**Bill Title:** Concerning the Retail Sale of Methamphetamine Precursor Drugs

**Sponsors:** Decker and Kerr (House)

**Committees:** Judiciary

**History:** 2/14/2005 House Second Reading Referred w/Amend. to Appropriations

**Date of Analysis:**

**Prepared by:** Katherine Young

### Background

According to the Rocky Mountain High Intensity Drug Trafficking Area (HIDTA), methamphetamine continues to be the number one drug threat in the Rocky Mountain region. Regarding trafficking, the majority of methamphetamine originates in Mexico or comes from large-scale operations in California and Arizona. However, independent operations are also apparent throughout the state and cumulatively produce large quantities of methamphetamine. For example, sixteen clandestine meth laboratories were seized in Larimer County in 2003.

Throughout Colorado, the number of methamphetamine lab seizures increased steadily, with a sharp decline in 2003 (Figure 1). Note that seizure rates in Larimer County reflect the same trend (Figure 2). However, this evidence is not indicative of the entire state. Importantly, drug task forces in small jurisdictions in Colorado reported increases in seizure and arrest activities in 2003. According to the Division of Criminal Justice, the methamphetamine production trend appears to have shifted out of urban areas and into rural areas of Colorado. Significantly, although small independent labs appear to be on the decline in certain areas of Colorado, regional task force commanders predict that large-scale operations that produce large quantities of methamphetamine over short time durations will begin to dominate intrastate markets. Colorado consistently follows drug trafficking patterns in other states, leading regional task force commanders to predict that “super labs” will begin to dominate methamphetamine production in Colorado.

Within methamphetamine laboratories, the preferred method of production is ephedrine/pseudoephedrine reduction. Specifically, clandestine lab operators often...
acquire these precursor chemicals from legitimate businesses like discount stores, drug stores, and chemical supply companies, and agricultural supply stores.⁷

Regarding methamphetamine drug markets, the Colorado Division of Criminal Justice concludes that, “Colorado will likely enter a phase of methamphetamine production that shifts somewhat from small independent labs to super labs. Methamphetamine remains the number one drug threat in Colorado, so enforcement efforts aimed at methamphetamine should continue with the highest priority, while investigative tactics may require some changes due to changes in production.”⁶

**Overview**

HB05-1110 specifies limitations on the retail sale of methamphetamine precursor drugs to three packages, or a combination of two or more methamphetamine precursor drugs. Sales are limited to sales in blister packs where each blister contains no more than two dosage units; where blister packs are infeasible, no more than two unit doses are allowed per packet or pouch. The bill requires identification such as a driver’s license, military identification card, passport or state-issued identification card. Identification must include name, date of birth, weight, hair color, eye color and photograph. It is a Class 2 misdemeanor to violate sale provisions. Under Colorado Criminal Code, violations could result in a minimum sentence of three months imprisonment and/or $250 fine or a maximum sentence of 1 year in prison and/or $1000 fine (18-1.3-501 CRS). Any person connected with the ownership, operation or management of a store that sells methamphetamine precursor drugs is not liable for violating these requirements if he or she did not participate in the sale and did not have knowledge of the sale. Finally, a person may be prosecuted for selling methamphetamine precursor drugs in addition to being charged for selling or distributing materials to manufacture controlled substances.

**Why is this issue important to the Health District?**

Methamphetamine production and consumption remains a threat to the citizens of Larimer County. Not only are severe health threats associated with methamphetamine use, including brain damage, low addiction recovery rates, and paranoia, but extreme health hazards result from methamphetamine production as well. Production byproducts are toxic, and methamphetamine laboratories are extremely volatile. Importantly, potential health impacts from meth production and use are not limited to users and lab operators. Methamphetamine impacts the entire community. For example, in 2004, approximately 154 children in Larimer County were referred to child protective services in abuse or neglect cases involving methamphetamine.⁸ According to a study conducted by the Colorado Department of Local Affairs and Colorado State University Cooperative Extension, the use and production of methamphetamine has cost Northeastern Colorado communities almost $1 million. Based on these numbers, it has been predicted that Larimer County may suffer similar meth-related expenditures.⁹

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<th>Summation of Arguments for HB1110</th>
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<td><strong>Support</strong></td>
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<tr>
<td>► Methamphetamine continues to be the number one drug threat in Colorado and Larimer County</td>
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<td>► Ephedrine/pseudoephedrine reduction method relies on readily available precursor drugs that are minimally regulated</td>
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<td>► Information gathered may aid in law enforcement intelligence efforts</td>
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<td>► Retail restrictions of methamphetamine precursor drugs may help to reduce clandestine production and use, promoting positive health benefits to the community</td>
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**Board Position**

The Board of Directors for the Health District of Northern Larimer County voted to support HB05-1110 on March 30, 2005.

**About this Analysis**

This update was prepared by Health District of Northern Larimer County staff to assist the Health District Board of Directors in determining whether to take an official stand on various health-related issues. Updates are based on bills or issues at the time of their consideration by the Board and are accurate to the best of staff knowledge. It is suggested that people check to see whether a bill has changed during the course of a legislative session by visiting the Colorado General Assembly web page at www.state.co.us/gov_dir/stateleg.html. To see whether the Health District Board of Directors took a position on this or other policy issues, please visit www.healthdistrict.org/policy.

**About the Health District**

The Health District is a special district of the northern two-thirds of Larimer County, Colorado, supported by local property tax dollars and governed by a publicly elected five-member board. The Health District provides medical, mental health, dental, preventive and health planning services to the communities it serves. Their mission is to improve the health of the community.
References

1 “State of Colorado Profile of Drug Indicators” ONDCP Drug Policy Information Clearinghouse

iii Larimer Compass, “Methamphetamine Crisis in Larimer County” (2004).

iii Division of Criminal Justice, Colorado Department of Public Safety, “2004 Colorado State Strategy: Edward Byrne Memorial State and Local Law Enforcement Assistance Program”

iv Please note that methamphetamine arrest statistics include sale, manufacture and possession.

v “DEA Briefs and Background: Colorado” US Drug Enforcement Agency

vi Division of Criminal Justice, Colorado Department of Public Safety, “2004 Colorado State Strategy: Edward Byrne Memorial State and Local Law Enforcement Assistance Program”
