

PROBLEM STATEMENT: First, define the problem exactly as it exists in your particular community. Describe the nature and magnitude of the problem using valid, updated statistical data, and cite the source and date of your information. Prior data may be used to show changes in the magnitude or severity of the problem. Remember to document the problem and not the symptoms or solutions of the problem. Second, identify your existing efforts, current resources and programs being utilized to deal with the problem.

I. PROBLEM STATEMENT

Methamphetamine

I. A. Overview¹

Methamphetamine is a highly addictive central nervous system stimulant that can be injected, snorted, smoked, or ingested orally. Methamphetamine users feel a short yet intense "rush" when the drug is initially administered. The effects of methamphetamine include increased activity, decreased appetite, and a sense of well being that can last from 20 minutes to 12 hours. The drug has limited medical uses for the treatment of narcolepsy, attention deficit disorders, and obesity.²

Methamphetamine can easily be manufactured in clandestine laboratories using store bought materials and is the most prevalent synthetic drug manufactured in the United States. The ease of manufacturing methamphetamine and its highly addictive potential has caused the use of the drug to increase throughout the Nation. The methamphetamine problem was originally concentrated in the West but has spread throughout almost every major metropolitan area in the U.S. with the exception of the Northeast.³

Yaba, the Thai name for a tablet form of methamphetamine mixed with caffeine, is appearing in Asian communities in northern California and Los Angeles areas. These tablets are popular in Southeast and East Asia where they are produced. The tablets are small enough to fit in the end of a drinking straw and are usually reddish-orange or green with various logos. There are indications that methamphetamine tablets are becoming more popular within the rave scene because of the tablet's similar appearance to club drugs such as Ecstasy.⁴

Methamphetamine has several street names as follows:⁵

Bikers Coffee	Glass	Shabu
Chalk	Go-Fast	Speed
Chicken Feed	Ice	Stove Top
Crank	Methlies Quick	Trash
Crystal Meth	Poor Man's Cocaine	Yellow Bam

¹ Taken from *Drug Facts, Office of National Drug Control Policy*.

² National Institute on Drug Abuse, [Research Report: Methamphetamine: Abuse and Addiction](#), January 2002.

³ Drug Enforcement Administration, [Drug Trafficking in the United States](#), Methamphetamine section.

⁴ Drug Enforcement Administration, Drug Intelligence Brief: [The Forms of Methamphetamine](#), April 2002.

⁵ Office of National Drug Control Policy, Drug Policy Information Clearinghouse, [Street Terms: Drugs and the Drug Trade, Methamphetamine Terms](#).

I. B. Production & Trafficking⁶

Methamphetamine production, trafficking, and abuse are concentrated in the western, southwestern, and midwestern United States. Clandestine laboratories in California and Mexico are the primary suppliers of methamphetamine in the United States. Methamphetamine produced in Mexico usually enters into the U.S. through California ports of entry.⁷

Methamphetamine is easily produced in clandestine laboratories or meth labs using a variety of ingredients available in stores. The manufacturing of methamphetamine is called "cooking". Cooking a batch of meth can be very dangerous due to the fact that the chemicals used are volatile and the by-products are very toxic. Meth labs present a danger to the meth cook, the community surrounding the lab, and the law enforcement personnel who discover the lab.⁸ A Center for Disease Control and Prevention study on hazardous substance-release events found that methamphetamine labs caused injury to 79 first responders (police officers, firefighters, EMTs, and hospital personnel) in 14 States participating in the study. The most common injuries were respiratory and eye irritation; headache; dizziness; nausea and vomiting; and shortness of breath.⁹ In addition to the dangerous nature of methamphetamine production, the labs are often booby-trapped and workers are well armed.¹⁰

Funding for the cleanup of DEA-seized laboratories is derived from several sources including the Asset Forfeiture Fund, Community Oriented Policing Service, DEA Appropriated, Department of Justice Supplemental, and the Bureau of Justice "Hot Spots." During FY 2001, these agencies contributed a total of \$34 million dollars in funding for clean up and disposal of clandestine laboratory sites in the United States.¹¹

