CUTTING OFF THE BUILDING BLOCKS TO METHAMPHETAMINE PRODUCTION: A GLOBAL SOLUTION TO METHAMPHETAMINE ABUSE

I. A SLEEPING GIANT: WHERE DID METHAMPHETAMINE COME FROM? ................................................................. 160
   A. A History of Methamphetamine ........................................ 164
   B. Methamphetamine Production ...................................... 166
   C. An International Affair ............................................. 167

II. THE U.S. RESPONSE TO METHAMPHETAMINE ABUSE ...... 170
   A. State Action ................................................................ 171
   B. Federal Regulation ................................................. 174

III. THE INTERNATIONAL RESPONSE TO METHAMPHETAMINE ABUSE ......................................................... 179
    A. The International Struggle with Methamphetamines: Bilateral Agreements, Terrorism, and Corruption ..................... 179
    B. The United Nations’ Response .................................... 182

IV. A TWO FRONT WAR: COMPARING THE U.S. AND INTERNATIONAL RESPONSE TO METHAMPHETAMINE ABUSE ........................................................................ 184
    A. Weak States: the Methamphetamine Den of Thieves ........................................................................ 187
    B. Confusing the War on Terrorism and the War on Drugs ........................................................................ 190
C. Controlling the Precursor Manufactures .................. 191
D. United States Attempts at International Cooperation: Intelligence, Training, and Seizures ... 198

V. CONCLUSION ..................................................................... 201

Look at me, busy as a bee,
Where’d I get all this energy?
Oh meth. Mmm meth.
I don’t sleep, and I don’t eat,
But I’ve got the cleanest house on the street.
Oh meth. Mmm meth.
Get these hairs all out of my face.
Get these bugs all out of my place.
One more hit, no time to waste.
Oh meth. Mmm meth.1

In the late 1990s, the Office of the National Drug Control Policy (ONDCP) began running commercials warning of the dangers of methamphetamine—a drug that was quickly becoming a national concern. 2 However, the contrast between the upbeat jingle and the underlying antimethamphetamine message may have confused the public. This initial foray into addressing methamphetamine abuse not only highlighted the government’s flawed grasp over the severity of the drug, but also foreshadowed the struggle to create a cohesive national policy to fight this growing concern.

The government continues to provide mixed messages concerning the gravity of U.S. methamphetamine abuse:

In terms of damage to children and to our society, meth is now the most dangerous drug in America—a problem that has surpassed marijuana.

—Former U.S. Attorney General Alberto Gonzales

But is [meth] the only drug problem? Is it the worst drug problem? . . . The answer is no.

—John Walters, Director of the ONDCP

While some policymakers argue that the media and the public are simply “crying meth,” others are working to encourage all levels of government to continue passing legislation that addresses methamphetamine-related issues.

Indeed, increased media attention has forced the state and federal levels of government to adopt new policies addressing methamphetamines. However, the fight against methamphetamine abuse, production, and trafficking within the United States cannot rely solely on additional federal guidelines and experimentation in state legislatures—it requires a clear federal response and international cooperation. Because many countries’ methamphetamine policies focus on single faceted solutions or suffer from lack of funding and support, the United

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States must continue to foster support for international initiatives designed to control global methamphetamine production and encourage U.N. resolutions addressing methamphetamine-related issues. In addition, reducing methamphetamine abuse and production in the United States requires an understanding of methamphetamine’s history, an effort to balance federalism issues, and a harmonization of domestic goals that may diametrically oppose international foreign policies.

This Comment is divided into five parts. Part I discusses domestic methamphetamine production, traces U.S. addiction rates, and illustrates the global nature of methamphetamine abuse. Part II of this Comment analyzes the United States’ response to the growing methamphetamine problem at both the state and federal levels. Turning away from U.S. methamphetamine policy, Part III examines the international responses to methamphetamine abuse and production as well as the U.N.’s current regulations concerning precursor chemicals—those chemicals used to manufacture the drug. Part IV then analyzes some of the current U.S. and international strategies, including providing aid to weaker countries, regulating precursor chemicals, and sharing methamphetamine trafficking intelligence. In addition, Part IV discusses some of the dangers of including methamphetamine legislation within antiterrorism legislation. Finally, Part V concludes by explaining why the United States and the international community must cooperate to eliminate the production and abuse of methamphetamines.

I. A SLEEPING GIANT: WHERE DID METHAMPHETAMINE COME FROM?

Methamphetamines are addictive stimulants that trigger the brain to release high levels of dopamine. This chemical and Narcotics Affairs of the S. Comm. on Foreign Relations, 109th Cong. 21 (2006), (statement of Karen P. Tandy, Administrator, Drug Enforcement Administration (DEA) (noting “the legal and regulatory tools to limit imports and after import distribution were relatively insufficient” before DEA-led voluntary international cooperation efforts).

release results in the user feeling a sense of euphoria. In addition to affecting the central nervous system, methamphetamines increase activity levels and alter a user's appetite. While other stimulants may create a high that lasts 20–30 minutes, a methamphetamine user's high may last 6–8 hours.

A user's euphoria is “followed by depression and exhaustion that drive the need for the next fix.” The increased level of dopamine causes the body to speed up metabolic activities, including aging, and results in the deterioration of the user's physical appearance. Additionally, repeated methamphetamine use has been linked to “deficits in learning and memory” resulting in longterm health dangers, including brain damage.

Within the last twenty years, methamphetamine, once labeled the “poor man's cocaine,” has become one of the most abused drugs in America. Its popularity quickly spread into the mainstream, creating addicts in all facets of the


12. Id. at 1.
13. Id. at 2.
14. Nat'l Inst. on Drug Abuse, Epidemiologic Trends in Drug Abuse, Advance Report and Highlight/Executive Summary: Abuse of Stimulants and Other Drugs 10 (2005) [hereinafter Nat'l Inst. on Drug Abuse II]. Methamphetamine may remain in the body for an additional 8–24 hours. Id.
17. Sandra Blakeslee, Drug's Effect on Brain is Extensive, Study Finds, N.Y. Times, Mar. 6, 2001, at F5. A study of methamphetamine abusers found scarring in the area of the brain “responsible for spatial perception and sensation” after repeated hyperactivity of the region from methamphetamine use. Id.
18. Jefferson, supra note 6, at 42.
socioeconomic spectrum without regard to geographic areas. By 2005, an estimated 12 million Americans had tried methamphetamines at least once in their lifetimes, and by 2006, an estimated 1.4 million Americans were actively using methamphetamines. Methamphetamine production and abuse disrupts the social and economic framework of both methamphetamine users and nonusers. Some of the impacts of methamphetamines on local communities include: an increase in crime and jail overcrowding, an increase in child welfare cases, higher

19. Id. Epidemiological trends from 2004 show the highest methamphetamine abuse rates in Honolulu, San Diego, Los Angeles, San Francisco, and Seattle, with rising rates in Atlanta, Colorado, Minneapolis, and Phoenix. See NAT’L INST. ON DRUG ABUSE II, supra note 14, at 14–16 (describing the areas that have seen high or increasing methamphetamine use). This trend highlights the eastward movement of methamphetamine abuse. See id.


23. See Kate Zernike, Officials Across U.S. Describe Drug Woes, N.Y. TIMES, July 6, 2005, at A12 (noting an increase in methamphetamine-related arrests). A 2005 National Association of Counties survey of 500 local law enforcement agencies outlined increases in methamphetamine-related crimes compared to 2002 levels. Id. The survey found an eighty seven percent increase in arrests, a seventy percent increase in robberies, a fifty three percent increase in assaults, and a twenty seven percent increase in identity theft. Id.

24. Kate Zernike, Potent Mexican Meth Floods in as States Curb Domestic Variety, N.Y. TIMES, Jan. 23, 2006, at A1. The child welfare system has seen an increase in children placed in foster care after they were removed from their parents who were abusing methamphetamines. Id.; see also GENERATIONS UNITED, METH AND CHILD WELFARE: PROMISING SOLUTIONS FOR CHILDREN, THEIR PARENTS, AND GRANDPARENTS 9 (2006), http://ipath.gu.org/documents/A0/Meth_Child_Welfare_Final_cover.pdf (noting that some state and county agencies “have reported increases in the overall number of children in care due to parental meth use”). These children, christened “meth orphans,” are often victim to the toxic byproducts created during methamphetamine cooking that
levels of environmental waste, supporting terrorism, and increased healthcare cost. In addition, over fifty eight percent of law enforcement agencies in forty five states rank methamphetamines as their largest drug problem.


25. See Jefferson, supra note 6, at 42. (discussing toxic dumps found near methamphetamine labs in Missouri). For every pound of methamphetamine created, five to seven pounds of toxic waste are also produced. Id. at 43; Hearing on H.R. 3889, supra note 24, at 10. In 2004, lab cleanup costs were roughly $17.8 million. Fighting Meth in America’s Heartland: Assessing the Impact on Local Law Enforcement and Child Welfare Agencies: Hearing Before the H. Gov. Reform Comm., Subcomm. On Criminal Justice, Drug Policy and Human Resource, 109th Cong. 22 (2005) (statement of Joseph T. Rannazzisi, Deputy Chief of the Office of Enforcement Operations of the DEA). Environmental cleanup requires specialized training and equipment because of high toxicity levels. See HUNT ET AL., supra note 3, at 26 (noting the drain on public resources caused by methamphetamine lab cleanup). Methamphetamine labs require specialized training to prevent additional damage to farmland, water supplies, and vegetation. Id.

