CALL FOR ARTICLES

UNUSUAL CASES: THE ONE THAT ALMOST GOT AWAY  
Deadline - August 1, 1991  
Submit to: Vicki Watts, Mesa Police Department, Crime Lab, 130 N. Robson, Mesa, AZ 85202

DEATH BY POISON  
Deadline - November 1, 1991  
Submit to: Joseph Monforte, ToxTalk, 1013 Three Mile Dr, Grosse Pointe Park, MI 48230

ANTIDEPRESSANTS  
Deadline - February 1, 1992  
Submit to: Chip Walls, Tox Lab, Rm 706, 600 S State St, Syracuse, NY 13202

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CSFS/soft Meeting +
SEPTEMBER 23-27 MONTREAL +
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IN THIS ISSUE

REGULAR FEATURES  
- Professional Calendar - Elmer Gordon
- Career Opportunities - Treasury Note$  
- Membership Update

OF SPECIAL INTEREST  
- Survey results: Cocaine in Infants
- Journal Club: Cocaine in Infants Amphetamine/Methamph.
- Letters to the Editor

INSERTS  
- 1991 SOFT/CSFS Meeting Information

ToxTalk is mailed quarterly to members of the Society of Forensic Toxicologists, Inc. For membership information contact: Alphonse Poklis, Ph.D., 1990 SOFT Secretary, Director, MCV Tox Lab, Box 597 - MCV Station, Richmond, VA 23298. Telephone: (804) 786-0272. Non-members may now receive ToxTalk for $15 per calendar year. Mail a check payable to S.O.F.T. to ToxTalk at the address below.

All members and others are invited to contribute to ToxTalk. Submit all materials for publication consideration to: Joseph Monforte, Ph.D., ToxTalk, 1013 Three Mile Drive, Grosse Pointe Park, MI 48230-1412 (Telephone 313-884-4718).

DEADLINES: Feb. 1, May 1, Aug. 1, and Nov. 1.

NEXT DEADLINE - AUGUST 1, 1991
FROM THE EDITOR'S DESK . . . . . . . . . . JOSEPH R. MONFORTE, PH.D.

LETTERS TO THE EDITOR

From Peter Anderson, US Virgin Islands Police Department: Commander Anderson requests the assistance of SOFT members in identifying cases of cyanide poisoning similar to five homicide victims who ingested a "magic Potion" apparently as part of the ritual to obtain good luck. All the victims are Caribbean area natives who died from 1984 to 1988. Please send any appropriate case reports to ToxTalk; they will be forwarded to Mr. Anderson and may be included with additional case information on the Caribbean cases in the September issue of ToxTalk.

From SOFT member Donald Uges, the Netherlands: Dr. Uges writes, "In ToxTalk Volume 15, No 1 (March 1991) page 6 and 7 I found the 'Information on Selected Drugs: Benzodiazepines' submitted by H. Chip Walls . . . very useful for forensic toxicologists" and offers relevant European supplements as overseas patients could travel to the USA. (See page 11.)

FORENSIC LABORATORY GUIDELINE MANUALS A REALITY!! This manual documents the efforts of the Joint SOFT/AAFS Guidelines Committee and is the result of thousands of man hours as well as dollars. SOFT should be proud of its leadership role in establishing standards in the practice of forensic toxicology.

* * * * *

LABORATORY GUIDELINE DISTRIBUTION COMPLETE

All active, current members of record of SOFT (excluding student members) as of May 16, 1991, should have received a complimentary copy of the "Lab Guidelines". As the official distributor of the Guidelines, SOFT has mailed approximately 600 copies to date to members of SOFT and AAFS (Tox Section) as well as private orders.

If you have not received your copy, contact SOFT Executive Coordinator Pat Monforte (313-884-4718) after July 20th, and she will help you track your copy down. Additional copies may be ordered from the SOFT Administrative Office for $25 U.S. or $35 outside U.S. (US fund only, payable to SOFT) while the supply lasts.

OOPS! POST OFFICE GOOFS!

Apologies from the U.S. Post Office to the first group of members who received their copy of the SOFT/AAFS Forensic Toxicology Laboratory Guidelines. A postal employee erroneously marked these flats as "first class" instead of "book rate" as directed. Pat Monforte appreciates the good grace (and bad jokes) with which you accepted the package and paid the $1.85 for first class service.

OFFICIAL NOTICE

THE S.O.F.T. ADMINISTRATIVE OFFICE WILL BE CLOSED FROM JUNE 19th to JULY 17th

Please direct all inquiries to President Anderson or Secretary Poklis Bill Robinson's office will handle all meeting details.

CALL TOLL-FREE 1-800-363-7777 -- MONTREAL VISITOR & CONVENTION BUREAU

For free information on how to make your trip to Montreal a great experience!

TOXTALK Volume 15, No. 2 (JUNE 1991 - page 2)
1991 SOFT Meeting Liaison Bill Robinson reports the joint meeting promises to be a great success as much interest has been shown by toxicologists as well as exhibitors.

A few things to look forward to: Temperature from high 70's to 80's + an outstanding scientific program + French cuisine at its best + close proximity to the Laurentians for those who wish to spend the weekend in the mountains + sensational workshops + Old World atmosphere of the French Quarter.

DUTY FREE: You may purchase merchandise tax free from the duty free shops at your point of exit from the U.S. (airport, border) such as 40 fl. oz. liquor, 200 cigarettes, perfume, jewelry, etc. You may make similar purchases at duty free shops when you are departing Canada. Be sure to check with customs to avoid tax problems when re-entering the U.S.

