

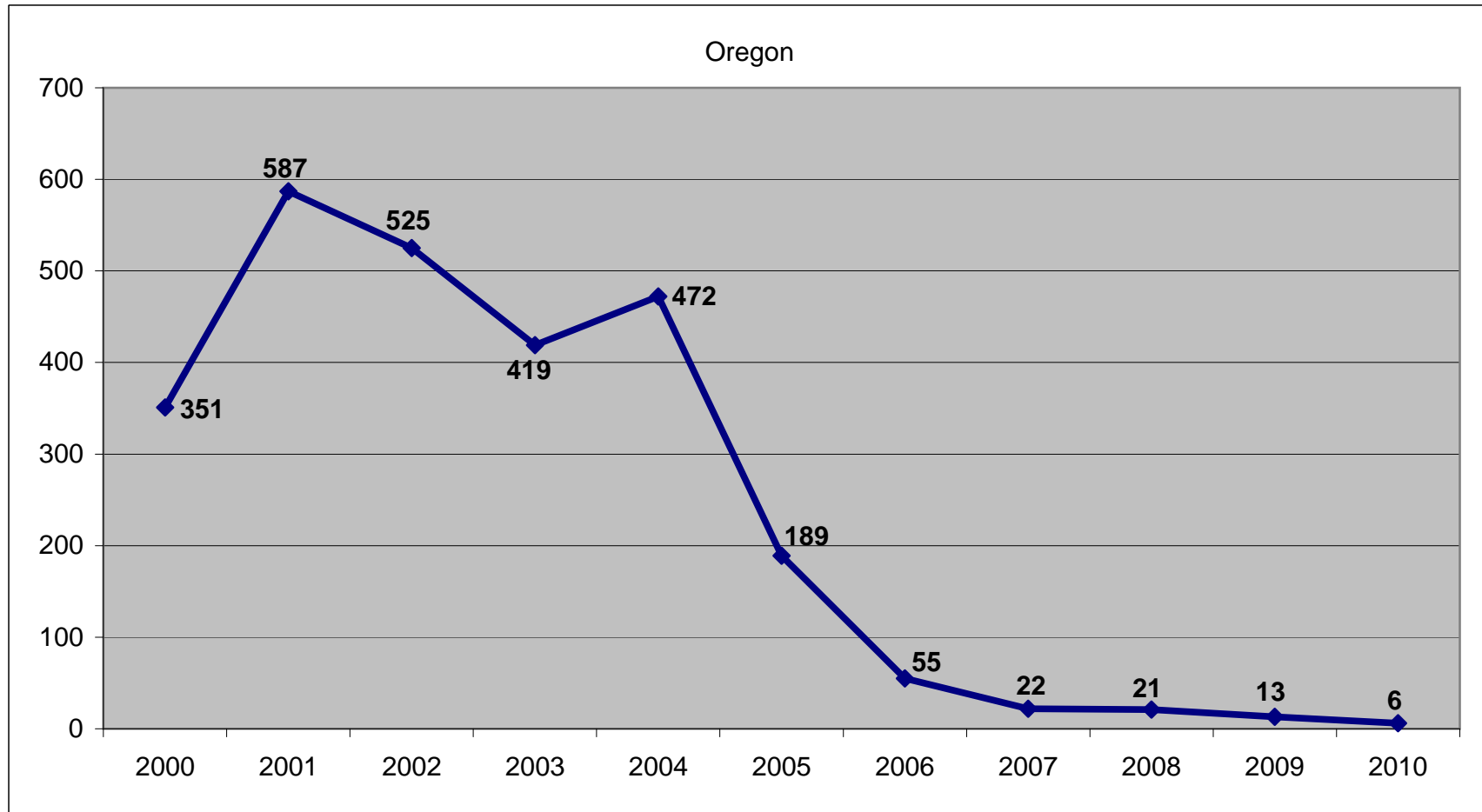
## Methamphetamine - Oregon Fact Sheet

- In 2005, Oregon shifted away from drug polices based on fear and reaction, and moved toward drug polices based on science and proaction in the areas of Prevention, Enforcement, and Treatment.  
<http://oregon.gov/Gov/docs/OMTF-ClosingMemo.pdf>
- Included within Prevention is effective control of the key meth precursor, pseudo/ephedrine (PSE). Effective July 1, 2006, Oregon returned PSE to a prescription drug, as it was prior to 1976.  
<http://www.leg.state.or.us/05reg/measpdf/hb2400.dir/hb2485.en.pdf>
- PSE smurfing in Oregon has been eliminated, and meth labs in Oregon nearly eliminated.  
<http://www.oregondec.org/OregonMethLabTrends.pdf>
- Mexico followed Oregon's lead, and then banned PSE entirely. The result is that meth from Mexico is pure, cheap, and plentiful, but weak. The potency of meth from Mexico is down substantially.  
<http://www.oregondec.org/MPP-UpdatedInfo.pdf>
- Oregon drug arrests:
  - From November of 2006 to November of 2008:
    - The number of sworn law enforcement officers in Oregon increased.
    - There was a 31% drop in drug arrests in Oregon.
      - Nearly all of that decline was meth arrests.
      - Most other drug arrests remained flat or increased slightly.  
<http://www.oregon.gov/CJC/SAC.shtml>
- Oregon drug treatment admissions have remained relatively constant over the past five years. However, meth treatment admissions are down by over 20%.  
<http://www.oregon.gov/DHS/mentalhealth/data/main.shtml>
- Oregon emergency room meth-related visits are down by a third.  
[http://www.oregonlive.com/health/index.ssf/2010/06/decongestant\\_ban\\_cut\\_ohsus\\_met.html](http://www.oregonlive.com/health/index.ssf/2010/06/decongestant_ban_cut_ohsus_met.html)
- Arrestee Drug Abuse Monitoring (ADAM) - 2008 ADAM II Report:
  - From the Executive Summary: "In Sacramento the proportion of arrestees involved in acquiring methamphetamine in the prior 30 days remains high (26%), unchanged from 2007, but in Portland reported acquisition is significantly lower (13%) than 2007 levels (23%)."
  - From the Conclusion: "Methamphetamine . . . declines significantly in one of the ADAM II western sites (Portland) from 2007 (20% positive) to 2008 (15% positive). Thirty five percent of Sacramento arrestees test positive in 2008, representing no statistically significant change from 2007."  
<http://whitehousedrugpolicy.gov/publications/pdf/adam2008.pdf>
- Oregon crime rates:
  - 78% of property crimes are committed by addicts stealing to pay for their addiction.  
[http://www.doj.state.or.us/about/pdf/annual\\_report\\_2009.pdf](http://www.doj.state.or.us/about/pdf/annual_report_2009.pdf)
  - In 2008, Oregon experienced the largest decrease in crime rates in our nation.  
[http://www.oregonlive.com/news/index.ssf/2009/09/oregon\\_leads\\_the\\_nation\\_in\\_vio.html](http://www.oregonlive.com/news/index.ssf/2009/09/oregon_leads_the_nation_in_vio.html)
  - By 2009, Oregon crime rates were at a 50-year low.  
[http://www.leg.state.or.us/press\\_releases/sdo\\_052410\\_III.html](http://www.leg.state.or.us/press_releases/sdo_052410_III.html)
- NOTE: PSE imports into the United States are up substantially - US estimates under 1988 UN Convention:
  - 2005: Just over 382,000 kilograms.
  - 2010: Just over 650,000 kilograms.  
[http://www.incb.org/pdf/e/precursors/20100305Estimates\\_Table.pdf](http://www.incb.org/pdf/e/precursors/20100305Estimates_Table.pdf)

### Oregon Meth Lab Incidents\*

	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>	<u>2004</u>	<u>2005</u>	<u>2006</u>	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>
Oregon	351	587	525	419	472	189	55	22	21	13	6

\* Annual numbers are directly from Oregon; 2010 is an estimate based on doubling the number for the 1st half of 2010 (namely 3).





