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HE NATIONAL NARCOTIC OFFICERS ASSOCIATIONS COALITION

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The COALITION

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TO BECOME A MEMBER OF NNOAC

You must establish a local or state narcotics officers association. The membership fees are \$500 per year for member states with over 1000 members in their association, \$300 per year for associations with 500 or more members and \$200 per year for associations with under 500 members. For more information on how to become a member or for additional information please contact one of our Executive Board Members.

Submission Guidelines

The Coalition is published twice per year. Any articles or photographs received after the deadlines will be held for the next edition. Typewritten articles should be double-spaced. **DO NOT** TYPE IN ALL CAPS. All articles must be signed to be printed. The editor reserves the right to edit any submission for clarity, brevity, etc. Photos must be captioned. Do not staple captions to, or write on photos. Submit articles to: William Butka, Phoenix Park Ste. 10, 29 North Plains Hwy., Wallingford, CT 06492. If you have any questions, call **203-627-2644 or 860-258-5856** or e-mail: webutka@ snet.net.

Deadlines for Submissions by Issue

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PRESIDENT'S REPORT

Working Together Proves Effective

This year has been the most challenging year since the creation of the National Narcotic Officers' Associations' Coalition in 1994. As many of you know, the Coalition was formed by State Narcotic Officers' Associations who realized that, while they were successful in representing their membership with their respective state legislatures, narcotic officers across this country did not have a unified voice to represent them on critical drug legislation and policy issues. This inability to communicate with the Administration and Congress was creating an information vacuum because our nation's narcotic officers did not have a means to communicate with the Congress and other policy makers on critical drug policy issues.

In 1994, when the NNOAC formed, our primary legislative issue was ensuring adequate funding for programs such as Edward Byrne Memorial Grants and Local Law Enforcement Block Grants (LLEBG) and the continued funding of drug related programs such as the Regional Information Sharing System (RISS) and the National Guard's Counterdrug Program.

While those grants have been in jeopardy since 1994 when President Clinton first proposed their elimination, the NNOAC and its state associations, working closely with the IACP, the National Sheriffs' Association, the National District Attorneys' Association, NASDEA, and other organizations managed to retain and even increase funding for these critically important programs. In 2005, the first blow was delivered to Federal funding for state and local drug enforcement when the Edward Byrne Memorial Grant and the LLEBG were consolidated into the Justice Assistance Grant (JAG). Our most difficult challenge came when the White House Office of Management and Budget (OMB) proposed elimination of the JAG-Byrne Grants and a sixty-percent cut to the High Intensity Drug Trafficking Area (HIDTA) Program, along with a proposal to move HIDTA from the neutrality of the Office of National Drug Control Policy (ONDCP) to the United States Department of Justice. The NNOAC worked closely with all of the stakeholders during that budget process and succeeded in retaining full funding and placement at ONDCP for HIDTA and partial funding for JAG-Byrne.

Because of the strong support for these and other drug enforcement, prevention and treatment programs, we were shocked when OMB, in the Administration's FY 2007 budget proposal, again recommended elimination of JAG- Byrne and transfer of the HIDTA Program to the Department of Justice, where it will lose local relevancy and the neutral sponsorship of ONDCP.

By Ronald Brooks, President

In January of 2006, the NNOAC sponsored a meeting in Washington,



President Ron Brooks

D.C., which was attended by representatives from twentytwo national professional and labor associations that share our interest and concern in ensuring adequate funding for JAG-Byrne and the HIDTA program. At the end of that meeting, fifteen of those organizations, including the major law enforcement organizations, signed a national alliance letter supporting full funding at the authorized \$1.1 billion level for the Byrne Justice Assistance Grants, full funding for the High Intensity Drug Trafficking (HIDTA) Program, and the retention of HIDTA at the Office of National Drug Control Policy. This letter was historic, as it was the first time in anyone's memory that groups as disparate as the NNOAC, the National Troopers Coalition, International Association of Chiefs of Police, the Major City Chiefs' Association, the National Sheriffs' Association, National District Attorneys' Association, National Alliance of Drug Enforcement Agencies, National Association of Counties, National Association of Drug Court Professionals, and many others came together to support a single position.

Those fifteen groups that signed that letter represented more than 456,000 law enforcement officers, drug court judges, treatment practitioners, and prosecutors from over two thousand counties and more than five thousand community prevention coalitions. This letter was the catalyst for ongoing actions which included an NNOAC-sponsored meeting with the Speaker of the House; staff from the House Appropriations Committee's Subcommittee on Science, Commerce, Justice and State; Chairman Knollenberg of the House Appropriations Committee's Subcommittee on Treasury and Transportation; and Deputy Attorney General Paul McNulty. Our alliance also held a very effective briefing for members of the House and Senate and their professional staff to education them on the impact that cuts to the Byrne-JAG and HIDTA Programs would have in their own communities.

The results to date have been very encouraging. Last

year (FY-2006), the formula portion of the Byrne Justice Assistance Grant which funds multi-jurisdictional task forces and many other important programs was appropriated at \$317 million. This year to date, the Byrne Justice Assistance Grant formula program has received a recommendation in the House of Representatives of \$444 million and in the Senate of \$465 million. Senators Dayton and Chambliss have agreed to introduce a \$900 million floor amendment if the budget reaches the Senate floor. Additionally, the House has recommended \$115 million and the Senate \$120 million for the Byrne Discretionary Program. The House has recommended \$99 million and the Senate \$85 million respectively for the Community Oriented Policing Services (COPS), Meth Hot Spot Program which funds many of our nation's methamphetamine enforcement and cleanup programs. This is an increase from the \$62 million appropriated in FY2006.

All of this happened because the NNOAC and its state associations worked closely with the other fifteen signatories to our alliance letter and with their respective state associations. This type of grass roots effort cannot be underestimated nor can we allow ourselves to rest on the small success that we may have achieved this year. This victory was the result of the hard work of many of you and others from our partner associations; but it would not have been possible without the leadership of many within the Congress, including Speaker J. Dennis Hastert, House Members Mark Souder, Lee Terry, Mark Kennedy, Elijah Cummings, and Steny Hoyer; and Senators Charles Grassley, Joe Biden, Saxby Chambliss, Mark Dayton, Orrin Hatch and Dianne Feinstein. These members of Congress and their professional and dedicated staff members kept HIDTA intact and worked tirelessly against overwhelming odds to bring the JAG-Byrne Program back from the brink of extinction.

I have been working closely with Ben Bawden from the Charles Group to develop strategies for suggested changes to the JAG-Byrne Grant Program that may be acceptable to the Office of Management and Budget. Ben and I have met with Domingo Herraiz, Director of the Bureau of Justice Assistance, and Regina Schofield, Assistant Attorney General for the Office of Justice Programs, to discuss strategies that the NNOAC might suggest to the Administration and Congress to ensure the sustainability of multi-jurisdictional task forces currently funded by the JAG-Byrne Grants. We have been working closely with all of the members of our JAG-Byrne alliance to ensure that the needs of each of those organizations are satisfied as we fight to keep drug enforcement, prevention, and treatment efforts alive in this country.

