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MEDICAL SCHOOL

Synthetics, Club Drugs, and New Fads in Substance Misuse

Laura K. Grubb MD MPH
Pediatrician and Adolescent Medicine Specialist
laurakgrubbconsulting@yahoo.com

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Disclosures

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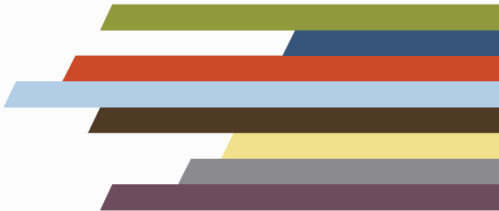

ATTC Explainer Video

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Learning Objectives

- **Identify the clinical signs, symptoms, and acute effects** of commonly misused substances among adolescents
- **Describe evidence-based strategies for intoxication and overdose management**, including stabilization, pharmacologic support, and overdose prevention
- **Differentiate emerging synthetic and "club" drugs** by pharmacology, street names, routes of administration, and potential complications
- **Practice** rapid assessment, diagnostic reasoning, and acute management of adolescents presenting with substance intoxication through **case-based scenarios**
- **Connect adolescents and families to resources and treatment**, while reducing substance-related stigma, strengthening provider confidence, and reinforcing the role of pediatric and adolescent clinicians in addressing substance use disorders

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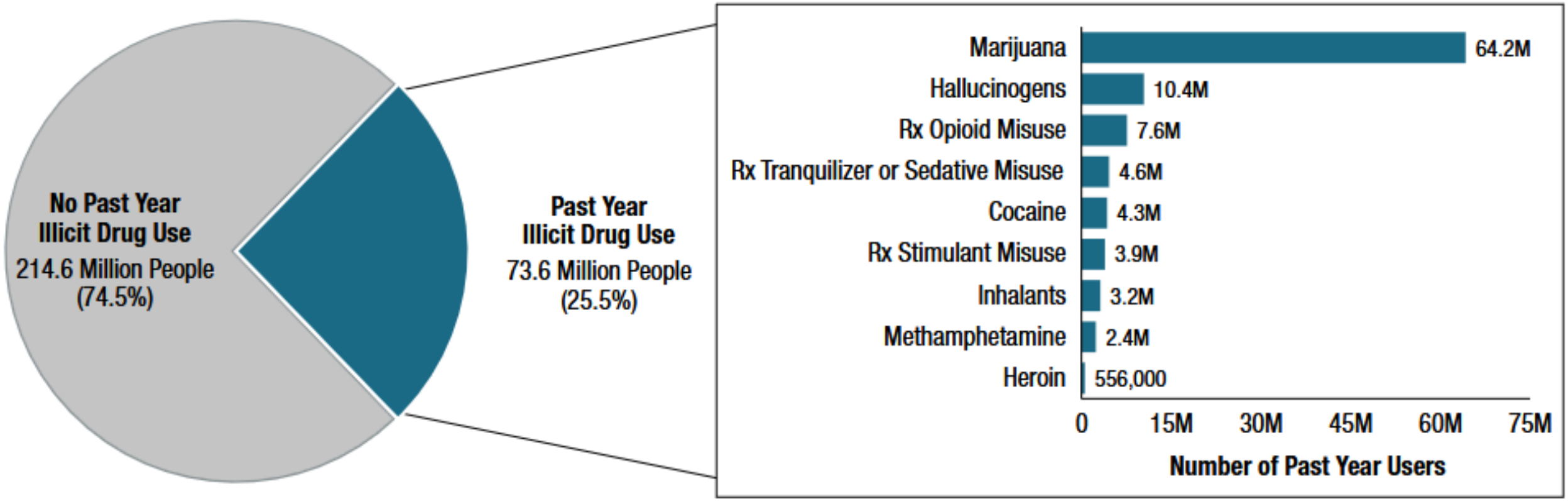
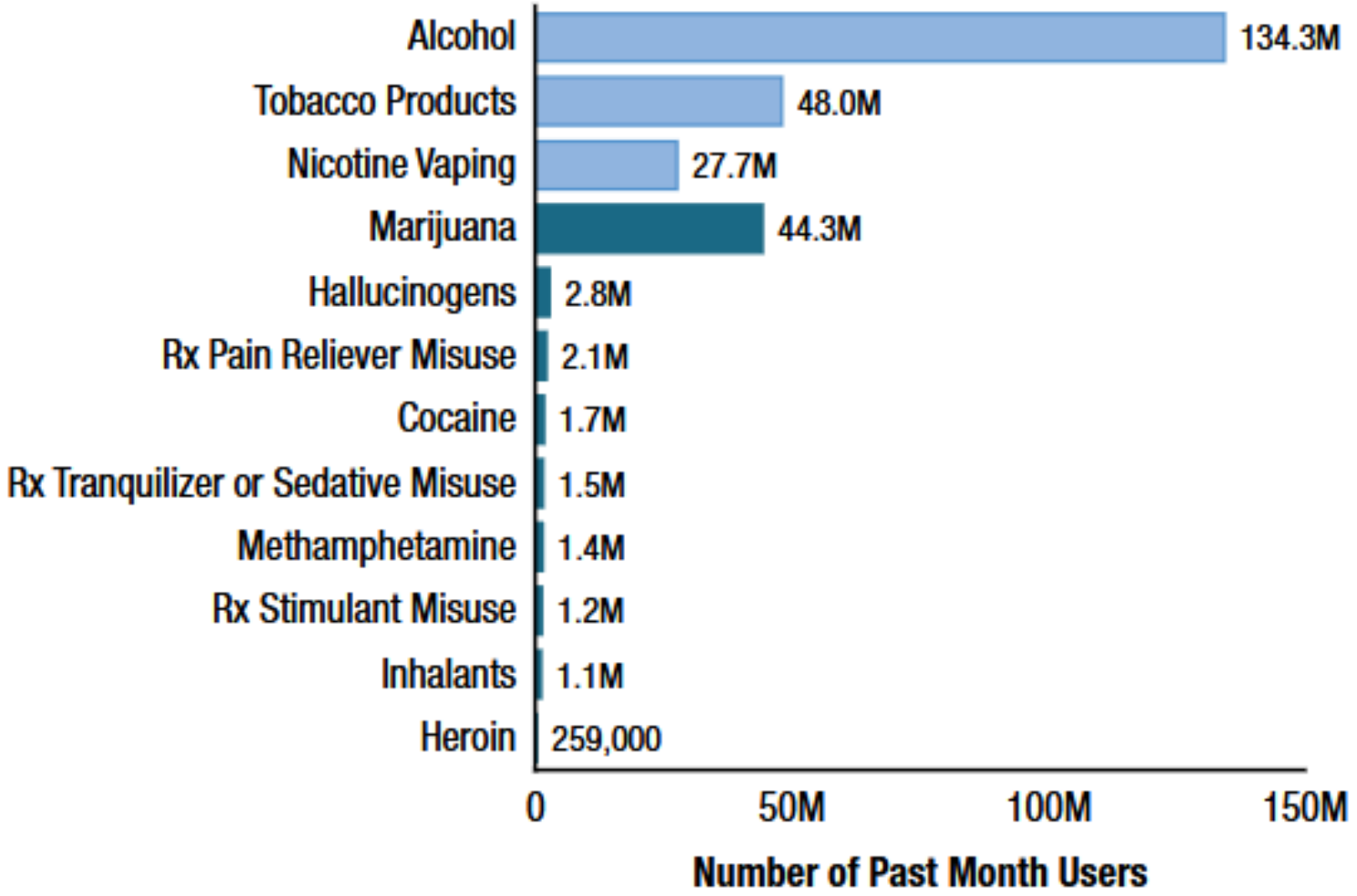
Figure 13. Past Year Illicit Drug Use: Among People Aged 12 or Older; 2024



Rx = prescription.

