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Methamphetamine in Illinois: A Look at the Trends and Law Enforcement Response

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METHAMPHETAMINE IN ILLINOIS: A LOOK AT THE TRENDS AND LAW
ENFORCEMENT RESPONSE

by

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A Research Paper:
Submitted in Partial Fulfillment of the Requirements for the
Masters of Arts Degree

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for the Degree of

Masters of Arts

In the field of Administration of Justice

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Introduction

The production, distribution, and use of methamphetamine in the United States is a growing concern for law enforcement agencies at the local, state, and even federal level. Jurisdictions classified as urban and rural alike are combating the smorgasbord of legal, physiological, and environmental problems that this illicit drug can produce. In many areas across the United States, the number of arrests, self-reported users, admissions to treatment for methamphetamine, and clandestine (unprofessional and secretive) laboratories, have risen dramatically since the early 1990s.

According to the 2006 Synthetic Drug Control Strategy published by the Office of National Drug Control Policy, in 1994, less than 2% of persons aged 12 and older in the United States reported ever using methamphetamine in their lifetime. In 2002, that percentage of self-report usage had risen to just over 5% of the general population 12 and older. Similarly, Hunt, Kuck, and Truitt (2006) report from their analysis of national data that treatment admissions have risen dramatically since the early 1990s. In 1992, about 1% of the total admissions to drug treatment were attributed to methamphetamine; however, in 2002 that percentage had risen to over 7.4% of admissions (Hunt, Kuck, and Truitt, 2006). Methamphetamine/amphetamine treatment admissions were reported by the Office of Applied Studies, Substance Abuse and Mental Health Services Administration (SAMHSA) in 2004 to have accounted for 12% of admissions to treatment where methamphetamine was either the primary, secondary, or tertiary substance of abuse, and 8% of admissions where methamphetamine was the primary substance of abuse (Office of National Drug Control Policy, 2006).

In its 2005 National Drug Threat Assessment, the National Drug Intelligence Center reported that the number of clandestine lab seizures recorded by the El Paso Intelligence Center (EPIC) has increased steadily from 6,777 seized labs reported in 1999 to 10,182 seized labs reported in 2003. The data examples provided above do not establish methamphetamine as the largest illicit drug problem in the United States; however, they do help to define methamphetamine as a growing problem.

Brief History

Methamphetamine use in the United States has not been a recent development with reported popular use of the drug beginning during and after WWII. WWII soldiers and pilots were provided methamphetamine to help them overcome fatigue (Hunt, Kuck, and Truitt, 2006). Throughout the 1940s, 50s, and 60s, the U.S. military continued the use of methamphetamine for battlefield fatigue. Civilian use of methamphetamine during this time was also prevalent with doctors having the ability to prescribe it for any number of reasons such as weight loss and fatigue (Hunt, Kuck, and Truitt, 2006).

The Comprehensive Drug Abuse Prevention and Control Act of 1970 classified methamphetamine as a Schedule II drug, which ultimately led to a rapid decrease and eventual elimination of the commercial use of methamphetamine in medicines. With the lack of commercial availability of methamphetamine, a rise in the use of clandestine labs to manufacture the drug developed. The appearance of illicit methamphetamine was largely associated with biker gangs on the West coast (Hunt, Kuck, and Truitt, 2006; Falkowski, 2000). Biker gangs during the 1970s and 1980s produced and distributed large quantities of methamphetamine in the western United States. However, since the early

1990s, the emergence of methamphetamine in the South and Midwest has been dramatic due to easier, smaller, and accessible production methods.

Varieties, Use, and Associated Dangers

Methamphetamine may exist in a variety of forms allowing it to be consumed in a variety of methods. Methamphetamine can be smoked, snorted, taken orally in pill form, or injected intravenously. Depending on how it was manufactured, methamphetamine can be white, brown, purple, yellow, pinkish, reddish, or pale green (Falkowski, 2000). There are three main “cooking” methods that are used in methamphetamine production, the P2P method, the red phosphorus ephedrine reduction method, and the anhydrous ammonia ephedrine reduction method. The P2P method takes the longest time of the three methods to produce methamphetamine. In this process phenyl-2-propanone and methylamine are the primary chemicals used in the synthesis (COPS, 2003). Additional chemicals include hydrochloric acid, mercury, and sometimes lead acetate, which can lead to lead poisoning in those who use the methamphetamine synthesized in this manner (COPS, 2003). The two ephedrine reduction methods are now the most popular methods of methamphetamine production due to reduced time they take to produce methamphetamine and the easier access to the precursor chemicals used. Ephedrine reduction methods extract ephedrine and pseudoephedrine from over-the-counter cold and allergy medicine or diet pills (COPS, 2003). Red phosphorus, found in matches, or anhydrous ammonia, a popular agricultural fertilizer, are used in the reduction of ephedrine to methamphetamine.

Methamphetamine production presents a number of associated dangers. Methamphetamine production is not only a danger to those engaged in the “cooking” but also to those in the vicinity of a methamphetamine lab. Labs use toxic chemicals for

production, which can ultimately lead to explosions, fires, toxic fumes, and chemical burns. Once a methamphetamine lab site has been contaminated, hazardous chemical exposure becomes a threat to cooks, neighbors, future property owners, first responders, and clean-up crews (Scott, 2002). Methamphetamine labs are prone to cause a multitude of physical injuries because of the clandestine, unsophisticated nature of the operation. Persons operating methamphetamine labs typically are not concerned with safety precautions needed when working with hazardous materials. Many places used to house labs are poorly ventilated trapping the chemical fumes in with the cook; however, if the building has good ventilation it increases the exposure and risk to neighbors and others in the vicinity is increased (Scott, 2002).

Other associated dangers with methamphetamine production include environmental hazards. According to Scott (2002), for each pound of methamphetamine produced about 5 to 6 pounds of hazardous waste is also produced. Lab operators typically discard of this waste by dumping it on the ground, in sewers, and in streams and rivers, contaminating those areas. A growing concern about the hazards of methamphetamine production has been the emergence of a greater amount of children being exposed to the toxic chemicals of their parents' or guardians' methamphetamine production. These children have been found to have traces of chemicals and methamphetamine in their system when medically evaluated, along with many other physical ailments associated with a methamphetamine lab. Thus, the dangers presented by methamphetamine production is not only limited to those "cooking" it but also to those who may not even have a clue that they are being exposed to chemical byproducts. This type of danger is unique to methamphetamine as

compared to most other illicit drugs in the United States, which leaves communities experiencing methamphetamine production in their midst with serious threats to deal with.

Methamphetamine in Illinois

Illinois has not been immune to the hazards and problems manifested from methamphetamine production, distribution, and abuse. In recent years, methamphetamine and its fallout have grown in Illinois, particularly in the southern and central regions. This has been attributed in part to a much larger agrarian environment in these regions of the state, which benefits the popular Birch reduction method of methamphetamine production that requires the use of anhydrous ammonia, a common agricultural fertilizer. Although these claims about methamphetamine activity in Illinois have been commonly made among the literature available on the topic, there has been a lack of research to substantiate this claim.

Police Response to Methamphetamine

The literature on law enforcement responses to methamphetamine issues is scant. Very few law enforcement organizations have implemented strategies to combat methamphetamine and documented their processes and results for others to observe. One possible explanation for this observation is that although methamphetamine has been around for quite some time, only in recent years has it exploded into a major, and in some areas, the dominant illicit drug problem. Now that this drug's use and production have burst onto the scene and demanded action by law enforcement, specific and strategic plans must be utilized to address methamphetamine in a problem specific way. This section will discuss Herman Goldstein's (1979) problem-oriented policing theory and how police departments operate under its premises to develop methamphetamine combating strategies.

Furthermore, this section will also discuss examples of various police departments' efforts to combat methamphetamine related issues, particularly those included in the U.S.

Department of Justice's evaluation of the COPS Office Methamphetamine Initiative. The COPS office has played various roles in each of the efforts put forth by the agencies that will be discussed, including grant provision and an evaluation of the efforts.

Problem-Oriented Policing

In the first half of the 20th century, modern policing was defined by the creation of new innovative administration strategies in police organizations. These police departments emphasized a more efficient and reliable "means" rather than a successful "ends" to address how the police organization operated. Police administrators were nearly solely focused on organizational improvement and had little to do with what can be termed "customer service". Improving command structures, increasing educational requirements for employees, adhering to strict fitness standards, and appropriately distributing personnel were among some of the emphasized "means" (Goldstein, 1979). No doubt these administrative concerns were important and the organizational structure of policing was greatly enhanced during this time period; however, police reviewers began to point out an important concern that had been overlooked, the effectiveness of these new innovations in achieving what police work ultimately desires to achieve, reduction of crime and fear of crime (Goldstein, 1979).

Problem oriented policing is a prescribed philosophy to be used as a method of identifying problems faced by the police and a way of developing responses that are tailored to the subjectivity of a particular problem. Each problem that the police and the communities they serve face is unique and consists of its own set of characteristics and

attributes. The problem oriented policing approach suggests that police develop a variety of different responses to address each unique problem; however, every problem oriented policing approach should include a basic framework of elements within its developed response. One of the first steps in developing a problem oriented policing response to a police problem is for the police organization to move beyond merely responding to and observing criminal incidents or incidents seen as problematic as isolated (Goldstein, 1990). This step requires the police to determine the characteristics of an incident and if those characteristics are common to, or are related to, those of other incidents, thus indicating a substantive problem.

Once the police determine incidents to be related to one another and a problem indicated, police may then move to a systematic inquiry of the scope of the problem (Goldstein, 1990). Police need to inquire and collect data to determine who is involved, who are the offenders, who are the victims, what may be the underlying causes, when the incidents are occurring, where the incidents are occurring and so forth. Developing a pool of knowledge from a systematic inquiry will allow police to define and identify the scope of the problem, thus further allowing them to identify differences between variations of the same problem (Goldstein, 1990). For example, methamphetamine is the focus of the current study and contains within it several different causes, hazards, etc. that each may not be adequately addressed with one tactical response. The problem of methamphetamine requires police to deal with not only the possession and use of the drug, but also the domestic production of methamphetamine, which presents its own host of issues, such as hazardous material cleanup, that require responses that obviously differ from interdiction

efforts. Disaggregating the problem helps police avoid the mistake of thinking of a problem in one dimension, and the assumptions, which would be made as a result.

Defining the scope of the problem assists the police in developing a tailor-made response; however, before a problem oriented police response can be generated, the police should thoroughly examine how the problem has been addressed so far (Goldstein, 1990; Goldstein, 1979). This is a very important step because the police must determine if present practices have been effective. If effective, it would be inefficient to unnecessarily entirely extinguish such practices. Several problems can arise during this process, however. For example, existing police practices are many times difficult to examine and document due to inconsistent understandings of the scope of the problem and the current response within the police organization. Administrators typically will describe the scope of a problem in very broad, general terms and provide explanations that conform to public expectations and follow formal guidelines (Goldstein, 1990). Further down the organizational structure, the scope become more specific; however, those on the street level may be hesitant to utilize practices that they feel do not reflect the ideals of the organization or fall within the guidelines of administrators (Goldstein, 1990). Without a thorough and proper analysis of the problem, it is obvious how these inconsistent understandings can be counterproductive and may further outline the necessity for a new innovative response.

The next step that should be undertaken is the actual development of a problem oriented police response. This particular step gives the police an opportunity to conduct the most creative part of the problem response process. It is at this point after the problem and current response has been adequately analyzed that police can create a response to the

defined problem that addresses the unique aspects of the problem. The responses that are developed typically will be multifaceted; however, the obvious component of the response will include law enforcement oriented tactics. These would usually include conducting investigations, identifying possible offenders, and applying relevant criminal laws to those offenders. On the other hand, a problem oriented response should attempt to be comprehensive and not just address the symptoms of a problem, but also target underlying causes or issues, much in the same way that many of the police responses to methamphetamine have chose to limit the availability of methamphetamine precursor materials and enforce laws related to their possession. Alternatives to just merely applying criminal law could include such things as victim education, using seemingly unrelated regulations to address conditions that are conducive to the growth or perpetuation of the particular problem (i.e. enforcing building codes to improve the lighting or security of housing areas in order to reduce a burglary conducive environment), expanding beyond the functions and services of the criminal justice system and refer identified offenders and potential offenders to social service agencies that can provide treatment options or additional resource options that may otherwise not be available to offenders, and utilizing the community and its members to assist in addressing the problem (Goldstein, 1990). A problem oriented approach encourages a response to a problem that involves a proactive collaboration of the police and other agencies external to the criminal justice system like rehabilitation services.

Although an extensive amount of work has to be done to study the problem, study the former response, then develop a comprehensive response, the problem oriented process does not end there. Police organizations develop and implement what might initially

appear to be a successful and logical response to a problem; however, an assessment must be completed to determine its effectiveness. A focus on effectiveness, or as mentioned earlier “ends”, is a key element that characterizes the problem oriented policing philosophy. Logically, a response determined to not achieve the desired goal of eradicating an identified problem, or at least reducing the number of incidents, would be futile to keep in operation. Assessing the response provides the opportunity for police to alter their response and maintain the integrity of a tailor-made response to keep astride an evolving problem. This need for assessment additionally provides the necessity for police organizations to form additional alliances with organizations, which may help to assist them with evaluative research, increasing the complexity of the response.

