Approved: March 21, 2011
Date

MINUTES OF THE SENATE LOCAL GOVERNMENT COMMITTEE

The meeting was called to order by Chairman Roger Reitz at 9:30 a.m. on March 7, 2011 in Room 159 S of the Capitol.

All committee members were present except:
Senator Pete Brungardt--excused

Committee staff present:
Mike Heim, Revisor
Jill Shelley, Kansas Legislative Research Department
Noell Memmott, Committee Assistant

Conferees appearing before the committee:
John Keele, Chief of Police, Parsons, Kansas
Debra Billingsly, on behalf of Kansas Board of Pharmacy
Sean Wallace, Chief of Police, City of Arkansas City, Kansas
Lin Shaffer, R.Ph., Caldwell Compounding Pharmacy, Caldwell, Kansas
Vince Wetta, State Representative, 80th District
Larry Anderson, M.D., Sumner County Family Care Center, P.A., Wellington, Kansas

Others attending:
See attached list.

The hearing opened on **SB 131 Making methamphetamine precursors schedule III prescription drugs** with the proponents presenting.

Senator Reitz, committee chair, presented an overview of methamphetamine (attachment 1), describing the drug and its effects. John Keele, Chief of Police, Parsons, Kansas, asked for support for a law to require a prescription that would reduce or eliminate the number of "One Pot" meth labs in communities (attachment 2). Sean Wallace, Chief of Police, Arkansas City, Kansas, testified in favor of the bill as the current controls on pseudoephedrine are not working and further steps are needed to curb meth production, which **SB 131** would do (attachment 3). Linn Shaffer, R.Ph., Caldwell Compounding Pharmacy, stated that state pharmacists have tried different methods of controlling the sale of pseudoephedrine to prevent meth lab operators from obtaining the drug. He thinks most of his colleagues would agree that the previous methods have failed (attachment 4). Vince Wetta, Representative, 80th District, referred to the states that have changed their laws and the cost of tracking (attachment 5). Larry Anderson, M.D., Sumner County Family Care Center, P.A., testified the bill would give legislators the opportunity to improve the health and safety of the citizens of Kansas while at the same time spending less money (attachment 6).

Questions and discussion followed the testimony.

Written testimony was provided by: Steve E. Abrams, M.D., Senator, 32nd District (attachment 7); Mike Larkin, Kansas Pharmacists Association (attachment 8); and Belle Plaine High School, Belle Plaine, Kansas (attachment 9).

The meeting was adjourned at 10:35 a.m.
The next meeting will be March 8, 2011.

LOCAL GOVERNMENT
GUEST LIST

DATE: March 7, 2011

NAME	REPRESENTING
Debra Billingsley	KBOP
Susan Zalenski	D+J
Jeff Boltenberg	CHPA
Ron Hein	KACDS
Sam Parker	United Health Group
[illegible]	GBA
Eric Stafford	KS Chamber
Ed Klumpp	KACP/KSA/KCPOA

ROGER REITZ
SENATE, 22TH DISTRICT
1332 SHARINGBROOK
MANHATTAN, KANSAS 66503
(785) 539-1710

STATE CAPITOL—223-E
300 S.W. 10TH
TOPEKA, KS 66612
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(SESSION ONLY)

STATE OF KANSAS

TOPEKA

SENATE

COMMITTEE ASSIGNMENTS
CHAIR: LOCAL GOVERNMENT
VICE CHAIR: FEDERAL AND STATE AFFAIRS
MEMBER: ETHICS & ELECTIONS
PUBLIC HEALTH & WELFARE
TRANSPORTATION

Methamphetamine – a particularly potent form of amphetamine

Methamphetamine is a toxic drug that stimulates the central nervous system and the cardiovascular system. It tends to curtail the appetite and can cause convulsions. It causes wakefulness, alertness and fatigue. Early on the drug causes an elevation of mood with increased initiative, self confidence and ability to concentrate. There is increased motor and speech activities. Physical performance may be improved and athletes tend to be swayed to use the drug. Prolonged use is followed by depression, headache, palpation, agitation and confusion.

Methamphetamine is highly addictive, it is cheaper and longer lasting than cocaine. It can have neuro toxic effects that can result in Parkinson Disease-like symptoms and its cardiovascular toxicity can cause severe Hypertension, strokes, collapse and death. Preceding the latter can be paranoia, hallucinations, uncontrollable anger, extremely violent behavior and suicidal ideation. Damage to teeth characterized by rampart decay and caries has been termed "meth mouth". This condition is caused by the drug's enamel-eroding hydrochloric acid as well as by the user's poor oral hygiene, tooth grinding and consumption of sweet beverages, such as Mountain Dew, due to dehydration and sugar craving.

Ephedrine and pseudo ephedrine,phenylalanine, phenylpropanolamine found in different forms of decongestant medications available without a prescription are able to be converted relatively easily into methamphetamine. Their easy availability makes the methamphetamine market engaging. A few states have made these drugs into prescription only items. SB 131 changes drugs with these components into schedule III agents and would require a doctors signature on a prescription to be sold with all those implications from such activity. This hearing is to learn from both sides of the issue.

Senate Local Government
3-7-2011

Attachment 1

To Senate Local Government Committee,

Senator Roger Reitz Chair.

I am writing this letter to ask for your help. Our community is experiencing a huge increase in the number of methamphetamine labs being found. This increase is due to the advent of a method of manufacture that allows the makers to purchase all of the elements off the shelves in stores. This method is called the "Shake and Bake" or the "One Pot" method.

While trends have shown a decrease in the number of labs discovered over the past six years our department has seen a marked increase in 2010 with the discovery of over 30 labs in and around Parsons in 2010. We have had two homicides related to methamphetamine one in 2009 and one in 2010. The homicide in 2009 had an active lab when officers arrived to secure the scene where the body was recovered. In the 2010 homicide two active labs were found and the remnants of several others in the residents.

Officers from the Southeast Kansas Drug Task Force have on two occasions set up "pseudo stings" to investigate individuals who go from place to place to purchase pseudoephedrine, commonly known as "smurfing" . Smurfing brings drugs and crime to our community. The dates were picked at random based on investigator schedules not intelligence yet each time the investigation led to the discovery of meth labs.

Everyone knows the harm methamphetamine does to the health of the users. With this method of manufacture, meth will be more available to our youth to get them hooked on the drug. With health concerns there are also safety concerns. The "One Pot" method of manufacturing uses a volatile chemical reaction which produces toxic by-products and is a fire hazard. Parsons has already had two fire attributed to the "One Pot" method. We have found these labs in homes, vehicles, parks, along the side of the road and near streams. These labs in old wood frame homes and multi-family apartment complexes could spell disaster from both fire and toxic chemical exposure. Houses that are used for the manufacture of meth are being contaminated. These "Meth Houses" are then being inhabited by unsuspecting tenants who will be exposed to the toxic residue left by these labs including their children. A recent article published in On Earth Magazine stated "Upon moving into meth houses people have experienced short term health problems ranging from migraines and respiratory difficulties to skin irritations and burns." Just imagine your children or grandchildren crawling on a carpet in one of these

houses. Many communities such as Parsons have a large population of lower income families and one parent families. These families will live in meth houses. Improperly cleaned carpets, surfaces and fixtures will expose young children. Anyone who has raised young children knows how they will put everything in their mouth and spend a large amount of time on the floor playing on the carpet. The exposure to these chemicals will almost certainly cause long term effects with lifetime health issues. The cost of these health issues will be enormous.

There is one common denominator in the domestic production of meth and that is pseudoephedrine sold over the counter without a prescription. Pseudoephedrine is the one ingredient that cannot be substituted in the production of meth. The City of Parsons is currently considering an ordinance for our city and the city of Joplin Mo. has already passed one but these ordinances will stop smurfing on a local basis. What is also needed is your support for a law to require a prescription this alone will greatly reduce or eliminate altogether the number of "One Pot " meth labs in communities. I in no way believe this will stop the meth problem but it will reduce the domestic production that damages the health of innocents who happen to live in the wake of its production.

In the last few days local law enforcement agencies have receive notice from the Drug Enforcement Administration , (DEA), that they will no longer fund the clean-up of meth lab sites. What does that mean to you? Simply, the cost for this clean-up will rest on you the local taxpayer. The state has already indicated to us that they will assist in the clean-up but will not, at this time, absorb any of the cost. With the current rate of meth lab discoveries this could mean costs as high as $100,000 to hire someone to come in and do this work.

I would like to extend an invitation to you to establish a dialog on this issue with us and your Local, State and Federal lawmakers to work toward requiring a prescription for pseudoephedrine on the Local, State or preferably the Federal level.

Thank you for your time and consideration.

John L. Keele

Chief of Police
Parsons Police Department
217 N. Central
Parsons, Kansas 67357
chief@parsonspd.com

City of Arkansas City, Kansas
Police Department
Sean Wallace, Chief
Tom Scott, Asst. Chief

March 4, 2011

Testimony in Support of HB2098

I am in full support of HB 2098 which proposes to make pseudoephedrine a prescription only drug. Chief Dan Parker of Winfield Police Department and I are both located in Cowley County and our agencies are part of a countywide drug task force along with Sheriff Don Read. As Chief Parker was recently quoted, "Methamphetamine is the second most abused drug in our county and carries with it significant consequences," and I would add that affect the safety, health, and the crime rate of our perspective cities.

When pseudoephedrine was first required to be kept behind the counter in July of 2004, we saw a drop in Methamphetamine labs and sales in our county. However, the "tunnel vision" addiction of Meth led the users to problem solve ways to acquire pseudoephedrine in spite of the restrictions and resume methamphetamine production. The method "smurphs" are using to finance the purchase of pseudoephedrine has caused our theft and burglary rate to sore. The "smurphs" steal scrap metal, copper from air conditioners, and commit other burglaries and thefts to acquire the funds to purchase pseudoephedrine legitimately. The "Smurphs" then fan out to the various stores in our jurisdiction and buy their limit of pseudoephedrine and meth production continues. These methods used by "smurphs" have increased methamphetamine production in Cowley Co. to pre 2004 levels when pseudoephedrine was restricted to behind the counter sales.

The current controls on pseudoephedrine are not working and further steps are needed to curb meth production. Logs are great, but many pharmacies employee minimum wage workers at their counters and they are not diligent to verify ID cards and driver's licenses. Wal-Mart keeps an electronic log but like all transactions there it is done with electronic readers and signature pads that the clerk never views so purchasers of pseudoephedrine can write anything. If Kansas strengthens the current restrictions to include requiring pseudoephedrine providers to be on the same computerized tracking network it still will not prevent "smurphs" from funding their efforts by theft and from going out in force and buying up their limit of pseudoephedrine at the dozens of over the counter drug providers in our jurisdiction. If pseudoephedrine is prescription only, no amount of thefts and mobilization on their part will allow them to obtain the product. Yes, the "smurphs" will doctor shop and attempt prescription by fraud; nothing is a "cure all." But those types of efforts are more easily detectable and preventable by law enforcement and the medical field than is theft and mass pseudoephedrine purchases.

One argument I have heard from those in opposition to the bill is that elderly residents will not be able to obtain the cold medicine they require. I understand that there are plenty of pseudoephedrine substitutes out there that work well, I have used them. In addition, if elderly residents would be inconvenienced or prevented from getting the cold medicine they need if the

Police Department / 117 W. Central Avenue / Arkansas City, Kansas
(620) 441-4444 / Fax (620) 442-1410 / swallace@arkansascity
Website: www.arkansascityks.gov
'Preserving Our Past, Creating Our Futu

Senate Local Government
3-7-2011
Attachment 3

bill is passed, then they are inconvenienced now under the current law. Pseudoephedrine products cannot be purchased at every over the counter drug provider now, and can only be purchased during business hours at the providers who do sell pseudoephedrine products. Therefore, I contend that this bill will not inconvenience elderly or other residents from legitimately getting pseudoephedrine cold medicine any more than they are inconvenienced now. They will simply need to acquire a prescription.

I will be supporting the efforts of the authors of this bill and seeking the support of our local legislators Rep. Kasha Kelly and Ed Trimmer, and Senator Steve Abrams. I urge my fellow Chiefs of Police and Sheriffs to support this bill and give us one more tool in the battle against Methamphetamine Manufacturing and its harmful consequences to our community.

Sincerely,

Chief Sean Wallace

Police Department / 117 W. Central Avenue / Arkansas City, Kansas / 67005-0778
(620) 441-4444 / Fax (620) 442-1410 / swallace@arkansascityks.gov
Website: www.arkansascityks.gov

CALDWELL COMPOUNDING PHARMACY
7 NORTH MAIN STREET
CALDWELL, KS

Linn Shaffer, R.Ph.

February 11, 2011

To Whom It May Concern:

I have been asked to express my opinion on the scheduling of pseudoephedrine by the State Board of Pharmacy. For years the state pharmacists have been asked to try several methods of controlling the sale of pseudoephedrine to prevent meth lab operators obtaining this drug. However, most of my colleagues will probably agree that the methods tried have fallen short of the mark.

I think the only way to control the sale is to schedule it and make it more difficult to procure. This would be the easiest for pharmacist as far as time is concerned. The drug is a very useful medication, and I use it myself as decongestant of choice. I would hate to see it banned altogether. Although this may be a inconvenience to my customers, at least they could still buy the medication with a doctor's prescription.

Thank you for you time and consideration.

Sincerely,

Linn Shaffer, R.Ph.

Senate Local Government
3-7-2011

Attachment 4

State of Kansas
House of Representatives

Vince Wetta
80TH DISTRICT
STATE CAPITOL
TOPEKA, KANSAS 66612
(785) 296-7651

1204 N. POPLAR
WELLINGTON, KANSAS 67152
(620) 326-5205

COMMITTEE ASSIGNMENTS
MEMBER: AGRICULTURE AND NATURAL RESOURCES
TRANSPORTATION
TRANSPORTATION & PUBLIC SAFETY BUDGET

March 3, 2011

Chairman Roger Reitz
Senate Local Government Committee
State Capitol Building
Topeka, KS 66612

Re: SB131

Thank you Chairman Reitz and members of the Senate Local Government Committee for this hearing.

1. This RX only PSE effort of 8 weeks ago has become a tidal wave. 3 Children killed in a meth home fire in Georgia, 32 meth labs in Parsons in the last 121 months (within the city limits). FILED Prescription only PSE legislation in KS, CA, NV, IN ,KY, TN, WV, OK, AR, with pending legislation in MO, VA, CO, AZ. This includes all adjoining states except Nebraska.

2. Effective July 1, 2006, the State of Oregon returned PSE to a prescription drug, eliminating the diversion of Oregon PSE to make meth. Oregon is no longer a part of the problem.

   Mexico, the source of most of the meth in America, followed Oregon's lead, and then went one step further by banning PSE entirely. Unfortunately, this positive action in Mexico has driven a resurgence in the United States of retail PSE diverted to "user" meth labs across the United States and to "super labs" in California.

   Effective July 1, 2010, the State of Mississippi returned PSE to a prescription drug, eliminating the diversion of Mississippi PSE to make meth, proving the Oregon experience is not unique. Mississippi is no longer a part of the problem.
   Oregon, Mexico, and Mississippi have taken effective action to control PSE and eliminate the diversion of PSE to make meth. The ball is now back in our court.

3. Federal government cut funding and states must fund the cleanup of meth labs. In the House Public Safety Budget Committee, we voted to appropriate $600,000 for cleanup of meth labs for this year and for next year.

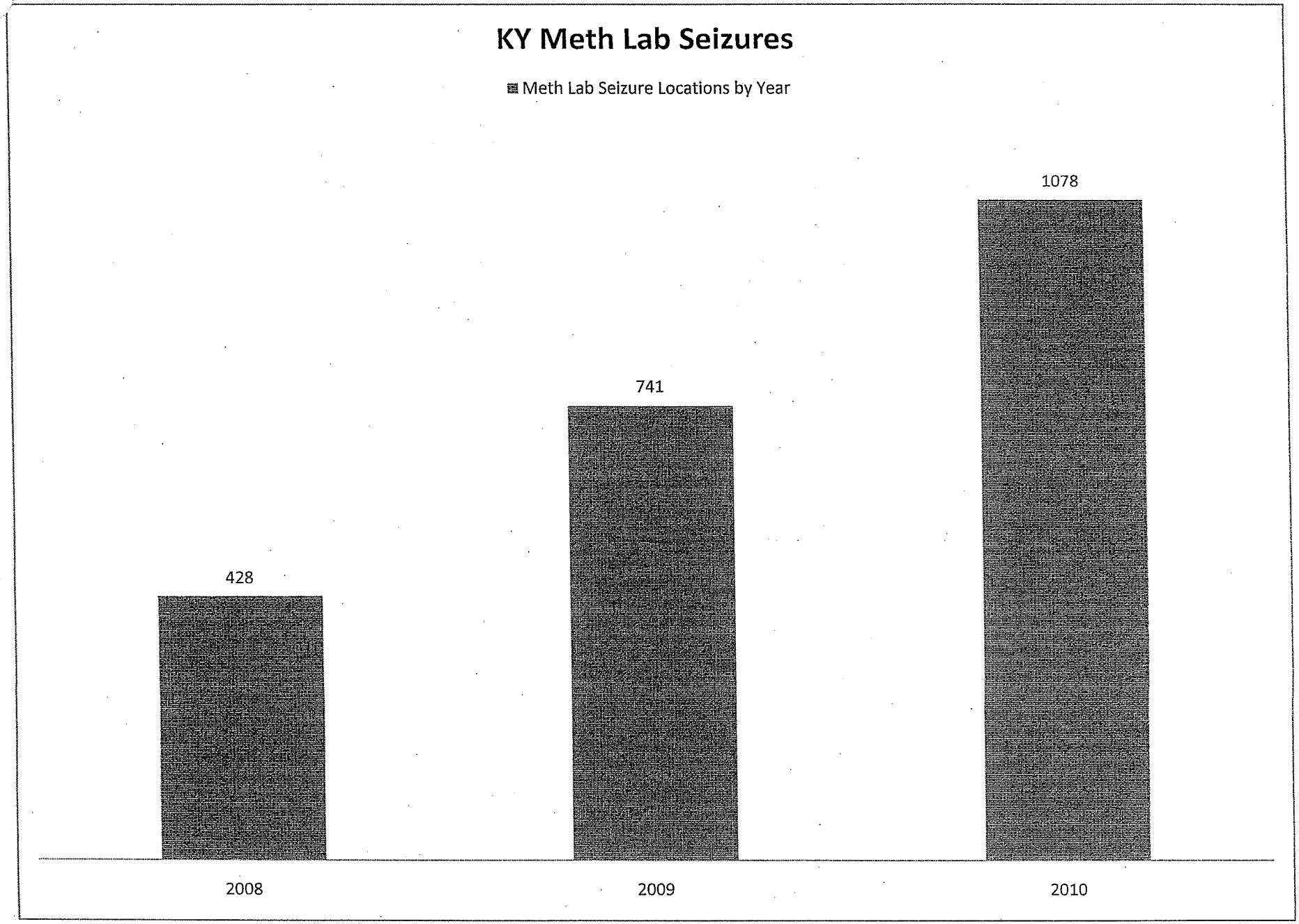
4. Tracking in other states has not worked and has cost millions..ie...$48M in Kentucky to track the meth labs and they have continued to skyrocket. Congress and state legislatures have tried to stem the tide by controlling PSE through retail sales limits and electronic PSE sales databases, but those efforts have been temporary band-aids, at best.

Dr. Larry Anderson, my constituent from Wellington, will give the bulk of the testimony in favor of SB131.

Sincerely,

Vince

Vince Wetta
Representative, 80th District


KY Meth Lab Seizures
Meth Lab Seizure Locations by Year
428
741
1078
2008
2009
2010

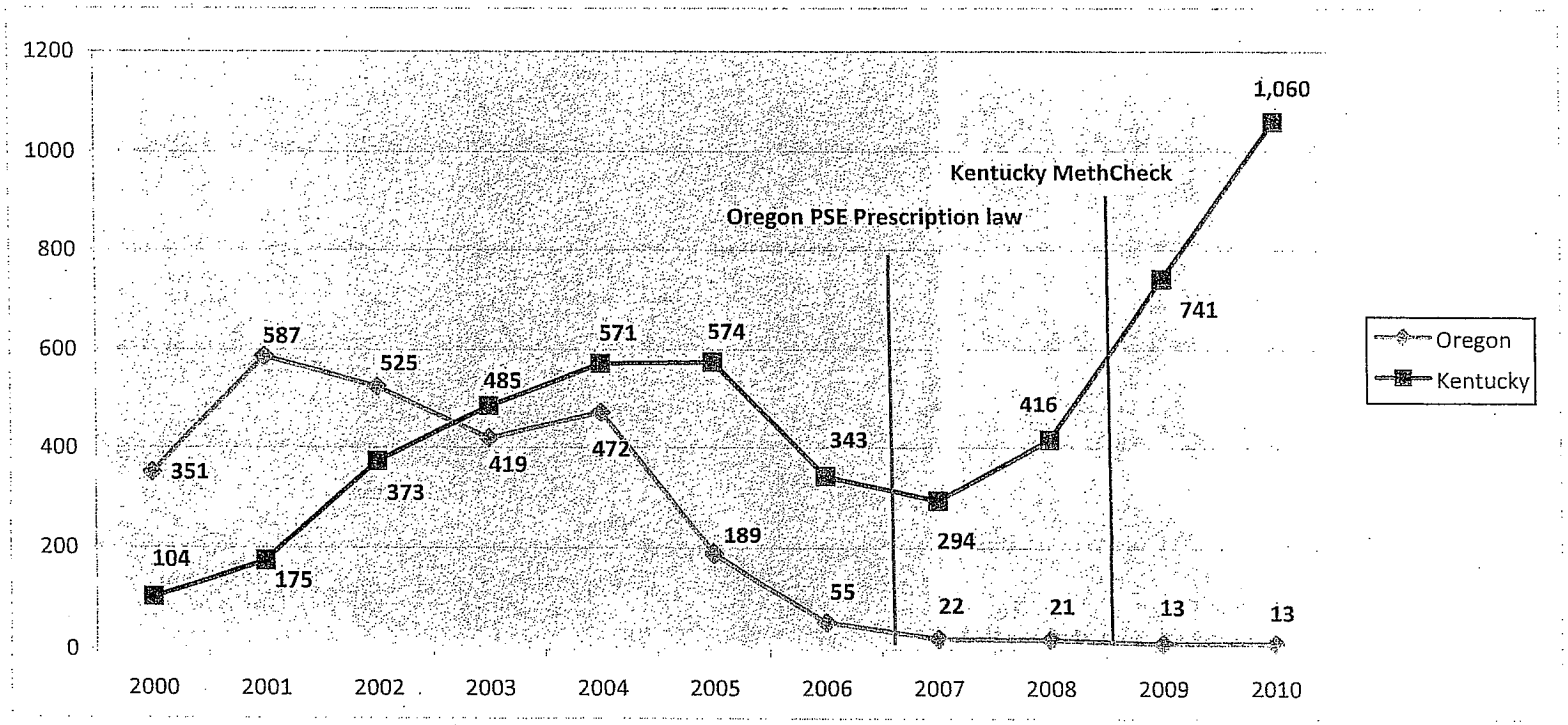
A Proven Prevention Strategy Versus a Failed Reactive Strategy

Meth Lab Incidents*

Comparing Oregon and Kentucky trend lines

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Oregon	351	587	525	419	472	189	55	22	21	13	13
Kentucky	104	175	373	485	571	574	343	294	416	741	1,060

*Annual numbers are directly from each state.



Sheriff *Gerald Gilkey*

Undersheriff *Jerry Osborn*

Sumner County Law Enforcement Center
610 E Hillside
Wellington, Ks 67152
620-326-8941
620-326-2977 fax

State Representative Vince Wetta
300 SW 10th Street
Topeka, Kansas 66612

RE: House Bill 2098 (Kill the Meth Monster Bill)

Dear Representative Wetta:

I have been the Sheriff of Sumner County for the past 10 years and a Kansas Law Enforcement Officer for over 20 years. During my career I have had firsthand experience of the negative effects of methamphetamine to people, families and entire communities. We as law enforcement, government officials and citizens should all be support of "Killing the Monster".

There is absolutely no way possible to cure the entire issue of illegal drugs in our society today. The hooks are in deep and are impossible to completely remove; however, any effort to make it difficult to obtain the ingredients to manufacture meth should be passed. A proactive approach will reduce the capability to produce meth and hopefully show how it affects our society.

Therefore, I urge you and others to take a proactive approach to reducing meth in our communities. I do realize this bill is not going to solve the entire issue, but it will have an impact. Please support B.B. 2098.

Sincerely,

Sheriff Gerald Gilkey

cc: Larry Anderson, MD

To Whom It May Concern:

We as practicing pharmacists in the state of Kansas support legislation that would make pseudoephedrine available only with a valid doctor's prescription.