Note: The estimated numbers of past year users of different illicit drugs are not mutually exclusive because people could have used more than one type of illicit drug in the past year.

Figure 1. Past Month Substance Use: Among People Aged 12 or Older; 2024



Rx = prescription.

Note: The estimated numbers of current users of different substances are not mutually exclusive because people could have used more than one type of substance in the past month.

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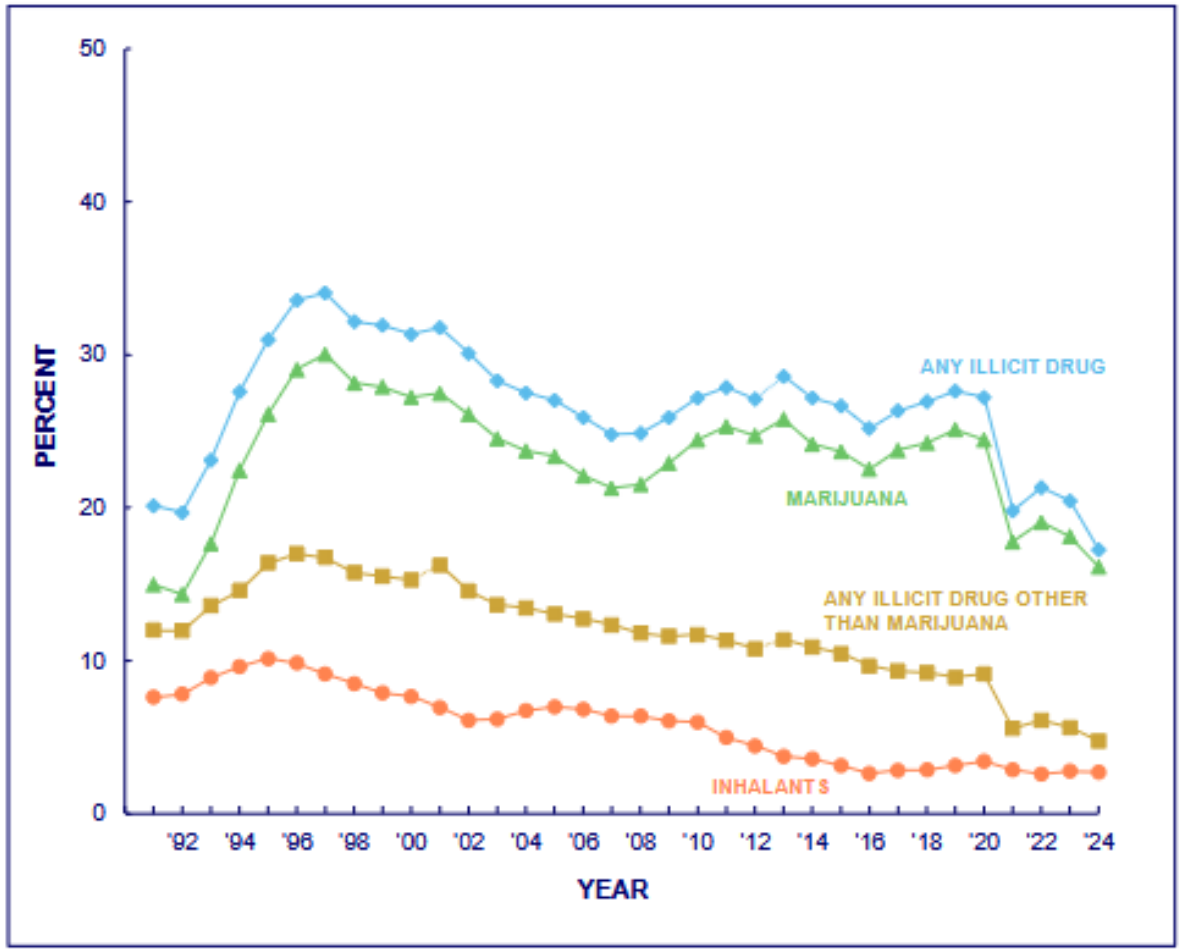
FIGURE C-1

ANY ILLICIT DRUG, MARIJUANA, AND INHALANTS

Trends in Annual Prevalence

for Grades 8, 10, and 12 Combined

MONITORING THE FUTURE



Notes. A dashed line indicates a change in the question text between the years it connects. In 2001, revised sets of questions on other hallucinogen and tranquilizer use were introduced. Data for any illicit drug other than marijuana are slightly affected by these changes. In 2013, a revised set of questions on amphetamine use were introduced. Data for any illicit drug and any illicit drug other than marijuana were affected by this change.

- LSD
- PCP
- Ecstasy/MDMA
- Psilocybin
- Ketamine
- Salvia divinorum
- Mescaline
- Peyote

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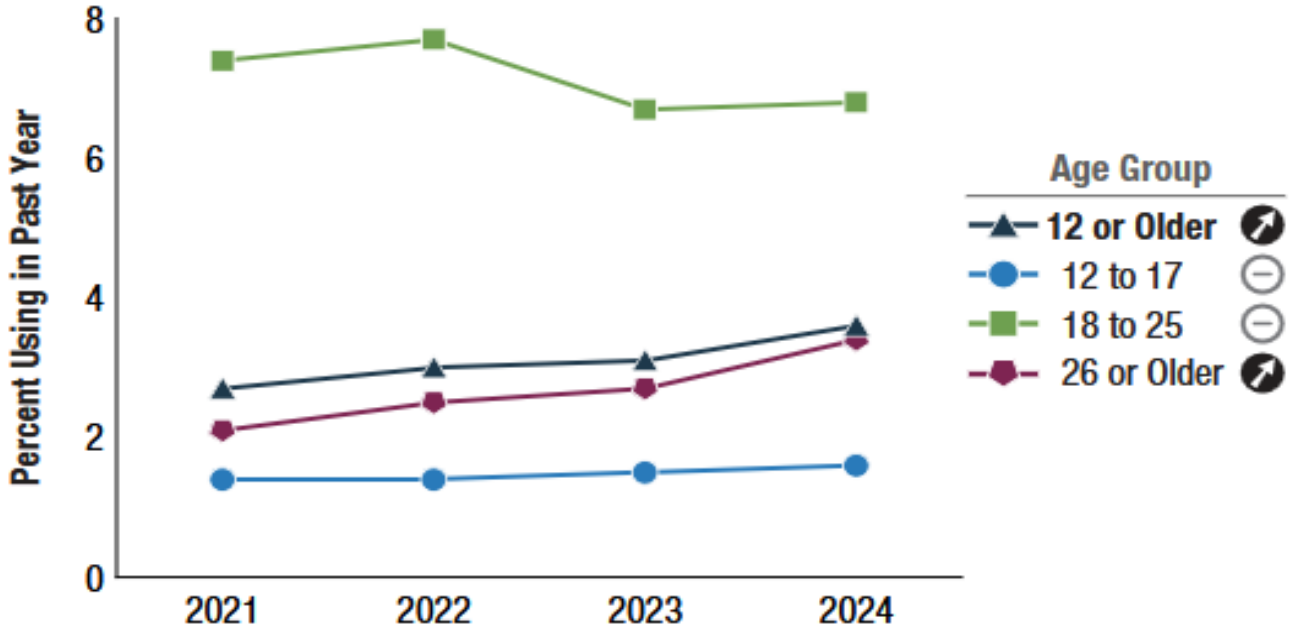
Figure 19. Past Year Hallucinogen Use: Among People Aged 12 or Older; 2021-2024



