



REGIONAL RESOURCE

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Methamphetamine Production and Abuse in Southern States

By Douglas Jacobson

Introduction

Over the last two decades, drug abuse, prevention and the impact of drugs on criminal justice systems have become major topics of political debate at both the national and state levels. While illicit substances such as crack cocaine and club drugs, including Ecstasy and Rohypnol, have appeared frequently in recent headlines, an older concoction, methamphetamine, has become one of the most lethal and problematic of all narcotics. Also known (depending largely on the physical form of the finished drug) as ice, crank or meth, methamphetamine is cheap, easy to produce, highly addictive and increasingly deadly.¹ While long considered a scourge only in the western United States, meth has recently established a foothold in the Midwest and the South, and it now is common in metropolitan areas across the country, with the important exception of the Northeast. Furthermore, while drugs such as cocaine and heroin tend to be considered an urban problem, meth use and production flourish in rural areas as well. Its use is burgeoning in cities and rural areas which have been relatively free of illicit drug use and among populations not previously suspected of abusing drugs.

Addiction and subsequent treatment are not the only challenges presented by methamphetamine. Production in clandestine laboratories often results in the death and/or injury of “cookers,” innocent bystanders and law enforcement officers, not to mention the accompanying environmental destruction created by precursor chemicals, which are the (often toxic) ingredients used to make the drug. Methamphetamine use and production have become issues of interest to states not only due to the human consequences of abuse and treatment, but also because of the cost of cleaning up potentially hazardous clandestine labs in which the drug is made. Clean-up costs, which include the identification and disposal of hazardous materials created when chemicals are burned at high temperatures, run so high that state and local law enforcement are increasingly unable to pay them without federal assistance.

Since states and municipalities often cannot fight the war against methamphetamine production and distribution on their own, federal aid is frequently necessary. Until recently, the United States Drug Enforcement Administration (DEA) supplied state police and local sheriffs’ offices with sufficient funds to combat the producers in this most important of battles; however, the rap-

idly increasing number of clandestine labs, their location in rural and often economically-depressed areas, and a shift in federal funding have made the war on meth more difficult. On the other hand, states have proved to be capable of addressing the issue on a case-by-case basis.

The Drug

Methamphetamine is a Schedule II drug, meaning that it has a very limited medical use and is available only through highly restricted prescription procedures. The drug was first prescribed for people suffering from narcolepsy and obesity, and its use was also recorded among soldiers on both sides during World War II. While meth recipes were previously available only on the black market for thousands of dollars, they now are accessible free of charge on the Internet. Meth use produces an increase in energy and alertness and a decrease in appetite. Users can obtain 10 to 15 doses from a single gram of methamphetamine, which can be smoked in much the same way as crack cocaine. Some smoke, snort or inject the drug, while others dissolve and drink it or wrap it in paper and swallow it. Much homemade meth tends to be only about 1 percent pure and includes ingredients such as lye and strips of lithium from batteries. Addicts frequently try to lessen the effects of coming down off the drug

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by combining meth use with heroin or alcohol. Long-term abusers often fall into a stage of psychosis which is characterized by paranoia, picking at the skin and hallucinations. "Tweakers," as abusers at this stage are known, typically do not sleep for days and maintain an intense craving for more meth; however, since no amount of the substance can recreate the initial high, frustration and violence often follow. In addition to external physical consequences, meth can cause brain damage similar to that caused by Alzheimer's disease, stroke and epilepsy.²

Methamphetamine is made by heating (cooking) compounds such as over-the-counter decongestants and extracting chemicals such as pseudoephedrine, which is an active ingredient in the drug. Pseudoephedrine and other chemicals are then removed from these readily available products and added to water or another chemical. Explosions often occur when the chemicals are heated improperly. The toxic fumes released into the air as the drug is cooked can cause ailments such as conjunctivitis and skin irritation. They may also seep into walls and carpets, making unlivable houses in which meth has been produced. In addition, children often are present when meth is made. According to an Arkansas sheriff's deputy, "We saw one place where they had set up a lab on top of a child's crib. They just placed a plank of wood across the top and cooked right there."³

