

# Northwest Evaluator

The Pacific Northwest  
Drug Recognition Expert Newsletter



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### METHAMPHETAMINE MANUFACTURE USING VETERINARY MEDICINE

Gray County Sheriff's Office, Texas, while investigating methamphetamine lab activity in their county, has found out some information about an alternate source for pseudoephedrine with which to conduct a cook. A confidential informant told deputies that they were not using cold pills, because you had to sign for them, and it was hard to get enough pills for a decent cook.

The CI said that they had begun to use cattle medicine. The CI stated that there was a product called "Breathing Blocks". Gray County S.O. has been unable to locate anything like this, but the local veterinarian showed us a product called "Tri-Hist Granules".

Tri-Hist Granules comes in a 20 oz. bottle or 5 pound pail. The label says it contains 600 mg of pseudoephedrine per ounce. It is in a soluble, edible corn meal base. The vet says that this is used mainly for horses, and that probably every vet clinic and feed lot keeps it in stock, in large quantities. This would be an excellent source of pseudoephedrine to use in a meth cook.

#### Oregon

According to the Dallas Animal Clinic in Dallas Oregon, this product is probably in every stable and veterinary office in the state. It is very common and is prescribed to horses for a variety of respiratory ailments.

Oregon law enforcement personnel need to be aware of this product. There is a possibility of theft of this product throughout the state for the manufacture of methamphetamine, especially in Eastern Oregon where vet offices and stables are less secure. Additionally, while conducting a traffic stop, officers need to look for this type of product or this product containers in vehicle trunks and backseats.

One 20 oz bottle of Tri-Hist will make about 11 grams of methamphetamine. There are 28.35 grams in an ounce. A Tri-Hist five (5) pound bucket would make approximately 44 grams or approximately 1.55 ounces. Depending on what part of the state you are in, this would equate to about \$1200 to 1800 dollars.

#### Product Specifications

Tri-Hist® Granules

*Antihistamine Decongestant Oral Powder, Cornmeal based*

#### Indications

For use when a histamine antagonizing preparation is required.

Each ounce contains:

- Pyrilamine Maleate U.S.P. 600 mg
- Pseudoephedrine Hydrochloride U.S.P. 600 mg
- Cornmeal

(Continued from Page 1)

### Dosage and Administration

1/2 ounce (level tablespoon) per 1,000 lbs body weight. Can be mixed with feed and repeated at 12 hour intervals if needed.

### Caution

**Federal law restricts this drug to use by or on the order of a licensed veterinarian.**

- For equine use only
- Keep out of the reach of children
- DEA List One Chemical

### Storage

Store at controlled room temperature between 15–30°C (59–86°F).

Item No.	Description		
08874	Tri-Hist®	20 oz.	12/case Rx
08883	Tri-Hist®	5 lb. bucket	6/case Rx

Information obtained from Oregon HIDTA Report

## Drug Abuse Linked to 1.3 Million ER Visits

A new SAMHSA report shows that among the nearly 2 million drug-related emergency department visits that occurred across the country in 2004, almost 1.3 million visits were associated with drug misuse or abuse.

The report, *Drug Abuse Warning Network, 2004: National Estimates of Drug-Related Emergency Department Visits*, reveals that 30 percent of the 1.3 million drug-related emergency room visits involved only illicit drugs; 25 percent involved only prescription or over-the-counter medications; 8 percent involved alcohol only in patients under age 21; 15 percent involved illicit drugs and alcohol; 8 percent involved both illicit drugs and pharmaceuticals; and 14 percent involved illicit drugs, pharmaceuticals, and alcohol (all three types of drugs in one visit).

According to the Drug Abuse Warning Network (DAWN), cocaine was involved in an estimated 383,350 visits to emergency rooms in 2004; marijuana was involved in 215,665 visits; heroin was involved in 162,137 visits; stimulants, including amphetamines and methamphetamine, were involved in 102,843; and other illicit drugs such as PCP, Ecstasy, and GHB were involved with less frequency.

