

**MARPHLI 2005-2006  
Year 14**

**Wisconsin Whoops**

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**A Community-Based Approach to Reduce the Use and the Hazards Caused by  
Illegal Methamphetamine Laboratories**

**List of characters and Agencies Involved:**

- Winona Whoops, Health Officer, Dairyland County
- Officer Don't Do Drugs (DDD), Federal Drug Enforcement Agency
- Sheriff Get it Done (GID), Dairyland County
- Sniff family: Mr. Sniff, Mrs. Sniff, Little Sniff, Middle Sniff, Big Sniff, Grandma
- Smart Guy, Dairyland High School Principal
- Sue Caring, Social Worker, Department of Social Services Staff, Dairyland County
- State Department of Natural Resources Staff
- Family Doctor
- Landlord I am Gone
- Dairyland County Humane Society
- Pharmacy

**Case Introduction:**

On September 20, 2005 Winona Whoops, Health Officer for the Dairyland County Public Health Department, received a call from Officer Don't Do Drugs (DDD) of the Federal Drug Enforcement Agency. He reported that "a large methamphetamine bust" had taken place earlier in the day in a rural Dairyland County home. This was the first methamphetamine lab bust notification she had received from Officer DDD since she became the Health Officer. Health Officer Whoops realized the potential for many environmental hazards associated with manufacturing methamphetamine. Health Officer Whoops agreed to meet Officer DDD at the site in 45 minutes. On her way out of her office she grabbed her go kit, which included personal protective equipment and first aid supplies. She also grabbed her cell phone and the state reference document entitled "Cleaning Up Hazardous Chemicals and Methamphetamine Laboratories" and drove to the site of the bust. Oh, how she wished her department had an environmental specialist on staff and a policy specifically addressing methamphetamine hazards. Her nursing education had not prepared her for this!

**Case Body:**

As Health Officer Whoops approached the large, stately, two-story home, she noted that the home was isolated from other homes. In addition, the home appeared to be a well maintained home, which was typical of homes in Dairyland County. She estimated that no other homes were within five miles of this residence. Officer DDD and Sheriff Get It

Done (GID) from the Dairyland County greeted Health Officer Whoops at the home. She had a good relationship with Sheriff GID as they had developed policies on issues like animal bites and were also both on the tornado response team in Dairyland County in 2003. Sheriff GID introduced Health Officer Whoops to Officer DDD. Several other law enforcement officers were on the scene collecting evidence and taking photos of the alleged methamphetamine lab cook site when Health Officer Whoops arrived.

Health Officer Whoops noticed a strong “decaying fish” like odor when she went into the home. Sheriff GID informed Health Officer Whoops that it appeared that the methamphetamine production had been going on for a long time in the two upstairs bedrooms. No methamphetamine was being produced when the two adults in the home were arrested. The law enforcement officers led Health Officer Whoops to the upstairs bedrooms where windows had been opened and a gentle breeze was flowing through the cluttered rooms. During a survey of the rooms Health Officer Whoops noticed the following things; a large number of powdered and liquid chemical in sealed and labeled containers, unlabeled canning jars containing powders and liquids, lithium batteries, lighter fluid, matches, antifreeze, paint thinner, drain cleaner, camping stoves for cooking, a hot plate, lab equipment, and a wastebasket filled with empty ephedrine packages and discolored coffee filters. The room had several burned out light bulbs and small pieces of tin foil were scattered throughout the rooms. The walls of the rooms were covered with graphic sexual pictures. Sexual paraphernalia was found throughout the home. Health Officer Whoops also noticed a cat scurrying nervously around during her inspection.

Officer GID explained that Mr. and Mrs. Sniff had been arrested earlier in the day and had been transported to the county jail. In addition to the adults, three school-aged children, ages 11, 13, and 17 who lived with their parents were currently at school. The children had not been present at the time of their parents’ arrest. Officer GID said that law enforcement officers had been monitoring this home for several weeks after they had received tips that methamphetamine was being manufactured in the home.

Sheriff GID reported that the County Department of Social Services had been notified of the bust and that a social worker would be picking up the children at their schools and taking them to a temporary shelter. He indicated that their Grandmother lives in the area and would likely be given custody of the children while their parents awaited their trial sentencing. Further, Sheriff GID indicated that Grandmother had arrived at the home shortly after her daughter and son-in-law were arrested. She said that she had been worried about her daughter whose personality had changed over the past several months. Grandmother also reported that her daughter had “lost a great deal of weight, had open sores on her arms and legs, was distant, irritable and was no longer the attentive mother and tidy housekeeper that she had always been.”

Sheriff GID learned from property records that the home had been purchased in 2002 by Landlord I Am Gone who was a local, young entrepreneur who had recently been sent to Iraq for military duty.