CANADIAN GOODS AND SERVICES TAX (GST): Most goods and services are taxed at 7%. Forms and information will be available at the meeting to claim a rebate on GST paid for hotel registration and most purchases you are bringing to the States. If you qualify for a refund on the Provincial Sales Tax, that information will be provided as well. KEEP YOUR RECEIPTS.

CANADIAN FUNDS: It's that pretty money, and $.85 U.S. will purchase about 1.00 Canadian. You may exchange U.S. dollars for Canadian in either country. Not all merchants will offer the same exchange rate as the bank - some will only accept "at par" ($1 US = $1 Canadian) while others may give you a better rate. It all depends on the economy. Any credit card charges made in Canada will automatically be converted by the credit card company.

Enclosed with this issue of ToxTalk you will find:

- Program outline
- Call for papers
- Call for DNA poster
- Registration form
- Hotel registration card
- Montreal brochure

IMPORTANT DATES TO REMEMBER

June 30 - Abstract deadline (this has been extended)
August 1 - Meeting registration (late fee applied after 8/01)
August - DNA poster deadline
August 31 - Hotel reservation deadline
September 23 - Meeting begins!

HOW DO YOU PAY YOUR REGISTRATION IN CANADIAN FUNDS?

According to Pat Monforte's bank (which is only a short sailboat ride away from Anada), call your local BANK and ask for instructions on getting a CANADIAN MONEY ORDER or CANADIAN DRAFT (a draft is more complicated and expensive). If you pay your registration with a regular U.S. check, you may be paying $20-25 too much.
SUNDAY 9/22:

Possible Guidelines Committee meeting (NOT confirmed)

MONDAY 9/23:

"Immunological Problem of Drugs" workshop (full day)
"FTIR" workshop (full day)
"DNA Symposium" (afternoon, continues Wednesday)
DNA Posters (evening)
DNA Exhibitors (evening)
Wine and Cheese Reception (evening, for participants)

TUESDAY 9/24:

"Benchtop Mass Spectrometry" workshop (morning)
"Fires of Electrical Nature" workshop (morning)
SOFT Board Meeting (8:30 a.m.)
"DNA Symposium" (all day)
ABFT Board Meeting (12:30 p.m.)
Exhibitors (p.m.)
Welcoming Reception (5 p.m.)

WEDNESDAY 9/25:

Scientific Papers (all day)
Exhibitors (all day)
Cocktails and Special Presentation (6 p.m.)

THURSDAY 9/26:

Scientific Papers (a.m.)
Exhibitors (a.m.)
SOFT Annual Business Meeting (p.m.) NOT CONFIRMED
Section & CSFS Annual Meetings (p.m.)
Cocktails and Banquet (6 p.m.)

FRIDAY 9/27:

Plenary Session "Sciences sans Frontieres" (a.m.)
(simultaneous translation)
Scientific Papers (p.m.)

TOXTALK Volume 15, No. 2 (JUNE 1991 - page 4)
TREASURE NOTE$

Many thanks to the more than 200 members who paid their dues in response to the notice in the last two issues of ToxTalk. Approximately 100 overdue notices were mailed to members who did not respond. By the time this issue of ToxTalk is distributed, the mailing list should contain only the names of those members who are current.

Watch for the 1992 DUES NOTICE that will appear in the September issue of ToxTalk. We hope an early notice will facilitate a timely payment to meet the December 31st deadline (and qualify for a 1991 tax deduction!) The September notice is the only general notice that will be mailed before the December 31st deadline. Overdue notices, with the required late fee, will be mailed in January. Your assistance in making this task less cumbersome by paying your dues on time will be greatly appreciated by the Treasurer, Mark Lewis. Mark spends many hours manually tracking dues payments and contacting members who may be in arrears to assure they do not miss any membership perks.

WANTED: UNUSUAL CASES FOR THE NEXT ISSUE OF TOXTALK

Have you had a case where the person died from some unusual drug or substance? Or did it take some unusual method or research to determine what drug or substance was involved in a death? Or have you had a case where you nearly gave up then were very surprised by an unexpected finding?

If so, submit a short (1/3 - 1/2 page) report for the September issue of ToxTalk before July 31st to:

Vicki W. Watts
Mesa Police Department
Crime Laboratory
130 North Robson
Mesa, AZ 85202

IMPORTANT NOTICE
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DEADLINES FOR ABSTRACTS
FOR SOFT/CSFS MEETING
EXTENDED TO JUNE 30TH

E.R.A. TODAY

We gratefully acknowledge the following additional 1991 contributors to the Educational Research Award (ERA). If we have not recognized your 1991 contribution, we apologize for the oversight and ask that you please contact Treasurer Mark Lewis.

William Anderson
Richard Barnett
Stuart Bogema
Richard Cohn
Joseph Crifasi
William Dunn
Patricia Field
Larry Howard
Reng-Lang Lin
Richard Maclure
Michael Slade
Craig Sutheimer

We also thank the following for their ERA MEMORIAL CONTRIBUTIONS:

In memory of PEGGY PROUTY, wife of SOFT past president Dick Prouty:
Laurel Farrell
Joe & Pat Monforte
Robert Zettl

In memory of EARL WALDRON, father of Vicki Watts:

To make a memorial ERA contribution, send a check, payable to SOFT, to the SOFT Administrative Office, 1013 Three Mile Drive, Grosse Pointe Park, MI 48230-1412. The family of the honoree will be notified, and you will be mailed a receipt.
There was a very disappointing response to the above survey, which summarized below. My thanks to those of you who did respond. Interested parties are referred to The Journal Club for relative publications. Of particular interest, are the following:


Six cases of infant deaths with positive toxicological screening for cocaine or metabolites or both in the mother at delivery or in the infant at birth, or both, are documented.

