

Approved: 5/02/06

Date

MINUTES OF THE HOUSE CORRECTIONS & JUVENILE JUSTICE COMMITTEE

The meeting was called to order by Chairman Ward Loyd at 1:30 P.M. on March 15, 2005 in Room 241-N of the Capitol.

All members were present except:

Mike Peterson- excused
Jim Ward- excused
Kevin Yoder- excused

Committee staff present:

Jill Wolters, Revisor of Statutes Office
Diana Lee, Revisor of Statutes Office
Jerry Ann Donaldson, Kansas Legislative Research
Becky Krahl, Kansas Legislative Research
Connie Burns, Committee Secretary

Conferees appearing before the committee:

Bob Alderson, Casey's General Stores, Inc
Mike Hutfles, Consumer Health Care Products Association
Cristi Cain, KS Methamphetamine Prevention Project
Leo Henning, KDHE
Cindi Geist, Smoky Hill Foundation
John Trembley, Northwest KS Community Corrections and Parole

Others attending:

See attached list.

SB 27 - Unlawfully selling drug products containing Ephedrine or Pseudoephedrine, pharmacy controls; rebuttable presumption of intent if possession of more than nine grams

Chairman Loyd continued the hearing on **SB 27**.

Bob Alderson, appeared before the committee on behalf of Casey's general Stores, Inc., listed as an opponents and wanted to explain to the committee that they support the bill except for the effective date. (Attachment 1) Casey's would be strongly opposed to any further restriction of its ability to sell the products identified in the bill. Casey's has 104 stores in Kansas, and each is currently stocked with products which will be classified by the bill as a controlled substance and will not be able to move the product after the bill takes effect upon publication in the Kansas Register.

Mike Hutfles, Consumer Health Care Products Association, appeared before the committee opposing the bill. (Attachment 2) The Association is listed as an opponent, and believes there are other ways to control the access and purchase of ephedrine and pseudoephedrine products and stated there is a large loophole in the distribution side. Require all retailers to register with the Board of Pharmacy and do not allow distributors to sell ephedrine and pseudo-ephedrine products to retailers unless the retailer provides a copy of the registration permit and violation of this would be a Class C misdemeanor directed at the distributor.

Cristi Cain, State Coordinator, Kansas Methamphetamine Prevention Project, provided information on the meth addiction. (Attachment 3) The Project became state wide in 2002 and provides training, technical assistance, strategies and resources for addressing the methamphetamine problem at the local level in addition to coordination of agencies. Providing effective, efficient approaches for reducing the supply of and demand for meth in communities throughout the nation and strategies target retailers, rural populations, home visitors, chance encounter occupations, youth, parents and children affected by their parents' meth use and manufacture.

Leo Henning, Assessment and Restoration Section Bureau of Environmental Remediation Kansas Department Health and Environment (KDHE), provided an overview of the KDHE Chemical Control Program. ([Attachment 4](#)) The Department has partnered with the KBI to provide technical expertise in the removal of hazardous and solid wastes at methamphetamine labs and to address the health and environmental concerns these labs leave behind. KDHE also helps provide education to law enforcement personnel, first responders, and the general public regarding the dangers of meth lab and assisted in the training of 600-law enforcement personnel regarding the hazardous and potentially fatal components of meth labs. KDHE and KBI created the Kansas Meth Watch Program, which has gained national and international attention and has been adopted by many other states. The Meth Watch Program is to educate retailers about the precursor drugs and chemicals that are used to manufacture meth.

Cindi Geist, Executive Director Smoky Hill Foundation and John Trembley, Director of NW Kansas Community Corrections and Parole provided information on treatment for meth addiction. ([Attachment 5](#)) The program is meth specific treatment counseling for those who are on parole or community corrections; it is individual and or group counseling for meth clients using the Matrix Model and Thinking For A Change model. The program is for anyone who has a meth conviction or if sentenced to community corrections and referred for an evaluation, if Corrections is providing supervision for another incident and a client tests positive for meth than they are referred to the program.

The Chairman called attention to the two handouts that are on the bench, the first is an Issue Alert to all ALEC members "Schedule V Legislation to Curb Methamphetamine Abuse" ([Attachment 6](#)) and the second is a listing of Non-Pseudoephedrine containing OTC products available on the market ([Attachment 7](#)).

Chairman Loyd closed the continued hearing on **SB 27**.

The meeting was adjourned at 3:15 pm. The next scheduled meeting is on March 16, 2005.

(1)

**ALDERSON, ALDERSON, WEILER,
CONKLIN, BURGHART & CROW, L.L.C.**
ATTORNEYS AT LAW

W. ROBERT ALDERSON, JR.
ALAN F. ALDERSON*
JOSEPH M. WEILER
DARIN M. CONKLIN
MARK A. BURGHART*
DANIEL W. CROW**
MICHELLE L. MILLER

2101 S.W. 21ST STREET
TOPEKA, KANSAS 66604-3174
MAILING ADDRESS: P.O. BOX 237
TOPEKA, KANSAS 66601-0237

—
(785) 232-0753
FACSIMILE: (785) 232-1866
WEB SITE: www.aldersonlaw.com

OF COUNSEL:
BRIAN FROST
SCOTT S. SUMPTER
THOMAS C. HENDERSON

—
LL.M., TAXATION
LICENSED TO PRACTICE IN
KANSAS AND MISSOURI

**TESTIMONY OF BOB ALDERSON
ON BEHALF OF
CASEY'S GENERAL STORES, INC.
BEFORE THE HOUSE COMMITTEE ON
CORRECTIONS AND JUVENILE JUSTICE**

March 14, 2005

Chairman Loyd and Members of the Committee:

I am Bob Alderson, an attorney in private practice in Topeka, and I am testifying on behalf of Casey's General Stores, Inc., regarding Senate Bill No. 27. I am listed as an opponent of SB 27. But, I recognize the momentum which this bill has gained, and I will not address the issues that the various opponents of this bill raised at the hearing before the Senate Committee on Judiciary, except to note that Casey's would be strongly opposed to any further restriction of its ability to sell the products identified in SB 27.

However, I want to raise a matter of concern to Casey's that has not been previously addressed. Casey's has 104 stores in Kansas, and each of these stores is currently stocked with products which will be classified by SB 27 as controlled substances and cannot be sold by Casey's Kansas stores after SB 27 becomes law. Since the bill takes effect upon publication in the Kansas Register, Casey's is concerned that it will not have sufficient time prior to the bill's effective date to dispose of the inventory of such products at each of its 104 Kansas stores, without doing so at a financial loss.

It is my understanding that wholesalers of these various products normally will allow the products to be returned, but in some instances, the retailer will not be given full credit for the original purchase price. Moreover, it is my further understanding that Casey's and other similarly-situated

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Attachment |

convenience stores will have the ability to sell their inventory of these products to pharmacies. However, if there is to be a very short window for such sales prior to the bill's effective date, I am confident that it will be a "buyer's market" and that Casey's and the other sellers will potentially lose money in these transactions. Since Casey's collective inventory of these products at its 104 Kansas stores is sizeable, the financial penalty for either of these scenarios might be substantial.

