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THE NATIONAL NARCOTIC OFFICERS ASSOCIATIONS COALITION

**What Good  
Can Come?**

FALL, 2009 VOL. 13, NO. 2

[www.natlnarc.org](http://www.natlnarc.org)

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**On the Cover:**  
*Arlington National Cemetery (More info. on page 11)*  
by Jessica Manley

**Join  
the  
fight!**

**TO BECOME A MEMBER OF NNOAC**

You must establish a local or state narcotics officers association. The membership fees are \$500 per year for member states with over 1000 members in their association, \$300 per year for associations with 500 or more members and \$200 per year for associations with under 500 members. For more information on how to become a member or for additional information please contact one of our Executive Board Members.

**Submission Guidelines**

*The Coalition* is published twice per year. Any articles or photographs received after the deadlines will be held for the next edition. Please, **DO NOT** type in ALL CAPS. All articles must be signed to be printed. The editor reserves the right to edit any submission for clarity, brevity, etc. Photos must be captioned. Do not staple captions to, or write on photos. Submit articles to: William Butka, Phoenix Park Ste. 10, 29 North Plains Hwy., Wallingford, CT 06492. If you have any questions, call **203-627-2644** or **860-258-5856** or e-mail: [webutka@snet.net](mailto:webutka@snet.net).

**Deadlines for  
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# PRESIDENT'S REPORT

By Ronald Brooks, President



President Ron Brooks

As a 35-year law enforcement veteran and a father of two, I am alarmed by the dramatic increase in efforts to legalize or de-criminalize powerful and dangerous drugs, including marijuana. Frankly, I am surprised that the drumbeat of the drug legalizers – that “the drug war has failed” – has been allowed to continue virtually unchallenged despite significant declines in teen drug use over the past eight years. I am appalled at the idea that legalizing and taxing marijuana is a smart way to close government budget gaps. It is unthinkable to suggest unleashing even more destruction and addiction through legalization just to help balance a state’s budget. It is clear that drug use and the disease of addiction threaten America’s health and economic stability.

I suppose those legalization advocates have not considered the increases in government spending for public safety, health, psychiatric services and education that would surely result from increased marijuana use. And to those who say that we are spending too much on incarcerating drug offenders, I say that we in law enforcement know that is simply not true. Drug offenders who do find their way to prison have certainly earned their fate by selling or possessing drugs for sale or because of extensive past criminal conduct. Consider these Bureau of Justice Statistics findings from 2004: 16.9% of the inmates in state prisons around the country were there for drug offenses other than marijuana; 2.4% were incarcerated for marijuana offenses excluding possession; and only 0.3% of those incarcerated were in prison for marijuana possession.

The pro-drug lobby has often said that legalizing small amounts of marijuana for adults won’t lead to increased use among kids. What good can come from making powerful, addictive drugs more affordable, more available and more socially acceptable? Don’t we have enough trouble with our two legal drugs, alcohol and tobacco? Haven’t we all seen friends and relatives succumb to chronic illness from using those drugs? And who among us has not witnessed a friend or loved one lose everything – family, livelihood, dignity, and even life itself – to alcohol abuse? How could anyone propose adding to our nation’s dependence on mind-altering substances, a move that will surely increase drug use and addiction while destroying lives and communities? The bottom line is that efforts to legalize drugs including marijuana and attempts to change America’s

*“What good can come from making powerful, addictive drugs more affordable, more available and more socially acceptable?”*

*“Honesty is the first chapter in the book of wisdom.” - Thomas Jefferson*

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*“I have seen enough of one war never to wish to see another.” - Thomas Jefferson*

abstinence-based drug policy to one of harm reduction will place our kids and our communities at risk.

According to the “Monitoring the Future” survey, the number one reason that kids cite for not using pot is that it is illegal. A survey of California and New Jersey students found that 60% of those who did not use drugs said that the fear of being arrested was a major deterrent to drug use. Alaska’s experience seems to bear this out: From 1978 to 1990 that state decriminalized the possession of small amounts of marijuana for adults. The 1985 Household Survey found that, compared to the rest of the country, twice as many Alaskan teens (51.6%) used marijuana. Even someone who struggled through a college statistics course (as I did) can see the correlation between allowing marijuana to be available and increases in its use by teens.

Legalization advocates claim that our current abstinence-based drug policy has failed. If success is measured by whether drug use has increased or decreased, their argument is patently false. Despite a less-than-complete commitment to the fight against drugs, our nation has reduced illicit drug use and saved lives.

From 1979 to 1992, by using a comprehensive strategy of prevention, enforcement, and treatment, we reduced drug use in America by half. A fifty-percent reduction of any public health plague should be considered a tremendous success. But because we do not announce the success we have had in combating drug use, it has gone virtually unnoticed by the press and the public. In 1992, unfortunately, we took our eye off the ball. Drug use began to increase as fewer resources were dedicated to a comprehensive fight against drug abuse.

Despite increases in drug use since 1992, we are nowhere near the levels of the 1970’s. In fact, drug use has declined over the past eight years and, according to the University of Michigan’s “Monitoring the Future” survey, teen marijuana use has declined by 25% since 2001. Teen drug use in all categories (except pharmaceutical drugs) has decreased, in many cases dramatically. That translates into hundreds of thousands fewer young people using drugs today than just eight years ago. And it is not just kids who are making better choices. Quest Diagnostics, the nation’s leading work-place drug testing firm, has reported a 29% decline in marijuana-positive test results from 2000 to 2007. Certainly this success proves that America’s long-standing drug control strategy, contrary to the claims of legalization advocates, is not a failed policy. This balanced, three-pronged, policy –

preventing drug use, enforcing laws, and treating those afflicted with the disease of addiction – has reduced drug abuse. Period.

Legalization advocates often portray marijuana as a benign drug. That message is not only reckless, it is dangerous. By treating marijuana as a joke, the pro-legalization lobby is using our kids as pawns in a dangerous political game. Today’s marijuana is significantly more powerful and addictive than in years past. Across the country, THC levels now average 10%, up from 4% in 1983; many samples, especially those submitted from California, have tested between 20% and 37%. If that is not convincing evidence that pot is dangerous, consider that marijuana is the number one drug for which Americans kids between the ages of 12-18 seek treatment. Of all teens in drug treatment, more than 65% are being treated for marijuana dependence, with another 11% in treatment for alcohol and drug dependence together (many of those using pot with alcohol).

In another disturbing trend, the SAMHSA Drug Abuse Warning Network survey of hospital emergency room admissions found that ER episodes involving marijuana tripled from 40,000 in 1994 to 120,000 in 2002 and now surpass ER admissions involving heroin. Drugged driving accidents in America – many involving marijuana – kill more than 8,000 and maim another 500,000 every year. Perhaps even more troublesome is the recently released British Columbia Roadside Survey conducted by Canadian law enforcement and the Canadian Center on Substance Abuse. Of the drivers they surveyed, 8.1% had been drinking and 15.5% tested positive for an illegal drug; of those who tested positive for a drug, 49.4% tested positive for marijuana and another 8.3% tested positive for more than one drug (which in most cases included marijuana).

The danger does not just include those observable behaviors that cops witness every day. Even more frightening are the short- and long-term effects of marijuana use, especially on teens. The research is clear: because teen brains are still developing, young people who use marijuana are at greater risk of developing dependence. Research also shows that marijuana use leads to greater incidence of depression, attention deficit disorder, and even schizophrenia. Dr. Robert DuPont, one of our nation’s leading drug abuse experts, has conducted extensive studies



*Keep your eyes on the stars, and your feet on the ground. - Theodore Roosevelt*

*“Information is the currency of democracy.” - Thomas Jefferson*

on the effects of smoking marijuana. He reported that use of marijuana hijacks and overwhelms the brain’s second-most widespread neuroreceptors, thereby impairing coordination, learning, memory and cognitive functions. Dr. DuPont joins many other researchers who have concluded that marijuana adversely affects the immune and reproductive systems, contains 50-70% more cancer-causing hydrocarbons and is associated with poor academic performance. He has written that marijuana use worsens – and, in some cases, even causes – severe mental illnesses ranging from schizophrenia and bipolar disorder to panic disorder. Dr. Paula Riggs, Associate Professor of Psychiatry and Director of Adolescent Services at the University of Denver explains in her reports that marijuana use by teens causes acute neurotoxicity and impairs cognitive functioning. She goes on to say that a kid who smokes regularly won’t progress developmentally at the same rate as kids who aren’t smoking.

