



MEDTOX[®] Journal

Government Public Safety Issue

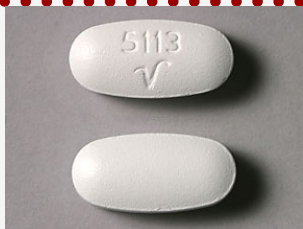
February 2009

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ALL Points Bulletin

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.

The MEDTOX Newsletter will notify our readership once the FDA announces its final action on the matter. Drug screen panels that currently include propoxyphene will undoubtedly undergo change once a ban is official. Readers who'd like more information about propoxyphene can obtain it by emailing the DAR program at DARSProgram@mac.com.

Guest Article: How "The System" Facilitates GHB Abuse-Time To Capture This Invisible Drug.

About the Author

Ms. Trinka Poratta is a retired L.A.P.D. narcotics detective and a nationally recognized expert on all aspects of GHB use, abuse, drug induced rape and addiction. Ms. Poratta is a contributing writer and lecturer for MEDTOX's Drug Abuse Recognition (DAR) Program. For a "DUI on GHB" handout or one-page flyer on drug-facilitated rape, contact Project GHB at the listed email address. Other GHB fact sheets and extensive information are available at www.projectghb.org. Project GHB also sells a unique book titled "G'd Up 24/7: The GHB Addiction Guide," by Law Tech Publishing, which provides medical information for professionals as well as guidance for the addict and family in confronting recovery from GHB.



Gamma hydroxybutyrate (GHB) is a tough drug to catch, even on the best of days. It is missed in drug related rape cases and instances of drunk or drugged driving due to: Rapid resolution, delayed reporting, delayed sample collection, or lack of awareness of GHB by those requesting the tests. It may also be missed because it is easy to mask with a significant alcohol level; as often one is not looking beyond. It is also highly addictive with a severe, prolonged withdrawal syndrome that few treatment facilities yet recognize. GHB addicts can and have died in police custody during withdrawal for lack of medical care. There are no simple GHB screening tests. It is typically not included in drug testing panels. Thus, GHB remains virtually invisible. Project GHB has worked with 2,000-plus GHB addicts worldwide and is experiencing an influx of addicts desperately seeking help. Most are athletes. Many are chronic pain or mental health patients who turned to GHB as a last resort. GHB is a booming business, especially in the USA and UK.

Project GHB's Addiction Helpline has dealt with commercial airline mechanics who have taken GHB to bypass random drug testing. We know that people on probation for other drugs, from Alaska to Louisiana, Kansas to New York, have "found" GHB as an answer. Party on "G" -- test clean for your probation officer or employer! The system has literally pushed abusers toward this drug by not recognizing its existence and powerful role. Subcultures of GHB abuse have developed as a direct result. Even those arrested for GHB offenses typically aren't tested for the presence of GHB in their system.

In Louisiana a young man was dumped at the ER by "friends" who wouldn't say what drug he had taken. He wasn't breathing, had to be resuscitated three times and was pronounced brain dead. His horrified mother was told to "pull the plug." While waiting for her husband to arrive, her church members prayed. To his doctor's amazement, he opened his eyes and mouthed the words, "I'm sorry mom." His brain had survived, though he has lung damage. Mom doggedly pursued his circle of friends for answers. He had accidentally picked up his best friend's soda can instead of his own. It was GHB, not soda. He was a user, but didn't intend to consume GHB at that moment. He begged, "Please don't let me die." But his friend took him to the dealers' house, not wanting to get involved, he was enrolled in drug court. When he stopped breathing he was transported to the ER and dumped. They too didn't want involved as they were enrolled in a drug court program.

Mom was told plain and simple: In trouble for other drugs, kids are turning to GHB, knowing it wouldn't be caught in the court's mandated testing requirements. The message has been repeated over and over throughout the United States.

It's time to turn the tide on GHB. Recognition and testing are crucial.

Submitted by: Ms. Trinka Poratta, L.A.P.D. Narcotics Division, (ret.)

