

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.