



-OFFICIAL PUBLICATION OF-
THE COALITION
THE NATIONAL NARCOTIC OFFICERS ASSOCIATIONS COALITION

NLEOMF Bulletin:
Fatalities
Spike
in 2010
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The Coalition

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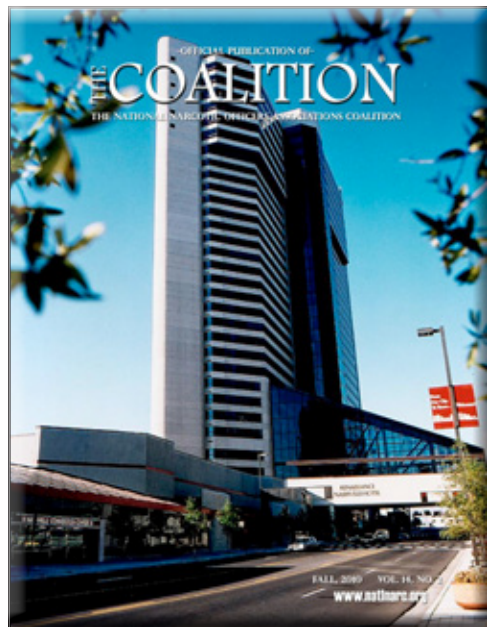
You must establish a local or state narcotics officers association. The membership fees are \$500 per year for member states with over 1000 members in their association, \$300 per year for associations with 500 or more members and \$200 per year for associations with under 500 members. For more information 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.

**Deadlines for
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Issue	Deadline
1st Edition	January 1
2nd Edition	August 1



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PRESIDENT'S REPORT

By Ronald Brooks, President



President Ron Brooks

As I sat down to begin writing this message, I reflected on the successes the NNOAC has achieved through our advocacy efforts and by working closely with our other national association partners. The NNOAC's continuous presence on Capitol Hill, coupled with our grassroots efforts, both in Washington and back home, has been instrumental in sustaining – and, in some cases, saving – important programs, including the Byrne/Justice Assistance Grants (Byrne/JAG), High Intensity Drug Trafficking Area (HIDTA), and the Regional Information Sharing Systems (RISS). We have successfully advocated for important legislative changes, including precursor controls and legislation providing narcotic officers the tools they need to accomplish their jobs. The NNOAC has also been a leader in the fight against drug legalization.

Unfortunately, as we begin 2011, our coalition is facing greater challenges than at any time in the NNOAC's history. The United States economy is teetering precariously. Many Americans are suffering

serious financial hardships. Our nation's budget deficit is at an all-time high. When the 112th Congress arrived in Washington, it came with a mandate from the public: reduce the deficit and get government spending under control. The 112th Congress will scrutinize every program as they work through the tough decisions of where and how to trim our national budget; nothing is safe from budget cuts or even outright elimination. The NNOAC and our partner associations must provide the information and dialogue to demonstrate the effectiveness of the programs that we support – Byrne/JAG, HIDTA, RISS and the National Guard's Counterdrug.

You – the professionals who work in law enforcement – know firsthand how drugs destroy communities and the impact that gangs, drug abuse, and violent crime have on the economic growth. The NNOAC must

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PRESIDENT'S REPORT, CONT

endeavor to tell that story; we must somehow put a face on the misery, economic ruin and family despair that happens when our towns and cities are destroyed by drugs and gangs. We must be prepared with the powerful stories of what we see each day at work and with defensible evidence-based information on how increased drug use strains the health care system, increases insurance costs, impacts the economy, and endangers the community. It will be our coalition's responsibility to ensure that national policymakers and Congress realize that budget cuts to law enforcement, prevention and treatment will cost this country many more dollars than they will save.

Over the past twenty years, Americans have witnessed a steady decrease in drug use and violent crime. Unfortunately, teen drug use is on the rise, and young lives are sure to be lost. This is attributable to our diminishing resources and the conflicting messages proffered by the legalization movement that create confusion about the dangers of drugs. Although crime statistics show that violent crime is down, some communities have experienced increases, a trend that might sweep the nation if we continue to decrease federal assistance to state, local, and tribal law enforcement.

In California we saw the threat of outright drug legalization with Proposition 19. This dangerous ballot initiative was defeated by an effective coalition which included the faith community, educators, parents' groups, Mothers Against Drunk Driving, and law enforcement organizations such as the California Narcotic Officers Association. While we rightfully celebrate our victory, that victory will be short-lived if we do not remain vigilant. The pro-legalization movement is already planning the next marijuana legalization campaign for 2012; we can be certain that they will be armed with even more money and the lessons learned from their 2010 defeat.

The NNOAC continues to be one of the leaders in combating the legalization movement and one of the most active members of the national alliance supporting Byrne/JAG and other important programs. After more than ten very successful years, however, we are on the verge of losing our competitive edge. Like many associations, the NNOAC has felt the impact of a troubled economy. Our financial resources are at an all-time low. For now, we are able to continue our important work – but only because of the outstanding grassroots

support we receive from our member associations and from the partnerships that we continue to enjoy with other national associations.

The NNOAC is facing many difficult challenges – our shrinking finances, an organized and well-financed drug legalization movement, and the challenge of convincing the Congress that investing in public safety and drug prevention is worth the expense. We must continue our efforts and never stop fighting to protect the lives of our kids and the safety of our communities. We can never quit, whether that fight is on the streets doing the dangerous work that our members do each and every day or in the halls of Congress. If we stop fighting, who will carry the message? The stakes are too high – the safety of our communities and our children. The very wellbeing of our nation demands that we stand up against drugs and the threat they pose to America.

It remains a tremendous privilege and honor to work with each of you. I look forward to a challenging but successful year as we continue to advocate for a sound drug policy. May God bless each of you, and may God bless our great nation. □



