

**2011-2012**

**METHAMPHETAMINE  
ABUSE  
HOUSE SELECT  
COMMITTEE**

**MINUTES**

STATE OF NORTH CAROLINA  
**NORTH CAROLINA GENERAL ASSEMBLY**  
STATE LEGISLATIVE BUILDING  
RALEIGH, NORTH CAROLINA 27601



January 15, 2013

**Memorandum**

**To:** Members of the Interim House Select Committee on Methamphetamine Abuse

**From:** Representative D. Craig Horn, Co-Chair  
Representative John Faircloth, Co-Chair

**Subject:** Interim House Select Committee on Methamphetamine Abuse Meeting

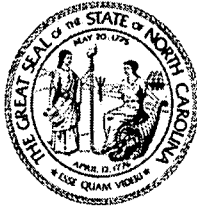
Day	Date	Time	Room
Tuesday	October 18, 2011	1:00 pm	1425 LB

Parking for non-legislative members of the committee/commission is available in the visitor parking deck #75 located on Salisbury Street across from the Legislative Office Building. Parking is also available in the parking lot across Jones Street from the State Library/Archives. You can view a map of downtown by visiting <http://www.ncleg.net/graphics/downtownmap.pdf>.

If you are unable to attend or have any questions concerning this meeting, please contact Laurie Payne at 919-733-2406 or email [hornla@ncleg.net](mailto:hornla@ncleg.net).

Posted: 27-Sept-11

cc: Committee Record \_\_\_\_\_  
Interested Parties \_\_\_\_\_



## HOUSE SELECT COMMITTEE ON METHAMPHETAMINE ABUSE

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### AGENDA

Tuesday, October 18, 2011  
Room 1425, Legislative Building  
1:00 PM

### WELCOME AND INTRODUCTION

Rep. Craig Horn, Co-Chair  
Rep. John Faircloth, Co-Chair

- **Adoption of Committee Budget**
- **House Bill 12**  
-- Staff
- **High Intensity Drug Trafficking Area Program**  
-- John Emerson, State Director
- **Methamphetamine Abuse in North Carolina**  
-- Special Agent Van Shaw, Deputy Assistant Director, Special Operations Division, State Bureau of Investigation
- **National Precursor Log Exchange**  
-- Lisa Kahl-Hillerich, Information Services Group Representative – Appriss, Inc.

### Committee Discussion

### Instructions to Staff



## VISITOR REGISTRATION SHEET

House Select Committee on Methamphetamine Abuse    October 18, 2011

Name of Committee

Date

**VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK**

NAME

FIRM OR AGENCY AND ADDRESS

John Bode	BCS
Andy Ellen	NCRMA
Elizabeth Robinson	NCRMA
Haley Phillips	NC DOJ
Jennifer Epperson	NC DOJ
Andrew Cage	NC Sheriff's Assn.
BLAKE WALLACE	SHERIFF DUPLIN COUNTY
Phillip Little	NC NARCOTICS ENFORCEMENT'S OFFICERS ASSO.
John Emerson	HIDTA
Barbara	UNC-CH
Liba Kohl-Hillrich	Appriss Inc.



## 2011-2013 Committee Budget Estimate

### 1) Legislative Members Subsistence

	\$104.00	Legislative Subsistence
X	0	Number of Legislative members
X	1.5	Half of Members using Two Days of Subsistence
X	0	Number of Meetings
=	<u>\$0.00</u>	Total Legislative Members Subsistence

### 2) Non-Legislative Members Subsistence

	\$116.00	Non-Legislative Members Subsistence
X	0	Number of Non-Legislative Members
X	1.5	Half of Non-Legislative Members using Two Days Subsistence
X	0	Number of Meetings
=	<u>\$0.00</u>	Total Non-Legislative Members Subsistence

\* \$101.05 Daily Per Diem Rate Plus \$15 Committee Per Diem Rate (GS138-5)

### 3) Travel Expenses

#### a) Legislative Members

	\$70.00	Round Trip Reimbursement (Based on 242 miles @ \$0.29 per mile*)
X	0	Number of Legislative Members
X	0	Number of Meetings
=	<u>\$0.00</u>	Total Travel for Legislative Members

#### b) Non-Legislative Member

	\$73.00	Round Trip Reimbursement (Based on 242 miles @ \$0.30 per mile*)
X	0	Number of Non-Legislative Members
X	0	Number of Meetings
=	<u>\$0.00</u>	Total Travel for Non-Legislative Members

\* 242 Miles is an Average per Member based on the Total Certified Round Trip Mileage

### 4) Clerical Staff

	\$818.00	Average Salary with Benefits for 5 day work week
X	0	Number of Meetings
=	<u>\$0.00</u>	Total Clerical Staff

\* Average Weekly Wages for LA, CAI, CAII & CAIII with Fringes Added.

### 5) Professional Staff

### 6) Special Travel and Expenses

### 7) Postage and Telephone Expenses

### 8) Supplies

### 9) Coping and Printing

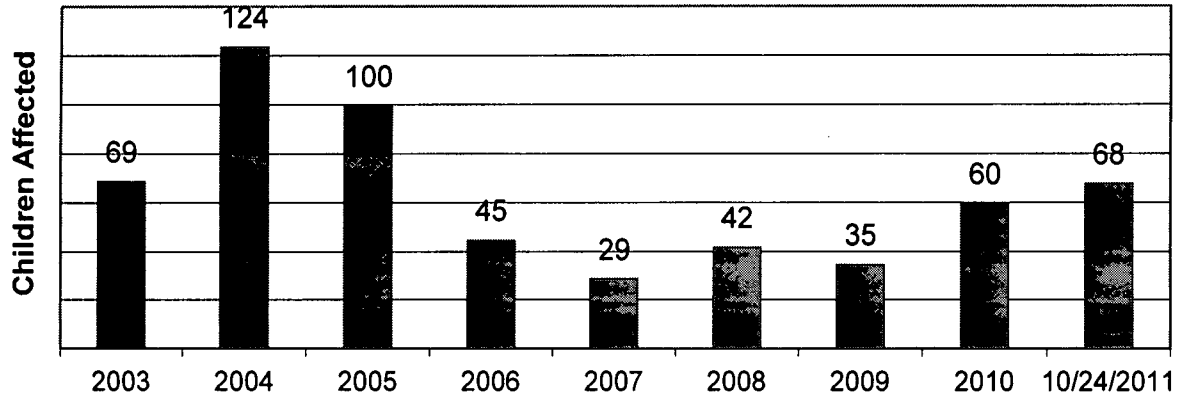
### 10) Reserve

## Total





## NC SBI CLANDESTINE LAB CHILDREN AFFECTED / INJURED



YEAR	Number of Children Affected / Injured
2003	69
2004	124
2005	100
2006	45
2007	29
2008	42
2009	35
2010	60
10/24/2011	68

## Minutes

### House Select Committee on Methamphetamine Abuse

Tuesday, October 18, 2011  
Room 1425, Legislative Building  
1:00 pm

The House Select Committee on Methamphetamine Abuse met on Tuesday, October 18, 2011 at 1:00 p.m. in Room 1425 of the Legislative Building.

Representative D. Craig Horn, Co-Chair presided.

The following members were present:

Representative John Faircloth, Co-Chair	Representative Annie Mobley
Representative David Guice	Representative Marian McLawhorn
Representative Sarah Stevens	Representative Joe Tolson
Representative Mark Hollo	

Representative Horn called the meeting to order. He welcomed everyone, and reminded the Representatives to fill out and return reimbursement forms. Representative Horn welcomed and recognized our House Sergeant at Arms, Reggie Sills and Jesse Hayes. Susan Sitze gave an overview of the charge for the committee studying the issues regarding the abuse of methamphetamine. The House Select Committee was created by the Speaker of the House. The Committee is charged with studying:

- (1) The provisions, implementation and effects on the production of methamphetamine of House Bill 12 of the 2011 General Assembly, S.L. 2011-240, including the number of methamphetamine labs that are discovered annually.
- (2) The potential costs of making pseudoephedrine products Schedule III controlled substances.
- (3) Whether more stringent methods for curtailing methamphetamine production should be authorized.
- (4) Any other issues related to the prevention of methamphetamine abuse.

The Committee is authorized to file an interim report on the results of the study, including any proposed legislation on or before May 1, 2012, by filing a copy of the report with the Office of the Speaker of the House of Representatives. The Committee is authorized to file a final report on the results of its study, including any proposed legislation, to the members of the House of Representatives prior to the convening of the 2013 General Assembly by filing the final report with the Office of the Speaker of the House.

Representative Horn asked all committee members, staff, and clerks to introduce themselves.

Representative Horn asked for the 2-year budget to be approved. He anticipates that the committee will meet four times a year which will be a total of eight meetings. The approximate budget is \$28,000.00. Representative Horn asked that that the committee be mindful of that. (See attached) Representative Guice asked if there was money set aside for field trips. Representative Horn replied that \$2,000.00 had been set aside for special travel expenses. Representative Guice moved that the budget be approved. Representative McLawhorn seconded. The budget was approved as presented.

Hal Pell explained that as indicated, the charge of the committee relates to the provisions of HB 12 that was passed in the 2011 regular session of the General Assembly. Section 1 of the bill was to continue efforts of 2005 legislation which was the Methamphetamine Lab Prevention Act of 2005 which was to regulate sale of pseudoephedrine products that are used to make methamphetamine. Based upon that intended purpose of this 2011 act, Hal turned it over to Jennifer McGinnis to review the 2005 Act to give the committee background information which lead up to HB 12.

Hal introduced Jennifer McGinnis, staff attorney, who gave an overview of HB 245 which was passed in the 2005 session of the General Assembly.

House Bill 245:

- Single-source and multi-source pseudoephedrine products in the form of tablets for adults or caplets be stored and sold behind the pharmacy counter. Liquids and gel packs were exempted.
- Transaction limits were imposed. 2 packages per day. 6 gram maximum purchase per day, 9 per month.
- Amended in 2006-3.6 grams daily limit.
- Age and id requirements-no purchase for under 18 without a prescription, in addition for all transactions people had to provide photo ID, name, address, and sign an attestation form at time of purchase.
- Retailers required to keep records on file and available for law enforcement within 48 hour periods of transaction. Keep 2 years for availability to law enforcement.
- Signage requirements also implemented for sale of pseudoephedrine products for establishments to inform consumers of the strict limit per purchase.

Hal Pell did a follow up explanation: The N.C. General Assembly in 2011 passed HB 12. Beginning January 1st of 2012 retailers must electronically submit transaction information to the National Precursor Log Exchange abbreviated **NPLEX**, which has a stop sale capability. Sales will be electronically transferred to prevent purchasers from moving from pharmacy A to buy daily limit to pharmacy B later in order to purchase more than their allowed daily limit. The ongoing log exchange will automatically detect if they are purchasing over their daily limit. Provisions are there if the pharmacist is under duress. A sale can still be completed if necessary, but the transaction would be noted.

**NPLEX** is administered by the National Association of Drug Diversion Investigators. **NADDI** is the acronym for this organization. Info must be forwarded to SBI in "real time" as

well as weekly reporting to the SBI. The **NADDI** information is forwarded in real time to the SBI. Legislation required the SBI to report the number of meth lab findings beginning in calendar year 2011 to the legislative commission on methamphetamine abuse which was established by the 2005 legislation. To date however, no appointments to a legislative commission on meth abuse have been established. It was not deleted during the past session when a lot of other non-active commissions were deleted. In effect, there is no legal basis for appointments to this commission. However, there is nothing to keep this committee from receiving reports from the SBI if the committee asks for them. The same information can be available to this committee. Legislation required the SBI to participate in the High Intensity Drug Trafficking Area program. **HIDTA** is the acronym. We will hear from the state director today. The commission was given the direction to study implementation of provisions of HB 12, the incorporation of **NPLEX** into the state system to monitor pseudoephedrine sales, and the effect on drug labs found in North Carolina and to report back to the General Assembly based on authorization of this committee. Retailers must electronically submit to the **NPLEX** system beginning Jan. 1<sup>st</sup> if they have internet access, and if they could do so without costs. There was that type of provision obtained. That concluded his summation.

Representative Horn stated that our charge goes beyond other issues of previous methamphetamine abuse not just the provisions of HB 12. We can get into anything dealing with methamphetamine abuse in the state of North Carolina.

Representative McLawhorn asked for a clarification from Hal. Her question: Don't all pharmacists have internet access? Hal answered that he has heard that some pharmacies are registered already to report purchases of controlled substances. Some information from some pharmacies however goes to a central location to report controlled substance purchasing already. It may not necessarily be done at that particular pharmacy but another location that accomplishes that. The question to consider is "does the individual pharmacy have the authorization to do the reporting or do they even have internet access?" The question to be considered: "Is the language in HB 12 sufficient enough?"

Representative McLawhorn followed up with another question: If a pharmacy does not have internet access it would not be reported as "real time", therefore it would not be an accurate report.

Representative Horn asked for Andy Ellen with the North Carolina Retail Merchants Association for clarification. Mr. Ellen introduced himself. He reported that most pharmacies do have internet access that is tied into a router that runs through a real time basis through point of sale system to this data base. National companies are already doing it. Solely North Carolina pharmacies are working diligently to do the same. It does give them internet access but not to Facebook or Google or various search engines. This prevents the chance of a virus download which could shut the whole system down.

Representative Horn asked Representative McLawhorn if this answered her question. She replied that it did.

Representative Horn introduced John Emerson with the High Intensity Drug Trafficking Area Program. (HIDTA)

## PRESENTATION

### **High Intensity Drug Trafficking Area Program (HIDTA) John Emerson, State Director**

*Summary: Mr. Emerson explained and summarized the HIDTA program as well as North Carolina's history of methamphetamine production, and the attempt by the General Assembly to control access to pseudoephedrine. He gave a brief history of his career as a federal agent with the Drug Enforcement Administration (DEA). Mr. Emerson also gave an oral timeline from 1999 to present to demonstrate the changes in methamphetamine production and what steps HIDTA has taken to prevent a further increase of meth labs. Mr. Emerson's notes from his presentation follow:*

- THE HIGH INTENSITY DRUG TRAFFICKING AREA PROGRAM OR HIDTA IS A CONGRESSIONALLY FUNDED GRANT PROGRAM. FUNDING FOR EACH INITIATIVE THROUGHOUT THE COUNTRY IS CONDUCTED THROUGH THE OFFICE OF NATIONAL DRUG CONTROL POLICY-COMMONLY KNOWN AS THE DRUG CZAR'S OFFICE.
- NORTH CAROLINA HAS FOUR FUNDED INITIATIVES THAT HAVE BEEN DESIGNATED IN DIFFERENT YEARS BEGINNING IN 2008.
- THE FOUR NORTH CAROLINA HIDTA INITIATIVES ARE PART OF THE LARGER ATLANTA HIDTA PROGRAM.
- THE ONDCP DESIGNATES AREAS, USUALLY COUNTIES THAT ARE DEEMED TO HAVE A SIGNIFICANT DRUG THREAT AND AUTHORIZES ADDITIONAL FUNDS FOR THOSE AREAS TO SUPPORT MULTI AGENCY CO-LOCATED TASK FORCES MADE UP OF FEDERAL, STATE AND LOCAL OFFICERS.
- THE HIDTA INITIATIVES ARE OVERSEEN BY A BOARD OF LAW ENFORCEMENT AGENCY HEADS WHO HAVE DEDICATED AT LEAST ONE OFFICER TO THE TASK FORCE.
- FUNDING IS PROVIDED TO SUPPORT DRUG ENFORCEMENT OPERATIONS THAT AIM TO DISRUPT AND DISMANTLE SIGNIFICANT DRUG TRAFFICKING ORGANIZATIONS THAT ARE RESPONSIBLE FOR SUPPLYING DRUGS THROUGHOUT THE UNITED STATES. HIDTAS WORK TO IMPROVE COLLABORATION BETWEEN LAW ENFORCEMENT AGENCIES AND PROVIDE TRAINING ON A WIDE VARIETY OF DRUG ENFORCEMENT TOPICS.
- FOURTEEN COUNTIES IN NC HAVE RECEIVED THIS DESIGNATION: IN THE RALEIGH AREA THEY ARE WAKE, DURHAM, WAYNE, WILSON AND JOHNSTON IN THE GREENSBORO AREA THEY ARE GUILFORD, ALAMANCE AND RANDOLPH, IN THE CHARLOTTE AREA THEY ARE MECKLENBURG, UNION AND GASTON AND IN THE ASHEVILLE AREA THEY ARE BUNCOMBE, HENDERSON AND MCDOWELL.
- IN ADDITION TO SUPPORTING THESE TASK FORCES THROUGHOUT THE COUNTRY, HIDTA ALSO PROVIDES FUNDING AND EXPERTISE ON OTHER SIGNIFICANT DRUG ISSUES FACING OUR

**NATION SUCH AS DRUG PREVENTION INITIATIVES, PHARMACEUTICAL DRUG ABUSE AND METHAMPHETAMINE PRODUCTION AND DISTRIBUTION.**

- **CAUSES FOR AN INCREASE IN METH LAB SEIZURES: ONE IS SMURFING- WHERE THOSE INVOLVED IN METH PRODUCTION HAVE LEARNED TO BEAT THE LOGBOOK OR ELECTRONIC TRACKING SYSTEMS BY MAKING PURCHASES UNDER THE LEGAL LIMIT AT MULTIPLE LOCATIONS OR BY ORGANIZED GROUPS OF PEOPLE TRAVELLING THROUGHOUT TOWNS, CITIES AND STATES BUYING FROM MULTIPLE LOCATIONS. MANY TIMES THESE PURCHASERS HAVE FALSE IDENTIFICATIONS MAKING IT DIFFICULT TO TRACK DOWN THE RIGHT PERSON. PSE BOXES ARE THEN SOLD TO METH COOKS AT HIGHLY INFLATED PRICES.**
- **ANOTHER REASON IS THE ONE POT OR SHAKE AND BAKE METHOD WHICH ALLOWS FOR MAKING METH VERY QUICKLY IN SMALL USER AMOUNTS OFTEN IN A VEHICLE OR OUTSIDE. PURCHASES UNDER THE LEGAL LIMIT ARE ENOUGH TO MAKE METH USING THIS METHOD AND THE MANUFACTURING PROCESS IS EASY ENOUGH THAT THE DRUG CAN BE MADE BEFORE LAW ENFORCEMENT HAS TIME TO REACT TO A NOTIFICATION**
- **ANOTHER REASON IS THAT METH MADE WITH PSEUDOEPHEDRINE (PSE) IS OF HIGHER QUALITY THAN MUCH OF THE METH ENTERING THE US FROM MEXICO WHERE ACCESS TO PSE IS MORE DIFFICULT.**
- **LAB INCIDENTS IN THE US WERE AS FOLLOWS: IN 2008: 7,253; 2009: 10,034; 2010: 11, 396 AND IN 2011 AS OF SEPTEMBER 12<sup>TH</sup> THERE WERE 6,240. THE ONE SIGNIFICANT EVENT AFFECTING LAB REPORTING IN 2011 WAS THAT IN JANUARY/FEBRUARY OF THIS YEAR FEDERAL FUNDING FOR LAB CLEANUPS ENDED. MANY AGENCIES STOPPED REPORTING THEIR SEIZURES TO DEA AS WAS REQUIRED WHEN CLEANUP FUNDS WERE FUNDED THRU DEA. ALSO, AS UNFORTUNATE AS IT MIGHT SEEM BECAUSE MANY SMALL COUNTIES AND MUNICIPALITIES CAN NOT AFFORD THE CLEANUP COSTS AT \$2500 PER LAB THEY SIMPLY STOPPED LOOKING FOR THEM ACCORDING TO VARIOUS REPORTS.**
- **METH SEIZURES ON THE US/MEXICAN BORDER CONTINUE TO RISE: IN 2008: 1,293 KGS; 2009: 2,669 KGS; 2010: 3,443 KGS AND 2011 AS OF 9-12: 2,761KGS.**
- **77% OF MEX METH IS dl METH OR A LESS POTENT FORM THAN METH MADE FROM PSE; HOWEVER SOME TRAFFICKERS ARE LEARNING WAYS TO ENHANCE THE QUALITY OF THEIR METH EVEN THOUGH THEY ARE USING THE OLDER P2P METHOD.**
- **THE MAJORITY OF THE METH LABS FOUND IN THE US ARE CAPABLE OF PRODUCING 2 OUNCES OR LESS. ALTHOUGH A FEW SUPER LABS HAVE BEEN FOUND IN GEORGIA AND ONE IN NC THE MAJORITY ARE FOUND IN CALIFORNIA, THE PSE USED TO MAKE METH IN THE SUPER LABS, CAPABLE OF PRODUCING 10 LBS OR MORE IN A 24 CYCLE, ARE ALSO OBTAINED THRU ORGANIZED SMURFING OPERATIONS.**
- **METH LABS CONTINUE TO IMPOSE A SERIOUS SAFETY RISK IN THE FORM OF: CRIMINAL ACTIVITY, DRUGGED DRIVING, POTENTIAL FOR EXPLOSIONS, TOXIC WASTE DUMPING, OFFICER SAFETY, DRUG ENDANGERED CHILDREN, DECREASED PROPERTY VALUES, HUGE RESOURCE DRAINS ON LOCAL COMMUNITIES, THE CRIMINAL JUSTICE SYSTEM AND SOCIAL SERVICES, LOSS OF PRODUCTIVITY BY WORKING METH ADDICTS, THREATS TO FARMERS THRU ANHYDROUS AMMONIA THEFTS.**

Question: Representative Hollo asked how much a single use is, is 2 ounces a lot? How long does it last, how do we know there are only 300 meth labs in the state?

Answer: Mr. Emerson answered that 2 ounces is a decent cook.

Question: Representative Guice asked how is it sold?

Answer: Mr. Emerson answered that they cook together, and share it. It is usually sold ½ ounce at the time.

Question: Representative Horn asked what is a hit?

Answer: Mr. Emerson answered it is sold in powder form, which you can snort it, inject it, or eat it.

- **THE ESTIMATED COST FOR EVERY METH LAB FROM BEGINNING TO END IS \$350,000. THE 2009 RAND CORP STUDY USING 2005 DATA PLACES THE TOTAL COST OF METH ABUSE IN THE NATION AT \$23 BILLION ANNUALLY.**
- **SIXTEEN STATES ATTEMPTED TO PASS LEGISLATION LAST YEAR TO MAKE PSE A SCHEDULE III DRUG. ALL FAILED. ONLY OREGON AND MISS HAVE PASSED A LAW RETURNING PSE TO A CONTROLLED SUBSTANCE AS IT WAS PRIOR TO 1976. BOTH STATES HAVE SEEN DRAMATIC DECREASES IN METH LAB INCIDENTS AND RELATED CRIMES. OREGON HAS HAD SEVEN LABS THIS YEAR DOWN FROM A HIGH OF 189. MISS. HAD 239 AS OF 9-12 WAY DOWN FROM ITS HIGH MARK OF 698 IN 2010. BOTH STATES HAVE BEEN ABLE TO DEDICATE LIMITED RESOURCES TO OTHER LAW ENFORCEMENT ISSUES AND BOTH REPORT LITTLE IF ANY BACKLASH FROM THE SCHEDULING CHANGE.**

Mr. Emerson thanked the committee for their time and for looking into this very serious matter.

Questions:

Representative McLawhorn asked if it would be Mr. Emerson's recommendation to put pseudoephedrine back to schedule III, and what could we do as a legislative body to help his with what he does. Mr. Emerson stated that they do not take a position on state legislation. For best results possible, it would be to put pseudoephedrine back to a schedule III drug.

Representative Stevens advised that there were two major meth busts in her area. 10 days ago police found 57 one pots. Apparently the makers take Arizona tea bottles, because they are thicker and better able to use them. Then a few days after that while answering an assault charge, the police found 224 grams of meth in a maker's pocket. Twenty Eight (28) grams is trafficking level. She stated that shows how transportable, easily hidden, and how easy it is to carry the stuff around. Mr. Emerson commented that the one pot has made a lot of difference. It is easier to dispose of, hide, etc. Representative Stevens said because the criminal was afraid of getting caught he wouldn't throw any of it away. That was why there were so many pots. It's clearly something that's very portable. Her sheriff said it is harder to buy meth from other dealers. They obtain the Sudafed, therefore the maker does not have to do as much. She also said the sheriff was not as worried about meth labs in her area because it is being made out west from Iowa. A lot of what is being transported in from the west is a higher grade. Mr. Emerson commented that there has always been a movement of illegal drugs from west to east. We are the recipients of illegal drugs from out west.

Representative Faircloth stated that given the committee's charge, this reaches beyond just the language of HB 12 and beyond manufacturing. Concern is with it coming across state lines. It is his opinion, as an old narcotics cop, that we have missed the boat of not making

greater use of conspiracy laws in N.C. He would like to have explanation from DA's and others involved in the court system of how we can use conspiracy laws in addressing the use of meth, because there are so many people involved and we have some of the best conspiracy laws in the country. Representative Faircloth would like for us to begin to take a look at that for future legislation.

Representative Horn asked if there were any questions on the effects of meth. He stated it is truly a serious problem. It is a one and done. He wanted to make sure there were no more questions. Representative Horn thanked John Emerson.

Representative Tolson agreed with what Representative Faircloth said. He stated that we need everyone around the table that can help us determine what we need to do to go after it as aggressively as we can. We need the people who are dealing with it on a daily basis to tell us what we can do to help them do their job better. He thanked Mr. Emerson for his comments.

Representative Horn advised the committee that for scheduling knowledge, the plan is to meet again in December, February, and April. That will give the committee the opportunity to see where we are with the implementation of the tracking system going into the new year; February; how we've gotten off the ground; and April how we're doing and what other things we should be doing. For future meetings we will ask for further testimony/ input from not only law enforcement, but from DA's about what we can or should be doing. Representative Horn is open to every suggestion.

Representative Horn introduced Deputy Assistant Director of Special Operations-Van Shaw with the SBI.

#### PRESENTATION (attached)

**Methamphetamine Abuse in North Carolina  
Special Agent Van Shaw, Deputy Assistant Director  
Special Operations Division, State Bureau of Investigation**

**Summary: Van Shaw, Deputy Assistant Director of Special Operations Division of the SBI, has been involved with methamphetamine problem since 2001, supervised expansion of lab response program, managed and has oversight of that same program today. He wanted the committee to know his background. He provided statistical information that hopefully will help the committee better understand meth in N.C. (Exhibit 1-see attached) The material that was provided showed a number of statistical information to better understand as it relates to the state of NC. The map breaks down the number of meth lab occurrences that have occurred in each county in NC. The statistics are run every two weeks. It had been 8 days since the map was produced. He stated that we are now at 271 meth lab responses which is about 1 meth lab a day or more. We are projecting over 300 by the end of the year. It may be coming upon our highest year since the passage of the methamphetamine prevention act. The problem in our state is continuing to grow-mostly related to one pot**

manufacturing method-the portability of it, the ease of it, the acceleration of the manufacturing process-all that comes into play. He pointed out using the map the number of counties affected by this problem. As of October 10<sup>th</sup>, 61 counties had been impacted by the meth problem. Prior to 2005, it was primarily western North Carolina, but that is not the case anymore. It is now from one end of our state to another. Mr. Shaw also provided a chart that shows a 10 year tract to where we are trending. Statistics have been kept in NC for a number of years. They are now trying to keep tract of the last 10 years to show where we are trending. This shows how legislation has helped us-how people in the criminal element are going to find ways to get around everything we do. That is their full time job to come up with different ways to bypass the system and sometimes they are very effective at that.

Included was a children affected or injured chart. (attachment ----) Injured children as well are consistent with the number of labs in state. The number of children are being taken out of homes is trending up as well. Injuries are declining which is encouraging maybe due to awareness, but children are still in there. Mr. Shaw stated that they have had 8 public safety personnel injured. They include EMS, fire, or police that stumbled into them or were responding to them. They have taken 66 weapons out of meth labs this year-there is a violence element to this problem. Another statistic they have been keeping up with is the elder adults that are also found in meth labs-particularly elder adults that don't necessarily have capability to relocate. They may be living with their grandchildren that are making meth. They may not be financially or physically able to leave their home. The SBI has already found 10 of those this year. These are other issues that are involved. A ton of aspects come into play. It is not just about the end user, or dollar amount of the cleanup. These are all important, but there are other issues as well. He stated he can provide more information on that.

Another issue Mr Shaw touched on is what Mr. Emerson referenced. In February, 2011, NC did lose federal funding for cleanup of meth labs. What they are referring to by cleanup is the actually removal of items associated with the manufacturing process. These are items used to prove their case in court; items that are hazardous in nature, and must be disposed of. He was talking about removing the evidence that is used to prove the case in court. He was not referring to the cost of tearing out carpet, or taking out dry wall. The clean up term is very broad. He was talking about law enforcement cost, etc. The SBI picked up the cost from February until May. In that short period of time they spent over a quarter of a million cleaning up meth labs in N.C. and their budget couldn't sustain it. They did advise local and state agencies that they were going to have to start paying for it out of their own respective budgets. Mr. Shaw thinks the reason N.C. has the numbers that we have is because our law enforcement are continuing to find meth labs at a great sacrifice to them. If they are paying for cleanups it means they are going without something else. The SBI responds to every lab in N.C. They sample that lab, and report every lab to the

El Paso Intelligence Center, as Mr. Emerson stated earlier. They want to make sure our statistics are accurate and keeping a realistic picture. Reporting is still there, response is still there, but it is coming at a great cost. It is \$2500 per lab per Mr. Emerson. Currently, the Attorney General and the SBI in conjunction with the Governor's Crime Commission, are launching a program, January 1, whereby we can participate in a container cleanup program with the Drug Enforcement Administration. They hope to be up and running by January. That is the only cleanup program that the DEA is going to fund for a period of time. Mr. Shaw stated they are moving forward with a grant from the Governor to establish this container program. It will alleviate that cost for local law enforcement agencies. It will be so much more efficient if they utilize the container program which cost \$500 as opposed to \$2500. The difference is having the work done on site versus having a contractor doing it. That is one way they are being proactive-recognizing that they cannot sustain cost of a cleanup program itself. This program will have a huge impact.

Mr. Shaw discussed where they are stateside with the NPLEX tracking system. They are working with NADDI and Appiss related to the NPLEX system. Notifications that will go out to pharmacies and law enforcement agencies have been reviewed and approved. They were waiting to launch those. Their group that works with the criminal information services is compiling the other data with other law enforcement agencies now. He felt that notifications would be launched soon. The Memorandum of Understanding that has to be executed with NADDI was currently being legally reviewed by attorneys at DOJ, and pending approval of that MOU. He felt like they were on tract. He advised that that he would be happy to answer any questions related to the statistical information.

*Questions:*

Representative Mobley asked if there was an explanation of the counties where the numbers are higher. Mr. Shaw stated that he wished he could give her an explanation. They see numbers fluctuate in counties based on a number of different causes. (1). There may have a concentrated number of law enforcement efforts in that area. They may launch different initiatives; be more aggressive. Other areas are more rural. There are more labs in rural counties, probably because there is less detection in those areas. You get into some socioeconomic issues such as high unemployment, lack of jobs, which results in addiction rates to be higher. Manufacturing process feeds addition. That is what is unique about meth- you can feed your own addiction. You can't manufacture cocaine in N.C. but you can manufacture meth. Realistically, someone can feed their addition by going out and manufacturing it themselves. You do not have to find a drug dealer. You can go out and find what is needed. All those factors come into play. He stated that he could not point to one particular area.

Representative Guice stated that understanding all factors that Mr. Shaw had just explained, it's still very difficult to understand the difference in some of the

counties especially the numbers in Burke County as it relates to this issue. Having worked in law enforcement for his entire career, in addition to that understanding the rural nature of a lot of these counties-McDowell for example and where it was a few years ago compared to where it is today- its neighboring county Burke- ... His question was have they looked to see- understanding a criminal doesn't care about county lines or state lines, how would we match up in these bordering counties that border South Carolina, Tennessee, and Virginia. Looking at those bordering counties, do they see any significant change and could that change relate to possibly the laws in these states as it relates to these issues? Representative Guice stated that when he looks at the map I see N.C., but he would really like to see those other counties and states that border-criminal activity doesn't just stay within a county or a state-it travels.

Mr. Shaw answered yes. He could pull that together for Representative Guice. The SBI works very closely with the Tennessee Bureau of Investigation, South Carolina Law Enforcement Division, as well as the Virginia State Police. They have a quarterly meeting where they get together with a number of states. They include Kentucky, Indiana and try to pull those individuals in. Representative Guice is exactly right. None of the criminal organizations or individuals represented here care one thing about the county they're in. They see every day people leave, for example, Ashe County, drive into Tennessee-Virginia, and buy pseudoephedrine and drive back into N.C. That's been an significant issue. The NPLEX system will help us in that regard. We will be able to look at individuals and see if they're traveling into other states. There is a lot of cross boarder changes that go on. People that live in North Carolina go to South Carolina and buy their pseudoephedrine and they come back and cook in North Carolina and vice versa. We absolutely have that. We do see people push-if Warren County has been very aggressive then you will see the numbers in adjacent counties pop up. Mr. Shaw stated that he can tell the committee that when it comes to Burke County, there has been a significant law enforcement push. Not only with SBI agents, but with Burke County Sheriff's Department. There are a number of individuals that are living and working there that are very aggressive in lab investigations.

Susan Sitze stated that she knew Mr. Shaw was talking about the number of labs they had found. She asked if he had an educated guess on what that really means. Does that mean they are finding 25% labs, 50% labs? Secondly, would he give a brief explanation of the role of the SBI drug test in the labs and what the SBI actually responds to and how that works. Mr. Shaw stated that he would have to go with what is nationally put out there as far as the meth labs. The number that is thrown around most commonly is 10%, meaning 10% of the labs that we actually catch. He could not give background on that research or how they arrive at that. He has attended several National conferences and that seems to be the consistent number that gets thrown around.

He gave an overview of the SBI's role. They initiated in conjunction with DEA in 1988 the meth lab response program. DEA started their program and the SBI

quickly saw meth labs in our state, along with other drug labs, but in small numbers. Mr Shaw said those were the good days when we only had 5. The program has been in existence since then. What occurs today when a local law enforcement agency finds a meth lab regardless of whether they go to a domestic or investigative in nature, they pick up the phone and they call our meth lab response group. They send a sight safety agent, who is trained on safety issues related with meth labs, the equipment, the monitoring equipment, a response vehicle, the SCBAs, and the personal protective equipment. They also send a drug chemist from their prime laboratory. That chemist is going to come out and firsthand document what is there for the manufacturing process. He or she will take small samples and take them back to the crime lab. Typically is a very small box with small samples so they are not taking 5 gallon buckets of hazardous waste back to the lab. They will do an analysis and workup for the DA's office to show the manufacturing process, what was being utilized, how much meth was present, and what the theoretical yield based on the chemicals that were present could have been. In other words, how much potentially could this lab have manufactured. This is used in federal court rather than state court. They process our lab so that what they do at the lab can be used both in state and federal prosecution. There are some variations in the prosecution so they make sure of that.

The SBI site safety agents record a lot of different information, they submit statistical reports, they do exposure reports for the officers that are there and trained to work in meth labs. They report to the health department that the lab has been discovered. They send a certified letter to the property owner that had the meth lab, so that they are notified, returned receipt, they talk to the health department so they know what chemicals were present. They relay cost associated to that response to the DA in case they attempt to get restitution. They provide the DA's office with that.

It's an all encompassing program. Mr. Shaw stated that he was biased, but he likes to think it's one of the best programs in the US. They keep up with their statistics and their safety ratings-- all those types of things are very important to them. He thinks it will provide a service to our state and local partners. If not, their program operates about 150 SCBAs- they have more air pacts than some large fire departments do, air monitoring equipment and everything else. That cost has rested with them through help with grants so each agency doesn't have to recreate that. They respond to that and do so at no extra costs to local agencies. Mr. Shaw stated that may be more than the attendees wanted to know, but it's a pretty big operation to only be operated with only 6 full time agents.

Representative Horn asked Mr. Shaw to clarify the 150 SCBA's.

**Mr. Shaw stated they are Self-Contained Breathing Apparatus. Agents have to be protected when they go on the scene. It's the air packs that you see on firefighters.**

**Representative Stevens stated that we got behind on this problem early on in terms of crack down on the meth. Can we get a handle on cleanups? She is concerned that counties are not doing cleanups. Is there someone that requires the cleanup? Having chaired the judiciary committee, this stuff permeates wall and is there fairly long term. Children in the environment are ingesting it-they're not sure of the long term effects. How do we ensure that this cleanup is being made once a lab is found? Do we have a provision for that?**

**Mr. Shaw answered that the responsibility, based on previous legislation, falls on the local health department and the Department of Health and Human Services. They will notify them by written letter that a meth lab has been found in a particular location. They in turn have oversight of the remediation of that sight. There is information that they have they provide to the property owner on how to remediate the sight. The property owner has to report back to them on the project of the remediation before the residence can be re-inhabited. N.C. laws are not as stringent as some other laws across the county. Some other laws provide much more stringent enforcement with those type of things where there is actually boarding, a much more aggressive approach to those type of residences. Mr. Shaw feels like it would be good to have someone from Health and Human Services come in and talk about their health department programs and packages. The SBI works with them on a daily basis in providing the information that in turn they need to provide to the property owner for cleanup.**

**Representative Stevens stated that she thought that this is also something clearly this committee would want to look at. She also brought up that we along with Health and Human Services would want to look at the children. Representative Stevens thinks it should be an automatic ground when you find a child in an ongoing meth lab that that child should be removed and put into social services until there is a clear showing that there is no further damage. She feels that is something that the committee needs to address. When she hears of the things that are happening to the children either directly from the explosiveness from making the drug, to inhaling the substances that are around vs. just being neglected because of what's going on in that household, she feels there needs to be immediate grounds for removing the children. She states that she is not sure whether that is already in our statutes or what happens with that, but we should clearly protect the children, if we can't stop the drug users. We should get the children out of there and not put them back into that situation. Hopefully that is something the committee can look at.**

**Mr. Shaw stated that from his involvement, they have instituted protocols across the state for what they call "drug endangered children". When they find a child in a meth lab, they notify the Department of Social Services. The children are**

taken and a medical assessment is done to them. Those protocols are in place through the Department of Social Services across the state. The SBI works with them on a daily basis as well.

Representative Stevens stated that her concern is not just the immediate protocol to see what's going on with them, but a longer term protocol since they are obviously in a situation where there are drug addicts and drug sales and people are not caring for them. That should not be any kind of quick return. She feels that we need to make sure what social services position is beyond that immediate assessment. She does understand that law enforcement cannot do anything about that, but as a legislative body, she feels we can.

Representative Guice followed up on something that was said earlier. He asked who makes the final decision as it relates to where a person is going to be charged. For example-who makes the determination that it will go thru the state court system or the federal court system? Is that the charge of the agency or the agency who is investigating? Looking at federal law and state law-where do we get the best punch? He stated sometimes we can look at the local judicial system and see we're not getting much of a punch there with The DA and the judges, so what if they decide to move it to the federal level? Who is making that final decision?

Mr. Shaw answered that there are typically a number of ways that it happens. Sometimes there may be an investigative initiative under way or a task force. The SBI refers to them as "OCDEFT" - Organized Crime Drug Enforcement Task Force. If that exists, that predetermines that it's going to go federal. Most of the time if it's a single person, single lab, and the SBI walks into it in a domestic case that will go to the DA's office for prosecution and the local system. Mr. Shaw agreed with Representative Guice in that some areas are more aggressive at the prosecution than others. Typically if they see from a Federal standpoint that they are using more of the conspiracy laws that Representative Faircloth made reference to in federal court, than that lab is part of a bigger conspiracy. The DA will decline prosecution knowing the SBI is going to prosecute it in federal court. Mr. Shaw advised that they are arresting initially on a state charge and putting them into the system. Then a determination is made if whether it's a federal or state prosecution on how it fits into the big picture.

Representative Guice suggested that the committee move from talking about that to if we're now walking into a situation where there is a domestic situation and you find a lab. That is one scenario that had been discussed. It is entirely a different situation where you are talking about making something in a bottle- and shaking it and that being the product now. He asked Mr. Shaw how are we going to address those situations as it relates to children, as it relates to just the general public, and where that bottle might be thrown out on the side of the

road. Now there is a contamination there. It seems we have moved away from finding a residence that is contaminated with a lab.

Mr. Shaw agreed with Representative Guice. He stated that the one pot method is much more mobile. The SBI is not seeing the drug labs with all the glassware and tubing set up like they did in the early 2000's. What they are beginning to see is what Representative Steven's referenced earlier. The multiple one pots where they have figured out that they can make 20 grams in a one pot, and what if they get 10 of those going at one time. They just extrapolated it out. It is a different looking lab, but it brings about problems where the SBI has seen the one pots exploding in vehicles. Vehicle stops are more prevalent in finding those labs. It's an awareness issue of revisiting with local law enforcement and making them aware that they are even more mobile than they were in years past.

Representative Tolson asked Mr. Shaw how they go about identifying a potential meth lab or meth maker to investigate. He asked if the SBI receives phone tips. How do they go about knowing you need to look for a lab or the shake method? Mr. Shaw answered that the biggest tool they have had is the legislation that was passed for the log book transaction of pseudoephedrine sales. When they see someone consistently violating that and buying significant amounts of pseudoephedrine sales, they know it is for the manufacturing of meth. There is no resale market for it or anything else. The log book transaction has been a huge indicator as the NPLEX system will also be. It will launch this further because what did take the SBI 4 or 5 days of going thru log books, they can now sit down at the computer and do it in 5 minutes. Mr. Shaw feels that they they are going to find more labs. He stated that other ways to find meth labs come through the traditional methods; law enforcement, informants, good citizen tips, and observations by officers when they are on the scene on an unrelated call. They begin to see the precursors sitting around. Some of the items associated with meth making and therefore see potential meth labs. They start to ask questions and investigate it from there.

Representative Stevens asked if there are a lot of fires and explosions from even the one bottle method. Mr. Shaw stated that they are seeing more fires and explosions out of one pots and the reason is the lithium metal. You have a very violent reaction to the point where you are having to relieve the pressure of the container. If you do not burp the container, it is going to explode. The lithium ignites the organic solvents which are mixing everything up, the Coleman fuel, and the denatured alcohol. So when the lithium ignites the Coleman fuel it ignites. He stated that they see people quite often go to the burn center.

Mr. Pell asked if using the logs is sufficient enough to obtain a search warrant for probable cause. Mr. Shaw answered that they have not been using that as probable cause for a search warrant. They actually advise against it simply because there needs to be more investigative work done. An issue that could arise is that it could have been written down wrong. They know some of the

information is inconsistent, so it requires more investigative work. They have seen logs with Santa Claus, 123 North Pole Street, Albemarle, NC. They know some of the information can be inconsistent and inaccurate in the handwritten logs so it requires more investigative work.

Representative Tolson asked if there is accurate training going on to make sure this stuff is logged right with the proper identification. Mr. Shaw stated that it varies from location to location. Obviously some stores do a tremendous job and others do not. There are issues of turnover, issues of complacency. If there is not a problem in that area then it is a matter of routine. Obviously moving forward to the electronic side of things where you are displaying their license will result in a much more accurate collection of data than handwritten.

Representative Tolson asked when the NPLeX system will be in effect. Mr. Shaw stated January 1<sup>st</sup>, 2012.

Representative Horn shared a quick story. He said that several months ago, a tow truck driver was called on a scene of an accident. He was told to bring 4 trucks. It turns out that a car that was stopped at a stop light, contained a one potter that blew up. That resulted in all the other cars around being affected. He asked how would you like to be on a Sunday drive with the windows down and the kids in the backseat and the car next to you blows up? It's a real serious issue.

Representative Stevens agreed that it is serious issue. Her parents several years ago were down in Swansboro and there was an arrest down there of a man and his wife and a baby riding around in a car with her making meth right between her legs. Police pulled up, they didn't have the hazmat suits and the SCB machines. It is a horribly deadly situation. Horrible for the child, for the parents, and the police officer and it was because they were driving.

Representative Horn stated that meth labs have been found in N.C. child care facilities.

Representative Faircloth stated that he had heard a news clip about urine being collected, recycled and used. He asked Mr. Shaw if he had heard anything about that. Mr. Shaw answered that had been around for a number of years. He stated that when you ingest methamphetamine it is not totally metabolized within your system, so some of it is excreted out through your urine. He has been to places in North Carolina where this is happening, people are collecting urine in 2 liter bottles. It is not common practice. The users boil off the evaporated urine and collect the residual methamphetamine that is left behind. It does happen, but because of the ease of manufacturing they do not see it happen often. It is a desperate last ditch effort for a person asking "how am I going to get the next methamphetamine", but it does illustrate the lengths they will go to get the drug.

Representative Faircloth asked another question. He stated with almost any criminal enterprise it requires more than one person. From the bicycle theft ring all the way up to the mafia. You can chart on the board what the whole organization looks like. Is there such a thing as a methamphetamine organization or is it so widely scattered and just so disorganized that you really can't say what it looks like.

Mr. Shaw answered no. There are absolutely, and Mr. Emerson alluded to it in the smurfing or going out and purchasing pseudoephedrine from multiple locations as groups with fake I.D.'s. About 18 months ago, the SBI participated with the Davidson County Sheriff's Department Investigation on a meth lab that had multiple people involved in it. They took that case and went and looped their pseudoephedrine arms around that county and adjacent counties. By the end of the investigation they were able to identify the people that were buying pseudoephedrine and bringing it back to the meth lab. They did this through statements, and through records. They were able to indict 35 people. Mr. Shaw summarized that the organization that was feeding that meth lab involved 35 different people. He answered yes. There is a conspiracy where the obtaining of pseudoephedrine is a driving factor in order to bring it back to a base line.

Representative Horn asked if there were any further questions. He stated the picture is clear. He introduced Lisa Kahl-Hillerich of Apriss, Inc, and expressed his appreciation for her being at the committee meeting.

**PRESENTATION** (power point presentation attached)

**National Precursor Log Exchange (NPLEX)**

**Lisa Kahl-Hillerich, Information Services Group Representative- Apriss, Inc.**

*Summary: Representative Horn introduced Lisa Kahl-Hillerich, Information Services Group Representative for Apriss, Inc. Apriss is a privately managed 16 year old company headquartered in Louisville, KY. They develop public safety software that is used to work with thousands of federal, state and local criminal justice and pharmacy customers throughout 47 states. They developed The National Precursor Log Exchange, (NPLEX). A copy of Ms. Kahl-Hillerich's PowerPoint presentation (Attachment ----) is attached and made part of these minutes.*

*NPLEX will track pseudoephedrine sales nationwide with seamless interstate communication, and inter-retailer communication. All data is in one place and will block illegal pseudoephedrine purchases. NPLEX is no cost to states, law enforcement, or retailers. Over 30,000, (almost 50%) of retailers in the United States are using the NPLEX system. Seven new states have joined the NPLEX network in 2011 as mandated by new legislation. It has blocked over 1 million grams of precursor from being sold illegally YTD in 2011. NPLEX is real-time for retailers and law enforcement, and is web-based so no additional software or*

*hardware is needed. The pharmacy must have internet access. There are two ways to connect to the NPLeX system. Using a Web portal, and for larger chains that have integrated NPLeX, using their scanners. So when the pseudoephedrine is scanned, it automatically updates NPLeX. It protects consumer privacy while blocking criminal behavior and letting law enforcement clearly see suspects' activities. In the past two years, 16 states have passed legislation to use NPLeX to track pseudoephedrine purchase. The goal for Apriss is to have all 2600 North Carolina pharmacies participating by December 1, 2011, and enforce participation by January 1, 2012. Apriss will be traveling the state starting in November training retail locations and law enforcement agencies. The training will be completed by January 1, 2012.*

Representative Horn asked Lisa what the North Carolina Legislature needs to do to make this happen and ensure compliance. Her answer was awareness across the state for law enforcement to use it. They have implemented nine states so far, and it was fairly seam-less. The key is to create awareness and study results of the data. Apriss will be responsible for providing information to this committee on the state's blocking numbers and attempts to purchase pseudoephedrine.

Representative Guice asked a question regarding staffing. Will this program tax the police resources, and do you have those resources with the recent budget cuts? Van Shaw said he could only speak about the resources that the SBI had. They have six agents in North Carolina dedicated to responding and dismantling meth labs. The SBI is also working with local agencies too. They are trying to gear up for additional training.

Representative Guice stated that if we do not deal with the underlying addiction issue, the offenders will be back out there continuing to use meth.

Representative Tolson stated that the committee needs to look at all issues including cost to get the addicts off of meth.

Representative Horn stated that training dates on retail side and law enforcement side need to be set. Also, there is an option for web based training in case an officer cannot attend a training class in person. All officers will have access to training.

Representative Horn closed the meeting with restating the committee goal; "Rid North Carolina of methamphetamine use". He announced that the committee will meet again in December. The meeting was adjourned.

**Respectively submitted,**

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**Representative D. Craig Horn, Co-Chair Presiding    Laurie Payne, Committee Assistant**

**Representative John Faircloth, Co-Chair**

***NPLEX***

***THE NATIONAL PRECURSOR LOG EXCHANGE***

# BRIEF OVERVIEW OF APPRISS

- Privately Managed 16 Year old Company Headquartered in Louisville, KY
- Thousands of Federal, State and Local Criminal Justice & Pharmacy Customers throughout 47 States
- Other Programs include VINE and JusticeXchange



# **NPLEX**

- **Legislation Passed**
- **ALL data is in one database**
- **Seamless interstate communication**
- **Seamless inter-retailer communication**
- **Blocks illegal PSE purchases**
- **ONLY LE has comprehensive access, except for operational requirements by Appriss**
- **NO cost to states, LE, or retailers**

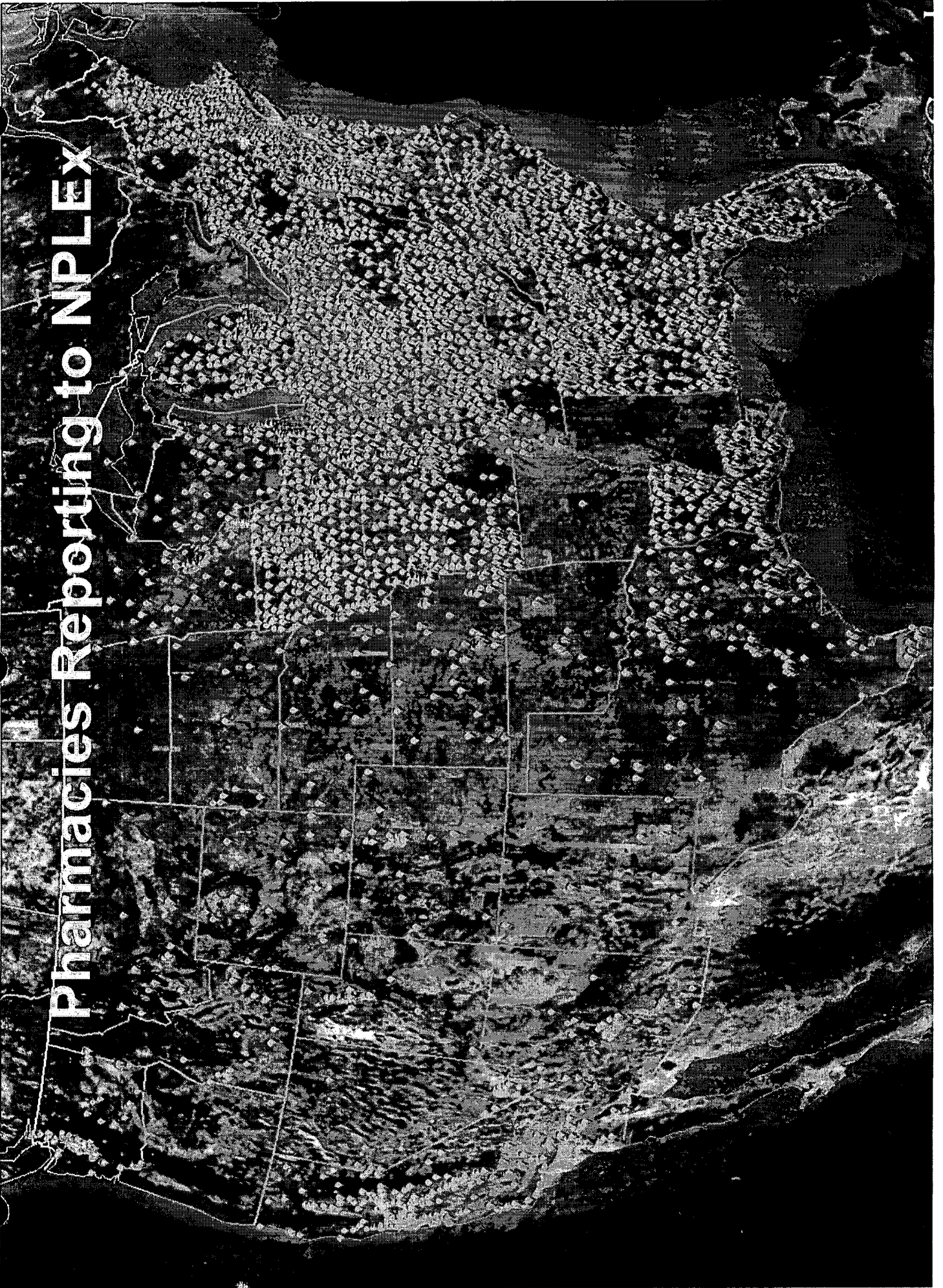


# **FACTS**

- 7 new states have joined the NPLEx network in 2011 by law
- NPLEx has blocked over 1 million grams of precursor from being sold illegally YTD in 2011
- NPLEx covers almost half of all PSE retailers in the US
- NPLEx is real-time for retailers and law enforcement
- NPLEx is web-based-no additional software or hardware is needed
- NPLEx is free of charge to states, government, and retailers
- NPLEx protects consumer privacy while blocking criminal behavior and letting law enforcement clearly see suspects' activities



# Pharmacies Reporting to NPLEX



# SUPPORT SERVICES

Everything is done for the state

- Administrative overhead is minimal
- Deployment
  - Retailers / Law Enforcement
  - Training
- Hosting
- Data Management
- Operation Support
  - Retailers / Law Enforcement
- Application Support
  - Feature Revisions
- Account Services
  - Billing / Tracking
  - Account Management
  - Large Retailer Support

## N-PLEX

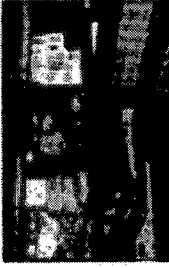
National Precursor  
Log Exchange



24X7 Live Operators



Technology  
Platform



24X7 Monitoring  
& Support



Engineering Staff

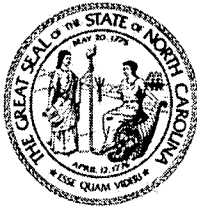
Technical Support Team

# **NPLEX IN NORTH CAROLINA**

- **HB 12 signed into law by Governor on 6/26/11**
- **Implementation meeting held with Appriss and SBI in August**
  - **Implementation Timeline**
    - **All 2600 Pharmacies participating 12/1/11**
    - **Enforcement 1/1/12**
    - **Training to start in November**
      - **Pharmacy**
      - **Law Enforcement**

# POINT OF CONTACT

**Lisa Kahl-Hillerich**  
**Appriss, Inc.**  
**502-815-3897 office**  
**lkahl@appriss.com**



## HOUSE SELECT COMMITTEE ON METHAMPHETAMINE ABUSE

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### AGENDA

Thursday, December 8, 2011  
Room 1228/1327, Legislative Building  
10:00 AM

### WELCOME AND INTRODUCTION

Rep. John Faircloth, Co-Chair, Presiding  
Rep. Craig Horn, Co-Chair

- **Approval of the minutes for the October 18, 2011 meeting of the Committee**
- **Dangers of Methamphetamine**
  - "Meth is Death" DVD
  - Holly Dye, Executive Director  
National Drug Endangered Children Training and Advocacy Center
- **Manufacture of Methamphetamine/Contamination Issues**
  - Ann Hamlin, Special Agent in Charge  
Drug Chemistry Section, State Bureau of Investigation (SBI)
  - Special Agent Van Shaw, Deputy Assistant Director  
Special Operations Division, SBI
  - Marilyn Parker, Industrial Hygiene Consultant  
Occupational & Environmental Epidemiology Branch, Division of Public  
Health, Department of Health and Human Services
- **National Precursor Log Exchange – Update (Special Agent Shaw)**

**Committee Discussion**

**Instructions to Staff**



## VISITOR REGISTRATION SHEET

House Select Committee on Methamphetamine Abuse    December 08, 2011

Name of Committee

Date

**VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK**

NAME	FIRM OR AGENCY AND ADDRESS
Les Hagan, Jr.	WATAUGA County SHERIFF'S OFFICE Boone, N.C.
Carlos Gutierrez	Chpa, Wash. D.C.
Andrew Cagle	NC Sheriffs' Assn.
John Emerson	HTDTA
Halley Phillips	NCDOJ
Jennifer Epperson	NCDOJ
Bill Bronson	DHHS - AMH/DW SAS
Fred Baggett	Police Chiefs Assn
Mina Shehee	DHHS - DPH - EPI
MEGAN DAVIES	DHHS - DPH
Andy Elle	NCRMA

# VISITOR REGISTRATION SHEET

House Select Committee on Methamphetamine Abuse    December 08, 2011

Name of Committee

Date

**VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK**

NAME

FIRM OR AGENCY AND ADDRESS

Elizabeth Robinson

NORMA

Jennifer Eggeron

NC DOJ

Ken Wright

BUSINESS

Ann L

me

Ann Davis

HW

Gary Robertson

AP

## **Minutes**

### **House Select Committee on Methamphetamine Abuse**

**Thursday, December 8, 2011  
Room 1228/1327, Legislative Building  
10:00 AM**

The House Select Committee on Methamphetamine Abuse met on Thursday, December 8, 2011 at 10:00 AM in Room 1228, Legislative Building.

Representative John Faircloth, Co-Chair, presided.

The following members were present:

Representative Craig D. Horn, Co-Chair  
Representative Tom Murry  
Representative Sarah Stevens  
Representative Mark Hollo

Representative Annie Mobley  
Representative Marian McLawhorn  
Representative Joe Tolson

Representative Faircloth presided. He welcomed the committee members, and thanked the Sergeant of Arms, Wayne Davis and Bob Rossi, for attending the meeting. He introduced legal staff, Hal Pell and Jennifer McGinnis and also the members of the committee. He thanked all the members for attending. Representative Faircloth reminded the Representatives to fill out their reimbursement forms and turn in before they leave.

Representative Faircloth stated that for this meeting they tried to break the information down into various interests in the methamphetamine enforcement situation. The goal was to visit the problem in a little more detail than what was addressed in the last committee meeting. He wanted the committee to get a feel for what is going on in the field, and what the law enforcement agents are finding. He stated that at the next meeting, the co-chairs intend to talk about prosecution, the court system, and some of the laws involved.

Representative Faircloth moved adoption of the minutes from the last meeting. The motion carried unanimously.

Representative Faircloth stated the first item on the agenda is a DVD, titled "Meth is Death." The DVD showed interviews with people who had been hooked on methamphetamine, had gotten off of it, and now were leading a normal life. Representative Faircloth advised the members of the committee that their packets contained a copy of the DVD.

### **PRESENTATIONS**

Representative Faircloth introduced Holly Dye, Executive Director of National Drug Endangered Children Training and Advocacy Center. Ms. Dye talked about how and why she became interested in helping drug endangered children. She began her career as a preschool teacher. She did developmental assessments on children prior to obtaining a job in a prison for a research project interviewing inmates. Many of the inmates there were for drug involved crimes, therefore capital crimes, violent crimes, and property crimes. Ms. Dye began to observe that the inmates were very emotional about their childhoods. She observed that most never had a childhood and they would cling to one positive memory. She

observed that many of them were raised in drug homes. Their first drug use was as a teen, and usually with a relative or family member who introduced them to that drug. Later in her career she worked in the foster care system with the drug court. Again, in a research and treatment capacity, she provided treatment to adults. Because of that experience, she became aware of what addicts do to cover up what they are doing to their children, and how to evade the law. She would get to know the children personally. Her breaking point came at indictment time when children, who had come to know and trust her, would see that she basically had to trick their parents into being arrested. From that experience, and the fact that these children were being ignored at home, she decided that she wanted to do something to help. This was in year 2000. Four years later while working in a health education job, she had an opportunity to move forward when methamphetamine use exploded in Kentucky. They were 3 toddler fatalities within a 2 month period. Each toddler was beaten to death. One child's body was thrown into a ravine. Within a week they had national attention in Kentucky. Ms. Dye stated that she wanted to give the committee an idea of her background so they would understand her involvement in the drug world as a treatment provider, as a care taker for children, and as an advocate for the children now.

Ms. Dye presented a power point presentation titled "Drug Endangered Children." A copy of the presentation (Attachment 1) is included in these minutes. "What is a drug endangered child? A child experiencing neglect, physical, emotional or sexual abuse that is attributed to illicit drug use, drug trafficking (or sales), or drug manufacture of prescription drugs, marijuana, cocaine, or methamphetamine by caregivers." Ms. Dye stated that it is not just methamphetamine that she is talking about, but she will address specific cases that resulted from meth use. From her perspective, it is all about the rescue. She warned the committee that some of the photos that they will see are a little graphic, but she wanted the members to see what she sees when working cases. They focus a lot on the babies, but children are used in sex acts. Their bodies are the currency that women use for drugs. They may leave their children with a drug dealer if they do not have money, with a promise to come back. The parents have no idea what is happening to their children when they leave them. Ms. Dye recently had a case where a child had 65 cigarette burns on their body. The drug dealer gave the child one cigarette burn for every day they were not paid. She showed the committee photos from a home that was manufacturing meth. In the photo you could see drugs, money, and examples of welfare fraud. Drug Endangered Children (DEC) actually began as a practice because of welfare fraud. Many crimes are occurring in these homes, not just drug use. DEC is asking the lawmakers to consider babies and child endangerment when they create drug policies in North Carolina. They want them to consider the parents and their ability to function and care for children. She used the example of how parents are using their children's diapers and diaper bags to traffic and to hide drugs so that people are not as suspecting of their behavior. It may look like a family taking a stroll through the park, but they are using a diaper bag or a stroller to hide their activities. Ms. Dye showed a photo of a baby's changing table that had a drug pipe on it which did not look much different than a rattle or baby bottle. She stated that if you did a swab of any area on the changing table, it would test positive for drugs. Drugs get into children's system through germal absorption, inhalation or through oral ingestion. Ms. Dye stated they are seeing a trend of parents "shot gunning" their children with marijuana smoke to get them to fall asleep so they will not disturb them while they are getting high. She commented that there is nothing more frustrating to a substance using parent than to try and enjoy a high with a toddler yelling and pulling at their leg. She showed a photo of a supervised visit with a new born who has neonatal abstinence syndrome. That is when a mother uses meth throughout her pregnancy and the baby is born with methamphetamine in their system. What results from this is the crash phase in which the infant sleeps a lot and is difficult to feed. They may have suck/swallow issues, but to an outsider they look like a good baby. The feedback the parents receive is that they are so lucky to have such a good baby. In reality the baby is born with dopamine depletion in their brain, which translates to depression. A baby cannot express depression except through sleep. They may be cranky, colicky, spit up a lot, and may be on multiple formulas. If pediatricians are not receiving this type of training they will miss this. That is why drug testing, prenatal drug testing, and drug testing at birth, is so critical to identify the needs of these newborns. As they get older they are very intolerant to touching their face, and they

are always thirsty. Ms. Dye noted that the parents appear to be impaired a lot time when they have to go to court. Their normal is under the influence of some kind of drug, such as pills. She reiterated that they commonly see children's bodies being used to fund their parent's drug use.

The progression of drug addiction will be to eat and drink first, so you will first see edibles being put into coffee or mountain dew. Snorting will be second. The most popular way to use meth is to smoke it. Once someone injects it, they have a 99% chance of using meth again. A major concern for children is that parents want to share the most important thing in their life which is drugs. So they will let their children use drugs with them. Ms. Dye stated that she has had parents tell her that it is the only way their children will eat. It is because using drugs is the only way the parents will eat. If they can get off of meth for a little while and smoke marijuana it will stimulate their appetite. If a parent hears from a physician that their baby is failing to thrive, or they hear from a friend that you better not let your baby fail to thrive, they are going to expose their children to marijuana. The trend is to shot gun marijuana to the toddler to make them hungry.

The meth use cycle starts with the binge period, which is 1 – 14 days. During this time there is a concern about neglect, and sexual abuse, but not necessarily by a parent, but other people who are in the home using. The sexual appetite is extremely heightened during the binge phase. There is concern because no one in the drug world uses a full name. When they interview children they will refer to someone as "Uncle Whoever," users do not give their real names. This makes it very difficult to determine who is responsible for what happens regarding endangerment to the children. The tweaking phase is when the person is unable to get any more high than they already are. It does not matter what they using, they are tweaking. Paranoia falls under this phase. The crash phase is the phase that children describe with chilling accuracy. An example given to Ms. Dye by a child was that her father was asleep on the lawn for two days, and her mother would not call the police. She told her that they thought he was dead, but did not want law enforcement to be involved. The crash phase is almost like a semi-comatose state. This is also observed in children who are environmentally exposed. About 85-90 % of children will test positive for methamphetamine if it is used or manufactured in their home. They have teachers reporting that they cannot wake children up during class. A drug related child abuse case includes children present as part of a drug related crime. This would be classified as burglary, forced participation in shoplifting, domestic violence, property crime, and smurfing, which is where groups go around different pharmacies and buy pills. Also included are going to methadone clinics, being around guns, bombs, and child pornography. She stated they are concerned about forced participation in illegal activities. An example she used is having 3- 5 year old children knowing how to clean dirty drug needles. These small children are coached on how to talk to the police. They know how to talk to social workers, and know how to answer certain questions. The children experience a lot of health problems such as different lung diseases that may or may not be associated to the exposure of methamphetamine use or manufacture. DEC typically sees delays in treatment for injuries or lack of treatment for injuries in children. Parents will withdraw their children from school to home school if people start to suspect drug use in the home. Ms. Dye suggested that legislation should be considered for home school monitoring visits. She stated that children typically take on the adult role. She talked about a condition called conversion disorder. This is defined in children as a mimicking effect of a severe medical issue which can be brought on as a trauma response to seeing an offender, or learning they have to return home to an abusive parent. It is so important for each child to have a medical exam when they are removed from the home, and also make sure they are not given to a relative that may be as equally involved in using drugs are as abusive. DEC did a county study and found that 66 % of the children seen in that county's sexual abuse clinic had a sexually transmitted infection, and 84 % of those were from homes where the children had been traded for drugs. Again, they are the currency. Why young children? She answered because they do not talk. The sexual appetite is insatiable for a meth user. Children will have nightmares about the loud noises in their homes, and they fear that their parents will be shot and killed. Older children are forced to try meth so they will have a secret and be less likely to tell on their parents. Sometimes the most dangerous thing a child can do is ask

for help. Ms. Dye emphasized that lawmakers need to make sure that investigative policies are considerate of the children, because they cannot get in a car and leave. They are unable to protect themselves. The Department of Homeland Security has made drug endangered children their priority for 2012. They have agreed to make free training available to rural law enforcement agencies. The training request can be made through the rural policing institute, or through the federal law enforcement training center. Again, Ms. Dye asked that the legislators consider the children when moving forward with drug policies.

Representative Stevens asked Ms. Dye if there is model legislation that other states have done that she could share with the committee. She stated yes, but it was on her computer. She would email it to Hal Pell. Representative Faircloth commented that it was an alarming presentation. He and Representative Horn felt that it was very important that children be considered because they are the unwilling participants in the whole drug society. Representative Tolson asked if there was any feedback on the education program. Ms. Dye answered that they have had great results on the number of children that had been rescued. Representative Tolson asked if the education program is keeping the young people from ever trying meth, and how broad is their education program now. Ms. Dye answered that they train the professionals. Representative Horn asked Ms. Dye if there was any legislation in her jurisdiction regarding the testing and reporting of babies born with addiction. She answered that it is the most contentious legal issue because of the whole abortion debate, and civil rights action. In Kentucky there is a law that has worked well. It states that pregnant women who are arrested for any crime will be drug tested at the jail. If they are convicted of a crime they will remain in jail until they can be transferred to a treatment facility, or the woman delivers a drug free baby. She will then have the option of going to treatment. She stated that it has been a very effective law. The women who have delivered drug free babies have no complaints about it. However, there are other groups who have significant issues with it. Representative Horn asked if we could have a similar law in North Carolina. Hal Pell answered he would check into that. Representative Horn asked what does North Carolina do for drug endangered children, does the state have an act. Hal Pell was going to check and report back to the committee. Representative McLawhorn stated that she is curious about the curriculum in North Carolina. She asked for information on the states drug prevention curriculum. She knows DPI has something that is used as a prevention method that shows exposure to the drugs that are out there. Is it used in middle school? Representative McLawhorn commented that she would like to know where meth fits into that prevention model, and are teachers trained on how to recognize the symptoms of drug use. Representative McLawhorn commented that Ms. Dye mentioned something about the checklist that hospitals use to see if babies are on drugs. Are North Carolina hospitals using something similar to that or is it the pediatrician's responsibility to follow up. Ms. Dye answered that it is the responsibility of the emergency room. If a drug bust occurs and children are in the home at the time of the bust, they should be taken to the hospital and tested for drug use. Representative McLawhorn commented that she was bothered by home schooling being used as a method to isolate children, and she is not sure who monitors the state's home schools. Holly advised that would fall under Truancy Court. Representative Stevens asked if teachers have a child that is removed from school, do they contact social services to check the home school situation. Representative Stevens suggested that if we amend the Chapter 50 statute to state that if a relative suspects there is drug use in the home, then that is sufficient enough evidence for that relative to fight for custody. She commented that this would help get the children out of the home before it becomes a bad situation. She stated that "unfit" is very hard to define. Representative Stevens, an attorney, has had grandparents come forward, but not able to prove drug use by the parents. Ms. Dye stated another thing that can be implemented in the jails is the PSI, pre-sentencing interview, to screen the children. This would ensure they are not home alone or with an unsafe individual. This should be easy for the legislators to implement. Representative Stevens commented that the legislature passed a law last term stating law enforcement cannot make an arrest and leave a minor assigned with anyone under 18 years old.

Representative Faircloth asked if there were any other questions for Ms. Dye. He thanked her for her presentation. He stated that we will have staff look into some of the questions that were asked.

Representative Faircloth announced we would be moving to the next item on the agenda that addresses the manufacture of Methamphetamine and contamination issues. He introduced Ann Hamlin, Special Agent in Charge with the Drug Chemistry Section of the State Bureau of Investigation (SBI).

Agent Hamlin introduced herself as the Special Agent in Charge of the Drug Chemistry and Toxicology Section of the North Carolina State Crime Lab. She also coordinates the chemist response to the CLAN labs throughout the state. A copy of her presentation (Attachment 2) is included in these minutes.

Agent Hamlin stated there are really two general ways to manufacture methamphetamine. One utilizes a match book strike or plates which is called the red phosphorous method. The other method is what they call the not fear birch method. That uses condensed ammonia or some form of anhydrous ammonia. She stated that more recently they have started seeing a variation to that method called the shake and bake, or the one pot method. They are seeing a lot of these clan labs throughout the entire state. Most of the labs out west seem to be shake and bake and one pot. North Carolina sees about 30 % shake and bake / one pot methods in the East, and about 30 % red phosphorous and 30% actually condensed ammonia, where they have an additional step of making the ammonia before they can actually do the cook. Agent Hamlin stated that she would like to share with us the details of the shake and bake or the one pot method. It is a version of the ammonia or the nazi method of manufacturing, and it produces ammonia and performs the actual meth cook in the same container. It is usually a very small container that may be plastic or glass, and it must have a lid so it can create the pressure to help the cook go along and move the reaction a little faster. Most meth cooks use about two boxes of pseudoephedrine for a Gatorade sized bottle. She quoted a defendant from a meth arrest that said his recipe was ½ cup of fertilizer, ¼ cup of Lye, and the insides of 2 lithium batteries. The amounts that result from a one pot cook are more for a single user. They are not trying to make large amounts of meth to sell for money. It is more for personal use. Therefore they make a quick batch using the shake and bake or one pot. She stated that it is very easy to cut open batteries, take out the lithium strip, tear it apart, and put in a Gatorade bottle with the other associated ingredients. The other important ingredients are fertilizer and lye (sodium hydroxide). The fertilizer contains the ammonium nitrate that is necessary for the reaction to occur. Agent Hamlin said they are also starting to see a simple form of the fertilizer, the ammonium nitrate, in the cold compress packs. Meth cooks have a lot of time on their hands. They are always looking for short cuts that make things easier and more convenient. They are now using the cold compresses for the source of their ammonium nitrate pellets. They usually have 2 plastic bags in the cold compresses. One contains the pellets, and the other contains the water which can also be used in the reaction. It appears to be more common in Western North Carolina to see the cold packs at a meth lab because the large bags of fertilizer are not as readily available as they are in the Eastern part of the state. After viewing a photograph in Agent Hamlin's presentation, Representative Stevens asked what part does a meth user use to get high? What comes out of the bottle? Agent Hamlin answered that the bottle produces a user amount. It depends on how much pseudoephedrine they use. 92 % of the amount of pseudoephedrine used will turn into methamphetamine. They combine all the ingredients into a bottle and they shake it. They have to release the pressure periodically. When the cook puts the Coleman fuel in, it converts to meth. If they use ammonia, which is a base, than that meth base if going to go into the Coleman fuel, which is sitting at the top. When the reaction is over they pour off that liquid which contains the methamphetamine. At that point, they have one more step that involves a hydrogen chloride gas generator. They take another soda bottle and fill it up with salt and acid which will start to generate HCL gas. They cut a hole in the top of the soda cap and run a plastic tube into the liquid. As the HCL gas runs through the tube it is turning the meth from a base to a salt. You can see flecks precipitate out of the liquid which is the methamphetamine. That is then poured into a coffee filter. The solid material stays on top and the liquid

goes to the bottom. The cook will salt it out a couple of time to ensure they get all of the meth. Agent Hamlin commented that it is a pretty simple process.

Representative McLawhorn asked for clarification about potential explosions. Are they caused by the combination of the gases, and not by a fire that is lit for the cooking process? Agent Hamlin answered that it is not from a fire that is lit. An explosion can occur because of the increasing amount of pressure and the volatile materials that are used to make meth. She said that when the SBI is done processing a meth lab, they lay everything out on the front lawn where they can begin their sampling. Years ago there used to be a lot more to the meth labs because of the different red phosphorous that was used. There were a lot more materials being used. Agent Hamlin's slide presentation showed how simplistic the one pots are. She commented that there really is not much to it. You get a couple of ingredients, put them in a bottle, shake it up, salt it off and you are done. The popularity of this method is rapidly increasing in North Carolina. Representative McLawhorn asked how long the process takes to complete. Agent Hamlin answered about 30 minutes to an hour. She followed up stating that it also depends on the amount of materials they use determines how long the reaction is going to take to completion. She showed a photo that addresses the danger of lithium. It is very water reactive. When you remove a lithium strip from a battery you are supposed to place it in an organic solvent or oil so it will not come in contact with water. If it does it can ignite and explode. Representative Stevens commented that it has been stated that making meth in a one pot is simple, but it looks like a complicated process to her. Agent Hamlin commented that it is actually easier than baking a batch of cookies. You do not have to measure anything and the cooks have a lot of time on their hands with nothing else to do. Their life revolves around drugs and methamphetamine. Representative Tolson asked if individual users making their own meth for personal use is a larger problem than someone that is making it to sell. Agent Hamlin answered individual users.

Representative Faircloth asked if there any other questions. He thanked Agent Hamlin for her presentation.

To address more issues regarding manufacturing meth and contamination issues, Representative Faircloth introduced Assistant Special Agent in Charge, Todd Duke of the SBI. He was at the committee meeting to speak in place of Special Agent Van Shaw, who missed the meeting due to a family emergency. Agent Duke thanked the committee for having him. He is in charge of the meth lab unit, the CLAN response program for the SBI. Agent Duke stated that he had been with the SBI for 14 years, the last 11 years he has been investigating meth labs. He was certified in 2000, has been on their SWAT team for 10 years, and has done entries and worked labs all over the state for the last 11 years. His presentation was about the response protocol. What happens when a local agency jurisdiction, such as a sheriff's office, or a police department locates a meth lab. What is the process they go through to investigate the meth lab, respond to it, and prosecute that lab? A copy of the presentation (Attachment 3) is included in these minutes.

When a Methamphetamine Laboratory is discovered by a law enforcement agency, the SBI District Field office for that area is contacted and a request is made for assistance from the Clandestine Laboratory Response Program. An agent with the Clandestine Laboratory Response Program then coordinates the response for the processing of the scene. This includes a crime laboratory chemist, crime scene personnel, and additional trained law enforcement officers that are needed based on the size of the laboratory operation. The Clandestine Laboratory Response Program agent will serve as the site safety officers as required by federal regulations and provide all necessary personal protective equipment to safely process the crime scene. After the crime scene is processed and evidence samples are collected, the site safety officer will assist in the coordination of a commercial contractor to dispose of those items of evidence that are deemed hazardous and cannot be placed into conventional evidence holding facilities. This process can take an hour to work a lab, or it can take 8 hours to work a lab. A lot is determined by

the conditions they are working under, how big the lab is, how spread out it is, and the area that they have to search. It takes several people that are certified to search the whole area to bring all the stuff together in one spot so the lab can be processed. At the completion of all crime scene operations, the residence or structure will be posted by the Site Safety officer with a written warning that states "while known hazardous chemicals have been disposed of pursuant to law, there still may be hazardous substances or waste products on the property." Evidence samples are taken to the crime laboratory for analysis and confirmation of the manufacturing process by a forensic chemist. The Clandestine Laboratory Response Program will notify the property owner by registered mail that a clandestine drug laboratory was located on their property and the associated hazardous related to that discovery. The local Health Department is also notified by telephone and letter of the location of the drug laboratory and the date it was discovered. Additional information related to specific chemicals identified at the scene is also available to the property owner and the Health Department upon request. Other information related to injuries and exposure is shared with the N. C. Department of Health and Human Services. If an officer is injured at a lab or someone is injured while working a lab, it is tracked by Health and Human Services, and by the SBI's Clan lab program. The lab discovery is also entered into the El Paso Intelligence Center's Clandestine Laboratory Database for national tracking of drug lab events. This department enters every lab that they find into this database, the suspects, and all the information related to that lab. So it is tracked and there is a record of it forever nationwide. That is how they track what kind of labs, who was there, if associates are there, and anybody in the law enforcement community that is working labs can access that information. It is maintained forever. They also collect information on the certified personnel that are working that lab. They do what is called an exposure report on everyone from the chemist to the agents and officers that are working the lab. Response personnel information is collected for the Medical Surveillance Program to track exposures to known hazardous chemicals and environments. Before you are certified to work in a lab, you have to have a physical where they do a baseline medical surveillance physical. You have to be deemed healthy enough to put on the respirators, to put on all the stuff to work in this environment. Every 30 meth labs or 3 years, they have to have a follow up physical where they take blood work and check the agent's liver functions. They want to make sure that any of the level of toxins in their system does not go up to a certain level that can damage their liver. The chemicals biocumalate in their body over a period of time. That is why they do the best they can to limit the exposure on themselves to this stuff and the SBI monitors medically. This is the process that they go through when they respond to labs.

Agent Duke asked if there any questions. Representative Mobley asked when a lab is discovered, do they notify the Health Department? Agent Duke answered yes. She asked if they find that there are children do they notify the Department of Social Services. He answered yes. He commented that they are careful, even if there are no children they still notify and they document that with photographic evidence.

Representative McLawhorn stated she had read an article about how to tell if your home was a former meth lab. If a landlord finds out that their property has been used for the manufacturing of meth, she believed the article stated that it was about \$2500.00 to clean-up. Does the landlord receive a certified letter? Agent Duke answered yes. Representative McLawhorn asked what about the cleanup process that they have to go through. The article she read stated that the homeowner had done the clean-up themselves, but when the home was inspected it was not decontaminated. She asked Agent Duke to explain that process. He stated that the process is between the Health Department and the homeowner. The SBI is not in the middle of that process. There is no statutory authority stating what you have to do as the property owner. They have to satisfy the health department that they have remediated that property to the satisfaction of the local health department, and the health department has to say it can be reoccupied. Representative McLawhorn brought up that Agent Duke has stated that they post notices all over. He confirmed that they post a notice stating that there was a meth lab at that location. They do all that they can to pull everything out that is contaminated, but there still could be contamination or dangerous chemicals in the property.

Representative Stevens asked if it is only one shake and bake bottle do they still post that to the national registry. Agent Duke answered yes. He commented one bottle or a huge red phosphorous lab is all the same thing as far as notification goes and as far as the SBI goes about processing. One shake and bake bottle can kill a person. They go about the same steps and process regardless if it is a small lab in a car, or thrown out on the side of the road, or if it is a large lab in a building. Representative Stevens followed up by asking if the national registry is easy to access by which counties or cities are hit. Agent Duke advised that the registry will give you the address, but he does not believe it has any details regarding what type of lab was discovered. It gives county, city, address, and the date.