Her cell phone interrupted Health Officer Whoops as she was taking notes related to the environment and the people who lived there. The call was from Smart Guy, principal, Dairyland High School. He had heard of the bust of a methamphetamine lab on the local radio station and recognized the address as that of the Sniff children. Health Officer Whoops and the principal had previously worked together on health related matters identified at Dairyland High. Also, Principal Guy said that following the newscast, Sue Caring, the Social Worker, had come to his office to discuss the plans for temporary shelter for the Sniff children. He called Health Officer Whoops, as he was concerned that students and faculty may have been harmed by the exposure to chemical used in methamphetamine production that might be on the Sniff children's clothing. Health Officer Whoops explained that the children needed to change into clean clothes and put the dirty clothes in a bag. In addition she recommended that the children shower before being transported anywhere. She further explained that there was no immediate risk to either the students or faculty at the school. There would be chemical analysis done of the substances found in the home to determine if anything else needed to be done.

A few moments after the principal called, Sheriff GID received a call from his office informing him that the 17- year- old Sniff child was found to have drug paraphernalia and several grams of what appeared to be methamphetamine in a letter jacket found in his locker. The sheriff said that this student would be transported to the local jail for questioning. Health Officer Whoops recognized his name from a sexually transmitted disease report that she had received earlier in the week.

During his conversation with his officer, the Sheriff GID was informed that the social worker would be taking the other two children, who were extremely distraught, to their family medical provider for evaluations. Then the children would be taken to the temporary shelter.

As the investigation unfolded, numerous questions and challenges presented themselves. As the health officer focused on the human health hazard surrounding site of the methamphetamine lab, she received calls from her staff asking for guidance on how to respond to questions from people in the community related to the case. The questions and concerns of staff and others in the community demonstrate the multifaceted consequences related to clandestine methamphetamine labs and the large number of people and agencies involved in such a case;

- The social worker who transported the Sniff children to the doctor's office requested the 13 year-old's inhaler from the 2<sup>nd</sup> drawer of her dresser in her bedroom at home as she was having asthmatic symptoms. Health Officer Whoops explained that the inhaler might contain chemical contaminants and shouldn't be used until it was assured to be safe. She recommended that the social worker obtain a prescription from the child's doctor and fill it at local pharmacy.
- The public health nurse assigned to the jail found out that Mr. Sniff was diabetic and takes insulin. He refused to release the name of his doctor. Health Officer Whoops found a vial of insulin with Dr. Jones name on it. She relayed that to the

- public health nurse who would call Dr. Jones's office for medical orders for Mr. Sniff while he was in jail.
- The health department receptionist called Health Officer Whoops and reported that the County Administrator left a message asking her for help answering questions from the media. The administrator remembered that the Healthy Dairyland County Coalition was addressing alcohol and drug issues including the preventing use and production of methamphetamine in the community. Health Officer Whoops called the administrator with a status report saying that he could give that information out to the press. She said she would help him prepare a more complete press release the next day after the immediate environmental issues are addressed. Health Officer Whoops would seek the input of the others involved in the case. The group would identify a media spokes person.

Health Officer Whoops prioritized issues requiring attention. She recognized that the priority issues confronting the health officer and other community leaders include: the assessment of the environment for hazards, the assurance that those exposed are evaluated and received needed services and the development of sound policies addressing which agency has responsibility for which issues associated with methamphetamine manufacturing labs. She called the state department of natural resources for technical assistance to evaluate land and water contamination. She and Sheriff GID called the Humane Society to care for the cat. They explained that the cat needed to be bathed when it arrived at the Human Society facility.

A major political concern in Dairyland County involved identifying who had the authority and responsibility to take action and who had financial responsibility for necessary services. Health Officer Whoops knew that in a general way, the landowner is responsible for cost associated with the clean up. The landowner could in turn try to recover the cost from the renters.

Health Officer Whoops called the state division of public health environmental advisor to make sure that her plan of action to declare and placard the home as uninhabitable due to human health hazard was appropriate. She provided the environmental advisor with a brief report of the case. Health Officer Whoops verified that she had met the current state guidelines for clandestine lab clean up recommended by doing a visual assessment and walk-through to identify hazards. In addition, she learned that taking substances found in the home for chemical analysis or determination was not required.

Health Officer Whoops was pleased that law enforcement officers who were investigating the case wore personal protective equipment. It was also fortunate that no methamphetamine was being manufactured during their seizure of the lab. Health Officer Whoops recognized that precautions would continue to be needed to protect individuals cleaning up or transporting material from this toxic lab.

