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METHAMPHETAMINE MADNESS:

HOW MORAL PANIC OVER A COLD REMEDY MADE A NATION MISERABLE.

PR ANALYSIS 2024

PR ANALYSIS BY BLACKLAND PR

An investigation into the health and fiscal costs incurred by the New Zealand public when a moral panic led the Government to attempt to stop methamphetamine use by replacing pseudoephedrine cold remedies that worked, with phenylephrine-based remedies that did not.

Introduction

Over the course of a decade, a moral panic in New Zealand about the rising use of Methamphetamine (also known as meth or "P") pressured a change in the classification of pseudoephedrine, which contained an ingredient that could be extracted to make methamphetamine.

After pseudoephedrine was made prescription-only in 2012, the use of methamphetamine escalated. Meanwhile, the public was presented with phenylephrine-based medicines as the replacement, but not the succession of studies that revealed their low to zero efficacy.

Repeal of the 'ban' on over the counter (OTC) pseudoephedrine medicines was announced as a policy of the National-ACT-NZ First coalition in 2023.

We charted the course of the banning policy in New Zealand to identify the factors and people responsible for it. To do this we examined commentary and social discourse in media, online and Parliament.

BlacklandPR is a Wellington-based consultancy with expertise in public affairs and government relations. We analyse these situations to help inform our advice on how to influence public opinion and policy.

Our motivation is direct professional experience of observing poor policy-making, leading to bad outcomes and unintended consequences. We wanted to show how this comes about because it happens regularly in the messy business of politics.

The "something must be done" instinct is dangerous. It has real, unnecessary, bad consequences on everyday people. It is incumbent on all citizens, but particularly those employed in politics, to be more careful and more considered.

Summary

The idea of making pseudoephedrine medicines prescription-only arose internationally around 2000, in response to the theoretically possible and suspected practice of small "Meth labs" extracting the ingredient from over-the-counter pills.

Policy makers decided at the time that removing pseudoephedrine medicines would not reduce the availability of ingredients for methamphetamine and would have significant impacts on the public.

Our analysis concludes that high-profile methamphetamine-related crime in 2009, combined with political and social incentives, created an emotional environment that overturned the existing evidence-based and logically reasoned policy position.

Incentivised by political, publicity and ego rewards, influencers and decision-makers fed and responded to this panic. They argued to make pseudoephedrine medicines prescription-only. Their advocacy set the new 'acceptable' position. Crucially, their moral entrepreneurialism consequently changed the advice and arguments of scientists, clinicians, and policy-experts.

In the years following the change, there was an even faster increase in methamphetamine availability (and purity). The phenylephrine-based medicines that replaced pseudoephedrine cold remedies have been conclusively proven to perform worse than placebo.

Our recommendation is that to discourage similar misuse of policy in the future, and to provide confidence to the public, the Government must acknowledge and apologise for the original policy, and invite those we identify as responsible to explain and apologise for their actions.

Repeal of the ban emerged as a policy of the ACT party in campaigning for the 2023 general election. It seemed to appear from nowhere, as there had been no discussion of the idea in public. This makes the drivers behind the repeal potentially as important as the origins of the ban, but is outside the scope of our review, and there is a lack of public documentation.

Conclusions

1. Emotions, mainly fear, drove key social actors to support an existing idea that had previously been rejected. Those actors include GPs, Pharmacists, Police, John Key and Peter Gluckman. The role of these people in turn influenced 'experts' to change their position and provide supporting arguments.

2. The balance of evidence at the time of the moral panic was that phenylephrine was at least ineffective, and that methamphetamine was and would be sourced elsewhere.

3. The political and social incentives gave immediate rewards for imprudent decision-making, and there was, and has not been, any penalty for those involved in making the decision.

4. Subsequent events, and research, prove that the emotionally driven policy was wrong.

5. The policy cost the nation tens of millions of dollars in expenditure on imported medicines that did not work, and in lost productivity.

6. The policy cost citizens 10 years of unnecessary discomfort from illness.

The Costs of Bad Policy

- The result was the population suffered needlessly from symptoms during at least 100m bouts of cold and cough through the ten-year period.[1]

- We estimate that approximately $60 to $100m dollars was spent – wasted – on imported phenylephrine medicines over the decade of the policy.[2]

    - Note: We did not investigate the cost on lives, QUALYs or health budget impact of the addition of health risks associated with phenylephrine. This is outside our capability, so we invite health researchers to investigate.

