

Drug and Poison Information Center
(DPIC)

DrugScopes

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Who Left the Dog Out? “The Adulteration of Heroin”

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How many of you are familiar with the term “dog” as a slang term for heroin? Maybe “dog food” sounds more familiar? Midwest heroin users started using these slang terms, among others, at least 10 years ago when the street availability of heroin rose. Heroin availability and use skyrocketed across the Midwest especially, but other areas of the U.S. and Canada also felt the impact of higher heroin use as prescription opioid misuse/abuse moved from ‘under the radar’ to epidemic proportions over the same time frame. As repeated prescription opioid abuse failed to bring a desired response, or became too darned expensive to keep up with, the lure of a cheaper, more potent narcotic drew people closer to heroin. Heroin was, and is, as easy to find as dog food in your local grocery store. A new slang term was born.

What type of heroin predominates in your neighborhood? The Drug Enforcement Administration (DEA) began monitoring heroin markets in the late 70’s, tracking trends in retail heroin markets across 27 major metropolitan areas of the U.S. In the past 10 years the DEA has recorded increased diversification in the heroin market, finding more than one type of heroin available in all of these areas. Major sources for heroin in the U.S. include South America, Mexico, Southwest Asia, and Southeast Asia. In recent years, more of the heroin has been coming into the U.S. from South America (think “white powder” heroin), and Mexico (think “brown powder” and “black tar” heroin). Using the Mississippi River as a dividing line for the country, Mexican heroin is more often found on the west side, and South American heroin on the east.

Even while availability is increasing, the purity of heroin has been steadily decreasing over time, leading to more “cut” being added to what is sold as heroin on the street. In fact, there is a whole separate market for cutting agents which serves to add a thick, sticky layer of unpredictability to illicit drug use. Popular cutting agents include pharmaceutical drugs that may ‘boost’ the effect of heroin, providing additional central nervous system (CNS) depressive effects. Laboratory analyses of heroin samples in recent years have found the following drugs in addition to heroin alprazolam, diazepam, diphenhydramine, lidocaine, chloroquine, phenobarbital, quinine, methadone, and quetiapine... to name a few. In addition, acetaminophen (paracetamol) is commonly found as an adulterant in heroin. It is suspected that acetaminophen is added for the analgesic effect and bitter taste, the latter aiding with disguising heroin of poor quality. Addicts are often aware that caffeine is added to heroin, and in fact, have come to expect that from their supplier.

The cutting of instant coffee into heroin is quite common, additionally adding a bitter taste to the heroin. Caffeine also causes heroin to vaporize at a lower temperature, a practical benefit for those that inhale or smoke heroin. In the news lately has been adulteration of heroin with a fentanyl analog, acetyl fentanyl. Much more potent than heroin, fentanyl causes an outer space-type boost to heroin of poor quality. The U.S. was witness to this in 2006 when clandestinely-produced fentanyl killed more than 1,000 heroin users from Chicago eastward. Only around 880 deaths were officially reported since routine testing for fentanyl in coroner’s offices was not performed at the time. In May this year more reports of illicitly produced fentanyl surfaced when the body count rose sharply among I.V. drug users. In Montreal, Canada, desmethyl fentanyl was found among other drugs in a seizure, some having been pressed into tablet form. The same month, 12 deaths in Rhode Island among I.V. drug users was linked to another illicitly-produced fentanyl, acetyl fentanyl. Reports of increases in the number of overdoses or deaths in other U.S. cities has led to warnings and alerts for users in an attempt to minimize casualties from this deadly addition to the heroin supply. EMS paramedics arriving at the scene where someone has overdosed have been reporting increased doses of naloxone needed to reverse CNS depressive effects. The Centers for Disease Control and Prevention (CDC) issued a health advisory in June 2013 in order to increase public vigilance by hospitals, law enforcement, and medical examiners. NMS Labs developed testing for acetyl fentanyl to assist in the effort to identify the drug in biological fluids in patients coming into emergency departments or medical examiner’s offices. The extent of adulteration of the heroin supply with acetyl fentanyl or another analog isn’t known at the time of this report.

In conclusion, with fentanyl analogs or other drugs and substances ‘cut’ into heroin, this is definitely a case where the ‘bite is worse than the bark’. Healthcare providers and community members alike should be aware of dangers associated with heroin adulteration.

