



**Meth Revisited: Review of State and Federal Efforts to Solve the Domestic Methamphetamine
Production Resurgence**

**Testimony Submitted by Detective Sgt. Jason Grellner,
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**House Committee on Oversight and Reform
Subcommittee on Healthcare, District of Columbia, Census and the National Archives**

2203 Rayburn House Office Building

Rep. Trey Gowdy, Chairman

Rep. Danny Davis, Ranking Member

Chairman Gowdy, Ranking Member Davis, Members of the Subcommittee, thank you for having me here today and thank you for your interest in this very important matter. My name is Jason Grellner, I am the task force commander of the Franklin County Narcotics Enforcement Unit located in Franklin County, Missouri near Metropolitan St. Louis. Franklin County is a diverse community, with just over 100,000 residents living on rural farms and in luxury homes. I am also the president of Missouri Narcotics Officers Association and I am here today representing the 350 members of our organization who struggle on a daily basis to fight methamphetamine laboratories throughout Missouri.

Missouri has consistently led the nation for more than a decade in clandestine methamphetamine laboratories and has recorded over 27,000 meth lab incidents since 1994. My 21 year commitment to law enforcement has led to my investigation of over 1,600 of these meth labs throughout Franklin County and has shortened my life and the lives of many of my colleagues.

My understanding of the effects of drug abuse on society began at an early age. As a high school freshman I became involved in numerous prevention programs including; SADD-Students Against Drunk Driving, RTI-regional teen institutes and a founding member of TREND a group dedicated to hosting recreational activities for teens that are drug and alcohol free. I continued my involvement in these organizations and activities throughout my high school and college career. As a youth I learned the importance of living a healthy lifestyle and the harmful effects of the disease of addiction. This foundation strengthened my resolve as I began my career in law enforcement and has been a guiding principle for the past 21 years.

As a young patrol officer, it was apparent that the vast majority of individuals involved in criminal activity were impacted by the disease of addiction. As I look back over a lengthy career, I truly believe that 80% or more of all crime revolves around drug and alcohol addiction.

For this reason, the Franklin County Narcotics Enforcement Unit is built on the principals of: prevention, enforcement, rehabilitation. Our offices are home to three prevention specialists and seven narcotics investigators. In addition, we are members of the local drug court team. At our facility, we host counseling services, AA and NA meetings, and we pay for housing of participants in the drug court program. Our unit supports scholarships for children in the local middle and high schools to participate in drug and alcohol free leadership programs, and we offer community education programs on drug abuse and awareness. We now have our own 501(c)(3), Foundations for Franklin County, which is helping to build a strong community coalition to combat the disease of addiction. We truly understand that law enforcement, substance abuse prevention and rehabilitation must work together in order to have a long lasting effect on narcotics crimes and addiction.

In 1996, I began investigating narcotics crimes in Franklin County Missouri as a way to have an immediate and dramatic effect on all crime in my community. In a very short period of time, the clandestine manufacture of methamphetamine consumed all of my days. I officially worked my first clandestine methamphetamine laboratory on December 13, 1997 and have watched as it has devastated the community that I swore to protect and serve. I am the father of two children and I pray each day that they are not harmed innocently by activities that are ultimately driven by the disease of addiction.

I have often seen throughout my career the rippling effects that clandestine methamphetamine laboratories have on innocent children, the elderly, addict's families and the public at large. At this point, the task force under my command investigates a clandestine lab incident on average, once every three days and that ratio has stayed steady for the last four years.

In June of 2002, while working the third meth lab of the day, well into my 26th consecutive hour of work, I made a mistake: I opened a container that held what I believed to be a rather harmless chemical used to manufacture methamphetamine. To my surprise, it contained anhydrous ammonia, a poisonous gas that caused immediate burning in my eyes, nose, mouth, throat, and lungs. I experienced blistering in my mouth and throat shortly after the chemical exposure and it was necessary for me to seek medical attention. Shortly after the acute effects of exposure began to wear off, I began to notice problems with my breathing. The breathing problems made it hard for me to wear my air purifying respirator, and my self-contained breathing apparatus. After numerous doctor visits and medical tests, I was diagnosed with lung disease as my medical team found that I lost twenty five percent of my lung capacity. These medical findings have only strengthened my resolve to eradicate my community of these dangerous meth labs.

