dt: 7/24/2005 11:37 a.m.
to: lars@larslarson.com
ec: rep.jeffkropf@state.or.us
re: **Pseudoephedrine Control**

Lars,

First, I apologize for the length of this e-mail. I have heard from a number of folks that you oppose the current effort to make pseudoephedrine (PSE) a prescription drug. I've also been told about some of the issues that have apparently been raised on your show. I thought about giving you a call later this week, but thought it might be better to send you an e-mail first, since I'm not sure how I could attempt to address all of those issues in a short phone call.

I've listed out in **BLOCK** letters what I understand are the issues raised on your show, followed by my quick response:

"MOST METH COMES FROM MEXICO, SO THIS MAKES NO SENSE"

First, let's talk numbers. Many years ago the feds estimated that 90 percent of meth came from the Mexican meth cartel "super labs" and only 10 percent was made in small toxic "mom and pop" labs. A few years ago the feds updated those numbers to 80/20, and a few months ago they were revised again to 65/35.

Does that mean super labs are producing less? No. The volume of meth from super labs is continuing to increase at a phenomenal rate. It's just that mom and pop meth labs have proliferated at an even greater rate. Why? Lots of reasons - here's just a few:

- Local meth cooking proliferates exponentially: A recent study indicates that, on average, a meth cook will teach 4 other meth addicts how to cook meth each year.
- We're deeper into our meth epidemic: A recent study indicates that, on average, a meth cook has been an addict for about 6 years before they cook meth. Cooking meth is so toxic that you've basically got to be insanely addicted before you'll cook meth in your own home. It's a common misunderstanding that local meth cooks are cooking meth to make money. That's simply not the case. They make it to feed their own addiction and the addiction of a few smurfers that get them pseudoephedrine to cook into meth.
- It's cheap: It costs about $40 per gram to buy crystal meth on the street, and that's dirt cheap because Oregon and many parts of the nation are now flooded with meth. But it only costs about $5 per gram to make crystal meth yourself in a small toxic lab. A typical mom and pop meth lab produces between half and one ounce of meth (14 to 28 grams).

Even if the small mom and pop meth labs didn't produce ANY meth, we still must get rid of them. They toxify homes, pollute the environment, consume large amounts of property owner and taxpayer money, and poison drug endangered children forced to live in a toxic hell.

"LOCK UP METH COOKS, NOT COLD PILLS"

Other states have tried. A good example is Oklahoma and Arkansas. Oklahoma locked up the pseudoephedrine. But their neighbor Arkansas decided to lock up the meth cooks instead, and put into place our nation's strongest prison penalties for meth cooks (even first timers). Oklahoma cut their meth lab numbers in half, but Arkansas meth lab numbers kept going up. Indeed, some Oklahoma meth cooks even fled to Arkansas! Why? Because if you are insanely addicted to the point of cooking meth, you are not even thinking about what the criminal justice system might do to you. By the way, the Arkansas legislature just adopted the Oklahoma/Oregon rule, and their meth lab numbers are now starting to drop.

"MAKING PSEUDOEPHEDRINE A PRESCRIPTION WILL PREVENT PHARMACISTS FROM REPORTING ABUSES, DUE TO FEDERAL PRIVACY LAWS"

Not so. HIPAA has specific exceptions for this type of reporting. HIPAA also contains a general exception for reporting made under state law, and the Oregon anti-meth bill has such a provision.

"MAKING PSEUDOEPHEDRINE A PRESCRIPTION WILL DRIVE UP THE COST OF GETTING COLD MEDICINE"

Most folks will simply purchase an alternative product from the shelf (PSE is only in about half of the cold and allergy medicines), or purchase the reformulated cold and allergy medicines that contain phenylephrine (PE) instead of pseudoephedrine (PSE). For example, Sudafed is already back on the shelf with PE instead of PSE. The other day I went and bought some Sudafed PE from a grocery store for $5.99, but then went next door to the discount retailer and bought the generic for a buck. About half of the pharmaceuticals are already reformulating their popular products with PE. The other half are scrambling to catch up (those are the ones who are still fighting us in Congress and in dozens of state legislatures).

