

## **The Impact of Senate File 169 on Meth Abuse in Iowa**

### **A Report to the Legislature by Drug Policy Coordinator Marvin L. Van Haaften**

**January 17, 2006**

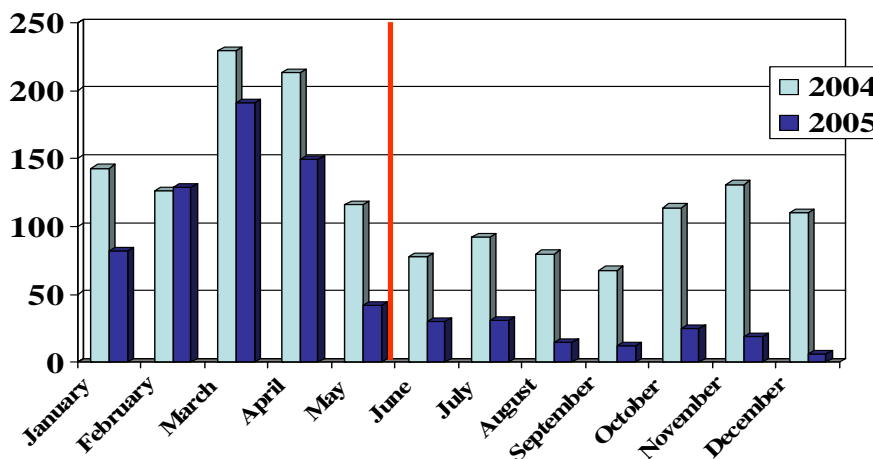
This report is respectfully submitted in satisfaction of the following Senate File 169 requirement, as approved by the 2005 Iowa Legislature: "The Drug Policy Coordinator shall report, in a joint meeting, to the Committee on Judiciary of the Senate and the Committee on Public Safety of the House of Representatives in January 2006 and in January 2007, the effects of this Act on methamphetamine abuse and related criminal activity."

(\*Please note that all data contained in this document are preliminary, based on the most recent information available to the Governor's Office of Drug Control Policy.)

Senate File 169—unanimously approved last year by the Legislature, signed into law by Governor Vilsack, and implemented May 21, 2005—classified the key ingredient used to make methamphetamine (meth) as a Schedule V Controlled Substance. Commonly referred to as Iowa's pseudoephedrine (PSE) control or meth lab reduction law, this statute removed all cold and allergy products containing PSE from store shelves and placed the vast majority of them behind the pharmacy counter to be dispensed on a controlled non-prescription basis.

Between June and December 2005, **Iowa meth lab incidents plummeted nearly 80 percent** compared to the same period in 2004, as shown in the month-by-month comparisons from the Iowa Department of Public Safety, Division of Narcotics Enforcement below.

### **Iowa Meth Labs: 2005 by Month**



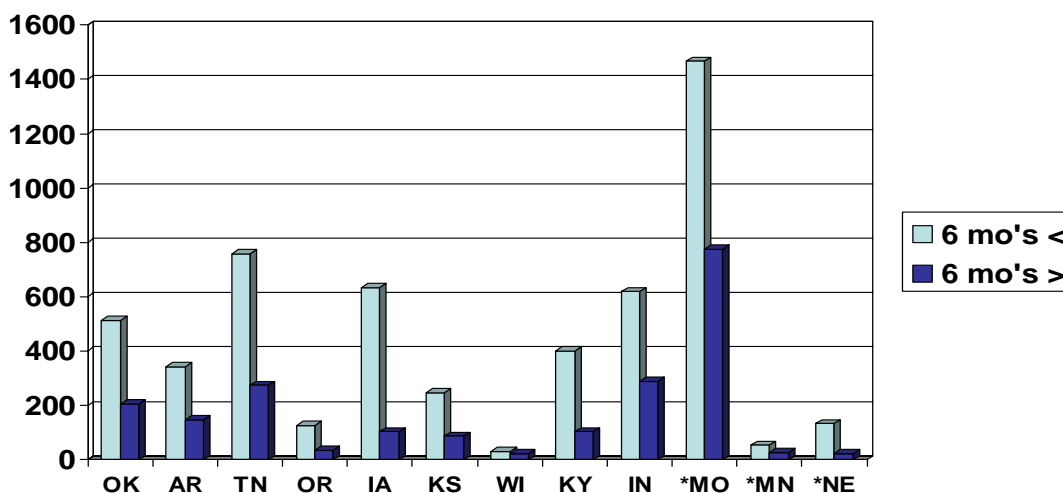
Source: Iowa Division of Narcotics Enforcement, 1-5-06.

The most recent U.S. Drug Enforcement Administration data from the El Paso Information Center (EPIC), as reported by the Iowa Department of Human Rights, Division of Criminal and Juvenile Justice Planning, show a **90 percent reduction** in Iowa meth lab incidents over the same period. However, EPIC data tend to lag behind the Iowa data.

One year ago, Iowa held the dubious distinction of having the second highest number of meth lab incidents of any state in the nation for 2004. Only 12 months later, and due largely to Senate File 169, **Iowa now leads the nation in the reduction of meth labs.**

The chart below compares the number of meth lab incidents reported six months before and six months after PSE controls were implemented in states passing similar legislation in 2005. Oklahoma led the way when it became the first state to enact such a law in 2004. Data show legislation in each of these states is helping to reduce meth labs, but Iowa's law arguably seems to be working the best in terms of the rate of meth lab incident reduction immediately after implementation of the law.

### State by State Results



Source: DEA El Paso Intelligence Center, December 2005 (\*Due to late effective dates & EPIC report delays, MO> is state data...MN> & NE> data are based on projections from early monthly results).

To date Iowa has recorded the largest percentage reduction (>80%) in meth lab incidents of all of these states, when comparing EPIC data for the first six months after implementation of PSE control legislation with the preceding six months.

The imprint of Senate File 169 on public safety may be summed up best by one of the State's top prosecutors. United States Attorney for the Northern District of Iowa—Charles Larson—has stated publicly that in his many years of public service in the criminal justice arena he's "never seen one law have a larger impact on reducing crime."

