



LORAIN COUNTY COMMISSIONERS

LabINFO NEWSLETTER

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This newsletter is provided by the Lorain County Crime/Drug Lab discussing technical information dedicated to local agencies within Lorain County. The information has been collected from various sources and journals.

TEEN DRUG USE- 2014

Source: www.drugabuse.gov National Institute on Drug Abuse (NIDA)

Overall, 41,551 students from 377 public and private schools participated in the 2014 survey.

Last 2 Decades of Alcohol, Cigarettes, and Illicit Drug Use [1994-2014]:

ALCOHOL	CIGARETTES	* ILLICIT DRUGS
37.4% of 12 th graders	13.6% of 12 th graders	23.7% of 12 th graders
23.5% of 10 th graders	7.2% of 10 th graders	18.5% of 10 th graders
9.0% of 8 th graders	4.0% of 8 th graders	8.3% of 8 th graders
<i>*Past 30 day use.</i>		

Teens are more likely to use e-cigarettes than cigarettes *[Pass month use.]*

CIGARETTES	e-CIGARETTES
13.6% of 12 th graders	17.1% of 12 th graders
7.2% of 10 th graders	16.2% of 10 th graders
4.0% of 8 th graders	8.7% of 8 th graders

Only 14.2% of 12th graders view e-cigarettes use as harmful, which are less than 5 students in the average class.

Almost two-thirds (64%) of high school seniors do not view regular marijuana use as harmful compared to just one-third (35%) 20 years ago. Marijuana use has remained relatively stable among high school students over the past few years. 56.7% of high school seniors say they disapprove of occasional marijuana smoking.



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PRESCRIPTION/OVER-THE-COUNTER vs. * ILLICIT DRUGS

[*The percentage of 12th graders who have used these drugs in the past year.]

PRESCRIPTION/OVER-THE-COUNTER		ILLICIT DRUGS	
Adderall	6.8%	Marijuana	35.1%
Vicodin	4.8%	K2/Spice (Synthetic Cannabs)	5.8%
Tranquilizers	4.7%	MDMA/Ecstasy	3.6%
Cold Medicines	4.1%	Cocaine	2.6%
Oxycontin	3.3%	LSD	2.5%
Ritalin	1.8%		

After marijuana, prescription and over-the-counter medications account for most of the top drugs abused by 12th graders in the past year.

Cigarette smoking and binge drinking are down over the last decade.

The number of students who disapprove of regular smoking and binge drinking increased in 2014, and 8th and 10th graders report that cigarettes and alcohol are becoming harder to get.

DRUG FACTS: UNDERSTANDING DRUG ABUSE & ADDICTION

Source: www.drugabuse.gov
National Institute on Drug Abuse (NIDA)

Many people do not understand why or how other people become addicted to drugs. It is often mistakenly assumed that drug abusers lack moral principles or willpower and that they could stop using drugs simply by choosing to change their behavior. In reality, drug addiction is a complex disease, and quitting takes more than good intentions or a strong will. In fact, because drugs change the brain in ways that foster compulsive drug abuse, quitting is difficult, even for those who are ready to do so. Through scientific advances, NIDA know more about how drugs work in the brain than ever, and know that drug addiction can be successfully treated to help people stop abusing drugs and lead productive lives.



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No single factor can predict whether a person will become addicted to drugs. Risk for addiction is influenced by a combination of factors that include individual biology, social environment, and age or stage of development. The more risk factors an individual has, the greater the chance that taking drugs can lead to addiction. For example:

BIOLOGY. The genes that people are born with – in combination with environmental influences – account for about half of their addiction vulnerability. Additionally, gender, ethnicity, and the presence of other mental disorders may influence risk for drug abuse and addiction.

ENVIRONMENT A person's environment includes many different influences, from family and friends to socioeconomic status and quality of life in general. Factors such as peer pressure, physical and sexual abuse, stress, and quality of parenting can greatly influence the occurrence of drug abuse and the escalation to addiction in a person's life.

DEVELOPMENT Genetic and environmental factors interact with critical developmental stages in a person's life to affect addiction vulnerability. Although taking drugs at any age can lead to addiction, the earlier that drug use begins, the more likely it will progress to more serious abuse, which poses a special challenge to adolescents. Because areas in their brains that govern decision making judgment and self-control are still developing, adolescents may be especially prone to risk-taking behaviors, including trying drugs of abuse.

