

-OFFICIAL PUBLICATION OF-

# THE COALITION

THE NATIONAL NARCOTIC OFFICERS ASSOCIATIONS COALITION

*We the People*  
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SUMMER, 2015 VOL. 17, NO. 2

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# The Coalition

Volume 17, No. 2 - Summer, 2015



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*The Coalition* is published twice per year. Submit articles, photos, region reports, kudos, busts and other items of interest to: webutka@natlnarc.org

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## PRESIDENT'S REPORT

By Bob Bushman

# The Impact of Asset Forfeiture

As you have all heard, we are now engaged in discussions about the future of civil asset forfeiture and equitable sharing, as some members of Congress believe it is time to revise – or even eliminate – this valuable law enforcement tool. During our preliminary conversations with members and staff, it became clear that many decisions are being made based upon assumptions that are lacking all of the facts or a clear understanding of how asset forfeiture really works. We are working with our law enforcement partners to educate our policy makers so they can make good decisions driven by facts, not just emotion.

As I prepare for this debate, I think about the many cases I investigated where asset forfeiture was a critical tool in dismantling or disabling a criminal organization. I would like to share with you some of the reasons why I believe that asset forfeiture laws need to be preserved and how they impact the ability of law enforcement to be effective in the fight against drug trafficking organizations and violent crime.

Criminal enterprises and drug trafficking organizations exist because they profit from crime. And, like legitimate business, the money they derive from their illegal activities funds all of their expenses, too. Seizures of illegal proceeds by law enforcement causes an immediate disruption in the ability of those organizations to conduct their illegal activities. While those seizures may not stop an entire criminal enterprise, it interrupts their ability to commit more crimes. Preventing law enforcement from seizing and forfeiting proceeds for criminal activity will encourage and enable criminals to continue to profit from crime. Criminals and their organizations do not report their illegal income, either. It is “tax free”.

Criminals profit from crimes committed in their own communities and their neighbors are often their victims. Shameless criminals prey on their victims, especially young people; they take from their communities money which lines the pockets of street gangs, drug dealers and sophisticated criminal organizations. Drug crimes and gang violence have devastated communities across our nation. Eliminating asset forfeiture laws will increase the incentive for criminals to commit more crime and make more profits at the expense of more victims in these communities.



President Bob Bushman

Forfeiture opponents contend that asset forfeiture laws are often abused by police and, for that reason, should be eliminated. Applying the same logic, we should eliminate some entitlement programs, too, because of the many documented cases of abuse and fraud that occur there. If abuses of the asset forfeiture program by law enforcement agencies are substantiated, sanction those agencies, not the majority of agencies that follow the laws and good forfeiture procedures.

Requiring a criminal conviction before an asset can be forfeited may seem like a reasonable solution, but it isn't that simple. That will only make it easier for criminals and their organizations to thrive. As criminals learn more about law enforcement and prosecution tactics, they employ more sophisticated methods to defeat detection and protect their illegal profits. They use others (usually low-level minions) to conduct their illegal activities and to distance themselves from the crimes they commit and from which they profit. Criminals know that it is unwise to store illegal commodities with the cash they collect, so they often use couriers to transport and deliver their money. When encountered by law enforcement, those couriers usually possess no other illegal contraband. Even if there is no prosecution, the money is still illegal proceeds; and if criminals are allowed to keep it because criminal convictions are required, that gives them a free pass to continue their illegal activity and increase their profits.

Proceeds from the forfeiture of seized criminal assets have been a significant contributor to law enforcement's ability to obtain resources and training they need to protect our communities. Asset forfeiture and equitable sharing help law enforcement agencies pay the costs of the resources that are needed to effectively detect, investigate, and prosecute crime. If those programs are eliminated, those expenses will fall directly to the taxpayer. It makes sense to use the illegal money recovered from criminals to fund the resources required to apprehend and prosecute them, rather than by taking more tax money from our citizens on whom they are preying.

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## President's Report, cont.

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The profits, as well as the consequences, of crime are highly visible, especially in the urban communities that have been ravaged and devastated by crime. It is hard to convince young people in those communities that there are more important things in life than the instant gratification brought on by criminal activity.

If asset forfeiture programs are eliminated and criminals are allowed to keep their cash, cars and the things they buy with money from their crimes to support a highly visible, lavish lifestyle, then what incentive is there for those young, impressionable people watching to choose to avoid following in their footsteps?

Law enforcement knows the power of messaging. Eliminating asset forfeiture and its visible consequences in the community, and allowing criminals to keep and flaunt the profits of their crimes, sends yet another signal that crime pays.

Law-abiding, honest, hard-working citizens have nothing to fear from asset forfeiture laws. People who obey the law and earn an honest living by legitimate means have no problem proving the sources of their income or assets, should that ever come into question. The only people vulnerable to asset forfeiture laws are those who obtain money from criminal activity or those who are shielding money or assets to avoid reporting income.

While asset forfeiture laws provide a legal remedy and process for those who want to contest forfeiture actions, a vast majority of forfeiture actions are uncontested. Common sense dictates that that is because those claimants know that the money or asset is the fruit of illegal activity and, if honest testimony or showing of proof about

the sources of that money or asset is revealed, the forfeiture action will be upheld. The current laws work.

### **What we're doing about it**

NNOAC will continue to be engaged with our law enforcement partners and our elected officials to discuss this issue. We will work with them to identify areas where the asset forfeiture process may be improved and refined to make it better.

We will also work to ensure that our elected leaders get the message about the critical importance of civil asset forfeiture and equitable sharing programs and why they are such valuable tools for law enforcement. These programs must be preserved.

### **Other Issues @ Hand**

This is not the only issue the NNOAC is weighing in on. Drug legalization initiatives, sentencing reform, funding, technology, changes at DOJ and DEA, and a whole host of proposed legislation aimed at law enforcement as a result of recent high-profile incidents across the country are keeping us busy.

As always, we continue to work to represent your interests and to get the support that is critical to keeping drug law enforcement effective and our communities safe.

### **Michele Leonhart Retires**

I also want to thank and congratulate Michele Leonhart for her career of outstanding service to our country as she worked her way up through the DEA as a Special Agent, Supervisor, and Special Agent-in-Charge to Administrator.

Michele is one of the most honest and dedicated people I have ever

worked with, and under her guidance the DEA scored some of its greatest successes. More importantly, even under intense pressure from all quarters - including politicians, special interests and the media, Michele never fell for any of the phony marijuana legalization arguments.

To her last day as Administrator, she never gave in on that and she never gave up on standing with us. Staying true to your principles and doing what is right when those above you try to convince you to do differently defines courage. That defines Michele. In her retirement, we wish Michele the very best!

### **Spring '16 Conference**

Lastly, we are already planning for next year's NNOAC Annual Delegates Conference, which will be held at the Washington Court Hotel in Washington, DC, from Sunday, January 31, through Wednesday, February 3, 2016.

We will have plenty of important issues to discuss and an agenda full of speakers who will provide you with the very latest on policy issues and political initiatives in our Nation's Capitol.

And, we will be making our annual visits to Capitol Hill on Tuesday, February 2, 2016. It always makes an impression on our elected officials and their staff members when we take time to meet with them in their offices to discuss our issues.

### **How you can help**

Please watch the NNOAC website at [www.natlnarc.org](http://www.natlnarc.org) for registration and conference information. You will also see an announcement in this issue of *The Coalition*.

I look forward to seeing you in Washington. ■

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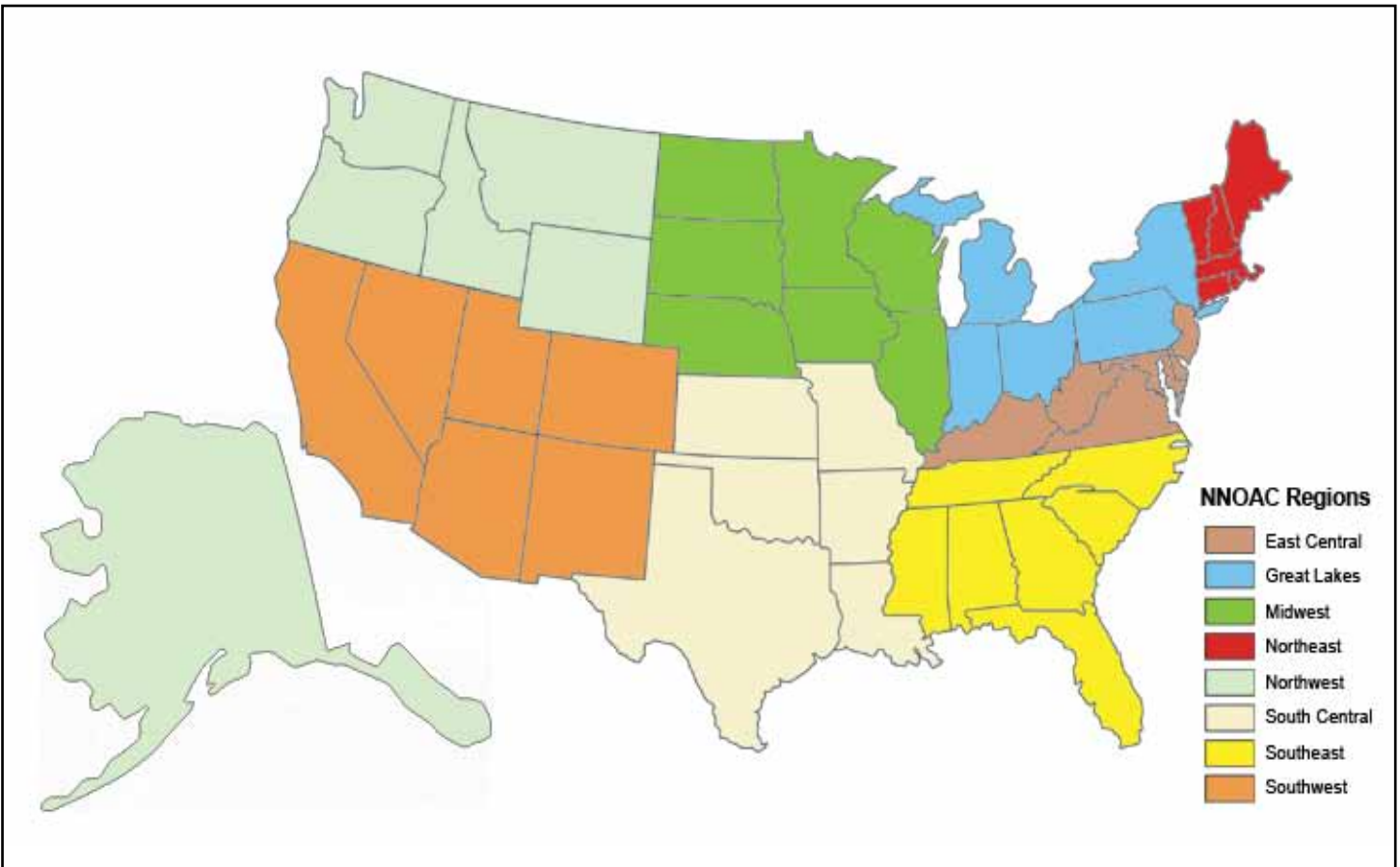


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# NATIONAL NARCOTIC OFFICERS' ASSOCIATIONS' COALITION

## REGIONAL DIRECTOR'S REPORTS

### Northwest Region - Ed Mouery

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**A**laska: Captain Jeff Laughlin of the Alaska State Troopers' Statewide Drug and Alcohol Enforcement Unit advised that Alaska continues to work through the issues related to marijuana legalization and the eventual industry related to commercial sale and manufacturing. Methamphetamine is still very prevalent, but they have not seen much in-state meth manufacturing, such as the one-pot cooking method that was fairly prevalent years ago; this indicates that much of it is being trafficked through body-carry methods on airlines and shipping via parcel packages. Heroin has become a major threat in Alaska. In one incident, they saw their first indication of what was believed to be Mexican white heroin alongside black tar heroin taken off a suspect who was in possession of two ounces. While illegal alcohol transport, sale, and possession are still major threats in rural areas of Alaska, heroin is becoming more common. Prescription drug abuse in some parts of rural Alaska is being reported as prices are remaining relatively low.

