

The Sacramento Bee

Roderick Wright: Make pseudoephedrine prescription-only

Thursday, August 6, 2009
By Roderick Wright
Special to The Bee

The recent editorial in The Sacramento Bee opposing my efforts to shut down methamphetamine labs ("A better way to track cold medicine," July 11) unfortunately was based on incorrect and incomplete facts. The Bee suggested a computer software package tied into all retail outlets could stop the illegal sale of pseudoephedrine, rather than requiring a doctor's prescription.

If The Bee had spoken to me, the Department of Justice or any other law enforcement organization supporting my bill, SB 484, it would have found the following:

Pseudoephedrine is the essential building block of methamphetamine. If drug traffickers cannot get pseudoephedrine, they can't make meth. If they can't make meth, they don't have meth labs.

Oregon changed its laws in 2006 to require pseudoephedrine products be sold by prescription only. The number of meth lab seizures then dropped from 275 down to three. Unlike other states that The Bee recommended we follow, there has been no increase in meth labs since Oregon passed its law.

The National Narcotic Officers Association Coalition – the most knowledgeable organization in the country on meth lab issues – voted unanimously that the Oregon law was the superior strategy.

My bill is modeled after Oregon's successful law.

The only problem with The Bee's recommendation is that it doesn't work. The number of meth labs in Oklahoma, Arkansas and Kentucky has actually increased in the past year. The numbers go down when the computer program is installed, but within a year or two the drug dealers figure out how to beat it and the number of meth labs rises again.

Further proof of the failure of The Bee's approach can be found in Kentucky. Kentucky has the most experience using the computer approach in the country. Meth lab numbers are back on the rise, so the Kentucky Narcotic Officers Association will be introducing an Oregon-style bill next year.

Pseudoephedrine used to be a prescription drug. SB 484 simply returns it to the old law.

Methamphetamine labs are a danger to our communities: They blow up, they cause children lifelong damage, and they are magnets for criminal activity. Oregon's experience proved we can wipe them out. The Bee's approach will not decrease meth labs in the long run; the experiences in Oklahoma, Arkansas and Kentucky prove that.

Do we want a real solution, or a feel-good one?