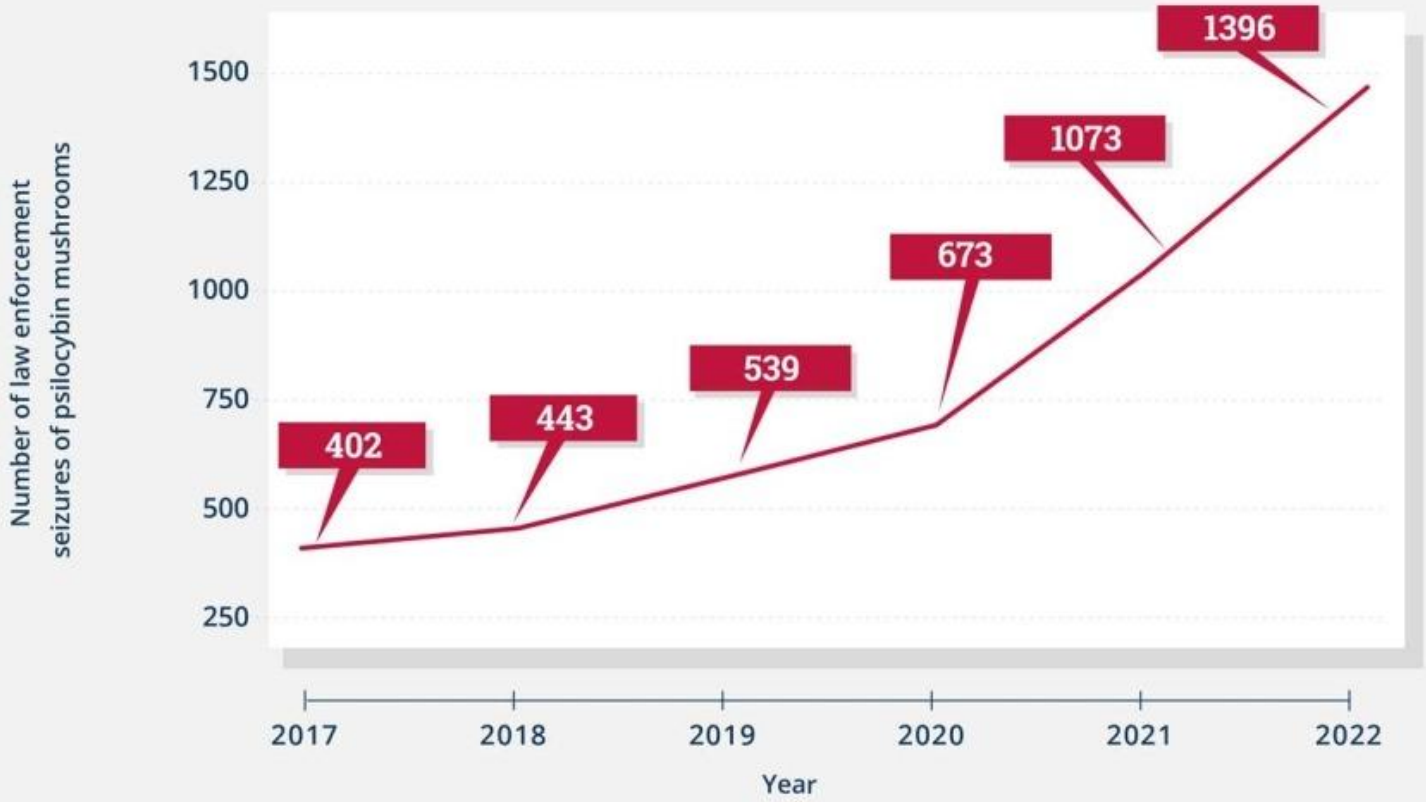
Note: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons.

Figure 19 Table. Past Year Hallucinogen Use: Among People Aged 12 or Older; Percentages, 2021-2024

Age Group	2021	2022	2023	2024	Trend
12 or Older	2.7	3.0	3.1	3.6	**Increased**
12 to 17	1.4	1.4	1.5	1.6	No Change
18 to 25	7.4	7.7	6.7	6.8	No Change
26 or Older	2.1	2.5	2.7	3.4	**Increased**

Note: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons.

Number of Law Enforcement Seizures of Psilocybin Mushrooms in the United States, 2017-2022



Estimates based on data reported by the Office of National Drug Control Policy's High Intensity Drug Trafficking Areas program

Reference: JJ Palamar, et al. *Drug and Alcohol Dependence*. DOI: 10.1016/j.drugalcdep.2024.111086 (2024)

NIH National Institute on Drug Abuse

nida.nih.gov

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So, when you are considering substance use…

- What's the most important question to answer in the acute setting?

A 16-year-old boy is brought to the ED by several friends after becoming confused and disoriented while "hanging out." At the ED, he is back to baseline.

Vitals:

T99	**RR20**
HR104	**BP128/75**

What did he take?

How do you medically manage him?

