

Methamphetamine Reporting Act

Michigan State Police Methamphetamine Investigation Team

Introduction

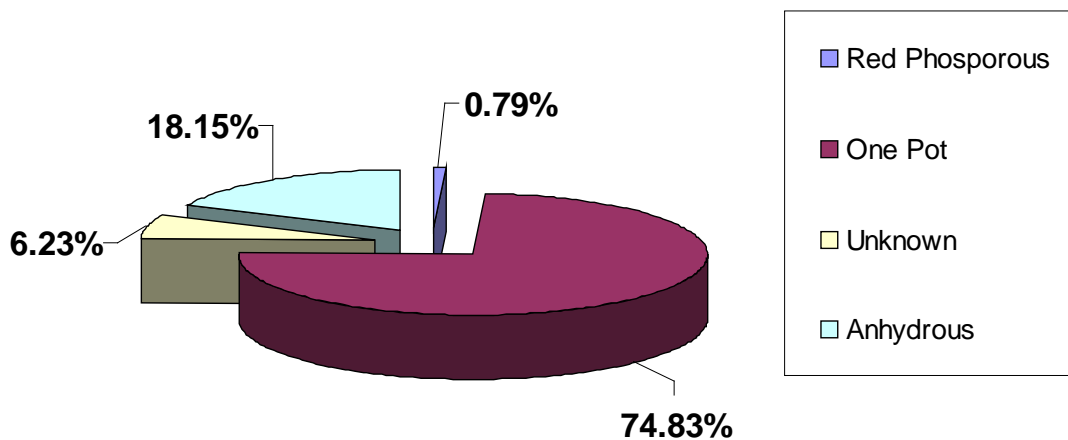
This report is pursuant to MCL 28.193 which requires the Michigan State Police to report to the Michigan legislature trends in methamphetamine manufacture, use, and production and to provide recommendations of possible solutions to methamphetamine problems.

Trends in Methamphetamine Manufacture

In calendar year 2010, there were 299 methamphetamine laboratories seized, down slightly from 320 in 2009. Methamphetamine-related complaints, including laboratories, dump sites, and glassware seizures totaled 395 in 2008, 659 in 2009 and 760 in 2010. Indications at each methamphetamine investigation determined the manufacturing process used. The most common method used in 2010 was the “one-pot” method of manufacture, which accounted for 565 incidents. The second most common method was the anhydrous ammonia method. In 2010, there were 137 anhydrous ammonia incidents, down from 155 in 2009.

A continuing trend in methamphetamine manufacture in Michigan is the rise of the “one-pot” cooking method, in which ammonia is extracted from either ammonium sulfate or ammonium nitrate during the manufacturing process. The ease of manufacture has replaced the prevalence of other production methods and is responsible for the apparent decrease in other types of lab seizures. The one-pot method poses additional dangers due to the increased possibility of explosion or fire from volatile precursor materials combined in one container.

