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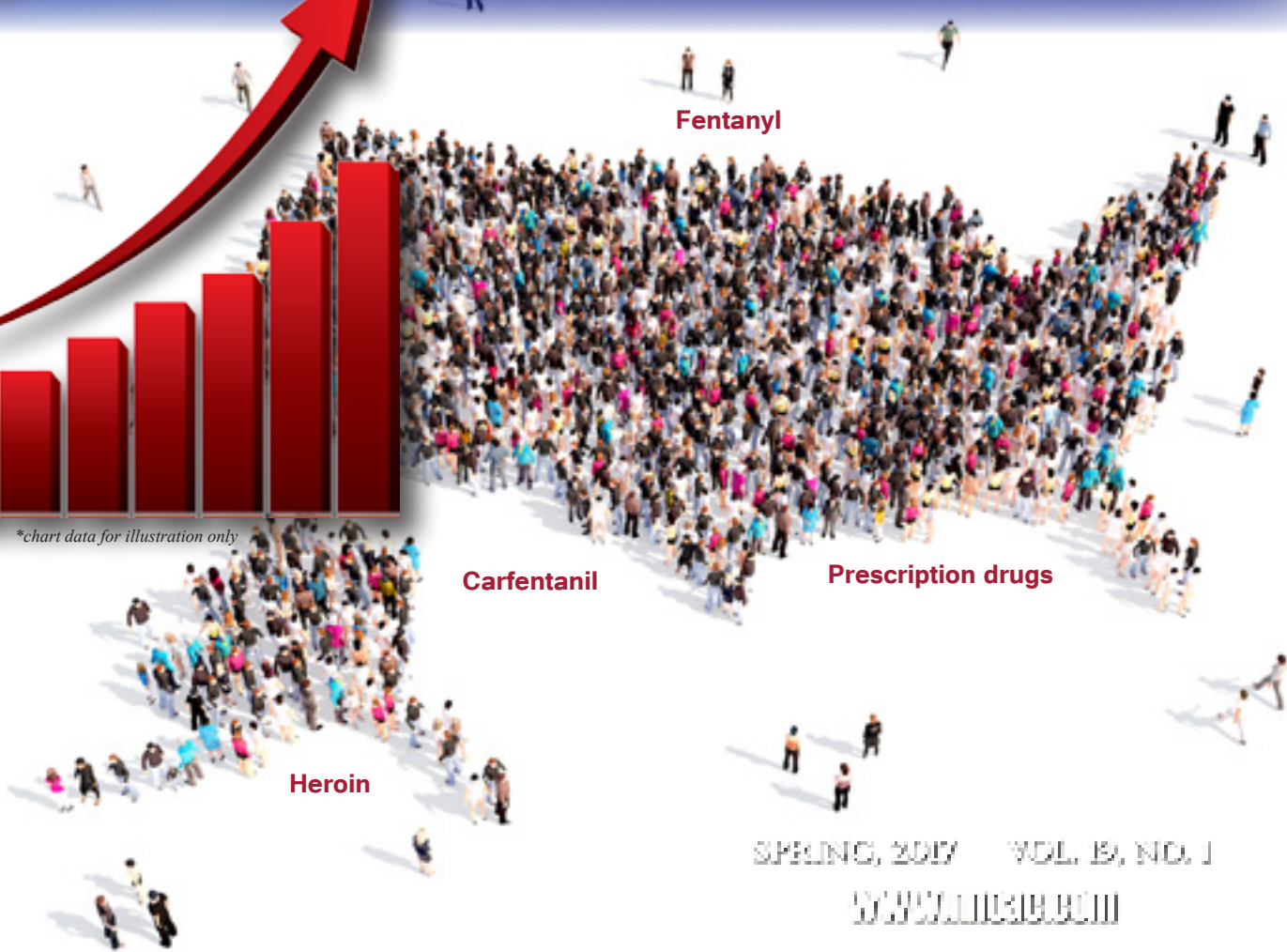
THE NATIONAL NARCOTIC OFFICERS ASSOCIATIONS COALITION



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Overdose deaths sky-rocket in 2016
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**chart data for illustration only*



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The Coalition

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“Down the Leash”

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Plan Ahead.

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NNOAC *Insight*

The Official Position of the National Narcotic Officers' Associations' Coalition

February 2016

ABOUT THE NNOAC

Since the beginning of the most recent drug epidemic in the 1960's, law enforcement officers in many states have formed statewide narcotic officer associations. Most of these associations are involved in providing drug enforcement training for law enforcement officers and drug resistance education to the public. Additionally, most associations worked closely with their own state legislatures and criminal justice policy organizations to develop strong drug laws and policies. These associations have been responsible for enhancing the professionalism of narcotic enforcement, and their members have contributed to the historic declines in crime since the early 1990s.

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

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

The NNOAC is currently comprised of 44 individual state narcotic associations, the RISS Directors association, the National HIDTA Directors Association, the National Drug Enforcement Officers' Association (NDEOA) and the East Coast Gang Investigators association, representing more than 70,000 law enforcement officers overall from across the nation. The NNOAC serves as an umbrella organization coordinating the efforts of these associations to address national issues in Washington D.C. Each member association appoints one delegate to represent them at the NNOAC Board meetings. With, "one association, one vote", every association receives equal representation regardless of the size of their association. The NNOAC is managed by an Executive Board consisting of the President, Vice President, Secretary, Treasurer and Executive

PRESIDENT'S REPORT

By Bob Bushman



President Bob Bushman

Finally, after one of the longest and hardest fought political campaigns in history, the election is over. As with every election, there are winners and losers, but there is reason for law enforcement to be optimistic. I can sum up the election results in one word. Opportunity. While we have to be mindful of the pressures the new administration and Congress will face relating to budgets, I see an opportunity to re-focus federal policy discussions on issues that truly matter to law enforcement - especially drug enforcement.

Asset forfeiture. Drug task forces funded through Byrne JAG. Access to electronic evidence. Enforcement of federal drug laws. Sustainability of RISS. Tough sentences for drug traffickers and violent criminals. Every one of these critically important tools has been systematically attacked, demonized, or weakened during the previous administration and recent sessions of Congress. Enough is enough. The mounting murders, the rising crime, and the skyrocketing overdose deaths should make it clear to anyone with a heartbeat that it is way past time we get back on track.

President Trump campaigned on the theme, "Make America Great Again", and the American people gave him the opportunity to do just that. He pledged to repair our flailing economy, control our borders and illegal immigration, and to fight terrorism and defeat ISIS. All of this is a tall order and he will be held to account by the American people.

For us it was significant that, throughout his campaign, President Trump continually reminded people about the great work our nation's law enforcement officers and agencies do to protect our communities. Since his election, he has continued to recognize and applaud the efforts of our nation's police officers. President Trump's vision includes the enforcement of our laws - all laws - as a centerpiece of American security. Most importantly, he will have the opportunity to make Supreme Court appointments that will influence the course of our country for generations to come.

Congress, too, has been given an opportunity. During the Obama Administration, Congress had difficulty passing major legislation that would help make our citizens or our communities safer. Yes, there were a few bills that helped a little, but nothing close to what was really needed. With a single-party in control of both chambers of Congress and the White House, there will now simply be no excuse for continued gridlock in Congress. They now have an opportunity, and the ability, to step up and get some important work done.

It is no secret that the law enforcement profession suffered

some difficult times during the Obama Administration, and drug law enforcement efforts in particular were in their crosshairs. While Congress ineffectively debated federal drug law and criminal justice policies, the Attorneys General refused to enforce existing federal controlled substance laws, emboldening the pro-drug lobby and its sympathizers to flood our state legislatures with initiatives to legalize marijuana for medical and recreational use. Meanwhile, marijuana abuse has increased dramatically.

It was also disturbing to hear the constant rhetoric from the Administration that unjust sentencing policies have resulted in our prisons being filled with "low level, non-violent" offenders, a fictitious and baseless argument that even some law enforcement leaders began to profess. And, I would be remiss if I didn't mention one of the biggest displays of outright disrespect for law enforcement, the hundreds of career criminals that had their sentences commuted by President Obama.

It was an Administration that stood by silently as opiate and drug overdose deaths surpassed traffic crashes as the number one cause of accidental deaths in America. More than 50,000 Americans died in 2015 alone because of drug overdoses. At the same time, our warnings about reductions in the perception of the harm and increases in drug use by young people - and the emerging heroin problem - fell on deaf ears. When word about the heroin epidemic finally began to make headlines, opportunities for the Obama Administration to get out in front of the issue or have the kind of impact we needed were long gone.

Another concern we have continually voiced is the ease with which international drug cartels move large shipments of illegal drugs across our borders. There was no attempt by the Administration to bolster efforts to stem the flow of drugs or to aggressively secure our borders. Our brothers and sisters in federal law enforcement were not given the resources or policy guidance they needed to do their jobs. Despite the heroic work of the DEA and others, the drug cartels have become more powerful, continually increasing the supplies of illegal drugs that are fueling the drug abuse, addiction and overdose deaths in our country. As a result, President Trump and Congress have inherited some difficult tasks. Now they have an opportunity, and the votes, to do

President's Report, cont.

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something to address these issues. And they must. Everyone - law enforcement, the American people and international governments - are watching. You can bet the drug cartels are, too.

One of the best things to come out of the election is the nomination of Senator Jeff Sessions for Attorney General. It is no secret that Senator Sessions has been a strong, vocal supporter of law enforcement and many of the laws and policies that have been proven to protect our country, our citizens and our communities. As a former prosecutor, Senator Sessions knows what strategies are effective and how our criminal justice system functions best. Even more importantly, he understands the proper role of the Department of Justice and federal law enforcement, and how good working relationships between federal, state and local police agencies and our sheriffs positively impact the safety of our citizens and the security of our country.

From the NNOAC perspective, Senator Sessions is a great selection for Attorney General because he knows that our criminal justice system is not broken, as some would have you believe. He has taken a strong position against drug legalization and violent crime. He knows that those who find themselves serving long prison sentences are there because of their disregard for our laws, their lengthy criminal records and violent criminal acts - not because of their race, social status or discriminatory enforcement practices. Senator Sessions is well aware that the reductions we all saw in drug use and violent crime trends during years past were the result of aggressive enforcement efforts that removed drug traffickers, violent criminals and recidivists from our streets and the effective sentencing

laws that kept them away from the communities and citizens they were preying upon. He also knows that drug abuse and violent crime rates increased when those strategies were abandoned.

I am optimistic. You should be, too. We now have an Administration that shows respect for law enforcement and appreciation for the difficult work our members do. It won its place by promising to make it a priority to protect and secure our borders and to get us back to the business of doing what it takes to make our country safer. It realizes the threats posed by drug traffickers, gangs and violent criminals. Those who encourage unrest in the streets and assaults on the police have lost their shoulder to cry on and criminals will again be held accountable for their crimes.

President Trump's transition team and Senator Sessions have already reached out to the NNOAC and other law enforcement organizations expressing their desire to work together to make our country more secure. One of their priorities is to protect the good, hard working citizens and their families who have been victimized at the hands of criminals who have been treated like victims themselves, being rewarded for their lives of crime with pardons and sentence reductions. This new Administration will have many opportunities to make our citizens safer.

With these opportunities, however, will come some responsibilities. We must focus our efforts on working to improve the future, not wasting our time debating the past. To do that, we must move past the divisions that politics and policy issues caused within the law enforcement profession and that were, in part, responsible for some of that gridlock in Washington. Let's make the most of the opportunities we

will have to work with President Trump and Congress to develop, fund and implement effective laws, programs and policing strategies. Let's work together to find better ways to protect our communities.

We have other responsibilities, too. Law enforcement is one of the most challenging professions in our country. We must recruit and hire people of good character, then train and equip them for the wide range of problems they will be expected to solve. Lowering the requirements for the police profession in order to attract more candidates is not the answer. There is so much liability attached to the difficult tasks and skills that are needed to do this job effectively that we cannot afford to make exceptions to hire people who are not up to the demands of this work. And, we need to provide wages and pensions that incentivize police officers for doing work few others will do, also ensuring financial security for the families of those who sacrifice their health and their lives to protect others.

We all need to work together to rebuild the relationship between law enforcement and the citizens our members serve, too. We must enforce the laws fairly, consistently and impartially. And we need to police ourselves, holding our own people and our profession accountable to the laws and policies that are designed to protect everyone. When we make mistakes, we must own up to them. That is one of the most important components of building trust within our communities.

If nothing else, the results of the election should speak volumes to those who doubted we were due for a serious course correction. I've been around long enough to know that sailing in the political waters won't always be smooth, but I don't foresee the constant

NNOAC LEGISLATIVE UPDATE

2016 Review and 2017 Forecast

By Ben Bawden of Brooks Bawden, LLC

The 114th Congress has come to an eventful close, and drug policy and criminal justice issues will see a lot of action in the 115th Congress ahead. There was a flurry of activity on issues of importance to NNOAC members, including efforts to alter current sentencing policies, roll back some mandatory minimums through sentencing reform, severely restrict asset forfeiture policies, update policies that guide how law enforcement can gain access to digital information, and other issues. While the agenda was full, the NNOAC worked on its own and together with other law enforcement groups to successfully push back against many of the harmful bills. We did see some positive movement on legislation that focusses on building capacity in addiction treatment and recovery, especially with opiates and heroin.

Marijuana

The continued efforts to ease our federal drug laws and reschedule marijuana as a schedule II drug has only increased, despite other efforts to combat the heroin and opioid epidemic sweeping the nation. At the ballot box in November, we saw four out of five state ballot initiatives to legalize the recreational use of marijuana approved, and four medical marijuana initiatives gain approval. This only puts greater pressure on federal law makers to make changes to federal law. Despite these pressures, no legislative or regulatory changes were made.

On July 22, the President signed into law S. 524, the Comprehensive Addiction and Recovery Act of 2016. This legislation authorizes the Departments of Justice and Health and Human Services to issue grants to states and localities for opioid abuse programs. The legislation also expands drug take-back programs, state prescription drug monitoring programs, and resources to investigate the illegal distribution of opioids, among other provisions.

Sentencing reform

Sentencing reform was a major policy priority for leaders in both the House and Senate, which would have altered the current mandatory minimum structure for drug criminals. In the Senate, S. 2123, the Sentencing Reform and Corrections Act, was approved by the Senate Judiciary Committee on October 26, 2015. Despite this, concerns remained in the

Senate and negotiations continued through the end of the session in 2016. This legislation would have reformed enhanced mandatory minimums for prior drug felons, broadened and expanded the safety valve, and created new mandatory minimums for interstate domestic violence and certain export control violations. The legislation also provided for back-end reforms to the federal prison system which included enhanced reentry programs. Despite the negotiated improvements to the bill, NNOAC continued to oppose the legislation along with a few other law enforcement groups, which ultimately helped stall its further consideration.



In the House, H.R. 3713, the Sentencing Reform Act, was similar to the front-end provisions of the original Senate bill. This legislation was approved by the House Judiciary Committee on November 18, 2015. This bill would have reduced certain mandatory minimums for drug offenses, reduced the three-strike mandatory life sentence, broadened the existing safety valve for certain “low-level” drug offenders, and provided judges with greater discretion in determining appropriate sentences. This legislation also failed to be considered before the adjournment of the 114th Congress.

Asset forfeiture reform

Asset forfeiture reform has been another priority of some members in both chambers of Congress. At the beginning of 2016, DOJ imposed a temporary halt to payments from the asset forfeiture fund through the equitable sharing program due to appropriations directives for FY 2016. Even after payments resumed, some in Congress sought to make drastic changes to the program that would essentially end the program as we know it. In response to negative media stories and a push by some to eliminate civil asset forfeiture, the DUE PROCESS Act of 2016 (H.R. 5283 in the House, and S. 3045 in the Senate) was introduced, which would eviscerate the federal civil asset forfeiture program by making it more difficult for the government to seize assets of individuals who are involved in criminal activity. These bills didn’t go as far as eliminating civil asset forfeiture all together, however they placed a greater burden of proof on the government to show a connection to criminal activity in public hearings. Despite growing momentum for the bills, they were ultimately never considered on the floor in each respective chamber.

The fiscal year 2017 appropriations process never gained much traction, with neither chamber able to pass the appropriations bill that funds the Department of Justice including the key grant programs before they adjourned in 2016. Instead, Congress approved a continuing resolution that punts FY 2017 funding decisions to the new Congress and the Trump Administration. Congress will have until April 28 to hammer out a long-term plan, as well as begin work on the FY 2018 appropriations bills. Despite this, funding levels for the grant programs remained relatively level funded in the draft bills.

