

# **Sheriff Keith Cain's Remarks**

## **International Narcotics Caucus**

### **United State Senate**

#### **April 13, 2010**

Good morning Madam Chairperson and members of the committee. Thank you for allowing me the opportunity to address this body today.

As a 36 year veteran law enforcement officer I am all too familiar with the destructive effects of substance abuse in general and methamphetamine in particular. Too, as Chairman of the National Sheriffs' Association Drug Enforcement Committee, I have had the opportunity to learn of the many different and varied initiatives undertaken by governments to reduce the latter's traumatic toll on our communities.

As a Kentucky Sheriff I am proud to say that our commonwealth was one of the first states to require state-wide electronic tracking of the sales of nonprescription cold and allergy medications containing pseudoephedrine, which of course can be (and is) used to manufacture methamphetamine. Our electronic tracking program ensures that consumer purchases of these medicines containing pseudoephedrine are limited to legal amounts by blocking over-limit sales, no matter where in the state the purchases are made.

We now have a unique opportunity to "widen the net" for controlling sales of medicines containing pseudoephedrine. The Kentucky system is being expanded and offered to any state that passes appropriate legislation, providing state-wide blocking and record keeping to states at **no cost** to the government. I am excited that Illinois, Missouri, Kansas, Washington, Iowa, Alabama and Louisiana recently joined this effort by passing legislation to implement electronic tracking. Our colleagues at the Illinois and Louisiana State Police have begun to implement the system statewide, and are impressed with the system's ability to "see across state lines", as put by **Illinois State Police Master Sgt. Eric Hall**. It is my hope that other states will soon follow. The system we use is effective and allows for real-time tracking and blocking sales to enforce the state and federal sales limit mandates that currently exist (3.6 grams a day and 9.0 grams in 30 days). E-tracking helps law enforcement find many "smurfers" and labs that otherwise would go undetected. **Sheriff Frank McKeithen of Bay County Florida** says his county's electronic tracking ordinance has significantly reduced "smurfing" and meth lab activity in his county. In fact, investigators in the two most prolific meth lab detection counties in Kentucky state that the **majority** of the labs they detect are located as a result of intelligence garnered by our electronic tracking system. And as more states join this effort, we will begin to block sales more effectively than ever before. Because not unlike Kentucky, other states' meth problems don't begin or end at jurisdictional boundaries. As e-tracking expands into more states, we will be better equipped to identify and incarcerate meth producers, and block illegal sales across state lines.

Some in our profession say that requiring a prescription for cold medicines containing pseudoephedrine is the answer. Of the twelve states that have enacted new laws on this issue, only two states have passed such a law (Oregon and Mississippi), while ten others have passed e-tracking. Though efforts to require a prescription for these medicines are well-intended, they are, I believe, misdirected. Know that I **respect** my peers in law enforcement and fully relate to their passionate desire to fight meth, but my experience shows e-tracking is the **better** alternative for accomplishing this. You see, if states require prescriptions for cold and allergy medicines containing pseudoephedrine, law enforcement's ability to control its distribution may actually

**decrease.** Our ability to stop illegal sales at the **point-of-sale**, across state lines, is the strongest control available.

The disadvantages of a prescription system include **higher health care costs to the legitimate consumer**, no **real time sales tracking**, no **sales blocking**, **less access to this information by law enforcement**, and **none of the previously mentioned limits on prescription amounts**. Determined smurfers will continue to obtain pseudoephedrine through the prescription system as they have with so many other controlled drugs traced by state prescription management systems. Indeed, currently the **fastest growing segment** of substance abuse in the nation, and in Kentucky, is **prescription drugs**.

Cheyenne Albro, Director of the Pennyrile Narcotics Task Force in western Kentucky, and past president of the Kentucky Narcotics Officers' Association, says this: "According to KASPER, (Kentucky's prescription monitoring program), there are enough prescriptions filled for hydrocodone, (a schedule II controlled substance), in his twenty county area that each and every citizen could have their own bottle of pills. Making PSE prescription-only will not solve the problem."

Although many efforts to combat the abuse and diversion of controlled substances are in place across the U.S., many states do not even have a prescription drug monitoring program. And, access to those that do is often limited to certain groups, such as physicians only, or law enforcement only. None of these systems operates on a real-time basis, nor are they able to track transactions across state lines. Retired DEA Resident Agent in Charge of the Louisville, Kentucky office, Tony King, a pre-eminent meth lab veteran, says if PSE is made prescriptiononly, "allergy clinics will spring up alongside the pain clinics where abusers often obtain controlled substances". In short, Senators, to believe that the problem will go away simply because it is a prescription drug is wishful thinking and, I'm afraid, foolhardy.

The issue of **false identification** is also used to invalidate the effectiveness of electronic tracking. The first question that beckons is... won't criminals use those same false IDs to obtain prescriptions for PSE? Second, there is no definitive evidence that false ID use is **rampant** across the U.S. in precursor purchasing. Certainly, pockets of criminal activity involving fraudulent documents exist, particularly in areas near our borders, but these activities are part of much larger issues such as identity theft, undocumented entry, and fugitives from the law. Last, as technology improves, false identification will become much more difficult to use to purchase precursors. In fact, a pilot is being planned as we speak, in which a program to detect false state identifications such as driver's licenses will be tested. If predictions are accurate, within months, the ability to weed out fake ID will be profoundly improved. Such an effort may even be the foundation of false identification detection abilities with a wide spectrum of potential law enforcement applications.

But these are not just my thoughts. Law enforcement officers across the U.S. have spoken out in favor of electronic tracking. **Sheriff Lee Baca from Los Angeles County, California** says of electronic tracking, "it's really a prevention tool." Indeed, as law enforcement administrators, Chiefs, and Sheriffs, arguably the most important responsibility we have is to ensure our officers and deputies are provided with the knowledge, intelligence, and resources that enable them to do their jobs effectively and safely. E-tracking is such a tool. **Sgt. Tom Murley with the St. Louis County Missouri Police** says "Since we began using this system in 2008, the number of meth lab seizures has dropped dramatically to only 59 in the past two years." "An electronic registry will help curb and prevent the number of smurfing incidences while still allowing consumers an appropriate degree of access to ephedrine products", said **San Bernardino County California Sheriff Rod Hoops**. Washington (State)

Association of Sheriffs and Police Chiefs **Director Don Pierce** says they have moved their support from prescription-only PSE “in favor of the more practical solution offered by electronic tracking”.

I join these law enforcement professionals in our collective belief, that a multi-state approach to electronics sales tracking and blocking for **nonprescription** medicines containing PSE is the right step forward in our **continuous** fight against meth.

Other states must make their own decisions on how best to fight meth. But e-tracking works in Kentucky, it will be working soon in many other states, and it is my hope that even more states will soon join in this network of comprehensive multi-state tracking of medicines containing pseudoephedrine. I do **not** believe a prescription mandate is an effective weapon on the war on meth. I believe it only shifts the battlefield. E-tracking, however, denies resources to the enemy while identifying them for capture and prosecution.

Thank you

*Keith Cain is Sheriff of Daviess County, Kentucky. In 2001 he was recognized by the Department of Justice for his efforts in “Operation United Front” to curtail methamphetamine manufacturing in Kentucky. In 2005 he was honored for his work to pass comprehensive methamphetamine legislation in Kentucky. He is Chairman of the Drug Enforcement Committee of the National Sheriffs’ Association and serves on the Association’s Narcotics Board of Directors. He has authored numerous published articles and lectured extensively throughout the U.S. on methamphetamine awareness and clandestine lab investigations.*

***He forgot to put that he is paid by the drug lobby to say all of this !!***