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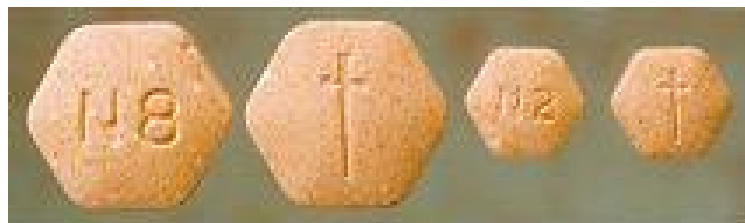
SNARE the Drug Impaired

**THE OFFICIAL NEWSLETTER OF THE MINNESOTA DRE
DECEMBER 2004**

IMPAIRED DRIVING INCIDENTS EXPECTED WITH NEW HEROIN TREATMENT

The Drug Addiction Treatment Act of 2000 expands the clinical context of medication-assisted opioid addiction treatment by allowing qualified physicians to dispense or prescribe specifically approved schedule 3, 4, and 5 narcotic medications for treatment of opioid addiction in settings other than the traditional methadone clinics. In October 2002, the U.S. Food and Drug Administration approved doctors to prescribe buprenorphine for the treatment of drug addiction. The use of this drug raises concerns about impaired driving.

For the first time outside a methadone clinic, doctors will be able to prescribe a narcotic drug for the treatment of opiate dependence. What attracted the treatment community is that buprenorphine induces far less respiratory depression than methadone and is thought to be safer in an overdose situation. Yet the drug is potent. The DEA describes buprenorphine as having 30 to 50 times the analgesic potency of morphine. Ultimately, what that means on the highways is that persons could use this drug and then drive while impaired. Law enforcement officers and prosecutors need to be aware of the drug and the challenges involved in identifying the impaired drivers.



Until now, opiate dependence was treated by a limited number of methadone clinics specializing in addiction treatment. Methadone treatment became popular about 30 years ago and has remained controversial. Typically, most methadone clinics dispense a single day's dose of methadone, requiring addicts to show up for treatment every day. The FDA's new ruling has been heralded by some as a means of opening up treatment to the many heroin

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GHB TRAFFICKING AND ABUSE

According to an NDIC Intelligence Bulletin released in September 2004, GHB trafficking and abuse have become a particular concern to law enforcement and public health agencies because of the increasing availability of the drug in some areas, sharp increases in emergency department mentions since the mid-1990s, and the use of GHB in the commission of drug-facilitated sexual assaults.

GHB is produced illegally in domestic and foreign laboratories. Middle-class Caucasian males between 18 and 30 years of age are the predominant distributors of GHB; however, African American gangs and local independent dealers also are active in GHB distribution. GHB typically is sold at raves as well as at nightclubs, bars, gyms, and on college and high school campuses to teens and young adults usually for \$5 to \$30 per dose.

Due to its powerful sedative properties, GHB commonly is used to commit sexual assaults. The drug typically is mixed into victims' drinks--usually without their knowledge--to mask the drug's salty taste. GHB may remain in urine for 4 to 8 hours after ingestion, and routine blood or urine testing does not screen for GHB; therefore, it is important to specifically request a GHB screen as soon after an assault as possible.

(For a full assessment of the threat posed by the trafficking and abuse of GHB, please see NDIC *Intelligence Bulletin: GHB Trafficking and Abuse*, September 2004, Product No. 2004-L0424-015.)

NORTH DAKOTA HOLDS FIRST DRE SCHOOL

In late September, the State of North Dakota held its first DRE School. The 11 officers that attended this training were not North Dakota's first DREs, however. Prior to these officers graduating from training, there were four certified DREs in the greater Fargo metro area. North Dakota wasn't the only recipient of the benefits of this DRE training. Four Troopers from the South Dakota Highway Patrol were also in attendance. These hard-working and committed officers jumped head first into the difficult DECP curriculum. Their dedication showed in all of their activities, quizzes, and tests.



Since this was North Dakota's maiden voyage into DECP waters, instruction of the course was given to four highly qualified instructors from Maricopa County (Arizona) Sheriff's Office, Twin Falls (Idaho) Police Department, Utah Highway Patrol, and the Minnesota State Patrol. These instructors melded perfectly into a well-oiled machine. Their knowledge and experience was a true asset to the learning experience. Certification training was held in Phoenix, Arizona in October. All 15 students completed their training with flying colors.