PREVENTION IS THE KEY

Drug addiction is a preventable disease. Results from NIDA-funded research have shown that prevention programs involving families, schools, communities, and the media are effective in reducing drug abuse. When youths perceive drug abuse as harmful, they reduce their drug taking. Thus, education and outreach are key in helping youth and the general public understand the risks of drug abuse. Teachers, parents, laboratory personnel, and medical and public health professionals must keep sending the message that drug addiction can be prevented if one never abuses drugs.

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COSTS OF SUBSTANCE ABUSE

Abuse of tobacco, alcohol, and illicit drugs is costly to our Nation, exacting over \$600 billion annually in costs related to crime, lost work productivity and healthcare.**

Centers for Disease Control and Prevention. <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5745a3.htm>

	Health Care	Overall
Tobacco	\$96 billion	\$193 billion
Alcohol	\$30 billion	\$235 billion
Illicit Drugs	\$11 billion	\$193 billion

COUGH AND COLD MEDICINE ABUSE [Source: www.drugabuse.gov]

Some over-the-counter (OTC) and prescription cough and cold medicines contain active ingredients that are psychoactive (mind-altering) at higher-than-recommended dosages and are frequently abused for this purpose. These products may also contain other drugs, such as expectorants and antihistamines, which are dangerous at high doses and compound the dangers of abuse.



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Two commonly abused cough and cold medicines are:

Dextromethorphan (DXM), a cough suppressant and expectorant found in many OTC cold medicines. It may produce euphoria and dissociative effects or even hallucinations when taken in quantities greater than the recommended therapeutic dose.

← Promethazine-codeine cough syrup, a medication that contains codeine, an opioid that acts as a cough suppressant and can also produce relaxation and euphoria when consumed at a higher-than-prescribed dose. It also contains promethazine HCl, an antihistamine that additionally acts as a sedative. Although only available by prescription, promethazine-codeine cough syrup is sometimes diverted for abuse.

DRUG FACT SHEETS

Source: www.dea.gov

You hear about drugs on TV and in the movies, on the radio, in books and magazines, on the Internet, and in daily conversation with friends and peers. Some of the information is accurate, but a lot of it is not.

Here are a few realities to consider:

- You can't predict the effect that a drug can have on you—especially if it's the first time you try it, and even if it's a small amount or dose. Everyone's brain and body chemistry are different. Everyone's tolerance for drugs is different.
- Using drugs can lead to abuse, addiction, serious health problems, and even death.
- Drugs that are legal—prescription and over-the counter (OTC) medications—can be just as dangerous as illegal drugs.

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Find out as much as you can about illegal and legal drugs and their effects on your body and brain. The more informed you are, the more confidently you can make the right decision about drugs. Read DEA's Drug Fact Sheets for the latest information on the following substances.

Fact Sheets

Narcotics

- Heroin
- Hydromorphone

Hallucinogens

- Ecstasy/MDMA
- K2/Spice

- Methadone
- Morphine
- Opium
- Oxycodone

Stimulants

- Amphetamines
- Cocaine
- Khat
- Methamphetamine

Depressants

- Barbiturates
- Benzodiazepines
- GHB
- Rohypnol®

- Ketamine
- LSD
- Peyote & Mescaline
- Psilocybin
- Marijuana/Cannabis
- Steroids
- Inhalants

