

DRUGFREE

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WHAT YOU NEED TO KNOW ABOUT... COCAINE

What is Cocaine?

Cocaine is a drug extracted from the leaves of the coca plant. It is a potent brain stimulant and one of the most powerfully addictive drugs.

What are the street names for Cocaine?

Big C, Blow, Coke, Flake, Freebase, Lady, Nose Candy, Rock, Snow, Snowbirds, White Crack.

What does it look like?

Cocaine is distributed on the street in two main forms: cocaine hydrochloride is a white crystalline powder, and "crack" is cocaine hydrochloride that has been processed with ammonia or sodium bicarbonate (baking soda) and water into a freebase cocaine - chips, chunks, or rocks.

How is it used?

Cocaine can be snorted or dissolved in water and injected. Crack can be smoked.

What are its short-term effects?

Short-term effects of cocaine/crack include constricted peripheral blood vessels, dilated pupils, increased temperature, heart rate, blood pressure, insomnia, loss of appetite, feelings of restlessness, irritability, and anxiety. Duration of cocaine's immediate euphoric effects, which include energy, reduced fatigue,

and mental clarity, depends on how it is used. The faster the absorption, the more intense the high. However, the faster the absorption, the shorter the high lasts. The high from snorting may last 15 to 30 minutes, while that from smoking crack cocaine may last 5 to 10 minutes. Cocaine's effects are short lived, and once the drug leaves the brain, the user experiences a "coke crash" that includes depression, irritability, and fatigue.

What are its long-term effects?

High doses of cocaine and/or prolonged use can trigger paranoia. Smoking crack cocaine can produce a particularly aggressive paranoid behavior in users. When addicted individuals stop using cocaine, they often become depressed. Prolonged cocaine snorting can result in ulceration of the mucous membrane of the nose.

What is its federal classification?

Schedule II

Statistics & Trends

In 2008, 5.3 million Americans age 12 and older had abused cocaine in any form and 1.1 million had abused crack at least once in the year prior to being surveyed. The NIDA-funded 2008 Monitoring the Future Study showed that 1.8% of 8th graders, 3.0% of 10th graders, and 4.4% of 12th graders had

abused cocaine in any form and 1.1% of 8th graders, 1.3% of 10th graders, and 1.6% of 12th graders had abused crack at least once in the year prior to being surveyed.

Source: *National Institute On Drug Abuse*, www.nida.nih.gov

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Cocaine: Middle Class High

Whatever the price, by whatever name, cocaine is becoming the all-American drug. No longer is it a sinful secret of the moneyed elite, nor merely an elusive glitter of decadence in raffish society circles, as it seemed in decades past. No longer is it primarily an exotic and ballyhooed indulgence of high-gloss entrepreneurs, Hollywood types and high rollers, as it was only three or four years ago, the most conspicuous of consumptions, to be sniffed from the most chic of coffee tables through crisp, rolled-up \$100 bills.

Today, in part precisely because it is such an emblem of wealth and status, coke is the drug of choice for millions of solid, conventional and often upwardly mobile citizens — lawyers, businessmen, students, government bureaucrats, politicians, policemen, secretaries, bankers, mechanics, real estate brokers, waitresses. Largely unchecked by law enforcement, a veritable blizzard of the white powder is blowing through the American middle class, and it is causing significant social and economic shifts no less than a disturbing drug problem.

Superficially, coke is a supremely be-

guiling and relatively risk-free drug — at least so its devotees innocently claim. A snort in each nostril and you're up and away for 30 minutes or so. Alert, witty and with it. No hangover. No physical addiction. No lung cancer. No holes in the arms or burned-out cells in the brain. Instead, drive, sparkle, energy.

Although in very small and occasional doses it is no more harmful than equally moderate doses of alcohol or marijuana, and infinitely less so than heroin, it has its dark and destructive side. The euphoric lift, the feeling of being confident and on top of things that comes from a few brief snorts, is often followed by a letdown; regular use can induce depression, edginess and weight loss. As usage increases, so does the danger of paranoia, hallucinations and a totally “strung out” physical collapse, not to mention a devastation of the nasal membrane. And usage does tend to increase. Says one initiate: “After one hit of cocaine I feel like a new man. The only problem is, the first thing the new man wants is another hit.”