Thus, Casey's would respectfully request that SB 27 be amended, so as to change the effective date to publication in the statute book (July 1, 2005), in order to allow sufficient time for Casey's and similarly situated retailers to dispose of their inventory of products they will not be able to sell after SB 27 becomes law.

Thank you for your consideration of this request. I appreciate the opportunity to appear before the Committee, and I will be happy to respond to questions at the appropriate time.

2

MICHAEL HUTFLES
GOVERNMENT AFFAIRS CONSULTANT

ADDRESS:

U.S. BANK BUILDING
800 SW JACKSON ST., SUITE 808
TOPEKA, KS 66612

CONTACT INFORMATION:

785-554-0628
mike_hutfles@sunflower.com

March 15, 2005

Chairman Loyd and members of the House Corrections and Juvenile Justice Committee, thank you for this opportunity to testify before you today on SB 27.

I appear on behalf of Consumer Health Care Products Association (CHPA). This association includes pharmaceutical companies, retailers, pharmacists and pharmacies from around the country on issues related to over the counter medications. We are listed as an opponent to SB 27. We are not opposed to strengthening laws helping law enforcement in the ongoing fight against the productions and use of methamphetamine in Kansas and we have proposed many of the changes that the Senate included in their deliberations.

First, we believe there are other ways to control the access and purchase of ephedrine and pseudo-ephedrine products (the main precursor in the production of methamphetamine). Scheduling of cold medicine limits access to these vital medicines, especially in rural Kansas. Retailers in Kansas have a long history of helping law enforcement in their efforts on illegal drug activities; we trust their continued efforts in this regard.

Second, Kansas currently has a large loophole in the distribution side of this issue. Retailers are required to register with the Board of Pharmacy if they sell 12 or more products that contain ephedrine and/or pseudo-ephedrine products. The fee is \$12 per year. Most retailers register, far too many do not. The committee may want to consider closing this loophole. We suggest the following:

- Require all retailers to register with the Board of Pharmacy.
- Add teeth to the requirement – do not allow distributors to sell ephedrine and pseudo-ephedrine products to retailers unless the retailer provides a copy of the registration permit. Violation of this would be a Class C misdemeanor (this is the standard within Board of Pharmacy) directed at the distributor.

Thank you for this opportunity to testify today. I will attempt to answer any questions that you might have.

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Attachment 2



Testimony for the Kansas House Corrections and Juvenile Justice Committee
SB 27
Cristi Cain
State Coordinator
Kansas Methamphetamine Prevention Project
March 15, 2005

The Kansas Methamphetamine Prevention Project was implemented in October 2002 in response to the devastating consequences Kansas communities were experiencing from methamphetamine production and usage. KMPP provides training, technical assistance, strategies and resources for addressing the methamphetamine problem at the local level in addition to coordination of agencies. We provide effective, efficient approaches for reducing the supply of and demand for meth in communities throughout the nation. Strategies target retailers, rural populations, home visitors, chance encounter occupations, youth, parents and children affected by their parents' meth use and manufacture. The Kansas Project has been recognized nationally and has assisted 33 states with the implementation of meth prevention initiatives.

Funding Sources

KMPP has cost-effectively implemented a statewide project by maximizing federal funds and leveraging other resources.

- Edward Byrne Memorial Law Enforcement grant through Governor's Office- \$111,894 (30% match)
- Community Oriented Policing Services-U.S. Dept. of Justice through partnership with KBI and KDHE-\$100,000
- Federal appropriation-\$300,000- was announced on March 4, 2005 by Senator Brownback, Congressman Moran, Governor Sebelius, Attorney General Kline, Secretary Bremby, and Director Welch
- Consumer Healthcare Products Association- \$100,000 for Border County Initiative
- Children's Justice Act through Kansas SRS- pending- \$46,880

Current Efforts

- ✓ **Border County Initiative-** training, funding and other resources for targeted counties bordering Oklahoma and Missouri
- ✓ **Kansas Alliance for Drug Endangered Children-** provides oversight, training and technical assistance to communities implementing programs designed to assist children in meth environments. Twenty Kansas counties have DEC programs.
- ✓ **Minigrant funding program-** for Kansas communities implementing or expanding meth prevention efforts
- ✓ **Anhydrous ammonia theft prevention pilot project** in Shawnee County utilizing locks for tanks
- ✓ **Providing specialized training such as home visitor safety**
- ✓ **Continuing to provide training, resources, and technical assistance to Kansas communities**

Initial Methamphetamine Prevention Efforts in Kansas in 2002

- Conducted four statewide trainings of trainers
 - Provided small mini-grants to communities for start-up funding
 - Provided meth prevention resources to communities (Community meth prevention kit)
 - Provided continuing training and technical assistance to communities
- As a result, 43 counties implemented meth prevention efforts.**

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 Attachment 3

The following information is provided to demonstrate the impact methamphetamine is having in Kansas, including data specific to the counties bordering Oklahoma, which implemented Schedule V legislation in April 2004.

Recent Methamphetamine-Related Headlines from Kansas

- “Greenwood County Sheriff killed in meth-related incident”—Virgil
- “Meth related crimes on the rise”- Anthony
- “Booby trap greets police hunting meth”- Wichita
- “Prosecutor says money for meth apparent motive in killing of KDHE employee”— Topeka
- “Citizen report leads to discovery of meth lab in trees”— Wellington
- “Oklahomans arrested after Sudafed purchase”— Wichita
- “Man accused of selling meth takes his own life”— Medicine Lodge
- “Father and son arrested for meth lab; Phosgene gas found”— Emporia
- “Soldier accused in shooting death previously charged with meth manufacturing”— Clay Center
- “Johnson County police bust large meth operation”— Lenexa
- “Suspected meth lab found in apartment; 4 year old child at scene”— Lawrence
- “Mother of 3 dies from severe burns in meth manufacturing incident”— Coffeyville
- “Mother sentenced in infant’s meth-related death”— Emporia
- “15 month old poisoned by methamphetamine”— Wichita
- “4 young children found sleeping close to active meth lab”— Geneseo
- “Meth lab found at Hyatt”—Wichita
- “Suspected meth lab found near school”—Great Bend
- “Death likely caused by meth chemicals”—Salina
- “Half million dollars of meth seized on I-70”—Topeka