As we continue our efforts to ensure adequate funding and support for drug enforcement prevention and treatment, we find that our opponents are fueled by the rhetoric provided by the drug legalization movement. We continue to expend considerable time, effort and political capital fighting George Soros and his well-funded legalization efforts. It's up to the NNOAC, as a leading voice for sound drug enforcement policies, to make sure that legislators and decision makers around this country understand the true threat posed to the public safety of this nation by illicit drugs and the importance of providing adequate state and federal funding. It is important that we embrace performance measures as part of our strategy to prove to both the Office of Management and Budget and the United States Congress that drug enforcement works.

The National HIDTA Director's Association has developed Performance Measures for their program which were used very successfully to brief the Congress and ensure the sustainability of HIDTA. Under the leadership of Director Domingo Herraiz, the United States Department of Justice, Bureau of Justice Assistance, is in the process of developing performance measures to be used by each of the Bureau's Byrne-funded task forces. These performance measures will be administered by each state's grant administrating agency, with the reported statistics returning to the Bureau of Justice Assistance.

We know from samplings done by the state of Iowa and by the National Alliance of State Drug Enforcement Agencies that we can prove the effectiveness of multijurisdictional drug task forces. It is that proof, along with an honest discussion of the public health and public safety threat posed by drug use, which will demonstrate that it is appropriate to expend Federal funds to assist state and local communities with their drug prevention and enforcement efforts. Director Herraiz was gracious enough to include a focus group of NNOAC members in Washington, D.C., as part of the development in this Performance Measures Program. I would ask that each of our state associations works to ensure the success of BJA Performance Measures survey so that we can use that information to support the Byrne-funded task forces.

We will soon be meeting in Nashville, Tennessee, at our mid-year Board of Delegates Meeting. Tim Lane and the Tennessee Narcotic Officers' Association have worked diligently to ensure that we have excellent facilities for our meetings and social events so that we are able to work hard and yet enjoy the time spent together.

I look forward to working with all of you as we continue our efforts to support America's Narcotic Officers and as we work with our friends in the Congress to ensure adequate resources are applied in the fight against drugs.

Thank you for everything you do for this Association and for your own communities, and God Bless America. ►



To be considered a legitimate medicine in the modern world, a therapeutic product must be standardized by composition and dose, quality-controlled in all aspects of manufacture, tested in preclinical and clinical studies, and administered by means of an appropriate delivery system or dosage form. It must, in short, meet the rigorous standards for quality, safety and efficacy that have been laid down by regulatory authorities. In the United States, that regulatory authority is the Food and Drug Administration (FDA).

The FDA approval process provides important benefits and protections for both patients and physicians. It ensures that physicians will have access to data for approved indications that will enable them to understand what they are recommending to their patients, the extent of efficacy, the content of each dose, whether the product may interact adversely with other products, which patients should not be considered candidates for the product, what dosing strategy is optimal, what side effects may be expected, and how such a profile compares to other available medications. This enables physicians to engage their patients in informed and meaningful discussions about potential treatment options.

The quality controls mandated by the FDA help to ensure that the manufacturing process is carefully monitored and continually evaluated. Defective products can be identified, traced, and recalled. If a product, such as a controlled substance, is diverted at the distributor or pharmacy level, there is data to support an investigation. If a patient suffers harm from an improper prescription, the physicians' or pharmacists' practices can be meaningfully assessed.

So, what is "medical marijuana?" In order to understand the status of "medical marijuana," it is necessary to review the nature of medical interventions. They are of three types: prescription and over the counter (OTC) medicines that have passed through the FDA process; retail dietary supplements, as recognized by the Dietary Supplement Health and Education Act (DSHEA); and "home remedies."

Prescription and OTC medicines are standardized and tested and have been approved for specific indications. As a result of such approval, the label of such products may contain specific claims of medical efficacy. Medicines that require the close supervision of a physician are available only by prescription. For such products, the physician is the gatekeeper and is ultimately responsible for ensuring that her prescribing practices accord with proper medical practice, including the requirement that the patient give informed consent. With regard to OTC medications, physicians are not the gatekeepers, i.e., such products can be purchased directly by the consumer, but if a physician does recommend such medications, she again must be



Andrea Grubb Barthwell, M.D.

satisfied that she is abiding by the standard of care.

Retail dietary supplements, such as herbal remedies, are subject to far less regulatory oversight and regulation. They need not undergo strict preclinical and clinical testing, and the FDA does not closely scrutinize their quality. As a result, neither manufacturers nor retailers may include specific medical claims on the labels of these products. Physicians are generally not educated in medical schools about such products, and given that physicians do not have adequate information from controlled clinical trials or an assurance of standardization and manufacturing quality, they can provide much less guidance to patients.

Home remedies are concoctions that individuals prepare in their homes. Some consumers may cultivate plants and prepare teas, tinctures, or poultices; some may utilize or combine common products, such as apple cider vinegar and water; others may cook, ferment or otherwise prepare their remedies. Information about such remedies may come from friends, relatives, or various types of publications. Physicians, in general, play a minimal role in a patient's decision to employ such remedies, and patients must accordingly take full responsibility for their own treatment. Such remedies, however, are usually rather benign and are intended to treat or alleviate non-serious medical conditions. Nevertheless, serious harm may result if an individual fails to seek more conventional medical treatment or advice, with a consequent -- and sometimes irreversible -- worsening of the patient's condition.

Dietary supplements and home remedies have several features in common. They generally bear little resemblance to a modern medical product. Their quality and composition may be uncertain; this is particularly true of home remedies. Physicians know little about these products and materials and hence cannot provide useful advice about their safety

or usefulness to patients. Physicians who do choose to recommend that their patients use such products may find that they are not covered by their professional liability insurance if a patient suffers harm as a result of relying on the physician's advice. Importantly, our laws do not allow such products to contain illicit psychoactive substances. Such substances are considered sufficiently dangerous, because of the risks of addiction and abuse, that they can only be made available as prescription medicines.

"Medical marijuana" is an illicit substance comprised of crude material from the cannabis plant or crude extracts and tinctures, none of which have been prepared and tested in accordance with modern medical standards. Under the federal Controlled Substances Act (CSA), both cannabis and it main psychoactive component, THC, are Schedule I substances. Schedule I is reserved for the most dangerous drugs that have no recognized medical use.

The FDA recognizes that pharmaceutical products need not comprise single (usually synthetic) components. The agency has produced a guidance document demonstrating that pharmaceutical products can be developed under appropriately controlled conditions from complex botanical materials. That document acknowledges that complex composition is not inherently problematic. Rather, as with all pharmaceutical products, the important factors are the characterization, specification, and standardization of the components, the application of quality control processes at each stage in the manufacturing process, and the completion of appropriate preclinical and clinical studies -- in other words, proof of quality, safety, and efficacy.

Crude herbal cannabis can never pass the FDA's rigorous standards. Crude herbal cannabis varies significantly in composition and consistency, depending on which strain is being cultivated and under what conditions it is harvested, stored, and prepared. Patients using crude herbal cannabis cannot be guaranteed that the materials they are receiving will have same quality and content from time to time. They will not know whether the cannabis product is contaminated

ANDREA GRUBB BARTHWELL, M.D.

