



To whom it may concern,

I am Jason Grellner, Past-President of the Missouri Narcotics Officers Association, and twelve year veteran of narcotics investigations. During my career I have investigated over 900 meth labs and my state has seen nearly 15,000 lab incidents. I have worked on state and federal legislation since 2001 regarding the regulation and control of products containing ephedrine and pseudoephedrine. Each and every time I and others have attempted to regulate these chemicals we have faced unrelenting opposition from the Consumer Healthcare Products Association (CHPA), and other pharmaceutical industry companies. They say that they understand the devastating effects of methamphetamine labs but that patient access to pseudoephedrine products outweighs any damage caused by the misuse of their chemical. I would like you to remember one thing, patient access equals profit to these companies and they have made millions off of the pain and suffering of meth labs. From their own testimony, in Missouri alone last year they made 9.5 million dollars without any reports from Wal-Mart, Missouri's largest retailer. Missouri's population is only 2.1% of the nation's population

The officers and agents who are asking for your support in regulating pseudoephedrine have nothing to gain. They took an oath to protect and serve, and that is what they are trying to do. These brave men and women won't be promoted; they won't receive bonuses or dividends if pseudoephedrine is made a prescription. They have no reason to lie and nothing to gain by asking for your support except for greater protection of your citizens.

I am aware that CHPA strongly supports electronic monitoring of pseudoephedrine sales. I was appointed by the Office of National Drug Control Policy to the National Alliance of Model State Drug Laws, Precursor Drug Tracking Advisory Committee in 2006. We studied every aspect of electronic monitoring for 18 months. These meetings included law enforcement, software industry representatives, and regulatory boards. By the end we delivered three recommendations to legislators. The final recommendation was that if a state wanted the best and most economical control for meth labs they should follow the example of Oregon and make pseudoephedrine a prescription drug.

In Missouri we currently have a trial electronic database running in parts of four counties in the greater St. Louis area. This program has been in place for almost 18 months now and has no effect on meth labs in our area. In fact meth labs have increased during this pilot program. Arrests have also increased; we have arrested, indicted and jailed more people for purchasing pseudoephedrine intending its use for the manufacture of methamphetamine than ever before. These arrests have had no effect on meth lab numbers but have cost millions of dollars in prosecution and incarceration. We have also seen a dramatic increase in the black market price of cold tablets sold to lab operators. Currently in the St. Louis area, a box of cold tablets, no matter the count or milligram strength, sells for \$50 per box on the black market. This has caused enormous problems as more and more individuals begin to be involved in this criminal activity for profit. We routinely arrest cocaine addicts, crack addicts, heroin addicts and others involved in illegal narcotics, buying cold tablets to sell to lab operators for profit. They then use these profits to purchase their drug of choice. We have also seen the emergence of an entirely new criminal enterprise identified as a pill broker. These individuals collect thousands of cold tablets, from numerous pill shoppers and then broker them to lab operators.

In our county we find it hard to even purchase methamphetamine because lab operators are more interested in collecting pills for meth than money. One box of pills is worth a half of a gram of meth. This has led addicts to involve more relatives and friends to become involved in their narcotics crimes. In one case in our county an addict and her addicted boyfriend took her 17 year old daughter and boyfriend out pill shopping. When officers from my command stopped the vehicle the mother asked the daughter to vaginally insert the pills for concealment from the police. Two hours later the daughter began hemorrhaging in the county jail and was rushed to a local hospital that surgically removed the pills. This is just one of many illustrations showing the lengths that people will go to circumvent electronic monitoring. With a black market profit margin of 500% we see more and more people becoming involved in these narcotics crimes. In neighboring Kentucky black market prices for cold tablets containing pseudoephedrine have soared to \$75 per box. Kentucky has the best electronic monitoring system money can buy, costing them nearly \$1.5 million dollars over the last 18 months. Yet Kentucky saw a 47% increase in labs in 2008 and continues to see increases today. Six other states have electronic monitoring systems in place, and all of them went up in the number of meth labs they had in 2008 over 2007.

The truth of the matter is this, if pseudoephedrine is available without a prescription, it will be diverted and converted into methamphetamine. This is why Mexico and seven other South American countries have banned pseudoephedrine from even being imported into their countries. As legislators you have to ask, what is the motivation of each of the parties in this discussion, and what do we want this legislation to do. I again remind you that law enforcement has nothing to gain from this legislation except better protection of your citizens, children and environment. The pharmaceutical industry and CHPA stand to lose between \$750 million and a billion dollars a year. Always remember that access equals profit. That is why they can offer to pay for an electronic data base to track their product. Who pays the rest of the costs though, for law enforcement,

prosecution, public defense, incarceration, lost wages, healthcare, foster care, environmental cleanup, and rehabilitation? If it is the intent of this legislation to bring an end to meth labs in your state, then the most cost effective and direct route to do that is by making pseudoephedrine a prescription drug. Clandestine methamphetamine labs are a disease, which is killing this country; the cure is to regulate pseudoephedrine not to track it. Tracking only benefits those making a profit off this drug. Prescriptions allow those who need this drug for legitimate purposes to still have access; and denies those who would divert it into the most addictive drug we know.

Thank you for your attention to this matter.

Respectfully,

Det. Sgt. Jason J. Grellner
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Past President Missouri Narcotics Officers Association