



The United States Department of Justice

Drug Enforcement Administration



Methamphetamine and the CMEA

Pharmacy Diversion Awareness Conference
National Association of Boards of Pharmacy
North Carolina Board of Pharmacy
Drug Enforcement Administration
Charlotte, North Carolina
February 8, 2014

Joseph Rannazzisi
Deputy Assistant Administrator
Office of Diversion Control

Methamphetamine Facts

Schedule II controlled substance

Methamphetamine is the most widely abused, domestically produced synthetic drug in the United States.

It is used across all genders, ages, and socio-economic levels.

Has a high rate of addiction, a low rate of sustained recovery, and is relatively inexpensive to manufacture.

U.S. Methamphetamine Problem

The U.S. methamphetamine threat is a two prong problem:

- Methamphetamine manufactured by Mexican Trafficking Organizations (large “Super Labs” in Mexico & the U.S.)
- Small Capacity Production Labs (SCPLs) (based in the U.S.)

Foreign vs. Domestic Methamphetamine

Methamphetamine from foreign
trafficking organizations

Domestic Methamphetamine

Why do we have the CMEA?

What is the purpose of the
CMEA?

To limit the domestic
manufacture of
methamphetamine by placing
restrictions on the sale of
Pseudoephedrine, ephedrine and
phenylpropanolamine at retail
outlets.

What information must be in the logbook?

- You must keep a logbook which contains a written or electronic list of sales of drug products containing ephedrine, pseudoephedrine, and phenylpropanolamine.
- You must write or enter in the logbook the name of the drug product and the quantity sold.
- Your customer must write or enter in the logbook their name and address, and the date and time of the sale.
- Your customer must also sign the logbook (signature).

Identification and Verification

- Your customer must show you a photo identification issued by a State or the federal government. If your customer does not have a photo identification, ask your supervisor for help.
- You cannot sell Scheduled Listed Chemical Products containing ephedrine, pseudoephedrine, or phenylpropanolamine to customers unless they present appropriate identification.
- You must verify that your customer's name on the photo identification matches the name your customer wrote in the logbook.
- You must verify that the date and time of the sale that your customer wrote in the logbook are correct.

When is my customer NOT required to sign the logbook?

- If your customer buys a single package containing not more than 60 milligrams of pseudoephedrine* (one 60 mg tablet or two 30 mg tablets)
 - Your customer does not have to sign the logbook.
 - Your customer does not have to show identification.

*** Note: does not apply to ephedrine or phenylpropanolamine**

Who can see the logbook information?

- You must keep the logbook secure.
- You may share information in the logbook:
 - To comply with the law; and
 - For a product recall.
- Logbook information may only be shown to local, state and federal law enforcement.
- Information in the logbook may be copied, inspected only, or turned over entirely.
- Ask your supervisor for further information about sharing information.

How do I store these drug products?

- You must store drug products containing ephedrine, pseudoephedrine, and phenylpropanolamine either behind the counter or in a locked cabinet.
- You must give the drug product directly to the customer who signed the logbook.

How much of these drug products can I sell to each customer per day?

- You cannot sell more than 3.6 grams per day to each customer of Scheduled Listed Chemical Products containing ephedrine, pseudoephedrine or phenylpropanolamine.

How much of these drug products can my customer buy in a 30-day period?

- Your customer cannot buy more than 9 grams in a 30-day period of Scheduled Listed Chemical Products containing ephedrine, pseudoephedrine, or phenylpropanolamine.

Meth's Effects

Psychological Effects

- **Delusions**
- **Extreme paranoia**
- **Hallucinations**
- **Increased alertness**
- **Sense of well-being**
- **Prolonged depression**
- **Excessive excitation and talking**
- **Panic**
- **Anxiousness and nervousness**
- **Moodiness and irritability**

Meth Labs are Costly to Our Counties, State & Government Vanderbilt Burn Center



“Every day we beat our heads against the wall, dealing with these people,” said Kim Hayes, a registered nurse and case manager at the burn unit. “Right now, there are no consequences for these people. You blow yourself up in a meth lab. You get free health care because we are going to take care of you. We’re going to give you everything you need. You’re going to go out. You’re going to do it again and then we’ll give you everything for free again.”

www.tennessean.com September 5, 2011





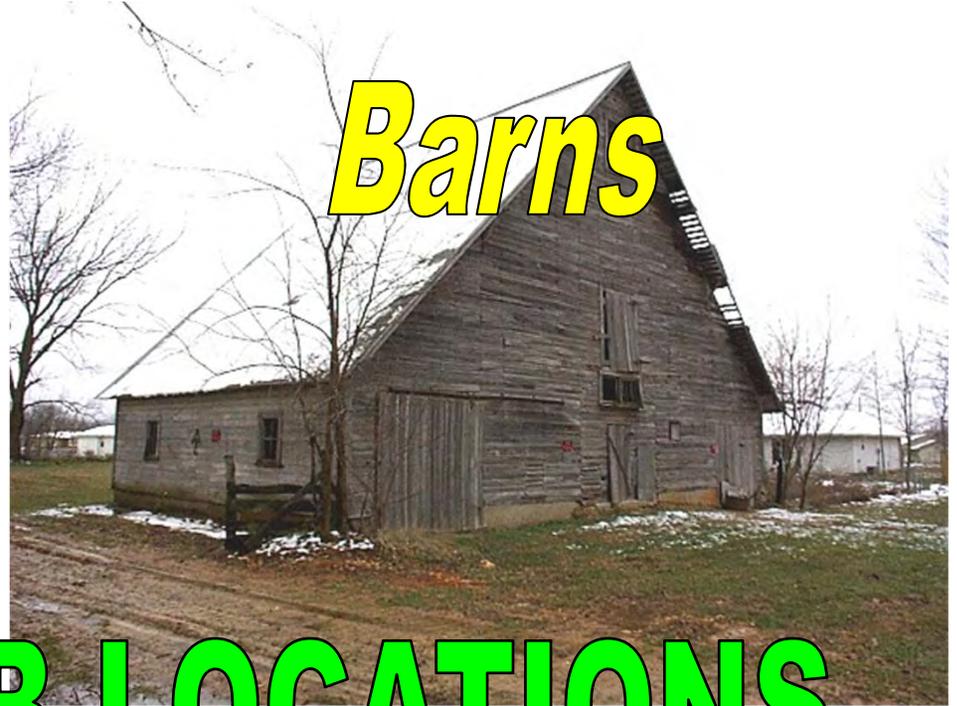
◀ An individual suffering from "crank bugs", a condition sometimes seen in cases of heavy methamphetamine abuse. A similar condition, called "coke bugs" or "snow bugs", is also seen in heavy cocaine users. This is a drug induced hallucination or sensation that bugs are crawling on or under the skin. The abuser picks at the skin in an attempt to remove the bugs. The individual pictured had similar marks on his legs, face, chest and back.