Andrea Grubb Barthwell, M.D., F.A.S.A.M., is the founder and Chief Executive Officer of the global health care and policy consulting firm EMGlobal LLC.

President George W. Bush nominated Dr. Barthwell in December 2001 to serve as Deputy Director for Demand Reduction in the Office of National Drug Control Policy (ONDCP). The United States Senate confirmed her nomination on January 28, 2002. As a member of the President's sub-cabinet, Dr. Barthwell was a principal advisor in the Executive Office of the President (EOP) on policies aimed at reducing the demand for illicit drugs.

During Dr. Barthwell's tenure, the Bush Administration widely publicized the science-based facts about the dangers of marijuana use and the harms of drug legalization. The Administration encouraged

student drug testing as a deterrent to the initiation of drug use and as an early identification tool, and it promoted the expansion and improvement of drug courts. The ONDCP 25-Cities Initiative fostered local coordination of drug control efforts.

ONDCP coordinated with the Center for Substance Abuse Treatment (CSAT) to provide funding for screenings, brief interventions, and referrals to treatment. In October 2003, CSAT announced a \$17.5 million award to Illinois to fund early intervention services in hospitals and other general medical and community settings to reach people at risk of dependence on alcohol or drugs. In fiscal year 2004, the President's drug treatment initiative, Access to Recovery, received a \$100 million appropriation from Congress. Grants were awarded in 2004 to 14 states and one tribal organization; Illinois received a three-year grant as a result of this initiative.

While serving in the EOP, Dr. Barthwell was an active member of the White House Task Force on Disadvantaged Youth and the White House Domestic Violence Working Group. She worked closely with the National Institute on Drug Abuse (NIDA) to define the scope of its Health Services Research portfolio.

Dr. Barthwell received a Bachelor of Arts degree in Psychology from Wesleyan University and a Doctor of Medicine from the University of Michigan Medical School. Following post-graduate training at the University of Chicago and Northwestern University Medical Center, she began her practice in the Chicago area. Dr. Barthwell served as President of the Encounter Medical Group (EMG, an affiliate of EMGlobal), was a founding member of the Chicago Area AIDS Task Force, hosted a weekly local cable show on AIDS, and is a past president of the American Society of Addiction Medicine.

In 2003, Dr. Barthwell received the Betty Ford Award, given by the Association for Medical Education and Research in Substance Abuse. In 1997, Dr. Barthwell's peers named her one of the "Best Doctors in America" in addiction medicine.

with harmful pesticides, fungi or heavy metals. In the Netherlands and Canada, even though licensed growerssupervisedbythegovernment produce medicinal cannabis, the cannabis must still be irradiated to kill fungi and other microorganisms before it can be distributed to patients. Such contaminants could pose a real threat to seriously ill patients. Recently in California, the co-founder of a cannabis dispensary died of a rare neurological condition, a possible allergic reaction that she may have had to handling pesticideladen cannabis at the dispensary.

Even if crude cannabis plant material could be adequately standardized, that would only be the very first step in producing a modern medicine. A cannabis-based medicine must be fully researched and quality-controlled at every step in its manufacturing cycle. Even more importantly, it must be administered in a manner that enables a patient to obtain a reliable dose with predictable effect, allows the patient to adjust her dose to avoid psychoactivity while getting relief of symptoms, and does not expose the

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patient to harmful impurities.

In the United States, the effort to legalize cannabis for use as "medical marijuana" has focused on making it available to people as a home remedy, or perhaps an herbal treatment akin to a dietary supplement, but not as an FDA approved medicine. Supporters of "medical marijuana" insist on the use of crude plant material. The hardest pill to swallow is that "medical marijuana" advocates typically insist the crude plant be given in a burn-and-inhale form -- one that is rejected by all but a few physicians.

Tests of the crude cannabis plant in all studies to date show that burn-and-inhale administration is simply a toxic alternative delivery system for high doses of THC. Given that oral THC is available, one might argue that there should be no need for smoked crude marijuana. The individuals who prefer the smoked home remedy approach say they do so because smoking marijuana gives them the ability to titrate their dose or control rate of onset of action. The formulation issue is a valid one in clinical medicine that needs to be addressed.

There is no proven safe and reliable delivery system for crude herbal cannabis. If crude cannabis is smoked, it exposes seriously ill patients to dangerous pyrolytic products. If it is eaten in baked goods or consumed as tea, the intestinal absorption is very erratic from day to day or even time of day, and hence its effect, including its psychoactive effect, is quite variable and unpredictable. Furthermore, in such delivery methods the dose and composition are again uncertain.

Vaporization, a popular trend among cannabis smokers, does not resolve these issues. A recent study showed that even when herbal cannabis is vaporized, harmful carcinogens (polyaromatic hydrocarbons) -- while reduced -- were still delivered to the lungs. (That vaporizer study did not even attempt to measure the presence of some of the most dangerous hydrocarbons.) Furthermore, currently available vaporizers do not provide the precise standardization of dose necessary for a prescription medicine. In addition, when patients inhale cannabis (whether smoked or vaporized), their THC blood levels rise rapidly to high levels, making it probable that many of them will not be able to control psychoactive side effects. Rapid increases in THC blood levels are also associated with greater tendency to intoxication and dependence.

Because THC is psychoactive, it is essential that a THCcontaining product be delivered in a manner that enables a patient to remain within the "therapeutic window," i.e., predictably to obtain symptom relief without experiencing undue central nervous system side effects. Seriously ill patients with debilitating chronic disorders do not wish to "trade one disability for another." The last thing they want is to become intoxicated. They want to work, care for their families, and be productive. Accordingly, the delivery system must not only provide standardized doses, but must also enable the physician and patient to manage the dosing increments. The regulated system of medicine offers the only hope in the area of formulation to safely address the delivery system needs of patients.

Modern medical practice is evidence-based. In advising patients, physicians rely in large part upon the results of controlled clinical trials conducted in accordance with established scientific principles. Preclinical studies demonstrate whether the product is likely to be harmful to humans. Randomized, double blind, placebo-controlled clinical trials -- the "gold standard" of scientific research -- provide information about a medical product's safety and efficacy that usually accurately predicts real world expectations for a new medication. Crude cannabis and the methods used to deliver it to patients have not met the minimum standards required of legitimate medicines and, therefore, do not belong in our system of modern medical practice.

In the absence of appropriate scientific data and regulatory assurances, physicians lack the information necessary to recommend crude cannabis as a medicine, herbal supplement, home remedy, or otherwise. To the contrary, recommending that a patient smoke or use an untested "vaporizer" conflicts with physicians' obligations to urge patients to avoid harmful habits, such as smoking and the use of illicit, psychoactive drugs. A physician who recommends the use of cannabis risks liability and the loss of professional insurance coverage if the patient has an untoward reaction to these potent materials.