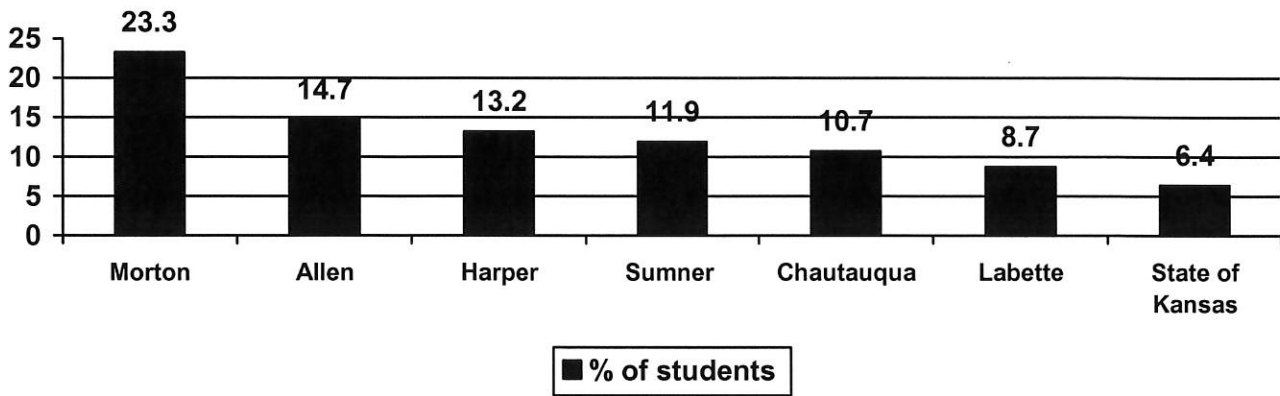
Methamphetamine Problem Effects Kansas Counties Bordering Oklahoma

In late 2004, the Kansas Methamphetamine Prevention Project (KMPP) implemented the Border County Initiative in response to the significant meth problem in counties bordering Oklahoma, due in part to the new Oklahoma law which requires pseudoephedrine products, the main ingredient in methamphetamine manufacture, to be removed from the shelves and sold only by licensed pharmacists. Since that time, numerous law enforcement agencies in counties near the Oklahoma border have reported a significant increase in Oklahoma residents coming to Kansas to purchase or steal the products. A town hall meeting has been or will be held in each county to increase awareness about methamphetamine. Communities will be provided with training and resources by KMPP to implement methamphetamine prevention initiatives such as Meth Watch. As demonstrated by the graphs below, the rates of meth usage by high school seniors in some of the targeted counties are significantly higher than the state average. Three of the counties (Cherokee, Crawford and Allen) experienced a substantial increase in lab seizures in 2004. Additionally, twenty-two Kansas newspapers published articles discussing the impact of the Oklahoma law on Kansas border counties in the summer of 2004.

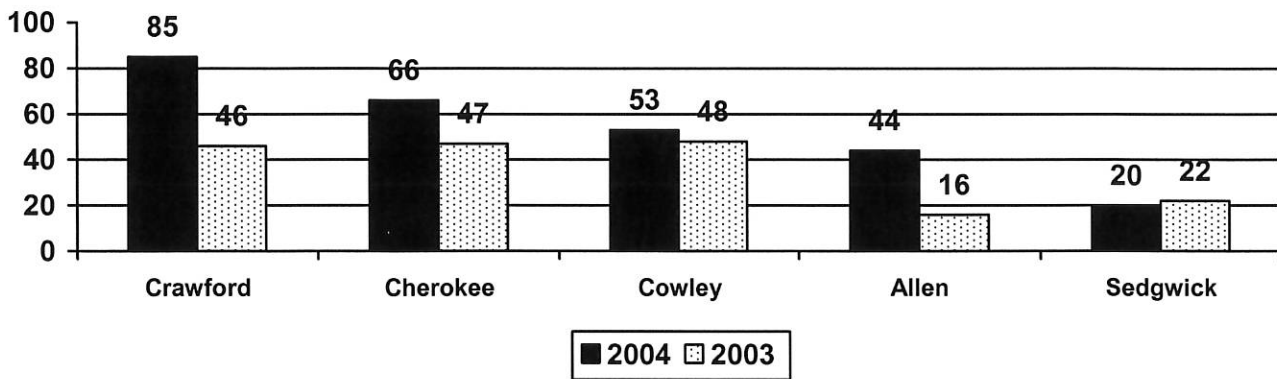
Target Counties for Initiative:

Allen	Barber	Chautauqua	Cherokee	Clark	Commanche
Cowley	Crawford	Harper	Labette	Meade	Montgomery
Morton	Sedgwick	Seward	Stevens	Sumner	

2004 Lifetime Meth Usage for 12th Graders in Target Counties



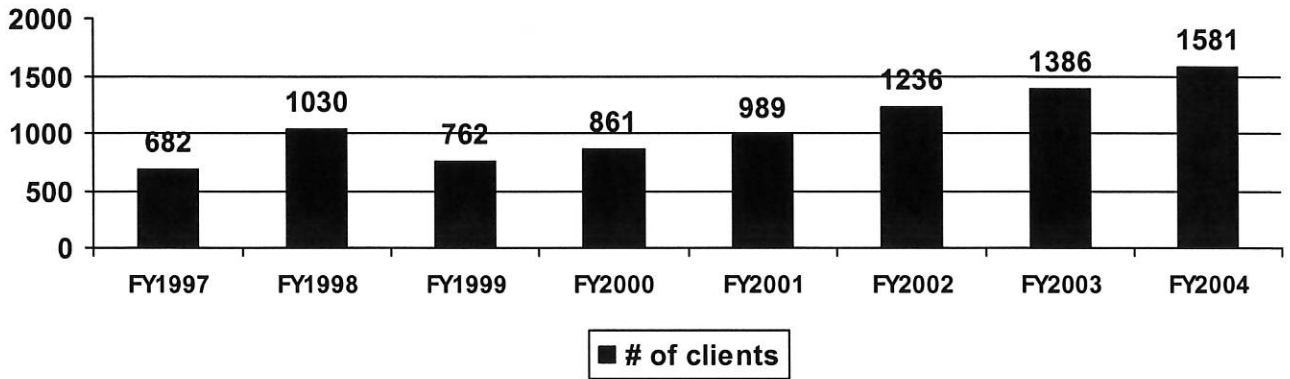
Reported Meth Lab Seizures in Target Counties



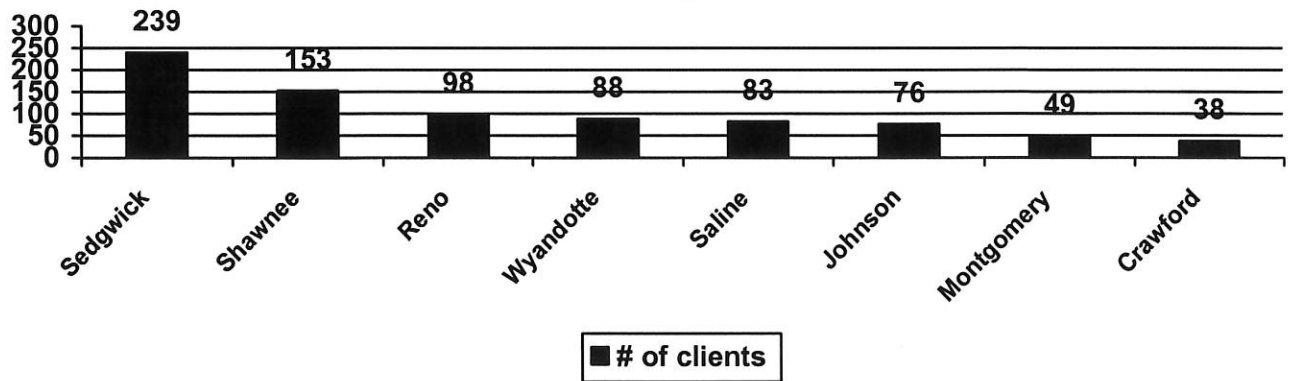
Methamphetamine Treatment Issues in Kansas

