

STATEMENT FOR THE RECORD

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National Narcotic Officers' Associations' Coalition (NNOAC)

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Chairman Gowdy, Ranking Member Davis, members of the subcommittee, thank you for inviting me to represent the 42 state, regional and national associations and 68,000 law enforcement officers represented by the National Narcotic Officers' Associations' Coalition (NNOAC) at this important hearing. Our members are the men and women on the front lines who have dealt with the very worst of the methamphetamine problem since the earliest days of the scourge, and we have played a role in policy efforts to reduce the problem since the early 1990s. We strongly commend you for convening this hearing today and appreciate the opportunity to illuminate a serious national problem – but also shine a spotlight on a clear national solution to that problem.

My name is Ron Brooks and I am the Director of the Northern California High Intensity Drug Trafficking Area (HIDTA). I retired in 2005 as Assistant Chief with the California Department of Justice Bureau of Narcotic Enforcement. I am a thirty-seven year law enforcement veteran with more than thirty years spent assigned to drug enforcement. I have been working the meth problem since the 1970s when we investigated labs as targets of opportunity

and disposed of the toxic waste in trash cans after processing the lab scene without the benefit of any specialized training or personal protective equipment. I have worked at the street level busting labs and the policy level here in Washington to control precursor access. I have lost law enforcement friends at incredibly early ages to cancers which doctors have suspected stemmed from years of exposure to chemicals found at meth labs that my friends busted. I have seen horrific sights at meth lab scenes in homes where young children are sleeping in the same room as the lab equipment and chemicals.

Methamphetamine and other drugs of abuse pose significant threats to the safety of every community in America. Despite the danger posed by global terrorism, no child in America has been killed as a result of a terrorist attack since September 11, 2001. Yet, every single day millions of children across our great nation are exposed to illicit drugs through friends, family and schoolmates. The pervasive availability of methamphetamine and other dangerous drugs will tempt to many children to make the devastating choice to risk their life, liberty and future by using these and other powerful drugs of abuse.

The threat of synthetic drug abuse dates back to before the turn of the century when patent medicine was sold without prescription by druggists traveling throughout the nation, resulting in per-capita drug addiction rates that rival the worst we have seen in recent times. But aggressive drug laws, beginning with the Harrison Act of 1914, and a strong public anti-drug message worked to control the threat. We have made tremendous progress in our fight against drug abuse and addiction – overall drug use rates are down more than 20% since 2000. But the threat continues, and today we are dealing with synthetic drugs such as methamphetamine manufactured in Mexican super labs that are spilling across our porous border in record amounts, as well as clandestine meth laboratories in communities across the nation.

Unfortunately, the widespread availability of methamphetamine and other addicting drugs poses as great a threat today as anytime in our nation's history. During my 37-year career I have personally witnessed every drug use trend including methamphetamine, crack cocaine, PCP and LSD that our nation has experienced. I seized my first meth lab in 1981 and since that time I have personally investigated hundreds meth labs and meth distribution organizations. Those labs and organizations have ranged from the very small to some of the largest and most sophisticated labs seized in the United States. I have seen firsthand the death, lost opportunities,

devastation, violent crime and environmental destruction that drug use brings to our cities and towns.

Dangers are posed by all drugs of abuse, but I have never seen a drug cause more devastation than methamphetamine. This highly addicting drug robs families of their children, young people of their dreams, and our country of the bright minds and sound bodies that we must rely upon to remain strong. Methamphetamine causes parents to choose the drug over the safety and welfare of their children. In communities where meth use is prevalent, as much as 85% of the child abuse and endangerment is attributed to meth use. And highly toxic meth labs threaten neighbors and the environment with the carcinogens that are used in the volatile process of manufacturing this poison.

From the earliest days it was clear that meth was unlike many other illegal and dangerous drugs. Anybody could make it in their car, backyard, or kitchen, provided they had access to the right ingredients. You didn't have to transport it across any controlled border. It was an incredibly powerful, addicting, and long-lasting high, and it destroyed lives like we in law enforcement had never before seen. And unfortunately, despite the heroic efforts of America's law enforcement officers, we are still dealing with the horrors of meth.

