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**From:** Strait, Matthew J.  
**Sent:** Thu, 3 Jun 2010 16:04:08 -0400

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**To:** Boggs, Gary; [redacted]; Boggs, Gary; Dormont, Daniel  
**Cc:** Rannazzisi, Joseph T.; Curry, Denise; [redacted]; Gleason, Robert (Chris); Rannazzisi, Joseph T.; Curry, Denise; [redacted]; Gleason, Robert (Chris)  
**Subject:** HR 2855 - Drug Overdose Reduction Act

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To OD and CC:

Attached below is HR 2855 titled "Drug Overdose Reduction Act" which was introduced by Representative Donna Edwards (D-MD, 4<sup>th</sup>) on June 12, 2009. Among other things, the bill would require CDC to: 1) compile and publish data, annually, on fatal and nonfatal drug overdoses for the preceding year; 2) award grants to state, local, or tribal governments to improve drug overdose surveillance capabilities; and (3) develop and submit to Congress a plan to reduce the number of deaths occurring from overdoses. On the last point, CDC would be required to develop its "plan" after consultation with "stakeholders" ...the stakeholders specifically listed are NIDA, SAMHSA, CDC and FDA. A detailed description of what the bill seeks to accomplish is provided below, it currently has 22 sponsors, and has been in the H Energy and Commerce Committee since June 2009.

We are going to monitor the status of this bill and will keep you posted on any developments, but please let me know if you have any comments.

Thanks,  
Matt

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**Synopsis:**

Drug Overdose Reduction Act - Requires the Director of the Centers for Disease Control and Prevention (CDC) to: (1) award grants or enter into cooperative agreements to enable eligible entities to reduce deaths occurring from drug overdoses; and (2) give priority to public health agencies or community-based organizations that have expertise in preventing deaths occurring from overdoses in high risk populations.

Conditions receipt of a grant or agreement on an entity agreeing to use the grant or agreement for: (1) purchasing and distributing drug overdose reversal agents; (2) training first responders, law enforcement and corrections officials, and other individuals in a position to respond to an overdose on the effective response; (3) implementing programs to provide overdose prevention, recognition, treatment, or response to individuals in need; and (4) evaluating, expanding, or replicating such programs.

Requires the Director to: (1) compile and publish data, annually, on fatal and nonfatal drug overdoses for the preceding year; (2) award grants to state, local, or tribal governments to improve drug overdose surveillance capabilities; and (3) develop and submit to Congress a plan to reduce the number of deaths occurring from overdoses.

Requires the Director of the National Institute on Drug Abuse (NIDA) to: (1) prioritize and conduct or support research on drug overdose and overdose prevention; and (2) support research on dosage forms of naloxone for the prehospital treatment of unintentional drug overdose.

**H. R. 2855**

To reduce deaths occurring from drug overdoses.

**IN THE HOUSE OF REPRESENTATIVES**

**June 12, 2009**

Ms. EDWARDS of Maryland (for herself, Mr. SERRANO, Mr. HINCHEY, Mr. PIERLUISI, Mr. GRIJALVA, and Mr. LANGEVIN) introduced the following bill; which was referred to the Committee on Energy and Commerce

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**A BILL**

To reduce deaths occurring from drug overdoses.

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

**SECTION 1. SHORT TITLE.**

This Act may be cited as the 'Drug Overdose Reduction Act'.

**SEC. 2. FINDINGS.**

The Congress finds the following:

- (1) Drug overdose death is now second only to motor vehicle crashes as a leading cause of injury-related death nationally. Both fatal and nonfatal overdoses place a heavy burden on public health resources, yet no Federal agency has been tasked with stemming this crisis.
- (2) The Centers for Disease Control and Prevention reports that 33,541 deaths in the United States in 2005 were attributable to drug-induced causes. Sixty-seven percent of these deaths were due to unintentional drug poisonings and could have been prevented.
- (3) Deaths resulting from accidental drug overdoses increased more than 400 percent between 1980 and 1999, and more than doubled between 1999 and 2005.
- (4) Ninety-five percent of all unintentional and undetermined intent poisoning deaths are due to drugs, and poisoning deaths cost society more than \$2,200,000,000 in direct medical costs and \$23,000,000,000 in lost productivity costs in the year 2000 alone.
- (5) According to the Federal Drug Abuse Warning Network, most drug-related deaths involve multiple drugs including prescription opioids and alcohol. Opioid overdose deaths are occurring among those who are taking pharmaceutical opioid drugs, like oxycodone and hydrocodone, and among heroin users.
- (6) Community-based programs working with high-risk populations have successfully prevented deaths from opioid overdoses through education and access to effective reversal agents, such as naloxone.
- (7) Naloxone is a highly effective opioid antagonist that reverses overdose from both prescription opioids and heroin.
- (8) Public health programs to make naloxone available to people at-risk of a drug overdose are currently operating in major cities including Baltimore, Chicago, Los Angeles, New York City, Boston, San Francisco, and Philadelphia,

and statewide in 3 States including New Mexico, Massachusetts, and New York. A naloxone distribution program in Boston saved more than 170 lives in the last year alone.

(9) Between 2001 and January 2008, it is estimated that more than 2,600 overdoses have been reversed in 16 programs across the Nation.

(10) Many fatal drug overdoses occur in the presence of witnesses who can respond effectively to an overdose when properly trained and equipped.

(11) Overdose prevention programs are needed in correctional facilities, addiction treatment programs, and other places where people are at higher risk of overdosing after a period of abstinence.

### **SEC. 3. OVERDOSE PREVENTION GRANT PROGRAM.**

(a) Program Authorized- The Director of the Centers for Disease Control and Prevention shall award grants or cooperative agreements to eligible entities to enable the eligible entities to reduce deaths occurring from overdoses of drugs.

(b) Application-

(1) IN GENERAL- An eligible entity desiring a grant or cooperative agreement under this section shall submit to the Director an application at such time, in such manner, and containing such information as the Director may require.

(2) CONTENTS- An application under paragraph (1) shall include--

(A) a description of the activities to be funded through the grant or cooperative agreement; and

(B) a demonstration that the eligible entity has the capacity to carry out such activities.

(c) Priority- In awarding grants and cooperative agreements under subsection (a), the Director shall give priority to eligible entities that--

(1) are public health agencies or community-based organizations; and

(2) have expertise in preventing deaths occurring from overdoses of drugs in populations at high risk of such deaths.

(d) Eligible Activities- As a condition on receipt of a grant or cooperative agreement under this section, an eligible entity shall agree to use the grant or cooperative agreement to carry out one or more of the following activities:

(1) Purchasing and distributing drug overdose reversal agents, such as naloxone.

(2) Training first responders, other individuals in a position to respond to an overdose, and law enforcement and corrections officials on the effective response to individuals who have overdosed on drugs.

(3) Implementing programs to provide overdose prevention, recognition, treatment, or response to individuals in need of such services.

(4) Evaluating, expanding, or replicating a program described in paragraph (1) or (2).

(e) Report- As a condition on receipt of a grant or cooperative agreement under this section, an eligible entity shall agree to prepare and submit, not later than 90 days after the end of the grant or cooperative agreement period, a report to the Director describing the results of the activities supported through the grant or cooperative agreement.

(f) Authorization of Appropriations- There are authorized to be appropriated to carry out this section \$27,000,000 for each of the fiscal years 2010 and 2011, and such sums as may be necessary for each of the fiscal years 2012 through 2014.