**Wyoming:** Kebin Haller, Deputy Director of Wyoming Division of Criminal Investigation, advised that 50% of all drug arrests were specific to methamphetamine. All methamphetamine analyzed quantitatively has been 99%+ pure. Prescription fraud and sales arrests decreased slightly, to approximately 7%, and marijuana arrests made up 24% of total drug arrests. Heroin arrests have more than doubled (55 arrests) to 14% of total drug arrests. They continue to work with their county coroners (Wyoming does not have Medical Examiners) to better address prescription drug and heroin overdose deaths. Wyoming is also encountering 25i LSD. It is being marketed as synthetic LSD. About six months ago, a young adult died who had just taken a hit of this substance on blotter paper. The forensic pathologist actually determined the cause of death as 25i LSD.

**Montana:** Brian Korell of the Montana Narcotics

Officers Association (MNOA) advised that the current drug trends in Montana are similar to those last year, and they are experiencing unprecedented levels of methamphetamine. The drug typically originates from Mexico and often has purity levels in excess of 90%. The drug is often brought to the state by private or rental vehicle, but we have seen an increase by parcel service. Pharmaceutical diversion is still very common in our state, with many abusers doctor-shopping in order to get their drugs. Cocaine and heroin are not particularly common. Marijuana is still an issue, even with the medical marijuana industry. Many people are working in the medical marijuana business and often also participate in the illegal trade, as well.

**Oregon:** Erik Fisher of the Oregon Narcotics Enforcement Association (ONEA) reported that Oregon recently added a new regional HIDTA Initiative to its program for Malheur County, Oregon, and Ada and Canyon, Idaho; the High Desert Drug Enforcement (HD2E) Task Force serving that region is based in Ontario, Oregon. It is comprised of agencies from Oregon and Idaho, along with federal partner agencies. Oregon continues its success with Prescription Pseudoephedrine, reporting only 8 methamphetamine lab incidents for 2014 out of a total of 13; the new trend in clandestine labs are Dimethyltryptamine (DMT) and Butane Honey Oil (BHO) labs. It appears that Oregon is seeing younger adults experimenting more with psychotropic and hallucinogenic drugs; methamphetamine and heroin continue to be the majority of investigations by drug task forces statewide.

Measure 91, which legalized recreational marijuana, was passed by 56% of Oregon voters in November 2014, and it goes into effect on July 1, 2015. Outlet stores are not allowed until July 1, 2016. A total of \$9,246,175 was raised and spent by three major Political Action Committees supporting the legalization measure, compared to the \$179,673 that was raised and spent by the Oregon State Sheriff's Association (OSSA), Oregon Narcotics Enforcement Association (ONEA), and several business/individual donors.

**Washington:** Rich Wiley of the Washington State Narcotic Investigators Association (WSNIA) reported that black tar heroin is dominating the market alongside methamphetamine.

## Region Reports, cont.

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Heroin seizures have increased dramatically, and twenty-to fifty-pound heroin seizures are not uncommon. They have seen the “bleached” Mexican white heroin appearing on the market, as well; cocaine is traversing through the state, with the destination being British Columbia, Canada. A kilo of cocaine sells in the neighborhood of \$35,000 in British Columbia, therefore making it extremely lucrative to smuggle it up the Interstate-5 corridor into Canada. Task Forces have encountered some small conversion labs, extracting methamphetamine from liquid form back to crystal form. Smuggling methamphetamine in liquid form is becoming the preferred method, often disguising it in apple cider or Juice gallon jugs, bottled tequila, or in liquid laundry detergent containers.

Rich Wiley also reported a new investigative tool: The Washington State Gang database (WAGang) is a collaborative effort to create a single gang database that meets the needs of all of Washington’s law enforcement agencies, based on the Regional Information Sharing System (RISS) backbone. A standardized gang classification criteria and process is utilized to determine that each suspect meets Washington’s legal definition prior to entry in the database. The database is administered by “Gatekeepers”, who are highly trained and experienced gang professionals with regional responsibility throughout the state. Only Gatekeepers can enter and change records within the WAGang Database. The goal of this project is to maintain very high-quality, detailed records that meet the established criteria so that viewing officers can have a high degree of confidence in the information. The Gatekeepers work on behalf of multiple agencies and officers in their region, providing oversight and review of each record’s creation and maintenance. The Washington Association of Sheriffs and Police Chiefs (WASPC) established WAGang as Washington State’s Gang intelligence database in compliance with RCW 43.43.76. WASPC approached the Western States Information Network (WSIN), a project of the RISS, to create a secure intelligence database customized for Washington’s needs. RISS provides the RISSIntel database, which is utilized by law enforcement nationwide to de-conflict investigations. The WAGang database is being developed based on the foundation of RISSIntel; however, it is being customized at no cost at the request of the State of Washington. The database will utilize best practices, strictly following federal and state law to ensure the civil liberty of Washington’s citizens are guarded while providing an investigative tool for law enforcement and addressing criminal gangs across Washington state. The WAGang database will be a resource that’s searchable by law enforcement across the nation on

the RISSNet network.

**Project Status:** 65 Gatekeepers have been trained across Washington. The Gatekeepers are in the process of vetting existing gang intelligence and entering complete records into the WAGang database. A Share Point site has also been built that will work in conjunction with the database, and that site is being populated with general information on who an officer’s Gatekeeper is, available training, information on gangs as criminal organizations, etc.

**The Future:** WSIN and RISS are working on a process that would allow patrol officers (who do not require full WSIN access) to have access just to WAGang and the Share Point site with simply a user name and password. Patrol officers are anticipated to be the primary users of WAGang, and it is our intent to make access as user-friendly as possible.

**Contact:** If you have questions or would like to find out more about WAGang, please contact WSIN Law Enforcement Coordinator, Rich Wiley at [rwiley@wsin.riss.net](mailto:rwiley@wsin.riss.net).

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**M**arijuana is everywhere. Some communities have lost an entire generation to oxycodone, heroin and methamphetamine; we (law enforcement) are scrutinized for every move we make and we are losing some of the public’s trust because of recent events. Since the incident in Ferguson, Missouri, there has been a tidal wave of negativity against law enforcement. Social media did us no favors there. Members of our government are trying to strip away asset forfeiture laws that provide tools for public safety and punishment for the profiteers. And if we can’t prevent the legalization of marijuana, our future as an educated country is jeopardized.

Three years ago, I spoke before the California State Senate Public Safety Committee about cuts to the state-managed drug and gang task forces. I stressed that drug treatment and gang prevention are a necessary part of making our streets safe and protecting our youth. But you and I know that treatment doesn’t work for most drug dealers and violent gang members.

School coaches, teachers, and drug dealers target young people. There are good, sound reasons to get young people on board early with education, sports and after-school programs. It keeps them away from the others that prey upon

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them, such as gang members and drug dealers. It is better to keep our youth out of gangs and away from drugs now than to try to rehabilitate them later.

**We need a strategy to investigate Mexico-based drug-trafficking organizations (DTO's) and develop partners in a strategic approach of these organizations.** It is an unreasonable perception that the local police and sheriff's departments can handle the drug and gang violence themselves. There is no way they can be expected to undertake such a thing. Almost every law enforcement agency has sustained serious budget cuts. Most agencies have severely reduced in size or eliminated their special enforcement and gang enforcement teams as a result of the economy.

We cannot expect that the federal agencies, such as DEA, have the ability to accomplish this alone. The past three DEA administrators have met with the NNOAC and advised us about the importance of the regional task forces to bring them major investigations, including violent drug gangs and other international cases. The fact is that more than 95 % of all arrests are made by state and local officers. Of the 5% of arrests that federal agencies make, about 95 % of those cases originated with a state or local investigation. On top of that, there are only 5,000 DEA agents assigned to the 250 domestic offices and 50 international offices.

Local agencies used to look to the California State Attorney General's Office to provide leadership and a statewide approach to identifying the DTO threats and to coordinate far-reaching, complex investigations stretching across multiple jurisdictional boundaries. These organized criminal families' (cartels) command and control of operations thrive. We need highly trained career investigators in place to coordinate enforcement operations. These transnational, organized street terrorists operate with impunity when they can cross jurisdictional boundaries because there is no organized statewide enforcement. Thankfully, we have the continued funding our HIDTA program to assist state and local agencies with targeting DTO's.

**California is the "source nation" for methamphetamine** — and it is simply naïve to believe that the major Mexico-based drug cartels won't flourish as a result of the loss of hundreds of journeyman-level, specially trained and equipped, special agents.

We lost that battle. More than 35 state-run task forces closed down or lost the support and management of the Attorney General's Office.

There is so much discussion about marijuana that it seems like we are under the gun, with the trigger being pulled by

pro-pot people and those who are funding their movement.

Last week, we sent out e-mails urging our friends to write their House members immediately to ensure that Rohrabacher's dangerous amendment does not get added to the CJS Appropriations Bill. We lost; the House approved this bill on June 3, 2015. We must prevail in the Senate. This amendment is very dangerous to our children's future and the safety of our neighborhoods.

But we also won one a couple of days ago. In a [206-222](#) vote, Congress rejected the [McClintok-Polis amendment](#) that would have prohibited the use of funds to enforce federal drug laws in states that have legalized marijuana. This is a BIG VICTORY in helping law enforcement protect our youth from an industry that is marketing a harmful, addictive drug and selling it as candy and soda pop.

Thank you to all of our coalition partners, national organizations and Save Our Society from Drugs (SOS) subscribers who worked on this issue.

Legalizing and decriminalizing marijuana is not about cancer patients or kids with epilepsy; this is about legalizing drug production and cultivation and hampering the government from being able to enforce federal law when necessary. It is about allowing edibles and other dangerous items to go unchecked.

There are other issues and dangers that we must monitor. What happens in one state means it will probably happen in your state.

**CA Senate Bill 6**, the no parole for cop killer's bill, is currently in Senate Appropriations Committee. This bill got out of that committee last year and Capitol observers expect it to do the same again this year. From there, the bill will go to the floor, where all signs point to its passage.

**Senate Bill 482**, CNOA-sponsored legislation requiring doctors to examine the CURES database before prescribing a Schedule II or Schedule III drug to a new patient, is slated to be heard today (June 5) in Senate Appropriations Committee. Since the author of the bill is the chair of the Senate Appropriations Committee, its prospects are bright. This bill is being strongly opposed by the California Medical Association, but CNOA has pulled together a broad coalition in support of the bill.

**CA Senate Bill 139**, our bath salts bill, is slated to be heard in Senate Public Safety Committee on June 9. CNOA has been working closely with committee staff to develop an approach that will obligate persons in possession of bath salts or spice to go directly to treatment. We are very close to finalizing language that would achieve that result. The



prospects for the bill in Senate Public Safety Committee appear promising.

We are working on strategies to revive Assembly Bill 1356, which was held in Assembly Public Safety Committee. The bill will provide for field use of oral fluids testing to determine the presence of drugs in a driver's system. The chair of the committee held the bill in committee, insisting that such a drug screening NOT include marijuana. We are working with other legislative allies, our coalition of supporters and the news media in an effort to revive this bill.

Colorado has experienced increased drug use, according to HHS surveys, and increased school problems and treatment admissions since legalization. Their homeless population has increased by more than 45% since marijuana was legalized.

We are all Americans; many of us, including me, are immigrants, parents, brothers, sisters, educators and friends. There is no end in sight for the Pro-Pot morons to vanish. So we have to do what we do best: We create networks, build relationships, and partner with other like-minded people and associations. Hopefully, the public will pay attention to the message we provide. These partners include the International Faith-Based Organizations, medical professionals, parent-teacher groups and our state and federal lawmakers.

On May 22, 2015, our great friend Dr. (Bishop) Ron Allen released the following to the media, which is reprinted here with his permission on PAGE ??

### **Midwest Region - Brian Marquart**

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**T**he Midwest Region has been plagued by heroin, opiates and new synthetic drugs. The region has seen a large number of overdose deaths related to these substances and there has been a heightened awareness by the public and media. Just as troubling to law enforcement has been the increase of high-grade methamphetamine being trafficked by Mexican drug-trafficking organizations throughout the region.

In the early to mid 2000's, the Midwest had record numbers of small methamphetamine production labs that were being discovered. Tougher penalties and sentencing, as well as legislative changes restricting over-the-counter purchases of ephedrine products, have caused meth labs to decrease over the past 10 years. Still, the region's meth seizures have closely paralleled the 200-percent increase in drug seizures from the Southwest Border since 2009, according to the U.S. Drug Enforcement Administration.

Users of methamphetamine often experience hallucinations, become extremely paranoid, and may become violent. This is extremely dangerous for law enforcement officers and drug units, as well as the general public.