1. Cristin Peeters, RPh
2. Brandon Tarwater, PharmD RpH
3. Ashley Reed, PharmD
4. Garry Warwick R.Ph.
5. Tim Mathes RPH
6. Thomas Lemiance, RPh.
7. Mary [illegible] RPh
8. [illegible] PharmD.
9. [illegible] RpH.
10. _____

CITY OF ANDOVER
ANDOVER POLICE DEPARTMENT

Public Service Excellence thru Compassion, Integrity & Commitment

February 8, 2011

State Representative Vince Wetta
State Representative Peter DeGraaf
Kansas House of Representatives
300 SW 10th Street
Topeka, KS 66612

EST. 1957

Re: H.B. 2098, Making Pseudoephedrine a Prescription Drug

Dear State Representatives,

As a Chief of Police of almost nine years and an officer of the law for over 30 years, I have seen my share of people's lives ruined, families torn a part and dreams shattered because of methamphetamine use. The drug methamphetamine is the most addicting and most devastating illicit drug on the street today. Its effects, among others, include violent and aggressive behavior and permanent psychological and physical damage to the body. I have seen the results of this drug up close, in individual's who's bodies have withered to skin & bones, and in communities who have had to endure the senseless loss of lives.

The State of Oregon enacted a law in 2004 making pseudoephedrine, a major precursor for the illicit manufacturing of methamphetamine, a prescription only drug. At that time, their law enforcement agencies were experiencing almost 500 "Meth Lab" seizures a year. The first year that the new law was in effect their "Meth Lab" numbers dropped by over 60%, and even further in subsequent years to where they have had less than 25 labs a year for the past 4-years.

H.B. 2098 may not be the panacea that rids our state completely of the illicit manufacturing of methamphetamine, but I believe that we are obligated to take every measure possible to reduce the availability of this devastating drug on our streets. What ever negative impact that H.B. 2098 could have on our communities is strongly over-shadowed by the potential that it brings in reducing the availability of methamphetamine in Kansas. I strongly support your efforts to pass H.B. 2098.

KANSAS

Sincerely,

Michael A. Keller
Chief of Police

cc. Larry Anderson, PhD

Michael A. Keller, Chief of Police
909 N. Andover Rd. • P.O. Box 783 • Andover, KS 67002 • 316-733-5177 • FAX 316-733-9648

HOW TO BEST STOP THE DOMESTIC PRODUCTION OF METHAMPHETAMINE WHILE STILL MAKING PSEUDOEPHEDRINE AVAILABLE

Do we want to STOP THE DOMESTIC PRODUCTION OF METHAMPHETAMINE , or do we want KANSAS LAW ENFORCEMENT OFFICERS TO CHASE SMURFERS AND SEARCH FOR METH LABS?

ELECTRONIC MONITORING (E-Tracking) of Pseudoephedrine (PSE) sales ENCOURAGES smurfing which is the purchase of legal amounts of PSE containing medications which are then transferred to meth cookers for the domestic production of methamphetamine.

Oregon reported 467 meth lab seizures in 2004. Legislation in 2006 REQUIRING A PRESCRIPTION TO PURCHASE PSE CONTAINING PRODUCTS HAS DROPPED METH LAB SEIZURES TO LESS THAN 10 IN 2010, and these labs were cooking out of state PSE..

The 2008 addition of METHCHECK (E-trackling) of PSE sales in KY has been associated with a RISE in meth lab incidents from 722 in 2008, to 814 in 2009, and to 1,060 in 2010. Kentucky Narcotic Officers Association studies reveal that only 10% of these meth labs have been found with the assistance of e-tracking technology. E-tracking DOES NOT WORK!

Mississippi enacted Prescription only PSE sales in 2010 and from July 1 to Dec 31 2010–"68 percent fewer meth labs have been reported; meth arrests are down 62 percent; the number of drug endangered children has fallen 76 percent. Congratulations to the Bureau of Narcotics, the Department of Public Safety, and to you for making the needed legislative changes." so said Mississippi Governor Barbour in his January State of the State address to the MS legislature.

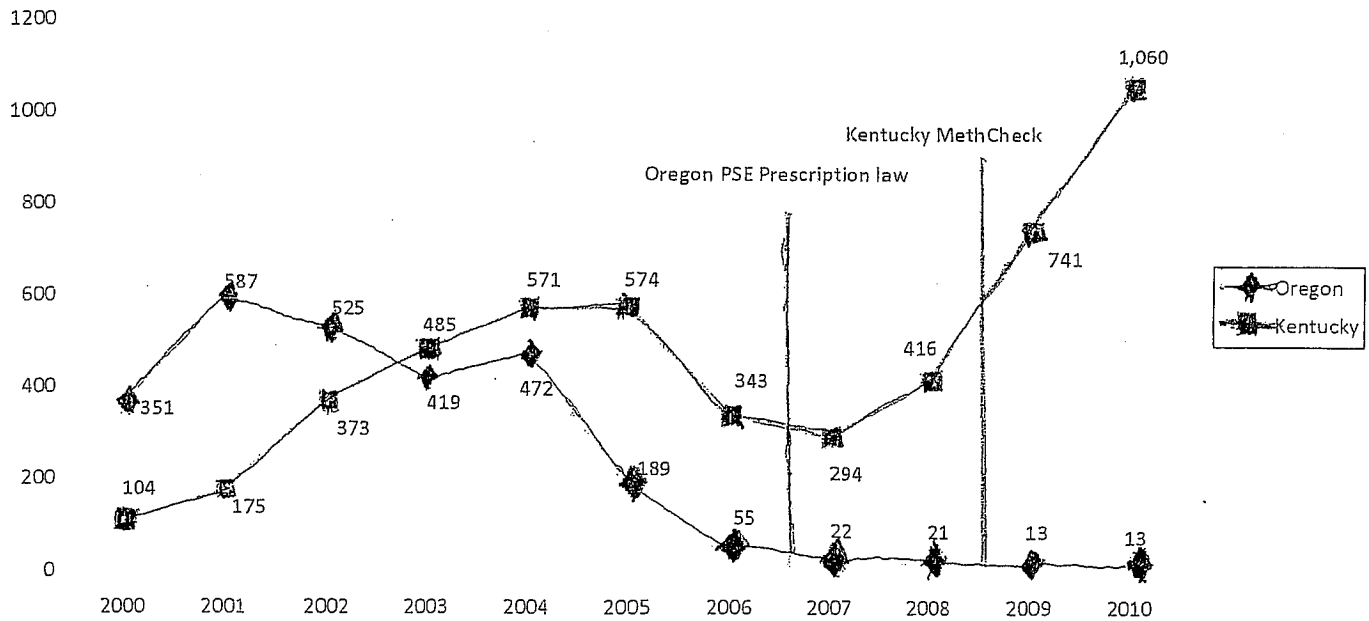
A January 4, 2011 release of the Mississippi Bureau of Narcotics Director Marshall Fisher closes with: "Other states are looking to follow Mississippi's lead and pass the same law. This works, I hope they do." The law is to make pseudoephedrine/ephedrine products schedule III drugs.

The Jan 21, 2011 Position Paper of the National Methamphetamine Pharmaceutical Initiative proclaims: "The NMPI Advisory Board supports "Prescription Only" over the use of tracking databases as the only effective means to eliminate "smurfing" and prevent illicit methamphetamine lab incidents in the United States". NMPI further states:

*Law enforcement wants to eliminate smurfing and prevent meth lab incidents, not chase smurfers
*Law enforcement wants to free up resources to focus on Drug Trafficking Organizations which not only import methamphetamine, but also cocaine, heroine, and marijuana
*"Prescription Only" was the rule prior to 1976, is the only proven tool that keeps legitimate consumer access while preventing methamphetamine labs, and saves taxpayers millions of dollars in investigative, lab clean up, incarceration, court and social service costs, etc.

- Pseudoephedrine (PSE) is the key ingredient necessary to make the powerful variety of methamphetamine that addicts seek.
- Converting PSE to methamphetamine in a meth lab generates toxic waste, poses great risks of fire and explosion, and creates unacceptable risks to public health and safety, the environment, and drug endangered children.
- In 1976, the federal government let a genie out of the bottle by authorizing PSE to be sold over the counter as a decongestant in some cold and allergy medicines.
- Ever since then, a meth epidemic has spread across the United States, leaving destroyed lives, families, and communities in its wake.
- Congress and state legislatures have tried to stem the tide by controlling PSE through retail sales limits and electronic PSE sales databases, but those efforts have been temporary band-aids, at best.
- Effective July 1, 2006, the State of Oregon returned PSE to a prescription drug, eliminating the diversion of Oregon PSE to make meth. Oregon is no longer a part of the problem.
- Mexico, the source of most of the meth in America, followed Oregon's lead, and then went one step further by banning PSE entirely. Unfortunately, this positive action in Mexico has driven a resurgence in the United States of retail PSE diverted to "user" meth labs across the United States and to "super labs" in California.
- Effective July 1, 2010, the State of Mississippi returned PSE to a prescription drug, eliminating the diversion of Mississippi PSE to make meth, proving the Oregon experience is not unique. Mississippi is no longer a part of the problem.
- Oregon, Mexico, and Mississippi have taken effective action to control PSE and eliminate the diversion of PSE to make meth. The ball is now back in our court.

Our Kansas legislature is urged to pass legislation returning PSE to a prescription drug in order to provide Kansas with the relief experienced in Oregon and Mississippi, and become part of the solution to the meth epidemic that has needlessly destroyed far too many lives, families and communities.



Testimony - SB 131

Good day. Senator Reitz, we want to thank you and your colleagues for scheduling this hearing on Senate Bill 131, and of course, we thank Senator Abrams for its introduction. SB 131 is a rare piece of legislation in this day and age as it gives legislators the opportunity to improve the health and safety of the citizens of this state while at the same time spending less money. Everything I will say today is in my written testimony and my references are enclosed.

There are five facts I hope you will take from our comments

1. Methamphetamine is an absolutely terrible drug.
2. No Pseudoephedrine (PSE) equals **NO** Methamphetamine Labs.
3. **Prescription only PSE** legislation has almost eliminated meth labs in Oregon and Mississippi.
4. Electronic tracking of PSE sales is associated with increased smurfing and increased numbers of meth labs. Smurfing is the purchase of legal amounts of PSE products which are then diverted to the production of Methamphetamine. **E-tracking has failed**.
5. There is no **good** reason for this legislation not to pass this session.

Thirty five years ago this July, my best friend from high school, Dr. Joel Weigand, and I moved our families to Wellington where we established the Sumner County Family Care Center which has grown from a 2 doctor practice to 6 doctors and 3 mid level providers with offices in Wellington and Mulvane.

In family medicine, we care for the skin and its contents which includes the social, physical, emotional, and pathological issues which can accompany destructive lifestyles, which are especially problematic for young children exposed to drug contaminated environments and contaminated adults, usually their parents. In this case, we are specifically talking about Methamphetamine.

I am a family physician, I am not a specialist in Methamphetamine or addiction, but probably every week, I see a parent, usually a young woman, functioning as a single parent as her husband is in and out of jail and her children are usually in and out of foster care. You see, he gets locked up, then gets out of jail, comes home, usually brings bad stuff in the house, law officers find it, the children go back to foster care and he goes back to jail. This cycle repeats itself over and over.

In late November as I was researching this issue, I had a young mother in the office who fits this description perfectly. I told her about my research and casually asked her if it would help young families such as hers if we made PSE a prescription only drug and her immediate response was **ABSOLUTELY**! I saw her again early February. She was in court the previous day as required as her children had come out of foster care. She is marginally employed, has divorced the father of her children and he is back in jail, she

has no medical insurance, she and her children moved in with a sister for financial reasons, but for the first time in several years, she and her children are happy and feel safe. I reminded her of our conversation in November and advised her I was not going to use her name, but she was truly pleased when I shared with her that I was going to tell you of her response to my question last November.

Through a mentoring program in Wellington, I have over the last 11 years spent hundreds of hours with 3 teenage boys. I met each boy when their respective parents were incarcerated on Methamphetamine charges. With my practice and personal background regarding drug abuse, and especially the devastation of Methamphetamine, I ran across this Nov 16 NYTIMES article "How to Kill the Meth Monster" written by Rob Bovett. (1) Mr. Bovett is the DA, Lincoln County, Oregon who also wrote the Oregon legislation which went into affect in 2006 to make Pseudoephedrine (PSE) available only by prescription. This legislation has been profoundly successful in Oregon and subsequently in Mississippi.

Attorney Bovett immediately returned my phone call and directed me to www.oregondec.org (attention Resources for other States and Nations). By the way, dec stands for Drug Endangered Children. What I learned lead to this Nov 30 letter to Kansas Attorney General Derek Schmidt with copies to Representatives Wetta and DeGraff and others. (2.) The facts regarding PSE diversion to Methamphetamine, the failure of electronic tracking to block this diversion, and the immediate and dramatic benefit of making PSE available only by prescription are so apparent that I thought this would be the end of my involvement. When I mailed that letter, I never dreamed I would be standing here today. We all know the saying, you get what you pay for. I haven't been paid anything, so no complaints.

PSE helps unplug stuffy noses - - it cures no one. Unfortunately, PSE is a key ingredient in the domestic production of Methamphetamine which addicts, debilitates, destroys families, occasionally kills some and costs Kansas taxpayers millions of dollars every year. PSE is found in about 15 cold and allergy medicines such as Sudafed, Claritin D, Zyrtec D with national annual sales of $600-700 million which is why the pharmaceutical companies and some retail pharmacy chains are fighting to keep this behind the counter. Rand Corporation estimates that this nation spends $23.4 billion a year, that is with a 'b' fighting Methamphetamine. $600 million sales - - $23.4 billion to battle the epidemic.

Legislation similar to SB131 went into affect in Oregon in 2006. From the fall of 2006 to fall of 2008, even with an increase in the sworn law enforcement officers in Oregon, there was a 31% decrease in drug arrests, nearly all that decline was in decreased methamphetamine arrests. The following graph speaks volumes about the effectiveness of making PSE a prescription drug and the failure of E-tracking. (3) The line with the squares represents Kentucky, the line with the diamonds is Oregon. There is a dramatic drop in meth activity in Oregon in association with the prescription only PSE legislation and in Kentucky you can see that although E-tracking was instituted in

2008, there seems to be no affect on the climb in number of meth labs. Only 10% of those labs were found through the technology of E-tracking.

To learn more about Oregon, surprisingly, we are going to go to California and this June 20, 2010 letter of William D. Gore, the Sheriff of San Diego County to Senator Feingold "I am writing this letter respectfully asking your assistance to enact federal legislation that will require a doctors prescription for medications containing Pseudoephedrine." (4) "If we effectively control the legal access of PSE, we will control the domestic production of Meth." "The evidence that E-tracking systems are ineffective and a wasteful policy continues to mount in several states including California. Fortunately, there is a proven solution but it faces great opposition from those who profit from this blight." "Once seizing several hundred meth labs each year, Oregon has reduced its meth lab seizures by 98%, having only seized 10 meth labs in all of 2009. In addition, Oregon used to remove 30-40 drug endangered children from meth labs each year. Since enacting this legislation 4 years ago, Oregon has removed only 1 child from a meth lab and that lab was not operating." Sheriff Gore ends his comments as follows: "Armed with the knowledge that returning PSE to prescription status as it was prior to 1976, would have a profound impact on this human environmental misery caused by meth labs. It is unconscionable to not implement our only viable solution to end this suffering that has persisted for far too long. "

Before we leave Oregon, we need to realize that it was pharmacists and law enforcement in Oregon that got this legislation passed. I asked Rob Bovett specifically where medicine was in regard to their legislation and his January 30th e-mail is as follows: (5) "Doc, In 2005, we got the Oregon medical societies shifted into neutral on RXoPSE. We considered that a huge success. However, as I recall, the OMA was a bit more than neutral, they were helpful, albeit not outright supporters. They all now, of course, support what we did, 20/20 hindsight, hence the letters of support."

You have the February 2, 2010 letter of Peter Bernardo, at that time, President of the Oregon Medical Association and I will read the last paragraph. "Given a clear relationship between the use of PSE and the creation of Methamphetamine, and plenty of viable alternatives on the market to use for decongestants, we think this law has had a clear benefit, and has not compromised the health of our citizens. We feel that our state's experience should serve as an example to other states seeking to address their own struggles with Methamphetamine production."

You have a copy of a letter from Dr. Dan Handle of the Oregon Chapter of the American College of Emergency Physicians dated June 5, 2009 "We think that this law in the state of Oregon has had a clear benefit without any compromise to the health of our citizens." And a March 9, 2009 letter of Kenneth Wills, President of the Oregon State Pharmacy Association to Senator Ron Widen "Congressional action is needed now, making PSE a schedule 3 narcotic which will drastically reduce the availability of PSE, the key ingredient necessary to manufacture d-Methamphetamine."

Mississippi enacted this legislation last year. Governor Haley Barbour commented on their legislation in his State of the State address just last month. (7) "For the first 6 months of this fiscal year – July 1 to December 31, 2010 – 68% fewer meth labs have been reported, meth arrests are down 62%, number of drug endangered children has fallen 76%. Congratulations to the Bureau of Narcotics, the Department of Public Safety, and **to you for making the needed legislative changes**." (this bold print is mine.)

The January 4 release of the Mississippi Bureau of Narcotics, Director Marshall Fisher, entitled **Six Month Old Law to Combat Methamphetamine Production Lauded.** (8) Jones County Sheriff Alex Hodge states "We are grateful to the legislature for passing this." "Harrison County with 109 meth labs from July to December 2009 had the most of any county. From July to December 2010, Harrison County had only 13 meth labs. We are down easily 80% to 85% in meth related arrests said Harrison County Sheriff Melvin Bresolara."

Director Fisher states that "Early results show a nearly 70% reduction in meth related cases statewide. Now when we find PSE at meth labs it was purchased in surrounding states. "Officials removed 19 children from meth lab sites July to December 2010. A 76% reduction from the 80 children removed from meth lab sites July to December 2009. Other states are looking to follow Mississippi's lead and pass the same law. This works; I hope they do, " Director Fisher said.

The next Attachment is an e-mail from Donna C. Echols to me, Ed Klumpp and Doyle King. (9) In Mississippi, Donna has the same position as does Ed Klumpp. The KACP office advised me that the best way to communicate with them was via e-mail that could be sent on to their membership and Donna obliged that request. Her complete e-mail is there for you to read. I am going to concentrate on the last two paragraphs reading from her e-mail. "The meth legislation we passed last year is probably the single most important piece of legislation that all of law enforcement has rallied around to help pass. Today, we are seeing the positive results from the passage of that legislation. I am not saying that the meth problem is gone, but we are seeing an impressive and dramatic drop in number! If everyone bands together to pass this type of legislation, we quickly dry up supply so that meth can no longer be manufactured as quickly and easily as it has in the past. Best of luck to you. It is the best thing we have done. Please let me know if you have specific questions. Donna. P. S. I lobby for the Chiefs and for the State Troopers and we were burning up the phones to legislators urging them to pass this bill last year."

There is an e-mail message from Kent Winter of the Mississippi Association of Chiefs, likewise, telling us that this legislation had a greater impact on the ability to control Methamphetamine production than any other thing that they had done in the state. (9A) "Tell Doyle Hello."

Kentucky: The physicians and law enforcement have joined in what has now been a 2 year effort to fight BIG PHARMA. First, a resolution written by the Barren County Medical Society and approved by the Kentucky Medical Association entitled "Pseudoephedrine by Prescription." The only resolve reads as follows: "Resolved that the Kentucky Medical Association support legislative efforts that would require pseudoephedrine by prescription in the Commonwealth." (10)

Next, an article written by Dr. Thornbury published in the Winter 2011 Kentucky Academy of Family Physicians Journal entitled "Pseudoephedrine, a Moral Crisis in Kentucky." (11) Reading the final paragraph of this 4-page document "In summary, the recommendations by the KAFP (Kentucky Academy of Family Physicians) and KMA (Kentucky Medical Association) House of Delegates are not lightly made. The proposal to instill prescription drug status for pseudoephedrine will not be the only solution necessary to combat the assault against Kentucky's public health and safety by drug diversion into methamphetamine. It is, however, the one that is before us as physicians; and, indeed we have irrevocably come to a time of action."

An op-ed written by Congressman Hal Rogers of Kentucky was published throughout the state of Kentucky on January 13. Reading from that article, (12) "With the number of meth labs skyrocketing across Kentucky, I can only imagine and pray for all the children unaccounted for in homes where meth is being made. And, let there be no doubt that meth is on the rise. In 2010 law enforcement responded to a staggering 1,100 meth lab sites in Kentucky up from 736 in 2009. The cost of investigation, arrest, incarceration, treatment and dismantling labs are crippling our already unstable Kentucky economy to the tune of $48 million taxpayer dollars per year. Kentucky state police believe as much as 77% of PSE sold is used to make methamphetamine."

The Consumer Health Care Products Association claims there is little diversion of PSE to Methamphetamine. The Kentucky State Police believe it is 77%, the California Bureau of Narcotics says over 60% is diverted, and the national consensus is over 50% of all PSE sold winds up in diversion to Methamphetamine.

From Sgt Stanley Salyards, Louisville, Kentucky. (13) Narcotics and Vice Interdiction sends a strong message documenting the failure of E-tracking of PSE sales. The last two paragraphs "There is a Kentucky sheriff that likes to run around the country talking about the success of E-tracking in Kentucky and makes it sound like he speaks for law enforcement in Kentucky, believe me, he does not. I have attached the list of supporting organizations in Kentucky that support scheduling."

"Law enforcement can not arrest our way out of the meth lab epidemic. If your state wants to track the sale of PSE and spend millions of dollars chasing meth labs, then go with the NPLEx system that the manufacturers of PSE are paying for. Many states are willing to try something that is free (NPLEx – E-tracking) because they have no track record, and blocking the sale of PSE sounds impressive. If your state wants to fix the problem before you get overwhelmed with meth labs, then you might want to schedule PSE."

13(A), is my February 6 e-mail to Sgt. Salyards regarding confusion generated when I found the comments of this Kentucky sheriff, referenced at huge odds to what Rob Bovett had stated in his NYTIMES article. Sgt. Salyards' response is attached and reads "Sheriff Keith Caine from Davies County. He stated at a pharmacy board meeting that he has researched the issue and travels the country as a consultant on the issue. He is very misleading. By the way, 99% of Kentucky law enforcement backs scheduling; he would say otherwise. I have the organizations listed if you need that list. You are more than welcome to share my contact information." Meaning folks, if you want to call him, he is anxious to visit.

(13 B) Sgt. Salyards is currently president of the Kentucky Narcotics Officers Association and reading his comments from their official newsletter, The Takedown, I'll read two paragraphs "At the general membership meeting you voted unanimously to support the scheduling or Pseudoephedrine to significantly reduce Methamphetamine labs in the commonwealth."

When Sgt. says industry, that means CHPA, Consumer Health Care Products Association "The industry tells citizens that electronic tracking of Pseudoephedrine 'prevents the illegal sale of Pseudoephedrine by blocking the sale.' Unfortunately, the industry does not mention that smurfers continue to buy PSE using fake IDs or by buying under the limit. The industry says 'Kentucky sheriffs report that electronic tracking leads to 70-100% of meth lab busts.' A review of 2009 meth labs statistics show only 10% of known meth labs in Kentucky were found by electronic tracking."

An article in the February 16, 2011 Owensboro *Messenger-Enquirer* is attachment 13(C). Please realize that Owensboro is the county seat of Davies County where Sheriff Caine resides. "On Tuesday, Caine traveled to Indianapolis to discuss electronic tracking before a Senate committee." "Compensation and expenses for the trip will be paid by CHPA." "Caine said Tuesday his compensation depends on what is involved. It varies from $500 to $1500 per day."

"Senate Bill 45 - - The bill that would make PSE a prescription drug - - has stalled in the Kentucky Senate. A similar bill is being discussed by the Indiana general assembly."

"Supporters of Senate Bill 45 - - such as Owensboro Police Chief Lynn Skeens - - say the bill is needed to curb access to PSE, the key ingredient in Methamphetamine. "

"Caine had said previously that making PSE a prescription drug would not stop Methamphetamine manufacturers but would cripple the electronic tracking system. On the other hand, the head of the Owensboro police department's street crimes unit, said previously that the department has never used electronic tracking to find a working Methamphetamine lab."

"Caine said Tuesday he would say the same things when speaking about electronic tracking even if he were not compensated."

Probably an unrelated fact, but interesting that "The electronic tracking system is called Meth Check in Kentucky and is operated by APPRS, Inc., a Louisville firm. Jim Acquisto, who is director of government relations for APPRS and a former detective for the Davies County Sheriff Department, said Caine is not being compensated or reimbursed by APPRS when he travels out of state to discuss electronic tracking."

Finally from Kentucky, this *Times Tribune* article "The Meth Check does not stop smurfing. (13D).

C. Frank Rapier, Director of the Appalachia High Intensity Drug Trafficking Area (HIDTA) wrote this article "I am writing in response to Davies County Sheriff Keith Caine's editorial in which he suggests that Kentucky's Methamphetamine problems is best combated by the continued use of the Meth Check Network which is now known as the National Precursor Log Exchange/NPLEx." While Meth Check may be a good tool to block or limit the sale of PSE to individuals who are attempting to purchase more than the legal limit, it does not stop smurfing."