## **SEC. 4. SENTINEL SURVEILLANCE SYSTEM.**

(a) Data Collection- The Director of the Centers for Disease Control and Prevention shall annually compile and publish data on both fatal and nonfatal overdoses of drugs for the preceding year. To the extent possible, the data shall be collected from all county, State, and tribal governments, the Federal Government, and private sources, shall be made available in the form of an Internet database that is accessible to the public, and shall include--

- (1) identification of the underlying drugs that led to fatal overdose;
- (2) identification of substance level specificity where possible;
- (3) analysis of trends in polydrug use in overdose victims, as well as identification of emerging overdose patterns;
- (4) results of toxicology screenings infatal overdoses routinely conducted by State medical examiners;
- (5) identification of--
  - (A) drugs that were involved in both fatal and nonfatal unintentional poisonings; and
  - (B) the number and percentage of such poisonings by drug; and
- (6) identification of the type of place where unintentional drug poisonings occur, as well as the age, race, and gender of victims.

(b) Authorization of Appropriations- There are authorized to be appropriated to carry out this section \$5,000,000 for each of the fiscal years 2010 and 2011, and such sums as may be necessary for each of the fiscal years 2012 through 2014.

## **SEC. 5. SURVEILLANCE CAPACITY BUILDING.**

(a) Program Authorized- The Director of the Centers for Disease Control and Prevention shall award grants or cooperative agreements to State, local, or tribal governments to improve fatal and nonfatal drug overdose surveillance capabilities, including the following:

- (1) Implementing or enhancing the material capacity of a coroner or medical examiner's office to conduct toxicological screenings where drug overdose is the suspected cause of death.
- (2) Training and other educational activities to improve identification of drug overdose as the cause of death by coroners and medical examiners.
- (3) Hiring epidemiologists and toxicologists to analyze and report on fatal and nonfatal drug overdose trends.
- (4) Purchasing resources and equipment that directly aid drug overdose surveillance and reporting.

(b) Application-

- (1) IN GENERAL- A State, local, or tribal government desiring a grant or cooperative agreement under this section shall submit to the Director an application at such time, in such manner, and containing such information as the Director may require.
- (2) CONTENTS- The application described in paragraph (1) shall include--
  - (A) a description of the activities to be funded through the grant or cooperative agreement; and
  - (B) a demonstration that the State, local, or tribal government has the capacity to carry out such activities.

(c) Report- As a condition on receipt of a grant or cooperative agreement under this section, a State, local, or tribal government shall agree to prepare and submit, not later than 90 days after the end of the grant or cooperative agreement period, a

report to the Director describing the results of the activities supported through the grant or cooperative agreement.

(d) Authorization of Appropriations- There are authorized to be appropriated to carry out this section \$5,000,000 for each of the fiscal years 2010 and 2011, and such sums as may be necessary for each of the fiscal years 2012 through 2014.

## **SEC. 6. REDUCING OVERDOSE DEATHS.**

(a) In General- Not later than 180 days after the date of the enactment of this Act, the Director of the Centers for Disease Control and Prevention shall develop a plan in consultation with a task force comprised of stakeholders to reduce the number of deaths occurring from overdoses of drugs and shall submit the plan to Congress. The plan shall include--

- (1) an identification of the barriers to obtaining accurate data regarding the number of deaths occurring from overdoses of drugs;
- (2) an identification of the barriers to implementing more effective overdose prevention strategies and programs;
- (3) an examination of overdose prevention best practices;
- (4) an analysis of the supply source of drugs that caused both fatal and nonfatal unintentional poisonings;
- (5) recommendations for improving and expanding overdose prevention programming; and
- (6) recommendations for such legislative or administrative action as the Director considers appropriate.

(b) Definition- In this section, the term `stakeholder' means any individual directly impacted by drug overdose, any direct service provider who engages individuals at-risk of a drug overdose, any drug overdose prevention advocate, the National Institute on Drug Abuse, the Center for Substance Abuse Treatment, the Centers for Disease Control and Prevention, the Food and Drug Administration, and any other individual or entity with drug overdose expertise.

## **SEC. 7. OVERDOSE PREVENTION RESEARCH.**

(a) Overdose Research- The Director of the National Institute on Drug Abuse shall prioritize and conduct or support research on drug overdose and overdose prevention. The primary aims of this research shall include--

- (1) examinations of circumstances that contributed to drug overdose and identification of drugs associated with fatal overdose;
- (2) evaluations of existing overdose prevention program intervention methods; and
- (3) pilot programs or research trials on new overdose prevention strategies or programs that have not been studied in the United States.

(b) Dosage Forms of Naloxone- The Director of the National Institute on Drug Abuse shall support research on the development of dosage forms of naloxone specifically intended to be used by lay persons or first responders for the prehospital treatment of unintentional drug overdose.

(c) Authorization of Appropriations- There are authorized to be appropriated to carry out this section \$5,000,000 for each of the fiscal years 2010 and 2011, and such sums as may be necessary for each of the fiscal years 2012 through 2014.

## **SEC. 8. DEFINITIONS.**

In this Act:

- (1) DIRECTOR- Unless otherwise specified, the term `Director' means the Director of the Centers for Disease Control and Prevention.
- (2) DRUG- The term `drug'--
  - (A) means a drug (as that term is defined in section 201 of the Federal Food, Drug, or Cosmetic Act (21 U.S.C. 321)); and
  - (B) includes any controlled substance (as that term is defined in section 102 of the Controlled Substances Act (21 U.S.C. 802)).
- (3) ELIGIBLE ENTITY- The term `eligibleentity' means an entity that is a State, local, or tribal government, a correctional institution, a law enforcement agency, a community agency, or a private nonprofit organization.
- (4) STATE- The term `State' means any of the several States, the District of Columbia, Puerto Rico, the Northern Mariana Islands, the Virgin Islands, Guam, American Samoa, and any other territory or possession of the United States.
- (5) TRAINING- The term `training' means any activity that is educational, instructional, or consultative in nature, and may include volunteer trainings, awareness building exercises, outreach to individuals who are at-risk of a drug overdose, and distribution of educational materials.

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**From:**

**Sent:**

**To:**

[redacted]@co.lincoln.or.us; [redacted]@doj.ca.gov; JTRannazzisi@DEA.USDOJ.GOV; GBoggs@DEA.USDOJ.GOV; [redacted]@atlantahidta.org; [redacted]@doj.ca.gov; southwest\_meth@yahoo.com; [redacted]@crm.usdoj.gov; [redacted]@ojp.usdoj.gov; [redacted]@ondcp.eop.gov; [redacted]@mhisc.org; Rannazzisi, Joseph T.; Boggs, Gary

**Cc:**

**Subject:**

Wed, 28 Jul 2010 08:46:11 -0700

Fw: PAINS Meetings - Possible National Strateg - Resending.

The latest from Purdue Pharma.  
TL

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**From:** [redacted]@aol.com <[redacted]@aol.com>

**To:**

**Sent:** Wed Jul 28 08:39:49 2010

**Subject:** PAINS Meetings - Possible National Strateg - Resending.

I am resending this email because the original needed a small correction, i.e. the original said in the fourth bullet following the first paragraph "...2 months." It should have said "24 months." Below is corrected.

Dear [redacted]

Today I learned that Chris Baumgartner of the PMP TTAC has been invited to attend a "PAINS meeting," in Seattle WA, one of five regional meetings called by the Center for Practical Bioethics (CPB) - see attached. The CPB is the same organization that:

- Published the document with the National Association of Attorneys General and the Federation of State Medical Boards that stated, "PMPs are not a law enforcement tool..." (reference a *Policy Brief: **Balance, Uniformity and Fairness: Effective Strategies for Law Enforcement for Investigating and Prosecuting the Diversion of Prescription Pain Medications While Protecting Appropriate Medical Practice.***)
- Left the impression in that Policy Brief that all members of the group that met to discuss the issues concurred on the findings printed in the policy brief.
- Did not acknowledge the disagreement of two DEA members of that group who opposed the statement "PMPs are not a law enforcement tool" and who made that view known to CPB.
- Announced receipt of a \$1.5 million grant from Purdue Pharma on their website. This announcement was on the website in May 2009, three months after publication of the Policy Brief and just 24 months after settlement of the Federal and 26 state Attorneys General's \$635 million settlement against Purdue Pharma.

