



COMMUNITY POLICING in Snohomish County

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John Lovick– *Some Remarks from the New Sheriff*

One of the best ways for a leader to learn a new job is to be out with the people doing the day-to-day work.

I've taken several opportunities to do that since becoming sheriff, including the other day when temperatures dipped very low overnight creating an icy commute the following morning. On my way to work like everyone else I spotted the spin outs and fender benders in the south county area.

Deputies were swamped that morning with one call after another involving minor accidents caused by the ice, so I got out of my car to help direct traffic. Despite the cold – and it was very cold! – I was honored to be in uniform and working with our deputies.

That cold morning served as yet another reminder of how proud I am of the deputies who serve us every day and how honored I am to be your Sheriff.

Our Goals and Priorities. My command staff and I have been working hard to define and prepare to put into action our short-term and long-term goals. Let me share with you some of our goals and priorities for 2008.

Some of the work you can expect to see this year includes crime prevention and education - especially when it comes to property crimes that impact our daily quality of life. Crime prevention may not be the most glamorous aspect of law enforcement, but I believe one crime is one crime too many. And if you've been a victim of any crime, whether it was a stolen car or a

burgled home, I think you'll agree with me.

Our deputies and detectives are working hard to find and arrest those prolific criminals who cause the most harm – the ones who do this for a "living." We believe we can solve more cases and prevent crimes by approaching the problem from this angle. Already, we've seen an increase in the number of solved property crimes cases, and we're working to improve that number.

Community outreach is another major priority of mine and we'll be focusing resources in this area in the months to come. The goal is to make certain we're connecting with all of you, truly hearing your concerns, keeping you updated on issues that involve you and your neighbors, and putting the best solutions into practice. I'll share more about this priority with you in future newsletters.

And look for improvements to our Web site later this year. We want to make it more accessible and stocked with the type of information you're looking for, whether it's about why our helicopter was flying over your neighborhood last night or how to form your own neighborhood block watch.

Whether I am attending community events or out with deputies directing traffic during an icy morning commute, I will always remember that my purpose as sheriff is to make our community a better place to live, work and play.

Drugs— Reporting Drug Activity

Drug activity is dangerous in our neighborhoods. The Snohomish Regional Drug Task Force is interested in any reports of drug activity in the county.

If you observe drug activity, do not put yourself in a position where you can be confronted by drug suspects. Also do not gather information in a way that violates the law or puts your family at risk.

If you see drug activity in progress call 911 and ask to talk to a deputy.

If you have a tip about suspected drug activity, such as a drug house, go to:

<http://www.srdtf.org/Tips.htm>

To make a case against drug dealers the police need details about the activity and the people around the drug activity. The link above gives suggestions about the type of information that the police can use.

Drugs— An Introduction

In the early 2000's meth (Methamphetamine) labs were the biggest concern of law enforcement agencies and the public in Snohomish County. With many meth labs contaminating houses, apartments, vehicles, and even a variety of wooded locations something had to be done. A new state law controlling the way pseudoephedrine is distributed to the public has reduced the number of meth labs in the county.

Meth remains a concern in the county, but the method distribution has moved from local labs to gangland organizations. Like with many crimes, government blocked a method to manufacture and distribute an illegal drug and the criminals found a new way to conduct their crime.

Also, over time, the popularity of drugs changes. In 2006, a survey of male and female inmates in the Snohomish County jail was conducted. It showed that marijuana, cocaine and meth were the three top drugs used by inmates (The Herald- <http://heraldnet.com/article/20061218/NEWS01/612180720>)

While these drugs remains a concern of county drug enforcement organizations, prescription drugs, especially Oxycontin, have increased in use.

Drug use, and more importantly drug addiction, often is associated with crime. Drug users often conduct property crimes, burglaries, car thefts,

car prowls, or ID theft to support their drug habit. Sometimes people addicted to specific drugs do specific crimes. Meth addicts often do ID theft.

In 2007, several homicides have been associated with gangs marketing drugs, especially gangs from British Columbia involved in the marijuana trade (The Herald- <http://heraldnet.com/article/20080114/NEWS01/365298273&news01ad=1>)

Not only does the criminal activity around drugs affect society, the addiction to drugs affects the individuals who take them. Often addicts have to steal property or identities to support their habits. Also, the drugs take a toll on the bodies of those that take them. Meth use can cause malnutrition, paranoia, kidney damage, increased blood pressure. Marijuana can cause impaired short-term memory, coordination and balance as well as paranoia, and long term memory problems.



