



LORAIN COUNTY COMMISSIONERS

LabINFO NEWSLETTER

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

HISTORY OF DRUG ABUSE

[Source: Reprint of the 1898 ed., published by Crowell, New York; General Services Administration; The National Archives of the U.S., 1934]

ANCIENT GREECE

The first drug of abuse was Opium. A Sumerian clay tablet describes a “joy plant” which is believed to be opium poppy. The opium capsule was worshipped by cults in ancient Greece (embedded in coin).

CHINA, 19th CENTURY

Opium addicts were not numerous until an epidemic of opium smoking spread throughout China. The emperors of China issued edict (a decree) after edict prohibiting the use of and importation of opium, but were unable to enforce these measures. British (1859), were the largest importers of opium.

OPIUM EATING, 1821

Opium-eating was soon describes as very common among the lower as well as the middle classes in the Western World. The most notable examples of these popular accounts were published in the London magazine in 1821. The publication of the ecstatic and lucid details must have enhanced fascination with the powers of opiates among the addiction-prone segment of the population.

19th CENTURY

Other influences that helped to increase the magnitude of the problem was the unreserved medical use of opium and the *increase of self-medication* with opium preparations, such as *Ayer's Cherry Pectoral*, *Jayne's Expectorant*, *Pierce's Golden Medical Discovery* and *Mrs. Winslow's Soothing Syrup*.

EARLY HYPODERMIC NEEDLE, 1860

Morphine, the most active ingredient of opium, was discovered by a German Apothecary (*pharmacist*), Friedrich Surtner, in 1805. With the invention of the hypodermic syringe in the 1850's a new method of administration was employed, increasing the addiction problem. This is one of the earliest hypodermic syringes known.

Page 1 of 10



LabINFO NEWSLETTER

ANTIDOTE TO CURE OPIUM ADDICTION, 1868

So many addicts were created as a by-product of the uncontrolled use of opium and morphine in military medicine that addiction became known as the “Army Disease” during the American Civil War. Various nostrums, such as Dr. Collin’s Antidote, discovered in 1868, were advertised as “the only painless cure ever discovered....to enable the patient to discontinue the use of opium.

HEROIN ADVOCATED AS SAFE MEDICINE, 1900

In 1874, a chemical modification of morphine was developed but there was little interest in the new compound called HEROIN until 1890, when it was proposed as a cure for narcotic addiction. Even more amazing is the fact that the Bayer Company of Germany was widely marketing heroin as a sedative for coughs, placing it in the same category as aspirin, appearing in U.S. Pharmacy Journals as late as 1900. But, it was soon found that *heroin produced addiction faster than morphine and that heroin addiction was much more difficult to cure than opium or morphine addiction.*

SMOKING MARIJUANA, 18th CENTURY

Hardly has there ever been a drug that has been more shrouded in mystery and encrusted with misconceptions than marijuana. Mythology tells us that the hemp plant was produced as ‘nectar by the gods’. Islam physicians were prescribing the hemp plant for a variety of ailments, and traveling vendors were selling concoctions of marijuana as an aphrodisiac. Marco Polo wrote of the famed Assassins of Arabia who enlisted recruits by giving them brief visits to paradise with the help of hashish.

ADVOCATING USE OF MARIJUANA, 1849

It wasn’t until the early 19th century that physicians in Western Europe began exploring the possible medical uses of cannabis. About the same time, a group of intellectuals began self-experimentation with the plant. Theophile Gauthier organized the famed Club des Haschischins in Paris in 1844, and in 1840, a French almanac shows a wizard peering into the future through his telescope while a line of 19th century “hippies” parade past carrying banners proclaiming the us of hashish and ether.

LA GUARDIA MARIJUANA REPORT, 1944

Introduced into the southern part of the U.S. by Mexican laborers, the habit of smoking marijuana took hold first in New Orleans, and lucid tales began appearing in the press about individuals drugged with marijuana and atrocities which they committed. In an effort to assess the true hazards of marijuana use, Mayor La Guardia empowered a special commission to study the matter in New York City. The 1944 report is still quoted widely by the permissive-minded as well as the punitive-minded to support their respective positions. As we all know, the controversy following the 1944 New York report was only the beginning!