Prior to leaving the residence, Health Officer Whoops placed the yellow placard declaring this home as uninhabitable due to human health hazards. She knew her job here was not finished. Much work regarding the hazards of methamphetamine manufacture and use lay ahead.

As she returned to her car Health Officer Whoops reviewed the strengths and challenges her department faced. She felt fortunate that that her department had developed strong partnerships with schools, social services and a multitude of other agencies on the local and state level. However, she realized that her department needed to strengthen their relationships with the state department of natural resources and local law enforcement agencies. In addition, the department needed to address the emerging issue of the hazards of methamphetamine labs with landlords. The local health department's previous work with landlords around the issue of lead poisoning prevention will help them deal with the methamphetamine lab issue. The other challenge was that Dairyland County, like many other rural communities in the state had no local abatement companies available to do clandestine lab cleanup. Finally, she realized that others may be affected by these labs such as fire department staff, home visitors, other social service agencies, highway department utility workers, garbage collectors, road side cleaners, campgrounds, and officials from townships, county and municipalities. She would discuss this with the county administrator in the morning to garner his support for the development of a task force to address the methamphetamine hazards facing the residents of Dairyland County.

## **Closing**

No community is protected from the effects of methamphetamines, and the group of community members that are affected may be broad, as evidenced in this case study. Neighbors may be fearful that they may be in danger. News stories may misrepresent the hazards of the situation.

Methamphetamine use and manufacturing challenge communities with environmental, social, mental health, physical health and dental health problem which require a community approach involving many partners. Communities should consider this issue by assessing the prevalence of use and manufacturing of methamphetamines, assuring that environmental and personal health services are available and developing coordinated community policies which prevent the damage to individuals, the community and the environment. Community leaders, including those from local health departments, must step forward and join forces to develop a strong coordinated community response to this significant societal issue. Community leaders must recognize that despite the fact that methamphetamine use and production to date has been identified as a problem in only a few counties in our state, that no county is immune from this menace. They must also understand that even though fewer labs have been identified in our state over the past two years, methamphetamine use is increasing and this trend is likely to continue. Because of the highly addictive nature of methamphetamines there is likely to be an ever-increasing long-term problem associated with this drug. The reduction in the number of methamphetamine manufacturing sites identified reduces but does not eliminate the challenges associated with the environmental clean-up issues.

The efforts of the Dairyland County officials support the:

- Healthiest Wisconsin 2010: An Implementation Plan to Improve the Health of the Public, System (Infrastructure) Priority: Coordination of State and Local Public Health System Partnerships and

- CDC Health Protection Goals: Healthy People in Healthy Places -- The places where people live, work, learn, and play will protect and promote their health and safety, especially those at greater risk of health disparities.

### *Teacher's Guide*

*What barriers to effective public health leadership can be identified in this case?*

*Currently there is not a national or state consensus on environmental sampling related to methamphetamine site clean up. Given this fact, how might the local health department address potential hazards, make recommendations regarding safe clean-up, and provide guidance related to clearance of properties after clean-up?*

*What political pressures need to be considered in making the decision of declaring the home a health hazard?*

*To what extent is the property owner's responsibility to notify future occupants of previous health hazards?*

*Local health departments are faced with a multitude of community health issues. This local health department did not have a policy specific to their involvement in clandestine labs. Should local health departments develop specific methamphetamine lab policies? If so, what components should be included? If not, why?*

*Methamphetamine production and use create significant health concerns for the community. What role should the local health department take in the development of a strategy the community can use to reduce methamphetamine manufacturing and use?*

*What is the communication objective or message the county officials want to give to those concerned about this event?*

## **Resources**

Healthiest Wisconsin 2010: An Implementation Plan to Improve the Health of the Public System (Infrastructure) Priority: Coordination of State and Local Public Health System Partnerships

**Background** The productive engagement of all the public health system partners and their networks is essential to achieving the shared vision. To be effective, the work of Wisconsin's public health system must be coordinated through collaborative partnerships at both the state and local levels.

### **Long-term (2010) Outcome Objectives**

#### ***1. Influencing Partnership Participation to Improve Health***

By December 31, 2010, 100 percent of public/private health partnerships, within five years of being formed, have successfully changed one or more significant systems or health priorities that support *Healthiest Wisconsin 2010*.

Wisconsin Department of Health and Family Services, Division of Public Health.  
*Implementation Plan Summary: Healthiest Wisconsin 2010: An Implementation Plan to Improve the Health of the Public* (PPH 0277). June 2005.

**CDC Health Protection Goals** -- Healthy People in Healthy Places

The places where people live, work, learn, and play will protect and promote their health and safety, especially those at greater risk of health disparities.

Healthy Communities: Increase the number of communities that protect, and promote health and safety and prevent illness and injury in all their members.

U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, October 27, 2005.