Indoor marijuana "grow"



Drugs– Oxycontin & Prescription Drugs

Abuse of prescription drugs can be easier than many other controlled substances such as marijuana, meth, heroin or cocaine. An abuser can take prescription medicine from the medicine cabinet of a family member or friend, can get several prescriptions for the drug of choice from several doctors or can purchase prescription drugs from several online pharmacies. This can be much easier than trying to purchase some marijuana or meth from a local drug pusher.

Teens in search of euphoria often get involved with prescription drugs because of this ease of access. Also, prescription drugs are not perceived as dangerous. Many teens have had drugs prescribed for them by a doctor for legitimate reasons and assume that since they did not feel any ill effects that prescription drugs are not harmful. They do not realize that the drugs are recommended in a controlled circumstance in order to reduce their harm as well as to provide a benefit.

According to the Drug Enforcement Administration, parents are less likely to talk to their children about the harm of prescription drugs than they are about meth, heroin, marijuana or even alcohol.

One popular prescription drug is OxyContin (Oxycodone). Doctors prescribe OxyContin to relieve moderate to severe pain from injuries, dislocations, fractures, arthritis, lower back pain and cancer. It's ac-

tive ingredient, Oxycodone, comes in time released tablets or immediate release tablets.

Introduced in 1996, OxyContin quickly became popular for abuse. Street names often include OC, OX, Oxy, Oxycotton, Hillbilly heroin and kicker.

Short term effects include inability to feel pain, sedation, euphoria, feelings of relaxation. The major short term risk is respiratory depression, or reduced availability of oxygen to vital organs, possibly leading to death. Side effects include constipation, nausea, sedation, dizziness, vomiting, headache, dry mouth, sweating and weakness.

Abuse can lead to physical dependence and tolerance. The body adapts to the presence of the drug and withdrawal symptoms occur if the it is reduced or stopped. Continued use causes the user to take higher doses to achieve the same initial effects.



Two examples of OxyContin tablets

Prescription Drugs- Protecting Your Teen

Here are some suggestions from The National Youth Anti-Drug Media Campaign on preventing prescription drug abuse by your teen:

- *Safeguard all drugs at home. Monitor quantities and control access.*
- *Set clear rules for teens about all drug use, including not sharing medicine and always following the medical provider's advice and dosages.*
- *Be a good role model by following these same rules with your own medicines.*
- *Properly conceal and dispose of old or unused medicines in the trash.*
- *Ask friends and family to safeguard their prescription drugs as well.*

For more information go to:

[http://
www.theantidrug.com/
drug_info/](http://www.theantidrug.com/drug_info/)



Marijuana– Symptoms of Use

Here are some signs that someone is using marijuana from The Anti-Drug.com:

- *Forgetfulness in conversation.*
- *Inflammation in whites of eyes; pupils unlikely to be dilated.*
- *Odor similar to burnt rope on clothing or breath.*
- *Brown residue on fingers.*
- *Tendency to drive slowly - below speed limit.*
- *Distorted sense of time passage - tendency to overestimate time intervals.*
- *Use or possession of paraphernalia including roach clip, packs of rolling papers, pipes or bongs.*
- *Marijuana does have a distinct odor and may be the same color or a bit greener than tobacco.*

Drugs– Marijuana

Marijuana has been with us for a long time. Gaining publicity in the 1960's and 1970's, the potency of marijuana's active ingredient, THC, has increased in recent years.

According to mfiles.org, marijuana is the most abused illicit drug in the United States. Of the approximately 16 million illicit drug users, 77% (12.2 million) use marijuana. 5.6 million Americans suffer from dependence on illegal drugs. Of those 62% are dependant on marijuana. More young people are in treatment for marijuana dependency than for alcohol or for all other illegal drugs combined.

Marijuana is made up of a dry, shredded green/brown mix of flowers, stems, seeds and leaves of the Cannabis sativa plant.

Most commonly marijuana is smoked either as a cigarette (joint) or in a pipe (bong). It also can be smoked in a cigar that has had the original tobacco replaced with marijuana and sometimes combined with another drug called a blunt. Marijuana smoke has a distinctive pungent, often sweet and sour odor.

It is sometimes mixed with food (marijuana brownies) or brewed as a tea.

The short term effects of marijuana begin almost immediately after the drug enters the brain and can last from 1 to 3 hours. Within a few minutes of inhaling the smoke, the heart rate increases by 20 to 50 beats per

minute, the bronchial passages relax and become enlarged, and the eyes' blood vessels expand, making them look red. The user will feel euphoric or "high". The user may experience pleasant sensations, colors and sounds seem more intense, time appears to pass very slowly.

