

# North Carolina Sales Training Program

## *PSEUDOEPHEDRINE, EPHEDRINE AND PHENYLPROPANOLAMINE PRODUCTS*

Required by the Laws of North Carolina and the  
Federal Combat Methamphetamine Epidemic Act of 2005

***This training document was prepared by  
The North Carolina Retail Merchants Association.  
It is not intended in any way to constitute legal advice.  
Please consult an attorney for further explanation of these  
and other laws affecting retailers.***

# North Carolina Sales Training Program

## *PSEUDOEPHEDRINE PRODUCTS*

Required by the Laws of North Carolina and the Federal Combat Methamphetamine Epidemic Act of 2005

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*Effective January 15, 2006, North Carolina pharmacies have an obligation to provide training to any employee of their pharmacy who, in the course of their duties, sells pseudoephedrine or ephedrine products in the form of tablets or caplets. (Pseudoephedrine or ephedrine products in other forms are subject to federal restrictions but are not regulated under North Carolina law.) This training is required by North Carolina law and will cover issues related to the sale of precursor products, such as **Pseudoephedrine**, and their relationship to the manufacturing of a very powerful, addictive drug known as **Methamphetamine**, or **Meth**. This instruction will cover the many dangers associated with the use and manufacturing of meth and their effects on individuals, society, and government as well as the steps taken to curb the availability of meth as a drug of choice for many potential users. These training materials satisfy the requirements of North Carolina's methamphetamine training law.*

*Effective September 30, 2006, the Federal Combat Methamphetamine Epidemic Act of 2005 also prohibits a retailer from selling any product containing pseudoephedrine, ephedrine or phenylpropanolamine until the retailers has provided the required training to their employees. The Drug Enforcement Administration (DEA) of the United States Department of Justice has recently released training materials on this subject-matter. Retailers must use the content of these training materials in the training of their employees who sell pseudoephedrine, ephedrine or phenylpropanolamine. A retailer may also add content to their training program. Retailers are required to train employees who are responsible for delivering Scheduled Listed Chemical Products into the custody of customers or who deal directly with customers by obtaining payment for these products. The retailer is then responsible for submitting to the United States Attorney General a self-certification that all such employees have undergone training provided by the retailer to ensure that their employees understand the requirements of the Federal Combat Methamphetamine Epidemic Act of 2005. This training program contains the content of the Training Materials prepared by the United States of Justice, Drug Enforcement Administration, Office of Diversion Control.*

*At the time of print the United States of Justice, Drug Enforcement Administration, Office of Diversion Control had not provided guidance on how retailers would self-certify to the United States Attorney General that the required training had been conducted or whether each location must provide a separate self-certification. Once further information is provided on these issues, NCRMA will adjust this document subsequent implementation of these two requirements.*

*Some Sections below are labeled "required by Federal law", "required by North Carolina law" or "required by North Carolina and Federal law" while some individual questions are individually labeled. The required training depends upon the products a retailer sells. If a retailer is a pharmacy and sells all forms of pseudoephedrine, the retailer will essentially need to utilize the entire training program. If a retailer is not a pharmacy and only sells non-tablet and caplet forms of pseudoephedrine or ephedrine, the retailer would only need to complete Sections I., II. IV. and V.*

# I. INTRODUCTION

## (Required by Federal Law)

### **Q: Why do I have to take this training?**

**A:** The State of North Carolina has recognized, along with many other States, a growing problem among drug users with the increased use of the very powerful drug, meth, and has changed the drug enforcement laws to reflect harsher penalties for those persons caught manufacturing and selling meth. In addition, the North Carolina law requires anyone who may sell the key ingredient for the manufacturing of meth, a common cold remedy called pseudoephedrine, to be made aware of the restrictions placed on cold remedy products in the form of tablets and caplets.

Secondly, a new federal law, the Federal Combat Methamphetamine Epidemic Act of 2005 says that you cannot sell Scheduled Listed Chemical Products containing ephedrine, pseudoephedrine or phenylpropanolamine until you have completed this training.

This training will help you understand the laws and what you must know before you can sell these drug products.

### **Q: What is the Federal Combat Methamphetamine Epidemic Act of 2005?**

**A:** This federal legislation was enacted as part of the USA Patriot Act on March 9, 2006. A portion of this law – essentially sales limits – went into effect on April 8, 2006 with the remaining provisions of the new law becoming effective on September 30, 2006. Because the USA Patriot Act legislation does not preempt North Carolina's methamphetamine law, retailers were left to evaluate whether North Carolina's law or the Federal law were more restrictive to determine which law applied in North Carolina on a number of subjects.

