

## Methamphetamine Reporting Act Michigan State Police Methamphetamine Investigation Team

### Introduction

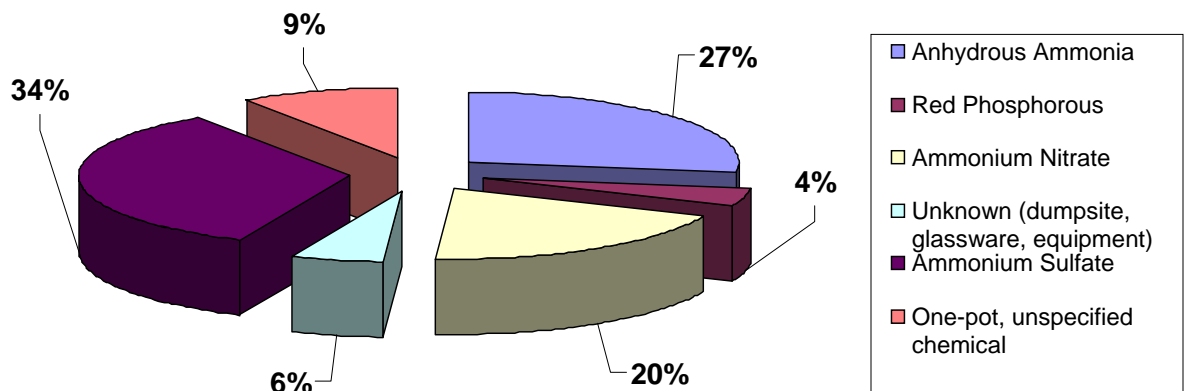
This report is pursuant to MCL 28.193 which requires the Michigan State Police to report to the Michigan legislature trends in methamphetamine manufacture, use, and production and to provide recommendations of possible solutions to methamphetamine problems.

### Trends in Methamphetamine Manufacture

In calendar year 2008, there were 211 methamphetamine laboratories seized, up from 106 in 2007. Methamphetamine-related complaints, including laboratories, dump sites, and glassware seizures totaled 225 in 2006, 202 in 2007 and 395 in 2008. Indications at each methamphetamine investigation determined the manufacturing process used. The most common method used in 2008 was the ammonium sulfate “one-pot” method of manufacture, which accounted for 134 incidents. The second most common method was the anhydrous ammonia method.

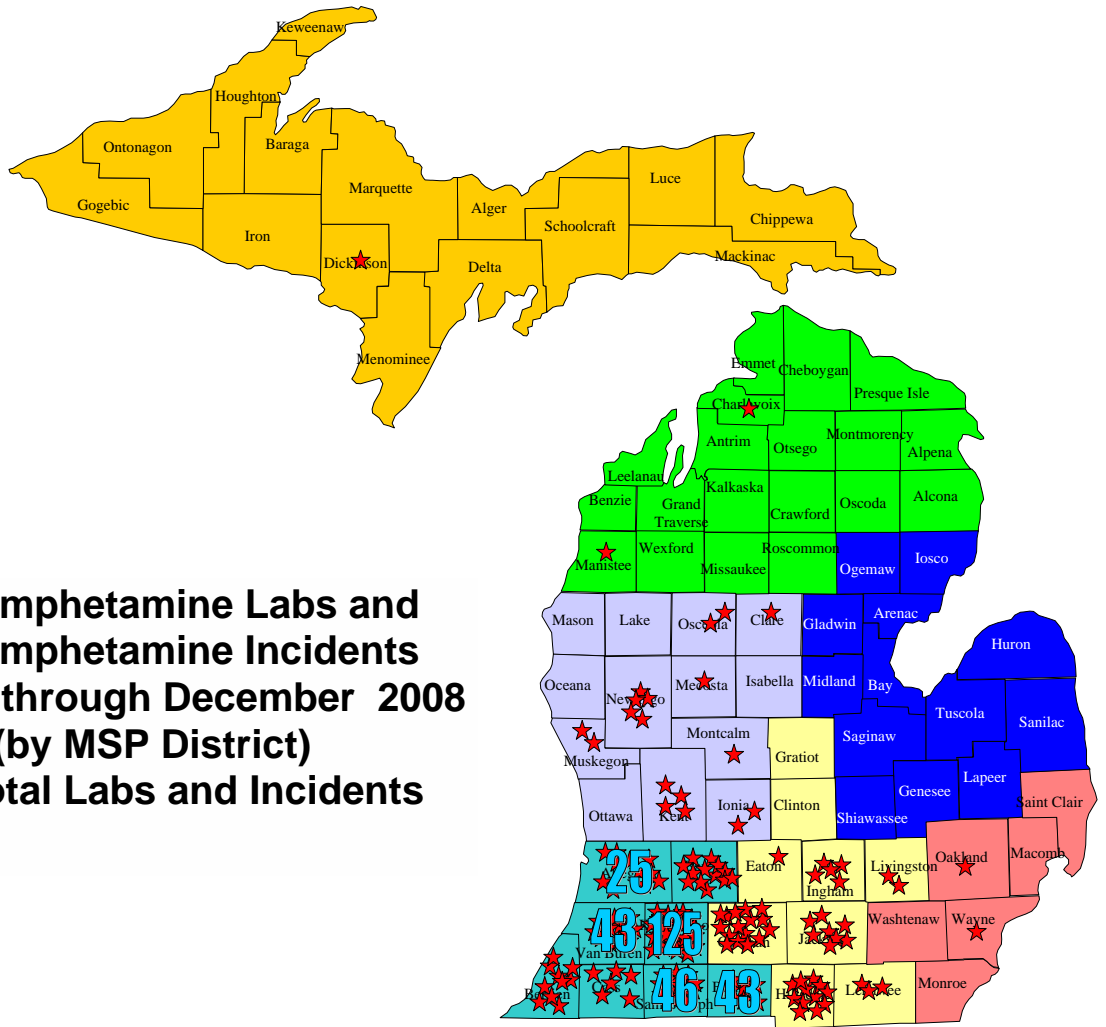
A rising trend in methamphetamine manufacture in Michigan is the “one-pot” cooking method, in which ammonia is extracted from either ammonium sulfate or ammonium nitrate during the cooking process. The one-pot method poses new dangers due to the increased possibility of explosion or fire from volatile precursor materials combined in one container. In 2008, there were 107 anhydrous ammonia incidents, up from 68 in 2007.