Drugs of Concern

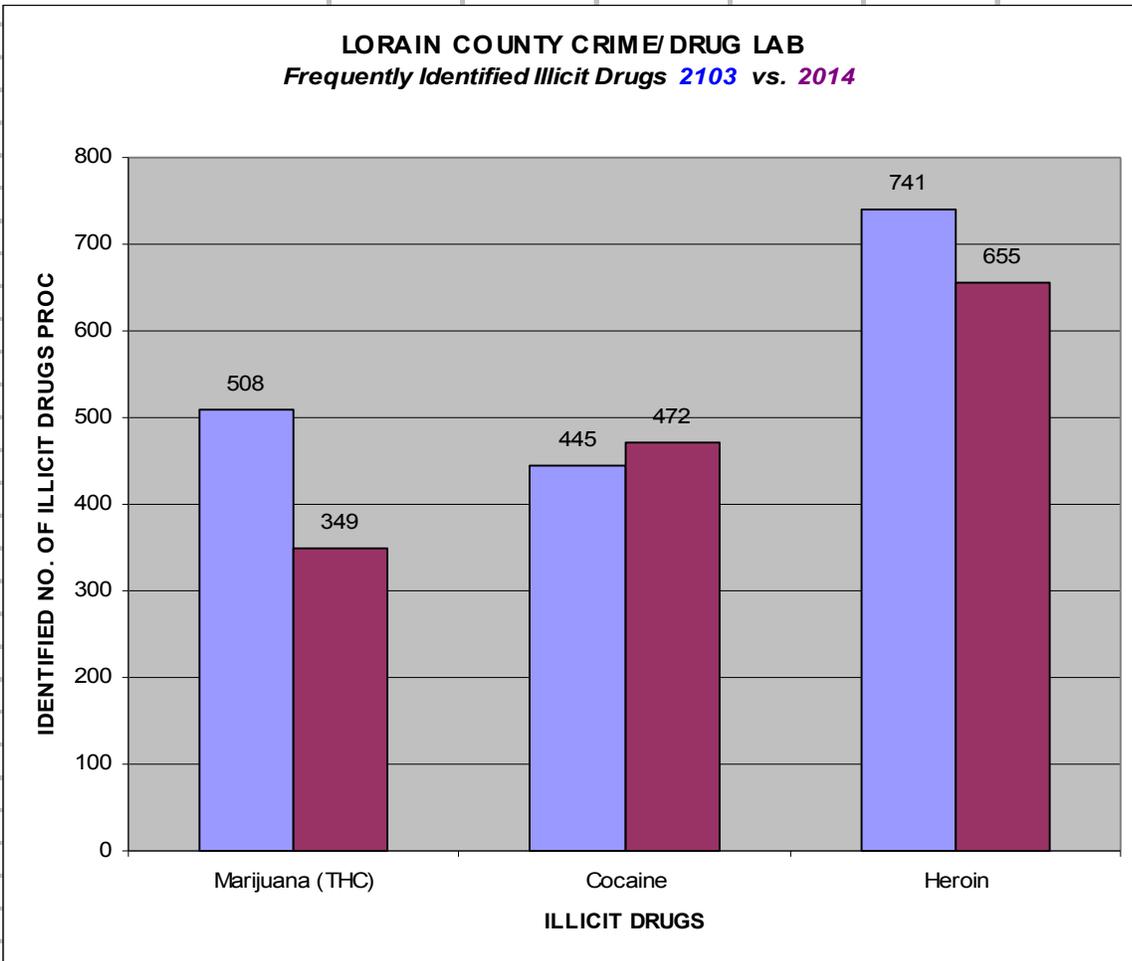
- Bath Salts or Designer Cathinones
- DXM
- Salvia Divinorum

Drug analysis results are summarized and illustrated below to represent the drug trends in Lorain County. These drug chemistry analyses are compiled by the Lorain County Crime/Drug Lab based on submissions for 2013 and 2014. The trend analysis reported here is a comparative study between 2013 and 2014 for the most frequently identified drugs. [\[Source: Lorain County Crime/Drug Lab\]](#)

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A Comparative Study- Frequently Identified Drugs: 2013 vs. 2014

Section I- ILLICIT DRUGS	2013	2014
Marijuana (THC)	508	349
Cocaine	445	472
Heroin	741	655