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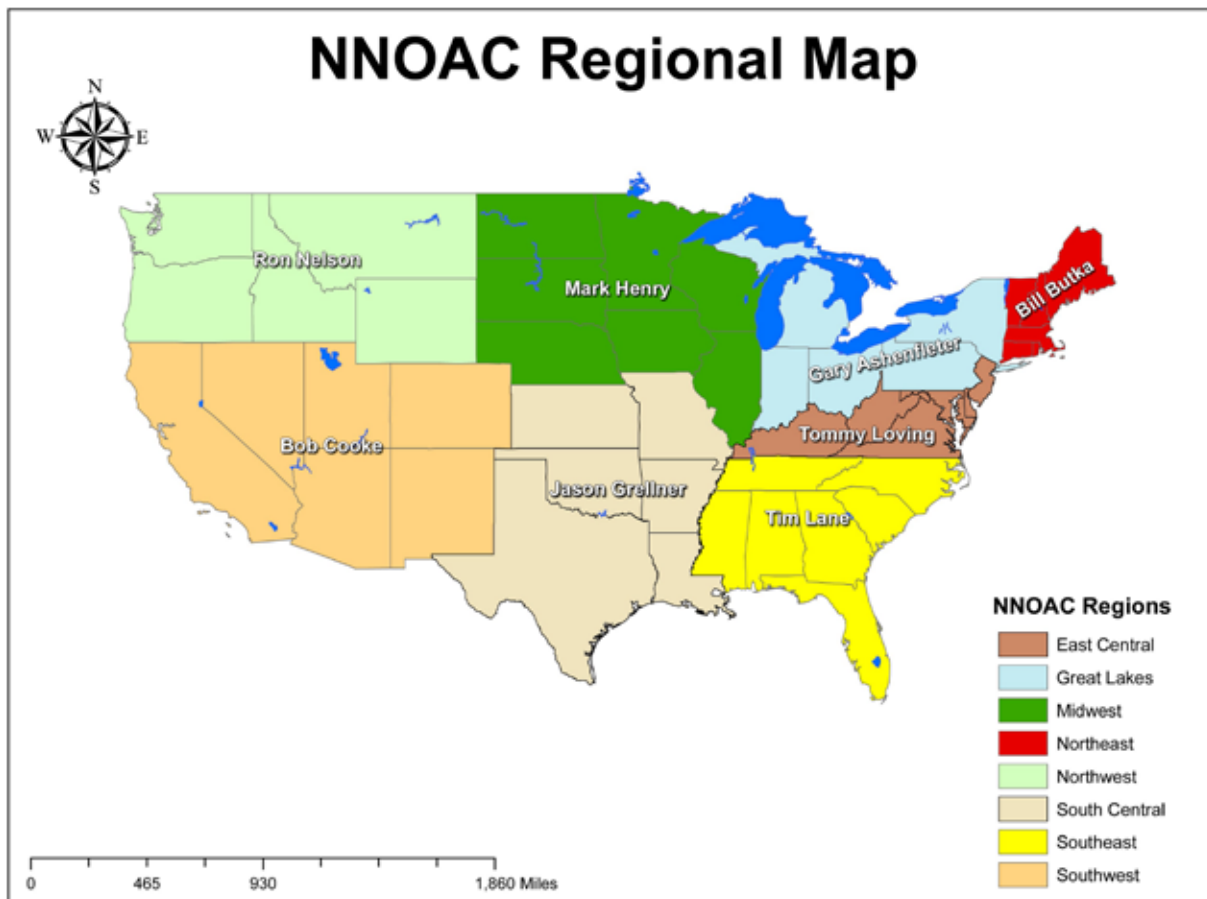
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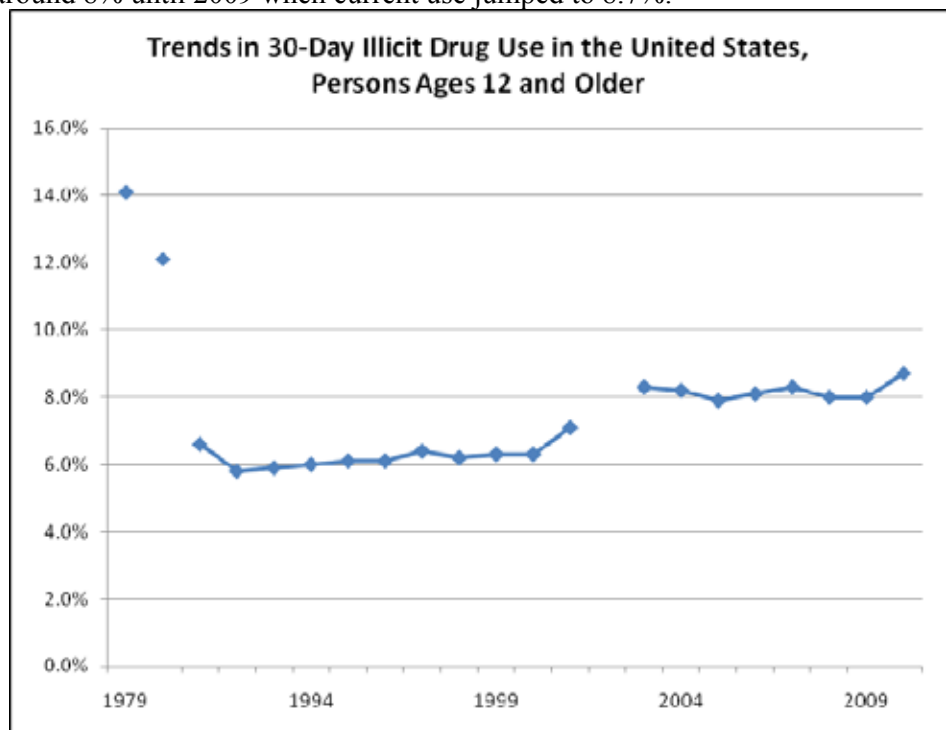
Commentary

December 7, 2010

Learning from Experience: Implications of Long-term Trends in Illegal Drug Use in the United States

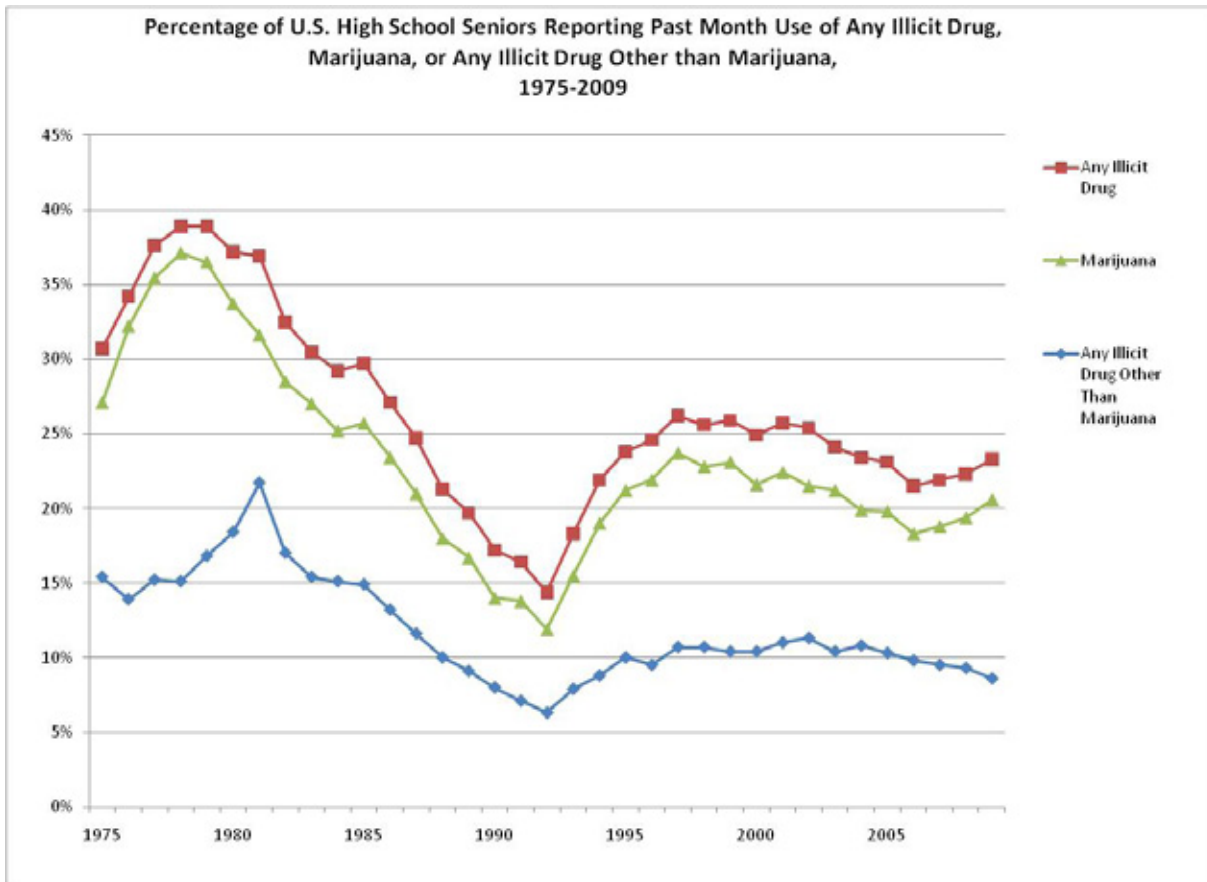
Prior to the past 40 years never before in world history has any entire population been exposed to a virtually limitless variety of dependence-producing drugs in high potency by intensely rewarding routes of administration, particularly snorting, smoking and shooting. The United States has met this serious public policy challenge with a strong bipartisan investment in a strategy that balances law enforcement with treatment, prevention and research. The impact of this balanced strategy can be seen in the dramatic changes in rates of illegal drug use in the US over the past four decades. These trends also reflect significant changes in public attitudes towards illegal drug use over this extended period of time.