- Displaced activity. The issue of an OTC ban:

    - Absorbed collectively thousands of hours of time of politicians and advisors (internal discussion, debate in Parliament, investigations by assistants, collection and commission of data, with advice, from Police, Justice and Health).

    - Absorbed collectively many thousands of hours of officials and pharmacists implementing the new system, including approval and stocking of new medicines, and explanation to customers.

    - Absorbed collectively thousands of hours of time from health sector in debate, submissions and public discussion, and of media and public in press conferences, story writing, reading, understanding and adjusting.

[1] It is estimated that adult humans catch cold 2-4 times a year and children 6-8 times a year (note that pseudoephedrine-based medicines are not recommended for children).
[2] Our calculation is based on an estimate that one fifth of OTC medicines are cold, flu and cough related. The quantity and values of OTC medicines are not readily available or trustworthy. Supermarket OTC medicines were valued at $30m in 2010 - https://www.nzherald.co.nz/nz/cold-remedy-prices-set-to-rise/WM35HKDZ4DOWXRR2RE7FWJFIXU/. All OTC medicines were valued at NZ$32m in 2023 - https://ecommercedb.com/markets/nz/otc-drugs.

We note that the review recommended by Gluckman, that may have revealed this earlier and thoroughly, was never conducted.

Our conclusion is:

- the OTC ban for pseudoephedrine-based cold and flu remedies failed its objective:
    - There was no reduction in the supply of methamphetamine.
    - It cost New Zealand (so far) approximately $60m in wasted purchasing of imported medicines that did not work.
    - Increased use of phenylephrine introduced new, additional or equivalent health risks, exacerbated by consumer perception of increased safety.
- the OTC ban was an example of very poor policymaking, driven by public fear and political expediency. These factors overwhelmed, misdirected, and ignored a scientific and evidence-based assessment.

Recommendations

The flawed policy decision must be very publicly corrected:

1. The ban should be overturned.
2. The rationale should be clear and documented.
3. The Government apologises to the public.
4. Citizens are issued a medicine credit (value to be determined) to symbolically compensate for money they were forced by the previous government to waste.
5. Key actors in the bad policy making are identified and offered an opportunity to explain and apologise. This is to demonstrate to current policymakers that there are long-term consequences on them personally for decisions they make.

The Short Story: How it Happened

Our review of government activity and reports, and news media coverage, from 1999 to 2009, show that a sequence of events in 2009, combined with political and social incentives, created an emotional environment that overturned the existing rational and reasonable availability of pseudoephedrine as an over-the-counter medicine in pharmacies.

Over the course of a decade (1999-2009), a moral panic about the rising use of methamphetamine (also known as Meth or "P") in New Zealand, changed the drug classification of pseudoephedrine.

The idea of banning it rose in 2003, mooted by a group of Bay of Plenty GPs and pharmacists in response to growing community disquiet about methamphetamine.

Initially, health officials and Ministers said making pseudoephedrine prescription-only would not reduce the availability of ingredients for methamphetamine and would have significant impacts on the public. As late as 2008, the then Coalition Government decided against a specific proposal to make pseudoephedrine prescription-only.

Events in 2009 changed that response. Methamphetamine use rose dramatically, effects of the drug filtered into everyday life, there was a high-profile sword attack by a methamphetamine user, and media reported on methamphetamine-related crime and its social impact.

From 2009, influencers and decision-makers argued in volume and evocatively to make pseudoephedrine medicines prescription-only. The strength of the emotions and their key-person advocacy set the new position, which consequently changed the advice and positions of scientists, clinicians, and policy-experts. Their presentation of the arguments for the new policy was formulated to minimise the logic and weaknesses in evidence.

We identify former Prime Minister John Key as a central figure. As a new and popular prime minister, he publicly presented the idea for review to the person he had just appointed to his newly created role of Science Advisor to the Prime Minister; Peter Gluckman. Gluckman recommended pseudoephedrine be made prescription-only. The classification was introduced to law and passed in 2011.

In the years following the ban, the availability and use of methamphetamine exploded in scale, driven by demand and availability of purer ingredients on a large scale. **There is no evidence that the ban had any effect on availability**, but it is technically possible that some small methamphetamine labs may have stopped operating if they sourced pseudoephedrine from pharmacies.