Inhalants

- Sniffing, huffing, and bagging
- Gluey, Huff, Rush, and Whippets

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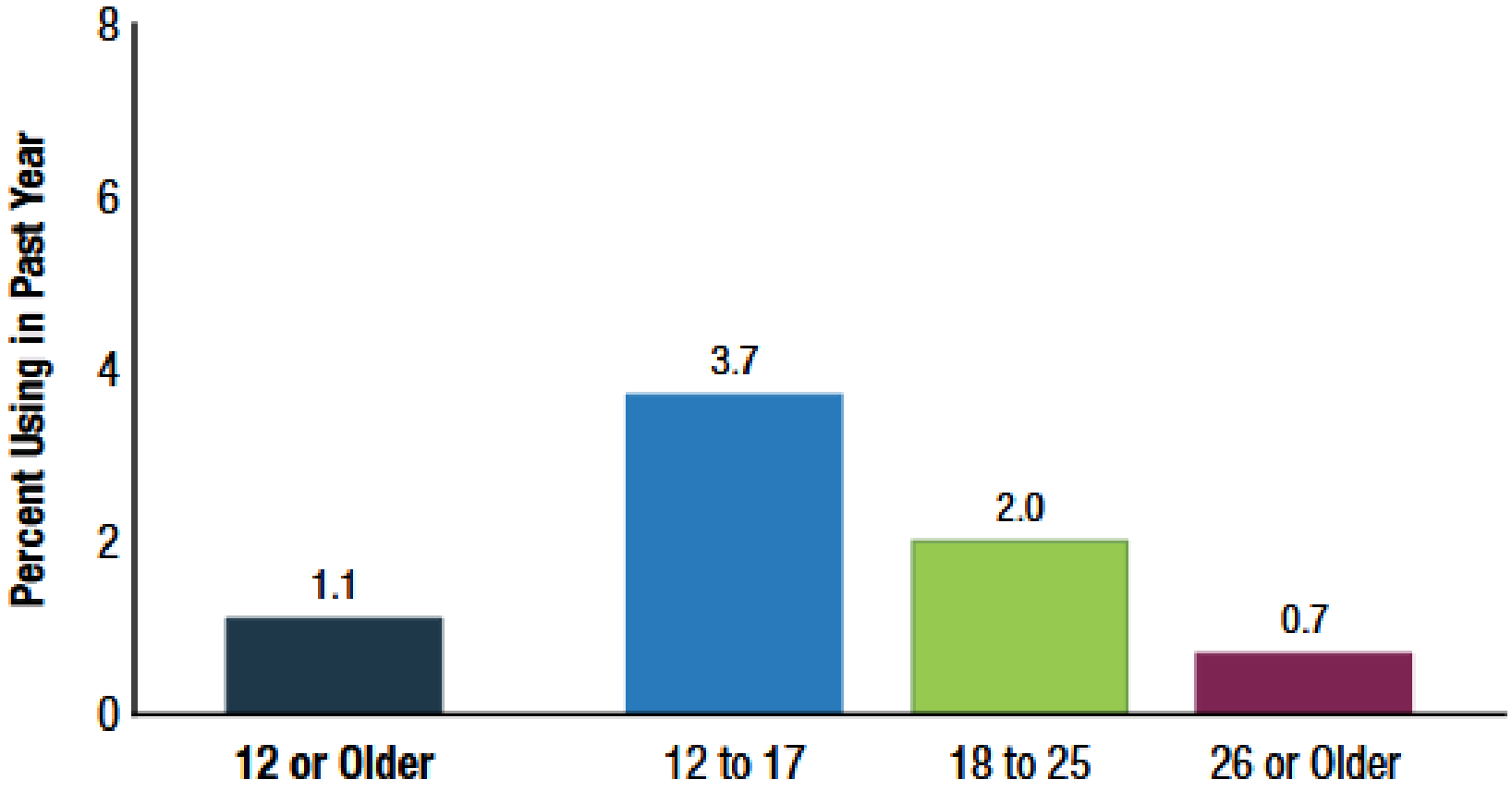
Figure 20. Past Year Inhalant Use: Among People Aged 12 or Older; 2024



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https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases

Inhalant Use

Deliberate inhalation of vapors from common household chemical or aerosol products to become high, includes nitrous oxide (whippets)

Sniffing, huffing, and bagging

Cheap, easily accessible, mistakenly considered safe

Inhalants are generally highly lipophilic and gain rapid entrance into the central nervous system

GABA and dopaminergic effects (relaxing)

Effects last less than 2 hours

Physical Effects

- Cardiac arrythmia
- Confusion or euphoria
- slurred speech
- inability to coordinate movements, euphoria, and dizziness
- Fatigue
- Headache

Long term effects: Weight loss, muscle weakness, disorientation, inattentiveness, lack of coordination, irritability, depression, and damage to the nervous system and other organs

- Not detected on screening labs

Inhalant Overdose Management

ABCs

Electrolytes, gas, LFTs, EKG, carboxyhemoglobin concentration

Benzodiazepines for agitation

Oxygen, albuterol

Correct electrolyte abnormalities, rehydration

Address arrhythmias

b-adrenergic antagonists are thought to offer some cardioprotective effects to the sensitized myocardium

Propranolol and esmolol have both been used successfully in treatment of ventricular dysrhythmias following inhalant misuse

17-yo-male went partying with friends, when he arrived home mother noticed that he seemed very activated, sweating profusely, and complaining of feeling very thirsty.

What did he take?

How do you manage him?

Ecstasy (3,4-Methylenedioxymethamphetamine)= MDMA

- 3,4-methylenedioxyamphetamine (MDA) or para-methoxyamphetamine (PMA)
- Tabs, Burgers, Clarity, Disco Biscuits, Doves, Eccies, E, X, Love Drug, 007, Adam, Beans, Ecstasy, eve, Go, Hug Drug, Lover's Speed, MDMA, Peace, STP, And XTC

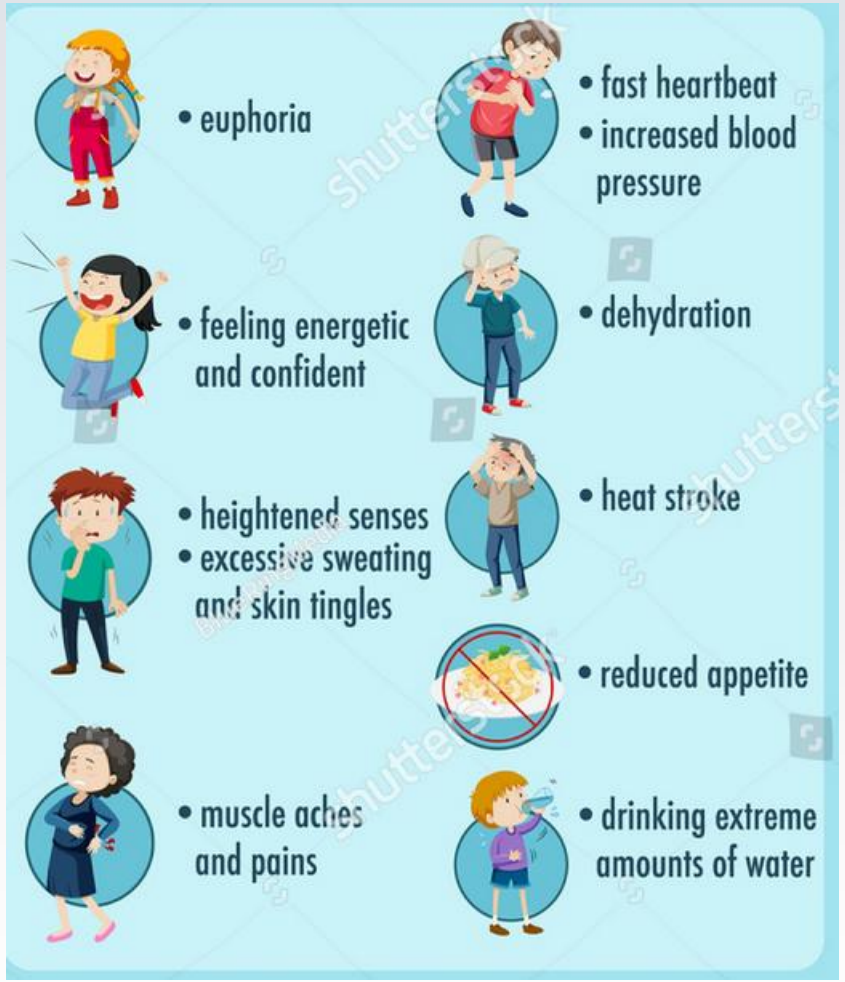
Ecstasy Use

- Manufactured variant of amphetamine
- Extremely powerful stimulus for serotonin release (10x amphetamines)
- Produces euphoria, enhances pleasure, and heightens sexuality

