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COMMISSIONER JEANNE LOWE

By Erin Guzman

Commissioner Jeanne Lowe, one of the newest members of the North County bench, is serving as a Family Law Commissioner in Department 18. Although new to North County, Commissioner Lowe is an experienced Family Law practitioner.

Before beginning her legal career, Commissioner Lowe was a homemaker caring for her two children in Lake Tahoe, Nevada. In 1985, she graduated from the University of Nevada-Reno majoring in political science and history.

After her son died in a 1985 automobile accident, Commissioner Lowe moved to San Diego and began what she wanted to do since she was 13 years old - be an attorney. Commissioner Lowe attended law school at USD, met her second



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DRUGS, DECISIONS & DETECTION METHODS

By Todd D. Pizitz, Ph.D.

Most of us have either known someone with a drug or alcohol problem or struggled with such challenges ourselves. It is pervasive. Drugs and alcohol do not discriminate and cut across all socioeconomic levels and cultures. Epidemiological research suggests that an estimated 18% of the United States population will experience a substance use disorder in their lifetimes (Galanter and Kleber, 1999). By adulthood, the mean probability of developing a substance use disorder during any year of adulthood is estimated at 1.8% (approximately 1 in 55) for alcohol and 1.1% (1 in 90) for drugs. (Anthony, 1999; Ott, Tarter, & Ammerman, 1999).

Every day people use drugs or alcohol for a variety of reasons. Some indulge for recreation and celebration while others use drugs or drink alcohol to manage stress, anxiety, unsettling emotions and experiences, to escape, and to assist in reducing social uneasiness. It is no secret that drug and alcohol consumption can become excessive or compulsive to the point where it disrupts normal human functions and lead to unfortunate and even deadly consequences. As a forensic psychologist, I consistently observe the perils and destruction of drugs and alcohol and the tenacious



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grip that these substances have on people.

In January 2008, I had the opportunity to present a lecture on drug and alcohol abuse to some of the members of the North County Bar Association for continuing education credits. I discussed the differences between mentally impaired individuals and people who merely make poor decisions and wind up involved as a defendant in the criminal justice system; the insidious and potent methamphetamine; and the drug detection strategies. For the purposes of this article, I will focus on decisions and mental stability and drug detection strategies.

Sick versus Stupid

The use of drugs and alcohol significantly impair and disable our ability to be prudent, cautious, and formulate sound decisions and solutions. Our frontal lobes function to provide us with the skills to reason, plan, think ahead, use judgment, and manage behaviors. The frontal lobes are the “brakes” or the “conductor of the orchestra.” When intoxicated, our ability to choose the correct and safest course of action is seriously compromised. I developed the “sick versus stupid” dichotomy as a means of differentiating between someone with a mental disorder who makes poor decisions versus someone who merely makes a poor decision and who is not mentally ill. This paradigm is useful in determining possible mitigating factors for drug and alcohol related crimes.

“Sick” refers to the suggestion that the person may indeed be inflicted with a mental illness and/or a substance dependence disorder and this was influential in making ill-fated decisions that resulted in an arrest and pending charges. “Stupid” is referencing the absence of a mental disorder and substance dependence disorder, and the presence of a poor decision that led to the criminal justice involvement. Such determinations can be made through a comprehensive psychological evaluation. The following case examples will elucidate these differences.

Case Example: Mitch has three previous DUI convictions. He has attended several treatment programs, and has never successfully completed any of them. He was on probation for his third DUI offense when his proclivities for opiates got the best of him. He was arrested for prescription fraud as he had been calling in prescriptions to a local pharmacy and obtaining Vicodin. The psychological testing data revealed a long history of untreated and undi-

agnosed anxiety in which he self-medicated with alcohol and opiates.

Case Example: Jerry is arrested after threatening the IRS. After repeated failed attempts to communicate with the tax officers, and receiving continual mailings indicating that he owes money that he thought he did not owe in supposed back taxes, he made this statement, “I am going to fly a plane into your building.” Prior to his uttering these threatening words, he had three wine coolers. Psychological testing data and the results from the evaluation revealed that he has no apparent mental illness, rarely drinks, and reacted out of pent-up frustration and his venting resulted in a felony conviction.

Both these cases resulted in different outcomes for the defendants. Based on thorough psychological evaluations, such results were able to inform the court and offer recommendations and possible mitigating factors, as with Mitch.