Either way, the small labs were overtaken by larger, more competent, and better networked labs. Deaths from methamphetamine overdose increased by 585% over the next ten years. Crime related to the methamphetamine trade tripled between 2011 and 2020[3].

The OTC ban made pseudoephedrine-based cold and flu medicines effectively unavailable, as almost no general practitioners were inclined to prescribe them. Yet, various studies at the time, but particularly over the ensuing period comprehensively showed phenylephrine to be an ineffective active ingredient. Worryingly, no one in the health sector pointed this out to GPs or the public. Finally, a conclusive study in 2023 found medicines based on phenylephrine to be less effective than placebo.

[3] https://www.parliament.nz/media/7832/methamphetamine_in_new-zealand_-a_snapshot_of_recent_trends.pdf

The Long Story: The Origin of a Moral Panic

Our media research has found the use of methamphetamine began to be talked about by everyday New Zealanders and media around the year 2000.

The drug was real, present, and dangerous. It has been mooted that the success of methamphetamine in New Zealand is that geographical isolation has made it relatively difficult to obtain other less harmful, drugs. If those drugs were easier to obtain, NZ's DIY capability would not have been misdirected to make methamphetamine[4].

In March 2003, as part of a continuing effort against drugs, the Government reclassified methamphetamine as a Class A drug[5]. It was noted at the time that the methamphetamine issue and drug classifications had been under government discussion for some years[6]. For example, a report had been prepared for the Minister by the Expert Advisory Committee on Drugs (EACD)[7].

The concept of a ban appears to have arisen later in 2003, as pseudoephedrine was being reclassified a Class 3 Drug[8] under a National Drugs Policy.

The policy[9] included banning 'P pipes', and collaboration between police, the National Drug Intelligence Bureau, and pharmacists to identify regular buyers. Purchaser checks led to a 21 percent decrease in pharmacy sales of pseudoephedrine products in 18 months, reducing consumption to the 1994 level[10].

Rotorua pharmacies jointly decided to withdraw OTC sales after a briefing from local police about the methamphetamine trade and said they would lobby the Government to make it national[11].

[4] https://www.theguardian.com/world/2016/jul/13/making-meth-how-new-zealands-knack-for-p-turned-into-a-homebaked-disaster
[5] https://www.beehive.govt.nz/release/government-committed-methamphetamine-action
[6] https://www.parliament.nz/en/pb/hansard-debates/rhr/document/47HansS_20040302_00001355/hutchison-paul-motions-misuse-of-drugs-classification
[7] Advice to the Minister on Methamphetamine, 2002. http://www.ndp.govt.nz/committees/eacd/meth-paper.pdf. Now inaccessible.
[8] https://www.legislation.govt.nz/regulation/public/2003/0354/latest/whole.html
[9] https://www.beehive.govt.nz/release/more-moves-against-p-and-other-drugs
[10] https://www.parliament.nz/en/pb/hansard-debates/rhr/document/47HansD_20040302_00001311/motions-misuse-of-drugs-classification-of-ephedrine
[11] https://www.nzherald.co.nz/nz/drug-ban-by-rotorua-chemists-may-grow/OBSB4RBYQ4TWJ5OQ7MPLDFBSOA/

Dr Bev O'Keefe, chairwoman of the Rotorua General Practice Group, said other products were available to treat people's "minor ailments".

A Parliamentary Library report on methamphetamine in July 2003 claimed that it was "generally manufactured" using pseudoephedrine in OTC pharmacy pills[12].

In response, Health Minister Annette King asked Medsafe to prepare an "urgent report" on the advantages and drawbacks of banning pseudoephedrine products, and what alternative products are available.

Associate Health Minister of the Coalition Government, Jim Anderton, was said to be "lukewarm" on the idea. He said "We've got to be careful we don't overreact here. If we start making them unsaleable, we're going to create a real rod for the back of ordinary people."[13]

Anderton appears to have won, and the ban was rejected by the Coalition Government on advice from the Ministry of Health[14]. The advice was that "a ban on cold and cough remedies containing the ingredient pseudoephedrine could in time exacerbate illicit importation of ingredients for methamphetamine, [but] among the immediate costs of banning pseudoephedrine in cold remedies would include increased visits to general practitioners by people who would have otherwise self-medicated".

