenders. The increase of meth use in Minnesota has significantly impacted the CIP program. As of July 1, 2006, 62 percent of CIP participants were meth offenders. On January 1, 2007, 55 percent of CIP offenders were meth offenders.

Department of Corrections State Prison Drug Offenders 2001-2006

As of January 1 st each year	2001	2002	2003	2004	2005	2006	2007	2008	2007-2008	2001-2008
Total Offenders	6,318	6,583	7,073	7,795	8,482	8,874	8,900	9,270	+ 4.1%	+47%
Drug Offenders	1,066	1,163	1,483	1,859	2,090	2,109	1,858	1,893	+ 1.8%	+78%
% Total = Drug	16.9%	17.7%	21%	23.8%	24.6%	23.8%	21%	20.4%	- .60	+3.8
Meth Offenders	139	287	517	869	1,086	1,138	993	969	- 2.4%	+597%
% Drug = Meth	13%	25%	35%	47%	52%	54%	53%	51.2%	- 1.8	+38.2
% Total = Meth	2.2%	4.4%	7.3%	11.1%	12.8%	12.8%	11.2%	10.5%	- .7	+8.3

Source: Minnesota Department of Corrections

Statewide drug addiction treatment admissions

Between 2005 and 2007, meth-related drug addiction treatment admissions declined from 7,115 to 4,729, a decrease of 34 percent. Meth-related treatment admissions accounted for 10 percent of all treatment admissions in 2007.

Overall substance abuse treatment admissions in Minnesota increased by more than 24 percent between 2000 and 2007. A significant portion of this increase can be attributed to methamphetamine abuse. During that period, treatment admissions for amphetamines and methamphetamines increased by 185 percent. In 2005, meth was the primary substance of abuse of 7,115 treatment admissions, 16 percent of total admissions. By 2007, meth-related treatment admissions decreased to 4,729 or ten percent of total treatment admissions.

A portion of those who abuse meth also use other drugs and if meth had never hit Minnesota, they would still have sought treatment for other addictions. However, it is clear that meth abuse significantly increased overall treatment admissions in Minnesota and challenged the state's treatment resources.

Primary Substance of Abuse – Admissions to Chemical Dependency Treatment 00-07

Year	2000	2001	2002	2003	2004	2005	2006	2007	2006-2007	2000-2007
Meth/Amphetamine	1,661	2,608	3,365	4,308	5,769	7,115	5,512	4,729	-14.2%	+185%
Meth % of Total Admissions	4%	7%	8%	10%	13%	16%	11%	10%	-1	+6
Cocaine & Crack	4,000	3,717	3,815	4,140	4,225	4,553	5,252	4,308	-18%	+7.7%
% of Total Admissions	11%	10%	9%	10%	10%	10%	11%	9%	-2	-2
Marijuana	7,817	7,796	8,293	8,418	8,313	7,776	8,526	7,951	-6.7%	+1.7%
% of Total Admissions	20%	20%	20%	20%	19%	18%	17%	17%	0	-3
All Opiates	1,325	1,571	1,726	2,045	2,270	2,736	3,606	3,965	+10%	+199%
% of Total Admissions	3%	4%	4%	5%	5%	6%	7%	8%	+1	+5
Alcohol	22,095	22,249	22,130	21,110	21,214	20,743	25,317	25,436	+5%	+15%
% of Total Admissions	58%	56%	54%	51%	49%	47%	51%	53%	+2	-5
TOTAL ADMISSIONS	38,410	39,753	40,678	41,462	43,161	44,131	49,846	47,802	-4.1%	+24%

Source: Drug and Alcohol Abuse Normative Evaluation System (DAANES); Performance Measurement & Quality Improvement Division; Minnesota Department of Human Services

Treatment admissions in the Twin Cities area

From 2005 to 2007, there was a 51 percent decline in substance abuse treatment admissions involving meth in the Twin Cities Area. Meth-related treatment admissions declined from almost 12 percent of total admissions in 2005 to 6.7 percent in 2007.

Meth as the primary substance of abuse accounted for 6.7% of treatment admissions in the Twin Cities in 2007, compared to 12% in 2005. In 2007, women accounted for 40% of treatment admissions for meth in the Twin Cities area – the highest of any drug category, except opiates. 87% of clients admitted for meth-related treatment in 2007 in the Twin Cities area were white.

Meth-related Treatment Admissions – Twin Cities Area 2000-2007

	2000	2001	2002	2003	2004	2005	2006	2007
Meth Admissions	532	866	1,063	1,537	2,119	2,641	1,679	1,283

Selected Drugs - Percent of Twin Cities Treatment Admissions 2000-2007

% of Admissions	2000	2001	2002	2003	2004	2005	2006	2007
Meth	3%	4.6%	5.0%	7.2%	9.6%	11.8%	7.7%	6.7%
Cocaine	13.2%	11.2%	12.3%	12.7%	13%	14.1%	13.8%	11.6%
Heroin	3.2%	3.2%	3.7%	4.2%	4.2%	5.3%	5.6%	6.4%
Marijuana	21.6%	20.3%	20.6%	21.1%	18.7%	17.4%	17.7%	16.1%
Alcohol	52.6%	52.5%	52.1%	47.5%	46.5%	44.8%	46.6%	51.1%

Source: Drug Abuse Trends Minneapolis/St. Paul, Minnesota; Chemical Health Division, Minnesota Department of Human Services

Meth-related emergency room visits in Minneapolis and St. Paul

Meth-related emergency room visits decreased 66 percent between 2005 and 2006 in Minneapolis and St. Paul and continued to decline in 2007.

Emergency room visits are an extremely expensive means of accessing health care and most likely a choice of last resort for meth users and addicts who are engaging in illegal behavior. Meth-related emergency room visits peaked in 2005, with more than 1,400 in Minneapolis and St. Paul. Each incident of emergency room use increased overall health care costs, in many cases, at public expense.

	2004	2005	2006	2007	04-07 Total
Meth-Related Emergency Room Visits	874	1,402	480	255 (Jan-Jun)	3,011

Source: Drug Abuse Trends Minneapolis/St. Paul, Minnesota; Hazelden Foundation; Chemical Health Division, Minnesota Department of Human Services

Minnesota Student Survey of drug and alcohol abuse

Reported meth use among 12th graders declined between 2001 and 2004 and declined further between 2004 and 2007. In 2001, 8 percent of 12th grade boys and 5 percent of 12th grade girls reported having used meth in the past twelve months. In 2007, 3 percent of 12th grade boys and 1 percent of 12th grade girls reported using meth in the past twelve months.

The Minnesota Student Survey is administered every three years to students in public schools grades 6, 9, and 12. The survey includes questions about tobacco, alcohol and other drug use and attitudes, as well as sexual behaviors, dietary behaviors, physical activity, and unintentional injuries and violence. The survey was developed as a way to monitor risk behaviors among students. The survey is voluntary, confidential, and anonymous on the part of students. It does not include all students or those who are no longer in school.

The results of the 2001, 2004, and 2007 surveys indicate that reported meth use in the previous twelve months had declined among 9th graders and 12th graders. (Meth use is not asked of 6th graders). Alcohol remains the substance most commonly used by high school students, with 64 percent of 12th grade males and females reporting alcohol use in 2007. Marijuana use is also prevalent among 12th graders, with 34 percent of 12th grade males and 27 percent of 12th grade females reporting marijuana use in the previous twelve months.