Mojo Malt Beverage

Sara Stover, PharmD

Packaging for a new alcoholic beverage may cause confusion for consumers and could lead to accidental alcohol ingestion. Mojo Malt Beverage, a clear liquid, comes in plastic containers that resemble water bottles. The flavors sound like children's drinks or flavored water. There are currently two flavors of Mojo on the market, Tropical Fruit and Strawberry Kiwi. The company plans to market additional flavors such as Fruit Punch, Star Fruit and Pink Lemonade. The company website currently just lists retailers in Massachusetts. The New Hampshire state Liquor Commission originally voted to prohibit sale of Mojo due to concerns it could be mistaken for water, but they reversed that decision. The company plans to market Mojo in New Hampshire as they continue to roll out the product in other states.

References:

<http://drinkmojo.us/about-us/> - accessed July 18, 2013

<http://www.eagletribune.com/latestnews/x1912984395/Controversial-malt-liquor-to-be-sold-in-NH>
- accessed July 18, 2013



Easier access to Caffeine for kids

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Caffeine is a drug that can be commonly found in many different products including soda, coffee, chocolate, and tea as well as medications such as NoDoz®. It is continually being added to new products every day. For example, caffeine can be found in diet aids and energy drinks. Most of these products are geared towards adults and are not for pediatric consumption. Recently, caffeine has also been added to multiple new products that are often consumed by children. Caffeine can now be found in ice cream, chewing gum, Jelly Belly jelly beans, trail mix and other snacks.

Recently, Wrigley started production on a caffeinated gum call “Alert”. Currently, production has been discontinued due to the FDA investigating the safety of caffeine being added to foods. This new gum contains the same amount of caffeine as a half a cup of coffee. Jolt gum is also another brand that has added caffeine, guarana and ginseng to chewing gum. All 3 of those ingredients are considered stimulants. The package advertises 2 pieces of gum is equal to 1 energy drink. A package of Jolt contains 12 pieces so a child who didn’t realize what was in this gum could potentially ingest the equivalent of 6 energy drinks by getting into a package of Jolt gum!

Currently, a new ice cream called “Bang” is on the market that includes 125mg of caffeine per scoop. To put this into perspective, a 12 ounce can of Mountain Dew contains 54mg of caffeine. Children may not realize how dangerous this ice cream can be. Bang Caffeinated ice cream comes in multiple flavors including Peanut Butta, heaps of Gold, Cookie Mint, and Latte-Da.

For adults who are familiar with these types of products and take them as directed, symptoms of caffeine toxicity may not develop. However, to a small child, 1-2 scoops of ice cream or chewing on 1-2 pieces of caffeinated gum could cause severe symptoms. These symptoms can include nausea, vomiting, tremors, restlessness, agitation, and insomnia. In higher doses caffeine can cause much more significant symptoms including seizures, increased heart rate, palpitations, decreased blood pressure, and heart dysrhythmias. Children are unlikely to read the label and understand that these products can be very dangerous.

As caffeine is added to more foods it is important to understand the dangers to both children and adults. Reading labels has become more imperative to understand what is in each product. Keeping these products out of the reach of children and following specific serving size recommendations will help decrease the incidence of accidental overdose.

References:

<http://www.energyfiend.com/caffeine-content/bang-caffeine-ice-cream>, accessed July 30, 2013

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Education Outreach Summer 2013

Make a Difference! Prevent Underage Drinking in Cincinnati

Data from the Substance Abuse and Mental Health Services Administration (SAMHSA) states that an estimated 10 million people younger than the age of 21 drank alcohol in the past month (*Results from the 2010 National Survey on Drug Use and Health: Summary of National Finding, 2011*). Locally, the People of Color Wellness Alliance (POCWA) Coalition Student Survey findings support the SAMHSA data revealing that many young people in Cincinnati start drinking before the age of 15. During National Prevention Week 2013 DPIC Education & Outreach launched a campaign to address underage drinking. The DPIC team utilized various forms of communications media including the internet, printed materials, and direct presentations to promote the prevention of underage drinking.

The following details “Make a Difference” Campaign activities:

- Local TV stations WLWT, WKRC, WCPO, & WXIX made announcements regarding underage drinking during newscasts and posted announcements on their websites.
- Article addressing the issue of underage drinking in the African American community was published in The Cincinnati Herald Newspaper.
- DPIC Education & Outreach Staff provided training to Cincinnati Reds Employees- provided resources for prevention of underage drinking and the effects of underage drinking on families and community.
- DPIC Education & Outreach Staff conducted classroom interventions concerning myths and facts about alcohol use.
- DPIC Education & Outreach team provided training for school staff regarding how underage drinking affects learning.
- The NOMAD Mobile Education Van was used to disseminate information concerning alcohol myths and facts about alcohol use.
- People of Color Wellness Alliance (POCWA) included announcements and facts about underage drinking on its website.

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