The ban idea was raised and supported in the 2004 Parliamentary debate on the Misuse of Drugs Order 2003 reclassifying pseudoephedrine. Some MPs claimed the alternative medicines worked for them so they could not see the point[15].

In the following years, other jurisdictions considered Pharmacy-level restrictions as the popularity of methamphetamine spread around the world[16,17].

[12] https://www.parliament.nz/en/pb/research-papers/document/00PLSocRP03061/methamphetamine-speed-and-p-in-new-zealand
[13] ibid
[14] https://www.beehive.govt.nz/release/no-ban-cold-cough-remedies-time
[15] https://www.parliament.nz/en/pb/hansard-debates/rhr/document/47HansD_20040915_00000940/misuse-of-drugs-amendment-bill-no-3-first-reading
[16] https://www.pbs.org/wgbh/pages/frontline/meth/etc/cron.html
[17] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1889979/

2009 was a big year for methamphetamine, or "P", as it was growing rapidly in availability and use[18], and crossing into public life. The NZ Herald decided to campaign on the issue, dedicating a series of in-depth articles and news coverage to it[19].

The year kicked off with an incident that came to define the fear of methamphetamine and make 2009 a watershed moment in political action. The unpredictable violence of its users rattled the public, when Antonie Dixon went on a methamphetamine-induced spree of violence, culminating in a sword attack that cut the limbs of two women[20].

News coverage was a major factor in public awareness in 2009. Millie Elder, daughter of broadcaster Paul Holmes, was charged with methamphetamine use[21]. Methamphetamine-fuelled home invasions seemed common[22], as were other crimes to support "P" habits[23]. A chemist was charged with supplying medicines for use in making methamphetamine[24]. Asian students were alleged to be importing drugs[25]. Sports were said to be plagued by the superhuman powers methamphetamine delivered[26].

New Prime Minister John Key announced his intention to look at banning OTC sales[27] in May 2009, only five days after he established the new role of Scientific Adviser to the Prime Minister. It was part of an election promise to "put science at the heart of our decision-making"[28] and "at the heart of Government"[29]. The inaugural holder of the title was Prof Peter Gluckman. Key said Gluckman's first task would be examining the OTC ban.

Key's rationale for tackling the methamphetamine problem was emotional. He said "P" was "wrecking lives and it is wrecking families. ... as a parent, I can tell you, obviously you worry about your children."

[19] https://www.nzherald.co.nz/nz/fighting-the-demon-inside-the-criminal-evolution-of-methamphetamine-in-nz/6SGDWE4ENH4WA4I4RQUWKV3LEY/
[20] https://en.wikipedia.org/wiki/Antonie_Dixon
[21] https://www.nzherald.co.nz/nz/millie-elder-faces-new-drug-charges/ULPBRFGCV2IVTEHJNYI4BQA5E4/
[22] https://www.nzherald.co.nz/nz/meth-crusader-jailed-after-home-invasion/KKEUPTJVKK5K6E3RRZZNGELDLU/
[23] https://www.nzherald.co.nz/nz/p-addicted-pair-jailed-for-stealing-vans-to-fund-habit/NFIXGNYQHPDW3K5BIKEIDFUU44/
[24] https://www.nzherald.co.nz/nz/chemist-faces-life-term-for-supplying-p-makers/XENF7KD5PHSNK3V4IAEGQF5KU4/
[25] https://www.nzherald.co.nz/nz/asian-organised-crime-recruits-young-students/WQKXBIBQVITTUBBX5TEXTLITWY/
[26] https://www.nzherald.co.nz/sport/racing-how-scourge-of-p-has-harmed-racing/CF63B7SIGLLLS7IUU64RXA4UJY/
[27] https://www.nzherald.co.nz/nz/pm-moves-to-ban-p-makers-vital-cold-pills/Z5AH2SIZK6EKIHNBREBSLLKGX4/
[28] https://www.beehive.govt.nz/release/pm-appoints-chief-science-advisor
[29] https://www.sciencemediacentre.co.nz/2009/05/20/new-zealand-gets-a-chief-science-advisor-to-the-pm/

His stated rationale was that methamphetamine was being made from locally obtained pseudoephedrine. He claimed to be surprised by the amount but did not state how much it was.