Clandestine Lab



Houses



Barns

POSSIBLE LAB LOCATIONS



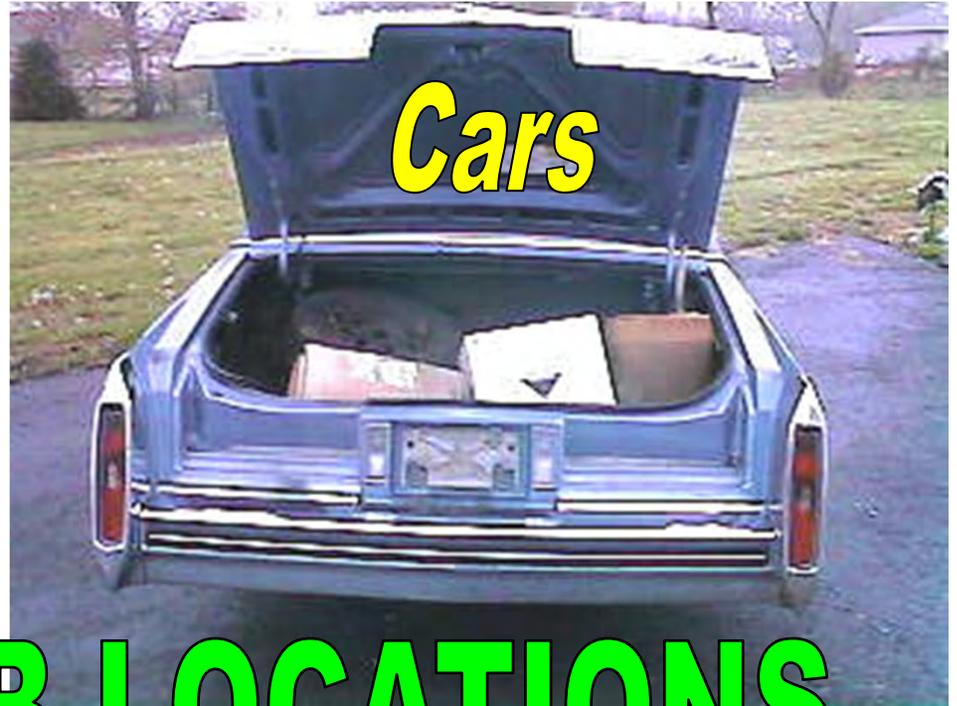
Storage Units



"Vacant" Buildings



*Camper*s



*Car*s

POSSIBLE LAB LOCATIONS



*Trailer*s



*Motel*s



Mobile Meth Lab found
inside of truck during a
traffic stop.

Methamphetamine Laboratories are Endangering our Communities Florida & Alabama

**“Meth lab explodes inside South
Jacksonville apartment”**



August 17, 2011 The Florida
Times Union

**“Janitor finds meth lab in Walmart
bathroom”**



WHNT April 11, 2012
Boaz, Alabama

Methamphetamine Laboratories are Endangering our Communities

Washington, D.C & Nation

“Meth Lab Explosion Rocks Luxury
Apartment in Dupont Apartment”



February 2, 2012
Inthecapital.com

“AP Exclusive: National Meth Labs
Busts up in 2011”



February 22, 2012
Associated Press

Methamphetamine Laboratories are Being Found At & Near Our Schools Indiana & Michigan

“Two meth labs found at Elementary School”



ABC57news April 4, 2012
Plymouth, Indiana

“Meth Lab Next to Elementary School”



9 & 10 News April 2, 2012
Luther, Michigan

Methamphetamine Laboratories are Being Found Near & At Schools Georgia

“Police bust meth lab next to elementary school”



**WTOC.com March 29, 2012
Kingsland, Georgia**

**“Meth lab found in truck at South
Effingham Middle School”**

**“Lawrence Lanier, 34, had
two small children in his truck
within arm’s reach of a meth lab
when he was arrested at South
Effingham Middle School,
Effingham County Sheriff’s Office
spokesman David Ehsanipoor said.”**

Savannahnow.com April 10, 2012

Methamphetamine Laboratories are Harming Our Environment Tennessee & Kentucky

**“Man Dumped Meth Waste Into
Trout Stream.”**



“My concern is this is a trout stream, there are kids that fish this area,” said Sheriff Hensley”

April 25, 2012 WCYB.com

“Dumping meth labs – Materials pose threat to environment, including water supply, fish and wildlife”



“The bad news is for the public Loving said, because the chemicals left behind are now in the river where people fish and swim.”

BG DailyNews.com August 19, 2011

Meth labs are Dangerous







“Two men plead guilty in meth lab-lab fire that heavily damaged Kalamazoo apartment building”

Kalamazoo Gazette March 31, 2010

One Pot Gone Wild



Why Pseudoephedrine or
Ephedrine to Make
Methamphetamine?