"In over 46 years of law enforcement, I have not seen a more destructive and addictive drug than methamphetamine."

"Oregon and Mississippi have shown that scheduling is the only way to end the meth problem. The legitimate consumers in both states have seen little inconvenience with respect to their access to PSE. The time is now to end the Methamphetamine problem in Kentucky and I urge all of you to contact your state Senator and Representative and urge them to support Senate Bill 45. **We do not want to find more Meth labs; we want to eliminate meth labs."**

I would like you to go to attachment 15 now just to look at the numbers of some of our neighboring states and tell you what some doctor organizations have been doing in these states. We have already seen what the Kentucky doctors are doing. Beth Embree, the Executive Director of the Mississippi Academy of Family Physicians told me that Mississippi doctors were strongly supportive of this legislation and the legislative battle was primarily carried by the Mississippi State Medical Association. Sue Heinrich of the Oklahoma Academy of Family Physicians advised us that although they have 2½ times more meth labs than Kansas, the Oklahoma family physicians have not geared up in this battle as yet. Carla Coleman in Arkansas is aware of their growing Methamphetamine problem, but the Arkansas family doctors have done nothing. You can see several of these states have electronic tracking which is not working but they are **hoping** that it will. As you can see, Missouri is a hot bed of Methamphetamine activity.

Attachment 14 is a powerful January 21, 2011 public statement of the National Methamphetamine Pharmaceutical Initiative which is the subcommittee of HIDTA, the High Intensity Drug Trafficking Area organization. This National Methamphetamine Pharmaceutical Initiative report addresses 10 common objections to Rx only PSE.

1. Public Outcry – "There have been hardly any complaints and no public outcry."
2. Inconvenience to consumers – "Those few who still want PSE call their physician and get a prescription."
3. Increased work load on pharmacists – "They actually prefer the simplicity and ease of the Oregon law regarding PSE to prescription only status."
4. Increased work load on doctors and emergency rooms – "This never happened."
5. Medicaid costs – "Statewide Oregon impact has been less than $8,000 per year."
6. Impact on the poor - "We haven't heard a peep from either the patients or the providers."
7. Cost of PSE – "actually became less expensive due to pharmacy selling generic brands."
8. PSE move will add to the pharmaceutical's problem – "There has not been one case of prescription PSE diversion in 4 years. This also has not happened in Mississippi. "
9. Allergy clinics – there was concern that as there are "pain clinics" now where narcotics are perhaps more freely provided than is appropriate, some are concerned that 'allergy clinics' would spring up and doctors would be writing prescriptions for PSE – "This is merely speculation."
10. Mexico – There is the comment that we are still getting Methamphetamine out of Mexico so why are we doing this? The reason we are doing this is to eliminate smurfing, and therefore, eliminate domestic production of Methamphetamine products. Prescription only PSE in Oregon and Mississippi has freed up valuable law enforcement resources to work on the DTOs, Drug Trafficking Organizations which along with meth also bring in marijuana, cocaine, and heroin.

NMPI Conclusion

- Law enforcement agencies do not have the resources to chase smurfers after they have obtained the precursor. There are too many leads to follow.
- Law enforcement wants to free up resources to focus more on DTOs
- Law enforcement does not want to arrest more smurfers or find more Methamphetamine labs. Law enforcement wants to eliminate smurfing and prevent Methamphetamine lab incidents.

The NMPI advisory board supports "Prescription Only" over the use of tracking data bases as the only effective means to eliminate "smurfing" and prevent illicit Methamphetamine lab incidents in the United States.

- "Prescription Only" is the only proven tool that keeps legitimate consumer access while preventing Methamphetamine labs.
- "Prescription Only" addresses "smurfer sophistication at all levels in all states."
- "Prescription Only" addresses precursor demand no matter what size Methamphetamine labs are being supplied, in the same state or another state.
- "Prescription Only" of PSE, as with any new controlled product, can easily be regulated by new or existing state prescription monitoring programs.
- "Prescription Only" saves taxpayers millions of dollars in investigative loss, lab clean-up costs, incarceration costs, court costs, social service costs, etc.
- "Prescription Only" was the rule for PSE/EPH prior to 1976.
  loyat@nmci.hidta.org

Kansas has recorded about 150 lab incidents each of the last 3 years. If Kansas follows our neighbors, we are going to have more meth busts in the next 12 months. For discussion, lets assume only 150 meth labs next year. Law officers advise me that each meth bust nets 2-10 individuals. SB 131 will drive a stake through the heart of the domestic methamphetamine production. While our leaders are deciding what to do about Methamphetamine, let us pray that there are no deaths, no police officers, children, innocent neighbors, and not even meth cooks die this next year. Let's hope that nobody gets physically or emotionally damaged beyond recovery. Let's hope that we have enough tax money and good foster homes to take care of the dozens of children who will have to be relocated. Let's hope we have the tax dollars to capture, prosecute, and incarcerate 600 more adults involved in Methamphetamine production and use. With the recent DEA announcement to withdraw money previously available to fund Methamphetamine lab cleanups, where are we going to find another $750,000 to clean up these 150 meth labs?

I have always liked Bobby Kennedy's statement. "Some see things the way they are and ask WHY - - I see things the way they should be and ask WHY NOT?"

WHY do we allow methers to contaminate Kansas roads, homes and buildings while they cook PSE cold pills to make Methamphetamine which will addict, debilitate, destroy families, occasionally kill, and cost taxpayers millions of dollars? WHY NOT stop this terrible blight on our state by passing SB131?

Thank you.

Larry R. Anderson, M.D.
Sumner County Family Care Center, P.A.
507 East 16th Street, S-1
Wellington, Ks 67152
620-326-3301
FAX 620-326-7086

OP-ED CONTRIBUTOR

How to Kill the Meth Monster

Newport, Ore.

THE latest bad news from the world of methamphetamine is that makers of the drug have perfected a one-pot recipe that enables them to manufacture their highly addictive product while on the move, often in their car. The materials they need — a two-liter soda bottle, a few cold pills and some household chemicals — are easily obtained and easily discarded, often in a trash bag dumped along the highway.

There is, however, a simple way to end this mobile industry — and, indeed, most methamphetamine production. We've tried it in Oregon, and have seen how well it works. Just keep a key ingredient, pseudoephedrine, out of the hands of meth producers.

Pseudoephedrine is a nasal decongestant found in some cold and allergy medicines. In 1976, the Food and Drug Administration allowed it to be sold over the counter, inadvertently letting the genie out of the bottle. Afterward, the meth epidemic spread across the nation, leaving destroyed lives and families in its wake.

Sales of products containing pseudoephedrine in the United States now amount to nearly $600 million a year. Yet, according to the pharmaceutical industry, only 15 million Americans use the drug to treat their stuffed-up noses, and these people typically buy no more than a package or two ($10 to $20 worth) a year.

Over the years, Congress and state legislatures have passed laws meant to prevent the diversion of pseudoephedrine to meth production. But such efforts have amounted to only temporary Band-Aids.

In 2006, Congress required PSE products to be moved behind the counter, set daily and monthly limits on the amount that can be sold to any one customer and required retailers to keep a log of sales. But meth users quickly learned to evade these controls by making purchases in several different stores — a practice known as "smurfing."

In an effort to avoid having more stringent controls placed on the drug, the pharmaceutical

Related

Times Topic: Methamphetamine

industry is lobbying Congress to require electronic tracking of pseudoephedrine sales, as some states already do. This makes it harder for an individual smurfer to collect large quantities of the drug. But meth users get around the tracking system by banding together in cooperatives, with each member buying pseudoephedrine products in amounts small enough to evade detection. These group smurfers then contribute their portion to the pot in exchange for cash or a share of the cooked-up meth. Or, in the West, they feed the "super labs" run by drug trafficking organizations in Central California.

In Kentucky, an electronic tracking law that went into effect in 2008 has had no effect on the number of meth labs there, and only 10 percent of them are found by electronic tracking. The number of police incidents involving meth labs has actually increased by more than 40 percent.

The only effective solution is to put the genie back in the bottle by returning pseudoephedrine to prescription-drug status. That's what Oregon did more than four years ago, enabling the state to eliminate smurfing and nearly eradicate meth labs. This is part of the reason that Oregon recently experienced the steepest decline in crime rates in the 50 states.

Earlier this year, Mississippi also passed a law requiring a prescription to get pseudoephedrine. Since July, the number of meth labs in that state has fallen by 65 percent.

In 2009, Mexico, which had been the source of most of the methamphetamine on the streets of the United States, went further, banning pseudoephedrine entirely. The potency of meth from Mexico has since plummeted. This is great news. But now the ball is back in our court.

These pseudoephedrine prescription requirements apply to only 15 pharmaceutical products and their generic equivalents -- medicines like Sudafed 12 Hour, Aleve D and Advil Cold and Sinus. Most cold and allergy medicines on store shelves are not affected, because they contain no pseudoephedrine.

Senator Ron Wyden of Oregon has proposed legislation to require prescriptions for products with pseudoephedrine nationwide, and Congress should enact it without delay. American families, too many already devastated by the meth epidemic, deserve no less.

Rob Bovett, the district attorney for Lincoln County, Ore., was the primary author of Oregon's anti-methamphetamine laws.

(2)

Sumner County Family Care Center

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November 30, 2010

Derek Schmidt
Attorney General, Kansas
Memorial Hall 2nd Floor
120 SW 10th Street
Topeka, Ks 66612

RE: The Methamphetamine Epidemic

District Attorney Rob Bovett of Lincoln County, Oregon, was the primary author of Oregon's anti-methamphetamine laws, and also wrote the enclosed article "How to Kill the Meth Monster" as printed in the *New York Times* November 15, 2010.

Quoting from his article, "The only effective solution is to put the genie back in the bottle by returning pseudoephedrine to prescription-drug status. That is what Oregon did more than 4 years ago, enabling the state to eliminate smurfing and nearly eradicate meth labs. This is part of the reason that Oregon recently experienced the steepest decline in crime rates in the 50 states."

"Earlier this year, Mississippi also passed a law requiring a prescription to get pseudoephedrine. Since July, the number of meth labs in that state has fallen by 65%."

I humbly ask that you read this article carefully and then all of us quickly put together a coalition to make Kansas a state where pseudoephedrine is available only by prescription.

Sincerely yours,

Larry R. Anderson, M.D.

LA/sw
Enclosure
cc: Craig Concannon, M. D.
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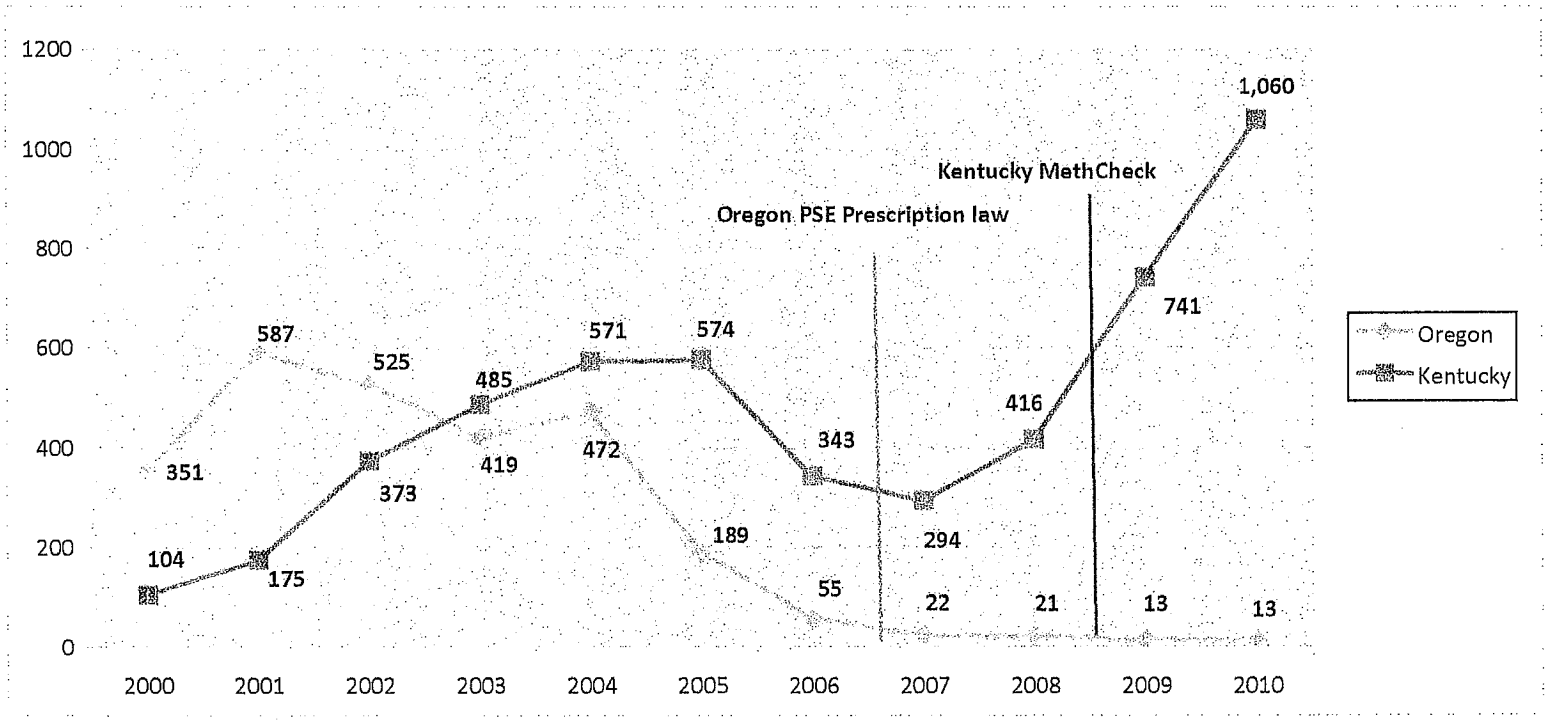
A Proven Prevention Strategy Versus a Failed Reactive Strategy

Meth Lab Incidents*

Comparing Oregon and Kentucky trend lines

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Oregon	351	587	525	419	472	189	55	22	21	13	13
Kentucky	104	175	373	485	571	574	343	294	416	741	1,060

*Annual numbers are directly from each state.



(4)

San Diego County Sheriff's Department

Post Office Box 939062 • San Diego, California 92193-9062

William D. Gore, Sheriff

Thomas J. Cooke, Undersheriff

June 4, 2010

The Honorable Dianne Feinstein
United States Senate
331 Hart Senate Office Building
Washington, DC 20510

Dear Senator Feinstein:

I am writing this letter respectfully asking your assistance to enact federal legislation that will require a doctor's prescription for medication containing pseudoephedrine (PSE).

Methamphetamine has plagued San Diego County for many years. Despite progress, methamphetamine remains the number one abused drug in our county. The San Diego County Meth Strike Force publishes a report card each year. Here are some disturbing statistics from the 2009 Report Card:

- 4,400 arrests for meth sales and possession;
- 28% of adult arrestees tested positive for meth;
- 34% of all drug treatment admits were for meth addiction.

San Diego County also experienced a record level of meth seizures at the Ports of Entry in 2009. Clearly the meth problem poses a major threat to the health, welfare and safety of the residents of San Diego County as well as the rest of the nation.

Methamphetamine laboratory incidences are increasing throughout the United States and are at an intolerable level in California. Although California no longer seizes the most meth labs in the country, because of the large size of California's meth labs, our production capacity exceeds that of the top four states combined. The sole source for the essential precursor needed to make meth is PSE purchased at retail outlets. If we effectively control the legal access of PSE, we will control the domestic production of meth.

Despite the great optimism originally posed by electronic tracking systems or databases used to monitor PSE sales, law enforcement is now convinced that such systems cannot prevent PSE smurfing and the resurgence of domestic meth labs. The evidence that electronic tracking systems are an ineffective and wasteful policy continues to mount in several states, including California. Even if these systems, such as MethCheck, worked as promised, the enormity of the problem exceeds law enforcement's capacity to respond. To make matters worse, the sophistication of smurfers, particularly the use of multiple false identifications, has made these systems impotent and rendered them useless as a law enforcement investigative tool.

Fortunately there is a proven solution, but it faces great opposition from those who profit from this blight. Nearly four years ago the State of Oregon enacted legislation that required a prescription for PSE medications and the results have been an undisputable and resounding success. Once seizing several hundred meth labs each year, Oregon has reduced its meth lab seizures by 98%, having only seized 10 meth labs in all of 2009. In addition, Oregon used to remove 30 to 40 drug endangered children from meth labs each year. Since enacting its legislation four years ago, Oregon has removed only one child from a meth lab, and that lab was not operating. Oregon has achieved this success at a time when other states have experienced dramatic resurgence in meth lab incidences. This includes states that have implemented electronic tracking systems, such as Kentucky, Oklahoma, Tennessee, and Arkansas. Oregon's success also includes the sharpest decrease in violent and property crimes in the nation. Additionally, all of this was achieved with few consumer complaints and widespread support from the law enforcement community, pharmacists, medical professionals, and health services.

The domestic meth lab problem is daunting, but we have a solution that is supported by empirical and quantifiable results. PSE is not an essential medication and it doesn't cure anything – it is one of many products that are used to treat symptoms of a stuffy nose. Armed with the knowledge that returning PSE to a prescription status, as it was prior to 1976, will have a profound impact on this human and environmental misery caused by meth labs, it is unconscionable to not implement our only viable solution and end this suffering that has persisted for far too long.

Thank you for your interest and leadership in this very important matter.

Sincerely,

William D. Gore, Sheriff

WDG:km

(5)

Larry & Loretta

From: "Rob Bovett" <rbovett@co.lincoln.or.us>
To: <llanders@sutv.com>
Sent: Sunday, January 30, 2011 10:56 PM
Subject: Re: HB 2098

Doc,

In 2005, we got the Oregon medical societies shifted into neutral on RxO PSE. We considered that a huge success. However, as I recall, the OMA was a bit more than neutral - they were helpful, albeit not outright supporters. They all now, of course, support what we did, 20/20 hindsight. Hence the letters of support.

OADEC is the Oregon Alliance for Drug Endangered Children. I have been the President of OADEC since its inception, despite my best efforts to cajole . . . ah, I mean, encourage . . . one of my Oregon colleagues to take over as OADEC President.

The note at the bottom of this OADEC web page:
http://www.oregondec.org/pse.htm
dated March 6, 2010, is from me.

Best of luck and, as always, I am at your service.

Rob

>>> "Larry & Loretta" <llanders@sutv.com> 01/30/11 8:41 PM >>>
Rob,

It seems that the KS Pharmacists and the KS Board of Pharmacy will be on board.

The med organizations are not yet signing on, but if they see movement, I am optimistic they will join.

I am concerned about the law enforcement folks although I am in close contact with them and 9 of 9 small and not so small town police chiefs that I asked have written letters of support.

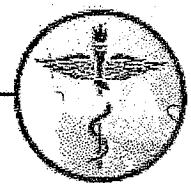
I know you gave me names of OR doctors who helped, but was organized medicine on board? Kerry Gonzales of the OAFP tells me they were not very helpful although she thinks they did write a tepid letter of support toward the end of the struggle. Kerry thought that the Oregon Medical Association actually remained neutral. It is not crucial, but I would like to know what you remember. From your webpage, I have copied a letter from the Oregon Medical Society (Association-whichever) president in 2009 stating that they supported your effort. Of course in 2009, looking back at the benefit of the legislation, I would think that most would want to claim support from the git-go.

Also, what does OADEC stand for, and who was the president who wrote "Personal note from the OADEC President, starting: 'You see, in 1976, we let a Genie out of a bottle' and closed that paragraph witih "We must tell the pharmaceutical industry no more band-aids, and put the Genie back in the bottle."

GRACE,
Larry

1/31/2011

OREGON MEDICAL ASSOCIATION



February 2, 2010

To Whom It May Concern:

In 2005, Oregon's legislature passed a law requiring a prescription for pseudoephedrine in an effort to curtail the manufacture of methamphetamine. The measure was part of a bipartisan package of laws targeted at addressing Oregon's large and growing methamphetamine crisis. The OMA supported that legislation out of a sense of concern for the drastic health effects this drug has on its users, and out of a belief that it would help our members handle a crisis that was overwhelming many of their communities.

The OMA created a Methamphetamine Task Force in response to this crisis, which strove to help educate physicians and other health care providers about how to understand the drug action of methamphetamine, to recognize the signs of methamphetamine use in their patients, and how to teach others to do the same.

Our informal research of our physician members suggests that the beneficial impact of this law outweighs the inconvenience related to additional requests for prescriptions. More recent research questioning the efficacy of PSE, and reports showing a sharp drop in drug-related crimes in Oregon since the law's implementation underscore its efficacy. Indeed, Oregon's Senator Wyden has recently announced his intention to propose federal legislation that would apply this policy to the entire nation.

Given the clear relationship between the use of pseudoephedrine and the creation of methamphetamine, and plenty of viable alternatives on the market to use for decongestants, we think that this law has had a clear benefit, and has not compromised the health of our citizens. We feel that our state's experience should serve as an example to other states seeking to address their own struggles with methamphetamine production.

Sincerely,

Peter Bernardo MD.

Peter Bernardo
OMA President

11740 SW 68th Parkway, Suite 100
Portland, Oregon 97223-9038
phone 503.619.8000
fax 503.619.0609
www.theOMA.org

Oregon A.C.E.P.

Oregon Chapter, American College of Emergency Physicians (O.C.E.P)

11740 SW 68TH Parkway
Suite 100
Portland, Oregon 97223-9038
Phone: (503) 619-8000
Fax: (503) 619-0609
Email: pat@theOMA.org
Website: www.ocep.org

June 5, 2009

Kent A. Shaw
Assistant Chief, California Office of the Attorney General Department of Justice, Bureau of Narcotic Enforcement

Mr. Shaw:

The Oregon Legislature passed a law in 2006 requiring that the use of pseudoephedrine be restricted to those who have a valid prescription from a medical provider. From the perspective of an Emergency Physician, an informal poll of our Board of Directors, representing Emergency Physicians across the state, found that the passage of this legislation has had no real impact on the number of visits we have seen in Emergency Departments across the state related to requests for prescriptions for this medication. In fact, almost all of us could not recall a patient encounter where this was an issue.

Given the clear relationship between the use of pseudoephedrine and the creation of methamphetamine, and plenty of viable alternatives on the market to use for decongestants, we think that this law in the state of Oregon has had a clear benefit without any compromise to the health of our citizens. We hope that California is successful in the passage of this legislation.

Sincerely,

Dan Handel

Oregon State
Pharmacy Association

Monday, March 9, 2009

Senator Ron Wyden,

RE: PSEUDOEPHEDRINE & D-METHAMPHETAMINE LABORATORIES

The Oregon State Pharmacy Association strongly encourages Congress to enact federal legislation, classifying pseudoephedrine as a Schedule III narcotic. This reclassification would establish pseudoephedrine as a prescription only medication. Pseudoephedrine is the key ingredient necessary to make d-methamphetamine, commonly known as meth.

In 2006, Congress passed legislation restricting pseudoephedrine, requiring it be kept behind-the-counter and logging sales. That legislation, known as the Combat Methamphetamine Epidemic Act (CMEA), dramatically reduced the incidence of meth labs throughout the nation. However, as we predicted, meth addicts quickly found a way around the CMEA through "smurfing." The tragic result is the recent resurgence of extremely dangerous meth labs, posing unacceptable risks to our families, neighborhoods, and the environment.

In contrast, Oregon passed legislation, which took effect in 2006, making pseudoephedrine a Schedule III narcotic. Since then, there have been few complaints, and little to no public outcry. Smurfing and meth labs have almost been eliminated in Oregon. We no longer have to guess what works and what doesn't.

In the spring of 2008, OSPA conducted a survey of our membership, confirming that Oregon pharmacists strongly prefer pseudoephedrine as a Schedule III narcotic. It eliminates the burdensome behind-the-counter classification and logging requirements that we previously had. Most of the nation is still following the CMEA, with disappointing results.

Congressional action is needed now, making pseudoephedrine a Schedule III narcotic, which will drastically reduce the availability of pseudophedrine, the key ingredient necessary to manufacture d-methamphetamine.

Respectfully,

Kenneth R. Wells

Kenneth R. Wells
President
Oregon State Pharmacy Association

(6)

Larry & Loretta

From: "Rob Bovett" <rbovett@co.lincoln.or.us>
To: <llanders@sutv.com>
Sent: Friday, December 31, 2010 1:44 AM
Subject: Re: PSE/Methamphetamine

fast facts

Doc,

"Oregon legislation introduced in 05?, approved in 06?"

The legislation was introduced and approved in 2005 - and became effective July 1, 2006.

"Oregon now is experiencing the greatest decline in crime rates in the 50 States?"

