

Statement of Record

**UNITED STATES HOUSE OF REPRESENTATIVES
COMMITTEE ON ENERGY & COMMERCE**

JOINT SUBCOMMITTEE HEARING
OCTOBER 20, 2005
2123 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC

**COMPREHENSIVELY COMBATING METHAMPHETAMINES:
IMPACTS ON HEATH AND THE ENVIRONMENT**

Thank you for the opportunity to submit a written statement for the record on today's important hearing before the Energy & Commerce Subcommittees on Health and Environment and Hazardous Materials. The Consumer Healthcare Products Association (CHPA) is the 124-year-old trade association representing over 200 companies who are involved in the manufacturing, distribution, and promotion of nonprescription, over-the-counter (OTC) medicines and nutritional supplements.

Methamphetamine has been characterized as one of the most serious drug abuse trends in many years, mainly because of its unique impact on our law enforcement, healthcare, and family services systems. CHPA has been deeply involved in this issue because one of the precursor chemicals used to make methamphetamine, pseudoephedrine, is found in millions of household medicine cabinets across America. Approved by the U.S. Food and Drug Administration for over-the-counter use, pseudoephedrine is a nasal decongestant and is sold as either a single-ingredient product or in combination with other active ingredients.

CHPA is deeply concerned that safe and effective medicines manufactured by its member companies and purchased by millions of consumers each year to treat symptoms of colds, allergies, asthma, and the flu are being diverted to manufacture meth in small clandestine labs. We understand the scope of this problem, and are committed to the need for strong action to prevent the diversion of these important medicines to the illegal manufacturing of methamphetamine.

According to the U.S. Drug Enforcement Administration (DEA), these small, clandestine labs account for about 20 percent of the meth supply in this country. And while that may be a small part of the methamphetamine problem, we understand that it has a huge impact on the state and local governments who provide services to our communities. We know that the process used to make meth is extremely toxic; destructive; expensive to clean-up; and damaging to all those present, especially children.

We are also concerned that the majority of the meth supply available in the U.S. is being produced in large super labs outside our borders and there has been a lack of resources being allocated to address that problem. We understand the far-reaching consequences of the methamphetamine problem in this country, and feel that the only way to significantly address meth production and abuse is through a multi-faceted approach that empowers communities to work towards a common goal.

The need for a comprehensive approach

We encourage tough, comprehensive measures to attack this problem at every level of its manufacture and use, including placement of pseudoephedrine products behind the counter, limits on the quantity of products that can be purchased at a time, and the removal of the federal blister pack exemption. We need to enact severe penalties for those manufacturing and selling meth, especially those endangering children with illicit activities. We need to strengthen law enforcement resources and provide them with the tools to take action against the major traffickers who fuel the meth supply and the meth cooks who threaten the safety of communities.

We urge the Congress to put more resources into reducing the amount of meth and meth ingredients coming into this country. In particular, CHPA looks forward to working with Congress, DEA, and ONDCP on legislation and regulations to tighten controls and enhance the tracking of bulk precursor chemicals, such as pseudoephedrine, that are imported into the United States. Many of these provisions are contained in HR 3889, introduced a few weeks ago by Congressman Souder, House Judiciary Committee Chairman Sensenbrenner, and Congressman Blunt. For many years, there has been a significant discrepancy between the amount of pseudoephedrine reported by DEA as imported into the United States and what is used by CHPA member companies. We welcome the opportunity to work with DEA, FDA, and the U.S. Centers for Disease Control and Prevention to determine what amount of pseudoephedrine serves the legitimate medical needs of the U.S. population. This effort would assist DEA in

determining if there are any unusual or unnecessary upward spikes in the importation of this important OTC ingredient.

CHPA commends the DEA and the Department of Justice for their plans to focus resources on reducing the illicit sales of pseudoephedrine over the Internet and on the development of a multimedia education campaign to reduce the demand and use of methamphetamine. CHPA has been urging ONDCP and Congress to allocate some of the money available for the Youth Anti-Drug Media Campaign to this end. To date, very little of this money has been used for meth prevention. Methamphetamine has been called one of the most addictive drugs on the street. We need to stop our kids from trying meth in the first place and put programs in place that focus on demand reduction and treatment.

Opposition to Schedule V

The Senate passed the Combat Meth Act earlier this year as an amendment to the annual appropriations bill funding the Department of Justice. CHPA supports many of the provisions in the Act, but we oppose that part of the bill that places pseudoephedrine on Schedule V of the Controlled Substance Schedules. Classification as a Schedule V drug means legitimate OTC medicines containing pseudoephedrine could be sold only in drugstores with a pharmacy, from behind the pharmacy counter when the pharmacy is open, and only by a pharmacist or pharmacy technician. At first blush, putting these medications behind the pharmacy counter to frustrate criminals might sound sensible. Before we embrace a single-step approach that ignores the totality of this substance abuse problem and restricts access by consumers who need these medications, we need to make sure that it is the only way to solve the diversion problem.

