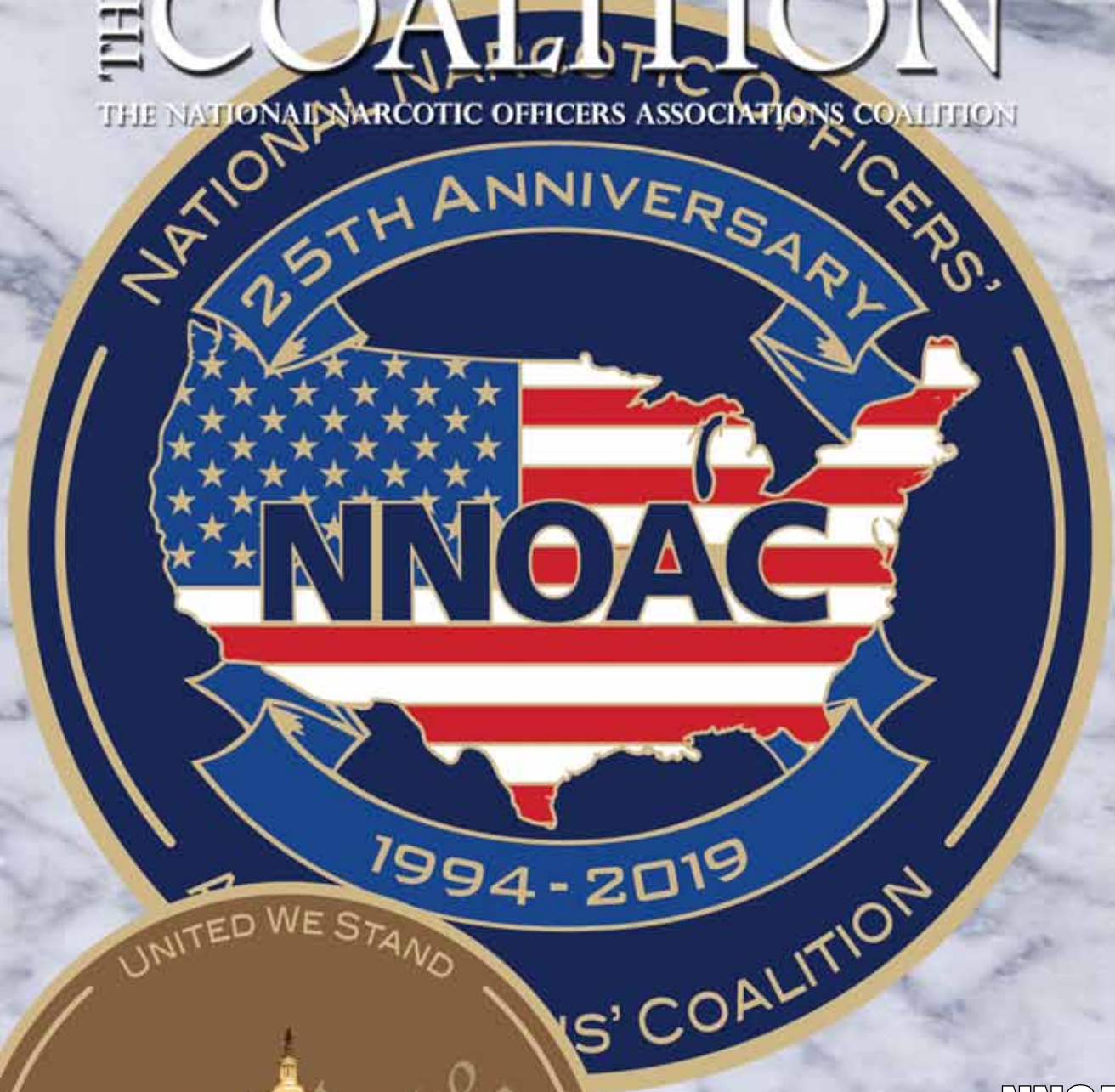


-OFFICIAL PUBLICATION OF-

THE COALITION

THE NATIONAL NARCOTIC OFFICERS ASSOCIATIONS COALITION



**NNOAC
Celebrates
25 YEARS**

SPRING, 2019 VOL. 21, NO. 1

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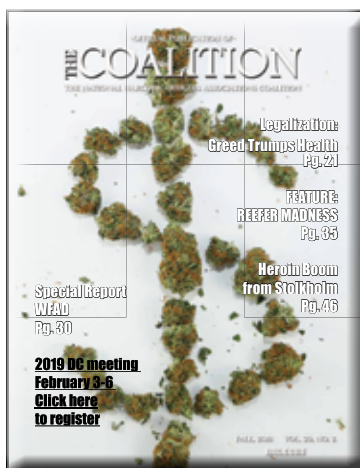
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The Coalition is published twice per year. Submit articles, photos, region reports, kudos, busts and other items of interest to: wbutka@nnoac.com

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President's Report

By Bob Bushman



Intense 2018 Leads to 25th Year for NNOAC

2019 marks the 25th Anniversary of the NNOAC. In 1994, a group of forward-thinking drug law enforcement leaders met in Chicago, Illinois to come up with a way to ensure that the interests of drug law enforcement were represented in Washington, DC. They knew it was important for state and local drug enforcement to have a common voice when Congress was addressing critical programs like the Byrne Grant and other drug enforcement policy issues. Hence, the NNOAC was born.

A Legacy to Be Proud of

The NNOAC is a unique organization. We are a Coalition – an alliance that represents associations of state narcotic officers and other law enforcement partners and organizations. We are strictly a volunteer association. We have no paid staff and we do not make political contributions. When we

meet with elected officials; we deliver facts, not money.

Over the years, the NNOAC has stayed true to its mission to have an impact on legislation affecting narcotic officers and narcotic law enforcement in the United States. The NNOAC works for our members so they can be more effective at protecting our citizens.

We also support our members and our partners and their organizations when budgets or operations are affected by legislative initiatives or policy changes.

The NNOAC has developed a reputation as an association that is not afraid to take on tough issues or have some very frank discussions with our elected leaders. We do not waver from our core mission to protect our country from the tragic consequences of drug abuse, drug trafficking, and violent crime. We step up when others step back.

We owe a huge debt of gratitude to our Founders and the many men and women who have unselfishly given so much of themselves and their time to help make the NNOAC the successful advocate for good law enforcement that it is today.

Looking ahead, it will take people with that same drive and passion to step up and keep the good work and tradition of this great organization alive and well for the next 25 years and beyond. That is a challenge to you, our NNOAC members.

I would be remiss if I did not recognize the incredible support the NNOAC gets from the team at Brooks Bawden Moore. They are always on top of the legislative and policy issues that affect our NNOAC members, and they know who we need to contact to get our message across. The relationships they have developed are envied by everyone in the legislative arena – they have become the “go to” folks when it comes to law enforcement issues. The NNOAC simply would not be an effective organization without them.

2018 Recap

It was an intense year for the NNOAC in the political arena. Front and center was the ongoing debate about reform provisions in the FIRST STEP Act. While the NNOAC has never been opposed to common-sense sentencing or effective criminal justice reform, many of the components of the FIRST STEP Act are anything but that.

From the NNOAC perspective, reducing sentences for drug traffickers and repeat offenders does nothing to make drug enforcement more effective or our communities safer. Many of the initiatives in the FIRST STEP Act are based upon the premise that many of the offenders incarcerated in federal prisons are “low level, non-violent” offenders.

Despite the efforts of the NNOAC and other partner organizations to dispel that myth, many people still believe that. In the end, the FIRST STEP Act will reduce sentences and



President Bob Bushman

25th Year cont.

spend millions of dollars for rehabilitation and treatment programs that have not proven their success, as evidenced by the high recidivism rates.

The NNOAC is not opposed to giving offenders second chances. We would just like to know how many “second chances” our elected officials think offenders should get. Even in the final draft of the bill, that question was still unresolved.

In spite of the efforts of the NNOAC and some of our partners to urge more well-thought-out, meaningful, and effective reforms, the FIRST STEP Act passed through the Senate and the House and was signed into law by President Trump. And now, politicians from both sides of the aisle are claiming victory. That victory will result in more work and more danger for law enforcement, and it will put more of our citizens at risk. Every good cop, every law-abiding citizen, and every tax payer deserves better.

Losing Attorney General Jeff Sessions was a blow to law enforcement, too. He was a fervent believer in the rule of law, and he greatly appreciated the work and dedication of the NNOAC and our members to protect our communities. The NNOAC will work with the new Attorney General and the staff, providing information and advice regarding

effective ways to address the deaths, addiction, and crime that result from drug trafficking and drug abuse.

One positive result of this tumultuous past year was the strengthening of our partnerships with some other law enforcement associations and groups as we joined forces to fight against some poor policy and legislative initiatives. Many of us worked together to try to convince our elected officials to pass laws that will protect our good, law-abiding citizens.

Looking Forward So, what will 2019 have in store for the NNOAC? I am anxious to find out, but I am willing to bet it will be more of what we saw in 2018. With Congress divided – a Democratic House and Republican Senate – I am predicting things will move slowly in Congress. There will be a lot of talk, a lot of debate, and an unending cast of characters appearing on your favorite news channel.

I am sure of one thing: Just as we have for the last 25 years, the NNOAC will be there, working with our elected members of Congress, their staffs, and our partners, trying to find better ways to protect our communities from the devastating consequences of drug abuse, drug trafficking, and violent crime. That is a promise you can count on. That is a legacy we can all be proud of. ☆

Just a few of the many outstanding NNOAC Member Organizations



**Sunday, February 3-
Wednesday, February 6, 2019**

We will make our annual Hill visits, during which our NNOAC members meet with their elected representatives and staff to discuss our priorities and to educate them about our concerns.

NNOAC - The Foundation

Celebrating 25 Years

May, 2014 - 2019

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



The National Narcotic Officers Association Coalition Foundation, Inc. was formed by the NNOAC executive board in May of 2014 and was granted its non-profit status in February of 2015. The Foundation's mission is to provide education, training and resources to law enforcement officers so they can safely and effectively protect our communities, establish and deliver outreach programs to educate businesses, employees and communities about the consequences of drug abuse and crime emanating from drug abuse. The NNOAC Foundation also supports organizations and programs that promote anti-drug abuse services and resources and uses its financial resources to provide educational scholarships and support for survivors of officers who have died in the line of duty while serving their communities.

Your NNOAC Foundation is in the final process of developing programs to present in your communities about the Opioid, Fentanyl, Heroin abuse that will kill more than 70,000 in our country this year. As former Attorney General Jeff Sessions said in our Drug Enforcement forum in Washington this past September this is "a national public safety, public health crisis that is destroying our communities." Violence, addiction and death follow the trans-national criminal organizations that profit from illegal drug distribution.

Political leaders, the public, the business community, the press, and our youth need to be educated about this national crisis. Each community needs a comprehensive community-based program that involves law enforcement, the courts, public health, the medical community, business community, social service agencies

and prevention and rehabilitation professionals to collectively work together to alleviate this peril. Law enforcement cannot simply arrest its way out of this problem.

Your NNOAC Foundation can be a facilitator to assist in developing a comprehensive community-based program to combat this public safety and public health crisis. The Foundation needs the help of its members and supporters in three ways.

1. Financial support. As a qualified non-profit all contributions are tax deductible. The Foundation is in the process of soliciting contributions from large corporate donors to help defer the costs of facilitating the formation of community-based programs to fight this crisis. (The communities you police all have corporate entities that confront this problem in the work place each day). Many communities have foundations that donate to multiple causes effecting the welfare of their community. The Foundation needs your input. Give us the contact information for your corporate partners and community foundations. We can and will submit proposals for funding local community-based programs to confront this crisis.

2. Volunteer. You know your local area. You know who the power brokers are who can help bring this crisis and the need to coordinate a community wide response to the attention of donors who can fund such programs. You can lead the push in your community to respond to this crisis with the help of your NNOAC Foundation. You, with the help of the Foundation can present outreach programs that educate the business community, public and private organizations about the liabilities, threats and risks they face from drug

abuse. Talk loudly to all who might listen about all the criminal activity related to drug abuse. Partner with local social service agency heads to get your message across to the politicians and business leaders. I recently made a presentation to several public health leaders in a large community. Those leaders strongly supported the formation of a community wide response and volunteered to assume a leadership role in the formation of a community-based crisis intervention program that will bring all of the community leaders together to alleviate this peril.

3. Partner with the NNOAC Foundation. Some of your communities have various programs in place. That seemingly sound good but accomplish very little. Your NNOAC Foundation is committed to working with community leaders, civic organizations, the business community to bring key community groups together to formulate and then implement a comprehensive community wide program to combat this national public safety public health crisis in order to reduce the violence, addiction and death that emanates from this surging drug abuse issue.

My contact information including my cell phone number is listed below. Any and all help in furthering the Foundation's mission in this regard is most appreciated. If you know of anyone wishing to contribute, they can send checks made payable to the NNOAC Foundation, Inc to our treasurer Phil Little at P.O. Box 260 Elizabethtown, North Carolina 28337. A copy of our 501c 3 letter can be found on our website www.nnoacfoundation.com or we can scan and email same to your attention. ☆

NNOAC Legislative Update
- January 2019



www.bbm-dc.com

BROOKS BAWDEN MOORE

LLC

The NNOAC worked hard in 2018 to advocate for important priorities of state narcotic officer associations, their members, and NNOAC partners. We saw some significant wins on key matters, we held off some serious threats, and we saw a couple of setbacks. Gridlock is expected on most issues in 2019 since Democrats won the House and Republicans retained the Senate in the 2018 elections. Despite the gridlock, the NNOAC is ready to focus on drug enforcement priorities in the new DC environment.

As of early January the FY 2019 appropriations process for several agencies - including the Departments of Justice and Homeland Security and the Office of National Drug Control Policy - stalled out due to disagreements over border security funding, causing a partial government shutdown.

Once the appropriations bills finally move through the new Congress, the Byrne JAG program will be funded at roughly the same level as FY 2018. The NNOAC has continued to work with our law enforcement partners to advocate in Congress for the reauthorization of Byrne JAG, increased funding for the program, and increased focus on

drug law enforcement priorities within Byrne JAG. And we will continue to do that in 2019 with even more focus on educating the 82 new members of the 116th Congress about why this program is important to drug law enforcement and public safety.

Funding for the RISS and HIDTA programs is in a better position this year. RISS is in line for a \$1 million increase once the FY'19 appropriations bills pass. The most important factor in that increase - and the most important factor in improvements going forward - is active education efforts by local and state law enforcement officials whose agencies and communities benefit from the information sharing and case support that the RISS program provides nationwide.

In October 2018, Congress approved major legislation to tackle the opioid and heroin epidemic. The legislation reauthorized ONDCP, HIDTA, and Drug Free Communities, with HIDTA and DFC staying within ONDCP. Maintaining the independence of the HIDTA program at ONDCP was not a given at the beginning of 2018. The NNOAC worked with the HIDTA Directors Association and HIDTA board



The Coalition

members around the nation to actively educate policy makers about the unique benefits of an independent HIDTA program. If not for that deep engagement, the outcome would very likely have been different.

The new opioid legislation also included requirements on the Postal Service intended to curb illicit fentanyl shipments, increased funding for prescription drug monitoring programs, authorized funding for research on nonaddictive painkillers, and boosted funding for early intervention for children who have been exposed to trauma. This legislation was a step in the right direction to make a dent in America's continuing drug crisis, but more resources for enforcement are clearly needed.

Weeks before the 115th Congress came to a close, an agreement was made on a bipartisan criminal justice reform proposal that reduced federal mandatory minimum prison sentences for "nonviolent" drug offenders and expanded programs to curb recidivism. The bill allowed certain federal prisoners to earn credits to serve their remaining sentences on home confinement. Additionally, the bill reauthorized grant programs to help former prisoners rejoin their communities after they're released, and authorized many programs including reentry projects, substance use disorder treatment, and training for reentry program staff.

The NNOAC expressed serious concerns with the bill and pushed for major changes. Ultimately, because of the sentence reductions for major drug offenders and concerns about other changes to current law, the NNOAC could not support the legislation.

The NNOAC was successful in working with our law enforcement partner associations to push back against harmful proposals including changes to federal asset forfeiture, loosening of federal marijuana restrictions, legislation to change law enforcement access to digital evidence that did not address law enforcement concerns, and legislation restricting law enforcement use of helpful investigative technologies like license plate readers and facial recognition technology.