What is ETG and What Relevance Does it Have in a Drug Testing Protocol?



In the last few years, ETG drug screening has become a popular means of testing for recent use of alcohol. This testing protocol represents an expanded means of testing for alcohol. The interpretations of ETG screening results are tricky and sometimes in the final analysis, unclear.

Ethylglucuronide, commonly known as ETG is a minor metabolite of ethyl alcohol that can be detected in urine for up to 3 - 4 days following exposure or last drink taken. This is a relatively new direct biomarker that indicates recent alcohol consumption; it can be utilized as an additional tool for monitoring compliance in treatment programs and documenting abstinence from alcohol use. ETG testing does not correlate to determinations of alcohol

impairment, nor can non-negative test results be precisely tied to a time and date when a patient last consumed alcohol.

ETG screening has previously been offered at MEDTOX as a directed chromatographic test. The availability of a new immunoassay-screening technology enhances the initial testing process and in improved turn-around-time of results. Non-negative results are then confirmed by high performance liquid chromatography with tandem mass spectrometry (HPLC/MS/MS).

This test is offered only at a 500-ng/ml cutoff to minimize the potential impact of incidental alcohol exposure from over-the-counter products and/or prescription medications that contain ethyl alcohol. In accordance with current guidance from SAMHSA, alcohol biomarker results should be interpreted in the context of other clinical and behavioral information available relating to the individual who has tested positive for an ETG screen.

Readers with ETG questions can seek assistance by contacting the MEDTOX Drug Abuse Recognition (DAR) online "hotline" system at darsprogram@mac.com. The DAR program guarantees a 24-hour turn around time for any inquiry sent to it. The "hotline" is staffed by a team of experts who are the faculty of the DAR training system.

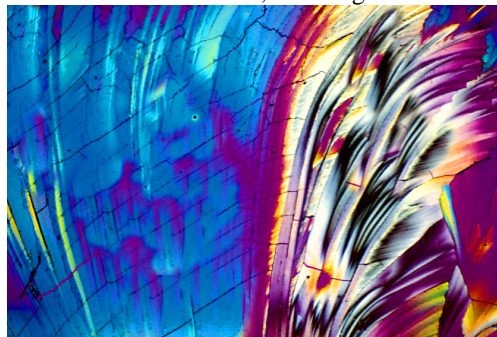
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What's the Depth of Your Drug Knowledge?

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

MEDTOX News

Made in America

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The MEDTOX Journal is a product of MEDTOX Scientific, Inc., St. Paul, Minnesota. MEDTOX's SAMHSA certified laboratories are located in St. Paul; MEDTOX Diagnostics, Inc. research and production facility is located in Burlington, North Carolina. MEDTOX Diagnostics produces a diverse line of onsite drug screening devices that are marketed and sold throughout the United States and Canada. The MEDTOX Drug Abuse Recognition (DAR) program is headquartered in Santa Clarita, California and is staffed by a crew of veteran active and retired law enforcement officials and experienced addiction medicine and pain management physicians. MEDTOX is proud to claim the mantle of "All-American" company. All MEDTOX products are made in America by American workers.

ToxASSURE®

MEDTOX is pleased to announce a new service program geared specifically for physician practices dealing with pain management.

Our partnership with pain management physicians dates back over 12 years. More recently, [ToxASSURE®](#) was developed as a full-service program offering compliance monitoring, program management, professional consultation and more.

We recognize that a proper drug management program should not be a "one size fits all" approach. We have multiple options and tools to help you create a testing program that best fits your needs.

If you are a physician and would like more information regarding our ToxASSURE® program please contact Tom Monette at: tmonette@medtox.com

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.

Several astronauts in the action movie Armageddon tested positive for this substance before they were lofted into space to save the world from a fast approaching meteor.

What Drug Am I?

Answer: Ketamine

In Rural Communities, Does Untreated Pain Lead to Overuse and Abuse of Narcotics Like Oxycontin and Vicodin?