26. U.S. Drug Ring Ties to Aid for Hezbollah, N.Y. TIMES, Sept. 3, 2002, at A16. Some drug sales of methamphetamines in the United States have been linked to supporting terrorist groups such as Hezbollah. Id. The FBI and Drug Enforcement Administration have linked the profits of smuggling methamphetamine precursor chemicals to organizations in the Middle East and are tracing ties to terrorist groups. Clifford Krauss, U.S. Moves to Close Canadian Drug Route for Illegal Stimulant, N.Y. TIMES, Mar. 5, 2002, at A7.

27. See Drug Abuse; Admissions to Treatment for Methamphetamine Abuse Rise Sharply, MANAGED CARE L. WKLY., Apr. 9, 2006, at 34. Health treatment costs for methamphetamine abuse have increased from 28,000 reported admissions in 1993 to 136,000 admissions in 2003. Id. Increases in emergency room care for methamphetamine-related problems are “straining local hospital budgets and treatment facilities across the country.” Kate Zernike, Hospitals Say Meth Cases are Rising, and Hurt Care, N.Y. TIMES, Jan. 18, 1996, at A10. These cases “weak financial havoc” on hospitals because methamphetamine users are often uninsured and unable to pay for their medical treatment. Arian Campo-Flores, The Fallout: I Felt My Face Just Melting', NEWSWEEK, Aug. 8, 2005, at 44. Chemical burns from methamphetamine lab explosions result in deep chemical injuries that require greater recuperation time and long periods on ventilators. Id. at 45.

28. Jefferson, supra note 6, at 42; Zernike, Officials Across U.S. Describe Drug
A. A History of Methamphetamine

In 1919, Japanese chemist A. Ogata first synthesized methamphetamine by chemically reducing ephedrine. Methamphetamine’s stimulant effect quickly became a popular fatigue cure for both the Axis and Allied troops during World War II. In the United States, methamphetamines and amphetamines gained notoriety in the 1950s as diet aids, depression cures, and prescriptions to “give housewives a boost.”

As the U.S. government strengthened drug regulation in the 1970s, the use of amphetamines and methamphetamines diminished. In 1970, the Control Substance Act designated methamphetamine as a Schedule II drug, which severely limited the drug’s availability and legal distribution. Following this classification, amphetamine and methamphetamine production moved underground with biker gangs from California and the Pacific Northwest “cooking” chemicals to produce methamphetamine. In the early 1980s, U.S. amphetamine production diminished after the government placed restrictions on the key ingredient phenyl–2–propanone.

Woes, supra note 23, at A12.


30. Jefferson, supra note 6, at 46. Additional reports state that Japanese kamikaze pilots would take high doses of methamphetamines before flying their suicide missions. Id.

31. Id.


33. Comprehensive Drug Abuse Prevention and Control Act Of 1970, 21 U.S.C. §§ 801–904 (2000) (also known as the Controlled Substances Act). This Act classifies all drugs into five schedules based on factors, including medical use, potential for abuse, and availability. Id. § 812. Schedule I drugs, including heroin and LSD, have no medical use and a high potential for abuse. Id. Schedule II drugs, including methadone and amphetamines, also have a high abuse potential, but some patients may obtain the drug with a prescription for a justified medical use. Id.

34. See Jefferson, supra note 6, at 47.

35. Frontline, supra note 16.
As a result, the “cooks” adjusted the recipe to focus on methamphetamine production.  

From 1993–1995, in response to rising domestic drug production levels, the U.S. government increased the regulation of bulk sales of ephedrine and pseudoephedrine. The Drug Enforcement Agency (DEA) also began restricting sales of “box lab” chemical kits that “contained everything you needed to produce meth.”

Due to the increased domestic import restrictions, methamphetamine producers in the United States began exploiting chemical importation loopholes in Canada to obtain bulk amounts of ephedrine and pseudoephedrine. By 2002, Canada had “become the leading supply route for the raw ingredient[s]” needed to produce methamphetamines. Under pressure from the United States, the Canadian government enacted new regulations in 2003 to restrict the importation of bulk amounts of ephedrine and pseudoephedrine. However, this solution to U.S. methamphetamine production proved to be short lived since curtailing imports into Canada resulted in increased drug trafficking from Mexico into the United States.

36. Jefferson, supra note 6, at 41.
38. Id.
39. See Jefferson, supra note 6, at 47.
40. Krauss, supra note 26, at A7. From April 2001 to March 2002, the U.S. Customs Service seized over 110 million tablets of decongestants that contained ephedrine or pseudoephedrine. Id.
41. Precursor Control Regulations (Controlled Drugs and Substances Act) SOR/2002–359 (Can.); see also Jefferson, supra note 6, at 47 (noting the movement of methamphetamine manufacturing from the United States to Canada and the resulting regulation which forced manufacturers to Mexico). The Canadian laws regulated class A precursors, which include components needed to make methamphetamines. Precursor Control Regulations (Controlled Drugs and Substances Act) SOR/2002–359 (Can.). In addition, Canada has added methamphetamines to its Schedule I drug list that provides that no medical uses for the drug exist and increases the penalties for distribution and possession to a maximum sentence of life in prison. Order Amending Schedule I to the Controlled Drugs and Substances Act SOR/2005–337 (Can.).
Today, Mexico is the major source of U.S. methamphetamines with Mexican “superlabs” providing between sixty five and eighty percent of all methamphetamines consumed in the United States.

B. Methamphetamine Production

In the United States, methamphetamines generally come from one of two different sources: small, domestic “mom and pop” labs or superlabs run by Mexican drug cartels. The small “mom and pop” labs operate within the United States and account for twenty percent of the methamphetamine supply, while superlabs account for the remaining methamphetamine supply sold in the United States.

Unlike marijuana, heroin, or cocaine, methamphetamines are not derived from a plant derivative or extract. Instead, methamphetamines are produced through chemical synthesis. Recipes for methamphetamines are readily available on the internet or in underground publications. Therefore, hypothetically, anyone with a basic understanding of chemistry and the ability to gather the chemical ingredients could produce methamphetamines.

The recipes used by “mom and pop” labs call for inexpensive household products and chemicals that are difficult to regulate because of their frequent use in other industries and day-to-day activities. However, the key precursor chemicals for

43. “Superlabs” are highly organized and sophisticated production centers that are capable of producing “massive quantities” of methamphetamines. Wichern, supra note 37. Most superlabs are capable of producing ten pounds of methamphetamines or more every day. HUNT ET AL., supra note 3, at 31.
44. Compare Mexico Cuts Imports of Meth Ingredient, supra note 42, at A1 (stating that Mexican methamphetamines are sixty five percent of the U.S. methamphetamine supply), with Drug Czar: We're winning, supra note 5, at A1 (stating that Mexican methamphetamines are eighty percent of the U.S. methamphetamine supply).
45. Drug Czar: We're winning, supra note 5, at A1.
46. Id.
47. Cooking up Solutions, supra note 8, at 2509–10.
48. Id. at 2509.
49. HUNT ET AL., supra note 3, at v.
50. Id.
51. Id.
methamphetamine production include ephedrine or pseudoephedrine. Ephedrine and pseudoephedrine are unique when compared to the other chemicals in the methamphetamine recipe because their only commercial use is as the key ingredient in over-the-counter cold medication. Additionally, because ephedrine and pseudoephedrine have complex chemical structures, only nine factories worldwide possess the infrastructure to produce them.

C. An International Affair

Methamphetamine abuse is not solely an American problem. Indeed, methamphetamines have become some of the most abused drugs in Asia, Australia, and Mexico, and its use is spreading in Europe. Approximately twenty five million methamphetamine users exist worldwide; over four-fifths of users exist outside the United States. In addition, the United Nations states that methamphetamines are now the most abused hard drugs in the world.

52. Cooking up Solutions, supra note 8, at 2511.
53. See Steve Suo, Growing Mexican Pseudoephedrine Supply Escaped U.S. Notice, NEWHOUSE NEWS SERV., June 3, 2005 (explaining the imbalance in Mexican imports of pseudoephedrine versus the amount needed for legitimate use).
54. Steve Suo, World Wakes Up to Meth: Most Nations Fail to Monitor Pill Shipments, OREGONIAN, Feb. 14, 2005, at A1. These factories are located in India, China, Germany, and the Czech Republic. Id.
55. See U.N. OFFICE ON DRUGS & CRIME (UNODC), 2006 WORLD DRUG REPORT VOLUME I: ANALYSIS 143–57 (2006) [hereinafter UNODC ANALYSIS] (discussing global methamphetamine usage statistics). Methamphetamines are one of Europe’s “biggest threats” according to International Narcotic Control Board (INCB) chief Professor Hamid Ghodse. UK’s Cocaine Use ‘As High as US,’ BBC NEWS, Mar. 1, 2006, http://news.bbc.co.uk/2/hi/uk_news/4760190.stm. When speaking about methamphetamines, he warned that, “as drug misuse occurs in North America sooner or later it gets [to Western Europe and the United Kingdom].” Id. But see Alan Travers, Crystal Meth Yet to Take off in Britain, Say Police, GUARDIAN, July 10, 2007, at 9 (discussing the inability of crystal meth to compete with the usage of cocaine in the United Kingdom).
56. UNODC ANALYSIS, supra note 55, at 143 tbl.13.
57. Frontline, supra note 16.
As Asia’s economic growth increased in the 1990s, methamphetamine use skyrocketed as workers used the drug to stay awake and work longer shifts.\(^{58}\) After the area’s economic downturn, methamphetamine use remained elevated as formerly employed workers tried to “alleviate the boredom of unemployment.”\(^{59}\) Today, Asia has over fifteen million estimated methamphetamine users.\(^{60}\)

Asia’s methamphetamine users have not been deterred by the region’s drug laws, which are some of the most stringent in the world.\(^{61}\) Indeed, drug trafficking and smuggling may lead to a death sentence.\(^{62}\) However, these penalties have not slowed the spread of methamphetamine abuse.\(^{63}\) In fact, the largest reported lab seizures in the world have occurred in China, Myanmar, India, and Thailand.\(^{64}\)

In the late 1990s, methamphetamine production overtook the heroin trade in Myanmar, and “ya ba” consumption in Thailand boomed.\(^{65}\) Ya ba became the “drug of choice for longhaul truck and bus drivers” and spread throughout the


\(^{59}\) Id.

