Center for HEALTH & JUSTICE at TASC

ISSUES & STATISTICS
July 2007

Methamphetamine in Illinois

2007 UPDATE

Methamphetamine ("meth") use and abuse has risen dramatically in Illinois during the past decade, first in rural and then urban areas (Bauer & Olson, 2006). Along with this increased use comes a complex array of safety, welfare, and environmental issues, including addiction and the need for treatment, other serious health-related problems, crime, and the toxic environmental pollution that is a byproduct of meth production at clandestine labs. Perhaps most alarming has been the flood of child safety and welfare issues that go hand in hand with meth production, distribution, and abuse.

Because of the threat meth poses to the people of Illinois, state government and law enforcement officials have made fighting the increased incidences of meth-related activities and health concerns a top priority. Along with other states combating similar problems, Illinois has enacted several laws over the recent few years to combat meth use, manufacturing, and trafficking. The U.S. Congress followed suit with passage of a meth-related law in 2006, and is considering additional meth-related legislation in the current 2007 session.

This report, which updates the 2005 report, highlights the evolution of meth use, manufacture, and distribution in Illinois over the past decade, identifies new trends, and discusses recent encouraging signs of a downturn in meth-related activities.

THE DRUG

Meth is an extremely addictive central nervous system stimulant with stronger, longer-lasting, and more harmful effects than those of amphetamine, to which it is chemically related (NIDA, 2007). Commonly referred to as speed, crank, or ice, it has also been called chalk, crystal, glass, shabu, zip, pep-pills, and go-fast (Illinois Attorney General, 2004b). It may be orally ingested, smoked, injected, or snorted (NIDA, 2007).

Meth use triggers the release of high levels of dopamine, a neurotransmitter[1] that stimulates the brain circuits responsible for feelings of pleasure (NIDA, 2007). The intensely pleasurable feelings that result from using meth are sometimes accompanied by an immediate and powerful "rush" for those who smoke or inject it (NIDA, 2006c).

Meth has been shown to cause insomnia, increased physical activity, excessive appetite suppression, increased respiration, confusion, anxiety, and aggressiveness. It can have serious side effects like hypertension, stroke, irregular heartbeat, convulsions, exceptionally high body temperature, cardiovascular collapse, and death (NIDA, 2007). In 2005 (the most recent data available), there were 77 meth-related emergency room visits in Chicago (NIDA, 2006b), up from 28 in 1996 and 42 in 2002 (SAMHSA, 2003).

Meth can have severe long-term adverse effects on the brains of chronic users. In addition to increasing the levels of dopamine released, meth can damage the dopamine- and serotonin[2]-containing nerve cells. These neurotransmitter-containing cells are not destroyed, but their nerve endings are diminished, and regrowth appears to be limited (NIDA, 2007). The brain adapts to the flood of dopamine and serotonin produced through meth use by producing fewer receptors for these and other neurotransmitters (Volkow et al, 2001), which can result in severe depression when meth use is discontinued (NIH, 2004). Continued use may also cause a decrease in

[1] A neurotransmitter is a chemical that communicates messages between brain cells called neurons (NIDA, 2000).

[2] Serotonin is a neurotransmitter that regulates mood, appetite, and sensory perception (NIDA, 2000).

the production of the neurotransmitter chemicals themselves, which can result in symptoms resembling Parkinson's disease (NIDA, 2005). Because of damage to the intellectual and emotional functioning of the brain, chronic meth abuse can result in anxiety, confusion, paranoia, visual and auditory hallucinations, mood disturbances, and violent behaviors (NIDA, 2006c).

Because meth use tends to affect users' judgment, it is associated with increased risky behaviors and lowered inhibitions. Meth users are also at increased risk for HIV and hepatitis B and C infections, which can be transmitted through shared needles or sexual contact. Additionally, research suggests that meth use may worsen the progression of HIV (NIDA, 2007).

TRENDS IN PRODUCTION, DISTRIBUTION, AND TRAFFICKING

Over the past two decades, meth availability has surged in the Midwestern region, due at least in part to the fact that it can be easily and cheaply manufactured. While the National Drug Intelligence Center's (NDIC) *2007 Drug Threat Assessment* rates cocaine (and particularly crack) as the Great Lakes region's primary drug threat in metropolitan areas, it is immediately followed by heroin and meth. For the region's rural areas and small communities, meth is named the number one drug threat (NDIC, 2006).