Minnesota Student Survey – Past Twelve Months Meth Use 2001-2007

Meth Use	9 th Grade Males	9 th Grade Females	12 th Grade Males	12 th Grade Females
2001	5.0%	4.0%	8.0%	5.0%
2004	4.1%	4.1%	6.1%	4.3%
2007	2.0%	1.0%	3.0%	1.0%

Minnesota Student Survey - Drug Use within the Past Twelve Months – 2007 Results

	6 th Grade Male	6 th Grade Female	9 th Grade Male	9 th Grade Female	12 th Grade Male	12 th Grade Female
Meth	-	-	2.0%	1.0%	3.0%	1.0%
Cocaine/Crack	-	-	3.0%	2.0%	7.0%	4.0%
Heroin/Opiates	-	-	2.0%	1.0%	2.0%	1.0%
Ecstasy	-	-	3.0%	2.0%	6.0%	3.0%
Prescription Drugs	1.0%	1.0%	2%-4%*	2%-4%*	4%-9%*	3%-5%*
Marijuana	2.0%	1.0%	16.0%	14%	34%	27%
Alcohol	11.0%	9%	36%	40%	64%	64%

*Note: Depending on the type of prescription drug

Minnesota Student Survey - Drug Use within the Past Twelve Months – 2004 Results

	6 th Grade Male	6 th Grade Female	9 th Grade Male	9 th Grade Female	12 th Grade Male	12 th Grade Female
Meth	-	-	4.1%	4.1%	6.1%	4.3%
Cocaine/Crack	-	-	3.8%	3.6%	6.9%	4.3%
Heroin/Opiates	-	-	3.0%	2.1%	3.9%	1.2%
Ecstasy	-	-	3.3%	2.7%	4.7%	2.5%
Prescription Drugs	1.8%	1.5%	6.1%	8.8%	11.0%	8.5%
Marijuana	1.6%	1.1%	11.9%	11.3%	22.1%	15.8%
Alcohol	13.0%	10%	40%	46%	63%	66%

Minnesota Student Survey – Drug Use within the Past Twelve Months – 2001 Results

	6 th Grade Male	6 th Grade Female	9 th Grade Male	9 th Grade Female	12 th Grade Male	12 th Grade Female
Meth	-	-	5%	4%	8%	5%
Cocaine/Crack	-	-	5%	4%	7%	5%
Heroin/Opiates	-	-	4%	2%	4%	2%
Ecstasy	-	-	5%	4%	8%	6%
Prescription Drugs	2%	2%	6%	8%	10%	8%
Marijuana	3%	2%	22%	18%	35%	28%
Alcohol	16%	12%	46%	49%	69%	70%

Source: Minnesota Student Survey, Minnesota Department of Education, Minnesota Department of Health, Minnesota Department of Human Services, Minnesota Department of Public Safety

Out-of-home placements related to substance abuse

Substance abuse was a documented factor in 21 percent of all child protection cases receiving case management services and a factor in 27 percent of out of home placements in October 2007.

Minnesota has a county-based child protection system; however, information about child protection cases in each county is reported to the Child Safety and Permanency Division in the Minnesota Department of Human Services. Local child protection officials have the option, but are not required, to enter information as to whether substance abuse is involved in child protection cases or out of home placements.

The information reported for October 1, 2007, indicates that there were 1,206 child protection cases throughout the state involving substance abuse. Substance abuse was a factor in 815 out of home placements, 27 percent of the total. Between 2006 and 2007, there was an increase of 97 reported cases of substance abuse related out of home placements – a 13.5 increase. Because substance abuse is not recorded in all cases as the actual basis for child protection or out of home placement, it is assumed that the number of cases involving substance abuse could be significantly higher.

Statewide Child Protection Cases and Out of Home Placements Cases Involving Substance Abuse (as of October 1, 2006 and October 1, 2007)

	October 1, 2006	October 1, 2007	2006-2007 Change
Child Protection (CP) cases of child abuse and neglect	5,670	5,731	+1%
Cases involving out of home placements	3,124 (55% of CP Cases)	3,003 (52% of CP Cases)	-3.9%
Cases involving substance abuse	1,067 (19% of CP Cases)	1,206 (21% of CP Cases)	+13%
Out of home placements related To substance abuse	718 (23% of out of home placements)	815 (27% of out of home placements)	+13.5%

Source: Child Safety and Permanency Division, Minnesota Department of Human Services

Prenatal drug use

There were 1,138 reported cases of prenatal drug use in 2007. Reports of prenatal meth use in Minnesota decreased from 244 in 2005 to 212 in 2006. This decline continued in 2007 with 161 reported cases of prenatal meth use.

Physician Reported Prenatal Meth Use – 2005-2007

	Births	Prenatal Drug Use	Prenatal Meth Use	Meth % of Drug Use
2005	70,950	1,020	244	24%
2006	73,485	1,041	212	20%
2007	73,547	1,138	161	14%

Under Minnesota Statutes 626.5562, physicians must report instances of prenatal use of controlled substances by women under their care to the Department of Health. According to physician reports, prenatal drug use occurred in one out of every seventy live births in Minnesota in 2005 – this increased to one out of every 65 births in 2007.

In 2005, of the 70,950 live births in Minnesota, 1,020 included reported use of controlled substances and 244 of those involved methamphetamine. In 2006, reports of prenatal drug use stayed steady at 1,041, but the number involving methamphetamine decreased to 212. By 2007, reported cases of prenatal meth use decreased to 161 cases. However, overall cases of prenatal substance use increased by nearly 100 cases.

From 1992 until 2004, there were significantly more reports of prenatal cocaine use than prenatal meth use. By 2005, reports of prenatal meth use exceeded reports of prenatal cocaine use. In 2007, reported prenatal cocaine use once again exceeded reported prenatal meth use. Because these incidents are reported only if a physician has reason to suspect prenatal drug use, it is assumed that actual numbers are significantly higher.

Drug Use During Pregnancy – Births Occurring in Minnesota 1992-2007

	Births	Prenatal Drug Use	Meth	Cocaine	Heroin	Marijuana
1992	65,536	695	6	224	3	n.a.
1993	64,514	728	3	190	8	n.a.
1994	63,825	842	11	206	4	202
1995	63,049	911	13	208	5	429
1996	63,497	922	13	145	3	494
1997	64,461	907	12	135	4	481
1998	65,093	888	25	179	3	444
1999	65,786	847	30	172	9	471
2000	67,547	867	29	158	9	416
2001	66,942	915	55	145	11	494
2002	68,089	1,053	67	164	13	551
2003	70,006	1,073	118	155	14	540
2004	70,617	945	180	185	10	541
2005	70,950	1,020	244	155	6	586
2006	73,485	1,041	212	179	6	700
2007	73,547	1,138	161	194	8	778

Source: Minnesota Department of Health

Meth use in Minnesota compared to the rest of the country

Persons age 12 or older reporting past year meth use, 2002-2006

From 2002 to 2005, an estimated .88 percent of persons age 12 or older in Minnesota reported using meth in the past year. This rate ranked 22nd in the nation.

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), nationwide, meth use in the past year among persons age 12 or older declined from .8 percent to .7 percent between 2004 and 2005. Estimated usage increased from .7 percent to .8 percent from 2005 to 2006. From 2002 to 2005, an estimated .88 percent of persons age 12 or older in Minnesota reported using meth in the past year. This rate ranked 22nd in the nation.

Source: Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health

Persons age 18–25 past year meth use

Between 2002 and 2005, estimated meth use in Minnesota among persons age 18-25 was third highest in the nation at 3.84 percent.

According to SAMHSA, meth use in Minnesota between 2002 and 2005 among persons age 18-25 was estimated to be third highest in the nation at 3.84 percent, behind Wyoming at 4.6 percent and Arkansas at 4.4 percent. Meth use appeared to peak in Minnesota in 2005.

Source: Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health

12th graders past year meth use

Meth use by Minnesota 12th graders was significantly higher than the U.S. as a whole in 2001. However, by 2007, the rate of past year meth use by 12th graders in Minnesota was only slightly higher than the nation as a whole.

	2001	2004	2007
Minnesota	5.9%	4.9%	2.2%
U.S.	3.9%	3.4%	1.7%

*Source: Minnesota Student Survey 2001; 2004; 2007
Drug Trends Data 2007; Monitoring the Future; University of Michigan*

Effects of the 2005 comprehensive anti-meth law

In 2005, Governor Pawlenty and the Minnesota Legislature, with the leadership of State Senator Julie Rosen, enacted a comprehensive package of legislation to help deal with the meth problem in Minnesota. (See: Minnesota Session Laws 2005, Chapter 136, Article 7; House File 1). This package included the following components:

Restrictions on the sale of cold medicine

Beginning on July 1, 2005, restrictions were placed on the sale of products containing ephedrine or pseudoephedrine. Now these products may only be displayed behind a counter where the public is not permitted. They may be offered for sale only by pharmacists, pharmacy technicians, or pharmacy clerks. Persons purchasing these products must be at least 18 years of age, must provide photographic identification, and must sign a written or electronic log that details the date of the sale, the name of the buyer, and the amount of the drug sold. Single sale transactions are limited to total products that contain no more than six grams of pseudoephedrine or ephedrine. Persons are prohibited from purchasing products with a total of more than six grams of pseudoephedrine within a 30-day period. Violation of these provisions is a misdemeanor.

The Federal Combat Meth Act, signed into law on March 9, 2006, includes restrictions on the sale and purchase of products containing ephedrine or pseudoephedrine. Where the state and federal laws differ, the stricter provision applies. Under the federal law, sale transactions are limited to 3.6 grams per day per purchaser and the 30-day purchase limit on consumers is 9 grams. The federal law covers liquids, gel-caps, and pediatric products that are exempt under state law. The federal law requires the log of sales to include the time of the sale, the name of products sold, and the purchaser's address.