\(^{60}\) UNODC, supra note 55, at 143 tbl.13.

\(^{61}\) Greenfeld, supra note 58.

\(^{62}\) Id.; e.g., Indonesia Confiscates Record 950 kilos of Crystal Methamphetamine, DEUTSCHE PRESSE-AGENTUR, Aug. 29, 2006 (stating that Indonesian judges are handing down death sentences to deter drug trafficking); China Sentences to Death Five Taiwan Drug Traffickers, DEUTSCHE PRESSE-AGENTUR, Sept. 2, 2004.

\(^{63}\) See Greenfeld, supra note 58 (discussing the availability of methamphetamine in Southeast Asia despite the potential of a death penalty); UNODC, supra note 55, at 151 (showing changes in abuse of methamphetamine around the globe).

\(^{64}\) Hunt et al., supra note 3, at 33. During 2000, China reported 10,150 seizures (45% of the world’s total lab seizures), Myanmar reported 3,922 seizures, and India reported 930 seizures. Id. In comparison, Thailand reported twenty seven percent of total lab seizures and the United States twelve percent. Id.

\(^{65}\) Ron Moreau, Transplanted Trouble, NEWSWEEK, July 16, 2001, at 43. In January 2001, the Thai Navy seized 7.8 million “ya ba” tablets (the Thai name for methamphetamine tablets) and an additional 6 million tablets in April 2001. Id. Unlike heroin, which is dependent on harvesting opium, methamphetamines production is not affected by weather changes, rainfall, or fluctuations in the season. Jason Gagliardi, A Formula for Disaster, SOUTH CHINA MORNING POST (Hong Kong), May 11, 1997, at 16.
working class. Methamphetamine has now become the “leading drug produced in the [] Golden Triangle.” In 1999, authorities also seized 218 kilograms of methamphetamine tablets in Indonesia, an increase from the 3 kilograms seized in 1997. Between 1995 and 1999, Japanese authorities confiscated almost 2000 kilograms of methamphetamines, the equivalent of approximately 65 million hits. By 2001, Japanese methamphetamine abuse was serious enough that “the Prime Minister himself [was] heading the antidrug force.”

Like the United States, Mexico has also seen an increase in methamphetamine abuse. As in the United States, Mexico’s highest methamphetamine abuse rates are reported in the Northwest region of the country. From 1996–2004, Mexican patients treated for methamphetamine abuse rose from 3% to 20.3%.

In 2005, Australian officials approximated that there were over 73,000 methamphetamine addicts in Australia—twice the number of heroin addicts. A 2007 report stated there was a “significant upsurge” in methamphetamine-related issues and that an astounding one in ten Australians had tried methamphetamines at least once in their lifetime. Drug seizures on the mainland and surrounding islands have

66. Greenfeld, supra note 58. Ya ba is also called “shabu” in Japan, “batu” in the Philippines, and “binglu” in China. Id.
68. Greenfeld, supra note 58. Indonesian seizures have continued with a recent bust of over 950 kilograms during a single raid in 2006. Indonesia Confiscates Record 950 Kilos of Crystal Methamphetamine, supra note 62.
69. Greenfeld, supra note 58.
70. Id.
71. See NAT’L INST. ON DRUG ABUSE II, supra note 14, at 34 (explaining the increasing trend of methamphetamine dependence among patients at nongovernment treatment centers in Mexico).
72. Id. at 37.
73. Id. at 34.
dramatically increased over the last few years. Methamphetamines have extended throughout the Australian continent and in 2006, New Zealand emerged as the country with the highest methamphetamine usage rate in the world and as one of the leading producers per capita.

While European methamphetamine abuse has yet to reach the levels of other countries and continents, large scale production of methamphetamines have been found in the Czech Republic and, to a lesser extent, the Balkans, Moldova, and the Slovak Republic.

II. THE U.S. RESPONSE TO METHAMPHETAMINE ABUSE

The federal government’s slow response to the spread of methamphetamine use has elicited strong criticism. Historically, the U.S. government has not targeted illegal drugs on an individualized basis. However, in the past few years, the U.S. government has altered its drug strategy toward a more targeted response.

The spread of methamphetamine abuse across the United States remained virtually unnoticed for much of the late 1980s

76. See Fiji: Record Drug Haul, N.Y. TIMES, June 10, 2004, at A10 (noting the continued exploitation of the South Pacific in the face of increasing methamphetamine use). For example, in 2004, Fijian and Australian officials raided and seized an Asian gang’s methamphetamine shipment with a street value of over $560 million. Id.


78. UNODC ANALYSIS, supra note 55, at 130.

79. Jefferson, supra note 6, at 42–44. According to Deputy District Attorney Mark McDonnell, head of narcotics in Portland, Oregon, “[i]t hurts the federal government’s credibility when they say marijuana is the No. 1 priority. . . . [because] meth is an epidemic and a crisis unprecedented.” Id. In addition, Sen. Jim Talent of Missouri has stated that “[t]o the extent that we have to choose between fighting meth and marijuana, we need to be fighting meth.” Id.


81. Id.
and early 1990s. Nevertheless, since the mid-1990s, awareness has increased as methamphetamine abuse extended from its origin in the Northwest to the East Coast. In spite of the increased awareness, the federal government did not address methamphetamines at the national level for several years. As a result, the state governments enacted the initial legislation addressing methamphetamine abuse and production.

A. State Action

The greatest impact of methamphetamine abuse has been at the local and state levels because methamphetamine users increase crime rates, deplete healthcare funds, leave children in the welfare system, strain police and paramedic resources, and cause environmental damage. The growing burden on local communities, coupled with federal inaction, forced many states to enact legislation combating methamphetamine production and use. Several states enacted legislation to address methamphetamine-related issues by using their police powers "to protect the health, safety, and welfare of their citizens."
In 2005, thirty eight states passed legislation targeting methamphetamine manufacturing and use.87 These bills sought to regulate precursor chemicals, punish users and manufacturers, clean up methamphetamine labs, protect victimized children, and provide treatment for methamphetamine addicts.88 In addition, many states attempted to stop the spread of methamphetamines through “supply-side intervention” as opposed to focusing on the “demand-side” consumption of methamphetamines.89 Several states began passing legislation that regulated the key ingredients of ephedrine and pseudoephedrine in the hopes that, without the supply of precursor chemicals, methamphetamine production would cease.90

In 2004, Oklahoma became the first state to restrict sales of cold medicine containing ephedrine and pseudoephedrine.91 The Oklahoma Legislature passed legislation that mandated pharmacies to place all over-the-counter cold medications behind the shelf and required retailers to record the identity of each purchaser.92 In addition, the state, through a joint effort with the Department of Justice (DOJ), increased training and

87. Id.
88. Id. at 2513–14.
89. See Frontline, supra note 16 (discussing the effectiveness of supply-side regulation because methamphetamine is a synthetic drug that cannot be grown).
90. See Drug Czar: ‘We’re winning,’ supra note 5 at A1 (noting the effectiveness of restrictions on ephedrine and pseudoephedrine in Oklahoma). “When you can effectively control the precursor, you prevent the production of meth, you save lives.” Id. (quoting John Walters, Director of the ONDCP).
91. See OKLA. STAT. ANN. tit. 63, § 2–212 (West Supp. 2007) (requiring medicine containing pseudoephedrine to be dispensed by a licensed pharmacist).
educational programs to help citizens aid the police in identifying methamphetamine labs.\footnote{Tom McEwen et al., Combating Methamphetamine Laboratories and Abuse: Strategies for Success 7 (2003), available at \url{http://www.cops.usdoj.gov/mime/open.pdf?Item=775}. Natural gas employees annually perform over 600,000 service calls within the state at both personal residences and businesses. \textit{Id.} The Office of Community Oriented Policy Services (COPS) trained these gas employees to identify possible methamphetamine lab sites. \textit{Id.}}

Illinois followed Oklahoma’s lead by enacting legislation that regulated the amount of ephedrine that could be sold to an individual user and required all cold capsules to be sold in blister packs.\footnote{720 Ill. Comp. Stat. Ann. 648/20 (West 2006); 720 Ill. Comp. Stat. Ann. 570/216 (West 2004).} In 2005, Oregon also enacted legislation requiring pharmacists to record the identity of consumers purchasing cold medicine containing ephedrine or pseudoephedrine.\footnote{NewsHour with Jim Lehrer: Oregon Fights Meth Labs (PBS television broadcast Dec. 12, 2005), available at \url{http://www.pbs.org/newshour/bb/health/july-dec05/meth_12-12.html}.} The legislation additionally requires that consumers have a prescription to obtain cold medicine.\footnote{Or. Rev. Stat. §§ 475.185, 475.973 (2005).}

Some states have also enacted legislation designed to aid in correcting the environmental damage created by methamphetamine production’s toxic byproducts. California and Colorado have regulated cleanup requirements for previous methamphetamine labs. Additionally, Oklahoma and Nevada require disclosure of methamphetamine-related environmental damage when selling property.