Key said pseudoephedrine was banned in some American states and that New Zealanders wanted the Government to "show some leadership" on dealing with methamphetamine.

In addition to the ban idea, the Government planned to provide more money to treat addicts and address "border issues" that allowed importing of the drug and its ingredients.

Critically, the pseudoephedrine ban would supersede the option of a national computer register that would alert police to suspicious cold and flu tablet purchases. The Government claimed practical and legal problems prevented it, including privacy, fitting pharmacies with broadband internet, and 'questions' over its long-term effectiveness.

Professor Gluckman said Key's query was "a good question that needs to be asked", which he would address as a priority. He noted that an issue was the effectiveness of medicines that did not use pseudoephedrine compared to those that did.

Supporters rallied behind the idea. Methamphetamine consultant Mike Sabin totally endorsed Mr Key's proposal as it made no sense to stock pseudoephedrine when alternatives existed, and claimed Oregon now led the United States in combating methamphetamine after removing pseudoephedrine medicines.

Gisborne pharmacist David Moore, who refused to stock pseudoephedrine, claimed there were 11 alternative medicines such as phenylephrine that were just as effective. He was only one of many pharmacists who gave their support to the change when contacted by the media[30]. In general, the support, as reported, could be summarised as 'we must do something' and that the loss of pseudoephedrine would not be significant.

[30] https://www.stuff.co.nz/marlborough-express/news/2948494/Proposed-ban-two-edged-sword

Gluckman's report[31] barely two months later, in July 2009, recommended that a ban on OTC be attempted, with a review after three years.

He said there was some evidence that small methamphetamine-making operations obtained pseudoephedrine-based medicines to extract pseudoephedrine for methamphetamine. He said the pseudoephedrine-based medicines worked, but their OTC replacement based on phenylephrine had low efficacy. He concluded that the loss of an effective OTC medicine was insignificant.

So, the die was set for a change in policy by:

- Violent crime fuelled by methamphetamine, covered by media and experienced by people in everyday life.
- John Key's emotional support.
- The expectation placed on the holder of the new advisory role to the Prime Minister.
- A science report:
    - dominated by material documenting the dangers of methamphetamine.
    - giving primacy to the health risks and falling demand for pseudoephedrine.
    - that obfuscated the size of the role of pills in manufacture.
    - that ignored the high probability of a switch in sources.
    - that minimised the value of pseudoephedrine-based medicine.

To be fair to the Gluckman report, it was very clear that studies were indicating phenylephrine-based cold remedies were not very effective. And it also recommended a review in three years.

The review was never conducted.

[31] https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&cad=rja&uact=8&ved=2ahUKEwifu_Dsh7iBAxU2L1kFHaffBLwQFnoECA8QAQ&url=https%3A%2F%2Fwww.dpmc.govt.nz%2Fsites%2Fdefault%2Ffiles%2F2021-10%2Fpmcsa-Report-to-the-PM-Pseudoephedrine2.pdf&usg=AOvVaw0FT_p-BCaB9DO-klA-Yuu8&opi=89978449

A Note on Methamphetamine Testing of Housing

A parallel issue arose during this period of fears that people living in homes where methamphetamine was made or used were at health risk. The story of this panic, and the terrible unjustified dismissal of tenants based on flawed testing and health guidelines[32], has been admirably told by journalist Russell Brown[33]. It must be noted that it was Peter Gluckman who almost single-handedly ended the methamphetamine-testing of housing with a devasting report and public critique.

The Opposition

There was opposition in 2009 to the OTC ban, from a range of knowledgeable and independent people and organisations[34].

The Pharmacy Guild, which did not lose out financially because new medicines would be sold instead, opposed the ban on the basis that the replacement medicines were less effective[35]. The Guild put up a reasonable post-announcement fight. A few days after Key's announcement, the Guild pointed out border gaps that would allow pseudoephedrine into the country[36]. In September 2009 it called for the adoption of a tracking system for pharmacy sales[37]. In October 2009, it warned that flu remedies would be less effective[38].

What stands out clearly is that the arguments of the opponents replicated those used by officials five years earlier. Moreover, they were still logically coherent and evidentially superior to the arguments being newly mounted for the ban.

