

-OFFICIAL PUBLICATION OF-

THE COALITION

THE NATIONAL NARCOTIC OFFICERS ASSOCIATIONS COALITION

**We Still
Remember
9/11
Ten Years
After**

FALL, 2011 VOL. 15, NO. 2

www.natlnarc.org

Renderings by
Squared Design Lab



The 9/11 Memorial will be dedicated on September 11, 2011 the 10th anniversary of the 9/11 attacks in a ceremony for victims' families. It will open to the public on September 12, 2011.

On the Cover

The "Tribute in Light" memorial is in remembrance of the events of September 11, 2001, in honor of the citizens who lost their lives in the World Trade Center attacks. The two towers of light are composed of two banks of high wattage spotlights that point straight up from a lot next to Ground Zero. The "Tribute in Light" memorial was first held in March 2002. This photo was taken from Liberty State Park, New Jersey on September 11, 2006, the five-year anniversary of 9/11.

**9/11
MEMORIAL**



www.911memorial.org

**New memorial
OPENS
9/11/12**



USAF photo
by Denise Gould.

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**Join
the
fight!**

On the back:
DC Memorial Service
Courtesy of National Law Enforcement Officers Museum

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.

**Deadlines for
Submissions by Issue**

Issue	Deadline
1st Edition	January 1
2nd Edition	August 1



ARCHIVES of past issues are available online at our website www.nathnarc.org or by clicking on the image of our last magazine to be directed to our online digital library.

PRESIDENT'S REPORT

By Ronald Brooks

I am writing this column just 16 days before the 10-year anniversary of the 9/11 terrorist attacks. That horrific event changed the lives of every American and altered our beloved country forever. In the president's message I authored just days after that tragedy I wrote:

As our nation was reeling from the vicious September 11th attacks on America, as our sorrow turned to anger, we did what Americans have always done. We went about our lives, secure in the knowledge that America will always overcome adversity, because it is the greatest country on earth. But now, just like our parents and grandparents, the *Greatest Generation*, knew as they recovered from the sneak attack on Pearl Harbor, we know that the world, and our lives were changed forever, the morning of September 11, 2001... We must remember that the important drug enforcement and prevention mission that we were engaged in prior to September 11th has even greater importance today. As law enforcement professionals, we know the damage that illegal drugs cause to the fabric of our society. The threat to the public posed by drug abuse has not been erased by the events of September 11th. Our resolve to fight drug abuse must be stronger than ever. We must understand that drug trafficking is terrorism. We must oppose any efforts to reduce our nation's commitment to fighting against drug abuse. Most importantly, we must fight those groups that are working to legalize drugs through strategies of harm reduction, medical marijuana and industrial hemp. **The damage that they will cause could make the loss of life from the September 11th attacks pale by comparison.**

Sadly, everything that I worried about as I was writing that column has come true. Far too many elected officials, policy-makers, and even the citizens that we protect have turned their backs on the fight against drug abuse and on their support for narcotic enforcement. The pro-legalization lobby, hiding behind medical marijuana and harm reduction messages, has spent millions of dollars misleading our fellow citizens with lies and half-truths. Americans have

also been distracted from a commitment to the fight against drugs by concerns over war, terror and a failing economy. But those are the very reasons why we should strengthen our resolve to reduce the death, destruction and misery caused by this poison that is flooding our towns and cities.

Communities where drug use and violent crime threaten their citizens will

I say,
“NUTS!”

never encourage economic growth or job development. Our economy will be weakened by drug-related health care and public safety costs. Adding to the adverse fiscal impact are costs passed on to consumers for theft, lost productivity and traffic accidents related to drug abuse. And when a growing number of our kids succumb to the curse of drug addiction, who will fight our wars, protect our communities from crime and fire, staff our hospitals and schools, or come up with the next great invention? Most importantly, we should never allow George Soros, Peter Lewis, John Sperling and the rest of their cronies in the well-funded, pro-drug lobby to use lies and political influence to derail our long-standing beliefs that drugs should remain illegal and that the fight to end drug abuse must prevail, because drug use is destroying our country and killing our kids.

Since that tragic September morning ten years ago, no child has been killed on American soil by a terrorist act. But, unfortunately, every child will be faced with the decision to use drugs. It is a decision that all too often leads to failed health, a life of addiction and misery, the destruction of families, incarceration, shattered dreams and even death. With more than 38,000 Americans dying each year from drug overdoses and tens of thousands more dying from drug-related violent crime, chronic illness caused by drug use, and traffic accidents involving drug-impaired drivers, it should be crystal clear: that drug abuse, drug-fueled gangs, and drug-related violent crime continue to be the greatest threat to the security of our nation.

This continual erosion of support for drug law enforcement is growing each day. With increasing government deficits, many drug prevention and enforcement programs are facing draconian budget cuts. Congress is proposing drastic cuts and, in some cases, total program elimination for Byrne/JAG, RISS, National Guard Counterdrug and COPS programs. My former agency, the California Bureau of Narcotic Enforcement (BNE), founded in 1927, is the oldest narcotic enforcement bureau in the United States. It



President Ron Brooks

FALLEN OFFICER WARREN “SNEAK” LEWIS

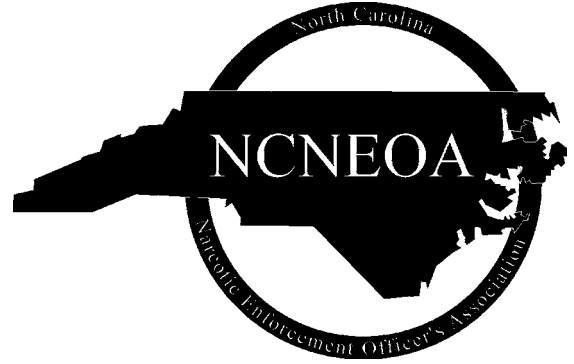
It is with great sadness and a heavy heart that I inform you that the NCNEOA has lost a member of our association. Detective Warren “Sneak” Lewis of the Nash County Sheriff’s Office was shot in the line of duty on Thursday, June 9, 2011. Det. Lewis was assigned to the United States Marshal’s Fugitive Task Force in Eastern NC.

Det. Lewis was shot while he and other members of the Fugitive Task Force were attempting to serve murder warrants on three suspects in Kinston. Det. Lewis, 38, is survived by his wife and two daughters, ages 11 and 14.

Many of us were able to spend time with Sneak at the Spring Conference in May and that time will always be cherished. □

<http://www.wral.com/news/local/story/9710468/>

Bubba Summerlin
Executive Board/Immediate Past President
North Carolina Narcotic Officers Association



*Detective Warren
“Sneak” Lewis*

has been suffering for almost ten years from a decreasing budget and a lack of support from California’s elected officials. In a budget deal, made in the dead of night, it appears that California’s Governor, Jerry Brown, and many in the legislature have moved the state even closer to drug legalization and increased crime and chaos by eliminating the funding for BNE. Many other city, state, and federal drug enforcement programs have also suffered from severe budget shortfalls and a lack of support from elected officials, many swayed by the ever-present drug legalization message. At the same time, there are at least twelve bills in Congress to decriminalize or legalize marijuana, and many parts of the country are being flooded with drug decriminalization or legalization bills and ballot initiatives. All of them are supported by the same politicians who support the cuts that are killing drug enforcement.

While none of this is good news, I am often reminded by NNOAC Vice President Bob Bushman that cops, especially narcs, never run away from a fight. We must once again strengthen our resolve to fight for what we know is right. As Winston Churchill said during the darkest days of World War II, “We must never, never, never give up.”

In December of 1945, during the Battle of the Bulge, while fighting to protect the crossroads at Bastogne, the 101st Airborne was surrounded by the German army. The American

soldiers were vastly outnumbered and dangerously low on food, warm clothing, ammunition and medical supplies. To make matters worse, it was freezing, one of the coldest winters in the history of the region. When things looked the worst for American troops, German General Lüttwitz sent a note to General Anthony McAuliffe, asking for the surrender of all American forces. General McAuliffe, the commander of the 101st Airborne, sent a runner with his written reply: “NUTS!” The Americans went on to victory in that battle, eventually winning the war and crushing the evil Nazi empire.

