



**KENTUCKY NARCOTIC
OFFICERS' ASSOCIATION**

Stanley W. Salyards
President

Louisville Metro Police Department

Thomas M. Loving
Executive Director

*Bowling Green – Warren County
Drug Task Force*

David Keller
Immediate Past President
Appalachia HIDTA

Victor L. Brown
1st Vice President
Kentucky State Police
Appalachia HIDTA

Bryan W. Smoot
2nd Vice President
Lexington Division of Police

Deron Berthold
Treasurer
Kentucky State Police
West Drug Enforcement Branch

Mike Brackett
Secretary
Jefferson County Sheriff's Office

Jeff Scruggs
Sergeant at Arms
Barren – Edmonson County
Drug Task Force

Marie Allen
Executive Board Member
Kentucky Alcoholic Beverage Control

Richard Badaracco
Executive Board Member
Drug Enforcement Administration, Retired

Mark Burden
Executive Board Member
Kentucky State Police

Robbie Clark
Executive Board Member
Lake Cumberland Area Drug Task Force

Jennifer Carpenter
Executive Board Member
Office of the Attorney General

Dan Smoot
Executive Board Member
Operation UNITE



Kentucky Narcotics Officers' Association

Position Statement

January 14, 2010

On December 7, 2009, the Kentucky Narcotics Officers Association (KNOA), representing over 300 narcotics officers throughout Kentucky, voted unanimously to approve and support the designation of pseudoephedrine as a scheduled (prescription) drug. The membership believes this action is the most effective means to combat increasing clandestine methamphetamine laboratories (meth labs).

During 2009 in Kentucky, 716 methamphetamine labs were discovered and eliminated. 146 of these labs were discovered and eliminated in Jefferson County by the Louisville Metro Police. Louisville Metro has had one meth lab related death in 2009 as well as one the previous year. A 22 month-old child also died during 2009 after drinking acid in a meth lab in Southeastern Kentucky.

The number of meth lab seizures in Kentucky peaked in 2004. In June 2005 a state law was enacted which required pseudoephedrine be sold in a licensed pharmacy, photo identification with the sale, and the recording of the sale on pseudoephedrine log. This log was subject to inspection by law enforcement. Following implementation of this state law, the number of clan labs decreased from 589 in 2005 to 328 in 2006, a decrease of 44% in all Kentucky counties except Jefferson County. Throughout 2006 and until the second half of 2007 the numbers of clan labs reported on a monthly basis continued to decrease in every county except Jefferson.

In the second half of 2007, the number of meth lab seizures increased to 302 labs. These increases continued throughout the year of 2008. In June 2008, in another attempt to curb the meth labs, the Kentucky legislature enacted a law requiring pharmacies to record pseudoephedrine purchases in a computerized database. The computerized system, known as MethCheck, was available to law enforcement. In its first year of operation, June 2008 through May 2009, MethCheck blocked 18,000 sales of pseudoephedrine. However, the MethCheck system apparently had little impact on the number of labs in Kentucky.

Kentucky's numbers had increased to 428 lab seizures during calendar year 2008, from 302 in 2007, a percentage increase of 41%. The criminal meth manufacturers developed a method to circumvent the law by paying individuals to purchase the maximum amount of pseudoephedrine every 30 days. This is referred to as smurfing. Our opponents say smurfing will continue through physician visits. We contend that it will be much more effective to police a few physicians than thousands and thousands of smurfing individuals.

Until 1976, pseudoephedrine was a prescription drug in the United States. Oregon was the first state to reclassify pseudoephedrine as a scheduled (prescription) drug in 2006. Oregon meth lab seizures have continued to decrease since the scheduling. In 2004, the Oregon meth lab seizures were 472. In 2005, after restriction of sales, the number dropped to 189. In 2006, following scheduling of pseudoephedrine by Oregon the number of meth labs seizures dropped to 55. Unlike other states, this rate of decrease has continued and in 2009, there were only 10 meth labs seized. (information obtained from DEA). In two states, Kentucky, which implemented the MethCheck Program and Oklahoma, which also implemented electronic reporting the number of meth labs, has increased. Kentucky spent over **\$1,617,634** during 2009 in meth lab clean up. This money could have been used in other needed areas if pseudoephedrine was a scheduled (prescription) drug.

Appalachia High Intensity Drug Trafficking Area (HIDTA) Drug Task Forces have seen a 380% increase of children found in meth labs this year. These task forces span the state from Bowling Green to Pikeville.

The scheduling of pseudoephedrine has not caused medical expense to soar in Oregon as advocates for the drug manufacturers would have you believe. Walk in any pharmacy in Kentucky and go to the cold and flu aisle. You will find many medications to relief the same symptoms as pseudoephedrine products. Also, remember there is no cure for the common cold and pseudoephedrine does not cure any medical condition.

If you are tired of meth labs in your community, tired of children being exposed to toxic chemicals, and tired of spending millions of dollars of tax money to clean up meth labs; pick up your phone and let your elected officials know that you want to join us in making pseudoephedrine a scheduled (prescription) drug.

Stanley Salyards

President 2010

David Keller

President 2009

Thomas M. Loving

Executive Director