

The Multnomah County Meth Tax

by Robert Whelan and Sam Boggess, ECONorthwest

METHAMPHETAMINE (“meth”) abuse in Multnomah County is rampant. It directly hurts not only abusers, but also their families, friends, neighbors, and communities at large. Meth causes drug-induced mental illnesses, violent criminal behavior, the release of toxins into the environment, and the destruction of the social fabric of families. The economic impacts are also great. This study, by the Oregon-based economic research firm ECONorthwest, reveals that the direct costs of meth abuse in Multnomah County were over \$102.3 million in 2004, more than all the individual income taxes paid by County residents.

This report focuses solely on five economic costs that ECONorthwest could both identify and measure, which are directly caused by meth addiction in Multnomah County. We concluded that in 2004, the costs of property crimes, fires, incremental foster care, meth lab cleanups of housing, and certain healthcare costs totaled over \$102.3 million. These costs are largely borne not by the meth abuser, but by the community at large through direct economic losses, higher insurance premiums, and other means. Thus, we call this the Multnomah County “meth tax.” At \$363 per household, it was more than the average 2004 Multnomah County income tax. Yet, unlike a traditional tax, the meth tax is not something we can vote for or against. Left unaddressed, the meth epidemic will worsen and we will all have to pay ever-higher meth taxes into the future.

The costs of treatment, education, law enforcement, adjudication, and incarceration in response to meth abuse were not included in our study because they are means of addressing the problems of meth abuse and not forms of direct damages. Indeed, they are components for helping solve the addiction problems that afflict so many people in our County. For example, multiple studies have shown the benefits and cost effectiveness of treatment. Michael Finigan, president of the NPC Research, estimates that those who complete outpatient treatment are arrested 45% less and have 65% higher wages than those with the same conviction histories

not entering treatment. Furthermore in 1991-92 every tax dollar spent on treatment produced \$5.60 in avoided costs to taxpayers.¹

Meth: What it is, who uses it, and why it is a problem

Methamphetamine is a comparatively cheap, widely available, easy to use, and, although in Oregon most meth is imported, it is an easy to make illegal drug. A typical one-tenth of a gram dose costs only five dollars to make. It is a powerful stimulant that is chemically similar to adrenaline, but much more dangerous. The effects of one dose on the body can last for 12 hours or more.

Meth produces feelings of euphoria, increases energy, and reduces appetite. Thus, the drug is especially alluring to those who need to stay alert on the job or at school or who are trying to lose weight. This explains why so many meth addicts are women. Another reason for meth's popularity is its ability to enhance a person's sex drive, although chronic use eventually destroys it.²

After the initial rush of intense feelings, users are prone to become highly agitated and nervous, which can lead to violent behaviors. Once the drug begins to wear off there is a rebound effect where intense depression envelops the user.

Because the effects of meth are usually pleasurable at first, many users wish to repeat

the experience, which is the beginning of a cycle of psychological addiction. Meth, however, is not physically addictive so there are infrequent consumers of the drug, but for many the psychological draw is too great.

Tolerance to meth develops rapidly. Users must increase the dose to achieve the same desired effect. This pattern results in rapid addiction. Once at this stage, users will consume the drug continuously for several days in long, sleepless binges.

While bingeing, users experience delusions, uncontrollable nervousness, worsening paranoia, belligerence, hallucinations, and irrational behavior commonly known as tweaking. Binges can last for a week or more, and end with sudden crashes with the user collapsing from exhaustion, sleeping for as long as several days in a row. The user awakens days later with an onslaught of severe depression. Craving relief from the depression, users will once again binge on meth so that they can relive the elated state of mind.

The Consequences

This cycle of bingeing, collapsing, and awakening deeply depressed has severe consequences for persons choosing to put methamphetamine in their bodies, but such behavior is far from being a victimless crime. The user's friends, employer, family, and neighbors often share in the consequences of the user's meth abuse. Everyone in the greater community becomes vulnerable to the psychosocial disorders and environmental problems caused by meth.