In a 1999 survey, 4.3 percent (9.4 million individuals) of the U.S. population admitted trying meth at least once, with the highest rate of use (5.2 percent) among young adults ages 18-25. Use dropped slightly to 4.5 percent for those 26 and over, and even 1.4 percent of those between 12 and 17 years of age reported using meth at some point. High school seniors surveyed in 2000 reported that 7.9 percent of them had tried meth at least once, while almost 28 percent of them said it was "fairly easy" or "very easy" to obtain the drug. Overall, methamphetamine treatment admissions climbed from 14,496 in 1993 to 55,745 in 1998.⁴

Table 1 shows that Southern rates of methamphetamine use cannot yet match those of selected Western and Midwestern metro areas, but use of the drug is on the rise throughout the region.

Percentage of Adult Males Testing Positive for Meth at Time of Arrest in 1999 in Selected Cities	
City	Percent
Atlanta	0.4
Dallas	2.5
Des Moines	14.0
Ft. Lauderdale	0.4
Houston	0.1
Oklahoma City	8.7
San Diego	26.0
Washington, D.C.	0.9

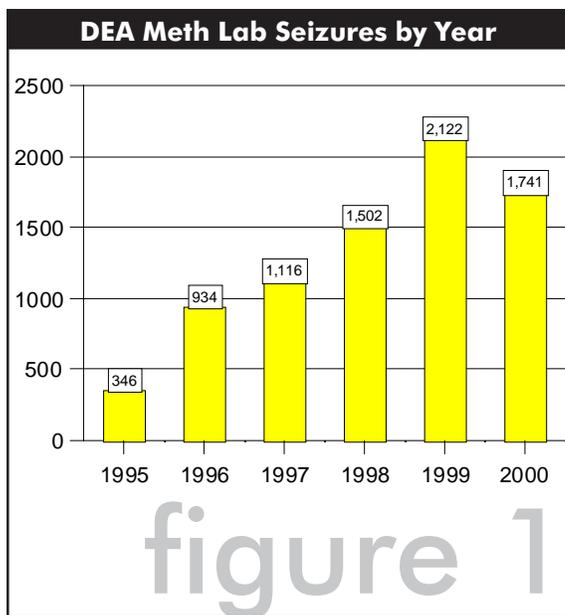
Source: Drug Enforcement Administration, Drug Statistics, from Internet site www.usdoj.gov/dea/stats/drugstats.htm

Cleanup

Producing methamphetamine can be highly profitable. An ounce of meth that can be made for as little as \$150 can be sold for \$1,500, and the promise of a quick profit can lead small-time users to attempt to manufacture small batches of the narcotic on their own. Chemical hazards which result from the dismantling or explosion of clandestine laboratories put law enforcement staff in grave danger and require special training, equipment and aid from agencies better equipped to deal with toxic chemical cleanup, such as the U.S. Environmental Protection Agency.⁵ A mere 4 percent of laboratories produce more than 80 percent of methamphetamine, with most large, professional "superlabs" found in California.⁶ However, in the South and Midwest, addicts often cook meth in their homes or in abandoned buildings, placing themselves and others in danger. These meth labs are easily dismantled and moved and may be set up in hotel rooms, rented storage spaces, or even in vans. Each pound of meth results in six pounds of toxic by-product, which, according to former White House Drug Czar Barry McCaffrey, "poses a significant risk to private citizens and law enforcement personnel."⁷ Meth makers often either bury or simply abandon this waste, which includes acids, lye, and other flammable and/or toxic materials. Between July 1999 and July 2000, 14 percent of adults treated for burns at one Arkansas hospital were injured in a meth-related fire.⁸ The Oklahoma State Bureau of Investigation (OSBI) estimates that 2 percent to 3 percent of the meth cases it investigates involve fire.⁹ In addition, injured

users often avoid hospitalization since they risk arrest after treatment. Mishaps at meth labs resulted in injury to 79 first responders, including police officers, firefighters, and EMTs, according to a study conducted between 1996 and 1999.¹⁰

