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DRUG FREE

NARCOTIC OFFICER

NARCOTIC OFFICERS

MAGAZINE



PROMOTING THE EXCHANGE OF IDEAS AND INFORMATION AMONG
LAW ENFORCEMENT AGENCIES AND SUPPORT GROUPS

Personal Statement from the Editor...



Welcome to our third issue of 2021, Narcotic Officers Magazine, Volume 10 Issue 3, November 2021. As always, I would like to thank each of you for advertising, your support, hard work and dedication. None of this is possible without you. I am here to educate the public and law enforcement community in the awareness of narcotics, drugs, and other addictive substances. I also make every effort to support programs that teach kids, parents, and the law enforcement community about drug use.

This year marks our 10th anniversary. We continue focusing our supported programs towards drug education, equipment donations, and k9 programs that supply K9's with Narc overdose kits. We continue to produce a high-quality magazine to help promote the exchange of ideas and information among law enforcement agencies and support groups. We have found that our publication, Narcotic Officers Magazine, continues to be both educational and helpful to both public safety officials, and the public with an interest in drug safety and education.

This year in general has been a continuing tough year for a lot of us. From the uptick in drug use, new drugs entering the market, enhanced or modified drugs entering the market, drug use among our youth, Covid, police brutality, the many officers who've lost their lives, etc. This list can go on and on. It's been a tough year on myself and my staff. We continue to work harder and harder, experimenting with new technologies, and the fast technical learning curve we've seen because of Covid. One of my jobs is to make sure the team is taken care of, moti-

vated, and continue to be educated. We all believe in what we do and love the law enforcement community. These guys and gals go through so much mentally almost each day. We have a lot to thank them for. This holiday season lets thank them for their sacrifice, lets let them know we have their backs, and maybe buy them a meal, a coffee or give them a thank you card. For most of them, a simple thank you will do.

I think it's safe to say that it's not looking good with our current economy and the direction our current government has us heading. We are the many that have kept silent for so long, but it's time we take a stand and let our voices be heard. We must fight back. It's time to not be so nice anymore. If we don't start standing up for our rights, our kids will have a tough future ahead of them. The things we are seeing pushed on us will only continue if we let it. We're in this together. I think this quote below fits our current situation. It's the same quote used in our last publication. God bless!

"But my glory, it doesn't happen in front of a crowd. It doesn't happen in a stadium or on a stage. There are no medals handed out. It happens in the darkness of the early morning. In solitude. Where I try. And I try. And I try again. With everything I have, to be the best that I can possibly be." – Jocko Willink

Matt Neelley
President

A handwritten signature in black ink, appearing to read 'Matt Neelley', with a long horizontal flourish underneath.

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PUBLIC SAFETY ALERT

Sharp Increase in Fake Prescription Pills Containing Fentanyl and Methamphetamine *DEA Warns that International and Domestic Criminal Drug Networks are Flooding the United States with Lethal Counterfeit Pills*

September 27, 2021 – The Drug Enforcement Administration warns the American public of the alarming increase in the lethality and availability of fake prescription pills containing fentanyl and methamphetamine. International and domestic criminal drug networks are mass-producing fake pills, falsely marketing them as legitimate prescription pills, and killing unsuspecting Americans. These counterfeit pills are easy to purchase, widely available, and often contain deadly doses of fentanyl. Pills purchased outside of a licensed pharmacy are illegal, dangerous, and potentially lethal. This alert does **not** apply to legitimate pharmaceutical medications prescribed by medical professionals and dispensed by pharmacists.

DEA and its law enforcement partners are seizing deadly fake pills at record rates. More than 9.5 million counterfeit pills were seized so far this year, which is more than the last two years combined. Officials report a dramatic rise in the number of counterfeit pills containing at least two milligrams of fentanyl, which is considered a deadly dose. The number of DEA-seized counterfeit pills with fentanyl has jumped nearly 430 percent since 2019, a staggering increase. DEA laboratory testing further reveals that today, two out of every five pills with fentanyl contain a potentially lethal dose. Additionally, methamphetamine is increasingly being pressed into counterfeit pills.

Some of the most common counterfeit pills are made to look like prescription opioids such as oxycodone (Oxycontin®, Percocet®), hydrocodone (Vicodin®), and alprazolam (Xanax®); or stimulants like amphetamines (Adderall®). Fake prescription pills are widely accessible and often sold on social media and e-commerce platforms – making them available to anyone with a smartphone, including teens and young adults. These counterfeit pills have been seized by DEA in every U.S. state, and in unprecedented quantities.

Drug traffickers are using fake pills to exploit the opioid crisis and prescription drug misuse in the United States, bringing overdose deaths and violence to American communities. According to the Centers for Disease Control and Prevention, last year more than 93,000 people died of drug overdoses in the United States, marking the largest number of drug-related deaths ever

recorded in a year. Fentanyl, the synthetic opioid most commonly found in counterfeit pills, is the primary driver of this alarming increase in overdose deaths. Drug trafficking is also inextricably linked with violence. This year alone, DEA seized more than 2700 firearms in connection with drug trafficking investigations – a 30 percent increase since 2019. DEA remains steadfast in its mission to protect our communities, enforce U.S. drug laws, and bring to justice the foreign and domestic criminals sourcing, producing, and distributing these deadly fake pills.

The only safe medications are ones prescribed by a trusted medical professional and dispensed by a licensed pharmacist. Any pills that do not meet this standard are unsafe and potentially deadly. DEA has launched the public awareness campaign, *One Pill Can Kill*, to educate the public on dangers of counterfeit pills and how to keep Americans safe. For more information, visit [DEA.gov/onepill](https://www.dea.gov/onepill).

***The Drug Enforcement Administration ensures the safety and health of the American public by fighting against violent criminal drug networks and foreign cartels trafficking in illicit drugs. To accomplish that mission, the Drug Enforcement Administration employs approximately 10,000 men and women throughout the world – Special Agents, diversion investigators, intelligence analysts, and chemists – across 239 domestic offices in 23 U.S. divisions and 91 foreign offices in 68 countries.*

Coordinated Law Enforcement Operations Lead to Takedown of Portland-Area Transnational Drug Trafficking Cells

Seized 200,000 Counterfeit Oxycodone Pills Suspected to Contain Fentanyl

November 02, 2021
Contact: Alison Grande
Phone Number: (571) 387-3831
For Immediate Release

PORTLAND, Ore.—In August and October 2021, coordinated law enforcement operations targeting two Portland-area transnational drug trafficking cells led to the arrests of the cells' leaders and more than a dozen associates, and the seizure of approximately 200,000 counterfeit oxycodone pills suspected to contain fentanyl, two pounds of fentanyl powder, 40 pounds of methamphetamine, 45 pounds of heroin, 13 pounds of cocaine, nine firearms, and more than \$1.4 million cash in drug proceeds.

“At a time when communities across the country continue to suffer the terrible effects of the opioid addiction crisis, there are some individuals seeking to profit off the pain and anguish of others. The drug trafficking cells targeted by this investigation are among the worst we've seen operating in Oregon. Counterfeit oxycodone pills containing fentanyl pose a severe risk of fatal overdose unmatched by any other type of widely available street drug,” said Acting U.S. Attorney Scott Erik Asphaug. “I applaud the many law enforcement agencies who played a role in bringing the leaders and associates of these two cells to justice. Our communities are safer because of your efforts.”

“This investigation resulted in arrests of individuals with ties to Mexico and significant seizures of drugs, including

dangerous counterfeit tablets containing fentanyl, guns, and U.S. currency. The DEA worked with several law enforcement partners throughout Oregon, including the Tualatin Police Department, Oregon City Police Department, Tigard Police Department, and Portland Police Bureau. The dismantling of this international drug trafficking organization is an example of how effective law enforcement investigations can be when we work together to make our communities safer,” said Cam Strahm, Assistant Special Agent in Charge of the U.S. Drug Enforcement Administration in Oregon.

The two takedown operations, led by the U.S. Drug Enforcement Administration (DEA), came after a nearly 12-month investigation and the federal indictments of the two cell leaders and more than a dozen key associates. Early in the investigation, authorities believed they were investigating a single drug trafficking cell. As the investigation continued, federal agents discovered that two men—Jesus Miramontes-Castaneda, 31, of Los Angeles, California, and Horacio Luna-Perez, 39, of Hillsboro, Oregon—operated separate drug trafficking cells loosely-affiliated with one another by shared sources of supply and distribution networks.

Both cells acquired large quantities of oxycodone, heroin, methamphetamine, and other illegal drugs from sources of supply in California and elsewhere and used vehicles to transport the bulk nar-

cotics to Oregon. Once in Oregon, the drugs were taken to stash houses where they were processed and prepared for sale. A large network of local drug dealers would then distribute user quantities of each drug. The cells routinely changed stash locations and rotated vehicles and phones to avoid detection by law enforcement.

On August 11, 2021, a federal grand jury in Portland returned a four-count indictment charging Miramontes-Castaneda and five associates with conspiring with one another to traffic large quantities of heroin and methamphetamine from California for distribution in the Portland and Salem, Oregon metropolitan areas. Miramontes-Castaneda's cell distributed narcotics in Salem and the greater Portland area. Miramontes-Castaneda and several of his associates were arrested during the first takedown operation on August 12, 2021.

On September 14, Luna-Perez and nine associates were charged in a four-count indictment with conspiracy to possess with intent to distribute heroin, fentanyl, and methamphetamine. Similar to Miramontes-Castaneda, Luna-Perez's cell imported large quantities of counterfeit oxycodone, heroin, and methamphetamine from California for distribution in and around Portland and in Eastern Washington. Luna-Perez's cell also had ties to drug traffickers in Colorado and California. On October 7, 2021, the second takedown operation targeted Luna-Perez's cell. Luna-Perez and sev-

eral associates were arrested during the operation.

Luna-Perez's brother and trafficking associate—Ricardo Luna-Perez, 41—made his first appearance in the District of Oregon today before a U.S. Magistrate Judge in Portland after his October 26, 2021 arrest in Vancouver, Washington. He was ordered detained pending a ten-day jury trial scheduled to begin on December 7, 2021. Ricardo Luna-Perez is the eighteenth defendant in the Miramontes-Castaneda and Luna-Perez trafficking cells to appear in federal court and be ordered detained pending a jury trial. Conspiring to distribute and possess with intent to distribute heroin, methamphetamine, or fentanyl of these quantities is punishable by a maximum sentence of life in prison with a mandatory minimum sentence of ten years. Acting U.S. Attorney Scott Erik Asphaug of the District of Oregon made the announcement.

This case was investigated by the DEA with assistance from Oregon State Police, Portland Police Bureau, Tigard Police Department, the Clackamas County Interagency Task Force (CCITF) including member agencies the Canby Police Department, Oregon City Police Department, and Tualatin Police Department; and Central Oregon Drug Enforcement (CODE). It is being prosecuted by the U.S. Attorney's Office for the District of Oregon.

This case is part of an Organized Crime Drug Enforcement Task Forces (OC-DETF) Strike Force Initiative, which provides for the establishment of permanent multi-agency task force teams that work side-by-side in the same location. This co-located model enables agents from different agencies to collaborate on intelligence-driven, multi-jurisdictional operations to disrupt and dismantle the most significant drug traf-

fickers, money launderers, gangs, and transnational criminal organizations. An indictment is only an accusation of a crime, and defendants are presumed innocent unless and until proven guilty.

Fentanyl and heroin are leading causes of overdose deaths in the U.S. If you or someone you know suffers from addiction, please call the Lines for Life substance abuse helpline at 1-800-923-4357 or visit www.linesforlife.org. Phone support is available 24 hours a day, seven days a week. You can also text "RecoveryNow" to 839863 between 8am and 11pm Pacific Time daily.

Coordinated law enforcement operations lead to takedown of Portland-area transnational drug trafficking cells. DEA. (n.d.). Retrieved November 15, 2021, from <https://www.dea.gov/press-releases/2021/11/02/coordinated-law-enforcement-operations-lead-takedown-portland-area>.

Arizona Man Agrees to Plead Guilty to Distributing Fentanyl

Connection with the Overdose Death of Hip-Hop Artist Mac Miller

November 11, 2021

Contact: Nicole Nishida
Phone Number: (571) 387-3136
For Immediate Release

LOS ANGELES – An Arizona man has agreed to plead guilty to a federal criminal charge for supplying counterfeit pharmaceutical pills containing fentanyl to the drug dealer accused of selling them to rapper Mac Miller, who soon afterward suffered a fatal overdose, the Justice Department announced today.

Ryan Michael Reavis, 38, formerly of West Los Angeles and who moved to Lake Havasu, Arizona in 2019, has agreed to plead guilty to a single-count superseding information charging him with distribution of fentanyl.

According to a plea agreement filed today, on September 4, 2018, at the direction of co-defendant Stephen Andrew

Walter, 48, of Westwood, Reavis knowingly distributed counterfeit oxycodone pills to co-defendant Cameron James Pettit, 30, of West Hollywood.

Reavis admitted in his plea agreement to knowing that the pills contained fentanyl or some other controlled substance. In fact, the pills contained fentanyl. Shortly after Reavis distributed the fentanyl-laced pills to Pettit, Pettit distributed the pills to 26-year-old rapper Malcolm James McCormick – who recorded and performed under the name Mac Miller – approximately two days before McCormick suffered a fatal drug overdose in Studio City on September 7, 2018.

Last month, Walter signed a plea agreement in which he agreed to plead guilty to one count of distribution of fentanyl. Both Walter and Reavis are expected to plead guilty in the coming weeks before United States District Judge Otis D.

Wright II in Los Angeles.

The case against Pettit is pending.

The investigation into this matter was conducted by the High Intensity Drug Trafficking Area's (HIDTA) Opioid Response Team, which operates under the direction of the DEA. The Los Angeles Police Department provided substantial assistance in this matter.

Assistant United States Attorneys Solomon Kim of the Terrorism and Export Crimes Section and Elia Herrera of the General Crimes Section are prosecuting this case.

Arizona man agrees to plead guilty to distributing fentanyl. DEA. (n.d.). Retrieved November 15, 2021, from <https://www.dea.gov/press-releases/2021/11/11/arizona-man-agrees-plead-guilty-distributing-fentanyl>.

A Message for Parents

How to Protect Your Kids with ID Kits

A child disappears in a crowd at the fair. A toddler wanders out an open door. A teen doesn't return from the mall. Every year, hundreds of thousands of kids in the U.S. are reported "missing."

Recently, we talked about what the FBI does to find missing and abducted children. What can you as parents do to help us?

Here's one important suggestion: have information that helps identify your child ready to hand to law enforcement the instant you report your child missing.

We recommend a kit distributed through the National Child Identification Program started by the American Football Coaches Association in 1997. The FBI has been a partner in this program since 2002.

