Testimony of Oregon Attorney General John R. Kroger[1]
Oregon's Methamphetamine Control Strategy
United States Senate Caucus on International Narcotics Control
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Thank you for the opportunity to present testimony on Oregon's efforts to eradicate domestic methamphetamine production.

As you know, meth is an extraordinarily dangerous drug. Meth addiction causes significant public health problems. In my state, it is a major cause of property crimes, identity theft, and child abuse.

Our nation's strategy to combat meth must embrace three basic elements: (1) tough enforcement against meth production and distribution organizations; (2) world-class prevention and recovery programs; and (3) rigorous control of pseudoephedrine. It is this last point that I wish to address today.

Unlike other illicit drugs like heroin and cocaine, methamphetamine is synthetic. To produce it, drug traffickers require only one key ingredient: Pseudoephedrine, a decongestant used in some cold and allergy medicines. Originally, pseudoephedrine was available to patients only by prescription. In 1976, however, we began to make it available over-the-counter at pharmacies. When our nation made that decision, we did not know that it would result in the creation and wide distribution of methamphetamine. Now, it is time to reconsider that decision.

In 2005 the State of Oregon, faced with a meth addiction epidemic, passed ground-breaking legislation returning pseudoephedrine to prescription-only status. The law returned us to our pre-1976 position, requiring a person to get a doctor's prescription in order to buy any medicine containing pseudoephedrine.

The impact of this change has been astounding. In 2004, before the law was passed, Oregon law enforcement officers busted and shut down 472 meth labs in our state. In 2007 we shut down only 22.[2] That sharp decline has continued. In 2009, for example, the number of meth labs seized in Oregon fell to 10, the lowest number in over a decade. In comparison, there have been 186 lab seizures in Washington in 2009.[3]

The impact of Oregon's pseudoephedrine control legislation has gone far beyond a mere drop in the number of meth labs. Property crime rates, which rose consistently as meth use increased, dropped 17% in 2006, the largest decrease in the nation.[4]

Every state recognizes that meth poses an immense threat to public health and public safety. Unfortunately, no state followed Oregon's lead, until Mississippi adopted

[1] B.A., M.A., Yale University; J.D., Harvard Law School. Attorney General of Oregon, 2009 to present; law professor, Lewis and Clark Law School, 2003-2008; Trial Attorney, ENRON Task Force 2002-2003; Assistant U.S. Attorney, 1997-2002.
[2] Meth Lab Incidents per http://www.justice.gov/dea/concern/map_lab_seizures.html
[3] Washington Department of Ecology. See http://www.ecy.wa.gov/programs/spills/response/drug_labs/MethLabSummary2009.pdf.
[4] Oregon Criminal Justice Commission 2009 Briefing Paper. See http://www.oregon.gov/CJC/docs/CrimeRates10_09Final.pdf

our model earlier this year, and the difference in outcomes speaks for itself. Compare, for example, the meth lab seizure numbers for our state and Indiana. While lab seizures declined in Oregon from 351 to 10 between 2000 and 2009, they were climbing in Indiana from 363 in 2000 to 1343 in 2009.[5]

Over the last decade, roughly 41 states have passed meth control statutes that are less rigorous than Oregon's law. Though many of those states saw an initial decline in the number of lab seizures, meth producers quickly adjusted to the changed market environment, and production is once again on the rise. Kentucky's numbers illustrate this development.

In 2005, Kentucky passed a law requiring a consumer to show photo identification prior to buying a product containing pseudoephedrine. The legislation also limited pseudoephedrine sales to licensed pharmacies and required the stores to record all such sales in a log book. Following the enactment of this legislation, the number of meth lab seizures in the state fell from 574 in 2005 to 343 in 2006.[6] When the number of labs began to climb again in 2007, Kentucky added another step to the process. The state implemented a computer system that would record all pseudoephedrine purchases in a comprehensive database available to law enforcement.

As an Attorney General and former federal prosecutor, I commend Kentucky's legislature for their efforts. However, I think it is essential to look at two facts. First, the Kentucky legislation has not succeeded in reversing the trend toward greater domestic meth production. More to the point, the Kentucky strategy has not led to the kind of massive reductions in domestic production we have seen in Oregon. From 2007 to 2008, for example, meth lab seizures in Kentucky rose from 294 to 416, a 41% increase.[7] The number jumped again in 2009, rising to 741. To return to the numbers, in 2009, Oregon seized only 10.

Kentucky's experience is not unique. Across the nation, many states have adopted pseudoephedrine control laws. Instead of adopting Oregon's model, most of these states have passed less rigorous alternatives, involving electronic tracking of pseudoephedrine purchases and/or the imposition of limits on the amount of pseudoephedrine product a person can purchase at one time. These efforts have failed because domestic meth producers have adjusted, by perfecting the process known as "smurfing." Smurfers are paid to buy pseudoephedrine in small quantities at multiple locations and turn over the supply to producers. This has become a common and highly effective method of circumventing pseudoephedrine purchasing restrictions. The proof, again, is in the data. In 2009, states as diverse as Kentucky (741)[8], Missouri (1774)[9],

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[5] Indiana meth activity up sharply in 2009, Evansville Courier & Press. See http://www.courierpress.com/news/2010/feb/12/ind-meth-activities-up-sharply-for-2009/

[6] Meth Lab Incidents per http://www.justice.gov/dea/concern/map_lab_seizures.html

[7] Id.

[8] Meth Lab Incidents per http://www.oregondec.org/Kentucky-Oregon-compared-2000-2009.pdf

[9] Meth Lab Incidents per http://www.oregondec.org/Missouri-Oregon-compared-2000-2009.pdf

Washington (186)[10] and Indiana (1343)[11] all saw increases in the number of meth labs seized by law enforcement.

Oregon's legislation has succeeded while other states' efforts have failed because our law does what needs to be done: It keeps pseudoephedrine out of the hands of drug traffickers who want to produce meth.

One final and important point: Oregon's anti-meth legislation has not prevented Oregonians from receiving adequate medical care or necessary medicines. Nor has the legislation driven businesses from our state. I have traveled the state many times over on the campaign trail and now as Attorney General. As I meet and speak with thousands of people across the state, heath care and the state's strategy to eradicate meth are common topics of discussion. Not once has any citizen complained about lack of access to needed cold and allergy medication.

On the contrary, what most people worry about is whether their community has the resources to support the things they value most - jobs, education, health care and crime reduction. According to the RAND Corporation, meth addiction costs the nation approximately $23 billion dollars a year[12] in law enforcement, environmental clean-up and treatment related expenses. In states facing a resurgence of the epidemic, local police agencies expend huge amounts of time and money investigating and disposing of meth labs. Public safety officers become hazardous waste clean-up crews. Communities suffer as money is spent responding to contamination and destruction rather than on encouraging community growth and crime prevention.

Oregon's pseudoephedrine control strategy has radically reduced domestic meth production in our state. Senator Ron Wyden's proposed federal legislation would take our anti-meth model and apply it to the nation. I hope you will embrace his vision and give every state and every person the chance to live in a safer, cleaner, meth-free community.

[10] Washington Department of Ecology. See http://www.ecy.wa.gov/programs/spills/response/drug_labs/MethLabSummary2009.pdf

[11] Meth Lab Incidents per http://www.oregondec.org/Indiana-Oregon-compared-2000-2009.pdf

[12] Meth lab production boom in California, The Crime Report. See http://thecrimereport.org/2009/08/17/cold-medicines-become-a-hot-commodity/