Impact

The restrictions on the purchase of products containing ephedrine and pseudoephedrine are credited with a dramatic decrease in meth labs in Minnesota – the various meth lab databases indicate a 92 percent decrease in labs between 2003 and 2007. Meth labs are dangerous and toxic and with fewer labs, the risks to law enforcement and other first responders as well as to meth cooks, family members, friends, and neighbors have diminished. With fewer meth labs, the costs of cleaning up these toxic sites have also decreased.

Additional considerations

Although meth labs have decreased significantly, a few meth labs are still being identified. There is anecdotal evidence that in some locations, meth cooks are still managing to obtain products containing pseudoephedrine in sufficient quantities to make meth. They do this by making purchases at multiple pharmacies. To reduce the likelihood of illegal purchases, a few states have implemented electronic monitoring of purchases of products containing pseudoephedrine.

The Drug Enforcement Administration has indicated that the decrease in domestic production of meth has been replaced with an influx of meth from Mexico and the Southwest U.S. However, there are indications that the availability and purity of meth from Mexico has diminished and the price has increased. This is additional incentive for some meth addicts to revert to cooking their own meth and there are reports of increased meth lab activity in some areas. Law enforcement officials have also indicated that some meth cooks are returning to their communities after serving time in prison and they may also increase the number of local meth labs. This may result in an increase from prior years.

Meth lab clean-up requirements

The 2005 legislation requires police officers who make an arrest at a meth lab site to notify the local public health department, the state duty officer, and child protection services of the arrest and the location of the lab. The local sheriff or local health officials must order that any property that has been found to contain a meth lab and contaminated by substances or chemicals used in the manufacture of meth be prohibited from being occupied or used until it has been assessed and remediated. The cleanup must be conducted by contractors who verify that the work was completed according to the Minnesota Department of Health clandestine drug lab cleanup guidelines and best practices.

These cleanup orders must be filed with the local county recorder or registrar of titles to provide notice that the property was the site of a meth lab. Local community health administrators must maintain a list of such properties. Sellers of property where methamphetamine was produced must disclose that fact in writing to the purchaser.

Generally, the cleanup cost of a meth lab property is the responsibility of the property owner. The 2005 legislation authorizes the sentencing court to require persons convicted of manufacturing a controlled substance to pay restitution to public entities for the costs of their participation in the emergency response to the meth lab and to private property owners who incurred costs of removal or remediation because of the meth lab. The 2005 legislation established a revolving loan fund in the Department of Employment and Economic Development to help local units of government with the costs of meth lab cleanup.

Impact

The restrictions on the sale of products containing meth precursors dramatically reduced the number of meth labs. The notice and cleanup requirements have been instrumental in helping to protect the public from the toxic personal and environmental health effects of meth lab production. Some states are still struggling with political opposition to strong property notice and cleanup requirements. In Minnesota, notice about meth production has become a standard part of real property purchase agreements.

Unexpectedly, the revolving loan fund in the Department of Employment and Economic Development has not been significantly utilized, and a portion of the funds were transferred to the Department of Human Services for meth treatment grants during the 2007 Legislative Session. The Governor's 2008 Supplemental Budget recommended transferring the remaining estimated \$150,000 to the General Fund to help balance the budget. This recommendation was adopted by the 2008 Legislature as part of the Omnibus Budget bill (HF1812).

Additional considerations

Despite these notice and cleanup requirements, there are instances of meth labs or meth activity in properties that don't come to the attention of law enforcement or other local officials. This means that the properties may not have been properly cleaned and the offenders may not have been required to help pay the cleanup costs. There are also instances in which the seller of property either does not know about the extent of meth activity on the property or they fail to disclose the activity to purchasers. A number of legislators have been contacted by constituents who unknowingly moved into a house that turned out to have been used as a meth lab and who are concerned about the health effects from the property that may not have been properly cleaned. They feel victimized and, in some

cases, assume that government assistance should be available to pay clean-up costs. In addition, current law does not require notice to tenants who rent property that contained a meth lab or meth activities.

The Environmental Health Division of the Minnesota Department of Health conducts an on-going review of research and practices regarding meth toxicity and the most effective clean-up measures. The health impact of the residue from the manufacture of meth is still being researched. The cleanup guidelines spelled out by the Department of Health are based on the best practices for minimizing the impact of this residue. The guidelines specify practices and processes to be used for adequate cleanup, but they do not set standards of acceptable parts per million for meth residue. Some states are considering trying to identify and define the acceptable outcomes of the cleanup, instead of acceptable practices.

Meth-related crimes involving children and vulnerable adults

The 2005 legislation established a new crime for engaging in meth activities around children or vulnerable adults (see Minnesota Statutes 152.137). It is a crime to manufacture meth, store chemicals used to make meth, store meth waste products, or store meth paraphernalia in the presence of children under the age of 18 or vulnerable adults. This crime may be punished by a maximum of five years in prison, which is in addition to any other sanctions imposed for illegal meth activity.

This law also specifically authorizes law enforcement officers to take any child present in such circumstances into protective custody. The child must then be given a health screening to assess potential adverse impact related to methamphetamine exposure. Mandatory reports of potential maltreatment must be submitted for vulnerable adults found to have been exposed to methamphetamine or meth chemicals or paraphernalia. If a child is taken into protective custody after being found in an area with meth activities, and the child is enrolled in school, this law requires the police officer who took the child into custody to notify the chief administrative officer of the child's school.

Impact

This specific crime for engaging in meth activities around children or vulnerable adults has provided prosecutors with another means to sanction meth offenders. The reporting, assessment, and protective custody provisions are effective tools to help rescue and protect children and vulnerable adults endangered by drugs.

Additional considerations

This legislation specifically authorizes police officers to take children into protective custody if they are present near meth activities and child protection workers also have that authority. These situations highlight the value of law enforcement and child protection working in partnership to help rescue and protect drug endangered children. Additional training regarding the broad nature of this law may be useful. In addition, other provisions in law relating to child endangerment should be reviewed for consistency and to maximize effectiveness in protecting children.

Bureau of Criminal Apprehension meth agents

The 2005 meth legislation included \$1 million each year for ten Bureau of Criminal Apprehension (BCA) agents to be assigned to methamphetamine enforcement, including the investigation of the manufacturing and distribution of methamphetamine and related violence. The intent of this appropriation was to increase the BCA resources dedicated to methamphetamine enforcement. In some cases, existing agents shifted their duties to focus on meth and related narcotics criminal activity and some new agents were hired. These ten agents have been assigned and trained by the BCA and dispersed throughout the state, including Bemidji, Grand Rapids, Moorhead, Brainerd, Alexandria, Mankato, and St. Paul.

Impact

These ten BCA agents are located strategically around the state. In cooperation with regional drug task forces and local law enforcement and federal drug agents, they have focused on investigating meth offenses and related narcotics and other criminal activity. A partnership with the State Patrol has resulted in significant meth seizures aimed at reducing the influx of meth from Mexico and the Southwest United States. Technical expertise is also provided to local investigations, and technical agents travel statewide to provide video, audio, and other electronic surveillance support. This set of agents has enhanced overall law enforcement efforts against meth.

Additional considerations

The National Methamphetamine Threat Assessment for 2007, published by the U.S. Department of Justice National Drug Intelligence Center, concludes that the decrease in domestic methamphetamine production nationwide has been offset by increased production in Mexico. In Minnesota, according to the Drug Enforcement Administration (DEA), Mexican traffickers control the transportation, distribution, and bulk sales of cocaine, marijuana, methamphetamine, and heroin. The DEA reports that numerous Mexican groups and street gangs such as the Latin Kings are operating in the state.

According to the 2008 National Methamphetamine Threat Assessment, Mexican drug trafficking organizations are the primary suppliers of ice methamphetamine to distribution centers in the Great Lakes and West Central regions. These organizations are the primary methamphetamine source of supply for local and regional methamphetamine distributors. Rural locations outside of regional distribution centers such as Chicago, Indianapolis, and Minneapolis-St. Paul are often used as stash locations where the drug is stored for further distribution to smaller drug markets in and outside the Great Lakes region. This distribution system represents a continuing challenge for the BCA meth agents as well as the regional Drug and Gang Task Forces and law enforcement throughout the state.

