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# SNARE the Drug Impaired

**THE OFFICIAL NEWSLETTER OF THE MINNESOTA DRE  
JUNE 2009**

## **MANY PEOPLE ARE UNAWARE OF THE CALORIE CONTENT OF ALCOHOL**

Four in 10 did not know a glass of wine has the same calories (120) as a slice of cake, or that a pint of lager and a small sausage roll have 170 each.

The poll of 2000 adults in England was carried out as part of the government's drive to curb people's drinking habits. The campaign also stresses that a heavy drinking session is often followed by an unhealthy breakfast, which again helps to pile on the pounds. The Know Your Limits campaign has in the past focused on other consequences of drinking, such as disease risk.

But to coincide with the focus on weight, the Dept of Health carried out research showing a regular beer drinker, who downed 5 pints a week or 250 over the course of a year, packed away the same number of calories as someone eating 221 doughnuts over the space of 12 months. It also revealed the average wine drinker consumed 2000 calories each month. Over the course of a year, that is the equivalent of eating an extra 38 roast beef dinners.

### **CALORIE COUNT COMPARED**

	<b>200</b> calories	
Pint of cider		Beans on toast
	<b>190</b> calories	
Pint of bitter		Doughnut
	<b>160</b> calories	
Cream liquor (shot)		Chicken drumstick
	<b>120</b> calories	
Glass of wine		Slice of cake
	<b>55</b> calories	
Shot of vodka		25ml single cream

Health minister Phil Hope said: "Regularly drinking more than our recommended daily limits can have a knock-on effect on our health, including an expanding waistline. " It's not only the calories in the drinks themselves that can help to pile on the pounds, we're also more likely to eat fatty foods when we've had one too many." Heather Caswell, of the British Nutrition Foundation, added: "Most people would balk at consuming a full glass of single cream, but wouldn't think twice about a couple of pints. " But the calorie content is similar and, over time, excess alcohol intake is likely to lead to weight gain." And a spokesman for the Drinkaware Trust added: It's imperative we are in the know when it comes to what we are drinking.

## **U.S. PRESCRIPTION DRUG ABUSE DETAILED**

It's the second leading cause of accidental death in the nation. The Office of National Drug Control Policy released a report on prescription drug abuse, which shows it's a major health concern. The recent report says prescription drug abuse costs public and private medical insurers just over \$72 billion a year. The report also shows pharmaceutical abuse is the result of hundreds of deaths across the nation. The 2009 National Prescription Drug Threat Assessment was prepared by the National Drug Intelligence Center and the Drug Enforcement Administration. The report shows between 2001 and 2005 accidental deaths involving prescription drug abuse went up by 114%. The report found in 2005 over 8,500 deaths nation-wide involved prescription pain medication. The report also pointed out prescription drug abuse is most prevalent among people between the ages of 18 to 25--from 2003 to 2007 about 6% of this age group reported non-medical prescription drug use in the past month. Drug experts also say controlled prescription drugs are often more readily available than heroin in all drug markets. The ONDCP Director says prescription drug abuse is similar to the threat of illicit drug such as cocaine and heroin. ONDCP also says in 2006, the last year for which data is available, drug-induced deaths in the United States were higher than gun-related deaths and ranked second to car accidents. The Drug Enforcement Administration said prescription drug abuse often leads to the use of harder drugs. In the past, DEA also told us people often get prescription drugs from their friend and family's medicine cabinets, by doctor-shopping and theft. The prescription drug report also showed nearly one-third of individuals who began abusing drugs in the past year said their first drug was a prescription drug. The report pointed out although prescription drug abuse is the highest in eastern states, crimes associated with this form of drug abuse went up in all regions in the past 5 years.