The California Association of Toxicologists Winter 1990 Newsletter contains the following articles:


Eight cases are presented and clinical, pathological, and toxicological findings noted. Cocaine or morphine were found in four cases where maternal addiction was known or suspected. In the remaining four cases, therapeutic or over-the-counter drugs were administered and found in concentrations greater than therapeutic.


This report summarizes 25 cases of fetal or newborn deaths in Northern California associated with maternal cocaine use and includes tables documenting 25 case summaries and cocaine/benzoylecgonine concentrations as well as cause of death.


Sixteen cases of infant death registered by the Philadelphia Medical Examiner's Office over a 2-year period (1987 through 1989) are reported where toxicologic analyses revealed the presence of cocaine and/or its metabolite, benzoylecgonine, and case investigation documents exposure to crack smoke shortly before death.

* * * *

NOMINATION COMMITTEE CONSIDERING 1992 SLATE

Nominating Committee Chairman Robert Bost reports his committee is preparing a slate to present to the members at the annual meeting. If you would like to suggest members (including yourself) for consideration for the positions of 1992 President, Vice President, Secretary or Director (2), please contact Dr. Bost or committee members Edward Briglia, Ph.D., or Joseph Monforte, Ph.D.
SURVEY RESULTS

Number of laboratories responding: 8
Number of laboratories routinely testing: 4
Number of laboratories testing by request only: 2
Number of laboratories not testing at all: 2

Three laboratories reported the following cases:

<table>
<thead>
<tr>
<th>Mechanism of Ingestion</th>
<th>Cause/Manner of Death</th>
<th>Specimen</th>
<th>Cocaine Concent.*</th>
<th>B.E. Concent.*</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) unknown (possible oral)</td>
<td>acute cocaine intoxication/homicide</td>
<td>blood</td>
<td>0.08</td>
<td>none detected</td>
</tr>
<tr>
<td></td>
<td></td>
<td>urine</td>
<td>0.19</td>
<td>1.17</td>
</tr>
<tr>
<td></td>
<td></td>
<td>gastric</td>
<td>0.24</td>
<td>0.08</td>
</tr>
<tr>
<td></td>
<td></td>
<td>CSF</td>
<td>0.08</td>
<td>0.05</td>
</tr>
<tr>
<td></td>
<td></td>
<td>bottle</td>
<td>0.43</td>
<td>0.10</td>
</tr>
<tr>
<td>(2) unknown</td>
<td>bronchopneumonia/natural</td>
<td>blood</td>
<td>N.D.</td>
<td>0.08</td>
</tr>
<tr>
<td></td>
<td></td>
<td>liver</td>
<td>N.D.</td>
<td>0.12</td>
</tr>
<tr>
<td></td>
<td></td>
<td>urine</td>
<td>N.D.</td>
<td>5.8</td>
</tr>
<tr>
<td></td>
<td></td>
<td>gastric</td>
<td>N.D.</td>
<td>0.25 mcg</td>
</tr>
<tr>
<td>(3) possible breast milk</td>
<td>sudden unexpected death associated with hx of apnea</td>
<td>blood</td>
<td>N.D.</td>
<td>0.17</td>
</tr>
<tr>
<td>(4) passive inhalation</td>
<td>cocaine intoxication/homicide</td>
<td>urine</td>
<td>0.036</td>
<td>N.D.</td>
</tr>
</tbody>
</table>

In addition, the following intrauterine deaths were reported:

<table>
<thead>
<tr>
<th>Mechanism of Ingestion</th>
<th>Cause/Manner of Death</th>
<th>Specimen</th>
<th>Cocaine Concent.*</th>
<th>B.E. Concent.*</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) intrauterine</td>
<td>acute cocaine intoxication (fetal exposure)/unclassified; maternal cocaine abuse</td>
<td>blood</td>
<td>0.30</td>
<td>1.1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>urine</td>
<td>0.40</td>
<td>1.2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>liver</td>
<td>0.14</td>
<td>0.38</td>
</tr>
<tr>
<td>(2) intrauterine</td>
<td>intrauterine fetal demise/undetermined</td>
<td>blood</td>
<td>0.029</td>
<td>1.7</td>
</tr>
<tr>
<td></td>
<td></td>
<td>brain</td>
<td>0.040</td>
<td>1.8</td>
</tr>
<tr>
<td>(3) intrauterine</td>
<td>prematurity, Potter's Syndrome</td>
<td>blood</td>
<td>N.D.</td>
<td>1.8</td>
</tr>
<tr>
<td>(4) intrauterine</td>
<td>unknown</td>
<td>blood</td>
<td>N.D.</td>
<td>0.32</td>
</tr>
</tbody>
</table>

*ug/mL or ug/g
THE JOURNAL CLUB

Submitted by: H. Chip Walls, Toxicology Lab, Rm 706, 600 South State St., Syracuse, NY 13202 (315-435-3802)

It is the intent of this on-going feature to call attention to unusual or highly interesting articles, not a systematic review of selected journals such as available through other recognized sources. Citations 1-89 appeared in earlier issues of ToxTalk. You are encouraged to send contributions for this column to ToxTalk. Be sure to include proper citation or source address/telephone number.