Each package includes:

- All you need to take inkless fingerprints;
- Cards for detailing your child's physical descriptions—including a body map for pointing out scars, birthmarks, and other identifying features;
- A place to keep current photos; and
- More recently, an easy-to-use swab to take and store a small DNA sample.

Recording your child's fingerprints is particularly important. Why? Not only because everyone's fingerprints

are unique, but also because they don't change over time like physical appearances. We also recommend that you update the photos of your kids in the kits at least once a year.

Are the fingerprints or other information in the kits kept by the FBI? No! You keep the kits and fingerprints yourselves in a safe place...and provide the information to us only in case of emergency.

Even then, we don't keep the information in our records permanently without your permission.

Where can you get a kit? You can order one—for a small fee—through the National Child Identification Program website. The kits are also distributed free at select college football games across the country in partnership with local FBI offices. Check with your local FBI office to see if they are sponsoring a game this fall.

This year, we are working with the National Night Out organization, which helps communities nationwide hold anti-crime activities once a year. Along with the coaches association, we hope



to set a new single-day record for distributing free identification kits during National Night Out events on August 1.

"It's a neat program," said Thomas E. Bush III, our assistant director for Criminal Justice Information Services, which coordinates the FBI's involvement in the program. "It's a great tool for parents have at their disposal to help protect their children."

Links: Crimes Against Children | The National Center for Missing and Exploited Children

FBI. (2006, July 24). How to Protect Your Kids with ID Kits. FBI. <https://archives.fbi.gov/archives/news/stories/2006/july/idkits072406>.



COUNTERFEIT PILLS FACT SHEET

FAKE PRESCRIPTION PILLS • WIDELY AVAILABLE • INCREASINGLY LETHAL

CRIMINAL DRUG NETWORKS ARE FLOODING THE U.S. WITH DEADLY FAKE PILLS

- Criminal drug networks are mass-producing fake pills and falsely marketing them as legitimate prescription pills to deceive the American public.
- Counterfeit pills are easy to purchase, widely available, often contain fentanyl or methamphetamine, and can be deadly.
- Fake prescription pills are easily accessible and often sold on social media and e-commerce platforms—making them available to anyone with a smartphone, including teens and young adults.
- Many counterfeit pills are made to look like prescription opioids such as oxycodone (Oxycontin®, Percocet®), hydrocodone (Vicodin®), and alprazolam (Xanax®); or stimulants like amphetamines (Adderall®).



Authentic oxycodone M30 tablets



*Counterfeit oxycodone M30 tablets containing fentanyl

COUNTERFEIT PILLS OFTEN CONTAIN FENTANYL AND ARE MORE LETHAL THAN EVER BEFORE

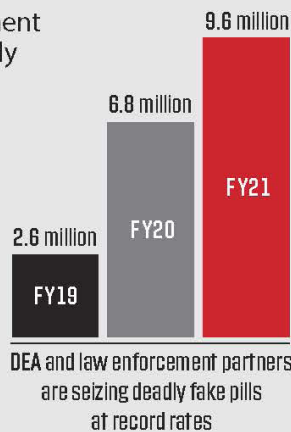
- The number of DEA-seized counterfeit pills with fentanyl has jumped nearly 430 percent since 2019.
- Officials report a dramatic rise in the number of counterfeit pills containing at least 2 mg of fentanyl, which is considered a deadly dose.
- Drug traffickers are using fake pills to exploit the opioid crisis and prescription drug misuse. CDC reports more than 93,000 people died last year of an overdose in the U.S., the highest ever recorded.
- Fentanyl, the synthetic opioid most commonly found in counterfeit pills, is the primary driver in this alarming increase in overdose deaths.



**DEA lab testing reveals that
2 out of every 5 pills with fentanyl
contain a potentially lethal dose.**

COUNTERFEIT PILLS ARE WIDELY AVAILABLE ACROSS EVERY STATE IN THE COUNTRY

- DEA and its law enforcement partners are seizing deadly fake pills at record rates.
- More than 9.5 million counterfeit pills were seized so far this year, which is more than the last two years combined.
- Counterfeit pills have been identified in all 50 states and the District of Columbia.



- Drug trafficking is also inextricably linked with violence.
- This year alone, DEA seized more than 2,700 firearms in connection with drug trafficking investigations—a 30 percent increase since 2019.

THE ONLY SAFE MEDICATIONS ARE ONES THAT COME FROM LICENSED AND ACCREDITED MEDICAL PROFESSIONALS

- DEA warns that pills purchased outside of a licensed pharmacy are illegal, dangerous, and potentially lethal.



For more information about counterfeit pills, go to www.DEA.gov/onepill

Data as of September 2021

The Drug Enforcement Administration ensures the safety and health of the American public by fighting against violent criminal drug networks and foreign cartels trafficking in illicit drugs. To accomplish that mission, the Drug Enforcement Administration employs approximately 10,000 men and women throughout the world – Special Agents, diversion investigators, intelligence analysts, and chemists – across 239 domestic offices in 23 U.S. divisions and 91 foreign offices in 68 countries.

DEA's National Prescription Drug Take Back Day Brings in nearly 745,000 Pounds of Unneeded Medications, Continues Fight against Opioid Epidemic

Nearly 105,000 pounds of unneeded medication collected throughout Illinois, Indiana and Wisconsin

November 04, 2021

Contact: Luis Agostini

Phone Number: 312-353-7875

For Immediate Release

CHICAGO – The Drug Enforcement Administration, along with its law enforcement partners, has removed close to 745,000 pounds of unneeded prescriptions from medicine cabinets across the country as part of DEA's ongoing commitment to turn the tide against the U.S. opioid epidemic. Following last month's 21st National Prescription Drug Take Back Day, the program has removed more than 15.2 million pounds of medication from circulation since its inception.

On Oct. 23, with close to 5,000 collection sites nationwide, DEA and its more than 4,200 state and local law enforcement partners came together to help the public rid their homes of unneeded medications—those that are old, unwanted, or no longer needed—that too often become a gateway to addiction. These efforts align directly with DEA's priority to combat the rise of overdoses plaguing the United States.

Through strong partnerships established with law enforcement agencies throughout Illinois, Indiana and Wisconsin, approximately 104,815 pounds of unneeded medication was turned in to collection sites throughout the DEA Chicago Division. The following amounts (in pounds) of unneeded medication was collected in each state:

Illinois

- Chicago: 16, 036
- Springfield: 7, 324

Indiana

- Indianapolis: 7, 636
- Merrillville: 12, 897
- Evansville: 2, 870
- Terre Haute: 675

Wisconsin

- Milwaukee: 57, 377

According to a report published by the Substance Abuse and Mental Health Services Administration (SAMHSA), a majority of people who misused a prescription medication obtained the medicine from a family member or friend. The Centers for Disease Control and Prevention reported that last year, more than 93,000 people died of drug overdoses in the United States, marking the largest number of drug-related deaths ever recorded in a year. Opioid-related deaths accounted for 75 percent of all overdose deaths in 2020.

“On DEA's National Prescription Drug Take Back Day, communities across America came together to rid medicine cabinets of unneeded medications, helping to prevent prescription drug misuse,” said DEA Administrator Anne Milgram. “Take Back Day is a critical effort to curb the historic surge in U.S. overdoses. We know prevention starts

at home. The simple step of clearing out medications that are no longer needed makes our homes safer, prevents prescription drug misuse, and, ultimately, can help save lives.”

“The thousands of pounds of collected unwanted prescription drugs collected on DEA National Prescription Drug Take Back Day reflect DEA's shared commitment with its state and local law enforcement partners to the safety and health of our communities throughout Illinois, Indiana and Wisconsin,” said Robert J. Bell, Special Agent in Charge of the DEA Chicago Division.

DEA's Take Back Day program is more important than ever before. Last month, DEA issued a Public Safety Alert and launched the One Pill Can Kill public awareness campaign to warn Americans of a surge in deadly, fake prescription pills driven by drug traffickers seeking to exploit the U.S. opioid epidemic and prescription pill misuse. Criminal drug networks are shipping chemicals from China to Mexico where they are converted to dangerous substances like fentanyl and methamphetamine and then pressed into pills. The end result—deadly, fake prescription pills—are what these criminal drug networks make and market to prey on Americans for profit. These fake, deadly pills are widely available and deadlier than ever. Fake pills are designed to appear nearly identical to legitimate prescriptions such as Oxycontin®, Percocet®, Vicodin®, Adderall®, Xanax® and other medicines. Criminal drug networks are

selling these pills through social media, e-commerce, the dark web and existing distribution networks.

Along with the alert came a warning that the only safe medications are ones prescribed by a trusted medical professional and dispensed by a licensed pharmacist. Any pills that do not meet this standard are unsafe and potentially deadly. DEA's National Prescription Drug Take Back Day reflects DEA's commitment to Americans' safety and health, encouraging the public to

remove unneeded medications from their homes as a measure of preventing medication misuse and opioid addiction from ever starting.

Complete results from DEA's 21st National Prescription Drug Take Back Day are available at www.DEATakeBack.com. For those who missed DEA's Take Back Day, there are opportunities to regularly and safely dispose of unneeded medications at more than 13,000 pharmacies, hospitals, police departments, and businesses working

to help clean out medicine cabinets throughout the year.

DEA's National Prescription Drug Take Back Day brings in nearly 745,000 pounds of unneeded medications, continues fight against opioid epidemic. DEA. (n.d.). Retrieved November 15, 2021, from <https://www.dea.gov/press-releases/2021/11/04/deas-national-prescription-drug-take-back-day-brings-nearly-745000-pounds>.

Drug Alert: Marijuana Edibles

WHAT IS IT?

Edibles are food products infused with marijuana. Though smoking marijuana is the most prevalent method of consumption, eating marijuana is quickly becoming a popular way to consume the drug.

(Related: **What You Should Know About Marijuana Concentrates/Honey Butane Oil**)

Brownies are among the most common food products infused with marijuana, however, almost any food product may be infused with marijuana and eaten.

In addition to placing marijuana directly in food, marijuana-infused cooking oil can be used when frying or searing food, and marijuana-infused butter can be spread directly on prepared food.

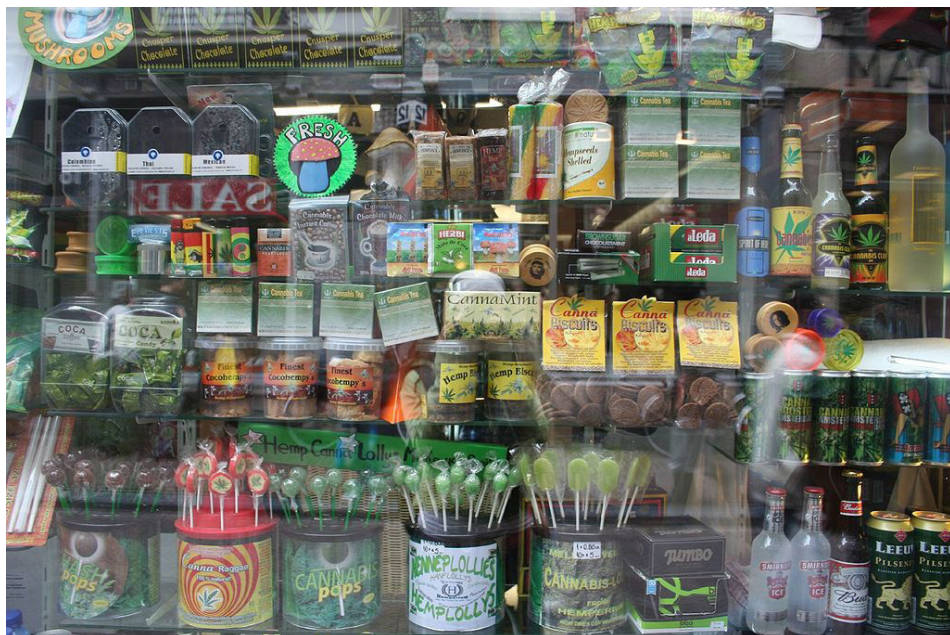
These marijuana edibles are more common in states that have legalized marijuana and also states that permit medical marijuana use.

(Shop window with cannabis products. Photo by nickolette)

IS EATING MARIJUANA MORE DANGEROUS THAN SMOKING MARIJUANA?

YES! There is high potential for overdose from marijuana edibles.

- The effects from smoking marijuana only takes minutes. Edibles, however, take between 1-3 hours because food is absorbed into the bloodstream through the liver. Because it takes longer, the user may end up consuming longer amounts of the drug while thinking the drug isn't working.



- The amount of THC, the active ingredient in marijuana, is very difficult to measure and is often unknown in these food products.
- If the user has other medications in his or her system, their body may metabolize different amounts of THC, causing THC levels in the bloodstream to dangerously increase five-fold.
- Overdose symptoms from eating marijuana are often more severe than symptoms of an overdose from smoking marijuana.
- Panic attacks
- Impaired motor ability

ARE MARIJUANA EDIBLES FREQUENTLY USED?

In recent years, vaping and edible use has increased among U.S. students while marijuana smoking has decreased, according to data from the Monitoring the Future study.

(Source: NIDA, 2018 Monitoring the Future Study)

WHAT ARE THE NEGATIVE EFFECTS OF MARIJUANA EDIBLES?

