






LOCAL DRUG SAMPLE TESTING UPDATE

Legend: (O) Opioids (B) Benzos
 (S) Stimulants (M) Starting Materials/
 (A) Other Byproducts
 Active Cut

testRI is a two-year study to find out what is in the drug supply in Rhode Island and how changes to the supply are impacting people who use drugs in our community. We are testing used equipment, like pipes and syringes, that are collected from the community or donated by individuals or local organizations. Samples are tested using advanced confirmatory toxicology testing (LC-QTOF-MS).

Data below are from three Providence samples tested in May 2022.

*Data here only represent a sample of the local drug supply in Rhode Island. Because of that, the samples we have collected and tested may not represent the broader drug supply in the state. Samples are also not being tested in relation to overdose so outcomes from use, like overdose, are unknown.

Sample date & origin	Sold as (name or appearance):	What we found:
May 2022 Providence	 Fentanyl (baggie)	Fentanyl (O) Acetylfentanyl (O) Acrylfentanyl (O) Para-fluorofentanyl (O) Xylazine (A) Tramadol (O) Methadone (O) Phenacetin (A) Ketamine (A) Acetaminophen (A) Lidocaine (A) Nicotine (A) Caffeine (A)
May 2022 Providence	 Fentanyl (syringe)	Fentanyl (O) Para-fluorofentanyl (O) Acrylfentanyl (O) Acetylfentanyl (O) Methoxyacetylfentanyl (O) Morphine (O) Tramadol (O) Xylazine (A) Ketamine (A) Methamphetamine (S) Benzoylcegonine (M) Cocaine (S) Caffeine (A)
May 2022 Providence	 Fentanyl (cooker)	Fentanyl (O) Para-fluoroafentanyl (O) Acetylfentanyl (O) Xylazine (A) Tramadol (O) Methamphetamine (S) Cocaine (S) Ketamine (A)

Starting material and/or byproducts in fentanyl(s) production: (despropionyl-parafluorofentanyl, despropionyl meta-methyl fentanyl, 4-ANPP, NPP, norfentanyl)

Acetaminophen (A)
 Lidocaine (A)
 Nicotine (A)

Starting material and/or byproducts in fentanyl(s) production: (desporpionyl para-fluorofentanyl, phenethyl-ANPP, 4-ANPP, NPP, n-methyl-norfentanyl, norfentanyl) (M)

Acetaminophen (A)
 Lidocaine (A)
 Nicotine (A)
 Caffeine (A)

See more details on starting material on other side:

For more results and information visit:
<https://preventoverdoseri.org/local-drug-supply/>

Why does this matter?

Starting material and/ or byproducts in fentanyl(s) synthesis for last sample:
Despropionyl-parafluorofentanyl , Despropionyl meta-methyl fentanyl,
4-ANPP, Phenethyl-4-ANPP, NPP, Norfentanyl (M)

These samples contained multiple active cuts (e.g., xylazine, quinine). Sometimes active cuts can cause adverse health effects especially in larger quantities or with chronic exposure.

Xylazine is a veterinary sedative. It is a long-acting and sedating substance, but not an opioid. Especially if combined with other sedating medications, xylazine can cause unresponsiveness, low blood pressure, a slowed heart rate, and decreased breathing.

Naloxone (Narcan) will work for fentanyl and fentanyl analogs (e.g., para-fluorofentanyl). However, naloxone has not been documented to reverse xylazine effects.

Overdose risk due to fentanyl analogs is high due to lack of familiarity, inconsistent dose, and mixing into drugs which often already contain fentanyl.

What we found:

Benzylecgonine is an inactive breakdown product of cocaine.

Cocaine is a stimulant that can cause elevated blood pressure and fast heart rate. In overdose it can cause heart problems, seizure, stroke, and muscle and/or kidney injury.

Fentanyl is a highly potent opioid with high risk for overdose. In overdose it can cause problems with breathing and unresponsiveness.

Fentanyl analogs are drugs that are similar in chemical structure to fentanyl. Estimates of the potency of fentanyl analogs vary, but there is uncertainty because potency of illicitly manufactured fentanyl analogs is based on limited data and often has not been evaluated in humans.

Deaths have been reported with exposure to the following analogs: **acetyfentanyl, acrylfentanyl, para-fluorofentanyl, methoxyacetylfentanyl.**

Ketamine is an anesthetic that is similar to PCP. Ketamine is often used for its hallucinogenic effects. Ketamine can cause hallucinations, confusion, abnormal behavior, nausea or vomiting, and hypertension. Depending on the dose, it can also cause breathing changes, sedation, abnormal heart rate, seizures or abnormal heart rhythm. Chronic use has been associated with bladder and urinary tract problems.

Methadone is an opioid used to treat opioid use disorder and pain. In overdose it can cause problems with breathing and unresponsiveness. It can also cause abnormal heart rhythms at high doses, but this is rare.

Methamphetamine is a stimulant. Risks include heart problems (e.g., abnormal heart rhythm or rate, heart attack, heart failure), high blood pressure, hallucinations, psychosis, and kidney and/or muscle injury. Morphine is an opioid. In overdose it can cause breathing problems and sedation or unresponsiveness.

Phenacetin is a common cutting agent in drugs and is a pain reliever. With chronic exposure it can cause kidney and/or liver problems.

Fentanyl precursors/intermediates are used as starting materials or are by-products in fentanyl(s) production and can include: **despropionyl-parafluorofentanyl, despropionyl meta-methylfentanyl, 4-ANPP, NPP, norfentanyl, n-methyl-norfentanyl, phenethyl-ANPP.**

Tramadol is an opioid that is often prescribed for pain. Recently, it has been found as active cut in the drug supply. In addition to typical opioid effects, tramadol can sometimes cause seizures and/or hypoglycemia.

Xylazine is a veterinary sedative. Xylazine is a long-acting and sedating medication, but it is not an opioid. Especially if combined with other sedating medications it can cause unresponsiveness, low blood pressure, a slowed heart rate, and decreased breathing. Xylazine use has been associated with skin ulcers and infection. Chronic use can also lead to dependence and a withdrawal syndrome that can cause irritability, anxiety, and dysphoria.

How to reduce risk

Because the drug supply is always changing, it can be hard to know what you are buying. Testing your drugs first with fentanyl test strips can be a good first step.

Having naloxone (Narcan) with you is always important so you can respond to an overdose. It is also important to try not to use alone so someone can help you if you experience an overdose.

Start slow and go slow. Using a little bit of your drug at a time can be helpful to test the strength and keep track of your doses.

Try to avoid mixing depressants or downers, like benzos, opioids, and alcohol when you use. Mixing these can increase your risk of an overdose.

