



Kansas Bureau of Investigation

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Methamphetamine Recommendation Report

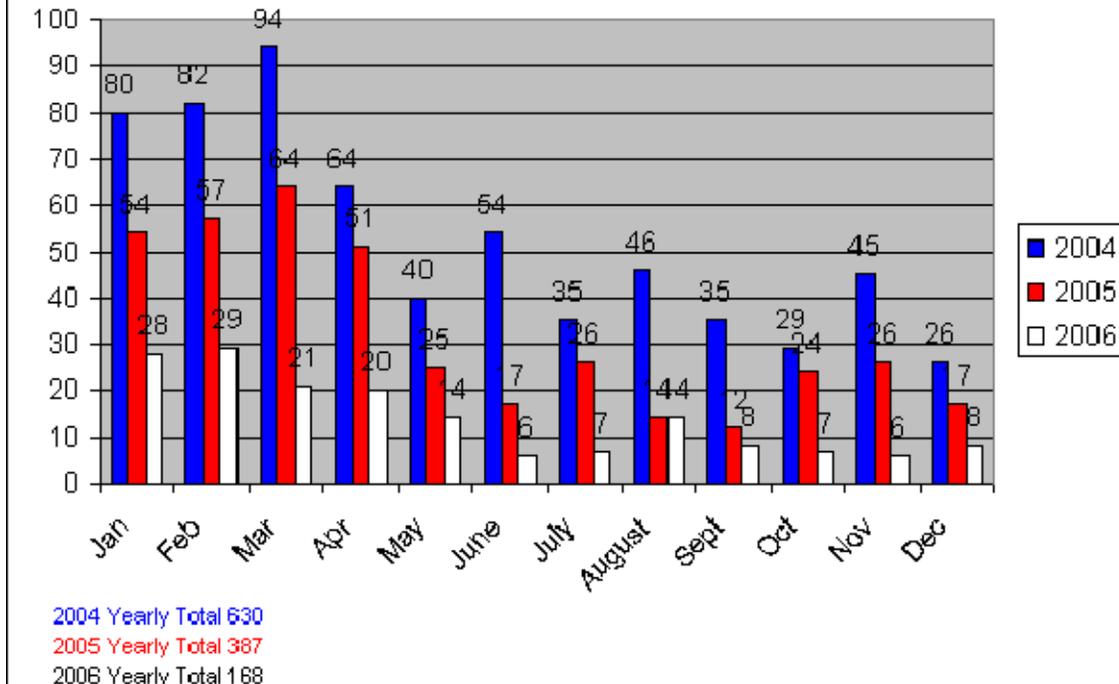
(as required by K.S.A. 75-722)

February 1, 2007

In 2005, the Kansas legislature passed S.B. 27, the Sheriff Matt Samuels Act, to restrict access to the abused precursor chemicals ephedrine and pseudoephedrine, used to manufacture methamphetamine. Section 4 of the act, now K.S.A. 75-722, requires the KBI gather information and consult with local law enforcement regarding trends scene in the manufacture of methamphetamine and, after consulting with the state board of pharmacy, develop recommendations concerning the control of ephedrine and pseudoephedrine.

The new law continues to be a wonderful success:

Kansas Methamphetamine Incidents December 31, 2006



Cooperation with local pharmacies has continued to be excellent with only a few problems.

While great strides have been made on limiting the production of methamphetamine in Kansas, the amount of available methamphetamine has not necessarily been reduced - as indicated by fairly constant prices. Before the Matt Samuels Act, we estimated 80% of the meth used in Kansas was imported, now it is probably closer to 90%. Given the addictive strength of methamphetamine, increased importation was expected based on any 'supply and demand' analysis. Local agencies are also reporting an increase in MDMA, (3,4-Methylene-dioxymethamphetamine, street name of "Ecstasy") a form of methamphetamine. However, the number of meth labs seized has dropped significantly, as well as the number of fires, explosions and drug endangered children found at meth lab sites and that was the intent of the legislation.

A major concern was the likelihood of meth manufacturers developing the expertise to utilize these liquid forms in the manufacture of meth. So far, the KBI has received information of relatively few labs being seized where liquids or gelpcaps were utilized. The lack of 'liquid labs' is probably due to three reasons:

1. The meth cooks are slow in learning the more complicated method;
2. Imported meth is still readily and cheaply available. And,

3. New Federal legislation went into effect in October which limits the sale of any product containing pseudoephedrine or ephedrine, including liquids and gelscaps.

The new federal law, called the “Combat Meth Act”, 21 USC §830 (d)(1) & (2), is both less restrictive and more restrictive than the Kansas law: The federal act is less restrictive as it does not utilize scheduling under the uniform controlled substances act, and thus sales are not limited to pharmacies. The act is more restrictive as liquids and gelscaps are covered and all sales limited by the federal law. Daily purchase of products containing the precursors are limited to 3.6 grams—without regard to the number of transactions and the law also states that it is unlawful to purchase more than 9 grams in 30 days. An official governmental identification card must be presented and a log kept by the retailer, similar to the Matt Samuels Act log for pharmacies.

The biggest problem reported by local law enforcement in Kansas and other states, is that the logs are not connected. The meth cooks, or their associates, purchase the maximum amount at numerous outlets and circumvent the law. Almost all of the meth labs still being found in Kansas are using this ‘smurfing’ method to obtain the precursor chemicals.

Recommendations:

1. Pass legislation adopting the same standards in both the federal and state precursor laws. Vigorous enforcement is necessary but pharmacies should only have to meet one standard. The weight limits and covered items should be consistent.
2. As all other states to adopt Schedule V legislation have done, and as is done in the federal Combat Meth Act, the purchase of more precursor than allowed by law should be made a separate criminal offense.
3. A computerized data system is needed to identify offenders who are circumventing the law. The precursor sales logs need to be collected in a centralized database, not necessarily run by law enforcement but accessible to investigators. Such a system should be conducted in conjunction with a prescription-monitoring program to enhance patient safety and help identify the illegal diversion of prescription medicines as well.
4. While not directly dealing with the control of pseudoephedrine and ephedrine, the legislature might want to consider treating the form of methamphetamine known as MDMA the same as other forms of methamphetamine by referencing {K.S.A. 65-4105(d)(7)} in K.S.A. 65-4160 and K.S.A. 65-4161