Kansas has experienced a significant increase in the number of residents seeking treatment with methamphetamine as their primary problem at admission. Meth addiction accounts for over ten percent of all treatment admissions. The graphs below show the number of Kansas residents seeking treatment for meth addiction (state-funded treatment facilities only), the breakdown by resident county, and the breakdown by age at admission. Unfortunately, over the past three years, Kansans have entered treatment at much younger ages, one indicator that use is an increasing problem among young Kansans. (Source: Kansas Social and Rehabilitation Services Health Care Policy Division)

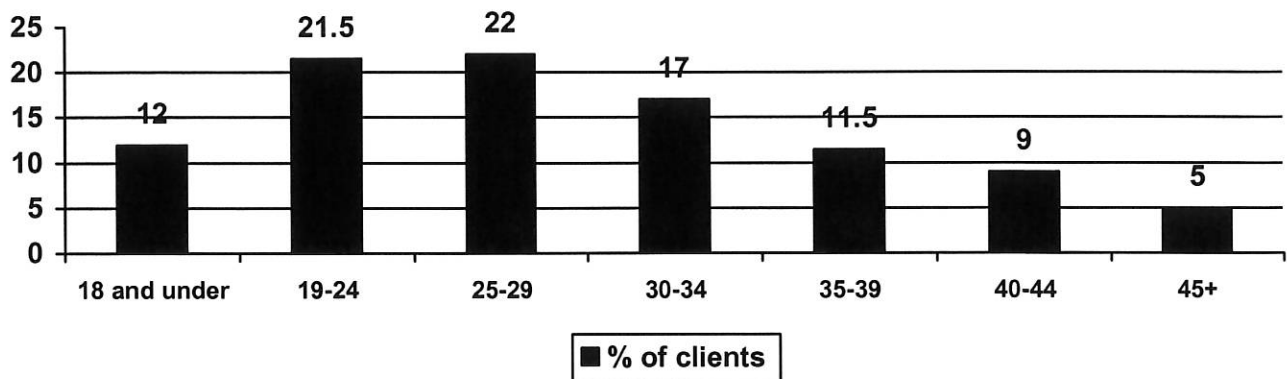
Kansas Methamphetamine Treatment Admissions

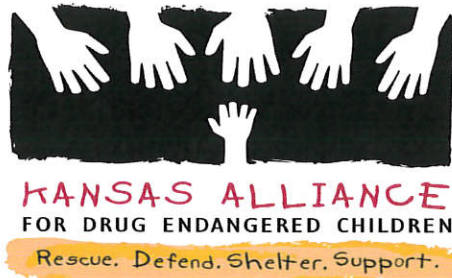


FY 2004 Methamphetamine Treatment Admissions by Resident County



FY 2004 Kansas Methamphetamine Treatment Admissions by Age





Drug Endangered Children

Some Kansas communities (specifically Shawnee County) have identified methamphetamine-exposed newborns as a serious problem. The following cost analysis is based on information from Dr. Dennis Embry, Paxis Institute. Utilizing information from one Shawnee County hospital, it estimates the cost to a community of one child who is born exposed to methamphetamine.

Cost of One Meth-Exposed Child Over the Lifespan

■ Pre-birth and infancy	\$326,000
■ Early childhood years	\$34,300
■ Elementary school years	\$47,400
■ Secondary and teen years	\$475,700
■ Adult years	\$894,000
■ Total cost	\$1,777,400

Drug Endangered Children programs began in California as the result of several tragic cases where children were injured or killed in methamphetamine environments. Beginning in 1996, communities in California and other states formed multi-disciplinary teams consisting of law enforcement, child protective services, prosecutors, and medical organizations to respond to children found in methamphetamine environments. Kansas communities began implementing Drug Endangered Children programs in 2002.

Children in methamphetamine environments are at great risk for physical, emotional, and developmental harm. A child in a meth lab may experience severe neglect, physical abuse and sexual abuse, in addition to the harmful physical effects of exposure to the chemicals used to manufacture meth. These children frequently suffer from respiratory conditions, are malnourished and experience developmental delays.

The Kansas Alliance for Drug Endangered Children began as a statewide partnership of various federal, state and community-based organizations in 2003. The purpose of the Alliance is to provide training, technical assistance and oversight to Drug Endangered Children programs in the state. In Kansas, the need for the development of community-based programs, as well as statewide-level support, is evident. According to the Kansas Bureau of Investigation, 80 children were affected by methamphetamine manufacturing environments, a number which they acknowledge is severely underreported. The following counties have active DEC programs:

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

The Alliance is currently working to plan a statewide conference focusing on Drug Endangered Children in Fall 2005. Additionally, they are developing a training video for medical professionals.

Kansas Alliance for Drug Endangered Children members include:

Kansas Bureau of Investigation; Midwest HIDTA; Kansas Methamphetamine Prevention Project; Kansas Regional Prevention Centers; Kansas Social and Rehabilitation Services—Children and Family Policy Division; Kansas National Guard; Sedgwick County District Attorney’s Office; United States Attorney’s Office-Wichita; Kansas Coalition Against Sexual and Domestic Violence; Kansas CASA Association; Wesley Family Practice; Wichita Area SRS Office; Wichita Police Department; Wichita Fire Department; Sedgwick County Sheriff’s Department; Sedgwick County Forensic Science Center; Johnson County K-State Research and Extension; Chase County Drug Free Action Team; Johnson County EMS

Kansas Counties Which Have Implemented Methamphetamine Prevention Efforts With Assistance from the Kansas Methamphetamine Prevention Project

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

Project Partners

Kansas Regional Prevention Centers; K-State Research and Extension; Kansas Bureau of Investigation; Kansas Department of Health and Environment; Midwest HIDTA; Kansas Social and Rehabilitation Services—Addiction & Prevention Services & Children and Family Policy Division; Kansas National Guard; Shawnee Regional Prevention and Recovery Services; Safe Streets; Kansas Family Partnership/RADAR Network; Kansas Farm Bureau; Sedgwick County District Attorney’s Office; United States Attorney’s Office-Wichita; Community Systems Group; University of Kansas

Kansas Methamphetamine Prevention Project Contact Information

Cristi Cain, State Coordinator

Loretta Wyrick, Assistant Coordinator

Located at Prevention and Recovery Services
2209 SW 29th Street
Topeka, KS 66611

Phone: (785) 266-8666
Fax: (785) 266-3833
E-mail: ccain@parstopeka.com
lwyrick@parstopeka.com