DAWN estimates that 495,732 visits to emergency rooms in 2004 related to non-medical use of prescription or over-the-counter pharmaceuticals. More than half of these visits involved more than one drug (57 percent). Opiate and opioid analgesics (prescription pain relievers) and benzodiazepines (anti-anxiety drugs) were the most frequent pharmaceuticals; they were involved in nearly one-third (32 percent and 29 percent) of non-medical-use visits.

The most frequently used of the prescription pain relievers were hydrocodone products (42,491 emergency room visits), oxycodone products (36,559 visits), and methadone (31,874 visits). Alprazolam (49,842 visits) and clonazepam (26,238 visits) were the most frequently used benzodiazepines.

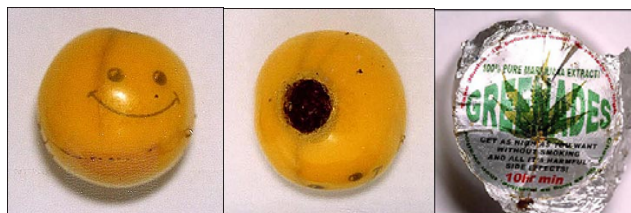
DAWN measures alcohol in combination with illicit drugs for all ages, and alcohol alone in a patient under age 21, but not alcohol alone for those of legal drinking age. DAWN estimates show 96,809 emergency room visits involving alcohol for patients under age 21. There were 363,641 emergency department visits by persons of all ages involving the use of alcohol in combination with another substance.

For a copy of this report, call SAMHSA's National Clearinghouse for Alcohol and Drug Information at 1 (800) 729-6686 (English and Spanish) or 1 (800) 487-4889 (TDD). Online, visit SAMHSA's Web site at <http://dawninfo.samhsa.gov>.

Information obtained from SAMHSA News  
July/August 2006, Volume 14, Number 4

## “GREENADES” (MARIJUANA GUMBALLS)

The Maryland State Police-Forensic Sciences Division Laboratory in Pikesville recently received two yellow gumballs, each with a smiley face printed on one side and a bored hole filled with greenish-brown vegetable matter on the opposite side (see Photos 1-2). Both gumballs were wrapped in tin foil labeled as “Greenades” with a marijuana leaf and detailed instructions for use (see Photo 3). The exhibits were seized by a school-assigned Police Officer from two high school students performing a purchase while they were passing between classes at a Howard County (Maryland) High School. Analysis of the plant material by microscopy, GC, GC/MS, Mayer's, and modified Duquenois-Levine confirmed marijuana (THC content not quantitated). Each gumball contained approximately one gram of marijuana, and the total net mass of the two gumballs was 17.5 grams. This was the first submission of “Greenades” to the Maryland State Police-Forensic Sciences Division.



Notes: The perimeter of the label includes instructions: “Take 30 mins-1 hr before you would like receive your high” (and) “Chew for as long as possible, then swallow.” Gumball diameter = About 1 inch.

Information obtained from DEA Microgram Bulletin May 2006

**NOTES FROM THE LAB**  
**EXTENSION OF DRUG**  
**IMPAIRMENT TIMES**

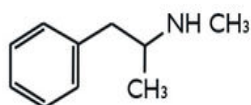
By Kenn Meneely

Oregon State Police Forensic Laboratory - Springfield

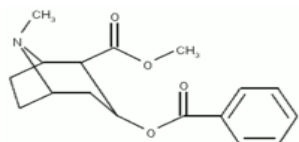
When you have had to sit through the DRE classes and listen to lab lectures regarding blood, urine, half-lives, receptor sites etc. and probably were wondering how this applies to my DRE evaluation.....then the defense attorney reads from a medical journal that this drug's effects last only 3 hours and his client took his / her meds 10 hours ago.....does the jury start to wonder about your eval?