## 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>		<u>2010</u>	
January	34	January	40	January	24	January	9	January	3	January	3	January	0	January	1
February	38	February	42	February	19	February	6	February	0	February	4	February	3	February	1
March	36	March	49	March	23	March	15	March	1	March	1	March	3	March	1
April	49	April	39	April	31	April	8	April	1	April	2	April	1	April	0
May	51	May	59	May	26	May	4	May	4	May	4	May	3	May	0
June	26	June	42	June	15	June	6	June	0	June	0	June	0	June	0
July	37	July	42	July	7	July	4	July	0	July	2	July	0	July	0
August	42	August	30	August	10	August	6	August	1	August	2	August	1	August	1
September	52	September	28	September	8	September	2	September	3	September	1	September	1	September	1
October	53	October	34	October	13	October	2	October	2	October	0	October	0	October	0
November	33	November	18	November	9	November	1	November	3	November	1	November	0	November	0
December	22	December	25	December	7	December	0	December	0	December	1	December	0	December	0
473		448		192		63		20		21		13		3	

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 48 months the third rule has been in place (July 2006 to June 2010), there were a total of 72 meth lab incidents; an average of 1.5 per month. For the 48 equivalent months prior to a BTC pseudoephedrine rule (Jan to Oct 2004 x 4, plus Nov to Dec 2003 x 4), there were a total of 1,840 meth lab incidents; an average of 38.3 per month. **This reflects a 96% reduction.** In addition, the majority of the reported meth lab incidents in 2007, 2008, and 2009 were a dump site, partial or remnant (62 of the 72): Oregon had 3 operational meth lab incidents in 2007, 3 in 2008, 3 in 2009, and 1 so far in 2010. All cases where the PSE has been traced have been attributed to smurfing PSE in neighboring states.

Questions?

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## NOTES (as of July 12, 2010)

- 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:**
  - a. 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.
  - b. The remaining meth labs are driven by smurfing (using many persons who go from store to store purchasing PSE products).
  - c. 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:**
  - a. Controlling the international supply of PSE directly impacts the supply of meth.
  - b. 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.
  - c. The initial results were very positive: Declining meth purity and increasing meth price throughout most of the United States.
  - d. Mexico has now banned PSE entirely. The results are declining meth potency.
- 4. Smurfing – The Problem, and the Solution:**
  - a. 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.
  - b. This is very bad news for public safety, the environment, and drug endangered children.
  - c. Electronic monitoring of PSE sales is burdensome, expensive, reactive, and does not solve the problem.
  - d. Instead, be proactive: Oregon completely eliminated smurfing simply by returning PSE to a prescription drug, as it was prior to 1976.
- 5. Additional thoughts:**
  - a. **“Law enforcement does not want to arrest more smurfers or find more methamphetamine labs. Law enforcement wants to eliminate smurfing and prevent methamphetamine labs.”** – Position paper of the National Methamphetamine & Pharmaceuticals Initiative Advisory Board
  - b. 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
  - c. 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.



[www.oregondec.org](http://www.oregondec.org)

## **Oregon legislation returning pseudoephedrine (PSE) to a prescription drug** *(effective July 1, 2006)*

The Oregon legislation returning pseudoephedrine (PSE) to a prescription drug in Oregon was contained within Enrolled 2005 Oregon House Bill 2485:

- <http://www.leg.state.or.us/05reg/measpdf/hb2400.dir/hb2485.en.pdf>

The PSE provisions are in Sections 11 through 13a on pages 5 through 8 of the bill.

The key PSE sections are now codified as Oregon Revised Statutes (ORS) sections 475.973 (directive to move PSE to CIII) and 475.843 (safe harbor affirmative defense):

- <http://www.leg.state.or.us/ors/475.html>

Both sections are recited below.