**Source: KPAX-TV – Online**

A copy of the 2009 *National Prescription Drug Threat Assessment* can be found at:

<http://www.usdoj.gov/ndic/pubs33/33775/index.htm>

and

<http://www.usdoj.gov/ndic/pubs33/33775/33775p.pdf>

## **LATEST MINNESOTA TREATMENT STATS:**

National Institute on Drug Abuse (report also available on [www.dhs.state.mn.us](http://www.dhs.state.mn.us))

**Treatment admissions for Meth** - 2008 dropped in the Twin Cities metro area.

2008 (first half) - 5.5 percent of total area treatment admissions

2007 (first half) - 7.5 percent

2005 - 12 percent

Smoking still the most common route at 64.9 percent

Seizures for meth - 26.9 percent (2008)

Seizures for cocaine - 29.5 percent (2008)

**Treatment admissions for Heroin** up to 6.6 percent in 2008 (First half)

Other opiates (mostly prescription narcotic analgesics used non-medically) - 5.3 percent

Of these patients (other opiates) almost half (45.2 percent) were women

**Marijuana admissions** 16.9 percent of total admissions in 2008 (First half)

**Cocaine** 11 percent

Most patients for marijuana dependence were under the age of 25

Cocaine dependence (69 percent) were 35 or older

**Alcohol admissions** were 52.1 percent for 2008 (first half)

Most (60.3 percent) were age 35 or older

**Hennepin County - arrestees in 2007**

881 arrestees tested

43.4 percent tested positive for marijuana

28.5 percent for cocaine

5.3 for opiates

5.1 for meth

**Characteristics of 31,696 people treated statewide in local detox centers**

89.4 percent - alcohol presenting problem

30.6 percent - marijuana

18.2 percent - cocaine

Half presenting had at least one lifetime DWI arrest

26.2 percent - a non-DWI or drug arrest

*Submitted by Officer Kathi Gomez – Crystal PD*

## **TIPPING A FEW BACK TO GAUGE ALCOHOL BREATH TESTERS**

So you have had a few drinks and wonder how high you might register on a breath alcohol test. Officers in the field use a device called a personal breath test, or PBT, when they stop a suspected drunk driver. But there are also over-the-counter devices anyone can buy at drug stores or online. The big question is how accurate are the commercial ones that cost anywhere from \$10 to \$50?

The Lakeville Police Department agreed to host a "party" and put them to the test. The "guests" included WCCO reporter Caroline Lowe and a group of men and women from the community who agreed to sip alcohol and eat pizza on a recent afternoon at the police station. Lowe supplied the party-goers with the Ken Roberts testers she found on sale at Herbergers for less than \$10. She also brought three AlcoHawks which sell at drug stores and online for about \$50 a piece.

After two glasses of wine, Lowe registered almost the same on the police PBT as she did on one of the AlcoHawk models. However, a second AlcoHawk model was way off when Lowe blew into it. Lakeville Officer Greg Jensen administered the police and commercial PBT tests. The Ken Roberts model will show if someone had consumed alcohol but did not give a precise measurement.

"If you want to use it just to see if your kid's drinking or to see if a student's drinking, these would be good because it would show that there's alcohol there," said Jensen about the Ken Roberts model.

"There's alcohol in the system?" asked Lowe.

"Yup. But as far as once you get above a .05 it would show the same on these if you were a .20 or .30," said Jensen.

"Just shows you're over?" asked Lowe.

"Right," said Jensen.

Bottom line from Jensen on the over-the-counter alcohol testers: There are guarantees.

The only way to be sure if you are thinking about getting behind the wheel: "I always tell people if you don't think you are okay to drive, don't." "To be responsible, if you're going to be drinking and you don't know if you are OK to drive and you have got to put a tube in your mouth to tell you if you're OK, you probably shouldn't be driving," said Jensen.

