

Lexington Herald-Leader

Meth labs back on the rise in Kentucky Toddler's death brought attention to increase

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By Bill Estep, Herald-Leader

The number of illegal methamphetamine labs destroyed in Kentucky has increased in the last 18 months as meth "cookers" have found ways around efforts to limit production of the dangerous, highly addictive drug.

A 2005 change in state law to restrict access to a key ingredient needed to produce meth drove down the number of makeshift labs police found, but only for a while.

The May 30 death of a 22-month-old Wayne County boy who drank drain cleaner his parents allegedly were using to make meth grabbed local and national headlines at a time when the number of labs is going up.



Kayden Branham, 22 months old, died Saturday night after ingesting a drain cleaner used in cooking meth. He was about a year old in this photo.

The number of labs across the state fell from 604 in 2004 to 302 in 2007, but that number rose to 405 in 2008, according to the Kentucky State Police.

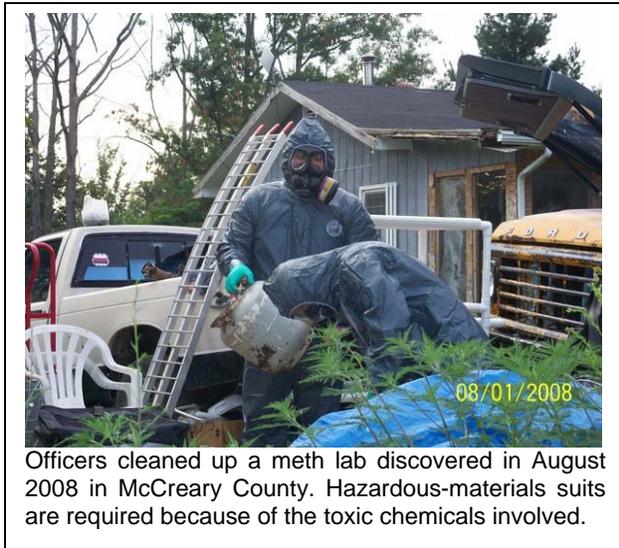
The upward trend continues this year, according to police around the state.

In far western Kentucky, the Pennyrite Narcotics Task Force cleaned up 49 meth labs the first five months of this year compared with 10 in the same period last year. In Eastern Kentucky, Operation UNITE cleaned up 30 meth labs in 2008 but already has worked 23 this year, according to officers with those agencies.

When the number of labs started going down a few years ago, "We thought, 'Great, we've beat back the tide,' " said Capt. Kevin Payne, head of the state police's drug enforcement-special investigations unit for the eastern half of the state. "Now the tide's kind of turned and is coming back in again."

Meth producers have adapted to efforts to restrict access to pseudoephedrine, which is found in over-the-counter cold and allergy medicines and is needed to make meth.

Cookers use a chemical process to extract the drug from tablets such as Sudafed and convert it to meth. The crude labs used in the process can be made with coffee pots, glass jars or other small containers.



Officers cleaned up a meth lab discovered in August 2008 in McCreary County. Hazardous-materials suits are required because of the toxic chemicals involved.

State law has a number of controls on sales of pseudoephedrine, including a limit on how much one person can buy in a day or month.

The state has a real-time electronic system, called MethCheck, to track sales of the drugs. Pharmacists use it to block sales to people who are about to exceed the purchase limits.

To get around the restrictions, meth cookers have started having multiple people buy cold and allergy pills so none of them goes over the limit. They call that smurfing.

They also leave Kentucky to buy products in nearby states without similar controls, police said.

"They're shopping smarter," said state police Sgt. Jere Hopson, who works in the drug enforcement-special investigations unit covering Western Kentucky.

That action-reaction dynamic in the fight against drugs isn't unusual.

After the state developed a system to track purchases of prescription pills, for instance, traffickers and addicts began going out of state in increasing numbers to get prescriptions in places where they wouldn't be monitored as closely.

"It's like anything else — give them two or three years, and they'll find ways around it," said Dan Smoot, law enforcement director for Operation UNITE, which covers 29 counties in southern and Eastern Kentucky.

It's not just Kentucky

Kentucky isn't the only state that's seen an increase in the number of meth labs in the last year or so, said Van Ingram, executive director of the Kentucky Office of Drug Control Policy, who recently attended a national conference that dealt with meth issues.

"Everyone's frustrated," Ingram said.