Physical Effects of Ecstasy

- Ataxia, restlessness, confusion, poor concentration, thirst, reduced social inhibitions and memory problems
- Increased motor activity, alertness, heart rate, and blood pressure.
- Muscle tension, tremors, involuntary teeth clenching, muscle cramps, nausea, faintness, chills, sweating, and blurred vision
- Dehydration
- Heat illness, heat stroke

Long term effects: serotonin damage, cognitive defects, impaired memory and learning



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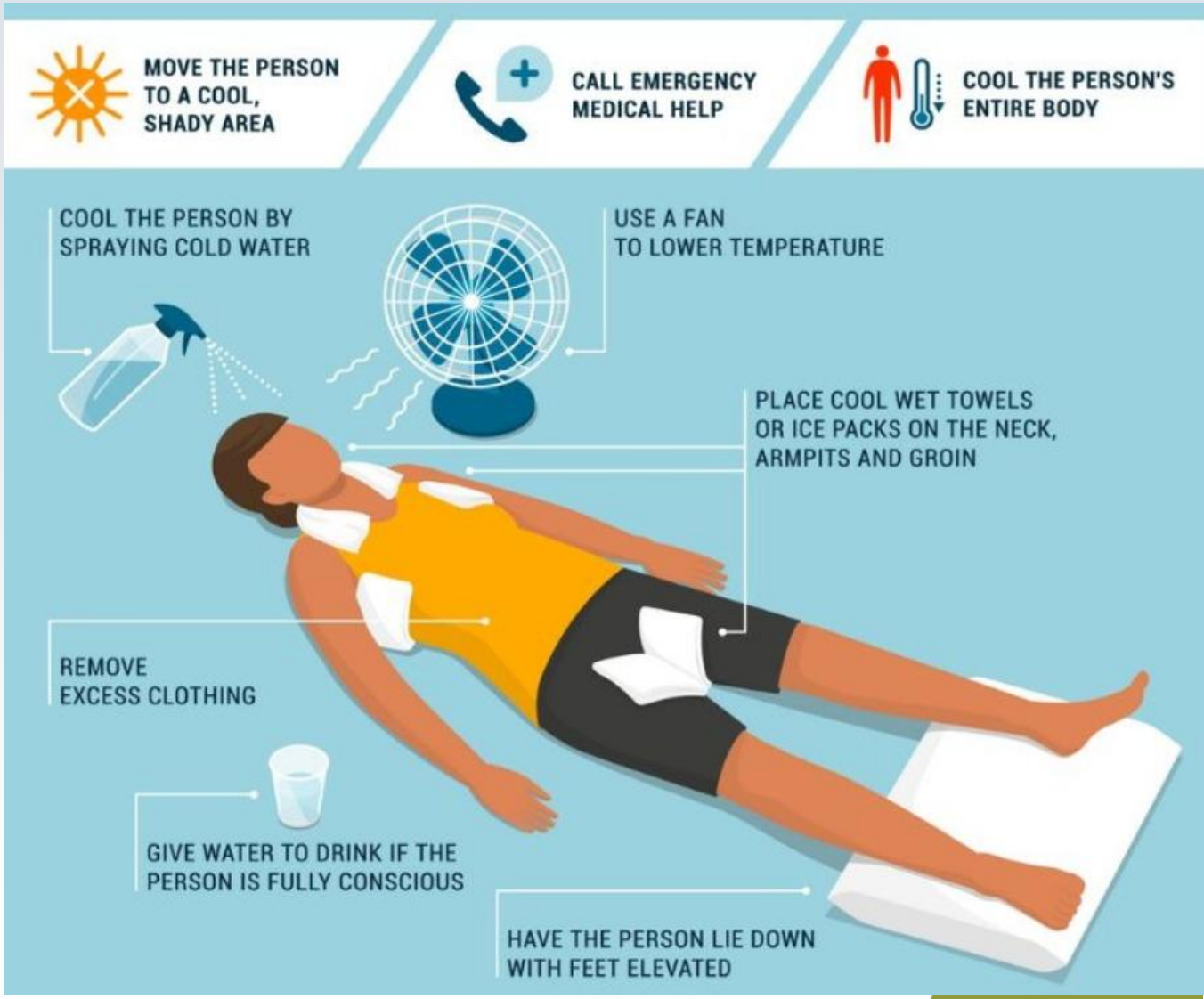
Overdose Management of Ecstasy

- ABCS
- Fluid resuscitation
- Electrolyte replacement and balance
- Dialysis for rhabdomyolysis (break down of muscles)
- Treatment similar to amphetamines



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An 18-year-old male is brought to the ED after a party. His pupils are dilated, eyes bloodshot, and he is having visual hallucinations. He is also anxious, agitated and has feelings of depression.

What did he take?

How do you manage him?

LSD (lysergic acid diethylamide)

- Tabs, Microdots, Windowpane, Acid, Dots, Mellow Yellow
- Synthetic, illicitly produced
- Most potent hallucinogenic known
- Dried saturated blotter paper, infused sugar cubes, tablets, liquid
- 30 minutes onset, trip lasts 8 to 12 hours
- Serotonin mediation, producing hallucinations and sympathomimetic effects