We are in a less dramatic, yet very important, battle against evil. Much like the ideals that were at stake in World War II, a loss in this war would mean that evil will triumph and our world will change forever. So, to George Soros, Peter Lewis, and John Sperling; to all politicians who have allowed themselves to be influenced by their money; to the members of LEAP (Law Enforcement Against Prohibition), who have dishonored every police officer who has ever died in this fight; and to the rest of the pro-drug lobby, I say, “NUTS!”

I believe that we will win this battle with the devil. But if we don’t, at least it will have been one hell of a fight. God bless you for all you do to protect our nation. Be safe and don’t lose the faith. □

DEDICATION

This issue is of *The Coalition*
is respectfully dedicated
to all those who have made
the ultimate sacrifice
in an effort to protect our country,
our liberty and our freedom.
And to all those
who currently serve today—
May God bless you and keep you safe.

IN MEMORY OF TIM NELSON

It is with deep regret that I announce the passing of NNOAC founding member and past president Tim Nelson. The cause of death was cancer.

Tim was a well respected law enforcement professional and a past president of the North Carolina Narcotic Officers Association.

The NNOAC sent flowers and a letter of condolence to Tim's family.

Personally, Tim was a great friend and a law enforcement leader and I will miss him.

Ron Brooks, President NNOAC

THURMAN MERCER "TIM" NELSON, JR.

Age 64, passed away Friday, May 6, 2011 at The Service League of Greenville Inpatient Hospice.

A memorial service was held Monday at 11:30 am in The Memorial Baptist Church officiated by Rev. Rick Bailey. Private burial with Masonic Rites will be held prior to the memorial service.

Tim, a native of Shreveport, Louisiana, served in the United States Marine Corps during the Vietnam War. Following his military service he was employed with the Ohio State Patrol before beginning his career with the North Carolina State Bureau of Investigation (SBI) in 1977. He continued his education throughout his career and received a B.S. in Criminal Justice from East Carolina University and a Masters in Health Law from Nova Southeastern University in Florida. In 2002, after 25 years of service with the SBI, he retired as a Criminal Specialist in Human Resources. Following his retirement Tim began a second career with Pitt County Memorial Hospital, first in Risk Management and since 2007 as Police Chief and Public Safety Director.

Tim was a member of The Memorial Baptist Church where he taught the Koinonia Sunday School Class and served as a Deacon. He was a member of the Crown Point Masonic Lodge #708 A.F. & A.M. He was active in the United Way of Pitt County where he served as Chairman of the Board for two terms. He held memberships in the International Association for Healthcare Security and Safety serving as NC Chapter Chairman in 2009 and 2010. He served on the board for the Pitt County Law Enforcement Officers Association, and Crime Stoppers as well as serving as an instructor for the Management Development Program at PCC.

He was preceded in death by his parents, Thurman M. and Jean Heflin Nelson; and his son in-law, Stuart Kornegay Ward.

He is survived by his: wife of 24 years, Paula Bailey Nelson; son, Trey Hawkins and wife, Stacey, of Shreveport, LA; step-daughter, Michele Ward, of Morehead City; granddaughter, Mary-Stuart Bailey Ward; grandson, Chase Hawkins; sister, Donna Lang, of Columbia, SC; nephew, Nelson Lang and niece, Jessica Lang.

The family received friends at his home. □

Memorials may be made to the Service League of Greenville Inpatient Hospice, C/O PCMH Foundation, P.O. Box 8489, Greenville, NC 27835-8489 or to the American Cancer Society, 930-B Wellness Drive, Greenville, NC 27834.



Eternal Battle Against Evil

Paul Chabot—paul@chabotstrategies.com

Civilized societies from every order are under siege from the most vicious and brutal organizations of our lifetime. Drug cartels are thriving, terrorist and pirate networks are expanding, sophisticated prison gangs manage legions of violent street gangs and ruthless organized crime syndicates breed new underworlds of horror. Like a plague, organized evil is spreading out of control; chaos is everywhere - the time to fight back is running out. Good and dark forces have locked horns; the future of the free-world as we know it is in jeopardy.

I propose to you a new strategy to implement on the battlefield; a strategy that helps us better learn, firsthand the tactics and resilience of evil, and most importantly, how we can fight back and turn the tide for all humanity.

I recently released a book (www.battleevil.com) which explores the nature of organizational resilience as it applies to these sinister organizations. The process is rather simple – we must first better know our enemy, and in doing so, we can look at one of history’s most notorious drug cartels, also known as a drug trafficking organization (DTO). What does it take for a DTO to remain resilient and thrive in a world of constant change and uncertainty? Why, despite a full-fledged war against the major DTOs, have the United States and Mexico not been able to fully dismantle these organizations? An in-depth examination of the key elements of organizational resilience will help to develop answers to this question. In particular, this will be accomplished through a brutal account of the Arellano-Felix-DTO and the dismantling efforts made by the U.S. and Mexican governments. The Arellano Felix-DTO (AF-DTO) is one of the most violent of the Mexican DTOs (although today is largely diminished).



This key to fighting evil of all sorts is simply to understand what keeps it alive so we can better replicate our successful efforts against terror networks,

pirates, gangs and organized crime. Like a heat-seeking missile, the good must focus on those sustaining pillars of the enemy’s strength to destroy the tentacles of the serpent.

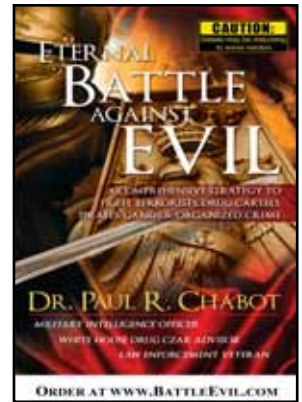
I didn’t truly understand what made up these evil organizations until being sent to Iraq to work with the joint special operation forces targeting the highest level of the al-Qaeda leadership. For eight years prior, my life was immersed

in studying the makeup and resilience of one of the world’s most notorious criminal enterprises. What astonished me in Iraq was how similar the al-Qaeda organizational structure was to those of drug trafficking organizations. The further I explored, the more shocking the truth became: that evil does have a face, it has a body, and it has a remarkably strong structure that is built to prevent failure.

In order to tear apart evil, we simply reverse-engineer it’s strengths; we identify those evil, resilient characteristics and then correctly align our resources (i.e. military, law enforcement and civilian assets) against them, and fight like hell.

This is where we are, the evil we face—violence, intimidation, corruption all have steadily escalated over the years. Beheadings, mass murders, and al-Qaeda-style car bombs have become part of life in certain areas of Mexico. For America, terror is at our doorsteps and is creeping into our shadows. Without a new strategy to fight this war, drug cartels along with every other evil organization around the globe present a bleak future for the free-world.

The time is at hand to fight back—not only here—but in every corner of the earth where sinister organizations raise their ugly heads. Evil shares similar traits, motives, skills, structures and personalities. Make no mistake; these are sinister organizations in their purest form, stretching their claws to perfect chaos globally.



Continued from previous page

Eternal Battle, cont.

These tactics of chaos have long been used by drug lords to instill fear. This is the spread of the cancer known as “narco-terrorism.” Perhaps we thought—and hoped—this evil would never rise to this level so close to home. We were taught that these things only take place on the streets of the Middle East, in Iraq and Afghanistan, maybe even Colombia. Joint governmental efforts have been battling drug lords since the early 1980s—but not in Mexico and not along the border in the measures required today. It’s unthinkable that this evil trespasses into our own backyard and threatens our national security.