FIRST DRUNK DRIVING CRASH DECLINE SINCE 1999

The rate of injuries and deaths on U.S. highways is at its lowest level in 38 years. Officials credit a drop in drunken driving and increased seat belt use for the improved figures, the Associated Press reported Aug. 10.

According to the report from the National Highway Traffic Safety Administration (NHTSA), 42,643 people died in traffic crashes in 2003, a decline of 362 from 2002. The death rate was 1.48 per 100 million miles driven, the lowest level since record keeping began in 1966. Injuries were also down slightly from 2002, at 2.89 million.

Transportation Secretary Norman Mineta said the decrease is even more significant considering that people did more driving in 2003. "America's roads and highways are safer than ever," Mineta said.

Drunk-driving deaths declined for the first time since 1999. NHTSA Administrator Dr. Jeffrey Runge attributed the decline to more states adopting the lower 0.08 blood-alcohol standard to avoid losing federal funds.

"We're hoping it's a trend," said Lynne Goughler, vice president of public policy for Mothers Against Drunken Driving. "Every state has gotten down to 0.08, and we know that works."

STUDENTS USE MUSCLE RELAXANT TO GET HIGH

A growing number of teens are misusing the prescription muscle relaxant Soma to get high, CBS News reported.

"Some students are crushing it up and snorting it," said Mesa Police Sgt. Sean Kelly in Arizona. "They're also mixing it with alcohol." In Mesa recently, 29 students were suspended for possessing the drug. A 16-year-old girl was arrested for smuggling 3,000 Soma pills across the border from Mexico and distributing them at five schools.

"They're really cheap, especially down in Mexico, and everybody's got them," said one student.

Mike Salazar, a drug counselor in Arizona, said Soma is part of a national trend toward mixing prescription and over-the-counter drugs to get high.

"If [youths] have access to the medicine cabinet, that's what they're going to mix together," Salazar said.

2003 'CRASH FACTS'

The 2003 edition of 'Crash Facts' compiled by the Office of Traffic Safety arrived in early November. A copy of this publication was mailed to every Minnesota law enforcement agency. Additional copies can be obtained by contacting the Office of Communications at 651/296-6652.

In 2003, there were 32,193 incidents of impaired driving. Offenders are firmly entrenched in two major categories: young and male. Last year, 21-34 year olds committed fully 51% of the incidents on record. Drivers under the age of 21 accounted for 10%. Males made up 71% of the DWI offenders.

These incidents led to 255 alcohol related fatal crashes in 2003. Again, youth plays a major role in these alcohol related traffic deaths. Fifteen to thirty four year olds accounted for 41% of all traffic deaths and for 55% of the alcohol related deaths. It is also the drinkers themselves who were more likely to pay the price for their dangerous behavior. Last year, 177 (69%) of the 255 people who died in alcohol related crashes were themselves the people whose drinking behavior caused the crash to be classified as alcohol-related.

LAW ENFORCEMENT ACTIONS ON THE RATE OF DWI AND DWI RECIDIVISM

The following data and analysis was prepared by Steve Simon, founder and director of the Minnesota Criminal Justice System DWI Task Force and DWI researcher

The three most powerful and effective actions that our criminal justice system can take to reduce DWI recidivism are:

- Increasing the arrest rate for DWI,
- Revoking the DWI offender's driver's license as soon as possible in relation to the DWI arrest by invoking the implied consent law at the time of arrest
- Impounding the license plates from repeat DWI offenders at the time of arrest after an implied consent license revocation

The above three interventions are all done by law enforcement. It is these actions, much more than what the courts do to DWI offenders, that produce the biggest reduction in the number of DWI drivers on the road and the biggest decrease in DWI recidivism

INCREASING THE DWI ARREST RATE

Worldwide research over the past 30 years has consistently and powerfully shown that the single most powerful factor in reducing the rate of DWI and DWI recidivism is the DWI arrest rate. When DWI arrest rates increase in a state or area, the number of DWI offenders and alcohol related crashes decrease.

(See L. Ross; Confronting Drunk Driving)

ADMINISTRATIVE LICENSE REVOCATION AND RECIDIVISM

World wide research over the past 30 years also consistently and powerfully shows that revoking the DWI offender's driver's license at the time of the DWI arrest significantly reduces the rate of DWI and DWI recidivism. Table 1 shows that quick license revocation has the biggest effect on reducing DWI recidivism. Table 1 represents a group of DWI offenders from 1995, who only experienced an implied consent license revocation. The major difference in the time to revocation is whether the offender refused testing or took a breath test versus taking a blood or urine test. The arresting officer in a DWI incident decides what type of alcohol concentration test to offer the DWI suspect.