Police Methamphetamine Responses

As mentioned earlier, methamphetamine is not a new phenomenon in the United States; however, its illegal use, distribution, and production have increased dramatically over the past two decades demanding a response from law enforcement. Although many police agencies have developed responses to other illegal drug problems, methamphetamine has appeared not in place of these other drugs, but in addition to these problems. Methamphetamine presents its own unique set of problems, many times requiring a unique response from law enforcement agencies. These responses to methamphetamine can be challenging for police agencies, not only because of resource issues, but also because of innovative concerns. For example, the previously mentioned uniqueness of the problems and issues that methamphetamine presents, like its production site clean-up and multiple production methods, has left police agencies to develop strategies that are as unique as the problems themselves. One problem is that very few of

the departments that have taken the initiative to specifically address methamphetamine issues have publicly documented their strategies and innovations as well as their successes and failures, such as the lack of comprehensive and evaluative literature on the State of Illinois' response to methamphetamine. A lack of available information on law enforcement responses to methamphetamine prevents police agencies from developing their own strategies based on methods and procedures previously attempted by others.

One of the few documented police responses to methamphetamine was produced by the Office of Community Oriented Policing Services (2003) in their evaluation of the COPS Office Methamphetamine Initiative, which began in 1998. The Methamphetamine Initiative was a program in which the COPS Office provided \$4.5 million to six cities in the United States to help them address the methamphetamine problem within their own community. The six cities included in the Initiative were Phoenix, Arizona; Salt Lake City, Utah; Oklahoma City, Oklahoma; Dallas, Texas; Little Rock, Arkansas; and Minneapolis, Minnesota. Each city was provided the opportunity to develop their own strategy to address methamphetamine; however, each city had to develop a strategy that was reflective of their community policing principles, such as whether or not their efforts should be focused more heavily on enforcement or rather more heavily on intervening efforts with social services. The funding for each strategy was provided for twelve months and each strategy was intended to address enforcement, intervention, and prevention issues. The COPS Office conducted an evaluation of the project implementation and the respective impact on the community and presented their findings in the previously mentioned report. The description and results of the evaluation of each city's project are summarized below.

Phoenix, Arizona

Phoenix police department's Methamphetamine Initiative project lasted for 18 months and was intended to focus on prevention and enforcement (COPS, 2003). The Phoenix Police Department proposed their project to include a supplementary law enforcement component, a drug-free workplace initiative, a non-traditional media campaign to educate the public about dangers and consequences associated with methamphetamine production and use, and a methamphetamine database study. The enforcement component of the initiative was housed in the Drug Enforcement Bureau (DEB) of the Phoenix Police Department and was manifested in several different ways. First, PPD members of the project solicited businesses in the community, particularly retail businesses, to participate in training sessions provided to educate store employees and clerks on how to recognize purchasing practices typical of those who manufacture methamphetamine, and to set up a protocol for employees to report such activity. In addition to this, the project members provided training to community groups about how to identify meth labs and to report observed labs. The project members organized informational meetings with PPD officers and explained how the Meth Initiative Project could provide assistance to the officers, for example, chemical and equipment identification training. The enforcement effort also allowed for the development of a partnership with the District Attorney in Maricopa County who assigned one prosecutor to handle only methamphetamine cases. This was intended to decrease case processing time and lead to increased prosecutions. (COPS, 2003)

The drug-free workplace initiative was to be conducted by the Treatment Assessment Screening Center (TASC). TASC is an organization that provides drug abuse

prevention, education, detection, and treatment services to community groups, businesses, and criminal courts. Personnel were hired by TASC specifically to design a plan to develop a drug-free workplace program that could be presented to employers and employees. TASC staff made these presentations to the employees of businesses and provided educational brochures and literature about drug abuse and drug abuse identification. Additionally, TASC staff attended seminars and community fairs where they passed out drug educational materials. (COPS, 2003)

The third activity that was listed as a part of PPD's Meth Initiative Project was a non-traditional media campaign about methamphetamine related issues. Both the DEB and TASC staff prepared information about methamphetamine use and production and presented it to the public in a variety of methods. Informational booklets were distributed to the general community and police officers that outlined the effects of methamphetamine use and production and provided information on how to identify chemicals used in methamphetamine production. A video was produced titled *Meth-Unsafe at Any Speed* and was distributed to all city departments with the expectation that all employees would be required to watch it. The video contained similar information about methamphetamine that the informational booklet provided. Additionally, billboards were put within the city that contained a meth related message and provided instructions to call a meth hotline number to report users, dealers, and labs. These same messages were also placed on the sides of grocery sacks at participating grocery stores. Finally, the City of Phoenix water bills were used to present an advertisement to the public for a "Meth and Kids Open Forum", an educational forum on methamphetamine. (COPS, 2003)

The database study component of PPD's Meth Initiative project was intended to put in place methods for collecting data on methamphetamine trends and methamphetamine related complaints from the community. Data was collected by interviewing arrested burglars in the Phoenix area to determine if there was any linkage between property crimes and drug use, specifically methamphetamine use. This data was to be entered into a database and was to be used by analysts to generate leads for investigations. Additionally, the database that was created also provided for information gathered from complaint calls received concerning methamphetamine to be entered and used to identify potential hot spots for methamphetamine related activity. Finally, data was gathered from interviews conducted with a sample of those who were arrested and booked into the jail to develop a profile of a typical methamphetamine user. This profile information was intended to be used to identify use trends and treatment alternatives (COPS, 2003).

The evaluation of PPD's Meth Initiative Project revealed some successes of the project and some failures as well. The education and training efforts made by the project was noted as one of the most influential activities. PPD data displayed an increase in the number of patrol stops in which methamphetamine precursor chemicals and equipment were discovered by officers, an increase in the number of reported fires caused by methamphetamine production, and an increase in the number of methamphetamine labs reported by hotel/motel staff (COPS, 2003). Additionally, those who monitored the meth hotline reported a surge in methamphetamine complaints and tips received from the public after the media campaign was put in place (COPS, 2003).

In addition to the noted successes, several problems were encountered by the Meth Initiative project members. The partnerships that were intended to be created, such as the

one between PPD and TASC, did not result in the open working environment that was expected. Many involved were unsure about the authority of the various groups, and there was minimal information sharing (COPS, 2003). Another major problem faced by the project members was the lack of opportunity to continue the project without continued funding beyond the short-term funding provided by the COPS Office (COPS, 2003).

PPD's attempt to combat the growing problem with methamphetamine was in many ways a success, although a direct effect on the curtailing of methamphetamine use and production could not be measured by the data that was provided. It succeeded in creating community partnerships and did lead to an increase in the number of cases that were brought to the attention of law enforcement. The evaluators of the project noted, that one single agency cannot successfully address the extent of the problems that methamphetamine presents.

Salt Lake City, Utah

Salt Lake City, Utah Police Department (SLCPD) likewise created a project funded by the COPS Meth Initiative. SLCPD's project was intended to be a system-wide approach that was manifested by creating pathways for collaboration between 31 city, county, state, and federal agencies. The three main components that were addressed through multiple activities and efforts from all the agencies were intervention, treatment, and prevention. To address these three general components of the project, the participating agencies were grouped into four subcommittees based on the primary expertise of the agency. The four subcommittees were law enforcement, child endangerment, enhanced prosecution and nuisance abatement, and public awareness and training. Once the committees were created, each was charged with the task of creating and outlining

intended goals as well as developing strategies to achieve the goals. Administrative personnel of the agencies were also assigned to a Partner's Work Group which was responsible for discussing the progress of the subcommittees and sharing ideas among the subcommittees. A second group was labeled as the Meth Team and was composed of line personnel and had the responsibility of working on case loads and collaborating with other members to achieve set goals. Below is a discussion of the efforts of the subcommittees to combat methamphetamine problems in Salt Lake City and surrounding communities.

The law enforcement subcommittee's overall objectives were to focus on methamphetamine arrests and seize methamphetamine labs. To address these objectives, an intelligence unit was created within the SLCPD. The intelligence unit was responsible for compiling data on methamphetamine related complaints received, methamphetamine arrests, and other information pertinent to aid methamphetamine investigations. The use of an intelligence analyst was noted as helping to open the lines of communication within SLCPD as well as other agencies in the city by the sharing of information. Other activities that characterized the efforts of the law enforcement subcommittee were training sessions provided to officers in the SLCPD as well as other law enforcement agencies about methamphetamine and problem solving workshops related to methamphetamine and community policing. Equipment acquisition also was a goal of the law enforcement subcommittee, which was met by the purchase of an Automated Fingerprint Identification System to aid in investigations.

Similar to PPD's effort to increase and streamline prosecution of methamphetamine cases, the enhanced prosecution and nuisance abatement committee allotted for a deputy district attorney, a city prosecutor, and a paralegal to be co-located at the police department

for a minimum of 20 hours per week. The goals of this effort were to enhance the prosecution of methamphetamine cases and use civil remedies to reduce the effects of methamphetamine on neighborhoods. The co-location of these members at the SLCPD was noted as being beneficial because of their availability to provide advice to officers concerning methamphetamine cases. The percentage of all methamphetamine-related cases that were prosecuted increased during the time of the co-location. The nuisance abatement effort was operationalized by the city prosecutor's office. The city prosecutor's office sent letters to owners of properties that were the location of repeated offenses and complaints stating that their property would be confiscated if they did not take action to solve the problem. This was noted as beneficial because approximately 70-80% of properties that were the target of the letters ceased to have any more offenses or complaints. The nuisance abatement was not enforced to the extent that was originally intended because the city prosecutor's office failed to pursue the owners of those properties that continued to be a nuisance.

The child endangerment subcommittee was, as the name suggests, concerned with the welfare of children exposed to methamphetamine production and use. In addition to the interest in child welfare, this subcommittee also invested interest in exposed handicapped and elderly individuals. A Youth and Family Specialist (YFS) was assigned to respond to the scene of methamphetamine related crime scenes. The specialist conducted on-scene assessments of children, performed family crisis intervention at crime scenes, and directed individuals to social services that were appropriate to provide the assistance they needed. Additionally, an employee of the Division of Child and Family Services (DCFS) was co-located at the SLCPD and exclusively provided assistance to

children who were endangered by methamphetamine. The YFS and DCFS workers' jobs overlapped in many instances; however, both were recognized as a very integral component to the project. Other tasks performed by the DCFS and YFS workers included holding training sessions for community members concerning such topics as methamphetamine and its effects on children, elderly, and handicapped individuals. The child endangerment subcommittee developed a protocol for the medical assessment and decontamination of children exposed to methamphetamine crime scenes, which had never existed before. Other efforts included developing a partnership with the local health department, which was given the task of maintaining and overseeing paperwork concerning the clean-up of methamphetamine crime scenes. A treatment component was included in the child endangerment subcommittee and consisted of the use of the Dependency (Family) Court to work with those who were arrested for a methamphetamine offense and were in danger of having their parental rights taken away. This court was able to direct these individuals to a variety of treatment programs based on their needs. As can be seen, the efforts of the child endangerment subcommittee were extensive and overlapped with the efforts of other subcommittees involved in the project.

The fourth subcommittee developed in SLCPD's Meth Initiative Project was the Public Awareness and Training subcommittee. Similar to PPD's project, this subcommittee developed a media campaign to present an anti-methamphetamine message. The media campaign included public service announcements by radio and television commercials shown on local TV stations. The training component of the efforts of this subcommittee was performed by many project members involved in other subcommittees such as SLCPD officers, DCFS workers, YFS workers, Health Department workers, etc.

The training was provided to a variety of community groups, youth clubs and groups, and professional groups. The training topics ranged from methamphetamine production and identification to the effects of methamphetamine use. Members of the project noted that the efforts of this subcommittee were an excellent proponent of SLCPD's community policing efforts.

The evaluators of this project used semi-structured interviews with project members to determine what activities were thought to be successful and what needed improvement. Data on the effectiveness or direct impact of the project on methamphetamine-related crime was not available. Among the project members, most noted that the most successful component of the project were the partnerships that were developed between the various agencies. The partnerships helped to open lines of communication and develop protocols for the efficient and proper handling of crime scenes, such as the notification of the YFS and DCFS workers when children or elderly were involved at a crime scene. The training sessions provided to the community were also thought to be a success due to the fact that now organizations such as hotels and motels have developed a phone tree to share information with law enforcement and other hotel or motel establishments about individuals who use their rooms to manufacture methamphetamine. Police officers noted the training and informational sessions as being beneficial in helping them to better identify methamphetamine and its precursor chemicals. The co-location of representatives from DCFS, YFS, District attorney's Office, etc. were also noted as being beneficial due to the accessibility of the expertise of these individuals to officers working on methamphetamine cases. A few complications did arise in the project, most notably a lack of communication concerning the scope of every member's

authority or job description. This was cleared up through the use of project-wide memorandums describing the responsibilities of each participant. Other communication problems were also noted and were attributed to the sheer size of the project. Overall, SLCPD's Meth Initiative Project was very comprehensive in its approach, which could be noted as a positive characteristic. However, when an effort becomes as large scale as this one, its effectiveness could be hindered due to complications arising from the project size, such as the ones described above.