Law enforcement and technology

Law enforcement and technology have continued to be active issues on the Hill, in particular, addressing both technical and non-technical barriers to accessing evidence. In the House, legislation to make changes to the Electronic Communications Privacy Act (ECPA), which is the federal law that governs how the government can access private electronic communications, sailed through with little debate over the objections of all law enforcement organizations. Law enforcement groups strongly opposed H.R. 699, the Email Privacy Act because it failed to address numerous law enforcement concerns with ensuring lawful access to

electronic information, as well as providing exceptions to the warrant requirement in exigent circumstances. The Senate's version of the legislation stalled in the Senate Judiciary Committee after multiple amendments were proposed to address law enforcement concerns.

Encryption

The battle over the use of encrypted communication devices heated up in 2016, with multiple legislative proposals offered, and the establishment of a House working group. Despite the heated debates that ensued, in part because of the push by FBI Director Comey on the issue, nothing legislatively has materialized, leaving another important issue to be considered in 2017.

New Administration

The growing push for various criminal justice reform proposals have only intensified, and we anticipate that many of these issues will resurface in the 115th Congress. With the new Trump Administration in place, it is expected that many of the more drastic proposals will face an even greater uphill hurdle. Sentencing reform, asset forfeiture, ECPA, marijuana, and encryption will continue to be hot issues, and NNOAC's voice in the process will be as important as ever. □

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NATIONAL NARCOTIC OFFICERS' ASSOCIATIONS' COALITION

REGIONAL DIRECTOR'S REPORTS

Midwest Region - Brian Marquart

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Minnesota was previously the only state in the Midwest region that did not have any designated High Intensity Drug Trafficking Areas (HIDTA) counties; that has now changed, with five counties being accepted into the Milwaukee, Wisconsin, HIDTA program. The HIDTA program, created by Congress with the Anti-Drug Abuse Act of 1988, provides assistance to Federal, state, local, and tribal law enforcement operating in areas determined to be critical drug-trafficking regions of the United States. While the initiatives within the Minnesota counties have not yet been finalized, they will increase the information sharing and coordinated law enforcement strategies to help reduce the supply of illegal drugs coming into our region. Minnesota has some of the most restrictive criminal intelligence-sharing laws anywhere in the country, which has hampered law enforcement's ability to conduct joint operations to dismantle criminal organizations that prey on our society. The addition of HIDTA to our region should greatly assist our ability to share criminal intelligence information throughout our region.



Heroin, Fentanyl and Prescription Opioids

The region continues to see a high number of overdose deaths related to heroin, fentanyl and prescription opioids. A recent investigation in the region resulted in the seizure of a gallon of liquid fentanyl, which was capable of producing more than 4,000 doses of the potentially lethal drug. Fentanyl is measured in micro-gram doses and is potentially deadly in very small amounts. Fentanyl is commonly mixed with heroin or is sold disguised as heroin to the unsuspecting user. In addition to liquid fentanyl, the region has also seen seizures of powder fentanyl and counterfeit prescription

pills laced with fentanyl. Law enforcement has conducted numerous investigations and, when overdose deaths have occurred, has charged and convicted many distributors with murder or manslaughter.

Seizures of heroin across the region are on the rise, with most of it being an off-white powder that can be snorted, smoked or injected. Most of the heroin seen in the Midwest region is sourced by Mexican Drug Trafficking Organizations (DTO's) and transported to the region from the southwest border. South Dakota, which had seen very little heroin in the past, has recently seen an increase in seizures, although the street price remains relatively high. Abuse of opioids and other prescription drugs continues to be the catalyst for many heroin users, with four out of five heroin users indicating they first started using heroin after becoming addicted to prescription opioids.

The good news, according to the 2016 National Institute on Drug Abuse (NIH) survey, "past year" teen use of prescription opioids among 12th graders dropped 45 percent compared with a 2011 survey. Continued education and prevention messages to our youth, along with enforcement, are the keys to seeing a drop in drug use among our youth.

Methamphetamine

The Midwest region continues to see increases in methamphetamine seizures and arrests. For example, South Dakota has seen methamphetamine arrests go up 40% and 33% over the past two years, respectively. Mexican drug trafficking organizations (DTO's) control the majority of the delivery and distribution of meth that arrives in the region. While there are a small number of methamphetamine labs across the region, wholesale methamphetamine is readily available at very cheap prices and very high quality. Large seizures of 40-90 pounds of methamphetamine are becoming common across the Midwest, with wholesale prices declining from \$20,000 a pound in 2010 to \$5,000-\$7,000 now. In Minnesota, treatment admissions for methamphetamine – up more than 150 percent since 2011 – have now surpassed marijuana as the primary drug of choice for people entering treatment.

Southeast Region - T. Gene Donegan **Tennessee, North Carolina, South Carolina,** **Mississippi, Alabama, Georgia and Florida** **615/509-3738**

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The Southeastern region is continuing to see a decrease in homegrown methamphetamine labs; however, we are seeing a substantial increase in crystal methamphetamine, in rural areas and smaller cities, where there are less drug enforcement efforts. The crystal methamphetamine, which is being distributed by Hispanic DTO groups, is being driven into the Atlanta, Georgia, area and then being distributed out to other states.



The Southeastern region is continuing to deal with large amounts of heroin throughout the region. While initially it was Mexican-produced brown and black tar heroin, over the last year the region has seen a major shift to China white heroin. The region is experiencing hundreds of overdoses and overdose-related deaths due to fentanyl- and carfentanil-laced heroin. Overdoses are also caused by heroin pills stamped with the “Percocet” logo as well as the Xanax-type bars. This brand of pills is confusing at best – some users who are overdosing believe they are authentic Percocet, while others believe they are heroin. Both the China white and the heroin pills have produced several overdose-related deaths in these areas. The heroin pills and the China white heroin have both been tested and contain high doses of fentanyl or, in many cases, have been found to be pure fentanyl being sold as heroin. The heroin pills are being mass-produced and distributed throughout the Southeastern area. There were several in-depth investigations in the middle Tennessee area into a gang organization manufacturing and distributing fentanyl in pill form. As a result of these investigations, officers were successful in seizing pill presses and large amounts of fentanyl, and the case resulted in several federal indictments for homicide-related charges. We have also seen successful prosecutions of the distribution of heroin/fentanyl that resulted in deaths in the Nashville, Tennessee, area.

The drug organizations that historically distributed cocaine and crack cocaine have now turned to China white heroin, primarily due to larger profits. Whether sold in powder form or pressed into pills, the profit margin is dramatic when compared to cocaine or crack cocaine. A kilogram of cocaine

is selling for \$34,000 to \$36,000 in the Tennessee area. A kilogram of fentanyl can be purchased for \$3,000 if shipped in from China; since the average pill contains 2 mg, a kilogram produces 500,000 pills. If the organization sells the pills for \$10 each, this will give them a \$10-million-dollar profit margin per kilogram. Fentanyl is being produced in bulk in China and Mexico, so the source is already in place. Individuals can also purchase online everything they need to manufacture pills: Pill presses, which at one time were very difficult to obtain, sell online for \$995 each and are capable of producing 5,000 pills per hour. The die case molds for oxycodone and Xanax pills sell for \$115-\$130 each. So, as you can see, the profit margin and availability of equipment needed to manufacture these tablets is the driving force for this type of distribution.

A new trend, at least for this region, is the shipping of opiate prescription medication from outside the United States. We have always had small amounts of prescription drugs shipped into the United States, but the seizure of large amounts appears to indicate a new trend. Agents with HSI have intercepted shipments from India using the DHL shipping company. In one particular case, agents seized approximately 3,500 tramadol tablets that were being shipped into the Nashville area from India. Officers conducted a controlled delivery on the seizure and found an additional 25,000 pills – all of which had been shipped to the Tennessee address – that had been shipped in from India. The seizure consisted of alprazolam, oxycodone, hydrocodone, morphine, concerta, diazepam, lorazepam, phentermine and Cialis.

The Southeastern region is still seeing an overwhelming amount of high-grade marijuana which is either being shipped in by parcel carriers or being driven in from states that have legalized or medical marijuana. I know that, in the Nashville area, we have seized packages containing high-grade marijuana being shipped from California and Colorado. We have seen a shift in the shipping method from parcel companies such as UPS and Fed Ex, which have dropped off somewhat, to increased use of the United States Postal Service. I believe this is due to the necessity of a federal search warrant for USPS packages versus a state search warrant for the other parcel services. The illegal shippers are aware of the greater difficulty in obtaining a federal search warrant for the postal service. The process for obtaining a federal search warrant is much longer than at the state level, thereby making it more difficult to deliver the package in a timely manner.

REGIONAL DIRECTOR'S REPORTS

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Fewer small meth labs in Kentucky means reduced danger and cleanup costs, but abuse continues

By Bill Estep

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The number of homemade methamphetamine labs found in Kentucky has dropped sharply in the past few years as drug abusers switched to imported meth, reducing the danger and cleanup costs associated with the small labs.

The crude labs are generally plastic drink bottles that people who make meth, called cookers, use to mix the ingredients that produce the drug through a chemical reaction.

That is called the “one-step” or “shake and bake” method.

The number of meth-lab incidents proliferated across the state beginning in about 2000, hitting a high of 1,233 in 2011, according to Kentucky State Police.

The actual number of one-step labs was higher because many incidents involved more than one bottle.

That figure dropped to 339 in 2015, and the final numbers for 2016 might show a further decline, according to state police.

One key factor in the downward trend is the rise of meth smuggled into the country from large labs in Mexico, according to police.

The Appalachia High Intensity Drug Trafficking Area, which covers parts of Kentucky, Tennessee, West Virginia and Virginia, said in a 2015 report that meth from homemade labs in its territory had gone down, but seizures of the type of meth imported from Mexico jumped 176 percent from 2013 to 2014.

The imported version of the drug is called ice or crystal meth.

“It’s a major shift,” Van Ingram, executive director of the Kentucky Office of Drug Control Policy, said of the switch to imported meth.

Police said meth abuse has not gone down as a result of the transition.

There are benefits, however, including less danger from meth labs to cookers, their children, communities and authorities.



People make meth by mixing substances such as drain cleaner with pills containing an over-the-counter decongestant called pseudoephedrine, creating a chemical reaction.

The one-step meth labs create noxious fumes and can explode, and the waste left behind is considered hazardous, requiring special gear to handle it that adds to cleanup costs.

It was once common in Kentucky to have cases of people making meth with children present, endangering them, and contaminating houses, apartments and hotels with fumes and waste that was expensive to clean up.

The state has seen deaths and burns from meth operations blowing up.

In April 2015, for instance, a man and woman were found dead after a fire in a building in Mercer County that contained a meth lab, police said.

In another case, police found chemicals used to make meth in a Somerset apartment in September 2009 after the man who lived there was blown from the bathroom into an adjoining room and badly burned.

The blast damaged other units in the building.

In one of the more gruesome cases, a 20-month-old Wayne County boy, Kayden Branham, drank drain cleaner from a cup that had been left out after people used the chemical in making meth at the small mobile home where he and his parents were staying.

The drain cleaner contained sulfuric acid. Kayden died of severe internal injuries an hour after drinking it.

The boy’s mother pleaded guilty in connection with his death in a closed juvenile-court proceeding. A jury acquitted his father of a murder charge.

Dr. Lesley Wong, a plastic surgeon who is medical director of the burn unit at the University of Kentucky Chandler Hospital, said that a few years ago, doctors and nurses would sometimes hear “vague, fishy” stories from patients about how they got burned, a possible indication that they’d been involved in making meth.

There’s been a noticeable decline in the number of burn cases that appear to be linked to meth, Wong said.

“We definitely get the impression that there are less,” she said.

The danger to the public and to authorities has gone down because fewer people are cooking meth.

“When you don’t have your neighbor cooking meth, absolutely the danger to the community is less,” said Brandon Curlis, a detective with the state police Drug Enforcement — Special Investigations unit that covers the eastern half of the state.

State and federal lawmakers grappled with how to drive down homemade meth production for years, adopting measures that include electronic tracking of pseudoephedrine

sales and limits on the amount of the medicine people can buy.

The laws drove down the number of labs at times, but cookers found ways around them.

For instance, to defeat limits on purchases, meth makers enlist a network of family and friends — who often are addicted to meth — to each buy as much as allowed and then sell them to cookers.

The practice is called smurfing.

In one significant case, 28 people were charged in federal court in 2013 with taking part in a large meth operation centered in the Canada Town area of southern Whitley County.

Some of the defendants admitted that they cooked meth, but several obtained pseudoephedrine for the cooks, according to court documents.

Smurfing also has declined with the increase in imported meth.

Reported pseudoephedrine sales have gone down in recent years, from 796,429 recorded sales from January through October 2013 to 566,463 in the same period this year, according to the state Office of Drug Control Policy.

The 2015 Appalachia HIDTA report said many people who used to cook meth have switched to selling crystal meth smuggled in from Mexico.

Legislative and enforcement barriers to getting meth ingredients played a role in that.

It's less work and less exposure for traffickers to buy imported meth from wholesalers than to round up ingredients to make it themselves. The large labs outside the country can also make a lot more meth, and it is more pure, police said.

"It was just a whole lot easier to obtain crystal meth" than make it, said Robbie Clark, head of the Lake Cumberland Area Drug Task Force.

Kentucky lawmakers tried several times to require people to get a prescription for pseudoephedrine as an attempt to drive down the number of meth labs.

Other states saw dramatic declines in meth labs after requiring prescriptions.

However, an industry group spent then-record amounts of money to beat back the proposals in Kentucky, arguing that requiring a prescription would inconvenience legitimate users.

The legislature eventually approved a version of the bill requiring a prescription, but only after someone had bought 24 grams of pseudoephedrine within a year.

Ultimately, the black market helped achieve the goal of reducing homemade meth labs, but meth abuse remains a problem, said Tommy Loving, head of the Bowling Green-

Warren County Drug Task Force.

"The Mexican cartels gave us that desired result, except we've still got the meth," Loving said. "The bad thing is you've got a more pure product that's probably more addictive."

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Read more: <http://www.kentucky.com/news/state/article116974558.html>

Northeast Region - William Butka
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On December 21, 2016, the Derby Police Department made a motor vehicle stop of a tractor trailer on Route 34 in Connecticut. As a result of the stop, 55 pounds of Fentanyl, valued at over \$1.5 million dollars was seized. The driver from Arizona was arrested and turned over to the Drug Enforcement Administration. The probable source of the Fentanyl would be close to the driver's home state.



My counterparts from around the country are all reporting record numbers of overdose deaths attributed to Heroin/Fentanyl and Carfentanil use. The New England area continues to record increasing overdose deaths, despite the use of Naloxone by public safety personnel. The Connecticut Chief Medical Examiner's Office predicts 888 deaths for 2016 – approximately eight times the homicide rate (129 in 2015).

Connecticut's answer to the drug addiction problem is to introduce legislation to legalize recreational drugs, so that tax revenue will help the fiscal crisis – completely turning a blind eye to the effects this will have on the taxpaying citizens. Massachusetts passed recreational marijuana during the 2016 election cycle. It seems that some of our legislators have learned nothing from Colorado's experience. Colorado has an effective database that tracks the effects of recreational marijuana; however, politicians see only the potential tax revenue. They disregard what it will cost the state(s) in terms of medical benefits, motor vehicle deaths, increase in crime, increases in adolescent use of marijuana, school suspensions, school learning, and mental health treatment. Furthermore, businesses and the defense industry must maintain drug-free workplaces; legalization in

Colorado resulted in the problem that new hires could not pass a drug test.

The United States Supreme Court ruled that marijuana rightfully should be a Schedule One drug on the federal level. The Supreme Court, in making its ruling, reviewed all the facts presented to the court; however, it appears that politicians know better.

This drug epidemic in the United States prompted me to design the cover of this magazine to highlight the more than 50,000 deaths that have occurred.

Southwest Region - Bob Cooke
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The Western Region of the NNOAC covers California, Nevada, Utah, Arizona, New Mexico, Colorado, and Hawaii. Since my last article we have sparked interest from New Mexico and they will be in attendance at the February 2017 meeting. Hawaii is forming and coming together. It looks like we will see all our state organizations at the NNOAC meeting in Washington D.C. in February 2017.



This past year has seen a lot of negative media regarding our profession. But it isn't just our profession. When I handled the media as a Task Force Commander and later as Special Agent in Charge we cultivated honest hardworking news reporters. I recall taking a media relations course to better prepare me for press interviews and presentations. Perhaps the media needs a course in law enforcement relations.

