

Approved:
Date 4-29-04

MINUTES OF THE HOUSE CORRECTIONS AND JUVENILE JUSTICE COMMITTEE

The meeting was called to order by Chairman Ward Loyd at 1:30 p.m. on February 9, 2004 in Room 241-N of the Capitol.

All members were present except:
Representative Tim Owens- absent

Committee staff present:
Jerry Ann Donaldson, Legislative Research Department
Becky Krahl, Legislative Research Department
Nicoletta Buonasera, Legislative Research Department
Connie Burns, Committee Secretary

Conferees appearing before the committee:
Sheriff Currie Myers, Johnson County
Christi Cain, Methamphetamine Prevention Project
Kyle Smith, KBI
Kevin Kraushaar, Consumer HealthCare Products Association
Mike Jennings, KCDA
Michael White, KCDA
Bill Sneed, Merck Pharmaceutical
Ron Hein, Kansas Pharmacy Coalition

Others attending:
See Attached List

Sheriff Currie Myers, Johnson County Sheriff, gave a briefing on Methamphetamine. ([Attachment 1](#))

Kansas ranks in the top 10 in the nation for lab seizures. Meth costs the state over \$23 million dollars per year in enforcement, incarceration and treatment.

What is Methamphetamine?

- Meth is a synthetic nervous system stimulant
- It can produce a high lasting anywhere from 2 to 16 hours
- Meth is highly addictive and can produce severe withdrawal symptoms
- It can be smoked, snorted, injected or taken orally

Reasons for Meth use:

- Used by females who want to lose weight
- Used by blue collar workers who work extra shifts
- Used by athletes and students for heightened physical and mental performance
- Recreational use to stay energized at rave parties and other social activities
- Less expensive and more available than other drugs

Effects of Meth Usage:

- Aggressive/violent behavior
- Paranoia
- Hallucinations
- Extreme rise in body temperature
- Bad teeth
- Body odor

- Acne, sores, crank bugs
- Loss of social life
- Increased sexual cravings
- Severe depression
- Severe weight loss
- Psychological disorders
- Organ damage

Meth treatment facts are 3-7% treatment success rate, treatment costs 1/10 of what incarceration does, treatment for meth addition focuses on cognitive behavioral interventions and “wall” period lasts 6 – 18 months during which the brain recovers from changes.

Every pound of meth manufactured produces 5 – 6 pounds of hazardous waste.

Christi Cain, Methamphetamine Prevention Project briefed the committee on the need for addressing the meth problem in Kansas. Kansas is consistently in the top 10 in the nation in number of meth labs seized. In rural areas 8th graders are 104% more likely to use meth than those in urban area. Kansas saw an 81% increase in treatment admissions for methamphetamine addiction from 1997 to 2002. Meth issues including enforcement, environmental damage, incarceration, and treatment cost the state over \$23 million dollars per year. (Attachment 2)

The objectives for Kansas Meth Prevention efforts increase capacity of key institutions to assist local communities in addressing the meth problem, reduce the supply of meth in Kansas, reduce the demand for meth, and increase awareness about meth. The mini-grant program the average grant is \$875 and 46 communities funded (60% of counties) and 76% of the counties who sent representative to the training applied for mini-grants.

Accomplishments from October 2002 – December 2003:

- Trained 217 people to implement meth prevention initiatives
- Implementation of mini-grant and tamper tag – 74,000 tamper tags distributed
- Total of 233 trainings for 9,658 people
- Media coverage 259 newspaper articles about meth prevention
- Information distributed at 28 fair/events to 50,629 Kansans
- National exposure/interest from many other states

HB 2486 – Requiring wholesalers, manufacturers and distributors of ephedrine or pseudoephedrine to register with the KBI.

Chairman Loyd opened the hearings on HB 2486.

Kevin Kraushaar, Consumer Healthcare Products Association, appeared as a proponent and requesting two amendments to the bill. (Attachment 3)

Bill Sneed, Merck & Company, appeared as an opponent of the bill. Listed as an opponent believe that a minor amendment would eliminate concerns. They request that in the new definition of “manufacturer” found page 3, line 41, an exception be made for those manufacturers of prescription drugs. (Attachment 4)

Ron Hein, Kansas Pharmacy Coalition (KPC), appeared neutral but would oppose this legislation if it is amended to include other proposed amendments to limit or restrict sales that were presented to the C & JJ Oversight Committee during interim by the KBI. (Attachment 5)

Mike Jennings, KCDDA, appeared in favor of the bill. The number of lab seizures is down, but it is not clear that the level of meth consumption has dropped. (Attachment 6)

Michael White, KCDAALobbyist, provided methamphetamine statistics from county and district attorneys across the state. (Attachment 7)

Kyle Smith, KBI, appeared before the committee in favor of the bill. Kyle stated that there are two problems which the committee needed to be aware of , first the KBI is not a regulatory agency and second, none of the fees would go to the KBI to pay for this program. The KBI does not have the resources to make this system work. (Attachment 8)

Chairman Loyd closed the hearing on **HB 2486**.

The meeting was adjourned at 3:26 PM. The next scheduled meeting is February 10, 2004.



KANSAS METHAMPHETAMINE PREVENTION PROJECT LEGISLATIVE REPORT

Methamphetamine Prevention Efforts in Kansas are in Jeopardy Due to a Funding Crisis

Efforts to address methamphetamine are at a critical stage. Community members have the capacity and energy to address the problem as a result of the Kansas Methamphetamine Prevention Project. Even though the Project has only been in existence slightly over one year, dramatic results have been realized in communities throughout the state. ***Without funding for these efforts, Kansas will lose ground in addressing the meth problem, which is already at epidemic proportions.*** Kansas will have more meth users, more injuries and deaths, and increased safety and health concerns in communities. If we are not proactive and don't continue current efforts, it will require significantly more time and funding to address meth.

Why the Meth Epidemic in Kansas Must Be Addressed

- Kansas ranks in the top 10 in the nation for lab seizures.
- Kansas has experienced an 82% increase in methamphetamine addiction treatment admissions.
- Meth costs the state over \$23 million dollars per year in enforcement, incarceration and treatment.
- Rural communities are experiencing high levels of youth usage in addition to safety issues.
- Rural youth are 104% more likely to use meth than kids in urban areas (Kansas is 91% rural).
- Teenagers can become addicted to meth after just two uses.
- 37% of Kansas residents seeking treatment for meth addiction in FY2003 were 24 or under (57% were 29 or under).
- Over 120 children were exposed to chemicals involved in meth manufacturing in Kansas in 2002 and an increased number of children are being born exposed to methamphetamine.
- In the time period from January through September 2003, there were nearly 1,300 articles about methamphetamine in Kansas newspapers, demonstrating the dramatic impact this drug is having on the state.

Why Should You Support Methamphetamine Efforts in Kansas?

- Because of the implications to communities, this issue has a lot of interest around the state. Thousands of constituents are dedicated to working on this issue and need your assistance to continue addressing the problem effectively.
- Communities have had tremendous success! Reported results include increased arrests, improved control of anhydrous ammonia, decreased usage of meth by youth, and increased community safety.
- The meth problem has significant implications for agricultural communities. The Project has been very successful in assisting rural constituencies. 74,000 tamper tags were distributed throughout the state to address the theft of anhydrous ammonia, a main ingredient in meth manufacture. Farmers, employees of co-ops and other agricultural organizations also received education that led to increased safety for rural communities. Efforts to expand rural efforts will not occur without further funding.
- An infrastructure composed of key state agencies and other organizations is in place. The infrastructure has been very successful in providing support, strategies, training and tools to almost 10,000 Kansans.
- The Kansas Methamphetamine Prevention Project is being considered as a national model by many organizations and has already provided technical assistance to 15 states.
- Changes in retail policies and farm and co-op policies were implemented locally by hundreds of businesses and farmers. Without continued support, the benefits will be lost.
- Drug Endangered Children (DEC) programs to address children found in meth labs, affected by their parents' meth usage, or born meth-exposed, have been formed in numerous communities throughout the state. Catalysts for forming DEC teams have included deaths of infants who were born exposed to meth and injuries to children in labs in Kansas communities. Support is needed to continue these efforts.

In one year, Project staff and partner agencies had over 300 requests for technical assistance and materials related to efforts to address the meth problem. This need will not be met without further funding.

- Training for child protective service workers, home visitors and other service professionals has been developed which has led to increased safety for these professionals in Kansas. Without funding for these trainings, they will not be continued.
- Without your support, Kansas communities will lose momentum in addressing this problem. Long-term costs will be staggering.

Nearly 50% of Kansas Counties Have Implemented Meth Prevention Efforts and/or Drug Endangered Children Programs Using KMPP Funding, Training and Technical Assistance:

A complete description of efforts in each county is available

Atchison	Clay	Cheyenne	Cowley	Cherokee	Crawford
Decatur	Ellis	Finney	Franklin	Gove	Graham
Grant	Greenwood	Harper	Harvey	Haskell	Jefferson
Johnson	Kingman	Leavenworth	Logan	Lyon	Marshall
McPherson	Miami	Mitchell	Morris	Neosho	Osage
Osborne	Pottawatomie	Rawlins	Reno	Rice	Riley
Rooks	Russell	Scott	Sedgwick	Seward	Shawnee
Sheridan	Sherman	Stevens	Sumner	Thomas	Wallace
Washington	Wilson	Wyandotte			

Previous Funding for Meth Prevention Efforts was Maximized

The Kansas Methamphetamine Prevention Project was successful in implementing a statewide project in a very cost-effective manner by maximizing federal funds and leveraging other resources. The Project leveraged over \$250,000 worth of staff time, volunteer time, meeting space, and other grant dollars with only \$345,510 in federal funds from SAMHSA. The additional cost savings by using the existing Kansas Communities that Care survey and the University of Kansas On-line Documentation System increased the leveraged amount to over \$300,000. This demonstrates the level of interest and commitment from multiple sectors throughout Kansas. Many experts have commented on the amazing accomplishments in Kansas for such a small investment of government funding. The Kansas Methamphetamine Prevention Project will continue to leverage significant resources with any additional funding received.

How Can You Support Methamphetamine Efforts In Kansas?