While innovative and effective in reducing domestic methamphetamine production, state efforts to combat methamphetamines will likely only stop the smaller “mom and pop” manufacturers. Meanwhile, large scale international drug traffickers have increased methamphetamine smuggling to meet the existing U.S. demand.

B. Federal Regulation

The federal government has historically been active in combating illegal drugs. In 1970, Congress passed the Controlled Substances Act (CSA) in an attempt to federally classify and regulate all drugs. To support the constitutionality of regulating drugs through the CSA, Congress stated that federal drug regulation was a “matter[] of commerce” and would prevent interstate and international drug trafficking.

For many years, however, the federal government let the states lead the way in combating methamphetamines. Instead of a clear federal response, federal programs and funding were designed to only support state sponsored initiatives. From 1998 to 2002, the DOJ Office of Community Oriented Policing


102. Cooking Up Solutions, supra note 8, at 2515 (citing CAL. HEALTH & SAFETY CODE § 25400.16(a) (West Supp. 2006) and 6 COLO. CODE REGS. § 1014-3(7.1) (2005)).

103. Id. (citing NEV. REV. STAT. § 40.770(6) (2005) and OKLA. STAT. ANN. tit. 60, § 833(B)(1) (West Supp. 2006)).


105. Cooking Up Solutions, supra note 8, at 2516.

106. See MCEWEN ET AL., supra note 93, at 2 (discussing federal funding of state and local law enforcement efforts).
Services (COPS) gave state and local law enforcement agencies $137 million in grants to fight methamphetamine production, distribution, and use. In addition, COPS also provided over $64 million to aid in cleaning up seized or abandoned methamphetamine labs.

With methamphetamine abuse spreading across the nation and drug trafficking rising, the federal government could no longer ignore the severity of the drug. Though initially hesitant, Washington has recently taken a more active role by adopting new policies addressing methamphetamines, including enacting federal legislation. This shift required a transition from merely supporting state led initiatives to creating a national response to the growing methamphetamine problem.

In 1996, Congress passed the first federal initiative specifically addressing methamphetamines. The Comprehensive Methamphetamine Control Act of 1996 (CMCA) regulates the sales of precursor chemicals. In passing this Act, Congress attempted to balance the need to control the quantities of precursor chemicals sold in a single transaction with the needs of legitimate consumers who purchase over-the-counter cold medication.

107. Id.
108. Id. These contributions may be one of the few positives from an agency that has been plagued with accusations of misspending and questions over deterrence results. See Peter Eisler & Kevin Johnson, 10 Years and $10B Later, COPS Drawing Scrutiny, USA TODAY, Apr. 11, 2005, at 1A (discussing misspending of federal funds under the COPS program).
109. See supra text accompanying notes 18–19.
110. See supra text accompanying note 42.
111. See Cooking Up Solutions, supra note 8, at 2517.
113. Id. § 401. Before the CMCA, methamphetamines were broadly regulated under the CSA; however, the CMCA provided a more comprehensive response to methamphetamine abuse. Compare Comprehensive Methamphetamine Control Act §§ 200–402 with Controlled Substances Act, 21 U.S.C. §§ 801–904 (2000) (noting that the CMCA amended sections 802 and 814 of the CSA to include the particular chemicals necessary to manufacture methamphetamines and the manner in which these chemicals could be sold by legitimate retailers).
To further control the importation of precursor chemicals, Congress passed the Methamphetamine Anti-Proliferation Act (MAPA) to limit the availability of pseudoephedrine—the key ingredient for methamphetamine production.115 This Act increased sentencing guidelines and prohibited packaging of precursor chemicals in amounts larger than 3 grams; however, the MAPA gave a safe harbor for over-the-counter cold medication and lacked restrictions on the amount of chemicals contained in blister packs.116

In March of 2006, President George W. Bush reauthorized the USA PATRIOT Act,117 which included the Combat Methamphetamine Epidemic Act (CMEA).118 The CMEA is the strongest federal antimethamphetamine legislation passed to date.119 Under the CMEA, pharmacists must place over-the-counter cold medication containing ephedrine or pseudoephedrine behind the counter.120 In addition, the CMEA placed new restrictions on the amount of sales allowed per customer.121


119. SYNTHETIC DRUG CONTROL STRATEGY, supra note 80, at 4.


121. Id. The reauthorized USA PATRIOT Act now includes a requirement that exporters and importers “report on their traffic of precursor drugs to prevent diversion of these drugs to meth production.” Press Release, Marybono.com, Cracking Down on Methamphetamine Use (Mar. 9, 2006), available at http://marybono.com/news.php?id=54. This Act also limits domestic retail purchases to 3.6 grams of ephedrine base, pseudoephedrine base, or phenylpropanolamine base per customer per day. Combat Methamphetamine Epidemic Act of 2005 § 711.
After seeing the positive effects of state legislation, Congress replicated the state regulation of over-the-counter cold medicine in the CMEA. As a result, retailers are required to make sales records of products containing precursor chemicals in logbooks. In addition, only properly trained employees may distribute medicine containing precursor chemicals. To control drug trafficking, exporters and importers must “report on their traffic of precursor drugs to prevent diversion of these drugs to meth production.” The CMEA also added tougher criminal penalties on production and distribution of methamphetamines. For example, methamphetamine manufacturers could receive an additional twenty years of imprisonment if production occurs in the presence of a child.

Over the past few years, the federal government has also enacted additional legislation focused on criminal penalties for methamphetamine trafficking, possession, and manufacturing. Under the Methamphetamine Trafficking Penalty Enhancement Act of 1998, the “threshold quantities of methamphetamine necessary to trigger mandatory minimum sentences were halved.” In addition, the DEA has used the Foreign Narcotics Kingpin Designation Act to apply sanctions on narcotics

125. Cracking Down on Methamphetamine Use, supra note 121.
126. See Synthetic Drug Control Strategy, supra note 80.
127. Id.
129. Cooking Up Solutions, supra note 8, at 2518. Under new federal guidelines, trafficking convictions involving more than five grams of pure methamphetamine have a minimum sentence of five years, while convictions involving more than fifty grams have a minimum sentence of ten years. Id. at 2518.
traffickers on a worldwide scale. This Act “prohibits U.S. persons from engaging in financial and commercial transactions with designees and freezes any assets the designees may have in the U.S.”

Penalties for possession and trafficking are not the only issues addressed by the surge of federal legislation. In 2006, the federal government began focusing on social issues, including child welfare. According to congressional findings, “meth is a major cause of child abuse and neglect.” To address this social issue, the Secretary of Health and Human Services may provide grants to programs dealing with “concerns relat[ing] to children in foster care due to a parent’s or caretaker’s methamphetamine . . . abuse.” Additionally, starting in the 2007, more funding will be available for methamphetamine treatment through the Access to Recovery program.

Given the growing environmental dangers associated with methamphetamine labs and toxic byproducts, the federal government has also implemented environmental cleanup initiatives. Federal solutions include funding environmental cleanup through the CMEA and creating a national database on the DEA website that provides addresses of properties where officials discovered methamphetamine labs or chemical dumpsites. In addition, the federal government has created


132. Id.


134. Id. The DEA reported that over 15,000 children have been found in methamphetamine labs in the last 5 years. Kate Zernike, "A Drug Scourge Creates Its Own Form of Orphan," N.Y. TIMES, July 8, 2005, at A1.

135. Child and Family Services Improvement Act of 2006 § 2; see also FRANCO, supra note 116, at 1.

136. Drug Abuse; Admissions to Treatment for Methamphetamines Abuse Rises Sharply, MANAGED CARE L. WKLY., Apr. 9, 2006, at 34.

training manuals and guidelines to address the specific hazards associated with the toxic waste of methamphetamine production.138

While federal domestic action has increased over the past few years, the United States must increase its international efforts to encourage a global response to control methamphetamine production, trafficking, and abuse.