Clean-up costs may range from a few hundred dollars to as much as \$100,000 when private hazardous material companies must be hired to complete the job. However, funding can be difficult to procure. For example, Arkansas' share of federal clean-up money from the DEA ran out in March 2000, and the state's Congressional delegation was forced to scramble to secure necessary funds. Attorney General Janet Reno approved a request for \$10 million for clean-up operations, but the director of the Office of Management and Budget denied the request. Two months later money became available as the DEA decided to distribute funds on a different basis and to no longer focus on 15 "hot spots," a funding strategy which neglected states such as Oklahoma and Arkansas.



2000 figure annualized based on data collected through November 2000
 Source: Drug Enforcement Administration - El Paso Intelligence Center

The DEA and state and local authorities seized 7,544 labs in 1999, and 4,600 between January and October 2000.¹¹ The above chart shows how many labs were seized by the DEA alone. In 1999, the DEA seized 2,122 labs, a considerable increase from the 346 seized in 1995. However, after a 41 percent increase from 1998 to 1999, the most recent (2000) statistics show a significant (18 percent) reduction in seizures.

Other Costs

METHAMPHETAMINE IS A DRUG that not only destroys individuals, but also jobs, homes and families. Meth overwhelms its addicts, who rarely are able to stay off the drug once they try it. Long-term treatment is a necessity, since a few weeks or months of rehabilitation are not usually sufficient to cure the addiction. Meth requires a longer period of withdrawal than any other kind of substance save prescription drugs. Patients become intensely uncomfortable as they experience withdrawal from meth, and the first step, overcoming the immediate symptoms, takes five to seven days. No medications (such as methadone for heroin addicts) are currently available to help recovering addicts, who could also be at risk for hepatitis or HIV if they have injected the drug intravenously.¹² Furthermore, long-term users, who often start to develop symptoms of paranoia and psychosis, often do not have health insurance, and states must often cover the cost of their treatment. In California, where methamphetamine abuse has been more widespread than in other parts of the country, the bill for unmet drug treatment needs (for all illicit drugs) has reached \$330 million.¹³

Federal Legislation

President Clinton signed the Comprehensive Methamphetamine Control Act in 1996. The chemicals utilized to make meth are controlled under this legislation, which also expanded the controls on precursor chemicals and increased penalties for manufacturing and trafficking. Three years later, the Methamphetamine Anti-Proliferation Act of 1999 was introduced in Congress by Representative Chris Cannon of Utah and Senator Orrin Hatch of Utah. The bill did not pass that session, coming under strong criticism for the inclusion of a ban on the dissemination of drug recipes over the Internet. Specifically, it would have made it illegal for anyone to set up a link on a web site which directs visitors to another site that sells illegal drug paraphernalia. Not surprisingly, the bill was sponsored by congressional members from the West, where meth use has been most pronounced.

In September 2000, Congress passed H.R. 4365, the Children's Health Act, which was signed into law by President Clinton a month later. As an amendment to the Act, Congress approved a reworked version of the previous year's meth legislation, appropriating \$65 million to federal, state and local officials to combat the trafficking and manufacturing of meth. The legislation, sections of which relating to the distribution of in-

formation over the Internet were removed, provides \$242 million over five years for treatment programs, prevention, enforcement, research and hazardous waste cleanup.

In the South

THE 1998 NATIONAL HOUSEHOLD SURVEY on Drug Abuse estimated that 4.7 million Americans had tried meth at some point in their lives. According to the Office of National Drug Control Policy (ONDCP), methamphetamine availability has climbed significantly in many of the Southern Legislative Conference's member states in the last two years. Small-scale production remains the norm in the overwhelming majority of cases in the South, and abuse in rural areas presents a challenge for underfunded treatment programs. Depending on their current situations, states are taking individual approaches to address this escalating problem.