While 2019 will be challenging for Congress given the divided control, we expect attention on several key issues for the NNOAC. The FY 2019 & 2020 appropriations bills, asset forfeiture, access to digital evidence, and privacy issues will be on the minds of congressional committees. It will be critical for NNOAC members to be actively engaged with members of Congress in Washington, DC and back at home as often as possible to make sure drug law enforcement programs and policies get the attention they deserve so that you and your colleagues can protect your communities. ☆

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Arizona Police Team Up With Drug Counselors to Combat Opioid Crisis

As officials continue to grapple with the opioid crisis in Pima County, a new \$1.4 million grant may further those efforts, pairing drug counselors with law enforcement for a more holistic approach.

CAITLIN SCHMIDT
OCTOBER 16, 2018
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As officials continue to grapple with the opioid crisis in Pima County, a new \$1.4 million grant may further those efforts, pairing drug counselors with law enforcement for a more holistic approach.

DREAMSTIME/TNS



TUSCON, Arizona -- As officials continue to grapple with the opioid crisis in Pima County, a new \$1.4 million grant may further those efforts, pairing drug counselors with law enforcement for a more holistic approach.

The grant, from the U.S. Department of Health and Human Services, is part of a collaboration between the county, the Pima County Sheriff's Department, Tucson Police Department, Codac Health Recovery and Wellness, the University of Arizona Southwest Institute for Research on Women, Arizona Superior Court Pretrial Services and Cenpatico.

It will support Pima County's new project, United Medication Assisted Treatment Targeted Engagement Response, or U-MATTER, and will run through Sept. 29, 2021. The Pima County Board of Supervisors is to vote on the grant at Tuesday's meeting.

The U-MATTER project, which complements TPD's recently implemented opioid-deflection program, will provide peer-supported case management for people who receive medication-assisted treatment, which involves the use of medications such as Vivitrol, methadone or Suboxone, which ease the symptoms of opioid dependence and withdrawal.

On July 1, TPD rolled out its deflection program in its midtown and west-side divisions. The three-pronged program gives opioid addicts the ability to be placed into treatment with no risk of jail. It involves self-referral by drug users and outreach by officers and caseworkers to connect with people who recently overdosed or fell out of drug treatment.

The U-MATTER project will take the deflection program several steps further, pairing Codac drug counselors, known as peer navigators, with TPD's Mental Health Support Team, or MHST, to respond to overdoses and mental-health calls.

The grant will pay for two peer navigators to serve within the MHST unit and follow up with people post-overdose or post-deflection to make sure they're keeping up with their treatment, said Terrance Cheung, Pima County's director of justice reform initiatives.

"Just like smoking, you're not ready to stop smoking until you say in your mind, 'I'm ready to do this,'" Cheung said.

"It's the same thing with this population. Simply because we're deflecting them doesn't necessarily mean they're ready for treatment. So you kind of have to repeat this over and over again, but it's still an alternative to jail."

Over the last three months, 66 people have opted into TPD's deflection program to avoid arrest, two people self-referred for treatment and 14 people enrolled via social referrals, which means they either approached officers on the street or were contacted and offered treatment without the presence of criminal charges.

"It started out really busy and then it slowed down a little bit, then it started getting really busy again," Dan Barden, Codac's vice president of clinical services, told the Star.

"We're probably averaging at least one a day right now."

continued on next page

AZ Team Up, cont.

Barden said organizers of the program were hopeful that it would generate this level of success, but expected it to take longer to ramp up.

“It’s great to see the extent that TPD has bought into this and the officers are buying into this,” Barden said. “I want people to be aware of really how cutting-edge our Police Department is in getting this started.”

It’s unclear what’s led to the program’s early success, but Barden attributes increasing public education and awareness coupled with decreasing stigma surrounding the opioid crisis, with nearly everyone knowing a person who is or has been impacted by addiction.

“It’s not like people thought once upon a time, it’s not necessarily limited to a specific socioeconomic class, this is across society,” Barden said. “But I think anyone that reads the news can see the numbers, they know the stories. I think that’s had a huge influence on how people are viewing the opioid crisis now.”

The program has already impacted dozens of people by keeping them out of jail and getting them into treatment, but organizers of U-MATTER anticipate a much greater reach.

The county decided to partner with TPD for the U-MATTER program since half of the people booked into the Pima County jail come from TPD’s jurisdiction, Cheung said.

“Since they’re the largest agency that has a pathway of law enforcement engagements to jail, we thought that they would be a good first start for us, and because they have a really deep and robust mental-health support team program,” Cheung said, adding that TPD already deflects people in mental-health crisis, so the grant essentially expands that role into substance abuse.

Codac has already hired the U-MATTER peer navigators, who are getting ready to start training, Braden said.

The second and third years of the grant will fund two more navigators, which would allow the program to expand its coverage to nights and weekends, Cheung said.

The grant will also pay for research and evaluation of the project, calculating a return and success rate for people who enter into deflection or medication-assisted treatment. From there, U-MATTER officials will continue to evaluate and look at expanding populations of addicted adults, including the elderly and postpartum women.

Navigators will work closely with Pretrial Services, making sure that people under court supervision have ready access to case support and peer management to handle their addiction, Cheung said.

“We’re trying to be really deliberate and careful in how we’re expanding this program, because ... most of the people in jail either have a substance-use issue or a mental-health issue,” Cheung said. “We’re trying to figure out how to do this and manage the caseload while being able to track and evaluate the impacts of this.”

The grant will also provide money for training sheriff’s deputies and other local partners in skills like motivational interviews and other components to make the project successful.

For the time being, Cheung is acting as program manager, but the county will soon begin the process of hiring a full-time U-MATTER program manager.

U-MATTER goes hand-in-hand with the Pima County Safety and Justice Challenge, a multi-year grant designed to reduce the jail population. When the challenge started in 2015, the largest population in the Pima County jail was people being held on misdemeanors, which has since been drastically reduced.

Currently, nonviolent drug offenders make up the largest population in the jail, which has shifted the challenge’s strategies and goals.

“This is really an expansion of the work we’ve done as part of the Safety and Justice Challenge. SJC only funds so much, but we see that there’s a greater need, so we go after different grants and funding opportunities to really address this other population,” Cheung said. ☆

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Special Report

Critical Incident Aftermath

✓ *Check List*

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



Many officers involved in a shooting, use of force critical incident or in custody death often make critical mistakes that can lead to civil liability, disciplinary action, or criminal charges. A high stress event often interferes with the officer's ability to accurately remember specific details of the event. The officer is extremely likely to feel overwhelmed, vulnerable, tense, sleep deprived and often has a distorted or incorrect immediate memory of the critical incident.

Your department should have officers trained in trauma intervention that can immediately remove the officer from the scene and give all the appropriate support the officer will need. Peer support is critical but professional support may also be important to help the officer overcome both the physical and cognitive reactions to a critical incident.

Once you have had the 48 to 72 hours to rest and consult with an attorney and or union representative in order to prepare for the interview/investigation that your department, the prosecutor, and /or other state or federal agencies may request, you should consider the following:

1. Have an attorney present during the interview or debrief. Remember you police in a world where politicians, the press, the public, your department or a prosecutor may second guess, question and litigate the split-second decisions you made during the critical incident.
2. Before the debrief for the interview do your homework, listen to all radio transmissions, review photos, reports, videos and other materials that might refresh your memory. Your lawyer may also want you to go to scene.

Some important points to remember during the interview are as follows:

1. During the interview remember anything you say can be used against you in any civil action and even if you have been given Garrity warnings you still might face criminal charges in certain circumstances.
2. It is not unusual for you to have cognitive dissonance for weeks or months after a critical incident and you may find your memory of the event does not mesh with the facts at the scene.
3. During the interview or debrief answer the questions honestly. Do not be afraid to say, "I do not know, or I do not remember."
4. Remember you are still suffering from the trauma of the event. Tell your story to your lawyer but do not feel compelled to tell your story during an interview that is your lawyer's job. Your job is to answer only the questions that are asked, not to volunteer information you think the person conducting the interview should ask.


continued on next page

Checklist, cont.

In my years of representing officers involved in critical incidents, I encountered very few officers who did not suffer from memory loss that sometimes resulted in distorted or misinterpreted memories of the event even though the officer had no intention of being deceptive. **Officers who waited 48 to 72 hours to give a comprehensive interview and write their report generally gave a far more accurate description of the critical incident.**

Officers should never be concerned after a critical incident to ask for help from their peers, family, spiritual adviser, healthcare professional, or counselor. The reactions an officer experiences after a critical incident are varied and can range from mild to severe, but with time and support most can return to their profession and continue to protect and serve the community they police.

The check list below is a guide intended to protect the officer. It is not meant to be comprehensive list of all steps that should be taken or a rigid time line but is offered as an outline of some of the important points an officer should consider when involved in a critical incident.

- 
- CLIP & SAVE
1. Secure the scene
 2. Call for medical unit and render aid
 3. Call for supervisor/response team
 4. Broadcast lookout/Public Safety statement
 5. Secure your weapon, do not reload if scene is secure, do not remove shell casings
 6. Identify witnesses
 7. Take photos with your cell phone
 8. **Avoid “hot debriefs”; do not give a recorded or written statement at the scene. Do not do a walk-thru with any investigator. Wait 48-72 hours before any interview except for a health and safety statement**
 9. Do not discuss with any officer the details of the incident
 10. Seek medical attention as soon as you are taken from the scene
 11. Contact your family but do not discuss the facts – assure them of your safety
 12. Eat and drink something (*no alcohol*)
 13. Submit to a blood and urine test *after consulting with your attorney* if possible
 14. *Stay with a gate keeper for 48-72 hours. Get at least 2 or 3 sleep cycles before submitting to any interview*
 15. Consult a lawyer before any interview, remember Garrity does not protect you from civil liability and may not protect you from criminal liability
 16. Get psychological support to deal with potential PTSD
 17. Know your Weingarten Rights if you are represented by a union.

EPIDIOLEX:

The Story of the First Cannabis- Derived Prescription Medication Ever Approved by the FDA

*Alice Mead, J.D., Vice President,
U.S. Public Policy & Public Affairs
Greenwich Biosciences*

Although cannabis preparations, e.g., teas, tinctures and extracts, have been used as medicines for thousands of years, they fell out of favor with the medical profession by the early part of the 20th century. As new opiates and other modern medications became available, physicians utilized these products, which were well standardized and the active ingredients of which were well understood. However, when technology improved later in that century, the primary active ingredients in cannabis were identified and isolated, facilitating preclinical and clinical research. The discovery of the endocannabinoid receptor system in the late 1980s and early 1990s ignited further interest in cannabinoid research.

The Beginning

Intrigued by this research and the accounts of historical (and current) medical use of cannabis, Drs. Geoffrey Guy and Brian Whittle conceived an audacious idea: they believed it would be possible to develop a range of prescription medications derived from the cannabis plant or its components, in accordance with



modern regulatory requirements. They put together a development plan and secured the necessary licenses from the British Government. In 1998, GW Pharmaceuticals was born. (GW's U.S. subsidiary is known as Greenwich Biosciences.) They located cannabis varieties that had been specially bred to serve as the starting materials for medical research and that exhibited specific cannabinoid content, and they developed several extracts with different cannabinoid ratios. GW's first product, Sativex®, is comprised of a 1:1 ratio of cannabidiol (CBD) to tetrahydrocannabinol (THC), in a spray form that is absorbed by the mouth. It is now approved for spasticity in multiple sclerosis in over 25 countries outside the U.S., and a U.S. development program is forthcoming.

Turning Attention to CBD (cannabidiol) in Childhood-Onset Epilepsy

GW began preclinical studies in 2007, sponsoring research into various individual cannabinoids in a number of animal models. That research revealed that CBD reduced seizures in multiple animal models. The research was presented at scientific conferences

and published in 2010 in scientific journals. Cannabis growers, who had inadvertently discarded CBD-rich varieties in favor of THC-rich cannabis, took note and sought to recover varieties with higher CBD levels. Some extracts became available in a few dispensaries in California. Families of children with devastating epilepsies learned of the research findings and began to try some of these CBD extracts with their children.

In 2012, one California family, frustrated because their son had had very mixed responses to various CBD extracts, reviewed the GW-sponsored research. They concluded that the company must have a standardized preparation and reached out to Dr. Guy. He was moved by the family's story and sought to find a way to help. The company's U.S. representative discovered FDA's expanded access regulations, and the family traveled to the U.K. to see if their son might respond to a standardized CBD in a medically-controlled environment. Following the boy's positive response, his U.S. physician submitted a single patient Investigational New Drug (IND) application to FDA and DEA, which both agencies authorized. Word traveled (subsequently intensified by Dr. Sanjay Gupta's program *Weed*). More physicians began to contact us, requesting purified CBD to establish expanded access INDs (EAPs) for



larger numbers of patients with various types of intractable epilepsies. Ultimately, it became the largest group of physician-initiated expanded access programs in FDA's history, involving more than 1,000 patients, mostly children. Throughout the programs, we provided the product, which came to be known as Epidiolex®, without charge.

The first family, and the patients who followed, made it clear to us that there was a huge medical need amongst patients with severe, childhood onset epilepsies. In 2014 we commenced four large randomized, double-blind, placebo-controlled clinical trials in two of the most intractable syndromes, Dravet Syndrome (DS) and Lennox Gastaut Syndrome (LGS). Patients were rapidly enrolled into the studies, and three of the four were completed by 2016. Since at the time there were no approved medications for DS, FDA conferred Fast Track designation on Epidiolex®. Both DS and LGS affect relatively small numbers of patients, and Epidiolex® was awarded Orphan Designation for each syndrome.

At the end of October 2017, we had evaluated the clinical trial data and submitted a New Drug Application (NDA) to FDA. FDA conferred Priority Review status, and the application was approved on June 25, 2018 for seizures associated with DS and LGS in patients two years or older. Epidiolex® is the first cannabis-derived prescription medication ever to be approved by FDA. (For full prescribing information, see www.accessdata.fda.gov/drugsatfda_docs/label/2018/210365lbl.pdf)



Like all innovative biopharmaceutical companies, we have an obligation to advance patient health by ensuring that there is robust scientific evidence supporting the quality, safety and efficacy of our products. Indeed, this is the cornerstone of the FDA approval process. There were some special challenges for the first-ever cannabis-derived medication going through the FDA process. First, quality had to be built into the plants themselves. For Epidiolex®, very high CBD-expressing plants are cultivated indoors in a U.K. glasshouse, where all aspects of the cultivation process are standardized and controlled. The plants grow in a custom growth medium that is free of heavy metals. No pesticides, fungicides or rodenticides are applied. The plants are propagated by clones (cuttings), and no genetic modification is involved. These plants produce much more CBD than classic hemp varieties, so a 45-acre glasshouse is sufficient to supply Epidiolex® for prescription use. (This efficiency—which therefore permits a much smaller quantity of plant material to be used—is advantageous since hemp is a phytoremediator that pulls heavy metals out of the soil. It is critically important that the conditions of hemp cultivation be carefully controlled.) Since very young children were involved in the clinical studies and in the EAPs, the CBD extract was then purified to remove the THC.

The plant material then goes through a series of manufacturing steps, which are conducted under a Quality Management System and in accordance with Good Manufacturing Practices (GMPs) for pharmaceutical products. Specifications have been set-in agreement with FDA—for the plant material (Botanical Raw Material or BRM), the initial extract (Botanical Drug Substance or BDS), for the Active Pharmaceutical Ingredient (API)—the crystalline CBD—and the finished product. Each batch is tested against these specifications and then accepted or rejected. Stability studies (2-3 years) were conducted on the BDS/API and the final drug product to support the expiration date. An extractable and leachable study confirmed that the product does not pull molecules out of the container or itself adhere to the container. The level of acceptable impurities was determined by the International Conference on Harmonization.

To assess safety, multiple animal toxicology studies were required. In humans, drug/drug interaction studies were conducted. This is particularly important for CBD, which interacts with the P450 family of enzymes; these enzymes metabolize most of the medications that we take. Therefore, there is a risk that the level of other medications could be increased or decreased, and ongoing physician

continued on next page

The Story, cont.

supervision is necessary. A food/drug interaction study was also done, since blood levels of cannabinoids are increased 4-5 times if taken with a high-fat meal. Studies were done in individuals with kidney or liver impairment, since such impairment can also affect how cannabidiol is metabolized. Naturally, as with all other investigational products, large randomized, double-blind, placebo-controlled clinical trials were conducted in patients with the two types of epilepsy being studied. These were the largest clinical trials ever performed in these syndromes. All of the research in the U.S. had to be conducted under state and federal Schedule I requirements, and all clinical protocols were approved by Institutional Review Boards, which protect the rights of individuals in clinical trials.

Finally, because CBD is a cannabinoid and is active in the central nervous system, a full battery of abuse potential studies had to be performed. These included receptor binding studies, specific animal abuse potential studies, a special human abuse potential (HAP) study and a

human dependence/withdrawal study, as well as an assessment of side effects from clinical trials. This was the first full package of abuse potential data for CBD ever produced.

