

## 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 Formulary 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 was almost no public outcry in Oregon regarding moving pseudoephedrine to prescription (which happened on July 1, 2006).

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

## Questions?

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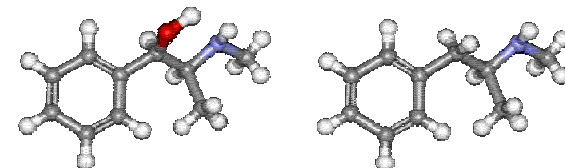
## More Info

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](http://www.oregondec.org)



## The Case for Moving Pseudoephedrine



## to Schedule III (prescription only)

Presented at the  
**National Chemical  
Control Conference**



**Chicago, Illinois  
June 11, 2008**

# The Case for Moving Pseudoephedrine to Schedule III (prescription only)

## A

### Local Meth Labs

What we've learned:

- Moving pseudoephedrine (PSE) to *Schedule V lite* (behind the counter, but not pharmacy only) results in a 40-70% reduction in local meth labs.

- Moving PSE to *Schedule V* (behind the pharmacy counter) results in a 70-90% reduction.



- After moving PSE to *Schedule V*, the remaining local meth labs are driven by: (a) **group smurfing**; and (b) **interstate smurfing**.



- To address interstate smurfing, Subtitle A of the Combat Meth Epidemic Act (CMEA) moved the entire U.S. to *Schedule V lite* (but not *Schedule V*).

- To address group smurfing, Oregon moved PSE to *Schedule III* (prescription only).

- The result is the **elimination of smurfing in Oregon**, and the near elimination of local meth labs. The few we have left in Oregon are due to interstate smurfing.

## B

### Super Labs

What we've learned:

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

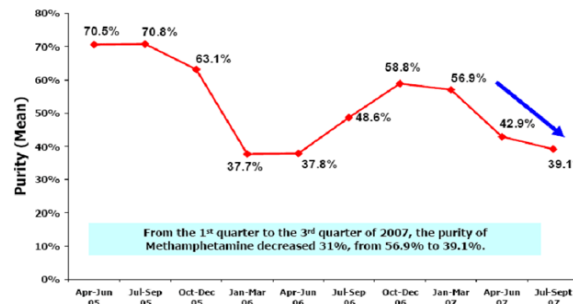
- Subtitle B of the CMEA provides for international tracking and control of PSE feeding the super labs.



- Coupled with strong action by the 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 in many parts of the U.S.

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 international success, individual states that have not moved PSE to *Schedule III* may experience a 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 may or may not be a worthy approach to deal with smurfing. But it is reactive and expensive.

- Instead, let's be proactive. We effectively 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 "could result in substantial initial and ongoing savings to taxpayers, literally in the millions of dollars."

- NAMSDL Meth Precursor Tracking Advisory Committee recommendations (April 2008).

- So move PSE to Schedule III.