Battling the scourge of meth

Indiana law aims to reduce drug’s toll on public health, sets new pharmacy rules on accessing its cold-medicine precursor

by Indiana Rep. Ben Smaltz

Indiana, unfortunately, is the meth lab capital of the country. The Hoosier state has led the nation in meth lab seizures for three consecutive years, with more than 1,500 incidents in 2015 alone. In the same year, 323 children were found and removed from residences where meth labs were present. While the manufacturing, selling and use of methamphetamine weighs heavy on the public safety system, as a father, it’s the toll that it takes on innocent children whose lives are affected by meth that continues to inspire me to eradicate this highly addictive drug in Indiana.

I’ve heard stories of Hoosier children being rescued from meth lab homes. It’s a heartbreaking scene. At risk of contamination, they are often forced from their homes without clothing, toys or other personal items. They are taken to a medical facility where they go through a decontamination process, and then are placed in the care of people they do not know.

Due to chemical exposure, a child living at a meth lab may inhale toxic substances, or absorb meth through his or her skin following contact with contaminated clothing or food.

Stopping meth at its source

In order to curb meth production, it is critical that we find ways to restrict meth cooks’ access to pseudoephedrine, or PSE, the key ingredient used in the manufacturing process.

In addition to being a precursor needed to make meth, PSE is often found in a small number of cold, flu and allergy medications. The state has worked to control access to PSE by putting these types of medications behind the counter, limiting the total amount an individual can purchase, and requiring consumers to sign a logbook each time they purchase medications containing PSE.

An electronic monitoring system known as NPLEx is currently used in every pharmacy in Indiana to track PSE purchases. Despite these efforts, criminals are still finding ways to circumvent state laws, and meth lab incidents continue to occur.

At the beginning of Indiana’s legislative session in January, I introduced legislation that would make PSE a prescription drug, which I have done for multiple years as a state representative. Indiana, like many other states, is grappling with the pros and cons of enacting a full PSE prescription requirement.

Many argue that it would be an inconvenience for consumers, or that it might increase health-care costs or lines at the doctor’s office. In trying to determine the best action to take in Indiana, I’ve looked at other states that have made PSE available only by prescription.

In Oregon, within the first 35 weeks of enacting a law making PSE a prescription drug, meth lab incidents declined 96 percent and meth-related emergency room visits decreased by 35 percent. In Mississippi, meth lab incidents dropped from 692 in 2009 to only eight in 2013.

Although I believe this is the right step for Indiana, I also understand how others believe enacting restrictions on law-abiding citizens is unfavorable. To strike a compromise, I worked with pharmacists, physicians and different organizations from across Indiana to craft a proposal balancing the rights of lawful citizens with the need to keep PSE away from meth cooks.

Under our new law, Hoosiers who have established a patient relationship with a pharmacy would be able to continue purchasing PSE-containing medications without a prescription. If an individual does not have a patient relationship with a pharmacy, the pharmacist would be able to sell them an extraction-resistant product or a package of 24-count, 30-mg regular PSE.

An individual who refuses these options and requests regular PSE would be required to obtain a prescription.

Essentially, consumers making purchases in a pharmacy in their community who request a PSE product they typically buy would still be able to do so. By utilizing the professional knowledge of pharmacists, Indiana’s law makes it considerably more difficult for individuals to purchase large amounts of PSE for the purpose of making meth or selling it to meth cooks. It also requires the Indiana Board of Pharmacy to adopt rules concerning professional determinations and conduct, and what constitutes a patient relationship with a pharmacy.

This would hold pharmacists accountable by requiring the board to review their determinations and discipline those who violate any rules. Moreover, Indiana’s Prescription Drug Monitoring Program, known as INSPECT, will be used to track and collect information regarding PSE prescriptions.

An emotional moment as bill passes

Standing in front of my House colleagues, I told one of the many stories I’ve heard in my community about children rescued from meth lab homes and the devastating effects of living in that environment.

Lawmakers representing different areas of the state and both sides of the aisle stood in support; it was a warm reception that I did not expect to receive. As I waited at the side of the House chamber, it was a humbling experience to watch as the legislation for which I worked so hard to gain support passed with a standing ovation.

In the Senate, similar legislation would have required pharmacists to conduct a brief consultation with consumers, but the bill did not stress the importance of an existing patient relationship.

Although my House bill (HB 1390) did not receive a hearing in the Senate, I worked with the author and we agreed to insert the language of my bill into SB 80. After continued discussions with lawmakers, organizations and state agencies, we worked out a final proposal to send to the governor’s desk. Where he signed it into law on March 21.

Reflecting upon all those who helped draft this piece of legislation, I cannot help but think it is a perfect example of how the legislative process should work. We started out with an idea, received input from various organizations, legislators and the public, and eventually worked out a compromise that was widely agreed upon.

Many communities, particularly ours in northeast Indiana, have felt the scourge of meth among our families, friends and youth, and will hopefully benefit from this law deterring meth cooks in Indiana.

Rep. Ben Smaltz, a Republican from Auburn, was first elected to the Indiana House of Representatives in 2012.