48 TABLETS

SUPHEDRINE

ALLIUM DORIS

SUPHEDRINE

PHENYLETHANOLAMINE HYDROCHLORIDE

PHENYLETHANOLAMINE

NON-DROWSY

48 TABLETS, 30 MG EACH

48 TABLETS

SUPHEDRINE

ALLIUM DORIS

SUPHEDRINE

PHENYLETHANOLAMINE HYDROCHLORIDE

PHENYLETHANOLAMINE

NON-DROWSY

48 TABLETS, 30 MG EACH

FREE! **SCENTED**

48 TABLETS

SUPHEDRINE

ALLIUM DORIS

SUPHEDRINE

PHENYLETHANOLAMINE HYDROCHLORIDE

PHENYLETHANOLAMINE

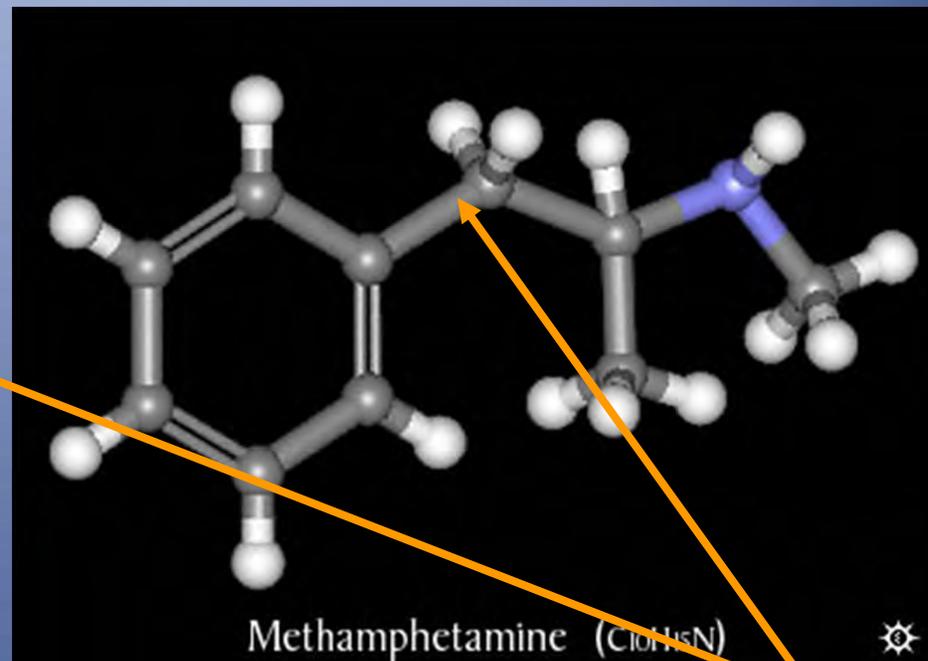
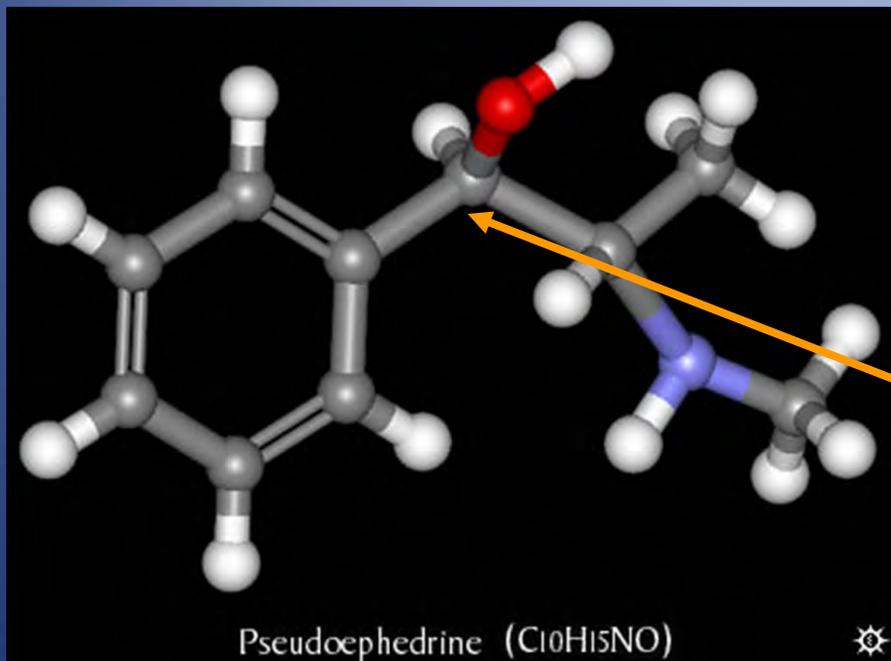
NON-DROWSY

48 TABLETS, 30 MG EACH

What's the Big Deal with Pseudoephedrine? Molecular Comparison

Pseudoephedrine

Methamphetamine



What's the big deal with Pseudoephedrine? The answer is basically **One Oxygen Molecule**. The molecular similarity of pseudo to meth is so close that using today's common methamphetamine manufacturing methods ("Shake & Bake" Red-Phosphorus or Anhydrous / Nazi method) simply reduce the molecular structure of pseudoephedrine/ ephedrine by one Oxygen molecule to create Methamphetamine.





Anatomy of a Meth Lab

Investigation: Team of investigators – salary/overtime/equipment

Search Warrant: LE x 6-10 – salary/overtime/equipment/clan lab truck
Fire Dept/EMS personnel – salary/overtime/equipment ↓

Assault/injuries/exposure
Hospital care/Workers Comp

Children: Decon/Hospital eval & treatment
Social services/Foster care/Future?

Processing Lab site: LE x 2 – salary/overtime
Chemist – salary/equipment

Cleanup: LE x2 – salary/overtime
Contractor – personnel/equipment/EPA approved disposal site

Real Estate: Remediation/lower property value (including surrounding homes)

Collateral damage: Possible explosions/fires to include surrounding area

Defendants/lab operator: Hospital/Decontamination
Addiction treatment
Judicial costs
Incarceration costs

Abusers: Addiction/violence & other criminal acts/unemployment/treatment/judicial costs/incarceration

What is a Smurf?



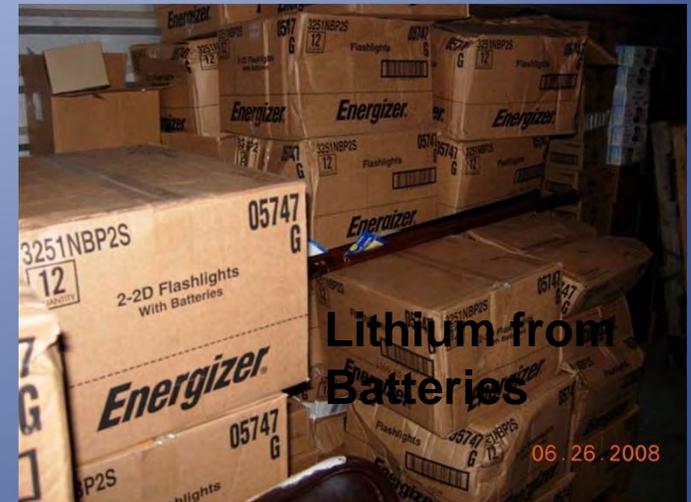
- A smurf is someone who buys small quantities of ingredients (e.g., PSE, ice packs, lithium, matches, iodine), from several different locations, in order to manufacture, or more likely, assist in the manufacture of methamphetamine.

The Source for Pseudoephedrine –“Smurfing”



Pseudoephedrine
blister packs

Provided by: Shelby County
Sheriff's Office



Lithium from
Batteries



Tracking vs. Scheduling

Tracking

- Logbooks electronically connected to database
- Database determines if individual can make purchase
- Permanent electronic record of purchase
- Stop sale ability
- Helps LE identify smurfers
- Leads to identification of lab operators and labs
- More arrests and seizures....maybe
- Great tool for LE If all retail outlets are involved and the database is not corrupted by false IDs
- In Place - KY, MO*, AR*, CA*, ++++++

