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COORDINATOR COMMENTS

Lieutenant Dale A. Rutledge

It is now mid-summer and I hope everyone will be able to enjoy some time away from work while enjoying the summer months. The last few months have been very busy with the DRE Prosecutor School in February, the DUII Multi-Disciplinary Training Conference in April, the Drug Recognition Expert (DRE) School and Certification Training in May and the DRE Conference in June.

In trying to decide what to write for this edition of the Northwest Evaluator I considered several different topics that would help those people who are involved in the Drug Evaluation Classification (DEC) Program and who read this. I had a very difficult time trying to decide what to write until I read a book by Senator John McCain titled Why Courage Matters. In this book Senator McCain discusses different heroes from wars the United States has been involved in. This book however is not about the heroes so much as it is about the need to have courage in the face of adversity and how that in turn makes each of us a better person.

I thought about the courage that it takes to be a police officer and to confront the worst in society. Each year many police officers make it a priority to remove impaired drivers from the road. It involves first of all a commitment to learn the process and then the willingness to make such arrests. Sometimes those arrests involve confrontations requiring the very best of our physical training. Ultimately you will be called upon to testify in front of a jury that will judge whether you did a good job. You will have a defense attorney in court that will try to convince the jury that you did not do a good job. In fact it is the job of the defense attorney to test your skill and knowledge. Having lived through numerous cross-examinations at impaired driving trials let me tell you these were not pleasant experiences. At times it became so bad that I began taking an aspirin, when I woke the morning of a trial, just to get ahead of my headache.

Today we not only have officers that make a point to do the best job they can arresting impaired drivers but they take it one step further than most and become DREs. While it is true that the DEC Program gives the police officer more tools to use in the fight against the impaired driver it also has a myriad of pitfalls that experienced defense attorneys can use to give you a pounding headache.

I admire each of you for your willingness to do this difficult job. It would be easier to never have to prove yourself but it takes courage and strength to be a DRE. John McCain explains it best as to why courage matters. "Your courage will be recognized by those that matter most to you". So thank you to all the police officers that had the courage to become a DRE and who work hard in order to make our streets safer.

C.A.N.D.I.D. Recognizes Dr. Karl Citek

By Chuck Hayes
DRE Regional Operations Coordinator
International Association of Chiefs of Police

Each year, C.A.N.D.I.D. (Citizens Against Drug Impaired Driving) honors various people throughout the U.S. and Canada for their valuable contributions and support of the Drug Evaluation and Classification (DEC) Program and for their efforts in combating drug-impaired driving. Karen Tarney, along with her late husband, Richard Tarney, began C.A.N.D.I.D. due in part to their concerns about the drugged driving problem and for their support of Drug Recognition Experts (DREs).

C.A.N.D.I.D. annually gives three national awards; 1) DRE Program Expansion, 2) DRE Program Innovation and 3) DRE Program Technology. The award winners for 2003 were honored at the Annual International Association of Chiefs of Police (IACP) Drugs, Alcohol and Impaired Driving Seminar held June 7-9th in Phoenix, Arizona. The award winners for 2003 included one of the Pacific Northwest's own, Dr. Karl Citek, Optometrist from Pacific University School of Optometry, in Forest Grove, Oregon. Doctor Citek received the award for DRE Program Technology after being nominated for the award by each of the Pacific Northwest DRE State Coordinators; Lieutenant Dale Rutledge from Oregon, Sergeant Steve Johnson from Washington and Sergeant Dean Matlock of Idaho.



2003 C.A.N.D.I.D. Award winner Dr. Karl Citek with Sgt. Steve Johnson – Washington, Lt. Dale Rutledge – Oregon, and Sgt. Dean Matlock – Idaho.

The three State Coordinators nominated Dr. Citek for his dedication and devotion in training police officers, prosecutors, judges and others in HGN and other eye indicators associated with drugs and alcohol. Dr. Citek was also nominated for the award because of his support in leading various technology and research studies supporting HGN, Positional Alcohol Nystagmus and DRE. Dr. Citek is a regular instructor at DRE Schools in Oregon, Washington and Idaho and has been used as an expert for the state numerous times in HGN and DRE court cases nationally.

