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*THE OFFICIAL NEWSLETTER OF THE MINNESOTA DRE
MARCH 2008*

ABUSE OF COLD MEDICINES HIGH AMONG YOUNG

About 3.1 million people between the ages of 12-25 have used cough and cold medicine to get high, the government reported. The number of young people who abused over-the-counter cold medicines is comparable to use of LSD and much greater than that for methamphetamine among the age group, according to the federal **Substance Abuse and Mental Health Services Administration**. The agency's 2006 survey on drug abuse and health, reported in the National Survey on Drug Use and Health, found that more than 5% of teenagers and young adults had misused cough and cold medicines and indicated that these people also had experimented frequently with illicit drugs.

Nearly 82% also had used marijuana. Slightly less than ½ also used inhalants or hallucinogens, such as LSD or Ecstasy, the agency said. The cough suppressant DXM is found in more than 140 cough and cold medications available without a prescription.



When taken in large amounts, DXM can cause disorientation, blurred vision, slurred speech and vomiting. Those who misused an OTC cough and cold medication in the past year most reported misusing a NyQuil® product (30.5%), a Coricidin® product (18.1%), and a Robitussin® product (17.8%).

Among all persons aged 12 to 25, the rate of past year misuse among whites was 2.1%, which was three times higher than the level for blacks, 0.6%, and also significantly higher than the level for Hispanics, 1.4%.

The report notes that females in the 12-to-17 age group were more likely than males to have misused OTC cough and cold medications in the past year, but among young adults, males were more likely than females to have misused these medications. "While increasing attention has been paid to the public health risk of prescription drug abuse, we also need to be aware of the growing dangers of misuse of over-the-counter cough and cold medications, especially among young people," said Terry Cline, the agency's administrator.

METH-LACED ECSTASY

The Office of National Drug Control Policy (ONDCP) recently issued a warning to public health and safety leaders across the country about a dangerous new drug threat. The advisory was sent after ecstasy laced with methamphetamine was discovered entering the U. S. illegally from Canada. Once smuggled into the U. S., the drug is distributed throughout the country from the northern border states. The dangerous drug combination of methamphetamine and ecstasy can have severe health consequences, as both drugs have toxic effects on the brain. The potential for a life-threatening or fatal overdose is also increased when meth-laced ecstasy is combined with alcohol. According to the ONDCP, more than 55 percent of the ecstasy samples seized in the U. S. last year contained methamphetamine. Canadian ecstasy producers cut their product with less-expensive methamphetamine to boost their profits.



(LES) *STIC Analyst Comment:* There have not been any known reports of meth-laced ecstasy seized within the state of Illinois. Law enforcement officers should be cognizant when dealing with subjects under the influence of this drug as it may produce greater behavioral effects than either drug alone.

Source: Office of National Drug Control Policy

STATE SUES MAKER OF BREATH TESTERS USED IN DWI ARRESTS

If the dispute isn't resolved, MN contends hundreds of drunken driving cases might be in jeopardy and it might have to replace the devices at a cost of \$3 million.

The state sued Monday to force the maker of the state's drunken driving detection devices to turn over the machines' computer code. Hundreds of defendants in drunken driving cases have sought court orders to inspect the computer code used in the state's 260 breath-testing devices. But the manufacturer, CMI Inc., of Owensboro, Ky., has refused to turn it over, claiming that it's proprietary information.

If CMI doesn't turn over the computer code, the federal lawsuit says, the state might have to replace the machines at a cost of about \$3 million. The state says it has already had to reinstate dozens of revoked drivers' licenses because it could not produce the code. As a result, many law enforcement agencies have stopped using the machines and turned to blood or urine tests to determine a driver's blood-alcohol content, the suit says.

In 2006, the state conducted about 35,000 breath tests and 5,000 blood and urine tests in drunken driving cases. The growing demands for blood and urine tests, which take about a month to process, have strained the state's laboratory resources, the suit says.

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MINNESOTA LAWMAKER PART OF WAVE TO BAN HALLUCINOGENIC PLANT

A Minnesota lawmaker wants to ban an inexpensive and easily obtainable hallucinogenic plant that some fear could be the next marijuana. State Representative Joe Atkins has introduced a bill that would ban Salvia (SAL'-vee-uh) divinorum in the state, although the bill may be modified during the session. Atkins joins lawmakers in Florida and more than a dozen other states in moving against the spread of the hallucinogen that's native to Mexico. The plant can be smoked, chewed, or made into a tea. Its effects last for a shorter time than other hallucinogens like LSD or PCP. The drug sells for about \$8 per pound, and can be purchased over the Internet or from local producers. Salvia divinorum is not one of the several varieties of common ornamental garden plants known as Salvia. No deaths have been attributed to its use, but it was listed as a factor in a Delaware teen's suicide two years ago. Eight states have already placed restrictions on the plant.

