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**THE OFFICIAL NEWSLETTER OF THE MINNESOTA DRE
SEPTEMBER 2008**

THIS AIN'T NO WINE COOLER

Let's begin by stipulating that Irish coffee is brilliant: no sensible person can argue with caffeine and whiskey topped with cream and served in a warm mug. Irish coffee has been sold in bars since the 1950s, if not earlier, so it's surprising that it took so long for the alcohol industry to come up with a canned version of caffeinated booze called alcoholic energy drinks.

If you've never heard of such things, your kid probably has. Sold in tall, narrow cans, they carry teen-friendly names such as Sparks, four maXed and Joose. As with other "flavored malt beverages" (the conspicuously boring industry name for fizzy drinks like Mike's Hard Lemonade), alcoholic energy drinks taste like cheap soda--cloyingly sweet and bubbly, with only the mildest hint of booze, all the better for callow teen palates. But alcoholic energy drinks are much more dangerous than regular alcopops like Mike's. First of all, they contain an assortment of stimulants--mainly caffeine but also ingredients like guarana and taurine that can speed the central nervous system and mask alcohol's effects. And they have more booze than other single-serving beverages. Budweiser and Mike's are both about 5% alcohol; by comparison, Sparks Plus is 7%, and four maXed and Joose are about 10%.

The single-serving combination of a depressant (alcohol) and various stimulants carries a certain nightclub logic; Anheuser-Busch used to advertise its caffeinated beer, Bud Extra, with lines such as YOU CAN SLEEP WHEN YOU'RE 30 and WE SUGGEST 18-HOUR MASCARA. But public-health and law-enforcement officials--who have mounted an aggressive campaign against alcoholic energy drinks--worry that drinkers will assume they'll be wired enough to drive home after a long night of consuming these beverages. (More on the science later, but caffeine makes you feel only "wide-awake drunk," as researchers have put it, not actually less impaired.) The alcoholism-prevention community had been startled by the speed with which the caffeinated cocktail of Red Bull and vodka



became a bar staple across the U.S. and Europe in the early 2000s, and many activists were determined to prevent alcoholic energy drinks from achieving a similar cultural foothold. "At least with Red Bull and vodka, you have two component parts that are mixed at a bar," says Judy Walsh-Jackson of the California

Continued on Page 4

2007 TRAFFIC SAFETY ANNUAL ASSESSMENT- ALCOHOL IMPAIRED DRIVING FATALITIES

- An estimated 12,998 people were killed in alcohol impaired driving crashes (a decline of 3.7% from 2006)
- The fatality rate per 100 million miles of travel decreased to .43 (the lowest on record)
- Thirty two States had decreases in the number of alcohol impaired driving fatalities from 2006
- Twenty five States and the District of Columbia had an increase in the number of alcohol impaired motorcycle riders
- Alcohol impaired motorcycle riders increased by 1% in 2007 – the only category of drivers to show an increase
- From 2006 to 2007, Minnesota saw:
 - An increase of 2% in all fatalities
 - An increase of 6% in alcohol related fatalities
 - A decrease of 2% in motorcycle alcohol impaired fatalities
- Of 399 vehicle occupants killed, nearly half were not wearing seat belts
- Three out of four impaired drivers killed were unbelted
- The number of fatalities in which any level of alcohol was involved rose to 190 from an all time low of 166 in 2006
- Teen deaths (16 to 19 y.o.a.) dropped from 65 in 2006 to 41 in 2007
- The seven county metro area (54% of the State's population) had 33% of the total fatalities (168)

To date, there have been 269 traffic deaths in 2008 (as compared to 306 on this date in 2007)

The full report can be obtained from NHTSA's National Center for Statistics and Analysis (www.nhtsa.dot.gov).

YOUTH CANNABIS USE COMMONLY EXTENDS INTO ADULTHOOD

Data from Western countries suggest that up to half of adolescents have used cannabis at least once, and up to 10% may develop cannabis abuse or dependence. To examine the natural history of cannabis use, German investigators analyzed 4- and 10-year follow-up data from 3021 youth (ages 14-24 years at baseline) enrolled in a prospective population-based cohort study. Cannabis use and dependence were measured using the Munich Composite International Diagnostic Interview-Substance Abuse Module (CIDI-SAM).