Methamphetamine abuse in SLC states is most pronounced in Arkansas, Missouri, Oklahoma and, to a lesser extent, Texas. Primarily seeking to stem the tide of meth use in the West, Congress appropriated \$35.6 million in for meth lab cleanup to the Community Oriented Policing (COPS) program. Unfortunately, states such as Oklahoma and Arkansas received none of this funding. According to the Arkansas State Crime Laboratory, the state has the most meth labs per capita in the country, with seizures increasing 923 percent from 1994 to 1999.¹⁴ Missouri also is in the midst of a meth nightmare, with Jackson County (Kansas City) only recently ridding itself of the distinction of "Meth Capital of the World." Meth lab seizures in Missouri increased from 188 in 1996 to 421 in 1998. In 1997, 300 seizures took place in Jackson County alone; however, due to cooperation among local police, a drug task force, and concerned members of the community, meth arrests have dropped sharply in this area.¹⁵ On the other hand, Oklahoma officials responded to meth lab cases 710 times in 2000, up from 10 responses in 1994. Oklahoma ranked second only to California in 2000 in the amount of meth seized during drug raids.¹⁶

Table 2 provides an example of the wide gap between these four states and the rest of the SLC states in the degree of meth abuse and production.

DEA Clandestine Lab Seizures by State - 1998*	
State	Number of Seizures
Missouri	371
Arkansas	151
Oklahoma	106
Texas	41
Georgia	21
Florida	20
Louisiana	5
Mississippi	5
North Carolina	4
West Virginia	4
Alabama	3
South Carolina	1
Virginia	1
Kentucky	0
Maryland	0
Tennessee	0

*Over 98 percent of clandestine lab seizures were meth labs.

Source: DEA, *Methamphetamine*, from Internet site www.usdoj.gov/dea/concern/meth.htm.

Methamphetamines in Southern States

The following provides in-depth analysis of the effects of methamphetamine in four SLC states: Arkansas, Missouri, Oklahoma and Texas. Although meth production and abuse have been documented in most of the other states, these are the four on the front line.

Arkansas

In Arkansas, which has the SLC's highest rate of clandestine lab seizures per capita, the General Assembly restricted the sale and possession of ephedrine, one of the primary precursor chemicals used in cooking meth, in 1997.¹⁷ Law enforcement officials are now urging legislation to limit sales of pseudoephedrine, an ingredient in over-the-counter cold, sinus and allergy medications, as well. Possession of pseudoephedrine with intent to manufacture methamphetamine already is a felony, but purchases are not yet restricted. A bill before the 2001 General Assembly would require medications containing pseudoephedrine to be dispensed by pharmacists. The proposed legislation has come up against opposition from organizations such as the Consumer Healthcare Products Association.

While police confiscated a total of 554 meth labs in 1999, law enforcement officials in the state already had seized 757 labs by the last week of 2000.¹⁸ More than 12 percent of all admissions for drug treatment in the state in 1998 were due to meth abuse and, according to a survey taken in 1999, almost 14 percent of Arkansas' high school students had used meth at least once in their lives.¹⁹

In the area of prevention and treatment, Arkansas has established a drug court treatment program for nonviolent drug offenders, whereby participants can avoid prosecution by enrolling in the program.

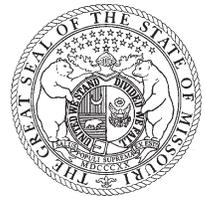
Missouri

Missouri is a state that has been on the front line of the war against meth for a number of years. The DEA seized 421 meth labs in the state as early as 1997, and the number of people seeking treatment for the drug in Missouri rose from 1,009 in 1995 to 1,265 in 1996, an increase of 25 percent. This figure increased by another 72 percent in 1997, when there were 2,179 cases of users seeking treatment. Lab seizures occurred most often in the southern part of the state and around the Kansas City area, although the number of labs in the eastern part of the state is on the increase.²⁰ In 1998 the state attorney general's office formed the Methamphetamine Prosecution Strike Force, which, according to Attorney General Jay Nixon, was created to "work cooperatively with county prosecutors, law enforcement agencies and regional drug task forces in the detection and prosecution of meth producers."²¹ In 1999, its first full year of operation, the Strike Force worked to convict 37 meth users and producers, while an estimated total of 960 meth labs were seized in 1999 by Missouri officials.²² Also in 1999, the state established 12 collection stations for meth waste. By eliminating DEA cleanup, the average cost of a lab cleanup fell from \$2,400 to \$125.²³