If you recall from the lectures, the world of drug effects / impairment is complicated and not necessarily cut and dry. For example;

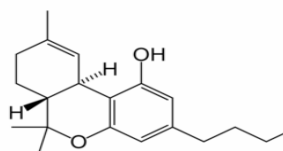
the recognized secondary (sometimes referred as the down side) effects of methamphetamine:



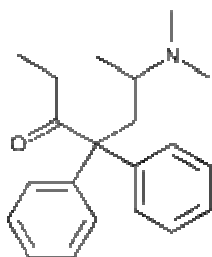
extended effects of cocaine when used in conjunction with alcohol to produce a compound with equal or greater effects



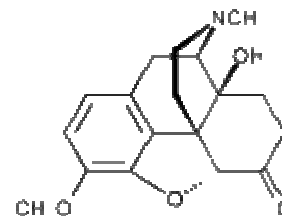
long term effects of marijuana caused by interference of the receptors



extended effects due to the "time release" concept sometimes referred to as half-life..... typically seen in methadone

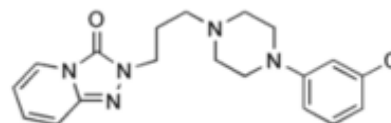


extended effects due to the "time release" built in by the manufacturer as seen in oxycodone



extended effects due to conditions that prohibit drug metabolism. For example; inhibition of the liver enzyme CYP3A4 by medications and foods that delay the natural metabolism process. (e.g. grapefruit juice can delay drug metabolism leading to elevated levels of some drugs)

A new drug can be added to the list: **Trazadone (DESYREL)**



Trazadone is a serotonin reuptake inhibitor typically used for clinical depression. After ingestion, the peak blood level is reached in approximately one hour. The most noted adverse effect is sedation, fatigue, dizziness, confusion and disorientation. Since this drug represents a relatively short-lived life-span, the question is.....**How can impairment be exhibited over a longer range?**

A "party drug" called mCPP (meta-chlorophenylpiperazine) has been widely used in Spain for its hallucinatory effects (similar to Ecstasy). Ironically, this same hallucinatory drug is the by-product (metabolite) of Trazadone.

Put another way.....trazadone ingestion (causing sedation) metabolizes to mCPP (causing hallucinatory effects) which creates a "time - release" version of the drug effect.

As the science unravels the mysteries of drugs and their effects, the areas that cause the officers and scientists issues of explaining so-called contradictions can be resolved.

Other news items.....

**STABILITY OF DRUGS IN URINE**

Even though psilocybin/psilocyn mushrooms have been identified in Oregon DUII cases for several years, Florida has just reported their first identification (Journal of Forensic Toxicology, Vol. 30, June 2006). What makes this identification unique

is that Florida also concluded that this “sensitive” compound undergoes serious degradation even at 4 degrees C. (temperatures typically found in the non-freezing portion of the refrigerator)

The conclusion was that after 26 days (in refer), the psilocybin/psilocin concentration degraded by as much as 44%.

An additional conclusion of the article, which gives more supporting credibility to our DRE program, stated.....“whether psilocin is identified in a blood or urine specimen, a definitive statement of the degree of impairment cannot be made without other supporting observations of the subject such as driving pattern, field sobriety exercises, a drug recognition evaluation, etc.”

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### DOZENS ARRESTED IN U.S. CRACKDOWN ON KHAT SMUGGLING

Federal prosecutors charged 62 people Wednesday with smuggling more than 25 tons of the African plant khat into the United States, where it’s used as an illegal stimulant.

The group is accused of smuggling bundles of the plant from Africa through Europe into immigrant communities in Minnesota, Washington state, Illinois, Ohio, Maine, Massachusetts, Utah and Washington D.C., from December 2004 to July 2006.

Federal agents are investigating allegations that the group may have links to warlords in the Horn of Africa region, which covers Somalia and Ethiopia.

“It is suspected that there are ties to some type of terrorist organization,” said a federal agent, who spoke on condition of anonymity because the investigation is ongoing.