Time is short; we must move now and fight in both the light and shadows, never ever giving up, for giving up seals the fate of humanity as we know it. We must strike now! We have reached critical mass. It is time for a global “call to action,” led by America, to take down the mightiest of the Goliaths so our children may inherit a safer world. □



*Dr. Paul Chabot is the author of the just-released book, Eternal Battle against Evil and President of Chabot Strategies, LLC
www.chabotstrategies.com and www.battleevil.com*



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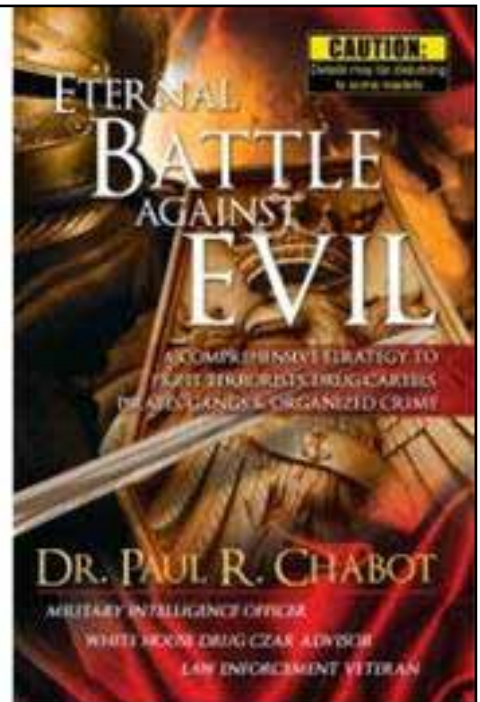
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The Regional Information Sharing Systems® (RISS) Program Supporting Our Nation's Narcotics Officers Through Information Sharing and Investigative Support

By Gerard P. Lynch, RISS Chief Executive Officer

Narcotics officers work diligently every day, going above and beyond the call of duty to rid our streets of illicit drugs. Although law enforcement officers spend countless hours and dedicate significant manpower combating this problem, drugs continue to find a home in our communities, plaguing our streets and schools. With economic and funding limitations, reductions in force, and increases in complex crimes and savvy criminals, law enforcement agencies and officers need more, not less, support.

Drugs are not the only problem facing narcotics officers. Violent gangs, organized criminal groups, and terrorist threats further complicate investigations and endanger officer safety. Narcotics officers are confronted with gangs selling on the street corner, criminal organizations transporting

drugs across the border, and terrorist organizations that utilize revenues to support their efforts. Narcotics officers need resources and tools to assist them in effectively and efficiently deterring, detecting, and apprehending narcotics-related criminals and organizations while ensuring officer safety.

The Regional Information Sharing Systems (RISS) Program is proud of its trusted and longstanding partnership with the National Narcotic Officers' Associations' Coalition (NNOAC). RISS understands and respects the thousands of narcotics officers nationwide who risk their lives creating safer communities. RISS is dedicated to providing these officers with critical information-sharing resources and tools to assist in combating criminal activity associated with drug trafficking, manufacturing, and distribution.

RISS serves local, state, federal, and tribal law enforcement and criminal justice agencies, as well as public- and private-sector organizations in all 50 states, the District of Columbia, U.S. territories, Australia, Canada, England, and New Zealand. Hundreds of thousands of officers have access to RISS services and resources. Membership through a RISS Center provides agencies with access to all of the RISS services, resources, and applications. Some RISS services are available to all law enforcement, regardless of RISS membership.

One of RISS's primary goals is to provide secure



RISS consists of six regional centers that support and serve the unique needs of their individual regions while working together on nationwide issues. They are:

Middle Atlantic-Great Lakes Organized Crime Law Enforcement Network® (MAGLOCLN)—serving Delaware, Indiana, Maryland, Michigan, New Jersey, New York, Ohio, Pennsylvania, and the District of Columbia, as well as Australia, Canada, and England

Mid-States Organized Crime Information Center® (MOCIC)—serving Illinois, Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota, South Dakota, and Wisconsin, as well as Canada

New England State Police Information Network® (NESPIN)—serving Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont, as well as Canada

Rocky Mountain Information Network® (RMIN)—serving Arizona, Colorado, Idaho, Montana, Nevada, New Mexico, Utah, and Wyoming, as well as Canada

Regional Organized Crime Information Center® (ROCIC)—serving Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia, as well as Puerto Rico and the U.S. Virgin Islands

Western States Information Network® (WSIN)—serving Alaska, California, Hawaii, Oregon, and Washington, as well as Canada, Guam, and New Zealand



information-sharing and communications to the law enforcement community. More than 13 years ago, RISS developed and continues to maintain the RISS Secure Intranet (RISSNET™). RISSNET provides access to millions of pieces of data, provides bidirectional sharing of information, and serves as the communications backbone and infrastructure for a number of other systems. More than 350 resources are available to authorized users via RISSNET. By utilizing RISSNET and its related resources, narcotics officers are able to connect and communicate securely with thousands of officers from around the country.

RISSNET provides access to a number of resources that are beneficial to narcotics officers, including the RISS Criminal Intelligence Database (RISSIntel). RISSIntel enables officers to electronically inquire about suspected criminals by selecting one or all connected intelligence systems and conducting a federated search. This seamless capability is useful when narcotics officers are seeking immediate information on suspected criminals. When information is located in the database (also known as a “hit”), the database refers officers to other criminal justice agencies that possess additional information on the subject. By leveraging RISSIntel, narcotics officers can exchange information on similar investigations and work together to solve cases. Another helpful tool that officers can employ while using RISSIntel is RISSLinks™, a data-visualization program that, with a click of a button, provides a graphical representation of associations. Visualizing these connections graphically can quickly assist officers in identifying criminal and organizational relationships.

RISS’s mission also focuses on enhancing officer safety, which is an essential component of any operation. In furtherance of this goal, RISS developed the RISS Officer Safety Event Deconfliction System (RISSafe™). Since it was deployed in 2008, RISSafe has assisted in safeguarding thousands of officers from harm and injury, while increasing

communications and case resolution. Sometimes law enforcement efforts create the potential for conflict between agencies and officers who are unknowingly working in close proximity to each other or who may be independently planning events focusing on the same subject at the same time. In these instances, agencies and officers may interfere with each other’s cases, causing investigative efforts to be disrupted or, worse, causing officers to be unintentionally hurt or killed.

Throughout the country, narcotics units utilize RISSafe for undercover operations, buys, reverse stings, and a variety of other events. When an officer submits an event into RISSafe, he or she is advised that the event is accepted with or without a conflict. If a conflict occurs, staff members assigned to a RISSafe Watch Center receive an alarm and immediately notify the appropriate parties of the conflict.

Since RISSafe’s inception, more than 350,000 events have been entered into the system, resulting in more than 150,000 identified conflicts. It is difficult to put a cost to the countless number of times that use of RISSafe has averted harm, injury, or – even worse – death of officers. Regarding RISSafe, NNOAC has stated:

“The RISS Centers have greatly enhanced officer safety by identifying known violent offenders and serving as a deconfliction system to help prevent undercover operations from overlapping. The NNOAC believes that through this system of deconfliction, the RISS Program has prevented officer injuries and deaths that might otherwise have occurred. The RISS Centers are essential to providing a safer work environment for our nation’s law enforcement officers.”

This statement motivates RISS to do more to help our officers remain safe and to develop the critical resources and tools to augment their efforts.

RISS has also developed the RISS Officer Safety website, which launched on March 1, 2011. This resource

provides law enforcement and criminal justice agencies with timely and relevant officer safety information. In addition, the website offers a secure means to exchange and share officer safety-related information in a secure environment. RISSafe and the RISS Officer Safety Website were named as important components of the U.S. Attorney General's Law Enforcement Officer Safety Initiative, along with the VALOR™ Program and the Bulletproof Vest Initiative. Together, RISSafe and the RISS Officer Safety Website provide a strong, comprehensive officer safety program that helps safeguard officers. These resources are available to all law enforcement officers.

Another of RISS's powerful resources is the RISS National Gang (RISSGang™) Program, also available to all law enforcement officers. RISSGang consists of a criminal intelligence database, a website, informational resources, and secure communications. Officers can find information on visual imagery of gang members, symbols, tattoos, and graffiti. This type of information is valuable to narcotics units, enabling officers to recognize unique features of individuals and gangs and possibly linking them to narcotics and other criminal activities.

In 2002, RISS developed the RISS Automated Trusted InformationExchange™ (ATIX) to assist law enforcement and public safety personnel in accessing secure communications capabilities and to provide access to homeland security, disaster, and terrorist threat information. ATIX users represent more than 40 unique disciplines, including areas such as public utilities, schools, fire departments, banking, hospitality, and the chemical industry. RISS ATIX is helpful to narcotics officers by enabling them to communicate with, and learn about drug and crime problems occurring in, our communities and schools. RISS ATIX offers discipline-specific web pages, a secure bulletin board, a document library, and e-mail.

RISS also offers access to RISSLeads, which is a secure electronic bulletin board. Here, officers post information about cases, submit questions, and offer suggestions to other officers. RISSLeads assists officers in identifying investigative leads and links law enforcement officers who are working on similar cases across the country.