The methamphetamine trafficking situation has significantly changed within the last decade in the United States. Outlaw motorcycle gangs and other independent laboratory operators were once the primary traffickers of methamphetamine in the United States. However, Mexico-based trafficking groups entered the illicit methamphetamine market in 1994 and now dominate the trade leaving motorcycle gangs with a small share of the market. Mexico based trafficking groups dominate the market for many reasons, including their ability to obtain large quantities of the chemicals needed to produce the drug, their access to established smuggling and distribution networks, and their control over "super labs" (laboratories capable of producing in excess of 10 pounds of methamphetamine in one 24-hour production cycle).¹²

During 2001, Federal authorities seized 2,807 kilograms of methamphetamine. This was a decrease compared to the 3,373 kilograms seized in 2000.¹³

During 2001, methamphetamine prices in the U.S. ranged from \$3,500 to \$23,000 per pound; \$350 to 2,200 per ounce; and \$20 to \$300 per gram. The national average purity of methamphetamine in 2001 was 40.1% compared to 35.3% during 2000.¹⁴

I. C. Health Hazards

⁶ This section cited from *Drug Facts, Office of National Drug Control Policy*.

⁷ Drug Enforcement Administration, [Drug Trafficking in the United States](#), Methamphetamine section.

⁸ Office of Community Oriented Policing Services, Problem-Oriented Guides for Police Series No. 16, [Clandestine Drug Labs](#) (PDF), April 2002.

⁹ Centers for Disease Control and Prevention, Agency for Toxic and Disease Registry, [Public Health Consequences Among First Responders to Emergency Events Associated With Illicit Methamphetamine Laboratories—Selected States](#), 1996–1999, November 2000.

¹⁰ Drug Enforcement Administration, *The NNICC Report 1997: The Supply of Illicit Drugs to the United States*, November 1998.

¹¹ Drug Enforcement Administration, [Chemical Diversion and Synthetic Drug Manufacture](#), January 2002.

¹² Drug Enforcement Administration, [Drug Trafficking in the United States](#), Methamphetamine section.

¹³ *Ibid.*

¹⁴ National Drug Intelligence Center, [National Drug Threat Assessment, 2003](#), January 2003.

The effects of methamphetamine use can include addiction, psychotic behavior, and brain damage. Methamphetamine is highly addictive and users trying to abstain from use may suffer withdrawal symptoms that include depression, anxiety, fatigue, paranoia, aggression, and intense cravings for the drug. Chronic methamphetamine use can cause violent behavior, anxiety, confusion, and insomnia. Users can also exhibit psychotic behavior including auditory hallucinations, mood disturbances, delusions, and paranoia, possibly resulting in homicidal or suicidal thoughts.¹⁵ Use of methamphetamine can cause damage to the brain that is detectable months after the use of the drug. The damage to the brain caused by methamphetamine use is similar to damage caused by Alzheimer's disease, stroke, and epilepsy.¹⁶

According to the Drug Abuse Warning Network (DAWN) 2001 mortality data, areas with the highest number of methamphetamine mentions in drug-related deaths were those in the Midwest and Western areas, including Phoenix (122), San Diego (94), and Las Vegas (53). Fifteen areas reported fewer than 5 methamphetamine mentions. The only Eastern area reporting a high number of methamphetamine mentions in drug-related deaths was Long Island.¹⁷

Methamphetamine releases high levels of the neurotransmitter dopamine, which stimulates brain cells, enhancing mood and body movement. It also appears to have a neurotoxic effect, damaging brain cells that contain dopamine and serotonin, another neurotransmitter. Over time, methamphetamine appears to cause reduced levels of dopamine, which can result in symptoms like those of Parkinson's disease, a severe movement disorder.

Methamphetamine is taken orally or intranasally (snorting the powder), by intravenous injection, and by smoking. Immediately after smoking or intravenous injection, the methamphetamine user experiences an intense sensation, called a "rush" or "flash," that lasts only a few minutes and is described as extremely pleasurable. Oral or intranasal use produces euphoria - a high, but not a rush. Users may become addicted quickly, and use it with increasing frequency and in increasing doses.

Animal research going back more than 20 years shows that high doses of methamphetamine damage neuron cell-endings. Dopamine-containing and serotonin-containing neurons do not die after methamphetamine use, but their nerve endings ("terminals") are cut back and re-growth appears to be limited.

The central nervous system (CNS) actions that result from taking even small amounts of methamphetamine include increased wakefulness, increased physical activity, decreased appetite, increased respiration, hyperthermia, and euphoria. Other CNS effects include irritability, insomnia, confusion, tremors, convulsions, anxiety, paranoia, and aggressiveness. Hyperthermia and convulsions can result in death.

