

Northwest Evaluator

The Pacific Northwest
Drug Recognition Expert Newsletter



INSIDE

Coordinator Comments
Page 1

Khat Concerns Rise as
Use in U.S. Grows

Top Three Substances
Abused by Teens

This is Your Mom on Drugs:
Aging Doesn't Stop Drug Use
Page 2

Ecstasy Mimic Tablets
in Portland, Oregon

Parents go to Dogs to Monitor
Children's Drug Use
Page 4

Most Common Source of
Prescription Amphetamines
and Narcotics Used
Nonmedically by 12th Graders

Admissibility of Urine
Testing in a Drug-DUII
Page 5



COORDINATOR COMMENTS by Senior Trooper Michael Iwai

172 DREs attended the 2009 DRE In-service, which was held at the Oregon Public Safety Academy (OPSA) in Salem, Oregon, on March 16 and 17. Several presenters participated in this year's in-service and all received high remarks. Doctor Jack Richman from Hingham, Massachusetts, was the highlight of the training. His presentation on Pharmacology for Law Enforcement: How Drugs Create the Eye and Physical Signs of Impairment was excellent. Chuck Hayes (IACP), Deena Ryerson (DOJ), and Loree Fogleman (OSP) were the other outstanding presenters that took time out of their busy schedules to better Oregon's DEC Program.

Unfortunately, Oregon DREs will not have the updated student and instructor manuals for the 2009 DRE School. Please familiarize yourselves with the curriculum changes as this new information will be taught at the 2009 DRE School. All changes will go into effect at the time of the annual DRE School and every DRE will be provided with the new DRE face sheet.

The annual DRE School is scheduled for April 28 through May 8, 2009, at the Oregon Military Academy in Monmouth, Oregon. Also, DRE field certifications have been scheduled for May 27 through May 31 and June 3 through June 7, 2009, in Portland, Oregon. DRE Instructors and DRE trackers are needed. An additional day has been scheduled for the administration of the DRE final knowledge examination. Please contact Laura Steward at Laura.Steward@state.or.us for field certification participation.

DREs please contact me ahead of time when teaching SFST refreshers, SFST, DID, and DITEP classes so I can track what classes you're providing to law enforcement and to your communities.

As always, be safe and I appreciate your hard work and dedication to the program.

KHAT CONCERNS RISE AS USE IN U.S. GROWS

To many immigrants from Africa, the mildly narcotic drug khat is viewed as no more harmful than a cup of coffee, but U.S. law-enforcement officials are concerned that the "flower of paradise" is a growing drug threat, the Los Angeles Times reported Jan. 3.

Residents of the Ethiopian, Somali, and Yemeni communities in places like Washington, D.C., chew dried khat leaves socially, and use is accepted even though khat is illegal in the U.S. "It is a very touchy subject. Some people see it like a drug; some people see it like coffee," said Abdulaziz Kamus, president of the African Resource Center in Washington, D.C. "You have to understand our background and understand the significance of it in our community."

Anti-khat law enforcement has been increased as demand for the drug has grown in immigrant communities in D.C. and San Diego. The main active ingredient in khat, cathinone, is banned in 28 states and the federal government. The World Health Organization says the drug can be addictive and lead to psychological and social problems as well as high blood pressure, insomnia, anorexia, constipation, and malaise.

"It is not coffee. It is definitely not like coffee," said Garrison Courtney, a spokesman for the U.S. Drug Enforcement Administration. "It is the same drug used by young kids who go out and shoot people in Africa, Iraq and Afghanistan. It is something that gives you a heightened sense of invincibility, and when you look at those effects, you could take out the word 'khat' and put in 'heroin' or 'cocaine'."

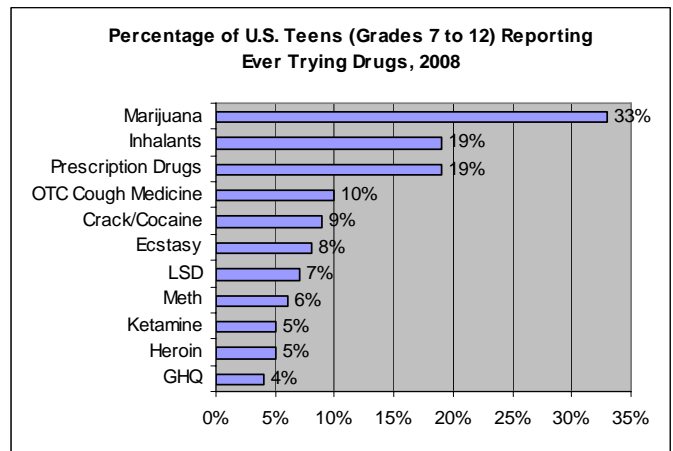
U.S. officials also worry that refined versions of khat could emerge, as they have in Israel.