Mexican drug-trafficking organizations control the distribution of methamphetamine that arrives in the region from Mexico through Texas, Arizona, and California. The majority of the methamphetamine arrives in private vehicles, often in hidden compartments built into the vehicles so they can avoid detection by law enforcement. Trafficking organizations continue to use commercial shipping and the mail for the delivery of large quantities of methamphetamine, as well as bulk shipments of cash being sent back to them.

The region has seen an increase in the purity of methamphetamine seized on the streets and a decline in wholesale prices. Meth prices have dropped from over \$20,000 per pound in 2009 to \$6,500 - \$11,000 per pound in 2015.

The region continues to see marijuana and marijuana products being transported or shipped into the region from states that have passed recreational marijuana laws. Many states are facing difficulties in determining the appropriate charging level for the marijuana-infused edible products being sold, as current laws have not kept up with the changes in the market supply.

### **South Central Region - Leland Sykes**

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**I**am proud to report that at our annual Washington, DC meeting, all members of our region were in attendance, with the exception of Arkansas. We are pleased to see Kansas back as an active participant.

On the drug front, many areas are seeing a continued increase in trafficking and seizures of heroin. The region is seeing both "China White" as well as Mexican heroin. Accidental overdose deaths are an increasing concern in many states. As prescription interdiction programs, on both the national and local levels, are becoming more successful, many abusers are turning to heroin for its price advantages and easy availability.

Meth labs continue to be a problem in the region, but Mexican meth is now a major player. The South Central region is seeing a substantial increase in the quality of marijuana. Many seizures of marijuana are for product originating in Colorado. Interestingly, one state is seeing an increase in indoor hydroponic grows. A narcotics commander described the scheme: the growers will go into a nice neighborhood,

## Region Reports, cont.

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buy a 2,500-3,000 square-foot home, and move high-tech indoor grow devices into every room. When the grow cycle is complete, they repair the house and sell it before the operations are discovered by authorities. Regardless whether the marijuana is from Colorado or indoor grows, the theme seems to be the high THC content.

Significant challenges face the drug law enforcement community today. We are under attack from legalizers, and they seemingly have a willing accomplice in the United States Department of Justice, as well as some members of Congress. We must continue the fight. Compromise or failure is not an option. Our families' futures depend on us.

### Great Lakes Region - Gary Ashenfelter

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Like the rest of the country, this region continues to deal with the push for marijuana legalization. Currently, three of the states in this region – Pennsylvania, Ohio, and Indiana – remain free from medical marijuana, although the Pennsylvania State Senate passed a bill and sent it to the House of Representatives for their consideration. The current House Health Committee Chair, Matt Baker (R), said he has no plans to take up that bill or any other medical marijuana bill.

In Indianapolis, a new problem facing authorities is the opening of the First Church of Cannabis. The church is set to open the first of July, when the new Religious Freedom Law takes effect. The church states that “Cannabis, ‘the healing plant’ is our sacrament.” The founder of the church, Bill Levin (59), said it only took the IRS thirty days to grant his group tax-exempt status. He also added, “Somebody at the IRS loves us.” The church has no authority to grow, sell, trade, or donate cannabis in Indiana, but they will be free to smoke it on church premises under protection of the new RFRA Law, passed by the General Assembly and signed by Governor Mike Pence. So begins the onslaught of those now using religion as a crutch to smoke pot in defiance of state and federal law. What’s next, The Holy House of Heroin?

Unfortunately, the rise of heroin has become the frontrunner in this region of the country. Mexican cartels are supplying large amounts of high-quality, low-cost heroin that has replaced the OxyContin user’s drug of choice. Heroin use by adolescents has exploded in all

areas, along with overdoses and heroin-related deaths. As one small community in the Indiana farm belt reported, twenty heroin overdoses in twenty days resulted in five deaths. Two counties have been granted public health emergencies by the State of Indiana – one for the explosion of HIV cases from sharing needles, and the other in the wake of a Hepatitis C outbreak caused by the same reason. The State has authorized a needle exchange program for those two counties, thinking the problem will be curbed. Can you believe it? Rather than try to curb the flow of heroin and other illegal drugs, the State opts to allow these admitted drug users a clean needle to keep on using.

Not only is heroin the culprit, but we are continuing to see large quantities of methamphetamine imported through the cartels. One-pot meth labs are still flourishing, with Indiana leading the country in 2014. Ohio is experiencing the same growth in meth labs as the rest of the Midwest, and law enforcement has found other types of labs as well. Agents seized a methadone lab outside of Cleveland, as well as another lab pressing heroin into pill form to look like Percocet tablets. An Ecstasy lab, and numerous THC extraction operations, have resulted in explosions.

These examples keep you aware that this section of the country fares no better or no worse than the rest of the nation. Regardless of the public’s apathy to push back against the evils of drug abuse; legislators who believe they, rather than the FDA, should decide what is a drug; and an Administration that fails to enforce Federal Law, the dedicated men and women in law enforcement are fighting, and will continue to fight, the scourge of illegal drugs in our country and around the world. Connected with all of the above is the ever-increasing violence, violence, and more violence.

Somewhere along the line, public safety got shuffled from being a guaranteed Constitutional right, to being just a line item in the budget. What a shame.



### Northeast Region - William Butka

Connecticut, New Hampshire, Vermont,  
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The New England area continues to experience heroin-fentanyl-related deaths. Every state reports record numbers of heroin overdoses. The cost of street

heroin varies widely -- from \$4 to \$10 per bag in southern part of New England to \$100-plus in northern parts. Heroin purity continues to be high. The greater percentage of heroin in the New England area is white heroin, and its reported source is South America. It is unknown if Mexican white heroin is in New England.

**New Hampshire** is reporting a significant increase of crystal methamphetamine accounting for approximately twenty percent of their cases. New Hampshire reports the New England problem with Heroin and Fentanyl overdoses and deaths.

**Maine** reports the Heroin overdoses along with one pot meth labs. Maine reports seizures of meth capsules in the northern part of the state. Also reported are seizures of *Methaqualone near the Canadian border*.

**Vermont** reports cases of fentanyl sold as heroin. Vermont found the fentanyl found as chunks in the street bags.

**Rhode Island** reports heroin with fentanyl a serious problem with seventy deaths so far this year.

**Connecticut** shows signs of marijuana usage with school-age children believing that marijuana has been legal. The State of Connecticut has taken to the media airwaves to promote the sale of medical marijuana with taxpayer money. There continue to be signs of methamphetamine use and laboratories in the state.

Designer drugs, K2, synthetic marijuana, and bath salts, along with cocaine, are still abused and causing problems in some states. The New England State Drug Enforcement agencies report that their primary concerns and committed resources are for heroin and fentanyl.

Medical marijuana and recreational marijuana is a health hazard in all New England states. **Every New England state indicates their number-one problem is heroin.**

### East Central Region - Tommy Loving

Kentucky, West Virginia, Virginia, District of Columbia, Delaware, Maryland, New Jersey

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**W**hen asked, what is the primary drug issue in the region? – the answer is another question: What state are you standing in, and breaking it down even further, what county are you located in? The drug problem varies not only state to state but down to the county

level. Overall, the region seems to be experiencing an increase in heroin, crystal methamphetamine, and synthetic drugs; but the level of intensity varies by state and by county.

**New Jersey:** The New Jersey Narcotic Officers' Enforcement Association annual training conference was held at the Claridge Hotel/Casino in Atlantic City from June 1 to June 5, 2015. Approximately 250 officers and guests attended the training conference. An awards luncheon was held on Thursday, June 4<sup>th</sup> with numerous awards presented; over 300 members, award winners and guests attended the awards luncheon.

The training topics for the conference included: Officer Safety & Survival, The Impact of Legal Marijuana Legalization in Colorado & What You Can Expect From Legalization in Your Area, Customs and Border Protection Capabilities Orientation & NJ Ports Briefing, Duty Shooting Incidents, Patrol Narcotics & Interviews, Hidden Compartments/ Transportation of Contraband, Fitness/ Nutrition for Law Enforcement, Sovereign Citizen Extremists.

The 2016 New Jersey Narcotic Officers' Enforcement Association annual training conference is being planned for June 2016, to be held again at the Claridge Hotel/Casino, Atlantic City, NJ.

**Kentucky:** The Kentucky Narcotic Officers' Association annual training conference will be held at the Hyatt Regency Hotel in downtown Louisville, Kentucky. The training conference will begin on Monday, August 10, and end on Wednesday, August 12, 2015. This is the 10<sup>th</sup> annual conference for the Kentucky Narcotic Officers' Association and a milestone in the Association's history. The conference has several sponsors, including Appalachia HIDTA, the Kentucky Justice Cabinet, and Kentucky State Police, which provide financial support.

The training topics for the conference include: Surviving Warrant Service, Update on New Heroin Legislation, Legal Update, Liability Issues, Informant Case Study, Drug Overdose Death Investigations and Prosecution, and Intelligence Sharing.

During the 2015 legislative session, Kentucky finally passed new legislation to address the heroin epidemic, concentrated in the Louisville, Lexington, and Northern Kentucky areas. However, it is creeping into all parts of the state. The bipartisan legislation is the latest front in Kentucky's hard-fought battle with drugs. It is a mix of treatment, tougher penalties, and new programs such as needle exchanges and Good Samaritan protection for Naloxone use. Governor Beshear, legislators, and law enforcement hope it will prove decisive in beating back the lethal scourge of heroin.

## Region Reports, cont.

*from previous page*

In more negative news, the Byrne/JAG awards to drug task forces across Kentucky were just received. Due to a lower funding level from Congress in the FY15 budget, federal funding for all task forces was reduced by 11.25%. This notification just arrived, so it will take a little time to determine the overall impact on drug enforcement operations in Kentucky.

**West Virginia:** The West Virginia Narcotic Officers' Association will hold their training conference this year on Tuesday, September 15, and Wednesday, September 16, in Bridgeport, WV. The conference was moved to the northern part of West Virginia in hopes of attracting more members from the area.

Members of the West Virginia Narcotic Officers' Association are not only in regular contact with our representatives in DC, we are also speaking to our WV representatives concerning the state's drug issues. Unfortunately, West Virginia leads the nation in the drug overdose death rate, at 34 per 100,000. The West Virginia Narcotic Officers' Association is working toward legislation that will better address this serious problem in their state.

### Southeast Region - T. Gene Donegan

Tennessee, North Carolina, South Carolina, Mississippi, Alabama, Georgia and Florida

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Many of these states have seen dramatic increases in heroin-related seizures and overdose deaths. Over the past six months, we have seen a trend in this area of an increase in "China White" heroin. Up until this year, the area had only dealt with "black tar" and "brown" heroin being distributed by Hispanic groups. But this spring, we began to see "China White" and "Gravel" hitting the streets, especially in larger cities and the satellite cities. As a result of the abundance of "China White", overdose deaths – which have been occurring in the Northeast for years – are now striking this area. We have seen a spike in overdose deaths due to the heroin being laced with fentanyl. Most of those groups are being supplied by sources from the Detroit area.

We have seen a slight decrease, at least in the Tennessee area, of prescription pain pills. Unfortunately, we believe that those who have become addicted have switched to heroin; pill users have stated that the heroin is easier to obtain and cheaper than purchasing synthetic opiates. Tennessee has

*federal funding  
for all task forces  
was reduced by  
11.25%.*

enacted new legislature that is making it more difficult to obtain prescriptions for Schedule II drugs, forcing the pill abusers to look for new avenues to supply their habits. Since the synthetic opiates are getting more difficult to obtain, the price of those items have continued to rise. The average price for the tablets is one dollar per milligram. For example, an 80mg Oxycontin tablet is now costing \$80 and usually produces one dose for a "high". The addicts can purchase heroin for \$50 for a half gram and get at least two doses, according to the user's tolerance level.

The Southeast Region is still being inundated with high-grade marijuana from Colorado, California and Oregon. It is a rarity to seize Mexican-grown marijuana in the Southeastern areas. The extremely high price of the high-grade marijuana makes it difficult for smaller agencies to conduct undercover purchases from suppliers. Officers are also seizing large amounts of high-grade marijuana being shipped through commercial carriers such as U.S. Postal Service, UPS and Fed Ex.

