RIDR DASHBOARD SUMMARY– NOVEMBER 2018 V3 **Report unexpected or severe adverse reactions to illicit drugs to: report-illicit-drug-reaction.phe.gov.uk**

DRUG	KEY CLINICAL MESSAGES	INTELLIGENCE	SOURCES
SYNTHETIC CANNABINOID RECEPTOR AGONISTS (SCRAs)			
Synthetic Cannabinoid Receptor Agonists (SCRAs)	**SCRA use is being widely reported, particularly in some populations (i.e. homeless and people in prison). SCRAs are the most commonly reported category of substance to RIDR.** **SCRAs are a diverse group of chemicals sold in a wide range of strengths. The common feature is agonism at the CB1 receptor, although SCRAs may also work at other receptors. Formulations are frequently changing, meaning that harms are difficult to predict.** **Current evidence suggests that the harms from SCRAs are often very different to those seen with herbal cannabis. SCRA harms can be severe and can be physical (tachycardia, collapse, delirium, seizure) and psychiatric (psychosis, anxiety, mood disorder).**	Two newer formulations—5F-ADB and AMB-FUBINACA—have been increasingly prevalent in the last two years. The West Midlands issued an alert following reports of a number of deaths linked to the same batch of 5F-ADB in Birmingham area in March 2018.[1] In August 2018, Manchester issued an alert following an increase in reports of bad reactions to SCRAs and a suspected SCRA-related death.[2] Many users know SCRAs as "Spice." This was previously a brand name but is now a generic term for synthetic cannabinoids. Other former brand names may be used in some areas and settings, such as "Mamba" in the Midlands and in many prisons.	[1] Reports to PHE's Drug Alerts, March 2018 [2] Report to PHE by Manchester local Drug Information System 'Spice Warning,' August 2018.
SEDATIVES/DISSOCIATIVES			
Ketamine	**Ketamine use appears to be increasing. All people reporting ketamine use should be asked about urological symptoms of 'ketamine bladder,' including polyuria, dysuria and haematuria.**	Ketamine-related police seizures and presentations to treatment increased in 2017-18.[3]	[3] PHE Adult substance misuse statistics from National Drug Treatment Monitoring System (NDTMS) 2017-18 and Home Office police seizure data 2017-18.
Fentanyl	**Fentanyl overdose, like heroin and other opioids, can be treated with naloxone.[4] Due to fentanyl's powerful agonism at the opioid receptor, multiple doses or infusion may be required.** **Fentanyl can either be diverted from medical sources or illicitly manufactured. Illicitly manufactured fentanyl is normally sold as heroin without users knowing what it is. First responders may assume fentanyl overdoses to be heroin overdoses.** **Some fentanyl analogues (such as carfentanyl) are more powerful than fentanyl itself, although these are relatively rare.** **Risk of fentanyl toxicity via dermal absorption is extremely low.[5]**	Fentanyls are involved in relatively few deaths compared with heroin. In England and Wales, there were 75 deaths registered in 2017 involving fentanyl itself but the number has been rising since 2015 and may be under-reported due to difficulties with detection.[6] There was a cluster of deaths involving fentanyl analogues (mainly carfentanyl) in early 2017.[7] Most of these deaths were traced to a single gang of dealers who have since been convicted. There have been no further similar incidents but the high number of deaths (thought to be around 80) demonstrates the need for vigilance. Adulteration of opioids and other drugs with fentanyl and its analogues is an established and common practice among suppliers in North American drug markets where these substances kill more drug users than, for example, heroin.	[4] For community-based (including primary care) advice on naloxone administration, see UK guidelines on clinical management of drug misuse; for secondary care, see TOXBASE. [5] UNODC manual (p. 15) reports risk of fentanyl toxicity via dermal absorption is extremely low; PHE guidance basic personal protection for fentanyl first responders. [6] ONS drug-related deaths 2017 [7] Alert issued through NHS Central Alerting System, 27 April, 2017.

