

# The Oregonian

IN MY OPINION

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## Standing strong for meth legislation

Pseudoephedrine, a decongestant used in some cold and allergy medicines, also is the key ingredient in methamphetamine, whether brewed in local meth labs or in organized crime "super labs." Although local labs produce only 35 percent of the meth consumed in this country, they account for 96 percent of the meth lab problem we face. It's these small toxic labs that poison the environment in our communities, that commonly catch fire or explode, and that create the most tragic victims of our meth epidemic: children forced to live in the toxic hell of a home where very little else is cooked besides meth.

For many years, the powerful pharmaceutical lobby has successfully prevented effective state or federal controls on pseudoephedrine. But despite such powerful opposition, Oklahoma and Oregon recently took strong action to move these products behind pharmacy counters. This has significantly reduced the incidence of meth labs in these two states. In Oregon, we believe we've cut the number of meth labs in half.

This state action also has caused some pharmaceutical companies to switch to a different decongestant, phenylephrine, in order to get their products back on the retail shelf. For example, Pfizer's Sudafed is now Sudafed PE. The packaging looks the same, and for most consumers this new cold medicine works just as well.

But we must not be satisfied with a 50 percent reduction in the incidence of local meth labs. We need to eliminate these mini toxic-waste factories that pollute our environment and poison drug-endangered children.

Most of our remaining meth labs rely on supplies from two sources, referred to as interstate smurfing and group smurfing.

Interstate smurfing refers to a group of meth users who go to a neighboring state, such as Washington, and collectively accumulate a bunch of cold medicine for a meth cook. For this reason, Congress is now considering a national law based on the successful Oklahoma-Oregon model.

Group smurfing occurs here in Oregon. Individual meth users purchase a box or two of cold medicine from a few pharmacies. The cold medicines are then individually given to a meth cook in exchange for meth. It costs about \$40 per gram to buy meth on the street, but only about \$5 per gram to make meth in a small home meth lab.

With new alternative cold medicines on retail shelves, our Legislature seriously considered banning the old cold medicine. But doctors and pharmacists told us the new cold medicine is not as effective for a small percentage of folks. So our current effort is focused on requiring a prescription for the old cold medicine.

In the meantime, the national legislation modeled on the existing Oklahoma-Oregon rule is moving forward. But the pharmaceutical lobby is insisting that Congress pre-empt all state regulation of pseudoephedrine. Although the national legislation would provide an effective solution to interstate smurfing, pre-emption would prohibit states from going one step further to control group smurfing.

We are not talking about a cure for cancer. The medicine we are talking about doesn't even cure a cold. It just makes you feel a little better. Sometimes. And now there are alternatives on the retail shelves.

Once all the facts are examined, balancing the competing interests should be easy. The Oregon Legislature should stand strong and not bow to pressure from a few politicians and lobbyists. Likewise, Congress should enact a nationwide Oklahoma-Oregon rule to address interstate smurfing, but it should not prohibit stronger action by individual states to control group smurfing.

We need both solutions. Drug-endangered children throughout Oregon and the rest of our nation deserve no less.

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