It is not surprising that the concept of "medical marijuana" has been foisted on a largely unwilling and disapproving medical profession by legislative and ballot initiatives. Physicians are not its proponents. Rather, the primary supporters are those whose ultimate agenda is to legalize marijuana for non-medical purposes. For the safety of patients and the security of physicians, physicians must draw a bright line between approved, legitimate medications and drugs of abuse that may create a euphoric "high." Physicians must insist that the medicinal products they recommend to patients be subjected to, and satisfy, the FDA's rigorous scrutiny. ▶

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EXECUTIVE DIRECTOR'S REPORT

Making a Difference

ere we are again, near the conclusion of another year. A lot has transpired this year, again with our President Ron Brooks spending the majority of his time in Washington D.C. fighting for the refunding of the Byrne Grants. It appears that his efforts will be paying off. My job as the Executive Director requires me to be responsible for getting all the e-mails out to the members, updating our web site, maintaining the member mail merge list and keeping our address book up to date. This job is made a little more difficult due to the fact that all the member associations have elections every year and the boards change. I would like to ask that all the member associations, when they have their elections, to please, send me a list of all the board members i.e.: names, address's, telephone numbers, e-mail address's, Web site's etc. This will allow me to be sure that I get all the information pertaining to the activities of the coalition out

By Richard Sloan, Executive Director

to all the members. I have received numerous e-mails from association members who have not been receiving information that I have sent out. If you have conferences coming up, please let me know and I will post them on our website. I



Executive Director Richard M. Sloan

have been very busy with my association, the California Narcotic Officers Association, over the last six months as chairman of the "Survivor's Memorial Golf Tournament". All of the funds derived from this golf tournament go the families of California Law Enforcement officers who lose their lives in the line of duty. We lost 18 officers in 2005. Our tournament made \$75,000. I want to thank all the association members for your support of the National Coalition and your President Ron Brooks. We are making a difference!

Bolivian Leader Defends His Drug Policy



(AP) Wednesday, September 20, 2006

B olivian president Evo Morales brandished a coca leaf on the floor of the United Nations Tuesday in a passionate rebuke of U.S. criticisms of the South American nation's anti-drug policies.

The State Department on Monday included Bolivia in its annual list of major drug-transit or drugproducing countries, singling out Morales' government for continuing to permit the legal harvest of coca, the principal ingredient in cocaine.

Morales, a former coca-grower elected in December as Bolivia's first indigenous president, surprised the U.N. General Assembly by pulling out the small leaf banned in the United States - and holding it aloft.

"Coca is green, not white like cocaine," he said, to a smattering of applause. "Scientifically ... it has been demonstrated that the coca leaf does no harm to human health."

Morales has upped his government's enforcement efforts against cocaine production while continuing to

promote coca's legal use in tea, medicines and other products.

U.S. Deputy Assistant Secretary of State Christy McCampbell on Monday expressed "very serious concerns" about the effectiveness of Morales' coca policy. She reiterated demands for a more thorough eradication program, the development of alternative crops and an overhaul of Bolivian drug laws.

McCampbell said that the U.S. would review Bolivia's drug policies again in six months' time.

Without significant change in the Morales' program, Bolivia could face decertification - the loss of some \$100 million in U.S. government aid in the fight against narco-trafficking.

"With all respect to the government of the United States, we are not going to change anything. We do not need blackmail or threats," Morales said. "Certification or decertification is an instrument of recolonization, or colonization, of the Andean countries. That we will not accept."

Use of an Expert Witness in Prosecuting Methamphetamine Lab Cases

By Brian Sallee and Mark Drebing

ethamphetamine use, production and distribution are quickly becoming the number one drug problem around the country. In a survey of over 500 county sheriffs, 58% rated methamphetamine as their number one drug problem. Methamphetamine laboratories ("meth labs") create several problems for law enforcement. One of the most significant problems is the specialized knowledge and skill required for the prosecution of charges related to a meth lab.

A meth lab investigation is a different type of narcotics investigation and requires specially trained police officers. These officers must then turn the investigation over to their local prosecutor to try the case in court. Just as the investigation of a meth lab requires specially trained police officers, the prosecution of the case requires specially trained prosecutors. Since many jurisdictions do not have the resources to specially train their prosecutors, many of these cases are not prosecuted.

A prosecutor does not need to be a certified clandestine laboratory investigator or a chemist to prosecute a meth lab. However, the prosecutor does need to have a basic knowledge of meth labs. The prosecutor can obtain the knowledge to prosecute a meth lab by attending a Methamphetamine Lab Awareness training class. A short, eight-hour class will give the prosecutor a basic knowledge about how methamphetamine is manufactured, the investigation of meth labs and why the collection of evidence in a meth lab is different from other narcotics investigations. Several different organizations offer this type of training around the country.

The prosecution of a meth lab case begins like any other narcotics case. The prosecutor will address legalities of the case such as search and seizure, decide which witnesses to use, and review the strengths and weaknesses of the case. Once this process is completed, the prosecutor must decide how to present the case to a jury. Since the physical evidence is destroyed due to contamination, the use of witnesses becomes especially crucial.

When presenting a meth lab case to a jury, the prosecutor needs to teach the jury about the manufacturing of methamphetamine and what constitutes a meth lab. The prosecutor needs to have a witness who can explain or teach the jury about the processes used to make meth. Educating the jury can be done by an expert witness or chemist.

There are advantages to having an expert witness who is not a chemist to teach the jury about meth labs. One advantage is the jury will see that a non-chemist can understand the process. This leads to the question of whom the prosecutor should use as an expert witness. An easy answer is someone who will be qualified as an expert witness. The prosecutor needs to use someone who can explain or teach the jury about meth labs in simple language, so the jury can understand the process of making meth. It will be similar to teaching a meth lab class, so many expert witnesses are also instructors.

If the prosecutor uses a non-chemist as an expert witness, this will not eliminate using a chemist in the case. Unless the defense attorney stipulates to the test results, a chemist will still need to testify about the testing of the chemical samples.

The prosecutor may use an experienced narcotics detective as the expert witness. There are several reasons to use a narcotics detective. First, a narcotics detective will be experienced in testifying in court. Second, a specially trained narcotics detective will have an understanding of meth labs. If the narcotics detective is involved in talking to citizen groups or teaching, he/she will have better sense of how to present the information in a clear manner so the jury will have a better understanding about meth labs.

The prosecutor has to decide in what order he/she will present the evidence and witnesses. The prosecutor must decide whether to present all the evidence to the jury and then bring in the expert witness to tie everything together or to explain about meth labs and then introduce the evidence. There are pros and cons to whichever order is used by the prosecutor.

If the evidence is introduced first, the jury may not understand how it relates to manufacturing meth. This may result in the jury not noting the importance of the evidence. If the expert testifies first and then the evidence is introduced it might be necessary to bring the expert witness back to explain how the evidence relates to the meth lab. It would be best to have the expert witness be the person who introduces the evidence. Unfortunately, due to the rules of evidence, this usually is not possible unless the expert witness was the person finding the evidence.

When the expert witness does testify, he/she needs to explain or teach the jury how to manufacture methamphetamine. The expert witness should make the courtroom their classroom.