Drug Detection Methods

Drug and alcohol use and honesty tend to be mutually exclusive. Due to a plethora of motives, fear, shame, and manipulation, people lie and are deceptive about their alcohol and drug consumption. Therefore, it is of the utmost importance to not merely take one’s word about his or her drug and/or alcohol intake. Rather, drug testing can help put an end to the games and guesswork that so often accompany work with drug users. The most commonly utilized methods of drug detection are through a collection of urine, or oral and hair specimens.

It is important to remember that drug- and alcohol-dependent persons are much more adept at concealing their consumption than the professionals are at detecting use. In other words, drug abusers will go to great lengths to cloak their usage. For example, in my drug and alcohol treatment program, we have caught clients attempting to bring in other people’s urine, or they have purchased synthetic urine to clandestinely provide as their specimen during drug testing.

Urine tests are the most widely used drug detection methods. To increase the validity of urine tests, sev-

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eral considerations must be reviewed. (1) All urine drug tests should be visually monitored to assure that the sample being produced is bona fide and directly from the individual who is being tested. (2) Hand washing is essential in urine drug testing. It is not uncommon for the person who is being tested to dip his or her fingers in bleach prior to the testing, then touch the stream of urine. This usually invalidates the test, rendering a negative result. (3) Finally, all urine drug tests should have a creatinine measure or a dilution check. It is imperative to know if the sample has been diluted. Without a creatinine measure or dilution check, one can drink copious amounts of liquids and produce a negative result. The creatinine measure or dilution check will inform us whether the sample has been diluted minimally or to a great extent. I once received a test result that was highly diluted, and read, "Not Consistent with Human Urine."

Oral swabs are easy to administer and offer immediate results. A large Q-tip is placed in the client's mouth for 3-4 minutes and then mixed into a container that offers results within minutes. At this time, there are no known ways to adulterate or taint this test. It is highly likely that drug users are working on deception strategies or ways to beat this test. The limitation with this test is that drug detection times are lessened. For example, through a urine test, methamphetamine is detectable from two to four days. With the oral swab, detection time for methamphetamine is anywhere from one to 48 hours.

Hair follicle tests assess drug use for the past 90 days. Six drugs can be detected through a hair analysis: cocaine, marijuana, opiates, methamphetamine, ecstasy, and phencyclidine (PCP). What is needed is about 50-70 strands of hair which is about a pencil width, cut close to the scalp. The process by which the hair follicle test works is that the drugs and their metabolites (by-products) circulate in the blood stream. While circulating in the bloodstream, they enter and nourish the hair follicle and are then inserted in the hair strand. This test helps establish consistent use, or an accumulation of drug consumption. Hair follicle testing will not offer how much of the drug was used, but rather the presence or the absence of the drug.

Anthony, J. C. (1999). Epidemiology of drug dependence. In Galanter, M & Kleber, H. D. (Eds.) Textbook of Substance Abuse Treatment, 2nd Edition. Washington

DC: American Psychiatric Press.

Ott, P. J., Tarter, R. E., & Ammerman, R. T. (Eds.). (1999). Sourcebook on substance abuse: etiology, epidemiology, assessment and treatment. Boston: Allyn and Bacon.

Galanter, M., & Kleber, H. D. (1999). Textbook of substance abuse treatment (2nd ed.). Washington DC: American Psychiatric Press.

As a forensic psychologist, Dr. Pizitz assesses and treats defendants convicted of drug and alcohol related offenses, stalking and terrorist threats, and violent offenders. He is the Managing Clinical Supervisor for the four Drug Court Treatment Programs, and is an adjunct professor at Alliant International University teaching Forensic Assessment in the Clinical Ph.D. Program. For the past nine years, he has worked closely with private and public attorneys, family court services, and adult probation. Contact information for Dr. Pizitz: (760) 806-4330 or tpizitz@sbcglobal.net, www.toddpizitz.com.

NCBA Calendar of Events

June 19, 2008

Bench & Bar Reception at 5:30 p.m.
at Shadowridge Country Club in Vista

July & August: DARK

September 18, 2008

Dinner Meeting at 5:30 p.m.
Judges Panel Discussion

October 13, 2008

Golf Tournament at noon
Twin Oaks Country Club in San Marcos

October 16, 2008

Bench/Bar/Media Dinner at 5:30 p.m.

December 11, 2008

Bridging the Gap Program
Vista Courthouse in Dept. 28 * 8:00 a.m. - 4:45 p.m.
RSVP 760-758-5833

December 13, 2008

Holiday Celebration at 6:00 p.m.
Vista Valley Country Club in Vista