Other C.A.N.D.I.D. award winners for 2003 included: Program Expansion – Sergeant Kevin Reaves of the Lee Summit Police Department, Lee Summit, Missouri and Sergeant Karl Nieberlein, Sparks Nevada Police Department for Program Innovation. In honor of Richard Tarney, who passed away in 2003, C.A.N.D.I.D. also presented the “Richard B. Tarney Memorial Award” to Captain Dan Webb of the Texas Department of Public Safety.

OREGON MEDICAL MARIJUANA PROGRAM

Statistics provided by
Oregon Department of Human Services
<http://www.ohd.hr.state.or.us/mm/data.cfm>

Number of patients currently holding cards	10,196
Number of caregivers holding cards for these patients	5,384
Number of Oregon-licensed physicians	

who have signed applications (MDs and Dos only)	1,413
Number of new applications received January 1, 2004 through June 30, 2004	2,650

Number of patient cardholders per County (Top 10)

Multnomah	1,654
Lane	1,298
Douglas	1,082
Jackson	803
Clackamas	695
Washington	693
Josephine	598
Coos	507
Marion	415
Curry	301

Oxycontin Overview

by Dale A. Rutledge
Oregon State Police

Put together a powerful new class of prescription painkillers, a movement to liberalize the use of narcotics for pain, an aggressive pharmaceutical marketing campaign and you have the ingredients of a public health disaster described New York Times reporter Barry Meier's book, Pain Killer: "Wonder Drugs Trail of Addiction and Death. During the mid-1990's patient advocates began calling loudly for broader use of narcotics for patients with severe or chronic pain. As the movement got louder Purdu Pharma introduced Oxycontin, a drug based on oxycodone, but at higher doses and purity. Oxycontin has a time release formula that was believed would make the drug less appealing to drug abusers. This claim was also endorsed by the Food and Drug Administration but has unfortunately not stopped the drug abusers.

Oxycontin is a prescription painkiller used to control mild to moderate pain, chronic pain and pain related to cancer and other debilitating conditions. Oxycontin produces opiate-like effects and is sometimes used as a substitute for heroin. Illicit use of Oxycontin includes crushing the tablets and ingesting or snorting the powder. It is the crushing of the tablets that defeats the time release formula and allows the abuser to experience a "high". Most individuals who abuse Oxycontin do so to gain the euphoric effects, relieve pain or avoid withdrawal symptoms. Those who take the drug repeatedly can develop a tolerance or resistance to the effects of the drug. Most individuals who are prescribed Oxycontin will not become addicted, in the true sense of the word, although they may become dependent on the drug and will experience withdrawal symptoms when use is stopped.

According to the National Survey on Drug Use and Health, approximately 1.9 million persons age 12 or older reported in 2002 that they had used Oxycontin non medically at least once in their lifetime.

According to the Drug Enforcement Administration, during 2000 there were 432 Oxycontin theft and loss incidents, with the majority of the incidents from employee pilferage. Oxycontin thefts and loss incidents increased to 905 in 2002, with the majority of incidents from night break-ins, armed robberies and employee pilferage. In May and June 2004 the Oregon Health Sciences University in Portland experienced two break-ins at the pharmacy. The suspects used a large pry bar to open a back door and remove large quantities of Oxycontin and Vicodin in a very short period of time.

Purdue Pharma manufactures Oxycontin and has sold more than \$1 billion worth of the drug in the past 4 years, but the Drug Enforcement Administration says that Oxycontin also has reached unprecedented levels of popularity in the illicit drug market in a short period of time. To get the drug, the users typically go to a doctor complaining of pain in order to get a prescription, steal prescription pads to forge prescriptions.

Purdue Pharma insists that they have promoted the drug responsibly, including telling doctors how to spot potential abusers. Experts say the need for better pain medication is a real problem, but in their zeal to do more for patients, some doctors are overlooking the problem of addiction.

The result of all the controversies however has been to heighten the awareness of prescription drug abuse. Drug companies have taken steps to reformulate these drugs so that the abuser does not experience the high associated with drugs like Oxycontin. Drug companies are working with states to implement prescription drug monitoring systems and to educate doctors and patients to the potential harm these drugs can cause. There is no doubt that these drugs serve a desperate need in the management of pain but these drugs need to be kept for the worst-suffering patients.

