States Wrestle With Methamphetamine Abuse

The feds, other states could model Oklahoma's effort to limit the availability of pseudoephedrine.

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Need a good treatment program for a patient addicted to methamphetamines? Good luck finding one, law enforcement experts say.

"Regrettably, there are not enough treatment beds in any area of the country to offer timely and adequate treatment opportunities," Steve Bundy, sheriff of Rice County, Kan., said in written testimony at a hearing convened by the House subcommittee on criminal justice, drug policy, and human resources.

Mr. Bundy, who, with his four deputies, serves residents over a 750-square-mile area, said methamphetamine addiction consumes a majority of his time each day. He is the only one of the five who is qualified to dismantle and clean up methamphetamine production facilities.

He noted that methamphetamine addiction is particularly problematic for several reasons: Directions for making the drug are readily available, the ingredients can be obtained in any pharmacy and mixed together at home, and use of methamphetamines cuts across social, ethnic, and gender boundaries.

From a health care standpoint, methamphetamine addiction only gets worse once it starts, Lonnie Wright, director of the Bureau of Narcotics and Dangerous Drugs Control for the state of Oklahoma, said at the hearing.

"When you can manufacture methamphetamine at home for a fraction of the cost to buy it on the street, and you can have all of it you want and it's basically pure, there's nothing to limit your addiction," he said. "Prolonged chronic addiction leads to … methamphetamine psychosis, [which is] clinically indistinguishable from paranoid schizophrenia, we're told by our medical experts in Oklahoma."

In fact, the similarities are many between methamphetamine psychosis and paranoid schizophrenia, according to Eugene Wang, M.D., of the University of Hawaii at Manoa.

Dr. Wang places something called "amphetamine-induced psychotic disorder" in the same clinical spectrum as schizophrenia and notes that some criminal lawyers have used the insanity defense for clients who were chronically addicted to methamphetamines.

"Some researchers believe that amphetamine psychosis is just a variant of schizophrenia," Dr. Wang said at the annual meeting of the American Academy of Psychiatry and the Law, in Scottsdale, Ariz. One similarity between the two is that both respond favorably to antipsychotic medications.

But a solid answer is hard to come by. "According to the DSM-IV criteria for schizophrenia, the symptoms cannot be due to a direct physiological effect of a substance," he noted. "On the other hand, when someone develops a persistent psychosis following amphetamine use, the diagnosis of the disorder takes into account a new understanding of the effects of amphetamines."

Marvin Seppala, M.D., chief medical officer for the Hazelden Foundation, a large addiction treatment provider, said methamphetamine addicts were difficult to treat because, unlike some other addictions, methamphetamine addiction is often associated with a "significant" psychosis, which is accompanied by agitation and violence.

"That combination leaves families and social services in a difficult situation when it comes to getting people into treatment," said Dr. Seppala, who is based in Newberg, Ore. "Families are scared to do anything, because the addict may react to that. And with social services, the person comes in but [may not be] in a position to enter addiction treatment immediately."

The biggest problem is that there are facilities to handle violence and psychosis—such as psychiatric hospitals—and facilities to handle methamphetamine addiction, but few places that handle both.

"If you're violent and require a psychiatric facility, it often doesn't have addiction treatment ready," Dr. Seppala said. "And if you go to addiction treatment, those facilities are not staffed for acute psychosis and violence."

Federal and state governments are attacking methamphetamine addiction at several levels, according to experts who spoke at the hearing.

On the supply side, the federal Office of National Drug Control Policy (ONDCP) has been working to cut off supplies of pseudoephedrine, the principal ingredient in methamphetamine, that are coming from Canada, according to Scott Burns, the ONDCP's deputy director for state and local affairs.

Canadian supplies of the drug are being used by U.S. "superlabs," each of which produce more than 10 pounds of methamphetamine a day.

"Our approach must be market based, focused on reducing both supply and demand for the drug," Mr. Burns said at the hearing. "We've seen a shrinking of these superlabs within the United States, and that's good news. However, we believe some of these superlabs are being pushed south of our borders to Mexico. For this reason, we'll continue to work [with the Mexican government] to stop the flow of these chemicals into Mexico."

States are also doing their own part to reduce the demand for pseudoephedrine.

Oklahoma, for example, has seen a large drop in the number of homegrown methamphetamine labs since the implementation of House Bill 2176, the Trooper Nik Green, Rocky Eales and Matthew Evans Act.