### 2008 MSP Meth Lab Incident Types



Most methamphetamine labs in Michigan are discovered in the southwest part of the state. The following map shows approximate locations of methamphetamine labs seized in 2008.

**Methamphetamine Labs and Methamphetamine Incidents  
January through December 2008  
(by MSP District)  
395 Total Labs and Incidents**



**Trends in Distribution**

Most methamphetamine laboratories in Michigan are considered “personal-use” labs, based on the limited production capacity of the labs and the method of manufacture. Subjects involved with such labs produce methamphetamine for their own consumption or for limited distribution among close associates. Some methamphetamine is smuggled into the state for sale from large-scale methamphetamine distribution operations in the Western United States and Mexico. This methamphetamine is a highly-pure form known as “crystal methamphetamine” or “ice.” Crystal methamphetamine is often described as having the appearance of ice chips or shards of glass. Crystal methamphetamine is considered more pure and has a higher potency than methamphetamine produced in small methamphetamine operations. The Drug Enforcement Administration (DEA) laboratories define the purity thresholds for identifying crystal methamphetamine. DEA labs also test methamphetamine samples for purity. Michigan State Police forensic laboratories do not test submissions for purity but anecdotal reports from the labs indicate that crystal methamphetamine submissions were processed in 2008. This is based on

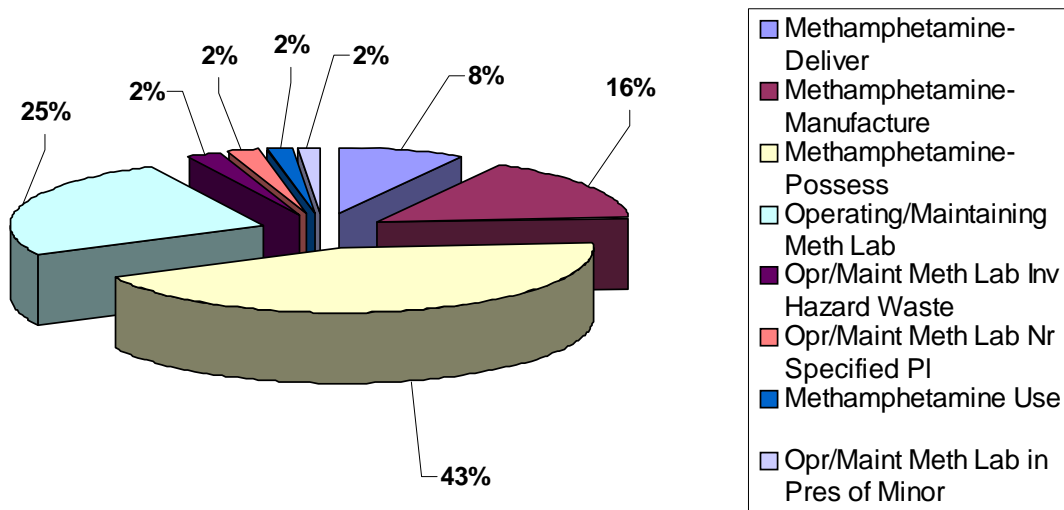
samples that indicate an appearance consistent with more sophisticated manufacturing methods than are available in small-scale operations. Crystal methamphetamine differs significantly in appearance from the granular, powdered methamphetamine produced in local Michigan methamphetamine labs. Michigan State Police incident reports from 2008 also indicate arrests of subjects involved in the sale of crystal methamphetamine acquired from out-of-state sources, which indicates a combination of locally-produced and imported methamphetamine available for sale in Michigan.