POTENT POT PROMPTING DRUG POLICY CHANGES ***Stronger marijuana poses risk to kids, officials say***

Alarmed by reports that marijuana is becoming more potent than ever and that children are trying it at younger and younger ages, officials are changing their drug policies. Pot is no longer the gentle weed of the 1960s and may pose a greater threat than cocaine or even heroin because so many more people use it. So officials at the National Institutes of Health and at the White House are hoping to shift some of the focus in research and enforcement from "hard" drugs such as cocaine and heroin to marijuana.

While drug use overall is falling among children and teens, the officials worry that the children who are trying pot are doing so at ever-younger ages, when their brains and bodies are vulnerable to dangerous side effects.

Source: MSNBC.com

MINNESOTA INSTRUCTORS HEAD NORTH OF THE BORDER

On November 5th, two Minnesota's SFST instructors headed to Winnipeg, Manitoba to assist the Winnipeg Police Service with training in Standardized Field Sobriety Testing. The City of Winnipeg and the Province of Manitoba are working diligently to achieve widespread acceptance of SFSTs as a valid tool for detecting and removing impaired drivers. They are experiencing the same growing pains that were encountered by Minnesota and other States 15+ years ago. Sergeant Rob Riffel, Impaired Countermeasures Coordinator, has been working with legislators and police administrators to ensure that laws and procedures governing the use and acceptability of SFSTs fit seamlessly into current DWI laws.

The Class was attended by 24 officers from 7 departments. In addition to Minnesota instructors, there were three instructors from Winnipeg Police Service, and two from the Royal Canadian Mounted Police.

Winnipeg PS officers are no strangers to the cooperative efforts between Minnesota and Canadian officers. Two of the three instructors for this course received their SFST and SFST instructor training in Minnesota. One was trained as a DRE at the 2003 Minnesota DRE School. We look forward to working with Winnipeg PS in the future.



GAO REPORT ON INTERNET PHARMACIES FINDS NO PRESCRIPTION NECESSARY FOR NARCOTICS

The General Accounting Office (GAO) recently released testimony on Internet pharmacies which found that customers can purchase the addictive pain medication hydrocodone (Vicodin) on the Internet without providing a prescription or being examined by a physician.

Hydrocodone is an addictive narcotic pain medication, and illicit use of this drug has increased significantly in recent years. They also found that the Internet pharmacies are charging significantly higher prices for the drug than walk-in pharmacies. GAO concluded that Internet pharmacies appear to knowingly service, and profit from, individuals who may purchase pain medication for illicit purposes.

The full report of the testimony "Internet Pharmacies: Hydrocodone, an Addictive Narcotic Pain Medication, is Available Without a Prescription Through the Internet," GAO-04-892T, June 17, 2004 can be found at www.gao.gov/cgi-bin/getrpt?GAO-04-892T.

LAW ENFORCEMENT ACTIONS ON THE RATE OF DWI (continued)

The significantly lower DWI recidivism rate for the DWI offenders who experienced the quick license revocation (breath test or refusal) powerfully indicates that officers should request an implied consent breath test.

ADMINISTRATIVE LICENSE REVOCATION & AND DWI RECIDIVISM (Table 1)

(2,197 DWI offenders in 1995 DWI population who only experienced an Implied Consent license revocation)

Days to Revocation	1st Timers Recidivism	2d Timers Recidivism	3rd Timers Recidivism	All Levels Combined Recidivism
0-10	13.5 %	17.6 %	20.2 %	15.8 %
11-30	17.7 %	21.6 %	31.0 %	21.5 %
30+	22.4 %	32.0 %	22.2 %	24.0 %

ALR BASED PLATE IMPOUNDMENT AND RECIDIVISM

Impounding the license plates from repeat DWI offenders after an implied consent license revocation has a significant and powerful effect on reducing DWI recidivism by repeat DWI offenders. Table 2 clearly indicates the effect of plate impoundment on DWI recidivism. It indicates that, just like quick license revocation, quick plate impoundment has the biggest effect on reducing DWI recidivism.

SPEED OF LICENSE PLATE IMPOUNDMENT FOR REPEAT DWI OFFENDERS AND DWI RECIDIVISM (Table 2)

(DWI offenders eligible for plate impoundment 8/88 thru 9/92)

Offender Level	Police Issued Order (0-10 days)/ 24 Month Recidivism	DPS Issued Order/ (11-30+ days) 24 Month Recidivism	No Order Issued/ 24 Month Recidivism
3 RD TIMERS	13%	19%	26%
4 & ABOVE	11%	18%	26%

COMPANY ANNOUNCES NEW ANHYDROUS AMMONIA ADDITIVE DESIGNED TO DETER THEFT

Royster-Clark Inc. announced that it will begin marketing a chemical additive designed to reduce the incidence of thefts of anhydrous ammonia (a common agricultural fertilizer that also is used in illicit methamphetamine production).

