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**Putting pseudoephedrine behind the counter won't save us from meth.**

Federal and state authorities have moved to restrict access to common over-the-counter (OTC) cold, flu, and allergy medicines containing the decongestant pseudoephedrine (PSE) in an effort to address the perceived growing problem of methamphetamine use and abuse. Millions of consumers would be inconvenienced and burdened in the use of a medication that is safe and effective, solely to prevent illegal use of an ingredient.

Pseudoephedrine is only one of many potential ingredients for "cooking" methamphetamine. Efforts to restrict this compound will simply divert efforts to less regulated compounds or to illegal street sources of imported pseudoephedrine or already manufactured product.

Already on the books is the Methamphetamine Anti-Proliferation Act, which restricts the amount of pseudoephedrine that may be sold. This apparently has been unsuccessful. Ratcheting up the level of regulation is unlikely to turn a failed concept into a successful one. At a minimum, the results of more rigorous state regulation should be studied before proposing to expand federal intrusion into the regulation of the practice of medicine, which should be a state responsibility.

Among the unintended consequences of this proposal might be further substitution of an older and less effective decongestant, phenylephrine, for pseudoephedrine, to the detriment of law-abiding consumers. It should be noted that the introduction of newer and possibly safer and more effective components is hindered by the lengthy and costly FDA approval process.

Instead of further restrictions on citizens' liberties, the federal government should be exploring ways in which current restrictions are hampering our ability to devise better solutions to publicly perceived problems.

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