

Rob Bovett's response to Consumer Healthcare Products Association (CHPA) ad and flyer in Kentucky. Each statement in the CHPA ad and flyer is shown in red font. My response is in blue font.

74 percent of Kentuckians agree that requiring prescriptions for common cold and allergy medications is an unnecessary burden for law-abiding citizens.

Similar to the CHPA poll results from other states. But they fail to provide the poll questions. Because the questions are misleading. As my father used to say: "Garbage in, garbage out."

Kentucky already has a state-wide electronic tracking system in place to enforce sales limits on pseudoephedrine - a key ingredient in many nonprescription cold and allergy medicines that can be used in the production of methamphetamine.

A nice tool. But purely reactive, and does not solve the problem.

Since its implementation in July 2008, this system has helped pharmacists stop the illegal sale of PSE and law enforcement track down meth cooks and their labs.

Old news. Smurfing now completely evades those controls.

The system blocks about 5,000 sales each month (or about 4.4 percent of the total). Without NPLEEx, in 2009 alone, more than 100,000 grams of PSE would have been sold illegally.

Yes, but a lot more is now evading NPLEEx due to smurfing, which is fueling Kentucky's tragic resurgence of meth labs.

A number of Kentucky law enforcement agencies report that e-tracking leads to the majority of their meth lab busts.

Not any more. Due to smurfing, that percentage is now down to 10 percent.

A prescription requirement for these cold and allergy medicines is bad public policy that will hurt ordinary citizens.

With almost four years of actual experience in Oregon, that is simply not the case. Oregon has eliminated smurfing, nearly eradicated meth labs, driven drug arrests down by 30% (all due to meth), and experienced our nation's largest drop in crime rates. There has been no public outcry to undo the prescription requirement.

Increased Healthcare Costs: Restricting access to PSE cold and allergy medicines will increase the costs of an already overstretched healthcare system. Under a prescription-only mandate, if only half of those Kentuckians who currently rely on these medicines were forced to go to the doctor for a prescription, the cost to the healthcare system in doctor visits alone would be over \$20 million.

With almost four years of actual experience in Oregon, that is simply not the case. Most Oregonians simply purchase OTC products, which line the shelves in Oregon. The total impact on the state medicaid system has been less than \$8,000 per year.

Reduced Tax Revenues: In Kentucky, over-the-counter (OTC) medications are subject to state sales tax while prescription medications are not. Restricting access to PSE products will decrease Kentucky's state sales tax revenues by well over half of a million dollars in the first year alone.

Blood money. By comparison, what is the actual cost to Kentucky taxpayers and citizens for responding to meth labs? Millions of dollars each year in law enforcement services, cleanup, incarceration, and more. That doesn't even take into account the tragedy bestowed on Kentucky's drug endangered children.

Decreased Access to Healthcare: Kentucky is already experiencing deep shortages in primary care physicians and nurses. Adopting a prescription-only policy for cold and allergy medicines containing PSE will flood Kentucky's primary care physicians with an estimated 17,000 additional physician office visits annually.

With almost four years of actual experience in Oregon, that is simply not the case. But don't take my word for it - here is what Oregon's leading physician and pharmacist associations have said:

* <http://www.oregondec.org/CSPSC/008a-ACEP.pdf>

* <http://www.oregondec.org/OMA.pdf>

* <http://www.oregondec.org/US/OSPA.pdf>

The Truth About Lab Numbers: The Kentucky State Police count every "shake and bake" bottle found as a "lab". This means that a two-liter bottle used to make meth constitutes a lab under current KSP reporting guidelines.

Because they are meth labs. They catch fire, explode, poison the environment, and poison drug endangered children.

The truth is that the numbers are also up because MethCheck has become an invaluable tool for law enforcement. Narcotics officers across the Commonwealth use the e-log system to develop leads, setup informants, and take down anyone from the small-time tweaker, to the multi-national methamphetamine ring.

Not any more. Due to smurfing, the percentage of Kentucky meth labs identified by MethCheck is now down to 10 percent of the total. Smurfing has largely nullified the positive impact of MethCheck.

Under a prescription mandate, purchases could no longer be blocked at the point-of-sale and monitoring would be limited due to HIPAA privacy laws.

They won't need to be blocked. The patient will have a prescription.

The criminals would once again become "ghosts".

After almost four years of actual experience in Oregon, there has not been a single case of prescription smurfing. Oregon's remaining handful of meth labs each year are traced to smurfing in neighboring states.

Rx-only would be a step back in the fight against meth.

Returning pseudoephedrine to prescription only, as it was prior to 1976, is not only a step forward, it is a proven and effective solution to end smurfing. In 1976, we let a Genie out of a bottle. We moved pseudoephedrine from a prescription drug to over-the-counter. Ever since, we've been putting band-aids on the situation, while meth labs blow up and catch fire, lives and families are destroyed, neighborhoods devastated, our environment poisoned and, most tragically, drug endangered children suffer, or worse. Enough is enough. We must tell the pharmaceutical industry no more band-aids, and put the Genie back in the bottle.

STOP METH. NOT MEDS.

STOP PHARMA. STOP METH LABS.

For more information, see www.oregondec.org