

Opening Statement
Chairman Mark Souder

“The Poisoning of Paradise: Crystal Methamphetamine in Hawaii”

Subcommittee on Criminal Justice, Drug Policy,
and Human Resources
Committee on Government Reform

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Good morning, and thank you all for coming. This hearing continues our Subcommittee’s work on the problem of methamphetamine abuse – a problem that is ravaging the state of Hawaii and the entire nation. I’d like to thank Congressman Ed Case for inviting us here to the Big Island, and for his support for a bi-partisan approach to confronting the meth epidemic. In 2003, Congressman Case testified before our Subcommittee about the meth problem in Hawaii, and since then we have frequently discussed ways to help communities like this one to reduce drug abuse.

Meth is one of the most powerful and dangerous drugs available. A recent study of the effects of meth abuse using M.R.I. scans of addicts revealed what one expert called a “forest fire of brain damage.” Addicts’ brains lost 11 percent of the tissue in the limbic region (controlling mood and emotion), and 8 percent of the hippocampus region (responsible for forming new memories) – comparable to the brain deficits created by Alzheimer’s disease.¹ Here in Hawaii, the form of meth called “crystal” or “ice” is increasing in popularity; it is highly pure and extremely addictive.

Sadly, meth is also one of the easiest drugs to make. It can be “cooked” using common household or agricultural chemicals and simple cold medicines, following recipes easily available on the Internet. The meth here in Hawaii and in other states comes from two major sources of supply. First, most meth comes from the so-called “superlabs” in California and northern Mexico. By the end of the 1990’s these superlabs produced over 70 percent of the nation’s supply of meth. The superlabs are operated by large Mexican drug trafficking organizations that have used their established distribution and supply networks to transport meth throughout the country.

The second major source of meth comes from small, local labs that are generally unaffiliated with major trafficking organizations. These labs have

¹ See “This Is Your Brain On Meth: A ‘Forest Fire’ of Damage,” New York Times, Page F-1, July 20, 2004.

proliferated throughout the country. The total amount of meth actually supplied by these labs is relatively small; however, the environmental damage and health hazard they create make them a serious problem for local communities, particularly the state and local law enforcement agencies charged with the duty to uncover and clean them up. In my home state of Indiana, for example, more than 20% of the labs raided by police were discovered only after they had exploded and started fires. Children are often found at meth labs, and have frequently suffered from severe health problems as a result of the hazardous chemicals used in drug manufacturing.

Our hearings during the 107th Congress were mostly held in Washington, and looked at this problem from a national perspective. This year, however, we have taken a different approach. We have instead been holding hearings in specific regions that have been hardest-hit by meth trafficking and abuse. In February, we held a hearing in northeastern Indiana, followed by a hearing in Detroit, Michigan, where large quantities of meth precursor chemicals like pseudoephedrine were being smuggled until very recently. In June, we held a hearing in Bentonville, Arkansas, where the use of crystal meth is also growing rapidly.

Everywhere we go, we hear about many of the same issues: the environmental damage caused by the labs; the high costs and long hours required for law enforcement agencies to process lab sites; the heartbreaking stories of children exposed to drugs and chemicals and in need of emergency medical care and a safe place to go. We hear about how addictive and deadly this drug is, and how difficult it is to provide treatment and get meth users off of drugs.

The Bush Administration, and especially its Office of National Drug Control Policy (ONDCP), has pushed for strong and effective action against meth abuse. We will need to take action at every level – federal, state and local – to respond to this problem. Let me briefly mention three issues that need to be addressed:

First, what do we need to do to reduce the supply of meth? In the late 1990's, the federal government responded to the meth problem both here and elsewhere with stricter laws against the precursor chemical trade and tougher enforcement. The proliferation of smaller meth labs, however, means that we probably will have to further restrict the ability of meth cooks to get precursor chemicals – especially pseudoephedrine. Already many states have acted to restrict sales of cold medicines and other pseudoephedrine sources. A major question Congress must address is whether to enact a national standard for these sales, and if so, what form should it take?

Second, how should we deal with the environmental issues created in the wake of a meth lab seizure? We have to ensure that the toxic chemicals produced and dumped by lab operators are cleaned up, but these criminals

rarely have enough money to compensate the government for those costs. If we impose the costs on unsuspecting landowners or landlords, however, we may give them a disincentive to monitor their property and report suspicious activity to the police. In California, for example, some farmers prefer to bury the remains of meth labs they find on their property, because if they report them they will be liable for the clean-up costs. We will have to carefully consider how we assign the responsibility for this difficult and expensive task.

Finally, how do we get meth addicts into treatment, and how do we keep young people from starting on meth in the first place? We can all agree that education and outreach are vital, but the hard part is figuring out what works best. What works for marijuana, ecstasy or cocaine may not work as well for meth.

This hearing will address these difficult questions and hopefully bring us closer to some answers. Again, I thank Congressman Case for inviting us here, and for the assistance that he and his staff provided to our Subcommittee in setting up this hearing. Our first panel of witnesses begins with the distinguished Lieutenant Governor of Hawaii, James R. "Duke" Aiola, who together with Governor Linda Lingle has provided strong leadership in this state on drug abuse issues. We next welcome three witnesses who have joined us to discuss the federal government's response to the meth problem: Mr. Larry D. Burnett, Director of the Hawaii High Intensity Drug Trafficking Area (HIDTA), administered by the White House Office of National Drug Control Policy (ONDCP); Mr. Charles Goodwin, Special Agent in Charge of the FBI's Honolulu division; and Mr. Briane Grey, Assistant Special Agent in Charge of the Drug Enforcement Administration's Honolulu office.

At a hearing like this, it is vitally important for us to hear from the state and local agencies forced to fight on the "front lines" against meth and other illegal drugs. We welcome Mayor Harry Kim of the County of Hawaii; Mr. Keith Kamita, Chief of the Narcotics Enforcement Division of the Hawaii Department of Public Safety; Captain Sam Thomas of the Hawaii County Police Department; and Mr. Richard Botti, Executive Director of the Hawaii Food Industry Association.

We also welcome four witnesses whose work in the field of drug treatment and prevention is of vital importance here in Hawaii: Dr. Kevin Kunz of Kona Addiction Services; Mr. Wesley Margheim of the Big Island Substance Abuse Council; Mr. Alan Salavea of the Hawaii County Prosecutor's Office's "Youth Builders" program; and Dr. Jamal Wasan of the Lokahi Treatment Program. We thank everyone for taking the time to join us this morning, and look forward to your testimony.