The Federal Combat Meth Act includes provisions regarding restrictions on the importation of pseudoephedrine products into Mexico. These restrictions are having some impact. According to the DEA, methamphetamine availability trends are mixed. Law enforcement pressures and chemical controls in the U.S. and Mexico appear to be contributing to intermittent meth shortages in some areas.

Methamphetamine treatment support grants

The 2005 meth legislation included \$750,000 each year to the Department of Public Safety for grants to counties for methamphetamine treatment support programs. Priority was to be given to counties that demonstrate a treatment approach that incorporates best practices as defined by the Minnesota Department of Human Services. The appropriation reflected an interest in developing pilot programs focused on delivering services that support meth treatment which, if successful, could be replicated. However, this was a one-time appropriation.

Impact

This appropriation was administered by the Office of Justice Programs and disbursed as grants to programs in Carlton, Faribault, Martin, Dodge, Fillmore, Olmsted, Anoka, and Sherburne Counties. Because this was a new grant program aimed at innovative meth treatment programs, it took a number of months to establish, with grants allocated beginning in the Spring of 2006 and extending through 2007.

The vast majority of the money has been granted to three programs:

Harbor House in Fairmont provides residential treatment for meth-addicted mothers and their children. The goal is to maintain family unity while residents work to achieve and maintain sobriety. Residential stays may extend up to 24 months with an average of 9-12 months. Out-patient treatment and individual and family therapy is provided, along with other services to support the transition from addiction to sobriety.

Anoka County Human Services developed an intensive one-year program focused on mothers' meth abuse. The program provides treatment as well as comprehensive case management for support services and resources to support successful integration back into the community.

Dodge, Fillmore, and Olmsted Counties developed a jail and community-based meth treatment program that works to improve outcomes for meth abusers and meth addicts. The program provides meth-specific detoxification, assessment, and mental health and substance abuse treatment through inter-agency collaboration that includes law enforcement, prosecutors, the courts, community corrections, and the treatment and aftercare communities.

Anecdotal reports indicate positive outcomes for these programs. However, the limited duration of the programs and the relatively small number of participants makes conclusive generalizations difficult.

Additional considerations

During the 2007 Session, \$750,000 was appropriated to continue these pilot programs. The money was appropriated to the Department of Human Services to provide better integration with other statewide treatment support programs and drug abuse prevention and treatment initiatives funded by the Chemical Health Division. However, this funding level may not be enough to sustain these programs through the entire FY '08-'09 biennium.

Evidence-based practices for methamphetamine treatment

The 2005 Omnibus Health & Human Services bill included \$300,000 each year to the commissioner of Human Services to support development of evidence-based practices for the treatment of meth abuse. The funds were designated to support research on evidence-based treatment practices and to create training for addiction counselors specializing in treatment of meth abuse. (See: 2005 Special Session Laws Chapter 4, Article 9; Sec. 2; Subd. 10; HF 139)

Impact

Initially, this effort was set up as a Meth Resource Center attached to the State Operated Services Division located in Willmar. The center developed information materials and distributed more than 4,000 brochures in multiple languages. The center also co-sponsored conferences to spread information about meth abuse and treatment practices, including drug courts, and provided training to more than 1,300 attendees. An inter-agency advisory board was utilized to help guide the efforts of the center.

Additional considerations:

The Governor's 2008 Supplemental Budget recommended eliminating most of the funding for this program during the remainder of the FY 2008-2009 biennium, with reallocation of the funding specifically for treatment programs in FY 2010-2011. This recommendation was adopted by the 2008 Legislature – (See HF 1812, Article 18, Sec. 3, Subd. 7). The rider language requires the commissioner of Human Services to maintain the internet-based resources developed for this program. The resource center will be incorporated into the Chemical Health Division of the Department of Human Services. Closer ties to the prevention and treatment mission of that division will allow integration of meth and other substance abuse treatment programs and eliminate unnecessary administrative costs.

Meth-related initiatives since the 2005 legislation

Meth Offender Registry

In 2006, Governor Pawlenty announced the establishment of a Meth Offender Registry within the Department of Public Safety to provide information to citizens about convicted meth offenders who may have committed offenses in their communities. The Bureau of Criminal Apprehension now maintains a Web site that lists the name, offense, and county of conviction for meth manufacturers.

As of February 2008, the registry listed 212 offenders convicted of felony level manufacture or intent to manufacture methamphetamine. From the start-up of the registry on January 10, 2007, through December 31, 2007, there were 19,854 inquiries to the Web site; this is an average of 55 per day.

<https://mor.state.mn.us/>

Drug Endangered Children Alliance

In 2006, Governor Pawlenty directed the creation of a statewide Drug Endangered Children (DEC) Alliance in Minnesota to enhance efforts to rescue and protect children endangered by substance abuse. A statewide DEC Alliance is designed to provide a comprehensive approach to the needs of children exposed to drug and alcohol abuse by coordinating the policies and efforts of law enforcement, child protective services, courts, prosecutors, schools and teachers, health professionals, and prevention experts.

These disciplines all came together, along with key state agency commissioners, in the Fall of 2007 for a Drug Endangered Children Summit to discuss issues and opportunities for collaborative efforts. Minnesota is now part of the National Alliance for Drug Endangered Children, and is utilizing the resources and expertise of that office as well as the growing network of DEC alliances throughout the country. This effort is spearheaded by the Office of the State Drug Policy and Meth Coordinator.

Drug Endangered Children Alliances grew out of the recognition that children living in homes with meth labs are at substantial risk of physical and emotional abuse and neglect. The key services that may be provided by a DEC program include cooperative protocols for the removal of children from drug endangering environments; medical and dental health evaluation and treatment; drug and toxic chemical exposure screening; mental health evaluation and services; placement in foster care if necessary; continuity of schooling and education; follow-up and aftercare services; and strategies to rescue and protect children. Although the number of meth labs is decreasing, Drug Endangered Children alliances are evolving to deal with a broader range of situations in which children are endangered by substance abuse. Prevention and education professionals are being incorporated into the effort to help protect more children from the dangers of substance abuse.

A number of state DEC alliances have adopted statewide protocols for what should happen during an intervention at a home where children are endangered by substance abuse in order to improve services to these children. Training is provided to local officials on how to collaborate on these efforts and implement the protocols. Medical protocols have been developed to ensure that children receive appropriate treatment for exposure to dangerous chemicals and activities. They also help ensure proper documentation for child abuse and custody hearings. Some state DEC Alliances have systematically reviewed their state law definitions of child neglect and abuse with recommendations on how to strengthen those laws to better protect children. All of these items are on the agenda for Minnesota's Drug Endangered Children Alliance.

Additional efforts to deal with meth in Minnesota

Agencies, associations, and individuals all over Minnesota have responded to the challenge presented by methamphetamine. Extensive resources have been devoted to this challenge and new coalitions have been formed with a wide variety of creative efforts to spread the word about the dangers of methamphetamine, enforce laws regarding illegal meth activity, and to provide the treatment and services necessary to return recovering meth addicts to productive and law-abiding community participation. Here is an overview of some of those efforts.

Chemical Health Division, Minnesota Department of Human Services

The Chemical Health Division of the Minnesota Department of Human Services is the designated state agency charged with developing a statewide prevention, treatment, and recovery services response to families, individuals, and communities affected by addiction and drug and alcohol abuse. This division provides publicly funded, county-administered addiction treatment services through the Consolidated Chemical Dependency Treatment Fund. It administers grants for a broad range of chemical dependency related prevention, treatment, and recovery services. There are also eight regional prevention specialists located throughout the state who serve as regional resources and convene local community-based anti-drug coalitions.

The Chemical Health Division is the host agency for the Partnership for a Drug Free Minnesota and the Office of National Drug Control Policy's anti-drug media campaign entitled "Life After Meth." A series of community events entitled "Meth, Alcohol, and Other Drugs: Continuing the Community Conversation" were convened in locations throughout Minnesota in April and May of 2008. These events included panel presentations with local officials and the display and promotion of drug prevention materials from the Partnership for a Drug Free Minnesota and the Office of National Drug Control Policy.

Minnesota Prevention Resource Center

The Minnesota Prevention Resource Center is funded primarily through a grant from the Chemical Health Division of the Department of Human Services and is a project of the Minnesota Institute of Public Health. The center has eight staff members who provide prevention-related research, materials, and technical advice regarding every type of substance abuse. There are also 20 prevention consultants based throughout Minnesota who provide expertise and assistance on alcohol, tobacco, and other drug abuse prevention issues and efforts. The Minnesota Prevention Resource Center has done work throughout the state on meth education and prevention.