The key rules adopted by the Oregon Board of Pharmacy are found in Oregon Administrative Rule (OAR) sections 855-080-0023 (moving PSE to CIII, effective July 1, 2006) and 855-080-0065 (exemption from the usual CIII enhanced cage and security requirements):

- [http://arcweb.sos.state.or.us/rules/OARS\\_800/OAR\\_855/855\\_080.html](http://arcweb.sos.state.or.us/rules/OARS_800/OAR_855/855_080.html)

Both sections are recited below.

### **ORS 475.973. Rulemaking authority regarding products containing ephedrine, pseudoephedrine and phenylpropanolamine; records.**

(1)(a) Notwithstanding ORS 475.045, the State Board of Pharmacy may not adopt rules that exempt a product containing ephedrine or pseudoephedrine from classification as a controlled substance. Except as otherwise provided in this paragraph, the State Board of Pharmacy shall adopt rules to classify ephedrine, pseudoephedrine and phenylpropanolamine as Schedule III controlled substances. The Schedule III classification may be modified by the State Board of Pharmacy if the State Board of Pharmacy finds that restrictions on products containing ephedrine, pseudoephedrine or phenylpropanolamine under a Schedule III designation do not significantly reduce the number of methamphetamine laboratories within the state.

(b) Records of transactions involving products containing ephedrine, pseudoephedrine or phenylpropanolamine are subject to inspection by the State Board of Pharmacy and law enforcement agencies. A person required to make or maintain records of transactions involving products containing ephedrine, pseudoephedrine or phenylpropanolamine shall forward the records to the Department of State Police if directed to do so by the department. Failure to forward records as required by this paragraph is a Class A misdemeanor.

(2) This section does not apply to products that the State Board of Pharmacy, upon application of a manufacturer, exempts by rule because the product is formulated to effectively prevent conversion of the active ingredient into methamphetamine or its salts or precursors. Upon notification from the Department of State Police that the department has probable cause to believe that a product exempted under this subsection does not effectively prevent conversion of the active ingredient into methamphetamine or its salts or precursors, the State Board of Pharmacy may issue an emergency rule revoking the exemption for the product pending a full hearing.

### **ORS 475.843. Affirmative defense to unlawfully possessing pseudoephedrine.**

It is an affirmative defense to a charge of violating ORS 475.840 by unlawfully possessing pseudoephedrine that the person:

- (1) Obtained the pseudoephedrine lawfully;
- (2) Possessed no more than six grams of pseudoephedrine, the salts, isomers or salts of isomers of pseudoephedrine or a combination of any of these substances; and
- (3) Possessed the pseudoephedrine under circumstances that are consistent with typical medicinal or household use, as indicated by factors that include but are not limited to storage location, purchase date, possession of the products in a variety of strengths, brands, types or purposes and expiration date.

**OAR 855-080-0023. Schedule III.**

Schedule III consists of the drugs and other substances by whatever official, common, usual, chemical, or brand name designated, listed in 21 CFR part 1308.13; and

- (1) Products containing pseudoephedrine or the salts of pseudoephedrine as an active ingredient.
- (2) Products containing ephedrine or the salts of ephedrine as an active ingredient.
- (3) Products containing phenylpropanolamine or the salts of phenylpropanolamine as an active ingredient.

**OAR 855-080-0065. Security.**

(1) Applicants for registration and registrants must comply with the security requirements of 21 CFR 1301.02, 1301.71 through 1301.76 and 1301.90 through 1301.93, which apply to their registration classification. The requirements of 21 CFR 1301.75 and 1301.76 relating to "practitioners" are applicable to applicants and registrants who are drug dispensers.

(2) The security requirements of subsection one of this rule apply to all "controlled substances," as defined in these rules, except ephedrine, pseudoephedrine and phenylpropanolamine.

(3) Applicants and registrants must guard against theft and diversion of ephedrine, pseudoephedrine and phenylpropanolamine.

For more information, visit [www.oregondec.org](http://www.oregondec.org)

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