These findings by the National Survey on Drug Use and Health are telling:

- marijuana use by teens is associated with depression and suicidal thoughts;
- kids who smoked weed at least once a month were three times as likely to have suicidal thoughts as non-users; and
- kids who engaged in anti-social behavior are far more likely to use marijuana than those who do not engage in those behaviors;

The same survey found that, of teens aged 12-17 who were surveyed regarding their behaviors over the prior month:

- of those who reported that they sold illegal drugs, 58% admitted marijuana use and 4.8% had not used marijuana;
- of those who reported that they stole, 27.6% were users and 5.5% had not used;
- of those who reported that they had been in a serious fight, 11% were users and 5.4% were not.

I could go on and on about other findings in this single study, but you get the idea: Marijuana use will lead to crime, increase mental illness and threaten the success of the kids that use it.

On September 11, 2001, three thousand Americans were murdered by terrorists from foreign lands. The intensity, magnitude, and sheer evil of that single attack was a wake-up call to the world. Ironically, the events of 9/11 overshadowed a different kind of attack – chemical attacks

that occur each day in cities and towns in the form of illegal drug trafficking. Overdoses of illegal drugs kill more than 38,000 Americans each year, and the impact on our economy is estimated to be more than \$180 billion each year. But those stark numbers don’t paint the complete picture. How can we quantify the lives ruined, opportunities lost, and heartache caused by drug abuse?

Since 9/11, no child on U.S. soil has been injured or killed in a foreign-organized terrorist attack. But almost every child, regardless of race, gender or economic background, will be asked by friends or acquaintances to try dangerous illegal drugs. Each child will struggle with a choice that has the real potential to ruin their life, a choice that – wrongly made – will cause them to sacrifice their health, mental state, education, and family. Stumbling into the world of drugs will likely force them to be estranged from family, friends and faith, far too often robbing them of life itself. Unfortunately, many of our nation’s young people will make that life-altering choice this year – a choice with devastating results.

Each May 15th, I attend the National Law Enforcement Officer’s Memorial service on the steps of the United States Capitol. That service memorializes the sacrifices of the more than 18,000 law enforcement officers who have paid with their lives to make America a safer place to work, live and raise our children. At least ninety of those officers killed in the past six years died while enforcing drug laws. On June 8, 2006, I joined thousands of grieving family members at a candlelight vigil led by parents and the DEA to remember our nation’s children who have been lost to drugs. These two memorial services are reminders of the importance of supporting sound drug policies and of not losing sight of what this fight has already cost our nation.

Former Drug Czar, William J. Bennett said in an address at the United States Naval Academy, “Honor never grows old, and honor rejoices the heart of age. It does so because honor is, finally, about defending those noble and worthy things that deserve defending, even if it comes at a high cost. In our time, that may mean social disapproval, public scorn, hardship, persecution, or as always, even death itself. □

The question remains:

*“What is worth defending? What is worth dying for? What is worth living for?”*

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*“An equal application of law to every condition of man is fundamental.” - Thomas Jefferson*

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## VICE-PRESIDENT'S VIEWPOINT

*By Bob Bushman, Vice-President*

# Testify!

The NNOAC was once again called on by the United States Congress to publicly provide its views on a high-profile criminal justice policy issue. On May 21, 2009 NNOAC Vice President Bob Bushman testified before the House Judiciary Committee's Subcommittee on Crime, Terrorism, and Homeland Security. The hearing was on the disparity in federal mandatory sentences for crack and powder cocaine.

Currently there are five different bills pending before the U.S. House that would reduce the 100-to-1 disparity (5 grams = 5 years for crack, while 500 grams = 5 years for powder) and institute other sentencing reforms. There is increasing support in the Congress and among advocacy groups in Washington for the proposed changes. In fact, the Obama administration has come out in support of eliminating the disparity entirely by raising the threshold amount of crack required for the minimum sentence from 5 grams all the way to 500 grams, just like powder. The hearing clearly indicated that Congress will pass a bill soon to address the disparity.

But the NNOAC has objected to many of the proposed changes over the past two years since we were first consulted by members of the House and Senate for our views. Bushman's testimony indicated that while NNOAC understands that the 100-to-1 disparity may need to be reviewed, there are valid and significant reasons to punish crack offenders more severely. The NNOAC continues to work with other associations and interest groups as well as the United States Congress to come to a consensus on this issue.

The day before the hearing Bushman received a call from the new head of the criminal division of the U.S. Department of Justice, Lanny Breuer, to let him know that while the administration views the sentencing issue differently from the NNOAC, they are eager to work together to develop a consensus. This outreach, as well as continued outreach from the Department of Justice to NNOAC President Ron Brooks, demonstrates that the



*Bob Bushman testifies before the House Judiciary Committee*

NNOAC is highly respected by the administration and is recognized as an important voice in Washington on public safety and drug policy issues.

Following are excerpts from Bushman's testimony:

"Let me be clear - we understand the sensitivities around the issue of the 100:1 crack-powder disparity. We often work in environments where the law and those who enforce it are not respected, whether it's because of perceived racial bias or some other reason. But we need you, our members of Congress, to understand what we as police officers, sheriff's deputies and drug enforcement agents experience and work with every single day of our careers, and to understand that we are dedicated professionals who work hard to protect our citizens, no

matter who they are, where they live, or what they believe.

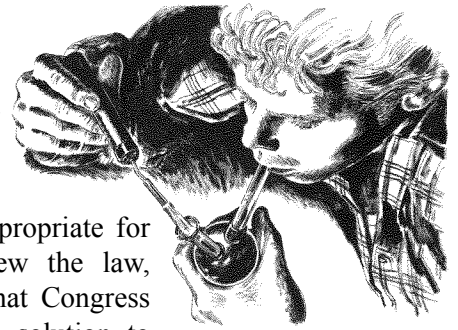
We are caught in the middle on this issue. Our main concern is public safety – that is what we are hired and trained to do. But it is difficult to protect the citizens, especially those in the drug-infested, high crime areas who need us most, when we cannot rid those neighborhoods of the ones who abuse them the most – drug dealers and gangs. We are criticized by some for not doing enough, and by others for being too aggressive in our prosecution of drug violators.

I can tell you that we view tough drug sentences as a very effective way of getting predators off the streets – we are talking about the dealers and profiteers, not the addicts and low-end users. As a matter of fact, many crack dealers do not use crack – they know the dangers of the drug. Mandatory sentences punish the dealers - the people who do the most damage to our communities.

We have been asked, repeatedly, over the past few years about our views on legislative proposals to reduce the crack-powder disparity. While we believe that the existing law has been a valuable tool in reducing the impact of crack on communities, we realize that it has also had

a negative impact on some people's perception of law enforcement.

So, while we agree that it is appropriate for Congress to review the law, we also believe that Congress should consider a solution to narrow the disparity between crack and powder cocaine that includes lowering the threshold quantity for powder cocaine. We do not believe the best approach is to dramatically increase the threshold amount of crack that triggers the minimum penalty.



***Why should we continue to maintain tougher sentences for crack than for cocaine powder?***

\* Smoking crack leads to a sudden, short-lived high, causing an intense, immediate desire for more of it. Addiction to crack is quick – and powerful. Just last month, the director of the National Institute on Drug Abuse, Dr. Nora Volkow, testified before the Senate Judiciary Committee that “research consistently shows that the form of the drug is not the crucial variable; rather it is the route of administration that accounts for the differences in its behavioral effects.”

\* The violence associated with the crack trade and perpetrated by crack users is more prevalent than that associated with the cocaine trade; public safety is compromised. We have seen this happen in community after community. Part of it has to do with the turf wars – drug dealers and urban drug gangs fighting for control of an area and the customers it contains. Although much of the violence is dealer-on-dealer, innocent bystanders and, sometimes even entire neighborhoods, are often caught in the cross-fire. These are the citizens that we, as law enforcement officers, are sworn to protect. It's difficult to protect our communities if we can't remove those who are responsible for the crime and violence.