From the earliest days, it has been clear that cutting off the necessary precursors would virtually eliminate the ability of cookers to manufacture meth. In the mid-1990s when I worked with the Bureau of Narcotic Enforcement in California, I came to Washington, DC and briefed Senator Dianne Feinstein, DEA Administrator Tom Constantine, and Drug Czar Barry McCaffrey about the growing problem of meth manufacturing in California. Like many states, we were seizing hundreds of smaller meth labs, but we were also seeing massive "super labs" operated by Mexico-based cartels that manufactured hundreds of pounds of meth in a single production cycle for distribution throughout the nation. During Operation Mountain Express and other large scale investigations, law enforcement discovered organized criminal groups – including a designated foreign terrorist organization – bringing in large quantities of raw precursors from outside the United States to supply cartel-operated super labs.

With as much as seven pounds of toxic waste being produced for every pound of finished methamphetamine, we were finding extensive environmental damage around labs and at sites

where lab waste was being dumped. Even more devastating was the plight of meth addicts, many who had been kids or young adults with bright futures, falling into the abyss of meth addiction, with little hope for recovery, heartbreakingly desperate for nothing else other than their next high. Most despicably, we saw young children subjected to toxic chemicals in filthy conditions and burned by lab explosions. Sen. Feinstein was alarmed from the first briefing. She went on to author precursor control legislation. But meth was so powerful – and so profitable – that cooks quickly devised ways to ensure access to the necessary ingredients. Lab incidents nationwide eventually increased to more than 7,000 in 1999.

By 2004, federal, state, and local law enforcement reported more than 18,000 lab incidents. While the definition of “lab incidents” at the time was interpreted differently depending on jurisdiction, more than 50 meth lab incidents *per day* were occurring in this country, and the number of states reporting a major meth lab problem had greatly increased. We were inundated – it was truly an “epidemic”. Toxic waste was being discovered in local water sources. Maimed and burned people – including children – from meth lab explosions were becoming more common. Because of the unique requirements of responding to hazmat scenes – which each meth lab is – the seizure and dismantling of meth labs is extremely dangerous and resource-intensive. The ballooning cost was borne primarily by the responding state or local law enforcement agencies and the DEA contributed valuable assistance in the clean-up process. But we needed more help. Above all, we needed to make it much more difficult for meth cooks to access the most important ingredient: pseudoephedrine (PSE).

That is when Congress focused on the issue and passed the Combat Methamphetamine Epidemic Act of 2005 (CMEA). One of the primary purposes of the CMEA was to restrict access to pseudoephedrine and limit its availability to meth cooks. Massive quantities of popular cold remedies were being purchased at stores and converted directly to meth.

Statistics tell the story of what happens when we control precursors through strong federal laws: we went from over 18,000 incidents in 2004 to just over 6,000 incidents in 2007. 12,000 fewer incidents – a drop of more than 65% - in just three years due in large part to CMEA provisions restricting meth precursor availability.

We saw a substantial increase in labs after that initial steep decline, with more than 10,000 lab incidents reported in 2011. Our experience on the ground showed that this was mostly due to meth cooks resorting to “smurfing” – the practice of purchasing small quantities of pseudoephedrine products at many retail locations to bring back to a central manufacturing location. With behind-the-counter product storage and logbook requirements, meth cooks had to find other ways to access products containing pseudoephedrine. By recruiting several people to each purchase relatively small quantities of pseudoephedrine products from multiple retail locations, cooks could amass larger quantities for meth production. This is one of the main problems we are dealing with today.