It is also worth noting:

- 1) the Federal government of the United States has identified and documented the extremely serious epidemic of opioid abuse, overdoses and unintentional deaths.
- 2) The Federal Government has also developed a national strategy to address this epidemic in ONDCP's National Drug Control Strategy.

3) Now CPB, a non-governmental organization (NGO) is establishing a process to develop another national strategy, "The PAINS project is a national initiative of the Center for Practical Bioethics to access the capacity and readiness of individual leaders and organizations to collaborate for the purpose developing a national strategic plan to improve the treatment of chronic pain."

The announcement of this process is focused not on how to address the epidemic. Instead, among other things, they want to identify "barriers" to effective pain management. I wonder why they are not discussing the epidemic too? I wonder what types of "barriers" they may identify?

FSMB and NAAG are both listed as co-sponsors of the PAINS process

4) In the announcement, there is no reference to communication with the federal government.

5) The CPB has acknowledged receipt of funds from a for-profit company that can benefit from a high level of prescription opioid sales.

6) The Federal Government has established and funded a process to establish a system for interstate data sharing between PMPs.

7) Now an NGO (NABP) is, apparently, trying to establish an alternative system for interstate data sharing through funding it is requesting from a non-governmental trust.

8) In the application, there is no reference to communication with the federal government or the Alliance of States with Prescription Monitoring Programs or with the IJIS Institute.

9) This NGO has described its relationship to a for-profit company that could profit from developing this alternative system for interstate data sharing. I wonder if they intend to replace, take advantage of, or take control of the federally developed system?

It is also interesting how the above NGO initiatives follow so closely on the heels of the 6th National PDMP Meeting?

I wonder if DEA has ever communicated their concerns about the Policy Brief to NAAG or FSMB? I wonder if someone in the federal government has communicated with NAAG and FSMB about the interesting \$1.5 million grant from Purdue Pharma to CPB? (I did tell a NAAG representative about it during two different national meetings). If such communications have not yet occurred, I wonder if it would be timely for someone to make FSMB and NAAG aware?

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**From:** [redacted]  
**Sent:** Tue, 10 Aug 2010 11:40:50 -0400  
**To:** Rannazzisi, Joseph T.;Rannazzisi, Joseph T.  
**Cc:** [redacted]  
**Subject:** Article #6

Alarming Increase Rate of Prescription Drug Overdose July 14

Filed under Substance Abuse by VirtualTest | 0 comments

The Food and Drug Administration released data that shows an alarming increase rate in overdose of prescription drugs.

From the data collected in 1999 to 2006, there have been 14000 deaths in opioid overdose which is triple the number compared to years before 1999. Emergency room visits related to OTC drug abuse also increased from 500000 in 2004 to 1 million in 2008, according to the Substance Abuse and Mental Health Services Administration's Drug Abuse Warning Network. The data collected were from among 231 U.S. emergency rooms that took notice in the increasing trend of such cases.

The top abused prescription drugs are opioids which account for more than 300000 visits to emergency departments in 2008. Symptoms of overdose usually involve a collapse in respiratory system which makes a patient unresponsive. They may eventually stop breathing that can pave the way for cardiac arrests.

Susan E. Foster, vice president of policy research and analysis at the National Center on Addiction and Substance Abuse at Columbia University in New York states that availability and access are the main reasons why there is an increase in OTC drug abuse. When people know that these drugs are prescribed by doctors and that they can be found in most medicine cabinets, they feel safe using them, but then again safety of these drugs do not extend to their misuse.

Drug manufacturers are being tasked by the FDA to further educate doctors and patients on the use of these prescribed drugs. By using patient education sheets and drug medication guides, they may be able to help the government resolve this problem. Drug makers would also be responsible to monitor doctor's prescription techniques which can somehow indicate if they have improved their knowledge in correct opioid prescribing practices. However, plans for manufacturers to keep track of patients who use opioids were rejected.

Read more: <http://hometestingblog.testcountry.com/?p=8971#ixzz0thEjofaT>

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[redacted]  
Program Analyst, OSI  
Special Operations Division  
[redacted] (Office)  
[redacted] (Cell)

**From:** Congressional & Public Affairs  
**Sent:** Wed, 1 Dec 2010 15:39:47 -0500  
**To:** DEA Global Distribution;DEA Global Distribution  
**Subject:** Today's DEA News Clips--Wednesday, December 1st, 2010

Global Press Clips Wednesday, December 1, 2010

Record Numbers Of Marijuana Plants Seized In Public Lands And Forests-KPBS-TV  
Police: Don't smoke K2 and drive- Times Record News  
Half-ton of meth seized in Norcross "superlab"- Atlanta Journal-Constitution  
Colombian drug smuggler who tried to buy DC-8 jetliner sentenced in NY to 30 years in prison- Chicago Tribune  
Mexico arrests La Familia drug gang figure- Los Angeles Times  
Accidental Overdoses Increase by 250% in Texas- Texas Tribune  
Brazil troops to stay in Rio slum after backing anti-gang assault-800 Troops, 1800 Riot Police-50 Dead - Los Angeles Times  
The DEA and the Border Patrol- Anderson Cooper 360° CNN  
Feds charge 13 in Ohio scheme to ship pot with TP-Dayton Daily News  
USADA-backed supplement legislation passes U.S. Senate- Forbes  
Money, drugs and violence in the case involving 8 murders  
WAVE-TV  
Colombia busts heroin ring-EFE  
CT Best at Uncovering Drug Mule Payload-Houston Chronicle  
Missouri Governor Nixon, AG Koster want to require prescriptions for medicines used in methamphetamine- Los Angeles Times  
Drugs found in 33% of killed drivers- USA Today  
Illinois House fails to OK medical marijuana use- Chicago Tribune

1) Record Numbers Of Marijuana Plants Seized In Public Lands And Forests  
KPBS-TV 11/30/2010 By Ruxandra Guidi

DEA Special Agent Ralph Partridge spoke to reporters about drug trafficking in San Diego on Nov. 30.

SAN DIEGO — Planting season is over but marijuana plants are still being found throughout Southern California.

Between January and November of this year, more than 84,000 plants were seized on private lands, and 120,000 in areas belonging to the Forestry Service.  
Ralph Partridge, Special Agent in Charge at the San Diego Division of the DEA said the agency has information pointing to Mexican cartels.

"There are drug trafficking organizations that are doing this and obviously they're funded somehow," Partridge said, referring to a trend that he said is growing throughout the Southwest. "But we don't pinpoint a certain cartel to the growths here in San Diego County."

According to a recent report by the Department of Justice, Mexican traffickers are expanding and shifting outdoor cultivation operations eastward into Arizona, Tennessee

and, even Wisconsin and Michigan.

The groups appear to be moving to those areas in response to improved outdoor grow site detection capabilities and heightened eradication efforts.

2) Police: Don't smoke K2 and drive

Times Record News 12/01/2010

K2 isn't illegal in Wichita Falls just yet.

But local law enforcement agencies are cracking down on those who use the substance and then get behind the wheel.

