

## Meth Epidemic Solutions

*"An ounce of prevention is worth a pound of cure."*  
- Benjamin Franklin

Unlike many other drugs of addiction, the supply of meth (*d*-methamphetamine) can be controlled. Meth doesn't exist in nature and there is a necessary ingredient: Pseudo/ephedrine (PSE), a decongestant used in some allergy and cold medicines.

Controlling PSE has therefore been the key to controlling meth labs and the supply of meth.



Most meth is cooked up in "super labs" run by drug trafficking organizations (DTOs). However, small toxic meth labs pose tremendous risks to law enforcement, public safety, our environment and, most tragically, drug endangered children.

Through a series of ever tightening state, federal, and international controls over the past 20 years, PSE has become harder for DTOs and local meth cooks to obtain. However, those efforts have provided only temporary relief, as DTOs and local meth cooks quickly find ways to subvert the controls. The latest subversion is "smurfing," where many individuals go from store to store purchasing small amounts of PSE at each location.

The July/August edition of *Sheriff* included an article discussing the success of an electronic PSE sales monitoring system being used in Kentucky to stop or catch smurfers. While the Kentucky system may be effective at identifying and helping to apprehend some smurfers, it has not eliminated smurfing and the problem is getting worse. Near the end of the article, the president of the company that manufactures the electronic monitoring system used in Kentucky was quoted as saying that he hopes it will mean fewer meth labs in years to come. Unfortunately, that does not appear to be the case.

The problem is that smurfers are getting around electronic monitoring systems, primarily in three ways: (1) Multiple false identifications; (2) employee collusion; and (3) mass amounts of smurfers, each purchasing a lawful amount, thereby evading these controls.

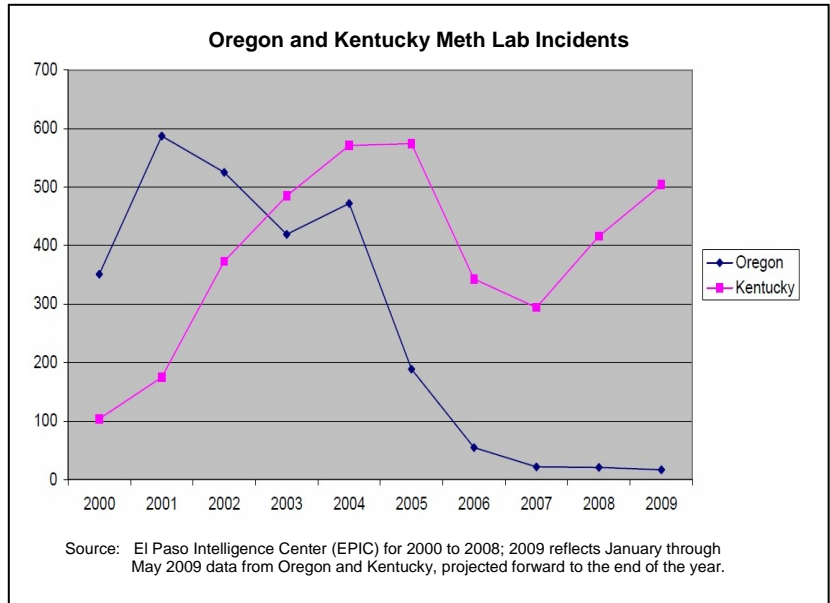
That is why the State of Oregon decided to use a different approach to the problem of smurfing.

In 2004, Oklahoma and Oregon were the first two states to effectively control PSE and reduce meth lab incidents. Oklahoma was the first to move PSE behind the counter, followed by Oregon. Eventually, the two states went separate directions to control smurfing. Oklahoma now limits PSE sales to pharmacies only, and has a fully integrated electronic monitoring stop sale system, similar to Kentucky. Effective July 1, 2006, Oregon returned PSE to prescription-only, as it was prior to 1976.

Oklahoma finished 2008 with 213 meth lab incidents, up from 148 in 2007. That resurgence is continuing: Oklahoma had 258 meth lab incidents during the first 5 months of 2009. Even with PSE sales limited to pharmacies only and with a fully integrated electronic monitoring stop sale system, Oklahoma had more meth lab incidents in the month of May of 2009 (64) than Oregon had over the entire last three years combined (61).

This is not to say the Oklahoma system is ineffective. To the contrary, it is an effective tool to help identify some smurfing. But it is not a solution to end smurfing. The same can be said about the Kentucky system (see the chart to the right).

In contrast, Oregon has eliminated smurfing. Mexico, the source of much of the meth on our streets, followed Oregon's lead, and then took even stronger action by banning PSE entirely. Five other nations have recently followed Mexico's lead.



This bold action has led to massive amounts of smurfing in California and other states, not only to feed small toxic meth labs, but to feed the “super labs” run by DTOs. The federal government has just released a report discussing the details, and the California legislature is considering a bill to make PSE a prescription drug. That report, legislation, and many other resources relating to the issue of PSE control, are available at [www.oregondec.org](http://www.oregondec.org).

It is important to keep in mind that PSE is not a cure for cancer. It doesn't even cure the common cold. It merely treats some symptoms, and there are plenty of alternatives.

Yes, electronic monitoring of PSE sales can be a valuable tool. However, it does not solve the problem of smurfing. We no longer have to guess what works and what doesn't work to end the problem of PSE smurfing. The solution is to return PSE to a prescription drug. This is pure prevention, and in the world of drug policy we often don't get such clear evidence of effectiveness. Enough is enough. We can and should be done with meth labs and the meth epidemic.