

Overview

In July 2006, Oregon became the first state to require a prescription for products containing pseudoephedrine and ephedrine, such as cold and allergy medications. Mississippi implemented a similar law in 2010. Both states experienced substantial reductions in the number of methamphetamine (meth) lab seizures shortly their respective laws went into effect. At the time, these reductions were considered short-term markers of the laws' success. However, lab seizures are only part of the picture and cannot be used to assess the success or failure of a policy without additional data. Variables such as prevalence estimates, treatment admissions, mortality rates, arrests, and other consequence statistics must also be considered when assessing the true magnitude of a state's meth problem.

Meth-Related Deaths

- In Oregon, the number of meth-related deaths has been increasing since 2007, with numbers reaching their highest levels in 2014. Meth has now surpassed heroin as the leading drug causing death in the state.

The research team concluded that the relationship between the PSE prescription laws and the decline in meth lab incidents is spurious for the following reasons:

- Similar decreases in the number of meth lab incidents occurred in surrounding states for both Oregon and Mississippi, suggesting a regional trend as opposed to a unique event in each of the two states, and making the case for the laws' impact even less significant.
- Law enforcement agencies in Oregon and Mississippi report that meth supply has remained plentiful throughout the study period, with meth imported from Mexico making up for any lost domestic meth production.
- It is possible that that the decline in labs was due more to outside sources of supply than to the passage of PSE prescription legislation. Mexican traffickers may have contributed to the decline in meth labs in Mississippi and Oregon (and surrounding states) as they were able to provide ample supply of equal or greater quality meth at competitive prices.

- Since 2010, over 100 bills have been filed in 27 states with prescription only provisions yet Oregon and Mississippi remain the only two states with prescription-only mandates.

- Electronic tracking and block of sales to those exceeding quantity limits is the most common approach states are using, with 32 states having taken this approach to regulate access to PSE.

Multnomah County's biggest drug bust ever on February 23rd, 2017 This bust of more than 100 pounds of meth highlights a new trend in drug trafficking.

Inside the home, agents discovered several more pounds of crystal meth as well as canisters containing multiple pounds of liquid meth that was in the process of being converted into crystal meth.

The bust shows the latest trends Mexican drug cartels are using to avoid detection.