“We want drivers to know that if they choose to get high on K2, or fake pot, and then drive, they will be aggressively prosecuted for driving while intoxicated,” said John Gillespie, chief felony prosecutor for the Wichita County District Attorney's Office.

K2 — also known as Spice — is a product marketed nationwide as a type of incense. It's made up of a mixture of herbs and synthetic chemicals that have been found to mimic the effects of marijuana when inhaled.

And although its packaging says it's not meant for human consumption, many people choose to abuse the product anyway.

That's why it's just as likely to cause impairment while driving, perhaps even more so than its natural counterpart, legal or not.

“Studies show that synthetic marijuana, such as K2, can be up to 10 times as impairing as marijuana,” Gillespie said. “Drivers impaired by K2 are clearly a danger and will be prosecuted.”

But it's the effects people don't know about that could be the most dangerous, according to Wichita Falls police officer Jeff Hughes.

“Users will likely experience euphoria, intoxication, loss of coordination and memory and even hallucinations,” Hughes said. “But there's just not enough information out there about what this stuff can do to you once it's inside your body.

“People are actually risking death every time they use K2, because they don't know how their body will react to the synthetic chemicals.”

Those concerns are so great, in fact, some local communities have already taken action.

City officials in Graham, Olney, Electra, Nocona and most recently Bowie all passed ordinances to ban the sale of K2. Currently, there is at least one store in Wichita Falls where the product is available, Hughes said.

The federal government may be taking the next step.

Gillespie said the Drug Enforcement Agency announced in November it would place a one-year ban on five of the chemicals used in the manufacture of substances like K2. The agency will list the chemicals — starting in early 2011 — as a schedule 1 substance.

That would put them in the most restrictive category reserved for unsafe, highly abused substances for which there is no medical usage, he said.

After that temporary measure, it would be back in the city's hands to decide whether to ban the substance.

Until then, Gillespie plans on handling any synthetic marijuana cases personally, in an attempt to keep Texas' roads safe.

"The bottom line is that K2 and other synthetic marijuana is dangerously impairing," he said. "People who drive under the influence of K2 will be prosecuted."

3) Half-ton of meth seized in Norcross "superlab"

Atlanta Journal-Constitution 11/30/2010

When self-described "nosy neighbor" Cosetta Campbell stepped outside to investigate police activity near her home in Norcross Monday evening, even she never suspected what was afoot.

Officers were raiding what would turn out to be one of the largest methamphetamine labs in the nation just a few houses down from Campbell, in an otherwise quiet crook of Newbury Road. Local and federal law enforcement officers carted away 984 pounds of methamphetamine worth an estimated \$44 million. The slate gray two-story house in question had been unoccupied since 2008 and no one had been seen coming or going in months, Campbell said.

"We never suspected anything, that's the alarming thing," Campbell said Tuesday as she surveyed the activity from her front porch.

Authorities say that was all part of the drug traffickers' plan.

"We are seeing Mexican organized crime operating the way they have been in this region -- in middle-class neighborhoods, quiet, under the radar," said Rodney Benson, special agent in charge of the Drug Enforcement Administration's Atlanta Field Division. Benson said the operation had all the fingerprints of the Mexican cartels, although investigators have not confirmed that connection.

Benson classified the operation as a "super-lab," which is any meth lab capable of producing more than 10 pounds.

Gwinnett police requested assistance from the DEA, Norcross police and the Gwinnett fire department's hazmat team to help safely dismantle the lab. A few neighboring homes were evacuated as a precaution, but no injuries were reported. The chemicals used to manufacture the drug are extremely volatile, making for a "extremely hazardous situation," Gwinnett Police spokesman Cpl. Edwin Ritter said.

Ritter said that investigators obtained a search warrant after getting a tip that a large amount of meth was being produced at the home. Inside they found numerous propane tanks, plastic tubs, bottles of acetone and barrels of methamphetamine oil. Benson said the methamphetamine oil was smuggled in liquid form across the border from Mexico and stashed in the Norcross house, where it was being converted into crystal meth and then distributed along the East Coast. He said crystal meth seized in the bust was about 80 to 90 percent pure and highly addictive.

Late Monday evening, police arrested 33-year-old Jose Galvez-Vela, a Mexican native whose last known address was in Weslaco, Texas, on a charge of trafficking methamphetamine. Ritter did not know if Galvez-Vela was a legal U.S. resident. Police assume he was not running such a sophisticated operation alone and said more arrests are likely.

The neighborhood where the lab was found sits back about a quarter-mile off Beaver Ruin Road. Norcross Police Capt. Brian Harr said the area is in transition but is not crime-ridden. Long-time residents of the neighborhood have seen lower income people moving in and many houses being rented or foreclosed upon.

Norcross Mayor Bucky Johnson said it has been difficult to keep tabs on all vacant and foreclosed properties in the city, which tend to invite crime.

"It's a national issue and a lot of times people don't think of us as an urban area, but we are," Johnson said. "It takes all of us being vigilant. Police can only be so vigilant and they can only see so much."

Authorities said the lab in many ways resembled another large-scale methamphetamine manufacturing operation in unincorporated Duluth that was dismantled in May 2009. In that lab, which was run by the La Familia Mexican drug cartel, police seized 351 pounds of crystal methamphetamine with a wholesale value of about \$6 million. The drugs were being manufactured in a rental home on Buckingham Place, only about four miles north on Buford Highway from the location of Monday's raid.

Gwinnett County District Attorney Danny Porter said the county continues to battle the influence of the cartels on an unprecedented level.

"You've sort of seen the tide as it's come in," Porter said. "Certainly meth labs are nothing new. We've had those since the 1980s. But on this kind of scale, no. I never really anticipated it."

4) Colombian drug smuggler who tried to buy DC-8 jetliner sentenced in NY to 30 years in prison  
Chicago Tribune 12/01/2010

NEW YORK (AP) — A Colombian drug trafficker who prosecutors say tried to buy a DC-8 jetliner and other large aircraft to smuggle cocaine was sentenced to 30 years in prison on Tuesday by a federal judge in New York.

Francisco Gonzalez Uribe, 44, was arrested in 2009 during a sting in the Dominican Republic and pleaded guilty to trafficking charges in June.

"In the international drug trafficking underworld, Gonzalez Uribe was almost peerless," U.S. Attorney Preet Bharara said in a written statement.

Gonzalez Uribe smuggled tons of cocaine to Mexico, the Dominican Republic and Venezuela, where the drugs were then taken to the United States and Europe, prosecutors say. Some of the cocaine was hidden in phony tubes of Colgate toothpaste, according to court documents.

U.S. District Court Judge Lewis Kaplan sentenced Gonzalez Uribe to 30 years in prison, five years of probation and a \$10,000 fine, despite letters from Gonzalez Uribe's relatives begging for a shorter sentence.

"He is a role model for me and my children and for all the people around him," wrote Margarita Gonzalez, Gonzalez Uribe's sister.

Gonzalez Uribe's lawyers had also asked for leniency, saying he was a "manager" of drug traffickers but not an "organizer" and that prosecutors had exaggerated the amount of cocaine involved.

Anti-drug agents said they had secretly recorded Gonzalez Uribe as he negotiated the purchase of a DC-8, a four-engine jetliner.

Law enforcement agencies have become increasingly concerned about smugglers who are buying large cargo aircraft to carry cocaine and heroin on nonstop flights from South America to Africa. From there the drugs are taken to Europe.

In July, a federal judge sentenced trafficker Jesus Eduardo Valencia-Arbalaez to 17 1/2 years in prison after he and accomplices bought a \$2 million plane to run monthly flights between Venezuela and Guinea. The group claimed to have six aircraft already flying.