- At baseline, 7% had used cannabis once only; 11% had used it 2 to 4 times only, and 16% had used it 5 times or more (repeated use).
- Cannabis abuse or dependence was found in 12% of subjects at baseline, 15% at 4 years, and 13.5% at 10 years.
- Of those who had repeated cannabis use at baseline, 56% still used it 4 years later, and 46% still used it 10 years later.
- Predictors of repeated use at 10-year follow-up included repeated use at baseline, younger age of initial use, male gender, drug-using peers, distressing life events, and alcohol dependence.

Comments: Physicians and other adults commonly view marijuana as harmless and worthy of consideration as medical treatment by prescription. This study suggests that a substantial proportion of young cannabis users develop recurrent cannabis use, abuse, or dependence that persists into adulthood. When viewed in light of the current epidemic of prescription drug abuse among young people, these data should give pause to advocates of expanded access to marijuana by prescription.

Peter D. Friedmann, MD, MPH

Reference: Perkonig A, Goodwin RD, Fiedler A, et al. The natural course of cannabis use, abuse and dependence during the first decades of life. *Addiction*. 2008;103(3):439-449.

STATE REPORT ON DRUG ABUSE SHOWS DROP IN TREATMENT

There is some encouraging news in a new report on drug trends in the Twin Cities area. Based on 2007 numbers, there's been a significant drop in treatment admissions for methamphetamine abuse. And meth use, among high school students, has also declined. But Carol Falkowski, a leading state expert on drug use and abuse, said the news is less encouraging in other areas. "We've seen an increase in people coming into addiction treatment, where the primary substance problems are prescription pain-killers. And that's increased and now accounts for about 5 percent of admissions, compared to 1 percent in the year 2000," said Falkowski. Falkowski said the latest metro-area numbers show a serious jump in marijuana use among high school seniors, while cocaine treatment admissions are declining in the general population



A bag of crystal meth. (MPR Photo/Tim Post)

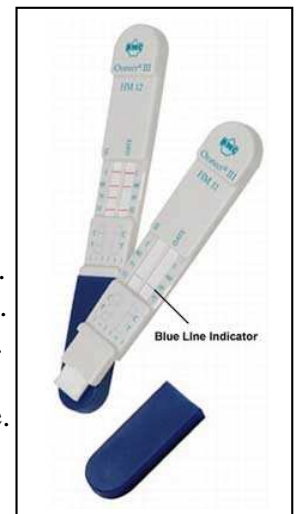
SALIVA DRUG TEST - ORAL FLUID DRUG TESTING

Saliva Drug Test Kits or Oral Fluid Drug Testing Kits are a new generation of drug testing kits designed to simplify the sample collection process. They eliminate any requirement for same-sex collectors when a drugs test is undertaken and allow the sample collection process to be fully observed. Non invasive drug testing has taken a while to get here, but the oral drug tests we provide are truly excellent. They are a one-step device which gives saliva drug test results in just 5 minutes for the six most commonly abused drugs.

Oral drug testing will never replace urine drug testing or hair drug tests because each type of test gives you different information. Hair testing detects drug use over a period of months, urine testing detects drug use for a period of days and saliva drug tests measure a drug history in hours. For monitoring abstinence, urine drug testing is still the most reliable method of testing, but sometimes oral fluid drug testing can provide an excellent backup - especially if toilet facilities are unavailable.

We provide consent forms with all of our tests. Contact us for more details. To collect a saliva / oral fluid sample, simply remove the blue cap from the device and ask the patient to open their mouth. Swab the inside of their cheek in a circular motion approximately 15 times. Swab the inside of their other cheek in the same manner. Swab the top of their tongue approximately 15 times, then repeat under their tongue. This process stimulates the production of saliva. Ask the patient to hold the saliva drug test device under their tongue, where the exposed pad will absorb the oral fluid which will have gathered under their tongue.

After around 30 seconds, you will see the blue lines starting to migrate up the results window, being carried by the saliva / oral fluid. At this point, you may ask the patient to remove the device and replace the blue cap. Reading the test results is a simple process. The test results are displayed on two test strips. Each strip will show a control line (marked C) upon completion - to show that the test worked and was not adulterated in any way. The drug test results appear as a series of coloured lines. Each line represents a different drug. If a visible line is present for each corresponding drug, the test is negative. If a line is missing after 5 minutes, then that corresponding drug is considered to be positive. Therefore, a fully negative test will display 8 coloured lines - 2 control lines and 6 test lines. For businesses or health care professionals, please contact us for further information and a quotation. Private individuals can buy online from our dedicated home drug tests web site.



