# JPPATE UPA





## LOCAL DRUG SAMPLE TESTING UPDATE

Legend:

(O) Opioids (S) Stimulants

(C) Cannabinoids

(A) Other Active Cut (H) Hallucinogen/ Dissociative

(B) Benzodiazepines

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 samples collected in February from three different towns in Rhode Island.

\*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

February 2023
Providence



Xanax (pill fragment white with "X") Clonazolam\* (B)

February 2023 Woonsocket



Cocaine (baggie white powder)

Cocaine\* (S)
Caffeine (A)
Levamisole (A)

February 2023 Warwick



Cocaine (baggie white powder)

Cocaine\* (S) Phenacetin (A) Levamisole (A)

### Why does this matter?

In February 2023 we tested a white pill sold as "Xanax" that contained only the designer benzodiazepine, clonazolam. This sample did not contain any alprazolam, the active ingredient found in prescribed Xanax.

New non-pharmaceutical benzodiazepines ('designer benzos') have been found in pressed pills in the US, Canada, and Europe. Designer benzos have not been well-studied, but can be more potent and unpredictable than pharmaceutical benzodiazepines.

See back page for more info about each substance.

For more info visit: testri.org.

### Why does this matter?

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.

#### What we found:

**Clonazolam** is a designer benzodiazepine. It has never been approved for medical use and human safety data is limited. It is reported as one of the most potent of the designer benzodiazepines. Clonazolam hasbeen detected in pressed pills sold as pharmaceutical benzodiazepines in the US, Canada, and Europe.

**Designer benzodiazepines** are a class of non-pharmaceutical drugs that are structurally similar to pharmaceutical benzodiazepines. Knowledge of safety and effects in humans is limited. Novel benzodiazepines are expected to produce similar effects to benzodiazepines but may be more potent and/or have unpredictable effects.

**Benzodiazepines** can cause sedation, memory loss, or loss of inhibition (doing risky things without being fully aware). Overdose can lead to deep sedation, loss of consciousness, and decreased or stopped breathing. Overdose risk is higher if benzodiazepines are combined with other sedating substances such as alcohol or opioids. Regular use of benzodiazepines can lead to dependence and withdrawal symptoms if use is stopped.

**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.

**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.

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

#### 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.

