

Northwest Evaluator

The Pacific Northwest

Drug Recognition Expert Newsletter



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COORDINATOR COMMENTS

by Sergeant Timothy Plummer

We are nearing the end of another successful year with Oregon's DEC program. It has proven to be an interesting year not only in Oregon but nationwide. There have been several changes to the evaluation protocol with regards to pupil size and renaming the PCP Drug Category to Dissociative Anesthetic. Due to these changes, a DRE In-service has been scheduled in January 2006. The response for attendance has been fantastic. Thus far, 150 DREs have registered for the training. This will be the first statewide DRE In-service for the Oregon DEC Program. In the past DRE updated material was disseminated during the DUII Multi-Disciplinary Training Conference. I look forward to seeing all of you at the DRE In-service.

During my review process of this year's drug evaluations from around the state, I have been amazed at the interesting cases DREs have been involved with. I was also very impressed with the professionalism with which each investigation has been conducted. In addition to evaluations, DREs have been involved in training opportunities from DITEP, Driver Education and SAIF - Annual Agriculture Safety Seminars.

Each year I am required to compile activities for the national annual report. Please forward me copies of 2005 evaluations that have not already been sent in. I also need documentation/reports on the types of training the DREs have conducted during 2005. Please include the type of training, group size and make up (nurses, doctors, high school students, etc.), date and location. I am also looking for any unique cases where your DRE skills were employed. For example, a DRE in Clackamas County conducted an evaluation on a homicide suspect. Any large cases that have developed as a result of a drug evaluation would also be noteworthy. If you have any photos of yourself or other DREs doing what DREs do best, forward them as well. I really would appreciate your contributions to this project.

In the coming year there will be continued emphasis on reducing drug and alcohol impaired driving related incidents as well as a national effort to reduce underage drinking. I feel confident that Oregon DREs will be actively involved in all aspects of drug and alcohol reduction activities from education to enforcement. I would like to thank everyone for their hard work with the DEC Program and look forward to working with each of you in the coming year.



Happy Holidays
to you and your family



FDA Asks Purdue Pharma to Withdraw Palladone for Safety Reasons

After acquiring new information that serious and potentially fatal adverse reactions can occur when Palladone (hydromorphone hydrochloride) extended release capsules are taken together with alcohol, the U.S. Food and Drug Administration has asked Purdue Pharma L.P., the makers of the drug, to withdraw it from the market.

Palladone is a once-a-day pain management drug containing a very potent narcotic. New data gathered from a company-sponsored study testing the potential effects of alcohol use shows that when Palladone is taken with alcohol the extended release mechanism is harmed which can lead to dose-dumping. Dose-dumping is a term that describes the rapid release of the active ingredient from an extended release product into the blood stream. The consequences of dose dumping at the lowest marketed dose (12 mg.) of Palladone could lead to serious, or even fatal, adverse events in some patients and the risk is even greater for the higher strengths of the product. As a result of this potential serious safety risk, the FDA has asked Purdue Pharma, and they have agreed, to suspend all sales and marketing of Palladone in the U.S. pending further discussions with the agency.

"All powerful pain management drugs have serious risks if used incorrectly, but the current formulation of Palladone presents an unacceptably high level of patient risk" said Dr. Steven Galson, FDA Acting Director of the Center for Drug Evaluation and Research. "Although we have not received reports of serious problems, this product has so far been used in a relatively small number of patients. We are concerned that as more patients take this drug, safety problems will arise since even having one alcoholic drink could have fatal implications."

The current labeling for Palladone, approved in September 2004, already includes the standard opioid warning against the use of alcohol and Palladone. However, the FDA does not believe that the risk of serious, and potentially fatal, adverse events can be effectively managed by label warnings alone and a risk management plan.

Patients currently taking Palladone should consult with their physicians for alternative treatments. For additional information, please go to: <http://www.fda.gov/cder/drug/infopage/palladone/default.com>

Information obtained from FDA News - July 13, 2005

Abuse of Controlled Prescription Drugs in the U.S.

The number of Americans who admit abusing prescription drugs nearly doubled to over 15 million from 1992 to 2003, with abuse among teens tripling, according to a new study released on Thursday, July 7, 2005.

The report by the National Center on Addiction and Substance Abuse at Columbia University suggested that more Americans were abusing controlled prescription drugs than cocaine, hallucinogens, inhalants and heroin combined.