Like a spider, methamphetamine spins a web of related problems. This report attempts to look comprehensively at the impact of Senate File 169 on meth abuse, and its effects on the health and safety of Iowans. Specifically, this report examines the status of:

- 1) **Meth lab hazard reduction and safety enhancement (Pages 3-12)**
- 2) **Meth use and addiction (Pages 13-14), and**
- 3) **Health care product access by law-abiding Iowans (Pages 15-17).**

## **(1) Meth Lab Hazard Reduction and Safety Enhancement**

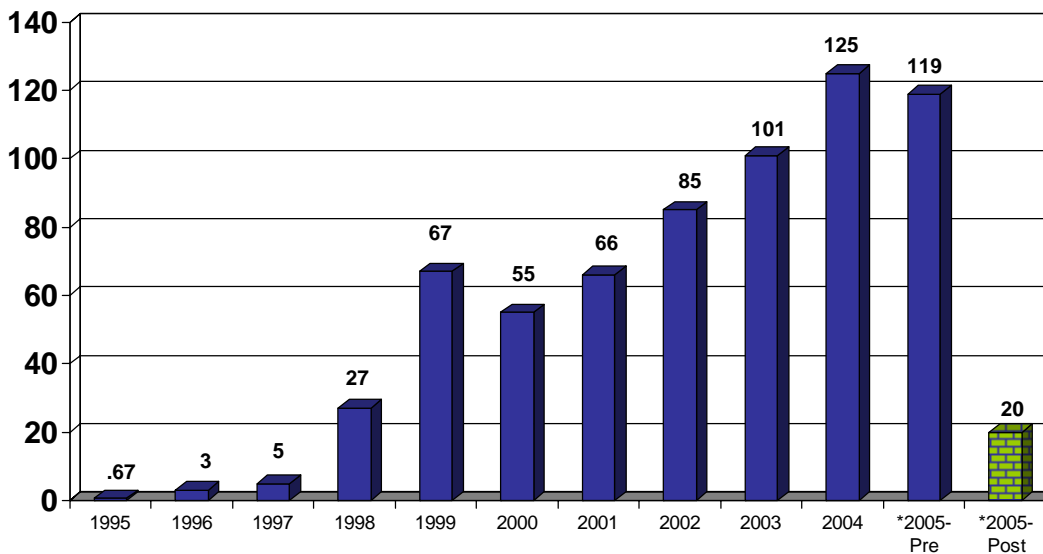
For purposes of this report, and unless otherwise noted herein, the term *meth lab* refers to all types of meth lab incidents (e.g., active labs, chemical/glassware sites and dump sites).

Iowa Senate File 169 continues to be the strongest non-prescription PSE control law in the nation, and as outlined above is paying dividends in the form of a very significant reduction in meth labs. That means all Iowans are now much less likely to be exposed to toxins, fires, explosions and other meth lab hazards.

A preliminary total of 138 meth lab incidents were reported to the State for the period of June through December 2005, down from 673 for the same period in 2004, for a 79.5 percent reduction, or 535 fewer labs. For all 12 months of 2005, Iowa has recorded 731 meth lab incidents, down from the State's high of 1,500 in 2004.

The reduction is even clear to see when viewed on the basis of monthly meth lab incident averages over several years.

### **Iowa Meth Labs: MONTHLY Averages**



Source: Iowa Division of Narcotics Enforcement, 1-5-06.  
(\*Pre = Before Schedule V, Post = After Schedule V.)

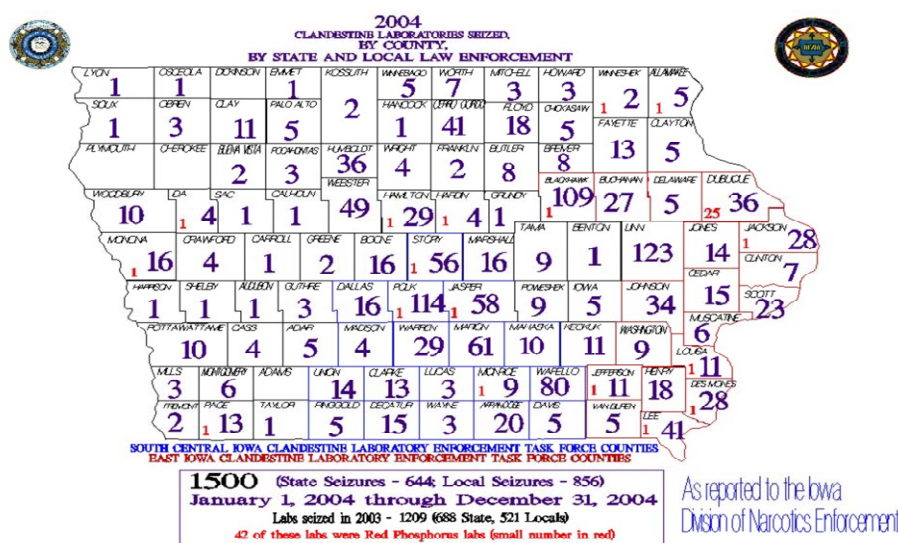
The modest decline in meth labs reported in early 2005, prior to implementation of Senate File 169, may be due to a combination of the following factors at that time:

- Local Controls: Several communities enacted, or began to enact, local PSE control ordinances. This came after 2004 Iowa legislation placed modest purchase restrictions on limited types of PSE, and in tandem with ongoing drug enforcement efforts.
- Other Meth Precursor Controls: More counties locked up anhydrous ammonia tanks. Some jurisdictions implemented local controls on meth precursors other than PSE.
- MethWatch: This retail education program continued to expand. A small number of retailers began imposing voluntary sales limits on PSE products.
- Fear Factor: Extensive media coverage of legislative debate and impending controls put everyone on notice that meth-making products were under scrutiny in Iowa. Some retailers began removing PSE products from shelves in anticipation of the new law.
- Other Supplies: Meth trafficking organizations continued to provide an ample supply of meth manufactured in Mexico and other states, reducing the need for homemade meth.

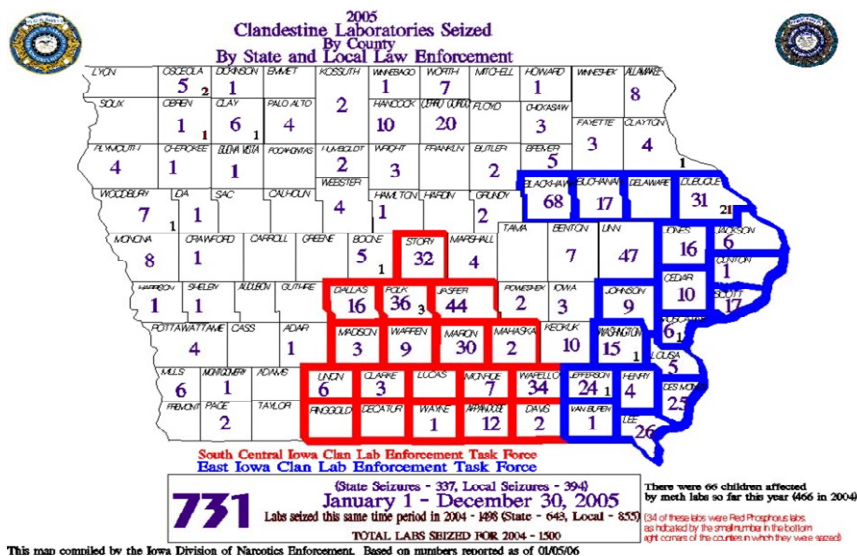
Because there are many variables, it is impossible to know the exact degree to which Senate File 169 is responsible for the swift and precipitous drop in Iowa meth labs. However, all data and other signs point to this legislation as the predominant reason for the positive change.