[See: www.emprc.org]

Drug courts

The Minnesota Judicial Branch has placed a high priority on enhancing the ability of the courts to handle drug offenders and others in the court system affected by substance abuse. One of the approaches is the creation of drug courts to focus efforts and additional resources on drug offenders. There are currently 30 drug courts operating throughout Minnesota.

As stated on the Judicial Branch Web site, “A drug court is a problem-solving approach that uses the power of the court in collaboration with other participants (prosecutors, defense counsel, treatment providers, probation officers, law enforcement, educational and vocational experts, community leaders and others) to closely monitor the defendant’s progress toward sobriety and recovery through ongoing treatment, frequent drug testing, regular mandatory check-in court appearances, and the use of a range of immediate sanctions and incentives to foster behavior change.”

Drug courts effectively help users of meth and other drugs recover from their addiction. The program provides coordinated case management for drug offenders and is longer term than a typical court proceeding – offenders are engaged with the court for about two years. The offenders receive a broader range of services that may include assistance with locating housing, job search training, transportation, and other needs to overcome the effects of substance abuse and addiction. In many cases, prison or jail terms hang over offenders who fail to complete the treatment program. Regaining custody of children may also be at stake.

According to the National Drug Court Institute in the U.S. Department of Justice, studies of drug courts in other parts of the country indicate reduced recidivism, a greater likelihood of recovery from addiction, and long-term cost-savings to the criminal justice and social services systems. [See: *Painting the Current Picture: A National Report Card on Drug Courts and Other Problem-Solving Court Programs in the United States*; http://www.ndci.org/publications/PCPIII_web.pdf]

The Judicial Branch has established an inter-branch, inter-governmental Drug Court Initiative Advisory Committee, under the direction of the Judicial Council, to help set standards and determine policies and priorities for drug courts in Minnesota. These courts are currently funded with a mix of federal, state, and local funds. But finding resources to fund this longer term approach to treating drug offenders is challenging in the face of more urgent on-going judicial needs. The Minnesota Legislature has asked the Sentencing Guidelines Commission, the commissioner of Corrections, and the State Court Administrator to examine the effectiveness of Minnesota’s drug courts with a final report due in January 2009. [See: www.mncourts.gov]

Safe and Drug Free Schools

The Safe and Drug Free Schools Program - Title IV of the Federal No Child Left Behind initiative - provides funds for school districts to use in a comprehensive program to prevent risky behaviors associated with alcohol, tobacco, other drugs and violence (ATODV). Each district must have goals and objectives that are reviewed by Minnesota Department of Education staff that look for programming that is evidence-based and shows success with schools. These goals and objectives are based on data collected by individual school districts and the Minnesota Student Survey which is conducted every three years. According to the 2007 data, binge drinking ranks at the top of risky behaviors associated with ATODV and meth use continues to remain low amongst 12th grade students at less than 3%. [See: <http://www.education.state.mn.us>]

Initiative Foundations / McKnight Foundation – Meth Collaboratives

In 1986, the McKnight Foundation, Minnesota’s largest private foundation, created and provided funding for regional Initiative Foundations to work closely with their local communities on the challenges faced by a decline in farming, logging, and mining. The goal of these organizations is to make Minnesota’s rural communities stronger and more prosperous. In 2004, additional funding was provided by McKnight so the Initiative Foundations could fund county-based coalitions to help with the fight against methamphetamine. These coalitions bring together practitioners from all aspects of the criminal justice, public health, social services, and judicial systems. They include schools, teachers, realtors, and local business to provide education and coordinate efforts to fight meth. In 2005, the Initiative Foundation co-sponsored a meth conference in St. Cloud that was attended by over 2,000 individuals. The work of the Initiative Foundations and the sponsorship by McKnight are an example of communities coming together to deal with the challenges presented by meth and other substance abuse. [See: www.ifound.org]

Children’s Justice Initiative

The Children’s Justice Initiative (CJI), started in 2004, is a collaborative effort between the Minnesota Judicial Branch and the Minnesota Department of Human Services. The purpose of the initiative is for these two state entities to work closely with the local juvenile courts, social services agencies, county attorneys, public defenders, court administrators, guardians’ ad litem, tribes, and other key stakeholders in each of Minnesota’s 87 counties to improve the processing of child protection cases and the outcomes for abused and neglected children. The overall objective is to find safe, stable, permanent homes for abused and neglected children, first through reunification with the child’s parents if that is safe or, if not, through another permanent placement option.

In early 2005, the Children’s Justice Initiative, working to streamline social service and court functions to better serve children in need of protection, launched the Children’s Justice Initiative-Alcohol and Other Drugs (CJI-AOD) Project to serve families affected by alcohol and other drug problems. The CJI-AOD Project team is working to enhance the capacity of the child welfare, chemical health, and court systems to address this problem, by developing cross-system partnerships and improving practices. The mission of the project is to ensure abused and neglected children involved in the juvenile protection court system have safe, stable, permanent families by improving parental and family recovery from alcohol and other drug problems.

Since this project was initiated in 2004, 63 judge-led, county based stakeholder collaborative committees have been established. Since substance abuse is a key factor in many out-of-home placements, this initiative is having a significant positive impact on the families of drug abusers. This existing initiative and collaboration of various disciplines at the state and local level could serve as a foundation for the efforts of a broader Drug Endangered Children Alliance.

Minnesota Local Government Meth Project

As meth abuse spread across Minnesota in the late 1990s and early 2000s, local governments felt the strongest and most immediate impact. The proliferation of meth labs created extremely hazardous situations for local law enforcement, child protection, public health, environmental officials, and other first responders. The impact on local criminal justice and public safety officials from meth offenders and broken families strained resources all over the state. The Association of Minnesota Counties, the League of Minnesota Cities, and the Minnesota School Boards Association came together to form the Minnesota Local Government Meth Project. The project conducted statewide surveys to gather information about the extent of the problem. Counties and cities took the lead in developing ordinances to restrict sales of pseudoephedrine, guidelines to rescue and protect children endangered by meth manufacturing, and protocols for cleaning up meth lab sites. This foundation of policies was in place when the Legislature addressed the meth crisis in 2005. The collaborations at the local government level developed to respond to meth remain a key asset in the continuing fight against substance abuse.

[See: www.mncounties.org/Special_Projects/MN_Meth_project/Main.htm]

Methamphetamine Education and Drug Awareness Coalition (MEADA) of Wright County

Wright County took a leadership role in the efforts to deal with meth and established the Methamphetamine Education and Drug Awareness (MEADA) Coalition in January 2004 to educate youth, families, and citizens on the dangers of meth and other drugs. The MEADA Coalition brings together law enforcement, school personnel, county agencies, faith communities, municipalities, families, and community businesses to work on education and prevention efforts. MEADA has developed a manual to help others start community coalitions to work against drug abuse and they maintain a speakers bureau to help educate and train interested groups and coalitions. MEADA is one example of a strong local coalition that was formed to successfully help reduce the impact of meth abuse in Minnesota. [See: <http://www.meada.org>]

Minnesota County Attorneys Association – Revealing Meth in Minnesota Project

The Minnesota County Attorneys Association, under the leadership of Dakota County Attorney James Backstrom and Ramsey County Attorney Susan Gaertner, initiated a statewide meth task force of county attorneys to help address the meth problem in Minnesota. The Meth Task Force created a meth education Web site, established a very well-attended meth education booth at the Minnesota State Fair, and produced a meth documentary entitled “Revealing Meth in Minnesota.” The task force has distributed hundreds of copies of the documentary, which delineates the impact of meth across the state, including the testimonials of former meth addicts who have climbed out of the hole of addiction and abuse. County attorneys statewide have donated hundreds of hours to educating students and educators and groups throughout the state about the dangers of meth. The County Attorneys Association continues to invest a significant amount of time and energy educating people about the dangers of meth. This on-going effort is expanding to include all drugs of abuse and to emphasize stronger prevention and treatment efforts.

[See: www.revealingmeth.com]

Department of Health – Meth Lab Program

The Minnesota Department of Health Meth Lab Program staff took a leadership role in responding to the meth crisis. The program developed detailed meth lab cleanup guidelines that formed the basis for the current law requiring notice and cleanup of meth lab properties. They also helped develop a multi-agency meth task force to help address the challenges presented by meth. The program continues to provide information and advice to realtors, homeowners, local officials and others on proper meth lab clean-up procedures. The Methamphetamine and Meth Lab Web site maintained by the Department of Health has provided information about meth and the dangers of meth labs to thousands of Internet visitors since its inception in 2004. The site contains information about methamphetamine, meth labs, the dangers to children and others exposed to meth and meth manufacturing, clean-up techniques, and the meth lab clean-up guidelines that must be followed by companies that sell their services to clean up meth properties. During December 2007, there were 22,051 visits to this Web site. Clearly, there is considerable interest in meth, and thousands of Minnesotans, as well as Web visitors from other states, are seeking detailed information about meth, meth labs and related issues.