Page 2 of 10



LabINFO NEWSLETTER

COCA & COCAINE, 1896

Aside from caffeine, the first potent stimulant came from the hands of the Incas. Growing abundantly in the Andes, the south American Indians used coca leaves as a stimulant by chewing little balls made from the leaf of the plant. *Erythroxylon coca* was introduced into American medicine in 1886, being collected and shipped in ton lots. The alkaloid, cocaine, was discovered by Koller of Austria in 1884 and suggested as a local anesthetic. Coca and cocaine were added to many of the patent medicines and beverages. As late as 1896, coca leaves and cocaine were being widely advertised as a safe product, in ads appeared in *The*

Pharmaceutical Era for 1896. In time, it was learned that another blessing of mankind could also become a great curse when misused!

WHY DOES HEROIN USE CREATE SPECIAL RISK FOR CONTRACTING HIV/AIDS and HEPATITIS B and C?

Heroin use increases the risk of being exposed to HIV, viral Hepatitis, and other infectious agents through contact with infected blood or body fluids (e.g., semen, saliva) that results from the *sharing of syringes and injection paraphernalia* that have been used by infected individuals or through unprotected sexual contact with an infected person. Snorting or smoking does not eliminate the risk of infectious disease like hepatitis and HIV/AIDS because people under the influence of drugs still engage in risky sexual and other behaviors that can expose them to these diseases.

Injection drug users (IDUs) are the highest-risk group for acquiring hepatitis C (HCV) infection and continue to drive the escalating HCV epidemic: Each IDU infected with HCV is likely to infect 20 other people. Of the 17,000 new HCV infections occurring in the United States in 2010, over half (53 percent) were among IDUs. Hepatitis B (HBV) infection in IDUs was reported to be as high as 20 percent in the United States in 2010, which is particularly disheartening since an effective vaccine that protects against HBV infection is available. There is currently no vaccine available to protect against HCV infection.

[Source: See more detailed information at www.drugabuse.gov; National Institute on Drug Abuse; National Institute of Health; U.S. Department of Health and Human Services.]

WHAT IS CBT?

Cognitive-Behavior Therapy (CBT) is a method of treatment that focuses primarily on relapse prevention to assist those who are addicted to various drugs or behaviors in changing their patterns and reactions to various thought processes. According to NIDA, CBT teaches individuals how to recognize and correct behaviors that are problematic by applying various skills that can effectively stop drug abuse or to address various problems that are associated with drug abuse. This form of treatment focuses on examining:

Page 3 of 10



LabINFO NEWSLETTER

- The relationship that occurs between a user's thoughts, feelings and reactions or behaviors
- Patterns of thought that are self-destructive and which cause negative reactions.

According to the National Alliance on Mental Illness, people often have irrational beliefs that cause negative reactions or behaviors. For instance, the following may occur:

- An individual with panic attacks may irrationally believe that, "I am in danger."
- An individual who is depressed may irrationally believe that, "I am worthless."
- An individual who is addicted may irrationally believe that, "I need this drug to survive."

These thoughts are possible for poor behaviors such as panic, anxiety, sadness, drug use or other forms of self-destruction. CBT focuses on helping the patient to challenge their beliefs in a way that helps them to realize that their thought processes are not always correct and that they do not have to act destructively against these thoughts. The methods in which a therapist helps to coerce the thinking of the patient vary from one user to the next.

[Source: visit to see more detailed information at www.substanceabuse.org]

MARIJUANA EDIBLES

Eating pot (THC) is very different than smoking it!