Almost all regions of the State appear to be benefiting from Senate File 169. The following two maps provide a county-by-county view of reported meth lab incidents in 2004 vs. 2005. In 2004, all but four counties responded to meth labs. Remarkably, **24 counties—or nearly one out of every four—reported no meth labs in 2005.**

## Iowa Meth Labs: 2004 by County

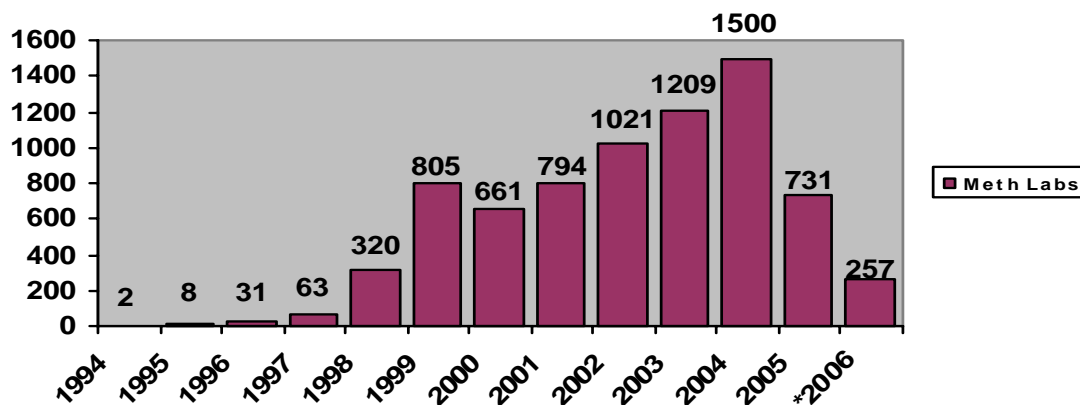


## Iowa Meth Labs: 2005 by County



In 2004, Iowa law enforcement agencies responded to meth lab incidents at a rate of **more than four per day**. By contrast for the last half of 2005, that number fell to an average of **less than one per day**. If the trends of the last seven months hold over the next five months, the number of meth lab incidents in Iowa for 2006 is projected to fall to 257.

## Iowa Meth Labs: by Year

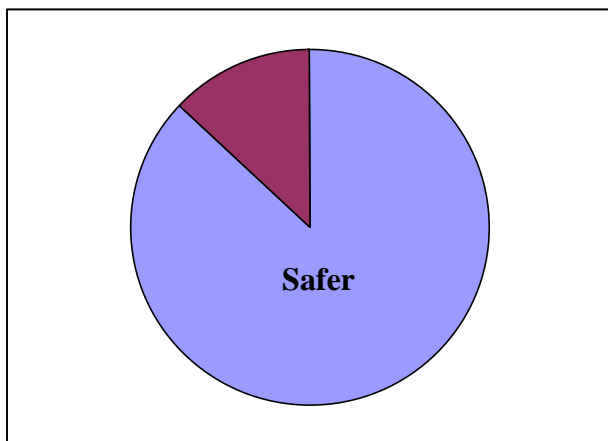


Source: Iowa Division of Narcotics Enforcement, 1-5-06.  
(\*2006 *projection* based on monthly trends in 2005.)

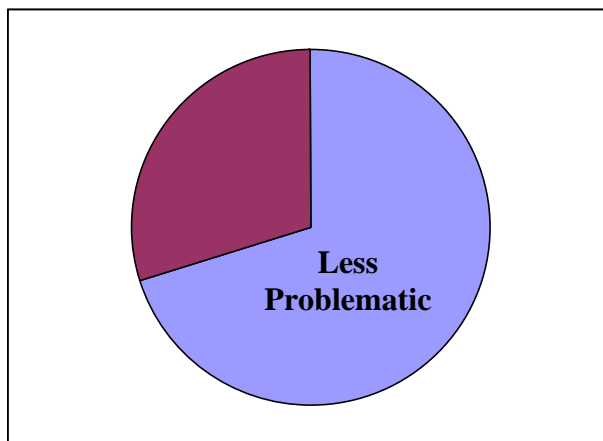
Iowa's new pseudoephedrine control law wins strong praise from local law enforcement officials. In a small and informal ODCP survey of drug enforcement task force officers—Iowa's front line in the fight against meth—views of respondents mirror the data, as demonstrated in the summary charts and verbatim comments below.

### Iowa Law Enforcement Survey Responses on Impact of SF 169

**87%...Citizens somewhat or much safer than before:**



**70%...Labs no longer a problem or much less problematic:**



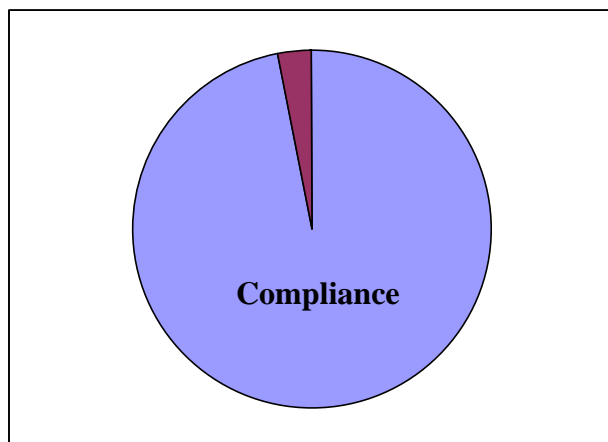
#### Verbatim law enforcement survey comments:

- "The dangers associated with methamphetamine labs have been drastically reduced. The labs are not in production and the chemicals used to make methamphetamine are not in areas where they should not be."
- "We have experienced a significant reduction in the numbers of meth labs since the implementation of the new law. The reduction in meth labs has allowed us to more effectively focus our investigative resources toward mid to upper level drug traffickers. We are seizing almost exclusively 'ice' meth which is imported into Iowa."
- "As soon as the law was passed our meth labs came to a screeching halt. We have picked up a few small dumpsites left over from the period before the law was passed. The one lab that we have discovered consisted of two boxes of pseudoephedrine. We have made one arrest involving a subject that went from store to store purchasing one or two boxes of pills at a time."