[See: www.health.state.mn.us/divs/eh/meth/]

Pollution Control Agency – Meth lab clean-up research

The Minnesota Pollution Control Agency conducted groundbreaking research on cleanup of meth labs and helped develop best practices for cleanup. The agency also maintains a Web site about meth labs and the environmental and health dangers they present. There is detailed information about how testing of meth sites is conducted, what the studies show about residue and the effectiveness of cleanup, as well as references to work being done in other states regarding meth cleanup standards.

[See: www.pca.state.mn.us/cleanup/meth.html]

Minnesota Department of Natural Resources – meth lab warning

The Minnesota Department of Natural Resources has information on its Web site indicating that illegal meth labs have been set up on public lands, such as state forests, state parks, and state wildlife management areas. The site provides information about the types of chemicals and equipment commonly used in meth labs. Persons who may be out hunting, hiking, viewing nature, or other outdoor activities are reminded to be aware of the dangers presented by meth labs and those who manufacture meth. They are asked to contact local law enforcement agencies or conservation officers immediately if they come upon what appears to be a meth lab site.

[See: <http://www.dnr.state.mn.us/enforcement/methlab/index.html>]

Department of Agriculture – curbing anhydrous ammonia theft

The Minnesota Department of Agriculture maintains a Web site with information about the problem of theft of anhydrous ammonia, a fertilizer that is a key ingredient in the illegal production of methamphetamine. Anhydrous ammonia thieves are often unaware of proper handling and storage techniques. This results in toxic leaks and spills of this caustic substance. The Web site emphasizes that incidents involving anhydrous ammonia should be reported to local authorities.

[See: <http://www.mda.state.mn.us/chemicals/spills/ammoniaspills/theft.htm>]

Federal government response to meth

The federal government has devoted extensive resources to deal with the meth problem facing communities across the United States. Various federal agencies, including the U.S. Department of Justice, Department of Health and Human Services, the Drug Enforcement Administration, the U.S. Attorneys offices nationwide, the FBI, the National Guard, Immigration and Customs Enforcement, and other federal agencies are involved in responding to meth in Minnesota. Congress has passed several significant pieces of legislation and provided funding for a number of programs that have helped address the problem. Some of the federal efforts affecting Minnesota include:

National Alliance for Model State Drug Laws

The National Alliance for Model State Drug Laws is the successor to the President's Commission on Model State Drug laws funded by Congress since 1995. The National Alliance provides information, expertise, and strategies for states to develop more effective drug laws. The National Alliance held its first national Methamphetamine Conference in Minnesota in October 2004. The conference brought people together from all over the country to discuss the challenges and potential solutions to deal with meth. Governor Pawlenty announced his comprehensive meth legislation at this conference. The National Alliance has also conducted a State Alcohol and Other Drug Policy Summit in Minnesota and a regional meth conference in Iowa. The National Alliance remains a resource for drug policies and strategies. [See: <http://www.natlalliance.org/index.asp>]

Drug Enforcement Administration / Meth Registry

Agents from the regional office of the Drug Enforcement Administration work with law enforcement agencies in Minnesota on narcotics cases. In addition, the DEA provides funding for the cleanup of meth labs, tracks meth lab incidents, maintains a registry of meth lab sites as well as a Web site with extensive information about meth and meth labs. [See: www.usdoj.gov/dea/concern/meth.html]

White House Office of National Drug Control Policy

The White House Office of Drug Control Policy maintains a Web site with extensive information about meth and other drugs as well as numerous links. This office has also developed a National Drug Control Strategy that incorporates all aspects of meth and other substance abuse issues. This office has developed and provided funding for nationwide drug awareness campaigns, including one in Minnesota entitled "Life After Meth". [See: www.whitehousedrugpolicy.gov/index.html]

National Alliance for Drug Endangered Children

The National Alliance for Drug Endangered Children (NADEC) was formed in October 2003 by law enforcement and child protection and others in California and Colorado primarily out of concern over the risks faced by children living in homes with meth labs. Protocols have been developed to help ensure that children in these situations receive the medical, psychological and other services they need. The National Alliance brings together all of the professions and disciplines involved in helping to rescue and protect children endangered by meth and other forms of substance abuse. NADEC is developing a national strategy to create statewide Drug Endangered Children Alliances in all 50

states. Only five states have fully operational statewide DEC alliances, but another 22, including Minnesota, have taken the initial steps to establish a statewide DEC Alliance. NADEC receives funding from the U.S. Department of Justice, the White House Office of National Drug Control Policy and the Drug Enforcement Administration. [See: <http://www.nationaldec.org/>]

Meth resources Web site

The federal government maintains an extensive Web site dedicated to information related to meth. The site has information about meth education and prevention, enforcement, and treatment. The site also has numerous links to additional resources. [See: <http://www.methresources.gov/>]

Combat Meth Act

In 2005, Congress passed the Combat Methamphetamine Epidemic Act of 2005 (as part of the renewal and revision of the U.S. Patriot Act). This act establishes nation-wide restrictions on the sale of products containing pseudoephedrine, similar to what Minnesota enacted in 2005. Since April 8, 2006, there has been a national sales limit of 3.6 grams of products containing pseudoephedrine within a 24-hour period and a 30-day purchase limit of 9 grams. The Combat Meth Act covers all forms of products containing pseudoephedrine and does not exempt liquid or gel caps like Minnesota's law does. The federal law has additional requirements for the information collected as part of the purchase log. The Combat Meth Act also attempts to enhance meth enforcement efforts internationally with resources for the Mexico –U.S. border. The Act also addresses limits on importation of pseudoephedrine into countries which in recent years have imported far beyond the needs of their populations.

Meth Remediation Act

In December 2007, Congress passed the Methamphetamine Remediation Research Act of 2007 (Public Law 110-143). This act recognizes that residue from the production of methamphetamine creates serious environmental and health risks and that there is little standardization across the country for determining when a meth lab site has been successfully remediated. By the end of 2008, the Environmental Protection Agency is directed to establish voluntary guidelines, based on the best available scientific knowledge, for the remediation of former meth labs. The Act funds a research program to help establish those guidelines. Experts from the meth lab clean-up program at the Minnesota Department of Health have been asked to participate in this study.

Meth-related issues, trends, and myths

Meth and cocaine drug abuse trends

According to the National Methamphetamine Threat Assessment for 2008, meth remains the greatest drug threat in all regions west of the Mississippi River, including the West Central Region, which incorporates North and South Dakota and Iowa. Surveys of law enforcement in this area indicate more than 70 percent cite meth as the greatest drug threat. Minnesota straddles the Mississippi River and is part of the Great Lakes region Organized Crime Drug Enforcement Task Force. In the Great Lakes region, cocaine is reported by more than 44 percent of law enforcement surveyed to be the greatest drug threat. Meth is seen as the greatest threat by 23 percent of law enforcement surveyed.

According to the Minnesota Sentencing Guidelines Commission, the number of sentenced meth offenders decreased slightly by more than 2 percent between 2005 and 2006. During that same period, the number of sentenced cocaine offenders increased by 7.5 percent. However, other indicators show a different result. Cocaine seizures and arrests increased between 2005 and 2006, but decreased again between 2006 and 2007. The Minnesota Student Survey shows that reported meth use among high school students declined between 2001 and 2004 and again in 2007. Cocaine use among high school students remained fairly steady between 2001 and 2007. Cocaine addiction treatment admissions decreased 18% between 2006 and 2007. Cocaine use doesn't seem to have shifted significantly during the time that meth use appears to have been declining.

There are positive signs of decreases in meth abuse in Minnesota; however, data about the abuse of meth and other drugs need to be carefully reviewed and closely monitored to ensure an accurate understanding and appropriate responses.

Flavored meth and cocaine?

Law enforcement agencies and treatment providers in California and Nevada began reporting isolated instances of flavored meth early in 2007. In Nevada, strawberry-flavored meth was seized in Carson City. In central and northern California, treatment providers reported teenagers using red, cherry-flavored meth called "Go-Fast," by placing the small pieces under their tongues or along their gums. Some law enforcement and public health officials believe anything that masks the bitter taste of meth could make the drug more attractive to young meth users. There have been limited reports of other flavorings having been added to meth, including chocolate, orange, cola, and root beer.

