



Statewide Epidemiological Outcomes Workgroup:

**Quarterly Meeting
12/05/2022**

Supported by SAMHSA PFS Grant
#6H79SP080990-01M001



Today's Agenda

- Welcome/Introductions/SEOW Mission (A. Oliveto)
- Sexually-Transmitted Infections (A. May and A. Sullivan)
- APNA data trends – follow up (J. Thostenson)
- Poison Control Data (A. Oliveto)
- SEOW Member Reports
- SEOW Staff Activities Updates (A. Oliveto)
- General Discussion/Action Plan/Wrap-Up/Next Meeting

SEOW Mission

SEOW's mission is to guide successful prevention efforts in the state of Arkansas by:

- Analyzing, monitoring and sharing data trends in substance use and other environmental, behavioral, and health-related factors
- Informing data-driven policy and practice decision-making regarding prevention priorities at local and state levels
- Disseminating evidence-based education and prevention materials to the larger public

Sexually Transmitted Infections

Alexis Sullivan and Alan May
ADH

APNA Drug Use Trends: Rx Drug Source Rurality Impacts Use of Tobacco and Marijuana

Jeff Thostenson
SEOW Staff

Poison Control Exposure Data

Alison Oliveto
SEOW Staff

America's Poison Centers

“America's Poison Centers maintain the National Poison Data System (NPDS), the national database of information logged by America's Poison Centers serving the District of Columbia and all U.S.' states and territories. Case records in this database are from self-reported calls from health care professionals, emergency response personnel, and the public. As such:

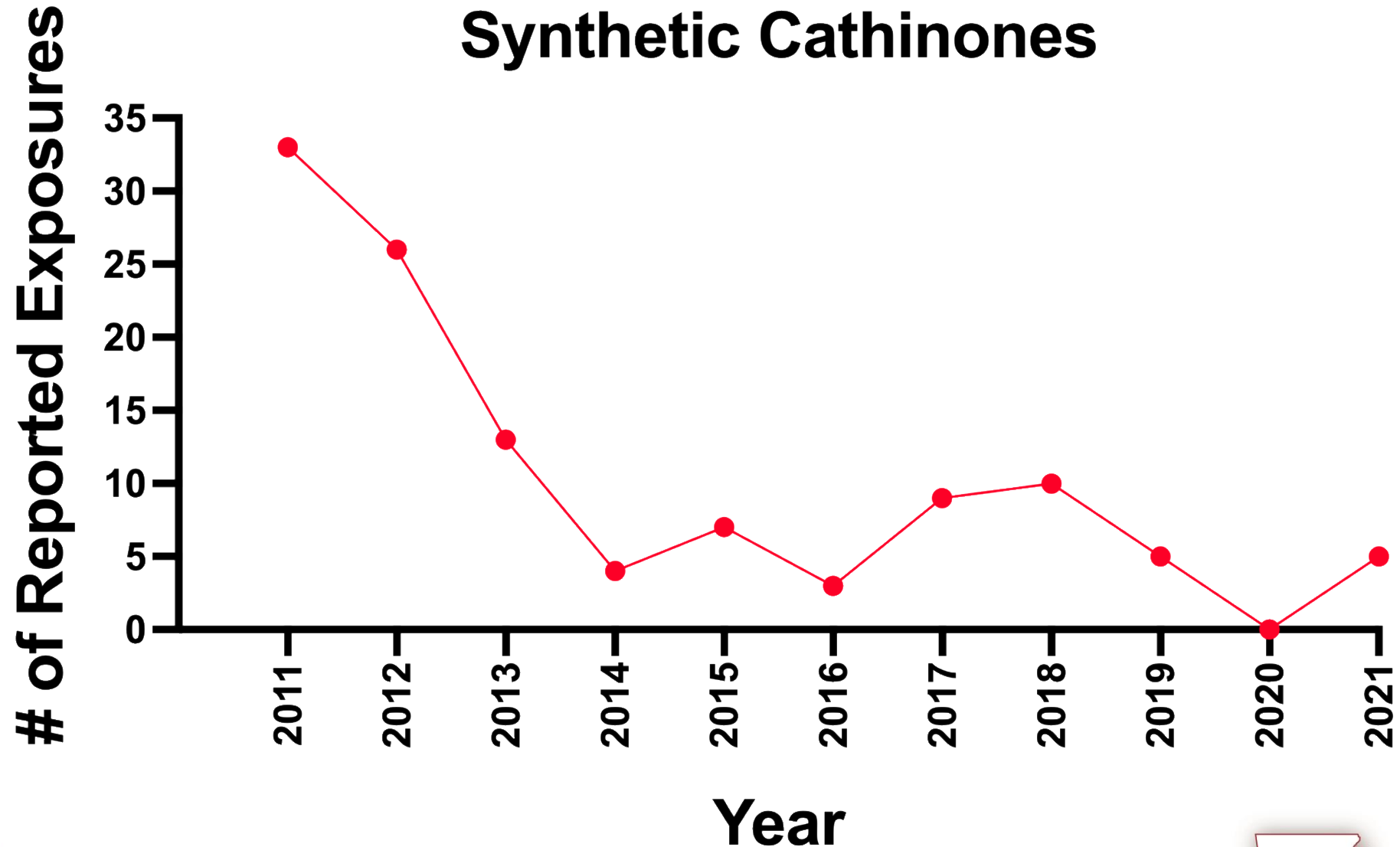
- NPDS data does not represent the complete incidence rate of national exposures to any substance(s)
- NPDS data is subject to change due to continuous improvements to the database.
- America's Poison Centers is unable to completely verify the accuracy of every report made to PCCs”