### **Q: What Is the Purpose of the New Federal Law and the North Carolina Law?**

**A:** The North Carolina law enacted in 2005 regulates the sale of pseudoephedrine in North Carolina. The new Federal Law establishes requirements for selling Scheduled Listed Chemical Products containing ephedrine, pseudoephedrine, and phenylpropanolamine because these ingredients can be used to make methamphetamine or amphetamine. Sellers of these products in all states must follow the new Federal Law. In those states, such as North Carolina, that have state laws tougher than the new Federal Law, the seller of these products must follow the state laws as well as the federal law.

### **Q: What Should I Expect to Learn From this Training?**

**A:** You will learn a number of things from this training including:

- 1) That you must keep a logbook of sales of certain products;
- 2) That the name on the identification your customer shows you matches the name your customer wrote in the log book;
- 3) That these Scheduled Listed Chemical Products (ephedrine, pseudoephedrine or phenylpropanolamine) must be kept either behind the counter or in a locked cabinet and, in some cases, behind the pharmacy counter;
- 4) That you can only sell a limited amount (3.6 grams) of these Scheduled Listed Chemical Products to each customer per day and, in some cases, a limited number of packages of these Scheduled Listed Chemical Products (2 packs per day); and
- 5) That your customer can only buy a limited amount (9 grams) of these drug products in a 30-day period and, in some cases, a limited number of packages (3 packages).

## II. METHAMPHETAMINE BASICS

**Q: What are ephedrine, pseudoephedrine and phenylpropanolamine used for? (Required by Federal Law)**

**A:**

- 1) Ephedrine and pseudoephedrine are used to make cough, cold and allergy products;
- 2) Ephedrine is used to treat breathing problems;
- 3) Pseudoephedrine is used to treat colds, allergies and runny noses; and
- 4) Phenylpropanolamine is only sold by prescription for animal uses;

**Q: What Are Methamphetamine and Amphetamine? (Required by Federal and North Carolina law)**

**A:** Methamphetamine and amphetamine are highly addictive stimulants that dramatically affect the central nervous system and are dangerous to make and use. The drug is made illegally very easily in clandestine laboratories with relatively inexpensive over-the-counter ingredients containing ephedrine and pseudoephedrine. These factors combine to make meth a drug with high potential for widespread abuse. Phenylpropanolamine can be used illegally to make amphetamine.

**Q: What are the street names for Methamphetamine? (Federal and North Carolina law)**

**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. Meth'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 meth 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 meth used?**

**A:** Meth 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, meth most often is used in a "binge and crash" pattern. Because tolerance for meth 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 meth, 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 meth made?**

**A:** The processing required to make meth 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 meth. 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 North Carolina, the number of clandestine labs seized by law enforcement has risen dramatically in recent years.

**Q. What ingredients are used to make meth? (Required by Federal and North Carolina law)**

**A.** Over-the-counter cold and asthma medications containing ephedrine or pseudoephedrine (such as Sudafed, Tylenol Cold and Sinus, etc) 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. Meth 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 meth?**

**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 meth is not really a drug.

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

**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 meth effect users overall?**

**A:** In all forms, the drug stimulates the central nervous system, with effects lasting anywhere from four to 24 hours. Meth 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 meth abuse?**

**A: Central Nervous System Side Effects**

Even small amounts of meth 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, meth 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). Meth induced paranoia can result in homicidal or suicidal thoughts.

#### **Q: What are the long range effects of meth 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 meth psychosis, a mental disorder that may be paranoid psychosis or may mimic schizophrenia.

#### **Q: What effect does meth use have on pregnancy?**

**A:** Babies can be born meth 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 meth.

#### **Q: What problems does meth pose to society?**

**A:** Automobile accidents; explosions and fires triggered by the illegal manufacture of meth; 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 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.

## III. TABLET AND CAPLET FORMS OF PSEUDOEPHEDRINE AND EPHEDRINE

(Necessary for pharmacies to comply with North Carolina and federal law)

#### **Q: How are tablet and caplet forms of cold medicine containing pseudoephedrine restricted?**

**A:** Because pseudoephedrine and ephedrine in the tablet or caplet form are the easiest drugs to transform into meth, North Carolina imposed restrictions on any cold medicine product in the form of a tablet or caplet that contains a trace amount of pseudoephedrine or ephedrine. Generally, the North Carolina law is more stringent than the federal law concerning the sale of pseudoephedrine or ephedrine products in the form of tablets and caplets. However, these products are also Scheduled Listed Chemical Products that are subject to some federal laws.

