

Further Thoughts

- There were few complaints and no public outcry after PSE was returned to a prescription drug in Oregon on July 1, 2006, and Mississippi on July 1, 2010.

- Following passage of restrictive federal and state laws, there are now only 15 products and their generic equivalents that contain PSE. All of these products are behind-the-counter.

- Most consumers simply purchase non-PSE over-the-counter drugs that line store shelves.

- Despite all of the above, meth lab incidents in the United States have nearly doubled in the past two years.

- Not coincidentally, PSE imports into the United States have gone up 43% in the last two years.

- Enough is enough!

- It is far past time to tell the pharmaceutical industry and their surrogates that we are done with this unnecessary epidemic.

The New York Times How to Kill the Meth Monster

November 18, 2010
By ROB BOVETT

Newport, Ore.

THE latest bad news from the world of methamphetamine is that many of the drug have perfected a one-pot recipe that enables them to manufacture their highly addictive product while on the move, often in their car. The materials they need — a two-liter soda bottle, a few coils and some household chemicals — are easily obtained and easily discarded, often in a trash bag dumped along the highway.

There is, however, a simple way to end this racket — and, indeed, most methamphetamine production. We've tried it in Oregon and have seen how well it works. Just keep a key ingredient, pseudoephedrine, out of the hands of meth producers.



Questions?

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More info

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

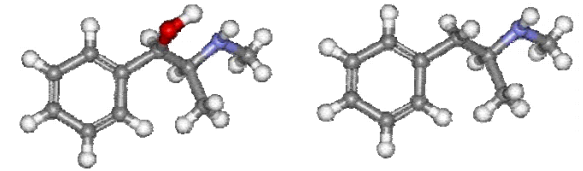
In addition, most of the studies, data, and legislation that form the basis for this pamphlet are posted at www.oregondec.org



HELPING HANDS STOP DRUGS

No Meth Not Here

Meth Epidemic Solutions



Meth Lab Eradication Through Effective Control of Pseudoephedrine

Presented at the annual conference of the



Indianapolis, IN
May 16-19, 2011

10 Key Points: The Case for Returning Pseudoephedrine to a Prescription Drug

1. In 1976, the Food & Drug Administration let a genie of the bottle by permitting pseudoephedrine (PSE) to be sold over-the-counter. Ever since, Congress and states have put **band-aids** on the problem of retail PSE diverted to make meth.



Those band-aids have provided temporary relief, at best.

2. In 2005, the Oregon legislature **returned PSE to a prescription drug**, effective July 1, 2006.

3. In 2007, **Mexico** followed Oregon's lead, and then went one step further by **banning PSE entirely**. The effect has been weaker meth coming out of Mexico – and more pressure to cook meth in America using diverted retail PSE.

4. Diversion of retail PSE to make meth typically comes in three forms of what is commonly known as “**smurfing**.” (a) Exceedence smurfing; (b) group smurfing; and (c) false ID smurfing.



5. **Electronic monitoring** of PSE sales has the ability to stop or identify exceedence smurfing, where an individual goes from pharmacy to pharmacy using the same ID. However, electronic tracking does not have the ability to stop, and is completely **evaded by:**

(a) **Group smurfing**, where no single individual exceeds the retail sales limit; and

(b) **False ID smurfing**, where an individual uses multiple false ID's to smurf more than the legal limit.



6. **Electronic tracking** also helps to **facilitate group smurfing**, and a PSE black market, by ensuring that no individual smurfer exceeds the retail sales limit. Smurfing of PSE now fuels thousands of meth labs each year all across the Midwest and South, and also fuels the “super labs” in Central California run by large drug trafficking organizations.

7. **Smurfing can also fuel addiction** within a community, by enabling addicts to buy a box of PSE for \$5 and exchange the PSE directly for drugs, or sell the PSE at a massive markup on the black market and then buy drugs with the profits.

8. In contrast, **returning PSE to a prescription drug eliminates all forms of smurfing**. Oregon has eliminated smurfing and is no longer a part of the problem. Further, with almost five years of actual experience, there has not been a single case of diverted prescription PSE to make meth in Oregon. Fears of PSE doctor shopping have simply not occurred, because PSE is not susceptible to doctor shopping in the same way as pain medicines.

9. **Electronic tracking therefore further delays an effective solution to the diversion of retail PSE**, thus ensuring the pharmaceutical industry continues to receive profits from PSE diverted to make meth - all at the expense of lives, families, public safety and, most tragically, drug endangered children.

10. Oregon simply put the genie back in the bottle by returning PSE to a prescription drug – a pure **prevention** solution to the problem. Mississippi recently replicated this proven solution.

There are those that would have you believe a “parade of horrors” might occur if we return PSE to a prescription drug. Don't believe it. It is a **false** parade of horrors, and we have years of experience and evidence to prove it.