Source: WCCO.com

### ***DID YOU KNOW.....***

Did you know that you can learn about the drug situation in your state at [www.usdoj.gov/dea/statistics.html](http://www.usdoj.gov/dea/statistics.html)

## ***FDA MULLS BAN ON PROPOXYPHENE PRODUCTS***

Many MEDTOX clients employ the use of special drug panels that screen for the use of propoxyphene, a Schedule IV narcotic-analgesic. Originally brought to market in 1957 under the brand name Darvon (as well as Darvon 65, Darvocet and Darvon Compound) this drug has become a mainstay prescription option for physicians in the treatment of mild to moderate pain, the FDA notes that over 20 million prescriptions for propoxyphene were written in 2007.

Over the years however, propoxyphene products have become frequently involved with accidental and intentional overdoses. Efforts by critics to ban the drug have gotten the attention of the FDA, an advisory panel recently recommended in a 14-12 vote that propoxyphene be banned. Although the vote was a close one, the FDA typically follows the recommendations of advisory panels.



Source: Medtox Journal- MEDTOX Scientific, Inc

## **MAN ARRESTED TWICE FOR DWI WITHIN A 3-HOUR PERIOD**

Police said they arrested a Pittsburgh-area man twice within three hours on a charge of driving under the influence of prescription drugs. Police said they first pulled over a 26-year-old man about 8:30 p.m. Friday. They said he had muscle relaxers and another type of pills used to help people withdraw from opiates in his car after he failed a field sobriety test.

Police say they dropped the man at his mother's house telling him DUI charges would be mailed to him. About 11:15 p.m., police said the man came to the police station seeking medication seized from his car. Police said the man told them he got a ride to the police station, but they pulled him over when they saw him try to drive away.

*Source: Beaver County Times,  
<http://www.timesonline.com/>*

## **NONMEDICAL USE OF ADDERALL AMONG FULL- TIME COLLEGE STUDENTS**

A 3 page OAS short report based on data from SAMHSA's National Survey on Drug Use & Health (NSDUH) that examines the demographics and alcohol and other drug use of full-time college students who nonmedically used Adderall, a Schedule II drug that is prescribed to treat ADHD and for narcolepsy.

This info is useful for prevention and treatment health professionals as well as parents and educators who are interested in the health of college students as well as identifying high risk groups for potential adverse drug interactions.

Find the entire report at:

<http://oas.samhsa.gov/2k9/adderall/adderall.cfm>

## **SURVEY FINDS RISING PARENTAL AWARENESS OF YOUTH PRESCRIPTION DRUG ABUSE**

Parents are increasingly aware of the threat that prescription drug abuse poses to their children, according to findings in the latest Partnership for a Drug-Free America (PDFA)/MetLife Foundation Parents Attitude Tracking Study (PATS).

The 2008 study of about 1,000 parents of children in grades 4-12 found that just 10 percent of parents believed that misuse of prescription drugs is "much safer" than misuse of illicit drugs, down from 19 percent in 2007. Further, only 11 percent of parents believed that misuse of prescription drugs cannot be addictive, down from 24 percent in 2007.

About one in five teens say they have misused prescription drugs. The survey found that more parents feel empowered to prevent their kids from using drugs, but parents still are more likely to discuss misuse of alcohol, tobacco and illicit drugs with their children than to talk about prescription drugs, the PATS 2008 study found.

"It's encouraging to see that more parents are now aware of the very real health risks of abusing medications, but now parents must take the next step -- having frequent, open conversations with their teens to protect them from this dangerous behavior," said PDFA President Steve Pasierb.