Meth's unique nature has enabled it to plague rural areas of Illinois. Unlike most other drugs of abuse, meth can be produced locally on a small-scale basis. In Illinois, the number of clandestine meth lab seizures by state officials skyrocketed between 1994 and 2003, from 24 to 971 (ICJIA, 2004). However, due to recently enacted state and federal legislation and funding initiatives that have successfully stemmed its local manufacture, the number of clandestine meth labs seized in Illinois has begun to decline. In 2005, fewer (954) clandestine labs were seized (IGNN, 2006). The state's Attorney General announced in November 2006 that the number of seized meth labs fell by nearly half (47 percent) during the third quarter of 2006, when the Illinois State Police seized 136 labs, compared to the third quarter of 2005, when 257 labs were seized (Illinois Attorney General, 2006).

Despite the crackdown on local manufacturers, locally produced meth remains a problem in Illinois. It is the product of independent, clandestine labs located in isolated areas where their noxious odor can more easily go undetected. The most common production method is called the "birch reduction method" or "Nazi method," and utilizes, among other chemicals, pseudoephedrine or ephedrine from cold medication (Illinois Attorney General, 2004b); anhydrous ammonia, a fertilizer often stolen from farmers (Hrenchir, 2001); and lithium extracted from batteries. Another less common method produces "red-p" or "red phosphorous" meth and utilizes pseudoephedrine or ephedrine, red phosphorus, iodine crystals, and water. These clandestine meth labs are overwhelmingly dirty and dangerous and pose a hazard not only to those involved in production, but also to law enforcement officers and first responders reporting to a scene. The labs endanger the children who may live in them or nearby, or whose family members or guardians are involved in meth production, trafficking, or use (Illinois Attorney General, 2004b).

Meth produced outside of Illinois has become an increasing problem. However, even before this was the case, its presence in urban areas was already becoming problematic. "Smurfing,"[3] a way of gathering the precursors[4] necessary to manufacture meth, became especially commonplace in Chicago because of the high concentration of stores (Parker, 2004) and because the problem of meth was not recognized as widely as it was downstate (Illinois Attorney General, 2004a). To address this problem, a vast majority of states and the federal government have enacted laws over the past few years regulating the sale of precursors in an effort to stem local manufacturing efforts.

Both the presence of clandestine labs and use in urban areas have been on the rise. The share of urban county lab seizures increased from 10 percent in 1997

[3] "Smurfing" is the practice whereby manufacturers or their associates visit store after store in unsuspecting urban areas to collect the enormous quantities of cold medication required to make a batch of meth (Main, 2004). A DEA official estimated that around 12,000 pseudoephedrine tablets could produce approximately one pound of meth (Arvanitis, 2003).

[4] Ingredients, often pseudoephedrine.

to 23 percent in 2003 (ICJIA, 2004). By 2005, 34 percent of clandestine labs seized were in urban areas. About half of meth seizures every year between 1994 and 2002 were in rural counties, but by 2005, 70 percent were in urban areas (Bauer & Olson, 2006).

Progress made to decrease local production of meth has been offset by an increase in meth production and trafficking by Mexican criminal organizations (NDIC, 2006). While meth lab seizures in Illinois have begun to decrease, the quantity of meth seized per year has continued to increase. Between 1994 and 2003, that quantity increased from more than seven pounds to almost 60 pounds (ICJIA, 2004). By 2005, almost 370 pounds were seized that year (IGNN, 2006).

TRENDS IN TREATMENT & ADMISSIONS

Detoxification and Treatment

Acute methamphetamine intoxication and psychosis are managed medically in the emergency room using benzodiazepines (eg. lorazepam) and/or fast-acting antipsychotics (haloperidol) to stabilize the patient and resolve symptoms of anxiety and psychosis (Shoptaw, 2007). Although medications are used to stabilize users in crisis, there are no approved pharmacological treatments for methamphetamine dependence. Little research has been done on substitution therapy with amphetamine-like substances, although a recent trial of Concerta (methylphenidate) showed promising results (Tiihonen et al, 2007). Because depression, resulting from depletion of dopamine and serotonin, is the most common medical consequence of meth withdrawal, a focus of research has been on the use of antidepressants as treatments or treatment adjuncts. Although no antidepressant has been found that prevents relapse in heavy meth users, bupropion (Wellbutrin) has been shown to diminish relapse in less severe users (Shoptaw, 2007).