This pattern can lead to a psychological

that different from addiction. Moreover, there is growing clinical evidence that when coke is taken in the most potent and dangerous forms — injected in solution, or chemically converted and smoked in the process called freebasing — it may indeed become addictive.

Of all drugs in the U.S., cocaine is now the biggest producer of illicit income. Some 40 metric tons of it will be shipped into the country this year. As coke experts like to point out, if all the international dealers who supply the drug to the U.S. market — not even including the retailers — were to form a single corporation, it would probably rank seventh on the *Fortune* 500 list, between Ford Motor Co. (\$37 billion in revenue) and Gulf Oil Corp. (\$26.5 billion).

Last year street sales of cocaine, by far the most expensive drug on the market, reached an estimated \$30 billion in the U.S. (Sales of marijuana, the runner-up and still the most widely used illicit drug, amounted to some \$24 billion.)

Source: www.time.com, June 27, 2010

COCAINE FACTS & STATISTICS

- **19.5%** of eighth graders, **28.2%** of tenth graders, and **38.9%** of twelfth graders surveyed in 2008 reported that powder cocaine was “fairly easy” or “very easy” to obtain.
- Approximately **36.8 million** Americans ages 12 and older had tried cocaine at least once in their lifetimes.
- **1 out of 4** Americans between the age of 26 and 34 have used cocaine in their lifetime.
- Approximately 100 years after cocaine entered into use, a new variation of the substance emerged. This substance, crack, became enormously popular in the mid-1980s due in part to its almost immediate high and the fact that it is inexpensive to produce and buy.
- Near **half** of all drug-related emergency room visits are due to cocaine abuse.
- Cocaine raises body temperature, heart rate and blood pressure. Even **one use** causes heart palpitations or cardiac arrest.
- Today it is estimated that **22 to 25 million** people have tried cocaine at least once. Conservative estimates indicate that there are over two million cocaine addicts in the United States today.

Sources: White House Drug Policy, National Drug & Alcohol Abuse Helpline

Cocaine-Filled Chocolates Seized At JFK

Talk about a “chocolate high.”

That’s not powdered sugar on those truffles -- It’s cocaine!

That’s according to Customs and Border Protection officials who said they seized more than \$500,000 worth of drugs hidden inside chocolate candies.

Robert Lopera, a U.S. citizen was arrested on May 11th after arriving from Medellin, Colombia, on Avianca flight 824.

He was first stopped when the bags of

chocolates and nuts he was toting with him seemed heavy, officials said.

Investigators said they found balls of cocaine covered with chocolate. And inside pistachio shells were nut-sized cocaine cubes.

In all, 15 pounds of cocaine were seized.

“CBP officers remain vigilant when conducting enforcement exams,” said Robert E. Perez of CBP’s New York field office. Lopera is expected to be



be arraigned in Brooklyn federal court on the drug trafficking charges.

Source: www.NBCNewYork.com, May 22, 2010

Customs Canine Sniffs Out Cocaine Soup At Dulles

U.S. Customs and Border Patrol officers at Washington Dulles International Airport stopped more than four pounds of cocaine hidden in dry soup packages from entering the country after their drug-sniffing dog Demi picked up the scent, a CBP spokesman said.

Jose Acevedo, a 41-year-old Carlisle, Pa., resident, was returning from a trip



to El Salvador late Thursday when customs officers referred him to a secondary inspection.

As officers examined his baggage, the dog’s barking alerted them to drugs hidden inside dried chicken soup packets.

Acevedo was arrested on drug-trafficking charges after officers pulled out the four pounds, five ounces of cocaine from the soup packages.

Some of the cocaine packets, CBP spokesman Steve Sapp said, still had rice in them. The drugs, he said, have a street value of about \$140,000.

“Narcotics smuggling networks take extreme measures to conceal their deadly poison,” said Christopher Hess, CBP port director for the Port of Washington.