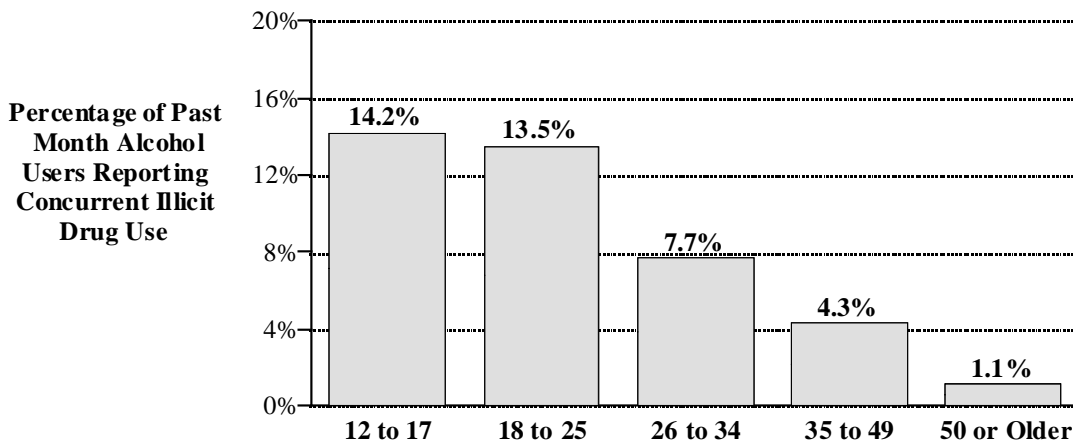
The survey also found that:

- 70 percent of parents surveyed reported that something portrayed in the media prompted a conversation with their child about alcohol or other drugs
- 64 percent said that they were motivated to start a discussion after seeing something drug-related on television
- 27 percent of parents talked to their child about drugs as they were preparing to enter a new grade in school
- 30 percent of parents used special occasions like prom and graduation as an opportunity to talk about drugs
- 27 percent of parents said that schools should be primarily responsible for drug education, down from nearly 40 percent the previous year

## ***YOUTHS AND YOUNG ADULTS MORE LIKELY THAN OLDER PERSONS TO HAVE USED ALCOHOL AND ILLICIT DRUGS TOGETHER IN THE PAST MONTH***

An estimated 7.1 million current alcohol users reported using illicit drugs (primarily marijuana) at the same time they last used alcohol, according to an analysis of data from the National Survey on Drug Use and Health (NSDUH). Youths ages 12 to 17 and young adults ages 18 to 25 were most likely to report concurrent alcohol and illicit drug use (14.2% and 13.5%, respectively), compared to 7.7% of adults ages 26 to 34 and less than 5% of older adults (see figure below). Concurrent alcohol and illicit drug use was also more prevalent among males (7.1% vs. 3.9% for females) and among binge drinkers (13.9% vs. 3.8% for non-binge drinkers; data not shown). The authors suggest that “prevention and treatment providers should continue to emphasize the risks of using alcohol and illicit drugs together, with targeted messages for those groups at greatest risk for this behavior” (p. 3).

**Percentage of Past Month Alcohol Users Reporting Concurrent Illicit Drug and Alcohol Use, by Age Group**  
(2006 and 2007 data combined)



NOTES: Marijuana was the drug most frequently used concurrently with alcohol (4.8%). All other illicit drugs (cocaine/crack, inhalants, hallucinogens, heroin, and prescription-type drugs used nonmedically) were each used concurrently with alcohol by less than 1% of respondents

SOURCE: Adapted by CESAR from Substance Abuse and Mental Health Services Administration (SAMHSA), “Concurrent Illicit Drug and Alcohol Use,” *The NSDUH Report*, March 19, 2009. Available online at <http://www.oas.samhsa.gov/2k9/alcDrugs/alcDrugs.cfm>.

## ***DEA LAUNCHES NEW EDUCATIONAL WEBSITE FOR PARENTS: WWW.GETSMARTABOUTDRUGS.COM***

GetSmartAboutDrugs.com was developed as a resource for parents and caregivers to help them identify drug abuse, prevent children from using drugs, and find resources for substance abuse prevention in an informative, non-technical manner.

The website was introduced at the annual National Leadership Forum of one of DEA’s partner organizations, the Community Anti-Drugs Coalition of America. Speaking to forum participants, Acting Administrator Michele M. Leonhart said, “In this fight, information is power, and DEA’s new website has current, accurate, and practical information about how to spot signs of abuse, identify drugs and paraphernalia, and how to talk to teens about drugs.”