THIS AIN'T NO WINE COOLER (continued from Page 1)

Coalition on Alcopops and Youth. "These alcopop energy drinks are sold at convenience stores, places where young kids are shopping, right next to regular energy drinks."

Last month the attorneys general in 11 states won an agreement from Anheuser-Busch to discontinue all its alcoholic energy drinks and pay \$200,000 to the states. Among other concerns, the attorneys general had alleged that the company was marketing the drinks to minors. Anheuser-Busch denied it broke any laws. As investigations continue into other makers of alcoholic energy drinks, Miller Brewing issued a statement that it is standing by Sparks, the No. 1 alcoholic energy drink; in June, Miller's parent company reported that the Sparks brand had "delivered strong full-year, double-digit growth." Likewise, United Brands said it has no plans to change the marketing or policies regarding Joose.

Marketing concerns aside, alcoholic energy drinks raise scientific questions: Does caffeine counteract the effects of alcohol? Or does it make drinking even more dangerous? Researchers have consistently found that caffeine won't keep you from getting drunk. In fact, from a psychological perspective, drinking caffeine with your alcohol is much riskier than drinking alcohol alone. One of the fascinating things about how humans process alcohol is that we have at least some capacity to overcome its effects by sheer force of will. Mark Fillmore, a psychologist at the University of Kentucky, has found that study volunteers who are warned that an alcoholic drink will highly impair their performance on a psychomotor test actually do better on the test than people who are given the same drink but no information about impairment. In other words, at least in a lab setting, those who are led to believe they're about to get truly blotto end up not letting themselves get so blotto. They don't perform as well as sober people, but they perform a lot better than the average drinker.

Fillmore's research implies that mixing stimulants in alcoholic beverages sends a dangerous message: Don't worry, the stimulants will protect you. In a 2002 Journal of Studies on Alcohol paper, Fillmore and his colleagues demonstrated this point: people who expected caffeine in their booze to do the compensating work for them scored significantly worse on psychomotor tests than did a group told that caffeine would have no effect. The latter group controlled themselves more.

Alcohol functions in your body pretty much the same whether you mix it with caffeine or not. The problem is you will feel better if caffeine is present. A 2006 study published in the journal Alcoholism: Clinical and Experimental Research found that people who consumed energy drinks with alcohol had significantly less dry mouth and headache than those who drank only alcohol. They also perceived their motor coordination to be better--even though it wasn't.

Alcoholic energy drinks are a crime against taste--but worse, they trick your brain into believing you're not as drunk as you are. Bottom line: have a real beer instead. If your beverage of choice carries a silly name like Joose, you're probably too young to drink anyway.

Source: Time Magazine

KETAMINE POSSIBLE DEPRESSION TREATMENT

Ketamine, a drug that started out as a tranquilizer for horses and ended up as a popular club drug, could be useful as a treatment for depression, researchers say. Reuters reported that the drug, nicknamed "Special K," seems to calm overactivity in the orbifrontal cortex region of the brain in people with depression. That part of the brain is typically associated with feelings of guilt, dread, and apprehension.

Researchers studied the effect of ketamine on the brain by using brain scans. Past studies found that the drug improved symptoms among depressed individuals within 24 hours, faster than antidepressants like Prozac.

The new study, led by researcher Bill Deakin of the University of Manchester, was published in the February 2008 issue of the Archives of General Psychiatry. This article summarizes an external report or press release on research published in a scientific journal.

Source: Join Together Online www.jointogether.org

FYI: U.S. Doctors prescribed 715% more methadone in 2006 than they did in 1998

TEENS SAY STRESS IS WHY THEY TAKE DRUGS

The top reason U.S. teens give for using drugs is to deal with the pressures and stress of school, officials at the Partnership for a Drug-Free America said.

The Partnership Attitude Tracking Study of 6,511 teens said 73 percent of teens reported that school stress is the primary reason for drug use. However, just 7 percent of parents believe teens might use drugs to deal with stress.

Over the past decade, studies have indicated a changing trend in what teens perceive as the motivations for using drugs.

Steve Pasierb, president of the partnership, said that "to have fun" rationales are declining, while motivations to use drugs to solve problems are increasing,

The study confirms that overall substance abuse of marijuana, Ecstasy, inhalants, methamphetamine, alcohol and cigarettes has declined, but many teens mistakenly believe the abuse of medicines is less dangerous than abuse of illegal drugs.

