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# SNARE the Drug Impaired

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**THE OFFICIAL NEWSLETTER OF THE MINNESOTA DRE  
JUNE 2003**

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## **2003 DRE SCHOOL CONCLUDES**

Minnesota's 11<sup>th</sup> DRE School was held at the White Bear Lake Public Safety Training Facility. The class commenced on March 31<sup>st</sup> and concluded on April 10<sup>th</sup>. The class was attended by twelve officers from ten different agencies. The roster included seven municipal officers, three county deputies, and two state troopers. These dedicated officers dove head first into the comprehensive Drug Evaluation and Classification curriculum. Their dedication and desire showed with an average score of 92% on the classroom final exam.

The classroom portion was instructed by nine highly qualified instructors. These nine instructors represented the Scott County Sheriff Office, Brooklyn Park Police Department, Dakota County Sheriff Office, and the Minnesota State Patrol.



This was the first year that White Bear Lake Police Department hosted the DRE School. The training facility was an excellent venue. The classroom layout provided an extremely positive learning environment. The White Bear Lake Police Department staff treated us with all of the hospitality and

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## ***PILL-PEDDLING PROBLEM GROWING IN FLORIDA SCHOOLS***

Police in Miami-Dade Public Schools in Florida report a growing problem of students selling anti-anxiety pills to their peers during school, the Miami Herald reported March 3.

Students are selling Xanax, which is prescribed to adults to ease stress. But teens taking the drug are getting sick, many complaining of stomach cramps or being disoriented. Some students who are taking the drug are spotted because they are stumbling into classrooms or blabbing incoherently.

At Miami-Dade schools, police said pill peddling has occurred at least four times in the last six weeks. Some Broward County schools also report the presence of Xanax on their campuses.

"We not only suspend the students, but also counsel them when they come back," said Manny Garcia, principal at Braddock High School in Miami-Dade County. "We have a counselor who is going to set up a meeting with faculty to teach them the signs that a student is under the influence."

According to the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA), at least 5 percent of middle-school students and high-school students in the nation have taken Xanax more than once.

Among students, the drug is known as "zany pills," "zanies," or "zany bars," and users say it gives a "high" feeling similar to marijuana.

"The reason there is a steady increase in Xanax is that it is a lot more accessible and cheaper than other club drugs," said Miami-Dade Detective Roy Rutland, who works in the narcotics bureau and is an expert on club drugs. "From the time we began seeing Xanax on the club scene several years ago, we knew it was going to be a problem."

Miami-Dade police speculate that young people are getting Xanax from a parent who has a prescription for it. Others are buying the pills on the street from people selling them after filling a legitimate prescription or getting a fake prescription.

Those who misuse Xanax can develop a tolerance for it, leading to addiction. Doctors said abusers of the drug have to be taken off it gradually to prevent seizures.

## ***DEA TEMPORARILY DESIGNATES TWO HALLUCINOGENS AS SCHEDULE I SUBSTANCES***

On April 4, 2003, DEA temporarily designated alpha-methyltryptamine (AMT) and 5-methoxy-N,N-diisopropyltryptamine (5-MeO-DIPT)--known as Foxy--as Schedule I substances under the Controlled Substances Act. DEA exercised its authority to temporarily place the substances in Schedule I because the Deputy Administrator of DEA determined that the trafficking and abuse of these substances pose an imminent hazard to public safety, and because the substances have a high potential for abuse. Further, the Deputy Administrator determined that there is no currently accepted medical use, and that the substances are not safe for use under medical supervision. DEA has the authority to temporarily place substances into Schedule I for 1 year, and the U.S. Attorney General may extend the term for an additional 6 months.

Both AMT and 5-MeO-DIPT typically are administered orally. According to DEA, the effects of AMT include hallucinations, mood elevation, nervousness, inability to sleep, and excessive pupil dilation. The effects of 15 to 40 milligrams of AMT typically begin 3 or 4 hours after ingestion and gradually subside over 12 to 24 hours, but may last up to 2 days. The effects of ingesting 6 to 10 milligrams of 5-MeO-DIPT generally include hallucinations, talkativeness, loss of inhibitions, and excessive dilation of the pupils. The effects of 5-MeO-DIPT often begin in 20 to 30 minutes, peak after 1 hour, and last between 3 and 6 hours. DEA reports that AMT and 5-MeO-DIPT are distributed at nightclubs and raves in Arizona, California, Florida, and New York, and that a gram of either substance typically costs less than \$150. DEA also reports that clandestine laboratory operators have attempted to produce AMT and 5-MeO-DIPT in Nevada, Virginia, and Washington, D.C., although the degree to which these attempts were successful is unclear.