Because meth addicts typically do not experience the initial symptoms associated with heroin and cocaine withdrawal, many treatment providers have found that these users may be less likely to enter detox and remove themselves from the environment in which they were addicted (Payne, 2004), leaving them subject to triggers and at risk for relapse. Of special concern for meth addicts is what has come to be known as the "wall," the onset of depression and cravings that can occur generally within 45 to 120 days of starting treatment (Illinois Attorney General, 2004b).

Recovering meth addicts, along with those addicted to other stimulants such as cocaine, need a stronger outpatient program than is necessary for many other drugs. They benefit most from treatments like the Matrix Model that include cognitive-behavioral therapy that addresses how they think and how their thinking affects their emotions and behaviors, which prepares them to deal with their own specific triggers. The Matrix Model, which is cited by the National Institute on Drug Abuse as an effective model that helps sustain abstinence, involves cognitive-behavioral therapy and a process of coaching, educating, supporting, and reinforcing positive behavior change. NIDA indicates that another behavioral model, Motivational Incentives for Enhancing Drug Abuse Recovery (MIEDAR), which uses an incentive-based approach, shows promise for treating meth addictions (NIDA, 2006a).

Trends in Use and Admission to Treatment

The increase in meth use across the country began gaining attention during the 1990s. However, recent national data show that levels of meth use are generally holding steady or taking a downturn. In 2005, more than 10.4 million people age 12 and older across the nation (4.3 percent) reported having used meth at least once in their lifetime, down from 5.3 percent in 2002. From 2002 to 2005, lifetime and past-year use decreased (lifetime: 5.3 to 4.3 percent; past-year: 0.7 to 0.5 percent), but 30-day use remained steady (0.3 percent in 2002 vs. 0.2 percent in 2005). Although the number of past-month users has remained steady since 2002, the number of meth users dependent on or abusing some illicit drug rose significantly during this period, from 164,000 in 2002 to 257,000 in 2005 (SAMHSA, 2006b). Using data from 2002 to 2004, the same survey found that 3.7 percent of the population in Illinois reported lifetime use, 0.2 percent reported past-year use, and 0.1 percent reported past-month use (SAMHSA, 2006a).

Despite the slight downturn in use as measured by surveys, the number of publicly funded treatment admissions for meth treatment in Illinois rose sharply in the past decade. Between state fiscal years 1994 and 2001, the number of statewide admissions[5] increased more than fifteen-fold, from 97 to 1,528 (ICJIA, 2004; IL DASA, 2006). By state fiscal year 2005 (the most recent year for which data is available), meth admissions had increased by 243 percent since 2001, to 5,252 admissions, which was more than for any other drug during that period (IL DASA, 2006). While almost 75 percent of meth admissions in Illinois between 1994 and 2005 were from rural counties, the number of admissions from urban areas has increased four times over between 2001 and 2005 (Bauer & Olson, 2006).

Meth treatment admissions in state fiscal year 2005 were overwhelmingly white (97 percent), low income, and had less than a high school education. Fifty-four percent were male. Over 50 percent of meth admissions in Illinois were referred to treatment by the criminal justice system that year (IL DASA, 2006). The Illinois Department of Corrections opened a dedicated treatment prison at its Sheridan facility in 2004, followed by a dedicated meth treatment wing at its Southwestern Illinois Correctional Center in 2007. Both offer therapeutic communities, drug treatment and counseling, reentry planning, and a seamless continuum of care with linkage to community-based services after release.

