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Highlights

Highlights of GAO-13-204, a report to congressional requesters

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DRUG CONTROL

State Approaches Taken to Control Access to Key Methamphetamine Ingredient Show Varied Impact on Domestic Drug Labs

Why GAO Did This Study

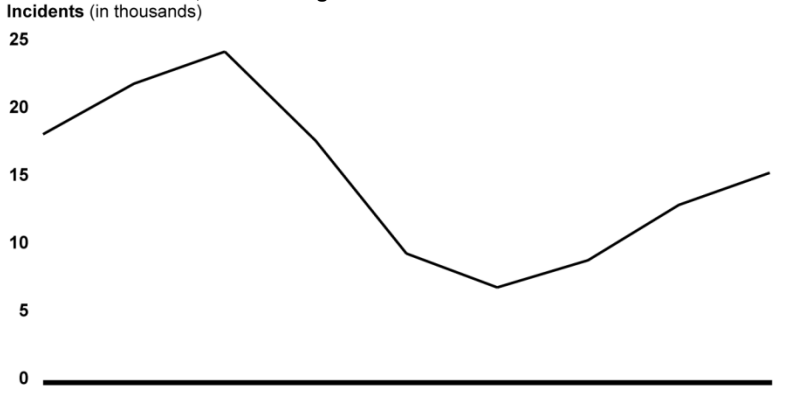
Meth can be made by anyone using easily obtainable household goods and consumer products in labs, posing significant public safety and health risks and financial burdens to local communities and states where the labs are found. Meth cooks have discovered new, easier ways to make more potent meth that require the use of precursor chemicals such as PSE. Some states have implemented electronic tracking systems that can be used to track PSE sales and determine if individuals comply with legal PSE purchase limits. Two states, along with select localities in another state, have made products containing PSE available to consumers by prescription only. GAO was asked to review issues related to meth. Thus, GAO examined, among other things, (1) the trends in domestic meth lab incidents over the last decade; (2) the impact of electronic tracking systems on meth lab incidents and limitations of this approach, if any; and (3) the impact of prescription-only laws on meth lab incidents and any implications of adopting this approach for consumers and the health care system. GAO analyzed data such as data on meth lab incidents and PSE product sales and prescriptions. GAO also reviewed studies and drug threat assessments and interviewed state and local officials from six states that had implemented these approaches. These states were selected on the basis of the type of approach chosen, length of time the approach had been in use, and the number of meth lab incidents. The observations from these states are not generalizable, but provided insights on how the approaches worked in practice.

View GAO-13-204. For more information, contact Carol Cha at (202) 512-4456 or chac@gao.gov.

What GAO Found

Methamphetamine (meth) lab incidents—seizures of labs, dumpsites, chemicals, and glassware—declined following state and federal sales restrictions on pseudoephedrine (PSE), an ingredient commonly found in over-the-counter cold and allergy medications, but they rose again after changes to methods in acquiring PSE and in the methods to produce meth. According to Drug Enforcement Administration (DEA) data, the number of lab incidents nationwide declined through 2007 after the implementation of state and federal regulations on PSE product sales, which started in 2004. The number of meth lab incidents reported nationally increased after 2007, a trend primarily attributed to (1) the emergence of a new technique for smaller-scale production and (2) a new method called smurfing--a technique used to obtain large quantities of PSE by recruiting groups of individuals to purchase the legally allowable amount of PSE products at multiple stores that are then aggregated for meth production.

Meth Lab Incidents Nationwide, 2002 through 2010



Year	2002	2003	2004	2005	2006	2007	2008	2009	2010
Incidents	18,131	21,817	24,155	17,866	9,426	6,951	8,933	12,971	15,314

Source: GAO analysis of data from DEA's National Seizure System.

Electronic tracking systems help enforce PSE sales limits, but they have not reduced meth lab incidents and have limitations related to smurfing. By electronically automating and linking log-book information on PSE sales, these systems can block individuals from purchasing more than allowed by law. In addition, electronic tracking systems can help law enforcement investigate potential PSE diversion, find meth labs, and prosecute individuals. However, meth cooks have been able to limit the effectiveness of such systems as a means to reduce diversion through the practice of smurfing.

The prescription-only approach for PSE appears to have contributed to reductions in lab incidents with unclear impacts on consumers and limited impacts on the health care system. The implementation of prescription-only laws by Oregon and Mississippi was followed by declines in lab incidents. Law enforcement officials in Oregon and Mississippi attribute this reduction in large part to the prescription-only approach. Prescription-only status appears to have reduced overall demand for PSE products, but overall welfare impacts on consumers are unclear because of the lack of data, such as the cost of obtaining prescriptions. On the basis of the limited information available from health care providers in Oregon and Mississippi, there has not been a substantial increase in workload demands to provide and dispense prescriptions for PSE products.