

2006 Report to the Legislature

Methamphetamine – Electronic Monitoring

Last session, H.F. No. 1, 5th Engrossment – 84th Legislative Session (2005-2006) was passed. Article 7, Section 3 restricted the sale of certain products containing ephedrine and pseudoephedrine. The purpose of these restrictions was to prevent these products from being used to make methamphetamine in clandestine labs. The new law required products containing ephedrine or pseudoephedrine in tablet form be sold only at pharmacies and that certain identifying information of purchasers be recorded and retained. The law further limited the sale of methamphetamine precursor drugs to six grams (two packages) within in a 30-day period to any single customer. It also authorized law enforcement access to the logs for investigative purposes.

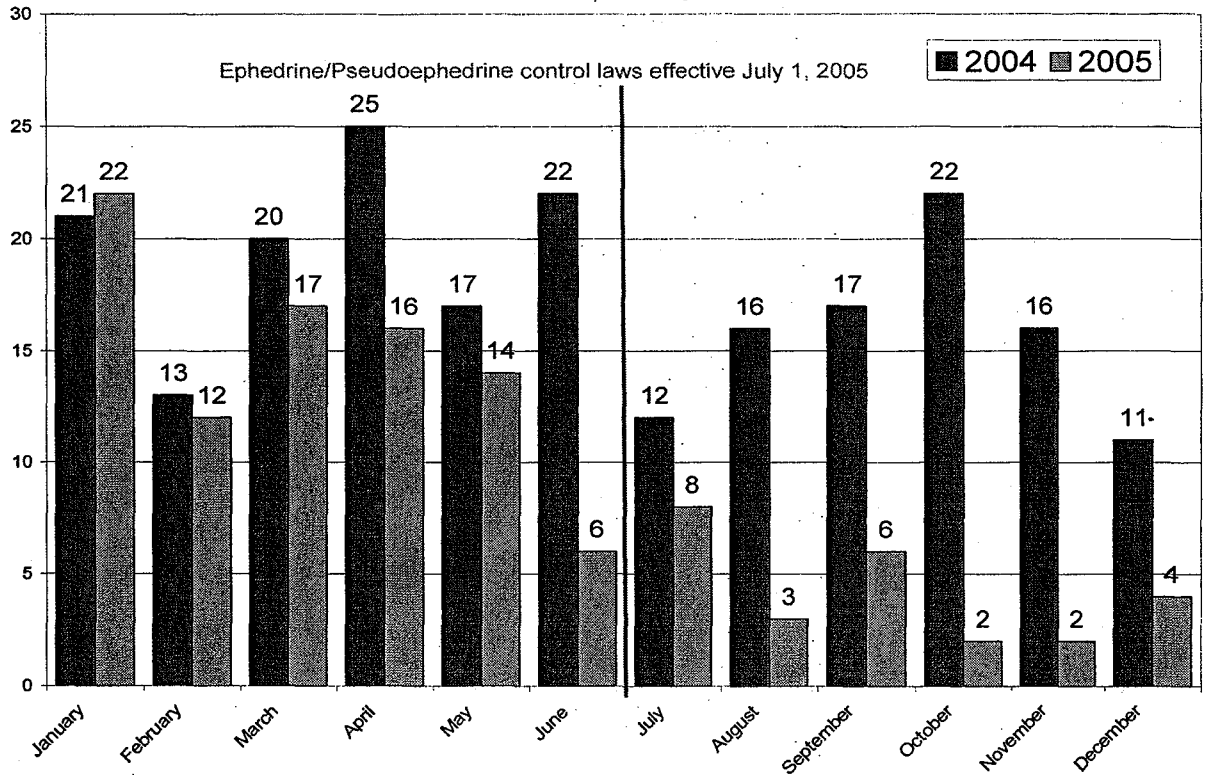
In Article 7, Section 19, the Legislature directed the Commissioner of Public Safety to study the feasibility and necessity of requiring the pharmaceutical logs of these sales to be maintained in a unified electronic monitoring system. Currently, logs are maintained by individual pharmacies in written form or electronic form, but in no fashion linked to each other. The electronic linking could allow law enforcement to easily detect “smurfing” activities (purchasing the mandated limit at multiple stores in a single day or two).

Since the enactment of the ephedrine and pseudoephedrine control laws, the number of reported clandestine methamphetamine labs in Minnesota has decreased significantly.

