



LOCAL DRUG SAMPLE TESTING UPDATE

(O) Opioids Legend: (S) Stimula (A) Other Active Cut

(O) Opioids (B) Benzos (S) Stimulants (C) Cannabinoids (A) Other

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 two samples collected in September.

*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: * indicated substances that make up most of a sample
September 2022 Providence	Percocet (blue 30 pill)	Fentanyl* (O) Para-fluorofentanyl (O) Beta-hydroxyfentanyl (O) Xylazine (A) Caffeine (A) Tramadol (O) Phenacetin (A) Acetylfentanyl (O) Cocaine (S)
September 2022 Providence	Percocet (baggie)	Fentanyl* (O) Xylazine (A) Cocaine (S)

Why does this matter?

In September 2022 we tested multiple samples reported to be sold as Percocet that had fentanyl as the primary substance. This is similar to national trends of pressed pills sold as "Percocet" and "M30" containing fentanyl.

Pressed pills, or pills that are not from your own prescription and pharmacy, may contain unknown substances that could increase overdose risk. Using fentanyl test strips, going slow, and having naloxone is important to reduce overdose risk (see reverse side for more harm reduction tips).

The drug supply is volatile and continuously changing. The mixing of drugs with or without the knowledge of people who are using drugs creates higher risk for overdose.

Naloxone will work to treat fentanyl, fentanyl analog, and other opioid overdose.

See back page for more info about each substance. For more info visit: testri.org

What we found:

Caffeine is often added to drugs as an active cut for stimulant effects.

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 have a similar chemical structure to fentanyl. Potency estimates of illicitly manufactured fentanyl analogs are most often based on limited data as most have not been approved for use or studied in humans. Because of the toxicity of these drugs, lack of familiarity, inconsistent dose, and mixing into drugs which often already include fentanyl, overdose risk is high. Fentanyl analogs in overdose can cause problems breathing and unresponsiveness. Naloxone will work to reverse overdose from fentanyl and fentanyl analogs. Fentanyl analogs found in these samples:

Acetylfentanyl- Based on non-human data, acetylfentanyl is less potent than fentanyl. Over the last decade acetylfentanyl has been reported in the drug supply and in fatal overdoses.

Acrylfentanyl - Based on limited non-human data, its potency is reported similar to fentanyl. Acrylfentanyl has been reported in the drug supply over the last few years and since 2016, it has been involved in overdose deaths in Europe and the US. **Beta-hydroxyfentanyl** is an active fentanyl analog and also a metabolite of fentanyl. The data on clinical effects in humans is very limited. Potency is unknown.

Fentanyl methyl carbamate- Data on pharmacology, clinical effects, and health risks is very limited.

Para-fluorofentanyl (or 4-fluorofentanyl)- Based on limited non-human data, its potency is lower than fentanyl.

Para-fluorofentanyl has been reported with increasing frequently in the drug supply since 2020 and has resulted in overdose fatalities.

Levamisole is a medication used to treat worm infections. It is a frequent cut found in cocaine. It can cause problems with blood cells, blood vessels, and/or lead to rashes.

Lidocaine is a local anesthetic/numbing agent (e.g., used in dentist offices and for topical pain relief). Lidocaine is a common cut in drugs. At standard doses it is safe, but in very high doses can cause heart problems and/or seizures.

Tramadol is an opioid that is often prescribed for pain. Recently, it has been found as an active cut in the drug supply. In addition to typical opioid effects, tramadol can sometimes cause seizures and/or hypoglycemia. Phenacetin is a common cutting agent in drugs and is a pain reliever. With chronic exposure it can cause kidney and/or liver problems.

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 depressed mood.

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.

