

# III. Response to the Problem

## A. Prevention

### 1. Current Efforts

Demand reduction is a critical component of any sound drug strategy. To be effective, drug prevention programs generally should be long-term and comprehensive, with the goal of preventing any illicit drug use, not just the abuse of one drug or class of drugs. Nevertheless, as evidenced by the increasing illegal use of certain licitly manufactured and compounds manufactured in clandestine laboratories, demand patterns can change quickly, often with significant risk to public health and safety. Effective prevention therefore also must include early warnings about such emerging drug threats and quick community response through education and outreach efforts.<sup>38</sup>

Scientific research supports targeted short-term prevention efforts and more general long-term prevention efforts by identifying specific drugs subject to abuse and related demographic trends. These trends include patterns of drug use initiation and progression, motivation and risk factors associated with drug use, and factors that protect against drug use. Prevention programs should be based on this research, beginning with the scientific collaboration needed to identify and develop testing methods and products for specific synthetic drugs, and should address specific community needs, in some cases focusing efforts on one or more particular drugs. Furthermore, prevention programs should seek the voluntary participation of many community components—individuals, families, schools, religious institutions, businesses, law enforcement, social service agencies, the media, and other organizations—in a coordinated manner according to community needs and available resources.

In response to the rise in the use of synthetic drugs and diverted pharmaceuticals, more focused data-gathering and prevention programs are beginning to emerge. The Department of Health and Human Services' National Institute on Drug Abuse (NIDA)—which funds 85 percent of the world's research on drug use and addiction—has been a leader in this regard. Its Community Epidemiology Work Group (CEWG) provides ongoing monitoring of emerging trends in drug use, including the most up-to-date information on synthetic drugs and diverted pharmaceuticals. NIDA has also hosted conferences focused on important prevention issues concerning MDMA/Ecstasy and GHB. Moreover, NIDA has partnered with several national non-governmental organizations in an education, prevention, and research effort regarding the use of methamphetamine, MDMA, GHB, LSD, and Rohypnol. This partnership funds research on these drugs as well as a multi-media public education campaign that includes: the dissemination of a *Community Drug Alert Bulletin* on "Club Drugs" to approximately 500,000 health care and treatment providers; the distribution of a *Research Report on Methamphetamine Abuse and Addiction*; and the development of teaching aids for use in elementary and high school classrooms.<sup>39</sup>

The Substance Abuse and Mental Health Services Administration (SAMHSA) in the Department of Health and Human Services has also increased its focus on preventing the consumption of synthetic drugs and diverted pharmaceuticals. SAMHSA has undertaken a research-based initiative to target high-risk groups with prevention messages regarding club drugs, and its Center for Substance

Abuse Prevention (CSAP) maintains an Internet site dedicated to model prevention programs targeting youth. CSAP further facilitates the dissemination of pertinent information on substance abuse prevention research through its National Clearinghouse, which is also available on-line. Under the Community-Initiated Prevention Interventions program, SAMHSA has funded 27 grants that will address the use of MDMA, other club drugs, methamphetamine, and inhalants, either through the development of prevention intervention models or prevention infrastructure programs.<sup>40</sup>

In addition, SAMHSA oversees the day-to-day operation of the comprehensive Drug-Free Federal Workplace program and the National Laboratory Certification Program (NLCP). The NLCP provides for the development, validation, dissemination, and ongoing quality assurance of workplace forensic drug testing methods. The use of specific drug tests in NLCP-certified laboratories is required for all federal agencies, the industries regulated by the Department of Transportation, the Nuclear Regulatory Commission, private industry, and, increasingly, the Department of Homeland Security. Under existing regulations, tests are specifically required to be capable of detecting methamphetamine use. New federal regulations that are nearing completion will mandate testing for MDMA, and tests for other drugs, including a number of high abuse-potential synthetic drugs, are being considered as well. The Department of Health and Human Services is also focusing on methamphetamine through its Targeted Capacity Expansion Grant program, which has a general mission to identify and respond to emerging drug problems, and is promoting programs that target drug use in families and in the workplace.<sup>41</sup>

The Office of Safe and Drug-Free Schools (SDFS) in the Department of Education is the primary vehicle of the federal government for reducing drug, alcohol, and tobacco use and violence in schools. The SDFS administers, coordinates, and recommends policy for improving the quality of programs and activities that are designed to provide financial assistance for drug and violence prevention and to promote the health and well being of students in elementary and secondary schools and institutions of higher education. Activities may be carried out by state and local educational agencies and by other public and private nonprofit organizations. The office also: participates in the formulation and development of Administration policies related to violence and drug prevention; coordinates with other federal agencies on issues related to comprehensive school health; and participates with other federal agencies in the development of a national research agenda for drug and violence prevention.

The Office of National Drug Control Policy (ONDCP) promotes effective prevention activities through ONDCP-directed programs such as the National Youth Anti-Drug Media Campaign and through federal government coordination efforts, such as the Interagency Demand Reduction Group. In August 2000, the Media Campaign began a nationwide radio and Internet initiative designed to educate people about the dangers of MDMA and address faulty perceptions that the drug is harmless.<sup>42</sup> More recently, the Media Campaign ran an extensive, \$40 million ad campaign calling attention to the dangers of Ecstasy.

DEA is also heavily involved in programs to prevent the use of synthetic drugs and diverted pharmaceuticals. Thirty-three full-time special agents are dedicated to work on demand reduction programs throughout DEA field divisions. Since an August 2000 international conference on club drugs, DEA has co-sponsored regional conferences along with community coalitions and local law enforcement in almost all DEA field divisions to disseminate general and scientific information on club drugs to law enforcement personnel, medical and treatment professionals, teachers, parents, and community organizations.<sup>43</sup> In addition, DEA's "Operation X-Out" adds a strong public awareness

component to its enforcement facets through “town hall” meetings featuring discussions between local residents and panels of local and national experts. DEA also provides several informative pamphlets regarding synthetic drugs and diverted pharmaceuticals, including *Ecstasy and Predatory Drugs and Tips for Parents: The Truth About Club Drugs.*<sup>44</sup>

## 2. Recommendations

### **Develop an Early Warning and Response System:** - (NDIC, DOJ, HHS, ONDCP)

Establish a comprehensive, interagency, early warning and response system to detect the emergence of new drugs and trends. Appendix A lays out the possible parameters of such a system in detail, but it should include increased research efforts to develop and disseminate accurate, reliable, and cost-effective tests for identifying new synthetic drug use trends.<sup>45</sup> Particular focus should be given to earlier identification and routine detection of licitly produced drugs with high illicit use potential.<sup>46</sup>

### **Enhance Public Outreach Efforts Focusing on Synthetic Drugs:** - (SAMHSA, DOJ, ONDCP)

Develop a multimedia education campaign on the consumption of synthetic drugs, focusing initially on methamphetamine. The program should, as appropriate, incorporate messages about the environmental threat and risks to children from clandestine labs. Ensure adequate dissemination of all pertinent materials and information on synthetic drugs through the Department of Education’s Office of Safe and Drug-Free Schools.

### **Improve Education and Training on Pharmaceuticals:** - (DEA, FDA, SAMHSA, ONDCP)

Ensure product labeling that clearly articulates conditions for the safe and effective use of controlled substances, including full disclosure of safety issues associated with pharmaceuticals. Develop a mechanism for the wider dissemination and completion of approved Continuing Medical Education courses for physicians who prescribe controlled substances. Develop Internet public service announcements regarding the potential dangers and illegality of online direct purchases of controlled substances.