All of the safety, efficacy, and abuse potential data were submitted to FDA in the New Drug Application. FDA transmitted the fact of its approval and its recommendation for rescheduling to DEA. FDA concluded that the abuse potential (of the particular CBD tested in the studies) was very low, and it could be descheduled. However, if an international treaty required scheduling, FDA recommended placement in Schedule V. DEA did indeed conclude that the Single Convention on Narcotic Drugs required scheduling. On September 27, 2018, DEA therefore issued a Final Rule placing botanically-derived CBD, containing not more than 0.1% THC (the amount of THC in the product tested in the abuse potential studies), and incorporated into an FDA-approved product, into Schedule V. Rescheduling under the laws of the states was also necessary, since CBD is a derivative of cannabis, and cannabis is a Schedule I substance under almost

all state controlled drug laws. Because Epidiolex® is accompanied by evidence of quality, safety and efficacy, patients with DS and LGS now have access to a new treatment option.

Conclusion

Epidiolex® demonstrates that a cannabis-derived prescription medication can achieve FDA approval and DEA rescheduling. The FDA approval process ensures that the product has a very high level of quality control, with purity, stability and batch-to-batch consistency. The clinical trial data provide physicians with safety and efficacy information, as well as dosing guidance. Patients and physicians are alerted to known side effects and the risk of drug/drug interactions. After approval, the safety data are continually collected and reviewed. The FDA approval process therefore provides important benefits and protections to patients.

Dr. Raphael Mechoulam, who in 1994 identified THC as the primary psychoactive component of cannabis, once remarked that cannabis is a “treasure trove” for medication development. Perhaps Epidiolex’s approval will encourage other companies to research and develop additional cannabis-derived formulations and delivery systems. Additional FDA-approved products will expand treatment options for patients and enlarge the body of scientific knowledge about a plant that has great therapeutic potential. ☆

**{cannabis
is a “treasure trove”
for medication
development.}**

- Dr. Mechoulam



THE SUPREME COURT RULES

On Dangerous Vehicle Pursuits:

*The Lives and Safety of Police
and Innocent Third Parties
Are Critically Important*

By John Michael "Mike" Callahan

Persons who drive their vehicles at excessive speeds to evade law enforcement are a significant threat to law enforcement officers and public safety. Even if otherwise unarmed, drivers fleeing police are in possession of a dangerous weapon, i.e. a four-thousand-pound vehicle. Can law enforcement utilize deadly force to stop drivers who present a serious risk of bodily harm or death to the police and the general public without violating the Fourth Amendment? Fortunately for law enforcement and the driving public, the Supreme Court has answered this constitutional question in the affirmative.

Scott v. Harris

In 2007, the Supreme Court decided a high-speed pursuit case, *Scott v. Harris*.¹ Georgia Deputy Timothy Scott attempted to stop Harris for excessive speed. Harris refused to yield and began traveling down a two-lane road at speeds more than 85 mph. During the pursuit officers attempted to box him but Harris collided with a Deputy's vehicle and escaped.

Harris continued his excessive speed and Deputy Scott implemented the so-called "Precision Intervention Technique" (PIT) in an attempt to bring the chase to a halt.² During implementation of the "PIT" maneuver, Harris' vehicle overturned and crashed. Harris was injured and became a quadriplegic. Harris filed suit against Deputy Scott pursuant to 42 U.S.C. §1983. The case reached the Supreme Court which reversed both lower court rulings and ruled, 8-1, in favor of Deputy Scott.

The Court determined that when deciding the efficacy of a police high speed pursuit, it is appropriate to focus on the culpability of the reckless driver. The Court observed that Harris intentionally placed himself, the pursuing officers and the public in grave danger by his reckless, high speed flight. The Court explained, "Far from being the cautious and controlled driver the lower court depicts, what we see on the [dash-cam] video more closely resembles a Hollywood-style car chase of the most frightening sort, placing police officers and innocent bystanders alike at great risk of serious injury."³

The Court concluded by stating, "A police officer's attempt to terminate a dangerous high-speed car chase that threatens the lives of innocent bystanders does not violate the Fourth Amendment, even when it places the fleeing motorist at risk of serious injury or death."⁴

Plumhoff v. Rickard

Seven years later, the Supreme Court decided another dangerous high-speed pursuit case, *Plumhoff V. Rickard*.⁵ In *Plumhoff*, Rickard and a female passenger were stopped by a West Memphis, Arkansas officer for driving with one headlight. Rickard drove off and a police pursuit ensued. During the pursuit, Rickard drove at speeds exceeding 100 mph and passed more than two dozen vehicles.

Eventually, Rickard's vehicle spun-out and collided with a cruiser. Rickard used his accelerator to break free, causing his wheels to spin and his car to rock back and forth. An officer on foot attempted to open Rickard's door without success. Officer Plumhoff fired three shots into Rickard's vehicle. Rickard placed the car in reverse and almost struck an officer. He placed the car in drive and began to move forward. Officer Gardner fired 10 shots at the moving vehicle, first from the passenger side and then from the rear. A third officer also fired two shots. A total of 15 shots were fired by police during the encounter. Twelve rounds hit Rickard and two hit the female, killing them both.

Rickard's survivor filed suit pursuant to 42 U.S.C. 1983. Two lower federal courts ruled against the officers. The Supreme Court reversed 9-0 and ruled that the police actions were reasonable and consistent with the Fourth Amendment. The Court saw no distinction between the police conduct it found constitutional in *Scott* and the police conduct in this case.

The Court observed that Rickard proceeded at speeds more than 100 mph and placed the lives and safety of numerous motorists in serious jeopardy. The Court described his driving as "outrageously reckless." Further, the Court noted that Rickard continuously refused to yield even when partially surrounded by police officers in vehicles and on foot. Instead, he pressed his accelerator while his front bumper was flush against a police car, causing his wheels to

¹ 550 U.S. 372; 127 S.Ct. 1769 (2007).

² The "PIT" maneuver is designed to tap a fleeing vehicle on the corner of its rear bumper in order to cause the vehicle to come to a spinning stop.

³ 127 S. Ct. 1769, 1775-1776.

⁴ Id. at 1779.

⁵ 134 S. Ct. 2012. (2014).

continued on next page

Dangerous Vehicle Pursuits, cont.

spin; placed the car in reverse and backed up with officers standing near his vehicle.

The Court observed, “At the moment when the shots were fired, all that a reasonable officer could have concluded



was that Rickard was intent on resuming his flight and that if he was allowed to do so, he would once again pose a deadly threat for

others on the road.”⁶ The Court also ruled, that officers used reasonable force when they fired 15 shots into Rickard’s vehicle, striking him 12 times and killing him.

In both Scott and Plumhoff, the Supreme Court overwhelmingly determined that law enforcement efforts to bring dangerous reckless drivers under control were objectively reasonable and consistent with sound Fourth Amendment principles. The Court not only recognized the inherent threat that reckless drivers present to law enforcement but emphasized that equally important is the threat they present to driving public. Moreover, in Plumhoff, the Court determined that firing 15 shots into Rickard’s vehicle to stop him from continuing his “outrageously reckless” driving was not excessive or unreasonable.

Impact on Lower Federal Courts

Following the Court’s rulings in Scott and Plumhoff, in cases involving high speed police pursuits, several federal appellate courts have issued opinions favorable to law enforcement.⁷ A prime example is found in the Third Circuit’s opinion in Bland v. City of Newark, et. al.⁸ On December 26, 2011, Newark N.J. Police were alerted to the gunpoint hijacking of a black Audi automobile. Three hours later New Jersey State Troopers spotted the Audi driven by Corey Bland. Bland refused to pull over and a vehicle pursuit was initiated.

Bland drove recklessly, ran red lights and shut off his headlights. Other police vehicles joined the pursuit. Bland almost collided with one police vehicle and crashed into



an embankment but continued his get-a-way attempt. His speed reached over 100 mph as he weaved in and out of traffic. Bland frequently changed lanes and drove over a curb, causing the Audi to begin to smoke. He drove down a one-

way street the wrong way and collided with two occupied police vehicles. Bland’s vehicle became entangled with police vehicles and several officers surrounded his vehicle on foot. One officer attempted to break the Audi’s window and six troopers fired a total of 28 shots into the Audi. None of the bullets struck Bland.

Bland broke free and continued his reckless driving at high speeds on roads populated by vehicle and pedestrian traffic. Bland was rammed by a State Police vehicle and propelled into scaffolding that was supporting construction on a local school. Three Troopers approached the Audi on foot and Bland refused to show his hands and keep from moving inside the Audi. He kept repeating threats to kill the officers. Troopers fired into the Audi and Bland was shot between 16 and 18 times. He suffered severe injuries but survived. No firearm was found in the Audi or on Bland and none was observed during the pursuit.

Bland sued the involved officers in the New Jersey Superior Court. The case was removed to the Federal District Court which denied the involved officers’ motion for dismissal on qualified immunity grounds. The court ruled that the case must proceed to trial. The Third Circuit reversed and entered a ruling in favor of the defendant officers.

The court conducted separate evaluations of the two shooting events. Regarding the first, the court ruled that the Troopers were entitled to qualified immunity because they did not violate clearly established Fourth Amendment law. In fact, the court, citing Supreme Court precedent in Scott and Plumhoff and two other recent Supreme Court decisions,⁹ ruled that the outcome of this case was controlled

9 The Third Circuit also cited Supreme Court decisions in Brosseau v. Haugen, 543 U.S. 194 (2004) and Mullenix v. Luna, 136 S. Ct. 305 (2015). In Brosseau, the Court held that an officer was entitled to qualified immunity after she shot a felon attempting to escape by fleeing in a vehicle located in the driveway of a residence. The Court noted that the suspect presented a danger to other officers and other persons in the immediate area that were at risk of serious injury. In Mullenix, the Court ruled that an officer was entitled to qualified immunity after he shot and killed a suspect fleeing police in his vehicle after threatening to shoot and kill police officers. In Mullenix, the Court was particularly concerned

6 Id. at 2022.
 7 McGrath v. Taveras, 757 F.3d 20 (1st Cir. 2014) (No Fourth Amendment violation); Mitchell v. Miller, 790 F.3d 73 (1st 2015) (Officer entitled to Qualified Immunity); Davenport v. Borough of Homestead, 870 F.3d 273 (3rd Cir. 2017)(No Fourth Amendment violation); Johnson v. Peay (No.16-4160) (10th Cir. 2017)(Officer entitled to Qualified Immunity); Fenwick v. Pudimott, 778 F.3d 133 (D.C. Cir. 2015) (Officers entitled to Qualified Immunity).
 8 (Nos. 17-2228, 17-2229) (3rd Cir. 2018).



by the Supreme Court decisions in those cases.

The court explained that Bland was a threat to officers and the driving public. He drove at high speed, drove through traffic signals, erratically changed lanes, drove the wrong way on a one-way street, and collided with several police vehicles. He was believed to have hijacked a vehicle at gunpoint. Given these facts, the Troopers did not violate clearly established Fourth Amendment law during the first shooting encounter.

Regarding the second shooting, the court observed that Bland had, “once again disobeyed traffic lights, drove at excessive speeds, and put pedestrians and motorists at great risk.” At the crash location, he threatened to kill the officers and refused to surrender. Although the officers did not see a weapon, they were investigating an armed vehicle hijacking. The court ruled that the officers who participated in the second shooting were likewise entitled to qualified immunity and did not violate clearly established Fourth Amendment law.

Conclusion

Police officers who are confronted with drivers who refuse to yield to lawful displays of enforcement authority must by all means follow the dictates of their department policies with respect to vehicle pursuits and the use of deadly force. Nonetheless, if a vehicle pursuit is authorized by department policy, officers and their superiors should be reassured that their efforts to make the roads in their communities safe from dangerous drivers has not gone unnoticed by the Supreme Court of the United States. In fact, the Supreme Court and several lower federal appellate courts have made it abundantly clear that they will not

about the danger that the fleeing suspect presented to an officer who was waiting to stop him in the immediate vicinity with spike strips.

tolerate drivers who intentionally use their vehicles as actual or potential weapons to avoid capture by law enforcement. Drivers utilizing motor vehicles in a dangerously reckless manner can no longer expect to prevail in civil rights litigation directed against law enforcement. Even in cases where these drivers have been severely injured or killed, law enforcement officers have been victorious in the litigation that followed. The Supreme Court has applied old fashioned common sense and logic in these matters and elevated the lives and safety of police officers and the innocent driving public over the personal safety of “outrageously reckless” drivers. ☆

Biography of John Michael “Mike” Callahan

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.

Mr. Callahan served as a Deputy Inspector General in charge of the Investigations Division for the Massachusetts Office of the Inspector General and retired in 2012. Mr. Callahan has made numerous presentations on law enforcement use of deadly force for the New England State Police Information Network (NESPIN) and in 2008 was selected as the NESPIN Trainer of the Year.

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.

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NATIONAL NARCOTIC OFFICERS' ASSOCIATIONS' COALITION

REGIONAL DIRECTOR'S REPORTS

Southeast Region - T. Gene Donegan

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The Southeast region is made up of North Carolina, South Carolina, Florida, Georgia, Alabama, Mississippi, and Tennessee. The majority of the areas are being plagued with the same drug issues, although some areas are being hit harder with specific drug problems that other areas.

The Southeastern region continues to see a decline in the homegrown/one-pot methamphetamine labs that have previously plagued the area. While this area has seen a steady drop in the number of methamphetamine labs over the past several years, the use of methamphetamine, unfortunately, is not decreasing. The fact that you can buy a pound of methamphetamine cheaper than a pound of marijuana is amazing to me. I remember when a pound of methamphetamine would cost \$15,000 to \$18,000 and be difficult to locate. We are now seeing a pound of crystal methamphetamine running from \$4,000 in rural areas to \$6,500 in the larger cities. The Hispanic cartels are controlling the markets on the crystal meth supplies, sending the product up in raw form and converting the paste into crystal form across the border.

This region continues to see an increase in heroin, as well as fentanyl-laced heroin, coming into this area. I travel to the Northern Florida area fairly frequently, teaching Current Drug Trend classes. While in Jacksonville a couple of years ago, I asked about the heroin sales in that area. I was surprised when the officers advised me that heroin had not become a problem there yet. Fast forward a couple of years and it seems that things have changed; now the



heroin is affecting many of the communities there, as well. We are still seeing the heroin come from the north, as well as the cartels flooding the area with brown and black tar heroin. Below is a picture of 18

pounds of heroin that was intercepted in Nashville, being delivered to what he believed to be a potential customer.

The overdose deaths continue to rise as a result of heroin or fentanyl-laced heroin, with many unaware of the fentanyl additive. In the Nashville area alone, we are on track to exceed last year's deaths by 15%. As many of you know, last year's overdose deaths reached an all-time high in the United States. Unfortunately, we will see that increase again this year.

Cocaine seizures are staying steady in this area; we have seen a only slight drop over the past couple of years. I believe the strong supply and push of crystal methamphetamine is causing the drop in use of cocaine. This is especially true in the very rural areas of the state.

The Southeastern region is also continuing to see a large amount of marijuana being shipped in from states that have legalized marijuana. Unfortunately, we are seeing UPS, FedEx and USPS being the biggest distributors and

transporters of these illegal drugs. As I have said in the past, we continue to see a shift in the parcel companies being used to ship the illegal drugs. The use of companies such as UPS and FedEx has dropped off somewhat, and we are seeing an increase in the use of United States Postal Service. I believe this is due to the necessity of a federal search warrant for postal packages versus a state search warrant for the other parcel services. The illegal shippers are aware of the increased difficulty in obtaining a search warrant for the postal service. The process for obtaining a federal search warrant is much longer than on the state side, therefore making it more difficult to deliver the package in a timely manner. These trends are going to continue until we find a way to combat the long delay in getting a federal search warrant.

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Grants help equip drug-interdiction teams in Indiana

A key strategy in fighting the drug crisis is interrupting the networks via which dealers buy and sell drugs and transport them from place to place. Any police officer in any community is well aware of this simple premise. Too often, however, insufficient resources are devoted to drug interdiction. In Indiana, however, some state officials are working to stay proactive in this regard.

In 2017, Indiana Attorney General Curtis Hill initiated a collaborative partnership with the Indiana Drug Enforcement Association (IDEA) to provide funding to regional interdiction teams. This effort continues today.

“We need to fight the drug crisis on many fronts, including prevention and treatment,” Attorney General Hill said earlier this year. “Enforcement, however, remains a key prong in our overall strategy. By increasing interdiction, we are both reducing the amount of illicit drugs flowing into our communities and simultaneously sending a strong message to those who choose the Crossroads of America to carry out criminal activity: You will pay a heavy price for trafficking drugs in Indiana. Officers and deputies are out in force looking for you every day.”