'The average blood serum peak of THC is about two (2) hours for eating, while it's 5 to 10 minutes for smoking – *Jessica Hancock-Allen, an epidemic intelligence service officer with the Center for Disease Control (CDC) explained.*

Examples of pot edibles include brownies, gummy bear candies, cookies, peanut butter, and soda drinks. The nature of these edibles makes them attractive to children/adolescents; however, they are dangerously high in THC content. Average THC content in 1995 was 3.96%. In 2013, the average THC potency was 12.55%. In the late 1990s, the average THC content of hash oil, a type of marijuana concentrate, ranged from 13 to 16 percent; today the average THC content of hash oil is 52 percent. [Source: *Potency Monitoring Program, 2014; DEA*]

Ingestion of marijuana edibles by children/adolescents is an increasing concern, particularly in states with 'medical marijuana' availability. [State-approved 'medical marijuana' recommendations and marijuana dispensaries are not monitored by the federal government.]

Page 4 of 10



LabINFO NEWSLETTER

In Colorado's legal marijuana market, 10 milligrams of THC is considered a 'standard' dose that normally delivers mild effects, but online purchase of marijuana edibles could contain unknown dose or higher doses without knowing it. Some are made with high-quality medical marijuana and come in three (3) strengths: 60mg, 120mg, or 180mg.



ARE STEROIDS ADDICTIVE?

Even though *anabolic steroids* do not cause the same high as other drugs, steroids are reinforcing and can lead to addiction. Studies have shown that animals will self-administer steroids when given the opportunity, just as they do with other addictive drugs. People may persist in abusing steroids despite physical problems and negative effects on social relationships, reflecting these drugs' addictive potential. Also, steroid abusers typically spend large amounts of time and money obtaining the drugs – another indication of addiction.

Individuals who abuse steroids can experience withdrawal symptoms when they stop taking them – including mood swings, fatigue, restlessness, loss of appetite, insomnia, reduced sex drive, and steroid cravings, all of which may contribute to continued abuse. One of the most dangerous withdrawal symptoms is depression – when persistent, it can sometimes lead to suicide attempts. Research has found that some steroid abusers turn to other drugs such as opioids to counteract the negative effects of steroids.

[Source: www.drugabuse.gov]

Page 5 of 10



LabINFO NEWSLETTER

KIDS AND STRESS

Parents Don't See Kids' Stress Signs

[Source: www.WebMD.com; by: Gina Shaw; Reviewed by Hansa D. Bhargava, MD]

Children are showing signs of stress as early as grade school, but their parents are not seeing it, suggests a national survey by WebMD.

At the same time, a majority of parents say that personally, they're much stressed.

The WebMD Stress in Children Consumer Survey included 432 patients of children ages 5 to 13. The responses were collected from June 1 to July 31, 2015.

Nearly 1 in 5 parents surveyed rated their own stress levels at a maximum "10 out of 10," and more than half (57%) said their stress was at 7 or higher. But they considered their children to be under very little stress: 60% of parents rated their kids' stress at 4 or below.

"Parents seem to be recognizing their own stress, but they are not necessarily recognizing the link between what's happening in the family and how it's affecting their children," says Sandra Hassink, MD, president of the American Academy of Pediatrics. "A child's stress can increase along with family stress, especially if it is unrecognized."

The survey revealed that 72% of children showed negative behaviors linked to stress more frequently over the past 12 months:

- 43% of parents said their children were arguing more.
- 37% reported increased crying or whining.
- 34% said their children appeared worried and anxious.

Physical symptoms often linked to stress were also common among children in the past 12 months:

- 44% of parents reported that their children complained of headaches.
- 44% reported stomachaches.
- 38% reported nightmares or trouble sleeping.
- 20% said their children had decreased appetites or other changes in their eating habits.

And 1 in 5 parents (20%) said that their child had undergone behavioral counseling or therapy.

Page 6 of 10



LabINFO NEWSLETTER

"Younger children don't talk about being 'stressed' in those terms," Hassink says. "So parents might not be hearing their children articulate that they're under stress, but I wonder if some of it might be coming out in the physical and behavioral issues the parents are reporting.

Whether parents realize it or not, stress among kids is common.

[See [WebMD Health News](#) for more detailed survey report.]

FAKE PILLS

Fake pills and medications can come in many forms. There is a real danger when purchasing medication from an unknown source. The public should be aware of fake pills to prevent under-medication or over-medication themselves or their loved ones.