According to company representatives the additive, named GloTell(tm), works by dyeing anhydrous ammonia fluorescent pink. If thieves handle the fertilizer, the additive leaves a visible fluorescent pink stain on their skin and clothing. The highly visible stains, even if washed off, are still detectable under ultraviolet light for 24 to 72 hours. The fluorescent pink color also can alert farmers to valves, hoses, or tanks that have been tampered with or are leaking the potentially deadly gas.

Additionally, company representatives assert that methamphetamine produced with anhydrous ammonia containing the additive becomes an unbleachable pink color, and the methamphetamine takes longer to dry (24 to 48 hours) because of the additive's water retention properties. Moreover, methamphetamine produced with GloTell(tm) may leave telltale pink marks on an abuser's nose if snorted or arms if injected.

Company representatives state that the additive, which can withstand the cold, corrosive nature of anhydrous ammonia, will not harm the environment, crops, or humans. GloTell(tm) will be sold in 30-ounce jugs through 250 outlets nationwide. Approximately 1.5 ounces of the additive are needed to treat 1 ton of anhydrous ammonia and will add approximately \$9 per ton to the chemical's current cost of approximately \$240 per ton.

NEW HEROIN TREATMENT (continued)

addicts in the U.S. who are unable to be placed in treatment slots or unable to arrive daily at methadone clinics. Members of the medical community now believe there is a treatment option previously unavailable to many patients.

Under the Drug Addiction Treatment Act of 2000, approved physicians can prescribe buprenorphine to treat up to 30 patients. With the prescription, addicts will receive a 30-day supply of the drug and are allowed five to six months of refills. Buprenorphine will be sold under two names: Subutex for the initial stage of treatment, and Suboxone, which also includes the drug naloxone, for maintenance treatment. Before dispensing the narcotic, physicians must undergo eight hours of training and register with the federal Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Treatment and the DEA. Under the regulations, doctors are not allowed to provide buprenorphine for pain - only opiate addiction. The FDA has initiated a risk management program of "active and passive surveillance" to see if the drugs are being abused. According to the FDA, "the surveillance will include interviews with substance abusers, monitoring local drug markets, data collection, and the monitoring of adverse event reports." These reports will enable the FDA to "take appropriate actions to protect the public health." In the meantime, the reality is that law enforcement officers and prosecutors will serve as the front line of protection against abuses. With access to buprenorphine, there will likely be an exponential increase in its abuse, typical of what the law enforcement community has witnessed surrounding methadone clinics. That abuse will lead to impaired driving, sale of narcotics, and other substance abuse crimes. These risks are recognized in other countries where buprenorphine was legalized for heroin dependence years ago. Australia's Department of Human Services warns that buprenorphine overdoses can present symptoms:

- Slurred speech
- Unsteady walking and poor balance
- Drowsiness
- Slowed movement
- Confusion
- Sleeping for prolonged periods

In later stages of an overdose, buprenorphine may cause a person to have floppy limbs, blue lips, and an inability to regain consciousness leading to a coma.

Law enforcement officers and prosecutors will also need to make a special testing request to their drug toxicology laboratories. No one should assume that a screen of blood or urine for opiates would detect methadone or buprenorphine. The results of a special test for buprenorphine can help prosecutors secure a conviction and treatment for the offender, and it can allow the offender's physician and other treatment professionals to better treat and monitor the driver.

Enforcement, prosecution, and court-monitored treatment have a major role in keeping drug abuse in check on and the impaired driver off the roads. With the advent of this new heroin treatment program law enforcement and prosecutors need to prepare for the abuse and incidents of impaired driving.

For more information, visit SAMHSA's Web site at (www.buprenorphine.samhsa.gov), or visit the American Prosecutors Research Institute in the National Traffic Law Center at (www.ndaa-apri.org).

Dose:	2.0 mg. buprenorphine/0.5 mg. naloxone	8.0/mg. buprenorphine/2.0 mg. naloxone
Color:	Orange	Orange
Shape:	Hexagonal	Hexagonal
Type:	Tablet	Tablet
Imprint:	Sword logo "N2"	Sword logo "N8"