*Source: National Drug Intelligence Center Narcotics Digest Weekly*

## **KIDS DRINK VANILLA EXTRACT FOR BUZZ**

Some adolescents drink pure vanilla extract because it has the equivalent of 70 proof alcohol, the Pittsburgh Post-Gazette reported.

In Pennsylvania, several grocery stores are pulling vanilla extract from their shelves because empty vanilla bottles are turning up in record numbers in store parking lots.

Pure vanilla extract, which is used as a flavoring in baking, contains at least 35 % alcohol by volume.

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## **HELL'S ANGEL PLEADS**

The U.S. Attorney for the District of Minnesota reports that on April 2, 2003, the president of the Minneapolis chapter of the Hells Angels Motorcycle Club (HAMC) pleaded guilty to one count of conspiring to distribute over 1 kilogram of methamphetamine and one count of conspiracy to launder money. This guilty plea arose from an October 1, 2002, indictment charging the defendant with one count of engaging in a Continuing Criminal Enterprise (CCE) and multiple counts of conspiracy to distribute controlled substances including approximately 2 kilograms of cocaine, over 1 kilogram of methamphetamine, and 50 kilograms of marijuana. The defendant also was indicted on charges that he conspired to launder money by unlawfully using his motorcycle business to conceal proceeds of illegal drug distribution. According to the U.S. Attorney's Office, all charges to which the defendant is not pleading guilty, including the CCE charges, will be dismissed when the defendant is sentenced on the two conspiracy charges. *NDIC Comment:*

Members of HAMC are involved in producing, transporting, and distributing methamphetamine as well as other drugs in various regions of the United States. This case reaffirms that some high-ranking club members engage in drug-related criminal activities. It also demonstrates that some HAMC members launder drug proceeds through front businesses owned by club members.

*Source: National Drug Intelligence Center  
Narcotics Digest Weekly*

## **2003 DRE SCHOOL (continued)**

support that we could ask for. The entire staff was at our disposal. They even went 'above and beyond' the call of duty by assisting the students and instructors with non-class related concerns.

The certification portion began on April 11<sup>th</sup> and concluded on April 30<sup>th</sup>. For the second year, certification training was hosted by the Metropolitan Transit Police at their headquarters in south Minneapolis. The hospitality of the Transit Police staff made certification training more organized and uncomplicated.

Certification training was administered by fourteen instructors representing Brooklyn Park Police Department, Crow Wing County Sheriff Office, Scott County Sheriff Office, New Hope Police Department, Eagan Police Department, Dakota County Sheriff Office, and the Minnesota State Patrol.

The twelve new DRE officers hit the street running and the evaluations are already starting to come in. These officers are welcome assets to the DRE compliment in Minnesota.

## **POLY DRUG USE**

*This anecdote was sent in by a DRE from a "western suburb". It has been slightly edited so it could be printed here*

Get this one, while working drunks Easter eve (Sat. Night) I get this guy driving like a maniac. So I give him the lights and when he finally pulled over, he tries to run into his girlfriend's apartment.

Needless to say, he didn't make it. The guy reeked of booze so I put him through roadside sobriety and he's obviously under the influence of something besides alcohol.

He was talking a mile a minute, fast exaggerated movements, etc., etc. I also noticed that this guy is rather 'excited' as he's performing field sobriety.

I ended up arresting him for DUI. Upon searching him, I found a test pack of Viagra and a bundle of cocaine. He later tests a .17 AC.

This gentlemen did not only have the speed, ..... but also the stamina.

## ***VANILLA EXTRACT (continued)***

Its potency ranges between peppermint schnapps and ouzo.

Addiction counselors have recognized the problem for some time. "I've seen this for about 14 years," said Tim Grealish, director of community services at Greenbriar Treatment Centers. "I get phone calls all the time from parents wondering where their vanilla extract is going." He said the trend increased once teens' access to liquid corrective fluid (an inhalant) was curtailed.

Becky chambers, clinical supervisor for outpatient services at Mercy Behavioral Health in Pennsylvania, said vanilla extract is "a starting point" for adolescent drinking. There's obviously more alcohol in that little bottle of vanilla extract than there is in a bottle of beer or two," she said.

Source: [www.JoinTogether.org](http://www.JoinTogether.org)

## ***MEET THE KHAT HEADS***

High above Minneapolis, the prefab-concrete Cedar-Riverside towers are crowded with newly arrived East African immigrants. Yemenis and Somalis spend weekends in the subsidized high-rises chewing over homeland politics – and a few other things.

Groups of up to a dozen middle-aged men plant themselves on couches and pull out banana-leaf-wrapped bundles of stems and buds called khat. Each \$50 *marduff*, or bundle, recently FedExed from Africa, is a doorway to four hours of euphoria, clarity of thought, extreme verbosity, and, eventually, mild depression and semi-coma. They'll each consume \$300 worth of khat in 24 hours. Glasses of water sit nearby to slake the thirst produced by the leaves bulging in their cheeks. "You are a better man (chewing khat) than you were before because you can remember anything," says Abraham, fresh from Somalia. "It creates big IQ," says Abdi, another Somali. "You talk too much and think too much, but you get very ambitious."

