



**Florida
Retail Federation**

Florida Sales Training Program

PSEUDOEPHEDRINE PRODUCTS

Required by the Laws of Florida

This training document was prepared by the Florida Retail Federation

The following training is laid out in a Question and Answer format. An original copy can be downloaded from the Florida Retail Federation Web site, www.frf.org. A record of this training **must** be maintained by each retail establishment as required by Florida Law.

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*Retail establishments in Florida now have an obligation to provide training to any employee of the establishment who might, in the course of their duties, sell any product containing **Pseudoephedrine** in a single ingredient form. This training is required by law and will cover issues related to the sale of precursor products, such as **Pseudoephedrine**, and their relationship to the manufacture of a very powerful, addictive drug known as **Methamphetamine**, or **Meth**. This instruction will cover the many dangers associated with the use and manufacture of **Meth** on the individual, society, and government and the steps taken to curb the availability of **Meth** as a drug of choice for many potential users.*

Q: Why do I have to take this training?

A: The State of Florida has recognized, along with many other States, a growing problem among drug users with the increased use of the very powerful drug **Methamphetamine**, or **Meth**, and has changed the drug enforcement laws to reflect harsher penalties for those persons caught manufacturing and selling **Meth**. In addition, this new law requires anyone who may sell the key ingredient for the manufacture of **Meth**, a common cold remedy called **Pseudoephedrine**, to be made aware of the restrictions placed on any cold remedy product that is made solely from this drug.

Q: What are these restrictions?

A: Because pure **Pseudoephedrine** is the drug needed to further refine into **Meth**, any cold or sinus medicine which is pure, single ingredient **Pseudoephedrine** must be stored behind a checkout counter where the public is not permitted or other such location that is not otherwise accessible to the general public.

In addition, the law limits the amount of **Pseudoephedrine** that can be sold to any person in a single over-the-counter sale to no more than **9 base grams** total or **3 packages**, regardless of weight.

Q: Will I be responsible for the enforcement of the sale limit?

A: Yes, you as the check out person are responsible for the enforcement of the limitation on the sale of the cold or sinus medicines sold by you. Remember never to sell more than **3 packages** of cold medicine containing single ingredient **Pseudoephedrine** to any person in a single over-the-counter sale. Also remember, an employee should never put themselves in physical jeopardy if confronted by a violent person attempting to obtain **Pseudoephedrine** by force or threat. Call a manager or remove

yourself from the area of the confrontation. While it is not your responsibility to police **Methamphetamine** manufacturers, be aware that they will use trickery, deception, and outright theft to obtain large quantities of **Pseudoephedrine**. Never hesitate to call law enforcement if you are suspicious of someone attempting several transactions over a short period of time, or other behavior that might suggest illegal activities.

Q: What are the penalties for selling more than 3 packages of Pseudoephedrine?

A: If you are convicted of selling more than 3 packages of single ingredient Pseudoephedrine cold medicine to a person in a single over-the-counter sale you are subject to the following penalties:

1. For a first offense, a misdemeanor of the second degree, punishable by serving 60 days in jail, or \$500 fine, or both.
2. For a second offense, a misdemeanor of the first degree, punishable by serving 1 year in jail, or \$1000 fine, or both.
3. For a third or subsequent offense, a felony of the third degree, punishable by serving 5 years in jail, or \$5000 fine, or both.

Q: Are there any cold and sinus medicines that contain **Pseudoephedrine that have no sale restrictions that apply to them?**

A: Yes, there are many cold and sinus medicines that contain **Pseudoephedrine** in combination as one of the active ingredients in the medicine. But, because the medicine has other ingredients, it is not suitable for the manufacture of **Methamphetamine**.

Q: What is **Methamphetamine?**

A: **Methamphetamine** is a powerfully addictive stimulant that dramatically affects the central nervous system. The drug is made easily in clandestine laboratories with relatively inexpensive over-the-counter ingredients. These factors combine to make **Methamphetamine** a drug with high potential for widespread abuse.

Methamphetamine is a Schedule II stimulant, which means it has a high potential for abuse and is available only through a prescription that cannot be refilled. There are a few accepted medical reasons for its use, such as the treatment of narcolepsy, attention deficit disorder, and - for short-term use - obesity; but these medical uses are limited.

Q: What are the street names for **Methamphetamine?**

A: **Methamphetamine** is commonly known as "speed," "**Meth**," and "chalk." In its smoked form, it is often referred to as "ice," "crystal," "crank," and "glass." It is a white, odorless, bitter-tasting crystalline powder that easily dissolves in water or alcohol. The drug was developed early in this century from its parent drug, amphetamine, and was used originally in nasal decongestants and bronchial inhalers. **Methamphetamine's** chemical structure is similar to that of amphetamine, but it has more pronounced effects on the central nervous system. Like amphetamine, it causes increased activity, decreased appetite, and a general sense of well-being. The effects of **Methamphetamine** can last 6

to 8 hours. After the initial "rush," there is typically a state of high agitation that in some individuals can lead to violent behavior.