"Our nation is in the throes of an epidemic of controlled prescription drug abuse and addiction," said former health secretary Joseph Califano, chairman and founder of the Center.

"New abuse of prescription opioids among teens is up an astounding 542 percent," Califano said. "The explosion in the prescription of addictive opioids, depressants and stimulants has, for many children, made the medicine cabinet a greater temptation and threat than the illegal street drug dealer, as some parents have become unwitting and passive pushers."

The report was based on surveys of doctors and pharmacists, personal interviews and focus groups and analysis of national household surveys and census data.

The report said hundreds of Web sites advertised and sold controlled drugs, often without prescription and without regard to age so that teens and children could easily get them.

The substances most likely to be abused were opioids, or pain relievers like OxyContin or Vicodin; central nervous system depressants such as Valium or Xanax; stimulants including Ritalin or Adderall and anabolic-androgenic steroids like Anadrol or Equipoise.

"The problem can be seen in every stage of life: rich and poor, old and young, teens partying or cramming for exams, stressed executives, women juggling the challenges of work and care-giving, seniors struggling with illness and loss, the mentally ill searching for relief, movie stars, rock musicians and athletes," the report said.

It found that between 1992 and 2002, prescriptions written for controlled drugs increased more than 150 percent while the number of people abusing them rose seven times faster than the U.S. population.

In 2003, 2.3 million 12- to 17-year-olds – almost one in 10 – abused at least one controlled prescription drug. Girls were more likely than boys to be abusers.

Teens who abused drugs were twice as likely to use alcohol, five times as likely to use marijuana, 12 times likelier to use heroin and 21 times likelier to use cocaine than teens who did not abuse such drugs.

The report also found that in 2002, controlled drugs were implicated in almost 30 percent of drug-related emergency room deaths while the number of prescription drug emergency room mentions in hospital logs increased by nearly 80 percent.

Law enforcement officials around the country have been wrestling with an epidemic of prescription drug abuse, especially of powerful pain killers like OxyContin, popularly known as "hillbilly heroin."

The report found a 140 percent rise in self-reported abuse of such pain killers from 1992 to 2003, disproportionately concentrated in the south and west of the country.

Information obtained from Washington (Reuters)
July 9, 2005

THINK TWICE ABOUT LETTING E-DEALERS INTO YOUR HOME

Drug dealers are using the Internet to sell their drugs. Some people believe that ordering drugs on the Internet – particularly prescription pharmaceuticals (pills) – is a safe, legal and easy way to get high. Nothing could be further from the truth.

There are millions of websites offering drugs such as Vicodin™ and Xanax™ to Internet users. Spam messages to user's emails advertise that these drugs are available with the click of a mouse and a credit card number. Many sites claim you don't need a doctor's prescription to buy these powerful drugs. And some ask you to fill out a bogus questionnaire to make their drug dealing look more legitimate. What you don't know can really hurt you.

Here's a few things to be aware of:

****Selling or buying controlled substances without a legitimate doctor's prescription is a violation of law.**

****Many of the websites offering controlled substances are located overseas. Usually, there are no doctors involved in these enterprises. You have no idea where the drugs are made, what's actually in them, or who's behind the drug ring selling you controlled substances. This kind of a transaction is a felony (a violation of Sections 957 and 960 of Title 21, United States Code) – very serious stuff.**

****You might think that these pills come from a sterile factory overseas. Think twice: often these products are stored in trucks, cars, bathrooms, or homes with unsanitary conditions. Why would anyone put this in his or her body?**

****People have died from taking controlled substances without a doctor's prescription. Many of these pills were ordered over the Internet.**

"The websites we targeted today gave an illusion of safety and legitimacy, displaying photos depicting professional pharmacists in white lab coats in a sterile environment. But in fact, the drugs they marketed were smuggled from India and Europe and stashed in cars and homes, and stuffed in plastic bags. What arrived on customers' doorsteps were drugs in the proverbial plain brown wrapper with unreadable labels, no dosage directions or warnings, and worse, sometimes with the wrong dose or even the wrong drug." – Administrator Karen Tandy, April 20, 2005

Information obtained from www.justthinktwice.com

MYTHS & FACTS ABOUT MARIJUANA

Do you know the facts about marijuana? Here are some common myths.

MYTH: Marijuana is harmless.

