

## The Truth about Pseudoephedrine and Methamphetamine Labs

There has been a lot written lately about Pseudoephedrine HCl (PSE) and its link to the illegal manufacture of methamphetamine. Several letters to the editor and blogs have criticized the new legislation curbing the sale of over the counter (OTC) cold medications containing PSE, in Missouri. We have held numerous town hall and city council meetings discussing the issue in an attempt to disseminate the truth about this devastating problem. The main unwavering fact is that PSE is the essential ingredient needed in the manufacture of D-Methamphetamine. (*Ephedrine alone can also be used to manufacture d-methamphetamine and requires a prescription under the current ordinances. Ephedrine is not found in any OTC cold remedies.*) All other chemicals used in the making of d-methamphetamine (the cook) can be substituted, except for PSE. By controlling PSE, you control the entire manufacturing process. By controlling PSE, you do not need to restrict the sale of any other ingredient. By controlling PSE, people can buy as much camp fuel, anhydrous ammonia, and strong acids as they want and criminals will not be able to make d-methamphetamine.

The difference between PSE and D-Methamphetamine is one oxygen atom. By removing that one oxygen atom you convert a nasal decongestant into the most addictive drug currently known, d-methamphetamine. When people say, "they will just find something else to make it out of", they are wrong. There isn't anything else. PSE is not the cure for cancer, it is not the cure for any known disease and it doesn't cure the common cold. The only thing the FDA approved PSE for is the treatment of sinus congestion for 4 to 12 hours per product directions. Pseudoephedrine does this by decreasing inflammation in the sinus cavities and ear canal according to research. The FDA recommends that individuals discontinue use of these medications if symptoms persist longer than five to seven days. This warning also advises consultation with a physician prior to any further use. PSE treats a symptom for a very short period of time, while methamphetamine labs have devastated our communities, the state, and our

nation for over a decade. Ask yourself this, if we could convert an OTC product into heroin or cocaine would we allow it to be sold?

When people talk about their rights, I believe there are several other rights we need to keep in mind and the history of PSE comes into play. Until 1976, PSE was only available by prescription. Requiring a prescription for PSE is nothing new, it is merely returning it to its' former status. In 1976, the Drug Enforcement Administration (DEA) warned the Food & Drug Administration (FDA) of the possibility of methamphetamine labs if PSE became an over the counter (OTC) product. By 1993, labs were being discovered all over Missouri, the Midwest, and the Western United States. The manufacture of methamphetamine infringes on so many individual rights it would be hard to list them all. I think the most important right to keep in mind is the right of a child to grow up in a safe home. 1100 children were located dead, injured or living in a methamphetamine lab in 2007. At times here in Franklin County, the Division of Family Services (DFS) has run out of foster families to place these children with. Who wouldn't walk around with a stuffy nose if it meant saving the life of a child? Other rights to consider are:

- The right of farmers not to have to worry about people coming onto their property to steal anhydrous ammonia from nurse tanks and poisoning their families.
- The rights of fishers and hunters to not find methamphetamine labs and hazardous waste on their hunting grounds and in their lakes and streams.
- The rights of campers and hikers not to confront these same issues in state and national parks.
- The rights of property owners to not have hazardous materials dumped on their properties.
- The right to purchase a new home and not wonder whether methamphetamine was ever manufactured there and whether this will cause health problems for your family.

- The right to sleep soundly without the fear that your neighbor's apartment will catch fire from a methamphetamine lab or explode and kill you in your sleep.

The latter happened in Linn, Mo., in November 2009 to a 20 year old college student at Linn Tech. He was killed after his neighbors started a fire while cooking down cold tablets in their apartment. They fled without warning any other residents; the boy died of smoke inhalation before he could escape.

People argue that this legislation will cost consumers and add to health care costs. This is wrong there have been no increases in areas where this law already exists. The cost of methamphetamine to tax payers has, however, been quantified. In a 2007 RAND study, it was estimated that conservatively, methamphetamine had cost US taxpayers \$23.4 billion dollars. An Oklahoma study done in 2004 found that, on average, a methamphetamine lab investigation, ending in a conviction, cost the state approximately \$350,000 each. This cost includes investigation, lab analysis, site cleanup, prosecution, defense, court costs, incarceration, rehabilitation, child care costs, mental health cost, healthcare costs, lost wages, and numerous other societal effects. Meanwhile, pharmaceutical companies made \$9.5 million dollars last year (2008) selling 980,000 boxes of cold tablets in Missouri without any sales records from Wal-Mart. (*Wal-Mart is one of the largest retailers in the state and the nation.*) The Consumer Healthcare Products Association (CHPA) reported that pharmaceutical companies made over \$500,000,000 last year without Wal-Mart's sales data. These profits make it easy to understand why the industry is willing to pay as much as \$800,000 in Missouri for an electronic tracking program which will not have any impact on climbing clandestine methamphetamine lab numbers. They are also willing to pay for systems in Kansas and California.