- Psychotic episodes
- Hallucinations
- Paranoia

DEA Foreign Region Total Drug Intercepted (DVI)

FY2021 as of November 1, 2021

Region / Drugs	FY2021 QTR1	FY2021 QTR2	FY2021 QTR3	FY2021 QTR4	FY2021 QTR1	FY2021 QTR2	FY2021 QTR3	FY2021 QTR4	FY2021 Total Grams	FY2021 Total DVI
	Sum of Grams				Sum of DVI (USD)				Total Sum of Grams	Total Sum of DVI (USD)
Africa Region	2,298,784	260,141,983	3,409,962	14,919,082	\$ 39,226,384	\$ 1,121,390,480	\$ 93,490,963	\$ 205,096,689	280,769,811	\$ 1,459,204,517
Cocaine	599,364	1,653,860	1,552,187	3,852,550	\$ 24,573,924	\$ 67,808,260	\$ 63,639,667	\$ 157,954,550	7,657,961	\$ 313,976,401
Heroin	188,220	566,804	498,628	18,912	\$ 7,152,360	\$ 21,538,543	\$ 18,947,864	\$ 718,659	1,272,564	\$ 48,357,426
Marijuana	1,303,300	257,870,119	580,550	10,728,620	\$ 5,213,200	\$ 1,031,480,478	\$ 2,322,200	\$ 42,914,480	270,482,589	\$ 1,081,930,358
MDA/MDMA/MDE	-	-	1,588	-	\$ -	\$ -	\$ 34,133	\$ -	1,588	\$ 34,133
Methamphetamine	207,900	51,200	777,009	319,000	\$ 2,286,900	\$ 563,200	\$ 8,547,099	\$ 3,509,000	1,355,109	\$ 14,906,199
Andean Region	59,125,898	57,489,307	81,246,849	89,174,390	\$ 2,159,921,685	\$ 2,041,197,105	\$ 3,051,333,617	\$ 3,447,547,400	287,036,444	\$ 10,699,999,447
Cocaine	51,965,913	48,898,280	73,612,769	83,423,960	\$ 2,130,602,425	\$ 2,004,829,480	\$ 3,018,123,537	\$ 3,420,382,360	257,900,922	\$ 10,573,937,802
Fentanyl	0.001	1	-	-	\$ 0.037	\$ 37	\$ -	\$ -	1	\$ 37
Heroin	19,980	58,926	78,640	122,440	\$ 759,240	\$ 2,239,188	\$ 2,988,320	\$ 4,652,720	279,986	\$ 10,639,468
Marijuana	7,140,005	8,532,100	7,555,440	5,627,990	\$ 28,560,020	\$ 34,128,400	\$ 30,221,760	\$ 22,511,960	28,855,535	\$ 115,422,140
Caribbean Field Division	42,825,798	6,327,732	22,569,001	18,954,708	\$ 480,647,046	\$ 135,933,310	\$ 477,101,798	\$ 308,644,439	90,677,239	\$ 1,402,326,593
Cocaine	8,350,540	2,984,722	10,451,811	6,288,908	\$ 342,372,120	\$ 122,373,590	\$ 428,524,238	\$ 257,845,239	28,075,980	\$ 1,151,115,187
Heroin	10,926	5,520	3,200	4,000	\$ 415,200	\$ 209,760	\$ 121,600	\$ 152,000	23,646	\$ 898,560
Marijuana	34,464,195	3,337,490	12,113,990	12,661,800	\$ 137,856,780	\$ 13,349,960	\$ 48,455,960	\$ 50,647,200	62,577,475	\$ 250,309,900
MDA/MDMA/MDE	137	-	-	-	\$ 2,946	\$ -	\$ -	\$ -	137	\$ 2,946
Europe Region	54,079,685	86,361,762	50,641,031	33,638,654	\$ 1,736,062,894	\$ 3,445,561,563	\$ 1,827,755,513	\$ 1,255,792,628	224,721,131	\$ 8,265,172,598
Cocaine	41,005,615	80,899,924	41,048,579	28,842,052	\$ 1,681,230,223	\$ 3,316,896,865	\$ 1,682,991,731	\$ 1,182,524,125	191,796,169	\$ 7,863,642,943
Fentanyl	-	-	56,000	-	\$ -	\$ -	\$ 2,072,000	\$ -	56,000	\$ 2,072,000
Heroin	182,182	3,104,093	2,887,295	1,585,246	\$ 6,922,916	\$ 117,955,534	\$ 109,717,191	\$ 60,239,348	7,758,816	\$ 294,834,989
Marijuana	11,748,681	2,160,586	5,384,385	3,173,130	\$ 46,994,726	\$ 8,642,344	\$ 21,537,540	\$ 12,692,519	22,466,782	\$ 89,867,129
MDA/MDMA/MDE	33,606	82,000	219,539	5,319	\$ 722,529	\$ 1,763,000	\$ 4,720,089	\$ 114,353	340,464	\$ 7,319,970
Methamphetamine	1,109,600	115,159	1,045,234	32,908	\$ 192,500	\$ 303,820	\$ 6,716,963	\$ 222,284	2,302,901	\$ 7,435,567
Far East Region	21,309,016	15,987,026	21,595,885	26,804,911	\$ 274,195,875	\$ 217,203,750	\$ 351,464,213	\$ 291,580,769	85,696,838	\$ 1,134,444,608
Cocaine	999,561	1,000,255	2,790,442	181,436	\$ 40,982,000	\$ 41,010,438	\$ 114,408,139	\$ 7,438,876	4,971,694	\$ 203,839,454
Heroin	1,040,850	891,966	1,092,860	1,169,041	\$ 39,552,300	\$ 33,894,690	\$ 41,528,680	\$ 44,423,558	4,194,717	\$ 159,399,228
Marijuana	2,621,391	1,919,636	87,909	6,435,648	\$ 10,485,564	\$ 7,678,544	\$ 351,636	\$ 25,742,592	11,064,584	\$ 44,258,336
MDA/MDMA/MDE	5,396	66,020	146,957	454,200	\$ 116,018	\$ 1,419,430	\$ 3,159,571	\$ 9,765,300	672,573	\$ 14,460,320
Methamphetamine	16,641,818	12,109,150	17,477,717	18,564,586	\$ 183,059,993	\$ 133,200,648	\$ 192,016,187	\$ 204,210,443	64,793,270	\$ 712,487,271
Middle East Region	8,383,096	10,360,312	5,702,940	3,485,369	\$ 232,803,264	\$ 197,322,512	\$ 171,930,646	\$ 93,565,879	27,931,717	\$ 695,622,301
Cocaine	1,510,400	675,825	2,338,838	11,916	\$ 61,926,400	\$ 27,708,825	\$ 95,892,358	\$ 488,556	4,536,979	\$ 186,016,139
Heroin	3,849,705	4,145,950	1,656,508	2,053,520	\$ 146,288,804	\$ 157,546,100	\$ 62,947,304	\$ 78,033,760	11,705,683	\$ 444,815,968
Marijuana	45,600	252,500	100,500	52,260	\$ 182,400	\$ 1,010,000	\$ 402,000	\$ 209,040	450,860	\$ 1,803,440
MDA/MDMA/MDE	250,900	70,000	3,960	-	\$ 5,394,350	\$ 1,505,000	\$ 85,140	\$ -	324,860	\$ 6,984,490
Methamphetamine	2,726,491	5,216,037	1,603,134	1,367,673	\$ 19,011,310	\$ 9,552,587	\$ 12,603,844	\$ 14,834,523	10,913,335	\$ 56,002,264
North and Central America Region	86,522,911	66,511,281	79,782,683	61,034,258	\$ 2,625,229,097	\$ 1,852,903,847	\$ 1,920,204,504	\$ 1,782,663,479	293,851,133	\$ 8,181,000,927
Cocaine	59,738,276	40,777,232	42,127,667	40,675,868	\$ 2,449,269,316	\$ 1,671,866,526	\$ 1,727,234,355	\$ 1,667,710,582	183,319,043	\$ 7,516,080,779
Fentanyl	482,090	292,506	138,000	174,617	\$ 17,837,330	\$ 10,822,711	\$ 5,106,000	\$ 6,460,825	1,087,213	\$ 40,226,865
Heroin	9,547	-	17,740	9,285	\$ 362,786	\$ -	\$ 674,120	\$ 352,819	36,572	\$ 1,389,725
Marijuana	18,780,516	15,653,765	32,190,503	16,255,842	\$ 75,122,062	\$ 62,615,062	\$ 128,762,012	\$ 65,023,368	82,880,626	\$ 331,522,504
MDA/MDMA/MDE	28	-	3,002	1,026	\$ 598	\$ -	\$ 64,543	\$ 2,059	4,056	\$ 87,200
Methamphetamine	7,512,455	9,787,777	5,305,770	3,917,621	\$ 82,637,005	\$ 107,599,548	\$ 58,363,474	\$ 43,093,827	26,523,623	\$ 291,693,854
Southern Cone Region	69,577,930	38,761,841	27,783,754	34,166,457	\$ 2,363,510,510	\$ 1,127,112,582	\$ 729,699,479	\$ 1,237,411,486	170,289,982	\$ 5,457,734,058
Cocaine	56,355,220	26,272,033	16,717,822	29,749,159	\$ 2,310,564,020	\$ 1,077,153,350	\$ 685,430,702	\$ 1,219,715,519	129,094,234	\$ 5,292,863,591
Fentanyl	-	-	153	-	\$ -	\$ -	\$ 5,661	\$ -	153	\$ 5,661
Marijuana	13,219,530	12,489,808	11,065,779	4,415,768	\$ 52,878,120	\$ 49,959,232	\$ 44,263,116	\$ 17,663,072	41,190,885	\$ 164,763,540
MDA/MDMA/MDE	3,180	-	-	1,530	\$ 68,370	\$ -	\$ -	\$ 32,895	4,710	\$ 101,265
Grand Total	344,123,118	541,941,243	292,732,105	282,177,829	\$ 9,911,596,755	\$ 10,138,625,149	\$ 8,622,980,735	\$ 8,622,302,410	1,460,974,294	\$ 37,295,505,049



CHAPTER 3

How to Assess Drug Misuse on Your Campus

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I cannot imagine any case where you have an entire [AOD] survey that is negative. There are things that the majority of students are doing well, so you need to point out the balance between the positive and negative that helps build the true story from the data. Burying the data or not collecting it at all doesn't help anybody. You need data to move forward.

—Dr. Peggy Glider, Coordinator for Evaluation and Research, Campus Health Service, University of Arizona

For those of you who work every day to protect the health and well-being of your campus's students, highlighting the substance misuse by those students can often feel like yelling into a void. Part of this difficulty is built into the college environment. A college education prioritizes new experiences and asks students to challenge long-held beliefs, which can make it tempting to see drug experimentation or even regular drug use as exploratory rather than problematic.

One way to overcome this resistance is through the use of data, which also has the added advantage of being incredibly valued on a typical college campus. Students are asked every day to substantiate their ideas with data and facts, and the professors and administrators whose support you need to move prevention programs forward respect and respond to the marshaling of empirical evidence.

How, though, do you begin the process of assessment? How do you quantify and define *problem behaviors*? Coming back to the question of cultural humility, how can you work to make sure your own beliefs around drug use and experimentation do not color how you view and interpret your students' drug use?



When you conduct a substance misuse assessment, you are actually engaging in the process of completing four separate but related assessments. Specifically, you need to do the following steps:

1. **Assess problems and related behaviors**
2. **Assess risk and protective factors**
3. **Assess capacity for prevention**
4. **Share your assessment findings**

STEP 1: Assess Problems and Related Behaviors



To begin, let's start by explaining the difference between problems and behaviors.

- » **PROBLEMS** refer to the negative effects or consequences of substance misuse, either directly (such as overdosing on a drug) or indirectly (such as being less likely to graduate in four years due to drug use).
- » **BEHAVIORS** (or consumption) are a measure of how people use or misuse a certain substance. Patterns of consumption refer to how specific groups of people use or misuse a substance. On a typical campus, we may find many different consumption patterns for different student subgroups.





It is worth noting that substance misuse can lead to many different problems. For example, use of Ritalin as a study aid by first-year students can lead to increased anxiety, decreased academic success, and increased likelihood of dependence on the drug.⁷⁹

To assess substance misuse and its related behaviors, you must answer four basic questions:

1. **WHAT** substance misuse problems (e.g., overdoses, alcohol poisoning) and related behaviors (e.g., prescription drug misuse, underage drinking) are occurring on your campus?
2. **HOW** often are these substance misuse problems and related behaviors occurring? Which ones are happening the most?
3. **WHERE** are these substance misuse problems and related behaviors occurring (e.g., at home or in vacant lots, in small groups, or during big parties)?
4. **WHO** is experiencing more of these substance misuse problems and related behaviors (e.g., men, women, fraternity and sorority students, athletes, members of certain cultural groups)?



To answer these questions, you must access the information you have on hand about your students' substance use. In particular, you will need to follow these steps:

- » **Take stock of existing data:** Start by looking for national college or university data and college-specific data already collected by others. Several organizations and researchers collect nationally representative samples of college students' substance use behaviors, including the American College Health Association's National College Health Assessment and the Core Institute's Alcohol and Other Drug Survey. Surveys on your own campus may include those conducted by the campus medical service, the fraternity and sorority life office, or student affairs. Many states also have statewide agencies and AOD coalitions that may be useful in providing either data for your population or instruments that can be modified for your data collection needs.
- » **Look closely at your existing data:** Examine the quality of the data that you've found, discard the data that are not useful, and create an inventory of the data you feel confident about including in your assessment.
- » **Identify any data gaps:** Examine your inventory of existing data and determine whether you are missing any information (e.g., about a particular problem, behavior, or population group).
- » **Collect new data to fill those gaps:** If you are missing information, determine which data collection method (e.g., surveys, focus groups, key informant interviews)—or combination of methods—represents the best way to obtain that information. [Tip Sheet: [Data Collection Methods: Pros and Cons](#);  Tip Sheet: [Strategies for Conducting Effective Focus Groups](#);  Tip Sheet: [Tips for Conducting Key Informant Interviews](#)  Tip Sheet: [Potential Challenges To Obtaining Useful Data](#)] 

Once you have all of your assessment data, analyze it according to the following criteria to determine your community's priority substance use problem(s):

- » **MAGNITUDE:** Describes the prevalence of a specific substance misuse problem or related behavior. *Which problem/behavior is most widespread in your community?*
- » **SEVERITY:** Describes how large an impact a specific substance misuse problem or related behavior has on the people or the community. *Which problem/behavior is most serious?*
- » **TREND:** Describes how substance misuse patterns and related behaviors are changing over time within a community. *Which problem/behavior is getting worse/better?*
- » **CHANGEABILITY:** Describes how likely it is that a community will be able to modify the problem or related behavior. *Which problem/behavior are you most likely to influence with your prevention efforts?*

Completing this part of the assessment will help you to identify the priority problem on your campus.



Check In: What Happens If Our Needs Assessment Reveals High Rates of Alcohol or Drug Use?

Let's face it, collecting data on student alcohol and drug use can feel scary. Many of you probably have an impression of your campus's substance use culture and anecdotal evidence about which students may be more likely to use.

Substantiating all of those impressions with data can feel overwhelming: What happens when everyone knows exactly how much alcohol and drug use is happening on your campus? How can you even begin to change something so ingrained in your campus culture?

Shifting your data perspective from fear-based to opportunity-based can take some practice, but it is invaluable for effective prevention planning. When interpreting your data, be sure to look for the good:


- » How many students are not using alcohol or drugs?
- » What are the reasons that students give for not using alcohol or drugs?
- » What story is your data telling you? When do students report their highest use? How can you put student alcohol and drug use into context with academic demands throughout the years?
- » Are there any drugs that the majority of your students do not use? What are they?
- » What types of protective strategies do you see being used by students who use alcohol or drugs? Are they going out with buddies? Do they eat before using? Do they intervene in risky situations? How can you build on protective strategies?

Though the fear of having student alcohol and drug use data “out there” is real, don't let it keep you from collecting the most accurate data you can. After all, you can only identify opportunities for prevention and areas where your students are doing well when your data is as robust as possible!

STEP 2: Assess Risk and Protective Factors

Once you have determined your priority problem, you then need to understand the factors that make it more or less likely that your students will experience this problem. You do that by assessing risk and protective factors.

- » **RISK FACTORS** (e.g., low impulse control, peer substance misuse) are associated with a higher likelihood of developing a problem.
- » **PROTECTIVE FACTORS** (e.g., academic achievement, parental bonding, and family cohesion) are associated with a lower likelihood of developing a problem.