Through a \$1.25 million grant to IDEA, the Office of Indiana Attorney General has supported the establishment of highway interdiction teams (HITs) statewide. These teams, comprised of officers and drug-sniffing dogs, are cracking down on criminals who use Indiana thoroughfares to carry out their nefarious deeds. From the initial seed money, IDEA distributes grants to the individual teams.

Through the grants, agencies have been able to purchase additional police cars and K-9s for use in drug interdiction. Some agencies have also purchased tracking software, two-way radios and other emergency police equipment such as lights and sirens.

Eleven interdiction teams have thus far been beneficiaries of the grants:

- Allen County Sheriff’s Office and Fort Wayne Police Department
- Brownsburg Police Department
- Clark County Sheriff’s Office, Clarksville Police Department and Jeffersonville Police Department
- Dearborn County Sheriff’s Office and Dearborn County Special Crimes Unit (Prosecutor’s Office)
- Elkhart County Intelligence and Covert Enforcement (ICE) Unit (Prosecutor’s Office)
- Evansville Police Department and Vanderburgh County Sheriff’s Office
- Kokomo Police Department
- Lafayette and West Lafayette police departments
- Lake County Sheriff’s Office
- Mishawaka Police Department
- Porter County Sheriff’s Office

The goal is to place teams on major interstates and along other corridors where drugs are transported. These teams are expected to coordinate going forward as part of a strategic, statewide interdiction plan.

Police and prosecutors have embraced the approach.

In Tippecanoe County, Lafayette Police Chief Patrick Flannelly praised Attorney General Hill’s involvement.

continued on next page

“We know that the drug trade is a leading factor in violent crime,” Flannelly said. “If we can stem the flow of drugs into our community, we can cut down on many types of crime.”

From January through November of 2018, the work of interdiction teams statewide (outside the Indianapolis beltway) led to 483 arrests and recovery of 39 weapons, 834 pounds of marijuana, 21 pounds of heroin, 24 pounds of meth and 3 pounds of cocaine.

Some 120 miles east of Lafayette, Allen County Sheriff David Gladieux also expressed enthusiasm for giving greater emphasis to interdiction.

“Like everywhere else in Indiana, we see here in Allen County a strong correlation between drug trafficking and many other types of crimes,” Gladieux said. “By taking down drug traffickers, we can keep people safer and neighborhoods more peaceful.”

Fort Wayne Police Chief Steve Reed agreed.

“Criminals are becoming a lot more sophisticated in their methods, and we as police need to become a lot more sophisticated in ours as well,” he said. “Properly equipping these interdiction teams will help us stay a step ahead of the criminal element, which is always a challenge.”

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The Northeast continues to experience a record number of heroin/fentanyl deaths. In Connecticut, deaths from the combination of fentanyl and cocaine have steadily increased; there were 357 accidental deaths in 2012, and for 2018 the estimated number is 1,030. Recreational marijuana is now legal in Massachusetts, Vermont, and Maine. Rhode Island, New Hampshire, and Connecticut have decriminalized marijuana. I would be remiss if I did not mention that from August 15 – 16 of 2018, over 100 people overdosed on synthetic marijuana, “K2”, in downtown New Haven green in Connecticut. This created a crisis for law enforcement, fire personnel, paramedics, and area hospitals. A doctor at Yale-New Haven hospital wrote that one month before this 14 other victims overdosed at the same location. What is sad that hospital emergency rooms



reported treating victims multiple times, going back to get more K2 and overdosing again. Arrested in the overdoses was John Parker, of New Haven, as one of the people who was dealing K2 on the New Haven Green, where most of the overdoses occurred.

The Connecticut Progressive Democrats made a significant showing in the 2018 Connecticut elections. The Governor-elect and Progressive legislators have promised legalization of recreational marijuana.

The New England trend follows the false promises used in those states that have already legalized: new tax revenue, reduced illegal drug sales, keeping drugs out the hands of our youth, and less crime. This is the elusive utopia that the left continues to promise and which the facts prove false.

Police officers witness every day the negative effects of drugs that impact our communities. Law enforcement officers must keep up their opposition to the delusional promises that are verifiably dead wrong.

The proponents of recreational drugs tout public support based on polls. I dispute those polls, as they are based solely on the constant drumbeat of reports of the benefits of marijuana from the media, politicians, television shows, and movies. Have you seen any reports from those sources of the negative impacts of marijuana? The NNOAC, along with our members and supporters, appear to be the only sane voices.

I read the 94-page report from the study commissioned by the Centennial Institute (Colorado) and found factual information I was not aware of: the cost of unemployment due to marijuana use, the steady increase of parolees testing positive for THC, DUI direct court-related costs, cost of fatal car accidents in 2016 (\$5,362,620), the calculation of estimate cost of marijuana-impaired drivers who cause accidents (\$89,487,801.66), percent of household income diverted to marijuana use by income brackets (the lowest income the higher percentage), and many other serious impacts.

The biggest and most surprising statistics related to the impact on the environment, such as CO2 emissions and electrical power usage. In 2016, Colorado’s marijuana industry used enough electricity to power 32,355 homes and was responsible for approximately 393,053 pounds of CO2 emissions. The amount of electricity (and associated greenhouse gases) produced by the marijuana industry created enough CO2 to match what was produced by 38,177 cars in 2016.

The tax revenue from marijuana sales totaled 1.79% of the budget; however, for every dollar collected, Colorado spent \$4.50 to mitigate the effects of legalization. This report, as a friend said to me recently, should be mandatory reading by our legislators and staff.

This is the link to the full Centennial Institute report. <http://cdn-centennial.pressidium.com/centennial/wp-content/uploads/2018/11/Economic-and-Social-Costs-of-Legalized-Marijuana-CO.pdf>

South Central Region - Leland Sykes

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Before I begin my regional report, I would like to start by addressing two notable setbacks our Association has suffered. First, we have lost a dedicated warrior and friend of drug law enforcement, due to the resignation of United States Attorney General Jeff Sessions. General Sessions was the go-to guy for the NNOAC while he served in the United States Senate, and he continued to work closely with, and gave support to, the Association during his too-short tenure as U.S. Attorney General. We thank him for his service and wish him well in whatever future endeavors he may pursue.



The second significant setback is the recent passage by Congress, and subsequent signing by the president, of The First Step – Criminal Justice Reform legislation. The NNOAC opposed this legislation and led a coalition of partners who stood strong in their opposition. Thanks to President Bushman, the Brooks Bawden Moore firm, and others who worked tirelessly on the legislation. I am proud to represent a region that produced two U.S. Senators who vocally pushed back on the legislation and, though ultimately unsuccessful, offered amendments on the floor of the Senate in an attempt to improve the legislation. Thanks to Senators Tom Cotton of Arkansas and John Kennedy of Louisiana for their efforts.

Although we did suffer these setbacks during this past year, I look forward to addressing the challenges that the Association will continue to pursue. The NNOAC has always stood on principle, and we have not wavered in our core beliefs. I have no doubt we will continue to stand for these values in the future, and I am proud to stand with each member to fight for our beliefs. I especially look forward to seeing everyone at our annual meeting in Washington, D.C. We should have an outstanding agenda once again.

Now, on to the regional report. The South-Central Region, like many areas of the country, continues to suffer from the effects of the opioid crisis. Most states in the region continue to have significant issues with prescription abuse, but increasingly abusers are transiting to the cheaper and much more readily available heroin. Heroin is being mixed with fentanyl, producing increasing numbers of overdose deaths. Louisiana has seen the arrival of carfentanyl, an even deadlier combination with heroin.

Methamphetamine continues to be a scourge in the region. This is a good news/bad news scenario. The good news is that the “mom and pop” labs, which were so dangerous to our brave narcotics officers, have all but gone away. The bad news is that a flood of Mexican meth has emerged in their place. Both Texas and Oklahoma, as well as most other states in the region, have reported that Mexican meth is so readily available that it is selling for “pennies on the dollar”.

Surprisingly (note the sarcasm), marijuana continues to be a major problem in the region. Traffickers of high-grade marijuana – from Colorado and other states that have legalized it – are demanding ever-increasing prices on the illicit market. Every state in the region is seeing this influx of “legal” marijuana. On another marijuana note, Oklahoma will have medical marijuana on the ballot in June. A-One plans to launch a media campaign and other measures to attempt to assure its defeat.

As we start the new year and prepare for our annual NNOAC meeting in Washington, D.C., we have high hopes that the President will continue to support the rule of law. We are also hopeful that the Congress will follow the former Attorney General’s lead on asset forfeiture, which is so vital to state and local law enforcement.

I hope you all had a Merry Christmas and a Happy New Year! I look forward to seeing you in Washington.

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Prevention, Protection, Education: Who accepts responsibility?

There have been wildfires all over California. In Paradise, half of the Paradise Police Department's officers and more than 55 sheriff's deputies lost their homes to wildfires. Our state's firefighters lost more than 60 of their homes, too. We should all pause and ask God to bless those who lost their lives and these men and women who braved the flames to protect others. Even though these brave men and women's homes were burning, they still went to work to save more lives and other people's property. How do we account for the loss of more than 88 lives (the death toll is climbing as of the writing of this article) and billions of dollars' worth of property? Was there information not shared or acted on to prevent these tragedies? Did the government fail to intervene? Those questions are being addressed by the state and U.S. governments.

Drug use and addiction. Ancillary crimes and the victims. Yes, I said victims. It seems like a lot of attention goes to the people committing crimes and their "rights", including reduced sentencing, reclassifying felonies to misdemeanors, early release, and prison reform. How about focusing on the rest of Americans who are the true victims of other people's poor choices, lifestyles and the crimes they commit?

The opioid crisis continues to impact the U.S. and poses a significant danger to law enforcement officers, who are inadvertently exposed to fentanyl, as well as its analogues and precursors. There were between 72,000 and 100,000 overdose deaths last year. Many of them were a direct result of illegal and poor choices made by someone who ingested a controlled substance into their own body. As methods of ingestion and concealment shift, traffickers continue to develop new methodologies, which increasingly puts officers at risk. Fentanyl has now been found mixed with other drugs, including crack cocaine, cocaine, methamphetamine, heroin, and marijuana. Experts are telling us that methamphetamine seizures have increased, and more are expected.

On December 20, 2019, the U.S. Senate passed the FIRST STEP Act. This bill provides significant early release benefits to federal offenders who have *committed serious violent crimes, such as assaulting a law enforcement officer*, carjacking with the intent to cause death or serious bodily harm, and bank robbery by force or violence that puts a person's life in jeopardy. Prior to Senate consideration of the bill, Senators Tom Cotton (R-AK) and John Kennedy (R-LA) made amendments to be offered during debate to address our concerns. While the amendments did not alleviate all of our concerns, they would have been a step in the right direction towards ensuring the safety of our nation's communities. Unfortunately, all three amendments were voted down.

The Cotton-Kennedy amendments would have added additional serious violent crimes to the bill's "ineligible prisoners" list, including assaulting a law enforcement officer, with or without a deadly weapon (a majority of officer assaults are done without the use of a deadly weapon);





assaulting an infant or child; and coercing a child to engage in prostitution or any sexual activity. The amendments also would have required that victims be notified before an offender can be released from prison early and mandated that the Bureau of Prisons track the

re-arrest data for each prisoner who is transferred out of prison early into supervised release or pre-release custody.

With the passage of the FIRST STEP Act, we remain concerned that the greatest benefits of the Act go to high-recidivism offenders – most notably, drug traffickers, the most serious of whom also receive reduced mandatory minimum sentences under the Act. If history tells us anything, it tells us that this will create more crime in our communities and impose a greater resource burden on law enforcement. Additionally, it will put the lives of officers and citizens at risk.

CNOA Selects Citizen of the Year – April Rovero (nomination as drafted by Patrick Vanier, Prosecutor for the Santa Clara County District Attorney’s Office in San Jose, CA):

If we went around the room and shared our stories as to why we’re involved in the field of narcotics enforcement, prosecution, or prevention, few could tell a story as tragic as April Rovero. In 2009, April lost her 21-year-old son, Joey, to an accidental overdose of prescription opioids in his senior year of college. Over the last ten years, April has honored the memory of her son by becoming one of the strongest advocates for a myriad of prevention efforts, changes in the law, and an educator for the dangers of prescription drug abuse. April and her team of volunteers have accomplished so much in a short period of time:

- Formed and lead the Contra Costa County Medication Education and Disposal Safety Coalition.
- Founded the nonprofit National Coalition Against Prescription Drug Abuse – the national coalition works closely with other local coalitions on the prescription drug issue, notably Alameda County MEDS Coalition, RxSafe Marin, and the Santa Clara County Opioid Overdose Prevention Project.
- Executive Committee member for FED UP! Coalition that works at the national level to drive Federal action to end out nation’s opioid epidemic.
- Chair of the FED UP! Events Planning Committee, and has been the lead organizer for national rallies in Washington, D.C., for the past four years. Most recent rally was this past October.

- A member of the East Bay Safe Prescribing Coalition and on the Steering Committee for the California Opioid Safety Network.
- As a founder and member of the various groups, April has pushed lawmakers for tougher prescription drug legislation.
- She worked with then-State Senator Mark Desaulnier on SB809, which upgraded the state’s CURES database – prescription monitoring program for doctors.
- 2011 – she testified before Congress at Senate hearings on Opioid abuse.
- 2013 – she organized a rally at the State Capital and spoke to the Medical Board of California urging for more resources in investigating doctors overprescribing.

Congressman DeSaulnier has described April Rovero has being instrumental in bringing national attention to the prescription drug epidemic. April often puts in 18-hour days, between her organizational work, crafting presentations, and counseling other parents who have lost children to prescription drugs. Among her many accomplishments, Ms. Rovero helped design a prescription drug curriculum targeting high-risk groups, which she presents to college students, and has brought this program to schools in the San Ramon Valley. Earlier this year, I had the privilege of hearing April’s powerful message when she spoke at the Northern California HIDTA Opioid Summit, in Dublin. April’s selfless volunteer work embodies high standards of CNOA and we are honored to present her with the Citizen of the Year Award.

The members of the NNOAC have learned that sitting on information doesn’t make things happen. Sharing information creates solutions and saves lives. Networking and getting to know likeminded individuals creates invaluable connections. The NNOAC members only meet once a year, but we find other ways to connect. In November, the California Narcotic Officers’ Association (CNOA) held their annual Training Institute in beautiful San Diego. More than 2,300 lawmen and women attended this 4-day training conference. In addition to the 35 different training classes, we were able to network and share information about officer safety issues, crime trends, and public safety policies. Fourteen states and four (4) countries were represented at this event. Everyone who attended took advantage of the opportunity to listen to other state members as they described their concerns and crime trends that we can expect to impact other states.

The following associations were represented and invited to the Out-of-State Reception, hosted by CNOA outgoing President Mark Brewster: NNOAC, Western States

Continued from previous page

Information System (WSIN/ RISS), NC HIDTA, Hawaii, Sweden, Iceland, Kansas, Texas, Tennessee, Utah, Nevada, Minnesota, Arizona, Iowa, Oklahoma, Colorado, Illinois, and New Zealand. We also had National Guard Counterdrug schools from MCTC, WRCTC, & the RCTC. Canada and New England were at the conference but didn't attend the reception.

NNOAC President Bushman and Past President Ron Brooks addressed those in the room regarding the importance of the February 2019 NNOAC Delegates Meeting in Washington, D.C. Everyone was urged to attend the DC meeting to update their congressional members on public safety concerns and policies.

Stay safe...

East Central Region - Tommy Loving

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

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Kentucky Narcotic Officers' Association Conference Review:



The Kentucky Narcotic Officers' Association (KNOA) annual training conference was held September 5-7, 2018, at the Hyatt Regency Hotel in Louisville, KY. KNOA

President Matt Gelhausen presided over the opening ceremony. National Narcotic Officers' Association Coalition President Bob Bushman was the opening speaker; he presented an overview of the "state of narcotic enforcement", both good and bad. Kentucky's United States Attorneys Russell Coleman and Rob Duncan gave a joint presentation on working with state and local law enforcement to enhance federal prosecutions.

Detective Matt Travis (Kentucky State Police, Drug Enforcement West) was awarded Narcotic Officer of the Year for the Western District of Kentucky, and Detective Darren Allen (Kentucky State Police, Drug Enforcement East) was awarded Narcotic Officer of the Year for the Eastern District of Kentucky.

During intelligence sharing, there were presentations on RISS Safe/ROCIC; Kentucky State Police (KSP) Highway Interdiction; Hemp Case Study (problems enforcing marijuana cultivation and working with legal hemp); KSP Laboratory staff highlighting procedures and drug trends; and HIDTA parcel interdiction. Following the presentations, President Gelhausen and KNOA Secretary Mike Brackett conducted an open discussion of intel sharing with the over 400 narcotic officers attending.