Methamphetamine causes increased heart rate and blood pressure and can cause irreversible damage to blood vessels in the brain, producing strokes. Other effects of methamphetamine include respira-

¹⁵ National Institute on Drug Abuse, [Research Report: Methamphetamine: Abuse and Addiction](#), January 2002 as cited in *Drug Facts, Office of National Drug Control Policy*.

¹⁶ National Institute on Drug Abuse, [Methamphetamine Linked to Long-Term Damage to Brain Cells](#), March 2000 as cited in *Drug Facts, Office of National Drug Control Policy*.

¹⁷ Substance Abuse and Mental Health Services Administration, [Mortality Data From the Drug Abuse Warning Network, 2001](#) (PDF), January 2003 as cited in *Drug Facts, Office of National Drug Control Policy*.

tory problems, irregular heartbeat, and extreme anorexia. Its use can result in cardiovascular collapse and death.

A study in Seattle confirmed that methamphetamine use was widespread among the city's homosexual and bisexual populations. Of these groups, members using methamphetamine reported they practice sexual and needle-use behaviors that place them at risk of contracting and transmitting HIV and AIDS.

I. D. Extent of Use

I. D. (1) United States

The Monitoring the Future Study (MTF)¹⁸ assesses the extent of drug use among adolescents (8th, 10th, and 12th-graders) and young adults across the country. Note the following recent data from the survey:

- In 1997, 4.4 percent of high school seniors had used crystal methamphetamine at least once in their lifetimes - an increase from 2.7 percent in 1990.
- Data show that 2.3 percent of seniors reported past year use of crystal methamphetamine in 1997 - an increase from 1.3 percent in 1990.

According to the Community Epidemiology Work Group (CEWG)¹⁹ Methamphetamine is the dominant illicit drug problem in San Diego. San Francisco and Honolulu also have substantial methamphetamine-using populations. Patterns of increasing use have been seen in Denver, Los Angeles, Minneapolis, Phoenix, Seattle, and Tucson. New trafficking patterns have increased availability of the drug in Missouri, Nebraska, and Iowa.

Data analyzed by the National Household Survey on Drug Abuse (NHSDA)²⁰ indicates that in 1996, 4.9 million people (aged 12 and older) had tried methamphetamine at least once in their lifetimes (2.3 percent of population). This is not a statistically significant increase from 4.7 million people (2.2 percent) who reported using methamphetamine at least once in their lifetime in the 1995 NHSDA.

According to the National Survey on Drug Use and Health, 5.3% (over 12 million people) of the U.S. population reported trying methamphetamine at least once in their lifetime. The highest rate of methamphetamine use was among the 26 to 34 age group, with 6.7% reporting lifetime methamphetamine use during 2002.²¹

¹⁸ MTF is an annual survey on drug use and related attitudes of America's adolescents that began in 1975. The survey is conducted by the University of Michigan's Institute for Social Research and is funded by NIDA. Copies of the latest survey are available from the National Clearinghouse for Alcohol and Drug Information at 1-800-729-6686.

¹⁹ CEWG is a NIDA-sponsored network of researchers from 20 major U.S. metropolitan areas and selected foreign countries who meet semiannually to discuss the current epidemiology of drug abuse. CEWG's most recent reports are available on the CEWG web site.

²⁰ NHSDA is an annual survey conducted by the Substance Abuse and Mental Health Services Administration. Copies of the latest survey are available from the National Clearinghouse for Alcohol and Drug Information at 1-800-729-6686.

²¹ Substance Abuse and Mental Health Services Administration, [Results from the 2002 National Survey on Drug Use and Health: National Findings](#), September 2003 as cited in *Drug Facts, Office of National Drug Control Policy*.