\* Selling crack is more profitable than selling powder cocaine. If crack cocaine penalties are made equal to that of powder, there will be more incentive to sell crack and make bigger profits. While it is true that crack and powder cocaine have the same physiological effect on the brain, the negative impact on public safety, due to the violence associated with the crack cocaine trade alone, justifies a difference in penalties.” □



# EXECUTIVE DIRECTOR'S REPORT

*By Richard Sloan, Executive Director*



**Executive Director  
Richard M. Sloan**

Here we are, another year flying by and getting ready to attend our midyear delegate meeting. This year we are going to San Diego California where the California Narcotic Officers' Association is sponsoring this meeting. CNOA President Gil VanAttenhoven and many of the regions are working to make this a wonderful time for all. There are many great speakers and a trip to the border. I very much hope that all of your delegates will be able to attend. This is an important year, as always the Byrne Fund and now Medical Marijuana issues. This meeting will be a planning session for 2010 in order to get a head start on all these important issues. I traveled to San Francisco to meet with President Ron Brooks where we are working on re-doing the NNOAC web site and bringing it up to date. After meeting and working with Ron on the web site I traveled to Reno, Nevada to meet with Jeanne Corey, Director of National Sales for the Silver Legacy, Resort, and Casino and take a tour of the property. It has been suggested that the National Narcotic Officers' Associations' Coalition go there for our fall meeting in 2011. The hotel is beautiful with all the rooms in the process of being renovated which will be completed before 2011. The hotel adjoins two other hotel/casinos, the Circus Circus and the El Dorado/Casino with covered walkways. There are 28 restaurants available for your enjoyment. There is a Riverwalk by the hotel that takes you by all kinds of small shops from Antiques to Art Gallery's to Bistros and along the Truckee River where fishing is available. The Meeting rooms meet all of our requirements and are readily accessible. The airport is two miles from the hotel with transportation available every 30 minutes. I think this would be an excellent facility for a meeting. Most airlines from across the nation fly to Reno Nevada.

I am looking to forward to seeing all of you in San Diego, California at the Embassy Suites. □

## NORTHWEST REGION REPORT

*By Ron Nelson, Northwest Regional Director*

Ed Mouery, fellow NNOAC delegate, has retired from the Oregon State Police after a long and distinguished career. He plans to become more involved in state legislative efforts through the Oregon Narcotics Enforcement Association (ONEA). Congratulations Ed.

I have retired from the Oregon Department of Justice. I'm making the transition from my office computer and other office resources to my home. I intend to continue as the Northwest Regional Director for the NNOAC with the blessing of the ONEA and NNOAC.

Senator Ron Wyden of Oregon continues to work on his Meth Lab Elimination Act. The bill is similar to a state bill sponsored by the Oregon Narcotics Enforcement Association. Once the state bill was signed into law, meth labs were reduced by 96%. Senator Wyden would like to spread this success throughout the United States. As you may recall, he addressed our members at our Washington

D.C. meeting where he requested our assistance. Many of you reported that you informed your senators' about the bill. Senator Wyden's office has indicated they have not received significant response from other senators'. We are asking that you continue to communicate with your senators' about this bill. They can contact Joel Shapiro in Senator Wyden's office at 202-224-5244 or Joel\_Shapiro@Wyden.Senate.Gov.

I continue efforts to maintain and recruit other state associations. Many have been willing to join the NNOAC however; their ability to actively participate and attend meetings has been a challenge for many reasons. I'll be working with these associations to find ways to increase participation. □

*Hope to see you all at the San Diego meeting.*

*Ron Nelson*



# Energy Drinks

By Isabel Burk, MS, CPP, CHES



*Isabel is a credentialed prevention professional and a certified health education specialist who has been honored by the U.S. Department of Health and Human Services and the New York State Department of Health. Isabel has written two books, more than 150 articles and has appeared on 20/20, CBS This Morning, The View, Fox News and others. Her website: [www.healthnetwork.org](http://www.healthnetwork.org).*

The beverage market is crowded with a huge variety of drinks available to consumers of all ages. The most talked about category of beverages is the energy drink.

Red Bull® led the charge, debuting in the U.S. in 1997. Now Red Bull is America's bestselling brand, with many competitors popping up along the way, from Rockstar® to Bawls® to Monster® to NoFear®. What they all have in common is caffeine and/or other stimulant ingredients. This is big business: the market for energy drinks was \$6.5 billion in 2008.

Why the big demand for energy drinks today? Reasons include increased working hours, 24 hour entertainment/electronics, trying to do more in less time, sleeping problems, and many more.

The result is a population that seeks ever more powerful energy sources without understanding possible risks and consequences. In fact, the explosion of stimulant beverages has made regular consumers of younger and younger children. Students drink their first "eye opener" of the day on the school bus; many school cafeterias serve coffee to high school students.

Think back 30 years and remember that it was common for parents to tell their child "Coffee is not for children. Most people thought of coffee as an adult drink. Today Starbucks® and Dunkin' Donuts® and other sites cater to consumers of all ages, with sweetened coffee drinks, iced coffee, and coffee desert options.

Stimulant ingredients such as caffeine, guarana, yerba mate, kola nut, green tea extract, are designed to act on the central nervous system. Ingesting these ingredients can raise blood pressure, increase heart rate, quicken breathing, raise the body's temperature, increase sweating/urination, in addition to offering a boost of energy, concentration and reflex response time. Drinking energy drinks while exercising or doing heavy work can lead to dehydration, feeling faint, or other uncomfortable symptoms.

In terms of adult health, these physical responses probably won't be a problem, unless the adult has other health issues, a chronic disease, or many other sources of caffeine or stimulants. The Food and Drug Administration recommends a limit of 300 mg. of caffeine per day for adults, but there is no guidance for youth.

Most people drink several beverages during the day, which could include coffee, iced tea, soft drinks, energy drinks, and others. Add it up and it's very easy to go over the adult limit. See table for some caffeine contents.

Consuming several energy drinks/cafeinated beverages can make it difficult to sleep, difficult to wake up, and provoke a poor sleep cycle that perpetuates the need for stimulant products on a daily basis. As the human body gets used to stimulants, we build tolerance to the effects, and need more and more stimulant ingredients to get the desired "lift".

Children and teens have smaller bodies and developing organs, which makes them more susceptible to the effects, faster. Their bodies can become tolerant more quickly, leading them to keep increasing the amounts of stimulants they take in. It's a vicious cycle leading to physical dependence on stimulants. Some youth don't think they can function properly without energy drinks, and they are psychologically dependent. In plain language, addiction.

In addition, when an addicted person stops using, withdrawal can be difficult. It usually includes headaches, dizziness, queasiness, light-headed feelings, and can even lead to vomiting and fever. In smaller, younger bodies, withdrawal can be dramatic and uncomfortable. It may not be recognized as withdrawal and can be misdiagnosed in many different ways!

On the flip side, a person who take in a lot of caffeine risks caffeine overdose: muscle twitching, confusion, moving in and out of consciousness, breathing trouble, vomiting, diarrhea, chest pains, irregular heartbeat, rapid heartbeat,

# Energy Drinks, cont.

hallucinations and/or convulsions. In 2005 alone, poison control centers reported 4,600 caffeine-related calls (an average of 13 calls daily) more than half involving people under age 19.

Energy drinks are very profitable, available and enticing. Marketing for these products makes them appealing to youth and adults alike. But their effects and potential risks means taking the opportunity to think ahead and make decisions based on reality, not advertising. □

Source: [www.cspinet.org/new/cafchart.htm](http://www.cspinet.org/new/cafchart.htm)  
(accessed 8/10/09)

Product	Container size in ounces	Mg caffeine per ounce	Total caffeine in container
Diet Coke	12	4	48
Mountain Dew	12	4.5	54
Brewed coffee	8	10-13	80-100
SoBe NoFear	8	10.4	83
Lemon Snapple	12	3.5	42
Red Bull	8.3	9.6	80
Monster	16	10	160

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### Keynote Presentations

#### Reaching & Teaching the Millennial Generation

Millennial (also known as Generation Y) are a cohort of 80 million people from ages 7 through 25. They will shape much of this century. They have unique characteristics, including preferences in getting high. What are they like? How do we reach them? LOL as we discuss their multitasking, 24/7 connection, drug preferences and other topics near and dear to their young hearts, with strategies and observations to help us get to know and engage this fascinating group of people.

#### The Passion Principle

Professionals who work with people have a passion for their work! Your passion creates power: the power to touch and change people, to make the world a better place. You don't work just for the money, you also work because it's your passion. Celebrate your dedication and your inner spark, the passion that spurs you to feel, achieve and succeed! Participants will experience and share feelings of connectedness, competence and purpose, and leave empowered and renewed.