The self-inflicted psychological consequences of meth use are serious. They cycle between volatile psychotic episodes, protracted periods of sleep, and descent into severe depression. Although meth makes users more alert, it also makes them more accident prone, more easily confused, and their ability to work constructively and safely is compromised. Maintaining gainful employment becomes difficult, if not impossible, for some. They become incapable of managing their personal affairs and, more importantly, their family responsibilities. Meth-addicted parents neglect their children, fail to maintain safe and clean homes, and are often abusive, both physically and sexually.

Damage to physical health is equally severe.

Chronic meth users experience uncontrollable weight loss, which leaves them gaunt and weak from malnutrition. Welts appear on the user's skin and the hallucination of "meth bugs" crawling under the skin leads to chronic scratching and irritating open sores. Meth's effects of damaging blood vessels, increasing body metabolism to unsustainable rates, and introducing toxic compounds into the body cause teeth to rot and fall out. While meth tricks the brain into thinking the body has unlimited stamina, in reality the drug interferes with vital organ functions.

Ultimately, chronic meth addicts will suffer catastrophic heart, liver, or kidney failure. Methamphetamine is also toxic to brain cells. A recent study of people who were addicted to meth for 10 years showed permanent losses in brain tissues similar to what one would see in advanced Alzheimer's patients.

Tallying the Costs

Meth use is pervasive in Oregon. The state leads the nation in methamphetamine treatment admissions. At 324 admissions per 100,000 residents, Oregon admits six times the national average.³ Furthermore, it is believed that Multnomah County leads the state in meth consumption, but defining how much meth abuse costs the County proved to be a very difficult task.

Indeed, many costs cannot be readily measured in dollar terms—the loss of the life of a baby shaken by a meth-afflicted father, the disruption in the education of an adolescent whose drug-addicted parent cannot properly function, or the loss in a citizen's sense of safety due to increased violent crime. These cannot be readily measured and are, therefore, outside the scope of this study.

There are also the costs of solutions. There is an ongoing debate over what are the appropriate elements of the public response to the meth problem. Among the components considered are drug treatment, drug education, and the expense of arrests, adjudication, and incarceration of methamphetamine suppliers and users. These components are all costly and often imposed in whole or part onto the public.

However, in this analysis we are not counting them because we consider them to be expenses that society voluntarily incurs to help solve the methamphetamine problem.

This report focused on readily measurable and involuntary costs imposed by meth abusers onto the general public. Costs that are not part of the solution, but rather are unnecessary economic burdens placed on society because some citizens of Multnomah County succumbed to methamphetamine addiction.

ECONorthwest was able to pull together data on five costs. They were selected because there was objective data available from current sources from which we could derive reasonable cost estimates. The five are:

1. Victim losses from meth-related property crimes.
2. The additional costs to the State from children brought into the foster care system in Multnomah County because of the neglect and/or abuse of meth-addicted parents.
3. The expense on Multnomah County landlords and homeowners from the clean up of toxic methamphetamine labs.
4. The economic loss of housing in Multnomah County from fires started in meth labs.
5. The incremental healthcare costs resulting from HIV and hepatitis C infections directly associated with meth addiction in Multnomah County.

Value of Property and Productivity Lost from Meth-Related Crimes

As addiction takes hold, the only relationship meth users maintain is with their drug. Life becomes an endless barrage of finding ways to get more meth to prolong their high. While a casual or new user may be able to hold a job and be satisfied with a \$10 hit, chronic users spend a minimum of \$50 a day, are often unemployable, and, therefore, often turn to crime to support their habit.

Meth addicts will usually begin by stealing from those closest to them, but then branch out to victimize society as a whole. Among the property crimes commonly committed by meth

addicts in the County are identity theft, fraud, forgery, burglary, larceny, and motor vehicle theft. ECONorthwest estimated the costs of each of these crimes.

Knowing what percentage of each type of crime in the County was related to meth abuse is made difficult because law enforcement officers do not subject all arrestees to urine analysis. However, in 2003 the Arrestee Drug Abuse Monitoring program, using sampling, determined that 25.4% of male arrestees and 29.7% of female arrestees tested positive for methamphetamine use in Portland.