Percentage Reporting Methamphetamine Use, by Age Group, 2002²²

Age Group	Lifetime	Annual	Past 30 Days
12–17	1.50%	0.90%	0.30%
18–25	5.7	1.7	0.5
26–34	6.7	1	0.5
35 and older	5.5	0.3	0.1
12 and older (Total)	5.3	0.7	0.3

According to the [Monitoring the Future Study](#), during 2003, 6.2% of high school seniors reported using a methamphetamine within their lifetime. Lifetime use among 8th and 10th graders was 3.9% and 5.2%, respectively. Also during 2003, 3.9% of high school seniors reported using Ice, also known as crystal methamphetamine, within their lifetime.²³

During 2002, 11.9% of college students and 14.8% of young adults (ages 19–28) reported using methamphetamine at least once during their lifetimes. Approximately 1.2% of college students and 2.5% of young adults reported past year use of methamphetamine, and 0.2% of college students and 1.0% of young adults reported past month use of methamphetamine. 2% of college students and 4.1% of young adults reported using Ice within their lifetime.²⁴

High School Students Reporting Methamphetamine Use, 2003²⁵

Grade	Lifetime	Annual	Past 30 Days
8 th	3.9%	2.5%	1.2%
10 th	5.2	3.3	1.4
12 th	6.2	3.2	1.7

Nationwide, 9.8% of high school students surveyed in 2001 as part of the [Youth Risk Behavior Surveillance System](#) reported using methamphetamine during their lifetimes. Male students (10.5%) were more likely than female students (9.2%) to report lifetime methamphetamine use. White students (11.4%) were more likely than Hispanic (9.1%) and black (2.1%) students to use methamphetamine within their lifetime.²⁶

I. D. (2) State of South Carolina

²² Substance Abuse and Mental Health Services Administration, [Results from the 2002 National Survey on Drug Use and Health: National Findings](#), September 2003 as cited in *Drug Facts, Office of National Drug Control Policy*.

²³ National Institute on Drug Abuse and University of Michigan, [Monitoring the Future 2003 Data from In-School Surveys of 8th-, 10th-, and 12th-Grade Students](#), December 2003 as cited in *Drug Facts, Office of National Drug Control Policy*.

²⁴ National Institute on Drug Abuse and University of Michigan, [Monitoring the Future 2002 Data from In-School Surveys of 8th, 10th, and 12th Grade Students](#), December 2002 as cited in *Drug Facts, Office of National Drug Control Policy*.

²⁵ National Institute on Drug Abuse and University of Michigan, [Monitoring the Future 2003 Data from In-School Surveys of 8th-, 10th-, and 12th-Grade Students](#), December 2003 as cited in *Drug Facts, Office of National Drug Control Policy*.

²⁶ Centers for Disease Control and Prevention, [Youth Risk Behavior Surveillance System](#), 2001, June 2002 as cited in *Drug Facts, Office of National Drug Control Policy*.

On November 17, 2002, Cara Parker stated the following in an article published in South Carolina:

“Methamphetamine use is growing in South Carolina and it costs taxpayers hundreds of thousands of dollars for authorities to clean up the dangerous makeshift labs where the drug is made.

“Three years ago, only five methamphetamine labs were found in the entire state, according to the Drug Enforcement Administration. This year, 99 labs have been closed. In South Carolina, the biggest methamphetamine problem is in the Upstate. In 2000, Greenville-area police found 13 labs. So far this year, they've closed 77 labs about 80 percent of the labs found in the state. Through August, the state had paid nearly \$300,000 in cleanup costs. Cleaning up a methamphetamine lab, on average, costs about \$4,000. Authorities say most anyone can set up a bathtub or kitchen lab using detailed instructions from Internet sites or books.”²⁷

I. D. (3) City of Anderson South Carolina

The City of Anderson, South Carolina is located approximately half way between Atlanta, Georgia and Charlotte, North Carolina, three miles east of interstate 85 near the base of the Blue Ridge Mountains. The city comprises an area of 15 square miles. It is the county seat and has a population of approximately 25,514²⁸. This figure temporarily “spikes” to an estimated 110,000 some days during the year. Individuals come into Anderson from the surrounding counties in South Carolina and northeast Georgia to work, transact business, and shop at the many outlets as well as the mall. Many citizens come into the city from the county of Anderson on a daily basis in order to engage in commerce and trade as well as interact with the various government agencies available. Anderson has city, county and state government offices, as well as a federal courthouse, a major hospital, four public schools, a four-year college, and a two-year community college.

Following the civil war, the city became a major textile manufacturing area. The post-civil war people who settled and worked in the area were predominantly working class blue-collar mill employees who had recently emerged from an agrarian economic lifestyle (share-cropping). Having recently left their farms, the early citizens of the community were accustomed to living isolated lives and were poorly educated. Many were illiterate. Previous research targeting these types of people has correlated low socioeconomic standing and poor education with disproportionate drug, alcohol, and tobacco use.