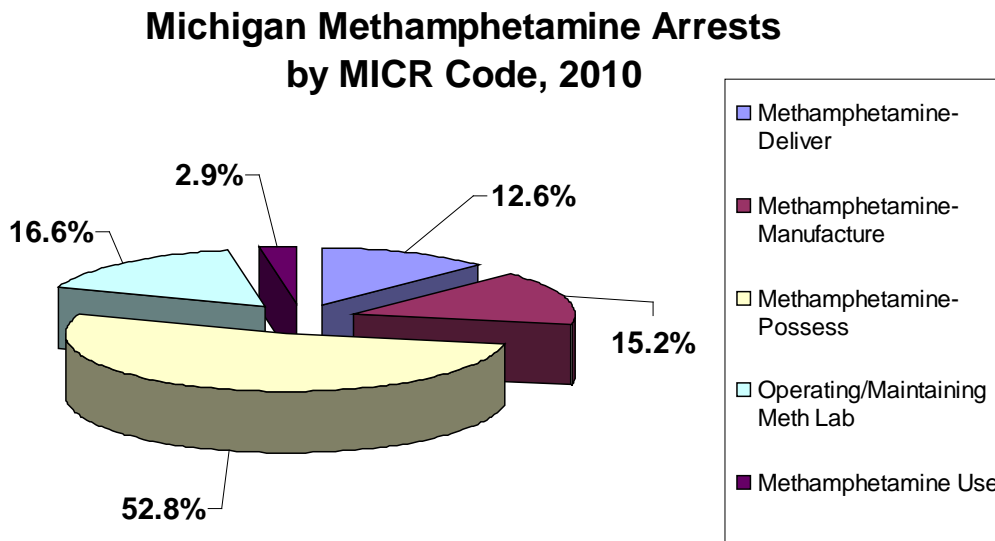
2010 MSP Meth Lab Seizure Types



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 2010; however, MICR data shows 116 arrests for methamphetamine possession in 2008, and 226 in 2009. The total number of all methamphetamine arrest MICR codes reported by CJIC in 2010 was 453. The chart below shows 2010 MICR code methamphetamine charges by type.



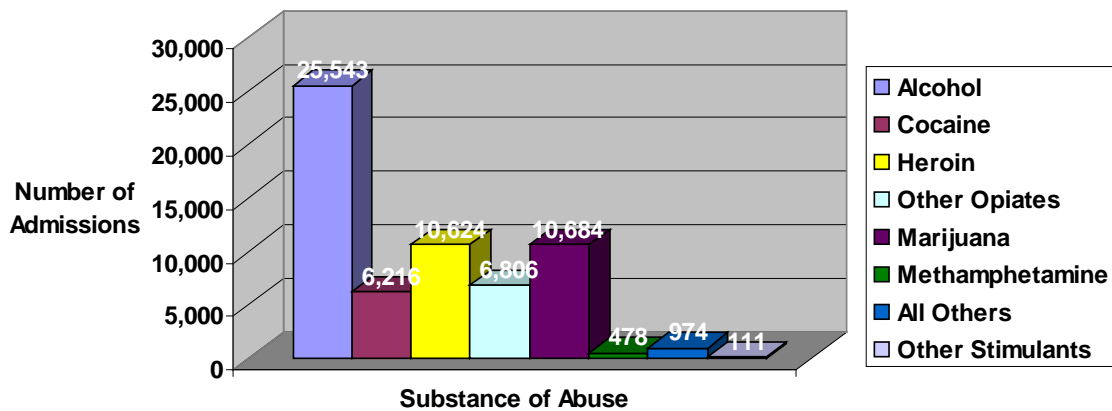
Trends in Methamphetamine Use

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 potential 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).

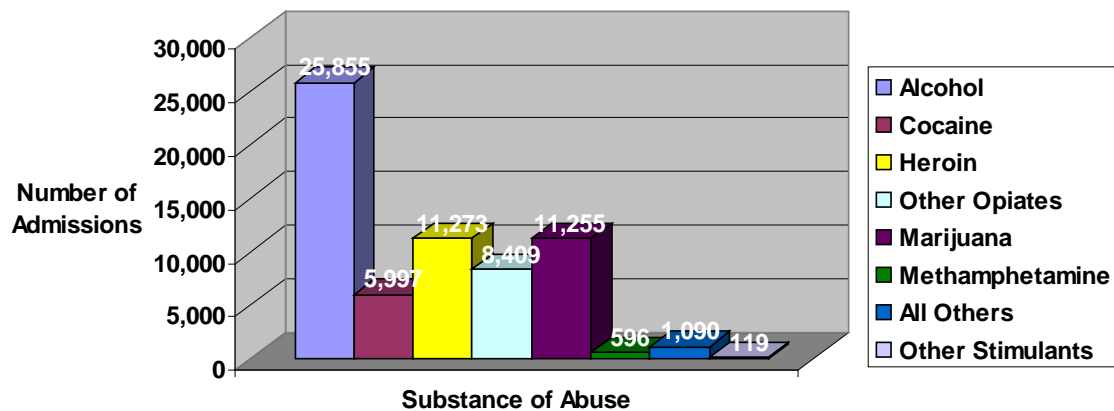
MDCH reports that in publicly funded drug treatment facilities in Michigan in 2009, there were 499 admissions for methamphetamine as primary drug of abuse. In 2010 there were 596 admissions for methamphetamine as primary drug of abuse, up from 434 in 2008. This trend is an upswing from previous years. More users requiring treatment or ordered to treatment may be evidence of the increased availability of the drug due to easier manufacturing methods and the relatively easy access to methamphetamine precursors.