Compounding our challenge, however, is the budget situation at the local, state, and federal levels. With recent layoffs and budget woes at our agencies nationwide, we are not equipped to deal with the new surge in lab incidents the way we did in the 1990s. My former agency, the California Bureau of Narcotic Enforcement (BNE), the nation’s oldest drug law enforcement agency and a leader in meth lab investigation and enforcement, was recently abolished along with many of the fifty-five multi-jurisdictional drug task forces that BNE operated. In the late 1990s and 2000s BNE operated the California Methamphetamine Strategy (CALMS) with strong federal grant support through the COPS Meth Hot Spots program. At its high point, nine highly trained CA DOJ CALMS teams operated throughout California. But recent state and COPS Meth budget cuts have decimated our capacity, and funding remains for just one single CALMS team stationed in Fresno. The COPS Meth Hot Spots program has been cut 70% despite a clear need for federal support to states to investigate interstate and international meth production and trafficking organizations. Other city and county law enforcement agencies throughout California and across the nation have eliminated their drug enforcement teams as they struggle to fund enough law enforcement officers to answer 911 calls. In my HIDTA area we estimate that there has been at least a 70% reduction in officers assigned to investigate meth labs and other drug crimes. As the president of the NNOAC, I am hearing similar stories from colleagues around the nation. Yet the situation on the ground is alarming: in 2011, 5,035 kilograms of meth was seized at the US/Mexico border, a staggering 400% increase compared to 2008. This past March, agents seized 750 pounds of meth in San Jose, CA, with an estimated value of \$34 million -- the largest seizure of meth in U.S. history.

So as we deal with a resurgence of domestic meth lab incidents, we are facing serious shortfalls in enforcement capacity. In addition to the COPS Meth Hot Spots cuts, Byrne JAG has been cut more than 30%, resulting in the elimination of multi-jurisdictional drug task forces across the nation. The Regional Information Sharing Systems (RISS) program, the backbone of law enforcement information sharing and analytical support to multi-jurisdictional drug investigations, has been cut 40%. Meth cooks and other drug traffickers love these facts – it means they can conduct their deadly business and perpetrate chemical attacks on America’s neighborhoods with much more ease. Congress should remember the number one responsibility of government at every level is the protection of citizens, and should restore funding for Byrne JAG, RISS, and the HIDTA Program. The reduced capacity of law enforcement makes today’s hearing topic – control of precursors – even more urgent.

There are two clear lessons from this history: 1) controlling pseudoephedrine is the best way to prevent meth labs; and 2) half-measures to control retail pseudoephedrine availability will lead meth cooks to innovate their way around obstacles.

The conclusion we have drawn is that products containing pseudoephedrine should be accessible via prescription only on a nationwide basis. The meth lab problem – independent of, but along with, the meth abuse and addiction nightmare – must be controlled. And the best way to do this while preventing relatively easy work-arounds is to make pseudoephedrine products available only by prescription.

We constantly hear messages from groups funded or influenced by certain pharmaceutical industry stakeholders who argue that controlling pseudoephedrine by making it prescription-only will not impact the production of methamphetamine. Fortunately, we have two examples of states whose pseudoephedrine control laws demonstrate how absolutely wrong those arguments are: Oregon and Mississippi. The lab incident numbers from those two states are very convincing: Oregon reported nearly 500 incidents in 2004, and only 21 in 2007 after the statewide prescription-only law took effect in 2005. Mississippi reported nearly 700 incidents in 2009, and only 259 in 2011 after the statewide prescription-only law took effect in 2010.

Facts are facts: making pseudoephedrine available only by prescription significantly reduces the number of meth labs in our communities.

This means significantly less meth available to tempt and poison our children, dramatic reductions in the amount of meth lab-related toxic waste to contaminate our communities, fewer meth-intoxicated drivers on our roadways and far fewer kids exposed to dangerous meth lab chemicals. The answer is clear. If we want to protect our kids and keep our communities safe, pseudoephedrine must be controlled nationwide through a federal prescription-only law.

I want to address the issue of tracking pseudoephedrine retail purchases because we hear a lot about it, and many of our states have implemented tracking systems. Tracking is often presented to policy makers by some pharmaceutical and retail industry groups and the public as a solution to the “smurfing” problem. The NNOAC believes that while tracking may make sense in theory, it has not proven to be a solution to the meth lab problem. The facts tell the story: Kentucky was the first state to implement a tracking system. Every year since the implementation, the number of lab incidents in Kentucky has gone up. Tracking is clearly not the answer. Tracking is a reactive meth investigation technique that is labor-intensive. In today’s budget environment relatively few agencies have the law enforcement resources to effectively use tracking to impact the meth problem. And while tracking is reactive at best, control of pseudoephedrine through prescription-only laws is *true* prevention, a solution to save lives while having the least impact on public budgets.

