

Below is a line-by-line response to recently published information by the Consumer Healthcare Products Association (CHPA), who represent the manufacturers of pseudoephedrine (PSE) products. Information in regular text is from CHPA. Information in **blue text** are responses from Rob Bovett, primary author of the legislation that returned PSE to a prescription drug in Oregon.

The original CHPA document can be found at http://www.chpa-info.org/pressroom/2010PK_PSEetracking.aspx

Pseudoephedrine - Myths & Facts

Under current federal law, the amount of allergy and cold medicines containing pseudoephedrine (PSE) an individual can buy is limited to prevent these medicines from being purchased in large quantities and diverted to manufacture the illicit drug, methamphetamine.

Federal law is being evaded through “smurfing” – many persons buying small lawful amounts of PSE, and then selling that PSE, usually at a substantial profit, to those who manufacture meth. A virtual black market for PSE.

Some states are considering more restrictive legislation to make PSE available by prescription only.

Oregon did so, effective July 1, 2006, and has completely eliminated smurfing as a result.

CHPA supports a more cost effective solution, electronic tracking, that is the most effective solution to reduce methamphetamine without punishing law-abiding consumers.

Electronic tracking is no solution at all. Smurfing evades electronic tracking.

Myth	Fact
<p>Most sales of PSE-containing medicines are for making meth. This is no myth. When confronted with estimates by the California Bureau of Narcotics Enforcement with estimates of 50% diversion, the industry declined to deny or refute such estimates.</p>	<p>Assertions about a high rate of diversion are anecdotal. Actual research from states with tracking capabilities indicate a very small percentage rate of declined sales. That is because <u>smurfing is not declined by electronic tracking.</u> PSE sales in states where there is a known meth lab problem correlate closely with that state’s population just as they do in states without a meth lab problem. Even in states with few meth labs, such as Arizona or Nevada, there is massive amounts of smurfing fueling super labs in Central California.</p>
<p>An “Rx only” law won’t make it more difficult for law-abiding people to get their medicines. This is a red herring. An “Rx only” law will make it more difficult to obtain PSE products. That is precisely the point.</p>	<p>An Rx-only law would require consumers to take time away from home, work, or school to get a prescription for their decongestant. Store shelves are currently lined with alternative products. Most consumers have already made the switch to those alternatives. Others simply call their physician, who in turn can call in a prescription for PSE. Additionally, there will be significantly higher costs to consumers and the healthcare system at large with a prescription mandate for these medicines. That has not proven to be the case in Oregon, after nearly four years of actual experience. In many cases it will take them more time to get there medicine, which will delay treatment. PSE does not cure anything. Many consumers live in medically underserved areas where access to a doctor is limited. PSE does not cure anything.</p>

<p>Tracking sales of OTC medicines electronically won't work That is correct. Electronic tracking does not stop smurfing.</p>	<p>E-tracking has been proven to work in Kentucky and has been adopted by 9 other states. It does not work to stop smurfing, and meth lab incidents are skyrocketing in Kentucky. According to Kentucky authorities, e-tracking is now responsible for identifying only 10 percent of Kentucky meth lab incidents. That is why the Kentucky Narcotics Officers Association now supports returning PSE to a prescription drug, as it was prior to 1976. E-tracking is supported by the National Sheriffs Association because e-tracking systems are an effective way to block illegal PSE sales and help police catch meth cooks. But it doesn't stop smurfing, which is the source of the problem. Importantly, these systems can be linked together to ensure a multi-state solution that prevents meth cooks from simply crossing state borders to evade the law. Multi-state e-tracking is no solution at all. Smurfing is rampant in states with e-tracking. In fact, e-tracking conveniently lets smurfers know when they can lawfully purchase more PSE to divert to meth labs. Electronic tracking facilitates and enhances PSE smurfing and the PSE black market.</p>
<p>Tracking sales of OTC medicines electronically will infringe on legitimate consumers' privacy There is always risks associated with developing a large centralized database with protected health information that can get into the wrong hands. But e-tracking should not be rejected merely for this reason. It should be rejected because it fails to stop smurfing.</p>	<p>Current federal law already requires that this information be collected. E-tracking automates the data so it is available real-time and can block illegal sales. But illegal sales are not the problem. Legal sales diverted through smurfing is the problem. Federal law prohibits purchase information from being accessed, used or shared for any purpose other than to ensure compliance, and the information may only be accessed by law enforcement. The risk is posed by an unnecessary additional database full of protected health information.</p>
<p>It's not important to keep PSE-containing medicines on the market because there are plenty of alternatives. Moving PSE to prescription only does not remove PSE from the market. It returns PSE to its status prior to 1976. That being said, some countries have simply chosen to ban PSE entirely. It does not cure anything.</p>	<p>PSE is clinically shown to reduce congestion due to allergy and colds, and millions of consumers choose PSE over other decongestants. For some people, it is the only oral decongestant that works and is the only decongestant available for 12-hour and 24-hour relief. But the costs associated with keeping PSE over-the-counter are devastating to public safety, our environment, and to drug endangered children. We must tell the pharmaceutical that enough is enough. No more blood money from PSE smurfing diverted to make meth. We must return PSE to a prescription drug, end smurfing, and end the meth epidemic that has destroyed too many lives and families.</p>

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<http://www.oregondec.org/>
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