Representative Horn commented that he had been on the national registry site. He stated it does give you all the details, and is fairly easy to get to. He found 30 North Carolina places listed on it the last time he checked. Representative Horn asked Agent Duke how long they are required to post a meth lab. Agent Duke answered that they post it, but how long the posting stays up is up to the homeowner. He shared a story about posting a notice on a door when he worked a lab in a Greensboro hotel. When he left the post was on the door of the room. Three minutes later he circled through the parking lot and the hotel owner was trying to scrape it off the door. Agent Duke advised him that he could not do that, and he would have to satisfy the health department that the room could be reoccupied. Agent Duke commented that he could not stay in the parking lot and watch the hotel owner. Unfortunately, it is up to the homeowner as to how long it stays. Representative Horn asked who was paying for all this. Agent Duke answered that as far as the response, it is the state of North Carolina that pays for the SBI response and the chemist response. The cleanup which consist of where they take the samples and pulling everything out of the residence, is on the local municipality, whether it is a city or a county. Whoever locates the meth lab becomes the responsible party, they become the generator of the waste, meaning they own that waste. So they have to pay the contractor for the cleanup of that waste. Representative Horn asked who decides on which contractor is called. Agent Duke answered whoever is paying for it decides. Representative Horn asked if there is a certification process for that contractor. He clarified by asking if they know that it is not just a company such as Merry Maids. Agent Duke answered no. Representative Horn asked if there is a requirement for a follow-up test for residual toxins after the cleanup has been done. Agent Duke answered no. There is no requirement for a residual test for toxins to be done by the health department, but it is a recommendation.

Representative Tolson confirmed that he understood that there is no penalty for removing the posting. Agent Duke confirmed that he was correct. Representative Tolson suggested that be an issue that the committee addresses in the future. He asked if the facility is cleared by the health department do they need to sign off. Agent Duke answered yes.

Representative Mobley asked if North Carolina has had any agents or officers who have been killed or injured as a result of a meth lab. If so, did it end in any monies having to be paid out by the state? Agent Duke answered that they track officer injuries. A Winston Salem officer was injured in October 2011 going through garbage at a hotel when an HCL gas generator went off on him. He received HCL gas burns. As far as monies being paid out for severe injuries, Agent Duke was not aware of any to law enforcement. He said they average 8 to 12 law enforcement injuries a year related to meth labs. An example could be an officer that stops a car with a rolling one pot in it that gets injured by some gases; or, it could be as simple as an officer having a heat stroke working a lab on a very hot day in the encapsulated suit. They do track and document those injuries. Representative Mobley followed up with a confirmation that there have been no deaths to his knowledge and he answered that she was correct.

Representative Tolson asked how firemen are alerted. If the fire is from a lab explosion, are they trained to recognize a meth lab? Agent Duke answered that one of the responsibilities they do in their unit is awareness training or education with EMS personnel, social services personnel, and with fire

departments, and volunteer fire fighters. The SBI conducts between 2 and 4 hour awareness talks to these people. It teaches them to be aware of the things to look for when they are responding. The SBI is continually educating these people on Meth labs. Representative Tolson commented that the committee needs to touch base with fire and rescue to be sure that these things are discussed. Agent Duke said he has given many presentations to EMS students.

Representative Mobley referenced the presentation by Agent Hamlin that showed how flammable lithium is if doused with water. She asked if firefighters had an alternative to using water. Agent Duke said it depends on the type of meth that is being cooked. The red phosphorus method does not use lithium. The one pot and the nazi method do use lithium. He stated that 85 to 90% of the labs they are working are the one pot labs. They used to be found more in the western part of the state, but now they are being located often in the eastern part of the state. The one pot labs are quickly becoming popular.

Representative Horn asked if fireman personnel are required to train, or is it up to the Chief to determine the training. Agent Duke answered that it is not a requirement. It is up to the Chief or training officer. Representative Horn followed up by asking how many labs had been found as of that day. Agent Duke answered as of the morning of the committee meeting, December 8, 2011, there had been 317 labs discovered. Representative Horn noted that North Carolina had exceeded the projection of 300 for the year.

Representative Faircloth asked if there were any other questions for Agent Duke. He thanked him for the presentation.

Representative Faircloth introduced the next speaker, Marilyn Parker, one of the Industrial Hygienist with the State Division of Public Health and DHHS. Her presentation addressed what happens in the later stages of a meth lab discovery. A copy of the presentation (Attachment 4) is included in these minutes.

Ms. Parker shared with the committee that she became involved in the late 90's because they started noticing a trend, especially on the West Coast, of methamphetamine injuries, and an increase in the amount of meth labs popping up. It was starting to move across the country.

Ms. Parker stated that sometimes people become confused when referring to clean up and post decontamination. Clean up is really the removal of bulk chemicals, not the residual that may be left behind in a house or property. How dangerous can it be? It can be very dangerous since someone has actually cooked the product. After a lab has been busted, how dangerous a place is depends on how they cooked the meth, what kind of method was used and how sloppy was the cook. You have corrosives, flammables, and other things that are not supposed to be stirred together. You have things in containers that are not supposed to be in those types of containers. These things are also stored in cabinets and refrigerators with food. There is equipment being used that is not meant to be used to make meth, for example a coffee pot. There have been limitations on setting a standard on how to determine if a house is clean. The reason for this is detection limit of the equipment that would be used. Is it even feasible to do the testing? The trend from 2004 is to be conservative to protect people's health, primarily children's exposure. There has been a lot of research and some work in calculating a risk based standard. In 2004, Minnesota conducted studies where they were given permission to go into a meth lab house and do some testing. They cut out pieces of sheet rock. They found meth on it. It was on the paint. They peeled that layer off and tested again, and found meth. They peeled off another layer and also found meth. They went behind the wall and also found meth. They determined it went through light switches and outlets. They did test to see how far up the wall it went. More research was conducted on the type of cook, what kind of walls does meth penetrate more easily, meaning painted wall, concrete wall, block wall, etc. What materials on walls will prevent meth remains not to come back and reduce exposure? Another study was conducted on the amount of meth that is found on people when they come out of a meth lab.

Children, law enforcement, and pets did have some sort of contamination on their bodies. Another study was looking at contamination and how it migrated through a property. They wanted to see if it was just surface contamination and/or airborne contamination. During the cook, there was no activity: 520 – 760  $\mu\text{g}/\text{m}^3$ ). Then 13 Hours after the cook they went in and took some air samples and there was less than there was when they were actually cooking: 70 – 117  $\mu\text{g}/\text{m}^3$ . With medium activity in the room, 16 hours after the cook: 107 – 170  $\mu\text{g}/\text{m}^3$ . Medium activity was classified as walking around the room, opening and closing cabinets, sitting on the furniture. Notice the levels were higher. With heavy activity, 18 hours after the cook: 100 – 210  $\mu\text{g}/\text{m}^3$ . Heavy activity consisted of vacuuming, people jumping up and down on the furniture like children would do. They had people crawling around on the floor. With more aggressive activities, you could see the level of meth in the air increased. Marilyn raised the question on how to get rid of it on your clothing. Does the washing machine really work? Meth is very water soluble. Using a normal washing machine, with warm water and Cold Water Tide®, a Denim cloth washed one time became 99.4% clean. A cotton blanket washed one time became 99.8% clean. A test was done simulating smoking meth in a motel room. Contamination from smoking meth resulted in airborne levels of 300-1,600  $\mu\text{g}/\text{m}^3$ . Surface areas were up to 35  $\mu\text{g}/\text{cm}^2$ . Levels may be less if meth was inhaled. California was given a mandate by their legislature to develop a reference dose (RfD) for methamphetamine, to see how much would be safe or acceptable, meaning where you will not see the effects from the exposure of meth to the children. The document they developed is called “Assessment of Children’s Exposure to Surface Methamphetamine Residues in Former Clandestine Methamphetamine Labs, and Identification of a Risk-Based Cleanup Standard for Surface Methamphetamine Contamination.” This document is referring to the residual clean up once the bulk chemicals are gone. A lot of states are using a cleanup level of  $< 0.1 \mu\text{g}/100\text{cm}^2$  to  $0.5 \mu\text{g}/100\text{cm}^2$ . North Carolina does not have a cleanup level. The data from California is calculated at a risk-based target of  $1.5 \mu\text{g}/100\text{cm}^2$ . Since this came out in 2009, some states have changed their levels to 1.5. This is the North Carolina statute that was passed in 2005 to ensure that the property is reasonably safe for habitation; 130A-284. “For the protection of the public health, the Commission shall adopt rules establishing decontamination standards to ensure that a certain property is reasonably safe for habitation.” It also states that whoever is in charge of that property is required to comply with the rules. The rules state an owner, lessee, operator, or other person in control of a residence or place of business or any structure appurtenant to a residence or place of business, and who has knowledge that the property has been used for the manufacture of methamphetamine, shall comply with these rules. A copy of the rules (Attachment 5) is included in these minutes. The scope of the rules is to protect public health inside of re-occupied residences and places of business. There are no specific requirements for outdoor issues. It does not address other legal issues, such as personal effects left behind by the tenant. The local health department notifies the property owner. Prior to habitation, the responsible party is required to do a pre-decontamination assessment. Then they must decontaminate the property. They are required to document those activities, and submit documentation to the local health department. As far as decontamination, they need to follow pre-decontamination plan; ventilate before and after remediation (fans, open windows), machine washable porous items at least two times, and dispose of non-machine washable porous items. They need to dispose of carpeting, mattresses, upholstered furniture, that is located in the “cook” area and areas served by same HVAC system. Contamination can be dispersed all over the dwelling if there is one HVAC system. They need to replace filters, clean diffusers, grills and all nearby surfaces. They must clean non-porous ducts, and replace internally insulated ductwork. You would need to remove effected plumbing, and clean appliances not used in the manufacture of meth, and discard appliances used in manufacture and storage. After cleaning, completely remove and replace surfaces with visible contamination and/or staining. Clean ceilings, walls, floors and other non-porous materials. Scrub with household detergent, and rinse with clear water. Repeat this process twice. Coat ceilings and walls with non-water based paint after cleaning. For post-decontamination, the responsible party shall notify the local health department upon completion of decontamination process. They will need to provide a copy of the pre-decontamination assessment and documentation of decontamination activity to the local health department, and retain documentation for 3 years. The local health department will review the

documentation, notify the responsible party in writing if documentation is incomplete, and retain documentation for 3 years. The local health department may inspect prior to, during, or after decontamination to enforce these rules. If the dwelling is occupied without the required cleanup, it is a violation of GS 130A-25, which is a criminal misdemeanor. North Carolina guidelines include hazardous chemicals in illicit methamphetamine laboratories information, suggested contractor qualifications, pre-decontamination template, decontamination template, and additional resource materials. Ms. Parker stressed that the words clean up and decontamination can be confusing, they do not mean the same thing. The Methamphetamine Remediation Research Act of 2007 required the EPA to develop guidelines for the cleanup of methamphetamine labs. They are voluntary guidelines. North Carolina did have some input into these guidelines. The information can be found at <http://www.epa.gov/oem/methlab.htm>.

Representative Stevens asked Ms. Parker if there is some type of test that a homeowner can obtain to check for contamination in a house. She answered that there are tests available, such as a swab test, but a test like that will not determine if the contamination is from someone smoking meth, cooking meth, or both. There is another kind of test that you can mail into a laboratory, but most people would find the returned data difficult to interpret. There are instruments that can be used for a direct reading, but it will be difficult to check every item in a house.

Representative McLawhorn stated that she was bothered by the inspection process. Her concern is for someone going to live in a house that was used to cook meth. She asked Ms. Parker what she would like to see happen before the property can be cleared for use again. She answered that health department can follow up, but they are very busy. She stated that you can tell if things have been replaced like carpet, or the walls have been painted. You can ask for records proving the materials removed went to the dump. There are ways that it can be assessed to see if these things have been done. Just a visual is helpful. Currently Ms. Parker is part of a group that is working meth labs with the American Industrial Hygiene Association. They are looking at contamination levels and the best way to deal with that. Representative McLawhorn followed up by asking Ms. Parker if she would have recommendations for the committee that would help our legislators set guidelines or set policy by. She answered that the EPA is going to come up with recommendations for the entire country to use.

Representative Tolson asked Ms. Parker what needs to be done to assist the health departments, and law enforcement agencies with this issue. In other words, how do we clean the places so people can go in and live? She stated that she does believe that the properties can be adequately cleaned. She feels that the methods that we have in North Carolina are appropriate as far as painting, washing, and removal of the porous materials. She feels having someone follow up and make sure those things are actually done would be a plus.

Representative Stevens asked about the properties where a landlord or property owner is not aware of it being used as a meth lab. Ms. Parker stated that she does receive phone calls from people that move into a home and are later told by neighbors that a drug user use to live at that property.

Representative Tolson commented that we need to have a document that can be signed stating that the property is safe to live in.

Representative Faircloth asked if there were any other questions. He thanked Ms. Parker for her presentation and advised that he felt like we would be back in touch with her.

Representative Faircloth advised that the last item for discussion was an update on the National Precursor Log Exchange (NPLEx) by Agent Duke.

Agent Duke advised that the NPLeX tracking system is scheduled to be implemented on January 1, 2012. The training for law enforcement officers had been done. The SBI had conducted two training sessions on how to use the system, one in the eastern part of the state, and one in the western part. Letters had been sent to law enforcement agencies and pharmacies in North Carolina. The first letter advised the training was being scheduled, the second letter advised how to get their user name and password, and the online training schedule. Apriss, the company that developed the program, has a help desk available to answer any questions that pharmacies may have. Agent Duke stated that we were on track to be up and running on January 1, 2012.

Representative Horn asked Andy Ellen, of the NC Retail Merchants Association, if there were any issues that could delay this project from starting on January 1<sup>st</sup>. Mr. Ellen answered that they had been working on implementation of this since the legislation passed. The one issue that they were running into is with previous legislation that included electronic log wording. The statement at that time was about 4-5 lines long, therefore too many characters to fit in any point of sale system. In the 2006 fall session, they allowed for some sort of signing. The intent was for someone to knowingly not exceed the limit, by clicking on a block that reads "I Attest." Mr. Ellen felt like it was the understanding that the new system would replace the block that would have to be checked off. As of the date of the committee meeting, December 8, 2011, about 52% of North Carolina pharmacies were using NPLeX. Wal-Mart was scheduled to start the next week. The national chains like Walgreens, CVS, etc. were ready to turn it on, but they did not have to do the "I Attest" statements in any other state on their electronic log. Mr. Ellen stated that the programmers were running about 30 days behind trying to get the "I Attest" statement added on. All pharmacies will be up and running, but they may be lacking the "I Attest" block until their point of sale machine is updated. Mr. Ellen quoted some stats of how many blocks had occurred so far in North Carolina. In the 30 days leading up to the meeting, NPLeX had blocked 2834 transactions. At that point it was not required by law. That accounted for 7500 grams of pseudoephedrine, roughly 3600 boxes that were not sold because the NPLeX system was in effect early.

Representative Horn asked Mr. Bronson, Program Manager for the Drug Controlling Unit with the Department of Health and Human Services Division of Mental Health, if he had any reason to believe that this will not be implemented January 1. He stated that initially when the law was passed their interpretation was that NC would have to abide by the old requirements and the new requirements. He stated that he did not believe that the SBI or law enforcement agency would arrest a pharmacy for not having the required language. He commented that it is not what the log is about. It is about stopping improper pseudoephedrine sales. Mr. Bronson did not see it as a roadblock, but there is a potential conflict which could be resolved with future legislation.

Representative Tolson asked Agent Duke if he felt like the smaller law enforcement communities had adequate training. Agent Duke answered every department had been notified on how to use the system, how to log on, and how to obtain a user name and password. Agent Duke is the system administrator for the state. Every law enforcement officer that requested an account was done so through him. Apriss does webinars where they provide web based training for the officers. Agent Duke stated that it does not matter if it is a 1-2 person agency or a 2000 person agency; the training is there for the officers to go through.

Representative Faircloth introduced Fred Baggett, the Legislative Counsel for North Carolina Association of Chiefs of Police. Mr. Baggett confirmed that law enforcement had been made aware of this system and legislation. He said they have an annual conference coming up in March, and they will remind them at the conference.

Lynn Hagelman from the Watauga County Sheriff's office was introduced. He told the committee that as a part of their in service training, every deputy is trained to recognize signs of a potential meth lab.

They are the front line people that will be exposed. He stated that the NPLeX system is working. Some statistics he shared showed that 57% of their smurfers are from Tennessee. Tennessee statistics state that 57% of smurfers are from North Carolina. He feels that the NPLeX system is working and is appreciative of the legislation that was passed.

Representative Horn stated that the committee may have gotten a little off track by addressing residual contamination in homes and how that applies under their charge. He had spoken to Speaker Tillis and requested to modify the committee's charge so they get a jump on that issue. He wanted to clarify that the committee will be expanding their scope to deal with some of these specific problems.

Representative Murry asked how many pharmacies had actually signed up and gone for training as December 8, 2011. Andy Ellis answered there was 52% of roughly 2000 pharmacies in North Carolina. That percentage included outpatient hospitals, and nursing homes. Mr. Ellis reiterated that once Wal-Mart came online it should increase to over 60%. Even the pharmacies that do not sell pseudoephedrine have to go onto the system and state they do not sell it. Representative Murry commented that he had to do that at his pharmacy. Representative Murry stated that not every point of sale system is integrated with the pharmacy system. He challenged everyone to go to a pharmacy and purchase pseudoephedrine between that day and January 1<sup>st</sup>. Then try to purchase it again after January 1<sup>st</sup>. He also suggested that everyone should try and purchase pseudoephedrine before January 1<sup>st</sup> from a couple of different pharmacies. It would be a good test market. Representative Murry also suggested that the committee members try to buy a lot of it.

With there being no further business, the meeting adjourned at 12:30PM.

Respectively submitted,

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Representative John Faircloth, Co-Chair Presiding

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Becky Bauerband, Committee Assistant

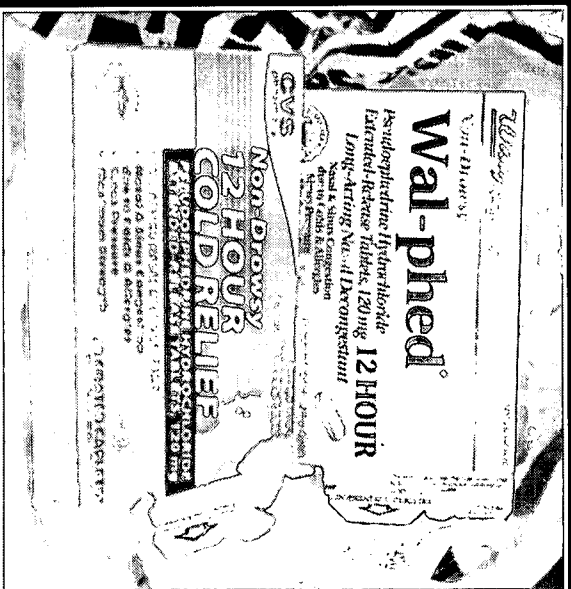
Representative Craig Horn, Co-Chair

# “Shake & Bake” or “One Pot” Meth Labs

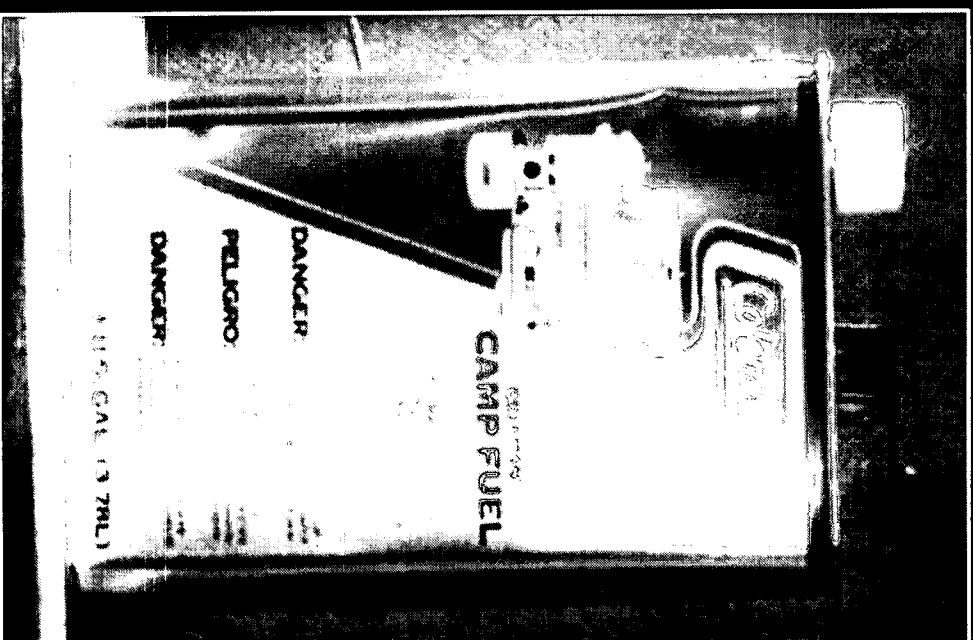
- A version of the Ammonia (Nazi) method of manufacturing.
- Produce ammonia and perform the “cook” in same container.
- The container may be a plastic or glass bottle with a lid.
- Most meth cooks use 2 boxes of pseudoephedrine for a Gatorade size bottle.
- One federal defendant’s recipe is ½ cup fertilizer, ¼ cup of lye, and 2 batteries.



# Ingredients needed:



Pseudoephedrine  
tablets, Lithium metal,  
Coleman fuel \*



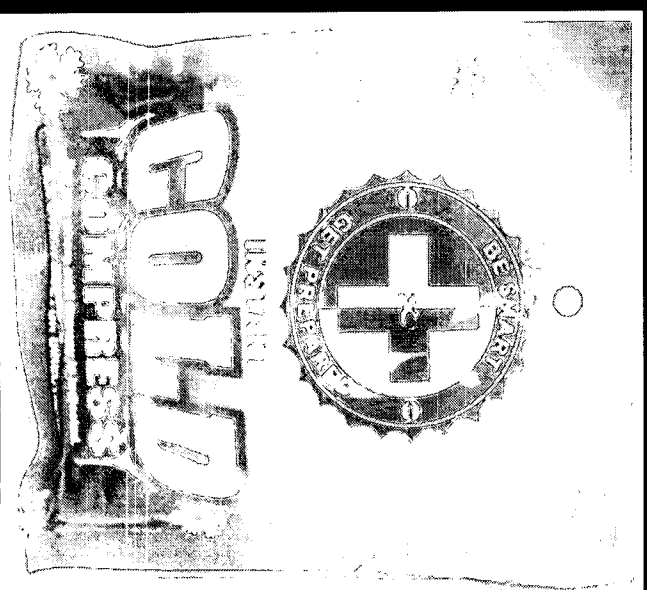
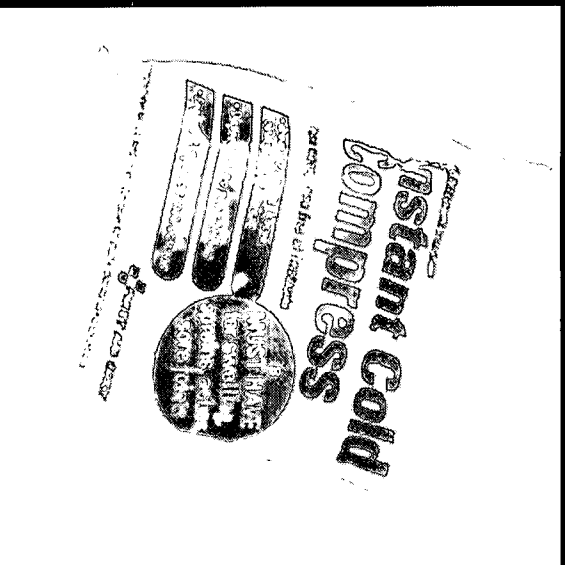
*Ingredients needed:*

*Ammonium Nitrate  
fertilizer pellets and lye  
granular drain opener*



# We are also seeing.....

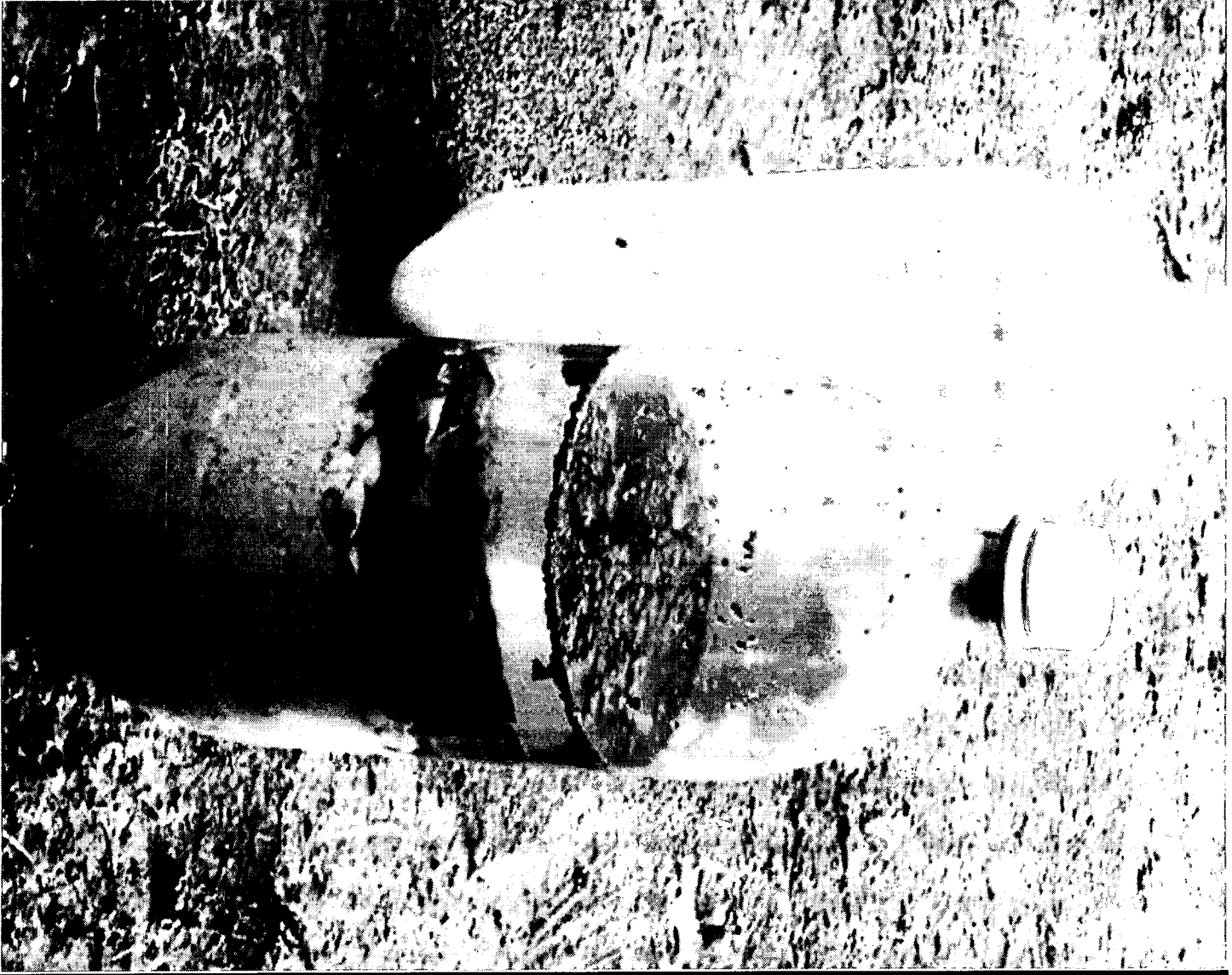
- ✓ *Instant cold compress packs* as a source for ammonium nitrate pellets.
- ✓ Instant cold packs have two bags in them; one bag contains water, and the second bag contains ammonium nitrate pellets.
- ✓ Seem to be more common in Western NC, due to less availability of ammonium nitrate in 50 pound bags.



*Wilson  
County  
June, 2009*



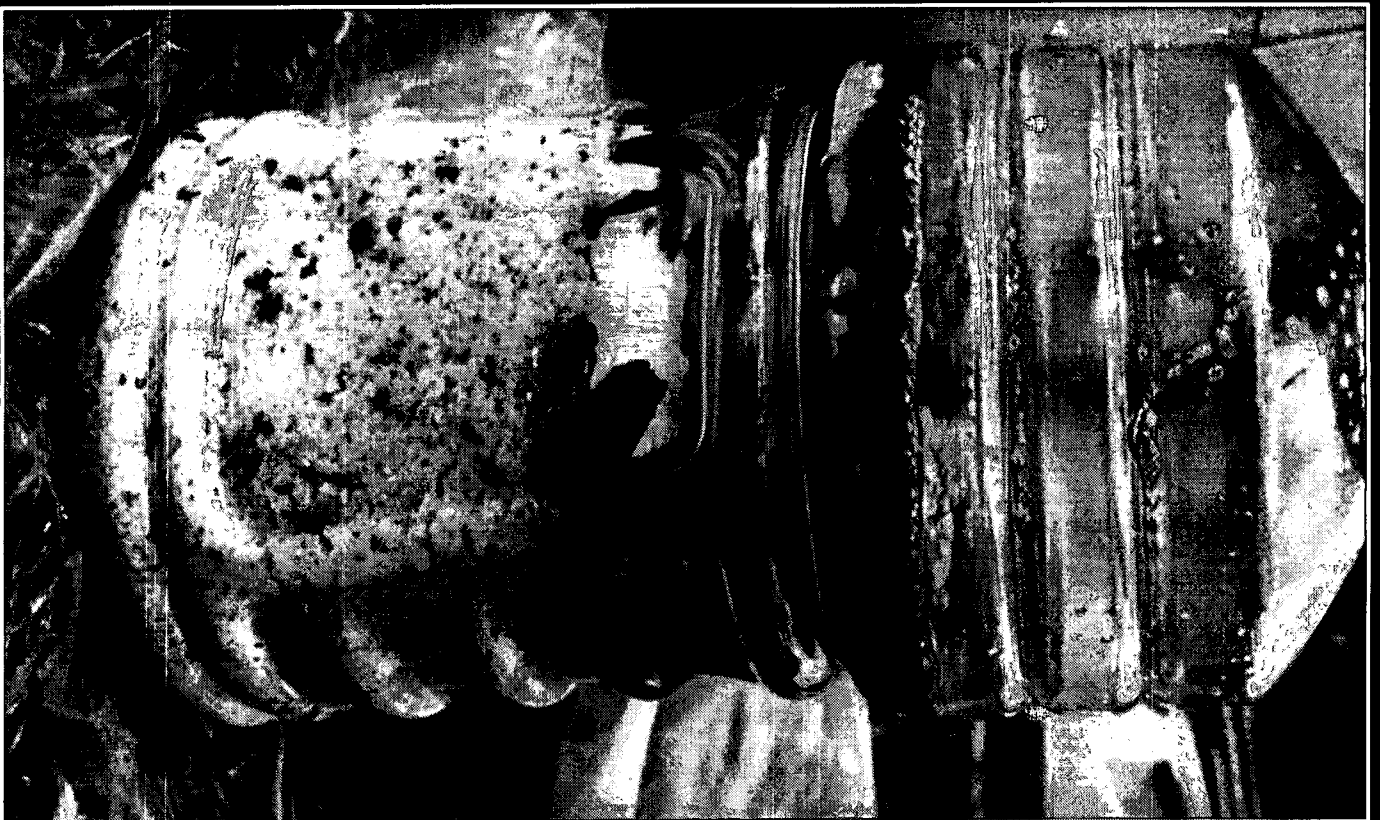
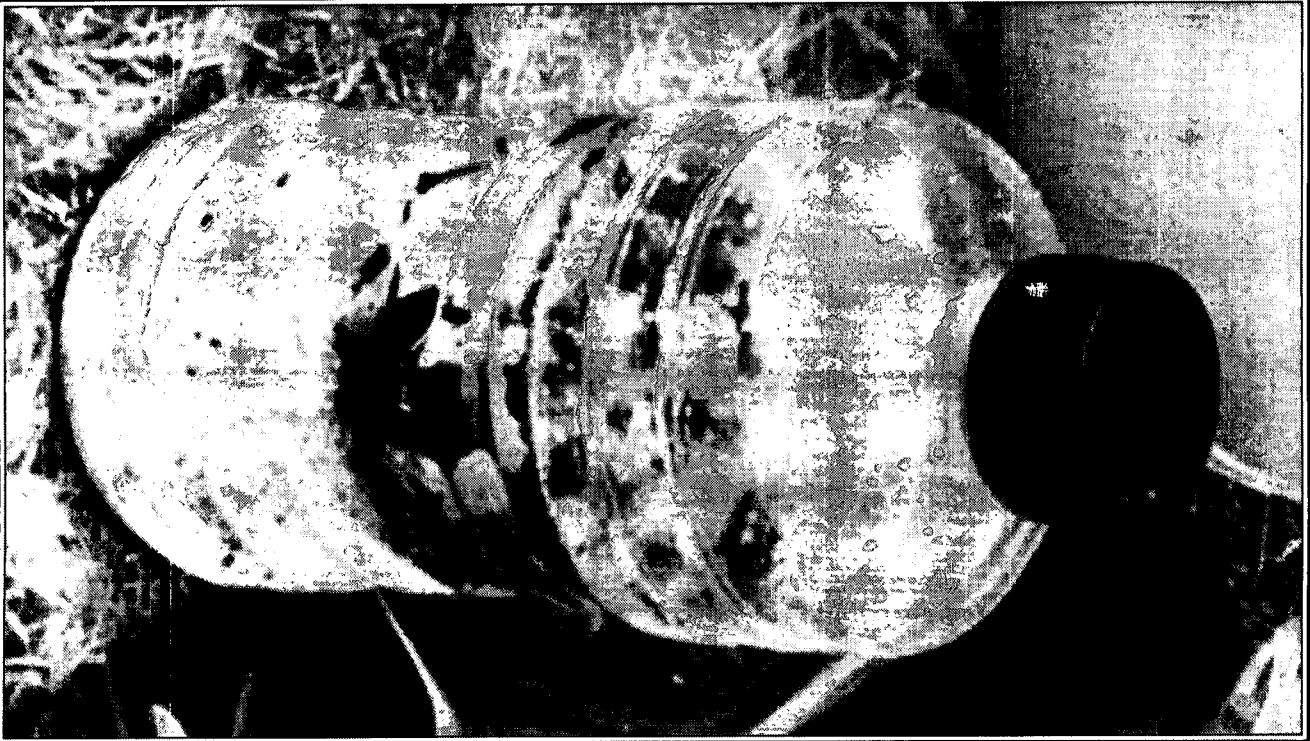




*Harnett County*  
*March 15, 2010*



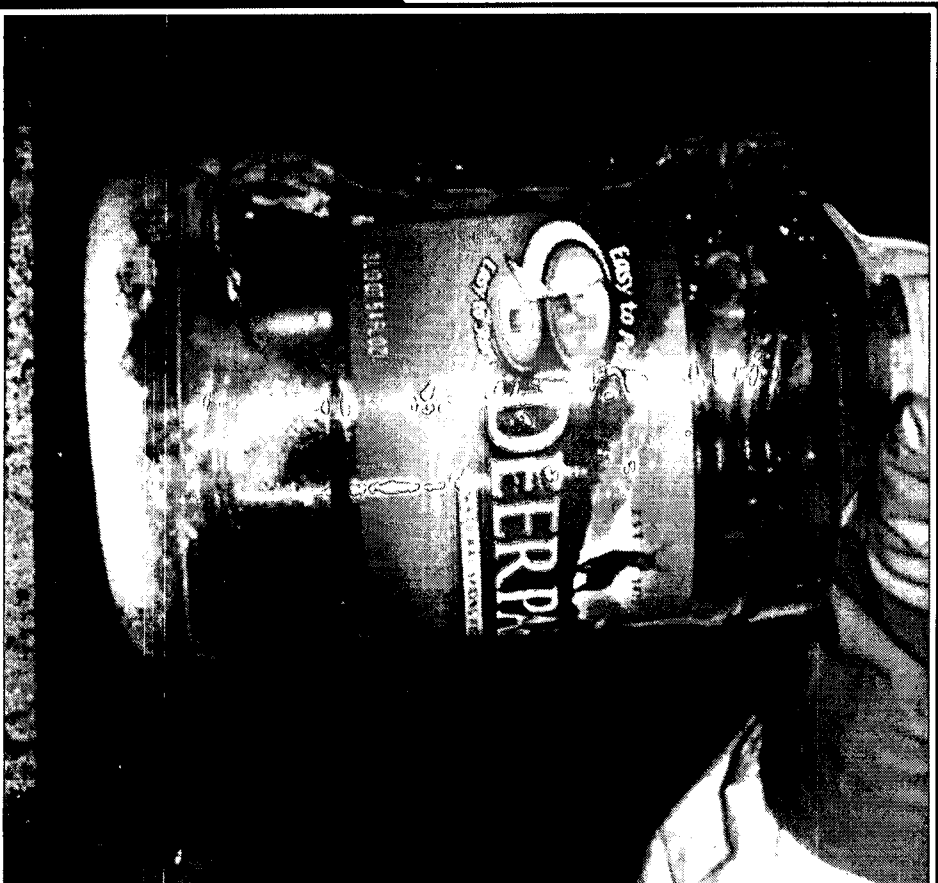
Sampson  
County  
July, 2009



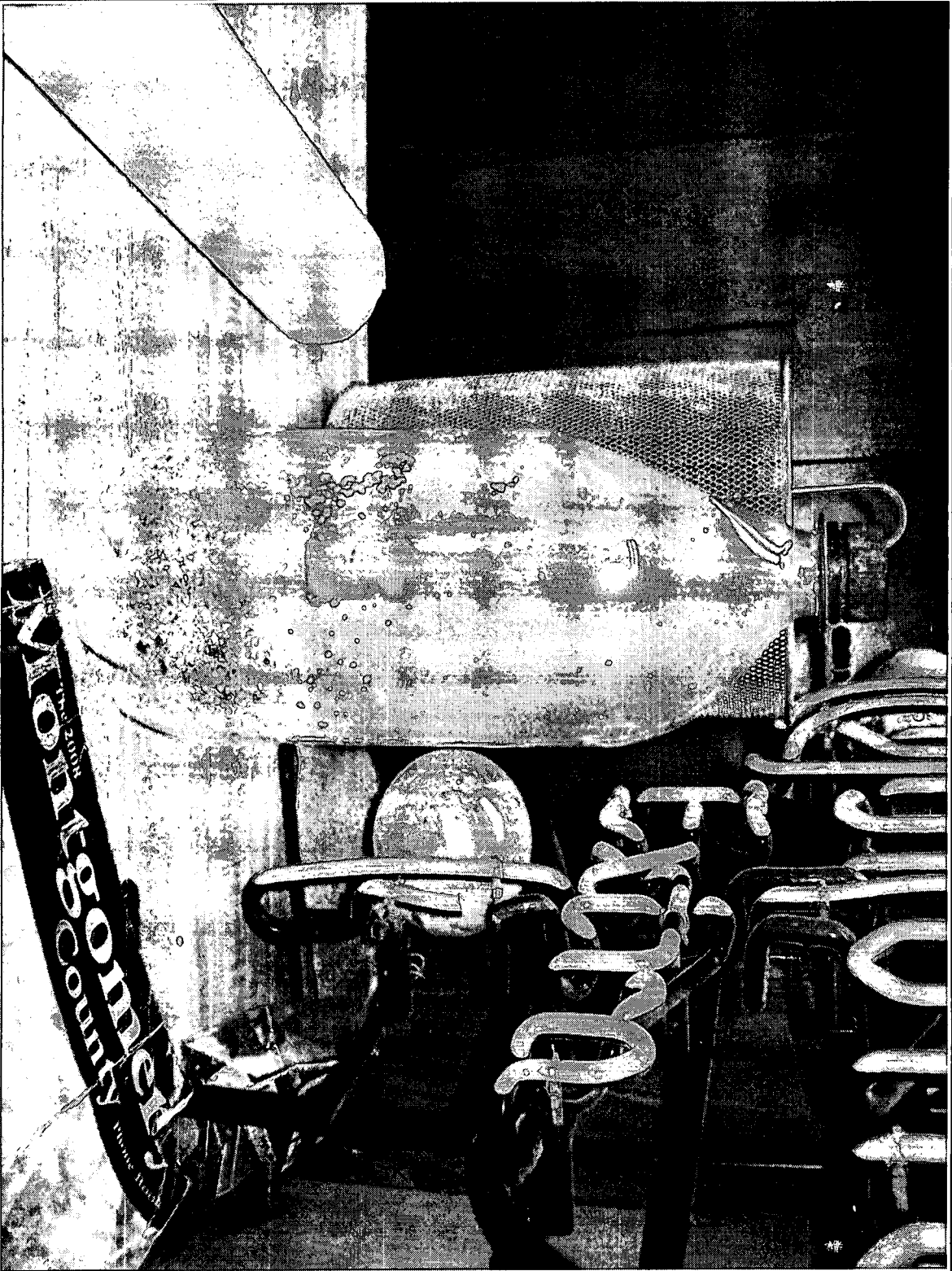
# Photos from Caldwell County Lab November 3, 2009



One Pot using  
Ammonium Nitrate from  
"Ace" Instant Cold Packs

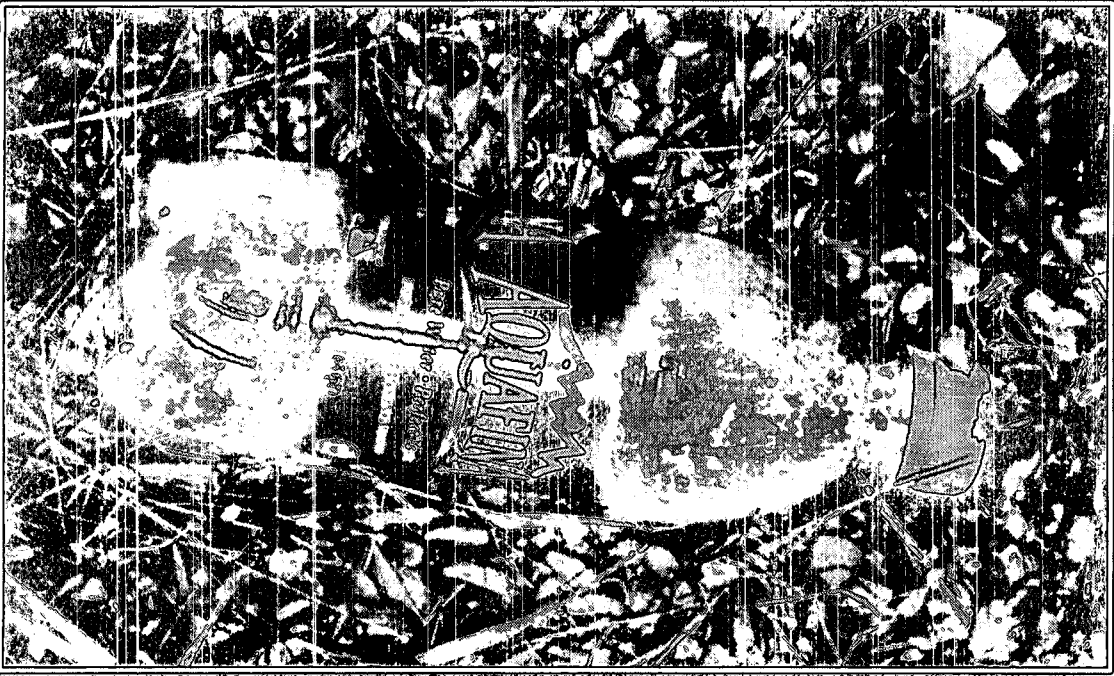


*Montgomery County  
January 26, 2010*

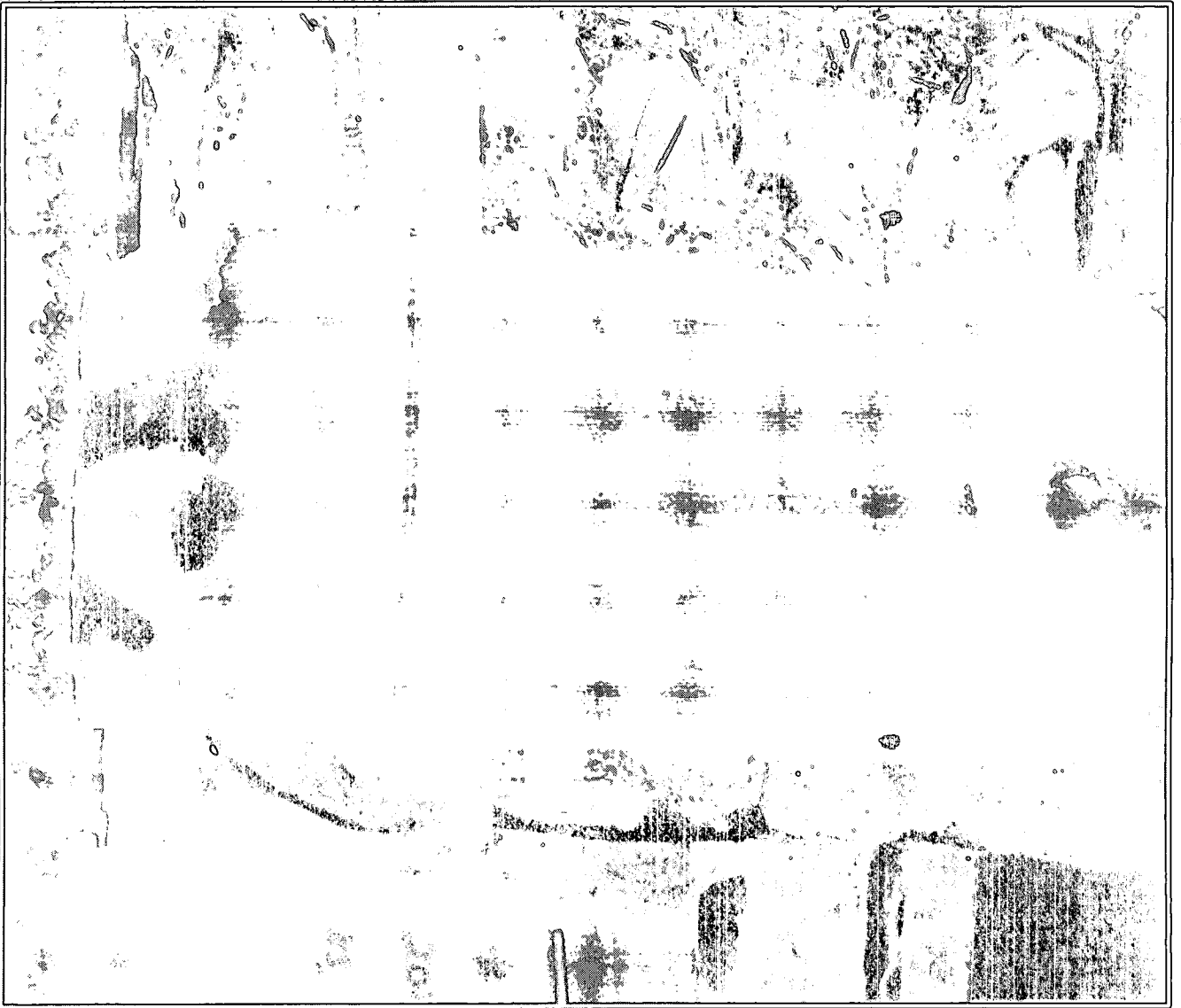


# Onslow County

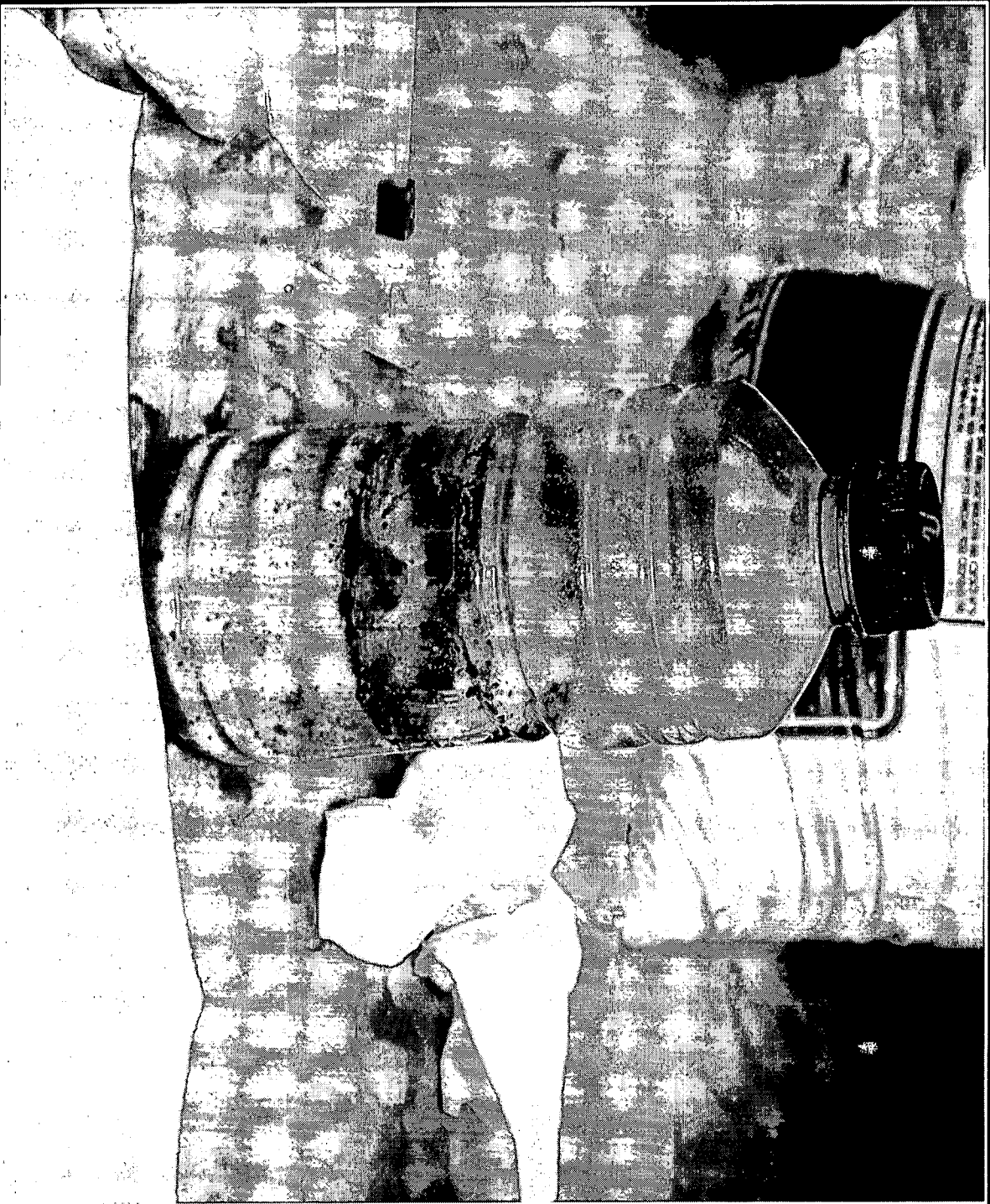
February 16, 2010



Swain County  
September 6, 2010

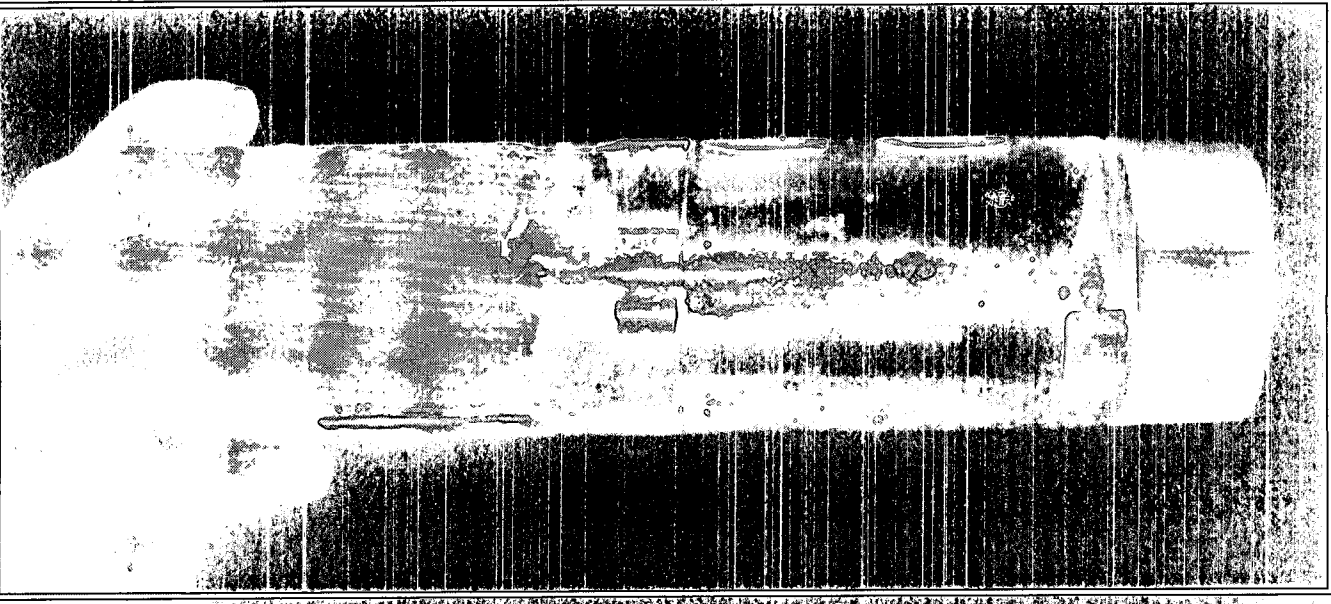
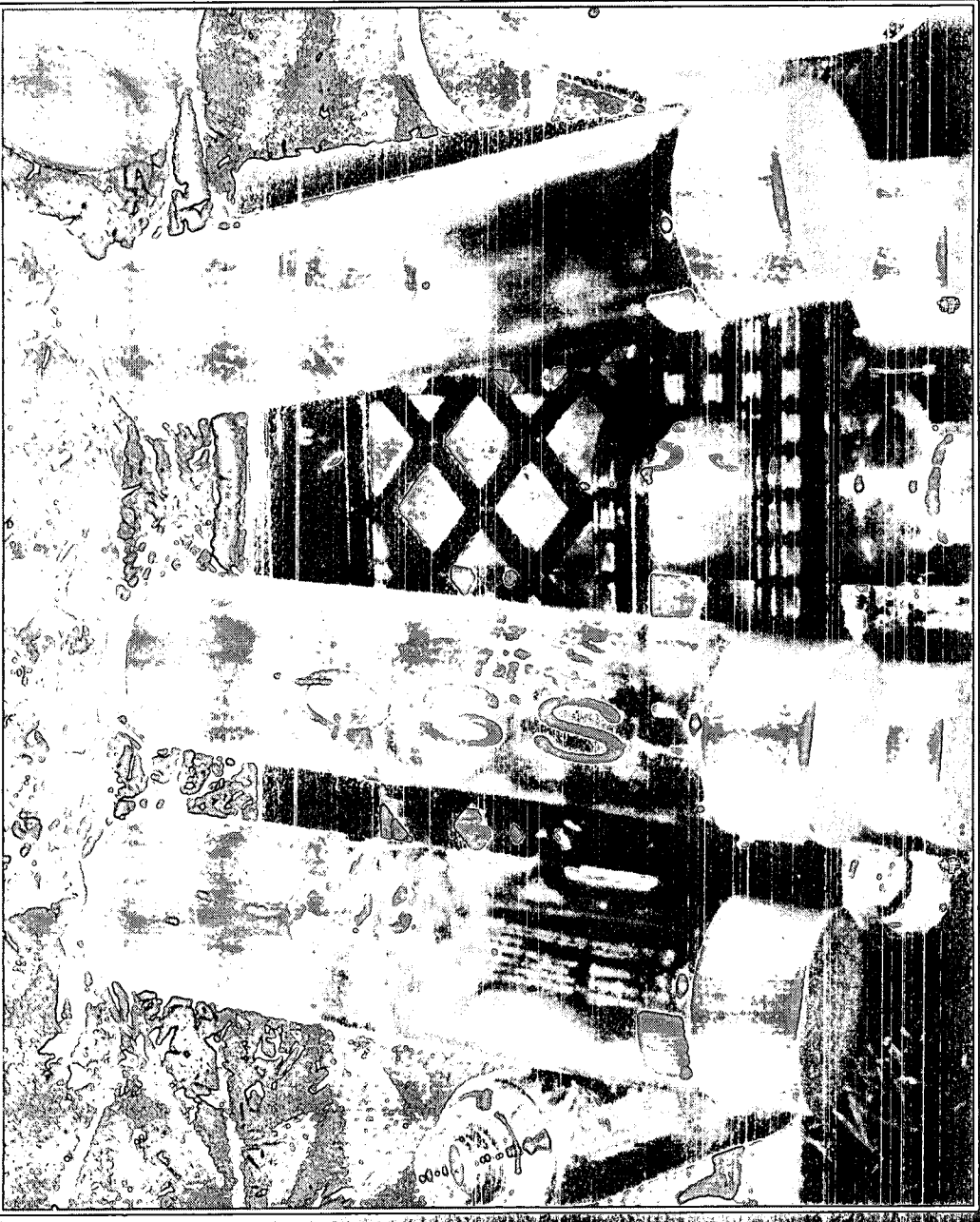


*Graham County*  
*September 9, 2010*

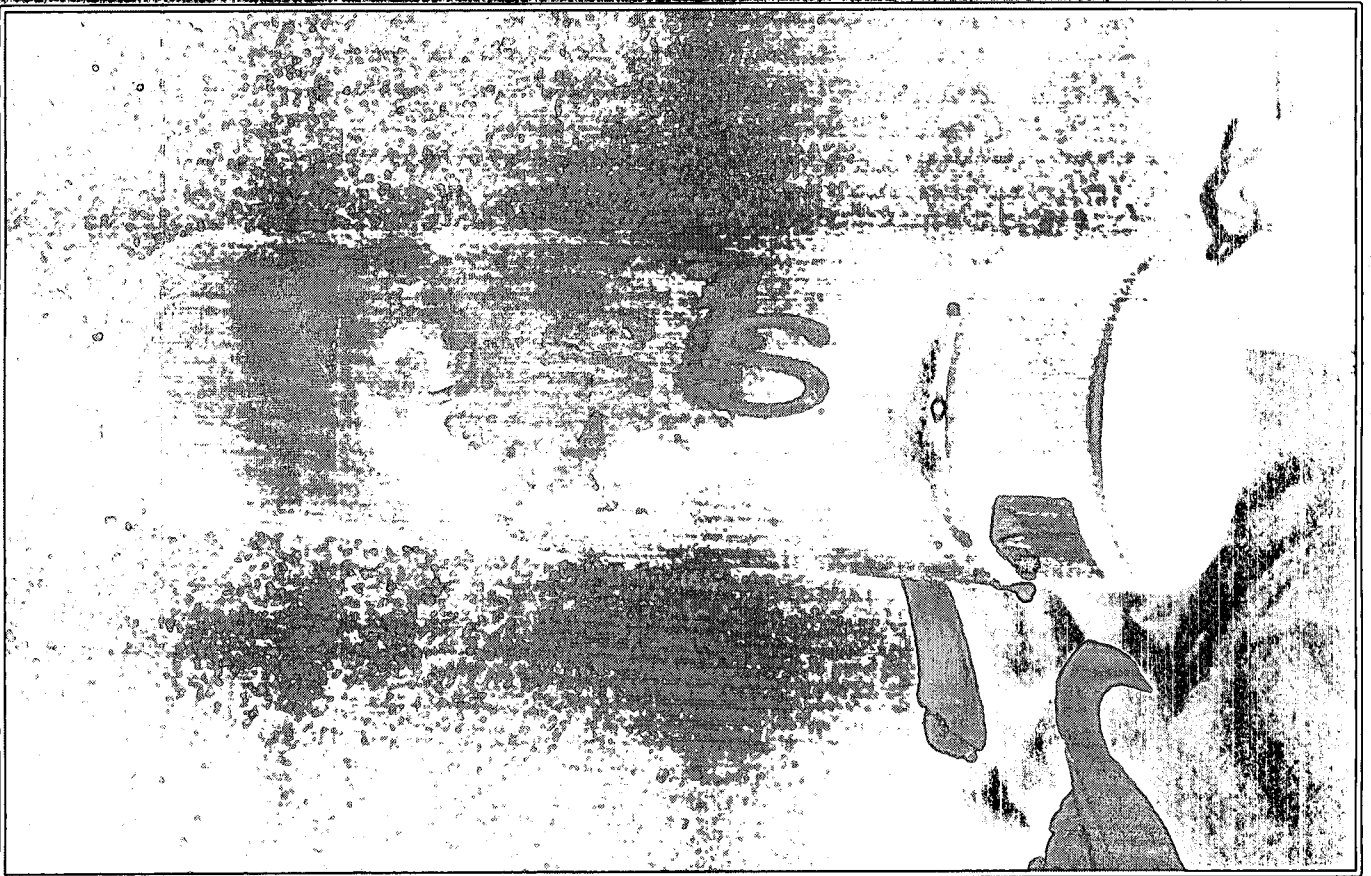


Wilson County

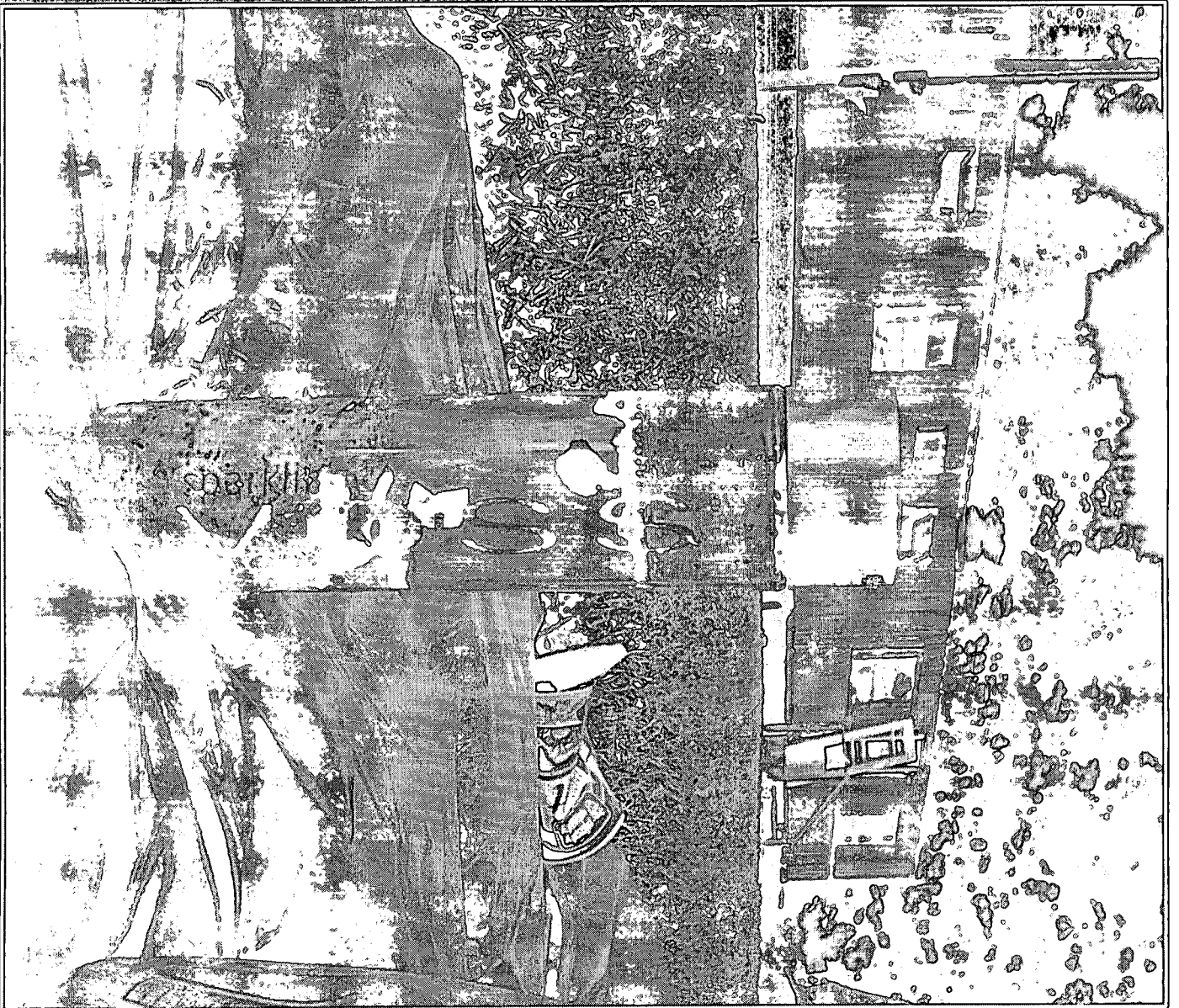
June 8, 2010



Wilson County  
June 14, 2010

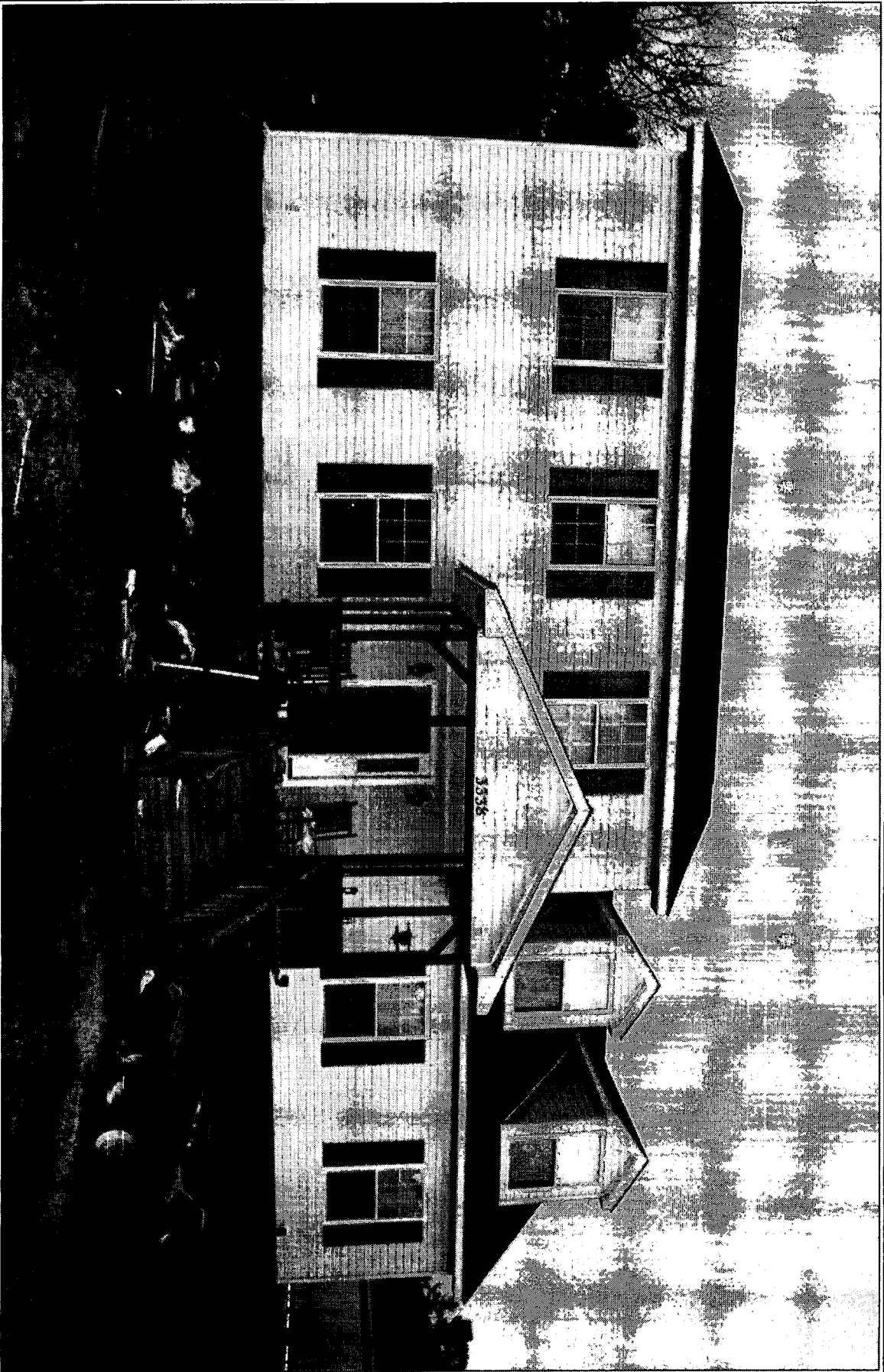


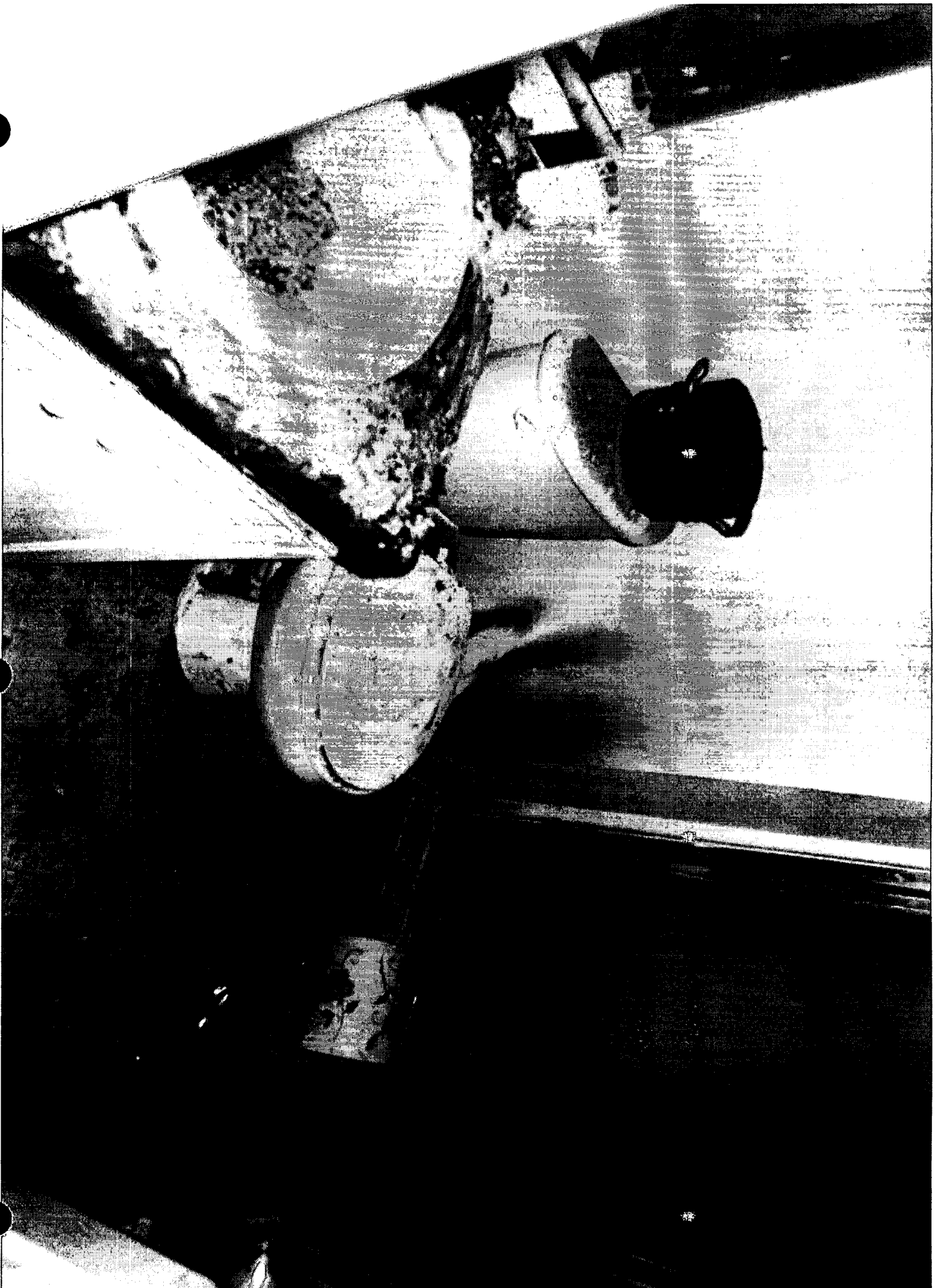
Nash County  
September 16,  
2010

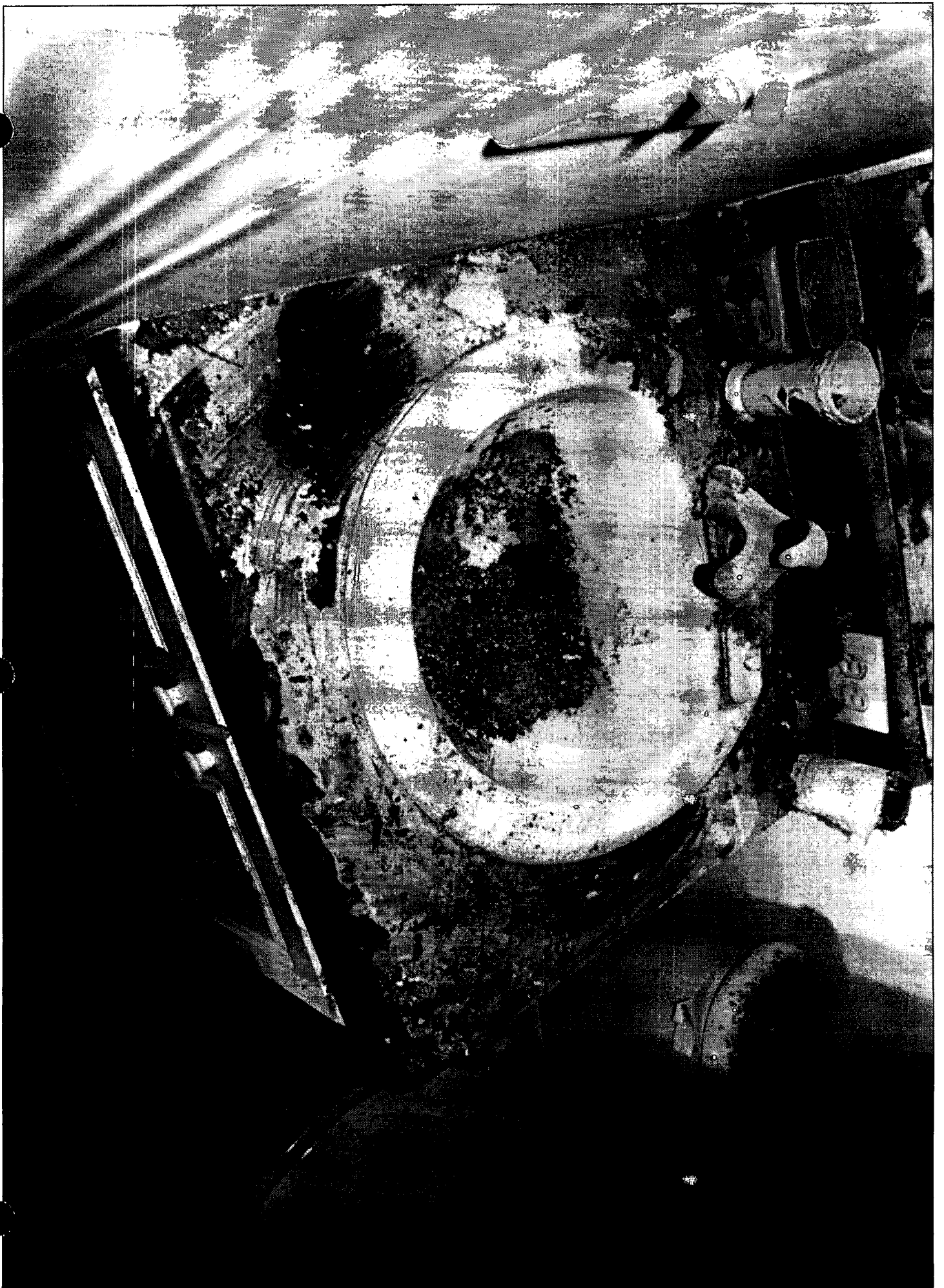


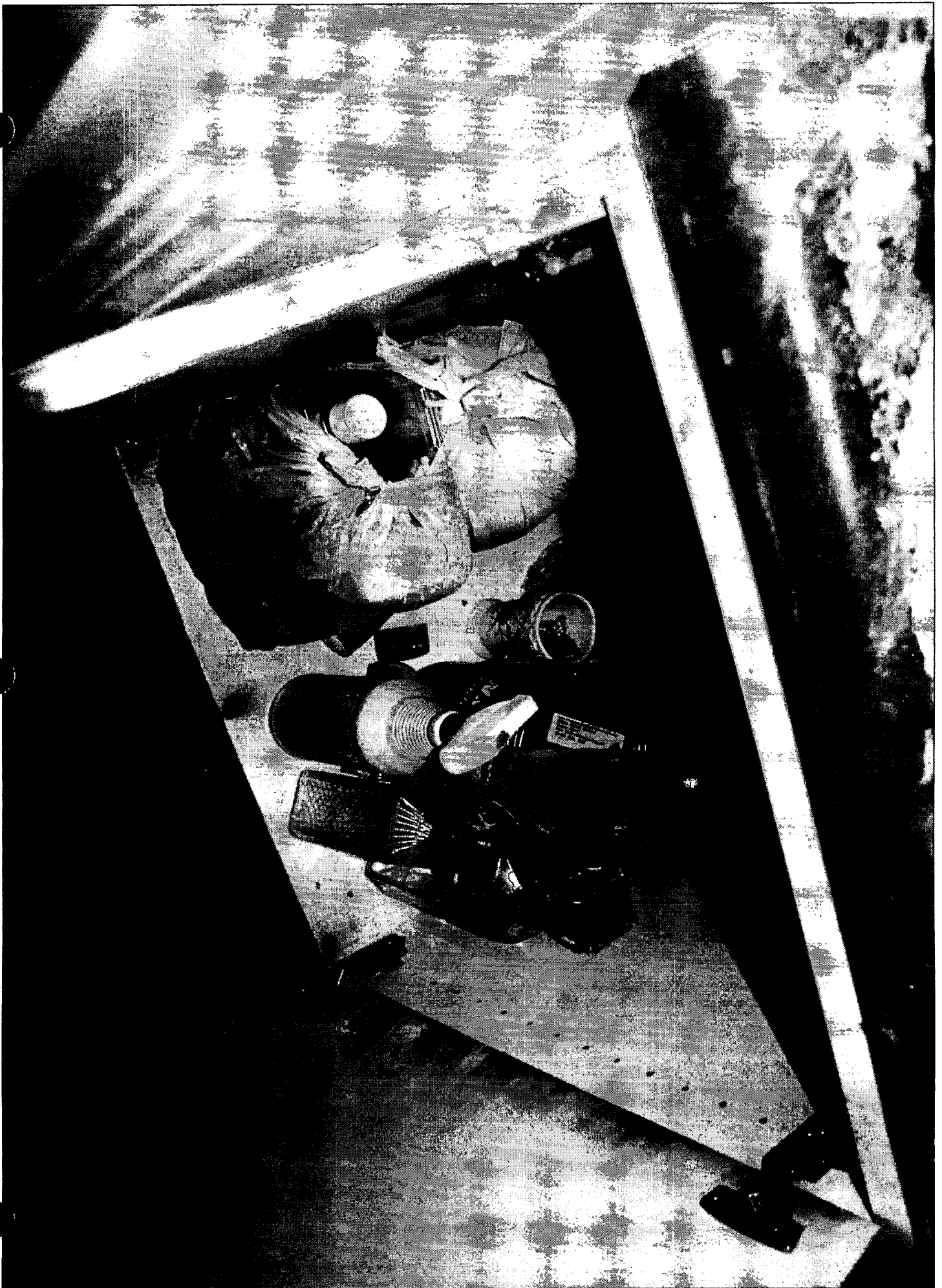


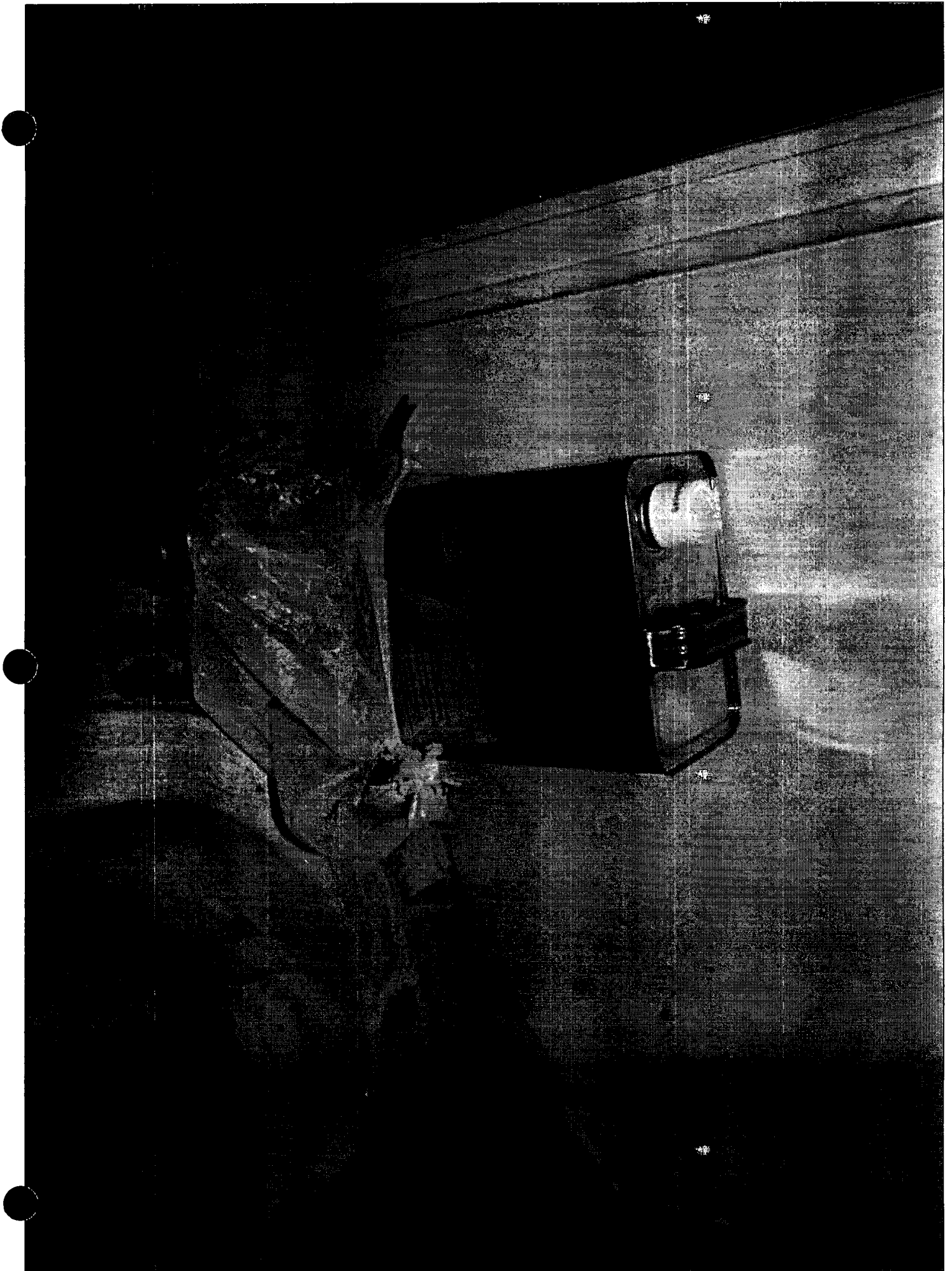
*Richmond County Fire  
January 19, 2010*