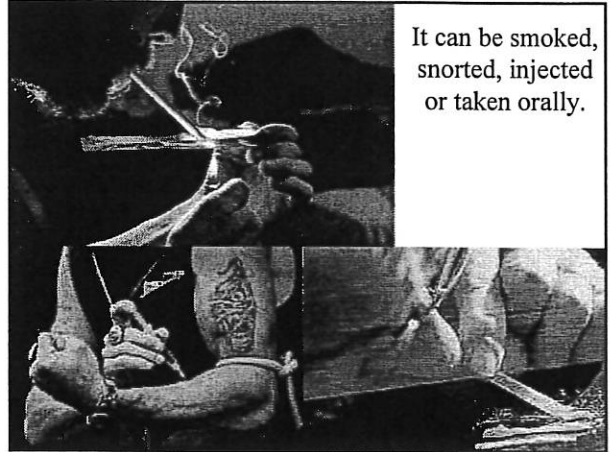
- Support funding for the Kansas Methamphetamine Prevention Project.
- Support continued funding for law enforcement, clean-up and treatment programs.
- Use the Kansas Methamphetamine Prevention Project as a resource to provide current information about this issue

Project Partners

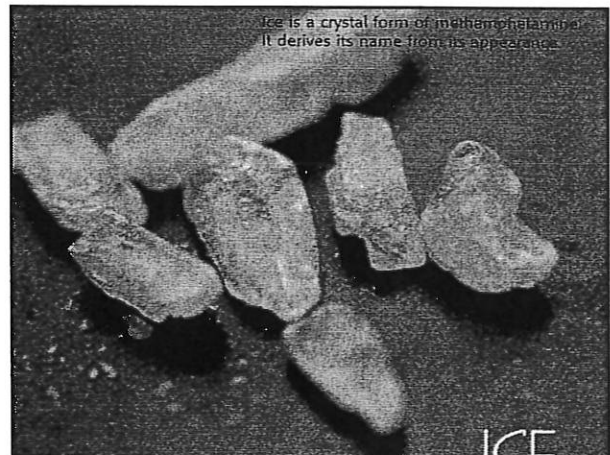
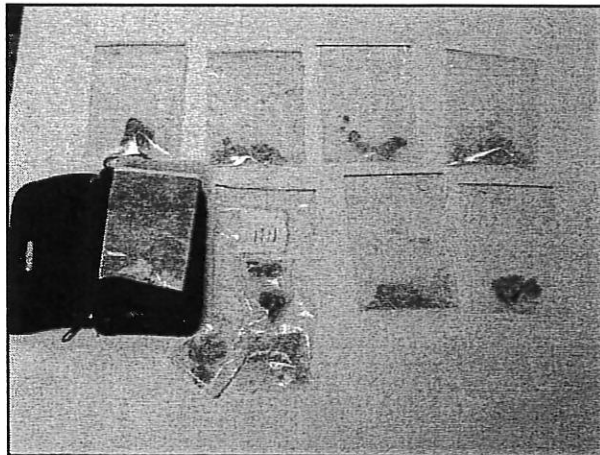
Kansas Social and Rehabilitation Services-Addiction and Prevention Services (AAPS) Division and Children and Family Policy Division; Midwest High Intensity Drug Trafficking Area (HIDTA); U.S. Attorney's Office, Regional Prevention Centers; K-State Research and Extension; Kansas Department of Health and Environment; Kansas Bureau of Investigation; Kansas National Guard; Kansas Family Partnership; Kansas Farm Bureau, Kansas Court Appointed Special Advocates Association, local law enforcement agencies, Community Systems Group, Prevention and Recovery Services; and the University of Kansas.

What Is Methamphetamine?

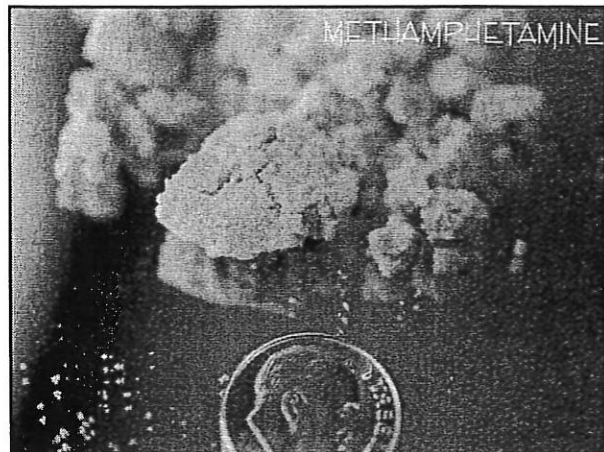
- Meth is a synthetic nervous system stimulant
- It can produce a high lasting anywhere from 2 to 16 hours
- Meth is highly addictive and can produce severe withdrawal symptoms



It can be smoked, snorted, injected or taken orally.



Ice is a crystal form of methamphetamine. It derives its name from its appearance.



Reasons for Meth Use

- Used by females who want to lose weight
- Used by blue collar workers who work extra shifts
- Used by athletes and students for heightened physical and mental performance
- Recreational use to stay energized at rave parties and other social activities
- Less expensive and more available than other drugs

Common Slang/Street Names

- | | |
|----------------|---------------|
| ■ Crank | ■ Junk |
| ■ Crystal Meth | ■ Go-fast |
| ■ Glass | ■ Rocket fuel |
| ■ Dope | ■ Chalk |
| ■ Speed | ■ Zoom |
| ■ Ice | ■ Stuff |
| ■ Zip | ■ Cristy |
| ■ Quartz | ■ Annie |

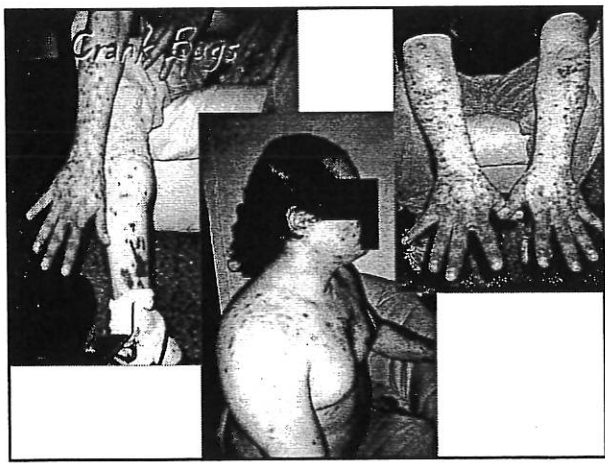
Signs of Meth Usage

- | | |
|--|---|
| ■ Euphoria | ■ Talkativeness |
| ■ Hyperactivity | ■ Bruxism (teeth grinding) |
| ■ Relaxed inhibitions | ■ Dilated pupils- slow to react |
| ■ Misrepresentation of time and distance | ■ Repetitively disassemble and sort objects |
| ■ Inability to concentrate | ■ Rigid muscle tone |
| ■ Restlessness/agitation | ■ Unable to divide attention |
| ■ Tendency to compulsively clean and groom | ■ Jerking movements |

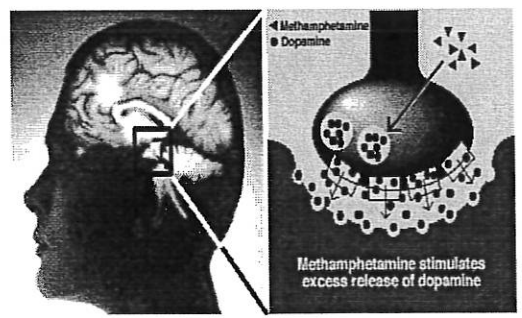


Effects of Methamphetamine Use

- Aggressive/violent behavior
- Paranoia
- Hallucinations
- Extreme rise in body temperature
- Bad teeth
- Body odor
- Acne, sores, crunk bugs
- Loss of social life
- Increased sexual cravings
- Severe depression
- Severe weight loss
- Psychological disorders
- Organ damage



Dopamine Helps Regulate Pleasure



Social Implications of Meth Usage

- Increase in thefts and burglaries
- Domestic Violence
- Auto accidents
- Emergency medical treatment
- HIV/ AIDS
- Fires
- Murders
- Suicides
- Hazardous waste
- Increase in workplace violence
- Lost productivity
- Babies with birth defects and other problems
- Danger to law enforcement and fire fighters
- Neglect/abuse of children



Meth Treatment Facts

- 3-7 % treatment success rate
- Treatment costs 1/10 of what incarceration does
- Treatment for meth addiction focuses on cognitive behavioral interventions
- "Wall" period lasts 6-18 months during which the brain recovers from changes

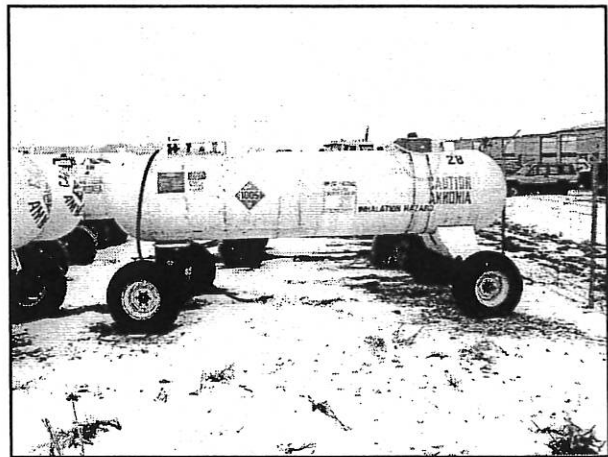
Two Most Common Methods

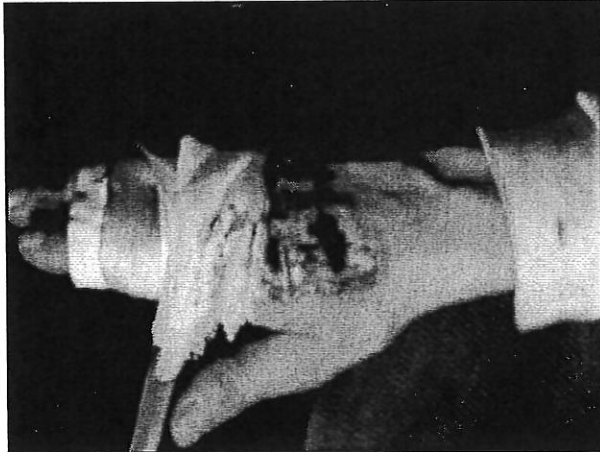
Ephedrine Reduction

	Red P Method	Nazi Method
Stage One (Extracting)	Heet, ether, other solvents	same
Stage Two	Red Phosphorous, Iodine & Water	Anhydrous Ammonia, Lithium/Sodium Metal
Stage Three	ether, Heet, Coleman Fuel, other solvents	same
Stage Four (Salting Out)	salt, drain opener, muriatic or sulfuric acid	same

Ingredients Used in Meth Production

- Ephedrine or Pseudoephedrine
- Rock salt
- Rubbing alcohol
- Acetone
- Paint thinner
- Aluminum foil
- Drain opener (sulfuric acid)
- Lithium batteries
- Anhydrous ammonia
- Coffee filters
- Glass bottles
- Camping fuel
- Starting fluid (ether)
- Red phosphorous
- Iodine
- Muriatic acid





Where Have Labs Been Found?