There are two distinct costs that property crimes impose on victims. The first is the actual value of the lost property. The second component is the value of lost productivity or time at work. As victims of property crimes know, they spend many hours repairing damage, dealing with insurance companies, working with the justice system, remedying their loss, and, in the case of identity thefts, repairing their credit. Often victims suffer lost work time and lost income as a result.

ECONorthwest used the methods developed by the Office of National Drug Control Policy to calculate total losses. We used data on victim losses published by the Bureau of Justice Statistics, the number of methamphetamine related crimes, and the average number of workdays lost per crime from the Office of National Drug Control Policy.⁴ The average daily wage for Multnomah County was used to convert hours lost into the dollar costs to victims.

We also took into account unreported property crimes, which are prevalent in meth-related thefts since many victims are family members or other meth addicts who are disinclined to report such crimes. The Bureau of Justice Statistics' National Crime Victimization Survey, for example, estimates that only 38% of property crimes are reported to police.⁵

Our best estimate using the data available indicate that in 2004 the total economic loss in the County due to property crimes committed by the meth-afflicted exceeded \$88.4 million. That equals \$313.79 per household in Multnomah County. Clearly, the costs of these crimes are not shared evenly. Some families suffered

dramatic losses in 2004 while most others were unaffected—at least directly. Indirectly, all residents pay for losses through higher insurance premiums, higher credit card fees, and higher prices at retailers that in turn are victims of meth-related crimes such as shoplifting, theft, and fraud.

Table 1: Cost of Meth-Related Property Crime, Multnomah County, 2004

Type of Loss	Cost in 2004
Property	\$72,071,432
Productivity	16,400,570
Total economic loss	\$88,472,002
Loss per household	\$313.79

Source: ECONorthwest analysis of crime data from the Office of National Drug Control Policy, Bureau of Justice Statistics, and local crime statistics.

The cost we arrived at is an estimate. We had to make assumptions in light of the lack of precise data. Indeed, we note that some crimes committed by people with meth in their system would have been committed anyway. In the absence of meth, some perpetrators would have used other narcotics and would still resort to criminal activity to support their habit.

Preliminary research at the University of Arkansas indicates that meth users were significantly more likely to steal from their employers. In addition, the preliminary research indicates that an employee using meth is five times more likely to be absent from work than his or her counterparts. Even at work, it takes four meth users to do the job of three nonusers.⁶

It is no coincidence that the occurrence of identity thefts and population of methamphetamine abusers have gone up together. Meth addicts have a tremendous amount of patience and time on their hands. Unlike heroin, which encourages sleep, or cocaine, that lacks a sustained high, sleepless meth binges give addicts the time and focus to steal mail and other financial information, craft fake IDs and checks, and use the internet to obtain personal information and set up false lines of credit. Anecdotal evidence from the police and sheriff's department suggests that the actual

percentage of methamphetamine-related identity thefts might be as high as 95%.⁷ However there is not any sufficient data to support this estimate, therefore we used the 25.4% ADAM estimate.

The Cost of Foster Care

One of the most alarming consequences of methamphetamine is its damaging effect on children. Some children actually live in places with clandestine meth labs, while many more simply try to survive in the homes of meth-addicted parents.

In one out of four lab busts in Oregon, police find children living on the premises. They are exposed to the risks of fire, explosion, toxic chemicals, firearms, and the constant flow of strangers and criminal activity. Used syringes, unlabeled chemicals, heating elements, and incapacitated caregivers are commonplace in meth houses. In Oregon thirty to fifty percent of children coming out of labs test positive for methamphetamine due to accidental ingestion or inhalation.⁸ Such tests only account exposure in the past 48 hours, meaning an undoubtedly higher percentage of children are actually exposed.

Being dependant on the care of a parent who falls victim to chronic meth abuse is horrific. The levels of parental neglect and endangerment the children are exposed to are far off the scale of any other type of substance abuse seen in Multnomah County. Meth is the focus of every ounce of attention of the addict. Children become a nuisance in the homes of meth addicts. Although awake for days at a time, the parent's sense of time becomes unreal and they will forget to feed or clean their children. When they crash into a coma-like state for days, no one cares for their kids.