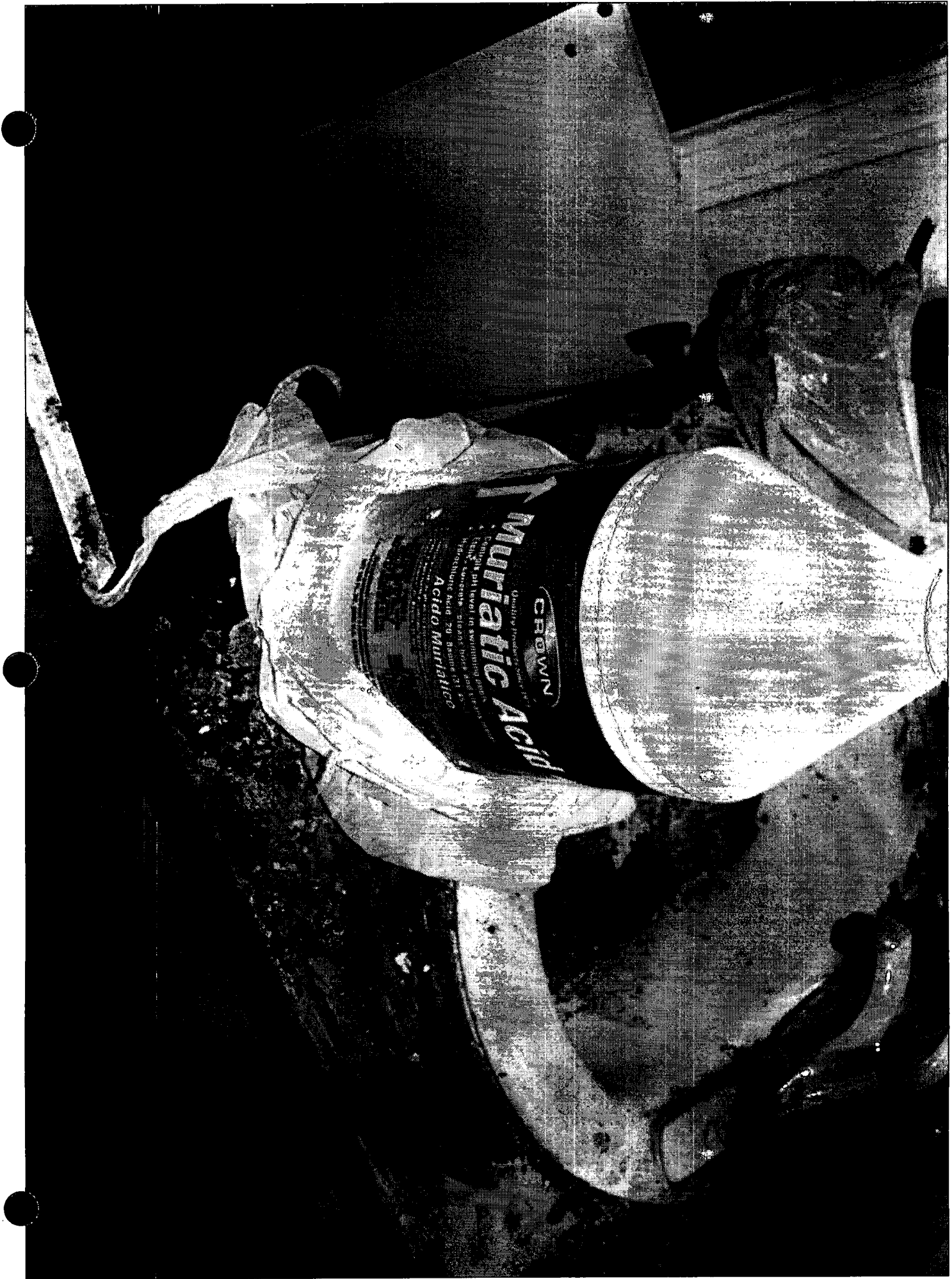




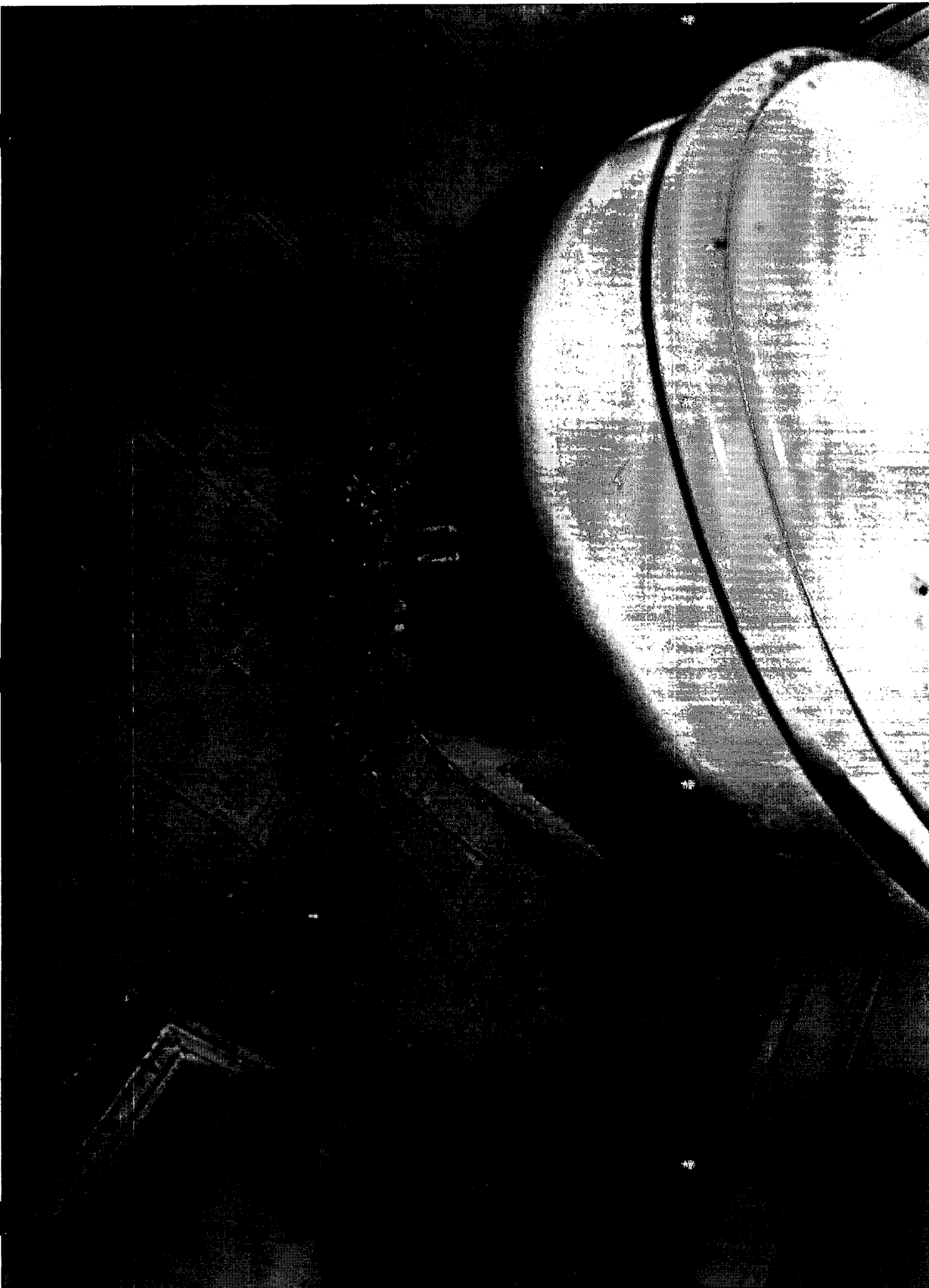


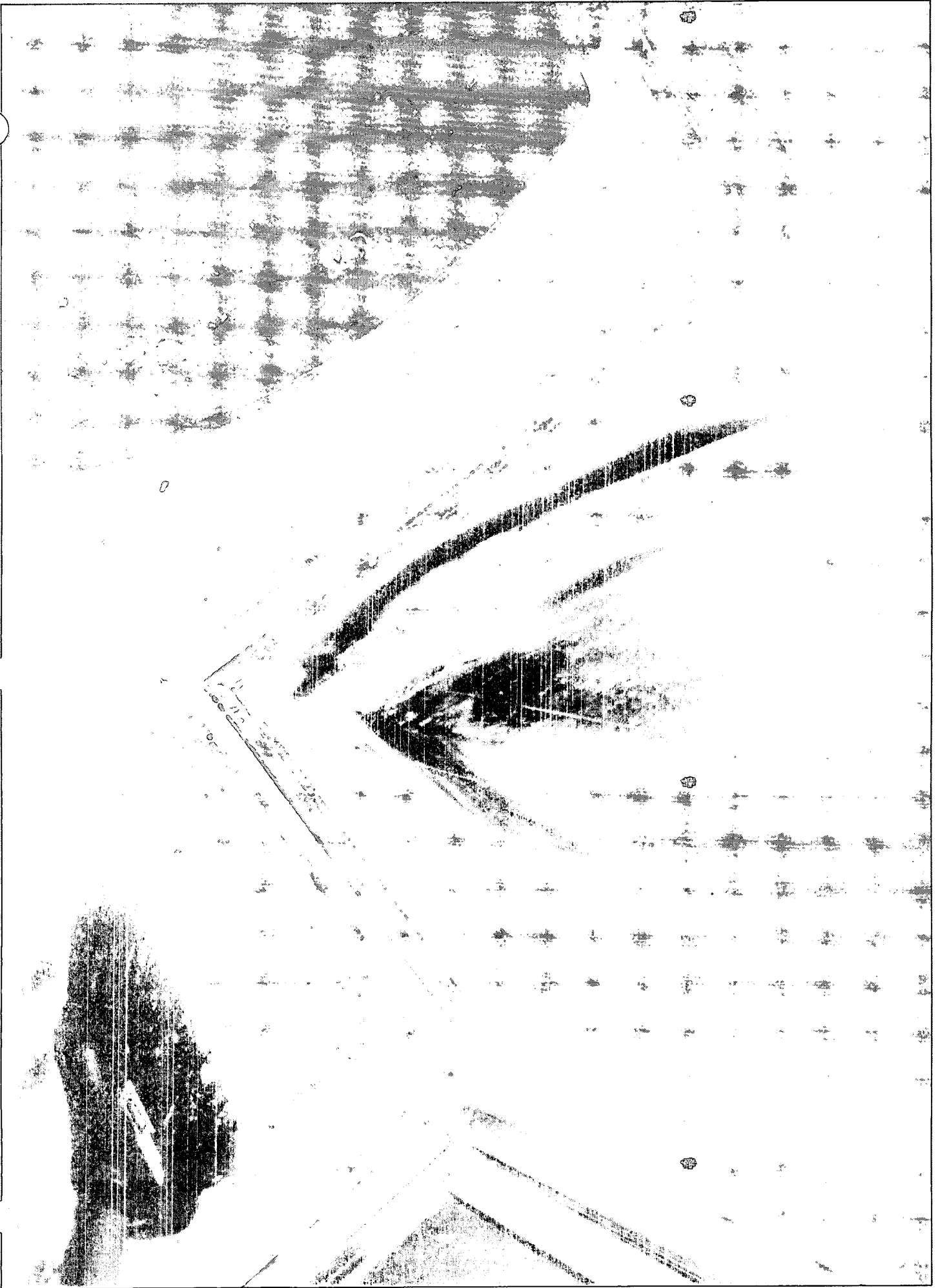






**CROWN**  
Muriatic Acid  
Acido Murialico  
Hydrochloric Acid 20% Solution 31%

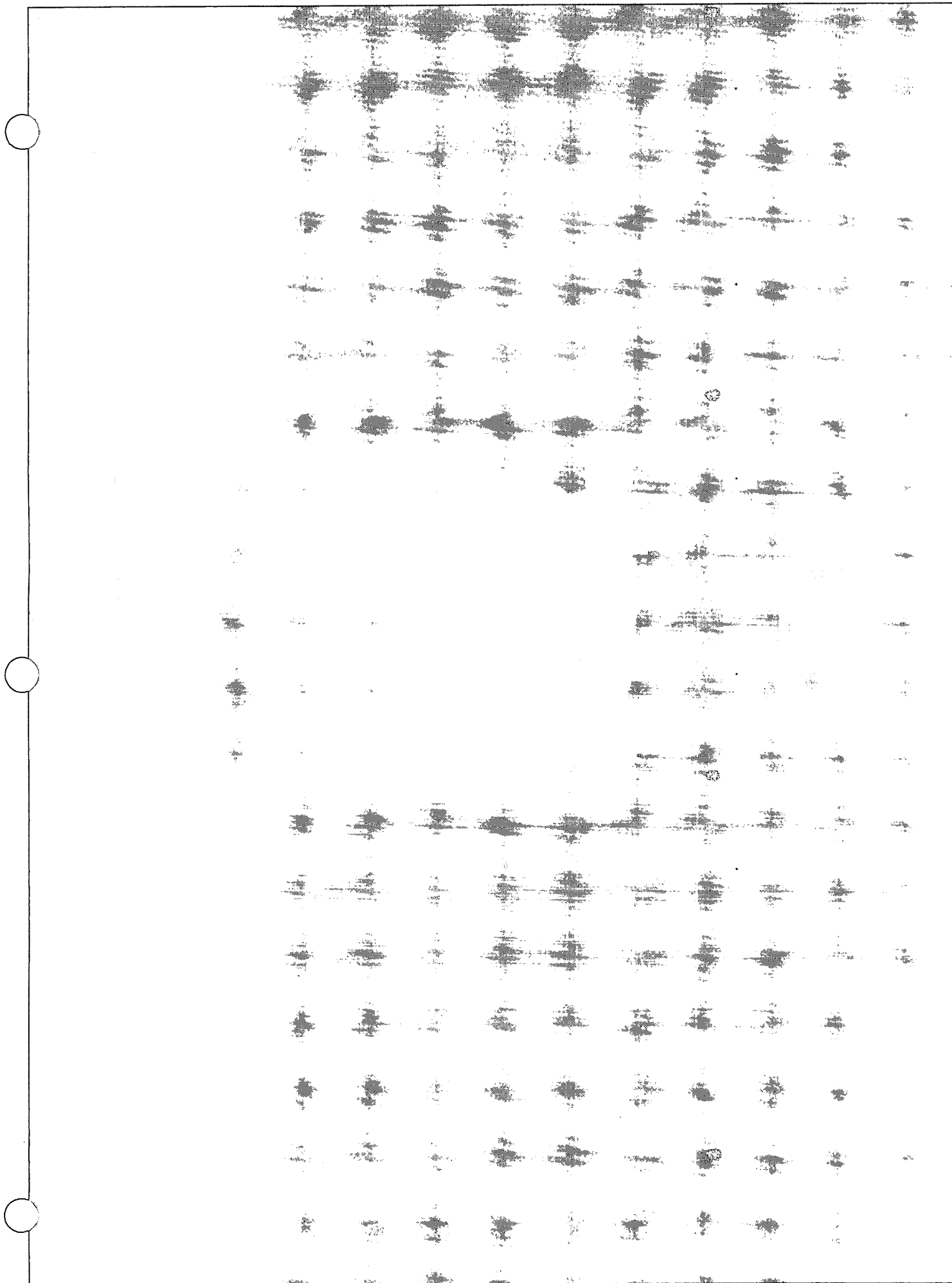




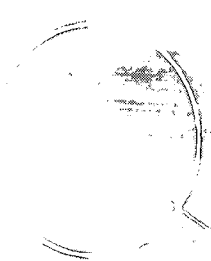




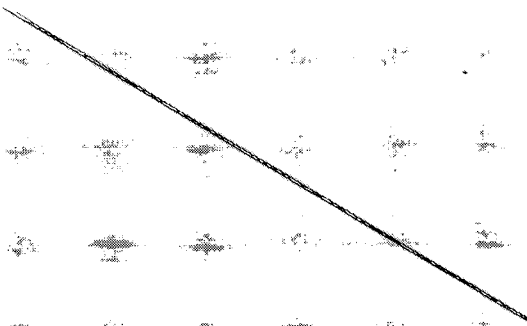




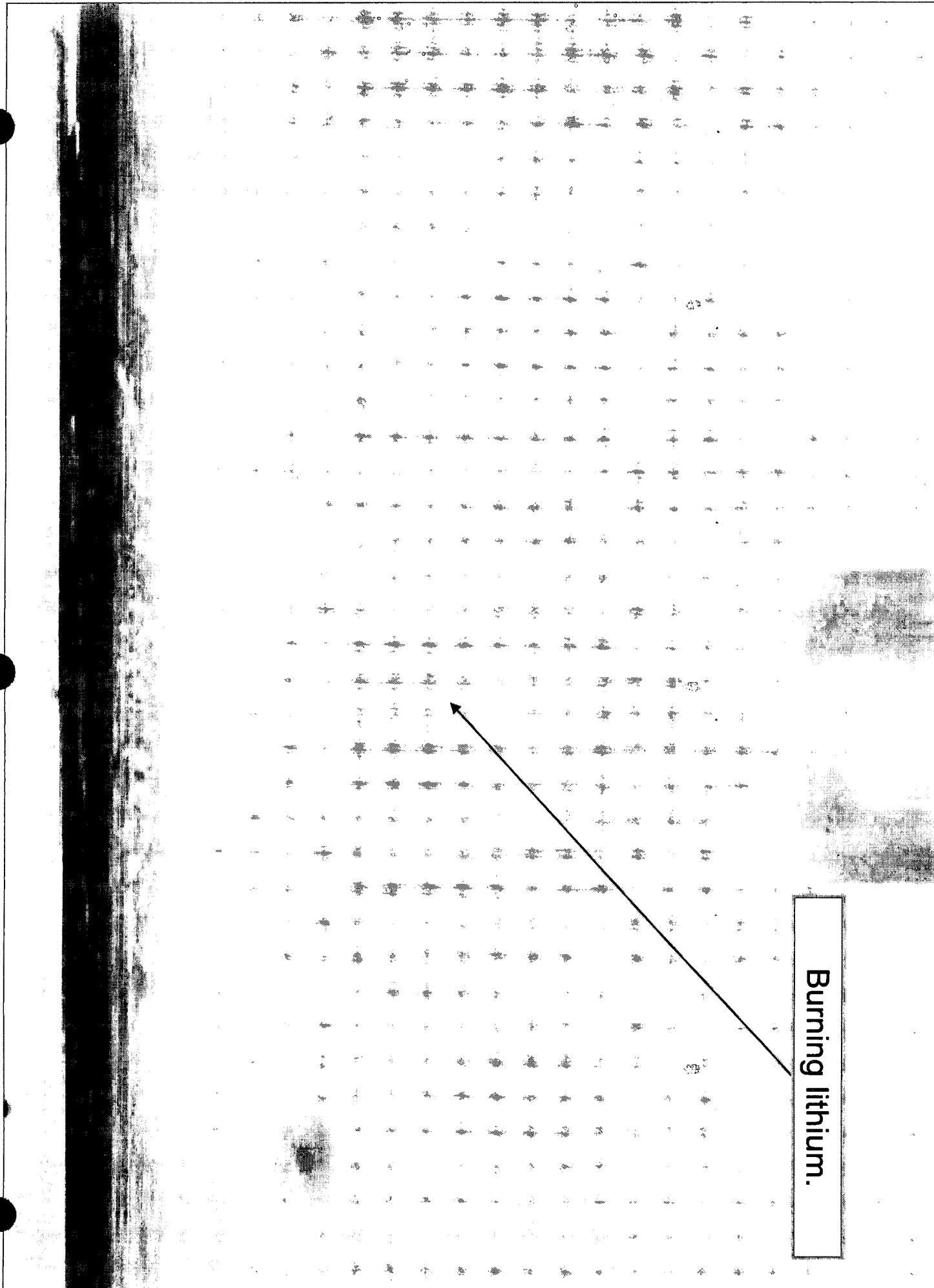
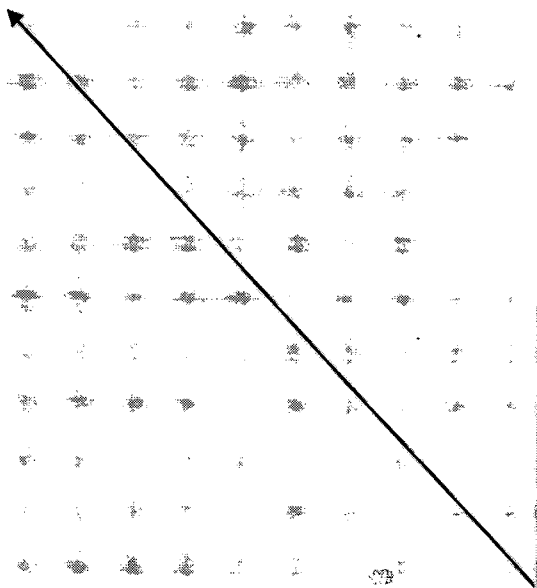
Burning lithium at base  
of the bottle.

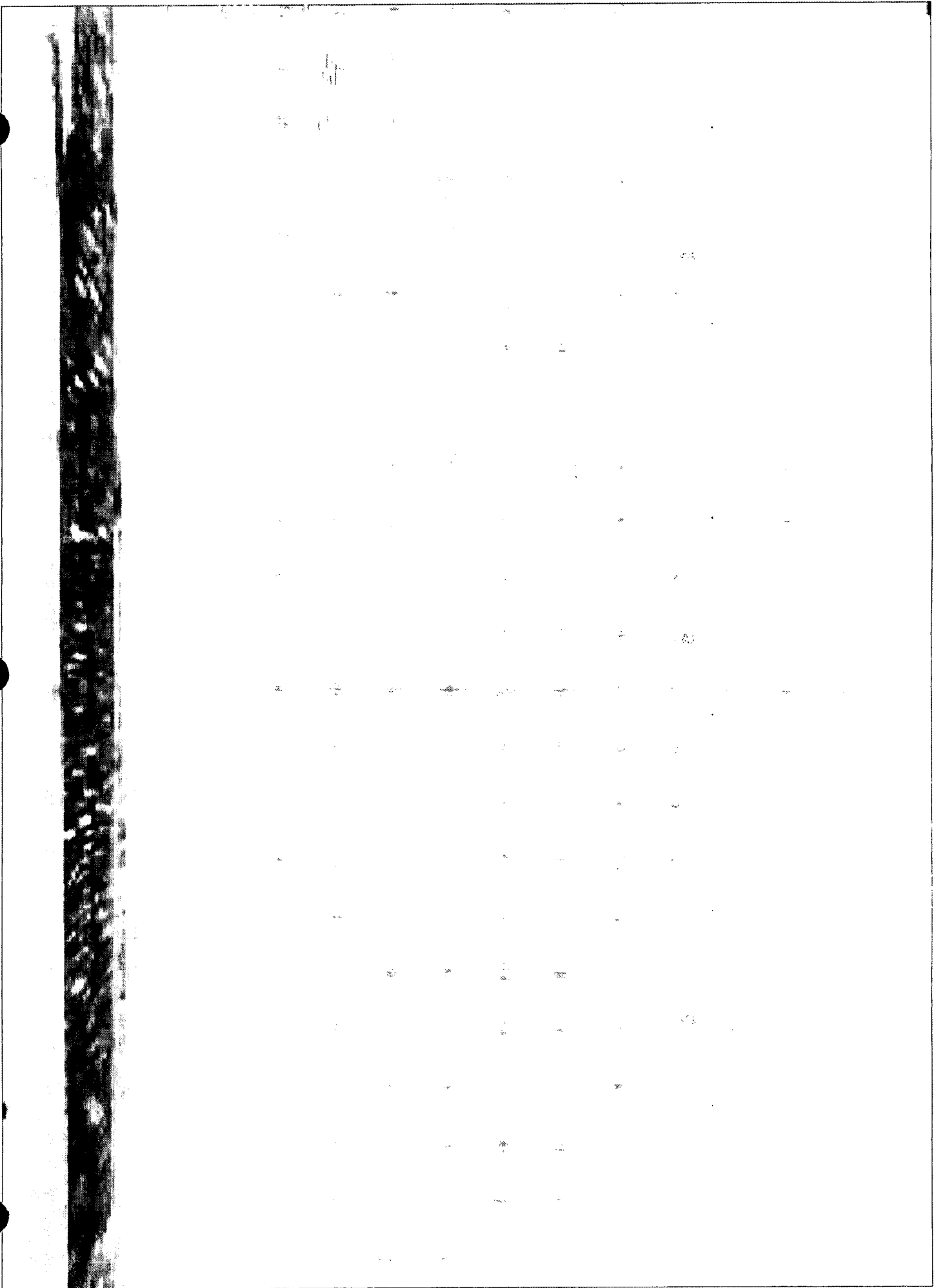


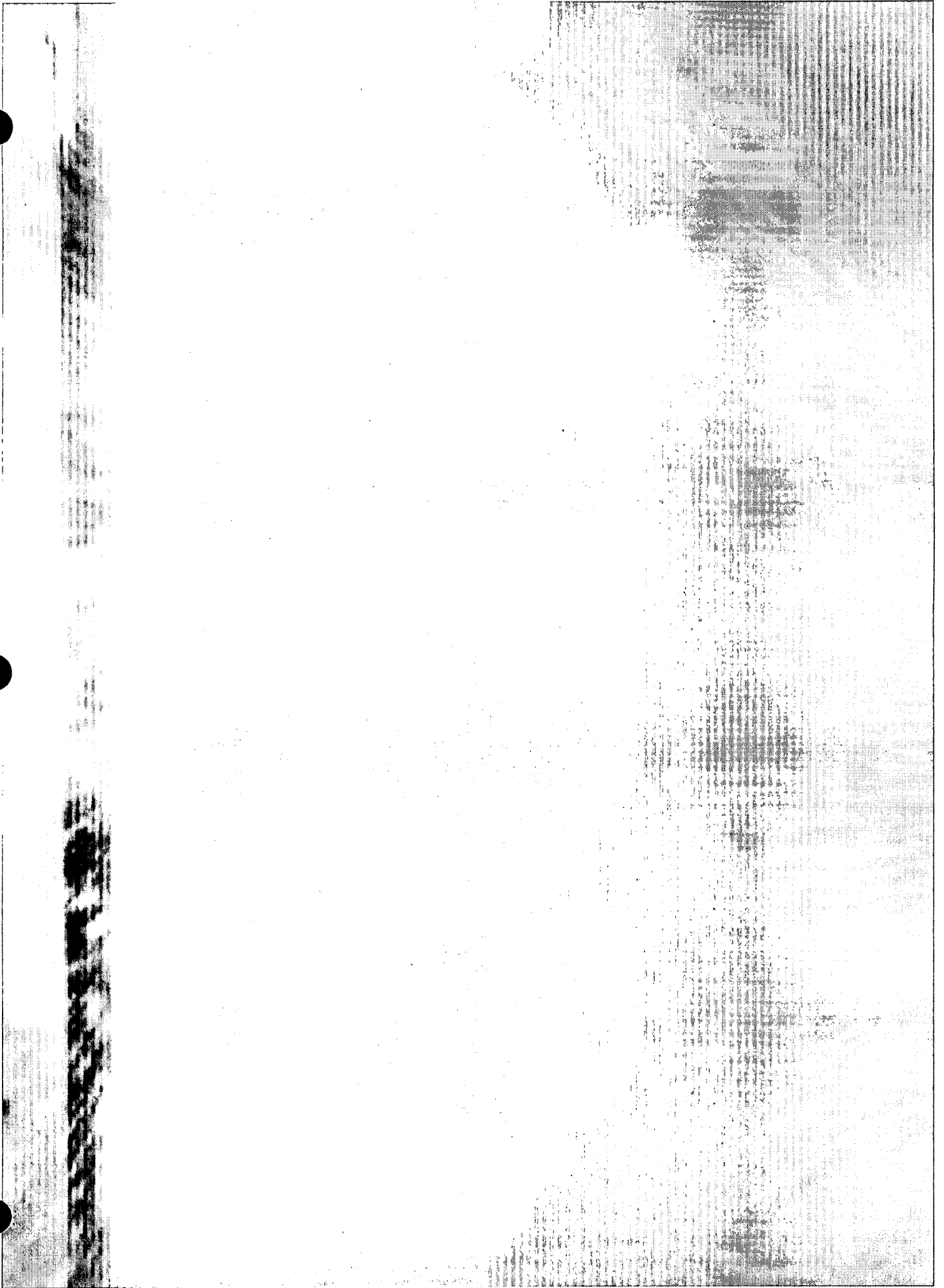
No apparent fire.

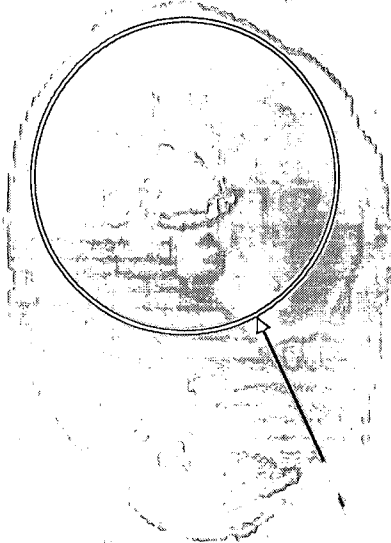


Burning lithium.



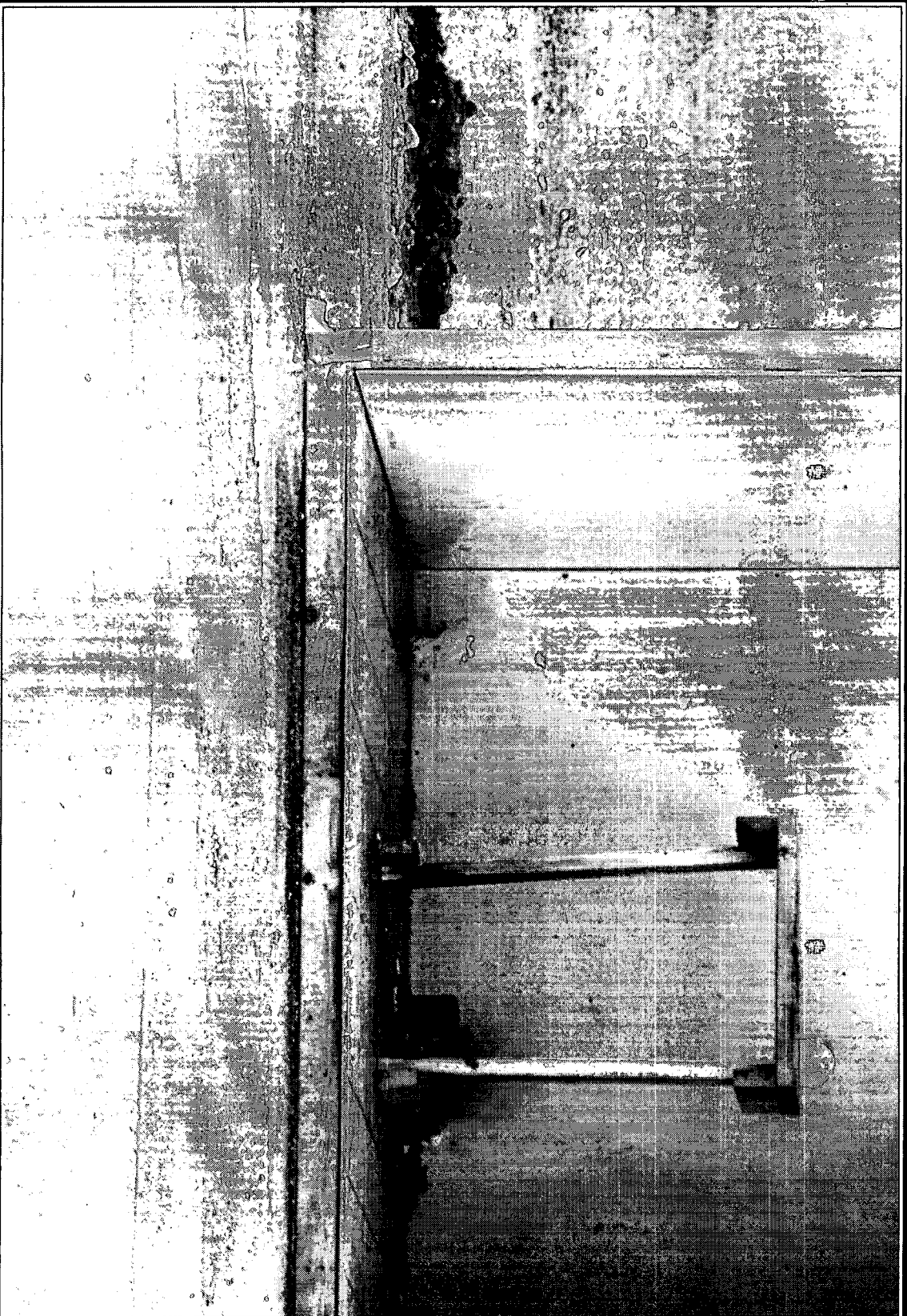




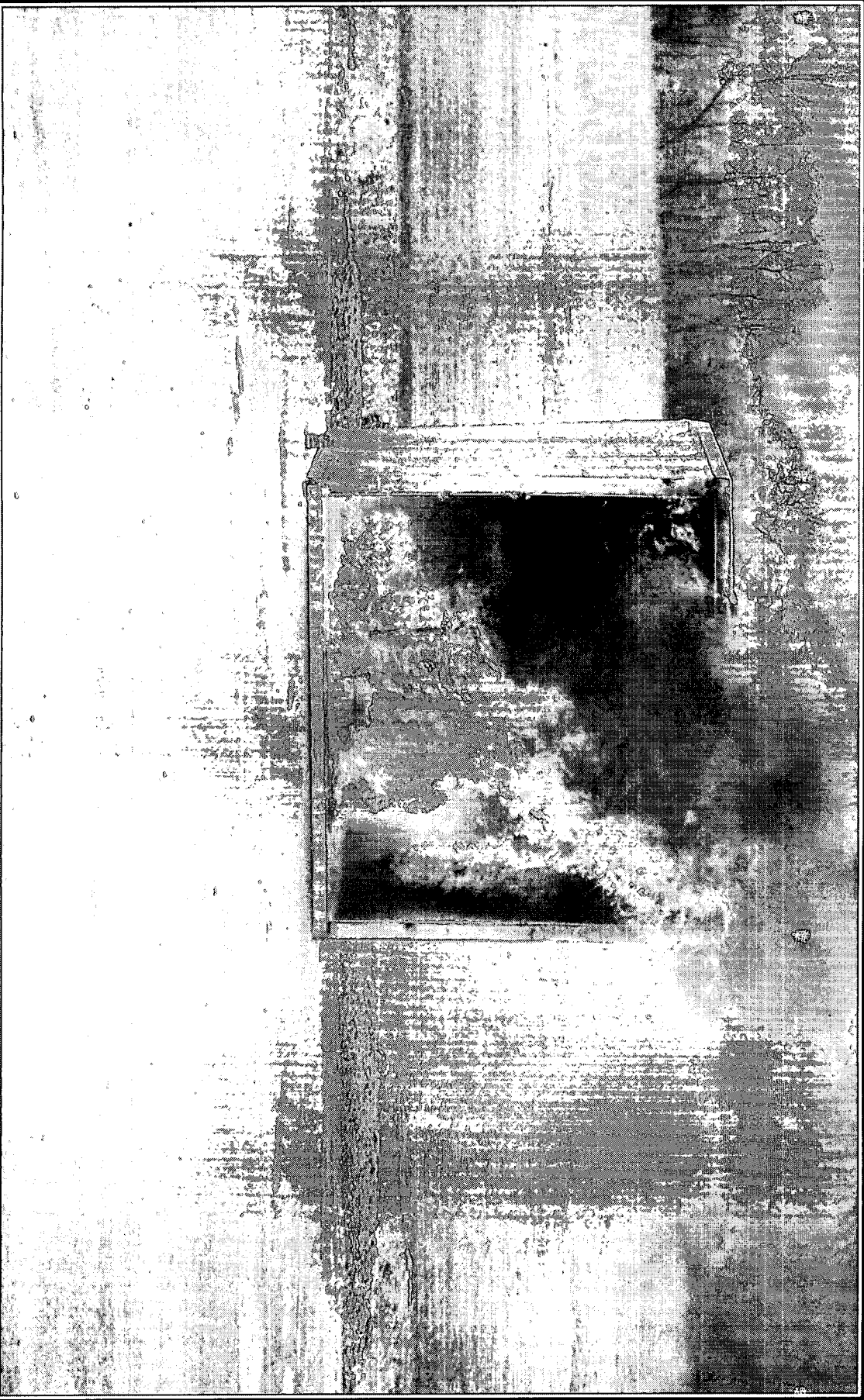


Notice the melted plastic. There was no tear in the bottle.

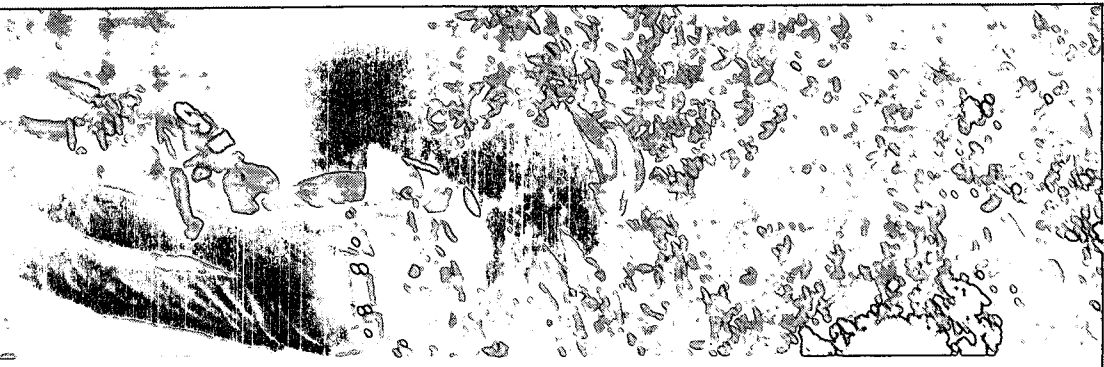
✓ In this photo, the bottle sat in the burn cell for about 40 minutes and then ignited on its own. Even dry, the cooks are susceptible to spontaneous ignition.



✓ In this photo, a large ball of lithium, from 8 batteries, was thrown into a bucket of water while there was an open 3 gallon bucket of ether sitting on the bench in the burn cell. The vapors ignited causing the flashover you see.



# Questions



# DRUG ENDANGERED CHILDREN

Holly Dye

[holly@ndec-tac.org](mailto:holly@ndec-tac.org)

Raleigh, North Carolina

December 8, 2012

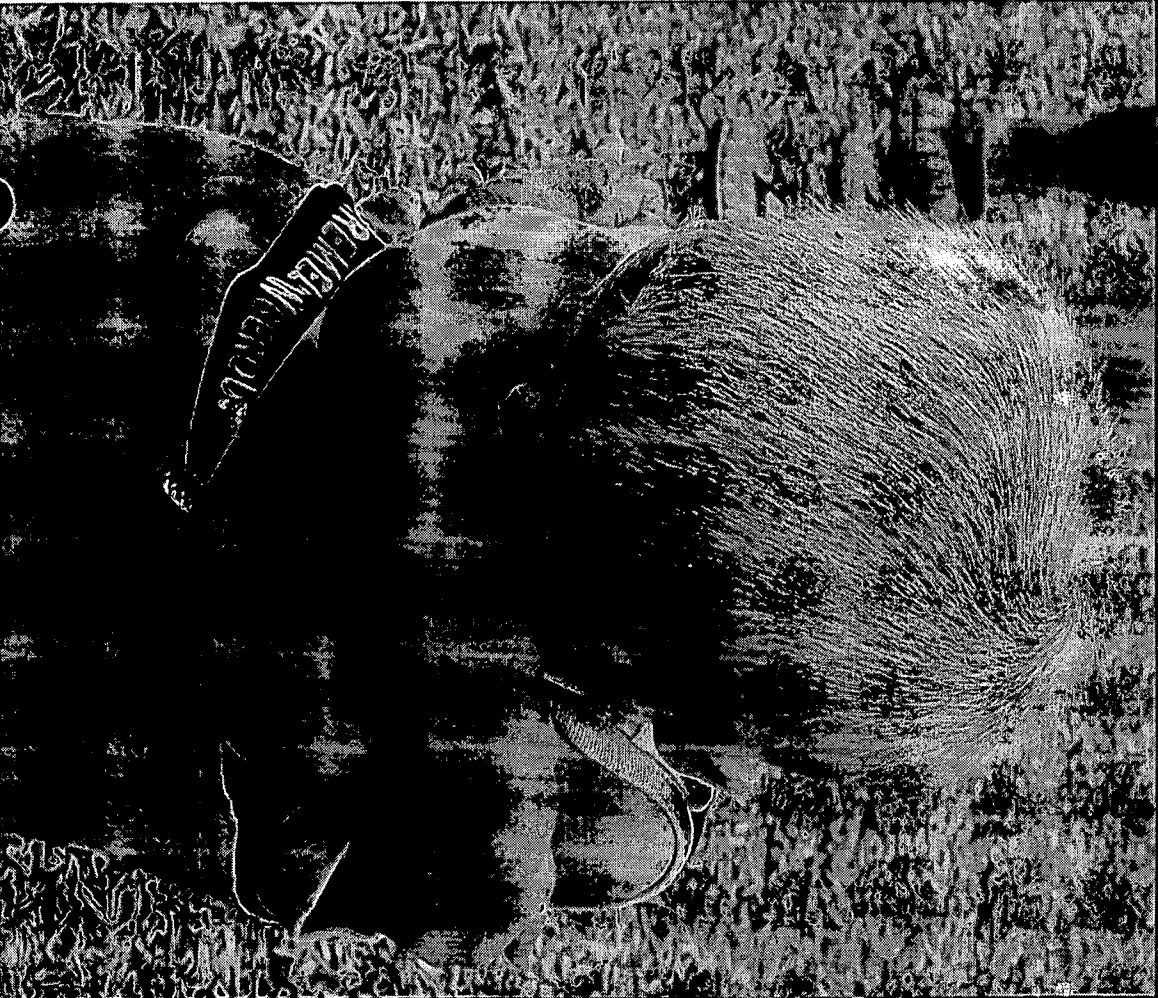


# What is a drug endangered child?

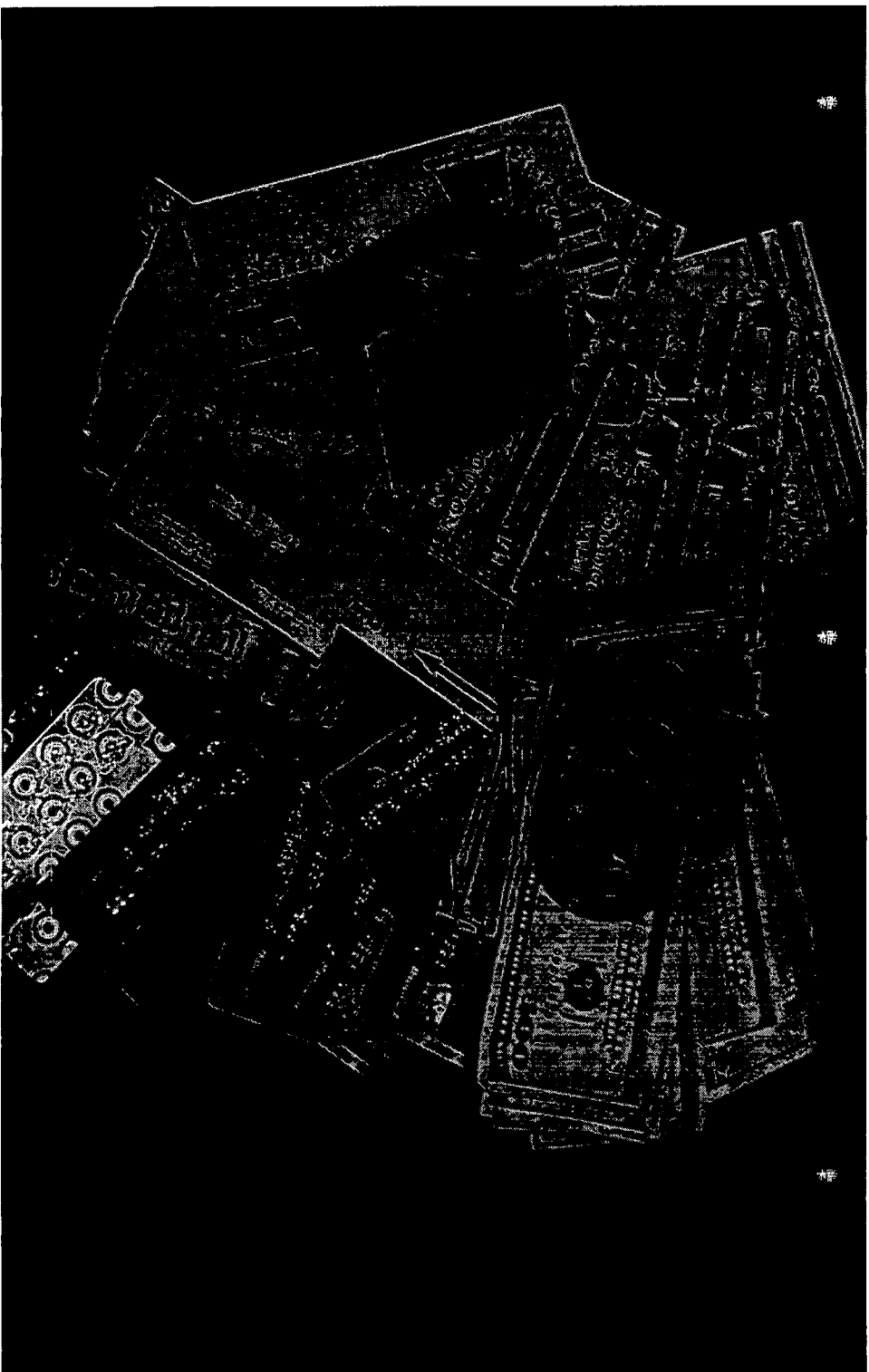
- A child experiencing neglect, physical, emotional or sexual abuse that is attributed to illicit drug use, drug trafficking (or sales), or drug manufacture of prescription drugs, marijuana, cocaine, or methamphetamine by caregivers.



# It's All About the Rescue



# Drugs, Money, Welfare Fraud

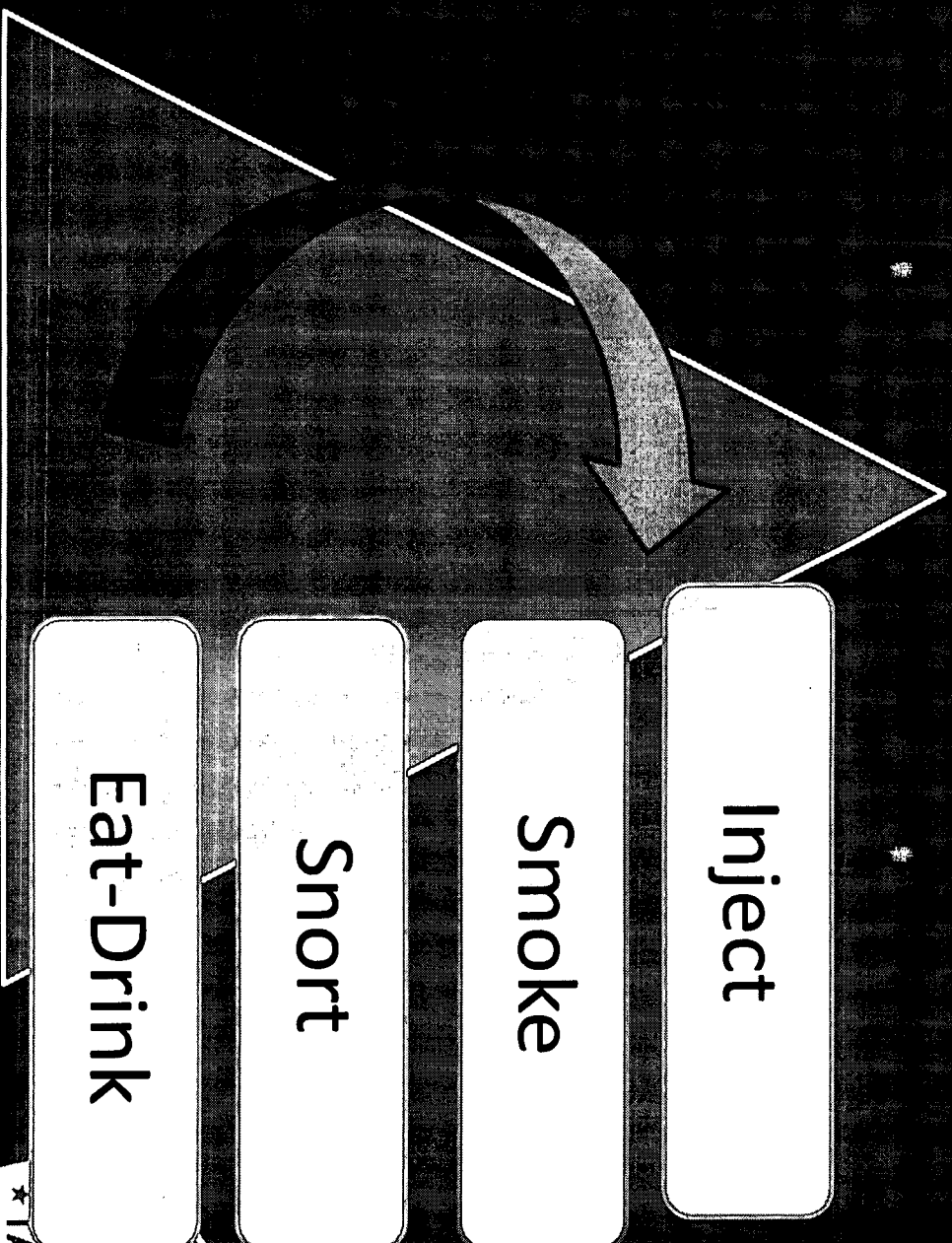


# Drugs, Guns, and Babies



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# Progression of Addiction



Copyright 2011 NDEC-TAC



# The Methamphetamine Use Cycle & Associated Risks to Children

Neglect, Sexual Abuse,  
Strangers in the home

**Binge**

1-14 days

**Tweak**

1-5 days

Physical, sexual abuse,  
domestic violence

**Crash**

1-4 days

**Neglect**

Copyright 2011 NDEC-TAC



# DRCA

## Drug Related Child Abuse

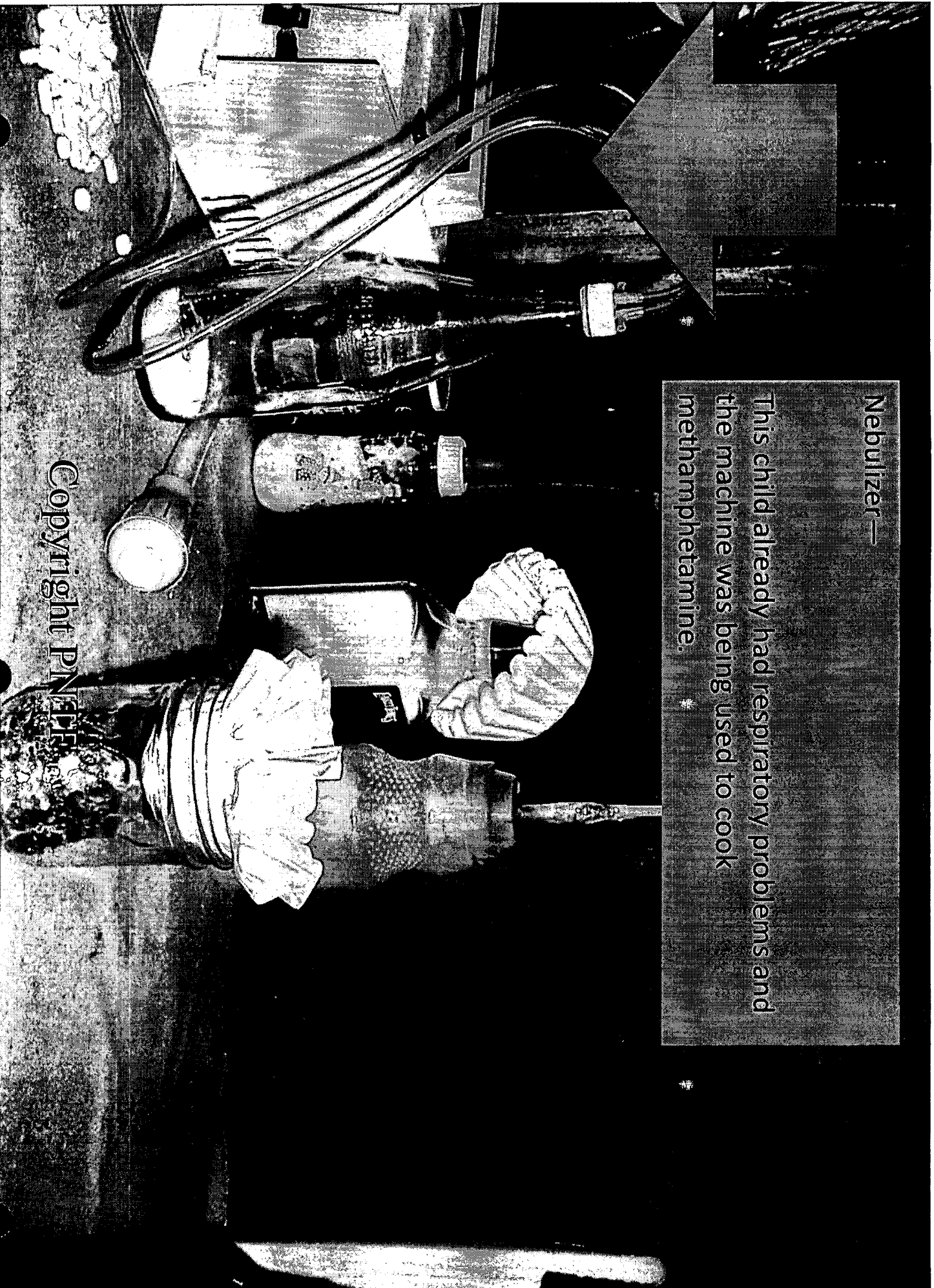
- Children present as part of drug related crime
- Drugs not initiating factor, but discovered as secondary issue
  - Domestic Violence
  - Property Crimes
  - Smurfing
  - Gun/Bomb/Child Porn
- Drugs deemed to impact safety of a child

Copyright 2011 NDEC-TAC

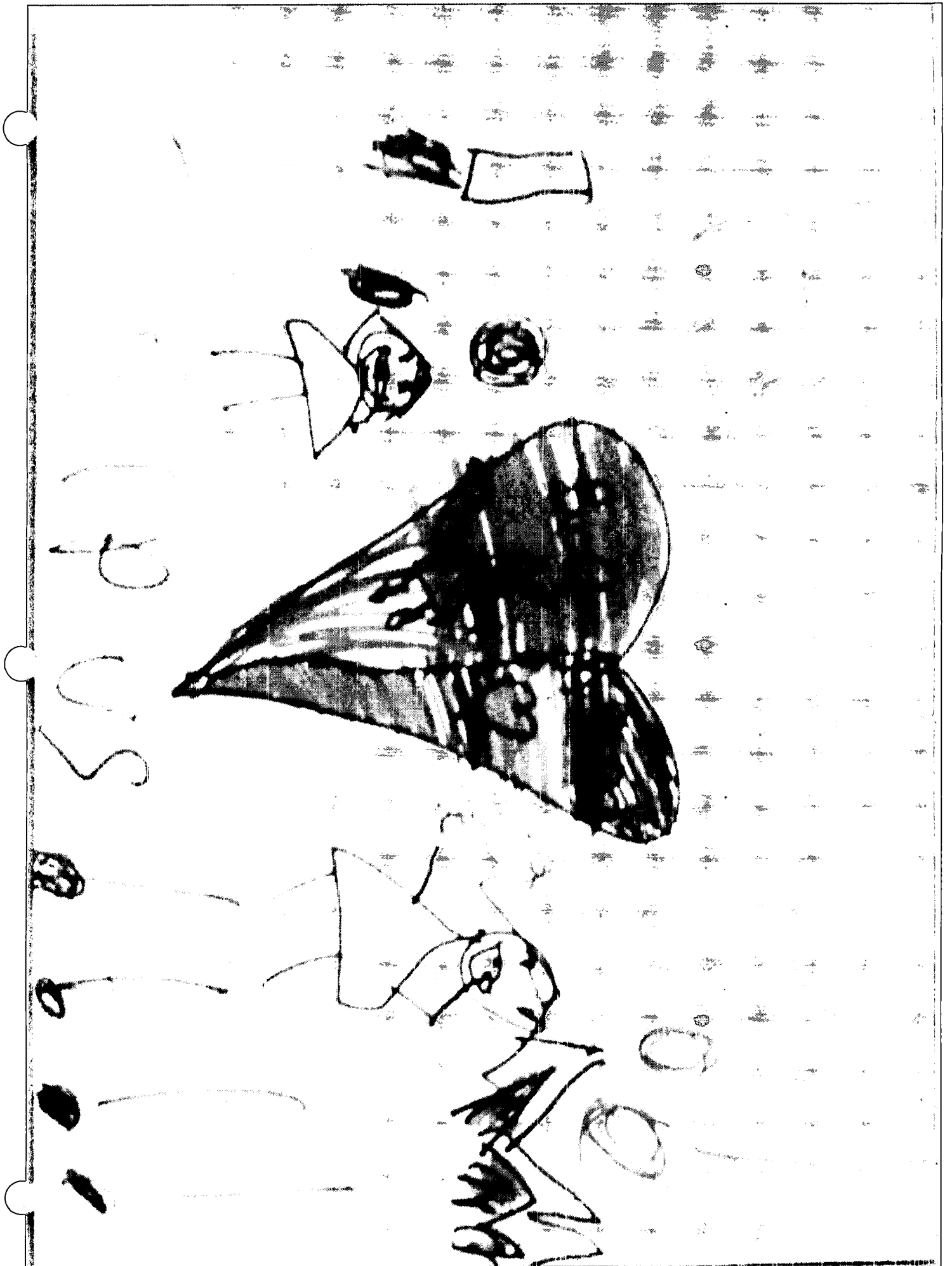


Nebulizer—

This child already had respiratory problems and the machine was being used to cook methamphetamine.



Copyright PNEFF



# Drug Home Characteristics

- Drug is priority for adults
- Forced participation in illegal activity
- Health problems due to exposure
- Delayed treatment for injuries
- Lack of treatment for injury
- Child as a pawn or currency
- Child forced to take on adult role
- Children deserve protection from neglect abuse



# DRUG RELATED CHILD ABUSE MEDICAL EVIDENCE CHECKLIST



Child's Name: \_\_\_\_\_ Parent Name: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Gender: M/F Race: \_\_\_\_\_  
 Identified hazardous exposure (i.e., mold, animal feces, lack of water or food, etc.): \_\_\_\_\_

### Medical history:

- Check vital signs
- Collect urine sample (if not collected by law enforcement; check for detectable levels of THC, opiates, amphetamines, cocaine, etc.)
- Collect hair sample (if required by local LSC protocol)
- Full-body scan-check for bruising, burns, muscle tenderness, and signs of rope burns, needle sticks, etc.
- Complete physical exam-including oral exam and skin check to determine medical, nutritional, and physical regions
- Other tests-to be done as medically indicated to include but may not be limited to:
  - Sexual abuse exam
  - STI screening
  - HIV test
  - Hydration level
  - Blood pressure
  - Sweat sample
  - Mental health screening
  - Other/abuse-up needed- \_\_\_\_\_

### Circumstances of suspicion:

- Delayed treatment
- Unusual parental behavior
- History of parental substance abuse
- Sexual activity (including venereal)
- Secure
- Sexually transmitted infection (STI)
- Seizure
- Respiratory distress
- Increased BP
- Constipation
- Dehydration
- Fearfulness of child
- Over-statement of child to staff
- Severe diaper rash
- Diaper block
- Poor hygiene
- Lice
- Scabies
- Cuts on feet
- Urinary/STI
- Other- \_\_\_\_\_

**Child abuse or environmental drug exposure is suspected, this must be reported to child protective services. Be sure to describe the item to children in the categories of table tops, food, clean water, clothing, medical care, safety (exposure to drug use, strangery), and smothering with bedding (bar of parent, bedding at parent's house, smothering questionnaire, asking to go home with child). A copy of form and test results should be provided to child protection investigator and be maintained in the case file.**

Please check to indicate knowledge of exposure to adult involvement in:	Known	Suspected
Marijuana grow		
Marijuana smoking		
IV drug use		
Prescription drug production:		
methamphetamine		
Prescription drug abuse		
cocaine/crack cocaine/snort		
illicit/alcohol use (smoking)		
Other:		

Law Enforcement signature: \_\_\_\_\_ Date: \_\_\_\_\_

Suspected drug exposure: \_\_\_\_\_

Substance	Hair	Urine
THC	+/+	+/+
Cocaine	+/+	+/+
Opium	+/+	+/+
Amphetamines	+/+	+/+
methamphetamine	+/+	+/+
Heroin	+/+	+/+
Other:	+/+	+/+

Vital signs: BP \_\_\_\_\_ HR \_\_\_\_\_ RR \_\_\_\_\_ T \_\_\_\_\_ O<sub>2</sub> Sat \_\_\_\_\_

Additional tests: \_\_\_\_\_

Expected date additional test results will be available: \_\_\_\_\_

Presentations to ER or medical facility (law enforcement, social services, family, etc.): \_\_\_\_\_

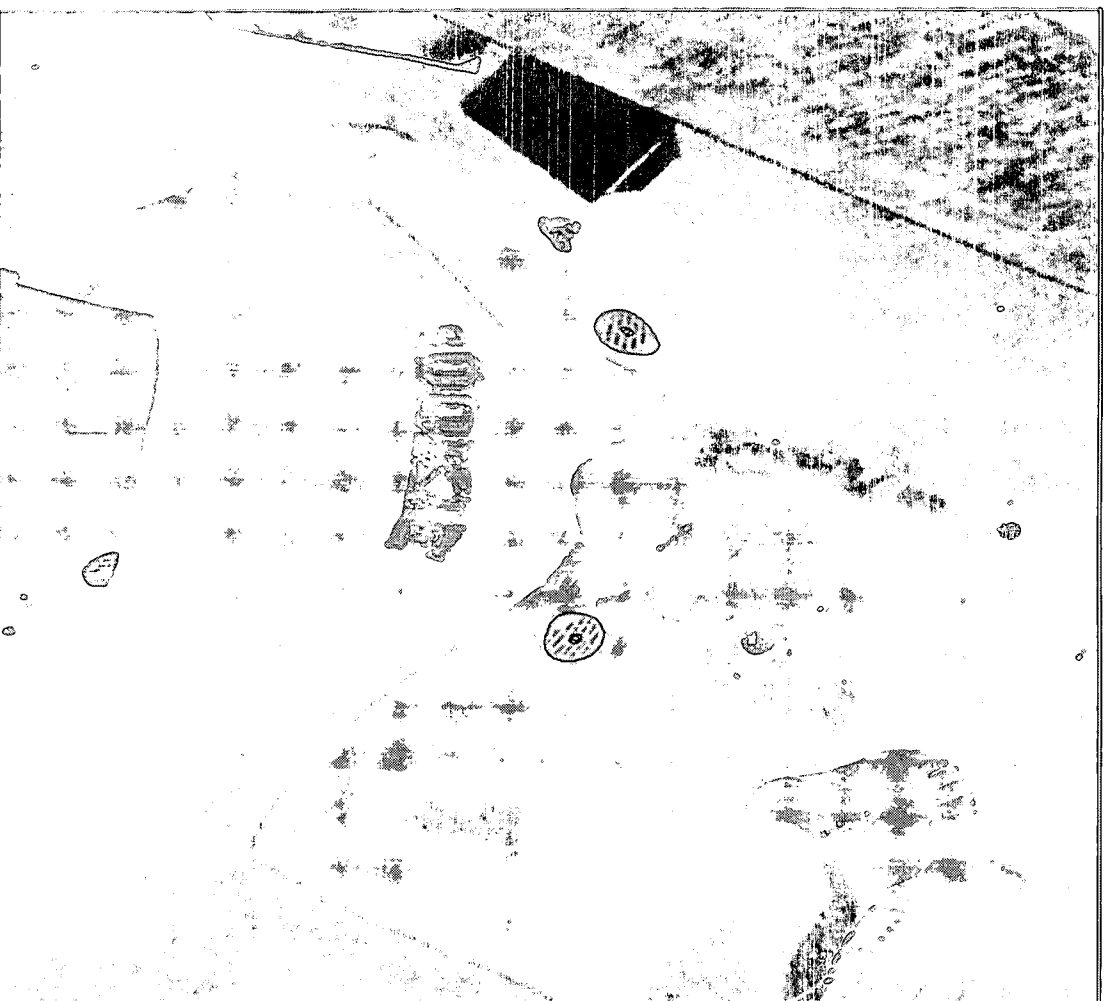
Needed follow-up: \_\_\_\_\_

Medical provider signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Candace Alexander

Forcibly addicted to  
drugs by mom and  
step-dad who also  
sexually abused her.

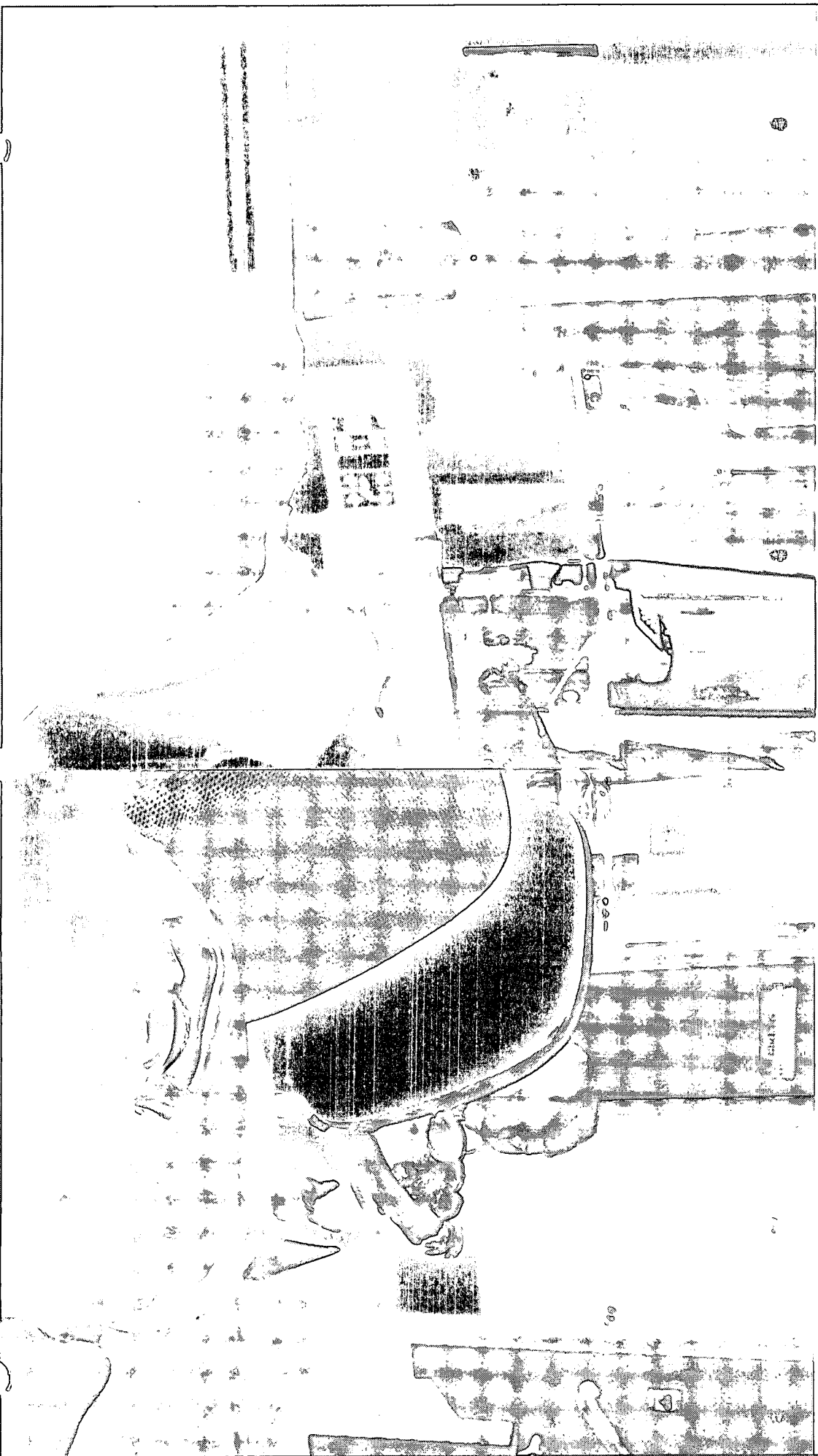
Official cause of  
death: overdose.



AND ADVISOR

ENTER \* \* \* \* \*

Sometimes, the most dangerous thing  
a child can do is ask for help.



The children tell us...

THEY WERE

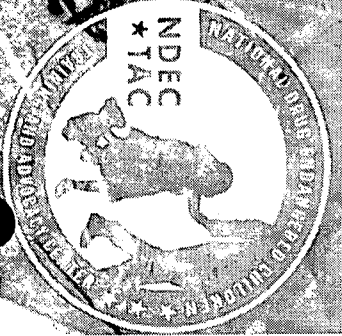
PRESENT

TOO MUCH OF

A MINOR

PARCEL

OF BATTERED

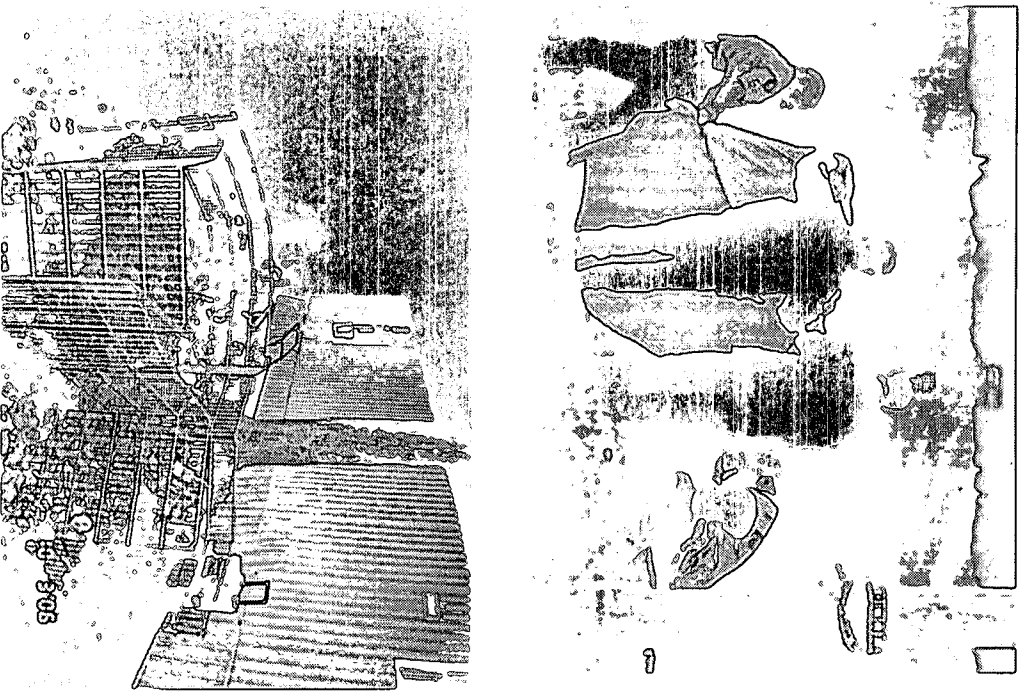


Copyright © 2010 NDEC

And help children that  
that have parents that  
do drugs and put them  
in jail and find them  
some new parents.  
RACHAEL



Can YOU answer the following questions?



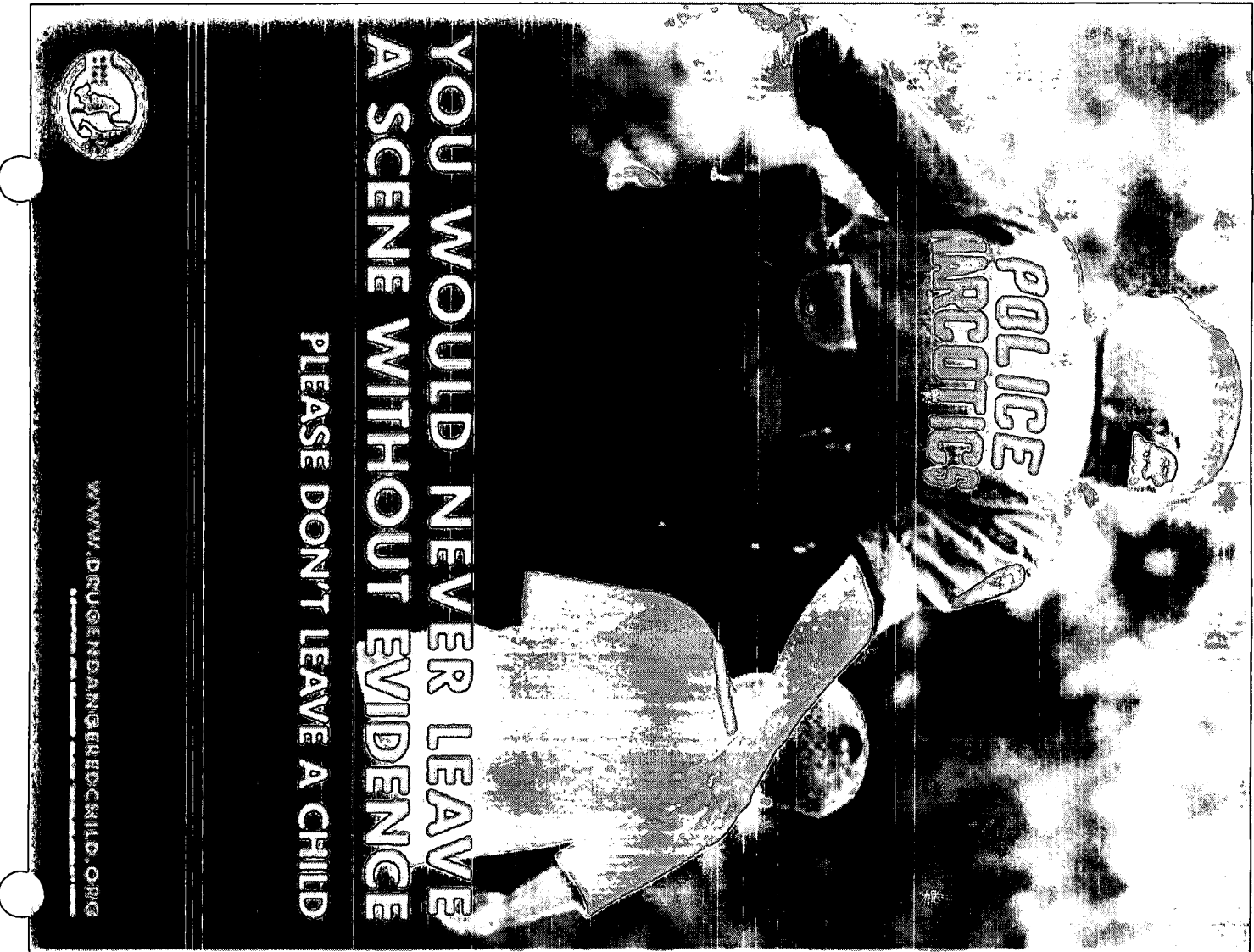
WHERE are the  
children?

HOW are the  
children?

WHAT can I do for the  
children?

Copyright 2009 Holly E. Hopper





**YOU WOULD NEVER LEAVE  
A SCENE WITHOUT EVIDENCE**

**PLEASE DON'T LEAVE A CHILD**



[WWW.DRUGENDANGERCHILD.ORG](http://WWW.DRUGENDANGERCHILD.ORG)

Their safety,  
**OUR**  
RESPONSIBILITY



## SUBCHAPTER 41D – METHAMPHETAMINE DECONTAMINATION

### SECTION .0100 – DECONTAMINATION OF METHAMPHETAMINE SITES

#### 10A NCAC 41D .0101 GENERAL

(a) The rules of this Subchapter implement the provisions of G.S.130A-284 by establishing decontamination standards for property that has been used for the manufacture of methamphetamine. The contaminated property shall not be occupied prior to decontamination of the property in accordance with these Rules.

(b) A responsible party shall, prior to habitation of the property:

- (1) perform a pre-decontamination assessment to determine the level of contamination and scope of remediation;
- (2) decontaminate the property; and
- (3) document the activities of this Paragraph. The Division shall develop a template that can be used for this purpose.

(c) As used in this Subchapter the term "responsible party" means an owner, lessee, operator, or other person in control of a residence or place of business or any structure appurtenant to a residence or place of business who has knowledge that the property has been used for the manufacture of methamphetamine.

(d) When law enforcement officials have posted a notice on property signifying that the property had been used as a clandestine methamphetamine laboratory, the law enforcement officials shall immediately notify the local health department of the presence of the laboratory. The local health department shall immediately inform the property owner of record or his agent that the property has been used as a methamphetamine laboratory, inform him that the property must be vacated, and inform him of the requirement placed upon a responsible party to remediate the property in accordance with these rules prior to the property being reoccupied.

*History Note: Authority G.S. 130A-284;  
Temporary Adoption Eff. January 1, 2005;  
Eff. April 1, 2005.*

#### 10A NCAC 41D .0102 PRE-DECONTAMINATION ASSESSMENT

The responsible party shall conduct a pre-decontamination assessment in accordance with the following:

- (1) Contact hazardous materials (HAZMAT) team member(s) or law enforcement personnel to collect specific methamphetamine lab information including:
  - (A) the drugs manufactured;
  - (B) the chemicals found;
  - (C) the manufacture ("cook") recipes/methods used at the lab site;
  - (D) duration of lab operation;
  - (E) chemical equipment found; and
  - (F) the location of contaminated cooking and storage areas.
- (2) Determine whether the heating, ventilation, air conditioning (HVAC) system serves more than one unit or structure such as motels, apartments, row houses or multiple-family dwellings to determine whether contamination entered other residences or rooms.
- (3) Assess the plumbing system for visible contamination such as chemical etching or staining and for the presence of chemical odors coming from the drain.
- (4) Conduct a visual assessment of the severity of contamination inside and outside of the structure where the lab was located:
  - (A) document any visible chemical spills;
  - (B) assess adjacent rooms, units, apartments or structures for contamination, e.g. chemical odors, staining, chemical spills; and
  - (C) determine whether disposal methods used by the "cooks" at and near the lab site (e.g., dumping, burning, burial, venting, and drain disposal) caused contamination of soil, groundwater, on-site sewage disposal systems, or other environmental contamination.
- (5) Develop a plan for waste disposal in accordance with the rules and statutes administered by the North Carolina Department of Environment and Natural Resources, Division of Waste Management for materials removed from the structure and wastes produced during cleaning, including solid wastes, hazardous wastes, and household hazardous wastes.

- (6) Determine whether the severity and type of contamination creates a risk of explosion or fire and thereby requires disconnection of power sources to the structure until after decontamination is complete.
- (7) Determine the necessary personal protective equipment needed for cleanup workers.
- (8) Notify the local health director of potential contamination of septic systems, soil, or groundwater.
- (9) Notify the lead law enforcement agency for the site if lab remnants or other evidence of methamphetamine manufacturing is discovered that may have been overlooked during bulk decontamination.
- (10) Document and retain for three years findings of the pre-decontamination assessment and provide a copy to the local health department in accordance with Rule .0104 of this Section.

