



## LabINFO NEWSLETTER

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This newsletter is provided by the Lorain County Crime/Drug Lab discussing technical and general information dedicated to local agencies within Lorain County. The information has been collected from various sources and journals.

### OTHER DRUGS OF ABUSE

Source: [www.drugabuse.gov](http://www.drugabuse.gov)

**LSD** (Acid) comes in pills or on small pieces of paper that have been soaked in liquid LSD. It makes you see, hear, and feel things that aren't there. You might see bright colors, pretty pictures, or things that scare you. You can also develop faster a heart rate, sleep problems, panic, sweating, and paranoia.

**PCP** (Angel Dust) is a pill or powder that can be eaten, smoked, or snorted up the nose. It makes people feel far away from the world around them. PCP often makes people feel angry and violent, not happy and dreamy.

**Inhalants** are dangerous chemicals that make you feel high when you breathe them into your lungs (also called huffing or sniffing). These chemicals are found in household cleaners, spray cans, glue, and even permanent markers. Inhalants can make you pass out, stop your heart and your breathing, and kill you.

### Club Drugs

Some drugs are called "club drugs" because they are sometimes passed around at nightclubs and parties.

**GHB** is a liquid or powder that can make you pass out. It's called a "date rape" drug because someone can secretly put it in your drink. This means that you can't fight back or defend yourself against someone who wants to have sex with you without permission.

**Rohypnol®** (Roofies) is a date rape pill and can also be put in a drink. **Ketamine** (K, Special K) makes you feel far away from what's going on around you and can feel scary and unpleasant. It is usually taken by mouth, snorted up the nose, or injected with a needle.



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### OPIOIDS ARE DRIVING INCREASE IN COCAINE OVERDOSE DEATHS

[Source: [www.drugabuse.gov](http://www.drugabuse.gov)]

An examination of national trend data shows that heroin and synthetic opioids are driving a recent increase in cocaine-related overdose deaths. The assessment was conducted by scientists at the National Institute on Drug Abuse (NIDA), the National Center for Injury Prevention and Control (CDC), and the U.S. Department of Health and Human Services.

The report showed that cocaine-related overdose deaths increased between 2000 and 2006, and declined between 2006 and 2010 (consistent with a reduction in supply and an increase in street prices). However, cocaine-related overdose deaths increased after 2010, despite decreased cocaine use. The scientists found that this latest increase was related to cocaine-related overdose deaths involving opioids, primarily heroin or synthetic opioids. This also corresponds to the growing supply and use of heroin and illicitly manufactured fentanyl in the United States. Data on drug overdose deaths were collected from the CDC's [National Vital Statistics System](#).

### RATE OF FATAL OVERDOSES

Source: [Center for Disease Control & Prevention](#)

The rate of fatal drug overdoses in the U.S. more than doubled since 1999, outpacing suicide and car accidents in 2015 as a cause of death, according to a new report by the [Centers for Disease Control and Prevention](#).

CDC researchers examined data from the National Vital Statistics System to see the effects of drug trends across the nation from 1999 to 2015.

Rates of fatal drug overdoses have dramatically increased since 1999, rising from 6.1 deaths per 100,000 people to 16.3 deaths per 100,000 in 2015, according to the CDC report.



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That number is higher than the rate of death for suicides in the U.S., 13.4 deaths per 100,000, or the rate of death from car accidents, 11.1 deaths per 100,000 residents.

The overall number of deaths due to opioid overdoses quadrupled during the same time period, according to figures previously published by the CDC. Opioids killed more than 33,000 people in 2015, more than any year on record, according to the CDC, which estimates that 91 Americans die every day from an opioid overdose.

Some 500,000 Americans died from 2000 to 2015 as a result of the opioid epidemic, the CDC says.

### **OPIOIDS ARE DRIVING INCREASE IN COCAINE OVERDOSE DEATHS**

*Source: NIH- National Institute on Drug Abuse (NIDA)- Science Spotlight, February, 2017*

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These findings underscore the importance of public health strategies, such as broader access to naloxone to reverse opioid overdoses, including providing naloxone to people using cocaine, and expansion of medication-assisted treatment for opioid use disorders.

For a copy of the paper — “Recent Increases in Cocaine-Related Overdose Deaths and the Role of Opioids”— published in the *American Journal of Public Health*, go to: <http://ajph.aphapublications.org/doi/full/10.2105/AJPH.2016.303627>.

**AN IDENTIFICATION OF CONTROLLED SUBSTANCE IS MADE WHEN AUTHENTICATED REFERENCE MATERIAL IS AVAILABLE FOR COMPARISON.**

**WHEN REFERENCE MATERIAL IS NOT AVAILABLE, THE DRUG EVIDENCE IS IDENTIFIED AS “SUBSTANCE UNCONFIRMED.”**

**FACTS: Center for Disease Control & Prevention/Drug Enforcement Administration**

Fentanyl, a synthetic and short-acting opioid analgesic (painkiller), is 50 – 100 times more potent than Morphine. It is approved for managing acute or chronic pain associated with advanced cancer.