Website: www.ksmethpreventionproject.org

Possible Meth Lab Activity

UNUSUAL SECURITY / VENTILATION MEASURES:

- Baby room monitors being used outdoors
- Video surveillance systems positioned to observe exterior of home
- Elaborate fencing and heavy duty locks when it is not evident what is being secured
- Numerous fans or industrial-type fans positioned to ventilate the home
- Alarm systems and large, protective dogs

CHEMICAL ODORS ASSOCIATED WITH METH PRODUCTION:

- Ether-like: Aromatic, sweet odor often accompanied by a sweet taste. Sometimes described as a "hospital odor" **Nasal irritant.**
- Solvent-like: Sweet odor from common solvents used in paint thinners, paint removers, adhesives, and cleaning fluids. Type of odor often found in an auto body shop. **Eye and nasal irritant.**
- Ammonia-like: An intense, sharp, irritating odor similar but much stronger than that from wet diapers, glass cleaners, cattle feed-lots or fertilizers. **Eye and nasal irritant.**

ADDITIONAL INDICATORS OF A METH LAB:

- Numerous chemical containers, matchbooks with striker plates removed, abundance of cold tablet/diet pill containers
- Reddish stained coffee filters, canning jars with multi-colored liquids, aquarium-type tubing used in bottles
- Battery casings, crumpled/burnt foil
- Windows blacked out or covered
- People in and around meth manufacturing may exhibit respiratory irritation and/or chemical burns to skin.

INDICATORS OF METH USE:

- Dilated pupils
- Restlessness/agitation
- Paranoia and hallucinations
- Hyperactivity and compulsiveness
- Aggressiveness and violent behavior
- Talkativeness



KMPP is partially funded by the Federal Edward Byrne Memorial State and Local Law Enforcement Assistance Program as administered by the Kansas Criminal Justice Coordinating Council. The recommendations made in this publication do not necessarily reflect the views of the KCJCC or the U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance.

© 2004 Kansas Methamphetamine Prevention Project

If you suspect meth production, leave the home immediately and contact your local law enforcement agency at:

Phone Number: _____



Tips for Home Visitors

BEFORE YOU GO:

- Ensure that you have obtained as much information about your client as possible.
- If possible, canvass the area around the home's address. Assess potential safety concerns and take precautions.
- Communicate your schedule and likely route to your supervisor. Notify your office of your arrival.
- Carry only your ID, a cell phone and/or pager, and keys.
- Do not wear clothes and shoes that can impede your movement. Pants are best.
- Wear a name badge if you have one, but don't wear one around your neck. A clip-on is best.

UPON ARRIVAL:

- Park within direct sight of the home's entry. Park in a well lit, unobstructed area. Don't park in the driveway of the home.
- As you exit your car, be attentive to people in the area and any unsecured dogs.
- Be aware of any meth paraphernalia in the area surrounding the home.
- Keep your hands as free as possible. Do not be distracted by talking on a cell phone. Carry a personal alarm if feasible. (clip-on)

SAFETY DURING THE VISIT:

- Present yourself as calm, confident, observant, and in control.
- Position yourself between the client and an exit.
- Sit in a hard-backed chair.
- Have an excuse to leave prepared in advance.
- Be aware of your surroundings and leave if your instincts tell you to.
- Pay particular attention to the client's protectiveness relating to certain rooms of the home.
- Leave the home immediately if you smell chemicals.

For more information on meth and related concerns, contact the Kansas Meth Prevention Project at (785) 266-8666.



KANSAS

RODERICK L. BREMBY, SECRETARY

KATHLEEN SEBELIUS, GOVERNOR

DEPARTMENT OF HEALTH AND ENVIRONMENT

**Briefing on the KDHE Meth Program
To
Corrections and Juvenile Justice Committee
By
Leo Henning, Section Chief
Assessment and Restoration Section
Bureau of Environmental Remediation**

March 15, 2005

Chairperson Loyd and members of the Corrections and Juvenile Justice Committee, I am pleased to appear before you today to provide an overview of the KDHE Chemical Control Program.

The Kansas Department of Health and Environment (KDHE) has partnered with the Kansas Bureau of Investigation (KBI) to complete the tasks associated with this Program. I would like to say our relationship has been and continues to be excellent. KDHE's role in this partnership is to provide technical expertise in the removal of hazardous and solid wastes at methamphetamine labs and to address the health and environmental concerns these labs leave behind. KDHE has provided aid to law enforcement by responding to approximately 1,160 meth labs since the program started. From these labs, we have collected and disposed of approximately 8,400 pounds of hazardous waste and 66,000 pounds of solid waste. KDHE has spent more than 1.3 million dollars on meth responses in the last 6 years to protect Kansans from the dangers these labs pose.

KDHE also helps provide education to law enforcement personnel, first responders, and the general public regarding the dangers of meth labs. We have also assisted in the training of 600-law enforcement personnel regarding the hazardous and potentially fatal components of meth labs.