This part of the country appears to be an experiment in drug abuse, marijuana legalization and normalization of bad practices for our youth. We need controls on substances that damage our country and our children.

On January 5, 2017, the Los Angeles Times released an article; Marijuana is legal in California. Now politicians and pot pushers need to help keep it out of kids' hands." Happy New Year and pass the pot. But now that weed is legal for adults in California, we need somehow to keep more teens from toking. Regular use can stunt their mental growth.

There's plenty of research that shows youthful brain impairment caused by continual marijuana intake.

Proof of cannabis damage to brain cells can be found in social media comments by potheads whenever anyone raises

a red flag about dope's dangers. "Reefer Madness rubbish" is a common retort, as if that constitutes a dissertation.

There is a new study out by some PhDs that points to less fear and more use of marijuana by teens in Washington state after the drug was legalized there for adults.

And "across the country, there has been a decreased perception of risk associated with marijuana among adolescents," says study leader Magdalena Cerda, an epidemiologist — an expert in the spread of disease — at the UC Davis Violence Prevention Research Program.

After all, adults keep legalizing marijuana in state after state. So what's good for the parents must be OK for the kids, right? No, but not everyone is getting the message.

Washington state legalized adult marijuana use in 2012. Cerda's researchers found that more Washington teens started getting stoned that year. They no longer believed the drug was dangerous.

Among eighth-graders, their "perception of harmfulness" dropped 14%. Among 10th-graders, it fell 16%. That's eye-opening when compared with kids in other states where marijuana has not been legalized. In those states, perceptions of harm dipped only 5% to 7%.

In Washington, weed use increased by 2% among eighth-graders and 4% among 10th-graders. But in non-legal states, it actually decreased by about 1%.

"Some adolescents who try marijuana will go on to chronic use with an accompanying range of adverse outcomes — from cognitive impairment to downward social mobility, financial, work-related and relationship difficulties," Cerda said in a UC Davis announcement of the study.

Columbia University's public health school participated in the research.

The researchers also looked at Colorado, which legalized adult use in 2012. They found no significant change there in teen perceptions or use. They theorize that's because Colorado — unlike Washington — already had been fairly pot-permissive and many teens there previously were weed-inclined.

Updates from Sacramento »

Last winter, Cerda also led a study that found, in essence, that the more marijuana you use over the years, the more apt you are to be a loser.

"Our study found that regular cannabis users experienced downward social mobility and more financial problems ... than those who did not" toke frequently, she told me last year.

"Regular long-term users," she continued, "also had more antisocial behavior at work, such as stealing money or lying to get a job, and experienced more relationship problems,

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such as intimate partner violence and controlling abuse.”

She added: “There is a common perception that cannabis is safer than alcohol. But [the 2016] study shows that ... cannabis is just as bad as alcohol. And in terms of financial problems, cannabis is worse.”

There was one particularly alarming passage in that report:

“On average, persistent cannabis users from middle-class origins attained lower adult socioeconomic status than did their parents — even after we controlled for sex, ethnicity, family substance-dependence history, childhood self-control, childhood IQ.”

Short version: Marijuana is potentially bad stuff, especially for adolescents.

“Kids who start using it earlier are more likely to become dependent on marijuana,” Cerda told me after the release of the latest report on teenagers. “With long-term dependence, there are higher risks for mental health problems such as psychosis, depression and cognitive impairment earlier than what would be expected.”

In other words, premature aging of the brain.

Yeah, I know: Reefer Madness.

So what could be done to convince teens they should pass up pot?

The UC Davis-Columbia University study recommended that government invest in major pot prevention programs for kids.

Fortunately Proposition 64, which legalized so-called recreational marijuana for 21-year-olds and was approved overwhelmingly by voters, sets aside at least \$10 million annually for youth substance abuse programs. But that won’t kick in until mid-2018, when the state finally licenses pot peddlers.

Meanwhile, Gov. Jerry Brown and the Legislature should dip into other funds and begin those education programs immediately.

Proposition 64 also banned marijuana billboard advertising on interstate freeways. Good idea. Now the Legislature should extend the ban to all state highways. Assemblyman Rob Bonta (D-Alameda) has introduced a bill to do that.

“You’ve got school buses filled with kids, carpools with kids, families driving,” Bonta told me. “There’s no conceptual difference between interstates and major state highways. Marijuana is not for kids. And it shouldn’t be advertised for kids.”

The ballot initiative made it an infraction — like a traffic ticket — to drive while puffing pot, same as for sipping a beer. A bill by state Sen. Jerry Hill (D-San Mateo) would allow a

prosecutor to charge the dumb driver with a misdemeanor.

If a motorist is intoxicated, of course, he can be booked for drunken driving. But there’s no way to tell yet whether a pothead is stoned. Proposition 64 provides \$3 million to find a way, but it won’t be available until mid-2018. Bonta’s bill would grab the money from the state general fund and spend it now.

The biggest problem with legalizing marijuana remains: How do we keep it away from kids? The pot pushers — the politicians and marijuana marketers — now need to step up and help do it, as they promised. — George Skelton, Capitol Journal.

On top of the bad marijuana laws our entire country is in a freefall over opioid use, addiction and overdose deaths. These are the most confusing times for law enforcement. Drug courts have had their teeth removed. Felonies are now misdemeanors. Misdemeanors are treated like traffic infractions. People who are cited for drug possession, under the influence of controlled substances, shop lifting, petty theft and other “non-violent crimes, don’t worry so much about failing to appear in court. Without drug courts and flash incarceration drug addicted people do not voluntarily seek drug treatment. So the revolving door spins faster and faster. These drug users become addicts, lose their jobs and become homeless. State legislators don’t want to fill our jails. They want the jail populations decreased citing “non-violent” convictions. In California these “Non-Violent crimes include:

- Assault with a deadly weapon on a peace officer
- Battery with serious bodily injury
- Solicitation to commit murder
- Inflicting corporal injury on a child
- First degree burglary
- Raping an unconscious person
- Human trafficking involving a minor
- Participation in a street gang
- Exploding a destructive device w/ intent to cause injury (yes, setting off a bomb in a public place)

Really? I mean seriously?? Do people even read ballot measures when voting?

The primary responsibility of government is to provide for the safety and security of the people who elect them to office. But law enforcement is usually the only form of government most people have an interaction with. Usually it is due to a traffic stop, reporting a crime (victim) or a suspect in a crime. People of this country look to us to solve their problems. We can sometimes. But we need tools. Some very good tools are the result of sound public policy on public safety and crime prevention, treatment and enforcement.

We must look to our leaders in Congress and State

Legislators for responsible leadership. It is up to us advocate good, sound, workable solutions and policies that protect our country, our citizens and especially our youth.

I am ending with this final thought. Be safe, watch your friend's six and protect each other in the field. Speak about sound public policies whenever you have the opportunities. We don't run away to avoid doing the right thing. We are the Sheepdogs.

South Central Region - Leland Sykes

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The year 2016 was a tough one for law enforcement across the nation. I represent the region that includes the states where we had eight brave protectors of the American way of life assassinated on the streets of Dallas and Baton Rouge. These were truly horrific acts, but it seems that, on a weekly basis, our brave men and women across the country are paying the ultimate sacrifice. I had the opportunity to address the Association of Oklahoma Narcotics Enforcers (AONE) conference, where I shared with them my thought that we could no longer even have the conversation about whether we are winning the war on drugs until we start winning the war on police.



I feel strongly this year will be better for our profession. With the election of President Trump, we have someone who campaigned on the concept of the rule of law. It is truly refreshing to hear that from our Commander in Chief. With his nomination of Senator Jeff Sessions to be the Attorney General, great excitement exists that the Justice Department will once again be a trusted partner in keeping America safe.

As many of you may know, the NNOAC has worked closely with Senator Sessions on issues important to the Association. We look forward to his swift confirmation.

In my humble opinion, the NNOAC currently has the best opportunity that it has had in at least 8 years, to make a meaningful difference at the Capitol. I look forward to a productive 2017 meeting!

Great Lakes Region - Gary Ashenfelter

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Pennsylvania has become the 24th State to “legalize medical marijuana”. It happened in March, when the Pennsylvania House voted 149-43; they expect it to take 18 months to get the program up and running. Representative Matt Baker (R), who spoke out against the bill, said, “I cannot remember when the last time this August body voted on a bill that was in direct violation of federal law.” Smoking medical marijuana will be prohibited, but pill form, creams, and a form that could be converted to edibles, will not.



This region of the country, like the others, continues to battle the increasing heroin epidemic. The Mexican Drug Cartels have flooded the market with heroin, making it readily available and cheap.

Indiana continues to arm its police and first responders with NarCan, and the State has increased its needle exchange programs. Some task forces report that drug abusers are shooting up in the parking lots of hospital emergency rooms, in case they overdose.

More and more time, effort, and resources are being allotted to the treatment and education of a society that has turned itself into a sea of drug abusers and junkies. At the same time, law enforcement finds itself struggling for ever-decreasing amounts of dollars and manpower to address the number one problem, supply. It's a reminder of the old adage, “You can't drink it, if you ain't got it.”

Being able to be reactive to those already swallowed up by some sort of drug abuse problem is all well and good, but what about being proactive, and trying to eliminate the threat before it causes more harm and death? We don't treat terrorists and terrorism this way, and what worse form of terrorism is there than drug addiction and abuse?

As I talk to law enforcement personnel around the region and country, I find them cautiously optimistic about the changes proposed by the new incoming Administration. The new Vice President-elect, Mike Pence, comes from the Great Lakes Region, surrounded by states that in some form have “legalized” marijuana. Indiana still stands firm that marijuana is illegal by both state and federal law.

Hopefully, as we press on, the reality will set in that it is no longer acceptable to look at public safety budgets as “optional taxes”. □

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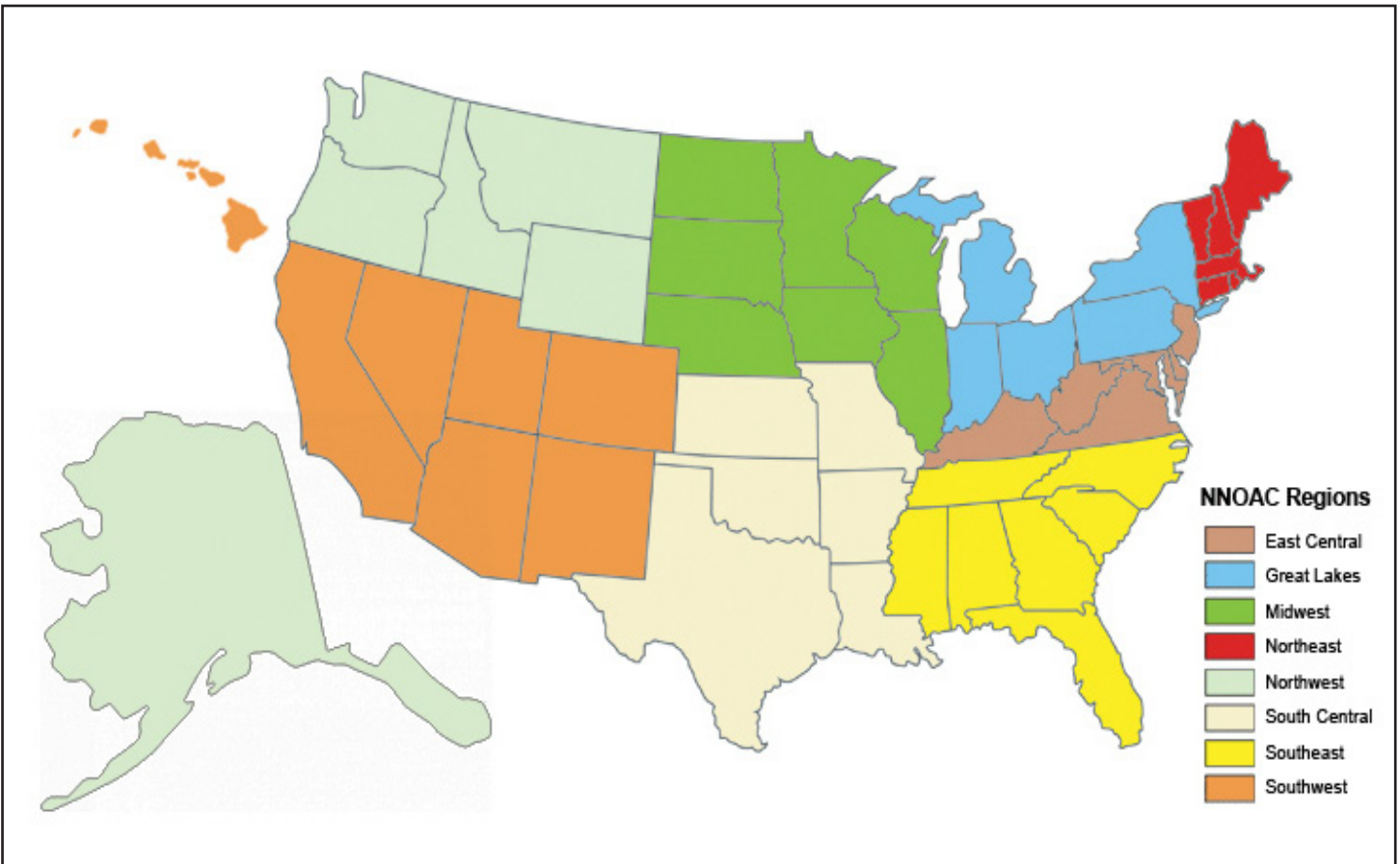


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Marijuana Taxation: The Good, the Bad, and the Ugly



By Chelsey Clarke, Strategic
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While there are many arguments for and against legalization, one particular issue that often gets attention is the revenue from marijuana taxation. Even those against legalization are sometimes swayed by the potential of millions of dollars of revenue for their state through the collection of marijuana taxes. It is not difficult for legislatures and the public to see the potential for the added revenue. Since Colorado was the first state to enact the recreational legalization experiment, it is important that any successes, failures, and even some warnings be shared with other states.

The Good Millions of dollars of revenue have been collected through marijuana taxation. Although the initial build-up was slower than expected, in calendar year 2014, \$56 million in both medical and recreational taxes were received. Calendar year 2015 saw around \$113 million in combined tax revenue, and currently calendar year 2016 is forecasted to bring in over \$140 million. Money from marijuana taxes is used for a number of purposes, including regulating the industry, educating youth on the dangers of marijuana use, and the first \$40 million in excise taxes each year is to Colorado schools.

The Bad Although millions of dollars sounds like a lot of money, in fiscal year 2016 the taxation revenue from medical and recreational marijuana combined equaled only approximately 0.5% of Colorado's statewide budget.

After a of couple years, the amount of excise taxes finally reached \$40 million dollars, but it has school officials questioning whether recreational marijuana legalization is worth the relatively small amount of revenue. Rob Stein of the Roaring Fork School District, which received some marijuana tax funding, stated, "It's just not accurate that marijuana excise taxes are the difference makers for schools or school facilities." Harry Bull, the superintendent of one of Colorado's largest school districts, also stated that marijuana tax revenue is not the answer to the school funding problem. According to Superintendent Bull, the Cherry Creek School District has yet to receive a penny of

the taxes collected. Furthermore, he emphasized that "So far, the only thing that the legalization of marijuana has brought to our schools has been marijuana." A survey of School Resource Officers across Colorado confirmed Bull's statement.

Aside from the issue of whether the revenue from marijuana taxes is beneficial, there are concerns of unintended costs resulting from legalization. While many proponents argue that recreational legalization will free up law enforcement time and resources, this has not been the case in Colorado. In fact, many agencies and task forces are more strapped dealing with marijuana issues than in the past. Because of recent safety and security issues related to marijuana in downtown Denver's 16th Street Mall, Denver Mayor Michael Hancock stated, "Let's be clear, marijuana is drawing people to the mall." After an incident where a man with a PVC-type pipe attacked other individuals on the mall, Mayor Hancock said, "This is one of the results of the legal marijuana industry in Denver and we're going to have to deal with it." The safety and security concerns have led to tripling the number of officers walking the mall and the city committing over half a million dollars to increase police patrols. In addition, the Downtown Denver Partnership is investing one million dollars per year on security measures.

