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# **Controlling Methamphetamine Precursors: The View from the Trenches**

Prepared for

the National Institute of Justice

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## **EXECUTIVE SUMMARY: CONTROLLING METHAMPHETAMINE PRECURSORS: THE VIEW FROM THE TRENCHES**

Curtis J. VanderWaal, Rachel M. Bishop, Duane C. McBride, Kimberly Rosales, Jamie F. Chriqui, Jean C. O'Connor, Yvonne M. Terry-McElrath

### **Purpose**

This paper reports on key informant (KI) and focus group interviews exploring the relationships between methamphetamine small toxic lab (STL) seizures and related activity, and methamphetamine precursor laws. The primary purposes of the KI and focus group interviews were to: 1) examine KIs' perceptions of the impact of their state's precursor laws; 2) explore KIs' perceptions of the organizational and procedural facilitators and barriers to successful implementation of the law(s); and 3) evaluate KIs' perceptions of the relative importance of various precursor law provisions. Research questions included: 1) What were KIs' perceptions of the impact of their state's precursor laws?; and 2) What were KIs' perceptions of the organizational and procedural facilitators and barriers to the successful development and implementation of the law in their state? This paper is the qualitative analysis companion to (1) a documentation of state methamphetamine precursor laws/regulations in effect as of October 1, 2005 by O'Connor et al.<sup>1</sup>; and (2) a paper reporting on quantitative analyses related to methamphetamine STL seizures also prepared for the National Institute of Justice by McBride et al.<sup>2</sup>.

### **Methodology**

**State Selection.** State selection drew upon available state-level data regarding the extent of methamphetamine STL seizures and extant state and Federal legal frameworks attempting to reduce the availability of methamphetamine precursors. States were also considered based on consumers' degree of access to pseudoephedrine (PSE) products. The states selected for the interviews included:

- 1) *INDIANA* – mid-western state with a high number of STL seizures; no controlled substances scheduling requirements; no centralized tracking system for PSE purchases
- 2) *KENTUCKY* – southern state with high number of STL seizures; no controlled substance scheduling requirements; pharmacy sales only; no centralized tracking system.
- 3) *MISSOURI* – mid-western state with highest number of STL seizures in nation; Schedule V (pharmacy sales only) controlled substance requirements; no centralized tracking system.

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<sup>1</sup> O'Connor, J.C., Chriqui, J.F., McBride, D.C., Edison, S.S., Baker, C., Terry-McElrath, Y., & VanderWaal, C. (2007) From Policy to Practice: State Methamphetamine Precursor Control Policies. Report presented to the National Institute of Justice. Berrien Springs, MI: Andrews University. Available at <http://www.andrews.edu/ipa/2007/index.htm>.

<sup>2</sup> McBride, D.C., Terry-McElrath, Y.M., Chriqui, J.F., O'Connor, J., & VanderWaal, C.J. (2007). The relationship between state methamphetamine precursor laws and trends in small toxic lab (STL) seizures. Report presented to the National Institute of Justice. Berrien Springs, MI: Andrews University.

- 4) *OKLAHOMA* – southwestern state with formerly high rates of STL seizures but dramatic reduction in rates; Schedule V controlled substance requirements; centralized tracking system in place.
- 5) *OREGON* – western state with formerly high rates of STL seizures but virtual elimination of all labs in state; Schedule III (physician prescription only) controlled substance requirements; no centralized tracking system in place.

Within each of the five states identified above, specific counties with the highest concentrations of methamphetamine STLs and related indicators were identified based on media accounts, Drug Enforcement Administration (DEA) outcome data, and recommendations from El Paso Intelligence Center (EPIC) and National Alliance for Drug Endangered Children (DEC) staff.

***Key Informant Description and Selection.*** Key informant interviews and focus groups were conducted with the following four major stakeholder groups:

1. Law enforcement: composed of local, regional, and state law enforcement personnel, including local narcotics officers, county sheriffs, state troopers and narcotics officers, prosecuting and district attorneys, and several regional DEA taskforce coordinators.
2. State policy makers: comprised of at least two state legislators for each state of focus; generally the primary house and senate sponsors of the bill.
3. Local, independent pharmacy owners and operators who were working in stores that sold pseudoephedrine products. Several interviews were also conducted with state pharmacy trade association representatives or state pharmacy board officers to better understand the regional and state issues that emerged as their state's laws was/were being formulated, implemented, and enforced.
4. Representatives from each targeted state's DEC taskforces or other intervention group, and were generally from the law enforcement community.

Using the media search process described above, KIs were identified within each county who had been heavily quoted by the media as knowledgeable about methamphetamine issues. A snowball sampling methodology (also called chain referral sampling) was utilized to identify potential interview subjects in the case study communities that had higher state concentrations of methamphetamine labs, child seizures, or other related indicators.

***Interview Process.*** Between July 2006 and March 2007, seventy-seven individuals were interviewed across all five states using either an individual or focus group interview format. Interviews were conducted using a semi-structured interview guide that included opportunity to explore other key themes as they emerged. All participants completed Institutional Review Board-approved interview consent forms prior to the initiation of the KI or focus group interviews.

***Analysis.*** Reliable coding procedures were established using the constant comparative analytic coding method based on a Node and Tree structure approach. Open coding was used to confirm and elaborate on preliminary themes and key word categories, resulting in the development of a final analytic codebook with coding definitions reviewed by the entire research team for validity. Using the qualitative software package *QDA Miner*, research assistants independently read and completely coded two interviews using axial coding and then worked to reconcile differences between codes. Areas of continued disagreement were reconciled by the study's co-investigator on an as-needed basis. Inter-rater reliability varied between approximately 75-90% throughout the coding process.

Content analysis was completed and key themes and issues that were discussed in the interviews were summarized. Interviews of a similar type (e.g., local law enforcement practitioners) were reviewed and integrated within and across specific codebook themes. Final state reports were based on integration and summary of these key themes, with frequent illustrations of the themes using quotes from the KIs.

## **Findings**

Consistent with qualitative research in general, it should be noted that findings in this report represent the perceptions of the limited number of individuals who were interviewed for this project. As such, the perceptions were not based on a representative sample of all law enforcement officials, law makers, or pharmacists in the state. In addition, interview statements do not necessarily reflect official opinions of the organizations represented by those individuals. Finally, these interviews reflect specific point-in-time reflections on the part of the interviewees and, as such, may not represent the state's precursor law(s) at the time it was enacted or at the time of the interview.

Although the coding categories are the same across all five states, this report features specific profiles of each state, along with details and quotations from KIs that are unique to each state's precursor law and other related variables. Details regarding each state, including brief histories and descriptions of the state's precursor law, can be read in the separate qualitative state reports; this executive summary only attempts to present issues that some or all of the states had in common, as well as significant variations that help underscore the relationship between the laws and reductions in STL seizures. Additionally, space constraints prevented inclusion of individual quotes within this executive summary. Significant quotations and illustrations can be found throughout the individual state reports.

***Nature of STL Problem in the State.*** Legislators, law enforcement personnel, and pharmacists in all states described the devastating impact of STL-based methamphetamine in relationship to law enforcement, safety, and health. Law enforcement officials in all counties described an overwhelming focus on STLs and methamphetamine-related issues, often to the exclusion of other law enforcement duties. This included a high percentage of prosecutions for methamphetamine-related activities and large and rapidly growing portions of corrections budgets used to address these issues. Concerns about hazardous materials also ranked high in the minds of law enforcement personnel. Although some states had received Federal government assistance with some lab cleanup, the costs and consequences to the environment and surrounding community were substantial. Law enforcement officials noted additional concerns around the safety of the environment when officers were required to raid and dismantle STLs. In addition, law enforcement officials noted ongoing concerns about safety in relation to crime and drugs.

One of the most consistent points noted by all KIs was the perceived impact on children. Key informants noted that methamphetamine was often produced in home environments where children were playing within the room where the methamphetamine was produced or in the yard where toxic chemicals were stored or dumped. Virtually all of the comments from the DEC focus group revolved around these issues and details on their perceptions can be read in the section that summarizes this focus group.

Due to space constraints, readers can refer to individual state reports to gain an understanding of the states' primary sources of meth, common lab locations and cooking methods, typical precursors and reagents used in the cooking process, methods used in obtaining precursor and

reagents (primarily smurfing<sup>3</sup> and theft), primary characteristics of meth cooks and users, and primary characteristics of meth cooks and users. The discussions regarding each of these categories was remarkably consistent across the selected states.

***Barriers to Development of Precursor Laws.*** Most of the resistance described by KIs in the study states to the development of strong precursor laws came primarily from either the pharmaceutical or consumer retail industries. Lobbyists from the pharmaceutical companies created strong resistance in many state legislatures but, once the law was enacted, removed their resistance when they developed the new cold medicine formulation based on phenylephrine (also known as PE). In another sign of reduced resistance, several large chain pharmacies also voluntarily moved PSE products behind the counter in stores across the nation.

Strong resistance also came from the retail industry, particularly from lobbies representing small convenience stores. In some states the retail industry worried about the hassles and difficulties of compliance, while in several states this resistance was linked to gas stations with convenience stores that were selling large volumes of PSE products.

Resistance was generally overcome through significant and highly publicized events, such as the killing of State Trooper Nicky Green in Oklahoma, or through strong education efforts and collaboration across multiple interest groups, generally in strong partnership with determined law makers and state and local law enforcement organizations.

Interestingly, after some initial resistance on the part of a few people, the public in each of the states was generally supportive of the law because they understood the consequences of methamphetamine STLs and use in their communities.

***Perceived Effectiveness and Impact of Precursor Laws.*** Although states varied in the extent to which STLs had been reduced, every KI who was interviewed for this project – from law enforcement personnel to policy makers to pharmacists - agreed that the states’ methamphetamine precursor laws had had some impact on reductions in the number of meth STLs in their counties and communities. Key informants generally believed the impact of their law directly related to the reduced harms from environmental hazards, fewer children in toxic settings, and reduced lab clean up costs.

In some states, like Oregon and Oklahoma, this reduction had been immediate and dramatic. In the rest of the states, the reductions had been significant but not as large. Based on an initial consideration of the differences in reductions between these states, one possible explanation may relate to: 1) degree of access to PSE products, and 2) degree of tracking and monitoring of PSE purchases within the state. Relative to degree of access, Oregon and Oklahoma had the most restrictive provisions in their laws (at the time of the interviews), requiring either a Schedule III (physician prescription only) or Schedule V (pharmacy purchase only) state controlled substance regulation. These states saw the greatest reductions in meth labs, with Oregon reporting virtually no methamphetamine STL seizures within the state throughout most of 2006 and all of 2007, and Oklahoma reporting 80-90% reductions in their STL seizures since implementation of their law. On the other hand, Indiana and Kentucky, which did not require any scheduling of PSE products, experienced much less dramatic reductions in their STL seizure rates.

Relative to tracking and monitoring purchases of PSE products, Oklahoma had also implemented a state-wide, real-time tracking system so pharmacists could electronically track, and law enforcement personnel could monitor, PSE purchases across the state. This dramatically

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<sup>3</sup> The term ‘smurfing’ refers to individuals who travel from store to store, purchasing their legal limit of PSE products at each retailer.

reduced smurfing behaviors of methamphetamine addicts and cooks. Although Missouri had also enacted Schedule V regulations, they did not yet have a state-based electronic tracking system, thereby allowing smurfers (sometimes moving from store to store in small groups) more opportunities to purchase their legal limit of PSE products without being caught by law enforcement officers and pharmacists. Neither Indiana nor Kentucky had state-based, real-time tracking systems in place, although both states had counties that were experimenting with such systems. Several web-based monitoring systems were also described by KIs in several counties in the hope that these systems could be adopted in their state or county.

Pharmacists appeared to have been the most negatively impacted by the laws. In most states, there was an increase in paperwork, along with the hassles of dealing with irritated customers who had reduced access to PSE products. This was particularly true in Oregon, where a physician prescription was required to gain access to these products. Pharmacists and some customers were also sometimes frustrated by the relative ineffectiveness of the more convenient over-the-counter cold medicine products that do not contain PSE.

When asked about unintended consequences from the precursor laws in their states, with the exception of the generally minor inconvenience caused to customers who wished to have quick and ready access to PSE products, those interviewed generally perceived virtually no negative unintended consequences from their state's precursor law. One partially anticipated change noted by law enforcement officials was a shift in drug distribution and use patterns as a result of meth STL reductions. Most noted that crystal methamphetamine, or ice, had filled the vacuum left by reductions in the supply of STL-produced meth, while others had observed increased distribution and use of other drugs including cocaine, heroin, and marijuana.

Ironically, one of the major concerns about the elimination of the meth STLs was the potential for reductions in funding for methamphetamine-related issues or reductions in collaborative activities between groups that had come together around the methamphetamine crisis in their community. For example, some law enforcement teams were concerned that their funds for lab raids would be eliminated because they now had so few labs to take down and others described significant budget reductions that had already taken place in their counties.

It is interesting to note that none of the KIs believed that the reduction or even elimination of meth labs would significantly impact, or was currently impacting the overall methamphetamine use rates in the state. Such concerns are important because the influence of drugs on families goes beyond the impact caused by meth labs. Children are in danger in homes and locations where drugs are present, whether STLs or homes of drug-abusing parents and relatives. Parents who use or distribute drugs often create an atmosphere of danger to children, including exposure to those who use or deal drugs, leaving drugs in the reach of children, and neglecting nutritional and emotional needs of children. However, there was no measurable data to support these perceptions. Both law enforcement officials and policymakers believed that the level of imported crystal methamphetamine that was available or being brought into their state would more than make up for any meth that was reduced due to reductions in STLs.

***Most Effective Elements of the Precursor Laws.*** In all states, perhaps the most obvious but critical factor in the effectiveness of the precursor law was that it restricted access to PSE products. The degree to which this was more or less successful appeared to be the driving factor behind reductions in STL. This conclusion also appears to be consistent with the quantitative findings conducted for this study.

Although KIs across all groups spoke, at one time or another, about every element of their law as being important to a greater or lesser degree, the primary focus of most KIs was on: 1) the



placement/location of PSE products (behind the counter); 2) the log book, and, 3) having to show some form of identification.

Placement of PSE products behind pharmacy counters was perhaps considered to be most effective, particularly in Oregon, where physician prescriptions were required, and in Oklahoma, where electronic monitoring was strong. Product placement appeared to be less effective in states without comprehensive monitoring systems.

Requiring customers to sign a logbook and show identification were both perceived by most KIs to be a deterrent against purchasing large quantities of PSE products since methamphetamine users and cooks were worried about being identified and caught. As noted above, in states where electronic monitoring was not present, smurfers often moved easily from store to store, across counties, and even across state lines, moving to the areas with the weakest laws or the lowest levels of monitoring.

Although the majority of KIs in each state did not believe that increased penalties for PSE sales or possession served as a deterrent to people either producing or using methamphetamine, they did believe that it offered prosecutors a chance to build their case against a meth producer or dealer across a number of different types of infractions and purchases. The majority of KIs believed it was impossible to arrest their way out of the methamphetamine problem, rather believing that a strong combination of drug treatment and education were the primary ways to reduce continued drug problems.

When asked their impressions of how the Federal Combat Methamphetamine Epidemic Act (CMEA) might impact their state's law, both legislators and law enforcement officials believed that the Federal law would not have a strong impact in their state because their state already had stronger requirements in place. Since the CMEA did not pre-empt their tougher state laws, most states perceived the main benefit as setting minimal standards for surrounding states that bordered their own state. As a result, the law was perceived as having reduced smurfing behaviors across state borders.

## **Lessons Learned and Recommendations for States**

Each state had a variety of lessons learned and recommendations, colored by the unique components of their law and a wide variety of other factors. Readers are referred to each state summary for details regarding these points. However, there were a surprising number of lessons and recommendations that crossed all state boundaries. This section will focus on those lessons and recommendations that were common to most or all states.

1. Recognize the progress made in reducing harms associated with STLs and continue to work toward the elimination of all labs

As mentioned earlier, virtually every pharmacist, law enforcement official and legislator recognized that there were major public safety and health benefits to reductions in STLs. They consistently noted that there were fewer drug endangered children, lower community costs from the clean-up of toxic sites and less risk to law enforcement and first responders entering an STL site.

2. Develop an electronic, real-time, state-based reporting system

The most common recommendation was for an electronic state-based reporting system that allowed for real-time tracking of PSE purchases. Such a system would allow retailers and pharmacists to know when a customer's last purchase had been made and would alert them to customers who had purchased over their legal limit. This system would also allow law

enforcement personnel to track and follow up on PSE purchasers who attempted to violate the law. Several states believed this would work best if centralized through the state's pharmacy board, particularly if Schedule V regulations were in place. Officials in Oregon noted that this system was not necessary with Schedule III regulations.

3. Strengthen communication between law enforcement and pharmacies

Until a real-time electronic tracking system is put in place, pharmacists and law enforcement officials both recognized the need to increase collaboration and communication around PSE purchases. While this existed at some levels in some communities, these relationships were inconsistent at best and non-existent at worst. In some cases, law enforcement officials noted that pharmacists called or emailed other pharmacists to ask whether a smurfer had recently purchased PSE products in their store, but those contacts were informal, inconsistent, and based on the relationships that individual pharmacists had with each other.

4. Work with neighboring states to adopt tighter restrictions on PSE products to eliminate smurfing

Key informants in all states described smurfing behaviors across state lines. This sometimes created tense relationships between state officials since meth cooks living near the border of one state often obtained and sometimes cooked their meth in neighboring states, resulting in an influx of meth labs in those states. At the time of our interviews, most states had not yet implemented Federal CMEA provisions for a significant period of time. Lawmakers and legislators were in favor of working with legislators and law enforcement personnel in neighboring states in order to strengthen their PSE laws and develop better cross-border monitoring standards.

5. Develop more treatment options to help addicts overcome addiction

Acknowledging that it was impossible to incarcerate their way out of the methamphetamine problem, both law enforcement personnel and legislators agreed that treatment and education were the primary ways to reduce continuing drug problems. There appeared to be active drug courts in several states which legislators and law enforcement personnel saw as a viable alternative to incarceration that provided drug treatment and monitoring with lower costs and more support combined with strong sanctions and clear treatment expectations for the addict.

6. Develop and/or continue collaborative relationships with all major stakeholders

Key informants described a variety of collaborative partnerships between pharmacists, child welfare agencies, media organizations, and various community groups, often through the creation of meth taskforces. These collaborations had developed to increase communication, improve knowledge about methamphetamine effects in the community, and elicit cooperation between agencies. Law enforcement personnel also worked with county and local officials to develop education campaigns for schools, retailers, and pharmacists. They also developed partnerships with social service agencies around children found at STL sites. Much of this work also involved education of the media as well as educational sessions about the dangers of methamphetamine with local business, schools, and any other groups who cared to listen. As noted earlier, a number of KIs worried that funds for such collaboratives either were, or would soon be cut due to reductions in STL seizures and resulting perceptions on the part of law makers that the problem was eliminated and therefore deserved funding cuts.

7. Work with Federal government officials to reduce importation of crystal methamphetamine  
States with rural borders and easy transportation routes contributed to easy access points for importation of crystal methamphetamine. Both legislators and law enforcement officials expressed concerns about these issues and recommended that the Federal government do more to monitor and reduce drug trafficking along international borders and train law enforcement personnel how to identify and deal with suspected drug traffickers.

### **Recommendations for Drug Endangered Children Coalitions**

Because recommendations from the Drug Endangered Children report are unique to that group, they are presented here as well as in greater detail in the DEC section within the main body of the qualitative report.

1. Develop and/or maintain state DEC associations in all states, focusing on dissemination of training information regarding drug-endangered children to all first responders and law enforcement personnel directly involved in interactions with children in drug use settings.
2. Develop and maintain standardized state-level data tracking and monitoring systems between law enforcement, child welfare agencies, health agencies, etc. so accurate data can be used to guide training, resource allocation, and policy-making efforts. Oregon appears to have established and maintained such a system.
3. Develop state-level needs assessment programs with standardized measurement instruments and centralized reporting systems to ensure timely and accurate information regarding all aspects of child-related methamphetamine problems and responses. Oregon appears to be a model in this area.
4. State DEC organizations may wish to consider partnering with their states' drug/narcotics control agencies to develop and/or refine the states' methamphetamine precursor laws to include provisions addressing the needs of drug endangered children. The National Alliance of Model State Drug Laws tracks such legal activities and may be a useful resource in this process.
5. Develop active coalitions and common legislative agendas with other groups that are concerned about children's drug use issues in order to provide leadership, leverage influence and maintain funding for drug-endangered children's issues. Re-focusing policy makers' attention on child abuse and neglect may be one way to maintain these collaborations as the number of small toxic labs is reduced in states.
6. Maintain and expand active partnerships with state and local law enforcement authorities, child protective service agencies, medical and other children's services to provide improved training and advocacy for drug-endangered children in all drug use settings.

## Study Limitations

1. The descriptions, discussions, lessons learned, and recommendations represent the perceptions of the limited number of individuals who were interviewed for this project. As such, the perceptions were not based on a representative sample of all law enforcement officials, law makers, and pharmacists in the state.
2. Only five states were represented in this project. While this represents a reasonable range of perspectives on precursor law effectiveness based on variances in geography, PSE provisions, scheduling restrictions, and monitoring activities, it is not inclusive of all states with precursor laws.
3. The study did not include states with no state-level precursor laws. A number of states were recently required to adopt provisions found in the Federal CMEA, but we did not select those states for inclusion in our interviews.
4. Interviews were collected at only one point in time, thus limiting understanding of how perceptions of the laws, and sometimes the laws themselves, changed over time.

## Conclusions

Despite the limitations of this project, we believe that we were able to select a strong group of states, counties, and KIs to explore the impact of those states' methamphetamine precursor laws. Consistently, across all states and interview groups, KIs agreed that harms from meth-related STLs had been greatly reduced in their states through a combination of similar, but sometimes differently implemented, precursor laws. Reductions in toxic chemical exposure and cleanup, child seizures at lab sites, and dangerous lab environments were greatly reduced in all states. The magnitude of these reductions appeared to be directly connected to level of access to PSE products and ability to monitor and track PSE purchases in a real-time, or at least timely, manner.

We believe the results of this study will provide policy makers and researchers with a complex picture of state and local efforts to control methamphetamine precursors and reagents. In combination with related quantitative findings available elsewhere,<sup>4</sup> we believe our results will be useful to policy makers, law enforcement officials, and even pharmacists who are attempting to understand, strengthen, and perhaps replicate effective precursor law provisions in their own states.

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<sup>4</sup> McBride, D.C., Terry-McElrath, Y.M., Chriqui, J.F., O'Connor, J.C., & VanderWaal, C.J. (2007). The relationship between state methamphetamine precursor laws and trends in small toxic lab (STL) seizures. Report presented to the National Institute of Justice. Berrien Springs, MI: Andrews University.

# Controlling Methamphetamine Precursors: The View from the Trenches

Curtis J. VanderWaal, Rachel M. Bishop, Duane C. McBride, Kimberly Rosales, Jamie F. Chriqui, Jean C. O'Connor, Yvonne M. Terry-McElrath

## Background

Methamphetamine use has resulted in significant safety and health costs for the United States (US) (for a comprehensive literature review of the extent and nature of safety and health costs related to methamphetamine, please see McBride et al.<sup>5</sup>). A key source of such costs stems from the production of methamphetamine in small toxic labs (STLs). STLs are generally defined as laboratories that produce one pound or less of methamphetamine per cooking cycle, and were estimated to provide approximately 20 percent of the US methamphetamine supply in 2006.<sup>6</sup> Recent reports indicate that there has been a significant decrease in the number of STL seizures since the enactment of precursor laws.<sup>7</sup>

While official data and anecdotal reports suggest that state policy changes played a key role in the observed decrease in STL methamphetamine production, there has not been a multi-state scientific analysis of the elements of states' enacted legislation or adopted regulations restricting access to methamphetamine precursors that correspond with STL seizure decreases. In order to provide such an analysis, the authors conducted a research project with three objectives: (1) document state methamphetamine precursor laws/regulations in effect as of October 1, 2005; (2) examine the perceptions of key informants (KIs) in five states (including law enforcement personnel, pharmacists, and health/human service workers) of the impact of precursor policies on STL production of methamphetamine; and (3) examine the relationships between state methamphetamine precursor policies and trends in STL seizures after the implementation of such policies. The first objective was addressed in a 2007 report by O'Connor et al.<sup>8</sup> The third objective is being addressed in a companion quantitative paper by McBride et al.<sup>9</sup> The second objective—a qualitative analysis of KI perceptions related to STL methamphetamine production and precursor policies—will be addressed in the current report.

Specifically, this paper will report on KI and focus group interviews exploring methamphetamine precursor policies related to ephedrine and pseudoephedrine (PSE). These

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<sup>5</sup> McBride, D.C., Terry-McElrath, Y.M., Chriqui, J.F., O'Connor, J., & VanderWaal, C.J. (2007). The relationship between state methamphetamine precursor laws and trends in small toxic lab (STL) seizures. Report presented to the National Institute of Justice. Berrien Springs, MI: Andrews University.

<sup>6</sup> O'Connor, J.C., Chriqui, J.F., & McBride, D.C. (2006). Developing lasting legal solutions to the dual epidemics of methamphetamine production and use. *North Dakota Law Review* 82(165):1165-1194.

<sup>7</sup> Office of National Drug Control Policy. (2006). *Pushing Back Against Meth: A Progress Report on the Fight Against Methamphetamine in the United States*. Washington, DC: Office of National Drug Control Policy, November 30. Retrieved December 15, 2006, from [http://www.whitehousedrugpolicy.gov/publications/pdf/pushingback\\_against\\_meth.pdf](http://www.whitehousedrugpolicy.gov/publications/pdf/pushingback_against_meth.pdf).

<sup>8</sup> O'Connor, J.C., Chriqui, J.F., McBride, D.C., Edison, S.S., Baker, C., Terry-McElrath, Y., & VanderWaal, C. (2007) *From Policy to Practice: State Methamphetamine Precursor Control Policies*. Report presented to the National Institute of Justice. Berrien Springs, MI: Andrews University. Available at <http://www.andrews.edu/ipa/2007/index.htm>.

<sup>9</sup> McBride, D.C., Terry-McElrath, Y.M., Chriqui, J.F., O'Connor, J., & VanderWaal, C.J. (2007). The relationship between state methamphetamine precursor laws and trends in small toxic lab (STL) seizures. Report presented to the National Institute of Justice. Berrien Springs, MI: Andrews University.

two chemicals were emphasized because they are the most common precursor chemicals available in over the counter health care products and there was a broad consistent focus on these two precursor chemicals in the state policies. Further, law enforcement efforts have identified these chemicals as the primary substances found at STL sites.<sup>10</sup> State laws have addressed a variety of other chemicals and reagents that are used at STLs to produce methamphetamine;<sup>11</sup> however, anecdotal evidence indicated that ephedrine and PSE were the key ingredients.<sup>12,13,14,15</sup> A discussion of the other chemicals and reagents addressed in the state laws is provided elsewhere.<sup>16</sup>

## Purpose

Comparisons between the restrictiveness of methamphetamine precursor laws and changes in rates of lab seizures, numbers of drug endangered children, and the presence of precursor chemicals at seizure sites must be informed by the experiences, perceptions, and judgments of those directly involved with development and implementation of such laws. Without such input, a deeper understanding is not possible of why some policy measures seem to relate to desired outcomes while others do not. In order to provide such critical understanding and guide later quantitative analyses, KI and focus group interviews were conducted with a variety of stakeholder groups highly involved in attempting to reduce local methamphetamine production.

The primary purposes of the KI and focus group interviews were to: 1) examine KIs' perceptions of the impact of their state's precursor laws; 2) explore KIs' perceptions of the organizational and procedural facilitators and barriers to successful implementation of the law(s); and 3) evaluate KIs' perceptions of the relative importance of various precursor law provisions.

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<sup>10</sup> Amera-Chem, Inc. (2004). Drug Identification Bible 2004/2005. Grand Junction, CO: Amera-Chem, Inc.

<sup>11</sup> O'Connor et al., 2007. See footnote #3.

<sup>12</sup> Bundy, S. (2004). Prepared statement of Sheriff Steve Bundy, Rice County, Kansas, Sheriff's Department. In Law Enforcement and the Fight Against Methamphetamine. Hearing before the Subcommittee on Criminal Justice, Drug Policy and Human Resources of the Committee on Government Reform, House of Representatives, 108<sup>th</sup> Congress, Second Session, November 18 (Serial No. 108-287) (pp. 68-78). Retrieved October 9, 2007, from [http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=108\\_house\\_hearings&docid=f:20084.wais](http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=108_house_hearings&docid=f:20084.wais).

<sup>13</sup> Colby, G.E. (2004). Prepared statement of Lieutenant George E. Colby, Division Commander/Project Director, Allen County Drug Task Force, Allen County, Indiana, Sheriff's Department. In Law Enforcement and the Fight Against Methamphetamine. Hearing before the Subcommittee on Criminal Justice, Drug Policy and Human Resources of the Committee on Government Reform, House of Representatives, 108<sup>th</sup> Congress, Second Session, November 18 (Serial No. 108-287) (pp. 87-111). Retrieved October 9, 2007, from [http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=108\\_house\\_hearings&docid=f:20084.wais](http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=108_house_hearings&docid=f:20084.wais).

<sup>14</sup> Rutledge, K. (2004). Prepared statement of Keith Rutledge, State drug director, Office of the Governor of Arkansas. In Ice in the Ozarks: The Methamphetamine Epidemic in Arkansas. Hearing before the Subcommittee on Criminal Justice, Drug Policy and Human Resources of the Committee on Government Reform, House of Representatives, 108<sup>th</sup> Congress, Second Session, June 28 (Serial No. 108-245) (pp.49-55). Retrieved October 9, 2007, from <http://a257.g.akamaitech.net/7/257/2422/04feb20051230/www.access.gpo.gov/congress/house/pdf/108hr/97398.pdf>.

<sup>15</sup> Wright, L. (2004). Prepared statement of Lonnie Wright, Director, Oklahoma Bureau of Narcotics and Dangerous Drugs. In Law Enforcement and the Fight Against Methamphetamine. Hearing before the Subcommittee on Criminal Justice, Drug Policy and Human Resources of the Committee on Government Reform, House of Representatives, 108<sup>th</sup> Congress, Second Session, November 18 (Serial No. 108-287) (pp.79-86). Retrieved October 9, 2007, from [http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=108\\_house\\_hearings&docid=f:20084.wais](http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=108_house_hearings&docid=f:20084.wais).

<sup>16</sup> O'Connor et al., 2007. See footnote #3. See also <http://www.usdoj.gov/ndic/pubs7/7341/7341p.pdf> for a complete description of methamphetamine lab components, chemicals, and details regarding lab operations and cooking processes.

The qualitative research process utilized a case study design in states with a high volume of methamphetamine lab seizures (as documented by El Paso Intelligence Center (EPIC) lab data) and varied and comprehensive precursor laws (more details on how states and KIs were selected are provided in the Sampling and Methods section below). Major areas of interview content included: 1) the perceived nature and extent of the methamphetamine problem; 2) perceived effectiveness of the precursor laws – specific provisions that may have had the most impact; 3) perceived impact of the laws on the community; 4) perceived barriers to precursor law implementation; and 5) lessons learned and recommendations for change.

### **Description of KIs and Stakeholder Groups**

KI interviews and focus groups were conducted with four types of major stakeholder groups: law enforcement personnel, policy makers, pharmacy professionals, and drug-endangered children taskforce personnel. The law enforcement group was composed of local, regional, and state law enforcement personnel, including local narcotics officers, county sheriffs, state troopers and narcotics officers, prosecuting and district attorneys, and several regional Drug Enforcement Administration taskforce coordinators. Law enforcement personnel were chosen as KIs because they are generally first called and first to respond at methamphetamine lab seizures. In addition, they generally understand the daily activities of methamphetamine cooks and work with informants to identify and take down methamphetamine labs, arrest suspects, remove drug-endangered children from the sites, and even assist in lab cleanup operations.

The second group was composed of state policy makers, including the primary legislative sponsors of each state's methamphetamine precursor law. We attempted to interview at least two state legislators for each state of focus: the primary house and senate sponsors of the bill, where possible. Often the bill sponsors came from regions of their state where the methamphetamine problem was particularly troublesome and challenging. Legislators were generally most knowledgeable of the components of the law and helped to provide important context into the reasons for the bill as well as lessons learned from enactment and implementation of the law.

The third group included local, independent pharmacy owners and operators who were working in stores that sold PSE products. Interviews were usually conducted at the pharmacies in counties with the highest number of lab seizures within each specified state. Several interviews were also conducted with state pharmacy trade association representatives or state pharmacy board officers to better understand the regional and state issues that emerged as their state's laws was/were being formulated, implemented, and enforced. These individuals were all able to share information relating to implementation and enforcement of the law, including the process of selling PSE products, dealing with customer response, and interacting with law enforcement officials who were interested in their sales records.

A total of 77 individuals were interviewed across all five states using either an individual or focus group interview format. The majority of interviews were face-to-face, with the remaining interviews conducted over the phone due to remote geographic location or scheduling changes or challenges.

The final group of interview subjects included representatives from each targeted state's Drug Endangered Children (DEC) taskforces or other intervention group, and were generally from the law enforcement community. All data from this group were collected at the 2006 National DEC conference in Nashville, Tennessee with representatives from four of the five<sup>17</sup>

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<sup>17</sup> Indiana's state DEC taskforce had been disbanded and therefore did not send any DEC representatives to the conference.

targeted states using a focus group format. Interview topics included description of the standard procedures used when discovering children during a lab raid, interactions with local protective services representatives, impact on children removed from their home environments, and overall impact of the state's methamphetamine precursor laws on children residing in drug homes.

## Sampling and Methods

**State Selection.** State selection drew upon available state-level data regarding the extent of methamphetamine STL production and extant legal frameworks attempting to reduce the availability of methamphetamine precursors. In order to be included in the qualitative study, states were required to (a) have a track record of comprehensive reporting to the EPIC system, (b) have EPIC data indicating a substantial number of methamphetamine STL seizures, (c) have enacted comprehensive and/or restrictive methamphetamine precursor control laws (including such variables as types of precursor chemicals specified, purchase and possession limits imposed, requirements for identification of buyers, restrictions on amount sold and placement of the product, penalty and enforcement provisions, and preemption of local ordinances), and/or (d) have early reports of changes in lab seizure rates following enactment of precursor laws. States were also considered based on the degree of access to PSE products. So, for example, Oregon had the most restrictive law, with Schedule III Controlled Substance Scheduling requirements, while Indiana did not schedule PSE products and allowed them to be sold over the counter in retail stores as well as pharmacies.<sup>18</sup>

- 6) *INDIANA* – mid-western state with a high number of STL seizures; no controlled substances scheduling requirements; no centralized tracking system for PSE purchases.
- 7) *KENTUCKY* – southern state with high number of STL seizures; no controlled substance scheduling requirements; pharmacy sales only; no centralized tracking system.
- 8) *MISSOURI* – mid-western state with highest number of STL seizures in nation; Schedule V (pharmacy sales only) controlled substance requirements; no centralized tracking system.
- 9) *OKLAHOMA* – southwestern state with formerly high rates of STL seizures but dramatic reduction in rates; Schedule V controlled substance requirements; centralized tracking system in place.
- 10) *OREGON* – western state with formerly high rates of STL seizures but virtual elimination of all labs in state; Schedule III (physician prescription only) controlled substance requirements; no centralized tracking system in place.