The trend to ship the high-grade marijuana in smaller amounts (4-10 pounds) due to extremely high cost is overwhelming many of the commercial services, as well as the officers working in that area. ■

*Approx. 400 lbs. marijuana seized from individuals from Colorado in the Nashville Tennessee area*



# The Use of Alcohol Biomarkers for Abstinence Monitoring in Criminal Justice

*BY Rich Strasser, Express Diagnostics, Int'l., Inc.*

Over the past two decades, drug abuse recognition and testing methods have come a long way. I was fortunate early in my law enforcement career to receive training in Drug Abuse Recognition (DAR), which is essentially an enhanced field sobriety test, using a seven-step evaluation process to identify objective symptoms of someone that may be under the influence of drugs and/or alcohol.

You are probably familiar with one of the steps—horizontal gaze nystagmus (HGN) – the involuntary movement (bouncing) of the eyes. While there may be several factors affecting HGN, alcohol is a primary contributor. An HGN evaluation consists of an evaluator holding his or her finger or an object in front of the person’s nose and asking them to follow it with their eyes as the evaluator moves the object on a horizontal plane from left to right across their face. Research has shown a correlation to the angle of HGN onset and a person’s blood alcohol content (BAC).<sup>1</sup>

Another more familiar tool used to quantify a person’s BAC is a preliminary breath test (PBT) – often referred to as a breathalyzer. A law enforcement officer may use HGN and PBT tests help establish probable cause to determine if someone is under the influence of alcohol. Other established alcohol testing formats available for identifying current impairment include rapid tests for urine and saliva.

Traditional alcohol testing methods are effective in identifying very recent alcohol consumption and current intoxication, but their short window of detection is not sufficient for use in abstinence monitoring, a common requirement in probation, parole, corrections, and drug courts. For example, the drug court model combines both rehabilitative and criminal justice elements that follow the “Ten Key Components” established by the National Association of Drug Court Professionals (NADCP). The fifth key component recommends that abstinence be monitored by frequent alcohol and other drug testing and is considered central to the NADCP drug court model. The

traditional alcohol-monitoring method, ethanol testing, has a substantial drawback as drug courts often operate within the traditional Monday to Friday work week and lack the ability to effectively monitor participants over the weekend.

It is common for drug courts and probation offices to conduct an increased number of drug and alcohol tests on Mondays in an effort to identify people that are violating their “no drugs and alcohol” requirement. While traditional drug screens will generally identify weekend violations of illicit drug use of up to two or three days, it was more difficult to detect alcohol use in the same period of time.<sup>2</sup>

Ethyl Glucuronide, or EtG, is a unique biomarker produced by the liver following alcohol use. It was first discovered in human urine in 1967 (Jaakonmaki et al). EtG has since been identified in various bodily fluids, tissues, and hair, thereby providing a variety of testing options.<sup>3</sup> Unlike more traditional alcohol testing that measures the concentration of ethanol, EtG is a direct metabolite of ethanol, which is formed by an enzymatic conjugation of ethanol with glucuronic acid. The primary advantage of measuring EtG over ethanol is that EtG can be detected in urine for up to four days after alcohol consumption, compared to only 8-15 hours for ethanol. Ethyl Sulfate (EtS) is another more recently identified alcohol metabolite that is used as an indicator of ethanol ingestion. EtS is a direct bio-marker of alcohol ingestion that is not susceptible to degradation by bacteria hydrolysis and is tested in conjunction with EtG for confirmation purposes.<sup>4</sup> EtG and EtS when used together seem to offer slightly greater sensitivity to alcohol use than either biomarker alone.<sup>5</sup>

In addition, ethanol can be produced in vitro due to fermentation of urine samples containing sugars (diabetes), bacteria or yeast when samples are exposed to warm temperatures.<sup>4,7</sup> In such cases, an EtG / EtS test can be used as a confirmatory test to determine if the alcohol in the sample is due to consumption of alcohol or it is formed in vitro as a result of fermentation. It is also possible to lower the concentration of EtG by drinking large amounts of water prior to voiding, whereas this strategy does not influence the EtG/creatinine ratio or the concentration of urine ethanol.<sup>6</sup>

Over the last several years, more and more laboratories began offering EtG/EtS testing to help bridge the gap that existed with simple ethanol testing. While a urinalysis is likely the most common laboratory EtG test platform, hair and fingernail testing is also widely accepted for EtG testing as it provides a longer window of detection: up to 90 days. As a result, EtG and EtS tests are becoming more common with drug courts, probation, parole, corrections, schools, and alcohol abstinence programs like those in treatment facilities.

*Continued on page 15*

# The Marijuana Action Plan: Fighting Marijuana Legalization with a National Strategy

*BY Jim Gerhardt-VP, Colorado Drug Investigators Association*

Proponents of marijuana legalization constantly flaunt the fact that 23 states allow marijuana for “medical” use and that four states (and Washington DC) have legalized marijuana for recreational use. They have accomplished this, in part, by recognizing a long-term national strategy for the gradual state-by-state legalization of marijuana. Typically, states are confronted with a legislative proposal or ballot initiative and work to defeat these schemes on their own. They are left to constantly reinvent the wheel and play from a defensive posture. This approach certainly favors the proponents of marijuana legalization as more and more states fall victim to these tactics. Colorado witnessed firsthand how a “medical” marijuana program can be widely abused leading to the commercialization of marijuana and ultimately full-blown recreational legalization of the drug.

When the vote on legalization of marijuana passed in November 2012, Colorado Drug Investigators Association (CDIA) reached out to Rocky Mountain HIDTA Director Tom Gorman and proposed a comprehensive collection of statistics to determine what the actual impact of marijuana legalization would be on the state of Colorado. The CDIA board recognized Colorado’s obligation to the rest of the country in accurately demonstrating the impact of marijuana legalization as there would certainly be more states subjected to similar proposals. We believed that whether the statistics showed favorable to marijuana legalization or demonstrated it to be disastrous it was important to capture and share this information. The Rocky Mountain HIDTA has done an outstanding job of collecting all of the available data which clearly indicates a multitude of negative impacts upon Colorado.

Upon reviewing these reports, the CDIA board reached out to NNOAC President Bob Bushman and suggested the convening a national working group to begin formulating a strategy to combat this expansion of marijuana legalization. Clearly, the experiences from the state of Colorado indicate that the United States will reap disastrous consequences should marijuana become fully legalized. We also explained that, for the first time, we had a new weapon in the fight against marijuana legalization which were the facts, statistics, and experiences of the states that have gone down this path.

Up to this point, we have been left to argue “our theory” versus “their theory” of the impact marijuana legalization would have on states. This potentially gives us a powerful weapon to fight with if we become organized and implement our own national strategy.

President Bushman agreed and an unprecedented meeting was held at the Criminal Justice Institute in Little Rock Arkansas on May 7 and 8, 2015. 43 people attended representing Arkansas, Arizona, California, Colorado, Florida, Hawaii, Idaho, Indiana, Kansas, Kentucky, Massachusetts, Minnesota, Missouri, Montana, South Carolina, South Dakota, Tennessee, Utah, Washington, and Washington DC. The attendees included law enforcement executives, drug prevention professionals, attorneys, state drug directors, and representatives from: The National Marijuana Initiative, California Narcotics Officers Association, Colorado Drug Investigators Association, Indiana Drug Enforcement Association, National Narcotics Officers Associations’ Coalition and the New England Narcotics Officers Association. We were also very honored to two gentlemen who retired from the military and formed a company called the Shackleton Group. They graciously donated their time and provided invaluable facilitation during the two days of this meeting.

The work from the meeting in Little Rock has been dubbed the MARIJUANA ACTION PLAN. The plan has multiple components and is certainly still a work in progress, however, several action items have been implemented already. Our short-term objectives are to prevent any additional states from legalizing marijuana, either for medical or recreational purposes, through the end of 2016. This is a critical period of time because a new president will be elected with the potential for a different course of action than the current administration has taken with respect to marijuana legalization. The majority of states still do not allow for any form of marijuana legalization and therefore a new administration can push back against those trends more easily than if the majority of states allow for either medical or recreational pot legalization. There are also three federal lawsuits currently pending in Colorado seeking to nullify marijuana legalization. We are hoping to give the federal

*Continued on next page*

*Action plan, cont.*

courts time to rule on these lawsuits without having more states be factored in to those rulings as being potentially impacted.

**The Marijuana Action Plan has several components that are simultaneously being worked on at this time:**

**Business/Strategic Plan:** During the working group discussion, we realized that the pro-legalization movement has a huge funding advantage using money from George Soros and others to accomplish their mission. We are currently working on plans to be competitive in this area.

**Legislation/Ballot Initiative Review Subcommittee:** A group of committee members volunteered to form a subcommittee designed to review and comment on any legalization initiatives. This will give states under attack the ability to respond and point out deficiencies in these various initiatives. We have already been actively working on proposals hitting South Dakota and Pennsylvania.

**Public Service Announcements:** All of the participants agreed to begin producing short public service announcements that can be used anywhere in the United States to get the word out and stop the spread of legalization initiatives. A YouTube channel has been created under the title of Marijuana Action Plan and the first videos have now been posted.

**Data Collection:** All of the participants recognized the incredible power and value in the reports being compiled by Rocky Mountain HIDTA. A template for similar data collection in other states is being finalized and will be circulated to working group members. We are striving to create similar reports across the country.

**Marijuana Conference:** The working group members felt that a national conference should be held to empower states to learn the consequences of marijuana legalization and begin implementing strategies to combat these initiatives. It was decided that a conference would be held in Colorado during the last week of August 2015 and is currently being planned by CDIA.

Working group participants recognized that this effort, to develop a national strategy against marijuana legalization, should have really begun in 1996 following California's first "medical" marijuana law passing. However, 27 states do not recognize any form of marijuana legalization and multiple recent legalization initiatives have been defeated. We firmly believe that marijuana legalization is not inevitable and that the states currently experimenting with these laws will ultimately conclude that the public safety price is too high to pay and the trends will reverse. We need facts, logic, and common sense to push past the knee-jerk emotionalism that is driving the move towards all forms of marijuana legalization. Our state narcotics officers associations need to band together, in cooperation with the NNOAC, to implement our strategies and restore a higher degree of quality of life and public safety to the United States. ■

## Biomarkers, (2)

EtG is only produced by the liver following ingestion of ethanol/ethyl alcohol, thus it is possible to produce EtG following incidental exposure to ethanol found in commonly used products. Ethanol is used in cooking, over-the-counter medications, mouthwash, hygiene products, antibacterial gels, perfumes, etc. Abstinence monitoring programs that are testing for EtG should provide participants information regarding sources of incidental exposure to avoid. Having a document that details this information can be helpful. The following excerpt is from a sample drug court informed consent agreement:

When being monitored with EtG/EtS, it is important, as in any monitoring situation, to be aware of items to avoid so that inadvertent "incidental" exposure does not cause a positive test. In other words, it's important to know what items contain alcohol and to avoid them. With reasonable caution it is rare for "incidental" alcohol exposure to cause a positive test.

It is YOUR responsibility to limit and avoid exposure to the products and substances detailed below as well as any other substance that contains ethyl alcohol. It is YOUR responsibility to read product labels to know what is contained in the products you use and to inspect these products BEFORE you use them. Terms used to describe alcohol in products that must be avoided include: denatured alcohol, SD alcohol, ethanol or ethyl alcohol. Use of the products detailed below or any other product containing alcohol is a violation of this contract and will NOT be allowed as an excuse for a positive test result.

***When in doubt, don't use, consume or apply anything that might contain alcohol.***

While EtG is produced by the liver, the quantity the body produces varies from person to person. Therefore, the quantitative levels of EtG should not be used to estimate how much alcohol someone may have consumed, but rather to determine whether they have in fact ingested alcohol. This was illustrated in the SAMHSA Spring 2012 Advisory: "The Role of Biomarkers in the Treatment of Alcohol Use Disorders" This Advisory was a revision of the 2006 Substance Abuse Treatment Advisory (same title). The 2012 revision was a result of increased scientific knowledge about alcohol biomarkers such as EtS, further studies examining the effect of incidental exposure to alcohol

*Continued on page 31*

## *The Hazards Within Marijuana Grow Environments*

### *Revisited*

BY Ernie Martinez  
Director-At-Large, NNOAC  
Denver, CO

**I**magine you are driving in your city, and you detect the pungent smell of marijuana in areas where before there wasn't anything noticeable. How about a call for service from a citizen who is complaining of these acrid smells from an adjacent apartment, condominium or house? How about a burglary-in-progress or robbery call, where law enforcement officers respond and are not only confronted with the crime suspects themselves, but what lies ahead within the marijuana grow environment? With the proliferation of illegal and (in the States of Colorado, Oregon and Washington) legal marijuana grow operations occurring, first responders are the primary people making contact within these environments. Due to issues such as these and responders encountering sickness contemporaneous to large grow exposure, in 2011 the Colorado Drug Investigators Association secured a Byrne-Justice Assistance Grant in partnership with environmental investigators from National Jewish Health in Denver, CO, to research the indoor environments of marijuana grow operations (MGO's).