FILLED CAPSULES

Drug dealers use capsules to sell Methamphetamine (Meth), MDMA (Molly/Ecstasy), Phencyclidine (PCP), or any number of designer drugs such as substituted cathinones (bath salts).

Capsules are cheap and easy to make. Fifty capsules can be filled in fifteen minute. The instrument used to fill capsules is \$10-\$20 and under \$20 for 1000 empty capsules.

Capsules can be used for legitimate purposes. Capsules are filled with bulk powder such as supplements or oils. This is still dangerous because powders and oils need to be carefully measured before ingestion. Some oils and supplements are not safe and a doctor should always be consulted.

COUNTERFEIT PILLS

Some pills appear to be legitimate prescription pills made by a pharmaceutical company; however they are another drug or have no drugs at all. The pills may also be contaminated with dangerous substances. These counterfeits can be inadvertently purchased online by consumers who do not want to see their doctor or who are searching for a cheap alternative. Cancer treatments, Cialis, Adderal, birth control pills, antibiotics, steroids, and many more have been counterfeited according to the FDA. Out of 10,000 websites reviewed by the National Association of Boards of Pharmacy, only 3% of those were in compliance with laws and standards. Counterfeit pills are illegal; the FDA is taking measures to stop the sale of counterfeit medication.

The consumer should be very cautious when purchasing medication on the internet. Do not buy from a website if the site is located outside the United States, if they do not have a physical address, if they do not have a license by the State Board of Pharmacy, or if they do not require a doctor's prescription.

Page 7 of 10



LabINFO NEWSLETTER

Other counterfeit pills are made in clandestine laboratories and sold on the streets. There are no regulations in these 'laboratories' and the appropriate amount of medication is hard for the user to determine. Overdoses are possible. The pill presses are affordable, around \$1000 and can be purchased through a number of websites. There are molds that look very similar to prescription pill such as Xanax or Oxycontin.

CLANDESTINE PILLS

Similar to the presses used to make counterfeit prescription medications, clandestine pills are sold on the street. These pills are usually brightly colored with a logo or face on one or two sides of the pill. These logos and faces are often well known such as Superman, Volkswagen, Transformers, The Simpsons, and even Obama. The chemical compounds are often unknown to the buyer. These pills commonly have MDMA (Ecstasy/Molly), Ketamine (Special K), Methamphetamine (Meth), BZP, or designer drugs. These chemicals are controlled substances and are illegal.

Sources: <http://www.powdercity.com/products/cap-m-quik-00>

https://dss.mo.gov/cd/info/cwmanual/section7/ch1_33/sec7ch27.htm

<https://gravesassociates.com/index.php/m-blog/135-7-things-every-cop-should-know-about-the-drug-molly>

<http://www.drugs.com/illicit/pcp.html>

https://en.wikipedia.org/wiki/Counterfeit_medications

<http://www.fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/CounterfeitMedicine/>

<http://www.phrma.org/counterfeit-drugs#sthash.FHTz1PZc.dpuf>

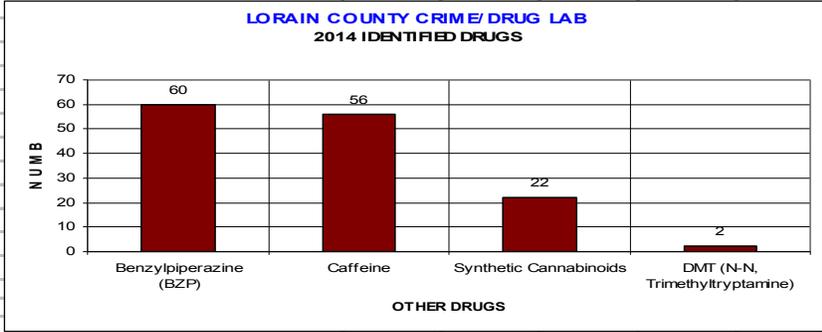
Compiled by: Elizabeth Doyle, Forensic Analyst- Lorain County Crime/Drug Lab