#### HE SAYS, SHE SAYS: Exploring Gender Communication Issues

Do men and women speak the same language? Male/female communication styles impact us in so many ways! Take the "gender talk quiz" and learn more about these issues. A fun, humorous and interactive look a serious topic, using contemporary research, practical (and surprising) information. More than entertainment, this keynote presentation promotes understanding and acceptance of similarities and differences. Audience participation encouraged; handouts include quiz and bibliography.

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## The Memorial Amphitheater at Arlington National Cemetery



The Memorial Amphitheater at Arlington National Cemetery in Arlington, Va., was dedicated on May 15, 1920. While many ceremonies are conducted throughout the country, many consider the services at Arlington's Memorial Amphitheater to be the nation's official ceremonies to honor all American service members who serve to keep the United States free.

About 5,000 visitors attend each of the three major annual memorial services in the Amphitheater. They take place Easter, Memorial Day and Veterans Day and are sponsored by the U.S. Army Military District of Washington. The Easter Sunrise Service begins at 6 a.m. Memorial Day and Veterans Day services always begin at 11 a.m. Many military organizations also conduct annual memorial services in the amphitheater.

The Memorial Amphitheater was the dream of Judge Ivory G. Kimball, who wished to have a place to assemble and honor the American defenders.

Because of Kimball's campaign, Congress authorized its construction March 4, 1913. Judge Kimball participated in the ground-breaking ceremony March 1, 1915, but did not live to see his dream completed. Ivory Kimball died May 15, 1916, and was buried in Section 3 of the cemetery, near the

Memorial Amphitheater he campaigned to build. President Woodrow Wilson placed its cornerstone Oct. 15, 1915.

One copy of the following items is sealed inside the box placed in the cornerstone that day:

- The Bible
- The Declaration of Independence
- The U.S. Constitution
- U.S. Flag (1915)
- Designs and plans for the amphitheater
- L'Enfant's map design of the city of Washington, D.C.
- Autograph of the amphitheater commission
- One of each U.S. coin in use in 1915
- One of each U.S. postage stamp in use in 1915
- 1914 map of Washington, D.C.
- The Congressional Directory
- Boyd's City Directory for the District of Columbia
- Autographed photo of President Woodrow Wilson
- The cornerstone dedication program
- The Evening Star newspaper account of the ceremonies, and the campaign to build the Amphitheater

The Amphitheater is constructed mainly of Vermont-quarried Danby marble. The marble in the Memorial Display Room is imported Botticino, a stone mined in Italy. The Memorial Display Room, between the amphitheater and the Tomb of the Unknowns, houses plaques and other tributes presented in honor of the four service members interred at the Tomb of the Unknowns (first known as the Tomb of the Unknown Soldier). A small chapel is beneath the Amphitheater stage.

The names of 44 U.S. battles from the American Revolution through the Spanish-American War are inscribed around the frieze above the colonnade. The names of 14 U.S. Army generals and 14 U.S. Navy admirals prior to World War I are inscribed on each side of the amphitheater stage.

"When we assumed the soldier we did not lay aside the citizen," from then-Gen. George Washington's June 26, 1775, letter to the Provincial Congress is inscribed inside the apse. "We here highly resolve that these dead shall not have died in vain," from President Abraham Lincoln's Gettysburg Address is inscribed above the stage.

"DULCE ET DECORUM EST PRO PATRIA MORI," a quote from Horace's Ode III, 2, 13 is etched above the west entrance of the Memorial Amphitheater. Translated from the Latin: "It is sweet and fitting to die for one's country."

*Visitor Information courtesy of  
[www.arlingtoncemetery.org/Visitor\\_](http://www.arlingtoncemetery.org/Visitor_information/amphitheater.html)  
[information/amphitheater.html](http://www.arlingtoncemetery.org/Visitor_information/amphitheater.html)*

## HISTORY OF THE NATIONAL NARCOTIC OFFICERS' ASSOCIATIONS COALITION

Since the beginning of the drug epidemic in the 1960s, law enforcement officers in many states have formed statewide narcotic officer associations. Most of these associations are involved in providing drug enforcement training for law enforcement officers and drug resistance education to the public. Additionally most associations worked closely with their own state legislatures and criminal justice policy organizations to develop strong drug laws and policies. These associations have been responsible for enhancing the professionalism of narcotic enforcement.

Although many of the narcotic officers' associations were very successful in representing the needs of law enforcement officers within their own state, they realized that they were not especially effective in working with the Congress or Federal criminal justice policy agencies. It became apparent to the leadership of these state associations that they needed to come together as a combined group in order to effectively represent narcotic officers at our nation's capital.

During 1994, the Funding for the Edward Byrne Memorial Program was removed from the administration's budget. This funding was crucial for the continuation of many local and state drug enforcement programs. This was the catalyst for the foundation of the National Narcotic Officers' Associations' Coalition (NNOAC). The NNOAC was created in July of 1994 in Chicago, Illinois, when the leadership of many of the nation's state narcotic officers' associations came together as part of an effort to re-establish the Edward R. Byrne Memorial Fund. As a direct result of the NNOAC's efforts and the efforts of many other concerned groups, funding was restored to this vital program.

The NNOAC is currently comprised of 36 individual state narcotic associations, the six RISS projects and the Territory of Puerto Rico representing more than 50,000 law enforcement officers from across the nation. It serves as an umbrella organization, coordinating the efforts of these associations in our nation's capital. Each member association appoints a delegate to represent them at the NNOAC Board meetings. With, "one association, one vote," every association receives equal representation regardless of the size of their association. The NNOAC is managed by an Executive Board, which consists of a president, vice president, secretary, treasurer and executive director. Those positions are elected from within the ranks of the appointed delegates. The president appoints committees such as membership, drug policy and website.

The NNOAC represents its member associations by monitoring all relevant Federal legislation and policy. The Coalition focuses on domestic and international drug-related crime issues by developing and maintaining relationships with the Office of National Drug Control Policy, the Drug Enforcement Administration, the Regional Information Sharing Systems (RISS) and the National Guard Counter Drug Program and all other relevant agencies and programs.

The NNOAC allows state and local narcotic officers' associations to work through their congressional delegations allowing for a unified voice in the nation's capital. The Coalition actively researches, monitors, and supports legislature initiatives designed to increase the effectiveness of narcotic enforcement and law enforcement in general.

Over the past eight years the NNOAC has been very successful in representing narcotic officers from its member associations. Our successes have included restoration of the full funding for the Edward Byrne Program in 1994, and providing support which resulted in the passage of legislation regarding the ban of assault weapons, the administration's Crime Bill. The NNOAC has participated in policy meetings and conferences with other law enforcement organizations and have been active participants in the preparation of ONDCP's National Drug Control Strategy, the Department of Justice's National Methamphetamine Strategy, and DEA's National Heroin Strategy.

The NNOAC has also been responsible for increasing the awareness of the Administration and Congress regarding state and local drug enforcement issues. NNOAC delegates have testified before the U.S. House of Representatives and the U.S. Senate on a variety of drug issues, including: The Byrne hearings, asset forfeiture, minimum mandatory sentencing, medical marijuana, funding for the National Guard and the Certification of Mexico. NNOAC delegates have also participated as briefing team members for congressional study trips. In addition, a member of NNOAC was part of the President's Law Enforcement Steering Committee, which consists of national law enforcement groups. This committee is responsible for advising the president on key law enforcement issues. NNOAC serves on the ONDCP committee to develop the National Drug Control Strategy, on the Advisory Committee for the Counter-Drug Intelligence Executive Secretariat for the implementation of the Central Counter-Drug plan. NNOAC also serves on the Law Enforcement Intelligence Forum (LEIF) which advises the U.S. Department of Justice, Bureau of Justice Assistance on Regulations regarding the collection and distribution of criminal intelligence information and serves on the committee for National Model Drug Laws.

As the NNOAC continues to grow, so will its participation in the legislative and policy areas. To learn more about the NNOAC and our positions regarding federal drug policy and legislation, please visit our website at [www.natlnarc.org](http://www.natlnarc.org).