Although a parent high on meth may spend hours focused intently on some incidental housework, they may ignore that their child is starving or that garbage is piled high in the living room. Ironically, the homes of meth addicts are filthy. Caseworkers in Multnomah County use the term "path house" to describe them because garbage lies knee-deep on the floors and paths are made by the inhabitants so one can walk through it.

The children of meth addicts live in a chaotic

world where they are ignored and uncared for. “Children aren’t even an afterthought to methamphetamine addicts. They are given no thought at all. They’re locked in rooms, dumped on strangers and left to fend for themselves. One mother knocked her young son out with Nyquil so she could do meth. All that matters is the next high.”⁹ Due to the drug’s sexually arousing effects, sexual and physical abuse are also significantly higher in homes where meth is used and/or manufactured. Children with methamphetamine poisoning display symptoms of tachycardia, agitation, inconsolable crying, irritability, and vomiting. Children may also contract Hepatitis C or HIV from used syringes in environments where meth is injected.

Of the over 1,450 children each day that are in foster care in Multnomah County, half come from the homes of methamphetamine addicts.¹⁰ Oregon Office for Services to Children and Families (SCF) finds that these children are some of their most difficult cases. ECONorthwest, using SCF data, estimated that the total direct expense of foster care just in Multnomah County during 2004 for the children of meth-addicted parents was over \$6.1 million. As shown in Table 2, this equaled \$21.75 per household.

Table 2: Cost of Meth-Related Foster Care, Multnomah County, 2004

Measure	2004
Children in foster care because of meth each day	734
Times the average daily cost of foster care	\$22.82
Times days in 2004	366
Total cost of meth-related foster care in county	\$6,131,843
Cost per household in the county	\$21.75

Source: ECONorthwest analysis of SCF data

Healthcare Costs

Earlier, we noted that methamphetamine stresses every organ in the body and is particularly damaging to the kidneys, heart, brain, teeth, blood vessels, skin, and lungs. Equally troubling, meth addicts engage in high-risk behaviors, which expose them to diseases transmitted through bodily fluid exchange. About 80 percent of the people who inject street

drugs, such as meth, have hepatitis-C. Similarly, HIV/AIDS is much more prevalent among meth addicts. Because of using meth, addicts incur medical problems whose treatment costs fall mostly on public taxpayers.¹¹

Methamphetamine impacts healthcare costs in more subtle ways. It causes difficulties in the treatment of illnesses or injuries, resulting in longer hospital stays, prescription drugs, and physician time. Treatment systems must go through expensive adjustments to tailor their care to possible meth-related admissions. Many emergency rooms in Multnomah County, for example, now keep ice beds ready primarily because they see meth users with elevated body temperatures (the primary cause of meth related deaths).¹² In addition, because of the aggressive state some users assume while high, meth increases the number and severity of emergency room visits in the County.

Patient confidentiality, multiple contributing factors, and other issues make it difficult to fully determine meth-related healthcare costs in Multnomah County. In lieu of this, ECONorthwest chose to focus on two major health problems whose incidence is related to methamphetamine use: HIV/AIDS and hepatitis-C infections. We then made estimates, using conservative assumptions, of the costs for treating these infections in 2004 among the population of methamphetamine users in the County.

Oregon Department of Human Services’ (“DHS”) records show that 2,307 adults living in Multnomah County have HIV or AIDS. Furthermore, DHS estimates the actual number to be 25 percent higher.¹³ Eighteen percent of these cases are due, at least in part, to injection drug use. There are not any hard data that breaks down what percentage of injection drug users use methamphetamine as their primary drug, but in 1999, eleven percent of emergency room visits due to injection drug use were from methamphetamine.¹⁴

From these sources, we estimate that at least 61 individuals living in Multnomah County contracted HIV/AIDS because of their methamphetamine use. This is undoubtedly a low estimate, but more current and thorough

data are unavailable. However, even assuming there are just 61 individuals, the costs are high. Even without hospitalization, the prescriptions, tests, and medical care for HIV cost about \$20,000 per year.¹⁵ Thus, we estimate the cost of methamphetamine-related HIV infections in Multnomah County in 2004 to have been \$1.2 million.