Source: The Associated Press

A LOW COST ALTERNATIVE TO EVIDENTIARY PHOTOGRAPHY

By Michael W. Weissberg, MS, DRE

In Miami-Dade County we have a serious problem keeping qualified, dedicated Assistant State Attorneys. The pay is so low for new ASA's that a seasoned ASA has been doing DUI trial work for about 9 months. A DRE, on the other hand, has an average of 10 years experience with impaired drivers. The DRE in Miami has to literally train the ASA, who 3 scant years later, winds up a DUI defense lawyer.

This is a terrible situation, which will not be changed any time soon. Our solution? Build airtight cases that can be won via plea bargaining. How can impaired driver cases be augmented so that the evidence is so damning, that the defendant will not want a day in court? Evidentiary photography. It is always dramatic and theatrical when an ASA [even our young and unseasoned ASA's] triumphantly wave a heat-sealed bag containing 74 Alprazolam at the jury. But we want the case disposed of before that. What can do this for us?

I like to present a laser print of evidence photography in the packet for the Florida Department of Highway Safety and Motor Vehicles [DHSMV], the State Attorney's Office [SAO], the Station File Copy, and my copy.

Evidence photography should be done at a 1:1 ratio, and should include a scale for reference. All you need is a Nikon N100 camera, a fixed focal length 1:1 Macro lens, a suitable Laptop, Pentium 4 if possible, and a laser printer. And what if you cannot afford this equipment? Well, every department probably has this gear even if you don't know about it, in the form of a photocopier. A photocopier copies [photographs] at 1:1 ratio, and prints a laser print of the copy. Just set your copier to its photo setting and place your evidence on the glass. Single pills, pill bottles, falsified or forged prescriptions, suicide notes, cannabis buds, seeds, and stems, rocks of crack, baggies of powdered cocaine or methamphetamine, can all be placed on the copier glass, and copied.

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FEDS DETAIL PLAN TO PREVENT ABUSE OF BUPRENORPHINE

Federal drug officials recently detailed a plan to control diversion and abuse of an anti-addiction medication that was specifically designed to resist such problems, the Baltimore Sun reported.

An expert panel recently concluded a two-day, closed-door meeting to discuss problems associated with buprenorphine, a medication designed to treat opiate abuse and billed as a doctor-prescribed alternative to clinic-oriented methadone maintenance. The drug, primarily sold under the brand name Suboxone, was designed by the National Institute on Drug Abuse and pharmaceutical firm Reckitt Benckiser to be resistant to addicts crushing the pills and injecting them.

But experts say that addicts are nonetheless doing exactly that to get high, as well as selling it on the street. "The issue of diversion has been out there since 2004," said Dr. H. Westley Clark, director of the Center for Substance Abuse Treatment. "We've been concerned about that, and we will continue to be concerned about that."

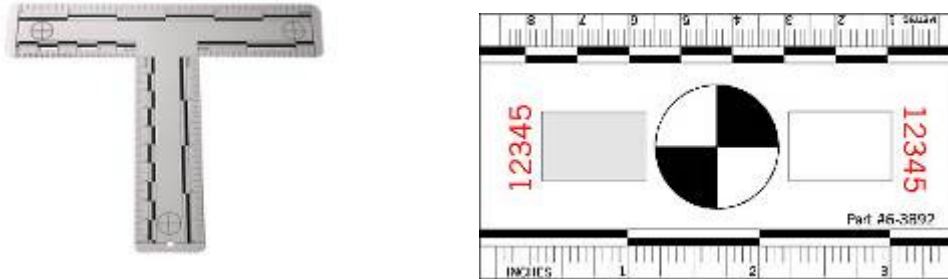
The expert panel called for sterner warning labels on the drug, better training for physicians who prescribe it, and for improved monitoring of prescriptions and drug supplies. Former NIDA head Charles Schuster said, for example, that doctors need to be more cautious about prescribing 30-day supplies of the drug.

"A small minority of doctors are not practicing good medicine," Schuster said. "That's a problem we need to be concerned with."