*History Note: Authority G.S. 130A-284;  
Temporary Adoption Eff. January 1, 2005;  
Eff. April 1, 2005.*

#### **10A NCAC 41D .0103 DECONTAMINATION**

Decontamination shall be performed in accordance with the pre-decontamination assessment report prepared pursuant to .0102 of this Subchapter. The responsible party shall document all activities related to the cleanup and retain this documentation for three years. The cleanup shall include all of the items listed in this Rule.

- (1) Site ventilation shall include:
  - (A) not operating the HVAC system until cleanup is completed;
  - (B) venting the structure by opening doors and windows or using equipment such as fans, blowers and negative air machines for a minimum of two days prior to cleaning and throughout the cleanup process; and
  - (C) preventing vented contaminants from entering air intakes of adjacent structures.
- (2) Any syringes or other drug paraphernalia that may be contaminated with blood or other bodily fluids shall be disposed of in puncture proof containers.
- (3) Chemical remnants and spills shall be remediated as follows:
  - (A) determine pH of liquid spills with litmus (pH) paper;
  - (B) neutralize liquid acids and bases to a pH of 6 through 8;
  - (C) absorb liquids with a non-reactive material and package for waste disposal; and
  - (D) package solids for waste disposal.
- (4) Machine washable porous materials such as draperies, bed coverings, and clothing in rooms assessed as contaminated and rooms serviced by the same HVAC system as the room where methamphetamine was manufactured shall be washed two times with detergent and water or disposed of in accordance with the waste disposal plan. Non-machine washable porous materials, such as upholstered furniture and mattresses, in rooms assessed as contaminated and rooms serviced by the same HVAC system as the room where methamphetamine was manufactured shall be disposed of in accordance with the waste disposal plan. All carpeting in rooms serviced by the same HVAC system as the room where methamphetamine was manufactured and all carpet that is part of the same dwelling unit shall be disposed of in accordance with the waste disposal plan.
- (5) Plumbing and HVAC systems shall be remediated as follows:
  - (A) Plumbing fixtures that are visibly contaminated (chemical etching or staining or chemical odors present) beyond normal household wear and tear shall be removed and disposed, and the attached plumbing shall be flushed; plumbing fixtures that are not removed shall be cleaned; and
  - (2) HVAC systems shall have: all filters in the system replaced; supply diffusers and intake vents removed and cleaned; and the surfaces near system inlets and outlets cleaned. Any system that is constructed of non-porous material such as sheet metal or the equivalent shall be high efficiency particulate air (HEPA) vacuumed and washed two feet into the ductwork from the opening. Internally insulated ductwork shall be removed two feet from the opening and replaced.
- (6) All appliances (such as refrigerators, stoves, hot plates, microwaves, toaster ovens, and coffee makers) used in the manufacture of methamphetamine or storage of associated chemicals shall be disposed in

- accordance with the waste disposal plan. Appliances that are not used in the manufacture of methamphetamine shall be cleaned.
- (7) Ceilings, walls, floors and non-porous materials in rooms where methamphetamine was manufactured, rooms serviced by the same HVAC system as the room where methamphetamine was manufactured, and in other rooms assessed as contaminated shall be scrubbed using a household detergent solution and rinsed with clear water. Scrub and move non-porous materials to an area that is free of contamination. Then scrub the ceiling first, then the walls and then the floors. This procedure shall be repeated two additional times using fresh detergent solution and fresh rinse water with each cleaning of each surface (ceilings, walls, and floors). If a surface has visible contamination or staining, or if an odor emanates from a surface, that surface shall be rewashed, painted with a non-water based paint until the odor and visible contamination is no longer observable. If staining or odors persist the surface must be removed. After cleaning, room(s) used for the manufacture of methamphetamine shall have ceilings and walls painted with a non-water based paint. Resilient floor covering(s), such as sheet, laminate or tile vinyl, in the room(s) used for the manufacture of methamphetamine shall be removed and replaced or after cleaning, covered in place with new floor coverings. Ceramic or stone tiled surfaces, (floors, countertops, walls, or other ceramic or stone tiled surfaces) in the room(s) used for the manufacture of methamphetamine shall be removed after cleaning, re-glazed or have grout stained using an epoxy-based stain. Wooden materials (floors, walls, ceilings, cabinets, or other wooden materials) in the room(s) used for the manufacture of methamphetamine shall be removed or after cleaning, sealed with a non-water based coating.
  - (8) After cleaning is complete, the property shall be aired out for at least three days to allow for remaining volatiles to disperse. Open all windows and use exhaust fans to exhaust air out of the house. During this time, the property shall remain off limits unless it is necessary to make visits to check on the site.
  - (9) Outdoor cleanup shall be completed in accordance with applicable rules administered by the North Carolina Department of Environment and Natural Resources.

*History Note:* Authority G.S. 130A-284;  
Temporary Adoption Eff. January 1, 2005;  
Eff. April 1, 2005.

#### **10A NCAC 41D .0104 POST-DECONTAMINATION**

The responsible party shall notify the local health department upon completion of the decontamination process. The responsible party shall provide a copy of the pre-decontamination assessment and the decontamination activity documentation to the local health department. The local health department shall review the documentation to determine if the responsible party has documented activities addressing all requirements of the rules. The health department shall immediately notify the responsible party in writing if it determines that the documentation is incomplete. The local health department shall retain this documentation for three years.

*History Note:* Authority G.S. 130A-284;  
Temporary Adoption Eff. January 1, 2005;  
Eff. April 1, 2005.

#### **10A NCAC 41D .0105 ENFORCEMENT**

The local health department may inspect the property prior to, during or after decontamination to enforce the provisions of these Rules. The local health department may enforce the provisions of these Rules in accordance with G.S. 130A, Article 2.

*History Note:* Authority G.S. 130A-284;  
Temporary Adoption Eff. January 1, 2005;  
Eff. April 1, 2005.

North Carolina Public Health  
Response to Cleanup of  
Clandestine Methamphetamine  
Laboratories

C. Marilyn Parker

Industrial Hygiene Consultant  
Division of Public Health

NC Dept. of Health and Human Services

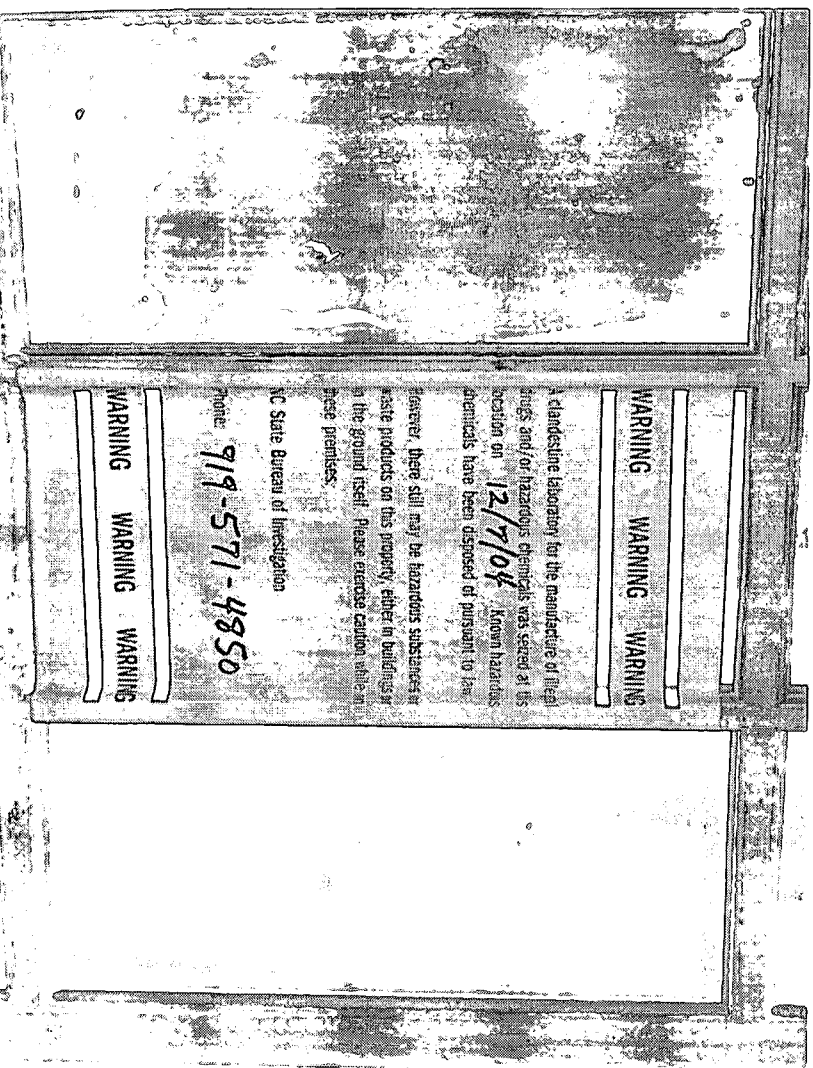
# Law Enforcement

Seize lab

• Post lab •

Remove bulk  
chemicals

Notify Local  
Health  
Department  
(LHD)



# Exposure Risk

## Active labs

Greatest risk of adverse health effects

## Former labs

Less risk

Risk dependent on:

- frequency of manufacture
- method of manufacture
- "Cook" habits

# Contamination sources:

Corrosives - toxics - flammables

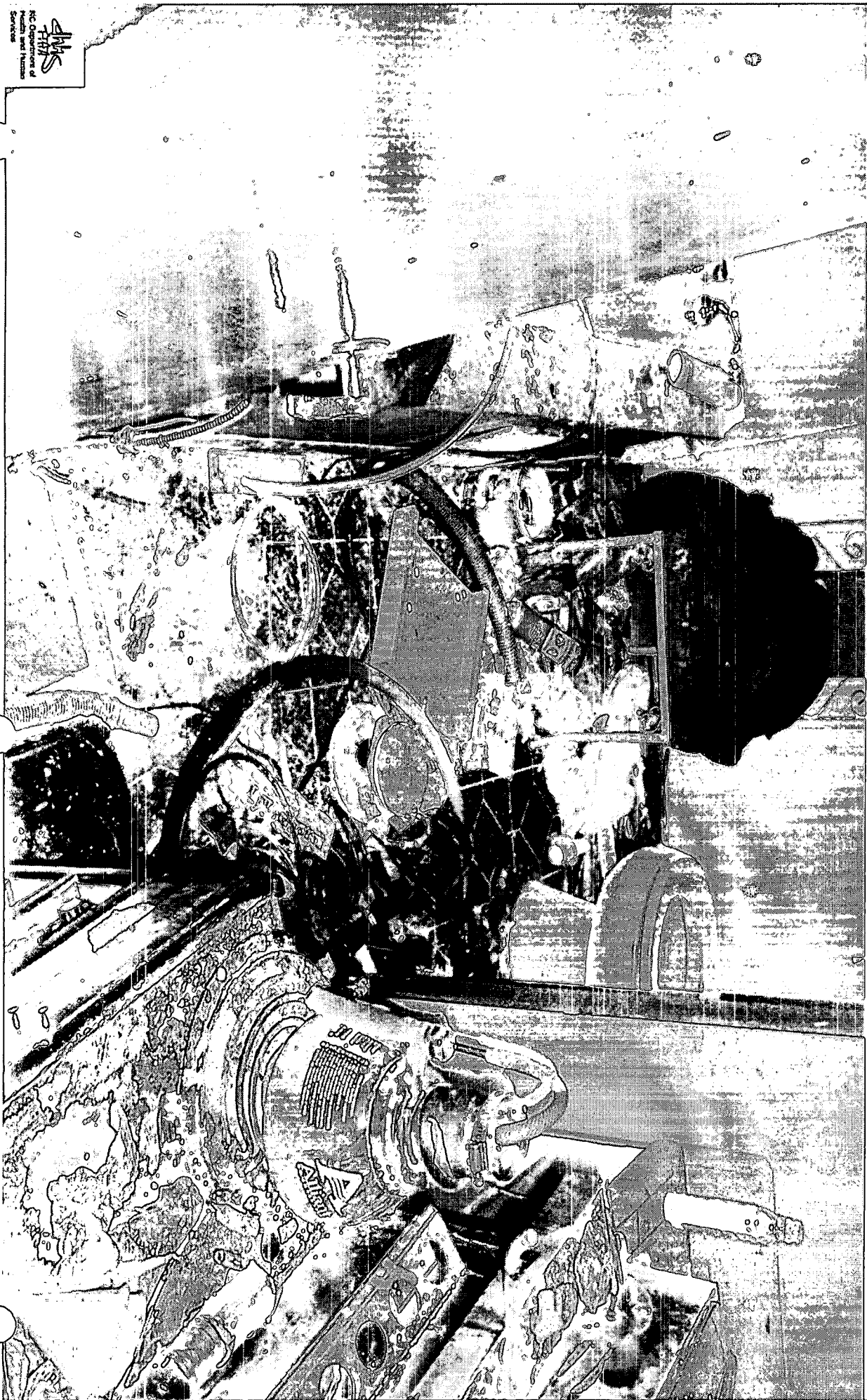
- combustibles - reactives

## Incompatible

- chemicals
- storage location
- containers



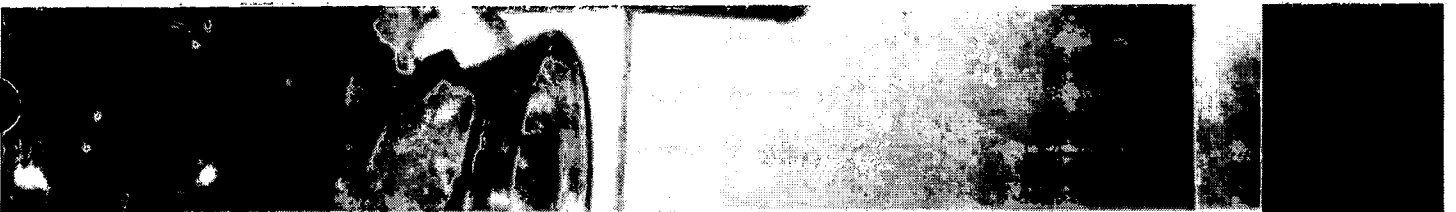
Improvised/incompatible lab equip.



# Improper handling



**DMMS**  
7177  
DC Department of  
Health and Human  
Services



Meth is used as an indicator for presence of other hazardous chemicals.

Long term health effects from residual meth have not been studied in-depth.

Limitations on setting a remediation standard.

# Analytical vs. Health Based Standards

Detection limits

Feasibility

Conservative to

be health

protective

Research in

progress

Calculated

risk-based

target

# Minnesota Pollution Control Agency

Meth penetration of wallboard

Vertical and horizontal distribution  
on wall surfaces

Meth deposition on ceiling  
surfaces

# National Jewish Medical and Research Center

Contamination from various cook  
methods

Decontamination of building  
materials

Encapsulation of contaminated  
building materials

Stability and recovery of meth on  
painted drywall

Meth exposures at a non-active lab

- Wipe samples positive for meth on hands, clothing, etc.

Suspects 0.9 - 17.4 µg/wipe

Children 0.2 - 1.18 µg/wipe

Law Enforcement 0.5 - 0.93 µg/wipe

Pet dog 1.89 µg/wipe (fur)

Chemical exposures at  
"controlled" cooks

Surface contamination

Airborne exposures during cook

Distribution of contamination

24 hours after cook -  
various activity levels

24 hours after "controlled" cook

Airborne Methamphetamine  
(during the Cook: 520 - 760  $\mu\text{g}/\text{m}^3$ )

No activity: 70 - 117  $\mu\text{g}/\text{m}^3$   
13 hrs after cook

Medium activity: 107 - 170  $\mu\text{g}/\text{m}^3$   
16 hrs after cook

Heavy activity: 100 - 210  $\mu\text{g}/\text{m}^3$   
18 hrs after cook

# Decon of methamphetamine contaminated clothing

## Test effectiveness by washing

### Normal washing machine

### Warm water w/ Cold Water Tide®

Denim cloth 1x = 99.4%

Cotton blanket 1x = 99.8%

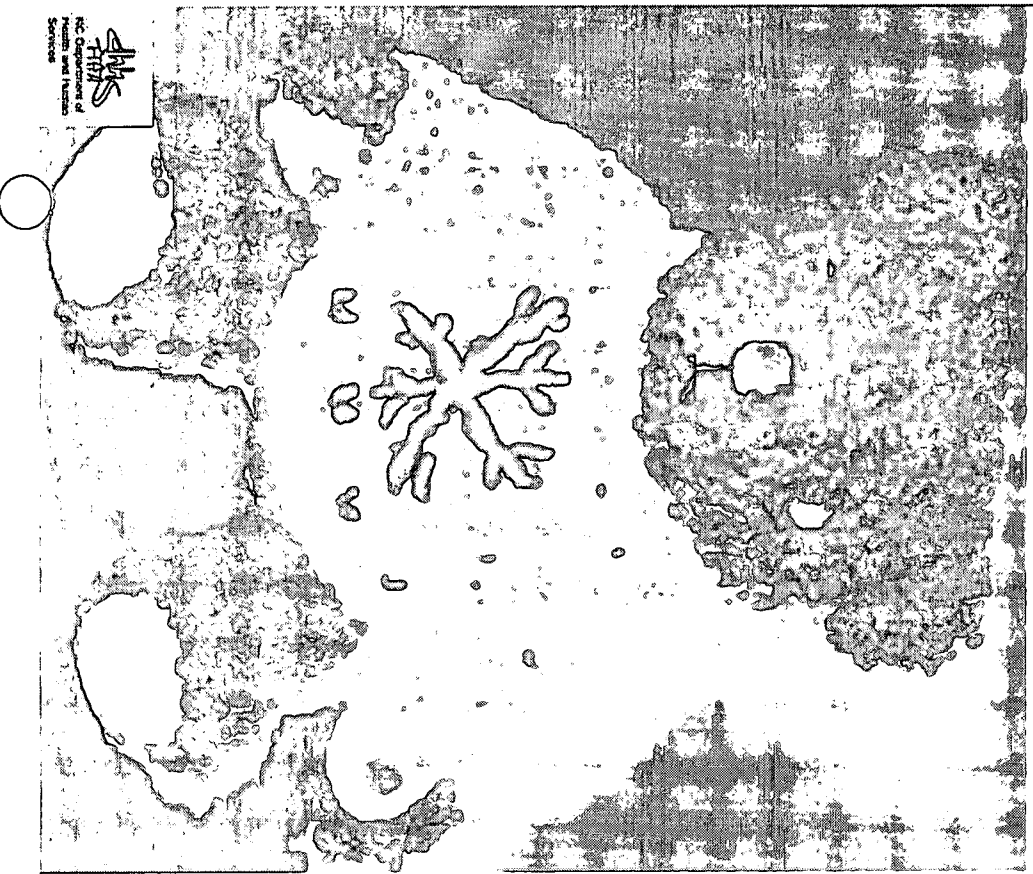
# Methamphetamine Exposures (hotel cook)

Teddy Bear: 12" away

Sweater:  
3,100 µg/100 cm<sup>2</sup>

Underlying "fur":  
2,100 µg/100 cm<sup>2</sup>

pH: <1



Contamination from smoking meth  
(motel room)

Airborne levels: 300-1,600  $\mu\text{g}/\text{m}^3$   
(lab may exceed 5,000  $\mu\text{g}/\text{m}^3$ )

Surface areas: up to 35  $\mu\text{g}/\text{cm}^2$   
(lab up to 860  $\mu\text{g}/\text{cm}^2$ )

Levels may be less if meth was inhaled

# CA Environmental Protection Agency

Developed a reference dose (RfD) for methamphetamine" 2/09

RfD = concentration or dose at or below which adverse health effects are not likely to occur

Reflects toxicity and data uncertainty

No effects level / uncertainty factor

= RfD

# CA Environmental Protection Agency

"Assessment of Children's Exposure  
To Surface Methamphetamine  
Residues in Former Clandestine  
Methamphetamine Labs, And  
Identification of A Risk-Based  
Cleanup Standard For Surface  
Methamphetamine Contamination"

2/09

Methamphetamine

Wipe Sample Clearance levels

Current meth cleanup levels in various states:

$\leq 0.1 \mu\text{g}/100\text{cm}^2$  to  $0.5 \mu\text{g}/100\text{cm}^2$

NC does not have a cleanup level

Calculated risk-based target

$1.5 \mu\text{g}/100\text{cm}^2$

# Legislative Requirement

130A-284. For the protection of the public health, the Commission shall adopt rules establishing decontamination standards to ensure that certain property is reasonably safe for habitation.

## Legislative Requirement cont.

An owner, lessee, operator or other person in control of a residence or place of business or any structure appurtenant to a residence or place of business, and who has knowledge that the property has been used for the manufacture of methamphetamine, shall comply with these rules.

N.C. Administrative Rules  
• Methamphetamine  
• Decontamination

10A NCAC 41D.0101-.0105

effective April 1, 2005

[http://epi.publichealth.nc.gov/oii/pdf/SubchapterDRules72005.](http://epi.publichealth.nc.gov/oii/pdf/SubchapterDRules72005)

pdf

# Scope of Rules

Protect public health inside of re-occupied residences & places of business

No specific requirements for outdoor issues

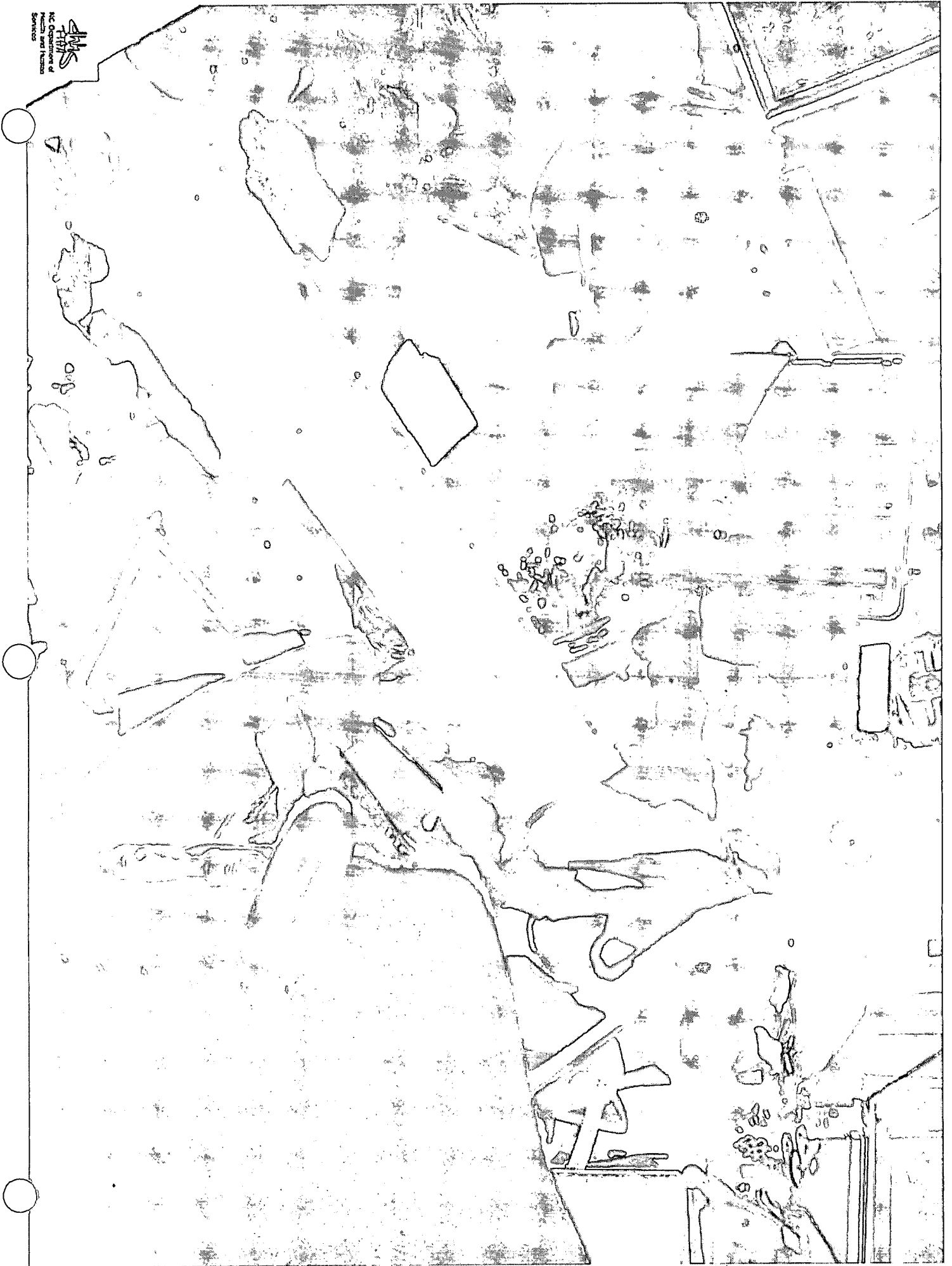
Does not address other legal issues

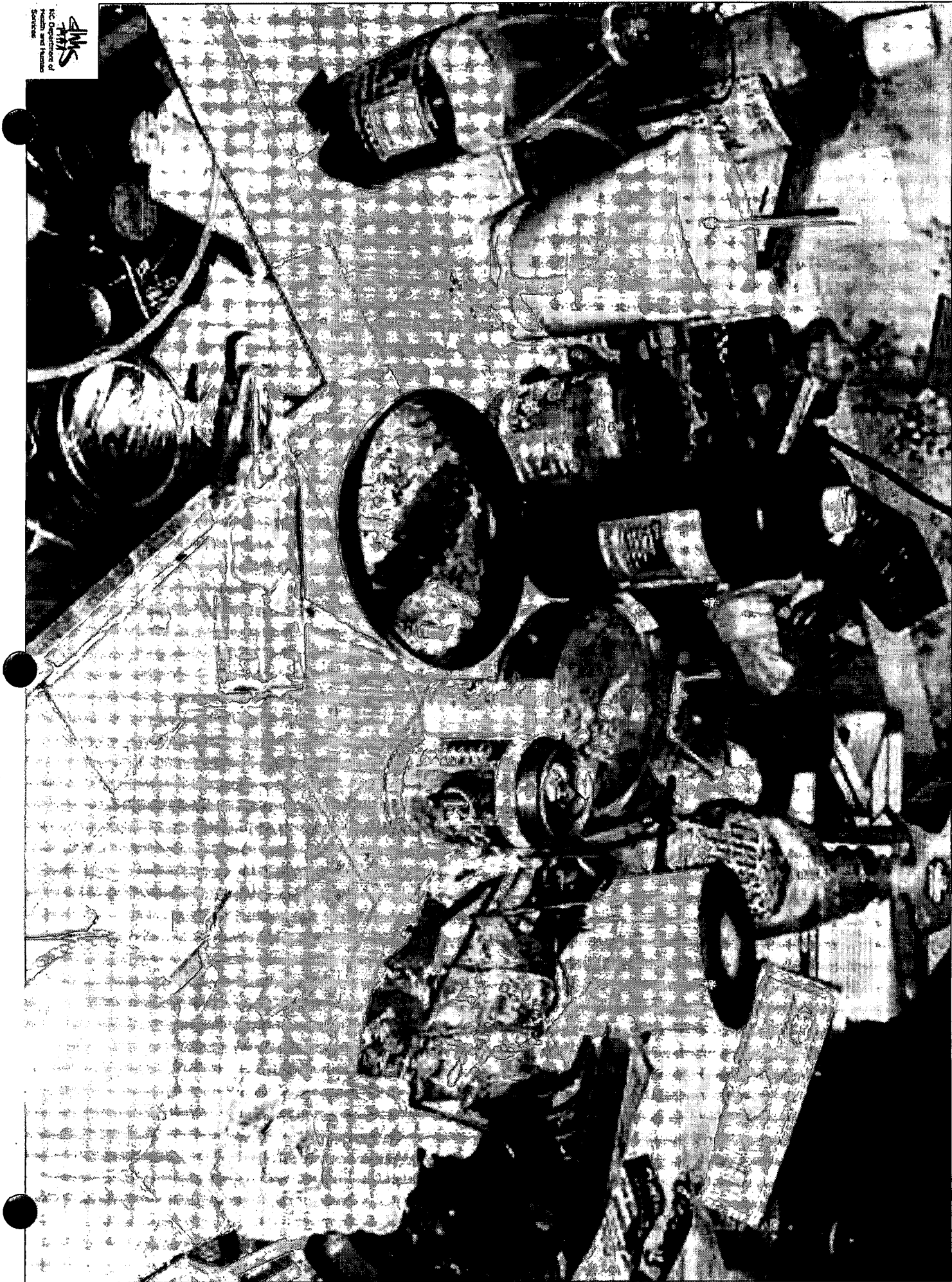
-Personal effects left behind by tenant

# Overview Rules

- ◆ LHD notifies property owner
- ◆ Prior to habitation, responsible party shall:
  - perform a pre-decontamination assessment
  - decontaminate the property
  - document those activities
  - submit documentation to LHD





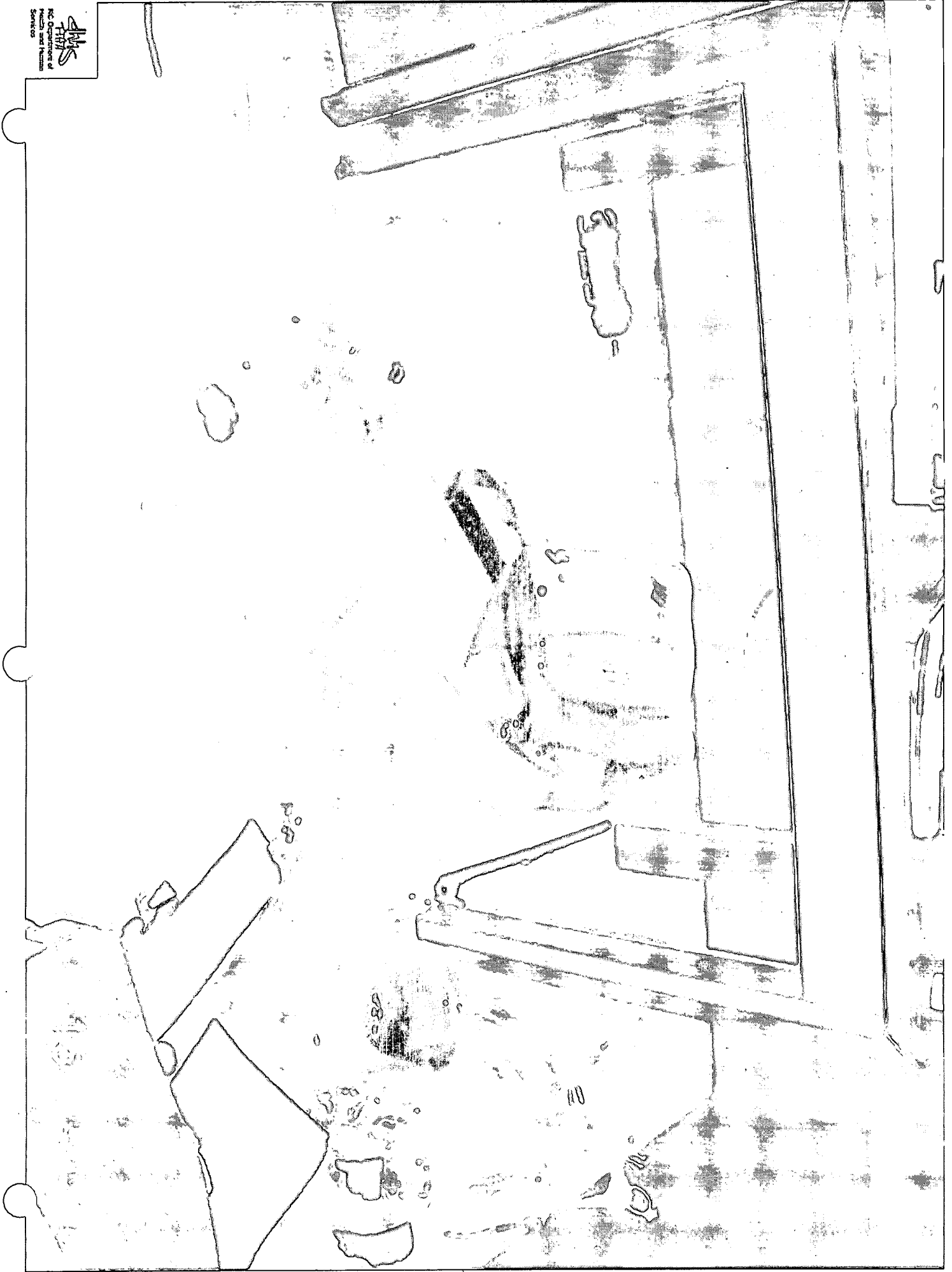


# Decontamination

- ◆ Follow pre-decontamination plan
- ◆ Ventilate before and after remediation (fans)
- ◆ Machine washable porous items-wash 2x
- ◆ Dispose of non-machine washable porous items

◆ Disposal of carpeting in  
"cook" area and areas  
served by same HVAC  
system.

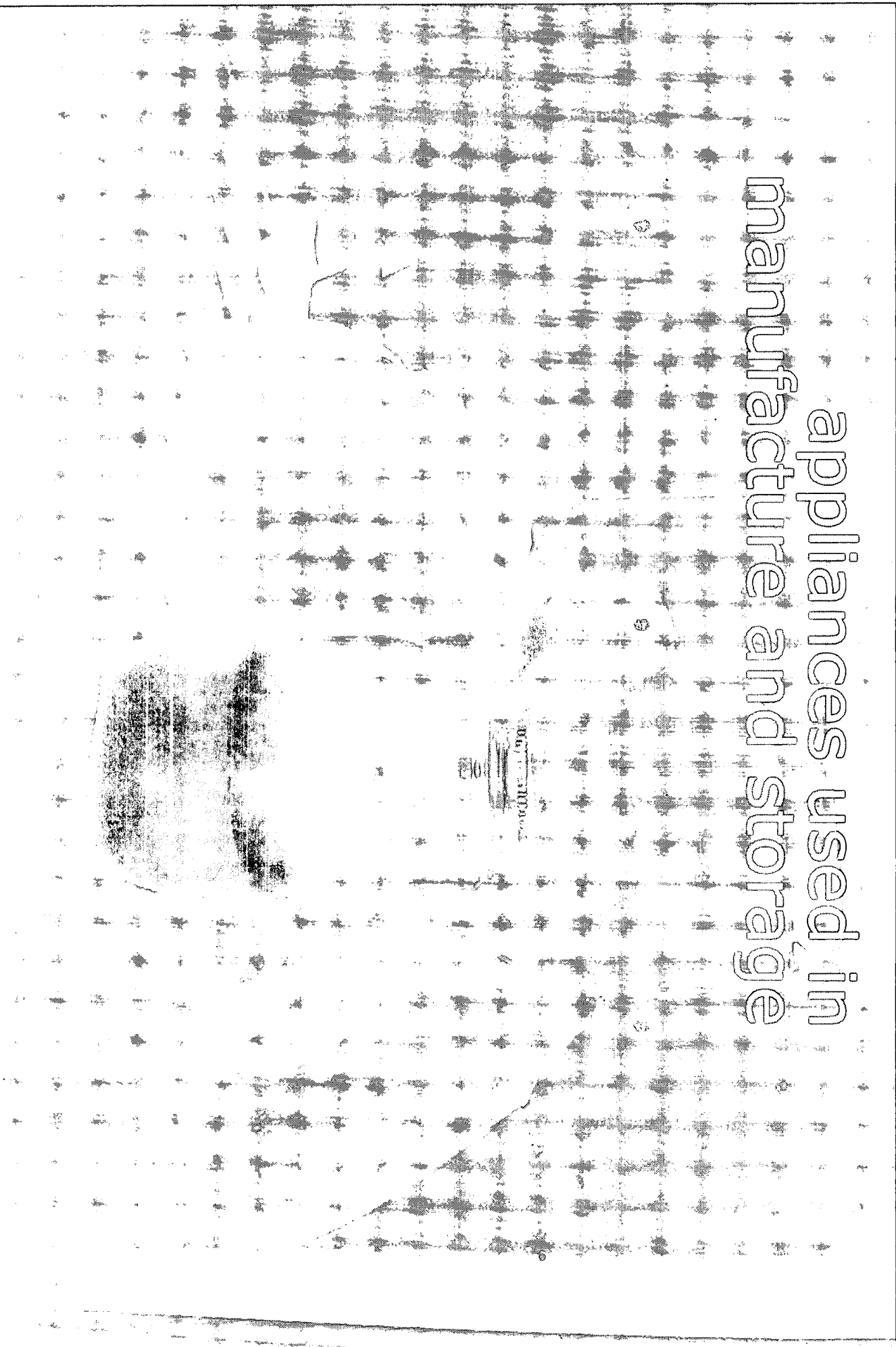


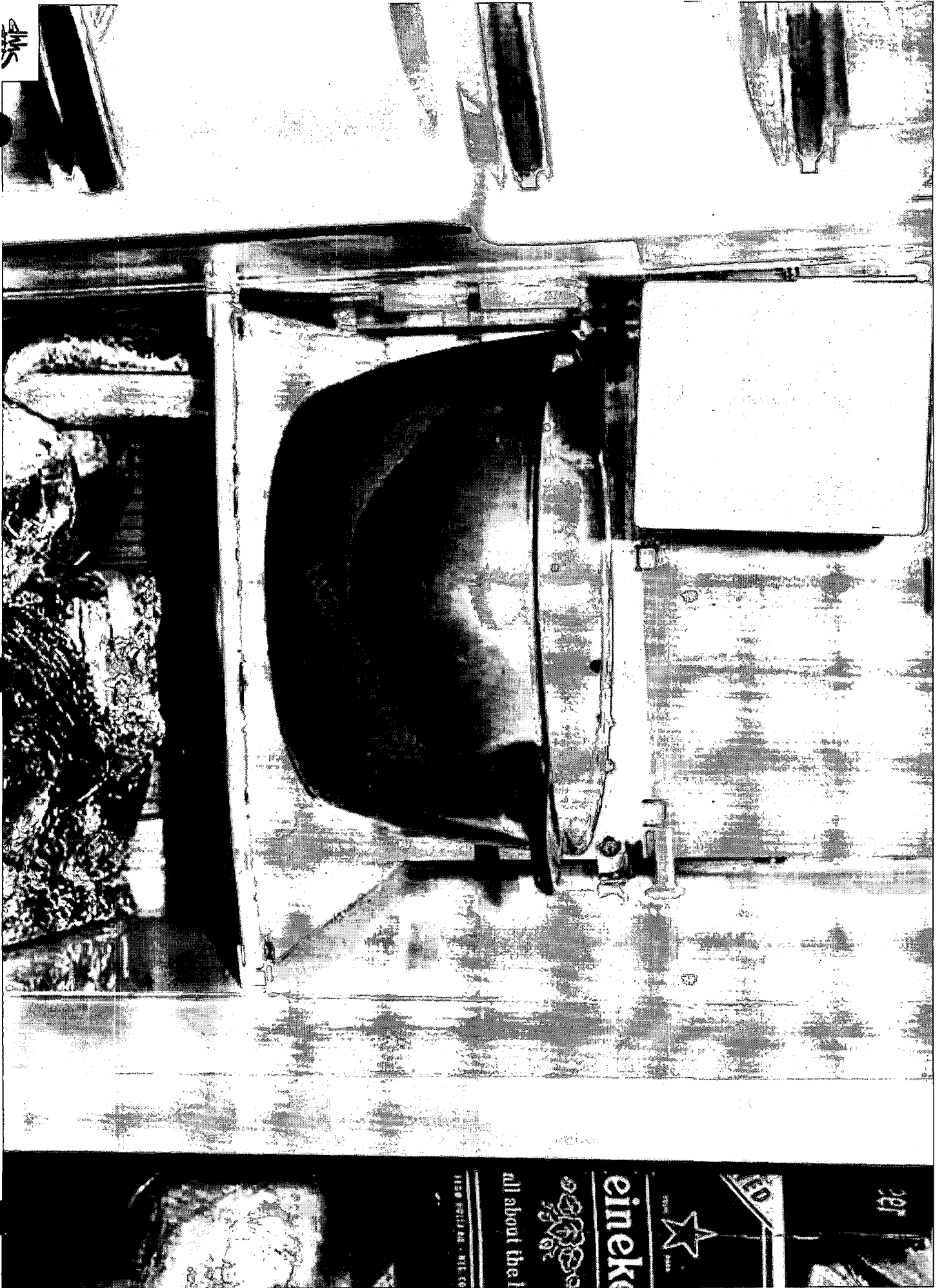


# Decontamination

- ◆ HVAC system:
  - Replace filters, clean diffusers, grills & nearby surfaces
  - Clean non-porous ducts, replace internally insulated ductwork
- ◆ Remove effected plumbing/clean
- ◆ Clean appliances not used in manufacture

# appliances used in manufacture and storage





AMS

per

LED



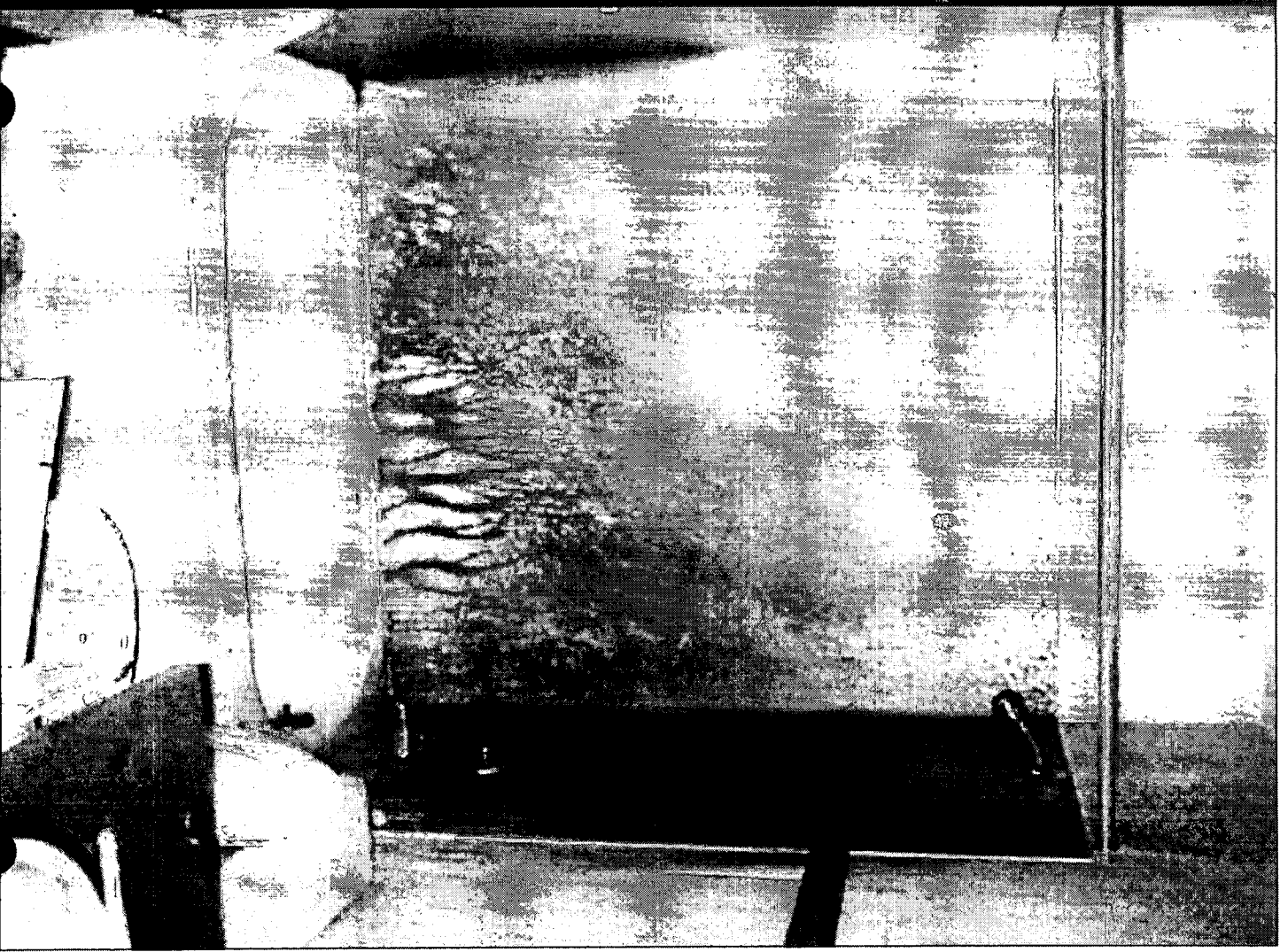
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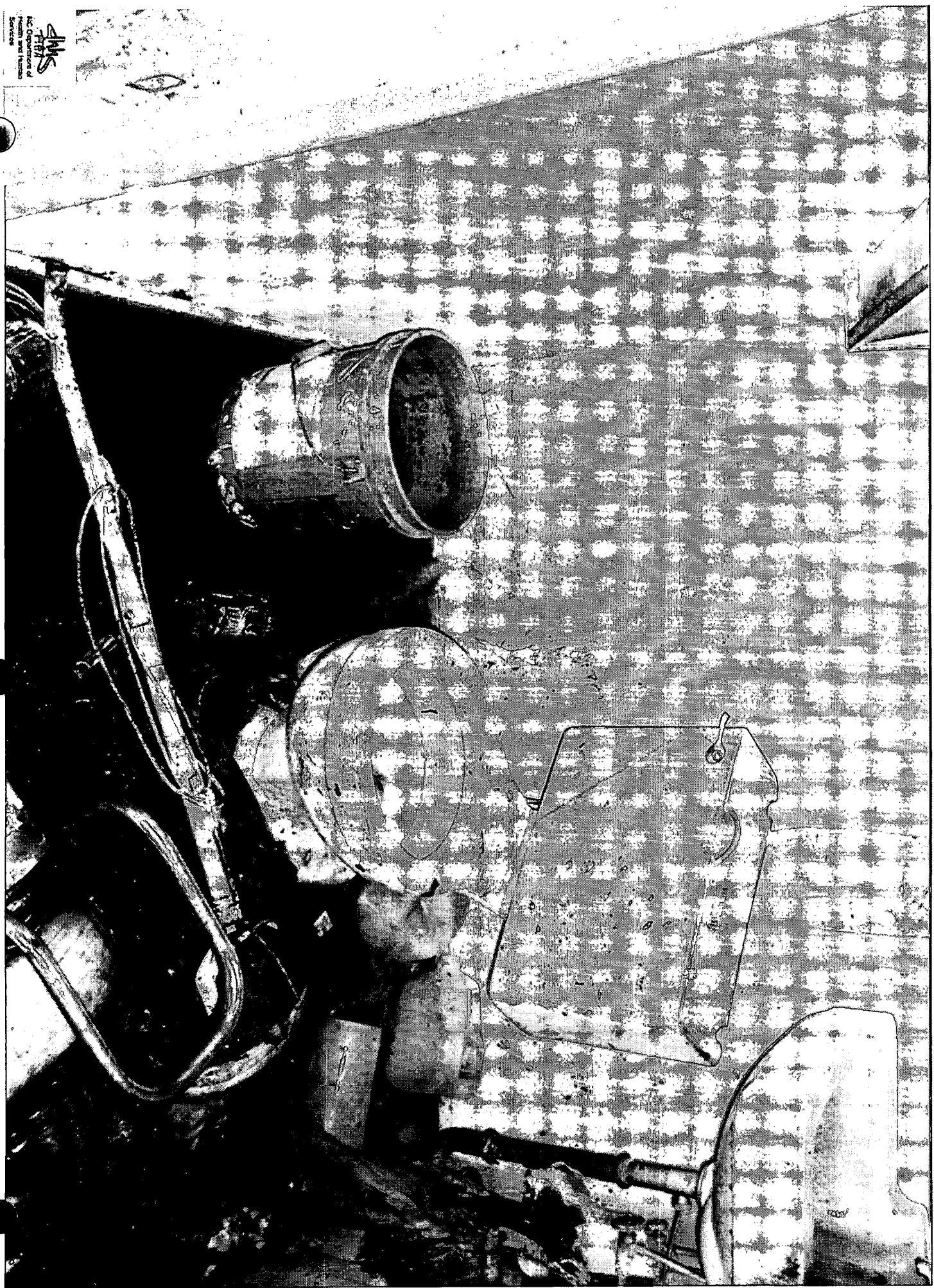
all about the I

NEW BRILLIANT - VIT. C6

◆ After cleaning,  
completely  
remove and  
replace  
surfaces with  
visible  
contamination  
and/or  
staining



AMS  
The Department of  
Agriculture  
Soil Conservation Service



AMS  
No. 00000000  
Produced by  
Sundance



INSURANCE

2000  
0000

# Decontamination

◆ Clean ceilings, walls, floors and other non-porous materials :

--scrub with household detergent

-- rinse with clear water

-- repeat twice

◆ Coat ceilings and walls with non-water based paint after cleaning

# Post-Decontamination

The responsible party shall:

- ◆ Notify LHD upon completion of decontamination process
- ◆ Provide a copy of the pre-decontamination assessment and documentation of decontamination activity to the LHD
- ◆ Retain documentation for 3 years

# Post-Decontamination

The LHD shall:

- ◆ Review the documentation
- ◆ Notify the responsible party in writing if documentation is incomplete
- ◆ Retain documentation for 3 years

# Enforcement

LHD may inspect prior to, during or after decontamination to enforce these rules.

Article 2 of 130A

Occupy without required clean up

= Violation of GS 130A-25

= Criminal Misdemeanor

# NC Guidelines include:

- Hazardous Chemicals in Illicit Methamphetamine Laboratories
- Suggested contractor qualifications
- Pre-decontamination Template
- Decontamination Template
- References

# Drug Enforcement Administration Environmental Protection Agency

Guidelines for Law Enforcement  
for the Cleanup of Clandestine

Drug Laboratories - 2005 Edition

<http://www.justice.gov/dea/resources/redbook.html>

# The Methamphetamine Remediation Research Act of 2007

Required EPA to develop guidelines  
for remediating methamphetamine  
labs

published Oct 2009

EPA

Voluntary Guidelines for  
Methamphetamine Laboratory  
Cleanup

<http://www.epa.gov/oem/methlab.htm>

NC Division of Public Health  
Occupational and Environmental  
Epidemiology

[http://epi.publichealth.nc.gov/oii/meth/  
index.html](http://epi.publichealth.nc.gov/oii/meth/index.html)

C. Marilyn Parker

Industrial Hygiene Consultant

[marilyn.parker@dhhs.nc.gov](mailto:marilyn.parker@dhhs.nc.gov)

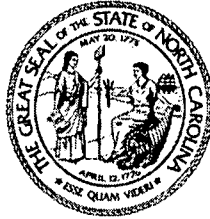
919-707-5900

## **N. C. State Bureau of Investigation**

### **Methamphetamine Laboratory Response Protocol**

- 1. When a Methamphetamine Laboratory is discovered by a law enforcement agency, the SBI District Field office for that area is contacted and a request is made for assistance from the Clandestine Laboratory Response Program.**
- 2. An agent with the Clandestine Laboratory Response Program then coordinates the response for the processing of the scene. This includes a crime laboratory chemist, crime scene personnel, and additional trained law enforcement officers as needed based on the size of the laboratory operation. The Clandestine Laboratory Response Program agent will serve as the site safety officers as required by federal regulations and provide all necessary personal protective equipment to safely process the crime scene.**
- 3. After the crime scene is processed and evidence samples are collected, the site safety officer will assist in the coordination of a commercial contractor to dispose of those items of evidence that are deemed hazardous and cannot be placed into conventional evidence holding facilities.**
- 4. At the completion of all crime scene operations, the residence or structure will be posted by the Site Safety officer with a written warning that states "while known hazardous chemicals have been disposed of pursuant to law, there still may be hazardous substances or waste products on the property."**
- 5. Evidence samples are taken to the crime laboratory for analysis and confirmation of the manufacturing process by a forensic chemist.**
- 6. The Clandestine Laboratory Response Program will notify the property owner by registered mail that a clandestine drug laboratory was located on their property and the associated hazardous related to that discovery.**
- 7. The local Health Department is also notified by letter of the location of the drug laboratory and the date it was discovered. Additional information related to specific chemicals identified at the scene is also available to the property owner and the Health Department upon request. Other information related to injuries and exposure is shared with the N. C. Department of Health and Human Services.**
- 8. The lab discovery is also entered into the El Paso Intelligence Center's Clandestine Laboratory Database for national tracking of drug lab events.**
- 9. Response personnel information is also collected for the Medical Surveillance Program to track exposures to known hazardous chemicals and environments.**

STATE OF NORTH CAROLINA  
**NORTH CAROLINA GENERAL ASSEMBLY**  
STATE LEGISLATIVE BUILDING  
RALEIGH, NORTH CAROLINA 27601



January 31, 2012

**Memorandum**

**To:** Members of the Interim House Select Committee on Methamphetamine Abuse

**From:** Representative D. Craig Horn, Co-Chair  
Representative John Faircloth, Co-Chair

**Subject:** Interim House Select Committee on Methamphetamine Abuse Meeting

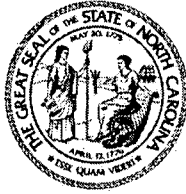
<b>Day</b>	<b>Date</b>	<b>Time</b>	<b>Room</b>
Wednesday	February 22, 2012	2:00 pm	1228 LB

Parking for non-legislative members of the committee/commission is available in the visitor parking deck #75 located on Salisbury Street across from the Legislative Office Building. Parking is also available in the parking lot across Jones Street from the State Library/Archives. You can view a map of downtown by visiting <http://www.ncleg.net/graphics/downtownmap.pdf>.

If you are unable to attend or have any questions concerning this meeting, please contact Laurie Payne at 919-733-2406 or email [hornla@ncleg.net](mailto:hornla@ncleg.net).

Posted: 19-Jan-12

cc: Committee Record \_\_\_\_\_  
Interested Parties \_\_\_\_\_



## HOUSE SELECT COMMITTEE ON METHAMPHETAMINE ABUSE

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### AGENDA

February 22, 2012  
Room 1228/1327, Legislative Building  
2:00 PM

### WELCOME AND INTRODUCTION

Rep. Craig Horn, Co-Chair  
Rep. John Faircloth, Co-Chair

- **Approval of Minutes**
- **Educating on the Dangers of Methamphetamine Abuse**
  - Mothers Against Methamphetamine Abuse
    - D. L. Scott, President, NC Chapter
    - Angela Turner, Vice-President, NC Chapter
- **Methamphetamine Lab Clean-up**
  - Dave Wagner, Anchor  
WCNC.com/News Channel 36, Charlotte
- **Report on Methamphetamine Labs**
- **National Precursor Log Exchange – Update**
  - Special Agent Van Shaw, Deputy Assistant Director, Special Operations Division, State Bureau of Investigation
- **Recommendations/Legislation -- 2012 Regular Session**

**Committee Discussion**

**Instructions to Staff**



## VISITOR REGISTRATION SHEET

House Select Committee on Methamphetamine Abuse      February 22, 2012  
 Name of Committee      Date

**VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK**

NAME

FIRM OR AGENCY AND ADDRESS

Alex M. He	KLG
Devon Scott	DHHS - DCU
W Brownson	DHHS - DCU
Bo Heath	McGuire Wood
Alison Saltz	Independent Weekly
JW Simmons	Sampson County METH Task Force
Jeff Shipp	Sampson County METH Task Force
Darlene Lang-Koonce	Lenoir Community College
M. Bode	<u>BES</u>
Angela J. Jaramon	HELP - MAMA.
Teresa Whitfield	HELP - MAMA

# VISITOR REGISTRATION SHEET

House Select Committee on Methamphetamine Abuse      February 22, 2012  
Name of Committee      Date

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME

FIRM OR AGENCY AND ADDRESS

DAVE WAGNER

WCNC-TV (NBC-CHARLOTTE)

LEN HAGAMAN

WATAUGA COUNTY SHERIFF'S OFFICE

Ken Melton

K. M. A.

Andrew Cagle

NC Sheriffs' Assn.

Julia Adams

The Arc of NC

Sarah Sord

UWM

David McGowan

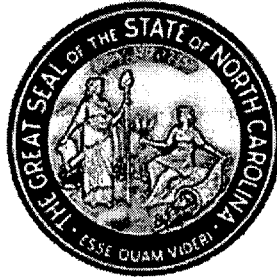
NC Realtors

## VISITOR REGISTRATION SHEET

House Select Committee on Methamphetamine Abuse      February 22, 2012  
 Name of Committee      Date

**VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK**

NAME	FIRM OR AGENCY AND ADDRESS
JOHN THOMPSON	CCNC
JOEL MAURO	ERM ASSOC
John Emerson	HIDTA
David Hamby	NMPI/HIDTA
R. W. Little	NE NARCOTIC ENFORCEMENT OFFICERS ASSO.
VAN W. SHAW	NCSBI
Todd Duke	NCSBI
BLAKE WALLACE	DUNLIN C. SHERIFF
MARY JENNINGS	NC DPS
ROSE HOBAN	NC HEALTH NEWS
Jennifer Sperson	NC DOJ



## Minutes

### House Select Committee on Methamphetamine Abuse

Wednesday, February 22, 2012  
Room 1425, Legislative Building  
2:00 pm

The House Select Committee on Methamphetamine Abuse met on Wednesday, February 22, 2012 at 2:00 p.m. in Room 1425 of the Legislative Building.

Representative D. Craig Horn, Co-Chair presided.

The following members were present:

Representative John Faircloth, Co-Chair	Representative Annie Mobley
Representative Trudi Walend	Representative Marian McLawhorn
Representative Sarah Stevens	Representative Joe Tolson
Representative Mark Hollo	Representative Mickey Michaux
Representative Justin Burr	Representative Tom Murry

Representative Horn called the meeting to order. He welcomed everyone, and reminded the Representatives to fill out and return reimbursement forms. Representative Horn welcomed and recognized our House Sergeant at Arms, Wayne Davis, and Doug Harris. Minutes were approved as presented.

Representative Horn welcomed MAMA from Duplin County. He also welcomed J.W. Simmons from Sampson County Meth Task Force and Jeff Shipp, community relations manager from Star Telephone also from the Sampson County Meth Task Force.

Representative Horn stated that education is the key part of controlling meth abuse in NC. MAMA Chapter President D.L. Scott and Angela Turner were invited to make their presentation. Rep. Horn reminded representatives to turn in reimbursement forms. D. L. Scott introduced himself as the President of the local Duplin county chapter of Help MAMA. He then introduced Karen Scalf, Duplin County Cowgirl. Mr. Scott gave a history of MAMA (Mother's

against Methamphetamine). Mr. Scott explained that Mary Holly was invited to Sampson County. Dr. Holly started MAMA after her brother's death of a crystal meth overdose. In 2005 she closed her medical practice to do research on the dangers of meth. Her website is Mamasite.net. In 2008 she came to Duplin County to make a presentation to Duplin County Community College. Dr. Holly started HELP MAMMA which is "Healing through Education Love and Prayer". It was the first chapter in NC. The website is HELPMAMANC.com. Mr. Scott pointed out the signs in the committee room that have a phone number, website, and email address to receive help with meth abuse. Rev. Linda Gratia was presented next. She is pastor of Pink Hill and Woodland United Methodist Church. Pink Hill offers support group assistance for meth addicts and families that are involved with meth abuse. An effort was made by coordinating art projects drawn by students to draw attention to what drug abuse can do. Rev. Gratia made reference to Montana meth projects that had been done. These projects were used as a model for what was done in Duplin County. She pointed out examples of art that was done by the students to bring awareness to the community. They campaigned using art and small road signs in Pink Hill and Lenoir and Duplin County areas to raise awareness of meth. They found there was a lack of awareness of meth abuse and the dangers of meth. They went into schools and were able to campaign with *Red Ribbon Week* to education students. Red Ribbon Week is a national campaign to raise awareness of drug abuse. After this awareness week students began to ask questions and also revealed family issues that were happening in their respective homes. This program educates about making choices. Meth ravaged several families in Duplin County.

"Crystal Darkness", a 30 minute documentary was shown that educates the audience about the dangers of meth. The video had testimonies from meth users about the effects and addictiveness of the drug. It is believed to be the most watched video in Northern Nevada. It received 100's of phone calls and students began to talk about the documentary in school. The campaign received a huge, positive response and brought communities together. Cities and states wanted to launch a similar campaign. The success was phenomenal.

Karen Scalf: (**Attachment 1**) Presentation emphasized how critical education is to fight the meth abuse problem.

Representative Horn thanked the presenters. Questions:

Representative Horn: What are the hard numbers in NC?

D.L. Scott: Meth has touched thousands of lives. Schools, civic organizations, churches, pass out pamphlets at games and conferences. Mary Holly touched thousands in one presentation. They set up booths anywhere they can educate on the dangers of meth.

Representative Horn: Where is the funding coming from?

D.L. Scott: Grants, donations, people sell jams and jellies and donate the money. Anyway they can get it. One group started a furniture store of thrown out furniture and then they resell it. Anywhere we can scrap a dollar. Any grants we can get.

Representative Horn: Are you supported by direct tax supporters?

D.L. Scott: No.

Representative Horn: What is the role of NC? If you can convince everyone to endorse the Crystal Darkness campaign statewide. They blackout every TV station in NC if they'll agree to it and show this 30 minute documentary. They want to get to the children through the school

system. The key is the Crystal Darkness program. A whole statewide campaign could be done for 100,000.

Representative McLawhorn: Thank you for what you're doing. You're in some schools, wondered what DPI (Dept. of Public Instruction)-how does-I'm assuming you're doing this on your own. How does the curriculum of NC school children fit with what you're doing?

D.L. Scott: Schools actually have in their curriculum a substance abuse program that is supposed to be taught every year. Our problem is we have no way of policing it to make sure it's being done. We passed out videos to be shown every year in school. Everyone is educated about drug abuse. We had the assistant superintendent reply to me. We only had 4 responses. We need to find a way to police that.

Representative Mobley: What is the number of victims?

D.L. Scott: Every rehab is full—most have 5 to 6 week waiting periods.

Representative Mobley: I'm asking specifically about children.

D.L. Scott: Meth is more of an adult drug. Marijuana, RX drugs, alcohol is more of a teenager drug. These lead to crystal meth at an older age. Start out w/marijuana, then on to something that feels better. They end up at Crystal Meth and you've lost your son or daughter because they no longer exist. It's a different entity that crystal meth produces.

Representative Steven: Can we get a copy of the Crystal meth video that is shown state wide.

D.L. Scott: Yes Mam, I can get that for you.

Representative Horn thanked them for what they are doing for North Carolina and Duplin County.

Representative Horn: The next issue is the clean-up issue that came up in the last meeting. Not just the cleanup that law enforcement does--actually what happens next? We don't know what happened in those facilities before we were there in rental cars, hotels, rental housing, etc. We don't know what happened before we were there and how clean is clean. We have a short video and then we're going to hear some firsthand experience by Dave Wagner, of WCNC TV.

Showed video of documentary that Dave Wagner did that aired on Channel 36 by Dave Wagner. Attachment 2

Representative Horn introduced Dave Wagner. Mr. Wagner said he is no expert on meth but has spent a lot of time around meth labs. Mr. Wagner reported that he never found a meth lab that had been properly decontaminated. Western states like Washington State and Oregon where meth has ravaged for some time are ahead of the game. These states have a better system because of their experience. Meth labs that are found in homes in this area have to be inspected by a certified contractor before they can be rented again. Clean means not containing meth over .05 micrograms. .80 grams was found in one home—16 times higher than what is acceptable in Washington State and Oregon. Problem in NC-police and law enforcement are making meth busts but there is no follow up. Some states are working really hard to clean up properties. In Washington and Oregon a notice is put on the title of property where meth is found and cannot

be rented again until it has been cleaned up and inspected. Here people go back to homes after getting a letter from the health department. Some people ignore warnings and allow people to move back in or try to clean it up themselves. In many cases these are cheaper homes. Clean up may be cost prohibitive. Renters don't realize the danger. There is nothing in place that protects people before they rent or buy the homes. Some are poor and have no way of getting out of these homes. The long term danger of meth is residual meth contact. They know they are cancer causing and can cause brain danger. Rep. Horn thanked Mr. Wagner.

#### Questions:

Representative McLawhorn: Is there any kind of middle ground for the homeowner not to have to spend a lot of money to clean up. Does any other state have anything that has a compromise? Are the tenants that made the mess accountable?

Mr. Wagner: There is no money from the meth addicts. They have spent all their money on meth. There is no follow up by health department. I do a simple test that cost \$40 which is recognized by the states that have strict follow-up laws. For \$40 to \$80 dollars you can test this property and tell if there is a presence of meth. There does not have to be a huge expense unless it's been a super lab. The furniture left in these meth labs are sold, or goes on Craig list or goes to a second hand store. Furniture is still heavily contaminated. I have seen homes where there were meth labs 6 to 8 years later that still have meth residue.

Representative McLawhorn: Would it be your recommendation for the Health Dept. to check all of these?

Mr. Wagner: You would have to weigh the costs. If a dozen people get cancer or 1 person, I think it's probably worth it. It's a simple test. I can test a house for meth in 5 minutes. If you can go out and do 4 quick samples and it costs \$40 I think it's important to hold the homeowner accountable to a reasonable standard to make it safer.

Representative Michaux: I guess one problem we have is the empirical data we have, we have other problems, asbestos problems, lead paint problems. We have data for those issues. I don't think the data is out there.

Mr. Wagner: I think you're right. They know it causes cancer and we know it causes brain damage. What they don't know is what the residual effect is. States out west like Oregon, they have decided to take proactive measure to make sure houses are cleaned. Breathing problems and unexplained headaches are symptoms I am finding out there. Tell people this was a former meth lab and give people an option. To fool them by not telling them a house was a former meth lab to me is a crime.

Representative Michaux: At what level does it become dangerous?

Mr. Wagner: 05 micrograms is the measurement that they believe is dangerous. That is what they consider uninhabitable or dangerous. Other states have a slightly higher measurement. States are grappling with this. They know that it is dangerous. Law enforcement wouldn't be cleaning up in space suits if they didn't believe there was some sort of danger.

Representative Michaux: My point it you're talking about .05 micrograms-what harm is caused at that level?

Mr. Wagner: Anything above that is potentially dangerous. This is a new phenomenon. Not unlike the dangers of second hand smoke over the years. Health officials have determined that it's too dangerous to step foot in there, much less live in there. No data on long term effects. There is some speculation about the long term effects.

Hal Pell: In those states where they have notices on file, do they have civil or criminal penalties for landlords that sell homes without cleaning.

Mr. Wagner: I'm not sure, but I do know they hold them accountable especially Washington State and Oregon.

Representative Faircloth: Did you find in your research that most are rental homes.

Mr. Wagner: Yes, most of them are. Some have been sold, but most are under \$100,000 and I've found hotels rooms that have been used to. You're checking into a hotel room and you don't know if it's been used as a meth lab. That is a realistic concern.

Representative Faircloth: In this drug phenomenon that we've had since the 60's and this is the pentacle of danger-methamphetamine is. It's the chasing of the wolves after they've stolen the chickens. We've got to recognize the owner of those homes, the financial investment that is there—I know it sounds harsh, but it's a part of the whole situation and we've got to find some way to be ahead of the curve to help these homeowners know a head of time this problem occurring. We make it difficult for homeowners to keep track of their properties and make sure their property is in good shape. It's not easy to address—a lot of danger involved and a lot of questions. I hope that the committee that comes after us will look at the whole package and not jump to quickly that will bring relief to one party and harm the other.

Mr. Wager: I know the predicament homeowners are facing. They are simply trying to rent property and don't do due diligence and in other cases they are surprised as anybody that they're property is a meth lab. Simply adding a link to a state site of national clandestine meth labs—it may not be complete because I know they are adding meth labs all the time but at least if they are going to rent a property the renter can go to a data base that they could go to before renting the property to check and see if their property is listed. There is no easy solution.

Representative Stevens: Are hotel rooms included in clandestine meth lab numbers?

Mr. Wager: Yes they are. Some states have no follow up. Should states use same people for clean it up as the same people that say it is cleaned up. Is this a conflict of interest? There are a lot of arms to this that stretch far and wide. It is difficult to make a decision on how to hold property owners responsible without seeing the financial repercussions. I've seen a lot of children and babies crawling on floor that many states would say are dangerous chemicals.

Representative Horn: Who is doing it right?

Mr. Wagner: Washington and Oregon where there are the big super labs. Missouri contacted him after his story and asked him about this. It hit these states very, very hard. In Missouri and lot of Midwest states a lot of meth is made with hydrous ammonia which is fertilizer in farm fields. Missouri is taking a proactive approach. I would look at these states to see how they are doing it.

Representative Horn: Is the test you use a test kit that is commercially available?

Mr. Wager: Went to states that do the testing—Washington and Oregon. It is a very simple test kit. Has a test tube—4 little sheets of ice purple alcohol—very simple. Swab an area and it lifts the meth off the wall, off the floor and off the vents. Rub for about 20 seconds, send it off to a lab and you know within 48 hours you know whether that property is contaminated.

Representative Horn thanked Mr. Wager for his time and testimony. There are significant issues involved. You have privacy issues, personal property issues, how hard it is to evict someone, how often you can inspect. We have a lot of retired people that depend on rental income to live themselves. It's a difficult balancing act to put it mildly.

Representative Michaux: You have another problem and that's a data problem. You have one standard in one place and another standard in another place—one standard in Washington and one standard in Missouri that are probably different.

Representative Horn: It's a very difficult issue and hopefully one we will consider as we move through the process with this oversight committee.

Representative Horn introduced Special Agent Van Shaw who is the Deputy Assistant Director for Special Operations with the State Board of Investigation. He will bring us up to date on the Nplex System and how it's going. We are not into not quite month 2 with the Nplex System.

Special Agent Shaw introduced himself as Deputy Assistant Director of the special operation division of the NC State Bureau of Investigation. I'm here to do two things. One is to provide a statistical report of meth labs that occurred in each calendar year. It also includes a comprehensive report the National Precursor Log Exchange. He provided a handout. (See Attachment 4 for Van Shaw's report).

Representative Horn: Questions?

Representative Michaux: Do you have any explanation of why there is a concentration in certain areas of the state?

Mr. Shaw: What we see is the year end. We tend to see groups that work together. Meth addict/producers tend to group together. It's not the typical drug ring that we used to see. They're feeding their own addiction. Most meth producers are addicts themselves. In a year's time, one meth cook will teach 5 more people how to cook meth. Burke County has made it a priority to bust meth labs. Law enforcement is driving these numbers up. One meth cook may have a critical ingredient and can come together with another cook that needs an ingredient that he has. They will cook together and split what they produce. They feed their own addiction and then they sell it to get more money to start the whole process over again. It is very beneficial to them. This is why we call it a "clustering" effect.

Representative Murry: No meth lab counties? I find it remarkable that Wake County has no meth labs.

Mr. Shaw: We have had meth labs in those areas. It could be that they have weeded out the problems. Or it could be resources. Some counties have very few resources. Some counties are dealing with situations that are happening right before them vs. what could be secretive. We find a lot but some are stumbled on in domestic situations. Highly densely populated areas are harder to find meth labs. I'm sure there are meth labs in some of these "no meth lab" counties.

Representative Murry: I have some other questions about the Nplex situation. When a sell is blocked, data is blocked on that sell—correct?

Mr. Shaw: Yes.

Representative Murry: What do you do with that stop sale data?

Mr. Shaw: Unless that person is on a watch list, nothing is done. It's one of—when we teach people how to use that data that's one thing we want them to look for is that "stop sale". They're going to go somewhere else—try it again, try it again. That's a tool that

Representative Murry: So that data is collected and used in Law Enforcement? 82 percent of pharmacies are using the program?

Mr. Shaw: Now it's 99 percent.

Representative Murry: There were probably other aspects: 7224 would have succeeded. There was probably a significant amount of pseudoephedrine that was sold. I would like to see what was actually sold. Does that make sense?

Mr. Shaw: We can get that.

Representative Murry: We don't want to talk just about what wasn't sold, but what was sold legally. That would be an interested figure for this committee to see.

Representative Stevens: I have 2 questions. 1: What would be the cost of that (appropriations)?

Mr. Shaw: I don't have the figures here. That is being compiled by the Dept. of Justice staff. That would be included on a budget expansion request.

Representative Stevens: 2: You said that labs found in motel rooms is there a reason they wouldn't be on the clandestine labs and if they are-is that by actually motel rooms?

Mr. Shaw: The National registry is maintained by the US DEA. I can tell you that they run way behind. I don't know how they categorize motels. County health departments deal with hotels differently than they do private residences. Hotels are considered well within the purview of public health. They can close them until they meet requirements or onsite inspections. I have been with this issue for 11 years. You are now taking public health into a private residence environment. We found one at the Red Roof Inn on South Saunders Street. Labs are found in the public arena. It's not prolific but it does happen.

Representative Stevens: How far behind is the National Registry is from what it is on the state level? 6 months to a year?

Mr. Shaw: I would say at least 6 months. They're compiling national statistics so I'm sure it's a pretty daunting task to say the least.

Representative Horn: I'm going to start with-you heard the presentation on clean-up. Do you have any questions or comments for this committee?

Mr. Shaw: I can speak to it from a historical standpoint. There are varying degrees of health department boards up. The state of Kentucky is very aggressive. They have civil and criminal approaches to it. Some states have no approach. In 2005 approach there was a middle ground approach. We had health department provide guidelines. We are required to notify health department, and then we notify homeowner. We put a placard on the house. Can they remove it-absolutely. We've seen people keep them as a badge of honor. Found one house where they were 4 on the wall. They were very proud. In 2005 the approach was a middle road approach it was unfunded mandate. It was a system put in place with minimal impact on available personnel.

Representative Horn. Second question-so far this year we have 78 labs. Same period a year ago what did you have?

Mr. Shaw: I would say about 40-40 would be a safe...

Representative Horn: We are almost double from where we were are last a year ago in spite of the implementation of Nplex.

Mr. Shaw: You can see why we need to get the container program up and running.

Representative Horn: You talk about packages blocked. Packages come in various counts. Should we remove packages and deal with ounces or grams what will it do to your reporting system?

Mr. Shaw: The packaging part means nothing to us. We look at grams. It's the exceedance of the daily and 30 day limits. If we see someone that stop sales, stop sales, stop sales it's not somebody that has a bad head cold. It's somebody after meth.

Representative Horn: So the term "package" is "stop sales"?

Mr. Shaw: So if you have 7000 packages that didn't get sold would equate to over 14,000 grams.

Representative Faircloth: We talked about numbers of labs. That has changed since number of labs was houses. Now we're at one pots. How do figures from 2004 relate to 2011 in actual grams? Is there any comparison there?

Mr. Shaw: A one pot is generating a smaller amount. It's a movement to feed the addiction immediately. It is less--years ago back in 2004 we tended to see people ramping up production and make larger amount. What we are seeing now is people making the 1 pot method, and extrapolated it out. Instead of 1- 2 liter bottles, we are seeing 5 - 2 liter bottles and running them all at the same time. Even with the red phosphorous and anhydrous ammonia method we would see small cooks and we would see bigger cooks. 1 pot makes smaller amounts, but we are also seeing larger amount. Larger amounts--1 to 2 ounces of meth being manufactured not 1 to 2 pounds. A typical pot will yield multigrams. Would have to set up multiops to achieve 1 or 2 grams of meth.

Mr. Duke: I worked in Surry County where they had 57 1 pots of meth. They had been doing it, doing it, doing it. They had ramped it up to that degree. It is infinitely scalable.

Representative Faircloth: Would it help to be able to say, "we caught this lab last week and they were producing x amount of meth"?

Mr. Shaw: Can we do that? Yes--when our chemists go the field they measure not only what product is there we may not get meth because as soon as it's cooked, it's gone. What we see are the lab apparatus. What we do is based on being at the scene. If we see are 30 blister packs at the scene we can come up with theoretical yield--haven't done this in our reports because it is theoretical. We use this primarily in federal court. Yes, we can have an idea of what was produced but it's theoretical.

Representative Stevens: How much meth would be produced if 8 grams of Sudafed or in essence what is a dose--gram wise?

Mr. Shaw: It depends on the user. Todd Duke is the special agent in charge. I'll let Todd answer that.

Mr. Duke: A typical user will use a quarter to a half a gram. At a 90 percent theoretical yield, 8 grams maybe. Sometimes if they rush the process they get a little less. A typical user will use a quarter to a half a gram but will use over and over while he's on a four or five day binge. Hard to tell what a user will use.

Representative Stevens: A dose is typically a quarter to a half a gram.

Mr. Shaw: That's correct.

Representative Stevens: They may use 4 or 5 doses throughout the 24 hour period of time.

Mr. Shaw: If they ramp it up.

Representative Stevens: Our nine grams we allow a month are how many pills?

Mr. Shaw: It depends on whether it's 30 milligrams or a 240 milligram package.

Representative Horn: That's why the package issue comes into play. It's the size and the number and the amount of dosage. 9 grams is approximately 25 to 30 hits.

Mr. Duke: That's about right.

Representative Horn: Last thing on our agenda is a technical amendment. You heard discussion on the 2005 legislation that set up parameters of pseudoephedrine. Rep. Horn recognized Rep. Tolson for question:

Representative Tolson: Is there anything that will send up a flag if a stop sale happens say 5 times?

Mr. Duke: You have to put that person on your watch list so that a notification is sent if that person does come up on a stop sale list by text or email.

Representative Tolson: So there is a way to notify you.

Mr. Duke: Yes there is. There is a certain number. It depends. They have to be put on a list.

Representative Tolson: Would it help, say John Doe is stopped. Does a flag pop up so that he can be put on a list?

Mr. Duke: I'm not sure. The issue would be who you would notify.

Representative Tolson: How often do you go back and look back at people that have been blocked? Or do you do that?

Mr. Duke: In my role now, not sure. As an investigator, I used the system quite a bit.

Representative Tolson: If they exceed their limit, do you get a flag on that?

Mr. Duke: Yes sir.

Representative Tolson: Mr. Chairman I suggest that we look at that as a possibility that this be used so it can be used for more effectiveness.

Representative Horn: It seems that the system could be modified to send a flag up after a certain amount of times.

Mr. Pell: Possibly at the next meeting we can have someone from the Nplex system address that.

Representative Horn: Going back, what I have included is a technical amendment to the legislation passed in 2005 as well as this passed legislative period. 3 packages in parentheses (9 grams)- is it 3 packages or 9 grams? The 1<sup>st</sup> recommendation is to set it at 9 grams and remove the confusion. The 2<sup>nd</sup> part of the technical amendment has to do with the first part - page 1- under section 2 now let's go back to section 1 which is when we passed the bill into law. On the Nplex section we didn't stop the written system and there was a conflict. You had to read a large placard and you had to attest that you had read that placard. Under the Nplex system because of the extent of the reporting and the nature of the reporting, we don't need to do that and it's a waste of time, effort and money. There are 2 pieces: A. Remove the handwritten law, B. Simplify the language to say 9 grams and make no reference to packages. I would like to ask the committee to support this and send it forward to be included in a large technical amendments bill.

Representative Stevens: What is the difference in A and B? Why do we need both? When you buy 9 grams over a period is there a problem that makes it contradictory? You can buy 9 grams a month-that's it.

Ms. Sitze: I think you could have B and not A. Who needs more than 1 pack of Sudafed in a day? That was the thought process. Have a daily limit and a monthly limit. You can say no

more than 9 grams in a month. You have that in a 30 day period. It may become harder to calculate.

Representative Stevens: My understanding is a 3.6 gram unit.

Ms. Sitze: I don't know.

Representative Murry: 30 milligram pills-federal law is inconsistent with NC law.

Representative Stevens: Do we need A and B.

Representative Murry: We need both. Theoretically federal law says you can buy only 3.6 a day.

Representative Michaux: You have a very distinct problem. You're telling me I can go in and buy 3.6 grams per calendar day but if I go over 9 grams a month, which law am I abiding?

Representative Murry: The answer is yes. I didn't write the federal law, but I'm telling you I can go in one day and buy 3 grams the next day go in and buy 3 more grams, the next day, buy 3 more grams, and I can't buy anymore.

Representative Michaux: No you can't.

Representative Murry: Yes you can—you're not reading it right. Not more than 9 grams of Sudafed w/in a 30 day period. All facts....

Representative Horn: Would you like to comment on how this is structured.

Ms. Sitze: I'm not going to get into a debate.

Representative Horn: I understand.

Mr. Pell: Just on a point that it doesn't matter in a 30 day period 3 grams on 3 separate days or just in a 30 day period you can't have cumulatively bought more than 9 grams.

Representative Horn: You're limited in a day to no more than 3.6 grams on any particular purchase not to exceed not to exceed 9 grams in a 30 day period. I don't see a conflict.

Representative Michaux: If you can limit it 3.6 grams per calendar day not to exceed 9 grams in a month than you then that's something different.

Mr. Pell: That's 2 separate sections that operate independently. One overrides the other. As long as you don't buy more than 3.6 grams per day within a 30 day period and you don't buy more than 9 grams in that 30 day period, than you're within the law.

Representative Michaux: But you've got 2 sections here, either way why don't you put your limit to 3.6 grams a day and no more than 9 grams in a 30 day period.

Representative Horn: Andy Ellen would you please clarify.

Mr. Ellen: Introduced him as being with the NCRMA. Look at subsection A—which applies to the pharmacy. Pharmacy can't deliver more than 3.6 grams to any one person in a day. S/S B applies to the person I cannot purchase more than 9 grams in a 30 day period. One—the pharmacist can't exceed the limit, 2 the person can't exceed the purchase limit. In 2005, NC passed its law that had the packages and weight limits in it similar to this. In fall of 2005, Federal Government was passed the law that changed the purchase limits consistent to what we have now. In 2006 the General Assembly made it consistent so pharmacist knew levels on what they could sell or not sell. Pharmacy can't sell more than those packages and the purchaser can't buy more than that.