In July of 2003, an Oregon State Police trooper from Tillamook arrested a subject after he was involved in a minor crash. He failed sobriety tests but made it known that he was a diabetic and that diabetic's exhibit signs/symptoms similar to persons under the influence of alcohol. He insisted on medical assistance and was evaluated by paramedics who tested his sugar level which came back fine. The suspect didn't agree with their results and requested to be seen by a doctor so he was taken to the hospital. It took two hours before he was seen, but a blood draw was done during the wait. During the trial, the blood was allowed (.20) but the defense brought in a doctor who testified that the defendant exhibited classic signs of a diabetic reaction. It was up to the jury to decide whether he was impaired from alcohol or whether his condition was a result of the diabetic reaction. They found him guilty of Reckless Endangering and Reckless Driving but not guilty of DUII.

U.S. - CANADA ROUNDUP HITS ECSTASY SMUGGLING RING

Washington - Drug agents began rounding up 170 people in the United States and Canada who they said were part of a distribution ring responsible for 15 percent of the Ecstasy smuggled into this country.

At its height, the suspected trafficking ring distributed 1 million tablets a month of Ecstasy, a popular club

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drug, in the two countries and laundered \$5 million a month through bank transfers, officials said Wednesday.

Karen Tandy, chief of the Drug Enforcement Administration, said the two-year investigation, dubbed Operation Candy Box, culminated in the arrests of nearly the entire operation, from king-pins to couriers.

Information obtained from *The Oregonian*, Thursday, April 1, 2004

DRUG ABUSE EVOLVING

by Mark Nichols
American Police Beat Magazine
June 2004

When the average American thinks about drug dealers, drug abuse and the war on drugs, Rush Limbaugh, Pfizer, and prescription drugs aren't the images that rush to mind.

But according to the new research, prescription drugs are rapidly becoming the dominant substance abuse problem in the United States. While marijuana continues to be the most widely used illicit drug with some 14.6 million users, prescription drugs are finishing a strong second with 6.2 million pill-poppers. In relation to the drugs that dominated the headlines just ten years ago like crack, heroin and ecstasy, prescription drug abuse has grown by leaps and bounds. About two million Americans used cocaine in 2002, 700,000 used ecstasy, 200,000 used heroin, and just 100,000 used LSD.

Doctors, health care providers and law enforcement officials all say the same thing. The rising tide of prescription drug abuse is a massive public health crisis and a serious enforcement challenge. While most illicit drugs are sought out by users on the street, pharmaceutical companies advertise to millions every day on the airwaves and through the Internet.

It is unclear if a change in strategy will accompany the change in the nature of the abuse in the overall war on drugs.

The Office of National Drug Control Policy has only recently directed the federal agencies to develop strategies for combating prescription drug abuse. The DEA and the Food and Drug Administration have been told to go after on-line operators that market and sell prescription drugs unscrupulously. But there are a lot of folks who say the horse is out of the barn in terms of the effectiveness of a crackdown so late in the game.

"I'm not a big subscriber to the idea that prescription drug abuse is something new," according to John Burke

a former Cincinnati police officer who now leads a regional anti-drug task force in southern Ohio. "It's always been there. There has been some increase, but it is getting more attention because of some drugs like Oxycontin."

Mark Kleiman, a professor of public policy at U.C.L.A., agrees. "It would have been great if people started looking at those numbers in the mid-90's," Kleiman said. "That's not to say it's bad to do something now. We still have a major drug problem here that has not been addressed in any way."

Most research suggests that the rise in prescription drug abuse is directly related to the increased access and availability via the Internet without any corollary increase in the enforcement awareness.

COURT: DRUG DUIS MUST BRING JAIL TIME

In a decision that could have a substantial impact on California's Proposition 36, the state Supreme Court ruled Thursday that people convicted of driving under the influence of drugs go to jail and not into treatment programs.

Citing the danger to the public from drugged drivers, among other reasons, the justices unanimously interpreted the initiative – which prescribes treatment and forbids incarceration for first-and second-time nonviolent offenses "related to the use of drugs" – to exclude DUI.

11th Annual DRE Training Conference

The location and dates for the 11th Annual IACP DRE Section Training Conference on Drugs, Alcohol and Impaired Driving have been determined.