In 1998, then-Governor Mel Carnahan signed one of the nation's toughest meth laws, establishing drug courts across the state and increased penalties for processing the drug. State senators have filed bills during the 2001 legislative session that would toughen the penalties for meth production and would make a Class A felony the theft of large amounts of anhydrous ammonia, a key ingredient in fertilizer which is readily available to farmers. As in Arkansas, there has been some support in Missouri for limiting or banning sales of over-the-counter medications from which ingredients can be extracted to make meth.

Much of Missouri is rural, and meth manufacturers have ready access to necessary meth ingredients such as anhydrous ammonia. In addition, national forests in the southern part of the state have become havens for meth producers. In the Mark Twain National Forest, state and federal agents have formed strike teams to combat the environmental and safety threats of meth production in this protected area. Police seized 452 mobile labs from national forests in 2000, a 465 percent increase from the 80 which were confiscated in 1997. More than 70 percent of the meth seized nationally in 2000 from national forests was produced in the Mark Twain National Forest. Earlier in 2001, the DEA set aside \$2 million to help Missouri and federal law enforcement officials handle the toxic chemicals abandoned by their producers. Officials claim that the forest's waterways are especially at risk. Furthermore, while crime rates have declined across the country, crime figures have remained stable in the southwestern part of the state, where the forest is located.²⁴

Missouri has experienced success in the last two years fighting meth. The U.S. attorney for the western part of the state opined that federal, state and local cooperation is making a big difference. There was a decrease in the number of labs seized by the Highway Patrol from 615 in 1999 to 493 in the first 10 months of 2000, and a drop in joint Highway Patrol-DEA seizures from 920 in 1999 to 574 through October 2000.²⁵ Then-Senator John Ashcroft sponsored anti-meth legislation in Congress that extended \$3.1 to various Missouri law enforcement agencies.



In meth-related issues, the 2001 Missouri budget included:

- \$343,000 for five additional officers and vehicles for the Division of Drug and Crime Control;
- \$255,500 for an additional employee and lab supplies to improve the speed of tests conducted by state crime labs;
- \$1.3 million for drug treatment services in residential and outpatient settings; and
- \$1 million for the operation of drug courts in eight counties.



Oklahoma

Methamphetamine production and use has been a major issue in Oklahoma since the mid-1990s. In 1998 the Oklahoma Bureau of Narcotics began gathering and storing data using a methamphetamine database, which tracks the names and nicknames of known offenders and their associates, where chemicals are being purchased, information about vehicles spotted near labs, and types of weapons seized. Oklahoma law enforcement shut down 34 labs in 1995, 241 in 1997, and 781 in 1999, after the database had been in use for a year.²⁶

As in Arkansas, Oklahoma depleted its share of federal clean-up reserves in early 2000. However, the Oklahoma Legislature appropriated \$500,000 for emergency cleanup to aid the OSBI in clean-up costs until October 1, 2000, and the OSBI spent over \$1 million on cleaning up meth labs in 1999. Meth labs tend to be a rural phenomenon in Oklahoma, and farmers are consequently feeling the effects of the illicit trade. As in Missouri, farmers have reported theft of liquid fertilizer (anhydrous ammonia) stored on or near their fields. In addition, more funds are necessary to take pressure off the understaffed state labs which must process methamphetamine cases. Backlogs at these labs have even resulted in judges being forced to dismiss cases since the labs cannot process evidence quickly enough.²⁷ Nationally, Oklahoma residents rank 42 percent higher in all age groups for meth use.²⁸ Compared to the previous year, state troopers in 2000 more than doubled the amount of meth they seized, from 54 to 128 pounds.²⁹