In addition to eliminating PSE smurfing and nearly eradicating meth labs (the real purpose of the legislation):
• Oregon crime rates: According to the Oregon Criminal Justice Commission and Oregon Department of Justice, 78% of property crimes are committed by addicts stealing to pay for their addiction. In 2008, Oregon experienced the largest decrease in crime rates in our nation. By 2009, Oregon crime rates were at a 50-year low.
• Oregon drug arrests: Oregon's PSE prescription law went into effect on July 1, 2006. From November of 2006 to November of 2008 the number of sworn law enforcement officers in Oregon increased, but there was a 31% drop in drug arrests in Oregon. Nearly all of that decline was meth arrests. Most other types of drug arrests remained flat or increased slightly.
• Oregon drug treatment admissions have remained relatively constant over the past five years. However, meth treatment admissions are down by over 20%.
• Oregon emergency room meth-related visits are down by a third.

Hope that helps.

Rob

>>> "Larry & Loretta" <llanders@sutv.com> 12/30/10 6:07 PM >>>
Rob,

I wanted to give you an update on KS. I have received your information, looked at the website (huge amount of infromation), and sent the legislative documents to my district attorney, my KS rep, my KS senator, a neighboring Rep, plus others.

I will be interviewed by a lady with the stateofkansas next Tues which is a group of people who apparently try to educate and impact legislation.

(1)

OREGON ALLIANCE
FOR DRUG ENDANGERED CHILDREN

Resource Information for other States and Nations:

Returning Pseudoephedrine to a Prescription Drug

1. What's New

. . . hot off the press:

January 11, 2011

(3)

(a)

Mississippi Update:

* **Excerpt from final state-of-the-state address to the Mississippi legislature by Mississippi Governor Haley Barbour:**

"In law enforcement, we have fought the scourge of illegal narcotics with a vengeance. In 2005 you passed laws to reduce the production and use of crystal methamphetamine. When the criminals learned how to get around those laws, you made the necessary changes, and they are working. In the first six months of this fiscal year – July 1 to December 31, 2010 – 68 percent fewer meth labs have been reported; meth arrests are down 62 percent; the number of drug endangered children has fallen 76 percent. Congratulations to the Bureau of Narcotics, the Department of Public Safety, and to you for making the needed legislative changes."

January 11, 2011

Kentucky Update:

* **Op Ed: MethCheck does not stop 'smurfing'** Times-Tribune (external link)
* **Kentucky Tonight: Meth and pseudoephedrine** KET (external link)
* **Kentucky in top 3 for meth lab incidents despite tracking laws** Lexington Herald-Leader (external link)
* **Comparing meth lab trends in Kentucky and Oregon (2000-2010)** (PDF) (148k) (2010 numbers based on preliminary data) (courtesy of CA BNE)

January 10, 2011

National update - Associated Press story:

* **Tracking of Cold Meds Hasn't Curbed Meth Boom**

In Fact, Laws Restricting Sale of Medicines Used in Making Methamphetamine Have Created Lucrative Underground Market

* **ABC News** * **CBS News** * **Fox News** * **NBC News**
* **Los Angeles Times** * **The Oregonian** * **San Francisco Chronicle**
* **Seattle Post-Intelligencer** * **St Louis Post-Dispatch**
* **Washington Post** (all external links)

January 4, 2011

Mississippi Update:

* **Returning Pseudoephedrine to Prescription Drug Curbs Meth Boom**

STATE OF MISSISSIPPI
HALEY BARBOUR, GOVERNOR
DEPARTMENT OF PUBLIC SAFETY
STEVE SIMPSON, COMMISSIONER
BUREAU OF NARCOTICS
MARSHALL FISHER, DIRECTOR

Tuesday, January 4, 2011

FOR IMMEDIATE RELEASE
Contact: Delores Sims Lewis, 601-371-3691 or 601-573-1375

6-month-old law to combat methamphetamine production lauded

After just six months, a new law requiring a prescription for cold and sinus medicine containing pseudoephedrine has proved to be an effective deterrent to methamphetamine production in Mississippi.

"We averaged three or four labs a month in the three years I have served as sheriff. Since July 1, 2010, we have only had five labs," said Jones County Sheriff Alex Hodge. "We are grateful to the Legislature for passing this."

Harrison County, with 109 meth labs from July to December 2009, had the most of any county. From July to December 2010, Harrison County had only 13 meth labs.

"We are down easily 80 percent to 85 percent in meth-related arrests," said Harrison County Sheriff Melvin Brisolara.

The head of the Mississippi Bureau of Narcotics, who led the push for the legislation, agrees.

"Something had to be done. At every level — law enforcement, courts, human services — our resources were maxing out, but the problem was not getting any better," said MBN Director Marshall Fisher.

The new law replaced an outdated tracking law that required a buyer to show identification. "It slowed down meth production for awhile, but violators found ways to skirt it," Director Fisher said.

By requiring a prescription, the new law aims to regulate pseudoephedrine, the key ingredient used to produce meth in Mississippi. And statistics show it is working.

-more-

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STATE OF MISSISSIPPI
HALEY BARBOUR, GOVERNOR
DEPARTMENT OF PUBLIC SAFETY
STEVE SIMPSON, COMMISSIONER
BUREAU OF NARCOTICS
MARSHALL FISHER, DIRECTOR

"Early results show a nearly 70 percent reduction in meth-related cases statewide. Now when we find pseudoephedrine at meth labs, it was purchased in surrounding states," explained Director Fisher.

Figures from the MBN indicate officers worked 124 meth labs from July to December 2010, a 68 percent reduction from the 389 meth labs they worked from July to December 2009.

Officials removed 19 children from meth lab sites July to December 2010, a 76 percent reduction from the 80 children removed from meth lab sites July to December 2009.

"Other states are looking to follow Mississippi's lead and pass the same law. This works; I hope they do," Director Fisher said.

###

Serving Knox, Whitley and Laurel counties
Times-Tribune
Your Life. Your Paper.

January 11, 2011

MethCheck does not stop 'smurfing'

The Times-Tribune

CORBIN KY *Methcheck*

I am writing in response to Daviess County Sheriff Keith Cain's editorial in which he suggests that Kentucky's methamphetamine problem is best combated by the continued use of the MethCheck network which is now known as the National Precursor Log Exchange (NPLEx). While MethCheck might be a good tool to block or limit the sale of pseudoephedrine to individuals who are attempting to purchase more than the legal limit, it does not stop "smurfing." Smurfing is when an individual purchases the legal limit of pseudoephedrine and in turn sells it to a third party with the full knowledge that it will be utilized in the manufacture of methamphetamine.

There are two sides to every issue and, unfortunately, the legitimate consumer is caught in the middle. The pharmaceutical industry is making over $800 million a year from the sale of pseudoephedrine and it is this same industry that is paying for the NPLEx system that Sheriff Cain lauds as the best method to rein in our methamphetamine problem. Their intentions do not serve the best interest of the Commonwealth and of the communities and families already devastated by the scourge of meth.

In over 46 years of law enforcement, I have not seen a more destructive and addictive drug than methamphetamine. We had no meth problem until 1976, when against the advice of the Drug Enforcement Administration, the Food and Drug Administration removed pseudoephedrine from prescription status to over the counter status. Since MethCheck started in 2008, we have continued to see a rise in meth labs in Kentucky. A record year was seen in 2010 when over 1,000 meth labs were discovered and dismantled. These numbers speak for themselves and they do not accurately reflect the true extent of the methamphetamine problem in Kentucky. If anything, law enforcement is undercounting the actual number of labs present throughout the Commonwealth. In addition, methamphetamine costs our state and local governments over $48 million annually. These labs create toxic waste that contaminates homes and the children in them. During 2009, 111 children were contaminated in homes that contained meth labs and a 22-month old toddler tragically died after ingesting drain cleaner that was being used to manufacture meth.

It is therefore apparent that the only way to prevent the continued destruction caused by meth is to schedule pseudoephedrine. Oregon was the first state to do so and the results have been phenomenal. Oregon had the same issues that we have and, in 2005, they made pseudoephedrine a schedule III drug. In 2010, they discovered 10 labs, none of which had pseudoephedrine purchased in the state of Oregon. Mississippi is the second state to schedule pseudoephedrine, with the new law taking effect on July 1, 2010, and they have seen a 68

6-25

percent reduction in meth labs in just five months.

Kentucky Senator Tom Jensen has filed Senate Bill 45, a very effective piece of legislation that returns pseudoephedrine to a schedule IV drug. The pharmaceutical industry and Sheriff Cain would have you think that this legislation would not impact the meth problem and would have a harmful effect on the legitimate consumer, whereas Oregon and Mississippi have shown that scheduling is the only way to end the meth problem. The legitimate consumers in both states have seen little inconvenience with respect to their access to pseudoephedrine. The time is now to end the methamphetamine problem in Kentucky and I urge all of you to contact your state senator and representative and urge them to support Senate Bill 45. We do not want to find more meth labs; we want to eliminate meth labs.

C. Frank Rapier,

Director-Appalachia HIDTA

London

TheTimesTribune.com, Corbin, KY 201 N. Kentucky Ave. Corbin, KY 40701

(9)

Larry & Loretta

From: "Donna C. Echols" <governorm@aol.com>
To: <llanders@sutv.com>; <eklumpp@cox.net>; <kacp@cox.net>
Sent: Monday, January 31, 2011 11:07 PM
Subject: Meth Legislation

Hey Larry, Ed and Doyle - Last year, Mississippi joined Oregon as the only two states in the country to make it legal to only purchase the cold and sinus medicine like Sudafed with a prescription. There was resistence at first from the public when we attempted to do this, since they were just getting used to buying the common sinus and cold fighter by going to the pharmacist's window to receive the medication. Now, just a short time later, we were telling that same public that they would soon have to get a prescription for the drug. The problem: Meth was quickly becoming the drug of choice. People were not just using their bathroom's and kitchen's as meth labs; they had now figured out a way to manufacture the drug in a 2-liter bottle in the back of their cars! Because of the highly addictive nature of meth, we knew that the only way to combat this problem was to stop access to the major ingredients found in medicines like Sudafed.

Law enforcement saw first-hand what this drug did to families, children, and other who must deal with "meth-heads." We enlisted the support of those who were fighting this fight on the front lines - Mississippi Chiefs of Police Association, Mississippi State Troopers Association, Mississippi Sheriff's Association, and our Mississippi Attorney General, Jim Hood. Our obvious opposition: retail association, pharmacist association, and perhaps the state medical association. It was evident in looking at the meth cases that law enforcement was working that something drastic had to happen to stop the supply. We got testimony from victims that were powerful. For example, we had a young man in his mid-40's that was addicted to meth. He would shop for Sudafed at various locations and then cook his meth supply. Once he was high, he would "sell" and prostitute his young, teenage step-daughter to strangers to get more money for his meth habit. The little girls mother had long ago become addicted to the powerful drug and did nothing to stop the prostitution of her own daughter.

It was revolting stories like this that finally made people wake up. We began to build on our law enforcement coalition to now include medical doctors who saw the ill effects of this drug on individuals and their families. In addition, we were winning over pharmacists and the retail industry by convincing them that they would not lose money as a result of this legislation. Just the opposite would prove true. Meth heads are no longer able to steal items from their local Wal-Mart to manufacture meth. Requiring a prescription also helps stop the "Doctor shopping" for meth ingredients.

The meth legislation we passed last year is probably one of the single most important pieces of legislation that all of law enforcement has rallied around to help pass. Today, we are seeing the positive results from the passage of that legislation. I'm not saying that the meth problem is gone, but we are seeing an impressive and dramatic drop in number! If everyone bans together to pass this type legislation, we quickly dry up supply so that meth can no longer be manufactured as quickly and easily as it has in the past.

BEST OF LUCK TO YOU! It's the best thing we've done! Please let me know if you have specific questions -
Donna
P.S., I lobby for the Chiefs and for the state troopers, and we were burning up the phones to legislators urging them to pass this bill last year!

Donna C. Echols
www.mstroopers.com

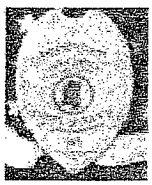
——Original Message——
From: Larry & Loretta <llanders@sutv.com>
To: Donna Echols, MACP, lobbyist <governorm@aol.com>; Donna Echols, MACP-lobbyist <dechols@decholsgroup.com>
Cc: Ed Klumpp <eklumpp@cox.net>; Doyle King, Ex Dir, KACP <kacp@cox.net>
Sent: Mon, Jan 31, 2011 9:08 pm
Subject: RX only PSE

9A

Larry & Loretta

From: "Ken Winter" <kwinter@mschiefs.org>
To: "'Larry & Loretta'" <llanders@sutv.com>
Sent: Thursday, February 10, 2011 4:06 AM
Attach: Ken Winter.vcf
Subject: RE: KS Rx only PSE

Larry,
It was good speaking with you today regarding the Mississippi law which went into effect last year place pseudoephedrine a schedule drug.
After this law was enacted it has had a greater impact on our ability to control the manufacture of illegal drugs in the State of Mississippi more than other legislation, program or enforcement action to date.
The numbers bear the fact that if you take away the one ingredient which is essential for the manufacture of methamphetamine you will have a positive impact.
This has been done with little to no repercussions since it can still be obtained my prescription or there are other options over the counter which does not contain pseudoephedrine.
Thanks for the inquiry and Good luck.
Tell Doyle I said hello.
Ken Winter



Mississippi Association of Chief...
Ken Winter
Executive Director
(601) 488-0352 Work
(662) 915-7902 Work
(662) 897-6227 Mobile
(662) 983-7464 Home
kwinter@mschiefs.org
181 County Road 221
Bruce, Mississippi 38915

From: Larry & Loretta [mailto:llanders@sutv.com]
Sent: Wednesday, February 09, 2011 10:25 PM
To: Ken Winter
Subject: KS Rx only PSE

Ken
checking email addresses.
gRACE,
Larry

(10)

RESOLUTION

Subject:	Pseudoephedrine by Prescription
Submitted by:	Barren County Medical Society
Referred to:	Reference Committee A

WHEREAS, the abuse of over-the-counter pseudoephedrine in the manufacturing of methamphetamine contributes to an increases in preventable deaths, crimes of theft, burden on the judicial system, child abuse and neglect, utilization of drug treatment programs at public expense, and unnecessary utilization of health care and child protective services with a resultant estimated national cost of $48 billion annually(as documented by RAND); and

WHEREAS, the Commonwealth of Kentucky has experienced a substantial increase in "Meth Lab" incidents from 104 in 2000 to 741 in 2009, as well as an increase of 38% in fical 2009 alone; and

WHEREAS, the current electronic tracking system cannot prevent techniques such as "smurfing" (the practice of acquiring co-conspirators to purchase pseudoephedrine as the means for illegal drug diversion); and

WHEREAS, the Kentucky State Police have documented that in 2009 716 "Meth Labs" cost $1,373,825 notwithstanding other indirect costs; and

WHEREAS, the Kentucky Narcotic Officer Association, the Commonwealth's front-line law enforcement, found that when the State of Oregon implemented the pseudoephedrine by prescription mandate, "Meth Lab" incidents fell from 351 in 2000 to 10 in 2009; and

WHEREAS, physicians of good conscience may, after review of the empirical evidence of the Oregon "pseudoephedrine by prescription" model, support such legislative action to make our Commonwealth safer; now, therefore be it

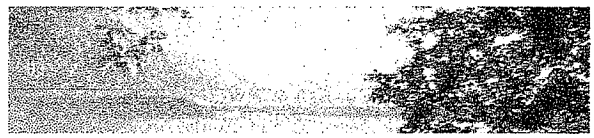
RESOLVED, that the Kentucky Medical Association support legislative efforts that would require pseudoephedrine by prescription in the Commonwealth.

health care and law enforcement allocated to the crisis can be expected to overshadow budgets. Ultimately, it can be expected that the fiscal matter will transition to a political matter when deficit resources lead to forced decision-making.

The war on drug misuse will require action on multiple fronts. In Kentucky, physicians of good conscience have recommended prescription status for pseudoephedrine. On a regional level, surrounding states should consider limiting access similarly in an effort to minimize cross-border access to the drug. On the federal level, government should discuss the elimination of imported pseudoephedrine. Ultimately, our partners in health, the pharmaceutical industry, will need to champion this effort and develop dosage forms, isomers or other novel agents that cannot be synthesized into substances of abuse.

In summary, the recommendations by the KAFP and KMA House of Delegates are not lightly made. The proposal to instill prescription drug status for pseudoephedrine will not be the only solution necessary to combat the assault against Kentucky's public health and safety by drug diversion into methamphetamine. It is, however, the one that is before us as physicians; and, indeed we have irrevocably come to a time of action.

Pseudoephedrine: A MORAL CRISIS in Kentucky
William Thornbury MD
KAFP Journal (KY) Winter 2011
pages 19-20-22



Contact: Danielle Smoot 606-679-8346

Rogers Op-Ed: Will We Save the Kaydens or Hit the Snooze?

Washington, DC, Jan 13 -

By, Congressman Hal Rogers
Published State-wide

It feels like déjà vu as I read through daily newspaper articles and find story after story detailing another horrendous drug epidemic spreading across Kentucky.

In 2003, a series of news articles pinpointed Eastern Kentucky as the "Prescription Painkiller Capitol of the Nation" with the powerful narcotic, Oxycontin as the number one culprit. Today, seven years later, the illicitly manufactured drug, Methamphetamine, is poisoning our communities.

Meth has become so commonplace that manufacturers can make it virtually anywhere, any time in a one-step process. It is so simple and cheap, that they can go to any local store that sells common household products like drain cleaner, batteries, purchase their limit of pseudoephedrine and mix the ingredients in a 20 oz. plastic soda bottle.

In comparison to all of the drug-related news reports that seem to pop up around the clock, none stopped me in my tracks like the heart-wrenching story of 22-month-old Kayden Branham from my hometown, Wayne County. His tragic story is fueling a new mission.

One-Step Death

In Kayden's case, the corrosive drain cleaner was left in an open cup at a home where meth was allegedly being made. Kayden died an unthinkable death after drinking from that cup in May 2009.

With the number of meth labs skyrocketing across Kentucky, I can only imagine and pray for all of the children, unaccounted for, in homes where meth is being made. And let there be no doubt that meth is on the rise.

In 2010, law enforcement responded to a staggering 1,100 meth lab sites in Kentucky, up from 738 in 2009.

And even these figures are deceptive, as within each site, there may be dozens or even hundreds of meth labs. Last year in Clay County, for example, law enforcement responded to one site where 85 labs were found on a hillside.

The cost of investigations, arrests, incarceration, treatment and dismantling labs are crippling our already unstable Kentucky economy, to the tune of $48 million dollars per year.

The personal impact is even more tragic. Meth labs are endangering the lives of first responders, the innocent children in meth homes and anyone who unknowingly passes by a combustible meth lab in a car, a backpack or soda bottle.

A Clear Target

The one and only ingredient that meth cannot be made without, is pseudoephedrine.

In 2005, the increase in meth labs prompted Kentucky state legislators to limit the sales of pseudoephedrine and put the medication behind the pharmacy counter.

Optimism quickly deflated, as the realization of loopholes grew apparent.

Vanloads of people have been caught buying their individual limit of pseudoephedrine to mass-produce the highly addictive drug they all crave. Police have dubbed the scheme "smurfing."

In fact, Kentucky State Police believe as much as 77% of pseudoephedrine sold is used to make meth.

Oregon experienced the same effects as Kentucky. However, when Kentucky moved to electronically monitor the sales of pseudoephedrine in 2007 in hopes of tightening the loopholes, Oregon went the extra mile, passing legislation to make it a scheduled controlled substance, requiring a prescription.

Oregon's decision was a real solution. Meth lab sites dropped to 55 in 2006 with a record low of 10 in 2009, compared to the more than 700 meth lab sites in Kentucky the same year.

Mississippi is also experiencing dramatic results after following suit last July, reporting a 68% decrease. Indiana, Tennessee and Missouri are now considering similar legislation.

Washington, DC 20515

Our national neighbor Mexico, largely criticized for its lack of drug enforcement over the years, completely banned pseudoephedrine.

Kayden Branham is our wake up call. Will Kentucky hit the snooze button and lay in bed with the industry or fight for a real solution?

###

Congressman Hal Rogers (KY-05) has served Kentucky's 5th Congressional District since 1981. With a focus on economic development, job creation, fighting illegal drugs and preserving Appalachia's natural treasures, he has a reputation for listening to his constituents and fighting for the region he represents. For more information visit www.halrogers.house.gov.

Print version of this document

(13)

Larry & Loretta

From: "Salyards, Stanley W" <Stan.Salyards@louisvilleky.gov>
To: "Larry & Loretta" <llanders@sutv.com>
Sent: Tuesday, January 25, 2011 12:11 PM
Attach: labsokorky.xlsx; Organizations in Support of Scheduling PSE (2).docx
Subject: RE: PSE/Meth

Larry & Loretta

I have attached a chart of Oregon (OR), OKLAHOMA (OK), and KENTUCKY (KY) meth lab seizures since 2004.

OR and OK were the first two states to act and put PSE behind the pharmacy counter. In 2006 OR scheduled PSE and you can see what happened to their meth labs.

In 2006 OK decided to electronically track the sale of their PSE and you can see what happened to their meth labs. In 2009 OK decided to add their Driver License files to their e-tracking system to detect fake ID's and in 2010 OK added the meth lab offender data base to their e-tracking system. Oklahoma loves to talk about how much PSE their E-tracking system has blocked. Blocking the sale of PSE does not prevent meth labs because of smurfing, look at their meth lab numbers. Oklahoma keeps putting a band-aid on the meth labs problem while Oregon has figured it out.

July 1st of 2010 Mississippi became the second state to return PSE to a scheduled drug, they saw a 68% reduction in their meth labs in a 6 month period.

Kentucky paid for meth-check in 2006 to electronically track the sale of PSE. Law enforcement had high hopes for this system but it to failed to reduce meth labs because of smurfing. Kentucky Law Enforcement spent $1.5 million in 2009 cleaning up meth labs and around $2.4 million in 2010. The Kentucky legal system spend around $24 million in 2009 and around $ 26 million in 2010 for arrest, jail, prison, prosecution, etc. of meth related offenses.

There is a Kentucky Sheriff that likes to run around the country talking about the success of E-tracking in Kentucky and makes it sound like he speaks for law enforcement in Kentucky, believe me he does not. I have attached a list of supporting organizations in Kentucky that support scheduling.

Law enforcement cannot arrest our way out of the meth lab epidemic. If your state wants to track the sale of PSE and spend millions of dollars chasing meth labs then go with the NPLEx system that the manufactures of PSE are paying for. Many states are willing to try something that is free (NPLEx / E-tracking) because they have no track recorded and blocking the sale of PSE sounds impressive. If your state wants to fix the problem before you get overwhelmed with meth labs then you might want to schedule PSE.

I have more data on the Kentucky experience with e-tracking. Call me on my cell if you like: 502-773-3753.

Stanley

From: Larry & Loretta [mailto:llanders@sutv.com]
Sent: Monday, January 24, 2011 8:56 PM
To: Salyards, Stanley W
Subject: PSE/Meth

Sgt Salyards,

13A

Larry & Loretta

From: "Salyards, Stanley W" <Stan.Salyards@louisvilleky.gov>
To: "Larry & Loretta" <llanders@sutv.com>
Sent: Sunday, February 06, 2011 5:47 PM
Subject: RE: PSE/Meth

Sheriff Keith Caine from Davies County. He stated in a Pharmacy Board meeting that he has researched this issue and travels the country as a consultant on this issue.

His is VERY misleading. By the way, 99% of Kentucky Law Enforcement back scheduling; he would say otherwise. I have the organizations listed if you need that list.

You are more than welcome to share my contact information.

Stanley

From: Larry & Loretta [mailto:llanders@sutv.com]
Sent: Sun 2/6/2011 3:37 PM
To: Salyards, Stanley W
Subject: Re: PSE/Meth

Stanley,

We are scheduled for hearing on HB 2098 (our Kill the Meth Bill) on the 16th. I will be reading your paragraphs 5 (Kentucky paid----) and 7 (Law enf-----) into my testimony.

I am asking for the priviledge to share your emailed page with your contact information should any of the committee members want to contact you.

I have run across an article mentioning a KY sheriff claiming that e-tracking has led to the high number of KY meth lab incidents. Rob Bovett, Oregon DA, has stated that e-tracking in KY has helped find only 10% of the total incidents. I will find that article eventually, but until I do, can you share the name of that sheriff and could you expound on Rob's comment, right or wrong.

I know you are in the heat of the legislative battle right now, but it would sure help if you could/would contact your Kansas Colleagues. It seems that at least some of the leadership of KS law enforcement groups seem happy to ride the fence (ie NEUTRAL positions).

GRACE,
Larry

----- Original Message -----

From: Salyards, Stanley W <mailto:Stan.Salyards@louisvilleky.gov>
To: Larry & Loretta <mailto:llanders@sutv.com>
Sent: Tuesday, January 25, 2011 1:26 PM
Subject: RE: PSE/Meth

13B

THE TAKE-DOWN

Summer 2010

The Official Newsletter of the Kentucky Narcotic Officer's Association

INSIDE THIS ISSUE:

A Message from the President

A great deal has taken place since our conference in December.

At the general membership meeting you voted unanimously to support the scheduling of pseudoephedrine to significantly reduce methamphetamine labs in the Commonwealth. Representative Linda Belcher, Martha Jane King, and Jody Richards filed HB 497. This bill would have required a prescription to obtain pseudoephedrine the main precursor for meth labs. This bill did not receive a full committee hearing in the House but it received an informational hearing in the House Health and Welfare Committee Chaired by Representative Tom Burch. This bill never made it to a vote. Please write, call, or email the above mentioned Representatives and thank them for their support.