Illegal drug use dramatically increased in the US from the early 1970's, reaching a historic peak in 1979 when 14.1% of all Americans age 12 and older used an illegal drug in the past 30 days, termed "current use."¹ From 1979 to the early 1990's, the rate of current illegal drug use dramatically decreased nearly 60% to its lowest point of 5.8% in 1992.² Since 1992, illegal drug use remained fairly stable through 2000. From 2000 to 2002, the number of current illegal drug users increased 31%.³ Since that time, illegal drug use rates have hovered around 8% until 2009 when current use jumped to 8.7%.⁴



¹ The survey methods for NSDUH changed in 2002.

These dramatic changes in illegal drug use are more apparent in youth illegal drug use rates. The youth drug use rates are more dynamic and responsive to changes in the national culture. The graph below displays data from the National Institute on Drug Abuse’s (NIDA) *Monitoring the Future* survey and shows the sharp changes in drug use among 12th grade students. Rates of marijuana use closely track the trends in illegal drug use because marijuana has been the most widely used illegal drug among youth over this extended period of time.⁵



What influenced these marked changes in illegal drug use?

Increase in drug use from the early 1973 to 1979:

During this time the growing belief that illegal drug use was trivial led to the rapidly rising levels of marijuana use and rapidly rising support for decriminalization of marijuana. Between 1973 and 1978, eleven states decriminalized possession of small amounts of marijuana. There was a national sense that marijuana use inevitably would be decriminalized or even legalized which contributed greatly to increases in illegal drug use up to the peak in 1979.

Long decline in drug use from 1980 to 1992:

The Parents’ Movement which began in 1978 focused on the negative health effects of marijuana use, the use of marijuana by youth as a “gateway” to other illegal drug use, and on the powerful protective role of engaged parents who insisted their children not use illegal drugs including marijuana. During the 1980’s Nancy Regan embraced the message of the Parents’ Movement with her “Just Say No” campaign. This

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effective effort to de-normalize illegal drug use – particularly, but not only, marijuana use – received strong White House support through the early 1990’s.

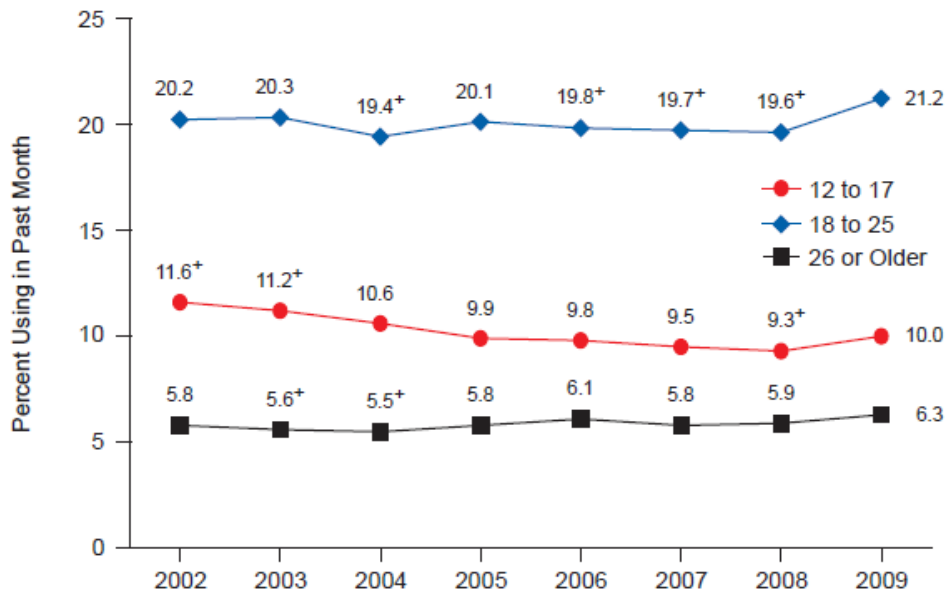
Renewed increase in illegal drug use from 1993 to 1997:

The significant increase in illegal drug use by youth through the late 1990’s sharply reversed the downward trend in the prior 14 years. This change reflected the gradual rise in toleration in the US of illegal drug use and the disappearance of the Parents’ Movement over those years. A new movement that called for “Harm Reduction,” which espoused the view that marijuana use itself did not cause harm, was aggressively promoted. The Harm Reductionists claimed that the criminal justice system created most of the “harm” from illegal drug use. This cultural shift, which was well-funded and sophisticated, focused on the promotion of “medical marijuana” as not only compassionate but also as a way to gain legitimacy for marijuana use. During this time California became the first state to legalize medical marijuana through the passage of Proposition 215, the Compassionate Use Act of 1996.

The unstable plateau for all ages and decreases in youth drug use from 1998 to 2008:

The administration of President Clinton led a renewed federal counterattack against toleration of illegal drug use which was continued with vigor during the term of President George W. Bush. During this period there was a virtual stalemate between the forces of drug toleration and the rejection of illegal drug use, especially marijuana use. This stalemate was reflected in the plateau of drug use over these years.

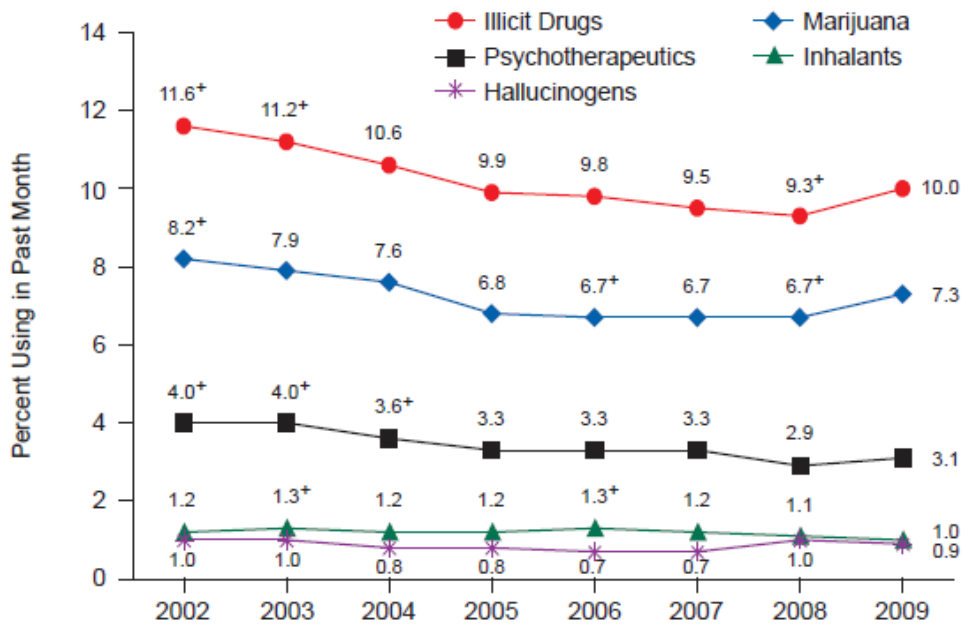
Figure 2.5 Past Month Illicit Drug Use among Persons Aged 12 or Older, by Age: 2002-2009



⁺ Difference between this estimate and the 2009 estimate is statistically significant at the .05 level.