With the increased availability of Mexican meth, which tends to be the higher purity "ice" form that is usually smoked, there is potential for increased rapidity of addiction (NDIC, 2006). This only further exacerbates the current trend – smoking meth is the overwhelmingly preferred method of administration in Illinois among treatment admissions. Between 1992 and 2002, the proportion of treatment admissions in Illinois reporting that they smoked meth increased from 26 percent to 58 percent (SAMHSA, 2005). In state fiscal year 2005, the number of treatment admissions indicating they smoked meth far exceeded any other route of ingestion, with 3,376, compared to 907 reporting injection, 656 reporting inhalation, and 285 reporting oral ingestion (IL DASA, 2006).

New Trends in Meth Use

Methamphetamine abuse has increasingly threatened the health of gay and bisexual men, especially in urban areas. A recent study in Chicago found that 21 percent of surveyed gay and bisexual men aged 22-24 had used meth in the previous year (Garofalo et al, 2007). Methamphetamines are used to enhance the sexual experience (Gorman et al, 1997; Semple et al, 2002) and to obtain "time outs" from stress, including the stress of living with HIV (Clatts et al, 2001; Semple et al, 2002). In one study, almost two-thirds of meth users indicated that they planned to have unprotected anal intercourse in their next encounter (Clatts et al, 2005). Because of the link between methamphetamine use and risky sexual behavior, along with physiological changes that may increase infectivity (AFC, 2005), there is a need for treatment and risk reduction for this subpopulation. Recently, several culturally specific adaptations of treatment protocols have been developed (Lyons et al, 2006; Shoptaw et al, 2005).

METH & CHILDREN

Child Endangerment

Perhaps the most distressing impact of meth use and production is the effects on children in users' households, where meth is often manufactured. In 2003, the Drug Enforcement Agency's (DEA) El Paso Intelligence Center (EPIC) collected data on meth lab incidents in Illinois. During 2003, EPIC reported 117 Illinois meth lab sites where a child was affected, 39 where a child was exposed to toxic chemicals, and three where a child was injured. EPIC reported that 25 children were placed in protective custody in 2003 as a result of meth lab incidents that year (ONDCP, 2004).

Studies have shown that children who are raised around meth laboratories may be at increased risk for abuse and neglect. Under the short- and long-term effects of meth, users and addicts may neglect to provide for their children's basic food, shelter, and protection needs or become violent.

[5] Illinois Division of Alcoholism and Substance Abuse reports admissions instead of individuals. Individuals may be admitted more than one time per year.

Meth-exposed children may show signs of stress and trauma, which can affect their general well-being and lead to behavioral, emotional, and cognitive dysfunction. Children raised in this environment have been found to exhibit mental or emotional problems, delinquency, teen pregnancy, poor social skills, and criminal or violent behavior (Swetlow, 2003).

The U.S. Department of Justice (DOJ) describes the dangerous and unsanitary living conditions to which children in meth producing households are exposed. Hazardous vapors and other substances are common in homes that double as meth labs, and needles and other paraphernalia can lead to injury or illness. There is a risk of explosion and fire in the illegal production of meth due to inexperienced handling of volatile hazardous materials. Meth manufacturers may possess firearms or dangerous guard animals, or may safeguard their labs with hazardous explosives or booby traps designed to cause injury. Electrical hazards may result from exposed wiring, and poor ventilation may result from attempts to conceal production from the authorities. Because meth can cause parents to sleep for extended periods of time or exhibit other neglectful behavior, children's living and play areas have been found strewn with garbage, dirty dishes, or dirty clothes, and they may be infested with fleas, lice, rodents, or other pests. Plumbing may be nonfunctional as a result of meth cooks dumping harmful chemicals down drains or toilets (Swetlow, 2003).

Child Protection

Children who have been exposed to meth production and abuse have unique needs. The services of trained professionals who can provide immediate services in response to the health and safety needs of children should be available to officials who respond to meth lab sites. Follow-up physical, mental, and emotional health plans should be put in place and implemented for the benefit of exposed children (Swetlow, 2003).

Although, as previously noted, many meth labs have been shut down, the effects of involvement in meth manufacture on children and families are long-lasting. Identifying the particular needs of children exposed to meth, ISP and DCFS (Department of Children and Family Services) signed off in 2003 on a procedure for managing the children who are endangered by meth in Illinois (Illinois Attorney General, 2004b). Additionally, multiple government agencies around the country have joined together to offer DEC (drug endangered children) programs. The USA PATRIOT Act Improvement and Reauthorization Act of 2005 authorized $20 million in DEC grants to fund DEC programs and efforts around the country, and the Drug Endangered Children Act of 2007 seeks to renew the funding.