III. THE INTERNATIONAL RESPONSE TO METHAMPHETAMINE ABUSE

The United States has often been the first to feel the effects of global drug epidemics, with European and Asian countries subsequently mirroring U.S. drug trends.139 Synthetic drugs are following this pattern, too, as methamphetamines have “become a major drug of abuse” in Asian countries, including Korea, Taiwan, and Japan.140 Worldwide methamphetamine abuse has surpassed heroin, opiates, cocaine, and ecstasy and remains the second most abused drug, only trailing cannabis.141

A. The International Struggle with Methamphetamines: Bilateral Agreements, Terrorism, and Corruption

With differing drug enforcement laws from nation to nation, regional coordinated efforts and bilateral agreements between the United States and other nations have become increasingly important tools to combat methamphetamines. The large scale methamphetamine production and elaborate trafficking among


141. See UNODC ANALYSIS, supra note 55, at 35 fig.2.
countries in Asia has created the need for a regional response.\textsuperscript{142} Coordinated efforts within Asia include cooperation between police chiefs of member countries of the Association of Southeast Asian Nations (ASEAN).\textsuperscript{143} In addition, bilateral discussions concerning methamphetamine trafficking have occurred between Thailand and Cambodia and between Laos and China.\textsuperscript{144} However, funding issues and the “rapid-response” legislation needed to combat loopholes in precursor chemicals have plagued some of ASEAN’s initiatives.\textsuperscript{145}

In 2000, the United States and China signed a formal agreement to begin cooperative efforts against drug trafficking in response to China’s growing methamphetamine production and abuse rates.\textsuperscript{146} Over the previous ten years, China had become a major methamphetamine producer, with the Chinese crime syndicates exploiting weak drug laws throughout the region.\textsuperscript{147} The crime syndicates had increased methamphetamine production to meet the region’s growing demand.\textsuperscript{148} The bilateral cooperation between the United States and China encouraged the sharing of narcotic intelligence information and evidence related to methamphetamine arrests and seizures.\textsuperscript{149} In addition, China also began cracking down on methamphetamine precursor chemicals.\textsuperscript{150} Finally, in an

\begin{footnotesize}
\bibitem{142} Eric Tagliacozzo, \textit{Contraband Trades of Southeast Asia} (Columbia International Affairs Online Working Paper, 1998), \textit{available at} \url{http://www.ciaonet.org/wps/tae01/index.html}.
\bibitem{143} \textit{Id.} Member countries include Myanmar, Thailand, Laos, Vietnam, Malaysia, Singapore, Brunei, Indonesia, and the Philippines. \textit{Id.}
\bibitem{144} \textit{Id.}
\bibitem{145} \textit{Id.}
\bibitem{148} \textit{Id.}
\bibitem{149} See Matt Forney, \textit{U.S. Offers to Aid China in Fighting War Against Drugs}, \textit{Wall St. J.}, June 20, 2000, at A21 (discussing cooperation between China and the United States).
\bibitem{150} Huus, \textit{supra} note 15.
\end{footnotesize}
attempt to stop chemical diversions, the Chinese government increased regulations on pseudoephedrine producers and fortified security measures.\textsuperscript{151}

This piecemeal approach of bilateral agreements has not provided a panacea for the region. Indeed, differences in Asian drug trafficking and sentencing laws have frayed regional diplomatic relationships.\textsuperscript{152} For example, diplomatic relationships between China and South Korea were strained after the Chinese executed a Korean citizen, who lacked adequate representation from the South Korean government, for drug smuggling.\textsuperscript{153} Nevertheless, increased drug smuggling in Asia has highlighted the need for continued diplomatic efforts and a multinational response.

An alarming tangential issue has arisen from international methamphetamine production and trafficking: funding international terrorism. Several investigations have revealed that North Korea manufactures and exports methamphetamines to raise capital to fund its nuclear programs.\textsuperscript{154} Indeed, methamphetamines production in North Korea is part of the elaborate drug-trafficking program approved by the state with revenue estimates ranging from $48 million to $1 billion annually.\textsuperscript{155}

Law enforcement corruption has also often undermined other countries’ efforts to control methamphetamines. Although China seized more than 130 tons of smuggled precursor

\textsuperscript{151} Id.


\textsuperscript{153} Id. at 90–91.

\textsuperscript{154} Glenn R. Simpson et al., U.S. Probes Banks’ North Korea Ties, WALL ST. J., Sept. 8, 2005, at A3; Anthony Apeth, To Fund His Lifestyle—and His Nukes—Kim Jong Il Helms a Vast Criminal Network, TIME INT’L, June 9, 2003, at 14. North Korea is a “narco-state,” meaning that all phases of methamphetamine production and trafficking are controlled by the government. Id. (discussing the rising criticism of North Korean statesponsored drug trafficking and the connection between drugs and North Korea’s nuclear proliferation program).

chemicals during a nine month crackdown in 2005, the government also arrested 100 police officers for protecting methamphetamine smugglers.\textsuperscript{156} Mexican lawmakers have also faced several blows to their antidrug campaigns. Over a five year period, 166 corrupt Mexican officials were arrested.\textsuperscript{157} After the fiasco in Nuevo Laredo, a border city in northern Mexico near Laredo, Texas, where more than 228 drug related murders occurred during 2005, the Mexican national government removed the entire police force.\textsuperscript{158} Following an investigation, Mexican federal authorities dismissed over half the police officers serving Nuevo Laredo.\textsuperscript{159}

B. The United Nations’ Response

As methamphetamine abuse became an international concern, the United Nations began creating its own antimethamphetamine policies. The U.N. drug control conventions provide a “legal framework for targeting the cultivation, production, and trafficking of illicit drugs, and the criminal network that supports them.”\textsuperscript{160} In 1971, the United Nations listed methamphetamines as a Schedule II drug, which restricted the use, import, and export of the drug.\textsuperscript{161} Additionally, the International Narcotics Control Board (INCB) began tracking and reporting on the illicit drug trade following the U.N. Convention against Illicit Traffic in Narcotic Drugs and

\begin{itemize}
\item \textsuperscript{156} Huus, supra note 15.
\item \textsuperscript{157} Tracey Eaton, \textit{It’s a War’ Along the Mexican Border}, DALLAS MORNING NEWS, June 3, 2005, at A8.
\item \textsuperscript{158} Ginger Thompson, \textit{U.S. Citizen Stabbed to Death In Mexican Trafficking City}, N.Y. TIMES INT’L, Mar. 21, 2006, at A7.
\item \textsuperscript{159} Id.
\end{itemize}
Psychotropic Substances of 1988 (the 1988 Convention). 162 The INCB has a specific treaty-mandated responsibility to monitor precursor chemicals. 163

In 2006, the United Nations adopted a resolution to help foster international cooperation in controlling the precursor chemicals used to produce methamphetamines. 164 This Resolution, proposed by the United States and sponsored by other nations, encourages stronger oversight and regulation of precursor chemicals. 165 In addition, this Resolution specifically addresses the concern that drug traffickers are using drug control loopholes in some nations to obtain precursor chemicals. 166

In the past, the INCB did not have a system to measure and compare import levels of ephedrine and pseudoephedrine against legitimate need. 167 This Resolution provides a method to determine the global legitimate need, restrict trade by requesting that countries provide annual estimates of precursor chemicals needed for legitimate use, and allow the United Nations to share this information with law enforcement agencies through Project Prism. 168 To help control illicit trade, this Resolution requests that importing countries monitor shipments

163. Id. art. 12 ¶ 13.
165. Id.
167. Steve Suo, U.S. Says World is Getting the Message on Meth, OREGONIAN, Apr. 4, 2006, at A1. To encourage manufacturers to disclose the shipments’ sizes, all information is kept confidential. Id.
168. U.N. Body Agrees to Strengthen Systems, supra note 164. Other drugs, including codeine, are covered under previous U.N. drug treaties that follow a similar method where countries report their legitimate demands and imports are capped accordingly. U.S. Says World is Getting Message on Meth, supra note 167, at A1.
of precursor chemicals, ensure that the chemicals arrive to the intended recipient, and restrict manufacturers to use the chemicals for legitimate purposes.\textsuperscript{169} To counter illegal imports through the mail, the INCB recommends that countries designate limited points of entry for international mail, which would allow for the screening of all packages potentially containing precursor chemicals.\textsuperscript{170}

Encouraging countries to adopt the 1988 Convention is paramount because participation in antimethamphetamine initiatives is only mandatory for those countries that are parties to the 1988 Convention.\textsuperscript{171} Indeed, \textit{“the flexibility of the precursor field . . . requires close cooperation on the global level in order to investigate patterns of past diversions so as to prevent future ones.”}\textsuperscript{172}

\textbf{IV. A TWO FRONT WAR: COMPARING THE U.S. AND INTERNATIONAL RESPONSE TO METHAMPHETAMINE ABUSE}

The U.S. international strategy for controlling the spread of methamphetamines includes a three part approach: (1) acquire information about the international trade of precursor chemicals, including pseudoephedrine and ephedrine, (2) implement the international elements of the CMEA, and (3) continue the bilateral partnership with Mexico to enforce border control.\textsuperscript{173} This plan places most of the focus on regional and domestic efforts;\textsuperscript{174} however, controlling the spread of methamphetamines in the United States will require global cooperation to reduce production and drug trafficking.