We received a presentation from Joe Rannazzisi (Retired DEA) concerning the evolution of drug threats into an epidemic of addiction, overdose, and death. Included in this presentation was information concerning the increase in opioid prescribing over the past two decades; the corresponding increase in addiction, overdose, and death; the failures within the drug supply chain and the healthcare delivery system that fueled the opioid epidemic; and the inadequate response by executive branch agencies to hold the DEA registrants accountable for



Joe Rannazzisi retired DEA received award from KNOA



violations that led to pharmaceutical diversion. He also discussed the impact of the Washington Post and 60 Minutes investigative reporting that exposed corporate lobbying, which secured legislation to limit the ability of the DEA to regulate the pharmaceutical industry.

At the end of the presentation Joe was presented with the KNOA Award of Excellence for his courage and commitment to drug enforcement. He received a standing ovation.

Mick Mollica, 30-year veteran in law enforcement (nine years as a police officer and 21 years as a Special Agent/Supervisor for the California Department of Justice, Bureau of Narcotics Enforcement), presented an eight-hour training class related to Synthetic Opioid-Fentanyl Processing. The course is designed to combat the emerging synthetic opioid threat, while focusing on the hazards associated with physical contact with these dangerous substances. This course certified the students in the safe processing and transportation of synthetic opioids such as fentanyl. Attendees found the presentation enlightening and gave it good reviews.

Kentucky Overdose deaths:

Kentucky overdose statistics were released in the fall of 2018. Overdose fatalities increased in 2017. Overdose deaths of Kentucky residents (regardless of where the death occurred) and non-residents who died in Kentucky, totaled 1,565, as reported to the Office of Vital Statistics in June 2018.

Autopsies and toxicology reports from coroners show that approximately 22 percent of overdose deaths involved the use of heroin in 2017, down from 34 percent in 2016.

Fentanyl was involved in 763 Kentucky resident overdose deaths. That accounts for 52 percent of all deaths, up from 47 percent in 2016.

Morphine was detected in 627 cases, and monoacetylmorphine (heroin) in 327.

West Virginia Narcotic Officers' Association Conference Review:

The 2018 West Virginia Narcotics Officers (WVNOA) held their annual conference October 1-3, 2018, at the Resort

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at Glade Springs in Daniels, WV, with approximately 130 in attendance. Topics covered this year were money seizures and asset forfeiture, search warrants, legal implications of use of force, parcel interdiction, and officer safety. Awards were given for best interdiction case and best drug investigation case; and the Bailey and Workman Valor award was presented to Sgt. David Fry of the WVSP. The WVNOA was fortunate enough to receive many donated items for raffle to raise money for two charities meaningful to WV law enforcement. The Trooper Eric Workman Foundation, created by Trooper Workman's family following his death in the line of duty, is dedicated to wildlife conservation and drug-free awareness aimed at children and teens in WV. Lily's Place of Huntington, WV, provides medical care to infants suffering from Neonatal Abstinence Syndrome (NAS) and resources for families and caregivers. Lily's Place was the first NAS Center in the US and cares for approximately 100 infants per year. Thanks to the attendees' generosity, the WVNOA was able to donate \$1,500 to each of these deserving charities.

New Jersey:

The New Jersey NEOA had another successful training year in 2018, due to the strong support from both our members and the law enforcement community. More than 400 individuals took advantage of the six training events we hosted throughout the year: (1) NJNEOA January Training Seminar, "How We See Things Differently.... A different look into the world of Addiction", Presented by: Sgt. Danielle Lo Russo (Gloucester County Prosecutor's Office), Dr. Jim Baird (Kennedy Health System), and Michele Schreffler-Perez (Recovery Coach Specialist); (2) NJNEOA February Training Seminar, "Criminal Interdiction & Concealed Compartments", presented by Sergeant Mike Conner (Maryland State Police / Pro-Active Criminal Enforcement Team); (3) NJNEOA April Training Seminar, "Terrorism Briefing w/ Focus on Narco-trafficking", Presented by S/A Daun White (Homeland Security Investigations /ICE); (4) NJNEOA October Training Seminar, "High-Level Interdiction & Concealed Compartments", presented by Det. Brad Gilmore (Bergen County Prosecutor's Office Narcotics Task Force); (5) NJNEOA November Training Seminar, "Commercial Motor Vehicle Interdiction & Concealment", presented by D.I.A.P. (For NJNEOA members, conference registration is free); and (6) Two special trainings, Basic "Tactical Narcotics Training", Class # 3 and Class #4, 5-day training classes not included in our normal set of 1-day seminars.



The NJNEOA hosted the Annual Narcotics Conference, held at the Bally's Hotel in Atlantic City, NJ, from June 4-7, 2018. NJNEOA President Capt. Felix Pacheco III presided over the conference opening ceremony. The conference was opened by Boston Transit Police Sergeant Richard "Dic" Donohue, a survivor of the Boston Marathon shooting, who gave a firsthand account of the shooting and highlighted the physical and mental effects the incident had on him, his family, and his agency. The conference also featured instructors, Federal and State, from across the United States, who spoke on such topics as: Outlaw Motorcycle Gangs, Mexican Drug Cartels, Body-Worn Cameras, Mid-Level Narcotic Investigations, Current Drug Trends & the Dangers of Fentanyl, Officer Safety in Conducting Narcotic Investigations, De-Escalation & Responses to Individuals in Crisis, and Casualty Care & Rescue Tactics.

There were more than 200 attendees for the classes at the 2018 Conference. At the end of the Conference, the Annual Awards Luncheon was held on June 7th, 2018. NJNEOA President Capt. Felix Pacheco III presided over the luncheon opening ceremony, at which his daughter, Amaya Pacheco, sang her rendition of "Amazing Grace" during an NJNEOA In-Memoriam presentation for late NJNEOA members and Past Presidents, Executive Board, and BOD members. At the conclusion of the luncheon, President Pacheco introduced incoming President Sgt. Wayne Canastra of the Middlesex County Prosecutor's Office. This year's luncheon was the largest awards luncheon to date, with over 700 attendees; the NJNEOA presented over 400 awards to individuals who were nominated by their peers for their extraordinary efforts in going above and beyond in the line of duty.

Prosecutor Andrew C. Carey (Middlesex County Prosecutor's Office) was presented with Prosecutor of the Year - 2018. Dr. Jim Baird - Kennedy Health System, Michele Schreffler-Perez - Recovery Coach Specialist,

and Richard Lo Russo were recipients of the Albert Jasani Community Leader Award for all their efforts in educating law enforcement officers and the community about understanding addiction. Detective Sergeant Danielle Lo Russo (Gloucester County Prosecutor's Office) received the Narc South Officer of the Year; she also works with Dr. Jim Baird, Michele Schreffler-Perez, and Richard Lo Russo.

Every year, the President has the ability to recognize an individual from the Executive Board or the BOD by presenting the Stamler Award. This award is named after one of the original founding fathers of the NJNEOA, Prosecutor John Stamler of the Union County Prosecutor's Office. BOD member Detective Kevin Mikolajczyk from the Linden Police Department, was the 2018 recipient of the prestigious NJNEOA John Stamler Award for his commitment and dedication to the NJNEOA.

Midwest Region - Brian Marquart
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Methamphetamine

The Midwest region continues to see record increases in methamphetamine seizures and arrests. A few short years ago, a 5- to 10-pound meth seizure was a substantial seizure. We are now seeing 100- to 180-pound seizures taking place in the region. We continue to see only a handful of small methamphetamine labs – which are capable of producing small amounts in “one pot” containers – in contrast to the early 2000's, when hundreds of such labs were discovered. Mexican DTO's control a majority of the delivery and distribution of meth that arrives in the region, and wholesale methamphetamine is readily available at very cheap prices and at very high quality. Partnerships and cross-state investigations by federal, state, and local law enforcement continue to identify and investigate mid-to upper-level dealers and importers of methamphetamine coming into the region.

Heroin, Fentanyl and Prescription Opioids

The region continues to see heroin and fentanyl overdose deaths at all-time highs. Law enforcement agencies throughout the region have seized synthetically produced fentanyl in the form of liquid, powder, and counterfeit prescription pills. Multi-state investigations have been conducted to identify the distribution chains of this deadly drug. Often the retail sellers and unsuspecting users are not aware that the substance contains fentanyl. Some states in

the region that had seen little to no heroin or fentanyl are now seeing dramatic increases. Much of the fentanyl seen in our region is produced in China and is ordered over the “dark web”. Law enforcement is continuing to encounter these dark web purchases from overseas, which are time-consuming and require additional law enforcement resources and expertise to investigate.

Cocaine

After several years of decreasing amounts of cocaine being seized and the number of people entering treatment, there has been an alarming trend over the past two years of increases in the availability and seizures of cocaine that are occurring in the region. As cocaine availability and use increases, we are seeing a rise in the number of overdose deaths related to cocaine, as well. Laboratory analyses of samples of cocaine are also showing that some of the cocaine is being laced with fentanyl. This makes it even more dangerous to the unsuspecting user and to law enforcement personnel who encounter it.

Marijuana

The region has seen large seizures of marijuana and marijuana concentrates being sourced from states that have legalized recreational marijuana. The region is being inundated with edibles, wax, oils, and high-content THC coming from states that have chosen to disregard federal law. Many of these products are aimed at attracting young people to try varieties such as gummy bears and “pot tarts”. This should not be a surprise, because many of us grew up with the big tobacco companies lying about their products not being harmful, trying to entice the next generation to become addicted so that the companies would continue to have customers. Not everyone who smokes marijuana will become addicted; but until 2017, the number-one drug of choice – after alcohol – for people entering treatment was marijuana. Protecting our children and our next generation from harms due to drugs and violence should be a top priority.



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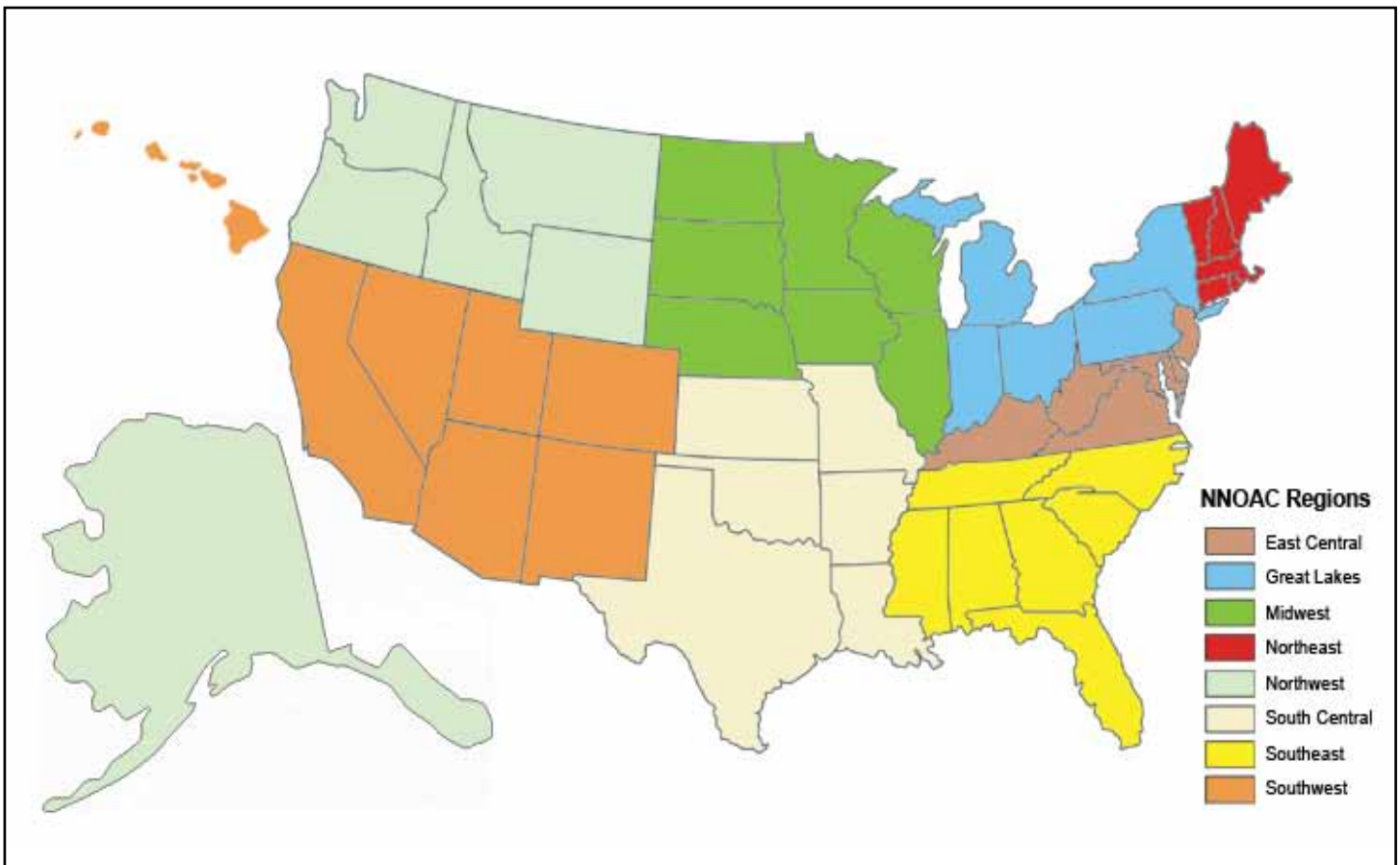


Southeast Region - T. Gene Donegan

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

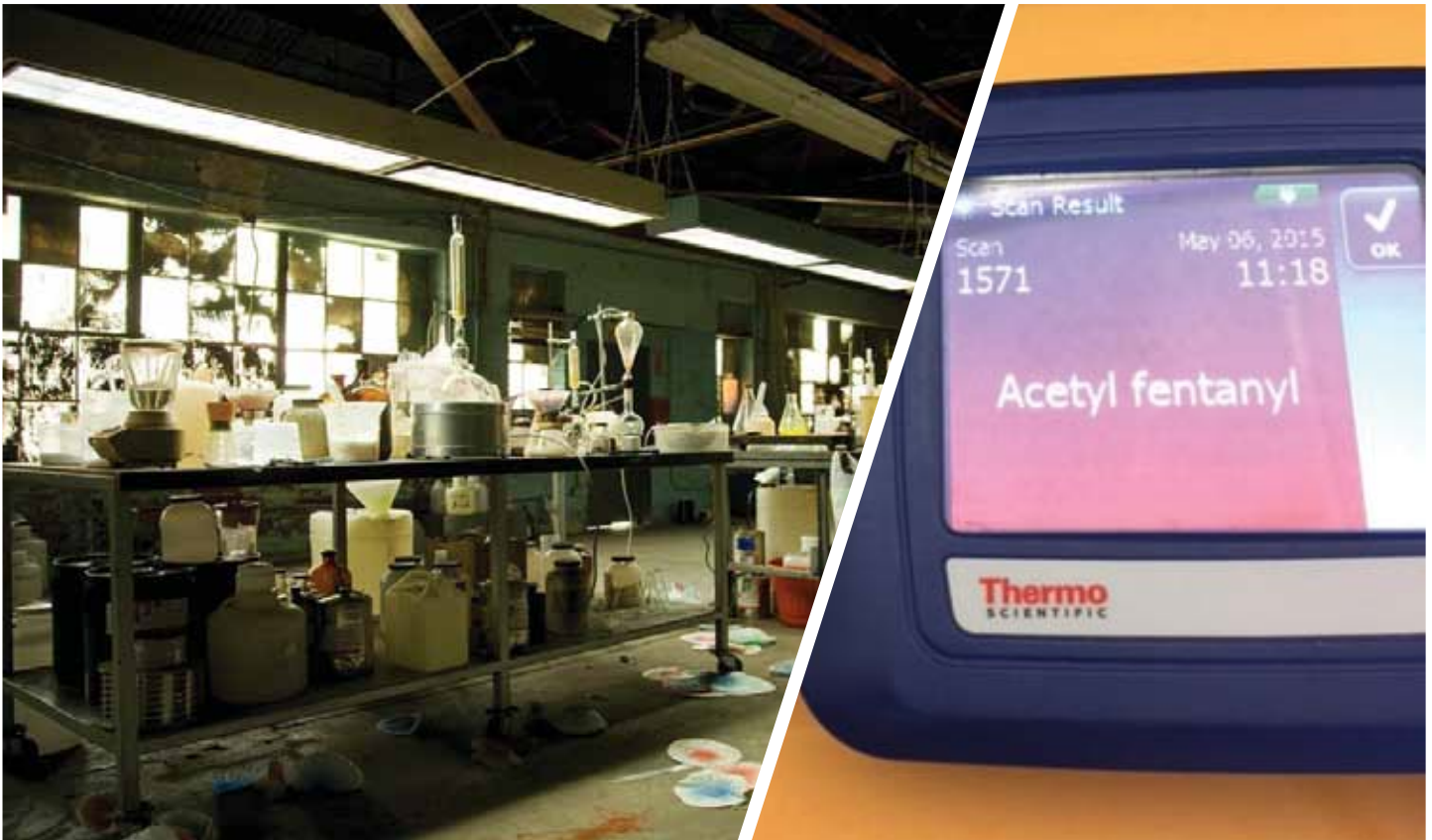
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EVOLVING TACTICS FOR COMBATTING THE OPIOID EPIDEMIC:

A CAREER DRUG PROSECUTOR'S PERSPECTIVE



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To address the scourge of drug abuse, we must combine proven law enforcement strategies with effective and uniformly applied laws, and prevention and education programs

By Monte Stiles

As a state and federal drug prosecutor for almost 30 years, I dealt with every imaginable type of illegal drug and drug trafficking organization, from multi-ton smugglers of Thai marijuana in the late 1980s to LA street gangs selling crack cocaine, biker gangs, black tar heroin dealers, meth cooks and drug cartels that sold everything at once.