I believe there is a solution to address the fight against clandestine meth labs. In 1976, the United States Food and Drug Administration (FDA) faced a decision as to whether or not pseudoephedrine hydrochloride should be made an over-the-counter (OTC) drug. By allowing pseudoephedrine to become OTC, I believe the face of narcotics law enforcement in this country was changed. By the early 1980's, clandestine meth labs using recipes that reduced pseudoephedrine hydrochloride into methamphetamine hydrochloride were being located in the southwestern United States. Ten years later,

labs were being located in the Midwestern United States. By 1996, they were located in the metropolitan St. Louis area. In a period of only two decades, the United States had gone from almost no clandestine meth lab reports to clandestine lab reports that spanned from the Pacific Ocean to the Mississippi River. Now, they are reported in almost every state in the union.

Generally, in law enforcement, it is extremely difficult to completely eradicate a crime because of free will. From time to time, sometimes unexplainably, citizens will violate criminal law. In the case of clandestine methamphetamine laboratories, however, we have the chance to remove the ability for someone to break the law. By reversing the actions of the FDA in 1976, we can turn back the clock in this country to a time when we were not plagued with meth labs.

The problem is the close chemical make up of pseudoephedrine and methamphetamine. The difference between Pseudoephedrine (PSE) and D-Methamphetamine is one oxygen atom. By removing that one oxygen atom, a nasal decongestant is converted into one of the most addictive drug currently known, d-methamphetamine.

The discussion about the classification of pseudoephedrine hydrochloride often generates debate. For example, some believe that other chemicals will be used to make methamphetamine if pseudoephedrine hydrochloride is reclassified. They are wrong. There isn't anything else that can be as easily converted into methamphetamine.

PSE was approved by the FDA for the treatment of sinus congestion for 4 to 12 hours per product directions by decreasing inflammation in the sinus cavities and ear canal. 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, my state of Missouri, and our nation for over two decades.

I often pose the question: if we could convert any other OTC product into heroin or cocaine, would we allow it to be sold? If law enforcement was locating 14,000 opium fields or cocoa plantations each year in United States, would we stand for that? Yet each year, law enforcement across the country reports thousands of pseudoephedrine based clandestine methamphetamine labs.

Clandestine methamphetamine laboratory production in the United States is a crime linked to addiction. This is in direct conflict with most other narcotics crimes. Most of the narcotics industry, like most other legitimate businesses, is driven by money and profit. Clandestine methamphetamine laboratories however, are driven by the addicts' ability to manufacture the drug they so desperately need.

Clandestine lab operators manufacture just enough methamphetamine to consume – and enough to sell – in order to make enough money to buy the ingredients for the next meth lab. This cycle continues as many as three times a day and money is of little importance to the addict. There are no drug kingpins in the world of meth lab manufacturing -- only desperate addicts who can not find a way to break the cycle of addiction.

In my jurisdiction, I am known by many names, some pleasant and some that cannot be repeated in mixed company. The one that I reflect upon most frequently is Boogie Man. Over the past 15 years, I have taken more children from families than childhood disease. On average, 50 children a year are

removed from meth lab homes and placed into state custody in Franklin County. Methamphetamine addicted parents become so involved in their own addiction that they neglect everything else in their lives. Different than alcoholics or cocaine or heroin addicts however, they not only neglect their children, these parents manufacture their drug of choice, under extremely dangerous conditions. They make or "cook" this horrible drug in the same homes and rooms were they should be caring for their children. The disease of addiction impairs their judgment to the point that it becomes normal to manufacture methamphetamine in their homes -- subjecting their children to poisonous gases, corrosive liquids, flammable solvents, and explosive mixtures. These children are growing up in hazardous waste sites and are being socialized to believe that this is how everyone else lives. Their young bodies, still growing, are susceptible to numerous diseases as they are constantly subjected to this toxic chemical environment. So many children have been removed from their homes that Franklin County no longer has available foster families to care for them. The Division of Family Service workers scour the area trying to locate family members that are clean of addiction and crime who can care for these children.

In December of 2010, the Missouri Division of Family Services made our unit aware that they were running low on the most basic of needs: diapers, infant formula, coats, clothing, and school supplies. My unit rallied around these children and, with the help of the public, raising over \$11,000 and received a tractor-trailer load of clothing and other supplies for these kids.

Currently, detectives from my unit are investigating the death of an infant who was subjected to meth manufacturing. The parents in this case have already each had a child removed by the state. Two of their previous residences had caught fire and burned. The mother has admitted to intravenous methamphetamine use and both parents were suspects in numerous methamphetamine crimes. The walls

of the home tested positive for methamphetamine and investigators have interviewed numerous suspects who were involved in manufacturing methamphetamine with the parents. A month after the death the child, the trailer home where the child died burned to the ground. A meth lab is suspected as the cause of this fire also. I have lost count of the number of children that I have placed into the back of patrol vehicles, ambulances, sat with in emergency rooms as they were decontaminated and treated by physicians.