**County and KI Selection.** EPIC data at the county level within identified states were used to identify at least three regions within the state that had the highest concentrations of methamphetamine labs and related indicators. In addition to the EPIC data, we cross-validated county selection using two literature search processes. The first process involved Google individual and combined key word searches with the terms 'meth', 'methamphetamine', 'pseudoephedrine', 'legislation', 'legislator', and 'law enforcement' and cross-referenced them by state and county. Researchers also conducted the same key word search using the on-line editions of newspapers from a variety of large and medium-sized cities and towns in each state.

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<sup>18</sup> Please refer to <http://www.usdoj.gov/dea/pubs/scheduling.html> for a description of Federal Controlled Substances Scheduling requirements. State-specific scheduling requirements are discussed at appropriate points within the state reports themselves.



For example, for the state of Indiana, researchers conducted newspaper searches in *The Indianapolis Star*, *The Evansville Courier & Press*, *The Tribune Star* (Terre Haute), *The Gary Post Tribune*, *The Lexington Herald-Leader*, *The Times* (Munster), *The Noblesville Daily Times*, and several other smaller Indiana newspapers.

In the second literature search process, researchers conducted key word searches utilizing the Media Awareness Project's Drug News Archive ([www.mapinc.org](http://www.mapinc.org)), a searchable database of news and opinion pieces related to drug policy. This online database finds and codes national, regional, and local newspaper articles relating to various aspects of drug use. Any article that mentioned one of the selected states was included, and care was taken to exclude duplicate articles. Within this source, we used the Methamphetamine Database<sup>19</sup> and searched for each state as primary key word. The search covered January 1, 2004, to May 16, 2006, using six-month increments. While this approach was not designed to provide comprehensive coverage of state and local methamphetamine issues, it did assist with our understanding of local problem contexts and identification of possible individuals for interviews.

Once the searches were complete, articles were read by two Master's-level trained coders, who highlighted and double-coded potential interviewees' names, counties or related comments into an Excel spreadsheet. Broad coding categories included: 1) law enforcement, 2) state attorney or prosecutor, 3) legislature/law maker; 4) pharmacist, and 5) other.

Researchers also identified counties with a high frequency of methamphetamine seizures using the same basic approach. First, counties were listed in a separate Excel document with the KIs' names associated with each county. If a potential interviewee's name appeared in multiple newspaper articles, we considered them to have a higher level of potentially higher level of authority and knowledge, as well as a potentially better judge of methamphetamine issues within their county. Potential interviewees were catalogued by name, title or role, county, number of citations in articles, and contact information. Second, a county map of each state was highlighted by frequency of news article mentions. Frequency of article mentions were used as a proxy for methamphetamine problem intensity. Third, news articles that listed counties as leading meth problems were cross-listed against other articles that discussed meth problems in those counties. Fourth, frequently cited counties in news articles were compared to county-based EPIC data for drug seizures. Fifth, each article was double-checked for accuracy with the Excel document and the list of high methamphetamine counties. Sixth, high frequency counties (in terms of both lab seizure rates and high numbers of media stories) and key individuals in those counties were prioritized as high-value for contact and potential interviews. Group decisions on key individuals and number of interviews were determined by consensus by the Co-Investigator and research assistants (RAs). Seventh, based on media accounts, Drug Enforcement Administration outcome data, and recommendations from the EPIC and DEC staff, we utilized a snowball sampling methodology (also called chain referral sampling)<sup>20</sup> in all states to identify a limited selection of rural, suburban, and urban communities and potential interview subjects in the case study communities that had higher state concentrations of methamphetamine labs, child seizures, or other related indicators. Potential KIs were contacted and asked if they would like to participate in an interview. If that individual was unwilling or unable to participate when we were visiting that particular state, we asked the individual if there were other persons who would be appropriate for the interview. If the individual agreed to be interviewed, we asked them if

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<sup>19</sup> <http://www.mapinc.org/meth.htm>

<sup>20</sup> Miles, M.B. & Huberman, A.M. (1994). *Qualitative data analysis: An expanded sourcebook*. Newbury Park, CA: Sage Publications.

they would also like to invite other individuals who were appropriate to be part of the same interview.

We believe the county and KI selection process resulted in the opportunity to reach highly informed, cooperative participants in the counties with the highest rates of meth lab seizures in the nation.

**Data Collection Procedures.** The first draft of KI interview guides was originally developed by the co-investigator responsible for the qualitative interviews and data analysis. The interview guides consisted of semi-structured single- and multi-person interviews using a discussion guide with probes.<sup>21</sup> Next, this draft was reviewed and edited by all members of the research team as well as the National Institute of Justice (NIJ) project officer. Finally, each section of the interview guide was sent to one or more selected KIs with expertise in specific methamphetamine precursor issues for review. Specifically, we had national methamphetamine experts in the areas of law enforcement, pharmacy, drug policy, and DEC review each interview guide within their area for content. Each review resulted in substantial changes, creating a final interview guide (Appendix A) that reflected the collective input of multiple informed parties. All participants completed Interview Consent Forms (Appendix B) prior to the initiation of the KI or focus group interview. All data collection procedures were approved by the Institutional Review Board at Andrews University.

KI interview data was primarily collected during face-to-face interviews within the county where the KI worked. In approximately 20% of the interviews, data were also collected via a telephone interview due to remote geographic location or scheduling difficulties or changes. All interviews were conducted by the study's lead investigators. All interviews were recorded using two digital recorders. Virtually all interviews were attended by a Master's-level RA, who took detailed computerized notes during the interviews and tracked interview information (some telephone interviews were conducted without RA assistance).

**Analysis.** Following the completion of each interview, tapes were transcribed into a Microsoft Word document. These data were then downloaded into *QDA Miner*, a basic but flexible software package that allows researchers to establish conceptual relationships among words, index text files, and conduct pattern matching and searching operations using co-occurrences of nodes in the text.

The analysis was conducted in multiple steps with the study co-investigator overseeing all procedures. First, coding procedures were established as follows: 1) development of a preliminary codebook based on initial questions and categories used in the individual interviews; 2) training two Master's level RAs in the constant comparative analytic coding method (using a Node and Tree structure approach); 3) conducting open coding to confirm and elaborate on preliminary themes and key word categories; 4) development of a final analytic codebook (see Appendix C) with coding definitions which was reviewed by the entire research team for validity; and 5) completion of a coding pilot test on several interviews, with results used to refine the codebook and definitions.

Following completion of coding documentation, the actual coding of the interviews was undertaken. VanderWaal and the trained RAs independently read and completely coded two interviews using axial coding and then worked to reconcile differences between codes. The remaining coding was completed by the RAs utilizing axial coding to relate categories to subcategories within and across interviews and states. Areas of continued disagreement were

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<sup>21</sup> Rubin, H.J. & Rubin, I.S. (2004). *Qualitative interviewing: The art of hearing data* (2nd ed.). Newbury Park, CA: Sage Publications.

reconciled by the study's co-investigator on an as-needed basis. Inter-rater reliability varied between approximately 75-90% throughout the coding process.

Following the completion of the content analysis, key themes and issues that were discussed in the interviews were summarized. Interviews of a similar type (e.g., local law enforcement practitioners) were reviewed and integrated within and across specific codebook themes, such as those related to KIs' perceptions of the impact of specific precursor law provisions on core outcomes and any structural and procedural catalysts and barriers to successful implementation of the laws. Specific state profiles were also completed to describe issues that were unique to particular states. Similarities and differences between states were highlighted, from which we identified a series of "lessons learned" and developed recommendations for policy makers and practitioners in other states to further develop their policy approaches to methamphetamine precursor chemical control.

### **Organization of the State Reports**

The state reports that follow are designed to give the reader a more in-depth look at the unique issues that emerged during focus group and KI interviews. These interviews reflect specific point-in-time reflections on the part of the interviewees and, as such, may not represent the state's precursor law at the time it was written or at the time of the interview.

The order of the state reports that follow (Oregon, Oklahoma, Missouri, Kentucky, Indiana) reflects the degree to which each state's law had restricted access to PSE products. So, for example, Oregon was listed first because that state's Schedule III controlled substance regulations are more restrictive than the policies in other states.

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The authors wish to thank all the participants of the KI and focus group interviews. Their involvement in the data collection process was entirely voluntary and involved significant amounts of time on their parts. They received no payment, gifts, or other compensation for their involvement. It was clear that each participant had been personally and professionally impacted by the methamphetamine problems in their communities and their decision to participate in the interviews was motivated in large part by their desire to help reduce the impacts of methamphetamine in their towns, regions, and states.

# Oregon

## Background

In-person interviews were conducted on February 27 – March 1, 2007 in a variety of locations in Oregon, including four of the five counties with the highest rates of methamphetamine small toxic lab (STL) seizures during the years 2003 and 2004. In-person interviewees included two law enforcement officials from Washington County, one independent pharmacist from Washington County, and one state senator and one representative<sup>22</sup> at the state Capitol in Salem. Due to last-minute scheduling problems, we later conducted telephone interviews with law enforcement officials from Multnomah and Linn Counties, and an independent pharmacist in Umatilla County. All law enforcement officials had extensive experience in meth lab seizures and participated in county or regional methamphetamine taskforces. See the Sampling and Methods section of this report for further details on how states and key informants (KIs) were selected.

Consistent with all qualitative data reports, it should be noted that the descriptions, discussions, lessons learned, and recommendations represent the perceptions of the limited number of individuals who were interviewed for this project. As such, the perceptions were not based on a representative sample of all law enforcement officials, law makers, and pharmacists in the state.

Informed consent was obtained from all interview participants. It should be noted that this consent also stated, “We will not present or publish your name or any other information that directly identifies you unless you are speaking within your role as an elected public official.” As such, there are instances in this report where state legislators or law makers were quoted ‘on the record.’ There are also several instances where KIs gave permission for their names to be used in this report.

These interviews should be viewed within the context of a dramatic shift in Oregon’s methamphetamine problem within the past several years, most notably the Oregon Legislature’s decision to move pseudoephedrine (PSE) products to Schedule III, physician-prescription-only status. Remarkably, all law enforcement officers and policymakers who were interviewed noted that lab seizures had virtually dried up (a 96% reduction from pre-precursor law levels) following the introduction of the prescription-only bill enacted on July 1, 2006 (see Brief History of Legislation section below)<sup>23</sup>. As one Multnomah County law enforcement official noted, “...for us here, it's basically dried it up through enforcement, education and the legislative efforts.” As a result, almost all references to meth lab problems and seizures referred back to lab busts that occurred prior to that date, with most seizures occurring before enactment of the pharmacy-only sales law in early 2005.

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<sup>22</sup> Senator Ginny Burdick (D), 1<sup>st</sup> District and Representative Wayne Kreiger (R), 18<sup>th</sup> District are identified throughout this report within their official roles as sponsors of the legislation and publicly elected officials speaking on the record. Similarly, Rob Bovett, a primary architect of the various pieces of precursor legislation and Legal Counsel for the Oregon Narcotics Enforcement Association (ONEA) spoke in the capacity of his public role in developing this legislation. Names of all law enforcement officials and pharmacists were kept confidential.

<sup>23</sup> The Oregon Narcotics Enforcement Association reported 473 lab seizures in 2003, 448 seizures in 2004, 192 seizures in 2005, 63 seizures in 2006, and, as of August 1, 2007, only seven meth lab seizures. See <http://www.oregondec.org/OregonMethLabStats.pdf> for complete statistics on the reductions in meth lab seizures from January 2003 – July 2007. Similar numbers were reported by EPIC’s National Clandestine Laboratory Seizure System: 475 seizures in 2004, 194 seizures in 2005, and 55 seizures in 2006. These relatively minor discrepancies in numbers reflect small differences in definitions of what constitutes a meth lab by different organizations.

## **Nature of the Methamphetamine Problem before the Law**

*Impact of Methamphetamine on the Community.* As a west coast state, Oregon was on the front lines of the methamphetamine STL expansion in the late 1990s and early 2000s. Similar to other states, legislators and law enforcement personnel described the impact of meth in Oregon in relationship to children, safety, and health.

Oregon legislators reported that, prior to the implementation of their state's 2005 precursor law (described below), legislative testimony in their bi-partisan Oregon methamphetamine caucus indicating that approximately 5,000 children had been removed from homes where meth was being cooked or used. In addition, law enforcement personnel expressed concerns for the safety of children in homes where meth had been cooked:

*I kind of feel bad, you know, we were so overwhelmed with just the problem of methamphetamine labs and what to do with them, they were so time consuming and tiring. And we didn't, you know, we'd go into a room and maybe see a kid's toy or something and wouldn't give the full impact of 'hey, we've got to see if that kid's been in this environment, are they going to school, do they live here'. And so it wasn't until, well, \_\_\_\_\_ kind of became, \_\_\_\_\_ created a clan lab team which was just a huge benefit and they started picking that up and saying okay, if we see any sign of a kid, we're going to find out if that kid has been in this environment, you know, whether or not we need to help them out...." ~ Law enforcement, Washington County*

Law enforcement personnel also expressed relief that, as a result of the dramatic reduction in STL seizures, they were rarely encountering children in the lab environments, although they were still dealing with the impact of methamphetamine use in their communities.

*"...I think the one thing is that those chemicals and the gases and all of that, are all at the children's head level. Everything sinks, those kids get hot for meth and they're exposed. Now we are not, we're not getting that [active meth labs] anymore. I mean, that's just a plus for the children and granted they are not in their right circumstances just with the Mexican meth being around, but at least they are not being subjected to the harsh chemicals and the burns and the things that we've had in the past." ~ Law enforcement, Linn County*

Concerns about public safety and hazardous materials ranked high in the minds of law enforcement personnel. Although they had received Federal government assistance with some lab cleanup, the consequences to the environment and surrounding community was substantial.

*"...our main goal was to get these hazardous chemicals and these hazardous labs that were going on in our neighborhoods and homes around it. A lot of these labs are blowing up, causing fires, they are dumping hazardous chemicals alongside the road and in parks and so forth. ~ Law enforcement, Multnomah County*

While policy makers and law enforcement officials were quick to point out the dramatic reduction in STLs within their state, Rob Bovett, Legal Counsel for the Oregon Narcotics Enforcement Association (ONEA), hastened to clarify that, "We didn't have any allusions that we were going to be getting rid of meth by going after local toxic meth labs." As anticipated,

meth continued to be a serious health and safety problem, with Mexican methamphetamine imported from superlabs filling the supply gap.

*But I think it's important to note that we have not eradicated the methamphetamine problem. Matter of fact, it's probably worse than ever. They've just found different routes. ~ Law Enforcement, Washington County*

Further, law enforcement officials noted ongoing concerns about safety in relation to crime and drug use. Officials in one county stated that approximately 70% of incarcerations in the state of Oregon were alcohol or drug-related, with the majority being related to methamphetamine manufacture or use.

*Primary sources of meth.* Almost all methamphetamine at the time of our interviews was coming from superlabs in California and Mexico, primarily driven up in cars and sold through Mexican distribution networks.

Sources in both Multnomah and Linn counties reported what they believed was a general trend toward both lower quantity and quality of imported methamphetamine, with occasional spikes of improved purity.

*“...in the late 2005 what happened was we started testing this meth and the DEA labs and the purity level went from 70% down to 30-50% so we saw that he Mexicans were running out of pseudoephedrine and now they are starting to cut [add other substances] all of their products.” ~ Law enforcement, Multnomah County, OR*

*Common lab locations and cooking methods.* Lab seizures were reported in both suburban and rural locations by law enforcement officials, although rural counties, or sections of counties with rural locations, reported the highest number of lab seizures, particularly following increased law enforcement pressures in suburban areas. Labs also became more mobile as law enforcement and community reporting pressures increased. Law enforcement officials described finding labs in a wide variety of locations, including garages, mobile homes, storage units, cars, remote locations in the woods, and hotels. One interesting location not noted in other state interviews involved cooks producing batches of methamphetamine in upscale hotels.

*“...they started using the upscale hotels because for awhile there the police weren't looking there for meth cooks, you know? Cuz you know the idea is that the people who use are flea bags - you know, lower costs, cheaper hotels. ...another thing too is that cooks weren't paying for those rooms anyway because they were using stolen credit cards so they thought ‘what the heck?’” ~Law enforcement, Multnomah County*

Many of the lab busts in the highest meth-producing counties involved local labs using the Red Phosphorous (or Red-P) method, particularly in urban and suburban settings, although a few superlab busts were also noted<sup>24</sup>. Most red phosphorous was obtained by scraping matchbook

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<sup>24</sup> Law enforcement officials defined a superlab as being able to produce more than 10 pounds of methamphetamine during a single cooking process.

striker plates. Rural communities were more likely to employ the so-called Nazi method, using anhydrous ammonia stolen from farms as part of the cooking process.

A few isolated labs continue to be found in remote locations, primarily along border areas where smurfers<sup>25</sup> travel across state lines and bring back enough PSE products to cook a small batch of methamphetamine. Much, but not all, of this activity dried up following the enactment of the Federal Combat Methamphetamine Epidemic Act (CMEA), which limited the quantity of non-liquid PSE products that could be purchased and required purchaser identification and signatures for methamphetamine precursors<sup>26</sup>.

*Primary characteristics and profiles of meth cooks and users.* At the height of the problem, both users and cooks were primarily local White males, with a small number of Mexican individuals discovered cooking as well. Smurfers were somewhat more likely to be female, with cooks more likely to be male. Labs were found across all socioeconomic groups, with individuals from lower economic status much more heavily represented.

*Methods for obtaining precursors and reagents.* Following the introduction of the 2004 precursor law, individuals began smurfing across multiple store locations, with some reports of theft as well. Law enforcement officials began training store clerks to watch for such individuals and report them.

*“...we actually tell the store security people about this action and then they'd call us - 'We've got people smurfing here' and they'd give us license plates and we'd use that as an investigative tool.” “Their cameras pick up these people right away, who have been in the store, going to the cold tablet isles doing exactly that. And of course they'd steal it too if they could...they'd just take the whole display and run out of the store with it.” ~Law enforcement, Multnomah County*

As noted above, most phosphorous for the Red P reduction method was obtained by scraping matchhead striker plates, while the anhydrous ammonia used in the Nazi method was stolen from local farms in rural locations. Iodine was often purchased or stolen from livestock feed stores. Law enforcement officials in Linn County also began tracking the sales of MSM, or methylsulfonylmethane, at livestock feed and equine tack stores since this chemical is often used to dilute the purity of crystal methamphetamine prior to distribution and sales.

## **Brief History of Oregon Legislation**

In 2001, the number of meth lab incidents reported by law enforcement authorities in Oregon was 522 (Bovett, 2006)<sup>27</sup>. In response to this problem, the Oregon legislature passed H.B. 3661, which limited individual sales of PSE to nine grams per transaction. Extremely strong resistance

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<sup>25</sup> As noted by Bovett (2006) a “smurf” is a “person who busily goes from store to store acquiring PSE pills for a meth cook, usually in exchange for finished product.” They are called “smurfs” as “an oblique reference to the social structure and behaviorisms of small blue characters in a popular children’s animated series by the same name (p. 1208). Group smurfing refers to the practice of a group of smurfers going to multiple pharmacies, each purchasing the legal limit of PSE products.

<sup>26</sup> See O’Connor, Chriqui, & McBride (2007) for a description of this Federal law.

<sup>27</sup> A more detailed history and analysis of Oregon’s methamphetamine laws can be found in Bovett’s North Dakota Law Review article (Bovett, 2006); available at: <http://oregonpublichealth.org/meth%20epidemic%20solutions%20OPHA%202007.pdf>. Bovett was Legal Counsel for the Oregon Narcotics Enforcement Association (ONEA) and a primary architect of all the meth laws in Oregon.

by pharmaceutical companies from around the nation prevented development of a law that substantially restricted access to PSE. Bovett described efforts to resist the pharmaceutical industry in the following terms:

*“...there's no other way to put it, we got our ass kicked. They flew in pharmaceutical lobbyists from around the nation and I was meeting pharmaceutical lobbyists in the building from every state you can think of and you know, we convinced, I think in the end, 3 out of 90 legislators that this was a good idea.” ~Rob Bovett, Legal Counsel, ONEA*

As a consequence, the number of methamphetamine labs did not substantially decrease. Attempts to strengthen the law in 2003<sup>28</sup> were again met with resistance by pharmaceutical companies, resulting in H.B. 2034, a stronger law but still lacking the provision that all PSE products be kept behind a sales counter. Law enforcement officials noted only modest success.

The day after Christmas in 2003, Trooper Nikky Joe Green of the Oklahoma State Police was tragically shot and killed during a routine traffic stop that uncovered a portable meth lab. This event galvanized support for a tough new PSE law in Oklahoma in 2004, requiring that all PSE products be placed behind a pharmacy counter (regulated as Schedule V in the Controlled Substances Act) and that all sales include a sales log and photo identification<sup>29</sup>. Oregon lawmakers worked closely with officials from Oklahoma in an attempt to exactly mirror Oklahoma's law. However, strong resistance from the pharmaceutical lobbyists forced lawmakers to remove several key provisions, namely that there was no “logging” for each sale and “combination” PSE products (containing more than one active ingredient) were allowed to remain behind the counter in grocery and convenience stores as well as pharmacies. While these provisions were effective in reducing the number of meth labs by 41%<sup>30</sup>, the changes were not as dramatic as in Oklahoma. Oregon legislators, law enforcement officials, and pharmacists described meth cooks and smurfers traveling to multiple locations, including migrating to neighboring states in order to gain easier access to PSE products.

*“I think the first phase, once they figured out, you know, how to get around it, it's like anything. I remember back to my college days - they took kegs out of the fraternities and so the fraternity guys would just bring in bottles and cans of beer, and there was just as much. And that's similar to what you saw with this law is, if they knew they were going to have to sign the book, they'd just go places where they either knew that they weren't controlling the book well, or they would just buy a certain amount, either smurfing or they'd get around it that way. ~ Law enforcement, Washington County*

Noting the success of Oklahoma, and following a series of investigative articles in *The Oregonian* in October 2004, public and political attention galvanized toward a further strengthening of the state's law. As a result, in early 2005, Oregon adopted the remaining provisions from the Oklahoma law, thereby requiring all PSE-based products to be placed behind a pharmacy counter, with requirements that all sales include photo-ID and logging of purchase. As a result, meth lab busts were reduced by 77% of their pre-precursor law level.

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<sup>28</sup> Oregon's legislature only meets every other year.

<sup>29</sup> See the end of this report for the specific provisions of the 2005 Oregon law.

<sup>30</sup> See <http://www.oregondec.org/OregonMethLabStats.pdf> for a complete history of pre- and post-PSE control Oregon meth lab statistics



Legislators remained concerned about the impact of the remaining labs, however, and two members of the state legislature, Senator Ginny Burdick (D), and Representative Wayne Kreiger (R), held hearings to better understand the impact of meth use in the state. Following legislative testimony from meth cooks, as well as law enforcement and child protective services authorities, they concluded:

*“So you look at what is the cost of that and what is the impact on those kids, the rest of their life that they’re present during the cook. Senator Burdick and I said—how many of those kids are not going to be able to learn, what is their discipline and what are their health issues for the rest of their life? What is the effect of that on society, not only in dollars but quality of life issues?” ~Rep. Kreiger, Dist. 1 (southwest coast of Oregon)*

As a result of testimony from a wide variety of sources, these two legislators began working with ONEA representatives to develop an even stronger bill that would require a physician’s prescription to purchase or possess any PSE-based products (Schedule III in the Controlled Substances Act). After encountering extremely strong resistance from the pharmaceutical industry, Senator Burdick devised a plan to demonstrate how easy it was to obtain substantial quantities of these products. Sen. Burdick, Rep. Kreiger, and two other members from the bi-partisan Oregon methamphetamine caucus went “smurfing” in downtown Salem.

*“Now because already the tablets had to be behind the pharmacy counter, you had to sign your name, put your driver's license. So the four of us decided we'd go see how it worked. So we middle-aged legislators, wonky-looking people, stood in line at the pharmacy counter, we went out South Commercial [street] to Wal-Mart and Rite Aid and Fred Meier and Safeway. There's a whole row of stores with pharmacies. And we signed our name and there are statutory limitations on how much pseudoephedrine you can possess already - a 9 gram limit - we're legislators, we swear to uphold the law and constitution, so we would not violate the law. So we're sitting there in the grocery, in the aisles, reading how many milligrams, saying, this is how many I can get. Anyway, so we went through that process and in one hour we had acquired enough - the four of us - had acquired enough pseudoephedrine for 200 hits of methamphetamine. So we borrowed Rob Bovett’s meth cooking kit that he used on the road and we had a press conference the next day.” ~ Sen. Burdick, Dist. 18 (Portland), Oregon State Legislature*

That demonstration, along with supportive testimony from other legislators, allowed the Schedule III bill to pass both houses with strong bi-partisan support on July 1, 2006 (Barriers to the implementation of this law are discussed in greater detail below). As of August 1, 2007, active meth labs in Oregon were reduced by 96% of pre-precursor law levels, with all but one reported full meth lab incident in Oregon since that date<sup>31</sup>.

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<sup>31</sup> See <http://www.oregondec.org/OregonMethLabStats.pdf> for more details on these statistics.

## Primary Elements of Oregon's Precursor Laws

Because Oregon's laws were developed in an iterative process over several years, the following explanation of the major elements and primary changes to each law has been directly copied from the Oregon Drug Endangered Children website.

“On October 15, 2004, the Oregon Board of Pharmacy adopted a rule requiring pseudoephedrine(PSE) products, other than certain liquids and gel caps, be kept behind the counter (BTC) and requiring picture ID for each sale. The rule went into effect on November 15, 2004. On April 6, 2005, the Pharmacy Board adopted a rule requiring those PSE products be kept behind the *pharmacy* counter and requiring picture ID *and logging* for each sale. The rule went into effect on May 14, 2005. On April 5, 2006, the Pharmacy Board adopted a rule requiring a *prescription* for *all* PSE products. The rule went into effect on July 1, 2006.”  
<http://www.oregondec.org/OregonMethLabStats.pdf>

## Barriers to Development of Precursor Laws

*Pharmaceutical industry barriers.* The active resistance on the part of the pharmaceutical industry has been well documented in the 2004 investigative series in *The Oregonian*<sup>32</sup>. In addition, Bovett (2006) has described, in great detail, the ONEA and state legislatures' multiple attempts to develop meaningful legislation to restrict general access to PSE products. The two key legislative sponsors we talked with told us similar stories of resistance on the part of the pharmacy industry lobbyists:

*B: “They would come around and they'd say, ‘You know, our product is not the problem, it's not being made into meth’. And maybe the first time they came around, maybe that was true. But we started getting very scientifically legitimate testimony that the meth cooks, our meth cooks, were at the forefront of the country. Our meth cooks were going to other states to teach their meth cooks how to cook meth. I mean we were at the forefront. We did not like that honor.”*

*K: “We found out that 75% of the pseudoephedrine products for colds that were being sold in convenience stores and 7-11's and that, 75% of that, this was a testimony, was actually going to be used for meth production.” ~Sen. Burdick & Rep. Kreiger, Oregon State Legislature*

As primary House and Senate sponsors, Rep. Kreiger and Senator Burdick worked hard with organizations such as the ONEA to build support for their bills. Using an inclusive process that involved equal numbers of Democratic and Republican legislators, they generated support through committee testimony from addicts, scientists, pharmacists, personal lobbying, and chamber floor speeches.

*“[We] Worked with staff 4 ½ months and took those bills through the process to where they came across, we took them to the actual caucuses first for input at the caucus level before we went to committee. Added committees onto the floors, and*

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<sup>32</sup> See OregonLive.com, Unnecessary Epidemic: A Five-Part Series, <http://www.oregonlive.com/special/oregonian/meth/>

*almost got it passed unanimously, nearly. One of them only had one dissenting vote and I think the other only 7 or 8 out of both chambers so it was very, very successful. Most people understand why we were doing what we were doing and that the science was there to show us. It worked extremely well. ~ Rep. Kreiger*

This success came in spite of significant resistance from the pharmaceutical industry.

*K: "...you might say we were both friends of the pharmaceutical people but at the same time there was an overriding value in getting that stuff as a prescription and we road right over the top of them. They thought they could stop us. They really did."*

*B: "Yeah they did."*

*K: "Thought they had the votes to do it and had lobbied the right people to stop it and they never even came close [to defeating the legislation]." ~Sen. Burdick & Rep. Kreiger*

Reflecting back on the reasons for their success, they credited three major factors – 1) the impact that methamphetamine was having on their state; 2) the powerful publicity generated through the investigative reporting from *The Oregonian* and their own demonstration (described above) showing how easy it was to obtain large amounts of PSE in a short time period through legal smurfing, and 3) the bi-partisan way in which they approached the legislation (this will be discussed in greater detail in the Lessons Learned section of this report).

*I guess I'd hate to call it an advantage but one of the things we were dealing with is almost everyone, it was such a huge problem, is still a huge problem in Oregon, almost everyone has some personal experience with it. You know and they see the devastation of it. It's just, it's very frightening. ~ Sen. Burdick*

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*"...these working relationships of trust are how you get good legislation passed in a bi-partisan manner." ~ Rep. Kreiger*

### **Process for Customer Purchase**

Under the former Schedule V provisions, pharmacists were required to keep a separate log of all customer purchases, including photo identification and spot-reporting to law enforcement authorities. This provided frustrations for both pharmacists and customers, particularly since one pharmacy was never contacted by law enforcement for their records. However, the other pharmacist we interviewed did have occasional inspections from local law enforcement authorities.

*"Everybody [pharmacists] started getting up in arms, like well, we got the reams of paper and we are inconveniencing all these folks that are coming in. They are signing and they are grumbling at us. And as far as I can tell, we would highlight ones that we knew were a problem. And we kept waiting for law enforcement to*

*come in and check it out, and nothing ever happened.” ~ Pharmacist,  
Washington County*

With the adoption of the Schedule III requirements, the process for customer purchase of PSE products became more straightforward – individuals can only obtain these products with a physician’s prescription that can only be filled with a registered pharmacist, who can provide PSE for five refills or six months, whichever comes first, of any product containing PSE. Electronic recordkeeping is now maintained through the Board of Pharmacy, which has simplified the reporting process for pharmacists. According to one pharmacist, law enforcement personnel can still obtain access to this log if requested.

### **Perceived Effectiveness and Impact of Law**

Every individual from the state who was interviewed for this project – from law enforcement personnel to policy makers to pharmacists - agreed that the states’ methamphetamine precursor laws, particularly the latest Schedule III version, were the primary reason for the almost complete elimination of meth labs across the state. Representative quotes from those groups follow:

*“I think the results will speak loudly for themselves, you know. We've eradicated the small mom and pop labs which are extremely time consuming for enforcement to clean, extremely hazardous for citizens and law enforcement, the community.”  
~ Law enforcement, Washington County*

\* \* \* \* \*

*“...meth labs just basically dropped off the face of our investigative years. I mean in 2003 we had 56 labs that we seized. In 2004 we had a 116 labs.... In 2005 we dropped down to 20 labs for the year, so a huge drop. In 2006 they had like 10, 11 labs. And then, of course, this year we haven't had any at all.” “So we took it out of the picture. Meth labs in the area, the law did exactly what we said that we wanted it to do. We drove the legislature to the public and said ‘hey, our goal here is not to cut down on the amount methamphetamine here although we would love to do that, but our main goal was to get these hazardous chemicals and these hazardous labs that were going on in our neighborhoods...and that worked.  
~ Law enforcement, Multnomah County*

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*“...being able to respond to a decreasing need actually, it's been awesome. We've been seeing a reduction of meth labs in our area big time. It's been a big turn around.” ~ Law enforcement, Linn County*

\* \* \* \* \*

*“I was at a NCSL [National Conference of State Legislatures] conference and somebody from Oklahoma stood up in the back (I'm on the criminal justice committee). They said, ‘Well, we solved our problem, we got a 50%, 70% reduction in our meth labs, we solved it. Oregon went way too far, they required a prescription, that's totally unnecessary.’ So I stood up and said, “In Oregon,*

*50% is not a passing grade.” ~ Sen. Ginny Burdick (D), 1<sup>st</sup> District, Oregon State Legislature*

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*Now the second set of laws that has come out [Schedule III requirements] has accomplished the fact that it's kept the precursors from the smurfers. Because they don't want to go through the whole process of going to a doctor and getting a prescription. And they have to justify, 'well why do you want 120 of these things?' And so it has really cut down on that.” ~ Pharmacist, Washington County*

It is important to note, however, that no one we interviewed believed that the reduction or even elimination of meth labs would significantly impact, or was currently impacting the overall methamphetamine use rates in the state. Both law enforcement officials and policymakers believed that the level of imported crystal methamphetamine that was available would more than make up for any meth that was reduced due to reductions in STLs.

*“...it is not going to change the amount of addicts that they have in their state but it is going to make their state safer.” ~ Law enforcement, Linn County*

\* \* \* \* \*

*“I just have to say so many times and people just don't, you know, they never absorb it - at least many folks in the public don't quite absorb it - is we went after pseudoephedrine in Oregon not to get rid of meth; we went after it to get rid of meth labs.” ~ Rob Bovett, Legal Counsel, ONEA*

### Impact on pharmacies

The two pharmacists we interviewed seemed to have reconciled their frustrations with the Schedule III law, particularly in relationship to the Schedule V laws that had preceded it. It was clear that they were very frustrated with the increased paperwork and irate customers under the Schedule V rules, calling the whole situation “a mess” and noting that a lot of extra work seemed to have very little impact on the problem.

*“...it was frustrating to my employees. We're an extremely busy pharmacy. And it was just one more thing, one more piece of paper. One more thing that my technicians and everything had to, and every once in a while we had to come out explain to irate customers why they had to do this. So I didn't think that was very effective, aside from a rise in the awareness.”*

*Interviewer: “Do you guys [local pharmacists] talk about this law and is it a point of conversation anymore?”*

*Pharmacist: “We did. It's not really a point of conversation anymore. It was when we were having to do the paper, and that was a real big frustration point when we felt we were doing all this work, we're inconveniencing a lot of people, keeping all of these records, and they weren't being used. And we could point and say, 'well look, this person has been in here every month getting absolute maximum every month. Take a look at this person', and we didn't get any*

*[response from police], and, you know, law enforcement was over worked - they're just like everybody else.” ~Pharmacist, Washington County*

However, it appeared that most of the pharmacists' frustrations regarding tracking and monitoring had abated since the passage of the Schedule III rules, largely because PSE products were tracked electronically using the same Board of Pharmacy system used to record all other controlled substances.

The two pharmacists we interviewed perceived the impact of the precursor laws on sales of PSE products to be minimal.

*“I'm pretty sure we have lost a certain amount of business. We were kind of in a unique situation where our cough and cold medications were, have always been behind the clerk's counter.... And so, it wasn't as big of a hit as it might have been if, you know, everything was out front. ~Pharmacist, Umatilla County*

Theft of PSE products was not viewed as being a big problem in the state by the law enforcement officials and pharmacists that we interviewed, mainly because these products had been placed behind clerks' counters for approximately 20 years. Theft of anhydrous ammonia was mentioned as a problem in some rural counties.

For the most part, however, the biggest impact for pharmacists was the frustrations of customers over lack of easy access to PSE products, the lack of product options, and the relative ineffectiveness of the more convenient over-the-counter cold medicine products that do not contain PSE. Lack of easy access related primarily to the difficulty, hassles, and costs involved in getting a physician to actually prescribe the product.

Lack of product options was a particular problem in rural areas, where pharmacies might not carry a broad range of PSE brands or products. This meant that some pharmacies could not fill the prescription, or, in some cases, the pharmacist had to call the physician to request a prescription change to match the products they had in stock.