- Homes that are owned
- Rental properties
- Apartments
- Mobile homes
- Hotels/ motels
- Vehicles
- Vacant buildings
- Storage Units
- Farm fields
- Wooded areas
- Trailers
- Out buildings on farms
- Barns
- Garages

Environmental Hazards

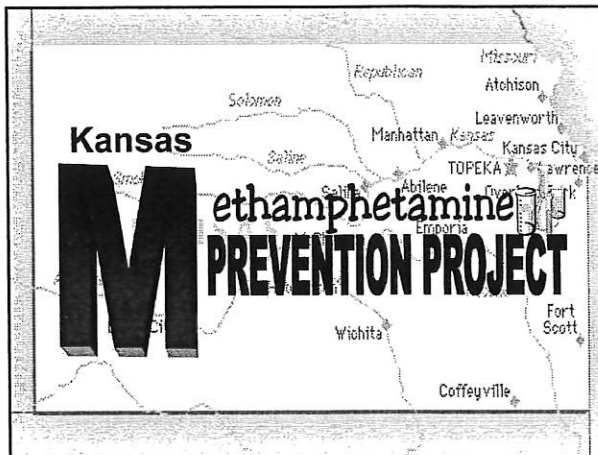
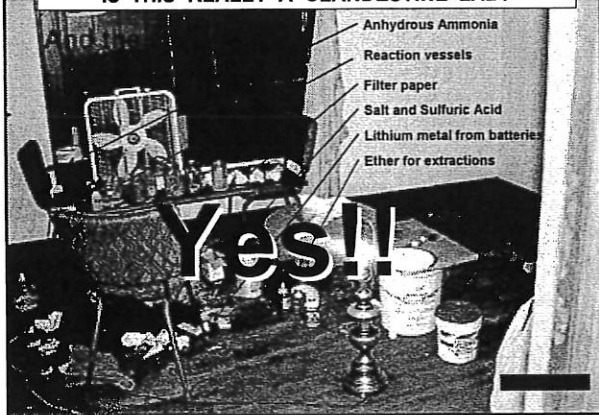
Every *lb* of meth manufactured produces 5-6 *pounds* of hazardous waste

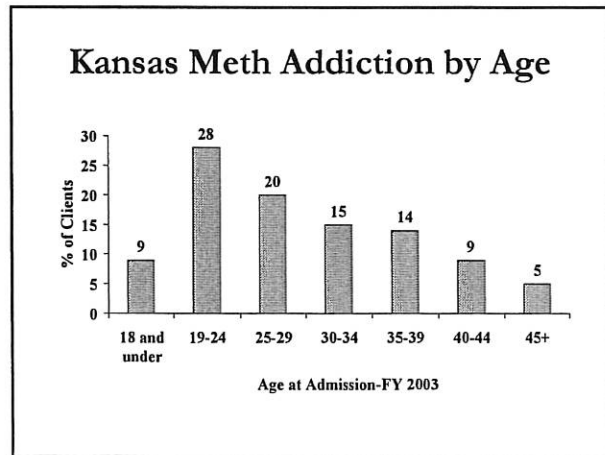
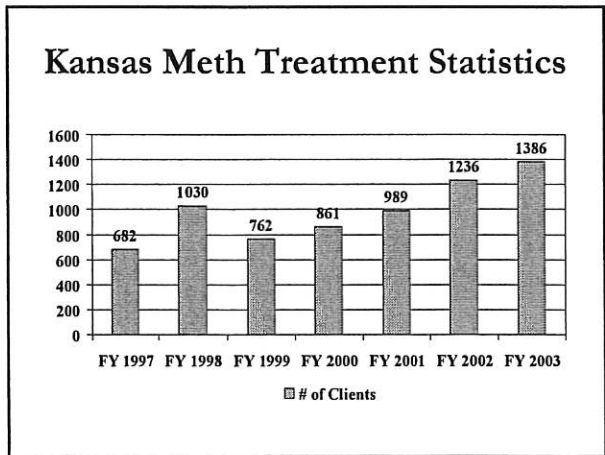
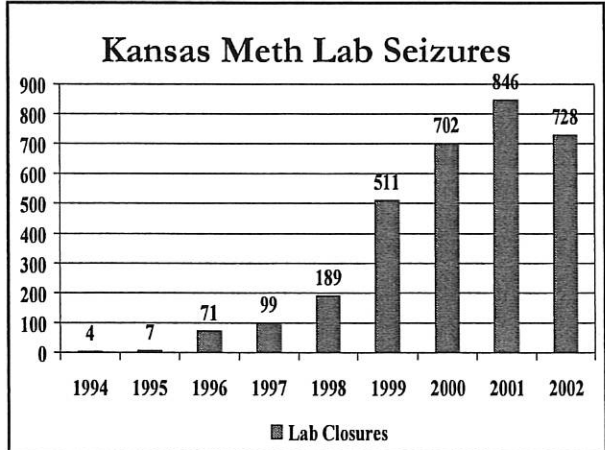
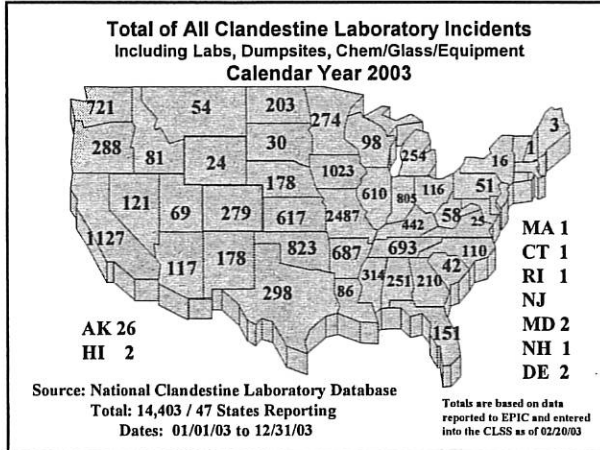


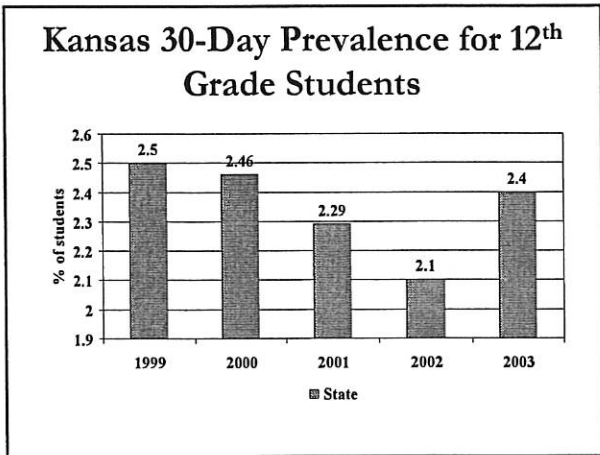
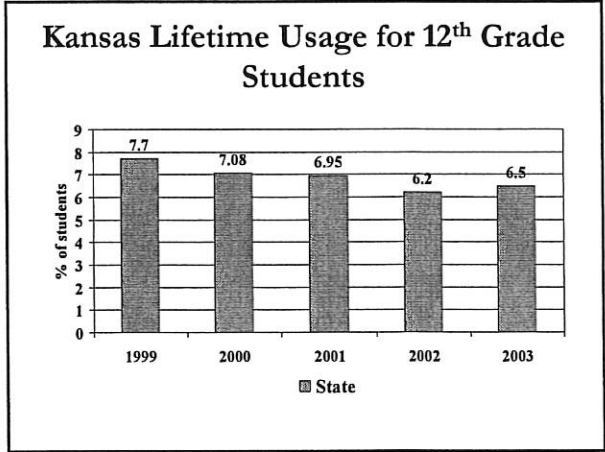
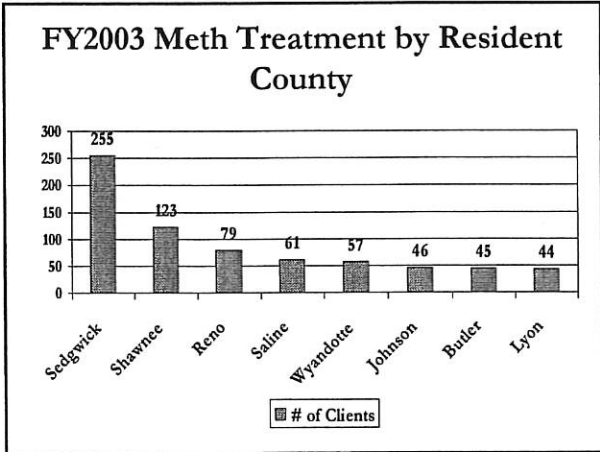
How to Spot a Meth Lab in Your Neighborhood

- Unusual, strong odors
- Unusual number of chemical containers
- Presence of bottles or jugs
- Windows blacked out or covered
- People smoking outside
- Secretive and protective of area
- Paranoid or odd behavior- watch cars suspiciously
- Lots of traffic, especially at night
- Exhaust fans

IS THIS REALLY A CLANDESTINE LAB?

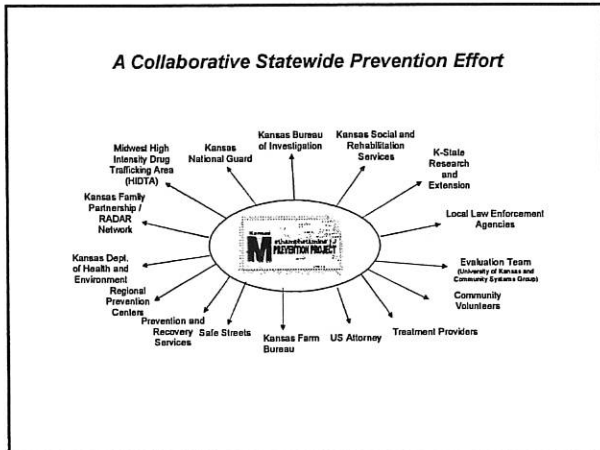






Need for Addressing the Meth Problem in Kansas

- Kansas is consistently in the top 10 in the nation in number of meth labs seized
- 8th graders in rural areas are 104% more likely to use meth than those in urban areas
- Kansas saw an 81% increase in treatment admissions for methamphetamine addiction from 1997 to 2002
- Meth issues (enforcement, environmental damage, incarceration, treatment) cost the state over \$23 million dollars per year

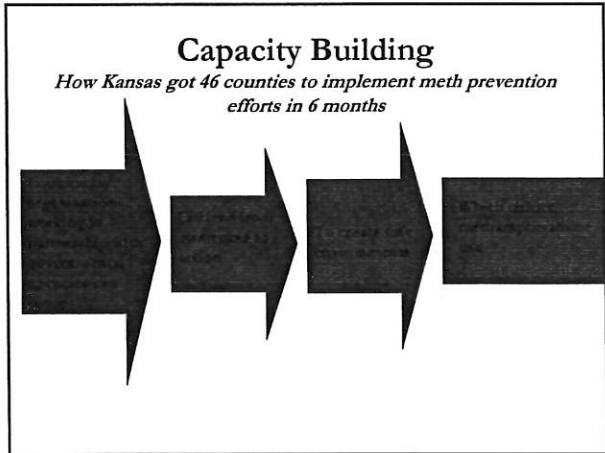


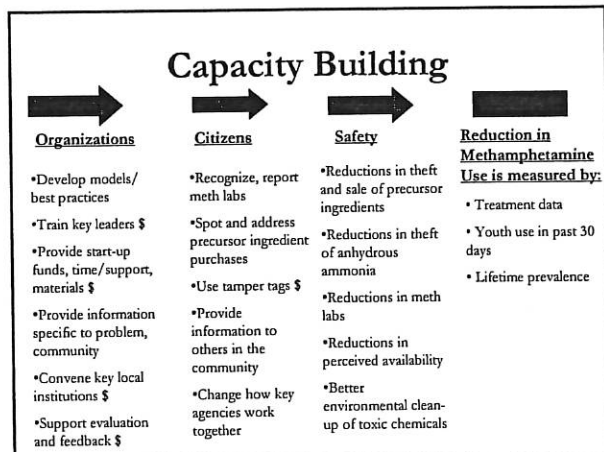
Capacity to Address the Meth Problem in Kansas