Dallas, Texas

The Dallas, Texas Police Department (DPD) also developed a project as a part of the COPS Office Meth Initiative. This project did not emphasize as many partnerships with various agencies such as SLCPD's project did. DPD noted at the beginning of their project that officers and citizens both lacked a good understanding of the impact of methamphetamine use on the city (COPS, 2003). DPD documented five strategies to correct this problem that they would focus their project on: (1) public education, including training for citizens and the educational material, (2) treatment program funding to reduce recidivism and determine effective treatment methods, (3) Interdiction through identification of precursor chemical suppliers, (4) developing problem solving strategies, and (5) developing enforcement strategies (COPS, 2003). Dallas' methamphetamine problem was slightly different in nature than Illinois' methamphetamine problem due to the fact that most methamphetamine in Dallas was imported from Mexico and the methamphetamine market was primarily dominated by Mexican nationals. Some production of methamphetamine did take place in small clandestine labs; however, on a much smaller level. Below is a description of DPD's efforts to combat methamphetamine.

To address the enforcement and interdiction strategies of the project, DPD assigned six narcotics detectives and one sergeant to serve as the methamphetamine lab experts for the police department. The members of the team received DEA certified training on methamphetamine labs. This team was developed in 1998 and housed in the narcotics division and in the first year of their operation they focused on targeting mid- to upper-level suppliers. The narcotics division increased their methamphetamine arrests during that first year from 50 in 1998 to 90 in 1999. In the second year of their operation, the narcotics division redirected their efforts to focus on the seizure and dismantling of methamphetamine labs due to the increase in labs reported by patrol officers to the narcotics division. This increase in reported labs was attributed to the increased ability of officers to identify methamphetamine labs as a result of training discussed later. During this time, the number of methamphetamine labs seized increased from 15 in 1999 to 38 in 2000. The narcotics division used confidential informants and undercover operations to obtain information and evidence for arrests and seizures.

This project also was concerned with the treatment of those identified as methamphetamine abusers. To address this, some of the project funds were distributed to seven drug abuse treatment agencies to assist them in funding various treatment programs. The evaluators noted that only 23 individuals participated in the treatment programs for methamphetamine, and of those 23, 10 successfully completed the treatment. They also noted that data to determine whether the treatment was successful in reducing recidivism was unavailable at the time of the evaluation.

Providing public and officer education was another focus of DPD's project. This was accomplished through a variety of means. DPD charged their Interactive Community

Policing (ICP) division with the task of developing and disseminating educational materials about methamphetamine to the public. Prior to the Meth Initiative funding, the ICP was staffed with 48 officers which had never presented or taken part in any type of strategy to address the methamphetamine problem. During the funding and operation of the project, DPD increased the number of officers assigned to ICP to 72. These officers assisted in providing educational materials to businesses and community groups. Similarly, the narcotics division also made presentations to community groups and business owners about methamphetamine detection. Patrol officers and ICP officers were also provided training by the narcotics division on various methamphetamine topics. This training was noted as not being capable of being provided if not for the funding provided by the COPS Office. (COPS, 2003)

The evaluation of this program also relied on interviews with project members as the primary source of data concerning the operation of the project. The methamphetamine education provided to officers by the narcotics division was noted as being particularly useful and successful. Patrol officers increased the number of labs they reported to the narcotics division and attributed an increased ability to detect the labs to the training provided (COPS, 2003). Opportunities to interact with and educate the public about the dangers, effects, and detection of methamphetamine were made possible from the project. One downfall of the project was that it did not create partnerships with other agencies during the project. Only a few were attempted but were noted as failing or not being strong due to a lack of communication and understanding of roles and responsibilities. Innovative strategies were not widely utilized in the efforts of this project. Much of the project funding was directed at enhancing practices already used by DPD or simply

applying strategies used to combat other drug problems to methamphetamine. Although the strategies used did increase the number of arrests and seizures, combating the previously described unique nature of the methamphetamine market might benefit from more customized strategies.

Oklahoma City, Oklahoma

Oklahoma City, Oklahoma Police Department developed a Meth Initiative project similar to DPD's project described above. The two areas that OCPD chose to focus their efforts on were intervention and prevention. The intervention component of the project focused primarily on the seizure, processing, and dismantling methamphetamine labs. The prevention component was addressed through public awareness and education. In addition to these efforts, OCPD devoted some of the COPS funds to develop a partnership with the Oklahoma County Drug Court. Oklahoma City's methamphetamine production was similar to that of Illinois. Much of the manufacturing was conducted in numerous small clandestine labs using similar "cooking" methods as those encountered in Illinois. OCPD's Meth Initiative project was the responsibility of the Special Projects Unit which includes the Narcotics Unit. The Narcotics Unit handled the operation of the project. A description of the efforts of OCPD's project is below.

Intervention efforts primarily focused on the seizure, processing, and dismantling of methamphetamine labs. To accomplish this, OCPD used COPS funds to pay for overtime, work either full- or part-time in the processing of methamphetamine labs. The OCPD bomb squad was also involved in the seizure of methamphetamine labs due to the fact that some labs were booby-trapped by those operating them. Project funds went to purchase two robots for the bomb squad that carried video cameras and hazardous material

detectors into structures with methamphetamine labs in them. A chemist, a civilian position, was also funded to assist with the processing of methamphetamine labs. The project also included other efforts that addressed the distribution and use of methamphetamine such as the assignment of three narcotics unit officers and a lieutenant to work with the local DEA office to investigate those involved in the methamphetamine trade. (COPS, 2003)

The prevention component of OCPD's Meth Initiative project focused on training and educating the public about methamphetamine and its dangers. Members of the Narcotics Unit made presentations to civic groups, citizen groups, and various other organizations such as a hotel and motel organization for the Oklahoma City area. Efforts were also made to advise stores that sell the precursor chemicals used to manufacture methamphetamine about reporting suspicious customers and what chemicals are contained in their store. The OCPD launched a "Life or Meth" campaign which included such activities as a mock methamphetamine lab raid that the public was encouraged to attend, a media blitz with multiple news stories and commercials providing information about methamphetamine dangers and how to report methamphetamine related activity, and anti-methamphetamine messages were placed on posters, billboards, and grocery bags. Additionally, videos and fliers were produced and distributed at a variety of meetings and gatherings.

The evaluators of the project noted that the partnerships created with the Oklahoma County Drug Court and the DEA remained strong and maintained good lines of communication. OCPD used the funds to provide training to officers, increase the awareness of the public of the methamphetamine problem, purchase equipment, and

increase the number of lab seizures during the project's operation. Similar to the other projects included in the COPS Office Meth Initiative, OCPD's direct prevention effect was unable to be measured due to a lack of appropriate data; however, the intervention effort was able to be deemed successful due to an increase of seized labs during the project's operation. This project was very simplistic in nature and did not involve a complex number partnerships and comprehensive efforts. A simplistic approach can be beneficial for the operation of the project because it avoids the communication problems and misunderstandings that have plagued larger projects.

Little Rock, Arkansas

The Little Rock Police Department partnered with the Pulaski County Sheriff's Department, the North Little Rock Police Department, and the Arkansas State Crime Laboratory to address the methamphetamine problem. LRPD's project contained an intervention component, a prevention component, and a treatment component. The intervention component included such efforts as training officers, providing funds for overtime for officers working on methamphetamine investigations, and purchasing additional equipment. The prevention component included such efforts as a public awareness campaign and the creation of a hotline for the reporting methamphetamine activity. The treatment component consisted of simply providing funds to local treatment providers to enhance their methamphetamine treatment programs; however, it was noted that this component did not receive the attention originally intended. Little Rock differed from other cities included in the Meth Initiative because methamphetamine was not considered to be a major or rapidly growing problem. A description of LRPD's efforts is provided below.

One of the first efforts tackled in the intervention component of LRPD's project was to purchase computer equipment and software to develop an information sharing database to be used by all the local participating agencies. The informational database included an automated data collection method for tracking methamphetamine incidents. This was helpful to investigators in identifying those associated with methamphetamine production, distribution, and use. Additionally, the intervention effort included efforts to combat the methamphetamine market; however, it was noted that these efforts were not as proactive and did not address the unique nature methamphetamine production, distribution, and use patterns. LRPD narcotics officers openly admitted that methamphetamine efforts were generally reactive because of the difficulty in addressing methamphetamine patterns due to a lack of information and patterns that were very different than the other illicit drugs that they encounter. Another intervention effort targeted stores that sold precursor chemicals by providing information to employees about what chemicals are used in methamphetamine production and how to report large sales of these chemicals. A final intervention effort was intended to provide an 8-hour training session to all police officers in the participating departments to aid them in identification and safety precautions.

The prevention efforts of LRPD's project began with a billboard campaign. One billboard displayed the dangers of methamphetamine and displayed the phone numbers of the LRPD and the PCSD. The design and location of the billboard rotated every 6 to 8 weeks across the county. In addition to the billboards, informational brochures and pamphlets were produced to be distributed throughout the county. The television media was utilized to show a public service announcement, and the project coordinator participated in several interviews on local TV and radio stations. Other efforts included

presentations to community groups by narcotics officers, and the creation of a hotline for reporting suspected methamphetamine-related activity.

Evaluations of LRPD's project revealed through interviews with local officials and project members that several benefits have resulted from the efforts. The additional equipment purchases were credited with enhancing investigative efforts and enhancing safer responses to labs. The inclusion of several local law enforcement agencies in the project's efforts has been noted as increasing the level of cooperation and coordination between the agencies. The public awareness campaign created a methamphetamine wiser public that was more willing to report methamphetamine activity, noted by an increased citizen reporting rate. Enforcement efforts lacked any proactive strategy, and the creation of one may have increased the ability to interdict methamphetamine. Overall, the efforts presented in the COPS evaluation of LRPD's project seemed to indicate that all efforts were productive; however, the intensity of the efforts may not have reach full potential due to a consensus that methamphetamine was not the greatest drug concern for the Little Rock area.

Minneapolis, Minnesota

The sixth and final city that was included in the COPS Office Meth Initiative was Minneapolis, Minnesota. It was noted by Minneapolis officials and COPS evaluators that methamphetamine was least prevalent in Minneapolis than in any other city involved in the Meth Initiative. Because of the rapid growth of methamphetamine production, distribution, and use in the states surrounding Minnesota, Minneapolis Police Department and its partners in the project wanted to develop a project to address methamphetamine before it became a large problem. MPD partnered with ten other local, state, and federal

agencies to create their project. Although MPD's project did not contain a treatment component, it did contain an intervention and prevention component. The intervention efforts included funding of over time for investigation officers, providing training for officers and first responders, and for the purchasing of equipment to aid in investigations. The prevention component involved a series of efforts to provide methamphetamine education and training to the public and targeted groups. A description of MPD's efforts is provided below.

The intervention efforts performed by MPD included directing funds from the COPS Office to enhance methamphetamine investigations. Investigations in the Minneapolis metropolitan area were carried out by a number of special law enforcement units and drug task forces. Among these, MPD had a Narcotics Unit and Community Response Teams (CRT) that participated in investigations. The Narcotics Unit investigates strictly drug cases and the CRTs investigate community complaints that can range from drug to prostitution complaints. Officers working on methamphetamine investigations were allowed overtime to conduct thorough investigations. The overtime was seen as an important component because of the complex and secretive nature of the methamphetamine market, which many times requires extensive periods of time to develop a suitable case. Surveillance equipment, such as wire taps, video cameras, and a digital camera, were also purchased to aid in investigations. Other efforts included the provision of methamphetamine training to officers and first responders, covering topics ranging from methamphetamine lab dangers to medical screening procedures. (COPS, 2003)

The prevention component of MPD's project focused, like several other projects included in the evaluation, on providing training and education about methamphetamine to

the public. A public awareness campaign was developed that included media coverage from the local news paper, which ran several stories about methamphetamine related topics. This was supplemented by posters, a neighborhood resource guide on methamphetamine, and a video that discussed methamphetamine use and production. The project also targeted school officials in its effort to increase knowledge about methamphetamine among those providing services to children. This was described as a “train the trainer” approach. Employees from the Health Department and another participating agency provided training sessions to teachers, school nurses, school liaison officers, and chemical health specialists about how to identify methamphetamine and the characteristic signs of those who use the drug. The intended purpose of this training was to equip school officials with the proper knowledge to educate others about methamphetamine and to identify those who may be abusing the drug.

Evaluators of the project presented what they determined were several key successes achieved from the project efforts. First, the intervention efforts, characterized by increased over-time and additional equipment, was credited with increasing the number of lab seizures, meth-related prosecutions, and the severity of case dispositions (COPS, 2003). Second, the training increased the knowledge and collaboration of the public and other agencies involved in the project (COPS, 2003). Third, funds from the project helped the Health Department to develop and administer a survey to court-related methamphetamine users to provide a general picture of the methamphetamine market (COPS, 2003). Data to analyze the direct effect of MPD’s efforts on methamphetamine production, use, and distribution, other than those that indicated an increase in enforcement, were not available. Several concerns were expressed by Minneapolis

officials, one of which was the concern that once the funding was finished that efforts would not be able to continue. The development of a project that included the numerous partnerships and efforts such as this one before methamphetamine was even considered a major problem represents a community with foresight. Recognizing the patterns of methamphetamine use, production, and distribution among the neighboring states and arriving at the realization that your community does not exist within a closed environment, certainly exhibits a proactive and aggressive approach. Whether this strategy, or any other, pays off, only time will tell.