After careful consideration it is the recommendation of the Commissioner of Public Safety not to implement an electronic monitoring system for ephedrine and pseudoephedrine products.

The remainder of this report will detail the reasons for this recommendation.

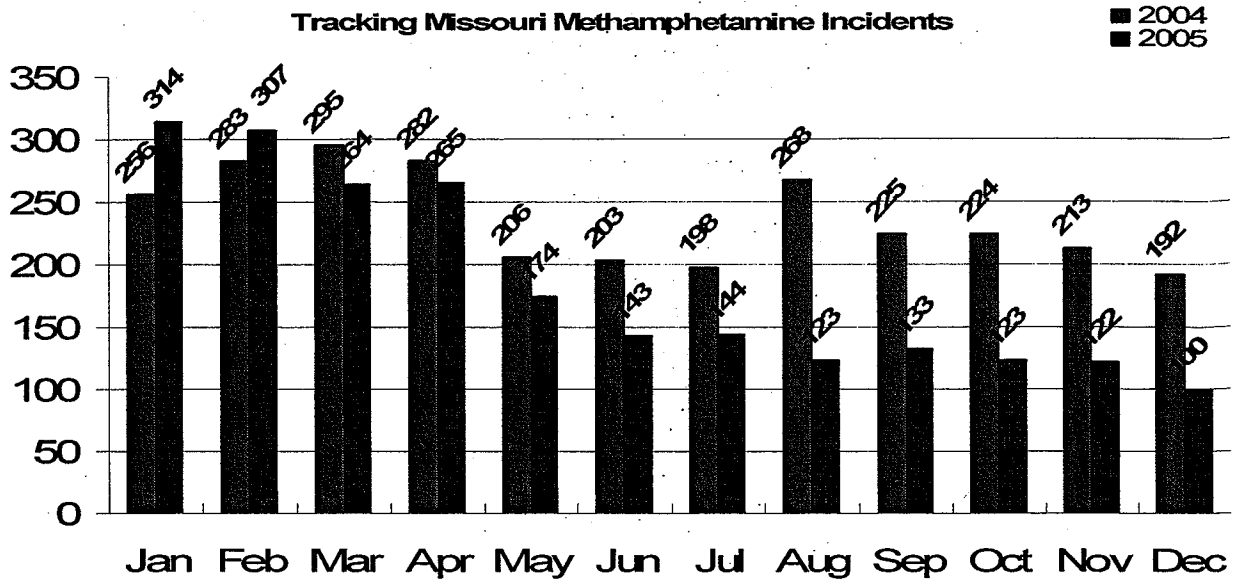
Minnesota Meth Lab Comparison 2004-2005



The legislation also mandated, beginning in January 2006, the reporting of all clandestine methamphetamine labs to the State Duty Officer. There were two labs reported in January, and five labs reported in February.

Other states in the Midwest passed similar laws. Those states have likewise experienced notable decreases in clandestine methamphetamine labs.