A SELECTED BIBLIOGRAPHY OF COCAINE BABY REFERENCES


96. DRUG ABUSE DURING PREGNANCY: EFFECTS ON THE FETUS AND NEONATE. James, GP; AACC-TDm-TOX In-service/CE, 11(8), 2/90.


98. CLINICS IN PERINATOLOGY. CHEMICAL DEPENDENCY AND PREGNANCY. Chasnoff, IJ (Ed) 18(1), 3/91.


100. EFFECTS OF TRANSPLACENTAL EXPOSURE TO COCAINE AND METHAMPHETAMINE ON THE NEONATE. Dixon, SD; Western J Med 150(4):436-442, 4/89.


103. THE PEDIATRIC CLINICS OF NORTH AMERICA. CHILD ABUSE. Reece, RM (Ed); 37(4):881-903, 1990. (Substance and Child Abuse)


For those besieged with METHAMPHETAMINE, The Journal Club continues with

A MINI-METH REVIEW


110. PHYSIOLOGIC, SUBJECTIVE, AND BEHAVIORAL EFFECTS OF AMPHETAMINE, METHAMPHETAMINE, EPHEDRINE, PHENMETRAZINE, AND METHYLPHENIDATE IN MAN. Martin, WR; Cl Pharmacol and Therapeutics 12(2):245-58, 1971.


117. ENANTIOSELECTIVE GAS CHROMATOGRAPHIC ASSAYS WITH ELECTRON CAPTURE DETECTION FOR METHOXYPHENAMINE AND ITS THREE PRIMARY METABOLITES IN HUMAN URINE. Srinivas, NR; J Chrom 487:61-72, 1989.


123. FORENSIC TOXICOLOGICAL ANALYSIS OF METHAMPHETAMINE AND AMPHETAMINE IN BODY MATERIALS BY GAS CHROMATOGRAPHY/MASS SPECTROMETRY. Hara, K; Z Rechtsmed 96:93-104, 1986.

124. SIMULTANEOUS QUANTITATIVE ANALYSIS OF METHAMPHETAMINE AND 4-HYDROXYMETHAMPHETAMINE IN BODY FLUIDS BY GAS CHROMATOGRAPHY/MASS SPECTROMETRY. Hara, K; Z Rechtsmed 100:231-236, 1988.


Clobazam is often used as an adjuvant to antiepileptic drugs. Clobazam serum levels are relatively low (100-400 ng/mL), but after one month of therapy the steady state serum levels of the active metabolite N-desmethylclobazam (= norclobazam) ranges from 2000-4000 ng/mL.

In the Netherlands, Flunitrazepam (Rohypnol) is the most abused benzodiazepine. Flunitrazepam is taken as a "forget-pill", it decreases the psychological resistance (e.g. for heroin prostitutes), and it can partly replace opiates.

Flunitrazepam is also very popular by the soccer-hooligans. Flunitrazepam should also increase the sexual en aggressive content of the R.E.M.-sleep. It is, as far as we know, the only benzodiazepine which increases the blood pCO2 and decreases the pO2. Therefore, the combination of heroin and flunitrazepam has already been fatal for several junks in Holland. Most screening systems in urine are not sensitive enough to measure the therapeutic use of this benzodiazepine. Therapeutic serum levels are 5-15 ng/mL. and toxic about 50 ng/mL.

In the acid stomach content clorazepate is at once decarboxylized to nordazepam. If pure clorazepate is found in the blood, it is obvious that clorazepate has been given parenterally. We had a case in which the difference in route of administration of clorazepate (i.m. instead of oral) was sufficient to find the person who had given the drug to the victim.

* * * * * * * * * * * * * * * * * * * * * * * * * *
FORENSIC TOXICOLOGISTS ARE BUSY PEOPLE! We know that - so all 376 *
current (and not-so-current) members on the Secretary's mailing *
list will be mailed this copy of ToxTalk. The membership list will *
be limited to current members as of July 1st.

* * * * * * * * * * * * * * * * * * * * * * * * * *

QUICK REFERENCE NUMBERS FOR SOFT/CSFS MEETING INFORMATION

S.O.F.T. MEETING LIAISON: 416-965-9507 - Bill Robinson
MAILING LIST: 313-884-4718 (US) - Pat Monforte, SOFT Exec. Coordinator;
Leave complete mailing address and message on recorder
CANADA - Call Bill Robinson's office; leave complete mailing address with staff
CHAIRMAN: 514-873-2704 - Francois Julien
SCIENTIFIC PROGRAM: 514-873-2704 - Carole Peclet
EXHIBITS: 514-737-7575 - Claude Marsolais
HOTEL: 1-800-361-8155 - Le Grand Hotel, Montreal
OURIST INFORMATION: 1-800-363-7777 - Montreal Visitor & Convention Bureau

ALL meeting arrangements are determined by the CSFS

TOXTALK Volume 15, No. 2 (JUNE 1991 - page 11)
Vicki Watts advises members that copies of the AAFS Tox Section workshop "The Effect of Drugs on Human Performance and Behavior: Drugs and Driving/Drugs in the Workplace" are available for $25 (prepaid) from: AAFS, P.O. Box 66 Colorado Springs, CO 80901-0669. This bound, 300 page, manual contains reference articles in the area of performance testing and drug impairment, including reprints of key studies and unpublished narrative pertinent to the workshop speakers' topics. The supply is limited (100).