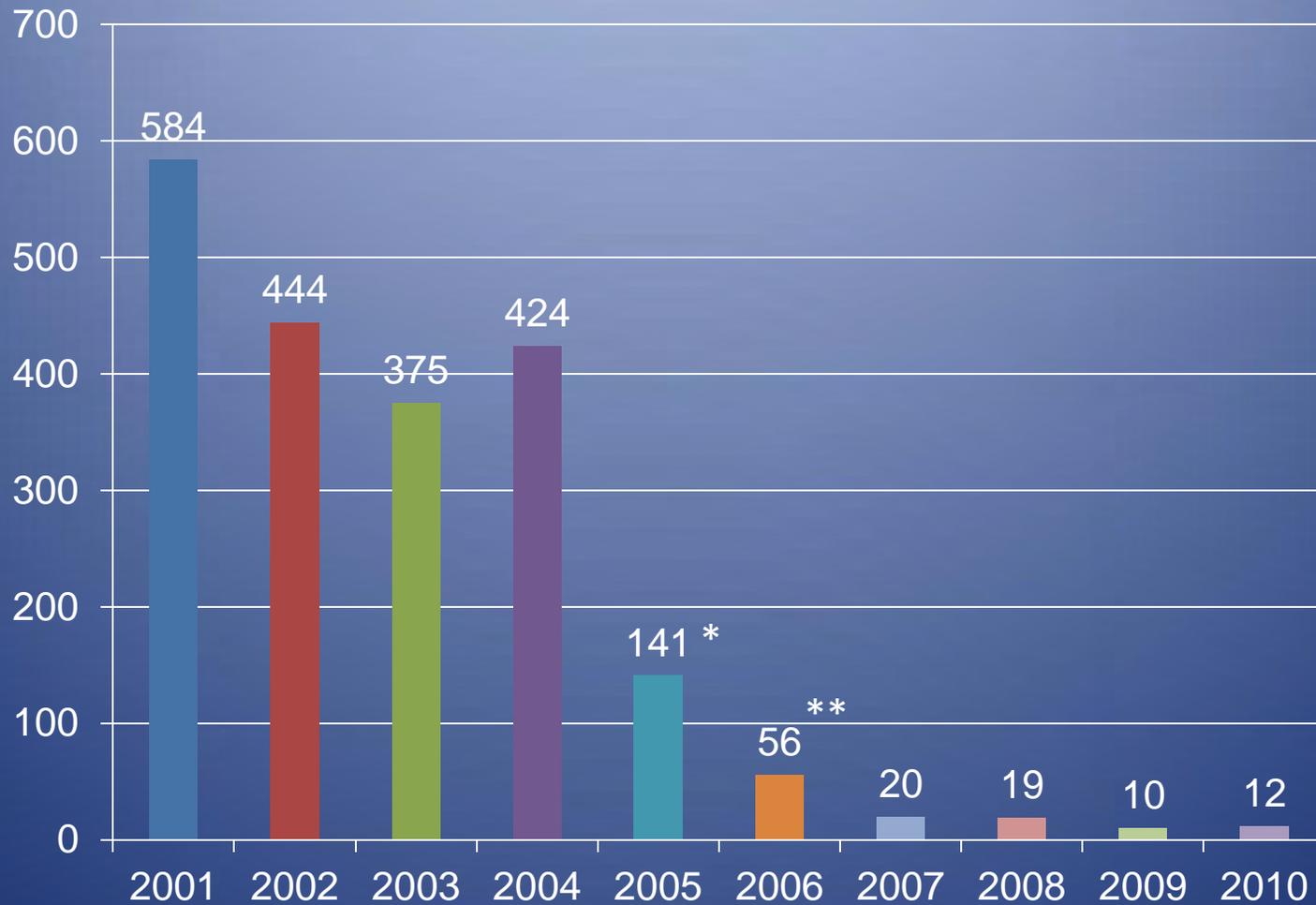
Schedule III Prescription Only

- PSE and EPH can only be obtained pursuant to prescription from a physician or practitioner
- Cannot freely purchase from retail outlets - ends unrestricted availability and smurfing
- If a CS, PDMP may be utilized for tracking purposes (if authorized by state law or regulation)
- In place in Oregon – 96% lab seizure reduction
- In place in Mississippi – 67% reduction
- Decrease in labs leads to a decrease in resources expended – LE and local/city/state funds (OT, lab cleanups, environmental issues, children/defs/citizens/cops health care, foster care etc)
- LE can restructure resources to handle other LE issues instead of providing cleanup service and chasing smurfers
- Prevents labs – is not a reactive tool, but a preventative measure

DISCLOSURE – NEITHER of these
Systems will have ANY impact on
Methamphetamine Availability in
the United States!!!!!!



Oregon Meth Lab Seizures



* Oregon law requiring placement behind the counter, photo ID, and logging effective May 14, 2004

** Oregon prescription only law became effective 7/1/2006.

What happened when Oregon re-scheduled PSE...

- Appx. 80 other over the counter cold and allergy medications are available for purchase
- Legitimate users can still get medication when needed
- Most MDs are willing to call in scrip rather than require an office visit
- Price of PSE did not go up
- Oregon Medicaid's increase due to PSE = \$7,780
- Violent crime has decreased 10.6%
- Property crime has decreased 6.9%
 - 2007 to 2008 FBI stats, *The Oregonian* 9-14-09
- Eliminated smurfing
- Near elimination of labs
- All drug arrests are down
- Mississippi passed CIII in their 2010 session
- Cities and Counties in Missouri are passing CIII local ordinances