*Interviewer: “Have the folks who are coming in - the customers who are coming in to buy the product - have you seen a reduction in the complaints, and the frustration, over time?”*

*Pharmacist: “Yea, that's improved, but people are still frustrated. ‘You're gonna make me go to the doctor, its going to cost me....’” ~ Pharmacist, Washington County*

Relative ineffectiveness of the newly formulated products, containing phenylephrine (also known as PE, e.g. Sudafed PE) was also a frustration for a minority of customers. However, despite some occasional resistance, most customers were supportive of the extra inconvenience once they understood the reason for the law. In Senate committee testimony, Senator Burdick interviewed the chair of the Oregon Board of Pharmacy, who owned a rural pharmacy:

*B: “I asked him in committee, I said ‘Please tell me what goes on in your pharmacy. We now have things behind the counters, when an actual customer comes in to your pharmacy, what happens?’ Well he said, ‘Well, they just get something off the shelf. You know, they don't even bother behind-the-counter stuff. They just get something off the shelf, phenylephrine, and it works.’ I said, ‘Does*

*it work for everybody?’ He said, ‘Well, about 93% of the people it's going to work for.’ And I said, ‘Do you ever have complaints?’ And he said, ‘Yes, sometimes people say, you know, ‘Hey, why does this have to be behind the counter?’ and then I show them the pictures of kids from meth labs and they say, “Oh” and they're perfectly fine with it.*

*K: They're willing to sacrifice their convenience when they realize that there may be good that can come out of putting it behind the counter. ~ Senator Burdick & Representative Kreiger, Oregon State Legislature*

## **Impact of the Federal CMEA**

Several of the policy makers who were instrumental in shaping the Oregon precursor laws were also involved in developing the CMEA provisions. They fought particularly hard to make sure that the federal provisions did not pre-empt tougher state laws as that would have invalidated the Schedule III rules put in place by the Oregon legislature. However, the pharmaceutical companies were successful in keeping provisions that allowed PSE products to be sold in convenience stores, thereby diluting attempts to create full Schedule V (pharmacy counter sales only) provisions across the nation.

As mentioned earlier, following the passage of the Schedule III rules, smurfing was essentially eliminated from Oregon. However, prior to the enactment of the CMEA, many Oregon smurfers who lived along the Oregon-Washington state border began crossing into Washington in order to smurf.

*“The Benton County, Washington sheriff - which is across from Penaltine, Umatilla County - where their narcotics team was arresting more Oregon residents than Washington residents...they were screaming at us for, you know, not arresting, and then treating, or incarcerating and treating, you know, meth addicts/cooks here in Oregon. And I said, ‘well actually we are, we're just sending them to you, and you're doing it for us.’ (Laughter) The sheriff didn't think that was too funny. I think the biggest television station in Seattle...they actually went and did an investigative story, and started, they started having, what, these cameras that you mount to your leg or something, these mini cameras, they started following Oregon smurfers going to Washington, smurfing pseudo.”  
~ Rob Bovett, ONEA Legal Counsel*

Once the federal CMEA provisions took effect, however, smurfing across the Washington border became much more difficult and most of the meth lab activity was eliminated.

*But you know it did have an effect on the rest of the nation and it tremendously helped us out, tremendously, because Washington had been, you know, weaseling around and Idaho had been too and so we got some real relief on the interstate smurfing side as a result of the CMEA going into effect. So we had kind of a two-count punch there and...the late summer of last year and as a result - you've probably seen the numbers - you know basically we've dried up the remaining meth labs in Oregon. I think we've only had - what?- 15 total since July 1st of last*

*year and the majority of those are old historic dumpsites that have been found through this or that.” ~Rob Bovett, Legal Counsel, ONEA*

### **Most Effective Elements of Law**

Without question, those interviewed viewed the physician prescription requirement to be the most effective element of Oregon’s methamphetamine precursor law.

*“And I think it was a breath of fresh air for everybody when the legislation finally came through and did it right—‘Hey, you have to have a prescription.’ And it took, it made it so much easier for law enforcement and for the retail and the pharmacists to have to not deal with all of that.” ~ Law enforcement, Multnomah County*

*“ It [meth labs] pretty much dried up and that's just been awesome. We appreciate it.” ~ Law Enforcement, Linn County*

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*Interviewer: “So, in hindsight, you're convinced that this has been a good thing and you're happy with the way it's [Schedule III provisions] worked out?”*

*Law Enforcement Official: “Absolutely.” ~ Law Enforcement, Washington County*

When asked about the most effective elements of the law, one lawmaker responded:

*B: “Well, cut off the supply of pseudoephedrine and channel all your resources that you can into prevention and treatment.”*

*Interviewer: “In terms of the specific provisions, you sound like you're completely and totally, strongly supportive of having gone with the physician prescription [provision]...”*

*B: “No regrets.” ~Senator Ginny Burdick, 1<sup>st</sup> District, Oregon State Legislature*

Prior to the passage of the Schedule III rules, one other element mentioned by law enforcement was the creative use of community education in the law enforcement process.

*“...we got creative not only in Washington County but in this state and we actually communicate very well amongst law enforcement partners, amongst federal agencies, state, local, and we've done just a pretty good job. I mean, \_\_\_\_\_ you know, his crew has gone out and talked to apartment managers and real estate agents and all these people who would have the potential of seeing labs and that's just a huge piece.” ~Law enforcement, Washington County*

While law enforcement officials and lawmakers believed that penalties relating to methamphetamine possession, purchase or sales were somewhat useful, everyone agreed that treatment and education were the primary ways to reduce continuing drug problems.



*B: “In terms of the incarceration and-, versus treatment, the only way we’re ever going to get out of this problem is through treatment. We're not going to get out of it through incarceration. We're just not. I mean, prisons, if we don't provide the kind of prevention and treatment programs hopefully before people get into the criminal justice system, then we're just going to be continually playing catch-up.”*

*K: “Well, the recidivism rate goes up unless you attack it that way.” ~ Sen. Ginny Burdick (D) & Rep. Wayne Kreiger (R), Oregon State Legislature*

### **Barriers to Methamphetamine Law Effectiveness**

Law makers, law enforcement officials, and pharmacists essentially viewed Oregon’s Schedule III rules as having few barriers to effectiveness.

One consistent barrier was access to PSE products across state borders. Of the few labs that continued to be found, most were along the state’s border and involved cooks and/or runners smurfing in stores across state lines and then returning to Oregon to cook their meth. However, law enforcement officials believed that most of these incidents were drying up as the Federal CMEA provisions took effect.

One somewhat minor frustration involved difficulty of customer access to PSE products, particularly in rural settings. Some of these pharmacists, particularly in smaller communities, worked with physicians to coordinate stocking of products that were being prescribed by physicians. They also sometimes contacted physicians on behalf of their customers to request a prescription.

*“A lot of our clientele - of course being a smaller, older store - is we have a lot of clientele who have been customers for years and years. Well, they can't get cold medicine anymore so we actually try to contact the doctors for them...you know Sudafed or whatever they've used for years but can't obtain anymore. So that's created a little bit more work on our part but for the most part it hasn't been too big of an inconvenience for anybody, just takes more time. ~ Pharmacist, Umatilla County*

### **Unintended Consequences of the Law**

Perhaps the most importance finding in this area was that, with the exception of the generally minor inconvenience caused to customers who wished to have quick and ready access to PSE products or PSE substitutes, those interviewed perceived virtually no negative unintended consequences to the Schedule III law.

*“...what we thought was a big deal and was a big discussion among all the pharmacists and all of the local people about what was going to happen, it just hasn't played out and I think that's, might be a valuable testimony as well, is just to say, ‘Well, this is not, this is not the public outcry and tragedy that ya'll think it's going to be.’” ~ Rob Bovett, Legal Counsel, ONEA*

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*Interviewer: "How would you convince them [legislators in other states] that going to the final step and putting in physician prescription is the thing to do?"*

*B: "Because it didn't, it didn't have any downside." ~ Senator Ginny Burdick, 1<sup>st</sup> District, Oregon State Legislature*

One somewhat expected shift that occurred as a result of the virtual elimination of meth labs was the infusion of processed crystal methamphetamine from Mexico. While frustrating, law enforcement officials viewed this problem as less dangerous to the community.

*"So the only thing that I have seen has caused a huge influx in cheap Mexican meth. So I think that is the only unintended result, however, I don't think we are going to change [drug] use behavior. I think we are going to make our area safer with this kind of legislature if the state decides this is what is good for them it is not going to change the amount of addicts that they have in their state but it is going to make their state safer." ~ Law enforcement, Linn County*

As a group, pharmacists mentioned one unintended consequence relating to access to cold relief products. The first issue related to limited product availability, not only with products containing PSE, but also with products containing PE.

*Pharmacist: "It has really inconvenienced during cough and cold season. I see it. We are, the number of products that we used to be able to chose from to help people take care of symptoms and stuff from cough and cold has dropped to maybe 25% of what it was."*

*Interviewer: "PE [the new formulation that does not contain PSE] just doesn't seem to work as well?"*

*Pharmacist: "It doesn't seem to be doing quite the job. But even when it does do the job, the manufacturer, since this [the Schedule III provisions] isn't nationwide, this isn't universal, the manufacturers haven't bothered to manufacture drugs with a P.E. in them for all of their products for their whole range. So even if the PE were working we still don't have the choices that we used to have. I get very frustrated when, you know especially children, they come in and they want something with a decongestant in it and everything, and I just have to throw up my hands, I've got maybe one or two choices and that's it. And they're all brand name which costs a lot more. ~ Pharmacist, Washington County*

Ironically, one of the major complaints about the elimination of the meth labs was the potential for reductions in funding for methamphetamine-related issues or reductions in collaborative activities. For example, some law enforcement teams were concerned that their funds for lab raids would be eliminated because they now had so few labs to take down. Washington County law enforcement officials worried about keeping lab team member skills current since there were so few labs to take down following the implementation of Schedule III rules.

*“I mean, we're at the point where we've put so many resources at it, like our clan [clandestine] lab team, we had a team of 30 people and it's, now they don't even work, so it's- (Laughter). Our problem now is keeping them trained and up to speed so when we do get those occasional labs they're still as proficient as they maybe were when we were getting 60, 70 labs a year....” ~ Law Enforcement, Washington County*

In a second irony, some counties were seeing actual and attempted collaborative relationships drift apart as a result of dramatic reductions in lab seizures. For example, one county was attempting to develop closer collaborative connections between child protective services and law enforcement, but that never materialized due to the dramatic drop in lab seizures.

*“... we were trying to get a child protective worker placed in our office you know, so you weren't a phone call away you were a desk away. Yeah it never happened. Part of the problem was because meth labs kind of went off the need and we started going in different directions and so we never got that in place but that was our ultimate goal.” ~ Rob Bovett, Legal Counsel, ONEA*

## **Lessons Learned and Recommendations**

### **1. Attempt to implement Schedule III provisions in all states**

Given the dramatic success of the Schedule III provisions in Oregon, combined with the relatively few unintended consequences and social costs, legislators and law enforcement officials strongly recommended that other states move toward these same laws. While they were realistic in their understanding of the resistance that would be encountered, they strongly believed the only way to virtually rid a state of its meth lab problem was to require that physicians prescribe all PSE products.

*We hit the meth lab issue with everything we had and we got there through a process. You know the people would come to me and I'd say in the work group, ‘I don't want to do anything more than is necessary to stop the flow of this stuff to meth labs. You know, why inconvenience consumers? Why inconvenience rural people if it's not necessary?’ We concluded it was necessary.” ~ Senator Ginny Burdick, Oregon State Legislature*

In discussing his testimony before a joint legislative committee hearing at the Nevada state capitol, Rob Bovett noted that the committee members were very interested in pursuing Schedule III requirements, including treatment and prevention provisions:

*“...so they were really interested in all that [treatment and prevention element] and they have bills that are in process right now to ramp up some funding for treatment and prevention. They just, their Governor has just appointed a meth task force for the first time and assigned the attorney, their brand new attorney general to be the chair and they've introduced the bill to make pseudoephedrine a Schedule III. You know, if they have the political will.... But I was very candid, as I've been with you here about, you know, all the battles that you potentially can*

*face and what you confront and, you know, whether they muster the same political will that we were able to muster and you know, I think it remains to be seen.” ~ Rob Bovett, Legal Counsel, ONEA*

One law enforcement official reflected on the wisdom of moving into the more restrictive Schedule III requirements in two phases. He believed that it had been important to gain public support but also to show legislators that, while some measure of success had been achieved, it was possible to virtually eliminate meth labs through greater restrictions in access to PSE products. In addition, law enforcement and pharmacists began to see that partial restrictions were cumbersome and time-consuming. Pharmacists had to keep separate records of all PSE purchases and law enforcement officials had to consistently visit all pharmacies in their district to monitor PSE purchases. Movement to Schedule III virtually eliminated those problems.

*“I think the two, I think the two laws [Schedule V and III versions], you know the two phase system was important because people saw the decline initially with just the one control and we said ‘we can take this a step further’. And people started getting behind it. ~ Law enforcement, Washington County*

\* \* \* \* \*

*“We have the biggest unit in the state and I had 24 officers and we had to investigate all the other drug crimes. We just really didn't have the time to go out to every single pharmacy, you know, and check to see if they're doing it right and get all those names. And so the law was cumbersome. And it was cumbersome for the pharmacists too because they had to spend all that time to ask for ID, have you fill out this, you know, the form out.” ~ Law enforcement, Multnomah County*

## 2. Adopt tighter restrictions on PSE products in neighboring states to eliminate smurfing

Most of the remaining labs that were being found in Oregon were along the borders between Washington and Nevada, where, at the time of our interviews, few or no restrictions on PSE products existed. Further, the Federal CMEA provisions had not yet been implemented for a meaningful period of time. This created some tense relationships between state officials since meth cooks living in Oregon obtained and often cooked their meth in neighboring states, resulting in an influx of meth labs in those states.

*“The \_\_\_\_\_ County, Washington sheriff, which is across from \_\_\_\_\_ County, their narcotics team was arresting more Oregon residents than Washington residents. I mean they were screaming at us, and I mean I had a joke that went back which was not well received, but basically my response, because you know they were screaming at us for, you know, not arresting, and then treating, or incarcerating and treating, you know, meth addicts/cooks here in Oregon. And I said, ‘Well, actually we are, we're just sending them to you, and you're doing it for us’.” ~ Rob Bovett, Legal Counsel, ONEA*

### 3. Develop collaborative relationships with all major stakeholders through creation of permanent taskforces

Many of the KIs described collaborative relationships they had developed to bolster legislative support, improve knowledge about methamphetamine effects in the community, and elicit cooperation between agencies. Legislators worked with coalitions of law enforcement personnel to develop their various precursor laws. Law enforcement personnel worked with Federal, state, county, and local officials to develop education campaigns for schools, retailers, and pharmacists. They also developed partnerships with social service agencies around children found at STL sites.

*“It really was just a full-fledged education process. And our local DEA office helped with that effort. I mean, it really took a collaborative effort of everybody across the state to get our legislatures on board, educate the public and say “look, if you want to make a dent in this thing, this is what we’re going to have to do.” And eventually we hammered it through.” ~ Law Enforcement, Washington County*

These groups very much valued the collaborative relationships that emerged around a common problem and worried that, with the dramatic reduction in meth lab seizures, the groups would no longer have sanction, motivation or money to continue their partnerships. It appeared that some of these fears were well founded, with one law enforcement agency lamenting that money was no longer available to support the multi-disciplinary meth lab coalition that they had formed in the past year.

*“And yeah, the money has dried up. It switched the area of concern that we have in slide right now. And that is too bad and I saw that same thing happen with \_\_\_\_\_ when it first started, you know year back, there was a big push and everybody got together and they were engaged and the neighborhood police were real strong and then they kind of dried up for a little while. And some people lost interest and those actions kind of went away. And now we are trying to rebuild that all over again. ~ Law enforcement, Multnomah County*

### 4. Develop more drug treatment options to address persons with addictions

Most law enforcement officials and law makers from both Republican and Democratic parties discussed the importance of addressing the addiction problems facing many meth users and dealers, stressing that it was impossible to incarcerate their way out of the problem. Several individuals discussed the importance of drug courts in linking offenders with treatment services, with strong graduated sanctions and clear treatment expectations.

*“...you will not solve your problem alone with incarceration. It takes a combination of things. We, I think more and more people are starting to understand that, and you’re seeing a real mindset change in the sheriffs, the state police, the city police. They understand it now. They came forward and talked about drug court and the value of it and how it’s going to make their job better. Seventy percent of the property crimes are being committed by these people, if we*

*can get these people not doing this, it's going to relieve that portion of the, you know, law enforcement, part. It will be less. ~ Rep. Wayne Kreiger (R), Oregon State Legislature*

\* \* \* \* \*

*“We didn't, you know, disregard our partners at DHS [Dept. of Human Services] and parole and probation and we established drug court here in Washington County which we'd never had before. So really I mean there's a ton of different pieces and we got really collaborative, you know. And when we started talking about this law, my friend \_\_\_\_\_ is a nationwide expert on treatment issues and drug, you know, how drugs affects people. And getting him involved in the process, which was absolutely critical. Certainly we can stick a person in jail, they'll dry up, and then they burned all their support systems....” ~Law enforcement, Washington County*

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*Interviewer: “What provisions rise to the top, if you were talking to other legislatures and you're saying “Look, this is what you need to do in order to get a handle on this problem....”*

*B: “Well, cut off the supply of pseudoephedrine and channel all your resources that you can into prevention and treatment. ~ Senator Ginny Burdick, Oregon State Legislature*

##### 5. Work across party lines and make evidence-based decisions using available data

Both lawmakers described how they had reached across party lines to address the methamphetamine precursor problem in their state. Once trust had been established, they were able to work together to examine the best evidence available in making legislative decisions. The groups described going where the data led them rather than playing partisan politics. This collaborative model was a very positive unintended consequence of the meth precursor law workgroup and continued to be used very successfully in other legislative workgroups, with both law makers selecting equal numbers of Democrats and Republicans to discuss issues and develop legislation.

*“...these working relationships of trust are how you get good legislation passed in a bi-partisan manner.” ~ Rep. Wayne Kreiger, Oregon State Legislature*

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*“And use evidence. You really, really look at the data. Don't just go flying off on some thing that might make you look good.” “I say look at the problem, look at the magnitude of the problem. Look at the fact that people, in our experience, have not been seriously inconvenienced. It's easy to get one of these prescriptions and almost all the people don't even bother with the prescription because the shelf products work for them. These are not life threatening conditions. These are the sniffles.” ~ Senator Ginny Burdick (D), Oregon State Legislature*

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*“We had 11 million dollars so what we did instead of siphoning off the money to send people to prison for a very, very long time, which certainly would have been justified in some cases, instead, we used that money to channel as many people as possible into drug courts. And most of that money was used to support drug courts and create new ones, because drug courts have a track record of success.  
~ Representative Wayne Kreiger (R), Oregon State Legislature*

## 6. Involve the media in community education and prevention efforts

This theme was echoed strong by both law makers and law enforcement officials. Some of the education was broad-based and targeted large segments of the community (e.g. schools, nightly news viewers, etc.) while others involved more personal efforts to educate retailers about the dangers of selling certain products that were used as reagents in the meth preparation process.

*“We had state-wide media on that joint hearing and so we had a lot of, just the whole meth issue itself was its only publicity campaign at that point.” ~ Senator Ginny Burdick, Oregon State Legislature*

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*“I was down in a small town, and I was camping and I went into an auto parts store, I was off duty and this was in the middle of the summer. And this auto parts store, they had this like great big huge pyramid of bottles of Heat and it was in the middle of the store and it was on sale. And it's like, OK, let's look at this here, it's the middle of the summer, you don't use Heat. In your engine in the winter time to get the moisture out of your car, you don't need it in the middle of the summer. But yet the auto parts store is selling it in the middle of the summer. Why? Because it's going out of the store as fast as they can get it. And that's another matter of education. You have to educate, you know, these retailers on why people are buying this in large quantities off-season. ~ Law enforcement, Multnomah County*

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*Law Enforcement #1: “Yeah, we had brought them [media] out and I know \_\_\_\_\_ got them into a suit, one of our Tivek suits. We brought out the media to one of our training dates. We set up a mock lab and talked about it. Let them get into the suits and let them see what it was like.”*

*Law Enforcement #2: “So we educated the media, knowing they were a powerful ally, and once we got it going and got all the partners together and realized, we knew the obstacles that we were going to have to overcome in the beginning.”  
~ Law Enforcement, Washington County*

## Oklahoma

### Background

In-person interviews were conducted in September, 2006 with 14 individuals in three counties, including: Tulsa (northeast OK); Oklahoma (central OK), and Sequoyah (eastern OK). These counties were in regions with some of the highest rates of methamphetamine lab seizures from 2004 - 2006. In-person interviewees included: sheriffs from two of these counties; two pharmacists from two counties and a third pharmacist who was Executive Director of the OK Pharmacy Association; narcotics detectives from three counties, a former National Drug Intelligence Center Director; the Director, the General Counsel, and the Public Information Officer of the OK Bureau of Narcotics and Dangerous Drugs Control (OBNDDC); a drug task force coordinator from a District Attorney's Council; one state senator<sup>33</sup> who co-sponsored HB 2176 (enacted April 6, 2004). One telephone interview was also conducted with a state representative who co-sponsored the bill in the House of Representatives<sup>34</sup>. All law enforcement officials had extensive experience in meth lab seizures and participated in county or state methamphetamine taskforces. See Sampling and Methods section of this report for further details on how states and key informants (KIs) were selected.

In 2003, Oklahoma reported seizing 1235 methamphetamine laboratories<sup>35</sup> and in 2004 ranked eighth in the nation in number of clandestine drug lab seizures. Data obtained from the El Paso Intelligence Center's (EPIC's) National Clandestine Laboratory Seizure System showed 888 clandestine meth labs seized by the end of December 2004 (the year HB 2176 took effect), 303 labs seized at the end of 2005, and 211 labs seized at the end of 2006, yielding an 83% reduction in meth lab seizures across those time periods.

To provide brief context, the following brief statistics were compiled from various sources in October 2002 by the National Drug Intelligence Center in a report titled *Oklahoma Drug Threat Assessment*<sup>36</sup> during the height of the small toxic lab (STL) methamphetamine problem in Oklahoma.

- The Treatment Episode Data Set (TEDS) indicates that the number of methamphetamine-related treatment admissions to publicly funded facilities in Oklahoma was higher in 2001 (3,231) than in 1997 (2,191).
- According to the Oklahoma Department of Mental Health and Substance Abuse Services, 25 percent of substance abuse treatment admissions in FY2001 reported abusing methamphetamine as the primary drug of choice--a dramatic increase from 11 percent in FY1996.
- The Oklahoma Department of Mental Health and Substance Abuse Services reports that 11.5 percent of Oklahoma high school students surveyed reported using methamphetamine or amphetamine at least once in their lifetime. Twelfth graders reported the highest percentage (13.1%) of lifetime use.
- In 1999, the Drug Enforcement Administration (DEA) estimated that the average cleanup cost per site in Oklahoma was \$2,500. In that year the total cost for cleanup of methamphetamine production sites in the state was over \$600,000. This cost normally

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<sup>33</sup> Senator Kenneth Corn (D), District 4, representing Le Flore and Sequoyia counties, each with very high meth lab seizure rates.

<sup>34</sup> Representative John Nance (R), District 90, representing portions of Oklahoma county.

<sup>35</sup> OBNDDC 2004 Annual Report. Available at: <http://www.ok.gov/obnndd/documents/obnar2004.pdf>

<sup>36</sup> <http://www.usdoj.gov/ndic/pubs2/2286/meth.htm#Top>



does not include removing the contaminants from the water supply, soil, or laboratory structures.

Consistent with all qualitative data reports, it should be noted that the descriptions, discussions, lessons learned, and recommendations represent the perceptions of the limited number of individuals who were interviewed for this project. As such, the perceptions were not based on a representative sample of all law enforcement officials, law makers, and pharmacists in the state.

Informed consent was obtained from all interview participants. It should be noted that this consent also stated, “We will not present or publish your name or any other information that directly identifies you unless you are speaking within your role as an elected public official.” As such, there are instances in this report where state legislators or law makers were quoted ‘on the record.’ There are also several instances where KIs gave permission for their names to be used in this report.

### **Nature of the Methamphetamine Problem before the Law**

*Impact of Methamphetamine on the Community.* Similar to other states, legislators and law enforcement personnel described the devastating impact of STL-based methamphetamine in Oklahoma in relationship to law enforcement, safety, and health.

Law enforcement officials in all counties described an overwhelming focus on STLs and methamphetamine-related issues, often to the exclusion of other law enforcement duties. This included a high percentage of prosecutions for methamphetamine-related activities and large and rapidly growing portions of corrections budgets used to address these issues. Officials stressed that most of these problems had been greatly reduced or virtually eliminated following the enactment of the precursor law.

*“...when you've got a small department that's got six guys in a house for seven hours processing [the STL investigation]...what else is going on in that town that the officers that could really be dealing with other serious issues. And so, I mean, there's other crimes that kind of get ignored while this stuff's going on. ~ Law enforcement, OBNDDC*

Concerns about public safety and safety of law enforcement officers were extremely high concerns in several locations. One law enforcement officer in Sequoyah County described an early encounter with a paranoid, potentially violent incident meth lab takedown. He also told how two colleagues had died due to violent encounters during meth lab seizures.

*“...it didn't take long for the violent part of it, especially these people were not used to being dealt with.” “...we went out to the house and they had the put an electric fence around the yard and had plugged the electric fence into the breaker box around the house and it hooked it to 110 current. The front door had a bar that was into the ground and on the windows, it had corral panels bolted inside, and once we got inside, the lab was running an operation and it was going. I mean they were in the process [of cooking meth]. We're not familiar with it, we don't know. I mean everybody in there they are in regular clothes. We go clear the house like we usually do, first bedroom, I'm first one in - nothing different; 2nd bedroom, I start to go in the door and I'm like, ‘Man, something don't feel right, so I stop everybody, I back up, when I kick the door*

*over with the foot - the guy is in the corner where he has a loaded sawed-off shotgun in one hand, 38 pistol in the other and his deal was he's not going to jail, just gonna kill somebody and not gonna kill him. It turns out in the early part of this, that was the good day because it got worse. Shoot, I was in three shootouts in one 30 day period. ~ Law enforcement, Sequoyah County*

Concerns about hazardous materials also ranked high in the minds of law enforcement personnel. Although they had received Federal government assistance with some lab cleanup, the consequences to the environment and surrounding community were substantial.

*“Seen some bad labs, I’ve had a couple lab accidents, had to go to ER a couple of times. A lot of your early lab people you are starting to see problems now. My uncle was in law enforcement and he worked meth labs and, in his career, I think he got 23 meth labs, but these were 23 P2P [phosphorus] labs, and my uncle now is suffering from the effects of the P2P, you didn’t know, [to wear a] mask....” ~ Law enforcement, Sequoyah County*

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*“...in 2002 it was \$4.5 million dollars just to have these private companies come out just to haul the junk off. That doesn’t even include cleaning the house or dealing with anything else. ~ Law enforcement, OBNDCC*

*Primary sources of meth.* All law enforcement personnel agreed that, since the passage of the precursor law, the vast majority (several estimated between 90-95%) of the methamphetamine in the state was being imported from Mexico in the form of highly pure crystal methamphetamine.

*What we’ve had now, is we’ve had a shift from clandestine operations to imported crystal meth from Mexico.” ~ Law enforcement, Oklahoma County*

However, portions of the state that bordered other states without a precursor law reported heavy smurfing across state lines, particularly in Arkansas and Texas. Much of this activity dropped off when border states developed their own precursor laws.

*“...I started pulling receipts from these [lab seizures] - Arkansas, all of the pseudo are coming from Arkansas. We are a border county and the reason we didn’t feel anything at all was they were no longer buying the pseudo [in Oklahoma] and were going to Arkansas and buying just as much pseudo as they ever were on the other side of the line.” ~ Law enforcement, Sequoyah County*

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*“About six months prior to April of 2004, which is when the legislation was enacted, we began to see Hispanic cell groups bringing in crystal ice from Mexico and then when the law took effect we saw the laboratory operators going to surrounding states like Texas, in particular Wichita Falls, New Mexico, Missouri and Arkansas to get their pseudoephedrine. When those states enacted legislation, we saw a dramatic decline in laboratory activity and more use of crystal ice.” ~ Law enforcement, Tulsa County*

*Common lab locations and cooking methods.* Similar to other states, STL seizures were reported in both suburban and rural locations by law enforcement officials, although rural counties, or sections of counties with rural locations, reported the highest number of lab seizures, particularly following increased law enforcement pressures in suburban areas. Again, similar to other states, labs became more mobile as law enforcement and community reporting pressures increased. Law enforcement officials described finding labs in a wide variety of locations, including garages, mobile homes, barns, cars, U-Haul vans, remote locations in the woods, and hotels.

*“I would say the majority has gone portable unless you get into the rural parts of the county or the state and then they are like farm areas.” ~ Law enforcement, Oklahoma County*

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*“...we arrested one person in Aida and his claim to fame was he had what we called the jacket lab. He had everything he needed to cook in an eight ball, he would put in his jacket and walk out into the field and make an eight ball of methamphetamine. It was the smallest lab we'd ever come across.” ~ Law enforcement, OBNDCC*

Most of the labs in the counties we visited used the red phosphorus (Red P) method, although some labs in areas where crop farming was common used the Nazi method, a production method that requires the use of anhydrous ammonia.

*Primary characteristics and profiles of meth cooks and users.* Law enforcement officials were hesitant to over-generalize beyond stating that virtually all cooks and users were White and generally in their 20's and 30's. This anecdotal impression is supported by Treatment Episode Data Set (TEDS) findings, indicating that “most methamphetamine-related admissions involved Caucasian and American Indian/Alaskan Native abusers who accounted for 97.6 percent of methamphetamine-related treatment admissions in 2001.”<sup>37</sup>

While law enforcement officials stated that they had made arrests across all socio-economic levels, they felt much of the cooking and use was concentrated around individuals with lower incomes, with most of the cooks also using their own products.

*“I can't say a typical, I think that, I think that always, usually lower social economic are more vulnerable cause the conditions, the pressures, the broken families and other things, I just think that there's more, there's more opportunity there. But I think that it spreads across the spectrum. ~ Law enforcement, Oklahoma County*

Oklahoma was the only state to mention the involvement of children in so-called ‘juvenile meth labs’. Some reasons for this phenomenon were the lack of young addicts’ access to cheap drugs, youth learning from other family members how to cook meth, and use of children to

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<sup>37</sup> <http://www.usdoj.gov/ndic/pubs2/2286/meth.htm#Top>

complete small, repetitive tasks such as cutting matches out of matchbooks to obtain red phosphorous. One law enforcement official in Sequoyah County stated:

*“I have had as young as 10 years old and they say, ‘Well, I know how to cook meth’, and I say, ‘How do you do it?’ and they absolutely tell you and be right, out of their head....” ~ Law enforcement, Sequoyah County*

Law enforcement officials in the same county were also concerned about the exploitation of younger females on the part of older male cooks.

*“...we were seeing, ‘cause of the weigh conscious society, especially females in younger generation, especially females were using this for the weight. Now the problem is the females in the area here, a successful outlaw always has two or three females around. You’re successful if you have a shiny truck and two or three women hanging around. ~ Law enforcement, Sequoyah County*

*Methods for obtaining precursors and reagents.* Prior to the introduction of H.B. 2176, law enforcement officials described many thefts of anhydrous ammonia tanks and lithium batteries from a variety of sources. As mentioned earlier, following the introduction of that law, the majority of individuals were unable to easily obtain pseudoephedrine (PSE) products. Cooks and runners living near border states began smurfing for PSE products across the border, although much, but not all, of that activity had dried up since the passage of the 2004 precursor law.

### **Brief History of Oklahoma Legislation**

From 1997 through 2003, the legislature attempted to address rapidly rising rates of STLs by regulating a variety of reagents used in methamphetamine production, including iodine and red phosphorus. Each time a reagent was restricted, however, meth cooks found other innovative ways to find the reagents they needed to continue to cook. Over that time, law enforcement efforts became increasingly burdened and overwhelmed with methamphetamine lab seizures and the public was exposed to growing numbers of news reports of methamphetamine lab seizures and their associated problems. The day after Christmas in 2003, Trooper Nikky Joe Green of the Oklahoma State Police was tragically shot and killed during a routine traffic stop that uncovered a portable meth lab. This event quickly galvanized public and legislative support for the creation of House Bill 2176, or, the *Nik Greene, Rocky Eales, Matthew Evans Act*, named after the three state troopers who had been killed to that point due to encounters with methamphetamine cooks and/or users.

### **Primary Elements of Oklahoma’s Precursor Laws**

On April 6, 2004, Oklahoma’s governor signed House Bill 2176 into law. This law “placed pseudoephedrine tablets as a Schedule V Controlled Dangerous Substance, requiring a valid photo I.D. and signature prior to sale in a licensed pharmacy. This same measure placed a 9 gram limit on the purchase of pseudoephedrine tablets in a 30-day period, and the bill allowed judges

to deny bond for certain meth offenders. Legislation was also passed expanding OSTAR pharmacy collection data to now include Schedule III, IV and V drugs.”<sup>38</sup>

As of July 1, 2006, state law requires that records of the purchase of all Schedule V controlled substances be sent directly to OBNDDC’s Oklahoma Prescription Monitoring Program (PMP). This system (termed OSTAR) provides limited secure access to authorized law enforcement, regulatory and licensing agencies, pharmacies, and practitioners throughout the state. It gives law enforcement authorities the opportunity to track sales of PSE products in real time at pharmacies around the nation. At the time these interviews were conducted it was unclear if this system was fully operational across the state. Some individuals believed it was operational, while others talked about the system as a near future occurrence.

### **Process for Customer Purchase**

Under the H.B. 2176 provisions, customers must purchase all tablet-based PSE products from licensed pharmacists, who require valid photo identification and customer signature in a logbook prior to a sale.

### **Barriers to Development of Precursor Laws**

*Pharmaceutical industry barriers.* Oklahoma was the original battleground for moving PSE products to a Schedule V controlled substance. As such, law makers experienced a great deal of active resistance on the part of the pharmaceutical industry:

*“I think the biggest problem that there was in the state was getting it[H.B. 2176] passed because of the resistance from the pharmaceutical companies.” ~ Law enforcement, Oklahoma County*

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*“... 'cause they [the pharmaceutical industry] look at it, if they sell more product, they make more product. And I fought this tooth and nail because the sales are just too large. Every convenience store around here was, a lot of them were selling this by the case. It's just incredible and there were obviously people who sold the pseudoephedrine products were making profits from this. And that's all they're looking at it, that, you know, at the black line there.” ~ Law enforcement, Oklahoma County*

This loss of sales was partially confirmed following repeated meetings with other states who were considering similar laws. OBNDDC officials described one meeting with a pharmaceutical lobbyist who inadvertently mentioned the amount of sales that had been lost since the implementation of H.B. 2176:

*I asked the guy, I said, ‘Well, you know, you guys were all worried that this thing would really hurt you economically. Has it? Have you really noticed a big drop in sales?’ And he said, ‘Oh yeah, about 40%’, because I remember the other person, either she said that and he corrected her or he said that and she corrected him, because the other party said ‘well those are unofficial figures*

<sup>38</sup> OBNDDC Annual Report, p. 6 <http://www.ok.gov/obnndd/documents/obnar2004.pdf>

*and we're just. its, well...", 'cause it clicked and I thought 'Forty percent, so now we know what percentage of \_\_\_\_\_'s sales were fueling, were blood money in essence, were not cold and allergy related, 40%, there you have it'...."*  
~ General Counsel, OBNDDC

*Retail industry barriers.* Resistance came from pharmacy retail chains as well. Retailers who sold large amounts of PSE products actively resisted the development of a methamphetamine precursor law, with one chain drug store refusing to comply until a lawsuit forced cooperation.