COPS Office evaluators compiled data and findings from all six Meth Initiative projects and developed a list of recommendations based on the following categories: intervention, prevention, and treatment. Intervention recommendations included such things as data collection to identify methamphetamine sources, users, expanding beyond police department services to include those of other agencies, etc. (COPS, 2003). Prevention recommendations all centered on providing training and education to community members and professional groups. The recognition of the value of using community members and professionals whose job description places them in a position to act as the “eyes and ears” proved to be very beneficial to those cities who employed that tactic. Treatment was recognized by the evaluators as an essential component to reducing drug abuse in communities. Treatment recommendations included such things as partnering with treatment agencies to have access to their services and establishing and working with a drug court to provide offenders with immediate and rigidly structured exposure to treatment programs (COPS, 2003). The evaluators also included recommendations to address the methamphetamine problem from a community oriented

approach. The main recommendation extracted and emphasized in this category was for police agencies to develop as many partnerships with local agencies as possible (COPS, 2003). These partnerships, if maintained properly, should allow the methamphetamine problem to be attacked from multiple angles (COPS, 2003).

The examples of police responses to methamphetamine provided above portray solid characteristics of a problem oriented policing approach to a problem. One of the first steps in developing a problem oriented strategy is to first investigate as much as possible about the problem to bring the problem into perspective. This includes finding out who is involved, who are the victims and offenders, where the problem is occurring, to what extent is the problem occurring, and any other time or locational factors. Most of the projects described above fulfilled this component by researching current data sources or developing analyst positions and databases to understand the problem, such as the SLCPD, LRPD, and DPD projects. The next step of a problem oriented approach would include the actual development of a response custom-tailored to the problem based on the outcome of collected information about the problem. This is where some of the projects came up short. LRPD and DPD failed to establish a law enforcement response unique to methamphetamine. Their responses were modeled after strategies and tactics used to address other illicit drugs considered a problem in these areas, which clearly handicaps the full potential of a law enforcement response considering the well noted unique nature of the methamphetamine market as compared to other drugs. However, these departments did have other components that were creative and partially satisfied the need for a creative approach, such as the development of a public awareness campaign and public training sessions which was present in most of the projects. Comprehensive approaches are desired

under the philosophy of problem oriented policing. This component was fulfilled at least in part in all of the evaluated projects. Although some created a considerably larger number of partnerships than others (e.g. SLCPD worked with 31 other agencies), all six cities devised a strategy that included creating partnerships with other agencies that provide a number of different services. The evaluation project undertaken by the COPS Office represents the final step in a problem oriented approach. Assessments must be done to determine the effectiveness of a strategy or project in order to wisely and efficiently expend resources and stay abreast of the problem. The only direct assessments provided by the COPS Office evaluation were of the implementation of the projects and the resulting actions taken. At the time of the evaluation, data was unavailable to determine whether or not the project was able to reduce methamphetamine related crime. Problem oriented strategies such as the projects described above, regardless of crime reduction evidence, are certainly a step in the direction of unique responses to combat methamphetamine.

Illinois State Police Methamphetamine Response Teams (MRTs)

Initial information obtained from press releases and other publicly presented documents indicated that the Illinois State Police Methamphetamine Response Teams were created in May 2005. A total of six teams were created to combat methamphetamine in seven regional zones. The six teams are responsible for investigation, seizing, and dismantling clandestine drug labs (Office of the Governor, 2006). The officers involved with the MRTs are also responsible for increasing public awareness and education efforts by presenting methamphetamine programs to community groups and schools (Office of the Governor, 2006). The purpose of the MRTs is to decrease the methamphetamine workload

of local police departments and multi-jurisdictional drug task forces in order to allow them to more thoroughly address other illicit drug concerns in their communities.

At the close of the first year of the MRTs operation, former Illinois Governor Rod Blagojevich announced in a statement from his office that the MRTs experienced their intended success. Blagojevich cited that the MRTs handled 750 meth related incidents, made 653 arrests, and seized approximately 213,000 grams of methamphetamine production materials and illicit drugs (Office of the Governor, 2006). The MRTs were credited with decreasing the workload on local drug task forces across Illinois and increasing the total number of methamphetamine related arrests (Office of the Governor, 2006). Information obtained from the IJCIA (2006) demonstrated the workload sharing portion of the claim by reporting a decrease in local drug task force lab seizures from 913 in 2004 to 504 in 2005. Additionally, local drug task force methamphetamine related arrests decreased from 1264 in 2004 to 863 in 2005 (IJCIA, 2006).

In 2008, former Illinois State Police Director Larry Trent praised the MRTs as a success in the law enforcement fight against methamphetamine production in Illinois (Illinois State Police, 2008). Trent based this proclamation in data showing the number methamphetamine lab seizures has declined every year since 2005 through 2007. Across Illinois in 2005, 973 labs were seized; in 2006, 786 labs were seized; and in 2007, 446 labs were seized (Illinois State Police, 2008). Clouding the validity of this claim would be the implementation of methamphetamine related legislation during this time frame. The Methamphetamine Precursor Control Act became effective in January of 2006 and the law was focused on making methamphetamine production more difficult by restricting the availability of production materials, specifically pseudoephedrine-containing products, by

limiting its sale by only pharmacists and pharmacist technicians (Office of the Governor, 2006). Additionally, the law requires purchasers to show identification and sign a log (Office of the Governor, 2006). Other legislation that has been implemented has focused on providing monies to increase security around anhydrous ammonia facilities, increase penalties for those convicted of methamphetamine related offenses, and even creating new law to address those who acquire methamphetamine production materials from other states with less restrictive regulations and bring them to Illinois (Office of the Governor, 2006). Based on the implementation of more than one approach to combating methamphetamine in Illinois, more in depth research would be needed to determine the true impact of the MRTs.

Illinois' response to methamphetamine contains components that are very similar to the responses previously examined as part of the 2003 COPS Methamphetamine Initiative. ISP's MRTs had a public education component, which was a common theme present in all 6 responses examined in the COPS evaluation. Each city included a component that focused on raising public awareness concerning the identification of materials and characteristics of methamphetamine production as well as raising the awareness of the associated physical dangers of its production. ISP's response was cited as having investigators with the MRTs providing presentations to various citizen and professional groups. Additionally, ISP has utilized a public awareness campaign through use of pamphlets and internet links on their official website that provide information on recognizing methamphetamine production and steps to take if someone believes they have methamphetamine related information. This public awareness and education effort was cited in the overall summary of the 2003 COPS evaluation as being a successful

component of a methamphetamine specific response based on the report by nearly all evaluation sites that a more educated public and patrol officers lead to an increase of investigative tips and subsequently arrests and seizure of labs.

Additionally, the COPS evaluators recommended a treatment component as being an important inclusion in a response to methamphetamine. From all publicly available literature on the MRTs, no reference to a special collaboration with treatment agencies was made in reference to ISP's efforts. From this author's experience in the law enforcement field, it could be assumed that methamphetamine abusers would have to follow the same paths as abusers of other drugs and seek treatment on their own or be diverted to a drug court that could include treatment as part of a sentencing as has been in practice in Illinois since the early 1990's; however, drug courts are only available in counties that have set them up (Illinois Attorney General's Office, 2011).

Another component listed by the COPS evaluators as important to successful responses to methamphetamine was a collaboration in the response by agencies that provide various services, such as police, social services, and treatment facilities. As mentioned previously, there was no indication of a specific relationship with any treatment facilities in relation to methamphetamine specific cases contained within the literature for the ISP response. ISP MRTs did however form joint efforts with local municipal and county law enforcement by having members of local departments as part of the MRT's and responding to requests from local departments for assistance in case investigations and methamphetamine crime scene clean-ups. The Illinois Attorney General's office cited itself as working closely with law enforcement to seek legislation to combat methamphetamine (Illinois Attorney General's Office, 2011). Laws that were signed into

legislation by former Illinois Governor Rod Blagojevich included a law that requires ISP to create and maintain a methamphetamine producers registry that publishes the names and methamphetamine related crimes of offenders (Office of the Governor, 2006). The former Governor also signed legislation that created the new offense of methamphetamine trafficking to target individuals who bring methamphetamine and its precursors from out of state into Illinois. Considered one of the most significant pieces of legislation enacted to combat methamphetamine was the Methamphetamine Precursor Control Act which made pseudoephedrine a schedule V substance and requires purchasers of products containing this material to show identification and sign a log (Office of the Governor, 2006).

When first beginning research on the ISP MRTs, this researcher began to look at the MRTs as a formal comprehensive methamphetamine initiative. However, the MRTs appear to be the investigative and enforcement component to a much more elaborate effort involving more than just law enforcement officials. As portrayed above, the effort to combat methamphetamine in Illinois has not just included efforts by the ISP but also the Illinois Governor, the Illinois Attorney General, and the Illinois Legislature. A lack of comprehensive literature depicting the efforts being undertaken by various Illinois governmental agencies and how they complement one another has made a discussion of Illinois' methamphetamine effort difficult; however, a review of the existing efforts thus far gives the appearance that Illinois' efforts are reflective of the problem oriented policing strategy. This is illustrated primarily by the resources, legislation, and strategies that have been dedicated specifically to methamphetamine and not to a general drug problem where methamphetamine is just a piece of the pie. The MRTs and their efforts are an example of a dedication of resources and strategies specifically to methamphetamine. The legislation

that has been passed has assisted law enforcement in their investigations and ability to make preventative arrests of people who may not possess methamphetamine but rather possess the materials and intention to produce methamphetamine.

Current Study

The current study will focus on methamphetamine production, use , and treatment in Illinois in an attempt to advance the existing knowledge on quantitative methamphetamine trends in relation to various county classifications and regional zones in Illinois. This study will primarily examine methamphetamine quantitative trends by utilizing official data managed by Illinois Criminal Justice Information Authority (ICJIA).

Methods

To define methamphetamine trends in Illinois, the current study will use data obtained from a number of datasets made available by ICJIA. To supplement the ICJIA data, data from the 2000 U.S. Census, accessed on the U.S. Census Bureau website www.census.gov will also be used. ICJIA and Census data were collected for the 102 counties in the state of Illinois. Four county level measures of methamphetamine were derived from ICJIA data. These measures were methamphetamine lab seizures reported to the Illinois State Police and the El Paso Intelligence Center, the weight in grams of various types of drugs seized by Illinois law enforcement agencies, the number of submissions of various types of drugs to crime labs in Illinois, and the number of admissions to drug treatment programs for various drug types.

Methamphetamine Seizures

Using the ICJIA data on the weight in grams of various drugs seized by Illinois law enforcement agencies, the rate of grams seized per 100,000 residents for cocaine, crack,

heroin, and methamphetamine can provide evidence of what type of drug is encountered most frequently by law enforcement agencies in four county classifications. The classifications that the counties have been categorized into are rural, urban, collar, and Cook. Rural counties are counties with a majority of its population classified as rural. Urban counties are counties with a majority of its population classified as urban, excluding Cook county and the counties bordering Cook county. Collar counties are those counties which border Cook county and one county is classified as Cook, which is Cook county and contains Illinois' largest city, Chicago. Because data was available from 1998 to 2004, comparisons between 1998 and 2004 will be made to portray how methamphetamine trends have changed in that 6 year period for each county classification.

Methamphetamine Crime Lab Submissions

Using data from ICJIA on the total number of drug submissions to crime labs by drug type, as with the seizure weight data, comparisons among the four county classifications for 1998 data and 2004 data will be made to examine the change of submissions over time for each county classification. Drug types used for comparisons will be limited to cocaine, heroin, and methamphetamine. Data on crack submissions was unavailable.

Methamphetamine Lab Seizures

Using data from ICJIA on methamphetamine lab seizures reported to the Illinois State Police and the El Paso Intelligence Center from 1998 to 2004, lab seizure rates per 100,000 persons will be tracked over time and compared among the four county classifications.

Methamphetamine Admissions to Treatment

Using data obtained from ICJIA on the number of admissions to drug treatment by county classification, admission rates per 100,000 persons for cocaine, heroin, and methamphetamine for each county classification will be compared between 1998 and 2004.

Methamphetamine Response Team (MRT) Zones

Data will also be utilized to compare trends across MRT zones. There are 7 MRT geographical zones that the counties of Illinois were divided into when ISP initiated their response to methamphetamine. The MRT zones are a copy of the 7 ISP geographical regions that were established for ISP's Investigations Division. The comparison of methamphetamine data across MRT zones will be done to place a geographic perspective on where the trends lie in reference to ISP's response to combating methamphetamine.

Results

Figure 1 displays the rate of drug seizure weights by county classification for cocaine, heroin, crack, and methamphetamine in 1998. Data was available for marijuana, however, the rates of marijuana seizures were very large compared to all other drug categories and it was excluded from this comparison analysis. In all county classifications in 1998, cocaine was seized at a much higher rate than the other three drug categories. Rural counties in 1998 had the largest rate of methamphetamine seizures at 261.13 grams seized per 100,000 persons. Methamphetamine also was the second highest seizure rate of the four drug categories for rural counties in 1998. Figure 2 displays the rate of drug seizure weights by county classification for cocaine, heroin, crack, and methamphetamine in 2004. In the Cook, collar, and urban county categories, cocaine still remained the drug with the highest seizure rate among the four drug classifications; however,

methamphetamine seizure rates have risen in those county categories. In 1998, Cook county had a methamphetamine seizure rate of 8.66 grams per 100,000 persons, compared to a rate of 154.41 grams per 100,000 persons in 2004. The collar counties also had an increase in the seizure rate of methamphetamine from 1998 to 2004, with 4.66 grams seized per 100,000 persons in 1998 and 30.92 grams seized per 100,000 persons in 2004. Methamphetamine seizure rate in urban counties increased from 69.72 grams per 100,000 persons in 1998 to 383.21 grams per 100,000 persons in 2004. Rural counties not only increased in their methamphetamine seizure rate from 1998 to 2004, methamphetamine overtook cocaine as the drug with the highest seizure rate. In rural counties, the methamphetamine seizure rates rose from 261.13 grams per 100,000 persons in 1998 to 909.79 grams per 100,000 persons in 2004.