A recent report conducted by VISIT DENVER, the marketing organization for the city, found that "As of 2014 nearly 50% of meeting planners negatively commented on homeless, youth, panhandling, safety, cleanliness, and drugs including public marijuana consumption." The report went on to say that "Denver is losing visitors and valuable convention business as a result of these overall safety (or perception of safety) issues." Additional costs associated with recreational marijuana legalization involve the increase in the homeless population, marijuana-related emergency department visits, hospitalizations, and traffic fatalities, to name a few. (*The Legalization of Marijuana in Colorado: The Impact, Volume 4*). Using tobacco and alcohol as an example, it is abundantly clear that any revenue from taxation of these products is far outweighed by the societal and economic costs associated with them.

The Ugly An important – but disregarded – aspect of this issue is the fact that marijuana is still a Schedule I Controlled Substance under federal law and thus illegal in this country. In a nation founded under a legal system based on respect for the law, marijuana



Police as Guardians:

Confronting the Mental Health Drug Addicted in Crisis

by *Peter F. Boyce, General Counsel*
National Narcotics Officers Association Coalition

Law Enforcement has been thrust into a role of crisis intervention when confronted with persons suffering from mental illness and/or drug induced behavior. The media now asserts that the police, as first responders who frequently confront individuals with severe mental illness or who are under the influence of drugs, must fulfill a legal obligation to protect the safety and welfare of the community as well as assess and safeguard the rights of people with disabilities such as mental illness or drug induced behavior. Many assert that law enforcement, as part of their duty to serve and protect the rights of every citizen, must now assume the responsibility to manage and assess if the person they confront is a criminal in need of arrest or a person with a disability who needs medical intervention so that they do not pose a danger to themselves or others.

Law Enforcement, up until now, has been trained to arrest someone involved in illegal activity leaving the criminal justice system to determine after the arrest if the person charged with a crime should enter a mental facility, a drug rehab program, or face criminal charges.

Dr. Richard Lamb asserts in an article published by the American Psychiatrist Magazine that police have had the “responsibility thrust upon them to be primary gate keepers who determine whether the mental health or criminal justice system can best meet the needs of individuals with acute psychiatric problems.”

Police officers receive little or no comprehensive training in dealing with people with mental illness which often appear to the officer to be drug or alcohol related. Had the officers, who recently broke through a door where a reported suicide inclined man was holding a shotgun to his chest, been given any training on how to confront the suspect in that situation? When confronted by a woman with a butcher knife, should police use deadly force or should they back off, secure the scene, access the situation and then call a specialized crisis intervention team trained to take over such a crisis arising from mental health or drug use?

Officers must be trained in crisis intervention and specialized teams composed of a mental health

professional and the police should be available to every officer who confronts a situation related to a mental health crisis or drug induced behavior.

Do all police departments have the financial resources and manpower to provide a crisis intervention team? Are the elected officials who provide the funds or the public at large willing to pay the cost of such specialized crisis intervention teams or is this type of crisis intervention merely wishful thinking in the environment of deep budget cuts? It seems unlikely that the politicians will allocate the funds necessary to train each officer on crisis intervention and de-escalation.

There is no question that a poorly handled mental health or drug induced crisis will make the news cycle and may result in civil liability. Recent cases have even suggested that plaintiffs may sue, not only under State and Federal Tort and Constitutional Law, but under the American with Disability Act for injury or death that results from police action that did not first consider if the person suffered from a severe mental impairment. In Baltimore the Justice Department has launched an investigation of the department because it was found that officers ended up in unnecessarily violent confrontations with mentally disabled people who had not committed any crime. The Supreme Court has yet to issue a ruling on whether police must take special precautions when arresting an armed and violent person with a mental illness. Some case law seems to suggest that all officers should receive specialized training under the Americans with Disability Act and other statutes that protect citizens in mental health crisis.

Most police officers have received very little training in how to deal with a person with mental illness or someone under the influence of drugs. Some officers resort to force, sometimes lethal force because they have not been trained to identify and react to someone exhibiting bizarre behavior.

What can departments do to meet this challenge of



evolving law and public perception that law enforcement should alter their approach when confronted with a mental health or drug induced critical incident?

Police departments and mental health professionals should adopt policies and procedures that promote the value of working together using joint resources and expertise during interventions. Police officers and mental health professionals need to work as a team to train, equip and share resources in a crisis situation. The police officer's role should be security and reducing the threat of harm, and the mental health professional should provide assessment and advice on crisis resolution yet never assume the role of a police officer.

It is sophmoric to believe every community, from the large urban area to the small rural town, will have the resources to fund and implement a crisis intervention team. Those that do have the resources must agree to work with those that do not. Telepsychiatry and telemental health are emerging fields that could be utilized to provide video or telephone access to mental health professionals for law enforcement when a crisis occurs.

Officers should receive some ongoing training to help identify a mental health/drug induced crisis and then to allow access to professionals who can help mitigate or de-escalate the crisis without the need to resort to force. The crisis intervention approach will not work unless the community devotes the necessary resources for treatment facilities to care for people with mental health or drug related issues.

Police officers must be cautioned, however, that the use of force, even lethal force must be an option when confronted with a suspect who poses a danger to the public and/or the police. The *Tenn v. Garner* standard for use of force is still the law. The reality is that while some encounters can be de-escalated, the officer must make the decision, often in a split second, regarding whether to use force or attempt to de-escalate the encounter. The public must understand that as guardians officers also assume the role, when necessary, as warriors in order to protect the public interest and the lives of their fellow officers.

The responsibility to make sometimes instantaneous decisions regarding the mental health of a suspect or their degree of drug intoxication has been thrust upon law enforcement in an era of de-institutionalization of the mentally ill and drug crazed individual. The media will almost always blame the police if force results in injury or death when mental accuity is in question and generally blame the police for force even when used against drug offenders.

Better coordination between the police, medical professionals and mental health professionals is essential



for a successful crisis intervention program. Police need available resources to be able to turn individuals suffering from mental health and/or drug addiction issues to medical professionals. Substance use and mental health disorders often can be handled by health professionals and not the judicial system.

We need to train police officers to better identify symptoms of mental health disorders and substance use, give them as-needed access to mental health professionals through either crisis intervention teams or remote solutions like telepsychiatry and facilitate ongoing collaboration between police and health care professionals.

Only when all of these many issues are faced and funded, can law enforcement hope to curtail the crisis of dealing with the mentally ill and drug addicted citizens. Until the issues are addressed by elected officials and the courts, law enforcement finds itself caught between being a guardian for the mentally ill and drug offenders and the mandate that law enforcement must protect the public safety. □

What can departments do?

*To meet this
challenge...*

ON DOPE

Jeff Stamm, Director of the Midwest HIDTA based in Kansas City, Missouri

Civilizations die from suicide, not murder.¹

--Arnold Toynbee

We are in grave danger of losing the debate against illegal drugs—dope—and, in the process, our very society. Not because of the inherent correctness of the arguments and opinions of those who advocate drug legalization or decriminalization, but due to the near-complete lack of an informed and engaged citizenry pushing back against the demagogues, apologists, and appeasers who peddle, with increasing success, only dangerous myths and false metaphors. Their reckless and illegitimate accusations that the current drug control paradigm has not only “failed” but that it is patently “racist” and “oppressive” have served to bully and confuse a sleepwalking population too timid and self-absorbed to argue. In our attempt to be tolerant, sensitive and compassionate, we, instead, exhibit a stultifying weakness in the face of a zealous and committed pro-dope cabal intent on changing the landscape and the laws. Allowing them to succeed will produce catastrophic social and cultural consequences that will require generations, or longer, from which to recover.

Against an unceasing and withering torrent of criticisms against our current legal and political drug-control framework, we seem to have succumbed to the deceptions and propaganda of misguided “experts” who tout “new,” “daring” and “brilliantly innovative” policies in the face of our current “failures.” Through what has become something of a forced compulsion to non-judgmentalism and pervasive compassion, we are increasingly surrendering to the false hopes of both the utopian liberals and fundamentalist libertarians who preach, “drug prohibition does more harm than good” and, further, that drug use “affects no one but the user himself.” Such views are not only utterly wrong, but destructive and fundamentally incompatible with a free and democratic society. Besides, there is no situation that cannot be made even worse through wrong and foolish policies.

It has been said that you don’t have to be a soldier to understand war, but it sure can help.² This is also true in the arena of drug enforcement. Professor James Inciardi has argued, at least every now and then, those who have the most to say about drug affairs ought to leave their “safe, secure and existentially antiseptic confines” and visit the mean and despairing streets to understand the scope and solemnity of the problem.³

Indeed, anyone who has had the slightest acquaintance with the unprecedented human carnage brought on by the

allure of crack cocaine, heroin, methamphetamine, new potent strains of marijuana, abused opioids, or any number of other substances in the pharmacopoeia of intoxicants misused for cheap “pleasures” understands the insidious and pernicious decay that dope spawns in the individual and in society.

Most “experts” promoting a “bold” or “compassionate” solution, well-meaning as they might be, either claim some expertise in a wholly unrelated field, or—more likely—possess no expertise whatsoever. They are like Saddam Hussein (before he was introduced to his Maker by the United States Army), who claimed some mantle of martial prowess owing simply to his authoritarian stature. Asked once about the dictator’s supposed military expertise, General Norman Schwarzkopf replied: “As far as Saddam Hussein being a great military strategist—he is neither a strategist, nor is he schooled in the operational art, nor is he a tactician, nor is he a general, nor is he a soldier. Other than that he’s a great military man.”⁴

Those who stridently demand an end to the so-called war on drugs exhibit remarkable ignorance. They also reveal an arrogant and casual disregard for both the user and our society in order to pander to a temporary and specious desire by a selfish minority intent on exercising “rights” divorced from corresponding duties. Such ideas are not, in fact, new, but actually represent a timid surrender to human weakness and base desires with no regard for the future and only contempt for the lessons of the past.

Throughout our nation’s 100-year struggle to limit the menace of psychoactive drugs, beginning with the Harrison Narcotics Act of 1914, we have continuously sought a social and legal equilibrium between maximizing individual liberty and maintaining the essential requirement of public safety and order. Along the way, we have made mistakes. We have allowed excesses and undue pendulum swings at both ends of the spectrum. We have at times witnessed government missteps, but, far more often, we have experienced tragedy and harm produced by radical self-indulgence and human predation. We constantly strain to find just the right incremental adjustments, just the right balance to maintain both liberty and order. Clearly, our current drug-control paradigm falls far short of complete success.

It is, however, like Sir Winston Churchill’s famous observation about democracy: The worst system ever devised by the wit of man—except for all the others!⁵

Despite the selfish and pedantic complaints from the pro-drug lobby that persist in decrying our current situation, the truth is, given the state of human nature and the profound

allure of pharmacological “pleasure,” all of the activists’ novel alternatives are either politically unfeasible or dangerously irresponsible. The unintended consequences of their simplistic and irrational “solutions” would produce overwhelming social and economic costs, especially to society’s most vulnerable and innocent.

Our current drug-control policies and laws are the direct evolution and reflection of a careful understanding of humankind’s history with illicit substances and a rational assessment of man’s neurobiological and moral nature. Like Judge Learned Hand’s description of law itself, they are akin to “a monument slowly raised, like a coral reef, from the minute accretions of past individual decisions.”⁶ And, notwithstanding the great challenges we still face, those laws and policies have been, given the possible alternatives, extraordinarily successful at keeping illegal drugs beyond the mainstream.

Our balanced approach, combining both supply and demand reduction efforts, recognizes the need for and the efficacy of comprehensively investing in enforcement, prevention, and treatment—the tough and compassionate model conceived and implemented by Richard Nixon. Rather than initiating a drug “war,” Nixon pioneered the investments in drug education and treatment programs that, today, are funded at approximately the same level as enforcement measures. And just as with the supply reduction component of our approach, the demand reduction measures we deliver are only partially and sporadically effective; however, they’re categorically better than any alternative. Critics of the current arrangement would do well to think analytically and rationally about the truths of illegal drug use and its nexus to crime and squalor, rather than engaging in the ceaseless and thoughtless parroting of slogans and myths.

The success of our drug policies—emulated throughout the world—is demonstrated by the long-term reductions in the rates of illegal drug use in the United States. The percentage of persons aged twelve and older in the United States who used an illegal drug in the past thirty days has decreased 38 percent from its peak in 1979, where over 14 percent of Americans were consuming one or more illicit drugs, to less than nine percent today.⁷ Characterizing this as a “failure” is not only wrong, it intends to grossly mislead and hoodwink a sometimes all too-susceptible public. To completely scrap our current laws and policies based only upon blind hope and sentimental audacity in order to alleviate the putative harms done by our prohibition of illegal drugs would not simply be reckless, it would be suicidal. Especially since it would be done on behalf of the mere nine percent of our population who seek unimpeded forms of self-gratification, leaving the vast majority of us, in the words of Russell Kirk, “to

rake from the ashes what scorched fragments of civilization escape the conflagration of unchecked will and appetite.”⁸

Ultimately, the crisis of dope is one that is deeply rooted in the character of man and, therefore, will require a citizenry that is not only committed to self-control, civility, and mutual restraint, but also unafraid to confront those among us who infect and rot our nation from within. It will require a population willing to defy the ubiquitous social and political pressures that sponsor a kind of cultural and ethical relativism that promotes lifestyles unrestrained by moral codes and the law. And, lastly, it will necessitate the reminding of our people—often—that freedom is important not only for doing what we want but also, and especially, for doing what we ought, as Lord Acton so eloquently instructed.⁹

We cannot just surrender to this modern epidemic. Civilization must be defended. This is our society—one worth fighting for. And fight we must. Not simply with compassion and caring, although these are important facets to our panoply of reactions, but also with an aggressive and wide-ranging drug law enforcement response that upholds the rule of law and what is right against a constant onslaught of amoral predators who leave only human suffering and social decay in the wake of their never-ending pursuit of riches. To not target, arrest and imprison those who prey upon our fellow citizens—sometimes with unimaginable violence and barbarity—would not only be cowardly, it would be grossly immoral. To argue otherwise is to collude with the traffickers and the sponsors of chaos, alike. America’s law enforcers are not the bad guys. They perform the difficult and dangerous tasks that their democratically-elected legislators require them to do on our behalf. To blame them for our nation’s drug problems is to misallocate responsibility in a fundamentally mistaken way.

There is no magic bullet in our response to the dope threat. There will be no grand strategic political fix. We are engaged not in a “war,” but in a struggle, one that will be with us forever and one that will require all of us to take a stand for what constitutes right and acceptable behavior in society. It means encouraging, or sometimes changing, behavior at the individual level, not in the larger, abstract sense where it becomes the responsibility of some faraway institution or agency. In every society, there are people who are consistently good and others who are irretrievably wicked. Yet the vast majority of people fall within that large middle ground, and their behavior is profoundly influenced by the moral environment of the time. That is why it is enormously important that our laws, our popular culture and, most importantly, our leadership reflect the virtuous expectations of our citizens; expectations that, at bottom, must encompass both a sense of inner-control and a degree

from previous page

of empathy for one's fellow citizens. The only long-term answer to controlling the drug contagion is that which is incontestably the hardest; that is, shaping proper conduct among citizens.

The late social scientist James Q. Wilson understood crime and other anti-social behaviors are predominantly based upon individual choice. People choose to use or traffic in drugs because they prefer such actions over their perceived consequences.¹⁰ Thus, reflecting countless others throughout history who have contemplated the issue, Wilson understood that the only two ways to affect wrongful behavior are to change the risks associated with said behavior or to change the capacity for self-control in would-be offenders.¹¹ Government, through laws, can initiate the former, but it cannot replace the essential requirement for the latter. Increasing the penalties for selling crack certainly changed the risks associated with trafficking dope and greatly reduced its distribution throughout the country. Yet, even more significant to the drug's fading popularity was a regeneration of individual restraint, no doubt helped along by the ubiquitous sight of a horrendous proliferation of "five-dollar crack whores"¹² in our cities.

The epidemic of dope is constantly held in check by both the objective risk of punishment and the subjective sense of wrongdoing. Drug laws will always be necessary, but our greatest reduction in recreational drug taking and the addictions that inevitably follow will come from our collective efforts to inculcate and reinforce within our existing and latent citizens a sensibility toward personal responsibility and an internalized prohibition against illegal and unsafe chemical indulgences. Furthermore, in addition to legal punishment, which serves as a kind of moral education to all, we must not shy away from demanding standards in our society. Not to moralize, but to maintain values that are moral and demand accountability to minimum levels of ethical criteria from our peers, our celebrities, our media, our academics and our elected officials. We must no longer be afraid to criticize and stigmatize behaviors that are injurious to us all and, therefore, merit our scorn. Together, we must resuscitate, in the words of Edmund Burke, that valuable "censorial inspection of the public eye"¹³ if we are to assure the maintenance of our fragile social order.