### **Develop Best Practices to Assist Drug-Endangered Children:** - (HHS, EPA, DOJ, DEA, ONDCP)

Develop protocols for assisting drug-endangered children that generally address staff training; roles and responsibilities of intervening agencies; appropriate reporting, cross reporting, information sharing, and confidentiality; safety procedures for children, families, and responding personnel; interviewing procedures; evidence collection and preservation procedures; medical care procedures; and community resource development.

### **Research and Develop Targeted Prevention Programs:** - (NIDA, ONDCP)

Support research on the initiation of methamphetamine use and the progression of use leading to addiction. Programs should be developed to target high-risk groups or communities and to increase community involvement in prevention efforts.

### **Improve Data on Afflicted Geographic Areas:** - (NDIC, SAMHSA, DOJ, ONDCP)

Build on existing Geographical Information System (GIS) resources and databases to integrate federally mandated drug test results, crime laboratory evidence analysis, population demographics, and other meaningful data pertaining to synthetic drugs and diverted pharmaceuticals in a manner that supports geographically based prevention and intervention efforts.<sup>47</sup>

**Examine the Use of Prescription Narcotics:** - (NIDA, SAMHSA, FDA, NIJ, DEA)

Assess the scope and magnitude of the licit and illicit use of prescription narcotic analgesics, in particular OxyContin, including the pursuit of additional data sources in cooperation with the Food and Drug Administration (FDA), the National Institute for Justice (NIJ), private entities, and others.

**B. Treatment**

**1. Current Efforts**

While prevention programs are important for ensuring that individuals do not fall victim to the lure of illegal drugs, treatment initiatives are critical for providing those who do develop a dependency with an opportunity to reclaim control of their lives. Treatment is therefore a key component of our national efforts to eliminate the scourge of illegal drugs from society. The research-based efforts of NIDA and SAMHSA form the foundation for all future progress in the treatment of synthetic and diverted pharmaceutical drug dependencies.

In addition to the major role it plays in prevention-based research, NIDA is also a leader in studies of the pharmacology and toxicity of methamphetamine, MDMA, and other synthetic drugs, and in developing treatments for their abuse. For example, in 2002, NIDA launched a Methamphetamine Clinical Program to implement recommendations of the Methamphetamine Addiction Treatment Think Tank. NIDA has also established clinical treatment trials and studies involving behavioral therapies and medication alternatives for methamphetamine-dependent patients in several cities plagued by the methamphetamine epidemic (including Des Moines, Kansas City, San Antonio, Los Angeles, San Diego, and Honolulu). Following up on conferences dedicated to GHB and MDMA in 2000 and 2001 respectively, NIDA is now assessing needs and strategies with respect to MDMA and GHB abuse treatment through venues such as a “club drug” working group, a panel of experts from across the Institute. Moreover, as a result of the many insights that have been developed through the research that it supports related to treatments for drug addictions, NIDA has produced several helpful pamphlets, including *Principles of Drug Addiction Treatment: A Research-Based Guide*, which outlines the essential components of effective treatment programs.

SAMHSA has also been actively involved in efforts aimed at the treatment of synthetic and diverted pharmaceutical drug use. SAMHSA maintains treatment-related online tools for finding a qualified treatment center (the Substance Abuse Treatment Facility Locator), exchanging information with concerned State agencies (the Treatment Improvement Exchange), and accessing the National Clearinghouse for Alcohol and Drug Information.<sup>48</sup> SAMHSA's Center for Substance Abuse Treatment (CSAT) coordinates several programs that help communities establish effective treatment services for emerging drug epidemics, and has recently targeted the expansion of methamphetamine treatment in certain geographical areas. CSAT has released a book titled *Treatment for Stimulant Abuse* as well, which outlines a comprehensive series of best practices guidelines, including treatment approaches with documented success, practical applications, and explanations of treatment issues for special groups and settings.

Additionally, CSAT administers the Programs of Regional and National Significance, which provide funding to increase the availability and study the efficacy of treatment programs for synthetic and other drugs, and to disseminate information learned from research on treatments of substance dependencies. In particular, the Programs have allocated resources for determining the effectiveness of available methamphetamine addiction treatments and the cost-effectiveness of the various treat-

ment approaches. For example, CSAT has awarded grants for testing, and a contract for conducting follow-up studies on, a 16-week treatment plan for methamphetamine use developed by UCLA's Integrated Substance Abuse Programs (ISAP)/Matrix Institute. During this vanguard three-year study, the grants supported training of treatment and research staff, as well as development of additional clinical capacity supporting approximately 1,000 clients at eight sites. Follow-on research continues.

## **2. Recommendations**

### **Increase Treatment Capacity: - (HHS)**

Assess treatment needs for synthetic and diverted pharmaceutical drug addiction and, if necessary, expand that capacity in the community and in correctional facilities. Particular emphasis should be given to the development of additional treatment capacity for methamphetamine users, to include follow-up services that address the protracted recovery period associated with methamphetamine dependency.

### **Research Treatment for Synthetic Drug Abuse: - (HHS, NIDA, SAMHSA, ONDCP)**

Increase research on the physical and psychological effects of methamphetamine and other synthetic drugs, as well as on the development of effective treatment protocols for synthetic drugs.

### **Develop Guidelines for Juvenile Drug Treatment: - (NIDA, SAMHSA)**

Fund research on, and pursue the development of, guidelines with respect to the treatment of juveniles, who often are not adequately served in existing drug treatment programs designed for adults.

### **Develop Early Response Treatment Protocols: - (NIDA, SAMHSA)**

Develop and disseminate early response protocols addressing requests for treatment of dependency on emerging synthetic drugs and diverted pharmaceuticals.

### **Study Options for Criminal Justice System Treatment: - (NIDA, SAMHSA, NIJ)**

Invest in additional studies on the efficacy of various comprehensive treatment programs for synthetic drug abuse and on their adaptability to diverse individual and community needs, especially those unique to the criminal justice system.

### **Expand Dissemination of Treatment Best Practices: - (NIDA, SAMHSA, ONDCP, DEA)**

Expand capabilities to disseminate pertinent research results and best practices training techniques as part of the overall effort to increase access to effective treatments for dependencies on synthetic and diverted pharmaceutical drugs.

## ***C. Regulation of Chemicals and Drugs***

### **1. Current Efforts**

#### **a. Introduction**

Regulatory measures to control key precursor and essential chemicals are critical to preventing the production of the clandestinely synthesized drugs discussed in this Action Plan. Effective chemical control has increased the difficulty, risk, and cost of methamphetamine production. In the United States, DEA has the lead role in this endeavor. However, two organizations within the Department of

Homeland Security—the Bureau of Immigration and Customs Enforcement (ICE) and the Bureau of Customs and Border Protection (CBP)—perform integral functions on the import/export side of the chemical control system. As the agencies supervising U.S. ports-of-entry, these organizations monitor commercial imports and exports of chemicals to ensure compliance with DEA registration and permit requirements.