Each RISS Center maintains a website that provides region-specific information, as well as access to specialized information-sharing systems accessible via RISSNET. These specialized databases and investigative resources include the Pawnshop Database, the Cold Hit Outcome Project, the Master Telephone Index, the Cold Case Locator System, and the Metals Theft Initiative. Because narcotics cases are often accompanied by other criminal activities, accessing these types of resources aids law enforcement in connecting

the dots and, in some cases, solving multiple crimes.

In addition to secure information-sharing and communications tools, RISS provides comprehensive investigative support services. These services include analysis, investigative research, equipment loans, confidential funds, training and publications, field support, and technical assistance. One investigator stated, "I have been in law enforcement for many years and never knew such an organization existed. I am truly amazed at the resources RISS has, and I am equally impressed with their willingness to serve fellow law enforcement agencies such as ours." RISS's investigative support services have proven helpful in hundreds of narcotics-related cases.

RISS analysts prepare crime scene diagrams and specialized flowcharts for investigations and prosecutorial purposes. Analysts conduct audio enhancements by removing background and frequency noise, enabling officers to identify suspects. Analysts also enhance video footage by removing elements that disrupt the quality of the footage, which helps to create a clearer picture. Digital forensics analysts uncover deleted files, locate evidence, evaluate the structure of computerized files, and analyze e-mail and other computer and cellular phone activity within hard drives. All of these analytical services can be valuable to narcotics officers. For example, a recent case involving a distribution operation from Florida to Massachusetts led to seven arrests and seizures of vehicles and \$200,000 of OxyContin. RISS conducted analysis of text messages and phone records to help officers identify and locate the suspects.

Each RISS Center maintains a staff that provides investigative support and research. The RISS staff members conduct thousands of database searches and research numerous resources to assist law enforcement agencies and prosecutors. The RISS Centers have access to dozens of research tools and specialized databases, including public record information, criminal justice information, and commercial databases. These results provide vital information that enables law enforcement agencies and prosecutors to successfully apprehend and prosecute criminals. In addition, RISS staff members help save officers' time by researching volumes of information and providing officers with an accurate and complete package of information. Through RISS's investigative support and research services, thousands of suspects, witnesses, and victims have been located.

Specialized equipment plays an important role in mounting successful narcotics investigations. Yet, many agencies cannot afford to purchase and maintain this type of equipment. One agency recently said, "Because we are a smaller agency, we do not have the budget to purchase a lot

Continued on next page

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of expensive surveillance equipment. Without the benefit of RISS and its ability to loan us this equipment, it would be impossible for us to work investigations successfully.” Examples of available equipment for loan include body wire receivers; Global Positioning Systems (GPS); cameras, video recorders, and specialized lenses; night-vision goggles, freeze frames, and night-vision scopes; motion detectors and alarms; and, in some areas, surveillance vans.

An example of how RISS equipment loans aided in a successful resolution of a narcotics-related case involves a year-long investigation coordinated by a local law enforcement agency’s narcotics unit. The unit borrowed high-powered, stabilized binoculars and a 35-millimeter digital camera with a lens. The equipment was used to record and document five controlled buys between undercover officers and one of the main suspects. The investigation resulted in the arrests of 19 individuals for narcotics offenses. Among those indicted, federal charges were filed against five for possession with the intent to deliver, possession of cocaine, solicitation to deliver cocaine, and the criminal use of a communication facility.

Another service offered by RISS and frequently used in narcotics-related investigations is the provision of confidential funds. RISS member agencies may apply for the use of confidential funds to purchase information, contraband, stolen property, and other items of an evidentiary nature or to provide for other appropriate investigative expenses. For example, RISS confidential funds were recently used by a local police department to support a long-term narcotics investigation. The distributors were selling narcotics to children who attended area schools. The funds loaned were used to purchase narcotics from large-scale distributors. The investigation ended with the arrests and indictments of 62 individuals on various narcotics charges. Another example pertained to a case where a local police

department borrowed funds to assist in a drug-trafficking investigation. The agency identified 37 suspects and seized \$19,300 in U.S. currency and narcotics valued at \$120,000.

The RISS Centers sponsor or co-sponsor training classes, meetings, and conferences that build investigative expertise for law enforcement personnel. Subject areas include use of specialized equipment, investigative techniques, analytical techniques, surveillance techniques, and officer safety. In 2010, RISS trained more than 80,000 law enforcement professionals.

In addition, each center researches, develops, and distributes numerous publications, bulletins, flyers, and electronic publications to address nationwide issues. For example, a Regional Drug Price and Purity report authored by a RISS Center was recently utilized during the sentencing phase of a narcotics case. Because of the \$17,000 value of the cocaine seized by narcotics officers, the Assistant State’s Attorney (ASA) was asking for more jail time than provided for in the sentencing guidelines. The defense attorney argued that the value amount was incorrect. In rebuttal, the ASA presented the Regional Drug Price and Purity report to the judge. After the judge reviewed the report and took judicial notice of the value of the cocaine seized, the judge agreed with the ASA and sentenced the defendant to the requested amount of jail time.

RISS field service coordinators provide on-site technical assistance to member agencies to facilitate the delivery of RISS services. This includes explanation and guidance regarding how to request services, as well as the use of RISSNET and its related applications and resources. The field services staff consist of individuals with law enforcement backgrounds who initiate regular contact with law enforcement and public safety agencies and provide tailored training and consultation to those agencies. RISS also supports a number of nationwide initiatives and continues to strengthen and build partnerships with law enforcement and intelligence organizations across the country.

Everything RISS does supports successful case resolution and officer safety. RISS was built by state and local law enforcement for state and local law enforcement. RISS is dedicated to supporting narcotics officers in their mission to reduce drugs, drug trafficking, and other narcotics-related activities. Over the last three years, cases that utilized RISS services resulted in narcotics seizures totaling more than \$83.4 million. One local police agency stated, “RISS has great credibility and awesome service at a tremendous value to law enforcement.” RISS takes pride in providing the highest-quality services and valuable resources to our nation’s law enforcement.

To find out how you and your agency can benefit from the resources and services offered by RISS, please visit www.riss.net. □





NATIONAL NARCOTIC OFFICERS' ASSOCIATIONS' COALITION

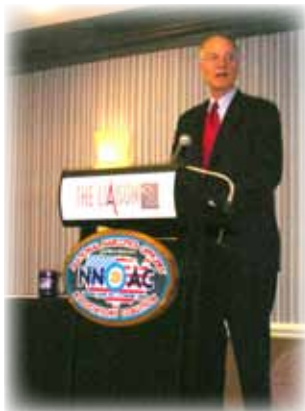
SPRING CONFERENCE 2011



CDIA Representatives and Speaker Denny Hastert



*CDIA President
Ernie Martinez
& Bobby Charles*



SPRING CONFERENCE



Senator Lehey



CONFERENCE 2011



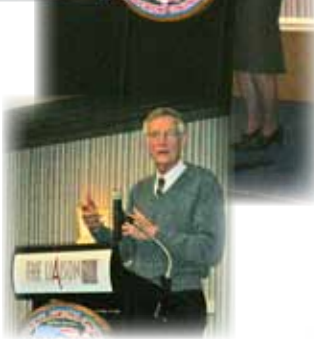
SPRING CONFERENCE 2011



NATIONAL NARCOTIC OFFICERS' ASSOCIATION COALITION WINTER CONFERENCE
FEBRUARY 1, 2011

Kentucky Narcotic Officers' Association group meet with Senator Mitch McConnell in the Capitol

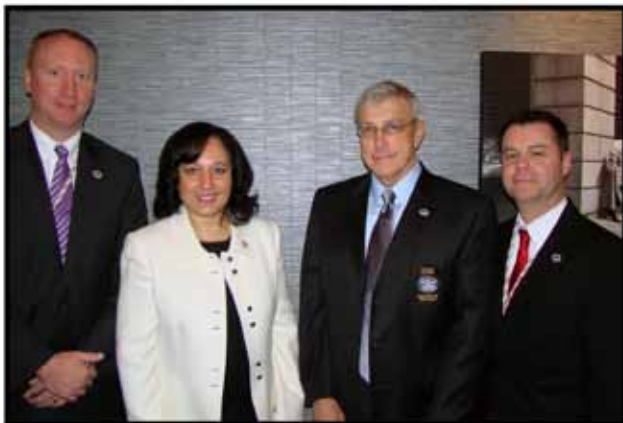
Left to Right: John Williams, Treasurer KNOA; Van Ingram, Director Office of Drug Control Policy, Chris Cochran, Warren County Commonwealth Attorney, Senator Mitch McConnell; Tommy Loving, Executive Director KNOA; Stan Salyards, Immediate Past President KNOA; Vic Brown, President KNOA; Frank Rapier, Director Appalachia HDTA.