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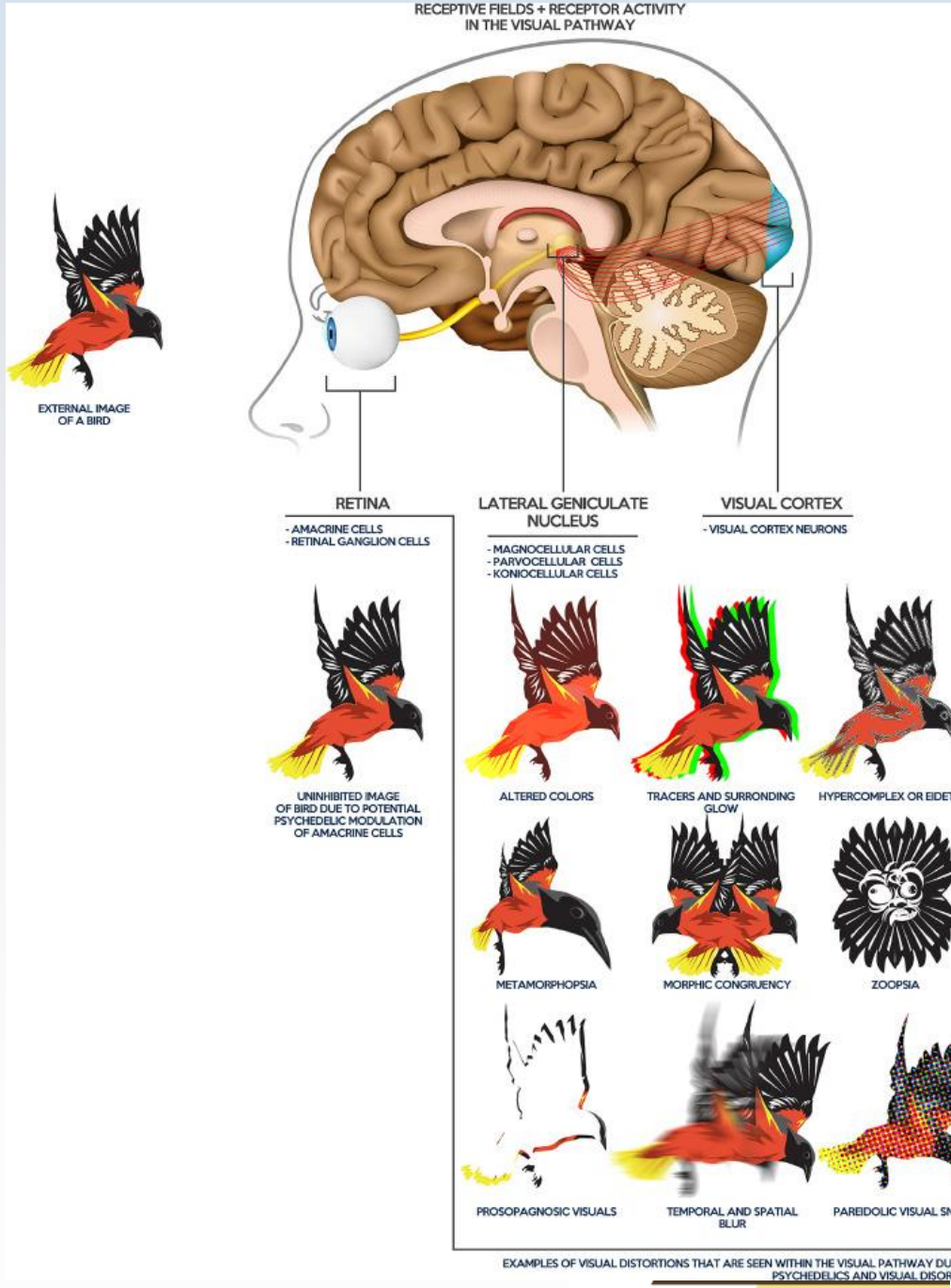
Physical Effects of LSD

- Dilated pupils
- Higher body temperature
- Increased heart rate and blood pressure
- Sweating, loss of appetite
- Sleeplessness
- Dry mouth
- Tremor
- Paranoia

Long term effects: Longer, more intense “trip” episodes, psychosis, and possible death (usually from accidents)



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Overdose Management of LSD

- ABCs
- Correct temperature, electrolytes, arrhythmias
- Calming techniques, ensuring safety
- Rarely is sedation necessary, but use benzodiazepines or Haldol

A very agitated 16-year-old female is brought by police to the ED. She is violent, has slurred speech, unsteady gait and nystagmus (abnormal eye movements).

What did she take?

How do you manage her?

PCP (Phencyclidine)/Ketamine

PCP: PeacePill, angel dust, crystal, crystal joints, TAC, sheets, hog, elephant tranquilizer

- PCP is an anesthetic that is no longer used in humans due to psychosis and dysphoria. It is still used as a veterinary tranquilizer.

Ketamine: Cat Tranquilizer, Cat Valium, Jet K, Kit Kat, Purple, Special K, Special La Coke , Super Acid, Super K, Vitamin K

- Ketamine is a derivative of PCP, with 5-10% potency of PCP and much shorter duration (15-20 minutes). It is a popular rave drug.
- Ketamine is used for anesthesia, conscious sedation, and treatment of bronchospasm. It is a dissociative.

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PCP and Ketamine Use

- Oral ingestion, sniffing, injection or smoking
- Common adulterants
- Bind with high affinity to sites located in the cortex and limbic structures of the brain
- They block the *N*-methyl-D-aspartate (NMDA) receptors, causing sympathomimetic and psychomotor effects

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Physical Effects of PCP and Ketamine

- Hallucinations
- Agitation
- Depression
- Cognitive difficulties
- Unconsciousness
- Amnesia
- Involuntarily rapid eye movement and dilated pupils
- Salivation
- Tear secretions
- Stiffening of the muscles
- Possible nausea

Long term effects: Hallucinogen Persisting Perception Disorder (HPPD), physical and psychological dependence, tolerance, withdrawal effects

Overdose Management of PCP and Ketamine

- ABCs
- Sedation, addressing agitation is key: physically, then chemically (benzodiazepines)
- Hydration and correction of electrolyte abnormalities, cooling
- Phenothiazines may lower the seizure threshold

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A 19-yo-female was at a party last night with some friends. She only had 2 beers but woke up this morning in the dorm lounge and cannot recall how she got there or what happened after the 2 beers.

- What did she ingest?
- How do you manage her?

Gamma-hydroxybutyric acid (GHB)/GBL (gamma butyrolactone) and 1,4-butanediol

"Club drug", Rape drug, Easy Lay, G, Georgia Home Boy, GHB, Goop, Grievous, Bodily Harm, Liquid Ecstasy, Liquid X, and Scoop

Street Terms for GHB and Its Analogs

Cherry meth	Salty water
Fantasy	Scoop
G-riffic	Sleep
Jib	Sleep-500
Liquid E	Soap
Liquid X	Vita-G
Organic quaalude	

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Uses

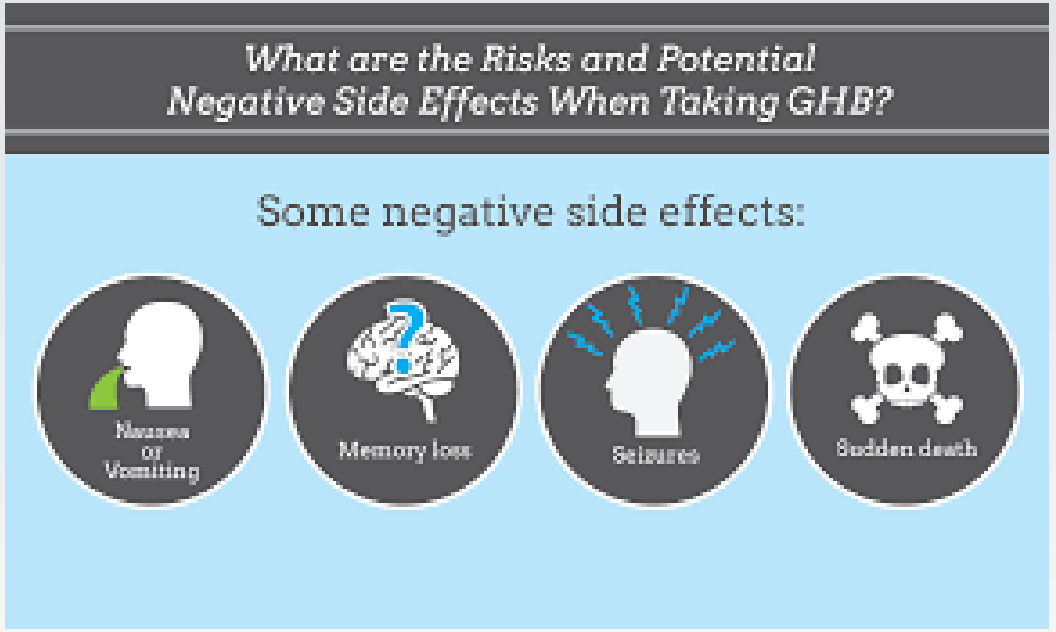
- Recreational use, nutritional supplements, drug-facilitated sexual assault
- Experimentally used to treat narcolepsy
- GABA modulator (increased in frontal lobe, reduced thalamus) and dopamine modulation
- Peak effect by 90-120 minutes