[32] https://www.nzherald.co.nz/business/the-great-meth-testing-scam-are-kiwis-wasting-thousands-of-dollars/WQJXAOZT6ANSIKCL2G2YZLFGZE/
[33] https://www.drugfoundation.org.nz/matters-of-substance/archive/august-2016/poor-foundations/
[34] https://www.odt.co.nz/news/national/cold-pills-sales-ban-criticised
[35] https://www.nzherald.co.nz/nz/pm-moves-to-ban-p-makers-vital-cold-pills/Z5AH2SIZK6EKIHNBREBSLLKGX4/
[36 https://www.nzherald.co.nz/nz/border-security-gaps-real-problem-in-fight-against-p-say-pharmacists/LYYK7TFM3CDDA73HDAGWVY3YP4/
[37] https://www.stuff.co.nz/auckland/local-news/rodney-times/2819107/Tracking-system-sought
[38] https://www.stuff.co.nz/the-press/news/2946490/War-on-P-would-hit-flu-remedies

Media Coverage of the Ban

We found no evidence from interviews and media conferences at the time that journalists pressured politicians for the ban. They did abet the intense public fear over methamphetamine with high-volume coverage of methamphetamine crimes, discussions on the toll of the drug, and on options to reduce its impact.

If there were doubts among journalists, they appeared to be squashed by the typically establishment-supporting Science Media Centre, since disbanded, which collated apparent support for the policy[39].

Media gave a healthy airing of doubts about the ban (see Opposition, above), but did not itself interrogate the Government's policy. In fact, it sometimes aided the message. For example, the story announcing John Key's ban headlined that it would end access to P-makers' "vital pill"[40]. It was clear in official reports, from Gluckman to the Ministry of Health, that the pill was not essential to makers of P.

Importantly though, it was clear that media supported the ban[41], illustrating that media can be as influenced by the emotions and frame of the times, as anyone else.

The Pivot Point: When the Rationale Changed

Although undoubtedly a moral panic, the fear of methamphetamine was real. It was everywhere and its effects were (and still are) terrible on users, friends, family and communities.

The danger of fear is that it influences, and overwhelms, rationale thinking. To learn a lesson about how, or when, to resist fear, we have tried to identify a moment when the strength of the fear overcame the fact-based resistance.

[39] https://www.scoop.co.nz/stories/SC0910/S00022/experts-on-pms-new-plan-to-combat-p.htm?from-mobile=bottom-link-01
[40] https://www.nzherald.co.nz/nz/pm-moves-to-ban-p-makers-vital-cold-pills/Z5AH2SIZK6EKIHNBREBSLLKGX4/
[41] https://www.stuff.co.nz/the-press/opinion/2950283/Editorial-Govts-proposed-strategy-to-fight-P-a-step-in-the-right-direction

The weight of support to do so something about methamphetamine was at its strongest in 2009. It coincided with the installation of a new Government and Prime Minister John Key. He had an opportunity to resist the pressure but did not – passing the matter to his science advisor in such a way that his expectation of a recommendation to ban, was obvious.

The second opportunity to resist was the new Science Advisor, but the role was new, and he was new to the public stage. He did as the PM requested, albeit noting the weakness of phenylephrine and the safety net of a review.

This pivot in 2009, on the power and mana of Key and Gluckman, became entrenched over 2010. Officials sensed the shift in power and policy and responded by adopting existing and new shallow arguments to back the new policy. This was evident in MoH advice[42] given to the new Health Select Committee that reviewed the Government's order to ban OTC pseudoephedrine.

This advice was the third opportunity to resist, by presumably knowledgeable people who had advised differently previously, and must have known the weakness of the new position.

The report was not able to give data on misuse of the pills for methamphetamine, but described how it was technically possible to shop for the pills and extract pseudoephedrine. It referred to police "estimates" that pill-sourced pseudoephedrine would be found in one third of small-scale producers if it was ever studied. This estimate was never verified, so its repetition in MoH evidence was appallingly sloppy.

Notably, the MoH report included unrequested material that claimed a ban was necessary because pseudoephedrine had unusual dangers in itself. This was never the purpose of the re-classification.

[42] https://www.parliament.nz/resource/en-NZ/49SCHE_ADV_00DBHOH_BILL9857_1_A137143/6a7ad3726d1e9ed95428a3cbf9264203e641fdef

The report also made the strange claim that a ban would not be important because there had been a gradual switch to phenylephrine medicines over previous years. It never mentioned the dangers of the activity ingredient nor the relative ineffectiveness in dealing with cold symptoms.

