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Att: Governor Haley

5-11-16

My name is Annette Payne and I will like to see if you can help me I am faxing a letter that tells you every-thing about what is going on with Lexington County Dss. I have to met with Dss at 1pm today on 5-11-16 and please can I hear from you. my work # is 803-356-0600 and just ask for me.

Thank you

Annette Payne

and I know it was Jessica's meds that made her positive. Can you please help me and thank you for taking the time to read this.

Thank you

Phone Numbers: 803-800-7816 (Cell)
803-356-0600 (Work)

Danetta Payne

My name is Annette Payne, I live in pelion S.C. I have a 11 year old daughter who has ADHD. She takes Ritalin 10 mg once in the afternoon and Concerta 36 mg once in the morning. My daughter is on medcaid and medcaid only pays for the generic brand for medcations. So my daughter takes Methypheidate 10 mg for Ritalin and Methypheidate ER 36 mg for the Concerta. I am writing you because on March 4th 2016 DSS opened a case on me. I found this out by a letter I recived in the mail on the 12th of March 2016, Saying I need to Contact the DSS office of Lexington County ASAP, that they have been out to my house numerous of times trying to reach me. I am a full time mom And I work full time at Gateway Acadamy in Lexington S.C. My hours are from 9:30 am to 6:30 pm. Sometimes I will have to go in earlier then my hours, so I wouldn't know about anyone stopping by my house. On the 15th of March 2016 I meet with DSS around 11:30 am. My DSS caseworker name at that time was Mrs. La'nae Bellamy. Mrs. Bellamy kind of came off with a little adduite at first. Mrs. Bellamy told me that she was

there because someone called them and told them that Brian Drafts which is my boyfriend of 15 years and which is Jessica's Dad was doing drugs in the house and I knew about it. I told mrs. Bellamy that was not true! mrs Bellamy told me a Couple of more things she was told and I told her that it was all lies plus Brian does not live at my address. mrs. Bellamy told me that Jessica and I would have to take a drug test and I told her fine I will get that taking care of today since I was off work. mrs. Bellamy also told me that Mr. Drafts would have to take a drug test to. I explained to her that Brian doesn't live with me, But he does come see Jessica when he is in town. mrs. Bellamy also told me I had to get Jessica in to mental Health to get her evelarated, so I also went to Mental Health and made her a apptment to get her evelarated. On March 15th 2016 we did our drug test. On March 22nd 2016 I had a apptment with Mental Health to get Jessica evelurated and they diagnosed Jessica with ODD on top of ADHD. ODD is oppositional diffiant

disorder which is Jessica has problems controlling her anger.
The week of the 21st mrs. Bellamy called me and told me that my and Jessica's Drug test came back negitive for meth but both did come back poistive for our meds. that we needed to meet this week and sign a medical Relesed form about our meds, so we can close the case. On the 25th of March 2016 we meet at my job in the office my boss was out it was around 10:30am and 11:00am. I did not here from DSS again tell the 11th of April when mrs. Bellamy text me and asked me if I had a number to get in touch with Brian, I texted her back and said the same one they had already. Then on the 12th of April 2016, mrs. Bellamy called me at 11:45am and told me she was going to close my case but after talking to MEDS and her supervisor that she was wrong about Jessica's test, Jessica was poistive for meth but I was negative. I said that was impossible because where I go Jessica goes. We both would be poistive if it was the street meth. Mrs. Bellamy told me that she needed to get in touch with Brian and We

needed to find out where and how Jessica came up poistive at. I left work and finally got intouch with Brian and he denies doing meth. Mrs. Bellamy made me sign over Jessica to my mom on the 12th of April 2016. Mrs. Bellamy enformed me that she will no longer be my case worker after the 15th of April 2016 that her 45 days will be up. I will be assigned another case worker. On the 16th and 17th of April 2016 I did resarch on Jessica's meds. and I have a bunch of attachments if you need them. It is proven that MEDS will back DSS up. Allison told me no matter what she was going to say it was meth and that I was wrong. And that Jessica test is poistive for her meds. not street meth. I went from the 13th of April to the 27th of April 2016 with out hearing from DSS. Nicole called me on the 27th of Apil 2016 around 2:00pm after I called and left a message with the head Supervisor. We ~~accept~~ met on the 2nd of May 2016. I presented her with the proof that it was Jessica's meds. and she told me that she had to talk to her supervisor and call me back. I got a letter in the mail to pick