NATIONAL NARCOTIC OFFICERS' ASSOCIATION COALITION WINTER CONFERENCE
FEBRUARY 1, 2011

Kentucky Narcotic Officers' Association group in front of United States Supreme Court.

Left to right first row: Al Katcher, Secretary NNOAC; Stan Salyards, Immediate Past President KNOA; John Williams, Treasurer KNOA. Second row: Tommy Loving, Executive Director KNOA; Vic Brown, President KNOA; Chris Cochran, Warren County Commonwealth Attorney, Van Ingram, Director Office of Drug Control Policy



NATIONAL NARCOTIC OFFICERS' ASSOCIATION COALITION WINTER CONFERENCE
JANUARY 31, 2011

Kentucky Narcotic Officers' Association Officers meet with Administrator of the Drug Enforcement Administration

Left to Right: Vic Brown, President, Michèle Leonhart, DEA Administrator, Tommy Loving, Executive Director, and Stan Salyards, Immediate Past President.



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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01/08/2011 - 08/15/2011

Aardvark Animal Hospital LLC
Acco Tax & Accounting
Act-1
Aegis Defense Services LLC
Alfonsi Railroad Construction
Ata Pharmacy
Best Friends Vet Care
Bluejacket Communications LLC
Brackman & Company Inc.
Carquotes Corporation
Cell Fashions
Center for Integrative Pain Mgt.
Columbia Hickory Plaza Pharmacy
Copal Metal, Inc.
CQI Home Inspections
D J Knoll Transport, Ltd.
Daybreak Kennel
Dr. Robert E. Doerr DDS
East Side Marble and Granite
Elfco
Eric L Brossman Attorney
Full Quiver & More
Georgetown Foods
Global Insulation Inc.
Global Logistics U.S.A. Inc.
Graminex
Great Dane Heating & Air Cond.
Great Lakes Geomatics
Gregory Pierce, Md LLC
Jan Schill Photography LLC
Jester's
Jim's Custom Diesel Repair LLP
K L Haring Transportation
La Ortolana Pizza Restaurant

Laidlaw Carriers Flatbed Group
Lawman's Oil LLC
Lee's TV Repair
Lisle Automotive & Tire
Lonn's Equipment
MS Management
McFadden Group Prpperty Mgt. LLC
Mobile Radio Service Inc.
Mr. James Simpson
O'Malley Top Soil
Ontario Steel Haulers Inc.
P & L Inspections Inc.
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RTM Technologies Unlimited
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Sheckler Contracting Inc.
Siebel Institute of Tech Inc.
Simmco Data Systems
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Sully's Pub and Cafe
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Transport Humar, Ltee.
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U P S Store
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The Shifting Sands of a Drug Epidemic

By *Calvina Fay, Executive Director Drug Free America Foundation, Inc.*



In case you missed the news headlines, prescription drug abuse is the nation's fastest-growing drug problem and has been classified as an epidemic. Americans, constituting only 4.6% of the world's population, have been consuming 80% of the global opioid supply, and 99% of the global hydrocodone supply, as well as two-thirds of the world's illegal drugs.

Nearly one-third of people aged 12 and over who used drugs for the first time in 2009 began by using a prescription drug non-medically according to the National Survey on Drug Use and Health.

Within one short decade, we have seen the misuse of prescription drugs, particularly opioids, skyrocket out of control, destroying families and communities, and putting a strain on healthcare systems, law enforcement, and judicial officials – a clear indication that legalizing more drugs could not possibly solve our nation's drug problem!

Retail sale of commonly used opioid medications such as methadone, oxycodone, fentanyl base, hydromorphone, hydrocodone, morphine, meperidine, and codein, have increased from a total of 50.7 million grams in 1997 to 126.5 million grams in 2007. This represents an overall increase in use of 149 percent with increases ranging from 222 percent for morphine, 280 percent for hydrocodone, 319 percent for hydromorphone, 525 percent for fentanyl base, 866 percent for oxycodone, to 1,293 percent for methadone. The average sales of opioids per person have increased from 74 milligrams in 1997 to 368 milligrams in 2007, a 402 percent increase.

At a time when state and federal governments are struggling with budget issues, the prescription drug problem is draining the coffers of Medicaid and Medicare. This is experienced through added health conditions, increased accidents and suicides or attempted suicides, and a resulting significant surge in emergency room visits.

The estimated number of U.S. emergency room (ER) visits involving the nonmedical use of narcotic pain relievers rose from 144,644 in 2004 to 305,885 in 2008. This increase was driven by visits involving the three most reported narcotic pain reliever products – oxycodone (152 percent increase), hydrocodone (123 percent increase), and methadone (73% increase).

One significant contributor to the increased ER visits

is the boost in suicide attempts. In 2009, there were 77,971 ER visits for drug-related suicide attempts among males. According to SAMHSA, between 2005 and 2009, among males ages 21 to 34, the following increases were seen: ER visits for drug-related suicide attempts increased 54.6 percent (19,024 to 29,407); visits involving pain relievers increased 60.2 percent (from 7,185 to 11,509); visits involving antidepressants increased 155.2 percent (from 1,519 to 3,876); and visits involving drugs that treat anxiety or insomnia increased 93.4 percent (from 5,918 to 9,706).

The surge in ER visits for drug-related suicide attempts, however, is not limited to 21-34 age group. Between 2005 and 2009, narcotic pain reliever involvement in ED visits for suicide attempts almost doubled among visits made by males aged 35 to 49 (from 2,380 to 4,270). It almost tripled among visits made by males aged 50 or older (from 882 to 2,589). And, of course, the problem is not a male only issue.

In my home state of Florida, which has been dubbed the "Pill Mill Capitol" of the nation, an average of 7 people per day die from prescription drugs - mostly pain killers. The problem is so severe that Florida's Surgeon General declared a public health emergency in the state. In the first six months of 2010, doctors in Florida prescribed nine times more oxycodone than was sold in the entire nation during that same period.

Loosely operated clinics, known as "pill mills" have been abundant in Florida and have contributed to the abuses of pain medication. In Broward County alone, more than 130 pill mills operated. Over a two-year period, pain clinic business owner Vincent Colangelo allegedly distributed more than 660,000 oxycodone pills, enriching him and his partners to the tune of \$150,000 a day. Another physician, Dr. Zvi Peper, wrote scripts for 387,000 oxycodone tablets in six months at a Delray Beach pain clinic. The state is considered a significant supplier to addicts from other states and law enforcement officials estimate that about 60% of illegal pain pills in Kentucky come from Florida.

This phenomenon is difficult to understand by some who question why prescription drugs that are developed to help people deal with health issues are so commonly abused and end up creating health issues. The answer is somewhat simple. There is a general perception that since they are legal, prescription drugs are safe. This answer actually correlates with the data from the national household surveys that we



Shifting Sands, cont.



have studied for decades. When perception of harm is up, use of drugs is down. When perception of harm drops, use goes up. This concept has, of course, always been applied to illegal drugs but, obviously that same holds true with legal drugs.

Another answer is that since prescription drugs are legal, they are easy to obtain. Yet another, and very unfortunate answer, is that long term legitimate use of prescriptions can, and often does, lead to dependency and addiction.

Prescription drugs are commonly obtained through street dealers, fraudulent prescriptions, doctor shopping, pain clinics that excessively over-prescribe and encourage scripts for cash on premises (pills mills), and from friends and family members who share their prescriptions or who invite theft by failing to properly secure them.

Another very common way for prescription drugs to be obtained is through the Internet. A research study was conducted in 2007 by CASA at Columbia University. A total of 210 hours was devoted to documenting the number of Internet sites dispensing selected prescription drugs. The researchers discovered that of the 187 sites found to be selling control prescription drugs, 157 (84 percent) did not require any prescription; 52 (33 percent) clearly stated that no prescription was needed; 83 (53 percent) offered an “online consultation”; and 22 (14 percent) made no mention of a prescription. Only 30 of the 187 sites found during the study required a prescription. Of these, 17 (57 percent) only required patients to fax a prescription; 4 (13 percent) required that a patient mail the prescription; and 9 (30 percent) indicated that a doctor would be contacted prior to dispensing the drug.