Q: How is *Methamphetamine* used?

A: *Methamphetamine* comes in many forms and can be smoked, snorted, orally ingested, or injected. The drug alters moods in different ways, depending on how it is taken.

Immediately after smoking the drug or injecting it intravenously, the user experiences an intense rush or "flash" that lasts only a few minutes and is described as extremely pleasurable. Snorting or oral ingestion produces euphoria - a high but not an intense rush. Snorting produces effects within 3 to 5 minutes, and oral ingestion produces effects within 15 to 20 minutes.

As with similar stimulants, *Methamphetamine* most often is used in a "binge and crash" pattern. Because tolerance for *Methamphetamine* occurs within minutes - meaning that the pleasurable effects disappear even before the drug concentration in the blood falls significantly - users try to maintain the high by binging on the drug.

In the 1980's, "ice," a smokable form of *Methamphetamine*, came into use. Ice is a large, usually clear crystal of high purity that is smoked in a glass pipe like crack cocaine. The smoke is odorless, leaves a residue that can be resmoked, and produces effects that may continue for 12 hours or more.

Q: How is *Methamphetamine* made?

A. The processing required to make *Methamphetamine* from precursor substances is easier and more accessible than ever. There are literally thousands of recipes and information about making *Meth* on the Internet. An investment of a few hundred dollars in over-the-counter medications and chemicals can produce thousands of dollars worth of *Methamphetamine*. The drug can be made in a makeshift "lab" that can fit into a suit case. The average *Meth* "cook" annually teaches ten other people how to make the drug.

Q. Where are these labs found?

A. Clandestine labs known as "mom and pop" labs are found in rural, city and suburban residences; barns, garages and other outbuildings; back rooms of businesses; apartments; hotel and motel rooms; storage facilities; vacant buildings; and vehicles. In Florida the number of clandestine labs seized by law enforcement has risen from 15 in 2000 to 277 in 2004.

Q. What ingredients are used to make *Meth*?

A. Over-the-counter cold and asthma medications containing ephedrine or *Pseudoephedrine*, red phosphorous, hydrochloric acid, drain cleaner, battery acid, lye, lantern fuel, and antifreeze are among the ingredients most commonly used.

Q. What are precursor substances?

A: Precursors are substances that, in nature, might be inactive. However, when combined with another chemical the result is a new product. *Methamphetamine* starts with an inactive or marginally-inactive compound (ephedrine or *Pseudoephedrine*) and other chemicals are added to produce the drug.

Q: Why do people start using *Methamphetamine*?

A: Athletes and students sometimes begin using *Meth* because of the initial heightened physical and mental performance the drug produces. Blue collar and service workers may use the drug to work extra shifts, while young women often begin using *Meth* to lose weight. Others use *Meth* recreationally to stay energized at "rave" parties or other social activities. In addition, *Meth* is less expensive and more accessible than cocaine and users often have the misconception that *Methamphetamine* is not really a drug.

Q: What happens to a person immediately after taking *Methamphetamine*?

A: The drug alters mood in different ways, depending on how it is taken. Immediately after smoking or intravenous injection, the user experiences an intense "rush" or "flash" that lasts only a few minutes and is described as extremely pleasurable. Smoking or injecting produces effects fastest, within five to ten seconds. Snorting or ingesting orally produces euphoria - a high but not an intense rush. Snorting produces effects within three to five minutes, and ingesting orally produces effects within 15 to 20 minutes.

Q: How does *Methamphetamine* effect users overall?

A: In all forms, the drug stimulates the central nervous system, with effects lasting anywhere from four to 24 hours. *Methamphetamine* use can not only modify behavior in an acute state, but after taking it for a long time, the drug literally changes the brain in fundamental and long-lasting ways. It kills by causing heart failure (myocardial infarction), brain damage, and stroke and it induces extreme, acute psychiatric and psychological symptoms that may lead to suicide or murder.

Q: What are the short-term affects of *Methamphetamine* abuse?

A: Central Nervous System Side Effects

Even small amounts of *Methamphetamine* can produce euphoria, increased alertness, paranoia, decreased appetite and increased physical activity. Other central nervous system effects include athetosis (writhing, jerky, or flailing movements), irritability, extreme nervousness, insomnia, confusion, tremors, anxiety, aggression, incessant talking, hyperthermia, and convulsions. Hyperthermia (extreme rise in body temperature as high as 108 degrees) and convulsions sometimes can result in death.

Cardiovascular Side Effects

Use can produce chest pain and hypertension which can result in cardiovascular collapse and death. In addition, *Methamphetamine* causes accelerated heartbeat, elevated blood pressure and can cause irreversible damage to blood vessels in the brain.

Other Physical Effects

Pupil dilation, respiratory disorders, dizziness, tooth grinding, impaired speech, dry or itchy skin, loss of appetite, acne, sores, numbness, and sweating.

