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Meth dealers find loopholes

Lack of funding for database lets buyers go store to store for key ingredients

By: Jacob Livingston

Tom Rakes can recognize many of his customers' assorted ailments, from tell-tale coughs and colds, to the not as easily-identified personal medical matters. A pharmacist of 14 years at Medicine Man in Coeur d'Alene, Rakes can catch not only possible prescription interactions, but also over-the-counter and prescription medication misuse.

In the past decade however, Rakes and many other pharmacists have been forced near the frontlines in the ongoing battle against methamphetamine use. Making out those symptoms, Rakes said, is sometimes more apparent: the stench of solvents, fingers dyed black, hollowed cheeks or splotchy complexions.

"You kind of got a feel for those people," Rakes said, referring to certain customers who sought out the largest box of nonprescription decongestants in the store. "They were people you've never really seen before, but then all of a sudden you see them three times in a week, and they got the same thing every day. They were buying a week's supply every three days."

That was several years ago, when there were no sales restrictions on pseudoephedrine-containing products such as Sudafed, Claritin-D and other decongestants, the hard-hitting and graphic "Not Even Once" preventive programs had yet to hit airwaves and billboards, and clandestine methamphetamine labs were swelling in numbers across the western United States. Closer to home, pockets of activity sprang up from the mid-90s through the turn of the century, with the five North Idaho counties topping the state's list of yearly lab seizures and costly cleanups. Dump sites are often severely polluted from the toxic mix that combines iodine, anhydrous ammonia (fertilizer), hydrochloric acid (pool chemicals), lithium (batteries), sulfuric acid (drain cleaner) and other chemicals.

Though more recent years had seen a sharp drop, with North Idaho's peak of 92 seizures in 1999 down to seven last year, methamphetamine manufacturing remained a widespread problem. To curb the highly-addictive drug's illicit making, the Combat Methamphetamine Act of 2005 was introduced and signed into law in 2006, which, among other things, put potential methamphetamine-precursor drugs behind the counter, set sales limits and 30-day purchase limits to customers with valid identification, and required retailers to maintain a retrievable logbook of each sale for two years.

Yet despite the act's provisions, methamphetamine makers have been able to exploit a loophole in obtaining pseudoephedrine-containing products. Since it didn't provide funding for a large-scale database to connect the transactions, each retailer would have to front the cost for any electronic logbook. Most have opted for in-house paper logbooks instead.

Since the act provided no state or federal money, "retailers had to bear the burden of cost," said Mark Johnston, executive director of the Idaho State Board of Pharmacy. While a statewide system is a good idea, Johnston said it would be an expensive undertaking. "The question is: Who's going to fund it?" he said.

A few outside electronic solutions have become available to retailers recently, operating under the federal law-compliant idea of reduced transaction time, with all pertinent information recorded to a central database that flags retailers if a sales limit is surpassed.

"For the pharmacists, it makes life so much easier," said Chris Parsons, president of the Bellevue, Wash.-based company Pharmitas, which created one such system called ComplyScan.

Information

» The Combat Methamphetamine Epidemic Act of 2005, which went into effect in 2006, regulated, among other things, retail over-the-counter sales of ephedrine, pseudoephedrine and phenylpropanolamine products. Retail provisions of the act include daily sales limits and 30-day purchase limits, placement of product out of direct customer access, sales logbooks, customer ID verification, employee training, and self-certification of regulated sellers. (Source: Wikipedia)

» The new Methamphetamine Production Prevention Act of 2007 calls for grants to create a "methamphetamine precursor electronic logbook system," where a regulated seller electronically records and transmits to an electronic database accessible to appropriate law enforcement and regulatory agencies information regarding the sale of a scheduled listed chemical product on a statewide level.

With their system, a handheld device scans the driver's license and product UPC codes, reducing the transaction to a fraction of the time and costing retailers pennies per transaction, Parsons said. The product was recently integrated into several Washington Bartell Drugs stores and is set to be used by McKesson Pharmacy Systems.

"It doesn't take much to get in the door with retailers, because they see the need. It's an easy product to sell," he added.

Like many states, Idaho is absent of a central, electronic records system, and while a 2007 meth-production prevention act calling for grants is pending in Congress, some meth manufacturers have resorted to "smurfing," or traveling from retailer to retailer and buying permissible quantities at each.

Even though retailers are tasked with laboriously logging customer information, such as a driver's license and address, "the hard part is knowing if they went two counties over and bought nine more grams," Johnson said.

Although the area witnessed a dramatic decline in labs from several years ago, which is partially attributed to law enforcement's "full-court press" approach with public awareness programs and a resulting increase in drug store tips filtering in prior to the 2005 act, methamphetamine "is still number one in North Idaho as far as drug of choice," said Lt. Curtis Kastens of the Idaho State Police investigations.

Though drug stores have been very cooperative for years, the Combat Methamphetamine Act formalized the process. Under the current method, the investigation department doesn't maintain a database, but rather a list of suspects that they can then compare with retail logbooks and tips, which help establish probable cause "to develop the case to reach a point where we can actually get a search warrant," Kastens said.

When asked about his opinion on a statewide record, Kastens voiced his support for a measure. "We live in a world of computers now," he said. "We could expedite developing that probable cause that much faster."

While many pharmacies, such as Medicine Man in Coeur d'Alene, haven't been greatly affected by the methamphetamine-combating act since their sales of the cold and allergy medicines were already low, the recent law has created a time-consuming and sometimes cumbersome situation, where a single purchase can take upward of four to five minutes.

"So it's a lot more work for us, but we're keeping stuff off the streets," Rakes explained. "Since this went into effect, it's significantly reduced the amount of stuff that's going off the shelf and being turned into meth."

Alternatives to the now behind-the-counter medications have also been introduced, as some decongestants have been reformulated to contain phenylephrine in order to stay on supermarket shelves. However, many pharmacists have received feedback from their customers that the products don't seem to be as effective as pseudoephedrine.

"It is a good decongestant, probably the best decongestant we have out there," said Dwayne Sheffler, the pharmacy manager at Yoke's Fresh Market in Sandpoint and a member of the state board of pharmacy.

Although Sheffler's pharmacy has also seen their sales of cold and allergy medicines fall, with "maybe six pieces sold on a super busy day," he offered a few different drawbacks under the current law.

For those legitimately sick, "the problem is it's now harder to buy cold medicine than buying a gun. But that's the world we live in now," he said, adding that Oregon's example of making the medications prescription-only might be a more effective method.

Also, Sheffler added, the act has positioned pharmacists as intermediaries in law enforcement investigations. "Sometimes we don't want to be the people in the middle," he said, adding that he knows of several drug stores that have removed the products entirely.

Even as the federal law has greatly reduced over-the-counter medication distribution, Sheffler believes an electronic logbook is the future, though in what form he's unsure. "There's going to be something like that that's going to work," he said. "The current law seems to me to work as a deterrent, and I think it's worked to a certain extent with law enforcement because they do come in and check and pick out certain people. So I think it's a lot better than what it was."