



North Carolina Sheriffs Seek Access to Prescription Database

It began in 1914 with a law that, while intended merely to assist in the orderly marketing of narcotics, was interpreted as a prohibition on them. Over time more and more substances came under the government's control. In 1938, a new class of prescription-only drugs was created, and with it, penalties for dispensing such drugs without a prescription. Other substances, such as heroin and cocaine, have been prohibited altogether.

Today a person can be sent up the river for [20 years](#) for buying amounts of certain cold medicines that the state deems excessive. Locating scofflaws is easy since supposedly free Americans are forced to show identification and sign for these medicines — medicines they could have purchased as easily as eggs or milk just a few years ago.

Even getting a prescription from a state-licensed doctor isn't enough to protect someone from prosecution anymore.

The state of North Carolina has a database of prescriptions issued for controlled substances intended, [says the Raleigh News & Observer](#), "to help doctors identify patients who go from doctor to doctor looking for prescription drugs they may not need, and to keep pharmacists from supplying patients with too many pills." As if it weren't bad enough that the state is keeping tabs on its citizens' drug usage — the market would provide such a service if doctors and pharmacists valued it, but apparently they don't since few are availing themselves of the state's database — the state sheriffs' association is now seeking access to the database as well.

"Sheriffs made their pitch Tuesday to a legislative health care committee looking for ways to confront prescription drug abuse," writes the paper. "Local sheriffs said that more people in their counties die of accidental overdoses than from homicides."

The association said that giving them access to the database "would help them make drug arrests," according to the report, which also pointed out that this is not a new idea, saying that sheriffs had been seeking such access "for years."

And why not? Arresting a bedridden cancer patient who's taking "too many" painkillers (as defined by the government) is much easier and safer than tracking down an armed robber. It could also be more lucrative for local police departments, which can use asset forfeiture to confiscate the property of suspected drug-law violators.

Not everyone, fortunately, is buying the sheriffs' bill of goods. Candy Pitcher of Cary, North Carolina, who is being treated for a broken back, told the *News & Observer* that she is "very concerned about the potential privacy issues for people with pain." "I don't feel that I should have to sign away my privacy rights just because I take an opioid under doctor's care," she explained. For that matter, she shouldn't have to give up her privacy for taking it without a doctor's okay.

Likewise, says the newspaper,

The ACLU opposed a bill in 2007 that would have opened the list to law enforcement officials, said ACLU lobbyist Sarah Preston. The organization would likely object to the new proposal.

"What really did concern us is the privacy aspect," she said. Opening the record to more users could deter someone from getting necessary medicine because of the fear that others would find out, she said,



Written by [Michael Tennant](#) on September 9, 2010

“particularly in small towns where everybody knows everybody.”

A state department of health and human services employee named William Bronson suggested a compromise whereby local drug investigators could request information from the database related to ongoing investigations but not have access to the database directly.

This is an improvement over the sheriffs’ proposal, but it still doesn’t address the underlying issues: (1) that the state is keeping the drug database in the first place and (2) that the law interferes with the individual’s right of self-ownership by punishing him for putting an arbitrary amount of certain arbitrarily-selected substances into his body. The same person who is prohibited from taking more than the government-approved amount of OxyContin, for example, is perfectly free (as he should be) to eat, drink, or smoke himself into an early grave.

Surely the sheriffs of the Tar Heel State have plenty of real crimes with which to concern themselves instead of persecuting harmless, pain-wracked North Carolinians. (Those who do have a problem with painkiller addiction would be better served by persuasion and treatment than by tasing and imprisonment.) The police should not be given the keys to the drug database, the database should be scrapped, and the drug laws that have so addicted local police departments to the booty from the War on Drugs that they would stoop this low should be repealed.



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