*"...they [Walgreen's] had to pay 1.3 million dollars because they wouldn't follow our law here and we instituted a federal and state action against them."*  
~ General Counsel, OBNDDC

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*"...now here's the problem with the pseudo law and I'm trying not to be critical of retailers, but no way to do this other than to be critical of the retailers, and we're pushing and we're fighting pseudo, pseudo, pseudo, there are people fighting us back - 'no it's going to be an inconvenience'...."* ~ Law enforcement, Sequoyah County

In a second example, in November 2004, in response to proposed legislation that later became the Federal Combat Methamphetamine Epidemic Act (CMEA), the National Association of Chain Drug Stores provided testimony before a House Government Reform Subcommittee in the U.S. House of Representatives<sup>39</sup>. This testimony likely reflected the same resistance they created in Oklahoma prior to passage of H.B. 2176. At that time, Oklahoma's law had been in existence for around eight months. The speaker expressed skepticism with the law, stating that it was likely a "short-term solution to the methamphetamine problem". He went on to state:

*"Methamphetamine production and abuse are issues that raise strong emotions. In fact, the "Trooper Nik Green Act" was passed in Oklahoma, riding on a swell of emotion that appears to be on the verge of spreading across the country. Thus far, however, there exist no reliable statistics or data that the "Trooper Nik Green Act" has been successful or is the optimal approach."* ~ Spokesperson, National Association of Chain Drug Stores

Their skepticism went so far as to pursue independent verification of the "anecdotal statistics" by "contacting independent research organizations to conduct an independent study of the statewide impact of the 'Trooper Nik Green Act'". While they recommended a variety of actions that would not harm their sales, such as federalizing methamphetamine-related offenses and providing more funding for national and international interdiction and drug control, encouraging states to adopt stricter penalties toward those arrested or convicted of meth offenses, urged states to license non-pharmacy retailers for better product tracking, increasing funding for prevention

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<sup>39</sup> Statement on "Law Enforcement And The Fight Against Methamphetamine" Submitted to House Government Reform Subcommittee On Criminal Justice, Drug Policy And Human Resources, U.S. House Of Representatives, November 18, 2004 Available at: <http://www.nacds.org/wmspage.cfm?parm1=3541>

programs, and working with Federal officials to track international sales of PSE products, they strongly opposed moving toward any national requirements that would cause states to schedule PSE products, believing it would add to pharmacist paperwork and further inconvenience consumers.

Despite resistance from the pharmaceutical and retail industries, the coalition of lawmakers and law enforcement officials who moved the legislation forward experienced virtually no public resistance regarding H.B. 2176.

*“I didn't hear much public outcry about having to do that [move PSE products to Schedule V]. I think they were so well educated because of the dangers of it. I mean, you know, nightly you were seeing the fire department cleaning up a meth lab.” ~ Law enforcement, OBNDDC*

Various law enforcement personnel, OBNDDC officials, and even a number of officials from other states where we conducted interviews all acknowledged the debt owed to Lonnie Wright, former director of OBNDDC, in the development of both Oklahoma's precursor law and the CMEA. His leadership and persistence helped to overcome resistance from trade industry groups, legislators, and citizens around the state.

### **Perceived Effectiveness and Impact of Law**

Every individual from the state who was interviewed for this project – from law enforcement personnel to policy makers to pharmacists - agreed that the states' methamphetamine precursor laws, had had a dramatic impact on the number of meth labs in their counties and communities. As one law enforcement official from Oklahoma County remarked, *“I think the pseudo law has been fantastic. It's been a success.”* As mentioned earlier, STL seizures were reduced by 83% between 2003 and 2006. Even skeptics within the traditional law enforcement community were won over by the dramatic results:

*“You know I was kind of one of those ‘incarcerate them - lock them up’ because at 9:00 at night if I've got a pounding head cold and I have to go into Wal-Mart, be inconvenienced to stand in line, show my driver's license just to get some Benadryl because these people have abused it, I was really unhappy about it. I had this discussion with my dear friend \_\_\_\_\_ here about it, but as I've seen that the results of this, I have a smile on my face every morning at 3:00 in the morning when I'm standing in Walgreen's you know with a runny nose and a pounding headache.... I've seen the positive results that have come from it and now I'm a strong supporter.” ~ Law enforcement, Tulsa County*

The benefits of reduced lab seizures were described by all those interviewed.

*“...here's the benefit that I see from the pseudo law. First of all, we don't have all these sites with the environmental problems, with the children being exposed to the chemicals, you know? We don't have that and we don't have all the manpower and resources tied up in this lab clean-up so that we can concentrate more on the particular problems out there as far as the drug dealers themselves and the organizations. ~ Law enforcement, Oklahoma County*

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*What it did also it freed up law enforcement's hands to go out and conduct investigations as opposed to responding to a drug lab and waiting 8-10 hours for the clean up company to come in and pick up the stuff, and I mean all these guys were doing was responding, responding.” ~ Law enforcement, Tulsa County*

As a direct result of these successes, most law enforcement officials had started to shift their efforts and resources back to more traditional law enforcement efforts, including interdiction of drugs on highways and undercover work to track and break up drug cartels and networks.

Although H.B. 2176 significantly increased the penalties for meth production, possession and distribution, none of the law enforcement officials believed provisions relating to increased fines or jail time had created a noticeable impact on STL production or meth use since most individuals who were addicted to meth would continue to crave the drug and find any way possible to obtain the drug.

*Interviewer: “Has the toughness of the penalties does that have any affect?”*

*Law enforcement: “I don't think we saw hardly any affect because of that punishment.” “I think if you have an old time crankster with a habit, he doesn't care what the law says as long as he can get the pseudoephedrine. I mean he knew it was against the law anyway. ~ Law enforcement, Tulsa County*

That said, one penalty that was viewed positively by most law enforcement officials was the provision that allowed judges to deny bond if the defendant was judged to be a danger to the public. This provision allowed judges to channel addicted meth cooks into drug courts, where they could be court-ordered into addiction treatment. These programs were expanding rapidly with addicted meth cooks and dealers.

*“...we have seen, just in Tulsa County in the court systems, we've seen an increase in our drug court program. I think our last count now is we've got close to six hundred people in our drug court program. The program started out as just a pilot program with just fifty people in it and I was speaking to the court administrator recently and she indicated that they intend to push that number to 750 people into the drug court system in the very near future.” ~ Law enforcement, Tulsa County*

It is also important to note that no one we interviewed believed that the reduction or even elimination of meth labs would significantly impact, or was currently impacting the overall methamphetamine use rates in the state. Both law enforcement officials and policymakers believed that the level of imported crystal methamphetamine that was available would more than make up for any meth that was reduced due to reductions in STLs.

*“They're down [STL lab seizures], but what we've seen is that addicts are still here with the crystal meth. It's more expensive than the clandestine produced product. We're seeing more theft as far as property thefts, identity thefts, car rings. The thefts are still happening, but instead of the thefts of the precursors*



*[or reagents], they're actually committing the crimes for the product.” “ I definitely don't think there's been a reduction in the number of addicts we have. I do not think so.” ~ Law enforcement, Oklahoma County*

### Impact on pharmacies

The two pharmacists we interviewed seemed generally supportive of the law. As with other states' pharmacists, it was clear that they were mildly frustrated with the increased paperwork and the sometimes irritated or irate customers under the current rules, but they reconciled the frustration with the positive impact the law was having on the state. Although it wasn't perceived as being a major problem and the pharmacist strongly supported the law, one small pharmacy actually decided to discontinue selling PSE products because they had very few customers requesting the products.

*“When they started that [the requirement to electronically send all scheduled substance records to OBNDDC] it got to be too much trouble so I said, ‘easier to not have any.’ If somebody comes in there, knows they need it and wants it, I have no problem ordering it for them and doing that it takes up a lot of time. Also to tell you though we're more of a prescription shop so don't have a whole lot of the over the counter products anyways.” ~ Pharmacist, Oklahoma County*

The two pharmacists we interviewed perceived the impact of the precursor laws on sales of PSE products to be minimal. In addition, theft of PSE products was not viewed as being a big problem in the state by either the law enforcement officials or pharmacists that we interviewed.

Both pharmacists noted that restricting access to PSE products had caused some frustration among state residents, particularly in rural areas where it was more inconvenient and difficult to obtain easy access to such products.

*“...it is no longer sold in truck stops so, you know, say you have somebody traveling and they stop and get gas and pick up a few other things, that they forgot and left it [a decongestant containing PSE] at home. They can no longer get it there, they have to go to a pharmacy. You know, it's not really that big of a deal because it still can be obtained its just a little harder than it is impossible.” ~ Pharmacist, Oklahoma County*

It appeared that most of the pharmacists' frustrations regarding tracking and monitoring had abated since the passage of law and the transition to the new reporting format was going smoothly, with the Executive Director of the OK State Pharmacy Association noting:

*“I think from what little community pharmacy in-store shopping the Oklahoma State Bureau of Narcotics has done since the tracking program began, several months ago, it would seem as though OSBN has been relatively pleased with the way things are working. Most of the pharmacy store operations, except for an isolated case or two, are compliant with the new program. And so, I think it's been pretty successful. ~ Executive Director of OK State Pharmacy Association*

Everyone who was interviewed noted that there was general good will on the part of Oklahoma citizens, who often knew someone who had been affected by methamphetamine or

who understood the seriousness of the problem and therefore considered the inconvenience worth the frustration.

### **Impact of CMEA**

Because Oklahoma provided the original template for a highly successful state law, almost all of the law enforcement officials and pharmacists that we interviewed were aware of the CMEA and also knew that the Act was irrelevant, mainly because stronger Oklahoma provisions pre-empted the CMEA. In fact, OBNDCC officials, along with some law enforcement representatives, were very aware of the provisions and actually helped to draft the legislation, first fighting to replicate their Oklahoma standards into the Federal law.

*“...when I reviewed it, I looked at it and I said, ‘It doesn't hurt the Oklahoma Law, so I'm not, it doesn't concern me.’ And now, we gave a lot of input into that its creation...” “...we said ‘look, here's how it works in Oklahoma, the closer you get to ours, the more effective that bill is going to be.” ~ General Counsel, OBNDCC*

When that attempt failed due to pharmaceutical industry opposition, they, along with advocates in other states with tough laws, successfully fought for a pre-emption clause that allowed them to maintain their more restrictive provisions. OBNDCC's General Counsel recalled a discussion with one of the Federal bill sponsor's staff members, who said:

*“‘And you'd rather have no law, no Federal law, than one that pre-empts your state law in Oklahoma’ and I laughed I said ‘Absolutely!’ I could not believe that he asked that! I said, ‘With all due respect, \_\_\_\_\_, we have very little confidence in the Federal Government's ability to solve this problem for us.’ And they've passed two federal laws now, one in 1996 and meth labs went almost up 100% the next year – thanks - and one in 2000 and meth labs went up the following year, so pardon my pessimism.... I remember telling \_\_\_\_\_ at the time, and I said, ‘you know, isn't that just like the Federal Government. The only law in the history of mankind that has helped pseudo, that has helped meth labs so dramatically, so they're going to tinker with it at the Federal Level.’ ~ General Counsel, OBNDCC*

### **Most Effective Elements of Law**

Perhaps the most obvious but critical factor in the effectiveness of the precursor law is that it restricts access to PSE products.

*“The most effective [provision] is the limit the amount of pseudoephedrine that a person can buy and they have to log for it. You've limited the access to the product. It's absolutely necessary to clandestine manufacture of methamphetamine, I mean you have to have that to manufacture it.” ~ Law enforcement, Oklahoma County*

The specific importance of requiring Schedule V rules was explained by OBNDCC's General Counsel, who pushed for this designation based on blocking the profit incentive for

retailers, while also placing the responsibility for access to the product with pharmacists who have training and incentive to dispense the PSE products responsibly.

*“Because they [retail stores] get rich, they don't have any training, they don't have a pharmacy license that they are gonna lose if they get caught doing it. That's why putting it Schedule V, you know that paradigm already exists. You've got people [pharmacists] whose whole life, career and license depends upon making sure people who need it get it and others don't. ~ General Counsel, OBNDCC*

Specific effective elements that continued to emerge across all interviewees were: 1) placing the PSE products behind the counter; 2) requiring photo identification and logbook signatures; and, 3) allowing flexibility in the bonding process so dealers and meth cooks were unable to bond out of jail and go right back to their meth labs.

*“...in my opinion, the two key components were controlling pseudoephedrine as a 5 [Schedule V] and then the ability to hold without bond, or place conditions on bond, when you think about it those are both prevention type mechanisms, they both prevent the person from committing another offense.” ~ Law enforcement officer #1, OBNDCC*

*“...even just having the paper log books has been a tremendous deterrent cause they don't want to leave a paper trail that's what we've said all along is you put it in there they'll leave it alone.” ~ Law enforcement officer #2, OBNDCC*

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*“I think the fact that you can't get the cold medicines anymore in the state that have amphetamine in it without signing; there's a limited amount you can get; you have to present an ID you have to go to the pharmacist to get it anymore, they are not sold over the counter. I think that has helped dramatically in Oklahoma to really take away the ability from a manufacturer of methamphetamine in the state. ~ Sen. Kenneth Corn, Oklahoma State Legislature*

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*Interviewer: “Right, so it's just basically been monitoring and lack of access has been what has really turned things around?”*

*Law enforcement: “Absolutely.” ~ Law enforcement, Tulsa County*

### **Barriers to Methamphetamine Law Effectiveness**

Most individuals who were interviewed were unable to mention any major barriers to Oklahoma's methamphetamine law. A representative quote follows:

*Interviewer: “Did you sense were there any barriers to the implementation of the law when it was put into effect?”*

*J: Not once it was passed. I think the biggest problem that there was in the state was getting it passed because of the resistance from the pharmaceutical companies.*

*~ Law enforcement, Oklahoma County*

As mentioned earlier, there was some confusion about whether the state's electronic monitoring system (OSTAR) had been fully implemented. This was reflected in discussion between two law enforcement officers in Oklahoma County, who were reflecting that one barrier to the law was lack of real-time tracking:

*SG: "The log books when they're working."*

*JC: "You know that problem's gonna be solved once they get the automated system going."*

*SG: "But then they passed another law that's the automation where then when they buy it here [in the state] it records on the state system and they're going to have to show their drivers license no matter where they get it." ~ Law enforcement officials, Oklahoma County*

As mentioned earlier, a second barrier to the precursor law was the proximity to other states with less stringent laws, resulting in cross-border smurfing and a return to Oklahoma to cook. This was a bigger barrier when surrounding states had no precursor laws and/or prior to CMEA enactment. Oklahoma was perceived to still have the most restricted access to PSE products of all the surrounding states, leading one state senator to reflect that it remained easier to obtain PSE products across the borders in all other states.

*"...we still seem to have a problem with the labs where people are still manufacturing along the border states where they don't have the similar law. ~ Senator Kenneth Corn, Oklahoma State Legislature*

Finally, one narcotics officer in Sequoyah County described several lab seizures in which large quantities of liquid-based PSE were found. Several arrestees also claimed to have learned how to cook methamphetamine using liquid-based PSE products. He described frustration at the inability to track who and how much of the product had been purchased since the state law exempted liquid PSE products from the purchasing restrictions. While law enforcement officials in other locations remained skeptical of these claims based on statewide drug reports and interviews with chemists, at least two other locations in Missouri made similar claims.

*"...the pseudo law allowed it to slow down, where you could focus, we could then look [at who purchased the pills]...but since they didn't include the liquid [in the law], we have no way to pull this, we don't know who bought it, what day they bought it on, we don't know where they bought it, we don't know anything about it." ~ Law enforcement, Sequoyah County*

## Unintended Consequences of the Law

Perhaps the most important finding in this area was that virtually no one perceived significant negative unintended consequences to Oklahoma's precursor law.

*Interviewer: "It doesn't sound like you guys have had a whole lot of unintended consequences."*

*Pharmacist: "No, just extra paperwork, but as far as the law goes I think it has really helped, done a lot of good." ~ Pharmacist, Oklahoma County*

Law enforcement officials were also surprised by the magnitude of the law's impact. While they expected reductions, they never expected that reduction to be that swift or large.

*"That would have to be the biggest surprise, nobody thought that the impact of the law would be this big and it looks like every state that's done a law similar to this has had similar results so far." ~ Law enforcement, Oklahoma County*

Law enforcement officials had, however, seen shifts in drug distribution and use patterns as a result of meth lab reductions. Most noted that crystal methamphetamine, or ice, had filled the vacuum left by reductions in the supply of STL-produced meth, with one law enforcement official believing the more costly crystal methamphetamine was driving increases in property crime.

*"This system is set up to distribute methamphetamine [created by STLs], but once we produced enough in this county to export, we not only enough for us, but enough for meth that we exported to other areas." "...we removed it, now once we did, there's this big ol' hole. Where are you gonna get it? The vacuum got filled by ice." ~ Law enforcement, Sequoyah County*

\* \* \* \* \*

*"So I think two of the consequences have been far greater importation of ice than we ever thought, and with the increased cost on the street for ice, there has, I mean, there is an increase in property crimes to pay for that." ~ Law enforcement, Oklahoma County*

\* \* \* \* \*

*We're getting the manufactured product [crystal methamphetamine] and that may be because it's so easy to. We're close to the Mexican border, relatively, and really Oklahoma's an easy state to get in and out of. ~ Senator Kenneth Corn, Oklahoma State Legislature*

In two of the three counties we visited, law enforcement officers believed that heroin and/or cocaine sales and use had increased as a result of less access to PSE products, but there was no clear documentation of this perception.

*"...what we did see just recently, we made just within the last 3 weeks, we've made three hand-to-hand buys and some arrests on black tar heroin and that's*

*been the first I've seen since about 1990 or 1992.” ~ Law enforcement, Tulsa County*

Other law enforcement officials expressed concern that the ‘Mexican mafia’ would increase their presence in communities through sales of crystal methamphetamine, but there was no data or clear consensus that that had yet happened across the state.

As a group, pharmacists could not come up with any significant unintended consequences.

## **Lessons Learned and Recommendations**

### **1. Develop an electronic, state-based reporting system that is centralized through the pharmacy board**

Although it was unclear whether the pharmacy-based OSTAR system was fully functional in tracking PSE purchases across the state at the time of our interviews, participants strongly endorsed the idea of a centralized data reporting system that would provide law enforcement personnel and pharmacists with easy access to prior customer PSE purchasing information. This reduces opportunities for smurfing by creating state-wide access to names of those who have purchased their legal PSE limit. This pharmacy-based reporting system is grounded within Schedule V rules governing behind-the-counter, pharmacy-only purchases of all PSE products.

*“...if they don't do it state-wide they're [smurfers] going to go find places where they can get it. We had an example of that with our Walgreen's here in Oklahoma. It didn't take long for meth cooks to tell other meth cooks, 'Go to the Walgreen's 'cause they're not checking their log book' and so if it's not state wide, you're wasting your time. They'll find a place that's got a crack in the system.” ~ Law enforcement, OBNDDC*

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*“...in the pharmacies , we have an accountability in the process and if it's just on paper [logbook] and any convenience store can have it [PSE products], it stacked up to the ceiling....” ~ Law enforcement, Oklahoma County*

This state-based monitoring system assumes the importance of consistent enforcement and monitoring by law enforcement personnel. Failure to work cooperatively with pharmacies to routinely check PSE purchases effectively undermines the success of the monitoring process, sending smurfers the message that some stores or regions are ‘safe zones’ for obtaining PSE products because no one regularly monitors the purchases in those locations.

*“If you've got certain parts of your state that are doing great job but you've got other parts that are lax, then states are sitting there scratching their head going, 'How come our numbers aren't dropping; we've got the same law Oklahoma has.' Cause we've got a state-wide, really an enforcement, that's all working together and they're out checking these stores.” ~ Law enforcement, OBNDDC*

On a related note, one law enforcement official recommended having the electronic reporting system up and running at the time the law is enacted. This approach avoids the hassles of developing and maintaining a paper-based reporting system and making the transition over to electronic monitoring at a future date.

2. Work with neighboring states to adopt tighter restrictions on PSE products to eliminate smurfing

Similar to other states with strong PSE access restrictions, many of the remaining labs that were being found in Oklahoma were along the borders of surrounding states. At the time of our interviews, some of these states had few or no restrictions on PSE products or had not yet implemented Federal CMEA provisions for a significant period of time. Lawmakers and legislators were in favor of working with legislators and law enforcement personnel in those states in order to strengthen their PSE laws and develop better cross-border monitoring standards.

3. Develop collaborative relationships with all major stakeholders

KIs described a wide array of collaborative partnerships between pharmacists, child welfare agencies, media organizations, and various community groups. These collaborations had developed to bolster legislative support, improve knowledge about methamphetamine effects in the community, and elicit cooperation between agencies. Law makers and OBNDDC officials worked heavily with coalitions of law enforcement personnel to develop their precursor law. Law enforcement personnel worked with Federal, state, county, and local officials to develop education campaigns for schools, retailers, and pharmacists. They also developed partnerships with social service agencies around children found at STL sites. Much of this work also involved education of the media as well as educational sessions about the dangers of methamphetamine with local business, schools, and any other groups who cared to listen. As one OBNDDC official said, *“It was a joint effort; it took all of us to make it work on every level...”*

4. Develop more drug treatment options to help addicts overcome their addictions

There appeared to be strong consensus around the need for treatment as a primary way to reduce continuing drug problems in the state. Both law enforcement officials and legislators discussed the importance of addressing the addiction problems facing many meth users and dealers, stressing that it was impossible to incarcerate their way out of the problem.

*“...arresting people is not the key to this deal, that's not the main thing here and one thing we have here that works really good, you have to have some rehabilitation....” ~ Law enforcement, Sequoyah County*

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*“...we are filling up our prisons quickly and what we're filling them up with is not the people who manufacture and not the people who are trafficking but*

*we're filling them up with those folks who are casual users and in the end, it's robbing our ability as a state to effectively deal with law enforcement issues, from increasing the number of officers on the street to expanding programs that can be helpful in eliminating the drug in the state. Because we're spending so much money just on casual users and if they are not in prison, they are soaking up all the resources at our mental health facilities.” ~ Senator Kenneth Corn, Oklahoma State Legislature*

5. Work with Federal government officials to reduce importation of crystal methamphetamine from Mexico

As mentioned earlier, rural borders and the proximity of Oklahoma to Mexico both contribute to easy access points for importation of crystal methamphetamine. Both legislators and law enforcement officials expressed concerns about these issues and recommended that the Federal government do more to monitor and reduce drug trafficking along the Mexican border and train law enforcement personnel how to identify and deal with suspected drug traffickers.

*“...the federal government hasn't done a very good job of just securing our borders at all, particularly along the Mexican and US border and they'll have to step up their efforts....” “...I just don't know that we have a policy in place with the immigration problem. The feds are going to have to figure out what they are going to do.” ~ Senator Kenneth Corn, Oklahoma State Legislature*

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*“One of the things that I think we probably aren't doing across the country, we really probably ought to be training law enforcement officers to identify vehicles that come through their state that could possibly be carrying drugs, trafficking you know. There's trainings, there was a training seminar here last year about this same time called Desert Snow where they taught you to be able to identify signals from a semi truck going down the road that might be carrying drugs or even weapons of mass destruction.” ~ Senator Kenneth Corn, Oklahoma State Legislature*



# Missouri

## Background

In-person interviews were conducted on February 7-8, 2007 with 18 individuals in three counties, including: Jackson (western MO); Cole (south-central MO), and St. Louis (eastern MO). However, because the focus groups invited individuals representing other surrounding counties, a total of 13 counties were represented. These counties were in regions within the state with some of the highest rates of methamphetamine lab seizures from 2004 - 2006. In-person interviewees (based on three focus group interviews) included: two prosecutors from two counties; three meth task force coordinators from three counties; one sheriff's office representative from one county; three narcotics and Drug Endangered Children (DEC) representatives from two U.S. attorneys' general offices; a methamphetamine data analyst from one county; two pharmacists from two counties; four narcotics officers/detectives from three counties; and, one state representative<sup>40</sup> who was the primary sponsor of H.B. 353. All law enforcement officials had extensive experience in meth lab seizures and participated in county or state methamphetamine taskforces. A telephone interview was conducted with one state senator<sup>41</sup> who co-sponsored H.B. 353. See the Sampling and Methods section of this report for further details on how states and key informants (KIs) were selected.

Between the years 2004 - 2006, Missouri ranked first in the nation in number of clandestine drug lab seizures. Data obtained from the El Paso Intelligence Center's (EPIC's) National Clandestine Laboratory Seizure System showed 3400 clandestine meth labs seized by the end of December 2004, 2580 labs seized at the end of 2005 (H.B. 353 went into effect on July 22, 2005), and 1454 labs seized at the end of 2006, yielding an 57% reduction in meth lab seizures across those time periods.

Consistent with all qualitative data reports, it should be noted that the descriptions, discussions, lessons learned, and recommendations represent the perceptions of the limited number of individuals who were interviewed for this project. As such, the perceptions were not based on a representative sample of all law enforcement officials, law makers, and pharmacists in the state.

Informed consent was obtained from all interview participants. It should be noted that this consent also stated, "We will not present or publish your name or any other information that directly identifies you unless you are speaking within your role as an elected public official." As such, there are instances in this report where state legislators or law makers were quoted 'on the record.'

## Nature of Methamphetamine Problem before Law

The general consensus of the KIs was that the methamphetamine problem in Missouri was especially difficult. Due to the central location of Missouri in the Midwest, as well as its largely rural geography, many individuals believed they had been burdened by the methamphetamine problem for a decade before it hit the national news media.

*"It's been a problem here for 10-15 years and now it's a problem there [the east coast], now it's everyone's problem where before it was just our problem. And so*

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<sup>40</sup> Representative Scott Lipke (R), 157<sup>th</sup> District, representing Cape Girardeau and Perry counties.

<sup>41</sup> Senator John Cauthorn (R), 18<sup>th</sup> District, representing counties of Adair, Audrain, Clark, Knox, Lewis, Marion, Monroe, Pike, Putnam, Ralls, Schuyler, Scotland and Shelby

*a lot of this stuff, you know, you guys doing the analysis, we've been fighting it without legislation because we couldn't get people to come on board because the big companies were getting support from DC saying, 'Well we don't have that problem; it's no problem for us'. So now it's a problem everywhere and now everyone is groaning about it. Well, we've been dealing with it for years. So that's why I think it's a little strange that we're dealing with meth as a hot topic. Well, when I first started as a prosecutor 15 year ago, meth was the hot topic." ~ Law enforcement, Franklin County*

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*"The rural areas are pretty important because that is where most of the production is...." ~ Senator John Cauthorn, Missouri State Legislature*

*Consequences of Methamphetamine on the Community.* In Missouri interviews, law enforcement officials focused on a variety of consequences to the community, including exposure of children to toxic chemicals, dangerous labs, cleanup costs, and medical and dental costs. Speaking of how the state climate regarding STLs had changed since introduction of the precursor law, one law enforcement official noted:

*"...you don't have the kids in the environment of the hazardous material environment, all of the meth dusts - and it adheres to everything once it settles - you don't have kids exposure, you don't have the environmental exposure, clean up costs for law enforcement, so there is definitely a big argument at least having something we can focus on, and typically too it's centralized versus decentralized investigative approach between mom and pop labs everywhere versus an organized effort...that's a very centralized organization that you actually can spend some assets targeting." ~ Law enforcement, Cole County*

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*"I've heard that increased medical costs associated to meth is something the community notices. Especially dental care." ~ Law enforcement, Kansas City Focus Group*

*Primary sources of methamphetamine.* Similar to other states, Missouri's primary source of the drug appeared to be from Mexico in the form of highly pure crystal methamphetamine, generally brought in by car through Missouri's large network of freeways. Rural areas still continued some level of manufacturing in STLs.

*LE # 1: "Most of what we're getting right now in Eastern Jackson County is the Mexican imported methamphetamine."*

*Interviewer: "So you're getting the pure crystal stuff coming in?"*

*LE #2: "I think that's pretty standard. It used to be, probably five years ago it was all home-grown, but it's, I think the market, the economy of the market has changed and it's mostly imported, although in the rural areas outside of the city and the metropolitan area we still have some manufactured." ~ Law enforcement, Jackson County*

*Common lab locations and cooking methods.* When asked about the most common lab locations, most law enforcement officials stated that meth cooks had changed their locations over time. While many labs were originally found in homes, apartments, motels, and trailers, as law enforcement began discovering and shutting them down and as the public began to recognize the signs and smells of meth labs, they moved production to more rural and mobile locations.

*“...once we started gearing up towards the...actually production of methamphetamine production investigations, it became fairly easy for us to kind of zero in on them if they had it at a house or trailer...so they altered their procedures and mostly now they're mobile...[they] go outside when fumes are more likely to be detected by neighbors or whatever, to an abandoned road or just off the beaten path and pull over in some farmer's field and do their process there and leave the trash, jump in their vehicle and go on with end product.” ~ Law enforcement, Cole County*

Law enforcement officials also felt that pressure created by their strong efforts to find and take down meth labs had made cooking procedures less centralized, more rural, and smaller in size.

*“...it's gone from where we would go to a lab, we would find everything you needed. Now, you have people that are more specialized. They do the pill stealing and pill washing and this kind of stuff. You know, the people that are doing the red phosphorus. So, you know, we're not getting as many as the complete labs any more because I think I'd have to say because we've hit them so hard, they've had to respond to that and they know if they keep all of this stuff in one place and if it's inside the metropolitan area here, they're going to get hit. But if they move farther out and then they diversify or whatever, they have a better chance of not getting caught or prosecuted.*

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*LE #1: “And the amounts are small and, the bigger labs that used to blow-up, they were making some money on top of that. You just don't see that that much.”*

*LE #2: “Well they make enough for themselves and their small group and then they sell just a little bit so they can recoup their costs and continue to cycle over again.” ~ Law enforcement, Kansas City Focus Group*

In more urban locations, most of the labs used the red phosphorous (Red P) method, whereas in the rural areas the Nazi method was more popular due to the availability of anhydrous ammonia which was generally stolen from farmers and co-ops.

*Primary characteristics and profiles of meth cooks and users.* Law enforcement officials generally found that most methamphetamine users were White. While the majority appeared to be found in lower socioeconomic groups, meth users could be found across all income groups. The typical rural profile was described by one law enforcement official as being:

*LE #1: "...definitely white, they are in a trailer house, they have a Rottweiler in the front yard chained up and four or five cars don't run, that's the profile."*

*Interviewer: "Want to give age and gender too?"*

*LE #1: Mid thirties to mid twenties is from what I am seeing.*

*LE #2: Yes, males. ~ Law enforcement, Cole County*

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*"I would say at least three-fourths of the cooks are males and at least 50% of females are smurfing or pill shopping, maybe even higher." ~ Law enforcement, St. Louis County*

*Methods for obtaining precursors and reagents.* As in other states, law enforcement officials described the typical method of obtaining the precursors was through smurfing or theft.

*LE #1: "They used to buy them by crate..and [since] there's no central database...you can go to every store and...in an hour hit probably 50 stores and get 2 packages [each] for 5 people in a car...and you have to sign for them, but no one's [going to]...know that you bought them [since]...there's no central database."*

*LE #2: "...they go on their road trips and get all they want by buying two at a time" ~ Law enforcement, Kansas City Focus Group*

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*"...the same guy goes to Wal-mart to Wal-mart to Wal-mart to Walgreen's and they buy the two packs, so really, it hadn't changed much except for the availability of proliferation between unscrupulous store owners or clerks." ~ Law enforcement, Cole County*

The typical way of obtaining the reagents was through theft of various precursors. As noted above, anhydrous ammonia was generally stolen in rural farming regions and other reagents were either stolen or purchased, depending on availability. As law enforcement tightened their control of anhydrous ammonia thefts, however, some cooks were making their own anhydrous, sometimes with disastrous results.

*"But we've done a lot to lock down anhydrous ammonia tanks from across the state. so now people are making their own anhydrous and that's the real horrible thing about all of the labs are getting smaller but the explosions and deaths continue to rise" ~ Law enforcement, St. Louis Focus Group*

### **Brief History of Missouri Legislation**

Law enforcement officials described ten to fifteen years of problems with methamphetamine before some legislative action was taken. Early attempts to develop legislation that moved PSE products to a Schedule V controlled substance were pushed back due to resistance from the retail

industry (see Barriers to Development of Precursor Law in next section), resulting in a purchasing limit for PSE products. A second attempt in 2003 resulted in restrictions on location of PSE purchase within the store. The final attempt in 2004 was a strong collaborative effort between law enforcement groups in 17 states, resulting in the passage of H.B. 353.

*“...the first one [law]we passed in 2001 that we went up at that time, Captain \_\_\_\_\_ and I went and met with [the] Senator...and we wanted to Schedule V legislation at that time. He told us it’s not going to happen...the state, well generally the petroleum industry was there.... [Senator \_\_\_\_\_] controlled all the convenience stores...petroleum industry, all of the grocery store business people were there...and the attorney shot us down so all we got the first year was they said, ‘Look what’s going on in Oregon. They’re going to control the number of boxes you can buy at one purchase for straight pseudo and multi ingredient’. ...labs went up from 2100 to 2700 the next year. In 2003 we came back and said, ‘See, we told you it’s not going to work. We need schedule V.’ We got beat up by \_\_\_\_\_ again and they said, ‘Here’s what we’re going to do. We’ll put it near the check out lane. Line of sight, we’ll further constrict it’. We said, ‘That’s not going to work’. Next year it went from 2700 to 2800. So, finally in December of 2004 we had meeting with 17 states in St. Louis with the U.S. Attorney’s office and DEA and said, ‘We’re going to beat them this year, and out of 17 states that year, 12 passed pseudoephedrine laws that mirrored Oklahoma.’” ~ Law enforcement, St. Louis County*

Development of H.B. 353 moved relatively smoothly once the major pharmacy and retail groups were brought on board.

*“...basically...we went through the process of working through the legislation and working with the pharmacy groups and retail groups about how to make this bill accountable, how to make it work for them as well as the citizens of the state of Missouri. It turned out to be -, we had a few fights.... But it was something that was pretty prominent at that time so we got along fairly well in passing that legislation.” ~ Senator John Cauthorn, Missouri State Legislature*

Implementation of the precursor law was a fairly smooth process because of a heavy education campaign across the state by the Governor’s office to help people understand the reasons for the law.

*“We talked about this for a good while. And then the Governor went around the state made all these papers, talked about what was going to happen when and how it was going to be implemented. And I think information was out there now that doesn’t mean that everybody listens to the news everyday or reads the papers.” ~ Senator John Cauthorn, Missouri State Legislature*

Overall, the successful development of H.B. 353 was a large collaborative effort that brought law enforcement and legislators together to enact a strong bill with Schedule V requirements.

## **Primary Elements of Missouri's Precursor Law**

House Bill 353 went into effect on July 22, 2005. The bill places ephedrine as a Schedule IV controlled substance and pseudoephedrine (PSE) as a Schedule V controlled substance. The law limits individuals to purchasing no more than 9 grams of PSE products within a 30-day period. Primary sales environment restrictions include placing PSE products behind the counter, requiring photo identification (for ephedrine only), maintaining a sales log, and prohibiting sales to minors.

## **Process for Customer Purchase**

Under the H.B. 353 provisions, customers can only purchase PSE products from behind the pharmacist's counter (often using a selection card located where the other cold medicines are located in the pharmacy). PSE products cannot be sold to minors and customers are also required to sign a logbook for their purchase. Pharmacists are required to keep this logbook record separately from other purchases. Although pharmacists began by keeping logs in a variety of ways (3 x 5 cards, records kept in bins, etc.), there was growing recognition of a need for more efficient record keeping processes. As such, one state-level narcotics task force official stated that pharmacies in all Missouri counties except for one had some form of computer-based tracking, although there was still no uniform reporting process or forms and the computers were not linked together in any way.

