The High Cost of Meth

Tennessee Bureau of Investigation
State Methamphetamine Task Force
RLEMA TTA Webinar
Laws Targeting Methamphetamine Production Distribution and Use
April 21, 2011
Overview

• National Epidemic being dealt with on a state and local level

○ Complex Problem
  • Domestic Production
    • Current – Shake and Bake / One Pot Method
  • Fueled by Smurfing

• Immediate Meth Precursor – Pseudoephedrine/ Ephedrine
• The “High Cost of Meth”
• Lab Trends
Meth Manufacturing and Distribution in Tennessee

- Mexican Drug Trafficking Organizations (MDTO) - distribution
- Domestic Labs – manufacture and distribute
- Shake and Bake Method – manufacture and distribute
- Smurf Groups – result of tracking & fuel the manufacture and distribution
Laws Targeting Meth

- Possession
  - Controlled Substance
  - Immediate Meth Precursor
    - Actual
    - Purchase Records
    - Threshold or Prima Fascia
  - Other ingredients (Anhydrous, Lithium batteries, Ammonia Nitrate, Red Phosphorus, etc...)
- Distribution
- Manufacturing
- Initiation
- Drug House
- Enhancements
  - Children
  - Elderly
- Meth Registry
- Restitution
- Cleanup Costs – Eliminated
  - Removal
    - Federal vs. State & Local
  - Remediation – Private
- Prescription Drug vs. Tracking
  - Tracking Finds more labs but it doesn’t prevent them.
Combat Meth Act

Only sell limited quantities of ephedrine/pseudo: 3.6 g’s/day, 9 grams/month. Must sign log and show ID. Ephedrine/pseudo now locked up or stored behind counter.

Bottom line – Establishes Minimum Standard Doesn’t Preempt States
Meth Lab Seizures Increase

- SMURFING
- Pressure on Domestic production
- Mexico (PSE restriction, violence, etc.)
- New Meth Manufacturing methods One-Pot “Shake & Bake”
- Gangs and Organized groups
- Law enforcement becomes more efficient

- Pseudoephedrine/ephedrine at $20 to $50
- Cottage Industry
- Circumventing of Federal and State Meth Laws
- Law Enforcement apathy
- Funding and redirected resources
- Better reporting, better intelligence will bring you better investigations and higher conviction rates
2001 - 2010
NATIONWIDE METHAMPHETAMINE INCIDENTS


Map includes Laboratories, Chemical Equipment, Glassware seizures, and Dumps that have been received by the MSHP for entry into NSS as of 10/31/2010

* Number through October
TCA § 39-17-431

Pharmacy

- “immediate methamphetamine precursor”
- Dispensed only by a licensed pharmacy
- Limits sale to nine grams base in thirty days
- Government-issued identification
- Record of sales
- Behind the counter in a locked case
TCA § 39-17-435

Initiation

- Knowingly
- Initiate a process
- Intended to result in the manufacture of meth
- “B” felony
Actual picture taken by TF of the MAPCO sign in East Ridge TN. just off I-75 on the Tennessee/Georgia state line.
One Pot

Modified Ammonia (Birch Method)
Pseudoephedrine
Lithium
Ammonia

Entire reaction in one vessel

No tablet extraction

No stealing of anhydrous ammonia

Less smell (ammonia) from cook

Reaction only takes 1-2 hours

Advantages

All chemicals easy to obtain
Michael Ryerson

- Michael Ryerson
- Convicted Federal Felon
- Validated Gang Member (Aryan Nation/Aryan Brotherhood) KKK

- April 2009 – Claiborne Co. TN.
- 5 JDTF arrested 2 top smurfers
- Extensive Smurfing operation
  - $33.00 per box of 120 mg pseudo (12 hour cold)
- Claiborne Co. Search Warrant results in a large scale lab seizure
- Co. S.O.
- Search Warrant yields a Large multi-pound Meth lab operation
  - 2 cooks per week
  - 1.6 pounds per cook
  - 1280 oz Anhydrous ammonia
  - Numerous handguns and ammo

26,904 PSE tabs  4 lbs crushed pseudo
The Source for Pseudoephedrine – "Smurfing"

Provided by: Shelby County Sheriff’s Office

Pseudoephedrine blister packs

Lithium from Batteries
## Status of PSE/EPH Laws in the Americas

<table>
<thead>
<tr>
<th>Country</th>
<th>Date Enacted</th>
<th>Status of Controls</th>
<th>Status of Controls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Belize</td>
<td>June 2008</td>
<td>PSE – Banned</td>
<td>EPH - Controlled</td>
</tr>
<tr>
<td>Costa Rica</td>
<td>In progress</td>
<td>In progress</td>
<td>In progress</td>
</tr>
<tr>
<td>El Salvador</td>
<td>September 2008</td>
<td>PSE - Banned</td>
<td></td>
</tr>
<tr>
<td>Guatemala</td>
<td>February 2009</td>
<td>PSE – Banned</td>
<td>EPH - Controlled</td>
</tr>
<tr>
<td>Honduras</td>
<td>January 2009</td>
<td>PSE – Banned</td>
<td>EPH - Banned</td>
</tr>
<tr>
<td>Nicaragua</td>
<td>February 2009</td>
<td>PSE - Banned</td>
<td>EPH - Banned</td>
</tr>
<tr>
<td>Panama</td>
<td>In progress</td>
<td>In progress</td>
<td>In progress</td>
</tr>
</tbody>
</table>
TWO APPROACHES

- **Electronic Tracking (e-tracking)** A real-time electronic logging system that enables pharmacies and law enforcement to track sales of some over-the-counter (OTC) cold and allergy products containing pseudoephedrine/ephedrine. Basically this system replaces paper purchase logs and electronically records the information required by federal and state law.

