Research Question: Should Sudafed be made a prescription in South Carolina?

Barry, Tracy. “Methamphetamine still Oregon’s biggest drug problem, report says.” *NBC – 8 KGW (Portland, OR)* 7 April, 2016, Crime. *NewsBank*. Web. 26 September 2016

The author is a reporter with NBC – 8 KGW. Interviews with local police have provided the information and statistics provided in the article. There is no potential bias, unless the author is advocating for the reintroduction of pseudoephedrine to no longer require prescription, which there is no direct evidence of. The article was written in April of this year, so it is very recent and relevant. The main purpose of the article is to provide information about the methamphetamine problem in Oregon. Oregon passed a law that requires pseudoephedrine to be a prescription product. This has greatly assisted in shutting down the meth labs across the state of Oregon. According to Portland Police Captain Mark Kruger, “…it worked. Drug houses like we knew 15 – 20 years ago don’t really exist in the same way”. Meth lab seizures have dropped from 500 in 2003 to only 9 in 2013. The issue now is that the local meth labs have been replaced by “huge industrial level manufacturing plants in Mexico”. Oregon has all but eliminated their local meth problem, but now they have a huge import problem from across the border. This content directly relates to my research question, and demonstrates that there was a huge difference in local meth lab seizures in the state of Oregon after passing a pseudoephedrine law, but that when unable to get meth from local sources, law enforcement must certainly look to the interstates and smuggling to prevent wide spread importation.

Cunningham, James K. et al. “Changing Over-The-Counter Ephedrine and Pseudoephedrine Products to

Prescription Only: Impacts on Methamphetamine Clandestine Laboratory Seizures.” *Drug & Alcohol Dependence* 126. 1/2 (2012): 55-64. *Academic Search Complete*. Web. 7 Oct. 2016

The main author is a professor at The University of Arizona, working with the Department of Family and Community Medicine. The credentials for the remaining authors varies from universities in Illinois, Taiwan, and Toronto Canada. There is no evident bias in this scholarly report. The article was published in 2012, so the information is slightly dated but still relevant. The main purpose of the article is to inform about a statistical analysis of the reduction in methamphetamine lab seizures in geologic areas around a state that has enacted a prescription-only law for Sudafed. The analysis looked at seizures in the area before, during and after the law was enacted. The findings state that only in areas of the country where high lab seizures are occurring will a prescription-only Sudafed law assist in the reduction of lab seizures. Seizures in Oregon have not been found to be significantly affected by Oregon’s prescription law. Seizures in the state were already low when the law was passed in 2006, including the surrounding states. Government officials have attributed the continued low rates to the law, but this study can find no direct correlation. In Mississippi, however, a prescription precursor regulation was found to decrease the seizure rate by 50.2%. The impact is specific to the state where the regulation was enacted, as there has been no significant change in the surrounding geologic area. The analysis postulates that the correlation between the passing of the precursor law and the reduction in seizure rate of clandestine meth lab seizures is a direct correlation.

Cunningham, Scott, Keith Finlay, and Charles Stoecker. "Is Mississippi's Prescription-Only Precursor

Control Law A Prescription To Decrease The Production And Raise The Price Of Methamphetamine?" *International Journal of Drug Policy* 26.11 (2015): 1144-1149*. PubMed-Medline*. Web. 19 Sept. 2016

The three authors, Scott Cunningham, Keith Finlay, and Charles Stoecker, are professors at three different universities, and worked upon grants from the National Science Foundation, the Robert Wood Johnson Foundation, and the Tulane Research Enhancement Fund. The National Science Foundation as well as the Robert Wood Johnson Foundation are geared towards working towards building a “national Culture of Health”. There is no apparent bias in the information. The information is especially relevant to my course topic, as it is a direct example of a decrease in meth lab seizures, and a reduction in methamphetamine in a state that enacted a precautionary law that made pseudoephedrine a prescription product. The article was written in 2014, and last revised in May of 2015. The impact date is fairly recent, and the information doesn’t appear to be outdated with today’s policies. The main purpose of the article is to summarize the changes that occurred in meth-lab seizures in Mississippi before and after effecting a policy making Sudafed (pseudoephedrine) a prescription product (Schedule III). The article demonstrates a drastic reduction in the seizure of small methamphetamine labs, especially compared to the rest of the United States., after passing this policy.

Goodnough, Abby. “States Battling Meth Makers Look to Limit Ingredients.” *New York Times* 29 March

2011:19. *Academic Search Complete.* Web. 7 Oct. 2016.