Inconvenience aside, putting these medications behind the counter would have a significant effect on consumers. If your pharmacy closes at 6:00 p.m. on a Saturday and your child comes down with a cold and can't sleep after closing hours, you may be out of luck until Monday. And consumers living in rural areas without access to a local pharmacy will not have access to these medicines at all.

In Oklahoma and other states where pseudoephedrine has been put behind pharmacy counters, state officials are touting statistics that show a decrease in the number of lab busts. This is a significant development in the war on meth. Unfortunately, there is contradictory evidence coming from these states that the meth problem is getting worse: reports show home-cooked meth being replaced by an abundance of inexpensive meth being smuggled in from Mexico and more meth-related crime.

Schedule V means prescription status in several states

CHPA is also concerned that the placement of pseudoephedrine on Schedule V as contained in the Senate-passed version of the Combat Meth Act will automatically

require over a dozen states to place OTC pseudoephedrine medicines on prescription status because these states require a doctor's prescription for medicines designated Schedule V.

OTC pseudoephedrine is central to the safe and effective self-treatment of colds, allergies, and sinus problems—the single largest category of health problems treated with OTC medicines. Requiring a prescription for a valuable OTC like pseudoephedrine will create economic hardships for consumers and more public health problems than solutions. Making pseudoephedrine available by prescription will substantially increase costs to the healthcare system by requiring consumers to visit a doctor before treating a common cold or allergies. CHPA advocates a balanced approach to the restriction of pseudoephedrine that places the products behind the store counter or other barrier so that legitimate consumers can get the medicine they need when they need it.

OTC medications serve a critical public health need. For example, they provide a safety net for those with limited access to other forms of healthcare, such as the 45 million Americans who lack health insurance. Because OTCs yield almost \$2.50 in healthcare benefits for every dollar spent, they provide a convenient and cost-efficient form of healthcare. This is even more critically important to America's seniors who constitute a seventh of the population but use a quarter of the OTC medicines.

Pseudoephedrine-containing products are a critical part of the OTC cough/cold category, and the evidence builds for cost-effectiveness here, as well. Recently, Northwestern University researchers concluded that OTC cough/cold medications save the economy and the health system almost 5 billion dollars a year. Instead of sitting in a doctor's waiting room for hours, in minutes a parent can visit a drugstore or grocery store and purchase a trusted and safe medicine that has been available to consumers without a prescription for decades to treat coughs, colds and allergies. Given the severe shortage of the flu vaccine this year, these medications were even more important to our healthcare system than in previous years.

The value of Meth Watch and other precursor chemical diversion strategies

The development and implementation of the Meth Watch program has resulted in dramatic reductions in the theft of products used to make meth. Meth Watch success stems from community involvement: it involves the whole community – law enforcement, retailers, business leaders, and citizens – in education and prevention efforts, and appears to be having an impact on actual meth usage. Meth Watch has now been established in over 16 states around the country and in Canada.

Precursor diversion prevention efforts are proving to work in many states facing the meth epidemic. According to the El Paso Intelligence Center's data, meth lab busts have decreased since 2001 in Washington, Oregon, and Kansas – all of which have Meth Watch programs in place. Additionally, California has seen a dramatic reduction in labs due to an aggressive system of tracking and monitoring meth precursors, mandatory

registration of wholesalers and distributors, retail sales restrictions, and aggressive law enforcement and prosecutions.

Education and demand reduction

Since a majority of meth in the U.S. is coming in from outside our borders, experts report that reducing the demand for meth is the most important element to any anti-meth strategy. To assist in this effort, CHPA helped create and has been supporting an innovative new program developed by the Partnership for a Drug-Free America, the American Academy of Pediatrics, and DEA. The initiative seeks to use pediatricians and the media to help communicate to young people the health consequences of meth use, thereby reducing its demand. The campaign targeted parents and teens in Phoenix and St. Louis, and has since been expanded to Tennessee. First year research results from the program show a significant impact on parents' and teens' attitudes about meth as a health risk. Congress should make funds available to expand the program in other needed areas around the country.

No quick fix to the meth problem

As great as it might sound, there is no "quick fix" to this complex problem. Congress should pass HR 3889, the Methamphetamine Epidemic Elimination Act, HR 798, the Methamphetamine Remediation Research Act, and the Combat Meth Act if amended to eliminate the provisions placing pseudoephedrine on Schedule V. Congress must enact comprehensive programs that work, not half-measures that have a greater impact on sick kids, care givers and flu sufferers than on criminals. We must all work together with all the resources available to us. We look forward to working with the Congress and continuing our efforts to fight methamphetamine at every level.

For additional information, contact CHPA's Kevin J. Kraushaar, Vice President, Government Relations at 202-429-9260 or kkraushaar@chpa-info.org.