One of the axioms of criminal justice and healthcare professionals is that people with untreated pain issues will often resort to the purchase of narcotics out on the street and maintain lives as addicts. It is also widely believed that a percentage of people properly treated with narcotics will develop problems with their control once the drugs are discontinued. In some parts of the country, prescription narcotic abuse is rampant, other parts of the country it isn't. The most popularly abused opiates are drugs like Vicodin (hydrocodone) and Oxycontin (continual release oxycodone), these drugs are taken orally in their tablet form or they are crushed up and injected intravenously.



Of great concern is the abuse of Oxycontin and its new generic versions. It is a compact, powerful drug that is composed of a concentrated dose of oxycodone that's designed to uniformly dissolve over a 12-hour period of time. To achieve a uniform, consistent release of the drug, a substantial amount of oxycodone is compacted with a binder that controls the rate that the drug breaks down and released absorbed into the bloodstream. When the drug is crushed up, dissolved in water and then allowed to dry, Oxycontin has been converted into a sort of Oxy-now! When injected or smoked, the drug is totally, rapidly absorbed into the bloodstream. Many career heroin users describe the high as being better than that of heroin. (This claim actually makes sense when one takes the time to study oxycodone's pharmacology)

It's been unclear as to the pathways that people addicted to Oxycontin and Vicodin take to get to a point of dependency. The public regularly hears about repeated stories of professional athletes who have become dependent on opiates because of their chronic use of the drugs to treat pain caused by severe skeletal wear and tear. Although these cases do and will continue to occur, it's more evident that Oxycontin and Vicodin abusers present with backgrounds that are decidedly different. In a recently published study in the American Journal of Drug and Alcohol Abuse[1], researchers from the University of Kentucky College of Medicine found that the precipitating factors of rural prescription opiate abuse were not related to uncontrolled pain or dependencies caused by over prescribing by physicians. Rather the factors most associated with opiate abuse were prior illicit drug use with substances such as methamphetamine, cocaine and heroin along and histories of psychiatric and mental health problems.

There was no correlation of prescription opiate abuse with pain syndromes or other health related issues. It is also becoming clear that there is considerable movement in the "drug of choice" decisions made by chronic

Training Opportunities

MEDTOX provides clients with the following training opportunities. MEDTOX training programs are California POST, BBS and STC, CAADAC and OASAS certified and approved.

- *Standard Drug Abuse Recognition (DAR)
- *Rapid Eye Drug Abuse Recognition (DAR)
- *Street Development
- *Club Drugs and Trends in Adolescent Drug Abuse
- *Managing Methamphetamine
- *Understanding Dual Diagnosis: The Crossroads of Substance Abuse Disorders and Mental Illness
- *Ethics and Professional Standards for Community Corrections
- *Current Issues in Leadership and Supervision
- *Pharmacology of Drug Abuse
- *The Essentials of Search Warrant Development
- *The Essentials for Social Workers and Family Counselors I-IV
- *Grant Writing and Non-Traditional Fund Raising for Public Organizations

If your organization is interested in hosting one of the above training courses, would like to know where/when a course is available or would like further information, please contact Lisa Mize at: lmize@medtox.com

users of methamphetamine, cocaine and heroin. Drug users who've become physically wrung out by their initial drug of choice, switch over to a another and maybe diametrically different sort of drug as a means of managing or negating the cumulative side effects of their first choice drug. Oxycontin addicts who first started out as "meth" users or cocaine users and cross over to the relative slow lane of Oxy are not an uncommon occurrence anymore.; the movement in the opposite direction is also not unusual either. In communities where there is considerable prescription opiate abuse, these findings may help in the development of needed outreach and community based programs.

[1] Havens J, Stoops, W, Leukefeld, C et. al. Prescription opiate misuse among rural stimulant users in a multistate community-based study. J American Drug and Alcohol Abuse 2009; 35: 18-23.

Thank you for subscribing to the MEDTOX Journal. If you have suggestions or questions you would like to see featured in future issues please contact Lisa Mize at lmize@medtox.com

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