Rates of illegal drug use, including marijuana use, among youth aged 12 to 17 declined from 2002 through 2008.

Figure 2.6 Past Month Use of Selected Illicit Drugs among Youths Aged 12 to 17: 2002-2009



⁺ Difference between this estimate and the 2009 estimate is statistically significant at the .05 level.

7

Increase in drug use to 2009 and looking ahead:

In 2009, use of illicit drugs took a sharply upward turn. This increase in illegal drug use, and in particular marijuana use, reflects broad changes in the attitudes of Americans. Advocates of Harm Reduction were energized by their continuing successes in changing the way Americans think about illegal drugs – that they were less harmful – and in changing state laws, particularly the growing acceptance of medical marijuana. Fifteen states and the District of Columbia approved marijuana for “medical” use. Many supporters of medical marijuana were dropping their camouflage and outwardly advocating for the ultimate drug policy goal of the legalization of marijuana. Starting with marijuana, their objective was to remove the role of criminal justice system in drug policy.

Based on past experience, the success of Harm Reduction, if continued, will result in rapidly rising rates of illegal drug use, including but not limited to marijuana, since drug using behaviors (and therefore drug use rates) often are linked to perceptions of the relative harmfulness of illegal drug use. With the increase in marijuana use in 2009, the perception waned of the associated harm of marijuana use. However, it is important to note that rates of alcohol and tobacco use also declined among youth, confirming that the prohibition of illicit drugs did not cause an upswing in legal drug use. The nation appears to be at a tipping point as drug policy has emerged as a major public policy focus.

Conclusions

Based on the previous experience from 1973 to 1979, the current dramatic rise in the toleration and the corresponding rising levels of illegal drug use can be predicted to generate a renewed and broadly-based opposition. An early sign of this reaction manifested itself in 2009 and 2010 when multiple state marijuana legalization efforts were successfully defeated; this reflects a persistent broadly based public reluctance to permit free access to marijuana. Continued and future opposition to permissive attitudes and laws toward

Continued on next page

illegal drug use will likely center on the high social costs of illegal drug use and the valuable role of the criminal justice system in essential public health efforts to limit the use of marijuana and other illegal drugs.

One area that shows promise for the future of reducing illegal drug use is a growing trend to shift the role of the criminal justice system so that it manages the 5 million offenders in community corrections on parole and probation more effectively. The number of Drug Courts in the US has increased dramatically in the 2000's, balancing law enforcement with treatment choices for non-violent drug offenders. In addition, probation and parole programs that combine intensive random drug testing with swift and certain, but brief, incarceration for any drug use or other violation while under supervision have had great success. This approach has gained strong bipartisan support because not only does it reduce illegal drug use and new crimes in this high-using, high-problem-causing population, but also rates of incarceration and correctional costs.

During the past four decades there has been considerable long-term success in reducing illegal drug use in the US. However much remains to be done, as recent rates of illegal drug use have increased in tandem with changing attitudes and perceptions of risk. Changes in the criminal justice system in conjunction with increased public education, prevention programs and policies hold great promise. The rise in illegal drug use that peaked in 1979 resulted in a successful pushback by the Parents' Movement. It is possible that a continued rise in illegal drug use will once again create a similar strong grassroots response.

For more information about the Institute for Behavior and Health, Inc. visit www.ibhinc.org.

Robert L. DuPont, M.D.

President, Institute for Behavior and Health, Inc.

First Director, National Institute on Drug Abuse (NIDA) 1973 to 1978

¹ Substance Abuse and Mental Health Services Administration. (1999). *National Household Survey on Drug Abuse: Main findings 1997* (Office of Applied Sciences). Rockville, MD.

² Substance Abuse and Mental Health Services Administration. (1999). *National Household Survey on Drug Abuse: Main findings 1997* (Office of Applied Sciences). Rockville, MD.

³ Substance Abuse and Mental Health Services Administration. (2003). *Overview of Findings from the 2002 National Survey on Drug Use and Health* (Office of Applied Studies, NHSDA Series H-21, DHHS Publication No. SMA 03-3774). Rockville, MD.

⁴ Substance Abuse and Mental Health Services Administration. (2010). *Results from the 2009 National Survey on Drug Use and Health: Volume I. Summary of National Findings* (Office of Applied Studies, NSDUH Series H-38A, HHS Publication No. SMA 10-4586 Findings).

⁵ Johnston, L. D., O'Malley, P. M., Bachman, J. G., & Schulenberg, J. E. (2010). *Monitoring the Future national survey results on drug use, 1975-2009: Volume I, Secondary school students* (NIH Publication No. 10-7584). Bethesda, MD: National Institute on Drug Abuse.

⁶ Substance Abuse and Mental Health Services Administration. (2010). *Results from the 2009 National Survey on Drug Use and Health: Volume I. Summary of National Findings* (Office of Applied Studies, NSDUH Series H-38A, HHS Publication No. SMA 10-4586 Findings).

⁷ Substance Abuse and Mental Health Services Administration. (2010). *Results from the 2009 National Survey on Drug Use and Health: Volume I. Summary of National Findings* (Office of Applied Studies, NSDUH Series H-38A, HHS Publication No. SMA 10-4586 Findings).



NATIONAL NARCOTIC OFFICERS' ASSOCIATIONS' COALITION

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History

National Narcotic Officers' Associations' Coalition

Since the beginning of the drug epidemic in the 1960's, 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 national 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 40 individual state narcotic associations, the six RISS projects and the Territory of Puerto Rico representing more than 55,000 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 web-site, as well as regional directors to represent each region of the country.

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 System (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 the 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 web site at www.natlnarc.org.

Here 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. □

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08/10/2010 - 01/07/2011

Meth Labs on the Rise: Caring for Officers Exposed During Raids

By Utah Attorney General Mark Shurtleff

The second labor of Hercules was to slay the Hydra, a many-headed serpent that grew two new heads each time one was cut off. This was a task that only a true hero could undertake, and it is uncomfortably similar to the dilemmas that face those in drug enforcement.

Just this month, the Wall Street Journal reported that crackdowns on meth labs in Mexico appear to be responsible for a resurgence of meth production in the U.S. After a decade of decline, the paper warned that we could be facing “a return to the days when toxic meth byproducts littered roadsides and polluted waterways across rural America.”

