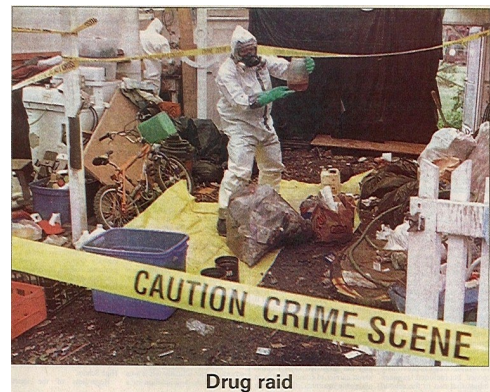


**Please Oppose House Bill 2303 and the Dash-2 Amendments
HB 2303 Will Set Oregon Up for a Resurgence in Local Toxic Meth Labs
. . . and There is a Better Answer**

In the late 1990's and early 2000's, Oregon experienced an epidemic of local toxic meth labs, with devastating impacts on drug endangered children, the environment, property owners, law enforcement, and many others. Regional drug enforcement teams became hazardous material clean-up crews.

The Oregon legislature responded in 2001 and 2003 with restrictions on pseudoephedrine (PSE), the key ingredient needed to make meth in nearly all local toxic meth labs. Those restrictions helped dramatically reduce meth labs in Oregon, but we found a big hole in our system of logging and tracking PSE sales: Group "smurfing."

Group smurfing is where numerous people each purchase PSE for later resale on the local black market. That's how meth cooks got around our system prior to 2006, and still today get around PSE sales tracking systems, including the industry-touted system known as [NPLeX](#), which is what HB 2303 proposes to implement in Oregon.



So in 2005, after a big [battle](#) with the pharmaceutical industry, the Oregon legislature passed a [bill](#) to return PSE to a prescription drug, which is what it was prior to 1976, and prior to the meth lab epidemic. That action eliminated group smurfing, and virtually eradicated meth labs in Oregon, years before any other state was able to do likewise. In 2009, Oregon had 12 meth lab incidents. That same year, the State of Washington had 186. By 2012, Oregon had 7 - Washington had 84.

House Bill 2303 would undo that successful [2005 Oregon legislation](#), and leave Oregon open to a resurgence of group smurfing and local toxic meth labs, once the hydraulics of meth change again, which they will.

However, there is a better answer to providing Oregonians with greater access to PSE, without posing the unacceptable risks posed by HB 2303:

Make PSE a formulary drug and allow any pharmacist to prescribe and dispense PSE products without a doctor's prescription.

The incidence of local toxic meth labs is driven by four hydraulics, each of which can act independently of the others:

1. **Purity:** The percentage of meth as compared to diluents and other impurities.
2. **Potency:** The percentage of the potent d-meth, as compared to l-meth.
3. **Price:** The average cost of meth on the street.
4. **Poundage:** The volume of supply of meth on the street.

Meth hydraulics in many parts of the United States, including Oregon, are currently very bad for meth addiction - meaning that meth on the street right now is pure, potent, cheap, and plentiful. The source of nearly all meth on the West Coast is from super labs operated in Mexico that are fed by bulk precursors smuggled from Asia. That means there is currently little incentive to locally cook meth in many parts of the United States, including Oregon. However, history has proven time and again that those hydraulics will change - it's not a matter of "if" - it's a matter of "when."



All we have to do is look to other parts of the United States, where the hydraulics of meth are different, and where they rely on a PSE tracking system, most notably the industry promoted [NPLeX](#) system. For example, in the Midwest:

- Indiana, which has used the [NPLeX](#) system since 2012, had 192 meth lab incidents in 2018, and removed 14 children from those toxic environments.
- Ohio, another [NPLeX](#) state, had over 100 incidents of drug endangered children affected by local toxic meth labs in 2016.

Those are not signs of success.

We should never want to return to the time when Oregon law enforcement officers regularly had to put on chemical suits and self-contained breathing apparatus to intervene in local toxic meth labs within the reach of drug endangered children, in the context of family addiction and dysfunction.

The virtual elimination of meth labs in Oregon, and the insurance that law continues to provide to Oregon when the hydraulics of meth change again, was one of the single greatest steps toward increasing child safety ever achieved by a collaborative effort. Elimination of local meth labs eliminated the toxic environments from those Oregon homes.

Please oppose House Bill 2303. Oregon's drug endangered children, environment, and law enforcement deserve better . . . and there is a better answer.