A separate group of traffickers based in Colombia and Liberia was arrested after one of their planes was seized in May with 2 tons of cocaine as it prepared to leave Venezuela, prosecutors say. Drug Enforcement Administration agents say the group was planning to fly shipments across the Atlantic twice a month.

Three other men from Sierra Leone face charges that they scouted out airstrips and arranged for a 4-ton flight of cocaine from South America in March.

In a fifth case filed in the federal court in Manhattan, U.S. prosecutors have accused Venezuelan Walid Makled-Garcia of operating airstrips for drug flights. They say Makled-Garcia was behind the DC-9 jetliner that landed in Mexico in 2006 with more than 12,300 pounds of cocaine on board.

Colombian authorities arrested Makled-Garcia in August. The United States has requested his extradition, but the Colombian government says it will hand him over to Venezuela to face drug charges there first.

5) Mexico arrests La Familia drug gang figure  
Los Angeles Times 11/30/2010

Federal police say they have arrested Jose Alfredo Landa Torres, known as 'Skinny,' the regional boss of a gang that dominates western Michoacan. La Familia has become a major trafficker of methamphetamine. Mexican authorities on Tuesday said they arrested a regional boss of La Familia drug gang that dominates the western state of Michoacan with violence and a cult-like authority.

The trafficking group recently hung banners suggesting a truce with Mexican government forces, but authorities dismissed the move as a ploy and said they wouldn't negotiate anyway.

Federal police said the man arrested, Jose Alfredo Landa Torres, was recently named to head La Familia's operations in the state capital, Morelia. His alleged duties included managing finances, bribing police and overseeing street-level drug sales.

Landa, 37, known as "Skinny," worked his way up the ranks of La Familia since joining in 2007 as a street-level lookout, or halcon, in the city of Maravatio, federal police said in a statement. Drug gangs frequently employ taxi drivers, street vendors and others as watch for patrols of police or military units.

Authorities said Landa was put in charge of the Morelia zone after both immediate predecessors were arrested, in 2009 and last August.

A second suspect was arrested with Landa. Police confiscated an AK-47 assault rifle and two handguns.

La Familia, a relative newcomer to Mexico's criminal underworld, has in a few years become a major trafficker and big producer of methamphetamines. Its members, sometimes recruited in drug-treatment centers, adhere to a quasi-religious dogma. The group pays off Michoacan officials, beheads rivals and paints itself as a protector of the state's residents.

Last week, La Familia hung a series of banners sprinkled with famous quotations by Mexican historical figures, including the revolutionary leader Emiliano Zapata. The group reiterated the cease-fire offer and said it hoped to serve society: "We seek not to conquer, but to convince."

In other developments, authorities in the northern state of Chihuahua said Tuesday that they had unearthed the bodies of 19 men and a woman from a dozen clandestine graves in a rural area near the U.S. border. The Mexican army found the series of graves on Saturday and began digging.

6) Accidental Overdoses Increase by 250% in Texas  
Texas Tribune by Brandi Grissom 11/23/10

The number of deaths by accidental drug overdose in Texas is rising at an alarming rate. But many of the victims aren't your typical addicts: They're average people hooked on legal prescription drugs. "The majority are people with homes and families and jobs and, you know, just you or me," says Mary Beck, chief services and evaluation officer at the Council on Alcohol and Drugs Houston.

Deaths from accidental overdoses increased in the state by more than 250 percent from 1999 to 2007, from 790 to 1,987, according to a recent report from the Drug Policy Alliance, a New York-based drug policy think tank. Accidental poisoning during that time was the third-leading cause of injury-related deaths statewide, behind only car crashes and suicide. "Texas is sort of like a microcosm for something happening all over the United States," says Meghan Ralston, the Alliance's harm reduction coordinator.

The group's research shows that both in Texas and nationally, legal prescription drugs like oxycodone, hydrocodone and Xanax contributed to more overdose deaths than illicit drugs. "Heroin, crack, powder cocaine — all those combined don't even amount to the number of prescription opioid deaths nationally," Ralston says.

The problem is particularly pronounced in Houston, where prescription drugs were

identified in half of all accidental overdose deaths from 2005 to 2009, according to the report. Beck says the number of calls to the Council about prescription drug abuse is greater in recent years. Among the problems she often sees is what she calls a prescription “cocktail” of Xanax, Vicodin and Soma. The drugs are often prescribed together when a person experiences trauma like a serious car accident: Vicodin for pain, Xanax for anxiety, Soma to relax painful muscles. The trouble, Beck says, comes when patients aren’t educated about how to appropriately take the medications in combination. “What all too often happens is it feels good, so they take more and eventually develop an addiction,” she says.

Angela Vickrey, director of admissions at Austin Recovery, a drug rehabilitation and alcohol treatment center, confirms the trend. For many people, she says, what begins as legitimate pain management quickly develops into a physical addiction. It’s not a matter of the addict having lax morals or a weak constitution, she says; pain medication physically alters the brain. When someone stops taking the pills, they can experience anxiety attacks, seizures, uncontrollable bowels and severe muscle pain. “It’s pretty excruciating,” Vickrey says. To avoid painful withdrawal symptoms, she says, some patients turn to heroin when doctors stop writing prescriptions or when the pills become too expensive.

State lawmakers have taken some measures to address the increase in accidental overdoses. In 2009, state Sen. Tommy Williams, R-The Woodlands, passed a bill that took aim at so-called pill mills — pain management clinics that prescribe medication to addicts without proof of a real medical need. The bill allows for regulation and investigation of such clinics and, starting in September of this year, required them to be state certified.

But Ralston says Texas policymakers can do more to prevent prescription drug deaths. “Prescription opioid drugs actually do have an antidote available,” Ralston says. “It works immediately, it’s been around for 40 years and it has virtually no side effects.” Policymakers in Texas and across the nation, she says, should provide for increased access to and education about naloxone, usually marketed as Narcan, a prescription drug designed to reverse the effects of overdose from drugs like heroin, OxyContin, Vicodin and other opiates. “It’s truly a miracle drug — it literally saves lives,” Ralston says. Texas lawmakers, she says, could also help prevent overdose deaths by passing so-called Good Samaritan laws that exempt people from arrest for small amounts of drugs if they call for help when another person is overdosing. New Mexico adopted such a law in 2007, and Washington state did so in 2009. “If the climate in Texas allowed someone do the right thing, it could help save a life,” Ralston says.

Jane Maxwell, a senior researcher at the University of Texas Center for Excellence in Drug Epidemiology, says the Drug Policy Alliance research data may exaggerate the overdose death numbers because the group included all accidental poisonings, which could include a baby taking a pill found on the floor or someone taking a drug by mistake. “Accidental poisonings include a lot more than people intending to get high and ending up dead,” Maxwell says. But she agrees that prescription drug addiction in Texas is a growing problem and that state lawmakers could do more to prevent deaths. Lawmakers, she says, should devote more funds to the Texas Prescription Program to

make prescription data available in real time to doctors and to pay for more than just one investigator to go after alleged pill mills.

7) Brazil troops to stay in Rio slum after backing anti-gang assault  
800 Troops, 1800 Riot Police-- 50 Dead  
Los Angeles Times 11/30/2010

In a military-style invasion Sunday, 800 troops supported 1,800 police using armored cars and helicopters in an operation to pacify the Complexo do Alemão slum, a sanctuary for hardened traffickers.

By Marcelo Soares and Chris Kraul, Reporting from Rio de Janeiro and Bogota, Colombia

After a two-pronged, weeklong assault on entrenched drug gangs in Rio de Janeiro slums, Brazilian army troops will remain in the city's worst shantytown for at least six months to maintain order, the government announced Tuesday.