Figure 1. Rates of Drug Seizure Weights by County Classification, 1998

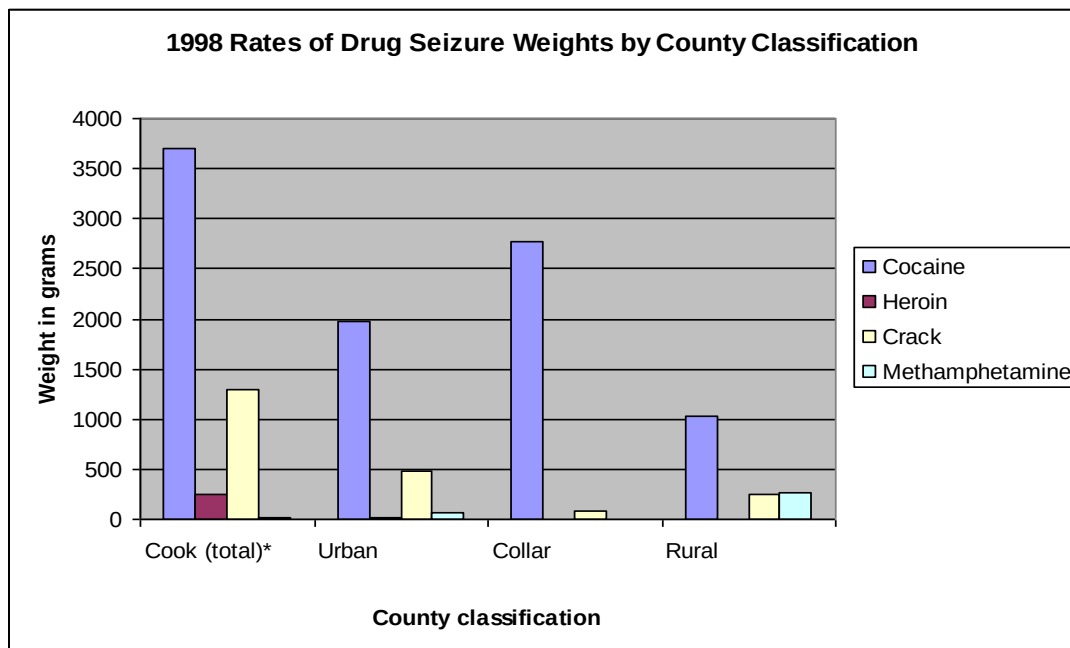
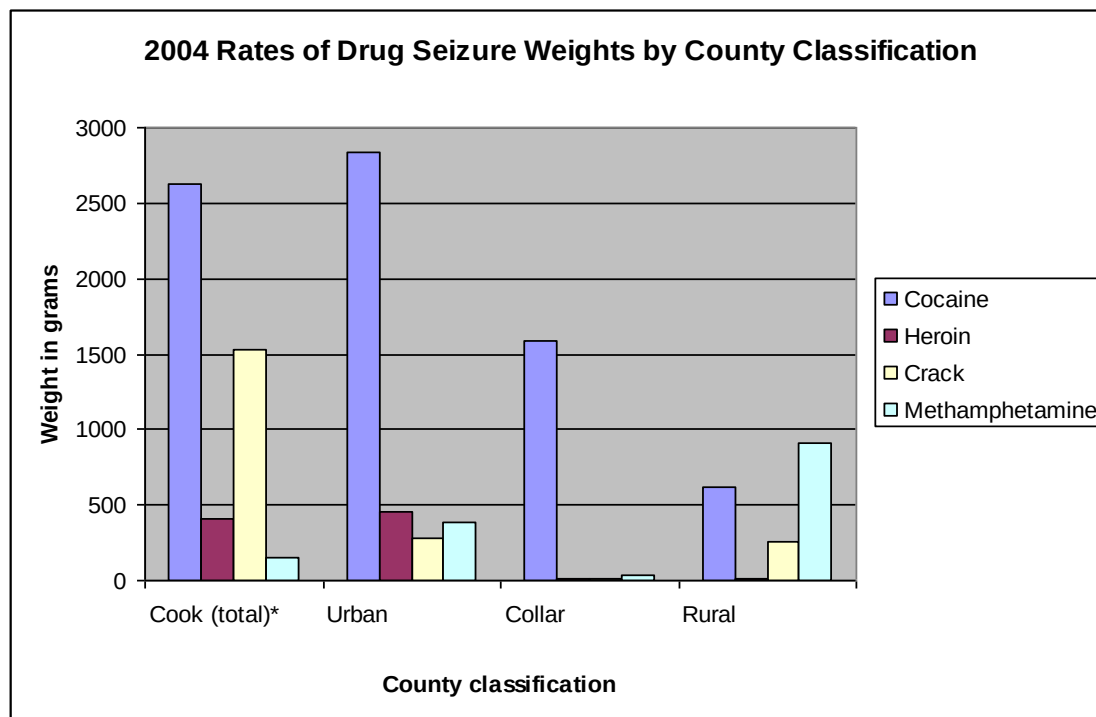


Figure 2. Rates of Drug Seizure Weights by County Classification, 2004.



To further examine how methamphetamine seizure rates have changed over time for each of the county classifications, Table 1 displays the ratio of rates between the seizure rate in grams of cocaine and methamphetamine for 1998 and 2004. Cocaine was utilized for the comparison due to its popularity as a recreational controlled substance being greater than that of methamphetamine before the increase in popularity of methamphetamine. A ratio of rates is calculated by dividing the number of grams of cocaine seized per 100,000 persons by the number of grams of methamphetamine seized per 100,000 persons to determine how many grams of cocaine are seized per 100,000 persons per 1 gram of methamphetamine seized. As can be seen from Table 1, each county classification experienced a dramatic increase in the ratio of rates for cocaine to methamphetamine, meaning that fewer amounts of cocaine were seized per 100,000 persons per one gram of methamphetamine seized. Across both 1998 and 2004, rural

counties had the smallest relative difference between grams of cocaine seized and grams of methamphetamine seized, resulting in larger ratio of rates for both years. In fact, in 2004 the number of grams of cocaine seized per 1 gram of methamphetamine in rural counties actually decreased to below 1 gram of cocaine, making methamphetamine the drug with the greater rate of seizure per 100,000 persons.

Table 1. Cocaine to Methamphetamine Gram Seizure Ratio of Rates; 1998 and 2004

County Classification	1998 cocaine to methamphetamine ratio	2004 cocaine to methamphetamine ratio
Cook	427.88 grams/1 gram	17.01 grams/1 gram
Collar	594.78 grams/1gram	51.28 grams/1 gram
Urban	28.37 grams/1 gram	7.39 grams/1 gram
Rural	3.92 grams/1 gram	0.68 grams/1 gram

Methamphetamine Crime Lab Submissions

Figure 3 graphically displays the submission rates per 100,000 persons for cocaine, heroin, and methamphetamine by county classification in 1998. As with the seizure data, cocaine had the highest rate of submissions in every county classification in 1998. In Cook, collar, and urban counties, heroin had the second highest rate of submissions among the three drug types. For rural counties, methamphetamine had the second highest rate of submission with 19.79 submissions per 100,000 persons

Figure 3. Drug Submission to Crime Lab Rates per 100,000 Persons by County Classification, 1998

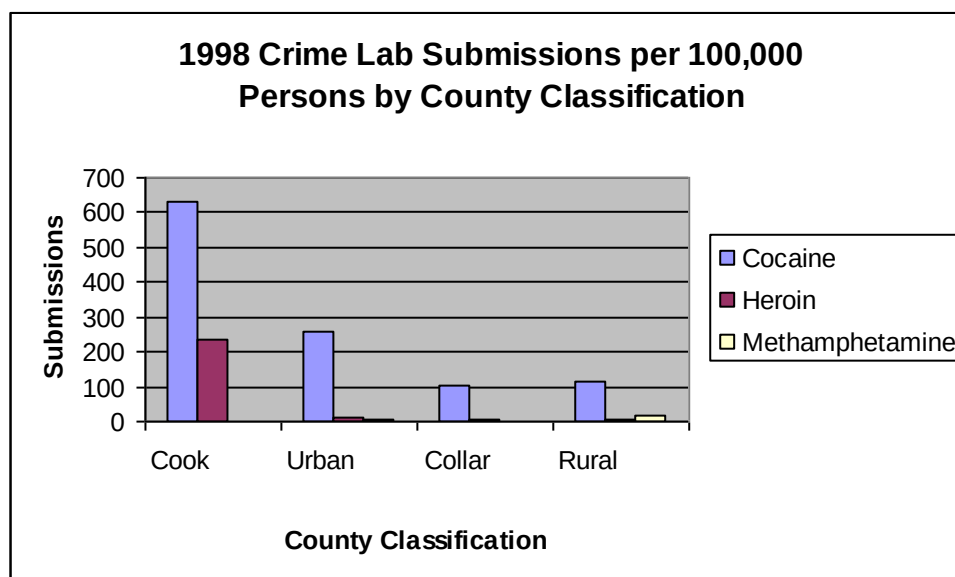


Figure 4 graphically displays the submission rates per 100,000 persons for cocaine, heroin, and methamphetamine by county classification in 2004. It can be seen in Figure 4 that cocaine remained the drug with the greatest submission rate for Cook, collar, and urban counties; however, methamphetamine became the drug with the highest submission rate in rural counties, with a rate of 141.66 submissions per 100,000 persons. In urban counties in 1998, heroin was the drug with the second highest submission rate, 11.46 submissions per 100,000 persons; however, in 2004 methamphetamine overtook heroin as the drug with the second highest rate with a rate of 26.88 submissions per 100,000 persons.

Figure 4. Drug Submission to Crime Lab Rates per 100,000 Persons by County Classification, 2004

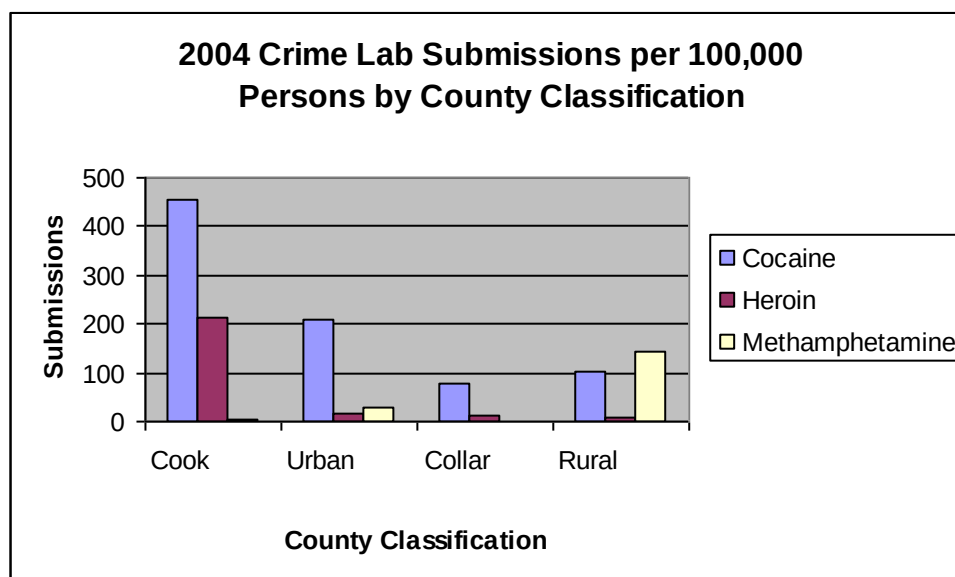
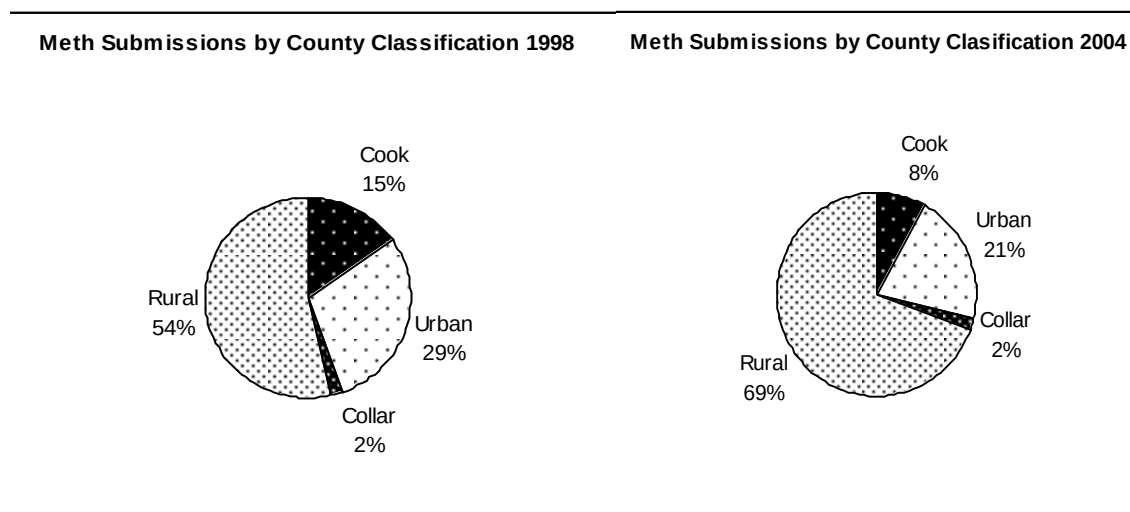


Figure 5 graphically displays the percentage of methamphetamine submissions to crime labs by law enforcement agencies for each county classification in 1998 and 2004. In 1998, there were a total of 633 methamphetamine submissions. Rural counties comprised the greatest proportion of methamphetamine submissions with 339 submissions, over half of the total submissions. Urban counties had the second highest proportion of methamphetamine submissions with a total of 184 submissions. Cook County had a total of 97 submissions and collar counties had a total of 13 submissions. From 1998 to 2004, there was a dramatic increase in the total number of methamphetamine submissions from 633 in 1998 to 3443 in 2004. Rural counties remained the classification with the highest proportion of submissions with 2,395 submissions comprising 64% of methamphetamine submissions. Urban counties remained the second highest proportion of methamphetamine submissions with 718 submissions. Cook County remained the third highest proportion with 273 submissions, followed by collar counties with 57 submissions. All county classifications experienced an increase in methamphetamine submissions from 1998 to

2004; however, rural counties had the most dramatic increase of 544% in methamphetamine submissions.