**Q: How are tablet and caplet forms of cold medicine containing pseudoephedrine or ephedrine restricted?**

**A:** Under North Carolina law, cold medicine containing pseudoephedrine or ephedrine in the form of tablets and caplets are basically subject to five basic restrictions – 1) where these products can be sold 2) how much of these products can be sold per customer per day; 3) how much of these products can be purchased in a 30-day period; 4) who can buy these products and 5) completion of a log detailing the purchase of the products.

**Q: Where can I store and sell tablet and caplet forms of cold medicine containing pseudoephedrine or ephedrine?**

**A:** Under North Carolina law, any cold or sinus medicine in the form of a tablet or caplet containing pseudoephedrine or ephedrine must be stored and sold from behind a pharmacy counter where the public is not permitted or other such location in the pharmacy that is not otherwise accessible to the general public. Because these products are not classified as a controlled substance, any one working behind the pharmacy counter who has received this training – pharmacist, pharmacy technician, sales clerk – can sell these items to a customer.

You must give the drug product directly to the customer who signs the logbook.

Additionally, pseudoephedrine or ephedrine products in the form of tablets, caplets or gel caps cannot be offered for sale loose in bottles but must be sold only in blister packages.

**Q: How many packages of cold medicine containing pseudoephedrine or ephedrine in the form of caplets and tablets can I sell to a customer in any one day?**

**A:** North Carolina and federal law limits the amount of pseudoephedrine or ephedrine in the form of a tablet or caplet that can be sold per day to any person to no more than **3.6 grams**. **Additionally, North Carolina prohibits the sale of more than 2 packages of pseudoephedrine or ephedrine per day**, regardless of weight, if the product is in the form of a tablet or caplet. You can refer to the attached charts for the amount of caplets or tablets that equal 3.6 grams. This sales restriction does not apply if the customer is purchasing a product pursuant to a valid prescription.

**Q: How many packages of cold medicine containing pseudoephedrine or ephedrine in the form of caplets and tablets can a customer purchase in a 30-day period?**

**A:** Under North Carolina and federal law, customers are prohibited from purchasing more than 9 grams of pseudoephedrine or ephedrine in the form of a tablet or caplet in a 30-day period. Additionally, North Carolina law prohibits the sale or purchase of more than **three (3) packages** of cold medicine in the form of a tablet or caplet within a **30-day period**. You can refer to the attached charts for the amount of caplets or tablets that equal 9 grams. This sales restriction does not apply if the customer is purchasing a product pursuant to a valid prescription.

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

**A:** Yes. You 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 **2 packages** of cold medicine in the form of a tablet or caplet containing pseudoephedrine to any one person in any one day. 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 meth 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. As an employee you are immune from civil liability if you in good faith, report what you believe to be criminal activity related to the sale or purchase of pseudoephedrine products to law enforcement or if you refuse to sell a pseudoephedrine product to a person that you reasonably believe to have exceeded the amount of pseudoephedrine they are allowed to buy. Additionally, we as your employer are prohibited from retaliating against you in any way if you report alleged criminal activity related to the sale or purchase of pseudoephedrine products to law enforcement.

**Q: Are there any age requirements to purchase cold medicine containing pseudoephedrine or ephedrine in the form of caplets and tablets?**

**A:** Yes. Under North Carolina law, if a pseudoephedrine product in the form of a tablet or caplet is not being sold with a valid prescription, the pseudoephedrine product can be sold only to a person that is at least 18 years of age. If there is any chance that the customer is under 18 years of age, you must require the customer to provide photo identification showing their date of birth.

**Q: Are there any identification or log requirements that I have to comply with in order to sell cold medicine containing pseudoephedrine or ephedrine in the form of caplets and tablets?**

**A:** Yes. Under North Carolina and federal law, you must keep a logbook which contains a written or electronic list of sales of drug products containing ephedrine and pseudoephedrine in the form of tablets and caplets. You must require the customer to provide photo identification issued by a State or Federal Government at the time of purchase. Without proper identification you cannot sell these products. If your customer does not have the appropriate photo identification, ask your supervisor for help.

You must write or enter in the log the name of the drug product and the quantity sold in grams. Your customer must also enter into a log their name and address and the date and time of their purchase. Your customer must sign the log verifying that they have not exceeded the allowable purchase amounts of pseudoephedrine products (a statement to this effect is contained at the top of the log). After the customer has entered their information into the log, you must match the customer's name on the photo identification with the name the customer wrote in the log as well as verify the date and time of the sale entered in the log by the customer are correct. Only the customer who signed the log may receive the pseudoephedrine product.