Benzodiazepines **Aprazolam**	**Intelligence continues to suggest the increased use and availability of illicitly manufactured alprazolam or other benzodiazepines sold as 'Xanax'. Xanax is mainly taken by young people and often in conjunction with alcohol.**	Alprazolam was recorded as involved in 99 deaths in Scotland in 2017 and 24 in 2016[8]. Northern Ireland has confirmed reports of increased "Xanax" misuse and overdose among adults, particularly heroin users.[9] Police seizures of benzos in England and Wales in 17-18 showed an increase of 2% from the previous year.[10] Most of the "Xanax" sold on the illicit market appears to be illicitly manufactured rather than diverted pharmaceutical product. An analysis of seizures reveals that the majority of pills contain alprazolam but concentration varies widely and some tablets have been shown to be much stronger than dose indicated on the tablet/packaging. Investigations continue to determine increased prevalence of use and harms.	[8] Drug-related deaths reports for Scotland in 2016 and 2017 [9] Verbal reports to PHE's NPS Clinical Network. [10] Home Office and ONS seizures data 2017-18.
		STIMULANTS	
MDMA/ecstasy	**MDMA remains widely available on the illicit drug market and is widely used. Reported short-term effects can include psychiatric (anxiety, confusion and psychosis) and physical (liver, kidney and heart problems).** **Clinical management typically involves assessment and supportive care. There is no antidote for MDMA.** **Risk factors for overdose from MDMA are not fully understood.** **Other substances are sometimes sold as MDMA such as n-ethyl pentylone, a cathinone, causing nausea, vomiting, hypothermia, inability to sleep, agitation and, in some cases, temporary psychosis.**	Drug testing at festivals suggests that MDMA tablets are often of high strength containing 200mg+ of MDMA compared to the previously common 50-80mg strength.[11] Although field testing is not as accurate as laboratory testing, the appearance of n-ethyl pentylone has been reported in a number of samples (e.g. The Loop issued eight alerts about pills containing n-ethyl pentylone via Twitter in Summer 2018 and two in Summer 2017).[12]	[11] Evidence from reports by drug testing facilities at summer festivals in 2017 and 2018. [12] The Loop drug alerts
"Monkey Dust" (or MDPHP)	**There have been geographically localised reports of drug users consuming and experiencing harms from 'Monkey Dust' (Staffordshire).[13]** **As with most branded illicit drugs, the chemical content is likely to vary between batches. Most batches appear to contain stimulant drugs, such as MDPHP.** **Clinical management should follow existing stimulant protocols.**	MDPHP is a long-acting stimulant.[14]	[13] Reports to PHE's Drug Alerts [14] Laboratory analysis of seizures

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GENERAL CLINICAL ADVICE AND UPDATES

- The chemical makeup of Novel Psychoactive Substances (NPS) varies widely: treat acute presentations based on the symptoms at clinical presentation.
- National Poisons Information Service's (NPIS) TOXBASE has a symptom search function, which is useful if you know which drug was taken. Always ask about the use of other drugs and alcohol. Poly-substance use is common and may influence clinical presentation. If the actual substance taken is not known, consider treating according to broad psychoactive effect (e.g. sedatives/dissociatives; stimulants, hallucinogens, cannabinoids).
- The Drugs Wheel provides a summary of NPS and other drugs in different psychoactive categories.
- Project NEPTUNE provides guidance on the clinical management of acute and chronic harms of club drugs and NPS and free e-learning modules.
- Updated Drug misuse and dependence: UK guidelines on clinical management contain some information on the clinical management of those seeking treatment for NPS use.
- Drug treatment staff can use transferable skills in dealing with longer-term issues within broad drug categories (sedatives/dissociatives; stimulants, hallucinogens, cannabinoids). For more details, see PHE's NPS toolkit for substance misuse commissioners and NPS in Prisons – a toolkit for prison staff.
- Spice briefing commissioned by Manchester Health and Care Commissioning - provides info on chemical make-up, effects and treatment.
- PHE's evidence-based recommendations to protect first responders from exposure to fentanyl

RECENT PREVALENCE STATISTICS AND OTHER DATA SOURCES

- Crime Survey for England and Wales drug misuse 2017-18 findings
- NDTMS annual treatment statistics reports: Adults (NEW 2017/18); Young people; Prisons
- Smoking, drinking and drug use among young people – England 2016
- Deaths related to drug poisoning in England and Wales: 2017 registrations
- Drug-related Deaths in Scotland in 2017 National Records of Scotland
- European Drug Report 2018 (EMCDDA)