We have known all along that an overwhelming amount of PSE cold tablets were being purchased to manufacture methamphetamine. While reviewing the sales data and speaking with pharmacists the big question was, are people using alternate medications as a substitute for PSE. In the 90 days prior to the ordinance, over 4,300 boxes of cold tablets were sold in Washington. If a large percentage of these sales had

been for legitimate use you would expect to see a spike in sales of other cold remedies at the same time. This was not the case, pharmacists admitted observing the huge decline in PSE sales but have not seen a greater than normal increase in other treatments for this time of year.

The city of Washington has a population of 13,500, 4,300 boxes of PSE are enough for 1 in every 3 residents. The ratio becomes even higher if you take into account the fact the use of PSE for children under the age of six is not allowed, and it is not recommended for children under 12, according to pediatric medical studies and the FDA. So the statement that you will have to take your children to the emergency room in the middle of the night is fear mongering. What about those who weren't ill during that time period? What of those who cannot take the medication for medical reasons? Who got those boxes? Further review of sales data after the ordinance went into effect, showed only 268 boxes of PSE were sold to individuals who truly needed it. Most, if not all of these individuals, were able to do so without a co pay or office visit as pharmacists and doctors worked together to make sure honest citizens who needed PSE received it legally. Pharmacists appreciated the chance to work with doctors to make sure the patients who needed this product for legitimate use were able to have affordable access. These citizens saw no rise in PSE costs, and actually paid less because there is no sales tax on prescriptions. Lastly, PSE is already on the formulary for Missouri Medicaid, and many of the uninsured will still have access. This access only caused an increase of \$7000 a year in the state of Oregon, Medicaid program.

These numbers were easy to tabulate from store records. In each of the pharmacies I visited, they only carried about a dozen or so products that contain PSE. Hundreds of other cold, flu and allergy medications are still hanging on pharmacy walls and shelves for OTC purchase. Every pharmacist I spoke with was appreciative of the ordinance and those outside of Washington and Union area wished they had this ordinance. Pharmacists care about the people and communities they treat and dislike selling PSE to people they suspect will convert it into methamphetamine.

In reference to an electronic program to track PSE sales, the Franklin County Narcotics Enforcement Unit (FCNEU) has been doing that since 2005. We first started with our own in-house excel spreadsheets, and over the last 2 years the FCNEU, has paid for every pharmacy in the county to be linked with pharmacies in St. Louis, St. Charles and Jefferson counties. Pharmacies who wished not to participate or whose company policy would not allow it were entered into the system by an intelligence specialist at the FCNEU. This data base is nothing more than a tool to locate people who buy PSE for methamphetamine labs (Smurfers), after the fact. By the time we analyze thousands of PSE sales, find buying patterns, and link individuals together the pills have already been converted into methamphetamine. The current price of a box of cold tablets containing PSE on the black market in Eastern Missouri is \$50 a box. We have individuals who are using heroin, cocaine and other drugs that are buying cold tablets to sell to meth lab operators, so they can go buy their drug of choice. We also have individuals taking their children, relatives, and loved ones with them to shop for cold tablets, thereby introducing people who may not normally be involved in crime to the world of illegal narcotics.

Two states, Kentucky and Oklahoma have invested as much as \$2 million dollars of taxpayer dollars in intricate stop sale systems which only allow individuals to buy the legal amount of PSE per day and per month. These systems track PSE sales in real time and record purchaser information which is sent out to all pharmacies in the state at the moment of purchase. The ACLU says these systems are a true infringement on your rights because they hold your personal information for review by law enforcement and the government. The ACLU even has a web campaign dedicated to denouncing the electronic storage of personal information, it is:

<http://aclu.org/pizzaimages/screen.swf>. In both Kentucky and Oklahoma, the number of meth labs located has risen exponentially over the last 2 years. In Kentucky meth lab incidents went up 47% in 2008 and are expected to rise even higher this year. A box of cold tablets sells for \$75 dollars a box in Kentucky on the black market. In Oklahoma this year, they will experience a 300% rise in labs by December. Oklahoma has had an electronic tracking system since 2004. Electronic tracking systems are investigative

tools. They do not prevent meth labs or their devastating effects. Electronic data bases will have investigators chasing Smurfers, while pharmaceutical companies continue to reap their profits.