CONGRATULATIONS TO THE FOLLOWING WHO HAVE QUALIFIED FOR MEMBERSHIP IN SOFT:

FULL - Lee Blum, Krystyna Bogdziewicz, Dean Fritch, Dwain Fuller, Thomas George, Thomas Kupiec, and James Meeker.

ASSOCIATE - Sandra Atzert and Martin Ward

For membership applications or information, contact:

Dr. Alphonse Poklis, SOFT Secretary
MCV Toxicology Laboratory, Box 597
Medical College of Virginia Station
Richmond, VA 23298
(804) 786-0272

ToxTalk will advertise available positions at no cost as a service to our members. Send the information to Editor Monforte or call 313-884-4718.

PRINCIPAL TOXICOLOGIST: Experienced PhD, immediate opening, position as mammalian toxicologist to review, evaluate, interpretate, and summarize published toxicology literature and site-specific data and author documents used as basis to regulate or provide guidelines for chemicals in the environment to protect human health, inform the public and health professionals of the "state of knowledge" concerning the chemical as the basis for hazardous waste site clean-up. Contact Andrea Carnes, Life Systems, Inc., Cleveland 216-464-3291.

NIDA certified laboratory in Detroit area seeking individual experienced in immunoassay testing and GC/MS. Contact Dr. Joseph Monforte 313-224-5626 or Dr. Bradford Hepler 313-224-6459.


Joint meeting with the Canadian Society of Forensic Sciences at the Grand Hotel. Further information in this issue of ToxTalk. SOFT liaison: D. William Robinson, B.S., Centre of Forensic Sciences, 25 Grosvenor Street, Toronto, CANADA M7A 2G8 (Tel: 416-965-9507)

Future SOFT meeting sites: 1992 - Connecticut (N. Reading)
1993 - SOFT/CAT Phoenix (V. Watts)
The Joint meeting this year is looking to be a great success as we have had a lot of interest shown both by companies interested in exhibiting and in toxicologists looking to attend.

A few things to look forward to:

The temperature should be in the high 70's to 80's,
French cuisine at its best,
Old world atmosphere of the French Quarter,
Close proximity to the Laurentians for those who wish to spend the weekend in the mountains,
The workshops are sensational,
You can bring merchandise tax free from the duty free shops at the airports, ie. 40 fl. oz. liquor, 200 cigarettes, perfume, jewelry etc. When leaving Canada you will again be able to visit the duty free shops.

In Canada we have a Goods and Services Tax ( GST ). Most goods and services sold or provided in Canada are taxed at a rate of 7%. Visitors to Canada can claim a rebate on the GST they pay on short-term accommodation and on most consumer goods they buy to take home. Up to $ 500 can be claimed at any duty free shop when leaving Canada. Larger refunds can be applied for when you arrive home. Information and application forms will be available at the meeting. We are also looking into the possibility of obtaining a refund on the Provincial Sales Tax. More information will be available later.

Remember when submitting monies for registration, workshops, etc. to make sure it is in CANADIAN dollars. This will be a saving to you of approximately 15%.

Hope to see you all in Montreal in September. Lets make this a meeting to remember.

Bill Robinson
The laboratory routinely tests for cocaine/cocaine metabolites in infants 12 months of age or less  Yes  No

The laboratory tests for cocaine/cocaine metabolites in infants 12 months of age or less only upon request  Yes  No

The approximate number of infant cases tested per year.  

4. Please provide the following information on infants TESTING POSITIVE for cocaine/cocaine metabolites:

<table>
<thead>
<tr>
<th>Mechanism of Ingestion</th>
<th>Cause/Manner of Death</th>
<th>Specimen Cocaine/metabolite Concentrations</th>
</tr>
</thead>
<tbody>
<tr>
<td>EX: Breast milk</td>
<td>Cocaine intox/Acc</td>
<td>Blood - Cocaine: not detected</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Blood - BE: 25 ng/mL</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Kidney - Cocaine: 10 ng/gm</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Kidney - BE: 50 ng/gm</td>
</tr>
</tbody>
</table>

A.  

B.  

C.  

D.  

E.  

F.  

G. *Examples: breast milk, passive inhalation of smoke, unknown  
**Please provide cocaine/cocaine metabolite concentrations for all specimens tested  

Optional: (name and lab will not be identified)  

Complete and mail BEFORE MAY 15, 1991 to: J. Monforte, ToxTalk Editor, 1013 Three Mile Drive, Grosse Pointe Park, MI 48230-1412
SURVEY TO ASSESS COCAINE INVOLVEMENT IN DEATHS OF INFANTS TWELVE MONTHS OF AGE OR LESS

1. The laboratory routinely tests for cocaine/cocaine metabolites in infants 12 months of age or less
   Yes ☐ No ☐

2. The laboratory tests for cocaine/cocaine metabolites in infants 12 months of age or less only upon request
   Yes ☐ No ☐

3. The approximate number of infant cases tested per year.

4. Please provide the following information on infants TESTING POSITIVE for cocaine/cocaine metabolites:

   Mechanism of Ingestion*  Cause/Manner of Death  Specimen Cocaine/metabolite Concentrations**

   EX: Breast milk  Cocaine intox/Acc  Blood - Cocaine: not detected
                  Blood - BE: 25 ng/mL
                  Kidney - Cocaine: 10 ng/gm
                  Kidney - BE: 50 ng/gm