Young children are not the only ones impacted by the manufacturing of methamphetamine. In November of 2009, as a college student lay sleeping in his apartment bed, his neighbors began the process of manufacturing methamphetamine just down the hall. While attempting to extract the pseudoephedrine hydrochloride from the cold tablets, a fire erupted in their bed room and they could not control it. One of them fled to safety through the front door of the apartment and the other out of a second-story window. Neither took the time to awaken or warn the other residents of the building. The 20-year-old college student lost his life -- burned to death in his bed. The building was destroyed by the blaze. This apartment building was directly across the street from the local sheriff's department and county courthouse. Both suspects were later caught and the female was pregnant at the time of her arrest.

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. Approximately 1,100 children were located dead, injured or living in a methamphetamine lab in the United States in 2007. 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 fishermen 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 rent a hotel or motel room and not wonder whether methamphetamine had been made there the night before
- The rights to drive safely down any road without fear that a passing vehicle will burst into flames and crash into your vehicle.
- 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 answer to the devastating problem seems to be so simple, the mere control of pseudoephedrine as it was 35 years ago.

In a 2007 RAND study, it was estimated that conservatively, methamphetamine had cost US taxpayers \$23.4 billion dollars in 2005 alone. An Oklahoma study done in 2004 found that, on average, a

methamphetamine lab investigation, ending in a conviction, cost their state approximately \$350,000 each.

There is a new pseudoephedrine black-market that has transformed pseudoephedrine from a commodity to a currency, impacting more of the narcotics market than just methamphetamine. We now commonly see heroin addicts and those addicted to prescription pain relievers using boxes of cold tablets containing pseudoephedrine in trade for their narcotic of choice. We recently worked investigation where numerous inner-city gang members were standing on the parking lots of Walgreens stores in the Metropolitan St. Louis area, offering anyone going inside, \$10 extra to purchase a box of cold tablets for them. One gang member would later collect all of the boxes purchased and offer them for sale to multiple methamphetamine cooks in least three Missouri counties. He would auction these boxes off to methamphetamine "cooks" taking no less than \$65 per box. After his arrest, the gang members who had collected the pills, commonly referred to as a pill broker, admitted that in 24 months time he had moved over 10,000 boxes of cold tablets from the city of St. Louis to meth labs in rural areas.

Currently our unit is working a case where individuals are now purchasing boxes for \$100 and are being supplied with as many as 75 boxes each night. These boxes are once again being supplied by inner-city gang members. These gangs are then able to reinvest the profits, made on the sale of cold tablets, into their heroin trade. Heroin addicts commonly confess that if they have \$10 they have a choice between purchasing one dose of heroin or one box of cold tablets. If they purchase the cold tablets and sell them to meth lab operator they can buy more heroin. None of this is stopped by the tracking database and there is no way to track all of the seemingly innocent people who are purchasing pseudoephedrine and handing it off to individuals standing on the parking lots of large chain pharmacies.

I believe the current tracking database has also caused methamphetamine producers to change the method by which they produce methamphetamine. Purchase restrictions lowering the daily and monthly amount of pseudoephedrine which can be legally obtained have shrunk meth labs to the size of water bottles. This new "one pot" or "shake and bake" method of manufacturing methamphetamine, although smaller in size, is tremendously more dangerous than its predecessor. The amount of pseudoephedrine necessary for this new recipe is quite small and therefore yields only a small amount of methamphetamine. This forces methamphetamine addicts to repeat the process more often. The combining of multiple chemical reactions in bottles ranging from 2 Ltr. soda bottles to 20 ounce water containers are extremely explosive. The small size of these reaction vessels makes them easy to conceal and very mobile. These labs are so mobile that the Walmart Corporation has been the victim of meth manufacturing in three of its stores, including Kansas, Alabama and last month Missouri. In each of these cases, individuals were manufacturing methamphetamine while walking through the store buying and shoplifting the necessary ingredients.

Multiple fires and explosions have resulted from this manufacturing process in homes, apartments, hotels and moving vehicles. The director at Mercy Hospital burn unit in St. Louis is quoted as saying that on any given day at least 15% to 25% of their burn unit beds are occupied by uninsured, meth lab burn victims at a cost of over \$6,000.00 a day. In 2010, the Vanderbilt University burn unit reported that they had spent over \$9 million of hospital resources on uninsured meth lab burn victims. Our unit alone has seen nearly a dozen vehicles which have burned after the occupants of the vehicles were attempting to manufacture methamphetamine while driving. These fires burn so intensely they rarely leave evidence necessary for prosecution.