The indictments don’t allege any terrorism activities, but they allege that the group laundered drug proceeds in Minnesota and New York through hawalas, an informal network of money remitters commonly used by some immigrants, and wired money to bank accounts in Dubai.

FBI assistant director Mark Mershon told a news conference in New York that the investigation continues in pursuit of “the ultimate destiny of the funds,” which intelligence suggests is based in “countries in East Africa which are a hotbed for Sunni (Muslim) extremism and a wellspring for terrorists associated with al-Qaida.”

By late Wednesday afternoon, agents from the Drug Enforcement Administration and the FBI had arrested 45 people, including 10 in Minneapolis and 12 in Seattle. Agents describe the 18-month khat investigation as the largest ever of its kind.

The defendants, predominately of East African origin, are charged with shipping the plant to New York in express-mail packages or through couriers on commercial airlines.

One of the suspected ringleaders, Osman Osman, was employed at the United Nations and used the U.N.’s diplomatic pouch to smuggle the plant into the United States, authorities allege.

Other couriers then rushed the drug to the streets because khat is most potent when it’s used within days of cultivation, DEA spokesman Steve Robertson said.

Exporters harvest the plant daily in Kenya and Ethiopia, authorities said. To maintain freshness, the plants are wrapped in banana leaves. Users chew the plant, experiencing euphoria and side effects that can include hallucinations and outbursts of violence, according to the DEA.

Tsehaye Teferra, the president of the Ethiopian Community Development Council in Arlington, Va., said khat could be bought and sold legally in many African countries. When immigrants come to the United States, they often don’t realize that the plant is illegal, he said.

“It is regarded by some as similar to chewing tobacco,” said Teferra, whose organization helps African immigrants with social services. “Certain segments of society use it widely.”

The DEA regards khat as dangerous.

“We’re not comparing it to methamphetamine,” Robertson said. “However, it’s a highly addictive drug and can destroy lives just like any other drug.”

The accused leaders bragged that they wanted to become the “kings of khat” in the United States, Robertson said.

According to the DEA, the group often threatened violence against its members and customers to keep them in line. The indictment alleges that suspect Bashi Muse threatened to kill a customer whom he suspected of stealing from the group.

If convicted, Osman and Muse could face life in prison. The other defendants face up to 20 years in prison on drug trafficking charges.

Information obtained from [StoptheDrugWar.org](http://StoptheDrugWar.org)

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### Ecstasy Mimic Tablets (Containing Amphetamine)

The Phoenix Police Department Laboratory services Bureau (Arizona) recently received four separate submissions, each consisting of a box containing a bundle, suspected in all four cases to contain marijuana. The boxes were being individually mailed via an express mail service from Phoenix to Georgia, and were seized by the Phoenix Police. Each bundle was wrapped in numerous layers of cellophane, with layers of grease throughout the wrappings; the grease did not have a

(Continued from Page 4 – Ecstasy Mimic Tablets)

noticeable odor. Three of the bundles turned out to contain marijuana; however, the fourth package, which was smaller than the other three but otherwise identical in appearance, contained 400 mottled tablets with a “check-off” logo on one face and half-scored on the opposite face, apparent Ecstasy. Analysis of the tablets by color testing and GC/MS, however, indicated not MDMA but rather amphetamine. The tablets were not formally quantitated; however, the GC/MS results suggested that the loading was quite high.

Information obtained from Microgram Bulletin August 2006

### **SAMHSA ALERTS FIELD TO DANGEROUS DRUG COMBO**

The Substance Abuse and Mental Health Services Administration (SAMHSA) has issued an action alert to substance abuse treatment and prevention professionals about a new combination of street drugs with a potentially lethal effect. The addition of fentanyl, a powerful narcotic analgesic, to heroin or cocaine being sold on the streets is believed to be the cause of clusters of drug-related deaths and even greater numbers of overdoses in east coast and midwest cities in the past few months.