Representative Michaux: Section A says no person should deliver more than 3.6 grams or no person should attempt to deliver to any one person more than 3.6 grams or no person should purchase....how are you applying this...one person is delivering and one is purchasing.

Mr. Ellen: Again, you are looking at the person who is either buying or selling, and if they couldn't go in and buy more than that at one time. So if I went and bought a package and one for my wife so in a 30 day period I couldn't exceed that 9 gram limit.

Representative Michaux: I agree, I don't have a problem with that. No person shall purchase more than 3.6 grams per day; no person shall purchase more than 9 grams per month.

Representative Stevens: Just trying to help clarify. We don't need the word purchase at the beginning of line 13, if we take out that, then the 2 paragraphs will not be inconsistent-just the word *purchase*.

Ms. Sitze: *Purchase or attempt to purchase*.

Representative Stevens: *Attempt to purchase* will still need to be in there b/c it's not in the second paragraph at all. So it would just be the word *purchase* and it will not make it inconsistent.

Mr. Ellen: I think that will be fine as long as we're consistent with the federal law. Don't want to have a pharmacy under 2 different standards. They can comply with the state standard but fail to comply with the federal law. This has been the law for 7 years and we haven't had this issue. We're just trying to take the package piece off and stay consistent with the federal law.

Mr. Pell: My question for the Nplex people is the system is set up now to someone bought 3.6 grams at one pharmacy and went to another pharmacy the same day it would raise a flag on the Nplex system based on paying. Evidently federal policy didn't feel anybody needed more than 3.6 grams in a day. If that is the way its set up, than that would be consistent with the statute.

Representative Horn: It occurs to me that we're not satisfied with the wording here. We will meet one more time before the short session. It occurs to me that we need an opportunity to insure that everyone is comfortable with proper wording and I ask you that you give that some thought. Is there anything else to come before the committee?

Ms. Sitze: Do you intend to do a formal report to the General Assembly or recommend a piece of legislation, if so we will need to adopt that at the next committee meeting or additional recommendations we will need to adopt those.

Representative Horn: I don't think this committee is ready to give a formal report yet. We have a 2 year life here. We have a lot of information to come in on the Nplex system and the SBI. Yes we do want to make a recommendation if we feel there is a necessity to correct conflict in existing legislation.

Mr. Pell: My understanding of section 1 of the bill that there is a technical reason why it had to be deleted because they could not put that into an electronic boiler plate of the Nplex system that was another reason for the committee to consider a section 1 change.

Representative Horn: There didn't appear to be any discussion about that.

Representative Michaux: Do you not have to have some type of warning?

Mr. Pell: I don't think it does away with the warning it just does away with the certain signature portion of the -would need to be added back. (hard time understanding tape.)

Representative Horn: Obviously more work to be done at the next meeting. As well we will continue to get an update from Nplex to talk about flagging and adjustments made and also indicated interest in hearing from the medical community. Have heard 30 percent of burn victims are from meth abuse.

Representative Stevens: If someone from the medical community could report on .05 micrograms and what that means and if we adopt a level of cleanup.

Representative Faircloth: Could we have the staff research the federal and state law with respect to explosives to see if single pot cooking could qualify as an explosive?

Mr. Pell: As well, as under federal law whether the consistency issues the daily and 30 day law matches up.

Representative Horn adjourned meeting at 4:04 p.m.

House Select Committee on Methamphetamine Abuse  
February 22, 2012

1. Thank you

2. MAMa – Mothers Against Methamphetamine

2000 Dr. Mary Holley lost her brother to crystal methamphetamine.

2005 Dr. Holley closed her office as an obstetrician/gynecologist to devote full time to Mothers Against Methamphetamine.

Website is [mamasite.net](http://mamasite.net).

3. 2008 HELP-MAMa Healing thru Education, Love and Prayer Mothers Against Methamphetamine

1<sup>st</sup> chapter in N.C.

website [Helpmamanc.com](http://Helpmamanc.com)

Ph# 252-560-7171 hot line

Counsel and recommend individuals to Christian rehab centers

Not just meth – all drugs and addictions

House Select Committee on Methamphetamine Abuse  
February 22, 2012

- Church support group is located at Pink Hill United Methodist Church.
- Area churches have placed 100 signs roadside.
- Old buildings have been painted with murals.
- 4'x4' road signs prepared by students in art classes have been placed near schools.
- Presentations to:
  - Area Social Service case workers
  - Area schools
  - Civic groups
  - Churches
- Set up booths at:
  - Gang Awareness Conference
  - State of the Child Conference
  - Grady Outlaw Memorial Library Stew Fest
  - Duplin County Business Expo
- 2009 Rock the Flock Concert and testimonies held at East Duplin High School.
- 2010 Crash Bang Symphony Concert and testimonies held at East Duplin High School.
- Videos on drug awareness have been distributed to every high school and middle school in Duplin County. The teaching staff shows the videos to the students each year.
- Red Ribbon Week: Educational leaflets, pens, pencils, arm bands, etc. are passed out to students in the schools and students have an opportunity to share their concerns about drug use in their community.



**Fortes Laboratories**  
 25749 SW Canyon Creek Rd. #600  
 Wilsonville, OR 97070

Office: 877.458.6710  
 Fax: 503.682.8668

Client: CL- Dave Wagner WCNC-TV  
 Address: 1001 Wood Ridge Center Dr., Charlotte, NC 28217  
 Phone: 704-329-3600  
 Site Location: Daycare, ,  
 Project Name: Meth Test  
 Date of Analysis: 11/04/2011

Report Number: WCN1102

**Report of Analytical Results**

Sample Number	Area Sampled	Analysis	Method	Result	Units	Result	Units
1	Basement Ceiling	Meth	GC/MS	<	0.02 ug/100 cm <sup>2</sup>		
2	Light Switch	Meth	GC/MS	<	0.02 ug/100 cm <sup>2</sup>		
3	Air Return	Meth	GC/MS	<	0.02 ug/100 cm <sup>2</sup>		
4	Bannister	Meth	GC/MS	p	0.10 ug/100 cm <sup>2</sup>		

< 0.02 ug/100cm<sup>2</sup>=No Methamphetamine Detected in Sample  
 p = Sample is Positive for Methamphetamine  
 R = Sample Rejected

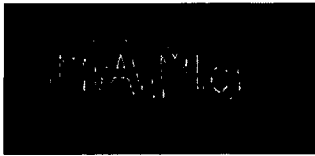
Robert M Hara, B.S., NRCC  
 Certifying Scientist  
 877-458-6710

**Quality Control / Quality Assurance Report**

Quality Assurance	CV	Units	LV	Units	
Lab Blank:	ND	ug/mL	ND	ug/mL	
Method Blank:	ND	ug/mL	ND	ug/mL	
Quality Control	CV	Units	LV	Units	Percent Recovery
Check Standard	625	ng/mL	588	ng/mL	94%
Surrogate Standard	250	ng/mL	227	ng/mL	90%

Surrogate=Amphetamine, Check Standard=Methamphetamine  
 CV=Control Value, LV=Lab Value, Surrogate/Control Value Must Be +/- 20%

MDL=Method Detection Limit by 40 CFR Part 136 Appendix B Method, 0.018 ug/mL  
 PQL=Practical Quantitative Limit 0.018 ug/100cm<sup>2</sup>



DVD 10 min, 20 sec

Karen Scalf

## Thought: Drugs Destroy Dreams!

What are the drugs that destroy those dreams---any substance that robs our children from their potential possibilities.

#1 – Marijuana, #2 – Prescription Drugs, #3 – Alcohol

Methamphetamine – parents will neglect, abuse, and kill their own children.

So how do we combat such a deadly force against our communities?

Taxpayers can't fund enough police officers, cars, and drug agents to combat

Adolescents are going to experiment and try new boundaries

EDUCATION is primary avenue to slow down the drug abuse.

\*of course, we must continue judicial, law enforcement, & narcotics efforts

How do you approach Drug Education so that kids listen?

Can't just tell them NO-----gives impression that nobody cares about how they feel or that they can not reason for themselves

INSTEAD, let's approach drug education the same way as driving safety

Ex. Instead of banning automobiles, which kills far more teenagers than do drugs, we enforce traffic laws, prohibit driving while intoxicated, and insist that drivers wear seat belts

Ex. Teach young adults how to use alcohol responsibly with the campaign "know when to say when"

Overall: we must develop an attitude change so that there are consequences for drug use among the users & the impact on the community is minimized.

This approach is called: HARM REDUCTION PROGRAM

We need to approach drug education much the same way we deal with other dangerous situations.

● First, let's categorize "DRUGS" broadly. What do I mean by this?

Drugs include all intoxicating substances that alter the body functions, including those drugs, which are legal, such as prescription drugs, tobacco products, and alcohol.

Why? Children see right thru the inconsistencies of legal and illegal products  
Ex. Smoking marijuana vs. cigarettes

\*Incorporate children's experiences, expertise, and intelligence in the drug curriculum. Kids often know more than we credit them about drugs with their experience, family, and media.

\*Kids are also more thoughtful, intelligent, & concerned about their own well-being than we adults acknowledge.

Key: use Positive Role Models to deliver the drug program

Individuals should not endorse use but convey the methods they themselves use to avoid abuse or accidents.

● Educate kids on drug abuse and its consequences. Hold them accountable for their choices. We have a better chance of growing more responsible adults for the next generation.

In Conclusion, here are the 3 areas that we would like a bigger spotlight for drug education in North Carolina.

----→pass out paper

First part of this handout summarizes what I just covered.

Bottom half provides you with 3 areas I want to cover briefly

1. Promote Red Ribbon Week – last week of Oct & thru Nov  
Largest most visible national substance abuse awareness and prevention program (also used to remember DEA Agent Camarena –murdered Mexico)
2. Improved Education in Schools with existing staff  
PE/Health, Science, Character Education classes, Guidance Counselors

\*\*\*\*\*Positive Role Models only

3. Community Education and Awareness

Suggestion: use something similar to the "Crystal Darkness" program as you saw on the DVD

\*statewide 30 minute documentary on all tv channels

Efforts to slow drug abuse are greatly needed all over our state. Somehow, some way, we must find a way to work together, work efficiently, and use the resources we currently have.

\*\*\*\*\*

The MAMA organization appreciates this opportunity to address this committee. Perhaps, we have brought some value to the table on the drug discussion.

MAMA is in the SCHOOLS, CHURCHES, & COMMUNITIES.

We ask you to support these efforts.

If you have questions or comments for anyone on the MAMA board, we will be happy to answer them at this time or at the conclusion of the meeting.

Thank You

**North Carolina**  
**State Bureau of Investigation**  
**2011**  
**Methamphetamine Laboratory**  
**Statistics Report**



# LEGISLATIVE COMMISSION ON METHAMPHETAMINE ABUSE

## North Carolina State Bureau of Investigation

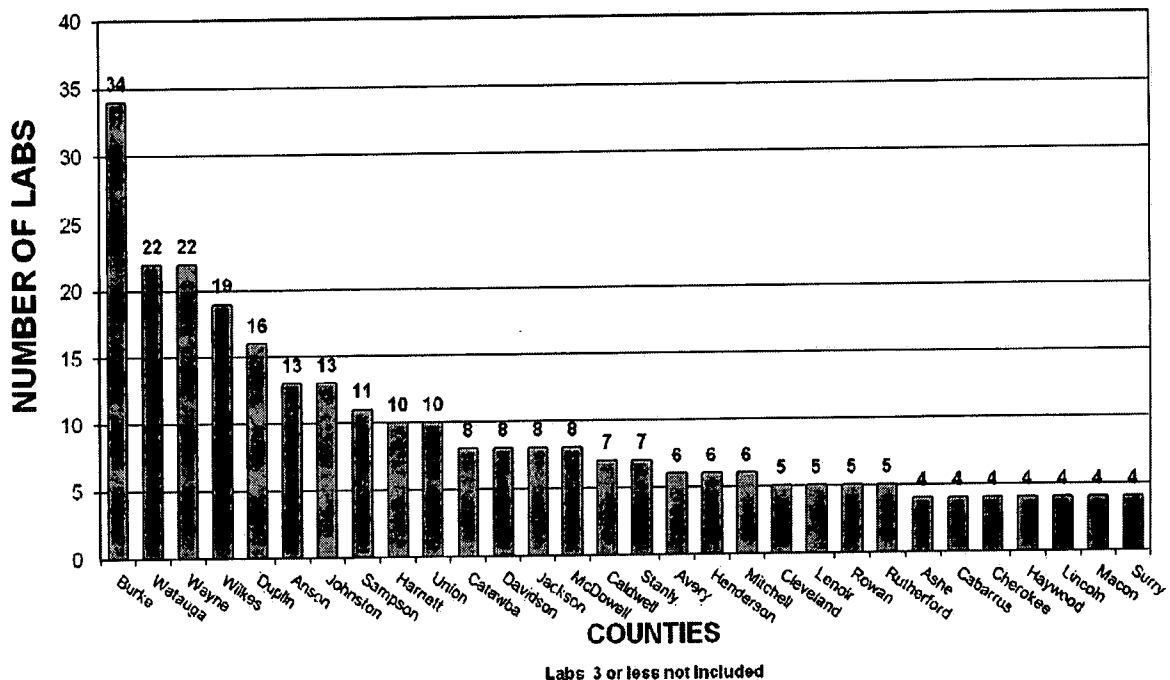
### Report on Methamphetamine Laboratories in North Carolina

The North Carolina State Bureau of Investigation identified and responded to three hundred forty-four (344) methamphetamine laboratories in North Carolina during calendar year 2011. This is a forty-six percent (46%) increase from the two hundred thirty-five (235) methamphetamine laboratories that were seized during calendar year 2010. The top ten counties in North Carolina that experience methamphetamine laboratory incidents included Burke (34), Watauga (22), Wayne (22), Wilkes (19), Duplin (16), Anson (13), Johnston (13), Sampson (11), Harnett (10), and Union (10).



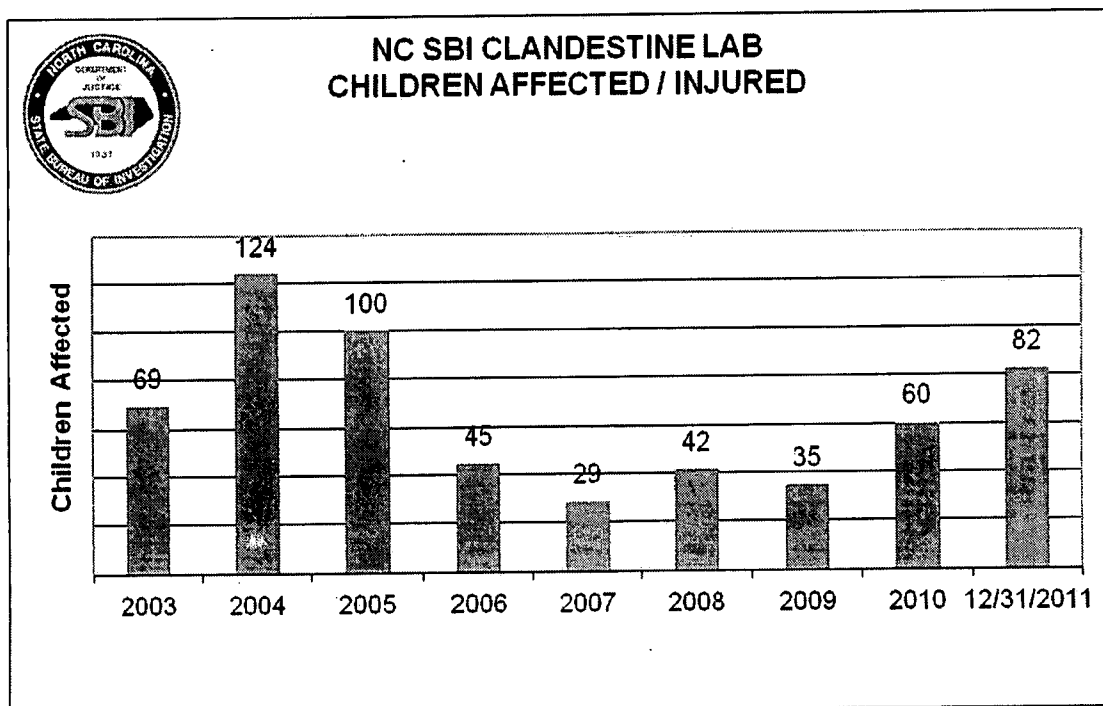
## 2011 SBI CLANDESTINE LABORATORY RESPONSES

Updated: 12/31/2011



Out of the one hundred (100) counties in North Carolina, Sixty-eight (68) had at least one methamphetamine laboratory incident to occur in their county. The Western counties of North Carolina continue to see the largest percentage of methamphetamine laboratories within their region. Two hundred forty-two (242) methamphetamine laboratories were seized in the fifty most Western counties as compare to one hundred two (102) that were seized in the fifty most Eastern counties.

In 2011, there were eighty-two (82) children found to be living in a residence from which a methamphetamine laboratory was seized. One eleven month old child suffered severe chemical burns as a result of being exposed to the chemicals associated with the manufacturing process. This is a thirty-six (36) percent increase from the sixty (60) children that were found to be living in a residence from which a methamphetamine laboratory was seized in calendar year 2010. While these numbers reflect an upward trend in the number of children found in methamphetamine laboratories, it remains below the one hundred twenty-four (124) children that were discovered in 2004. Awareness efforts related to dangers of methamphetamine production have help to educate parents of the potential health and safety problems.



In 2011, there were fourteen (14) public safety personnel injured while responding to methamphetamine laboratories throughout North Carolina. This is a fifty-five percent increase over the number of public safety personnel injured in 2010.

**Trends and Factors Affecting Methamphetamine Production:**

There are two key factors that are driving the increase in methamphetamine labs in North Carolina. These are the introduction of the “One Pot” or “Shake and Bake” method of production and the availability of illegally obtained pseudoephedrine products. Currently approximately eighty-five (85%) of the methamphetamine laboratories that are seized in Western and Central North Carolina are using the “One Pot” or “Shake and Bake” method to produce methamphetamine. This trend is also beginning to take hold in Eastern North Carolina with a limited number of “One Pot” labs having been seized. This method allows for the manufacturer to produce smaller amounts of methamphetamine in a single

vessel in a relatively short period of time. These "One Pot" laboratories are very portable and have an increased danger of explosion. A number of these explosions have occurred in North Carolina resulting in serious injury to the laboratory operator.

Over the counter medications that contain pseudoephedrine remains the key source of pseudoephedrine for methamphetamine manufacturing in North Carolina. These products are routinely illegally purchased through the use of false identification at pharmacies. The capacity of any methamphetamine laboratory is only limited by the amount of pseudoephedrine that can be obtained. There is an approximate conversion ratio of ninety percent (90%) from pseudoephedrine to methamphetamine. A technique known as "Smurfing" is being utilized throughout North Carolina and the Nation to obtain large quantities of pseudoephedrine products from pharmacies. Groups of individuals will travel together to numerous pharmacies and make legal limit purchases. They will then combine all the pseudoephedrine in order to produce a larger amount of methamphetamine.

#### **NPLEx System:**

North Carolina Session Law 2011-240 passed by the legislature in 2011 requires that pharmacies must electronically submit to the NPLEx system all required information related to the purchase of any over the counter product which contains pseudoephedrine. This system monitors pseudoephedrine purchases to prevent sales that would exceed the purchase limits set forth in G. S. 90-113.5. The system has a stop sale feature which notifies the retailer that the purchase would exceed established limits. The system also has contains an override function that may be used by a dispenser of a pseudoephedrine product who has a reasonable fear of imminent bodily harm if the dispenser does not complete the sale. The system also allows law enforcement to query the system for the identity of those individuals that have made purchases in violation of state and federal law. In January, 2012, the system successfully blocked the sale of 7,224 boxes of pseudoephedrine products which would have exceeded the defined purchase limits. This represents 14, 905 grams of pseudoephedrine that could have potentially been used to manufacture methamphetamine. As of February 1, 2012, eighty-two percent (82%) of all North Carolina pharmacies are utilizing the program, with additional users coming on line daily. The North Carolina State Bureau of Investigation is the state administrative agency for the NPLEx system.

#### **Methamphetamine Lab Waste Disposal:**

The North Carolina State Bureau of Investigation has initiated a Methamphetamine Lab Waste Disposal Container system that will be operational in March, 2012. This program will allow for the disposal of contaminated evidence that has been seized at a methamphetamine lab site and is too hazardous to store at a law enforcement facility. The program is a joint effort with the U. S. Drug Enforcement Administration and the Governors Crime Commission. This program will provide for the disposal of methamphetamine laboratory waste at no cost to state and local law enforcement. The North Carolina State Bureau of investigation has trained state and local officers to assist in the mitigation and over packing of the waste. The North Carolina State Bureau of Investigation will transport the mitigated

waste to container sites located throughout North Carolina. The waste will then be collected by a federal waste contractor for proper disposal.

**NCSBI Methamphetamine Laboratory Response Personnel Needs:**

The SBI responded to 235 clandestine laboratories in 2010, and 344 in 2011, an increase of 46%. This is a 120% increase from the low of 157 labs in 2007. The SBI was on pace to work more than 450 laboratories in 2011 before the loss of federal funding for cleanups sharply curtailed the investigation into labs for several months. Through February 10, 2012, the SBI has responded to 62 methamphetamine laboratories as lab responses continue their upward trend. The Clandestine Laboratory Response Program is currently operating with only five site safety agents. In 2007, the program consisted of seven agents.

When the Methamphetamine Lab Waste Container Program becomes operational in March 2012, along with the Nplex system which came on line January 1, 2012, we anticipate a dramatic increase in the number of lab responses. Nplex was initiated on June 18, 2008, in the state of Kentucky, which also has a container program. In 2008 Kentucky had 428 Methamphetamine labs. In 2010 they had 1080 labs, and they responded to more than 1100 labs in 2011.

Another factor driving the increase in labs in North Carolina and across the southeast are the shake and bake or one pot labs. 85% of Methamphetamine labs in central and western North Carolina are one pot or shake and bake labs, and their use is spreading eastward. Based on current and past laboratory numbers, it is projected that the Clandestine Laboratory Response Program will respond to a minimum of 500 labs during 2012.

The State bureau of Investigation is requesting four additional Site Safety agent positions to respond to this increased methamphetamine laboratory volume. Four additional forensic chemist positions are also needed for the State Crime Laboratory to respond to the increased number of labs, take samples of the evidence, analyze the evidence, and render a written report that is invaluable to a successful prosecution. A full time administrative assistant position is also needed in the Clandestine Laboratory Program to handle the increased paperwork and administrative duties associated with the Container Program and increasing Methamphetamine laboratory volume.

One of the most effective law enforcement tools available to combat Methamphetamine labs is the use of Organized Crime Drug Enforcement Task Forces (OCDETF) and federal conspiracy cases to pursue not only the Methamphetamine manufacturers but also the Pseudoephedrine "smurfers" and others supplying the manufacturers with precursor materials, most importantly Pseudoephedrine. The Nplex system will help identify both those "smurfing" Pseudoephedrine and those purchasing the legal limit to make Methamphetamine. Since 2007, the SBI has initiated and led four federal and OCDETF investigations targeting Methamphetamine manufacturers and Pseudoephedrine "smurfers" across North Carolina.

One investigation was initiated in 2007 and targeted Methamphetamine manufacturers in Davidson and Randolph Counties. Eight Methamphetamine labs were discovered during the course of the

investigation, and 25 individuals pled guilty in federal court to various charges. Sentences ranged from 24 months to 360 months, with six subjects receiving more than 100 month sentences. All told, the defendants received 1875 months in federal prison. On October 22, 2009 an ongoing investigation into a large group of individuals in Johnston, Harnett, and Sampson counties involved in the manufacturing and distribution of Methamphetamine was approved as an OCDEF named "Speed Bump" in conjunction with the Drug Enforcement Administration office in Wilmington. Since the initiation of this investigation, 56 defendants have been federally indicted by the United States Attorney's Office in the Eastern District of North Carolina, and 49 of these defendants have been found guilty. Thirty-nine defendants have been sentenced, and have received sentences ranging from 24 months to 300 months with the average sentence being approximately 137 months. These 56 defendants are responsible for at least 34 methamphetamine laboratories in Sampson, Johnston, Harnett, Cumberland, Wake, Wilson, Nash, and Lee Counties. There have been at least 12 weapons seized from these labs, and 4 children found living in the labs. There are future indictments anticipated in this OCDEF investigation.

Eight additional field agent positions are needed to be primarily charged with the investigation of Methamphetamine Labs and Methamphetamine conspiracy and OCDEF cases. These agents would conduct investigations and also respond to labs to assist the site safety agents when needed. Each agent would work with local officers assigned to assist in the investigations. Every agent in the Clandestine Laboratory Response unit would be sworn to assist on the OCDEF's, and OCDEF reimbursed funds would utilized to reduce overtime expenditures. Each SBI agent assigned would also be Site Safety certified to assist with methamphetamine laboratories and dump site cleanups during high volume times.

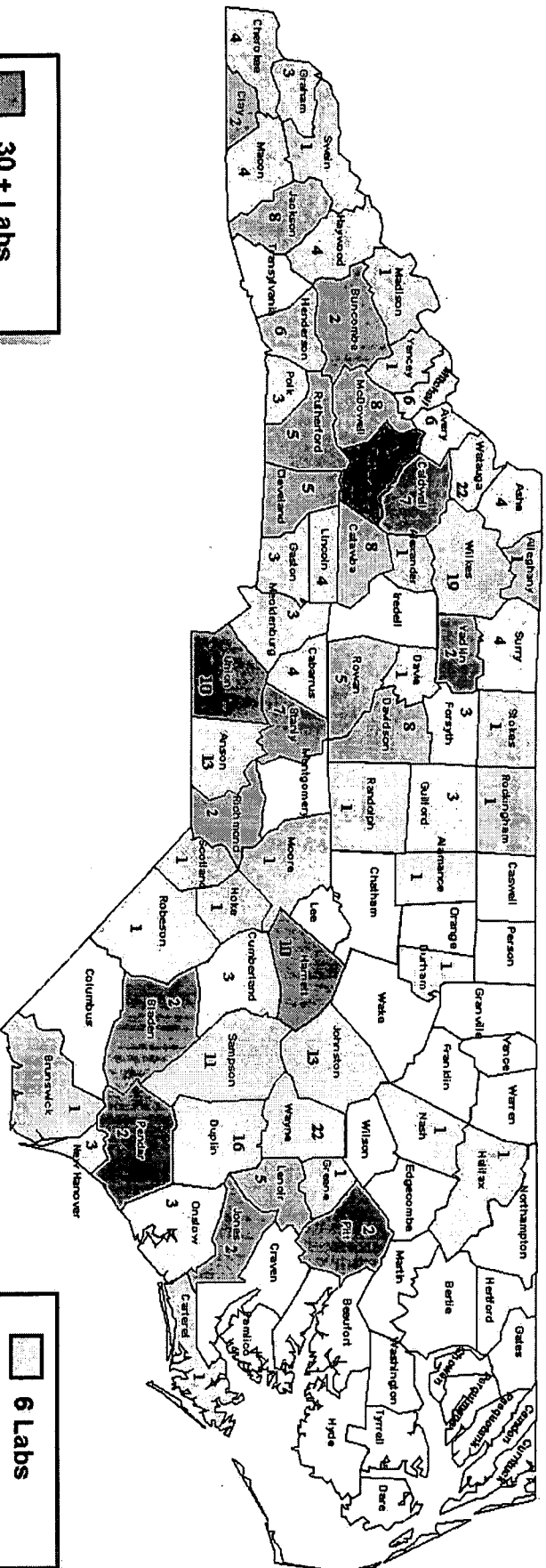
**Total personnel request includes four additional site safety agents, four additional forensic chemists, eight additional investigators, and one additional administrative assistant to form a comprehensive investigative team to target Methamphetamine manufacturing in North Carolina and more effectively address the increasing number of Methamphetamine labs in our state.**

Attachments: North Carolina State Map of Methamphetamine Laboratory Seizures

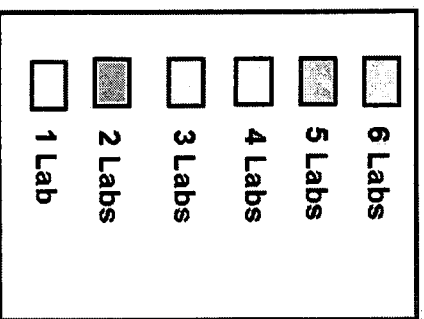
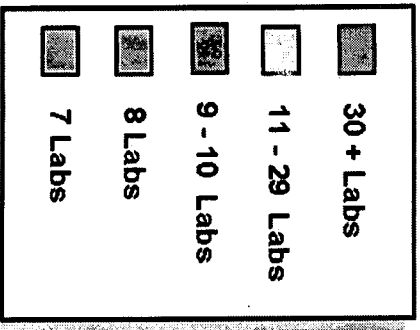
# 2011 Clandestine Lab Responses

## Total: 344

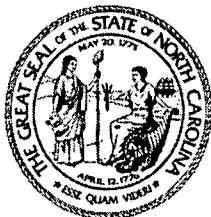
(As of December 31, 2011)



## North Carolina State Bureau of Investigation



STATE OF NORTH CAROLINA  
**NORTH CAROLINA GENERAL ASSEMBLY**  
STATE LEGISLATIVE BUILDING  
RALEIGH, NORTH CAROLINA 27601



March 27, 2012

**Memorandum**

**To:** Members of the Interim House Select Committee on Methamphetamine Abuse

**From:** Representative D. Craig Horn, Co-Chair  
Representative John Faircloth, Co-Chair

**Subject:** Interim House Select Committee on Methamphetamine Abuse Meeting

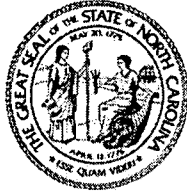
<b>Day</b>	<b>Date</b>	<b>Time</b>	<b>Room</b>
Tuesday	April 24, 2012	2:00 pm	1228 LB

Parking for non-legislative members of the committee/commission is available in the visitor parking deck #75 located on Salisbury Street across from the Legislative Office Building. Parking is also available in the parking lot across Jones Street from the State Library/Archives. You can view a map of downtown by visiting <http://www.ncleg.net/graphics/downtownmap.pdf>.

If you are unable to attend or have any questions concerning this meeting, please contact Becky Bauerband at 919-733-5877 or email [fairclothla@ncleg.net](mailto:fairclothla@ncleg.net)

Posted: 27-Mar-12

cc: Committee Record \_\_\_\_\_  
Interested Parties \_\_\_\_\_



## House Select Committee on Methamphetamine Abuse

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### AGENDA

April 24, 2012  
Room 1228 Legislative Building  
2:00 PM

### WELCOME AND INTRODUCTION

Rep. John Faircloth, Co-Chair  
Rep. Craig Horn, Co-Chair

- **Approval of Minutes from February 22, 2012 meeting**
- **Update from SBI**
  - Special Agent Van Shaw, Deputy Assistant Director, Special Operations Division, State Bureau of Investigation
- **NPlex Update**
  - Jim Acquisto, Vice President, Government Affairs, Information Services Group, Appriss, Inc.
- **Methamphetamine Lab Clean-Up**
  - David W. Hitchens, President and CEO, Advanced Environmental Options, Inc.
- **Prosecution of Methamphetamine Cases**
  - Alex Bass, Assistant District Attorney, Prosecutorial District 29A
  - Jim Moore, Assistant District Attorney, Prosecutorial District 30
- **Potential Legislative Recommendations**
- **Adjourn**



## Minutes

### House Select Committee on Methamphetamine Abuse

Tuesday, April 24, 2012  
Room 1425, Legislative Building  
2:00 pm

The House Select Committee on Methamphetamine Abuse met on Tuesday, April 24, 2012 at 2:00 p.m. in Room 1425 of the Legislative Building.

Representative John Faircloth, Co-Chair presided.

The following members were present:

Representative Craig Horn, Co-Chair  
Representative Sarah Stevens  
Representative Mark Hollo  
Representative Tom Murry

Representative Annie Mobley  
Representative Joe Tolson

Representative Faircloth called the meeting to order. He welcomed everyone, and reminded the Representatives to fill out and return their reimbursement forms. Representative Faircloth welcomed and recognized our House Sergeant at Arms, John Brandon, and Young Bae. Minutes were approved as presented.

Representative Faircloth introduced Special Agent Van Shaw, Deputy Assistant Director of the Special Operations Division, with the State Bureau of Investigation. He asked Director Shaw to update the committee on the methamphetamine problem that we have in North Carolina.

**(Attachment 1) Director Shaw's Presentation: Methamphetamine Lab Update**

1. 168 Lab Incidents as of April 23, 2012
2. "One Pot Method" continues to be the most common production method in North Carolina.

3. Each "One Pot" Production Method produces between 2.0 grams to 5.0 grams per production cycle.

4. Based on statements obtained from suspects at methamphetamine lab sites, the average lab operator will complete three production runs per week.

5. Each lab site would conservatively produce between 312 grams (11.5 ounces) to 780 grams (28.0 ounces) of methamphetamine per year. Based on current lab seizures, between 1,932 ounces and 4,704 ounces would have been manufactured if the lab had gone undetected.

6. 21 Children have been removed from methamphetamine labs as of April 23, 2012.

7. NPLEX Update:

- 99.07% of all North Carolina Pharmacies are participating.
- 2012 First Quarter blocked sales - 17,593
- 2012 First Quarter blocked sales in Grams of Pseudoephedrine – 47, 519
- 289 Law enforcement Accounts
- 538 Active Watches
- 1,261 Searches

(Attachment 2) Director Shaw included the 2012 Clandestine Lab Responses as of April 9, 2012, by county.

(Attachment 3) NPLeX Monthly Program Administrator's Dashboard is a synopsis that the SBI administrator receives that tells them what is going on with the NPLeX system. 99% of all North Carolina Pharmacies are participating in the program. The small percentage left over tends to be health care facilities that have pharmacies, but do not sell to the public. In the first quarter of 2012 there were over 17,000 blocked sales. For the first quarter there were 47,519 blocked grams of pseudoephedrine. There are 538 active watches and over 1200 searches have been conducted.

(Attachment 4) North Carolina State Bureau of Investigation Tackling the Meth Lab Epidemic: North Carolina must continue to invest in the SBI to target the growing meth lab epidemic while also providing law enforcement and prosecutors with speedy analysis for meth and other drug cases.

The SBI is the only law enforcement agency in North Carolina trained to process meth labs. On average, SBI Chemists spend 40 hours on each meth lab, compared to less than one hour processing a cocaine sample that has been submitted for testing. There were more than 344 meth lab busts in North Carolina, a 46% increase in 2011 alone. The SBI anticipates that it will respond to as many as 700 meth labs this year. The growing meth problem is hurting our children. North Carolina law enforcement officers are finding children living in more than 20 percent of homes where meth is made. In the last two years, 142 children were removed from meth labs in the state. Recently, an 11 month old child with chemical burns was pulled out of home with a meth lab. Children in these homes are exposed to toxic chemicals and threatened by fire and explosions, and they are often neglected or abused.

The SBI needs more agents for its Methamphetamine Response Team in order to more effectively combat the proliferation of illegal meth labs in North Carolina. These teams will include drug agents and drug chemists to process the labs safely and gather evidence for prosecution. Additional agents and drug chemists are required to respond to, render safe, and combat the dramatic growth in meth labs and meth trafficking in North Carolina. It is recommended that the SBI add a 9 member unit to combat meth manufacturing and the increase in meth drug trafficking activity. The unit would consist of 6 agents, 2 forensic drug chemists, and 1 administrative assistant. The requested appropriation is \$595,834 (Recurring).

At the conclusion of Director Shaw's presentation, he offered to answer questions.

Representative Tolson: Are most of the cooks the SBI finds for self-use or for sale?

Director Shaw: The majority are self-use. They typically see groups of 3 – 5 people that are working together to manufacture meth. They do not seize a lot of meth at meth sights because as soon as the meth is ready they ingest it or pass it to someone who is invested in that manufacturing process.

Representative Stevens: What happened to the 21 children that have been removed from meth labs as of April 23, 2012?

Director Shaw: The SBI contacts the Department of Social Services. The children receive a medical screening at the hospital immediately. That process is handled through them.

Representative Horn: Top users by usage on the NPLeX Handout (**Attachment 3**). Please explain the handout.

Director Shaw: It is the system reporting the individual investigators that are actively using the system most often.

Representative Horn: If we know where most of the blocks are being made, how is that tool being used to reduce? Why are we not seeing reduction?

Director Shaw: Based on interviews from suspects that we have arrested there are organized groups that go out for the purpose of bypassing this system. They will obtain a driver's license from multiple people. They will go to friends and relatives and borrow their driver's license. They take the ID and go from pharmacy to pharmacy and swipe the ID. They are known as smurfers. They purchase the daily or monthly limits. They will pass the ID's as much as they can. When they are blocked they know that ID is dead until the 30 day process is up. Then they start again.

Representative Horn: Would we not be able to develop a profile on the driver's license that is maxed out every month and law enforcement go talk to that person?

Director Shaw: If you continue to purchase within the legal limits law enforcement will never follow up. This database is only offender driven. Only if purchasers exceed will they then take

notice. If they do not and go in and structure the purchases to where there is no alarm or stop sale, then the SBI will not see that.

Representative Horn: What do we do? What tool can the Legislature give the SBI that will stop this?

Director Shaw: To schedule pseudoephedrine obtainable by prescription only and take it away from a retail sales environment. Even though it is restricted the SBI is seeing an increase in meth labs.

Representative Horn: What are the numbers of one pot's versus a more traditional lab?

Director Shaw: They are seeing approximately 90% one pot versus traditional methods that might be red phosphorus or anhydrous ammonia type cook. 90% are one pot's across the state.

Representative Faircloth: How would you compare what is being manufactured in North Carolina with what is being brought in already manufactured?

Director Shaw: The large majority of the meth in the United States comes from Mexico. Most of those drug trafficking organizations have switched over to a P2P method. It is an older method that does not make the same potency or purity of meth that you make when you use pseudoephedrine. Mexico has introduced very extreme pseudoephedrine restrictions methods such as importation, basically removing pseudoephedrine from their market or limiting it greatly. They have switched over to this other method. There is D methamphetamine that is very dangerous and potent that is made from pseudoephedrine. L methamphetamine is light and made from the P2P process. The preference is the D meth because it is more potent.

Representative Horn: Is your request for appropriation included in your overall budget request to the General Assembly or is that request being sent separately?

Director Shaw: It is included in the overall budget request.

Representative Stevens: Why are meth labs coming up in more rural areas?

Director Shaw: The SBI has found that they tend to prefer the rural areas just from a detection standpoint. A lot of meth cooks cook in the woods. They want to keep the meth lab off of their property so they will walk into the woods or down a remote dirt road and do a one pot. They can discard the waste on rural roads. It is less detectable.

Susan Sitze: What is the amount of pseudoephedrine?

Director Shaw: It depends on the person manufacturing, how good they are and their recipe. It can be as high as 90% or can be as low as 60%. Probably a safe range is about an 85% conversion rate. If you had 10 grams of pseudoephedrine you are probably going to get 7.5 to 8.5 grams of methamphetamine. Experience levels really impact what they end up with as the final product.

Representative Horn: The map shows the western counties with lessening use of meth. Johnson, Wayne and Harnett counties show an increase. Is that reflective of a dramatic trend change?

Director Shaw: No, not really. Those five cluster counties in Eastern North Carolina have been consistent in their lab numbers. That area has had a high concentration of labs. Counties come on and off the map over the years.

Representative Mobley: What is the turnaround time for getting the SBI to newly discovered meth lab?

Director Shaw: It depends where the lab is in the state. They have issues where the chemists have to come out of crime laboratories. They try to pick the closest response resource to get them there as quickly as possible.

Representative Horn stated that ABC news reported that 30% of all people in burn units in the United States are there as a result of meth explosions. He heard from some people in North Carolina that the number was closer to 20%. Is there any credibility to either statistic?

Director Shaw: Reports have shown more individuals showing up at the ER with burns related to meth lab explosions. In the one pot manufacturing process you are putting lithium metal in there to spark a reaction. Inside that same container is something like Coleman lantern fluid. Lithium metal is air and water reactive. If it gets air around it and sends off a spark then it will explode. The SBI has seen a number of those occur. As far as a percentage, they cannot go to the ER and ask how many burns have they seen and how many were related to meth labs.

Representative Faircloth asked if there were any other questions. He thanked Director Shaw for his presentation.

Representative Faircloth apologized that he had forgotten to introduce the staff in the meeting; Hall Pell and Susan Sitze.

Representative Faircloth introduced Jim Acquisto, Vice President, Government Affairs, Information Services Group, Appriss, Inc. The company is located in Louisville, KY, and has been in business for 18 years. They operate the NPLeX system, which has been operational for 3 years.

**(Attachment 5) Jim Acquisto's Presentation: NPLeX Update**

North Carolina NPLeX

- Implemented January 1, 2012.
- ALL data is in one database.
- Seamless interstate communication.
- Seamless inter-retailer communication.
- ONLY law enforcement has comprehensive access.
- NO cost to states, law enforcement, or retailers.

How does an NPLeX transaction work?

- Prospective purchaser asks to buy a precursor.
- Clerk is prompted to ask for ID.
- ID scanned, swiped, or manually entered by clerk.
- Precursor product scanned or manually entered by clerk.
- NPLeX advises clerk how much the prospective purchaser can buy, or if that sale is approved.
- Clerk sells, or denies.
- If sold, purchaser signs log.

Every single transaction is available in less than 60 seconds for law enforcement to see.

Listed below are totals for NPLeX blocked sales in 2011 for states not using NPLeX compared to states that are.

	<u>Non NPLeX States</u>	<u>NPLeX States</u>	<u>Total</u>
Blocked Sales	215,824	642,848	858,672
% of boxes	1.7%	2.8 %	2.4 %
Total grams blocked	558,161 grams	1,515,529 grams	<b>2,073,690 grams</b>

Fighting Smurfing:

- Blocking sales in real-time prevents pseudoephedrine from being transformed into methamphetamine.
- Law Enforcement knows who was blocked in near real-time.
- Law Enforcement sees all purchases to look for trends and clues to smurfing groups.
- Blocking offenders (convicted, parolees, pre-trial releasees, etc.) can be easily executed per state authorization.
- NLETS (Same outlet law enforcement uses to validate your driver's license if you are pulled over for a traffic violation), partnership will validate IDs.

In the first quarter of 2012 in North Carolina, 1834 stores reported through the NPLeX system. There were 289 Law Enforcement users, 12,139 Law Enforcement searches, 1648 Law Enforcement watch hits, and 47,519 grams of pseudoephedrine blocked.

Any measure must be multi-state capable:

- NPLeX is seamless across state lines and chains.
- NPLeX blocks sales at EVERY retailer.
- Law Enforcement can see data from EVERY retailer.

At the conclusion of Mr. Acquisto's presentation he offered to answer any questions.

Representative Horn: Why do we have more arrests, more problems? We are not reducing this at all.

Mr. Acquisto: He believes that we are reducing the problem. He referenced Director Shaw talking about finding the meth labs using NPLeX or any other tool, arresting the cooker, which has prevented an enormous amount of methamphetamine from being made by the person you have incarcerated.

Rep Horn: Is North Carolina using the NPLeX system to flag sales to convicted meth abusers?

Mr. Acquisto: To block? No, North Carolina is not.

Representative Horn: Has North Carolina identified locations that sell an unusually high quantity of pseudoephedrine?

Mr. Acquisto: In other states it has been done. There are stores that have a high amount of sales. Those are the stores where law enforcement sit in the parking lot and intercept the purchasers and make a lot of arrest. They are able to do that because of the NPLeX system real time reporting.

Representative Horn: What are we not doing in North Carolina that we should be doing that improves enforcement?

Mr. Acquisto: That is really a question for Director Shaw and law enforcement officers in this state. The system is capable of delivering that information. It is up to the law enforcement officers to do the searches.

Susan Sitze: With the way the system is set up, can any law enforcement officer that is on the system pull the store reports?

Mr. Acquisto: Absolutely

Susan Sitze: If we wanted to block people who are convicted of methamphetamine offenses we would have to have the law set up for North Carolina.

Mr. Acquisto: That is correct

Representative Horn: The statement that the system can give us any information we need does not help us to determine what we need to know. What should we know based on your experience of a Law Enforcement Officer and Vice President of Government Affairs for Appriss? Who is doing it better than we are and what are we not doing that we should be?

Mr. Acquisto: You have hit on the next steps, that being blocking meth offenders. Other states look at the stores with the highest volume and look at the people that have been blocked multiple times. The officers look at the person that bought Monday, Tuesday, were blocked on Wednesday, and then went back 30 days later to do the same thing. That is the person they

interview because that is the smurfer. These are most likely the steps that the North Carolina officers are doing. Some states have limited the annual amount of grams. If you do the annual limits you will still be able to serve the people that are buying for cold purposes.

Representative Faircloth thanked Mr. Acquisto for his presentation.

Representative Faircloth introduced David Hitchens, President and CEO of Advanced Environmental Options, Inc. (AEO), located in Spartanburg, SC.

Mr. Hitchens advised that he would be speaking about the cleanup of the labs, the different types of labs, and the things that they see. AEO is a private organization. They are the federal contractor for the DEA in North and South Carolina for the cleanup of all meth labs that are found throughout the states. AEO and Mr. Hitchens hold a VEA license for reverse distributorship out of their Spartanburg location for controlled narcotics to be in their possession for ultimate destruction.

**(Attachment 6)** David Hitchens Presentation: Methamphetamine Labs, Advanced Environmental Options, Inc. AEO

AEO is the DEA contractor for North Carolina. They are only the contractor for the precursor chemicals that are found at the meth lab. There is not a state or federal law for the cleanup of the residence after the precursors have been removed.

What is Meth? Methamphetamine is a powerful, highly addictive stimulant. The different forms of meth are powder, rock, tablets, and ice/crystal meth. Street Names for Meth are Crank, Speed, Ice, Crystal, Tina, Glass, and Chalk. Meth can be smoked, snorted, swallowed, or injected.

What is a meth lab? A meth lab is a clandestine drug lab that is a collection of materials and ingredients used to make multiple forms of Methamphetamine. It is made mostly from common household ingredients. These ingredients are mixed and cooked together to make meth and the harmful chemical mixtures can remain on household surfaces for months or years later. There may be health effects in people exposed to chemicals to make meth before, during and after the process. Each lab is a potential hazardous waste site, requiring evaluation, and possibly cleanup, by hazardous waste professionals. Meth labs have been discovered in hotel and motel rooms, restaurants, barns, private homes and apartments, storage facilities, fields, vacant buildings and (moving or stationary) vehicles. A minimum of 5 to 7 pounds of chemical waste are produced for each pound manufactured. Methamphetamine is a member of the phenethylamine family, which includes a range of substances that may be stimulants, entactogens, or hallucinogens.

Mr. Hitchens displayed a list of common household items used to manufacture meth. Representative Murray asked if any of those items had been restricted like pseudoephedrine. Mr. Hitchens answered no. He stated that not all of the products displayed were necessary. It depends on the recipe. Representative Horn commented that the only common ingredient that you have to have is pseudoephedrine. Mr. Hitchens confirmed that statement. Red Phosphorous Labs, also known as "Red P" labs, are most known for the abundance of matches. Cooks often, if not always, use matches for the phosphorous. True Red P Labs are

becoming less common in terms of cooking method due to the rise of the One Pot Method. Although true Red P cooks are becoming less of a problem, the complexity, hazards, and scope of work has not changed. Commonly found chemicals in these labs are Red Phosphorous, Hydrogen Peroxide, Organic Solvents (Camp Fuel, Gasoline, Acetone, Toluene, etc.), Hydrochloric Acid, Sulfuric Acid, and various forms of Iodine (crystals, tincture, and solution). Many cooks do NOT retain many of the original containers the chemicals were purchased in. Due to the unknown factor, a lab technician must take extra precaution when testing and identifying each of these unknowns.

Anhydrous ammonia labs, also known as "Nazi" labs, are particularly dangerous due to the fact that the cook is using a deadly gas called Anhydrous Ammonia. Whether it be from a local farmer or producing the gas via Ammonium Nitrate from cold-packs or fertilizer, the gas procured is deadly via inhalation therefore extra respiratory protection is required. Commonly found chemicals associated with these types of labs are: Hydrogen Peroxide, Sodium Hydroxide, Ammonium Nitrate (from cold-packs or fertilizer), Anhydrous Ammonia, Organic Solvents, and rock salt. Anhydrous ammonia stored in improper containers, such as propane cylinders, are especially dangerous. The ammonia gas corrodes the inner lining of the cylinder resulting in severe loss of container integrity. It also corrodes the valve, also known as the head of the cylinder, making it a very dangerous item to handle. Due to this corrosion, the cylinder can either explode from the pressure build up or blow the valve off, resulting in the cylinder rocketing off at a high velocity. Careful inspection of the cylinder from a safe distance must be done FIRST before actually handling the item. Once it is deemed safe to proceed, the gas inside must be bled off into a drum of water.

One pot labs are potentially the most simplistic lab type of all. This simplicity is what leads them to be the most dangerous cook method. The reason the danger level is so high for these labs is because the cooks mix all of the chemicals they have for cooking together into one or more bottles. This often leads to violent reactions that cause fires, explosions, and even fatalities. The primary hazard in these bottles is a water reactive substance called Lithium. Lithium metal, when coming into contact with water, ignites and can cause large fires in the surrounding area. Using a plastic bottle is much safer than using glass or metal. Mobile meth labs are very common in North and South Carolina.

While performing cleanup duties, they come across various items that are used for all of the different types of labs. These items are things like sharps, kitty litter, bodily fluids, and pills, which are extremely hazardous to your health and safety. Sharps such as knives, razor blades, syringes, scissors, broken glass, and serrated metal can puncture or cut through protective clothing. These items represent a serious hazard due to the possibility of them carrying viruses, bacteria, and/or diseases. Kitty litter is used to filter gases and vapors to make it safer for the cooks to continue their work. These vapors and gases though, form a crust in the litter and when broken can lead to the release of phosphine gas. Phosphine gas acts much like cyanide in that it only takes a minimal amount of inhalation to kill you. Bodily fluids contain many of the same hazards that sharps do. Disease, bacteria, viruses, etc.... Proper personal protective equipment and common sense helps render the hazards nearly irrelevant. Pills are common in most labs. The most common pill found is Sudafed which contains pseudoephedrine. Also, hydrocodone and other controlled substances can be found in all the different types of labs.

What happens to your body when you take meth? At first it is Stimulant. You experience euphoria and rush, increased energy, decreased fatigue, sense of control. Then there is Weight loss. It suppresses the appetite; may increase metabolism. Meth use lowers inhibitions, increases libido, and impairs judgment, often leading to risky behavior. If meth is injected, you run the risk of infection from dirty needles. Given how meth impairs your judgment, there is also a risk of acquiring HIV, hepatitis, and STDs through promiscuous behavior. High doses of meth can elevate body temperature to dangerous, sometimes lethal, levels and cause convulsions. Long term effects are psychotic behavior including paranoia, auditory hallucinations, mood disturbances, and delusions. Hallucinations include "crank bugs" which is the sensation of insects creeping on or under the skin. Meth users pick at and scratch these areas to find relief which can create open sores that become infected.

Meth production causes major damage to the environment. Some of the chemicals used to produce meth have independent toxicity. When these chemicals are combined, they can have serious toxic and explosive effects. Every pound of meth produced can yield up to five pounds of toxic waste.

Many children are rescued from homes with meth labs or meth using parents. Meth, chemicals, and syringes are all within reach of children. Parents high on meth neglect their children. The mental, physical, and emotional consequences for the children can be severe.

Domestic Violence is very high among meth users. Their judgment is clouded and their relationships often revolve around meth. Domestic violence and child neglect often result from meth use.

According to statistics, the average life expectancy of a hard core meth addict is only five to seven years. The national average recovery rate for meth addicts is estimated to be between only 16- 20%. The psychotic effects of meth use can last years after cessation of meth use. The average meth "cook" annually teaches ten others how to make meth. A single episode of smoking meth in a residence produces sufficient airborne methamphetamine to contaminate 18,500 square feet of surface area in a home.

Meth labs produce hazardous waste. The cooks often pour left over chemicals and sludge down household drains, household plumbing, storm drains, or directly onto the ground. Solvents and other toxic byproducts used to produce meth pose long-term hazards because they can persist in the soil and groundwater for years. Americans consumed approximately 22 tons of methamphetamine in 2001, thereby introducing approximately 110-154 tons of hazardous waste into our environment. Currently there are no national standards or guidelines for the cleanup of meth labs because the methods used to make meth vary greatly. The EPA defers meth lab cleanup to the states, however, EPA representatives provide technical assistance to states and the agency is involved with several workgroups who are trying to answer the "how clean is clean" question. Many states have developed their own guidelines. North Carolina is one of them. Some states have also adopted cleanup guidelines for pollutants associated with meth production (e.g., volatile organic chemicals, mercury, lead). These cleanup guidelines are risk-based rather

than health-based because currently there is insufficient research available on the health effects of meth. Guidelines may be found in regulations, agency guidance, or policy.

There has been no level of contamination considered safe since there is no research available on the effects on humans at low levels of methamphetamine. The safe level is thus the detectable level. Methamphetamine, whether in an area where a cook, or use, has occurred, can readily become airborne both as a particulate and a vapor. It can thereafter settle on any flat surface and be picked up by passersby or re-aerosolized and inhaled. This is most important where toddlers and young children are present.

Mr. Hitchens recommendation for the only way to eliminate the meth problem and the costs that are associated with it is to make pseudoephedrine a prescription drug. It is the only way to get meth off the street and keep the rental homes and hotel rooms clean.

At the end of Mr. Hitchens' presentation he offered to answer questions.

Representative Horn: Is there a period of time that the contamination goes away?

Mr. Hitchens: No, it does not go away. It can be absorbed into the dry wall or sheetrock. You have to do an extensive cleanup for it to be removed.

Representative Mobley: Mr. Hitchens mentioned 18,000 square feet could be contaminated. Could two small houses side by side contaminate each other?

Mr. Hitchens: If there is air between them, no. If they are connected like in an apartment complex that shares air ducts then all apartments can be contaminated.

Representative Faircloth thanked Mr. Hitchens for his presentation.

Representative Faircloth stated that the committee needs to talk about prosecuting the meth cases. He introduced Alex Bass, the Chief District Attorney, Prosecutorial District 29A, for Rutherford and McDowell County. He worked for 12 years in Alamance County prosecuting cases until 2007. In that time he had 5 meth cases. None were labs, all were users. When he moved to district 29A, he had over 30 files on his desk of just meth labs in McDowell County. There has been a big decrease in his area for the last 5 years. Officers have told him that the log has helped. It has gotten rid of the major meth players. They also used aggressive enforcement. They used the logs and the high penalties that have been created to scare the users, such as Class C Felony for manufacturing. They also have a range of lesser penalties that help in the prosecution of it. They have pursued multiple charges on people which include conspiracy. Some of the biggest dealers and toughest labs they have had have been taken federally through the western district. They are seeing more of the one pot labs or shake and bake method as opposed to full labs. The number one problem in the prosecution of meth makers is the back log of cases that they have. The back log is coming from several different things. One, officers are overwhelmed with property crimes. They have more time to spend on those since meth cases are down. The second thing in the backlog is the defense attorneys are not taking the cases until they receive a lab report. Some of the cases can be pleaded out in district court felonies and

usually they are doing those without a full set of reports. But if that route is not taken, you have to wait for the SBI report and attorneys are not accepting the case until the report is received. These two things combined are making their backlog larger. Mr. Bass asked the officers what they would like to see different. Most said make pseudoephedrine a scheduled prescription controlled substance. They are seeing other prescription drugs taking the place of meth. They are encountering more people with hydrocodone and oxycodone problems which are prescription drugs. It would be helpful to the DA's to be able to track those types of drugs. They see the prescription hoppers going from store to store.

At the end of his presentation, Mr. Bass offered to answer questions.

Representative Horn: We are looking for some suggestions and guidance from the DA's. The trial attorneys are stretching everything as far as they can. Is there something that the Legislature can do clarify the law as to simplify that landscape for you, the court systems, as well as protecting the rights of the individual, but still move this stuff along?

Mr. Bass: They are seeing less of plea bargaining now. The only way around that is to somehow reassure them that it is not going to be an ethical violation for the person to take a plea when everybody has done it. He suggests a waiver form for the defendant. They could put on record in the courtroom that they know you have not gotten all the reports, but the DA has offered a plea negotiation that the defendant wants to accept without the need for a lab report. It waives all rights to a lab report. If they had a law like that maybe lawyers would feel they were not going to be subject to an ethical violation.

Representative Horn: I am not sure that is a legislative process. When the people plead out how many of them go right back to what they were doing before? What is being done to deal with reducing the use of these drugs?

Mr. Bass: Officers have a good idea of who is doing what. He has not seen many of the meth manufacturers come back. What he does see come back is the meth users and the addicts. Those are the people using the one pot method.

Representative Horn: Based on the testimony earlier, most people are cooking for self-use. Therefore the cook is the user most of the time. I read in an article with the Justice Reinvestment Act we are not incarcerating as many drug users as we used to. More are going on probation which has improved the supervision options for probation officers. The suggestion was made that someone who is either convicted or taken a plea on a drug conviction be required for 2-3 years to call the local Sheriff's department every day. They would have a color or number assigned to them, and when their number is chosen they must come in within the hour for a drug test. If they are found using, they go straight to jail. This has helped in dealing with the frequent users. Would that make any sense?

Mr. Bass: It would. They have seen that same affect in the drug court. That is what they do. The people are tested 3-4 times a week which does not give them any window for the drug to get out of their system. You will get caught if you are using. More drug testing is needed.

Representative Faircloth asked if there were any other questions, then thanked Mr. Bass for his presentation.

Representative Faircloth introduced Assistant District Attorney Kyle Smith of Burke, Catawba, and Caldwell Counties. Mr. Smith prosecutes narcotics cases in Catawba County and handles their drug treatment court program. Some things he would like for the committee to consider are the amounts of meth in the air where there are contiguous units together. Folks are doing making and using meth in hotels and apartments. That is a problem. We have law enforcement officers that come in and see a fire but do not know this is a meth lab. They go in and become contaminated. He would like a drug trafficking statute where they have a mandatory punishment other than a Class C felony. He stated that he realizes that jails are full and the space is limited. He complimented the SBI by stating that we have great SBI agents and analyst working for the state. If you can show someone manufacturing meth is dangerous to the community, you can hold them without bond. That can help if are waiting for a lab report. That is a great tool because is if they are in jail, they are not out making meth. His stated that the smurfers are switching driver's license to go buy pseudoephed. Possibly the Legislature could write a law that would make that a prohibition under Chapter 90, and would link that back to meth manufacturing or distribution of methamphetamine. That would be a useful tool to have.

He asked if anyone had questions.

Representative Murry: Please talk about aggravating factors when children are present.

Mr. Smith: There is an aggravating factor for that. He would prefer that if it is within a 1000 feet of a school that automatically elevates it from H felony up to an F felony. He would like to see higher than an F felony. A tool like that when working a meth case where children are present would be helpful.

Susan Sitze: She would like to clarify what was said about using someone else's driver's license. If you find out someone has used a different persons driver's license to purchase pseudoephedrine, you would be able to link that back to the manufacturing as far as the charge goes?

Mr. Smith: Yes. Or, if I give you my driver's license and you use it that is willful blindness. That is the same as someone who is borrowing it from the other person.

Hal Pell: Clarify penalties for pseudoephedrine. Because it is not a scheduled drug right now, we are back on the sentencing tables not in Chapter 90 which would give more severe penalties. First question is if this was a scheduled substance that would put it into Chapter 90 penalty structure which potentially would mean more severe penalties. Is that correct?

Mr. Smith: It could be depending on how you put it in the schedule.

Hal Pell: That is what I am saying. It could be a change just by nature of where it is regulated in the chapter of the penalty structure.

Mr. Smith: Yes.

Susan Sitze: Just to clarify, methamphetamine is in Chapter 9, pseudoephedrine is not.

Mr. Smith: Correct. It is just immediate precursor chemicals. Not just using meth is the problem. It is property crimes and everything that is related to it.

Representative Faircloth thanked Mr. Smith for his presentation.

Representative Faircloth stated that the last item on the agenda is potential legislative recommendations. Representative Horn reminded the committee that from the last meeting we had two issues that we were going to recommend for action in the coming short session. They have to do with clarifications dealing with the existing law. We split these into two separate pieces that were emailed to each member. He asked Susan Sitze to explain each summary.

The first one is SAz21, Pseudoephedrine Record Keeping Clarification. This would remove the requirement that you have this language where the person is signing when they buy the pseudoephedrine. This portion of law requires that it be there. If you are signing on the electronic pad it requires that it be part of the electronic thing. This would remove that requirement. It does not remove that they have a sign that explains all this, it just removes the requirement that it be on the electronic device that you are signing.

Questions about the first draft?

Representative Horn: This is just removing the redundancy because the information is there and you are acknowledging by signature that you read the information.

Susan Sitze: Yes, that is correct.

Representative Faircloth asked Representative Murry if that sounded good to him.

Representative Murry: He said this helps. It removes dramatic paperwork for the pharmacies.

Representative Horn moved to recommend this to the General Assembly in the short session.

Representative Faircloth noted the motion to recommend and asked the committee to vote. The movement passed.

Susan Sitze introduced the second bill SAd22. The current law in North Carolina says you cannot purchase more than 2 packages containing a combined total 3.6 grams per day or more than 3 packages containing combined total of 9 grams per 30 day period. The federal law is the 3.6 grams per day and 9 grams per 30 days. North Carolina added the packages. The bill would remove the package requirements. It depends on the type of pill you are getting. If you are getting a 24 hour pill one 15 count box is 3.6 grams. You would only be able to buy one of those a day, two of those a month. That would be a 30 day supply, because it is a 24 hour pill. If you are buying the 12 hour cold medicine, you can buy three 10 count boxes a day. If you buying the

4-6 hour it takes six 20 count boxes to get to 3.6 grams. It depends on what you are getting as to how much reaches 3.6. This bill would remove the package requirements. The original law as it was enacted in North Carolina did have this package language, but 3.6 grams was originally 6 grams. North Carolina lowered the 6 to 3.6 when the federal laws came down. This would remove the package level and just put it to the gram level, so the number of packages would fluctuate.

Representative Stevens: Would there be any validity to add in the bill that someone could get 108 grams per year? Is there some reason we could not limit it annually.

Representative Faircloth asked Representative Murry to answer that. He also stated that he had an appointment and asked Rep Horn to take over the meeting.

Representative Murry: If you are under 18 you cannot purchase. If you are a parent purchasing for a family you could reach the limit early and would need a prescription.

Representative Mobley: Do the corner grocery stores sell pseudoephedrine?

Representative Horn: No, it must be a pharmacy. It is behind the counter.

Susan Sitze: When talking about that issue, we are talking about children. The liquid form is not regulated. Small children could take the liquid form.

Representative Horn stated that the purpose of this discussion was to clarify that part without changing what is already in place. The conflict is with packages and grams. Representative Horn reminded the committee members that it is a two year committee. The committee will reconvene after short session and continue to work on further actions by the legislature so that we can enhance our ability in this state to deal with methamphetamine abuse.

Representative Horn entertained a motion to recommend this on to the General Assembly for the short session. The motion passed.

Representative Horn listed some of the issues that have arisen after testimony heard in the committee. Some on his list are working with NPLEx or some legislation to block sales to convicted offenders. We talked about a system for removing the lien on homes that have been contaminated with meth. If there is process and a standard for clean up once that threshold has been achieved it would be fair that the lien is removed for the benefit of the property owner. There has been discussion about making pseudoephedrine containing medications prescription only. These are all additional issues.

Representative Tolson suggested the Legislature explore potential problems making pseudoephedrine prescription only could create. One of the presenters indicated that if we made it prescription it would help reduce the meth problem. Representative Horn stated that he has been advised that there is a recently developed medication that utilizes the same quantities as pseudoephedrine and produces the same results, but you cannot make meth out of it. Maybe that is something to consider.

Representative Mobley stated that she is concerned about removing the lien on a home that was used to make meth. She thought she heard one presenter say that you cannot clean it up.

Representative Horn stated that it may depend on the types of building materials. He believes we should investigate further to protect the public as well as the property owner. What makes reasonable sense to protect both the citizen and the property owner? Another issue discussed was the possibility of raising the threshold on what amounts to aggravating factors. Or lowering the threshold on what amounts to trafficking or manufacturing. There was an idea of some way of dealing with the small number of people that create the greatest number of problems.

Representative Tolson suggested conducting training for the rescue people that rush into the meth buildings. He suggested that they get some kind of training on how to recognize that they could be dealing with a meth fire. Possibly make a suggestion from this committee that the Fire Association take a look at conducting more training.

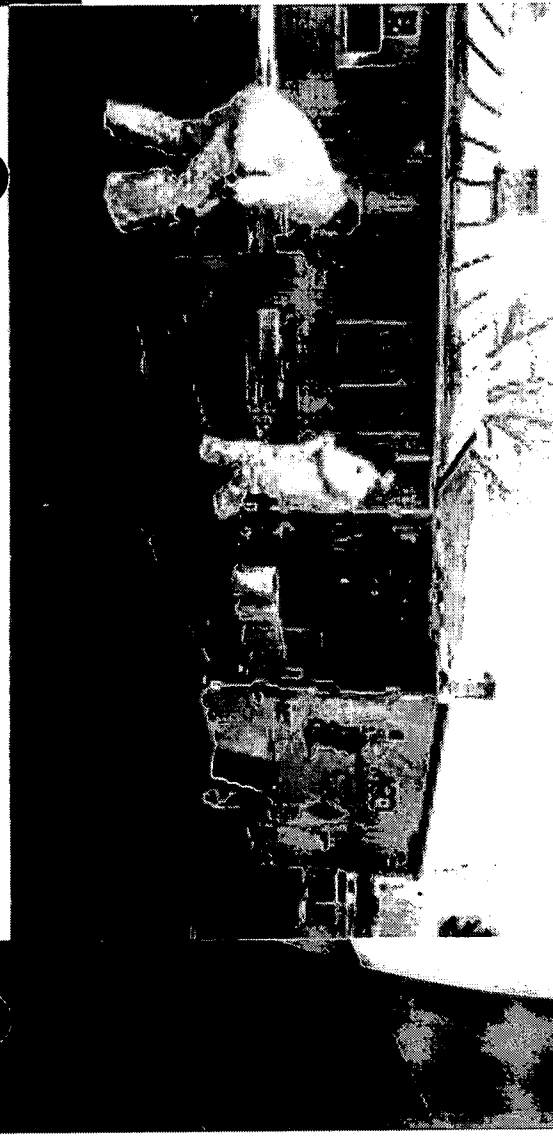
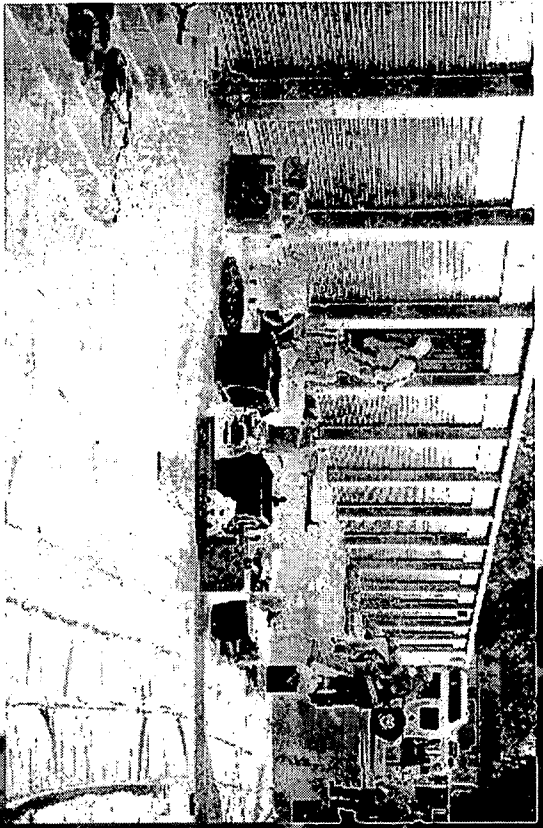
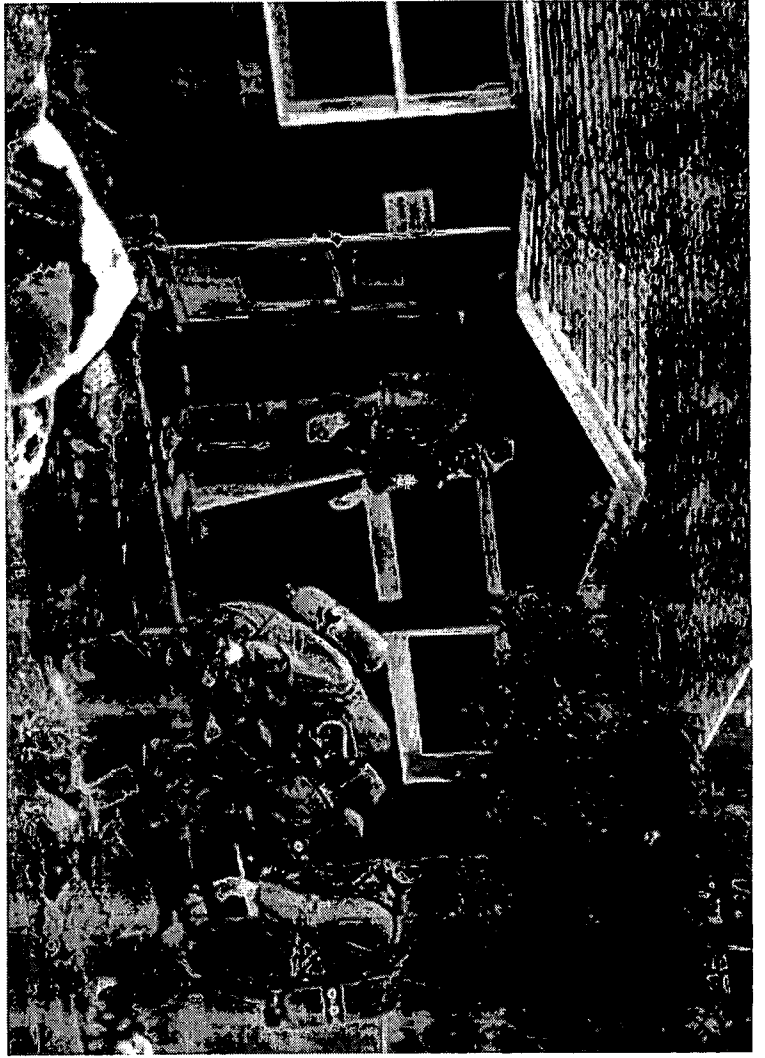
Representative Mobley is concerned about the students from various schools who are out keeping the roads clean in certain areas. They are not warned about hazardous things that can be found on the road. That is a real problem.

Representative Horn thanked everyone for attending and adjourned the meeting.

# METHAMPHETAMINE LABS

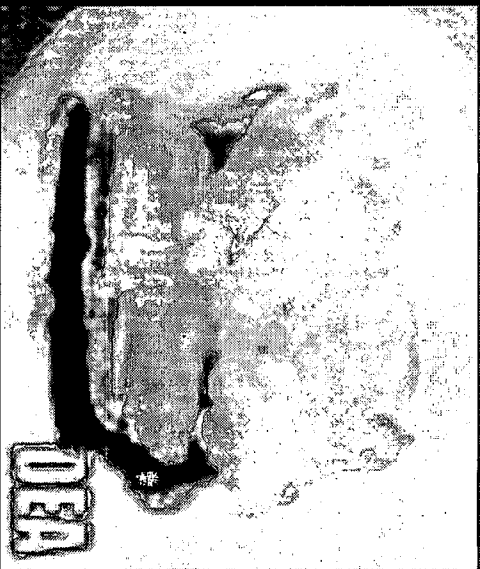


*Presented by*  
David W. Hitchens of



What is

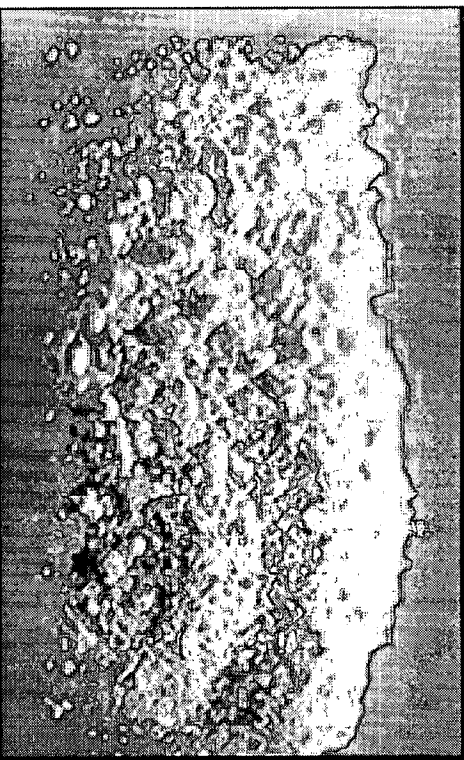
Methamphetamine?



**Methamphetamine is a powerful,  
highly addictive stimulant**

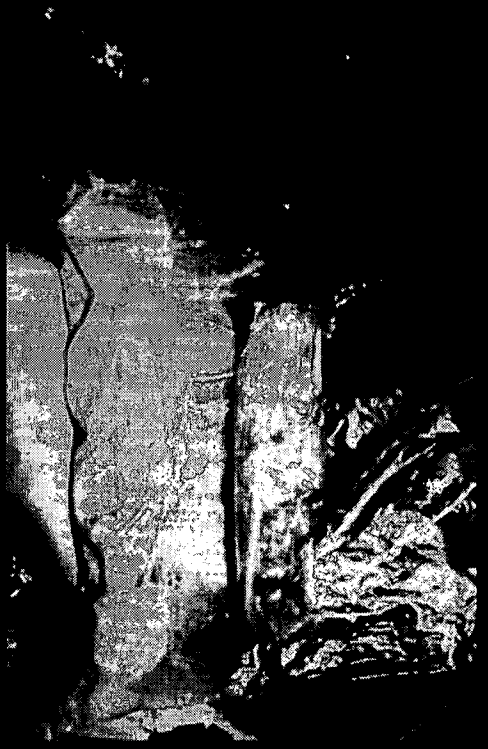
# The Forms of Meth

Powder



Tablets

Rock



Ice / Crystal Meth



# Street Names for Meth

- Crank
- Speed
- Ice
- Crystal
- Tina
- Glass
- Chalk

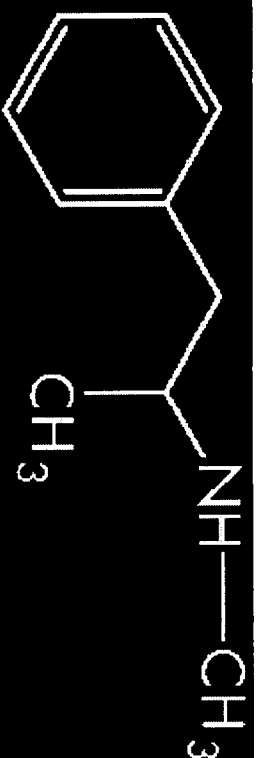
Meth can be smoked, snorted,  
swallowed, or injected

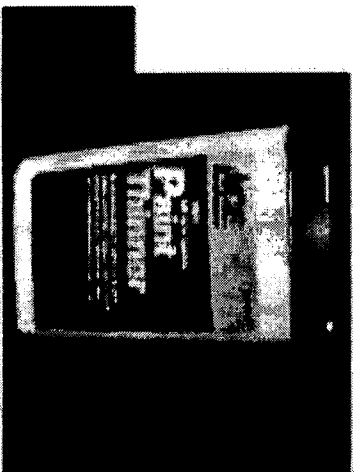
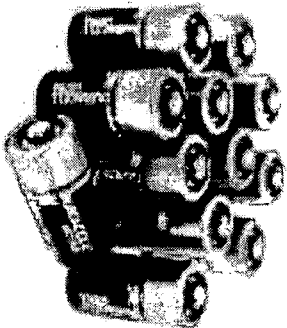
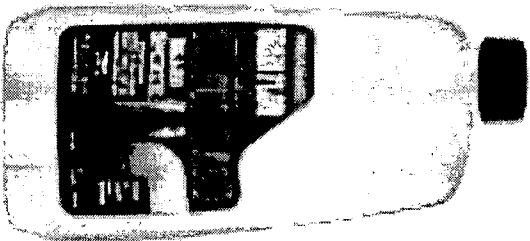
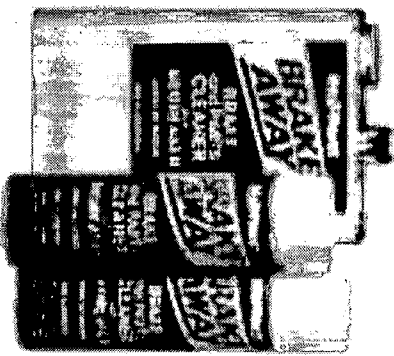
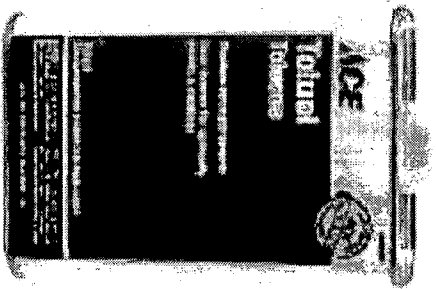
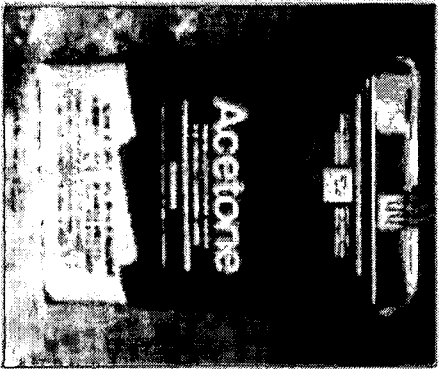
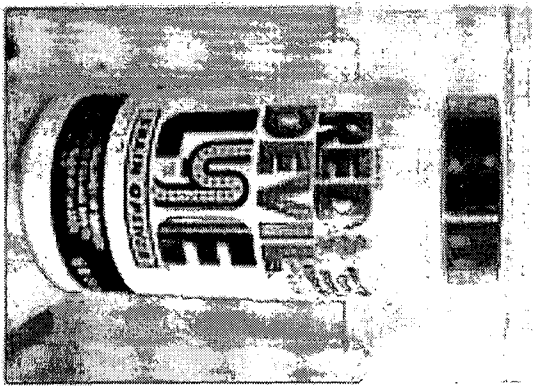


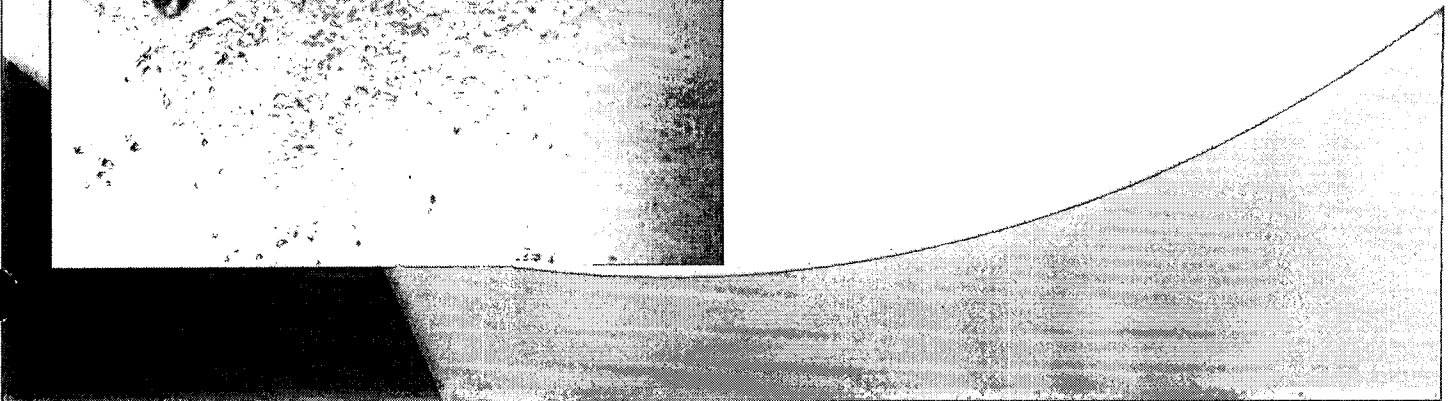
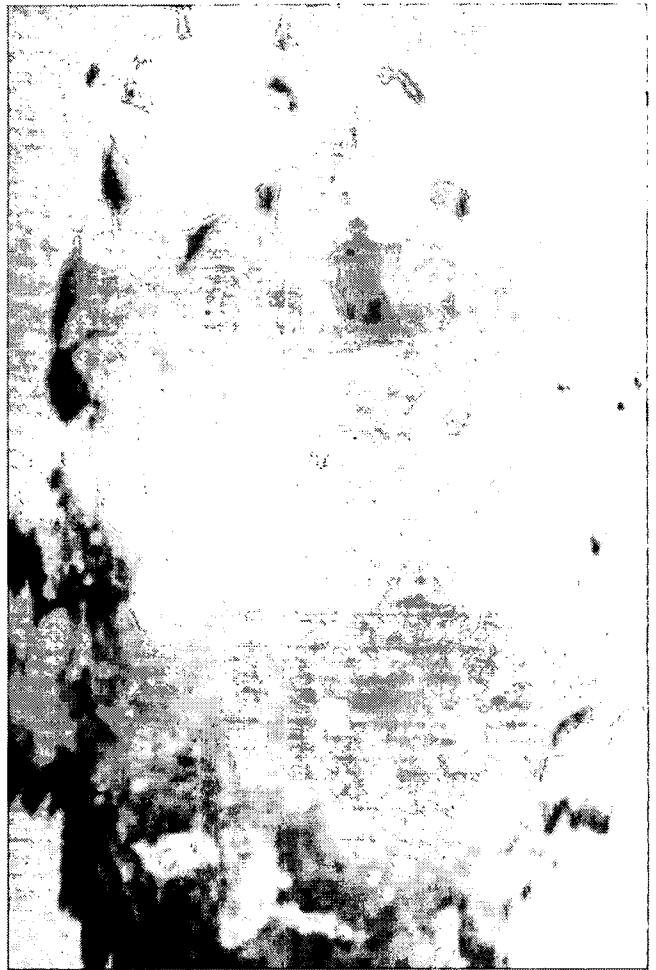
# What is a Meth Lab???