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\textsuperscript{169} U.N. Body Agrees to Strengthen Systems, \textit{supra} note 164.
\textsuperscript{172} \textit{Id.}
\textsuperscript{173} \textit{Synthetic Drug Control Strategy, supra} note 80, at 11.
\textsuperscript{174} \textit{Id.} at 19.
\end{flushright}
Washington’s staunch drug prohibition policy “inherently creates a huge black[market . . . ]” 175 The United States is a fertile marketplace with Americans spending over $60 billion annually on illegal drugs. 176 Internationally produced drugs constitute four-fifths of all illegal drugs consumed in the United States. 177 With eighty percent of methamphetamines in the United States entering from Mexico, the United States must look to the international community to aid in curbing methamphetamine production. 178

The United States is already victim to crossborder “spillover” issues of weak states, including weapons proliferation and organized crime. 179 For years, Washington has been concerned with the connection between illegal drugs and political insurgent groups. 180 However, methamphetamines may differ from other drugs, including heroin and cocaine that have intricate crimes networks, due to methamphetamines’ relative infancy to drug traffickers. 181 In addition, methamphetamine production contains a fatal weakness that the global community

175. Carpenter, supra note 139, at 1.
177. Synthetic Drug Control Strategy, supra note 80, at 10.
178. See Drug Czar: We’re Winning,’ supra note 5, at A1 (noting that Mexican “superlabs” are responsible for eighty percent of the U.S. methamphetamine supply).
180. Carpenter, supra note 139, at 2.
181. See generally Perl, supra note 176, at 8 (discussing opposition by traffickers, political, and economic groups in Columbia and Mexico over US efforts to stop marijuana and cocaine); Carlotta Gall, Opium Harvest at Record Level in Afghanistan, N.Y. Times, Sept. 3, 2006, at A11 (discussing how Afghanistan’s opium production accounts for thirty five percent of its gross domestic product); Moreau, supra note 65, at 43 (discussing the Wa militia and Burmese syndicates that control the opium trade on the Thai-Burma border).
should exploit: without the precursor chemicals ephedrine and pseudoephedrine, production of methamphetamines will cease.\textsuperscript{182}

Several obstacles currently exist, both domestically and internationally, in the fight against methamphetamines. U.S. domestic efforts must balance federalism issues because both the federal and state levels of government enact antimethamphetamine legislation.\textsuperscript{183} Furthermore, U.S. international antimethamphetamine efforts may stall if U.S. narcotics goals interfere with other foreign policy goals.\textsuperscript{184} In addition, global efforts through the U.N. conventions and resolutions have been hindered by lack of ratification and enforcement mechanisms.\textsuperscript{185} An effective methamphetamine strategy will require the United States to cooperate with the international community and encourage other countries to ratify the U.N. resolutions.

\begin{itemize}
\item[\textsuperscript{183}] See \textit{Cooking up Solutions}, supra note 8, at 2509.
\item[\textsuperscript{184}] See, e.g., RAPHAEL F. PERL, CRC REPORT FOR CONGRESS, NORTH KOREAN CRIME-FOR-PROFIT ACTIVITIES 3 (2007), http://fpc.state.gov/documents/organization/81342.pdf (discussing the United States' difficulty in effecting an antidrug policy against North Korea while simultaneously pursuing other high priority antinuclear policies); Associated Press, Venezuela Shirks Money from U.S. 'Devil' to Fight Drugs, FOX NEWS, Feb. 7, 2007, http://www.foxnews.com/story/0,2933,250682,00.html (implying that the United States' proposed elimination of $2.2 million in counter-narcotics funding to Venezuela because of a "lack of joint plans" may really be attributed to Venezuela's thwarting of other U.S. policy goals in the region).
\end{itemize}
A. Weak States: the Methamphetamine Den of Thieves

In the past, the international community has utilized multilateral approaches to combat illicit drugs. However, a comprehensive global drug control plan may be more arduous because illicit drugs have become engrained in many countries’ political, social, and economic framework. Many countries may not possess the institutional capacity needed to control drug trafficking, the precursor-chemical trade, or methamphetamine production. Indeed, weaker states “provide ideal bases for transnational criminal enterprises involved in the production, transit or trafficking of drugs, weapons, people, and other illicit commodities, and in the laundering of profits from such activities.”

Because methamphetamine abuse is relatively new, it may differ from many other drugs, including heroin, cocaine, and marijuana, in that methamphetamine production and distribution may not be as entrenched in the economic and social framework of a country. Unlike the opium fields in Afghanistan, which make up thirty-five percent of the country’s entire revenue, methamphetamine production does not have a stronghold on any nation. Indeed, no country is dependent on methamphetamines to support its economy. Methamphetamines do not foster “state within a state” control or narcotic paramilitary presences like cocaine and marijuana have created in Mexico and Columbia. As such, global

186. See UNODC ANALYSIS, supra note 55, at 7 (discussing early efforts predating the League of Nations, predecessor of the United Nations). Early attempts at global cooperation included the International Opium Commission, convened in Shanghai, China, during the early 1900s. Id.

187. PERL, supra note 176, at ii, 8.

188. Patrick, supra note 179, at 7.

189. Id. at 19.

190. See supra note 181 an accompanying text.

191. See Gall, supra note 181, at A11.

192. See UNODC ANALYSIS, supra note 55, at 135–44 (identifying leading methamphetamine trafficking countries, such as China, United States, and Saudi Arabia, that have vibrant economies outside methamphetamine trafficking).

193. PERL, supra note 176, at 8 (discussing how drug traffickers have gained paramilitary status in Mexico and Columbia). But cf. supra notes 154–55 (describing how North Korea funds its nuclear program in part by trafficking methamphetamines).
antimethamphetamine cooperation may remain a viable solution.

To help encourage antinarcotics support in these weaker states, the United States currently may withhold aid unless drug-exporting countries meet U.S. certification standards. Under the Foreign Relations Authorization Act, countries must comply with and participate in counter-narcotics measures as set forth in Section 489(a)(1) of the Foreign Assistance Act of 1961. In 2005, the U.S. government stated that Myanmar had failed to meet its obligations under international antinarcotics agreements. As a result, Myanmar did not qualify for some types of U.S. foreign aid.

On its surface, this enforcement mechanism appears to provide the necessary pressure needed to promote efforts to control methamphetamine production and trafficking. However, the U.S. government has created loopholes that have weakened the threat of removing aid. In 2001, legislation passed under the Foreign Operations, Export Financing and Related Programs

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194. Perl, supra note 176, at 5; USA PATRIOT Improvement and Reauthorization Act of 2005, Pub. L. No. 109–177, § 722, 120 Stat. 192, 268 (2006) (codified as amended in scattered sections of 22 U.S.C.) (stating that the Secretary of State may recommend a plan of action, “including the establishments, expansion, and enhancement of regulatory, law enforcement, and other investigative efforts to prevent [] diversion” of precursor chemicals); 22 U.S.C. 2291j–1 (Supp. II 2002) (stating that U.S. assistance may be withheld unless the President determines that assistance is “vital to the national interests of the United States or . . . the country has made substantial efforts . . . to adhere to its obligations under international counternarcotics agreements; and to take . . . counternarcotics measures”).


196. See Judy Aita, Burma Failed to Make Sufficient Effort in Drug War, U.S. Dept of State, Sept. 16, 2005, available at http://usinfo.state.gov/xarchives/display.html?p=washfile-english&yr=2005&m=September&x=20050916175617Ait0. The United States cited Myanmar for allowing drug traffickers to operate openly. Id. The United Wa State Army, the military arm of Myanmar’s state party, had overtly manufactured and distributed methamphetamines. Id. Evidence included the seizure of only one methamphetamine lab in 2004. Id.

197. Id.; see also 22 U.S.C. 2291j–1(2) (“the President shall also designate each country, if any . . . that has failed demonstrably . . . to make substantial efforts”).
CUTTING OFF METHAMPHETAMINE PRODUCTION

Appropriations Act\(^{198}\) modified the annual drug certification process for 2002 and gave the President the ability to waive the certification process and still provide aid to certain countries.\(^{199}\) Further legislation in the Foreign Relations Authorization Act of September 2002\(^{200}\) extended the waiver process for 2003 and created a de facto ongoing waiver.\(^{201}\) As a result, the President may grant a waiver for any reason in the interest of national security.\(^{202}\)

The broad language in the waiver process nullifies the threat of withholding U.S. funds to countries that are unable to meet antinarcotic goals. Indeed, why would any country suffering from internal terrorism issues or diplomatic unease focus on antinarcotic issues when U.S. sanctions would likely be waived in deference to these other issues? The overbroad waiver process creates a loophole that destroys the balance between the “stick and carrot” approach of withholding aid to methamphetamine producing countries. In addition, the threat of sanctions followed by a waiver does little to foster cooperation between the United States and methamphetamine-producing countries.

Furthermore, the United States has not utilized the “stick and carrot” approach to close its own domestic loopholes. Although the CMEA helps control precursor chemicals in all fifty states, regions within the United States remain susceptible to drug trafficking and methamphetamine production.\(^{203}\) For example, Native American tribal lands create their own penalties for use, possession, and distribution of methamphetamine.\(^{204}\) However, these areas have not been able to keep legislation current with the spread of


\(^{199}\) See \(\text{PEL, supra note 176, at 5, 14–15.}\)


\(^{201}\) See \(\text{PEL, supra note 176, at 5, 15.}\)

\(^{202}\) Id.


\(^{204}\) Good Voice, supra note 203, at 12A; Kolb, supra note 203, at A15.
methamphetamines.205 Thus, tribal lands are vulnerable to becoming methamphetamine production and distribution centers.206 Even though these loopholes exist, the federal government has not restricted funding or grants to tribal nation that have not adopted antimethamphetamine legislation.

B. Confusing the War on Terrorism and the War on Drugs

Since 2001, terrorism and homeland security issues have dominated the attention of U.S. policymakers.207 The administration’s focus on terrorism, however, may “divert[] money and attention from the methamphetamine problem.”208 The CMEA is contained within the USA PATRIOT Improvement and Reauthorization Act of 2005, an Act that was designed “[t]o extend and modify authorities needed to combat terrorism.”209 In spite of this broad authority, commingling methamphetamine production and precursor chemical control with antiterrorism initiatives may instead weaken the country’s resolve for either issue.