Who is Using

- Individuals aged 18 to 25 account for 58% of all GHB mentions in drug-related emergency department visits
- Nearly 2% of high school seniors in the US used the drug at least once in the past year
- An estimated 0.05% of adults in the US have used GHB in the past year
- Majority >19yo, white and male

Physical Effects of GHB

- Central nervous system (CNS) depressant effects
- Euphoria
- Drowsiness
- Decreased anxiety
- Confusion,
- Memory impairment
- Hallucinations
- Agitation
- Often combined with alcohol, very dangerous



Long term effects: Physical and psychological dependence, Insomnia, anxiety, tremors, increased heart rate, blood pressure, psychotic thoughts

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Overdose Management of GHB

- ABCs
- Apnea is greater risk
- Although coma is common, it is usually brief, and intubation is often deferred because most patients can protect their airways and awake quickly
- Fluids
- Abrupt cessation in use can result in severe withdrawal: agitation, disorientation, hallucinations, hypertension, tachycardia, hyperthermia, tremor, and seizures, often within hours of their last use
- Currently, there is no antidote available for GHB

How Long Does GHB Stay in Your System?

- **Hair** Up to a month
- **Urine** Up to 12 hours
- **Blood** Up to 8 hours
- **Saliva** Up to 6 hours

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A 14 yo female presents to the ED after maybe having a seizure. She was smoking with some friends and became highly agitated and paranoid. She reported seeing things that her friends did not see and then seemed to have abnormal body movements, including eye movements. She is now awake but altered.

What did she ingest?
How do you manage her?

Synthetic Marijuana

Marijuana (K2, spice)

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Synthetic Drug Use

- “Legal”
- Easily attainable
- “Undetectable”
- Low cost
- High comparable to LSD or cocaine
- Extreme paranoia
- Hallucinations
- Hypertension, tachycardia

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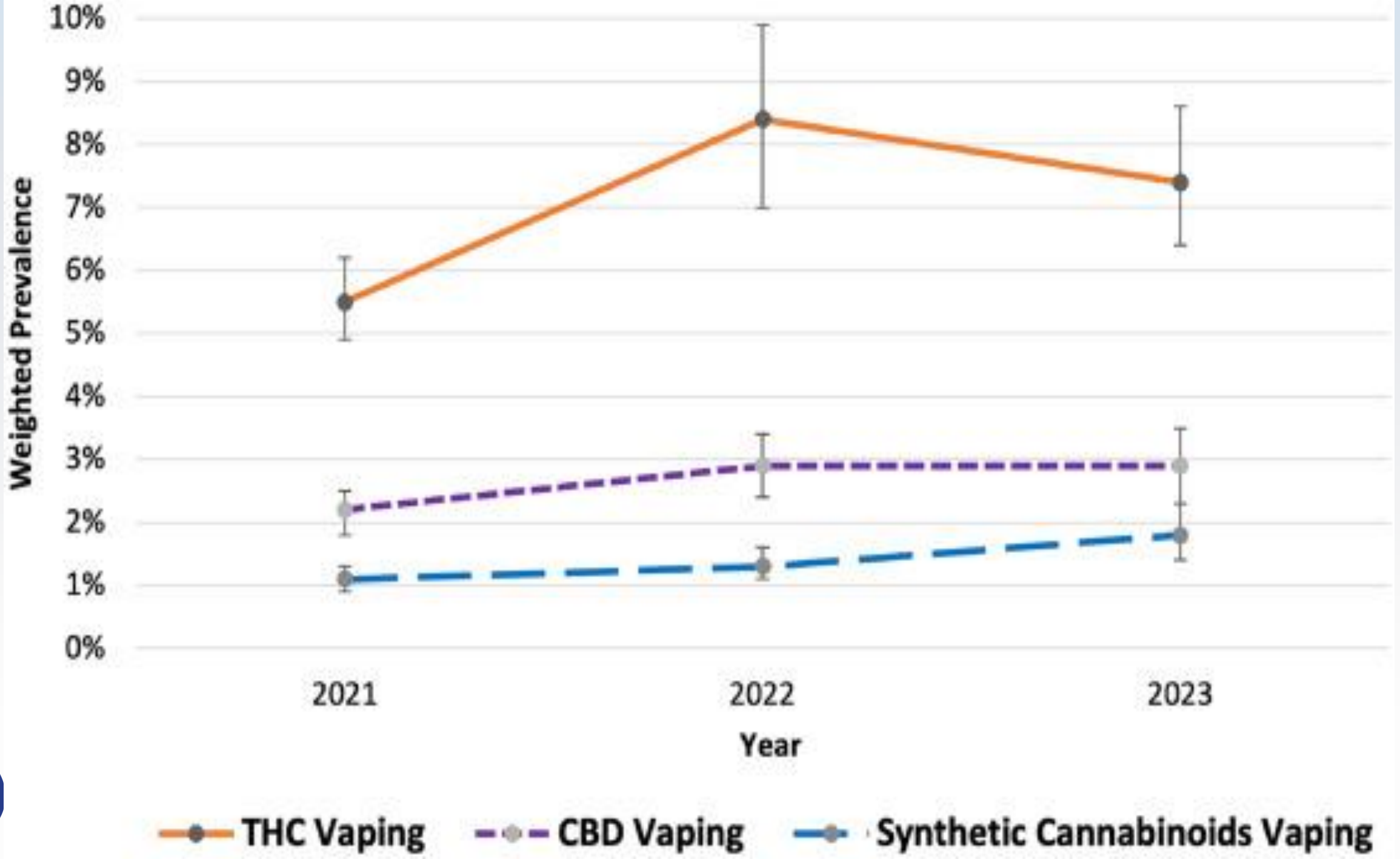

10%
9%
8%
7%
6%
5%
4%
3%
2%
1%
0%
Weighted Prevalence
2021
2022
2023
Year
THC Vaping
CBD Vaping
Synthetic Cannabinoids Vaping

