

► criminalising its recreational use; boosting renewable energy; withdrawing Wisconsin's National Guard from deployment on America's southern border; and a plan to make it easier for migrants, including the undocumented, to get driving licences and access to higher education. He also wants to scrap a "right-to-work" law that is much-despised on the left because it lets those employed in unionised workplaces avoid paying anything to the union.

He proposes that an independent commission should decide on electoral redistricting after a census in 2020, rather than leaving it as usual to the legislature. The idea is to reduce flagrant gerrymandering that favoured Republicans, who won 63 of 99 Assembly seats in November 2018 despite getting less than half the votes and far fewer than the Democrats. The average voter seems to agree that this is unjust: a recent poll found that 72% support his plan for a non-partisan redistricting body.

Then there are promises of substantial policy change. Over 60% of voters back Mr Evers's promise to expand Medicaid to poor families, something Mr Walker doggedly opposed. Some 75,000 people are expected to benefit. Many also like his plans to spend more, after years of austerity, on roads and education. Meanwhile a 10% cut in income tax is promised for middle-income families, funded by ending part of a tax break for manufacturers. Higher tax on petrol should help state finances, though at present these enjoy a surplus.

What explains Mr Evers's newfound taste for confrontation? Some had expected him to try co-operating with moderate Republicans, given his slender victory last year. Dan Kaufman, author of "The Fall of Wisconsin", a damning and entertaining account of Mr Walker's eight years, instead sees a reckoning under way as Mr Evers undoes the many changes of recent years. "People misread his temperament for his policy agenda—he doesn't do fiery rhetoric, but he is from a good-government tradition of progressive ideas," he says.

Mr Kaufman adds that Wisconsin Democrats like boldness, noting that many are populists who backed Bernie Sanders in 2016 (voters in 71 out of 72 counties preferred him to Hillary Clinton in the primary). And any urge to be conciliatory was undermined when Republicans broke a democratic norm last year, by passing laws aimed at curtailing the power of the incoming governor after their candidate lost.

Such behaviour invites retaliation. Barry Burden at the University of Wisconsin in Madison sees Mr Evers learning from Mr Walker in pushing several controversial plans early, when his mandate is strongest. "It seems so dramatic and with many moving parts it is hard to focus, as the opposition," says Mr Burden. In the turmoil some measures—such as spending on education

and roads, plus Medicaid expansion—may pass as the opposition concentrates on blocking more controversial plans.

Fierce partisan scraps can bring other benefits, argues Philip Rocco of Marquette University. They help to remind Democrats nationally to pay sufficient attention to the state. Locals this week waited anxiously to hear if Milwaukee will host the Democratic National Convention next year.

Day care for all

It takes a government child-care centre

WASHINGTON, DC

The wrong and the right way to help poor children and their mothers

DANIEL PATRICK MOYNIHAN, the sociologist and senator who died in 2003, once said that America's longstanding preference for bureaucratic social services for the poor over simply handing them cash was like "feeding the sparrows by feeding the horses". The universal child-care plan offered by Elizabeth Warren, a senator from Massachusetts and Democratic candidate for 2020, falls into such a snare. Given the cost of American child care, which is the least affordable among developed countries, some plan is clearly needed. Her ambitious proposal calls for publicly funded child-care centres nationwide, which would be free to those making less than 200% of the poverty line (or \$51,500 for a family of four) and cost no more than 7% of income for those above it. The complicated infrastructure it envisions would be less efficient than simple cash transfers to poor families with children—and would give uncertain returns.

In the late 1990s, the Canadian province of Quebec introduced a universal child-care scheme backed by large subsidies—

That would be interpreted as a sign that the Midwest won't be forgotten in 2020. Mr Trump was not popular in Wisconsin in 2016: he won fewer votes than Mitt Romney had managed four years earlier. Nonetheless he carried the state, by a sliver. A long and noisy battle in Wisconsin state politics could spur Democratic supporters to rally around Mr Evers first, and presidential candidate later. ■

out-of-pocket costs were limited to \$5 a day. When social scientists tracked the life outcomes for the children and parents who took part in the programme, the results were unexpectedly terrible. Children came out no cleverer and with worse health, life satisfaction and rates of criminal offence. Although women worked more, the taxes generated on their additional labour fell far short of the costs of running the programme. Studies of European programmes have found more positive results, but the outcomes of the recent experiment in North America are troubling. "It tells us that a poorly funded programme that was rapidly rolled out did not generate the benefits that were promised," says Amitabh Chandra, a professor of economics at Harvard. And "we have a history of underfunding programmes in the US when they disproportionately benefit the poor."

In practice, the universal child care envisioned by Ms Warren would operate as more of a middle-class entitlement than a well-targeted anti-poverty programme. The costs of child care vary enormously by place. In Washington, DC, it costs around \$22,000 a year. Assuming identical costs, Ms Warren's plan would grant a well-to-do professional couple in the city making \$150,000 an \$11,500 subsidy to deposit Junior in day care. And although it is true that a poor working mother would receive the same service free of charge, the public costs of looking after her child might well exceed her annual earnings. Giving even a fraction of that amount in cash to mother and child would probably be better for both.

Poor and ethnic-minority mothers are also less likely to use formal day-care centres in the first place. They tend to stay at home to look after children or to use informal child care, such as relatives. "There's this amazing tone-deafness to the cultural implications. It's not just a technocratic policy to close the female wage gap or to



An upside down proposal

grow the earnings of kids," says Sam Hammond of the Niskanen Centre, a think-tank. The Quebec experiment showed a significant crowding out of informal child-care arrangements in favour of cheap, government-run facilities.