I spent most of the last 24 years of my law enforcement career as the lead Assistant United States Attorney over the Federal Organized Crime/ Drug Enforcement Task Force for the District of Idaho. The mission of our team of agents, analysts and prosecutors was to identify, investigate and prosecute large-scale trafficking organizations.

Because these organizations rarely operated within the confines of a single state, most of our cases led to numerous other states and foreign countries where suspects, evidence, assets and witnesses could be found. A series of related investigations – which began in a world class ski resort in Sun Valley, Idaho – took us to Hong Kong three times, twice to Thailand, and on a very interesting trip to Fiji where the Attorney General met us in his “war room” to discuss wiretaps, arrests and seizures of resort property in the islands.

■ Meth lab dangers

Although our task force investigated every kind of serious case, methamphetamine manufacturing and distribution consumed most of our resources for many years. Meth labs, big and small, represented an environmental nightmare, as well as physical dangers associated with exposure to toxic chemicals, fires and explosions. My agent friends wore sophisticated

hazmat gear for protection that shielded their bodies from some, but not all of these dangers.

In the case of smaller labs – often located in single-family houses – heavily armed and protected officers would routinely approach a residence where broken tricycles and other toys littered the yard. Upon entering these toxic waste dumps, it was common for officers to encounter toddlers walking around in bare feet and dirty diapers. Chemists from the state lab would conduct an extensive analysis of everything, from unlabeled liquids in the refrigerator to traces of methamphetamine on food, clothing and bedding.

The cost of these investigations was enormous, especially given the cleanup that was required at the end. Chemical testing alone was tedious, dangerous, time-consuming and expensive, and the tools that were available at the time – including chemical wet tests that produced various colors requiring human interpretation – were far from ideal.

■ Advances in LE tech improve evidence collection, officer safety

Many years have passed since I began my career in law enforcement. During that time, I have witnessed the increased sophistication of drug trafficking operations, as well as technical advances in law enforcement tools. These tools, along with innovative investigative strategies, have greatly enhanced our ability to gather compelling evidence leading to convictions.

In our current world however, the emergence of hundreds of new synthetic opioids, which have caused a dramatic spike in opioid-related deaths, has shifted the national attention to how opioid

addictions and deaths can be prevented and treated. Like many times before, when faced with a new crisis, government solutions seem to focus on throwing a tremendous amount of money in the direction of a perceived quick fix, with virtually no understanding of the root causes of the problem or truly effective solutions.

With a significant increase in the illicit market for fentanyl, some law enforcement agencies have decided to stop testing suspected narcotics in the field with wet chemistry kits because of [fentanyl exposure concerns](#). Even the smallest amounts of fentanyl, inhaled or absorbed through the skin, can lead to an overdose or death. Consequently, new technology is essential for officer safety.

A device called [TruNarc](#) is helping officers identify drugs in the field without “blindly” handling them. [TruNarc](#) can identify over 400 substances, including 36 fentanyl variants. Instead of physically transferring a suspected substance into a plastic vial, [TruNarc](#) uses a laser and Raman spectroscopy to

identify these drugs, typically without removing the suspected chemicals from its container, and [results can be obtained in approximately 30 seconds](#).

In today’s world, I am envious of investigators and prosecutors who rely on sophisticated technology for presumptive testing that almost immediately identifies a bewildering number of drugs and precursors through Raman spectroscopy. Instead of fictional taste tests, vague interpretations of colors, or expensive and time-consuming laboratory analysis, prosecutors and officers can determine the exact chemical fingerprint of a suspected drug. That chemical fingerprint is compared to an internal library of known substances consistently updated to meet emerging threats.

■ Refining LE strategies

Thirty years of law enforcement experiences have led to some firmly held opinions regarding effective solutions to the scourge of drug abuse. I know that this can be accomplished by combining proven law enforcement strategies with effective and uniformly



applied laws, as accompanied by prevention and education programs that can change public attitudes and norms so fewer people start down the path of addiction.

In other words, we need to take out the bad guys, destroy their distribution networks and seize their ill-gotten gains, while promoting choices that produce healthy children and families, and safe communities. The last seven years – which have involved working with kids, drug prevention coalitions, law enforcement agencies and entire communities – have only confirmed the value of this combined strategy.

As law enforcement moves forward, we will encounter old and new obstacles in our efforts to protect children, families and communities. With innovative law enforcement techniques, renewed support from leaders and citizens, and the latest technology, we can productively and safely go about our duty to “protect and serve” both the public and our fellow officers. *P1*

About the Author

After almost 30 years in law enforcement, Monte Stiles was hired as a legal consultant/counter narcotics for Thermo Fisher Scientific.





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SAFE?

**Ernie Martinez, NNOAC Director At-Large
Past President, Colorado Drug Investigators
Association (2005-2015)**

Addicts have always tugged at my heart. The cross they bear due to circumstances in their lives, I wouldn't wish upon anyone. Most of them have had bad luck and life hurdles overtake rationality, leading to despair and pain. In my career, I spent many years undercover, and I recall one early case where I spent time in several "shooting galleries" (heroin & methamphetamine dealer dens) to buy heroin and meth from one of a handful of dealers who spread this poison to vulnerable addicts. Oftentimes, these dealers were fences or pimps, and those poor addicted souls exchanged stolen or "boosted" merchandise or their own bodies for heroin or meth.

Crimes were a daily occurrence only to feed their addictions, which the overwhelming majority of them couldn't shake. The only thing that did allow them a chance at sobriety was addiction treatment, often through adjudication in the court system to a handful of data-driven, long-term treatment and addiction centers.

Fast forward to 2018, where just a month ago, the Denver City Council approved a measure to green light what is known as a Safe Injection Site, or a Safe Use Site. This site is the latest in Denver and Colorado – "leading the way" as some advocates like to say – to smarter and more compassionate drug policy. This ordinance gives approval for a 'pilot' site near the concentration of where street users can have easy access – and, of course, the obligatory 1000-foot buffer from schools and recreation centers so that our children wouldn't have access or exposure to the substances themselves or the harms associated with them.

Some local politicians traveled to Vancouver, British Columbia, to visit one such site and returned with an insight as to where they want to go as a response to the opioid addiction problem in Denver and Colorado. The approved ordinance gives a green light to open such a site for a 2-year pilot to study parameters around the addiction problem. This ordinance is contingent upon the support of the Colorado State legislature approving safe injection sites during the upcoming 2019 legislative session. If it passes

through the state legislature, the law will provide criminal immunity for drug-users at the safe injection sites. Previous attempts last year didn't garner support due to the concerns of promoting illegal activity (crimes), creating concentrated areas of heavy drug sales and use, and violating federal law.



*Figure 1.1 - Sample of Injection site implements
Source: world wide web*

The Ontario (Canada) Association of Chiefs of Police (OACP), studied this issue in light of proposed sites. Additionally, the 2008 Health Canada's Expert Advisory Committee reported: "limitations on existing techniques tainted most evidence gleaned from the Vancouver experience. The Committee surmised that the best that could be ascertained from the available evidence was that the injection facility had failed to meet its stated objectives. Finally, the Expert Advisory Committee criticized the methodology showing improved public order in the area around the clinic. In fact, it noted that other studies indicating deterioration in public order at such injections sites was the norm."

Moreover, what this report and the white paper produced by the OACP revealed was that supervised injection sites do not adequately address treatment for intravenous drug users. Principally, there is only an inadequate measure of the number of drug users that have managed to end their addiction because of the Vancouver facility. *For a more in-depth review, please refer to the Ontario Police Chiefs White Paper, at <http://www.oacp.on.ca/User-Files/Files/NewAndEvents/PublicResourceDocuments/Supervised%20Injection%20Paper%20Feb2012%20FINAL.pdf>*

continued on next page

SAFE?, cont.

Colorado consistently ranks in the top 10 for pharmaceutical abuse; increased use of marijuana in all age groups; and projections towards increased dependencies and addictions to marijuana for those 14-25 years of age. With this foundation, if you will, heroin seizures have increased consistent with overdose deaths during the past six years. These heroin death rates are slightly lower than national death rates, from 2.8 per 100,000 to 4.1 per 100,000.

The three-legged stool of Education, Treatment, and Accountability can only stand when all three legs support one another.

This poly-drug use culture in Colorado has continued to expand addictions and all the social harms that are their by-products. These have handicapped the courts and have caused many data-driven treatment centers to go out of business. This is exacerbated by a severe lack of state and federal funding for the successful treatment centers that were providing the real answer to the poor addicted souls of our society. The most vulnerable population will use the supervised injection sites, while recreational drug users will avoid the sites. It should be noted that opioid deaths generally occur in healthier communities with little social disorder and high employment, communities where drug users have places to live and to ingest drugs.

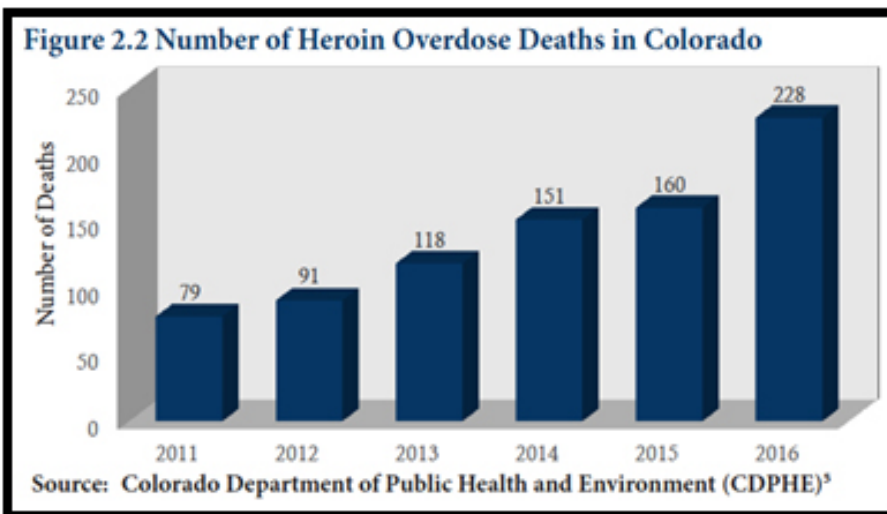
The population of addicts using these sites will need access to drugs more than daily. The homeless addicts and other vulnerable residents quickly run out of money and must turn to crime to pay for their drugs. The question I ask is one of



Figure 2.1 – Costs of Heroin Use & Injection Sites - Ontario Association of Chiefs of Police

care, love and compassion: does adding very vulnerable people into safe injection sites help alleviate their addiction? All the data suggests that the answer is no; and the costs of perpetuating injection sites to use heroin and meth will far outweigh the investment in a pollyanna, albeit laudable, attempt to reduce the harm to citizens addicted to dangerous substances.

I've experienced too often the pain and despair that addictions to opioids and meth cause: the loss of families, loss of health, and, at times, loss of life. It is very real and stinging to the core, not only in my career as a police officer but with family members as well. To effectively reduce the negative impacts of heroin and meth use, a much more coordinated response needs to be primary. This will need not only law enforcement, but prevention and treatment communities, mental health resources, and quality, non-partisan, data collection and analysis for continued study to enhance all efforts and adjust to this evolving social dynamic.



The three-legged stool of Education, Treatment, and Accountability can only stand when all three legs support one another. It is only then that our citizens who suffer from addictions will obtain the help they need and rid themselves from the wolves selling these harmful substances and hurting the communities in which we live and work. No modern-day “shooting gallery” will give us that. ☆

We thank the Swedish Narcotics Officers Association for the use of their articles in this issue.

Lennart Karlsson

Chair of the Swedish Narcotic Officers' Association (SNPF)
Editorial column from the Journal of the Swedish Narcotic Officers' Association (SNPF)
(no. 5, 2018).

Translation by Jonas Hartelius.



Legalizing drugs does not build a sustainable society in the long run

The 17th of October, 2018, turned out to be the date for a negative milestone in global drug control policy. Canada legalized cannabis. The decision was taken in contravention to the regulations of the United Nations Drug Control Conventions.

Now it remains to see if this is the start of a decline, or if Canada will find a way of regulating the drug. If Canada will be successful in doing so, then we can then only lift our hats in celebration. If not, Canadian politicians will owe us an answer. We must also hope that the country and its scientists will be courageous enough to make such evaluations of the effects that will not be trimmed to fit the picture people would like to present. That has, unfortunately, been the case in the investigations by some American states.

Not unexpectedly, the decision by Canada has blown fresh air into the fire of the Swedish debate. A recurring theme is that both opinionated people and scientists seem to see likely successes for the police as a main argument. Many refer to a report by the Swedish National Council for Crime Prevention, which – with some evidentiary support— has criticized the police for putting too much effort into enforcing minor drug crimes and insufficient resources for major drug crimes.

We, the members of the Swedish Narcotic Officers' Association (SNPF), know very well the actual reason for this lurching of priorities. It is a matter of management models: the gathering of “ticks” [i.e. points for action on singular incidents; *note by translator*] for the gathering of statistics and a dismantling of drug enforcement units as a specialized professional police function. Even if there is some evidentiary support for criticism, one should not the pit preventive intervention in the individual case against the fighting of organized drug crime. A serious drug enforcement strategy comprises both the fight against demand and supply and the reduction of harms from drug abuse.

Repeatedly, it is being said that legalization would

constitute a serious blow to organized crime. Some of the people in public debate are wildly cherry-picking their arguments. Among other sources, they refer to the Swedish national police intelligence report (2017). It is correct that the report states that “cannabis is of considerable importance in socially exposed areas and often serves as a basic income for the criminal actors there.” But believing that an officially regulated trade in cannabis would cause the problems as described by the report to disappear is a simplified view of the problem with segregation, overcrowded residences, and early failures in school education.

Everyone working against drugs knows that cannabis is not the only drug being traded. Cocaine, tramadol, and other types of drugs are of equal size in the trade and equally profitable as goods for the criminal gangs. It is naïve to believe that a regulated cannabis market would be able to get a large proportion of the organized criminals to suddenly give up their criminal trades and head for the local employment office.

Descriptions are brought up of countries which have received a well-needed addition to their state coffers and that statistics show a reduction in violence. Earlier, only Uruguay and some states in the U.S. had fully legalized cannabis. However, it seems that violence in these areas has increased – not decreased. A hope that organized crime would stop has failed shamefully. Unfortunately, it seems that the drug gangs are thriving better than ever. Mexican drug cartels, which earlier got their subsistence from the cannabis trade, have crassly adjusted to the new preconditions in the U.S. Instead of growing marijuana at home in Mexico, they just moved all or parts of their illegal cultivation into the U.S. The preconditions were almost perfect for hiding illegal activities behind a façade of legal cultivation. In addition to that, Mexican farmers who previously grew marijuana now have changed into growing opium. The resulting massive heroin production makes the end of the American opioid

Article continued from previous page

epidemic seem distant.

If people in the public debate, when they propose legalizing and regulating cannabis, are really serious that such moves would increase income for public coffers, would they then not start by arguing for a decrease in the gap between the income and the costs for alcohol, which currently is a legalized and regulated substance?

Today, the Swedish National Government takes in approx. 13.9 billion SEK from alcohol taxes. Cautious estimates state that alcohol is causing damages to society in the range of 45 billion SEK annually. That figure does not

include human suffering from alcohol problems or alcohol-related accidents.

