June 2006
Volume 10
Issue 2

Northwest Evaluator

**The Pacific Northwest
Drug Recognition Expert Newsletter**

INSIDE

COORDINATOR COMMENTS

by Sergeant Timothy Plummer

Just a few short comments on the activities Oregon DREs were involved in during the last quarter.

During the month of March the Oregon Department of Justice along with the Oregon District Attorney's Association and the Oregon Department of Transportation – Transportation Safety Division sponsored "Protecting Lives, Saving Futures," DRE/SFST training for prosecutors and police officers.

April brought the first installment of the Train the Trainer course for the Intoxilyzer 8000. The implementation process is still ongoing with the first county due for installation in August 2006.

The May 2006 DRE School went smoothly due in large part to Senior Trooper Ken Snook out of the Grants Pass Worksite. Senior Trooper Snook served as the Course Manager for this school and received numerous compliments from the students. The time, expertise and paperwork required of a course manager takes a lot of work and dedication. Senior Trooper Snook handled this like the professional he is. There were 20 students representing state, county and city law enforcement agencies in Oregon. In addition to the Oregon students there were four Alaska State Troopers in attendance. The Alaska Troopers were welcomed by their classmates and offered incite as to how DUII enforcement is managed in Alaska. As a result of the excellent training provided by all the instructors the overall class average score for the final examination was 92%. Congratulations and good work to all the instructors and students.

Certification Training, under the coordination of Officer Darke Hull of the Portland Police Bureau went very well. In less than 8 days 169 drug evaluations were conducted with an 89% confirmation rate. Each of the DRE Students who attended the entire certification training completed all the required certification evaluations. In addition to the student evaluations, there were many DREs who were able to complete evaluations for re-certification.

Through the dedication of the men and women of the Oregon Drug Evaluation and Classification Program, Oregon continues to expertly train officers in the field of drug impairment detection, apprehension and prosecution.

To all those who helped make this effort a success: to the professional guest instructors such Dr. Mark Pedemonte, Dr. Karl Citek, Deputy District Attorney Mary Anderson, Kenn Meneely right through to the dedicated DRE/DRE instructors, thank you for a job well done.

Between the DRE School and Certification Training there was "Operation Trucker Check X." Six DREs representing state, county and city law enforcement agencies participated in this operation held May 23-25, 2006, at the Ashland Port of Entry. The DREs kept plenty busy with 315 "DRE contacts," 43 sets of SFSTs, 78 consent searches and five PCS cases. The next Operation Trucker Check is scheduled for September 12-14, 2006. Any DRE interested in participating should contact me, these activities fill up fast.

CHEESE
Recreational Drug

"Cheese" is a recreational drug that surfaced in the United States in 2006. It is formed by combining heroin and crushed over-the-counter common cold medication (such as Tylenol PM). The cold medication includes acetaminophen (Tylenol) and dephenhydramine (Benadryl), an antihistamine. Since it is snorted instead of injecting it, it is more tempting for an inexperienced drug user such as a teenager to start usage of the drug because most people are afraid of using needles. One tenth of a gram, which is one "hit," costs $2 on the black market. One quarter gram costs $5. So far, Dallas districts have found cheese with up to an 8 percent heroin purity level, which is just enough to hook a first-time user. The heroin in cheese is a highly addictive substance. Once a person is physically addicted, withdrawal symptoms may appear 12 hours after the last dose of the drug.

The drug made many local news headlines when it appeared in several public middle and high schools in Dallas, Texas. Some police agencies and the Dallas Independent School District dubbed the mixture "starter heroin."