It’s too early to calculate what this trend will mean in terms of increased crime, lives destroyed by addiction, or demands for additional resources in tough financial times. But one statistic has special meaning: the U.S. Drug Enforcement Agency reports that so far this year, it has funded 10,481 cleanups of clandestine labs, more than twice the 2008 total of 4,830.

This is an indicator of a serious and deeply troubling assault on the health and well-being of those who serve in the fight against illegal drugs.

Entering a meth lab means stepping into a toxic waste dump. The witches’ brew used to cook meth can include battery acid, rat poison, paint thinner, drain cleaner, brake fluid—the list goes on and on, and involves some of the nastiest and most volatile chemicals imaginable.

The dangers are greatest for those involved in raids – a study published in 2009 in the Journal of Medical Toxicology found that police officers exposed to active



Project director Sandra Lucas with officers

labs have a significantly increased risk of becoming ill, and face physical hazards including spills, fires, explosions, and uncontrolled reactions.

I have first-hand experience with the impact of these exposures on law enforcement officers. When clandestine labs began popping up in Utah in the late 70s, we were only the second state in the nation, after California, to deal with the heavy proliferation of these dangerous “kitchens.” There was no road map to follow.

By the mid 90s, Utah agents were raiding more than 300 labs a years—makeshift operations in kitchens, basements, bathrooms, hotel rooms, U-Haul trucks and even car trunks. Our officers were prepared to face gunfire, booby traps, attack dogs and other tactics used by meth cooks and drug dealers. But they weren’t aware of the need for gear to protect against chemical exposures, nor could they imagine going into battle with face masks and oxygen tanks that would prohibit their ability to see and react quickly.

While we’re very proud in Utah that we have dismantled hundreds of meth labs, and to this day lead the nation in doing so, this good work came at an unexpected price. Over the years, our “Meth Cops” started to get sick.

They began to experience a cluster of health issues, in much higher concentration than in the general population: severe acid reflux and intestinal problems, chronic migraines, insomnia, joint pain and muscle tremors, among other complaints. Tragically, two died at young ages from rare forms of cancer and we lost nine more officers to other fast-growing, unusual illnesses.

As Attorney General, I had no idea what to do about these



Vincent D’Onofrio Project Crew and officers

Continued on next page

The Coalition



The magnificent seven in the box

medical problems, but I did know one thing: we didn't have time to waste. While attending a conference for attorneys general, I heard a presentation that gave me a glimmer of hope.

It focused on results from a program that had been implemented in my state. One of its components was the Hubbard detoxification program, a precise regimen that includes exercise, sauna bathing, and vitamin, mineral and oil supplements. Nearly thirty years of clinical experience have established its value in treating chemical exposures.

A continuously evolving body of research projects has examined its application in the aftermath of exposure incidents. Scientists in the U.S., Europe and Russia have collaborated on this work since the early 1980s; their findings have been published by the Royal Swedish Academy of Sciences, the U.S. Environmental Protection Agency, the World Health Organization's International Agency for Research on Cancer, among many others.

One of the most recent applications of the program is a project established in New York to bring relief to first responders affected by toxic exposures during the World Trade Center rescue and recovery operations. To date, the New York Rescue Workers Detoxification Project has



AG receiving award from UNOA

assisted more than a thousand men and women. When I learned about it, it wasn't long before I was on a plane to visit its facility in Manhattan and to find out for myself what detoxification might have to offer my officers.

I was both surprised and encouraged by what I found. There were great similarities between the symptoms experienced by rescue workers and those that were plaguing "meth cops." These symptoms included headaches, gastrointestinal problems, joint pain, muscle tremors, insomnia, depression, memory problems, irritability and mental foginess.

As much as I was surprised, I was encouraged by the results that were being achieved routinely through detoxification. In talking to program participants and completions, I learned that they were sleeping through the night for the first time since 9/11. They could breathe comfortably without inhalers or other medication. After completion, the great majority no longer needed medication to treat WTC-related symptoms; the symptoms were gone.

In addition to reducing the number of days of work that rescue workers missed due to illness, the program was resolving anxieties (generally unexpressed to supervisors or co-workers) that careers would end prematurely in disability retirement. Symptoms of "post traumatic stress," still common among rescue workers, were also resolving.

Reports from spouses and family members described dramatic changes in the quality of family life as a result of such improvements. By the time I left New York, my glimmer of hope had become a flame.

Through a joint effort between Utah legislators, chiefs of police, sheriffs, police officers' organizations and other partners, the Utah Meth Cops Project was established to bring the Hubbard program to law enforcement personnel harmed by exposures during lab raids. Before long, we began to see results. Men who had complained of chronic fatigue were waking up in the morning full of vigor. Men who had trembled with the slightest physical exertion stopped shaking no matter how active they became. Joint pains, migraines, inability to concentrate, stomach problems were all completely gone. In short, our officers were getting well.

We have worked to make the program available to every officer who wants to take advantage of it, and to date have helped more than XX recover quality of life and job fitness. Thanks to support from the state and from private donors, we have been able to provide these services at no cost to participants. I believe that is the least we owe men and women who have put their safety on the line to ensure public safety.

Among the participants was an undercover officer who began working with his department SWAT team in 1997. One of the team's main functions was to serve high risks

America Needs Leaders, Not Labels

By *Calvina Fay*



For more than a decade, advocates for the legalization of currently illegal drugs have been trying to sabotage state and federal drug laws and have wreaked havoc on our efforts to reduce drug use, abuse, addiction, and drug-related deaths. Their goal is to undermine drug laws in order to eventually overturn them and make marijuana, cocaine, heroin, methamphetamine, and all other illicit drugs legal and socially acceptable.

The most effective drug legalization strategy in the United States has been to legalize marijuana as a so-called medicine, thus reducing the perception of its harmfulness. Legalization activists then come back later into states that have legalized marijuana as medicine and push further to expand the initiatives to allow for larger amounts of marijuana to be possessed under the guise of medicine, to allow for more conditions to be “treated” by marijuana, or to legalize marijuana for recreational purposes in addition to medical reasons.

We have recently seen the impact of marijuana being promoted as a medicine, thus creating a reduction in the perception of marijuana’s harmfulness by our youth as indicated in the Monitoring the Future Survey released in December. In the survey, the proportion of 12th-graders who acknowledged daily use of marijuana reached 6.1% — the highest point since the early 1980s — and the numbers of eighth- and 10th-graders smoking pot daily also climbed, to 1% and 3%, respectively.

To date, 14 states and the District of Columbia have passed medical marijuana initiatives. The following states and district have approved through ballot initiatives: California, Washington, Alaska, Maine, Nevada, Montana, Vermont, Colorado, Michigan, District of Columbia, and Arizona; and the following states have approved marijuana as a so-called medicine by legislation: Rhode Island, New Mexico, Hawaii, and New Jersey.

During 2010, we saw a continued increase in drug legalization efforts. As of November 2010, 140 different pieces of pro-legalization legislation were introduced. Of the 140 legislative efforts, thanks to the aggressive efforts of many good folks around the country, 110 failed or were unable to make it out of committee, 23 remained open, and 7 passed. Comparatively, there were only 84 pro-legalization legislation bills filed in 2009, and 64 filed in 2008.

Of the 140 pieces of introduced legislation, 31 bills sought to establish medi-pot programs in 17 states and two U.S.

territories (multiple bills in some states). Of those attempts, bills in Illinois, New York, Ohio, Pennsylvania, and Guam remain open.