- Key statewide partnerships are in place
- A statewide prevention infrastructure, which is comprised of the Regional Prevention Center system, has been in existence for over 13 years
- A successful meth prevention project from Shawnee County is being used as a model for replication throughout the state

Objectives for Kansas Meth Prevention Efforts

- Increase capacity of key institutions to assist local communities in addressing the meth problem
- Reduce the supply of meth in Kansas
- Reduce the demand for meth in Kansas
- Increase awareness about meth in Kansas





Kansas Methamphetamine Prevention Project

Provides:

- Training (including training of trainers for implementation of community meth prevention initiatives and Drug Endangered Children programs)
- Technical assistance to communities throughout Kansas and the United States
- Access to meth prevention resources (community prevention kits, videos, educational information, etc.)
- Public awareness through presentations, materials, websites
- Coordination of agencies

Mini-grant Program

- Average grant: \$875
- 46 communities funded (60% of counties)
- 76% of counties who sent representatives to trainings applied for mini-grants
- Projects include PSA's, workshops, anhydrous ammonia theft prevention, brochures

Counties Receiving Mini-Grants

Atchison Clay Cheyenne Cowley Decatur
 Ellis Finney Franklin Gove Graham
 Grant Harper Harvey Haskell Jefferson
 Johnson Kingman Leavenworth Logan
 Lyon Marshall McPherson Miami Mitchell
 Morris Neosho Osage Osborne
 Pottawatomie Rawlins Reno Rice Riley
 Rooks Russell Scott Sedgwick Seward
 Sheridan Sherman Stevens Sumner
 Thomas Wallace Washington Wyandotte

Community Level Policy Changes

- Retail policies re: sale of precursor ingredients
- Farm and co-op policies re: tamper evident tags
- Local law enforcement procedures re: EPIC forms
- Schools adopt curricula specific to meth demand reduction

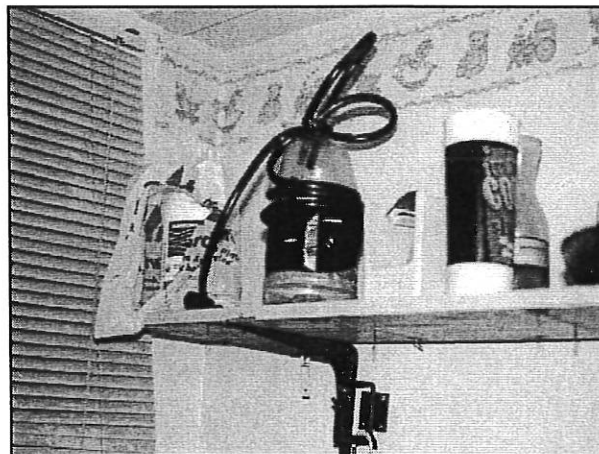
Accomplishments

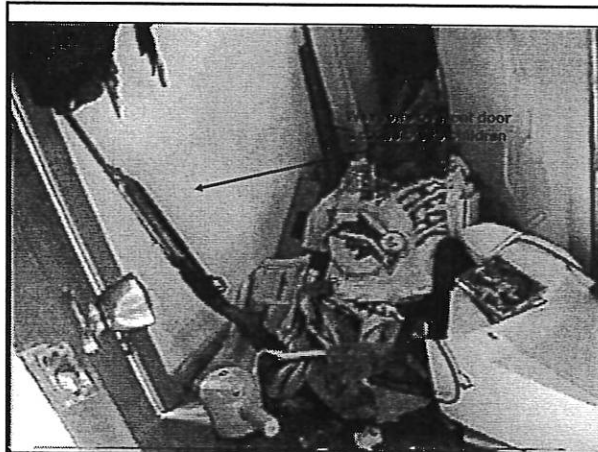
October 2002-December 2003

- Trained 217 people to implement meth prevention initiatives
- Implementation of mini-grant and tamper tag programs-74,000 tamper tags distributed
- Total of 233 trainings for 9,658 people
- Media coverage- 259 newspaper articles about meth prevention
- Information distributed at 28 fairs/events to 50,629 Kansans
- National exposure/interest from many other states

Characteristics of Meth Households

- High levels of domestic violence
- Sex and pornography
- Lots of junk food
- Weapons and booby traps
- Raw materials of meth manufacture stored in kitchen cabinets, bedrooms
- Exposure to high risk populations





- ### Prenatal Effects
- Prematurity
 - Growth retardation
 - Withdrawal symptoms
 - Cerebral injuries
 - Limpness
 - Sleepiness
 - Apparent depression
 - Poor eating
 - Shaking and tremors
 - Irritability
 - Fits of rage
 - Sensitivity to stimuli
 - Coordination problems
 - Birth defects

Effects of Parental Meth Use/Manufacturing on Children

- Respiratory problems
- Delayed speech and language skills
- Higher risk for kidney failure and leukemia
- Malnourishment
- Poor school performance/attendance problems
- Isolation
- Neglect
- Physical, emotional and sexual abuse
- Poor dental health
- Other developmental problems
- Hyperactivity and attention disorders

Drug Endangered Children (DEC)

- Several states have implemented DEC programs
- Response team includes law enforcement, child protective services, district attorney's office, and medical personnel
- Children in labs suffer neglect, physical abuse, sexual abuse in addition to harm from the chemicals

Community-Level DEC Efforts

Counties that have formed task forces, held trainings, and/or established protocols

Crawford	Sedgwick	Thomas
Johnson	Wyandotte	Russell
Finney	Rice	Cherokee
Reno	Sumner	Harvey
Neosho	Greenwood	Wilson
Cheyenne	Ellis	Shawnee

Future Plans

- Training all SRS protective service workers in the state
- Collaborate on national expansion
- Expansion of existing programs and strategies
- Drug Endangered Children expansion



A Comprehensive Model For Addressing the Methamphetamine Crisis

The Kansas Methamphetamine Prevention Project provides support, current information, strategies and tools for addressing the methamphetamine problem at the local level. We can provide effective, efficient approaches for reducing the supply of and demand for meth in communities throughout the nation.

Expertise In Meth-Related Topics/Issues

- Environment
- Clean-up of clandestine labs
- Law enforcement
- Clandestine lab certification for law enforcement
- Legal
- Child protection
- Rural
- Retail
- Treatment
- Evaluation/Data Collection
- Community-level initiatives
- Policy changes
- Drug Endangered Children

Technical Assistance

- Community meth assessment
- Development of training
- Community initiatives
- Drug Endangered Children programs
- Infrastructure development
- Strategic planning
- Seminar/conference planning
- Legislative advocacy
- Data collection/statistics
- Evaluation
- Motivating communities
- Creating public awareness

Specialized Training

- | | | | |
|-----------------|---------------------------------|----------------------------------|--------------|
| Law Enforcement | Retailers | Chance encounter occupations | School staff |
| | Clandestine laboratory response | Drug Endangered Children | |
| | Home visitors | Child protective service workers | |

Strategies for Involving and Educating

- | | |
|------------------------------|---------------|
| Retailers | Media |
| Law Enforcement | Neighborhoods |
| Youth | Parents |
| Rural communities | Schools |
| Chance Encounter Occupations | |

Resource Materials

- Power Point presentations for multiple target audiences
- Brochures and other educational materials
- Videos for retailers, youth, parents, law enforcement, and other audiences
- Guide for implementing community initiatives
- School Meth prevention curriculum
- Website

For more information, contact:

Cristi Cain
2209 SW 29th Street
Topeka, KS 66611
Phone: (785) 266-8666 Fax: (785) 266-3833
E-mail: ccain@parstopeka.com
www.ksmethpreventionproject.org

Demonstrated Outcomes

- Reduction in lifetime and 30 day usage of meth by youth
 - Increased public awareness
 - Decrease in lab seizures
 - Increase in arrests
- Decrease in theft of anhydrous ammonia
- Decrease in theft of precursor products from retail stores
 - Increased community safety
 - Increased perception of harm
 - Decrease in perceived availability
 - Increased reporting by retailers
 - Improved collaboration

Lessons Learned in Kansas

- Local communities will respond when provided adequate support
- Local communities are capable of implementing community-wide environmental interventions at a reasonable cost when state systems are properly aligned to support their efforts
- Efforts to support local methamphetamine prevention should support community adaptation to fit their local context
- Communities need practical, "how-to" support from both technical experts in prevention and from their counterparts in similar communities
- Federal money can leverage state action in a way that is cost-efficient
- Capacity for meth prevention can be built quickly but one year is far too short a time frame in which to program for its sustainability
- Sustaining a comprehensive program is less likely if it requires creating an entirely new infrastructure

Fast Facts

9,700 Kansans were trained in the first year of the Project

98% of training participants committed to assisting with meth prevention initiatives

74,000 tamper tags were distributed for anhydrous ammonia control

The Project was reported in newspapers 259 times in 9 months

50% of Kansas communities implemented efforts in the first year of the Project

"Everything you need to implement meth prevention was provided immediately which is a great motivator!! You are all very organized and full of vitally important information and tools for us to put into action at our level."

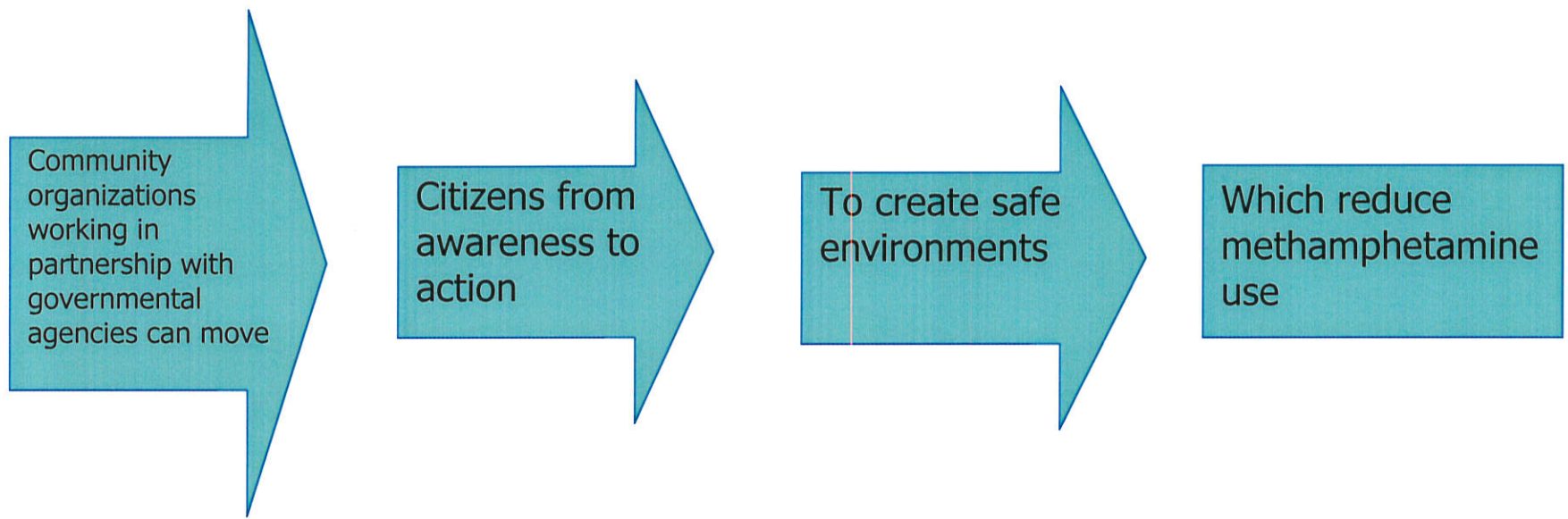
Quote from a Training Participant

Utilizing the existing Kansas model represents a savings of over \$300,000 in start-up costs to communities.