**Law enforcement has always experienced unknown**, airborne levels of mold spores within these MGO's, which are also subject to exposure by the adults and children, to potentially cause significant health hazards. This study found that people residing in these homes were likely to have levels of exposure that can cause hypersensitivity pneumonitis, allergic rhinitis, asthma, and other respiratory diseases. Emergency personnel and law enforcement officers entering these environments have reported upper respiratory irritation, skin rashes, and other symptoms associated with these exposures. Officers with pre-existing conditions such as asthma have reported an exacerbation of their existing conditions while dismantling indoor MGO's.

Currently, most commercial MGO's employ 3-6 month growing cycles in which conditions can be somewhat controlled, which result in plants with high THC content. Although the goal of the MGO growers is to control the balance of environmental factors, (light cycle, carbon dioxide, humidity, temperature, plant nutrition and pest control), many residential MGO's do not. Residential structures are not designed to function as greenhouses; contamination from pesticides and fertilizers is more difficult to control, due to moisture that causes damage to building materials and results in excessive mold growth (excessive fungal contamination due to the high humidity in the home); and the risk of fire is significantly increased, not to mention the additional risk if butane/alcohol extraction methods are used.

After **random sampling of 30** residential grows, the following is a brief summary of MGO hazards:

- The primary exposure of concern is the inhalation of high numbers of mold spores that were present in many of the indoor MGO's;
- The highest concentrations of fungal spores were measured when the plants were being removed from the operation. However, even the initial entry at some of the MGO's was found to expose individuals to fungal spore levels that were well above outside levels;
- Those exposed to these spore levels for excessive periods or with an elevated frequency may develop allergic reactions to the fungal spores resulting in upper respiratory irritation and, in some cases, hypersensitivity pneumonitis.
- Those with an immune deficiency caused by transplant surgery, corticosteroids, illness, or other causes could have severe reactions to these elevated spore levels and experience life-threatening illnesses;
- Exposures to carbon monoxide and chemical pesticides are also possible – which can cause symptoms compatible with pesticide poisoning;
- Elevated carbon monoxide levels have also been reported in MGO's;
- Exposure to physical hazards must be expected in MGO's, including trip and fall hazards, electrical hazards, booby traps, firearms, and fire hazards;
- Normal ballistic gear or uniforms as outer clothing with some fire resistance desirable;
- Gloves (chemical resistance desirable);
- An N-95 or P-100 disposable respirator with NIOSH approval should be considered by any individual with significant allergies or pulmonary problems;
- First Responders with immune system deficiencies should not enter MGO's without a minimum of a full-face respirator with P-100 filters; it is suggested that these responders not participate in these activities.

*For further information please contact [emartinez@natlnarc.org](mailto:emartinez@natlnarc.org). The full 26-page report can be downloaded from: [http://www.cdiasa.org/default.aspx/MenuItemID/173/MenuGroup/\\_Home.htm](http://www.cdiasa.org/default.aspx/MenuItemID/173/MenuGroup/_Home.htm)*



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## Heal! Westport Pharmaceuticals & K9s4COPs Join Forces to Combat Illegal Meth-Labs

"The only meth-lab Westport supports are those with four legs and a tail."

Creators of Zephrex-D®, the only highly meth-resistant pseudoephedrine nasal decongestant on the market, will sponsor training and re-deployment of combat "hero dogs" to assist local sheriff departments and school districts battle drug abuse.

St Louis, MO - April 23, 2015 – The abuse of methamphetamines is estimated to cost the US economy as much as \$48 billion per year. In communities across America, illegal meth- labs are ruining lives, increasing crime and placing huge strains on local law enforcement agencies.

Westport has announced a new initiative in the fight against meth-labs: a partnership with K9s4COPs to sponsor hero dogs, recently returned from active duty overseas, to be redeployed to assist local law enforcement departments and narcotics officers here in the US.

(cont.)



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## The Coalition

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Trained to join the fight against illegal meth labels. Three K9s, three officers, unlimited potential.



Hero Canine "Prison", has joined the Morgan County Sheriff's office fight against illegal meth labs.

After graduating from training hero dogs and their partners will return to police departments and school districts in high meth-incidence counties in Indiana, Tennessee, Texas, Oklahoma and Georgia. They will be assigned to assist in narcotics detection, as well as locating and apprehending criminals.

"Our mission is to provide K9s to police departments and school districts in need", said Kristi Schiller, Founding Chairman of K9s4COPs. "These dogs have been working hard to protect our troops overseas. We're so excited to partner with Westport to return them to active duty here in the US, helping to protect and serve local communities impacted by illegal meth production."

Recognizing the damage being done to their own community from meth- production, Westport Pharmaceuticals developed Zephrex-D – the most highly meth-resistant pseudoephedrine nasal decongestant available. Zephrex-D contains Tarex®, patented meth-blocking technology, making it virtually impossible to 'hack' by illegal meth producers.

"We're proud to partner with K9s4COPs to help connect local law enforcement with trained narcotic detecting hero dogs. As an industry leader in "good pharma" solutions such as meth-resistant medications, we have the technology and solution to help put the vast majority of domestic meth labs out of business, save taxpayer dollars, and make our communities safer places to live in," said Paul Hemings, Westport's U.S. General Manager. "We're committed to healing individuals and communities any way we can. The only labs we support are those with four legs and a tail."

Captain Andrew Bremer of the Kimble, Nebraska Police Department had this to say, "We are the ones on the frontlines in the battle against illegal meth-labs. Everyday, we see the devastating impact of meth on families right here in our community. Our hero K9 will be invaluable to our department in our mission to get math-labs out of town and put meth- producers out of business."

An advertisement for Zephrex-D nasal decongestant. On the left is a box of the product, labeled 'Maximum Strength', 'Non-Drowsy', 'Zephrex-D™', 'Pseudoephedrine HCl 30 mg', 'Nasal Decongestant', and 'Relieves: Nasal &amp; Sinus Congestion, Sinus Pressure'. Below the box is a woman's face with orange markings on her nose. To the right, a woman and two children are gardening. The text 'Powerful congestion relief. Powerful crime protection.' is written in large white letters on a red background.



Zephrex-D® - the most highly meth-resistant pseudoephedrine nasal decongestant available - made with Tarex®, patented meth-blocking technology, which makes it virtually impossible to 'hack' by illegal meth producers.



While other tamper-resistant technology makes meth-making more difficult, only Zephrex-D® meth-blocking technology makes it practically impossible using today's methods.

## About

Westport Pharmaceuticals, LLC

A privately-held specialty pharmaceutical company located in St. Louis, MO that develops and markets next generation medicines that can't be hacked, so communities can focus on well-being.

For more information please contact:

Westport Pharmaceuticals  
Paul Hemings, US General Manager  
phemings@westportpharma.com (314) 282-2766

K9s4COPs

Our foundation was formed to address the need for funding the purchase of K9s for Law Enforcement Agencies.

## In the News

**Dog Named Prison Becomes Morgan County's Newest Player In Battle Against Meth WBIR**

<http://on.wbir.com/1GKGAE1> via @wbir

**Drug K-9 Joins Waco ISD Police Department - kcentv.com - KCEN HD - Waco, Temple, and Killeen**

<http://www.kcentv.com/story/29191499/drug-k-9-joins-waco-isd-police-department#.VYQxqOMvgiw.twitter>

## Available Assets

Short videos & B-Roll:



Stills of Police Officers & K9s in training

# INTERNATIONAL FAITH BASED COALITION

10702 Alicante Way, Sacramento, California 95670

## PRESS RELEASE

5/22/2015

### **THE GAVIN NEWSOM BLUE RIBBON (CARTEL)**

*Contact: Dr. Ron Allen, President of the International Faith Based Coalition (916) 807 1210*

*Contact: Roger Morgan, Founder/Chairman, Take Back America Campaign (916) 434 5629*

The second public hearing of Gavin Newsom's committee to regulate legalized marijuana was held in Oakland on May 19<sup>th</sup>, moderated by Abdi Soltani of the ACLU. The intent wasn't to ascertain if marijuana should be legalized for recreational use, only how to tax, regulate and control it once it is legalized.

The panel of experts were all pro-pot. While they offered some suggestions that had merit, like the need for Student Assistance Programs (SAP), rejecting "zero tolerance" in favor of keeping kids in the system rather than suspension and expulsion, treatment rather than incarceration and the need for educating kids, some of the panelists were woefully uninformed.

Dr. Peter Banys, a psychiatrist from the University of San Francisco called for delineation of soft drugs (i.e. marijuana) from hard drugs, apparently oblivious to the fact that today's high potency pot is causing brain damage, mental illness, addiction and numerous psychotic breaks leading to mass murders, traffic fatalities and suicides; or the problem of mentally ill arrestees clogging our jails while waiting for beds in mental facilities.

There was discussion on the need to use money raised from taxing marijuana to educate kids, presumably so they wouldn't use pot. Their minimum age for legalization was 21, yet there was no mention of what would happen to existing "medical marijuana" laws that allow 18 year old kids to buy pot for any purported illness. No mention of the need to educate parents and teachers as well as kids.

They stated repeatedly that prohibition is the problem, yet in actuality we already have de facto legalization in California. And there was no mention of the fact that for every \$1 collected in taxes, the social costs are \$10, as is the case with alcohol and tobacco. No mention either that California already collects \$103 million taxing "medical marijuana" which goes into the general fund and we have no effective prevention program.

Bottom line, when a politician's motives are maligned, and/or their philosophies have been shaped by personal financial backing, having an impartial discussion on the merits or shortcomings of legalization is a waste of time. There is simply no justification for expanding the use of one more harmful drug by making it legal. Alcohol and tobacco inflict enough death, destruction and economic cost as it is.

California currently has a \$3 billion surplus in tax revenues and is looking for ways to spend it. The governor is calling for money for head start programs, much of which will be lost if we continue to allow

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## The Coalition

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kids to self-destruct in 8<sup>th</sup> grade. California needs a good prevention program for alcohol, tobacco and drugs (especially marijuana).

Marijuana is the foundation for almost all drug use. Almost all (i.e. over 90% by survey) of the 120 Americans who die every day of drug overdose started their drug journey with marijuana. It is also a major factor in the 40% (+/-) high school dropout rate that so badly hurts our African American communities and robs our youth of their full potential.

Marijuana is a major cause of mental illness which is clogging our jails, and a major cause of traffic fatalities and psychotic episodes leading to violent crimes and suicides.

Marijuana is a major factor in America's decline to 24<sup>th</sup> (last) among industrialized nations. California has a 24.2% high school dropout rate with an estimated cost of \$46.4 billion per cohort (\$392,000 per dropout).<sup>1</sup> The dropout rate for African Americans is closer to 40%.

19.5% of the California budget is absorbed by substance abuse, and less than 1/3 rd of 1% is spent on prevention, and the balance shoveling up the damage.<sup>2</sup> This is horrible economic policy.

59% of arrestees in Sacramento test positive for marijuana, and 83% for any drug.<sup>3</sup> The average age of first use was 13.8 years. 80% of state prisoners are high school dropouts. Two thirds are addicted to drugs and alcohol and one-third meet the clinical definition of mental illness.

If Lt Governor Newsom is worthy of the position he holds, or the esteemed office of the Governor which he seeks, he should demonstrate that he is willing, able and committed to his most important responsibilities in either position; to protect the people and manage our tax dollars. He can't do either by legalizing marijuana for recreational use.

Since persuasion by Gavin Newsom helped convince the leaders of the California Democratic party to make legalization of marijuana a plank in the upcoming elections, Governor Brown could do the state and nation a valuable service by taking a hard line against legalization.

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Dr. Ron Allen, President, International Faith Based Coalition.

STOPPOT2016.com #stoppot www.IFBC.us



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<sup>1</sup> UC Santa Barbara High School Dropout Research Project.