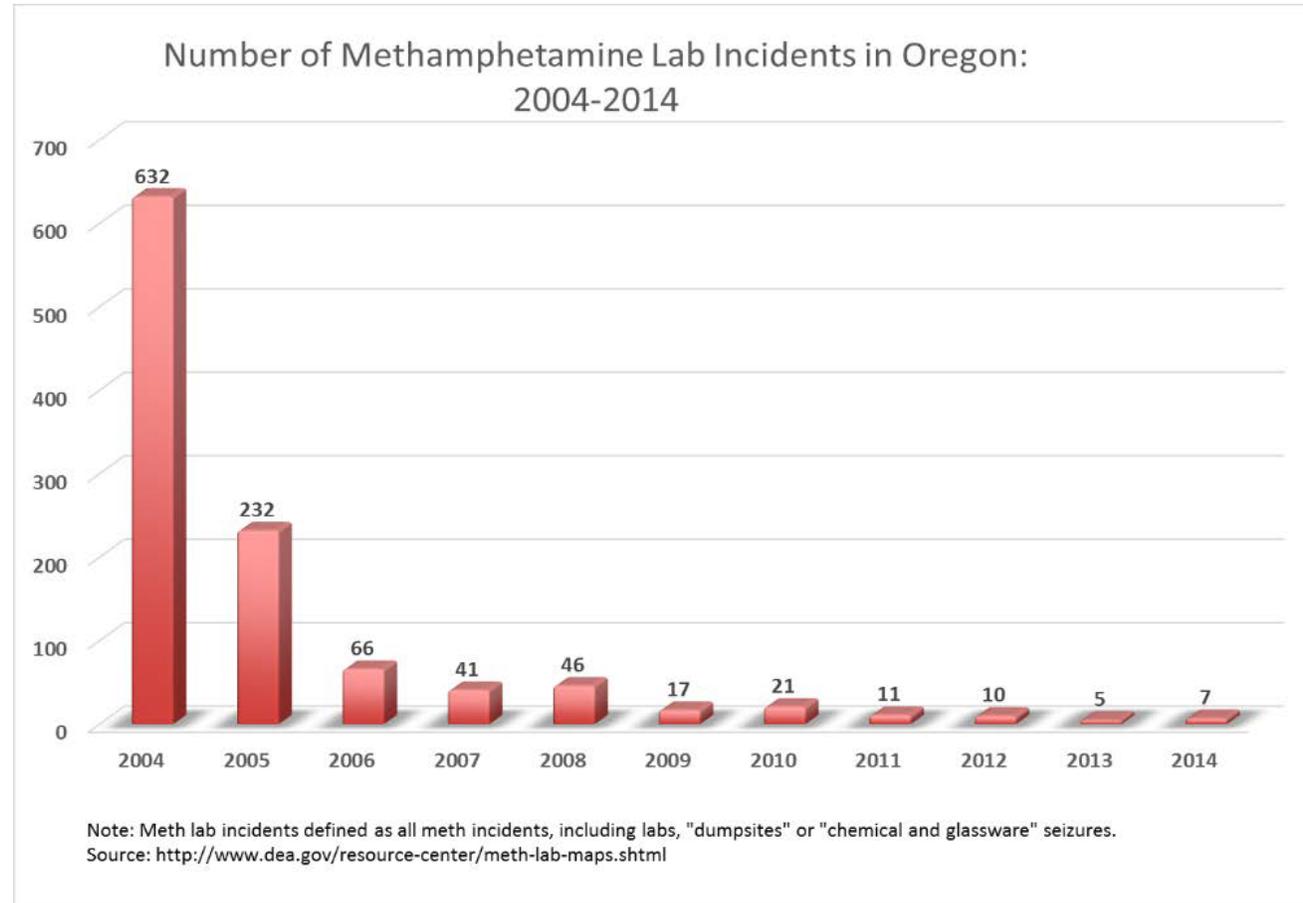
Rather than cooking crystal meth in Mexico and smuggling the finished product across the border, we are seeing a trend by the cartels to ship the liquid meth in vehicle gas tanks, car batteries and windshield wiper fluid compartments into the U.S. where it is chemically converted into crystal meth or "ice" once it reaches the city or state of distribution.

- DEA meth lab incident trends in the four states surrounding Oregon mirror Oregon's rather than the national trend—remaining low after their initial decrease, rather than rising again beginning in 2008 (DEA, n/d). Law enforcement officials in Oregon note that, in every meth lab incident that has occurred since its prescription-only law was implemented where the source of PSE could be traced, the PSE originated from one of the four surrounding states (GAO, 2013).
- Though Alabama, Arkansas, Louisiana, and Tennessee have not implemented prescription-only laws as widespread as Mississippi's, Arkansas approved a law in 2011 (SB437) that requires individuals without an Arkansas- or U.S. Department of Defense (DOD)-issued identification to obtain a prescription prior to purchasing medications or other substances containing pseudoephedrine (NASCA, 2012).

- However, there is a lack of consensus in the literature concerning causality and the laws' true impact. For both Oregon and Mississippi, not only did the number of lab incidents in those states drop after the laws' implementation, lab incidents declined in surrounding states as well.
- The same basic lab incident trends occurred in Mississippi's surrounding states. With the exception of Tennessee, all states experienced at least an 85 percent reduction in the number of lab incidents between 2004 and 2014.