Ms Warren herself once grasped this conundrum. In her book "The Two-Income Trap", co-written with her daughter in 2003, she dismissed the "sacred cow" of free day care. "Subsidised day care benefits only some kids—those whose parents both work outside the home. Day-care subsidies offer no help for families with a stay-at-home mother," Ms Warren wrote then. She also recognised its possible exacerbating effect on inequality. "Every dollar spent to subsidise the price of day care frees up a

dollar for the two-income family to spend in the bidding wars for housing, tuition, and everything else," she continued.

A better way to reduce child poverty is to provide a basic monthly child allowance which could be spent on food, rent or formal child care. Michael Bennet and Sherrod Brown, two Democratic senators, have proposed paying families \$250-300 per child each month—which would cut the child-poverty rate by almost half, and at the same cost as Ms Warren's plan. If child care is to be subsidised, it is probably better done through means-tested tax credits. Sadly, the phrase "fully refundable child tax credits" does not stir the soul of Democratic primary voters quite like "universal child-care" does. ■

Meth deaths

Scourge upon scourge

SAN FRANCISCO

Amid the opioid crisis, a different drug comes roaring back

LONDON BREED, the mayor of San Francisco, recently announced a new drugs task-force, which is the kind of thing mayors do. This task force, though, was unusual because it was not aimed at opioids but at methamphetamine. In 2017 meth overdoses killed 87 people in the city, more than twice as many as heroin. Open-air dealing, uninterrupted by the police, is a common sight in the poor Tenderloin district. Use is widespread among the city's many homeless. Because the drug induces aggression, frenzy and paranoia, passers-by often feel unsafe. Half the people now admitted for psychiatric emergencies to the city's general hospital are suffering from the effects of meth-induced psychosis.

The problem is not confined to San Francisco. Although politicians and journalists are understandably transfixed by the 50,000 people killed by opioids each year, the rise in meth-overdose deaths has attracted less attention (see chart). In 2000 only 578 Americans died of an overdose. By 2017, deaths had increased 18-fold to 10,333 people. Meth addiction mostly afflicts western and south-western states like Arizona, Oklahoma and New Mexico, where fentanyl and heroin deaths are less common than in the east. For that reason, states tend to either have a meth problem or an opioid problem—with the exception of West Virginia, which leads the nation in overdose deaths for both.

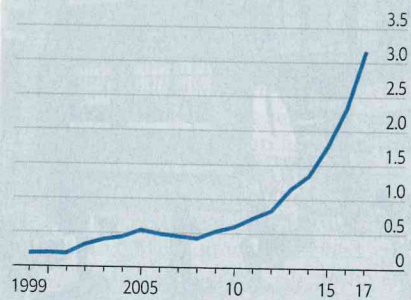
Much of this deadly surge is caused by supply. Little meth is now made in America. The number of domestic meth labs busted by police dropped from 15,000 in

2010 to 3,000 in 2017. Most of these are amateurish operations that cops call "Beavis and Butthead labs", incapable of producing more than two ounces of the stuff per batch. "Mexican cartels dominate the market. They manufacture meth in superlabs across the border," says Chris Nielsen, the special agent in charge of the Drug Enforcement Administration's (DEA) San Francisco division. Left unmolested, the chemists have perfected their technique. The purity of Mexican-produced meth has surged from 39% in 2007 to 97% today. At the same time, competition between cartels has increased supply, quartering prices. "They're becoming more brazen now. The loads are becoming bigger," says Mr Nielsen. His division seized 830kg of meth in 2018—47% more than the year before.

Another reason for the meth surge is the

Psycho killer

United States, methamphetamine overdose deaths per 100,000 people



Source: Centres for Disease Control and Prevention

growth of so-called polydrug abuse. Half of those who died of meth overdoses in 2017 also had opioids in their system. Users usually have a drug of choice—opioids, which numb feeling, or stimulants such as cocaine and meth. When they cannot cheaply or easily obtain their preferred hit (or if they are afraid that the local batch is tainted), they will often substitute another drug. In robust urban markets, doses of fentanyl-laced heroin or meth can be obtained for as little as \$5.

One factor that had limited the spread of meth is that it is a pain to use. Injecting it requires dissolving it in acid and high heat, which then damages veins. Smoking it harms the lungs. But that too may now be changing, as manufacturers are experimenting with putting the drug in pill form. A husband and wife were recently arrested for running a meth-pill operation from their business, a care home in Vallejo, California. They had 31lb of pills embossed with reproductions of American icons like the Kool-Aid man, Tesla and Donald Trump. Widespread introduction of such pills would not just make the drug easier to take; it could also be sold as a party drug to unsuspecting youngsters.

In San Francisco, where the death rate in 2017 was nearly triple the national average, rates of use are especially high among gay residents, who take it as a party drug, and the homeless. Its cheapness has accelerated "a problem that has existed for decades among the LGBT community around meth use," says Raphael Mandelman, a member of the city's board of supervisors. It is also used by "folks who are homeless who are trying to get through a cold night or stay awake," he says.

Like opioids, meth is highly addictive and difficult to quit. But unlike opioids, it lacks effective pharmacological treatments. There is no approved medication-assisted treatment for addiction which substantially decreases the chance of relapse. There is also no equivalent of naloxone, a life-saving drug that reverses an opioid overdose. Meth kills by overloading blood vessels, eventually resulting in aneurysms, heart failure and strokes. As a result, longtime older users are likeliest to die—in San Francisco, the average age of those who die of a meth overdose is 49.

All this makes treatment difficult. One 12-week programme run by the San Francisco Aids Foundation has found success by giving gift cards of small value to people as a reward for negative drug-test results. After completing the programme, 63% of participants stopped using meth. The city has at least managed to sidestep some of the most serious health consequences of injection drug use—increased transmission of hepatitis C and HIV—by providing clean syringes. Last year it dispensed 5.3m clean needles, or six per resident. ■