According to MDCH, methamphetamine admissions in 2008 and 2009 represented less than one percent of drug abuse admissions overall, where methamphetamine was the primary drug of abuse. The following tables show 2009 and 2010 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.

**2009 Publicly-Funded Substance Abuse Treatment Facility Admissions
by Primary Substance of Abuse**



2010 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. 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, 2005, which intended to make 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 enforcement of methamphetamine laws in Michigan include investigation, seizure, processing, and removal of gross contamination at methamphetamine laboratories. Gross contamination removal alone averages \$1,800 per laboratory, and must be performed by licensed environmental waste removal contractors. This is in addition to all other costs associated with law enforcement incident response. Federal grant funding has traditionally been used to assist in paying the cost of lab remediation. In 2010 there were 10,619 meth-related incidents nationwide that required remediation paid out of federal grant funding at a cost of \$17,929,160. In 2010 in Michigan, there were 686 methamphetamine incidents requiring federal remediation funds, which cost \$1,137,279. Recent federal budget cuts have eliminated this money as a funding option for Michigan law enforcement agencies. Methamphetamine laboratory clean up is now the financial obligation of responding state and local agencies.

Pharmacy tracking databases are having a limited effect on the availability of pseudoephedrine to methamphetamine lab operators. A recent position paper by the National Methamphetamine and Pharmaceuticals Initiative (NMPI) Advisory Board examined the effectiveness of both pharmacy tracking databases and a “prescription only” option in reducing methamphetamine production. The NMPI found that requiring a physician’s prescription for pseudoephedrine was the only tool proven to prevent meth labs while making the drug available to legitimate users. Methamphetamine manufacturers are able to exploit weaknesses in pharmacy database systems including use of false identification and identity theft

which undermine the effectiveness of tracking systems and render system data unreliable to investigators.

In a March 2, 2011 press release by the Mississippi Bureau of Narcotics, the state of Mississippi announced a seventy percent reduction in methamphetamine-related cases statewide eight months after the state banned pseudoephedrine as an over-the-counter drug. Mississippi and Oregon both require a prescription for pseudoephedrine purchase. Both states experienced immediate reductions in methamphetamine-related cases, while states such as Missouri, Kentucky, and Michigan all have seen an increase in methamphetamine laboratories despite having and utilizing pharmacy tracking systems.

The pharmacy tracking of precursor chemicals may account for the recent evidence of 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. Michigan State Police Hometown Security Teams report no seizures of imported crystal methamphetamine in passenger or commercial motor vehicles in 2010.

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 decrease in the number of anhydrous ammonia style laboratories, 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. Violators of pseudoephedrine policies frequently use false names on pharmacy logs which make the log books of limited use to investigators and do not serve as a deterrent to lab operators.

While methamphetamine incidents increase in frequency in Michigan, federal funding for clean up is no longer available. State, county, and local governments will increasingly bear the financial burden of enforcement of methamphetamine laws. The overall cost of investigating and remediating methamphetamine laboratories will likely increase if pseudoephedrine remains easily accessible to lab operators. A solution to reducing the frequency of these laboratories will now have to take increased taxpayer costs into account in a time of decreased tax revenue in the state. There is no evidence that pseudoephedrine tracking requirements are reducing lab operators' access to pseudoephedrine and there has been no reduction in methamphetamine laboratory seizures since the pseudoephedrine tracking legislation took effect. Based on the proven success of prescription-only pseudoephedrine legislation in Mississippi and Oregon, Michigan should investigate the option of a ban on over-the-counter sale of the drug.