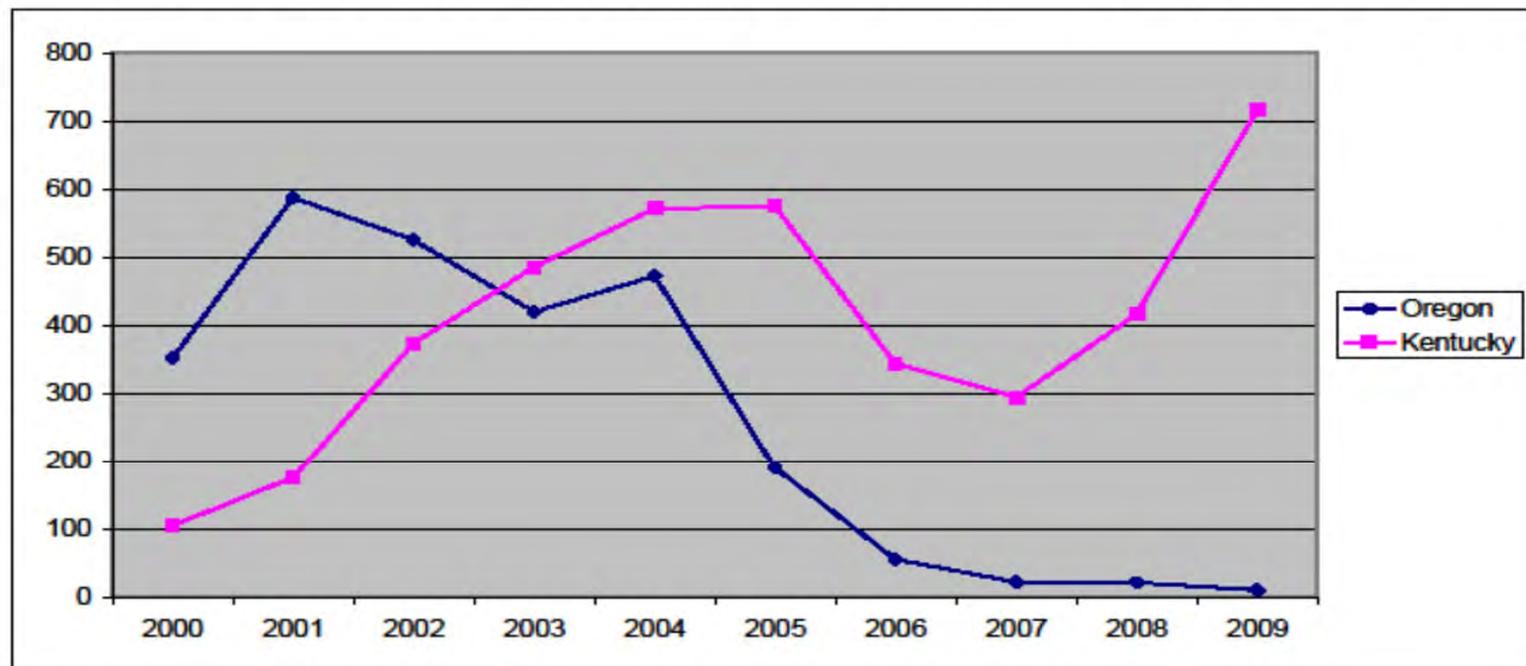
Oregon vs. Kentucky

Meth Lab Incidents*

Comparing Oregon and Kentucky trend lines

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Oregon	351	587	525	419	472	189	55	22	21	10
Kentucky	104	175	373	485	571	574	343	294	418	718

* Per EPIC for 2000-2008. 2009 is directly from Oregon and Kentucky. NOTE: The Kentucky number may go higher due to late reporting.



Kentucky Medical Association

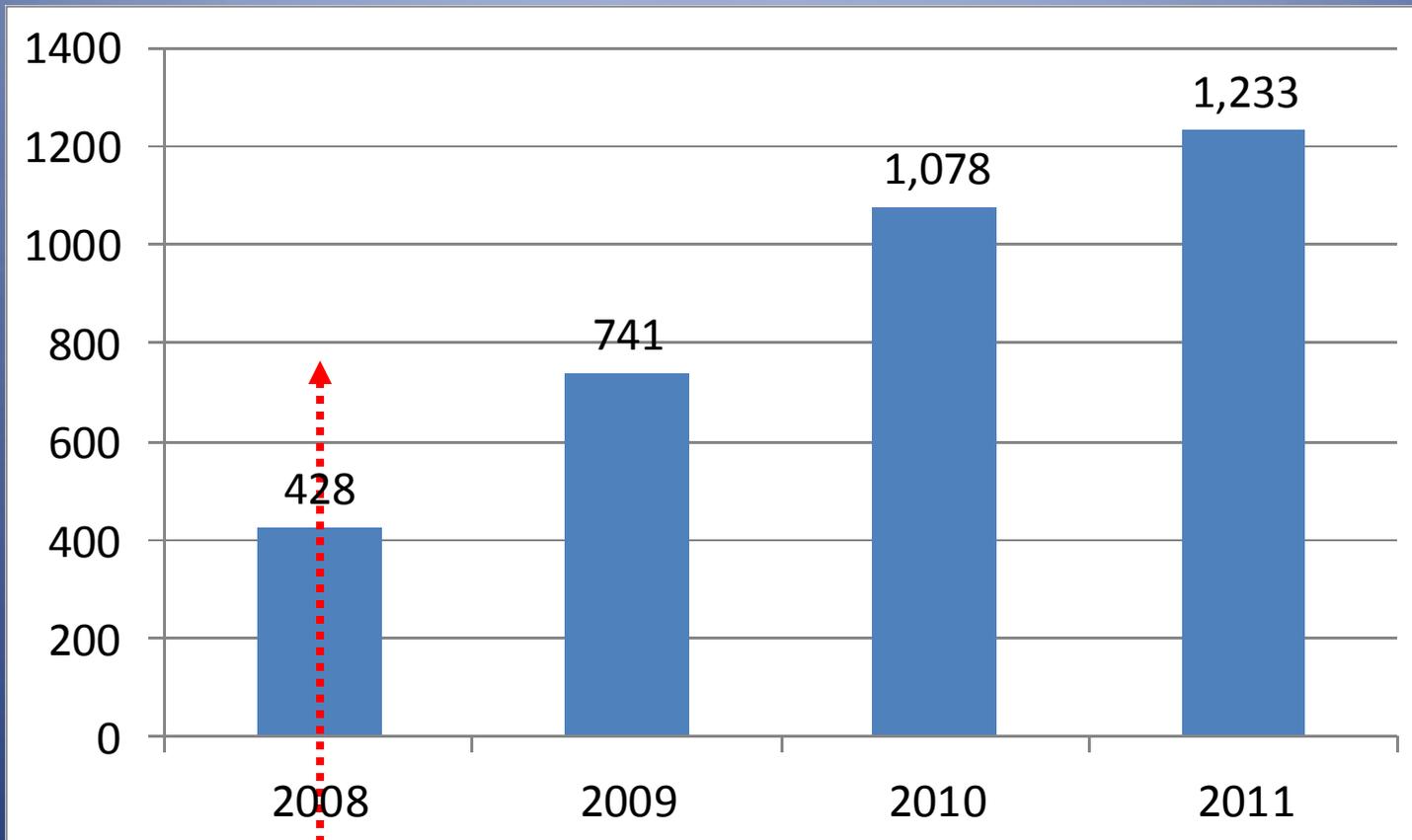
Dec. 05, 2010

Open another front in fight against meth

- **Require prescriptions for cold meds with ingredient used in illegal drug**
- We realize it's a lot to ask of a state full of allergy- and sinus-sufferers. **But Kentucky should begin requiring a doctor's prescription to obtain the popular decongestant that's a precursor to methamphetamine.**
- The Kentucky Medical Association and various law enforcement groups are also calling on the legislature to "schedule" pseudoephedrine.
- The KMA's position is especially compelling. Kentucky's doctors know better than anyone the **high costs of treating meth related burns, injuries and illnesses and the horrible toll it's taking on public health.**
- Of all the ways that Kentuckians have found for temporarily altering their realities, none is more pernicious. Quickly addictive and extremely corrosive to health and mind, meth is associated with all the ills of addiction: neglect, poverty, violence, crime. And then some.