Some traditional khat-using communities condemn the restrictions, while others welcome attempts to control khat because of its links to domestic abuse and other family problems. "I have seen what it does," said Starlin Mohamud, a Somali immigrant writing a dissertation on khat at San Diego State University. "Families who are trying to make ends meet on a daily basis cannot afford it. It just creates so many problems between a husband and wife to the point where a broken family is going to be the result."

Information obtained from Join Together
News Summary January 9, 2009

MARIJUANA, INHALANTS, AND PRESCRIPTION DRUGS ARE TOP THREE SUBSTANCES ABUSED BY TEENS

More teens report abusing prescription drugs and inhalants than any illicit drug except marijuana, according to data from the recently released Partnership Attitude Tracking Study (PATS). Marijuana continues to be the most prevalent drug used among this population, with nearly one-third of teens reporting having ever tried marijuana in their lifetime. The next two most prevalent substances abused, however, are substances that are not illegal when used as directed, and are often readily available in teens' households. Nearly one in five (an estimated 4.7 million) teens have ever abused inhalants and the same number report abusing prescription drugs. In addition, 10% of teens (an estimated 2.5 million) have ever abused over-the-counter cough medicines—approximately the same percentage who have ever used crack/cocaine or ecstasy (see figure below). Perceived risk and availability may help explain the prevalence of prescription drug abuse—41% of teens thought that prescription drugs are much safer to use than illegal drugs and 61% reported that prescription drugs are easier to get than illegal drugs.



Information obtained from Cesar Fax
March 9, 2009, Vol. 18, Issue 9

THIS IS YOUR MOM ON DRUGS: AGING DOESN'T STOP DRUG USE

It's the kind of tongue-in-cheek concept that might have percolated out of the subversive imagination of R. Crumb, underground cartoon chronicler of the 1960s. Grandma and Grandpa are passing the time in their rockers—and passing a joint back and forth as they recall their youthful marijuana-smoking days in Haight-Ashbury. In fact, according to three investigators at the National Institute on Drug Abuse, the image is no joke.

Writing in the journal *Neuropsychopharmacology*, Gayathri J. Dowling, Susan R. B. Weiss and Timothy P. Condon warn that many aging baby boomers, long accustomed to using illicit drugs for recreation and medicinals of all kinds for treating whatever ails them, will carry their love affair with drugs into old age. Medicine is only beginning to appreciate the consequences.

The baby boomers, the generation born between 1946 and 1964, make up 29 percent of the U.S. population today. By 2030 this “pig in the python” of the nation’s age-distribution profile will swell the number of people aged 65 and older to 71 million. The baby boomers, of course, became well known in the 1960s for their significantly higher use of illicit drugs than that of preceding generations. At one time, investigators were convinced that as people aged, they would “grow out of” the use of recreational drugs. There is little evidence that any such thing has taken place today.

Dowling and his colleagues cite hospital data that record the number of people aged 55 and older who sought emergency-room treatment and mentioned using various drugs. The number of cocaine mentions rose from 1,400 in 1995 to almost 5,000 in 2002, an increase of 240 percent. Similarly, mentions of heroin increased from 1,300 to 3,400 (160 percent), marijuana from 300 to 1,700 (467 percent) and amphetamine from 70 to 560 (700 percent).

Data from the National Survey on Drug Use and Health corroborate those trends. In 2002 some 2.7 percent of adults between 50 and 59 admitted to illicit drug use at least once in the preceding year. By 2005 that number had increased significantly, to 4.4 percent. The investigators attribute the rise to the aging baby boomers, as well as to enhanced longevity coupled with people’s tendency to retain their long-held patterns of drug use as they grow older. Those numbers will put substantial new strains on the medical system: by one estimate, the number of adults aged 50 and older treated for drug abuse will rise from 1.7 million in 2000 and 2001 to 4.4 million in 2020.

Of most concern to Dowling and his colleagues are the effects of drug abuse on the brain. The systems most affected are the ones involving the neurotransmitters dopamine, serotonin and glutamate, and all three systems change with age. The ability of receptors to bind dopamine, for instance, declines with age, and those declines

often lead to some loss of motor and cognitive functioning. Cocaine users and the elderly exhibit similar brain changes, so seniors who use cocaine could be compounding the damage.

Intriguingly, the so-called cannabinoid system, which mediates the effects of marijuana in the brain, reduces addictive behavior in aging mice that have been genetically altered to crave alcohol. As the mice age, the cannabinoid receptor binds less frequently to a specific protein, which seems to diminish the animals’ taste for alcohol. No one knows how aging may alter the cannabinoid system in people, but the system has wide-ranging effects on appetite, memory, addiction, and the perception of pain and pleasure.