AR Poison and Drug Information Center Data Focus

- Synthetic Cathinones (“Bath Salts”)
- Cannabinoids (natural products and synthetics)

Arkansas Data

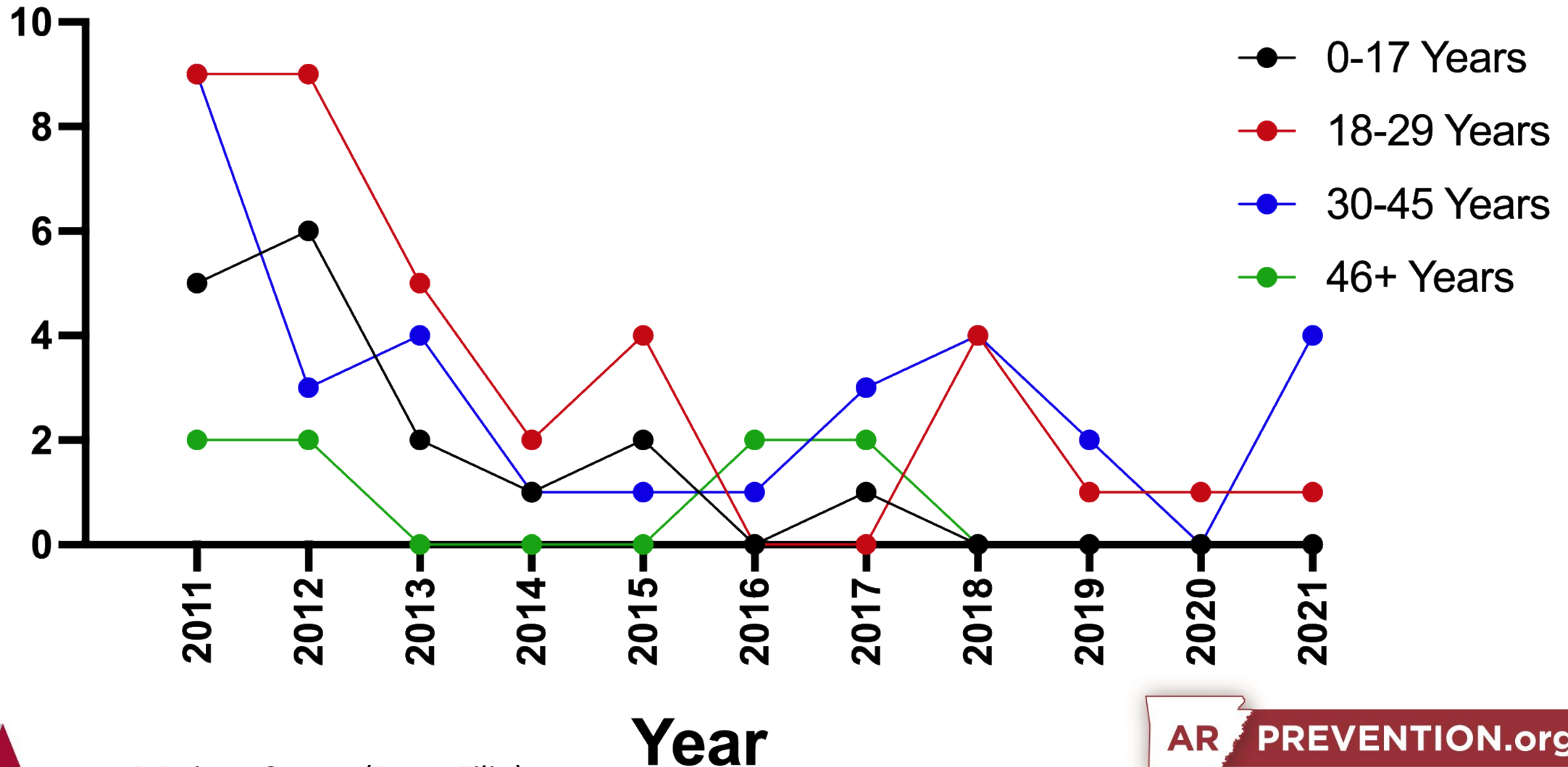
Synthetic Cathinones



Arkansas Data

Synthetic Cathinones

of Reported Exposures



Reported Symptoms of Synthetic Cathinone Exposure

Most Common

- Agitation
- Tachycardia
- Hallucinations/Delusions
- Confusion
- Hypertension

Less Common

- Seizures
- Drowsiness/Lethargy
- Hypothermia
- Hypotension
- Tremor
- Edema

Rare, But Serious

- Cardiac Arrest
- Coma

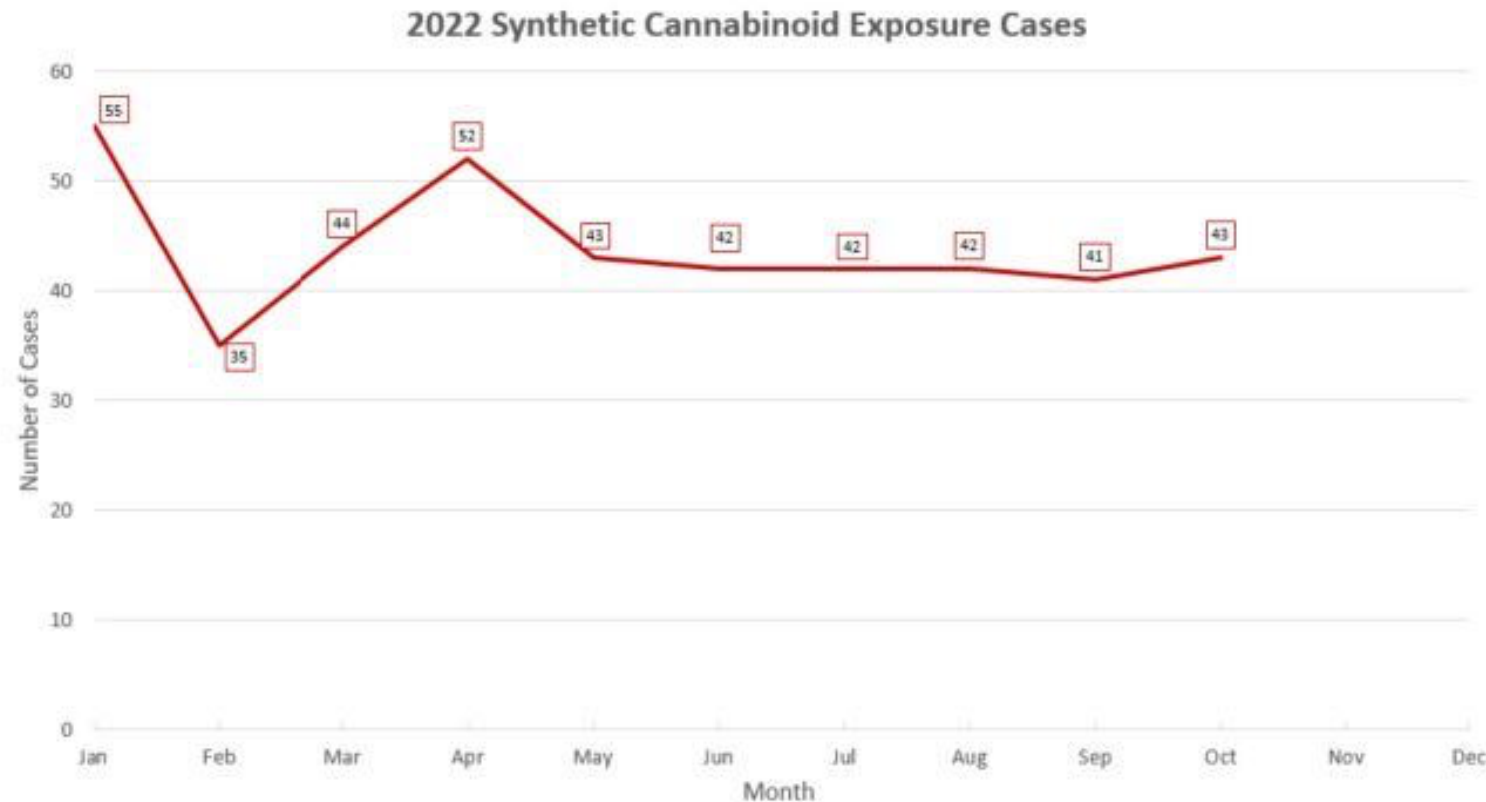
America's Poison Centers: National Data

Synthetic Cannabinoids: Spice, K2, “No More Mr. Nice Guy,” “synthetic marijuana,” etc.

- very different from marijuana
- contain powerful chemicals called “cannabimimetics”
- can cause severe, life-threatening health effects: severe agitation and anxiety, nausea, vomiting, seizures, and hallucinations
- specifically made to be abused
- not tested for safety,
- users don't know exactly what chemicals they are putting into their bodies

As of October 31, 2022, poison centers have managed 437 calls for synthetic cannabinoid-related exposure cases.