## Goals and Objectives

**Below is a list of NNOAC's goals and objectives:**

- To ensure that the Edward R. Byrne Memorial Fund is fully funded in order to maintain the multi-jurisdictional drug task forces, which are the backbone of narcotics law enforcement.
  - To maintain, increase, and intensify drug asset revenue sharing – the most important tool that narcotic law enforcement has today.
    - To assist in the preparation of the National Drug Strategy.
    - To place more emphasis on the domestic side of the drug strategy by increasing state and local level involvement on the direction taken in the fight against drugs.
      - To increase unification, networking, and act as a liaison for the exchange of information.
      - To have an impact on legislation affecting narcotic officers and narcotic enforcement in the United States.
      - To act as a conduit for the exchange of information, intelligence, and training guidelines affecting narcotic enforcement.
        - To identify and refer members to quality training for narcotic law enforcement officers to ensure their safety and effectiveness.
        - To act as a resource for states that want to establish a narcotics officers association.

# SPRING CONFERENCE 2009



*Bill Butka,  
CT NEOA,  
Congressman  
Ed Courtney,  
Connecticut  
2nd District,  
and Michael  
Rinaldi,  
President CT  
NEOA*



*California Delegation  
with Congressman Dan  
Lungren at the Capitol  
Hill Reception.*



*Colonel  
William  
Carle,  
Director  
National  
Guard*



*The Honorable Bart  
Stupak (above)  
United States House  
of Representatives –  
Michigan  
Recipient, NNOAC  
Member of the House  
Award Bureau –  
Counterdrug Program  
receiving the NNOAC  
Member of the House  
Award (left) from  
NNOAC President Ron  
Brooks*



*Kentucky  
Delegation*



# SPRING CONFERENCE



*Congressman Dan Lungren, California 3rd District and Bob Cook, Southwest Regional Director*



*Mr. Stephen J. Pasierb, President and CEO The Partnership for a Drug Free America*

*Washington, DC Metropolitan Police presenting colors*



*The Honorable Laurie O. Robinson, Acting Assistant Attorney General/Principal Deputy Attorney General Office of Justice Programs - United States Department of Justice - The Future of Justice Programs*



*Ron Brooks presenting an NNOAC citation to Ms. Erin Corcoran, Professional Staff Member United States Senate, Appropriations Committee Subcommittee on Commerce, Justice, Science and Related Agencies Award Acceptance for Senator Barbara A. Mikulski and an Update on Law Enforcement Related Appropriations*



# CONFERENCE 2009



*Professor Calvin L. Fay, Executive Director Drug Free America Foundation Inc. and Save Our Society from Drugs receiving an award and appreciation from President Ron Brooks*



*Mr. Martin Kramer, Senior Vice President, Dezenhall Resources*



*Mr. Chuck Canterbury, National President Fraternal Order of Police*



*The Honorable Ron Wyden, United States Senate – Oregon*



*Ms. Betty S. Sembler, Founder of Drug Free America Foundation Inc. and Save Our Society from Drugs with Ron Brooks*



*Ron Books, Stephen J. Pasiarb, President and CEO Fraternal Order of Police, and Mr. Chuck Canterbury, National President Fraternal Order of Police*



*Ms. Allison Stombaugh, Intelligence Analyst National Drug Intelligence Center*



*Honorable Amy Klobuchar United States Senate – Minnesota*

# SPRING CONFERENCE 2009



*The Honorable Michele Leonhart, Acting Administrator Drug Enforcement Administration – United States Department of Justice*



*Above: Bob Bushman, Vice President of NNOAC, Honorable Michele Leonhart, and Ron Brooks, President of NNOAC present the Honorable Michele Leonhart with a NNOAC award.*





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Accupay Payroll Inc.  
Advanced Orthogonal Chiropractic  
Aegis Industries  
Affordable Autos  
AFM Investments II, LLC  
AIG Sunamerica  
All Systems Heating & A/C Inc.  
Alla's Automotive  
America One  
Artrazz, Inc.  
Aster Adtrium Sating Audio LLC  
ATA Pharmacy  
Atkinson, Petruska, Kozma & Hart  
Atlas Welding  
Avenue O Pharmacy Corp.  
B & M Electric Inc.  
B-U Realty  
B's Automotive Sales & Service  
Bechtel's Pharmacy Inc.  
Beckley & Madden  
Bella Mani  
Berger Architects Inc.  
Bill & Joe's Towing & Repair  
Blanco Trucking  
Blue Mountain Gun Works  
Boyo Transportation Services  
Brackman & Company Inc.  
Brosz Engineering  
BTE Transport Group, Ltd.  
Burning the Midnight Oil  
Burton Mechanical Ltd.  
BWS Processing  
C.H. Schwertner & Son Inc.  
CWS Incorporated  
Carter's Plumbing & Heating  
CCAI

Chase & Assoc. Inc.  
China House Buffett  
CK Mechanical  
Columbia Hickry Plaza Pharmacy  
Community Bank  
Community Living Options  
Cookies Inn  
Copperhead Corp.  
Coteau Grain & Seed  
Crimson Moon Tavern  
Crow Bar & Casino Lounge  
Crystal Flash Energy  
DJB Inc.  
DJ Knoll Transport, Ltd.  
DKM Insurance Advisors  
D&M Chiro. Therapeutic Rhab. Inc.  
Dakota Gold Gymnastics & Dance  
Danceworks  
Danny R. Smeins Law Office  
Daybreak Kennel  
Dee Martell  
Dell Rapids Co-op. Grain Co.  
Delta Steel Inc.  
Digital Brewery  
Door & Window Outlet Inc.  
Double Barrel Saloon & Casino  
Dubois Drug & Wellness  
E L T Transport  
El Rey Taco & Burrito  
Elfco  
Energy Tech Systems Inc.  
Equity Infinite  
Eric L. Brossman Attorney  
Excel Custom Drywall Inc.  
Falcon Properties  
Farmers Union Oil  
Fat Boy Saloon  
Federal Foam Technologies

**Finishing Touch Mobile Home Services**

**Fourfront Design**

**Frankland Haulage, Ltd.**

**Fratellis 50's Diner**

**G & O Insulation Co.**

**Gaithersburg Express**

**George Marker & Sons Inc.**

**Georgetown Liquor Store**

**Gianni Floro, Attorney at Law**

**Global Insulation Inc.**

**Godbout Transport Ltd.**

**Gold Camp Printing Inc.**

**Grassie & Sons Inc.**

**Greenlight Home Improvement**

**H & O Electric Heating**

**H & R Block**

**H & R Block Tax Service**

**H R Connections**

**Hardison Funeral Homes Inc.**

**Harriott Contracting**

**Haystacks Inc.**

**Heck Brothers**

**Hill's Taxes**

**Holly Oak AAA Service Center**

**Home Dynamics**

**Huntington Learning Center**

**Ilkem Marble & Granite Inc.**

**Intier Automotive Seating**

**J H Roofing Inc.**

**Jack W. Davis**

**James Sheets, Attorney at Law**

**Jay MBS**

**Jem D Intl. & Michigan Inc.**

**Joliet Motel & Espresso**

**JT's Tree Service Inc.**

**K L Harring Transportation**

**K-Jeans**

**Kaleida Ventures**

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**Kendall Developments Inc.**

**Kenneth K. Wright Attorney**

**Keyw Corporation**

**Kuehl's Pub**

**L & G Auto**

**LCM Pathologists PC**

**Lewisburg Diner**

**Liaison Can.-U.S. Courier 1986**

**Marcil Transport**

**Martha D. Kent Consulting**

**Martha Donnelly & Assoc.**

**Martha's Vineyards**

**Marthaller Holdings**

**Mas Sales Co.**

**Mason Brothers Company**

**MBR Excavation**

**Michigan Cat**

**Michigan Cut Stone & Tile Inc.**

**Midwest Mini Truck Center**

**Miller Transportation**

**Morton Buildings**

**Ms. Jeanine McAllister**

**Nash-Finch Company**

**National Transport, Inc.**

**Nestor Tavern**

**Next Level Unisex**

**Nicholas Moving & Storage Co.**

**Noble's Westside Liquor**

**Northwinds of Wyoming**

**Ocean Breeze**

**Ocean Transport Ltd.**

**Ontario Steel Haulers Inc.**

**Osheim & Schmidt Funeral Home**

**Pak-Rite Industries Inc.**

**Patrick's Road Service**

**Peace Garden Pharmacy**

**Peter J. Isaac DO, LLC**

**Phantom Sound & Video**

## Drug Task Force Director Reflects on Efforts to Combat Crack Problem

*During the last 28 years of his life, Timothy Lane who is currently the Director of the 17th Drug and Violent Crime Task Force in Shelbyville, TN, has been involved in fighting the "War on Drugs." About 14 years ago when he took over the helm of the local drug task force he didn't know that crack cocaine would be such a prevailing drug of choice amongst the addict population within the 17th Judicial District.*

**C**rack is created with common equipment by mixing cocaine hydrochloride (cocaine) powder, with baking soda and boiling water. Rocks are broken off and smoked, which causes a euphoric rush in about eight seconds. The high lasts 10 to 12 minutes. One theory is that crack got its name from the crackling sound it makes when it is heated. The small rocks of crack that look similar to small pieces of gravel are then sold for as little as \$ 20.00 each to the crack addict, according to Director Lane.