In 2009, I began a grassroots campaign asking local cities and counties in Missouri to enact ordinances requiring a prescription for pseudoephedrine. The first city, Washington, Missouri, enacted its ordinance in July of 2009. In the 90 days prior to the ordinance going into effect, five pharmacies in Washington Missouri sold 4,346 boxes of cold tablets. In the 90 days following the enactment of the ordinance, those same pharmacies experienced a 94% drop in sales and only sold 268 boxes. Inspecting sales records at pharmacies surrounding Washington, Missouri, during the same time period saw no rise in sales after the implementation of the ordinance. This city also experienced an 85% decrease in meth lab related calls for service to police. Since the success of this first ordinance, seventy of the other Missouri communities have enacted ordinances requiring a prescription for pseudoephedrine. The largest number of the cities and counties are located in a 12 county area in southeast Missouri. In 2011, this 12 county area saw a 52% drop in clandestine methamphetamine lab incidents while the state of Missouri as a whole experienced a 6.8% increase in lab incidents.

Recently, I began comparing the sales of pseudoephedrine in Missouri which is experiencing over 2000 meth labs a year to the state of Oregon which has required a prescription for pseudoephedrine since 2006. Oregon, a state of 3.8 million people routinely sells on average 9752 boxes of cold tablets each month while requiring a prescription. Missouri, a state of nearly 6,000,000 people should then by comparison sell roughly 15,400 boxes a month. Average sales of pseudoephedrine based cold tablets for 2011 were 144,000 boxes per month in Missouri. In June of 2012 the state of Missouri sold over 120,000 boxes in 30 days, this drop is believed to be due to the number of cities and counties now requiring a prescription. This simple comparison seems to uphold the findings of the Washington Missouri study, concluding that 90% or more of the pseudoephedrine-based cold tablets being sold today are being diverted to methamphetamine laboratories.

We know any approach to addressing our nation's drug problem, including the use and abuse of methamphetamine must include prevention, treatment, and recovery.

As a result, before ending, I would like to mention that a critical partner in any successful strategy related to methamphetamine includes working with each State's Substance Abuse Agency Director. These State Directors manage the publicly funded treatment, prevention and recovery system. Their job is to plan, implement and evaluate a statewide comprehensive system of clinically appropriate care.

Every day, State directors work with a number of public and private stakeholders given the fact that addiction impacts everything from education, housing, employment and yes, criminal justice.

At the federal level, one action item the Committee can take is provide strong support for the *Substance Abuse Prevention and Treatment (SAPT) Block Grant*, which is the foundation of our publicly funded substance abuse prevention, treatment, and recovery system. An investment in the SAPT Block Grant ensures that resources reach all States and territories in an effective, efficient manner.

The SAPT Block Grant is vital to the state of Missouri. The state uses those funds to both prevent methamphetamine use and to treat people with methamphetamine addiction. Just two quick examples:

- 1) SAPT Block Grant *prevention* dollars support community coalitions all across the state that have worked to educate retailers about materials used to make methamphetamine and better identify individuals who are purchasing materials. Targeted prevention services are also provided through the Missouri Alliance of Boys and Girls Clubs, consisting of 13 Boys and Girls Club sites

throughout the state, which includes SMART MOVES and Meth SMART to over 60,000 youth ages 5-18 annually.

- 2) SAPT Block Grant *treatment* dollars fund effective substance abuse treatment—and treatment does work. In 2011, individuals receiving services from SAPT Block Grant funded programs demonstrated high abstinence rates at discharge from both illegal drug (74 percent) and alcohol (78 percent) use and 92 percent reported no involvement in the criminal justice system.

In addition, the *Partnerships for Success* program, which is administered by the Substance Abuse and Mental Health Services Administration (SAMHSA), is a tool States and territories can use to reduce substance abuse by addressing gaps in their current prevention services and enabling them to reach out to specific populations.

Another action item the Committee can take is providing strong support for programs within the Department of Justice (DOJ), including the Byrne/JAG program. This program, among other initiatives, helps support investigative Task Forces that help address methamphetamine abuse.

Thank you for your service to our country, and your attention to this matter.