Compliance checks consisted of spot-reporting to law enforcement authorities for individuals who attempt to purchase more than nine grams of PSE products within a thirty-day period. This provided frustrations for some pharmacists, particularly since some establishments were never or infrequently contacted by law enforcement for their records. Although not required by law to request photo ID for PSE purchases, some pharmacists had taken the initiative to request ID anyway.

*"I just double check to make sure it's the person...I'm not going through all of their information...I'm not trying to enforce anything, I'm just making sure they are saying who they say they are, you know that everything matches up" ~ Independent pharmacist, St. Louis County*

There were mixed reactions from pharmacists. Law enforcement officers described some initial resistance from pharmacists to the search provisions (described in the Barriers to Methamphetamine Law Effectiveness section below) but believed that most had settled into the routine of one more reporting requirement. However, while cooperative, some pharmacists were still opposed to the idea of these restrictions.

*"I think it's more of a hassle for somebody like myself when we're closed and I need to run out in the middle of the night to get it [PSE product]. What do I do? This, it's not a 24 hour pharmacy and so it's good and bad. I mean, it definitely restricts, it's very restrictive I mean." ~ Independent pharmacist, St. Louis County*

## **Barriers to Development of Precursor Law**

Similar to other states, most of the resistance to the development of strong precursor laws came from either the pharmaceutical or consumer retail industries. Lobbyists from the

pharmaceutical companies created strong resistance in the state legislature but, once the law was enacted, removed their resistance when they developed the new cold medicine formulation based on phenylephrine (also known as PE).

*“I think the biggest problem that we'd heard from anybody was the lobbyists for the pharmaceutical companies. And then, like we had talked before, once it got implemented, then here comes the Sudafed PE. So, it's just a money-making thing.” ~ Law enforcement, Jackson County*

Strong resistance also came from the retail industry, particularly small convenience stores. As mentioned above, two different attempts to move PSE products to a Schedule V controlled substance were successfully resisted by retail and oil industry interests. In part this was related to a strong oil lobby in Missouri, whose gas stations generally ran convenience stores that were selling large volumes of PSE products.

*“...the convenience store people like that, they had a lot of concern, you know, they had that on their shelves as well.... We got a lot of numbers from Oklahoma showing at one of their convenient stores, or maybe a number of them,... [in a] one month period of time they may have sold \$10,000 of Coca-Cola products. In that same amount of time they sold like \$70,000 of pseudoephedrine products. And you can almost, they could correlate it to basically the time of the meth epidemic started to see this big spike.” “...there was some discussion about allowing single-dose packs because, after all, nobody was, you know, going to be able to get enough quantity to make meth if you did that. And we fought that back and held firm here in Missouri. You know the concern was once you let those products into the hands of any even small mom and pop operations out in rural Missouri, once they can get it, they can send it out the back door by the boxes, and big boxes you know. So, it was really important to me, as one of the co-sponsors, to make sure that that wasn't available.” ~ Representative Scott Lipke, Missouri State Legislature*

As with other states, after some initial resistance on the part of a few people, the public was generally supportive of the law because they understood the consequences of methamphetamine in their communities.

*LE #1: “The public had seen the problem for a long time, so it wasn't a problem.”*

*Interviewer: “So they had already bought in that this [the meth problem] was ridiculous.”*

*LE #1: “Well, everybody around here knew that this was the meth capital of the world.”*

*LE #2: “Right, for this area, citizens are pretty educated about meth and about the problems. I mean they've been bombarded with it so it wasn't anything new.” ~ Law enforcement, Kansas City Focus Group*

## Perceived Effectiveness and Impact of Law

The KIs in Missouri believed that their law was extremely effective, particularly related to the reduced harms from environmental hazards, less children in toxic settings, and reduced lab clean up costs. All groups talked about the effectiveness of the law.

*“...you don't have the kids in the environment of the hazardous material environment, all of the meth dusts - and it adheres to everything once it settles - you don't have kids exposure, you don't have the environmental exposure, clean up costs for law enforcement, so there is definitely a big argument at least having something we can focus on, and typically too it's centralized versus decentralized investigative approach between mom and pop labs everywhere versus an organized effort...that's a very centralized organization that you actually can spend some assets targeting.” ~ Law enforcement, Cole County*

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*“... For people getting started, yeah [it's effective].” ~ Independent pharmacist, Franklin County*

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*Interviewer: Do you believe that the decline that you [have seen]...has been tied to the law?*

*JC: “Well I sure do. And I think that showed up immediately.” ~ Senator John Cauthorn, Missouri State Legislature*

Although progress had definitely been made, legislators and law enforcement personnel realized that they still had a long way to go before they could declare victory over STLs.

*So every day, if we go out and watch a store, we get something every day. We can get two [smurfers] if we do two shifts, so they're still doing it; they are just doing it on a smaller scale....” ~ Law enforcement, St. Louis County*

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*“We still have numerous small toxic labs but they are so small. At this point we have people who will cook one box of cold tablets at a time.” ~ Law enforcement, Franklin County*

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*SL: “I think that's slowed it down quite a bit and you know, the numbers, you know we passed this in 2005 and what I had - and it was released by the highway patrol here in Missouri - it said meth lab incidents fell 43% in 2006 basically from 2,252 meth lab instances in 2005 to 1,284 in 2006.”*

*Interviewer:” That's a pretty significant drop.*

*SL: So, it tells me-, absolutely. Now unfortunately for us, we're still leading the way in the country....” ~ Representative Scott Lipke, Missouri State Legislature*



One of the positive by-products of the law was the ability of law enforcement to shift back to traditional law enforcement activities.

*“...the thing with pseudoephedrine laws it has made it so much easier [to do traditional law enforcement].... People are...so greedy for pills...now, an undercover cop with 1000 pills in his pocket...is molested by cooks trying to get his pills.... ~ Law enforcement, Franklin County*

Similar to other states, most law enforcement personnel did not believe the drop in STLs had had any effect on methamphetamine use rates.

*“...there hasn't been a decrease in amount of use people can see but there's been a dramatic, in some cases, production decrease locally.” ~ Law enforcement, Cole County*

*LE #1: “You know, just a guess on my part, I don't think it affected the use rates at all.”*

\* \* \* \* \*

*LE #2: “If anything, it may be going up ‘cause of the amount of Mexican meth that is being brought in and when you were doing a lab and you were able to cook up a couple ounces, sell it and spread it out, that was, on a regular basis, we'd get pounds and pounds at a time so it may have actually increased because of the availability and the purity and the, and the increase of the Mexican [methamphetamine] now. And the price is down, so I mean, it's compatible.” ~ Law enforcement, Kansas City Focus Group*

### **Impact of the Federal Combat Methamphetamine Epidemic Act (CMEA)**

When asked their impressions of how the Federal Law might impact their state's law, both legislators and law enforcement officials believed that the Federal law would not have a strong impact in their state because Missouri already had stronger requirements in place.

*“So, I think that, they were working on it at the national level and the deal was kind of like a second guessing deal for our state. But now for other states it may be very important.” ~ Senator John Cauthorn, Missouri State Legislature*

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*“I think ours is probably pretty strong in comparison to what they passed so I think we've probably even did a, you know, we did a good job with ours I feel like.” ~ Representative Scott Lipke, Missouri State Legislature*

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*LE: “...since our law is really stronger than that Federal law, ours takes precedence. So, I don't think it's done anything that I know of.” ~ Law enforcement, Kansas City Focus Group*

*Interviewer: "Has it has any effect on you guys?"*

*LE: "No really we were already doing it." ~ Law enforcement, Cole County*

### **Most Effective Elements of Law**

Similar to other states, perhaps the most obvious but critical factor in the effectiveness of the precursor law was that it restricted access to PSE products. The degree to which this was more or less successful appeared to be the driving factor behind reductions in STLs.

Although KIs spoke about every element of their law as being effective, the primary focus was on: 1) the placement/location of PSE products; 2) the log book and, 3) having to show an ID.

*"...the part of the law that has helped the most is just taking it off of the shelf..."  
~ Law enforcement, Cole County*

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*"...just by virtue of requiring someone to show an ID and put their real name down, whether or not they think you're going to be able to track it or not, they know there's a paper trail and you may not get them that day, or you may not get them by the time they make their first batch, but if you keep up and follow it you're probably going to get them eventually...." ~ Representative Scott Lipke, Missouri State Legislature*

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*"...[the] logs...[are] great for identifying people...as far as prosecution in [the] early stages...." ~ Law enforcement, St. Louis Focus Group*

Although most law enforcement officials did not believe the penalties served as a deterrent to people either producing or using methamphetamine, they did believe that it offered prosecutors a chance to build their case against a meth producer or dealer across a number of different types of infractions and purchases.

*"...because the law saying that its illegal hasn't really stopped anybody...taking it off the shelf has helped more than anything...." ~ Law enforcement, Cole County*

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*"It's [the penalties] one more bargaining chip that the prosecutor has - they get arrested for it, the prosecutor looks for all these charges and says, 'OK, I'm going to charge on all of them'. That goes through the process; defense counsel, of course, is like, 'Hey, we've got to work something out. I don't want my guy going away for 30 years. OK, let's look at a 10 year plea on these two or three charges' and that's what is done. The courts aren't quite as tied up. ~ Law enforcement, Cole County*

### **Barriers to Methamphetamine Law Effectiveness**

Although they anticipated many complaints from customers and pharmacists, KIs described a fairly smooth implementation process of the law's provisions.

*“...as far as implementation, there wasn't any hiccups. I mean the law went into effect and other than the odd ball pharmacy...there wasn't any implementation problems. It gave them enough lead time that they all went into effect July 15, the logs weren't required until September 26.” ~ Law enforcement, Franklin County*

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*“Most of the concerns did not come to fruition, I'm thankful to say. You know, I think my sister made a comment to me about now she wouldn't be able to get her Claritin or something at...Sam's Club I think, because Sam's Club didn't have a pharmacy and that was the cheapest place for her to get that and now she was going to have to go to Wal-Mart which was x amount of dollars more.... But, you know, what I always told people was, I would tell them the statistics, I would tell them how it was a scourge on our society that was taking place in their neighborhoods and backyards and that I was confident they wanted to be a part of the solution and the small sacrifice they were going to make was going to be well worth it.” ~ Senator Scott Lipke, Missouri State Legislature*

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*“...there was quite a bit of bantering back and forth but that's why I called this guy this morning. It's been a couple years now and he said, 'Well, you know what, I guess it was worth the trouble'. So after we get through the process then I think that, you know, honestly, people understand that they can't send their 16 year old down to the store to buy products like this. ~ Senator John Cauthorn, Missouri State Legislature*

By far the largest barrier described by KIs was the lack of a centralized, electronic database system with real-time monitoring. Law enforcement officials were frustrated that they had no rapid and efficient way to identify and track smurfers and stop them as they purchased more than their legal limit of PSE products. Pharmacists and law enforcement officials were frustrated that there was no uniform mechanism to use for reporting and tracking of PSE purchases.

*LE #1: “You can go to every store and you can go in and in an hour hit probably 50 stores and get 2 packages and 5 people in a car.”*

*LE #2: “And you have to sign for them, but no one's...”*

*LE #1: “No one's, even among the stores, say a Walgreen to a Walgreen, they don't know that you bought them at the, and so there's no central database. Now some of the stores have their centralized databases and they can tell you from store to store to store where this guy's been, others don't, and in some of them, there just, you want to look through these stacks of papers to see these guys have been here.... We go to the stores like he said, others are just written down on 3x5 cards and there's really nothing we can do with that.” ~ Law enforcement, Kansas City Focus Group*

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*“...at first, you'd walk into one store and they'd have a three-ring binder and you walk into another store and they'd have a plastic tub that they'd sit out in front of you for you to look through....” ~ Law enforcement, Franklin County*

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*“Well, I think the biggest frustration to us was there was no uniform mechanism put in place by either DEA or the BNDB or somebody to say, ‘Here is how we want it done here's the forms we want you to use’. There was no uniformity at all, it was just kind of like you have to do this but do it however you do it but we want to come in and criticize you. ~ Independent pharmacist, Cole County*

Because of the lack of a centralized data system, some law enforcement groups were working to develop regional solutions to this problem. For example:

*“...we've been working on this since last June or July, to get a registry together of all the pharmacists in our area and even next to our area that will automatically send their logs in either bi-weekly or monthly to one central location which is here and then the analyst is compiling that data and she's looking for obvious cues, you know, and the address - go by address - and you can search and see, ‘Hey there are 3 people using same address same day, going five or six, seven counties away’.” ~ Law enforcement, Jefferson County*

There also appeared to be a bit of initial confusion on the part of some pharmacists who were not quite sure about the appropriateness of allowing law enforcement unrestricted access to their PSE logbooks.

*“I think we had a few spots that were having a hard time showing us their logs. After we convinced them that they had to, they allowed us, I think they were afraid of letting law enforcement come in and show them something that we thought we needed to get a search warrant or some type of administrative search warrant.”  
“But like he said, most pharmacists were happy and said ‘I hate selling to that guy because I know what he's doing with it.” ~ Law enforcement, St. Louis Focus Group*

One unique discussion involved pharmacists who illegally sold PSE products as a way to earn extra money.

*LE #1: “We've all ran into a couple of dark pharmacists we are getting information now about one that are selling out of the back door.”*

*Interviewer: “You call them dark pharmacists?”*

*LE #1: “That are you know, when it gets to be 50 dollars a box and you're in control of the inventory at the office. You know, play with the numbers a little bit, you can really make a stack of change....” ~ Law enforcement, Franklin County*

## Unintended Consequences of the Law

Perhaps the most important finding in this area was that virtually no one perceived significant negative unintended consequences to Missouri's precursor law.

*"...nobody was complaining publicly or privately to me or to anybody else for the most part that I'm aware of about having to pick up the little thing [the advertising card by the other medications] and taking it to the pharmacy to pay for it, sign your name." ~ Senator Scott Lipke, Missouri State Legislature*

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*"I haven't really heard any complaints. After the, you know, after the first month of the law it started to quiet down a little bit in the initiation process...." ~ Senator John Cauthorn*

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*"I can't think of anything in a negative way. I haven't noticed any and they may have happened and I wouldn't know about it...." ~ Law enforcement, Cole County*

One unexpected result of the significant reductions in STL seizures was a shift in focus away from STL concerns on the part of legislators. One law enforcement official who headed a six-county methamphetamine task force had already seen significant budget cuts as a result of these changes and was concerned for the continued existence of the program.

*"...I guess from my perspective..., the federal and state legislatures that held the purse strings are breaking their arms patting [themselves] on the back, 'What a great job we've done, we fixed meth problem', you don't need as much money...now...last year one of our main operating grants...[was] cut about 30% and we really had to tighten up the strings and...we are going to start losing some people and our effectiveness will definitely be curtailed...." ~ Law enforcement, Cole County*

One somewhat expected consequence discussed by several law enforcement officers was the shift in the market toward other drugs, along with potential increases in crime and continued increases in addiction rates. These effects were being seen by some law enforcement officials, but not others.

*"The environmental effects are less, but addiction rates are going up, which is, from the stats I've looked at, there's a direct correlation between addiction rate and violent crime rate. Especially the Midwest...had the highest increase in violent crime rates, I think it was 5.7% something like that. It grew pretty well across [the U.S.], but Midwest grew most, and there's no reason for that, it's not a gang influenced area, there's the east and west coast have for factors. The only thing that in my opinion is related to the addiction rate of meth." ~ Law enforcement, Cole County*

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*LE #1: "...the opponents of the law were going to Jeff City [Jefferson City, the state capitol] were 'well, you're going to force them to have robberies and burglaries in the pharmacies'."*

*LE #2: "Which we haven't seen."*

*LE #1: "Not a single one of those." ~ Law enforcement, St. Louis Focus Group*

Another unintended consequence mentioned by one individual in the Kansas City focus group was the concern that meth cooks were learning new ways to cook methamphetamine through their interaction with other meth cooks in prison. This was making lab detection and arrests more difficult.

*"I think what we've educated these meth cooks too. There's been so much enforcement in this area, a lot of them have already been to prison, now they're back out. They don't draw attention. Last fairly significant lab we did, the house next door couldn't have been 4 feet away from it, I mean, you could barely walk between 'em...No indication, coming or going, no nothing and so I think we've made some of these people smarter because they've already been in prison." ~ Law enforcement, Jackson County*

A final unintended consequence was the increase in drugs other than methamphetamine. In addition, several law enforcement officials noted that a secondary result of the precursor laws was a return to the importation of crystal methamphetamine that was believed to be more potent than that produced by STLs.

*"But what we have seen now is a spike or a jump in the possession and use of crack and power cocaine and marijuana has gone up for us. Methamphetamine, which is a very small quantity, has pretty well stayed the same, but the labs have gone way down, but other drugs have gone way up, at least those two." ~ Law enforcement, St. Louis Focus Group*

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*"The purity level has come up. The Mexican meth was terrible in the past, and now the purity level has come up. Sometimes we get some pretty good stuff, so, I think that was the advantage of some of the lab cooked meth, keep washing and keep washing until you got it to the state that you wanted it to be in, as pure as you wanted, where the Mexican meth was cut several times by the time they got it. Now, sometimes we get some pretty good stuff." ~ Law enforcement, Kansas City Focus Group*

## **Lessons Learned and Recommendations**

1. Recognize the progress made in reducing harms associated with STLs and continue to work toward the elimination of all labs

As mentioned earlier in the Perceived Effectiveness and Impact of Law section, every pharmacist, law enforcement official and legislator in Missouri recognized that there were major public safety and health benefits to reductions in STLs. They consistently noted that there were fewer drug endangered children, lower community costs from the clean-up of toxic sites and less risk to law enforcement and first responders entering an STL site. Some law enforcement officers stressed that good law enforcement practices had driven much of this change.

*“... I think we’re ahead of a lot of the rest of the nation because we’ve had this problem for 10 years or more [and]...the law...helped, but the significance in the change is the law enforcement effort...” ~ Law enforcement, Kansas City Focus Group*

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*... I've always said since this thing first hit if we can take out the labs we've done something worthwhile. We're not going to probably take out methamphetamine, but if we can take out the labs we've eliminated a big public safety concern ...And now that we've got meth labs hurting a little bit now is the time to scrunch them....” ~ Law enforcement, St. Louis Focus Group*

## 2. Develop an electronic, real-time, state-based reporting system

Similar to several other states, the most common recommendation by all groups interviewed was for an electronic state-based reporting system that allowed for real-time tracking of PSE purchases. Such a system would allow retailers and pharmacists to know when a customer’s last purchase had been made and would alert them to customers who had purchased over their legal limit. This system would also allow law enforcement personnel to track and follow up on PSE purchasers who attempted to violate the law.

*LE #1: “... if you want to stop that locally you need a central database. And after they buy two boxes they need to be locked out...”*

*LE #2: “Which takes real time monitoring.”  
~ Law enforcement, St. Louis Focus Group*

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*“...you have people that are floating on the weekend that aren't there day to day.... So what's to say this person isn't going from here to there to there now - you would never even have a clue. I mean so as far as restricting the supplement, if someone still really wants to get it they're going to get it, you know....” “If anybody that figured that out, realized that all that stuff that we're doing is all completely individualized, they would still get it if you think about it....” ~ Independent pharmacist, St. Louis County*

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*“...I would say if a state’s going to do this law do it right the first time and not like us and try to close loop holes, make it where centralized reporting collection facility...put that database together and have that incorporated into the law to*

*where it's right here and available to all law enforcement instantaneously and even take it a step further and put a flag to where you can't sell it and the pharmacist types in their name and bing, and 'Oh wait, they already produced whatever the limit is...and no we can't sell it to you...'. ” ~ Law enforcement, Missouri State Highway Patrol*

Although legislators had originally attempted to develop an electronic monitoring system in the original bill, they encountered resistance and backed off. However, the bill’s original sponsor had plans to re-introduce this provision in a new bill in the current legislative session.

*“So we had some discussions and there may have even been a bill filed, one that did what we did here in 441, House Bill 441...the electric monitoring system, the real-time type of thing. And there was a lot of discussion about just getting the restrictions on pseudoephedrine and we just kind of made a decision to not bite off more than we can chew at the time and come back and address that which we are trying to do this year again.” ~ Representative Scott Lipke, Missouri State Legislature*

### 3. Strengthen communication between law enforcement and pharmacies

Until a real-time electronic tracking system is put in place, pharmacists and law enforcement officials both recognized the need to increase collaboration and communication around PSE purchases. While this existed at some levels in some communities, these relationships were inconsistent at best and non-existent at worst. In some cases law enforcement officials noted that pharmacists called or emailed other pharmacists to ask whether a smurfer had recently purchased PSE products in their store, but those contacts were informal, inconsistent, and based on the relationships that individual pharmacists had with each other.

*“But even in our own county we can go from pharmacy to pharmacy and what's nice about the rural county is the pharmacists live in the county, they know what the problem is, their kids are growing up in the county, they want it fixed. I go into Washington [County], Missouri and she has actually got pictures in the log that says don't sell to this guy. Yeah, I mean, and the pharmacists in \_\_\_\_\_, behind the scenes e-mail each other, and if the Walgreens pharmacies in Washington [County], if you are not from Washington or at least from Franklin County, she won't sell to you.” ~ Law enforcement, Franklin County*

### 4. Develop more treatment options to help addicts overcome addiction

Both law enforcement personnel and legislators agreed that treatment and education were the primary ways to reduce continuing drug problems. For example, one Franklin County prosecutor noted: “...get them some type of treatment, and trying to get them some type of supervision out there.”

There appeared to be active drug courts in parts of Missouri, which one legislator saw as a viable alternative to incarceration that provided drug treatment and monitoring with lower costs and more support for the addict.



*“...we all know that meth is a very addictive drug and you know I think we have to look, we have drug courts in Missouri [and]...experience would be that a lot of times you get your first meth conviction and you're probably going to get probation and maybe in some treatment - outpatient or whatever- or quite possibly you could do the 120-day inpatient program in the Department of Corrections. I would have to look and see...I want to look at—what are the results of that, or what is the recidivism rate of those going through that program...and if it is do we need to do something.... Do we need to focus more of our resources and efforts on that, that side of it....” ~ Representative Scott Lipke, Missouri State Legislature*

#### 5. Develop and/or continue collaborative relationships with all major stakeholders

KIs described a variety of collaborative partnerships between pharmacists, child welfare agencies, media organizations, and various community groups. In fact, two of the focus groups conducted in Kansas City and St. Louis were excellent examples of Federal, state, and local cooperation since both groups pulled together, on short notice, representatives from the U.S. Attorney General’s office, county prosecutor’s office, state police, and local narcotics officers from methamphetamine task forces. These collaborations had developed to increase communication, improve knowledge about methamphetamine effects in the community, and elicit cooperation between agencies. Law enforcement personnel also worked with county and local officials to develop education campaigns for schools, retailers, and pharmacists. They also developed partnerships with social service agencies around children found at STL sites. Much of this work also involved education of the media as well as educational sessions about the dangers of methamphetamine with local business, schools, and any other groups who cared to listen.

*“...if there's any one good thing that came out of meth labs in the state was the cooperation. I mean before that, narcotics units traveled in our own region, their own circle. We got together once a year at a conference, everybody said hi and went back and you worked in your own little area. I probably know as many guys in St. Louis county and Jefferson county and St. Charles county as I've ever known. And we work closer with fire departments and EMS than we've ever, you know. I know guys on all the fire departments, all the EMS squads. So, you know, when you start talking about homeland security and terrorist acts and police and fire and EMS working together, that's the only good thing that's ever come out of it is we've learned to work together.” ~ Law enforcement, Franklin County*

#### 6. Expand precursor law to include liquid-based formulations of ephedrine and PSE

Law enforcement officials in the Kansas City focus group interview mentioned the need to restrict the purchase of liquid ephedrine and PSE in similar ways as were found in the current tablet-based provisions. This discovery is consistent with similar reports of liquid-based PSE products used in producing, or attempting to produce, methamphetamine in Oklahoma and Kentucky. While some were skeptical of meth cooks’ ability to convert liquids into

methamphetamine, they suspected that someone would figure it out and spread that information to others.

*“...the lab is starting to see them using the liquid form and there's only a couple more steps that they have to do to get the liquid form, but they haven't quite figured that out yet but we may be seeing that as the next wave of that.” “Once they figure it out...It would be nice to get it in place before it hits here though, just to kind of catch it on the front end....” ~ Law enforcement, Kansas City focus group*

# KENTUCKY

## Background

In-person interviews were conducted October 12 – 13, 2006, in Franklin County (north central KY) and Daviess County (western KY). Telephone interviews were conducted with key informants in Laurel County (southeast KY), the Kentucky State Police, the Kentucky Sheriff's Association, and a local pharmacist. Telephone interviews were also conducted with two state legislators<sup>42</sup> and one in-person interview with a significant driving force behind the legislation from the Office of Drug Control Policy and the Justice & Public Safety Cabinet. All law enforcement officials had extensive experience in meth lab seizures and participated in county or regional methamphetamine taskforces. See Sampling and Methods section of this report for further details on how states and key informants were selected.

Informed consent was obtained from all interview participants. It should be noted that this consent also stated, "We will not present or publish your name or any other information that directly identifies you unless you are speaking within your role as an elected public official." As such, there are instances in this report where state legislators or law makers were quoted 'on the record.'

To provide brief context, the following brief statistics were compiled from various sources in July 2002 by the National Drug Intelligence Center in a report titled *Kentucky Drug Threat Assessment*<sup>43</sup>

- Drug treatment admissions for methamphetamine increased by 42% between 1998-2000.
- According to Kentucky State Police statistics through December 6, 2006, 66 children were living in 515 STLs found in Kentucky during that year. It was believed that for every child discovered, there were 10-15 that were not discovered<sup>44</sup>.
- Data obtained from EPIC's CLSS showed 757 clandestine meth STLs seized by the end of December 2004, 764 labs seized at the end of 2005, and 453 labs seized at the end of 2006, yielding a 41% reduction in meth lab seizures across those time periods.

Consistent with all qualitative data reports, it should be noted that the descriptions, discussions, lessons learned, and recommendations represent the perceptions of the limited number of individuals who were interviewed for this project. As such, the perceptions were not based on a representative sample of all law enforcement officials, law makers, and pharmacists in the state.

## Nature of the Methamphetamine Problem before the Law

When asked about the nature of the methamphetamine problem that resulted in the passage of precursor legislation, key informants strongly and consistently emphasized that the production of methamphetamine in STLs was perceived as being at very high levels, particularly in the rural areas of the state. Kentucky officials perceived that the STL production of methamphetamine

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<sup>42</sup> Senator Richard "Dick" Roeding (R), Senate District 11, including Kenton (part), Boone, and Gallatin counties; Senator Robert Stivers (R), Senate District 25, including Morgan, Magoffin, Wolfe, Knox, Owsley, Clay, and Lee counties. These two individuals are identified throughout this report within their official roles as sponsors of the legislation and publicly elected officials speaking on the record.

<sup>43</sup> <http://www.usdoj.gov/ndic/pubs2/2286/meth.htm#Top>

<sup>44</sup> [http://www.uky.edu/PR/News/Archives/2004/Dec2004/041215\\_heel\\_alliance.htm](http://www.uky.edu/PR/News/Archives/2004/Dec2004/041215_heel_alliance.htm)

entered the state from the west and moved toward the Appalachian area of the state in the east. Those interviewed also consistently noted the significance of the problem. One legislator said:

*“...[it is a] tremendous problem with the meth labs, particularly in western KY. I'm in an area what you would call northern Kentucky [and] in far west was where they were really having the problem with this. It was not only a problem of drug abuse it was a problem of safety....” ~ Senator Roeding, Kentucky State Legislature*

Safety and health became the trigger point for the methamphetamine battle as described by Senator Stivers:

*“Now the fumes from the production are quite toxic, detrimental if breathed, especially for a young developing body, like a child. They are such, again they, the fumes, are such that they attach virtually to anything that they come in contact with within a residence”. ~Senator Stivers, Kentucky State Legislature*

When referring to his experience in dealing with methamphetamine users, one law enforcement official stated:

*“They gotta have it and don't have the money, they'll either steal or rob or do whatever they can do to support their habit. As you are aware, methamphetamine is one of the most addictive drugs that we have seen.” ~ Law enforcement, Daviess County*

As the danger and the national trend of the methamphetamine movement from the west to the eastern states moved into Kentucky, residents started to recognize the extent of the methamphetamine problem and stakeholders began to implement changes to work towards resolving it. Through education from those on the western side of the state, law enforcement officials began to educate those in other parts of the state:

*“It [emergence of STLs] primarily started in the western part of the state, which is by far more agriculture-based than the rest of the state where they have anhydrous ammonia and many of the other precursors to the manufacturing of methamphetamine...I believe it was the sheriff...out on the western part of the state who really was seeing some problems with them, with the meth production. One of his undercover officers...was really quite an expert on manufacturing and tracking of meth”. ~ Senator Stivers, Kentucky State Legislature*

Methamphetamine was primarily produced in rural locations and became entrenched in the lives of Kentuckians.

*“I bet there is not a person hardly anywhere where methamphetamine has not taken over. I bet there is not a person that does not know someone that has been affected in one way or the other.” ~ Law enforcement, Daviess County*

The obvious prevalence of methamphetamine production and use had a strong influence on all key informants in relation to the precursor legislation.

*Impact of Methamphetamine on the Community.* Kentucky key informants were generally aware of the consequences of methamphetamine on the community. Most of the discussion focused on the impact of STLs those who were involved in production, lived in the production environment, and used the methamphetamine that was produced in the labs.

First it was noted that there were consequences for law enforcement (and other first responders) that seized the labs in terms of the risk of violence, exposure to dangerous chemicals and explosions. As was noted by a state senator:

*“Law enforcement doesn't deal with [these] kinds of dangerous settings.... [In] the manufacturing of meth, not only are the fumes causing [health consequences] but they are volatile ... and we've had explosions and house fires and everything else. People have been seriously injured and one, the one within 25 miles of my home, was killed. And that - the production of meth in and of itself - whether you use it or not is a danger to those people around you within the confines, physical confines of the residents and outside of the physical confines of the residents. When law enforcement comes in, it creates a problem for them being subjected to fumes and potential explosions, fires. Then you have the HASMAT groups that generally have to come in and clean it up so it created quite a few problems, not just related to bringing in an illegal drug to the street but environmental problems. ~Senator Stivers, Kentucky State Legislature*

In addition, key informants noted that there were considerable costs from toxic site clean up, both in cleaning up dwellings used in production and in land surrounding production sites (often in isolated rural areas). Key informants also noted that the costs for site clean up could be very high and were often in some of the state's poorest counties.

*“the... astronomical cost of meth labs, you're aware of the cost of each meth lab [clean-up] ...if you count the salaries you pay for people to respond, the cost of the firefighters, and the ambulance services you have on standby, and the check written to the vendors that pick up the hazardous waste... you are looking at up to, for a small lab for a bucket of sludge, over \$20,000 bucks....” ~ Law enforcement, Kentucky State Police*

One of the most consistent points noted by all of those interviewed was the perceived impact on children. Key informants noted that methamphetamine was often produced in home environments where children were playing within the room where the methamphetamine was produced or in the yard where toxic chemicals were stored or dumped. As stated earlier, one Senator noted that *“fumes from the production are quite toxic, detrimental if breathed, especially for a young developing body”*. In the senator's view, it was the consequences for children that drove the precursor law forward. The focus of the state policy changes and law enforcement practice was primarily to address the endangerment of children because of the neglect they experienced and the toxic environment within which they lived.

Perhaps one of the most unique aspects of the Kentucky response to STLs was a change in how law enforcement officials dealt with drug markets. Law enforcement, in its engagement with drug markets, generally does not have to deal with children playing in marijuana fields or sleeping in opium fields. One of the most unique aspects of the production of methamphetamine in STLs is that these labs are often in home environments where children routinely play and

where their clothing, bedding, and toys can easily become contaminated. A high-level law enforcement official in Kentucky noted that it was complicated to get both law enforcement and the social service system to appropriately respond to meeting the needs of children found at STLs.

*Another problem we ran into was children in meth labs, and having to deal with them. Social workers were afraid to touch these kids. They [were] afraid that they were radioactive or something. They [were] afraid that they would get contaminated and take it home to their own families. That was an educational issue for our social workers. We met with them and suggested personal protection equipment kits be issued to each social worker. We expanded the 'kit' idea to include transition items for children, law enforcement protocols, decontamination protocols and medical protocols. The transition items for kids included toys, coloring books, grooming products and paper suits for them to wear in case we can't decontaminate them at the scene. Another thing we had to develop was protocols for decontaminating kids and insuring proper medical tests they need. We have the medical protocols for them in the kit, along with instructions on how to use the kit. Everything is packaged in a clear backpack that the child gets to keep. If you find a kid in a lab and if you haven't dealt with one before or haven't dealt with one for awhile, just open a backpack, refresh your memory, and here's what you do. When a social worker gets there, to take the kid to a hospital, here's the test we need. It makes it simple, it makes it quicker." ~ Law enforcement, Kentucky State Police*

Beyond the consequences of direct exposure, law enforcement officials consistently observed that children present at STLs appeared to suffer from considerable neglect, including the lack of a clean environment, parental attention and nutrition. As was noted by a law enforcement officer with decades of experience:

*"I'm sure that there are kids out there who are suffering tremendously who need things that mom and dad are taking their hundred dollars and buying more meth rather than buying more milk and bread". ~ Law enforcement, Daviess County*

The dangers to children, the safety risks to law enforcement, first responders, and social service workers as well as the excessive costs to the community paved the way for successful methamphetamine precursor legislation.

*Primary sources of meth.* Law enforcement officials indicated that prior to the initiation of methamphetamine production in community STLs, most of the methamphetamine in the community came from external sources. Law enforcement officials indicated that their primary involvement with drug law enforcement was interdiction of methamphetamine that came into the community from these external sources. In that sense, methamphetamine was an integrated part of the illicit drug trade and law enforcement focused on interdiction activities. Such international sources as Mexico, as well as major southern cities such as Atlanta were noted. As has been discussed, with the rapid advent and widespread distribution of STLs, the primary source of methamphetamine shifted to within the community.

*Common lab locations and cooking methods.* In most other state interviews, respondents divided the state by regional areas to describe what types of cooking method were being utilized. However, Kentucky was unique in that they not only utilized the traditional methods, but those who produced methamphetamine in STLs also developed new methods of preparation. When asked to specify, one law enforcement official stated:

*Interviewee: “[The] two most common are the Red-P labs and the anhydrous style. But now they're starting to cook what they call fish bowl dope.”*

*Interviewer: “That's a new one for me. What's that?”*

*Interviewee: “Fish bowl dope is they'll take a fish aquarium and they'll put charcoal in the bottom. And they'll cover the charcoal with liquid gun blue. They'll put an area pump in there to move it around, they'll put the pseudo in the, down inside that. They'll put aluminum foil on top of the fish tank and they'll push small holes in there and they'll put dental floss down from the top into the liquid and they'll cover it with black plastic and turn on the pump and 'course it creates movement, the charcoal having a reaction with the gun blue and the ephedrine and 14 days later you've got dope on a rope. It's just like crystal meth.” ~ Law enforcement, Laurel County*

A second process for cooking methamphetamine was also described by the same law enforcement officer:

*“...we call it a one-step lab and that's where you take a take a container and most of what we're finding is they're the good Tupperware brand. They'll actually put all of their components inside this one container, cover it, just walk away from it and it does its own thing. They put in their lithium strips and everything they need and want in there...and that's why we call them the one-step lab.... Actually can draw the meth all off the top.... And then smoke it off.”  
~ Law enforcement, Laurel County*

Due to the isolated, rural nature of portions of Kentucky, meth producers often found themselves in ideal locations to produce methamphetamine. The isolation was further facilitated by the topography of many areas where there were fairly deep valleys surrounded by high hills. Many of these valleys had very limited access and make any law enforcement observation very difficult.