It would be a much better business deal for the welfare system if the efforts were directed at increasing employment, instead of discussing the legalization and the regulation of cannabis. We do not need more outcast people. We do not need more people who are socially marginalized and are made passive as a result of substance abuse and dependence. We need more people who are allowed to belong in society and are provided with the conditions necessary for work and making contributions to the common good. In the long run, that will give us a more sustainable society. ☆

Workplace drugs tests are an important safety and security issue

For decades, workplace drug testing has been a controversial issue related to safety and security, but also to integrity and privacy. Some of the issues underlying the controversy will be summarized briefly here.

What is the primary purpose for workplace drug testing?

The overarching aim of any form of drug testing in workplaces always is to create drug-free workplaces. This purpose is a part of the [Swedish] goal of achieving a “drug-free society”. In Sweden, this telescopic phrase is defined as “a society free from non-medical use of drugs [controlled substances]”.

In work-life, measures against abuse of narcotic drugs and similar substances often form parts of comprehensive programs with goals that include reducing risks, protecting staff health, preventing disturbances and crimes, and increasing quality.

All of this is based on risk analyses. In Sweden during the postwar period, we have collected solid experience showing that drug abuse increases the risk for crime, diseases and fatalities, disturbances in family and neighborhood life, and other negative effects. The factors driving the risks are always drug intoxication. Changes in mental states among drug-intoxicated individuals can cause them to miss important signals, forget instructions, cause conflicts, etc. After long-term or intense drug abuse, their bodies or mental functions can become more or less permanently deteriorated.

Here, it should be noted that abuse (non-medical use) on singular occasions does not constitute a disease. It may, however, cause serious problems for the individuals and their close vicinities. Thus, keeping drug abuse away is



primarily a safety and security issue. In Sweden, the most common drug is cannabis, which – after only one period of intoxication – can disturb mental functions for several days. In order to keep out such drug-related risks and several others of similar nature, drug tests are necessary.

The risk management paradigm of our times focuses on identifying risks as early as possible; reducing or, preferably, fully eliminating the risks; limiting the damages as soon as possible when they have occurred; and so on. All the measures of that kind are built on centuries-old insights and action programs that damages are to be stopped or at least limited after they have occurred. Both safety engineers and trade union safety representatives are in agreement that it is an erroneous approach to wait until after the damage or accident has developed fully and then send in an ambulance. No workplaces can be made so safe that workers can take drugs during working hours. Here, it should be observed that “risk reduction” denotes measures taken before the

damage or disturbance has occurred. This approach is not to be confused with “harm reduction”, an approach which tries to limit the damage, disease, etc., after this has actually occurred, but not the drug-taking behavior per se.

Drug testing may serve as an important safety and security measure. It is important in order to be able identify and swiftly take action against risks associated with the “human factor”. The requirement is of the same nature as the requirement that airline pilots are to subject themselves to regular cardiac examinations, in order to prevent endangering the lives of their passengers by a pilot suffering a sudden heart infarction during flight.

How are drug tests performed?

In most cases, drug tests are performed by using biochemical methods in order to establish the presence of a drug or its metabolites (biochemical turnover products, such as morphine for heroin) in body fluids, expiratory air, or hair from a certain individual. The test sample is taken under supervision in order to ensure that it could not be manipulated (e.g., through the exchange of urine). Since the turnover of drugs is completed in a relatively short period (days or weeks, depending on the substance), the specimen must be taken within a certain period after the intake. The analysis of the sample should be done by a certified laboratory.

Biochemical tests belong to the small group of methods which can be used practically in large-scale surveys, while at the same time yielding forensically safe results. A correctly managed specimen is, in practice, not possible to explain away.

At least in principle, other methods can be used to identify active drug intake. Drug enforcement officers and old criminals can recognize drug-intoxicated persons by their body language, enlarged pupils, intense chewing, or other symptoms. Contemporary demands on the quality of forensic evidence, however, often require a biochemical analysis report in order to prove non-medical use of drugs.

Today’s test methods are technically safe, but they do require careful handling in order not to become adulterated. Often, a more simple method is being used to screen large groups and then a more refined method to further examine the positive samples from the first round. In some cases, a specially trained physician called a Medical Review Officer (MRO) is asked to assess the test responses and also consider the importance of any medical prescriptions or other factors.

In work-life, drug tests are being used at first-time employment to weed out applicants having an ongoing abuse of drugs. Tests can also be carried out randomly for general deterrence or individually within a comprehensive human resource program as part of a rehabilitation in order to ensure freedom from drugs.

Who initiated large-scale drug testing?

Large-scale drug-testing in work-life became a hot political issue in the U.S. in 1981, after an accident on the nuclear-arms-carrying aircraft carrier, U.S.S. Nimitz. An unsuccessful landing caused a fire that resulted in the deaths of 14 staff. Of those, six had traces of cannabis in their blood. Further investigations revealed extensive abuse of drugs among staff.

The U.S. Navy launched a comprehensive program. The motto became “Not on my watch, not on my ship, not in my Navy” in order to emphasize that everyone had a responsibility to prevent drug abuse. The result was a strong reduction in drug abuse.

During the Reagan administration, drug testing was put in place in the federal administration. American regulations about testing staff working with air safety were applied as requirements in Sweden for staff servicing U.S. aircraft.

In the 1980s and 1990s, drug testing was being adopted in many Swedish workplaces where safety was in focus. Today, it applies to transporting money, driving motor vehicles, construction work, among other occupations. Often tests of this kind are met with understanding by people at the front line, as they are the ones likely to be hit first if a drug abuser behaves in a risky way. The Swedish Labor Court has also accepted drug testing in principle, however with some requirements on information and procedures.

Who ought to test for drugs?

The drug testing of pilots, bus drivers, and other employees with high requirements for wakefulness and presence of mind is generally accepted. It is not a privacy or integrity issue. Groups with high levels of responsibility for other people’s lives, health, and safety can be found in health care, home services, and general human care. Historically, drug addiction has been an occupational disease among physicians. There have been cases of employees at therapeutic homes having abused drugs together with their clients. For all these kinds of groups and many others, drug testing ought to be discussed, particularly as the behavior among employees with drug abuse problems can be experienced as offensive by clients and others.

To the best of public knowledge, there has never been any discussion about drug testing for journalists or politicians, even if these groups exercise power in society. Nevertheless, an opportunistic party in the Swedish Parliament (Riksdagen) have had a Member who later died from multiple-drug abuse involving narcotic drugs.

In Sweden attempts have been made to legislate drug testing in work-life, but no formal proposal has ever reached Parliament.

The legal situation surrounding drug testing is

complicated. In Sweden, one reason is that related issues in the labor market are often dealt with through collective bargaining. The regulations may differ from sector to sector.

Indeed, there are ethical considerations related to drug testing and personal privacy and integrity in work-life. Abuse of narcotic drugs is currently widespread in many sectors. At the same time, in a growing number of workplaces, there are increasing demands on skills, presence of mind, reaction speed, personal responsibility, etc. Then it becomes reasonable to use drug tests to detect substance abuse and the accompanying risks as early as possible. This particularly applies to co-workers who have close contact with the public.

Ultimately, the most serious violations of privacy or integrity related to drug abuse in work-life become the infractions involving patients, clients, customers, and other people who are affected by the risks caused by the ravages by drug abusers. ☆

This article has previously been published in the Journal of the Swedish Narcotic Officers' Association (SNPF, no. 4, 2018). It has been edited and adapted for an international audience. Translation by Jonas Hartelius.

Jonas Hartelius, MBA, CPP, has for more than 45 years worked as a researcher and analyst in drug control. He has been an expert in drug cases at the Swedish Supreme Court and on drug testing in The Swedish Labor Court. He has lectured at the Swedish Police Academy and worked with NGOs such as the Swedish Narcotic Officers' Association (SNPF). He is the assistant editor of the SNPF Journal.



The American nuclear-armed aircraft carrier U.S.S. Nimitz in 1981 was struck by an accident during touch-down of an aircraft. Fourteen staff were killed in a fire. Of these, six had traces of cannabis in their blood. The accident caused the U.S. Navy to launch a large-scale program against abuse of narcotic drugs. Photo: © U.S. Navy.

This is a checklist developed and adapted by the SNPF.



The SNPF Checklist for drug tests

The Swedish Narcotic Officers' Association (SNPF) has developed a checklist ensure that drug test samples are being taken and analyzed correctly.

- 1. Is the test based on law, contract, proper usage or written policy?**
- 2. Has the person who is to be tested been informed about the purpose and the possible consequences of the testing?**
- 3. Has the identity of the person been ascertained (id-card or personal knowledge)?**
- 4. Have possible sources of error, such as the correct use of medically prescribed pharmaceutical drugs (these are to be noted!) or diseases been excluded – or at least noted?**
- 5. Is the sample (specimen) being taken under direct supervision?**
- 6. Is the sample being taken by a trained person?**
- 7. Is the sample being handled according to given directions?**
- 8. Is the sample going to be analyzed by an accredited laboratory or according to an approved method?**
- 9. Will the test result be evaluated by a competent person?**
- 10. Are there clear directives about what people are to be informed about the result from the analysis?**

One or several negative answers to the questions above may reduce the reliability of the drug test or the evidentiary value of the result.

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Drug-Related-Death Task Force in Knoxville

By Sergeant Josh Shaffer

Criminal Investigations

Knoxville, TN Police Department

Knoxville, like most places in this country is a great place to live. Knoxville has great schools, jobs, large college campus, beautiful waterfront, shopping malls, and located in the foothills of the Great Smoky Mountains. Like most places in America, there is another side to Knoxville; addiction and death. Knoxville is the county seat for Knox County which, according to numbers compiled by the Knox County District Attorney's Office, had 293 drug related deaths in 2017. Nearly 180 of these deaths were within our city alone whose population is just over 180,000, less than half of the total county population.

This epidemic didn't happen overnight. The death toll has steadily increased over the years and as we saw it rise, the Knoxville Police Department worked desperately to find a way to stop it. Data from the Knox County Regional Forensic Center Drug Related Death Report for 2017, shows that the Medical Examiner's Office saw the numbers of deaths that they ruled to be drug related rise steadily from 87 in 2010 to more than doubling to 170 in 2015, and then continue to rise to the current state.

The drug climate of Knoxville changed drastically during this time as well. Knoxville sits at the crossroads of two major interstates; I-40 which runs east and west and I-75 which runs north and south. Being situated 3 ½ hours north of Atlanta, which is a major source city, put Knoxville in a position to easily be sourced and thus controlled by Atlanta's wholesalers, which for us, had historically meant cocaine. Powder cocaine, crack cocaine, marijuana, and diverted pills of varying types had been the Knoxville market for decades. Even when Tennessee was one of the top 2 or 3 states from year to year in clandestine meth lab seizures, Knoxville rarely saw meth; crack was king. That however is no longer the case. As with the rest of the country, the late 90's and early 2000's gradually saw an increase in the abuse, misuse, and ultimately the diversion of opiate pharmaceuticals beginning with Oxycontin. Knoxville sitting along the I-75 corridor opened the door for us to be affected by and truly sucked in by the pill mill craze of the 2000's that we saw in Florida, then Georgia and Tennessee. Once the crackdown came of the Florida mills, the demand was here, and along

came the pill mills. Then around 2007, we saw something new. No longer were pills just coming from doctors, or pill mills, or pain clinics, pills were being trafficked by traditional drug trafficking means. Traffickers were bringing in large numbers of pills, concealed in or on couriers from multiple states away, mainly Detroit. No longer was Atlanta the sole source city, the north was filling the demand for opioids. Then beginning around 2012 and into 2013, the already established Detroit-to-Knoxville trafficking groups gradually started bringing heroin in addition to the pills and the rest, as they say, is history. Also, around 2014, crystal methamphetamine hit like a ton of bricks. Overnight, Ice was everywhere. Addicts had ounces and dealers had pounds! It was everywhere, it was strong, and it was cheap. Even though Knoxville was able to avoid the home-made meth days, it couldn't escape the crystal meth. Then around 2015 Knoxville began seeing Fentanyl and shortly after analogues. Then as the area felt the effects of both Ice and Opioids, both in their strongest forms, addicts strived to continue functioning somehow. Meth addicts started taking a little heroin to go to sleep and heroin addicts started taking a little meth to stay awake. This combination is temping the fate of the user every time they use, poly-drug death!

The Knoxville Police Department had always treated deaths suspected of being overdoses as suspicious. Deaths that were not obviously natural and had criminal activity involved had always been treated as suspicious and thus garnered investigation. Major Crimes Investigators would respond, the Medical Examiner would complete an autopsy, and witnesses were interviewed. However, when they were determined to be from unintentional overdoses, the investigations were closed out and whatever intelligence may have been obtained during the case about drug sources or leads on drug dealers were passed along to narcotics investigators. But as the number of drug related deaths shot up dramatically in 2013 and 2014, the Knoxville Police Department began trying to figure out what could be done beyond just gathering intelligence. The Knox County District Attorney's Office had also noticed the trend and themselves had been tracking the problem and searching for new ways to combat it. Additionally, The Knox County Medical Examiner's Office's 'Regional Forensic Center' had been proactive in identifying and fully investigating deaths suspected of being drug related, tracking trends, and coordinating with health officials and law enforcement. The question was what to do about it.

Tennessee had a section of the 2nd Degree Murder Statute that provided the ability to prosecute someone under that



statute for a death resulting from the distribution of a Schedule 1 or Schedule 2 drug. A drug investigator from the Knoxville Police Department began having discussions with prosecutors from the District Attorneys' office about prosecuting drug related deaths and specifically about this statute. A former homicide prosecutor turned drug prosecutor was open to the idea. Then came the case of Scott Hackler. Hackler was found dead in 2014 in his vehicle in downtown Knoxville. An examination of his phone found that he had contacted an old friend of his who appeared to have obtained Opana's for him the night before. Search warrants were obtained for cell phone records and cell tower data, interviews were conducted, and surveillance video was discovered. Ultimately with the advice of his attorney, the friend who got Hackler the pills cooperated and admitted he had obtained the pills from a dealer he knew and agreed to cooperate. Undercover purchases were made, and the dealer was charged with distribution of oxymorphone, however the DA was willing to push the death. As part of a plea agreement, the dealer agreed to plead guilty to Reckless Homicide in the death of Scott Hackler. It wasn't Second Degree Murder, but it was a death charge. The DA's office realized it could be done and more importantly, so did the defense bar and the public. Shortly after, the first case was indicted for Second Degree Murder in a case involving a convicted felon who sold a 19-year-old Fentanyl. Charging murder and homicide in cases of unintentional overdose death now was a viable option.

What then became the norm for the Knoxville Police Department, was that as always, Major Crimes would initially investigate any suspicious death. Once it was determined to be unintentional but possibly from a drug overdose, they would contact a Narcotics investigator who would then work to find the source

of the drugs and attempt to prosecute the dealer or dealers who distributed the drugs that led to the death. This was done in addition to working traditional drug cases, trying to be proactive in pursuing drug dealers and organizations, and carrying a normal case load.

Then in February of 2017, HIDTA approved funding to support the formation of a Drug Related Death Task Force in Knoxville, which was comprised of the Knoxville Police Department, the Regional Forensic Center, the Knox County District Attorney's Office, and the Drug Enforcement Administration. The Task Force would form a group of full-time investigators to concentrate on nothing more than investigating drug related deaths that had occurred in Knoxville. The goal of the Task Force has been to investigate these deaths, identify dealers who supplied the drugs, and ultimately identify the organizations that are responsible and build prosecutable cases. Just recently, the Knox County Sheriff's Office has joined the Task Force, so now the Task Force not only just covers the city of Knoxville but now it covers the entire county. In addition, we have partnered relationships with the U.S. Attorney's Office, the Tennessee Bureau of Investigation, the Postal Service, the FBI, and numerous other neighboring agencies. The Task Force also works closely with the Department of Justice's Opioid Fraud and Abuse Detection Unit Initiative as well as DOJ's Synthetic Opioid Surge Initiative, both of which the Eastern District of Tennessee was selected for. During the nearly two years that the Task Force has been in existence, they have also become the model for other agencies to look to, to build similar units. The success of the Task Force has given other law enforcement agencies and prosecutors' offices the willingness to try to go after drug dealers in their areas that are responsible for killing their citizens. Many neighboring

agencies have dedicated full time investigators to work drug death cases in their areas, and these agencies look to the Knoxville Police Department and to the Task Force for assistance and guidance. In addition, Knoxville serves as a source city for a lot of East Tennessee, so several cases have been worked jointly with neighboring agencies with success.