Faced with a convergence of evil, single-minded drug traffickers both foreign and domestic, pro-drug zealots with deep pockets and big microphones, and feckless leadership in government at all levels, we can no longer simply assume that our children will emerge unscathed growing up in a wasteland of popular culture. It is time that we reclaim our culture and our civilization. It is time that we demand personal responsibility and the control of destructive impulses among our citizens instead of excusing or "medicalizing" them. It is

time that we regain the ability and the expectation to police ourselves—a concept disparaged and discarded since the Sixties.

Jimmy Capra, the former chief of operations for the Drug Enforcement Administration, was quite right to preach to his troops that, "every night, in your city, there are parents praying that their children not get exposed to drugs. You are the answer to those prayers!" Of course, he was speaking to narcs, those intrepid and overwhelmed souls charged with enforcing our national and international drug laws, but the lesson applies to us all. We are engaged in a mighty struggle, one that demands our attention and our action. And in the words borrowed from the forty-fourth president of the United States, it is a struggle that demands we choose sides.

That choice is clear. The freedoms that we enjoy in our civilization today have taken centuries to establish, but they can be destroyed in just a few generations. And once the light of liberty is extinguished, it is not easily recovered. What we decide as a nation to make of ourselves and our future matters greatly. In order to maintain a decent, just, tranquil and prosperous nation, it is time that we all take a stand against dope. □

Jeff Stamm is a 34-year law enforcement veteran, having served as a Deputy Sheriff in Sacramento County and a Special Agent in the U.S. Drug Enforcement Administration. He is currently the Director of the Midwest HIDTA based in Kansas City, Missouri.

(Endnotes)

1 Notes on Introduction

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FEATURE: Drug Threat Assessment: Fentanyl-related overdose DEATHS RISING AT AN ALARMING RATE



Powerful synthetic opioid often added to heroin, sold as heroin to unsuspecting users

DEC 06 (WASHINGTON) – DEA Acting Administrator Chuck Rosenberg today announced results from the 2016 National Drug Threat Assessment (NDTA), which details the extent to which illicit drugs are affecting the United States. Most notably, the 2016 NDTA continues to illuminate the nationwide opioid epidemic, which is fueling a growing heroin user population and resulting in a greater amount of overdoses. In 2014, approximately 129 people died every day as a result of drug poisoning and 61% (79) of them are pharmaceutical opioid or heroin related.¹

This opioid epidemic has been exacerbated by the national reemergence of fentanyl - a synthetic opioid which is much more potent than heroin. Fentanyl's strong opioid properties have made it an attractive drug of abuse. Illicit fentanyl, manufactured in foreign countries and then smuggled into the United States, is a rising factor in the current overdose epidemic. It is usually mixed into heroin products or pressed into counterfeit prescription pills, sometimes without the users' awareness, which often leads to overdose. The rise in overdose deaths also coincides with the arrival of carfentanil, a fentanyl-related compound, in America's illicit drug markets. Carfentanil is approximately 10,000 times more potent than morphine. The presence of carfentanil in illicit U.S. drug markets is cause for concern, as the relative strength of this drug could lead to an increase in overdoses and overdose-related deaths, even among opioid-tolerant users.

"Sadly, this report reconfirms that opioids such as heroin and fentanyl - and diverted prescription pain pills - are killing people in this country

at a horrifying rate," said Acting Administrator Rosenberg "We face a public health crisis of historic proportions. Countering it requires a comprehensive approach that includes law enforcement, education, and treatment."

The 2016 NDTA also found that Mexican transnational criminal organizations continue to act as the biggest criminal drug threat to the United States and are the primary suppliers of heroin, cocaine, and methamphetamine. These groups are responsible for much of the extreme violence seen in recent years in Mexico, as they have continually battled for control of territory. Within the U.S., violent gangs affiliated with these drug trafficking organizations are a significant threat to the safety and security of our communities. These gangs receive deadly drugs like heroin from regional cartel affiliates and then supply them to American communities for profit, regardless of the human cost.

Other 2016 NDTA findings:

While there is evidence of a slight decline in the abuse levels of controlled prescription drugs, data indicates an increase in the seizure of counterfeit prescription drugs (many of which contain the extremely potent substance fentanyl).

Heroin overdose deaths are high across the United States, particularly in the Northeast and Midwest. Nationally, overdose deaths more than tripled between 2010 and 2014, with the most recent available data reporting 10,574 people in the United States died in 2014 from heroin overdoses.²

Deaths in the "synthetic opioids" category rose 79% from 3,097 in 2013 to 5,544 in 2014. While other opioids are included in this category,

public health officials maintain that fentanyl is contributing to most of this increase. Fentanyl is sometimes added to heroin batches, or mixed with other adulterants and sold as counterfeit heroin, unknown to the user.³

Methamphetamine continues to be readily available throughout the United States, and methamphetamine distribution and use continues to contribute to violent and property crime in the United States.

Cocaine availability and use in the United States increased across multiple fronts between 2014 and 2015 and is likely to continue increasing in the near term. Colombia will remain the primary source of supply for cocaine in the United States, and elevated levels of coca cultivation, potential pure cocaine production, and north-bound movement indicate more cocaine is available for traffickers who want to attempt to re-invigorate the U.S. cocaine market.

The National Drug Threat Assessment provides a yearly assessment of the many challenges local communities face related to drug abuse and drug trafficking. Highlights in the report include usage and trafficking trends for drugs such as heroin, prescription drugs, methamphetamine, cocaine, marijuana, and the hundreds of synthetic drugs.

The assessment factors in information from many data sources such as drug seizures, drug purity, laboratory analyses, information on the involvement of organized criminal groups, and survey data provided to DEA by 1,444 state and local law enforcement agencies across the country. □

1,2,3. Center for Disease Control

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IAG's Evolution and Law Enforcement

Bert Coutts, US Law Enforcement Advisor, International Armored Group

The 1997 North Hollywood shootout showed the world that there was an immediate need for the development and use of armored vehicles within the law enforcement community. Since then, agencies have looked to the armored SWAT truck as the vehicle of choice for high risk operations and emergency situations. Although highly functional, these vehicles are limited in their use and normally have a hefty price tag of upwards of \$350,000. There are many threats faced by today's law enforcement agencies which are quickly evolving. Because of this, agencies are looking for ways to meet these threats head on while providing officer safety and they haven't been able to find a solution, until now - International Armored Group and their Armored Ford Transit Van.

International Armored Group (IAG) was founded over 20 years ago and has grown into one of the largest armored vehicle manufacturers in the world. IAG offers over 80 different models of armored vehicles and specializes in SWAT and SRT vehicles. IAG has worked closely with law enforcement agencies to create a discrete armored transit van that is more versatile and affordable than the traditional SWAT trucks. One of the factors behind its design was to protect narcotics officers without losing its covert capability.

The Armored Ford Transit Vans are available in NIJ Level III (7.62, 308 150gr) level of protection and offer the industry's leading interior volume plus 12-person seating. This has created a much more enjoyable experience for officers that are

forced to remain in the armored vehicle for long periods of time. In addition, a state-of-the art surveillance system has been installed to increase situational awareness for officer safety. This system features a 360° camera system with a large split screen monitor and a remote viewing option from a command post. The van is also set up to accommodate a medical stretcher and can be used as an armored rescue vehicle to move any wounded personnel or civilians out of a fluid situation. This vehicle was designed to be a multi-purpose armored van that is perfect for high risk warrants, mobile takedowns, active shooter, or undercover work.

With the increased negative public perception of law enforcement and the press's stories about "Weapons of War on the Streets of America" there needs to be a solution that offers officer safety yet is discrete enough to allow agencies the ability to enter any situation without drawing attention to it or inciting a hostile environment. The low profile look allows the Armored Transit Van to be parked at what could be considered "soft targets" for potential terrorist threat such as: sporting events, public gatherings, public celebrations and even at civil unrest protests, without drawing attention to its use.

IAG's forward thinking and development of the Armored Transit Van is going to provide protection over a greater spectrum of threats facing today's law enforcement. □



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Officer Involved Shootings 2016

Myths and Reality

By John Michael Callahan, Supervisory Special Agent/Chief Division Counsel, Federal Bureau of Investigation (Ret.)

I have been honored to serve in law enforcement for 44 years as an NCIS Special Agent; an FBI Supervisory Special Agent/Chief Division Counsel and a Massachusetts Deputy Inspector General. I have trained thousands of law enforcement officers on the critically important topic of use of Lethal Force for 36 years, including several years as an Instructor of Law at the FBI Academy, Quantico, VA. I have also published two books on this subject.¹

I have learned many things regarding the reality of use of deadly force during my career that deal directly with the intricate dynamics of officer involved shootings. These things include such critically important subjects as the legal requirements for a lawful shooting and the scientific foundation pertaining to officer reaction time, wound ballistics and human physiology. I have likewise observed the many myths created by the entertainment industry that have erroneously shaped media and public knowledge, opinion and reasoning on this vital subject. My goal in writing this article is to dispel some of these myths and correct erroneous media and public perception that can result in unnecessary street confrontations between police and the public.

Myth Number One

An officer must be absolutely certain that he/she is facing a deadly threat before using lethal force. The United States Supreme Court has made it clear that absolute certainty is not the standard that officers will be judged by when using deadly force. The Court ruled in *Tennessee v. Garner*² that before an officer can use deadly force, he/she must have probable cause to believe that the suspect poses a threat of serious harm to the officer or other people. The probable cause standard is far removed from absolute certainty. It means, more likely than not, e.g. a 51% belief. Absolute certainty would require a 100% belief.

The Court has demonstrated that it understands the extreme danger that officers face in potentially deadly street confrontations and consequently adopted the probable cause standard to judge police shootings. For example, the Court

¹ My most recent book published by Looseleaf Law Publications, Flushing, N.Y. is titled, "Lethal Force and the Objectively Reasonable Officer" by John Michael Callahan. This book, published in August 2015, covers all facets of officer involved shootings, including matters related to law, policy, training, tactics and officer survival and can be purchased directly from the publisher (800-647-5547) or Amazon.com.

² 471 U.S.1 (1985).

further clarified the probable cause standard in the seminal case of *Graham v. Connor*³. In *Graham*, the Court ruled that it is the "objectively reasonable" police officer that must possess probable cause that the suspect is a deadly threat. The question in every case is: Would an objectively reasonable police officer have reason to believe, i.e. probable cause, that a deadly threat was present?

The Court explained that the "reasonableness of a particular use of force must be judged from the perspective of a reasonable officer on the scene, rather than with the 20/20 vision of hindsight."⁴ Here the Court made clear that future judges, juries, police administrators etc. must place themselves in the shoes of a reasonable officer on the scene of a deadly incident in deciding what was right or wrong. They are not to engage in the very human concept of "Monday Morning Quarterbacking." Remember 20/20 vision is always perfect but when you're confronted by a person with a gun, knife, hatchet or hammer, the officer does not have to be perfect. Acting with "objective reasonableness" is sufficient.

The Court concluded by stating, "The calculus of reasonableness must embody allowance for the fact that police officers are often forced to make split second judgements—in circumstances that are tense, uncertain, and rapidly evolving—about the amount of force that is necessary in a particular situation."⁵ Here the Court is once again signaling caution to future authorities that they must be careful to take into account the rapidly accelerating dynamics of a deadly force confrontation. The Court is reminding them that perfection/absolute certainty is not the proper standard to apply in these situations.

Myth Number Two

Officers have sufficient time to react to a deadly threat posed by a suspect confronting them. Deadly force incidents often transpire instantly without warning. This is particularly true with respect to so-called "routine" traffic stops. Officers on patrol witness a traffic infraction involving a moving violation and stop the offender to issue a traffic citation. Officers have no knowledge of the past criminal history of the driver or any passengers and no reason to suspect that anyone in the car may possess a firearm. An Officer will approach the vehicle without knowing that someone inside is or has been previously involved in violent criminal behavior. The Officer asks the driver to produce his driver's license and instead he points a handgun at the officer's face.

Reaction time for the officer to counter the deadly threat is virtually non-existent. Time and motion studies have

³ 490 U.S.386 (1989).

⁴ Id. at 396.

⁵ Id.

SHOOTINGS, CONT.

scientifically established the average time that an officer has to react to a deadly handgun threat. I call the time gap between the emergence of a life threatening action directed against an officer and his/her ability to react and make a counter move, the “Deadly Reactionary Gap.” One scientific study conducted in 2003 involving over 100 officers demonstrated that the average time for officers to fire one shot when a light turned green in front of them was 31/100ths of a second.⁶ A later study revealed that after the initial shot, subsequent shots could be fired in an average time of .25 second intervals.⁷ The bottom line here, simply stated, is a suspect who points a handgun at an officer with intent to shoot can fire four shots at the officer in 1.06 seconds.

Another scientific study reveals that an officer with a handgun holstered in a level two holster, i.e. a holster that requires the officer to disengage two levels of anti-draw protections before drawing, will take approximately 1.92 seconds to draw and fire his/her firearm.⁸ This officer’s reaction time must be considered in addition to the approximately one second it will take for the officer to initially recognize the nature of the deadly threat.⁹ All told, the average officer reaction time to recognize a deadly threat and draw and fire a handgun will be approximately 2.92 seconds. This very short amount of time, 2.92 seconds (the Deadly Reactionary Gap) would allow a deadly adversary to fire 11 rounds at the officer in 2.81 seconds before the officer can fire one shot. Science reveals the horrific disadvantage faced by our brave police officers in their daily service to our communities.

Myth Number Three

An Officer will be able to eliminate a deadly threat by shooting a suspect one or two times in the arm or leg. Hollywood movies and TV shows have created a myth that a deadly adversary can be neutralized by firing one or two shots into an arm or leg. Medical Science and common logic have come together to trash this fantasy. During a gun battle between police officers and violent offenders, the goal of the officer is to bring the encounter to a stop as quickly as possible. The goal is not to kill the offender (although this may happen) but rather to stop him from causing serious harm to the officer, other officers, or the public. Ideally, the

closer the officer gets to immediate incapacitation, the more likely the officer will survive. Conversely, the longer the deadly encounter goes on, the more likely the officer will be killed or seriously wounded.¹⁰

The only way to bring a gun battle to an immediate end is to shoot your adversary in the brain or upper spinal cord (i.e. the central nervous system). Direct hits to the brain or upper spinal cord are rare and the result of extraordinary marksmanship or more likely, pure luck.¹¹ The only other way to bring an expeditious end to a violent encounter is through bullet placement that causes massive bleeding. This is most likely accomplished by bullet penetration of the heart, other major organs and blood vessels located in the torso of the adversary. Massive bleeding will result in blood pressure drop, deprivation of oxygen to the brain and circulatory collapse.¹² Unfortunately for the officer, circulatory collapse takes time and immediate incapacitation will not occur. Even a direct bullet wound to the suspect’s heart will permit voluntary and continued action by a violent offender for 10 to 15 seconds.¹³ Consider how many bullets a determined adversary can fire in 10 seconds (4 rounds in 1.06 seconds).

In the infamous FBI shootout in Miami, Florida on April 11, 1986 which resulted in two FBI Agents being killed and five more wounded, one of the two killer suspects received a non-survivable bullet wound early into the gun battle.¹⁴ A nine millimeter round penetrated the suspect’s upper right arm, severed his brachial artery, entered his right chest, passed almost entirely through his right lung and stopped just before exiting the lung into the heart.¹⁵ After receiving this non- survivable wound, the suspect, armed with a mini-14 Ruger semi-auto assault rifle, continued his deadly assault upon the surrounding FBI agents. He immediately shot and seriously wounded two FBI agents.¹⁶ He was then able to move quickly, flank the agents and move into their space undetected. He subsequently executed two agents at close range and severely wounded a third.¹⁷ He was still alive and trying to drive away in an FBI vehicle when he was shot and killed by a wounded FBI agent who shot him in the chest and

⁶ This study, known as the “Tempe Study,” was conducted by Dr. William Lewinski and Dr. Bill Hudson. It was reported in the 2003 edition of the Police Marksman Magazine

⁷ See, William J. Lewinski and Christina Redmann, “New Developments In Understanding The Psychological Factors In the Stop Shooting Response” 2009, p. 38.

⁸ See, Lewinski study, “Biomechanics of Lethal Force Encounters Officer Movements”, reported in the Nov/Dec edition of the 2002 Police Marksman Magazine.