The acetaminophen from the Tylenol tablets can be highly poisonous once a "cheese" (or other forms of heroin) user has reached a certain level of tolerance, so if an addicted user tries to satisfy his heroin need with big enough amounts of "cheese" he will eventually suffer liver failure. Similarly, there are hydrocodone tablets that have a certain maximum amount of hydrocodone in combination with a certain minimum amount of acetaminophen that are designed this way to prevent abuse. If an addict is in withdrawal and has only those hydrocodone/ acetaminophen tablets available, he will use as many as he may deem appropriate, but the massive amount of acetaminophen is, either acutely in large amounts, but, too, in much lower (therapeutic) doses (if taken over a long time), overburdening the liver and thus may lead to its failure which triggers a life-threatening condition.

Information obtained from Wikipedia
http://en.wikipedia.org/wiki/Cheese_(recreational_drug)

MESSAGE HITS HOME WITH STUDENTS

As Drug Recognition Experts we strive to keep our communities safe by not only removing the impaired driver from our roadways, but also educating others about the risks of driving while impaired. Nothing proves that we are doing our job better than when a member of our own family wishes to do the same.

Kelly Pierce, daughter of Oregon State Police Senior Trooper Jim Pierce, a DRE Instructor in Astoria, and her fellow classmate Sara Kelly did just that. They chose to do their Senior Project aimed to drive home the point about the real dangers of driving intoxicated.

Kelly Pierce said she conceived the project in May 2005 and began sending letters to local officials asking them to participate. She and Sara Kelly recruited local police, fire and medical personnel, and even a judge, lawyer and prosecutor, to give realistic portrayals not only of the crash scene, but also the notification of the victims' mother, the funeral and the sentencing of the guilty driver.

While many of their classmates seem unaware of the true risks of drinking and driving, others take it less seriously and continue to get behind the wheel while inebriated, the two girls said. Sara Kelly said she knows people who have been in drinking-related crashes who still haven't realized the true danger because they weren't injured.

The presentation opened with Oregon State Police and Clatsop County Sheriff patrol cars, Medix ambulances and engines from Astoria, Warrenton and Olney-Wallusksi fire departments converging on the scene with lights flashing and sirens wailing. The firefighters removed the tarps covering the two vehicles, revealing one car on its roof and the other with its front end smashed in and blood running down the driver's door.

Most drunk-driving re-enactments end there. But Pierce and Kelly wanted to show what happens later—to family, friends and the driver—after the crash.

At a small set resembling a home, Senior Trooper Pierce, in his OSP uniform, knocked on the door and spoke with the two victims' mother, portrayed by a state police trooper, who asked why her two girls were late coming home. Sniffles could be heard from the audience as she broke down in tears at the news of the crash.

The scene then moved to a graveyard with two tombstones bearing the two girls' names, where a pastor, played by Dan Dunn from North Coast Family Fellowship, led the service.

In the courtroom scene, Clatsop County Circuit Court Judge Paula Brownhill, District Attorney Josh Marquis and Defense Attorney Mary Ann Murk handled the roles they perform for real in local court to portray the sentencing for the driver. Brownhill handed down the maximum penalty, 24 years, for the two manslaughter and two assault charges that resulted from the crash.

The program wrapped up with a video presentation featuring testimonials from two people involved in real-life fatal drunken-driving crashes.

(Continued from Page 2 – Message Hits Home With Students)

Jim Pierce said he was proud of his daughter's efforts, which totaled more than 600 hours of work to put the project together, he said. Kelly has "grown up seeing what I do," hearing about and even seeing photos of many of the crashes he's attended over the years, he said.

The two girls said their goal is modest, but think the message got through to some of their classmates.

Information obtained from The Daily Astorian
by Tom Bennett – March 20, 2006

FENTANYL: SITUATION REPORT

Overview – Clandestinely produced fentanyl has been linked to hundreds of fatal and nonfatal overdoses across the Midwest, Northeast, and Mid-Atlantic Regions of the United States since late 2005. Fentanyl is a synthetic opiate approximately 50 times more potent than heroin. From 1990 through 2005 at least nine clandestine fentanyl laboratories were seized in the United States; however, sensitive intelligence related to ongoing law enforcement operations indicates that Mexico likely is the source of at least some of the fentanyl associated with these recent overdoses. In May 2006 Mexican law enforcement authorities seized a fentanyl laboratory in Toluca, Mexico. In February 2006 U.S. Customs and Border Protection (CBP) agents seized a wholesale shipment of fentanyl powder just north of the U.S.–Mexico border.