The state is actively addressing the meth issue. On June 1, 2000, Governor Frank Keating signed into law a bill which made possession of anhydrous ammonia in an unauthorized container a felony. In sparsely populated northwestern Oklahoma, a 12-county task force reported that the great majority of investigated meth labs used this substance when cooking meth.³⁰ In the Legislature, the proposed 2001 OSBI Forensics Science Improvement Act would provide an additional \$2.8 million in the first year for agents and lab technicians. This would greatly aid areas such as Adair County, on the Arkansas border, where the sheriff's office and other agencies have made 415 felony drug arrests in the past 10 years without ever having managed to send any of these offenders to a state prison.³¹

Meth has reached the capital city as well. Oklahoma City police received a \$750,000 grant from the U.S. Justice Department to stage practice meth lab busts. In 1999, Oklahoma, where cases have increased more than 8,000 percent since 1994, ranked in the national top five for both lab seizures and meth use per capita. In 1998, 8 percent of males arrested in Oklahoma City tested positive for meth, a higher percentage than Atlanta, Chicago, Miami and New York City combined.³²

Texas

Methamphetamine has recently become a major issue in Texas as well. In 1998, the Texas Commission on Alcohol and Drug Abuse (TCADA) reported that almost 5 percent of those admitted for treatment at its facilities were treated for meth abuse.³³ Small labs are appearing all over Texas, as users and local dealers have found out how to make and sell the drug in a cost-efficient manner. In 1998, the DEA seized 36 meth labs in Texas, while the state Department of Public Safety (DPS) participated in 20 such seizures. In the one-year period ending October 1, 2000, agents raided 228 labs in the state, a 57 percent increase from the previous year and a 100 percent increase from the year before.³⁴ According to the TCADA, meth use is most widespread in rural areas in northern and eastern Texas. Precursor chemicals such as red phosphorus often are difficult to obtain in Texas due to restrictions requiring potential buyers to show identification and have their names recorded.

The DPS received more than 204,000 grams of confiscated meth from local law enforcement agencies in 1999, an amount that was equaled in the first eight months of 2000. The Texas Narcotics Control Program, which was established as a part of the governor's office, reported that its more than two dozen task forces seized \$13.5 of meth from May 1999 to May 2000. Seizures from June 1 to August 31, 2000 amounted to a total value of \$5.1 million.³⁵



Meth Production and Abuse in Other SLC States

Florida

- The DEA reports raiding about half a dozen labs in the Orlando area in the past year.³⁶ Furthermore, over 10 percent of the state's high school students report experimenting with meth at some point in their lives.³⁷

Georgia

- Federal authorities seized 21 meth labs in the state during 1999. In fiscal year 1998, almost 14 percent of federal offenders sentenced for drugs in Georgia were sentenced for meth-related offenses, exceeding the U.S. percentage of 11.4 percent.³⁸

Kentucky

- Meth is becoming widespread in rural, mountainous areas, and almost 13 percent of high school students reported using the drug in 1999. In FY 1999, 17 percent of Kentucky offenders who committed a federal drug offense used meth.³⁹ In October 2000 the U.S. Senate approved a bill which included funding for a U.S. attorney's office in western Kentucky, which could be used to fight meth production and consumption in the area.⁴⁰

Louisiana

- In the New Orleans area, much of the meth is produced by large-scale operations based in Mexico.⁴¹ In one of the largest busts in the Southeastern United States, a narcotics task force seized a quarter-pound of meth in late January 2001 near New Orleans.⁴²

Mississippi

- A 1999 survey of high school students revealed that 6 percent of them had tried meth at least once in their lives. More than 4 percent of federal defendants charged with drug-related offenses in Mississippi in 1999 were charged with meth use.⁴³ Meth seizures have been reported along the Mississippi Gulf Coast as well, demonstrating that the problem is spreading throughout the South.