The author is the current Boston bureau chief for The New York Times. There is no potential bias, as this is purely informative. The article was written in March of 2011, so the information is slightly dated but still pertains directly to the research question. The main purpose of the article is to provide information about a Tennessee methamphetamine prevention act. Mr. Thomas N. Farmer, the director of the Tennessee Methamphetamine Task Force, is pushing for a prescription-only law. In 2010, there were “nearly 2,100 meth lab seizures … a 45% increase over 2009 and more than any other state”. “In Mississippi, which adopted a prescription-only law last year, the authorities say meth lab seizures have dropped by nearly 70 percent. The article details the practice of smurfing: which is the primary source of procuring pseudoephedrine in the state. Smurfing entails a group of people: drug dealers, addicts, or merely someone who is paid to purchase the precursor; going from pharmacy to pharmacy and buying Sudafed at each location. Mr. Farmer details the flaws in an electronic tracking system, which is easily bypassed, and again details the benefits of a prescription-only pseudoephedrine law.

Graham, David A. “Oregon’s Simple Solution to the Meth Epidemic.” *Newsweek* 155.14(2010): 12.

*Academic Search Complete*. Web. 15 September 2016.

The author is a reporter for The Atlantic, but was writing for Newsweek at the time. The author is not an authoritative source on the topic, but there is no identifiable bias in the article. The article was written in April of 2010, so it is slightly dated, but the publication date doesn’t change the content of the article, and merely illustrates a point of an easy fix to the methamphetamine problem in South Carolina. The main purpose of the article is that it is an informative piece detailing the reduction in methamphetamine lab seizures in Oregon after Oregon made pseudoephedrine a prescription requiring product. This content is a direct ‘answer’ to my research question. This article provides evidence that, in Oregon between 2005 and 2009 the amount of methamphetamine lab seizures was reduced by a drastic amount, immediately after making pseudoephedrine a prescription product and limiting the way that meth-producers were able to obtain Sudafed. The article also brings up the point that if the entirety of the US were to adopt this policy, current methamphetamine counter policies could then focus their attention to the border to eradicate the issue.

Thompson, Cheryl A. “In Indiana, Decongestant Access Hinges Partly on Pharmacist’s Judgement.”

*American Journal of Health-System Pharmacy* 32.12(2016): 856—857. *Academic Search Complete*. Web. 8 Oct. 2016

Unable to find any information on the author of this publication, this article was published this year so it is very current information. I can find no detectable bias in this article. The main purpose of the article is to inform about revisions to laws passed in Indiana that give Indiana pharmacists a mandate to clinically judge every request for pseudoephedrine to ensure that there is a clinical need for the medication. According to the article “some chain stores have sold up to 60 boxes of pseudoephedrine in just a few short hours” prior to the passing of the revision of the bill. The revision of the law states that pharmacists must now only judge requests made by people who do not have a pre-established relationship with the pharmacy staff. The article also states that Indiana also led the nation in 2013 and 2014 in methamphetamine lab incidents. According to the DEA, methamphetamine production has decreased significantly since 2010 across the United States, and this decrease is most likely due to restrictions on access to precursors by limiting the ability to purchase them with precursor pseudoephedrine laws. Mrs. Thompson articulates the strong support of the Indiana Pharmacists Alliance in making pseudoephedrine and ephedrine prescription products, which is also supported by the Indiana State Police.

Research Reflection

Before taking this class, I did not truly have a set research strategy. I would generally approach a research project with the use of regular internet searches. I would find Wikipedia entries or generic internet sites via Google, and then further support my research from the links and references found on those websites. Many times, I was unable to find supporting arguments to my topic that could support my thesis or research question.

My final research question “Should Sudafed be made a prescription in South Carolina” is the same as my original research question, as I was able to find sufficient articles and information that directly related to the question. The lectures and slides provided me with a very good starting point for my question, which did not truly require any significant revision. My searches may have improved slightly as the semester went along, but the research question stayed intact.

While performing research in this class, an example of a search strategy that worked well me was the utilization of multiple keywords as synonyms utilizing the ‘OR’ search command. Searching for methamphetamine ‘OR’ meth provided me with hits on my searches that a single search would not provide me. This technique worked well in all of the databases I attempted to use it in, including: Academic Search Complete, PubMed-Medline, and NewsBank. Utilizing this technique along with multiple keywords greatly improved my research attempts, and with so many relevant results I did not feel I needed to further revise my search techniques.

If I were to perform a research project in another class utilizing the skills I have learned in this Library101 class, I would most definitely use the library’s scholarly journal databases in order to find information that is not easily found online. Utilizing academic databases provided me with significantly relevant information to my research question, and I will certainly use them again. I was also very surprised to see the amount of relevant results provided utilizing advancing searching techniques learned in this class. Utilizing these techniques on academic searches or even google searches will certainly yield more specific, and more relevant, results to any future research projects.