

Public Supports Some Curbs on Access to OTC Drugs Used To Produce Methamphetamine

But majority thinks it's unreasonable to sell cough and cold products only at the pharmacy counter

Substantial majorities of the public react favorably to several suggestions for curbing public access to large amounts of over-the-counter (OTC) medications that can be used to manufacture methamphetamine.

Three-quarters (77%) of U.S. adults report that they bought OTC products in the last year to treat colds, coughs and allergies. More than 70 percent react positively to proposals:

- Limiting the quantity of these products which can be sold to one person at one time;
- Imposing age restrictions and allowing sales people to check photo IDs; and
- Keeping the products behind a counter—but not a pharmacy counter—rather than allowing customers to take them off the shelf.

Substantial but smaller majorities favor proposals:

- Securing these OTC products in locked display cases; and
- Not only requiring photo IDs, but also requiring purchasers to sign a log book that could be used by law enforcement.

However, a majority of consumers oppose limiting sales to pharmacy counters with a pharmacist on duty—62 percent regard this as very or somewhat unreasonable.

These are some of the results of a nationwide survey of 2,906 U.S. adults conducted online between March 24 and 28, 2005. Harris Interactive conducted this survey for the National Consumers League and The Food Marketing Institute.

Public Familiarity with Methamphetamine

Consumers who routinely purchase OTC drugs are only slightly familiar with methamphetamine and related issues. While all consumers have seen, heard or read something about them, only 14 percent of the public say they are very familiar with methamphetamine, also referred to as “meth” or “crystal meth.” About half of all consumers (51%) are very or somewhat familiar with the drug and related issues.

TABLE 1
Knowledge and Familiarity with Methamphetamine and Related Issues

“Have you seen, read or heard about the illegal drug methamphetamine, also referred to as meth or crystal meth?”

“How familiar would you say you are with the issues related to meth or crystal meth?”

Base: Have purchased relevant OTC products in past year (77% of all adults)

| | Have Purchased Relevant OTC Products |
|--|--------------------------------------|
| | % |
| Have seen, read or heard about methamphetamine, meth or crystal meth | 93 |
| Familiarity with issues related to methamphetamine or crystal meth | |
| Very familiar | 14 |
| Somewhat familiar | 37 |

Attitudes to Restrictions on the Sale of Methamphetamines

Because of the low level of public familiarity with methamphetamine, the people surveyed were told:

“You may be aware that common over-the-counter cold, cough and allergy medicines can be used to illegally produce a drug called methamphetamine, also referred to as meth or crystal meth. Meth is a highly addictive and volatile substance, and individuals high on meth have committed violent crimes. It is estimated that about 20% of meth is made by using common cold and cough products. To help combat this problem, state and federal law makers are proposing to limit the sale of these products by making them available only at pharmacies staffed with a licensed pharmacist. Given the limited number of 24-hour pharmacies, this will affect consumer access to these products, particularly during the off-peak business hours like late at night. Additionally, consumers would be required to show photo ID and sign a log.”

The people who said they buy OTC products for the treatment of colds, coughs and allergies were then asked to react to six different proposals which would make it harder for people to buy large quantities of these OTC drugs. Majorities thought five of the six proposals were reasonable.

- By 84 to 16 percent they thought it reasonable to sell cough and cold products in all retail settings but **to limit the quantity of cough and cold medicine that can be purchased by one individual at one time**; 53 percent thought this very reasonable.
- By 74 to 26 percent they thought it reasonable to sell cough and cold products in all retail settings but **to impose an age restriction (as with cigarette purchases) and allow sales clerks to check photo ID**; 40 percent thought this very reasonable.
- By 71 to 29 percent, they thought it reasonable to sell cough and cold products in all retail settings but **to keep products behind a counter, not a pharmacy counter with limited hours**; 32 percent thought this very reasonable.

- By 62 to 38 percent they thought it reasonable to sell cough and cold products in all retail settings but **to secure the products in a locked display case that can only be opened by store personnel**; 29 percent thought this very reasonable.
- By 59 to 41 percent they thought it reasonable to sell cough and cold products in all retail settings but **to require photo ID and sign a log book that could be examined by law enforcement**; 28 percent thought this very reasonable.

However, a large 62 to 38 percent majority thought it **unreasonable to sell cough and cold products only at the pharmacy counter during hours when a pharmacist is on duty**, and 29 percent thought this very unreasonable.

TABLE 2
Whether Six Proposals are Reasonable or Unreasonable

"Looking at measures that could help combat the meth problem, please indicate how reasonable each option seems to you as a user of common cold, cough and/or allergy products."

Base: Have purchased OTC cold, cough and/or allergy products in past year

| | | | | | | NET | |
|--|---|----|----|----|----|-----------------|---------------------------|
| | | | | | | Very Reasonable | Very/Some-what Reasonable |
| Sell cough and cold products in all retail settings, but limit the quantity of cough and cold medicine that can be purchased by one individual at one time | % | 53 | 32 | 9 | 6 | 84 | 16 |
| Sell cough and cold products in all retail settings, but impose an age restriction (like cigarettes), and allow sales-clerks to check photo ID | % | 40 | 34 | 16 | 9 | 74 | 26 |
| Sell cough and cold products in all retail settings, but keep products behind a counter (not pharmacy counter with limited hours) | % | 32 | 39 | 20 | 9 | 71 | 29 |
| Sell cough and cold products in all retail settings, but secure the products in a locked display case that can only be opened by store personnel | % | 29 | 33 | 25 | 13 | 62 | 38 |
| Sell cough and cold products in all retail settings, but require photo ID and sign a logbook that could be examined by law enforcement | % | 28 | 30 | 22 | 19 | 59 | 41 |
| Sell cough and cold products only at the pharmacy counter during hours when a pharmacist is on duty | % | 14 | 24 | 33 | 29 | 38 | 62 |

TABLE 3
Purchase of Relevant OTC Products

Base: All Adults

| | All Adults | Adults Who Have Purchased in Past Years |
|--|------------|---|
| | % | % |
| Have purchased common OTC cold, cough and/or allergy products in past year | 77 | 100 |
| Purchased them: | | |
| for self | 68 | 88 |
| for spouse/partner | 39 | 51 |
| for children | 26 | 33 |
| Importance of being able to buy these products at any time (for yourself) | | |
| Very important | 38 | 50 |
| Somewhat important | 26 | 34 |
| Where purchased in past year: | | |
| discount store (Wal-Mart, K-Mart, Target, Sam's Club, etc.) | 55 | 71 |
| drugstore | 49 | 64 |
| supermarket | 38 | 49 |
| convenience store | 8 | 10 |

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Methodology

This poll was conducted online within the United States between March 24 and 28, 2005 among a nationwide cross section of 2,906 adults (aged 18 and over). Figures for age, sex, race, education, region and household income were weighted where necessary to bring the sample of adults into line with their actual proportions in the population. Propensity score weighting was also used to adjust for respondents' propensity to be online.

In theory, with probability samples of this size, one could say with 95 percent certainty that the results have a sampling error of plus or minus 3 percentage points. Unfortunately, there are several other possible sources of error in all polls or surveys that are probably more serious than theoretical calculations of sampling error. They include refusals to be interviewed (nonresponse), question wording and question order, and weighting. It is impossible to quantify the errors that may result from these factors.

These statements conform to the principles of disclosure of the National Council on Public Polls.

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Media inquiries, contact:

Kelly Gullo 585.214.7172
kgullo@harrisinteractive.com
Nancy Wong 585.214.7316
nwong@harrisinteractive.com

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