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COORDINATOR COMMENTS

Lieutenant Dale A. Rutledge

I am sure that most of you have heard that I am retiring from the Oregon State Police effective January 1, 2005. As such it was my recommendation to the Governor's Traffic Safety Representative Troy Costales that Sergeant Tim Plummer be appointed as the next Drug Evaluation Classification (DEC) Program State Coordinator. Many of you know that Sergeant Plummer has been involved in the DEC Program since the very beginning and has taught at the DRE Schools for years. Sergeant Plummer is very capable and will represent Oregon very well.

As I leave I want to recognize the hard work that is being done by all the DRE's in Oregon as well as the DRE Instructors and the many people from the Crime Lab and Prosecutors Offices. The DEC Program relies on a team effort to find, arrest and prosecute the drugged driver. None of us could do it alone.

Specifically I want to thank the people at the Oregon Department of Transportation-Transportation Safety Division Troy Costales and Gretchen McKenzie. The work that we do as DRE's would not have been possible without the guidance of the people at the Oregon Department of Transportation-Transportation Safety Division. They provide not only the financial means for DRE Training but also pay overtime for callouts to conduct DRE evaluations. In April 2004 the International Association of Chiefs of Police sponsored a national conference for DRE State Coordinators and the Governor's Representative for Highway Safety Troy Costales. During the conference I had the opportunity to sit and talk at length with Troy and gain insight about strategies across the country to reduce impaired driving. We are fortunate to have someone the caliber of Troy Costales in our corner to help us. Gretchen McKenzie is an advocate for the DEC Program. She participates statewide on a number of committees and it has been my privilege to work with her.

The Oregon DEC Program has many qualified DRE Instructors who come to the DRE Schools each year and impart their wisdom to the new group of students. I have had to organize a number of these schools and believe me it is a relief to know that I can call on qualified instructors from all across Oregon to help teach the classes. Each year we meet for DRE Certification Training and have always been able to complete the training for the students. Thank you to all of you that have helped me along the way.

Finally I would like to say thank you to the individual DRE's across Oregon who conduct the DRE Evaluations. The DEC Program in Oregon is very successful, saving lives, because of the work that each of you are doing in your communities. I encourage you to stay involved and to use your DRE skills whenever you can.

As I said at the beginning, this is a team effort and it has been my pleasure to be associated with each of you. Keep up the good work.

OREGON DRE's BID A FOND FAREWELL Sgt. Timothy Plummer

As we celebrate the Holidays and look forward to the approaching New Year we often pause to reflect on the past and plan for the future.

Oregon has enjoyed a rich tradition of strong leadership in the Drug Evaluation Classification Program. Lt. Rutledge has been an integral part of this tradition. As Lt. Dale Rutledge prepares to retire from the Oregon State Police, I feel it appropriate to reflect upon the service he has rendered to the Oregon Drug Evaluation and Classification Program.

In 1995 the State of Oregon qualified as a Drug Evaluation and Classification Program State. In April 1996 Lt. Dale Rutledge attended Oregon's second DRE School and became certified as a Drug Recognition Expert by September of the same year. In November of 1996 Lt. Rutledge completed the DECP Instructor School and was certified by the International Association of Chiefs of Police as an Instructor in the DEC Program.

On August 1, 2003, Lt. Rutledge accepted the appointment as the State Coordinator of the Drug Evaluation and Classification Program for the State of Oregon. Through his leadership the Oregon DEC Program remains a leading national program in the effort to combat impaired driving. Lt. Rutledge has remained active as a DRE, from conducting evaluations on impaired suspects, DRE School Course Administrator, Certification and Re-Certification Training Coordinator, DITEP Instructor as well as giving countless presentations to professional and civic groups about drug impairment recognition.

In addition to his activities as a DRE, Lt. Rutledge sat on a number of state committees such as the Governors Advisory Committee on DUII, The Governors Task Force on Underage Drinking, The Multi-Disciplinary DUII Training Task Force, The Impaired Driving Steering Committee, Alcohol Server Advisory Committee and others. This, of course, represents only a portion of the work and dedication Lt. Rutledge committed to the Oregon DEC Program.

It has been my pleasure to have worked with and learned from Lt. Rutledge. I know that he has motivated and inspired people from many disciplines both in the State of Oregon and across the nation in the battle against impaired driving. Because of his dedication and hard work, Lt. Rutledge leaves the Oregon DEC Program better and more prepared to face the challenges of the future.

Please join me in wishing Lt. Rutledge a warm and fond farewell with best wishes for whatever lies ahead.