FACT: Marijuana is the most widely used illicit drug among youth today and is more potent than ever. Marijuana use can lead to a host of significant health, social, learning, and behavioral problems at a crucial time in a young person's development. Getting high also impairs judgment, which can lead to risky decision making on issues like sex, criminal activity, or riding with someone who is under the influence of drugs or alcohol. According to the National Center on Addiction and Substance Abuse (CASA) at Columbia University, teens who use drugs are five times more likely to have sex than teens who do not use drugs. Getting high also contributes to general apathy, irresponsible behavior, and risky choices.

MYTH: You can't get addicted to marijuana.

FACT: Don't be fooled by popular beliefs. Kids can get hooked on pot. Research shows that marijuana

use can lead to addiction. Each year, more kids enter treatment with a primary diagnosis of marijuana dependence than for all other illicit drugs combined.

MYTH: There's not much parents can do to stop their kids from "experimenting" with marijuana.

FACT: Most parents are surprised to learn that they are the most powerful influence on their children when it comes to drugs. But, it's true, so this message needs to start with parents. Kids need to hear how risky marijuana use can be. They need to know how damaging it can be to their lives. And they need to begin by listening to someone they trust. By staying involved, knowing what their kids are doing, and setting limits with clear rules and consequences, parents can keep their kids drug-free.

MYTH: There are no long-term consequences to marijuana use.

FACT: Research shows that kids who smoke marijuana engage in risky behavior that can jeopardize their futures, like having sex, getting in trouble with the law, or losing scholarship money. Marijuana can also hurt academic achievement and puts kids at risk for depression and anxiety.

MYTH: Marijuana isn't as popular as other drugs like ecstasy among teens today.

FACT: Kids use marijuana far more than any other illicit drug. Among kids who use drugs, 60 percent use only marijuana.

MYTH: Young kids won't be exposed to marijuana.

FACT: Not only are they exposed to marijuana, they are using it. Between 1991 and 2001, the number of 8th graders who used marijuana doubled from one in ten to one in five.

MYTH: Parents who experimented with marijuana in their youth would be hypocrites if they told their kids not to try it.

FACT: Parents need to make their own decisions about whether to talk to their children about their own drug use. But parents can tell their kids that much more is known today about the serious health and social consequences of using marijuana.

Information obtained from www.theantidrug.com

ICE WITH A PRICE MEDICAL NIGHTMARE

Dr. Drew Williams, director of the Emergency Department at the Medical Center, sees the effects of the drug every day—on chronic users with

infected sores, rotten teeth and blistered feet.

“What we’re seeing more in the emergency department is the cardiovascular problems, the acute coronary syndrome,” Williams said. In simple terms, the drug constricts muscles and blood vessels, much like applying a tourniquet to a limb. Especially in older meth users, blood vessels in the brain can rupture, causing an intracranial bleed that’s “usually fatal,” Williams said.

Aside from the effects on the body, the drug also takes a huge psychiatric toll, Williams said. Because the drug stimulates the brain, a person who is high doesn’t sleep for several days at a time. And sleep isn’t a luxury. “The only reason we sleep is for our brain to recharge,” Williams said. Sleep is an integral portion of the thought process. If you stayed up for two, three, four days, you’d get real paranoid, start doing things you wouldn’t normally do. It becomes rational to steal and fight or to do sexual favors for drugs.

So why would anyone choose to continue to take a drug that takes such a toll?

“When you are using meth it is like having the best sex, a fantastic meal and winning the lottery all rolled up in one package,” said Jesse Hambrick, an investigator in the Douglas County Sheriff’s Office. “Why quit if it makes you feel that good? Because eventually it is going to kill you.”

Addicts chase the perfect high. Columbus neuro-surgeon Michael W. Gorum said there is a reason for that. “It works on the pleasure centers—dopamine and serotonin,” Gorum said. “That makes it harder to get the intense highs. The change in the brain is permanent. It is different and can never be the same.”

For emergency room physicians, the symptoms of meth addiction are obvious, literally from head to foot. Addicts’ teeth usually start to rot and fall out. And their feet are often blistered because they’re restless and constantly pacing. Meth users are known to have open sores. Thinking they have bugs crawling on their skin, they constantly pick at their arms and faces.

Dr. Hugh Ogletree, a Phenix City, AL, dentist, frequently sees the drug’s toxic fallout when he treats Russell County jail inmates who are addicts. “I can look at their mouth and tell,” Ogletree said. “The hydrochloric acid dissolves the minerals in the teeth. You pour hydrochloric acid on a car fender and it will eat a hole in it.” The condition even has a name: “Meth mouth.”