Availability – Clandestinely produced fentanyl powder, fentanyl mixed with heroin, and, to a lesser extent, fentanyl mixed with cocaine have been distributed in the Midwest, Northeast, and Mid-Atlantic Regions. The primary markets have included Chicago (IL), Detroit (MI), and Philadelphia (PA)/Camden (NJ). Overdoses linked to fentanyl have been reported in areas of Delaware, Illinois, Maryland, Michigan, New Jersey, New York, Ohio, Pennsylvania, and Wisconsin. In many cases abusers had purchased the drugs in the primary market areas and transported them elsewhere. Because specialized forensic laboratory testing is required to detect clandestinely produced fentanyl versus pharmaceutical fentanyl, the extent of availability and source of the fentanyl has not yet been conclusively determined.

Abuse – Fentanyl has been sold to drug abusers, primarily heroin abusers, in drug markets in each of the aforementioned areas, and abusers typically reflect the population demographics of those areas. Currently, there are an estimated 800,000 to 1,000,000 hard-core and casual heroin abusers in the United States who constitute the potential fentanyl market. An intravenous dose of fentanyl hydrochloride for pain relief is approximately 45 micrograms (a grain of salt is approximately 60 micrograms); however, depending on the weight of the abuser and his or her level of opiate tolerance, an abuser may tolerate a higher or lower dose. Accordingly, a small error in diluting, or cutting, fentanyl can easily lead to an overdose.

Because fentanyl is an opiate and specialized toxicological testing is required to detect fentanyl in biological samples, many fentanyl overdoses were initially classified as heroin overdoses. The severity of the situation did not become apparent until the public health community noticed the above-average number of overdoses. The Centers for Disease Control and Prevention (CDC) is currently examining the number of fatalities that may have been directly related to clandestinely produced fentanyl.

Production – Intelligence indicates that Mexico is the most likely source of at least some of the fentanyl associated with the recent overdoses in the United States. On May 21, 2006, Mexican Federal Investigative Agency (AFI) agents and officials from the Mexican Attorney General's Office Organized Crime Division (PGR/SIEDO) seized a fentanyl laboratory in Toluca, Mexico, and arrested the laboratory operator and four associates. However, at least nine clandestine fentanyl laboratories were seized in the United States—seven of which were in California—from 1990 through 2005. Continued fentanyl production in the United States cannot be ruled out.

- November 22, 2005—Azusa, California
- June 15, 2005—San Diego, California
- May 4, 2004—Santa Clara, California
- December 17, 2003— Newton Square, Pennsylvania
- December 4, 2000—Big Bear, California
- February 3, 1993—Goddard, Kansas
- December 31, 1991—Fallbrook, California
- August 15, 1990—San Jose, California.
- April 14, 1990—Bonita, California

The two methods most commonly used to produce fentanyl rely upon one of the two precursor chemicals—N-benzyl-4-piperidone or N-phenethyl-4-piperidone (NPP). NPP is used in the most common clandestine method. Dozens of scientific companies supply NPP legitimately. The Drug Enforcement Administration (DEA) is investigating the control of NPP. However, fentanyl producers can potentially manufacture the precursors or obtain them illicitly.

Transportation – On February 27, 2006, CBP agents seized 2.6 pounds of 83-percent-pure fentanyl and 41 pounds of ice methamphetamine at a checkpoint along U.S. Highway 86 near Westmoreland,

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California, just north of the U.S.–Mexico border. The drugs were concealed beneath the floorboards in a passenger vehicle with Mexico license plates.