SHEDDING LIGHT ON PRESCRIPTION DRUG ABUSE

By Lieutenant Dale A. Rutledge

Most people who take prescription medications do so responsibly; however, the non-medical use of or abuse of prescription drugs remains a serious public health concern. Certain prescription drugs- opioids, CNS Depressants, and CNS Stimulants- when abused can alter the brain's activity and lead to dependence or addiction or mental illness.

According to the National Institute on Drug Abuse (NIDA) an estimated 6.2 million people in the United States aged 12 and over used prescription drugs for non-medical reasons in 2002. Prescription drug abuse is not a new problem and approximately half the physicians who prescribe drugs say that it is difficult for them to discuss prescription drug abuse with their patients. In the NIDA's *2003 Monitoring the Future Study* they reported that the abuse of CNS Depressants is on the increase. During the 1990's and into 2003 there seemed to be an uninterrupted increase in the abuse of these drugs. These types of drugs tended to fall from favor in the 1970's but made a comeback since the 1990's although the resurgence now seems to be leveling off.

Dr. Stanley Turecki author of "The Difficult Child" a book on pediatric mental health says that in certain regions of the country and in certain demographics there is a tendency to "over prescribe medicine to kids". It appears for example that the upper-middle class parents are especially quick to seek medical treatment for themselves and their children. The parents are often in a cutthroat world where there is a tendency toward "hyperactive perfectionism". The pressure in a certain demographic of society is extraordinary. Many children are quick to adopt the attitude of their parents. You see, parents talk about under performance as if it's a disorder, which really goes to the heart of the issue: "Are we still treating disorders or are we offering performance enhancement?" We need to be careful not to diagnose adolescence as a psychological disorder.

Recently the Food and Drug Administration (FDA) issued a "Black Box" warning for certain anti-depressants after it was discovered that a major pharmaceutical company suppressed information about links to the drugs and teen suicide. The FDA contracted with Columbia University to analyze 25 clinical trials involving 4,000 children. The conclusion that was reached was that children on certain anti-depressants were 1.8 times more likely to have suicidal thoughts and behavior than those children who were not on the medication. The pharmaceutical industry is

(Continued from Page 2)

a \$13 billion industry and the potential problems caused alarm among the stockholders.

The increase in the use of pharmaceuticals may be explained partially by looking at the marketing techniques of the large drug companies. According to Marcia Angell a member of the Harvard Medical School's Department of Social Medicine there will always be more healthy people than sick people so there are concerns that the pharmaceutical companies need to make people think they are sick. For example teens are naturally going through an intense period of ups and downs. Marketing makes them think the downs are unacceptable and that they have a disorder. Drug companies have an incentive to market their drugs to children. Adolescents represent a relatively untapped market for unscrupulous businessmen to exploit. Some doctors say that psychotropic drugs are under prescribed to kids and that nationally the children that could benefit from the use of these drugs outnumber those that are actually using the medication.

There is a burgeoning use of the Internet by savvy teens to purchase prescription drugs without a prescription. There are thousands of Web sites that offer medications without a prescription or a doctor visit. A recent study by Columbia University identified 495 Web sites that advertised controlled prescription drugs. Of those 157 were anchor sites that sold opioid-based drugs such as Oxycontin, Percocet and Darvon. Only 6 percent of the Web sites found in the study required a prescription to complete the sales. None of the sites placed any restrictions on the sale of drugs to children. According to a study by DAWN visits to the emergency room caused by opioids more than doubled since 1995. The mention of narcotic painkillers mentioned in admissions increased from 42,857 in 1995 to 108,320 in 2002. Because of such a tremendous problem the Bush administration has proposed an increase of \$20 million dollars to \$138 million to reduce the use of opium based and morphine based painkillers in the 2005 federal budget.

The ease with which teens can access these drugs and combined with the natural tendency to experiment with new things or to fit into their social group creates enormous pressure. Children offer other children drugs, and then shame them into taking it. In the peer group of teenagers the statement "What is the matter, are you scared?" can have a huge influence on a teen. Once they start the drugs they can become dependent on them and then if the supply is stopped they may try something different to get over the effects. In essence they will be trading one problem for another. Another trap is that once they take a medication they may take addition: amounts to see what will happen. In some cases they

may induce mild hallucinations. In other cases a pill such as Xanax when taken orally as prescribed may dull the effects of stress. When crushed and snorted the effects of Xanax are increased exponentially and it shoots straight into the brain causing a floating sensation like being in a waking dream. Adderall when taken as prescribed can help students concentrate on studying and improve mental performance. It can also suppress appetite, which is a positive thing for the image conscious teenager. When Adderall is crushed and snorted it gives a similar rush as cocaine. When abusing Adderall however it can cause fierce mood swings. People abusing Adderall may be fine one minute and sobbing the next unable to perform any task. One teen describes Adderall as tweaking her moods. Adderall sales for the first six months of 2004 grew by 30 percent and topped \$238 million. The scope of the problem can also be illustrated in another way: according to the federal Drug Abuse Warning Network (DAWN) in 1999 there were a reported 261 emergency room admissions associated with the abuse of Adderall. In 2000 there were 635 emergency room admissions. In 2002 there were 1,355 emergency room admissions. According to NIDA there were an estimated 6.2 million persons abusing prescription drugs in 2002.