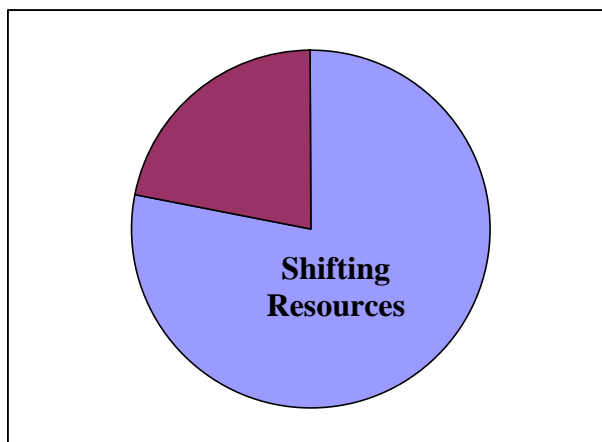
On a scale of 1-10 (1 is lowest, 10 is highest), survey respondents give Senate File 169 an effectiveness score of 8.9.



**97%...Local retailers and pharmacies complying with law:**



**78%...Able to shift resources to other drug enforcement priorities:**



Verbatim law enforcement survey comments:

- "Since our first lab in 1995 we have been unable to concentrate serious resources toward drug importation cases. Since May 2005, we have developed major importation cases because we are no longer chasing labs."
- "The persons involved in manufacturing have to travel out of state to obtain pseudoephedrine. When all of the neighboring states enact (or federal legislation occurs) that will dramatically reduce and assist our local manufacturing problems."
- "Combo of pseudo law, tank locks and aggressive patrol and enforcement in our area is serving us well. Drug enforcement budget cuts could back-slide any progress."

The most immediate effect of Senate File 169 on community safety is the reduced threat of injury due to fire, explosion, respiratory distress and other hazards posed by meth labs and their toxic cocktails. Few data are available to quantify these specific dangers, but other information in this report demonstrates a general reduction in risk. Another illustration of the safety benefit of fewer meth labs comes from the University of Iowa Hospitals and Clinics Burn Treatment Center.

A case review by Clinical Research Assistant Bridget Burke of adult patients testing positive for methamphetamine use who were treated for burns at University of Iowa Hospitals and Clinics reveals the following findings for the period of May 21, 2005 (date of SF 169 implementation) through December 31, 2005 in comparison with the same period in 2004.

<b>Year (May 21-Dec. 31)</b>	<b>Total # of Meth+ Patients Treated for Burns</b>	<b># of Meth+ Patients Treated for <i>Lab Related Injuries</i></b>	<b>Total Estimated Cost of Medical Treatment</b>
2004	14	8	\$2,798,726
2005	4	1	\$262,329
Change (05 vs. 04)	- 10	- 7	- \$2,536,397

This data snapshot, while looking at a relatively small number of Iowans, shows **a reduction in meth-related injuries and a savings of about \$2.5 million in associated treatment costs.** The estimated cost reduction in 2005 vs. 2004 from meth-related burns treated at the University of Iowa Hospitals and Clinics alone is very significant. The reduced need for meth-related medical services frees up resources—many of them public funds—to address other medical needs.

Similarly, the reduction in meth labs translates into a savings of time, equipment, supplies and other costs demanded of local and state law enforcement agencies in Iowa. Based on estimated costs in 2004 and the current meth lab reduction rate, **an estimated \$2 million dollars previously spent on Iowa meth lab responses will be freed up in 2006 to address other drug enforcement priorities,** including meth and other drugs smuggled into our communities.

Calendar Year Estimates	Law Enforcement Personnel	Law Enforcement Response Costs	DEA Disposal Costs	Total Meth Lab Enforcement Costs
2004	\$1,450,215	\$493,440	\$646,827	\$2,590,482
2005	\$706,738	\$240,470	\$559,055	\$1,506,263
2006 Projected	\$248,470	\$84,543	\$195,000	\$528,013
Change (06 vs. 04)	\$1,201,745	\$408,897	\$451,827	<b>\$2,062,469</b>

Redirecting freed up resources will help enhance community safety in Iowa, because drug task force officers tell ODCP they are now able to devote more time to proactively investigate and intercept finished meth transported into Iowa from other locations. The exceptions to this change are law enforcement agencies that are coping with mounting federal funding cuts.

A review and analysis of court and correctional data by the Iowa Department of Human Rights, Division of Criminal and Juvenile Justice Planning (CJJP) also points to positive signs on the meth front, though it may be too soon to draw conclusions about the impact of Senate File 169 from some of the data.

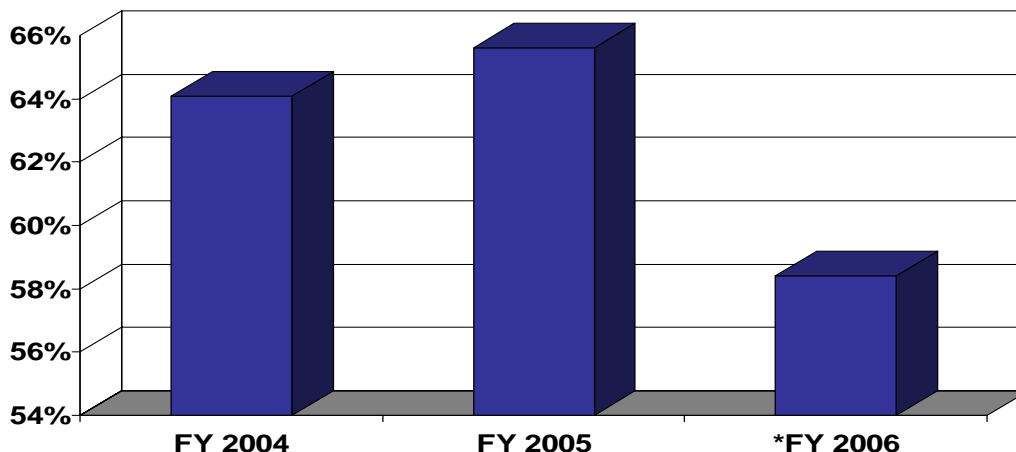
During the six month period after implementation of Senate File 169 (June-November 2005), CJJP reports a **six percent reduction in the number of overall drug offense charges** filed against adults, compared to the same period in 2004. These data include charges involving all drug types—not only meth—since data on charges by drug type are not available.

