Background

The national Combat Methamphetamine Epidemic Act of 2005 (CMEA) enacted in March 2006 attempting to control methamphetamine precursors 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. Mississippi enacted a similar law in 2010. While many states saw a decrease in clandestine methamphetamine lab incidents, it is unclear if Oregon and Mississippi experienced a larger rate of decline in lab incidents compared to similar neighboring states, who were not subject to a prescription-only law.

Methods

Drug Enforcement Administration data on number of clandestine laboratory incidents by state from 2004-2012 was collected.

Oregon legislation enacted July 2006
- Number of lab incidents from 2004-2005 was compared to incidents from 2007-2008 (short-term effect) and compared to 2011-2012 (long-term effect).
- The rate of change in number of lab incidents was compared to neighboring states of Washington and California.

Mississippi legislation enacted July 2010
- Number of lab incidents from 2008-2009 were compared to post-implementation period 2011-2012.
- The rate of change in number of lab incidents was compared to neighboring states of Louisiana, Alabama, Arkansas, Missouri, and Tennessee.

Results

Objective

To compare clandestine methamphetamine lab incidents in Oregon and Mississippi before and after implementation of prescription pseudoephedrine laws to surrounding states without prescription pseudoephedrine laws.

Methods

Drug Enforcement Administration data on number of clandestine laboratory incidents by state from 2004-2012 was collected.

Oregon legislation enacted July 2006
- Number of lab incidents from 2004-2005 was compared to incidents from 2007-2008 (short-term effect) and compared to 2011-2012 (long-term effect).
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Mississippi legislation enacted July 2010
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- The rate of change in number of lab incidents was compared to neighboring states of Louisiana, Alabama, Arkansas, Missouri, and Tennessee.

Discussion

Pseudoephedrine legislation in Oregon and Mississippi was associated with a significant reduction of methamphetamine lab incidents when compared to neighboring states. The effect was less pronounced, but still statistically significant when looking at longer term follow-up. These data represent associations only, and there remain possible national or regional confounding variables. Currently, Oregon and Mississippi are the only states to require a prescription to obtain pseudoephedrine, although a number of states currently have similar bills proposed.

Table 1: Methamphetamine Lab Incidents per 100,000 population

<table>
<thead>
<tr>
<th>State</th>
<th>Pre-legislation</th>
<th>Immediate post-legislation</th>
<th>Long term</th>
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<tbody>
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<td>OR</td>
<td>22.6</td>
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<tr>
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<td>0.6</td>
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<td>67.5</td>
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</table>

References


Conclusion

Legislation in Oregon and Mississippi restricting pseudoephedrine to prescription-only was associated with decreased methamphetamine laboratory incidents when compared to surrounding states without such legislation.