It is not necessary to teach all the different manufacturing processes, just the process used by the defendant. After the explanation is completed, the expert witness can explain how each piece of evidence ties into making methamphetamine. For example, if the evidence is red phosphorous, cold tablets, sulfuric acid, salt, a mason jar, a one liter bottle and tubing, the expert witness then explains how each item is used in the manufacture of meth.

The expert witness would explain how, and at which stage of manufacture, the evidence would be used by the person making meth or "cook". The red phosphorous is used in the second stage or the "cooking" stage. The cold tablets are the source for the precursor, pseudoephedrine, which is the first stage. When the sulfuric acid and salt are mixed together, the resulting hydrogen chloride gas is bubbled into the meth oil to force the meth to crystallize, which is the final stage of manufacturing. The mason jar can be used as the reaction vessel in each stage. Since the jury has been taught the process, they now know how the evidence was used by the defendant to manufacture meth.

The prosecutor should use visual aids to assist the expert witness present the information to the jury. Some of the aids to use are pictures or diagrams explaining the process to make methamphetamine. The prosecutor might have the pictures developed and enlarged a little bit and will then hand the pictures to the jury. Or, instead the prosecutor can use a PowerPoint presentation to show the photos to the jury. The advantage of a PowerPoint presentation is that the entire jury sees the photo at the same time, as the prosecutor or expert witness is talking about it, rather than passing pictures around. The larger the picture is the easier it will be for the jury to see. This will allow the jury to get a visual image of the scene. The prosecutor and expert witness want to paint the picture of the crime scene, and now the PowerPoint presentation with the photos does the job. The prosecutor should have photos of the entire lab, as well as close-up photos of any item the expert witness talks about.

In the closing arguments the prosecutor can again use the PowerPoint presentation. The PowerPoint presentation of photos will allow the jury to see the meth lab again as the prosecutor explains the case again. A picture is worth a thousand words and in this case the picture might add up to a conviction. ►

BRIAN SALLEE

Brian Sallee is a detective with the Albuquerque Police Department. Brian has been a police officer for over 26 years and has spent over 17 of those years working narcotics. Brian testifies as an Expert Witness on a range of areas including meth labs. Brian is also co-author of the book "Narcotics Investigations; Working and Surviving".

MARK DREBING

Mark Drebing is a Deputy District Attorney with the Second Judicial District in Albuquerque, NM. Mark is the supervisor of felony narcotics prosecution. Mark has over ten years as a prosecutor and spent four years as in house counsel for the Albuquerque Police Department. Mark was selected as prosecutor of the year for New Mexico, in 2000.

Philip Morris USA Supports Law Enforcement Efforts to Fight Contraband Cigarette Trafficking

few years ago, Tom Riopelle joined Philip Morris USA after retiring from a senior position at the U.S. Secret Service and a 30-year career in law enforcement. The new job revealed an area of criminal activity that he previously had not been exposed to – contraband cigarette trafficking.

"Until I began my new career at Philip Morris USA, I never fully understood the impact of this type of criminal activity," says Riopelle, PM USA's Director of Security. "The distribution of contraband cigarettes is driven by potentially huge profits. We've all seen this reported in the news and by law enforcement authorities. Clearly, contraband cigarette trafficking is a challenging crime for law enforcement."

Philip Morris USA is the largest U.S. cigarette manufacturer, and Marlboro is its top-selling brand.

Counterfeiters and smugglers often use the Marlboro trademark in their illegal distribution activities.

Contraband cigarettes involve a wide range of criminal activity

Law enforcement investigations have found that contraband cigarette trafficking funds illegal enterprises and criminal networks, undermines established distribution systems, violates trademark laws, and illegally diverts millions and millions of tax dollars from federal, state and local governments.

Contraband cigarettes include counterfeit, illegally imported and smuggled cigarettes, and the majority of cigarettes sold over the Internet. And, as the selling price of

A & B Family Diner **ABC Pediatrics LLC** Acro Machine Inc. ADL Check Cashing Affogato Agropur Alla's Automotive Allen Construction LLC American Buy Central Inc. American Truck Outfitters **Ames Construction Inc. Amusement Attractions Armstrong Law Offices Associated Foot Clinic** At Home Assisted Living Atkinson, Petruska, Kozma & Hart Aurora Denver Cardiology Association Aywon Chalkboard Corkboard Co. BTI of IL Ltd. **Barry Kirby Baumberger Construction Bay Title and Abstract Beautiful Stone Contractors Beaver Shredding Inc.** Benny D'Angelo Transport, Inc. **Big Dogs Auto Sales Inc. Big Horn Investment Co. LLC Big Sandy Supply LLC Billy Bob's Professional Painting** Black Hawk Inc. **Bloomington Central Fitness** Brandt's Landscaping Inc. **Brent Makarczyk Brookville Carriers, Inc.** Brymag Transport, Inc. Buca De Beppo **Burle Business Park** C & S Babcock Trucking, Ltd. C and J Northside Auto

C \mathbf{O} R P 0 R A Τ E S P \mathbf{O} N S Ο R S

Calico Painting Capin and Associates **Carba Fire Technologies** Cargill Salt **Carousel Oil Change Cassar Group CCAI CCIU** Chey-anne Trucking, Ltd. Christian Larocque Service, Ltd. Christian Tabernacle Masonry Clifford E. Johnson VFW #9759 Cobra Trucking, Ltd. **College of St. Scholastica Compadres Mexican Restaurant Complete Tooling Solutions Composite Wall Systems LLC** Computergiants.com Inc. **Cooper's Trucking Corner Stone Registration** Costco **Custom Accoustical Ceilings** D & J Home Solutions LLC D J B Inc. **D K M Insurance Advisors Dee Martell Del Monte Foods Dennis Sykora Diversified Capital Partners** Dorscher's Sandblasting **Dunbar Pharmacy Dutch Home Improvement Inc. Dynasty Supper Buffet Eagles Bar** East End Rental Inc. **Elder Choice Engineered Plastic Components** Eric Allard Construction Inc. Erie Ship Building LLC





Summit Meeting held in January of 2006. In attendance were various Law Enforcement, Criminal Justice, and government organizations to discuss funding of State and Local Drug Enforcement.















Joe Chandler





Bobby Charles







Bobby Charles - Bob Bushman and Ben Bawden



Bob Bushman, MSNAI speaking with a guest.