Please do your best to protect customer information contained in the log.

**Q: What are we supposed to do with the log?**

**A:** We are required to maintain the log for two years from the date of each purchase and after two years has passed from the date of purchase we may destroy the log. You must get approval from management before you destroy any log.

**Q: Who can see the logbook information?**

**A:** You are required to keep the logbook secure. The information contained in the log is privileged information for use by our pharmacy and law enforcement. You are allowed to share information in the logbook to comply with the law and for a product recall. The information contained in the logbook may only be shown to local, state and federal law enforcement. By North Carolina and federal law we are required to release the contents of the log to a federal, State or local law enforcement officer making such a request. Information in the logbook may be copied, inspected or turned over in its entirety to local, state and federal law enforcement. Please let management know of any requests from a law enforcement officer to see our logs as soon as you receive the request. Ask your supervisor for further information about sharing information contained in the logbook.

**Q: How is the general public going to know about these new laws concerning the purchase of pseudoephedrine or ephedrine products?**

**A:** Hopefully, the media and the Attorney General will help educate customers. One way customers hopefully will get initial education is by reading the sign we are required to post in our stores in the area where we sell pseudoephedrine products. This sign will inform customers of North Carolina's law on the amount of pseudoephedrine products in the form of tablets and caplets that can be purchased in any one day and in a 30-day period.

**Q: What are the penalties for violations of these new laws like selling more than 2 packages of cold medicine containing pseudoephedrine or ephedrine in tablet or caplet form, failing to ask for identification, failing to properly fill out the purchase log and not selling the cold medicine products from behind the counter?**

**A:** There are severe penalties for both pharmacies and employees for violating these new North Carolina laws concerning the sale of pseudoephedrine products.

If the **employee willfully and knowingly violates these laws**, you would be subject to the following penalties:

1. For a first offense, a Class 1 misdemeanor;
2. For a second offense, a Class A1 misdemeanor; and
3. For a third or subsequent offense, a Class I felony.

If the **pharmacy willfully and knowingly violates these laws**, it would be subject to the following penalties:

1. For a first offense, a Class A1 misdemeanor;
2. For a second or subsequent offense, a Class I felony; and
3. For a third offense, the pharmacy would be prohibited from selling pseudoephedrine products.

Additionally, if the **pharmacy fails to properly train employees, supervise employees** in transactions involving pseudoephedrine products or **discipline employees** who violate these new laws, the pharmacy could be subject to severe civil penalties including:

1. For a first violation, a fine of up to \$500;
2. For a second violation, a fine of up to \$750; and
3. For a third violation, a fine of up to \$1,000.

In addition to the North Carolina penalties, the **Federal penalties** are also quite stiff. A first offense could subject you to civil penalties of up to **\$25,000**. If you knowingly violate the law you would be subject to up to one year of **imprisonment**. A second conviction of this law could result in imprisonment of up to two years.

**Q: What are the federal penalties for meth 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.

# IV. RESTRICTIONS ON ALL OTHER FORMS OF PSEUDOEPHEDRINE, EPHEDRINE AND PHENYLPROPANOLAMINE

(Entire Section Necessary for pharmacies and non-pharmacies to comply with federal law)

**Q: Why are there different laws regulating phenylpropanolamine and forms of pseudoephedrine and ephedrine other than tablet and caplets?**

**A:** North Carolina law only applies to pseudoephedrine and ephedrine in the form of caplets and tablets. Because North Carolina law does not regulate products containing pseudoephedrine or ephedrine that are in a form other than tablets or caplets, the federal law controls the sale of all other pseudoephedrine or ephedrine products. The Federal Combat Methamphetamine Epidemic Act of 2005 has identified these products as Scheduled Listed Chemical Products. In other words, federal law applies to all other forms of pseudoephedrine or ephedrine including products containing pseudoephedrine and ephedrine in the form of a liquid, liquid capsule, gel capsule or a pediatric product primarily intended for use by children less than 12 years of age, according to the product label as well as all products containing phenylpropanolamine.

**Q: How do I store these drug products?**

**A:** You must store these drug products containing ephedrine, pseudoephedrine, and phenylpropanolamine either behind the counter or in a locked cabinet.

You must give the drug product directly to the customer who signs the logbook.