Aging also leads to changes in metabolic rates and, in particular, in the processes whereby a drug is absorbed, distributed, metabolized and eliminated. The changes can lead to what Dowling and his colleagues call “devastating consequences” from the use of alcohol as well as from the abuse of medicines and illicit drugs. As older bodies become lean, water content is reduced and kidneys become less efficient; the concentration of a drug in the blood can remain high for a much longer time than it does in a younger person. That, in turn, poses the additional risk of adverse drug interaction, as high concentrations of various substances overlap in the blood.

The increased health risks become particularly hard to assess in connection with abused drugs because of the ethical bind it imposes on physicians. If a patient reports drug use, a doctor should include that fact in the patient’s notes because of its potential effects on future treatment. But despite privacy protections under the law, many physicians hesitate to do so for fear of insurance and legal complications. For those reasons (and perhaps others), medical personnel are reluctant to question their patients’ drug use, according to Dowling and his colleagues. Consequently, serious problems may go untreated.

In spite of what can be inferred about the effects of drugs on the aged, relatively little has been studied systematically. That lack of attention traces directly to the traditional—and now demonstrably false—assumption that the elderly do not abuse drugs, particularly illicit drugs. But the nation may soon discover that the pig will move more painfully through the python than anyone could have imagined.

ECSTASY MIMIC TABLETS IN PORTLAND, OREGON

The Portland Metro Forensic Laboratory of the Oregon State Police recently received 18 vibrantly colored tablets of five different types, all suspected Ecstasy (see Photos below). The exhibits were seized in Portland by the Portland Police Department, incidental to a stop for a traffic violation and subsequent consent search. The tablets were mixed together; there were six round orange tablets imprinted with an Interstate 5 shield logo (total net mass 1.7 grams), four green tablets, shaped and imprinted to resemble a "Transformer" (total net mass 1.1 grams), four round purple tablets imprinted with an JL Audio logo (total net mass 1.2 grams), three pink tablets, shaped and imprinted to resemble the head of Bart Simpson (total net mass 0.8 grams), and one round blue tablet imprinted with the Superman logo (total net mass 0.2 grams).



The Transformer and Bart Simpson tablets were very detailed and well-pressed, and more resembled candies or children's chewable vitamins as opposed to typical Ecstasy tablets. Analysis by color tests (Marquis and nitroprusside), GC/MS, and UV, however, indicated not MDMA but rather a 1:1 mixture of benzylpiperazine (BZP) and trifluoromethylphenylpiperazine (TFMPP) for the orange, green, purple and blue tablets, and a 1:2 mixture of BZP and

TFMPP for the pink tablets. The piperazines were not formally quantitated, but were present in a moderate to high loading based on the TIC and UV. The laboratory has received numerous Ecstasy mimic tablets containing this piperazine mixture over the past year, but never before in these unusual tablet shapes. Since this initial submission, the laboratory received an exhibit containing another 30 of the green Transformer-shaped and imprinted tablets, also containing the 1:1 mixture of BZP and TFMPP.

Information obtained from Microgram Bulletin
December 2008

PARENTS GO TO DOGS TO MONITOR CHILDREN'S DRUG USE

A New Jersey company is renting drug-sniffing dogs to parents concerned about their children's possible use of illicit drugs, [ABC News](#) reported Oct. 22.

The company, called [Sniff Dogs](#), employs five dogs trained to detect marijuana, heroin, cocaine, crystal meth and ecstasy. The service was started this year as a way for parents to determine whether their home is drug-free.

Company officials say that avoiding the kind of confrontation that often comes with a drug test is one of selling points for the service, which costs \$200 per hour. "Most kids will deny it and then where do you turn?" said Pat Winterstein of Washington, N.J., who used the company's dogs to search her teenagers' bedrooms. "Not knowing is worrisome. It's nice to know you can have something you can turn to."

Some psychologists, however, say home surveillance can be damaging to parent-child relations. "There are major repercussions for this type of intervention," said Neil Bernstein, a Washington, D.C.-based clinical psychologist, who said that such snooping "erodes trust and goodwill."

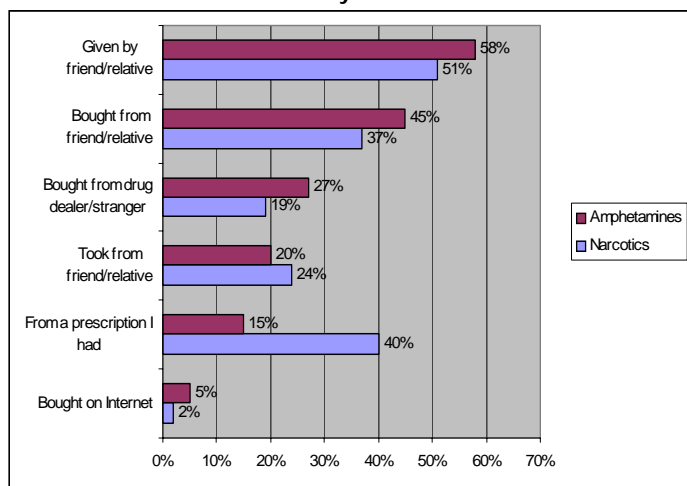
Some parents also are tracking their kids using global positioning system devices that can be sewn into clothing -- the devices can provide information on location as well as how fast teens are driving -- as well as software that allows parents to read text messages.