During this same six month period of time, and more specific to Senate File 169, CJJP reports a **79.8 percent reduction in drug offense charges related to possession of precursors.** This may be more telling about the impact of Iowa's law local meth manufacturing and criminal justice proceedings related to meth labs, since virtually all precursor charges relate to the potential manufacture of meth.



Based on preliminary data, CJJP also reports a small drop in the proportion of drug offenders entering Iowa prisons with meth as their primary drug of abuse. Since fiscal year data are only available through November 2005, and relatively few criminal cases concluded since last July 1 would likely have led to imprisonment by December 1, it may be premature to draw correlations between this apparent trend and Senate File 169. Still, the news is good.

### Drug Offenders Entering Prison with Meth Involvement



Source: CJJP. % of new prison admissions for drug offenses involving meth.  
\*FY 2006 data is through November 2005.

Iowa Department of Public Safety, Division of Criminal Investigation crime laboratory data highlight Iowa's success in curbing meth labs, while also pointing out a bigger meth enforcement challenge. The DCI crime lab reports a reduction in meth lab samples submitted for analysis, based on the constitution of the drug. According to law enforcement agencies, all of the meth made in Iowa has been powdery, as have most of the past supplies from outside Iowa. Agencies now cite an increasing amount of crystal meth or "ice" that is made in Mexico and the southwest United States and transported into Iowa. The DCI crime lab data below support the latest shift in Iowa's meth supply paradigm, away from homemade powdered meth to imported crystal meth.

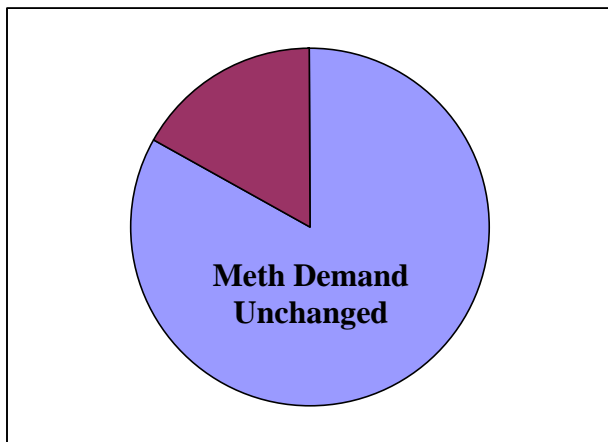
### Iowa DCI Crime Lab Analysis of Meth Items Seized by Category

Year	Crystal Meth/"Ice"	Powdered Meth	Average Meth Purity
2001	1	6,488	27%
2002	3	7,031	27%
2003	24	8,444	23%
2004	333	6,509	33%
2005	2,025	4,572	54%

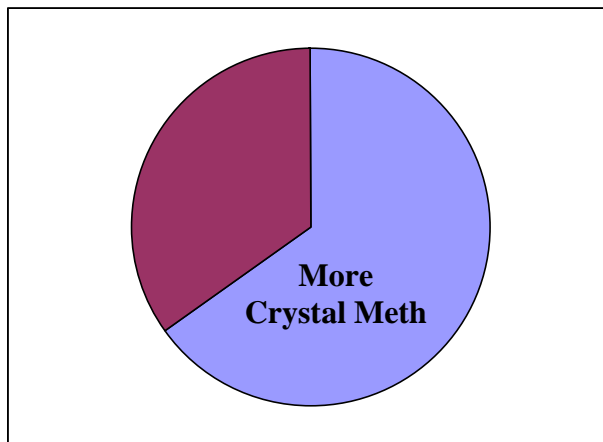
The U.S. Drug Enforcement Administration defines "ice" as crystal meth with a purity of at least 80 percent. Much of the crystal meth found in Iowa has been dubbed "dirty ice," because its purity ranges between 50 and 90 percent. Regardless of definition, almost all of the crystal meth is purer than powdered meth. And the purer the drug, the more addictive it can be for its users.

As shown in the charts and additional law enforcement survey participant comments below, available resources are now being redirected to take aim at the State's largest source of meth, supplied by drug trafficking organizations to feed the appetites of Iowa meth users.

**83%...Users' demand for meth has not decreased:**



**65%...More imported crystal meth, or "ice", reported locally:**



Verbatim law enforcement survey comments:

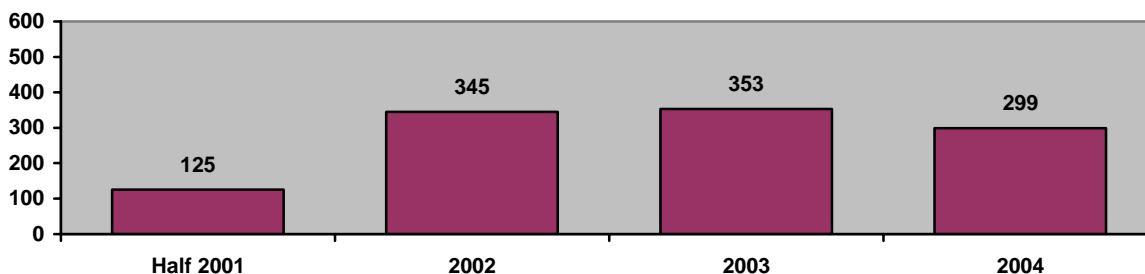
- "It appears that the demand for methamphetamine has not changed in our area. Due to the fact that there is less manufactured methamphetamine available, we have seen an increase in the importation of crystal methamphetamine."
- "We are seeing 'ice' (crystal meth) almost exclusively in our area. We have had no labs since the new pseudoephedrine law took effect."
- "A major increase in burglaries. Many are occurring in homes while the home is occupied. I expect the increase in the cost of purchasing meth opposed to manufacturing it has produced this increase."

In June 2005 the U.S. Department of Justice, National Drug Intelligence Center stated: "The availability of methamphetamine supplied by Mexican criminal groups likely will increase to compensate for the expected decrease in the availability of locally produced methamphetamine."

"Over half of our current meth investigations, and most of our state agents, are focused on illegal drug activity involving crystal meth, or 'ice'," according to Ken Carter, Director of the Division of Narcotics Enforcement, Iowa Department of Public Safety.