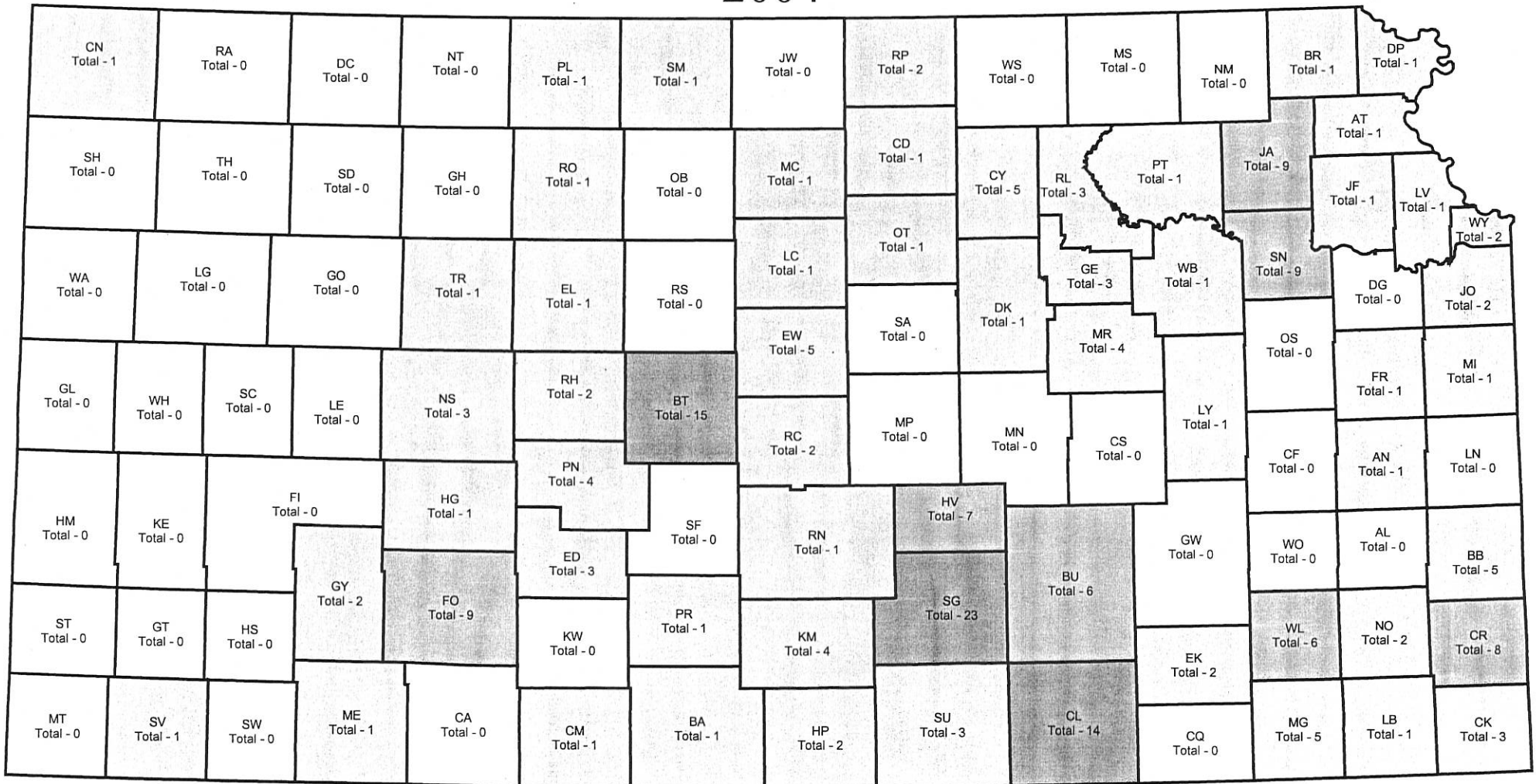
KDHE and KBI created the Kansas Meth Watch Program, which has gained national and international attention and has been adopted by many other states. The goal of the Meth Watch Program is to educate retailers about the precursor drugs and chemicals that are used to manufacture meth. It provides retailers with information and various methods to protect these precursors from being used for meth production. In addition, it helps retailers identify suspicious transactions and report that information to law enforcement personnel.

KDHE is currently assisting the Kansas Methamphetamine Prevention Project with the Border County Initiative. This effort is targeted in the southern Kansas counties bordering Oklahoma. It was designed to energize the Meth Watch Program in these counties because of the concerns from law enforcement about Oklahomans coming to Kansas to purchase the precursor drugs. By April of 2005, we hope to have completed 17 town hall meetings.

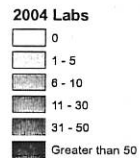
Thank you for allowing me to come provide this briefing to the committee and I will be happy to answer questions about our Program.

Methamphetamine Labs by County

2004



Data Source:
 Kansas Cartographic Dataset
 Kansas Bureau of Investigation



Published by:
 Kansas Department of Health and Environment
 Bureau of Environmental Remediation, Assessment and Restoration
 Information Systems, Geographic Data Services

Publication: March 15, 2005

Disclaimer:

The map product is for educational purposes only and reflects the data gathered by KBI and mapped by KDHE. This map product is provided without representation or implied or expressed warranty of accuracy for any uses beyond those expressed. The originating agencies are not responsible for publication or use of this product for purposes other than those expressed. This product may be corrected or updated as necessary without prior notification.

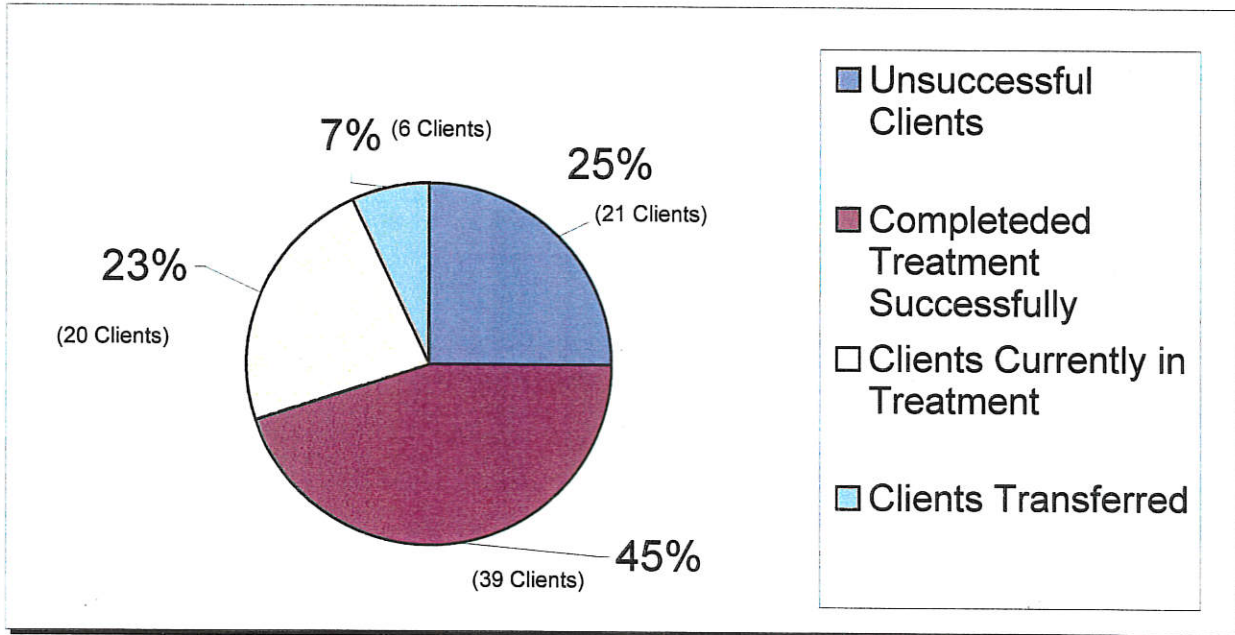
Clandestine Lab Program Summary

3/15/2005

Fiscal Year	Annual Costs	Work Orders
2000	\$ 105,605	96
2001	\$ 137,243	141
2002	\$ 407,759	314
2003	\$ 280,863	257
2004	\$ 254,797	240
2005	\$ 149,790	141
TOTALS	\$ 1,336,057	1,189

FY 2005 as of 03/15/05

**NWKCC & Smoky Hill Foundation
Meth Treatment Program
November 2002-2004**



Currently in Treatment:

20 Clients

Unsuccessful:

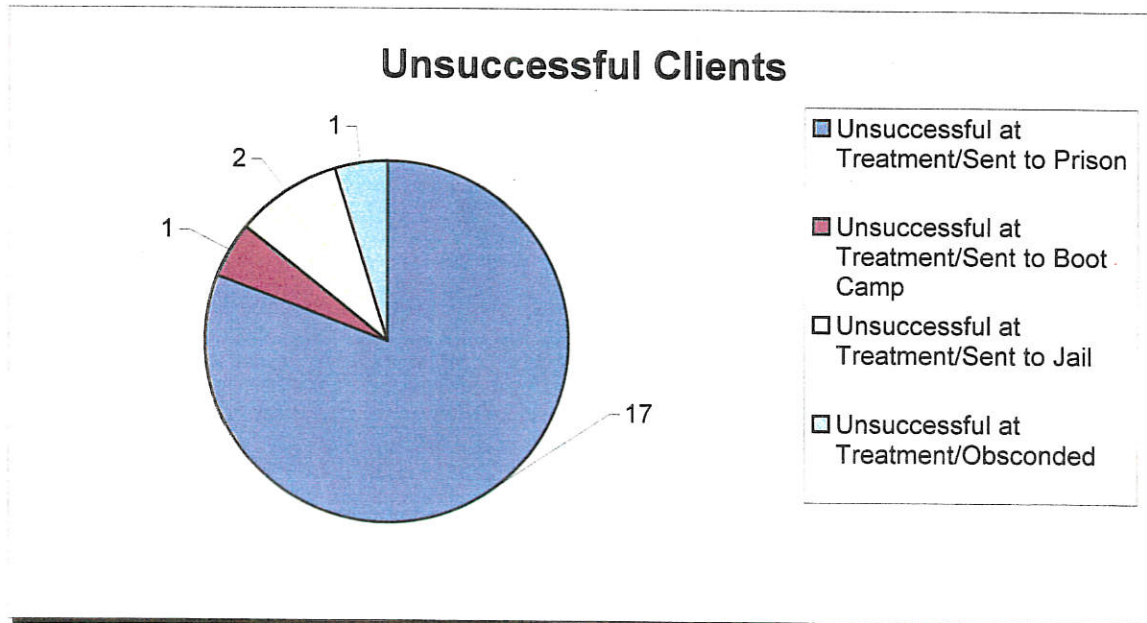
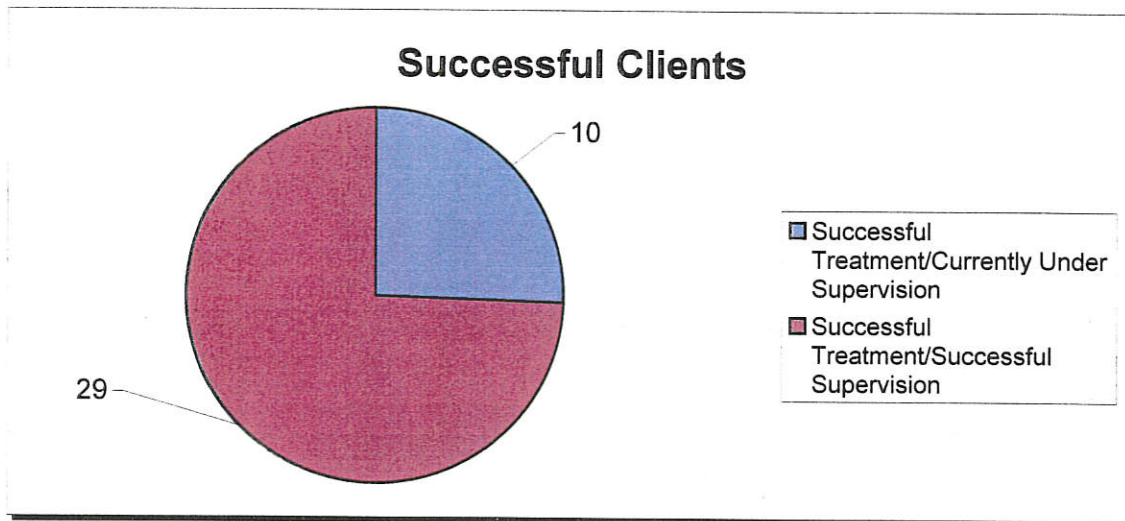
- 17 Clients - Prison
- 2 Clients - Jail
- 1 Client Boot Camp
- 1 Client Absconded

Successful:

- 29 Clients - Successfully completed treatment and 100% of those successfully completed Community Corrections
- 10 Clients - Successfully completed treatment and are currently under supervision.

**NWKCC & Smoky Hill Foundation
Meth Treatment Program
November 2002-2004**

There are currently 20 offenders in the Meth Treatment Program.



.....One (1) offender died while in treatment

.....Six (6) offenders transferred back to their original agency

- (1) Who:
Meth Specific Treatment Counseling for those who are on Parole or Community Corrections
- (2) What:
Individual counseling or group counseling specifically for meth clients using the Matrix Model & Thinking For a Change model
- (3) When:
 1. Anyone who has methamphetamine conviction - sentenced to community corrections is referred for an evaluation.
 2. If corrections is providing supervision for another incident and client tests positive for meth they are referred to the program.
- (4) Where:
Hays – Norton (Hays clients are seen at the corrections office and all clients are UA prior to each group counseling program)
- (5) Why is this working:
 1. Sentenced right away and referred right away (5 days).
 2. Aware of every positive drug test.
 3. No specific time limits for treatment
 4. Treatment client centered
 - Client's perspective (Troy's story)
 - Individualized to client's needs – treatment somewhere else.
 - He was discharged one year ago.
 - Still comes by our office.

Issue Alert

To: ALEC Members

From: Duane Parde

February 22, 2005

Schedule V Legislation to Curb Methamphetamine Abuse

Recently, state legislatures have investigated options to address the problem of methamphetamine abuse in their communities. This is a serious law enforcement and public health problem that does not have a quick legislative fix. Many solutions proposed to lawmakers include the changing of packaging and distribution of common household products that can be purchased in any retail outlet. Such proposals do not take into consideration the impact of such legislation may have on law-abiding people.

The challenge before law enforcement is the rise of illegal methamphetamine laboratories across the country, especially in rural areas. Urban areas do not have this same dynamic, because of the easily detected odor that surrounds the laboratory. The ingredients for methamphetamine include pseudoephedrine, which is a safe and effective over-the-counter decongestant used for cough, cold, and allergy medications.

Many of the legislative initiatives now under consideration add pseudoephedrine to Schedule V of the Controlled Substance Schedules. This will in effect, drive up the cost and access to cough, cold, and allergy medications for millions of people by a variety of means:

- ▶ Consumers will only be able to purchase cold, allergy and cough medicines during the limited hours that a pharmacist is on duty. According to the National Center for Policy Analysis, the statistics on consumer self-treatment indicates that in a 48 period, forty percent of the population consumes at least one over the counter drug. America's elderly population consumes 33 percent of all over the counter medication sold.
- ▶ The majority of cold or allergy medicines will no longer be available in grocery or convenience stores. Consumers living in rural areas will have increased difficulty accessing such medications. Furthermore, limiting access to the medication behind the pharmacy counter decreases the ability of the consumer to read the labels and compare dosage instructions, ingredients, and warnings.
- ▶ The law requires consumers of Schedule V drugs to show photo identification with a date of birth as well as a written log of receipt showing name, date, and type and dosage of substance acquired. This is an egregious procedure for medication used to treat the common cold or allergies. This will add to the logistical challenges already presented to pharmacists by increasing the amount of paperwork, and raises the concern of the integrity in the system to maintain health privacy.