Information obtained from Join Together
News Summary October 24, 2008

Most Common Source of Prescription Amphetamines and Narcotics Used Nonmedically by 12th Graders

Friends and family are the most common source of prescription amphetamines and narcotics used by high school seniors without a doctor's orders, according to data from the national Monitoring the Future Survey. More than one-half of 12th graders who used these prescription drugs nonmedically in the past year reported getting them for free and more than one-third reported buying them from a friend or relative. While "clearly the informal network of relatives and friends play a major role in the distribution of these prescription drugs to young users," high school seniors also report getting prescription drugs from other sources, such as from drug dealers or buying them on the internet. Of particular interest is that 40% of 12th graders who had used their prescription narcotics nonmedically reported obtaining the drugs from a prescription they already had, compared to only 15% of those using prescription amphetamines nonmedically.

Source of Prescription Drugs Used Nonmedically in the Past Year by U.S. 12th Graders



Information obtained from Cesar Fax
Vol. 18, Issue 4

Admissibility of Urine Testing in a Drug-DUII

By Deena Ryerson

Oregon Impaired Driving Resource Prosecutor

Just recently, the task of offering the results of a urine test into evidence in a drug-DUII became much more difficult. In *State v. Tripathi*, ___ Or App ___ (March 19, 2009), the Oregon Court of Appeals held that, unlike the chemical analysis of a person's breath or blood, the results of a urine test are not admissible without a scientific foundation under OEC 702. This means that, for the foreseeable future, the

offer of a urine test result in a drug-DUII trial will require testimony by a criminalist regarding the reliability of the scientific technique used to analyze the sample.

ORS 813.131 governs urine testing under the implied consent law. After a person has been arrested for DUII, a police officer may request a urine sample if the officer has reasonable suspicion to believe that the person is under the influence of a controlled substance and the officer has completed eight hours of drug and impaired driving training provided by the Department of Public Safety Standards and Training. ORS 813.131(4) provides that chemical analysis of a urine sample "be performed in an accredited or licensed toxicology laboratory." In *Tripathi*, the court held that this language was not sufficient to dispense with the foundational requirements ordinarily necessary for scientific evidence to be admissible in court. The court stated that, if the legislature had intended to legislate the admissibility of urine test results, it would have enacted language similar to ORS 813.300, which establishes the requirements for the admission of breath and blood evidence.

So, how do you lay the foundation for admitting a urine test result as scientific evidence? First, refer to *State v. OKey*, 321 Or 285 (1995) and *State v. Brown*, 297 Or 404 (1984) for a list of factors relevant to whether the results of a particular test can be admitted as scientific evidence. Second, talk to the forensic scientist at the lab that performed the urinalysis. Discuss the protocol that the lab follows when completing a urinalysis and go over the questions you intend to ask the toxicologist at trial. As the trial approaches, the defense may even be prevailed upon to stipulate to the *Brown/Okey* foundation in order to expedite the trial.

The Appellate Division has not yet decided whether to petition the Supreme Court for review of *Tripathi*. The good news, however, is that this is a legislative year and efforts are being made to add language to ORS 813.131 that would declare urine test results to be admissible as evidence without the need for a *Brown/Okey* foundation in every case. In the meantime, please notify me if a trial court finds the testimony provided by a state criminalist in a particular case insufficient to establish the reliability of urine testing performed by the crime lab – an appeal might be necessary.

On a related issue, in *State v. Fong*, ___ Or. App. ___, (March 19, 2009), the court held that the crime lab is not required to do quantitative testing of blood samples. Defense witness, Dr. Ray Grimsbo, has long contended that qualitative testing should be required.

Oregon Drug Evaluation Classification Program
Oregon State Police
255 Capitol Street NE 4th Floor
Salem, Oregon 97310

The "NW Evaluator" is edited and published by the Oregon Drug Evaluation Classification Program and the Oregon State Police Patrol Services Division. It is available online at www.oregon.gov/ODOT/TS/dre.shtml. All materials appearing in the NW Evaluator are in the public domain and may be reproduced without permission. Citation of the source is appreciated.



**15TH ANNUAL IACP
"Drugs, Alcohol, &
Impaired Driving Conference"**

**August 8 – 10, 2009
Little Rock, Arkansas**

For more information, visit the conference website at www.decp.org