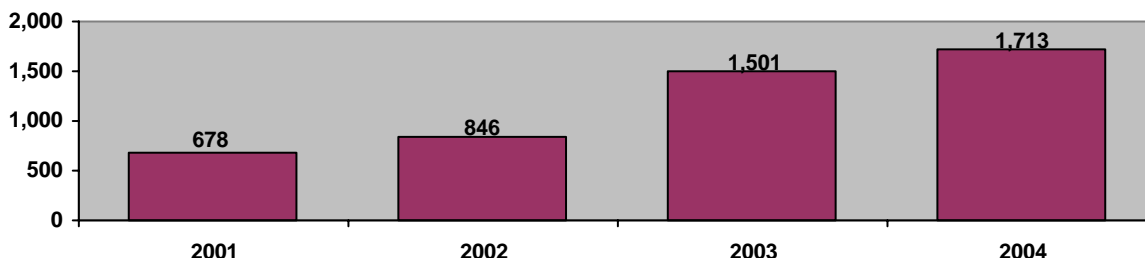
If the number of Iowa meth lab incidents since last May is dropping in the range of 80 percent compared to a year before, it stands to reason that fewer children are being exposed to meth labs and the precursors used to make meth. Current data on this subject are not available. The most recent data from the Iowa Department of Human Services (DHS) is through 2004.

### Confirmed Child Abuse Cases: Meth Manufacturing in Presence of Minor CYs '01-'04 (Iowa DHS)



Local “Drug Endangered Children” (DEC) teams have been established in at least six Iowa counties over the last 18 months, as a collaborative rapid response mechanism for rescuing and treating drug-affected children. More are being established in other counties. Much of the focus of the DEC teams to date has been on children exposed to meth labs. However, there is a much larger need to protect Iowa’s youngest and most vulnerable from all types of drug abuse, including the use and sale of methamphetamine.

### Confirmed Child Abuse Cases: Presence of Illegal Drugs in Child’s Body CY '01-'04 (Iowa DHS)



Punctuating the need for continued and enhanced efforts to intervene on behalf of all drug endangered children is an August 2005 field study by DHS case worker Carol Gutchewsky. It found that of all Child In Need of Assistance victims in a 16-county area of Southwest Iowa, nearly half were exposed, not to meth *labs*, but to meth *abuse*. While this study was conducted after Senate File 169 took effect, the result was the same as a study conducted two years earlier.

### Child Abuse-Meth Connection in Southwest Iowa

- ➔ 2003 = 49%
- ➔ 2005 = 49%

**This report underscores the need to avoid the temptation to equate a reduction in *meth labs* with a reduction in *meth abuse*, or any other abuse related to the use or sale of drugs.**

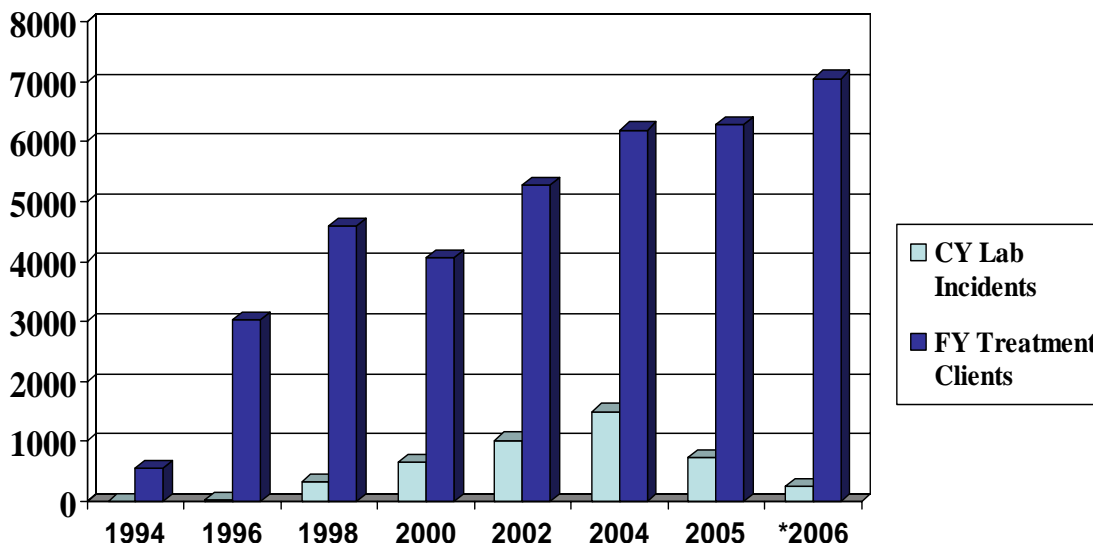
The full effect of meth labs on Iowa's environment remains unclear. One of the few studies conducted, by National Jewish Medical Center, shows that *active* meth labs are in fact toxic. Beyond that, little is known by scientific means. While few question that toxins used to make meth also poison their surroundings—indoors or outdoors—scientific research on long-term effects is lacking. Congress is considering, and ODCP supports, federal funding for research to answer these questions and establish national standards for cleaning up meth labs.

## (2) Meth Use and Addiction

The impact of Senate File 169 on meth *use* in Iowa appears to be minimal, at best. This observation is supported by data reported earlier in this report on children exposed to meth abuse in their homes, as well as anecdotal reports by law enforcement agencies.

Mid-year data from the Iowa Department of Public Health on substance abuse treatment client admissions and screenings suggest the number of Iowans receiving treatment primarily for meth use may have *increased* since last May, just as meth labs started their steep decline.

### Iowa Meth DEMAND Trends



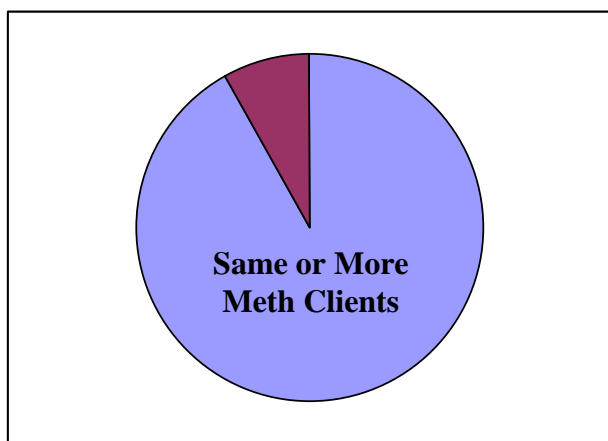
Source: Iowa Div. of Narcotics Enforcement & Dep't of Public Health ("primary" meth treatment screens/admissions), Dec. 2005. \*2006 projections based on preliminary CY/FY estimates.

The partial-year substance abuse treatment figures for State Fiscal 2006 are preliminary. All reports have not been received. However, if these data hold as projected in the chart above, substance abuse treatment admissions/screenings for Iowans who cite meth as their primary drug of abuse will continue their steady upward trend for yet another year.