Buprenorphine has been praised as highly effective at curbing withdrawal symptoms, and the drug's wider availability has allowed many opiate addicts with limited or no access to methadone programs to get treatment. About 170,000 people have prescriptions to buprenorphine.

A LOW COST ALTERNATIVE TO EVIDENTIARY PHOTOGRAPHY (continued from Page 2)

A photo scale should be included so that anyone can see what the ratio is – then enlargements can be made, since the ratio can be determined at a later date.



The lawyer can see the pill, rock, or whatever in life size, and then, can see a Vicodin ES the size of a silver dollar. When confronted with this, the lawyer starts inquiring about a plea soon after. In Miami, the attorney may argue a motion so his client can see that something is being done – a stop motion, or whatever, but as soon as the counselor loses that, the plea offer is then conveyed, with the caveat that DRE's hardly ever lose, and the best bet is to take the plea. Every one is happy, and you get to go home early and go to bed, so you can get up later and do it all over again that night. Si vis pacem, para bellum.

Michael Weissberg is a police officer and a Drug Recognition Expert and DUI and DRE coordinator for a municipal police department operating in Miami, Florida. Officer Weissberg teaches Criminal Evidence at Florida International University and Miami Dade College, in Miami, Florida, and holds Master's degrees in Criminal Justice and Education.

Photo scales available from:

Lighting Powder Company www.redwop.com
Lynn Peavey www.lynnpeavey.com
Sirchie www.sirchie.com

DRUGS AND DRIVING IN AUSTRALIA

The Australian Drug Foundation, in conjunction with Turning Point Alcohol & Drug Centre, conducted a year-long study into the drug driving habits of Australian motorists. The major component of the project was a confidential and anonymous online survey of 6,801 Australian drivers about their attitudes toward, and experiences of, drugs and driving.

Among the major findings:

- 51.3% of respondents who used cannabis reported driving within three hours of drug use
- 52.7% of respondents who used methamphetamine reported driving within three hours of drug use
- 37.5 % of respondents who used ecstasy reported driving within three hours of drug use
- 30.3% of respondents who used benzodiazepines reported driving within three hours of drug use.

This compares to 13.8% of alcohol users who admitted driving with an Alcohol Content (AC) greater than .05. The survey found that illegal and pharmaceutical drug users are far more likely to drive after taking drugs than those who drink alcohol. However, alcohol remains the drug of most concern in relation to road safety in Australia.

The report, *Drugs and Driving in Australia, A survey of community attitudes, experience and understanding*, can be downloaded from: www.drugdriving.org.au.

REPORT FINDS DIFFERING DRUG, MENTAL HEALTH PROBLEMS IN STATES

A new federal report finds some significant differences in the addiction and mental-health problems affecting the 50 states, Reuters reported March 6. The report from the Substance Abuse and Mental Health Services Administration (SAMHSA) found, for example, that Vermont leads the nation in marijuana use and underage drinking, while Utah has the lowest percentage of young drinkers and marijuana users. On the other hand, however, Utah reported the nation's highest percentage of adults with serious psychological problems.

"This report shows that although states may be uniquely affected by serious public health problems like underage drinking, every state and region must confront these issues," said SAMHSA administrator Terry Cline.

The study provided state-by-state data on 23 categories of addiction and mental-health indicators. "Our hope is this report will allow people to do strategic planning to address specific issues," said Westley Clark, director of SAMHSA's Center for Substance Abuse Treatment.

According to the SAMHSA research, North Dakota had the nation's lowest level of past-month illicit-drug use among people ages 12 and older, at 5.7 percent, which Rhode Island had the highest level of current illicit-drug use at 11.2 percent. Past-year marijuana use among young adults in Vermont as 41.9 percent, compared to 18.9 percent in Utah. The rate of underage binge drinking was 28.5 percent in North Dakota, compared to 15.2 percent among Georgia residents.

MINNESOTA	12-17 Years Old	18-25 Years Old	26 + Years Old
Illicit Drugs use in the last month	10.28%	19.03	5.89
Marijuana use in the last month	7.53	17.03	5.33
Alcohol use in the last month	18.49	71.94	65.69
Cocaine use in the last year	1.87	6.84	1.53
Marijuana use in the last year	13.45	27.95	7.92
Non Medical use of Pain Killer in last year	6.31	11.28	2.88

The full report is available on the Web at www.oas.samhsa.gov. Copies may be obtained free of charge by calling SAMHSA's Health Information Network at 1-877-SAMHSA-7. Request inventory number SMA 08-4311.