CHEMICALS USED IN METHAMPHETAMINE PRODUCTION	
CHEMICAL	HAZARDS
Pseudoephedrine	Ingestion of doses greater than 240 mg. causes hypertension, arrhythmia, anxiety, dizziness, and vomiting. Ingestion of doses greater than 600 mg. can lead to renal failure and seizures.
Acetone/Ethyl Alcohol	Extremely flammable, posing a fire risk in and around the laboratory. Inhalation/ingestion causes severe gastric irritation, narcosis, or coma.
Freon	Inhalation can cause sudden cardiac death or severe lung damage. Corrosive if ingested.
Anhydrous Ammonia	Inhalation causes edema of the respiratory tract and asphyxia. Contact with vapors damages eyes and mucous membranes.
Red Phosphorus	May explode on contact or friction. Ignites if heated above 260°F. Vapor from ignited phosphorus severely irritates the nose, throat, lungs, and eyes.
Hypophosphorus Acid	Extremely dangerous substitute for Red Phosphorus. If overheated, deadly phosphine gas is released. Poses a serious fire and explosion hazard.
Lithium Metal	Extremely caustic to all body tissues. Reacts violently with water and poses a fire or explosion hazard.
Hydriodic Acid	A corrosive acid with vapors that are irritating to the respiratory system, eyes, and skin. If ingested, causes severe internal irritation and damage that may cause death.
Iodine Crystals	Gives off vapor that is irritating to respiratory system and eyes. Solid form irritates the eyes and may burn skin. If ingested, it will cause severe internal damage.
Phenylpropanolamine	Ingestion of greater than 75 mg. causes hypertension, arrhythmia, anxiety, and dizziness. Quantities greater than 300 mg. can lead to renal failure, seizures, stroke, and death.

*Source: US Department of Justice, Information Bulletin: Children at Risk (7/2002)*

Since the chemical industry is highly international, multilateral cooperation in chemical control is critical. The United States is currently involved in several multilateral initiatives to track chemicals used in the manufacture of amphetamine, methamphetamine, amphetamine-type stimulants such as MDMA, and other synthetics, with the goal of involving China, India, the Netherlands, Canada, Mexico, Eastern European nations such as Poland and the Czech Republic, and other countries in cooperative chemical control efforts. The legal framework for international chemical control is provided by Article 12 of the 1988 United Nations (UN) Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances. This Convention establishes obligations and international stan-

dards for member nations to control domestic and international chemical commerce and prevent the diversion of 23 specified chemicals. Parties to the Convention pledge to cooperate with one another toward this objective. Other international vehicles that have promoted chemical control include:

- The June 1998 United Nations General Assembly Special Session (UNGASS), at which two of the five action plans adopted addressed precursors generally and amphetamine-type stimulants and their precursors in particular.
- The May 1997 United States/European Union (EU) Chemical Control Agreement, which included a commitment to consult and inform participating nations on shipments of controlled chemical substances in order to prevent their diversion from legitimate to illicit purposes; a Follow-Up Working Group continues to solidify U.S.-EU cooperation in chemical control.
- The annual meetings of the UN Commission on Narcotic Drugs (CND), which highlight emerging chemical control concerns.

### **b. U.S. Chemical Controls**

The linchpin of U.S. efforts to curtail international chemical diversion is a 15-day advance notification requirement that enables DEA to verify the legitimacy of a proposed shipment and suspend suspicious transactions.<sup>50</sup> In 1995, DEA initiated a “letter of non-objection” (LONO) process for imports of ephedrine and pseudoephedrine from China, the Czech Republic, and India. This system facilitates international cooperation under the 1988 UN Convention and meets the needs of governments in chemical exporting countries to ensure that chemical exports are for legitimate purposes.<sup>51</sup>

The history of chemical regulation and related enforcement provisions in the United States has followed a continuing cycle of government action and trafficker reaction. Each new regulatory measure gives rise to one or more counter-measures by traffickers, but the system of laws and regulations has, on the whole, made it more difficult and costly for traffickers to procure the chemicals they need. Following is a summary of major legislation:

- Comprehensive chemical control began in earnest in the United States with the Chemical Diversion and Trafficking Act of 1988, which established the basic scheme of chemical regulation in place today for 20 chemicals, including twelve “precursors” and eight “essential chemicals.”<sup>52</sup>
- The Crime Control Act of 1990 added twelve chemicals to the list of precursors.<sup>53</sup>
- The Domestic Chemical Diversion and Control Act of 1993 brought over-the-counter ephedrine products under regulatory control, required registration of handlers of “List I” chemicals (most of which were formerly termed “precursors”), and increased DEA’s flexibility in applying the 15-day advance notice requirements for exports and imports of specified listed chemicals to specified countries.<sup>54</sup>
- The Comprehensive Methamphetamine Control Act of 1996 (MCA): (1) narrowed the exemption for sales of certain drug products containing methamphetamine and amphetamine precursor chemicals by regulating retail sales of 24 grams or more, although it created a “blister pack” exemption to that rule; (2) required monthly reporting by “mail order” firms that sell

methamphetamine and amphetamine precursor chemicals; and (3) added iodine and hydrochloric gas to the list of regulated chemicals.<sup>55</sup>

- The newest legislation targeting the illicit manufacture and distribution of methamphetamine is the Methamphetamine Anti-Proliferation Act (MAPA), signed into law on October 17, 2000. MAPA retained the blister pack exemption established by the Comprehensive Methamphetamine Control Act of 1996. However, it amended that Act by reducing the retail sale recordkeeping and reporting threshold quantity of non-exempt pseudoephedrine and phenylpropanolamine products to nine grams in a single transaction with a maximum three-gram package size.

An increasingly critical layer of chemical control occurs at the state level. Some states that have felt the brunt of the clandestine laboratory problem - notably in the West and Midwest - have imposed restrictions on chemical sales that supplement federal law. Appendix F includes a short description of the recent amendments in the Oklahoma and Missouri state chemical control laws. In Oklahoma, products containing pseudoephedrine may be sold only by a licensed pharmacist or pharmacy technician, and purchasers must sign a log book and present identification. This law, enacted in April 2004, already appears to have led to a sharp reduction in lab activity in that state. Aggressive chemical control schemes of this type are examples of states performing a function honored by Supreme Court decisions over the years, to serve "their role as laboratories for experimentation to devise various solutions where the best solution is far from clear."<sup>56</sup> States may well lead the next wave of innovation in the area of chemical control, implementing approaches that could serve as models for other states and even for the Federal Government.

The federal legal/regulatory system remains dynamic. As DEA continues to tighten the system, the list of chemicals subject to control has expanded. In addition to the items listed in the summary above, regulations effective November 16, 2001 made red phosphorous, white phosphorous, and hypophosphorous acid List I chemicals.<sup>57</sup> In consultation with the Department of Justice, DEA promulgated new "chemical mixture" regulations to clarify which characteristics and concentrations of dietary and nutritional supplements—many of which contain ephedrine and pseudoephedrine—will fall under the chemical regulatory scheme.<sup>58</sup>

However, the regulatory system is meaningful only insofar as it is enforced. DEA has increased its scrutiny of businesses' applications for registration to distribute, manufacture, import, or export List I chemicals. Pre-registration screening is more rigorous than ever. For example, between 2003 and early June 2004, 43 firms surrendered their registrations, three registrations were revoked, 19 were denied, and 358 applications were withdrawn. DEA has also intensified its administrative litigation against registrants and applicants. From January 2003 through June 2004, DEA issued 38 "orders to show cause" why registrations for List I chemicals should not be revoked or why pending applications should not be denied. Of those 38 orders, three involved immediate suspension based on a threat to public health and safety. The number of chemical investigations initiated by DEA since FY 1999 has climbed from 133 cases in FY 1999 to 528 cases in FY 2003.