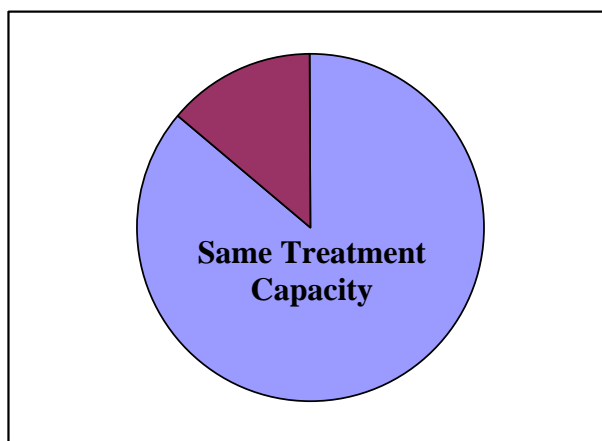
A small and informal ODCP survey of substance abuse treatment providers also shows the appetite for meth remains high in communities across Iowa. Survey findings are summarized in the following charts and verbatim comments.

### Drug Treatment Survey Responses on Impact of SF 169

**92%...Same or more meth treatment clients since May 2005:**



**86%...Meth treatment capacity unchanged since May 2005:**



#### Verbatim drug treatment survey comments:

- “Our meth clients have large numbers of special needs that overwhelm our case managers...Treatment is taking longer because of reduced cognitive ability, which needs to be addressed in order to obtain participation in the treatment process.”
- “The number of female clients reporting meth usage has increased.”
- “Our available data indicate no substantial change in the areas outlined in this survey since the pseudoephedrine control law has been in effect.”
- “I have actually had clients tell me that the law has impacted the ability to make meth in northeast Iowa, and therefore the availability.”
- “The State must understand that while the new law regulating the purchase of pseudoephedrine has worked to reduce the number of meth labs in the State, the incidence and prevalence of meth abuse continues to rise. This is not a failure of the law, but the realities of the epidemic.”

All signs point toward a continued strong demand for meth in Iowa. At best, meth use appears to be holding steady at a relatively high level. At worst, more Iowans are getting hooked on this super-addictive stimulant.

### **(3) Health Care Product Access by Law-Abiding Iowans**

Senate File 169 allows the sale of non-prescription PSE by licensed pharmacists under the following conditions:

- The purchaser must be 18 years of age or older.
- A photo ID is required if the purchaser is unknown to the pharmacist.
- The pharmacist must maintain a log of PSE sales, including purchaser signatures.
- The purchaser may buy no more than 7.5 grams of PSE in a 30-day period.

To address potentially urgent consumer needs, Senate File 169 also allows limited quantities of liquid and liquid-filled gel cap PSE products only to be sold by retailers outside of licensed pharmacy areas, under the following conditions:

- The purchaser must be 18 years of age or older.
- *Liquid* and/or liquid-filled gel cap PSE must be kept behind the counter or in a locked case. Outside of licensed pharmacies, retailers shall NOT stock or sell any *starch*-based/solid or gelatin-coated tablets or capsules that contain PSE.
- A purchaser may buy no more than one package of up to 360 milligrams of PSE from a retailer in a 24-hour period (Example: One PSE package of twelve 30-milligram liquid-filled gel caps or one 6-ounce bottle of liquid PSE, depending on dosage strength). The 7.5 gram limit over 30-days also applies to the purchaser.
- The retailer must require a government-issued photo ID prior to sale, and maintain a logbook of purchaser names, addresses and signatures for at least 12 months.

Compliance guidelines (available at [www.state.ia.us/odcp](http://www.state.ia.us/odcp)) were provided in advance of the May 2005 implementation of Senate File 169 by ODCP and the Iowa Board of Pharmacy Examiners to the following organizations for dissemination to their members.

- Iowa Pharmacy Association
- Iowa Retail Federation
- Iowa Grocery Industry Association
- Petroleum Marketers and Convenience Stores of Iowa

To their credit, these organizations and their members throughout the State were instrumental in successful implementation of Senate File 169, as well as a subsequent high degree of compliance with the law.

As predicted, the requirements of Senate File 169 proved to be an inconvenience—but not an obstacle—for PSE sellers, distributors and consumers, particularly in the first three months of the new law. A small amount of confusion occurred during this time of transition, but it is being resolved by time and education.

Since March 2005, ODCP has been contacted directly by fewer than 20 Iowans with complaints or questions about PSE product access. The most frequent concern has been over purchase limits imposed by corporate or store policies that are more restrictive than Iowa law.

For example, Iowa law allows an adult to purchase up to 7.5 grams of PSE in a 30-day period. This exceeds the individual daily recommended medical dosage of PSE. For those wanting to stock up for the family, the law permits all 7.5 grams to be purchased at one time from the same pharmacy in that 30-day period. However, some pharmacies enforce a store/company-imposed two-package transaction limit. Here is an example of how Iowa consumers might be affected:

Common PSE Products Package Sizes	Maximum Pharmacy Purchase under <b>Iowa Law</b>	Maximum Pharmacy Purchase under some <b>Store Limits</b>
12 count boxes of 30mg PSE pills	20 boxes	2 boxes
24 count boxes of 30mg PSE pills	10 boxes	2 boxes
5 count boxes of 240mg PSE pills	6 boxes	2 boxes
6 ounce bottles of 354mg PSE liquid	21 bottles	2 bottles
6 ounce bottles of 360mg pediatric PSE liquid	20 bottles	2 bottles

Fortunately, many pharmacies are dispensing PSE products to the limits allowed under Iowa law. To this date, ODCP knows of no Iowan who has been prevented from acquiring health care products to adequately treat their cold or allergy. Those who struggle with more restrictive store limits on PSE products usually can find another store that will serve their needs. As more Iowans adapt and plan ahead, access to PSE products should become less of an issue.

ODCP asked the business organizations listed above for their feedback on the impact of Senate File 169. Here are some of their responses:

- “For those retailers who still sell PSE products, the major issue is the time element for staff to complete the required paperwork and the negative feedback on the time and product limits from customers. However most of it was anticipated. The largest time element is in educating the customers.”
- “It has had a negative reaction for the vast majority of our members who do not have a pharmacy, and serve their customers in particularly rural areas. The access for rural Iowa consumers is bad. It forces them to drive sometimes dozens of miles...to buy a package of PSE products. In particular, many rural Iowans understand that SF 169 was passed to reduce meth labs, but feel the burden has been unfairly placed on them.”
- “Our convenience store customers...are acknowledging problems. Rural Iowa consumers, specifically, have indicated their frustration with access vs. metropolitan areas with more options for ready access.”
- “Although the law has created new time demands and burdens for pharmacists...they see their role as a problem solver in helping to address the issue of meth labs in our state. Our members tell us that their customers and patients understand the necessity for the law and are supportive of it...The bottom line is that legitimate access to these medications, while somewhat limited, has not been a major problem.”