⁹ See, John Hall and Urey Patrick, “In Defense of Self and Others,” page 108

¹⁰ See, “Lethal Force and the Objectively Reasonable Officer”, John Michael Callahan, p.152., 2015.

¹¹ Id.

¹² Id. pgs. 152-153.

¹³ Id. p.152.

¹⁴ Id. p.162.

¹⁵ Id.

¹⁶ Id. p.163.

¹⁷ Id.

through to the spinal column.¹⁸

The Miami shooting is just one of numerous examples known to the author wherein a wounded suspect continued to deal deadly mayhem after receiving non survivable wounds. Suffice it to say that the idea that a deadly confrontation can be immediately terminated by shooting an adversary once or twice in the arm or leg is a Hollywood created myth. First, shooting a person deliberately in the

arm or leg during a dynamic gun battle involving erratic suspect movement would be very difficult indeed. The size of the target alone makes a successful hit highly unlikely. Second, even if such a hit occurred, it is highly unlikely to bring about the massive bleeding necessary to cause circulatory collapse. This is why officers are taught to fire at center mass located in the torso of the adversary and to fire as many rounds as necessary to cause circulatory collapse.

Continued on page 31

¹⁸ Id. p.164.

LAW ENFORCEMENT FACTS

KEY DATA ABOUT THE PROFESSION

- There are more than 900,000 sworn law enforcement officers now serving in the United States, which is the highest figure ever. About 12 percent of those are female.
- According to the FBI's Uniform Crime Reports, an estimated 1,197,704 Violent Crimes occurred nationwide in 2015, an increase of 3.9% over 2014.
- Crime fighting has taken its toll. Since the first recorded police death in 1791, there have been over 20,000 law enforcement officers killed in the line of duty. Currently, there are 20,789 names engraved on the walls of the National Law Enforcement Officers Memorial.
- A total of 1,439 law enforcement officers died in the line of duty during the past 10 years, an average of one death every 61 hours or 144 per year. There were 123 law enforcement officers killed in the line of duty in 2015.
- There have been 51,548 assaults against law enforcement officers in 2015, resulting in 14,453 injuries.
- The 1920s were the deadliest decade in law enforcement history, when a total of 2,437 officers died, or an average of almost 243 each year. The deadliest year in law enforcement history was 1930, when 304 officers were killed. That figure dropped dramatically in the 1990s, to an average of 162 per year.
- The deadliest day in law enforcement history was September 11, 2001, when 72 officers were killed while responding to the terrorist attacks on America.
- New York City has lost more officers in the line of duty than any other department, with 705 deaths. Texas has lost 1,682 officers, more than any other state. The state with the fewest deaths is Vermont, with 23.
- There are 1,102 federal officers listed on the Memorial, as well as 668 correctional officers and 36 military law enforcement officers.

RISS Money Counter Project

–Sharing Information to Connect Cases



Most people know the advantages of using a money counter (e.g., they count money quickly, prevent counting errors, and identify counterfeit bills). Modern money counting machines can also electronically record serial numbers and create images of both sides of a bill. The days of counting money by hand and photocopying each bill are over!

What if there was a database that contained all the serial numbers and cross-referenced seized money with investigation funds (funds used to purchase evidence)? Welcome to the RISS Money Counter Project (MCP). The RISS MCP began as a collaborative project between the Western States Information Network (WSIN) RISS Center and the Hawaii High Intensity Drug Trafficking Area (HIDTA) in February 2013. The RISS MCP database and web application, developed and hosted by WSIN, can be accessed through the RISS Secure Cloud (RISSNET) Portal. The purpose of the application and database is to store currency serial numbers for comparison against currency submitted by officers in previous cases. Authorized users can query the RISS MCP database to determine whether a note has been previously stored.

The RISS MCP offers unique and valuable features to aid users, including the following:

- Serial Number Search — Enables the user to perform multiple serial number inquiries.
- Case Query — Allows the user to compare serial numbers in cases against the entire RISS MCP database.
- Scan Currency — Offers an interactive process that supports an authorized user during currency scanning and uploading.
- Import Data — Enables the user to upload a file containing serial numbers and images.
- Case Maintenance — Permits the ability to verify, update contacts, delete cases, delete batches, and view batch or case details.
- MCP Status — Permits the user to track the progress of background processing of case uploads and case deletions.
- Reports — Contains several preformatted reports ranging from activity reports to case reports.
- Download Software — Redirects the user to the RISS MCP software download page.

RISS MCP was built to house currency-based case information for participating law enforcement officers and agencies. Case information is established by utilizing the



“scan currency” function within the RISS MCP application. Currency information, such as serial number, denomination, currency type, and full front and back images of the note, are quickly captured and stored by money counter scanning devices, then automatically uploaded into the RISS MCP database.

Only the case officer and a secondary contact officer are permitted to access an entire case file. Only these authorized users can add, remove, and edit information in the case file itself. In addition, these users can compare entire cases against the RISS MCP database, using the “case query” process.

There have been an increasing number of success stories, such as this recent example:

Officers in Maui were buying drugs from a subject on Maui who officers knew was being supplied by a person on the Big Island of Hawaii. Maui officers allowed buy money to reach the supplier on the Big Island and were eventually able to identify the highest-level supplier on the Island of Oahu. After serving search warrants and seizing money, officers were able to quickly and easily identify buy money in the possession of the Oahu supplier, which solidified the conspiracy amongst the trafficking group operating between all three islands.

The RISS MCP is a powerful tool to combat case-related crimes, such as drug trafficking, money laundering, counterfeiting, etc., and enables officers to “follow the money,” enhances investigative efforts, and assists with connecting cases.

Accessing RISS MCP is easy. Once a user has logged on

to the RISSNET Portal at www.riss.net, he or she will have access to the RISS Money Counter Project. At the RISSNET Portal Home page, locate the resource heading at the bottom of the page titled "Investigative" and select the RISS Money Counter Project.

If you do not have access to the RISSNET Portal or for more information on how to receive access to this investigative resource, contact WSIN Assistant Director Glenn Gatbonton at (916) 263-1182 or gatbonton@wsin.riss.net.

The Regional Information Sharing Systems (RISS)TM is a proven and trusted program that supports thousands of local, state, federal, and tribal criminal justice and public safety professionals throughout the U.S. in their effort to successfully resolve criminal investigations, maintain homeland and hometown security, and ensure officer safety. RISS consists of six regional centers and the RISS Technology Support Center, and provides authorized users access to intelligence and investigative databases, officer

safety deconfliction tools, secure communications tools, research resources, and investigative support services such as surveillance equipment loans and analytical assistance. □

For more information on RISS and RISSIntel, contact your in-region RISS Center, or visit www.riss.net.

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President's Report, cont. *from page 5*

heading straight into the gale-force political winds which we have been experiencing. The early signs indicate we will be working with an Administration and Congress that have a new attitude.

These are just words. Actions must follow, and it is the job of the NNOAC and our law enforcement colleagues to make an effective case for the laws, resources and support

we need to make our country safer. I look forward to working with the Administration, Congress and all of our law enforcement partners to get back on track and begin the process of improving the safety and quality of life for our citizens, our communities and our profession, too. Let's make the most of the opportunities we will have to work together to help Make America Great Again. □

SHOOTINGS, CONT. *from page 29*

Law enforcement officers take an oath to protect and serve their respective communities. They do not sign up to commit suicide. They have a right to go home to their families at the end of each tour of duty. Let us hope that the information set forth herein will further serve to educate officers, media personnel and the general public to the grave dangers officers face on a daily basis. Moreover, let information of this nature form the foundation of understanding regarding what happens during a deadly confrontation and provide rationale for why officers perform in the manner that they do. □

Biography of John Michael "Mike" Callahan

Mr. Callahan is the author of two books on law enforcement use of deadly force published by LooseLeaf Law Publications, Flushing N.Y. The latest was published in August 2015 and is titled "Lethal Force and the Objectively Reasonable Officer. Law, Liability, Policy, Tactics and

Survival." Mr. Callahan is a graduate of Boston College and Boston College Law School and is licensed to practice law in Massachusetts.

John M. "Mike" Callahan Jr. was a law enforcement officer for 44 years. He became a Special Agent with the United States Naval Criminal Investigative Service (NCIS) in 1968. In 1969, Mr. Callahan was appointed as a Special Agent with the FBI and served until retirement in 1999. During his tenure as FBI Boston Division Chief Counsel, Mr. Callahan served for three years as a Special Assistant United States Attorney. He taught constitutional criminal procedure at the FBI Academy, Quantico, VA. for several years and wrote numerous legal articles for the FBI Law Enforcement Bulletin. At retirement, Mr. Callahan held the position of Supervisory Special Agent and Chief Division Counsel for the Boston FBI Division.

Zephrex is proud to support the mission of the NNOAC as a paid advertiser and is fully endorsed by the NNOAC.

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Westport is fueling the shift from where big pharma is today. In the past, drug companies produced medicine but left it up to government & society to deal with illicit off-label use. Westport believes they're not only responsible for how the medicines they produce are used, but are also accountable so that they can't be misused. We like to think it as pioneering the era of "good pharma." Our focus is on developing the next generation of consumer drugs, making them just as effective as leading products but highly resistant to illegal tampering and abuse.



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As a 501C-6 non-profit organization, the NNOAC employs corporate sponsorship in fundraising to support educational endeavors such as publishing this magazine. We value and support our corporate sponsors and are pleased to endorse each and every one as hand-selected to help promote the NNOAC's financial success.

Highland Pharmaceuticals was founded on the principle that drug makers have a responsibility to develop products that help individuals stay healthy and the communities they live in stay safe.



ST. LOUIS — For decades the pharmaceutical innovation and accountability has been led by big global pharma companies. But in St Louis Missouri, a start-up group of entrepreneurs are on a mission to change the paradigm from ‘big pharma’ to ‘good pharma’.

Highland Pharmaceuticals and its wholly owned subsidiary Westport Pharmaceuticals are innovative specialty pharmaceutical companies, founded on the principal that drug makers have a responsibility to develop products that help individuals stay healthy and communities stay safe. Their focus is on developing next generation consumer and Rx drugs just as effective as leading products, but highly resistant to illegal tampering and abuse. They believe drug companies should be concerned about not just how their products are used, but how they are misused as well.

Westport’s first commercially available product, **Zephrex-D®**, is a 30 mg pseudoephedrine formulation. What sets it apart from other PSEs on the market is that it is the only pseudoephedrine brand that is highly meth resistant. **Zephrex-D®** is the only medicine on the market that combines pseudoephedrine, the nasal decongestant pharmacists trust most, with Tarex®, the company’s patented, advanced meth-blocking technology. Tarex® encrypts pseudoephedrine, protecting its chemical code and making it virtually impossible to “hack” by illegal meth producers. It totally prevents one-pot meth making and protects over 98% of the PSE from being converted to meth by any other of today’s illicit meth making processes. While there are other new pseudoephedrine products on the market that make meth production a little more difficult, only **Zephrex-D®** can claim to make its use practically impossible for today’s meth labs.”

Last year American consumers could purchase **Zephrex-D®** at nearly 20,000 local drug stores for



Our focus is on developing the next generation of consumer drugs, making them just as effective as leading products but highly resistant to illegal tampering and abuse. We believe we’re not only responsible for how the medicines we produce are used, but we’re also accountable to limit their misuse. We like to think of ourselves as pioneering the era of “good pharma”.

congestion relief and have peace of mind knowing that they were protecting their children and communities from illicit drugs. Highland believed product availability should be expanded and licensed marketing and distribution rights to Perrigo, opening private labeling and grocery channels of trade. Jeff Needham, Perrigo's president of Consumer Healthcare-Americas, said that illegal methamphetamine use continues to be a significant issue across the country and that Perrigo is committed to leveraging the Tarex® technology "to extend our line of meth-resistant pseudoephedrine products in the future."

According to Charles Jongeward, President of Highland Pharmaceuticals, "The strategic alignment with Perrigo ensures that our formulation technology in a soft gel format will be introduced across the largest customer base possible. This will help put the vast majority of domestic meth labs out of business, saving tax dollars and make our communities a safer place to live. Long term we should witness a decline in environmental clean-up sites and fewer burn patients in area hospitals."

Highland Shifts Focus To Opioid Abuse

Jongeward said "The licensing agreement with Perrigo follows Highland's basic business strategy: to develop a drug delivery system, produce a product to show a market exists for the technology and then license it to an existing company that has the resources to market and distribute the product extensively." With the licensing agreement for the meth-blocking technology now in place, Highland will focus on further development of applications for abuse-deterrent opioids. These opioids formulations cannot be crushed into a powder for inhalation, extraction or injection and release an insufficient amount of narcotic when smoked.

Highland's focus will be on the front end of the addiction cycle, by curbing the early abuse of strong opioid analgesic drugs with a high potential to cause physical and psychological dependence. Jongeward says "This will be costly to develop but our business objective has never been about making huge profits or building a big organization. It's about problem solving, doing what's right and making our communities a safer place to live."

Ernie Martinez

and Ron Brooks

at the Norway

National Narcotics

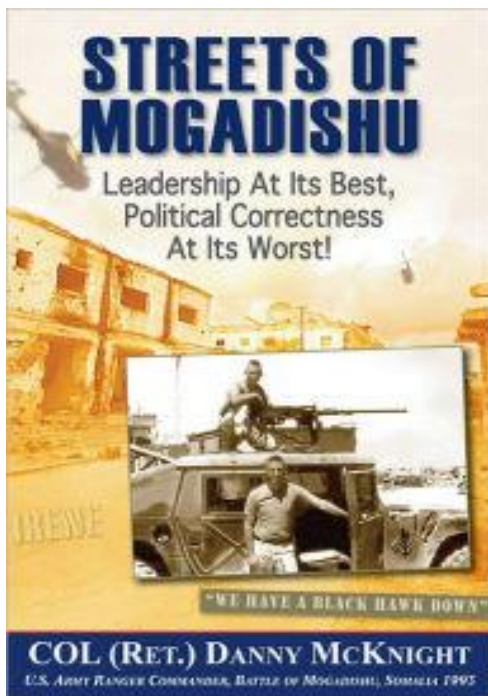
Officers Leadership





Washington State Narcotics Investigators Association, 2017 Training Summit

Detectives, Supervisors, Managers, Task Forces, Street Teams, Prosecutors, and Analysts: Please join us for the 2017 annual WSNIA Training Summit, April 24th through 27th at the Heathman Lodge in Vancouver, Washington. This year over two-thirds of the classes will



be new, with six or more classes offered during each session on Tuesday and Wednesday!

We are honored to have Colonel Danny McKnight as our keynote speaker. He is the author of “Streets of Mogadishu” and “Leadership on the Tough Days.” His military career includes combat duty on two occasions – Panama 1989 and Somalia 1993 (basis for the book and movie “Black Hawk Down”). Col. McKnight’s awards and decorations include the Legion of Merit (2 awards), the Bronze Star Medal for Valor, the Purple Heart, the Combat Infantryman’s Badge, the Ranger Tab, the Master Parachutist Badge with Combat Star, and the Pathfinder Badge. Col. McKnight will speak on leadership, commitment and patriotism through the eyes of his experiences.

On Tuesday and Wednesday training will be in four and eight hour blocks with six or more options to choose from

- San Bernardino Terrorist Attack: Overview and Lessons Learned - Sgt. Gary Schuelke, Sgt. Erick Bennett and Officer Nick Koahou, San Bernardino Police Department.
- Informant Development and Management - CA DOJ Supervisory Agent Craig Michaels.
- Fentanyl: Facts and Fiction for Handling and Processing - Joe Bozenko, DEA Senior Research Chemist, Corporal Eric Boechler, RCMP Clandestine Lab Enforcement and Response Team (CLEAR). Clan lab re-certification will be available.
- Follow the Money: Fusing Traditional Law Enforcement with Financial Investigations – IRS Special Agent Ryan Thompson.
- Narco Officer Safety: Avoiding a Chemical Bullet - Bob Pennal and Craig Hammer, CA DOJ, Dr. Mourad Gabriel, Executive Director of Integral Ecology Research Center.
- Sex, Drugs and Social Networking - Detective Joe Allen, Glendale PD.



-
- Combat First Aid for Narcotics / Under Cover Officers - Jen Foreman (8 hours).
 - Defensive Tactics for UC's Inside a Vehicle - WSTOA
 - De-conflicting Cases and Street Operations, Use of WSIN - John Martin and Jimmy Parker, WSIN Law Enforcement Coordinators.
 - Drawing / Shooting from Concealment – WSTOA (8 hours at range).
 - Principles of Use of Force – Deputy Chief Kyle Sumpter, Federal Way PD (8 hours)
 - Washington Legal Update – Snohomish County DPA Lisa Paul (General Session).
 - Fentanyl Overtaking Heroin in British Columbia, a Ground Zero Perspective - Corporal Eric Boechler, RCMP (General Session).