DEA has increased scrutiny of methamphetamine-related chemical imports in particular. The tables below show the amounts of raw material and the number of tablets of bulk pseudoephedrine and ephedrine that were imported into the United States during calendar year 2003 and January-March 2004, and how much of it has been withdrawn. The low number of shipments withdrawn is significant and may be attributed to several factors: (1) closer scrutiny of potential imports;

(2) decline in the affected chemical registrant population due to criminal and civil actions against rogue companies; and/or (3) successful use of the “order to show cause” process as a control mechanism. DEA’s ability to vigorously investigate potential shipments for possible downstream diversion prior to import into the U.S. has forced importers either to comply with federal regulations or reduce the amounts of their imports. Often, importers will withdraw their request for an import when concerns about downstream diversion are expressed by DEA, opting to avoid a possible DEA administrative proceeding to suspend a suspicious shipment.

Raw & Tablet Pseudoephedrine Imports				Raw & Tablet Ephedrine Imports		
Year	Total Permitted (kilograms)	Total Stopped (kilograms)	Percent Withdrawn	Total Permitted (kilograms)	Total Stopped (kilograms)	Percent Withdrawn
2003	707,528.3	900	<1%	208,815.6	4,297	<1%
2004 (March)	265,033.8	4,000	<1%	79,492.27	500	<1%

*Figure 22: Raw and tablet Pseudoephedrine and Ephedrine Imports,  
Calendar Year 2003 – March 2004<sup>59</sup>*

An important component of chemical control is law enforcement’s partnership with the retail and pharmaceutical industries.<sup>60</sup> DEA officials in the Office of Diversion Control met in September 2002 with representatives of distributors and wholesalers of listed chemical products and in February 2003 with representatives of retailers. A national chemical industry conference was held in Boston in 2004. Outside of these meetings, some companies have taken significant steps on their own. Some retail chains have voluntarily decided to limit the sales volumes of pseudoephedrine pills at levels below those required by state and federal law. Additionally, some pharmaceutical companies are attempting to develop new technologies that would hinder methamphetamine traffickers’ ability to use the pseudoephedrine in licit pharmaceutical products for illicit purposes.<sup>61</sup>

### c. The International Challenge

The smuggling of pseudoephedrine products into the United States from Canada and other nations poses a major regulatory, law enforcement, and diplomatic challenge. Since most raw (or bulk) pseudoephedrine is not produced in the Americas (with the exception of two U.S. firms that convert imported ephedrine into pseudoephedrine), Canadian firms, like most U.S. firms, import these chemicals in bulk quantities, process them into dosage forms, and distribute the drug products in domestic and international commerce. Until recently, Canada had no comprehensive chemical control law or system. That shortcoming has undoubtedly facilitated excessive imports of bulk chemicals by Canadian firms from overseas, as well as the diversion and smuggling of pseudoephedrine pills from Canada to the United States.

U.S. law enforcement agencies seized 236 million pseudoephedrine tablets of Canadian origin in 2002 and 206 million Canadian tablets in 2001. Law enforcement authorities have also discovered 1,000- and 23,000-count bottles and 80,000-count buckets of Canadian pseudoephedrine tablets in large West Coast methamphetamine labs operated by Mexico-based criminal groups. Additionally, recent seizures have yielded unprocessed pseudoephedrine powder, as well as ephedrine tablets,

which are used interchangeably with pseudoephedrine tablets in the clandestine production of methamphetamine.

In 2003, Canada took steps toward a more effective chemical control system. The Precursor Control Regulations, effective in January 2003, impose registration, licensing, and import/export permit requirements, all administered by the Canadian Health Ministry, commonly known as "Health Canada."<sup>62</sup> Law enforcement authorities have noted a sharp decrease in seizures of some precursors from Canada, particularly pseudoephedrine, since a series of arrests were made as part of Operation Mountain Express (discussed in detail in the Law Enforcement section, below). The new Canadian Precursor Control Regulations may have also contributed to this positive trend.

Concurrently, perhaps due to the increased law enforcement focus on pseudoephedrine, increases have been observed in the amount of ephedrine imported into Canada and in ephedrine seizures along the U.S.-Canada border. This suggests that bulk pseudoephedrine movements from Canada supporting methamphetamine production may have been partially replaced by bulk ephedrine shipments. For example, law enforcement personnel intercepted a 600-pound load of bulk ephedrine near Detroit in May 2003. Authorities in Canada and the United States will continue to monitor the results of the latest Canadian regulations.

Nonetheless, traffickers may be shifting their chemical diversion efforts and manufacturing operations south to Mexico. In March and April 2003, authorities made four large seizures totaling 22 million pseudoephedrine tablets from Asia destined for Mexico, and dozens of similar, prior shipments were identified. Mexican press reports of clandestine lab discoveries signal an apparent increase in methamphetamine production, especially in the Mexicali/Tijuana area.

Since May 1996, the U.S. and Mexico have worked formally through a Bilateral Chemical Control Working Group, which meets as needed to exchange information on regulatory systems and shipment data, to discuss possible joint initiatives, and to share case information. The current Mexican government has shown revitalized interest in cooperation against the diversion of chemicals as well as pharmaceutical drugs. DEA is now working to help Mexican law enforcement officials to identify and seize clandestine methamphetamine labs, and to investigate and prosecute the associated chemical and drug traffickers.

On the multilateral front, DEA has encouraged international consensus for voluntary, informal, flexible, and rapid systems of international information exchange on precursor chemical shipments. For example, under the Multilateral Chemical Reporting Initiative (MCRI), countries report chemical transactions on a single form, using the International Narcotics Control Board (INCB), a UN-based body, as a clearinghouse. In an effort targeting synthetic drugs in particular, Project PRISM was initiated in 2002 in a meeting sponsored by the INCB and hosted by the United States and EU. This operation involves some 38 countries that are major manufacturers, exporters, importers, or transit countries of chemicals diverted to synthesize amphetamine-type stimulants, such as MDMA/Ecstasy and methamphetamine. The initiative assists governments in developing and implementing operating procedures to more effectively supervise trade in the precursors of amphetamine-type stimulants in order to prevent diversion.

DEA also conducts one- and two-week training seminars on Clandestine Laboratory and Precursor Chemical Diversion Investigations and is coordinating an eleven-country initiative with countries in the Far East to prevent the diversion of MDMA precursor chemicals. In addition, DEA is working directly with host nations through their attaches in key Far East locations, including China, Hong Kong, and Thailand.

The placement of international organizations, particularly the INCB, in lead roles in multilateral chemical cooperation encourages participation by countries that might be reluctant to participate in an operation led by any single country or group of countries. The annual meeting of the UN Commission on Narcotic Drugs is the best, and most visible, vehicle for encouraging the INCB to take a lead role, to shape how it performs that role, and to promote participation by the most relevant countries. Other multilateral organizations, such as the Organization of American States' Inter-American Drug Abuse Control Commission (OAS-CICAD), are also proving instrumental in building regional and international coordination, cooperation, and adoption of harmonized control procedures.

The current international chemical control system is not without shortcomings. It has evolved on an ad hoc basis, drug by drug, chemical by chemical, operation by operation.<sup>63</sup> It is voluntary; some countries do not participate, and traffickers are avoiding controls by shipping to those countries. Also, some countries are more diligent than others in investigating shipments after receiving pre-export notifications. In general, the system, which is flexible and informal by design, would now benefit from becoming more universal, formal, and institutionalized.