Opponents of HB 497 spent more than $300,000 in the last session of our legislature on this issue. They also spent a significant amount of money on advertising in major Kentucky newspapers and radio stations as well.

The industry tells citizens that requiring a prescription for pseudoephedrine will cause them to have to go to their doctor when they need this medicine, increase Medicaid cost, and impacts the poor. (1) a doctor can phone in a prescription if you really need it, not requiring an office visit every time. (2) Oregon's Medicaid cost increased by around $8,000.00 the year after they scheduled it and Kentucky spent $1.5 million cleaning up meth labs in 2009. It seems to me that the $8,000.00 Medicaid increase would be much less than the cost to clean up the meth labs. (3) Oregon saw no impact on the poor after scheduling Pseudoephedrine because they were still able to use other over the counter allergy medications approved by the Federal Drug Administration or their prescription was paid for by Medicaid.

The industry tells citizens that if pseudoephedrine is scheduled people will doctor shop it just like they do pain medications such as Oxycodone and Hydrocodone. Since prescription drugs are one of the most abused drugs in this country, the argument sounds good. Unfortunately, they do not mention that pain medications and allergy medications are two separate categories of drugs. There are few alternatives to pain medications. There are numerous alternatives to pseudoephedrine, just look on the shelf at the pharmacy. Oregon has not seen doctor shopping of pseudoephedrine since they scheduled it in 2006.

KNOA President Stanley Salyards

The industry tells citizens that electronic tracking of pseudoephedrine 'prevents the illegal sale of pseudoephedrine by blocking the sale'. Unfortunately, the industry does not mention that smurfers continue to buy pseudoephedrine using fake ID's or by buying under the limit. The industry says "Kentucky sheriffs report that electronic tracking leads to 70-100% of meth lab busts". A review of 2009 meth lab statistics show only 10% of the meth labs in Kentucky were found by electronic tracking.

I have had the opportunity over the last few months to travel to Washington D.C, California, Texas, and Arizona to meet with different law enforcement groups on this issue. The detectives I have met that clean up meth labs and run around chasing smurfers support scheduling of pseudoephedrine just like you do.

The manufactures of pseudoephedrine and electronic tracking companies are telling legislators how law enforcement should investigate meth labs by using electronic tracking of pseudoephedrine sales. Legislators should listen to the people who are on the front line of this issue cleaning them up. If you are tired of cleaning up meth labs, finding children in meth labs, responding to meth lab fires, and watching your millions of dollars of tax money being spent to clean up meth labs; CALL YOUR SENATOR AND REPRESENTATIVE AND TELL THEM TO SUPPORT SCHEDULING OF PSEUDOEPHEDRINE.

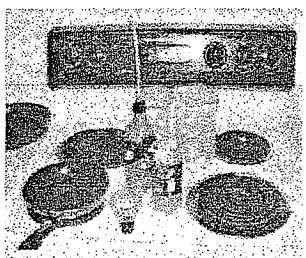
Please be aware of the change of dates for our conference this year; November 1st, 2nd, and 3rd. I look forward to seeing everyone there. Vic Brown has an excellent training session set up.

Check the http://www.kynarc.org/ web site for registration information for the conference coming soon.

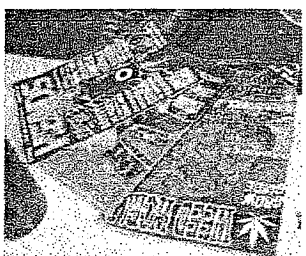
Be safe.

DMT: A Dangerously New Drug Threat for Kentucky

By Dave Gilbert, LCADTF Director

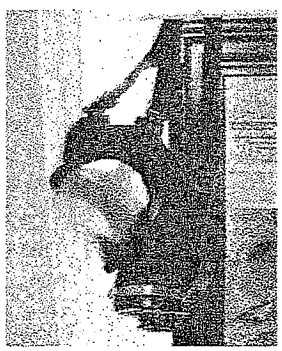


DMT in 20oz Coke Bottle



Reading materials at scene

"the young people in Somerset love it and are using this drug and giving it a street name of "Dreamster"



The Lake Cumberland Area Drug Task Force discovered their first Dimethyltryptamine (DMT) clandestine lab in May, 2010 in Somerset, Kentucky. To inform law enforcement officials in Kentucky of the presence of DMT, this article is being published for the Kentucky Narcotics Officer's Association's newsletter.

DMT is a schedule I, non-narcotic, and a powerful hallucinogen, with similar traits as lysergic acid diethylamide (LSD). It is actually a prototype or chemically related to psilocybin and LSD. A statement taken from a girlfriend of a DMT cooker stated the main clan lab ingredient of DMT was mimosa (hostillis) tree bark and roots, a very common tree indigenous to Kentucky. This, unfortunately, may be the next trend of clan lab exposures to law enforcement and the general public due to the extensive availability of mimosa trees in our region of the U.S.

A statement taken from a young girl at the lab scene told agents "the young people in Somerset love it and are using this drug and giving it a street name of "Dreamster". This particular lab was processing final product and sold in clear gel capsules for $10.00 dollars a dose. A dose reportedly lasts from a 2 to 5 minute peak during a 30 minute hallucinogenic high.

Information from a cooperating witness and other sources indicate DMT is an orange colored powder that is smoked in a glass or metal pipe similar to meth. It can be combined with an MAOI to make it orally active and increase the duration of the high. Sniffing and direct injection to the blood system have also been found as a method of ingestion.

This particular DMT lab involved the one pot, shake and bake method. The mixing of the mimosa bark (after grinding the material into pulp) was mixed with acids, along with sodium hydroxide (lye) to bring the pH back up, using ether to separate salts and Coleman fuel. Filtration was utilized in many of the stages. The combination of these compounds may require up to 4 hours of mixing utilizing a magnetic mixer or shaken by hand. I personally have not found any information utilizing an HCL generator. The filtered liquid is simply placed in evaporating dishes. Using Coleman fuel or other solvents may remove the orange color making it a white crust on the evaporating dishes. Some final product (DMT) is being stepped on with MAOI or other cutting agents. This lab had no cutting compounds found.

If an officer wishes to see detailed instructions on the manufacturing of DMT, it can (unfortunately) easily be found on the internet. Another serious problem is the mimosa tree bark and roots are readily available at no costs. Just a walk in the woods you might say.

Medical studies have shown DMT to cause a very intense, but brief trip (seconds to 20-30 minutes to come down) with not really a euphoric effect. DMT is not considered a party drug (although it is often sold at music festivals) but it is considered to be more intense than LSD, although the hallucinations are different in nature. Trips on DMT are described as visuals becoming super sharp to a point and being ripped into fragments like placing a photo in a blender. Colors are enhanced as lightning bolts, flowing ripples of colors, multiple images being seen at once and a user can feel transported into a different reality and lose all contact with the senses and the world, especially if using other hallucinogens such as LSD or psilocybin. They may not be able to remember or understand everyday reality at times.

This case was initiated by a call from local police concerning the attempted suicide of the (suspected) cooker. He had placed a .22 caliber pistol in his mouth and pulled the trigger.

The individual was flown to the University of Kentucky trauma center. Later the same date the subject was released with non-life threatening wounds and reportedly tried another attempt to take his life. DMT is a dangerous mind altering drug.

Agents found blotter acid (LSD), a large quantity of psilocybin mushrooms* and marijuana at the subject's apartment. All of these drugs are classified as hallucinogens under both state and federal law.

Law enforcement officers should be very alert toward individuals who may be on DMT or a combination of other drugs. Extreme caution should be taken due to their mental escape from reality. Unfortunately this drug threat is very real due to the ease of obtaining the precursor (mimosa), equipment and chemicals for its manufacture.

NOTE—The LCADTC seized over 30,000 psilocybin mushrooms in November, 2010 in Pulaski County, KY

The author is grateful for information concerning the psychological affects & usage of DMT provided by Officer George Willis of the Lake County Narcotics Agency, Painesville, Ohio

KNOA Delegates Attend National Narcotic Officers Association Coalition February 2010 Meeting

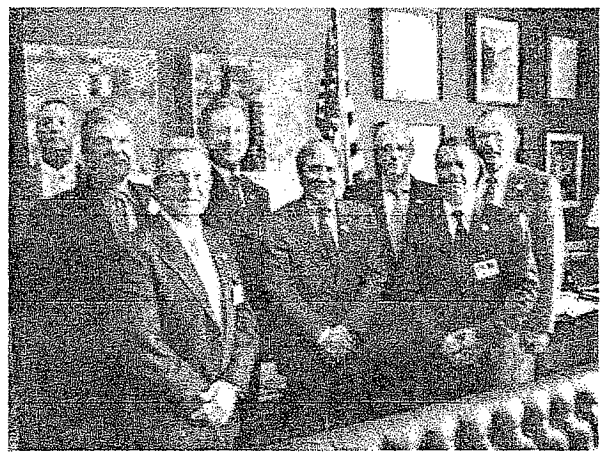
The KNOA was well represented at the National Narcotic Officers Association Coalition's (NNOAC) February meeting held in Washington, D. C.

The NNOAC meeting was attended by delegates from narcotic associations from 44 states, representing over 70,000 law enforcement officers. The NNOAC serves as an umbrella organization coordinating the efforts of these associations addressing national issues in Washington, D. C.

The NNOAC has been a strong advocate of the Byrne Justice Assistance Grant (JAG) Program which is the most important program for state and local narcotic enforcement assisting in the funding of multi-jurisdictional drug task forces. Its authorized funding level is $1.1B; however, in FY 2010 was funded at $519M. The NNOAC continues to request the full funding in FY 2011 for JAG or at least the same level as the previous year. The NNOAC also provides position papers to members of Congress supporting drug enforcement programs such as Regional Information Sharing System (RISS), High Intensity Drug Area (HIDTA) and National Guard Counterdrug. They are our voice to Congress for sound drug policies that do not send the wrong message or "soften" drug policy after successful decreases in most drug use by our youth in the last several years.

The Kentucky delegates were Tommy Loving, Joe Williams, Stanley Salyards, Van Ingram, Dave Keller, Dave Gilbert, Mike Brackett and Tommy Smith.

They met privately with Congressman John Yarmuth, Congressman Brett Guthrie and Congressman Ed Whitfield. All of Kentucky's Congressmen and or staffers visited, along with Senator Mitch McConnell's staff, were very interested in what the Kentucky lawmen had to say. They were especially interested in updating them on the drug threats and issues with drug enforcement existing in Kentucky. They heard the KNOA's concerns for the abuse of prescription drugs along with the pain clinics in south Florida resulting in a need for a unified national policy for a prescription drug monitoring program friendly to law enforcement in every state. They heard concerns with Kentucky's increase in meth labs and the success of Oregon scheduling pseudophedrine.



Fall NNOAC Conference — Nashville, TN September 8-11, 2010

The fall conference for the National Narcotic Officers' Association Coalition (NNOAC) is scheduled for September 8-11, 2010 at the *Renaissance Hotel* in Nashville, Tennessee.

The meeting dates will be September 9th and 10th. The Kentucky Narcotic Officers' Association (KNOA) is proud to assist the Tennessee Narcotic Officers' Association (TNOA) with a contribution to help with the expense of this informative conference. Your association will be represented by several Officers and Executive Board members as the Kentucky delegation.

Narcotic Officers' Associations from across the Country will be represented. For additional information contact Tommy Loving, our Executive Director, at Tommy.Loving@ky.gov or 270-843-5343.

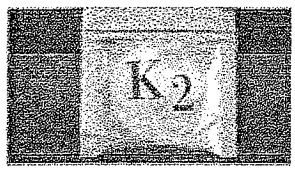
KNOA Conference — Save the Date

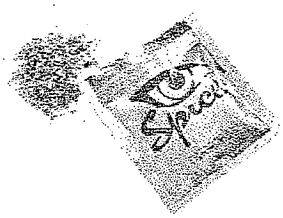
Save the Date Nov. 1-3, 2010

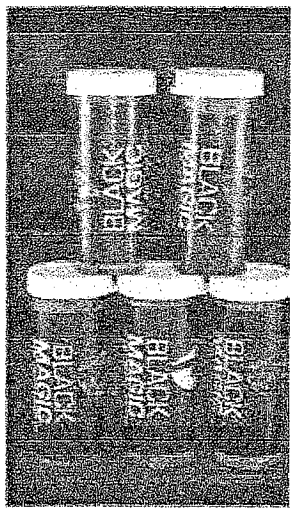
The 2010 KNOA Conference will be held at the Hyatt Regency in Louisville, Kentucky on November 1–3, 2010.

More information will be coming soon — so Save The Date and plan to attend the 2010 KNOA Conference in November.

This sign that hung outside a Louisville Kentucky tobacco shop demonstrates who this substance is being marketed too. Advertisements brag that their customers can have the same affect as a marijuana high without the hassle or worry of passing a blood or urine test .







2010 Legislation
Synthetic Marijuana, Piperazines & Drugged Driving

It looks like dried herbs, it is packaged and sold as incense however when smoked the effect is strikingly similar to Marijuana. It is called K2, MOJO, Black Magic, Blue Lotus, Spice, and scores of other names. It is marketed on the internet and in tobacco shops and convenient stores across the Commonwealth.

Synthetic marijuana, sold as K2 or Spice, is an herbal substance sold as an incense or smoking material that remains legal in most of the country. The products contain one or more synthetic compounds that behave similarly to the primary psychoactive constituent of marijuana, Δ9-tetrahydrocannabinol or THC.

The compound most commonly found in these products is a chemical first synthesized by the well -known Clemson University Prof. John W Huffman: the eponymous JWH-018. Another compound, found in Spice products sold in Germany, is an analog of CP-47,497, a cannabinoid developed by Pfizer over 20 years ago.

Aside from the obvious problems of operating a motor vehicle or machinery while under the influence of this substance, there are other issues as well. The dried herbs are merely used as the vehicle that are sprayed with the chemicals to produce the marijuana like affect. There is apparently no oversight to determine dosing levels. According to studies at Clemson and Hebrew Universities often times the chemicals found in these substances are more potent than typical THC levels found in marijuana .

Thanks to people like Chief Milton Perry in Oak Grove, Kentucky legislators learned of this emerging threat during the 2010 legislative session and Kentucky law enforcement will have the tools to deal with the issue later this year.

The new sections of KRS 281A read:

(1) A person is guilty of trafficking in synthetic cannabinoid agonists or piperazines when he or she knowingly and unlawfully traffics in synthetic cannabinoid agonists or piperazines.
(2) Trafficking in synthetic cannabinoid agonists or piperazines is a Class A misdemeanor.

Additionally, this legislation created the following two new sections:

SECTION 2:

(1) A person is guilty of possession of synthetic cannabinoid agonists or piperazines when he or she knowingly and unlawfully possesses synthetic cannabinoid agonists or piperazines
(2) Possession of synthetic cannabinoid agonists or piperazines is a Class B misdemeanor.

SECTION 3:

(1) A person is guilty of synthetic cannabinoid agonists or piperazines manufacture when he or she knowingly manufactures synthetic cannabinoid agonists or piperazines.
(2) Synthetic cannabinoid agonists or piperazines manufacture is a Class A misdemeanor.

"Synthetic cannabinoid agonists or piperazines" means any chemical compound that contains Benzylpiperazine; trifluoromethylphenylpiperazine; 1,1-dimethylheptyl-11-hydroxytetrahydrocannabinold; 1-Butyl-3-(1-naphthoyl)indole; 1-pentyl-3-(1-naphthoyl) indole; dexanabinol; or 2-[(1R,3S)-3-hydroxycyclohexyl]-5-(2-methyloctan-2-yl) phenol). The term shall not include synthetic cannabinoids that require a prescription, are approved by the United States Food and Drug Administration, and are dispensed in accordance with state and federal law.

Piperazines (BZP)

House Bill 265 also banned piperazines. This is a club drug with effects similar to Ecstasy and amphetamines. Originally designed to treat cattle for parasites it is available via the internet and is used as a party drug in some parts of the country. Although not yet widely popular in Kentucky this legislation will ban sale and possession of BZP.

Drugged Driving

Late in the session the provisions of Senate Bill 144 (an act designed to address Drugged Driving) was added to House Bill 265 as a committee substitute. This law will create a Per Se violation for persons driving with the presence of some controlled substances in their blood. This is a zero tolerance approach with a few exceptions. An individual that possess a valid prescription for a controlled substance will cause the blood test to be inadmissible. However they could still be prosecuted but the burden shifts to the Commonwealth to prove

(continued on Page 5)

(2010 Legislation — continued from page 4)

impairment. Below is a list of substances covered under this section. This law also lowers the aggravating factor for DUI from .18 to .15.

(12) The substances applicable to a prosecution under subsection (1)(d) of this section are:

(a) Any Schedule I controlled substance except marijuana;
(b) Alprazolam;
(c) Amphetamine;
(d) Buprenorphine;
(e) Butalbital;
(f) Carisoprodol;
(g) Cocaine;
(h) Diazepam;
(i) Hydrocodone;
(j) Meprobamate;
(k) Methadone;
(l) Methamphetamine;
(m) Oxycodone;
(n) Promethazine;
(o) Propoxyphene; and
(p) Zolpidem

KNOA is Proud to Host Sergeant Dave Redemann

This year the KNOA is proud to host Sergeant Dave Redemann from the Seattle, WA Police Department as the training instructor for the KNOA 2010 Conference. Sergeant Redemann has over 25 years experience in law enforcement, with 20 years of that time spent working in various undercover capacities. He has previously taught classes in Kentucky for the Appalachia HIDTA. He served in an undercover capacity for the FBI in a multi-year organized crime investigation, and is currently involved in numerous undercover operations in the Seattle, WA area. He has written, coordinated, and is the primary instructor of the Washington State Criminal Justice Training Commission Undercover School. He teaches numerous classes nationwide for local, state and Federal agencies. His block of instruction at this years' conference will include an 8 hour block on the *Survival Mindset* and a 4 hour block of instruction on the *Psychological Aspects of Undercover Work*. Your KNOA Board of Directors believes that this will be the one of the best training opportunities the KNOA has ever hosted.

Kentucky Narcotics Officers' Association

Pursuing safety and professionalism for drug enforcement officers.

Please check one of the following: ☐***General (sworn) Membership*** *or* ☐***Associate Membership***

ANY MEMBERSHIP PAID AFTER AUGUST 1ST WILL APPLY TO 2011

Name: _____

Title: _____

Agency: _____

Agency Address: _____

Telephone: _____ Fax: _____

Return your application by fax, mail or e-mail to KNOA at:
429 1/2 East 10th Avenue, Suite 1, Bowling Green, KY 42101-2211
tommy.loving@ky.gov
270-843-5347

Times-Tribune
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BC

January 11,

MethCheck does not stop 'smurfing' (http://thetimestribune.com/letters/x756279144/MethCl-does-not-stop-smurfing)

The Times-Tribune (http://thetimestribune.com)

CORBIN — *Methcheck* (http://www.kiedispatches.ky.gov/Article%20-%20MethCheck%206-16-09%20(2).pdf)

I am writing in response to Daviess County Sheriff Keith Cain's editorial in which he suggests that Kentucky's methamphetamine problem is best combated by the continued use of the MethCheck network which is now known as the National Precursor Log Exchange (NPLEx). While MethCheck might be a good tool to block or limit the sale of pseudoephedrine to individuals who are attempting to purchase more than the legal limit, it does not stop "smurfing." Smurfing is when an individual purchases the legal limit of pseudoephedrine and in turn sells it to a third party with the full knowledge that it will be utilized in the manufacture of methamphetamine.

There are two sides to every issue and, unfortunately, the legitimate consumer is caught in the middle. The pharmaceutical industry is making over $800 million a year from the sale of pseudoephedrine and it is this same industry that is paying for the NPLEx system that Sheriff Cain lauds as the best method to rein in our methamphetamine problem. Their intentions do not serve the best interest of the Commonwealth and of the communities and families already devastated by the scourge of meth.

In over 46 years of law enforcement, I have not seen a more destructive and addictive drug than methamphetamine. We had no meth problem until 1976, when against the advice of the Drug Enforcement Administration, the Food and Drug Administration removed pseudoephedrine from prescription status to over the counter status. Since MethCheck started in 2008, we have continued to see a rise in meth labs in Kentucky. A record year was seen in 2010 when over 1,000 meth labs were discovered and dismantled. These numbers speak for themselves and they do not accurately reflect the true extent of the methamphetamine problem in Kentucky. If anything, law enforcement is undercounting the actual number of labs present throughout the Commonwealth. In addition, methamphetamine costs our state and local governments over $48 million annually. These labs create toxic waste that contaminates homes and the children in them. During 2009, 111 children were contaminated in homes that contained meth labs and a 22-month old toddler tragically died after ingesting drain cleaner that was being used to manufacture meth.

It is therefore apparent that the only way to prevent the continued destruction caused by meth is to schedule pseudoephedrine. Oregon was the first state to do so and the results have been phenomenal. Oregon had the same issues that we have and, in 2005, they made pseudoephedrine a schedule III drug. In 2010, they discovered 10 labs, none of which had pseudoephedrine purchased in the state of Oregon. Mississippi is the second state to schedule pseudoephedrine, with the new law taking effect on July 1, 2010, and they have seen a 68 percent reduction in meth labs in just five months.

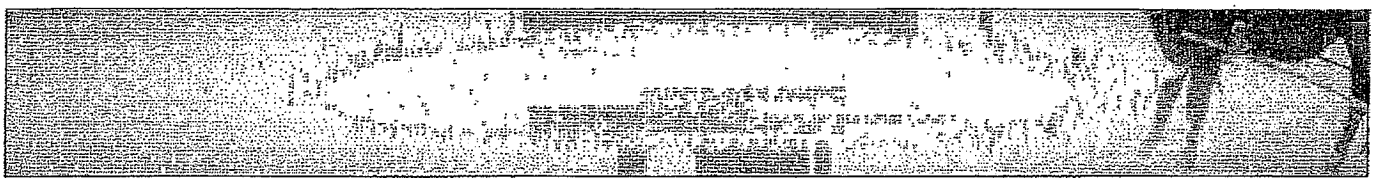
Kentucky Senator Tom Jensen has filed Senate Bill 45, a very effective piece of legislation that returns pseudoephedrine to a schedule IV drug. The pharmaceutical industry and Sheriff Cain would have you think that this legislation would not impact the meth problem and would have a harmful effect on the legitimate consumer, whereas Oregon and Mississippi have shown that scheduling is the only way to end

t eth problem. The legitimate consumers in both states have seen little inconvenience with respec their access to pseudoephedrine. The time is now to end the methamphetamine problem in Kentucky and I urge all of you to contact your state senator and representative and urge them to support Senate Bill 45. We do not want to find more meth labs; we want to eliminate meth labs.

C. Frank Rapier,

Director-Appalachia HIDTA

London



TheTimesTribune.com, Corbin, KY 201 N. Kentucky Ave. Corbin, KY 40701

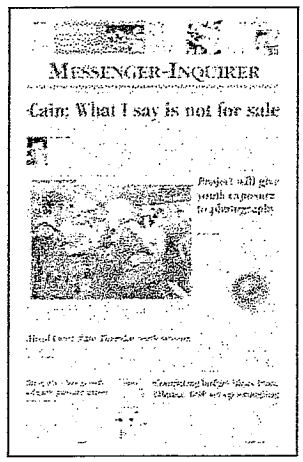
MESSENGER-INQUIRER

B D

Cain: What I say is not for sale

Lobbying firm reimburses sheriff for out-of-state speeches on pseudoephedrine tracking

Wednesday, February 16, 2011
By James Mayse, Messenger-Inquirer


MESSENGER-INQUIRER
Cain: What I say is not for sale

Daviess County Sheriff Keith Cain, who has been an advocate of electronic tracking system for pseudoephedrine purchases, said Tuesday he is compensated for his time and expenses when he travels out of state to talk about electronic tracking.

Cain said he was compensated for his time and expenses three or four times last year when he traveled out of state to discuss electronic tracking. On those occasions, he was paid for time and expenses by the pharmaceutical lobbying firm that opposes making pseudoephedrine a prescription drug.

On Tuesday, Cain traveled to Indianapolis to discuss electronic tracking before a Senate committee of the Indiana General Assembly. Cain's compensation and expenses for the trip will be paid by the Consumer Healthcare Products Association -- a lobbying firm that supports electronic tracking as an alternative to making pseudoephedrine a prescription drug. Cain said Tuesday his compensation depends on what is involved but varies from $500 to $1,500 per day.

Senate Bill 45 -- the bill that would make pseudoephedrine a prescription drug -- is stalled in the Kentucky Senate. A similar bill is being discussed by the Indiana General Assembly.

Supporters of Senate Bill 45 -- such as Owensboro Police Chief Glenn Skeens -- say the bill is needed to curb access to pseudoephedrine, the key ingredient in methamphetamine.

