



**Every \$1 spent
on OTC medicines**



**saves the U.S.
healthcare system
more than \$7.**

Source: The Value of OTC Medicines to the United States, IRI, Mar. 2019





**If OTC medicines weren't available
27 million people
would tough it out and not seek treatment.**

Source: The Value of OTC Medicines to the United States, IRI, Mar. 2019



\$34 billion
is saved
in workplace
productivity
because OTC
medicines make
you feel better.



Source: The Value of OTC Medicines to the United States, IRI, Mar. 2019

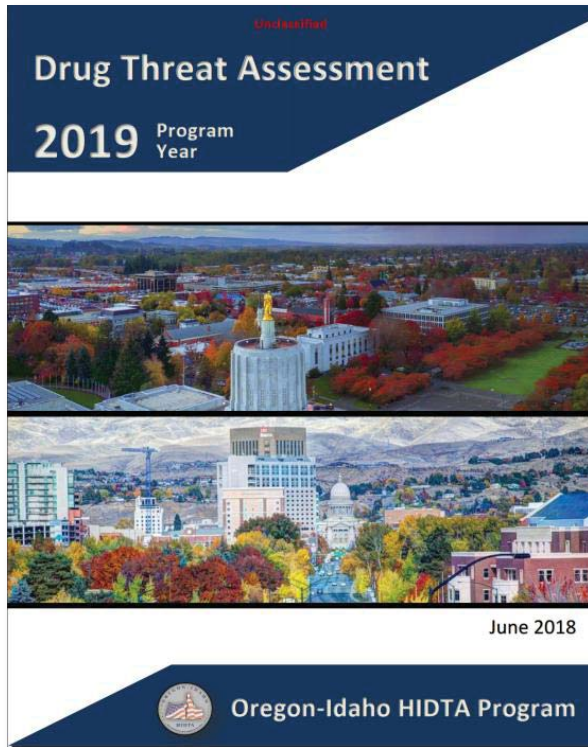


Over-the-counter medicines save the U.S. healthcare system **billions annually.**



Source: *The Value of OTC Medicines to the United States*, IRI, Mar. 2019

Oregon Meth Lab Decline Is Not Unique



Meth Lab Seizures Oregon-Idaho HIDTA 2005, 2012 - 2017							
	2005	2012	2013	2014	2015	2016	2017
Oregon	192	7	10	9	8	7	3
Idaho	11	8	2	4	2	0	2

- Idaho averaged only 3 meth labs seized between 2012 and 2017.
- Oregon averaged 7 meth labs seized between 2012 and 2017.
- Idaho accomplished fewer meth lab incidents with behind-the-counter placement of pseudoephedrine (PSE) and NPLeX than Oregon with a prescription for PSE policy

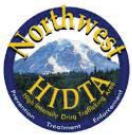
Source: 2019 Drug Threat Assessment, Oregon-Idaho HIDTA

Oregon Meth Lab Decline Is Not Unique



Northwest HIDTA

Northwest High Intensity Drug Trafficking Area
Threat Assessment and Strategy
For Program Year 2018



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Northwest HIDTA (Washington State) 2018 Threat Assessment

- From 2000-2005, 8,667 meth labs were cleaned up by the Washington State Department of Ecology
- The Department of Ecology cleaned 1,222 labs from 2006 to 2012, or about 85 percent fewer labs. Production nearly vanished.
- Today, the Combat Meth Epidemic Act (CMEA) is primary reason why local meth production has been inhibited. Pseudoephedrine was placed behind-the-counter, picture ID was required for purchase, and purchase amounts were limited.
- The ease at which drug trafficking organizations (DTO) can produce large amounts of meth and smuggle it north for sale results in a lower cost for consumers and the ability to monopolize the market.
- The cost of production and the risks taken to obtain the necessary precursors are far less for Mexican DTO's than for local entrepreneurs

Sources: 2018 Threat Assessment, Northwest HIDTA
<https://www.drugrehab.com/2017/05/03/methamphetamine-crisis-in-washington-state/>

Oregon Meth Lab Decline Is Not Unique

NEVADA HIDTA
High Intensity Drug Trafficking Areas



2018 Threat Assessment

Nevada HIDTA 2018 Threat Assessment

- 374 meth lab incidents in Nevada in 2000 and 2001
- “Clandestine manufacturing of methamphetamine in Nevada is now almost nonexistent”
- Single digit meth lab incidents each year since 2006
- Nevada had 5 meth lab incidents from 2013-2018
- 0 meth labs in 2017 and 2018

Source: 2018 Threat Assessment, Nevada HIDTA
Las Vegas Metro Police Department

Oregon Meth Lab Decline Is Not Unique

National Alliance for Model State Drug Laws



Pseudoephedrine Prescription Laws in Oregon and Mississippi

A Study of the Current Methamphetamine Landscape

- Similar decreases in the number of meth lab incidents occurred in surrounding states for both Oregon and Mississippi, suggesting a **regional trend as opposed to a unique event** in each of the two states, and making the case for the laws' impact even less significant
- Lab incidents were reduced before the passage of the PSE prescription law in Oregon
- The decline in labs was due more to outside sources of supply than to the passage of PSE prescription legislation
- Meth lab incident trends in the four states surrounding Oregon mirror Oregon's rather than the national trend—remaining low after their initial decrease, rather than rising again beginning in 2008
- All five states surrounding Oregon experienced at least a 95 percent decrease in the number of meth lab incidents throughout the 2004 – 2014 period. These commonalities show evidence of a regional trend