6 in AR, 76 in TX

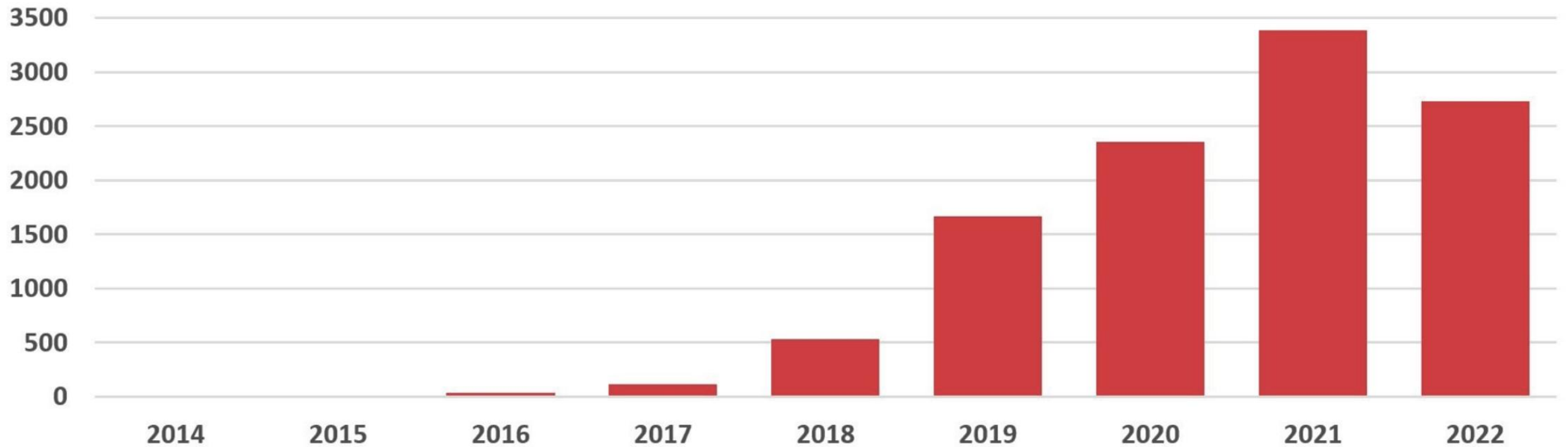


America's Poison Centers: National Data

Cannabidiol Cases

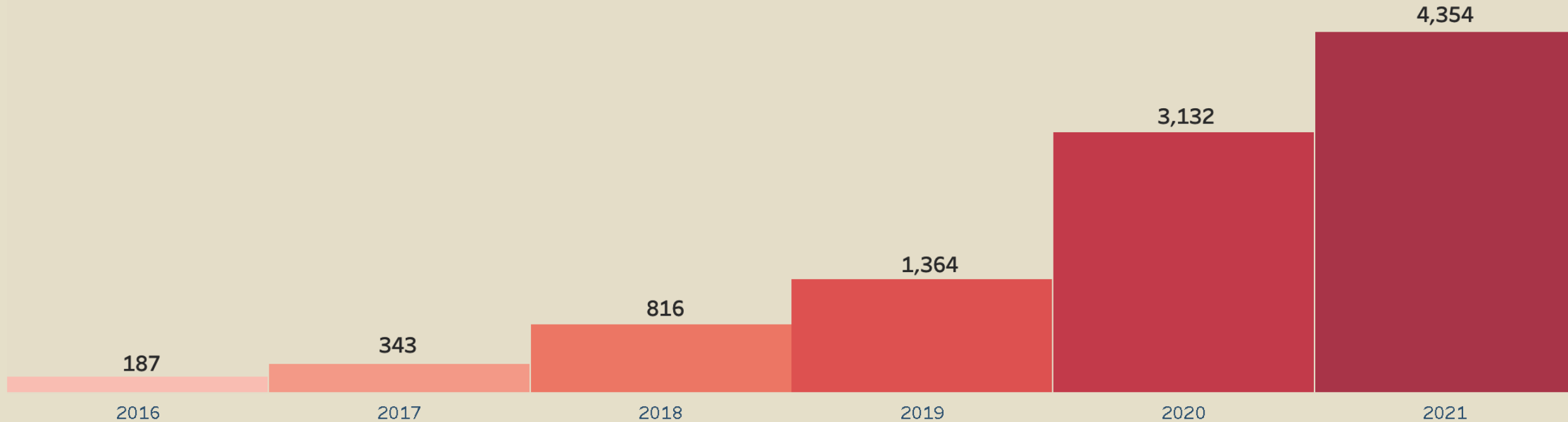
All Ages

As of November 30, 2022, poison centers have managed 2,726 cases in 2022 related to cannabidiol.