"When the addict population is high for a certain type of drug, the number of drug dealers for that drug will significantly increase. The addict is used like a pawn in a chest game. The drug dealers just set back and wait for the addicts to call them to feed their habits. Then the delivery is made; the addict uses the drug; gets their high and the whole process starts over again. In some cases crack addicts have been known to spend as much as a \$ 300.00 or \$ 400.00 a day, feeding their habit. The crack addict will beg, borrow

and steal from their closest friends just to support their addiction. The craving for the drug is overwhelming to the helpless addict. For those that have friends or relatives that are addicted to crack you must realize that they are in dire need of help and it will take someone like you to extend the helping hand. Rehabilitation will work if the addict truly wants to beat the habit," Lane said.

A common misconception amongst addicts is that a drug dealer is their friend. A drug dealer doesn't care about an addict; their only interest in that addict is the money that can be made from the distribution of the drug to them. Drug dealers are sometimes protected by other family members and friends because they are "the provider." In Director Lane's opinion any person that would condone the conduct of allowing someone they love or are related to sell illegal drugs to support them, is absurd.

Director Lane and other agents assigned to the 17th Drug Task Force targeted crack distributors/traffickers in the 17th Judicial District and their goal was to make strong criminal cases against them. Director Lane believes that the efforts of his drug task force have reaped major successes for the communities within the 17th Judicial District. The drug dealers have been vigorously prosecuted through both the State and Federal court systems. In some cases those drug dealers received sentences in excess of 30 years in the federal penitentiary. Of course in other cases, some of the younger drug dealers were sentenced to shorter sentences and boot camp programs for first time offenders. In the majority of these cases, the defendants were released from custody and ultimately became re-involved in the distribution of illegal drugs.

Director Lane doesn't take lightly the responsibility that he and his agents have to make the community safer from drug dealers. The job of a drug enforcement officer is very dangerous one. The overall objective of the drug task force is to enforce the drug laws throughout the Judicial District and to make sure that the agents assigned go home safely every night to their loved ones. Director Lane knows that these dangers are real as one of his former undercover partners was assassinated by drug dealer in an attempted robbery during a drug transaction.

Now, 14 years later, Director Lane looks back over his assignment and realizes that he has been involved in conducting and supervising over 1,400 investigations involving the sale, distribution and use of crack cocaine. His task force has had the dubious distinction of prosecuting more drug dealers in the federal court system in the Eastern District of Tennessee than any other judicial district drug task force. He is proud of the accomplishments of the agents assigned to his drug task force and the support his office has received from the Shelbyville Police Department;



the Bedford County Sheriff's Department; the Lewisburg Police Department; and the Marshall County Sheriff's Department who supply officers to the drug task force. He is also grateful for the investigative assistance rendered to his drug task force by the Federal Bureau of Investigation (FBI); the Drug Enforcement Administration (DEA); and the Tennessee Bureau of Investigation (TBI) over the last 14 years in joint investigative efforts, which have led to the prosecution of over 125 major drug dealers in the federal court system.

Lane also praised the District Attorney General's Office in the 17th Judicial District and the U. S. Attorney's Office in Chattanooga, TN, for the assistance rendered by them in prosecuting those drug dealers. □



### ABOUT THE AUTHOR:

Director Lane has been the Director of the 17th Judicial District Drug Task Force for approximately the last 14 years. Prior

to being employed as the Director, he was assigned as a Special Agent with the Criminal Investigation Division of the United States Army, where he retired as a Chief Warrant Officer III in 1993 after 20 years of service. During that service, he received five Meritorious Service Medals for his expertise in the field of drug enforcement. In 1992, the United States Army's Training and Doctrine Command selected him as the Instructor of the Year. Director Lane holds a Bachelor of Arts Degree in Criminal Justice from Park College and is currently the Southeast Regional Director of the National Narcotic Officers' Associations' Coalition (NNOAC). He is also a graduate of the Drug Enforcement Administration (DEA) National Officers Academy; the DEA Drug Unit Commander's Academy and is the past President of the Tennessee Narcotic Officers' Association (TNOA).

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# 2009 National Prescription Drug Abuse Prevention Strategy: Lawful Access

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### Excerpt from:

*Barthwell AG, Barnes MC, Leopold VR, Wichelecki JL. A Vital Balancing Act: Multi-Sector Approaches to Preventing Prescription Drug Abuse in the United States while Ensuring Adequate Patient Access to Medications: Part 1. Journal of Global Drug Policy and Practice.*

*Barthwell AG, Barnes MC, Leopold VR, Wichelecki JL. 2009 National Prescription Drug Abuse Prevention Strategy. Washington, DC: Center for Lawful Access and Abuse Deterrence; 2009.*



### Introduction

The abuse of prescription medications is a growing public health concern in the United States. While White House reports show that use of many illegal drugs recently declined (1), the number of people abusing prescription medications has more than doubled over the past decade (2). Unlike illegal drugs, prescription medications are often readily available because people use them for legitimate medical purposes. Studies suggest most prescription drug abusers get medications free from a friend or relative who holds a prescription (3). Meanwhile, as pain relievers are increasingly abused, chronic pain patients continue to be under treated for their conditions. Taken together, these facts demonstrate the urgent need for a national policy that reduces prescription drug misuse and abuse, without restricting safe access to medications for patients who need them.

This paper is based on the July 2008 National Prescription Drug Abuse Prevention Policy Consensus Meeting hosted by Center for Lawful Access and Abuse Deterrence (CLAAD). The policy approaches discussed herein represent the consensus from the meeting.

### **Lawful Access**

Preventing certain types of diversion of prescription medications, especially as the incidence of abuse grows in the U.S., requires the commitment and attention of law enforcement. Abusers get access to prescription medications in a variety of ways; while drug-sharing among friends and family is a common source, many other types of illicit diversion also occur, such as outright theft. Pills can be stolen in residential or hotel guest situations by cleaning and repair personnel, in home burglaries, in pharmacy robberies and night break-ins, while in transit to their destination, from hospital inventories by workers, and through many other means (4, 5). Studies point to pharmacy theft as a main source of primary diversion – diversion that happens along the distribution chain before a medication ever is prescribed for patient use (6).

People also manipulate or circumvent the prescription process to illicitly obtain medication, constituting another type of diversion. Forgery occurs when users provide false identities and information to get access to medication, or when patients or health care workers alter prescriptions. “Doctor shopping,” in which people get prescriptions from multiple doctors simultaneously in order to accumulate a larger-than-normal supply of pills, has become a major problem as well. So-called “pill mills” are clinics that have a reputation for providing prescriptions to patients who do not have a legitimate medical need, or for writing prescriptions beyond the legitimately needed number of pills or duration of treatment (4, 5).

Despite the many illicit means by which prescription medications reach abusers, most major U.S. cities do not have law enforcement officers assigned to the prevention of prescription drug diversion or abuse (7). This lack of attention to the problem is due to a number of factors. Uncovering and stopping prescription medication diversion is seen as less exciting or glamorous than work in illicit drug units to stop street dealers and trafficking. Other preconceived notions, such as the belief that prescription drug abuse prevention work is too complicated or time-consuming to have a real impact, may be in play as well. Perhaps most importantly, however, many law enforcement officials—like the general public—simply may not realize that the “almost silent” issue of prescription drug abuse is a problem in their jurisdiction (7).

In order to correct this deficiency in oversight by the law enforcement system, the following steps should be taken:

State and local investigators must be dedicated to pursuing prescription theft, forgery, and manipulation cases, as well as intervening in other cases of criminal diversion, possession, and distribution of prescription medications.