**Q: How much of these drug products can I sell to each customer per day?**

**A:** You cannot sell more than 3.6 grams of Scheduled Listed Chemical Products containing ephedrine, pseudoephedrine or phenylpropanolamine to a single customer per day. Please refer to the attached charts for the amount of tablets or liquids that equal 3.6 grams. The two-package limit pursuant to North Carolina law does **not** apply to these products. No matter how many sales you make to a customer, you cannot legally sell more than 3.6 grams per day of these drug products to the same person.

**Q: How much of these drug products can my customer buy in a 30-day period?**

**A:** Your customer cannot buy more than 9 grams of Scheduled Listed Chemical Products containing ephedrine, pseudoephedrine, or phenylpropanolamine in a 30-day period. Please refer to the attached charts for the amount of tablets or liquids that equal 9 grams. The three package limit per month pursuant to North Carolina law does **not** apply to these products.

**Q: Are there any identification or log requirements that I have to comply with in order to sell cold medicine containing pseudoephedrine, ephedrine or phenylpropanolamine?**

**A:** Yes. Under federal law, you must keep a logbook which contains a written or electronic list of sales of Scheduled Listed Chemical Products containing ephedrine, pseudoephedrine or phenylpropanolamine in any form. You must require the customer to provide photo identification issued by a State or Federal Government at the time of purchase. You cannot sell Scheduled Listed Chemical Products to a customer unless the customer provides the appropriate identification. You must write or enter in the log the name of the drug product and the quantity sold in grams. Your customer must also enter into a log their name and address and the date and time of their purchase. You must require the customer to sign the logbook. After the customer has entered their information into the log, you must match the customer's name on the photo identification with the name the customer wrote in the log as well as verify the date and time of the sale entered in the log by the customer are correct. Only the customer who signed the log may receive the product containing pseudoephedrine, ephedrine and phenylpropanolamine.

Please do your best to protect customer information contained in the log.

**Q: Who can see the logbook information?**

**A:** You are required to keep the logbook secure. The information contained in the log is privileged information for use by our store and law enforcement. You are allowed to share information in the logbook to comply with the law and for a product recall. The information contained in the logbook may only be shown to local, state and federal law enforcement. Information in the logbook may be copied, inspected or turned over in its entirety to local, state and federal law enforcement. Please let management know of any requests from a law enforcement officer to see our logs as soon as you receive the request. Ask your supervisor for further information about sharing information contained in the logbook.

**Q: When is my customer not required to sign the logbook?**

**A:** There is only one occasion when a customer is not required to sign a logbook. If your customer buys a single package containing not more than 60 milligrams of pseudoephedrine (one 60 mg tablet or two 30 mg tablets) and the product is not in the form of a caplet or tablet then the customer does not have to show identification or sign the logbook. Please note that this exemption **DOES NOT** apply to pseudoephedrine products in the form of a tablet or caplet or to ephedrine or phenylpropanolamine.

## **V. CONCLUSION**

### **(Entire Section Necessary to comply with Federal Law)**

**Q: What I have learned from this training?**

- A.**
- 1) How to keep a logbook of sales;
  - 2) How to verify information my customer provides me;
  - 3) That these drug products must be stored either behind the counter or in a locked cabinet;
  - 4) That I cannot sell more than 3.6 grams of these drug products per day to each customer;
  - 5) That my customer cannot buy more than 9 grams of these drug products in a 30-day period.

**Q: Where can I find additional information?**

**A.** You can find additional information at:

- 1) The Drug Enforcement Administration at <http://www.usdoj.gov/dea/>;
- 2) The Office of National Drug Control Policy at <http://www.whitehousedrugpolicy.gov/>;
- 3) The Combat Methamphetamine Epidemic Act of 2005 can be found as Title VII of the USA PATRIOT ACT Improvement and Reauthorization Act of 2005 (Public Law 109-177);
- 4) The Combat Methamphetamine Epidemic Act of 2005 was implemented into the Controlled Substances Act: 21 U.S.C. 801-971
- 5) [www.dea.gov](http://www.dea.gov)
- 6) See North Carolina General Statutes §§ 90-113.50 to 90-113.60

