

# METHAMPHETAMINE: A STATEWIDE CONCERN



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Methamphetamine (or “meth”) is a growing problem for many counties in Minnesota, including Dakota County. This spread of meth use places a tremendous burden on the county’s criminal justice and human services systems. Meth is a highly addictive stimulant that is easy to make, easy to find, and relatively inexpensive – and has become an epidemic in neighborhoods across our state.

Meth labs are appearing throughout the entire state of Minnesota and in almost every part of the country. Rural areas are not immune from the explosive growth of meth labs, due to the difficulty of detecting and interdicting the labs in remote areas. In fact, meth labs are often found in rural areas where it is less likely the lab will be detected than in urban or suburban settings. The proliferation of meth labs is also exacerbated by their portability. Not only have meth labs been found in apartments, homes and motels, they have also been found in vans, SUVs, trunks of cars, and even large plastic storage tubs. These labs pose extreme dangers. Many result in explosions and fires from the highly volatile chemicals used in meth production and all pose significant health risks to anyone near the production location.

Methamphetamine is chemically created from the combination of a wide variety of poisonous or hazardous chemicals, many of which are found in the home. Before meth can be made, one of two common substances, or precursor chemicals, must be part of the mix of chemical substances. One of these, pseudoephedrine is commonly used for treating cold or sinus symptoms and is sold without a prescription in any store selling over-the-counter drugs. The other is anhydrous ammonia which is commonly stored in large tanks and used by farmers to fertilize their cropland. Anhydrous ammonia is commonly sold by farm cooperatives or supply stores. These precursor substances are combined with a wide variety of other dangerous chemicals, such as lye, ether, sulfuric acid, iodine, gun scrubber, brake cleaner and paint thinner, among others to make meth. One common way to combine these substances is to heat or “cook” them in homemade labs using chemicals that can easily be purchased in drug stores, discount centers and hardware stores.

The chemicals used to make methamphetamine are toxic and can cause serious health problems such as chronic kidney and liver disorders, brain damage, liver damage, serious tooth decay, chronic depression, paranoia and other physical and mental disorders. Meth labs are also considered hazardous waste sites. They can cost substantial amounts to remediate because they create toxic chemical by-products that are dumped into streams, rivers, sewage systems and can contaminate carpeting, sheetrock, upholstery and even soil.

Statistics from the Minnesota Department of Public Safety, Office of Drug Policy and Violence Prevention show that meth lab seizures have risen over 700% between 1998 and 2003. While there were 47 meth labs seized statewide in 1998, that number jumped to 310 in 2002 and 410 in 2003. A dramatic jump in the number of meth labs seized and dismantled in 2004 is expected when the statistics are available.

Concerted efforts to address the meth problem by Minnesota officials, including drug task forces, public health officials as well as state, county and local officials appear to be having an effect. While the number of clandestine methamphetamine laboratories being seized is up, the actual quantity of methamphetamine seized has been decreasing. The amounts of methamphetamine seized state-wide are as follows:

1999	2000	2001	2002	2003
72,085 grams	86,712 grams	155,947 grams	116,805 grams	75,464 grams

According to the Minnesota Department of Health, 35 counties had ordinances in place to deal with the burgeoning meth problem as of December 2004. These have taken the form of actual meth lab ordinances or local public health ordinances. Such ordinances can be used to require cleanup at the homeowner's expense (or through liens placed against the property itself) and to address child protection measures. A meth ordinance can also provide the framework for consistent, local responses to lab related situations.

Law enforcement officials in other parts of the country have argued that a coordinated local response to methamphetamine labs will result in 1) a decrease in the number of meth users, and 2) an immediate increase in the number of labs discovered, which should significantly decrease meth lab activity. That appears to be the trend in the State of Oklahoma. According to the District Attorney's Counsel for the State of Oklahoma, strict legislation in that state limiting both the amount and the manner in which the precursor substances of pseudoephedrine and ephedrine can be sold have significantly reduced meth lab activity. In Oklahoma, an ordinary retailer cannot sell products, usually cold medicines, containing pseudoephedrine or ephedrine. Only pharmacies can sell products containing these precursor chemicals. In addition, products containing these ingredients are required to be locked in a case, or placed behind a counter. A photo identification is required by the purchaser, who must sign a log book showing the date and amount of the product that has been purchased. The law restricts a person to purchasing 9 grams of a product containing pseudoephedrine in any 30-day period. Prior to the passage of this law on April 7, 2004, labs were seized in Oklahoma at the rate of 92 per month. After the passage of the law, the number of labs seized began decreasing each month and by August 2004, only 32 labs were seized. These figures show a 56% reduction in the number of seized meth labs in the five month period following the passage of the law.

