



CASCADE POLICY INSTITUTE

# CASCADE COMMENTARY

September 2005 No. 2005-11

## Summary

Oregon is repeating Prohibition-era mistakes with the state's new meth laws. Regulating cold medicine and increasing punishments will not keep the drug off the streets. Honest drug education would be more effective than legislation.

Word count: 687

***“Making a drug illegal doesn't make it go away.”***

## Meth laws need a good dose of sanity

*by Angela Eckhardt*

Oregonians will be feeling added pain when the next cold and flu season hits. The state is now the first in the country to require prescriptions for medicine containing pseudoephedrine, the primary ingredient in popular methamphetamine recipes.

It's easy to jump on the meth-bustin' bandwagon. The drug can wreak such havoc in people's lives that having just one addict in your family or community might seem like an epidemic.

Lately there has been a flurry of activity in state legislatures, Congress—even in the Canadian parliament—to get tough on meth. Including Oregon, 40 states have considered legislation to limit access to “precursor” ingredients. Oregon has also heightened penalties for meth-related offenses and defined meth-cooking as child abuse or neglect.

This drug “epidemic” needs to be put in perspective and meth policy needs a strong dose of sanity before policymakers exacerbate the problem.

Though media coverage of methamphetamines has increased dramatically in the last year, meth is not a new threat. News outlets have simply begun to report on the subject now. However, according to several standard national indicators of drug use, meth use has remained fairly flat over the last decade. In fact, stimulant use peaked in the mid-seventies, rose again in the nineties and has even declined somewhat since then.

Despite some alarming assertions, meth is neither the worst drug we've ever seen nor especially resistant to treatment. According to Dr. David Duncan, chairman of the National Association for Public Health Policy's Council on Illicit Drugs, “All the data show the same success rate with meth as any other drug dependence—except for tobacco, which is by far the most addictive drug. It doesn't matter if you're talking about meth or heroin or alcohol—in each case most of the people who become addicted wind up getting off the drug.”

That's not to say meth isn't a problem. It is. But it should be addressed through honest drug education, not more flawed, panic-inspired drug policy. Regulating cold medicine won't stop meth. These laws are aimed at the 20 percent of meth that comes from amateur home "labs." The bulk of the supply comes from sophisticated "superlabs," with scientists that are capable of making their own pseudoephedrine, importing it or stealing it from lawful sources.

The black market is adaptive and operates without morals. When one avenue is squeezed closed, the black market will find another way—no matter what. Expect to see even more poisonous substances, more international crime syndicates and more profits for controllers of the drug trade.

Stronger punishments won't deter meth-related offenses either. Those whose use has escalated to the point of criminal activity are probably sleep deprived, malnourished and paranoid. Temporary insanity pleas would almost be more appropriate, except that this insanity is freely chosen. In any case, we already have laws against theft and violence. The meth-related factor only indicates that there is hope for the person.

America is repeating Prohibition-era mistakes ad infinitum. Making a drug illegal doesn't make it go away. It turns users into criminals and adds another hurdle to recovery. It feeds the black market and supports big government. It ruins lives.

Prohibition turns a problem into a quagmire. The black market takes drugs that have been used for centuries, like cocaine or opium, and develops stronger, more dangerous, more profitable varieties like crack or heroin. Instead of protecting lives, drug laws turn the school of hard knocks into a deadly gauntlet.

Meth is such an ugly drug that truthful education would be a far more successful approach. However, government-issued anti-drug education and ad campaigns haven't substantially improved since the 1936 anti-marijuana propaganda film *Refer Madness*. Teenagers do not respond well to the government's scare tactics and misinformation—or to the hypocrisy of a justice system that bans marijuana, but condones alcohol and tobacco.

Truthful drug education should focus on survival. Abstinence-only rhetoric just writes off the many young people who are given to experimentation. They need to know how to avoid the major pitfalls of drugs—like using needles or getting caught up in the criminal justice system—and they need to know that they have the power to triumph over any addiction.

---

*Angela Eckhardt is director of the Rural Oregon Freedom Project at Cascade Policy Institute, a free-market think tank. She may be reached at [angela@freedomolutionsnw.org](mailto:angela@freedomolutionsnw.org).*

***“Government-issued anti-drug education and ad campaigns haven't substantially improved since the 1936 anti-marijuana propaganda film *Refer Madness*.”***

Attention editors  
and producers

*Cascade Commentaries* are provided for reprint in newspapers and other publications, with credit given to author(s) and Cascade. Contact Cascade to arrange print or broadcast interviews on this commentary topic. Electronic text files are available online at [www.cascadepolicy.org/cctext/](http://www.cascadepolicy.org/cctext/).

Please contact:

Jon Hadley  
Production Manager  
Cascade Policy Institute  
813 SW Alder Street, Suite 450  
Portland, Oregon 97205

Phone: (503) 242-0900  
Fax: (503) 242-3822

[www.cascadepolicy.org](http://www.cascadepolicy.org)  
[jhadley@cascadepolicy.org](mailto:jhadley@cascadepolicy.org)