



To: Members of the House Health Care Committee

From: Chief Jim Ferraris, Woodburn Police Department
Oregon Association Chiefs of Police and the
Oregon State Sheriffs' Association

Date: March 7th, 2019

Re: Opposition to HB 2303 – Pseudoephedrine Change to Schedule III

Chair Salinas and members of the House Health Care Committee,

For the record, my name is Jim Ferraris and I am the Chief of Police for the City of Woodburn. I currently serve as the Vice President of the Oregon Association Chiefs of Police (OACP) and I am here on behalf of the OACP and the Oregon State Sheriffs' Association to offer testimony in opposition to HB 2303 in its current form.

I have been an Oregon law enforcement officer for 41 years, most of that time spent with the Portland Police Bureau where I served as a drug investigator for many years and held ranks up to and including Assistant Chief of Police. For nearly 20 years, I have served as a member of the Oregon/Idaho High Intensity Drug Trafficking Area Program (HIDTA), a chief funding source for the investigation of methamphetamine production and distribution, including clandestine meth labs. I have been trained in the investigation of clandestine meth labs and I have personally been involved in the investigation of hundreds of cases of methamphetamine production/distribution and meth labs. I have suffered health issues from exposure to toxic chemicals in meth labs. Several of my law enforcement colleagues have been diagnosed with serious and debilitating health conditions, including cancer, directly attributable to the exposure of toxins at meth labs, some of whom have died.

Pseudoephedrine, also known as "pseudo" or "PSE" is a primary precursor component necessary in the manufacture of methamphetamine. Pseudoephedrine is also an active ingredient in cold/decongestant medication. Several years ago, retail sales of pseudoephedrine exploded to epidemic proportions, fueling illegal meth production by clandestine labs in Oregon. A technique called "smurfing", using multiple people to obtain pseudoephedrine for meth production was employed across Oregon by criminal drug producers.

Methamphetamine is Oregon's #1 killer illegal drug. More methamphetamine related deaths were recorded in Oregon during 2016 than from any other illegal drug according to the Oregon State Medical Examiner's Office. Meth production is dangerous. It carries extreme danger for explosion, fire, and exposure to toxic substances. It creates health and safety concerns for the public and for first responders who must investigate, dismantle and dispose of these labs. It

results in drug endangered children. It damages property and the environment. All of this at a cost of hundreds of millions of dollars to Oregonians. Earlier in my career, it was not uncommon as a law enforcement officer to enter a meth lab in just street clothes. As we discovered the health and safety risks, we adopted strict protocols that required us to wear protective rubber suits and self-contained breathing apparatus and utilize strict decontamination regimens upon exiting the labs. It is risky and dangerous work.

Many years ago, the Oregon Legislature swiftly and effectively ended Oregon domestic meth lab production upon regulating Pseudoephedrine by scheduling it as a controlled substance and requiring a prescription from a medical provider to obtain it for medical purposes. That single piece of legislation has been one of the most effective public health/public safety laws to come out of this statehouse in 30 years. For example, data from the Oregon/Idaho HIDTA Program indicates that in 2001 Oregon had nearly 600 recorded meth labs. In each of the following years, labs showed a steady decline directly attributable to regulation of Pseudoephedrine, so effective that just 2 old, remnant labs were reported in 2018 across Oregon.

The proponents of HB 2303 will tell you that current regulation of Pseudoephedrine has a negative impact on Oregonians due to the cost and inconvenience of seeing a health care provider for a prescription to obtain Pseudoephedrine as a medically necessary treatment of a cold or sinus condition. Just walk into any grocery store or pharmacy and you will find a plethora of effective over the counter medications to treat colds and sinus conditions. The pharmaceutical industry has done a credible job of providing over the counter alternatives to pseudoephedrine based medications.

Some will tell you not to worry; that almost all meth produced and trafficked in Oregon is made in Mexico, so HB 2303 in its current form will prevent meth from being produced domestically. My 41 years of law enforcement experience tells me otherwise; the enterprising and determined criminal profiteer, including the determined meth user and dealer, will find a way to exploit the requirements of HB 2303 through group smurfing – that’s where several people each purchase PSE for later black market use and sale. Meth cooks got around our system in the mid-2000’s and still today get around PSE sales tracking systems, including the industry touted system known as NPLeX.

Under the current form of HB 2303, Oregon will likely return to having to deal with public health and safety risks, including those involving drug endangered children, and clandestine meth labs in homes, apartments, hotels, motels, commercial buildings and vehicles, all at a significant cost both in health and safety and dollars to Oregonians. Why try to fix something that is not broken? Passage of HB 2303 will be a step backwards for Oregon and create an absolutely unnecessary public health and public safety risk for Oregonians, which should be a greater concern than the cost and inconvenience of visiting a medical provider for prescription cold medication.

The Oregon Association Chiefs of Police and Oregon State Sheriffs’ Association opposes HB 2303 in its current form and asks you to do the same.