

Further Thoughts

- In addition to abuse and use to make meth, pseudoephedrine has “undesirable side effects, including central nervous system stimulation, lightheadedness, nervousness, anxiety, paranoia, heart arrhythmia, atrial fibrillations and premature ventricular contractions.”

- *United States Patent 6,495,529 (Booth, et al) (Warner-Lambert, nka Pfizer) (December 17, 2002), column 1, lines 57 et seq, citing 95 American Hospital Formulatory Service 847-48.*

- In Oregon, nearly all of the former OTC pseudoephedrine products have been reformulated with phenylephrine or other ingredients and are back on regular retail shelves.

- The real impact on legitimate Oregon consumers has therefore been almost nonexistent.



- There were few complaints and no public outcry after pseudoephedrine was moved to prescription only (which happened on July 1, 2006).

- Most consumers in Oregon simply switched to the over-the-counter alternatives.

Questions?

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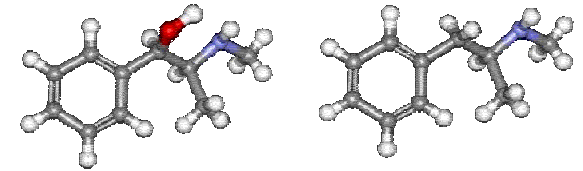
More Info

Questions? Comments? Feel free to contact me at the e-mail address or phone number listed above.

In addition, most of the studies, data, and legislation that form the basis for this pamphlet are posted at www.oregondec.org



Meth Epidemic Solutions



Meth and Meth Lab Eradication Through Effective Control of Pseudo/ephedrine

Presented at the
1st global conference
on methamphetamine



Prague, Czech Republic
September 15, 2008

The Case for Moving Pseudoephedrine to Prescription Only

A

Local Meth Labs

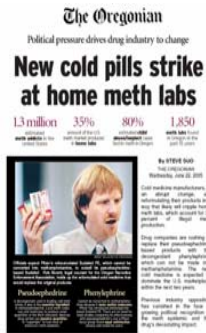
What we've learned:

- Moving pseudo/ephedrine (PSE) behind the counter (but not pharmacy only) results in a 40-70% reduction in local meth labs.

- Moving PSE behind the pharmacy counter results in a 70-90% reduction.



- After moving PSE behind the pharmacy counter, the remaining local meth labs are driven by smurfing of PSE.



- To eliminate smurfing, Oregon passed legislation making PSE a prescription only medicine, effective July 1, 2006.

- There were few complaints, and no public outcry.

- Most PSE products were simply reformulated with other decongestants for OTC sale.

- The result is the elimination of smurfing in Oregon, and the near elimination of local meth labs. The very few we have left each year result from interstate smurfing of PSE.

B

Super Labs

What we've learned:

- Controlling the international supply of PSE directly impacts the supply of meth.

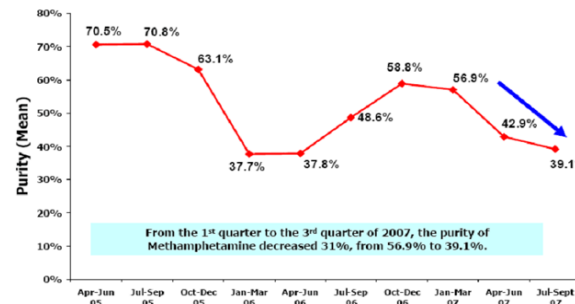
- Subtitle B of the CMEA provides for international tracking and control of PSE feeding the super labs.



- Coupled with strong action by the INCB, DEA, Mexico, and the United Nations, there has been substantial recent progress tracking and stopping shipments of PSE feeding the super labs.

- The initial results have been very positive: Declining meth purity and increasing meth price throughout most of the United States.

U.S Methamphetamine Purchase Purity:
April 2005 through September 2007



Source: Drug Enforcement Administration, Methamphetamine Price/Purity Analysis of STRIDE Data (Nov 2007).

C

Conclusion

The case:

- As a result of this success, countries and states that have not moved PSE to prescription only may experience a surge or resurgence of smurfing and local meth labs.



- This is potentially very bad news for public safety, the environment, and drug endangered children.

- Electronic monitoring of PSE sales is complicated, burdensome, expensive, and reactive.

- Instead, let's be proactive. We eliminated smurfing in Oregon without all of that trouble and expense, simply by returning PSE to a prescription drug, as it was prior to 1976.

- The Oregon alternative "offers an effective approach . . . if broadly adopted, there would be no reason to develop state or national tracking systems, resulting in substantial, ongoing savings, literally in the millions of dollars."

- NAMSDL Meth Precursor
Tracking Advisory Committee

- So move PSE to prescription only!