*“Eight months out of the year that they can cook in a remote area like the Daniel Boone National Forest. We have found evidence where meth has been cooked in the National Forest; they just go down a gravel road, find them a place...And do what they need to do, dump their components and away they go.” ~ Law enforcement, Laurel County*

*Primary characteristics and profiles of meth cooks and users.* Often it was stated that methamphetamine producers and users came from the same population. Law enforcement officials indicated that there was often a close interaction between cooks and users at the production site and a lot of users also engaged in various aspects of production. It was also noted

that males were more likely to be the producers but that females were also often a part of the production scene and participated in some aspects of product development. One law enforcement official described typical demographics in the following way:

*“I've had people in their 60s, you know, but it is mostly middle-aged – 30s and 40s. We have, we've found some 20s you know, in their 20s. And through my tenure here it appears that females are more apt to use meth than males. Just on my own personal experience here in this county. We have a large number of female users. They'll be at a meth lab, they don't have an active part; they are there to get meth....and they'll swap whatever they need to, they'll swap themselves or whatever they need to.” ~ Law enforcement, Laurel County*

This was supported by another law enforcement official in Daviess County who stated that, generally, a cook is a male under 30 years of age. These observations were reinforced by a 2002 National Drug Intelligence Center report, which stated that “Treatment data from FY1998 through FY2000 indicate that 64 percent of all methamphetamine-related treatment admissions were male, 97 percent were Caucasian, 2 percent were African American, and 97 percent were adults over age 19.”<sup>45</sup>

*Methods for obtaining precursors and reagents.* Law enforcement officials were very specific about where meth cooks were obtaining the precursors and reagents. “*These dopers, they're going to get their ephedrine if...they have to go out of state to get 'em...they will pill shop, they'll get...six or eight...vehicles*”. When asked whether they were seeing theft of precursors and reagents, law enforcement officials along state border regions stated that they were seeing thefts along with smurfers going across the border to obtain the necessary ingredients, then returning to process the methamphetamine.

The type of reagent chosen depended upon the type of lab and primarily the farming part of the state, which was aptly put by one law enforcement official:

*“The Nazi use, this is a farming community, we have a lot of the anhydrous ammonia. Anhydrous ammonia is everywhere. So most of it's going be the anhydrous.... Now there is another method called the Red P of course. We have only probably two or three at the most Red P or Red Phosphorus labs.” ~ Law enforcement, Daviess County*

This information was supplemented by a 2002 Kentucky Drug Threat Assessment Report by the National Drug Intelligence Center, which found that, in the eastern portion of Kentucky, where agriculture is limited, approximately half of the laboratories seized during FY2001 used the iodine/red phosphorus method due to limited availability of anhydrous ammonia.<sup>46</sup>

Many key informants also noted that Kentucky was particularly challenged by out-of-state smurfing behaviors because it bordered so many states with less stringent precursor controls (Illinois, Indiana, Ohio, Missouri, Tennessee, West Virginia), with any point in Kentucky being within an hour of at least one other state. Kentucky has 48 of its 120 counties that border another state. Many key informants noted the need for a much more aggressive national and

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<sup>45</sup> <http://www.usdoj.gov/ndic/pubs1/1540/meth.htm>

<sup>46</sup> *ibid*



international policy to address methamphetamine production as well as the production of methamphetamine precursors.

*“It’s an international issue, it is a DEA, it is a FBI [issue]... It goes all the way to the international aspect of how it’s coming in ...” ~ Law enforcement, Office of Drug Control Policy (ODCP)*

### **Brief History of Kentucky Legislation**

The history of Kentucky’s Senate Bill 63 began with a strong educational component.

*“The issue had been played up in the press quite a bit especially in western Kentucky.... Congressman Hal Rogers of the Fifth Congressional District really put his people onto this issue behind the scenes, you know, raising awareness. He has been a person who has championed a cause called UNITE...and they came up here and did a rotunda-style rally saying, ‘Hey this is a problem and we have to deal with it’ and bus loads of people so that drew even more media attention to the issue and you had your federal, some members of the federal delegation along with the governor and the Justice Cabinet and numerous legislators, the Attorney Generals’ office and this isn’t a Republican or Democrat issue, they all rolled out on it.... So I think that was, you know, that type of effort bringing your federal delegation down on the state level saying, ‘Hey, you guys gotta do something.’ Also, just emphasize the point more.” ~ Senator Stivers, Kentucky State Legislature*

When the bill ran into resistance and stalled, an advocacy group called Operation UNITE, took action:

*“Operation UNITE contacted its coalitions and organized an anti-drug rally in Frankfort on February 14, 2005, that was attended by 2,000 people from across the region. Coalitions later contacted legislators to voice support for the tougher measures. These efforts are credited with getting the bill approved.”<sup>47</sup>*

Although the bill had some controversy, in the end there was very little resistance, in part because of an earlier bill that had addressed some aspects of the methamphetamine problem. Senate Bill 63 was enacted June 1, 2005.

*“Kentucky was unique in that there was a bill that was passed two years prior restricting placement of pseudoephedrine, so therefore the ground-work was laid.” ~ Senator Stivers, Kentucky State Legislature*

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*“...the bill was controversial all the way through because it ended up at three conference committees...the House, which has 100 members, three congressional committees, passed 84 to nothing. Everybody who was on the floor that day was for it and in the Senate, eight senators, and the bill passed 33*

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<sup>47</sup> <http://www.operationunite.org/invest/63.php>

*to nothing.... It was delivered to Governor's office and signed almost immediately and in our areas these bills take effect days later." ~ Senator Roeding, Kentucky State Legislature*

### **Barriers to Development of Precursor Law**

As a whole, the group of interviewees in Kentucky did not focus on the barriers to developing the methamphetamine precursor law. Actually, not one individual expressed any frustration with the development of the law. Through strong education and collaboration across multiple interest groups, the law was passed and was implemented without much resistance.

*"...key sponsor was...out of Clay County and we had the support of the entire General Assembly. We did not have one dissenting vote through the entire process - different houses of all counties and the governor signed it so that, in itself, we had some concerns. We had some legislators who wanted to not go forward because they thought it was an inconvenience and we compared it to going to the airport and taking off your shoes...we had the support on the grass roots level and I believe that's probably the turning point when you had your local boards, your agency substance abuse policy boards, you had your champions, coalitions talking and your local boards of health. We had them all on board with the understanding of what it's doing to communities. You had law enforcement contacting your legislators so when you had a legislator who was going to receive twenty calls about one particular bill...they said 'We've gotta do something about it'." ~ Law enforcement, ODCP*

### **Primary Elements of Kentucky's Precursor Law**

Relative to other states with precursor laws, Kentucky would be considered to have mid-level restrictiveness. In order for an individual to purchase a product with pseudoephedrine or ephedrine, a photo ID was required for purchase, along with a signature in a sales log and a limit of three packs or nine grams in thirty days. However, they did not have an agency to regulate and enforce the law's requirements.

As summarized by Operation UNITE (Unlawful Narcotics Investigations, Treatment, Education), Senate Bill 63 was enacted June 1, 2005 and included the following provisions<sup>48</sup>:

- Creates a new statute of controlled substance endangerment making it a felony for individuals who permit a child to be present near a hazardous chemical with the intent to manufacture a controlled substance. Penalties increase based on the child's injuries or exposure.
- When it can be shown there is intent to produce methamphetamine, only two or more chemicals or items of equipment needed to produce methamphetamine need to be present in order to prosecute individuals for manufacturing.
- Restricts the sale of cold remedies/decongestants in tablet or capsule form containing pseudoephedrine, ephedrine or phenylpropanolamine by requiring it to be dispensed only at pharmacies and requiring photo identification, a signature and address for purchase. The legislation does not affect gel-cap and liquid preparations.

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<sup>48</sup> <http://www.operationunite.org/invest/63.php>

- Limits the amount of packages of products containing pseudoephedrine, ephedrine or phenylpropanolamine in tablet, caplet or powder form to no more than 9 grams in a 30-day period. This is the equivalent of 300 30mg tablets.
- Requires internet pharmacies to register with the Kentucky Board of Pharmacy in order to do business in the state.
- Requires internet pharmacies to use the drug-tracking system (PMP) commonly known as KASPER.

### **Process for Customer Purchase**

The standard process for customer purchase required that PSE products only be dispensed only at pharmacies. Purchases required photo identification, along with a signature and address for purchase. Logbooks were generally maintained separately for purchases and most parts of the state did not utilize an electronic information entry and monitoring system.

While the benefits of the monitoring system were recognized by pharmacists, they still viewed it as an inconvenience.

*“Well, of course, being a community pharmacy, we've always been very involved in the selection process in the first place...so usually they come in and say you know ‘I've got a cold’ or whatever, ‘what do you recommend’ or ‘what do I need’, so we've always been a part of that. ...but the record keeping, you know, that's cumbersome...we have a log, we have to have an ID, and...you know we see the benefits of that, it's just, you know, cumbersome.” ~ Independent pharmacist, Franklin County*

For those who were part of an electronic data entry program being piloted in London, Kentucky, the process was often smoother:

*“When they originally come in and ask for whatever the product that may be, we require that they give us their driver's license, and once they do that, we actually have a program that we are using where we scan their driver's license and it submits their Driver's License information, address, name and it submits it to a central database and that kind of keeps track of how many grams of pseudoephedrine that they actually are buying from individual pharmacies in Kentucky.” ~ Independent pharmacist, Laurel County*

### **Perceived Effectiveness and Impact of Law**

The focus of all the key informants was on the overall effectiveness of the law. Every individual except for one pharmacist discussed this issue and it was the topic that was covered with the highest frequency. Both law enforcement and the legislators felt that the overall success of the methamphetamine law had led to a shift from searching for what they called the mom and pop labs to the more traditional role of interdiction along traditional importation routes. As the implementation of the law took effect on the methamphetamine community, law enforcement officials found that their jobs changed as the sources of methamphetamine changed. Whereas prior to the bill, or in the initial period following its passage, meth production often occurred in local STLs, once the bill took effect, there was a noticeable reduction in STLs.

*“Since the laws it has changed. Now probably it's half and half, 50% of what we're picking up now is crystal methamphetamine which we feel like is imported. We understand that a majority of what we are getting here now in the crystals is coming from either Atlanta or St. Louis. Understand that Atlanta especially is a major distribution head now. From my limited knowledge of the international trade, I understand that the? majority of it is coming from Mexico.” ~ Law enforcement, Daviess County*

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*“We are switching gears on enforcement strategies. Basically, we are reverting to previous methods of investigation. We investigate through undercover operations and interdiction.. It has to be brought in here some way by train, bus, air, or highway, and we train for interdiction. We have undercover officers out there making controlled buys. We seize the drug and arrest the perpetrator, that's what we do. Actually, that's easier than having to deal with mom and pop labs, easier and more efficient. I can buy a few grams of methamphetamine during an undercover buy a whole lot cheaper than I can clean up a lab and it has the same penalty.” ~ Law enforcement, Kentucky State Police*

This shift to interdiction was explained as having been caused by Mexican crystal methamphetamine.

*“So that's my understanding, talking with them and various places that production is down.... What you are seeing is, as we take the cup out of the lake, what has filled in next to the cup has been the Mexican pipeline.” ~ Senator Stivers, Kentucky State Legislator*

Kentucky key informants only focused on the consequences of the law on the physical harm or daily toll to pharmacists and law enforcement officials. For example, when asked about the biggest impact on her job, one pharmacist stated:

*“I definitely think that having the pharmacies control the, I guess, the purchasing of pseudoephedrine, although it has been somewhat of a hassle and a big change in the way we do things.” ~ Independent pharmacist, Laurel County*

Only one law enforcement official mentioned the impact of the law on theft or sales.

*“...pharmacies are more aware of the problem, consequently they're looking for it [and] bad guys suddenly realize that not only the pharmacies but...everybody out there is going to be looking....” ~ Senator Roeding, Kentucky State Legislature*

Consequently, arrests related to STL production were perceived to be reduced, primarily due to the restriction on precursors.

*“One of the things the Justice Cabinet gave me...the methamphetamine addictions are down nation-wide, and methamphetamine-related arrests in*

*Kentucky, like I said, are down, as I said, 55%.” ~ Senator Roeding, Kentucky State Legislator*

The effectiveness of the law led to discussions related to the law’s effect on state methamphetamine use rates.

*“I think it is a key point...you go to the grocery store, you can purchase everything you need to make meth. You know, coffee filters, all the stuff that's related, you know, you generally have most of it in your house but, one thing you gotta have is ephedrine or pseudoephedrine. So if you limit that, you limit production.” ~Senator Stivers, Kentucky State Legislature*

Overall, law enforcement personnel and state officials in Kentucky took a very comprehensive and complex view of the methamphetamine and other illicit drugs. There was recognition that there were major public safety and health benefits to reductions in STLs. It was consistently noted that there were fewer drug endangered children, lower community costs from the clean-up of toxic sites and less risk to law enforcement and first responders entering an STL site. However, they also were well aware that there might not be less meth use, but that sources of methamphetamine had switched from STLs to importation of crystal methamphetamine. There was also a strong recognition that drug policy was not only a state problem but was national and international in policy scope.

### **Impact of Combat Methamphetamine Epidemic Act (CMEA)**

When asked their impressions of how the Federal Law might impact their state’s law, both legislators and law enforcement officials believed that the Federal law would not have a strong impact in their state because Kentucky already had stronger requirements in place.

*“Federal law seems to sometimes wait and see what state laws and local or what the state government is doing to combat problems and federal government has certainly stepped in about this. I really don't see it as being any better than what is already in place in the state of Kentucky.” ~ Law enforcement, Daviess County*

There seemed to be some confusion on the part of some law enforcement officers regarding the role of the CMEA. For example, one officer had the impression that the law basically enabled the Federal government to investigate the big cases, leaving local law enforcement officers to handle the smaller cases.

*“Well, federal government has an important role in it. First of all, you have to consider what they do versus what we do. Before they investigate a case, it has to meet a certain prosecution threshold....Same thing with investigating precursors - unless you have a large amount, it's not going to go anywhere in the federal system.... They are more effective when they investigate large amounts of illegal Sudafed movement. We can be more effective on what we do on the state level and the local police focus on their immediate area...they move state-wide and every agency that participates in the investigation has a role. The best big picture approach for enforcement is to task force your officers .*

*That's what we do. We have city and county officers on our Task Force, state police officers on the DEA Task Force ....one of the key things that we asked for at the time meth labs became a problem, because we were not getting good prosecution on the local level was ask...to reduce threshold on Federal prosecution on meth labs and...that...helped tremendously and got convictions in federal court which has mandatory jail time” ~ Law enforcement, Kentucky State Police*

### **Most Effective Elements of Law**

The most effective elements mentioned were the implementation of the log book (but it was noted that there was no central database that was created from this log book) and having to show an ID to purchase PSE products. The most common reason for these elements was that methamphetamine users were often paranoid to the level that if they were asked to show ID and write their name down, they would often shy away from purchasing the precursors.

When asked to share other effective elements, interviewees had a difficult time choosing only one aspect. Senator Roeding stated: *“They all are effective leading up to the fact the arrests are down 55%”* . However, when pressed, a few were able to pin it down a little more.

*S: “Well, basically the restriction and also having to have the log you know where that they had to sign for which identifies who the purchasers are...and also putting it behind the counter I think made a difference.”*

*Interviewer: “Did the increased penalties make any difference at all?”*

*S: “Well, of course, we had no penalties before with the pseudoephedrine so I think that yes, it did make a difference. It gave us an additional charge to charge them with and what that means is although we may not have enough to charge them with manufacturing, but...a violation of the precursor law gave us enough to charge them.... ~ Law enforcement, Kentucky Sheriff's Association*

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*“I think the key component of the entire bill wasn't just the amount that was limited - it was the showing of the identification; it was limiting it to pharmacists or pharmacist technicians.” ~Law enforcement, ODCP*

The primary conclusion was that controls at the point of purchase of products containing ephedrine and pseudoephedrine, as well as recording the transaction and limiting how much individuals could purchase, had the largest impact on STL reductions.

### **Barriers to Methamphetamine Law Effectiveness**

Most barriers to methamphetamine law effectiveness revolved around monitoring and tracking the purchase of pseudoephedrine products.

1. Lack of a centralized electronic database system that allows for real-time monitoring

This was a major concern mentioned by almost all the key informants. Law enforcement officials were frustrated that they had no rapid and efficient way to identify and track smurfers and stop them as they purchased more than their legal limit of PSE products. In addition, as mentioned previously, many key informants noted how close Kentucky was to many states with widely varying methamphetamine precursor policies, with no way to coordinate information sharing.

*“Indiana's just right across the river here. A lot of people went over there, a lot of people still go over there to get around our pseudo law. Understand that Indiana also has a pseudo law and so they can track it over also.... Of course, the problem is Indiana and Kentucky you know we don't have a formal way yet of sharing information” ~ Law enforcement, Daviess County*

## 2. Frustrations with extra time involvement in tracking and monitoring PSE purchases

Pharmacists mentioned the frustration of adding yet one more task to the purchase of a product. Obtaining signatures and addresses in a logbook added to the daily hassles of helping customers with their purchases. Similarly, law enforcement officers felt that monitoring logbooks added yet one more task to an already overwhelming set of responsibilities.

*“I don't really have the time to do that (check logs) because I'm stretched pretty thin. I actually do my meth labs in addition to my regular patrol duties so my, so I'm 60 hours a week plus so...I just don't have the, don't have the time to look at the logs like I should.” ~ Law enforcement, Laurel County*

## 3. Challenges in educating new politicians and law enforcement personnel about PSE dangers

One law enforcement official expressed frustration with the political turnovers that occurred on a regular basis, resulting in the need to educate new political appointees on the dangers of methamphetamine and the importance of dealing aggressively with STLs.

*“You need to understand the political process here in Kentucky. Every four years our government changes. The state police is a consistent entity, because everyone has merit status. And every four years your sheriff is going to change.” “Each time that we have a change in leadership, we have to go back and re-educate the new leadership and sometimes it takes a little longer than it does others.” ~Law enforcement, Kentucky State Police*

## 4. Challenges in reducing methamphetamine production given the rapid spread of knowledge regarding cooking methods

Another challenge involved the easy access to PSE cooking methods on the internet.

*“Now a large number of the places we hit where we find meth labs, there will actually be a computer there and they can get right online and go to*

*methamphetamine and it will tell them the step by step, you know. And which I think that hurts us.” ~ Law enforcement, Laurel County*

### **Unintended Consequences of the Law**

Perhaps the most importance finding in this area was that virtually no one perceived significant negative unintended consequences to Kentucky’s precursor law. However, it was noted that a secondary result of the precursor laws was a return to the importation of crystal methamphetamine that was believed to be more potent than that produced by STLs.

*“...I guess in a way it's a two edged sword. The pseudo law is working because of less labs, less availability for awhile, of the finished product methamphetamine, but on the other end, again, it's more addictive, it's pure apparently, and it's opened up avenues for other people to make more money, as major importers or major distributors in this area of the crystal meth.” ~ Law enforcement, Daviess County*

### **Lessons Learned and Recommendations**

1. Recognize the progress made in reducing harms associated with small toxic labs and continue to work toward the elimination of all labs

As mentioned earlier in the Perceived Effectiveness and Impact of Law section, virtually all law enforcement personnel and state officials in Kentucky recognized that there were major public safety and health benefits to reductions in STLs. They consistently noted that there were fewer drug endangered children, lower community costs from the clean-up of toxic sites and less risk to law enforcement and first responders entering an STL site. One legislator feared that this success might make people less likely to continue working to eliminate all labs within the state.

*“Just to remind people about ‘Hey, this is working’. Please keep it on the front burner to make sure that you know that the problem is still out there but it is decreasing and we just need to make sure this law is as effective as it can be”  
~Senator Roeding*

2. Develop an electronic, real-time, state-based reporting system

Similar to several other states, the most common recommendation was for an electronic state-based reporting system that allowed for real-time tracking of PSE purchases. Such a system would allow retailers and pharmacists to know when a customer’s last purchase had been made and would alert them to customers who had purchased over their legal limit. This system would also allow law enforcement personnel to track and follow up on PSE purchasers who attempted



to violate the law. Both state senators we interviewed referred to pending legislation that was attempting to develop a state-wide monitoring system<sup>49</sup>.

*“...our written log books have proven to be cumbersome, labor intensive for both pharmacies and law enforcement, particular for law enforcement when they have to go through all of those things. Now, in fact...they were trying to go ahead and seeking electronic logs.” ~ Senator Roeding, Kentucky State Legislature*

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*“Actually, we are looking at some other things this session in electronic logging verses manual logging to give us real time access reporting.... Other states have said that that's kind of been a real hole in their system. Because if you don't have real time logging, people can still go along and smurf store to store to store and the stores are not connected in any way and so you may not have, even if you go county to county, there may not be any way that the law enforcement folks would know that someone had picked up their legal limit in multiple locations....” ~ Senator Stivers*

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*“It would make the law more effective, but actually the law is written so that these Sudafed logs have to be available to us. It actually got ahead of us, and we don't have the mechanism in place to collect the information they bring in.” ~ Law enforcement, Kentucky State Police*

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*“...there is no central depository and that needs to be done very badly.... I'm very happy with the law itself, it's just the reporting method needs to be tweaked or improved.” ~ Law enforcement, Daviess County*

Both law enforcement and legislative officials talked about the lessons learned from the development and implementation of the law. The most discussed theme was the reduced harm that resulted from reductions in STLs in residential or rural areas. In a sense it was perceived that the impact of the methamphetamine precursor law was to move the methamphetamine problem back to its original boundaries, with a return to more traditional interdiction and law enforcement practices.

*“...it is just not as easy to go out and do the little mom and pop [lab] in your house, production anymore...but where it has filled in, has been the pipeline in Mexico.” ~Senator Stivers*

### 3. Develop more treatment options to help addicts overcome addiction

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<sup>49</sup> During the 2006 legislative session, Kentucky legislators passed Senate Bill 88, authorizing the use of electronic logs when funds became available. On November 15, 2007, a representative from the Office of Drug Control Policy noted that the funding is now available to support this initiative.

Both law enforcement personnel and legislators agreed that treatment and education were the primary ways to reduce continuing drug problems. For example, one Daviess County law enforcement officer noted: “...from actually speaking with people who had the addiction...I think it has to be long term intensive treatment.”

Despite documented drops in STL seizures, law enforcement officials continued to note the increase in incarcerated individuals who were addicted to methamphetamine. They also supported drug courts, seeing them as an alternative that provided drug treatment and monitoring with lower costs and more support for the addict. Drug courts were just emerging within the state so success rates were not yet available but law enforcement personnel seemed to favor them as a way to stop the revolving door of addicts through the jail or prison systems.

*“We're seeing less labs, although we're not at this time seeing a lot of reduction in the usage, our number one problem is still our treatment is still overflowing our jails are overflowing from people who are addicted to it.” “Anytime we can make a referral into treatment we will do it, and it's very important for police officers because they are first contact and sometimes we will get a compliant from the family, ‘My son's doing this, what can I do?’ The only thing we can do is arrest them but we can refer to treatment. It has to be voluntarily, but of course the drug courts come into play now, which we didn't have before, which is a great tool. I look as our role, as we catch them, get them identified, put them in the sack [jail], let the drug courts sort them out. Let them make the determination who needs to go to jail.” ~ Law enforcement, Kentucky Sheriff's Association*

Reflecting on the reasons why the law enforcement community was in favor of treatment, one law enforcement official stated:

*“I think they [law enforcement] understand that it's the revolving door. It's the same people, it's the same neighborhood, it's the same place. So for them to have any reduction whatsoever in their clientele, if you will, is a bonus for them. Then they can respond to the domestics, the accidents, the other things that you rely on them for. ~ Law enforcement, ONDCP*

#### 4. Develop collaborative relationships with all major stakeholders

The importance of developing and maintaining collaborative relationships was mentioned by both law enforcement and legislators as something that needed to be encouraged and implemented more frequently across Kentucky and throughout the region. For example, Senator Stivers advocated for a wide variety of partners in the fight against methamphetamine: “I think you have a strong coalition of courts, law enforcement, rehab people....” Senator Roeding echoed this point: “I guess the best lesson is to...make sure the public and all the professionals are educated and knowledgeable about the law.” One example of this type of coalition building occurred when the precursor legislation became stalled in the legislature:

*“The issue had been played up in the press quite a bit especially in western Kentucky.... Congressman Hal Rogers of the Fifth Congressional District really put his people onto this issue behind the scenes, you know, raising awareness.*

*He has been a person who has championed a cause called UNITE...and they came up here and did a rotunda-style rally saying, 'Hey this is a problem and we have to deal with it' and bus loads of people so that drew even more media attention to the issue and you had your federal, some members of the federal delegation along with the governor and the Justice Cabinet and numerous legislators, the Attorney Generals' office and this isn't a Republican or Democrat issue, they all rolled out on it.... So I think that was, you know, that type of effort bringing your federal delegation down on the state level saying, 'Hey, you guys gotta do something.' Also, just emphasize the point more." ~ Senator Stivers, Kentucky State Legislature*

5. Expand education around dangers of methamphetamine and increase lab seizure training

Several law enforcement officials discussed the importance of education about the dangers of methamphetamine use and identification of STLs. This form of training included outreach to schools, apartment owners, retail establishments, and other community groups.

*"...we have some wonderful photos that we use. We have a booth and we've done a lot of public information and that sort of things so we use a lot of those photos for the impact. The children just absolutely are shocked." ~ Law enforcement, ODCP*

Education and training for law enforcement personnel was also important. This was a particular challenge in the western part of the state, where a higher incidence of meth labs made training critical to identification and dismantling of STLs.

*That is number one priority, having people trained. We had couple people trained to enter meth labs, so I got that number increased, now a dozen or more in the western part of the states and started training east because I knew that it would come east. ~ Law enforcement, Kentucky Sheriff's Association*

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*"I think you can't legislate away a problem like methamphetamine, [but] you can legislate things to ease the pain and I think education and time will be the key to solve a meth problem." ~ Law enforcement, Kentucky State Police*

6. Expand precursor law to include liquid- and gel-based formulations of ephedrine and pseudoephedrine

Two law enforcement officials and one legislator mentioned the need to restrict the purchase of liquid ephedrine and pseudoephedrine in similar ways as were found in the current tablet-based provisions. This discovery is consistent with similar reports of liquid-based PSE products used in making methamphetamine in Oklahoma.

*"...we are given intelligence now where they're actually trying to extract the ephedrine from the liquid or the gel caps. They're figuring out how to do that,*

*they're also, for instance, trying to manufacture a synthetic ephedrine through a laboratory process.... It is possible and they can do it...." "Well...I see a developing trend the same as it is when they first started producing as they become more aware of how easy it is to extract it from the gel caps you'll see more and more of that being done and the problem will get back like it was."*  
~Law enforcement, Kentucky Sheriff's Association

## Indiana

### Background

In-person interviews were conducted in June and July, 2006 with individuals in five Indiana counties, including: Fulton and Marshall (north-central IN); Knox and Vigo (both west-central IN), and Vanderburgh (south-western IN). These counties were in regions with some of the highest rates of methamphetamine lab seizures from 2004 - 2006. In-person interviewees included: sheriffs from four of these counties; a county prosecutor, a district judge, a narcotics detective, a city Chief of Police, and an Indiana state police commander from one county; three independent pharmacists from three counties; and one state representative<sup>50</sup> who helped to sponsor and was on the final conference committee to develop the Indiana precursor law (S.B. 444 – enacted July 1, 2005). One telephone interview was also conducted with a second state representative from southwestern Indiana<sup>51</sup>. All law enforcement officials had extensive experience in meth lab seizures and participated in county or state methamphetamine taskforces. See Sampling and Methods section of this report for further details on how states and key informants (KIs) were selected.

Indiana ranked third in the nation in number of clandestine drug lab seizures in 2006, with 894 lab seizures reported by the El Paso Intelligence Center's (EPIC) National Clandestine Laboratory Seizure System. Miscellaneous statistics compiled by the Indiana Criminal Justice Institute (ICJI)<sup>52</sup> show a variety of impacts of methamphetamine on the state. For example, the number of adult offenders incarcerated in the Indiana Department of Corrections for dealing or possession of either methamphetamine or cocaine increased by 34% from 2000 to 2004. Further, as of June 2005, 76% of the inmates in the Vigo County jail (one of the counties included in our interviews) were incarcerated because of methamphetamine-related issues. In addition, in some parts of the state, nearly 40% of the children in the Children in Need of Services system were removed from meth houses, with 144 children affected in some way by methamphetamine seizures in 2006 (a 16% reduction from 2004). EPIC data showed 1340 clandestine meth labs seized by the end of December 2004, 1211 labs seized at the end of 2005, and 894 labs seized at the end of 2006, yielding a 33% reduction in meth lab seizures across those time periods.

Consistent with all qualitative data reports, it should be noted that the descriptions, discussions, lessons learned, and recommendations represent the perceptions of the limited number of individuals who were interviewed for this project. As such, the perceptions were not based on a representative sample of all law enforcement officials, law makers, and pharmacists in the state.

Informed consent was obtained from all interview participants. It should be noted that this consent also stated, "We will not present or publish your name or any other information that directly identifies you unless you are speaking within your role as an elected public official." As such, there are instances in this report where state legislators or law makers were quoted 'on the record.' There are also several instances where KIs gave permission for their names to be used in this report.

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<sup>50</sup> Representative Bill Friend (R), District 23, majority leader for IN House of Representatives, representing portions of five counties in north-central Indiana.

<sup>51</sup> Representative Trent Van Haften (D), District 76, representing an area in southwestern Indiana including portions of three counties with very high meth lab seizure rates. Van Haften served on the 25-member state methamphetamine taskforce.

<sup>52</sup> <http://www.in.gov/cji/methfreeindiana/enforce.html> , retrieved on September 28, 2007

## Nature of the Methamphetamine Problem before the Law

*Impact of Methamphetamine on the Community.* Similar to other states, legislators and law enforcement personnel described the sometimes devastating impact of meth in Indiana in relationship to children, law enforcement, safety, and health. Children were a particularly important concern for law enforcement officials.

*“...that particular year they had taken 57 children out of meth labs out of Green County. 57. Of those 57, 49 tested positive for methamphetamine. Either on their clothes, on their skin or in their system. And one as small as a two year old baby who had been crawling around in the kitchen where the lab was being, where they were cooking stuff. Two years old, in his system. Again, children, you hear those kind of figures and it shakes you up. What's going on here?” ~ Law Enforcement, Vigo County*

Law enforcement officials in all counties described an overwhelming focus on small toxic labs (STLs) and methamphetamine-related issues, often to the exclusion of other law enforcement duties. This included a high percentage of prosecutions for methamphetamine-related activities and large and rapidly growing portions of corrections budgets used to address these issues.

*“...it got to the point where being prosecutor really wasn't, I don't know, wasn't a challenge. I mean in terms of, most of your cases were meth cases. They were lab cases and really, a meth lab case in terms of trying in front of a jury turns out to be a boilerplate case. You know I don't know how many times I could say I asked the same series of questions and the same argument just changing the name, date, and location. And that's just the lab cases and then you start looking at the neglect cases that evolve from that you start looking at some of the theft cases or just other offshoots of that and the cases, you knew, this is because this person's got a meth problem, so yes, I would say half the cases were indeed related to methamphetamine.” ~ Rep. Trent Van Haaften, (former county prosecutor), Indiana State Legislature*

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*“The sheriff's jail budget...was \$850,000 to operate the jail. Now that's salaries and everything. In my second year--3.5 million and it jumped to that solely because of methamphetamine. I mean I was constantly, my first two years, going to the counsel and saying, "I need more medical money." Finally that, that last counsel call and I can hear it just as plain as the day- the Counsel President said, "If the Sheriff doesn't get his jail under control this county is going to be broke in two years.” ~ Law enforcement, Vigo County*

Concerns about public safety and hazardous materials also ranked high in the minds of law enforcement personnel. Although they had received Federal government assistance with some lab cleanup, the consequences to the environment and surrounding community were substantial.

Further, law enforcement officials noted ongoing concerns about safety in relation to crime and drugs. The sheriff in one county stated that “85% of the people in jail were there for drugs. Eighty percent of that 85% was methamphetamine”. Those general rates were echoed

throughout our interviews with law enforcement personnel and lawmakers in the state. One sheriff expressed concern about environmental toxins and the safety of his officers:

*“The thing I think that needs to be addressed down the road too, physically and long term health, once the officers, what are they going to come up with, in their bodies, 10-15 years down the road? That's something that weighs heavy on my mind, even mine, I go out, when I go to jury trial, I need to know what the heck is going on.” ~ Law enforcement, Knox County*

*Primary sources of meth.* There was no consensus by law enforcement on sources of methamphetamine. Officials in counties in the south part of the state believed that the vast majority of meth in their counties was being imported, possibly by motorcycle gangs, while officials in the north-central part of the state believed it was primarily being produced locally in STLs.

*Common lab locations and cooking methods.* Lab seizures were reported in both suburban and rural locations by law enforcement officials, although rural counties, or sections of counties with rural locations, reported the highest number of lab seizures, particularly following increased law enforcement pressures in suburban areas. Labs also became more mobile as law enforcement and community reporting pressures increased. All law enforcement officials described finding labs in a wide variety of locations, including garages, mobile homes, barns, cars, U-Haul vans, cornfields, remote locations in the woods, and hotels. One interesting location not noted in other state interviews involved two different instances where cooks producing batches of methamphetamine in a church.

*“I was surprised how we were able to catch some of these people because I don't think they realized just what they were doing. We were catching people in mobile home parks and people would start smelling the ammonia, the ether, and that would lead to calling police and boom - you've got them. So then they started moving out into the country and into the wooded areas, into the river bottoms so then you had more farmers finding discarded labs in ditches and in their fields and that, of course, just started the increase in ammonia thefts... ~ Law Enforcement, Vigo County*

Virtually all of the lab seizures in the highest meth-producing counties involved local labs using the Nazi method, a production method that requires the use of anhydrous ammonia. This relatively inexpensive chemical is used by farmers across the state as a liquid fertilizer. These counties were primarily rural, so most cooks used anhydrous ammonia stolen from farms as part of the cooking process. Law enforcement officials occasionally discovered labs using the Red Phosphorus method, but that process was rare in rural locations.

*Primary characteristics and profiles of meth cooks and users.* Law enforcement officials were hesitant to over-generalize beyond stating that virtually all cooks and users were White.