“IF PHENYLEPHRINE IS SO GREAT, WHY DIDN’T THEY SUBSTITUTE IT YEARS AGO?”

First, I acknowledge that pharmacists and allergy docs tell us that PE does not work as well as PSE for about 10 percent of folks. However, that’s also true on the flip side: PSE does not work as well as PE for some folks. For example, a Congressional staffer who I work with on meth legislation doesn’t get any relief from PSE, but does get great relief from the red box Dristan (which has long been a PE product). I have suffered from allergies my whole life and I get decongestant relief from either PSE or PE products. In many European nations, PE products are just as common as PSE products are over here in the US.

So now to the question: Why didn’t we switch over long ago?

My answer is simple: Money. What is the financial incentive for a pharmaceutical company to switch to PE when doing so will reduce their profits by eliminating the percentage of sales that get diverted to make meth? I hate to say it, but a portion of those profit margins was from diverted products used to make meth.

By locking up PSE products in Oklahoma and Oregon (and now Iowa, Arkansas, and a growing list of others) we have given pharmaceuticals the financial incentive to make the switch from PSE to PE to get back their retail shelf space. Is it any wonder that Pfizer announced its switch from PSE to PE in the Wall Street Journal? Ever since, the rest of the pharmaceuticals have been scrambling to catch up. I wish Pfizer had switched years ago for other reasons. But switching for economic reasons is okay with me. It also has a possible silver lining: By getting the pharmaceuticals to switch to PE, we may slowly cause some of the world’s nine PSE factories to switch to PE (diversions of PSE from those factories feed the super labs).

“SHUT DOWN THE SUPER LABS THAT PRODUCE MOST OF THE METH”

I agree. We must shut them down. Unlike many other hard drugs, meth is (almost uniquely) susceptible to supply side intervention if we are not afraid to take strong action to control international diversion of the PSE feeding the Mexican meth cartels. That’s why I and many others have been working closely with our entire Congressional delegation on bi-partisan efforts to pass effective legislation to control international PSE. We also need to have better control of our international borders. Not just for meth, but for basic national security.

But we can’t do all this international stuff without also controlling PSE here at home. If we shut down the super labs by choking off their supply of diverted bulk PSE, the incidence of local meth labs will sky rocket to fill the gap in supply. That would be a nightmare for our neighborhoods, environment, and drug endangered children.

A recent federal study confirms that placing PSE behind the pharmacy counter has been highly effective in cutting the incidence of local meth labs in half in both Oregon and Oklahoma. The remaining meth labs in those states are primarily from two sources:

1. Interstate smurfing where the meth cooks and smurfers just go across the border to Washington or Idaho (or Kansas or Arkansas in the case of Oklahoma); and
2. Group smurfing where they just go from pharmacy to pharmacy here in Oregon.

You might suspect that internet purchasing of PSE to feed local meth labs would crop up, but we have seen very little of that, probably because it leaves too much of a delivery route paper trail, and because meth addiction often results in symptoms of paranoia.

To address interstate smurfing, we are pushing hard in the US Senate for national legislation to establish the Oklahoma/Oregon behind-the-pharmacy-counter rule as a national base line.

To control group smurfing, we’re urging PSE to be made a prescription drug (as it was prior to 1976, and as the pharmacology of PSE justifies).

“IT WON'T WORK TO STOP THE METH EPIDEMIC”

I agree. But that's not what it's designed to do. It's designed to get rid of the local toxic meth labs.

I’m not sure if these are all the issues that have been raised on your show about this matter, but I am more than happy to further respond to these or to other issues. I briefly spoke with Representative Kropf about these issues the other day in Salem after he voted against the bill in committee. Jeff didn’t disagree with any of my analysis, he just doesn’t believe that Oregonians will understand and accept it. I think they will, and we’d like your support (and Jeff’s support) in that effort.

Rob Bovett
(541) 265-4108
Legal Counsel, Oregon Narcotics Enforcement Association (ONEA)
www.onea.org
President, Oregon Alliance for Drug Endangered Children (OADEC)
www.oregondec.org