In a military-style invasion Sunday, 800 troops supported 1,800 riot police using armored cars and helicopters in a two-hour operation to pacify the Complexo do Alemão slum, a sanctuary for many of the city's hardened traffickers. The operation left 50 dead, including three police officers. Authorities made 123 arrests. Significant caches of drugs and weapons were seized.

The Defense Ministry's decision to keep the troops stationed in the slum came despite complaints from civic activists that the soldiers weren't fit for a policing role and might only anger residents. Rio de Janeiro state Gov. Sergio Cabral, who made the request, argued that many of the troops have performed peacekeeping duty in Haiti.

Brazilian officials are feeling pressure to gain the upper hand on Rio's violent drug gangs in advance of the 2014 World Cup soccer matches and the 2016 Olympic Games, which take place in Rio and other Brazilian cities. To deal with the city's high crime rate, authorities are promising to add 60,000 police officers to the state's forces by the time the Olympics start. Poverty and high rates of drug use have made Rio one of the continent's most violent cities.

President Luiz Inacio Lula da Silva said he would visit Rio on Thursday, but he did not specify whether he would go to the favelas, or slums.

"Obviously, the operation isn't finished; it's only begun. We don't know how many criminals escaped, how many are still inside," Lula said on his weekly radio show. "Anyway, we took the first step."

Violence had swept over many of Rio's slums the previous week after state police established units in a dozen favelas, a challenge to the impunity with which many of the drug gangs had operated. The units are seen as the first step toward establishing a stronger state presence in the slums, an effort that will include more schools and health clinics.

Much of the enforcement action is directed at the city's most powerful gang, the Red Commandos, formed in 1979 in prisons, where political prisoners taught common criminals guerrilla tactics.

Drug gang leaders, many of them in prison, ordered the wave of violence, including bus and car burnings, prompting Defense Minister Nelson Jobim's offer to send in troops. On Thursday, police aided by soldiers and marines launched a massive operation in the Vila Cruzeiro slum. The attack was broadcast on local television and attracted high ratings.

Police officials feared that many gang members in Alemão escaped through the sewer system and were pursuing them there Tuesday. State police officials said they had seized 33 tons of marijuana, a quarter-ton of cocaine and 135 firearms in the slum. Its population of 100,000 crammed into shacks, the Alemão slum suffers from the worst poverty, the lowest education levels and highest unemployment rate, 20%, in the city.

Former President Fernando Henrique Cardoso, who has promoted the idea of legalizing drugs, supported the police action Sunday, telling reporters that the violence of the gangs is "a reaction to the fact the government is doing something."

State legislator Marcelo Freixo wrote in an op-ed piece Sunday saying that the drug violence is a reflection of the fact that boys and young men in the favelas have few options to crime.

"They have guns in their hands and nothing in their brains. They have no ideology," Freixo wrote. "They don't even expect to live. They only know barbarity."

Soares and Kraul are special correspondents.

#### 8) THE DRUG ENFORCEMENT ADMINISTRATION AND THE BORDER PATROL Anderson Cooper 360° - Cable News Network (CNN) 11/30/2010

So it gets harder and harder. There's still a track all the way, the track which you saw start in Mexico continues all the way through to the US but if you notice the walls here, they don't have the same kind of structural support that they did on the Mexico side. US authorities believe that as they started to get underneath US territory, started getting closer to their destination, perhaps they grew more impatient, didn't want to make a lot of noise, so they didn't spend a lot of time shoring up the sides of these walls.

About half a mile from where the tunnel began in that house in Mexico we come to just about the end of the tunnel here. We're still about 70 feet below ground at this point. But this is a large room that was created that they carved out of the earth. Can you see all the jackhammer markings here? It's still only about maybe this is about four feet tall. This is the widest part of the tunnel that we've seen. It's about 15 feet wide. Found a lot of equipment here. There's an old hoe, here's a drill that was used by the drug traffickers. All these sandbags, empty sandbags which they would use, fill up with soil and cart the soil back to the Mexico side. But for us authorities, of most interest what they found in this large room was three tons of marijuana found in this room as well as in bundles a little bit further up. The tunnel begins to move upward toward the surface in these very large steps that have been basically hewn out of the rock and soil. It's a very steep climb, climb about 70 feet from that big room downstairs to an area probably ten feet or so away from the street level. And it just goes straight up.

There's actually an area where you can stand up for the first time, fully upright. If you look up right up here, that's actually the bottom of a sidewalk right outside this warehouse in San Diego. So we're very close now to the surface to the ground. And then the this is the hole concrete flooring and I'll show you where we are. This is where the tunnel emerges on the US side.

This is a warehouse in Otay Mesa. When they discovered this tunnel, it was just covered; the hole was covered with this piece of sheetrock. And there were these pallets filled with fruits and oranges and stuff, just in case somebody came by to see if this was a legitimate warehouse. Not much of a cover, but it's amazing when you drive by this warehouse, you'd never know that this is the place where one of the most sophisticated drug tunnels they found emerges.

I'm joined by Michael Ensueda from ICE this was a joint effort by the tunnel task force made up of whom? Right. Our San Diego Tunnel Task Force is made up of agents from ICE, the DEA, and CBP. There's a lot of sophisticated equipment, but you found this tunnel based on a tip, right?

This was a really good tip that really paid off. We got a phone call saying a truck would be picking up a load of dope. We had a number of warehouses under surveillance and luckily on Thanksgiving Day the information matched with what we were seeing and lo and behold we found the tunnel that you just were in. And you found three tons of marijuana inside the tunnel, another five tons Mexican authorities found on a ranch that's associated with this tunnel and the vehicle you guys were following had, what had a lot as well, right? The tractor trailer we followed away from the tunnel had about 28,000 pounds of marijuana in it. So we're talking about more than 20 tons of marijuana totally seized from this one tunnel.

Close to 21 tons. That's incredible. It's a very significant seizure for us and it's a very significant case. You found another tunnel smaller than this on November 2nd, so you found two tunnels in November. Two in less than 30 days. Obviously the work of a major drug cartel. Most likely you think the Sinaloa Cartel?

Based on the intelligence we're getting, the information we've been working on in our investigation, we believe this is the work of the Sinaloa Cartel. They weren't always operating in Tijuana, were they? No, they've kind of moved in. Before we had the Arellano Felix Organization and DEA has been working that case and target for a number of years, pretty much dismantling them.

Unfortunately the downside of that is now you have another drug cartel that's trying to influence and move into the area. Do you get the sense that there must be other tunnels being dug? Do you think there are other tunnels being dug right now? That's actually what our tunnel task force does. The minute we find one of these things we're working on the information coming in and trying to locate the next one. Before it turns into the level of sew sophistication we saw with this one.

9) Feds charge 13 in Ohio scheme to ship pot with TP  
Dayton Daily News 11/30/2010

Federal authorities have charged 13 people in an alleged scheme to sell tons of marijuana

shipped to Ohio between packages of toilet paper.

Tony Marotta, the top Drug Enforcement Administration official in Columbus, says the nearly 8,000 pounds of marijuana found in two locations had a value of about \$4 million.

The 13 defendants had initial appearances Monday in federal court on a preliminary charge of conspiracy to possess with intent to distribute more than 3,000 pounds of pot.

Marotta says about 6,000 pounds of marijuana was found hidden in a delivery of toilet paper rolls Saturday at a warehouse in Columbus.

He says another 2,000 pounds of pot was found in a vacant condominium in suburban Hilliard.