In Chapter 1, we highlighted the different combination of risk and protective factors that influence college students' drug and alcohol misuse. Understanding risk and protective factors is essential to prevention. Since you cannot change a substance use problem directly, you need to work through the underlying risk and protective factors that influence the problem. A prevention strategy or program can only make a difference if it's a good match for both the problem and its underlying factors. [Tip Sheet: [Protective Factors: Adolescence through Young Adulthood](#); [Resource: Risk and Protective Factors associated with Binge or Heavy Episodic Drinking among Adolescents and Young Adults](#)] 

Following are some key features of risk and protective factors:

- » Risk and protective factors exist in multiple contexts (e.g., individual, family, peer, and community).
- » Risk and protective factors are correlated and cumulative.
- » Risk and protective factors are influential over time.



To understand this in more detail, let’s consider how risk and protective factors might affect the trajectory of two hypothetical college students, A and B (Table 4).

Table 4: Risk and protective factors of two college students

Key Features	Risk (Student A)	Protective (Student B)
Multiple contexts	<ul style="list-style-type: none"> » Student A entered college with a history of cannabis use. » Parents used cannabis with her. » Peer groups in high school and college use cannabis. 	<ul style="list-style-type: none"> » Student B didn’t use cannabis in high school. » Parents didn’t use cannabis at home. » Student B enjoys school and is excited about college, particularly about soccer and choir.
Correlated and cumulative	<p>As Student A enters college, her regular cannabis use is causing her greater academic problems than she experienced in high school. To forget these problems and deal with the higher stress atmosphere of college, she uses cannabis more frequently and regularly.</p>	<p>As Student B enters college, she belongs to several different peer groups: a club soccer team, an all-women’s choral group, and a cooking club. Though some in her various peer groups use cannabis, she never feels pressured to do so. She has tried it twice, and both times, she felt safe and cared for by her peers, but the next day, she didn’t like the physical effects on her body.</p>
Effect of a single factor	<p>The night before Student A has four final exams, she hangs out with her friends while they study. In an effort to concentrate, the group smokes cannabis while studying, and Student A passes out late at night. She misses her morning final exams and is groggy during her afternoon ones. She fails the semester and has to take a leave of absence.</p>	<p>Student B keeps in touch with her parents and has an honest relationship with them. She shares her experience using cannabis with them, and she is surprised and happy to find out that her parents aren’t angry with her for trying the drug. Her parents share their own experiences with cannabis and have an open conversation with her about how drug and alcohol use can be fun but also how to recognize when things are getting out of hand.</p>
Influence over time	<p>Student A did not come back to college and graduate. The effect of her risk factors profoundly affected the trajectory of her life.</p>	<p>Student B’s open relationship with her parents, her participation in numerous college activities, and her self-analytic behavior when experimenting with drugs and alcohol all work together to protect her and keep her healthy.</p>

It is important to note that the underlying factors driving a substance use problem on one campus or among one student group may differ from the factors driving that same problem on a different campus or with a different student group. Effective prevention focuses on reducing the risk factors and strengthening the protective factors specific to the priority problem in *your* campus community and among *your* student groups.



Check In: How Cultural Perspectives on Mental Health Affect Substance Misuse Prevention on Campus – Voices from the Field

Currently the associate director of Fraternity and Sorority Life in the Office of Student Engagement at the University of Denver (DU), Joe Espinoza has spent his career working on the front lines of student support. In his previous position as a case manager in the Office of Student Outreach and Support at DU, Espinoza's one-on-one work with students facing mental health, academic, and substance misuse issues led to his belief in a systemwide approach to prevention.

Espinoza highlights the disparities in access to mental health care and cultural stigma among students from different backgrounds as a potential area of intervention by prevention professionals. "We have some students who come to us with a history of mental health care. They have been working with a therapist since they were young and have a lot of family support for any issues that may arise, including substance misuse," he explains.

For other students, Espinoza notes that college is the first time they may feel able to access mental health care: "We also have students who feel like they need mental health or substance misuse services but want discretion and privacy so their families don't learn about it." Some of these students are willing to pay for mental health and substance misuse services out-of-pocket to avoid having insurance charges show up on family bills, explains Espinoza.

Espinoza emphasizes the need for low-cost or free mental health and substance misuse services for all students. "Like many schools, we end up referring much of our one-on-one mental health and substance misuse counseling to off-campus providers due to high demand on campus," says Espinoza. "We need to take into account that we have populations of students who may avoid accessing services if they can't do it privately and inexpensively."

However, even with these challenges, Espinoza sees hope in how colleges and universities promote mental health and substance misuse services. "We have reached a point where we have reduced stigma around mental health so now students are talking more freely about it," he explains. Increasing access for all, Espinoza believes, is a worthy next challenge.

STEP 3: Assess Capacity for Prevention




Now that you understand your priority substance misuse problem and the risk and protective factors that influence your problem, you must assess your capacity to engage in prevention. Capacity refers to two main components:

1. **RESOURCES** refer to anything a community can use to help address prevention needs, such as the following:
 - » People (e.g., staff, volunteers)
 - » Specialized knowledge and skills (e.g., research expertise)
 - » Community connections (e.g., access to population groups)
 - » Concrete supplies (e.g., money, equipment)
 - » Community awareness of prevention needs
 - » Existing efforts to meet those needs
2. **READINESS** is the degree to which a community is willing and prepared to address prevention needs. Factors that affect readiness include the following:
 - » Knowledge of the substance use problem
 - » Existing efforts to address the problem
 - » Availability of local resources
 - » Support of local leaders
 - » Community attitudes toward the problem

To assess readiness for prevention, it is often helpful to speak one-on-one with your campus's decision-makers and student leaders. If individuals with access to critical prevention resources are not on board, then it will be important to find ways early on to increase their level of readiness.

If your campus participates in institutional assessments, that data can provide a window into the resources that currently exist and highlight gaps (e.g., budget, staff) that you may need to address before undertaking a prevention effort. Reach out to your campus provost or office of institutional research for information on what types of assessment data you may be able to access.

Finally, you can use one of many organizational assessment tools that have been developed in the nonprofit sector to assess different aspects of capacity. The Hewlett Foundation has a comprehensive database of assessment tools that may fit your capacity assessment needs. [Tool: [Database of Organization Assessment Tools](#)] 

Understanding local capacity, including resources and readiness for prevention, can help you do the following:

- » Make realistic decisions about which prevention needs your campus is prepared to address
- » Identify resources you are likely to need, but don't currently have, to address identified prevention needs
- » Develop a clear plan for building and mobilizing capacity (SPF Step 2) to address identified prevention needs

STEP 4: Share Your Assessment Findings



After completing a thorough assessment of prevention needs and capacity, you must communicate the key findings to prevention stakeholders on your campus. To do this effectively, consider who will be interested in your assessment findings and what format will work best for each audience. The following are some key strategies for sharing assessment findings:

- » **Develop a full report:** Your campus leaders and some of your prevention partners (such as health and wellness, student affairs, and fraternity and sorority life staff, as well as student leaders) will want the whole story, and it's good to have all of the details in one place.
- » **Highlight key findings:** Many prevention stakeholders will want to learn about your main assessment findings. Compile key findings in slide presentations and handouts that you can use for different audiences.
- » **Customize your presentations:** As needed, tailor your presentations or handouts by featuring the data that are most meaningful to each audience. This is particularly important when presenting assessment findings to **key stakeholders**, such as campus leaders, administrators, or student groups. If these individuals have specific questions or reservations, be sure to address them.
- » **Solicit input from your campus community:** In addition to sharing your findings, it is also important to find ways for your campus community to comment on those findings. They can help confirm that you're on the right track with your prevention plans—or shed some light on confusing or surprising findings and help you get back on track.

Finish Strong!

Now that you've finished your needs assessment, you should understand the following:

- » The primary and secondary effects of drug misuse on your campus
- » The risk and protective factors that contribute to drug misuse for individual students and campus-wide
- » How to find data sources to assess the prevalence of drug misuse on your campus.

Misuse Of Stimulants Linked To Other Drug Abuse

September 28, 2021
by Lauren Baggett

College students who use ‘study drugs’ also tend to binge drink and use marijuana

College students who misuse stimulant drugs or nootropics like Adderall or Ritalin are also likely to drink heavily and use other drugs, according to **new research** from the University of Georgia.

Students who reported binge drinking or frequent marijuana use were eight times more likely to have used prescription stimulants or “study drugs” they did not have a prescription for.

The study, which was published recently in the *Journal of American College Health*, paints a different picture of prescription stimulant users than most universities may be familiar with, said study author Ash Warnock, a doctoral student at UGA’s **College of Public Health**.

The storyline of a college student who doesn’t have a medical need for a stimulant bumming a pill from a classmate or friend to help them focus and study took off several years ago. But the perception that this type of abuse of cognitive enhancers is reserved for ambitious high achievers may be off the mark, said Warnock.

Catching up on studies

“Stimulant use may be a kind of catch-up behavior, he said. ‘Some studies have shown that students who party with drugs and alcohol on the weekends use stimulants like an academic catch up because they’re behind on their studies.’”

In reality, stimulant use is likely to do more harm than good.

“We know that students that use prescription stimulants are more likely to have depression or have anxiety,

or have sleep problems,” said Warnock. “The fact is that these drugs don’t help you academically. It’s a subjective effect. You feel lifted. You feel up, and so, you feel like you might be more focused, but the research doesn’t show that. The research shows that people that do stimulants like this likely do worse.”

But little work has been done to explore the relationship between stimulant abuse and problematic alcohol and drug use. Warnock’s study sought to fill in the gaps by surveying recent alcohol, marijuana and prescription stimulant use among college students at two major universities in the Southeast.

Alcohol and drug abuse among college students

The researchers analyzed survey responses from over 600 students that described their alcohol and drug use over the past 30 days, including nonprescription stimulant use. Heavy alcohol use was defined as having four or five drinks on at least one occasion in the 30 days, and frequent marijuana use was defined as using marijuana more than three times in the past 30 days.

One in five students reported ever having used a prescription stimulant, and 8.9% of the sample reported using stimulants in the past 30 days. Among this group, students who reported any alcohol and marijuana use were three times more likely to use stimulants. Frequent alcohol and marijuana use was even more strongly associated with stimulant use.

The results point to a strong behavioral link among polysubstance users, which had not been clearly established before, said Warnock.



Sample limitations

One notable limitation of the study was in the makeup of the sample. Though the analysis controlled for student involvement in organizations like Greek life or religious and service groups, the study sample isn’t entirely representative of the typical student body.

“The sample is very white and very Greek, and students involved in those activities are more likely to be involved in drug and alcohol use, so that does skew the results a bit,” he said. But he still feels confident that this study helps to expand the scope of risky behavior interventions on campus.

“It is important for universities to know that students who are involved with those kinds of substances are likely to be involved in prescription stimulants also. We need to be aware of the additive health effects of these behaviors,” said Warnock.

The study, “**An exploratory study of indicators of recent nonmedical prescription stimulant use among college students**,” published online Aug. 16.

Baggett, L., & Baggett, L. (2021, September 28). Misuse of stimulants linked to other drug abuse. UGA Today. Retrieved November 15, 2021, from <https://news.uga.edu/misuse-of-stimulants-linked-to-other-drug-abuse/>.

Mt. Vernon, Washington Man Sentenced To 8+ Years In Prison For Dealing Deadly Fentanyl

Some 900 pills seized from his home; same pills linked to overdose death

October 15, 2021

Contact: Alison Grande

Phone Number: (571) 387-3831

For Immediate Release

Seattle – A 22-year-old Mount Vernon, Washington, man was sentenced today in U.S. District Court in Seattle to 100 months in prison and 4 years of supervised release for conspiracy to distribute fentanyl, announced U.S. Attorney Nicholas W. Brown. Defendant Giovanni Nunez supplied counterfeit oxycodone pills tainted with fentanyl to an associate, who distributed them in Skagit and Whatcom Counties. The pills are connected to at least two overdoses, including the overdose death of a Bellingham 17-year-old. At the sentencing hearing Chief U.S. District Judge Ricardo S. Martinez said, “This entire case is tragic... the victim’s family continues to suffer as a direct consequence of the defendant’s actions.”

“Far too many people are dying from these fentanyl tainted pills — especially the young and vulnerable,” said U.S. Attorney Brown. “It is critical that we not only stem the flow of the drugs into our community, but also remind people that using these pills often leads to death and devastation, with families left to mourn.”

Nunez and co-conspirator, Rosaliana Lopez-Rodriguez, 23, of Mount Vernon, were arrested in late 2019 after an

investigation to track down the source of the tainted pills. According to records filed in the case, a family member found the 17-year-old victim unresponsive on November 9, 2019. Despite efforts of emergency responders to resuscitate him, the victim died; his cause of death was later determined to be fentanyl overdose. Investigators found a whole and a partial pill near the 17-year-old victim. The pills were designed to look like oxycodone 30-milligram pills, with “M” and “30” stamped on them. But they were fakes tainted with fentanyl. Similar pills have been linked to other overdose deaths throughout the Puget Sound region. In fact, a friend of the 17-year-old victim nearly died after smoking one of the pills on November 2, 2019. Nunez’s co-conspirator knew of that near-fatal overdose when she sold the 17-year-old victim more pills a week later, on November 9, 2019.

During this investigation, law enforcement executed court-authorized search warrants at each defendant’s residence. At Nunez’s residence, law enforcement found a safe containing more than 900 fake oxycodone pills that matched the appearance of the fentanyl-laced pills linked to the fatal overdose. Co-conspirator Lopez-Rodriguez admitted that Nunez supplied her with the pills that killed the Bellingham 17-year-old.

Speaking to the court today, the victim’s mother talked about her son as a bright light for many people. Her son’s death left “a big hole of grief we carry that nothing can fill.” The mother noted that Nunez “knew how deadly the pills were,” and continued “dealing lethal poison in our community.”

Lopez-Rodriguez was sentenced to 84 months in prison in August 2021.

The case was investigated by the Drug Enforcement Administration (DEA), the Whatcom County Sheriff’s Office, the Skagit County Interlocal Drug Enforcement Unit (SCIDEU), and the Whatcom County Drug and Gang Task Force, which is made up of members of the Whatcom County Sheriff’s Office, Washington State Department of Corrections, U.S. Customs and Border Protection, and Homeland Security Investigations.

The case was prosecuted by Assistant United States Attorney Jonas Lerman.

Mt. Vernon, Washington Man sentenced to 8+ years in prison for dealing Deadly Fentanyl. DEA. (n.d.). Retrieved November 15, 2021, from <https://www.dea.gov/press-releases/2021/10/15/mt-vernon-washington-man-sentenced-8-years-prison-dealing-deadly-fentanyl>.