Crime and punishment always make their way into these discussions, as they should. People tend to shout, lock them up and throw away the key, but that is not the economical solution. The Missouri Department of Corrections (DOC) just released numbers showing Missouri is currently holding 30,720 inmates, 280 beds from full capacity. There is literally “no room at the inn”. Building more prisons and rehabilitation beds will cost millions more in tax money to construct and operate. It may need to be done, but who, right now, would like to see a tax increase and which community would like a new prison in their backyard? As mentioned above, incarceration and rehabilitation costs millions of tax payer dollars. Control of PSE and prevention of methamphetamine labs will actually save state dollars, at a time when the Missouri budget desperately needs it. Preventing crime is always more cost and resource effective than cleaning up afterwards.

The concept of returning PSE to prescription is not a new one. The state of Oregon passed a statewide prescription bill in 2005. At that time they had over 400 methamphetamine lab incidents in their state yearly. By the end of 2007, that number had dropped to 20. Of those twenty, eighteen were dump labs that appeared to be over a year old. In 2008, Oregon showed the greatest drop in all crime categories than any other state in the union. They attribute this drop in part to the near complete removal of methamphetamine labs from their communities. For 2009 Oregon only has 10 methamphetamine lab incidents for its entire state.

Some in our area have stated that criminals will go to some local doctor and illegally receive prescriptions for PSE that they will make into methamphetamine. They won't! First it didn't and hasn't happened in Oregon for over 4 years. Second, the amount any doctor would prescribe is well below the amounts that are now being diverted to methamphetamine manufacture from OTC sales. Lastly, if criminals are going to go to a doctor and fake symptoms to get a prescription, why request PSE

which you must convert into d-methamphetamine? Why wouldn't they request a prescription drug that acts on the body in the same way meth does? There are several of those available.

News reports show that large amounts of methamphetamine are still making their way into the United States from the country of Mexico. We must draw a bright line however, between the drug methamphetamine and clandestine methamphetamine laboratories. The drug itself is a horribly addictive problem, but methamphetamine labs devastate communities, families, the environment, and all of the other social issues outlined above. Mexico and seven other Central American countries have banned PSE in the last year. That means it is not allowed in their country at all. They have done this to curb methamphetamine production and associated narcotics crimes in their countries. Just last month, the country of New Zealand implemented a nationwide prescription law to end their methamphetamine lab problem. The methamphetamine now coming from Mexico is Dextro/Levo (DL)-methamphetamine. This is the old "P2P biker meth" of the 70's and 80's. This form of methamphetamine is not as potent or as addictive as the locally made d-methamphetamine. This is the reason the state of Missouri and the nation, have seen such an increase in methamphetamine lab activity over the last 18 months. Local addicts prefer locally manufactured d-methamphetamine to the imported dl-methamphetamine.

Finally, PSE is not the only OTC that treats a runny or stuffy nose. Visit any pharmacy in Washington or Union and you will find literally hundreds of cold and allergy remedies which do not contain PSE. None of these products require a prescription and none can be converted into methamphetamine.

If after reading all of this anyone believes there is a more productive and cost effective way to end methamphetamine labs, please contact me. I am a member of multiple national organizations and committees, which have spent years reviewing national and local data attempting to find a solution to the lab problem. After all of the discussion and all of the analysis, we always come back to the simple one: control PSE and you control methamphetamine manufacturing. The Washington sales numbers

indicate a very large amount of PSE is being diverted to methamphetamine, and less than 10% is being used as it should be. There is no sinister goal we are trying to reach by controlling PSE. The undisputable fact is this; d-methamphetamine cannot be made without PSE. We have nothing to gain; our motto is protect and serve. This is the best way we have found to protect our citizens, communities and environment from methamphetamine labs. The pharmaceutical companies have millions to lose if this law becomes state or national legislation. Everything stated above is documented, and a list of source documents can be provided upon request. Please visit [www.oregondec.org](http://www.oregondec.org) for more information on PSE control and methamphetamine manufacturing.

Respectfully,

Det. Sgt. Jason J. Grellner

Past President Missouri Narcotics Officers Association