Kentucky

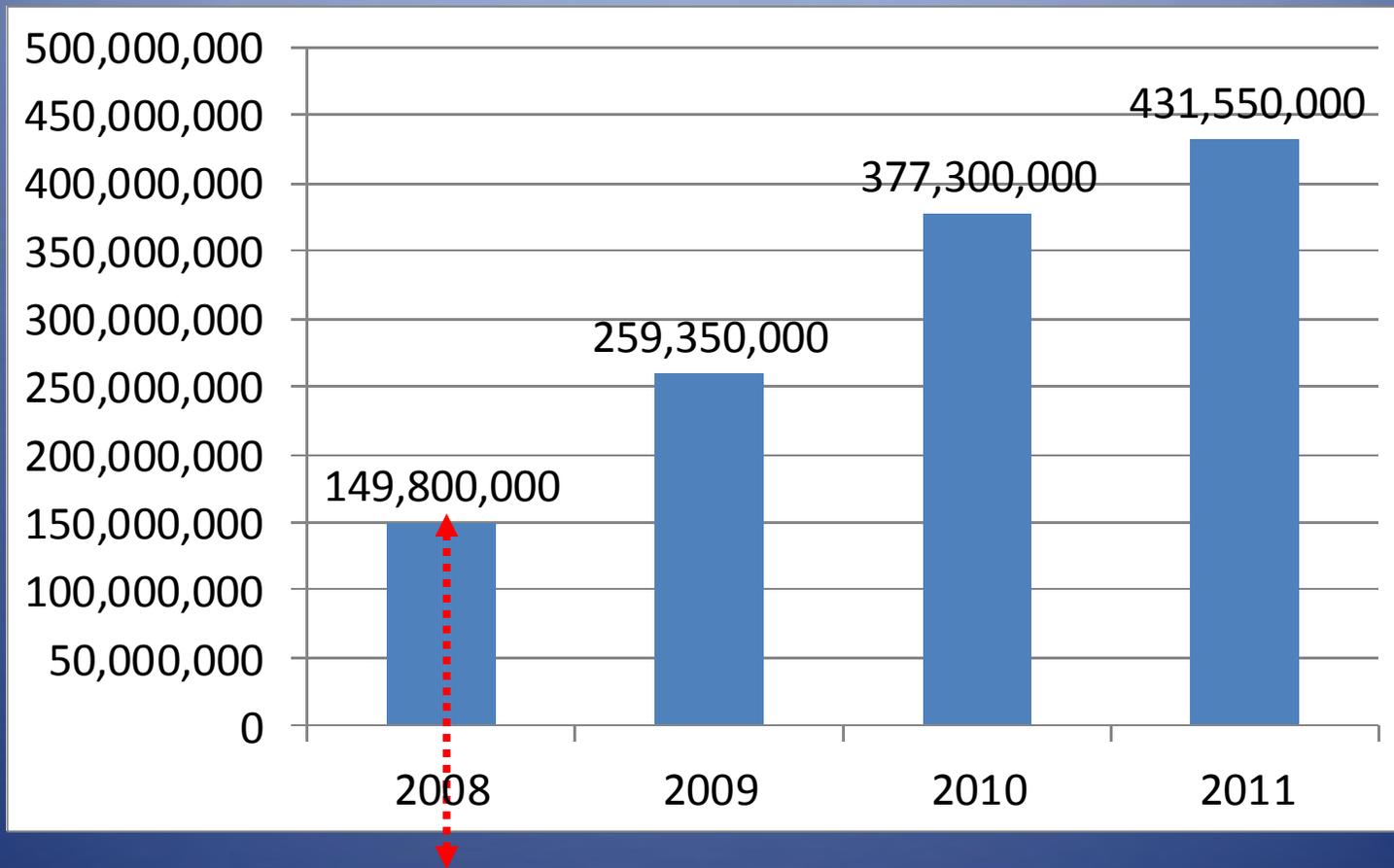
Meth Lab Seizures by Year Electronic Tracking



Meth Check Implemented
June 1, 2008

KSP

Meth Lab Costs by Year to Kentucky Taxpayers



Meth Check Implemented
June 1, 2008

Mississippi: 6-Month-Old Law to Combat Meth Production Lauded Jan. 4, 2011

After just six months, a new law requiring a prescription for cold and sinus medicines containing pseudoephedrine **has proved to be an effective deterrent to methamphetamine production in Mississippi.**

“Early results show a nearly 70 percent reduction in meth-related cases statewide. Now when we find pseudoephedrine at meth labs, it was purchased in surrounding states,” explained Director Fisher.

Figures from the MBN indicate officers worked **124** meth labs from July to December 2010, a **68 percent reduction** from the **389** meth labs they worked from July to December 2009.

Officials removed **19** children from meth lab sites July to December 2010, a **76 percent reduction** from the **80** children removed from meth lab sites July to December 2009.

“Other states are looking to follow Mississippi’s lead and pass the same law. This works; I hope they do,” Director Fisher said.

(Associated Press) “Analysis Finds Meth Flourishes Despite Tracking Laws”

“Electronic systems that track sales of the cold medicine used to make methamphetamine have failed to curb the drug trade and instead created a vast, highly lucrative market for profiteers to buy over-the-counter pills and sell them to meth producers at a huge markup.”

“The pharmaceutical industry has spent several million dollars to fund the tracking systems. For drug makers, that is far cheaper than one alternative -- making the medication available only by prescription. If more states do the same, it could be devastating for makers of cold and sinus pills. The pseudoephedrine market is estimated at more than \$550 million annually. “

Associated Press – January 11, 2011

National Association of State Controlled Substances
Authorities
April 2012

Impact of State Laws Regulating Pseudoephedrine on
Methamphetamine Trafficking and Abuse

“Thus, electronic tracking laws do not appear to be having a sustainable impact on the domestic production of methamphetamine by clandestine labs as evidenced by the number of reported lab incidents.”

Avalere Study

“Managing Access to Pseudoephedrine”

December 2011

- “A prescription requirement will reduce PSE access for criminals, hence reducing methamphetamine production in small clandestine labs and related costs from a societal perspective.” p26
- “Making PSE a Schedule III controlled substance, requiring a physician's prescription. In most states, while this approach requires a prescription, an in-person encounter with a healthcare provider is not necessary to obtain the prescription. Oregon and Mississippi adopted this approach in 2006 and 2010, respectively.” p13
- “In Oregon’s experience, where a prescription is required but a provider visit is not, the number of healthcare provider visits did not grow significantly.” p19