Kansas Methamphetamine Prevention Project Partner Agencies

Kansas Bureau of Investigation Kansas Department of Health and Environment Midwest HIDTA
Kansas State University Research and Extension Kansas Regional Prevention Centers
Social and Rehabilitation Services-Addiction and Prevention Services/Children and Family Policy Division
Kansas National Guard Kansas Family Partnership U.S. Attorney's Office
Sedgwick County DA's Office Kansas Farm Bureau University of Kansas Prevention & Recovery Services
Community Systems Group Treatment Providers Local Law Enforcement Agencies

ADDRESSING THE METHAMPHETAMINE PROBLEM IN KANSAS



Community organizations and the government provide infrastructure support:

- Develop models/ best practices
- Train key leaders \$
- Provide start-up funding directly to communities \$
- Provide time/support \$
- Provide materials \$
- Provide information specific to problem
- Provide information specific to their community

What role do active citizens play?

- Be aware- recognize and report meth labs
- Spot and address theft and purchase of precursors
- Utilize tamper tags to reduce anhydrous ammonia theft \$
- Provide information to others in the community
- Change how key agencies work together

How is community safety demonstrated?

- Reductions in theft and sale of precursor products at retail stores
- Reductions in theft of anhydrous ammonia
- Increases in lab seizures
- Decreases in perceived availability of meth by youth
- Better environmental clean-up of toxic chemicals

Reduction in meth use is measured by:

- Treatment data
- Youth use in the past 30 days
- Lifetime prevalence

Methamphetamine Admissions By Resident County

Addiction and Prevention Services

July 1, 2002 through June 30, 2003

2-11

1 Cheyenne	0 Rawlins	5 Decatur	5 Norton	3 Phillips	0 Smith	0 Jewell	1 Republic	0 Washington	4 Marshall	2 Nemaha	4 Brown	0 Doniphan	
1 Sherman	12 Thomas	0 Sheridan	3 Graham	1 Rooks	5 Osborne	1 Mitchell	11 Cloud	4 Clay	1 Pottawatomie	6 Jackson	4 Atchison	4 Leavenworth	
0 Wallace	0 Logan	0 Gove	12 Trego	19 Ellis	6 Russell	2 Lincoln	3 Ottawa	7 Dickinson	2 Geary	123 Shawnee	6 Jefferson	8 Wyandotte	
0 Greeley	1 Wichita	4 Scott	0 Lane	3 Ness	1 Rush	31 Barton	61 Saline	4 Morris	3 Wabaunsee	14 Osage	16 Douglas	46 Johnson	
0 Hamilton	2 Kearny	15 Finney	1 Hodgeman	16 Pawnee	4 Stafford	13 Rice	11 McPherson	6 Marion	4 Chase	44 Lyon	25 Franklin	14 Miami	
1 Stanton	0 Grant	3 Haskell	1 Gray	2 Edwards	79 Reno	10 Harvey	10 Harvey	6 Marion	4 Chase	44 Lyon	3 Coffey	4 Anderson	2 Linn
0 Stanton	0 Grant	3 Haskell	1 Gray	49 Ford	2 Edwards	11 Pratt	255 Sedgwick	45 Butler	18 Greenwood	0 Woodson	10 Allen	15 Bourbon	
2 Morton	3 Stevens	5 Seward	0 Meade	5 Clark	3 Klowa	11 Pratt	0 Kingman	4 Elk	20 Wilson	10 Neosho	40 Crawford		
2 Morton	3 Stevens	5 Seward	0 Meade	5 Clark	0 Comanche	1 Barber	1 Harper	19 Sumner	23 Cowley	1 Chautauqua	31 Montgomery	16 Labette	27 Cherokee

N = 1,386

SUCCESSFUL IMPLEMENTATION OF METH PREVENTION EFFORTS IN KANSAS COMMUNITIES

Rice County

Rice County Meth Watch was one of the 46 communities awarded minigrants from the Kansas Methamphetamine Prevention Project (KMPP) in February 2003. Due to its successful implementation of meth prevention efforts and utilization of its minigrant funding, the KMPP awarded Rice County Meth Watch one of its three Minigrant Recognition Awards in September 2003.

Even though Rice County Meth Watch existed before its members attended the KMPP training-of-trainers in November 2002, the technical assistance and methamphetamine prevention kit the coalition received during the two-day training proved to play a critical role in the coalition's success. "The training was very important and helpful," said Vicki Cavitt, member of Rice County Meth Watch. "Everything in the kit was ready to go and it played a really big role in our success. If we had to start from scratch, it would've taken years to do what we accomplished."

The minigrant funding also played a crucial role in the success of Rice County Meth Watch. "To me the minigrant was a god-send," said Steve Bundy, sheriff of Rice County and member of Rice County Meth Watch. "It's just a breath of fresh air to get five or six people to see it through," Bundy said, referring to the implementation of meth prevention strategies such as Retailer Meth Watch. The Retailer Meth Watch kit, a program of KMPP partner Kansas Department of Health and Environment, was included in the methamphetamine prevention kits each participant of the training-of-trainers received. Before receiving the minigrant, Bundy said, no one had the time, money, or expertise to approach local retailers about methamphetamine prevention. The meth kit and minigrant provided the tools for members of Rice County Meth Watch to expand their efforts to include retail prevention and meth awareness presentations.

Rice County Meth Watch convinced all but one retailer in the county (selling any ingredient to make methamphetamine) to work with them and implement Retailer Meth Watch. Bundy scored a major accomplishment, during a one-hour conversation, by convincing a grocery store, whose headquarters are in Kansas but has stores in over ten states, to implement retail meth prevention.

In seven months, Rice County Meth Watch presented methamphetamine prevention information to more than 800 people. During this time, every county newspaper reported on Rice County Meth Watch initiatives, and three radio stations, covering a listening area of 50,000 households, reported these initiatives at least ten times. A television station in Wichita traveled more than 90 miles to Rice County in order to cover the coalition's activities. In all, RCMW was covered at least six times on television. Rice County Meth Watch also convinced

all local banks and their branches to insert meth prevention tips into monthly bank statements, which meant that 14,000 people received these materials. Two different fliers were mailed to all households who received utility bills in Rice County. Every anhydrous ammonia (key ingredient in meth) supplier in the county agreed to promote the KMPP tamper tag program by distributing tamper tags and brochures.

Rice County Meth Watch duplicated the partnering efforts of the KMPP by creating a multi-disciplinary team of dedicated individuals. The coalition built partnerships with numerous local agencies, and was successful in implementing meth prevention activities because of this collaboration with multiple agencies. The agencies include the local regional prevention center, Kansas Farm Bureau, the local school, the sheriff's department, the police department, the local hospital, and the local economic development office.

Johnson County

The Johnson County Methamphetamine Prevention Project (JMPP) was another one of the 46 communities awarded minigrants from the Kansas Methamphetamine Prevention Project (KMPP) in February 2003. Due to its success of implementing meth prevention awareness activities, the KMPP awarded the Johnson County Project one of its three Minigrant Recognition Awards in September 2003.

The minigrant funding from the KMPP directly resulted in the formation of the Johnson County Meth Prevention Project. The JMPP brought together agencies for the first time with the sole purpose of increasing awareness of the methamphetamine problem. The JMPP used strategies provided by the KMPP; in particular, the retail and rural prevention strategies of KMPP partner agencies, Kansas Department of Health and Environment (KDHE) and K-State Research & Extension, respectively. The JMPP was successful in getting two major retailers to implement KDHE's Retailer Meth Watch Program. One of the aforementioned retailers, Costco, employed 250 employees in two different locations. The other retailer was a national grocery store chain that had four locales in the county.

The target audiences of the JMPP were similar to those audiences targeted by the KMPP: first responders, law enforcement, public service workers, retailers, youth, farmers, and agricultural cooperatives. The JMPP also worked with partners similar to KMPP's statewide partners: law enforcement, social services, Regional Prevention Centers, and K-State Research & Extension. The JMPP also utilized the community meth prevention kit its members received at one of the four training-of-trainers in late 2002. They duplicated brochures, Microsoft Powerpoint presentations, and other media strategies to rousing success: they received media attention in local radio, television, and newspapers at least seven times in just a two-month period.

A direct result of the creation of the Johnson County Project was the formation of the Drug Endangered Children Task Force. The JMPP leveraged its resources and partnerships to create the DEC Task Force five months after the JMPP was formed. This task force then applied for and received funding from the KMPP to expand and develop its DEC efforts.

In just seven months and \$1,000, the JMPP formed two working coalitions (the JMPP and the DEC Task Force), gave meth presentations to nearly 1,000 people in both the rural and urban part of Johnson County, and it was able to leverage its resources to receive start-up funding for the DEC Task Force.

Haskell County

The Haskell County Community Health Organization Committee was another one of the 46 communities awarded minigrants from the Kansas Methamphetamine Prevention Project (KMPP) in February 2003. Due to its successful implementation of meth prevention efforts and utilization of its minigrant funding, the Committee received an honorable mention in Minigrant Recognition Awards Program.

The Committee focused on educating the public about meth trafficking, waste from methamphetamine labs, and the health dangers related to the drug's use and manufacture. The Committee was able to distribute a meth brochure to all postal customers in the county and all postal customers in the county also received information on methamphetamine in the Committee's March newsletter. Through the use of mailings, speaking engagements, and displays at fairs and county-wide events, the Committee was able to distribute inform nearly 2,100 people. And this number doesn't include the number of readers who read about the Committee in the local newspaper. The paper highlighted the work of the Committee at least seven times in seven months.