Minnesota media outlets picked up this issue and in some instances surmised that flavored meth would be the next wave of meth abuse in Minnesota. However, there has not been a confirmed case of flavored meth in Minnesota and an earlier report was not substantiated. There has only been one report of strawberry colored meth in Minnesota and its actual composition was not tested. According to the National Methamphetamine Threat Assessment for 2008, long-term meth addicts who are physically dependent on the drug are unlikely to seek out flavored meth because of its taste. Flavoring could only impact oral or nasal intake of the drug and would not affect smoking or injection of the drug. Although flavored meth does not appear to be a trend in Minnesota or elsewhere, in March of 2008, the Drug Enforcement Administration did report confirmed cases of candy-flavored cocaine in other parts of the country.

U.S. Senators Chuck Grassley of Iowa and Dianne Feinstein of California have introduced legislation in Congress to double the maximum drug crime penalties for offenders who manufacture, offer, distribute, or possess with intent to distribute, a controlled substance that is flavored, colored, packaged, or otherwise altered to make it more appealing to persons under the age of 21.

Urine meth labs?

In a few strange instances, it appears that meth addicts collect their own urine in an effort to preserve a supply of meth-infused liquid for later use. Over the years, there have been sporadic reports of law enforcement finding containers filled with urine when making meth arrests. In June 2006, Wright County Sheriffs' deputies opened a storage locker and found 50-gallon jugs of urine. The conclusion was that this was a supply of meth-infused urine being hoarded for later extraction. This was reported in the media as a new way that meth users were getting high.

According to experts at the Department of Human Services, extracting meth from urine is not an effective method of obtaining the drug. The small amount of meth contained in the urine of a meth user makes it virtually impossible to get high even if hundreds of gallons of urine are distilled. Professionals agree that meth users will do bizarre things in an effort to remain high, even if irrational and ineffective. However, there is no evidence that this is a trend in Minnesota.

Sentencing Guidelines Commission report on drug offender sentencing

In 2004, at the request of the Legislature, the Sentencing Guidelines Commission issued a report on drug offender sentencing in Minnesota. The report indicated that the number of drug offenders in state prison and the cost of incarcerating drug offenders have increased dramatically in recent years. The report also concluded that Minnesota's drug offender sanctions, as measured by maximum prison terms and sentences under the sentencing guidelines, are higher than most other states and the federal system. The report cited the relatively high departure rate from the presumptive sentences prescribed by the guidelines. The report suggested these departures are used by prosecutors and judges to reduce sanctions for many drug offenders because sentences are too long.

The 2004 legislature did not take action in response to this report. The Sentencing Guidelines Commission updated the report in 2007 and resubmitted it with suggestions on how the Commission could reduce drug offender sanctions without legislative action, by reducing the severity ranking of all first and second degree controlled substance offenders. The Legislature responded by directing the Commission to submit a recommendation to re-rank controlled substance offenses.

Over the summer and fall of 2007, the Commission debated options in response to the legislative directive. The proposal to reduce the severity ranking for all first and second degree offenders would have reduced the prison sentence for all first degree controlled substance offenders by half. For second degree offenders, the presumptive sentence would have shifted from a prison term to a jail term with a probationary sentence. This proposal would have had a significant impact on penalties for meth offenders in Minnesota. This proposal proved to be controversial and was scaled back to cover only offenders convicted of drug possession offenses. After a public hearing in November 2007, the Commission voted not to re-rank drug offenses, but to make a recommendation that the Legislature appoint a commission to review a broader array of issues related to drug offender sentencing. Creation of a work group to address these issues is included in legislation that passed the 2008 Legislature. [See: HF 2996 (Paymar) and SF 2790 (Higgins) - 2008 Session Laws Chapter 299]

Recommendations to enhance efforts against meth and other drugs

Although there are encouraging signs about diminished meth use, more work needs to be done to ensure that this drug does not have a resurgence or become entrenched among various groups. The review of policies and best practices regarding methamphetamine and other illicit drugs as well as alcohol abuse is on-going. From meetings and discussions with prevention specialists, law enforcement officials, judges, treatment experts, child protection workers, public defenders, social workers, prosecutors, legislators, and other policy makers, it is clear that there are some issue areas related to meth abuse that may benefit from additional policies and resources. Here are some areas for consideration that could enhance efforts against meth, alcohol, and other substances of abuse.

1) Develop a cost effective system of electronic monitoring of purchases of pseudoephedrine products used to make meth

The 2005 meth legislation restricts access to and limits purchases of products containing pseudoephedrine. Purchasers must provide identification and sign a log book that records the amount of the drug purchased. Local law enforcement may use the log books to determine whether an individual may be purchasing more than the limit at various pharmacies. There is growing anecdotal evidence that in some parts of the state, groups of individuals are purchasing pseudoephedrine products at multiple pharmacies in violation of state law. Local law enforcement agencies do not necessarily have the resources to continually cross check a group of logbooks.

One potential solution to this problem would be the development of a cost effective system of monitoring of pseudoephedrine purchases throughout the state. Currently, major chain stores with pharmacies apparently have the capacity to track these purchases across their stores. However, no such capability exists with small pharmacies or between pharmacies. A number of other states have developed statewide monitoring systems to track pseudoephedrine purchases. In 2006, the Department of Public Safety studied the feasibility of establishing centralized electronic monitoring of purchases of pseudoephedrine and concluded it was not cost effective, especially given the steep decline in the number of meth labs in Minnesota. However, there may be new technology that would make the creation of a centralized monitoring system more cost effective. This system could also be used to help track illegal prescription drug abuse.

2) Strengthen protection from toxic meth lab homes

Current law requires law enforcement officers to notify local officials when they make an arrest at a home with a meth lab. Local officials may issue an order prohibiting occupancy of the property until it is cleaned up according to Minnesota Department of Health procedures. Current law also requires sellers of real property and real estate agents to notify potential purchasers if a home has been the site of a meth lab. However, in some cases, no arrest occurs, and law enforcement and local officials are not aware that a particular property had meth activity and these properties do not get cleaned up. Sellers sometimes fail to disclose the illegal meth activity that took place on the property. This has resulted in cases throughout the state in which purchasers find out some time after they purchased a new home that meth activity took place on the property. In some instances, residents of the home have felt ill from the exposure to

the meth residue and chemicals. Unless purchasers can collect money from the property seller, which may be difficult if the seller has few assets, the purchaser is responsible for the costs of cleanup.

A number of state legislators have been contacted by constituents who are angry about moving into a house that had been a meth lab and afraid that it may be dangerous to their health. The thousands of dollars that it may cost to properly clean up the property is particularly burdensome for first time home owners. Among the potential policy responses receiving preliminary discussion:

- Lower the threshold for notifying local health officials. This could trigger more orders prohibiting occupancy and requiring cleanup. Current law seems to require an arrest for manufacturing meth or identification of a meth lab – this could be modified to cover all meth arrests;
- Make these home purchasers eligible for public clean-up funds from something comparable to the Superfund or Brownfield legislation;
- Increase penalties for sellers who fail to disclose;
- Facilitate or require inspection for meth and meth chemical residue prior to the sale of homes; and
- Distribute more information about the risks of meth to all potential home purchasers.

There is also a concern about other locations in which persons may be exposed to meth and the chemicals used to manufacture meth, such as rental property and hotels and motels. Notification and clean-up requirements could be expanded to include a broader range of circumstances.

The notice and clean-up requirements put in place as part of the 2005 anti-meth legislation have been effective. However, there may be ways to strengthen the effectiveness of those provisions to address circumstances that have arisen since the law was put in place.

3) Provide training for people who work with drug-endangered children
Child care workers, foster parents, and law enforcement are often the first to recognize children and families who are endangered by meth abuse or other drug use and addiction. In some cases, there may be clear signs of neglect or abuse that must be reported to child protection authorities. In other cases, the impact may not be as obvious, but may be just as damaging over time. Training should be provided that includes information about signs and symptoms of meth use, who to contact, what resources are available, and how best to help.