To direct investigation resources effectively, it is

essential to quantify diversion through further research and categorize the different types of illicit access to prescription medications.

New technology solutions that can achieve heightened coverage of the prescription medication supply chain, such as radio frequency identification, must be employed (8-10).

Law enforcement can make other regulatory gains simply by streamlining the process by which they pursue diversion cases. Form 106, the only information system that directly measures primary diversion, offers an example (11). Registered suppliers of prescription medications that are controlled substances, such as distributors, pharmacies, and hospitals, are required to use Form 106 to report to the U.S. Drug Enforcement Administration (DEA) any losses or thefts of medication. Formerly, the registrant had to fill out the form by hand and send it to the regional DEA office, which then forwarded it to Washington, D.C., to be manually entered into a database. This time-consuming process was sped up considerably in October 2008, when the DEA switched to an electronic form, thereby improving the quality and efficiency of data collection (12).

CLAAD applauds the DEA for adopting the policy recommendations on Form 106 that it received from the Pain & Policy Studies Group, CLAAD, and Tufts Health Care Institute. There are still many improvements that could be made at the federal level, however, to optimize data collection and subsequent diversion investigations. A 2005 study, for example, found that the DEA’s electronic database, which compiles annual data from Form 106, only contained analyzable data from 22 states (6). Additionally, federal law currently places the investigation of pharmacy theft – a very common type of primary diversion – under the purview of the Federal Bureau of Investigation, even though the DEA is the agency charged with receiving and compiling the data on those pharmacy thefts and losses (personal communication, David Joranson, January 13, 2009). The federal government must eliminate this jurisdictional split through legislation, giving the DEA jurisdiction to respond to pharmacy thefts, as the DEA has access to the data necessary for investigating these crimes.

### **Cases Beyond the Reach of Law Enforcement**

In criminal cases like those described above, the involvement of law enforcement is clearly necessary. Cases of prescription-sharing among family members and friends, however, are not pursued by law enforcement, nor would law enforcement’s involvement in these cases be the most appropriate intervention. Prescription-sharing often stems simply from public misinformation and a lack of understanding about the potential for, and dangers of, prescription drug abuse. Efforts to address diversion due

to medication-sharing should focus on developing and implementing education initiatives to raise public awareness and change the cultural norm.

To maintain the principle of balance between preventing prescription drug abuse and ensuring adequate pain treatment, law enforcement must avoid interfering in medicine and legitimate patient care, just as medical professionals have a duty to avoid contributing to opioid diversion (11). In cases where doctors are prescribing to abusers, whether intentionally or without knowledge of the abuse, law enforcement must take care to collaborate with the medical community – and, specifically, pain management experts – because of the complex nature of the situation. Physicians must be approached from a perspective distinct from other parties accused of diversion (6). It is essential to take into consideration those helped by the doctor as well as those harmed.

Investigators must work with medical experts to differentiate between a case of a doctor purposely prescribing drugs inappropriately, which would constitute a criminal case, and a case of a well-intentioned doctor who needs training on recognizing abuse and/or prescribing opioids, which can be handled administratively. Arrests and investigations of medical practitioners can leave many legitimate pain patients without the care they need when their doctor's services are interrupted. The medical community, law enforcement, and resources in the local community must cooperate with each other to ensure a smooth transition to another provider for such patients, and to provide treatment and recovery services for abusers who had been using that doctor as a source of opioids.

### Summary and Conclusion

Extensive collaboration will be necessary among government and other invested parties to effectively deal with the issue of prescription drug abuse. The U.S. Drug Enforcement Administration (DEA) and other government agencies must seek novel, creative approaches to dealing with this urgent problem. For example, a nationwide take-back system for consumers' prescription medications would require the DEA to pair with reverse distributors to implement the program nationally, with invested non-profit organizations to use a variety of media for a wide-scale educational push, and with the retail sector to distribute coupons or other incentives.

Multi-sector collaboration, though challenging, is the only way to effectively deal with the complex issue of prescription drug abuse while ensuring the well-being of patients who legitimately need these medications. Policies must reflect that just as anyone can suffer from pain, anyone can also be susceptible to prescription drug abuse. In the future, maintaining the principle of balance

between legitimate access and abuse prevention will help the United States make strides towards significant public health improvements, both by better serving pain patients, and by deterring potential prescription drug abusers more effectively. □

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Presteve Foods, Ltd.  
Quality Valve Co.  
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Remerica Country Homes Realtor  
Reservation Telephone Co-op.  
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Riverside Lunch Inc.  
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Rob Caruso Plumbing Inc.  
Rocket Drywall Inc.  
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Ruff Roofers Inc.  
Ryler Holdings, Ltd.  
S & S Builders Inc.  
S & S Internet Partners  
Sandcastle Realty  
Scherer Corrugating & Machine  
Schilling's Car, Truck & Van Wash  
Schroeder Freight, Inc.  
Sharkey Fuels  
Sheckler Contracting Inc.  
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Simmco Data Systems  
Slyder's Tavern  
Small Travel and Cruises  
Smitty's Pub, Inc.  
Son's Power  
Southpointe Limousine  
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Sperry Assoc. Fed. Credit Union  
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Tom Bosworth  
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Whirlcreek Logistics Corp.  
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NATIONAL LAW ENFORCEMENT OFFICERS MEMORIAL FUND

# RESEARCH BULLETIN

JULY 2009

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## Law enforcement officer deaths: Mid-Year 2009

### After 48-Year Low, Officer Deaths Rise 20% in First Half of 2009

After falling to their lowest level in nearly five decades in 2008, line-of-duty deaths among U.S. law enforcement officers rose 20 percent during the first six months of 2009. Still, officer fatalities remain low when compared with mid-year totals in recent history.

#### Trends in law enforcement officer deaths: Mid-Year 1959-2009



Preliminary data from the National Law Enforcement Officers Memorial Fund (NLEOMF) indicate 66 officers died in the line of duty between January 1 and June 30, 2009, compared with 55 deaths during the first six months of 2008. 2009 was the second lowest mid-year total since 1965, when there were also 55 fatalities and was well below

the average mid-year fatality count over the last 10 years (76).

All major categories of officer deaths increased between 2008 and 2009. Officers killed by gunfire rose slightly, from 20 in the first half of 2008 to 22 in 2009. This year's preliminary total includes nine officers who were shot and killed in three separate multiple-fatality incidents (see sidebars).

The number of officers killed in traffic-related incidents increased 17 percent during the first six months of 2009, from 30 to 35. For the 12th year in a row, traffic-related incidents remain the leading cause of law enforcement officer deaths.

Eight officers succumbed to job-related physical ailments during the first half of 2009, double the number during the first six months of 2008.

Twenty-four states experienced at least one officer fatality during the first six months of 2009. Three federal law enforcement officers have also died this year. All 66 officers killed by mid-year 2009 were men. By contrast, nearly 10 percent of the officers killed in all of 2008 were women, the highest percentage in history.

*Mid-year statistics were released by the NLEOMF in conjunction with Concerns of Police Survivors. The data are preliminary and do not represent a final or complete list of individual officers who will be added to the National Law Enforcement Officers Memorial for 2009.*

## A Closer Look

### Multiple-Death Incidents, Mid-Year 2009

Multiple death fatalities among law enforcement ranks are not the norm; but during a five-week period of 2009, nine officers were gunned down in three separate incidents.

#### Oakland, CA – March 21

The tragedy began when Sergeant Mark Dunakin and Officer John Hege pulled over a vehicle and the driver opened fire. Sergeant Dunakin was killed and Officer Hege mortally wounded (he would die three days later). Two hours later, SWAT team members tracked the suspect to an apartment building a short distance from the original shooting. As officers entered a bedroom, the gunman opened fire through a closet, fatally striking Sergeant Ervin Romans and Sergeant Dan Sakai. Another SWAT officer shot and killed the suspect, a wanted parolee.