www.avalerehealth.net/research/docs//20120221-CHPA.pdf

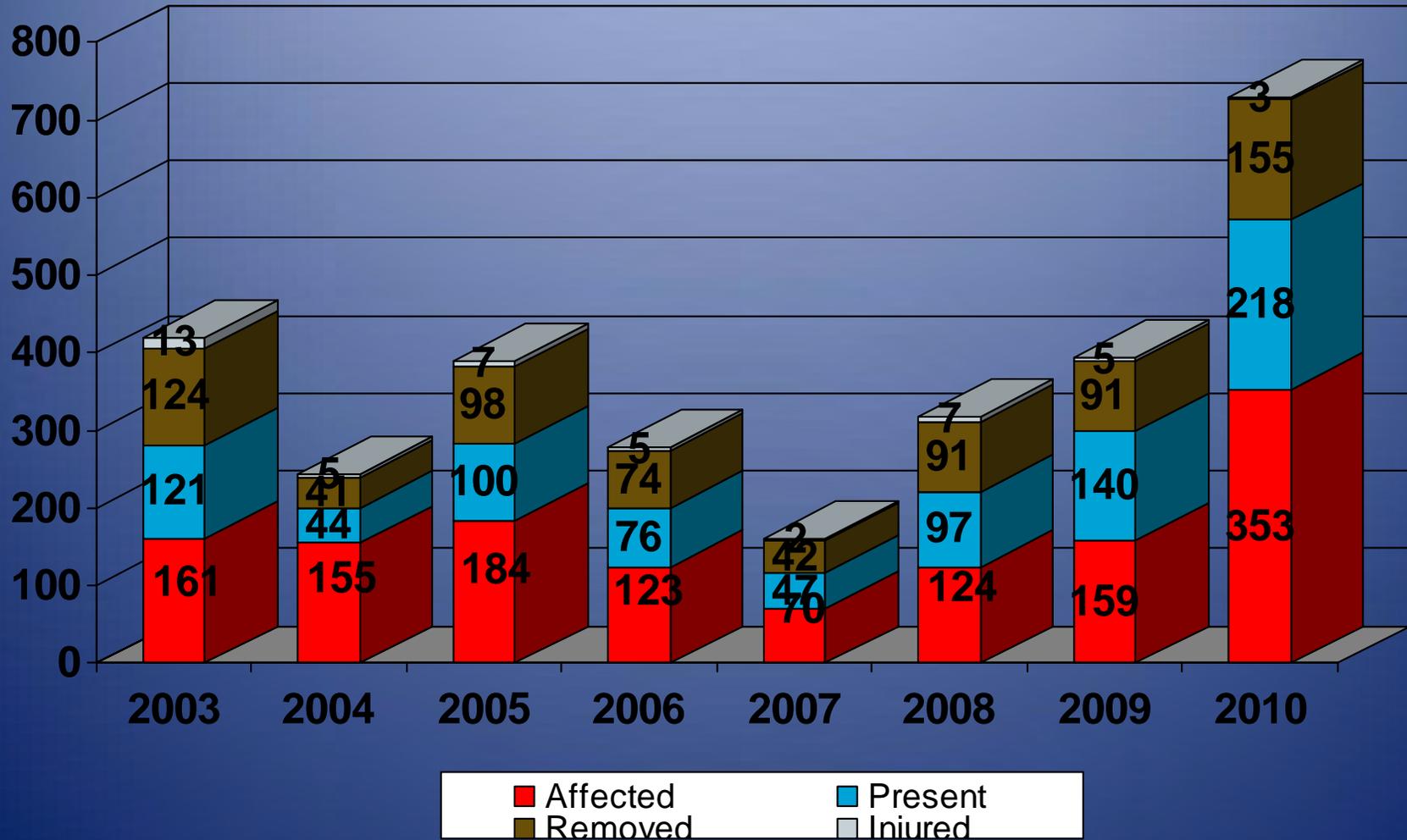
Put another way . . .

“You are either for meth labs,
or you are against meth labs.”

- Marshall Fisher, Director
Mississippi Bureau of Narcotics

Clan Lab Incidents & Children 2003-2010

2010 Data thru Dec 11, 2010



Methamphetamine Laboratories are Harming Our Children Florida

“Meth Lab Baby; A child’s fight for life.”



November 13, 2009
FoxTV.com Florida

Methamphetamine Laboratories are Endangering our Children

Indiana & Florida



“ Police believe a Muncie couple put the lives of hundreds of children – including three of their own – in danger by maintaining a meth lab in their southeast Muncie home near a school and a day care center.”

Muncie Star Press December 32, 2011

“Police seek person who made meth at SW IND school”

Wish TV 8 December 13, 2011

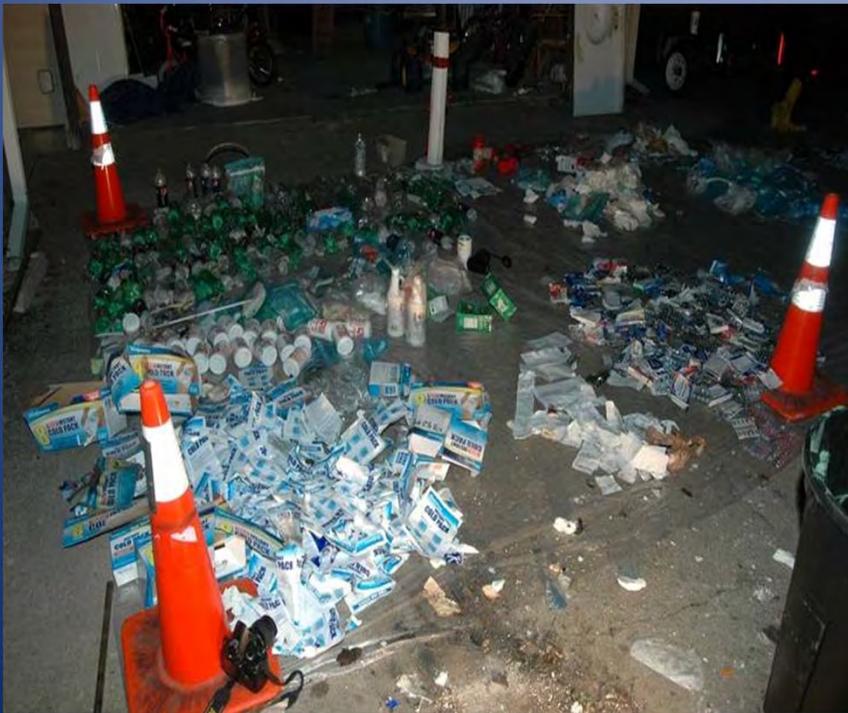
“4 children escape meth lab fire”



*FoxTV.com Florida
October 27, 2011*

Methamphetamine Laboratories are Endangering Our Children Indiana & Georgia

“Two arrested and children taken into protective custody in Elkhart meth bust.”



July 22, 2011 WSBT-TV

“Report: Chattooga Co. woman hides meth lab under children's play house”



The Summerville News April
16, 2012

Methamphetamine Laboratories are Endangering our Children & Families West Virginia & Michigan

“Meth lab explosion forces five families
out of their apartments”

“The number of meth labs is on
the rise in West Virginia, and
more than half are happening in
homes with children.”



WSZ3 Novemb



Hillsdale.net April 6, 2012
Cambria, Michigan

Methamphetamine Laboratories are Harming Our Children Ohio

**“Death of Akron toddler
called suspicious; police say
meth lab found in home.”**

**“Ohio toddler died from
ingesting meth”**

Akron Beacon Journal Online
February 27, 2012 & March 27, 2012



Methamphetamine Laboratories are Harming Our Children Georgia

“3 Children Killed, Evidence Of Meth Found In Fire”

“GWINNETT COUNTY, Ga. -- Gwinnett County police charged a man with murder after firefighters said they found chemicals related to methamphetamine production in a house fire that killed three children.”



Gadailynews.com February 18, 2011

Methamphetamine Laboratories are Harming Our Children Tennessee

“Burned toddler found in Chattanooga meth lab”

“A Chattanooga woman has been arrested after police say her 2-year-old was severely burned at the family's residence -- where they also found a collection of meth labs.”