<sup>2</sup> Shoveling Up: The Impact of Substance Abuse On Federal, State and Local Budgets. (2009) The National Center Of Substance Abuse and Addiction. (CASA) [www.casacolumbia.org](http://www.casacolumbia.org)

<sup>3</sup> Arrestee Drug Abuse Monitoring Program ADAMII available at the Office of National Drug Control Programs.

## North Carolina Passes Sweeping Precursor Chemical Law

BY Phil Little, Chairman, Legislative Affairs, NCNEOA  
Executive Board Member, NNOAC

On May 19, 2015, North Carolina lawmakers passed a much-sought-after precursor chemical law. The bill was signed into law by Governor Pat McCrory on May 21, 2015, and will become effective December 1, 2015.

Statewide, law enforcement has seen a shift in production from large-scale methamphetamine labs to portable “one-pot” labs. In 2013, North Carolina law enforcement agencies raided 561 labs, compared to 460 the year before. The increase can be attributed largely to the increase in “one-pot” labs. Using this method, making meth is fast, easy to set up, and produces little evidence or waste for the “cooks” to dispose of. Criminals can use this method to make the drug using a plastic two-liter bottle and a small amount of pseudoephedrine.

In 2013, legislation was enacted which made it unlawful to possess a pseudoephedrine product by an individual who has a prior conviction for possession of methamphetamine and/or manufacturing methamphetamine. The new legislation clarifies and expands the list of prior convictions to include additional methamphetamine-related charges, such as possession of an immediate precursor chemical and trafficking methamphetamine, which are common pleas in meth-related cases.

This new legislation expands the list of immediate precursor chemicals to more accurately reflect the chemicals commonly used in the “one-pot” process, including camping fuels, lighter fluids, sodium hydroxide (lye), ammonium nitrate, and starting fluids. The list includes over fifty chemicals that are now prohibited under this law.

Passage of this law places North Carolina in the top list of states with a precursor chemical law this comprehensive in scope and nature. The primary sponsors of this law were NC State Representatives Craig Horne (R-Union County) and Darren Jackson (D-Wake County). The bill received bipartisan support in both the House and Senate.

Special thanks to Special Agent Kelly Page, NC State Bureau of Investigation, who also serves on the Executive Board of the NC Narcotics Enforcement Officers Association (NCNEOA) as Secretary. Kelly, who is a Clan Lab field response agent, worked very closely with Representative Horne and lawmakers in drafting the language and content of the law. ■

### *Arizona Republic Fact Check Engages in Orwellian Newspeak - How, outside of the novel 1984, does “true” become “misleading?”*

The City of Phoenix is two weeks away from municipal elections; Hillary Clinton, Bernie Sanders, and 17 Republicans have been barnstorming the country to win their party’s nomination for President of the United States. Indeed, two nationally televised debates were broadcast this week. This would seem like an opportune time for a “Fact Check” by a newspaper’s fact checker. But no. Instead, Travis Arbon of the Arizona Republic decides to analyze a column by Sheila Polk from nearly two months ago in which she pointed out that marijuana is not as harmless as its proponents say.

The issue that rankles Arbon is the statement from the Arizona Child Fatality Report that links marijuana use to 62 child deaths in Arizona in 2013. Here is exactly what that report states: “In 2013, marijuana was the most commonly used substance associated with a child’s death in Arizona.” It also states marijuana was “associated” with more child fatalities than alcohol. It doesn’t get any clearer than that.

Marijuana legalization proponents have been saying for months now that marijuana is safer than alcohol. In the column, Sheila Polk pointed out that this is false on a number of fronts and highlighted just one of those fronts by citing the Child Fatality Report. EJ Montini had already criticized Polk—in June—and we responded to his criticism in the Republic as well.

*Continued on page 25*



# DrugFacts

[www.drugabuse.gov](http://www.drugabuse.gov)

## Is Marijuana Medicine?

The marijuana plant contains several chemicals that may prove useful for treating a range of illnesses or symptoms, leading many people to argue that it should be made legally available for medical purposes. In fact, a growing number of states (20 as of March, 2014) have legalized marijuana's use for certain medical conditions.

The term "medical marijuana" is generally used to refer the whole unprocessed marijuana plant or its crude extracts, which are not recognized or approved as medicine by the U.S. Food and Drug Administration (FDA). But scientific study of the active chemicals in marijuana, called *cannabinoids*, has led to the development of two FDA-approved medications already, and is leading to the development of new pharmaceuticals that harness the therapeutic benefits of cannabinoids while minimizing or eliminating the harmful side effects (including the "high") produced by eating or smoking marijuana leaves.

### What Are Cannabinoids and How Might They Be Useful Medically?

Cannabinoids are a large family of chemicals related to delta-9-tetrahydrocannabinol (THC), marijuana's main psychoactive (mind-altering) ingredient. Besides THC, the marijuana

### Are "Medical" and "Street" Marijuana Different?

In principle, no. Most marijuana sold in dispensaries as medicine is the same quality and carries the same health risks as marijuana sold on the street.

However, given the therapeutic interest in cannabidiol (CBD) to treat certain conditions such as childhood epilepsy, strains with a higher than normal CBD:THC ratio have been specially bred and sold for medicinal purposes; these may be less desirable to recreational users because of their weaker psychoactive effects.

plant contains over 100 other cannabinoids. Scientists and manufacturers of "designer" drugs have also synthesized numerous cannabinoids in the laboratory (some of which are extremely potent and, when abused, have led to serious health consequences). The body also produces its own cannabinoid chemicals (called endocannabinoids), which play a role in regulating pleasure, memory, thinking, concentration, movement, coordination, sensory and time perception, appetite, and pain.

Currently the two main cannabinoids of interest therapeutically are THC and cannabidiol (CBD), found in varying rati-

os in the marijuana plant. THC stimulates appetite and reduces nausea (and there are already approved THC-based medications for these purposes), but it may also decrease pain, inflammation, and spasticity. CBD is a non-psychoactive cannabinoid that may also be useful in reducing pain and inflammation, controlling epileptic seizures, and possibly even treating psychosis and addictions.

Research funded by the NIH is actively investigating the possible therapeutic uses of THC, CBD, and other cannabinoids to treat autoimmune diseases, cancer, inflammation, pain, seizures, substance use disorders, and other psychiatric disorders.

### What Medications Contain Cannabinoids?

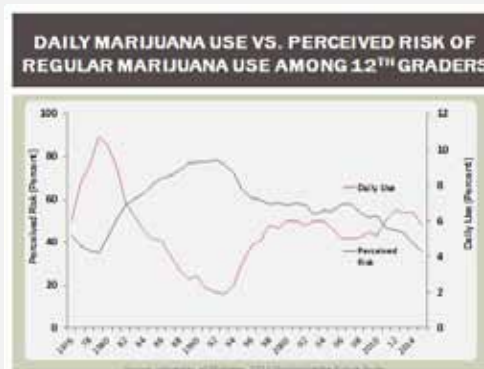
Two FDA-approved drugs, **Dronabinol** and **Nabilone**, contain THC and are used to treat nausea caused by chemotherapy and wasting disease (extreme weight loss) caused by AIDS.

A drug called **Sativex**, which contains approximately equal parts THC and CBD, is currently approved in the UK and several European countries to treat spasticity caused by multiple sclerosis (MS), and it is now in Phase III clinical trials in the U.S. to establish its effectiveness and safety in treating cancer pain.

Although it has not yet undergone clinical trials to establish its effectiveness and safety (necessary to obtain FDA approval), a CBD-based drug called **Epidiolex** has recently been created to treat certain forms of childhood epilepsy. This was prompted by anecdotal reports that some parents of children with a severe form of epilepsy called Dravet Syndrome report success in using a high-CBD strain of marijuana to control seizures in their children.

### Misperceptions of Safety

While marijuana use has remained relatively stable over the past few years, there continues to be a changing of attitudes about the perceived risk of harm associated with marijuana use. The majority of high school seniors do not think regular marijuana smoking is harmful (see below). This could indicate that use of marijuana could begin to rise again in future years.



### Why Isn't the Marijuana Plant an FDA-Approved Medicine?

The FDA requires carefully conducted studies in large numbers of patients (hundreds to thousands) to accurately assess the benefits and risks of a potential medication. Thus far, there have not been enough large-scale clinical trials showing that benefits of the marijuana plant (as opposed to specific cannabinoid constituents) outweigh its risks in patients with the symptoms it is meant to treat.

The known safety concerns of marijuana include impairment of short-term memory; altered judgment and decision-making; mood effects, including severe anxiety (paranoia) or even psychosis (loss of touch with reality), especially following high-dose exposures. Marijuana also significantly reduces motor co-



ordination and slows reaction time, which makes it very dangerous to use before driving a car. Additionally, although we do not yet know whether marijuana smoking contributes to lung cancer risk, it can cause or worsen other respiratory problems such as bronchitis or chronic cough.

### Are People With Health Problems More Vulnerable to Marijuana's Risks?

Regular medicinal use of marijuana is a relatively new phenomenon, and for that reason its effects on people who are weakened or vulnerable because of illness are still relatively unknown. It is possible that people suffering from diseases such as cancer or AIDS may be more vulnerable to the drug's various adverse effects. More research will be needed to determine if this is the case.

Growing evidence is showing that marijuana may be particularly harmful for young people: It may cause long-term or even permanent impairment in cognitive ability and intelligence when used regularly during adolescence, when the brain is still developing. There is also some evidence that marijuana use during pregnancy may be associated with neurological problems in babies and impaired school performance later in childhood.

Another safety concern is that, contrary to common belief, marijuana can be addictive: About 9% of people who try marijuana will become addicted to it. The number goes up to about 1 in 6 among people who start using marijuana as teenagers, and to 25-50% among daily users.

### Learn More

For more information on marijuana and its health effects, visit

<http://www.drugabuse.gov/publications/drugfacts/marijuana>

For information on marijuana and cannabinoid research conducted by NIDA and NIH, see

<http://www.drugabuse.gov/marijuana-research-nida>

### *Fact Check, (2)*

Now, nearly two months later, Arbon takes another swing at Polk. As John McClane would say, "Welcome to the party, Pal!" Problem is, the party ended a long time ago. Let's try again for the "Fact Checker":

First, Arbon says, "What We're Looking At" is a claim by Sheila Polk stating "there were 62 child deaths associated with marijuana use in Arizona in 2013." Arbon plumbs the Child Fatality Report and finds what Polk, and anyone who knows how to read, can find, i.e., "Marijuana was associated with 62 deaths." Indeed, seeing no alternative, Arbon writes, "Bottom Line: Polk's statement that 62 child deaths in 2013 were 'associated' with marijuana is true.

But then he gratuitously concludes, "While the study validates the literal language of Polk's statement, her op-ed implies this demonstrates that marijuana itself is causing child fatalities, a position not supported by the report. THE FINDING: No stars: Misleading."

Since when is a "true" and accurate statement, a direct quote, "misleading?" And how did it become an "implication?" Sheila Polk implied nothing and invented nothing—the inventions and implications are all Arbon's.

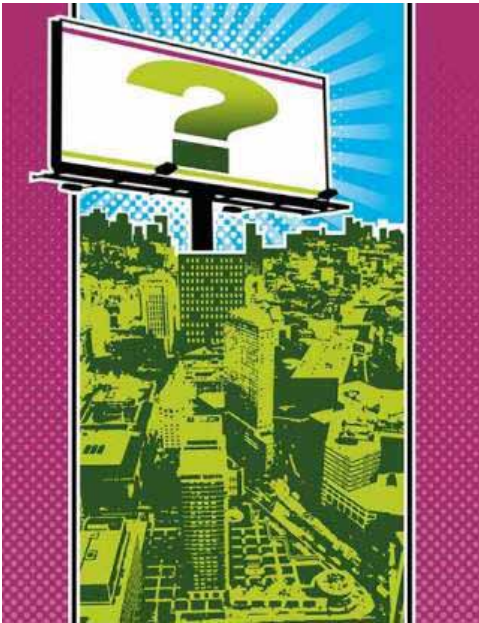
If Sheila Polk wrote, "Alcohol was associated with 46 child deaths" (which the Child Fatality Report also states) would all this ink be spilled trying to destroy that claim? Of course not—yet somehow, raising the dangers of marijuana is always different. Polk said and wrote nothing out of context and, as even Arbon admits, she simply and directly quoted a State of Arizona Report.