Figure 5. Percentages of Total Methamphetamine Submissions by County Classification, 1998 and 2004



Methamphetamine Lab Seizures

Figure 6 graphically displays methamphetamine lab seizure rates from 1998 to 2004 for each county classification. By looking at Figure 6 it can be seen that rural counties have the highest lab seizure rates in all the years displayed on the graph. In 1998, rural counties had a lab seizure rate of 5.97 seizures per 100,000 persons, which sharply increased to a rate of 30.07 seizures per 100,000 persons in 2001. Between 2001 and 2002, lab seizure rates for rural counties decreased slightly; however, the rates increased dramatically from 27.13 seizures per 100,000 persons in 2002 to a peak of 63.11 seizures per 100,000 persons in 2004. Urban counties had the second highest rate of methamphetamine lab seizures across all displayed years. Urban counties steadily increased from a rate of 0.77 seizures per 100,000 persons in 1998 to a rate of 16.54 seizures per 100,000 persons in 2004. Collar counties' methamphetamine lab seizure rates remained relatively low and actually decreased from 0.20 seizures per 100,000 persons in

1998 to 0.14 seizures per 100,000 persons in 2004. Cook County's methamphetamine lab seizure rates remained low as well with a rate of 0.03 seizures per 100,000 persons in 1998 to a rate of 0.00 seizures per 100,000 persons in 1999 and 2000, rising to a peak of 0.17 seizures per 100,000 persons in 2004. Rural counties, by far, appeared to be the epicenter for domestic methamphetamine production and law enforcement efforts.

Figure 6. Methamphetamine Lab Seizure Rates per 100,000 Persons by County Classification, 1998-2004

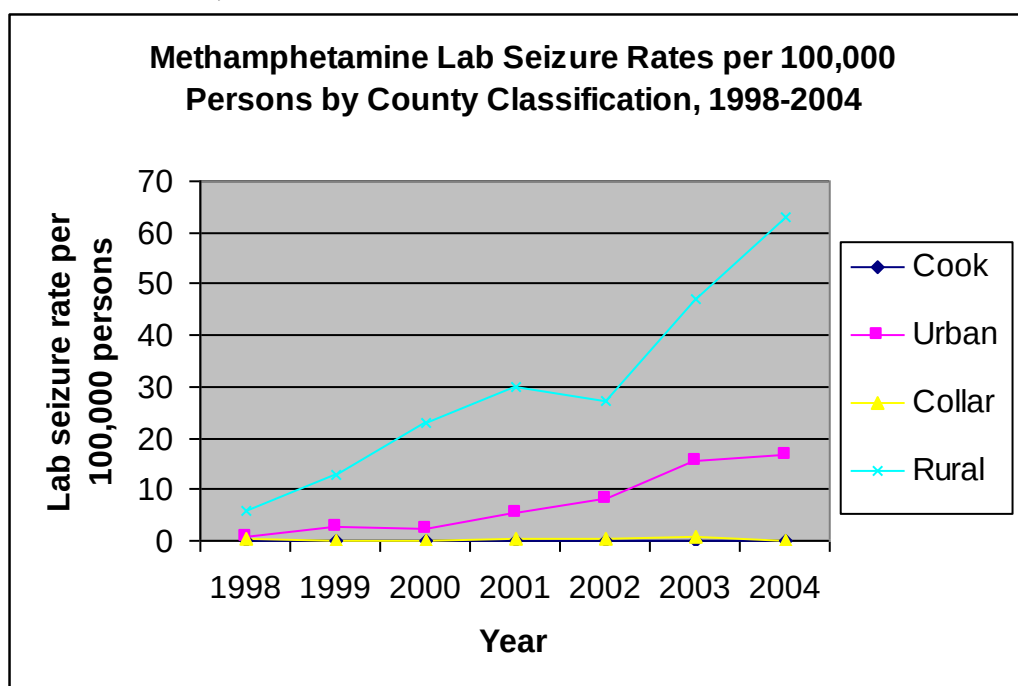


Figure 7 graphically displays the percentage of total methamphetamine lab seizures in 1998 and 2004. In 1998, there were a total of 87 reported methamphetamine lab seizures in Illinois. Rural counties had the largest proportion of methamphetamine labs seized in 1998, with 72 labs seized. Urban counties had 11 labs seized, the second highest number of labs seized in 1998. Collar counties had only 3 labs seized and Cook County had 1 lab seized. In 2004, there were a total of 961 methamphetamine labs seized in Illinois. Again, rural counties had the greatest proportion of total labs seized, with 571 lab

seizures. Urban counties had 381 lab seizures, the second highest proportion of total labs seized. Cook County still only accounted for less than 1% of total lab seizures in Illinois; however, it had increased to 5 lab seizures. Collar counties remained relatively stable with 4 lab seizures in 2004.

Figure 7. Percentage of Methamphetamine Lab Seizures by County Classification, 1998 and 2004

Methamphetamine Lab Seizures 1998 Methamphetamine Lab Seizures 2004



Methamphetamine Admissions to Treatment

Figure 8 graphically displays the rates of admission by drug type for 1998. As can be seen from Figure 8, the rate of admissions to treatment for cocaine was highest among the drug types listed across all county classifications in 1998. Cook County had the highest rate of cocaine admissions to treatment with 298.01 treatment admissions per 100,000 persons. Urban counties had the second highest cocaine treatment rate at 253.18 treatment admissions per 100,000 persons. Rural counties had the third highest cocaine treatment admission rate with Heroin was the drug with the second highest treatment admission rate across all county classifications. Methamphetamine was third highest across all county classifications, with rural counties having the highest treatment admission rate for methamphetamine at 14.87 treatment admissions per 100,000 persons. Urban

counties had the second highest treatment admission rate for methamphetamine at 3.63 treatment admissions per 100,000 persons. Collar counties and Cook County treatment admission rates for methamphetamine were comparatively insignificant at 0.74 treatment admissions per 100,000 persons and 0.27 treatment admissions per 100,000 persons respectively.

Figure 8. 1998 Admissions to Drug Treatment Rates by Drug Type and County Classification

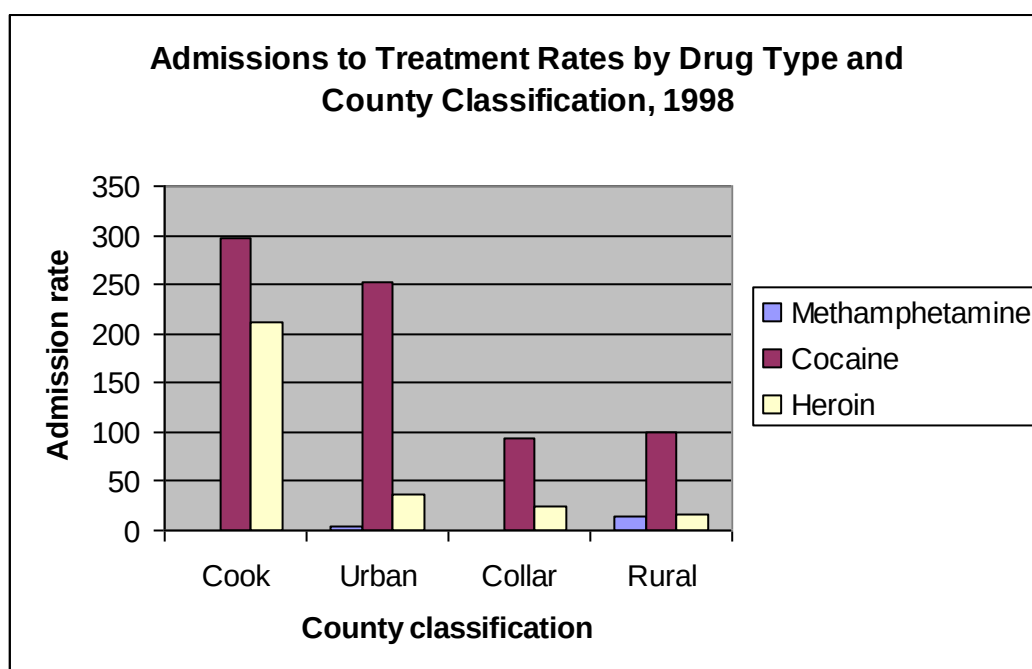


Figure 9 graphically displays the admissions to treatment rates for cocaine, heroin, and methamphetamine for each county classification. In 2004, cocaine remained the drug with the highest treatment admission rate in collar and urban counties. Cook County's highest rate of treatment admissions was for heroin which had more than doubled from a rate of 212.06 treatment admissions in 1998 to 464.64 treatment admissions in 2004, as opposed to cocaine which had increased in treatment admission rate from 1998 to 2004 but only slightly. Methamphetamine treatment admission rates increased across all county classifications from 1998 to 2004. Rural counties had the most dramatic increase in

methamphetamine treatment admissions with a rate of 210.88 treatment admissions per 100,000 persons, making methamphetamine the drug with the highest treatment admission rate for rural counties in 2004. Rural counties had a significant increase in methamphetamine treatment admissions in 2004, increasing to a rate of 33.93 treatment admissions per 100,000 persons. Collar counties and Cook County both had increases in methamphetamine treatment admissions, with 2.10 treatment admissions per 100,000 persons and 1.63 treatment admissions per 100,000 persons.

Figure 9. 2004 Admissions to Drug Treatment Rates by Drug Type and County Classification

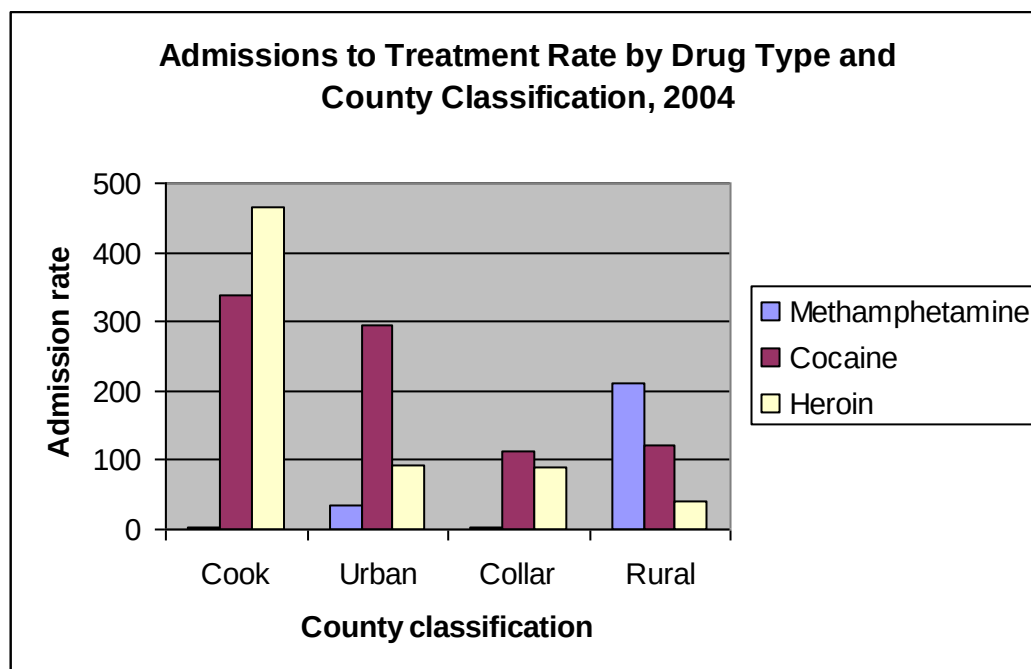


Table 2 displays the ratio of cocaine treatment admission rates to methamphetamine treatment admission rates by county classification for 1998 and 2004. As can be seen from Table 2, the relative difference between the rate of cocaine treatment admissions and the rate of methamphetamine treatment admissions from 1998 to 2004 became smaller across all of the county classifications, resulting in larger ratios of rates. In other words, there were fewer treatment admissions for cocaine per 1 treatment admission for methamphetamine in 2004 for all county classifications. The ratio of rates for rural counties was inversed in the 2004 data as compared to other county classifications, meaning that there were more treatment admissions for methamphetamine per 100,000 persons in rural counties than cocaine treatment admissions per 100,000 persons.