As a matter of purpose, investigating any drug related death or overdose has three main goals. First off to determine what happened. What was the manner and cause of death? Was it a suicide, an accident, or did someone do something intentional to kill this person and just used drugs as the weapon instead of a gun or knife. Obviously, most drug related deaths are unintentional acts and thus accidents, but this is an important part that can't be overlooked. The second goal is to determine where those drugs came from. Who gave the deceased their drugs? Once that is determined, you then have options. You can take the intelligence like any other drug intel, or you can prosecute the person either for delivering the drugs or for the actual death. Or a third option is to flip that person and try to work "up the chain". This leads to the third goal and that is to identify drug organizations, target them, and ultimately dismantle them, and be able to prosecute as many dealers as possible for the death. Through this investigative strategy and through the concept of criminal responsibility, the Task Force has prosecuted numerous individuals for deaths, when they had never even met their victims. In one case, there was a female who died, who was given the pills that caused her death from her husband, who got them from another individual, who got them from a Detroit source. The Detroit source was charged with Second Degree Murder in that death and he had never even heard of the victim's name before nor knew she ever existed.

Since the Task Force began, it has brought criminal charges of Second-Degree Murder, Reckless Homicide, or Federal Drug Distribution Resulting in Death charges in over a dozen deaths. Approximately 50 additional individuals have been charged with Drug Distribution offenses which were directly related to deaths or overdoses. The Task Force has been able to trace some deaths to their source and

charged suppliers in Detroit, Atlanta, and Chicago with either death offenses or drug trafficking offenses.

The goal of the Knoxville Police Department and every agency on the Task Force is to bring closure to the families of these tragic deaths and to hold those individuals responsible for taking the lives of their loved ones accountable. ☆

Sergeant Josh Shaffer is an 18-year veteran of the Knoxville Police Department and supervisor in the Criminal Investigations Squad. Sergeant Shaffer was twice named Officer of the Month and Officer of the Year for 2010 and serves as task force commander of the Appalachia HIDTA's Drug Related Death Task Force.

Attorney General Jeff Sessions addresses the NNOAC National Drug Forum on September 12, 2018

On September 12, 2018, the NNOAC, along with the Department of Justice, hosted the second annual Drug Enforcement Forum at the ATF National Headquarters in Washington, DC. It was a very successful meeting, with an appearance by Attorney General Jeff Sessions. Andrew Wheeler, Acting Administrator, Environmental Protection Agency, released a memorandum (effective September 12, 2018) to provide clarity and certainty and assist law enforcement agencies with the management of household drugs collected in take-back programs. Acting Administrator Wheeler told attendees, “Efforts by law enforcement agencies across the country to collect unwanted drugs from households is a critical tool in fighting the opioid crisis, EPA strongly supports these efforts and is working to ensure that drugs collected in take-back programs are transported and destroyed in a manner that is protective of public health and the environment, including the health of law enforcement officers.”



Attorney General Jeff Sessions

NNOAC President Bob Bushman stated, “We appreciate the leadership of EPA Acting Administrator Andrew Wheeler on this important issue. With more than 72,000 drug poisoning deaths in 2017 alone, many of them related to the ever-increasing use of fentanyl-laced heroin, this tragic epidemic will only get worse unless we put forward every tool possible to tackle it. Drug take-back programs play an integral role in tackling this epidemic by helping to keep unused prescription drugs out of the hands of those who might abuse them.

What was evident from the discussions is that law enforcement and the treatment and prevention sectors connected with each other and, through trial and error, worked on solutions to combat the ever-increasing deaths occurring from the fentanyl/heroin epidemic in this country. The result is overwhelmingly positive, and many lives have been saved. The people in power continue to ignore the successes of law enforcement, and they continue to make our jobs more difficult by deflecting blame rather than seeking solutions they should implement.

continued on next page

The Coalition

*Andrew Wheeler
Acting Administrator,
Environmental
Protection Agency*



*Neil Doherty,
Deputy Assistant
Administrator,
Diversion Control
Division, Drug
Enforcement
Administration,
discussed the Opioid/
Heroin Response
Strategy.*



*Brian Marquart,
Statewide Gang and Drug
Commander, Minnesota
DPS, made a presentation
focused on the importance
of task forces supported by
Byrne JAG funding.*

*Paul Knierim, Deputy
Chief of Operations,
Drug Enforcement
Administration*

*Jeff Sandberg, Unit Chief,
Clandestine Lab Team of the Drug
Enforcement Administration,
discussed the White House
Initiatives for Fentanyl Safety for
Law Enforcement – An important
issue of the opioid problem
relating to the danger of law
enforcement and other emergency
personnel overdosing from the
handling of opioids and treatment
and arrest of persons involved.*



*Chauncey Parker,
Director of the New
York/New Jersey
HIDTA, spoke
about the RxStat
and the role of law
enforcement in
reducing overdoses.*

*"The NNOAC is honored
that Acting Administrator Andrew Wheeler
chose the NNOAC Drug Enforcement Forum
to make this announcement."*

*Mark O'Brien,
Addiction Policy
Forum, gave a
presentation on Policy
and Legislation to
reduce overdose and
addiction.*



Fall, 2018 Delegation Meeting

The Coalition



Geoff Stephany of Old Dominion Freight Line,



Jackie Kelly, Jr., of the American Trucking Associations, presented the problems of drug and contraband shipments in the trucking industry. The environmental impact and dangers of chemicals shipped with no warnings to their employees and communities.



The forum ended with a Roundtable discussion about raising our voices on the importance of law enforcement programs in addressing America's drug crisis



There was a roundtable discussion by Bob Peryam, North Florida High Intensity Drug Trafficking Area; Cory Taylor, Director, United Drug Enforcement Strike Team; and Nancy Castillo, Prevention Coordinator, Marion County Children's Alliance on the Public Safety/Public Health Approach to the Drug Epidemic





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Law Enforcement Officer Deaths in 2018

FIREARMS-RELATED DEATHS INCREASE 13 PERCENT
OVER SAME PERIOD LAST YEAR

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According to preliminary data compiled by the National Law Enforcement Officers

Memorial Fund, as of December 27, 2018, 144 federal, state, and local law enforcement officers have died in the line of duty this year, increasing 12 percent over the 129 officers killed in 2017.

Firearms-related fatalities were the leading cause of officer deaths, with 52 officers shot and killed in 2018. This represents 13 percent increase from the 46 officers killed in firearms-related incidents in 2017.

Fifty officers were killed in traffic-related incidents this year, increasing nine

percent, compared to 46 traffic-related deaths last year. Thirty-two officers were killed in vehicle crashes in 2018. Of those, 16 officers were killed in single-vehicle crashes, a 14 percent increase from 2017. Fourteen officers were killed when they were struck while outside of their vehicles and four officers were killed in motorcycle crashes.

Forty-two officers died due to other causes this year, 18 of which were job-related illnesses where officers collapsed or suffered a cardiac event. Fifteen officers died because of an illness contracted during the 9/11-related rescue and recovery efforts, four officers drowned, three officers were beaten to death.

Two territorial officers and ten federal officers also died in 2018. Fourteen states and the District of Columbia did not lose an officer in 2018.

The deadliest month for law enforcement in 2018 was May, with 18 fatalities. February had 15 deaths, March, April, and September had 14 fatalities, November and July each experienced 13 fatalities, June sustained 11 fatalities, December had nine fatalities, January had eight deaths, and August had the fewest officer fatalities, with five.

The deadliest day of the week in 2018 was Wednesday, with 26 fatalities. Monday and Thursday each sustained 24 officer fatalities, Saturday suffered 21 officer deaths, Fridays experienced 20 officer fatalities, Tuesday had 15, and Sunday had 14. Most officers, 13 in total, died between 8:00 and 8:59 AM.



END OF WATCH: July 21, 2018

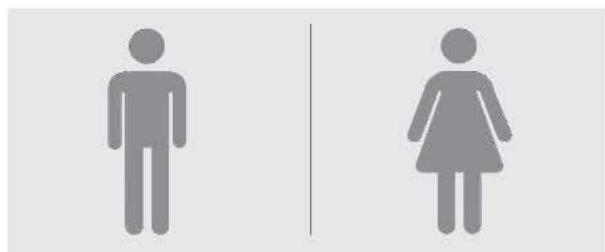
Senior Corporal Givens was struck and killed by a suspected impaired driver while conducting a funeral escort for another Dallas police officer.



END OF WATCH: October 22, 2018

Deputy Turner succumbed to injuries she sustained by gunfire following an incident on October 3, 2018. Deputy Turner was one of seven officers who was shot while serving a warrant at a residence.

NUMBER OF DEATHS BY GENDER



MALE: 134

FEMALE: 10

DEMOGRAPHICS OF FALLEN OFFICERS



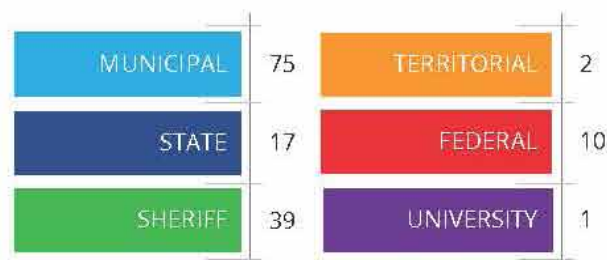


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Officer Fatalities End of Year 2018: Demographics

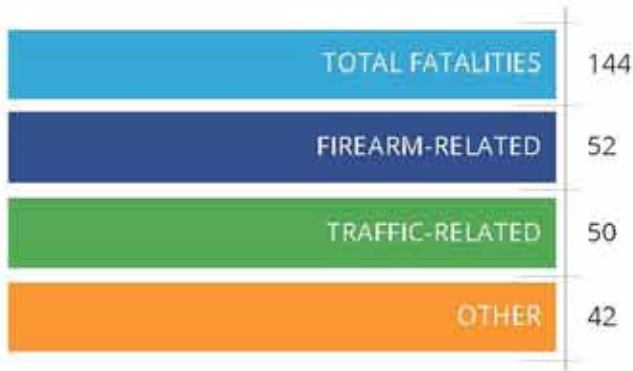
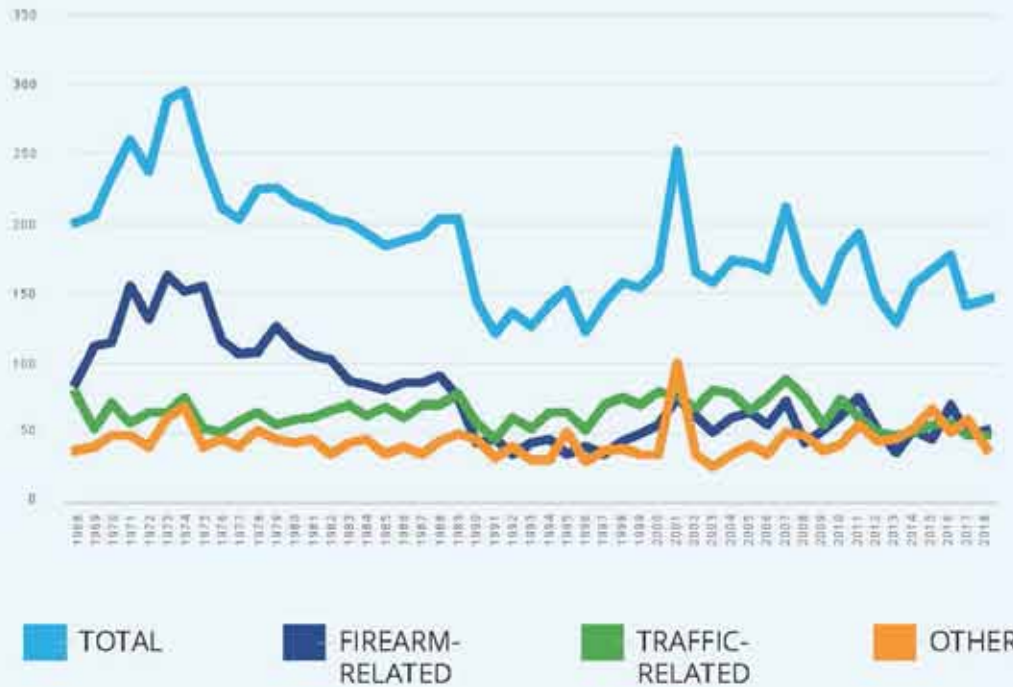
Texas, Florida, California, and New York experienced the largest number of officer fatalities in 2018, with 11 each. North Carolina had eight deaths; South Carolina, Georgia, and Indiana had five. Illinois, Kentucky, Louisiana, Mississippi, and Ohio each sustained four officer fatalities. Colorado, Kansas, Michigan, Missouri, New Jersey, and Pennsylvania each suffered three officer fatalities. Alabama, Arizona, Connecticut, Massachusetts, Maryland, Minnesota, Oklahoma, Utah, Washington, and Wisconsin had two fatalities each. Hawaii, Idaho, Maine, Nevada, Oregon, Tennessee, and Virginia each sustained one officer fatality.

NUMBER OF DEATHS BY JURISDICTION



Total Fatalities 1968-2018

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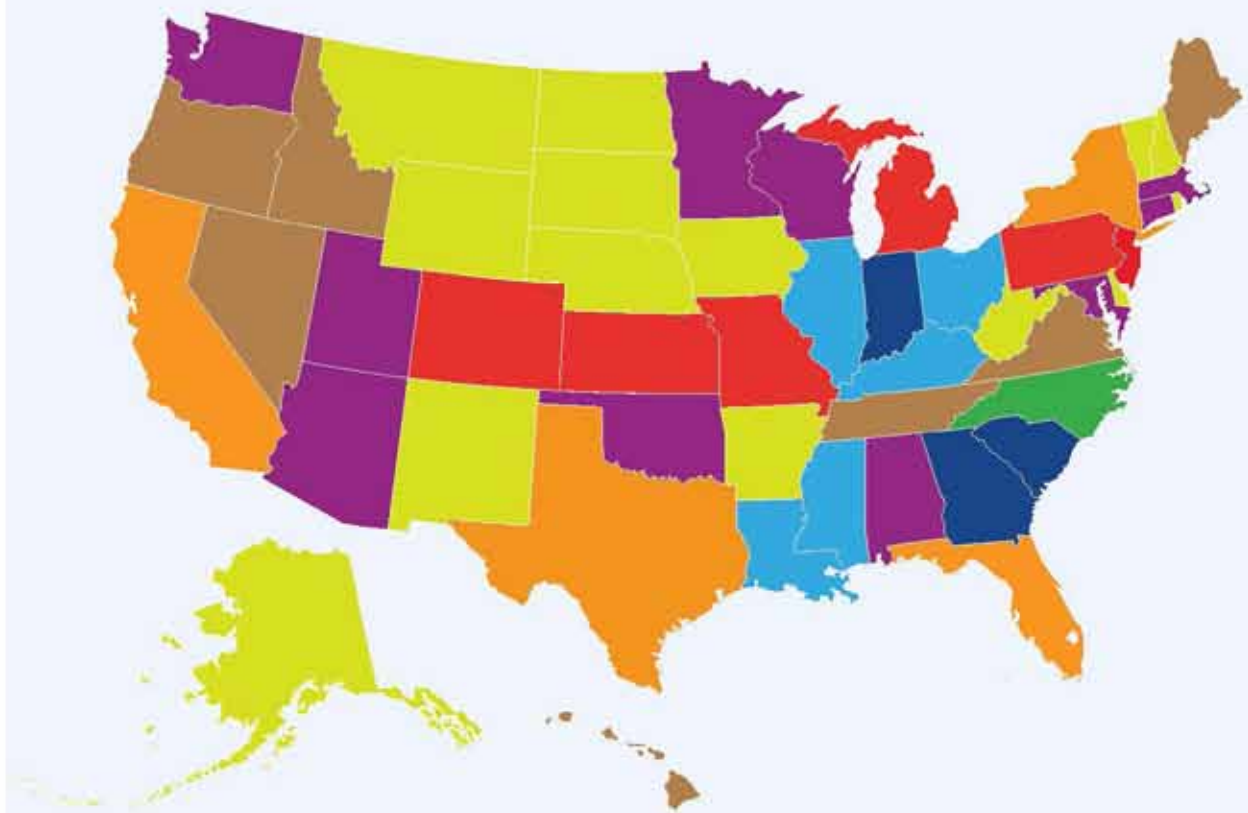
and Indiana with five. Two territorial officers and nine federal officers also died in 2018. Fourteen states and the District of Columbia did not lose an officer in 2018.

134 were male and ten were female. Their average age was 41 years, with 12 years of service. On average, each officer left behind two children.

The data and statistics contained in this report are preliminary and do not represent a final or complete list of individual officers who will be added to the National Law Enforcement Officers Memorial in 2019.

Fatalities by State in 2018

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ZERO NUMBER OF DEATHS IN **13** STATES AND THE DISTRICT OF COLUMBIA



*The National Narcotic Officers'
Associations Coalition*

To those officers who
gave the ultimate sacrifice
for our community we
offer sincere thanks and
utmost heartfelt support to
the loved ones left behind

*Thank you to the NLEOMF for serving those
who serve and for permission to reprint.*



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