When reviewing the different kinds of pharmaceutical drugs that are being abused by children it is a staggering list of drugs. Adolescents are experimenting with Adderall, Xanax, Wellbutrin, Prozac, Ambien, Zoloft, Focalin, Concerta, Klonopin, Percocet, Vicodin, and Oxycontin. In addition to abusing these drugs many of the teens in surveys conducted by NIDA indicate that teens are also mixing drugs together when using them. For example many teens will take Xanax with Cocaine in order to take the edge off the effects of the cocaine or using Adderall when they cannot find cocaine.

Prescription drug abuse is a serious problem with very serious consequences especially for teens and young adults. These teens risk sacrificing their future and mental health because they use these drugs. It is imperative that we as a society recognize the problem of prescription drug abuse and pull it from the shadows and into the light.

Information for this article was obtained from the following sources:

Washington Post-White House Targets Prescription Drug Abuse, 03-01-2004
National Institute on Drug Abuse-Prescription Drugs, 10-21-2002
National Institute on Drug Abuse-Message from the Director, 03-02-2004
National Household Survey on Drug Abuse-Non Medical Use of Prescriptions among Youth, 01-16-2003
New York Magazine New York Teens & the Prescription Pill Culture, 10-04-2004
Substance Abuse and Mental Health Services Administration- CESAR FAX, 11-01-2004

FDA Announces a Strengthening of Warnings for Certain Anti-Depressants

On March 22, 2004, the Federal Food and Drug Administration (FDA) announced a request to manufacturers of ten anti-depressant medications to strengthen the “so called black box” warnings. The warnings in the package inserts encourage closer observations for worsening depression or the emergence of suicidal thinking and behavior in both adult and pediatric patients being treated with these medications for depression.

The warnings alert the physicians, patients and their caregivers to the emergence of certain symptoms that are known to be associated with the anti-depressants in some patients. In particular, anxiety, agitation, panic attacks, insomnia, irritability, hostility, impulsivity, akathisia (severe restlessness), hypomania and mania. Although a causal link has not been established between the emergence of such symptoms and either worsening of depression or suicidal impulses, medications may need to be discontinued when such symptoms are severe or abrupt in onset.

The drugs that are the focus of this labeling change are: Prozac (fluoxetine), Zoloft (sertraline), Paxil (paroxetine), Luvox (fluvoxamine), Celexa (citaloram), Lexapro (escitalopram), Wellbutrin (bupropion), Effexor (venlafaxine), Serzone (nefazodone), and Remeron (mirtazapine). All of these medications are listed as dangerous drugs however are not listed as “Controlled Substances” according to the federal government.

DRE’s looking at someone under the influence of drugs may want to consider some of the side effects listed above when they are evaluating a subject claiming only to have taken anti-depressant medication.

Information obtained from the FDA Website
March 22, 2004

The Supreme Court Hears Arguments About Medical Marijuana

On Monday, November 29, 2004, the Supreme Court of the United States will hear arguments in a medical marijuana case from California. The case involves two women who are suing the U.S. Department of Justice and then Attorney General John Ashcroft. Both women are using marijuana for physical ailments and have been prescribed the drug by physicians. This case will determine if these women and people in ten other states will be allowed to continue using medical marijuana.

The issue is whether states have the right to adopt laws allowing the use of drugs that the federal government has banned or whether federal drug agents can arrest individuals for abiding by the medical marijuana laws in their states.

The Bush administration maintains that laws allowing people to grow and smoke medical marijuana violates federal drug rules and they also assert that medical marijuana has no medical value.

In 2001 the Supreme Court justices ruled that cannabis clubs cannot distribute medical marijuana based on the medical necessity of the patient. The ruling forced the cannabis clubs to close or to operate in the shadows. The decision did not address whether the federal government can block states from adopting medical marijuana laws. Nevertheless the Bush administration took the offensive after the ruling and began seizing marijuana from individuals that had a medical marijuana prescription and raiding their suppliers.

Angel Raich and Diane Monson, both from California, sued Attorney General John Ashcroft because they feared that their supplies of medical marijuana would disappear. After a two year legal battle, they won injunctions barring the U.S. Justice Department from prosecuting them or their suppliers.