Besides the successful distribution of educational materials, the Committee's work seemed to produce promising results. The sheriff's office indicated that since February when the Committee received the minigrant funding, there has been an increase in the public reporting of possible methamphetamine paraphernalia and toxic waste. Since February retail stores also reported more suspicious activity reports and communicated more often with the sheriff's office.

The Committee worked with numerous agencies, including the Kansas Bureau of Investigation, the Kansas Department of Health & Environment, the sheriff's office, the Drug Enforcement Agency, Kansas Fire and Rescue Institute, and Kansas Farm Bureau. The Committee also formed a partnership with the local newspaper; a reporter even attended a four-hour training given by the Committee. This successful relationship resulted in multiple instances of media coverage in the newspaper.

Testimony
Submitted to the Joint Committee on Corrections and Juvenile Justice Oversight
Kansas House of Representatives
HB 2486
February 9, 2004

Kevin J. Kraushaar
Vice President, Government Relations
Consumer Healthcare Products Association

This testimony is submitted to the Joint House Committee on Corrections and Juvenile Justice Oversight in support of HB 2486 with amendments. This bill would require all manufacturers and distributors of OTC drug products that contain ephedrine and pseudoephedrine to register with the Kansas Bureau of Investigation. Registrants must keep records of all products containing these ingredients manufactured in the state or shipped into the state. Records must be kept for 3 years and business entities located outside the state would have three days to produce requested records.

Established in 1885, the Consumer Healthcare Products Association (CHPA) is the national trade association representing manufacturers and distributors of nonprescription drugs and nutritional supplements that are found in nearly every medicine cabinet in America. CHPA member products include analgesics, antihistamines, decongestants, first aid remedies, smoking cessation products, and hundreds of other OTC medicines that are approved by the U.S. Food & Drug Administration (FDA) and marketed under federal law. Pseudoephedrine is approved by FDA as an OTC decongestant. Ephedrine is approved as an OTC bronchodilator for mild symptoms of asthma.

CHPA requests two amendments to the bill (which are attached):

1. The registration fee should be reasonable and specified in the bill.
2. The record retention period for chemical transactions should be shortened to 2 years, down from 3 as stated in the bill. This would make the bill consistent with what is required by the Drug Enforcement Administration under federal law.

CHPA thanks the Chairman and committee members for consideration of our views.

CHPA Proposed Amendment to Kansas House Bill 2486

Text to be deleted is shown as ~~striketrough~~.

Text to be added is shown underlined.

New Section 1. (a) Any wholesaler, manufacturer or distributor of drug products containing ephedrine or pseudoephedrine, or their salts, isomers, or salts of isomers shall obtain a registration annually from the Kansas bureau of investigation. Any such wholesaler, manufacturer or distributor shall keep complete records of all transactions involving such drug products including the names of all parties involved in the transaction and amount of the drug products involved. The records shall be kept readily retrievable and separate from all other invoices or records of transactions not involving such drug products, and shall be maintained for not less than ~~three~~ two years.

(b) Application for such registration shall be made in writing and shall be accompanied by a payment to the Kansas bureau of investigation of a sum not to exceed Three Hundred Dollars (\$300.00) as a registration fee for a wholesaler, manufacturer or distributor located in Kansas and Two Hundred Dollars (\$200.00) for a wholesaler, manufacturer or distributor located outside of Kansas. Such permit shall be valid for a period of one (1) year, commencing on July 1 and ending on June 30, and such permit shall contain the name of the registrant and the address of the place at which such business shall be conducted.

~~(b)~~ (c) In addition to any civil penalties provided by law, a violation of this section shall be a misdemeanor, and upon conviction thereof be punished by a fine not to exceed \$10,000.

~~(e)~~ (d) This section shall be a part of and supplemental to the Kansas chemical control act.

Polsinelli | Shalton | Welte

A Professional Corporation

Memorandum

TO: THE HONORABLE WARD LLOYD, CHAIRMAN
HOUSE CORRECTIONS AND JUVENILE JUSTICE COMMITTEE

FROM: WILLIAM W. SNEED, LEGISLATIVE COUNSEL
MERCK & CO., INC.

RE: H.B. 2486

DATE: FEBRUARY 9, 2004

Mr. Chairman, Members of the Committee: My name is Bill Sneed and I represent Merck & Co. ("Merck"), and we appreciate the opportunity to testify on H.B. 2486. Although we are listed as an "opponent," we believe that a minor amendment would eliminate our concerns, and thus allow the Committee to work on this bill if it so desires.

Merck is very sensitive to the ongoing problem that states face in corralling "meth labs" as a part of the ongoing fight against criminal activity. It is unfortunate that certain pharmaceutical products, that are widely used in legal, over-the-counter and prescription drugs, can provide some of the nexus for this illegal activity. However, in fighting this fight, we must balance the needs of the entire public vis-à-vis the cost and availability of over-the-counter and prescription drugs.

I need not tell this Committee the ongoing concerns with respect to prescription drug costs. Merck is at the forefront in its work to help provide reasonably-priced drugs throughout the United States. By adding an additional layer of bureaucratic and administrative costs, the state will only exacerbate an already troubling issue.

Thus, we would request that in the new definition of "manufacturer" found page 3, line 41, an exception be made for those manufacturers of prescription drugs. By doing this, a vast cost would be eliminated on an already at times over-regulated industry.

I appreciate your assistance on this matter, and if you have any questions, please feel free to contact me.

WWS:kjb

One AmVestors Place
555 Kansas Avenue, Suite 301
Topeka,
Telephone: (785)
Fax: (785)

House Corr & JJ
Attachment 4

2-09-04

(5)

HEIN LAW FIRM, CHARTERED

5845 SW 29th Street, Topeka, KS 66614-2462

Phone: (785) 273-1441

Fax: (785) 273-9243

Ronald R. Hein

Attorney-at-Law

Email: rhein@heinlaw.com

**Testimony re: HB 2486
House Corrections and Juvenile Justice Committee
Presented by Ronald R. Hein
on behalf of
Kansas Pharmacy Coalition
February 9, 2004**

Mr. Chairman, Members of the Committee:

My name is Ron Hein, and I am legislative counsel for the Kansas Pharmacy Coalition (KPC). The Kansas Pharmacy Coalition is an ad hoc coalition comprised of the Kansas Pharmacists Association and the Kansas Federation of Chain Pharmacies.

The Kansas Pharmacy Coalition is neutral on but has no objections to HB 2486 in its present form, because it represents an appropriate means of dealing with the issues of ephedrine and pseudoephedrine as it relates to the problem Kansas faces with methamphetamine production.

Members of the Kansas Pharmacy Coalition participate in the Meth Watch program, which is a voluntary program established by the Kansas Bureau of Investigation and the Kansas Department of Health and Environment with the cooperation of private corporations and associations. This program has worked very well.

However, the KPC would oppose this legislation if it is amended to include other proposed amendments to limit or restrict sales that were presented to the Corrections and Juvenile Justice Oversight Committee this past interim by the KBI. We will not address each of the possible amendments that might be proposed which would impose much more onerous requirements on pharmacies and other businesses of Kansas. However, we would note that the Oversight Committee addressed this issue this past fall. If this committee is inclined to give serious consideration to such proposals, we would want to bring forward additional testimony and perhaps experts from our industry to relate the problems associated with more stringent requirements on retail businesses.

We would not object to amendments which may be proposed by the Consumer Healthcare Products Association.

Thank you very much for permitting me to testify, and I will be happy to yield to questions.

OFFICERS

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Christine Kenney, Vice-President
Thomas J. Drees, Secretary/Treasurer
Steve Kearney, Executive Director
John M. Settle, Past President



DIRECTORS

Edmond D. Brancart
Douglas Witteman
Thomas Stanton
David Debenham

Kansas County & District Attorneys Association

1200 S.W. 10th Street
Topeka, KS 66604
(785) 232-5822 • FAX (785) 234-2433
www.kcdaa.org

TO: Chairperson Ward Loyd and members of the House Committee on Corrections and Juvenile Justice

FROM: Mike Jennings, ADA, 18th Judicial District; Chairperson, KCDAAs Legislative Committee

RE: Methamphetamine Epidemic

DATE: February 9, 2004

Thank you for the opportunity to submit testimony regarding the present extent of the methamphetamine abuse in the Sedgwick County area.

Over the last four years, we have seen a significant increase in the use of methamphetamine. In many respects it has replaced cocaine as the abuse drug of choice. This is indeed unfortunate because the adverse effects from using the drug are far more serious than from using cocaine. A single exposure is sufficient to start the addiction. The drug causes the release of the brain's total supply of dopamine, a neural transmitter. This release is experienced as very pleasurable; hence, the high. But when the drug wears off, the brain does not have the supply of dopamine necessary to carry on its functioning at previously normal levels. The user/addict experiences this deficit in a number of ways: loss of ability to experience pleasure, depressed mood, tremors and Parkinson-like lack of co-ordination, loss of mental function, paranoia. Inability to experience pleasure with the same intensity tends to cause the user to consume larger quantities. As use increases, damage to the brain increases. This damage includes the destruction of the brain's ability to manufacture dopamine, as well as the growth of new neural connections and the loss of existing pathways as the brain tries to maximize its sense of pleasure from the drug. Long term exposure (over six months) is believed to result in nearly permanent neural changes, requiring years, if not a life-time to correct.

While the number of lab seizures is down significantly, it is not clear that the level of meth consumption has dropped. The supply of meth powder in the Wichita area increased sharply over the last two years. Because the supply increased, the price decreased. It was a buyers (addicts) market. The suffering can be severe. The epidemic continues.

Gerald W. Woolwine, President
Christine Kenney, Vice-President
Thomas J. Drees, Secretary/Treasurer
Steve Kearney, Executive Director
John M. Settle, Past President



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To: Chairman Loyd and members of the House Corrections and Juvenile Justice Committee

From: Michael White, KCDA A Lobbyist

Re: Methamphetamine Statistics

Date: February 9, 2004

Per your request I have gathered some methamphetamine statistics from county and district attorneys across the state. I received information back from Ford county, Reno county, Sedgwick county and Wyandotte county. I have requested additional information from Saline and Ellis counties. I will provide additional statistics to the committee if they become available.

I would encourage all members of the committee to contact their county or district attorneys to discuss the methamphetamine problem in their communities. Please feel free to contact me if the KCDA A can be of additional assistance.

Gerald W. Woolwine, President
 Christine Kenney, Vice-President
 Thomas J. Drees, Secretary/Treasurer
 Steve Kearney, Executive Director
 John M. Settle, Past President



Edmond D. Brancart
 Douglas Witteman
 Thomas Stanton
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73 cases involving meth in 2003.

I would estimate that 2003 was a slow year because of two key factors (1) the city police were in a reorganization year, they began 2003 at nearly 50% of authorized strength after two years of turmoil in 2001 and 2002. 2003 was truly a rebuilding year where they focused on dealing only with what they had to work on. (2) The sheriff's drug investigator was killed in a car wreck in mid-2003 and it sort of caused problems in the sheriff's office.