“Each time we uncover a unique concealment method we force these dangerous networks to change tactics.”

But this isn’t the first time drug smugglers have attempted to use soup pack-

ets to get drugs past customs officers at Dulles. In February 2009, *The Washington Examiner* reported Jorge Luis Posada Guevara was caught carrying 16 pounds of cocaine hidden in soup packets at the airport.

He, too, had flown to Washington on a flight from El Salvador. Guevara has since pleaded guilty and was sentenced to 10 years in prison.

When he’s done serving his time, he will be deported. Authorities could not immediately say if Acevedo is a legal American resident.

“This cocaine seizure is an excellent example of how Customs and Border Protection relies on experienced officers and well-trained narcotics detector dogs to stem the flow of illicit drugs,” Hess said.

“Keeping these two kilos of cocaine off our streets is one more small battle we can claim as a victory.”

Source: www.washingtonexaminer.com, June 20, 2010

AAPCC Members Warn of Danger of Contaminated Cocaine

Toxicologists across the country are sounding the alarm about a contaminant increasingly found in cocaine that is impairing cocaine users' immune systems, subjecting them to various infections and, in some cases, causing death.

The U.S. Drug Enforcement Agency estimates some 70 percent of cocaine currently coming into the country is contaminated with levamisole - a drug used to de-worm animals. The drug can cause dangerous effects in people, most notably agranulocytosis, or a low white blood cell count, which prevents the immune system from fighting infections.

Dr. Steven Seifert, medical director of the New Mexico Poison and Drug Information Center and a board member for the American Association of Poison Control Centers, co-authored a report on the current status of levamisole-contaminated cocaine that was published in the U.S. Centers for Disease Control and Prevention's Morbidity and Mortality Weekly Report in December 2009. The report reviewed what had been previously known and included additional cases of agranulocytosis linked to people with a history of cocaine use.

It is unclear when levamisole started contaminating cocaine supplies or why, but the contamination appears to be widespread: In July 2009, the Drug Enforcement Agency reported detecting levamisole in nearly 70 percent of seized cocaine lots coming into the United States.

Seifert said the public health threat presented by this contamination is underappreciated and is being under-reported because of a lack of awareness in the medical community. Physicians should suspect levamisole-contaminated cocaine in patients presenting with im-

mune suppression, with or without infection, and should contact their county or state health departments for assistance with testing and epidemiologic investigation. Physicians with questions about the impact of levamisole should call their poison center at 1 (800) 222-1222. Doctors should also warn patients known to use cocaine of the presence of a potentially lethal contaminant in cocaine supplies.

In Arizona, five doctors for the Banner Good Samaritan Poison and Drug Information Center in Phoenix recently authored a "Dear Colleague" letter urging fellow physicians to consider the possibility of levamisole exposure in patients who appear to have impaired immune systems, including testing urine for cocaine. They wrote that the agranulocytosis is "usually reversible after exposure to levamisole is terminated."

Both centers are members of the American Association of Poison Control Centers, which maintains a database, the National Poison Data System (NPDS), that tracks calls to poison centers. According to the association, poison centers have received 25 calls related to weakened immune systems from patients who have used cocaine since Jan. 1, 2009. Of those, two cases resulted in death.

Jim Hirt, executive director of the American Association of Poison Control Centers, said poison centers are uniquely positioned to often be the first to see public health threats. "Poison centers have been on the forefront of public health surveillance," he said. "And this is another example of how medically staffed poison centers can track public health problems in the making."

Source: Medical News Today, May 27, 2010

A New Side Effect of Cocaine Use: Rotting Skin

Here's news that we're sure most of you already know: cocaine is bad for you. But besides making you edgy and skittish, with a propensity toward emotional highs and lows, scientists have found yet another drawback to snorting, shooting, sniffing, smoking or free-basing: it rots your skin.

A report published in the *Annals of Internal Medicine* says doctors at the University of Rochester Medical Center have discovered that cocaine can contain agents that contribute to low white cell count or dying skin tissue, giving one the appearance of wearing rotting flesh.