To the exploding population of immigrants from the Horn of Africa to the Arabian Peninsula – particularly Somalis fleeing a decade long civil war – khat is about nefarious as espresso. But one man's coffee is another man's Schedule I narcotic. Khat has been illegal in the United States since 1993; thanks in part to the immigrant surge. It is climbing the authorities' watch list of new drugs. The Somali population in Minneapolis, for instance, has grown from a few hundred in the early 1990s to roughly 40,000. At the same time, U.S. Customs agents have nearly doubled their khat seizures the last three years running. Already on the edge of post 9/11 surveillance, it's understandable that paranoia is running high among East Africans. "Many people who have a deep conviction that khat isn't drugs think law enforcement is attempting to smear the community." Says Omar Jamal of Somali Justice Advocate Center in Saint Paul, Minnesota.

Most Africans first heard of khat in 1991 as an exotic upper paid to men driving the 'Mad Max'-like 'technicals' that helped warlords embarrass the U.S. Army in Mogadishu. But its roots reach much deeper. During the Ottoman Empire, religious leaders chewed khat as they read the Qur'an for days on end. East African leaders help secularize it, offering the conversation-inducing leaves to visiting foreign dignitaries. Today, it's chewed socially outdoors in the midday breeze and by students cramming for exams through the night. But it's eschewed by many fundamentalist Muslims. The DEA downplays khat (because it has yet to spill into a broader population), while U.S. Customs officials are investigating whether there are any possible links to the funding of terrorism. At the state level, penalties vary widely. A Somali recently convicted of possessing 77 pounds of khat in Ohio received a 10-year prison term. In Minnesota, the same amount would only get you a year. "You try to keep in mind that people may not know it's illegal," says patrolman David Menter. "Thee may be a grey area."

Still, even in Minnesota's tolerance has its limits. Jama Mohamod's Somali restaurant was raided and shuttered when an employee signed for a box of khat held by an officer posing as a FedEx deliveryman. Guns were drawn, patrons were arrested and roughed up, Mohamod claims, and bags of khat were found sitting under dining tables, police say. Mohamod's loss included more than \$10,000 in lost business. "The only thing wrong is they ruin my name," he says. Clearly the new country will take some getting used to.

Source: [www.Minneapolis.com](http://www.Minneapolis.com)

## ***THE RISING TREND OF PRESCRIPTION DRUG ABUSE***

A year ago, President Bush's niece was arrested for fraudulently obtaining a controlled substance, the anti-anxiety prescription medication Xanax. Months later, at a medical clinic in rural St. Cloud, Minn., a 25-year-old man stabbed a physician who refused to prescribe him narcotics. The New York Times Magazine ran a cover story in 2001 on OxyContin abuse, highlighting the emerging underground, illegal use and sales of the drug. In a growing number of rural areas law enforcement agents describe OxyContin abuse as the fastest-growing drug abuse concern. Some authorities have called prescription drug abuse a national epidemic in the making. Used as medically directed, prescription medications dramatically improve functioning and the quality of life. Yet an estimated 5 million Americans over age 12 currently use prescription medications for nonmedical purposes. The breakdown: pain medications (2.6 million); sedatives and tranquilizers (1.3 million); and stimulants (0.9 million), according to the 1999 National Household Survey on Drug Abuse. "Current use" is defined as any use in the past month.

In 1999, roughly 1.6 million people in the United States used prescription pain relievers nonmedically for the first time--four times as many as in 1980. From 1990 to 1998, the number of first-time, nonmedical users of prescription pain relievers rose 181 percent; stimulants rose 165 percent; tranquilizers rose 132 percent; and sedatives rose 90 percent. The largest increase in new, nonmedical use of prescription drugs occurred in two age-groups: ages 12 to 17, and ages 18 to 25. There has been a dramatic surge in new, nonmedical users of pain relievers from 1965 to 1999.

The most commonly abused prescription drugs are: Opioids--prescribed in the treatment of pain relief (e.g., Oxycodone, Propoxyphene, Hydrocodone, Hydromorphone); CNS depressants--used to treat anxiety, stress and sleep disorders (e.g., barbiturates, benzodiazepines), and stimulants--prescribed to treat narcolepsy and attention deficit/hyperactivity disorder (e.g., methylphenidate, dextroamphetamine).

Historically, many U.S. physicians have been reluctant to prescribe powerful opioid pain medications because of the abuse liability and heightened addictive potential. Yet recent research finds that the overwhelming majority of people who use pain medication as directed do not become addicted. One study of 12,000 patients who were prescribed opioids for acute pain found that only four became addicted. In another study, of 38 patients given opioids for four to seven years for chronic pain, only two became addicted, and both had a history of drug abuse.