Information obtained from *Ledger-Enquirer* 10/26/05

METH MELTS IN YOUR MOUTH

In a clinic where lots of serious dental disease is seen, some things stand out.

Dr. Carter Wright, a dentist at the Burre Dental Clinic, sees a lot of emergency dental patients. He said his patients, who tend to be poor and without insurance, often have serious dental disease related to methamphetamine use, which he said he's seeing more and more.

The drug is made with an acid, and can damage every tooth so bad that people need dentures because the damage is too extensive to fix, he said. "At the gum line up, the teeth basically melt," he said.

Methamphetamine's ingredients include chemicals like lithium and sulphuric acid, said Humboldt County Dual Recovery Program's Senior Program Manager Craig Hill. "We know they're corrosive to the skin," he said. He added that, in drug addiction, "one of the things that goes pretty quickly is personal hygiene." Meth addicts are less likely to have good dental hygiene, he said. In addition, the drug causes dry mouth, which can worsen dental problems, Hill said.

An American Dental Association web page on the topic notes that, while high, meth users can crave sugar and grind or clench their teeth, all of which can make problems worse. In August, the ADA issued a press release urging the public-and more dentists-to be aware of the drug's effects on oral health.

"Methamphetamine users' teeth have been described as blackened, stained, rotting, crumbling or falling apart," the website states. "Often, the teeth cannot be saved and must be extracted."

Wright said he's seen 'meth mouth' in people from age 14 to their 60s. "It probably is the worst thing I have ever seen," he said.

Information obtained from Times-Standard 11/14/05

YABA: Southeast Asian Drug Arrives in U.S.

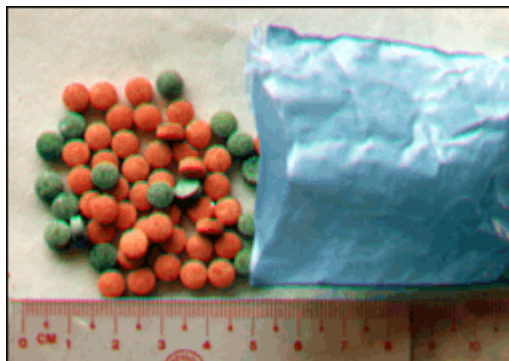
California is experiencing a new form of methamphetamine use, according to the U.S. Drug Enforcement Administration. While most methamphetamine is either injected with needles, snorted or smoked, the new form is taken orally and comes in the form of a tablet small enough to fit in the end of a drinking straw.

****What is Yaba?**

Yaba, which means crazy medicine in Thai, is produced in Southeast and East Asia. Yaba is a combination of methamphetamine and caffeine. The drug is popular in Asian communities in the U.S. and increasingly is available at raves and techno parties.

****What does yaba look like?**

Yaba is sold as tablets. These tablets are generally no larger than a pencil eraser. They are brightly colored, usually reddish-orange or green. Yaba tablets typically bear one of a variety of logos; R and WY are common logos.



****How is it used?**

Yaba tablets typically are consumed orally. The tablets sometimes are flavored like candy (grape, orange, or vanilla). Another common method is called chasing the dragon. Users place the yaba tablet on aluminum foil and heat it from below. As the tablet melts, vapors rise and are inhaled. The drug also may be administered by crushing the tablets into powder, which is then snorted or mixed with a solvent and injected.

Among users, there is a perception that tablets are safer. Tablet users avoid the possibility of contracting AIDS or hepatitis by sharing needles, and they don't have needle marks running up and down their arms. On the other hand, tablets don't bring users a "rush," the brief, intense sensation experienced by those who inject or snort methamphetamine.

The tablets are sent from Southeast Asia most often through the mail, although some quantities are shipped by courier, air, or maritime cargo. Most of the tablets are seized in the United States arrived through the international mail system.

Although it is currently believed that Southeast Asian methamphetamine pills are brought to the United States primarily for sale to the Asian community, demand may expand to other communities. There are indications that methamphetamine tablets are becoming more popular within the "rave party scene, given the similar appearance to other tablet form "club" drugs, such as Ecstasy.

Information obtained from Men's News Daily 3/20/05 and National Drug Intelligence Center

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