- There are two principal types of e-tracking systems – “stop-sale” and “non-stop-sale.” “Stop-sale” systems are designed to alert pharmacists when purchasers have exceeded their lawful limit so that the sale can be denied. “Stop-sale” systems are often defeated with false identifications and surrogates are commonly used to evade reporting requirements.

- **Prescription Only** Restricts access to pseudoephedrine/ephedrine by requiring a prescription for cold and allergy products containing pseudoephedrine/ephedrine. Doctors ascertain the need for the medication and monitor how much pseudoephedrine/ephedrine is being used by an individual. It is used in two states (Oregon and Mississippi).
Other Options

- Severely Restrict the Amount of pse that can be purchased
  - 1.8 grams per day and 4.5 grams per month
  - Limit the locations where pse can be purchased

- Add fees to pse products to cover the enormous costs associated with meth
  - Cleanups of labs
  - Children affected by meth
  - Treatment
  - Remediation of meth sites

- Prohibit persons convicted of meth offenses from purchasing any pse products
What’s the big deal with Pseudoephedrine? The answer is basically One Oxygen Molecule. The molecular similarity of pseudo to meth is so close that using today’s common methamphetamine manufacturing methods (“Shake & Bake” Red-Phosphorus or Anhydrous / Nazi method) simply reduce the molecular structure of pseudoephedrine/ ephedrine by one Oxygen molecule to create Methamphetamine.
Here’s why legislators should support scheduling

- **The result.** Two states, Oregon and Mississippi, have made ephedrine/pseudoephedrine a controlled substance, requiring a doctor’s prescription. Oregon saw its meth labs drop from 584 in 2001 to just 12 after it scheduled the drug in 2008. Mississippi, which passed its controlled substance law in 2010, has already seen a 70% reduction. Several other states are considering making ephedrine/pseudoephedrine a controlled substance but are facing considerable opposition from the pharmaceutical industry and their lobbyists.

**For more information.** You can obtain more information about these issues from these websites:
- DEA ([http://www.dea.gov](http://www.dea.gov)).
According to DEA, amount of pseudoephedrine imported into the United States by the Pharmaceutical Industry has almost doubled since 2005. This increase in spite of greater state and federal controls limiting the sale of pseudoephedrine.
### What happened when Oregon re-scheduled PSE...

- Appx. 80 other over the counter cold and allergy medications are available for purchase
- Legitimate users can still get medication when needed
- Most MDs are willing to call in scrip rather than require an office visit
- Price of PSE did not go up
- Oregon Medicaid’s increase due to PSE = $7,780

| Violent crime has decreased 10.6% |
| Property crime has decreased 6.9% |
| 2007 to 2008 FBI stats, *The Oregonian* 9-14-09 |
| Eliminated smurfing |
| Near elimination of labs |
| All drug arrests are down |
| Mississippi passed CIII in their 2010 session |
| Cities and Counties in Missouri are passing CIII local ordinances |
Oregon vs. Tennessee

Lab Seizure Comparison

-500
0
500
1000
1500
2000
2500
2000
2001
2002
2003
2004
2005
2006
2007
2008
2009
2010

Tennessee
Oregon
Linear (Tennessee)
Linear (Oregon)
After just six months, a new law requiring a prescription for cold and sinus medicines containing pseudoephedrine has proved to be an effective deterrent to methamphetamine production in Mississippi.

“Early results show a nearly 70 percent reduction in meth-related cases statewide. Now when we find pseudoephedrine at meth labs, it was purchased in surrounding states,” explained Director Fisher.

Figures from the MBN indicate officers worked 124 meth labs from July to December 2010, a 68 percent reduction from the 389 meth labs they worked from July to December 2009.

Officials removed 19 children from meth lab sites July to December 2010, a 76 percent reduction from the 80 children removed from meth labs sites July to December 2009.

“Other states are looking to follow Mississippi’s lead and pass the same law. This works; I hope they do,” Director Fisher said.
The Oregon alternative “offers an effective approach . . . if broadly adopted, there would be no reason to develop state or national tracking systems, resulting in substantial, ongoing savings . . . ”

- NAMSDL Meth Precursor Tracking Advisory Committee
“Law Enforcement does not want to arrest more smurfers or find more methamphetamine labs. Law Enforcement wants to eliminate smurfing and prevent methamphetamine labs.”

- NMPI position paper (March 2011)
Put another way . . .

September 26, 2010

Making pseudoephedrine a prescription-only drug has made a difference in reducing the meth threat in Oregon. We intend to closely follow the results of this new Mississippi law and encourage neighboring states to do the same.

- Gil Kerlikowske, Director of the White House Office of National Drug Control Policy

“You are either for meth labs, or you are against meth labs.”

- Marshall Fisher, Director Mississippi Bureau of Narcotics
Questions?

Tommy Farmer
ASAC/ State Task Force Director
Tennessee Bureau of Investigation
Tennessee Methamphetamine Task Force
1110 Market Street  Suite 332
Chattanooga, TN.  37402
423-752-1479 Office
423-322-7292 Cellular
Thomas.farmer@tn.gov blackberry or tfarmer@rid-meth.org