



## Pre and Post Pseudoephedrine Control Oregon Meth Lab Incident Statistics



<u>2003</u>		<u>2004</u>		<u>2005</u>		<u>2006</u>		<u>2007</u>		<u>2008</u>		<u>2009</u>	
January	34	January	40	January	24	January	9	January	3	January	3	January	0
February	38	February	42	February	19	February	6	February	0	February	4	February	3
March	36	March	49	March	23	March	15	March	1	March	1	March	2
April	49	April	39	April	31	April	8	April	1	April	2	April	1
May	51	May	59	May	26	May	4	May	4	May	4	May	1
June	26	June	42	June	15	June	6	June	0	June	0	June	0
July	37	July	42	July	7	July	4	July	0	July	2	July	
August	42	August	30	August	10	August	6	August	1	August	2	August	
September	52	September	28	September	8	September	2	September	3	September	1	September	
October	53	October	34	October	13	October	2	October	2	October	0	October	
November	33	November	18	November	9	November	1	November	3	November	1	November	
December	22	December	25	December	7	December	0	December	0	December	1	December	
473		448		192		63		18		21		7	

On October 15, 2004, the Oregon Board of Pharmacy adopted a rule requiring pseudoephedrine (PSE) products, other than certain liquids and gel caps, be kept behind the counter (BTC) and requiring picture ID for each sale. The rule went into effect on November 15, 2004. On April 6, 2005, the Board adopted a rule requiring PSE products be kept behind the *pharmacy* counter and requiring picture ID *and logging* for each sale. The rule went into effect on May 14, 2005. On April 5, 2006, the Board adopted a rule requiring a *prescription* for all PSE products. The rule went into effect on July 1, 2006. See NOTES on next page for details.

- For the 7 months the first rule was in place (Nov 2004 to May 2005), there were a total of 166 meth lab incidents; an average of 24 per month. For the 7 equivalent months in the year prior to the first rule (Nov 2003 to May 2004), there were a total of 284 meth lab incidents; an average of 41 per month. **This reflects a 41% reduction.**
- For the 13 months the second rule was in place (June 2005 to June 2006), there were a total of 117 meth lab incidents; an average of 9 per month. For the 13 equivalent months prior to a BTC pseudoephedrine rule (June to Oct 2004 and Nov 2003 to June 2004), there were a total of 502 meth lab incidents; an average of 39 per month. **This reflects a 77% reduction.**
- For the 35 months the third rule has been in place (July 2006 to May 2009), there were a total of 59 meth lab incidents; an average of 1.7 per month. For the 35 equivalent months prior to a BTC pseudoephedrine rule (July to Oct 2004, plus Nov to Dec 2003 x 3, plus Jan to Oct 2004 x 2, plus Jan to May 2004), there were a total of 1,338 meth lab incidents; an average of 38 per month. **This reflects a 96% reduction.** In addition, nearly all of the reported meth lab incidents in 2007, 2008, and 2009 were a dump site, partial or remnant (all but 8 of the 46): Oregon had only 3 operational meth lab incidents in 2007, 3 operational meth lab incidents in 2008, and 2 operational meth lab incidents (so far) in 2009. All have been attributed to smurfing PSE in neighboring states.

Questions?	Contact:	<b>Rob Bovett, Legal Counsel</b> Oregon Narcotics Enforcement Association <a href="mailto:rbovett@co.lincoln.or.us">rbovett@co.lincoln.or.us</a> (541) 265-4178	<b>Mike Dingeman, Lieutenant</b> Oregon State Police <a href="mailto:michael.dingeman@state.or.us">michael.dingeman@state.or.us</a> (503) 378-3720 ext 4435
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## NOTES (as of June 15, 2009)

- 1. Statistics Subject to Change:** The above statistics may represent unreported clan lab activity throughout the state. Currently, Oregon DOJ/HIDTA does not require police agencies to report clandestine lab activity. Also, there may be some minor adjustments to the most recent data due to late reporting of meth lab incidents.
- 2. Small User Meth Labs – What We Have Learned:**
  - As proven by a number of states, beginning with Oklahoma and Oregon in 2004, moving pseudoephedrine (PSE) behind the counter (with logging) significantly reduced meth lab incidents. Therefore, in 2006, Congress passed the “Combat Methamphetamine Epidemic Act” (CMEA). Subtitle A of the CMEA moved all PSE products behind the counter (with logging), effective September 30, 2006.
  - The remaining meth labs are driven by smurfing (using many persons who go from store to store purchasing PSE products).
  - To eliminate smurfing, Oregon moved PSE to prescription only, effective July 1, 2006. There were few complaints and no public outcry. Most PSE products were simply reformulated. The result is the complete elimination of smurfing in Oregon, and the near elimination of meth labs. The few remaining meth labs each year in Oregon are due to smurfing in neighboring states.
- 3. Drug Trafficking Organization “Super Labs” (10 lbs or more of methamphetamine per reaction cycle) – What We Have Learned:**
  - Controlling the international supply of PSE directly impacts the supply of meth.
  - Subtitle B of the CMEA provides for international tracking and control of the PSE feeding the super labs. Coupled with strong action by Mexico and the United Nations, there was substantial progress tracking and stopping shipments of PSE feeding the super labs.
  - The initial results were very positive: Declining meth purity and increasing meth price throughout most of the United States.
  - Mexico has now banned PSE entirely.
- 4. Smurfing – The Problem, and the Solution:**
  - As a result of this success, many states that have not moved PSE to prescription have recently experienced a surge of smurfing and a resurgence of meth labs. There is also a resurgence of super labs in California. All due to smurfing.
  - This is very bad news for public safety, the environment, and drug endangered children.
  - Electronic monitoring of PSE sales is burdensome, expensive, and reactive.
  - Instead, be proactive: Oregon completely eliminated smurfing without all of that trouble and expense, simply by returning PSE to a prescription drug, as it was prior to 1976.
- 5. Additional thoughts:**
  - The Oregon alternative “offers an effective approach . . . if broadly adopted, there would be no reason to develop state or national tracking systems, resulting in substantial, ongoing savings . . .” – NAMSDL Meth Precursor Tracking Advisory Committee
  - In addition to abuse and use to make meth, pseudoephedrine has “undesirable side effects, including central nervous system stimulation, lightheadedness, nervousness, anxiety, paranoia, heart arrhythmia, atrial fibrillations and premature ventricular contractions.” – United States Patent 6,495,529 (Booth, *et al*) (Warner-Lambert, *nka* Pfizer) (December 17, 2002), column 1, lines 57 *et seq*, citing 95 American Hospital Formulary Service 847-48.



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