Tracking Missouri Methamphetamine Incidents

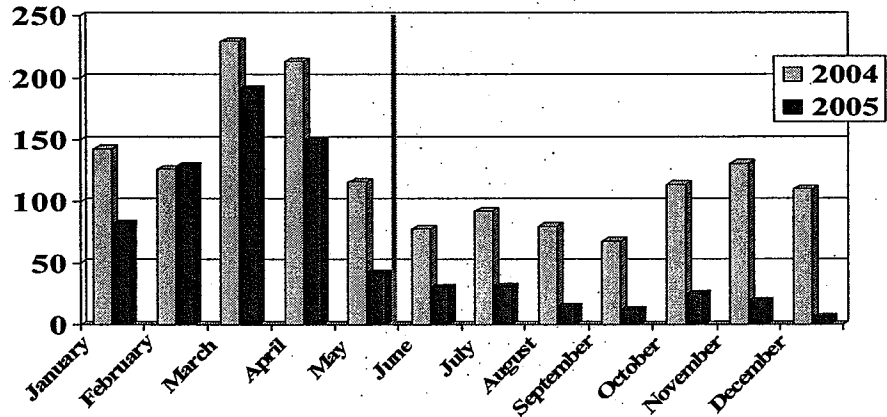


*SB 10/27-Pseudoephedrine Control-Signed into law 06-15-05, effective 07-14-05

* Incidents include Chem/Glass Ware, Dumpsites, & Operational Meth Labs

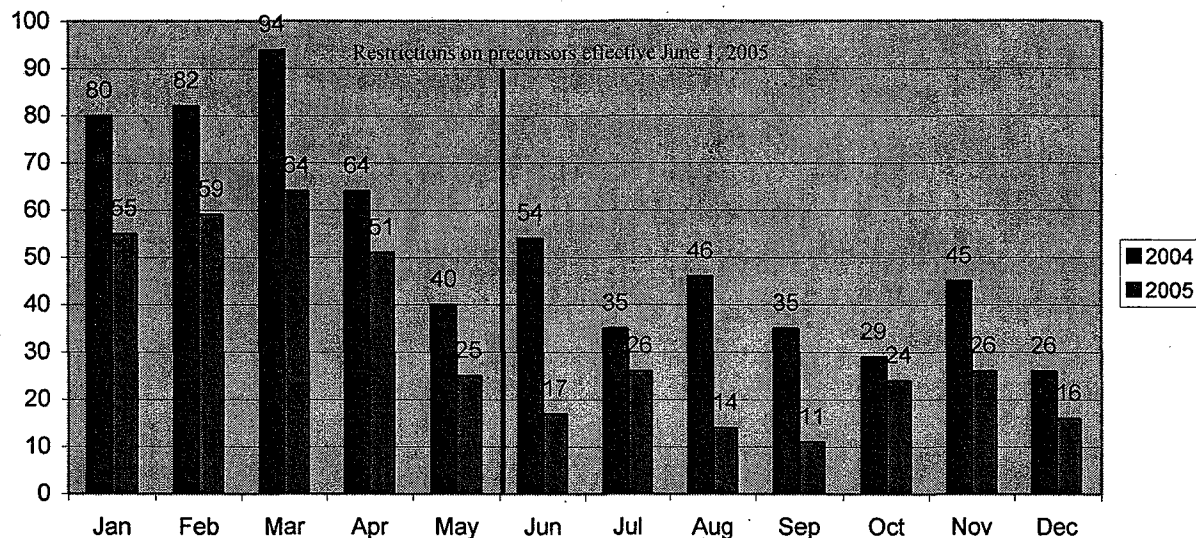
Iowa Meth Labs: 2005 by Month

Effective date of ephedrine/pseudoephedrine restrictions: June 1, 2005



Source: Iowa Division of Narcotics Enforcement, 1-5-06.

Kansas Methamphetamine Incidents Comparison 2004 to 2005



In Minnesota there are 21 Byrne Grant Drug Task Forces responsible for drug enforcement throughout the State. A recent survey of the drug task forces showed that they had seen a drastic decrease in clandestine methamphetamine labs. They also report little or no problems acquiring access to the ephedrine and pseudoephedrine sales logs maintained by local pharmacies. Likewise, narcotics agents of the Minnesota Bureau of Criminal Apprehension stationed throughout the State have reported similar trends.

Cody Wiberg, Executive Director of the Minnesota Board of Pharmacy, reported that the current system of monitoring products containing ephedrine and pseudoephedrine is working. Removing these products from store shelves and placing them behind pharmacy counters has been effective. Additional measures of requiring photographic identification, along with having buyers sign a log detailing the date of the sale, the name of the buyer, and the amount of the drug sold, is acting as a deterrent to those purchasing these products for illegal means. Pharmacists are easily able to maintain the required sales logs. Dr. Wiberg reported no reason to implement an electronic monitoring system. Moreover, he concluded that requiring participation in an electronic log system would be costly and onerous for many pharmacies.

The additional costs of implementing an electronic monitoring system would be substantial. There is no existing standardized computer system linking pharmacies. A new system would have to be designed, built and maintained. The deployment of the system would require purchasing and installing equipment at every pharmacy in the State as well as the installation of a statewide network to every pharmacy to collect that information in a central repository. Further, the results of the electronic filings would have to be constantly reviewed and investigated to be of any value.

This would require additional tools to be used in analyzing the data. The cost for this development and deployment could run into multiple millions of dollars. Methamphetamine lab numbers have plummeted. The current pharmacy logs are readily available to law enforcement for investigative purposes and are not unduly burdensome for Pharmacies to maintain.

Given all these facts, it is the recommendation of the commissioner that the implementation of an electronic monitoring system would not be cost effective at this time.