Those who want to see drugs legalized succeed in their efforts by misleading the public with inaccurate statistics and anecdotal evidence. Moreover, because of the deep pockets of their funders, they are able to spread their lies via intense media campaigns, sophisticated marketing techniques, and direct lobbying.

Everyone who works on drug related issues knows the names of the major organizations fighting to legalize and normalize drug use: Marijuana Policy Project (MPP), the National Organization to Reform Marijuana Laws (NORML), the Open Society Institute (OSI), and the Drug Policy Alliance (DPA). Their money and their vast numbers of members enable their voices to be heard above all others.

Another legalization group gaining momentum is Law Enforcement Against Prohibition (LEAP). According to their mission statement, LEAP is made up of current and former members of law enforcement who believe current drug policies fail to address the problems of crime, drug abuse, and addiction. However, membership is not actually limited to those currently or formerly associated with law enforcement so even criminals can become one of their members. By continuing to fight a war on drugs, according to LEAP, the government has only increased the societal problems associated with drug use. Their idea of effective drug policy is to legalize and regulate illicit drugs.

Grassroots community efforts to battle legalization initiatives and legislation depend upon and turn to law enforcement for support in keeping illegal drugs off the street and out of the hands of our youth. With this in mind, one can only imagine the mixed message the community receives from a group like LEAP who claims to represent the mindset of law enforcement.

LEAP does not release information on its members, so it is impossible to determine how many current or past members of law enforcement their alleged 15,000 membership actually represents. What is clear is that they exploit the integrity, commitment of service, and community protection that law enforcement represents while pushing their agenda to “end prohibition” and “legalize all drugs so we can control and regulate them.”

It is imperative that we remain united to counter any and all pro-drug messages coming from groups like LEAP. Law

Leaders, not Lables cont.

enforcement has always been the natural ally in fighting drug use and abuse, and more importantly, law enforcement provides valuable insight into what is really happening on the streets of America's communities. Law enforcement bears witness on a daily basis to the dangers illegal drugs impose on our nation's youth, and law enforcement's experiences and voices must be heard in this battle.

All is not lost, however, and perhaps we are reaching a tipping point. Several states are now looking at what can be done to roll back their laws on marijuana and ban its use as a so-called medicine. They are also pushing back against marijuana dispensaries, clamping down on pill mills that abuse the sale of prescriptions for pain medication, and are creating guidelines that tighten up the abuses of dispensing marijuana as a medicine. We may also finally see pressure brought to bear on the Food and Drug Administration to take ownership in banning marijuana products being marketed under the guise of medicine.

We are waging two wars on the home front these days – one against the scourge of drugs and one against those who seek to normalize and legalize drugs. We need the help of law enforcement in both of these battles. Former President Ronald Reagan once said “America needs leaders, not labels.” And now, more than ever, America needs leaders to lead the charge against the drug legalizers. Mr. Reagan also

said “A leader, once convinced a particular course of action is the right one, must have the determination to stick with it and be undaunted when the going gets tough.” I implore those of you who having been with us in this fight through the years who may be feeling battle-weary, to make a resolution as we step into 2011 that you will find that determination to stick with the battle. The future of our children is far too important to sit this one out!

Law enforcement sees firsthand what happens when drug laws are weakened. Increased availability leads to increased use which in turn leads to an increase in criminal activities. We need your help in supporting sound drug policies and pushing back against ineffective and harmful drug policies pushed by the drug legalization advocates. Please become a part of our defense force by joining Save Our Society From Drugs today. To become a member please visit www.saveoursociety.org. □

ABOUT THE AUTHOR: Calvina Fay is the Executive Director of both Drug Free America Foundation, Inc. and Save Our Society From Drugs (SOS), national non-profit organizations specializing in drug policy. To learn more, visit www.dfaf.org or join SOS to support their lobbying efforts by visiting www.saveoursociety.org.

Meth on the Rise,

Continued from page 17

warrants on meth labs around the state.

“Many times the labs were so full of gases we had to drop low just to see into the room, he recalls. “Eventually, after having entered countless labs I noticed my energy level dropping considerably. I started getting headaches regularly, I couldn't sleep, I had breathing problems, sinus problems and acid reflux, along with other symptoms.”

After enrolling in the program, and beginning the sauna and exercise regimen, he says, “I noticed that my sweat smelled like ammonia, a chemical used during the manufacture of methamphetamine. An unidentified black substance started coming out of my pores on my chest. Some strange matter came out of my tear ducts. More than once I tasted a metallic taste in my mouth and numerous times I felt ‘foggy’.”

After completing the program, he reports, “I no longer have headaches. I am sleeping well again, in fact better than I have in years. The breathing problems and acid reflex are gone and best of all I have my mental clarity and energy back.”

Having seen dozens of cases with similar results, I'm

confident that this program would benefit officers in other states. I would be happy to speak to others who might consider implementing a similar project about the lessons we have learned in Utah. Beyond this, with support from Congress and the American Detoxification Foundation, we have begun to offer detoxification to officers from outside the state.

Hopefully, our combined efforts can quickly slow the current proliferation of meth labs and enable us to return to a trend of decreasing production. At the same time, we must do everything possible to protect and preserve the health of those on the front line. Over the course of the last three years, first-hand experience has convinced that the Hubbard detoxification program is a unique and important tool for accomplishing this goal.

For more information on the Utah Meth Cops Project, visit www.utah-detox.org. You can also email utahdetox@yahoo.com or call the project at 801-484-1430. We are ready to assist you. □

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LAW ENFORCEMENT OFFICER DEATHS: PRELIMINARY 2010

RESEARCH BULLETIN

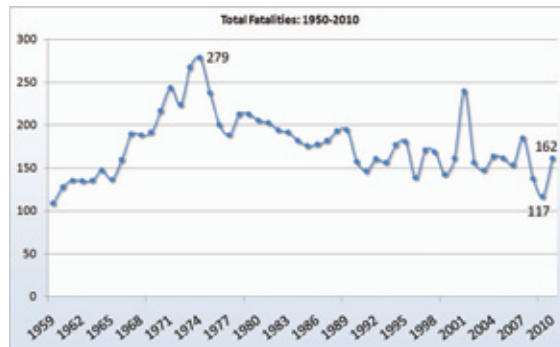
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info@nleomf.org

Law Enforcement Fatalities Spike Dangerously in 2010

Following a two year decline, law enforcement fatalities in 2010 spiked to 162. This was an increase of nearly 40 percent compared to last year, when 117 officers were killed in the line of duty.

Preliminary data from the National Law Enforcement Officers Memorial Fund show that for the 13th year in a row, traffic fatalities were the leading cause of officer fatalities, with 73 officers killed in the line of duty—an increase of 43 percent from 2009.



Of the 73 traffic-related fatalities in 2010, 50 officers died in automobile crashes, 16 were struck and killed by automobiles while outside of their vehicles, 1 died in a bicycle accident, and 6 died in motorcycle crashes.

Firearm fatalities increased 24 percent, from 49 deaths in 2009 to 61 in 2010. Even more alarming, multiple fatality shootings accounted for nearly 20 percent of all fatal shootings. Five incidents occurred in: Fresno, CA, San Juan, PR, West Memphis, AR, Tampa, FL, and Hoonah, AK, accounting for 10 officer deaths.

