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Methamphetamine use in California has been identified as a major health hazard to the welfare of Californians. Pseudoephedrine is a key ingredient used in making methamphetamine and is readily available as a non-prescription item behind the counter which is easily obtained by asking a pharmacist. The efforts at restricting the sale of Pseudoephedrine by placing it behind the pharmacists counter has resulted in the substitution of phenylephrine for Pseudoephedrine in many OTC (over the counter) allergy, cold and cough medications. However, phenylephrine appears to be less effective than pseudoephedrine and is extensively metabolized in the gastrointestinal tract. In fact, the efficacy of phenylephrine as an oral decongestant has not been well established.

Pseudoephedrine, phenylpropanolamine, and other "ephedrine" products acting as oral decongestants may help relieve nasal congestion in patients with allergic and nonallergic rhinitis but can and frequently cause side effects such as insomnia, loss of appetite, irritability, and irregular heart beats. The efficacy of these oral decongestants in combination with antihistamines (e.g. Zytec, Allegra, Claritin, and Clarinex) in the management of allergic rhinitis has not been adequately documented to increase the efficacy of either drug alone. Elevation of blood pressure when using these oral decongestants is a frequent event in patients with underlying high blood pressure. In addition, concomitant use of caffeine as found in coffee, soft drinks, and tea may increase adverse events such as the irregular heart beats, irritability, and insomnia.

The appropriate medications for both allergic and nonallergic rhinitis as detailed in the recently published Journal of Allergy and Clinical Immunology August 2008, volume 122; No.2 "The Diagnosis & Management of Rhinitis: An Updated Practice Parameter" include the use of oral antihistamines, nasal antihistamines, nasal corticosteroids, and immunotherapy. As one of the practice parameter workgroup members who wrote this document I can clearly state that the overwhelming evidence does not support the use of "ephedrine" products as monotherapy in allergic or nonallergic rhinitis. In fact, one of the best "decongestants" for the "common cold" is saline spray or drops. The saline acts to effectively break up the mucus produced by the swollen nasal glands and is significantly safer than taking a pill which contains an "ephedrine" product.

Given the availability of other effective agents to "decongest the nose" in patients with the "common cold", allergic or nonallergic rhinitis I can find no reason to support the continuation of "ephedrine like products" being purchased in pharmacies without a prescription. We have an opportunity to markedly reduce the manufacturing and therefore distribution of a very dangerous drug and we have the experience of Oregon to support such an effort.

I encourage you to bring this bill (SB 315) to the floor of the California Senate and Assembly so that passage will help to end the Methamphetamine lab problem in your state.

Respectfully

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