- ⊙ A meth lab is a clandestine drug lab that is a collection of materials and ingredients used to make multiple forms of Methamphetamine and is made mostly from common household ingredients. These ingredients are mixed and cooked together to make meth and the harmful chemical mixtures can remain on household surfaces for months or years later. There may be health effects in people exposed to chemicals to make meth before, during and after the process. Therefore, each lab is a potential hazardous waste site, requiring evaluation, and possibly cleanup, by hazardous waste professionals.
- ⊙ Meth labs have been discovered in hotel and motel rooms, restaurants, barns, private homes and apartments, storage facilities, fields, vacant buildings and (moving or stationary) vehicles. A minimum of 5 to 7 pounds of chemical waste are produced for each pound manufactured.

⊙ Methamphetamine is a member of the phenethylamine family, which includes a range of substances that may be stimulants, entactogens, or hallucinogens. Thus, methamphetamine is *N*, $\alpha$ -dimethylphenethylamine

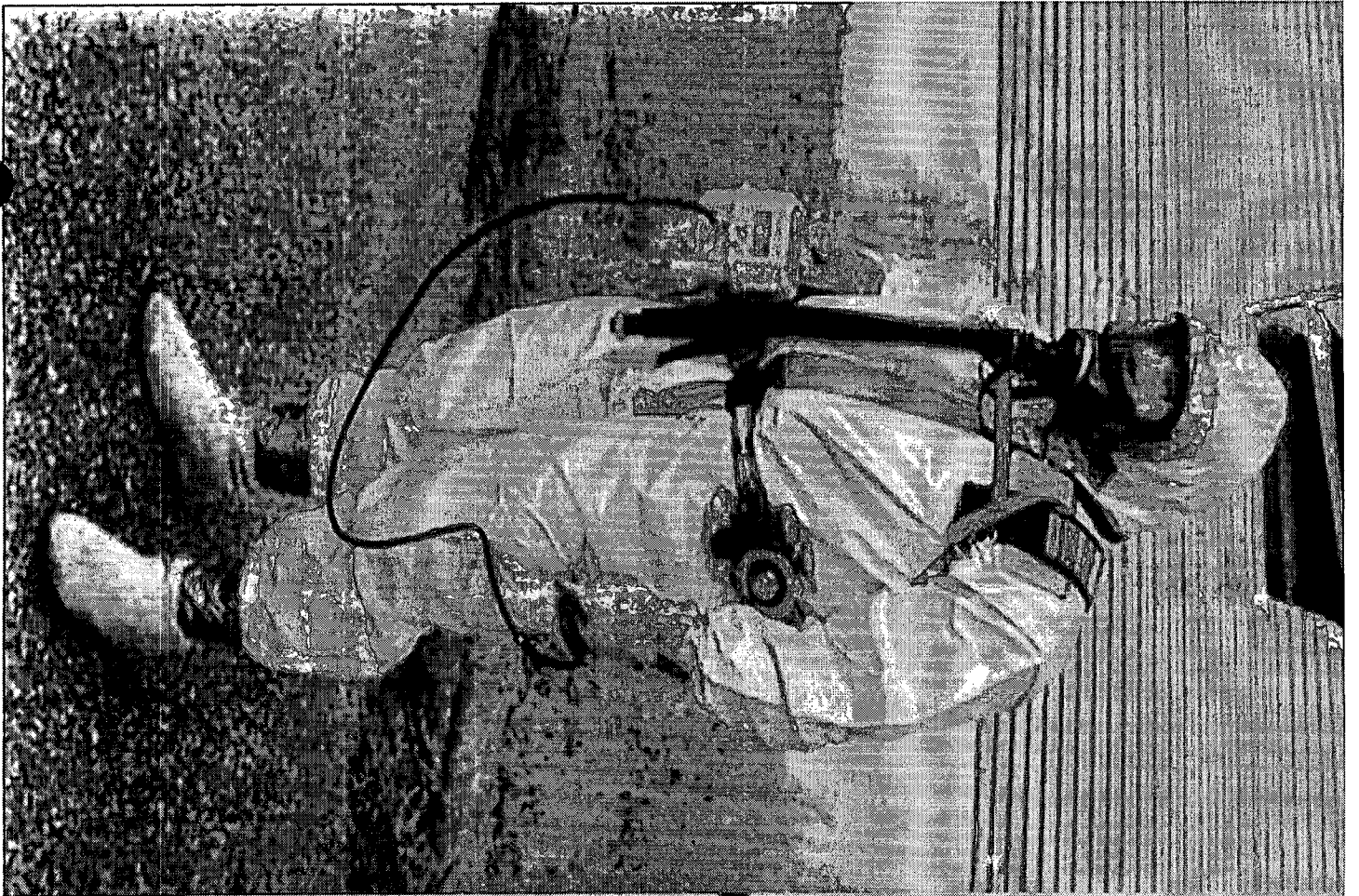




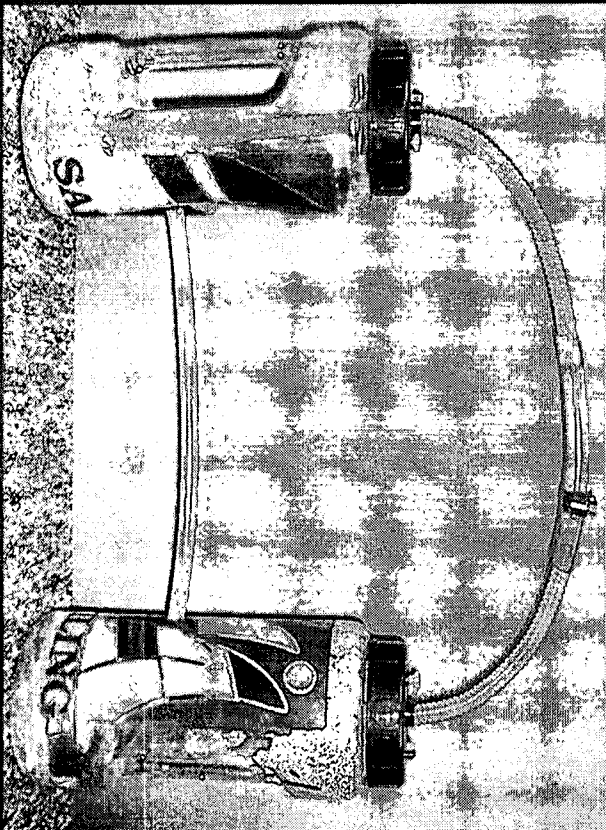
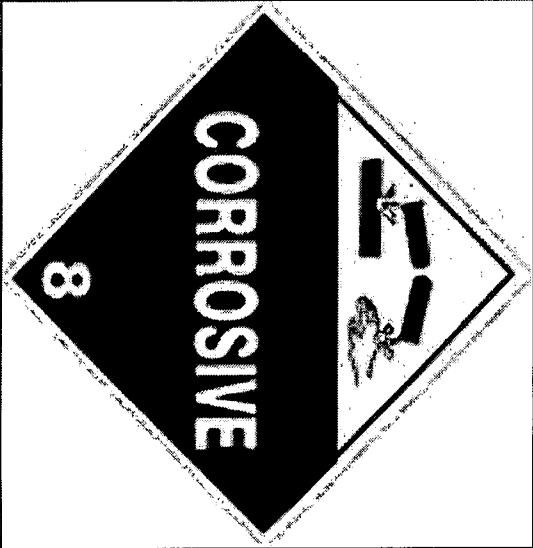








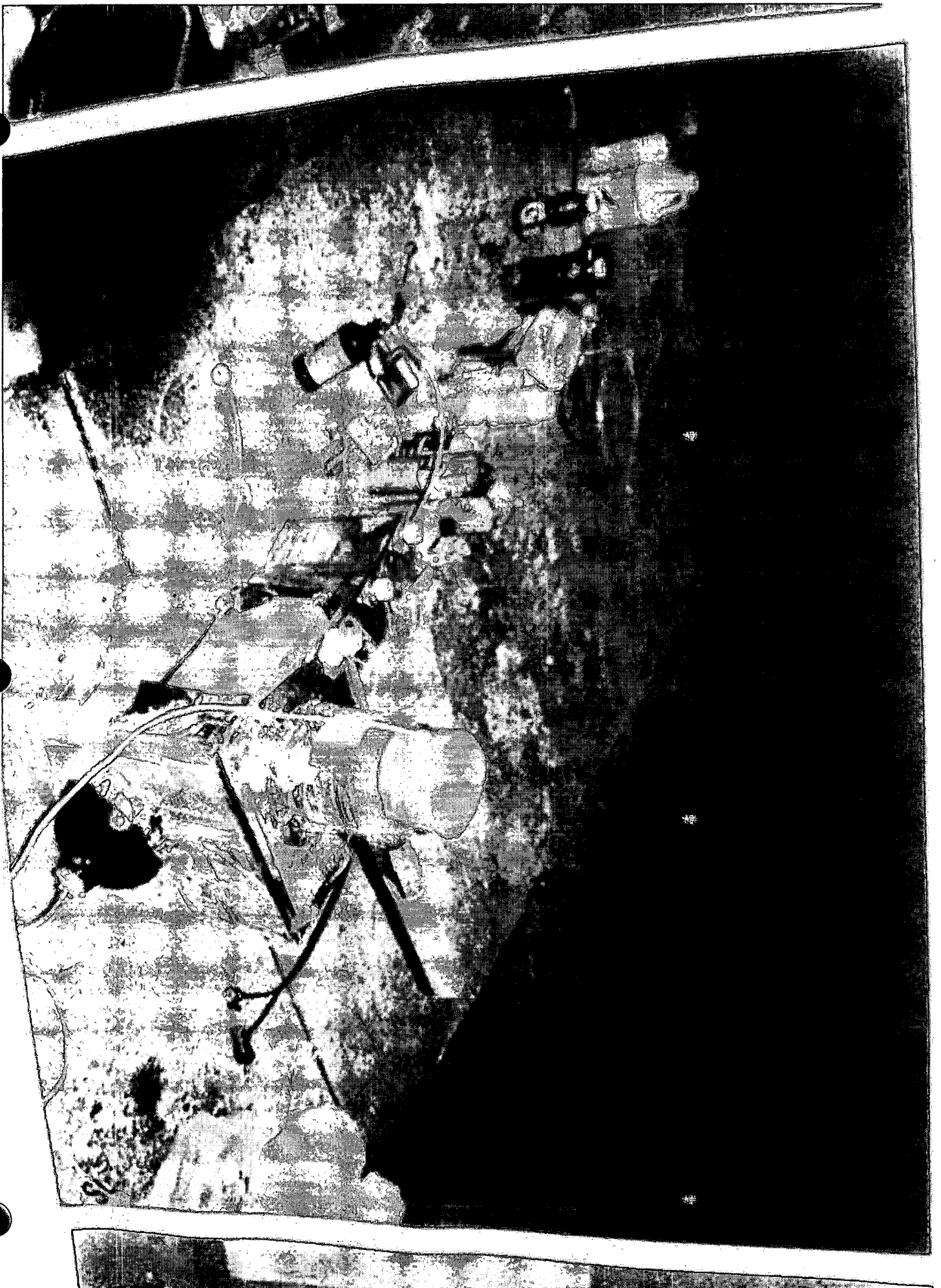


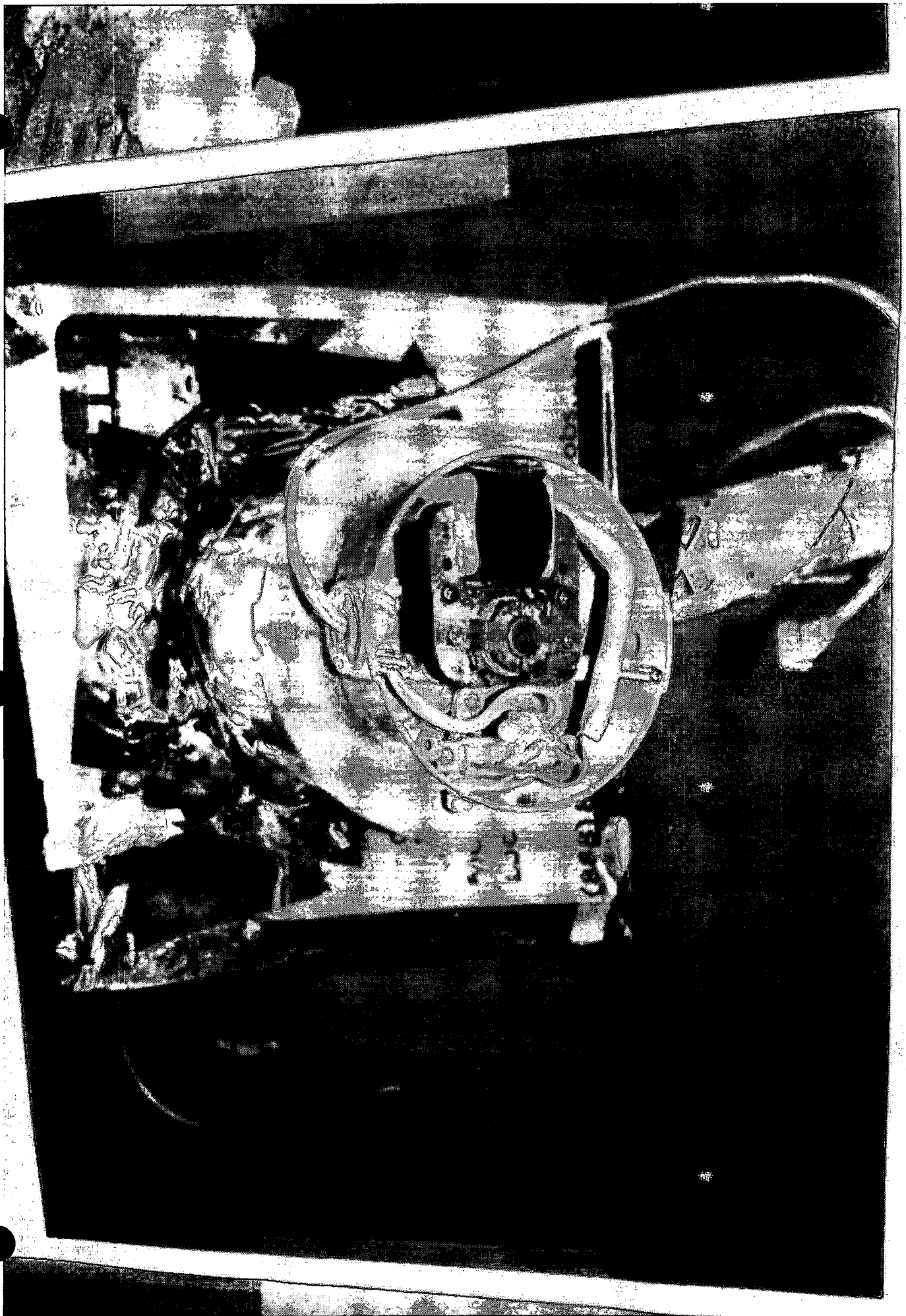


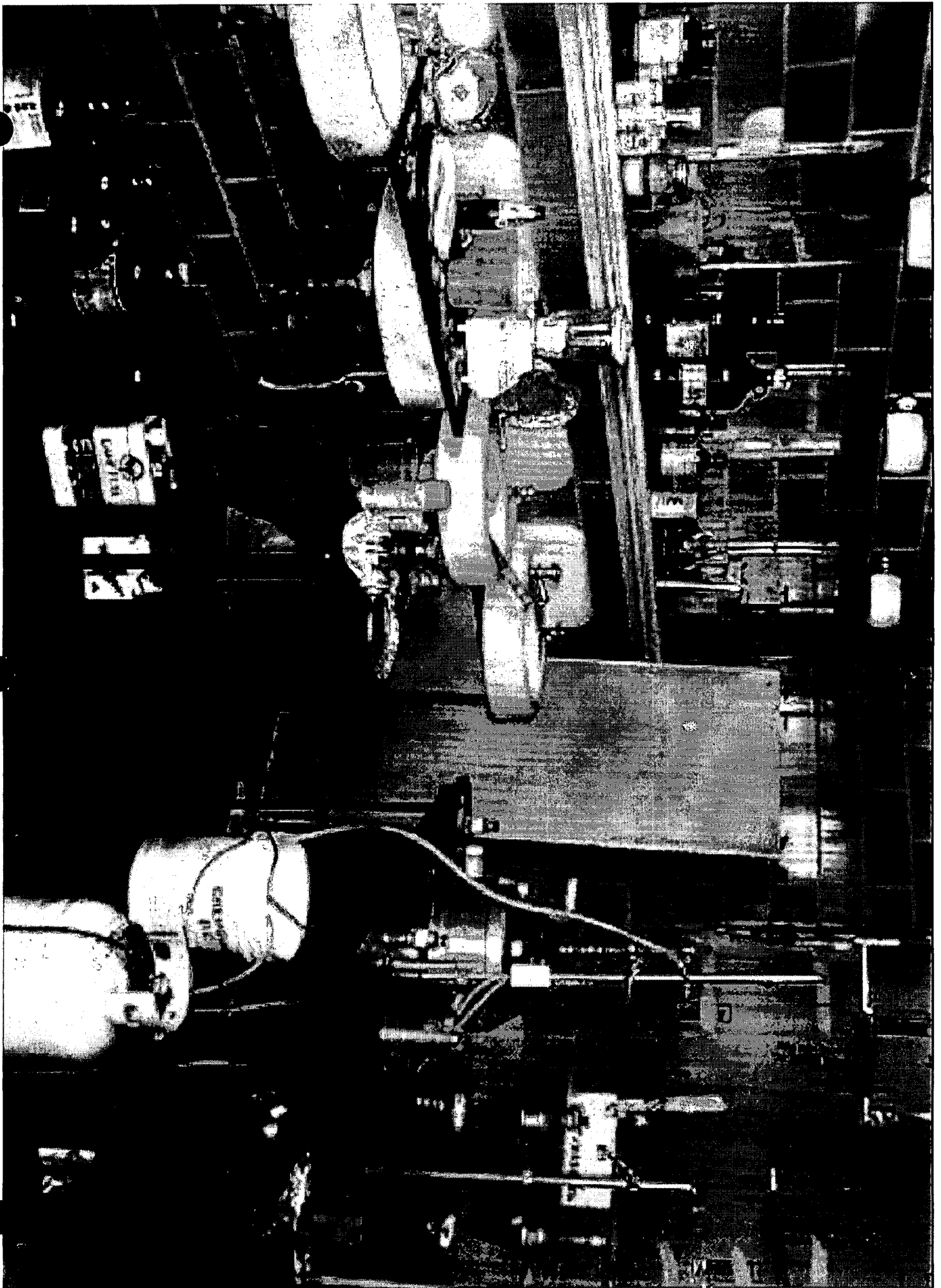
## Section 2 – Red Phosphorous Labs

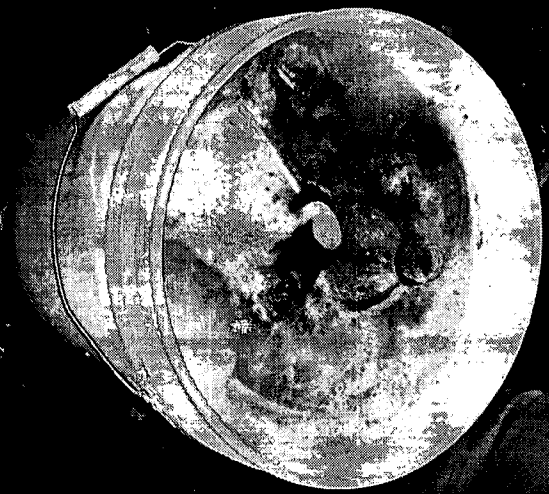
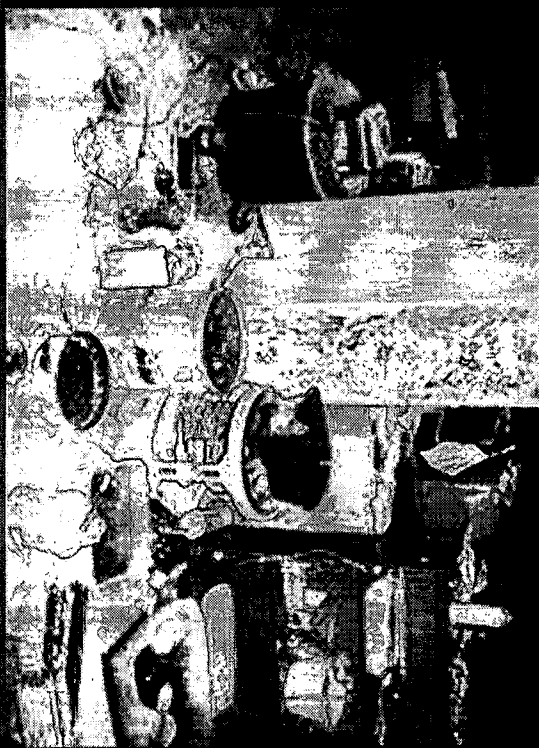
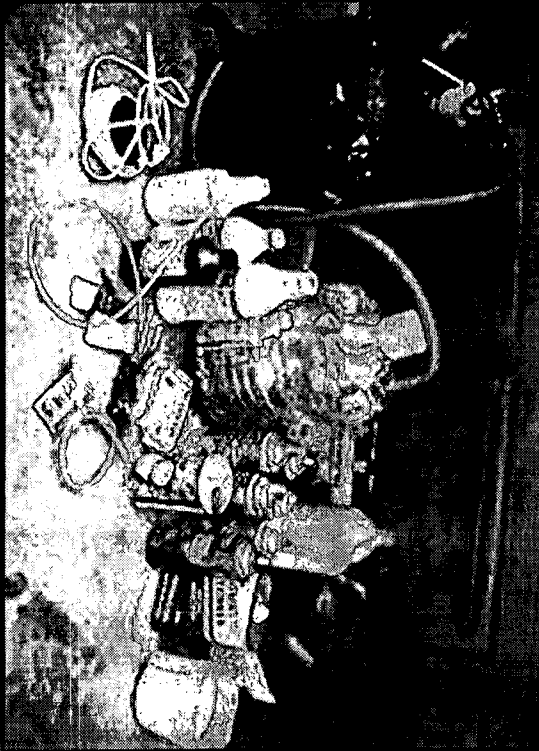
Red Phosphorous Labs, also known as “Red P” labs, are most known for the abundance of matches. Cooks often, if not always, use matches for the phosphorous. True Red P Labs are becoming less common in terms of cooking method due to the rise of the One Pot Method. Although true Red P cooks are becoming less of a problem, the complexity, hazards, and scope of work has not changed.

Commonly found chemicals in these labs are : Red Phosphorous, Hydrogen Peroxide, Organic Solvents (Camp Fuel, Gasoline, Acetone, Toluene, etc.), Hydrochloric Acid, Sulfuric Acid, and various forms of Iodine (crystals, tincture, and solution). Also be aware that many cooks do NOT retain many of the original containers the chemicals were purchased in. Due to the unknown factor, a lab technician must take extra precaution when testing and identifying each of these unknowns. There will be an explanation and demonstration of the standard barrage of tests you must go through for each unknown chemical.





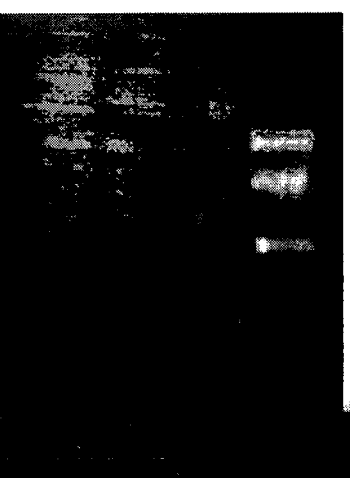


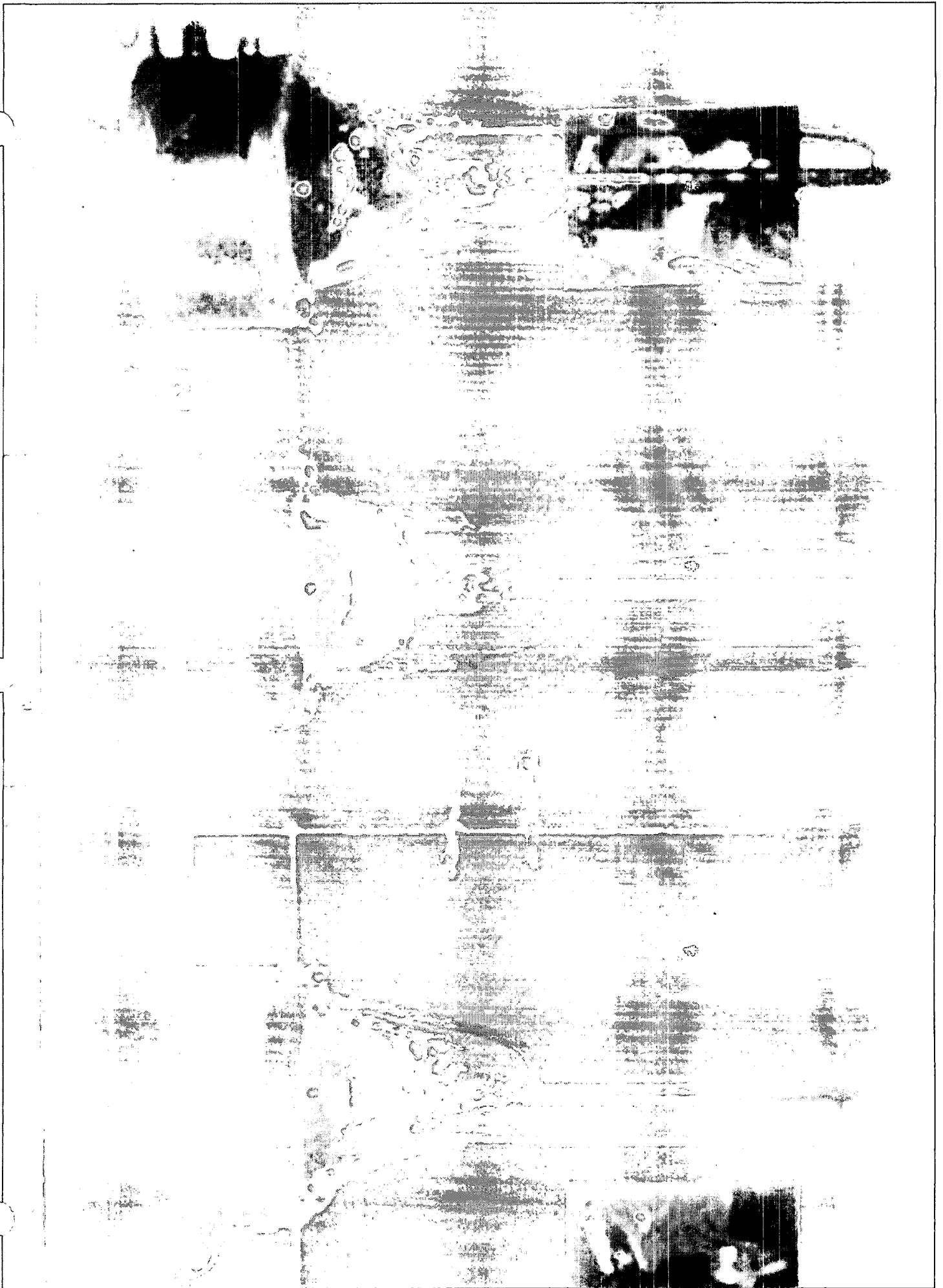


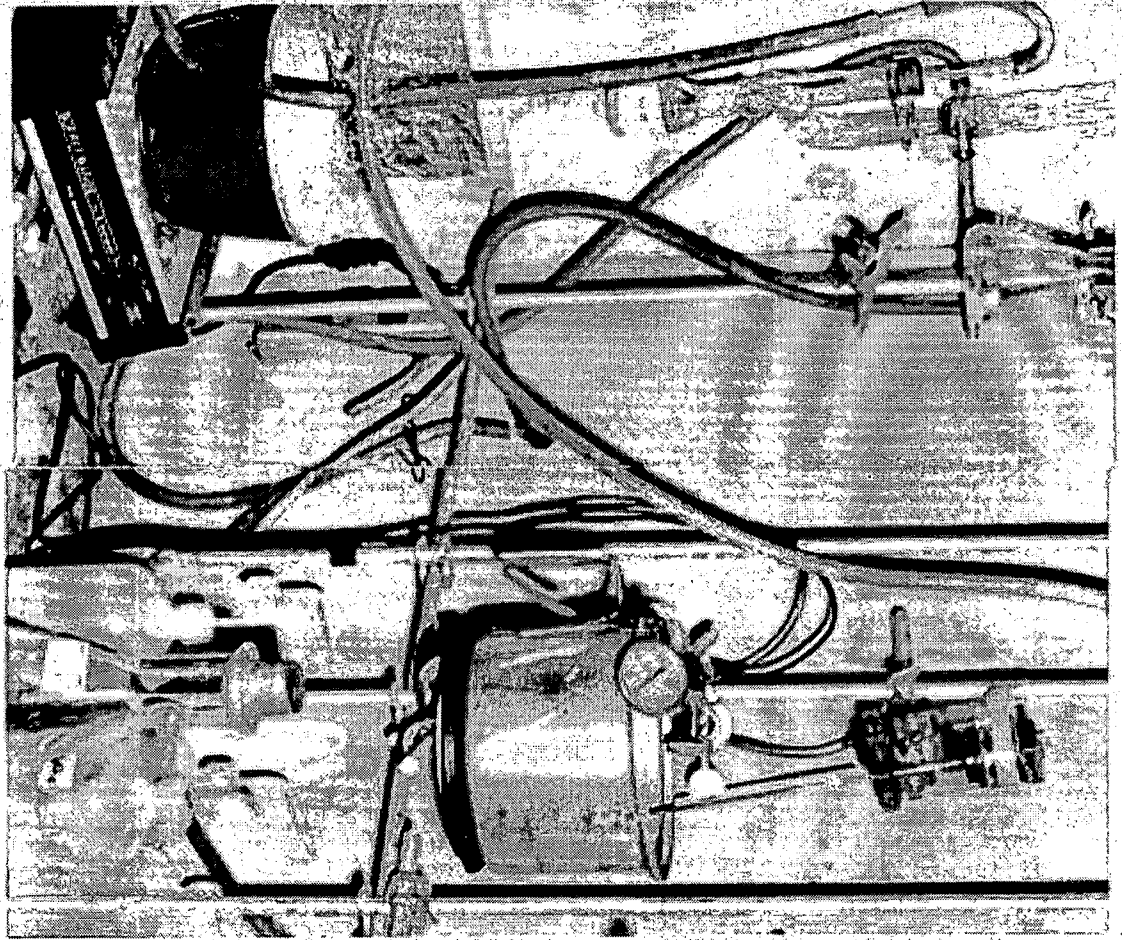
## Section 3 – Anhydrous Ammonia Labs

Anhydrous ammonia labs, also known as “Nazi” labs, are particularly dangerous due to the fact that the cook is using a deadly gas called Anhydrous Ammonia. Whether it be from a local farmer or producing the gas via Ammonium Nitrate from cold-packs or fertilizer, the gas procured is deadly via inhalation therefore extra respiratory protection is required.

Commonly found chemicals associated with these types of labs are: Hydrogen Peroxide, Sodium Hydroxide, Ammonium Nitrate (from cold-packs or fertilizer), Anhydrous Ammonia, Organic Solvents, and rock salt. Anhydrous ammonia stored in improper containers, such as propane cylinders, are especially dangerous. The ammonia gas corrodes the inner lining of the cylinder resulting in severe loss of container integrity. It also corrodes the valve, also known as the head of the cylinder, making it a very dangerous item to handle. Due to this corrosion, the cylinder can either explode from the pressure build up or blow the valve off, resulting in the cylinder rocketing off at a high velocity. Careful inspection of the cylinder from a safe distance must be done FIRST before actually handling the item. Once it is deemed safe to proceed, the gas inside must be bled off into a drum of water. All of these actions will be explained and demonstrated in this section of training.





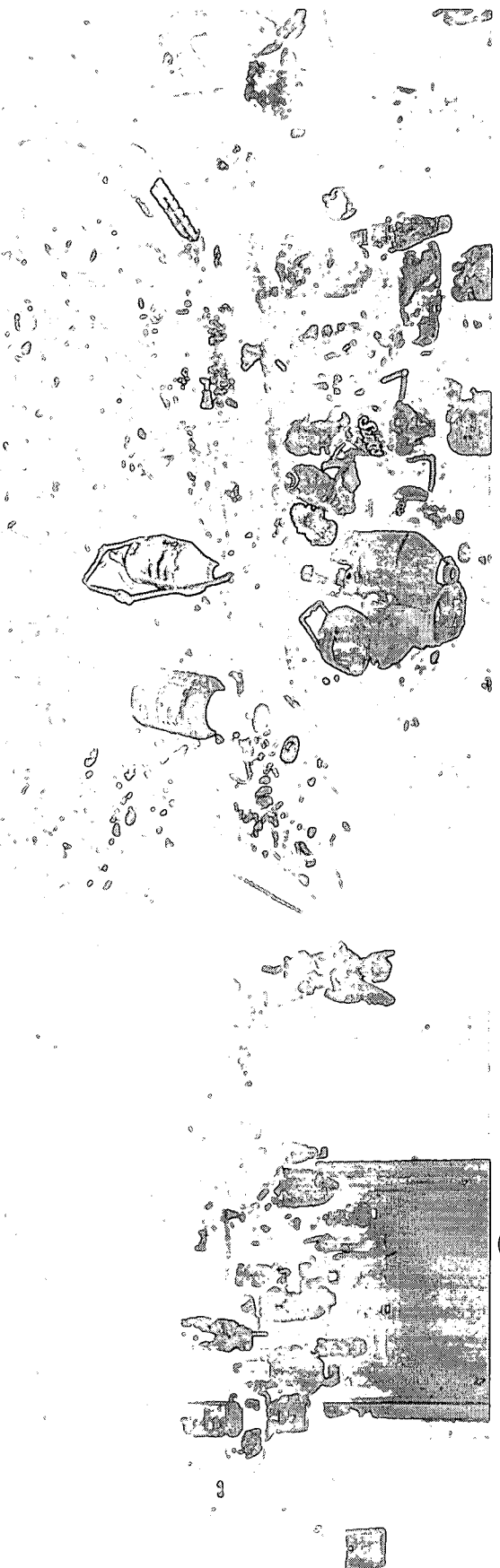


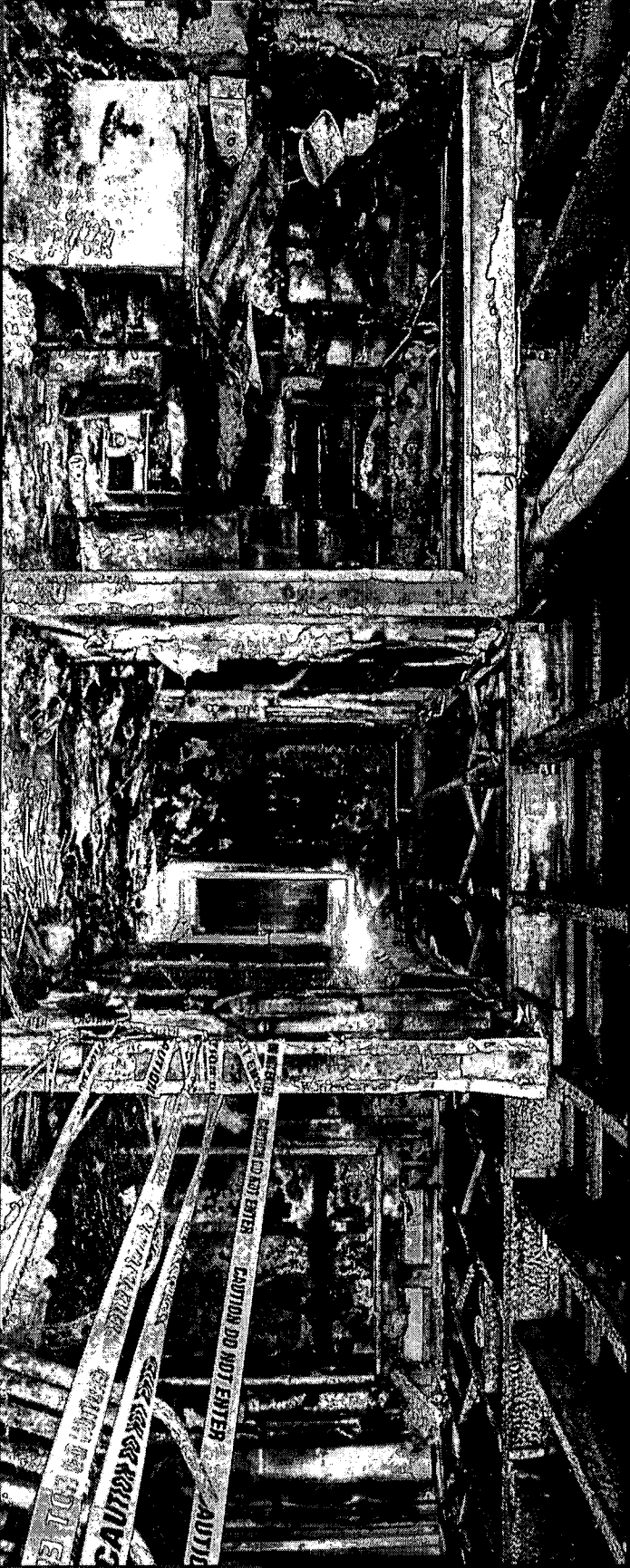
And then you have the  
One-Pot or Shake-n-Bake  
Labs

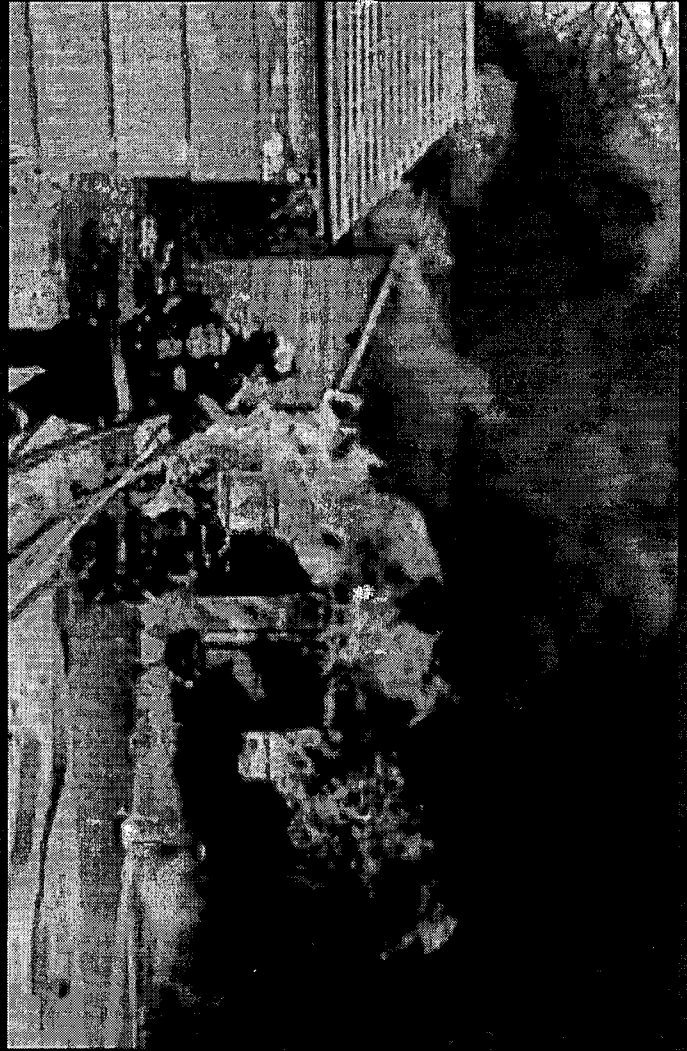
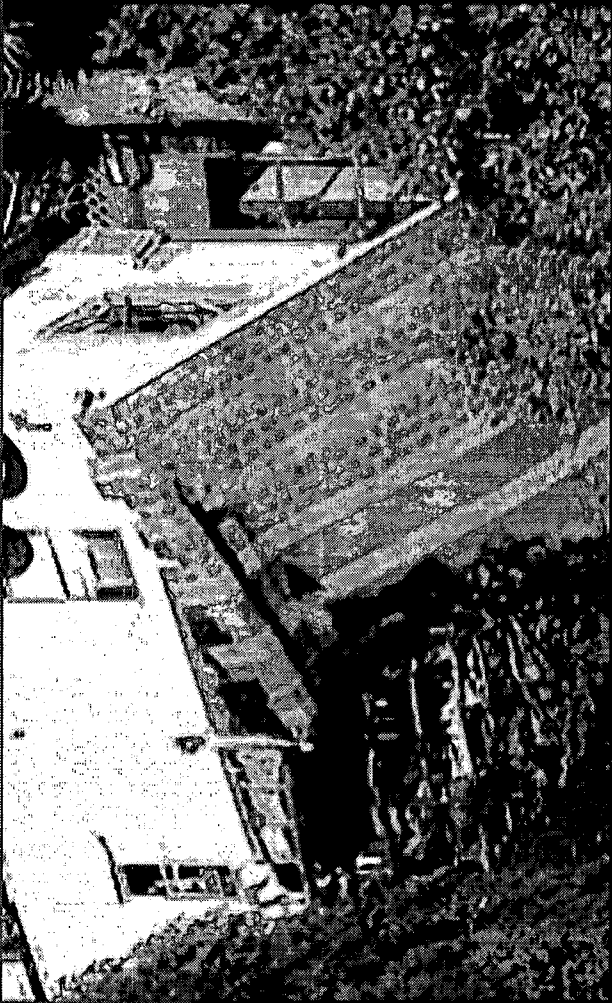
## Section 4 - One Pot Labs

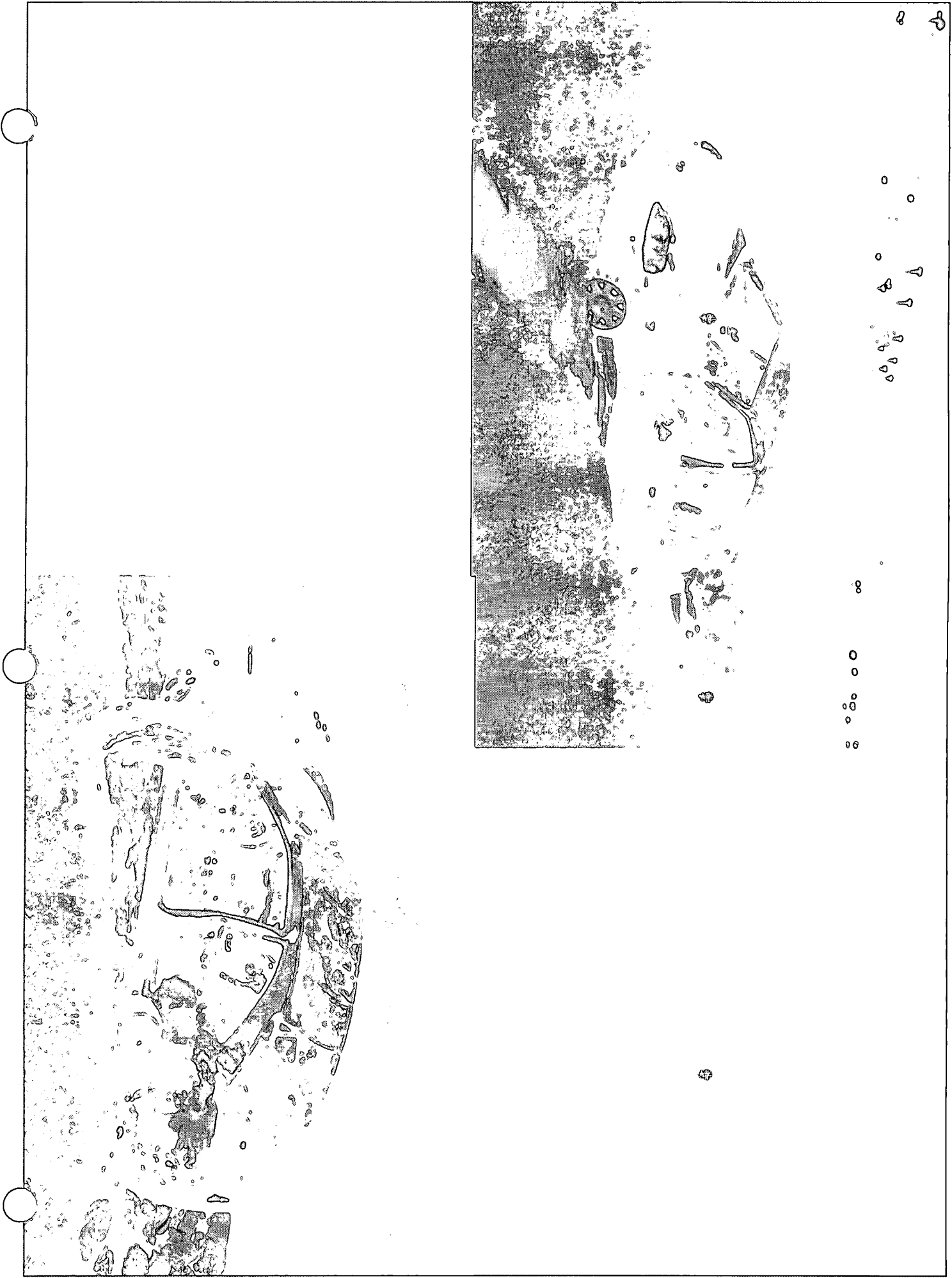
One pot labs are potentially the most simplistic lab type of all. However, this simplicity is what leads them to be the most dangerous cook method. The reason the danger level is so high for these labs is because the cooks mix all of the chemicals they have for cooking together into one or more bottles. This often leads to violent reactions that cause fires, explosions, and even fatalities.

The primary hazard in these bottles are a water reactive substance called Lithium. Lithium metal, when coming into contact with water, ignites and can cause large fires in the surrounding area. How to handle this problem and other chemicals on these types of labs will be explained and demonstrated in this section of training.











## Section 5 – Miscellaneous Items

While performing cleanup duties, you may come across various items that are on all of the different types of labs. These items are things like sharps, kitty litter, bodily fluids, and pills. All of these items are extremely hazardous to your health and safety.

Sharps such as knives, razor blades, syringes, scissors, broken glass, and serrated metal can puncture or cut through protective clothing. These items represent a serious hazard due to the possibility of them carrying viruses, bacteria, and/or diseases.

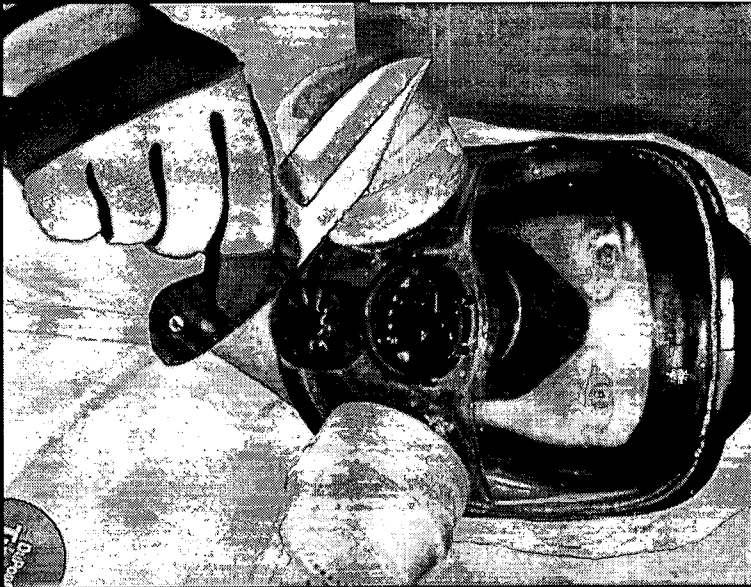
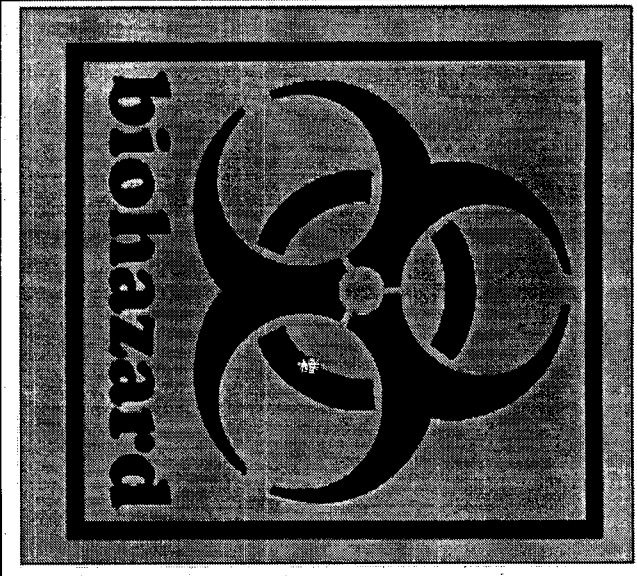
Kitty litter doesn't seem like much. Its in nearly every home in America. On these labs, kitty litter is used to filter gases and vapors to make it safer for the cooks to continue their work. These vapors and gases though, form a crust in the litter and when broken can lead to the release of phosphine gas. Phosphine gas acts much like cyanide in that it only takes a minimal amount of inhalation to kill you.

Bodily fluids contain many of the same hazards that sharps do. Disease, bacteria, viruses, etc.... Proper personal protective equipment and common sense helps render the hazards nearly irrelevant.

Pills are common on most labs. The most common pill found is Sudafed which contains pseudoephedrine. Also, hydrocodone and other controlled substances can be found on all the different types of labs. These pills have their own way to be treated.







# Meth and Your Body

*Based upon NIDA Research Report Series -  
Methamphetamine Abuse and Addiction*



## At First...

Stimulant:

Euphoria and rush, increased energy,  
decreased fatigue, sense of control

Weight loss:

Suppresses appetite; may increase  
metabolism

## Risky Behavior

- ◎ Meth use lowers inhibitions, increases libido, and impairs judgment, often leading to risky behavior

# Meth & HIV and Hepatitis

- ◎ If meth is injected, you run the risk of infection from dirty needles
- ◎ Given how meth impairs your judgment, there is also a risk of acquiring HIV, hepatitis, and STDs through promiscuous behavior

- ◎ High doses of meth can:
  - Elevate body temperature to dangerous, sometimes lethal, levels
  - Cause convulsions

## In the long term

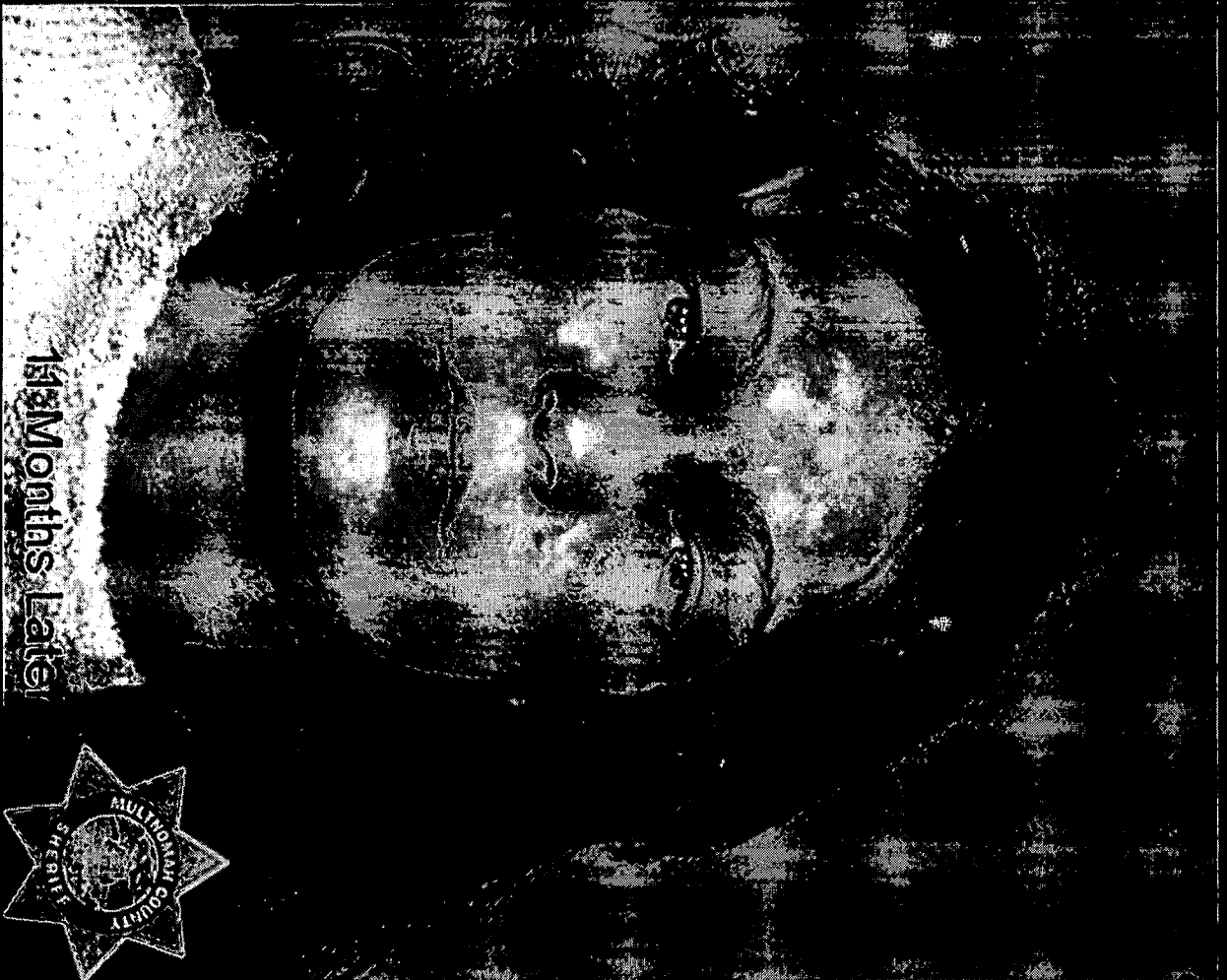
- ◎ Psychotic behavior including:
  - Paranoia
  - Auditory hallucinations
  - Mood disturbances
  - Delusions

## ◎ Hallucinations include "crank bugs"

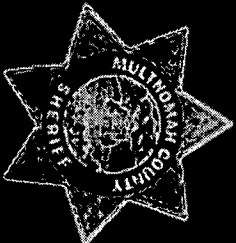
- Sensation of insects creeping on or under the skin
- Meth users pick at and scratch these areas to find relief
- Can create open sores that become infected

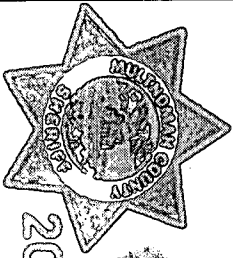


2005C



18 Months Later





2005 © "Faces of Math"



Josee 9/11



3 months later

# Meth Mouth

- ◎ Meth can cause severe tooth decay because:
  - Meth reduces the amount of protective saliva around the teeth
  - Meth users consume excess sugared, carbonated soft drinks
  - Meth users tend to lack personal oral hygiene
  - Meth causes tooth grinding and jaw clenching



*Photos courtesy of: Sharlee Shirley, RDH, MPH; Jim Cecil, DMD, MPH, University of Kentucky, School of Dentistry*

METH

12897

MOUTH

12897



10 Years of Meth Use





1998



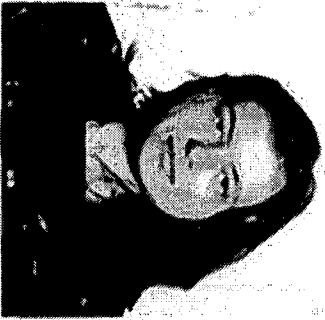
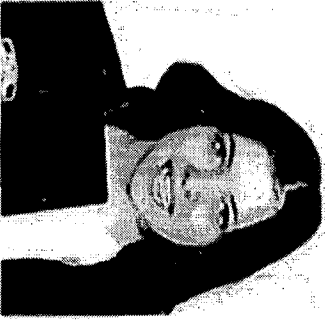
2002



10 Years of Meth Use

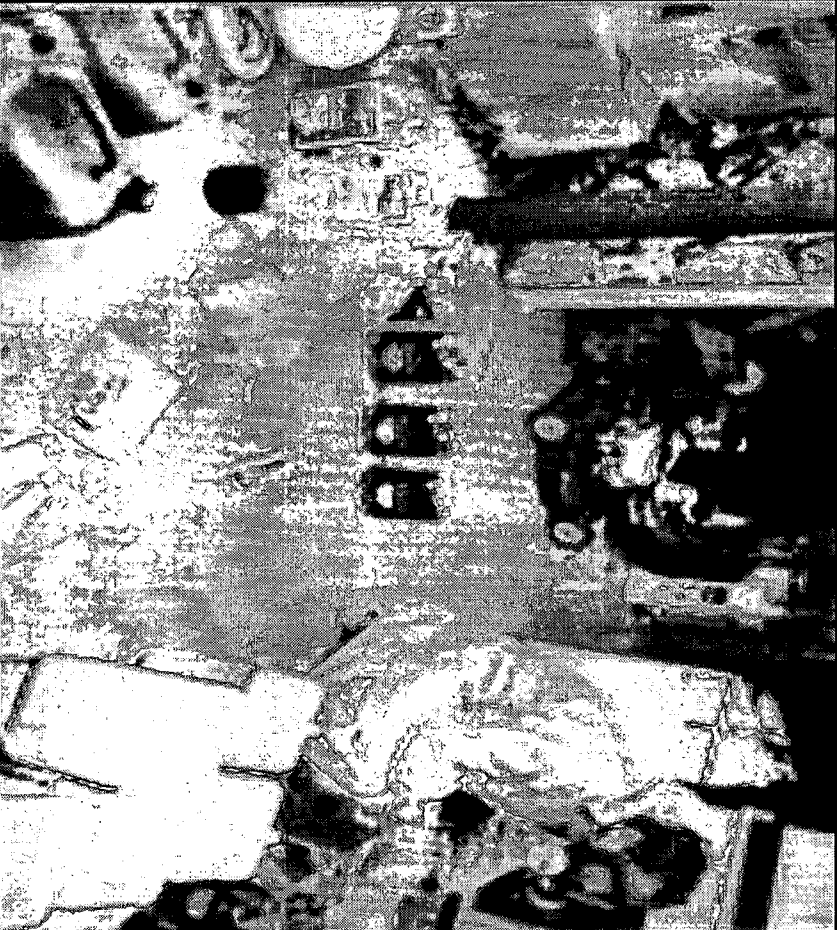


Think... Is It Worth Your Life?!!



The Downward Spiral

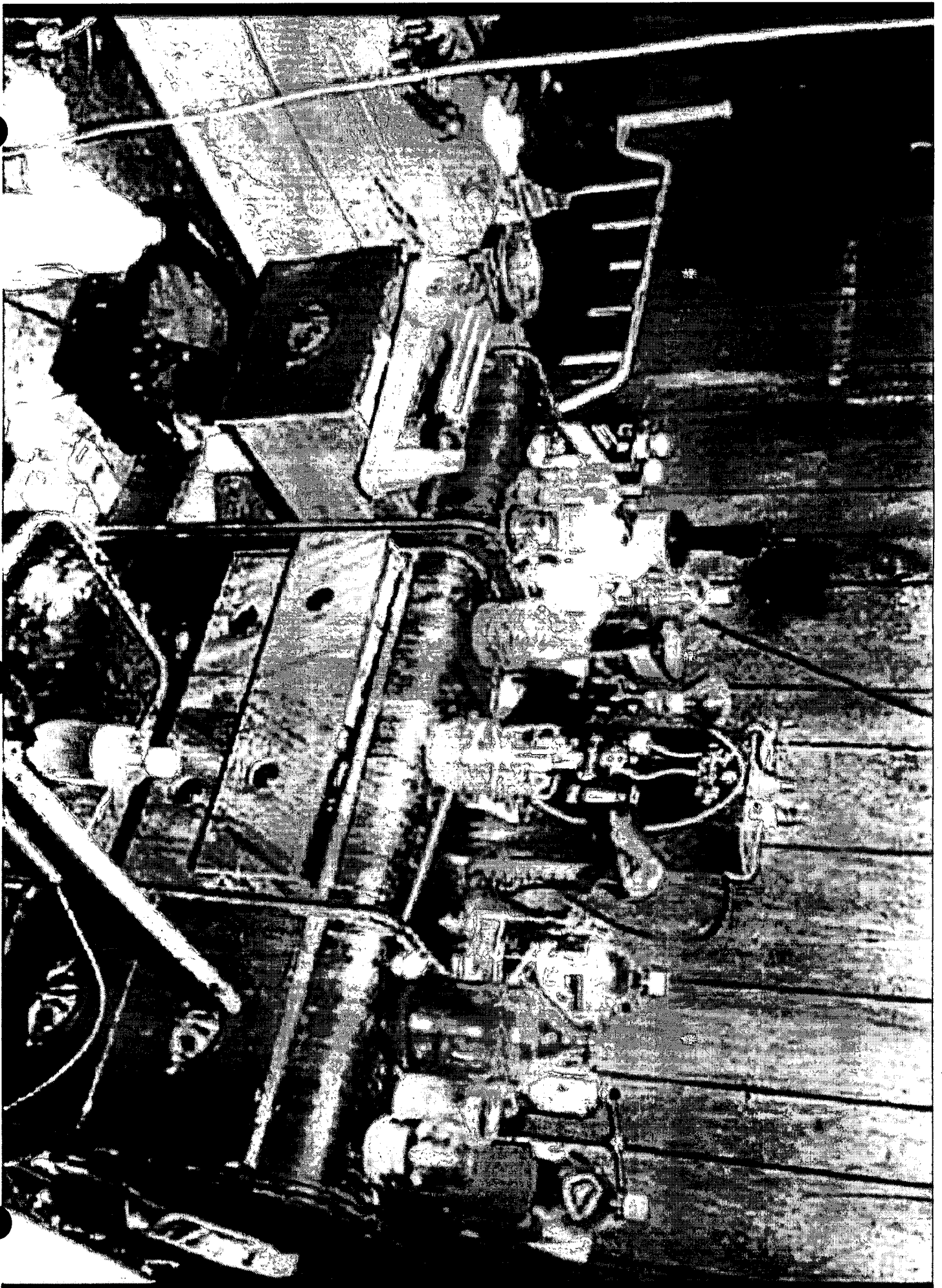
# Meth and the Environment

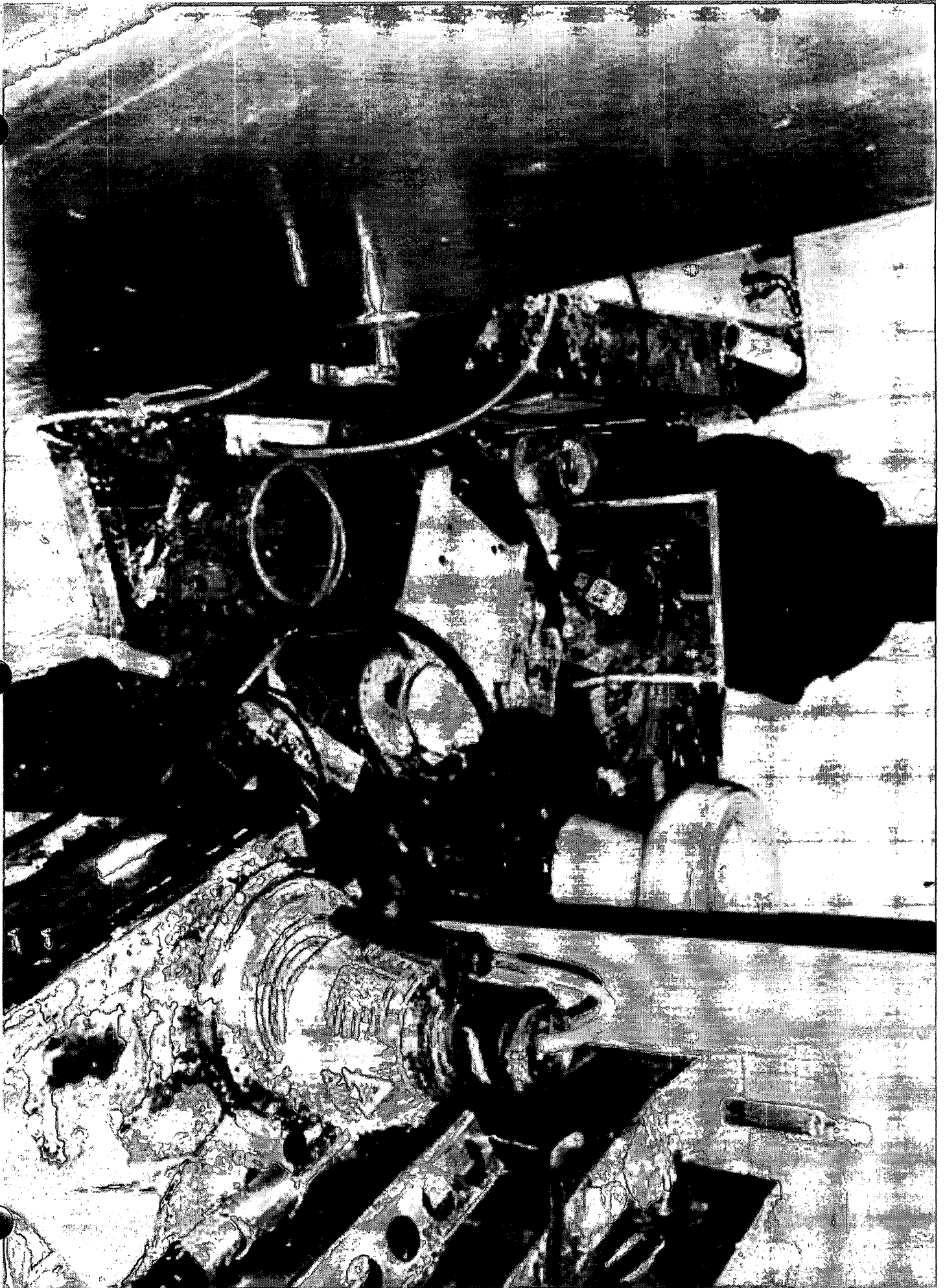


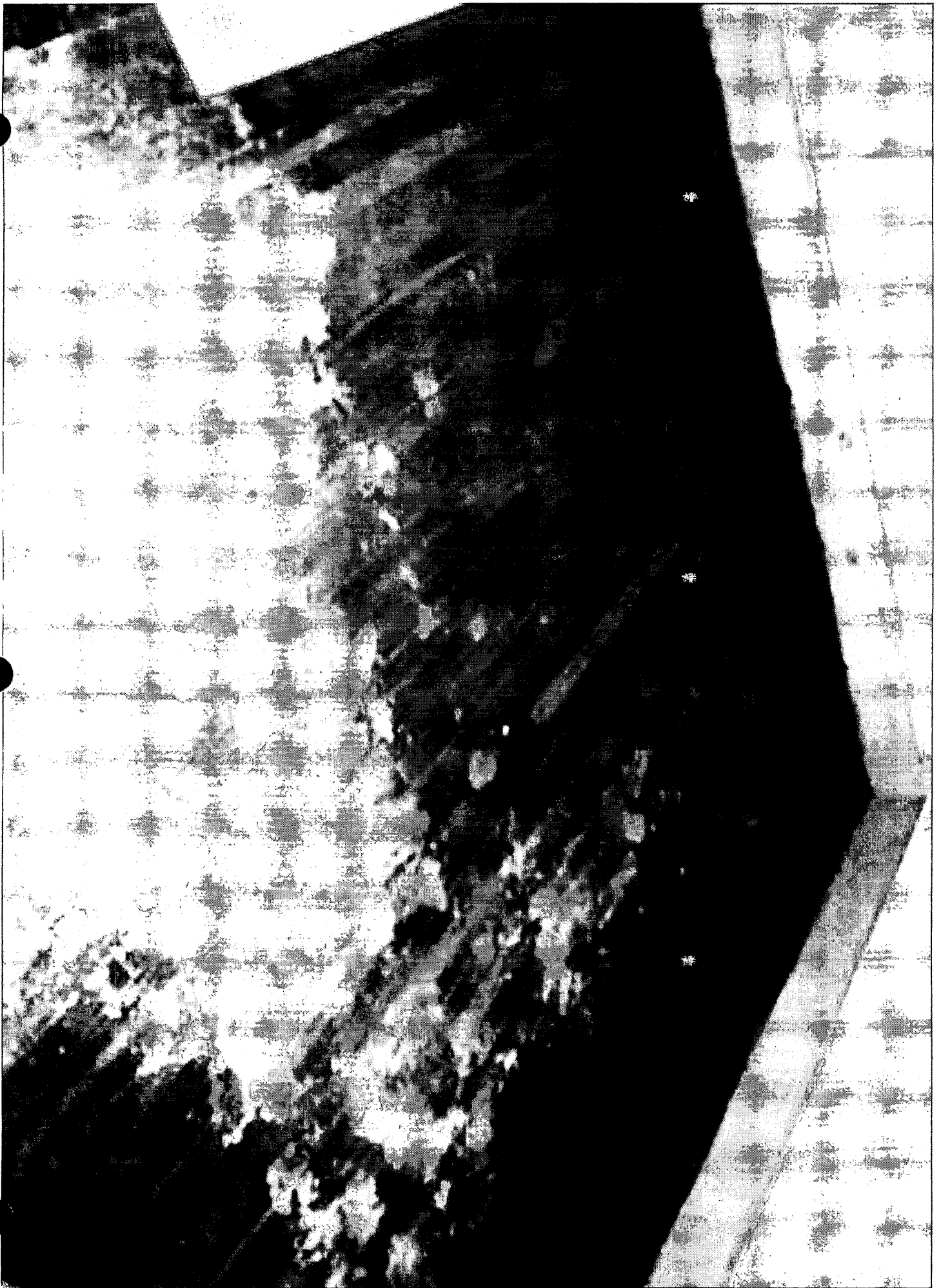
**Meth production  
causes major  
damage to  
the environment**

- ◎ Some of the chemicals used to produce meth have independent toxicity
- 
- 
- 
- ◎ When these chemicals are combined, they can have serious toxic and explosive effects
- ◎ Every pound of meth produced can yield up to five pounds of toxic waste









# Drug Endangered Children

- Many children are rescued from homes with meth labs or meth using parents
- Meth, chemicals, and syringes are all within reach of children

○ Parents high on meth neglect  
their children

○ The mental, physical, and  
emotional consequences for  
the children can be severe



• Photo courtesy of the United States Attorney's Office, Northern District of Iowa

# Domestic Violence

- ◎ For meth users, judgment is clouded
- ◎ Relationships often revolve around meth
- ◎ Domestic violence and child neglect often result

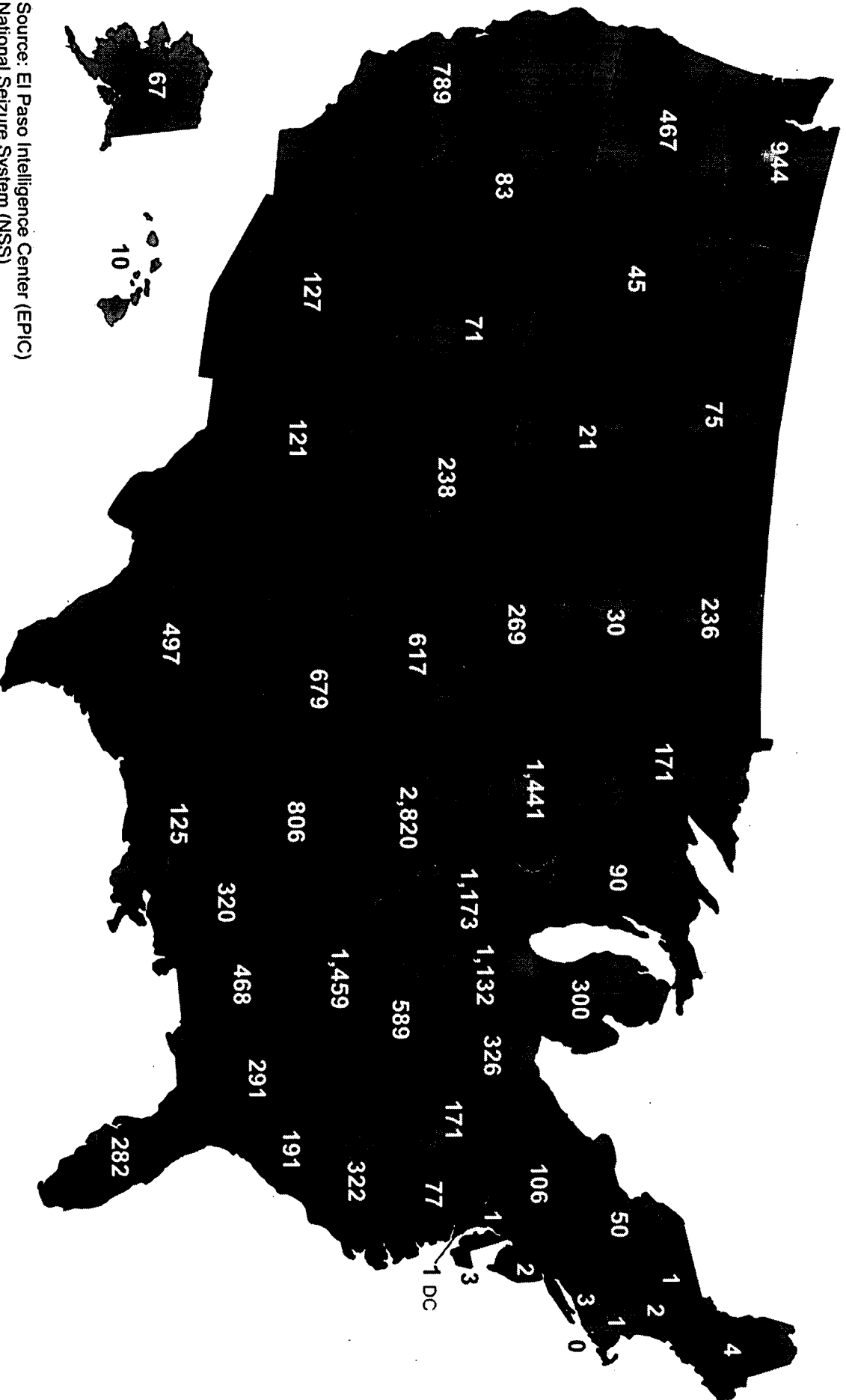


## Stats on Meth Addiction

- ◎ According to statistics, the average life expectancy of a hard core meth addict is only five to seven years.
- ◎ The national average recovery rate for meth addicts is estimated to be between only 16- 20%.
- ◎ The psychotic effects of meth use can last years after cessation of meth use.
- ◎ The average meth "cook" annually teaches ten others how to make meth.
- ◎ A common side effect of meth is the feeling of "meth bugs". Users will scratch and claw their way to their bones to try and rid themselves of these imaginary bugs.
- ◎ A single episode of smoking meth in a residence produces sufficient airborne methamphetamine to contaminate 18,500 square feet of surface area in a home to a concentration exceeding 0.5 micrograms per 100 square centimeters of surface area (0.5 µg/100 cm<sup>2</sup>).
- ◎ The incidence of clandestine drug laboratories has grown dramatically in the past 10 years. For example, in Fiscal Year 1992, the DEA's National Clandestine Laboratory Cleanup Program funded approximately 400 removal actions and by fiscal year 2001, the DEA Program funded more than 6,400 removal actions.