Thirty nine states, along with the District of Columbia and Puerto Rico experienced officer fatalities during 2010. For the third year in a row, Texas (19), Florida (9) and California (11) were in the top five states with the most fatalities—a combined total of 39, or 24 percent of the national total for 2010.

Eleven federal law enforcement officers died in the line of duty in 2010, including three U.S. Customs and Border Protection officers and two agents from the U.S. Border Patrol.

The average age of the officers killed in 2010 was 41; the average length of their law enforcement service was nearly 12 years and on average each officer left behind 2 children.

The statistics released by the National Law Enforcement Officers Memorial Fund are preliminary data and do not represent a final or complete list of individual officers who will be added to the National Law Enforcement Officers Memorial for 2010.

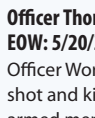
A Closer Look:

Chicago Police Department



Officer Michael Bailey, Sr.
EOW: 7/18/2010

Officer Bailey was shot and killed during an attempted armed robbery at his home. After returning from a mayoral protection detail in uniform, three suspects approached him and tried to carjack him. He identified himself as an officer and a gunbattle ensued. Officer Bailey was fatally shot and died at the scene.



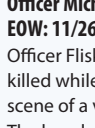
Officer Thomas Wortham IV
EOW: 5/20/2010

Officer Wortham was shot and killed when four armed men attempted to steal his motorcycle. Upon hearing the altercation, his father, a retired Chicago police sergeant, exited the house and opened fire on the suspects, killing one and wounding another. Two other suspects fled, but were taken into custody the next day.



Officer Thor O. Soderberg
EOW 7/7/2010

Police Officer Soderberg was shot and killed by an assailant during an attempted robbery. Officer Soderberg was outside the department's police training center when he was assaulted by an unknown suspect.



Officer Michael R. Flisk
EOW: 11/26/2010

Officer Flisk was shot and killed while processing the scene of a vehicle burglary. The burglary victim, a retired police officer, was also shot and killed. A 19-year-old parolee was charged with two counts of murder.

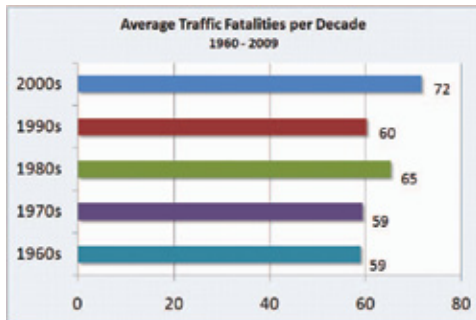
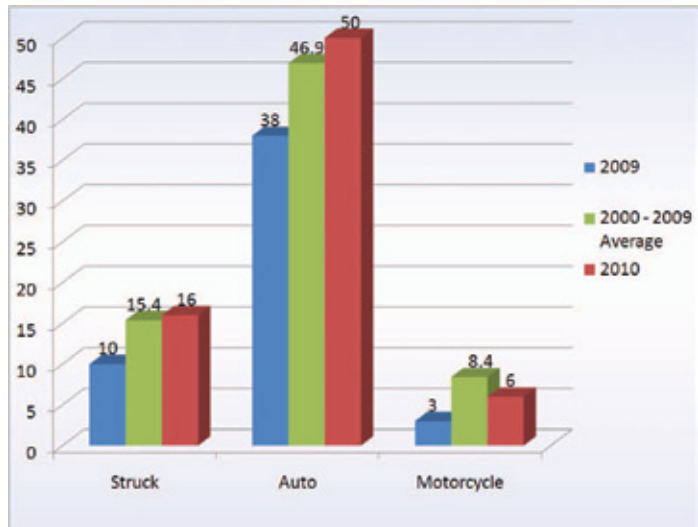
The Chicago Police Department has 480 officers on the National Law Enforcement Officers Memorial.



Traffic-related fatalities: End of Year 2010

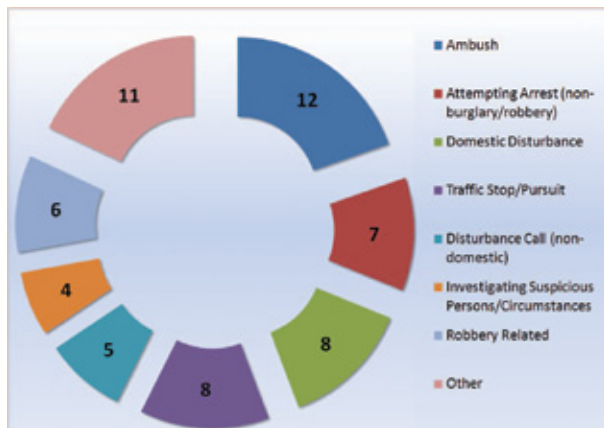
After a 28 percent decrease in 2009, traffic-related fatalities soared to 73 in 2010—a 43 percent increase from 2009. The 2010 total was close to approaching the record high in 2007 when 84 officers died in traffic-related incidents.

Traffic-related fatalities have been the leading cause of line of duty deaths for 13 straight years. Even more troubling, 2010 saw a rise in fatalities resulting from officers being struck while outside their vehicles. Ten officers were struck and killed last year, but 16 officers were killed in 2010. Three of the officers were from the California Highway Patrol, which lost five officers in 2010.



Tragically, in 2010, other types of traffic fatalities increased: automobile accidents (50), motorcycle accidents (6), and bicycle accidents (1).

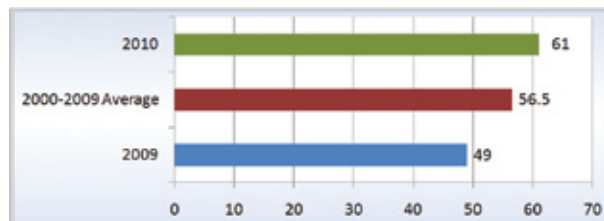
Overall, officer fatalities have steadily declined over the decades. But since the 1960s traffic fatalities have steadily increased almost every decade. The 1960s averaged 59 deaths, but fatalities have increased 22 percent, averaging 72 from 2000-2009.