Distribution – Fentanyl investigations are ongoing in all of the areas in which the overdoses have been occurring. Although limited, some information has been revealed regarding the distributors.

- In the Philadelphia/Camden area, the distributors are Dominican and Puerto Rican criminals.
- In May 2006, officers arrested a reputed member of the Latin Kings street gang in his Camden, New Jersey, home with over 1,300 bags of fentanyl-laced heroin and $5,200.
- The first week of May 2006, the Federal Bureau of Investigation (FBI) and the Philadelphia police arrested eight Hispanic drug distributors and seized 25,000 bags of fentanyl-tainted heroin in Philadelphia, Pennsylvania.
- In the Chicago area, the distributors were reported to be West African, Mexican, or Colombian criminals.

Outlook – Some indicators point to decreased availability of clandestinely produced fentanyl in some of the primary market areas. For example, public health authorities in New Jersey are reporting an increase in methadone overdoses among heroin abusers; the heroin abusers report they are unable to obtain a sufficient supply of heroin and have begun abusing methadone. Additionally, the number of opiate overdoses had decreased in Wayne County (Detroit), Michigan, the last week of May/first week of June. Only three suspected opiate overdose deaths were reported from May 29 through June 2, 2006; earlier in May, more than four deaths per day occurred in Wayne County. Moreover, public health authorities in Maryland and Delaware reported no new fentanyl-related events the last week of May. However, during the first weekend of June 2006, approximately 20 suspicious heroin overdoses were reported in Pittsburgh (PA); testing has yet to conclusively link these overdoses to fentanyl. NDIC continues to monitor law enforcement and public health indicators for further developments in the fentanyl situation.

Information obtained from U.S. Department of Justice National Drug Intelligence Center – June 5, 2006

OREGON SUPREME COURT FIXES MEDICAL MARIJUANA PROBLEM. SORT OF.

On May 4, 2006, the Oregon Supreme Court issued its long awaited opinion in Washburn v. Columbia Forest Products, a controversy that had resulted in the Court of Appeals suggesting that employers might have an obligation to accommodate employees' use of medical marijuana. Washburn, the Court concluded, was not a person with a disability because he could use prescription medication to control his condition.

This case arose when Washburn was terminated after he violated the employer's substance abuse policy by using marijuana for leg spasms that interfered with his sleep. He claimed that his use was permissible under Oregon's medical marijuana law, and that his employer was required to accommodate that use by adjusting its substance abuse policy so that he would not be disciplined for marijuana use.

Washburn had used prescription medication in the past, but abandoned it in favor of marijuana. He wanted his employer to find some way to test him for impairment and argued that because current drug testing technology identifies only past use of drugs and cannot identify impairment, his employer should do something different with him to address its safety concerns. He also argued, and the Court of Appeals agreed on this point, that his ability to obtain relief by using prescription medication was not relevant because Oregon law does not take into account mitigating measures when determining if an employee has a disability. The Supreme Court disagreed, and its narrow opinion focuses on these issues: is Washburn a person with a disability given that he can use other measures to control his spasms, and does Oregon law require consideration of those mitigating measures. Washburn is not a person with a disability because there are other measures, prescription drugs, which can control his spasms and allow him to sleep. "In our view, that means that the legislature did not intend to categorize an impairment as substantially limiting if, for example, medication could ameliorate the effects of impairment such that the individual would be capable of performing the otherwise affected major life activity." Because Washburn is not a person with a disability, his employer had no obligation to accommodate his use of medical marijuana.

There is a concurring opinion; it agrees with the majority conclusion that Washburn was not a person with a disability and therefore had no right to accommodation. But this opinion adds the thought that is on employers' minds. Marijuana is an illegal drug under federal law, and state law cannot require what federal law forbids. "The fact that the state may choose to exempt medical marijuana users from the reach of the state criminal law does not mean that the state can affirmatively require employers to accommodate what federal law specifically prohibits. Federal law preempts the latter decision but not the former. In my view, given the Controlled Substance Act, defendant had no binding state obligation to accommodate plaintiff's medical marijuana use."