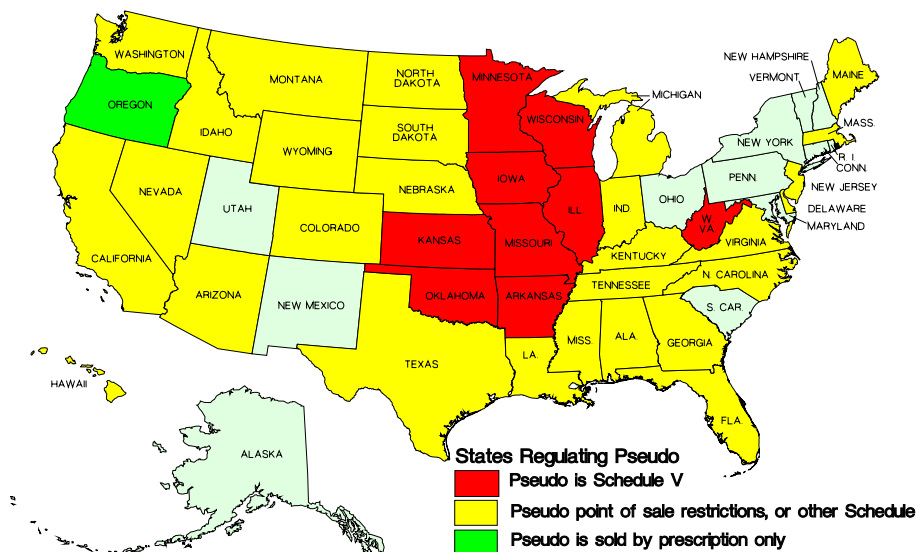
Some retail officials report a loss in PSE product sales revenues over the last year. At the same time, a few business executives have told ODCP that while gross retail sales of PSE have declined, so too have thefts of affected products from their stores. In the words of one store manager whose company decided to quit selling PSE products, “this eliminates a lot of headaches.”

For the purposes of this report, ODCP did not contact manufacturers of health care products containing PSE. However, some in the health care product industry appears to be adapting to new laws like the one in Iowa, by introducing alternative products that can be purchased off the shelf. Examples include Pfizer's Sudafed PE and Proctor & Gamble's newly formulated Dayquil and Nyquil, all of which contain *phenylephrine* in place of pseudoephedrine as the main active ingredient. With Congress eyeing federal pseudoephedrine control legislation, other cold and allergy product makers may follow suit.

The treatment effectiveness of phenylephrine vs. pseudoephedrine varies by the user, according to pharmacists contacted by ODCP. PSE products are still preferred by many consumers. Phenylephrine products can be sold off the shelf by virtually any business licensed to do so in Iowa, providing consumers who might be caught off guard with greater access to at least some interim relief for their colds and allergies.

## Federal Outlook

## Schedule V in the U.S.



Source: National Alliance of Model State Drug Laws (December 2005).

When the Iowa Legislature passed Senate File 169 last year, Oklahoma and Arkansas already had similar legislation on the books (Oklahoma adopted its law in 2004). Since then, the following states have also made PSE a Schedule V Controlled Substance: Kansas, Missouri, Minnesota, Wisconsin, and most recently—Illinois (patterned after Iowa’s law, effective this month). Nebraska, Indiana, Kentucky and Tennessee have adopted similar, but less restrictive, laws. And Oregon has passed a “prescription only” law, putting in statute soon what has been enforced through administrative rule for the last few months.

Several states, looking to Iowa's Senate File 169 as a model for the nation, continue contacting ODCP to learn more about the mechanics of our law, and its effectiveness. Members of Congress, and even officials in Canada, have also inquired about the Iowa Statute.

Congress is poised to pass a federal law to control pseudoephedrine, in hopes of stopping the spread of meth labs in other states. What started as a U.S. Senate bill modeled largely after the Iowa law has been amended and passed by the House. The measure now awaiting Senate consideration stops far short of our state statute, but may prove helpful to states without PSE control legislation where meth is an emerging problem. As it is currently written, and at the insistence of several Iowa officials, the federal bill under consideration would **not** preempt Iowa's successful law.

## Conclusions

- Senate File 169 is exceeding many expectations, reducing meth lab incidents in Iowa by nearly 80 percent to date. Remarkably, nearly one out of every four Iowa counties has not reported a single meth lab since the law was implemented.
- The reduction in meth labs is reducing the risk of injury incurred by Iowans exposed to labs, as well as financial costs associated with treating burns and other injuries.
- The large decline in meth labs allows law enforcement agencies to redirect resources to combat the larger source of meth that is transported into Iowa from other states and Mexico.
- Though smaller in number, meth labs continue to require the attention of law enforcement.
- Iowa meth users who persist in making their own meth typically shop several Iowa pharmacies and/or businesses in neighboring states to obtain the necessary amount of PSE.
- In cases where PSE is purchased from different pharmacies for the purpose of making meth, and when log books are available to law enforcement, the logs have proven to be a valuable tool in catching and prosecuting meth cooks.
- Federal PSE control legislation has the potential of reducing meth labs in many other states, and perhaps in some of the Iowa communities bordering surrounding states. However, any move to preempt Iowa's successful legislation is viewed as counterproductive, because it likely would reverse some of the tremendous progress made to date.
- Extraordinary cooperation between diverse groups with a mutual interest in combating meth labs gained broad support for Iowa's groundbreaking law, and assisted with smooth implementation and widespread compliance.
- Senate File 169 has not reduced the *supply* of imported meth. It's possible that more meth, crystal meth and "ice" are being smuggled into Iowa now to fill the void created by the reduction in homemade meth, since PSE controls were not aimed at imported meth. Refocused enforcement efforts are required—and in fact underway—to address this much larger supply piece of the meth puzzle.
- Senate File 169 has not reduced the *demand* for meth. Again, it's possible that more Iowans are using various forms of meth now, since PSE controls were not aimed at controlling demand for the drug. Educational efforts must continue to prevent a new generation of meth users. And without additional resources to increase the amount of drug treatment available in Iowa, the cycle of meth addiction and related abuse will continue at unacceptably high levels.
- Senate File 169 is working better than any other non-prescription law or regulation in the U.S. in reducing meth lab incidents, and promises to be a strong deterrent for meth lab activity in the future. Imported meth is not welcome in Iowa but, everything else being equal, it poses fewer risks to innocent Iowans than meth labs. As Iowa's PSE control law is looked at in shaping parts of federal legislative proposals, and as other states examine the Iowa law for possible emulation, Senate File 169 is proving to be a model for the nation.

Respectfully submitted January 17, 2006,



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