



State of South Carolina

Office of the Governor

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June 13, 2006

The Honorable Robert W. Harrell, Jr.
Speaker of the House of Representatives
Post Office Box 11867
Columbia, South Carolina 29211

Dear Mr. Speaker and Members of the House:

This letter is written to inform you that today I am vetoing and returning H. 3803, R-406 without my signature.

H. 3803 authorizes the Department of Health and Environmental Control to establish a program for monitoring the prescribing of all Schedule II, III and IV controlled substances. It mandates that dispensers (ie. pharmacists) shall electronically submit to DHEC information regarding each prescription dispensed for a controlled substance. The information that must be submitted includes the patient's name, address and date of birth, the date of the prescription, the date the drug was dispensed, etc.

In considering bills that are designed to benefit law enforcement at the expense of privacy, we need to weigh the potential benefits for law enforcement with the costs to personal privacy. Here, the benefit is improved ability to track the small minority of people who go "pharmacy shopping" in order to gain multiple prescriptions which they can either personally use or, alternatively, sell on the black market. The cost is that all people who require prescriptions for Class II, II and IV drugs will have some deeply personal information centralized at the Drug Control section of DHEC.

Just a few weeks ago, the personal data of 26.5 million veterans was stolen by thieves, and, in this light, the hypothetical cost of this bill is no small matter. That data included the information for 1.1 million active-duty service members, 430,000 National Guardsmen, 645,000 Reservists, and it has the potential to include any veteran discharged from the service since 1975.

I have decided to veto this legislation for several reasons.

First, this legislation ignores the simple economic reality that supply meets demand. I believe the war on drugs can only, ultimately, be won when we have reduced the demand for drugs in this country. This bill focuses, like so much of our government's strategy, on attempting to impede supply – and, thereby, impact demand. To date, as a society we have been willing only to commit to a partial war on drugs, and, as a result, we have found very limited results in our efforts.

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That limited effort has not been on the part of law enforcement. If there have been any heroes in this particular war it has, in fact, been law enforcement. Many of these men and women literally put their lives on the line on a daily basis; too many have tragically lost their lives in their efforts to make a difference.

Our failure has been one of political will. For instance, our country has encouraged other countries like Peru in their "shoot down policy." This policy dictates that if drug traffickers will not land their planes, the Peruvian government will shoot down the plane. Yet, we are not willing to institute the same policies as we intercept drug planes coming north from Central or South America. On the demand side, all too many recreational drug users need only hire the right lawyer to take care of legal problems that would otherwise come their way. This has occurred during the same time that over 4,000 judges and law enforcement officers have been killed in the country of Colombia in their war against drugs. So, while the spirit of this legislation is indeed commendable, it will fit with a pattern of only slight interruption to the cost of doing business. This can result in temporary reductions of supply as drug suppliers alter their means of procurement and/or production, but, over the long run, will not affect the driver in this equation - demand.

Second, the legislation lumps thousands of perfectly innocent consumers in with the small minority who attempt to gain prescription drugs for illegal purposes. Most people who receive controlled substances at the pharmacy are law-abiding citizens dealing with legitimate health problems. Many of those law-abiding citizens don't want to share with the world the fact that they need a prescription for amphetamines (ie. Dexedrine), barbiturates (ie. Amytal, Seconal), benzodiazepines (ie. Atavan, Valium), Opioid Pain Relievers (ie. Darvocet, Percocet), or other Class II, III or IV drugs. Centralizing these records electronically in one government location will exponentially raise the potential for large-scale abuse of law-abiding citizens' personal privacy, similar to what happened at Veterans Affairs.

Law enforcement can still track potential "pharmacy shoppers" without this bill. Pharmacies already collect this information, and DHEC drug control inspectors are able to visit pharmacies to review those records. I believe that centralizing those records electronically in one government agency creates too large a risk of unauthorized access to the deeply personal medical information of thousands of law-abiding South Carolina citizens. In our efforts to root out the few who are guilty, we must be careful not to unnecessarily step on the rights of the many who are innocent.

Therefore, while respecting the intentions of the bill's supporters, I am returning H. 3803 to you without my signature.

Sincerely,



Mark Sanford

cc: The Honorable Tracy R. Edge