In December 2003 the 9th Circuit Court of Appeals in San Francisco ruled in Raich’s and Monson’s favor. The ruling said that the federal laws criminalizing marijuana do not apply to persons who have a prescription from their doctors. The appeals court said that states are free to adopt medical marijuana laws as long as the marijuana was not sold, transported across state lines or used for non-medical purposes. The appeals court distinguished medical marijuana as “different in kind from drug trafficking” and outside the scope of federal oversight. The states that have medical marijuana laws are Alaska, Arizona, California, Colorado, Hawaii, Maine, Montana, Nevada, Oregon, Vermont and Washington. The appeals court also said that doctors were free to recommend marijuana to their patients. The U.S. Department of Justice appealed but the U.S. Supreme Court declined to hear the case.

Angel Raich said that she hopes that the chemotherapy Chief Justice William H. Rehnquist is undergoing for thyroid cancer will soften his heart about the issue. Raich said, “I think he would find that cannabis would help him a lot”.

Information obtained from CNN Law Center
Monday, November 29, 2004

DRUGGED DRIVING

From an Article on the front page of the USA Today Newspaper dated Friday, October 22, 2004, came a story about the growing danger of “drugged driving”.

In the article we learned that U.S. Representative Rob Portman R-Ohio is sponsoring a zero tolerance bill known as the *Drug Impaired Driving Enforcement Act 2004*. The zero-tolerance bill would make it illegal for anyone to drive with any amount of an illicit drug in their system. Portman said in an interview that “for years we have properly focused on drunk driving as a problem in this country”. “We have focused on it to a point where there has been a change in people’s attitudes and behavior. Now we have to do that with drug use.”

Zero-Tolerance laws for drugged driving would likely spur a wave of lawsuits over individual rights. The Drug Policy Alliance, The Marijuana Policy Project and other groups say that zero-tolerance laws are misguided and unfair because they punish people for private behavior rather than for actions that harm others such as driving while impaired. Critics say that the proposed laws might ensnare a recreational drug user who may smoke some marijuana at a Friday night party and then still has residue in his urine when he drives to work on Monday morning but who is not impaired. Critics of the law also point out that the zero-tolerance laws would not do anything to people who drive impaired on legal drugs such as prescribed tranquilizers or over the counter drugs.

In one way or another every state in the country makes it illegal to drive while impaired by drugs. Eleven states make it illegal to drive with any amount of illicit substances in one’s system. The zero-tolerance states are Arizona, Georgia, Indiana, Illinois, Iowa, Michigan, Minnesota, Pennsylvania, Rhode Island, Utah and Wisconsin. The new zero-tolerance laws would make it easier for prosecutors to convict these drivers.

In 2003 across the United States more than 1.5 million people were arrested for driving while impaired by alcohol. Police Departments and public health specialists estimate that at least as many people drive while impaired by drugs and are rarely prosecuted for it.

In Oregon there are efforts being made to curb the abuse of Over-the-Counter medications (OTC) and prescription drugs. Legislators from the 2005 Oregon Legislature will consider a bill to amend the definition of impaired driving to include *any substance* that causes impairment. What is missing in the Oregon law currently is that certain substances such as OTC’s and prescription drugs that are being abused are not “controlled substances” as defined by the Federal Government. We know drivers taking legal drugs can be as dangerous as those using illicit drugs. The

National Traffic Safety Administration conducted a study of fatal crashes in seven states. Researchers tested drivers for 50 commonly abused substances. More than half the drivers in the fatal crashes had been using alcohol and about 18% had used drugs.

2003 Traffic Safety Facts from NHTSA

Motor vehicle travel is the primary means of transportation in the United States, providing an unprecedented degree of mobility. For all its advantages, deaths and injuries resulting from motor vehicle crashes are the leading cause of deaths and injury for persons of every age from 2 through 33 years old. Traffic fatalities account for more than 90 percent of transportation-related fatalities.

In 2003, the fatality rate per 100 million miles of travel fell to a new historic low of 1.48. The 1993 rate was 1.75 per 100 million miles traveled.

In 2003, 42,643 people died in the estimated 6,328,000 motor vehicle crashes reported by police. In those crashes there were 2,889,000 persons injured and 4,365,000 crashes that resulted in property damage only. There were 17,013 persons who died in impaired driving crashes. This is a decrease of 2.9 percent compared to 2002 (17,524 fatalities), and it represents an average of one impaired driving fatality every 31 minutes. In 2003 the percentage of impaired driving fatalities was 40 percent of the total of people who died, compared to the 45 percent in 1993.

In 2002 approximately 1.5 million drivers were arrested for Driving Under the Influence of alcohol or drugs. This is an arrest rate of one (1) person for every 130 licensed drivers. The data for 2003 is not yet available.

Seasons Greetings

Happy Holidays to everyone!

Thanks for all of your hard work and support for this last year and for many more to come.



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