**Trends in Methamphetamine Possession**

Methamphetamine possession charges are recorded in the Michigan Incident Crime Reporting system (MICR). The Criminal Justice Information Center (CJIC) maintains records of arrest codes. When a subject is arrested for a drug crime, the crime is assigned a code designating the type of crime charged. There are specific charges for methamphetamine crimes including methamphetamine delivery, methamphetamine possession, methamphetamine manufacture, operating/maintaining a meth lab, operating/maintaining a meth lab involving hazardous waste, operating/maintaining a meth lab in the presence of a minor, and operating/maintaining a meth lab near a specified place (a church or school, for example).

Virtually any of these arrest codes may include methamphetamine possession, and it is possible that methamphetamine possession charges may be included under possession or manufacture of synthetic narcotics charges. It is therefore difficult to accurately isolate specific methamphetamine possession charges in 2008; however, MICR data shows 116 arrests for methamphetamine possession in 2008. The total number of all methamphetamine arrest MICR codes reported by CJIC in 2008 was 265. The chart below shows 2008 MICR code methamphetamine charges by type.

**Michigan Methamphetamine Arrests by MICR Code, 2008**



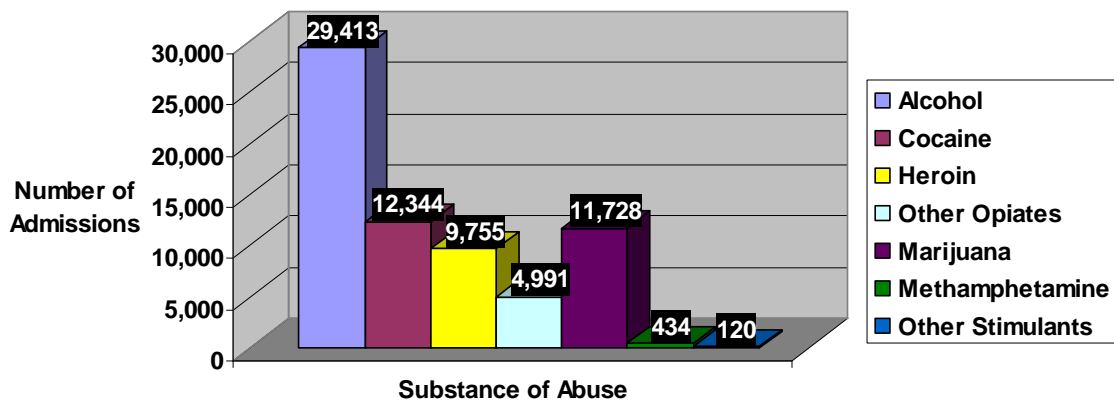
## Trends in Methamphetamine Use

Methamphetamine use data is the most difficult reporting category to quantify since proof of use requires either individual drug testing or witnessing of drug use by law enforcement personnel. MICR arrest codes for methamphetamine use are seldom used since use is difficult to prove in court. Most use charges are filed as possession in order to assure prosecution. Thus, MICR data is an unreliable indicator of use trends in Michigan. Individual drug testing only occurs among specific populations which are not always a good indicator of abuse trends among the general population. Many abusers only seek treatment when ordered to do so after arrest and sentencing and a large percentage of the abuser population seeks treatment in privately funded drug abuse treatment facilities. Michigan drug abuse treatment facilities that are privately funded are not required to report statistics on treatment admissions, but publicly funded treatment facilities keep and report admission data to the Michigan Department of Community Health (MDCH).