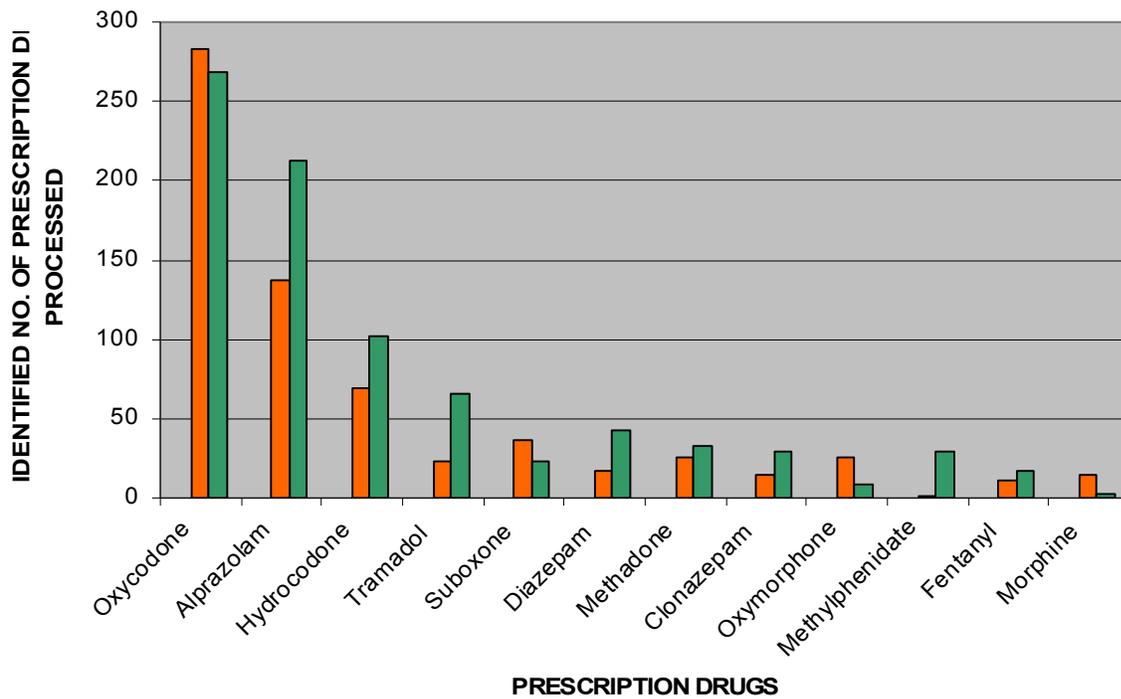
LORAIN COUNTY CRIME/ DRUG LAB

A Comparative Study- Frequently Identified Drugs: 2013 vs. 2014

Section II- PRESCRIPTION DRUGS	2013	2014
Oxycodone	283	268
Alprazolam	137	213
Hydrocodone	69	102
Tramadol	23	66
Suboxone	37	23
Diazepam	17	43
Methadone	26	33
Clonazepam	14	29
Oxymorphone	25	9
Methylphenidate	1	29
Fentanyl	11	17
Morphine	14	3



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Frequently Identified Prescription Drugs 2013 vs. 2014