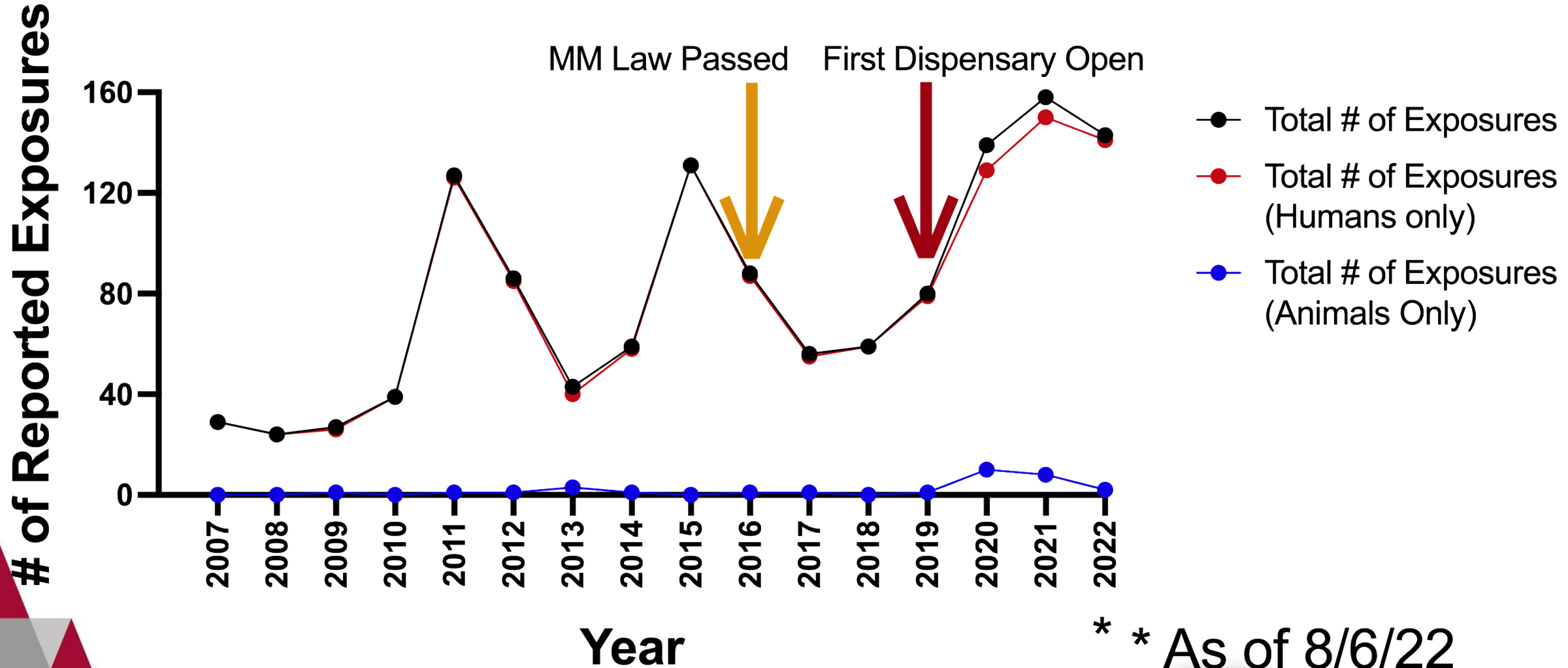


America's Poison Centers: National Data

Recent Category Profile CANNABIS EDIBLES (Ages 0-12)



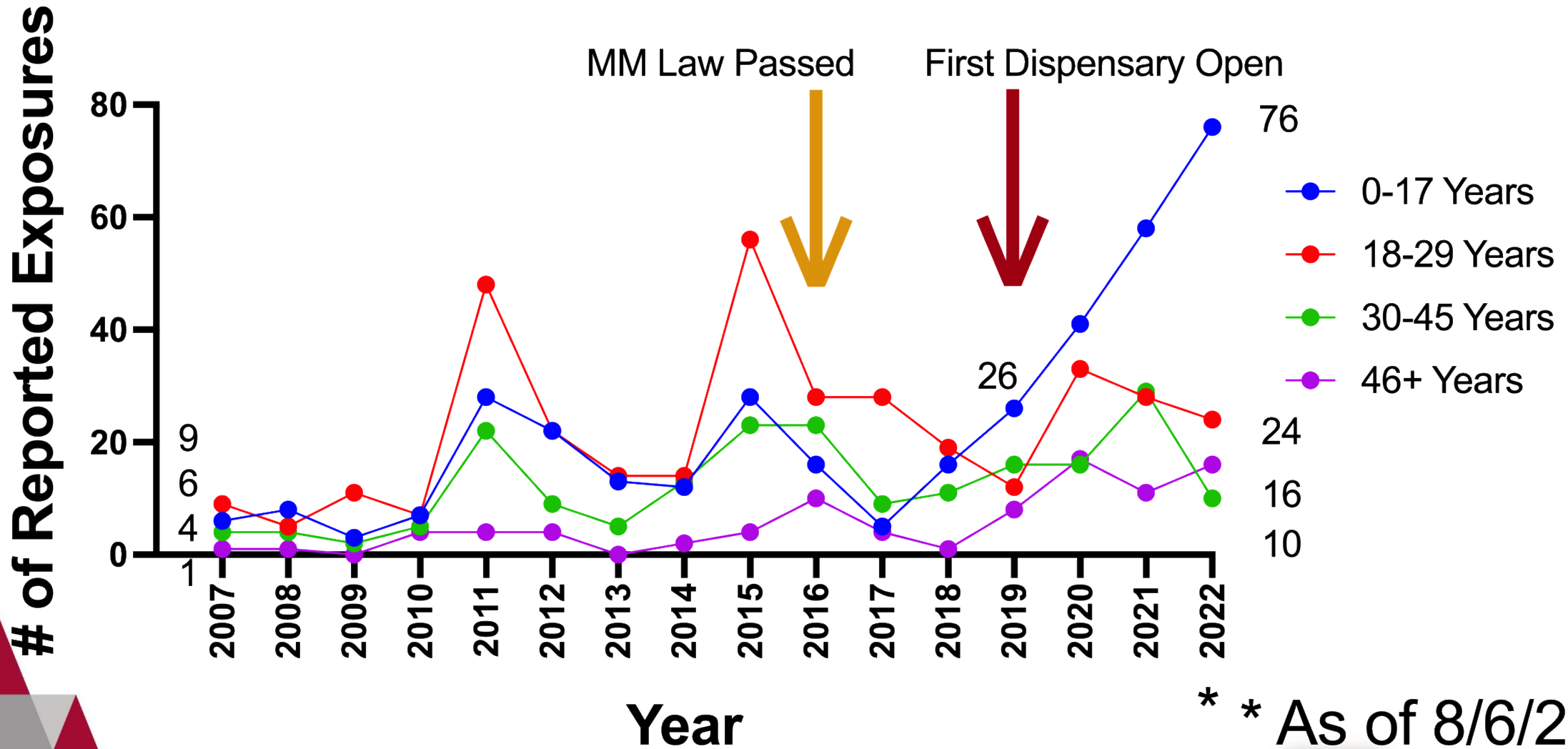
AR Poison Center: Arkansas Data Cannabinoids