Cain has said previously that making pseudoephedrine a prescription drug would not stop methamphetamine manufacturers but would cripple the electronic tracking system. On the other hand, the head of the Owensboro Police Department's Street Crimes Unit said previously the department has never used electronic tracking to find a working methamphetamine lab.

Cain said Tuesday he would say the same things when speaking about electronic tracking even if he weren't compensated.

"I'm not paid to (say) something," Cain said. "The content of my message, what I say (is not for sale), not at any price."

Cain said he was reimbursed last year by CHPA for three or four trips outside the state to discuss electronic tracking. Cain has made only one trip this year -- the Tuesday trip to Indianapolis -- to speak on the subject with the expectation of being reimbursed for his time by CHPA. Cain said he is not reimbursed for his time or expenses when he speaks inside Kentucky.

County Attorney Claud Porter said being reimbursed for one's time when outside the state does not violate the county's code of ethics for elected officials.

"It's related to his employment and it's outside the county," Porter said.

The joint city-county code of ethics says public officials can accept gratuities for "speaking or making a presentation before any group, provided that such speech or presentation is both related to the Public Official's employment or activities outside of municipal service and unrelated to the Public Official's service with the city, county or agency."

Porter said he believes the provision was included for elected officials and city and county employees who travel away from the region to speak about issues they know, without having to be paid by local government for the trip.

"If I go to Tennessee or Indiana, I think they can reimburse me for that" because he would be away from his official duties as Daviess County attorney, Porter said.

The electronic tracking system is called MethCheck in Kentucky and is operated by Appriss Inc., a Louisville firm. Jim Acquisto, who is director of government relations for Appriss and a former detective for the Daviess County Sheriff's Department, said Cain has not been compensated or reimbursed by Appriss when he travels out of state to discuss electronic tracking.

"I think it has just been CHPA, to the best of my memory," Acquisto said. "I don't recall any time that we've done it."

Elizabeth Funderburk, senior director for communications at CHPA, said, "We cover Sheriff Cain's travel and he receives a stipend" for his time. For example, Cain was reimbursed by CHPA last year when he traveled to Washington to speak at a Senate drug caucus, Funderburk said.

"I know he is someone we found based on his belief that electronic tracking is the best way to stop illegal sales" of pseudoephedrine," Funderburk said.

"We believe Sheriff Cain has such a compelling story to tell ... and share with other states that we cover his travel costs," Funderburk said. "He is not a CHPA employee."

Cain said he speaks in other parts of the country on methamphetamine issues that do not relate solely to electronic tracking, and has done seminars that were paid for by government entities, such as the U.S. Department of Justice.

"I have been a consultant on this issue for a number of years, long before this particular issue," Cain said. "I am compensated for my time, I'm reimbursed for my expenses, but my message is never for sale."

13 F

Larry & Loretta

From: "Salyards, Stanley W" <Stan.Salyards@louisvilleky.gov>
To: "Larry & Loretta" <llanders@sutv.com>
Sent: Saturday, February 19, 2011 9:48 PM
Subject: RE: PSE/Meth

politics

From: Larry & Loretta [mailto:llanders@sutv.com]
Sent: Sat 2/19/2011 10:37 PM
To: Salyards, Stanley W
Subject: PSE/Meth

Dear Sgt.
Besides BIG PHARMA what/who are the stumbling blocks in KY?
GRACE,
Larry

NMPI

"A National HIDTA Initiative"

Advisory Board Position Paper

January 21, 2011

USE OF RETAIL SALES PRECURSOR TRACKING DATABASES VERSUS "PRESCRIPTION ONLY" AS AN EFFECTIVE MEANS TO PREVENT METHAMPHETAMINE LAB INCIDENTS

NMPI Advisory Board:

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Drug Enforcement Administration
Deputy Assistant Administrator
Office of Diversion Control

Derek Benner
Deputy Assistant Director
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Drug Enforcement Administration Headquarters

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This document represents the NMPI Advisory Board position and not necessarily the official position of the member's agencies.

NMPI Advisory Board Mission Statement

The National Methamphetamine and Pharmaceuticals Initiative (NMPI) Advisory Board, composed of federal, state and local law enforcement and prosecutorial agency representatives from throughout the nation, provides oversight and expertise, ensuring a cohesive strategy of federal, state, and local concerns to further the NMPI mission of reducing and eliminating the occurrence of methamphetamine/chemicals/pharmaceutical drug crimes in the United States.

NATIONAL SITUATION

The NMPI was founded on the premise that the availability of methamphetamine is directly related to the availability of the essential precursors to manufacture the drug. Those precursors being utilized by illicit methamphetamine lab operators in the United States are pseudoephedrine (PSE) and ephedrine (EPH).

History has shown that methamphetamine manufacturing can be affected immediately if the source of the precursor is found and eliminated. Methamphetamine cannot be made without a chemical precursor. PSE or EPH are currently essential in the modern manufacturing process.

Law enforcement across the United States is faced with evidence that the primary precursor source for domestic methamphetamine labs is cold and allergy medicine containing PSE sold at retail stores and pharmacies. This is true for the large "super labs" (operated by drug trafficking organizations- DTOs) producing at least 10 lbs. of methamphetamine per cooking cycle or the smaller "user labs" producing less than 2 ounces of methamphetamine per cook.

Law enforcement also recognizes from evidence found at meth lab sites, investigations, and intelligence, that although restricted, cold and allergy medicine is being illegally obtained through the technique known as "smurfing." This is the practice of purchasing the legal allowable amount of products containing PSE at one retail outlet but following up with successive purchases at other stores that in total exceed the daily or monthly legal limit. This can be done by one individual or a group of individuals operating together in one city, multiple cities, multiple counties, or multiple states depending on the sophistication of smurfing in any particular region. Significant amounts of meth precursor can be obtained this way.

The NMPI Advisory Board believes that the level of **"smurfing sophistication"** in any area depends on two distinct factors:

(1) The size of labs operating in the region which dictates the demand for the precursor.
(2) DTOs that are operating smurfing "cells" in the area to collect large amounts of the precursor for use in super labs in the same state or out of state.

Of particular concern to law enforcement (and a detriment to their investigations) is the fact that smurfers are increasingly not utilizing their own identification, but using multiple identification. All of this is done to circumvent the federal Combat Methamphetamine Epidemic Act (or similar state or local laws) which require identification and the signing of purchase logbooks for the purpose of monitoring limits and for law enforcement scrutiny.

The NMPI Advisory Board believes that sufficient evidence now exists to support the conclusion that smurfing is at epidemic proportions across the country with states in various stages of "smurfing sophistication." In some states, such as California and Arizona, smurfing is well organized and has progressed into its own black market industry. Smurfers run in groups along daily routes and sell their

acquired cold medicine at the end of the day to a "collector" or "cell head" overseeing multiple groups. The venture is extremely profitable with boxes of cold and allergy medicine being purchased at about $7.00 a piece and sold for as much as $80 each. Some states do not have large methamphetamine lab seizure numbers (such as Arizona), yet large smurfing organizations exist and the methamphetamine precursor is being shipped out of state to California and Georgia by Drug Trafficking Organizations (DTOs) operating methamphetamine super labs.

USE OF TRACKING DATABASES

Tracking retail sales of products containing PSE with databases populated with information gathered in manual or electronic log books has been conducted in some states across the country for at least the last three years. States such as Oklahoma, Arkansas, Kentucky, Tennessee, Arizona, California and others are using databases as an investigative tool to thwart smurfing.

There are two crucial effectiveness factors to the use of tracking databases:

(1) The information gathered by the database must be timely and accurate.

(2) The database must be able to "block sales" of purchases over the legal amounts to be effective against the diversion of precursors for illegal activity.

Since PSE products are sold by a multitude of vendors, ideally all these stores must also be electronically connected in order to be timely and accurate and in order to block sales over the daily and monthly limits. This is crucial in regards to the information gathering end; however on the receiving end, law enforcement must have the resources to investigate the leads generated by the databases in order to have the opportunity of identifying smurfers, finding methamphetamine labs, or preventing methamphetamine lab incidents.

The NMPI Advisory Board recognizes that methamphetamine lab incident numbers are now on the rise in the U.S., including in states that have been utilizing tracking databases. The NMPI Advisory Board attributes this to "smurfer sophistication" and the ability to adapt and thwart the use of these databases as an effective law enforcement tool. While it is recognized that the use of tracking and blocking was initially effective, today smurfers have taken away the two database effectiveness factors:

(1) The information gathered, while it may be timely, is no longer always accurate. Smurfers are increasingly utilizing fake identification and "corrupting" databases to the point where prosecutors prefer eyewitness accounts and investigation (read law enforcement surveillance) of violations before filing charges or authorizing arrests and/or search warrants. This results in costly man power consuming investigations.

(2) Along with the accuracy factor, the use of fake IDs, as well as a multitude of smurfers working together, severely hampers a systems ability to block over the limit sales as smurfers distribute purchases so as not to initiate the "block." In addition, because of the lucrative profits of smurfing, there have been many cases of employee collusion/corruption to thwart blocked sales and/or aid in the use of fake identification documents.

Additional factor affecting database efficiency: Indications are that a significant amount of the rise in current meth lab incident numbers can be attributed to the now frequent use of the **"one pot method"** to manufacture methamphetamine by smurfers that are users and cooking themselves. These are under two ounce cooks and are conducted in a small cooking vessel (such as a bottle). This is a very quick (although dangerous) effective production method. The NMPI Advisory Board believes that the

proliferation of these small pot or bottle cooks is directly attributable to anti-blocking efforts. This method does not require purchasing precursor containing products in amounts over the legal purchase limit which would trigger a blocked sale. For instance, the purchase of one box of cold or allergy medicine containing PSE would not by itself initiate a block. It can be argued that this technique could only be used once or twice per buyer in a 30 day time frame; however the use of multiple identifications is still an option along with the sheer number of smurfers that are available to make purchases (which would avoid a blocked sale).

More important in regards to preventing methamphetamine labs, it should be noted that because of the portability and ease of the one pot/bottle method, law enforcement has virtually little chance of stopping the manufacturing of meth before it happens. Many used bottles (where methamphetamine has been cooked) are being found strewn along the side of the road where they have been thrown out of a vehicle window after a quick cook following the purchase of the precursor containing product. This also creates environmental/contamination issues, as well as dangerous exposure issues to the public.

PRESCRIPTION ONLY OPTION

In 2005 the State of Oregon passed legislation restricting the sale of products containing PSE (and EPH) to only those individuals who were able to present a valid prescription. The legislation went into effect on July 1, 2006. This effectively limited the amount of vendors who were able to sell these products to pharmacies only, where sales are conducted under the watchful eye of a registered pharmacist. Making PSE "Prescription Only" eliminated smurfing in Oregon as well as their entire methamphetamine lab problem. More importantly, methamphetamine labs have not returned to Oregon while in the rest of the country methamphetamine lab incidents are on the rise. There have been no adverse effects in Oregon because of this action. Shelves are still lined with cold and allergy medicine containing reformulated products for consumers (without PSE).

During the legislative process to enact the Oregon law, the following reasons were cited against prescription only. However, none of the below claims came true in **Oregon:**

1. Public outcry

There have been hardly any complaints, and no public outcry. More than four years have passed since the prescription law went into effect, and there has been no push back or effort to undo or weaken the Oregon legislation.

2. Inconvenience to consumers

The claim was made that consumers would be terribly inconvenienced by having to go to a doctor to get a prescription for pseudoephedrine. The actual experience in Oregon has been that most consumers just purchase over-the-counter alternatives. Those few that still want pseudoephedrine call their physician and get a prescription.

3. Increased work load on pharmacists

The claim was made that increasing work loads dispensing pseudoephedrine by prescription would occur. This did not happen as most consumers simply purchase over-the-counter alternatives. Oregon pharmacists have stated that they actually prefer the simplicity and ease of the Oregon law returning pseudoephedrine to prescription only status.

4. Increased work load on doctors and emergency rooms

The claim was made that demands on the healthcare system would dramatically increase as a result of patients going to doctors, particularly emergency rooms, to get pseudoephedrine. This never happened.

5. Medicaid costs

The claim was made that Medicaid costs would skyrocket as the result of Medicaid patients getting prescriptions for pseudoephedrine. The actual statewide Oregon impact has been less than $8,000 per year. This dollar figure (along with loss of sales tax revenue) does not compare to the savings in meth lab incident clean-up costs, investigative costs, social service costs, incarceration costs, etc.

6. Impact on the poor

The claim was made that there would be an impact on the poor because they could not afford to see a physician. For all of the reasons discussed in items 1 through 5 above, this did not occur in Oregon. The Oregon Criminal Justice Commission has made special inquiries on this issue. Contact with the directors of key service providers confirmed there has not been any negative impact. By way of example, the Director of Northwest Human Services, which operate free clinics and homeless shelters in Salem, Oregon, checked with clinic and shelter managers. The response: "We haven't heard a peep from either the patients or the providers since the change in access to pseudoephedrine. There are so many good alternatives that it isn't an issue."

7. Cost of pseudoephedrine

The claim was made that pseudoephedrine prices would increase dramatically. The opposite occurred in Oregon. Pseudoephedrine actually became less expensive due to pharmacies selling generic brands.

Note: Recently, cities and counties in methamphetamine lab plagued **Missouri** have already passed, or are considering passing, ordinances moving products that contain PSE to prescription only. Those cities and counties (22 as of this update) that have enacted ordinances have had dramatic drops in smurfing activity similar to Oregon. In **California**, where meth super labs and organized large scale smurfing exists, there is currently a bill pending in favor of prescription only. Other states with pending bills or moving towards prescription only are Indiana, Kentucky, Nevada, Missouri, and Tennessee.

In February 2010, the State of **Mississippi** passed Prescription Only legislation which became effective July 1, 2010. After six months (January 2011) Mississippi reported an approximate 70% reduction in meth lab incidents with none of the above cited opposition claims occurring. In addition, Mississippi had a 63% drop in meth arrests and the number of related drug endangered children removals fell by 76%.

During prescription only efforts in California, Mississippi, and Missouri, the following additional claims were cited by opponents:

8. **PSE move will add to the pharmaceuticals problem**

The claim was made that moving PSE to prescription only would add to the already epidemic pharmaceuticals diversion problem. This never happened in Oregon. There has not been one case of prescription PSE diversion in four years of control. This also has not happened in Mississippi. Prescription fraud is dominated by drug users while PSE has to be extracted and made into a usable drug involving many other chemicals in a dangerous process.

9. **Allergy clinics**

The claim was made that moving PSE to prescription only would cause the rise of "allergy clinics" similar to pain clinics which have been a source of diversion problems. This is simply mere speculation.

10. **Mexico**

The claim was been made that moving PSE to prescription only would be a wasted effort because meth would continue to be supplied by DTOs bringing in meth from Mexico. The NMPI Advisory Board believes that prescription only is not about stopping meth use but rather about eliminating smurfing and thus domestic meth production. Prescription only would free up our valuable law enforcement resources to work on the DTO's who along with meth bring in other drugs (such as marijuana, cocaine, and heroin) and affect public safety in many other ways.

NATIONAL ORGANIZATIONS IN FAVOR OF PRESCRIPTION ONLY

National Narcotics Officers Association Coalition (NNOAC)
National HIDTA Directors Association
National Alliance for State Drug Enforcement Agencies (NASDEA)
International Association of Chiefs of Police (IACP)

STATE AND LOCAL ORGANIZATIONS IN FAVOR OF PRESCRIPTION ONLY

(CA)
California Attorney General's Office DOJ
California Bureau of Narcotic Enforcement
California Narcotic Officers Association (CNOA)
California Meth and Pharmaceuticals Initiative
(KY)
Appalachia HIDTA Drug Task Forces
Barren-Edmonson County Drug Task Force
Bowling Green Police Department
Bowling Green-Warren County Drug Task Force
Central Kentucky Area Drug Task Force
Greater Louisville Medical Society Public Safety Committee
Jeffersontown Police Department
Kentucky Academy of Family Physicians
Kentucky Association Chiefs of Police
Kentucky Association of Counties
Kentucky Commonwealth Attorney Association
Kentucky Education Association

Kentucky Jailer's Association
Kentucky Medical Association
Kentucky Narcotics Officers' Association
Kentucky State Police
Lake Cumberland Area Drug Task Force
Lexington-Bluegrass Association of Realtors
Louisville Fire Department
Louisville Metro Board of Health
Louisville Metro E.M.S.
Louisville Metro Health Department
Louisville Metro Police
Operation UNITE
Owensboro Police Department
Shively Police Department
South Central Kentucky Drug Task Force
Warren County Sheriff's Office
(MO)
Missouri Narcotics Officers Association
Missouri Prosecutors Association
Missouri Sheriff's Association
Missouri Peace Officers Association
Missouri Police Chiefs Association
Missouri State Troopers Association
(MS)
Mississippi Bureau of Narcotics
(NV)
Nevada District Attorney's Association
Carson City District Attorney's Office
Douglas County District Attorney's Office
Lyon County District Attorney's Office
Nevada Sheriff's and Chief's Association
Carson City Sheriff's Office
Lyon County Sheriff's Office
Carson City Dept. of Alternative Sentencing
Carson City Board of Supervisors
Lyon County Commission
Nevada Medical Association
Nevada Pharmacy Board
(OR)
Oregon State Sheriffs Association
Oregon District Attorneys Association
Oregon Association of Chiefs of Police
Oregon Narcotics Enforcement Association
(Other)
Southeast Meth and Pharmaceuticals Initiative
Southwest Meth and Pharmaceuticals Initiative

IN CONCLUSION

The NMPI Advisory Board recognizes that:

- Law Enforcement agencies do not have the resources to chase smurfers after they have obtained the precursor. There are too many leads to follow.
- Law Enforcement wants to free up resources to focus more on DTOs.
- Law Enforcement does not want to arrest more smurfers or find more methamphetamine labs. Law Enforcement wants to eliminate smurfing and prevent methamphetamine lab incidents.

The NMPI Advisory Board supports "Prescription Only" over the use of tracking databases as the only effective means to eliminate "smurfing" and prevent illicit methamphetamine lab incidents in the United States.

- "Prescription Only" is the only proven tool that keeps legitimate consumer access while preventing methamphetamine labs.
- "Prescription Only" addresses "smurfer sophistication" at all levels in all states.
- "Prescription Only" addresses precursor demand no matter what size methamphetamine labs are being supplied, in the same state or another state.
- "Prescription Only" of PSE, as with any new controlled product, can easily be regulated by new or existing state prescription monitoring programs.
- "Prescription Only" saves taxpayers millions of dollars in investigative costs, lab cleanup costs, incarceration costs, court costs, social services costs, etc.
- "Prescription Only" was the rule for PSE/EPH prior to 1976.

Questions or requests for additional information can be directed to:

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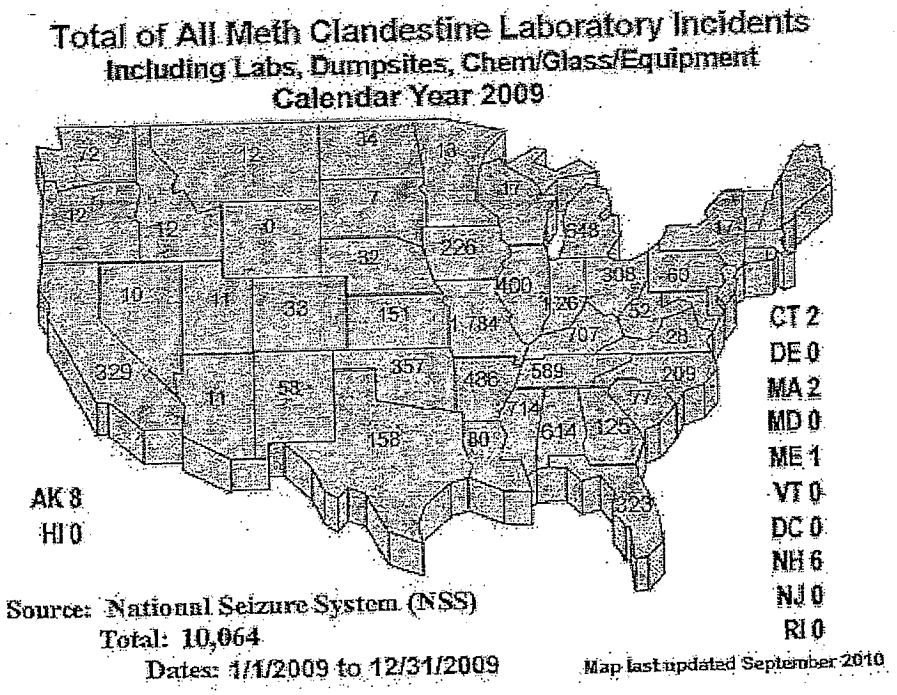
number of meth lab seizures in the state has declined from 959 in 2004 to 72 in 2009 (92%). The chart below shows a random sample of state meth lab seizures by state followed by a national map of seizures in 2009.

Table 1: Annual Number of Meth Lab Seizures by State

State	Pop	2004	2005	2006	2007	2008	2009	Notes
Kansas	2.853	632	406	195	101	154	151	No electronic tracking
Oregon	3.831	467	191	51	23	21	12	Prescription required (2006)
Mississippi	2.967	359	237	275	159	300	714	Prescription required (2010)
Oklahoma	3.751	699	240	199	93	135	357	Electronic tracking (2006)
Kentucky	4.339	604	590	328	302	428	707	Electronic tracking (2006)
Arkansas	2.926	828	490	403	333	364	486	Electronic tracking (2006)
Iowa	3.053	1462	766	341	182	220	226	Electronic tracking (Sep2010)
Missouri	5.988	2835	2270	1312	1279	1489	1784	Electronic tracking (Oct2010)
Washington	6.753	959	548	340	239	126	72	Electronic tracking law passed (2010)
Nebraska	1.831	276	253	34	28	58	32	No electronic tracking
Colorado	5.044	249	159	101	59	42	33	No electronic tracking

*DEA National Seizure System (NSS)



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Pseudoephedrine Survey Summary

Of the 375 Oklahoma pharmacies surveyed, 150 pharmacies returned surveys: a 40% response rate. Surveys were faxed to pharmacies on Friday, September 18, 2009. Survey results were compiled on Wednesday, September 23, 2009.

Five Survey Questions

1. Approximately how many unit packages of pseudoephedrine does your store(s) sell monthly?

Response: 61% of respondents indicated that their pharmacy sold less than 30 unit packages monthly. 34% indicated 30-100 unit packages, and 5% indicated they sold over 100 unit packages monthly.

2. Do you believe that purchase of pseudoephedrine for illegal drug manufacturing is a problem in your area?

Response: 78% of respondents answered YES, they believe that purchase of pseudoephedrine for illegal drug manufacturing is a problem in their area.

3. Would you support legislation to make pseudoephedrine a schedule 5 prescription only product?

Response: 70% of respondents answered YES, they would support legislation to make pseudoephedrine a schedule 5 prescription only product.

4. Do you believe that requiring a prescription for pseudoephedrine would place an undue burden on your patients?

Response: 65% of respondents answered NO, they did not believe requiring a prescription would be a burden on their patients.

5. Do you believe that requiring a prescription for pseudoephedrine would help curb its use in illegal drug manufacturing?

Response: 73% of respondents answered YES, they believed that requiring a prescription for pseudoephedrine would help curb use in illegal drug manufacturing.

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AP IMPACT: Meth flourishes despite tracking laws

(AP) – 3 days ago

ST. LOUIS (AP) — Electronic systems that track sales of the cold medicine used to make methamphetamine have failed to curb the drug trade and instead created a vast, highly lucrative market for profiteers to buy over-the-counter pills and sell them to meth producers at a huge markup.

An Associated Press review of federal data shows that the lure of such easy money has drawn thousands of new people into the methamphetamine underworld over the last few years.

"It's almost like a sub-criminal culture," said Gary Boggs, an agent at the Drug Enforcement Administration. "You'll see them with a GPS unit set up in a van with a list of every single pharmacy or retail outlet. They'll spend the entire week going store to store and buy to the limit."

Inside their vehicles, the so-called "pill brokers" punch out blister packs into a bucket and even clip coupons, Boggs said.

At the height of the meth epidemic, several states turned the electronic systems, which allowed pharmacies to check instantly whether a buyer had already purchased the legal limit of pseudoephedrine — a step that was supposed to make it harder to obtain raw ingredients for meth. But it has not worked as intended.

In some cases, the pill buyers are not interested in meth. They may be homeless people recruited off the street or even college kids seeking weekend beer money, authorities say.

Because of booming demand created in large part by the tracking systems, they can buy a box of pills for $7 to $8 and sell it for $40 or $50.

The tracking systems "invite more people into the criminal activity because the black market price of the product becomes so much more profitable," said Jason Grellner, a detective in hard-hit Franklin County, Mo., about 40 miles west of St. Louis.

"Where else can you make a 750 percent profit in 45 minutes?" asked Grellner, former president of the Missouri Narcotics Officers Association.

Since tracking laws were enacted beginning in 2006, the number of meth busts nationwide has started climbing again. Some experts say the black market for cold pills contributed to that spike. Other factors are at play, too, such as meth trafficking by Mexican cartels and new methods for making small amounts of meth.

