



Monday, March 9, 2009

Senator Ron Wyden,

RE: PSEUDOEPHEDRINE & D-METHAMPHETAMINE LABORATORIES

The Oregon State Pharmacy Association strongly encourages Congress to enact federal legislation, classifying pseudoephedrine as a Schedule III narcotic. This reclassification would establish pseudoephedrine as a prescription only medication. Pseudoephedrine is the key ingredient necessary to make d-methamphetamine, commonly known as meth.

In 2006, Congress passed legislation restricting pseudoephedrine, requiring it be kept behind-the-counter and logging sales. That legislation, known as the Combat Methamphetamine Epidemic Act (CMEA), dramatically reduced the incidence of meth labs throughout the nation. However, as we predicted, meth addicts quickly found a way around the CMEA through "smurfing." The tragic result is the recent resurgence of extremely dangerous meth labs, posing unacceptable risks to our families, neighborhoods, and the environment.

In contrast, Oregon passed legislation, which took effect in 2006, making pseudoephedrine a Schedule III narcotic. Since then, there have been few complaints, and little to no public outcry. Smurfing and meth labs have almost been eliminated in Oregon. We no longer have to guess what works and what doesn't.

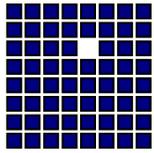
In the spring of 2008, OSPA conducted a survey of our membership, confirming that Oregon pharmacists strongly prefer pseudoephedrine as a Schedule III narcotic. It eliminates the burdensome behind-the-counter classification and logging requirements that we previously had. Most of the nation is still following the CMEA, with disappointing results.

Congressional action is needed now, making pseudoephedrine a Schedule III narcotic, which will drastically reduce the availability of pseudoephedrine, the key ingredient necessary to manufacture d-methamphetamine.

Respectfully,

Kenneth R. Wells

Kenneth R. Wells
President
Oregon State Pharmacy Association



**Oregon
A.C.E.P.**

Oregon Chapter, American College of Emergency Physicians (O.C.E.P)

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June 5, 2009

Kent A. Shaw

Assistant Chief, California Office of the Attorney General Department of Justice, Bureau of
Narcotic Enforcement

Mr. Shaw:

The Oregon Legislature passed a law in 2006 requiring that the use of pseudoephedrine be restricted to those who have a valid prescription from a medical provider. From the perspective of an Emergency Physician, an informal poll of our Board of Directors, representing Emergency Physicians across the state, found that the passage of this legislation has had no real impact on the number of visits we have seen in Emergency Departments across the state related to requests for prescriptions for this medication. In fact, almost all of us could not recall a patient encounter where this was an issue.

Given the clear relationship between the use of pseudoephedrine and the creation of methamphetamine, and plenty of viable alternatives on the market to use for decongestants, we think that this law in the state of Oregon has had a clear benefit without any compromise to the health of our citizens. We hope that California is successful in the passage of this legislation.

Sincerely,

Dan Handel

*Daniel Handel, MD, MPH - President
Evangeline Sokol, MD, FACEP - Treasurer*

*Kiran Beyer, MD - Conference Co Chair
Robert Vissers, MD., FACEP - Conference Co Chair
Pat Webster - Executive Secretary/Conference Coordinator*



February 2, 2010

To Whom It May Concern:

In 2005, Oregon's legislature passed a law requiring a prescription for pseudoephedrine in an effort to curtail the manufacture of methamphetamine. The measure was part of a bipartisan package of laws targeted at addressing Oregon's large and growing methamphetamine crisis. The OMA supported that legislation out of a sense of concern for the drastic health effects this drug has on its users, and out of a belief that it would help our members handle a crisis that was overwhelming many of their communities.

The OMA created a Methamphetamine Task Force in response to this crisis, which strove to help educate physicians and other health care providers about how to understand the drug action of methamphetamine, to recognize the signs of methamphetamine use in their patients, and how to teach others to do the same.

Our informal research of our physician members suggests that the beneficial impact of this law outweighs the inconvenience related to additional requests for prescriptions. More recent research questioning the efficacy of PSE, and reports showing a sharp drop in drug-related crimes in Oregon since the law's implementation underscore its efficacy. Indeed, Oregon's Senator Wyden has recently announced his intention to propose federal legislation that would apply this policy to the entire nation.

Given the clear relationship between the use of pseudoephedrine and the creation of methamphetamine, and plenty of viable alternatives on the market to use for decongestants, we think that this law has had a clear benefit, and has not compromised the health of our citizens. We feel that our state's experience should serve as an example to other states seeking to address their own struggles with methamphetamine production.

Sincerely,

A handwritten signature in black ink that reads "Peter Bernardo MD". The signature is written in a cursive, slightly slanted style.

Peter Bernardo
OMA President

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February 16, 2009

Senator Ron Wyden
U.S. Senate, State of Oregon
Washington, DC

RE: Meth Labs and Pseudoephedrine

Senator Wyden,

The Oregon Association of Chiefs of Police, Oregon State Sheriffs' Association and the Oregon District Attorneys Association strongly encourage Congress to pass legislation making pseudoephedrine a Schedule III controlled substance (i.e., prescription only). Pseudoephedrine is the key ingredient necessary to make d-methamphetamine, commonly known as meth. In addition to devastating nature of this addicting drug, the meth production process and meth labs are extremely dangerous and pose unacceptable risks to neighborhoods, the environment, and drug endangered children.

In 2006, Congress passed legislation restricting pseudoephedrine by requiring the logging of sales and placement of the drug behind-the-counter. The passage and implementation of this legislation, known as the Combat Methamphetamine Epidemic Act (CMEA), dramatically reduced the incidence of meth labs throughout the nation. However, as we predicted, meth addicts quickly found a way around the CMEA through "smurfing." A recent resurgence of meth labs is the tragic result.

In contrast, Oregon passed legislation making pseudoephedrine a Schedule III controlled substance. Passage of this legislation resulted in very few complaints and little to no public outcry. The legislation, which went into effect in 2006, has eliminated smurfing and virtually eliminated meth labs from Oregon.

We no longer have to guess what works and what doesn't. Congress should pass legislation making pseudoephedrine a Schedule III controlled substance.

Best Regards,


Raul Ramirez, Executive Director
Oregon State Sheriffs' Association


Dan Norris, President
Oregon District Attorneys Association


Kevin Campbell, Executive Director
Oregon Association Chiefs of Police