The survey also found that 1 in 5 teens has abused a prescription medication, including painkillers and 41 percent of teens think it's safer to abuse a prescription drug than it is to use illegal drugs.

The survey has a margin of error of plus/minus 1.6 percent



(UPI Photo Files)

MINNESOTA PREVENTION RESOURCE CENTER 2008 PROGRAM SHARING CONFERENCE SET FOR OCTOBER 1-2

The 34th Annual Program Sharing conference provides learning, networking, and skill building opportunities to those who work to prevent alcohol and other drug misuse and the recreational use of tobacco. By sharing how programs work, and what is effective prevention, presenters and participants learn from one another in this exemplary, two day learning community. The conference will be held at the Saint Cloud Civic Center. Register on-line at www.emprc.org/ps2008

DRE EVALUATION HELPS SUBJECT GET BACK ON TRACK

Editor: This e-mail was sent to Officer Nikki Marquardt (Shakopee PD). Officer Marquardt was a student in the 2008 DRE School. The subject (name changed for this article) participated in DRE Certification Evaluations in April and sent this unsolicited e-mail in July.

I don't know if you'll remember me but we met when you were doing your drug survey at the fifth precinct. My name is "Cheryl" and you picked me up with your partner Mikael Dahlstrom he was working for the Rosemount Police Department. You two picked me up on Franklin Ave. and asked if I wanted to participate in a drug survey. Anyway I just wanted you to know that ever since that day I haven't used drugs and have been doing just fine. I'm the one that lost her child due to drug use. I know that there were a lot of people you picked up and have since I'm sure but for me that was a defining moment. The next morning I went to my case manager and told her about it, and have been clean ever since. I found out shortly after that that I'm pregnant. I'm six months now and very committed to staying clean and keeping my family. I just wanted you to know that had I not met you things might not have worked out the way they have and I'm very grateful for everything.

MILLIONS ARE DRIVING UNDER THE INFLUENCE

A car swerves into a tree barely missing a school bus. A truck plows through a red light into oncoming traffic. We hear about incidents such as these on the local news almost every day. How serious a problem is this nationwide?

In a first-of-its-kind report, SAMHSA’s National Survey on Drug Use and Health (NSDUH) reveals troubling data, state by state, on drinking alcohol or using illicit drugs while driving.

Nationwide, an estimated 30.5 million drivers age 12 or older drove under the influence of alcohol at least once in the past year, according to 2006 NSDUH data.

The report, *State Estimates of Persons Aged 18 or Older Driving Under the Influence of Alcohol or Illicit Drugs*, finds that 15.1 percent of current drivers age 18 or older drove under the influence of alcohol at least once in the past year. In some states, the levels are higher—about one in four drivers.

Nearly 1 in 20 adult drivers age 18 or older drove under the influence of illicit drugs, such as marijuana/hashish, cocaine/crack, inhalants, hallucinogens, heroin, or prescription drugs used nonmedically.

The report’s findings are annual averages based on combined NSDUH data collected from 127,283 current drivers surveyed in 2004, 2005, and 2006, the most recent data available.

NSDUH REPORT: INHALANT USE AND MAJOR DEPRESSIVE EPISODE AMONG YOUTHS AGED 12 TO 17: 2004 TO 2006

This three page short report based on data from SAMHSA's National Survey on Drug Use & Health (NSDUH) that provides data on demographics and frequency of inhalant use, age and gender associations with major depressive episode in the past year, percentages of youth with co-occurring depression and inhalant use, and data on which came first.

See the full report at: <http://oas.samhsa.gov/2k8/inhalantsDepress/inhalantsDepress.cfm>

INTOXICATED DRIVERS INVOLVED IN FATAL CRASHES FOUR TO EIGHT TIMES MORE LIKELY TO HAVE A PRIOR DWI CONVICTION

Drinking drivers involved in fatal crashes are more likely than sober drivers to have a previous conviction for driving while impaired (DWI), according to recently released data from the National Highway traffic Safety Administration (NHTSA). Drivers with a measureable blood alcohol concentration (BAC) at the time of the crash were four times more likely to have a prior DWI conviction than drivers who had not been drinking (see figure below). These findings suggest that increased interventions after the first DWI conviction, such as assessment and treatment for substance use problems and administrative sanctions, may help reduce the number of alcohol involved fatal crashes.

Percentage of Drivers Involved in Fatal Crashes with Previous DWI Convictions