There is less public data on hepatitis C infections, but ECONorthwest was able to make estimates. Once again, we were conservative. We began by applying the 2003 National Survey on Drug Use and Health report estimate that 0.34% of the U.S. population used methamphetamine in the past 30 days. Although we know that Oregon has the highest national rate of methamphetamine treatment admissions, our analysis was limited to the national data at hand and when applied shows that there were at least 23,000 active methamphetamine users in the Multnomah County and that 40 percent of them inject the drug.

Based on the National Institution on Drug Abuse estimate that 76.5% of injection drug users are infected,¹⁶ we estimate that there were 7,000 adults with hepatitis C infections in Multnomah County resulting from injecting methamphetamine. Using an annual treatment cost of \$756 per patient a year,¹⁷ we conclude that hepatitis C from injecting methamphetamine cost the healthcare system in Multnomah County \$5,292,000 last year.

The combination of HIV/AIDS and hepatitis C infections among the methamphetamine addicted population in Multnomah County cost, conservatively, over \$6.5 million in 2004 or \$23.10 for every resident household.

Cost of Property Destroyed by Fire

Methamphetamine production is inherently dangerous. Many of the chemicals used are flammable and explosive. Since meth lab operations are concealed from the law and are often operated by meth addicts that are prone to making mistakes, these production facilities are highly vulnerable to fires. The Office of Justice Programs reports that 15 percent of all methamphetamine

labs are discovered due to fire or explosion.¹⁸ However, fire data in Multnomah County does not support this estimate.

In 2004, there were two methamphetamine related fires in Multnomah County. Total damage was estimated to be \$81,500 according to the Oregon State Fire Marshall's office. This estimate does not include the cost of fighting the fire or the value of lost rent or business.

Cost of Cleanup

The manufacturing of one pound of methamphetamine produces five to six pounds of chemical waste, which is then thrown out. Typically this toxic waste is emptied into drains, thrown into trashcans, or is buried or dumped into the ground. Unsuspecting property owners have to pay for the cleanup of meth labs so that their housing can be inhabited. These costs are passed on directly to the property owners and are also becoming a cost of business in the rental market, thus, causing an escalation in rental rates in the County.

According to the Department of Human Services Clandestine Drug Cleanup Program, 476 labs have been discovered in Multnomah County since 1990. In 2004, 76 were reported, and of those 56 were decontaminated to the State's Certificate of Fitness level. The remaining 20 stand boarded up, serving as public health nuisances with no clear timeline for decontamination.

Table 3: Meth Lab Cleanup Costs in Multnomah County, 2004

Measure	2004
Cleanup Cost per Home Meth Lab:	
State Fees	\$1,400
Testing Costs	3,000
Decontamination	7,000
Cost of Furnishings	6,000
Lost Rent	3,120
Total Cost per Home Meth Lab	\$20,520
Housing Units Cleaned and Certified Fit in 2004	56
Total Cost of Decontaminations	\$1,149,120
Cost per household in the county	\$4.08

Source: ECONorthwest analysis of DHS data.

Most of the meth used in Oregon comes from large-scale production facilities in California and Mexico.¹⁹ The financial incentives for making meth on a small scale are nonetheless great. In Oregon, 90 percent of labs produce less than one ounce per batch.²⁰ Methamphetamine labs can be houses, but many are *ad-hoc* operations working from cars, hotel rooms, and storage units.

A meth lab in a three-bedroom house costs about \$17,400 to clean up and return it to a safe, livable condition. Larger sites, especially those where chemicals were buried outdoors, can be much more costly to decontaminate.

The process begins when law enforcement turns the home over to the DHS Clandestine Drug Cleanup Program. This is followed by a testing procedure costing about \$1,400 per three-bedroom house to determine the levels of toxicity present from which the State develops a work plan for the cleanup process. The next step taken is the laborious task of removing all chemicals, furniture, carpeting, clothes, window dressings, and, in extreme cases, sheet rock, and disposing of them at a landfill for house debris and a hazardous waste treatment facility for chemicals. After a concluding round of testing, the State issues a Certificate of Fitness.