GetSmartAboutDrugs.com is a follow-up to DEA’s highly popular site for teens, [www.JustThinkTwice.com](http://www.JustThinkTwice.com).

## ***CONCERN IN WISCONSIN OVER SUBOXONE-RELATED DEATHS***

The recent Suboxone-related deaths of two Milwaukee-area residents has drawn negative attention to federal rules that allow patients to use the buprenorphine-based drug at home, the Milwaukee-Wisconsin Journal Sentinel reported.

Some local officials blame wider availability of the drug for increasing the risk of abuse by recreational users. Milwaukee police said they saw evidence of illicit trafficking of Suboxone even before it was linked to the overdose deaths of teenager Madison Kiefer and college student Luke David Murphy.

Chuck Wood of the Waukesha County Sheriff's Department said informants noted that a street market for the drug has developed because recreational users have found a way to use Suboxone to get high. Suboxone was specifically designed to limit abuse potential by including the opiate antagonist naloxone in the formulation. "It was going to be so controlled," Wood said. "Now we're seeing it out in the community."

An official with the federal Substance Abuse & Mental Health Services Administration (SAMHSA) said the overdose deaths seem to be the tragic results of abuse rather than any inherent danger in Suboxone. "Suboxone is a very safe drug," said Robert Lubran, SAMHSA's director of pharmacologic therapies. "There's a reason why they're controlled substances -- because they're abusable."

"It really does its job well," said Jim Aker, a counselor at ProHealth Care, a program in Waukesha that has used Suboxone to treat 140 recovering addicts during the past two years.

Police believe that the two overdose deaths were the result of ingesting Suboxone along with other substances; some users incorrectly believe that Suboxone mitigates the effects of other drugs. Tim Baxter, medical director of Reckitt Benckiser Pharmaceuticals Inc., said Suboxone alone cannot trigger a fatal overdose. But he said it has been linked to 15 deaths nationally when combined with alcohol or other drugs. Baxter said abuse has been tapering off, as drug users discover Suboxone's limited potential for intoxication. "Some kids will decide, 'Oh, this sounds like fun, we'll have a go,'" Baxter said. "They may try it once, but they go on to something else."

### ***WHAT'S THE DEPTH OF YOUR DRUG KNOWLEDGE?***

This drug has its roots in the 70's and 80's edgy drug scene where a chemical cousin was found to be responsible for hundreds of drug overdose deaths. This drug is a chemical iteration of its predecessor. Unlike its more insidious cousin, this drug is short acting. When used illicitly the drug is almost always snorted in powder form. Recent reports suggest that this drug has great potential as an anti-depressant and research into this possibility is underway. Commonly, this drug is appreciated for its anesthetic and sedative effects. This drug is not a barbiturate; it is not a benzodiazepine. It can be found in any hospital or emergency clinic in America, it's used in pediatric and adult medical settings. The drug is popularly used by physicians to treat the pain of young children who are frightened by pain involving bone fractures and the necessary medical procedures necessary to set and cast bones. Unlike narcotic analgesics, this drug does not depress central nervous system functions; this characteristic alone makes it a safe alternative as an anesthetic for children.

The drug works on animals much like it works on humans, there are several veterinary versions. For those who use this drug recreationally, physical symptoms of DAR will include significant bilateral nystagmus and non-convergence; ptosis (droopy eyelids) will be evident. Dextromethorphan (an over-the-counter cough suppressant known as "DM" and "DXM") has pharmacological actions like this drug. The drug can be predictably found in the club scenes alongside drugs such as Ecstasy and GHB. This drug goes by a number of different street names; "K" is one of them. A person under the influence of this drug is described as having reached the "K Hole." DEA has this drug listed in Schedule III; a Mexican veterinary version of this drug is found on streets in the U.S.A. The drug is known on the street as an animal tranquilizer.

#### **What Drug Am I?**

Answer: Ketamine

Source: *Medtox Journal- MEDTOX Scientific, Inc*