IMPORTANT DETAILS

- Attendees must be commissioned law enforcement officers, analysts, support staff or prosecutors. Attendees are required to present official identification at registration.
- **Cost:** The training summit fee is \$275. No meals are provided.
- **Location:** Heathman Lodge, 7801 NE Greenwood Drive, Vancouver, WA.
- **Date/Time:** April 24th through 27th, 2017 – The General Session begins at 1pm. Registration opens at 10am.
- **Huge Vendor Show:** We anticipate having 30 vendors this year. The show will run from Monday morning at 10am until that night at 8pm. Many prizes including firearms will be raffled throughout.
- **Portland Food Trucks:** Once again on Monday night we will have a variety of Portland food trucks available in the back parking area.
- **Golf Tournament:** Sunday afternoon, April 23rd, we will once again have the Brent Hanger Memorial Golf Tournament at Tri-Mountain Golf Course. See flyer and registration at WSNIA.org for details.
- On April 25th and 26th, training will be provided in 4 and 8 hour blocks of instructions. Officers will register for their classes utilizing the training summit app.
- The Heathman has a great restaurant and there are many others within walking distance of the hotel.
- Coffee and refreshments will be available in the vendor area at breaks throughout the training.
- WSNIA has partnered with RaSport Incorporated to handle all merchandise sales.
- There will be free prize drawings for items donated by our vendors throughout the summit.
- Networking is an important part of the summit so bring business cards.
- The Task Force Commanders Conference will begin at 1pm on the 27th and will conclude on the 28th at noon. For information please contact WSP Lt. James Mjor at james.mjor@wsp.wa.gov

[Conference Registration and Hotel Information at www.wsnia.org](http://www.wsnia.org)

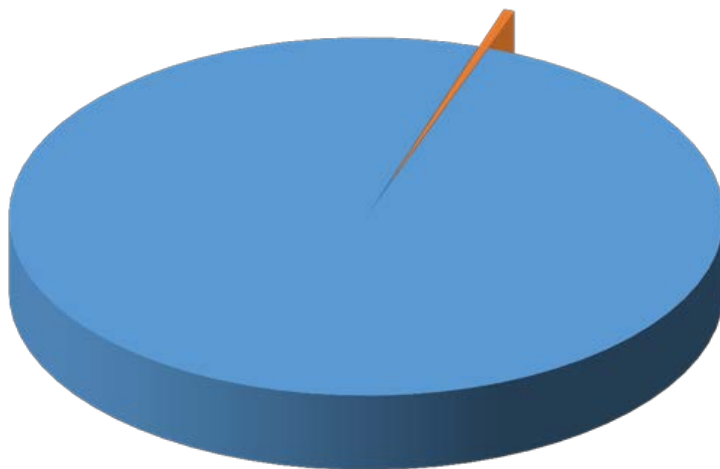
Marijuana Taxation, cont. *from page 17*

legalization by individual states is hypocrisy at its worst. States do not have to mimic federal law, but they cannot license or authorize people to violate federal law. In effect, these states that have legalized marijuana are licensing criminal enterprises and authorizing individuals to commit felonies on a regular basis. Government employees who aid and abet these criminal enterprises are also committing federal crimes. It has been clearly confirmed under case law that state or local government employees are not immune from prosecution under the Controlled Substance Act, even if they are working in a state with legalized marijuana:

“In *United States v. Rosenthal*, 454 F.3d 943, 948 (CA 9 2006), it was held that implementation and facilitation of state marijuana laws contrary to the federal Controlled Substance Act (CSA) constitute federal crimes. The CSA provides limited immunity from prosecution for certain actions by State officials, but such immunity is not applicable when public officials in states that have legalized marijuana aid or abet such laws in any way inconsistent with the CSA.” □

*Specifically in regard to marijuana taxation, revenues collected from the licensing of marijuana businesses are considered **illicit funds**. Marijuana tax revenue collected and incorporated into the state’s funds is no different than assets gained through illegal activity by drug trafficking organizations and is, therefore, **subject to federal seizure**. Further, when a state takes these illegal assets under the guise of tax revenue they are, in fact, also involved in **money laundering**. As a consequence, not only is the illicit revenue subject to seizure, but also any resources that were funded or obtained through the illegal gains. Should a new administration choose to actually uphold federal law, consider the potential ramifications to a state and its employees.*

Colorado's Statewide Budget, FY 2016



■ Marijuana Tax Revenue*
(Medical and Recreational) =
0.5%

*Revenue from marijuana taxes as a portion of Colorado's total statewide budget

SOURCE: Governor's Office of State Planning and Budgeting

“STOP AND GO”

Down The Rabbit Hole of Addiction

It is part of our human nature to strive to make sense of the world we live in and our place in the world. We justify, explain and classify behaviors because of our need to make sense of those behaviors that cause us and our loved ones pain and distress. Sometimes, in that attempt we feel compelled to “pigeon hole” the problem. This fear is lack of knowledge and has caused us in the Behavioral Health field to develop several models to understand the devastating causes of addiction. A popular “moral” model developed, assumes that addiction is a moral failing or flaw in a person’s character.

The moral model framed addiction as a result of human weakness—a defect in character. It did not recognize biological or genetic components to addiction and offered little compassion or understanding for those who displayed addictive behaviors. This model made the assumption that addiction is the result of poor choices. Addicts make these poor choices because of a lack of willpower or moral strength. If they will just stop, all will be well.

How is it that some people will transition from using or misusing alcohol or drugs on an occasional basis to a full-blown addiction that has the potential to ruin their relationships and their life as they know it?

Let me introduce you to David. David was in his late forties. He had a great job, a loving wife and a happy family. But like an estimated six million Americans nationwide, he abused his prescription medication. As a successful college football player, David was exposed to a stock supply of Vicodin kept in the locker room for the athletes and given out for pain just by asking the college trainer. Exposed at a young age, he found that the Vicodin made his physical pain disappear along with the stress and anxiety of being a college student. Fast forward to David in his late forties, now experiencing chronic back and disc pain due, in large part to his injuries as a football player. Seeing well-respected doctors to treat his pain, he was given Percocet while his medical team figured out if surgery was necessary. It was decided that surgery was indeed the recommended course of treatment and David was prescribed Percocet to manage his pain after surgery. Soon he was taking one pill every two hours instead of every four to six hours as prescribed.

Because the medication was prescribed and David needed relief from his pain, he had no idea that he would become an addict. Primed in his youth and with legitimate pain in his



later years, David became an addict. Everyone addicted to pain medication has their own story, but all will agree that the journey is long and painful.

Today, millions of Americans suffer with all kinds of physical concerns that cause them serious pain. They are in need of pain management to help them function and are often prescribed appropriate medications to help them cope and manage their condition. However, because these drugs are so powerful and the need so great, bodies can build up a tolerance for the medications. They need more of the drug to obtain the same effect. Eventually they can become overly dependent on these drugs, which can have a very negative effect on their quality of their life.

Scientific breakthroughs have dramatically transformed our understanding of substance use disorders and addiction. Over several decades, research has transformed our understanding of addiction and its effect on the brain. What an exciting time for us in the field of addiction. New models have evolved and opened the door to new ways of thinking about treatment and prevention of substance uses disorders. We now have an evolving understanding of the neurobiological framework underlying substance abuse that explains the fact that changes in brain structure and function promote long-term addiction and contribute to relapse. This is the “stop and go” of addiction. What was once considered a moral failing or character flaw is now understood to be a chronic illness, similar to diabetes, hypertension or asthma. Like addiction, these diseases have both physical and behavioral components that wax and wane and can go into remission.

This new knowledge has opened the door to new ways of thinking about substance abuse and addiction. Over a period of time, we have a better understanding of the brain and substance abuse. However, many addicts still believe that their addiction is a social stigma, a failing on their part. This remains a great source of their shame and guilt. We, as

a society must move away from the concept that addiction is a result of some moral failure or defect of character. This is not a disease of choice or moral failure. Even medical professionals often find it difficult to separate a person's character from their addiction.

The phrase "accidental addict" explains the fact that over 12 million adults suffer from some sort of chemical/drug dependency in the nation. The fact is that many prescription drugs remain in household cabinets long after med management has completed. As innocent as that may seem, it opens the possibility for abuse by the patient or others. Patients will often tell me that they knew that they should have disposed of their medication but they thought that they should "hold on" to them in case they are needed in the future. Opiate abuse, and especially narcotic prescription drug abuse was deemed an epidemic by the Center for Disease Control in 2011. A widespread and life-threatening problem, it has killed countless people and is vastly under treated. Doctors routinely prescribe tranquilizers and pain medications and more than 25 million prescriptions are written every year. Prescription drug addiction is emerging second only to alcohol as the drug of abuse in the population. Adults are particularly vulnerable to the "accidental addict" phenomenon. One interesting paradox to their core value, respect for authority, is adults do not question doctors prescriptions for addiction medications. Consequently, after developing addiction problems secondary to prescription medications, adults are offended when they are referred to as addicts. To them, addict represents that criminalized younger group.

There are many reasons for the rapid and growing abuse of prescription drugs. One is how easily accessible the drugs are from doctors, family and friends. The other is the diminished perception of risk while taking these legal drugs. After all, many times these drugs are prescribed for real pain and unfortunately, patients are not always good consumers and, like adults, do not question their doctors when addictive medications are prescribed. Doctors tell patients to "get ahead of the pain – if you wait, it will take longer to manage your pain." So your brain sends a signal that the pain is coming and you need to be prepared. Better take another pill. And the cycle of abuse begins. These factors all add to the epidemic and deadly problem of prescription drug abuse in our Nation today.

Many medications are potent but they serve a purpose for relieving pain and suffering. Treating a person with chronic pain is especially challenging. The question I always ask myself when a chronic pain patient is coming into treatment is, "how can I help my patient manage their pain and still have a quality of life and good health?" An addiction to opioid painkillers is almost always a condition that sneaks

up on a person. And before they know it, they are addicted.

There are many misconceptions about addiction and those who suffer from it. The 21st century addict is no longer the stereotype of a sad, lonely, loser junkie on the street but more likely to get a fix by abusing prescription drugs than from a needle. Addiction is a terminal illness. People can die from it, physically and psychologically. The physical death from addiction can be from an overdose or accident but in my experience the emotional and relational deaths can be even more devastating. Families become fractured, sometimes; beyond repair, with patients falling into a void so deep that they will despair of ever getting out.

As we saw from the story of David, the face of addiction comes in many forms and our Nation and the treatment world is realizing that we have to create accessible and effective treatment for the millions of people in our society that suffer from it.

Maryann Rosenthal, Ph.D is Executive Director of Recovery Ways, a nationally recognized dual diagnosis, drug and alcohol addiction treatment center in Salt Lake City, Utah. Dr. Rosenthal has a unique background and career working in both the business and clinical sectors of health care. She has extensive experience in the field of chemical dependency and recovery, as well as the assessment, education, and management of chronic pain and addiction. Dr. Rosenthal served on the Board of Directors for Sias International University in Zhengzhou, China. Appointed by the Governor of California, she served on the State of California's Developmental Disabilities Board and has been a member of the Domestic Violence Council since 2000 and a founding member of the San Diego Elder Abuse Prevention Project.

The crisis of prescription drug abuse will not go away without a call to action.

The negative consequences of drug abuse and addiction for individuals and for society cannot be ignored. According to the National Institute on Drug Abuse, substance abuse costs our Nation over \$600 billion annually, including productivity and health and crime related costs. Treatment can help reduce these costs. Drug treatment is worth the cost.

Thankfully, we have come far in recognizing that our moral classifications were too rigid and our explanations were just not right. Addiction is not just a result of "moral failings" or a lack of discipline. We have an evolving understanding of substance use disorders and the roller coaster that all addicts and their families experience.

The belief that an addict must reach rock bottom before they can get any help is completely inaccurate. The fact is



that the earlier we can get an addict into treatment, the better chance we have of helping them. Families, loved ones, employers, health care professionals and the legal system can and should require the addict to get treatment for their addiction.

Recovery is multidimensional and an ongoing process. Different factors facilitate recovery, protective factors and risk factors. These factors occur at all levels: individual, family, work, and community levels and cause the “stop and go” effects that all addicts experience.

As much as we detest too much government involvement in our lives, Congress must get more involved by passing laws to assist with our public safety. The passage of two important legislation has been helpful to make mental health and substance abuse coverage more affordable and accessible for individuals and families.

The Mental Health Parity and Addiction Equity act of 2008 was signed into law by President George W. Bush and requires parity of mental health benefits with medical and surgical benefits with respect to the lifetime and annual dollar limits under a group health plan. Prior to the Mental Health Parity Act, insurers were not required to cover mental health care benefits which meant that access to treatment was limited. The importance of this act is that it expands coverage of mental health and substance use disorder providing more Americans with timely and accessible access to treatment.

Much has been written much on how to maintain peace and stability and “future proof” our lives to withstand the inevitable storms of change that we encounter every day. The same applies to “future proofing” ourselves and our loved ones against the devastating disease of addiction. It is no longer alcohol or the isolated use of drugs but the complicated interaction of substances for pain management that has caused us to look at addiction with an entirely different perspective.

There is no other terminal illness that is more treatable than addiction. Only the person using alcohol or drugs can make the decision to get help but we as a society can help create the conditions that will make that decision possible. We know that by treating the social, psychological, psychiatric and physiological factors that are part of every addiction we can “future proof “ ourselves and our loved ones, giving them the best possible chance for the quality of life we all deserve.

As health care providers, we are constantly collaborating with our colleagues in the treatment world so that we have evidence based best practices and insurance approved targeted recommendations. We must look at and treat the whole patient in order to get successful outcomes, using a wide range of proven treatment methods. What that means is that we, as health care providers, will continue to develop an integrated approach that explores the relationship between mental health and physical conditions. We will move closer to providing effective treatment and support for all those that suffer from the devastating disease of addiction.

By combining these two elements, we can greatly improve the success rate of treatment and improve the overall quality of life for our patients by freeing them from both their addiction and the pain that helped lead them to it. There are millions of people living successful, full lives in recovery. This is a disease that has hope and a solution, and the solution is treatment. □

Dr. Maryann Rosenthal has specialized in the treatment of addiction and mental health for more than 25 years. She has a unique background and career working in both the business and clinical sectors of health care with extensive experience in the field of chemical dependency and recovery, as well as the assessment, education, and management of chronic pain and addiction. An internationally known speaker and author of Be A Parent, Not A Pushover, Dr. Rosenthal has consulted throughout America, Australia, Europe, and Asia on family dynamics and life achievement issues. She has been published in numerous magazines and has collaborated on many books. She is a collaborator with Safe Call Now, a resource for public safety employees to speak confidentially with officers, former law enforcement officers, public safety professionals and/or healthcare providers who are familiar with your line of work.

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Substance Abuse and Mental Health Services Administration, Results from the 2013 National Survey on Drug Use and Health: Summary of National Findings, NSDUH Series H-48, HHS Publication No. (SMA) 14-4863. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

National Institute on Drug Abuse: July, 2014.



“Down the Leash”

with K9s4COPs Founder, Kristi Schiller

Like the K9s she has gifted, Texas philanthropist and NNOAC member Kristi Schiller was born with an instinct to protect and serve the pack. In less than six years, Schiller’s Foundation K9s4COPs has granted canines across 37 states and Europe. No doubt about it, Schiller, like her K9s are highly recognized as an invaluable asset to public safety. K9s4COPs detention canines have specialized noses that range from cell phone, arson, narcotics, explosives and guns. . Most important, they help our law enforcement officers go home to their loved ones at night.

In Christmas of 2009, Schiller saw a story on the local news that devastated her. A local Harris County Deputy Ted Dahlin lost his K9 at the hands of three burglary suspects. After immediately trying to make an anonymous donation to the agency she hit a few levels of “red tape” and realized that a designated gift to a department was not that easy. Schiller pitched her problem to then Governor Rick Perry, who suggested to find a non-profit that gifted K9s and make a donation in the officers name. Schiller’s K9 education soon began and she discovered there was not an entity that specialized in this. Upon further inspection Schiller realized at minimum the cost to purchase and train a dog is approximately \$10,000 - \$15,000 dollars and they can exceed \$50,000. What Schiller found most heart-breaking was that K9 units are the first to go in most law enforcement budget cuts.