So, what can be done about this growing problem that will help to save the lives of family members and other loved ones? Lots but, it takes a collaborative effort.

DOCTORS can do their part by obtaining knowledge about addiction and discussing the issue with their patients. They can drug test patients periodically if they suspect drug abuse or addiction. First, and foremost, though doctors can and should try alternative treatment before prescribing powerful pain medications that can addict their clients.

PATIENTS can also play a part in preventing prescription drug abuse. They can and should ask questions about their condition, treatment plan recommended medications, and potential side effects. Patients should be very skeptical of multiple prescriptions and/or prescriptions that contain unusually large quantity of doses. They should pay attention to the effects of the medication that they

taking, discuss them with their physician, and take their medication only as prescribed.

Much pressure is brought to bear on physicians today who see patients in ERs, hospitals, and clinics to make the customers (patients) happy so that they will become repeat customers. Surveys are routinely sent out to customers following a visit to the facilities, asking if they were satisfied with the service/treatment that was rendered and specifically asking if the attending physician adequately responded to their need for alleviating their pain. As a result, these doctors frequently prescribe powerful pain medication when it may not be necessary. When this occurs, patients should question the need of such prescriptions.

PARENTS play an extremely vital role in protecting their children from prescription drug abuse. When a child has dental surgery or suffers from a sports related injury, dentists and other doctors all too often prescribe strong opiod medications when perhaps something less potent and addictive such as Ibuprofen would suffice. They also frequently prescribe 30 or more doses when perhaps only 7 to 15 doses should be adequate to get the patient through the period of intense pain. These situations should always be questioned, especially when the patient is a young person.

Parents should secure current medications in their home (regardless of who it is intended for) and talk to their children about the dangers of abusing or misusing these drugs. Parents need to help their children understand that just because they are legal, they are not harmless. Parents should familiarize themselves with the warning signs of drug abuse and intervene early when signs of abuse are present. Just as one would seek professional advice for other medical conditions, parents should seek out the advice and assistance of substance abuse professionals immediately when they suspect a child is abusing drugs – illegal or legal.

Parents should also ensure that all old medications are safely disposed by either dropping them off at legally sanctioned prescription drop off stations (frequently located at police stations) or grinding them up in cat litter or dirt before placing them in the trash. Medications should never be flushed down the toilet or drains and should never be left sitting around the house after they have expired or are no longer needed.

FRIENDS AND FAMILY MEMBERS play an important role in preventing prescription drug abuse. We all should secure our medications at all times. Obviously, for safety reasons they should be kept out of



Continued from previous page



the reach of small children who might ingest them without understanding the danger. But, meds should also be kept away from older children who might be tempted to steal them for purposes of getting high. Even when you do not have children living in your house, you should be concerned about visitors such as grandchildren, nieces, nephews, children of friends, and neighbors.

And, of course, there are the adults who come into your house that may be looking for opportunities to feed their addiction – relatives, repairmen, friends, and neighbors.

We all should remember that it is illegal and potentially dangerous to share our medication with others for any reason. We should make sure that all of our family members understand why sharing medication is wrong and can be harmful.

Friends and family members are typically the first to recognize when an individual has developed a problem with drugs and can play a crucial role in conducting or arranging a supportive intervention with treatment options for any loved one that might need help.

The signs of prescription drug abuse are similar to those of abuse of other drugs: dramatic changes in behavior; abrupt mood swings; personality instability; continued use; dramatic changes in appearance; excessive over the counter medicine use; always looking for money; family and friends missing money; escalating problems at school or work; neglecting responsibilities; problems with law enforcement; and abandoning favorite activities – just to name a few. The sad thing is that by the time enough of these indicators become obvious to the average person, the individual typically is pretty far along in their addiction.

LAWMAKERS can also be a part of the solution to this tragic problem of prescription drug abuse. They can pass laws and allocate funding to implement secure prescription drug monitoring programs (PDMPs) that track patient prescriptions to ensure multiple prescriptions for the same condition are not being obtained from different doctors. Currently, at least 35 states have operational PDMPs and 11 additional states and 1 U.S. territory have passed legislation authorizing the development of a program. Because all states do not have PDMPs and because data sharing and interoperability between states has not been implemented, the full benefit of PDMPs has not been realized but, this is a goal worthy of pursuit.

Laws can and are being passed to require doctors to purchase secure prescription pads or to utilize secure online prescribing to deter prescription pad thefts and forgeries. Regulations and prescribing guidelines can and should

also be implemented to tighten down on the operations of pain clinics. A logical requirement would be to prohibit physicians in most settings from dispensing addictive pain meds.

Another effective measure that can be taken is to track the type and quantity of drugs that pharmacies buy from wholesale distributors. And last, but certainly not least, efforts should be undertaken to better regulate online pharmacies to both reduce abuses and protect innocent customers from doing business with criminals who are producing poison in a bathtub and selling it disguised as a legitimate medicine. Requiring online pharmacies to be certified and requiring them to post their certification number which is routinely monitored by officials would help this situation.

Clearly, no one action will fix this enormous problem that we face with prescription drug abuse but, if we all do our part, we can save one life at a time. I'm tired of being confronted on a regular basis by ordinary people who are heartbroken over the death of loved ones or struggling to save the lives of loved ones who are hooked on prescriptions and just cannot seem to get and stay sober. I'm tired of crying with them and wringing my hands and being unable to wave the magic wand to fix the problem. We must do more to prevent the problem from ever occurring.

Addiction and deaths due to prescription drug abuse happen every day and happen to ordinary law-abiding citizens as well as the "bad" guys. No one, no family is immune. It is my problem and it is your problem! We need your help to battle this epidemic. Here is what you can do:

- Visit www.dfaf.org to learn more about the issue.
- Join Save Our Society at www.saveoursociety.org to stay informed.
- Communicate with your lawmakers; let them know that this is a problem that must be solved.
- Talk with family members about the issues to prevent and to intervene when needed.
- Dispose of old meds properly.
- Lock up your meds.

In closing, I want to point out that for the past couple of years, I have watched the growing abuse of prescription drugs and have worried that as we tighten down on this issue and make it more difficult for people to illegally obtain opioid prescriptions and to abuse them, we can expect to see many of those who are addicted switch over to heroin. As more and more states implement PDMPs, mandate secure prescribing, and regulate pain clinics, heroin will become a much easier drug to obtain than the prescriptions. Already we are seeing signs of increases in heroin use around the country. I feel the sands shifting under us and the potential for a heroin epidemic blowing our way! □