Pharmacist Found Guilty of Illegally Dispensing and Distributing Controlled Substances

November 10, 2021

**Contact: Chuvalo Truesdell
Phone Number: (571) 362-3517
For Immediate Release**

ATLANTA - Thomas Ukoshovbera A. Gbenedio has been convicted by a federal jury of illegally dispensing and distributing controlled substances from his pharmacy.

“Removing and ultimately eliminating healthcare providers who unlawfully dispense pharmaceutical products for non-medical reasons is an important part of DEA’s mission,” said Special Agent in Charge of the U.S. Drug Enforcement Administration’s (DEA) Atlanta Field Division Robert J. Murphy. “This pharmacist not only distributed copious quantities of opiate-based pills to scores of drug-seeking patients but collected large sums of money from this illegal practice. Gbenedio will no longer be able to commit such unlawful acts due to the hard work and dedication put forth by our federal, state and local law enforcement counterparts who made this investigation a success.”

“As a pharmacist, Gbenedio was trusted to appropriately dispense controlled substances,” said Acting U.S. Attorney Kurt R. Erskine. “His behavior fed into the continuing problem of addiction to powerful prescription opioids, which, unfortunately, continues to take a daily toll on many members of our commu-

nity.”

According to Acting U.S. Attorney Erskine, the charges and other information presented in court: Gbenedio was a licensed pharmacist who owned Better Way Pharmacy in Mableton, Georgia. An investigation into Gbenedio began after Georgia Drug & Narcotics Agency (GDNA) agents conducted a routine inspection at Better Way and noticed that several of Gbenedio’s customers were driving long distances - including from Kentucky and Alabama - to get prescriptions filled at Better Way. Several of the prescriptions were for large quantities of highly addictive opioids, like oxycodone, and many of the prescriptions were purportedly from the same physician.

The investigation later revealed that the prescriptions being filled by Gbenedio between 2014 and 2016 were not real prescriptions; they were fake, forged, fraudulent, or otherwise illegal. Gbenedio charged his customers up to \$1,000 to fill the illegal prescriptions for controlled substances.

After a two-week jury trial, Gbenedio was convicted of 70 counts of illegally dispensing and distributing controlled substances and one count of refusing an administrative inspection warrant.

Once the jury announced its verdict, Gbenedio was ordered to report to Probation for location monitoring.

Instead of reporting, Gbenedio attempted to flee. He was apprehended at the Dallas-Fort Worth airport with the assistance of U.S. Marshals.

Sentencing for Thomas Ukoshovbera A. Gbenedio, 71, of Mableton, Georgia, is scheduled for February 7, 2022, at 10:00 a.m. before U.S. District Judge Thomas W. Thrash.

This case is being investigated by the U.S. Drug Enforcement Administration.

Assistant U.S. Attorneys Angela Adams and Erin N. Spritzer are prosecuting the case.

The DEA encourages parents, along with their children, to educate themselves about the dangers of legal and illegal drugs by visiting DEA’s interactive websites at www.JustThinkTwice.com, www.GetSmartAboutDrugs.com, www.CampusDrugPrevention.gov, and www.dea.gov. Also follow DEA Atlanta via Twitter at @DEAATLANTADiv

Pharmacist found guilty of illegally dispensing and distributing controlled substances. DEA. (n.d.). Retrieved November 15, 2021, from <https://www.dea.gov/press-releases/2021/11/10/pharmacist-found-guilty-illegally-dispensing-and-distributing-controlled>.

Positive Reinforcement and Operant Conditioning

Positive reinforcement is a concept in behavioral psychology that can be used to help teach and strengthen behaviors. This process can be used as part of a formal training program, but it is also something that can occur naturally in everyday situations as well.

What Is Positive Reinforcement?

In operant conditioning, positive reinforcement involves the addition of a reinforcing stimulus following a behavior that makes it more likely that the behavior will occur again in the future. When a favorable outcome, event, or reward occurs after an action, that particular response or behavior will be strengthened.

One of the easiest ways to remember positive reinforcement is to think of it as something being added. By thinking of it in these terms, you may find it easier to identify real-world examples of positive reinforcement.

Sometimes positive reinforcement occurs quite naturally. For example,

**PROPERLY USED,
POSITIVE
REINFORCEMENT
.....
IS EXTREMELY POWERFUL.**

when you hold the door open for someone, you might receive praise and a thank you. That affirmation serves as positive reinforcement and may make it more likely that you will hold the door open for people again in the future.

In other cases, someone might choose to use positive reinforcement very deliberately in order to train and maintain a specific behavior. An animal trainer, for example, might reward a dog with a treat after the animal shakes the trainer's hand and pauses for a count of five.

Examples of Positive Reinforcement

There are many examples of positive reinforcement in action. Consider the following examples:

- **Praise:** After you execute a turn during a skiing lesson, your instructor shouts out, "Great job!"
- **Monetary rewards:** At work, you exceed this month's sales quota, so your boss gives you a bonus.
- **Other rewards:** For your psychology class, you watch a video about the human brain and write a paper about what you learned. Your instructor gives you 20 extra credit points for your work.

In each of these situations, the reinforcement is an additional stimulus occurring after the behavior that increases the likelihood that the behavior will occur again in the future.

Is Positive Reinforcement Always a Good Thing?

An important thing to note is that positive reinforcement is not always a good thing.

Positive reinforcement can also strengthen undesirable behaviors. For example, when a child misbehaves in a store, some parents might give them extra attention or even buy the child a toy.

Children quickly learn that by acting out, they can gain attention from the

parent or even acquire objects that they want. Essentially, parents are reinforcing the misbehavior.

In this case, a better solution would be to use positive reinforcement when the child is displaying good behavior. Instead of rewarding the misbehavior, the parents would want to wait until the child is behaving well and then reward that good behavior with praise, treats, or even a toy.

Types of Positive Reinforcement

There are many different types of reinforcers that can be used to increase behaviors, but it is important to note that the type of reinforcer used depends on the individual and the situation.

- **Natural reinforcers** occur directly because of the behavior. For example, a girl studies hard, pays attention in class, and does her homework. As a result, she gets excellent grades.
- **Social reinforcers** involve expressing approval of a behavior, such as a teacher, parent, or employer saying or writing, "Good job" or "Excellent work."
- **Tangible reinforcers** involve presenting actual, physical rewards such as candy, treats, toys, money, and other desired objects. While these types of rewards can be powerfully motivating, they should be used sparingly and with caution.²
- **Token reinforcers** are points or tokens that are awarded for performing certain actions. These tokens can then be exchanged for something of value.

While gold stars and tokens might be very effective reinforcement for a second-grader, they are not going to have the same effect on a high school or college student.

For positive reinforcement to be effective, it needs to involve a reward that the individual wants or needs.

Effectiveness

When used correctly, positive reinforcement can be very effective.³ Positive reinforcement is most effective when it occurs immediately after the behavior. Reinforcement should be presented enthusiastically and should occur frequently.

- **Deliver reinforcement quickly:** A shorter time between a behavior and positive reinforcement makes a stronger connection between the two.
- **Waiting risks reinforcing the wrong behaviors:** The longer the time, the more likely it becomes that an intervening behavior might accidentally be reinforced.

In addition to the type of reinforcement used, the presentation schedule can also play a role in the strength of the response. These schedules of reinforcement can have a powerful influence on how strongly a response is and how often it occurs.¹

A Word From Verywell

Positive reinforcement can be an effective learning tool when used appropriately. Sometimes this type of learning occurs naturally through normal interactions with the environment.

In other cases, people are able to use this behavioral technique to help teach new behaviors. Some important things to consider when using positive reinforcement include the type of reinforcers that will be used and the schedule that will be employed to train the new behavior.

Cherry, K. (2021, May 28). Positive reinforcement can help favorable behaviors. Verywell Mind. Retrieved November 30, 2021, from <https://www.verywellmind.com/what-is-positive-reinforcement-2795412>.



WHAT TO DO

- If your child is missing from home, search through
- » closets
 - » piles of laundry
 - » in and under beds
 - » inside large appliances
 - » vehicles—including trunks
 - » and anywhere else that a child may crawl or hide



Immediately call your local law-enforcement agency and provide them with your up-to-date Child ID Kit.



After you have reported your child missing to law enforcement, call the National Center for Missing & Exploited Children® at 1-800-THE-LOST® (1-800-843-5678).

If your computer is equipped with a microphone and speakers, you may talk to one of our Hotline operators via www.missingkids.com online.

Learn more about this child ID kit at www.missingkids.com/childid

HOW TO USE THIS KIT



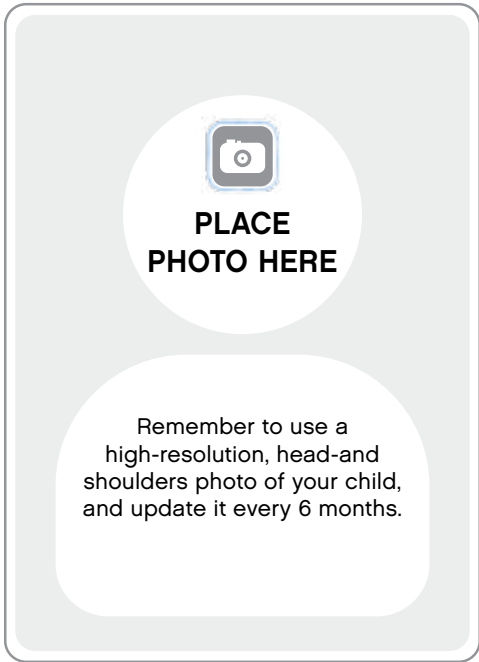
When recovering a missing child, the most important tools for law enforcement are an up-to-date, quality photograph and descriptive information. Complete this Child ID Kit by attaching a recent photograph of your child and listing all identifying and medical information. Update the photograph and information every 6 months, and keep the Kit in a secure, accessible location.



The National Center for Missing & Exploited Children
Charles B. Wang International Children's Building
699 Prince Street • Alexandria, VA 22314-3175
www.missingkids.com • 1-800-THE-LOST®

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PERSONAL INFORMATION

Address: _____

City: _____ Zip/Postal Code: _____

State/Province/Region: _____ Country: _____



PHYSICAL CHARACTERISTICS

Sex: Female Male

Race/Ethnicity: _____

Hair Color: _____

Eye Color: _____

Height	Weight	Date



DISTINGUISHING CHARACTERISTICS

My child wears or has:

Glasses Contacts Braces Birthmarks Piercings Tattoos

Special Needs: _____

Other: _____

Last Name: _____

First/Middle Name: _____

Nickname: _____

Date of Birth: _____



MEDICAL INFORMATION

Physician's Name: _____



Emergency Contact: _____



Emergency Contact: _____

Office #: _____

Relationship: _____

Relationship: _____

Allergies/Conditions: _____

Cell #: _____

Cell #: _____

Medications: _____

Home #: _____

Home #: _____

Blood Type: _____

Work #: _____

Work #: _____



FINGERPRINTS

Fingerprints are critical to a complete child identification record and should be taken by trained individuals, such as law-enforcement personnel.

Left Thumb	Left Index	Left Middle	Left Ring	Left Pinky
Right Thumb	Right Index	Right Middle	Right Ring	Right Pinky

Research Finds Prescription Drug Misuse Among College Students Most Common During Weekdays

NIH-funded study focused on pain relievers, stimulants, sedatives, tranquilizers

October 20, 2021

DALLAS (SMU) – College students who misuse prescription drugs do so more often during the week and when they are alone at home, according to a recent study published in the journal *Drug and Alcohol Dependence*.

The longitudinal study, “College-based social and situational predictors of real-time prescription drug misuse in daily life,” surveyed college students at a large university in the midwestern United States. The participants were asked about their prescription drug use and whether they used the medications in any way the doctor did not intend, such as changing the allowed dosage and frequency of when the medication was taken, or using someone else’s prescription medication.

The findings shed new light on how and when college students misuse prescriptions. SMU (Southern Methodist University) associate professor Chrystyna D. Kouros, director of the Family Health & Development Lab in SMU’s Department of Psychology, said the study she co-authored revealed potential differences in the way college students misuse prescription drugs when compared to studies of how college students use other substances.

“Whereas other studies have shown that alcohol use, and to some extent marijuana use, is most likely to occur in social situations with peers and on the weekends, we found that the context of prescription drug misuse appears to be different,” Kouros said. “In our study, college students were more likely to endorse misusing prescription medication in moments when they were alone and at home. They were also more likely to

misuse prescription medications during the week versus the weekend, and earlier in the day instead of the evening,” Kouros added.

For the purposes of the study, the researchers focused on four classes of prescription drugs: pain relievers, stimulants, sedatives and tranquilizers. Researchers used ecological momentary assessment (EMA) to query the participating 297 students to record their behavior in daily life. EMA requires repeated sampling of subjects’ current behaviors and experiences in real time, in the participants’ natural environments. Students used an iPod Touch that prompted them four times a day to answer a brief survey. Students could also initiate a report if they were about to misuse a prescription.

The study suggests there might be different motivating factors underlying misuse of prescription drugs compared to other substances, Kouros said.

“Current college-based prevention and intervention programs, thus, may need to be tailored or revised to also capture prescription drug misuse,” she added.

The study was funded by a grant from the National Institutes of Health. The principal investigator was Lauren M. Papp, associate dean for research and the Vaughan Bascom Professor in Women, Family and Community at the University of Wisconsin-Madison. Papp is also director of the UW Couples Lab at Wisconsin-Madison.



“It is our hope these findings about prescription drug misuse among college students help better inform colleges and universities in their important outreach and support efforts for students who might be struggling with problematic prescription behaviors,” Papp said.

Other co-authors are Brian C. Kelly, professor of sociology at Purdue University; and Shari Blumenstock, a postdoctoral fellow at Indiana University’s Kinsey Institute.

About SMU

SMU is the nationally ranked global research university in the dynamic city of Dallas. SMU’s alumni, faculty and nearly 12,000 students in eight degree-granting schools demonstrate an entrepreneurial spirit as they lead change in their professions, communities and the world

Research finds prescription drug misuse among college students most common during weekdays. SMU. (n.d.). Retrieved November 15, 2021, from <https://www.smu.edu/News/2021/Research/Research-finds-prescription-drug-misuse-among-college-students-most-common-during-weekdays>.