*“What amazes me is that we bust cooks from 18 years old up to 52, 53 years old. At one time, I just thought it was the stereotypically guy who didn't have a job, lazy, on welfare, but its not. It's a very wide range of population you are*

*dealing with and there is no certain age as far as what your role is.” ~ Law enforcement, Knox County*

However, while both males and females were strongly represented in all aspects of meth use, there was a somewhat greater prevalence of males, with a majority in their late 20’s and 30’s. Smurfers, sometimes called ‘runners’ in Indiana, were more likely to be female, with cooks more likely to be male. Labs were found across all socioeconomic groups, with individuals from lower economic status more heavily represented. However, one sheriff cautioned that *“it’s just unbelievable the amount of people who are addicted to this drug in all social classes.”*

*Methods for obtaining precursors and reagents.* Following the introduction of S.B. 444, individuals began smurfing for pseudoephedrine (PSE) products and some reagents across multiple store locations, generally the larger retail stores (examples included Walgreens, CVS, K-Mart, and Wal-Mart) with some reports of theft as well. One law enforcement official noted that, since the implementation of S.B. 444, *“...instead of going in two times a day or three times a day...there might be a group of six people going in [to the store] together.”*

*“I think three month ago we had over, almost over, 200 violators from those four stores on the pre-cursor law and the thing is, looking at where they are from, I think geographically where we are at, it’s a, we are right in the meth corridor...so, it’s not uncommon for us to make traffic stops and arrest these people, when they live two counties away or if they live over in Illinois.” ~ Law enforcement, Knox County*

Law enforcement officials in some counties began training store clerks to watch for such individuals and report them.

*“...you’ll have a cell that is directly in the middle of a major cooker. And then what happens is that this information it brings a stop, it creates a cell, and you just go from one cell to another because they are all connected somehow. Each cell got someone that is connected to another cell somehow.” ~ Law Enforcement, Knox County*

Anhydrous ammonia was the primary reagent that was regularly stolen, with some reports of lithium battery thefts as well. As noted above, most anhydrous ammonia used in the Nazi method was routinely stolen from local farms and distribution centers in rural locations. One law enforcement officer in Fulton County noted: *“It’s a huge problem in every county.”*

*Interviewer: Why is it more prevalent in rural than urban areas?*

*Judge: “That’s easy, anhydrous [ammonia]; it’s cheap fertilizer, its easy access. Yeah, this is a rural crime, for us it’s the crime of the decade. ~ District Judge, State of Indiana*

\* \* \* \* \*

*“They are looking for something that’s cheap and easy and some of the stuff that they need - the ammonia - is readily available in the farming community. Now they’re getting from opening up the tanks and filling five gallon buckets to*



*actually just stealing the tank, 500 gallon tank of ammonia.” ~ Independent pharmacist, Marshall County*

One law enforcement official was told by a farmer that he just left his ammonia tank in a far field when he was finished applying it to his fields. The farmer stated:

*“I don't want them to blow up my house either so I leave my nurse tank as far away from the house as I can get it when I'm done with it. I'm done in the fields, it's as far away as [I can get it], because I know they're going to steal it.” ~ Farmer, as related to law enforcement officer, Fulton County*

In part, the thefts of the entire tanks were occurring to avoid being tagged with colored dyes that would more easily identify thieves. Officers also regularly patrolled anhydrous ammonia processing plants in one county.

*“You know, it's something that is on every officer's drive by list in the evenings or night shifts - go by the plants and out in those areas. We just recently had a big theft where a thousand gallon tank was tapped. It [the fumes] actually drifted over to from the factory, where 25 people went to the hospital.” ~ Law enforcement, Knox County*

One unique group that purchased relatively large amounts of PSE products were labeled “pill eaters” by law enforcement officials. These individuals regularly consumed pills containing PSE as a mild stimulant to get them through the day. Law enforcement officials were not particularly concerned about this group of purchasers, who they were able to identify through purchases made both before and after work hours.

### **Brief History of Indiana Legislation**

Around 2001-2002, the Indiana legislature began restricting access to precursor products and began enhancing some penalties for these products. This had no measurable effect on lab seizures – in fact, lab seizure rates began rising dramatically during that time period. Legislators began hearing about Oklahoma's success in restricting access to PSE products and also began hearing more and more stories about problems caused by methamphetamine in their communities.

*“There were horror stories in Vigo County. The Sheriff down there was just excellent individual who did a lot of photography. He would, you know, those mug shots that they book people in, he would put people those people who first time come in [with a meth problem]. Maybe a little rough around the edges, but pretty normal. He would [create] subsequent photos when they were arrested three months, six months, one year later. And just watch them age a hundred years it seems. Their hair falls out. Their skin goes go to pot. Their teeth, you know, sore scabs, all kinds of things. I remember seeing all those. We listened to the judges, talked about seeing these people and how they deteriorated.” ~ Rep. Bill Friend, Indiana State Legislature*

By December 31, 2004, the number of clandestine meth lab seizures reported by law enforcement authorities in Indiana was 1,340. With added testimony and pressure from the Indiana Sheriff's Association and other law enforcement groups, prosecutors, and child welfare organizations, legislators began drafting legislation to address the problem. Following a series of negotiations during which compromises were reached between the House and the Senate, the Indiana legislature unanimously passed S.B. 444, which placed products behind retail sales counters and required photo identification and logbook signatures (see the end of this state report for a table identifying the specific components of this law). However, extremely strong resistance by pharmaceutical companies and retail lobby groups prevented development of a law that more fully restricted access to PSE (see Barriers to Development of Precursor Law section below).

One interesting legislative concession allowed counties with tougher local ordinances to opt out of the less stringent requirements for PSE quantity sales and tracking mechanisms. It was unknown how many counties fit within this designation. For example, Vigo County required all tracking data to be compiled and sent to the county prosecutor's office for tabulation. This compiled data was then used by law enforcement officials to determine trends in purchase locations, as well as identify individuals who were routinely showing up on multiple sales logs.

### **Primary Elements of Indiana's Precursor Laws**

Senate Bill 444 does not list ephedrine or PSE as a controlled substance. The law limits individuals from purchasing no more than 3 grams of PSE products within a seven-day period. Primary sales environment restrictions include placing PSE products behind the counter, using video surveillance, requiring photo identification, maintaining a sales log, and prohibiting sales to minors. Non-pharmaceutical retail stores (convenience stores, gas stations, etc.) can only sell small doses of PSE products, but do not have to maintain a logbook of sales. See the end of this state report for a detailed description of basic S.B. 444 provisions.

### **Process for Customer Purchase**

Under the S.B. 444 provisions, retail clerks or pharmacists are required to keep a separate log of all customer purchases, including photo identification and spot-reporting to law enforcement authorities for individuals who attempt to purchase more than three grams of PSE products within a seven-day period. This provided frustrations for retail clerks and pharmacists, particularly since some establishments were never contacted by law enforcement for their records. However, the pharmacists we interviewed did have occasional inspections from local law enforcement authorities.

### **Barriers to Development of Precursor Laws**

*Retail and pharmaceutical industry barriers.* The active resistance on the part of the retail industry was described by both legislators and pharmacists:

*"...one of the things I do remember about all of the discussions that we had was the constant comparison to the Oklahoma law and there were other states that had done things differently. They [industry lobbyist] all approached the display and distribution and availability of ephedrine products and what they were*

*going to require the drug stores to do. I've got the guy from Retail Counsel whispering in my ear, no - he was yelling in my ear, 'Don't make it so hard to comply, don't make it so difficult that it is a real burden for us to take care of it.'” ~ Rep. Bill Friend, Indiana State Legislature*

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*“...we [Community Pharmacies of Indiana] submitted comments on the bill all the way through the process. We were wanting it to be a C5 [Controlled Schedule V], mostly because we felt it would be more effective if it was controlled by pharmacies, but convenience stores and that fought that.” ~ Independent pharmacist, Fulton County*

After requesting that the interviewer turn off the tape recorder, one law enforcement official described an unpleasant visit from a pharmaceutical company located in his county, attempting to persuade him that the development of local ordinances to limit quantity purchase and full access to PSE products was unnecessary and heavy-handed. It was not clear from interviews with the legislators whether they received similar pressures while working on the bill’s development.

### **Perceived Effectiveness and Impact of Law**

Every individual from the state who was interviewed for this project – from law enforcement personnel to policy makers to pharmacists - agreed that the states’ methamphetamine precursor laws, had had some impact on the number of meth labs in their counties and communities.

*“I think what this county has eliminated is the environmental impact that these labs had on this county. It was being dumped, you know, trash and the high poisonous, you know, potions into the streams and along the roadways that leached in and down into our system. It's, it's certainly eliminated little children being put into foster care because of a meth lab. And that's been a savings to not only this county but to the state.” ~ Law enforcement, Vigo County*

However, effectiveness varied by county and depended largely on the degree to which law enforcement officials in counties and even towns monitored logbooks and followed up the leads. For example, while some counties were said to have put little effort into monitoring logbooks, one county with particularly strong local enforcement was driving meth cooks from his county into surrounding counties with less intensive enforcement:

*“Oh, it has definitely made an impact. We have worked hard with enforcement, education, and treatment and, believe me, when we bust these guys and women, we talk to them. I want to know how we are doing. They say, ‘sheriff, you guys are cleaning it up and you got them on the run’ and that's what I want them to do. I want them to go on the run, I had other sheriffs say, ‘slow down because you got them coming over to our county’”. ~ Law enforcement, Knox County*

The law enforcement official in Knox County had also noticed a difference in the size of STLs seized by his officers following the passage of the law, noting that labs appeared to be

smaller and “...*probably more affordable. People using plastic wear containers, or even small backpacks or large suitcases to move their stuff.*” Law enforcement officials in two counties also noted that incidences of anhydrous ammonia thefts had gone down in their county since the introduction of S.B. 444.

It is important to note, however, that no one we interviewed believed that the reduction or even elimination of meth labs would significantly impact, or was currently impacting the overall methamphetamine use rates in the state. Both law enforcement officials and policymakers believed that the level of imported crystal methamphetamine that was available would more than make up for any meth that was reduced due to reductions in STLs.

*“We have a methamphetamine issue and the majority of it is coming from Mexico. The majority of it. It's still here. [But] we now are fighting methamphetamine as we did cocaine and heroin.” ~ Law enforcement, Vigo County*

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*“...methamphetamine has not disappeared. It's still out there, probably as bad as it ever has been, but we have eliminated, we've cut off one of the heads of the meth dragon.” ~ Law enforcement, Vigo County*

#### Impact on pharmacies

The three pharmacists we interviewed seemed generally supportive of the law and to have reconciled their frustrations with its impact on their daily work. We did not interview any retailers as part of our research. It was clear that they were mildly frustrated with the increased paperwork and the sometimes irritated or irate customers under the current rules, with one pharmacist noting that a lot of extra work seemed to have very little impact on the problem.

The three pharmacists we interviewed perceived the impact of the precursor laws on sales of PSE products to be minimal. In addition, theft of PSE products was not viewed as being a big problem in the state by either the law enforcement officials or pharmacists that we interviewed.

Several individuals noted that restricting access to PSE products had caused some frustration among state residents, particularly in rural areas where it was more inconvenient and difficult to obtain easy access to such products. One pharmacist expressed concern about restricting access to legitimate purchasers of larger amounts of PSE products, using a caregiver who was in charge of a group home where larger amounts of the product might be needed. Another pharmacist speculated about whether some individuals would attempt to visit multiple physicians as a way to obtain larger amounts of PSE products through multiple prescriptions. However, everyone who was interviewed noted that there was general good will on the part of Indiana citizens, who often knew someone who had been affected by methamphetamine or who understood the seriousness of the problem and therefore considered the inconvenience worth the frustration.

Each pharmacist had largely adapted to the new regulations, with one calling the larger workload “*a tolerable increase*”. It appeared that most of the pharmacists’ frustrations regarding tracking and monitoring had abated since the passage of law, with one pharmacist who served on the Community Pharmacies of Indiana (CPI) noting that there had been no pharmacist complaints to the organization and they had no plans of offering any proposed changes to the law.

### **Impact of the Federal Combat Methamphetamine Epidemic Act (CMEA)**

Most individuals we interviewed were either unaware of the Act, or believed that the Act was irrelevant, mainly because stronger Indiana provisions pre-empted the CMEA.

*“I think in the state like Indiana we've already dealt with it. We are going to say, we've got a strong law and we have model legislation for other states to follow and even the Government to get on board and I don't think you'll hear a lot about that.” ~ Rep. Bill Friend, Indiana State Legislature*

One sheriff expressed frustration that the CMEA wasn't more restrictive, with blanket coverage across all the states.

### **Most Effective Elements of Law**

Perhaps the most obvious but important factor in the effectiveness of the precursor law is that it attempts to restrict access to PSE products. The degree to which this was successful or unsuccessful was the driving factor behind reductions in STLs. As one legislator stated, “...if you don't have pseudoephedrine, you aren't going to end up with methamphetamine.”

*“It's not the penalties because when you are an addict, you know, you really don't care about the penalties or anything 'till you're caught. It's the regulating the ephedrine, that's the key ingredient and if you regulate that your going to have a significant drop in the meth production.” ~ Law enforcement, Knox County*

The deterrents that continued to emerge across all pharmacists and almost all law enforcement officials were placing the PSE products behind the counter and requiring photo identification and logbook signatures.

*“I felt like having the people showing an ID and signing for the item was one of the biggest deterrents, because there is a record there of who you are and, you know, that's purchasing it. Over the years that I've worked in pharmacy, when we've had you know forged prescriptions or you think something's not quite right, if you make up an excuse that you need to see the person's ID or drivers license, a lot of times they will say, 'Well, I forgot that in the car.' They'll go out to the car and never come back.” ~ Independent pharmacist, Vigo County*

*“...well the log book is probably the biggest deterrent, you know. They request the license and, you know, it is documenting right then who that is. It gets out of all of the subjectiveness of buying it for a friend and that kind of thing.” ~ Independent pharmacist, Fulton County*

These components were also echoed by prisoners who, when asked by the county sheriff what could be done to restrict their access to PSE products, stated:

*“ 'Sheriff, if you make us show some kind of ID with our picture, we don't want you to know who we are'. That in itself, in my opinion, is the biggest component*

*to this whole thing. Second being putting the product back behind the counter.  
~ Law enforcement, Vigo County*

When specifically asked about the effectiveness of penalties in reducing methamphetamine production and use, most, but not all, law enforcement officials stated that they did not believe the penalties had much of an effect since most individuals who were addicted to meth would continue to crave the drug and find any way possible to obtain the drug.

*“It’s not the penalties because when you are an addict, you know, you really don’t care about the penalties or anything till you’re caught. It’s the regulating the ephedrine, that’s the key ingredient and if you regulate that you’re going to have a significant drop in the meth production.” ~ Law enforcement, Knox County*

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*Judge: “I don’t think people get into meth use, I mean avoid meth use because of it’s legality or illegality.”*

*Interviewer: “It’s not a deterrent if you have a law?”*

*Judge: “If we legalize drugs in the U.S. right now, I don’t know our meth use would be much different.” ~ District Judge, State of Indiana*

Another factor mentioned by several law enforcement officials was the importance of traditional law enforcement activities in reducing STL production.

*“My feeling is that it’s the persistent being in the field and making these contacts making these arrests bringing them back and getting prosecution.” ~ Law enforcement, Fulton County*

One other element mentioned by law enforcement was the creative use of community education in the law enforcement process.

*“And I think you even went so far as to try to educate different people and groups which means a lot. Education is probably the key to the thing anyways because no one knows what kind of end results we are going to have with these people.” “Talking to retailers, talking to pastors talking to.... Getting people together on an awareness program and setting a time and a date and going and just presenting what facts they have.” ~ Law enforcement, Fulton County*

### **Barriers to Methamphetamine Law Effectiveness**

Almost all barriers to methamphetamine law effectiveness revolved around monitoring and tracking the purchase of PSE products.

1. Lack of a centralized electronic database system that allows for real-time monitoring

This was a major concern mentioned by almost all the KIs. Law enforcement officials were frustrated that they had no rapid and efficient way to identify and track smurfers and stop them as they purchased more than their legal limit of PSE products. Pharmacists were frustrated because they sometimes became suspicious of customers whom they believed to be smurfers, but were unable to immediately confirm their suspicions and warn law enforcement personnel of multiple-purchase customers. In addition, pharmacists were often too busy to pay attention to individual customer purchases, so real-time tracking would allow pharmacists to easily identify those who had purchased more than the legal limit of PSE products.

*One of their things that has to happen is there needs to be a coordination of the databases that is being assimilated by the various drug store chains. Wal-Mart, Walgreen CVS, all of the mom and pops - those places have to be able to coordinate that, and maybe there is going to have to be a funding mechanism to put part of the state police, city police, drug enforcement people [on the same system]. ~ Representative Bill Friend, Indiana State Legislature*

## 2. Inconsistent monitoring of paper-based logbooks in pharmacies and retail stores

Law enforcement personnel were generally trying to fit in visits to local retail stores and pharmacies around their other regular duties. This meant that they sometimes failed to review logbook purchases for long periods of time. Some pharmacists and retailers became frustrated with this lack of monitoring because the amount of time and hassle to gather the information did not seem to result in consistent follow-up by law enforcement personnel. Pharmacists and retailers were also frustrated because they had strong suspicions about repeat customers who purchased more than their legal limit of PSE products but were unable to stop them from violating the law.

*“...we met with retailers about the any questions they have and after awhile they get pretty frustrated because they are keeping this information and they get frustrated because law enforcement is not coming in and checking up on these logs when they know most certainly when there are people violating state law.”  
~ Law enforcement, Knox County*

## 3. Unclear lines of authority for monitoring retail store and pharmacy logbooks

State law requires state police to monitor logbook purchases of PSE products. However, local law enforcement authorities were frustrated by the lack of state police support for monitoring PSE purchases in the retail stores and pharmacies. They attributed most of this problem to the small number of state police who had been assigned to monitor purchases in thousands of stores across the state. As a result, local law enforcement personnel had started to help out with this monitoring process but responsiveness and involvement at the county and local level was considered to be very inconsistent and uneven across stores.

*Interviewer: “Now I've heard some confusion about who's actually responsible for checking the logs at the retailer establishments. Who's actually responsible?”*

*Law enforcement: If you look at the statute, it says state police but I mean we have seventeen people assigned the whole state so in our area especially we went around the drug task force to help the state out. ~ Law enforcement, Fulton County*

#### 4. Early resistance from pharmacy and retail stores around maintaining logbooks

Some pharmacies and retail stores gave some early resistance to the monitoring elements of the law, primarily due to ignorance of the requirements. However, most law enforcement personnel believed that cooperation was forthcoming for most stores once the pharmacists and clerks understood the purpose of the requirements.

*B: “...there was some resistance at first. A lot of places early on didn't know anything about these logs so we had to educate them about these logs.”*

*R: “But that's why some of these meetings come about and once they understood then they complied I think pretty well.” ~ Law enforcement, Fulton County*

#### 5. Lack of communication between counties and states

One final challenge mentioned by law enforcement officials was the lack of communication across county and state lines as it related to monitoring smurfing behaviors. Again, this related primarily to lack of a state-based electronic monitoring system that allowed all law enforcement personnel to see the purchases of PSE products across the state. A related concern involved uneven monitoring of PSE purchases in different counties. For example, one county worked very hard to compile, track, and follow up on PSE purchases across their county, but felt that surrounding counties were not making that same effort, resulting in smurfers moving across county lines to obtain PSE products. Similarly, counties that bordered other states also expressed frustration with smurfing across state lines.

*“...one of the other challenges is...you may not always have a sense of what's happening in surrounding counties and you can't really, unless your friends or unless you, you know, make the effort to have contact with people across counties, or even more than that across state lines, you're probably not going to get a sense of what's happening in some of these other jurisdictions because you're doing your own little isolated thing....” ~ Law enforcement, Vigo County*

### **Unintended Consequences of the Law**

Perhaps the most importance finding in this area was that virtually no one perceived significant negative unintended consequences to Indiana's precursor law.



*Interviewer: "So there was no controversy at all?"*

*F: "No. Everyone recognized the need, that it is a terrible problem: a terrible scourge and a drain on local communities, smaller communities especially. Because it fills up the jails, clogs up the judicial system. Reeks havoc with the social system." ~ Rep. Bill Friend, Indiana State Legislature*

\* \* \* \* \*

*"You know, I can't think of any. I can only think of the good things that have happened. Can't think of any bad consequences." ~ Law enforcement, Vigo County*

Law enforcement officials in two of the three counties we visited believed that marijuana, heroin, and/or cocaine sales and use had increased as a result of less access to PSE products and virtually all drug-related law enforcement attention focused on meth labs, but there was no clear documentation of these perceptions. Other law enforcement officials expressed concern that the 'Mexican mafia' would increase their presence in communities through sales of crystal methamphetamine, but there was no clear consensus that that had yet happened across the state.

As a group, pharmacists mentioned several unintended consequences relating to access to cold relief products. Ironically, the first consequence was largely positive for one pharmacy, since the law now mandated them to do what they had considered doing all along.

*"No it was actually a good thing. It just, you know, it helped us out in that instead of having to deal with the issue of deciding to put it behind the counter we actually get forced to do it which is actually what we wanted to do anyways. ~ Independent pharmacist, Marshall County*

One unique unintended consequence was the perception of increased thefts from and sales by truckers who haul PSE products. This was mentioned by only one pharmacist, making reliability less certain. The same pharmacist also described what he considered to be an increase in general thefts within the community in order to support addicts' methamphetamine addictions.

*"...the impact locally in the store has been better. We've had low theft of the pseudoephedrine to date. However, that's not where they're getting it now and I don't think people understand it. Now they're stealing it right off the semi trucks and the truckers are actually selling it. That's where they're getting it. ~ Independent pharmacist, Marshall County*

One final possible unintended consequence was the elimination of the state methamphetamine task force. The reasons for this were unclear, but may have been related to the new Governor's dislike of boards and commissions in general, which were considered to be related to overgrown government.

*V: "Its roots [the development of S.B. 444] were from the methamphetamine task force that met in 2004.*

*Interviewer: Right and you are still on that correct?*

*V: Actually it's not been, when the new governor came in, the first of 2005 he sort of put a moratorium on the activities of all boards and commissions and he has not reinstated that particular board." ~ Rep. Trent Van Haafte, Indiana State Legislature*

## **Lessons Learned and Recommendations**

### **1. Develop an electronic, real-time, state-based reporting system**

As mentioned in the Barriers section above, all KIs expressed various frustrations with the poor and uneven monitoring of PSE purchases across counties and the state. They believed the solution would be found in developing a state-based, electronic reporting system that allowed for real-time tracking of PSE purchases. Such a system would allow retailers and pharmacists to know when a customer's last purchase had been made and would alert them to customers who had purchased over their legal limit. This system would also allow law enforcement personnel to track and follow up on PSE purchasers who attempted to violate the law. One additional suggestion was to develop state-to-state monitoring systems that would slow up or eliminate cross-state smurfing.

*"Any time you can have connectivity of communication, state to state, county to county, even a master name file, for law enforcement will be huge. Real time tracking, I tell you, I think real time tracking will stamp the labs out." "...that's a reason why we need a real time tracking system, so the retailer knows, 'hey Joe Schmo just bought his limit 15 minutes ago at Wal-Mart'." ~ Law Enforcement, Knox County*

One specific use of real-time tracking involves the use of network analysis, in which individuals who associate with each other are linked using a computer database. Once the analysis shows the linkages between various individuals and groups of individuals who associate with each other through smurfing, cooking, or using methamphetamine, they can more easily identify and investigate the 'cells' and close the activities down. However, this requires accurate, up-to-date information in order to successfully link individuals together in the same network.

*"...we will give a road officers and reserve officers and/or even a jailer an index card with a suspect's name on it and as we go through, let's say 30 or 60 days of just routine patrol, investigations, busted labs, and dopers, when we interview these people, we start putting context on the back of this card of who this person might be in contact with through his dope dealing or just networking and we give this information to PNS Consulting and his computer program, what it does is create contact cells. Just like what you do with the terrorists. And it's amazing how these people are so linked together in all their activities because they are just addicted to the meth." ~ Law enforcement, Knox County*

### **2. Strengthen communication between law enforcement and pharmacies/retail stores**

Until a real-time electronic tracking system is put in place, pharmacists and law enforcement officials both recognized the need to increase collaboration and communication around PSE purchases. While this existed at some levels in some communities, these relationships were inconsistent at best and non-existent at worst. In some cases pharmacists noted that they called other pharmacists to ask whether a smurfer had recently purchased PSE products in their store, but those contacts were informal, inconsistent, and based on the relationships that individual pharmacists had with each other.

Similarly, some pharmacists that had established good relationships with local law enforcement authorities would contact police to tip them off to a potential smurfer. Again, such relationships were informal and infrequent.

*“I think somebody that is seeking [PSE] is probably going to make a quick pass through town and get it every place they can so they probably are going to hit just about everybody, but you know, if we have identified people [who may be smurfing], we've tried to call around, at least to the pharmacies, and ask, ‘Did you sell any Sudafed to this person today?’ “...that's been one of the initial problems we felt is, once you've identified it [a potential smurfer], it's been difficult to know, ok, who exactly should we contact so something can be done about this.” ~ Independent pharmacist, Fulton County*

\* \* \* \* \*

*“...a lot of times we'll rely on the pharmacist to call us and say, ‘Hey’ - and they'll even do the leg work - ‘Hey, this guy just came in and he looks suspicious so I called every pharmacy in town and he's been to every pharmacy today buying pills.’” ~ Law enforcement, Fulton County*

### 3. Adopt Schedule III (pharmacist only) or V (physician prescription only) rules

As noted earlier, the Community Pharmacies of Indiana lobbied to move PSE products to Controlled Schedule V rules, where only pharmacists could provide access to those products. Heavy lobbying from the retailer’s association blocked this attempt, however, and a member of the Board (and past Board President) stated that the Board was not planning to propose any legislative changes at that time.

One law enforcement official suggested the adoption of Schedule III (physician prescription only) rules.

*M: “You know what I think the simplest thing would be? Let's look at Oregon. What has the state of Oregon done?” “That would solve all this. It would solve the problems with the retailer. It would solve everybody's problems.” ~ Law enforcement, Vigo County*

However, this same idea was opposed by a pharmacist who felt that this approach would cost patients more money and limit their easy access to PSE products.

### 4. Use data to shape future changes to policy

One state legislator recommended using an upcoming state report on the success of S.B. 444 to make improvements to the law. There appeared to be some commitment on the part of this legislator to use the findings from that report to make improvements to the law.

*“One of the things that is in the state law is that we will, we are accumulating a database. Have to report by 2007, so that report has to come back to the legislature next year too see what kind of progress we have made and what adjustments to the law we need to make to the law to tighten it up in some areas and loosen in some areas.” ~ Rep. Bill Friend, Indiana State Legislature*

#### 5. Develop collaborative relationships with all major stakeholders

KIs described a variety of collaborative partnerships between pharmacists, child welfare agencies, media organizations, and various community groups such as churches. These collaborations had developed to bolster legislative support, improve knowledge about methamphetamine effects in the community, and elicit cooperation between agencies. Law enforcement personnel worked with county and local officials to develop education campaigns for churches, schools, retailers, and pharmacists. They also developed partnerships with social service agencies around children found at STL sites. Much of this work also involved education of the media as well as educational sessions about the dangers of methamphetamine with local business, schools, and any other groups who cared to listen.

*I think we've done a great job of bringing people together - you can always expand. Part of what I talked about earlier about communication with community, facilitating meetings, trying to get people together who are concerned about the community.... This is a community activity to watch for this stuff. You've got to know what anhydrous ammonia smells like - 'what's that smoke, it smells funny', 'I don't like that traffic out of that house over there' - it's kind of a neighborhood watch. Perhaps we can do that better, maybe the faith based people could - it's a community neighborhood watch. The churches and pastors are often exposed to more of the problems, like I do; I hear more problems and act like a shoulder to cry on, or worse, the punching bag too. ~ Law enforcement, Knox County*

#### 6. Develop more treatment options to help addicts overcome addiction

While most law enforcement officials and lawmakers believed that penalties relating to methamphetamine possession, purchase or sales were somewhat useful, everyone agreed that treatment and education were the primary ways to reduce continuing drug problems. One state-level solution that had already been implemented was the development of an incarceration-based treatment facility for methamphetamine addicts. Several law enforcement officials believed this was an important and effective approach to dealing with the addictive nature of the problem.

*“To the extent that we can deter those from cooking it, I think the penalty is there. The problem is they can't control themselves. The addiction is so strong*

*they will take any chance to seek it out, with themselves and their kids, spouses and friend, however, just as a pattern, because they've got to have it.”*

*“We are going to reduce the occurrence, the people trying to cook the substance, trying to possess, sell, all of the bad things that go with this. Hopefully what we do will reduce the inclination...but we can't predict if those folks have an addiction problem and they can't get methamphetamine they are going to turn to something else. They are going to find a way to get that need met, try to crack that high with some other substance. If they have to go to another city or a larger town and someone sells them crack cocaine or something else, they will get into that addictive situation and satisfy that addiction one way or the other, if they have to switch drugs, I just think that's the way it happens.”*

*~ Rep. Bill Friend, Indiana State Legislature*

Some counties had developed unique local treatment solutions. For example, one sheriff had developed some treatment services within his local jail and another sheriff was working with local social services and employment agencies to help meth users develop live alternatives.

*“I opened my arms to these men. I take them out to look for jobs. I make them trust law enforcement and they have. I lost a brother [family death] a month ago and I had two cards, from two of my offenders, sympathy cards. And that would never happen a couple years ago. Some will stop at the door, sometimes weekly, to see how you're doing.... I look at it this way - one day they could be my neighbor and, you know, their life has been put on pause, that's how I look at it, but they are productive people, it's our responsibility to get the churches and the community to get these people back on their feet as a family again because family is the basis for community.” ~ Law Enforcement, Knox County*

## 7. Create opportunities for advancement in rural communities

Finally, one legislator discussed the importance of looking more broadly at the economic and social conditions that drove people to use drugs in rural areas. This included acknowledgement of lack of good employment opportunities in rural areas, lack of motivation to obtain advanced education, and desire to escape conditions that bred hopelessness and feelings of inadequacy.

*Interviewer: “What drives this [methamphetamine use] in a community? It's primarily a rural phenomenon.*

*F: “I think it's the same factors that drive drug addiction drug abuse and downtown urban areas where you have people who are unable to advance themselves economically educationally, socially, and their frustration, their wish to escape, their feelings of inadequacy. They may have a predisposition to be addicted. They may have enough abuse in their families that they are just looking for the out, the escape clause. I don't know, I just think that in rural communities like where we live, where I live, that there is a some sense of frustration - the old, ‘I'm bored, there's nothing to do, this school, I'm not going anywhere, education isn't important, I can' go to work*

*and I can work on the highway, I can do Wal-Mart and I can do whatever' and they think that they've not being encouraged, they've not been stimulated, they've not been given opportunities to do the things that they need to do to advance themselves.” ~ Rep. Bill Friend, Indiana State Legislature*

## **Focus Group Interview with State Representatives from the National Alliance for Drug Endangered Children**

### **Focus Group Participant Selection and Representation**

Potential focus group participants were contacted by a National Alliance for Drug Endangered Children (DEC) board member from an attendance list for the 2006 Annual National DEC conference held November 26-28, 2006 in Nashville, Tennessee. All conference participants from Kentucky, Missouri, Oklahoma, and Oregon<sup>53</sup> were asked to attend a focus group to discuss the methamphetamine precursor laws in their state. These individuals represented four of the five states used in this qualitative study.

Five DEC members from Kentucky participated in the focus group, including one social worker and four individuals who were in some way affiliated with the University of Kentucky DEC training center. Three DEC members from Missouri attended the focus group, including a representative from the Office of State Courts Administrator, a Drug Enforcement Administration representative, and a faculty member from the University of Missouri. One detective from the narcotics division of a police department in a major Oklahoma city attended the session, as well as a member of the Oregon Narcotics Enforcement Association. In addition, both the President and an Advisory Board member of National DEC attended the focus group.

The two-hour focus group was held in the National DEC suite within the conference hotel. The interview was conducted by Curtis VanderWaal, Co-Investigator, and assisted by Carissa Baker of The MayaTech Corporation, using an interview guide (see Appendix A) that was developed in conjunction with National DEC representatives. The group was also audio-taped and the interview was transcribed following the session. In several cases we also incorporated supplemental material into this report from earlier presentations made at the conference by Kentucky and Oregon representatives, who also attended the focus group session.

### **State Definitions of Drug-Endangered Children**

States defined their role in working with drug endangered children in a variety of ways. While three state DEC associations served all children who suffered from physical or emotional neglect as a result of the manufacture or use of drugs, one state, Missouri, specifically focused on removing children from methamphetamine labs.

### **Role of DEC Association in the State**

Missouri did not have a formal DEC association but had received federal funding to start the process. The remaining states primarily described activities at both the state and county levels, including DEC training in law enforcement settings, schools, child advocacy centers, juvenile courts, public health agencies, and child protection agencies. Participants were unable to accurately describe the level of participation in training sessions, expressing frustration that attempts to survey trainees met with low response rates. Training did not appear to occur evenly across all regions or counties within states, with some regions and counties having active training activities and other counties having very few training activities. For example, Kentucky had

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<sup>53</sup> No representatives from Indiana attended the conference or the focus group since there was no DEC alliance in the state at the time of the conference.

trained over 10,000 responders in DEC protocols but had provided much lower levels of training in the eastern region of the state since the training infrastructure was not fully in place in that region. Oregon's DEC alliance evolved out of a task force that was providing training resources and DEC protocols for counties, as well as legislative advocacy.

*Recommendation: Develop and/or maintain state DEC associations in all states, focusing on dissemination of training information regarding drug-endangered children to all first responders and law enforcement personnel directly involved in interactions with children in drug use settings.*

### **Tracking and Monitoring Outcomes**

Tracking and monitoring of outcomes was at various stages in each of the four states. Kentucky had not developed a systematic way of tracking data but had some preliminary plans in place. Oklahoma did not have long-term tracking and a state representative described the tracking information from an expired federal grant as “stuck in a box somewhere”. Missouri had a strong tracking system through the judicial system but was still in the process of developing a statewide tracking system for children's issues, with statewide workgroups in place to develop long-term tracking systems on child placement and other outcomes. Oregon's Narcotic Enforcement Association was able to participate in the re-writing of some of the state's narcotics laws, with tracking and monitoring incorporated into the law. Their state's methamphetamine task force worked with the state DEC alliance to tailor the data collection to best fit local communities.

*Recommendation: Develop and maintain standardized state-level data tracking and monitoring systems between law enforcement, child welfare agencies, health agencies, etc. so accurate data can be used to guide training, resource allocation, and policy-making efforts. Oregon appears to have established and maintained such a system.*

### **Understanding State and Local DEC Needs**

With the exception of Oregon, participants described their states as having patchwork of approaches to needs assessments. For example, Kentucky patched together state incentive grants for substance abuse prevention to determine which counties were experiencing the greatest problems. However, quality of data collection appeared to vary by region and even county. In general, lack of state coordination on data collection was a consistent concern across Kentucky, Oklahoma, and Missouri, with one participant even asking the group whether they were aware of any needs assessment instruments. The National DEC President reported that a data collection work group was attempting to develop such a questionnaire. Several of the representatives also expressed frustration at the lack of accurate and consistent information about numbers of methamphetamine lab seizures being reported across counties.

*Recommendation: Develop state-level needs assessment programs with standardized measurement instruments and centralized reporting systems to ensure timely and accurate information regarding all aspects of child-related methamphetamine problems and responses. Oregon appears to be a model in this area.*



## **Influence of DEC on Precursor Law Development**

DEC organizations had contrasting levels of influence on the development of their states' precursor drug law. Two states, Oregon and Kentucky, described high levels of involvement on the part of DEC representatives. Oregon's DEC representative was legal counsel for the Oregon Narcotics Enforcement Association and so actually helped to write Oregon's various precursor laws, including DEC issues into the framework of their laws. Kentucky's DEC coordinating organization also worked closely with their state's Office of Drug Control Policy in the development of precursor legislation, in part as a result of several high-profile murders of children. On the other hand, Oklahoma and Missouri's DEC organizations were not involved in any way in the development of their precursor laws as the development of these laws was primarily driven by the law enforcement community.