   A.  ______________________  ______________________  ______________________

   B.  ______________________  ______________________  ______________________

   C.  ______________________  ______________________  ______________________

   D.  ______________________  ______________________  ______________________

   E.  ______________________  ______________________  ______________________

   F.  ______________________  ______________________  ______________________

   G.  *Examples: breast milk, passive inhalation of smoke, unknown
        **Please provide cocaine/cocaine metabolite concentrations for all specimens tested

Optional: (name and lab will not be identified) Submitted by ________________________________ Laboratory ________________________________

Complete and mail BEFORE MAY 15, 1991 to: J. Monforte, ToxTalk Editor, 1013 Three Mile Drive, Grosse Pointe Park, MI 48230-1412
SURVEY TO ASSESS COCAINE INVOLVEMENT IN DEATHS
OF INFANTS TWELVE MONTHS OF AGE OR LESS

1. The laboratory routinely tests for cocaine/cocaine metabolites in infants 12 months of age or less Yes No

2. The laboratory tests for cocaine/cocaine metabolites in infants 12 months of age or less only upon request Yes No

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</thead>
<tbody>
<tr>
<td>EX: Breast milk</td>
<td>Cocaine intox/Acc</td>
<td>Blood - Cocaine: not detected</td>
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<tr>
<td></td>
<td></td>
<td>Blood - BE: 25 ng/mL</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Kidney - Cocaine: 10 ng/gm</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Kidney - BE: 50 ng/gm</td>
</tr>
</tbody>
</table>

A. __________ __________ __________

J. __________ __________ __________

C. __________ __________ __________

D. __________ __________ __________

E. __________ __________ __________

F. __________ __________ __________

G. *Examples: breast milk, passive inhalation of smoke, unknown

**Please provide cocaine/cocaine metabolite concentrations for all specimens tested

Optional: (name and lab will not be identified) Submitted by Dennis V. Canfield Laboratory FAA, Forensic Toxicology

Complete and mail BEFORE MAY 15, 1991 to: J. Monforte, ToxTalk Editor, 1013 Three Mile Drive, Grosse Pointe Park, MI 48230-1412
1. The laboratory routinely tests for cocaine/cocaine metabolites in infants 12 months of age or less

2. The laboratory tests for cocaine/cocaine metabolites in infants 12 months of age or less only upon request

3. The approximate number of infant cases tested per year.

4. Please provide the following information on infants TESTING POSITIVE for cocaine/cocaine metabolites:

<table>
<thead>
<tr>
<th>Mechanism of Ingestion*</th>
<th>Cause/Manner of Death</th>
<th>Specimen Cocaine/metabolite Concentrations**</th>
</tr>
</thead>
<tbody>
<tr>
<td>EX: Breast milk</td>
<td>Cocaine intox/Acc</td>
<td>Blood - Cocaine: not detected</td>
</tr>
<tr>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Kidney - Cocaine: 10 ng/gm</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Kidney - BE: 50 ng/gm</td>
</tr>
</tbody>
</table>

A. No systematic records by subject age

B. No individual cases that I recall

C. No "program" to do these tests at our lab

D. No institution we serve who routinely tests infants for drugs

E. However, We do have 2 research projects (10 blind) to look

F. For incidence of drug use in pregnant moms:
   1) All patients delivering
   2) All pregnant teenagers (ongoing)

G. *Examples: breast milk, passive inhalation of smoke, unknown

**Please provide cocaine/cocaine metabolite concentrations for all specimens tested

Optional: (name and lab will not be identified)

Submitted by: [Name]
Laboratory: [State Lab of Hygiene]

Complete and mail BEFORE MAY 15, 1991 to: J. Monforte, ToxTalk Editor, 1013 Three Mile Drive, Grosse Pointe Park, MI 48230-1412
Hi Joe, Dad

Hope you're enjoying

Joe and Dad
1. The laboratory routinely tests for cocaine/cocaine metabolites in infants 12 months of age or less
   [Yes/No]

2. The laboratory tests for cocaine/cocaine metabolites in infants 12 months of age or less only upon request.
   [Yes/No]

3. The approximate number of infant cases tested per year: [20]

4. Please provide the following information on infants testing positive for cocaine/cocaine metabolites:

<table>
<thead>
<tr>
<th>Mechanism of Ingestion*</th>
<th>Cause/Manner of Death</th>
<th>Specimen Cocaine/metabolite Concentrations**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast milk</td>
<td>Cocaine intox/Acc</td>
<td>Blood - Cocaine: not detected</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Blood - BE: 25 ng/mL</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Kidney - Cocaine: 10 ng/gm</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Kidney - BE: 50 ng/gm</td>
</tr>
</tbody>
</table>

A. Note: We have not found cocaine in any infants in last year.

B. [Blank]

C. [Blank]

D. [Blank]

E. [Blank]

F. [Blank]

G. *Examples: breast milk, passive inhalation of smoke, unknown

**Please provide cocaine/cocaine metabolite concentrations for all specimens tested

Optional: (name and lab will not be identified) Submitted by Robert L. Fitzgerald, Ph.D.