The AP reviewed DEA data spanning nearly a decade, from 2000 to 2009, and conducted interviews with a wide array of police and government officials.

Meth-related activity is on the rise again nationally, up 34 percent in 2009, the year with the most recent figures. That number includes arrests, seizures of the drug and the discovery of abandoned meth-production sites.

The increase was higher in the three states that have electronically tracked sales of medication containing pseudoephedrine since at least 2008. Meth incidents rose a combined 67 percent in those states — 34 percent in Arkansas, 65 percent in Kentucky and 164 percent in Oklahoma.

Supporters of tracking say the numbers have spiked because the system makes it easier for police to find people who participate in meth production. But others question whether the tracking has helped make the problem worse by creating a new class of criminals that police must pursue.

In the past, the process of "cooking" meth was often a one-person operation, with producers buying as many cold pills as they needed.

Now, with laws that strictly limit purchases and record buyers' names, meth producers recruit friends, acquaintances, strangers and even their own children to buy pills.

The process, known as "smurfing," is not entirely new, but it has come into wider practice over the last two to three years as states have sought to limit the availability of pseudoephedrine.

Grellner recalled one case where a woman took her 17-year-old daughter out smurfing. When police caught up to them, the mother forced the girl to hide the pills in her vagina. She nearly bled to death in the county jail.

Efforts to limit the availability of pseudoephedrine gained momentum in 2005, when Congress passed the Combat Meth Act, which set limits on sales of the decongestant and two other key ingredients used in meth.

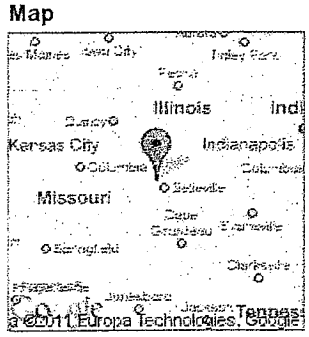
The law mandated that pills be placed behind the counter, made purchasers show ID and, for the first time, required pharmacies to log each sale.

As technology progressed, states took logging a step further. With electronic tracking, buyers' names were entered into statewide databases. Some states link their databases together.

The tracking meant that, if customers had purchased their monthly limit of pseudoephedrine, the

Associated Press

Map



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pharmacist knew instantly, and the sale was refused. In some states, police were notified.

Initially, the practice yielded swift results. Meth incidents dropped by nearly two-thirds — from 18,581 in 2004 to 6,233 in 2007.

Oklahoma, which adopted an electronic tracking system in 2006, was heralded as a success story after meth incidents dropped from 699 in 2004 to 93 in 2007.

But then meth producers regrouped, largely through more smurfing. And meth-related incidents began climbing again. By 2009, the DEA cited 10,064 meth incidents, a 62 percent rise over the previous two years.

Police and federal agents never expected that electronic tracking would actually draw more people into the criminal enterprise surrounding meth.

"Law enforcement was surprised," St. Louis County Sgt. Tom Murley said. "People that normally wouldn't cross the line are willing to do so because they think it's such a sweet deal, and because of the economy."

Advocates of tracking say the rise in meth incidents indicates success, not failure.

"One reason these numbers have gone up is because of law enforcement's ability to track and locate the people producing meth," said Keith Cain, sheriff in Daviess County, Ky. "If we pull the plug on electronic tracking, we lose the ability to see where these labs are at. I fear we would regress 10 years."

Ron Fitzwater, CEO of the Missouri Pharmacy Association, agrees.

"It's not a perfect system, but we think it will have a major impact that will help law enforcement," Fitzwater said.

Meth arrests and lab busts are not the only indicator that use of the drug is on the rise. In September, the annual report from the federal government's Substance Abuse and Mental Health Services Administration showed a 60 percent one-year increase in the number of meth users.

Meanwhile, DEA statistics show an increasing amount of meth is arriving from Mexico. Authorities are concerned about the growing popularity of "shake-and-bake" meth, which is made in small amounts by simply mixing ingredients in a two-liter soda bottle.

Mark Woodward, a spokesman for the Oklahoma Bureau of Narcotics and Dangerous Drug Control, said the shake-and-bake method sidesteps tracking laws. Meth producers "come in and buy one pack of cold pills and a soda, so they're really not raising any red flags," he said.

More than a dozen other states are adopting their own tracking laws or considering doing so. One benefit is the cost, which amounts to virtually nothing for cash-strapped state governments.

The pharmaceutical industry has spent several million dollars to fund the tracking systems. For drug makers, that is far cheaper than one alternative — making the medication available only by prescription.

Oregon began requiring a prescription for pseudoephedrine products in 2006. Mississippi became the second state to do so in July, and Missouri's governor is asking lawmakers to follow suit in 2011.

If more states do the same, it could be devastating for makers of cold and sinus pills. The pseudoephedrine market is estimated at more than $550 million annually.

Opponents of prescription laws say they punish mostly law-abiding consumers for the crimes of a relative few.

But many law enforcement officials say it's hard to argue with Oregon's success. The state had 191 meth incidents in 2005, the year before the prescription-only law. By 2009, it had 12.

Missouri led the nation in meth incidents in 2009 for the seventh straight year. The state is in the early stages of electronic tracking, but its meth problem is so bad that more than a dozen communities have passed their own prescription laws.

Boggs, the DEA agent, didn't take a stand on prescription laws, but said the pill brokers are out of control: "They've created this whole other effort for law enforcement."

Related articles

AP IMPACT: Meth flourishes despite tracking laws
The Associated Press - 3 days ago

Discoveries of meth labs reach record highs last year in Tulsa
Tulsa World - 3 days ago

Anti-Meth Laws Didn't Work, Created

HOW TO BEST STOP THE DOMESTIC PRODUCTION OF METHAMPHETAMINE WHILE STILL MAKING PSEUDOEPHEDRINE AVAILABLE

Do we want to STOP THE DOMESTIC PRODUCTION OF METHAMPHETAMINE , or do we want KANSAS LAW ENFORCEMENT OFFICERS TO CHASE SMURFERS AND SEARCH FOR METH LABS?

ELECTRONIC MONITORING (E-Tracking) of Pseudoephedrine (PSE) sales ENCOURAGES smurfing which is the purchase of legal amounts of PSE containing medications which are then transferred to meth cookers for the domestic production of methamphetamine.

Oregon reported 467 meth lab seizures in 2004. Legislation in 2006 REQUIRING A PRESCRIPTION TO PURCHASE PSE CONTAINING PRODUCTS HAS DROPPED METH LAB SEIZURES TO 13 IN 2010, and these labs were cooking PSE obtained out of state.

The 2008 addition of METHCHECK (E-trackling) of PSE sales in KY has been associated with a RISE in meth lab incidents from 722 in 2008, to 814 in 2009, and to 1,080 in 2010. Kentucky Narcotic Officers Association studies reveal that only 10% of these meth labs have been found with the assistance of e-tracking technology. E-tracking DOES NOT WORK!

Mississippi enacted Prescription only PSE sales in 2010 and from July 1 to Dec 31 2010–"68 percent fewer meth labs have been reported; meth arrests are down 62 percent; the number of drug endangered children has fallen 76 percent. Congratulations to the Bureau of Narcotics, the Department of Public Safety, and to you for making the needed legislative changes." so said Mississippi Governor Barbour in his January State of the State address to the MS legislature.

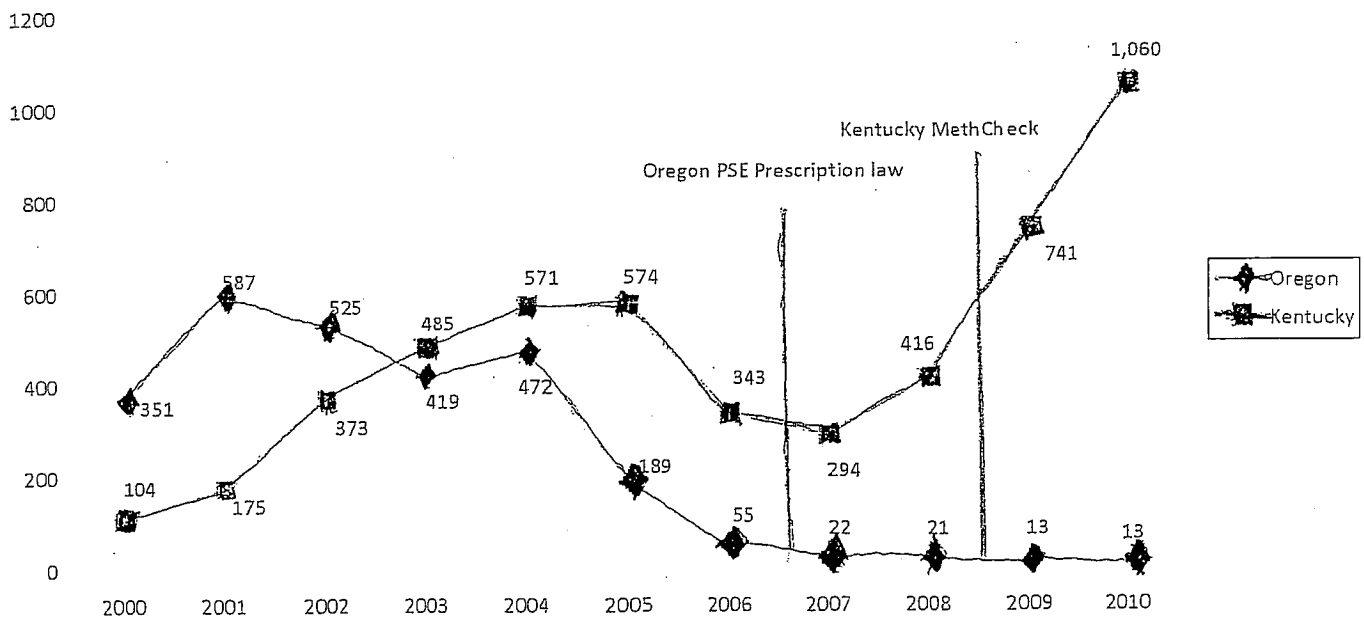
A January 4, 2011 release of the Mississippi Bureau of Narcotics Director Marshall Fisher closes with: "Other states are looking to follow Mississippi's lead and pass the same law. This works, I hope they do." The law is to make pseudoephedrine/ephedrine products schedule III drugs.

The Jan 21, 2011 Position Paper of the National Methamphetamine Pharmaceutical Initiative proclaims: "The NMPI Advisory Board supports "Prescription Only" over the use of tracking databases as the only effective means to eliminate "smurfing" and prevent illicit methamphetamine lab incidents in the United States". NMPI further states:

* Law enforcement wants to eliminate smurfing and prevent meth lab incidents, not chase smurfers
* Law enforcement wants to free up resources to focus on Drug Trafficking Organizations which not only import methamphetamine, but also cocaine, heroine, and marijuana
* "Prescription Only" was the rule prior to 1976, is the only proven tool that keeps legitimate consumer access to PSE while preventing methamphetamine labs, and saves taxpayers millions of dollars in investigative, lab clean up, incarceration, court and social service costs, etc.

- Pseudoephedrine (PSE) is the key ingredient necessary to make the powerful variety of methamphetamine that addicts seek.
- Converting PSE to methamphetamine in a meth lab generates toxic waste, poses great risks of fire and explosion, and creates unacceptable risks to public health and safety, the environment, and drug endangered children.
- In 1976, the federal government let a genie out of the bottle by authorizing PSE to be sold over the counter as a decongestant in some cold and allergy medicines.
- Ever since then, a meth epidemic has spread across the United States, leaving destroyed lives, families, and communities in its wake.
- Congress and state legislatures have tried to stem the tide by controlling PSE through retail sales limits and electronic PSE sales databases, but those efforts have been temporary band-aids, at best.
- Effective July 1, 2006, the State of Oregon returned PSE to a prescription drug, eliminating the diversion of Oregon PSE to make meth. Oregon is no longer a part of the problem.
- Mexico, the source of most of the meth in America, followed Oregon's lead, and then went one step further by banning PSE entirely. Unfortunately, this positive action in Mexico has driven a resurgence in the United States of retail PSE diverted to "user" meth labs across the United States and to "super labs" in California.
- Effective July 1, 2010, the State of Mississippi returned PSE to a prescription drug, eliminating the diversion of Mississippi PSE to make meth, proving the Oregon experience is not unique. Mississippi is no longer a part of the problem.
- Oregon, Mexico, and Mississippi have taken effective action to control PSE and eliminate the diversion of PSE to make meth. The ball is now back in our court.

Our Kansas legislature is urged to pass legislation returning PSE to a prescription drug in order to provide Kansas with the relief experienced in Oregon and Mississippi, and become part of the solution to the meth epidemic that has needlessly destroyed far too many lives, families and communities.



To Whom It May Concern: 14 FEB 2010

We as practicing pharmacists in the state of Kansas support legislation that would make pseudoephedrine available only with a valid doctor's prescription.

1. Cristin Peetoom, RPh
2. Brandon Tarwater, PharmD RpH
3. Ashley Reed, PharmD
4. Garry Warrick R.Ph.
5. Tim Mathes RPH
6. Thomas Lemiance, RPh.
7. Mary Whitlock RPh
8. STEPHANIE K. KRUSE PharmD.
9. Ricky RpH
10. Diana Bonham RPh

This list includes every pharmacist working at the Wellington WalMart and Dillons Pharmacies.

Kansas Methamphetamine Report

Calendar Year 2010

Methamphetamine Recommendation Report

Calendar Year 2010

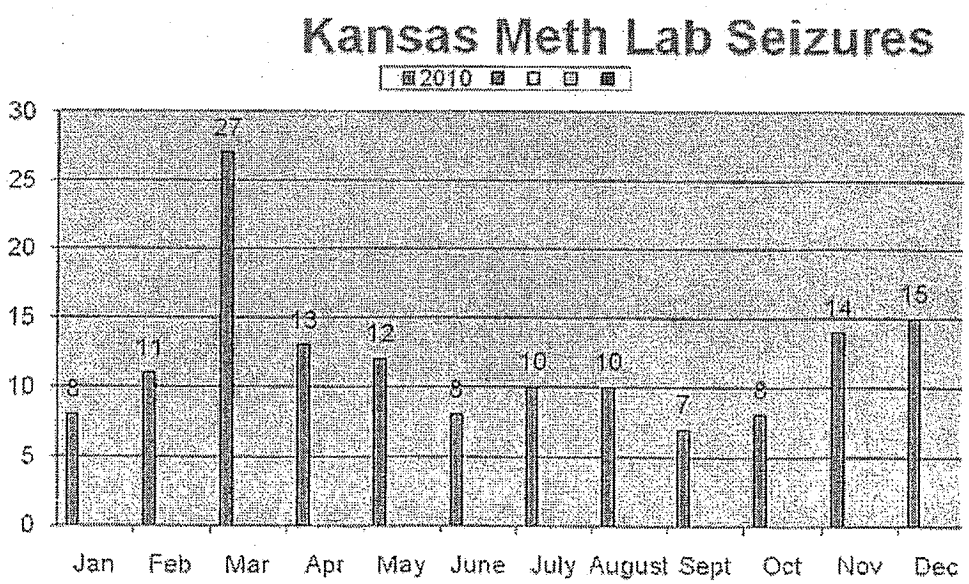
March 2, 2011

(As required by K.S.A. 75-722)

In 2005, the Kansas legislature passed S.B. 27, the Sheriff Matt Samuels Act, to restrict access to the abused precursor chemicals, ephedrine and pseudoephedrine, used to manufacture methamphetamine. Section 4 of the Act, now K.S.A. 75-722, requires the KBI to gather information and consult with local law enforcement agencies regarding trends seen in the manufacture of methamphetamine; and after consulting with the state board of pharmacy, develop recommendations concerning the control of ephedrine and pseudoephedrine. The 2010 report was delayed pending an update by the state board of pharmacy regarding the pseudoephedrine tracking program adopted by statute in 2010.

Meth Labs Seized in Kansas

As noted in the graph below, 2010 Kansas law enforcement efforts resulted in 143 statewide meth lab seizures. This total is relatively consistent with the 2008 and 2009 totals of 149 and 144 meth labs respectively. All three years were significantly higher than the 2007 total of 97 labs.



Meth Precursor Electronic Logs:

The Kansas Board of Pharmacy, under 2009 HB 33, has been statutorily tasked with establishing an electronic precursor log for pharmacies to use in registering the sale of pseudoephedrine, ephedrine or phenylpropanolamine. The information in the log is accessible to local, state, federal law enforcement and prosecutors. It is expected to provide real time data of persons buying excessive amounts or making multiple purchases of the regulated drugs.

In January 2011, the Board of Pharmacy entered into an agreement to use the National Precursor Log Exchange (NPLEx) as the States' electronic precursor monitoring program. In a February 15, 2011 presentation to the Governor's Meth Task Force, the state board of pharmacy acknowledged difficulties in establishing the contract with the company that runs NPLEx. The program is now moving forward and the board of pharmacy has started the process to provide training for pharmacists throughout the state beginning in March. The KBI has agreed to work with the Board of Pharmacy in communicating the availability and managing accessibility of the program by acting as the State Administrator for Kansas law enforcement.

Rural Law Enforcement Meth Initiative (RLEMI)

Due to the ongoing meth crisis, in 2010 Kansas was one of seven states selected to participate in the Rural Law Enforcement Methamphetamine Initiative (RLEMI) in partnership with Strategic Applications International and through support from the Bureau of Justice Assistance, U.S. Department of Justice. The goal of the RLEMI is to focus efforts to reduce the production, distribution, and use of meth in rural states.

Through participation in RLEMI, Kansas:

- hired a State Meth Coordinator, housed at the Kansas Bureau of Investigation;
- convened a state meth action team representing state and local agencies; and
- developed and implemented a comprehensive strategic plan to assist rural law enforcement in addressing methamphetamine.

Key goals of the Kansas strategic plan to combat meth include:

- increasing access to data related to meth, including improving the accuracy of meth seizure and lab data reported by law enforcement;
- securing funding to enhance the efforts of law enforcement, treatment and prevention;
- increasing access to treatment for individuals abusing or dependent on meth by promoting the implementation of drug courts in rural communities;
- increasing public awareness and professional knowledge about meth;
- promoting public policies to reduce meth manufacturing; and
- increasing community capacity to respond to the needs of Drug Endangered Children.

Meth Lab Clean-up costs

On February 22, 2011, the Drug Enforcement Administration (DEA) announced that funding provided by Congress for state and local law enforcement agencies to use for meth lab clean up was exhausted. In 2010, the DEA coordinated the clean-up of 100 meth labs in the state of Kansas totaling approximately $365,000. This will have a serious fiscal impact on every Kansas law enforcement agency that discovers a meth lab in the course of their operations as the resulting clean up cost will fall to the agencies involved.

National Perspective – Scheduling of Pseudoephedrine

There is a growing trend across the country by other states to schedule pseudoephedrine so that it requires a prescription to acquire it. As it is quickly becoming a national issue, attached are a series of documents to provide this national perspective and trend.

Appendix A: "Use of Sales Precursor Tracking Databases Versus 'Prescription Only' as an Effective Means To Prevent Methamphetamine Lab Incidents", Office of the National Drug Control Policy, National Methamphetamine and Pharmaceuticals Initiative, January 21, 2011.

Appendix B: "Mississippi Sets Standard for Combating Meth Labs", Mississippi Department of Public Safety, Bureau of Narcotics, March 2, 2011.

Appendix C: "State of Oregon and State of Mississippi Fact Sheets", Midwest High Intensity Drug Trafficking Area Program, March 1, 2011.

Issues for Consideration:

- The vast majority of all drugs discovered in Kansas are imported from Mexico and Central America. In particular, methamphetamine coming into the United States from Mexico is an increasing problem.
- Law enforcement has seen a trend toward criminals having other individuals purchase pseudoephedrine for them so they can avoid detection in the logs. "Smurfing", as it is referred to, is the practice of a person, or groups of persons, who purchase the legally allowable amount of cold medicine containing pseudoephedrine at one store, and continue with successive purchases at other stores. The "smurfer" benefits generally in one of two ways: 1) an individual(s) will perform the cook and split the meth product with everyone who contributed to the operation; or, 2) It has been determined that persons generally not associated with the manufacture, or even the use of methamphetamine, are now contributing to the epidemic purely for economical reasons.
- Investigations and intelligence have revealed that persons not directly associated with the manufacturing process are being recruited to purchase the pseudoephedrine by the

meth cooks or their associates. These paid "smurfers" will purchase the cold-medicine at retail cost, generally less than $10.00 per box, and in-turn sell the cold medicine to the meth cook. These paid "smurfers" will receive anywhere between $25.00 to upwards of $80.00 per box. Reports also indicate that these "smurfers" are oftentimes not using their own identification, but using multiple identifications.

The KBI will continue to work with law enforcement agencies throughout the state to address the illegal drug problem.

Respectfully Submitted,

Robert E. Blecha
Director

Appendix A

NMPI Advisory Board Position Paper:
"Use of Sales Precursor Tracking Databases versus 'Prescription Only' as an Effective Means to Prevent Methamphetamine Lab Incidents"

NMPI

"A National HIDTA Initiative"

Advisory Board Position Paper

January 21, 2011

USE OF RETAIL SALES PRECURSOR TRACKING DATABASES VERSUS "PRESCRIPTION ONLY" AS AN EFFECTIVE MEANS TO PREVENT METHAMPHETAMINE LAB INCIDENTS

NMPI Advisory Board:

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Drug Enforcement Administration
Deputy Assistant Administrator
Office of Diversion Control

Derek Benner
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Homeland Security Investigations
Immigration Customs Enforcement

Nelson A. Santos
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Office of Forensic Sciences
Drug Enforcement Administration Headquarters

James Dinan
Assoc. Deputy Attorney General
Director – United States Department of Justice
Organized Crime Drug Enforcement Task Force

Tommy Farmer
Director of Tennessee Methamphetamine Task Force
Tennessee Bureau of Investigation

Kent Shaw
Deputy Chief
California Bureau of Narcotics Enforcement

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District Attorney
Lincoln County, Oregon

Nicole (Niki) Crawford
1st Sergeant, Indiana State Police
Methamphetamine Suppression Section

Jason Grellner
Detective Sergeant
Franklin County, MO Narcotics Enforcement Unit

Frances Flener
State Drug Director
Arkansas

This document represents the NMPI Advisory Board position and not necessarily the official position of the member's agencies.

NMPI Advisory Board Mission Statement

The National Methamphetamine and Pharmaceuticals Initiative (NMPI) Advisory Board, composed of federal, state and local law enforcement and prosecutorial agency representatives from throughout the nation, provides oversight and expertise, ensuring a cohesive strategy of federal, state, and local concerns to further the NMPI mission of reducing and eliminating the occurrence of methamphetamine/chemicals/pharmaceutical drug crimes in the United States.

NATIONAL SITUATION

The NMPI was founded on the premise that the availability of methamphetamine is directly related to the availability of the essential precursors to manufacture the drug. Those precursors being utilized by illicit methamphetamine lab operators in the United States are pseudoephedrine (PSE) and ephedrine (EPH).

History has shown that methamphetamine manufacturing can be affected immediately if the source of the precursor is found and eliminated. Methamphetamine cannot be made without a chemical precursor. PSE or EPH are currently essential in the modern manufacturing process.

Law enforcement across the United States is faced with evidence that the primary precursor source for domestic methamphetamine labs is cold and allergy medicine containing PSE sold at retail stores and pharmacies. This is true for the large "super labs" (operated by drug trafficking organizations- DTOs) producing at least 10 lbs. of methamphetamine per cooking cycle or the smaller "user labs" producing less than 2 ounces of methamphetamine per cook.

Law enforcement also recognizes from evidence found at meth lab sites, investigations, and intelligence, that although restricted, cold and allergy medicine is being illegally obtained through the technique known as "smurfing." This is the practice of purchasing the legal allowable amount of products containing PSE at one retail outlet but following up with successive purchases at other stores that in total exceed the daily or monthly legal limit. This can be done by one individual or a group of individuals operating together in one city, multiple cities, multiple counties, or multiple states depending on the sophistication of smurfing in any particular region. Significant amounts of meth precursor can be obtained this way.

The NMPI Advisory Board believes that the level of **"smurfing sophistication"** in any area depends on two distinct factors:

(1) The size of labs operating in the region which dictates the demand for the precursor.
(2) DTOs that are operating smurfing "cells" in the area to collect large amounts of the precursor for use in super labs in the same state or out of state.

Of particular concern to law enforcement (and a detriment to their investigations) is the fact that smurfers are increasingly not utilizing their own identification, but using multiple identification. All of this is done to circumvent the federal Combat Methamphetamine Epidemic Act (or similar state or local laws) which require identification and the signing of purchase logbooks for the purpose of monitoring limits and for law enforcement scrutiny.