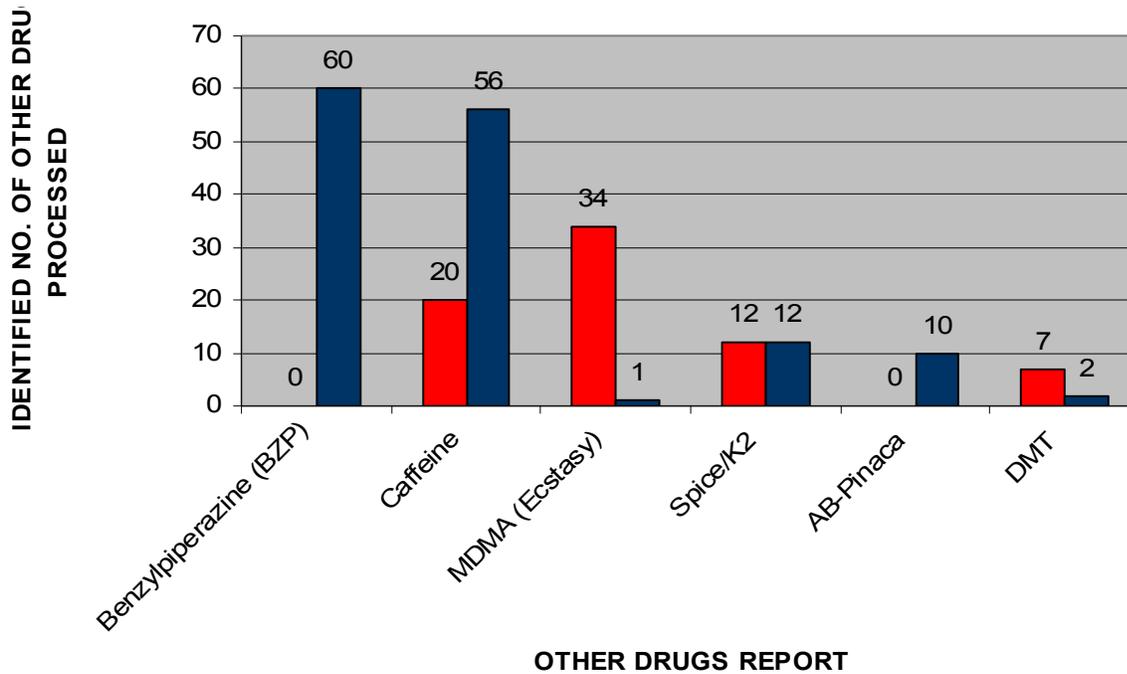
LORAIN COUNTY CRIME/ DRUG LAB

A Comparative Study- Frequently Identified Drugs 2013 vs 2014

Section III- OTHER DRUG REPORTS	2013	2014
Benzylpiperazine (BZP)	0	60
Caffeine	20	56
MDMA (Ecstasy)	34	1
Spice/K2	12	12
AB-Pinaca	0	10
DMT	7	2



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Frequently Identified Other Drugs 2013 vs 2014



Section I – ILLICIT DRUGS

ILLICIT DRUG NAME	2013	2014	TRENDS	BASIC FACTS
Marijuana (THC)	508	349	(31.3%)	Marijuana (Schedule I) was the 2 nd most used illicit drug in 2013, but the 3 rd most commonly used illicit drug in 2014. <i>A decrease of 31.3% from 2013.</i>
Cocaine	445	472	5.7%	Cocaine (Schedule II) was the 3 rd most used illicit drug in 2013, but the 2 nd most used illicit drug in 2014. <i>An increase of 5.7% from 2013 to 2014.</i>
Heroin	741	655	(11.6%)	Heroin (Schedule I) was the most frequently used illicit drug among the three for 2013 and 2014. <i>A decrease of 11.6% from 2013 to 2014.</i>

Section II – PRESCRIPTION DRUGS

NAME	2013	2014	TRENDS	BASIC FACTS
Oxycodone (Oxycontin)	283	268	(5.3%)	Schedule II - Predominant prescription drug identified for both 2013 and 2014.
Alprazolam (Xanax)	137	213	35.7%	Schedule IV- Second most identified and one of the most diverse prescription drugs on the street with 35.7% increase for 2014. A benzodiazepine.
Hydrocodone	69	102	32.4%	Schedule II- Similar pattern of trend with Alprazolam.
Tramadol (Ultram)	23	66	65%	Schedule IV- Increased significantly, though it's not always significant.
Suboxone	37	23	(38%)	Schedule III- Drug used for opiate addiction with downward trend from 2013 to 2014.
Diazepam (Valium)	17	43	60.5%	Schedule IV- Another benzodiazepine showing an increase trend from 2013 to 2014.
Methadone	26	33	21.3%	Schedule II- drug used for opiate dependence with slightly increasing trend from 2013 to 2014.
Clonazepam (Klonopin)	14	29	51.7%	Schedule IV- A drug used to treat seizure or panic disorder, showing upward trend.
Oxymorphone (Opana)	25	9	(64%)	Schedule II- downward trend, though it's not always significant.
Methylphenidate (Ritalin)	1	29	96.7%	Schedule II- increased significantly at 96.7% from 2103 to 2014.
Fentanyl	11	17	35.4%	Schedule II- steady trend between 2013 and 2014.
Morphine (MS Contin)	14	3	(78.6%)	Schedule II- downward trend from 2013 to 2014. To be monitored.

DEA Definition of Scheduled Substances:

- Schedule I- No currently accepted medical use and a high potential for abuse.
- Schedule II- Drugs with a high potential for abuse, with use potentially leading to severe psychological or physical dependence.
- Schedule III- Drugs with a moderate to low potential for physical and psychological dependence.
- Schedule IV- Drugs with a low potential for abuse and low risk of dependence.
- Schedule V- Drugs with lower potential for abuse than Schedule IV and consist of preparations containing limited quantities of certain narcotics.