The Honorable Mark Souder, Chairman Subcommittee on Criminal Justice, Drug Policy and Human Resources







Al Katcher and Christy McCampbell



Bob Cooke - Southwest Regional Director of NNOAC



Mr. Steven H. Steiner, Founder and President, Dads and Mad Moms Against Drug Dealers (DAMMADD)









Donald Kennedy, Executive Director of NESPIN



Doc Tommassetti - NEOA of Connecticut







Tim Lane, Tenn Narcotics Officers Association, Southeast Regional DIrector



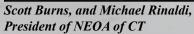
Bob Cook and Christy McCampbell





Liz Lawrence, Oregon Narcotics Officers Association













Phil Little, Congressman Bob Etheridge (NC), Scott Parker, Scot Parker, and Tony Keller of North Carolina Narcotic Enforcement Officers' Association











Scott Parker, NCNEOA and Terry Hunt



Jerry Lynch, Executive Director, RISS



Congressional Staffer from NC, Phil Little, Scott Parker, Randy Johnson, Terry Hunt



Larry Katz, member of U.S. Army and Ginger Katz



Bob Cook, Christy McCampbell and the California Delegation



Ron Brooks with Senator Orin Hatch receiving an award from the NNOAC

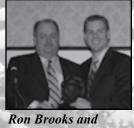


Senator Orin Hatch with Bill Butka NNOAC - editor



Senator Orin Hatch with Scott Burns





Ron Brooks and Ben Bawden of the Charles Group



INŰ



Bob Cook, Scott Burns and Ron Brooks







AG

Domingo S. Herraiz Director, Bureau of Justice Assistance

Scott Burns, Deputy Director for State and Local Affairs, ONDCP and Al Katcher, NNOAC Recording Secretary





North Carolina Delegation with Rep. Walter Jones(NC), Phil Little, Rep. Howard

155 FALLEN HEROES LAST YEAR

by Craig W. Floyd

ne witness said he heard 40 to 50 shots. "The suspects were shooting at the police officers," he said. "The police officers were shooting at the suspects. Everybody was firing, trying to protect themselves."

It all started around 11 a.m. on June 21, 2005. Prince George's County (MD) Police Corporal Steven F. Gaughan, 41, and another plainclothes officer had spotted a suspicious vehicle and requested assistance for a traffic stop. When two other officers responded to the scene, they attempted to pull the sport-utility vehicle over. The SUV ran through two red lights and finally stopped in an apartment complex. Robert M. Billett, the passenger in the vehicle, jumped out and ran with Corporal Gaughan chasing after him. During the shootout that ensued, Billett was wounded and Corporal Gaughan, a 15-year police veteran, was killed.

Defense attorneys tried to argue that Billett shot Corporal Gaughan in self-defense, saying that another officer fired the first shots. But the jury had enough sense to believe otherwise. It did not take them long to convict Billett of first-degree murder. He was sentenced to life in prison, without the possibility of parole.

Steven Gaughan was one of 155 federal, state and local law enforcement officers killed in the line of duty last year. All of their names will be officially added to the National Law Enforcement Officers Memorial in Washington, D.C., at a candlelight vigil on May 13.

Of the officers who died last year, 59 were shot to death, 42 were killed in automobile crashes, 19 succumbed to jobrelated illnesses, 16 were struck and killed by vehicles, five died in motorcycle accidents, four officers drowned, three suffered fatal falls, two were killed by falling objects, two died in aircraft accidents, one was hit by a train, one was stabbed to death, and one died in a bomb-related incident.

On average, the officers who sacrificed their lives were 39 years old and had served for 11 years. The youngest of the officers to die last year was 21-year-old Scot A. Beyerstedt of the Mattawan (MI) Police Department. On July 25, Officer Beyerstedt and his training officer were attempting to stop a reckless driver when their patrol vehicle crashed. Officer Beverstedt, who had only been on the job for five months, died the next day of severe head injuries. His training officer survived the crash. The oldest officer to die last year, Lake Ranger Glen Collins of the Shawnee (OK) Police

Department, was 72 years old and also died in an automobile accident. The states with the most law enforcement fatalities last year were California with 18, Texas with 14, Georgia with 10, Missouri with eight, and Virginia with seven.

Nine of the officers who made the ultimate sacrifice in 2005 served with federal law enforcement agencies. One of them was FBI Special Agent Robert Hardesty. On June 2, Special Agent Hardesty, 40, died from injuries sustained a week earlier during a training exercise at the FBI Academy in Quantico, Virginia. He was practicing aircraft entry techniques when he fell 20 feet to the ground off an airplane wing. According to FBI Director Robert Mueller, "We look up to persons such as Rob, whose life work is service . . . They are the ones who say, yes, I am ready without knowing when. Who say, yes, I will go, without knowing where."

Robin G. Vogel of the Decatur (IL) Police Department was one of 14 officers killed by persons under the influence of alcohol. On October 1, her patrol vehicle was broadsided by a drunken driver who ran a red light. She died two days later. Officer Vogel was also one of five female officers killed in the line of duty in 2005.

Our nation's roadways have proven to be the most deadly place for a law enforcement officer to work over the past two years, and the dangers include more than just automobile crashes. For example, in Pima County (AZ) last August, Deputy Sheriff Timothy Graham, 30, was struck and killed while attempting to arrest an emotionally disturbed man on the side of a roadway. As Deputy Graham was struggling to handcuff the man, a concerned citizen came to his aid. But the suspect continued to resist. All three men fell into the roadway and were killed when a truck ran over them. On October 8, Ft. Lauderdale (FL) Patrolman Jose Diaz, 37, fell to his death from a highway overpass while assisting with the arrest of a suspected police impersonator.

Another arrest situation that turned deadly occurred on April 29 when Officer Tommy E. Scott, 35, of the Los Angeles World Airports Police Department stopped a suspicious man near the airport. A struggle ensued and the man knocked Officer Scott to the ground, jumped into his patrol vehicle and then rammed the car into the five-year police veteran, killing him instantly.

The Christmas Day deaths of New Jersey Police Officers Shawn Carson and Robert Nguyen were heartbreaking

reminders of the constant danger faced by all law enforcement professionals every day on our behalf. Both officers died when their car plunged off a bridge under very foggy conditions. The warning system for the drawbridge was out of service and, ironically, they had just put out flares to help keep other motorists safe.

In Atlanta last March, a defendant in a rape trial, Brian Nichols, escaped from custody in the Fulton County (GA) Courthouse and went on a killing spree. Before he was recaptured 26 hours later, four people were killed, including two veteran law enforcement professionals. Nichols brutally beat a sheriff's deputy during his escape, stole her gun and then brazenly went into the courtroom where he was to be tried and killed his trial judge, Rowland Barnes, along with a court reporter, Julie Ann Brandau. When Sheriff's Deputy Hoyt Teasley, 43, attempted to stop him as he exited the courthouse, Deputy Teasley was also shot and killed.

MORE PROTECTION FOR OUR PROTECTORS

Op-ed by Craig W. Floyd, Chairman of the National Law Enforcement Officers Memorial Fund

Dear Law Enforcement Friends and Supporters:

Sadly, every Police Week we are confronted with the mortal dangers our nation's law enforcement officers face while protecting us. With a law enforcement officer killed in the line of duty every 53 hours, it's inevitable. Below please find for your information and distribution the annual op-ed piece I craft in honor of our nation's fallen officers. This year I've included specific information about what the public can do to reduce line of duty deaths. I ask that you publish this op-ed where possible, and distribute it widely among our fellow law enforcement supporters. Thank you.