Still, as the number of first-time, nonmedical users of prescription medications grows, so does the associated addiction. According to the Treatment Episode Data Set, a federal treatment data system, the number of people admitted to addiction treatment centers with nonmedical use of pain medications as their primary drug problem rose from 14,044 in 1994 to over 20,000 in 1999. Nearly half of these patients (44 percent) reported no substances of abuse other than prescription painkillers.

Oxycodone, the semi-synthetic, opioid analgesic used for mild to moderate pain control, chronic pain syndromes and treatment of terminal cancer pain, was produced in a continuous release form in 1996. OxyContin has an 8- to 12-hour duration of action and contains no acetaminophen. Fatal overdoses of OxyContin have increased since 1997; an extensive review of autopsies performed by the U.S. Drug Enforcement Administration found OxyContin played a probable role in 282 deaths over a recent 19-month period.

OxyContin is diverted from legitimate use by way of pharmacy theft, "doctor shopping," and improper prescribing by unscrupulous physicians. The drug is sought out and abused by seasoned drug abusers for its strong, heroin-like, euphoric effects. The pills are crushed and then either snorted or cooked down and injected to overcome the time-release mechanism. Many drug abusers prefer the predictable purity level that comes with a prescribed drug vs. one purchased on the street, such as heroin.

Entrepreneurs who hope to cash in on its resale value in the illicit market--in particular, drug abusers and dealers, as well as people who live on extremely limited income--also seek out OxyContin. A bottle of 100 40-mg tablets that sells at a retail pharmacy for \$400 can have a resale value of \$2,000 to \$4,000 in the illicit market.



## ***THE RISING TREND OF PRESCRIPTION DRUG ABUSE (continued)***

The National Institute on Drug Abuse (NIDA) recently launched a national initiative to promote research and educate the public—including health care providers—about the misuse and abuse of prescription medications. The Drug Enforcement Agency has also launched a plan to aggressively target fraudulent prescriptions, reduce doctor shopping, and halt other illegal practices related specifically to the abuse of OxyContin. Purdue Pharma, the manufacturer of OxyContin, is also working on development of an abuse-resistant formulation that could contain opioid antagonists.

Clearly, physicians and clinical staff play a significant role in assessing and diagnosing this problem. They need to take extra care with suspicious patients, guard their prescriptions, and contact law enforcement when confronted with attempted diversion or theft of prescription medications. Yet disappointingly, less than one-third of U.S. primary care physicians recently surveyed by Columbia University felt "very prepared" to recognize prescription drug abuse among their patients, and more than 46 percent said they were uncomfortable discussing the issue. Patients, especially those in recovery from addiction, need to take extra caution when prescribed medications with addictive potential and share their concerns upfront with the prescribing physician.

*Carol L. Falkowski is director of research communications for Hazelden. She has monitored drug abuse trends for more than 15 years and is one of 20 U.S. researchers on the Community Epidemiology Work Group, a drug abuse surveillance network of the National Institute on Drug Abuse.*

*Source: The Hazelden Voice -- Winter 2003*

**DEA Fast Fact:** Drug use can be far more deadly than alcohol. Although alcohol is used by seven times as many people as drugs, the number of deaths induced by those substances are not far apart. According to the Centers for Disease Control and Prevention (CDC), during 2000, there were 15,852 drug-induced deaths; only slightly less than the 18,539 alcohol-induced deaths.

### **LATEST EDITION OF DRUGS OF ABUSE RELEASED**

The highly anticipated release of the latest edition of [Drugs of Abuse](#) has arrived! The fifty-plus page publication is your A to Z guide for drug history, effects, and identification information. [Drugs of Abuse](#) offers easy-to-read scientific information about drugs combined with scores of precise photographs shot to scale.

Previous editions were heralded by law enforcement officers, educators, and public health practitioners as one of the most comprehensive drug guides available.

You can browse or print the publication at

[www.dea.gov/pubs/abuse/index.html](http://www.dea.gov/pubs/abuse/index.html).



*Source: DEA Update April 2003*

### **MDMA USE AMONG ADOLESCENTS AND YOUNG ADULTS**

The Substance Abuse mental Health Services Administration (SAMSHA) recently released a report regarding MDMA ('Ecstasy') use among adolescents and young adults in the United States. According to the report, approximately 3 million individuals used MDMA in 2001. Two million of these users were 18-25 years old. The report also reveals that males aged 18 to 25 were more likely to have used MDMA than females. Conversely, females aged 12-17 were more likely to have used MDMA than males. The report also noted that MDMA users aged 12-25 were more likely to have abused other illicit drugs than individuals who had not used MDMA.

*Source: Narcotics Digest Weekly*