Both agencies are climbing out of their own circumstances, however. The PD has filled all vacancies, but they will have to finish training new hires and the Sheriff's Office has filled the drug investigator vacancy. In January of 2004 my office applied for 19 search warrants in connection with narcotics investigations and 18 of those involved methamphetamine. Both agencies formed a task force toward the end of 2003, and they are going after marijuana dealers. I'm not predicting 18 meth search warrants each month but if that is what happens then the projection would be 216 meth search warrants in 2004. So, you see why I think 2003 was a low year.

Ed Brancart

DISTRICT ATTORNEY

Keith E. Schroeder

DEPUTY DISTRICT ATTORNEY

Thomas R. Stanton

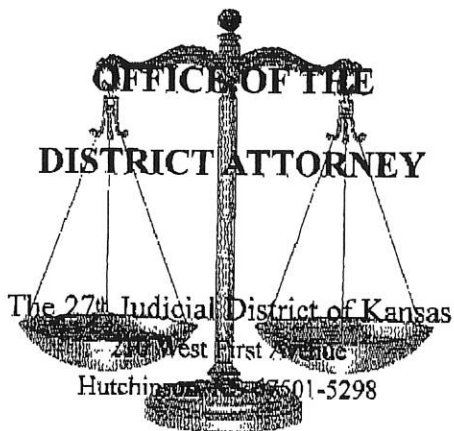
ASSISTANT DISTRICT ATTORNEYS

Benjamin J. Fisher

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TELEPHONE: (620) 694-2715

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Victim-Witness Service:

(620) 694-2718

Juvenile: (620) 694-2760

February 9, 2004

Mike White
KCDA
1200 SW 10th Avenue
Topeka, KS 66604

RE: Drug Statistics

Dear Mike:

You asked for statistics involving methamphetamine cases in Reno County. In 2003, the State filed eighty-seven cases in which the primary charge was possession of methamphetamine. The State charged thirteen cases in which the primary charge was possession of methamphetamine with intent to sell or sale of methamphetamine. And, significantly, the State filed eighty-four criminal cases in which the primary charge in the complaint was for manufacture of methamphetamine, attempted manufacture of methamphetamine or a drug severity level one felony connected with the manufacture of methamphetamine such as possession of pseudoephedrine with the intent to manufacture. The total of the methamphetamine-related cases in 2003 was 184.

In comparing that figure to other drugs, it should be noted the State filed forty-three cases involving possession of cocaine and seventeen cases involving possession of cocaine with intent to sell or sale of cocaine. The higher figure for the possession of cocaine with intent to sell or sale of cocaine figure in contrast to the methamphetamine figures can be explained in two ways. Initially, many of the manufacturing cases also contained charges of possession of methamphetamine with intent to sell. Additionally, the local task force here worked more cocaine-related sales cases than it did methamphetamine-related sales cases.

The statistics should also show that the State filed 186 cases involving possession of marijuana and twenty-eight cases involving the possession of marijuana with intent to sell or sale of marijuana in 2003. The State filed seven cases involving drugs other than methamphetamine, cocaine or marijuana.

Mr. White
Page 2

To give you a perspective on the situation in Reno County, it should be noted that the methamphetamine cases represent 39.5% of all drug cases filed in Reno County. However, methamphetamine cases represent 73.3% of all the non-marijuana cases filed in Reno County. This obviously means that methamphetamine arrests represent almost three-quarters of the serious felony hard-core drug cases in Reno County. This is an extremely significant percentage.

It should also be noted at this point that I prosecute the most serious drug cases in Reno County. As a general rule, I do not prosecute simple possession cases, especially those involving marijuana. There is a second drug prosecutor that handles the majority of that prosecution. The prosecution of methamphetamine-related cases is, therefore, significantly higher in my case load. I believe that my case load would be made up of approximately 80% methamphetamine-related cases.

I hope these statistics are helpful in explaining the methamphetamine problem that we have in Kansas. I have also attached a political cartoon that we collected in this office that gives an idea of what methamphetamine is doing to Kansas.

Sincerely,



Thomas R. Stanton
Deputy Reno County District Attorney

TRS:dw



**Office of the District Attorney
Eighteenth Judicial District of Kansas
Administration**
at the Sedgewick County Courthouse
535 N. Main
Wichita, Kansas 67203

Nola Foulston
District Attorney

Lisa Clancy
Grants Administrator

Arrest Warrants- July 1, 2003 – December 31, 2003

Methamphetamine

Number of Cases: 34
Number of Charges: 37

Drugs (Methamphetamine excluded)

Number of Cases: 85
Number of Charges: 105

Search Warrants – July 1, 2003 – December 31, 2003

Methamphetamine

Cases: 20

Drugs (Methamphetamine excluded)

Cases: 59

Kansas Criminal Justice Coordinating Council Quarterly Program Progress Report - Part B

Grant Number

2003-55

OUTCOMES

3. Based on the performance indicators in the previous section, what are the outcomes? Outcomes are the statistical data demonstrating whether or not the project is accomplishing the goals and objectives. The section should be full of statistical information.

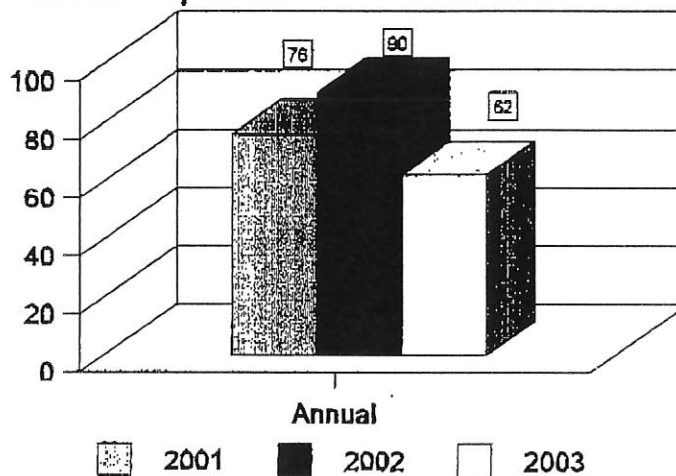
Performance Indicators for the current reporting period are as follows:

- 1) Document the total number of methamphetamine lab and lab-related cases filed and contrast with the number filed during the preceding 2 state fiscal years.

Annual Number of Methamphetamine-lab cases filed:

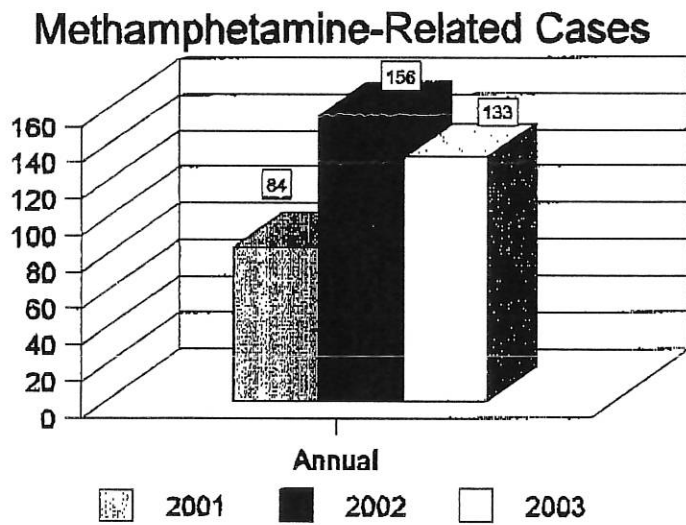
- 2001- 76
- 2002- 90
- 2003- 62

Methamphetamine-Lab Cases File



Annual Number of Methamphetamine-related cases filed:

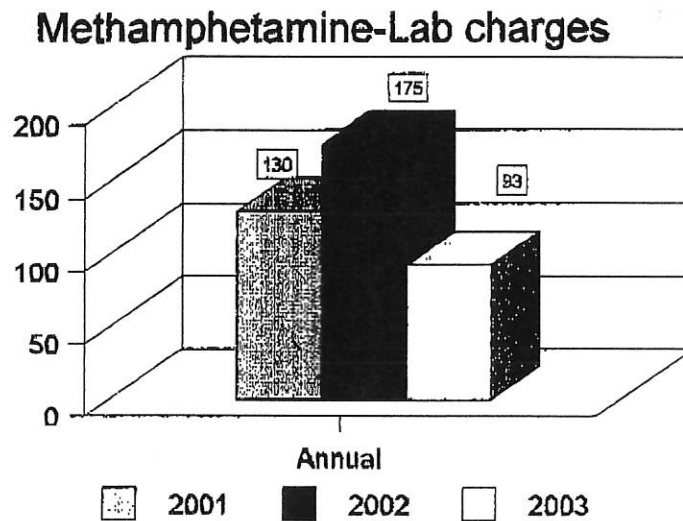
- 2001- 84
- 2002- 156
- 2003- 133



2) Document the total number of all charges related to methamphetamine lab and lab-related cases and compare with the number filed during the preceding 2 state fiscal years.

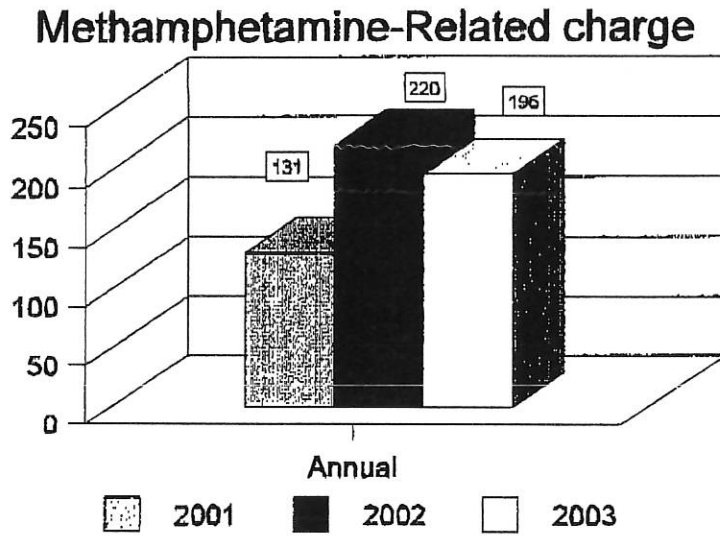
Annual Number of Methamphetamine-lab charges filed:

- 2001- 130
- 2002 - 175
- 2003 - 93



Annual Number of Methamphetamine-related charges filed:

- 2001- 131
- 2002 - 220
- 2003 - 196



METHAMPHETAMINE PROSECUTIONS
Wyandotte County, Kansas

	<u>2002</u>	<u>2003</u>
Total Drug Cases	397	410
Methamphetamine Prosecutions	71 (17.88%)	73 (17.80%)
Mfg/Attmpt. Mfg. cases	15	8

Unlike much of the State, methamphetamine is only the second most common substance for which we bring felony drug charges. "Crack" cocaine continues to be the most common substance encountered in the inner city sections of Wyandotte County.