The various types of illegal drugs that the City of Anderson has traditionally faced have been illegal liquor houses, clandestine marijuana manufacture (grows), and marijuana trafficking (and use). In the last decade, crack-cocaine has been a substantial portion of the department’s anti-drug business resulting in hundreds of possession, distribution, and trafficking charges. Along with the crack problem, some powdered coke has been handled. In addition to the aforementioned types of illicit drugs, there have been a limited number of other cases such as LSD, heroin, and pills. Suffice it to say, primarily the local officers are familiar with marijuana and crack.

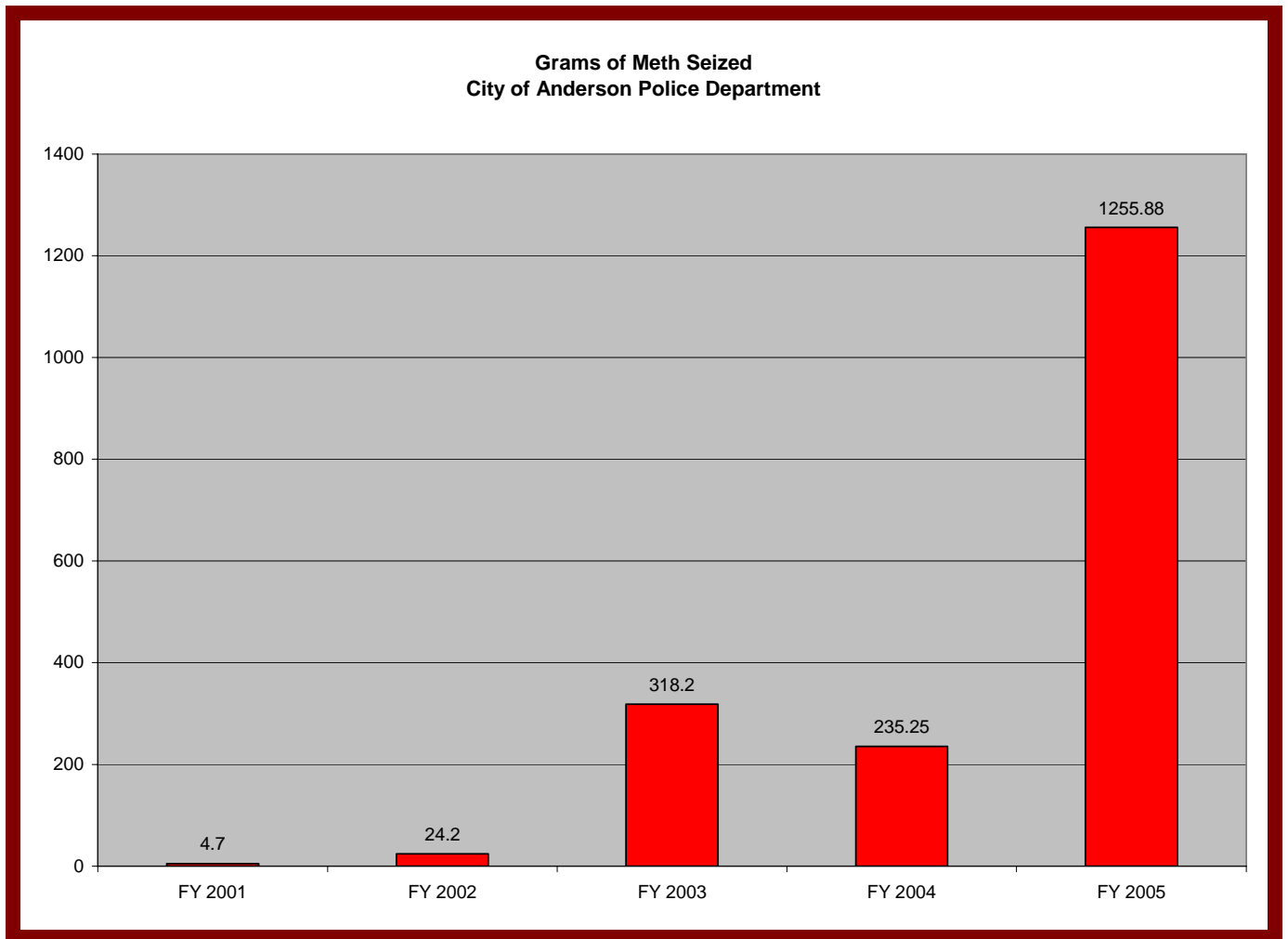
During the last five fiscal years²⁹ the amount of Methamphetamine seized by the City of Anderson Police Department has grown at epidemic proportions. In 2001, the department only documented 4.7 grams of methamphetamine as being seized. The amount seized in fiscal year 2002 was 5.2 times as