*Recommendation:* State DEC organizations may wish to consider partnering with their states' drug/narcotics control agencies to develop and/or refine the states' methamphetamine precursor laws to include provisions addressing the needs of drug endangered children. The National Alliance of Model State Drug Laws tracks such legal activities and may be a useful resource in this process.

## **Influence of State's Precursor Law on DEC**

While all the respondents agreed that their state's precursor law had not directly influenced how they dealt with DEC training or response to children who were endangered, three of the four states believed that the success in reducing methamphetamine labs in their states had been a two-edged sword. On the one hand, less meth labs meant less children endangered and harmed. On the other hand, however, many policymakers had started to view the methamphetamine problem as solved. One Oklahoma representative said that "Everyone viewed the problem as going away... 'labs are down – we can go on to something else'", resulting in reduced focus on children's needs and possible cuts in funding for DEC issues. The group uniformly expressed concern that this shift in focus was beginning to lead policymakers to ignore and sideline DEC issues that were not directly associated with meth labs, including primary issues of poverty and child abuse and neglect that was linked to other forms of drug and alcohol misuse.

One exception to this trend was Oregon, where DEC representatives had used the lab reductions as an opportunity to focus the legislature's attention on larger drug-related child abuse and neglect issues. They argued that "Meth labs are the worst of the worst [situations for children]...so get rid of these environments" so the legislature can focus on more primary causes of child abuse and neglect. Kentucky also mentioned that the emergence of drug courts and family courts was beginning to shift the focus from methamphetamine issues to larger concerns relating to other drugs, alcohol, and child violence.

*Recommendation:* Develop active coalitions and common legislative agendas with other groups that are concerned about children's drug use issues in order to provide leadership, leverage influence and maintain funding for drug-endangered children's issues. Re-focusing policy makers' attention on child abuse and neglect may be one way to maintain these collaborations as the number of small toxic labs is reduced in states.

## **Impact of Methamphetamine Precursor Law on Children**

All state representatives agreed that, although the number of lab seizures was down in their state (with Oklahoma and Oregon experiencing the most dramatic reductions), methamphetamine use rates and problems associated with meth use remained high. They mostly blamed these problems on importation of methamphetamine made in “superlabs” in other states, resulting in cheaper and more pure methamphetamine. As a result, states generally continued to have high rates of children taken into custody relating to parents’ drug charges because law enforcement authorities and child protective services workers were continuing to remove children from dangerous homes of drug users. Such homes were not necessarily methamphetamine labs, but were situations where children were being abused or neglected due to some form of drug use. States were also becoming more effective at identifying, tracking and removing children from homes with active adult drug users.

*Recommendation: Maintain and expand active partnerships with state and local law enforcement authorities, child protective service agencies, medical and other children’s services to provide improved training and advocacy for drug-endangered children in all drug use settings.*

## **The Future of DEC**

Despite the continuing organizational challenges and reductions in methamphetamine lab seizures, participants were hopeful that DEC would continue as an organization in each of their states. One Missouri participant said that, thus far, the reduction in lab seizures “hasn’t affected how people view the push in Missouri for more collaborative work...DEC may actually be OK in time.”

Participants view the needs of drug-endangered children as a continuing challenge, despite the reductions in methamphetamine labs. One Oregon participant commented on the growing trend in his state toward importation and use of different drugs than methamphetamine, noting that “We need to address the underlying issue, which is addiction...resurgence in cocaine and heroin and new drugs down the road...we can invigorate policy makers about the bigger picture.”

## Common Themes across States

Consistent with all qualitative data reports, it should be noted that findings in this report represent the perceptions of the limited number of individuals who were interviewed for this project. As such, the perceptions were not based on a representative sample of all law enforcement officials, law makers, and pharmacists in the state. In addition, interview statements do not necessarily reflect official opinions of the organizations those individuals represented.

Although the coding categories are the same across all five states, this report features specific profiles of each state, along with details and interview quotations from key informants (KIs) that are unique to each state's precursor law and other related variables. Details regarding each state, including brief histories and descriptions of the state's precursor law, can be read in the separate state reports; this section only attempts to present issues that some or all of the states had in common, as well as significant variations that help underscore the impact of the various forms and provisions of precursor laws. Additionally, we did not include illustrative quotations in this section. Significant quotations and illustrations can be found throughout the individual state reports.

### **Nature of the Small Toxic Lab (STL) Problems across States**

Legislators, law enforcement personnel, and pharmacists in all states described the devastating impact of STL-based methamphetamine in relationship to law enforcement, safety, and health. Law enforcement officials in all counties described an overwhelming focus on STLs and methamphetamine-related issues, often to the exclusion of other law enforcement duties. This included a high percentage of prosecutions for methamphetamine-related activities and large and rapidly growing portions of corrections budgets used to address these issues. Concerns about hazardous materials also ranked high in the minds of law enforcement personnel. Although some states had received Federal government assistance with some lab cleanup, the costs and consequences to the environment and surrounding community were substantial. Law enforcement officials noted additional concerns around the safety of the environment when officers were required to raid and dismantle STLs. In addition, law enforcement officials noted ongoing concerns about safety in relation to crime and drugs.

One of the most consistent points noted by all of those interviewed was the perceived impact on children. KIs noted that methamphetamine was often produced in home environments where children were playing within the room where the methamphetamine was produced or in the yard where toxic chemicals were stored or dumped. Virtually all the comments from the DEC focus group revolved around these issues and details on their perceptions can be read in the section that summarizes this focus group.

Due to space constraints, readers can refer to individual state reports to gain an understanding of the states' primary sources of meth, common lab locations and cooking methods, typical precursors and reagents used in the cooking process, methods used in obtaining precursor and reagents (primarily smurfing and theft), primary characteristics of meth cooks and users, and primary characteristics of meth cooks and users. The discussions regarding each of these categories were remarkably consistent across all states.

## **Common Barriers to Development of Precursor Laws**

Most of the resistance in all states to the development of strong precursor laws came primarily from either the pharmaceutical or consumer retail industries. Lobbyists from the pharmaceutical companies created strong resistance in all state legislatures but, once the law was enacted, removed their resistance when they developed the new cold medicine formulation based on phenylephrine (also known as PE).

Strong resistance also came from the retail industry, particularly from lobbies representing small convenience stores. In some states the retail industry worried about the hassles and difficulties of compliance, while in several states this resistance was linked to gas stations with convenience stores that were selling large volumes of pseudoephedrine (PSE) products.

Resistance was generally broken through significant and highly publicized events, such as the killing of State Trooper Nicky Green in Oklahoma, or through strong education efforts and collaboration across multiple interest groups, generally in strong partnership with determined law makers and state and local law enforcement organizations.

Interestingly, after some initial resistance on the part of a few people, the public in each of the states was generally supportive of the law because they understood the consequences of methamphetamine in their communities.

## **Perceived Effectiveness and Impact of Precursor Laws across States**

Although states varied in the extent to which STLs had been reduced, every individual from the state who was interviewed for this project – from law enforcement personnel to policy makers to pharmacists - agreed that the states' methamphetamine precursor laws, had had some impact on the number of meth labs in their counties and communities. KIs generally believed the impact of their law directly related to the reduced harms from environmental hazards, less children in toxic settings, and reduced lab clean up costs.

In some states, like Oregon and Oklahoma, this reduction had been immediate and dramatic. In the rest of the states, the reductions had been significant but not as large. Based on an initial consideration of the differences in reductions between these states, one possible explanation may relate to: 1) degree of access to PSE products, and 2) degree of tracking and monitoring of PSE purchases within the state. Relative to degree of access, Oregon and Oklahoma had the most restrictive provisions in their laws, requiring either a Schedule III (physician prescription only) or Schedule V (pharmacy purchase only) state controlled substance regulation. These states saw the greatest reductions in meth labs, with Oregon reporting virtually no active labs within the state throughout most of 2006 and all of 2007, and Oklahoma reporting 80-90% reductions in their STL seizures since implementation of their law. On the other hand, Indiana and Kentucky, which did not require any scheduling of PSE products, experienced much less dramatic reductions in their STL seizure rates.

Relative to tracking and monitoring purchases of PSE products, Oklahoma had also implemented a state-wide, real-time tracking system so pharmacists could electronically track, and law enforcement personnel could monitor, PSE purchases across the state. This dramatically reduced smurfing behaviors of methamphetamine addicts and cooks. Although Missouri had also enacted Schedule V regulations, they did not yet have a state-based electronic tracking system, thereby allowing smurfers (sometimes moving from store to store in small groups) more opportunities to purchase their legal limit of PSE products without being caught by law enforcement officers and pharmacists. Neither Indiana nor Kentucky had state-based, real-time tracking systems in place, although both states had counties that were experimenting with such

systems. Several web-based monitoring systems were also described by KIs in several counties in the hope that these systems could be adopted in their state or county.

Pharmacists appeared to have been the most negatively impacted by the laws. In most states, there was an increase in paperwork, along with the hassles of dealing with irritated customers who had reduced or limited access to PSE products. This was particularly true in Oregon, where a physician prescription was required to gain access to these products. Pharmacists and some customers were also sometimes frustrated by the relative ineffectiveness of the more convenient over-the-counter cold medicine products that do not contain PSE.

When asked about unintended consequences from the precursor laws in their states, with the exception of the generally minor inconvenience caused to customers who wished to have quick and ready access to PSE products, those interviewed generally perceived virtually no negative unintended consequences to their state's precursor law. One partially anticipated change noted by law enforcement officials was a shift in drug distribution and use patterns as a result of meth lab reductions. Most noted that crystal methamphetamine, or ice, had filled the vacuum left by reductions in the supply of STL-produced meth, while others had observed increased distribution and use of other drugs including cocaine, heroin, and marijuana.

Ironically, one of the major concerns about the elimination of the meth labs was the potential for reductions in funding for methamphetamine-related issues or reductions in collaborative activities between groups that had come together around the methamphetamine crisis in their community. For example, some law enforcement teams were concerned that their funds for lab raids would be eliminated because they now had so few labs to take down and others described significant budget reductions that had already taken place in their counties.

It is important to note that no one we interviewed believed that the reduction or even elimination of meth labs would significantly impact, or was currently impacting the overall methamphetamine use rates in the state. However, these perceptions were not supported by any empirical data. Both law enforcement officials and policymakers believed that the level of imported crystal methamphetamine that was available or being brought into their state would more than make up for any meth that was reduced due to reductions in STLs.

### **Most Effective Elements of the Precursor Laws**

In all states, perhaps the most obvious but critical factor in the effectiveness of the precursor law was that it restricted access to PSE products. The degree to which this was more or less successful appeared to be the driving factor behind reductions in STLs. This conclusion also appears to be consistent with the quantitative findings conducted for this study.

Although KIs across all groups spoke, at one time or another, about every element of their law as being important to a greater or lesser degree, the primary focus of most KIs was on: 1) the placement/location of PSE products (behind the counter); 2) the log book, and, 3) having to show some form of identification.

Placement of PSE products behind pharmacy counters was perhaps considered to be most effective, particularly in Oregon, where physician prescriptions were required, and in Oklahoma, where electronic monitoring was strong. Product placement appeared to be less effective in states without comprehensive monitoring systems.

Requiring customers to sign a logbook and show identification were both perceived by most KIs to be a deterrent against purchasing large quantities of PSE products since methamphetamine users and cooks were worried about being identified and caught. As noted above, in states where electronic monitoring was not present, smurfers often moved easily from store to store, across

counties, and even across state lines, moving to the areas with the weakest laws or the lowest levels of monitoring.

Although the majority of KIs in each state did not believe that increased penalties for PSE sales or possession served as a deterrent to people either producing or using methamphetamine, they did believe that it offered prosecutors a chance to build their case against a meth producer or dealer across a number of different types of infractions and purchases. The majority of KIs believed it was impossible to arrest their way out of the methamphetamine problem, rather believing that a strong combination of drug treatment and education were the primary ways to reduce continued drug problems.

When asked their impressions of how the Federal Combat Methamphetamine Epidemic Act (CMEA) might impact their state's law, both legislators and law enforcement officials believed that the Federal law would not have a strong impact in their state because their state already had stronger requirements in place. Since the CMEA did not pre-empt their tougher state laws, most states perceived the main benefit as setting minimal standards for surrounding states that bordered their own state. As a result, the law was perceived as having reduced the smurfing behaviors across state borders.

## **Lessons Learned and Recommendations**

Each state had a variety of lessons learned and recommendations, colored by the unique components of their law and a wide variety of other factors. Readers are referred to each state summary for details regarding these points. However, there were a surprising number of lessons and recommendations that crossed all state boundaries. This section will focus on those lessons and recommendations that were common to most or all states. Because recommendations from the Drug Endangered Children report are unique to that group, the reader is referred to that short section in the main body of this report.

### **1. Recognize the progress made in reducing harms associated with STLs and continue to work toward the elimination of all labs**

As mentioned earlier, virtually every pharmacist, law enforcement official and legislator recognized that there were major public safety and health benefits to reductions in STLs. They consistently noted that there were fewer drug endangered children, lower community costs from the clean-up of toxic sites and less risk to law enforcement and first responders entering an STL site.

### **2. Develop an electronic, real-time, state-based reporting system**

Similar to several other states, the most common recommendation by all groups interviewed was for an electronic state-based reporting system that allowed for real-time tracking of PSE purchases. Such a system would allow retailers and pharmacists to know when a customer's last purchase had been made and would alert them to customers who had purchased over their legal limit. This system would also allow law enforcement personnel to track and follow up on PSE purchasers who attempted to violate the law. Several states believed this would work best if centralized through the state's pharmacy board, particularly if Schedule V regulations were in place. Officials in Oregon noted that this system was not necessary with Schedule III regulations.

3. Strengthen communication between law enforcement and pharmacies

Until a real-time electronic tracking system is put in place, pharmacists and law enforcement officials both recognized the need to increase collaboration and communication around PSE purchases. While this existed at some levels in some communities, these relationships were inconsistent at best and non-existent at worst. In some cases law enforcement officials noted that pharmacists called or emailed other pharmacists to ask whether a smurfer had recently purchased PSE products in their store, but those contacts were informal, inconsistent, and based on the relationships that individual pharmacists had with each other.

4. Work with neighboring states to adopt tighter restrictions on PSE products to eliminate smurfing

KIs in all states described smurfing behaviors across state lines. This sometimes created tense relationships between state officials since meth cooks living near the border of one state often obtained and sometimes cooked their meth in neighboring states, resulting in an influx of meth labs in those states. At the time of our interviews, most states had not yet implemented Federal CMEA provisions for a significant period of time. Lawmakers and legislators were in favor of working with legislators and law enforcement personnel in neighboring states in order to strengthen their PSE laws and develop better cross-border monitoring standards.

5. Develop more treatment options to help addicts overcome addiction

Acknowledging that it was impossible to incarcerate their way out of the methamphetamine problem, both law enforcement personnel and legislators agreed that treatment and education were the primary ways to reduce continuing drug problems. There appeared to be active drug courts in at least several states, which legislators and law enforcement personnel saw as a viable alternative to incarceration that provided drug treatment and monitoring with lower costs and more support combined with strong sanctions and clear treatment expectations for the addict.

6. Develop and/or continue collaborative relationships with all major stakeholders

KIs described a variety of collaborative partnerships between pharmacists, child welfare agencies, media organizations, and various community groups, often through the creation of meth taskforces. These collaborations had developed to increase communication, improve knowledge about methamphetamine effects in the community, and elicit cooperation between agencies. Law enforcement personnel also worked with county and local officials to develop education campaigns for schools, retailers, and pharmacists. They also developed partnerships with social service agencies around children found at STL sites. Much of this work also involved education of the media as well as educational sessions about the dangers of methamphetamine with local business, schools, and any other groups who cared to listen. As noted earlier, a number of KIs worried that funds for such collaboratives either were, or would soon be cut due to reductions in STL seizures and resulting perceptions on the part of law makers that the problem was eliminated and therefore deserved funding cuts.

7. Work with Federal government officials to reduce importation of crystal methamphetamine

States with rural borders and easy transportation routes contributed to easy access points for importation of crystal methamphetamine. Both legislators and law enforcement officials expressed concerns about these issues and recommended that the Federal government do more to monitor and reduce drug trafficking along international borders and train law enforcement personnel how to identify and deal with suspected drug traffickers.

### **Study Limitations**

5. The descriptions, discussions, lessons learned, and recommendations represent the perceptions of the limited number of individuals who were interviewed for this project. As such, the perceptions were not based on a representative sample of all law enforcement officials, law makers, and pharmacists in the state.
6. Only five states were represented in this project. While this represents a reasonable range of perspectives on precursor law effectiveness based on variances in geography, PSE provisions, scheduling restrictions, and monitoring activities, it is not inclusive of all states with precursor laws.
7. We did not include states with no state-level precursor laws. A number of states were recently required to adopt provisions found in the Federal CMEA, but we did not select those states for inclusion in our interviews.
8. Data was collected at only one point in time, thus limiting understanding of how perceptions of the laws, and sometimes the laws themselves, changed over time.

### **Conclusions**

Despite the limitations of this project, we believe that we were able to select a strong group of states, counties, and KIs to explore the impact of those states' methamphetamine precursor laws. Consistently, across all states and interview groups, KIs agreed that harms from STLs had been greatly reduced in their states through a combination of similar, but sometimes differently implemented, precursor laws. Reductions in toxic chemical exposure and cleanup, child seizures at lab sites, and dangerous lab environments were greatly reduced in all states. The magnitude of these reductions appeared to be directly connected to level of access to PSE products and ability to monitor and track PSE purchases in a real-time, or at least timely, manner.

We believe the results of this study will provide policy makers and researchers with a complex picture of state and local efforts to control methamphetamine precursors and reagents. In combination with the quantitative findings from this project, we believe our results will be useful to policy makers, law enforcement officials, and even pharmacists who are attempting to understand, strengthen, and perhaps replicate effective precursor law provisions in their own states.



## ACKNOWLEDGMENTS

The completion of this research project involved the hard work and cooperation of a considerable number of individuals in each of the states where we conducted interviews. We first wish to thank all the key informants who provided time out of very busy schedules to be interviewed. Confidentiality agreements prevent us from mentioning each of them by name but we are very grateful for their cooperation and candid responses. Several individuals deserve special mention for helping us to select the best individuals within each state or county for interviews. Specifically, these include: Richard Clayton and Holly Hopper, University of Kentucky; Representative Bill Friend, Indiana House of Representatives; Ron Scaggs and Les Kerr, U.S. Attorney General's Offices, Kansas City and St. Louis, Missouri; and Mark Woodward, Oklahoma Bureau of Narcotics and Dangerous Drugs. Special thanks go to Rob Bovett, Assistant County Counsel for Lincoln County, Oregon, for recommendations on state key informants, reviewing report drafts, and discussing state and federal policy implications of methamphetamine precursor laws.

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## APPENDIX A

### Methamphetamine Precursor Laws Study State Officials Interview Guide

Thank you for meeting with us today. I would like to ask you a few questions about your state's methamphetamine precursor law, its implementation and short-term outcomes that have resulted from this law (note that specific law will be filled in after search of laws).

1. Please describe your title and role in developing, enacting, or enforcing your state's methamphetamine precursor law.
  
2. What was the nature of your state's methamphetamine problem that led to the political and public attention? (e.g. one champion vs. coalition of interests; political will vs. fear stories)
  
3. Do you perceive that your state's law focusing on controlling the availability of precursors and reagents is helping to address the nature and extent of meth labs in your state?
  - a. If so, do you have any anecdotal information or data evidence to support this perception?
    - i. Are these reports publicly available and, if so, how would we gain access to them?
  - b. If not, why do you perceive that these methamphetamine precursor laws have not effectively addressed the problem?
  
4. (If yes to Question 2a) What elements of the laws do you think relate to its success? (relate this to the state's specific legislative coding categories)
  
5. Do you have thoughts on ways the law(s) could be further expanded or modified to address the methamphetamine problem in your state?
  
6. Are you aware of any barriers to implementation of the law in your state? If so, what

- barriers have been faced?
7. What lessons have you learned about how to implement these methamphetamine precursor laws in your state?
  8. Are you aware of the new Federal law – the Combat Meth Act – recently enacted as part of the Patriot Act?
    - a. How do you see the Federal precursor law relating to the law in your state?
    - b. What impact do you foresee the Federal precursor law having on the implementation of your state’s law?
  9. Do you think that methamphetamine use rates in your state have changed since the precursor law has been implemented?
    - a. If so, why? If not, why not? (what other factors besides small toxic labs seem to be affecting use rates in your state?)
  10. Are there individuals or organizations who have not been involved in the development or implementation of your state’s precursor laws who should be involved? Please discuss.
  11. Do you believe that the [decline/increase/lack of change] in your state’s reporting numbers is in any way related to your state’s precursor law? If so, how? If not, why not?
  12. Are there any related precursor law issues that we have not touched on that you would like to add?

## **Methamphetamine Precursor Laws Study Law Enforcement Officials Interview Guide**

Thank you for meeting with us today. I would like to ask you a few questions about your state's methamphetamine law, its implementation, and short-term outcomes that have resulted from this law.

1. What is your role in enforcing the methamphetamine precursor laws in your state?
2. Where are the primary sources of the methamphetamine in your state? (examples include in-state super labs, imported from other countries, or in-state small toxic labs – 99% will say imported from Mexico – so say imported here in your examples)
3. If methamphetamine is being imported in its final form...
  - a. where is it generally coming from?
  - b. how is it getting to your state?
4. What lab locations are most commonly found in your state? (examples include home or apartment labs, motel labs, portable labs, etc.)
5. In what areas are most STLs found? (examples include cities, industrial areas, suburbs, rural areas, etc.)
6. What method of cooking is most commonly used in your state? (Red phosphorous, Nazi, etc.)
7. What is the most common precursor used? (pseudoephedrine, ephedrine, ephedra)
8. If methamphetamine is produced in your state,
  - a. What is your best estimate of the proportion is being produced by large commercial manufacturers with sophisticated operations (e.g. super labs)

- b. What is your best estimate of the proportion that is being produced by small labs (e.g. small toxic labs (STLs)) in homes, barns, trailers, cars, or mobile labs?
9. Is the information for the questions you just answered available in public documents? If so, where could we obtain such reports?
10. Please describe the primary characteristics (e.g. age, gender, etc.) of:
  - a. Those who produce methamphetamine
  - b. Those who use it
  - c. Those who sell it
11. Where are the methamphetamine manufacturers in your state getting their precursors? Are they importing them or buying the precursors in your state?
12. How are the purchases being made if the precursors are being bought in your state/area?
  - a. Do they make many small purchases at many stores?
  - b. In teams?
  - c. Alone?
  - d. Do they steal them?
  - e. Which precursors do they steal?
  - f. Where do they steal them from (types of stores etc.) and how do they steal them?
  - g. Do they make large legitimate purchases (like for agricultural purposes) and then divert the products for meth manufacturing?
13. Questions about reagents – source, type, method used to obtain (anhydrous ammonia, iodine, etc.)
14. Do you think that your state’s methamphetamine precursor law is helping to address the nature and extent of meth labs in your state?

- a. If yes, in what areas do you see an effect?
    - i. Fewer labs? (if yes, state type of lab e.g. super lab vs. STL)
    - ii. Smaller amounts of methamphetamine precursor chemicals being found?
    - iii. Do you have any anecdotal or data evidence to support these perceptions?
  - b. If not, why do you think the precursor laws are not effectively addressing the problem?
15. (If yes to Question 9a) What elements of the methamphetamine precursor law(s) do you think relate to its success? (relate this to the Methamphetamine Restrictiveness Scale items to be developed)
16. Have there been any barriers to implementation of the precursor law(s) in your state? If so, what barriers have been faced?
- a. What lessons have you learned about how to implement this type of law in your state?
  - b. Based on your experience enforcing these laws, do you have any suggestions for ways that your state's law could be enhanced or modified to be more effective?
17. How do you feel about the new Federal law, the Combat Meth Act (September 1, 2006 enactment date), designed to restrict the sale of products containing methamphetamine precursors?
- a. What impact do you foresee the Federal law having on the implementation of your state's law?

- b. How do you see implementation of the Federal law working within the context of the implementation activities already occurring within your state?
18. Have you experienced or are you aware of any unintended consequences involved with implementation of the methamphetamine precursor control law in your state?
- a. For example, has there been a rise in robberies or other incidents involving products containing precursor chemicals?
19. Do you think that methamphetamine use rates in your state have changed since the law has been implemented?
- a. If so, why? If not, why not? (what other factors besides small toxic labs seem to be affecting use rates in your state?)
20. Are there any related precursor law issues that we have not touched on that you would like to add?

## **Methamphetamine Precursor Laws Study Independent Pharmacists Interview Guide**

Thank you for meeting with me today. I would like to ask you a few questions about your state's methamphetamine precursor law, its implementation in your store, and short-term outcomes that have resulted from this law.

1. Describe the process used when an individual purchases a product containing a restricted precursor of methamphetamine (such as a product containing pseudoephedrine) in your establishment.
  - a. Does the restrictive process work and why?
  - b. If not, why not?
2. Have the precursor controls laws affected your daily work?
  - a. If yes, how?
  - b. If no, why not?
3. Are there factors that impact your store's/pharmacy's level of participation or enforcement of methamphetamine precursor control requirements (e.g. liability, license suspension, penalties imposed by your employer, etc?)
4. In your opinion, what impact are the methamphetamine precursor control laws having on the:
  - a. Sale of products containing methamphetamine precursors in your pharmacy/chain?
  - b. Pharmacy profession in your state/area?
5. Have you experienced or are you aware of any unintended consequences involved with implementation of the methamphetamine precursor control law in your state?
  - a. For example, has there been a rise in robberies or other incidents involving products containing precursor chemicals?



## **Methamphetamine Precursor Laws Study**

### **Authorities Working with Drug Endangered Children Interview Guide**

Thank you for meeting with me today. I would like to ask you a few questions about your state's precursor methamphetamine law(s), its potential effect on drug endangered children, and short-term outcomes that have resulted from these law(s).

1. What is the definition of DEC in your state/jurisdiction? (i.e. who is the population being served by DEC)
2. Please briefly describe your position/role in working with drug endangered children.
3. Describe the standard procedures that occur when you discover children during a meth lab raid.
  - a. Do you have written procedures in place to guide your actions? Please summarize them.
  - b. Are these procedures being used regularly?
  - c. How effective do you believe these procedures are?
  - d. Do you have someone who is specifically designated to locate and remove the children from the site during a raid? What is their profession? What is their organizational affiliation?
4. What do you do with the children after the completion of the raid?
5. How involved is your local child protective services with DEC in your region?
  - a. Do they have special procedures in place to deal with drug endangered children?
  - b. Do you maintain any contact with child protective services once you have transferred the children into their custody?

6. What immediate impacts do you see on the children who are removed from their homes?
  
7. Do you have a state DEC Alliance?
  - a. How much of your state is actively involved in DEC (counties etc)?
  
  - b. Have you identified long-term outcomes for children and families as part of DEC (do you have the ability to do longitudinal tracking)?
  
  - c. Have you completed a state and/or local needs assessment – i.e. do you feel there is a good understanding of the need?
  
8. Has the issue of Drug Endangered Children influenced your state in its development of precursor laws?
  
9. Has your state’s methamphetamine precursor law in any way influenced how you deal with drug endangered children?
  
10. In your opinion, what impact, if any, has your state’s methamphetamine precursor control law had on the number of children who are discovered in meth raids in your state/area?
  - a. How do you know this –anecdotal information or data evidence?
    - i. Are these reports publicly available and, if so, how might we obtain them?
  
11. Are there any related precursor law issues that we have not touched on that you would like to add?

## APPENDIX B

### **Institute for Prevention of Addictions Methamphetamine Precursor Laws Study Interview Consent Form**

Thank you for participating in this interview on the impact of methamphetamine precursor laws. This research study is sponsored by the National Institute of Justice (NIJ) and is being led by Andrews University's Institute for Prevention of Addictions. The primary purpose of this interview is to explore your perceptions of the potential impact of state precursor laws on such things as lab seizures; methamphetamine production in your state; methamphetamine use rates; and the quantity and quality of organizational linkages between law enforcement, child welfare and others. We are also interested in exploring your perceptions of the organizational and procedural catalysts and barriers to successful implementation of the laws. There are no right or wrong answers; it is your opinion that matters. The information we gather will be used to gain a more complete understanding of lessons learned during and after the implementation of the precursor laws in your state. We hope that this information may become useful for your state or other state initiatives or potentially for assistance with federal strategy. We expect to present our results at professional and scholarly meetings and publish our results in NIJ Policy Briefs and other policy forums as well as research journals.

The interview will last about 1 hour. In publications and presentations you may only be identified by your role; we will not present or publish your name or any other information that directly identifies you unless you are speaking within your role as an elected public official. We would like to tape record the interview, which would later be reviewed to understand the major themes of the conversation. Audiotapes and other identifying information will be kept in a locked research cabinet or a password protected computer and will be available only to the researchers in this project. Following the interview, we will develop a written transcript of our discussion. We would like to send this transcript to you so you can correct any information that you believe was inaccurately stated in that document.

Our university's Institutional Review Board has determined that this study is of minimal risk in that the questions we ask should not cause you any distress since they will be directly related to your professional role and knowledge. However, to further ensure this, you are free to not participate, to end the interview at any time, or skip any questions you do not feel qualified or comfortable answering. If you decide not to participate you will not be penalized in any way.

Please feel free to ask any questions before we begin the interview. If you would like to contact the primary investigator with questions or concerns, I can be reached at: Curtis VanderWaal, Andrews University, Institute for Prevention of Addictions, Berrien Springs, MI 49104, Telephone: 269.471.3558, Email: vanderwa@andrews.edu. When you sign this form below you agree that you have heard or read this consent form and that you have agreed to participate in this interview. You will be given a copy of this form for your records.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Organization: \_\_\_\_\_ Region Covered: \_\_\_\_\_  
Field area(s): \_\_\_\_\_ No. of Years in Field: \_\_\_\_\_  
Email: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Witness: \_\_\_\_\_ Principal Investigator: \_\_\_\_\_

## APPENDIX C

# Codebook Categories for NIJ Precursor Laws Qualitative Interviews

\*Modified 3/15/2007

- Number indicates that the text in the coding retrieval document depicts an appropriate response for that code area for the final result which will be created in three different formats:
  - 1 per interview
  - 2 per focus area in state
  - 3 per state
- A number with a Q beside it indicates that the analyst determines that there is a usable quote within the context and the desired quote is put in the specified column
- If a sub-theme develops within a major theme, the code will be used with an S following with the new desired label put in the comment column
- The final decision is made between two analysts determining its use for the code/theme and for quotable ability and context
- If a sub-theme is identified and agreed upon between the two analysts it will be marked and left for the final reconciliation of all cases and then it will be re-examined
- A comment column will be available for any extra comments deemed necessary

#	Category	Expected Groups
1	Need for Treatment	Legislature, Law Enforcement, Pharmacist
2	Liquid Pseudo	Legislature, Law Enforcement
3	Barriers to Development of Law	Legislature, Law Enforcement, Pharmacist
	a Expected Hassles	Legislature, Law Enforcement, Pharmacist
	b Resistance	Legislature, Law Enforcement, Pharmacist
5	Most Effective Elements	Legislature, Law Enforcement, Pharmacist
	a Log Book\Show ID	Legislature, Law Enforcement, Pharmacist
	b Placement/Location	Legislature, Pharmacist
	c Who Can Sell	Legislature, Law Enforcement, Pharmacist
	d Scheduling	Legislature, Law Enforcement, Pharmacist
	e Prescription	Legislature, Law Enforcement, Pharmacist
	f Penalties	Law Enforcement
6	Changes in State Meth Use Rates	Legislature, Law Enforcement
7	Collaboration in place	Legislature, Law Enforcement, Pharmacist
8	Collaboration Needed	Legislature, Law Enforcement, Pharmacist
9	Recommendations	Legislature, Law Enforcement, Pharmacist

	a	Liquid Pseudo Monitoring	Legislature, Law Enforcement
	b	Central State Database	Legislature, Law Enforcement, Pharmacist
	c	Electronic Database	Legislature, Law Enforcement, Pharmacist
	d	Federal Database/Federal Focus	Legislature, Law Enforcement, Pharmacist
	e	Collaboration	Legislature, Law Enforcement, Pharmacist
	f	Treatment	Legislature, Law Enforcement, Pharmacist
10		Barriers to Meth Law Effectiveness	Legislature, Law Enforcement, Pharmacist
	a	Hassles/Set-up hassles/Pharmaceutical Lobbyists/Retailers/Selling Inconveniences	Legislature, Law Enforcement, Pharmacist
	b	Border Differences	Law Enforcement
	c	No Central Database	Legislature, Law Enforcement, Pharmacist
11		Lessons Learned	Legislature, Law Enforcement, Pharmacist
	a	Harm Reduction	Legislature, Law Enforcement
	b	Need Scheduling & Regulation	Legislature, Law Enforcement, Pharmacist
	c	Native American	Legislature, Law Enforcement, Pharmacist
	d	Need education/treatment	Legislature, Law Enforcement, Pharmacist
	e	Communication/Collaboration Needed	Legislature, Law Enforcement, Pharmacist
12		Consequences on Community	Legislature, Law Enforcement
	a	DEC	Legislature, Law Enforcement
	b	Cost	Legislature, Law Enforcement
	c	Environmental	Legislature, Law Enforcement
		i. Exposure to toxins	Legislature, Law Enforcement
		ii. Lab volatility	Legislature, Law Enforcement
13		Consequences on Law Enforcement/Pharmacists	Law Enforcement, Pharmacist
	a	Schedule Requirements/Laws Effect on Daily Work	Law Enforcement, Pharmacist
	b	Physical/Health/Safety	Legislature, Law Enforcement
14		Impact of laws on sales/Theft	Law Enforcement, Pharmacist
15		Perceived effectiveness in controlling precursor availability	Legislature, Law Enforcement, Pharmacist
16		Perceived effectiveness in controlling meth labs/fewer labs/Overall Effectiveness of Law	Legislature, Law Enforcement
	a	Area of Success	Legislature, Law Enforcement
17		Reactions to Federal Precursor Law/Possible Impact	Legislature, Law Enforcement, Pharmacist
18		Unintended Consequences	Legislature, Law Enforcement, Pharmacist
19		Nature of Meth Problem/What was going on before the law/History	Legislature, Law Enforcement, Pharmacist

	a	Primary sources of meth/Proportion made in small/large labs/source of imported meth/Method of Importation	Legislature, Law Enforcement
	b	Most common lab locations	Law Enforcement
	c	Most Common Lab Areas/Rural Phenomenon	Legislature, Law Enforcement
	d	Most Common Cooking Methods	Legislature, Law Enforcement
	e	Primary Characteristic/Profile	Legislature, Law Enforcement
	f	Method of Obtaining Precursor	Legislature, Law Enforcement
		i. Smurfing	Legislature, Law Enforcement
		a. work alone/work in teams	Law Enforcement
		ii. Theft	Law Enforcement
		a. where & how theft occurs	Law Enforcement
	g	Reagent	
		I. Method used to Obtain	
	h	Role	Legislature, Law Enforcement
	i	General History of Bill	Legislature, Law Enforcement
2	0	Pharmacist Role/Pharmacist Communication	Pharmacist
2	1	Process for Customer Purchase	Pharmacist
	a	Reasons for effectiveness	Pharmacist
	b	Reasons for ineffectiveness	Pharmacist
2	2	Post law factors influencing store, pharmacist participation and enforcement	Pharmacist
	a	Daily Toll	Pharmacist
	b	Not checking records	Pharmacist
	c	Customer profiling	Pharmacist
	d	Impact on sales	Pharmacist
2	3	Miscellaneous	Legislature, Law Enforcement, Pharmacist