Laboratory Division of Forensic Science 401-A Colley Ave., Norfolk, VA 23507

Complete and mail BEFORE MAY 15, 1991 to: J. Monforte, ToxTalk Editor, 1013 Three Mile Drive, Grosse Pointe Park, MI 48230-1412
**SURVEY TO ASSESS COCAINE INVOLVEMENT IN DEATHS OF INFANTS TWELVE MONTHS OF AGE OR LESS**

1. The laboratory routinely tests for cocaine/cocaine metabolites in infants 12 months of age or less  
   - Yes  
   - No

2. The laboratory tests for cocaine/cocaine metabolites in infants 12 months of age or less only upon request  
   - Yes  
   - No

3. The approximate number of infant cases tested per year.  
   - 80

4. Please provide the following information on infants TESTING POSITIVE for cocaine/cocaine metabolites:

<table>
<thead>
<tr>
<th>Mechanism of Ingestion*</th>
<th>Cause/Manner of Death</th>
<th>Specimen Cocaine/metabolite Concentrations**</th>
</tr>
</thead>
<tbody>
<tr>
<td>EX: Breast milk</td>
<td>Cocaine intox/Acc</td>
<td>Blood - Cocaine: not detected</td>
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<tr>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td>Kidney - Cocaine: 10 ng/gm</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Kidney - BE: 50 ng/gm</td>
</tr>
<tr>
<td>A. UNK</td>
<td>BRONCHOPNEUMONIA</td>
<td>Blood COCAINE ND; BE 80 ng/mL</td>
</tr>
<tr>
<td></td>
<td>NATURAL</td>
<td>LIVER &quot; &quot; BE 120 &quot; &quot;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>URINE &quot; &quot; BE 5810 &quot; &quot;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>GASTRIC &quot; &quot; BE 250 mg (total)</td>
</tr>
<tr>
<td>B.</td>
<td></td>
<td>BYGD00 COCAINE 20 ng/ml; BE 1700 ng/ml</td>
</tr>
<tr>
<td></td>
<td></td>
<td>BRAIN COCAINE 40 &quot; &quot; BE 1880 ng/ml</td>
</tr>
<tr>
<td>C. UNK</td>
<td>INTRAUTERINE FATAL</td>
<td>BYGD00 COCAINE 20 ng/ml; BE 1700 ng/ml</td>
</tr>
<tr>
<td></td>
<td>DEATH/UNFOSTERED</td>
<td>BRAIN COCAINE 40 &quot; &quot; BE 1880 ng/ml</td>
</tr>
<tr>
<td>D.</td>
<td>Sudden Unexpected</td>
<td>BYGD00 COCAINE 20 ng/ml; BE 1700 ng/ml</td>
</tr>
<tr>
<td></td>
<td>Death Associated</td>
<td></td>
</tr>
<tr>
<td></td>
<td>UNFOSTERED</td>
<td>BLOOD COCAINE ND; BE 170 ng/ml</td>
</tr>
<tr>
<td>E. PASS BREAST MILK</td>
<td></td>
<td></td>
</tr>
<tr>
<td>F.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

G. *Examples: breast milk, passive inhalation of smoke, unknown  
   **Please provide cocaine/cocaine metabolite concentrations for all specimens tested

Optional: (name and lab will not be identified)  

Submitted by **RICHARD F. SHAW**  

Laboratory **SAN DIEGO COUNTY MEDICAL EXAMINER'S OFFICE**

Complete and mail BEFORE MAY 15, 1991 to: J. Monforte, ToxTalk Editor,  
1013 Three Mile Drive, Grosse Pointe Park, MI 48230-1412
SURVEY TO ASSESS COCAINE INVOLVEMENT IN DEATHS
OF INFANTS TWELVE MONTHS OF AGE OR LESS

1. The laboratory routinely tests for cocaine/cocaine metabolites in infants 12 months of age or less
   [Yes] [No]

2. The laboratory tests for cocaine/cocaine metabolites in infants 12 months of age or less only upon request
   [Yes] [No]

3. The approximate number of infant cases tested per year: 
   [20]

4. Please provide the following information on infants TESTING POSITIVE for cocaine/cocaine metabolites:

<table>
<thead>
<tr>
<th>Mechanism of Ingestion*</th>
<th>Cause/Manner of Death</th>
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<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td>Kidney - BE: 50 ng/gm</td>
</tr>
</tbody>
</table>

   A. Placental Blood (Fetal Exposure) Unclassified

   B. Unknown (? Ingestion via Bottle) Acute Cocaine Intoxication /Homicide

   Blood - Cocaine - 0.30 mcg/mL
   B2E - 1.12 mcg/mL
   Urine - Cocaine - 0.49 mcg/mL
   B2E - 1.21 mcg/mL
   Liver - Cocaine - 0.14 mcg/gm
   B2E - 0.38 mcg/gm

   C. Unclassified

   Blood - Cocaine - 0.08 mcg/mL
   B2E - none detected
   Urine - Cocaine - 0.19 mcg/mL
   B2E - 1.19 mcg/mL
   Gastric - Cocaine - 0.24 mcg/mL
   B2E - 0.08 mcg/mL
   CSF - Cocaine - 0.06 mcg/mL
   B2E - 0.05 mcg/mL
   Bottle - Cocaine - 0.43 mcg/mL

   *Examples: breast milk, passive inhalation of smoke, unknown
   **Please provide cocaine/cocaine metabolite concentrations for all specimens tested

   Optional: (name and lab will not be identified)