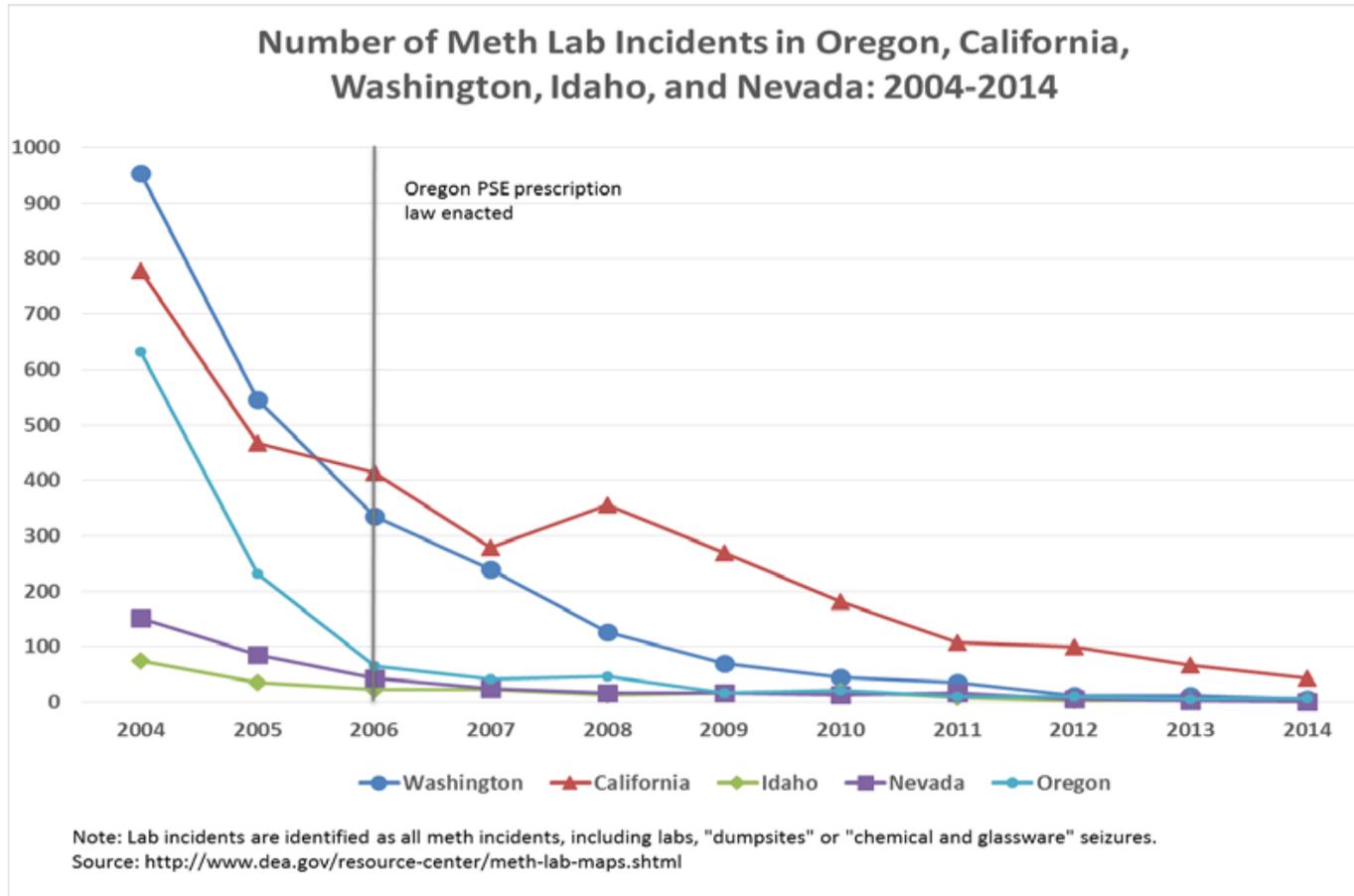
In Oregon, there was a 99 percent decrease in the number of lab incidents, from 632 in 2004 to 7 in 2014. However, the majority of these declines occurred before the PSE prescription law was fully implemented, between 2004 and 2006.

Figure 1: Number of Methamphetamine Lab Incidents in Oregon: 2004-2014



Further, as Figure 2 shows, this reduction in lab incidents occurred in all states bordering Oregon: Washington, California, Idaho, and Nevada. In fact, all five states experienced at least a 95 percent decrease in the number of meth lab incidents throughout the 2004 – 2014 period. These commonalities show evidence of a regional trend that has yet to be identified or confirmed.

Figure 2: Number of Methamphetamine Lab Incidents in Oregon, California, Washington, Idaho & Nevada: 2004-2014



- Some suggestions as to what may have caused the overall regional decrease in labs are: (1) reduced federal funding to clean up meth labs may have reduced state and local law enforcement's incentive to report all meth lab incidents to the DEA (GAO, 2013); (2) a technological or market change may have affected meth over that time period (Stromberg and Sharma, 2012); and, (3) national precursor regulations may have had an effect on all states (GAO, 2013).
- Law enforcement identifies Mexico as the primary source of Oregon's meth, with a small amount being produced in California and the Southwest. The report also mentions that the number of meth seizures and pounds of meth seized has increased substantially since 2007, the year after the PSE prescription law was implemented. In 2010, Oregon HIDTA Task Forces seized 157 pounds of meth, but this number more than tripled to 578 pounds in 2014. Anecdotal evidence confirms the increased availability, as do other factors presented later in this report.