At what point, then, can a "fact checker" take it upon

*Continued on page 29*

# Marijuana Advertising and the Power of Conditioning

October 23, 2014



**A**s social acceptance and public policy around marijuana shift, and especially if legalized recreational use becomes more widespread, we will need to consider the influence and potential regulation of its marketing. For this, we should use what we already know from the science to guide our decisions and policies to minimize harm, because inevitably, advertising is going to reach children and adolescents, people who are addicted to marijuana, and those of all ages who are on their way to becoming addicted.

Ads for addictive substances—including tobacco and alcohol and fattening foods—have the obvious intent of generating new customers as well as enticing current users to use more, but that’s not all they do. Marketers know that by associating such products with other pleasurable stimuli and situations, ads contribute to reinforcing those positive associations in the brains of users, and thus contribute to the process of developing an addiction.

**Drug addiction is a disease of learning**—learning to associate drugs with positive feelings and to associate cues that signal drug availability with similar feelings, ultimately leading to craving for the drug. This part of the addictive progression is known as conditioning, discovered in the 1890s by Pavlov. Today we also understand the brain mechanisms that underlie the phenomenon: Once a person becomes conditioned to drug-related stimuli, those stimuli independently become associated with increases in dopamine in the brain’s reward pathway (i.e., without the drug even being present). These dopamine bursts fuel drug-seeking and craving. The same process can cause such stimuli to act as triggers contributing to relapse in those who are already addicted and are struggling to recover.

When there are salient advertisements for a product, it’s very hard to contain them, because images don’t even need to reach the level of conscious awareness to stimulate the urge to use that product. Recent neuroimaging research has confirmed the brain’s extraordinary sensitivity to “unseen” rewarding stimuli: A 2008 [fMRI study](#) by Anna Rose Childress and colleagues confirmed that limbic circuitry respond to drug (as well as sexual) reward cues that are too fleeting to be consciously registered. Also, because of the reach of the Internet, it will be hard to restrict exposure to marijuana advertising just to people in states where it is legal, or just to people old enough to purchase it.

For decades we have seen the harmful effects that alcohol and tobacco ads can have, especially those that target young people; similar associations have been found between exposure to food advertising and obesity. The relative harm of marijuana compared to other legal drugs remains hotly contested, but its potential addictiveness—especially to young people—is undisputed. Thus, it is crucial that states consider the lessons learned from tobacco and alcohol policy research and restrict (or preclude) marijuana advertising to reduce as much as possible the development of newly addicted individuals and avoid inducing relapse in people who are already addicted.

## Trends & Statistics

### Brief Description

There are a variety of sources of information NIDA uses to monitor the prevalence and trends regarding drug abuse in the United States. The resources below cover a variety of drug related issues, including information on drug usage, emergency room data, prevention and treatment programs, and other research findings.

### Costs of Substance Abuse

Abuse of tobacco, alcohol, and illicit drugs is costly to our Nation, exacting more than \$700 billion annually in costs related to crime, lost work productivity and health care.\*\*

	Health Care	Overall
Tobacco	\$130 billion	\$295 billion
Alcohol	\$25 billion	\$224 billion
Illicit Drugs	\$11 billion	\$193 billion



### Monitoring the Future Survey (MTF)

Results from a yearly survey of teenagers conducted by the University of Michigan's Institute for Social Research and funded by NIDA. (Survey results, updated each autumn.) [View survey results and MTF publications.](#)

- [Monitoring the Future Study: Trends in Prevalence of Various Drugs Table](#)

### National Survey on Drug Use and Health (NSDUH)

The Substance Abuse and Mental Health Services Administration's (SAMHSA) NSDUH (formerly called the National Household Survey on Drug Abuse) is the primary source of information on the prevalence, patterns, and consequences of alcohol, tobacco, and illegal drug use and abuse in the general U.S. civilian noninstitutionalized population, ages 12 and older. Survey information can be found at: <http://www.samhsa.gov/data/population-data-nsduh>.

- [National Survey of Drug Use and Health, Trends in Prevalence of Various Drugs Table](#)

### Overdose Deaths (CDC Wonder)

[CDC WONDER](#) (Wide-ranging Online Data for Epidemiologic Research) makes the information resources of the Centers for Disease Control and Prevention (CDC) available to public health professionals and the public at large. NIDA has compiled data on drug overdose deaths from this resource, please note that not all drug types are reported.

National Institute on Drug Abuse. Trends & Statistics Retrieved from <http://www.drugabuse.gov/related-topics/trends-statistics> on March 20, 2015

## Brain in Progress: Why Teens Can't Always Resist Temptation

January 27, 2015 was [National Drug Facts Week](#), when middle and high schools all over the country host events to raise awareness about drugs and addiction, with the help of scientists from the [National Institute on Drug Abuse \(NIDA\)](#). The issues I discussed in my [TEDMED talk "Why Do Our Brains Get Addicted"](#)—the changes in the brain common to obesity and drug addiction—are especially pertinent to the struggles teens face to resist drugs, because adolescence is a crucial period both of susceptibility to the rewards of drugs and of vulnerability to the long-term effects of drug exposure.



*Dr. Nora Volkow - photo courtesy of Sandy Huffaker for TEDMED*

Adolescence is a time of major brain development—particularly the maturation of prefrontal cortical regions involved in self-control and the neural circuits linking these areas to the reward regions. The prefrontal cortex, where we make decisions and comparative judgments about the value of different courses of action, is crucial for regulating our behavior in the face of potential rewards like drugs and food. Adolescents are prone to risky behaviors and impulsive actions that provide instant gratification instead of eventual rewards. In part, this is

because their prefrontal cortex is still a work in progress.

The incomplete maturation of the prefrontal cortex is a major factor in why young people are so susceptible to abusing drugs, including alcohol, tobacco, marijuana, and prescription drugs. There are numerous pressures in their lives to try these substances (stress and peers, for example), but inadequate cognitive resources to help them resist. Because their brain architecture is still not fully developed, adolescents' brains are more susceptible to being radically changed by drug use—often specifically by impeding the development of the very circuits that enable adults to say “later” ... or “not at all” ... to dangerous or unhealthy options. Thus, when drug abuse begins at a young age, it can become a particularly vicious cycle. Research shows that the earlier a teen first uses drugs, the likelier he or she is to become addicted to them or to become addicted to another substance later in life. It is likely that the same dynamics are at play when it comes to fattening food and the brain's reaction to it.

Though parents may get frustrated by their teens' poor decisions at times, they usually forgive them—because on some level adults understand that kids' internal guidance systems aren't yet fully functional. People often have a harder time extending that same forgiveness to adults who suffer

from addictions or obesity, because we think they should be better able to control their impulses. But, the fact is that their internal guidance systems, too, are compromised. For such individuals, it is not a question of free choice or just saying no to temptation; in many cases, only externally offered support and treatment can create the conditions in which their guidance systems can be gradually restored to proper working order.

Averting obesity and drug use also requires that, as a society, we take responsibility for the environments we create for young people. Instead of school cafeterias with an array of cheap, tempting foods high in calories and low in nutrients, we must expose young decision makers to food options that strengthen their health and resolve. Instead of stress-filled or empty time that promotes drug use, kids need access to appealing, healthy, and meaningful activities that encourage them to take pride in themselves and their behavior. Arming young people with scientific information about their bodies, brains, and the substances that can affect them is also crucial—which is the goal of National Drug Facts Week.

Obesity and drug abuse are medical issues, not moral failings. It is gratifying to present the converging science clearly showing this in a forum like [TEDMED](#), composed of people who are informed and curious about the latest medical

science. My hope is that the general public becomes more compassionate about these issues, supports wider access to treatment, and understands the importance of greater investment in research on the dynamic ways our brain can be changed by our behavior and vice versa. ■

Follow National Drug Facts Week 2015 news on Twitter [@NIDAnews](#) and on [Facebook](#); or join the conversation by using: #DrugFacts.

Read my archived [Facebook chat](#), held Thursday, February 12, 2015 at 1pm ET, hosted by TEDMED to find out what we can learn about compulsive overeating from studying the brain chemistry of people with drug addictions.

### ABOUT

*Nora D. Volkow, M.D., became Director of the National Institute on Drug Abuse (NIDA) at the National Institutes of Health in May 2003. NIDA supports most of the world's research on the health aspects of drug abuse and addiction.*

*Dr. Volkow's work has been instrumental in demonstrating that drug addiction is a disease of the human brain. As a research psychiatrist and scientist, Dr. Volkow pioneered the use of brain imaging to investigate the toxic effects and addictive properties of abusable drugs. Her studies have documented changes in the Dopamine system affecting, among others, the functions of frontal brain regions involved with motivation, drive, and pleasure in addiction. She has also made important contributions to the neurobiology of obesity, ADHD, and aging.*

*Dr. Volkow was born in Mexico, attended the Modern American School, and obtained her degree from the National University of Mexico in Mexico City, where she received an award for best medical student of her generation. Her psychiatric residency was at where she earned the Laughlin Fellowship Award as one of the 10 Outstanding Residents in the USA.*

*Dr. Volkow spent most of her professional career at the Department of Energy National Laboratory (BNL) in Upton, New York, where she held several leaders including Director of Nuclear Medicine, Chairman of the Medical Department for Life Sciences. In addition, Dr. Volkow was a Professor in the Department Associate Dean of the Medical School at the State University of New York. Dr. Volkow has published more than 580 peer-reviewed articles and written chapters and non-peer reviewed manuscripts, and has also edited three books on mental and addictive disorders.*

*During her professional career, Dr. Volkow has been the recipient of multiple awards. She received the Samuel J. Heyman Service to America Medal (Sammies) finalist; and the Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHAD). She was elected to membership in the Institute of Medicine in the National Academy; received the International Prize from the French Institute of Health and Medicine for her pioneering work in brain imaging and addiction science. She has been named Time Magazine's "Top 100 People Who Shape Our World" and was included as one to watch by Newsweek magazine in its "Who's Next in 2007" feature. She was featured in the Washingtonian Magazine's 2009 and 2011 list of the "100 Most Powerful Women."*

*Dr. Volkow was named "Innovator of the Year" by U.S. News & World Report in 2000.*

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### Fact Check, (3 of 3)

himself to write Polk "implies" something she never said or implied in order to make himself right? Maybe the "fact checker" is actually just a bad mind reader. How, outside of the novel 1984, does "true" become "misleading?" This is all very much like a bride wearing white and a newspaper taking a full color picture yet reporting the dress as black.

And since when did the Arizona Republic enter the business of post-modernist deconstruction by distorting factual and exact statements to represent their opposite when it comes to public health?

Oddly, most newspapers take the charge to report facts—and especially facts about public health and community safety—pretty seriously.

By the way, one question for Mr. Arbon: Just what language would he like any of us to use in describing the harms involving marijuana when we can no longer directly quote government reports?

Or is he just using his bully pulpit to silence us? If this were any drug other than marijuana, one would presume Arbon would join the growing group of concerned folks who see that today's marijuana is, indeed, a harmful, addictive drug.

Orwell's Newspeak has a whole new meaning today. Too bad it's in a newspaper. ■

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**Biomarkers, (3)** containing products, and requests from clinical and judicial professionals for greater clarification on the use and interpretation of alcohol biomarkers.<sup>8</sup>

The Advisory further illustrates that EtG and EtS are the best biomarkers recognized as appropriate for abstinence monitoring, based primarily on the time to return normal levels following abstinence from alcohol. Due to the common use of EtG and EtS to document abstinence in various settings and the consequences for false positives, much attention has been given to the cutoff values of EtG. Although further research is needed before firm cutoffs for EtG and an absolute quantitative correlation can be established, sufficient research has been completed to reach the following conclusions:<sup>9</sup>

- A “high” positive (e.g., >1,000 ng/mL) may indicate:
  - Heavy drinking on the same day or previously (e.g., previous day or two)
  - Light drinking the same day
  
- A “low” positive (e.g., 500–1,000 ng/mL) may indicate:
  - Previous heavy drinking (previous 1–3 days)
  - Recent light drinking (e.g., past 24 hours)
  - Recent intense “extraneous exposure” (within 24 hours or less)
  
- A “very low” positive (100–500 ng/mL) may indicate:
  - Previous heavy drinking (1–3 days)
  - Previous light drinking (12–36 hours)
  - Recent “extraneous” exposure

In addition to the revised SAMHSA Advisory, the NADCP has also been promoting the “best practices” for EtG and EtS monitoring which include:

- A drug court informed consent agreement
- Recommended cutoff concentrations that generally negate the influence of incidental alcohol exposure: EtG 500 ng/ml and EtS 100 ng/ml
- Requiring confirmations of presumptively positive immunoassay EtG screening results
- Promoting the inclusion of EtS testing in relapse monitoring, due to its superior stability compared to EtG

Drug courts and probation departments have historically monitored alcohol use through breathalyzers or urine ethanol screens, but there is limited data reported on the percentage of positive ethanol screens in relation to EtG tests. A recent study published in the Drug Court Review, *The Efficacy of Enhanced Alcohol Monitoring*,<sup>10</sup> provided some insight

into the benefits of EtG testing. Over an 18-month span, researchers collected data from 149 participants enrolled in an adult drug court, comparing 2,669 urine samples screened using both EtG and ethanol tests, which yielded 76 positive results. In only six instances did a standard ethanol screen detect alcohol consumption (EtG was also positive in these six).