CURRENT METH LAWS

Illinois Meth Laws

All of the state laws relating to methamphetamine were brought under a single statute in 2006, the Methamphetamine Control and Community Protection Act (720 ILCS 646) (Appendix A). The Act provides for criminal penalties for manufacturing meth, with aggravated penalties for meth manufacture in certain locations and when people are injured as a result of manufacturing. The Act also provides for penalties for shipping meth precursors and other manufacture materials. Meth sales, possession, and conspiracy to sell meth also fall under the Act, as do felony penalties for endangering a child in the course of meth use, manufacture, or sales.

Of special note is that meth offenders are excluded from eligibility for supervision under the state's designated program,[6] which offers treatment alternatives to nonviolent drug-involved offenders who would face prison sentences were it not for the program.

Federal Meth Laws

The Controlled Substance Act of 1970 designated meth as a schedule II drug, which means it has high potential for abuse and may lead to severe psychological or physical dependence. The Comprehensive Methamphetamine Control Act of

[6] Since its establishment in 1987, the designated program has been licensed to and operated by TASC.

1996 restricted chemicals used in the production of meth, increased the consequences for producing and distributing meth and the chemicals used to manufacture it, and broadened the restraints on products containing ingredients used in production (pseudoephedrine and ephedrine). The Methamphetamine Anti-Proliferation Act of 2000, which is part of the Children's Health Act of 2000, made sentencing guidelines stronger, provided training on the handling of clandestine lab chemicals and meth investigations for federal and state law enforcement officers, expanded the controls on chemical ingredients used in meth production, and broadened efforts toward substance abuse prevention (ONDCP, 2007).

The Combat Methamphetamine Epidemic Act (DEA, 2006) was added to the USA PATRIOT Act renewal and was enacted into law in March 2006 (Appendix B). The law imposes further restrictions on the retail sale of the cold medications containing methamphetamine precursors, following similar laws already enacted by many states, including Illinois. It also requires federal authorities to track and regulate major importers and exporters of these medications.

The Drug Endangered Children Act of 2007 seeks to renew the $20 million in grant funding established in the 2005 USA PATRIOT Act available to conduct DEC programs and services around the country.

CONCLUSION

Meth use and abuse continues to be a problem in Illinois, negatively affecting the health and well-being of users, their children, first-responders, law enforcement, and victims of meth-related crimes. Though treating meth addiction has proven challenging, successful treatment strategies are available, and more are being studied and advanced. State and federal policymakers continue to combat the problem of meth use by enacting legislation that will curb the spread of meth and protect those affected by its use and manufacture.

Prepared by the Center for Health and Justice (CHJ) at TASC. CHJ works to build, enhance and sustain strong and vibrant communities by promoting policies and practices that stop the cycle of drugs and crime. We conduct research and evaluations, offer trainings, technical assistance, and organizational development in the fields of health and justice. For more information visit us online at: **www.centerforhealthandjustice.org.**

APPENDIX A: Excerpt of the Illinois Methamphetamine Control and Community Protection Act (720 ILCS 646)

Sec. 15. Methamphetamine manufacturing

(a)(1) It is unlawful to participate in the manufacture of methamphetamine with the intent that methamphetamine or a substance containing methamphetamine be produced.

(2) The following amounts trigger the corresponding penalties:

sub §	Amount	Class	Prison Term
(A)	< 15 grams	Class 1 fel.	[discretionary]
(B)	15 = 100 grams	Class X fel.	6 = 30 years
(C)	100 = 400 grams	Class X fel.	9 = 40 years
(D)	400 = 900 grams	Class X fel.	12 = 50 years
(E)	> 900 grams	Class X fel.	15 = 60 years

(b)(1) Aggravated participation in methamphetamine manufacturing. A person engages in aggravated participation in the manufacture of methamphetamine when the person commits methamphetamine manufacturing and:

(A) the person knowingly does so in a multi-unit dwelling;