* * As of 8/6/22



AR Poison Center: Arkansas Data Cannabinoids

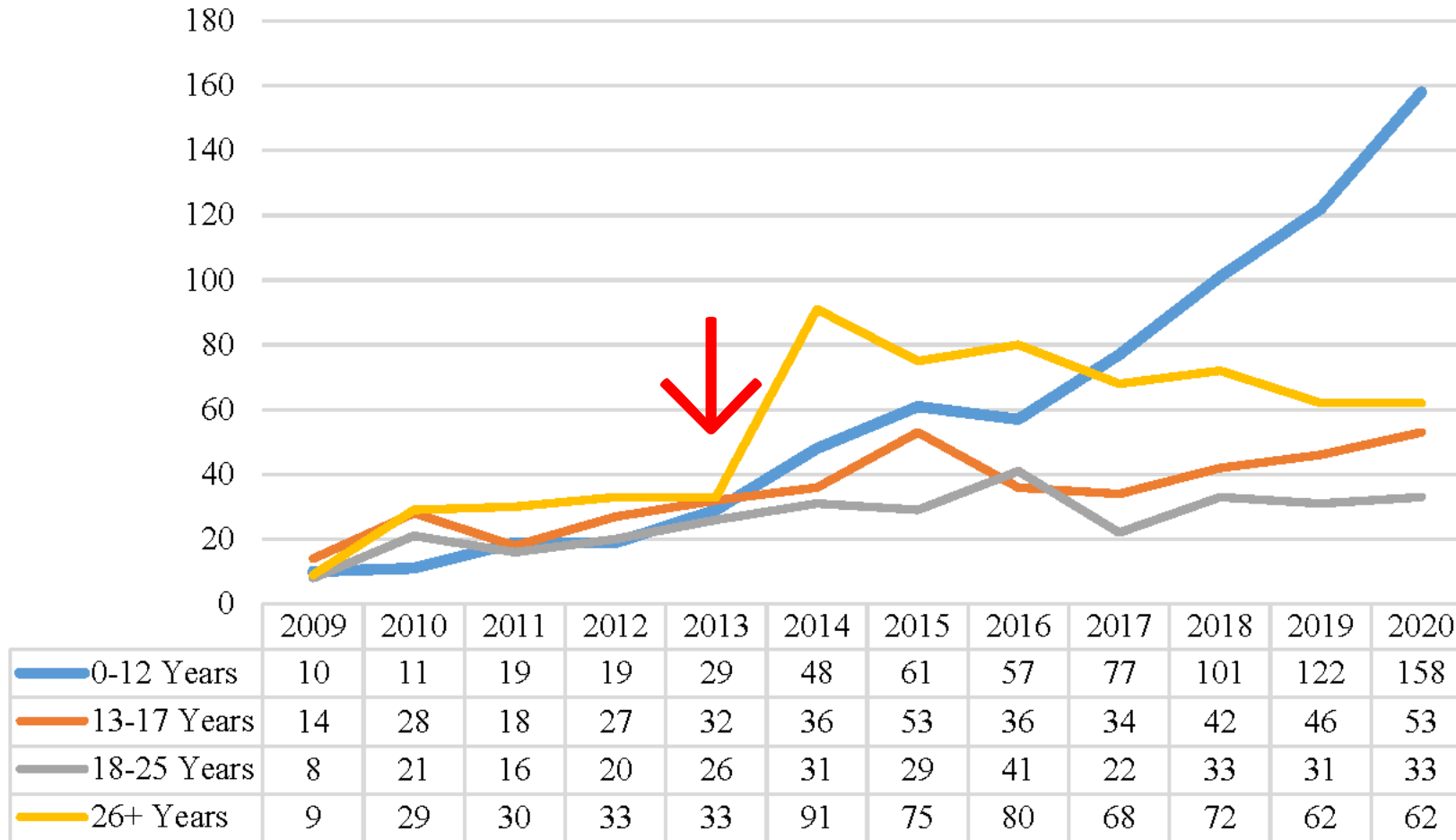


* * As of 8/6/22



Key Findings from CO Annual Report of Cannabis Impacts

Marijuana-Related Exposures by Age Range (2009-2020)