For years, the international community has connected drugs with crime; nevertheless, lawmakers may be merging too many issues by combining terrorism and drug strategies. Links between methamphetamine production and funding terrorist organizations like Hezbollah are speculative: terrorist production of methamphetamines is a minuscule portion of overall methamphetamine production in the United States.210

205. Good Voice, supra note 203, at 12A. The Osage Nation passed its first methamphetamine legislation in November of 2006 after methamphetamine use levels were described as a “silent epidemic.” Id.
206. Kolb, supra note 203, at A15.
207. See Perl, supra note 176, at 15 (noting that terrorism and homeland security are a top priority of the George W. Bush Administration).
In 2002, Asa Hutchinson, the director of the DEA, stated, “[a] significant portion of some of the [methamphetamine] sales are sent to the Middle East to benefit terrorist organizations.” Whether these connections were a factor in placing the CMEA within the USA PATRIOT Improvement and Reauthorization Act of 2005 is unclear. However, sweeping methamphetamine laws within the “fight against terrorism” could result in less attention to stopping the drug trade. For example, the U.S. military’s presence in the war on drugs has diminished over the last few years owing to antiterrorism military actions in both Iraq and Afghanistan. Although it is tempting to merge the “war on drugs” and the “war against terrorism,” methamphetamine funding of terrorism remains a minor issue when compared to domestic methamphetamine-related issues of crime, health care, child welfare, and environmental cleanup. Instead, the United States and international communities must continue to address methamphetamines and terrorism as separate issues and continue to pursue a multifaceted approach to controlling precursor chemicals.

C. Controlling the Precursor Manufactures

The United States initially took an isolationist approach to its policies against methamphetamine production and precursor chemical import restrictions. The federal government enacted

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211. *Id.* (emphasis added). Indeed, Hutchinson fails to provide figures of the total amounts of methamphetamine produced or define how much “some” sales are. *Id.*

212. *See Josh Meter, Burdened U.S. Military Cuts Role in Drug War, L.A. TIMES, Jan. 22, 2007, at A1 (explaining that because of the international fight on terrorism, the U.S. military has reduced its attention on the war on drugs).*


214. *See STEVEN R. BELENKO, CRACK AND THE EVOLUTION OF ANTI-DRUG POLICY 4–6, 14–15 (1993) (discussing the launch of the war on drugs in response to a notion that illegal drugs were making a nationwide assault).*


216. *See Wichern, supra note 37 (describing national efforts to combat the methamphetamine epidemic).*
legislation restricting imports into the United States in the hopes that it would cease production-related issues. However, these narrowly tailored regulations failed to address the international aspects and scope of methamphetamine production.

Previous U.S. chemical controls proved ineffective as drug traffickers were able to exploit loopholes to obtain precursor chemicals from neighboring countries with lax import and export regulations. As previously discussed, methamphetamine producers diverted precursor chemicals through Canada and Mexico into the United States after the United States restricted imports of ephedrine and pseudoephedrine. Although the Mexican government has vowed to reduce imports by thirty percent, statistically there would still be a surplus of 28–65 tons of raw materials.

Historically, U.S. attempts at cooperating with other nations to restrict the precursor chemicals trade have been halfhearted, as policymakers worried about offending U.S. allies and neighbors. The government intended the Foreign Narcotics Kingpin Designation Act to be “a multilateral initiative;” however, this Act’s power has been limited because no other


219. See, e.g., Jefferson, supra note 6, at 47 (stating that roughly half the methamphetamine in the United States comes from Mexico where pseudoephedrine has been imported from Asia without restriction); Mexico Cuts Imports of Meth Ingredient, supra note 42, at A1 (noting that Mexico now has restrictions on pseudo imports that will at least temporarily reduce availability of methamphetamine in the United States).

220. See Steve Suo, Letter Asks Mexico to Aid with Meth Woes, OREGONIAN, June 25, 2005, at A1 (stating Mexico would reduce imports by thirty percent after Mexico’s health officials cited problems with current import levels); Krauss, supra note 26, at A7 (stating that Canadian imports were fourteen times greater after the United States placed regulations on direct imports of precursor chemicals).

221. Letter Asks Mexico to Aid with Meth Woes, supra note 220, at A1.

country has joined the initiative. The U.S. reluctance to interfere with other countries’ attempts to control methamphetamine production finally gave way after federal and state responses came to a standstill. Domestic controls in the United States have only fostered an increase in foreign imports, and without international cooperation, the United States will be unable to control the influx of methamphetamines.

As previously noted, the United States has taken a more active role in controlling the global production and exportation of precursor chemicals. International chemical control has become the critical issue in the fight against methamphetamines. The United States reaffirmed this stance in the 2006 Synthetic Drug Control Strategy, which suggests increasing international cooperation to improve intelligence concerning shipments of precursor chemicals. The strategy states, “the most urgent priority of the Federal government toward reducing the supply of methamphetamine in the United States will be to tighten the international market for chemical precursors.”

Project Prism, an international intelligence arrangement initiated through the 1988 Convention requires the manufacturing nations of China, Germany, and India to notify the INCB before exporting bulk shipments of precursor chemicals. Currently, 126 countries participate in the project. Under the 1988 Convention, countries are required to report methamphetamine precursors to the exporting country.

223. Zagaris, supra note 131, at 390.
224. Loopholes, supra note 222, at B8.
227. See SYNTHETIC DRUG CONTROL STRATEGY, supra note 80, at 9.
228. 1988 Convention, supra note 162, art. 12 ¶ 10(a).
including: (1) name and address of the exporter and importer, (2) name of the substance in Table 1, (3) quantity exported, (4) expected point of entry and date of arrival, and (5) other mutually agreed upon information.\textsuperscript{231}

Project Prism allows participating countries to share intelligence and provides a method to backtrack shipments as part of a larger investigation.\textsuperscript{232} However, the 1988 Convention and Project Prism will only prove effective if additional countries adopt this Resolution and all participating countries submit information in a timely manner. Several countries have yet to ratify the 1988 Convention.\textsuperscript{233} These countries include the Democratic Republic of Congo, Angola, Liberia, Namibia, Somalia, Cambodia, North Korea, and Switzerland.\textsuperscript{234} Additionally, the INCB requested general precursor chemical information from 212 countries in 2003 but received information from only 135 countries.\textsuperscript{235} Without global support of the initiatives, data on precursor chemicals will remain incomplete—and thus less effective.

The CMEA requires U.S. officials to compare precursor chemical production with genuine demand.\textsuperscript{236} Officials utilize the import and export data to help track sales from precursor chemical factories, which may help the United States “spot spikes in pseudoephedrine sales.”\textsuperscript{237} However, until the import restrictions become global, traffickers will continue to shift imports of precursor chemicals to countries with fewer regulations.\textsuperscript{238}

\begin{itemize}
\item 231. 1988 Convention, \textit{supra} note 162, art. 12 ¶ 10(a).
\item 233. \textit{See} INCB, \textit{supra} note 185, at 26–33 (listing parties and nonparties to the 1988 Convention).
\item 234. \textit{Id.}
\item 235. \textit{Id.} at 35–39.
\item 237. \textit{See} Letter Asks Mexico to Aid with Meth Woes, \textit{supra} note 220, at A1.
\item 238. \textit{See} Mark Schoofs, \textit{Traffic Jam: As Meth Trade Goes Global, South Africa Becomes a Hub—Cape Town Gangs Barter Rare Shellfish for Drugs; Chinese, Russian Ties}, WALL ST. J., May 21, 2007, at A1 (discussing how the heightened restrictions on imports of precursor chemicals in the United States has caused an increase in imports in countries with less restrictions).
\end{itemize}
With data collected through the 1988 Convention requirements, the United Nations has already documented anomalies in pseudoephedrine shipments between countries.\footnote{239. See Mexico Cuts Imports of Meth Ingredient, supra, note 42, at A1. For example, in 2004 Canada exported twelve tons of pseudoephedrine to Panama, a known diversion route for Mexican drug traffickers. Id.} When anomalies are recognized, the “INCB may request that the exporting country suspend the shipment until the authorities of the receiving country confirm the legitimacy of the import request and authenticate the import documents.”\footnote{240. SYNTHETIC DRUG CONTROL STRATEGY, supra note 80, at 12.} The INCB has used the export information to halt fifteen shipments from a Chinese manufacturer that were destined for Mexico, Germany, Sweden, and the Netherlands.\footnote{241. Id.} With further analysis, the INCB determined that three of the shipments to Europe had a final destination of Mexico.\footnote{242. Id.} Additional successes with Project Prism allowed the United Nations to notify law enforcement agencies of diverted shipments of precursor chemicals rerouted from Egypt and South Africa to Mexico.\footnote{243. Id.} As the INCB identifies further smuggling routes with the import and export data, the international community and the United States could increase the deterrence of methamphetamine precursor chemical distribution by applying sanctions on the exporting countries and precursor chemical factories.