Firearms-related fatalities: End of Year 2010

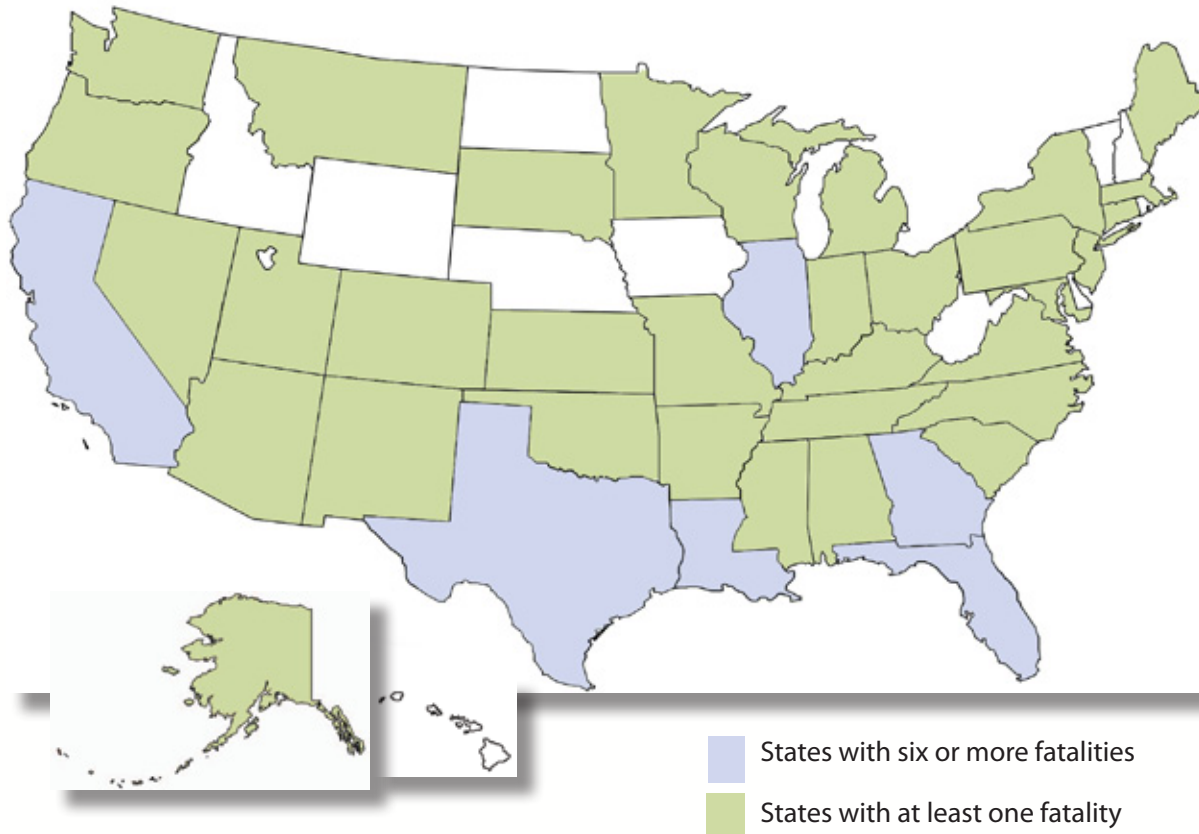
In 2010, firearm-related fatalities climbed to 61 line of duty deaths, 24 percent higher than in 2009 when 49 officers were killed. While the 2010 total was high compared to the rest of the decade, fatal shootings have decreased more than 45 percent since the 1970s.

For the second year in a row, officers continue to be shot in ambush style attacks. In 2010, twelve officers were killed in these vicious attacks accounting for 20 percent of all fatal shootings. Eight officers were killed responding to domestic violence calls, a drop from 12 in 2009.



The dangers of arresting suspects greatly increased in 2010, with 7 officers shot and killed while attempting to make an arrest. Four of those officers were members of the Chicago Police Department, which has lost five officers this year. (See page 1 for more information on the four Chicago officers.)

Geographic distribution of officer fatalities: 2010



Thirty-nine states and the District of Columbia, lost an officer in the line of duty this year, along with 11 Federal officers, and five territorial fatalities. Texas tops the list with 19 fatalities, accounting for over 10 percent of all fatalities in 2010. For the past four years, Texas has lost an average of 16 officers each year.

California (11) and Florida (9) join Texas on the list of the states with the most fatalities for the third year in a row.

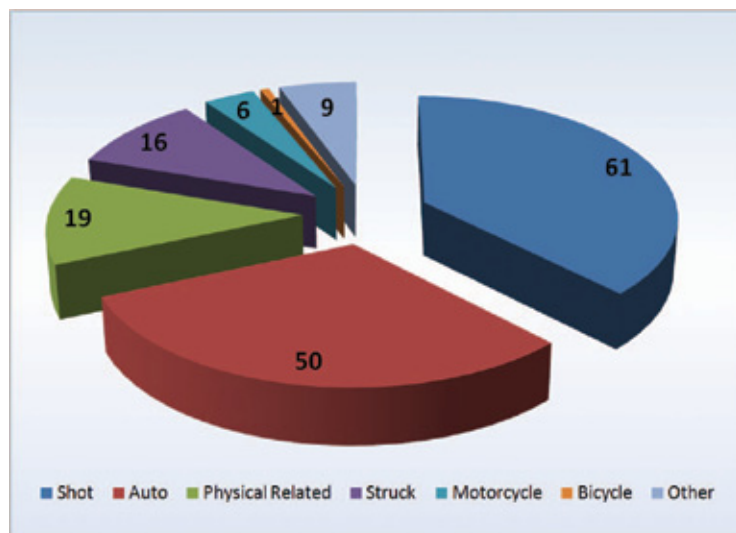
Of the 11 Federal agents killed in the line of duty, two were from the U.S. Border Patrol and three were from the U.S. Customs and Border Protection Agency. (See page 4 for more information.)

Eleven states (ID, WY, NE, ND, IA, WV, VT, NH, RI, HI, and DE) did not lose an officer in 2010.

Fatalities by State

TX	19	AR	3	WA	2
CA	11	MA	3	AL	1
IL	10	PA	3	CO	1
FL	9	SC	3	DC	1
GA	8	TN	3	KY	1
LA	6	UT	3	ME	1
AZ	5	AK	2	NM	1
MD	5	CT	2	NV	1
MO	5	IN	2	OK	1
MS	5	KS	2	OR	1
MI	4	MN	2	SD	1
NJ	4	MT	2	WI	1
OH	4	NC	2	Federal	11
VA	4	NY	2	Territorial	5

Causes of officer deaths: End of Year 2010



Traffic and firearm fatalities accounted for 134 deaths, 83 percent of all fatalities this year. Nineteen officers died of job-related illnesses.

Nine officers died of other causes—beating, drowning, aircraft accidents, falls, and boating accidents.

Other Causes:

Beating	2
Drowned	2
Aircraft Accident	2
Officer Fell to His/Her Death	2
Boating Accident	1

Demographic Profile:

Race/Ethnicity	Gender	Count
Caucasian	Female	7
African American	Male	155
Hispanic		14
Native American	Average Age	41
Asian American		2
Other	Average Years of Service	12
Unknown		16

A Closer Look:

Protecting our Borders:

Border Patrol Agent Mark Van Doren

EOW: 5/24/2010

Border Patrol Agent Van Doren was killed while on patrol when his vehicle struck a bull and a tree in a single-vehicle accident. He was pronounced dead at the scene of the crash.



Officer Charles Collins

EOW: 7/11/2010

Officer Collins was killed in an automobile accident in Alaska when his vehicle left the roadway. The vehicle descended a 200-foot embankment and landed in a rain-swollen creek. Law enforcement agencies conducted a massive search, and his body was recovered on August 15th.

Border Patrol Agent Michael Gallagher

EOW: 9/2/2010

Border Patrol Agent Gallagher was killed when his patrol truck collided with an oncoming vehicle, causing his truck to overturn. The driver of the vehicle was under the influence of alcohol at the time of the accident.

Officer John Zykas

EOW: 9/8/2010

Officer Zykas suffered a fatal heart attack while participating in a departmental training exercise at the Otay Mesa Port of Entry. He was transported to a local hospital where he underwent major surgery, remaining hospitalized for six days, when he succumbed to his injuries.

Border Patrol Agent Brian Terry

EOW: 12/15/2010

Border Patrol Agent Terry was shot and killed while attempting to apprehend a group of armed subjects. He was transported to a hospital where he succumbed to his wounds early the following morning.





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