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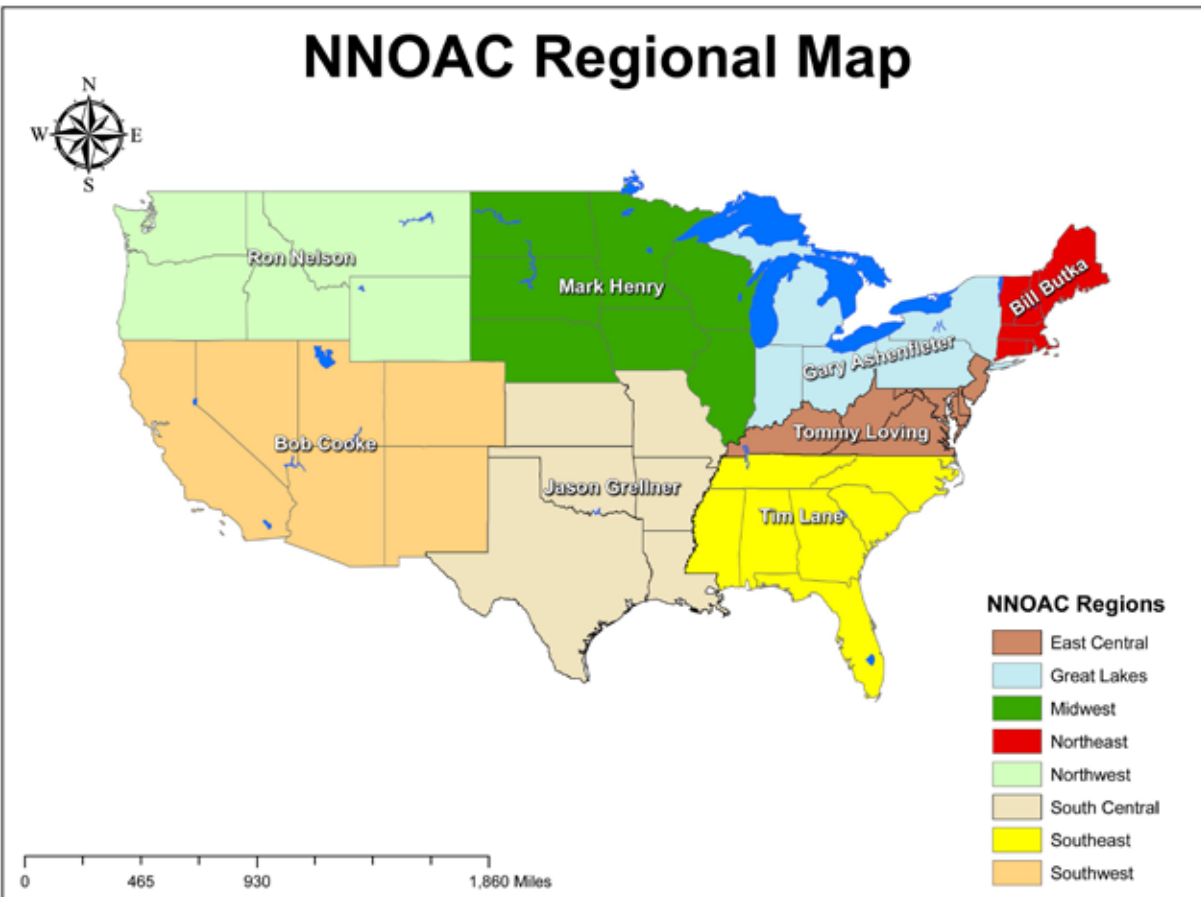
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LAW ENFORCEMENT OFFICER DEATHS: MID-YEAR 2011 REPORT

RESEARCH BULLETIN

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Law Enforcement Fatalities Increase 14% in First Half of 2011; Firearms-related Fatalities Reach 20-Year High

Following an alarming 25% increase in 2010, the number of law enforcement fatalities in the U.S. have continued to rise in the first six months of 2011.

According to preliminary data from the National Law Enforcement Officers Memorial Fund, 98 officers were killed from January 1, 2011 to June 30, 2011—a 14% increase from the same time frame in 2010, when 86 officers were killed in the performance of duty.

For 13 years in a row, traffic-related incidents have been the leading cause of officer fatalities, but for the first half of 2011, firearms-related fatalities have out-paced traffic-related fatalities as the primary cause of law enforcement deaths, with 40 officers shot and killed. This represents a troubling 33% increase from 2010, when 30 officers were killed by gunfire.

Four of these officers were from the state of Florida, which has lost 10 officers in the first six months of this year, tied with Texas for the most law enforcement fatalities in the United States.

Traffic-related fatalities have claimed the lives of 35 officers in 2011, a 17% decrease from the first six months of 2010, when 42 officers were killed.

Of the 21 officers killed in automobile crashes, 13 law enforcement officers were involved in an assistance activity, six were killed in accidents relating to criminal activity, and two were killed en route to or from work in their patrol vehicles.

Total Fatalities: Mid-Year 1961-2011



A Closer Look: Florida

Miami-Dade Police Department



Detective Roger Castillo
EOW: 1/20/2011



Detective Amanada Lynn Haworth
EOW: 1/20/2011

Detective Roger Castillo and Detective Amanda Haworth were shot and killed while serving a felony murder warrant. The officers arrived at the suspect's residence to serve a warrant when the suspect opened fire, shooting three officers. Detective Castillo was pronounced dead at the scene, and Detective Haworth later died during surgery.

St. Petersburg Police Department

Officer Jeffrey Yaslowitz was shot and killed while serving a warrant for aggravated battery. As Officer Yaslowitz approached the suspect to arrest him, the suspect opened fire and barricaded himself in the attic. Sergeant Thomas Baitinger was shot and killed while trying to rescue the wounded officers. He was part of the entry team assigned to rescue Officer Yaslowitz and a Deputy Marshal. Sergeant Baitinger was also shot by the suspect.



Officer Jeffrey Adam Yaslowitz
EOW: 1/24/2011



Sergeant Thomas John Baitinger
EOW: 1/24/2011

The data and statistics contained in this report 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 in 2012.

Firearms-related Fatalities: Mid-Year 2011

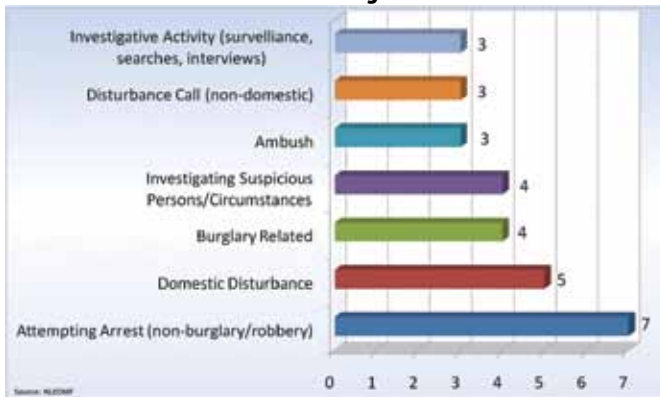
In the first half of 2011, firearms-related fatalities reached a 20-year high, with 40 officers killed by gunfire — a 33% increase from that same point in 2010, when only 30 officers were fatally shot.

Eleven officers — 28% of firearms-related fatalities — were shot and killed in January, the deadliest month for gunfire deaths this year. In one 24-hour period, 11 officers were shot, with three killed and eight wounded.

Firearm-related Fatalities: Mid-Year 1961-2011



Circumstances of Fatal Shootings: Mid-Year 2011



Three multiple-fatality, “cluster-killing” incidents (when two or more officers were shot and killed) have occurred in 2011— two in Florida (St. Petersburg and Miami-Dade) and one incident in Grundy, VA.

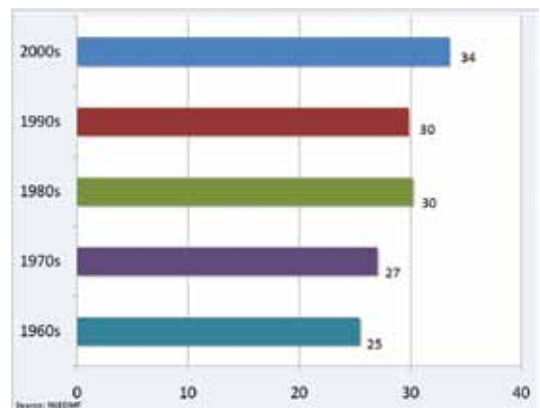
Seven officers were killed when attempting arrest in a non-burglary/robbery situation, followed closely by fatalities while responding to domestic disturbance calls. Four officers, respectively, were killed during burglaries, and while investigating suspicious persons and activities.

Traffic-related Fatalities: Mid-Year 2011

For the first time in five years, traffic-related fatalities were lower than firearms-related fatalities, with 35 officers killed in the first six months of 2011, compared to 42 during the same time frame in 2010.

Twenty-one officers were killed in automobile crashes, seven were struck and killed, five were killed in motorcycle crashes, and two were struck and killed by a train while in an automobile.