Table 3 shows our estimate of the average cost of decontaminating a three-bedroom house with a meth lab in Multnomah County. Besides the actual cleanup and testing costs, we also include three months of lost rent as most meth labs are in rental housing. The average monthly rent for a three-bedroom home in Multnomah County is \$1,040. When added it brings the total cleanup cost to \$20,520 per unit.

We estimate a total cost of over \$1.1 million in 2004. This covers only those labs that were cleaned up in 2004. Another twenty labs reported in 2004 are waiting to be cleaned. Furthermore, the Oregon State Intelligence Network (OSIN) recorded another 60 labs in Multnomah County last year, which were not in homes. According to Craig Durbin, Commander of the Drug Enforcement Section of the Oregon State Police, many were dumpsites and labs found in automobiles.

Conclusion

ECONorthwest was able to estimate five types of costs imposed on Multnomah County because of the actions of methamphetamine-addicted residents and their suppliers in 2004. As summarized in Table 4, those costs totaled \$102,346,465. Furthermore, we believe that this estimate is low. ECONorthwest was unable to make a more comprehensive estimate because of the lack of complete data.

Table 4: Costs Borne in Multnomah County in 2004 Due to Methamphetamine: Total and Per Household

Source	Total Cost	Cost per Household
Property Crime	\$88,472,002	\$313.79
Foster Care	6,131,843	21.75
Healthcare, Select Costs	6,512,000	23.01
Fires	81,500	0.29
Housing Cleanup	1,149,120	4.08
Total	\$102,346,465	\$363.00

Source: ECONorthwest

The cost estimate, for just the five sources we were able to measure, equals \$363 for every Multnomah County household. We are calling that \$363 in 2004 the “meth tax” because it is a compulsory expense for living and working in Multnomah County paid through a mix of higher insurance rates, higher retail prices, higher health care costs, and direct economic losses. Furthermore, it forces government resources to shift from other public needs, such as education, parks, and public safety.

What is most striking is that the meth tax was higher than the \$355 the average household paid in Multnomah County income taxes.²¹ Unlike the income tax, the meth tax is something we cannot vote for or against. It is also solely used to repair damage, not to build a better county.

Left unabated, the meth tax, as we have called it, will have serious and growing negative economic consequences. Long-term it would hurt tourism and ultimately discourage new business from relocating to the County. It would raise the cost of living and working in the County without any offsetting benefits. Most importantly, the meth epidemic will destroy more families. §

THE AUTHORS

Robert Whelan is a senior project manager and has been with ECONorthwest since 1996. He specializes in market research, strategic planning, feasibility analysis, and economic forecasting. He has analyzed a wide range of industries including retailing, mining, fiber optic networks, lodging, construction, casino gaming, advertising, food stores, film & video production, manufacturing, and residential housing.

Sam Boggess graduated with honors from the University of Oregon in Economics and has an extensive background in research.

ECONorthwest is the Northwest's largest and most respected economic consulting firm. ECO works for private, public, and not-for-profit clients throughout the U.S., with an emphasis on the West and Pacific Northwest. Since 1974, ECO has completed more than 1,500 projects in economics, resource and conservation assessment, planning, finance, and policy evaluation.

ACKNOWLEDGEMENTS

We would like to thank all those who contributed or provided data for this report, and in particular the following people:

- Eric Martin, Executive Director, Addiction Counselor Certification Board of Oregon
- Steve Beedle and the Portland Police Department
- Jeff Capizzi, DHS HIV/STD/TB Programs
- Adam Smith, DHS Clansdestine Drug Cleanup Program
- Maurita Johnson, Child Welfare Program Manager, Community Human Services
- Jay Wurshur, Director, Oregon's Child Welfare Addiction Services
- David Westbrook, Oregon Partnership
- Craig Durbin, Commander, Drug Enforcement Section, Oregon State Police
- Linda Palmer, State Fire Marshall's Office
- Christine Kirk and the Multnomah County Sheriff's Department
- Gresham Police Department

FOOTNOTES

¹ Finigan, Michael (1996). "Societal Outcomes and Cost Savings of Drug And Alcohol Treatment In The State Of Oregon". NPC Research [web page] <http://www.npcresearch.com/files/SOCS.pdf> [accessed March 11, 2004]

² Poovey, B. *Sex appeal part of meth's charm*. Associated Press. October 24, 2004.