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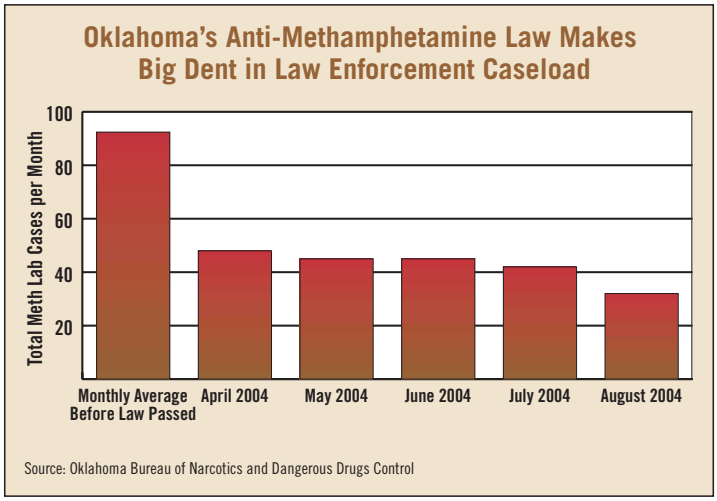
The law does not require a doctor's prescription for pseudoephedrine, but does make it a Schedule V (restricted) medication; the law also requires pharmacies to keep the drug behind the counter, make purchasers sign a log, and limit purchases to no more than 9 grams per month, "much more than one taking the full recommended dosage during that time period," Mr. Wright said.



Before the bill was signed into law last April, state law enforcement authorities seized an averaged of 92 meth labs each month.

That number had dropped by 32 by August.

Meth labs do continue to operate, however, because of pharmacies not enforcing the law strictly enough, smugglers bringing the drug in from surrounding states, and criminals going to more than one pharmacy to obtain the drug—staying under the legal limit at each store but obtaining much more on the whole.

That latter practice, known as "smurfing," should be stopped when Oklahoma implements a statewide computerized system for pharmacists to find out who has purchased the drug and in what amounts, Mr. Wright said.

A pharmacy representative urged subcommittee members to be cautious about copying the Oklahoma law.

"Raising barriers for consumers to access pseudoephedrine is a short-term solution to a long-term problem," said Mary Ann Wagner, vice president for pharmacy regulatory affairs at the National Association of Chain Drug Stores, in Alexandria, Va. "The same results can be accomplished without the extreme steps taken in Oklahoma."

A representative for the supermarket industry was even more forceful.

"For our industry, a Schedule V approach is very troublesome," said Joseph R. Herrens, senior vice president for government affairs at Marsh Supermarkets, in Indianapolis.

That's because an overwhelming majority of grocery stores in the United States do not have a pharmacy department and therefore could not comply with the requirement to keep the drug behind a counter.

"Under the Oklahoma model . . . [most grocery stores] could not sell the pseudoephedrine products that our customers expect us to carry to meet their shopping needs," Mr. Herrens testified.

And even if the store does have a pharmacy department, it is not always open all the hours that the rest of the store is, especially in the case of a 24-hour grocery store, he continued. "Therefore, even if the store is open for business, if the pharmacy department is not open or if the pharmacist is not on duty, sales of cough and cold products would not be permitted and our customers would have to shop elsewhere."

Some members of Congress apparently were not swayed by the supermarket industry's arguments. In January, Sens. Jim Talent (R-Mo.) and Dianne Feinstein (D-Calif.) introduced legislation to make medicines containing pseudoephedrine available only behind the pharmacy counter. Buyers could purchase up to 6 grams at one time, and 9 grams over a 30-day period.

"This legislation is a dagger at the heart of meth manufacturing in America," Sen. Talent said in a statement. "If you can't get pseudoephedrine, you can't make meth." At press time, the bill had 16 cosponsors.

To help with that problem, Pfizer Inc., the maker of Sudafed—an over-the-counter cold medicine containing pseudoephedrine—recently began marketing Sudafed PE, a new version of Sudafed that contains phenylephrine. Pfizer also will continue to offer the old version of the drug.

Another idea discussed at the hearing was getting rid of the federal "blister pack" exemption for pseudoephedrine. The exemption allows retailers to sell unlimited quantities of the drug as long as it is packaged in blister packs.

Rep. Mark Souder (R-Ind.) has proposed legislation to end that exemption. ■