In addition, countries apply the 1988 UN Convention provisions variably. For example, some chemical importing countries have not asked the UN for pre-export notification pursuant to Article 12(10) of the Convention. Some critical exporting countries do not impose legal controls on precursor chemicals that are contained in pharmaceutical preparations—a lapse which has permitted the un-notified exportation and diversion of millions of pseudoephedrine pills.<sup>64</sup>

Another obstacle to effective national and international chemical control is that many countries place responsibility for chemical control with health or commerce ministries. The natural tendency of these ministries is to consider chemical control a health or commercial issue, and not a law enforcement issue. Law enforcement agencies are more oriented to exchange information about chemical shipments and to act on suspicious information. (In the United States, DEA has responsibility for both chemical regulation and enforcement).

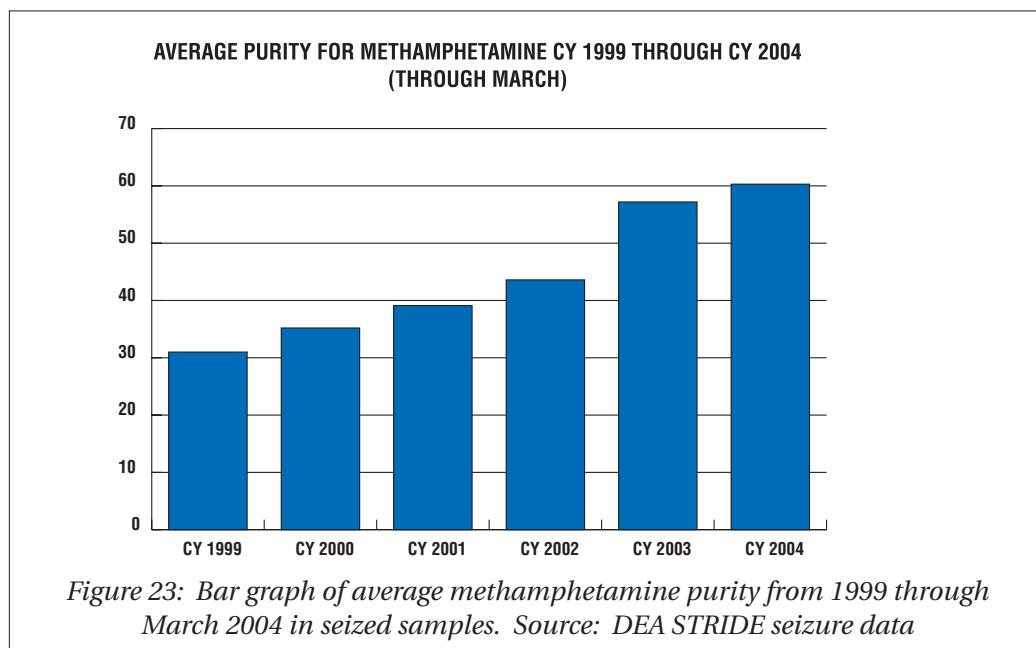
The United States has been successful at convincing our international partners of the importance of chemical control, stressing the fact that effective domestic control and international cooperation require a viable enforcement component. We have seen other countries build cooperation between their law enforcement agencies and their health and commerce ministries. Diplomatic agreements have also facilitated cooperation between sometimes bureaucratic and turf-conscious ministries. For example, the 1997 chemical control agreement between the United States and the EU has been instrumental in facilitating our cooperation with individual EU member law enforcement agencies, despite the fact that responsibility for chemical control may rest with health or commerce ministries.

#### **d. Chemical Control Results**

Chemical control has been an area of largely unheralded law enforcement success. Taking together the international, federal, and state measures, combined with voluntary efforts by private industry, chemical control remains a promising, proactive approach to disrupting synthetic drug production and trafficking.

One way to track success, in chemical control as in other efforts, is to monitor the availability, price, and purity of synthetic drugs. Although data vary over time and by region, methamphetamine prices have generally held steady within a range since 1998. In 2003, methamphetamine sold for \$3,000 to \$12,000 per pound and \$270 to \$1,500 per ounce. The market trend is decidedly towards the “ice” or

crystal form of methamphetamine; prices for ice have also been steady since about 2001, a little higher than the non-ice form. Methamphetamine purity trends paint a more sobering picture, for purity has risen steadily since about 1999, as shown in the figure below. However, the data in this chart, showing average purity of drug samples at 60% for the beginning of 2004, should be kept in perspective: purity levels are still well below the 1994 average of 72%.



On a more encouraging note, chemical prices on the illegal “gray market” have risen in a way that continues to indicate scarcity. A trafficker might pay as much as \$4,800 for a case of 144 bottles of pseudoephedrine that has a legitimate market of \$1,000. Red phosphorous, used to make hydriodic acid in the “ephedrine reduction” method of methamphetamine production, sells for approximately \$500 per pound (approximately 450 grams) on the street, compared to its licit market price of approximately \$34 for 500 grams in legitimate commerce. Red phosphorous also sells for about \$1 per gram at Internet auction sites.

Overall, the price and purity data suggest that aggressive new approaches may be needed on the regulatory front if the nation is to make additional headway against the problem of methamphetamine production.

#### e. Control of OxyContin and Other Diverted Pharmaceutical Products

Controlling the diversion of pharmaceutical products containing controlled substances, including OxyContin, is a shared federal-state responsibility. Federal laws focus on the import, export, manufacturing, and distribution levels. For example, there are federal requirements for tracking transactions from distributors to the retail pharmacy or hospital level and for reporting events that compromise the “closed system” of controlled substance distribution (such as thefts or significant losses). State laws focus on the dispensing level, mostly in pharmacies.

Control of prescriptions and dispensing is primarily a state responsibility. Prescription monitoring programs can enable states to exercise greater control in this area by facilitating the collection, analysis, and reporting of information on the prescribing, dispensing, and use of pharmaceuticals. This

data can be used to alert licensing, regulatory, or law enforcement officials to cases of inappropriate prescribing or dispensing of controlled substances.

The effectiveness of these prescription monitoring programs has already been demonstrated, as explained in the 2004 National Drug Control Strategy. One year after Nevada established its prescription monitoring program in 1997, for example, the number of narcotic drug doses dispensed to suspected abusers was cut by 46 percent. The Strategy also points out that in 2002 the five states with the lowest number of OxyContin prescriptions per capita all had prescription monitoring programs, while the five states with the highest number did not.

Twenty states currently have some form of prescription monitoring program in place, and several others have programs under development. All remaining states should be urged to develop prescription monitoring programs of their own. The National Alliance for Model State Drug Laws (NAMSDL) has created several model programs and can provide support for the evaluation and initiation of drug monitoring programs.

## **2. Recommendations**

### **Support Stronger State Controls on Precursor Chemicals: - (DOJ, ONDCP, DEA)**

States that face significant levels of clandestine lab activity and chemical diversion are urged to consider the imposition of more stringent controls than those currently in place at the federal level. Several states, notably Oklahoma, have recently enacted strict retail-level controls. (See Appendix F.) Additional state-level controls could include, for example: allowing only licensed pharmacists and pharmacy technicians to sell products containing precursor chemicals; placing such products behind the sales counter and/or in a locked display case; purchase limits imposed on a transaction and/or monthly basis (with an appropriate tracking mechanism); and requirements of customer identification sales record keeping.