The dates for the conference are Friday August 5, 2005 through Sunday August 7, 2005. The State Coordinator's meeting will be held on Thursday August 4, 2005. The conference will be held in Arlington, Virginia at the Marriott Crystal Gateway Hotel.

The hotel is offering an outstanding rate of \$99/night plus tax and complimentary parking. The hotel is situated on the Metro, which will provide access to all the museums, Pentagon, Capitol Mall, Arlington Cemetery as well as the monuments.

As soon as the agenda is finalized in the late fall of 2004 the registration brochures will be available either by mail or on the website. Pencil in the dates on your calendar and plan on attending this event in our nation's capitol.

Is a Breath Test Feasible for Drug Impaired Drivers

Recently an article appeared on the internet which insinuates that an instrument designed to detect cancer on the breath of a dog could be used to detect drugs on the breath of impaired drivers.

The concept is that the roadside Breathalyzer kit would be able to detect all kinds of drugs and would allow police to snare drivers who have been using controlled substances.

This hyper sensitive instrument has been dubbed a "Laser Nose" and is able to detect tiny traces of telltale gasses in dog's breath to help identify diseases.

Doctor Cathy Wyse, from the Veterinary Clinical Studies Department of Glasgow University in Scotland is working on the new technology. She said that the "Home office is certainly interested in developing a device which could test whether drivers have taken drugs. For the test to be absolutely credible you have to make 110% sure that you can say that a particular gas found is only there because the person ingested drugs. There is still a lot of work to be done to get to that stage but it is theoretically possible. The hardest part of the process will be to pinpoint the exact gasses present for a particular drug.

The "Laser Nose" was designed to sniff out gas and oil reserves by measuring ethane gas emissions in the atmosphere. The medical community discovered the instrument when Doctor Chris Longbottom, a dentistry specialist at Dundee University, made the connection between lung cancer and higher levels of ethane gas in humans. The technology has since been adapted so it can detect illnesses in animals.

Ethane, when measured in humans, is an indicator of oxidized stress, a sign of lung disease. The "Laser Nose" is able to measure the infinitely small levels of gas, which acts as a signpost to the disease.

In looking at the practicality of the instrument however, it does not appear to be something that will be available to law enforcement officers in the near future. Scientists first need to determine which gasses would be present for a particular drug. The technology would have to evolve that would be able to detect the gasses in very minute quantities. Then

the cost of the instrument would have to be something affordable to police agencies. The cost of an Intoxilyzer 5000 is approximately \$5,000. The cost of an instrument like the "Laser Nose" could easily be many more times the cost of an Intoxilyzer.

Almost the Real Thing

In April 2004, the Associated Press carried a story about two new coca-based soft drinks that are now being marketed in Peru: Kdrink Ice Tea and Vortex Energy Drink. According to the article, "The makers of Kdrink, (Kokka Royal Food and Drink) believe many countries will allow their drink if vague anti-coca rules are clarified, while the bottlers of Vortex are banking on a cocaine-free coca formula". The concept for these products was based on the increasing popularity of coca-based teas that are sold to tourists to ward off altitude sickness. The products are made with de-cocainized leaves, and each bottle contains 0.6 milligrams of cocaine. Makers of the products would like to go international but have run afoul of U.S. and United Nations regulations.

The article went on to discuss U.S. coca leave imports. The Stepan Company (annual sales of \$400 million, traded on the American Stock Exchange company) of Maywood New Jersey is said to import 175,000KG of coca leaves into the U.S. each year. It appears that the leaves come from the same farms that supply the Colombian drug cartels, although the cocaine is removed from the leaves before it is sold to the Coca-Cola Company that continues to use cocaine-free leaves for flavoring.

The Stepan Company, which is licensed as manufacturer of controlled substance, registered with the Department of Justice in 2001, and has received permission to manufacture cocaine and benzoylecgonine. The truly noteworthy information in this article is the amount of coca leaf that is used. Most government estimates put the total Andean production at less than 600 tons. If those figures are correct, and they appear to be, then one-sixth of the worlds coca production is going toward the manufacture of soft drinks.

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**11TH ANNUAL IACP
“Drugs, Alcohol, &
Impaired Driving Conference”**

**August 5 - 7, 2005
Arlington, Virginia**

For more information, visit the conference website at www.dreconference.com