Minnesota has also proposed legislation dealing with many aspects of the methamphetamine problem. Senator Julie Rosen of Fairmont has been one of the primary authors of legislation to address meth-related problems in our state. Parts of Senator Rosen's bill deal with limiting access to pseudoephedrine, addressing clean-up costs of meth labs, and standardizing methods of notifying purchasers of real estate and motor vehicles of exposure to meth related chemicals.

Another approach to deal with the meth problem throughout Minnesota has been the education of the merchants and the public about the problem. This includes the distribution of flyers and informational materials advising merchants to alert law enforcement officers of purchases of significant amounts of the common chemicals used to manufacture methamphetamine.

Public health authorities are also actively informing the public in Minnesota of both the signs of methamphetamine use and the signs of methamphetamine production or sale.

Typical signs of methamphetamine use are:

- drug paraphernalia such as short straws, tubes, razor blades, mirrors, syringes, or smoking devices;

- items containing white, beige, pink or brown powder or crystalline substances;
- going for long periods without sleep;
- lack of personal hygiene, including rotting teeth, skin rashes or sores, or a strong chemical body odor;
- excessive energy or overactive behavior;
- changes in mood and loss of interest in hobbies, friends or activities;
- hallucinations and paranoia;
- uncontrolled emotional outbursts, possibly accompanied by violence or aggression.

The Minnesota Public Health Department has also indicated that signs of methamphetamine production or sale include:

- covering or painting over windows;
- burn pits, stained soil or dead vegetation indicating dumping of chemicals or waste;
- packaging from over-the-counter cold medicines containing pseudoephedrine;
- empty containers from hoight gas, ether, starting fluids, freon, lye, or drain openers, paint thinner, acetone, or alcohol;
- packaging from epsom salts or rock salts;
- anhydrous ammonia tanks, propane tanks, or coolers containing anhydrous ammonia;
- pyrex glass, Corning containers or other kitchen glassware with hoses or duct tape on them;
- respiratory masks and filters, dust masks, rubber gloves, funnels, hosing and clamps;
- coffee filters, pillow cases, or bed sheets stained red, or containing white powdery residue;
- apartments, homes, or other buildings that smell like chemicals or solvents.

The costs to Minnesota taxpayers as the result of the methamphetamine pandemic are staggering. The costs include not only quantifiable expenditures such as the costs of additional police officers for drug task forces, growing costs for laboratory analysis, additional prosecutors, judges and public defenders to process the cases, lab cleanup costs at a minimum of \$5000 per site, and additional jail and prison beds for those convicted of the more serious drug offenses, but there are many other intangible costs which are similarly escalating exponentially. These include additional social services and child protection costs to cover long-term chemical treatment programs and often extensive foster care expenses, costs demonstrated by the significant percentage of property crimes, including burglaries, thefts, check forgeries, and identity theft which are committed by methamphetamine addicts in order to feed their habits, and health care costs associated with methamphetamine-related medical conditions.

In Dakota County this trend is seen in the statistics of methamphetamine arrests. Of the 2,201 meth arrests statewide in 2002, 328 of those occurred in Dakota County (approximately 15%). Similarly in 2003, of the 2,629 meth arrests statewide 375 of them occurred in Dakota County (approximately 14%). With Dakota County comprising 7.5% of the state's population, Dakota County has had a disproportionate share of the number of meth arrests in our state.

The devastation caused by the scourge of methamphetamine in Minnesota is not limited to the individuals involved in the use and distribution of this highly addictive drug. More and more law enforcement agencies are reporting that meth users perpetrate significant numbers of property crimes to obtain money to continue their habits. Only by the concerted effort of Minnesota law enforcement agencies, public health officials, state, county and local officials, along with the cooperation of the public, can significant strides be made to control this epidemic.

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