



CPhA POSITION STATEMENT

Crystal Methamphetamine and Restricting Sales of Ephedrine and Pseudoephedrine

The position of the Canadian Pharmacists Association (CPhA) on restricting sales of ephedrine and pseudoephedrine due to their abuse potential in the illicit manufacturing of crystal methamphetamine is that:

- CPhA supports a coordinated approach, involving all stakeholders, to address the problem of illicit production and abuse of crystal methamphetamine in Canada. This includes prevention and treatment, education and awareness, tougher penalties for offenders, and tighter controls on access to the ingredients that are used to manufacture crystal methamphetamine.
- CPhA supports the December 2005 recommendations of the National Drug Scheduling Advisory Committee (NDSAC) to reschedule single entity pseudoephedrine and ephedrine products to Schedule II, and combination products to Schedule III.
- CPhA supports the objectives of Meth Watch¹, a proactive, community-based education program, and encourages pharmacies to participate.
- CPhA encourages pharmacists and their staff to educate themselves about crystal methamphetamine and monitor the purchase of products that could be used in its production.

¹ Meth Watch objectives are to increase awareness by retail employees of methamphetamine production and how precursor chemicals are diverted from legal products into illegal manufacture; promote cooperation and teamwork between retailers and law enforcement professionals; and reduce meth production without disrupting the availability of legal products. Participating retailers post Meth Watch signs on their store fronts and train employees to recognize suspicious transactions, without confronting or identifying the customer, and to contact law enforcement (www.methwatch.ca).



Background

Canada is now experiencing the negative impact on public health of the illegal manufacture and distribution of crystal methamphetamine. Law enforcement believes that the majority of crystal meth is produced in 'super labs' which access precursor ingredients through bulk diversion of products containing pseudoephedrine and ephedrine from manufacturers or distributors. However, law enforcement has seen an increase in the number of small labs that make small amounts of the drug from legitimate household products available at drugstores, supermarkets, and other retail outlets.

These small homemade labs can present a huge danger to the community since toxic, explosive chemicals are possible by-products of the production process. It is important to note that pharmacy-controlled products are only a small number of the substances considered as precursors in the production of crystal meth. There is also insufficient evidence to show that significant diversion of precursor products is currently taking place from Canadian pharmacies.

It is important to balance the right of Canadians to purchase OTC cough and cold products containing pseudoephedrine or ephedrine for very legitimate health needs, with the problems posed by illegal labs that are diverting these products for illicit use. Scheduling changes should be viewed as a preventive response to a societal problem. However, the impact on pharmacies of moving these products behind the counter should also be assessed.

On December 5, the National Association of Pharmacy Regulatory Authorities' National Drug Scheduling Advisory Committee (NDSAC) made the following initial recommendations in regards to ephedrine and pseudoephedrine (www.napra.ca). These recommendations will go into effect on April 10, 2006:

- Pseudoephedrine (and its salts and preparations) in single entity products would become Schedule II.
- Ephedrine (and its salts) in single entity products with no more than 8 mg per unit dose would become Schedule II.
- Pseudoephedrine (and its salts and preparations) in combination products would become Schedule III.
- Ephedrine (and its salts) in combination products with no more than 8 mg per unit dose would become Schedule III.

The Schedule II changes are based on Factor #4: Evidence of abuse of the drug has been reported, due to its inherent pharmacological action which has the potential for abuse (monitoring by a health care professional is necessary).

The Schedule III changes are based on Factor #8: The drug has inherent pharmacologic action which has the potential for non-medical use which may result in adverse patient outcomes.

NDMAC has been working very actively on this and strongly advocates a comprehensive strategy comprising initiatives aimed at curtailing the demand for methamphetamine and initiatives aimed at curtailing the supply of the drug (www.ndmac.ca).