Reported Symptoms of Cannabinoid Exposure

Most Common

- Tachycardia
- Drowsiness/Lethargy
- Nausea/Vomiting
- Agitation
- Confusion
- Hypertension
- Hallucinations/Delusions

Less Common

- Visual Disturbances/Defects
- Syncope
- Seizures
- Chest Pain
- Tremor
- Excessive Sweating

Rare, But Serious

- Cardiac Arrest
- Respiratory Arrest
- Renal Failure
- Coma

Q4 of 2021

Opioid Overdoses from the Toxicology Investigators Consortium (Toxic) Fentanyl Study Group

Q4 2021

Purpose: This report provides new information regarding comprehensive drug testing of clinical biological specimens collected after suspected opioid overdoses in various cities across the United States.

Overview: Drug use can lead to adverse events and overdose scenarios where individuals present to emergency departments for clinical evaluation and/or treatment. The culprit can be traditional drugs (e.g., heroin, fentanyl, cocaine, methamphetamine) or novel psychoactive substances (NPS); however, proper drug testing methodologies must be employed for accurate identification and characterization. Street-level drug preparations can contain undeclared or unwanted substances, such as toxic adulterants or NPS, which can potentiate effects or lead to adverse reactions. Understanding emerging drug trends and drug testing results can help direct new or revised approaches to clinical treatment and harm reduction efforts.

Objective: A partnership between the American College of Medical Toxicology (ACMT) and the Center for Forensic Science Research and Education (CFSRE) was established to comprehensively assess the role and prevalence of synthetic opioids and other drugs among suspected overdose events in the United States.

Sample Source: Patients presented to emergency departments within ACMT's Toxicology Investigators Consortium (Toxic) experiencing a suspected opioid overdose. Residual, discarded biological samples were obtained for testing against an expansive library of drugs and other substances. Our findings provide a near real-time assessment of the drug market and allude to resulting implications on clinical institutions.

Testing: Analysis was performed via liquid chromatography quadrupole time-of-flight mass spectrometry (LC-QTOF-MS). The scope of testing targeted more than 900 drugs, including a vast majority of NPS and metabolites. Drug classes included opioids, stimulants, cannabinoids, and benzodiazepines, among others.

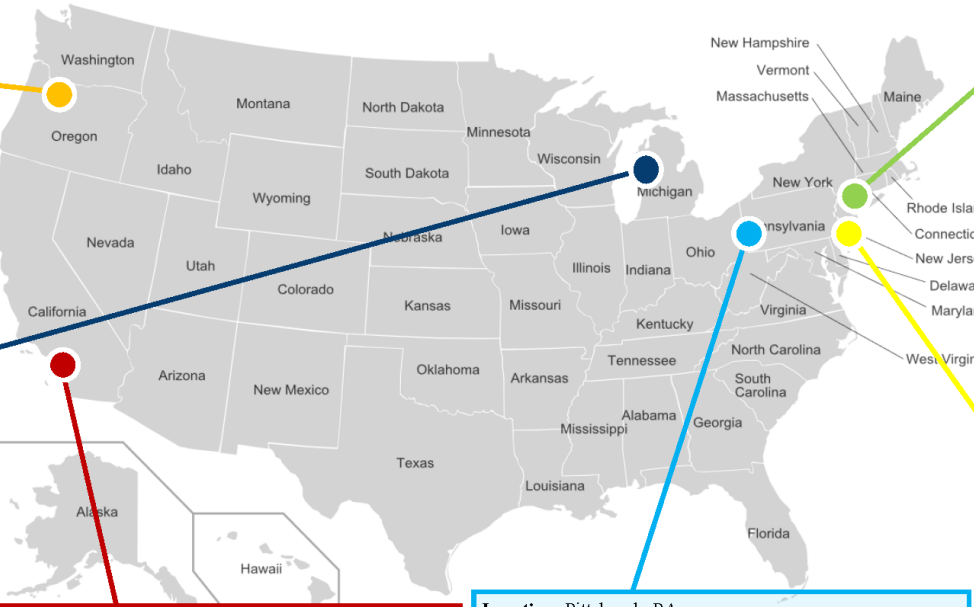
Acknowledgements: This report was prepared by Alex Manini, MD; Alex J. Krotulski, PhD; Sara E. Walton, MS; Paul Wax, MD; Jeffrey Brent, MD, PhD; Kim Aldy, DO; Alexandra Amaduucci, DO; Diane Calello, MD; Adrienne Hughes, MD; Anthony Pizon, MD; Michael Levine, MD; and Barry K. Logan, PhD, F-ABFT. The authors acknowledge ACMT personnel, Toxic investigators, and CFSRE staff for their contributions. Funding was received from the National Institute on Drug Abuse (NIDA) from the National Institutes of Health (NIH), Award Number: R01DA048009. The opinions, findings, conclusions and/or recommendations expressed in this publication are those of the authors and do not necessarily reflect those of NIDA, NIH, or other agencies. For more information about NPS Discovery, contact npsdiscovery@cfsre.org or visit www.npsdiscovery.org.