(B) the person knowingly does so in a structure or vehicle where a child under the age of 18, a person with a disability, or a person 60 years of age or older who is incapable of adequately providing for his or her own health and personal care resides, is present, or is endangered by the manufacture of methamphetamine;

(C) the person does so in a structure or vehicle where a woman the person knows to be pregnant (including but not limited to the person herself) resides, is present, or is endangered by the methamphetamine manufacture;

(D) the person knowingly does so in a structure or vehicle protected by one or more firearms, explosive devices, booby traps, alarm systems, surveillance systems, guard dogs, or dangerous animals;

(E) the methamphetamine manufacturing in which the person participates is a contributing cause of the death, serious bodily injury, disability, or disfigurement of another person, including but not limited to an emergency service provider;

(F) the methamphetamine manufacturing in which the person participates is a contributing cause of a fire or explosion that damages property belonging to another person; or

(G) the person knowingly organizes, directs, or finances the methamphetamine manufacturing or activities carried out in support of the methamphetamine manufacturing.

(2) The following amounts trigger the corresponding penalties for aggravated participation in methamphetamine manufacturing:

sub §	Amount	Class	Prison Term
(A)	< 15 grams	Class X fel.	6 = 30 years
(B)	15 = 100 grams	Class X fel.	9 = 40 years
(C)	100 = 400 grams	Class X fel.	12 = 50 years
(D)	> 400 grams	Class X fel.	15 = 60 years

Sec. 20. Methamphetamine precursor

(a)(1) It is unlawful to possess, procure, transport, store, or deliver any methamphetamine precursor or substance containing any methamphetamine precursor in standard dosage form with the intent that it be used to manufacture methamphetamine or a substance containing methamphetamine.

(2) The following amounts trigger the corresponding penalties:

sub §	Amount	Class	Prison Term
(A)	< 15 grams	Class 2 fel.	[discretionary]
(B)	15 = 30 grams	Class 1 fel.	[discretionary]
(C)	30 = 150 grams	Class X fel.	6 = 30 years
(D)	150 = 500 grams	Class X fel.	8 = 40 years
(E)	> 500 grams	Class X fel.	10 = 50 years

(b)(1) It is unlawful to possess, procure, transport, store, or deliver any methamphetamine precursor or substance containing any methamphetamine precursor in any form other than a standard dosage form with the intent that it be used to manufacture methamphetamine or a substance containing methamphetamine.

(2) The following amounts trigger the corresponding penalties:

sub §	Amount	Class	Prison Term
(A)	< 10 grams	Class 2 fel.	[discretionary]
(B)	10 = 20 grams	Class 1 fel.	[discretionary]
(C)	20 = 100 grams	Class X fel.	6 = 30 years
(D)	100 = 350 grams	Class X fel.	8 = 40 years
(E)	> 350 grams	Class X fel.	10 = 50 years

Sec. 30. Methamphetamine manufacturing material

It is a Class 2 felony to engage in the possession, procurement, transportation, storage, or delivery of any methamphetamine manufacturing material, other than a methamphetamine precursor, substance containing a methamphetamine precursor, or anhydrous ammonia, with the intent that it be used to manufacture methamphetamine.

Sec. 35. Use of property

It is a Class 2 felony for a person to knowingly use or allow the use of a vehicle, a structure, real property, or personal property within the person's control to help bring about a methamphetamine violation.

Sec. 40. Protection of methamphetamine manufacturing

It is a Class 2 felony to engage in the protection of methamphetamine manufacturing, meaning the defendant knows that methamphetamine manufacturing is taking place and intends to help prevent detection or interference.

Sec. 50. Methamphetamine-related child endangerment

(a) A person is guilty of a Class 2 felony when the person knowingly endangers the life and health of a child by exposing or allowing exposure of the child to a methamphetamine manufacturing environment.

(b) A person is guilty of a Class X felony when the person commits the above and it results in the death of or serious bodily harm to the child.

Sec. 55. Methamphetamine delivery

(a)(1) It is unlawful knowingly to engage in the delivery or possession with intent to deliver methamphetamine or a substance containing methamphetamine.