WASHINGTON, D.C. — The recent fatal shooting of Fairfax County (VA) Police Detective Vicky O. Armel, 40, in a police station parking lot is a shocking reminder of the deadly dangers faced by all law enforcement professionals every day on our behalf. As with Detective Armel and her colleague, Michael E. Garbarino, who was critically wounded in the attack, a police officer never knows when that life-threatening moment may come, but they know it Later that same night, Nichols shot and killed an offduty federal law enforcement officer. U.S. Immigration and Customs Enforcement (ICE) Assistant Special Agent in Charge David Wilhelm, 40, was doing some construction work on the second floor of his new home when the escaped felon entered and confronted the man widely recognized as one of the top Customs agents in the country. After identifying himself as a federal agent, ASAC Wilhelm was fatally shot during a struggle with Nichols, who was captured the next day after holding another woman hostage.

One of his colleagues, Jeff Jordan, said ASAC Wilhelm worked harder than anyone he knew. "He was just a tremendous, tremendous soldier in our fight," he declared. "It's America's loss." The same is true for all of the 155 law enforcement heroes we lost last year. ►

"Reprinted with permission of the author and AMERICAN POLICE BEAT."

could come on the very next call.

The statistics tell the story. According to the FBI, there were 59,373 assaults against law enforcement officers during 2004 (latest data available), resulting in 16,565 injuries. Ambush-style assaults, like the one that cost Detective Armel her life, occurred 189 times during 2004 and have resulted in more than 400 names being added to the National Law Enforcement Officers Memorial in Washington, D.C. throughout our nation's history.

Disturbance calls tend to be the most dangerous call of all, resulting in 18,234 assaults against police officers in 2004, nearly a third of the total. Next are attempting arrests (9,674); handling, transporting, custody of prisoners (7,748); traffic pursuits/stops (6,568); and investigating suspicious persons/circumstances (5,532).

In 2005, 155 law enforcement officers lost their lives protecting and serving our nation; that averages out to one officer killed somewhere in America nearly every other day. The numbers emphasize that for our nation's law enforcement professionals there is no such thing as a "routine call." More attention tends to be focused on officers who are shot to death. However, for the last eight consecutive years, there have been more officers killed in traffic-related incidents than were killed by firearms. In fact, over the past 30 years, there has been a 40 percent increase in the number of law officers killed in automobile crashes, while the number of firearmsrelated deaths has dropped by about that same percentage.

We, as a nation, are duty-bound to provide our officers with every safety advantage possible. That means better training, less-lethal weaponry, bullet-resistant vests, and safer automobiles. We are making advances. During the 1970s, an average of 236 law enforcement fatalities occurred each year, compared to 164 officers killed annually during

the past decade — a 30 percent drop. But, we should not take the deaths of 164 of our protectors for granted. More can and must be done to keep our officers safe.

The week of May 14-20, 2006, is National Police Week. It is a time to honor the more than 800,000 sworn federal, state and local officers who put their lives on the line for our safety and protection. It is also a time to rededicate ourselves to ensuring that our officers have the resources they need to do their job effectively and safely. ►

Craig W. Floyd is chairman of the National law Enforcement Officers Memorial Fund. Visit www.nleomf. com for more information about law enforcement officers killed in the line of duty.



cigarettes rises – largely due to increases in state excise tax increases – law enforcement has seen an increase in cigarette theft ranging from retail "smash-and-grab" robberies to largescale, carefully-planned thefts from warehouses, trucks and shipping containers.

Philip Morris USA's law enforcement support is part of the solution

PM USA believes it has an important role in addressing the contraband cigarette problem, along with law enforcement, regulatory authorities and other groups affected by contraband cigarettes. The company's Brand Integrity Department collects and evaluates information about trade in contraband Marlboro and other Philip Morris-branded cigarettes and provides this information to law enforcement to support their investigations.

In recent years, Philip Morris USA has engaged directly with law enforcement and regulatory authorities by providing contraband cigarette awareness training, product recognition training, individual agency engagements, and participation in professional law enforcement conferences. Since 2002, the company has trained thousands of federal, state and local law enforcement officials across the country.

"Our contraband cigarette awareness training provides a general overview of the problem and what to look for if authorities encounter cigarettes while conducting other types of investigations," says Riopelle. "Our intent is to help ensure there is a greater understanding of crimes associated with contraband cigarettes. One police officer who attended a seminar on contraband cigarettes described contraband cigarette trafficking as 'a crime in plain view.' That can often be the case."

In addition to training, PM USA developed a range of programs that support efforts by law enforcement and regulatory authorities to address contraband cigarette activity. These programs include:

 Retail, Internet and non-traditional buying programs that assess the level of contraband PM USA product in the marketplace.

 Product authentication services to determine whether or not PM USA products submitted by law enforcement are contraband.

 Product provision programs that provide cigarettes to law enforcement agencies for government-led investigations into illicit activities involving PM USA-branded products.

- Support of ongoing investigations, including furnishing information in response to requests submitted by law enforcement authorities and providing other resources.

At the request of law enforcement, the company will also examine PM USA-branded products seized during investigations and will arrange for the destruction of PM USA contraband cigarettes following investigations.

PM USA support at the local level

"One of our early learnings at Philip Morris USA was the value of combining an understanding of the tobacco business with law enforcement experience," notes Riopelle. "As a result, the company employs a number of former federal law enforcement agents who have diverse backgrounds based on their experiences in the FBI, Secret Service, Customs and ATF. Their primary role is to engage with, and support, law enforcement in any number of ways."

"We're pleased to support law enforcement efforts that address contraband cigarette trafficking," says Riopelle. "But, as law enforcement applies more pressure, criminals become more resourceful. And, in spite of enormous profits to criminals and lost revenues to federal, state and local governments, the penalties for distribution of contraband cigarettes seem disproportionately low. There's still plenty of work that can be done." ►

If you encounter Philip Morris-branded cigarettes that you believe may be contraband, or you wish to speak with one of our Regional Security Managers, please call the PM USA Brand Integrity Department, toll-free, at 877-224-3487.

RESTORE JUSTICE ASSISTANCE FUNDING IN FY 2007

February 28, 2006

The Honorable Jim Nussle Chairman The Honorable John Spratt Ranking Member Committee on the Budget United States House of Representatives Washington, DC 20515

The Honorable Judd Gregg Chairman The Honorable Kent Conrad Ranking Member Committee on the Budget United States Senate Washington, DC 20510

Dear Chairman Nussle, Chairman Gregg, Ranking Member Spratt and Ranking Member Conrad,

n behalf of the hundreds of thousands of public servants our organizations represent we are writing to express strong concern regarding justice assistance funding in the FY 2007 budget for the Department of Justice. The President's Budget Request recommends elimination of funding for the Byrne Justice Assistance Grant (JAG) program in FY 2007. This would mean the elimination of effective programs that are critical in the fight against drug and gang related crime in addition to programs that assist in the prevention of drug use, treat non-violent offenders, and improve the effectiveness of prosecution, courts, and corrections practices. We support funding for the Byrne-JAG program in the FY 2007 Budget Resolution at the authorized level of \$1.1 billion, which is the amount contained in the Department of Justice Appropriations Authorization Act, Fiscal Years 2006-2009.