### **Remove the Blister Pack Exemption: - (DEA, DOJ)**

Support legislation that removes the blister pack exemption and eliminates distinctions based on the form of packaging, as recommended in DEA's November 2001 report to Congress.<sup>65</sup>

### **Regulate Chemical Spot Market: - (DEA, DOJ)**

As an extension of existing authority over imports,<sup>66</sup> law enforcement should seek the legislative authority to regulate sales of bulk chemicals on the domestic spot market by notification and approval of any deviations in quantity or customer from the import declaration.<sup>67</sup>

### **Determine Licit Chemical Needs: - (DEA, DOJ, ONDCP)**

In cooperation with industry, commission a statistical analysis to estimate the legitimate needs for pseudoephedrine and ephedrine products—including combination products such as ephedrine with guaifenesin—both nationwide and regionally.

### **Enable Import Controls on Bulk Ephedrine and Pseudoephedrine: - (DEA, DOJ, ONDCP)**

Seek legislation that would treat the post-importation handling of bulk ephedrine and bulk pseudoephedrine in a similar manner, for regulatory purposes, as federal laws now treat the post-importation processing of Schedule I and II controlled substances. Impose such controls on these critical precursors as are needed to limit imports to those necessary for legitimate commercial needs and for maintenance of effective control over chemical diversion.<sup>68</sup>

**Limit Online Chemical Sales:** - (DEA, DOJ)

Continue ongoing efforts to advise the owners and operators of major on-line auction websites of the use of precursor chemicals in clandestine labs, and urge them to consider banning the sale of precursor chemicals over their web sites.

**Strengthen Cooperation with Mexico:** - (DEA, DOJ, State, ONDCP)

Solidify significant recent advancements by Mexico to increase the effectiveness of bilateral chemical control with the United States through continued partnership and meetings with the pertinent Mexican components, including their drug intelligence center (CENAPI), the Federal Investigative Agency (AFI), the chemical regulatory entity in the Ministry of Health (COFEPRIS) and the Health Commission.

**Enhance Coordination and Information Exchange with Canada:** - (DHS, ICE, CPB, DEA)

Enhance ongoing coordination with Canada Customs and Revenue Agency on border detection, targeting, and interdiction efforts, and ensure appropriate focus by Canada-U.S. joint Integrated Border Enforcement Teams on the precursor chemical and synthetic drug threats. Further expand the ongoing exchange of information concerning Canadian businesses involved in the importation, production, and distribution of pseudoephedrine—particularly those firms whose products have frequently been diverted or smuggled into the United States.

**Strengthen the Multilateral Chemical Control System:** - (DEA, DOJ, State, ONDCP)

Garner international support for making existing multilateral chemical controls more universal, formal, and well-supported by international institutions, including UN bodies such as the International Narcotics Control Board and regional bodies such as the Organization of American States' Inter-American Drug Abuse Control Commission (CICAD). Work to realize the full potential of Project PRISM, and build support for the application of the 1988 UN Convention to pharmaceutical preparations containing precursor chemicals that can be easily recovered for use in illicit drug production.

**Exchange Information with Chemical Producing Countries:** - (DEA, DHS, State, USTR)

Continue ongoing information-sharing efforts with the countries that produce precursor chemicals used to make amphetamine-type stimulants, particularly China, India, Germany, and the Czech Republic.

**Educate Store Employees:** - (DEA, DOJ)

Building on efforts begun in a number of states, work to develop a model training program for pharmacists, retail management, and store employees concerning suspicious pseudoephedrine purchases, as well as suspicious sales of chemicals and items used in the manufacture of methamphetamine.<sup>69</sup>

**Encourage Voluntary Controls by Retail Pharmacies and Stores:** - (DEA, DOJ, ONDCP)

Seek the voluntary participation of major retail chains in programs to control pseudoephedrine product sales through restrictions on the quantity that can be purchased at a single time. Also support the voluntary movement of pseudoephedrine products from stores' open shelves to behind pharmacy counters or other manned counters in retail settings where pharmacies are not on site.<sup>70</sup>

**Work with Manufacturers to Reformulate Abused Pharmaceutical Products:** - (DEA, FDA)

Continue to support the efforts of firms that manufacture frequently diverted pharmaceutical drugs to reformulate their products so as to reduce diversion and abuse. Encourage manufacturers to

explore methods to render products containing key precursors such as pseudoephedrine ineffective in the clandestine production of methamphetamine and pain control products such as OxyContin less suitable for snorting or injection.

**Support State Prescription Monitoring Programs:** - (DEA, ONDCP)

Support states' creation of prescription monitoring programs designed to detect inappropriate prescribing patterns and prescription fraud. Law enforcement and regulatory entities should have access to information in case of apparent diversion or inappropriate prescribing of controlled substances, and some provision for state-to-state communication of adverse information should be examined. Supporting legislation should be explored.

## **D. Law Enforcement**

### **1. Current Efforts**

Following the release of the National Methamphetamine Strategy in April 1996, federal law enforcement agencies have launched several initiatives to combat the methamphetamine problem as well as threats posed by other synthetic drugs and diverted pharmaceuticals. Some obstacles continue to hamper fully effective enforcement: lack of properly trained personnel to conduct chemical and lab investigations and seizures; limitations in funding to support such police work and for cleanup of lab sites; and reluctance of some federal and state prosecutors to handle chemical and small lab cases. Steps have been taken, however, to rectify all of these challenges.

DEA has intensified its institutional focus on methamphetamine and other synthetic drugs of abuse, establishing methamphetamine in particular as one of its five priority areas. A new Dangerous Drugs and Chemicals Section has been formed at DEA Headquarters, and more methamphetamine-targeted teams of agents and diversion investigators now work in field offices.<sup>71</sup> Through the Priority Target System, DEA provides funding and operational assistance to chemical and club drug investigations that are designated priority targets within their respective field divisions.

Of particular relevance to investigations of club and predatory drugs, DEA has recently established two new units to support Internet-based investigations. Overall, DEA has implemented a multi-faceted initiative to counter the threat posed by club and predatory drugs through raising public awareness and strengthening law enforcement. This initiative, "Operation X-Out," was started in November 2002, and is ongoing. It is expected to increase the number of club and predatory drug investigations nationwide and raise public awareness of the MDMA problem.

### **a. Methamphetamine: Planning and Coordination**

The National Methamphetamine Chemicals Initiative (NMCI), along with its component regional groups including the California Precursor Committee, the Tri-State Precursor Committee (Arizona, New Mexico, and Nevada), and the Mountain States Precursor Committee (Colorado, Montana, Utah, and Wyoming), is an active coordinating and training mechanism. NMCI brings together federal, state, and local law enforcement officers, chemists, and intelligence analysts, as well as criminal and civil prosecutors to discuss legal and regulatory issues, trends, and successful strategies that target rogue firms and violators that funnel chemicals to clandestine laboratories.<sup>72</sup>

Over the past four years, the NMCI has established working groups to address important issues, including Canadian pseudoephedrine, the domestic iodine diversion problem, iodine smuggling

from Mexico, the need to regulate red phosphorous and related chemicals (which has been accomplished), and voluntary initiatives with industry to reduce diversion from stores. As a result of the recent arrests of a number of people associated with a treatment, storage, and disposal facility in Arizona, the NMCI created a task force composed of federal, state, and local officials in multiple states to address the potential diversion of hazardous chemicals from hazardous waste contractors.<sup>73</sup> The NMCI has also supported the creation and dissemination of a training video for law enforcement and utility personnel that explains the hazards associated with clandestine drug labs.