Location: Portland, OR
Key Findings:

- 100% of samples were positive for at least one opioid
- Fentanyl (100%) was commonly detected followed by heroin (17%)
- Combined opioid and stimulant use was very common (83%)
- Combined opioid & benzodiazepine use was less common (17%)
- NPS: Bromazolam

Location: Grand Rapids, MI
Key Findings:

- 92% of samples were positive for at least one opioid
- Fentanyl (81%) was commonly detected, followed by tramadol (30%) and methadone (14%)
- Xylazine was observed alongside fentanyl (35%)
- Combined opioid and stimulant use was observed (43%)
- Combined opioid and benzodiazepine use was observed (22%)
- NPS: Metonitazene, Isotonitazene, Clonazolam, Etizolam, Bromazolam, and *para*-Fluorofentanyl (35%)



Location: Los Angeles, CA
Key Findings:

- 100% of samples were positive for at least one opioid
- Fentanyl (83%) was commonly detected followed by heroin (17%)
- Combined opioid and stimulant use was observed (50%), as well as combined opioid and benzodiazepine use (67%)
- NPS: Metonitazene, Clonazolam, and Flubromazolam

Location: Pittsburgh, PA
Key Findings:

- 100% of samples were positive for at least one opioid
- Fentanyl (90%) was commonly detected, followed by methadone (30%) and tramadol (20%)
- Combined opioid & stimulant use was common (60%)
- Combined opioid & benzodiazepine use was common (60%)
- NPS: Clonazolam (60%) and *para*-Fluorofentanyl (40%)

Location: New York, NY
Key Findings:

- 82% of samples were positive for at least one opioid
- Fentanyl (55%) was commonly detected, followed by methadone (50%), heroin (23%), and tramadol (18%)
- Xylazine was observed alongside fentanyl (36%)
- Combined opioid and stimulant use was observed (32%)
- PCP and TCP were detected
- NPS: MDMB-4en-PINACA and *para*-Fluorofentanyl (14%)

Location: Newark, NJ
Key Findings:

- 100% of samples were positive for at least one opioid
- Fentanyl (92%) was commonly detected, followed by heroin (25%) and tramadol (17%)
- Combined opioid and stimulant use was common (58%)
- PCP was detected alongside fentanyl
- NPS: *N*-Piperidinyl Etonitazene, ADB-PHETINACA, Clonazolam, and *para*-Fluorofentanyl (33%)

Tranq Dope =
Fentanyl + Xylazine

Benzo Dope =
Fentanyl + Benzo

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West Coast:

Opioids = Fentanyl/Heroin

Opioid + Stimulants Common

Opioid + Benzo more common in CA

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North/Midwest/MidAtlantic:

Opioids = Fentanyl, Tramadol, Methadone

Opioid + Stimulants relatively common, esp in PA

Opioid + Benzo relatively common, esp in PA

Opioid + Xylazine relatively common in MI

Location: New York, NY

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Northeast:

Opioids = Fentanyl, Tramadol, Methadone or heroin

Opioid + Stimulants relatively common, esp in NJ

Opioid + Xylazine relatively common in NY

Location: Newark, NJ

Key Findings:

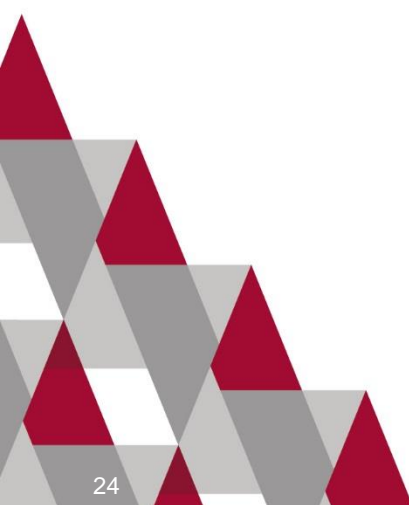
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Discussion



SEOW Members Reports

All



SEOW Staff Activities

- 2021 Annual Profiles Report: final(?) draft awaiting DAABHS approval
- 2022 Annual Young Adults Report: hardcopy to Creative Services for formatting by 12/12
- Input annual outcomes data into SPARS for annual PFS report
- Coordinating SEOW meetings
- Identifying/Contacting/Inviting potential stakeholders for SEOW membership
- Identifying data gaps and requesting data – PCC, ADH, DAABHS, etc.
- Responding to data/info/meeting requests and input on policy/initiatives
- Presented talks on med MJ and Rx Drug prevention at 2 conferences
- Teen medical marijuana brochures on ARPrevention website
- Adult/Caregiver medical marijuana brochures (Sp) with Creative Services (Eng approved)
- Child medical marijuana brochures with Creative Services

Wrap-Up/Discussion/Action Items



We CAN make a difference!

Thank you!