# ACKNOWLEDGEMENT OF COMPLETION METHAMPHETAMINE TRAINING (Necessary to comply with North Carolina law)

I (name) \_\_\_\_\_ hereby acknowledge that I have read and been trained on North Carolina's law regulating the sale of pseudoephedrine and ephedrine products and that I understand my responsibilities related to the sale of over-the-counter medications in tablet and caplet form that contain the ingredient pseudoephedrine or ephedrine. I further understand that **cold medicine products in tablet and caplet form containing pseudoephedrine or ephedrine are required by law to be stored and sold from behind the pharmacy counter**, that I am not allowed to sell more than **3.6 base grams** or **2 packages**, regardless of weight, to any person in any day, that a person must be at least eighteen years of age to purchase these products and that I must complete a purchase log for each purchase and require the customer to sign the log.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*This publication was compiled using information, including some copyrighted material, taken from the Drug Enforcement Administration of the United States Department of Justice, The National Institute on Drug Abuse, and KCI, The Anti-Meth Site, and the Florida Retail Federation and may be accessed at the following links:*

<http://www.drugabuse.gov/ResearchReports/Methamph/Methamph2.html>

[http://www.kci.org/Meth\\_info/faq\\_Meth.htm](http://www.kci.org/Meth_info/faq_Meth.htm)

<http://www.frf.org/files/meth-workbook.pdf>

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# Pseudoephedrine, Ephedrine and Phenylpropanolamine Conversion Charts

## Number of tablets in 3.6 grams

Ingredients	Number of tablets = 3.6 grams
25 mg Ephedrine HCl	175 Tablets
25 mg Ephedrine Sulfate	186 Tablets
30 mg Pseudoephedrine HCl	146 Tablets
60 mg Pseudoephedrine HCl	73 Tablets
120 mg Pseudoephedrine HCl	36 Tablets
30 mg Pseudoephedrine Sulfate	155 Tablets
60 mg Pseudoephedrine Sulfate	77 Tablets
120 mg Pseudoephedrine Sulfate	38 Tablets
240 mg Pseudoephedrine Sulfate	19 Tablets
Phenylpropanolamine (PPA)	FDA issued a voluntary recall as being unsafe for human consumption. Veterinary use is by prescription only.

## Liquids – Number of milliliters in 3.6 grams

Ingredients	Number of milliliters (ml) = 3.6 grams
6.25 mg Ephedrine HCl/ 5 ml Liquid	3515 ml
15 mg Psuedoephedrine HCl/ 1.6 ml Liquid	468 ml
7.5 mg Psuedoephedrine HCl/ 5 ml Liquid	2929 ml
15 mg Psuedoephedrine HCl/ 5 ml Liquid	1464 ml
15 mg Psuedoephedrine HCl/ 2.5 ml Liquid	732 ml
30 mg Psuedoephedrine HCl/ 5 ml Liquid	732 ml
30 mg Psuedoephedrine HCl/ 2.5 ml Liquid	366 ml
60 mg Psuedoephedrine HCl/ 5 ml Liquid	366 ml
Phenylpropanolamine (PPA)	FDA issued a voluntary recall as being unsafe for human consumption. Veterinary use is by prescription only.

### Number of tablets in 9 grams

Ingredients	Number of tablets = 9 grams
25 mg Ephedrine HCl	439 Tablets
25 mg Ephedrine Sulfate	466 Tablets
30 mg Pseudoephedrine HCl	366 Tablets
60 mg Pseudoephedrine HCl	183 Tablets
120 mg Pseudoephedrine HCl	91 Tablets
30 mg Pseudoephedrine Sulfate	389 Tablets
60 mg Pseudoephedrine Sulfate	194 Tablets
120 mg Pseudoephedrine Sulfate	97 Tablets
240 mg Pseudoephedrine Sulfate	48 Tablets
Phenylpropanolamine (PPA)	FDA issued a voluntary recall as being unsafe for human consumption. Veterinary use by prescription only.

### Liquids – Number of milliliters in 9 grams

Ingredients	Number of milliliters (ml) = 9 grams
6.25 mg Ephedrine HCl/ 5 ml Liquid	8788 ml
15 mg Psuedoephedrine HCl/ 1.6 ml Liquid	1171 ml
7.5 mg Psuedoephedrine HCl/ 5 ml Liquid	7323 ml
15 mg Psuedoephedrine HCl/ 5 ml Liquid	3661 ml
15 mg Psuedoephedrine HCl/ 2.5 ml Liquid	1830 ml
30 mg Psuedoephedrine HCl/ 5 ml Liquid	1830 ml
30 mg Psuedoephedrine HCl/ 2.5 ml Liquid	915 ml
60 mg Psuedoephedrine HCl/ 5 ml Liquid	915 ml
Phenylpropanolamine (PPA)	FDA issued a voluntary recall as being unsafe for human consumption. Veterinary use is by prescription only.