Pre and *Post*
Pseudoephedrine Control
Oregon Meth Lab Stats

2003		2004		2005		2006		2007	
January	34	January	40	*January*	*24*	*January*	*9*	*January*	*2*
February	38	February	42	*February*	*19*	*February*	*6*	*February*	*0*
March	36	March	49	*March*	*23*	*March*	*15*		
April	49	April	39	*April*	*31*	*April*	*7*		
May	51	May	59	*May*	*26*	*May*	*5*		
June	26	June	42	*June*	*15*	*June*	*5*		
July	37	July	42	*July*	*7*	*July*	*4*		
August	42	August	30	*August*	*10*	*August*	*6*		
September	52	September	28	*September*	*8*	*September*	*2*		
October	53	October	34	*October*	*13*	*October*	*2*		
November	33	*November*	*18*	*November*	*9*	*November*	*1*		
December	22	*December*	*25*	*December*	*7*	*December*	*0*		
Total:	473		448		192		62		

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 Pharmacy Board adopted a rule requiring those 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 Pharmacy 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 further explanation.

For the 7 months the first rule was in place (November 2004 to May 2005), there were a total of 166 meth labs; an average of 24 per month. For the 7 equivalent months in the year prior to the first rule (November 2003 to May 2004), there were a total of 284 meth labs; 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 116 meth labs; an average of 9 per month. For the 13 equivalent months prior to a BTC pseudoephedrine rule (June 2004 to October 2004 and November 2003 to June 2004), there were a total of 502 meth labs; an average of 39 per month. This reflects a 77% reduction.

For the 8 months the third rule has been in place (July 2006 to February 2007), there were a total of 17 meth labs; an average of 2 per month. For the 8 equivalent months prior to a BTC pseudoephedrine rule (July 2004 to October 2004, and November 2003 to February 2004), there were a total of 271 meth labs; an average of 34 per month. This reflects a 94% reduction.

www.oregonmethwatch.org

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NOTES

(as of March 12, 2007)

1. 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.

2. The **first rule** adopted by the Oregon Board of Pharmacy on October 15, 2004, included all elements of the Oklahoma rule (Schedule V) except: (a) An ID was required, but there was no logging for each sale; (b) there was a 9 gram limitation per sale, but no specific limitation over a 30-day period; and (c) the "combination" products were allowed to remain behind the counter in both pharmacies and grocery/convenience stores. The first rule went into effect on November 15, 2004. The **second rule** adopted by the Oregon Board of Pharmacy on April 6, 2005, includes **all** elements of the Oklahoma rule. The second rule went into effect on May 14, 2005.

3. Oregon experienced the same migration of meth cooks and smurfers across state lines as experienced in Oklahoma. *Compare* "Meth Makers Flock Here for Ingredients," *Wichita Eagle* (Wichita, Kansas), 12/14/04, with "Oregon Law Drives Meth Makers to Washington," *King 5* (Seattle, Washington), 2/15/05.

4. The source of pseudoephedrine for the majority of Oregon's remaining meth labs is interstate smurfing (*see* Note 3 above), as well as group smurfing at pharmacies here in Oregon.

5. To address interstate smurfing, the Governor's Meth Task Force urged Congress to pass the "Combat Methamphetamine Act" (CMA), which would have nationalized the highly successful OK/OR **rule**.

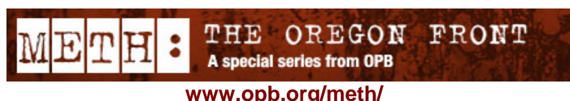
6. To address group smurfing, the Oregon Legislature enacted House Bill 2485. Among other things, HB 2485 required the Oregon Board of Pharmacy to move all pseudoephedrine products to Schedule III (prescription) on or before July 1, 2006. On April 5, 2006, the Oregon Board of Pharmacy adopted this **third rule**, which went into effect on July 1, 2006.

7. In the "Synthetic Drug Control Strategy" released June 1, 2006, the federal government again updated its estimates relating to the production of methamphetamine. The report estimated that about 20% comes from small toxic labs (STL's), and about 80% comes from the super labs (SL's) of major drug trafficking organizations. To address the international pseudo/ephedrine being diverted to the super labs, we urged Congress to enact the "Methamphetamine Epidemic Elimination Act" (MEEA), which proposed strong monitoring of international pseudo/ephedrine, in direct response to the "Unnecessary Epidemic" series published by The Oregonian.

8. Title VII of the USA PATRIOT Act reauthorization bill (HR 3199) is entitled the "Combat Methamphetamine Epidemic Act" (the CMEA). Subtitle B of the CMEA includes the strong international PSE monitoring from the MEEA. However, Subtitle A of the CMEA *did not* adopt the strong domestic PSE control **rule** from the CMA. Instead, the CMEA adopted a **weaker rule** that fails to restrict retail sale of PSE products to pharmacies. The CMEA was signed into law on March 9, 2006 (PL 109-177).

9. On March 22, 2006, the United Nations General Assembly adopted a resolution which, among other things, calls for all nations to establish legitimate precursor import levels, track bulk precursor shipments, and report those shipments to the International Narcotics Control Board. UN Resolution 60/178 (2006); *see also* CND Resolution 48/11 (2006) and INCB Precursors Report (2005).

10. If the strong international controls referred to in notes 8 and 9 above have the desired effect on super labs, individual states that have not moved PSE to **Schedule III** (or at least a full **Schedule V**) may experience a significant increase in the incidence of small toxic labs to fill the resulting gap in supply. **Fair warning is hereby given.**



www.opb.org/meth/

www.pbs.org/wgbh/pages/frontline/meth/