The NMPI Advisory Board believes that sufficient evidence now exists to support the conclusion that smurfing is at epidemic proportions across the country with states in various stages of "smurfing sophistication." In some states, such as California and Arizona, smurfing is well organized and has progressed into its own black market industry. Smurfers run in groups along daily routes and sell their

acquired cold medicine at the end of the day to a "collector" or "cell head" overseeing multiple groups. The venture is extremely profitable with boxes of cold and allergy medicine being purchased at about $7.00 a piece and sold for as much as $80 each. Some states do not have large methamphetamine lab seizure numbers (such as Arizona), yet large smurfing organizations exist and the methamphetamine precursor is being shipped out of state to California and Georgia by Drug Trafficking Organizations (DTOs) operating methamphetamine super labs.

USE OF TRACKING DATABASES

Tracking retail sales of products containing PSE with databases populated with information gathered in manual or electronic log books has been conducted in some states across the country for at least the last three years. States such as Oklahoma, Arkansas, Kentucky, Tennessee, Arizona, California and others are using databases as an investigative tool to thwart smurfing.

There are two crucial effectiveness factors to the use of tracking databases:

(1) The information gathered by the database must be timely and accurate.
(2) The database must be able to "block sales" of purchases over the legal amounts to be effective against the diversion of precursors for illegal activity.

Since PSE products are sold by a multitude of vendors, ideally all these stores must also be electronically connected in order to be timely and accurate and in order to block sales over the daily and monthly limits. This is crucial in regards to the information gathering end; however on the receiving end, law enforcement must have the resources to investigate the leads generated by the databases in order to have the opportunity of identifying smurfers, finding methamphetamine labs, or preventing methamphetamine lab incidents.

The NMPI Advisory Board recognizes that methamphetamine lab incident numbers are now on the rise in the U.S., including in states that have been utilizing tracking databases. The NMPI Advisory Board attributes this to "smurfer sophistication" and the ability to adapt and thwart the use of these databases as an effective law enforcement tool. While it is recognized that the use of tracking and blocking was initially effective, today smurfers have taken away the two database effectiveness factors:

(1) The information gathered, while it may be timely, is no longer always accurate. Smurfers are increasingly utilizing fake identification and "corrupting" databases to the point where prosecutors prefer eyewitness accounts and investigation (read law enforcement surveillance) of violations before filing charges or authorizing arrests and/or search warrants. This results in costly man power consuming investigations.

(2) Along with the accuracy factor, the use of fake IDs, as well as a multitude of smurfers working together, severely hampers a systems ability to block over the limit sales as smurfers distribute purchases so as not to initiate the "block." In addition, because of the lucrative profits of smurfing, there have been many cases of employee collusion/corruption to thwart blocked sales and/or aid in the use of fake identification documents.

Additional factor affecting database efficiency: Indications are that a significant amount of the rise in current meth lab incident numbers can be attributed to the now frequent use of the **"one pot method"** to manufacture methamphetamine by smurfers that are users and cooking themselves. These are under two ounce cooks and are conducted in a small cooking vessel (such as a bottle). This is a very quick (although dangerous) effective production method. The NMPI Advisory Board believes that the

proliferation of these small pot or bottle cooks is directly attributable to anti-blocking efforts. This method does not require purchasing precursor containing products in amounts over the legal purchase limit which would trigger a blocked sale. For instance, the purchase of one box of cold or allergy medicine containing PSE would not by itself initiate a block. It can be argued that this technique could only be used once or twice per buyer in a 30 day time frame; however the use of multiple identifications is still an option along with the sheer number of smurfers that are available to make purchases (which would avoid a blocked sale).

More important in regards to preventing methamphetamine labs, it should be noted that because of the portability and ease of the one pot/bottle method, law enforcement has virtually little chance of stopping the manufacturing of meth before it happens. Many used bottles (where methamphetamine has been cooked) are being found strewn along the side of the road where they have been thrown out of a vehicle window after a quick cook following the purchase of the precursor containing product. This also creates environmental/contamination issues, as well as dangerous exposure issues to the public.

PRESCRIPTION ONLY OPTION

In 2005 the State of Oregon passed legislation restricting the sale of products containing PSE (and EPH) to only those individuals who were able to present a valid prescription. The legislation went into effect on July 1, 2006. This effectively limited the amount of vendors who were able to sell these products to pharmacies only, where sales are conducted under the watchful eye of a registered pharmacist. Making PSE "Prescription Only" eliminated smurfing in Oregon as well as their entire methamphetamine lab problem. More importantly, methamphetamine labs have not returned to Oregon while in the rest of the country methamphetamine lab incidents are on the rise. There have been no adverse effects in Oregon because of this action. Shelves are still lined with cold and allergy medicine containing reformulated products for consumers (without PSE).

During the legislative process to enact the Oregon law, the following reasons were cited against prescription only. However, none of the below claims came true in **Oregon:**

1. Public outcry

There have been hardly any complaints, and no public outcry. More than four years have passed since the prescription law went into effect, and there has been no push back or effort to undo or weaken the Oregon legislation.

2. Inconvenience to consumers

The claim was made that consumers would be terribly inconvenienced by having to go to a doctor to get a prescription for pseudoephedrine. The actual experience in Oregon has been that most consumers just purchase over-the-counter alternatives. Those few that still want pseudoephedrine call their physician and get a prescription.

3. Increased work load on pharmacists

The claim was made that increasing work loads dispensing pseudoephedrine by prescription would occur. This did not happen as most consumers simply purchase over-the-counter alternatives. Oregon pharmacists have stated that they actually prefer the simplicity and ease of the Oregon law returning pseudoephedrine to prescription only status.

4. **Increased work load on doctors and emergency rooms**

The claim was made that demands on the healthcare system would dramatically increase as a result of patients going to doctors, particularly emergency rooms, to get pseudoephedrine. This never happened.

5. **Medicaid costs**

The claim was made that Medicaid costs would skyrocket as the result of Medicaid patients getting prescriptions for pseudoephedrine. The actual statewide Oregon impact has been less than $8,000 per year. This dollar figure (along with loss of sales tax revenue) does not compare to the savings in meth lab incident clean-up costs, investigative costs, social service costs, incarceration costs, etc.

6. **Impact on the poor**

The claim was made that there would be an impact on the poor because they could not afford to see a physician. For all of the reasons discussed in items 1 through 5 above, this did not occur in Oregon. The Oregon Criminal Justice Commission has made special inquiries on this issue. Contact with the directors of key service providers confirmed there has not been any negative impact. By way of example, the Director of Northwest Human Services, which operate free clinics and homeless shelters in Salem, Oregon, checked with clinic and shelter managers. The response: "We haven't heard a peep from either the patients or the providers since the change in access to pseudoephedrine. There are so many good alternatives that it isn't an issue."

7. **Cost of pseudoephedrine**

The claim was made that pseudoephedrine prices would increase dramatically. The opposite occurred in Oregon. Pseudoephedrine actually became less expensive due to pharmacies selling generic brands.

Note: Recently, cities and counties in methamphetamine lab plagued **Missouri** have already passed, or are considering passing, ordinances moving products that contain PSE to prescription only. Those cities and counties (22 as of this update) that have enacted ordinances have had dramatic drops in smurfing activity similar to Oregon. In **California**, where meth super labs and organized large scale smurfing exists, there is currently a bill pending in favor of prescription only. Other states with pending bills or moving towards prescription only are Indiana, Kentucky, Nevada, Missouri, and Tennessee.

In February 2010, the State of **Mississippi** passed Prescription Only legislation which became effective July 1, 2010. After six months (January 2011) Mississippi reported an approximate 70% reduction in meth lab incidents with none of the above cited opposition claims occurring. In addition, Mississippi had a 63% drop in meth arrests and the number of related drug endangered children removals fell by 76%.

During prescription only efforts in California, Mississippi, and Missouri, the following additional claims were cited by opponents:

8. PSE move will add to the pharmaceuticals problem

The claim was made that moving PSE to prescription only would add to the already epidemic pharmaceuticals diversion problem. This never happened in Oregon. There has not been one case of prescription PSE diversion in four years of control. This also has not happened in Mississippi. Prescription fraud is dominated by drug users while PSE has to be extracted and made into a usable drug involving many other chemicals in a dangerous process.

9. Allergy clinics

The claim was made that moving PSE to prescription only would cause the rise of "allergy clinics" similar to pain clinics which have been a source of diversion problems. This is simply mere speculation.

10. Mexico

The claim was been made that moving PSE to prescription only would be a wasted effort because meth would continue to be supplied by DTOs bringing in meth from Mexico. The NMPI Advisory Board believes that prescription only is not about stopping meth use but rather about eliminating smurfing and thus domestic meth production. Prescription only would free up our valuable law enforcement resources to work on the DTO's who along with meth bring in other drugs (such as marijuana, cocaine, and heroin) and affect public safety in many other ways.

NATIONAL ORGANIZATIONS IN FAVOR OF PRESCRIPTION ONLY

National Narcotics Officers Association Coalition (NNOAC)
National HIDTA Directors Association
National Alliance for State Drug Enforcement Agencies (NASDEA)
International Association of Chiefs of Police (IACP)

STATE AND LOCAL ORGANIZATIONS IN FAVOR OF PRESCRIPTION ONLY

(CA)
California Attorney General's Office DOJ
California Bureau of Narcotic Enforcement
California Narcotic Officers Association (CNOA)
California Meth and Pharmaceuticals Initiative
(KY)
Appalachia HIDTA Drug Task Forces
Barren-Edmonson County Drug Task Force
Bowling Green Police Department
Bowling Green-Warren County Drug Task Force
Central Kentucky Area Drug Task Force
Greater Louisville Medical Society Public Safety Committee
Jeffersontown Police Department
Kentucky Academy of Family Physicians
Kentucky Association Chiefs of Police
Kentucky Association of Counties
Kentucky Commonwealth Attorney Association
Kentucky Education Association

Kentucky Jailer's Association
Kentucky Medical Association
Kentucky Narcotics Officers' Association
Kentucky State Police
Lake Cumberland Area Drug Task Force
Lexington-Bluegrass Association of Realtors
Louisville Fire Department
Louisville Metro Board of Health
Louisville Metro E.M.S.
Louisville Metro Health Department
Louisville Metro Police
Operation UNITE
Owensboro Police Department
Shively Police Department
South Central Kentucky Drug Task Force
Warren County Sheriff's Office
(MO)
Missouri Narcotics Officers Association
Missouri Prosecutors Association
Missouri Sheriff's Association
Missouri Peace Officers Association
Missouri Police Chiefs Association
Missouri State Troopers Association
(MS)
Mississippi Bureau of Narcotics
(NV)
Nevada District Attorney's Association
Carson City District Attorney's Office
Douglas County District Attorney's Office
Lyon County District Attorney's Office
Nevada Sheriff's and Chief's Association
Carson City Sheriff's Office
Lyon County Sheriff's Office
Carson City Dept. of Alternative Sentencing
Carson City Board of Supervisors
Lyon County Commission
Nevada Medical Association
Nevada Pharmacy Board
(OR)
Oregon State Sheriffs Association
Oregon District Attorneys Association
Oregon Association of Chiefs of Police
Oregon Narcotics Enforcement Association
(Other)
Southeast Meth and Pharmaceuticals Initiative
Southwest Meth and Pharmaceuticals Initiative

IN CONCLUSION

The NMPI Advisory Board recognizes that:

- Law Enforcement agencies do not have the resources to chase smurfers after they have obtained the precursor. There are too many leads to follow.
- Law Enforcement wants to free up resources to focus more on DTOs.
- Law Enforcement does not want to arrest more smurfers or find more methamphetamine labs. Law Enforcement wants to eliminate smurfing and prevent methamphetamine lab incidents.

The NMPI Advisory Board supports "Prescription Only" over the use of tracking databases as the only effective means to eliminate "smurfing" and prevent illicit methamphetamine lab incidents in the United States.

- "Prescription Only" is the only proven tool that keeps legitimate consumer access while preventing methamphetamine labs.
- "Prescription Only" addresses "smurfer sophistication" at all levels in all states.
- "Prescription Only" addresses precursor demand no matter what size methamphetamine labs are being supplied, in the same state or another state.
- "Prescription Only" of PSE, as with any new controlled product, can easily be regulated by new or existing state prescription monitoring programs.
- "Prescription Only" saves taxpayers millions of dollars in investigative costs, lab cleanup costs, incarceration costs, court costs, social services costs, etc.
- "Prescription Only" was the rule for PSE/EPH prior to 1976.

Questions or requests for additional information can be directed to:

Tony Loya
NMPI Director
loyat@nmci.hidta.org

Appendix B

Mississippi Department of Public Safety, Bureau of Narcotics: "Mississippi Sets Standard for Combating Meth Labs"

STATE OF MISSISSIPPI
HALEY BARBOUR, GOVERNOR
DEPARTMENT OF PUBLIC SAFETY
STEVE SIMPSON, COMMISSIONER
BUREAU OF NARCOTICS
MARSHALL FISHER, DIRECTOR

Tuesday, January 4, 2011

FOR IMMEDIATE RELEASE
Contact: Delores Sims Lewis, 601-371-3691 or 601-573-1375

6-month-old law to combat methamphetamine production lauded

After just six months, a new law requiring a prescription for cold and sinus medicine containing pseudoephedrine has proved to be an effective deterrent to methamphetamine production in Mississippi.

"We averaged three or four labs a month in the three years I have served as sheriff. Since July 1, 2010, we have only had five labs," said Jones County Sheriff Alex Hodge. "We are grateful to the Legislature for passing this."

Harrison County, with 109 meth labs from July to December 2009, had the most of any county. From July to December 2010, Harrison County had only 13 meth labs.

"We are down easily 80 percent to 85 percent in meth-related arrests," said Harrison County Sheriff Melvin Brisolara.

The head of the Mississippi Bureau of Narcotics, who led the push for the legislation, agrees.

"Something had to be done. At every level — law enforcement, courts, human services — our resources were maxing out, but the problem was not getting any better," said MBN Director Marshall Fisher.

The new law replaced an outdated tracking law that required a buyer to show identification. "It slowed down meth production for awhile, but violators found ways to skirt it," Director Fisher said.

By requiring a prescription, the new law aims to regulate pseudoephedrine, the key ingredient used to produce meth in Mississippi. And statistics show it is working.

-more-

STATE OF MISSISSIPPI
HALEY BARBOUR, GOVERNOR
DEPARTMENT OF PUBLIC SAFETY
STEVE SIMPSON, COMMISSIONER
BUREAU OF NARCOTICS
MARSHALL FISHER, DIRECTOR

"Early results show a nearly 70 percent reduction in meth-related cases statewide. Now when we find pseudoephedrine at meth labs, it was purchased in surrounding states," explained Director Fisher.

Figures from the MBN indicate officers worked 124 meth labs from July to December 2010, a 68 percent reduction from the 389 meth labs they worked from July to December 2009.

Officials removed 19 children from meth lab sites July to December 2010, a 76 percent reduction from the 80 children removed from meth lab sites July to December 2009.

"Other states are looking to follow Mississippi's lead and pass the same law. This works; I hope they do," Director Fisher said.

###

Appendix C

Midwest High Intensity Drug Trafficking Area Program: "State of Oregon and State of Mississippi Fact Sheets"

Methamphetamine - Oregon Fact Sheet

- In 2005, Oregon shifted away from drug polices based on fear and reaction, and moved toward drug polices based on science in the areas of Prevention, Enforcement, and Treatment.
  http://www.oregondec.org/OMTF-ClosingMemo.pdf

- Included within Prevention is effective control of the key meth precursor, pseudo/ephedrine (PSE). Effective July 1, 2006, Oregon returned PSE to a prescription drug, as it was prior to 1976.
  http://www.leg.state.or.us/05reg/measpdf/hb2400.dir/hb2485.en.pdf

- Mexico followed Oregon's lead, and then banned PSE entirely. The result is that meth from Mexico is pure, cheap, and plentiful, but weak. The potency of meth from Mexico is down substantially.
  http://www.oregondec.org/MPP-UpdatedInfo.pdf

- Oregon has experienced the following:
  - 100% reduction (elimination) of PSE smurfing, and 96% reduction in meth labs incidents.
    http://www.oregondec.org/OregonMethLabTrends.pdf
    http://www.oregondec.org/OregonMethLabStats.pdf
  - 32% reduction in meth arrests.
    http://www.oregon.gov/CJC/SAC.html
  - 33% reduction in meth treatment admissions.
    http://www.oregon.gov/DHS/mentalhealth/data/main.shtml
    http://www.oregondec.org/OrTxAdmits-2004-2009.pdf
  - 35% reduction in meth-related emergency room visits.
    http://www.rdmag.com/News/Feeds/2010/06/policy-ohsu-emergency-department-reports-fewer-meth-relat/
    http://www.oregonlive.com/health/index.ssf/2010/06/decongestant_ban_cut_ohsus_met.html

- Oregon crime rates:
  - 78% of property crimes are committed by addicts stealing to pay for their addiction.
    http://www.doj.state.or.us/about/pdf/annual_report_2009.pdf
  - In 2008, Oregon experienced the largest decrease in crime rates in our nation.
    http://www.oregonlive.com/news/index.ssf/2009/09/oregon_leads_the_nation_in_vio.html
    http://www.oregondec.org/Oregonian.pdf
  - By 2009, Oregon crime rates were at a 50-year low.
    http://www.leg.state.or.us/press_releases/sdo_052410_III.html
    http://www.dailyemerald.com/news/director-attributes-low-crime-rates-to-meth-laws-1.1488619

Food for thought side note:

PSE imports into the United States are up substantially.
US estimates under the 1988 UN Convention:

- 2005 (before the CMEA): Just over 382,000 kilograms.
- 2010 (after the CMEA): Just over 650,000 kilograms.
  http://www.incb.org/

Updated March 1, 2011

For more information, visit http://www.oregondec.org/pse.htm

Methamphetamine - Mississippi Fact Sheet

- Effective July 1, 2010, Mississippi returned pseudo/ephedrine (PSE) to a prescription drug, as it was prior to 1976.
  http://billstatus.ls.state.ms.us/documents/2010/pdf/HB/0500-0599/HB0512SG.pdf

- Since that time, Mississippi has already experienced the following:
  - 68% reduction in meth labs incidents.
    http://www.clarionledger.com/assets/pdf/D0168870111.PDF
  - 62% reduction in meth arrests.
    http://www.clarionledger.com/assets/pdf/D0168870111.PDF
  - 76% reduction in children removed from meth lab sites.
    http://www.oregondec.org/2011-01-04-MBN-NewsRelease.pdf
  - A nearly 70% reduction in meth-related cases.
    http://www.oregondec.org/2011-01-04-MBN-NewsRelease.pdf

- Excerpt from the final state-of-the-state address to the Mississippi legislature by Mississippi Governor Haley Barbour, delivered on January 11, 2011:

  "In law enforcement, we have fought the scourge of illegal narcotics with a vengeance. In 2005 you passed laws to reduce the production and use of crystal methamphetamine. When the criminals learned how to get around those laws, you made the necessary changes, and they are working. In the first six months of this fiscal year - July 1 to December 31, 2010 - 68 percent fewer meth labs have been reported; meth arrests are down 62 percent; the number of drug endangered children has fallen 76 percent. Congratulations to the Bureau of Narcotics, the Department of Public Safety, and to you for making the needed legislative changes."
  http://www.clarionledger.com/assets/pdf/D0168870111.PDF

Updated March 1, 2011

For more information, visit http://www.oregondec.org/pse.htm

STATE OF KANSAS

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TOPEKA

SENATE CHAMBER

COMMITTEE ASSIGNMENTS
AGRICULTURE
EDUCATION
FEDERAL AND STATE AFFAIRS
NATURAL RESOURCES

E-mail: sabrams@hit.net

March 3, 2011

Chairman Reitz:

Meth is a terrible problem. People take meth to get "high" and consequently, these individuals like the feeling that meth produces in them. Like many other illegal drugs, it is addictive, but unlike other illegal drugs, meth can be addictive after only one use.

Meth is relatively easy to produce. Part of the ease in making meth is the widespread availability of the input products. The main input products used in the production of meth are the pseudoephedrine and ephedrine (PSE) over the counter products. These products are widely used and provide relief for people with sinus conditions. They also are relatively inexpensive to purchase. This is why it is such a great challenge to controlling the production of meth and why I support making the PSE products by prescription only.

There is a downside, however, to this solution. A law-abiding citizen with a stuffy nose will need to obtain a prescription from a physician in order to obtain Sudafed. This downside, however, when weighed against the destruction of methamphetamine addiction, is a small price to pay. Since most people have a doctor-patient relationship with their physicians, their doctors will "phone in" a script for the Sudafed. Further, with the proper doctor-patient relationship, many physicians will allow a certain number of refills on the same script.

Obviously that isn't as convenient as just dropping by to get a box of Sudafed, but at the same time, it helps ameliorate the problem of meth production.

As a further benefit, by stopping an individual from purchasing dozens of boxes of sudafed within a 24 hour time period, the subsequent production of meth will be prevented, and hopefully, the addictive behavior of new users will be prevented.

Mr. Chairman, I urge you to pass out favorably SB131.

Sincerely,

Steve E. Abrams,
Senator, District 32

Senate Local Government
3-7-2011

Attachment 7

KPhA
Kansas Pharmacists Association

Committee on Local Government
Written Testimony on SB 131 by the
Kansas Pharmacists Association
Submitted by Mike Larkin
Executive Director

March 7, 2011

Dear Chairman Reitz and Members of the Committee:

The Kansas Pharmacists Association (KPhA) is a state professional society of pharmacists, united for, and dedicated to, the advancement and promotion of quality public health in Kansas. KPhA is the only state-wide association that represents Kansas pharmacists within all practice settings.

KPhA supports SB 131 as it is written. The pharmacy community has been discussing the PSE issue for several years now. As a healthcare profession, pharmacists fully understand the impact that pseudoephedrine has had on the debate over access to medication, whether it be by law abiding citizens or those who wish to use the product in a unlawful manner. It is true that pseudoephedrine will not cure any illness, but neither will many of the over-the-counter or prescription products that pharmacists dispense. Some products that pharmacists dispense only serve to alleviate symptoms as the patient suffers through their illness.

KPhA was fortunate to provide pharmacists to serve on the Governor's task force created for the Kansas Board of Pharmacy committee to determine what to do about the status of pseudoephedrine. That committee came to the conclusion in 2009 that restricted and tracked access to pseudoephedrine would be best for public safety, law enforcement, and continued access of this product by law abiding citizens.

KPhA supports strengthening the restriction to pseudoephedrine from the current over-the-counter tracking system that is now in place by making it prescription only. The current system has only produced varying degrees of success in Kansas. By making it prescription only, pseudoephedrine would be monitored in the new Kansas prescription monitoring program

called K-TRACS. Further, it would continue to allow access to a product that for decades has produced relief of symptoms that can be debilitating to patients every day.

Scheduling of pseudoephedrine would increase the steps necessary to obtain this drug. Currently, patients go to the pharmacy, sign for the drug, and if all other prerequisites are met (e.g. proper identification is available and legal limits have not been exceeded) the patient is provided the drug. As a scheduled drug, patients would first have to obtain a prescription from the physician. The physician would need to see the patient to ensure that the request was legitimate. The patient would then have to take this prescription to the pharmacy for fulfillment.

A potential solution to this process that the legislature may wish to consider is limited prescription authority by pharmacists. These highly trained professionals would be able to streamline the process in order to maintain access for law abiding citizens and yet allow the tracking through the K-TRACS program should pseudoephedrine become a scheduled drug. Pharmacists are keenly aware of the symptoms necessitating the use of pseudoephedrine. In most cases, patients in need of pseudoephedrine would be able to see their pharmacist without an appointment, as needed.

However this committee and the Kansas Legislature decide to move on this issue, be assured that KPhA will continue to work with our colleagues in medicine and law enforcement to bring forth our strengths and experiences for the betterment our patients.

Thank you for allowing KPhA to provide testimony today.

Belle Plaine High School

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English

Natalie Turner
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FACS

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Shari Brown
IRC

Traci Nugen
IRC

Abbie Davis
IRC

David Martin
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Karen Wiseman
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Chris Roderick
Science

Larry Marks
Social Science

Debra Rhodes
Social Science

Lindsay Hall
Social Science

Danelle Curtis
Spanish

Matthew Nutter
Vocal Music

Benjamin Rees
Vocational

February 24, 2011

Attention Lawmakers:

We are writing this letter to you in support of Senate Bill #131 which restricts the sale of products containing pseudophedrine. Because we are educators, we work with students every day in our community and see the effects of drug usage on the lives of our parents and children. We deal with the devastation of families and witness first hand the toll drug usage takes on the lives of our students and their education. We would like to ask you to please support the availability of pseudophedrine by prescription only. If this restriction helps one child's family to not have to deal with the addiction of meth, it will have been well worth it.

We are confident that you will hear our concern and vote in support of Senate Bill #131.

Sincerely,

Allison Stewart, Counselor
Brett Mohr, Asst. Principal
[illegible], Principal
[illegible], teacher
Karen Wiseman, teacher
Danielle D. Curtis, teacher
Hailey Poss, teacher
Lindsay Hall, teacher
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Matt Nutter, Teacher
Larry E. Marks, teacher
Chris Roderick, teacher
Stephanie Scott, LPN
Barbara Callanan, secretary
Candice M Anderson - School psychologist
Rigaile Lawless, RN

"Home of the Dragons"

Senate Local Government
3-7-2011
Attachment 9