In the journal, doctors discussed cases where women they treated who had a history of cocaine use also tended to have discolorations on various body parts like their cheeks, buttocks, thighs and earlobes. Those symptoms are consistent with use of the medication levamisole, which is used by veterinarians for de-worming farm animals. But it is also used in the illicit drug industry to stretch cocaine, possibly for more profit or a more potent high.

"Almost 80 percent of the cocaine coming into this country has levamisole mixed in," said Dr. Ghinwa Dumyati, a University of Rochester medical professor and epidemiologist for the Monroe County Health Department in upstate New York, noting the medication can cause an inflammation inside the small blood vessels. "The result can be the death of the epidermis or outer layer of skin."

The good news is that the affliction to the users' skin is treatable, there's an even better way of stopping cocaine from harming your skin: "if you stop using cocaine, most of the cases would get better," Dumyati said.

Source: www.time.com, June 1, 2010

Americans With Disabilities Act - Part III

The past two months, we have discussed the potential implications of both the pre-amendment ADA and the ADAAA. In the last of three-part series, we address best practices for recordkeeping, policy language, and training.

1. Medical Records and Drug Test Results

First, it is critical to understand what an employer's recordkeeping obligations are for the purpose of drug test results and medical records. Pursuant to Pennsylvania's Personnel File Act (Inspection of Employment Records Law), the following information is required to be maintained in a personnel file: "any application for employment, wage or salary information, notices of commendations, warning or discipline, authorization for a deduction or withholding of pay, fringe benefit information, leave records, employment history with the employer, including salary information, job title, dates of changes, retirement record, attendance records and performance evaluations." 43 P.S. § 1321.

Just as important, however, is the information that does not belong in a personnel file: "records of an employee relating to the investigation of a possible criminal offense, letters of reference, documents which are being developed or prepared for use in civil, criminal or grievance procedures, medical records or materials which are used by the employer to plan for future operations or information available to the employee under the Fair Credit Reporting Act." 43 P.S. § 1321.

Therefore, any medical records should be maintained in a separate, confidential file. Employees who participate in employer-provided assistance programs may have records from counselors or treatment facilities which verify their successful participation in and completion of treatment programs. Records of medical treatment or copies of employees' medical records received in response to a valid request (which includes a HIPAA release) do not belong in a personnel file. Requests for leaves of absence and fitness for duty certifications, however, should be maintained in the personnel file.

Under the ADAAA (and its predecessor), drug test results must be maintained in a confidential file separate from personnel files. Drug test results may inadvertently reveal that an employee is HIV positive, has epilepsy or diabetes, for example, because the medication used to treat such medical conditions may appear in the test. This information, too, must be treated confidentially. Only those within the organization with a "need to know" should be informed, such as (1) supervisors or managers who must be informed about work limitations or the need for accommodations; (2) first aid or safety personnel who might be required to provide emergency treatment or to develop emergency evacuation procedures; and (3) government officials investigating whether an employer is acting in compliance the ADAAA or other state and federal laws, insurance companies for provision of benefits, or workers' compensation offices for benefits determinations.

2. Policy Language and Training

Employers should also evaluate how, if at all, their policies define "disability" to make sure their published definitions accurately reflect the ADAAA definition. Written documentation which specifically excludes employees who are otherwise disabled may constitute direct evidence of discrimination and a violation of the ADAAA.

Employers should also conduct training sessions for all management-level and supervisory employees so that a clear and consistent procedure is established to address drug-testing situations. It is important for supervisors to act consistently from one department to another so that no issue of disparate treatment arises within an organization. And, of course, timing is critical in response to work-related injuries and drug testing. Supervisors need to understand that employees should be tested immediately so that a determination can be made of whether the employee was under the influence – or had improper substances in his system – at or around the time of the workplace accident in order to aid in workers' compensation decisions and reduce potential liability.

3. Conclusion

In sum, drug testing does not have to be a mine field under the ADAAA. Consistent application of well-written policies and procedures can aid in dealing with the day-to-day issues that arise when employers engage in post-offer, pre-employment testing, reasonable suspicion testing, post-accident testing, or any other appropriate testing circumstance.

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