Part of the national increase might be a reaction to a ban of imports of pseudoephedrine to Mexico, he said.

So-called "superlabs" in Mexico were a key source of meth coming into the United States. The increase in small labs in this country could reflect an effort to make up for a drop in supply from Mexico caused by the pseudoephedrine ban there, Ingram said.

Traffickers still import meth into Kentucky from operations inside the United States, including the West Coast and Southwest, according to a report from the Appalachia High Intensity Drug Trafficking Area task force, which covers more than 60 counties in Kentucky, Tennessee and West Virginia.

But a new, simpler way to produce meth using a container such as a two-liter soda bottle — called the one-step or one-pot method — also has spread in Kentucky within the last year, police said.

More people might be trying to make their own meth because a less complicated method is available, Ingram said.

Most of the labs police find are small, and some have been abandoned or dumped by the time they were discovered.

Many cookers produce only enough meth for a few users, with some left over that the cookers sell so they can buy more chemicals and repeat the process, said Dave Gilbert, director of the Lake Cumberland Area Drug Task Force.

In 2008, 94 percent of the labs found in the Appalachia HIDTA had a manufacturing capacity of two ounces or less, according to a report from the task force.

In that same report, 75 percent of the police agencies surveyed in the three-state region said the availability of meth was high or moderate.

Even with the increase in meth labs, abuse of prescription pills remains a larger problem in many areas of Kentucky. In 2008, for instance, methadone, oxycodone and hydrocodone were the most frequently detected substances in the 485 overdose deaths investigated by the Kentucky Medical Examiner's Office, according to its annual report.

But meth, which can make users aggressive and causes longer-term health effects, has some particular problems.

Unlike most drugs, users can make their own, but the process involves chemicals that expose cookers and children to dangerous fumes. Social workers remove children from homes where police find active meth labs.

The cooking operations can blow up — several have, burning cookers — and the leftover chemicals and containers are hazardous waste, meaning extra cleanup costs.

The increase in labs from 2007 to 2008 would have added hundreds of thousands of dollars to the cost of dealing with meth, said Col. Mike Sapp, commander of the KSP Operations Division.

Meth labs confiscated statewide	
1998	19
1999	69
2000	104
2001	179
2002	377
2003	506
2004	604
2005	589
2006	344
2007	302
2008	405

SOURCE: Kentucky State Police

Who to contact

Some options for reporting a suspected meth lab:

- Kentucky State Police, 1-800-222-5555
- Kentucky Office of Drug Control Policy <http://odcp.ky.gov/>.
- Operation UNITE, 1-866-424-4382

For help finding substance-abuse treatment:

- Kentucky Office of Drug Control Policy <http://odcp.ky.gov/>.
- Operation UNITE, 1-866-908-6483

"It touches more than a pill addiction," Sapp said of meth abuse.

How to respond

The increase in meth labs here and across the country has raised questions about how policy-makers should respond.

One recommendation from a committee convened by the National Alliance for Model State Drug Laws is that every state should have a system to track pseudoephedrine sales, as Kentucky does with MethCheck.

None of the states bordering Kentucky has a comparable system, Ingram said.

Since MethCheck began operating statewide on June 1, 2008, pharmacists have used it to block more than 20,000 attempts to buy more than the limit of pseudoephedrine, Ingram said.

Several states also are considering requiring a prescription to buy products that contain pseudoephedrine, said Danny Silfman of the Oregon Partnership, which promotes drug-abuse prevention and pushed efforts to require such prescriptions there.

Before Oregon began requiring a prescription, police found 473 meth labs in the state in 2003. With the law and other controls in place, that number plummeted to 21 in 2008, many of them older dump sites, according to the Oregon Partnership.

Requiring people to get prescriptions for cold and allergy medicine with pseudoephedrine has caused concerns about the inconvenience it would place on consumers, doctors and others.

Silfman said there hadn't been a lot of complaints in Oregon, however.

The NAMSDL committee said the development of cold and allergy medicines with another ingredient has replaced much of the need for products with pseudoephedrine, so requiring prescriptions wouldn't have a great impact on legitimate consumers and could help save states money, the alliance said.

Gilbert, head of the Lake Cumberland drug task force, said a prescription law would help drive down the number of meth labs in Kentucky.

It would be better to have a national law, however, so people couldn't get around it by crossing the state line, he said.

"Ideally, that's something that Washington needs to look into, not just Kentucky," Gilbert said. "But Kentucky's a start."