

Testimony of

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**SUBCOMMITTEE ON CRIMINAL JUSTICE, DRUG POLICY,
AND HUMAN RESOURCES
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UNITED STATE HOUSE OF REPRESENTATIVES**

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Chairman Souder and Members of the Subcommittee:

Good morning, welcome to Hawaii, and thank you for the opportunity to testify before the subcommittee. I am the President of the Hawaii Food Industry Association (HFIA), a trade association representing over 225 of Hawaii's retailers, distributors, and suppliers of food and related items.

HFIA has been working proactively on the methamphetamine issue for many years because our members distribute and sell many of the ingredients, or precursor chemicals, that are diverted to make meth. These products include over-the-counter medicines for colds, allergies, and asthma, lithium batteries, coffee filters, drain cleaner, rock salt, iodine, and several other household products. HFIA members have worked closely with law enforcement officials to prevent the diversion of precursor chemicals from our stores. Many stores around the state have taken voluntary measures to prevent diversion, such as rigorous employee education, limiting sales of certain products, moving meth ingredients close to cash registers and other high traffic areas of the store, and limiting the amount of products on the shelf. Even though we have been informed by law enforcement that the real problem with diversion in Hawaii comes from small, independent neighborhood stores, HFIA members have been working hard to insure that they do not become part of the problem.

This morning, I would like to offer my comments and concerns about the placement of pseudoephedrine on Schedule V of the Controlled Substances Schedule. Oklahoma enacted a law placing pseudoephedrine on Schedule V in April of 2004 and legislation has been introduced in Congress to do the same thing at the national level.

Pseudoephedrine has been approved by the U.S. Food & Drug Administration (FDA) as a decongestant for over-the-counter (OTC) sale in retail outlets in the U.S. Pseudoephedrine is a proven, trusted decongestant, probably the most effective on the market. HFIA stores carry hundreds of OTC medicines that contain pseudoephedrine insuring that consumers have a wide variety of choices between solid dose, liquid-gels, gel-caps, liquids, and several pediatric formulations.

If pseudoephedrine were placed on Schedule V, these products would be required to be placed behind a pharmacy counter, sold only by a pharmacist, and customers would be required to show identification and sign a register when they made a purchase. Because stores don't have the room to place products behind the counter, they will be forced to carry only a small variety of products and customers would be denied access and availability. Because of the fact that most of our stores don't even have a pharmacy, food retailers will not be able to carry the medicines and consumers will not be able to get the medicine they need for themselves or their families. Additionally, families living in rural areas, where pharmacies are limited, will not be able to get the medicines at all. Schedule V means that most OTC cold and allergy medicines could not be purchased at airports, hotel gift shops, convenience stores, or any other retail outlet that does not have a pharmacist on duty.

Schedule V also presents a public health problem because it limits the amount of medicine that families can legitimately purchase in one month. Larger families with children may not be able to purchase enough OTC medicines to treat their colds, allergies, asthma, and coughs as needed. Furthermore, because there is no central recording of all pseudoephedrine purchases in the state, this provision will be impossible for retailers to implement. Law enforcement will also have difficulty enforcing the law without going store-to-store to compare names in the log books.

Schedule V will have no impact on internet sales of pseudoephedrine. FDA and U.S. Customs have testified before Congress that they are able to inspect less than 5 percent of drug packages that go through U.S. Postal facilities from overseas. Scheduling pseudoephedrine will have no impact on internet sales and distribution.

In summary, the placement of pseudoephedrine on Schedule V will limit access and availability, two important factors that help reduce the costs of healthcare in Hawaii and around the U.S. In addition to creating an unnecessary hardship for consumers, Schedule V places an unfair burden on retailers and their employees, most of whom are trying to do the right thing.

There is a better way to address the problem of precursor chemicals being diverted to clandestine meth labs – it's called Meth Watch. Started in Kansas in 2001, Meth Watch is a proven and successful program that has cut sales of pseudoephedrine for illegal purposes and reduced the number of meth labs in the state. Implementation of Meth Watch has also resulted in dramatic reductions in theft of products used to make meth. It also addresses the larger problem: it involves the whole community – law

enforcement, retailers, business leaders, and citizens – through education and prevention efforts, and appears to be having an impact on actual meth usage.

Meth Watch is a voluntary program that involves a variety of people at the community and state level, although retail involvement is the cornerstone. Participating retailers place the precursor products where they can be easily monitored, and strategically post Meth Watch signs and tags on their doors and windows, around their cash registers and on the shelves where precursor products are located. They may impose purchase limits to prevent high volume sales. They train their employees to recognize, but not to confront, suspicious customers and to contact law enforcement with as much information as possible. HFIA is a proud supporter of the Meth Watch program and we will be working hard to on implementation throughout the state.

HFIA also supports the registration of all retailers in the state who sell OTC medicines that contain pseudoephedrine. This will provide law enforcement with an accurate list of where the medicines are being sold. Comparing this list with distribution data that is available under federal law will allow law enforcement to determine whether stores are selling excessive amounts.

HFIA acknowledges that serious action must be taken to prevent the diversion of precursor chemicals to meth labs, and we want to be part of the solution. There are less restrictive alternatives to Schedule V that include many of the things that I mentioned at the beginning of my testimony. Demand reduction, prevention, education and partnerships with law enforcement will serve the community at large. There is much that we can do to reduce the meth problem in this state without placing unreasonable burdens on consumers to purchase the medicines they need and on the retailers who provide them.

Again, thank you for the opportunity to testify before the subcommittee.