Respectfully,

Detective Sgt. Jason J Grellner

Unit Commander - Franklin County Narcotics Enforcement Unit, President, Missouri Narcotics Officers Association



Curriculum vitae of Det. Sgt. Jason J. Grellner

Work Experience:

Franklin County Sheriff's Office

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|----------------------------|----------------|
| • Narcotics Division | 1995 - Present |
| • Narcotics Coordinator | 1997 - Present |
| • Narcotics Unit Commander | 2002 - Present |
| | 2005 - Present |

Union Police Department

1992 - 1995

Education:

University of Missouri St Louis

- B.A. Sociology (Criminology)
- Minor – Administration of Justice
- Minor – Criminal Psychology

University of Missouri – Rolla

- Major – Chemical Engineering (no degree)

Professional Experiences:

- Member of Franklin County Sheriff's Office Emergency Response Team for three years 1997-2000
- Narcotics unit supervisor since 2002
- President Missouri Narcotics Officers' Association(2008 & 2012)
- National Narcotics Officers Associations' Coalition -- South Central Regional Director
- Since 1997 investigated or supervised over 1,600 methamphetamine labs for State and Federal prosecution
- Actively initiated legislative efforts since 2000 for controls on Pseudoephedrine HCI to reduce methamphetamine manufacturing
- Assisted in passing legislation in 2001, 2003 and 2005 placing restrictions on purchase quantities of Pseudoephedrine HCI in a single sale per person and increased monitoring of the product by placing in closer view of employees
- Named to two of the Missouri Governor's Methamphetamine Task Forces in 2003
- Spoke at each of the Governor's Initiative on Methamphetamine conferences in 2004
- Instrumental in creation and implementation of the Franklin County Narcotics Enforcement Unit, uniting State, Federal and local law enforcement in the Franklin County area to focus attention to increasing narcotics issues
- Instructed local, state and federal officers on the investigation, safe handling, and prosecution of methamphetamine cases, locally and across the nation.
- Instructed at the Missouri Judicial College, as a part of their continuing education program
- Named to the National Association of Model State Drug Laws, Precursor Tracking Advisory Committee by the President's Office of National Drug Control Policy
- Executive Board member of the National Methamphetamine & Pharmaceuticals Initiative – HIDTA Initiative

- Member of Franklin County Adult Drug Court Team
- Graduate of the Drug Enforcement Administration – Drug Unit Commander’s Academy #73

Expert Witness Testimony:

Testified on numerous occasions as an expert witness in the following Courts regarding the manufacture and distribution of methamphetamine:

- Federal Court Eastern District of Missouri
- Federal Court Southern District of Illinois
- 20th Judicial Circuit Court State of Missouri
- St. Louis County Civil Court

Other Professional Experiences:

- Public speaking on methamphetamine and other narcotics-related issues, on numerous occasions, to various groups; civilian, law enforcement and other emergency personnel, locally and nationally
- Featured in episodes of “60 Minutes”, “NightLine”, and “Good Morning America” as part of their methamphetamine investigation stories
- Featured on A&E cable television special “Meth, A county in crisis.”
- Interviewed by *Time Magazine*, *Legal Affairs Magazine* as well as the *New York Times*, the *Los Angeles Times*, the *S.t Louis Post Dispatch*, the *Missourian* Newspaper, along with other local and state publications.
- Appeared in news programs and interviewed on radio programs broadcast in the St. Louis Metropolitan area on methamphetamine
- Created Missouri’s CHEM Program (Companies Helping to Eliminate Methamphetamine)
- Created the Franklin County – PARTY Program (Peers Acting Responsibly in Teenage Years)

Professional Training:

- Peace Officers Standards and Training Academy (P.O.S.T.)
- Environmental Protection Agency
- Missouri Department of Natural Resources
- Missouri Highway Patrol Academy
- Missouri Department of Public Safety
- United States Army
- Drug Enforcement Administration
- Missouri Narcotics Officers Association
- Certified Site Safety Officer in Hazardous Materials

Awards and Decorations:

- Decorated seven (7) times by the Eastern District Missouri US Attorney’s Office for Outstanding Investigator
- Outstanding Public Service Officer by the Missouri Insurance Investigators Association
- Outstanding Missourian by the Missouri House of Representatives
- Outstanding Local Government Achievement Award
- Director’s Award – from the President’s Office of National Drug Control Policy
- Outstanding Narcotics Investigator – United States Senate
- Alumni Award -- National Council on Alcoholism and Drug Abuse
- Letter of Commendation – City of Union Police Department
- Letter of Commendation – Franklin County Narcotics Enforcement Unit Board (2)
- The Jane Crider Mental Health Leadership Award – Crider Center Heroes for Mental Health
- Special Recognition Award – Missouri Narcotics Officer’s Association
- National Methamphetamine and Prescription Drugs Initiative -- National Impact Award 2010
- Missouri Narcotics Officers Association -- Officer of the Year 2011