2015 rates of Fentanyl encounters per 100,000 state residents identified states with higher levels of Fentanyl supply per resident. Extremely high rates (>20) were found for Ohio, New Hampshire, and Massachusetts.

Fentanyl encounters do not distinguish between prescription fentanyl and illicitly-made Fentanyl, but illicitly-made Fentanyl has been reported as the primary driver for increases in both Fentanyl encounters and fatal fentanyl-involved overdoses.



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Increasingly new compounds are synthetic opioids designed to mimic Fentanyl. Laws cannot keep pace with the speed of scientific innovation. As soon as one substance is banned, chemists synthesize slightly different and technically legal molecules and sell that substance online, delivery to USA doorsteps guaranteed!

#### Fentanyl-typed Opioids on the watch list:

- 4-Fluoroisobutyrylfentanyl (4-FiBF)
- 4-Fluorobutyrfentanyl (4-FBF/p-FBF)
- Acryl Fentanyl
- Acetyl Fentanyl

**Before designer drugs are identified, another Americans would be dead of these Opioid overdoses!**

### URINE VALIDITY TESTS (UVT)

Urine validity tests (e.g., Specific Gravity, Creatinine) refers to testing conducted by the laboratory to identify any attempt to tamper/adulterate/dilute/substitute a specimen. It is performed (prior to drugs of abuse testing) to validate the integrity of urine samples through physiological means.

Specific Gravity measures the density or dissolved substances of a urine specimen relative to that of pure water. The Specific Gravity of pure water is 1.000. Specific Gravity of less than or equal to 1.001 is by itself considered diluted.

Creatinine is a metabolic by-product spontaneously formed primarily from the breakdown of protein (creatine) within the body and eliminated in the urine. Creatinine concentrations in normal human urine should be greater than 20 mg/

dl. Urinary Creatinine concentrations of less than 20 mg/dl are considered dilute, whereas concentrations of less than 5 mg/dl are inconsistent with human urine.

A person who consumes large quantities of fluid (i.e., water, tea, coffee, etc.) one to three hours prior to collection of urine sample will produce urine that is naturally dilute.

The urine specimen temperature and Specific Gravity should be recorded within four (4) minutes of collection; the temperature should be 90 deg F to 100 deg F. Temperatures outside this range can indicate that a substituted urine sample was used.

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The length of time a drug remains detectable in urine depends on the specific drug, the amount taken and frequency of use, as well as the individual's drug absorption rate, metabolism rate, distribution in the body, excretion rate and other considerable factors. Drugs, in order to be detected in the urine must be absorbed, circulated in the blood and deposited in the bladder. Reason for urine drug test will depend upon its utilization of results: prosecution, probable cause, sanction/probation, supervision, drug court, rehabilitation/treatment, pre-employment testing, etc.

## CLASSES OF DRUGS

### **ETHANOL [Depressant]**

### **AMPHETAMINES [Stimulant]**

#### Examples:

Adderall, Adipex-P, Dexapex, Dexedrine, Desoxyn Dextroamphetamine Sulfate, Ephedra/Ephedrine/Ma Huang, Phentermine )Phen-Fen)

### **BARBITURATES [Sedative]**

#### Examples:

Short-Acting: Amobarbital (Tuinal), Aprobarbital (Alurate), Butalbital (Butisol/Fiorinal), Pentobarbital (Nembutal), Secobarbital (Seconal), Talbutal (Lotusate),

Long-Acting: Phenobarbital (Luminal)

## **BENZODIAZEPINES [Anti-Anxiety/Sedative]**

### Examples:

Ativan (Lorazepam), Dalmane (Flurazepam), Librium (Chlordiazepoxide), Valium (Diazepam), Rohypnol (Flunitrazepam), Xanax (Alprazolam), Clonazepam, Tranxene (lorazepam), Paxipam (Halazepam), Nitrazepam, Serax (Oxazepam), Restoril (Temazepam)

## **CANNABINOIDS [Depressant/Hallucinogen]**

Marijuana, Hashish, Cannabis Dronabinol- Marinol

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## **COCAINE Metabolite [Stimulant]**

Benzoylcegonine, Ecgonine

## **OPIATES [Narcotics]**

### Examples:

Anexia, Avinza, Codeine, Subutex, Fiorinal w/ Codeine, Heroin, Hydrocodone, Hydromorphone (Dilaudid), Kadian, Lortab, Morphine, MS Contin, Oxycodone (Percodan), Percocet, Oxycontin, Oxymorphone (Numorphan), Phenergan, Propoxyphene (Darvon, Darvocet), Stadol, Talweil, Thebaine, Tussigenic, Tylenol #3 w/ Codeine, Vicodin

## **PHENCYCLIDINE (PCP) [Depressant/Hallucinogen]**

### Example:

Dextromethorphan (DXM, DM)

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The information gathered for this newsletter is not necessarily the opinion of the County Crime/Drug Lab staff. The LabINFO Newsletter is solely available for informational purposes only.