Psychological Effects

Symptoms of prolonged **Meth** abuse can resemble those of schizophrenia and are characterized by anger, panic, paranoia, auditory and visual hallucinations, repetitive behavior patterns, and formication (delusions of parasites or insects on the skin). **Methamphetamine**-induced paranoia can result in homicidal or suicidal thoughts.

Q: What are the long range effects of **Methamphetamine abuse?**

A: Fatal kidney and lung disorders, brain damage, liver damage, blood clots, chronic depression, hallucinations, violent and aggressive behavior, malnutrition, disturbed personality development, deficient immune system, and **Methamphetamine** psychosis, a mental disorder that may be paranoid psychosis or may mimic schizophrenia.

Q: What effect does **Methamphetamine use have on pregnancy?**

A: Babies can be born **Methamphetamine** addicted and suffer birth defects, low birth weight, tremors, excessive crying, attention deficit disorder, and behavior disorders. There is also an increased risk of child abuse (including "shaken baby syndrome") and neglect of children born to parents who use **Methamphetamine**.

Q: What problems does **Methamphetamine pose to society?**

A: Automobile accidents; explosions and fires triggered by the illegal manufacture of **Methamphetamine**; environmental contamination; increased criminal activity, including domestic violence; emergency room and other medical costs; spread of infectious disease, including HIV, AIDS and hepatitis; and lost worker productivity. Economic costs also fall on governments, which must allocate additional resources for social services and law enforcement.

Q: How is the production of **Meth more dangerous than other drugs?**

A: **Meth** trafficking and production are different than other drugs because they are dangerous from start to finish. The reckless practices of the untrained people who manufacture it in clandestine labs result in explosions and fires that injure or kill not only the people and families involved, but also law enforcement or firemen who respond. Any number of solvents, precursors and hazardous agents are found in unmarked containers at these sites. These potent chemicals can enter the central nervous system and cause neural damage, effect the liver and kidneys, and burn or irritate the skin, eyes and nose. Environmental damage is another consequence of these reckless actions, and violence is often a part of the process as well.

Q: What are the most serious environmental consequences of *Meth* labs?

A: Each pound of *Meth* produced leaves behind five or six pounds of toxic waste. *Meth* cooks often pour leftover chemicals and byproduct sludge down drains in nearby plumbing, storm drains, or directly onto the ground. Chlorinated solvents and other toxic byproducts used to make *Meth* pose long-term hazards because they can persist in soil and groundwater for years. Clean-up costs are exorbitant because solvent contaminated soil usually must be incinerated.

Q: What is the cost of a cleaning up a clandestine *Meth* lab site?

A: Cleanups of labs are extremely resource-intensive and beyond the financial capabilities of most jurisdictions. The average cost of a cleanup is about \$5,000 but some cost as much as \$150,000.

Q: What are the federal penalties for *Methamphetamine* trafficking?

A: The basic, mandatory minimum sentences under federal law are:

- 10 grams (pure) = 5 years in prison
- 100 grams (pure) = 10 years in prison.

Q: What is the Comprehensive *Methamphetamine* Control Act of 1996?

A: This federal legislation takes significant steps toward preventing *Meth* from becoming the next crisis in drug abuse. The bill:

- Permits the domestic seizure and forfeiture of *Methamphetamine* precursor chemicals.
- Directs the Attorney General to coordinate international drug enforcement efforts to interdict such chemicals.
- Increases penalties for the possession of equipment used to make controlled substances, and for trafficking in certain precursor chemicals.
- Requires an interagency task force to develop and implement prevention, education and *Meth* treatment strategies.

Q: Where can I learn more?

A: The Drug Enforcement Administration <http://www.usdoj.gov/dea/>, The Office of National Drug Control Policy <http://www.whitehousedrugpolicy.gov/>, The Florida Department of Law Enforcement <http://www.fdle.state.fl.us/>.

The following products, which are available for sale at the facility in which I work, are subject to the placement and quantity of sale restrictions contained in the Florida law:

(Fill in blanks)

I (name) _____ hereby acknowledge that I have read and understand my responsibilities related to the sale of over-the-counter medications that contain the ingredient **Pseudoephedrine**. I further understand that the specific products named above contain **Pseudoephedrine** as their only ingredient and are required by law to be stored in a restricted area, either behind the checkout counter, or in another area of the store where the general public is not permitted, and I am not allowed to sell more than **9 base grams** or **3 packages**, regardless of weight, to any person in any single retail sale.

Signature: _____

Date: _____

This publication was compiled using information, including some copyrighted material, taken from The National Institute on Drug Abuse, and KCI, The Anti-Meth Site, and may be accessed at the following links:

<http://www.drugabuse.gov/ResearchReports/Methamph/Methamph2.html> and http://www.kci.org/Meth_info/faq_Meth.htm.

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