



DRUG SUPPLY UPDATE ROGER WILLIAMS NATIONAL MEMORIAL

Legend:

- (O) Opioids
- (S) Stimulants
- (A) Other Active Cut
- (B) Benzodiazepines
- (C) Cannabinoids
- (H) Hallucinogen/Dissociative

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 December at Roger Williams National Memorial in Providence.

*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

December 2022
Providence
Roger Williams
National Memorial



**Bubble pipe
(white crystal)**

Methamphetamine* (S)
Amphetamine (S)
Cocaine (S)
N-ethylamphetamine (S)
4-ethylamphetamine (S)

December 2022
Providence
Roger Williams
National Memorial



Syringe

Fentanyl* (O) Cocaine (S)
Xylazine* (A) Acrylfentanyl (O)
Tramadol (O) Beta-hydroxyfentanyl (O)
Acetylfentanyl (O)
Methamphetamine (S)
Ketamine (H)
Caffeine (A)
Para-fluorofentanyl (O)

Why does this matter?

In December 2022 we tested multiple samples of discarded drug equipment from Roger Williams National Memorial in Providence.

The syringe tested contained mostly fentanyl and xylazine, and the pipe contained a range of stimulants.

Naloxone will reverse the effects of fentanyl, fentanyl analogs and other opioids, but has not been documented to reverse xylazine effects. In all of our testing thus far, xylazine has been present with fentanyl. Given naloxone if you suspect an overdose.

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.

See back page for more info about each substance.

For more info visit: testri.org

What we found:

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.

Beta-hydroxyfentanyl is an active fentanyl analog and metabolite of fentanyl. The data on clinical effects in humans is very limited. Potency is unknown.

Para-fluorofentanyl (or 4-fluorofentanyl) - Based on limited non-human data, its potency is lower than fentanyl. Para-fluorofentanyl has been reported with increasing frequency in the drug supply since 2020 and has resulted in overdose fatalities.

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.

Methamphetamine and amphetamine are stimulants. 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.

N-ethylamphetamine and 4-ethylamphetamine are designer drugs with similar structure to amphetamine and have amphetamine-like effects and risk.

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.

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.