**Calendar Year 2004  
Total: 18,091**

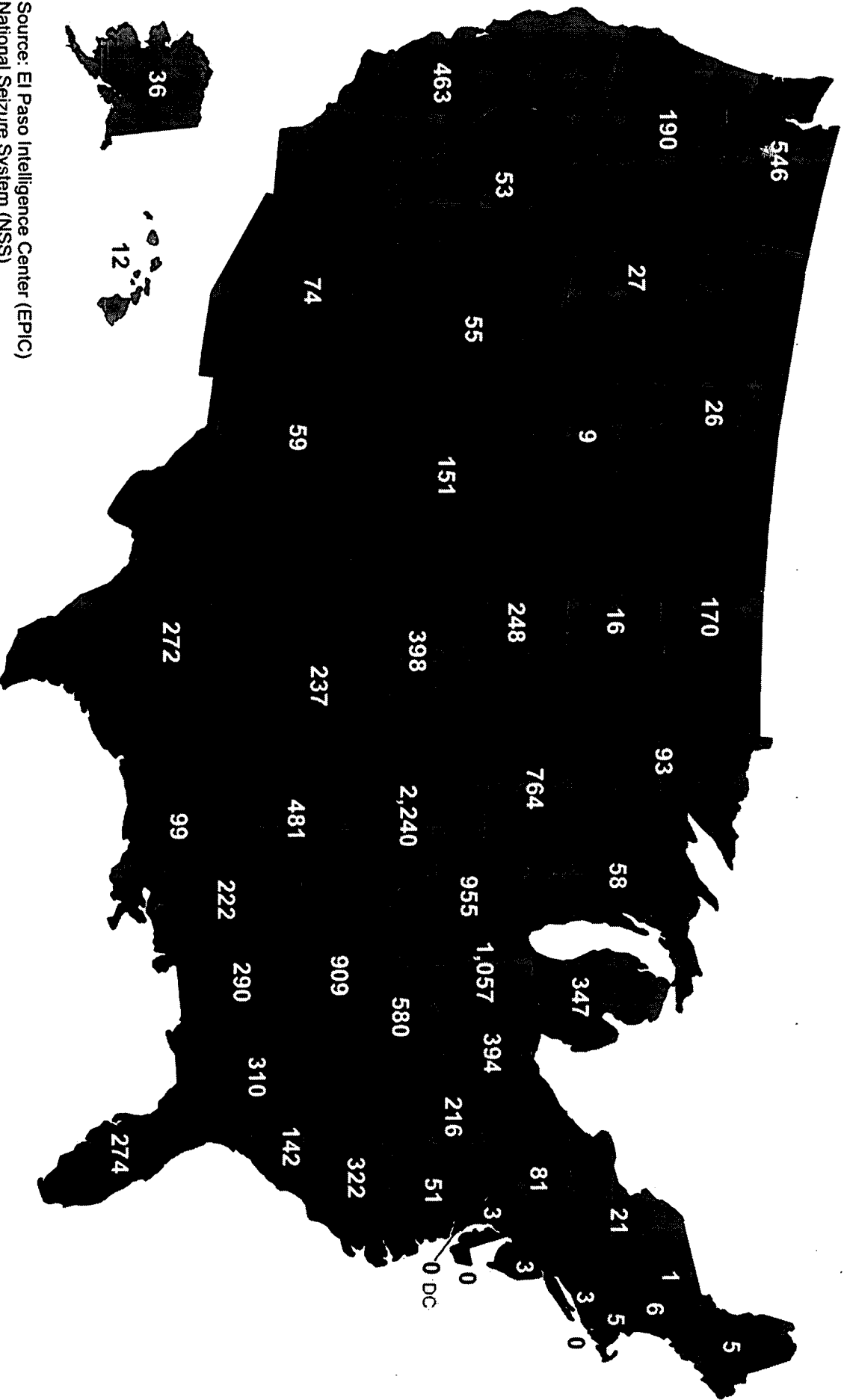
**Total of All Meth Clandestine Laboratory Incidents  
Including Labs, Dumpsites, Chem/Glass/Equipment**



Source: El Paso Intelligence Center (EPIC)  
National Seizure System (NSS)

**Calendar Year 2005  
Total: 12,974**

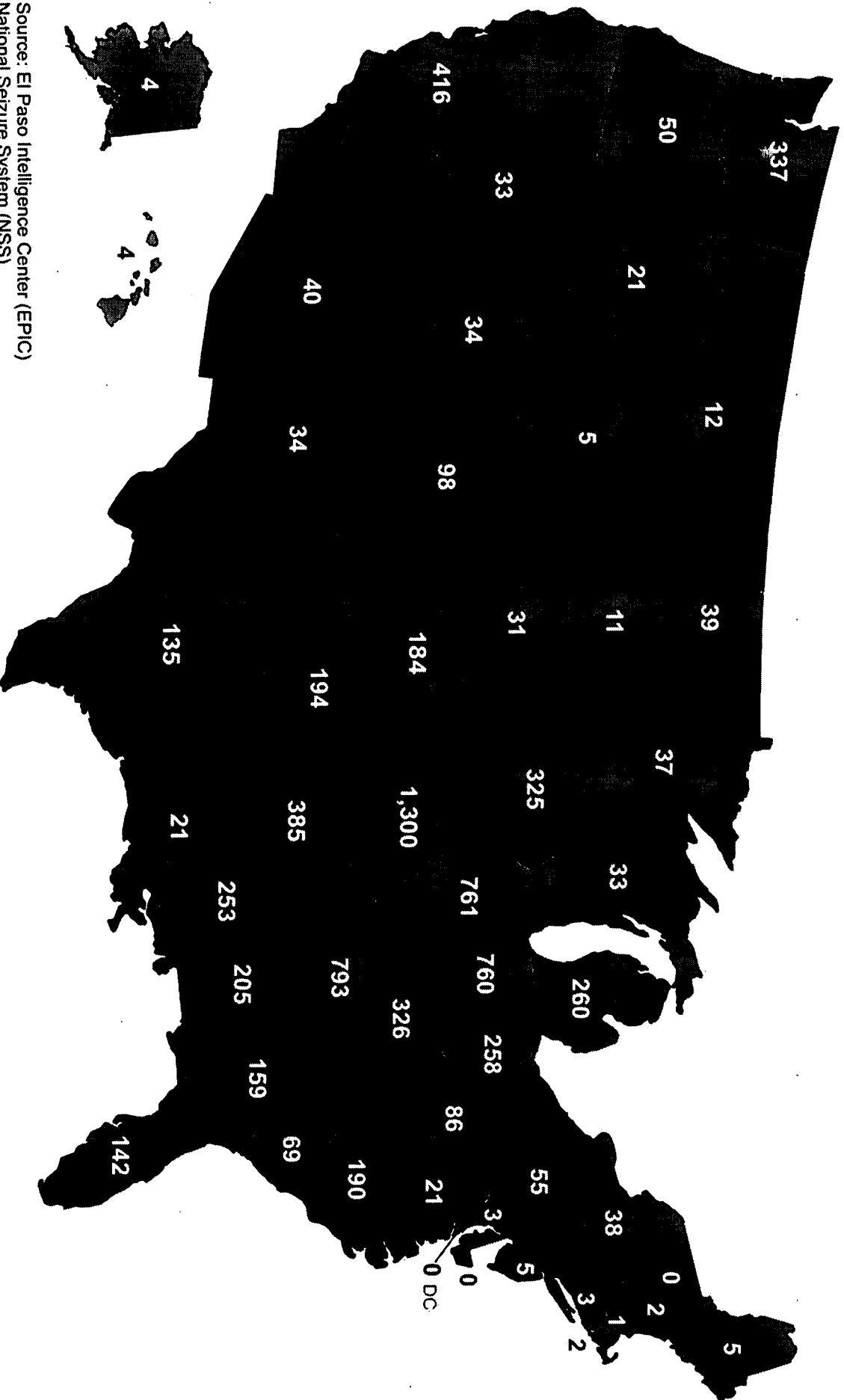
**Total of All Meth Clandestine Laboratory Incidents  
Including Labs, Dumpsites, Chem/Glass/Equipment**



Source: El Paso Intelligence Center (EPIC)  
National Seizure System (NSS)

**Calendar Year 2006**  
**Total: 8,181**

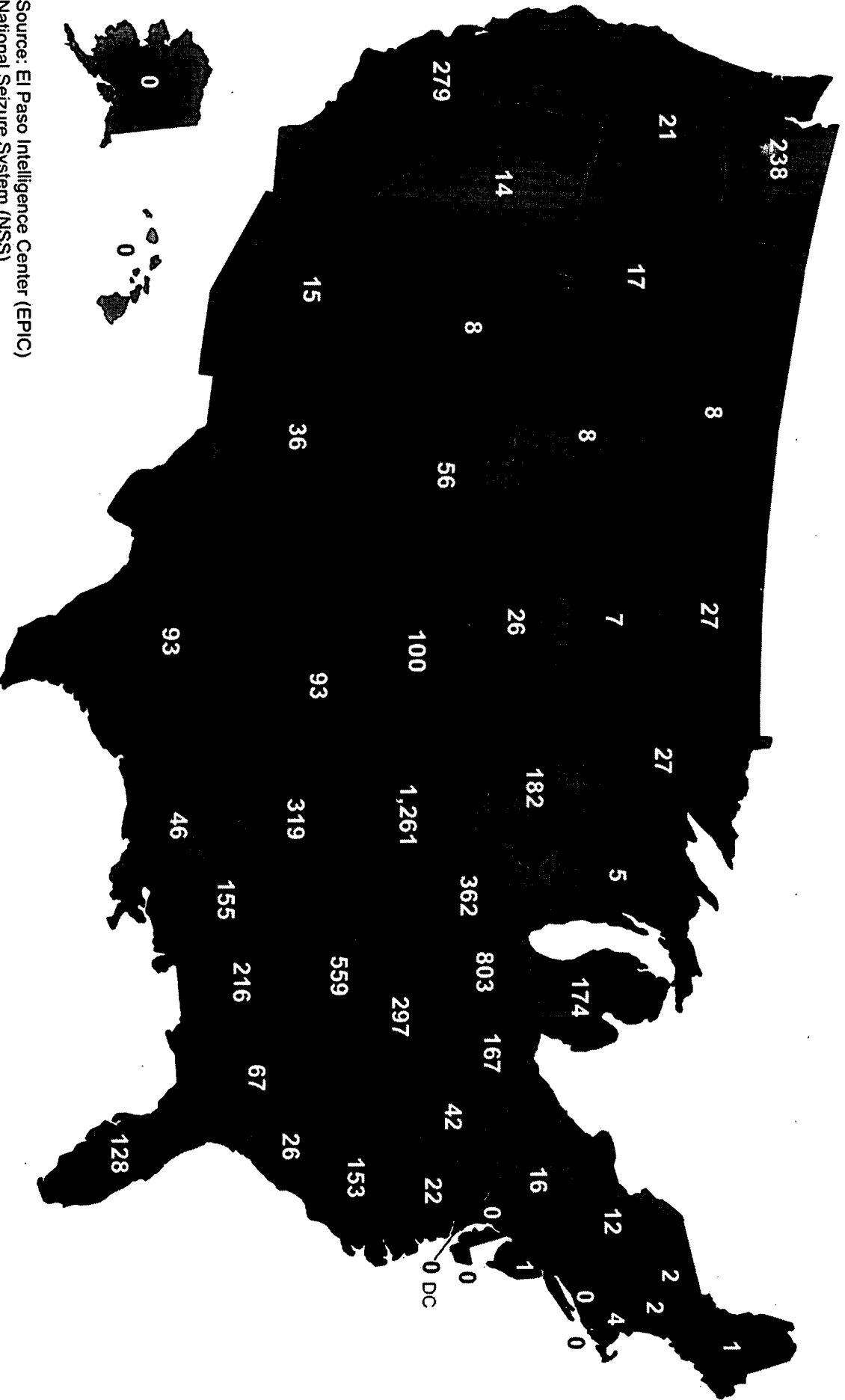
**Total of All Meth Clandestine Laboratory Incidents**  
**Including Labs, Dumpsites, Chem/Glass/Equipment**



Source: El Paso Intelligence Center (EPIC)  
National Seizure System (NSS)

**Calendar Year 2007**  
**Total: 6,095**

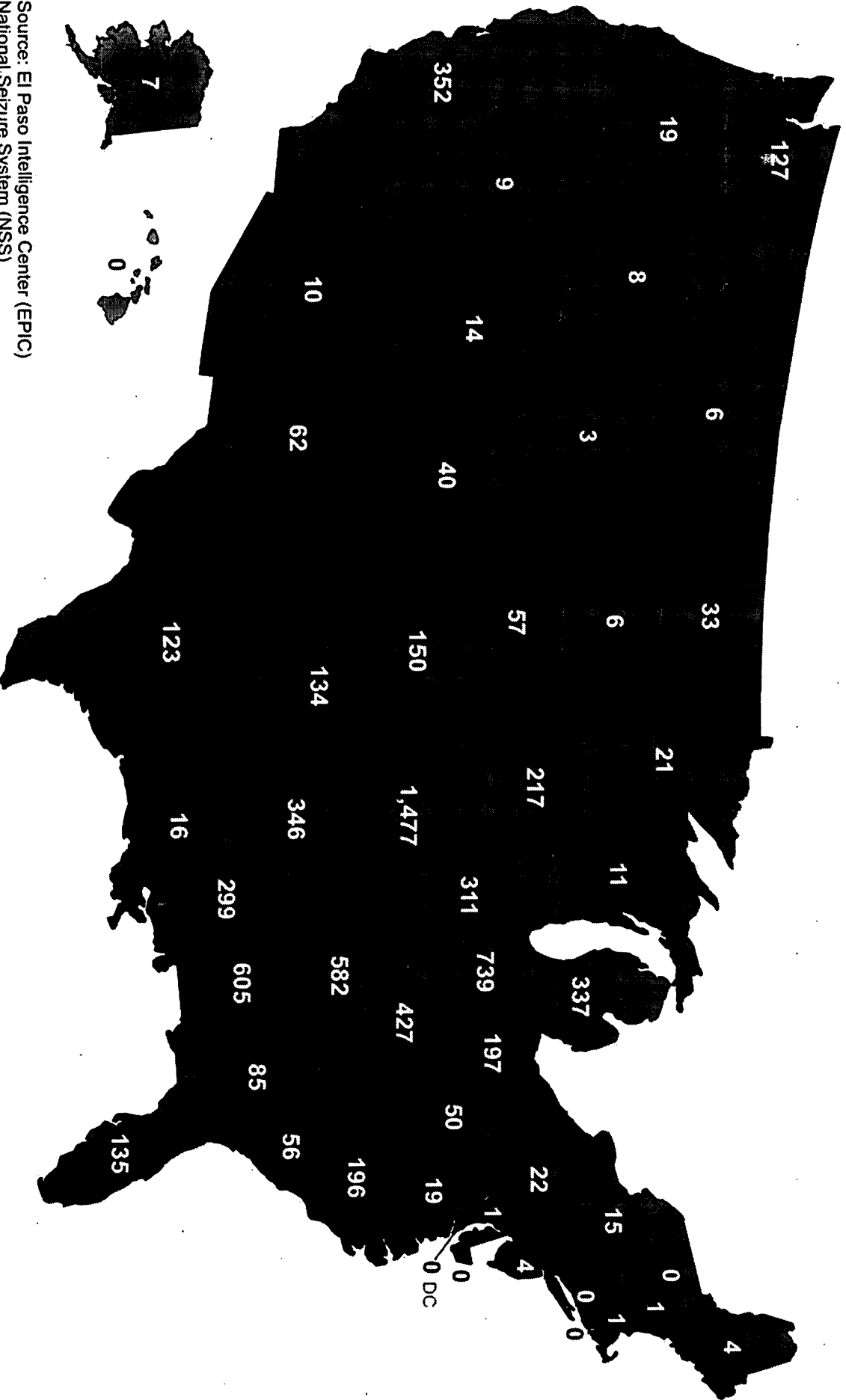
**Total of All Meth Clandestine Laboratory Incidents**  
**Including Labs, Dumpsites, Chem/Glass/Equipment**



Source: El Paso Intelligence Center (EPIC)  
National Seizure System (NSS)

**Calendar Year 2008**  
**Total: 7,334**

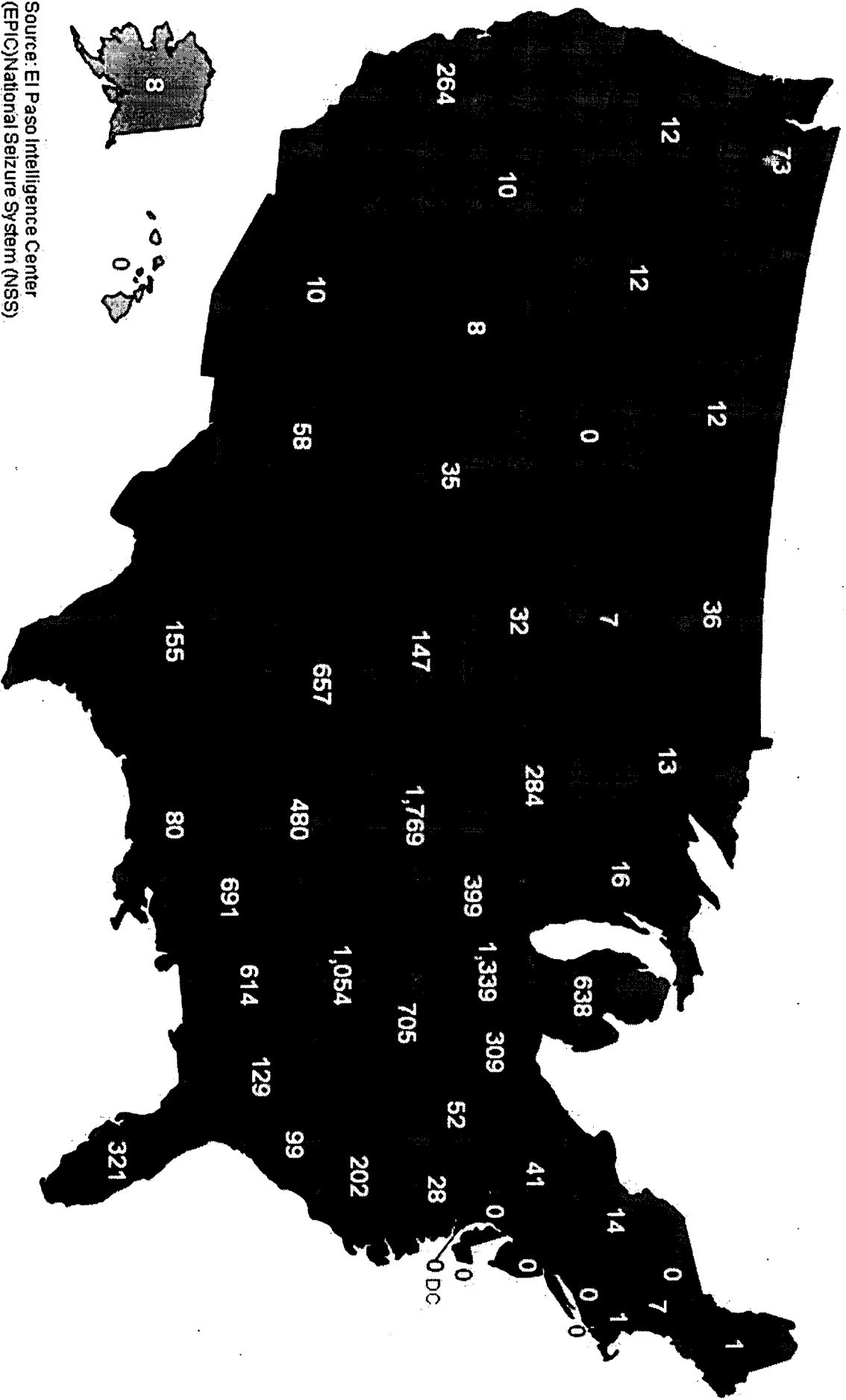
**Total of All Meth Clandestine Laboratory Incidents**  
**Including Labs, Dumpsites, Chem/Glass/Equipment**



Source: El Paso Intelligence Center (EPIC)  
National Seizure System (NSS)

Calendar Year 2009  
Total: 10,822

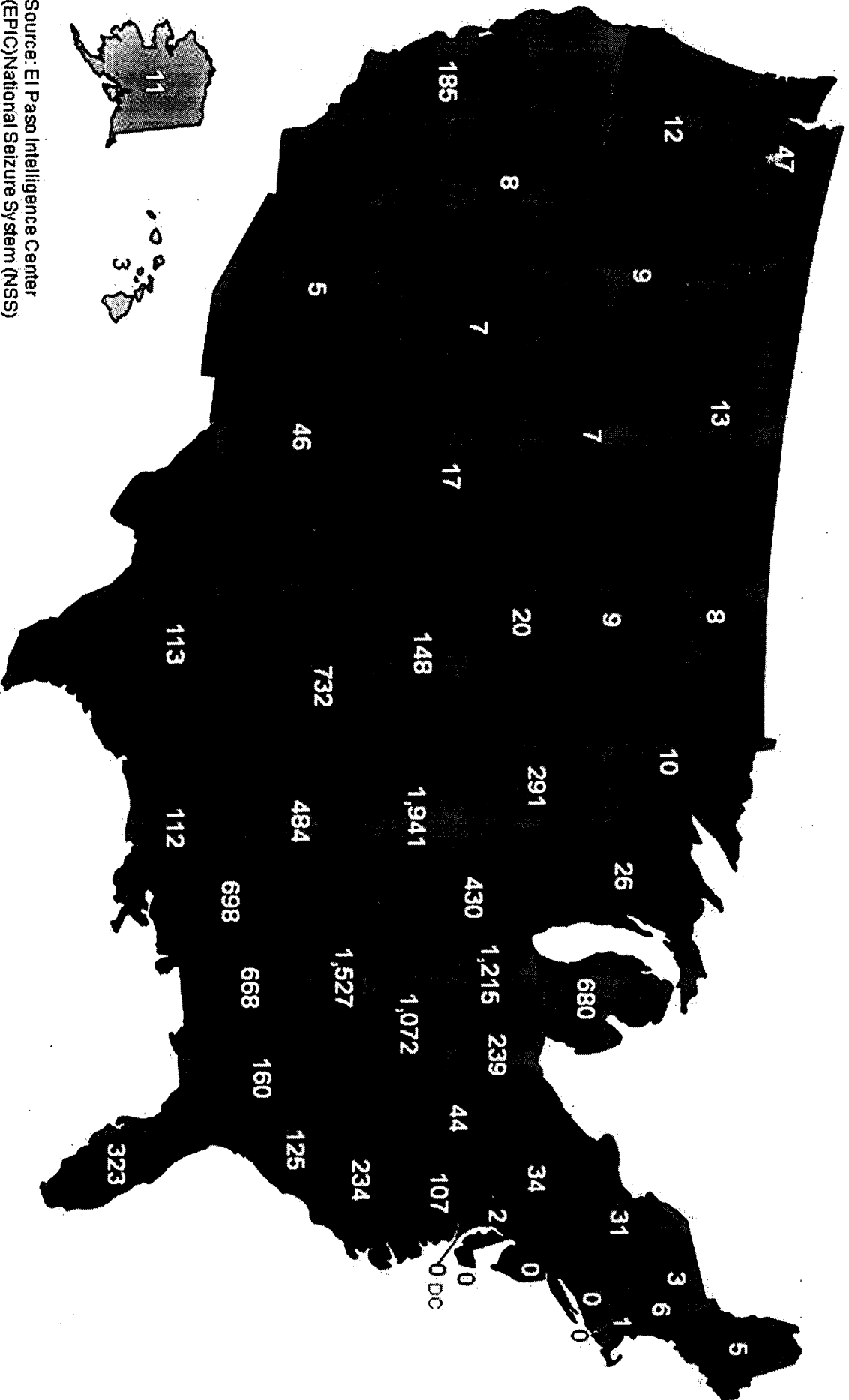
Total of All Meth Clandestine Laboratory Incidents  
Including Labs, Dumpsites, Chem/Glass/Equipment



Source: El Paso Intelligence Center  
(EPIC)/National Seizure System (NSS)

Calendar Year 2010  
Total: 11,868

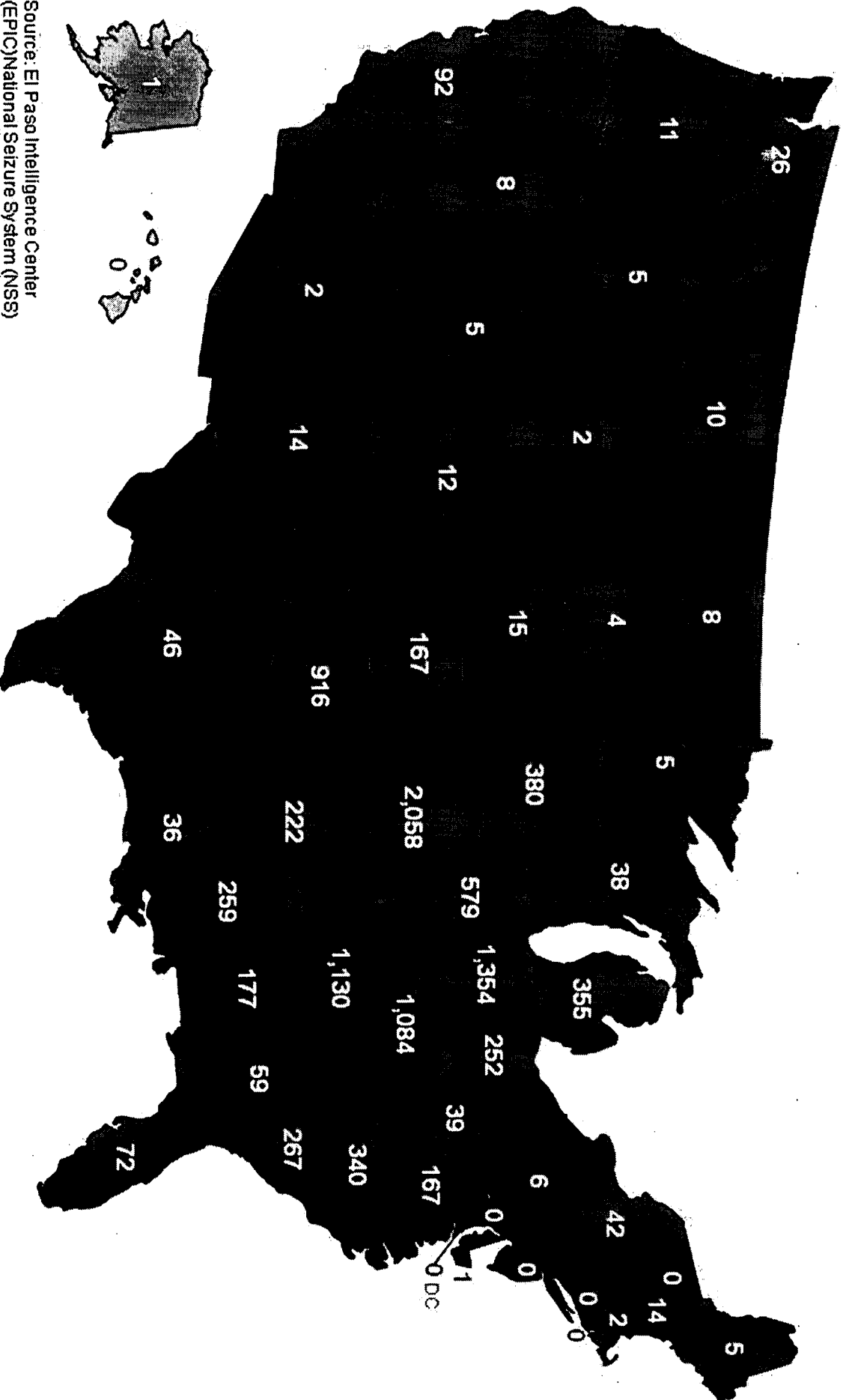
Total of All Meth Clandestine Laboratory Incidents  
Including Labs, Dumpsites, Chem/Glass/Equipment



Source: El Paso Intelligence Center  
(EPIC) National Seizure System (NSS)

Calendar Year 2011  
Total: 10,287

Total of All Meth Clandestine Laboratory Incidents  
Including Labs, Dumpsites, Chem/Glass/Equipment



Source: El Paso Intelligence Center  
(EPIC)/National Seizure System (NSS)

# Meth Labs Produce Hazardous Waste

- Meth cooks often pour left over chemicals and sludge down household drains, household plumbing, storm drains, or directly onto the ground.
- Solvents and other toxic byproducts used to produce meth pose long-term hazards because they can persist in the soil and groundwater for years. -
- Meth labs are extremely harmful to the environment; production of one pound of methamphetamine produces an estimated five to seven pounds of hazardous waste.
- Americans consumed approximately 22 tons of methamphetamine in 2001, thereby introducing approximately 110-154 tons of hazardous waste into our environment.

# Cleanup Guidelines

- 
- 
- 
- Currently there are no national standards or guidelines for the cleanup of meth labs because the methods used to make meth vary greatly.
- EPA defers meth lab cleanup to the states, however, EPA representatives provide technical assistance to states and the agency is involved with several workgroups who are trying to answer the "how clean is clean" question.
- Many states have developed their own guidelines. NC is one of them.

# Overview of State Guidelines

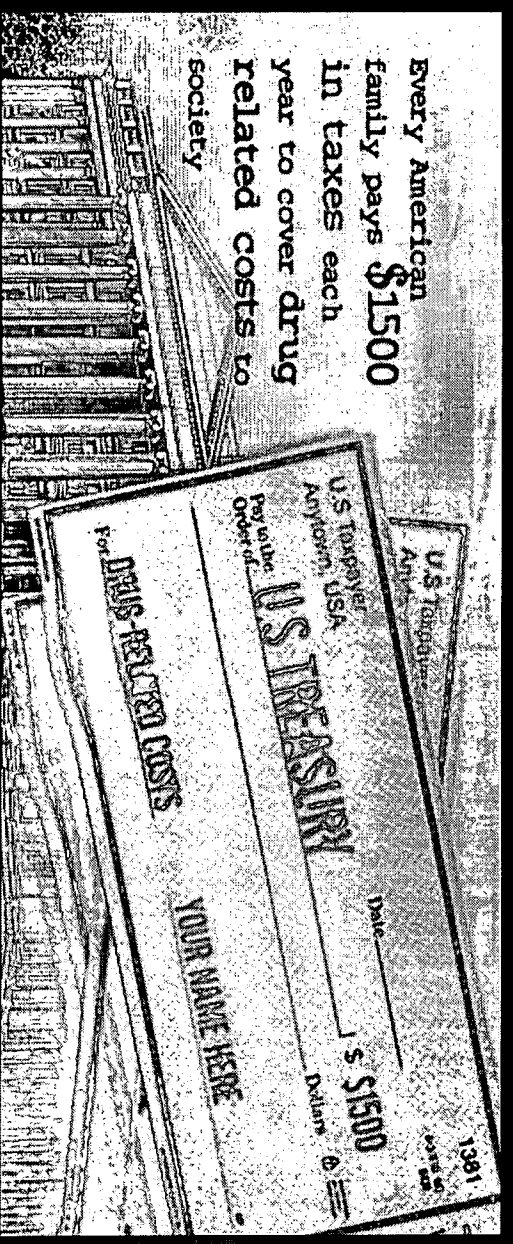
- 13 states have adopted numeric guidelines that generally are consistent with one of two meth cleanup guidelines:
  - Surface contamination must be  $\leq 0.1$  to  $0.5 \mu\text{g}/100\text{cm}^2$
  - Surface contamination must be  $\leq 1$  to  $5 \mu\text{g}/\text{ft}^2$
- Some states have also adopted cleanup guidelines for pollutants associated with meth production (e.g., volatile organic chemicals, mercury, lead)
- These cleanup guidelines are risk-based rather than health-based because currently there is insufficient research available on the health effects of meth
- Guidelines may be found in regulations, agency guidance, or policy

# North Carolina (2005) Guidelines

- Meth: 0.1  $\mu\text{g}/100\text{cm}^2$
- Lead or Pb: 4.3  $\mu\text{g}/100\text{cm}^2$
- Mercury or Hg: 0.3  $\mu\text{g}/\text{m}^3$

# Your Tax Dollars At Work

**Costs of meth: clean-up,  
helping rescued children,  
dental care for prisoners,  
law enforcement**



## **North Carolina State Bureau of Investigation**

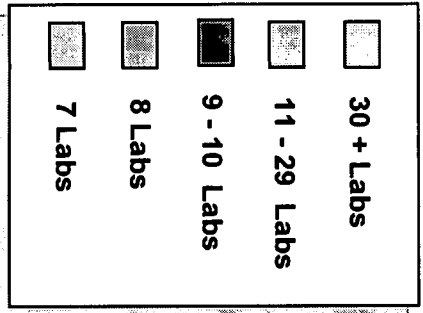
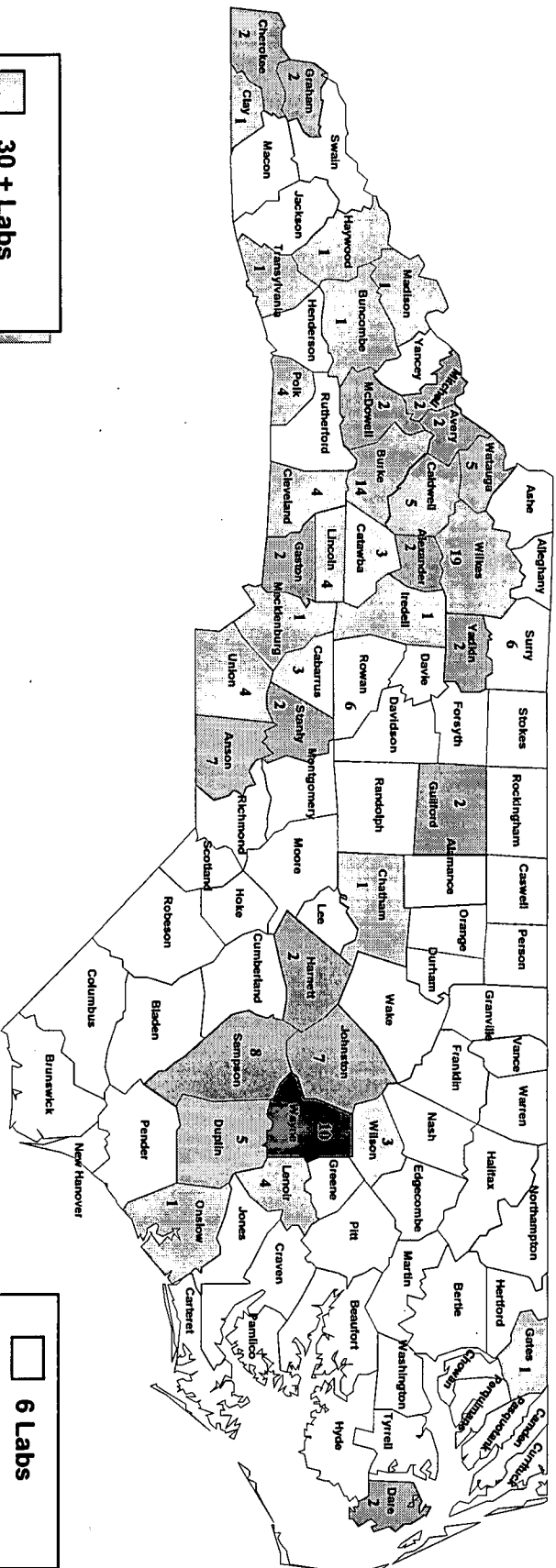
### **METHAMPHETAMINE LAB UPDATE**

- 1. 168 Lab Incidents as of April 23, 2012**
- 2. "One Pot Method" continues to be the most common production method in North Carolina.**
- 3. Each "One Pot" Production Method produces between 2.0 grams to 5.0 grams per production cycle.**
- 4. Based on statements obtained from suspects at methamphetamine lab sites, the average lab operator will complete three production runs per week.**
- 5. Each lab site would conservatively produce between 312 grams (11.5 ounces) to 780 grams (28.0 ounces) of methamphetamine per year. Based on current lab seizures, between 1,932 ounces and 4,704 ounces would have been manufactured if the lab had gone undetected.**
- 6. 21 Children have been removed from methamphetamine labs as of April 23, 2012.**
- 7. NPLEX Update:**
  - 99.07% of all North Carolina Pharmacies are participating.**
  - 2012 First Quarter blocked sales - 17,593**
  - 2012 First Quarter blocked sales in Grams of Pseudoephedrine – 47, 519**
  - 289 Law enforcement Accounts**
  - 538 Active Watches**
  - 1,261 Searches**

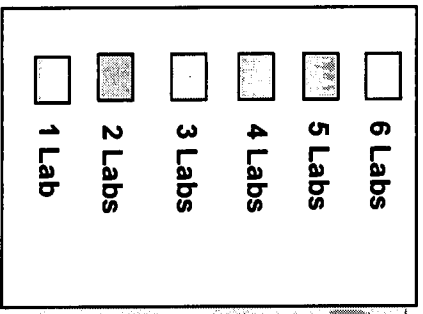
# 2012 Clandestine Lab Responses

## Total: 155

(As of April 9, 2012)



## North Carolina State Bureau of Investigation



# NPLEX

## MONTHLY PROGRAM ADMINISTRATOR'S DASHBOARD

513 Logins – 1,261 Searches – 615 Report Queries – 538 Active Watches – 533 Active Watch Hits

### NEW USERS THIS MONTH

New Users = 25  
Total Accounts = 289  
Active Users = 218

### TOP USAGE AGENCIES

1. SBI
2. Johnston Co SO
3. Cleveland Co SO

### TOP USERS BY USAGE

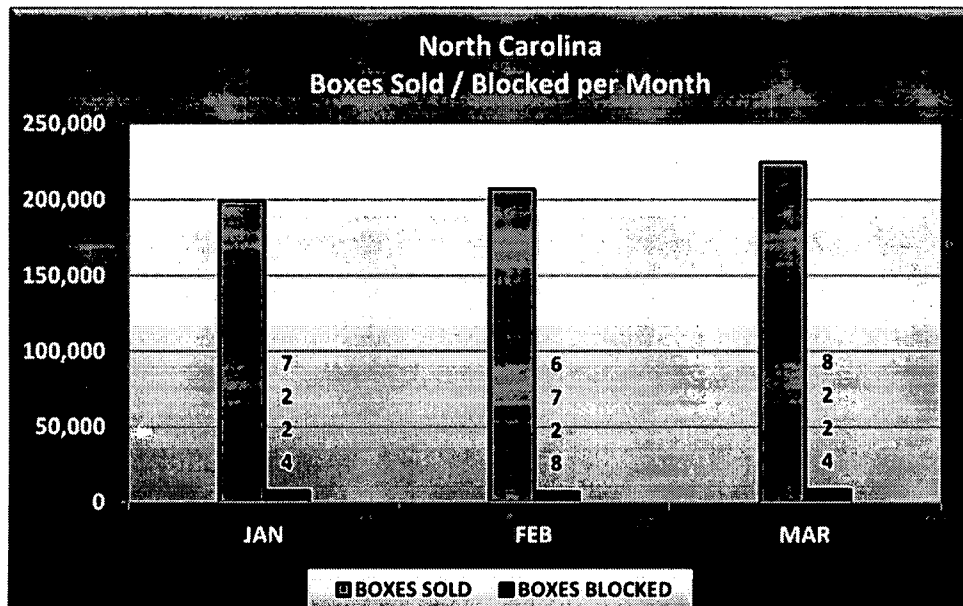
1. Jeremy Creech, Johnston Co SO
2. Patrick Anderson, Watauga Co SO
3. Travis Hamrick, Cleveland Co SO

### TOP ACTIVE WATCHES BY AGENCY

1. SBI (79)
2. Wilkes Co SO (69)
3. Wayne Co SO (41)

### TRANSACTION SUMMARY STATISTICS (2012)

	JAN	FEB	MAR	TOTAL
PURCHASES	195,355	203,207	219,619	618,176
BLOCKS	5,810	5,327	6,456	17,593
GRAMS SOLD	357,374	339,734	453,072	1,220,180
BOXES SOLD	199,074	206,920	224,298	630,292
GRAMS BLOCKED	14,905	14,127	18,483	47,519
BOXES BLOCKED	7,224	6,728	8,224	22,176
AVG PSE GRAMS BLOCKED	2.06	2.10	2.25	2.14





## **North Carolina State Bureau of Investigation Tackling the Meth Lab Epidemic**

NC must continue to invest in the SBI to target the growing meth lab epidemic while also providing law enforcement and prosecutors with speedy analysis for meth and other drug cases.

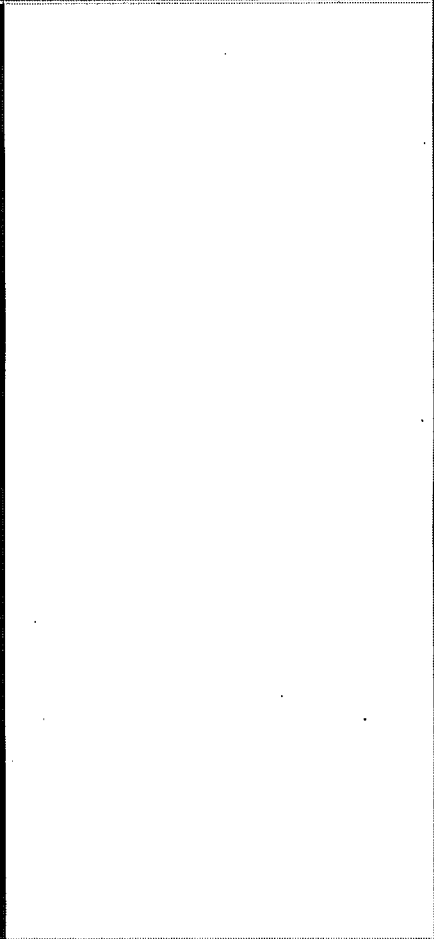
The SBI is the only law enforcement agency in North Carolina trained to process meth labs. On average, SBI Chemists spend **40 hours on each meth lab**, compared to less than one hour processing a cocaine sample that has been submitted for testing. There were more than 344 meth lab busts in North Carolina, a 46% increase in 2011 alone.

The SBI anticipates that it will **respond to as many as 700 meth labs this year alone.**

**The growing meth problem is hurting our children.** North Carolina law enforcement officers are finding children living in more than 20 percent of homes where meth is made. **In the last two years alone, 142 children were removed from meth labs in the state.** Recently, an 11 month old child with chemical burns was pulled out of home with a meth lab. Children in these homes are exposed to toxic chemicals and threatened by fire and explosions, and they're often neglected or abused.

The SBI needs more agents for its Methamphetamine Response Team in order to more effectively combat the proliferation of illegal meth labs in North Carolina. These teams will include drug agents and drug chemists to process the labs safely and gather evidence for prosecution. Additional agents and drug chemists are required to respond to, render safe, and combat the dramatic growth in meth labs and meth trafficking in NC. It is recommended that the SBI add a 9.0 member unit to combat meth manufacturing and the increase in meth drug trafficking activity. This unit includes 6.0 agents, 2.0 forensic drug chemists and 1.0 administrative assistant. **Requested Appropriation \$595,834 (Recurring)**

# North Carolina NPLEX



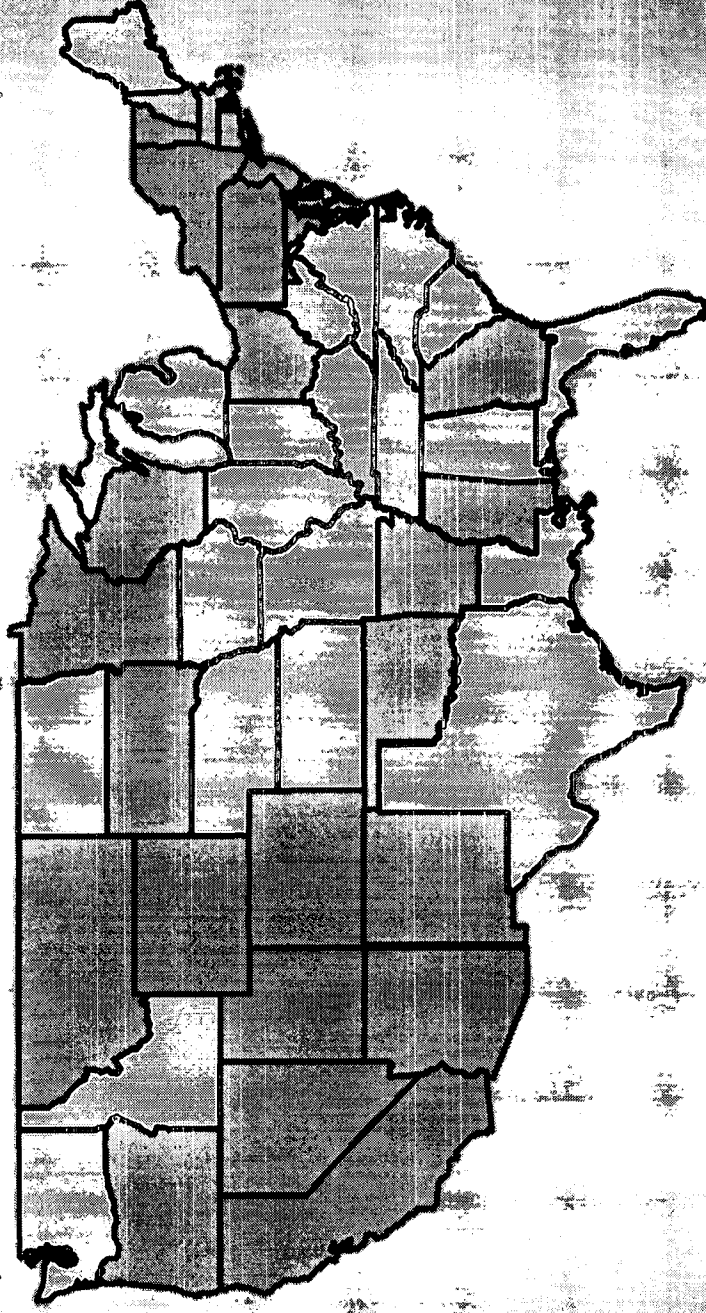
# North Carolina NPLEx

- Implemented January 1, 2012
- ALL data is in one database
- Seamless interstate communication
- Seamless inter-retailer communication
- ONLY LE has comprehensive access
- NO cost to states, LE, or retailers

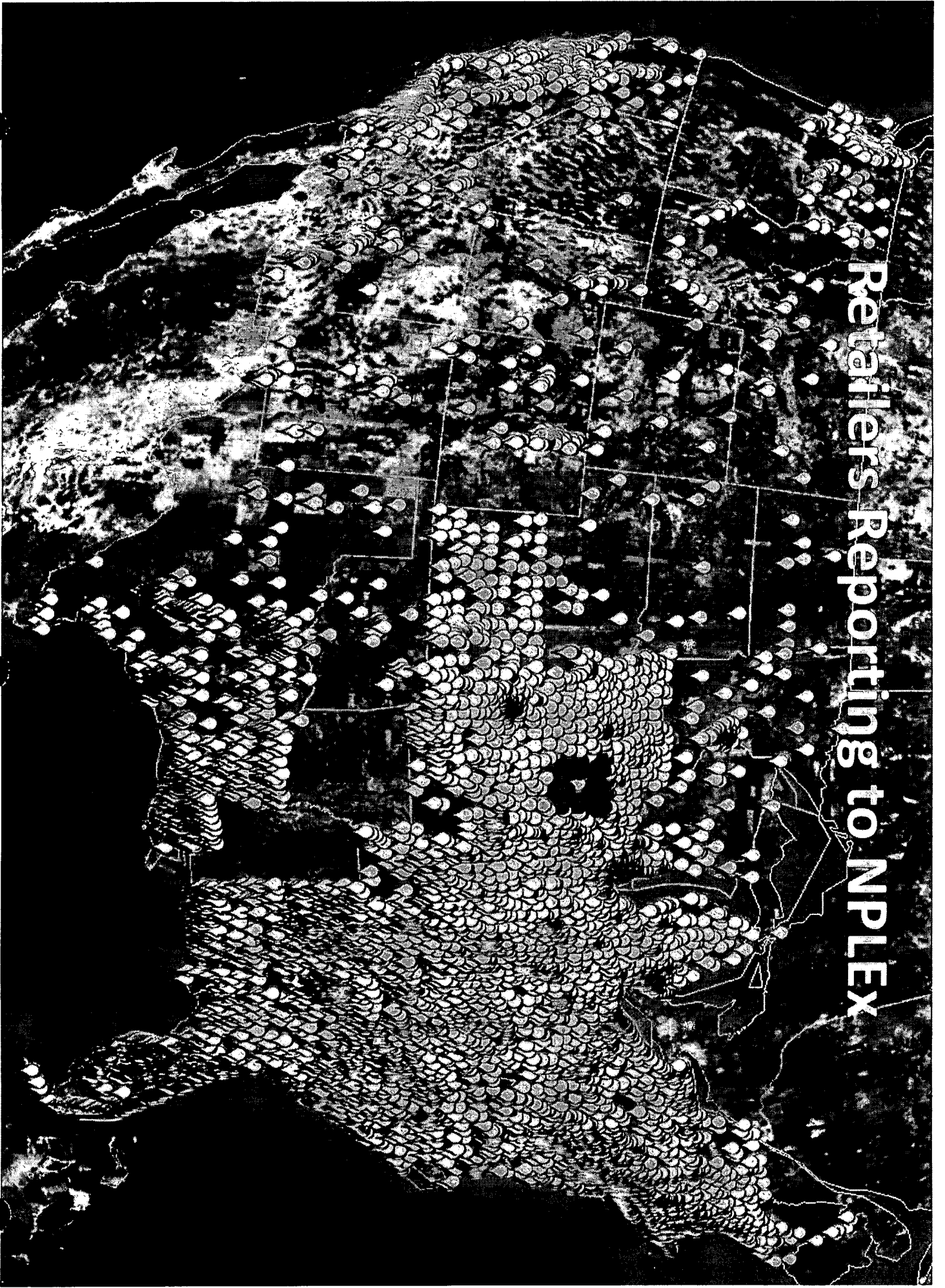
## How does an NPLEX transaction work?

- Prospective purchaser asks to buy a precursor
- Clerk is prompted to ask for ID
- ID scanned, swiped, or manually entered by clerk
- Precursor product scanned or manually entered by clerk
- NPLEX advises clerk how much the prospective purchaser can buy, or if that sale is approved
- Clerk sells, or denies
- If sold, purchaser signs log

NPLEx states-every retailer required to submit



# Retailers Reporting to NPLEX



# Totals NPLEX Blocked Sales 2011

	Non NPLEX States	NPLEX States	Total NPLEX / Methcheck Coverage
Blocked Sales	215,824	642,848	858,672
% of boxes	1.7%	2.8 %	2.4 %
Total grams blocked	558,161 grams	1,515,529 grams	<u>2,073,690</u> grams

# North Carolina Q1 2012

stores reporting

1834

LE users

289

LE searches

12,139

LE watch hits

1648

Grams blocked

47,519

## Fighting smurfing

- Blocking sales in real-time prevents PSE from being transformed into methamphetamine
- Law Enforcement knows who was blocked in near real-time
- LE sees all purchases to look for trends and clues to smurfing groups
- Blocking offenders (convicted, parolees, pre-trial releasees, etc.) can be easily executed per state authorization
- NLETS partnership will validate IDs

## Success Stories

Cooper hails new NC law tracking meth ingredients

RALEIGH, NC (AP) -- North Carolina Attorney General Roy Cooper says a new law that tracks the main ingredient used to make the drug methamphetamine is already producing impressive results.

Cooper said Thursday that the law, which took effect Jan. 1, has already blocked over 1,600 illegal purchases of cold medicine used to make meth.

The law requires pharmacies to use an electronic system that tracks purchases of products containing the ingredient pseudoephedrine.

# NC Retailer Comments

- Christina Fuller  
Pharmacy Manager  
Kmart Pharmacy #38115 (North Carolina)

“Overall the system is effective and easy to use. We rarely have any issues with functionality.”

- Clyde Eure  
Pharmacy Manager  
Kmart Pharmacy #3744 (North Carolina)

“It has helped us to halt sales in which other PSE products were recently bought at other locations that use this system.”

- Kathryn Meyer  
Pharmacy Manager  
Kmart Pharmacy #9547 (North Carolina)

“MethCheck has made a tedious process streamlined and more efficient and has made it easier to refuse pseudoephedrine sales without harsh confrontations.”

## Any measure must be multi-state capable

- NPLEx is seamless across state lines and chains
- NPLEx blocks sales at EVERY retailer
- LE can see data from EVERY retailer
- NPLEx is what prescription drug monitoring programs aspire to be

Jim Acquisto

Vice President

Government Affairs

Appriss, Inc.

502-815-5744 direct

859-327-4886 cell

[jacquisto@appriss.com](mailto:jacquisto@appriss.com)

GENERAL ASSEMBLY OF NORTH CAROLINA  
SESSION 2011

H

D

BILL DRAFT 2011-SAz-21 [v.1] (01/03)

(THIS IS A DRAFT AND IS NOT READY FOR INTRODUCTION)

4/19/2012 11:04:42 AM

Short Title: Pseudoephedrine Record Keeping Clarification.

(Public)

Sponsors: Representative Horn.

Referred to:

1 A BILL TO BE ENTITLED  
2 AN ACT TO CLARIFY THE ELECTRONIC RECORD KEEPING REQUIREMENTS FOR  
3 PSEUDOEPHEDRINE PRODUCTS.  
4 The General Assembly of North Carolina enacts:  
5 SECTION 1. G.S. 90-113.52(c) reads as rewritten:  
6 "(c) A pseudoephedrine product may be sold at retail without a prescription only to a  
7 person at least 18 years of age. The retailer shall require every retail purchaser of a  
8 pseudoephedrine product to furnish photo identification. If the retailer has reasonable grounds  
9 to believe that the prospective purchaser is under 18 years of age, the retailer shall require the  
10 prospective purchaser to furnish photo identification showing the date of birth of the person.  
11 The name and address of every purchaser shall be entered in a record of disposition of  
12 pseudoephedrine products to the consumer on a form approved by the Commission. The record  
13 of disposition shall also identify each pseudoephedrine product purchased, including the  
14 number of grams the product contains and the purchase date of the transaction. The retailer  
15 shall require that every purchaser sign the form attesting to the validity of the information. The  
16 form approved by the Commission shall be constructed so that it allows for entry of  
17 information in electronic format, including electronic signature. The form shall also be  
18 constructed and maintained so as to minimize disclosure of personal information to  
19 unauthorized persons and shall contain a statement in at least 10 point boldface type at the top  
20 of every page substantially similar to the following: "NORTH CAROLINA LAW STRICTLY  
21 PROHIBITS THE PURCHASE OF MORE THAN TWO PACKAGES OF CERTAIN  
22 PRODUCTS CONTAINING PSEUDOEPHEDRINE (3.6 GRAMS TOTAL) PER DAY, AND  
23 MORE THAN THREE PACKAGES (9 GRAMS TOTAL) OF CERTAIN PRODUCTS  
24 CONTAINING PSEUDOEPHEDRINE WITHIN A 30 DAY PERIOD. BY MY SIGNATURE,  
25 I ATTEST THAT THE INFORMATION I HAVE PROVIDED IN CONNECTION WITH  
26 THIS TRANSACTION IS TRUE AND CORRECT AND THAT THIS TRANSACTION  
27 DOES NOT EXCEED THE PURCHASE RESTRICTIONS. I ACKNOWLEDGE THAT  
28 KNOWING AND WILLFUL VIOLATION OF THE PURCHASE RESTRICTIONS OR THE  
29 FURNISHING OF FALSE INFORMATION IN CONNECTION THEREWITH MAY  
30 SUBJECT ME TO CRIMINAL PENALTIES." If the form attesting to the validity of this  
31 information is to be signed by the purchaser in electronic format, the retailer may choose to  
32 display in a clear and conspicuous manner the statement on a sign to be placed immediately  
33 adjacent to the device on which the electronic signature will be obtained, in lieu of including



1 ~~the full statement in electronic format. If the retailer chooses to display the statement on a sign~~  
2 ~~rather than in electronic format, the retailer shall: (i) instruct the purchaser prior to signing to~~  
3 ~~read the statement; and (ii) include on the form for signature contained in the electronic device~~  
4 ~~a statement substantially similar to the following: "I have read, understand, and agree with the~~  
5 ~~statement just shown to me concerning the requirements under State law pertaining to~~  
6 ~~pseudoephedrine purchases." Display of the sign in this manner shall satisfy the signage~~  
7 ~~requirements of G.S. 90-113.54. persons."~~

8           **SECTION 2.** This act is effective when it becomes law.

GENERAL ASSEMBLY OF NORTH CAROLINA  
SESSION 2011

H

D

BILL DRAFT 2011-SA2-22 [v.1] (01/03)

(THIS IS A DRAFT AND IS NOT READY FOR INTRODUCTION)

4/19/2012 11:04:01 AM

Short Title: Pseudoephedrine Amount Clarifications.

(Public)

Sponsors: Representative Horn.

Referred to:

1 A BILL TO BE ENTITLED  
2 AN ACT TO CLARIFY THE APPROPRIATE MEASUREMENT OF PSEUDOEPHEDRINE  
3 PRODUCTS FOR PURPOSES OF THE PSEUDOEPHEDRINE TRANSACTION  
4 LIMITS.

5 The General Assembly of North Carolina enacts:

6 SECTION 1. G.S. 90-113.53 reads as rewritten:

7 "§ 90-113.53. Pseudoephedrine transaction limits.

8 (a) No person shall deliver to any one person, attempt to deliver to any one person,  
9 purchase, or attempt to purchase at retail ~~more than two packages containing a combined total~~  
10 ~~of~~ more than 3.6 grams of any pseudoephedrine products per calendar day. This limit does not  
11 apply if the product is dispensed under a valid prescription.

12 (b) No person shall purchase at retail ~~more than three packages containing a combined~~  
13 ~~total of~~ more than 9 grams of pseudoephedrine products within any 30-day period. This limit  
14 does not apply if the product is dispensed under a valid prescription.

15 (c) This section does not apply to any pseudoephedrine products that are in the form of  
16 liquids, liquid capsules, gel capsules, or pediatric products labeled pursuant to federal  
17 regulation primarily intended for administration to children under 12 years of age according to  
18 label instruction, except as to those specific products for which the Commission issues an order  
19 pursuant to G.S. 90-113.58 subjecting the product to requirements under this Article."

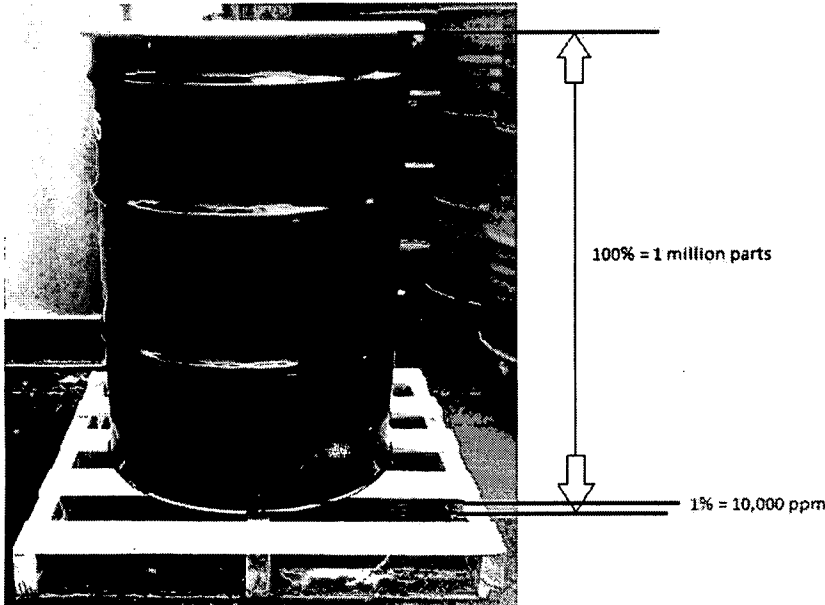
20 SECTION 2. This act is effective when it becomes law.



## How low are these numbers and what do they mean?

Most Regulations for Hazardous waste is based on Parts Per Million (PPM)

1% = 10,000 ppm



IE: Lead is regulated at 5 ppm

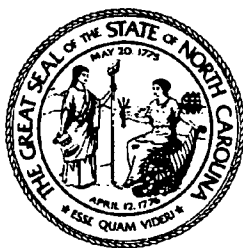
Mercury is regulated at 0.2 ppm

## Meth Cleanup standard for NC

0.1 micrograms per 100 square centimeters ( $0.1\mu\text{g}/100\text{ cm}^2$ ) = Parts Per Billion  
(A microgram is 1/1000 of a milligram which is 1/1000 of a gram.)

There has been no level of contamination considered safe since, there is no research available on the effects on humans at low levels of methamphetamine. The safe level is thus the detectable level.

Methamphetamine, whether in an area where a cook, or use, has occurred, can readily become airborne both as a particulate and a vapor. It can thereafter settle on any flat surface and be picked up by passersby or re-aerosolized and inhaled. This is most important where toddlers and young children are present.



## State of North Carolina

# Illegal Methamphetamine Laboratory Decontamination and Re-occupancy Guidelines

**APRIL 2005**  
**VERSION 1.1**

State of North Carolina • Michael F. Easley, Governor  
Department of Health and Human Services • Carmen Hooker Odom, Secretary  
Division of Public Health  
Occupational and Environmental Epidemiology Branch  
<http://www.epi.state.nc.us/epi/oii/pdf/methguidelines.pdf>



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## **I. INTRODUCTION**

This document is a resource for decontamination of illegal methamphetamine laboratories. These guidelines are an effort to provide information for use during the contamination reduction (decontamination) process at clandestine or illegal drug manufacturing sites. The basis for these recommendations is available information of the known physical properties of the chemicals associated with drug production.

When following these guidelines, remember that manufacturing methods of methamphetamine and the chemical hazards associated with these activities will change. The health effects from numerous by-products produced by manufacturing these drugs are unknown. Illegal drug manufacturing is changing dynamically and there are no absolute guarantees that chronic health effects will be completely eliminated by decontaminating these properties.

## **II. PURPOSE**

The purpose of this document is to provide health officials, responsible parties, and contractors with a discussion of the rules for Decontamination of Methamphetamine Sites. A responsible party is defined as an owner, lessee, operator, or other person in control of a residence or place of business or any structure appurtenant to a residence or place of business who has knowledge that the property has been used for the manufacture of methamphetamine. These rules have been published in response to North Carolina General Statute 130A-284. The rules are in Title 10A (Department of Health and Human Services), Chapter 41 (Epidemiology Health), Subchapter 41D- Decontamination of Methamphetamine Sites, sections .0101 through .0105 (10A NCAC 41D .0101-.0105). In discussing these rules, this document provides uniform guidelines, based on the rules, for reducing the contamination at illegal methamphetamine manufacturing sites. The intent of this document is to give the user a standard plan of action. Each illicit site and manufacturing process is different and the user must develop a unique site specific plan.

The goal of decontaminating an illegal methamphetamine site is to reduce the levels of contaminants, enabling the site to be re-occupied. It is emphasized that these guidelines are intended for use after law enforcement officers have concluded their operations and bulk chemical removal is completed.

## **III. BACKGROUND**

Amphetamine generically refers to any member of a class of drugs that has an amphetamine base. Methamphetamine is a stimulant that can be snorted, smoked, taken orally, or injected. Methamphetamine is the most common illicit amphetamine and is the most commonly synthesized controlled substance. Street names for methamphetamine include: batu, black beauties, chalk, copilots, crack meth, crank, cristy, crystal, dexies, drivers, glass, go, go fast, hanyak, Hawaiian salt, hearts, hiropon, ice, kaksonjae, L.A. turnarounds, leapers, meth, pep pills, quartz, shabu,

speed, thrusters, ups, uppers, wake ups, wire, and zip. Clandestine methamphetamine laboratories account for more than 90% of all illegal drug seizures in recent years in the United States.

Illegal methamphetamine labs have been found in many North Carolina counties. However, the majority have been located in the western parts of the state. In 2001, there were 34 methamphetamine labs discovered in North Carolina; in 2004, there were 322 labs discovered. These labs pose multiple dangers to both public health and the environment. Methamphetamine labs can be set up almost anywhere. Common lab locations include: vehicles, motor homes, neighborhood homes, rental storage units and motel rooms. Most labs in North Carolina have been found in private residences and hotels/motels. Some of these homes have children living in them and exposures to the chemicals have caused respiratory symptoms in the children. Several law enforcement lab closures (busts) have required neighborhoods to be evacuated due to the dangers associated with the labs.

#### **IV. OVERVIEW OF MANUFACTURE**

The illegal meth lab manufacturers typically produce methamphetamine using the precursors ephedrine hydrochloride (HCl), pseudoephedrine HCl, and other essential chemicals. Most of the chemicals needed to produce methamphetamine are easily obtained or can be manufactured clandestinely. These chemicals present numerous hazards both during the production process and when they are discarded.

There are two primary ways methamphetamine is manufactured in North Carolina. The red phosphorus ("Red P") method is most common in the western part of the state. This method is the reduction of ephedrine/pseudoephedrine with hydriodic acid and red phosphorus. These labs have the following unique dangers; phosphine gas production, acid gas generation, acutely corrosive and toxic atmospheres, flammable and explosive atmospheres and oxygen deficient atmospheres. The Birch reduction (ammonia method), also known as the "Nazi" method or "sodium metal" method is predominant in the eastern part of the state. This method uses lithium metal and anhydrous ammonia in the reduction of ephedrine/pseudoephedrine. These labs also come with a unique set of dangers; electroplating sodium metal from sodium hydroxide; sodium hydroxide may cause skin or lung irritation; a flammability and irritant toxicity hazard from concentrated ammonia atmospheres; the violent reaction of water with sodium or lithium metals; a flammable, explosive atmosphere; the acutely reactive metals used may create an acutely corrosive atmosphere. Lead and mercury were formerly important contaminants with older methamphetamine manufacture, but are less prevalent in current labs.

The danger of chemical fires and explosions extends beyond methamphetamine manufacture. After producing the finished methamphetamine, clandestine lab workers are typically left with 5-6 pounds of hazardous waste for each pound of finished methamphetamine produced. Waste may consist of corrosives and flammables.

# **HAZARDOUS CHEMICALS IN ACTIVE ILLICIT METHAMPHETAMINE LABORATORIES**

## **A. HAZARDS OF MANUFACTURING**

Many of the hazards associated with clandestine laboratories are caused by the ingredients used and the by-products produced. For persons making drugs and family and children present during manufacture, the most dangerous chemicals include: solvents, due to their volatility and risk of fire and explosion; corrosive agents, including acids and sodium hydroxide; metals/salts and reaction by-products, such as phosphine gas. Concentrations of gases and solvents will be highest during the cooking process.

Solvents like acetone, Freon, methanol, toluene, trichloroethane, and xylene are common in meth labs. They can be absorbed after ingestion, inhalation or dermal contact. Corrosives, including acids and alkalis (bases), cause chemical burns by direct contact with the skin; by ingestion; and by inhalation. Commonly used corrosives are anhydrous ammonia, hydrochloric acid, sodium hydroxide, sodium thiosulfate, and sulfuric acid (drain cleaner). A potential byproduct, phosphine gas, is extremely flammable and explosive, and is a respiratory tract irritant. Metals and salts routinely found at labs include iodine, red phosphorus, lithium and sodium metal. These can affect or cause irritation to all major body systems.

## **B. HAZARDS OF INACTIVE AND FORMER LABS**

First responders (law enforcement personnel, paramedics, emergency medical technicians, firefighters, and hospital employees), those responsible for cleanup, and individuals re-occupying improperly decontaminated areas may be at risk from small containers of chemicals that were not removed during the bulk decontamination. Chemicals with low volatility would be expected to pose the greatest exposure hazard from residual contamination. Additionally powders from the drug itself or chemicals used in the manufacture may still be present on various surfaces and pose a risk. If the facility has been adequately ventilated, then inhalation risk from solvents and gases should be low as most would have volatilized. See Appendix A for a list of chemicals commonly found in methamphetamine labs.

## **V. EXPOSURE RISK**

The risk of human exposure varies considerably depending on the lab process, quantity, and form of chemicals. Also, there is greater risk of chemical exposure at a site where a lab is actively producing drugs than at a site where drugs were formerly produced.

## **A. ACTIVE LABS**

A functioning drug lab presents the greatest risk of adverse health effects for occupants. A site found to be an illegal drug manufacturing site must be considered unsafe for entry, except by trained personnel using appropriate personal protective equipment. Acute injury with immediate onset of symptoms from a massive chemical exposure is a significant health risk related to illegal methamphetamine manufacture.

Dangers of fire and explosion comprise the greatest risk due to the large amounts of solvents normally found at these sites. Another potential risk of toxic exposure occurs as a result of the "cook" setting "booby traps."

A chemical spill could produce air concentrations great enough to cause adverse symptoms from inhalation of solvents or corrosives. The drug manufacturing process could also generate sufficient amounts of toxic gases to produce symptoms. The levels of airborne chemicals will vary considerably depending on the manufacturing method, quantity of chemicals present, size of the room, and ventilation.

## **B. FORMER LABS**

After removal of the illicit laboratory equipment and chemicals, residual amounts of some substances may persist on building surfaces and furnishings prior to decontamination. Residual substances could include; methamphetamine, other drug powders, powders from chemicals used in manufacturing, iodine, and chemicals with low volatility. Substances such as gases or volatile solvents present in the active lab will dissipate rapidly with ventilation, unless there has been a spill and a residual pool of liquid remains.

## **VII. IMPLICATIONS FOR HUMAN HEALTH**

Some chemicals used in methamphetamine production present a danger of injury from fire or explosion. In addition, at the lab site there are possible risks of exposure to infectious agents (e.g., HIV, hepatitis B) in the event of skin puncture by drug paraphernalia. Risk of injury or toxicity from chemical exposure depends on the chemicals' toxic properties, quantity, form, concentration, and duration and route of exposure. Systemic absorption of chemicals or injury may occur by one or more of the following routes of exposure:

- inhalation;
- skin exposure;
- ingestion (swallowing); and
- injection.

Inhalation and/or skin exposure are the most likely routes of exposure for persons exposed to the drug lab environment. There is the potential of toxicity from all routes of exposure to the chemicals in a drug lab; i.e., ingestion and injection of the drug, absorption of chemicals spilled onto the skin, adsorption of chemicals deposited onto the skin from vapors, and inhalation of vapors. Due to their continuing brain development and special developmental behaviors (such as crawling on the floor and placing objects in their mouths), infants and young children may be at a greater health risk from exposure to chemicals and drugs in methamphetamine laboratories.

Inhalation or skin exposure may result in injury from corrosive substances, with symptoms ranging from respiratory symptoms of shortness of breath, cough, and chest pain, to burns of the skin. Many solvents are absorbed into the body through the lungs and, if the dose is sufficient, may cause neurological symptoms such as intoxication, dizziness, lack of coordination, disorientation, and nausea. The skin, to a lesser extent, may also absorb some solvents if chemicals remain in direct contact. Ingestion of chemicals will result in the greatest risk of toxicity. A child may accidentally ingest these chemicals, if residual chemical is present on surfaces.

The final methamphetamine product has considerable potential for adverse effects in the drug user and persons accidentally exposed. Residual methamphetamine present on surfaces may pose a risk to small children. In addition, drugs produced in drug labs contain an abundance of contaminants and by-products that do not have predictable effects on the drug user. Impurities found in some drugs produced in drug labs have resulted in severe and permanent neurological disability following intravenous injection. As state and federal agencies reduce the availability of precursors by regulation and enforcement, it can be anticipated that the lab operator or "cook" will resort to more exotic methods of production, resulting in the creation of contaminants and by-products with unexpected and potentially serious adverse effects to the drug user.

## **VIII. MEDICAL-MONITORING FOR OCCUPANTS OF HOMES WHERE METHAMPHETAMINES ARE MANUFACTURED**

A thorough medical evaluation should be performed on residents of homes where methamphetamines are manufactured. Because a variety of metals, corrosives and solvents are used in the manufacturing process, the physical examination must focus on several body organ systems that include the following considerations:

- Acids, bases and many metals are corrosives so the examiner must evaluate the eyes, mucus membranes and skin.
- Solvents can affect the liver and nervous system, so the examiner must carefully evaluate for inflammatory effects on the liver and for peripheral neurologic effects. Also a mental status exam for central nervous system (CNS) effects including narcosis should be performed.

- Additionally, both corrosives and solvents may affect the airways and cardiac system, so a cardiopulmonary evaluation must be performed. If there is a suggestion of pulmonary or cardiac effects, consideration of a chest X-ray, pulmonary function testing and an electrocardiogram (ECG) is in order.
- A urinalysis, liver panel, electrolytes with blood urea nitrogen (BUN) and creatinine, and complete blood count (CBC) must be performed routinely as exposure to solvents and metals may affect the kidneys, liver and bone marrow.
- Depending on the cooking process and conditions in the residence, other laboratory evaluation may be necessary. For example, blood lead and urine heavy metal analysis may need to be performed.
- Because of the possibility of exposure to needles in these homes, testing for Hepatitis B, C and HIV is recommended.
- If the child or adult has symptoms of abnormal behavior, a drug screen must be performed.
- Psychological evaluation and counseling may be needed.

## **IX. BULK DECONTAMINATION**

Bulk decontamination is the removal of containers of chemicals and chemical waste found on site at an illegal methamphetamine lab. This process is contracted to a cleanup company through the North Carolina State Bureau of Investigation (SBI). The SBI follows protocols in accordance with the Drug Enforcement Administration (DEA), so that the contractors meet specific training requirements and bulk removal costs are paid through DEA.

## **X. RESIDUAL DECONTAMINATION**

Residual decontamination is the cleanup of the lab performed after bulk removal is complete.

### **A. PRE-DECONTAMINATION ASSESSMENT**

#### **Discussion of Subchapter 41D .0102 Pre-Decontamination Assessment:**

The assessment is accomplished by collecting and evaluating information compiled by law enforcement and other agencies involved with the site. Assessment includes the following steps:

1. Contact hazardous materials (HAZMAT) team member(s) or law enforcement personnel to collect specific methamphetamine lab information including:
  - duration of lab operation;
  - drugs known to be manufactured;
  - recipes and methods used;
  - chemicals and equipment found; and
  - location of contaminated cooking and/or storage areas.
2. Determine whether the heating, ventilation, air conditioning (HVAC) system serves more than one unit or structure such as motels, apartments, row-houses or multiple-family dwellings to determine whether contamination entered other residences or rooms. Chemicals/drug contamination may be spread to other rooms serviced by the same HVAC system.
3. Assess the plumbing system for visible contamination such as etching or staining and any chemical odor from the drain. Plumbing fixtures may be etched and stained beyond normal wear and tear because of contact with chemicals.
4. Conduct a visual assessment of the severity of contamination inside and outside of the structure where the lab was located:
  - document any visible chemical spills;
  - assess adjacent rooms, units, apartments or structures for contamination, e.g. chemical odors, staining, chemical spills; and
  - determine whether disposal methods used by the “cooks” at/near the lab site (e.g., dumping, burning, burial, venting, and drain disposal) caused contamination of soil, groundwater, on-site sewage disposal systems, or other environmental contamination.
5. Develop a plan for waste disposal in accordance with the rules and statutes administered by the North Carolina Department of Environment and Natural Resources, Division of Waste Management for materials removed from the structure and wastes produced during the cleaning, including solid waste, hazardous waste, and household hazardous waste produced. Contact landfills/disposal sites for disposal approval.
6. Determine whether the severity and type of contamination creates a risk of explosion or fire and thereby requires disconnection of power sources to the

structure until after decontamination is complete. It may be possible for flammable vapors to have accumulated in confined spaces.

7. Determine the necessary personal protective equipment needed for cleanup workers. Personal protective equipment may include: protective clothing, gloves (leather and chemical resistant), eye protection, leather shoes and respirator.
8. Notify the local health director of potential contamination of septic systems, soil, or groundwater. Abnormally stained plumbing fixtures, dead vegetation, and burn piles are indicators of possible chemical contamination.
9. Notify the lead law enforcement agency for the site if lab remnants or other evidence of methamphetamine manufacturing is discovered that may have been overlooked during bulk decontamination. Occasionally some items may be missed during the initial cleanup. Any glassware, chemicals or unmarked containers should be reported.
10. Document and retain for three years findings of the pre-decontamination assessment and provide a copy to the local health department (in accordance with rule .0104). A form is provided in Appendix C for this purpose.

#### Other Considerations:

The objective of the preliminary assessment is to determine the scope of remediation needed at a former illegal methamphetamine lab site. Asbestos and lead-based paint may also be encountered and should be considered during assessment. Although the responsible party may perform the pre-decontamination assessment, he/she may choose to hire contractors experienced in hazardous chemical cleanups (see Appendix B for suggested qualifications).

### **B. DECONTAMINATION**

Cleanup is based on the pre-decontamination assessment. Again the responsible party may perform the decontamination, or the responsible party may choose to have decontamination performed by persons who have completed hazardous materials training and are experienced in hazardous chemical cleanups. A list of contractors willing to perform methamphetamine decontamination may be available from your local health director. All activities related to the cleanup must be documented. See Appendix D for a suggested form. Properties are subject to inspection at the discretion of the local health director to determine the adequacy of decontamination work.

## **1. VENTILATION OF THE STRUCTURE THROUGHOUT CLEANUP**

### Discussion of Subchapter 41D .0103 Decontamination (1)(A-C):

During a criminal investigation and bulk chemical decontamination, the lab site is generally vented for the safety of on-site personnel. However, it may be sealed, for security reasons, when law enforcement and HAZMAT crews leave the scene. Short-term venting may not be sufficient to clear all contaminants from the air inside the structure. Do NOT operate the HVAC system until cleanup is completed. A former lab site must be vented for a minimum of two days before decontamination is started. Use fans, blowers and/or negative air machines to vent the structure. Open all windows and use exhaust fans to exhaust air out of the house. Care must be taken that vented contaminants are exhausted to the outdoors and not to the air intakes of adjacent structures. After the initial airing, ventilation must be continued throughout the decontamination. The property should be protected from adverse weather effects during this time period (i.e. rain, freezing temperatures, etc.).

### Other Considerations:

An approved respirator may be necessary especially if adequate ventilation cannot be obtained.

## **2. REMOVAL OF SYRINGES AND OTHER BIOHAZARDOUS WASTE**

### Discussion of Subchapter 41D .0103 Decontamination (2):

Syringes or other drug paraphernalia that may be contaminated with blood or other bodily fluids must be properly disposed of in puncture proof containers.

### Other Considerations:

Thick work gloves and leather shoes should be worn to prevent exposure to needle sticks. Rigid plastic containers, such as laundry detergent bottles, may be used for syringe disposal.

## **3. EVALUATION AND REMEDIATION OF CHEMICAL REMNANTS AND SPILLS**

### Discussion of Subchapter 41D .0103 Decontamination (3)(A-E):

Liquids must be tested to determine their corrosivity using litmus (pH) paper. Acids should be neutralized with weak basic solutions; and bases

neutralized with weak acidic solutions. Litmus (pH) paper should be used to check for neutralization to a pH of 6-8. Liquids can be absorbed with a non-reactive material and packaged for proper waste disposal. Solids must be packaged for proper waste disposal.

Other Considerations:

Eye protection, chemical resistant gloves, leather shoes, and coveralls should be worn to prevent chemical contact. Acids may be neutralized with a weak basic solution (e.g., sodium bicarbonate/baking soda); and bases neutralized with weak acidic solution (e.g., vinegar, citric or acetic acid). Working with corrosives can be dangerous for persons unfamiliar with their properties; litmus (pH) paper should be used to check for a neutral surface after treatment. Litmus paper is available for purchase on-line, at chemical supply companies, drug stores, etc. Liquids can be absorbed with clay or another non-reactive material and packaged for proper waste disposal. Solids can be scooped up and packaged for proper waste disposal.

#### 4. REMOVAL OF POROUS MATERIALS AND HOUSEHOLD FURNISHINGS

- **Machine washable fabrics, bed coverings, clothing or draperies**

Discussion of Subchapter 41D .0103 Decontamination (4):

Absorbent materials can accumulate vapors that are dispersed during the cooking process, or can collect dust and powder from chemicals used in drug manufacture. Machine washable porous materials, such as draperies, bed coverings, and clothing in rooms assessed as contaminated and rooms serviced by the same HVAC system as the room where methamphetamine was manufactured must be washed two times with detergent and water or disposed of in accordance with the waste disposal plan.

Other Considerations:

If disposal of machine washable porous materials is considered, the materials should be disposed of in a manner to prevent re-use (salvaging).

- **Upholstered furniture, mattresses, carpet or other non-machine washable fabrics**

Discussion of Subchapter 41D .0103 Decontamination (4):

Non-machine washable porous materials, such as upholstered furniture and mattresses, in rooms assessed as contaminated and rooms serviced by the same HVAC as the room where methamphetamine was manufactured

must be disposed of in accordance with the waste disposal plan. All carpeting that is part of the same dwelling unit where methamphetamine was manufactured must be disposed of in accordance with the waste disposal plan.

Other Considerations:

All items removed should be disposed of in a manner to prevent re-use (salvaging).

**5. EVALUATION AND DECONTAMINATION OF PLUMBING AND VENTILATION (HVAC) SYSTEMS**

• **Plumbing**

Discussion of Subchapter 41D .0103 Decontamination (5)(A):

“Cooks” in meth labs often burn or dump solid wastes outside the structure. Most liquid chemical by-products are dumped into bathtubs, sinks, drains, and toilets. These chemicals and contaminated wastes can collect in drains, traps and septic tanks; sewer wastes may give off chemical vapors. Plumbing fixtures that are visibly contaminated (chemical etching, chemical staining, or chemical odors present) beyond normal household wear and tear must be removed and disposed. Staining, etching or chemical odors indicate dumping into municipal sewer systems; therefore household plumbing must be flushed. Plumbing fixtures that are not removed must be cleaned.

Other Considerations:

All plumbing fixtures removed pursuant to these rules should be disposed of in a manner to prevent re-use (salvaging).

• **Ventilation systems**

Discussion of Subchapter 41D .0103 Decontamination (5)(B):

HVAC systems tend to collect vapors and dust and redistribute them throughout the structure. The vents, ductwork, filters, walls and ceilings near ventilation ducts become contaminated. The responsible party must replace all filters in the system, remove and clean supply diffusers and vents. Surfaces near system inlets and outlets must be cleaned. Any HVAC system that is constructed of non-porous material such as sheet metal or the equivalent must be high efficiency particulate air (HEPA) vacuumed and washed two feet into the ductwork from the opening.

Internally insulated ductwork must be removed two feet from the opening and replaced.

## **6. APPLIANCES**

### Discussion of Subchapter 41D .0103 Decontamination (6):

All appliances (such as refrigerators, stoves, hot plates, microwaves, toaster ovens, and coffee makers) used in the manufacture of methamphetamine or storage of associated chemicals must be disposed of in accordance with the waste disposal plan. Appliances that are not removed must be cleaned.

### Other Considerations:

Appliances removed pursuant to this rule should be disposed of in a manner prevent re-use (salvaging).

## **7. DETERGENT WASHING OF CONTAMINATED NON-POROUS SURFACES**

### Discussion of Subchapter 41D .0103 Decontamination (7):

Removable non-porous items must be cleaned and moved to an area that is free of contamination. Interior surfaces such as walls, wood flooring, ceilings, paneling, countertops and non-porous surfaces can adsorb contamination from the methamphetamine cooking process. In rooms assessed as contaminated and rooms serviced by the same HVAC system as the room where methamphetamine was manufactured, interior surfaces must be scrubbed using a household detergent solution and then rinsed with clear water. First clean the ceiling, next clean walls and finally clean the floors. This procedure must be repeated two additional times using a fresh detergent solution and fresh rinse water with each cleaning of each surface (ceilings, walls, and floors). If a surface has visible contamination or staining, or if an odor emanates from a surface, that surface shall be rewashed, painted with a non-water based paint until the odor and visible contamination is no longer observable. If staining or odors persist the surface must be removed. Room(s) used for the manufacture of methamphetamine must have ceilings and walls painted with a non-water based paint after cleaning. Resilient floor covering(s), such as sheet, laminate or tile vinyl, in the room(s) used for the manufacture of methamphetamine shall either be removed and replaced, or after cleaning, covered in place with new floor coverings. Ceramic or stone tiled surfaces, (floors, countertops, walls, or other ceramic or stone tiled surfaces) in the room(s) used for the manufacture of methamphetamine shall be removed

after cleaning, re-glazed or have grout stained using an epoxy-based stain. Wooden materials (floors, walls, ceilings, cabinets, or other wooden materials) in the room(s) used for the manufacture of methamphetamine shall be removed or after cleaning, sealed with a non-water based coating.

Other Considerations:

Cleaning personnel and others must avoid contact with all surfaces before and during cleaning to avoid injury. Personnel should wear appropriate personal protective equipment which could include gloves, protective clothing, and eye protection. Personal protective equipment should not be removed from the worksite or re-used after decontamination of a methamphetamine laboratory. These materials should be disposed in the same manner as other waste associated with the lab.

After cleaning, interior surfaces should be coated with a non-water based paint, such as oil-based paint, epoxy, or polyurethane. When paint or another physical barrier is applied, the coating must be allowed to dry for the time stipulated by the manufacturer. Complete coverage may require more than one coat. These areas should be monitored and the coating maintained to assure that the contamination is contained. If staining, odors or discoloration appear after the coating dries, replacement of that surface section may be necessary. Ventilation should continue throughout cleaning and surface coating.

**8. FINAL VENTILATION FOR AT LEAST 3 DAYS**

Discussion of Subchapter 41D .0103 Decontamination (8):

After cleaning is complete, the property must be aired out for at least three days to allow for remaining volatiles to disperse. Open all windows and use exhaust fans to exhaust air out of the house. During this time, the property must remain off limits unless it is necessary to make short visits. The property should be protected from adverse weather effects during this time period (i.e. rain, freezing temperatures, etc.). After the cleaning and final airing, the property must be checked for re-staining and odors.

**9. ELEMENTS OF OUTDOOR CLEANUP OF ILLEGAL DRUG LAB SITES**

Discussion of Subchapter 41D .0103 Decontamination (9):

All outdoor cleanup must be completed in accordance with the rules established by the North Carolina Department of Environment and Natural Resources. Outdoor contamination may be remediated by using one or more of the following: waste removal; drainage control; removal or treatment of contaminated soils or water; provision for alternate water supplies when

water sources are contaminated; and/or site controls, such as fencing or signs.