³ Primary Methamphetamine/Amphetamine Treatment Admissions: 1992-2002, *The DASIS Report*, September 17, 2004. [Web Page] <http://oas.samhsa.gov/2k4/methTX/methTX.htm> [Accessed January 26, 2005]

⁴ Office of National Drug Control Policy (2001). *The Economic Costs of Drug Abuse in the United States, 1992-1998*. Washington, DC: Executive Office of the President.

⁵ Catalano, Shannon M. (2003) *Criminal Victimization, 2003*. Bureau of Justice Statistics National Crime Victimization Survey. [web page] <http://www.ojp.usdoj.gov/bjs/abstract/cv03.htm> [accessed March, 11, 2005]

⁶ Meth Math: UA Researcher Reveals Staggering Costs Of Popular Illicit Drug Use (2004) [web page] <http://pigtrail.uark.edu/news/OCT04/METHSTUDY.html> [accessed April 4, 2005].

⁷ Sullivan, Bob (2005). "The Meth Connection to Identity Theft" MSNBC News [web page] <http://www.msnbc.msn.com/id/4460349/> [accessed February 14, 2005]

⁸ Oregon Department of Human Services (2003). "Children in Methamphetamine 'Labs' in Oregon" *CD Summary*. August 12, 2003 Vol. 52, No. 16 [web page] www.dhs.state.or.us/publichealth/cdsummary/2003/ohd5216.pdf [accessed February 14, 2005]

⁹ Dennis Romboy and Lucinda Dillon Kinkead. *The innocents: kids fall victim to parents' addictions*. The Deseret Morning News. November 15, 2004.

¹⁰ Jay M. Wurscher, Alcohol & Drug Services Coordinator, Oregon Office for Services to Children and Families.

¹¹ Julie McCormick. *Health-Care crisis made worse by the needs of methamphetamine users*. The Kitsap Sun. <http://web.kitsapsun.com/meth/healthcare.html>

¹² Joseph Rose. *The faces of meth*. The Oregonian. December 28, 2004. Page D-1.

¹³ Jeff Capizzi, State Health Department

¹⁴ Drug and Alcohol Services Information System (2002). "Treatment Admissions for Injection Drug Abuse" *The DASIS Report*. June 21, 2002 [web page] <http://www.oas.samhsa.gov/2k2/ivdrugTX/ivdrugTX.htm> [accessed February 18, 2005]

¹⁵ Lauras: HIV Current Treatment and Cost [web page] http://www.lauras.no/hiv/current_treatment_and_cost.shtml [accessed February 18, 2005]

¹⁶ National Institute on Drug Abuse (2000). "Facts About Drug Abuse and Hepatitis C" *NIDA Notes* Vol. 15, Num. 1 (March, 2000) [web page] http://www.drugabuse.gov/NIDA_Notes/NNVol15N1/tearoff.html [accessed March 14, 2005]

¹⁷ Eason, Brian (2002) "Injecting Drug use and the Projected Costs of Hepatitis C" [web page] <http://www.nzdf.org.nz/hepatitisc.htm> [accessed March 14, 2005]

¹⁸ Swetlow, Karen (2003). *Children at Clandestine Methamphetamine Labs: Helping Meth's Youngest Victims*. Office for Victims of Crime, Office of Justice Programs. [web page] <http://www.ojp.usdoj.gov/ovc/publications/bulletins/children/pg5.html> [accessed February 14, 2004]

¹⁹ National Intelligence Center: "National Drug Threat Assessment 2004" [web page] <http://www.usdoj.gov/ndic/pubs8/8731/meth.htm> [accessed March 1, 2005]

²⁰ Oregon State Police: "Meth Lab and Club Drug Activity in Oregon CY: 2002" [web page] <http://www.ncpc.org/ncpc/ncpc/?pg=2088-11136> [accessed January 25, 2005]

²¹ The fiscal year ending June 30, 2004 Multnomah County Finance Report shows \$100,114,000 in revenues through the Multnomah County income tax. <http://www.co.multnomah.or.us/dbcs/finance/>