4) Develop best practices for school- and community-based education and prevention efforts

Schools and community organizations periodically hold meetings for parents and children to talk about the dangers of meth and other drugs. The events are a key part of anti-meth, anti-substance abuse prevention efforts across the state. However, the nature and quality of the various prevention efforts and messages varies tremendously. School districts and communities shouldn't have to guess as to what constitutes the most appropriate and effective information and messages to students and families to reduce alcohol and other drug abuse. To make their job easier and to maximize effectiveness, best practices should be developed. The Minnesota Prevention Resource Center, the Minnesota Department of Education, the Minnesota

Department of Human Services, and other prevention professionals should develop best practices for school and community based prevention efforts. Information and training about these best practices could be provided through a collaborative effort of state agencies, school districts, and local prevention initiatives.

5) Review current laws regarding endangering children and vulnerable adults with drugs

Current law includes a specific crime for making or using methamphetamine around children or vulnerable adults (Minn. Stat. 152.137). This provision provides a five-year felony for engaging in meth-related activities (defined in the statute) in the presence of a child or vulnerable adult.

Another provision in current law states that it constitutes endangerment of a child for a parent, guardian, or caretaker of a child to knowingly cause or permit a child to be present where any person is selling, manufacturing, or possessing a controlled substance in a manner that constitutes a controlled substance offense (Minn. Stat. 609.378). This offense does not include vulnerable adults. The broader offense is defined as a gross misdemeanor (maximum of one year in prison). The offense becomes a five-year felony if the endangerment results in “substantial harm to the child’s physical, mental, or emotional health.” Under the Sentencing Guidelines, this offense is ranked at Severity Level 1, the lowest ranking. It would take 13 convictions before there is a presumptive commitment to state prison.

These provisions regarding children and vulnerable adults unwillingly involved in illegal controlled substance activities should be reviewed for consistency and to ensure they are as effective as possible. The review should include an analysis as to whether they match current understanding of the harm caused by exposure to manufacturing, sale, and possession of controlled substances. This is an agenda item for the Statewide Drug Endangered Children Alliance.

6) Provide training to veterinarians and animal humane officers to report potential child abuse

Meth and other drug abuse and addiction greatly increase the likelihood of family violence. There is an extremely high correlation between abuse of animals and violence against women and children. When a family pet is being abused, there is a strong likelihood that the children and others in the household are suffering emotional and physical abuse as well. When veterinarians and animal humane officers are involved with cases of abuse of animals, they should be trained on how to respond and report these situations to child protection services.

7) 1-800 number for suspected child abuse or endangerment

About 35 states provide a state-government-sponsored toll-free 800 telephone number for anyone to call if they suspect child abuse or endangerment. Although, within Minnesota, various non-government entities provide child abuse information and referrals, there is not a centralized number. In many states, the number is housed in the state Department of Human Services, Child Protection Division, and is covered 24 hours a day, seven days a week. Although mandatory reporters may know who to call in Minnesota, others who become aware of child endangerment may not know where to turn – in some cases, they don’t want to call law

enforcement based on a suspicion. At the Drug Endangered Children Summit in September 2007, providing a statewide toll-free number was viewed as an important tool to encourage broader reporting of suspected child abuse and neglect. This could be particularly important in instances where children are endangered by circumstances involving substance abuse. This is an agenda item for the Statewide Drug Endangered Children Alliance.

8) Clarify substance abuse data restrictions and provide training

At virtually every cross-disciplinary meeting of professionals involved with substance abuse prevention, enforcement, and treatment, concerns are expressed about the restrictions imposed by government data practices laws regarding what data may be shared and what must be kept private. There seems to be a widespread belief that these restrictions seriously inhibit overall substance abuse efforts. This is particularly critical in connection with rescuing and protecting drug-endangered children. In some cases, there is a lack of information or lack of clarity about the data practices laws, not necessarily an actual prohibitive restriction. A comprehensive effort to provide information and training on data practices to the various professionals who work on substance abuse issues would help maximize the effectiveness of substance abuse resources and help protect those endangered by drug abuse.

9) Expand court supervised drug offender treatment by developing drug courts throughout the state

Drug courts are courts in which the sentencing judge retains jurisdiction over supervision, treatment, and rehabilitation process for certain drug offenders. The judge heads a working group of court personnel, social services, prosecutors, law enforcement, defense attorneys, probation officers, and others who craft an individualized supervision, treatment, and rehabilitation plan for each offender accepted into drug court. The offender comes before the judge weekly during the initial phase of the plan and each week the team meets to review each offender's progress. In many cases, the offenders have prison sentences hanging over them if they fail to follow the plan. Offenders who successfully follow the treatment and rehabilitation plan become graduates of drug court.

Studies of the results from drug courts show promise in breaking cycles of addiction and recidivism. Many drug court graduates have successfully reintegrated into their communities, regaining custody of their children, obtaining jobs, and helping other drug court participants regain control over their lives. However, this option is available in less than one-fourth of Minnesota's counties.

The Minnesota judicial branch has an on-going initiative to establish and fund drug courts throughout the state. There are currently about 30 drug courts in Minnesota, funded with a mixture of federal, state, and local funds. The 2007 Legislature directed the Sentencing Guidelines Commission, along with the Commissioner of Corrections and the State Court Administrator's Office, to review the effectiveness of the state's drug courts. A final report is due in January 2009. If this report confirms preliminary data and evidence from other state that drug courts are a cost-effective way to reduce drug addiction and recidivism, a greater investment in drug courts by federal, state, and local governments is warranted.

10) Continue to expand accessibility to effective addiction treatment resources

The Chemical Health Division of the Department of Human Services recently revised their administrative “Rule 25,” which functions as the gateway to public money for addiction treatment. The goals of this revision include the expansion of accessibility to individualized addiction treatment and the implementation of uniform chemical dependency assessments across the state.

There is a two-pronged approach to expanding addiction treatment resources. The first is to make sure treatment is accessible through updated guidelines and procedures for uniform assessments and individualized treatment. This is an on-going process. The second is to review the effectiveness of treatment programs to ensure that resources are being used efficiently. Enhanced accountability measures are being incorporated into treatment programs, but additional work to analyze outcomes will help maximize the effectiveness of treatment programs.

Sources and References

Methamphetamine Abuse and Addiction, National Institute on Drug Abuse Research Report Series, U.S. Department of Health and Human Services, National Institute of Health Publication Number 06-4210, Revised September 2006

Results from the 2006 National Survey on Drug Use and Health: National Findings - Substance Abuse and Mental Health Services Administration Office of Applied Studies, Department of Health and Human Services

Substance Use in Minnesota: A State Epidemiological Profile March 2007, Prepared by the Minnesota Institute of Public Health for the Minnesota Department of Human Services, Chemical Health Division [<http://www.emprc.org/img/template/EPIProfileFinal2.pdf>]

Bureau of Criminal Apprehension Uniform Crime Reports
[See: <http://www.bca.state.mn.us/CJIS/Documents/Page-15-02.html>]

DEA, Drug Information, Methamphetamine, www.usdoj.gov/dea/concern/meth.html

Drug Enforcement Administration – National Clandestine Laboratory Database

Drug Abuse Trends Minneapolis/St. Paul, Hazelden, Butler Center for Research, www.hazelden.org

Minnesota Department of Corrections
[See: <http://www.doc.state.mn.us/>]

Minnesota Dept. of Human Services See: [<http://www.dhs.state.mn.us/>]

Chemical Health Division
Drug and Alcohol Abuse Normative Evaluation System (DAANES)
Performance Measurement & Quality Improvement (PMQI)
Drug Abuse Trends Minneapolis/St.Paul,
Child Safety and Permanency Division

Minnesota National Guard Counterdrug Program
See: www.minnesotanationalguard.org

Minnesota Sentencing Guidelines Commission
[See: <http://www.msgc.state.mn.us/>]

Minnesota Student Survey – Minnesota Departments of Education, Health, Human Services, and Public Safety

See:

http://education.state.mn.us/MDE/Learning_Support/Safe_and_Healthy_Learners/Minnesota_Student_Survey/index.html

Statewide Gang and Drug Task Forces: [See: <http://www.dps.state.mn.us/strikeforce/index.htm>]

U.S. Dept. of Justice National Drug Intelligence Center,

National Methamphetamine Threat Assessment for 2007

<http://www.usdoj.gov/ndic/pubs21/21821/21821p.pdf>

National Methamphetamine Threat Assessment for 2008

<http://www.usdoj.gov/ndic/pubs26/26594/26594p.pdf>

National Drug Control Strategy 2008 Annual Report

White House Office of Drug Control Policy

<http://www.whitehousedrugpolicy.gov/publications/policy/ndcs08/index.html>

Partnership for a Drug Free America / Minnesota

www.drugfree.org/mn

Methamphetamine Education and Drug Awareness Coalition (MEADA) of Wright County

<http://www.meada.org>