Sgt. Mark Dunakin



Officer John Hege



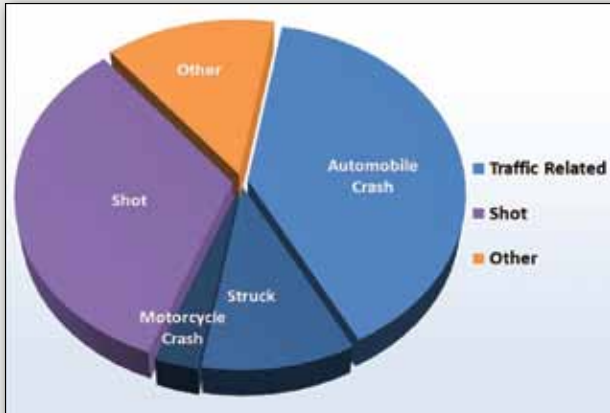
Sgt. Ervin Romans



Sgt. Daniel Sakai



**Causes of law enforcement officer deaths: Mid-Year 2009**



If current trends continue, 2009 will be the 12th year in a row in which more officers are killed in traffic-related incidents than die from any other cause. Traffic-related incidents include automobile, motorcycle and bicycle crashes, plus officers struck while outside their vehicles.

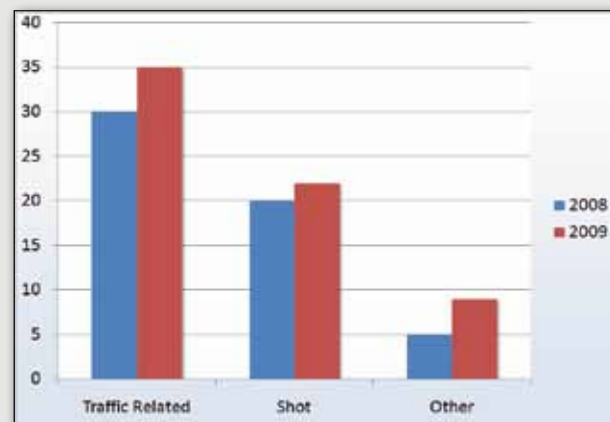
For the second straight year, traffic incidents make up a clear majority of officer deaths. 2008 marked the first time in U.S. history that more than 50 percent of officer fatalities in a single year involved traffic-related incidents—just over 53 percent. Mid-year 2009, the percentage has remained at just above 53 percent, with automobile accidents accounting for nearly 40 percent of fatalities.

Comparing the first six months of 2008 with the same period of 2009, all major categories of officer fatalities increased. Traffic-related incidents rose by nearly 17 percent, from 30 to 35. This year's mid-year total included 26 officers killed in automobile crashes, 2 in motorcycle accidents, and 7 struck and killed while outside their vehicles.

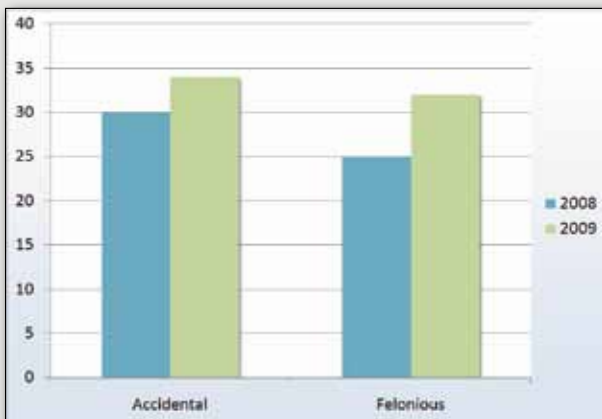
Officers killed in firearms-related incidents increased, from 20 to 22.

Deaths from other causes nearly doubled, from 5 to 9, with all but one death involving a job-related physical incident.

**Changes in causes of officer fatalities: Mid-Year 2008 vs. 2009**



**Felonious vs. accidental officer deaths: Mid-Year 2008 vs. 2009**



Because many traffic-related incidents are accidents, the majority of officer deaths in recent years have been classified as accidental as opposed to intentional, or felonious. During the first half of 2009, officer fatalities were nearly evenly split between accidental (34) and felonious (32) incidents.

Of the 32 felonious incidents, 21 involved officers who were shot and killed. Another seven officers died in felonious automobile crashes, five of which involved drunk drivers. Three officers were intentionally struck and killed, and one officer died after a physical altercation with a suspect.

2009 figures are preliminary and subject to change.



## Geographic distribution of officer fatalities: Mid-Year 2009



Twenty-four states experienced at least one officer fatality during the first six months of 2009.

State	Number of Fatalities	State	Number of Fatalities
Florida	7	Mississippi	2
California	6	New Mexico	2
Pennsylvania	6	Massachusetts	1
Texas	6	Montana	1
North Carolina	5	Nevada	1
Alabama	3	South Carolina	1
New York	3	South Dakota	1
Ohio	3	Tennessee	1
Arkansas	2	Virginia	1
Georgia	2	Wisconsin	1
Illinois	2	Federal	3
Indiana	2		
Louisiana	2		
Minnesota	2		
		<b>TOTAL</b>	<b>66</b>

## Causes of law enforcement officer fatalities: Mid-Year 2008 vs. 2009

	2008	2009
<b>Traffic Related</b>		
Automobile Crash	19	26
Struck (outside vehicle)	7	7
Motorcycle Crashes	4	2
<b>Subtotal:</b>	<b>30</b>	<b>35</b>
<b>Shot</b>	<b>20</b>	<b>22</b>
<b>Other</b>		
Physical-related Incident	4	8
Helicopter Crash	0	1
Stabbing	1	0
<b>Subtotal:</b>	<b>5</b>	<b>9</b>
<b>TOTAL</b>	<b>55</b>	<b>66</b>

## Demographic profile of officers killed: Mid-Year 2009

<b>Race/Ethnicity</b>	
Caucasian	51
African American	7
Hispanic	7
Asian	1
<b>Gender</b>	
Female	0
Male	66
<b>Average Age</b>	39
<b>Average Years of Service</b>	11



Officer Eric Kelly



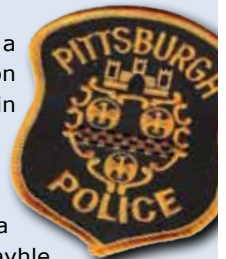
Officer Stephen Mayhle



Officer Paul Sciuolo II

### Pittsburgh, PA – April 4

Early that morning, Pittsburgh Police received a call of a domestic disturbance involving a mother and son in Stanton Heights. Officers Stephen Mayhle and Paul Sciuolo II were in the last hour of their shift when dispatched to the scene. Officer Eric Kelly had just finished his shift and on his way home when he heard the call and responded in his personal vehicle. Inside the home, the 22-year-old suspect donned a bullet-resistant vest and lay in wait. Officers Sciuolo and Mayhle were shot in the head as they entered the home. Officer Kelly was shot as he pulled up to the scene. During the ensuing standoff, two other officers were injured as they valiantly removed the fallen officers.



2009 figures are preliminary and subject to change.



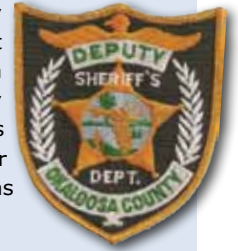
Deputy Sheriff  
Burton "Burt"  
Lopez



Deputy Sheriff  
Warren "Skip"  
York

## Okaloosa County, FL – April 25

Three weeks after the shooting in Pittsburgh, two Okaloosa County (FL) sheriff's deputies were murdered while trying to make an arrest. Deputies Warren "Skip" York and Burt Lopez had gone to a gun club in Crestview to arrest a man in connection with a domestic violence incident earlier in the day. As they approached the suspect, who was standing in the parking lot next to his truck, and attempted to handcuff him, the gunman raised a concealed weapon and began firing. During the gunfight, Deputy Lopez was mortally wounded. Deputy York was shot and killed as he attempted to prevent the suspect from fleeing in his truck. After a vehicular pursuit that ended in another gunfight, the suspect was eventually shot and killed by officers.



*This Research Bulletin was produced by the National Law Enforcement Officers Memorial Fund, in conjunction with Concerns of Police Survivors. The 2009 figures are preliminary and are subject to change.*

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Left to right: KNOA Secretary, Detective Mike Brackett, Jefferson County Sheriff's Office; Major Joe Williams, Kentucky State Police; KNOA President Dave Keller, Appalachia HIDTA; Congressman Brett Guthrie, Kentucky Second District; KNOA Executive Director Tommy Loving, Bowling Green-Warren County DTF; KNOA Vice President Stan Salyards, Louisville Metro Police; KNOA Past President Dave Gilbert, Lake Cumberland DTF; Director Van Ingram, Kentucky Office of Drug Control Policy.