²⁷ Cara Parker, Associated Press. Article printed in Lexington media. (Copied from internet)

²⁸ Census 2000.

²⁹ All data pertaining to the City of Anderson in this report will be as reported for fiscal years unless otherwise noted.

much as that seized in FY01 - 24.2 grams (a 414.89% increase). The FY02 seizures (24.2 grams) were multiplied 13.2 times in fiscal year 2003, to 318.2 grams (a 1,214.88% increase).³⁰ In FY04 235.25 grams of Meth was confiscated and, for FY05 (through June 23, 2005), 1,255.88 grams were seized. The following chart visually depicts the growth in Methamphetamine seizures in Anderson City during the last five fiscal years.

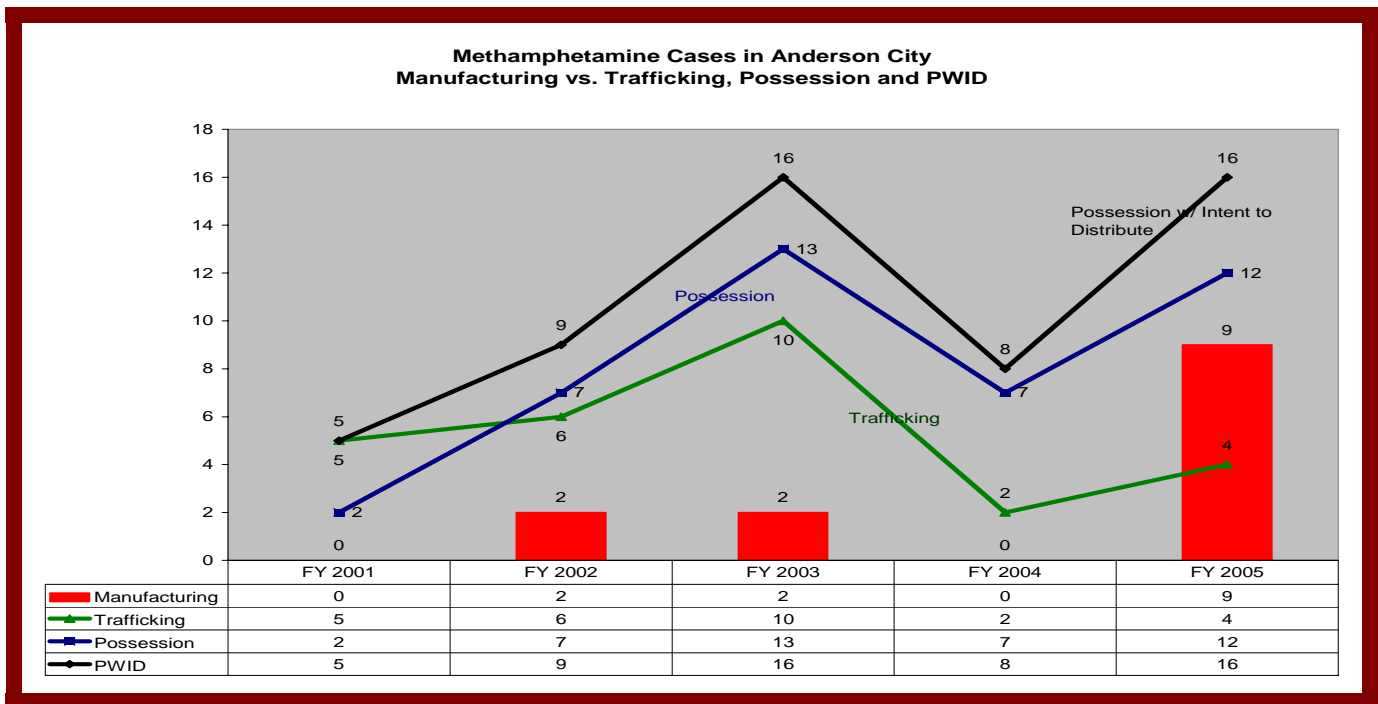


Interviews with persons who are arrested with methamphetamine – for either possession or trafficking-related charges – indicate that the methamphetamine being consumed locally is also produced locally. Unlike cocaine and marijuana, which are oftentimes imported, the raw materials for methamphetamine can be purchased locally and the manufacturing process can be implemented in a rather small area such as a house, basement, kitchen, barn, and (in at least one case) the trunk of a car.

In addition to methamphetamine seizures, methamphetamine-related charges levied upon defendants during the last five years in the City of Anderson have been on the increase. Methamphetamine-

³⁰ Please refer to appendix i for a charted depiction of the increase in the seizures of methamphetamine and note its increase as compared to the decrease in the seizures of marijuana

related charges increased from 12 in FY01 to 41 in FY05. Note the following types of methamphetamine-related charges that City of Anderson police officers have filed during the last five years³¹.



In FY04 no methamphetamine-manufacturing cases were filed in Anderson City but in FY05³², nine charges for manufacturing³³ in the city have been made. Many of the remaining charges were the result of methamphetamine that was manufactured just outside the city in any one of the many trailer park communities.³⁴

During FY04 the department’s narcotics division made 713 total charges: 450 criminal cases, 262 traffic cases, and 1 parking case. Officers seized powdered cocaine valued at \$19,560, Methamphetamines worth \$22,250, Assorted Pills worth \$1,650 Marijuana worth \$84,551.32, and \$21,600 worth of Crack-Cocaine. (All figures are “street value”) The total street value of all seized drugs was \$149,611.32, up from \$74,900.80 in FY03. (Fiscal Year 2004 is the last year for which a complete data set is available as of June 23, 2005 – the date of this grant application.)

II. EXISTING EFFORTS and CURRENT RESOURCES