MEMORIAL SECTION



Lieutenant Leslie Lentz
Missouri Department of Corrections, MO
EOW: Thursday, July 1, 2021
Cause: COVID19



Detective Jon Alexander Cooke
Hollywood Police Department, FL
EOW: Friday, July 2, 2021
Cause: COVID19



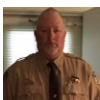
Police Officer Clinton Adolphis Martin
Alpharetta Police Department, GA
EOW: Saturday, July 3, 2021
Cause: COVID19



Detective Greg Ferency
Terre Haute Police Department, IN
EOW: Wednesday, July 7, 2021
Cause: Gunfire



Captain Clay Morsell Germany
Wichita Police Department, KS
EOW: Friday, July 9, 2021
Cause: COVID19



Police Officer William Earl Collins, Jr.
Doyline Police Department, LA
EOW: Friday, July 9, 2021
Cause: Gunfire



Sergeant Joshua Blake Bartlett
Lubbock County Sheriff's Office, TX
EOW: Thursday, July 15, 2021
Cause: Gunfire



Detective Juan Alfonso "John" Delgado
Bay City Police Department, TX
EOW: Thursday, July 15, 2021
Cause: COVID19



Officer Ruben Facio
United States Department of Homeland Security - Customs and Border Protection - Office of Field Operations, US
EOW: Saturday, July 17, 2021
Cause: COVID19



Reserve Deputy Sheriff Tom Larry Hoobler
Childress County Sheriff's Office, TX
EOW: Saturday, July 17, 2021
Cause: Heart attack



Sergeant Sonny Lee Orbin
Missouri Department of Corrections, MO
EOW: Sunday, July 18, 2021
Cause: COVID19



Police Officer Ricky Neal Roberts
McLennan Community College Police Department, TX
EOW: Monday, July 19, 2021
Cause: COVID19



Deputy Sheriff Ray W. McCrary, Jr.
Shelby County Sheriff's Office, TN
EOW: Sunday, July 20, 2021
Cause: COVID19



Home Confinement Officer Michael Andrew Sillman
Marion County Sheriff's Office, WV
EOW: Tuesday, July 20, 2021
Cause: Heart attack



Correctional Officer Robert Lewis Welch, III
Missouri Department of Corrections, MO
EOW: Thursday, July 22, 2021
Cause: COVID19



Police Officer J. Adam Ashworth
St. George Police Department, UT
EOW: Thursday, July 22, 2021
Cause: COVID19



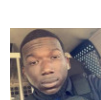
Sergeant Jeremy Brown
Clark County Sheriff's Office, WA
EOW: Friday, July 23, 2021
Cause: Gunfire



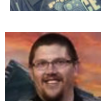
Deputy Sheriff Phillip Jesse Campas
Kern County Sheriff's Office, CA
EOW: Sunday, July 25, 2021
Cause: Gunfire



Corrections Officer IV Daniel Giorgi
Texas Department of Criminal Justice - Correctional Institutions Division, TX
EOW: Sunday, July 25, 2021
Cause: COVID19



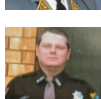
Police Officer Marquis Devon Moorer
Selma Police Department, AL
EOW: Tuesday, July 27, 2021
Cause: Gunfire



Police Officer Ryan Andrew Bialke
Red Lake Nation Police Department, TR
EOW: Tuesday, July 27, 2021
Cause: Gunfire



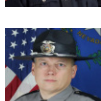
Lieutenant Matthew D. Razukas
New Jersey State Police, NJ
EOW: Tuesday, July 27, 2021
Cause: COVID19



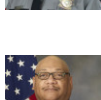
Deputy Sheriff Justin Smith
Burt County Sheriff's Office, NE
EOW: Wednesday, July 28, 2021
Cause: COVID19



Lieutenant Gilbert Clayton McClure
Texarkana Police Department, TX
EOW: Wednesday, July 28, 2021
Cause: COVID19



Trooper Micah David May
Nevada Department of Public Safety - Nevada Highway Patrol, NV
EOW: Thursday, July 29, 2021
Cause: Vehicular assault



Police Officer Jonathan M. Gumm
United States Department of Defense - Joint Base Lewis-McChord Police Department, WA
EOW: Thursday, July 29, 2021
Cause: Heart attack



Supervisory Border Patrol Agent Daniel P. Cox
United States Department of Homeland Security - Customs and Border Protection - United States Border Patrol, US
EOW: Saturday, July 31, 2021
Cause: Automobile crash



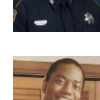
Police Officer Lewis Andrew "Andy" Traylor
Austin Police Department, TX
EOW: Saturday, July 31, 2021
Cause: Automobile crash



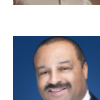
Border Patrol Agent Edgardo Acosta-Feliciano
United States Department of Homeland Security - Customs and Border Protection - United States Border Patrol, US
EOW: Saturday, July 31, 2021
Cause: COVID19



Deputy Sheriff Shaun Christopher Waters
Harris County Sheriff's Office, TX
EOW: Sunday, August 1, 2021
Cause: COVID19



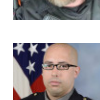
Corrections Officer Maurice "Reese" Jackson
Robertsdale Police Department, AL
EOW: Tuesday, August 3, 2021
Cause: COVID19



Sheriff Lee D. Vance
Hinds County Sheriff's Office, MS
EOW: Tuesday, August 3, 2021
Cause: COVID19



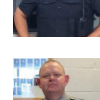
Police Officer Scott Russell Dawley
Nelsonville Police Department, OH
EOW: Tuesday, August 3, 2021
Cause: Automobile crash



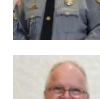
Police Officer George Gonzalez
United States Department of Defense - Pentagon Force Protection Agency, US
EOW: Tuesday, August 3, 2021
Cause: Stabbed



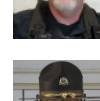
Police Officer Brian Russell Pierce, Jr.
Brooklyn Police Department, IL
EOW: Wednesday, August 4, 2021
Cause: Vehicular assault



Deputy Sheriff James Morgan
Baxter County Sheriff's Office, AR
EOW: Thursday, August 5, 2021
Cause: COVID19



Police Officer Bryan Christopher Hawkins
Lake City Police Department, GA
EOW: Thursday, August 5, 2021
Cause: COVID19



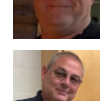
Deputy Sheriff Brandon A. Shirley
Jefferson County Sheriff's Office, KY
EOW: Thursday, August 5, 2021
Cause: Gunfire



Police Officer Ella Grace French
Chicago Police Department, IL
EOW: Saturday, August 7, 2021
Cause: Gunfire



Lieutenant Lonny Hempstead
Lafayette County Sheriff's Office, FL
EOW: Tuesday, August 10, 2021
Cause: COVID19



Lieutenant Dale Sylvester, Jr.
Port Wentworth Police Department, GA
EOW: Wednesday, August 11, 2021
Cause: COVID19

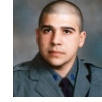




Reserve Sergeant John Richard Bullard, Jr.
Independence Police Department, MO
EOW: Wednesday, August 11, 2021
Cause: COVID19



Police Officer Jason Raynor
Daytona Beach Police Department, FL
EOW: Tuesday, August 17, 2021
Cause: Gunfire



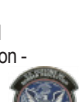
Trooper James J. Monda
New York State Police, NY
EOW: Sunday, August 22, 2021
Cause: Drowned



Correctional Deputy Michael Andrew Nowak
Leon County Sheriff's Office, FL
EOW: Thursday, August 12, 2021
Cause: COVID19



Officer Yokemia L. Conyers
United States Department of Homeland Security - Customs and Border Protection - Office of Field Operations, US
EOW: Wednesday, August 18, 2021
Cause: COVID19



Detective Manuel Christopher Widner
Paris Police Department, TX
EOW: Sunday, August 22, 2021
Cause: COVID19



Captain Ramsey O'Dell Mannon
Effingham County Sheriff's Office, GA
EOW: Thursday, August 12, 2021
Cause: COVID19



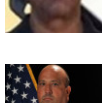
Sergeant Joe Olivares
Texas Department of Criminal Justice - Correctional Institutions Division, TX
EOW: Wednesday, August 18, 2021
Cause: COVID19



Patrolman Matthew Adam Jimenez
Beeville Police Department, TX
EOW: Sunday, August 22, 2021
Cause: COVID19



Correctional Officer Dennis Bennett
Missouri Department of Corrections, MO
EOW: Thursday, August 12, 2021
Cause: COVID19



Police Officer Edward Perez
Miami Beach Police Department, FL
EOW: Thursday, August 19, 2021
Cause: COVID19



Reserve Police Officer David Ruiz
Dallas Police Department, TX
EOW: Sunday, August 22, 2021
Cause: COVID19



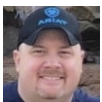
Narcotics Agent Robert Daye Daffin, Jr.
George County Sheriff's Office, MS
EOW: Thursday, August 12, 2021
Cause: COVID19



Deputy Sheriff Eric Otis Ritter
Moore County Sheriff's Office, NC
EOW: Thursday, August 19, 2021
Cause: COVID19



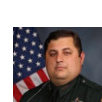
Sergeant Tomas Infante, Sr.
Harris County Constable's Office - Precinct 6, TX
EOW: Sunday, August 22, 2021
Cause: COVID19



Special Agent Gregory Cleveland Hollano
United States Department of Veterans Affairs Police Services, US
EOW: Friday, August 13, 2021
Cause: COVID19



Sergeant John Harris
Tulsa County Sheriff's Office, OK
EOW: Thursday, August 19, 2021
Cause: COVID19



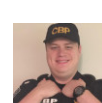
Deputy Sheriff Christopher Broadhead
Polk County Sheriff's Office, FL
EOW: Monday, August 23, 2021
Cause: COVID19



Police Officer Juan Manuel Gomez-Lopez
Pelham Police Department, AL
EOW: Saturday, August 14, 2021
Cause: COVID19



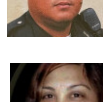
Sergeant Kuo-sheng 'Johnny' Wang
South Houston Police Department, TX
EOW: Thursday, August 19, 2021
Cause: COVID19



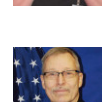
Officer Erik James Skelton
United States Department of Homeland Security - Customs and Border Protection - Office of Field Operations, US
EOW: Tuesday, August 24, 2021
Cause: COVID19



Police Officer Jennifer B. Sepot
Fort Lauderdale Police Department, FL
EOW: Saturday, August 14, 2021
Cause: COVID19



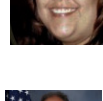
Officer Monica J. Riola
United States Department of Homeland Security - Customs and Border Protection - Office of Field Operations, US
EOW: Friday, August 20, 2021
Cause: COVID19



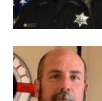
Deputy Sheriff Roger A. Mitchell
Sullivan County Sheriff's Office, TN
EOW: Tuesday, August 24, 2021
Cause: COVID19



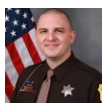
Trooper Lazaro R. Febles
Florida Highway Patrol, FL
EOW: Saturday, August 14, 2021
Cause: COVID19



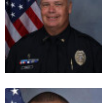
Sergeant Frank Tobar
Palm Bay Police Department, FL
EOW: Friday, August 20, 2021
Cause: COVID19



Chief of Police Kenneth Kirkland
Colquitt Police Department, GA
EOW: Wednesday, August 25, 2021
Cause: Heart attack



Sergeant Ryan J. Proxmire
Kalamazoo County Sheriff's Office, MI
EOW: Sunday, August 15, 2021
Cause: Gunfire



Sergeant Patrick Wayne Madson
Coral Springs Police Department, FL
EOW: Friday, August 20, 2021
Cause: COVID19



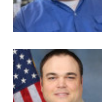
Captain Joseph Manning
Wayne County Sheriff's Office, GA
EOW: Wednesday, August 25, 2021
Cause: COVID19



Officer Robert Craig Cloninger
Mount Gilead Police Department, NC
EOW: Sunday, August 15, 2021
Cause: Heart attack



Detective Rodney L. Davis, Sr.
Waycross Police Department, GA
EOW: Friday, August 20, 2021
Cause: COVID19



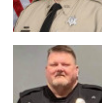
Sergeant John Lee Trout, Sr.
Bernice Police Department, OK
EOW: Wednesday, August 25, 2021
Cause: COVID19



Sergeant Steven Mazzotta
Lee County Sheriff's Office, FL
EOW: Monday, August 16, 2021
Cause: COVID19



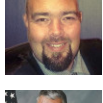
Correctional Officer Darryl 'Scout' Goodrich, Jr.
Washington State Department of Corrections, WA
EOW: Friday, August 20, 2021
Cause: COVID19



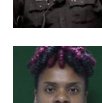
Deputy Sheriff Christopher Jay Bachelor
Hall County Sheriff's Office, GA
EOW: Wednesday, August 25, 2021
Cause: COVID19



Detective Raymond Orion Williamson
Pasco County Sheriff's Office, FL
EOW: Monday, August 16, 2021
Cause: COVID19



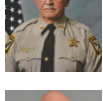
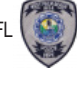
Deputy Sheriff Harry 'Buddy' Hutchinson
Blount County Sheriff's Office, AL
EOW: Saturday, August 21, 2021
Cause: COVID19



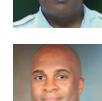
Corrections Deputy Lakesha Tucker
Shelby County Sheriff's Office, TN
EOW: Wednesday, August 25, 2021
Cause: COVID19



Police Officer Robert Alan Williams
West Palm Beach Police Department, FL
EOW: Monday, August 16, 2021
Cause: COVID19



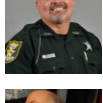
Deputy Sheriff Jody Hull, Jr.
St. Johns County Sheriff's Office, FL
EOW: Saturday, August 21, 2021
Cause: COVID19



Senior Police Officer Randolph Boyd, Jr.
Austin Police Department, TX
EOW: Wednesday, August 25, 2021
Cause: COVID19



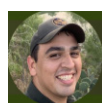
Deputy Sheriff Dennis W. Dixon
Catawba County Sheriff's Office, NC
EOW: Monday, August 16, 2021
Cause: COVID19



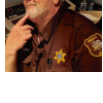
Corrections Deputy Kevin Kokinis
Branch County Sheriff's Office, MI
EOW: Sunday, August 22, 2021
Cause: COVID19



Sergeant Clay Garrison
Port of Galveston Police Department, TX
EOW: Wednesday, August 25, 2021
Cause: COVID19






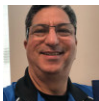









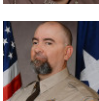

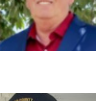
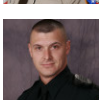


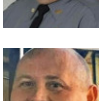

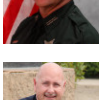
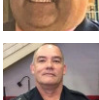







Border Patrol Agent Ricardo Zarate
United States Department of Homeland Security - Customs and Border Protection - United States Border Patrol, US
EOW: Monday, August 16, 2021
Cause: COVID19



Police Officer Brandon Ard
Orange Beach Police Department, AL
EOW: Thursday, August 26, 2021
Cause: COVID19