Kansas Bureau of Investigation

Larry Welch
Director

TESTIMONY
BEFORE THE HOUSE JUDICIARY COMMITTEE
KYLE G. SMITH, DIRECTOR OF PUBLIC & GOVERNMENTAL AFFAIRS
KANSAS BUREAU OF INVESTIGATION
IN SUPPORT OF HB 2486
February 9, 2004

Phill Kline
Attorney General

Chairman Loyd and Members of the Committee,

I again appreciate appearing before this committee, as I know how seriously this body has been addressing the methamphetamine crisis in Kansas. Chairman Loyd asked me to give a quick update on the KBI's view of the problem as well as my testimony on H.B. 2486. As Sheriff Meyers will go before me and I know how thorough he can be, this handout will be in outline form only as a way to remind me to cover any topics that the good Sheriff might by some chance overlook. Attached is a copy of my testimony from this summer that addresses the issues in more detail.

- I. Statistics: Hopefully we are continuing to see a leveling off or decrease in the number of clandestine labs. We are seeing a reduction in the number of labs being reported as seized (2001 – 847, 2002 – 728, 2003 – not final but slightly over 600) but the change in reporting systems may question those numbers.
- II. Problems
 - A. SB 123 demand increase
 - B. *St. v Frazier/SB 243* decreased deterrence, increased costs to courts and KBI
 - C. *St. v McAdams* decreased deterrence, more meth cooks on street sooner
 - D. Investigative resources.

As to HB 2486, as I mentioned in November before the interim committee, this approach is based on an Oklahoma statute that passed last spring. The basic concept is to require distributors of the basic precursors of meth, psuedoephedrine and ephedrine, to track and make available to state law enforcement the sales records of those drugs. This then allows law enforcement to identify and target suspiciously large traffickers for further investigation. I've been in contact with the Oklahoma Bureau of Narcotics and they are very pleased with the way it is working so far.

However, there are two problems with HB 2486 of which I need to make the committee aware. First in Oklahoma, the OBN is also the agency which runs their chemical control act. Since Kansas has given that responsibility to Health and Environment, the splitting of responsibilities in HB 2486 by giving the KBI this regulatory responsibility has some problems. First we are not a regulatory agency and second, none of the fees would go to the KBI to pay for this program. If HB 2486 were to be passed the financing of the system and proper placement would need to be addressed.

The second issue may be more problematic. I'm afraid that at this time the KBI does not have the resources to make this system work in Kansas. We have about 2/3 the number of narcotics agents that Oklahoma has (41 versus 60) and 9 of our positions are vacant due to budget restraints. In all honesty, my narcotics unit tells me that we can't properly work all the cases and the intelligence information we now receive. While the concept of HB 2486 seems sound and should produce valuable information, it seems bad public policy to pass a law that can't be truly implemented. We may be better off to observe the Oklahoma experience for a year and hope for continued improvement in the Kansas economic situation so that sufficient resources may be applied.

TESTIMONY
BEFORE THE JOINT COMMITTEE ON CORRECTIONS
AND JUVENILE JUSTICE OVERSIGHT
KYLE G. SMITH, SPECIAL AGENT AND
DIRECTOR OF PUBLIC AND GOVERNMENTAL AFFAIRS
KANSAS BUREAU OF INVESTIGATION
AUGUST 12, 2003

Dear Chairman Loyd and Members of the Committee:

I gratefully appear today on behalf of KBI Director Welch and the KBI. Grateful, because of the interest and leadership this committee is showing in taking a long, serious look at the problem methamphetamine presents to Kansas. Having heard Sheriff Myers in the past, I suspect most of your questions have been answered by now, but I would like to take a few minutes to address some major points from a state prospective.

The Kansas Bureau of Investigation (KBI) has been actively involved in addressing the methamphetamine problem since it started to emerge in 1994 as a major threat. We were one of the first states to develop our own clandestine laboratory response team. As noted in the latest National Drug Intelligence Center assessment (attached) methamphetamine continues to be the greatest drug threat in Kansas.

As you have hopefully learned from Sheriff Myers' presentation, the public safety risks involved in manufacturing meth, whether fire, ground contamination, drug-endangered children or explosions are such that meth labs must be dealt with. They are the number one priority due to the quantum leap in public safety issues from a more typical drug sale. In addition to assisting local law enforcement and our regular narcotics agents, the KBI participates in several federal/state/local task forces, the High Intensity Drug Trafficking Area (HIDTA) and Byrne

Grant funded South East Kansas Drug Enforcement Task Force and has 6 special agents through the Community Oriented Policing Services (COPS) Methamphetamine initiative that are solely dedicated to working meth cases throughout the state. The KBI has tried to evolve as the threat has grown. As the problem grew it became obvious that we were running our clan lab response team into the ground. We used approximately one half of a two million dollar federal grant to equip and train local law enforcement officers to safely handle labs on their own.

At the KBI, our budget records show that 38.2% of our Special Operations Division, which is charged with enforcing the narcotics law, is spent on methamphetamine manufacturing. A distant second is cocaine trafficking which is 13.8%. This figure is even more striking when you consider that we estimate approximately 80% of the meth in Kansas is imported - not manufactured locally.

The second point I wish to make is that this essential focus on meth labs has siphoned resources away from other illegal drug organizations and dealers. There is a very real concern that while law enforcement in Kansas has been focusing on meth labs, cocaine distribution networks, and other illegal drug traffickers have been operating, expanding and strengthening their positions due to the lack of focus by the law enforcement community.

Attorney General Kline and the KBI are trying to refocus more resources in illegal trafficking besides manufacturing in response to this concern. Our focus is now on multiple lab operators, major traffickers, training and developing intelligence on meth labs.

However, I would note that of the 26 narcotics agents that the State of Kansas funds for the KBI, eight of those positions are currently open due to budget constraints; five more of those narcotics officers will qualify for retirement and three have indicated at this point that they are planning on leaving in 2004. In addition, the six meth-only special agents funded through the COPS Methamphetamine Initiative is going to run out in may or June of 2004. We are working

with our congressional delegation to see if a third year of funding can be obtained. But, if we lose those six additional agents, we would be looking at 51% of our narcotics positions vacant from where we were two years ago. Losing half your staff makes refocusing an almost insurmountable challenge.

The third point I want to make may be good news. Attached to my testimony are handouts showing the number of meth labs seized by county and by state so far this year. These are labs reported by the local law enforcement officers and our own agents involved in these seizures. As you can tell, so far, as of August 8th, we had 361 labs seized. This is on par with last year's total of 721. Both numbers are down from the all time high of 2001 of 847 labs. We hope this indicates that the actual number of meth labs in Kansas has leveled off. We hope this figure is accurate. A concern might be the shift to local agencies working labs, particularly smaller ones that they can handle in their landfill, may not reported as well as before. As one sheriff put it, if he has choose between having his guys work another meth lab or spending their time doing paperwork, he will have them work another meth lab. The cooks have gotten smarter and are using smaller, mobile labs that they immediately dispose of – making it harder to catch them at manufacturing.

Also an indication that the numbers of labs may still be increasing is the fact that he KBI forensic lab has actually received more submissions of evidence for analysis from 472 in 2001 to 593 in 2002 and 352 so far in 2003. This would seem to indicate that we might be premature in declaring any kind of victory or even a cease-fire.

Another piece of good news is the reduction in the backlog of the analysis by the KBI of these labs. At one point the KBI was embarrassed to admit that due to the massive influx of these meth labs and the need to be analyzed, we had backlog of 299 clandestine labs to be analyzed in March of 2001. Again, through the benefit of federal grants, additional forensic

scientists were hired, a computerized system for prioritizing cases was implemented, other steps were made and we are now very pleased to report that the backlog has been reduced by 78% and now hovers around 40 cases. See attached graph.

As you may remember from previous testimony, analysis of a meth lab is considerably more complex than a typical sales transaction and that there will be an average of 12-15 items ranging from coffee filters to residue on glass containers, to unknown yellow liquid and unknown purple liquid. The testimony is more complex as the scientist needs to reach a conclusion based on the number and type of chemicals found that the person was, in fact, manufacturing meth.

The turnaround of the backlog problem on meth lab cases is a great relief as some cases had, in fact, been dismissed due to delays in getting forensic results. I would also suggest that it does illustrate that occasionally adding resource can actually fix a problem.

The total approach emphasized by Sheriff Myers really is our only hope for success. We need treatment, education and enforcement. Our partnership with KDHE in the MethWatch program has been a great success with responsible retailers. Drug courts and well-designed treatment can work. But recent events may give our enemy more new life.

First is the *State v. Frazier* decision last year, which reduced the penalty for possession of the precursor drugs, involved in manufacturing meth from a Level 1 to a Level 4 felony. Legislation is still pending before this House (HB 2317) to correct this position, but as you all have heard, there are costs involved in incarcerating these people. I might note, that last spring, Mr. Frazier, after being released due to the decision in *State v. Frazier*, was again caught with anhydrous ammonia and other items used in the manufacture of methamphetamine. I don't think it's a real savings of state resources to kick a person out of a prison bed only to make law

enforcement officers find him again, the prosecutors prosecute him again, the courts try him again and then resubmit him to the same prison.

The other concern, of course, is Senate Bill 123. While these are not necessarily manufacturers, this will appear to have put a large number of addicts on the streets awaiting admission to inpatient treatment. Supply and demand being a law that cannot be repealed would suggest that there will be an increase in meth labs and importation to feed the need if we have more addicts out on the streets. The one and only operating Drug court in the state was closed down to provide funding for SB 123 treatment.

Finally, as to what can be done, I would suggest three things for the legislature to consider.

First, the 2000 Legislative Post Audit Report indicated the State of Kansas spends \$21,000,000 a year on methamphetamine enforcement. I believe that was based on the statistics for three years ago. It is much higher now. The cheapest and most simplest and most effective way to address the illegal manufacture of methamphetamine problem is to control access to the basic ingredients, being ephedrine and pseudoephedrine. All of the methods currently used to manufacture meth, Nazi, red p, hypo, involve one of these two basic precursors. At least ten other states now have passed laws either scheduling these drugs in the Controlled Substances Act or restricting the number of packages that can be sold at a time. Not surprising, these are states that have a severe meth-manufacturing problem like Kansas. Without costing a single dime for enforcement, treatment or prevention, such legislation would substantially assist in controlling the manufacturing of methamphetamine.

The second issue that needs to be addressed is the problem of drug-endangered children. I believe I testified before most of you last year on HB 2391. That bill is still alive and I believe has actually passed both the House and Senate and needs to be worked out in conference for next

year. We need to protect our children, even if it's from their own parents who are exposing them to the chemicals involved in methamphetamine manufacture.

Third, we will need funding for the six COPS agents, 4 chemists and 2 crime analysts for whom federal funding will run out in May 2004. When the session starts, we will have a very good idea whether we have been successful getting one more year of federal grants. I am always optimistic, but in this case, not particularly hopeful, that we will succeed. If not, the loss of these resources in fighting meth, will be a devastating blow in our efforts.

I am working with Attorney General Phil Kline and the law enforcement community to identify other initiatives that might work and we will hopefully have further discussions on solutions. Thank you for your time and consideration.

I would be happy to answer any questions.