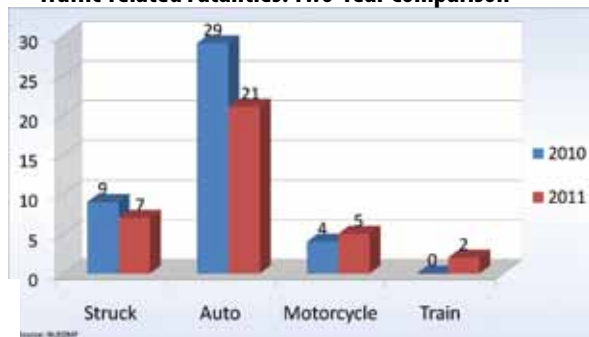
Mid-Year Average Traffic Fatalities per Decade: 1960-2010



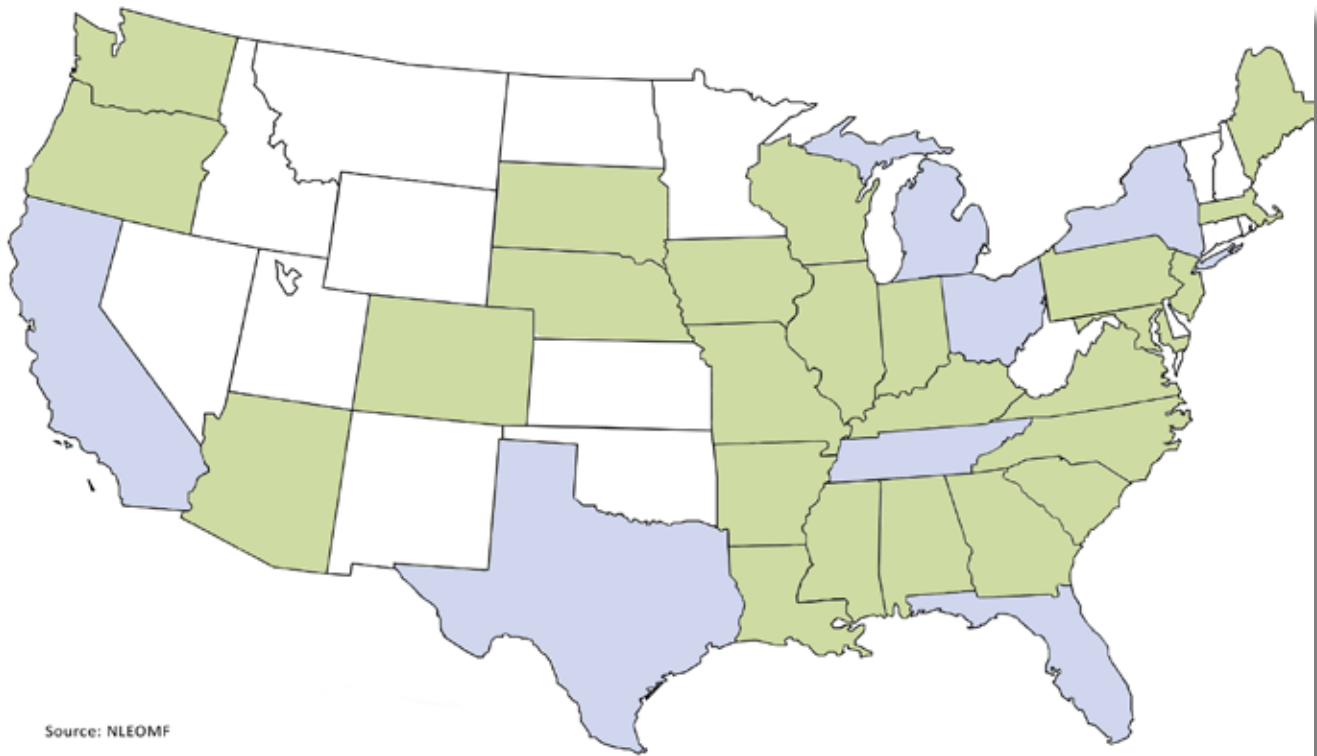
Since 1960, traffic-related fatalities have steadily increased each decade.

Mid-year 1979 had the lowest number of traffic-related fatalities with 17, and they spiked in 2007 when 47 officers were killed in traffic-related incidents.

Traffic-related Fatalities: Two-Year Comparison



Geographic Distribution of Officer Fatalities: Mid-Year 2011



Source: NLEOMF



- States with four or more fatalities
- States with at least one fatality

Fatalities by State

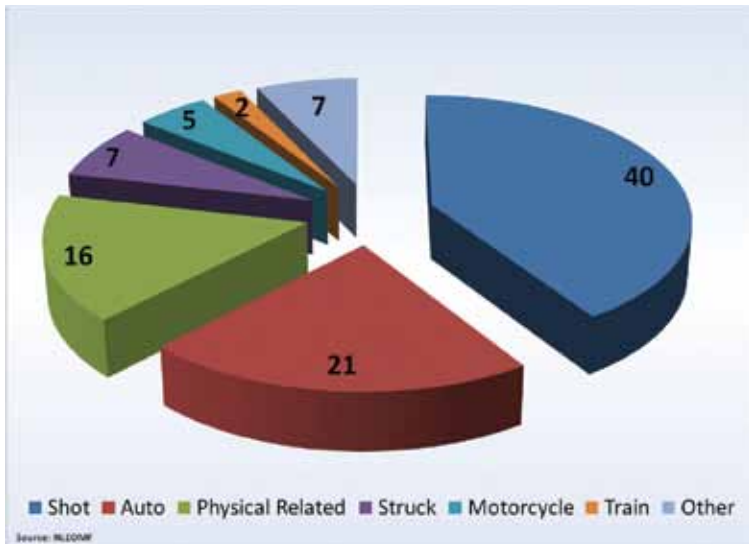
FL	10	MD	2	NE	1
TX	10	NJ	2	PA	1
NY	8	NC	2	SD	1
OH	7	OR	2	WI	1
CA	4	SC	2		
MI	4	WA	2	Federal	9
TN	4	AR	1		
AZ	3	IL	1		
LA	3	IN	1		
MO	3	IA	1		
VA	3	KY	1		
AL	2	ME	1		
CO	2	MA	1		
GA	2	MS	1		

Thirty-two states lost a law enforcement officer in the first six months of 2011, with Texas and Florida experiencing the most fatalities in the nation. Closely following is New York with eight fatalities and Ohio, with seven. Tennessee, Michigan, and California had four officer fatalities.

Nine federal officers have been killed in the first half of 2011; matching the entire 2010 total.

Eighteen states (AK, CT, DE, HI, ID, KS, MN, MT, NV, NH, NM, ND, OK, RI, UT, VT, WV, and WY) and the District of Columbia did not lose an officer in the first half of the year.

Causes of Officer Deaths: Mid-Year 2011



Traffic and firearms-related fatalities accounted for 77% of all law enforcement fatalities in the first half of 2011. Sixteen officers died from physical-related job injuries.

One officer lost his/her life due to each of the following: aircraft accident, beating, electrocution, officer falls to his/her death, bomb blast, crushed, and strangled.

Demographic Profile:

Race/Ethnicity	Gender	Jurisdiction
Caucasian	78 Female	8 Municipal Officers 50
African American	8 Male	90 County Officers 23
Hispanic	10 Average Age	41 State Officers 16
Native American	1 Average Years of Service	13 Federal Officers 9
Asian American	1	

Rank	Total Fatalities	Rank	Total Fatalities
Police Officer	33	Senior Police Officer	2
Deputy Sheriff	16	Special Agent	2
Trooper	8	Corporal	1
Sergeant	7	District Administrator	1
Correctional Officer	5	Game Warden Pilot	1
Captain	3	Investigator	1
Detective	3	Lieutenant	1
Border Patrol Agent	2	Master Patrolman	1
Chief of Police	2	Patrol Officer	1
Deputy Marshal	2	Public Safety Officer	1
Park Ranger	2	Senior Officer Specialist	1
Patrolman	2		

A Closer Look: Correctional Officers



Correctional Officer Casimiro Maximino Pomaes
New York State
Department of Correctional Services
EOW: 1/28/2011

Correctional Officer Pomaes was killed in an automobile crash while transporting an inmate.

Correctional Officer Jayme Lee Biendl
Washington Department of Corrections
EOW: 1/29/2011



Correctional Officer Biendl was strangled to death by an inmate who attempted to escape from the Washington State Reformatory.



Correctional Officer Greg Malloy
Florida Department of Corrections
EOW: 2/2/2011

Correctional Officer Malloy was shot and killed while searching for a suspect wanted for murder.

Correctional Officer Ronald Edward Johnson
South Dakota Department of Corrections
EOW: 4/12/2011



Correctional Officer Johnson was assaulted and killed by inmates attempting to escape from the South Dakota State Penitentiary in Sioux Falls.



Corrections Officer IV Craig Orrell

Texas Department of Criminal Justice
EOW: 5/12/2011
Corrections Officer Orrell died of a heart attack while jogging during an annual physical test.



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