► Our health care system will be negatively impacted. According to the Birmingham Business Journal (1/7/2003.), over-the-counter drugs have reduced health care costs by more than \$30 billion per year. “ Not only are OTC drugs safe and effective, but they also create further value by relieving society of the unnecessary medical office visits, over treatment of many clinical conditions, and unnecessary and more expensive prescription drugs.”

The greater concern is that with this type of legislation, the bigger issue of methamphetamine production and abuse is not addressed. Most of the ingredients for developing large quantities of methamphetamine are illegally obtained through regular drug smuggling routes dominated by Mexican cartels.

Effective anti-meth legislation should include several components:

- A retail sales limit of 6 grams for products that contain pseudoephedrine
- Elimination of the federal “blister pack” exemption
- In-store placement options for retailers to monitor and sell pseudoephedrine drug products.
- “Notice of Intent” to sell pseudoephedrine requirement for any retailer
- Increased penalties for methamphetamine trafficking.
- Establishment of community Meth Watch programs
- Enhanced tracking and monitoring of precursor chemical imports
- Denial of bail for methamphetamine laboratory operators.

Methamphetamine production and abuse is a serious problem for our communities, it should not be arbitrarily addressed by going after law-abiding citizens and businesses that are meeting a great need by providing over the counter medication to treat the common cold and allergies. Instead, strict law enforcement rules should be enhanced and community awareness programs put into effect to facilitate the public private partnership in eliminating the latest drug abuse craze. If you have any questions, please contact Sandy Liddy Bourne, Director of Policy and Legislation at abourne@alec.org or 202-466-3800, ext. 245.

Non-Pseudoephedrine Containing OTC Products Available on the Market:

Dextromethorphan Containing Products:

Alka-Seltzer Plus® Cold and Cough [OTC]
Babee® Cof Syrup [OTC]
Benylin® Adult [OTC]
Benylin® Pediatric [OTC]
Creomulsion® Cough [OTC]
Creomulsion® for Children [OTC]
Creo-Terpin® [OTC]
Delsym® [OTC]
Dexalone® [OTC]
ElixSure™ Cough [OTC]
Hold® DM [OTC]
PediaCare® Children's Medicated Freezer Pops Long Acting Cough [OTC]
PediaCare® Infants' Long-Acting Cough [OTC]
Robitussin® CoughGels™ [OTC]
Robitussin® Honey Cough [OTC]
Robitussin® Maximum Strength Cough [OTC]
Robitussin® Pediatric Cough [OTC]
Scot-Tussin DM® Cough Chasers [OTC]
Silphen DM® [OTC]
Simply Cough® [OTC]
Triaminic® Thin Strips™ Long Acting Cough [OTC]
Vicks® 44® Cough Relief [OTC]
Altarussin DM [OTC]
Benylin® Expectorant [OTC]
Cheracol® D [OTC]
Cheracol® Plus [OTC]
Diabetic Tussin® DM [OTC]
Diabetic Tussin® DM Maximum Strength [OTC]
Genatuss DM® [OTC]
Guiatuss-DM® [OTC]
Humibid® CS [OTC]
Kolephrin® GG/DM [OTC]
Mucinex® DM [OTC]
Robafen DM [OTC]
Robitussin® DM [OTC]
Robitussin® DM Infant [OTC]
Robitussin® Sugar Free Cough [OTC]
Safe Tussin® 30 [OTC]
Scot-Tussin® Senior [OTC]
Silexin® [OTC]
Siltussin DM [OTC]
Siltussin DM DAS [OTC]
Vicks® 44E [OTC]
Vicks® Pediatric Formula 44E [OTC]

Codal-DM [OTC]
Codimal® DM [OTC]
Codituss DM [OTC]

Guaifenesin Containing Products:

Diabetic Tussin® EX [OTC]
Guiatuss™ [OTC]
Humibid® E [OTC]
Mucinex® [OTC]
Naldecon Senior EX® [OTC]
Phanasin [OTC]
Phanasin® Diabetic Choice [OTC]
Q-Tussin [OTC]
Robitussin® [OTC]
Scot-Tussin® Expectorant [OTC]
Siltussin DAS [OTC]
Siltussin SA [OTC]
Tussin [OTC]

Phenylephrine Containing Products (Nasal Sprays):

Formulation R™ [OTC]
Neo-Synephrine® Extra Strength [OTC]
Neo-Synephrine® Mild [OTC]
Neo-Synephrine® Regular Strength [OTC]
Nostril® [OTC]
Relief® [OTC]
Vicks® Sinex® Nasal Spray [OTC]
Vicks® Sinex® UltraFine Mist [OTC]

Oxymethazoline Containing Products (Nasal Sprays):

Afrin® [OTC]
Afrin® Extra Moisturizing [OTC]
Afrin® Original [OTC]
Afrin® Severe Congestion [OTC]
Afrin® Sinus [OTC]
Duramist® Plus [OTC]
Duration® [OTC]
Genasal [OTC]
Neo-Synephrine® 12 Hour [OTC]
Neo-Synephrine® 12 Hour Extra Moisturizing [OTC]
Nostrilla® [OTC]
Twice-A-Day® [OTC]
Vicks Sinex® 12 Hour Ultrafine Mist [OTC]
4-Way® Long Acting [OTC]

Zincfrin® [OTC]

Clemastine Containing Products:

Dayhist® Allergy [OTC]

Tavist® Allergy [OTC]

Chlorpheniramine Containing Products:

Aller-Chlor® [OTC]

Chlorphen [OTC]

Chlor-Trimeton® [OTC]

Diabetic Tussin® Allergy Relief [OTC]

Teldrin® HBP [OTC]

Coricidin HBP® Cold and Flu [OTC]

Diphenhydramine Containing Products:

Excedrin® P.M. [OTC]

Tylenol® PM Extra Strength [OTC]

Tylenol® Severe Allergy [OTC]

Aler-Cap [OTC]

Aler-Dryl [OTC]

Aler-Tab [OTC]

AllerMax® [OTC]

Banophen® [OTC]

Benadryl® Allergy [OTC]

Benadryl® Children's Allergy [OTC]

Benadryl® Children's Allergy Fastmelt® [OTC]

Diphen® [OTC]

Diphen® AF [OTC]

Diphenhist [OTC]

Genahist® [OTC]

Hydramine® [OTC]

Siladryl® Allergy [OTC]

Siladryl® DAS [OTC]

Silphen® [OTC]

Triaminic® Thin Strips™ Cough and Runny Nose [OTC]

Loratadine Containing Products:

Alavert™ [OTC]

Claritin® [OTC]

Dimetapp® Children's ND [OTC]

Tavist® ND [OTC]

The information on this list was obtained from the Lexi-comp® database, found on <http://www.crlonline.com/crlonline>. Last accessed: 02/17/2005