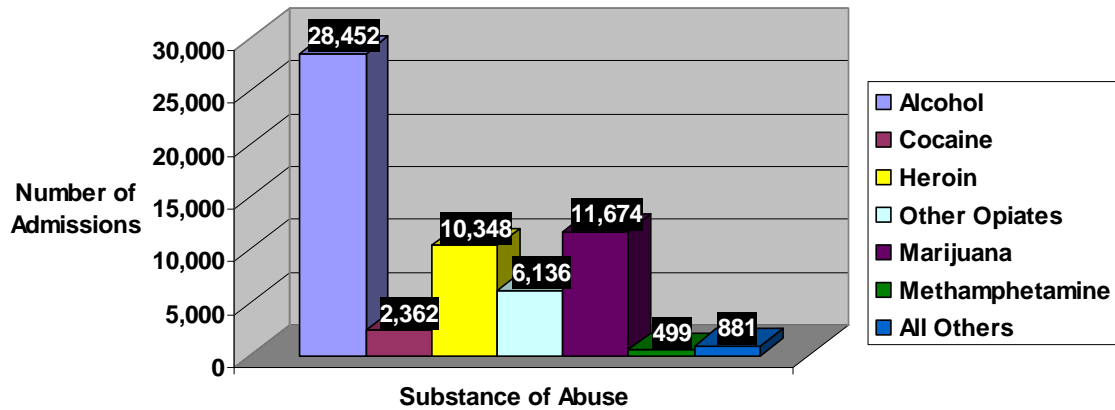
MDCH reports that in publicly funded drug treatment facilities in Michigan in 2007, there were 434 admissions for methamphetamine as primary drug of abuse. In 2008 there were 499 admissions for methamphetamine as primary drug of abuse, down from 705 in 2006. This trend shows a significant reduction in methamphetamine admissions over the last three years. This is possibly evidence of fewer methamphetamine users requiring treatment, fewer who are seeking or ordered to treatment, or success of drug treatment programs in treating methamphetamine addiction.

According to MDCH, methamphetamine admissions in 2007 and 2008 represented less than one percent of drug abuse admissions overall, where methamphetamine was the primary drug of abuse. The following tables show 2007 and 2008 publicly-funded drug treatment admissions by primary drug of abuse. Many abusers are poly-drug users and will use methamphetamine along with other legal and illegal drugs.

**2007 Publicly-Funded Substance Abuse Treatment Facility Admissions by Primary Substance of Abuse**



### 2008 Publicly-Funded Substance Abuse Treatment Facility Admissions by Primary Substance of Abuse



### Assessment

Methamphetamine laboratory seizure statistics indicate that seizure of personal-use operations seem to be increasing in frequency after a three-year decline. This is due to the proliferation of “one-pot” production methods and meth manufacturers’ ability to adapt to the challenges of acquiring precursor chemicals. Increased community awareness of the methamphetamine problem, the “Michigan Meth Watch” retailer awareness education program, and the recent prosecution and incarceration of repeat methamphetamine manufacture offenders had a positive effect on anhydrous ammonia theft and reduced the acquisition of precursor chemicals from Michigan sources. Methamphetamine precursor legislation took effect December 15, 2006, which made it more difficult for methamphetamine laboratory operators to acquire necessary chemicals. The “one-pot cook” method of manufacture seen recently in Michigan is an indication of the evolution of methamphetamine manufacturing methods in response to law enforcement pressure. The majority of “one-pot cook” labs are in the southwest corner of the state, which seems to indicate that local producers communicate with each other and that trends in methamphetamine production are regional.

The difficulty in obtaining precursor chemicals may account for the recent evidence of increased trafficked, crystal methamphetamine in the state. There is not enough evidence to accurately determine the cause of imported product in the state. Factors determining illicit drug availability in a geographic area vary and include inclusion of illegal drugs in a sophisticated distribution system used to supply other drugs within a drug trafficking organization’s market area. This distribution may or may not be linked to the availability of locally-produced illegal drugs.

Most methamphetamine possession arrests are due to the transportation of personal use amounts of the drug by abusers in automobiles. Most of the evidence recovered during these arrests indicates locally produced methamphetamine.

Public drug abuse treatment statistics show that methamphetamine use and abuse is the highest in the southwest portion of the state. These statistics are consistent with the discovery of the majority of methamphetamine operations in that part of Michigan. Methamphetamine abuse treatment falls behind other drugs of abuse including alcohol, cocaine, heroin, other opiates, and marijuana as a drug of choice in publicly funded treatment facilities although methamphetamine abusers are less likely than other drug abusers to seek treatment.

### **Recommendations**

Current methamphetamine initiatives are having a positive effect on traditional methods of local methamphetamine production in the state, as evidenced by the near elimination of Red Phosphorous laboratories (once a popular manufacturing method), and the necessity of manufacturers to change production methods and precursor acquisition strategies. There appear to be an adequate number of trained and certified methamphetamine laboratory responders in the state and methamphetamine users continue to diversify their efforts to obtain the drug by importing from outside sources due to law enforcement pressure. However, methamphetamine manufacturers continue to take advantage of loopholes in pseudoephedrine control policies by purchasing cold medicine from multiple pharmacies around the state and from out of state locations. They are able to avoid scrutiny due to the fact that there is little communication between pharmacies and between pharmacies and law enforcement. Currently, pharmacies are not required to have customers sign for pseudoephedrine provided the drug is physically kept behind the counter. Pharmacies who voluntarily keep logs may or may not report to law enforcement. Because many logs are not electronic it is difficult for investigators to track pseudoephedrine purchase law violators. Closing this loophole should be a priority when dealing with the problem of local methamphetamine production.