Facts also tell us that there are so many people smurfing that we cannot arrest our way out of the problem. NNOAC members report that a typical smurfing investigation requires two uniformed officers and four detectives, with roughly an eight-hour detail for each of those six officers. The typical result of the investigation is two or three smurfers arrested, and possibly a meth lab discovery. In some areas these investigations are leading to fewer meth lab discoveries because our members have found that cooks are putting a broker between themselves and the smurfers to isolate and protect the lab operations.

The evidence shows that just tracking retail pseudoephedrine purchases is at best a band-aid solution and is clearly not the best answer to this very serious public safety and public health problem. Even when budgets were larger and more law enforcement resources were available, tracking was never as effective as true precursor control, and that is why the NNOAC strongly supports a national prescription-only approach to controlling pseudoephedrine based upon the programs that Oregon and Mississippi have implemented with unquestionable success.

I want to be clear that the NNOAC does not believe that making pseudoephedrine products prescription-only will solve the methamphetamine abuse problem in America. The full range of prevention, education, treatment, and enforcement programs must be applied. But it would go a long way toward eliminating the horrors of the domestic lab problem in America.

We know that the following six things happen when you reduce meth labs. You:

- make communities safer,
- prevent children from being exposed to dangerous chemicals and lab explosions,
- help prevent meth use initiation and addiction,
- improve the safety of law enforcement officers and other first responders,
- prevent toxic chemicals from being dumped in neighborhoods and polluting the water table, and
- conserve scarce resources for budget-strapped state and local governments that have to foot the bill for lab clean-up.

We often hear opponents of a prescription-only policy cite consumer access and convenience issues as a problem. I want to be clear that our purpose is not to make it difficult for patients in need of medicine to obtain pseudoephedrine products. If a person needs the product for legitimate purposes, they should be able to obtain it. The Oregon and Mississippi examples offer evidence that consumer access is not the problem it is made out to be by some in the pharmaceutical retail industry.

Regarding consumer convenience under a prescription-only pseudoephedrine policy, we are aware of a very promising technology innovation that would enable products containing pseudoephedrine to be sold in front of the counter. Technology that prevents pseudoephedrine from being extracted from pills has been shown to prevent the manufacture of meth from those pills using known illicit production methods. This technology would offer relief to legitimate sufferers while offering no value to meth cooks, and would be made available in front of the counter – just like Tylenol or Advil. Consumer convenience and access would be enhanced, and meth lab incidents would likely decline. We hope this technology can be made available to the public as soon as possible.

In 2006, I attended the Vigil for Lost Promise, an event sponsored by DEA and the parents of six children who had died as the result of drug overdoses. This moving event focused attention on the devastating effects of drug abuse. Seeing the faces of those who had lost their lives to drug use as they were flashed upon the screen during the vigil and seeing the pain that each surviving family member was experiencing as they relived those personal tragedies brought back hundreds of personal memories of delivering death notices to parents who had lost a child to a drug overdose or a drug-related traffic collision. It also brought back the feeling of despair that occurred each time I raided a drug house and found innocent young children being raised with the danger and hopelessness that is an everyday part of the drug lifestyle. That June 8th Vigil reminded me why the mission of America's narcotic officers is so important and why we must all work together for sound drug policies to protect our children from the cruelty and misery of drug abuse. When we have incontrovertible evidence staring us in the face that can save lives and protect communities, we ought to act. We hope this committee and Congress will act accordingly.

Within the past three years I have comforted two close friends – law enforcement partners of mine – as they died from cancer that resulted from their years of exposure to toxic chemicals at the meth labs they investigated. This exposure to carcinogens occurred years before we were trained on what protective measures must be taken by responding officers. Remediation of meth labs is a critical safety issue for families, neighbors, children, and law enforcement officers, and it must be a priority.

On behalf of the dedicated men and women who respond to meth lab incidents, rescue children from terrifying scenes, and deal on a personal level with the effects of meth labs every day, the NNOAC strongly encourages Congress to study the Oregon and Mississippi examples and pass a federal law that makes pseudoephedrine products prescription-only.

I appreciate the opportunity to provide the NNOAC's perspective on this critical issue. We commend the subcommittee for holding this hearing, and we look forward to continuing our work with Congress to advance policies that hit at the core of the domestic meth lab problem.