NASCSA Report

NASCSA

National Association of State
Controlled Substances Authorities

Impact of State Laws Regulating Pseudoephedrine on
Methamphetamine Production and Abuse

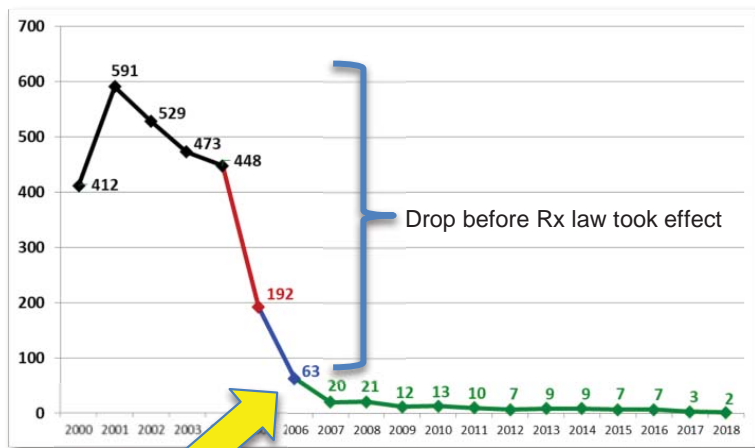
A White Paper of the National Association of State Controlled
Substance Authorities

“The authors found no significant impact for Oregon’s regulation, as seizures there and in nearby western states had largely bottomed out months before the regulation was implemented.”

Source: *“Impact of State Laws Regulating Pseudoephedrine on Methamphetamine Production and Abuse A White Paper of the National Association of State Controlled Substance Authorities”*

<http://nascsa.org/PDF/pseudoephedrineWhitepaper4.18.16.pdf>

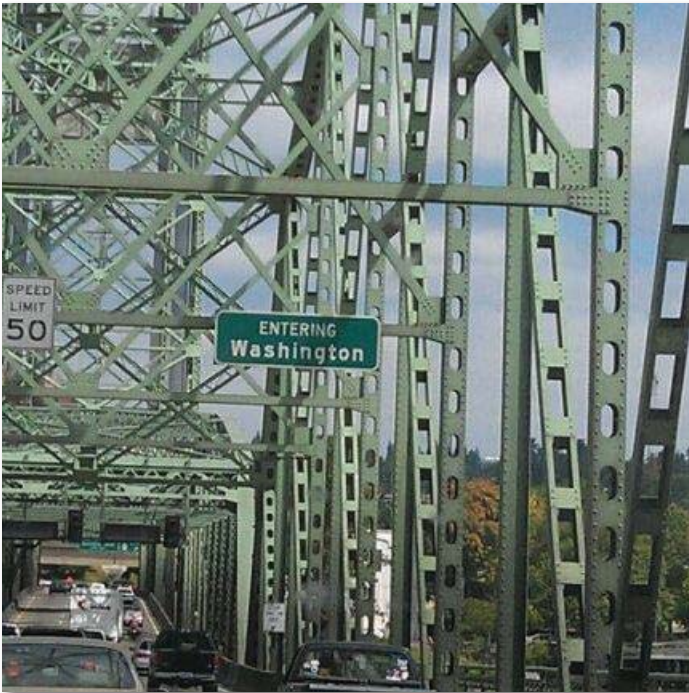
Oregon Meth Lab Decline



- According to House testimony on HB 2303, the vast majority of Oregon's meth lab drop occurred BEFORE the prescription only law was implemented
- The largest meth lab decline came as a result of moving PSE medications behind-the-pharmacy counter (448 to 63) and requiring an ID for purchase
- HB 2303 maintains behind-the-counter status and still requires an ID for purchase
- Oregon meth lab incidents were down to 63 by the time the prescription only law took effect in 2006

Source: <https://olis.leg.state.or.us/liz/2019R1/Downloads/CommitteeMeetingDocument/169772>

Oregonians Are Forced To Cross State Lines



2018 Purchases Across State Lines

- In 2018 alone, 55,000 Oregonians crossed state lines to purchase PSE medications
 - 37,000 Oregonians purchased 93,000 boxes in Washington state
 - 12,000 Oregonians purchased 21,000 boxes in California
 - 5,000 Oregonians purchased 10,000 boxes in Idaho and Nevada
 - 55,000 total Oregonians crossed state lines to buy 125,000 boxes of PSE in 2018
- Despite these purchases, Oregon maintained single digit meth lab incidents.
 - Residents seeking affordable cold and allergy relief are forced to break Oregon law by purchasing PSE in neighboring states

Oregon Rx Law Repeal

House Bill 2303



- Maintains behind-the-pharmacy counter status
- PSE will be sold ONLY in pharmacies
- Sales will be governed by NPLEEx; records accessible to law enforcement
- Purchase attempts above daily and monthly allowance get automatically blocked at the point-of-sale
- Bill has a 3 year sunset
- Allows Oregonians to access important cold and allergy medications without taking time off of work to visit a doctor