Crime is not just a state and local matter. Federal contributions promote intergovernmental coordination which leads to improved criminal justice practices and reduced crime and recidivism. But the FY 2007 Budget Request does not acknowledge the importance of federal partnerships with state and local governments in fighting crime. Reducing federal involvement by cutting or eliminating funding for state and local law enforcement, drug interdiction, prevention, and treatment, community corrections, rehabilitation, reentry and juvenile justice programs would reverse the trend toward enhanced cooperation that has resulted in dramatic crime rate reductions.

Since FY 2002, funding for justice assistance programs in the Department of Justice has fallen dramatically from \$2.2 billion to \$800 million – a cut of more than 63%. While reductions in crime and drug use rates over the past 10 years have been significant, they have leveled off over the past two years. The majority of the reductions occurred when state and local law enforcement assistance accounts were funded at high levels. Although impossible to draw a causal link between robust funding for justice assistance programs and reduced crime rates, the correlation is very significant. Improved information sharing, cooperation, equipment, and training for state and local law enforcement has contributed to more orderly communities and more effective law enforcement.

The programs funded by Byrne-JAG, contrary to statements in the President's Budget Request, have demonstrated clear and outstanding results. The Budget Request proposes to eliminate programs "that do not have a record of producing results, including... General purpose State and local law enforcement programs, such as the Byrne Justice Assistance Grants, which are not able to demonstrate an impact on reducing crime." Yet evidence of the effectiveness of one of the most popular uses of Byrne-JAG funds, multi-jurisdictional drug task forces, is clear. Multijurisdictional task forces help reduce the impact of drug and firearm traffickers, gangs, pharmaceutical diversion, and organized crime on America's communities. According to data compiled by the National Criminal Justice Association from self-reported metrics submitted by individual State Administering Agencies for the 2004 grant year, task forces funded in part by Byrne-JAG were responsible for:

- 54,050 weapons seized
- 5,646 methamphetamine labs seized
- \$250,000,000 in seized cash and personal property (does not include the value of narcotics seized)
- Massive quantities of narcotics removed from America's streets, including:
- 2.7 million grams of amphetamines/methamphetamine

- 1.8 million grams of powder cocaine
- 278,200 grams of crack
- 73,300 grams of heroin
- 75 million cultivated and non-cultivated marijuana plants
- 27 million kilograms of marijuana

These results are real, they are quantifiable, they are defensible, and they indicate the power of using federal dollars to leverage massive state and local investment in public safety. The Performance Assessment Rating Tool (PART) that is used by OMB to evaluate effectiveness of federal programs including Byrne-JAG focuses in large part on the administration of the program at the federal level. As you can see from the data above, it does not effectively take into account the outcomes of programs reported by the multitude of Byrne-JAG beneficiary programs.

- State Direct Justice Expenditures: \$60,295,081,000
- Local Direct Justice Expenditures: \$87,151,684,000
- ٠ Total State and Local Justice Expenditures: \$147,446,745,000

Byrne-JAG funding clearly does not supplant funding by state and local governments for justice and law enforcement programs. Rather, the minimal funding it provides leverages state and local investment in justice programs to enhance cooperation, implement best practices, and improve training of peace officers as well as prosecutors. In addition, the program properly recognizes the critical role that the federal government has in addressing America's crime problem. A national, integrated threat demands a national, integrated response with state and locals leading the way, but with the federal government providing meaningful support.

The President's FY07 Budget also proposes to transfer the High Intensity Drug Trafficking Area (HIDTA) Program to the Department of Justice from the Office of National Drug Control Policy. We oppose this transfer because it would create an imbalance within individual HIDTAs and could lead to reduced state and local participation, which is the cornerstone of the program's effectiveness. Transferring HIDTA to the Department of Justice would compound the damage done to federal, state and local law enforcement partnerships by recent reductions in funding for other justice assistance programs.

The Byrne Justice Assistance Grant formula program allows states, counties, and municipalities to allocate funds each year to state and local programs that address pressing problems in their areas. But Byrne-JAG is only a small fraction of the massive resources state and local governments drive into direct justice expenditures. In 2002, the latest year for which aggregate Census Bureau statistics are available, the following amounts were spent by state and local governments on justice programs:

The Byrne-JAG program supports a systematic approach to dealing with criminal justice and illegal drug problems. By enabling state and local leaders to leverage resources in key areas, Byrne-JAG facilitates collaboration among law enforcement, corrections, treatment, and prevention programs. Signatories to this letter, many of whom have spent decades in state and local criminal justice administration, know that supporting a systematic approach to these public policy problems is more effective than funding disjointed programs that address individual aspects of the problems. If Byrne-JAG is eliminated or further diminished, the progress made over the past ten years toward collaboration and systematic improvements in criminal justice practices will certainly be thwarted to the detriment of public safety.

We strongly support funding at the authorized level of \$1.1 billion in the FY 2007 Budget Resolution for the Department of Justice, Office of Justice Programs, Bureau of Justice Assistance, for the Byrne Justice Assistance Grant program. We look forward to working with you and your colleagues in the coming months on this important issue.

Sincerely, Ronald E. Brooks Thomas Faust President National Narcotic Officers' Executive Director Associations' Coalition Paul Logli Larry Naake President, National District Executive Director. Attorneys' Association Judge Karen Freeman-Wilson Carl Wicklund Executive Director, National Association Of Drug Court Professionals Cabell Cropper

Executive Director, National Criminal Justice Association

National Sheriffs' Association

National Association of Counties

Executive Director, American Probation and Parole Association

Daniel N. Rosenblatt Executive Director, International Association of Chiefs of Police 21 Ken Tucker President, National Alliance of State Drug Enforcement Agencies

Sheriff James A. Karnes President Major County Sheriffs Association

Steve Lenkhart Director of Legislative Affairs, Int'l. Brotherhood of Police Officers

Thomas Gorman President, National HIDTA Directors Association

Tom Frazier President, Major City Chiefs Association

General Arthur T. Dean Chairman and CEO, Community Anti-Drug Coalitions of America

Casey L. Perry Chairman, National Troopers Coalition

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C and J Northside Auto **Calico Painting** Capin and Associates **Carba Fire Technologies Cargill Salt Carousel Oil Change Cassar Group CCAI CCIU** Chey-anne Trucking, Ltd. Christian Larocque Service, Ltd. **Christian Tabernacle Masonry** Clifford E. Johnson VFW #9759 Cobra Trucking, Ltd. College of St. Scholastica **Compadres Mexican Restaurant Complete Tooling Solutions Composite Wall Systems LLC** Computergiants.com Inc. **Cooper's Trucking Corner Stone Registration** Costco **Custom Accoustical Ceilings** D & J Home Solutions LLC D J B Inc. **D K M Insurance Advisors** Dee Martell **Del Monte Foods Dennis Sykora Diversified Capital Partners Dorscher's Sandblasting Dunbar Pharmacy** Dutch Home Improvement Inc. **Dynasty Supper Buffet Eagles Bar** East End Rental Inc. **Elder Choice Engineered Plastic Components**

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National Narcotic Officers' Associations Coalition P.O. Box 2456 West Covina, CA 91793-2456

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