



### **P for pure – and pseudoephedrine**

100% Pure' might be a marketing slogan for tourism in New Zealand, but it's unfortunately also true that the purity of domestically produced methamphetamine powder in this country is particularly high – hence its street name of 'P' for 'pure'. According to a recent report from the United Nations, New Zealanders are the world's third highest users of methamphetamine (the league table was topped by the little Central American republic of El Salvador).



*Scene assessment by investigating chemists. Photograph courtesy of ESR.*

Why should we be so concerned about methamphetamine? Simply, it's a particularly nasty drug. Use is associated with violent behaviour, anxiety, confusion, and insomnia, as well as paranoia, auditory hallucinations, mood disturbances, and delusions, so that people dependent on methamphetamine often need mental health treatment. Methamphetamine is toxic to brain cells, and long-term users suffer irreversible brain damage.

Regular use induces tolerance (increasingly higher doses are needed to obtain the same effect), so users often commit criminal offences to obtain money to fund their dependency. Much of the methamphetamine in New Zealand is made from pseudoephedrine – a nasal decongestant that is a common ingredient in 'cold relief' tablets sold in pharmacies – cooked up in clandestine laboratories that are discovered in suburban houses, motel rooms and even vehicles.

Apart from contributing to the availability of methamphetamine, these 'clan labs' use toxic and inflammable chemicals that are hazardous to the surrounding area (the picture above shows ESR forensic scientists investigating a clan lab).

The Prime Minister has asked the Chief Science Advisor to investigate whether it is medically possible to remove pseudoephedrine from cold and flu tablets, so helping to combat the methamphetamine epidemic in New Zealand.



*A clandestine P lab. Photograph courtesy of ESR.*

Hold on, you say, we're in the middle of a swine flu pandemic and the government is looking at taking away one of the drugs that makes us feel better if we get the infection?

Well, decongestants might help to unblock your nose, but they do nothing against the viral infection itself and in fact might even contribute to spreading the disease by making you think that you're well enough to go back to school or work while you can still pass on the infection to other people. And there is a range of other decongestants readily available – both tablets and nasal sprays – that do not contain pseudoephedrine and cannot be used to make methamphetamine.

Our report – due to be presented to the Prime Minister in early August and available on this site shortly after – will focus on two areas: first, are the alternative decongestants sufficiently effective that nobody would be seriously inconvenienced if pseudoephedrine was more difficult to obtain, and secondly whether reducing access to pseudoephedrine in this way would make any difference to the availability of methamphetamine.

ENDS.