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Section III- Other Drug Reports

NAME	2013	2014	TRENDS	BASIC FACTS
Benzylpiperazine (BZP)	0	60	Upward trend	Schedule I- recreational drug with stimulant property comparable to those produced by amphetamine. It has no known medical use in the United States.
Caffeine	20	56	Upward trend	Non-controlled- central nervous system stimulant and widely consumed drug. It is legal, but unregulated in nearly all parts of the world, including the United States. Caffeine content can vary from food and beverage and how it's prepared.
MDMA (Ecstasy)	34	1	Downward trend	Schedule I- synthetic psychoactive drug that has similar properties to both the stimulant amphetamine and the hallucinogen mescaline. Ecstasy today can contain a wide mixture of substances from LSD, cocaine, heroin, methamphetamine, etc.
Spice/K2	12	12	Steady trend	Schedule I- refers to a wide variety of herbal mixtures that produce experiences similar to marijuana that are responsible for their psychoactive (mind-altering) effects. Symptoms include rapid heart rate, vomiting, agitation, confusion and hallucination. Spice can also raise blood pressure and cause reduced blood supply to the heart, and in a few cases it has been associated with heart attacks. <i>(Source: Poison Control Centers-NIDA)</i>
AB-Pinaca	0	10	Upward trend	Schedule I as of January, 2015, a synthetic cannabinoid which has recently been identified in illegal herbal products. AB-Pinaca was initially recognized in Japan in 2012.
DMT (N-N, dimethyltryptamine)	7	2	Downward trend	Schedule I- an illegal psychedelic compound that produces a long lasting slow, deep metaphysical experience similar to that of psilocybin mushrooms, but more intense.

EVENTS

The Lorain County Crime/Drug Lab (LCCL) analysis results for the month of January, 2015 have been reported to the DEA National Forensic Laboratory Information System for a nationwide inclusion and comparison. Drug chemistry analysis for 2013 and 2014 are summarized below.

Section I – Comparatively showed the frequency of usage among Marijuana, Cocaine and Heroin. The chart indicates that Heroin remained the drug of choice for 2013 and 2014 and remaining to be in a steady trend, even with a decrease of 11.6% from 2013 to 2014. Marijuana dropped 31.3% from 2013 to 2014, while Cocaine use increased 5.7% in 2014. The trend between Marijuana and Cocaine inversely accounted for the pattern (upward vs. downward trend) from one year to another.



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Nationally, 32% were identified as cannabis/THC, 17% as cocaine, and 8% as heroin in 2012. [\[Source: DEA NFLIS 2012 Annual Report\]](#).

Section II – Seven narcotic analgesics were in the top 12 drugs (2013 and 2014): Oxycodone (551 combined), Hydrocodone (171 combined), Tramadol (89 combined), Methadone (59 combined), Oxymorphone (34 combined), Fentanyl (28 combined), and Morphine (17 combined). Suboxone, an opioid addiction medication (60 combined) is also listed. Also included were three tranquilizers and depressants: Alprazolam [Xanax] (350 combined), Diazepam [Valium] (60 combined), and Clonazepam [Klonopin] (43 combined). Other controlled drug included is Methylphenidate [Ritalin] (30 combined), used to treat attention deficit disorder (ADD), attention deficit hyperactivity disorder (ADHD), and narcolepsy.

It's now harder to obtain prescription narcotics due to improved tracking system and regulation of the drugs. In addition, the formulation of painkillers like Oxycontin has changed to make them more difficult to abuse.

Section III- Other controlled drugs analyzed at LCCL included three stimulants (2013 and 2014): Benzylpiperazine [BZP] (60 combined), Caffeine (76 combined), and MDMA [Ecstasy] (35 combined). Synthetic cannabinoids such as, Spice/K2 (24 combined) are showing constant trend for 2013 and 2014, with new scheduled I synthetic cannabinoid called AB-Pinaca (Schedule I as of January, 2015) is gaining its momentum for 2014. On July 10, 2012, Synthetic Drug Abuse Prevention Act became a law. It banned synthetic compounds commonly found in synthetic marijuana, placing them under Schedule I of the Controlled Substances Act (CSA) of 1970. N,N-Dimethyltryptamine [DMT] (9 combined), a listed chemical is a powerful hallucinogenic compound naturally produced by many plants was also included in the top 6 most frequently identified drugs.

All of these drugs mentioned above will be closely monitored to inform the residents of these dangerous substances roaming our streets. LCCL will also involve in an ongoing participation with the National Forensic Laboratory Information System to compare our data nationwide.

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