   Submitted by Nancy P. Haley Laboratory Forensic Toxicology Laboratory

   Complete and mail BEFORE MAY 15, 1991 to: J. Monforte, ToxTalk Editor, 1013 Three Mile Drive, Grosse Pointe Park, MI 48230-1412
1. The laboratory routinely tests for cocaine/cocaine metabolites in infants 12 months of age or less
   - Yes  No

2. The laboratory tests for cocaine/cocaine metabolites in infants 12 months of age or less only upon request
   - Yes  No

3. The approximate number of infant cases tested per year.
   - 50-75

4. Please provide the following information on infants TESTING POSITIVE for cocaine/cocaine metabolites:

<table>
<thead>
<tr>
<th>Mechanism of Ingestion*</th>
<th>Cause/Manner of Death</th>
<th>Specimen Cocaine/metabolite Concentrations**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast milk</td>
<td>Cocaine intox/Acc</td>
<td>Blood - Cocaine: not detected</td>
</tr>
<tr>
<td>(stillborn)</td>
<td></td>
<td>Blood - BE: 25 ng/mL</td>
</tr>
<tr>
<td>umbilical cord</td>
<td></td>
<td>Kidney - Cocaine: 10 ng/gm</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Kidney - BE: 50 ng/gm</td>
</tr>
<tr>
<td>(stillborn)</td>
<td></td>
<td>Blood - Cocaine: not detected</td>
</tr>
<tr>
<td>umbilical cord</td>
<td></td>
<td>Blood - BE: 1860 ng/mL</td>
</tr>
<tr>
<td></td>
<td></td>
<td>postmortem:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Blood - Cocaine: none detected</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Blood - BE: 0.380 ng/mL</td>
</tr>
</tbody>
</table>

G. *Examples: breast milk, passive inhalation of smoke, unknown

**Please provide cocaine/cocaine metabolite concentrations for all specimens tested

Optional: (name and lab will not be identified) Submitted by Les Ferraro, Laboratory Westing Hospital

Complete and mail BEFORE MAY 15, 1991 to: J. Monforte, ToxTalk Editor, 1013 Three Mile Drive, Grosse Pointe Park, MI 48230-1412
MEMORANDUM

DATE: April 19, 1991
TO: ToxTalk Editorial Board: Walls, Watts, Hepler
FROM: Joe Monforte
RE: JUNE TOXTALK

You should have received your copy of ToxTalk by now, and I hope you are pleased with this edition. Special thanks to Chip Walls for his continuing contributions.

Enclosed is an additional copy of the SURVEY TO ASSESS COCAINE INVOLVEMENT IN DEATHS OF INFANTS TWELVE MONTHS OF AGE OR LESS. I would like each of you to:

1) Complete and return the survey
2) Submit at least 1 case if you have one
3) Identify 2 other people in 2 other labs who have at least one case and be responsible for getting them to submit case reports.

I will be asking Brad Hepler to be responsible for compiling the results of the survey and assist me with the case reports.

Please complete below and return to me BEFORE MAY 1st.

I have contacted the following and will be responsible seeing to it that they will each submit at least one case regarding cocaine deaths in infants: (Name, Lab)

Greg Olsen, Pathology, 1890 N Waterman Ave, San Bernardino
Jean Master, Dept. of Forensic Science, 2900 nucle St, Oakland CA

Enclosed are some address labels for your convenience and a self-addressed, stamped envelope.

* * *

Vicki, could you give some thought to a focus for the September issue and be responsible for soliciting/gathering material for it. We will have to have all materials sooner than usual since the mail date will be totally dependent on when we get information regarding the SOFT meeting and deadline for sending that out. You should promote the subject in the June issue.

* * *

JUNE TOXTALK DEADLINE MAY 1st but will probably go to press May 17 or June 6 depending on other commitments and coordinating with the SOFT meeting materials. Pat and I may be out of town May 22nd to June 2nd.
DATE: April 19, 1991  
TO: ToxTalk Editorial Board: Walls, Watts, Hepler  
FROM: Joe Monforte  
RE: JUNE TOXTALK

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JUNE TOXTALK DEADLINE MAY 1st but will probably go to press May 17 or June 6 depending on other commitments and coordinating with the SOFT meeting materials. Pat and I may be out of town May 22nd to June 2nd.
DATE: August 29, 1991
TO: Editor Monforte
FROM: Patricia Mohn-Monforte, ToxTalk, Publications Editor

RE: JUNE 1991 TOXTALK - PRODUCTION REPORT

376 issues of the JUNE 1991 issue of TOXTALK were distributed 6/18/91.

- 359 U.S. bulk*: 355 members, 3 subscriptions, 1 comp.
- 15 Canada (1st class)
- 2 Bermuda, Swiss, Netherlands (1st class)
- 376 Total distributed - (last issue, 365)

EXPENSES:

$84.39 additional postage**
20.00 computer fee (eliminates typesetting)
303.31 printing (to be paid directly to printer)
19.95 misc.
345.00 publication editor fees
15.00 outside services

$787.65 Total (Does not include pre-paid bulk stamps and envelopes)

COMMENTS:

This 12-page issue included the regular features as well as: The results of the infant death survey included in the March issue - the response was very disappointing with only 8 laboratories participating; and Chip Walls provided some great references on cocaine babies as well as a mini-meth review (43 references in all). The CSFS sent material to be included in the mailing, but, unfortunately, the nice folder was larger than our envelopes so materials had to be removed, etc. and much of it discarded. Even so, this insert caused us to go over the 3 oz limit costing an additional $52.98.

c: W. Anderson, M. Lewis,