The user's mouth may feel dry. They may suddenly feel hungry and thirsty. Their hands may tremble and grow cold. As the euphoria passes, the user may feel sleepy or depressed. Occasionally, marijuana use produces anxiety, fear, distrust or panic.

Long term effects include the same respiratory problems as tobacco smokers– daily cough and phlegm production, more frequent chest illnesses, heightened risk of lung infections, and a greater tendency of obstructed airways. Some studies suggest that marijuana smoke might be more likely to cause cancer than tobacco smoke possibly because it has 50 to 70 percent more carcinogenic hydrocarbons than does tobacco smoke. Also, marijuana damages short term memory.

Marijuana is a serious enough drug that it's use should be a cause for concern. For more information go to:

The Anti-Drug-

http://www.theantidrug.com/drug_info/drug-info-marijuana.asp

Drug Enforcement Agency-

<http://www.usdoj.gov/dea/concern/>



Drugs– Cocaine

Cocaine is one of the oldest and highly addictive drugs in the US. Cocaine hydrochloride, the pure chemical, has been abused for over 100 years. Coca leaves, the source of cocaine, have been ingested for thousands of years.

Cocaine is a Schedule II drug which means it has a high potential for abuse, but can be administered by a doctor for certain medical uses such as anesthesia for some eye, nose and throat surgeries.

Cocaine comes in two forms. Hydrochloric salt, the powdered form, that dissolves in water and can be taken intravenously, or through the nose. Freebase cocaine, or crack, has been neutralized with an acid to make hydrochloride salt. Freebase cocaine is smoked.

On the street, cocaine is sold as a fine white crystalline powder. It's street names include "coke," "C," "snow," "flake," or "blow." Cocaine dealers dilute it with inert substances such as cornstarch, talcum powder, and/or sugar or with active drugs such as procaine (a local anesthetic) or a stimulant such as amphetamines.

In the short term, cocaine's effects take place almost immediately and last a few minutes or hours. Small amount can make the user feel euphoric, energetic, talkative, and mentally alert especially to sight, sound and touch. Other short term effects include increased heart rate and blood pressure, constricted blood vessels, increased temperature, and

dilated pupils.

Long term effects include tolerance to the drug where the user does not experience the same high on subsequent doses as on the first dose. Some users will increase their doses to intensify and prolong the euphoria.

Taking the drug repeatedly and in higher doses leads to increasing irritability, restlessness, and paranoia.

The medical consequences of prolonged cocaine abuse can be severe. They include, cardiovascular effects such as disturbances in heart rhythm and heart attacks, respiratory effects—chest pain, respiratory failure, neurological effects—strokes, seizures, headaches, gastrointestinal complications- stomach pain, nausea.

Research has shown that combining cocaine and alcohol to be a very dangerous mixture. Taken together they create a chemical called cocaethylene in the body. Cocaethylene stays longer in the brain and is more toxic than either drug alone. Mixing cocaine and alcohol is the most common two-drug combination that results in drug related death.



Cocaine

Cocaine– Symptoms of Use

- *Extremely dilated pupils*
- *Dry mouth and nose, bad breath, frequent lip licking.*
- *Excessive activity, difficulty sitting still, lack of interest in food or sleep.*
- *Irritable, argumentative, nervous.*
- *Talkative, but conversation often lacks continuity. Changes subjects rapidly.*
- *Runny nose, cold or chronic sinus/nasal problems, nose bleeds.*
- *Use or possession of paraphernalia including small spoons, razor blades, mirror, little bottles of white powder and plastic, glass or metal straws.*



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**1-800-
CRIME-13**

Tip Lines:

- Phone:
425-388-3845
- Sheriff's Website:
[http://
www.co.snohomish.wa.us/
/SheriffRpts/
AnonymousTips/
default.htm](http://www.co.snohomish.wa.us/SheriffRpts/AnonymousTips/default.htm)

Drugs– For More Information

For more information on drugs you can go to the following web sites:

Snohomish Regional Drug Task Force-

<http://www.srdtf.org/index.htm>

Mfiles-

<http://www.mfiles.org/>

National Institute on Drug Abuse-

[http://www.nida.nih.gov/
NIDAHome.html](http://www.nida.nih.gov/NIDAHome.html)

Drug Enforcement Agency-

<http://www.usdoj.gov/dea/index.htm>

The Partnership for a Drug Free America-

<http://www.drugfree.org/>

Parents The Anti-Drug-

<http://www.theantidrug.com/>

Free Vibe-

<http://www.freevibe.com/>