- Not only is crystal meth from Mexico, California, and Texas a problem, law enforcement still encounters domestic meth produced via the “one pot” or “shake and bake” methods. However these techniques only yield a small amount of meth and are typically used only for personal consumption.
- Estimated past-year meth use has remained stable over the 2004-2013 period in Oregon, Mississippi, and their surrounding states. Meth is used less frequently than marijuana, cocaine, and nonmedical use of pain relievers.

- The authors found no evidence of changes in methamphetamine consumption or arrest for drug possession, suggesting external sources of supply over national borders.

- The authors found no significant impact for Oregon's regulation, as seizures there and in nearby western states had largely bottomed out months before the regulation was implemented.

- Given that demand for meth changes very little with price, the authors state that their failure to find evidence for higher prices suggests that the disruptive effects of prescription-only legislation on meth availability is quite small. This may likely be due to international imports being readily available to displace domestic producers. The authors concluded that while prescription-only laws can reduce the number of domestic small methamphetamine labs in operation, methamphetamine availability is unlikely to be materially impacted.

- While the authors acknowledge that a prescription-only requirement would likely reduce PSE purchase for illicit use and curb methamphetamine production and related costs, their model indicated that a prescription-only policy would result in new physician visits, and significant increases in out-of-pocket patient costs as well as public and private payer costs.

The Solution to This Problem is Already Here:

NPLEx is provided free of charge on a permanent basis to state governments that pass appropriate legislation and regulations. This includes implementation to all retailers, access to law enforcement, full 24/7 technical support, training for retailers and law enforcement, and maintenance and upgrades.



POS | POV

The Retail Management Solutions Point-of-Sale Point-of-View

RMS Interface to MethCheck/NPLeX - updated 9/20/2011

Posted by [Brad Jones](#) on Fri, Jun 03, 2011 @ 11:22 AM

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Update Release Information - beta testing with Apriss is completed and we have been asked to focus on customers in states that are getting ready to go live on NPLeX. This means if you are already using the web version of NPLeX, you will need to continue doing so. Once we have the customers from states going live between now and the end of the year set up on our interfaced NPLeX version, we will contact you. This was a request of Apriss to avoid setting up each new member twice.

Retail Management Solutions announced today it is proceeding with an interface to Apriss Corporation's **MethCheck** solution to help combat the Meth problem around the country. Currently, 13 states now require pharmacies to participate in the **NPLeX** program which uses the **MethCheck** solution.

What is NPLeX?

NPLeX is a unique public/private partnership offering a real-time electronic methamphetamine precursor tracking service, free of charge, to law enforcement and state governments.

Who are the partners in the NPLeX system?

The National Association of Drug Diversion Investigators (NADDI) is the provider of the service. The manufacturers of the medicines are the sponsors of NPLeX, and pay for the entire cost of the service. Apriss®, Inc., is the technology vendor whose product, MethCheck, won the competitive bid to provide the service.

What is the cost to state government?

NPLeX is provided free of charge on a permanent basis to state governments that pass appropriate legislation and regulations. This includes implementation to all retailers, access to law enforcement, full 24/7 technical support, training for retailers and law enforcement, and maintenance and upgrades.

How does law enforcement get access to the data in NPLeX? Law enforcement officers simply contact Apriss

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VOTERS SUPPORT OTC PURCHASE OF PSEUDOEPHEDRINE PRODUCTS

Support is strong across party lines and all demographics. Those younger than 65 years old are the strongest supporters.

Q59. As you may know, Oregonians are required to obtain a doctor's prescription for products that contain the drug pseudoephedrine, which is commonly sold in 'cough and cold' products such as Sudafed. This was done to fight the methamphetamine epidemic ravaging Oregon at the time the law was implemented in 2006. Would you favor or oppose repealing this law and allowing Oregonians with proper identification to purchase these products over-the-counter (without a doctor's prescription)?

Repeal current law allowing Oregonians with proper ID to purchase pseudoephedrine over-the-counter