(2) The following amounts trigger the corresponding penalties:

sub §	Amount	Class	Prison Term
(A)	< 5 grams	Class 2 fel.	[discretionary]
(B)	5 = 15 grams	Class 1 fel.	[discretionary]
(C)	15 = 100 grams	Class X fel.	6 = 30 years
(D)	100 = 400 grams	Class X fel.	9 = 40 years
(E)	400 = 900 grams	Class X fel.	12 = 50 years
(F)	> 900 grams	Class X fel.	15 = 60 years

(b)(1) Aggravated delivery or possession with intent to deliver methamphetamine or a substance containing methamphetamine. A person engages in the aggravated delivery or possession with intent to deliver methamphetamine or a substance containing methamphetamine when the person violates the above and:

(A) the person is at least 18 years of age and knowingly delivers or possesses with intent to deliver the methamphetamine or substance containing methamphetamine to a person under 18 years of age;

(B) the person is at least 18 years of age and knowingly uses, engages, employs, or causes another person to use, engage, or employ a person under 18 years of age to deliver the methamphetamine or substance containing methamphetamine;

(C) the person knowingly delivers or possesses with intent to deliver the methamphetamine or substance containing methamphetamine in any structure or vehicle protected by one or more firearms, explosive devices, booby traps, alarm systems, surveillance systems, guard dogs, or dangerous animals;

(D) the person knowingly delivers or possesses with intent to deliver the methamphetamine or substance containing methamphetamine in any school, on any real property comprising any school, or in any conveyance owned, leased, or contracted by a school to transport students to or from school or a school-related activity;

(E) the person delivers or causes another person to deliver the methamphetamine or substance containing methamphetamine to a woman that the person knows to be pregnant; or

(F) the person knowingly brings or causes another to bring the methamphetamine or substance containing methamphetamine into Illinois from a location outside of Illinois.

(2) The following amounts trigger the corresponding penalties for aggravated participation in methamphetamine delivery:

sub §	Amount	Class	Prison Term
(A)	< 5 grams	Class 1 fel.	[discretionary]
(B)	5 = 15 grams	Class X fel.	6 = 30 years
(C)	15 = 100 grams	Class X fel.	8 = 40 years
(D)	> 100 grams	Class X fel.	10 = 50 years

Sec. 60. Methamphetamine possession

(a) It is unlawful knowingly to possess methamphetamine or a substance containing methamphetamine.

(b) The following amounts trigger the corresponding penalties:

sub §	Amount	Class	Prison Term
(1)	< 5 grams	Class 3 fel.	[discretionary]
(2)	5 = 15 grams	Class 2 fel.	[discretionary]
(3)	15 = 100 grams	Class 1 fel.	[discretionary]
(4)	100 = 400 grams	Class X fel.	6 = 30 years
(5)	400 = 900 grams	Class X fel.	8 = 40 years
(6)	> 900 grams	Class X fel.	10 = 50 years

Sec. 65. Methamphetamine conspiracy

A person is guilty of methamphetamine conspiracy if they agree to the commission of a manufacture, delivery or possession crime with at least one other person, and an act is taken in furtherance of the crime. Penalties are the same as if the crime had been committed.

APPENDIX B

Summary of The Combat Methamphetamine Epidemic Act of 2005
[Title VII of Public Law 109-177]

Among other provisions, the Combat Methamphetamine Epidemic Act will:

- Prohibit individuals from purchasing over 3.6 grams in a day or 9.0 grams in 30 days of ephedrine or pseudoephedrine products (precursor drugs)
- Require that precursor drugs be sold from behind the counter or kept in a locked cabinet
- Require that individuals show I.D. and sign a log book upon purchase of precursor drugs
- Impose quantity restrictions and reporting requirements on mail order, Internet, and "flea market" sales of precursor drugs
- Eliminate an existing loophole in federal law that allows unlimited sales of pseudoephedrine pills as long as they are sold in "blister packs"
- Toughen federal penalties for methamphetamine traffickers and smugglers as well as those who cook or deal methamphetamine in the presence of children
- Require reporting of major meth precursor exporters and importers, and would hold them accountable for their efforts to prevent diversion to meth production
- Require information from importers on the "chain of custody" from foreign manufacturer to U.S. shores of precursor chemicals

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