Often participants in alcohol abstinence monitoring programs have assumed that weekend consumption could not be detected. The introduction of EtG testing gives programs the ability to detect consumption that may have gone undetected using traditional ethanol testing methods. The majority of positive urine samples identified in the Drug Court Review study – 46 of 76 – were collected on Mondays, presumably detecting weekend alcohol consumption. Predictably, Tuesday’s samples were second with 13 positive screens. Study coordinators concluded that these results were consistent with prior research, suggesting EtG and EtS testing is a superior tool for detection of alcohol use.

The study also noted the potential financial burden of conducting EtG screens on all program participants. This particular Midwestern metropolitan drug court was paying \$7 for a 9-panel drug screen and \$18 for a laboratory EtG screen for a total cost of \$25. The study revealed a 2.8 percent positive rate for the EtG test (76 of 2,669), including 70 more positive results than traditional ethanol testing identified. EtG screening of all 2,669 samples at \$18 each would have cost more than \$48,000.

Until recently, all EtG tests had to be completed by a laboratory<sup>11</sup>. As with other Point of Care Testing (POCT) drug screening tests, the ability to conduct a urine screen onsite can be an effective tool to save time and money. In the example above, if a Rapid EtG test was used to screen all 2,669 samples at a cost of \$5.50 each and only the 76 positive samples were then sent to the laboratory for confirmation at a cost of \$18 each, total EtG-related costs would have been approximately \$16,000, thereby saving nearly \$32,000.

Laboratory EtG screen of all samples	\$18 x 2,669	\$48,042.00
Rapid EtG screen of all samples	\$5.50 x 2,669	\$14,679.50
Laboratory confirmation of Rapid EtG positives	\$18 x 76	\$1,368.00
Subtotal		\$16,047.50
Savings		\$31,994.50

One of the primary objectives of treatment and abstinence programs is to help the participants overcome their alcohol dependency. To that end, alcohol testing has advanced from observing objective symptoms like HGN and PBT screening for current impairment to now being able to test for specific biological markers of recent alcohol use, similar to drugs of

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# THE CRITICAL NEED FOR USE OF FORCE TRAINING & RACIAL SENSITIVITY INSTRUCTION CANNOT BE IGNORED

by Peter F. Boyce, General Counsel  
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The aftermath of Ferguson, New York City and several other high profile critical incidents demands that state and local law enforcement take immediate action to reinforce and re-educate all members of the law enforcement community on the emerging changes related to Use of Force and Racial Sensitivity. The civil liability and potential criminal culpability for those who choose to ignore the critical need for reinforced training in these areas will most certainly result in staggering sums paid by state and local law enforcement for civil judgments or settlements with an increase in criminal prosecution of law enforcement officers involved in these types of critical incidents.

Training budgets have been slashed throughout the entire country. Federal funds to train local law enforcement have been reduced to a trickle and yet the Justice Department and the media screams that these high profile critical incidents involving multicultural individuals are a result of inadequate training of state and local police officers.

State, county, and city law enforcement have seen their budgets dismantled by the political elected representatives who control the funds needed to train and equip police at all levels of enforcement. Often these same politicians are the first to scream to the media that officers who they have the legal responsibility to train and equip acted contrary to policy, the law, and training when confronted with

a critical incident in their community. These political bodies seem to fail to recognize that by slashing budgets of law enforcement, they are the root cause of the failure to train. It is inevitable that a plaintiff's lawyer representing an aggrieved family or person involved in a critical incident will not only sue the officer and the department but also the elected politicians who slashed training budgets for state and local law enforcement. When the politicians face a multimillion dollar judgment for their failure to provide the necessary funds for training and equipping the police, maybe then they will come to understand the critical need to have all officers constantly and consistently trained on Racial Sensitivity and Use of Force's ever changing law that has a direct impact on daily police activities.

## **All officers understand the law does not allow for discrimination in enforcement activities.**

All officers understand the law does not allow for discrimination in enforcement activities. Many officers do not fully appreciate that the perception of many in the minority community is that the police do target minorities in disproportionate numbers. The diversity of the population is changing in dramatic fashion in many parts of the United States. Many of our urban communities are minority. Strongly worded policies and



procedures related to profiling and discrimination must be adopted where needed and officers from the top of the chain of command to the street level officers must consistently receive training on issues related to racial sensitivity and other constitutional protected interests. Too frequently issues of constitutional discrimination seems to be left unaddressed in any formal training except for a brief mention in basic law enforcement training. Some departments pay only lip service to discrimination issues while unspoken policies, and sometimes questionable procedures seem to fuel the fire in members of protected minorities that police treat them differently than those in the majority. Now is the time to address discrimination issues as part of each officer's continuing education process particularly pertaining to Use of Force in Critical Incidents. If this important training is not undertaken by the local level, then the federal government will soon mandate and seek to control such training for all officers without the benefit of local control. ■

### IRAN'S ROLE IN NARCO TERRORISM AND ITS PARTNERSHIP WITH MEXICAN TRANSNATIONAL CRIMINAL ORGANIZATIONS

by *Peter F. Boyce, General Counsel*  
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There is indisputable evidence of the growing alliance between state sponsored Iranian agents, including the Iranian Quds Force and Revolutionary Guard with Narco Terrorist organizations such as Hezbollah, Al-Qaeda, and Hamas. Globalization has allowed for interconnectivity of world markets for the global trade in illicit drugs, weapons and human trafficking. The Iranians have aligned with Mexican Transnational Criminal Organizations (TCO), FARC, Al-Qaeda, Hezbollah and Latin American leaders and criminal factions in Venezuela, Brazil, Paraguay, Argentina and Columbia creating a Shiite legion that engages in narcotic smuggling, assassinations, religious center attacks, kidnappings, human slavery, and weapons smuggling all funded by the huge and illicit profits derived from narcotics production, manufacturing, transportation and distribution to Europe, Africa and the United States. These Iranian terrorists are now expanding their outreach and influence in both the Middle East and the Western Hemisphere.

Hezbollah is the largest Narco Terror organization in the Western Hemisphere and continues to grow at a rapid, but quiet pace. The evidence of association between the Hezbollah, Hamas and the Mexican TCO's is clearly seen in the tunnel signatures left by these Middle Eastern Narco Terror groups. The Mexico TCO Sinoloa Cartel, renowned for tunnels into the United States, has long been suspected of paying for tunnel construction expertise and tactical training from the Hezbollah. The DEA and other intelligence agencies have long reported the trade of weapons for drugs between the Hezbollah, Hamas, other Palestinian terror groups, and major Mexican TCO's. The drugs that are smuggled back by these Narco Terror groups to the Middle East and Europe through Western Africa and are then sold for large profits. Those profits supply funds to supplement terror operations in the Middle East, specifically targeting Israel and the U.S. military and coalition forces. The Mexican TCOs maintain both human and drug trafficking routes through the southern United States Border States. The Mexican TCO's will gladly smuggle any terrorist whether Iranian or ISIS. The U.S. government virtually ignores this security threat posed

by the TCO's, Hezbollah, and other Iranian partners and sanctioned operatives.

Iran, in pursuit of nuclear materials, is actively pursuing access to uranium in South America. They have intentions to carry out mining exploration and prospecting in both Venezuela and Bolivia. Iran seeks a base of operations close to the United States, and they have been active throughout several South American Countries in pursuit of those objectives.

Iran, through its partners, Hezbollah, the Mexican TCO's and various South American leaders has morphed from being a rogue state to a vast terrorist transnational criminal organization and resistance movement fueled by the enormous profits in the drug trade and other criminal activity that has a growing and significant worldwide impact on the geo-political, religious and individual well being of a civilized nation.

As the United States and other countries have attempted to cripple Iran with financial sanctions, Iran is surviving through the booming drug trafficking and smuggling trades via the terrorist groups it supports. Iran borders Afghanistan and Pakistan, both of which export huge quantities of opium to Iran each year. With one of the highest opium addiction rates in the world, Iran takes in nearly 800 tons of opium per year. With its convenient position on the drug route from Afghanistan to Europe, Iran facilitates the trafficking of a further 1,300 tons of opium through to the Caucasus and Turkey and into Europe. Iran has the highest rate of opium seizures in the world, accounting for 89 percent of worldwide arrests and confiscations of the substance. The lifting of some trade sanctions with Iran will only serve to increase these trafficking activities.

Opium isn't the only drug that is coming in and out of Iran. Iran manufactures high quality methamphetamine for use within Iran and export out of Iran. Illicit drugs provide the sanctioned Iranians with a lucrative income that the U.S. cannot control or seize. With the U.S. unable to influence the drug trade, and Iran's neighbors getting frustrated by Iran's lack of cooperation in tracking drug shipments out of the country, illegal cross-border trade has become a booming business.

In support of Iranian foreign policy, the Iranian Republican Guards Corps (IRGC) acts as a flexible, ideologically committed military force that also manages a huge, semi-legitimate business empire in Iran. The IRGC has forged ties with many countries like Ecuador, Bolivia, Nicaragua and Venezuela and are heavily involved in the narcotics trade in those countries. This provides a revenue source back to Iran.

Reports of Iranian activity in South and Central America continue to roll in, along with Hezbollah's hefty fund-raising

and training activities in South America associated with the Lebanese Diaspora. There has been no sign in Venezuela of decreased activity with Chavez's death, and the new regime in Venezuela may need Iranian support more than ever. Ominously, Transnational Criminal Organizations (TCO) operations continue virtually unabated in Mexico, just as the criminal gangs in the U.S. who act as retailers are spreading their operations and even conducting "mergers" of gang structures.

Iran seeks oil reserves from Brazil and Argentina to sell on the international market. It needs uranium and wants a base of operations close to the United States. South America and Mexico fulfill their needs. The Mexican Cartels can smuggle people, drugs and bombs across the American border with relative ease since the United States virtually ignores the territorial threat from its Mexican border.

This growing alliance between South American and

Mexican drug traffickers and Middle Eastern terrorists who use the drug profits to fuel terrorists activities and to obtain materials and supplies not available due to embargo has morphed into a worldwide Narcotics Terrorist Criminal Organization that threatens the security of Europe, Africa and the United States. The 2011 plot to kill an Ambassador from Saudi Arabia in Washington DC by Iran Quds Forces working with the Zetas, the most violent Mexican Cartel, has direct ties to the highest level of the Iran government. Terrorist states like Iran have taken on the characteristics of organized crime syndicates and the link between illicit narcotics and terrorist activity is indisputable. Until the United States substantially increases their border security efforts, these Narco/Criminal activities will continue to grow unabated. ■

## Biomarkers, cont. (4)

abuse screening. While there is more to learn about EtG and other alcohol biomarkers, these tests, coupled with traditional methodology, offer additional resources for achieving successful outcomes in abstinence monitoring programs.

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11. In June 2014, Express Diagnostics Int'l released a forensic use only onsite lateral-flow DrugCheck® Rapid EtG™ test. Providing a longer window of detection of up to approximately 48 hours for EtG.



*Rich Strasser began his career in the drug testing industry in 1999 when he co-founded a drug testing TPA in California, where he was also working as a sheriff's detective investigating narcotics-related crimes. In addition to being a drug abuse recognition instructor, he is also a DATIA Certified Professional Collection Trainer® (CPCT). In 2004, Strasser co-founded Express Diagnostics Int'l (EDI) in Blue Earth, Minn., where they manufacture and distribute DrugCheck® POCT products. In 2012, after a 20-year career, he retired from the sheriff's office as a cold case homicide detective and assumed the role of chief operating officer at EDI.*

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