HIDTA partnerships are also responsive to methamphetamine trafficking concerns. In particular, the Midwest HIDTA focuses on the investigation and reduction of methamphetamine production and distribution in an area covering six states (Iowa, Kansas, Missouri, Nebraska, North Dakota, and South Dakota). HIDTA funds also support NMCI activities.

Local agencies handle the majority of synthetic laboratory investigations, and some states are performing their own cleanups. In the appropriations for the Department of Justice in both 2002 and 2003, DEA was allocated \$20 million to help state and local law enforcement clean up clandestine labs.<sup>74</sup> DEA is implementing contracts nationwide to provide cleanup services for DEA as well as state and local law enforcement agencies. DEA and the Environmental Protection Agency (EPA) are also working together to redraft guidelines for cleaning up clandestine drug laboratories.

### **b. MDMA: Planning and Coordination**

The Department of Homeland Security's Bureau of Immigration and Customs Enforcement established the National Ecstasy Task Force to serve as a command-and-control center for coordinating MDMA interdiction and investigation efforts, and also to collect actionable intelligence on developing patterns and trends for dissemination to the field. Increased border interdiction efforts have resulted in the identification and investigation of large-scale MDMA smuggling organizations in the United States as well as in Europe. Conducted jointly by DEA, foreign law enforcement entities, and state and local agencies, these investigations have resulted in significant seizures of MDMA and other synthetic drugs and currency, both at and away from border areas, and have led to the arrest of organization members at all levels.

In addition, the 28 HIDTA regional partnerships between federal, state, and local law enforcement officials are evaluating the MDMA threat in their respective regions. In cases where the MDMA threat is judged to be significant, appropriate shifts in enforcement strategies are being made.

On the international level, bilateral meetings in March 2003 between the United States and the Netherlands yielded an action plan for enhancing law enforcement and judicial cooperation on drugs, crime, and terrorism. The two countries are now working actively and cooperatively to implement these plans. Results have included the exchange of information on U.S. and Dutch judicial systems; collaboration with U.S. law enforcement agencies on more investigations; exchange of information on MDMA seizures; Dutch development of a risk indicator and profiles for targeting traffickers; creation of a bilateral discussion group on demand reduction; and cooperation internationally in the framework of the INCB Project Prism.

### **c. Training**

Training efforts have gone forward on several fronts. The NMCI has conducted training on the topics of chemicals investigation and prosecution for hundreds of federal criminal and civil prosecu-

tors, intelligence analysts, and federal, state, and local officials. The Department of Justice's Bureau of Justice Assistance has also funded methamphetamine-related training programs for state and local officials. DEA has intensified its domestic training efforts by offering Clandestine Laboratory Safety Schools and OSHA-certified training to federal, state, and local law enforcement officers. Since 1998, DEA has provided OSHA-certified lab training to over 4,174 police officers throughout the nation, along with approximately \$2,500 in equipment for each trainee. As part of the basic drug training course, all new DEA and FBI agents receive training concerning MDMA and other "club" and "predatory" drugs like GHB. MDMA is also covered in the training that DEA offers each year to approximately 300 state and local investigators at the Drug Unit Commander's Academy and to about 150 law enforcement executives at the FBI National Academy. In addition, DEA's Chemical Control Section has trained hundreds of foreign officials in more than two dozen countries on the diversion and smuggling of all chemicals used in illicit drug production.<sup>75</sup>

#### **d. Seizures, Investigations, and Prosecutions**

The ready availability of pseudoephedrine from Canada largely mitigated any temporary scarcities and higher "gray market" prices for pseudoephedrine and illicitly produced methamphetamine. DEA-led enforcement initiatives against "rogue" chemical firms, particularly "Operation Mountain Express" in the summer of 2000, have been extremely effective at countering this illicit chemical flow. A follow-on "Operation Mountain Express" targeted traffickers who illegally smuggled pseudoephedrine from Canada, and culminated in January 2002 with the arrests of over 130 defendants and the seizure of 35.8 tons of pseudoephedrine.

In April 2003, another joint investigation—"Operation Northern Star"—resulted in the arrests of, among others, six executives of three Canadian chemical companies that manufactured bulk pseudoephedrine in Montreal. The drugs were stockpiled in Ottawa, then smuggled across the border to methamphetamine manufacturers in the United States. The Royal Canadian Mounted Police and DEA were the lead agencies in this investigation, which ultimately produced arrests in 10 cities and charges against the three Canadian chemical companies involved.<sup>76</sup>

The progress of CBP and ICE border seizure initiatives also continues. Authorities at the U.S.-Mexico border seized two tons of iodine in both 2001 and 2002. Similar seizure rates were reported in 2003 as well.

Moreover, the Department of Justice has enhanced prosecution efforts for all synthetic drugs, particularly methamphetamine and club drugs. The number of Organized Crime Drug Enforcement Task Force (OCDETF) cases focusing on methamphetamine has increased in recent years, both in absolute numbers and as a percentage of all OCDETF cases. Law enforcement agencies are devoting more resources to club drug investigations as well. One prominent investigation, "Operation Webslinger," was a multi-agency effort targeting the illegal Internet trafficking of GHB and its analogues, GBL and 1,4-butanediol. Culminating on September 19, 2002, the operation led to the arrest of more than 130 defendants in over 100 cities and the seizure of more than 25 million dosage units. DEA agents more than tripled their work hours on club drug cases between 1999 and 2001 (to over 250,000) and also made more than three times as many arrests for club drug offenses in 2001 (1,929 arrests) as in 1999 (577 arrests).

The number of defendants sentenced on federal MDMA trafficking charges has also climbed from 117 defendants in 1999 to 372 defendants in 2001, which is the last year for which data are available.<sup>77</sup> However, there have been a number of notable federal MDMA cases since the beginning

of 2001. In August 2001, 55 people were arrested, including the leader of a poly-drug ring, in connection with the distribution of “green clover” MDMA tablets in Colorado; one of the tablets caused the widely publicized death of a 16-year-old girl. An MDMA and methamphetamine lab in California capable of producing millions of tablets was seized in October of 2001, and 20 people associated with the organization were arrested. Several large-scale MDMA traffickers from Israel, including the leader of the world’s largest MDMA smuggling ring, were arrested in 2002. In addition, an MDMA smuggling ring operated by Dominican nationals in New York and the Netherlands was disrupted in November 2002 through the arrest of 20 traffickers within the organization.<sup>78</sup> Most recently, Operation Candy Box, a joint U.S.-Canada effort, netted arrests in March 2004 of more than 130 people associated with a large organization that manufactured and trafficked MDMA and marijuana.

Federal authorities have also had success pursuing rave venues and promoters under the federal “crack house” statute<sup>79</sup> for conduct that facilitates the trafficking of club drugs. In 2000 a DEA investigation and raid of the State Palace Theater in New Orleans contributed to a 90 percent drop in MDMA overdoses in that city. Investigations in the Boise, Idaho, area into the sale of MDMA, ketamine, and other drugs led to convictions of 30 people on trafficking charges, including a rave promoter who pleaded guilty to crack house charges. A New York state rave promoter was also charged under the crack house statute in November 2002.

