



## SALVIA DIVINORUM

Sheila Goertemoeller RPh, CSPI, OCPS II

*Salvia divinorum* is a hallucinogenic plant classified as a member of the mint family. It is a perennial herb with large green leaves and square stems that can grow to a height of over 1 meter. The herb produces white flowers with purple calyces from May to September.

*S. divinorum* was traditionally used in divinations and curing by the Mazatec Indians in the northeastern corner of the Mexican State of Oaxaca. The plant is native to Mexico, but was introduced to the United States around 1962. Currently many salvia users grow their own supply, but it can be easily purchased at head shops or over the Internet.

The leaves may be smoked, chewed or held in the mouth allowing the active ingredients to be absorbed through the buccal mucosa. Extracts of various concentrations are also available. The active component of *S. divinorum* has been identified as Salvinorin A. Research shows that Salvinorin A is a selective agonist at kappa opioid receptors. The hallucinatory effect, described as vividly visual is rapid in onset, but brief, with a duration of 30 minutes to 2 hours. Side effects severe enough to necessitate hospitalization are unusual, but significant dose dependent agitation could occur, more commonly with use of the extracts.

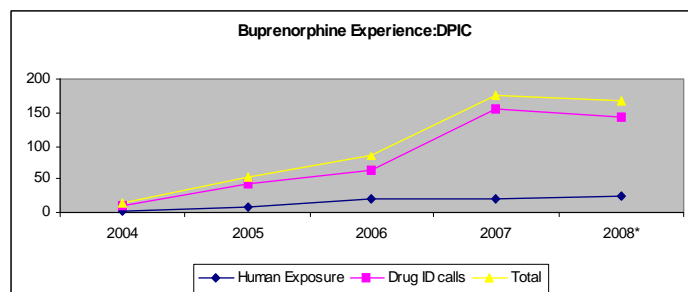
Qualitative urine drug screens are unable to detect salvia. This contributes to its marketing and promotion as an undetectable legal hallucinogen.

## SUBOXONE®

### REVIEW AND DPIC EXPERIENCE

JAN SCAGLIONE, MT, PHARM D, DABAT

Suboxone® is a combination of buprenorphine and naloxone. It is indicated to treat opioid dependence. Tablets are available in 2 strengths, 2 and 8mg (buprenorphine), administered as a sublingual tablet. One advantage over methadone for opioid treatment is that it can be taken on an outpatient basis. Physicians may now be able to treat up to 100 individuals in their offices for opioid dependence. Physicians must complete special training prior to treating these patients in their office. The buprenorphine component of Suboxone® is used to treat opioid dependence, while the naloxone was added to help prevent abuse should someone try to crush and inject the tablet.



# SEROQUEL MISUSE

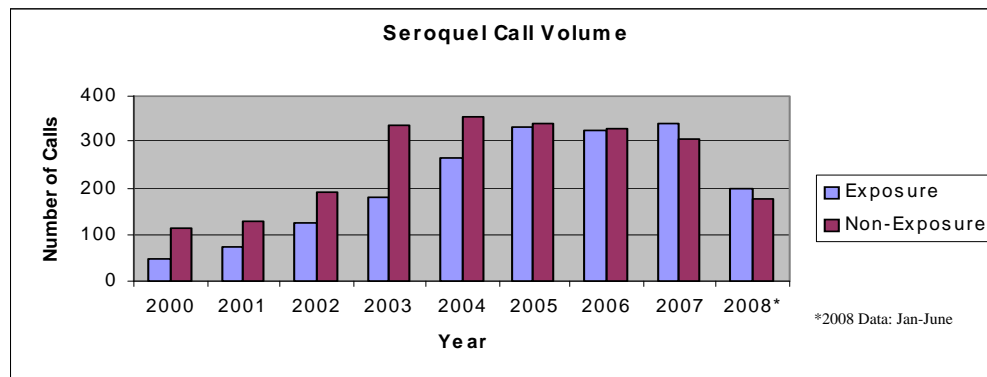
Alysha Behrman RNII, BSN, CSPI, OCPSII, CARN

Many are familiar with Seroquel® (quetiapine) as an atypical antipsychotic agent. What some may not be familiar with is its misuse. The Cincinnati Drug and Poison Information Center has seen an increased number of drug identification requests for Seroquel®, an increased number of overdoses involving Seroquel® and admission by illicit substance users regarding the misuse of Seroquel®.

The number of drug identifications of Seroquel® and the generic version quetiapine has increased over the past several years which may be consistent with more diversion of drug. Callers are often familiar with Seroquel® and its potential adverse effects including the most common effect of drowsiness. Many callers say they have been prescribed this medication.

The number of overdoses and emergency room visits related to the ingestion of Seroquel® has also risen in the last few years. In some overdoses, other drugs are also involved creating a mixed picture of symptoms. Patients who have ingested large quantities of Seroquel® are often symptomatic quickly following the ingestion. Patients may experience drowsiness, tachycardia, ECG changes, hypokalemia as well as other symptoms. Symptoms may not improve for 24 hours or more in some cases. Overdoses may be related to suicidal intent or misuse situations.

Illicit substance users in our area have reported misuse of Seroquel®. Approximately two years ago, users reported a street value of 50 cents to \$1 per tablet for any strength of a Seroquel® tablet. In the last year, users did not report an actual street value for the drug; they instead reported Seroquel® is 'given away' on the streets. Many users report being prescribed Seroquel® by their physicians. Users have reported using Seroquel® for its sedating effect to offset the stimulant effect of drugs such as methamphetamine, or cocaine / crack cocaine. Healthcare Professionals should be aware of a trend that has been identified with Seroquel® misuse.



## NEW: AUTOMATION OF DPIC HOTLINE

If you have had the opportunity to call into the DPIC recently you may have noticed that DPIC is now using an automated phone system to triage the calls coming in. The system was put into place due to the high volume of drug identification calls coming into the center. In order to better handle drug poisoning calls and calls from health-care professionals or law enforcement personnel, it was necessary to implement this new system.

The decision to move in this direction was a difficult one as the DPIC has always enjoyed the direct and immediate contact with the public, health-care, and law enforcement community. We hope the transition to the new system is not disruptive to the consumers of our hotline services.

Please let us what you think of the new system. As we experience these “growing” pains, we appreciate the continued support of the community we serve.

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