Chattanooga Times Free Press February 13, 2012



Methamphetamine Laboratories are Harming Our Children North Carolina



“Sheriff Hubert Peterkin said Thursday his deputies raided a suspected meth operation near the Hoke/Cumberland County line where a 6-month-old child was burned. .”

February 4, 2011

WTVD Raleigh , N.C.

“In Morgantown, a meth lab was discovered at a day-care center.”

www.charlotteobserver.com April 3, 2011

Methamphetamine Laboratories are Harming Our Children & Costly Missouri

Statewide, there were 547 substantiated reports involving 987 children exposed to meth labs from January 2006 to December 2010, according to the Missouri Department of Social Services. The state took custody of 507 of these children. DSS estimates the state has spent about \$3.4 million providing custodial care to children removed from meth homes from August 2005 to December 2010.

News leader.com February 25, 2012





Statement Supporting Prescription - Only Pseudoephedrine Legislation December , 2011

“AANMA’s members are asthma and allergy patients who do not want or need access to cold medicines containing PSE, despite questionable assertions by certain special interests to the contrary. Preventing the diversion of PSE to the manufacture of methamphetamine is far more urgent and vital to the public interest than continued availability of any particular remedy for the common cold.”

AANMA Member Survey on Medications

AANMA recently (June-July, 2011) conducted a survey of 400 families to learn more about the impact of asthma and allergies on family life. We asked participants to list all prescription and nonprescription medications they use. **Not a single family listed medications containing pseudoephedrine.**

www.aanma.org December , 2011

Pseudoephedrine (PSE) Cost Analysis

Annual Corporate
Pseudoephedrine Profit

\$550,000,000 to
\$1,000,000,000 (est.)

Methamphetamine Society Costs
(2005)

\$23,000,000,000 (Rand Study)
Amount attributable to meth labs (est.)
\$4,600,000,000

Cost of PSE to Society & Taxpayers

\$3.6 billion

Phenylpropanolamine (PPA) vs. Pseudoephedrine (PSE)

- Discontinued from OTC market due to health risks in 2000.
 - Used in approximately 400 products.
 - On market for 50 years.
 - Risk of stroke – 1 in 107,000 .
 - Yale Study - 52 reports of strokes in 20 year period.
 - Industry opposition.
 - No increase in health care costs.
 - Numerous alternative medications.
- OTC product since 1976.
 - Used in approximately 15 products.
 - Risk of diversion – high.
 - Community risk – high.
 - Children killed – 12
 - Children injured – 82
 - Law enforcement killed – 22
 - Law enforcement injured - 488
 - Industry opposition – high.
 - Taxpayer Cost – \$Billions.
 - Numerous alternative medications.

Why?

The Money \$\$\$

CHPA News Articles

“Jones (KY Senator Ray Jones) said opponents of the bill should be ashamed of their “scare tactics” in the media, a reference to a statewide radio and Internet ad campaign against the bill by the trade industry.”

“Rep Johnny Bell, D-Glagow, said the drug industry has funded a “robo call” to voters in his area. He called the industry’s opposition to the bill “sick” and said it “put money before people’s lives and safety in every community in Kentucky.”

“Ellington said a lot of information presented to citizens in the robocalls was incorrect or presented in a false light. “One of the main concerns from these robocalls is cost and we will not see an increase in costs to these medications he said.” ‘Most physicians will grant prescriptions to their patients without them needing to pay for an office visit...’”

(WV Delegate Joe Ellington, R-Mercer is also a licensed physician.)

www.kentucky.com 2/17/2012

Courier journal 3/19/2012

Bluefield Daily Telegraph 3/3/2011

WHY TENNESSEE SHOULDN'T REQUIRE PRESCRIPTIONS FOR PSEUDOEPHEDRINE PRODUCTS

The added burden on families will:

Punish law abiding Tennesseans, who will have to go to the doctor to get a prescription for a simple decongestant.
Hit those who suffer during a flu outbreak, like the current one, robbing them of over the counter relief for congestion and coughing.
Help spread illnesses like flu by forcing those who are sick to leave home for a prescription – and expose others to the virus.
Affect parents who must take time off work or get a babysitter, and seniors who don't drive, because they must go to their doctors for simple cold medicine.

The added economic burden will:

Hurt local employers, as more employees take time off for doctor visits, or get sick because they don't want to bother with a prescription.
Hit consumers, especially allergy sufferers, with expensive prescriptions and copayments for doctor's office visits.
Create a price tag of \$75 \$100 per prescription, even with the best insurance, according to a pediatric allergy specialist.

The added strain on healthcare will:

Increase the cost of health coverage, prompting insurers either to pass the cost along to patients or refuse to cover the pseudoephedrine prescription at all.
Worsen the flood of patients expected from the Affordable Care Act.
Increase unnecessary visits to the emergency room and primary care physicians, problems that are already acute.
Hit those without health coverage particularly hard, as they get sicker because they can't afford a prescription or a doctor visit.

For law enforcement, prescription pseudoephedrine will:

Fail to curtail the manufacture of meth. States already requiring prescriptions have seen no better results than many of the states using the NPLEx point of sale system that polices pseudoephedrine purchases.
Make meth ingredients more widely available, by putting pseudoephedrine (and refills) in the hands of those currently being blocked by stop sale technology.
Add to those who use the increasingly popular "shake and bake" method of making small amounts of meth in 2 liter soda bottles (other ingredients: battery acid, drain cleaner).
Do nothing about the fact that as much as 80% of U.S. meth comes from Mexico.
Follow the path of prescription painkillers: It will be readily prescribed by primary care doctors because it works, and it will be available for abuse by friends and relatives of those who have prescriptions.

(Oklahoma) Representative Says “Blood Money” From Drug Industry Killed Anti-Meth Bill

“This is blood money for the pharmaceutical industry,” Rep. Doug Cox, R-Grove, told lawmakers before the vote was taken. After the vote, Cox, a physician, said he didn’t know how he would be able to look police officers, social workers or prosecutors in the eye and tell them that the Legislature works for the public good.



Congressional Testimony in Support of National Legislation to Schedule Pseudoephedrine and Ephedrine

- On July 24, 2012, the House Committee on Oversight and Government Reform held a hearing to examine the resurgence of methamphetamine production in the United States
- The committee specifically wanted to examine state-led efforts to address the clan lab problem through the scheduling of pseudoephedrine and ephedrine

From Congressional Quarterly Today's online news (July 24, 2012)

- “We’re talking about major declines in meth labs almost instantly after passage of those [state] laws. The policy works and it should be embraced on a nationwide scale.”

**“perhaps the most compelling (testimony) ^{on}
that I have heard.”**

Democrat, said he had heard “lots of testimony” on many subjects during his years as a legislator, but “yours is perhaps the most compelling that I have heard.”



Questions



Thank You!