While the United States has publicly supported Project Prism, further measures must be taken to garner additional international support for the initiative. The United States’ international presence includes eighty-six DEA offices in sixty-two countries helping to support other nations’ law enforcement agencies in curbing the trafficking of precursor chemicals.\footnote{244. OFFICE OF THE INSPECTOR GEN., DEP’T OF JUSTICE, SEMIANNUAL REPORT TO CONGRESS (July 2006), available at http://www.usdoj.gov/oig/semianannual/0611/dea.htm.} However, the United States alone cannot be the international watchdog for precursor chemicals. Instead, the United States and the United Nations must continue to
encourage other countries to create internal deterrence methods as well as participate in global initiatives.

Combating methamphetamines at the precursor stage provides a solution that requires little to no military support. Currently, the U.S. military is involved in operations worldwide to eradicate cocaine, marijuana, and heroin, which, as previously noted, all derive from plants.\textsuperscript{245} Methamphetamines, however, are purely synthetic and rely on a single ingredient that should make methamphetamine production and distribution easier to control.\textsuperscript{246} In addition, controlling precursor chemicals by monitoring and regulating import and export levels frees up military personnel from fighting methamphetamine trafficking and production.

Countries that are the largest methamphetamine producers must take a more active role in controlling precursor chemicals. For example, Mexico’s Federal Commission for the Protection Against Sanitary Risks (COFEPRIS) has implemented new measures to track wholesale and retail sales of pseudoephedrine.\textsuperscript{247} Like the requirements of the CMEA, Mexico now requires pharmacies to move products containing precursor chemicals behind the counter and limit the retail sales to nine grams per customer.\textsuperscript{248} In addition, Mexican imports are now limited to 3,000 kilograms per shipment and other countries should adopt similar initiatives to deter methamphetamine production.\textsuperscript{249}

The 1988 Convention and associated U.N. resolutions may suffer from enforcement issues caused by the lack of sanctions or specificity within the resolutions. The 1988 Convention relies on accurate benchmarks for the legitimate amount of pseudoephedrine and ephedrine a country needs to support its pharmaceutical needs.\textsuperscript{250} However, these demands may

\textsuperscript{245} See Perl, supra note 176, at 6 (mentioning efforts to stop production of narcotic plants); supra note 47 and accompanying text.
\textsuperscript{246} See supra notes 47–50 and accompanying text.
\textsuperscript{247} Efforts to Control Precursor Chemicals, supra note 225.
\textsuperscript{248} Id.
\textsuperscript{249} Id.
\textsuperscript{250} See Board Proposes Measure, supra note 166, at 1 (noting the voluntary nature of shipment and pre-export reports by pharmaceutical companies).
fluctuate dramatically with a country’s cold remedy requirements, change in population, or the economic means to afford legitimate medication. In addition, without enforcement mechanisms for the 1988 Convention or a greater understanding of the importance of the data collected, U.N. member states will fail to submit export data. Per the CMEA, the DOJ is tasked with setting U.S. methamphetamine precursor chemical quotas. Unlike other participating U.N. countries, the United States has nationwide data and resources available to create a reliable methodology for determining appropriate precursor chemical quotas. As such, reports to the United Nations should be accurate and timely. However, weaker states with fewer resources and funding will likely be unable to establish reliable chemical quotas or submit complete reports in a timely manner.

Member states’ private donations primarily fund the UNODC. The UNODC needs funding and technical assistance from stronger U.N. member states to help weaker states create legal mechanisms, train law enforcement, and carry out the drug conventions adopted by the weaker states. Requiring funding through extrabudgetary methods leaves the UNODC susceptible to political whims. To help maintain the initiatives created by the 1988 Convention, the United States and other U.N. member states should commit to funding on a longterm basis.


253. See SYNTHETIC DRUG CONTROL STRATEGY, supra note 80, at 2 (discussing the President’s National Drug Control Strategy and its use of data analysis).

254. Schweich, supra note 160.

255. Id.
The focus on global initiatives has already produced positive results. Under increased pressure from the United States and the international community, the world’s pseudoephedrine manufacturers are now cutting back on production of precursor chemicals. BASF, a German chemical company, eliminated fifteen percent of its work force because of a decrease in demand. Even if current methods are simply maintained, additional precursor chemical companies will have to alter production due to a decrease in demand. Worldwide regulation of precursor chemicals will keep production at legitimate levels and eliminate the supply of excessive precursor chemicals that would be used later to produce methamphetamines.

D. U.S. Attempts at International Cooperation: Intelligence, Training, and Seizures

The United States benefits from a bifurcated system that allows for creativity in methamphetamine initiatives at both the federal and state level. Indeed, state experimentation produced some of the most successful antimethamphetamine initiatives targeted against localized issues. In addition, the United States has the resources to finance new antimethamphetamine initiatives and deploy a multifaceted approach to methamphetamine production, trafficking, and abuse. However, many weaker countries may not have the financial resources available to deploy such a wide scale approach or an internal checks and balances system to


257. Id.


259. See discussion, supra Part II.

260. See, e.g., supra notes 92, 122 and accompanying text (discussing a successful Oklahoma statute limiting the purchase of over-the-counter cold medication and subsequent federal adoption of similar provisions).
experiment with local drug laws. Instead, these countries often rely on a single national policy against methamphetamines.261

While each country’s individualized method against methamphetamines is crucial to curtail drug trafficking, the loopholes utilized by traffickers remain a global issue and warrant global action.262 As shown by the Unites States’ failed attempts at an isolationist approach, lone national initiatives for combating methamphetamines may be ineffective in lowering methamphetamine abuse and production levels.263 Weaker nations may not have the necessary financial resources to quickly respond to changes in methamphetamine trafficking. As such, the United States and global community should increase their intelligence and initiative sharing to aid these countries.

Instead of waiting for a global response, the State Department has funded law enforcement training in over seventy countries.264 In addition, the United States has pursued joint task force efforts to provide police and law enforcement training. Under the USA PATRIOT Improvement and Reauthorization Act of 2005, the federal government allocated additional funding for specialized methamphetamine detection training.265 As part of a joint task force, Mexican law enforcement officials are attending antimethamphetamine training in the United States in a program run by the DEA.266 The joint task force trains Mexican police with the latest technology and methods specific to methamphetamines.267


262. See Board Proposes Measure, supra note 166, at 1 (noting that traffickers take advantage of loopholes in international and national control regimes).

263. See supra notes 216–18 and accompanying text.

264. P ERL, supra note 176, at 3.


267. Id.
Similar training programs have emerged in China, where the Chinese government has started instructing law enforcement agents from Myanmar to help combat illicit drugs in the area.\footnote{Lyall Breckon, \textit{China-Southeast Asia Relations: Courtship and Competition}, 4 COMP. CONNECTIONS 63, 67 (2002), available at http://www.ciaonet.org/olj/cpc/cpc_apr02.pdf.}

Although the United States and other nations should continue to provide police and law enforcement training, the burden to coordinate a global response to methamphetamines should not be these countries’ alone. Instead, these crossnational initiatives could be administered globally through the United Nations and Project Prism. Under an expanded version of Project Prism, aid and resources could be targeted in the areas most susceptible to methamphetamine trafficking. Project Prism could provide aid in international lab seizures, police training, and intelligence sharing to countries unable to develop specific solutions to deal with local methamphetamine issues. In addition, with increased intelligence sharing, Project Prism could address trends in methamphetamine trafficking.\footnote{G.A. Res. 48/11, ¶4, U.N. GAOR, 48th Sess. (Feb. 28, 2003).}

Whereas the United States has employed a multifaceted method of controlling precursor chemicals, performing lab seizures, and seizing completed methamphetamine, other nations have focused solely on eliminating precursor chemicals and seizing completed methamphetamines. UNODC data from 2003–2004 shows there were over 27,494 lab seizures in North America, however, over 27,000 of these seizures were in the United States.\footnote{UNODC, 2006 \textit{World Drug Report Volume 2: Statistics} 266 (2006) [hereinafter UNODC \textit{Statistics}].} In contrast, Asia’s lab seizures totaled a mere 42 labs\footnote{Id. at 267.}—even though the continent has over fifteen million users.\footnote{UNODC \textit{Analysis}, supra note 55, at 143.} In addition, European lab seizures totaled 588, while Australia lab seizures totaled 383.\footnote{UNODC \textit{Statistics}, supra note 270, at 267.}

This data illustrates the global need to deploy a multifaceted approach similar to that of the United States. Until the international community can cooperate to fully control...
methamphetamine’s precursor chemicals and curtail methamphetamine production, the international community must focus on this part of the production process as well. Moreover, eliminating the manufacturing capabilities of a country will help eliminate the driving force behind acquiring precursor chemicals.

V. CONCLUSION

The United States has made significant strides against domestic methamphetamine production and abuse at both the state and federal level. These efforts may have contributed to recent U.S. methamphetamine surveys that indicate a reduction in lifetime and first time users from a peak in 2004. However, some of this reduction in methamphetamine use may be attributed to an increase in the United States’ international efforts. While the U.S. levels of methamphetamine production and abuse may be declining, worldwide levels of methamphetamine production and abuse continue to climb. As such, the United States must continue to support international initiatives designed to globally control precursor chemicals, prevent methamphetamine production, and provide aid to countries with insufficient funding and support. Without an international and multifaceted response, international methamphetamine production, trafficking, and abuse will continue to grow and remain a global concern.

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275. See UNODC Analysis, supra note 55, at 143–57 (discussing global methamphetamine usage statistics).

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