(Continued from Page 4 – Medical Marijuana Problem)

Even though this is a very narrow holding, it should be sufficient to guide employers in their handling of medical marijuana use in most cases. Employers should evaluate any request for marijuana accommodation by evaluating, first, whether the individual has a disability. In addition to considering the effects of the condition and whether those effects are substantially limiting, employers should also carefully evaluate what other therapy there is for the condition. If other lawful prescription therapy ameliorates the condition to the point that it is not substantially limiting, the analysis can end there. It will take a later case, however, for the Court to adopt the concurring opinion's analysis.

The opinion is posted on the Supreme Court's website at: http://www.publications.ojd.state.or.us/S52254.htm

MUSIC INTENSIFIES ECSTASY EFFECTS

Listening to loud music exacerbates the effects on the brain of taking ecstasy, researchers have found.

Italian scientists gave the drug to rats who were then exposed to music at nightclub noise levels. The researchers measured the electrical activity in the rats' brains and found that noise prolonged the effects of ecstasy by up to five days.

Experts said the study, published in the Biomed Central Neuroscience, showed music worsened users' "comedown".

Ecstasy is usually taken by clubbers - who are in an environment full of flashing lights and loud music.

The drug produces feelings of euphoria and energy, and a desire to socialize.

But there is mounting evidence from both animal and human studies that it may damage nerve pathways in the brain. Long term use has been linked to memory loss and depression. Experts have suggested that loud music may also affect higher brain functions.

'More potent'

The researchers, from the Institute of Neurological Science in Catanzaro, found low doses of ecstasy did not modify the brain activity of rats if no music was played. But total electrical brain activity in the animals significantly decreased in the presence of loud music, selected to mimic levels commonly found in clubs.

High doses of ecstasy reduced brain activity even without noise, but the effect was enhanced by loud music and lasted for up to five days after the drug was administered.

In rats given a high dose of ecstasy but not exposed to music, brain activity returned to normal in one day.

Dr Michelangelo Iannone, who led the research, said in BMC Neuroscience that the effects of the drug could be made more potent "by relatively common environmental factors" and stressed the "potential danger for man of substances that have been so 'popularly' accepted as relatively 'safe' owing to their 'short term' effects."

Depression risk

Martin Barnes, chief executive of the drugs information charity DrugScope said: "Ecstasy is very much associated with the clubbing and dance scene and users report a heightened sense of awareness and a greater appreciation of music and their surroundings.

"After taking ecstasy users may feel tired and low and this may last several days leading to a 'mid-week hangover'. "Short-term memory can be impaired and there is emerging evidence that prolonged use can lead to periods of depression.

"This research suggests that exposure to loud music may worsen the comedown but it is unclear how this may contribute to longer term effects."

Ecstasy was first synthesized in 1910. It was patented two years later by the German company Merck Pharmaceuticals as an appetite suppressant. It was first seen in Britain as a recreational drug from the US in the mid-1980s, but has been illegal in the UK since 1977.

In the early 1990s, ecstasy tablets cost up to £20 (approx. $36) each. Last year their price was reported to have dropped to as little as 50p (approx. $.90).

Home Office figures published in October last year showed that an estimated 2 million people aged 16 to 59 had used ecstasy in their lifetime, and 556,000 had used it in the previous month. Around 10 deaths are linked to ecstasy use each year.

Information obtained from BBC News – February 16, 2006

DRE OVERTIME GRANT

It is nearing the end of another federal fiscal year which is what the DRE Grants run on. This means that all overtime worked through September 30, 2006, needs to be sent in for reimbursement by October 10, 2006. Once the Grant has been closed for the 2006 federal fiscal year, we are unable to reimburse an overtime requests for that federal year.

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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****.*

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