10) USADA-backed supplement legislation passes Senate  
Forbes 11/30/2010

A food-safety bill passed in the Senate on Tuesday includes provisions supported by the U.S. Anti-Doping Agency aimed at keeping steroids and other performance-enhancing drugs out of dietary supplements.

The legislation would give the Food and Drug Administration authority to recall unsafe dietary supplements. It would also call for the sharing of information about harmful substances between the FDA and the Drug Enforcement Agency.

Last December, USADA launched a group called Supplement Safety Now (SSN) that urges Congress to make sure supplements are safe and free of performance-enhancing drugs.

The bill that passed Tuesday, along with another bill working its way through Congress, are the two key legislative elements to the SSN project.

"This legislation provides much-needed additional consumer protections, without risking access to legal supplements," USADA CEO Travis Tygart said.

The supplement language was part of a much broader bill that gives the government broad new powers to increase inspections of food processing facilities and force companies to recall tainted food.

The bill still must be reconciled with a different version that previously passed in the House. Its prospects are unclear because of the short time remaining in the current lame-duck congressional session.

Iowa Sen. Tom Harkin, the sponsor of the Senate legislation, said he has agreement from some members in the House to pass the Senate bill, which would send the legislation straight to the president's desk.

Tygart has testified in front of Congress multiple times to endorse tougher regulations and enforcement for the supplement industry.

The Senate bill passed two days short of the one-year anniversary of SSN, which has support from the NFL, Major League Baseball, the U.S. Olympic Committee and more

than a dozen other sports organizations.

Associated Press writer Mary Clare Jalonick contributed to this report.

11) Money, drugs and violence in the case involving 8 murders

WAVE-TV 11/30/2010

LOUISVILLE, KY (WAVE) - The picture being painted in the case against Ricky Kelly involves big money, lots of drugs and extreme violence. Kelly was charged in July with eight murders dating back to 1996.

For the first time, we're getting a look at what's in the case against him from discovery filed in his court case. It contains thousands of pieces of evidence, investigative notes, photos and videos the Commonwealth's Attorney Office could use against Kelly when he goes to trial.

The first two murders, Kelly is accused of have long been tied to the mid 1990s drug ring led by Zelner Hamilton. In Kelly's case file, the U.S. Drug Enforcement Agency recounts how the informant in that case, Gale Duncan, was shot while sitting in her car in 1996.

One of the men Duncan was supposed to testify against, Deron Cole, died three months later after he pled guilty in the case. Kelly is charged in Cole's death as well.

Kelly is also charged in another 1996 murder. Police say his car was inside the crime scene set up by Louisville Police while investigating John Sanders' death in October.

Police interviewed Kelly at that time and he said he'd been shooting craps with Sanders when another man came up and shot him in the head. However, 12 years later, a U.S. Secret Service confidential informant led police to another man who said he saw "R. Kelly" and another man shooting Sanders.

Two years later, Kelly's name came up as the prime suspect in the July 1998 death of Charles Lewis, who police identify as a known "Crip" gang member. Several witnesses told police Kelly was on his way to Lewis' house to cook crack to sell shortly before he was killed.

Kelly was indicted early the next year for Lewis' death but the case never went to trial. A detective's note around the same time said informants didn't want to testify against Kelly, even though he openly admitted the "hit" as police say he called the murder.

Kelly's file also contains information from a confidential DEA informant on Craig Jones' 2005 murder. The informant says Jones' murder cost \$50,000 and was to prevent him from telling on his suppliers after he got caught for running drugs.

Police mapped out Kelly's ties to the final two victims in a chart that ties him to some of the other people also charged in a few of the Kelly murders. Laquante Jackson and Warren King both died in 2006. A witness says Kelly and two other men killed Jackson for \$15,000 and a half brick of cocaine.

A U.S. Department of Justice Alcohol Tobacco and Firearms investigation details another witness who says Kelly was going to get \$50,000 for King's murder.

Kelly faces numerous charges including eight counts of conspiracy to commit murder.

He's due back in court on those charges on December 13. At the time of his arrest in July

for the eight murders, Kelly was already behind bars on unrelated charges.

#### 12) Colombia busts heroin ring

EFE- 11/29/2010

Bogota, Nov 29, 2010 (EFE via COMTEX) -- Colombian drug enforcement agents worked with the U.S. Drug Enforcement Administration to dismantle a ring that smuggled heroin into the United States, arresting 12 suspects, officials said.

The operation was carried out in several different provinces Sunday, resulting in the seizure of 40 kilos of heroin, the National Police's drug enforcement division said. Three of the suspects were being sought for extradition by the United States. The Colombian Attorney General's Office and DEA agents also participated in the operation, officials said.

The gang's leaders, brothers Romulo and Ferney Andrade Lazo, and Jorge Fabian Ramirez were arrested along with three men wanted by a court in New York. Simultaneous arrests were made in cities in Norte de Santander, Risaralda, Cauca, Cundinamarca and Tolima provinces.

The heroin seized in the operation had a street value of more than \$6 million, police said. The gang used "mules," or human couriers, and food shipments to smuggle the heroin into the United States via the Caribbean.

Police, meanwhile, made the largest heroin seizure of the year on Sunday in the southwestern city of Cali, where a man was arrested while transporting 31 kilos of the drug in a vehicle, officials said

#### 13) CT Best at Uncovering Drug Mule Payload

Houston Chronicle 12/01/2010

CHICAGO, Dec. 1, 2010 /PRNewswire/ -- According to a study presented today at the annual meeting of the Radiological Society of North America (RSNA), the best way to detect cocaine in the body of a human drug courier, known as a mule, is through computed tomography (CT).

"Cocaine from South America is making its way to Europe through Africa," said Patricia Flach, M.D., a radiologist at University Hospital of Berne and Institute of Forensic Medicine of Berne in Switzerland. "From Africa, drug mules most commonly try to enter the European Union and Switzerland."

When legal authorities suspect an individual of being a drug mule, they often turn to radiologists to help quickly detect the presence of cocaine concealed in the body. Cocaine containers, which may be swallowed or inserted in the vagina or rectum, can be as large as a banana or as small as a blueberry.

"In these cases it is important for us to know that we have identified all the drug containers in a body, both for legal purposes and for the health of the patient," Dr. Flach

said. "However, there was no research telling us which imaging modality was best in detecting cocaine containers in the stomach, intestines or other body orifices."

Dr. Flach and colleagues analyzed images from 89 exams performed on 50 suspected drug mules over a three-year period at University Hospital. The study group included 45 men and five women between the ages of 16 and 45. Forty-three of the suspects were ultimately identified as drug mules.

Of the imaging exams conducted, 27 were CT, 50 were digital x-ray and 12 were low-dose linear slit digital radiography (LSDR), an extremely fast, high-resolution, full-body x-ray system primarily used for trauma patients. The radiologic findings were compared with a written record of the drug containers recovered from the feces of suspects.

"As we expected, CT imaging allowed us to see all the drug containers, especially when we knew what to look for," Dr. Flach said.

The results showed that the coating and manufacture of the containers changed their appearance, especially on CT images. Rubber coated condoms filled with cocaine appeared very hyper-dense, or white, on CT, while other containers of similar size with plastic foil wrapping appeared iso- to hypo-dense, or gray to black. This contradicts some previous reports that have suggested image density may correlate with the drug content.

The sensitivity of CT was 100 percent, meaning CT was able to find all cocaine containers that were present in the drug mules' bodies. LSDR had a sensitivity rate of 85 percent, and digital x-ray was able to identify the presence of cocaine containers only 70 percent of the time.

"There were positive findings on CT that were clearly not detectable on x-rays due to overlap of intestinal air, feces or other dense structures," Dr. Flach said.