In just one week in May, an estimated 33 individuals in the Detroit area reported to have died after using this fatal drug mix. The same drug combination may have been responsible for over 100 deaths in Philadelphia/Camden, Chicago, St. Louis, and Detroit since last September.

The alert was issued by SAMHSA’s Center for Substance Abuse Treatment Director H. Westley Clark, M.D., J.D., M.P.H., to substance abuse professional organizations, treatment providers, state substance abuse authorities, and recovery community-related organizations and individuals. It highlights the growing concern about the potentially fatal effects of this street-drug combination and encloses a brief fact sheet about preventing as well as detecting and treating overdoses.

“Individuals involved in the public health need to be aware of this new dangerous drug combination,” Dr. Clark said. “They need to be prepared to alert patients, clients and others to help save lives. After all, fentanyl is 50-100 times more powerful than morphine. When mixed with cocaine or heroin, the results can be lethal.”

The alert encourages recipients not only to advise their networks of patients and colleagues, but also to join local health authorities to bring information about the drugs to first responders, emergency room personnel, street substance abuse workers, drug treatment facilities, local health care providers, the recovery community, and the public at large.

When used illegally, particularly in combination with a drug such as heroin or cocaine, or when used in excessive amounts, fentanyl can result in irregular heart beat, the inability to breathe, and death. In some cases, heroin or cocaine users are aware they are purchasing this dangerous combination of drugs; in other cases, the buyer is not aware that he or she is purchasing this potentially lethal drug combination. The alert advises local vigilance for the possible introduction of this potent drug mixture into circulation on the street and emphasizes the importance of education, particularly on the street.

Information obtained from SAMHSA News - June 8, 2006  
[www.samhsa.gov/new/newsreleases/O60806drugcombo.htm](http://www.samhsa.gov/new/newsreleases/O60806drugcombo.htm)

### **Endo Receives FDA Approval For Opana(R) ER And Opana(R) (oxymorphone HCl) Immediate Release Tablets CII**

Endo Pharmaceuticals Inc., a wholly owned subsidiary of Endo Pharmaceuticals Holdings Inc. (Nasdaq: ENDP), today announced that the U.S. Food and Drug Administration (FDA) has granted final approval of the company's New Drug Applications (NDAs) for its extended-release and immediate-release formulations of oxymorphone hydrochloride. These products are now known under the trade names Opana(R) ER tablets and Opana(R) tablets.

A new oral extended-release opioid analgesic option for patients, Opana(R) ER is indicated for the relief of moderate-to-severe pain in patients requiring continuous, around-the-clock opioid treatment for an extended period of time and is not intended to be used on an as-needed basis. This is the first time oxymorphone will be available in an oral, extended-release formulation. Opana(R) ER will be available in 5mg, 10mg, 20mg and 40mg tablets. Opana(R) (the immediate release version) is indicated for the relief of moderate-to-severe acute pain where the use of an opioid is appropriate and will be available in 5mg and 10mg tablets. Both products are expected to be commercially available in the U.S. in the coming weeks. Endo also plans to re-launch its oxymorphone hydrochloride injection under the new trade name in the hospital setting.

OPANA ER contains oxymorphone, which is a morphine-like opioid agonist and a Schedule II controlled substance, with an abuse liability similar to other opioid analgesics.

Oxymorphone can be abused in a manner similar to other opioid agonists, legal or illicit. This should be considered when prescribing or dispensing OPANA ER in situations where the physician or pharmacist is concerned about an increased risk of misuse, abuse, or diversion.

OPANA ER is an extended-release oral formulation of oxymorphone indicated for the management of moderate to severe pain when a continuous, around-the-clock opioid analgesic is needed for an extended period of time.

Information obtained from Medical News Today - 24 Jun 2006

Oregon Drug Evaluation Classification Program  
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**13TH ANNUAL IACP  
“Drugs, Alcohol, &  
Impaired Driving Conference”**

**July 31 – Aug 2, 2007  
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***For more information, visit the conference website at [www.decp.org](http://www.decp.org)***