Table 2. Ratio of Rates of Cocaine Treatment Admissions to Methamphetamine Treatment Admissions by County Classification, 1998 and 2004

County Classification	1998 Cocaine to Methamphetamine Treatment Admissions	2004 Cocaine to Methamphetamine Treatment Admissions
Cook	1105.29 admissions/ 1admission	207.71 admissions/1 admission
Collar	1126.53 admissions/1 admission	53.16 admissions/1 admission
Urban	69.68 admissions/1 admission	8.70 admissions/1 admission
Rural	6.77 admissions/1 admission	0.58 admissions/1 admission

Methamphetamine Trends in MRT Zones

Data obtained from the ICJIA and the U.S. Census Bureau was used to display methamphetamine trends for each MRT zone below. The data used in this analysis are the same as those used in the earlier discussion of methamphetamine trends across the state of Illinois. Figure 10 displays the average rates for submissions of methamphetamine to crime labs by police departments for the counties contained in the recently developed zones for the Illinois State Police (ISP) Methamphetamine Response Teams (MRT). Submission rates displayed in Figure 10 are an indicator of potential arrest rates because submission rates are calculated on the number of submissions of methamphetamine to a crime lab by law enforcement. Zone 7 is composed of 31 mostly rural counties in the Southern portion of Illinois and is the zone with the sharpest increase in submission rates increasing from a rate of 24.73 submissions per 100,000 residents in 1998 to a high of 242.36 submissions per 100,000 residents in 2003 which was followed by a small decline in 2004. Zones 4, 5, and 6 are comprised of counties in the central region of Illinois and all begin an increase in submission rates in 1999 with Zone 4 displaying the sharpest increase from a rate of 16.79

submissions per 100,000 residents in 1999 to a peak rate of 75.72 submissions per 100,000 residents in 2002. Zones 1, 2, and 3 comprise the Northern region of Illinois containing Cook County and the surrounding areas and did not experience any dramatic increases in methamphetamine submissions from 1998 to 2004. Zone 2 had the largest increase in submissions of the Northern zones with a rate of 6.03 submissions per 100,000 residents in 1998 to a peak rate of 22.49 submissions for 100,000 residents in 2003.

Figure 10. Methamphetamine submission rates by MRT zone.

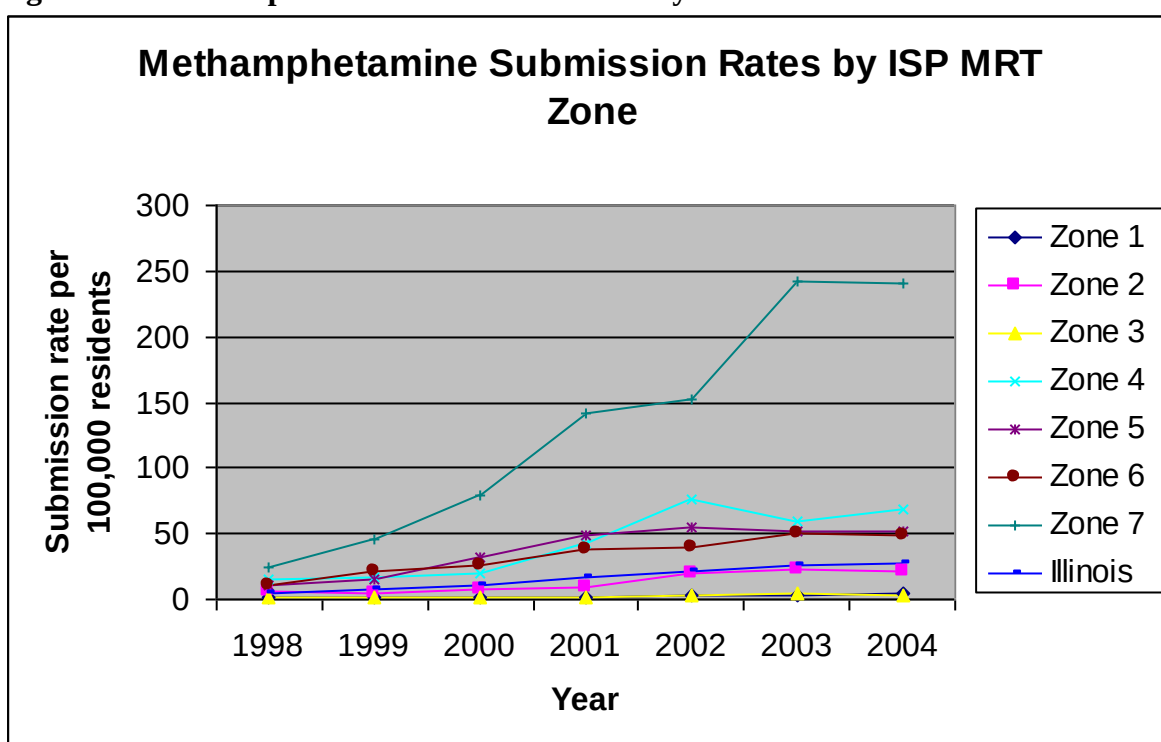


Figure 11 displays the methamphetamine seizure rates in grams per 100,000 persons by ISP MRT zone. Zones 1, 2, and 3 have similar rates until 2004 when both zone 1 and zone 3 have a sharp increase from 2004 to 2005. Zone 6 rose to a rate of 959.31 grams per 100,000 residents in 1995 but decreased sharply to 19.14 grams per 100,000 residents in 1997. Zone 6 began to rise gradually from 1998 with a rate of 34.73 grams per 100,000 residents to a high of 1128.55 grams per 100,000 residents in 2004. Zones 7 and 4

displayed similar trend patterns, increasing and decreasing in the same years; however, zone 7 had much higher seizure rates. In 1997, zone 7 had a seizure rate of 63.71 grams per 100,000 residents and increased to a high of 1687.39 grams per 100,000 residents in 2004, then sharply decreased to 893.73 grams per 100,000 residents in 2005. Zones 4, 5, and 6 all decreased in methamphetamine seizures from 2004 to 2005 as well.

Figure 11. Methamphetamine seizure rates by MRT zone.

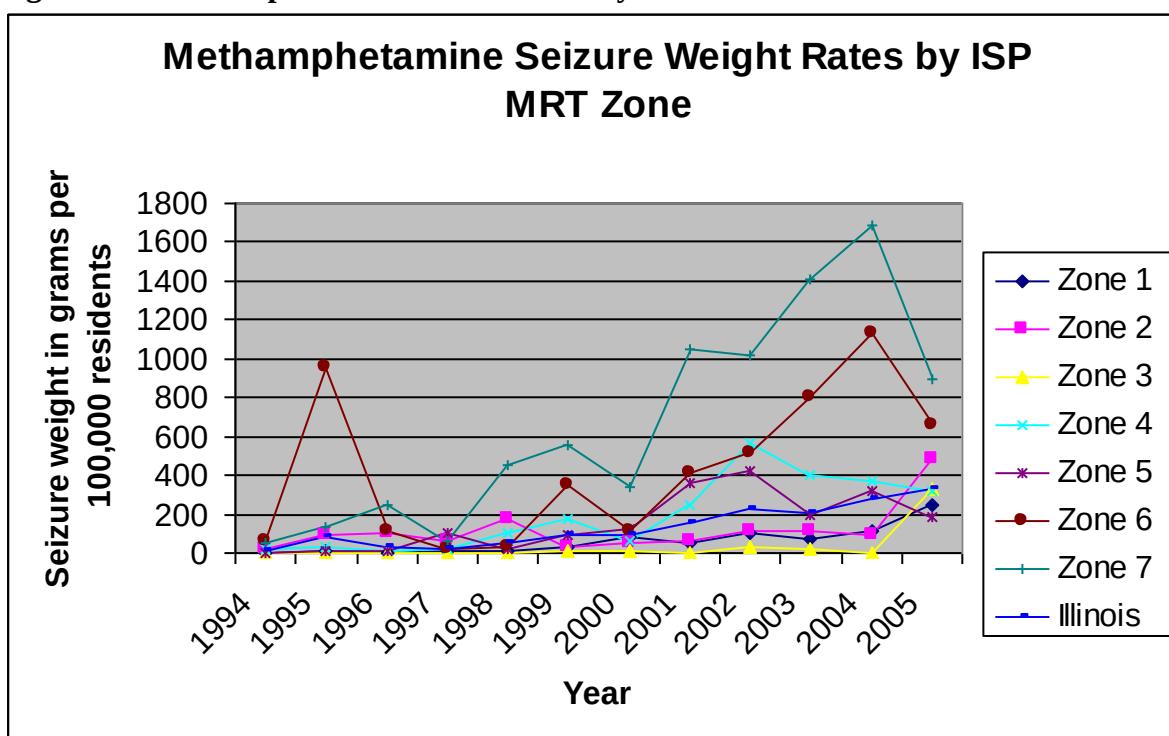


Figure 12 displays the methamphetamine lab seizure rate for each MRT zone.

Methamphetamine lab seizure figures are calculated based on the number of lab seizures reported to the Illinois State Police and the El Paso Intelligence Center (EPIC), which is operated by the Drug Enforcement Agency (DEA). As can be seen from the graph, nearly all 7 zones have similar seizure rates in 1997, however zones 7, 6, 5, and 4 begin to have increasing rates in 1998. Zone 7 has the largest increase in lab seizure rate with a rate of 3.27 seizures per 100,000 residents in 1998 to a rate of 91.95 seizures per 100,000

residents in 2004, with the most significant increase occurring between the years of 2002 (41.47) and 2004 (91.95). Zone 1 (Chicago metropolitan area) did not experience any significant rate change from 1997 (.00) to 2004 (.14). Zone 2 and Zone 3 had seizures rates that rose slightly with Zone 2 peaking in 2003 with a rate of 7.89 seizures per 100,000 residents and Zone 3 peaking in 2004 with a rate of 3.00 seizures per 100,000 residents.

Figure 12. Methamphetamine lab seizure rates by MRT zone.

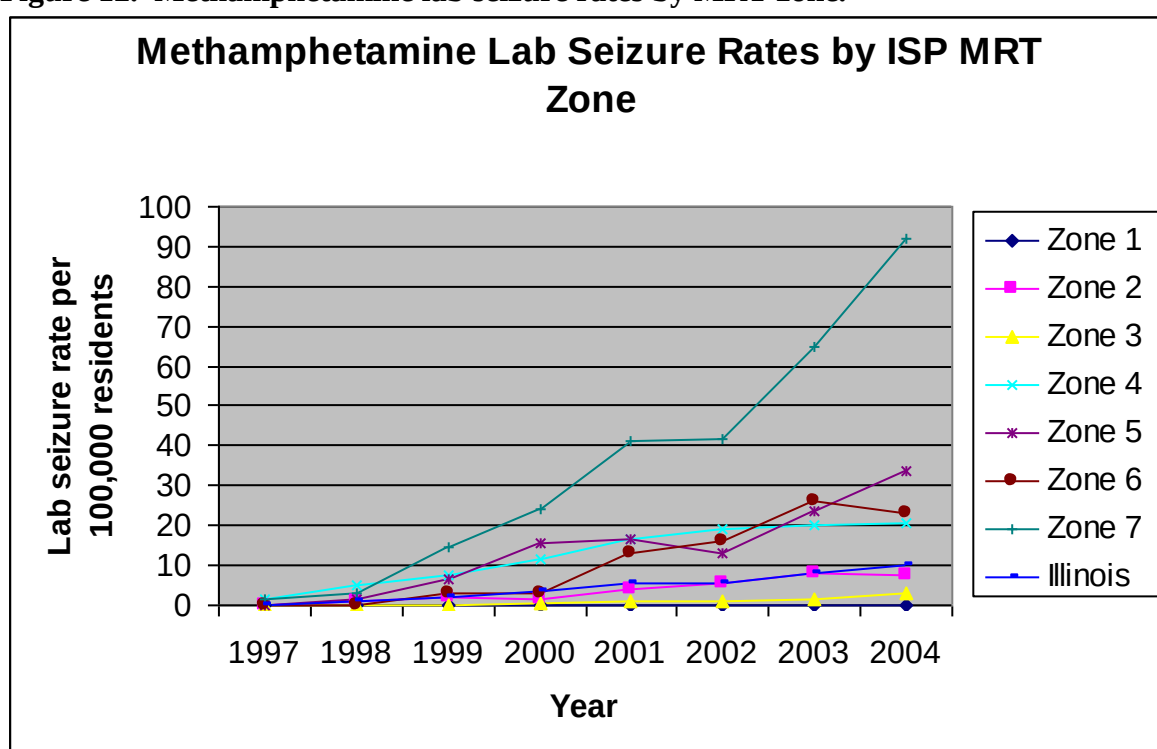


Figure 13 displays the rate of methamphetamine admissions to treatment by MRT zone. The rate of methamphetamine admissions to treatment per MRT zone is calculated as the number of admissions to treatment reported to DASA per 100,000 residents for every MRT Zone. A rate is then calculated from the lab seizures reported for each county in each zone. From 1998 to 2004, every MRT zone experienced an increase in the rate of admissions to treatment for methamphetamine. Zones 1, 2, and 3 experienced only slight

increases with zone 1 increasing from a rate of .46 admissions per 100,000 residents in 1998 to 1.68 admissions per 100,000 residents in 2004, zone 2 increasing from 6.15 admissions per 100,000 residents in 1998 to 19.26 admissions per 100,000 residents in 2004, and zone 3 increasing from .71 admissions per 100,000 residents in 1998 to 4.26 admissions per 100,000 residents in 2004. Zone 6 maintained admission rates comparable to zones 1, 2, and 3 until 2002 when its rates began to increase from 19.66 admissions per 100,000 residents in 2002 to 63.74 persons per 100,000 residents in 2004. Similarly, zone 4 began a much sharper increase in admissions rates in 2002, rising from 35.10 admissions per 100,000 residents in 2002 to a high of 79.74 admissions per 100,000 residents in 2004. Zone 5 began its rapid ascent in 2000 with a rate of 12.98 admissions per 100,000 residents to a high of 95.94 admissions per 100,000 residents in 2004. Zone 7 had the highest rate of all MRT zones every data year beginning with a rate of 20.53 admissions per 100,000 residents in 1998 to a high of 374.06 admissions per 100,000 residents in 2004.