Tennessee

- A 1999 survey of high school students showed that 10 percent of them had experimented with methamphetamine at least once in their lives.⁴⁴ In addition, eastern Tennessee, which includes the 23-county area served by a self-funded meth task force, allegedly has the second largest concentration of meth producers in the nation.⁴⁵

Virginia

- The DEA has identified the state's Shenandoah Valley as a major distribution center for meth in the mid-Atlantic region. In 1999, two regional drug task forces in the area seized 99 percent of all meth confiscated in the state. Following the Shenandoah Valley's designation as a "hot spot," Virginia received \$250,000 of federal funds through the COPS program.

Conclusion

Far from being merely a concern of Western states, methamphetamine has taken hold across the South and Midwest. It has become a particularly pernicious and perplexing problem in states such as Arkansas, Missouri, Oklahoma and Texas, but policy-makers are confronted with a potential increase in the production and use of methamphetamine across the South. Lost productivity and treatment costs threaten to consume large portions of state budgets at a time when many states' revenue projections are falling short. The cost associated with treatment and the likely prospect of recidivism create a costly and recurring expenditure for already constrained state budgets. Furthermore, since most Southern states cannot hope to fund cleanup and prevention alone, they must rely on federal assistance.

Although meth abuse and production are increasing in many areas of the South and have yet to reach others, hard-hit states have demonstrated that they are able to take appropriate measures to fight methamphetamine production and abuse. Indicators have been dropping in areas in which abuse was more prevalent, possibly due to increased seizures and new precursor chemical laws. If states and municipalities continue to work together to share information across boundaries and jurisdictions and receive aid from the federal government, it is hoped that the meth scourge can be kept under control. ☒

This *Regional Resource* was prepared for the Southern Legislative Conference by Douglas Jacobson, SLC Research Associate.

The SLC is a non-partisan, non-profit organization serving Southern state legislators and their staffs.

First organized in 1947, the SLC is a regional component of The Council of State Governments (CSG), a national organization which has represented state governments for more than 60 years. The SLC is headquartered in Atlanta, Georgia.

Endnotes

- ¹ For the purposes of this report, all forms of methamphetamine will be considered interchangeable, under the generic term “meth.”
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- ¹⁸ Spencer.
- ¹⁹ Figures for Arkansas from Office of National Drug Control Policy, Drug Policy Information Clearinghouse, *State of Arkansas, Profile of Drug Indicators*, August 2000.
- ²⁰ Statistics from Office of National Drug Control Policy, Drug Policy Information Clearinghouse, *State of Missouri, Profile of Drug Indicators*, July 1999.
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- ²⁵ Watson, Bob. “Officials Say Missouri’s Fight Against Meth Keeps Improving.” *News Tribune*, Jefferson City, Missouri, October 12, 2000.
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- ³² Cooper, Scott. “Statistics Attest to Drug’s Misfortune.” *The Oklahoman*, Oklahoma City, Oklahoma, October 22, 2000.
- ³³ Figures for Texas from Office of National Drug Control Policy, Drug Policy Information Clearinghouse, *State of Texas, Profile of Drug Indicators*, April 2000.
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- ³⁶ Jacobson, Susan. “Cities, Suburbs Home to Meth Labs.” *Orlando Sentinel*, January 22, 2001.
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- ³⁸ Figures for Georgia from Office of National Drug Control Policy, Drug Policy Information Clearinghouse, *State of Georgia, Profile of Drug Indicators*, July 2000.
- ³⁹ Figures for Kentucky from Office of National Drug Control Policy, Drug Policy Information Clearinghouse, *State of Kentucky, Profile of Drug Indicators*, January 2001.
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- ⁴² Anderson, Bob. “Narcotics Task Force Raids Huge Meth Lab.” *The Advocate*, Baton Rouge, Louisiana, January 31, 2001.
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- ⁴⁴ Figures for Tennessee from Office of National Drug Control Policy, Drug Policy Information Clearinghouse, *State of Tennessee, Profile of Drug Indicators*, July 2000.
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