	<p>Police Officer Harminder Grewal Galt Police Department, CA EOW: Thursday, August 26, 2021 Cause: Automobile crash</p>		<p>Deputy First Class William Diaz Lee County Sheriff's Office, FL EOW: Tuesday, August 31, 2021 Cause: COVID19</p>		<p>Detective Tom Breedlove Hernando County Sheriff's Office, FL EOW: Saturday, September 4, 2021 Cause: COVID19</p>
	<p>Correctional Officer Trainee Whitney Cloud Florida Department of Corrections, FL EOW: Thursday, August 26, 2021 Cause: Gunfire (Inadvertent)</p>		<p>Police Officer Freddie Joe Castro Overland Park Police Department, KS EOW: Tuesday, August 31, 2021 Cause: COVID19</p>		<p>Detention Officer Tara Leanne Cook Whitfield County Sheriff's Office, GA EOW: Saturday, September 4, 2021 Cause: COVID19</p>
	<p>Deputy First Class Paul Luciano Flagler County Sheriff's Office, FL EOW: Thursday, August 26, 2021 Cause: COVID19</p>		<p>Police Officer Trey Copeland Cotton Valley Police Department, LA EOW: Tuesday, August 31, 2021 Cause: Heart attack</p>		<p>Police Officer Edgar Morris Collierville Police Department, TN EOW: Saturday, September 4, 2021 Cause: COVID19</p>
	<p>Senior Sergeant Steve Urias Austin Police Department, TX EOW: Thursday, August 26, 2021 Cause: COVID19</p>		<p>Deputy Sheriff Carlos David Ortiz Colorado County Sheriff's Office, TX EOW: Tuesday, August 31, 2021 Cause: COVID19</p>		<p>Sergeant Matthew Chandler Moore Arkansas Highway Police, AR EOW: Sunday, September 5, 2021 Cause: COVID19</p>
	<p>Sergeant Christopher Ray Wilson Texas Parks and Wildlife Department - Law Enforcement Division, TX EOW: Thursday, August 26, 2021 Cause: COVID19</p>		<p>Lieutenant Robert Travelstead Sonoma County Sheriff's Office, CA EOW: Wednesday, September 1, 2021 Cause: COVID19</p>		<p>Deputy Sheriff Michael Neau Okaloosa County Sheriff's Office, FL EOW: Sunday, September 5, 2021 Cause: COVID19</p>
	<p>Detective Anthony Standley Oyster Creek Police Department, TX EOW: Thursday, August 26, 2021 Cause: COVID19</p>		<p>Sergeant Daniel Eugene Watts Jacksonville Beach Police Department, FL EOW: Wednesday, September 1, 2021 Cause: COVID19</p>		<p>Police Officer Robert Troy Joiner Ector County Independent School District Police Department, TX EOW: Sunday, September 5, 2021 Cause: COVID19</p>
	<p>Police Officer Michael Weiskopf St. Petersburg Police Department, FL EOW: Friday, August 27, 2021 Cause: COVID19</p>		<p>Police Officer Gregory R. Young Vernon College Police Department, TX EOW: Wednesday, September 1, 2021 Cause: COVID19</p>		<p>Parole Officer II Huey P. Prymus, III Texas Department of Criminal Justice - Parole Division, TX EOW: Sunday, September 5, 2021 Cause: COVID19</p>
	<p>Corrections Officer James N. Henry Hays County Sheriff's Office, TX EOW: Friday, August 27, 2021 Cause: COVID19</p>		<p>Sergeant Brian Mohl Connecticut State Police, CT EOW: Thursday, September 2, 2021 Cause: Weather/Natural disaster</p>		<p>Parole Officer Broderick Richard Daye Iowa 5th Judicial District - Department of Correctional Services, IA EOW: Tuesday, September 7, 2021 Cause: COVID19</p>
	<p>Trooper Sean C. Hryc Florida Highway Patrol, FL EOW: Saturday, August 28, 2021 Cause: COVID19</p>		<p>Senior Officer David Bryant Saavedra United States Department of Homeland Security - Customs and Border Protection - Office of Field Operations, US EOW: Thursday, September 2, 2021 Cause: COVID19</p>		<p>Corrections Officer V Glenn Skeens Texas Department of Criminal Justice - Correctional Institutions Division, TX EOW: Tuesday, September 7, 2021 Cause: COVID19</p>
	<p>Sergeant Jason Donaldson Caldwell County Sheriff's Office, TX EOW: Saturday, August 28, 2021 Cause: COVID19</p>		<p>Sergeant William Jeffery Yancey Lake City Police Department, GA EOW: Thursday, September 2, 2021 Cause: COVID19</p>		<p>Corrections Deputy II Rodrigo Delgado San Diego County Probation Department, CA EOW: Wednesday, September 8, 2021 Cause: COVID19</p>
	<p>Patrolman Shane Green Sheridan Police Department, AR EOW: Sunday, August 29, 2021 Cause: COVID19</p>		<p>Investigator Richard Wendell Humphrey Baldwin County District Attorney's Office, AL EOW: Friday, September 3, 2021 Cause: COVID19</p>		<p>Investigator Dusty Wainscott Grayson County Sheriff's Office, TX EOW: Wednesday, September 8, 2021 Cause: Heart attack</p>
	<p>Border Patrol Agent Chad E. McBroom United States Department of Homeland Security - Customs and Border Protection - United States Border Patrol, US EOW: Sunday, August 29, 2021 Cause: COVID19</p>		<p>Deputy Sheriff Jody Smith Carroll County Sheriff's Office, GA EOW: Friday, September 3, 2021 Cause: COVID19</p>		<p>Police Officer Bonnie Nicole Jones Danville Police Department, VA EOW: Thursday, September 9, 2021 Cause: COVID19</p>
	<p>Deputy Sheriff Clint Robin Seagle Clay County Sheriff's Office, FL EOW: Sunday, August 29, 2021 Cause: COVID19</p>		<p>Detective Sergeant Derek E. Sidwell Overton County Sheriff's Office, TN EOW: Friday, September 3, 2021 Cause: COVID19</p>		<p>Police Officer David A. Horton Darien Police Department, GA EOW: Saturday, September 11, 2021 Cause: COVID19</p>
	<p>Patrol Officer Edgar "Buddy" Pales, Jr Owasso Police Department, OK EOW: Sunday, August 29, 2021 Cause: COVID19</p>		<p>Deputy Sheriff Ronald Rudy Butler Bexar County Sheriff's Office, TX EOW: Friday, September 3, 2021 Cause: COVID19</p>		<p>Deputy Sheriff Darrell Lamar Henderson Shiawassee County Sheriff's Office, MI EOW: Saturday, September 11, 2021 Cause: COVID19</p>
	<p>Captain Michael J. Stokes Houston County Sheriff's Office, GA EOW: Monday, August 30, 2021 Cause: COVID19</p>		<p>City Marshal Michael Allen Keathley West Police Department, TX EOW: Friday, September 3, 2021 Cause: COVID19</p>		<p>Sergeant Gino Caputo Barrington Police Department, RI EOW: Saturday, September 11, 2021 Cause: COVID19</p>
	<p>Public Safety Officer Dustin Michael Beasley North Augusta Department of Public Safety, SC EOW: Monday, August 30, 2021 Cause: COVID19</p>		<p>Corrections Officer IV Honorato Antones Texas Department of Criminal Justice - Correctional Institutions Division, TX EOW: Friday, September 3, 2021 Cause: COVID19</p>		<p>Detective Charles C. Vroom Nassau County Police Department, NY EOW: Sunday, September 12, 2021 Cause: COVID19</p>



Deputy Sheriff Robert Craig Mills
Butler County Sheriff's Office, OH
EOW: Sunday, September 12, 2021
Cause: COVID19



Police Officer Carl Proper
Kings Mountain Police Department, NC
EOW: Friday, September 17, 2021
Cause: COVID19



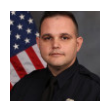
Senior Deputy Phillip David Barron, Jr.
Victoria County Sheriff's Office, TX
EOW: Friday, September 24, 2021
Cause: COVID19



Police Officer Stephen Jones
Barnwell Police Department, SC
EOW: Sunday, September 12, 2021
Cause: COVID19



Lieutenant John Stewart
Lake City Police Department, SC
EOW: Friday, September 17, 2021
Cause: Vehicle pursuit



Police Officer Anthony Christopher Testa
West Palm Beach Police Department, FL
EOW: Saturday, September 25, 2021
Cause: COVID19



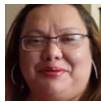
Special Agent Dustin Slovacek
Texas Department of Public Safety - Criminal Investigations Division, TX
EOW: Sunday, September 12, 2021
Cause: COVID19



Sergeant Richard John Frankie
Fort Bend Independent School District Police Department, TX
EOW: Friday, September 17, 2021
Cause: COVID19



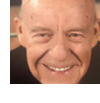
Deputy Sheriff Matthew Locke
Hardin County Sheriff's Department, TN
EOW: Saturday, September 25, 2021
Cause: Gunfire



Corrections Officer III Echo Rodriguez
Texas Department of Criminal Justice - Correctional Institutions Division, TX
EOW: Sunday, September 12, 2021
Cause: COVID19



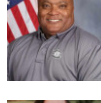
Trooper Brian Pingry
Florida Highway Patrol, FL
EOW: Saturday, September 18, 2021
Cause: COVID19



Corrections Officer IV Charles Hughes
Texas Department of Criminal Justice - Correctional Institutions Division, TX
EOW: Saturday, September 25, 2021
Cause: COVID19



Lieutenant James Guynes
Monroe County Sheriff's Office, AR
EOW: Monday, September 13, 2021
Cause: COVID19



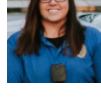
Corporal Gregory Campbell
Richmond County Sheriff's Office, GA
EOW: Saturday, September 18, 2021
Cause: COVID19



Corrections Officer V Connell Foreman
Texas Department of Criminal Justice - Correctional Institutions Division, TX
EOW: Saturday, September 25, 2021
Cause: COVID19



Police Officer Noah Ryan LeBlanc, Sr.
Laguna Vista Police Department, TX
EOW: Monday, September 13, 2021
Cause: COVID19



Lieutenant Brandi Stock
Brooklet Police Department, GA
EOW: Sunday, September 19, 2021
Cause: COVID19



Border Patrol Agent David B. Ramirez
United States Department of Homeland Security - Customs and Border Protection - United States Border Patrol, US
EOW: Sunday, September 26, 2021
Cause: COVID19



Sergeant Shad Hammond
Texas Department of Criminal Justice - Correctional Institutions Division, TX
EOW: Monday, September 13, 2021
Cause: COVID19



Police Officer Jimmie Alexander Shindler
Memphis Police Department, TN
EOW: Monday, September 20, 2021
Cause: COVID19



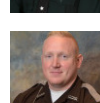
Deputy Sheriff Joshua Moyers
Nassau County Sheriff's Office, FL
EOW: Sunday, September 26, 2021
Cause: Gunfire



Corrections Officer V Jose A. Hernandez
Texas Department of Criminal Justice - Correctional Institutions Division, TX
EOW: Monday, September 13, 2021
Cause: COVID19



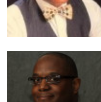
Senior Police Officer William Jeffrey
Houston Police Department, TX
EOW: Monday, September 20, 2021
Cause: Gunfire



Corporal Robert Wayne Nicholson
Clark County Sheriff's Office, IN
EOW: Sunday, September 26, 2021
Cause: COVID19



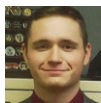
Deputy Sheriff Willie Earl Hall
Jefferson County Sheriff's Office, AL
EOW: Tuesday, September 14, 2021
Cause: COVID19



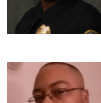
Sergeant Sherman Peebles
Muscogee County Sheriff's Office, GA
EOW: Tuesday, September 21, 2021
Cause: COVID19



Police Chief Donald Hall
Magnolia Police Department, NC
EOW: Sunday, September 26, 2021
Cause: COVID19



Officer Blaize Madrid-Evans
Independence Police Department, MO
EOW: Wednesday, September 15, 2021
Cause: Gunfire



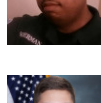
Sergeant David Miller
Clarksville Police Department, TN
EOW: Wednesday, September 22, 2021
Cause: COVID19



Undersheriff Jeffrey Montoya
Coffax County Sheriff's Office, NM
EOW: Sunday, September 26, 2021
Cause: COVID19



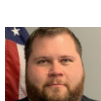
Corrections Officer V Chris Watson
Texas Department of Criminal Justice - Correctional Institutions Division, TX
EOW: Wednesday, September 15, 2021
Cause: COVID19



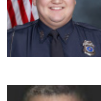
Police Officer Joseph J. Kurer
Fond du Lac Police Department, WI
EOW: Wednesday, September 22, 2021
Cause: COVID19



Police Officer Brian L. Rowland
Pittsburgh Bureau of Police, PA
EOW: Sunday, September 26, 2021
Cause: COVID19



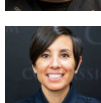
Sergeant Steven Lee Marshall
Chatsworth Police Department, GA
EOW: Thursday, September 16, 2021
Cause: COVID19



Border Patrol Agent Luis H. Dominguez
United States Department of Homeland Security - Customs and Border Protection - United States Border Patrol, US
EOW: Thursday, September 23, 2021
Cause: COVID19



Police Officer Gregory Lynn Triplett
Waverly Police Department, TN
EOW: Sunday, September 26, 2021
Cause: COVID19



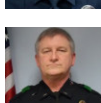
Police Officer Michelle Gattey
Georgetown Police Department, TX
EOW: Thursday, September 16, 2021
Cause: COVID19



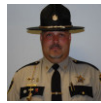
Deputy Sheriff Luke Ryan Gross
Hancock County Sheriff's Office, ME
EOW: Thursday, September 23, 2021
Cause: Struck by vehicle



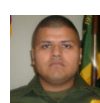
Trooper Eric T. Gunderson
Washington State Patrol, WA
EOW: Sunday, September 26, 2021
Cause: COVID19



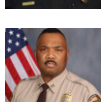
Lieutenant Earnest Oldham
Plano Police Department, TX
EOW: Thursday, September 16, 2021
Cause: COVID19



Senior Corporal Arnulfo Pargas
Dallas Police Department, TX
EOW: Thursday, September 23, 2021
Cause: COVID19



Border Patrol Agent Alfredo M. Ibarra
United States Department of Homeland Security - Customs and Border Protection - United States Border Patrol, US
EOW: Monday, September 27, 2021
Cause: COVID19



Captain David Edwin MacAlpine
New Hanover County Sheriff's Office, NC
EOW: Friday, September 17, 2021
Cause: COVID19



Corporal Charles Wayne Catron
Carroll County Sheriff's Office, VA
EOW: Thursday, September 23, 2021
Cause: COVID19



Patrol Officer Howard K. Smith, III
Owasso Police Department, OK
EOW: Monday, September 27, 2021
Cause: COVID19