2007 FEDERAL DRUG SEIZURES IN MN (from US DEA statistics)

Cocaine: 64.9 kgs.	Heroin: 0.5 kgs.	Methamphetamine: 8.4 kgs.
Marijuana: 96.1 kgs.	MDMA: 153 du	Meth Lab Incidents: 25 (DEA, state, and local)

34th ANNUAL PROGRAM SHARING CONFERENCE

The 34th Annual Program Sharing Conference sponsored by the Minnesota Prevention Resource Center (MPRC) will be held October 1st and 2nd in St. Cloud. The keynote speakers will be Jeff Linkenbach from Montana State University who will speak on positive community norms and Jack Claypoole, the administrator of Drug Free Communities at the Office of National Drug Control Policy.

The Spring 2008 Regional ATOD Forums will be held March 31-April 10 in eight locations around the state. The topic will be about getting the most out of your student survey data.

For more information and registration for these free forums got to www.emprc.org/springforums2008

STATE SUES MAKER OF BREATH TESTERS (continued from Page 2)

Minnesota alleges that CMI breached its contract, is infringing on the state's copyright, and is failing to act in good faith. It wants a federal judge to declare that Minnesota owns the copyright on the Intoxilyzer 5000EN, to order CMI to turn over the source code, and award unspecified monetary damages. CMI could not be reached for comment Monday, and a call to its lawyer was not returned.

Minnesota has been using CMI breath-testing equipment for at least 24 years. The machines use infrared technology to measure the concentration of alcohol in a person's breath and calculate the equivalent blood-alcohol concentration. In 1997, the state signed a contract with CMI to customize the equipment, according to the lawsuit filed by Public Safety Commissioner Michael Campion. The contract gives the state copyrights to the CMI model known as the Intoxilyzer 5000EN, the suit says. The contract also requires CMI to turn over information about how the machines function pursuant to a court challenge. The Minnesota Supreme Court ruled in 1971 that breath tests are reliable. But defense attorneys can still attack them, and defendants have a right to discover evidence assessing their accuracy. In early 2006, the lawsuit says, Minnesota defense attorneys joined counterparts in other states in demanding the "source code" that makes the machines work.

Campion has been ordered to disclose the code in more than 100 cases. Despite repeated demands, the suit says, CMI has refused. In September, CMI changed course and said it would produce the code, but only if litigants signed a 10-page protective order, the suit says. Most judges refused to require that, and CMI has rejected less restrictive covenants. Thus far, only one person in Minnesota has received the code. The company billed the person what Minnesota calls an unreasonable amount: \$1,600. (Kentucky's Supreme Court ruled Jan. 18 in an unrelated case that the cost of producing the code is minimal.)

By Dan Browning, Minneapolis Star Tribune

INTERLOCK DEVICES CUT DWI RECIDIVISM

New research shows that first-time drunk-driving offenders whose cars were fitted with ignition-interlock devices were 60 percent less likely to reoffend than those who were not ordered to install the devices, which prevent a car from being started when the driver has any amount of alcohol in their body.

Researcher Paul Marques, Ph.D., of the Pacific Institute for Research and Evaluation said that the study backed up previous research on the use of ignition-interlock devices and countered studies that questioned the effectiveness of using the devices with first-time offenders. "The idea that there should be any important difference between the risk posed by a first offender and a repeat offender is unsupported," Marques said. "The average first offender has driven drunk many times before he or she was arrested. The big risk difference is between non-offenders and first offenders. The risk difference between first offenders and repeat offenders is small by comparison."

Marques and colleagues also estimated that the public saves \$3 for every \$1 spent on interlock devices. "Interlocks present an opportunity to help change behavior rather than simply punishing or incarcerating the offender," Marques said. "It's not enough to revoke a license -- 75 percent of all people with revoked licenses drive anyway -- but you don't want to sentence an entire family to poverty if they're dependent on that driver getting to and from his or her job. By installing an interlock, the risk that the DWI offender poses is controlled, and interlocks become a public benefit."

The study compared two groups of first-time DWI offenders in New Mexico. It was published in the December 2007 issue of the journal *Traffic Injury Prevention*. This article summarizes a mainstream media report or press release on research published in a scientific journal. The summary is not an original analysis of the source material, which is linked -- when available -- in the reference above.