up a certified letter from the post office from DSS on the 5th of May 2016. I picked it up and opened it and read it. Mrs. Bellamy lied at the beginning and towards the middle and the ending of the closing letter. I don't take my child around NO ONE! I work and come home. 2nd of all If you look on Jessica's test under the amphetamine, Jessica's meds. didn't even show up there but if you look at my test under amphetamine mine came up where it was supposed to. I take my meds. the right way. On the 5th of may 2016 Nicole my case worker called me back exactly at 5:00pm and told me even though I didn't come back positive for drugs I will still have to do classes through LRADAC because Jessica was in my care and came back positive and Nicole said she already talked to her supervisor about this and no matter what I do it was not going to change her or her supervisor's mind. I told her that I didn't think that was right. After I told her I wasn't going to take any classes because I was not positive of any drugs

When methylphenidate is coingested with ethanol, a metabolite called ethylphenidate is formed via hepatic transesterification,[94][95] not unlike the hepatic formation of cocaethylene from cocaine and alcohol. The reduced potency of ethylyphenidate and its minor formation means it does not contribute to the pharmacological profile at therapeutic doses and even in overdose cases ethylphenidate concentrations remain negligible.[11][96]

Coingestion of alcohol (ethanol) also increases the blood plasma levels of d-methylphenidate by up to 40%.[97]

Liver toxicity from methylphenidate is extremely rare, but limited evidence suggests that intake of β-adrenergic agonists with methylphenidate may increase the risk of liver toxicity.[98]

Pharmacology

Pharmacodynamics

Methylphenidate primarily acts as a norepinephrine–dopamine reuptake inhibitor (NDRI). It is a benzylpiperidine and phenethylamine derivative which also shares part of its basic structure with catecholamines.

Methylphenidate is most active at modulating levels of dopamine and to a lesser extent norepinephrine.[102] Methylphenidate binds to and blocks dopamine transporters and norepinephrine transporters.[103]

Binding profile[99][100][101]

Receptor	K_i (nM) dl-MPH	K_i (nM) d-MPH	K_i (nM) l-MPH
DAT	121	161	2250
NET	788	206	>10,000
SERT	>10,000	>10,000	>6700
5-HT_{1A}	5000	3400	>10,000
5-HT_{2B}	>10,000	4700	>10,000

While both amphetamine and methylphenidate are dopaminergic drugs, it should be noted that their methods of action are distinct. Specifically, methylphenidate is a dopamine reuptake inhibitor while amphetamine is both a releasing agent and reuptake inhibitor of dopamine and norepinephrine. Each of these drugs has a corresponding effect on norepinephrine which is weaker than its effect on dopamine. Methylphenidate's mechanism of action in the release of dopamine and norepinephrine is fundamentally different from most other phenethylamine derivatives, as methylphenidate is thought to increase general firing rate,[104][105][106][107] whereas amphetamine *reduces* firing rate and reverses the flow of the monoamines via TAAR1 activation.[108]

Methylphenidate has both dopamine transporter and norepinephrine transporter binding affinity, with the threo-methylphenidate enantiomers displaying a prominent affinity for the norepinephrine transporter. Both the dextrorotary and levorotary enantiomers displayed receptor affinity for the serotonergic $5HT_{1A}$ and $5HT_{2B}$ subtypes, though direct binding to the serotonin transporter was not observed.[101] A later study confirmed the d-threo- enantiomer binding to the $5HT_{1A}$ receptor, but no significant activity on the $5HT_{2B}$ receptor was found.[109]

Methylphenidate may protect neurons from the neurotoxic effects of Parkinson's disease and methamphetamine abuse.[110]

The dextrorotary enantiomers are significantly more potent than the levorotary enantiomers, and some medications therefore only contain dexmethylphenidate.[102]

Methylphenidate has been identified as a sigma-1 receptor agonist.[111]

Pharmacokinetics