The City of Anderson Police Department’s Vice-Narcotics Unit currently consists of eight personnel with five of them dedicated to work drug-related activities 100% of the time. Although the unit has successfully prosecuted a substantial number of cases, in the aggregate it has limited training in the area of methamphetamine investigation, crime-scene investigation, and general education.

In addition to the vice-narcotics unit, the City of Anderson Police Department also has a “Hazardous Materials Unit” (i.e. bomb squad) which typically handles all the calls for hazardous and dangerous

³¹ Thru June 23, 2005.

³² Thru June 23, 2005

³³ Breakdown: seven charges of *manufacturing* and two charges of *conspiracy to manufacture*.

³⁴ To review the data sheet containing the raw data for methamphetamine statistics for the City of Anderson, please refer to Appendix iii.

materials in and around Anderson City. This group has mutual aid agreements with a very large number of sister agencies and is routinely called upon to assist them with suspicious-looking substances other than explosives. However, as is true for the Vice-Narcotics Unit, the Hazardous Materials Unit has little or no training in Methamphetamine-Laboratory safety, training, or contamination.

The City of Anderson Police Department has had four (4) personnel trained in *Meth Lab Eradication* during the last two (2) years via SCDPS grant-funded programs. Currently the department conducts minimal public-awareness training sessions to combat the manufacture and use of methamphetamine. By increasing the number of Meth-Lab-Erad trained personnel, the City of Anderson Police Department hopes to stay ahead of the Methamphetamine manufacturing business by providing periodic updates and seminars about methamphetamine to local civic groups in an effort to curb the growth in the illicit trade.

III. CONCLUSION

The City of Anderson Police Department has a recent history of successfully levying and prosecuting some methamphetamine cases. However, the local officers have traditionally focused upon crack-cocaine and marijuana, with small amounts of pills, powdered coke, and LSD occasionally showing up. Methamphetamine represents a new threat to the community for which the local officers have received only fractional schooling. In order to protect Anderson City's officers from possible chemical contamination from methamphetamine labs, training and education is needed. In addition, investigative tools are also needed in order to assist the officers in making cases that are more in-depth than the cases in the past. Finally, Anderson City desires to gain the necessary data, facts, and information to be enabled to inform and educate the public about this new and dangerous threat to the community.

