Background

The national Combat Methamphetamine Epidemic Act of 2005 (CMEA) enacted in March 2006 attempting to control methamphetamine production included a number of restrictions including 10-day purchase limits on pseudoephedrine, identification verification, and placement of the substance behind the counter.

In July 2006, an even more restrictive law was enacted in Oregon requiring a prescription to obtain pseudoephedrine. While all states were subject to CMEA, at that time, Oregon was the only state to require a prescription for pseudoephedrine.

It is unknown if the change in clandestine labs and overall methamphetamine use was more significantly decreased in Oregon, as compared to other states that were subject only to the national regulations. Rehabilitation admissions would be expected to increase if there was an increase in methamphetamine use in the community.

Methods

The Treatment Episode Data Set (TEDS) from the Substance Abuse and Mental Health Services Administration (SAMHSA) was evaluated for Oregon, Washington and California from 2003-2005. The number of admissions to rehabilitation centers for methamphetamine abuse from 2003-2005 was compared to post-legislation admissions from 2007-2009 in Oregon, Washington and California. The TEDS from the SAMHSA was evaluated for Oregon, Washington and California from 2003-2009. The number of admissions to rehabilitation centers for methamphetamine abuse from 2003-2005 was compared to post-legislation admissions from 2007-2009 in Oregon, Washington and California.

Results

Percent change in admissions to methamphetamine treatment centers in Oregon after enactment of the Oregon legislation

- 13% decrease in Oregon
- 8% decrease in California
- 3% increase in Washington

There was no statistically significant difference when the rate of change of Oregon admissions was compared to Washington & California combined (RR=1.051 (95% CI 0.978, 1.129).

Discussion

There was an overall decrease in methamphetamine rehabilitation admissions in OR and in CA & WA combined after enactment of the Oregon prescription pseudoephedrine legislation, but there was no statistically significant difference observed in the rates of change when comparing Oregon to California & Washington.

A decrease in methamphetamine use in the community would be expected to be associated with an initial increase in rehabilitation admissions, which was not observed. Future research may be directed at determining which other factors, such as drug purity, price or source (e.g., local production versus Mexico) may have on treatment admissions.

Objective

To determine if a 2006 Oregon law requiring a prescription to obtain pseudoephedrine was associated with a change in treatment admissions for methamphetamine abuse as compared to neighboring states without similar laws.

Table 1: Methamphetamine Rehabilitation Admissions per 100,000 population

<table>
<thead>
<tr>
<th>Year</th>
<th>Oregon</th>
<th>Washington</th>
<th>California</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003-2005</td>
<td>683</td>
<td>257</td>
<td>509</td>
</tr>
<tr>
<td>2007-2009</td>
<td>592</td>
<td>240</td>
<td>477</td>
</tr>
</tbody>
</table>

Figure 1: Methamphetamine-related rehabilitation admissions in Oregon and neighboring states

CMEA = Combat Methamphetamine Epidemic Act of 2005

References


Conclusion

The rate of change in methamphetamine-related rehabilitation admissions in Oregon before and after Oregon law restricting pseudoephedrine to prescription-only was not different than the rate of change seen in neighboring states.