The report's main emphasis though, was on the dangers of methamphetamine, including dangers posed to innocent people. It detailed the medical nature of pseudoephedrine and risks such as dependency, and a recent recommendation against using it with young children.

The next opportunity to resist was the Select Committee itself. Although non-experts, and new to their roles, there was an opportunity for MPs to interrogate the evidence. They did not. Instead, they tended toward using the evidence to back up their keenness to be seen doing something about methamphetamine.

Parliament was the last stage to catch the bad policy. When the Order was debated in Parliament, no MPs noted the downsides. They all focussed on the scale of the dangers posed by methamphetamine and the need for action.

Comparing the Arguments and the Results

For a ban	Against a ban	What happened
Methamphetamine producers are shopping for pseudoephedrine pills.	It is a minor source of pseudoephedrine, confined to smaller makers. Makers will simply switch to other sources – especially imports.	Methamphetamine use and supply increased.[43] Seizures of imported methamphetamine and/or ingredients increased(ibid).
	The shopper-tracking system discouraged abuse, reducing sales.	
Pharmacists are being robbed for pseudoephedrine pills.	Robberies would continue because 'raw' pseudoephedrine is still on premise.	No data.
Methamphetamine is dangerous, harmful, crime-related etc.	Removing pills as a source does not change this.	Methamphetamine use and supply increased, and related criminal activity increased. [44,45]
There are replacements for pseudoephedrine medicines.	The replacements are of doubtful efficacy.	They were found to perform worse than placebo.[46]

[43] Tackling Methamphetamine: Indicators and Progress Report. October 2012. Final report. Policy Advisory Group. Department of Prime Minister and Cabinet.
[44] Methamphetamine in New Zealand: A snapshot of recent trends. March 2021. Parliamentary service. Obtained September 2023 from here.
[45] https://www.drugfoundation.org.nz/news-media-and-events/methamphetamine-convictions-on-rise/
[46] https://www.reuters.com/business/healthcare-pharmaceuticals/us-fda-panel-says-popular-decongestant-used-cold-medicines-ineffective-2023-09-12/

Use of pseudoephedrine medicines is already falling (implication: people don't need or want them, so won't miss them).	Those who want/need the medicine ought to have access.	Consumers were misdirected to phenylephrine.[47]
Colds are minor ailments, just needing rest. Any additional discomfort from not having pseudoephedrine is minor.	Cold symptoms vary widely, so some people, especially older people, need more relief than others. If it alleviates symptoms allowing activity, then it's valuable.	14 years of worse cold symptoms, for longer. Phenylephrine medicines were *recommended* during the Covid pandemic but gave no relief. [48]
Pseudoephedrine medicines pose dangers to users.	So does phenylephrine, with no upside of actual effectiveness as a cold remedy. Abuse/dependency of pseudoephedrine medicines is very limited.	Multiple studies confirm phenylephrine risks, including blood pressure increase[49]. Phenylephrine cold medicines were found to perform worse than placebo.

How pseudoephedrine works and a safety note

Pseudoephedrine constricts blood vessels in the nose and sinuses, shrinking swelling and draining fluids, letting you breathe easier again. Unfortunately, the drug doesn't affect only the head — it tightens blood vessels throughout the body[50].

One pseudoephedrine side effect is a possible increase in blood pressure. In general, this increase is minimal in people with controlled high blood pressure. But prior studies found a small percent of people had marked increases in blood pressure. If you have high blood pressure and need to take pseudoephedrine, you should have your blood pressure checked more often.

The FDA says that pseudoephedrine is safe when taken as directed. Indeed, millions of people use it each year without any dire consequences. That doesn't mean it's risk-free. Over the years, there have been reports of heart attacks, strokes, disturbed heart rhythms, and other cardiovascular problems linked with the use of pseudoephedrine.

[47] https://www.science.org/content/blog-post/uselessness-phenylephrine
[48] https://www.safemedication.com/pharmacist-insights/2022/07/11/how-do-i-treat-nasal-congestion-if-i-have-covid-19
[49] New Zealand Consumer Medicine Information Leaflet. PHENYLEPHRINE Medsafe. Obtained online Sept 2023 from here
[50] https://www.health.harvard.edu/heart-health/dont-let-decongestants-squeeze-your-heart

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