LORAIN COUNTY CRIME/DRUG LAB

2014 Identified Drug Trends: LORAIN COUNTY

Other Drugs Identified

Benzyloperazine (BZP)	60
Caffeine	56
Synthetic Cannabinoids	22
DMT (N-N, Trimethyltryptamine)	2

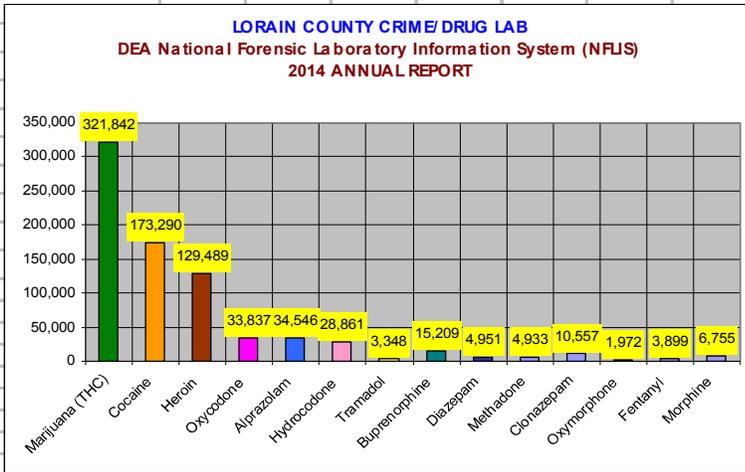


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DEA National Forensic Laboratory Information System (NFLIS)

NATIONAL CASE ESTIMATES: 2014

Marijuana (THC)	321,842
Cocaine	173,290
Heroin	129,489
Oxycodone	33,837
Alprazolam	34,546
Hydrocodone	28,861
Tramadol	3,348
Buprenorphine	15,209
Diazepam	4,951
Methadone	4,933
Clonazepam	10,557
Oxymorphone	1,972
Fentanyl	3,899
Morphine	6,755

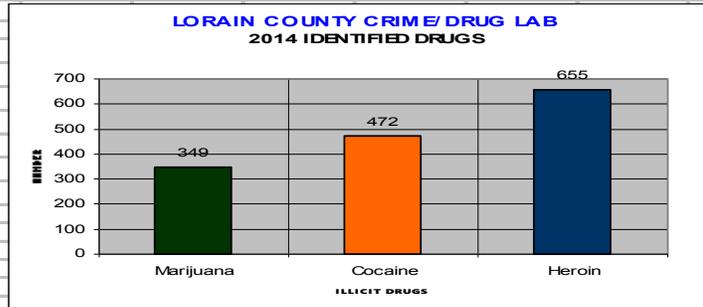


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2014 Identified Drug Trends: Lorain County

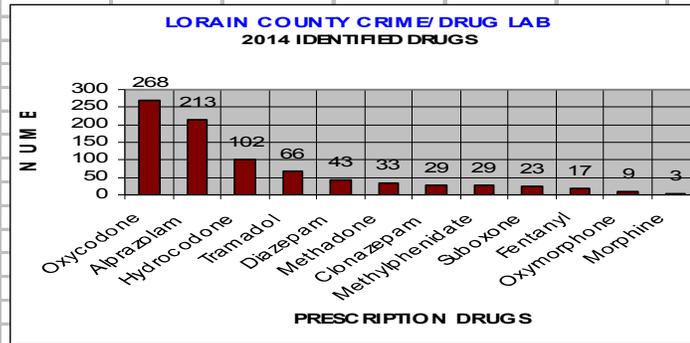
ILLICIT DRUGS

Marijuana	349
Cocaine	472
Heroin	655



PRESCRIPTION DRUGS

Oxycodone	268
Alprazolam	213
Hydrocodone	102
Tramadol	66
Diazepam	43
Methadone	33
Clonazepam	29
Methylphenidate	29
Suboxone	23
Fentanyl	17
Oxymorphone	9
Morphine	3



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