Finally, local law enforcement personnel have discovered that conducting reverse buys of precursor chemicals from suspects has limited the amount of pseudoephedrine on the streets. In these cases, undercover officers use confiscated pseudoephedrine and attempt to engage precursor traffickers and methamphetamine producers in buying the product for illicit purposes. Arrests and leads allow law enforcement to continue to build upon these investigations by locating synthetic labs. Southern California law enforcement agencies credit this tactic with bringing about the recent reduction in the number of local synthetic drug labs.

## **2. Recommendations**

### **Target Pseudoephedrine and Iodine Smuggling to and from Mexico: - (DEA, ICE, CBP)**

Focus resources on stopping the recently noted flow of suspicious shipments of precursor chemicals, notably pseudoephedrine, from Asia to Mexico, apparently destined for clandestine methamphetamine labs in the U.S. and Mexico. Also focus on the smuggling of iodine from Mexico. In all such cases, law enforcement should identify and aggressively pursue the persons and firms responsible .

### **Focus on Canadian Synthetics and Chemical Smugglers: - (DEA, ICE, DOJ)**

Expand joint U.S.-Canadian investigations into the smuggling of chemicals, methamphetamine, MDMA, and other club drugs and diverted pharmaceuticals. Assign high priority to investigations of large seizures of pseudoephedrine and ephedrine from Canada, and develop prosecutable cases against rogue Canadian companies and their principals.

### **Investigate Ties between Canadian and Mexican Criminals: - (DOJ, DEA, ICE, NDIC)**

Analyze law enforcement reporting and intelligence with respect to Canadian pseudoephedrine and ties between Canadian sellers and Mexican lab operators in California. Analysis of the flow of funds generated from sales of pseudoephedrine in Canada and the United States should be coordinated by the appropriate agencies within the concerned Departments.

**Investigate Asian and European Sources of Synthetic Drugs: - (DEA, ICE, State)**

Work with international law enforcement partners and regional groups to investigate Asian criminal groups in North America and in Asia that increasingly may be engaged in producing and trafficking synthetic drugs and their precursor chemicals. Enhance bilateral efforts with the Netherlands and other MDMA-producing countries in Europe to build investigations, share information, and extradite criminals where appropriate.

**Enhance Methamphetamine Profiling Efforts: - (DEA, DOJ, ONDCP)**

Increase the number of samples available for analysis in DEA's methamphetamine profiling program by incorporating samples of the drug seized by state and local law enforcement at super labs, or from shipments strongly suspected of originating from such large-scale operations. Also leverage information on chemicals, adulterants, cutting agents, and equipment found at the sites.

**Review Lab Cleanup Resources: - (DEA, DOJ, EPA)**

Ensure adequate funding sources for clandestine laboratory and dumpsite cleanups, including funding for sufficient personnel to support laboratory cleanups and hazardous waste disposal, so that cleanup costs are not a disincentive to laboratory investigations or takedowns. Federal officials, in collaboration with state agencies, should conduct a needs assessment to identify potential program improvements and make recommendations on the specific support needed and the funds required.

**Apply Updated Clandestine Lab Cleanup Guidelines: - (DEA, EPA)**

Disseminate and apply the latest guidelines for the cleanup of clandestine methamphetamine labs and, where necessary, coordinate environmental remediation by appropriate entities. These protocols for adulteration and destruction of precursor and essential chemicals, glassware, and methamphetamine waste should be part of clandestine laboratory certification training.

**Increase Prosecutor and LEA Training: - (DOJ, DEA, CBP)**

Recognizing the unique issues presented by chemical and methamphetamine cases, the Federal Government should, as resources permit, offer training for criminal and civil prosecutors and federal, state, and local law enforcement agents more frequently and in different regions of the country.

**Make Full Use of Charging and Sentencing Options: - (DOJ, DEA)**

Prosecutors should make full use of federal Sentencing Guidelines provisions which set a sentencing floor (of 70-87 months) for any case involving methamphetamine manufacture that creates a substantial risk of harm to human life.<sup>80</sup> Federal prosecutors should also make greater use of the environmental enhancement for clandestine drug manufacturing involving “unlawful discharge, emission, or release into the environment of a hazardous or toxic substance or for the unlawful transportation, treatment, storage, or disposal of a hazardous waste”<sup>81</sup>.

**Increase Access to Civil Penalty Case Experts: - (DOJ)**

The Department of Justice should develop and disseminate a list of attorneys who have experience in civil penalty cases under the Controlled Substances Act and are available to assist U.S. Attorney's Offices in districts where such cases have never or rarely been referred or pursued.

**Prevent Exploitation of Mail Services:** - (DEA, CBP, ICE, State, NDIC, FDA)

Work with the U.S. Postal Service and private express mail delivery services to target illegal mail-order sales of chemical precursors, synthetic drugs, and pharmaceuticals, both domestically and internationally.

**Improve Intelligence Efforts Related to Synthetic Drugs:** - (NDIC, DEA, CIA, CBP, ICE, State)

Intensify intelligence components' focus on gathering and sharing information regarding the nature and scope of synthetic drugs trafficking. Make full use of NDIC's real-time analytical database for both pre- and post-operation link analysis and document exploitation. Strengthen mechanisms for sharing actionable intelligence, trend analysis, and information on criminal organizations among the United States and concerned Western European countries.

**Target Raves Where Drug Use is Facilitated:** - (DEA, DOJ)

Focus attention on the promoters and operators of rave events that facilitate the trafficking and abuse of MDMA and other club drugs, making innovative and effective use of the federal "crack house" statute, including amendments in the Rave Act.

**Consider New Legislation on Club Drugs:** - (DOJ, DEA)

Federal officials should continue efforts to develop additional legislation to address legal issues that often arise with respect to club drugs and rave-type events. For example, the distribution of imitation controlled substances could be explicitly criminalized at the federal level, and the provisions governing controlled substance analogues and counterfeits could be clarified.<sup>82</sup>

**Strengthen Controls on Internet Sales:** - (DOJ, DEA)

Support legislation that regulates the burgeoning business of Internet sales of drugs, particularly controlled substances, by prohibiting the dispensing of controlled substances online without a valid prescription. The new law would define a valid prescription as one issued for a legitimate medical purpose in the usual course of professional practice, and would require at least one in-person medical evaluation by the prescribing doctor.

**Increase Internet Investigations:** - (DEA, DOJ, NDIC, ICE, FDA, State)

Expand investigations and prosecutions of Internet-based synthetic and illegal pharmaceutical drug diversion and sales, to include the establishment of task forces and coordination mechanisms dedicated to this purpose. Agencies should work with Internet Service Providers to assist them in limiting children's access to illegal drug sites.

**Target OxyContin and Vicodin Diversion:** - (DEA, DOJ)

Support efforts to target individuals and organizations involved in the diversion, illegal sale, pharmacy theft, fraud, and abuse of OxyContin and other drug products containing oxycodone or hydrocodone, such as Vicodin and Lorcet.

**Seek Updated Sentencing Guidelines for Club Drugs:** - (DEA, DOJ)

Work with the U.S. Sentencing Commission to review data on the impact and effectiveness of current sentences for trafficking in ketamine, GHB and its precursors and analogues, and other club drugs, and, if advisable, propose enhanced guidelines sentences.

**Share Law Enforcement Best Practices: - (DEA, DOJ)**

Based on the successes achieved by local law enforcement in Southern California using reverse-buy investigations and by communities in the Midwest that have set more strenuous penalties and regulations regarding synthetic drugs, establish a mechanism for sharing best practices among federal, state, and local law enforcement as well as with international partners who are confronting synthetic drug threats.