

Below is a response to recently published information by the Consumer Healthcare Products Association (CHPA), who represent the manufacturers of pseudoephedrine (PSE) products. Information in regular text is from CHPA. Information in **blue text** are responses from Rob Bovett, primary author of the legislation that returned PSE to a prescription drug in Oregon.

The original CHPA document can be found at http://www.chpa-info.org/pressroom/2010PK_PSEetracking.aspx

OTC Industry Calls on Congress to Toughen Combat Meth Act

Summary of CHPA Testimony—Linda Suydam, President

April 13, 2010

Electronic PSE Sales Tracking is the Best Solution

- Today, the manufacturers of over-the-counter medicines containing pseudoephedrine (PSE) are calling on Congress to improve the Combat Methamphetamine Epidemic Act by requiring a unified, national electronic tracking system to block illegal sales of PSE-containing medicines.

Electronic tracking is no solution at all. The problem (domestic meth production) is fueled by the smurfing of pseudoephedrine (PSE) - many persons buying small lawful amounts of PSE, and then selling that PSE, usually at a substantial profit, to those who manufacture meth. A virtual black market for PSE. In the Midwest, that PSE is diverted to thousands of small user meth labs. In the West, it is diverted to super labs in Central California. Electronic tracking does not prevent any of that smurfing. In fact, electronic tracking conveniently lets smurfers know when they can lawfully purchase more PSE to divert to meth labs. E-tracking facilitates and enhances PSE smurfing and the PSE black market.

- Ten states already have adopted this solution – passing legislation that requires retailers to use a state-wide electronic tracking system for pseudoephedrine sales.

A tragic distraction from a proven solution to the problem.

- PSE manufacturers are funding the National Precursor Log Exchange, or NPLEx, a robust electronic tracking system for retailers and law enforcement. Through cutting edge technology, NPLEx is the only multi-state system for controlling drug dispensing and offers robust functionality that is simply not available in the prescription drug arena. Key features of NPLEx include:
 - Effective enforcement of PSE sales limits through real-time blocking of illegal sales.
 - Seamless connectivity from all stores in every NPLEx state, working across state lines.
 - Unified logging of purchase records already required by law.
 - Identification of meth cooks for law enforcement.
 - Secure data storage legally accessible only by law enforcement.
 - Faster sales transactions for retailers and consumers.
 - No new burdens on legitimate consumers.
 - No access charges for retailers, pharmacists, or law enforcement.

Electronic tracking is merely the latest effort of the pharmaceutical industry in a tragic 34 year saga to delay and prevent the implementation of effective solutions to end smurfing and the meth epidemic. It's all about the money. Blood money.

Maintaining Access to OTC PSE is Important for Consumers

For many consumers, PSE is the ingredient that works best for them.

PSE is the only oral decongestant available 12-hour and 24-hour sustained-release formulations.

Despite current sales restrictions PSE remains the oral decongestant of choice for 15 million Americans per year.

PSE is a key ingredient in leading cold and allergy medicines like Sudafed, Claritin-D, Zyrtec-D, and a number of other brands and store label medicines.

But the costs associated with keeping PSE over-the-counter are devastating to public safety, our environment, and to drug endangered children. We must tell the pharmaceutical that enough is enough. No more blood money from PSE smurfing diverted to make meth. We must return PSE to a prescription drug, end smurfing, and end the meth epidemic that has destroyed too many lives and families.

Oregon's Meth Lab Decline is Not Unique

The fact is that the meth lab problem has dramatically abated in many States in the West – with Oregon being the only state to impose a prescription mandate. (Percentage declines since peak: Arizona, 97%; California; 93%; Idaho, 94%; Nevada, 97%; Oregon, 98%; Utah, 99%; Washington; 97%).

This is misleading in two significant ways:

1. It relies upon 2009 data from the El Paso Intelligence Center (EPIC). Timely reporting to EPIC varies from state to state. Some states still have not completed their 2009 reporting to EPIC. Take Washington and Oregon, for example. Oregon has reported 10 total meth lab incidents to EPIC for 2009. That number is up-to-date and correct. However, Washington is still completing its reporting. It's actual number for 2009 was not 39, as used and misrepresented by CHPA in this data. The actual Washington number for 2009 was 186, representing an increase from the prior year. The industry has been made aware of this, yet they continue to use this incomplete data and make these misrepresentations.

2. More important, it completely misses the point. Massive pseudoephedrine (PSE) smurfing in the Midwest is feeding thousands of small user meth labs. Massive super smurfing in the West is feeding super labs in Central California. For example, Arizona and Nevada have very few meth labs. But super smurfing in those states helps fuel super labs in Central California, which produce tons of meth. Those states are therefore still a major part of the problem. Oregon is not. Oregon eliminated smurfing by returning PSE to a prescription drug, as it was prior to 1976.

For more information, visit
<http://www.oregondec.org/>
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