## **XI. POST-DECONTAMINATION SITE ASSESSMENT**

### Discussion of Subchapter 41D .0104 Post-Decontamination:

The responsible party shall notify the local health department upon completion of the decontamination process. The responsible party shall provide a copy of the pre-decontamination assessment and the decontamination activity documentation to the local health department. See Appendices C and D. The local health department shall review the documentation to determine if the responsible party has documented activities addressing all requirements of the rules. The health department shall immediately notify the responsible party in writing if it determines that the documentation is incomplete. The local health department shall retain this documentation for three years.

### Other Considerations:

If you are concerned about any remaining contamination after cleaning your residence or rental property, you may choose to have the property tested for chemical residues. You may want to contact your insurance carrier for advice and assistance.

Methamphetamine decontamination efficacy can be assessed by an independent contractor by collecting wipe samples. Wipe sampling is limited to collection of samples from hard, relatively smooth, non-porous surfaces. This practice is not intended for collecting samples from surfaces with substantial texture such as rough concrete, brickwork, and textured ceilings. Wipe samples may be collected from the wall, floor, sink, countertops, range exhaust hood, ventilation system outlet and other surfaces deemed necessary by the contractor. A composite wipe sample consisting of a maximum of four sample locations should be collected in each contaminated room of the structure. It may be necessary to collect more than one composite sample per room. Individual samples may be collected, if desired. The recommended clearance level for methamphetamine is 0.1 micrograms per 100 square centimeters (0.1 $\mu$ g/100 cm<sup>2</sup>). If the sample result(s) is (are) greater than this number, then the decontamination process should be repeated until the wipe sample(s) result is (are) less than 0.1 micrograms per 100 square centimeters (0.1 $\mu$ g/100 cm<sup>2</sup>). Meeting this recommended clearance level does not imply that the dwelling is safe to occupy, but rather is offered as an achievable decontamination level.

If the phenyl-2-propanone (P2P) method of methamphetamine manufacture, which has not been documented in recent years in North Carolina, is used, then additional samples for lead and mercury should be considered. The recommended clearance level for lead is 4.3 micrograms per 100 square centimeters (4.3 $\mu$ g/100 cm<sup>2</sup>). If the sample result(s) is (are) greater than this number, then the decontamination process should be repeated until the wipe sample result(s) is (are) less than 4.3 micrograms per 100 square centimeters (4.3 $\mu$ g/100 cm<sup>2</sup>). The recommended clearance level for

mercury is 0.3 micrograms per cubic meter ( $0.3\mu\text{g}/\text{m}^3$ ). If the sample result(s) is (are) greater than this number, then the decontamination process should be repeated until the sample result(s) is (are) less than 0.3 micrograms per cubic meter ( $0.3\mu\text{g}/\text{m}^3$ ).

Additional sampling may be necessary for asbestos and/or lead-based paint, especially in instances where wallboard or ceiling removal is required.

## **XII. ENFORCEMENT**

### Discussion of Subchapter 41D .0105 Enforcement:

The local health department may inspect the property prior to, during or after decontamination to enforce the provisions of these rules. The local health department may enforce the provisions of these rules in accordance with Article 2 of Chapter 130A of the N.C. General Statutes.

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## APPENDICES

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## APPENDIX A

### Common Names/Uses for Chemicals in Methamphetamine Laboratories

Chemical	Common Name or Use
Acetone	Fingernail polish remover, solvents
Acetic acid	Vinegar
Alcohol, isopropyl	Rubbing alcohol
Ammonia (anhydrous)	Fertilizer, used in chillers
Benzene	Dye, varnishes, lacquers
Ether	Starter fluid, anesthetic
Ethyl ether	Computer dust-off
Ethyl alcohol/Ethanol	Grain alcohol
Freon	Refrigerant, propellants
Hydrochloric acid/muriatic acid	Iron ore processing, mining, concrete cleaner
Hydrogen peroxide	Antiseptic
Iodine (crystals)	Antiseptic, catalyst
Lithium metal	Batteries
Methyl alcohol/methanol	Brake cleaner fluid, gasoline antifreeze
Methyl ethyl ketone	Paint remover, solvent
Methylene chloride	Paint remover, solvent
Naphtha	Mineral spirits, paint thinner
Nitroethane	Fuel additive, solvent
Petroleum spirits	Camp fuel, solvent
Phosphoric acid	Fertilizer
Red phosphorus	Match striker plates, road flares
Sodium hydroxide/caustic soda	Lye, drain cleaner, tile/grout cleaner
Sulfuric acid	Battery acid, drain cleaner
Toluene	Brake cleaner fluid
Trichloroethane	Gun scrubber, solvent/degreaser

## Hazardous Chemicals in Methamphetamine Laboratories

### Acetone (CAS 67-64-1)

**Form:** Colorless liquid, sweet fragrant odor

**Use:** Solvent used in methamphetamine production.

**Hazards/Potential Risks:** Irritating to the eyes and skin. Vapors may be irritating, causing irritation of the throat, airways, and lung. Alcohol and other chemicals may increase toxic effects. Flammable or explosive, when mixed with air at room temperature, may explode when exposed to heat or fire. It is a health risk to all individuals exposed during the manufacturing process and those responding to a meth lab fire.

### Ammonia (CAS 7664-41-7)

**Form:** Gas (liquid under pressure), colorless, pungent odor

**Use:** Reagent in methamphetamine synthesis, Nazi method. Used as liquid for reaction since sodium metal is water reactive.

**Hazards/Potential Risks:** Corrosive and irritant. Reacts with moisture in the mucosal surfaces (eyes, skin and respiratory tract) to produce ammonium hydroxide. Exposure to vapors at high concentrations can result in burns to eyes, nose, pharynx, and larynx. Eye exposure may result in conjunctivitis, lacrimation, corneal irritation, and temporary or permanent blindness. Respiratory exposure may result in bronchospasm, laryngitis, tracheitis, wheezing, dyspnea, and chest pain. Exposure may also result in pulmonary edema and chemical pneumonitis. Skin exposure to concentrated vapors or liquid can lead to deep penetrating burns. Vapors are a health risk to all individuals in the vicinity during the manufacturing process.

### Benzene (CAS 71-43-2)

**Form:** Colorless to light-yellow liquid, aromatic odor

**Use:** Solvent used in methamphetamine production.

**Hazards/Potential Risks:** Vapor in high concentration may affect the nervous system causing headache, dizziness, breathing difficulties, coughing, fluid in the lungs, coma, lung, liver, or kidney damage, or death. Prolonged inhalation may lead to anemia or leukemia. Chronic exposure can irritate the eyes, nose, throat and lungs and may affect the central nervous system, bone marrow, and respiratory tract. Symptoms include allergies, confusion, headache, short-term memory loss, coma, or death. Benzene is extremely flammable and vapor may cause a flash fire. Inhalation of the vapors is very hazardous to exposed individuals present during the manufacture, cleanup, and response to fire. Chronic exposure, especially in young children can cause severe health problems.

### Ephedrine (CAS 299-42-3)

**Form:** White crystal, odorless

**Use:** Precursor in manufacture of methamphetamines.

**Hazards/Potential Risks:** Irritant to eyes, skin, and respiratory system. Ingestion may lead to headache, rapid pulse, high blood pressure and stroke.

### **Ethanol (CAS 64-17-5)**

**Form:** Clear, colorless liquid

**Use:** Used in the production of methamphetamine.

**Hazards/ Potential Risks:** Inhalation may irritate the nose and throat, causing headache, nausea, vomiting, drowsiness, or confusion. Ingestion can lead to burning sensation, confusion, dizziness, seizures, blurred vision, blindness, unconsciousness, or death. Chronic exposure may lead to headache, lack of coordination, fatigue, damage to nervous system, liver, stomach, and heart. Ethanol and its vapors are extremely flammable, making it a health risk to all present.

### **Ethyl Ether (CAS 60-29-7)**

**Form:** Colorless liquid, sweet pungent odor

**Use:** Solvent used in the manufacture of methamphetamine and amphetamine.

**Hazards/ Potential Risks:** Inhalation or ingestion causes headache, drunkenness, and vomiting. Flammable and highly volatile. In the presence of oxygen or sunlight, unstable peroxides may form, which explode spontaneously or when heated. Inhalation can lead to toxic nervous system effects. It is highly volatile and flammable making it a risk to all those in the vicinity and to individuals responding to a fire.

### **Freon (see 1,1,2-Trichloro-1,2,2-Trifluoroethane)**

### **Hexane (other isomers)**

**Form:** Colorless liquid, mild characteristic odor

**Use:** Solvent used in production of methamphetamine.

**Hazards/Potential Risks:** Extremely flammable. Prolonged exposure can lead to permanent brain and nerve damage with coughing, bizarre behavior, unconsciousness, coma, or death. Flammability makes it a risk to all individuals in the area or responding to a fire. Its health effects from chronic exposure make it harmful to meth lab residents, especially children.

### **Hydrochloric Acid (Muriatic acid) (CAS 7647-01-0)**

**Form:** Colorless liquid, pungent odor (Muriatic acid refers to an industrial grade of hydrochloric acid)

**Use:** Reagent used in the manufacture of methamphetamine.

**Hazards/Potential Risks:** Very corrosive. Causes severe pain and burns on the skin. Inhalation may destroy the lining in the airways, throat, and lungs. Chronic exposure can lead to permanent lung damage. Heating can lead to release of toxic, flammable and explosive gas. Gases released during heating are toxic and also flammable and explosive, making it a hazard to inhabitants of the meth lab; those involved in cleanup, and first responders.

### **Hydrogen Chloride (CAS 7647-01)**

**Form:** Colorless gas

**Use:** Used in the manufacture of methamphetamine.

**Hazards/Potential Risks:** High concentrations are very corrosive and may cause severe burns. Inhalation may cause mild to severe irritation of the nose and throat with possible fluid in the lungs. It is a health hazard to individuals present in the meth lab and those involved in cleanup.

### **Hydrogen iodide (gas), Hydriodic acid (liquid) (CAS 10034-85-2)**

**Form:** Gas (soluble in water), colorless

**Use:** Reagent in methamphetamine synthesis, with red phosphorus.

**Hazards/Potential Risks:** Corrosive and irritant. Exposure can occur to both liquid and gas. Inhalation causes irritation of the throat and upper respiratory tract, and at higher concentrations dyspnea, chest pain, bronchospasm, and pneumonitis. Severe exposures result in pulmonary and laryngeal edema. Will cause severe irritation to the eyes. Skin contact at high concentrations may lead to burns. It is a health risk to both inhabitants of the meth lab and first responders.

### **Hypophosphorous Acid (CAS 6303-21-5)**

**Form:** Colorless liquid

**Use:** Used instead of red phosphorus as reagent in methamphetamine.

**Hazards/Potential Risks:** Corrosive. Causes burns if inhaled or contacts the skin. Extremely destructive to mucous membranes.

### **Iodine (CAS 7553-56-2)**

**Form:** Solid, purple crystals or flakes, sharp odor

**Use:** Reagent in synthesis of hydriodic acid.

**Hazards/Potential Risks:** Corrosive. Ingestion of iodine will cause vomiting, delirium, headache, low blood pressure, and circulatory collapse. Inhalation of iodine vapors is very irritating to the mucous membranes and at high concentrations may lead to pulmonary edema. Skin contact may cause redness and swelling. It can be a risk for those present in the meth lab and individuals involved in cleanup.

### **Iodine, tincture**

**Form:** Dark red solution with a medicinal odor

**Use:** Reagent in synthesis of hydriodic acid.

**Hazards/Potential Risks:** Harmful if inhaled or swallowed. May cause intoxication and severe irritation. Flammability makes it a hazard to all present individuals and those responding to a fire. It is harmful if inhaled and can cause intoxication if swallowed.

### **Light Hydrotreated Distillate (CAS 68410-97-9)**

**Form:** Liquid

**Use:** Solvent used to extract methamphetamine.

**Hazards/Potential Risks:** Vapor may cause delayed lung injury, nervous system depression, convulsions, and loss of consciousness. Irritant to skin and eyes. Can form flammable mixture with air at room temperature. Vapors are a health hazard to individuals during the manufacturing phase.

**Lithium aluminum hydride (CAS 1302-30-3)**

**Form:** Solid, white to gray powder, odorless

**Use:** Used for hydrogenation in multiple processes.

**Hazards/Potential Risks:** Corrosive. Extremely water reactive, will generate hydrogen gas and explode. It is severely irritating to the eyes, nose, skin, mucous membranes, and lungs. Eye exposure can result in scarring and inflammation. Explosive hydrogen gas is a risk to meth lab inhabitants and first responders.

**Methyl Alcohol (CAS 67-56-1)**

**Form:** Clear colorless liquid, characteristic odor

**Use:** Used in the production of methamphetamine.

**Hazards/Potential Risks:** Vapors may cause irritation of the eyes, nose, throat, and lungs. Ingestion may lead to headache, nausea, abdominal pain, loss of consciousness, coma, blindness, and brain, pancreas, or kidney damage making it a danger to inhabitants of the meth lab, especially children. It is flammable and therefore a risk to first responders.

**Muriatic Acid (see Hydrochloric Acid)**

**Naphtha (CAS 8002-05-9)**

**Form:** Reddish-brown liquid, aromatic odor

**Use:** A petroleum distillate solvent used in the manufacture of methamphetamine.

**Hazards/Potential Risks:** May cause irritation or burns to skin and eyes. Inhalation may lead to central nervous system depression, headache, nausea, dizziness, confusion, and unconsciousness making it a health hazard to individuals present during the manufacturing process.

**Phosphine (CAS 7803-51-2)**

**Form:** Colorless gas, fish- or garlic-like odor

**Use:** Product of methamphetamine production.

**Hazards/Potential Risks:** Extremely flammable, reacts explosively with air. Inhalation may cause dizziness, dullness, tremors, vomiting, shortness of breath, delayed lung damage and convulsions. Because of its explosive reaction with air, phosphine gas is a hazard to those present in the meth lab during the manufacturing process and first responders. It has been linked to several deaths in meth labs.

**Phosphoric Acid (CAS 7664-38-2)**

**Form:** Colorless crystals

**Use:** Precursor in production of methamphetamine and amphetamine.

**Hazards/Potential Risks:** Eye irritant causing irritation, tearing, blinking, and burns. Vapor can irritate nose and throat. Exposure to skin results in irritation, redness, itching, swelling, and burns. Chronic exposure may cause allergies, damage to lungs, liver, bloodstream, and bone marrow making it harmful for individuals living in the meth lab, especially children. Contact with metal can cause release of poisonous and explosive phosphine gas.

**Pseudoephedrine (CAS 321-97-1)**

**Form:** White crystalline powder

**Use:** Precursor used in the production of methamphetamines.

**Hazards/Potential Risks:** Irritant to eyes, skin, and respiratory system. Ingestion may lead to headache, rapid pulse, high blood pressure and stroke.

**Red phosphorus (CAS 7723-14-0)**

**Form:** Solid, red to violet, odorless

**Use:** Catalyst in methamphetamine synthesis.

**Hazards/Potential Risks:** Red phosphorus is considered relatively non-toxic. If heated it can either produce toxic fumes or convert to yellow phosphorus, which will burn on contact with air, and cause severe burns. If heated in the presence of acid, it can form phosphine gas. It is a serious hazard due to its ability to form phosphine gas in the presence of heat and acid. It is also explosive, making it a possible hazard to individuals involved in cleaning laboratories, dump sites, and to those present in the meth lab during the manufacturing process.

**Sodium (CAS 7440-23-5)**

**Form:** Solid, silvery-white metal or crystals, odorless

**Use:** Used for hydrogenation in methamphetamine synthesis.

**Hazards/Potential Risks:** Sodium metal is corrosive and extremely water reactive, producing explosive hydrogen gas. Water reaction may also produce sodium hydroxide. Metallic sodium can react with water on skin to cause thermal and chemical burns. It is severely irritating to the eyes, nose, skin, mucous membranes, and lungs. Eye exposure can result in scarring and inflammation. It is a health risk to individual present during manufacturing and first responders.

**Sodium Hydroxide (Lye) (CAS 1310-73-2)**

**Form:** White pellets or flakes, odorless

**Use:** Reagent used in methamphetamine manufacture.

**Hazards/Potential Risks:** Very corrosive. Contact of the eyes with vapor or powder can cause severe eye burns with permanent damage. Contact with skin causes severe irritation and burns. Inhalation of vapors and dust can lead to burns of the lungs and air passages. Carcinogen if ingested. Contact with metals or fire may produce deadly and explosive hydrogen gas. In the presence of metals or fire, explosive gas may result, making it a hazard to those present in the meth lab and first responders.

**Sulfuric Acid (CAS 7664-93-9)**

**Form:** Colorless to yellow viscous liquid, odorless

**Use:** Reagent used in manufacture of amphetamine, methamphetamine, and P2P.

**Hazards/Potential Risks:** Contact with eyes causes severe burns, pain, tearing swelling, permanent damage, or blindness. Corrosive to the skin, causing severe deep burns, blistering, swelling, and scarring. Harmful or fatal if inhaled, causing possible lung damage, cough, difficulty breathing, and subsequent respiratory failure. It reacts violently with water to produce toxic and corrosive fumes. Chronic exposure may lead to damage of liver, lungs and kidneys. It presents health risks to those present during manufacturing,

**Toluene (CAS 108-88-3)**

**Form:** Clear, colorless liquid, benzene-like aroma

**Use:** Solvent used in manufacture of P2P and methamphetamine.

**Hazards/Potential Risks:** Inhalation may cause irritation of the skin, nose, throat, and lungs, as well as nausea, weakness, drunkenness, confusion, and loss of consciousness. It is highly flammable, making it a hazard for first responders as well as those present during the manufacturing process.

**1,1,2-Trichloro-1,2,2-Trifluoroethane (Freon) (CAS 76-13-1)**

**Form:** Clear, colorless liquid, slight ethereal odor

**Use:** Solvent used to extract methamphetamine.

**Hazards/Potential Risks:** Vapor can cause eye irritation, burning and damage. Inhalation can cause sudden cardiac death. Freon interferes with the heart's rhythm. Symptoms may include slurring, vomiting, drunkenness, coma, and death. This solvent is a serious health hazard to individuals present during the manufacturing process.

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## APPENDIX B

### Suggestions for Contractor Qualifications and Worker Health and Safety Plans

#### I. Contractor Qualifications

A contractor's qualifications must include training required by applicable Occupational Safety and Health Administration (OSHA) and Environmental Protection Agency regulations. The following are some standards that may apply:

(This is a summary of the content of the regulations that apply to hazardous site cleanups only. Please refer to the regulation itself for detailed information.)

- **HAZWOPER, 29 CFR 1910.120** - General site workers (such as equipment operators, general laborers and supervisory personnel) engaged in hazardous substance removal or other activities which expose or potentially expose workers to hazardous substances and health hazards must receive a minimum of 40 hours of instruction off the site, and a minimum of three days actual field experience under the direct supervision of a trained, experienced supervisor.
- **Personal Protective Equipment, 29 CFR 1910.132** - The employer must provide training to each employee who is required by this section to use PPE. Each such employee must be trained to know at least the following: when PPE is necessary; what PPE is necessary; how to properly don, doff, adjust, and wear PPE; the limitations of the PPE; and, the proper care, maintenance, useful life and disposal of the PPE.
- **Respiratory Protection, 29 CFR 1910.134** – The employer must provide annual, comprehensive, understandable training to employees who are required to use respirators. The training must include the topics required by this regulation, and the employer must ensure that the employee can demonstrate knowledge of those topics by the end of the training.
- **Blood Borne Pathogens, 29 CFR 1910.1030** – OSHA recommends annual training for all employees with potential occupational exposure to blood borne pathogens. Additional initial training is recommended for employees who may be handling the HIV or HBV viruses and is also recommended for contractors responsible for remediating meth lab sites.
- **Lead Paint, 40 CFR 745 Subpart L**– When demolition of the pre-1978 structure and/or removal of building materials is/are involved, contractors must have the workers trained in accordance with EPA 40 CFR 745 Subpart L, 16-hour worker training. In addition, a competent person with the 36-hour supervisor training is required to be on-site at all times.

- **Employee lead exposure, 29 CFR 1926.62** – Employees that may be occupationally exposed to lead (in this case, if lead-based paint on building components is to be disturbed) must participate in a lead-based paint awareness training program which meets the requirements of paragraph (l)(2) of this regulation.
- **Employee asbestos exposure, 29 CFR 1926.1101** – If potentially asbestos-containing building materials are to be *disturbed, but not removed*, workers must have at least 16-hours of training as specified by OSHA.
- **Asbestos, 40 CFR Part 763 Subpart E, Appendix C** - If asbestos-containing materials are to be *removed*, workers must have 36-hours of asbestos worker training as required by the EPA. In addition, a supervisor who has received 40-hours of asbestos abatement supervisor training must be on-site at all times. The workers and the supervisor must be accredited, when applicable, through the Health Hazards Control Unit.
- **All applicable provisions in North Carolina General Statutes and Administrative Code; and**
- **Any other applicable requirements.**

## II. Worker Health and Safety Plan

If a contractor performs the decontamination then a Worker Health and Safety Plan should be developed by the contractor. The plan should address all applicable Occupational Safety and Health Administration (OSHA), Environmental Protection Agency, and North Carolina statutes and regulations, including the regulations cited above.

**APPENDIX C**

**Pre-decontamination Template**

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# PRE-DECONTAMINATION TEMPLATE FOR METHAMPHETAMINE SITES

I understand that I must comply with all applicable state and federal laws & regulations.

I certify that the statements in this pre-decontamination report are true and accurate to the best of my knowledge for property located at \_\_\_\_\_

\_\_\_\_\_  
Responsible Party Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contractor Signature

\_\_\_\_\_  
Date

## CONTRACTOR INFORMATION (if applicable):

Contractor Company Name:
Contractor Mailing Address:
Contractor Phone :
Site Supervisor Name:
Worker Name(s):

**PROPERTY INFORMATION**

Property Owner Name: \_\_\_\_\_

Property Owner Mailing Address: \_\_\_\_\_

Property Owner Telephone Number: \_\_\_\_\_

If different:

Responsible Party Name: \_\_\_\_\_

Responsible Party Mailing Address: \_\_\_\_\_

Responsible Party Telephone Number: \_\_\_\_\_

Contaminated Property's Physical Address: \_\_\_\_\_

Tax Assessor's Property Account #/Parcel #: \_\_\_\_\_

Year Home/Structure was built: \_\_\_\_\_

Site Description: A **brief** description of property and structures (For example: Property consists of a single-family residence, two storage sheds, city septic and water, pond).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Written, detailed directions for locating the property from the nearest principal marked road:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PRE-DECONTAMINATION ASSESSMENT

**Property Address:** \_\_\_\_\_

**Agency Reports:** Information from Law Enforcement Agencies and/or Local Health Department.

Duration of lab operation (approximate dates) \_\_\_\_\_

Drugs manufactured \_\_\_\_\_

Recipes/methods used \_\_\_\_\_

Chemicals/equipment found \_\_\_\_\_

Location of contaminated cooking and/or storage areas \_\_\_\_\_

Assessment of contamination of adjacent rooms, units, apartments or structures \_\_\_\_\_

Disposal methods observed at/near lab site (e.g., dumping, burning, burial, venting, and/or drain disposal) \_\_\_\_\_

**On Site Survey:** Detailed description of real property, and structures. Mention stains, spills, chemicals, biohazards, odors, basements, attics, crawlspaces, distressed vegetation etc.

**Floor Plans:** Diagram of each structure, indicating areas of stains, heating ducts and vents, attics, basements and crawl spaces.

**Describe how you will address the following issues:**

- Personal protective equipment
- Asbestos/lead-based paint
- Heating and Air Conditioning systems
- Plumbing
- Appliances (refrigerators, stoves, coffee makers, microwaves, etc)
- Flooring
- Contamination indoors (stains, spills, odors)
- Contamination outdoors (burn piles, distressed vegetation, contaminated soil, and water)

Property Address: \_\_\_\_\_

- Disposal plan
- Explosion risk
- Septic system and drain field contamination
- Discovery of additional chemical lab remnants

**Date local health department provided with pre-decontamination assessment: \_\_\_\_/\_\_\_\_/\_\_\_\_**

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**APPENDIX D**  
**DECONTAMINATION TEMPLATE**

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# DECONTAMINATION TEMPLATE FOR METHAMPHETAMINE SITES

I understand that I must comply with all applicable state and federal laws & regulations.

I certify that the statements in this decontamination report are true and accurate to the best of my knowledge for property located at \_\_\_\_\_

\_\_\_\_\_  
Responsible Party Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contractor Signature

\_\_\_\_\_  
Date

## CONTRACTOR INFORMATION (if applicable):

Contractor Company Name:
Contractor Mailing Address:
Contractor Phone :
Site Supervisor Name:
Worker Name(s):

## DECONTAMINATION PROCEDURES

A detailed description of methods used to reduce contamination.

- Date HVAC disconnected: \_\_\_/\_\_\_/\_\_\_
- Date ventilation with fans initiated: \_\_\_/\_\_\_/\_\_\_
- Date decontamination activities initiated: \_\_\_/\_\_\_/\_\_\_
- Type of personal protective equipment used: \_\_\_\_\_  
\_\_\_\_\_
- Containerize syringes/drug paraphernalia \_\_\_\_\_  
\_\_\_\_\_
- Neutralize chemical spills \_\_\_\_\_  
\_\_\_\_\_
- Absorb chemical spills and package material \_\_\_\_\_  
\_\_\_\_\_
- Remove porous, non-machine washable material(s)
  - Carpeting \_\_\_\_\_
  - Upholstered furniture \_\_\_\_\_
  - Drapery \_\_\_\_\_
  - Other/miscellaneous (i.e. stuffed animals, mattresses, etc.) \_\_\_\_\_  
\_\_\_\_\_
- List items machine washed (two times with detergent) \_\_\_\_\_  
\_\_\_\_\_
- Remove etched or stained plumbing fixtures \_\_\_\_\_  
\_\_\_\_\_
- Flush attached plumbing \_\_\_\_\_
- Remove and replace all HVAC filters \_\_\_\_\_
- Remove and clean diffusers and intakes \_\_\_\_\_  
\_\_\_\_\_
- Clean area around diffusers and intakes \_\_\_\_\_  
\_\_\_\_\_

Property Address: \_\_\_\_\_

- Clean non-porous ductwork (two feet from the opening) \_\_\_\_\_  
\_\_\_\_\_
- Remove and replace internally insulated ductwork two feet from the opening \_\_\_\_\_
- Scrub ceiling, walls, floors and other non-porous materials (three times, list detergent used) \_\_\_\_\_  
\_\_\_\_\_
- Remaining stained non-porous materials
  - Rewashed? \_\_\_\_\_
  - Painted? \_\_\_\_\_
  - Removed? \_\_\_\_\_
- Resilient floor coverings
  - Cleaned? \_\_\_\_\_
  - Removed? \_\_\_\_\_
  - Covered in place? \_\_\_\_\_
- Ceramic or stone tile surfaces
  - Cleaned? \_\_\_\_\_
  - Removed? \_\_\_\_\_
  - Re-glazed? \_\_\_\_\_
  - Grout epoxy-based stained? \_\_\_\_\_
- Wooden materials
  - Cleaned? \_\_\_\_\_
  - Removed? \_\_\_\_\_
  - Sealed with non-water based coating? \_\_\_\_\_
- List appliances removed \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Date ventilation initiated after decontamination completed: \_\_\_\_/\_\_\_\_/\_\_\_\_
- Date local health department notified of completion of decontamination and provided a copy of cleanup activity documentation: \_\_\_\_/\_\_\_\_/\_\_\_\_

- Retain a copy of receipt(s) for disposal of all items \_\_\_\_\_
- Retain a copy of receipt(s) for purchase of new furnishings/appliances/building materials \_\_\_\_\_
- Retain a copy of receipt(s) for repairs \_\_\_\_\_

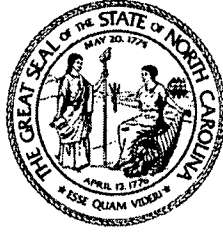
**Retain all documentation for three years.**

## APPENDIX E

### References

- I. **California Department of Toxic Substances Control**  
[http://www.dtsc.ca.gov/SiteCleanup/ERP/Clan\\_Labs.html](http://www.dtsc.ca.gov/SiteCleanup/ERP/Clan_Labs.html)
- II. **Colorado Department of Public Health and Environment**  
[http://www.co.weld.co.us/departments/health/environmental/health\\_methlab.html](http://www.co.weld.co.us/departments/health/environmental/health_methlab.html)
- III. **Mel and Enid Zuckerman Arizona College of Public Health - Environmental and Community Health.**  
[http://www.publichealth.arizona.edu/divisions/envirocom/meth\\_chemicals.htm](http://www.publichealth.arizona.edu/divisions/envirocom/meth_chemicals.htm)
- IV. **Minnesota Department of Health - Environmental Health in Minnesota - Meth and Clandestine Drug Labs.**  
<http://www.health.state.mn.us/divs/eh/meth/>
- V. **Oregon Department of Human Services - Clandestine Drug Lab Cleanup Program**  
<http://www.dhs.state.or.us/publichealth/druglab/index.cfm>
- VI. **Salt Lake Valley Health Department - Chemically Contaminated Property**  
<http://www.slvhealth.org/cs/html/factsmeth.html>
- VII. **Utah Office of the Attorney General**  
<http://www.attygen.state.ut.us/Meth/MethMain.htm>
- VIII. **Washington Department of Health**  
<http://www.doh.wa.gov/ehp/ts/CDL.HTM>
- IX. **Chemical Exposures Associated with Clandestine Methamphetamine Laboratories**  
[http://nationaljewish.org/pdf/chemical\\_exposures.pdf](http://nationaljewish.org/pdf/chemical_exposures.pdf)
- X. **Drug Facts - Office of National Drug Control Policy**  
<http://www.whitehousedrugpolicy.gov/drugfact/methamphetamine/index.html>

STATE OF NORTH CAROLINA  
**NORTH CAROLINA GENERAL ASSEMBLY**  
STATE LEGISLATIVE BUILDING  
RALEIGH, NORTH CAROLINA 27601



January 11, 2013

**Memorandum**

**To:** Members of the Interim House Select Committee on Methamphetamine Abuse

**From:** Representative D. Craig Horn, Co-Chair  
Representative John Faircloth, Co-Chair

**Subject:** Interim House Select Committee on Methamphetamine Abuse Meeting

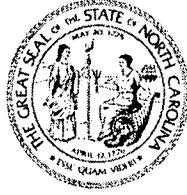
<b>Day</b>	<b>Date</b>	<b>Time</b>	<b>Room</b>
Wednesday	December 12, 2012	1:00 pm	1027 LB

Parking for non-legislative members of the committee/commission is available in the visitor parking deck #75 located on Salisbury Street across from the Legislative Office Building. Parking is also available in the parking lot across Jones Street from the State Library/Archives. You can view a map of downtown by visiting <http://www.ncleg.net/graphics/downtownmap.pdf>.

If you are unable to attend or have any questions concerning this meeting, please contact Laurie Payne @ 919-733-2406 or hornla@ncleg.net.

Posted: 11-20-12

cc: Committee Record \_\_\_\_\_  
Interested Parties \_\_\_\_\_



## HOUSE SELECT COMMITTEE ON METHAMPHETAMINE ABUSE

---

### AGENDA

December 12, 2012  
Room 1027/1128, Legislative Building  
1:00 PM

### WELCOME AND INTRODUCTION

Rep. Craig Horn, Co-Chair  
Rep. John Faircloth, Co-Chair

- **Approval of Minutes**
- **Methamphetamine Abuse and Update on the National Precursor Log Exchange**
  - Special Agent Van Shaw, Deputy Assistant Director, Special Operations Division, State Bureau of Investigation Van Shaw
- **Committee Discussion on Proposed Recommendations to the 2013 Regular Session**
  - Direct a study with recommendations to the General Assembly on cleanup standards and inspection protocols for methamphetamine lab sites.
  - Prohibit (criminal offense) for a convicted methamphetamine manufacturer to possess pseudoephedrine in any form.
  - Increase criminal penalties for manufacturing methamphetamine when children are present.
  - Reenact provisions in Session Law 2011-240 which directed the Legislative Commission on Methamphetamine Abuse to study issues.
  - Require a prescription for the purchase of products containing pseudoephedrine.

**Instructions to Staff**



## VISITOR REGISTRATION SHEET

Select Committee on Methamphetamine Abuse  
Name of Committee

8  
December 18, 2012  
Date

**VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK**

NAME	FIRM OR AGENCY AND ADDRESS
Marilyn Parker	DHHS
Phillip Little	NC Narcotic Enforcement Officers Assn.
Andy Chase	KMA
Sarah White	MWC LLC
Daniel Auburn	NCRMA
Will Barnett	NEMS
Chip Baggett	NEMS
Trabon Robinson	NCRMA
Layton Long	OHHS/OPH
Noelle Talley	NC DOS
Andrew Johnstone	Rep. Murry's office

## VISITOR REGISTRATION SHEET

8

Select Committee on Methamphetamine Abuse  
Name of Committee

December 12, 2012  
Date

**VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK**

NAME	FIRM OR AGENCY AND ADDRESS
Andrew Cagle	NC Sheriffs' Assn.
Jeff Shaffer	Watauga County Sheriffs Office
Murma Wynn	AD
Michelle Frazier	MFHS
John Havelin	MFHS
Vernal Coleman	media
D.T. Duke	NCSBI
Ann C. Hamlin	NCSBI / state Crime Lab
Bill Bronson	DIBHS DMA DD SAS DRUG CONTROL UNIT
Fred Bays	chiefs of police assoc
Jim Jones	none

## VISITOR REGISTRATION SHEET

8

Select Committee on Methamphetamine Abuse

December 12, 2012

Name of Committee

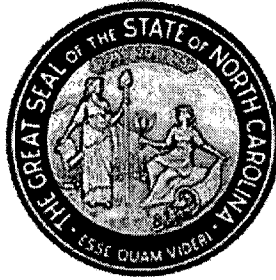
Date

**VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK**

NAME

FIRM OR AGENCY AND ADDRESS

NAME	FIRM OR AGENCY AND ADDRESS
Stephen Karka	Compass NC
Carlos Gutierrez	Consumer Healthcare Products Assoc. <sup>Washington</sup> D.C.
Mary Jennings	spokane office
Alex Miller	KLG
Low Hagan	Watauga Co. Sheriff's Office
Sarah Preston	ACLU - NC
Tracy Little	OSBM
K. Wright	BCBSNC



## Minutes

### House Select Committee on Methamphetamine Abuse

Wednesday, December 12, 2012  
Room 1027, Legislative Building  
1:00 pm

The House Select Committee on Methamphetamine Abuse met on Wednesday, December 12, 2012 at 1:00 p.m. in Room 1027 of the Legislative Building.

Representative D. Craig Horn, Co-Chair presided.

The following members were present:

Representative Craig Horn, Co-Chair	Representative Annie Mobley
Representative Sarah Stevens	Representative Joe Tolson
Representative Mark Hollo	Representative John Faircloth, Co-Chair
Representative Marian McLawhorn	Representative Trudi Walend

Representative Horn called the meeting to order. He welcomed everyone. Representative Horn welcomed and recognized our House Sergeant at Arms, Jesse Hayes, and Reggie Sills. Minutes were approved as presented.

Representative Horn introduced Special Agent Van Shaw, Deputy Assistant Director of the Special Operations Division, with the State Bureau of Investigation. He asked Director Shaw to update the committee on the methamphetamine labs in North Carolina and the status of the NPLeX implementation in the state.

(Attachment 1) Director Shaw's Presentation: Methamphetamine Lab Update

Rep. Horn opened up the floor for questions.

Rep. Stevens: Are you finding that the numbers are increasing because of the one pot method?

Van Shaw: Yes- Makes the cook easier, more mobile. One pot is the biggest problem everywhere, not just in N.C.

Rep. Stevens: Would another issue be that the awareness is greater?

Van Shaw: Awareness is number 1. NPLeX serves as a great investigative tool. Many labs discovered in N.C. are a result of another law enforcement action. This is more common.

Rep. Stevens: These numbers are greater in rural counties than urban areas.

Van Shaw: Yes, it still falls on the lines of being more rural. Addicts want to get away so they can cook meth. We are seeing more troublesome signs. The one-pots are being found in more automobile issues.

Rep. Stevens: Do you know anything about the bust in Yadkin County?

Van Shaw: (Called on Mr. Duke to answer.)

Todd Duke: Yes, the information about that bust was accurate.

Rep. Horn: Introduced Todd Duke.

Todd Duke: The meth cook was being looked for in an investigation and the police was serving a warrant on him. He was within half a mile of a school.

Rep. Stevens: How much pseudoephedrine did he have?

Todd Duke: It doesn't take a whole lot to do that. He probably had 2 people helping him. It's a continuing cycle, not a continuous cook.

Rep. McLawhorn: Several years ago, there was a concern that the pharmacy records might be used for other purposes—does law enforcement, can they use it as an investigative tool other than looking for meth? And does the law enforcement agent have to explain why he is looking in the log?

Van Shaw: No mam. Any law enforcement agent can go in and look at these logs. The system works best if you are looking for a specific individual.

Rep. McLawhorn: They can't ask the pharmacist to pull up records on a "John Doe"?

Van Shaw: No. It is specific to pseudoephedrine only.

Rep. Walend: In my district, meth addicts have gone over to S.C. to get pseudoephedrine.

Van Shaw: NPLeX has 25 states that are signed on. S.C. is one of those states. So, it does work well for bordering states. Georgia is a problem because they are not signed on with NPLeX. There are pharmacies that are on the system voluntarily even if NPLeX does not have that state.

Rep. Walend: Is Georgia doing anything?

Van Shaw: Yes, they are. We are constantly talking to GA. They did enact a law to address further the pseudoephedrine issue. We do share information and work with each other daily.

Rep. Faircloth: We tend to talk about labs. Labs used to mean a fixed structure. Now we talk about one pots. I think it would be helpful if when we heard the numbers if we could differentiate between one pots and meth labs.

Van Shaw: 80% are one pots that we responded to this year. They are very similar to the larger structured, fixed traditional meth lab. We refer to them as labs because we still have to take the same precautions. We do break them up if they are one pot or traditional labs specifically.

Rep. Faircloth: With NPLeX, what does "successful" mean?

Van Shaw: What I mean is NPLeX is doing exactly what it was designed to do. It is reporting the sales and it has a block sale feature which works. It is a law enforcement tool and

we can look at the purchasing history and see trends. We are identifying more labs because of NPLEEx, but the product is still getting out there and meth is still being made. The NPLEEx system is working however.

Rep. Hollo: Do you see an advantage of making pseudoephedrine prescription only?

Van Shaw: Yes. Look at Oregon, but it won't eradicate the problem all together. Oregon and Mississippi have had a dramatic decrease in labs.

Rep. Hollo: Have those states seen an increase in "Dr. shopping"?

Van Shaw: I have no information on that.

Rep. Hollo: (could not hear question)

Van Shaw: I'm not sure to be honest with you.

Rep. Hollo: What's going on in Wilkes County?

Van Shaw: There has been success in identifying meth labs.

Rep. Hollo: Due to that success, are there less meth labs?

Van Shaw: Yes, when they are being arrested they will move away from investigative areas.

Rep. Stevens: Can pharmacists prescribe?

Hal Pell: There may be something known as a certified pharmacists, but I will need to look for more information.

Rep. Horn: Rep. Murry says there is a precedent for pharmacist to write prescriptions, but it is a very narrow precedent. Some states are doing it.

Rep. Stevens: As far as this committee is concerned, will people indicted for meth, be place in the VAN system.

Van Shaw: Yes, they will be placed in the system where their purchases are blocked.

Rep. Stevens: Can they be put in the system so they can't buy anything?

Van Shaw: It would have to be legislative.

Hal: It would have to be more than likely.

Rep. Stevens: B/c of their convictions in court, can't they be blocked in the NPLEEx system for purchasing anything.

Rep. Horn: Yes, that's my understanding.

Rep. Stevens: The court could forfeiture of house, car, etc.

Van Shaw: Those same statues would apply to Meth. The state controlled tax applies to meth as it does other substances.

Rep. Stevens: Is there a way that the pill form could be altered so it's not usable in meth?

Van Shaw: I have heard that reformation has been going on, but I can't tell you where it is.

Rep. Horn: Two states have come up with a reformation with a very good drug, but you can't make meth out of it.

Hal Pell: I have done some research to find that it can be done, but already the meth cooks can reformulate it to use for meth.

Rep. Tolson: Are people making meth to sell?

Van Shaw: It usually is a group effort. The smurfs bring pseudoephedrine to the cook to make meth for them. There is some trafficking, it varies. One individual for himself is rare.

Hal: Talk about the specific statues. Law enforcement has to be on a specific investigation.

Rep. Faircloth: In the states that have been successful - are they cutting down on the use of meth or manufacturing?

Van Shaw: The manufacturing. Where there is demand, meth is coming in one way or the other.

Rep. Horn: You talk about children that have been affected or injured. Do you just track children that have been removed from the home?

Van Shaw: Yes. These are statistics only in relation to our response.

Rep. Horn: and adults-elders adults—were they removed as well?

Van Shaw: Yes. We engage DSS with children. With elder adults-they have other options. We track that. We know some can't leave voluntarily.

Rep. Horn: NC is number 9 in state rankings on one of your slides. How has that changed in the last 3 or 4 years?

Van Shaw: This is the first year we have broken into the top ten. We were always in the upper tier.

Rep. Horn: It's my understanding that pseudoephedrine is the only thing that you cannot substitute something for in manufacturing meth. Is this correct?

Van Shaw: Yes-you can use ephedrine. It's not readily available and it's much more expensive. That is why we see pseudoephedrine used rather than ephedrine.

Rep. Horn: Thank you very much.

Rep. Horn: We were assigned the task of overseeing the NPLEx system. We saw that it was fully implemented in the state of N.C. The challenge for us is "now what"? We were brought together to monitor and make recommendations for cost, effectiveness, what makes sense? I have made 5 recommendations. The staff will discuss each one.

*Committee recommendations are all listed on the committee website in the final report to the North Carolina General Assembly.*

The report was adopted as amended by the committee. Rep. Stevens moved to adopt the report; Rep. Walend seconded. Rep. Horn adjourned the meeting.

Respectfully submitted,

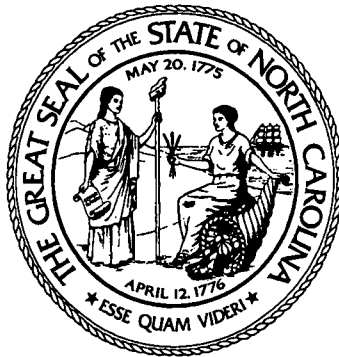
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Rep. D. Craig Horn, co-chair

---

Laurie L. Payne, committee clerk

**HOUSE SELECT COMMITTEE ON  
METHAMPHETAMINE ABUSE**



**REPORT TO THE  
2013 GENERAL ASSEMBLY  
OF NORTH CAROLINA**

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December 12, 2012

TO THE MEMBERS OF THE HOUSE OF REPRESENTATIVES OF THE  
2013 GENERAL ASSEMBLY OF NORTH CAROLINA:

The House Select Committee on Methamphetamine Abuse herewith  
submits to you for your consideration its report.

Respectfully submitted,

---

Representative Craig Horn

Co-chair

---

Representative John Faircloth

Co-chair

## PREFACE

The House Select Committee on Methamphetamine Abuse, established by the Speakers of the House of Representatives in September 2011, is authorized to study (i) the provisions and implementation of S.L. 2011-240, (ii) the potential costs of making pseudoephedrine products Schedule III controlled substances, and (iii) any other issues related to the prevention of methamphetamine abuse.

The Committee is co-chaired by Representative Craig Horn and Representative John Faircloth. The committee clerk maintains a notebook containing the committee minutes and all information presented to the committee.

**HOUSE SELECT COMMITTEE ON METHAMPHETAMINE ABUSE**  
**MEMBERSHIP LIST**

Representative Craig Horn, Co-Chair  
Representative John Faircloth, Co-Chair  
Representative Tom Murry  
Representative Sarah Stevens  
Representative Mark Hollo  
Representative Annie Mobley  
Representative Marian McLawhorn  
Representative Joe Tolson  
Representative Justin Burr  
Representative Mickey Michaux  
Representative Trudi Walend

## COMMITTEE PROCEEDINGS

The House Select Committee on Methamphetamine Abuse met five times. The following is a brief summary of the Committee's proceedings. Detailed minutes and information from each Committee meeting are available in the Legislative Library.

October 18, 2011

The Committee held its initial meeting in Room 1425 of the Legislative Building. Susan Sitze, staff attorney, reviewed the charge of the Committee. Rep. Horn, co-chair asked for adoption of the proposed two-year budget. Hal Pell and Jennifer McGinnis, staff attorneys, explained the 2011 and 2005 legislation referenced in the Committee charge. The Committee heard presentations from the following speakers:

- **John Emerson, State Director, High Intensity Drug Trafficking Area Program**
  - Mr. Emerson explained and summarized the **HIDTA** program as well as North Carolina's history of methamphetamine production, and the attempt by the General Assembly to control access to pseudoephedrine. Mr. Emerson also gave an oral timeline from 1999 to present to demonstrate the changes in methamphetamine production and what steps **HIDTA** has taken to prevent a further increase of meth labs.
- **Special Agent Van Shaw, Deputy Assistant Director, Special Operations Division, State Bureau of Investigation**
  - Special Agent Shaw gave an overview of methamphetamine abuse and manufacture in North Carolina. He provided statistics on the number of methamphetamine labs found and their locations within the state. He also provided information on the SBI team that cleans up methamphetamine labs.
- **Lisa Kahl-Hillerich, Information Services Group Representative, Appriss, Inc.**
  - Ms. Kahl-Hillerich presented an overview of the National Precursor Log Exchange (NPLEx) system and how it works. She also provided an update on the status of implementation of this system in NC as a result of the 2011 legislation.

December 8, 2011

The Committee met in Room 1228 of the Legislative Building. After approval of the last meeting's minutes, the Committee viewed a DVD presentation of "Meth is Death", followed by a presentation from Holly Dye, Executive Director, National Drug Endangered Children Training and Advocacy Center. The Committee then heard presentations on how methamphetamine is manufactured and the contamination issues that result from the following presenters:

- Ann Hamlin, Special Agent in Charge, Drug Chemistry Section, SBI

- Special Agent Van Shaw, Deputy Assistant Director, Special Operations Division, SBI
- Marilyn Parker, Industrial Hygiene Consultant, Occupational & Environmental Epidemiology Branch, Division of Public Health, Department of Health and Human Services

Following the presentations, Special Agent Van Shaw provided an update on the implementation of the NPLeX system in NC.

February 22, 2012

The Committee met in Room 1228 of the Legislative Building. After approval of the last meeting's minutes, the Committee heard from D.L. Scott and Angela Turner, officers of the North Carolina chapter of Mothers Against Methamphetamine Abuse (MAMA), about their programs to educate the public on the dangers of methamphetamine abuse. Dave Wagner, Anchor of News Channel 36 in Charlotte, presented a story he has done about the clean-up of properties that have been used as methamphetamine labs. Following the presentations, Special Agent Van Shaw provided an update on the implementation of the NPLeX system in NC.

April 24, 2012

The Committee met in Room 1228 of the Legislative Building. After approval of the last meeting's minutes, the Committee heard an update from Special Agent Van Shaw on the methamphetamine labs found in North Carolina. Jim Acquisto, Vice President of Government Affairs, Information Services Group for Appriss, Inc., provided an update on the implementation of the NPLeX system in NC, some additional information on how the system works, and statistics on the number of blocked sales so far in NC. David W. Hitchens, President and CEO of Advanced Environmental Options, Inc., presented the Committee with information on the actual process of cleaning up property that has been used as a methamphetamine lab. The Committee then heard from Alex Bass, Assistant District Attorney in Prosecutorial District 29A, and Kyle Smith, Assistant District Attorney in Catawba County, about the prosecution of criminal cases involving methamphetamine abuse or manufacture. Following the presentations, the Committee voted to recommend two legislative drafts to the 2012 General Assembly, clarifying or modifying the purchase requirements for pseudoephedrine.

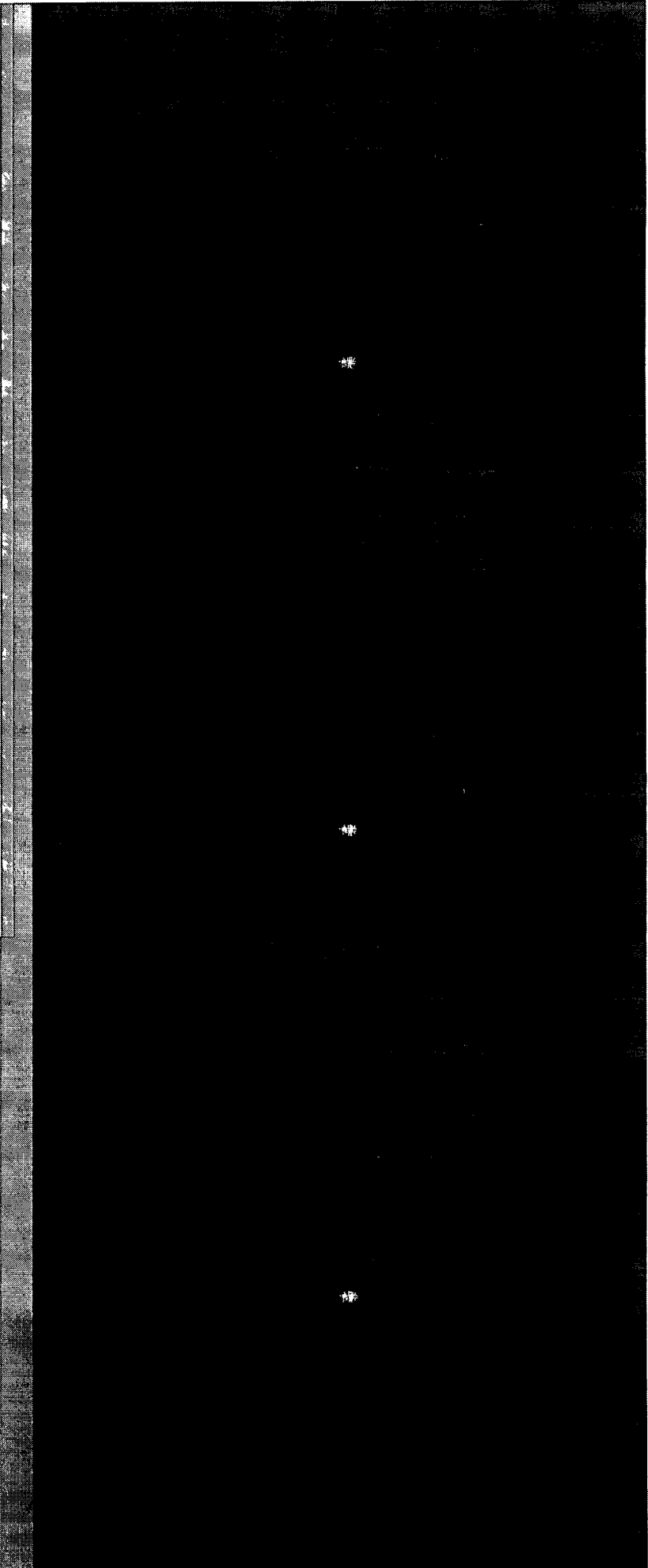
December 12, 2012

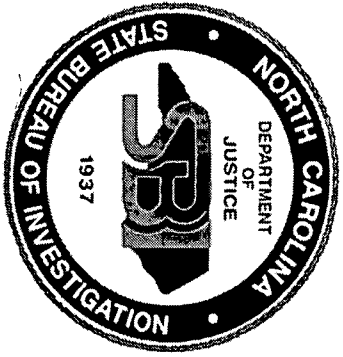
The Committee met in Room 1027 of the Legislative Building. After approval of the last meeting's minutes, the Committee heard an update from Special Agent Van Shaw on methamphetamine labs in NC and the status of NPLeX implementation in the state. The Committee then considered and adopted this report and the recommendations contained herein.

## RECOMMENDATIONS

- (1) The Committee recommends that the General Assembly enact legislation that enhances the penalty if a person is convicted of the manufacture of methamphetamine under G.S. 90-95(b)(1a) and a person who was under the age of 18, or a disabled or elder adult, was present at the location where the methamphetamine was being manufactured.
  
- (2) The Committee recommends that the General Assembly enact legislation that (1) creates a criminal offense for the purchase or possession of any pseudoephedrine product by a person who has a prior conviction for possessing or manufacturing methamphetamine, and (2) requires that all attempted purchases of pseudoephedrine to the person are blocked on the National Precursor Log Exchange (NPLEx).
  
- (3) The Committee recommends that the General Assembly enact legislation that directs the Department of Health and Human Services to study the current rules for cleanup and remediation of property used for a methamphetamine lab, and make recommendations to the Joint Legislative Oversight Committees on Health and Human Services and Justice and Public Safety, on or before February 1, 2014. The recommendations shall include a methamphetamine concentration level to be used as part of a post-cleanup inspection; procedures for mandatory inspection and certification prior to any habitation of the property; and any potential costs resulting from the implementation of a mandatory inspection and certification system.
  
- (4) The Committee recommends that the General Assembly reaffirm its commitment to curtailing the manufacture and use of methamphetamine in North Carolina by appointing members to the Joint Legislative Commission on Methamphetamine Abuse, as enacted into law in 2005, and to amend or augment the stated purposes and goals of the Commission as appropriate.
  
- (5) The Committee recommends that the General Assembly consider legislation, similar to that in Oregon and Mississippi, implementing a prescription only purchase requirement for pseudoephedrine products that are precursors to the manufacture of methamphetamine. These products are currently purchased over-the-counter by persons who manufacture methamphetamine, or purchased by others who provide them to the manufacturer.

**Deputy Assistant Director**  
**Van W. Shaw**  
**North Carolina State Bureau of**  
**Investigation**

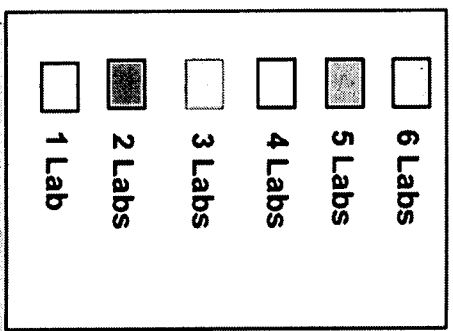
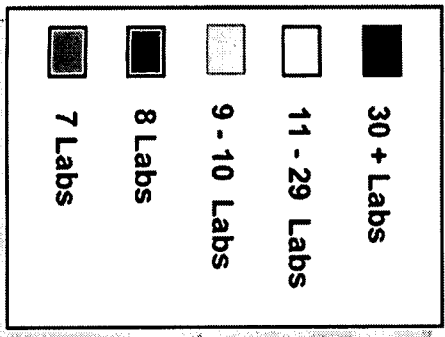
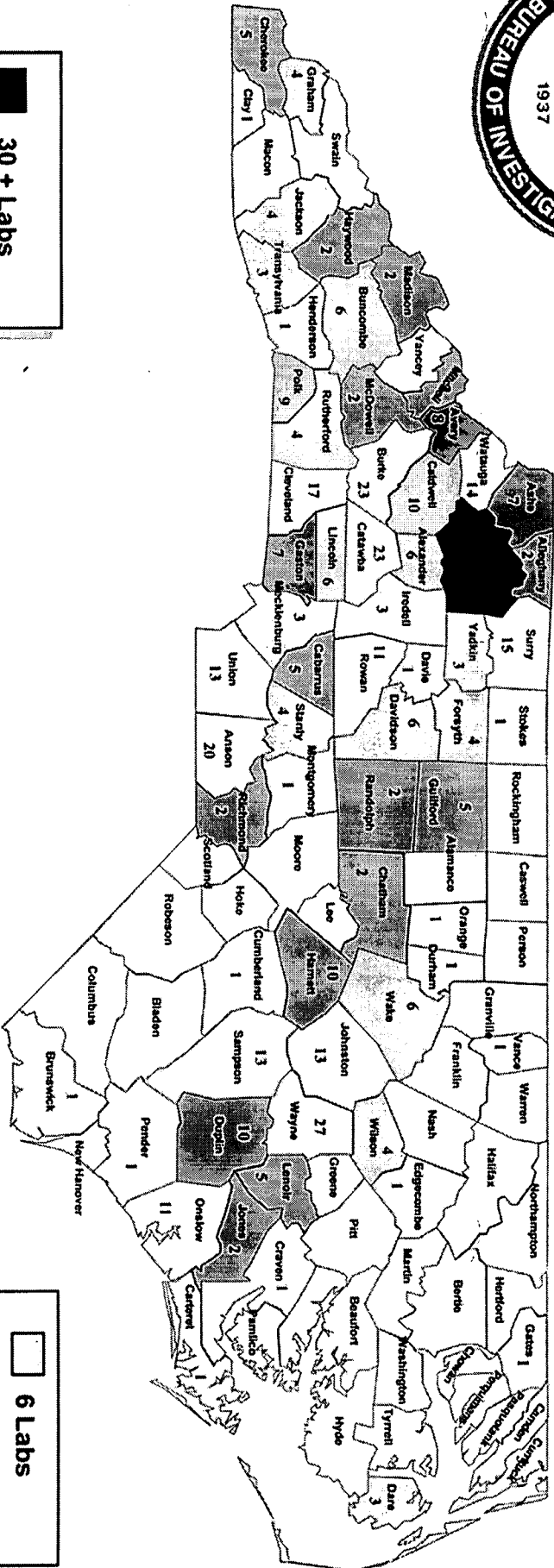




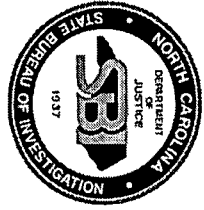
# 2012 Clandestine Lab Responses

## Total: 444

(As of December 10, 2012)

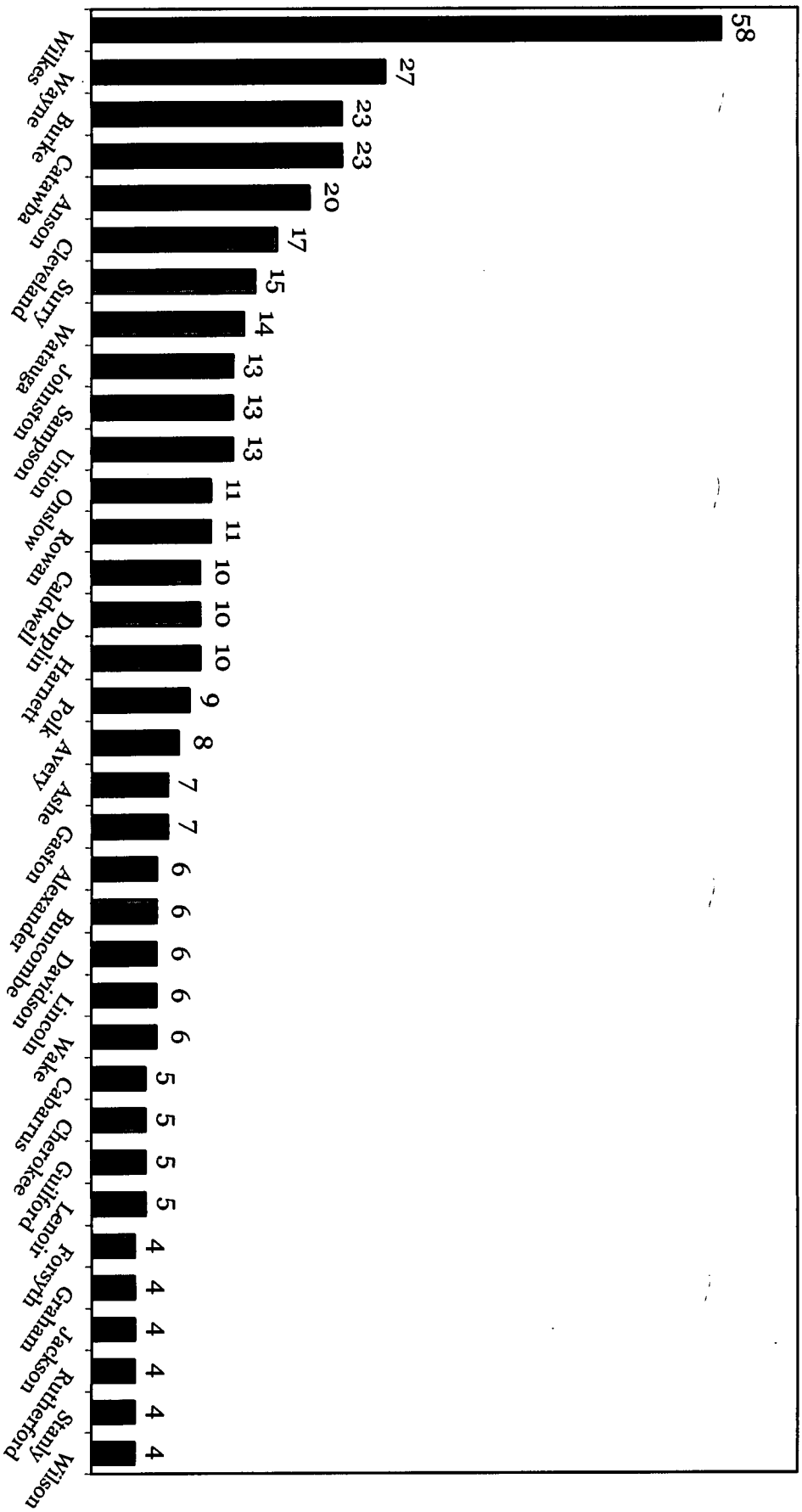


North Carolina  
State Bureau of Investigation



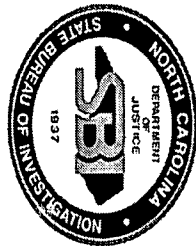
# 2012 SBI CLANDESTINE LABORATORY

## NUMBER OF LABS



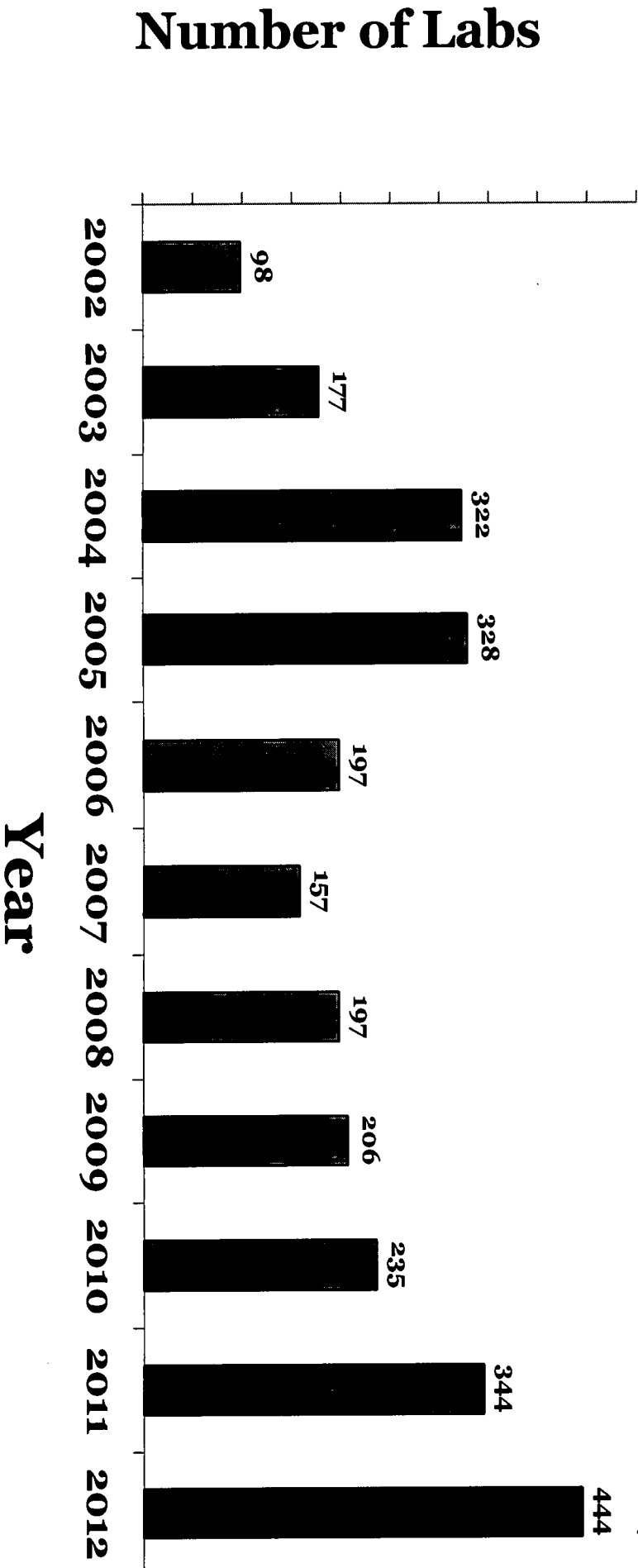
### COUNTIES

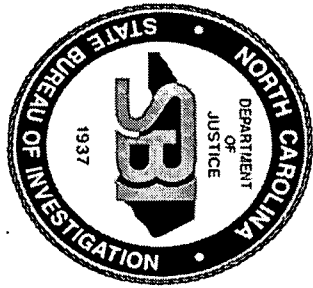
Labs 3 or < not included



# SBI CLANDESTINE LABORATORY RESPONSES

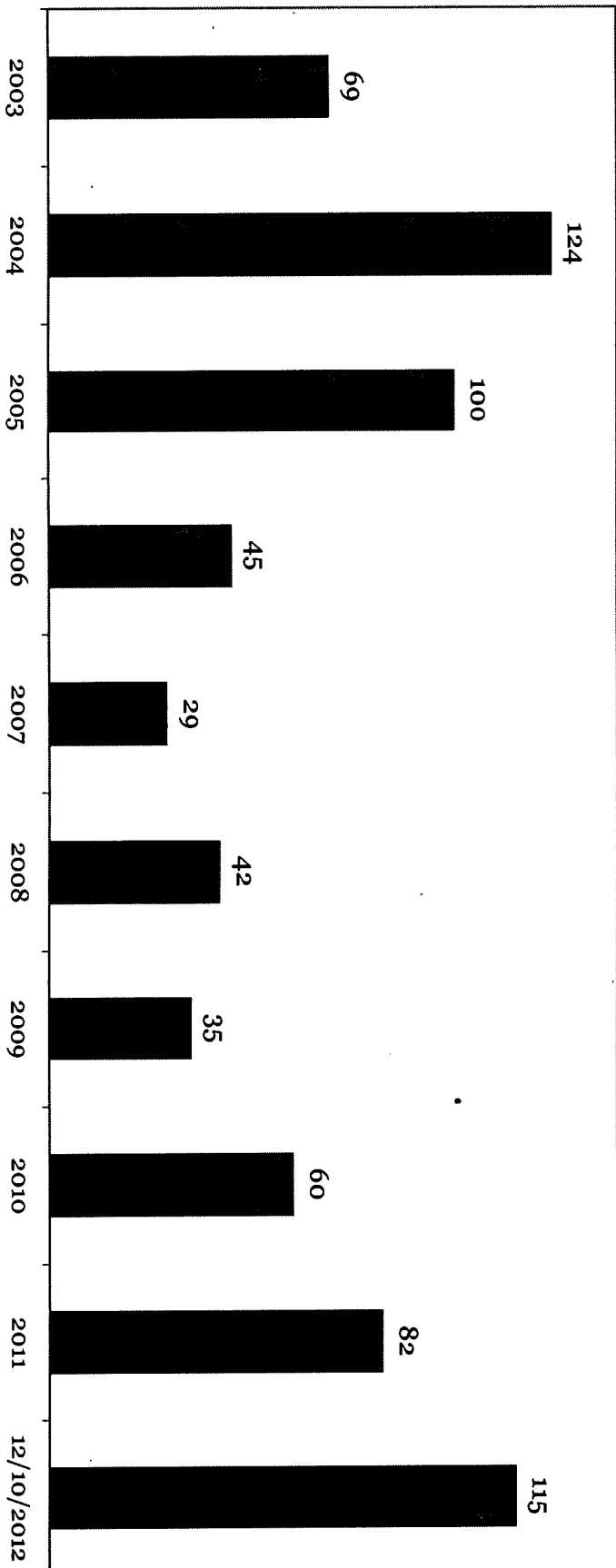
2002 - 2012  
Updated: 12/10/2012





**NC SBI CLANDESTINE LAB  
CHILDREN AFFECTED / INJURED**

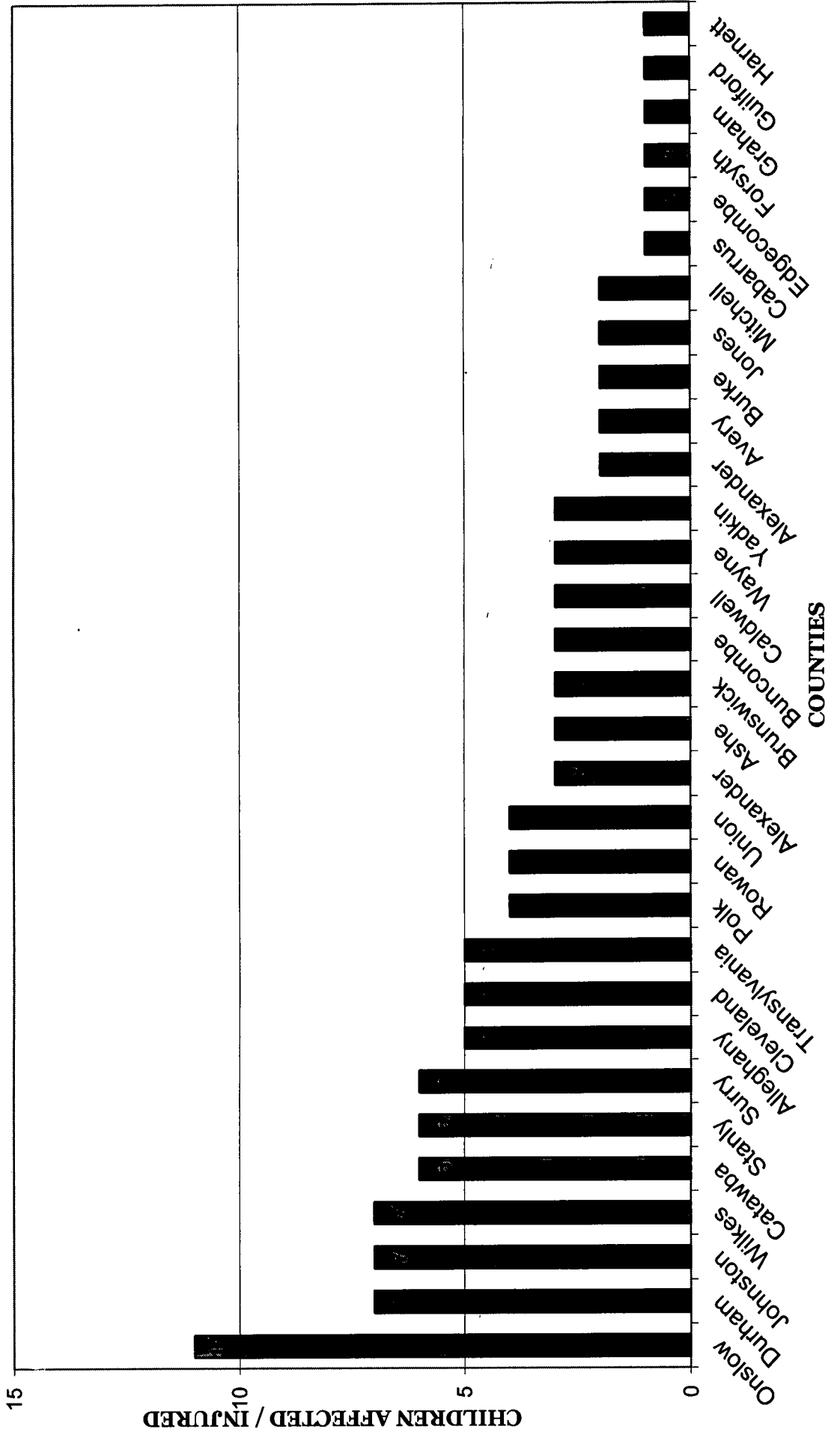
**Children Affected**





# 2012 SBI CLANDESTINE LABORATORY RESPONSE

Updated: 12/10/2012





# 2012 Meth Lab Impact Statistics

- Children Affected - 114
- Children Injured - 1
- Elder Adults Affected - 24
- Public Safety Officers Injured - 6
- Weapons Seized from Site - 103



# National Perspective

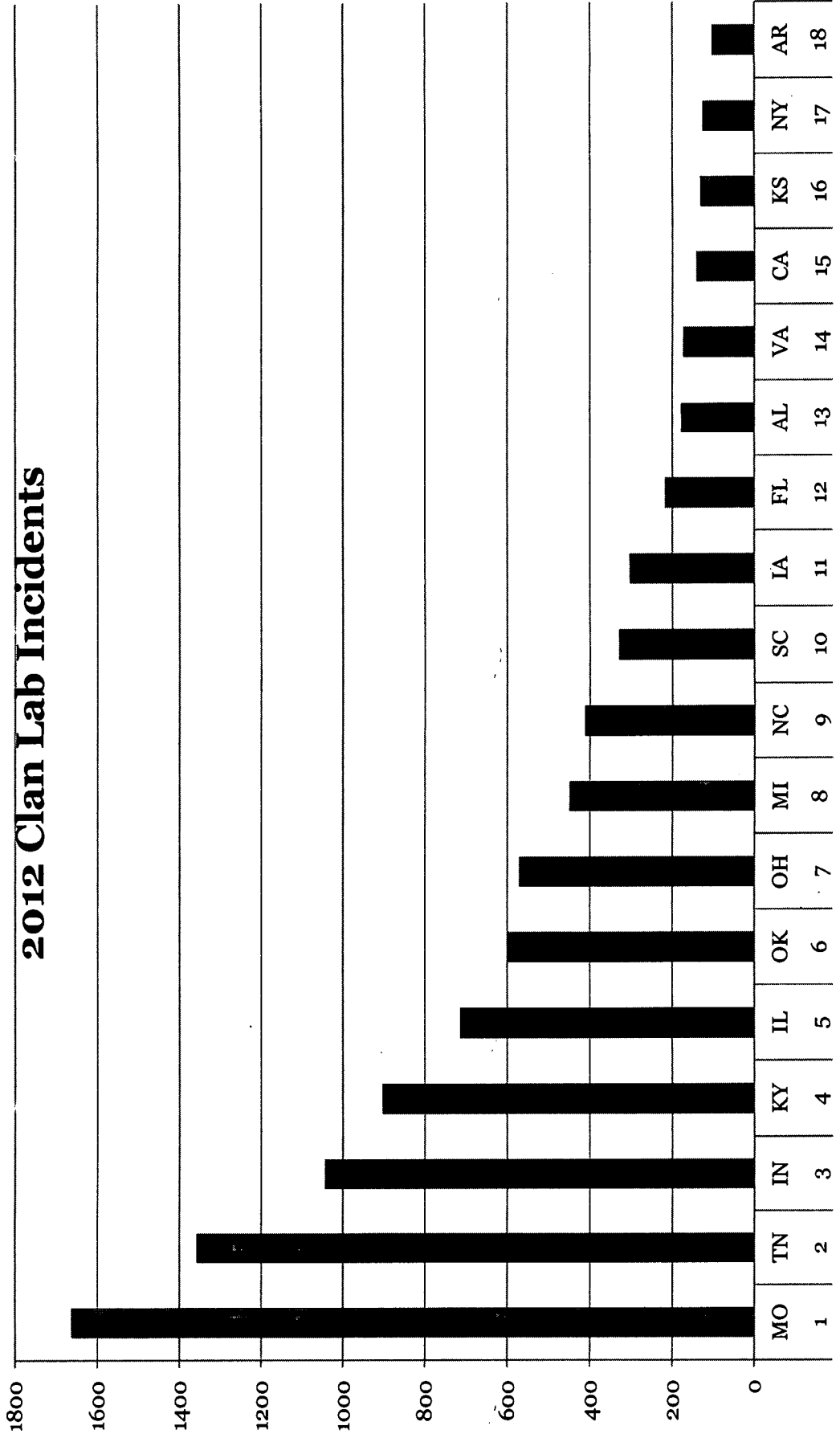
- Methamphetamine Incidents
  - Calendar Year 2008 - 7,253
  - Calendar Year 2009 - 10,034
  - Calendar Year 2010 - 10,305
  - Calendar Year 2011 - 14,495

Illegal purchases of pseudoephedrine are fueling growth in Meth Lab incidents.

Operators are using “Smurfing” techniques to avoid sales tracking databases.

Source: **Office of National Drug Control Policy**

# National Perspective: State Rankings





## Pseudoephedrine Products

- Key Ingredient for the Production of Methamphetamine.
- Acquired through legal purchases from pharmacies.
- Established groups make multiple purchases during a single day.
- Groups are commonly referred to as “SMURFERS”.



# Pseudoephedrine Products

- False Driver's License utilized as identification for purchases.
- Purchase Daily limit.
- Visit multiple Pharmacies daily.
- Travel to other adjacent states to avoid detection.
- False Returns of Products

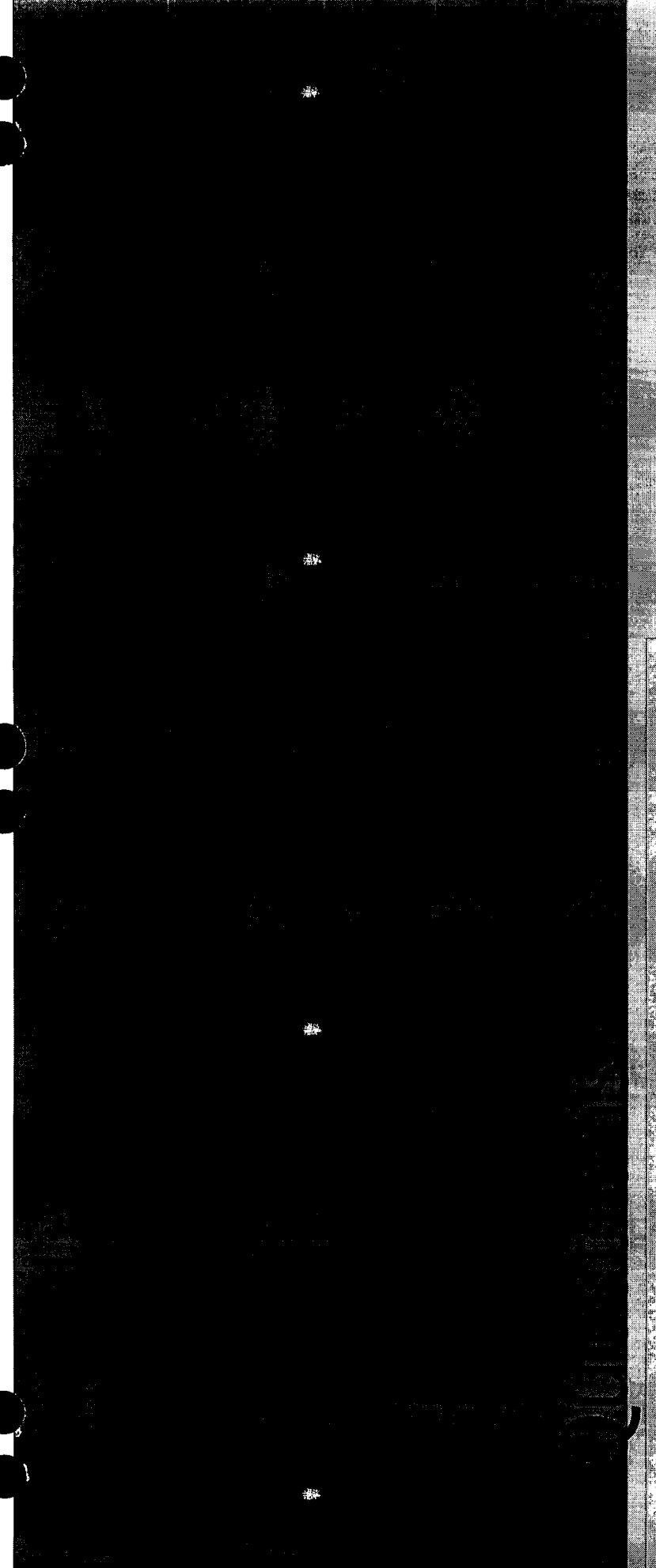
  


## **NPLEX in NC**

- **PSE Sales Monitoring Program initiated  
January 1, 2012**
- **Currently 99.12% Pharmacy Participation**
- **327 Law Enforcement Accounts Established**
- **25 States Currently Utilize NPLEX**

# NPLEX Totals for NC

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	TOTAL
PURCHASE S	195,354	203,202	219,619	194,122	166,010	137,752	127,275	145,064	178,950	179,563	1,746,911
BLOCKS	5,810	5,327	6,456	6,575	5,118	3,877	2,812	5,115	3,146	3,342	47,578
GRAMS SOLD	367,374	389,734	463,072	415,428	351,299	288,401	266,377	299,273	361,284	360,870	3,563,111
BOXES SOLD	199,073	206,920	224,298	198,022	169,335	140,811	130,265	148,601	183,122	184,313	1,784,760
GRAMS BLOCKED	14,905	14,127	18,488	19,056	14,273	10,897	8,450	14,061	10,319	10,629	135,205
BOXES BLOCKED	7,224	6,728	8,224	8,213	6,351	4,807	3,375	5,729	4,004	4,045	58,700
AVG GRAMS PER BOX BLOCKED	2.06	2.10	2.25	2.32	2.25	2.27	2.50	2.45	2.58	2.63	2.30



**Van W. Shaw**  
**Deputy Assistant Director**  
**N. C. State Bureau of Investigation**  
**704-454-5324**  
**[vshaw@ncdoj.gov](mailto:vshaw@ncdoj.gov)**