STATEMENT SUPPORTING PRESCRIPTION-ONLY PSEUDOEPHEDRINE LEGISLATION

December, 2011

SUMMARY: The Allergy and Asthma Network Mothers of Asthmatics (AANMA) supports state legislation to return pseudoephedrine (PSE) medications to the prescription-only status they held prior to 1976. AANMA's members are asthma and allergy patients who do not want or need access to cold medicines containing PSE, despite questionable assertions by certain special interests to the contrary. Preventing the diversion of PSE to the manufacture of methamphetamine is far more urgent and vital to the public interest than continued availability of any particular remedy for the common cold.

PSE is Not Recognized as an Asthma or Allergy Drug

Pseudoephedrine (PSE) is a sinus decongestant. It is not included as an appropriate asthma medication in the National Institutes of Health Guidelines for the Diagnosis and Management of Asthma. Similarly, the Joint Task Force on Practice Parameters of the American Academy of Allergy, Asthma and Immunology (AAAAI) and the American College of Allergy, Asthma and Immunology (ACAAI) recommends second-generation antihistamines as the preferred medical treatment for allergic rhinitis, with a precautionary note that the side effects of PSE are especially dangerous for children under the age of six. Asthma and airborne allergy diseases are serious obstructed breathing conditions characterized by chronic inflammation of airway tissues in the head and chest. The most current documented, authoritative pharmacological treatment regimens (to treat asthma and or allergic rhinitis include both intranasal and inhaled corticosteroids (ICS), bronchodilators, leukotriene modifiers, and other antihistamines) most of which are prescription-only drugs designed to deliver maximum benefit at the lowest effective dose.

While PSE may be useful for temporary, symptomatic relief of nasal congestion and coughs that accompany the common cold and flu, it also has side effects including dizziness, headache, nausea, nervousness, restlessness, sleeplessness, stomach irritation, elevated blood pressure and, most importantly, risk of rapid heartbeat (called tachycardia) and potential heart beat irregularities A simple, inexpensive saline solution used as a nasal spray can be just as effective without the risk of side effects. Moreover, there are alternative formulations of many nasal decongestant products that do not contain PSE.

AANMA Member Survey on Medications

AANMA recently (June-July, 2011) conducted a survey of 400 families to learn more about the impact of asthma and allergies on family life. The survey was self-funded and distributed/administered electronically and in person by a network of volunteers, support groups and patient education organizations. We asked participants to list all prescription and nonprescription medications they use. Not a single family listed medications containing pseudoephedrine.

Other So-Called "Patient" Surveys are Suspect

One organization with ties to manufacturers of over-the-counter cold and flu remedies containing PSE has released survey findings purporting to show opposition to prescription-only legislation by asthma and allergy patients. Citing opposition to prescription-only laws by "seven in ten asthma, allergy, cold cough and flu sufferers who purchased non-prescription medicine for their condition", this report was issued by the Allergy and Asthma Foundation of America (AAFA). First, the "finding' is inaccurate with respect to asthma and allergy patients because it lumps them together with "cold, cough and flu sufferers" who are not diagnosed with an immunologic disorder. Second, the survey responses were from those who purchased non-prescription medicine "for their condition." Since the founding of AANMA in 1985, we have never heard that asthma and allergy patients rely on non-prescription oral decongestants for their condition.

In an accompanying press release (but not in the survey itself), it was revealed that the AAFA study was supported by a grant from the Consumer Healthcare Products Association (CHPA). Until 1999, the CHPA was known as the Nonprescription Drug Manufacturers Association (NDMA) and is, contrary to what is implied by its new name, not a consumer-based organization at all, but rather a trade association representing the leading manufacturers and distributors of nonprescription, over-the-counter medicines, i.e., cold and cough remedies containing PSE.

Asthma and Allergy Patients are Not Obstacles to Legislative Reform

The most recent data from law enforcement indicates that diversion of legally-purchased PSE to methamphetamine production in small, toxic "one pot" labs is on the increase everywhere except in the two states (Oregon in 2006 and Mississippi in 2010) where a prescription is now required. There has been no public outcry for repeal of those state's prescription-only laws. Thus, it seems almost ludicrous not to take advantage of an easy solution to the meth lab problem that requires only the stroke of a pen for implementation. The registration of PSE purchases "behind the counter", whether using a handwritten logbook or electronic tracking, has simply resulted in illicit purchasers having a powerful monetary incentive to tolerate the "hassle", whereas legitimate purchasers have switched to non-PSE alternatives.

Whatever the merits of competing proposals to change the law, asthma and allergy patients are not standing in the way, and they must not be treated as fall guys to take the blame for maintaining the status quo. It is grossly unfair, demeaning and insulting to suggest that families whose daily lives are continuously at risk of debilitating asthma and allergy attacks are more concerned about runny noses than the ruination and wasted humanity of a national methamphetamine lab epidemic.

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ABOUT AANMA

AANMA is the leading family-founded, nonprofit organization dedicated to providing accurate, reliable, medically-sound and timely information to educate and improve the lives of families who are coping with asthma and allergies. In addition to being a trusted source of unbiased patient education information, AANMA is also a credible public advocate for legal change that benefits both patients and society at large. AANMA spearheaded Congressional passage of the Asthmatic Schoolchildren's Treatment and Health Management Act of 2004, Pub. L. 108-377, Oct. 30, 2004, 118 Stat. 2202, 42 U.S.C. Sec. 280g(d); and followed up with state legislatures to secure enactment in 47 of 50 states (to date) of laws protecting students' access to asthma inhalers and anaphylaxis medication. On the first Wednesday of May, AANMA sponsors an Asthma Awareness Day on Capitol Hill for members of Congress and their staff. AANMA works closely with the Congressional Asthma and Allergy Caucus; the National Heart, Lung and Blood Institute (NHLBI) of the National Institutes of Health (NIH;) the Environmental Protection Agency and the Centers for Disease Control and Prevention. AANMA has no financial or other ties to manufacturers of products containing pseudoephedrine, and has no hidden agenda, ulterior motive or conflict of interest regarding the availability of medications containing PSE. AANMA welcomes inquiries about the organization and its position on issues of public importance.