While CT was clearly the most accurate imaging modality in detecting the drug containers, the increased ionizing radiation associated with the exam is a concern when imaging people who are presumably healthy.

"CT is the way to go," Dr. Flach said. "But low-dose protocols need to be implemented to ensure the safety of the people undergoing the procedure."

Coauthors are Steffen Ross, M.D., Gary Hatch, M.D., Ulrich Preiss, M.D., Thomas Ruder, M.D., Michael Thali, M.D., and Michael Patak, M.D.

14) Missouri Governor Nixon, AG Koster want to require prescriptions for medicines used in methamphetamine  
Los Angeles Times 12/01/2010

JEFFERSON CITY, Mo. (AP) — The Missouri governor and attorney general want to make Missouri the third state to require a doctor's prescription to buy cold and allergy medicines that can be used to make the illegal drug methamphetamine.

Gov. Jay Nixon and Attorney General Chris Koster announced their support on Tuesday for legislation imposing a prescription mandate on medicines containing pseudoephedrine, which is sold under brands such as Sudafed, Claritin-D and Aleve Cold & Sinus.

Missouri for years has led the nation in busts of methamphetamine labs, even while enacting increasingly stricter laws.

Proposals to require prescriptions for the medication have been rejected in the past by the Missouri Legislature and face opposition from the pharmaceutical industry. But Nixon and Koster say more safeguards are needed.

15) Drugs found in 33% of killed drivers  
USA Today 12/01/2010

Bruce Holloway was turning into his driveway in Mount Juliet, Tenn., in April 2009, when he was struck and killed by Brian Duffey.

Duffey was driving 80 mph with alcohol and painkillers in his system, according to police and court records.

"He was already home," said Holloway's fiancée, Mary Loving. "It's so unfair."

Duffey pleaded guilty to aggravated vehicular homicide and was sentenced to 22 years. He was one of a growing number of heavily medicated Americans who get behind the wheel every day.

According to a National Highway Transportation Safety Administration (NHTSA) report released Tuesday, one-third of all drug tests on drivers killed in motor vehicle accidents came back positive for drugs ranging from hallucinogens to prescription painkillers last year.

The report, the agency's first analysis of drug use in traffic crashes, showed a 5-percentage-point increase in the number of tested drivers found to have drugs in their systems since 2005. The increase coincided with more drivers being tested for drugs, the report shows.

Gil Kerlikowske, director of the Office of National Drug Control Policy, said the numbers are "alarmingly high" and called for more states to address the problem of driving and drug use.

Seventeen states have some form of such laws, according to NHTSA: Arizona, Delaware, Georgia, Illinois, Indiana, Iowa, Michigan, Minnesota, Nevada, North Carolina, Pennsylvania, Ohio, Rhode Island, South Dakota, Utah, Virginia and Wisconsin.

Although much research has been done on alcohol's effects on driving, little has been done on the impact of drugs on driving, researchers say. The NHTSA analysis doesn't address whether the drugs were at levels that would impair driving. Plus, the data are reported by the states, which vary widely in how often they test for drugs, the report notes.

Jim Lavine, the president of the National Association of Criminal Defense Lawyers, said drug-test results don't always pinpoint when the person took the drug: It could have been days or weeks ago.

The lack of research presents a problem for lawmakers, adds Scott Burns, executive director of the National District Attorneys Association. "With respect to illegal

substances, the answer seems fairly easy: 'You can't drive with cocaine on board,' " he says. "The tougher question becomes, 'What do you do with prescription drugs?' " Don Egdorf of the Houston Police Department's DWI task force says many people abuse prescription drugs. "If you have tooth pain, they give you Vicodin. You might develop a tolerance," he said. "You might end up taking two instead of one."

David Strickland of NHTSA recommends better state records of crashes involving prescription drugs.

16) Ill. House fails to OK medical marijuana use  
Chicago Tribune 11/30/2010

Fearing that it would lead to widespread use of marijuana and other illicit drugs, the Illinois House on Tuesday rejected legislation that would allow use of cannabis for debilitating medical problems.

The long-debated issue, which the Senate OK'd in May, got 53 of the 60 votes it needed for passage. The bill's sponsor, Skokie Democratic Rep. Lou Lang, used a procedure to preserve the measure for another vote later.

The legislation would allow people with illnesses such as AIDS, cancer, glaucoma and multiple sclerosis to use marijuana to ease pain or nausea or to stimulate appetite. A physician would have to prescribe it, allowing a patient to register with the Illinois Department of Public Health to have a 60-day supply of marijuana, an amount that would be determined by bureaucratic rule.

The act would expire after three years.

Fifteen states and Washington, D.C. allow medical use of marijuana.

"This is not about 16-year-olds looking to get a quick and cheap high," said Rep. John Fritchey, D-Chicago. "This is about people with debilitating pain, with a minimum quality of life, with a terminal illness. They're looking for compassion, not a high." But opponents complained that the legislation doesn't address medical treatment, but only allows the possession of pot. It's a "gateway" that leads to addiction to stronger drugs, they said, and if it were a viable alternative to traditional medication, it would go through appropriate federal government trials and approval.

"If this were about benefits for the truly ill, for pain-stricken individuals . . . we'd be going through the same channels as we do for aspirin," said Rep. Ron Stephens, R-Greenville, a pharmacist who spent 11 weeks in drug rehabilitation in 2001 to kick addiction to an undisclosed pain medication he said he used to ease headaches caused by wounds suffered in the Vietnam War.

Lang countered that mainstream pain medications -- oxycodone, morphine, codeine -- are addictive drugs that have been fatally used to excess.

"No one in the history of the world has ever died of an overdose of marijuana," Lang said.

Opponents were not convinced.

"This goes well beyond medical use, medical treatment. This is about legalizing marijuana," said Rep. David Reis, R-Willow Hill. "Take a look at the message we're sending to children. This has been illegal for a reason."

The bill is SB1381.

For the today's full clips, please click [here](#)

This message was authorized by Mary Irene Cooper, Chief, DEA Office of Congressional and Public Affairs. No response is necessary.

**From:** Cooper, Mary Irene  
**Sent:** Tue, 8 Mar 2011 17:46:16 -0500  
**To:** Rannazzisi, Joseph T.;Rannazzisi, Joseph T.  
**Subject:** Re:

I will reach out to her Joe.

---

**From:** Rannazzisi, Joseph T.  
**Sent:** Tuesday, March 08, 2011 05:26 PM  
**To:** Cooper, Mary Irene  
**Subject:** Fw:

(b)(6);(b)(7)(C)  
Mary,

[redacted] is the Chief Probation Officer in Livingston County, Michigan. Last year they lost 22 kids/young adults to heroin/opioid overdose. They are interested in coordinating a vigil similar to the one we did a few years back. This community has been damaged by these deaths and is trying to educate and heal. If possible, can you call her and provide assistance and guidance as the move forward with this program? Any help you can provide would be greatly appreciated.

Thanks,

(b)(6);(b)(7)(C)  
Joe

---

**From:** [redacted]@co.livingston.mi.us]  
**Sent:** Tuesday, March 08, 2011 11:59 AM  
**To:** Rannazzisi, Joseph T.  
**Subject:**

Good Morning,  
Thank You for last night's presentation.  
If you could please send a couple boxes of the drug pamphlet that would be great. I would love to pass them out at the schools.

(b)(6);(b)(7)(C)  
Also, I did look at the website for the Vigil. So any information about that as well would be great.  
Thank You Again,

[redacted]  
Chief Probation Officer  
53rd District Court  
204 S. Highlander Way Suite 1  
Howell, Mich 48843  
[redacted]