Figure 13. Methamphetamine admissions to treatment rates by MRT zone.

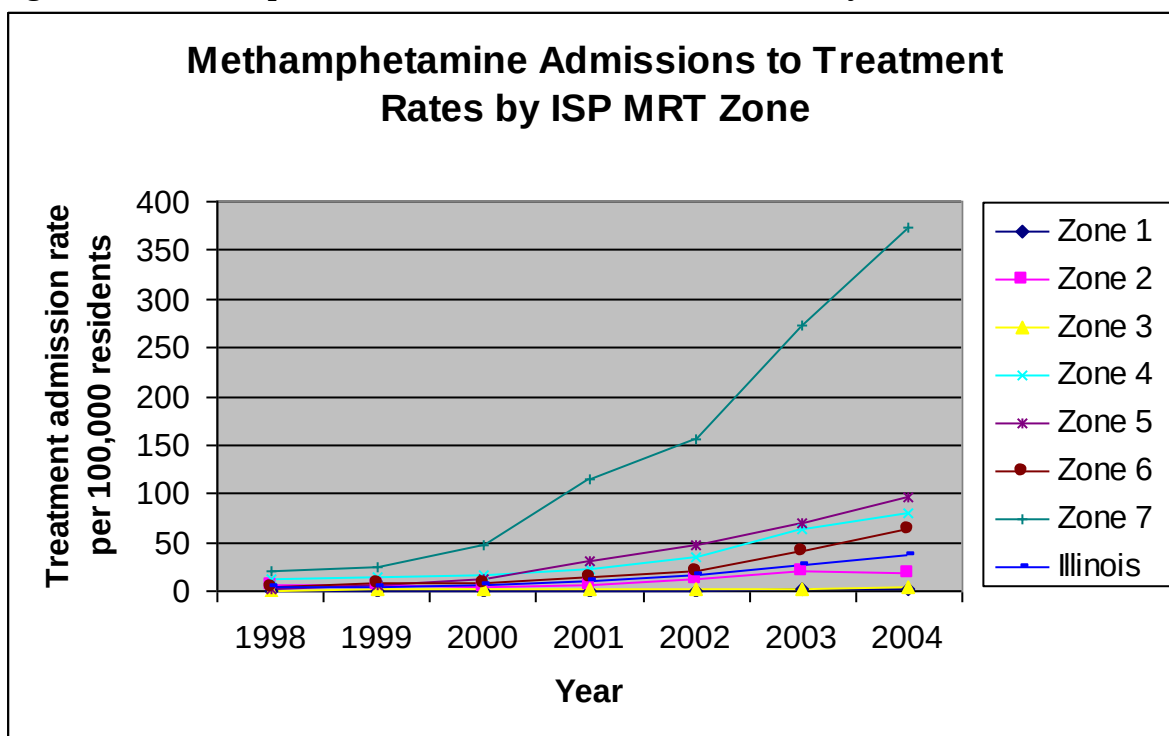
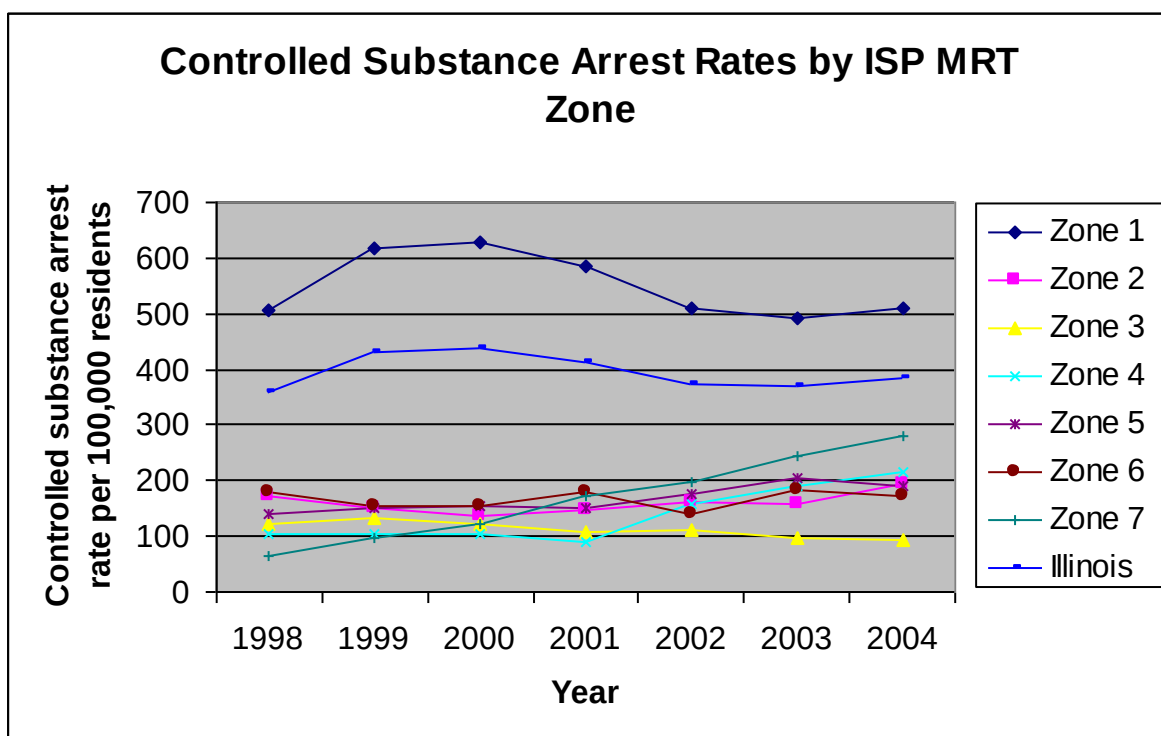


Figure 14 displays trends in the controlled substance arrest rates by MRT zones.

The controlled substance arrest rates are calculated using the number of controlled substance arrests made in each MRT Zone per 100,000 residents. The arrests in this data include arrests made for any controlled substances and are not limited to methamphetamine. Zone 1 had the highest controlled substance arrest rates among all the zones across all data years. Zone 1 rates remained stable with a rate of 504.92 controlled substance arrests per 100,000 residents in 1998, rising slightly to a peak of 628.75 arrests per 100,000 residents in 2000, and returning back down to a rate of 508.49 arrests per 100,000 residents in 2004. Zone 2 likewise remained stable with a rate of 171.04 arrests per 100,000 residents in 1998, decreasing to its lowest rate of 134.89 arrests per 100,000 residents in 2000, and rising to a peak of 194.06 arrests per 100,000 residents in 2004. Zone 3 experienced a steady decrease from a rate of 121.59 arrests per 100,000 residents in

1998 to a rate of 93.11 arrests per 100,000 residents in 2004. Zone 4 had a rate of 102.80 arrests per 100,000 residents in 1998, decreased to a rate of 88.63 arrests per 100,000 persons in 2001, then sharply increases to a peak rate of 215.28 arrests per 100,000 residents in 2004. Zone 5 steadily increased from a rate of 141.25 arrests per 100,000 residents in 1998 to a peak rate of 203.65 arrests per 100,000 residents in 2003, followed by a decrease to 190.94 arrests per 100,000 residents in 2004. Zone 6 experienced a series of increases and decreases beginning with a rate of 180.24 arrests per 100,000 residents in 1998, decreasing to 153.87 arrests per 100,000 residents in 2000, increasing to 181.10 arrests per 100,000 residents in 2001, decreasing again to a low of 140.95 arrests per 100,000 residents in 2002, followed by an increase to a peak rate of 183.88 arrests per 100,000 residents in 2003. Zone 7 experienced the largest and most rapid increase in controlled substance arrest rates beginning with a rate of 66.26 arrests per 100,000 residents in 1998 and rising to a peak rate of 280.55 arrests per 100,000 residents in 2004.

Figure 14. Controlled substance arrest rates by ISP MRT zone.



Discussion

The analysis of the four methamphetamine measures provided above allow for several claims to be made about the recent methamphetamine trends based on county classification. It can not be denied that rural counties by far felt the greatest impact from methamphetamine. In all of the methamphetamine measures, rural counties accounted for the most dramatic increases in methamphetamine measure totals and rates from 1998 to 2004. As can be derived from the data on methamphetamine lab seizures, a proxy for methamphetamine production, domestic methamphetamine production appears to be nearly exclusively located in rural areas. This finding can be attributed to an increased availability of products needed for methamphetamine production, primarily anhydrous ammonia, that can be obtained from the agrarian environment within these counties.

Urban counties also had a large increase of methamphetamine lab seizures. Not all urban counties are entirely urban and some contain large areas of rural, agrarian environment, explaining why urban counties experienced significant increases in methamphetamine lab seizures from 1998 to 2004. Very few labs were seized in collar counties and Cook county. These counties typically are almost entirely urban with a few exceptions, decreasing the likelihood of readily available methamphetamine production materials.

Methamphetamine crime lab submissions and seizure weights cannot be classified as either indicators of production or used exclusively due to the fact that submissions and seizures can be made from those who are in possession of methamphetamine for either distribution or for their own personal use; however, they are good indicators of methamphetamine availability. In all county classifications, both submissions and seizure weights increased from 1998 to 2004, most dramatically in rural counties, followed by urban counties. The large increase in methamphetamine seizure weights and submissions seen in rural counties could merely be as a result of increased production for sale and distribution rather than a result of increased usage. However, the data on methamphetamine admissions to treatment suggest that not only has the production of methamphetamine grown dramatically in rural counties but also methamphetamine use has increased dramatically as well.

All of the measures of methamphetamine used in this analysis suggest that the closer a county is to Cook County or any other major urban area in Illinois, the law enforcement agencies and drug treatment programs servicing that county will have fewer encounters with methamphetamine production and use. As suggested earlier, the production of methamphetamine is largely limited to rural counties and somewhat in urban

counties as well, possibly due to an increase in availability of readily accessible production materials. Similarly, methamphetamine use appears to be a dramatically growing problem as well in rural counties. This increased use could possibly be a result of the close proximity to the source of production. This conclusion suggests an obvious problem for a law enforcement response to methamphetamine. If methamphetamine production and use is most dramatically increased in rural counties, then law enforcement and social services would have to dedicate more resources to addressing the related issues that arise.

However, many rural counties are plagued by dwindling resource pools, limiting their ability to adequately combat methamphetamine and other drug related issues. Other government entities, such as the State or Federal agencies are left to try to combat these local problems.

Discussion of Trends by MRT Zones

The methamphetamine measure trends all indicate that Zone 7 has experienced the largest a most rapid increase in methamphetamine lab seizures, methamphetamine seizures in grams, methamphetamine submissions to crime labs, and admissions to treatment for methamphetamine. Although Zones 4, 5, and 6 have not reached the extreme rates of Zone 7, their rates are consistently higher than Zones 1, 2, and 3. A potential explanation for the observed higher methamphetamine measure rates in Zones 4, 5, 6, and 7 is that these zones are located in central and southern Illinois which are largely dominated by rural, agrarian based counties, particularly southern Illinois. Controlled substance arrest rates do not display the same trends among the zones as the methamphetamine measures largely due to the fact that controlled substance arrest data reflects arrests for several illicit drugs and not strictly methamphetamine. However, Zone 7 experienced the most dramatic increase in

controlled substance arrest rates from 1998 to 2004, which can potentially be attributed to an increase in methamphetamine use, production, and distribution indicated by the methamphetamine measures.

Conclusion

After reviewing the data on the methamphetamine trends in Illinois, there is no question that methamphetamine was a fast growing problem. Naturally, anytime a public safety problem appears and grows, specifically drug related, law enforcement must create a specific approach to combating it. Illinois was no different and was very public about its creation of the MRTs. However, since 2008 it has been very difficult for this researcher to obtain any further public information on the operations and impact of the MRTs. A newspaper article from The Southern Illinoisian in April of 2010, credited Capt. Scott Rice, commander of the Illinois State Police Zone 7 investigations as saying that the MRT was half the size that it once was and it has receded from a proactive approach to a reactive approach. Capt Rice also went on to advise that methamphetamine activity has increased specifically in Zone 7 which covers the southern 31 counties in Illinois. This would lead one to believe that this initiative is bound to have a fate that befalls many other law enforcement task forces and initiatives, which is a reallocation of resources to another “hot topic” until the initiative is a fraction of what it once was.

Based on the trends displayed by the data, an increase in the enforcement efforts primarily in rural areas of Illinois would be the best utilization of resources dedicated to this problem. The true impact of the MRTs can only be more accurately determined by further research. However, on face value, the initial purpose and efforts of the MRTs seemed to be destined to have some success when looking logically at their intended

purpose and the cited data in the discussion. With the indication that methamphetamine related activity is on the rise again in at least Southern Illinois, only time will tell what fate the MRTs will have and what impact they will place on the problem.

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Response

Major Professor: Joseph A. Schafer