Schiller immediately recognizes that K9s4COPs owes its existence to the tragic loss of K9 Blek, who was killed in action late December 2009, saving the life of his handler. Dahlin only hoped that his partners death was not going to be in vain, but had no idea Kristi Schiller was watching his story unfold and what the future would hold.



FBI Director James Comey & KK

In 2010, Schiller followed her heart and created K9s4COPs a 501(c)(3). To date, K9s4Cops is the only non-profit of its kind that not only donates the K9 but follows the career of the K9 and their handler providing on-going training. K9s4COPs is keeping paws on patrol by gifting these prized K9s to cash-strapped law enforcement agencies and school districts across the country. Since the

inception, K9s4COPs will soon surpass over 200 K9s, protecting over one million children in schools alone.

“K9s would, could and do give their lives not only for their handlers and other officers but also the public in general. Blek certainly did not hesitate to save my life that night” says Dahlin, who now serves as K9s4COPs Executive Board Member. Dahlin reiterates “There is no machine yet invented that does what these selfless animals are asked to do. K9s in police work are force multipliers. Much like we will never know exactly how much crime is prevented by the presence of a police officer in a marked car, we can never be sure of the number of times the presence of a trained police dog has prevented something bad from happening or kept a bad situation from becoming worse.”

Paws on Patrol

The K9s4COPs organization has many supporters, volunteers including over a million social media followers that include politicians, celebrities and of course families of law enforcement. One longtime Schiller friend and Board Member, Bill Stanton is a recognized expert in the field of safety and security, the outcome of a stellar 25-year career in law enforcement and private security.

“KK reminds me of a modern-day Lucille Ball/Angelina Jolie. She creates a whirlwind tornado wherever she goes. But it’s a storm for good, and her energy and enthusiasm are truly infectious. She has a movie star quality laced with a southern belle down-home-ness that people immediately are just drawn to like nothing I have ever seen. In all the years I have known her, I have never seen anything intimidate KK and she truly has a heart bigger than Texas. I have watched her charm NYPD Commissioner Bill Bratton and FBI Director James Comey. She always immediately puts everyone at ease and reiterates “What can K9s4COPs do to help YOU and your Department?”

Harris County K9 Sgt Chris Moore, who also serves as a K9s4COPs Executive Board member, appreciates Schiller’s can-do tenacious abilities.

“She has this hilariously razor quick wit, warm, bubbly persona, but she’s one of the most intelligent people across the board I have ever met. She is hands-down the biggest advocate of law enforcement I know and certainly knows K9 business” Moore says. “People respect that she is all in. KK is not just the Founder, but she handles the social media, she is the Legislative Liaison, Guidance Counselor and “Den Mother” to a lot of high maintenance cops. Her phone is always with her and she takes calls from K9 officers in the middle of the night. KK makes us and our families feel like a top priority. It takes a special person who does not mind getting a text or a call at 3 AM from



an officer in Kentucky, Nebraska, Iowa, Mississippi or Minnesota. Kristi is just as supportive if they are a bomb, narcotics, patrol or an arson dog -- she responds with just as much praise on a big \$20 million bust or if a handler worked all night a convention center sweeping for bombs.”

Schiller said she certainly never tires of giving her K9 officers praise. “I absolutely love they are quick to share their successes with me. Make no mistake THEY are the heroes” Schiller refers to her K9 units often as the “special teams” Often reiterating the comparison to her favorite SEC football team, the Texas Aggies. “In Texas we know we cannot have a football team without the support of Special Teams ... but many times they go unnoticed until you NEED them. We go out of our way whether its in the media, training or pure accolades — they know when they become part of the K9s4COPs family ... they are woven in a thread the rest of their law enforcement career.”

One of K9s4COPs half a dozen preferred vendors, is Xtreme Concepts based in Anniston, Alabama. Landon Ash, CEO has become a very dear friend and confidante to Schiller. “What Kristi has created in K9s4Cops is truly brilliant. K9s4COPs undeniably understands the value and importance of K9’s within the law enforcement community. Kristi is a very kind-hearted, vivacious friend who has tirelessly worked to provide police departments and schools all over the country with their much-needed K9 counterparts. The passion that comes from Kristi, her officers and Board, along with their record of inspiring work, is truly what makes K9s4Cops a highly successful and worthy foundation, recognized world-wide. I am not aware of any other program like Kristi’s. They not only provide the K9 but the on-going training and follow the progress for the lifetime of the dog with their handler. Xtreme Concepts is very proud to stand by them in providing the canines they need to fulfill their mission.”

“It is certainly flattering and heart-warming to see K9s4COPs with their own RoseBowl float or being recognized on national television or by the Director of the FBI in Washington, DC. People have embraced K9s4COPs as an avenue to show their unbridled support of law enforcement, by providing a trusted way for individuals, corporations, professional athletes and foundations to foster a relationship with those heroes in uniform who keep our communities a safer place. When I hear someone tell me “Wow! My initial \$10,000 investment was instrumental in aiding over 4000 felony arrests and seized contraband in excess of \$170 million, including \$33 million in cash!!” I do not know any other investment that will make such a significant return on



their initial investment, than that of a K9.”

K9s4COPs grants dogs every quarter. The number of grants will vary, depending on the volume of applications. But the fact is, the need for K9s is great right now. The nonprofit receives requests not only from the United States, but also Canada, South Africa, Mexico, Nigeria, Guam and Australia. Schiller says the group decides who receives K9s based on the application, the department need and department’s readiness to accept the dog. Currently,

there are over 350 departments awaiting approval. The vast number of worthy applicants for K9s is a testament to the void filled by K9s4COPs.

“I am eternally grateful to the large corporations Halliburton and pharmaceutical pioneers like Zephrex-D. Various NFL Foundations like Pittsburgh Steelers Quarter Back’s “Big Ben 7” The Houston Texans along with their owner, The McNair Foundation and the Minnesota Vikings Defensive End Brian Robison, that started the “Reel Em In Foundation” that supports K9s4COPs in the off season through his multiple bass fishing tournaments. The support for K9s4COPs has been amazing to say the least” says Schiller. “Our mission wouldn’t be possible without them. We are hopeful that through continual awareness K9s4COPs will be able to continue to provide these highly trained animals to help keep our communities and officers safe.”

“Every aspect of this organization is close to my heart -- but our K9s4KIDS program is something our whole team is very proud of. I have yet to meet an officer that does not love educating and informing children about the great work K9s do. Our officers work tirelessly in schools to raise the awareness of positive community law enforcement. We want to bond children with law enforcement and attempt to turn around any negative press that has built over the last few years” says Schiller.

Heroes Among Us...

Schiller reflects back on the past six years, “I often pause undeservingly when people call me a “hero” I certainly do not consider myself a “hero” just because I came up with an idea and I ask people to support something I believe in. In my heart, a hero is someone who voluntarily walks into the unknown. A true hero is someone who risks their lives every day to protect our world and make it a better place - police, firefighters and members of our armed forces. If I can orchestrate for any of those people to have a K9 by their side, then my dream becomes a reality.”□

Go to www.K9s4COPS.org
to find out how you can support or qualify for a K9

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THE DANGERS OF FENTANYL FOR PUBLIC SAFETY OFFICERS

By Matthew Gutwill, Detective

As the heroin epidemic quickly sweeps across our nation, first responders are at the forefront of this opioid crisis.

The heroin that law enforcement is seeing today is a deadly combination of heroin and clandestinely manufactured fentanyl. This deadly cocktail has caused deaths across the nation at an alarming rate as the dealers use heroin addicts as human Guinea pigs until they get the mixture of heroin and fentanyl just right – enough to get you high but not kill you.

Police officers and first responders are trained to spot potential dangers that lurk behind every corner or door, constantly evaluating who and what is a potential threat to them.

When responding to potential overdoses, officers and first responders switch gears and become rescuers – relaxing the fear that someone will want to cause them harm, while trying to bring life back to a person who has fallen from this addiction. Officers and first responders who are attempting to save that overdose victim's life may find themselves quickly also becoming victim to that same drug that has rendered that victim unconscious. Officers, paramedics and firefighters do not take into consideration any immediate threats that may surround them as they render aid to overdose victims.

ENTERING THE HOME

Upon entering the home of an overdose victim, officers and first responders should slow down and look at what brought on the onset of the overdose.

They should notice:

- Are there open packages of a powdered substance sitting on a table or on the floor next to the victim?
- Is the floor contaminated with the product that just caused that person to overdose?
- Does the subject have powder on his/her clothing?

All of these pose a great risk of cross-contamination to the ambulance and to the hospital as the overdose victim is transported. First responders often move tables and chairs in order to make room to treat the patient; while doing so, first responders are exposing themselves to a potentially deadly situation as the fentanyl is disturbed.

Fentanyl is a substance that, in a powdered form, becomes very light – similar to confectioners' sugar – and easily becomes airborne. Because fentanyl can be inhaled or absorbed, it poses a real-life danger to our first responders. Look no further than an incident where the Hartford Police



Department executed a search warrant on a heroin mill; 11 swat team members were sent to the hospital after being exposed to fentanyl when a flash-bang sent the powder airborne. Or consider the two New Jersey officers who, while packaging suspected heroin into evidence, inadvertently inhaled fentanyl-laced heroin and had to be treated at the local hospital for opioid overdose.

First responders today need to think of the hidden dangers that the new synthetic drugs pose: The undercover officer who is out on the street buying small amounts of heroin does not know if the bag he is handling has been contaminated with Fentanyl. A patrol officer, while searching a car, opens a package and becomes exposed when the product becomes airborne or just absorbs it when handling a spoon used to cook the heroin. Just the simple act of transporting the drugs in a patrol car can become hazardous if not done correctly. Detectives executing a search warrant also need to know when to stop and call for a team that is qualified to handle these drugs with proper equipment.

Moving forward, police administrators need to realize these potentially fatal dangers that exist in officers' everyday scenarios. Field testing needs to be done utilizing new technology where exposure to the drug is nonexistent – or no field testing should be done at all. Evidence officers should be trained about proper handling of these drugs. Proper training with equipment is needed for officers to respond to potential fentanyl crime scenes.

Chiefs are encouraged to contact the DEA and request “Level A training” for officers or teams. In September 2015, the New England DEA formed a 26-member Fentanyl Response Team utilizing local and federal officers who make up the DEA Clan lab team. □

Officer Fatality Data

The deadliest month in 2016 was November with 20 fatalities. April had the fewest fatalities with two deaths.

In 2016, six female officers and 129 male officers were killed in the line of duty. The average age of a fallen officer was 40 years old, with an average length of service of 13 years. On average, a fallen officer had two children.

Seventy-two municipal and county officers were killed in the line of duty in 2016, along with 33 who worked for sheriff’s offices, 17 who worked at state law enforcement agencies, six federal officers, four territorial, two university officers and one tribal officer.

Five Deadliest States

Among the states, Texas had the highest number of officer fatalities, with 17, followed by California with 10, Louisiana with nine, and Georgia with eight and Michigan with six.

Gender



	Low	Average	High
Age of Officer	22	40	72
Length of Service	1 day	13 years	40 years
Number of Children	0	2	6

Jurisdiction

Municipal	72	Territorial	4
Sheriff	33	University	2
State	17	Tribal	1
Federal	6		



Texas
17 Officers Killed



California
10 Officers Killed



Louisiana
9 Officers Killed



Georgia
8 Officers Killed



Michigan
6 Officers Killed

WHAT NOW? MARIJUANA ...

*Ernie Martínez, Director at-Large, NNOAC
Past President, Colorado Drug Investigators Association*

What did November 2016 give us? Well, I would suggest a two-sided sandwich, and it's not a chicken salad. On one bad-smelling and -tasting side – as we are well aware – California, Massachusetts, Nevada and Maine voted to legalize recreational marijuana, joining my state of Colorado, Oregon, Washington and Alaska (Arizona rejected a legalization measure). Also, four other states legalized medical marijuana, bringing the total to 28 states, plus the District of Columbia.

Will these voter-approved initiatives and elections in November prove to be a boost to the machine of legalizing marijuana in the U.S.? Legalization advocates were “riding high” (pun intended) all along the campaign trail, when lo and behold, there was a surprise winner for the White House (Hence the flipside of the sandwich.). With the surprise election of President-Elect Donald Trump and his selection of Senator Jeff Sessions as Attorney General of the United States, the legalization advocates have been sobering up quickly. There exists much paranoia and angst among those within the “Weed Blogs” and marijuana industry – so much so that they have been campaigning to curtail Senator Sessions’ confirmation as the USAG.

If Senator Sessions is ultimately confirmed as our new Attorney General, this change in leadership will hopefully lead towards a departure of non-inclusiveness, with law enforcement at the table of drug policy discussions and implementation. The trajectory of U.S. national drug policy (harm reduction) has not helped decrease addictions

and crime, nor has it increased prevention and education. Moreover, this change gives us hope that perhaps the Department of Justice can develop a plan to enforce the existing federal Controlled Substance Act as it pertains to marijuana. This possibility has been referred to as the “nuclear bomb” to the legalization movement. Perhaps the USDOJ will accept the fact that the U.S. Supreme Court ruled that federal marijuana law preempts state marijuana laws and that marijuana control is a truly federal issue and not relegated to states’ rights. [*United States v. Oakland Cannabis Buyers’ Cooperative*, 532 US 483 (2001); *Gonzales v. Raich*, 545 U.S. 1 (2005); *United States v. Hicks*, 722 F.Supp.2d 829 (E.D. Mich. 2010) – “It is unquestionable that state ‘medical marijuana’ laws do not supersede federal statutes that criminalize the possession of marijuana.”].

As law enforcement professionals, we have collectively been involved in thousands of financial drug-fueled crimes and investigations; the cash business of marijuana has proved to be a fuel for organized crime to thrive within this ‘legalized’ business. This has led legislators to illustrate the conflicts with existing issues, such as banking. It remains to be seen whether the confirmation of Senator Sessions as U.S. Attorney General will alleviate the conflict between the states and the federal government over marijuana and banking. Congressional officials have asked the Financial Crimes Enforcement Network (FinCEN) to stop sanctions on banks that conduct business with marijuana-related businesses in states where these have been legalized. The letter to FinCEN stated: “Most banks and credit unions have either closed accounts or simply refused to offer services to indirect and ancillary businesses that service the marijuana industry. A large number of professionals have been unable to access the financial system because they are doing business with marijuana growers and dispensaries.”

Now that adult use is legal...

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LAMAR

Which side of the sandwich will this letter – and others like it – benefit? Will the concern for cash and an as-yet-undetermined impact on crime mark this issue wrongly? Like all issues surrounding crime and marijuana, the way agencies collect data (now that it’s identified as a “must” to do so) is truly in its infancy. We all know, anecdotally, through many of years of experience within our respective careers, that legalization has been a bad idea – resulting in the litany of crime and social issues of which we are so unfortunately aware.

For my colleagues in the states where you have yet to have impact on your marijuana initiative to promulgate rules, let’s look to my state and a couple of recent updates: A new JAMA Pediatrics study found that emergency room intakes and poison control calls have spiked for children 9 years old and younger who have consumed marijuana. From 2014 to 2015, Children’s Hospital of Colorado saw an increase of double the previous number of incidents; the poison control center had a five-fold increase in the same time frame.

Child welfare cases involving drugs and parents or foster parents were up from 1,513 cases to 1,720, while the total of new child welfare cases declined. Although the data collection methods are being modified, it is anticipated that

the majority are marijuana-centric.

In Denver, we had Initiative 300, which voters passed in November, to create a four-year pilot program to allow businesses – including cafes, art studios and the like – to apply for permits for separate consumption areas indoors or outdoors. (Patrons must bring their own marijuana, however!) Also, applicants must seek approval from any local neighborhood or business group (non-registered) through ‘good neighbor’ agreements for support.

Now, the State preempted this Denver initiative by passing an internal rule that any restaurant or bar licensed by the State will not allow marijuana consumption on their premises; violation of the rule will result in the revocation of their operating license. This was a good move, because allowing marijuana use would also violate state statute regarding public consumption, as well as local clean air acts. There will be businesses that will seek approval (small cafes, art venues and such), which will – as we all know – lead to impaired driving and risks to pedestrians and travelers in our communities.

In my analogy of the sandwich, will these elections cause it to be changed to chicken salad or remain as...?☐



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Police as Guardians:

*Confronting the Mental Health
Drug Addicted in Crisis*



with Peter Boyce

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