	<p>Sergeant Joshua Wayne Stewart Sullivan County Sheriff's Office, TN EOW: Monday, September 27, 2021 Cause: COVID19</p> 		<p>Corrections Officer IV Garland Chaney Texas Department of Criminal Justice - Correctional Institutions Division, TX EOW: Tuesday, October 5, 2021 Cause: COVID19</p> 		<p>Deputy Sheriff Oliver Little Floyd County Sheriff's Office, KY EOW: Wednesday, October 13, 2021 Cause: COVID19</p> 
	<p>Police Chief Derek Scott Asdot Green Cove Springs Police Department, FL EOW: Tuesday, September 28, 2021 Cause: COVID19</p> 		<p>Deputy Sheriff Dale L. Wyman Hardeman County Sheriff's Office, TN EOW: Wednesday, October 6, 2021 Cause: Automobile crash</p> 		<p>Sergeant Raquel Virginia Saunders Amarillo Police Department, TX EOW: Wednesday, October 13, 2021 Cause: COVID19</p> 
	<p>Sergeant Michael Todd Thomas Griffin Police Department, GA EOW: Tuesday, September 28, 2021 Cause: COVID19</p> 		<p>Officer Victor Donate United States Department of Homeland Security - Customs and Border Protection - Office of Field Operations, US EOW: Thursday, October 7, 2021 Cause: COVID19</p> 		<p>Sergeant William Warren Gay Bibb County Sheriff's Office, GA EOW: Thursday, October 14, 2021 Cause: COVID19</p> 
	<p>Sergeant Logan Davis Iron County Sheriff's Office, MO EOW: Tuesday, September 28, 2021 Cause: COVID19</p> 		<p>Corporal Timothy Michael Tankley Alto Police Department, GA EOW: Friday, October 8, 2021 Cause: COVID19</p> 		<p>Deputy Constable Kareem Atkins Harris County Constable's Office - Precinct 4, TX EOW: Saturday, October 16, 2021 Cause: Gunfire</p> 
	<p>Sergeant Donald William Ramey Transylvania County Sheriff's Office, NC EOW: Wednesday, September 29, 2021 Cause: COVID19</p> 		<p>Corporal Dylan McCauley Harrison Alamo Police Department, GA EOW: Saturday, October 9, 2021 Cause: Gunfire</p> 		<p>Detective Rodney L. Mooneyham Denton Police Department, TX EOW: Saturday, October 16, 2021 Cause: COVID19</p> 
	<p>Corrections Lieutenant David W. Reynolds Butler County Sheriff's Office, OH EOW: Thursday, September 30, 2021 Cause: COVID19</p> 		<p>Master Trooper Adam Gaubert Louisiana State Police, LA EOW: Saturday, October 9, 2021 Cause: Gunfire</p> 		<p>Police Officer Yandy Chirino Hollywood Police Department, FL EOW: Sunday, October 17, 2021 Cause: Gunfire</p> 
	<p>Deputy Sheriff Teresa H. Fuller Wilson County Sheriff's Office, TN EOW: Thursday, September 30, 2021 Cause: COVID19</p> 		<p>Master Deputy William Edward Marsh Rowan County Sheriff's Office, NC EOW: Sunday, October 10, 2021 Cause: COVID19</p> 		<p>Police Officer Ryan Andrew Hayworth Knightdale Police Department, NC EOW: Sunday, October 17, 2021 Cause: Vehicular assault</p> 
	<p>Senior Inspector Jared Keyworth United States Department of Justice - United States Marshals Service, US EOW: Friday, October 1, 2021 Cause: Automobile crash</p> 		<p>Sergeant Michael D. Rudd La Paz County Sheriff's Office, AZ EOW: Monday, October 11, 2021 Cause: Vehicle pursuit</p> 		<p>Investigator Tracy Joe Dotson Dallas County District Attorney's Office, TX EOW: Tuesday, October 19, 2021 Cause: COVID19</p> 
	<p>Captain James Anthony Sisk Culpeper County Sheriff's Office, VA EOW: Friday, October 1, 2021 Cause: COVID19</p> 		<p>Deputy Sheriff Juan Miguel Ruiz Maricopa County Sheriff's Office, AZ EOW: Monday, October 11, 2021 Cause: Assault</p> 		<p>Trooper Ted L. Benda Iowa State Patrol, IA EOW: Wednesday, October 20, 2021 Cause: Automobile crash</p> 
	<p>Sergeant Nick Risner Sheffield Police Department, AL EOW: Saturday, October 2, 2021 Cause: Gunfire</p> 		<p>Detention Officer Anthony Nicoletti Mohave County Sheriff's Office, AZ EOW: Monday, October 11, 2021 Cause: COVID19</p> 		<p>Corporal Miguel Rodriguez Florida Department of Agriculture and Consumer Services - Office of Agricultural Enforcement, FL EOW: Thursday, October 21, 2021 Cause: COVID19</p> 
	<p>Police Officer Darrell Dewayne Adams Memphis Police Department, TN EOW: Saturday, October 2, 2021 Cause: Struck by vehicle</p> 		<p>Lieutenant William Oscar McMurtry, III Burke County Sheriff's Office, NC EOW: Monday, October 11, 2021 Cause: COVID19</p> 		<p>Deputy Sheriff Joshua J. Welge Sarasota County Sheriff's Office, FL EOW: Thursday, October 21, 2021 Cause: COVID19</p> 
	<p>Corrections Officer V Melissa Maldonado Texas Department of Criminal Justice - Correctional Institutions Division, TX EOW: Sunday, October 3, 2021 Cause: COVID19</p> 		<p>Deportation Officer Bradley K. Kam United States Department of Homeland Security - Immigration and Customs Enforcement - Office of Enforcement and Removal Operations, US EOW: Tuesday, October 12, 2021 Cause: COVID19</p> 		<p>Sergeant Richard Charles Howe Pittsburgh Bureau of Police, PA EOW: Thursday, October 21, 2021 Cause: COVID19</p> 
	<p>Group Supervisor Michael G. Garbo United States Department of Justice - Drug Enforcement Administration, US EOW: Monday, October 4, 2021 Cause: Gunfire</p> 		<p>Police Officer Ty Alan Powell Windsor Police Department, CO EOW: Wednesday, October 13, 2021 Cause: COVID19</p> 		<p>Trooper Dung X. Martinez Pennsylvania State Police, PA EOW: Thursday, October 21, 2021 Cause: COVID19</p> 
	<p>Police Officer Julio Cesar Herrera, Jr. Charlotte-Mecklenburg Police Department, NC EOW: Monday, October 4, 2021 Cause: COVID19</p> 		<p>Command Sergeant Richard Arnold McMahan Columbus Police Department, GA EOW: Wednesday, October 13, 2021 Cause: Heart attack</p> 		<p>Sergeant Michael David Dunn Amarillo Police Department, TX EOW: Friday, October 22, 2021 Cause: COVID19</p> 
	<p>Corrections Officer Vassar Richmond Bartlett Police Department, TN EOW: Monday, October 4, 2021 Cause: COVID19</p> 		<p>Police Officer Jason Belton Erie Police Department, PA EOW: Sunday, October 24, 2021 Cause: COVID19</p> 		<p>Corrections Officer V Thomas Scott Collora Texas Department of Criminal Justice - Correctional Institutions Division, TX EOW: Tuesday, October 5, 2021 Cause: COVID19</p> 



Police Officer Stephen Evans
Burns Police Department, KS
EOW: Monday, October 25, 2021
Cause: Automobile crash



Police Officer Thomas Kristopher Hutchison
Haltom City Police Department, TX
EOW: Wednesday, October 27, 2021
Cause: COVID19



Lieutenant David Formeza
Perth Amboy Police Department, NJ
EOW: Thursday, October 28, 2021
Cause: COVID19



Police Officer Tyler Timmins
Pontoon Beach Police Department, IL
EOW: Tuesday, October 26, 2021
Cause: Gunfire



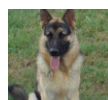
Staff Sergeant Jesse Sherrill
New Hampshire State Police, NH
EOW: Thursday, October 28, 2021
Cause: Automobile crash



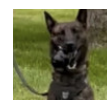
K9 MEMORIAL



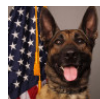
K9 Figo
Cullman County Sheriff's Office, AL
EOW: Tuesday, January 5, 2021
Cause: Automobile crash



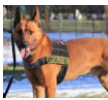
K9 Jaeger
Stephens County Sheriff's Office, OK
EOW: Friday, May 14, 2021
Cause: Fall



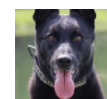
K9 Riggs
Oakland County Sheriff's Office, MI
EOW: Friday, August 13, 2021
Cause: Heart attack



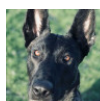
K9 Riley
Sacramento County Sheriff's Department, CA
EOW: Monday, January 18, 2021
Cause: Gunfire



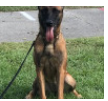
K9 Kitt
Braintree Police Department, MA
EOW: Friday, June 4, 2021
Cause: Gunfire



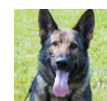
K9 Ivar
Livingston Parish Sheriff's Office, LA
EOW: Friday, August 20, 2021
Cause: Heatstroke



K9 Luna
Duluth Police Department, MN
EOW: Thursday, February 25, 2021
Cause: Gunfire



K9 Zena
Cocoa Police Department, FL
EOW: Wednesday, June 23, 2021
Cause: Heatstroke



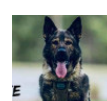
K9 Axel
Kent County Sheriff's Office, MI
EOW: Saturday, August 28, 2021
Cause: Duty related illness



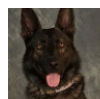
K9 Joker
Indian River County Sheriff's Office, FL
EOW: Wednesday, April 21, 2021
Cause: Training accident



K9 Max
St. Joseph Police Department, MO
EOW: Wednesday, June 30, 2021
Cause: Gunfire



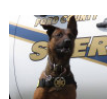
K9 Duke
Virginia State Police, VA
EOW: Monday, August 30, 2021
Cause: Heatstroke



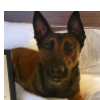
K9 Kozmo
Mesquite Police Department, TX
EOW: Monday, April 26, 2021
Cause: Assault



K9 Jas
Savannah Police Department, GA
EOW: Sunday, July 25, 2021
Cause: Automobile crash



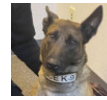
K9 Kyra
Ford County Sheriff's Office, KS
EOW: Monday, September 6, 2021
Cause: Duty related illness



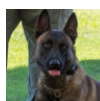
K9 Jango
Bakersfield Police Department, CA
EOW: Tuesday, April 27, 2021
Cause: Gunfire



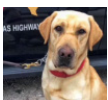
K9 Rex
Michigan State Police, MI
EOW: Sunday, July 25, 2021
Cause: Vehicular assault



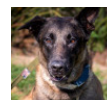
K9 Tito
Eufaula Police Department, OK
EOW: Wednesday, September 15, 2021
Cause: Heatstroke



K9 Khan
Monroe County Sheriff's Office, GA
EOW: Friday, May 14, 2021
Cause: Heatstroke



K9 Byrd
Texas Department of Public Safety - Texas Highway Patrol, TX
EOW: Tuesday, August 3, 2021
Cause: Heatstroke



K9 Rogue
Cedar Park Police Department, TX
EOW: Monday, November 8, 2021
Cause: Heart attack



A POLICEMAN'S PRAYER

Saint Michael, heaven's glorious commissioner of police, who once so neatly and successfully cleared God's premises of all its undesirables, look with kindly and professional eyes on your earthly force.

Give us cool heads, stout hearts, and uncanny flair for investigation and wise judgment.

Make us the terror of burglars, the friend of children and law-abiding citizens, kind to strangers, polite to bores, strict with law-breakers and impervious to temptations.

You know, Saint Michael, from your own experiences with the devil, that the police officer's lot on earth is not always a happy one; but your sense of duty that so pleased God, your hard knocks that so surprised the devil, and your angelic self-control give us inspiration.

And when we lay down our night sticks, enroll us in your heavenly force, where we will be as proud to guard the throne of God as we have been to guard the city of all the people.

Amen.



Most Wanted Fugitives



**Rafael
Caro-Quintero**

Wanted for the following alleged federal violations: Kidnapping and murder of a federal agent violent crimes in aid of racketeering, aiding and abetting, accessory after the fact. Also wanted for: possession with intent to distribute marijuana and cocaine, murder, operating a continuing criminal enterprise.



**Kenny Jing Ang
Chen**

Wanted for the following alleged federal violations: Conspiracy to Distribute Heroin, 21 USC 846; Aid & Abet Distribution of Heroin, 841 (a)(1) and 18 USC 2; Aid & Abet Carrying of Firearm During Drug Trafficking, 18 USC 924(c)(1); Use of Minors in Drug Trafficking, 21 USC 861(a)(1).



**Jesus Alfredo
Guzman-Salazar**

Wanted for the following alleged federal violations: Conspiracy to Possess with Intent to Distribute Controlled Substance; Attempt/ Conspiracy-Controlled Substance-Import/ Export with Intent to Distribute



**Yulan Andony
Archaga Carias**

Wanted for the following alleged federal violations: Cocaine importation; racketeering conspiracy; possession and conspiracy to possess machine guns



**Ismael Zambada
Garcia**

Wanted for the following alleged federal violations: The following alleged Federal Drug Violations: 1) 18 USC Sec 1962 (d) RICO Conspiracy; 2) 21 USC 846 and 841 (a)(1) Conspiracy to Possess Controlled Substance, over 5 kilograms of cocaine and over 1000 kilograms of marijuana; 3) 21 USC 963952(a) and 960(a)(b) (1)(B) and (G); Conspiracy to import a controlled substance, over 5 kilograms of cocaine and over 1,000 kilograms of marijuana; 4) 18 USC 1956 Conspiracy to launder money instruments; 5) 18 USC 2 & 924(o) Conspiracy to possess firearms in furtherance of drug trafficking crimes and aid and abet; 6 thru 10) 18 USC 2 & 1959(a)(1)&(5); Violent Crimes in aid of racketeering activity and aiding and abetting; 11) 21 USC 848 (e)(1)(A) Murder while engaging in or working in furtherance of a continuing criminal enterprise or drug trafficking; 12) 21 USC 848(b) (1) and (2)(A) Engaging in a continuing criminal enterprise in furtherance of drug trafficking; 13) 18 USC 956 Conspiracy to kill in a foreign country; and (14) 18 USC 2 & 1201 Kidnaping and aiding and abetting.



Julio Alex Diaz

Wanted for the following alleged federal violations: 21 USC 846 Conspiracy to Possess with Intent to Distribute heroin, fentanyl, and cocaine.



**Nemesio Osegura-
Cervantes**

Wanted for the following alleged federal violations: 21 USC 846 21 USC 963 21 USC 959 21 USC 841 21 USC 924



**Rommel Pascua
Cipriano**

Wanted for the following alleged federal violations: Distribution



**Dario Antonio
Usuga David**

Wanted for the following alleged federal violations: Title 21 USC 848, Cocaine



SOLDIER'S BEST ★ FRIEND

Touching 2 Lives at Once