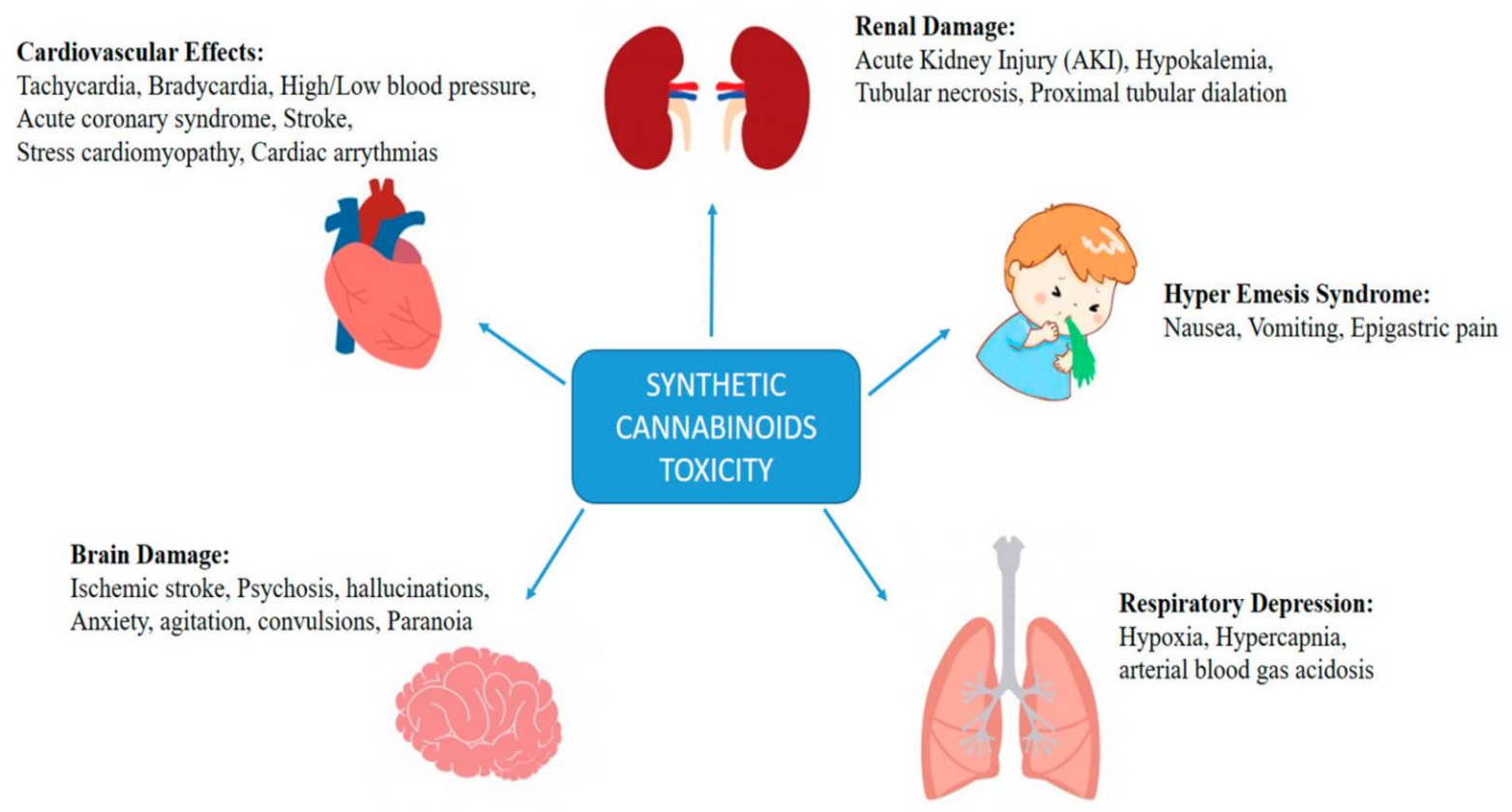
Synthetic Cannabis

- Laboratory-made cannabinoid receptor agonists

- Spraying or mixing the synthetic cannabinoids on plant material provides a vehicle for the most common route of administration - smoking (using a pipe, a water pipe, or rolling the drug-laced plant material in cigarette papers)
    - Cannabinoid-laced plant materials also sold as potpourri and incense
- Liquid cannabinoids have also been designed to be vaporized through both disposable and reusable electronic cigarettes

- Spice, K2, Blaze, RedX Dawn, Paradise, Demon, Black Magic, Spike, Mr. Nice Guy, Ninja, Zohai, Dream, Genie, Sence, Smoke, Skunk, Serenity, Yucatan, Fire, and Crazy Clown

Physical Effects of Synthetic Cannabis



- Tachycardia (elevated heart rate), elevated blood pressure
- Respiratory depression
- Unconsciousness, tremors, seizures, numbness, and tingling
- Vomiting, nausea
- Hallucinations, agitation, anxiety, agitation
- Pallor

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Overdose Management of Synthetic Cannabis

- ABCs
- Correct temperature, electrolytes, arrhythmias
- Calming techniques, ensuring safety
- Rarely is sedation necessary, but use benzodiazepines or Haldol

A very agitated 20 yo male presents to the ED. He is confused, combative, aggressive, and very sweaty. He was clubbing with some friends and snorted some sort of powder.

- What did he use?
- How do you manage him?

Bath salts (cathinones)

- Crystalized chemicals that are snorted, swallowed or smoked
- Mimic cocaine, LSD and methamphetamine
- Bliss, Blue Silk, Cloud Nine, Drone, Energy-1, Ivory Wave, Lunar Wave, Meow Meow, Ocean Burst, Pure Ivory, Purple Wave, Red Dove, Snow Leopard, Stardust, Vanilla Sky, White Dove, White Knight, White Lightning

- Synthetic cathinones are a class of lab-made stimulants chemically related to substances found in the khat plant, commonly known as “bath salts”

- Khat is a shrub grown in East Africa and southern Arabia that some people consume for its stimulant effects

- Methylenedioxypyrovalerone (or MDPV) and mephedrone

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Lifetime Use: Approximately 0.3% (roughly 2.3 million) of people aged 12 or older in the U.S. reported ever using bath salts

Past-Year Use: The national prevalence of past-12-month bath salt use was 0.0% in 2021 and 0.1% in 2022 and 2023

Active Use: Among those who reported using bath salts, roughly four in five (80%) had not used them in the past 12 months, indicating that most usage is not sustained long-term, though it remains highly dangerous

Physical Effects of Bath Salts

- Rapid heartbeat, hypertension, palpitations
- Hyperthermia, sweating
- Prolonged dilation of the pupil of the eye
- Breakdown of muscle fibers that leads to release of muscle fiber contents into bloodstream
- Teeth grinding
- Headaches, seizures, agitation
- Can results in cardiac arrest, seizures, injury, renal damage

Management of Bath Salts Overdose

- ABCS
- Fluid resuscitation
- Electrolyte replacement and balance
- Dialysis for rhabdomyolysis (break down of muscles)
- Calming techniques, ensuring safety
- Rarely is sedation necessary, but use benzodiazepines or Haldol

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A 20-year-old male with a remote past medical history of alcohol and opiate abuse and questionable seizures was brought into the emergency department after being found unresponsive at home by his girlfriend. Patient received 2 rounds of Naloxone without any response. He was intubated by EMS. In the ED, he was noted to have myoclonic jerking and remained unresponsive on the ventilator.

- What did he use?

- How do you manage him?

Kratom

- Kratom is a tropical tree native to Southeast Asia.
- Oral ingestion: capsule, tablet, extract
- Dried leaves: brewed into tea or chewed
- Inhalation
- Known as thang, kakuam, thom, ketum, and biak
- 2 major psychoactive ingredients: mitragynine & 7-hydroxymytragynine

Leaf of kratom tree

Kratom capsules

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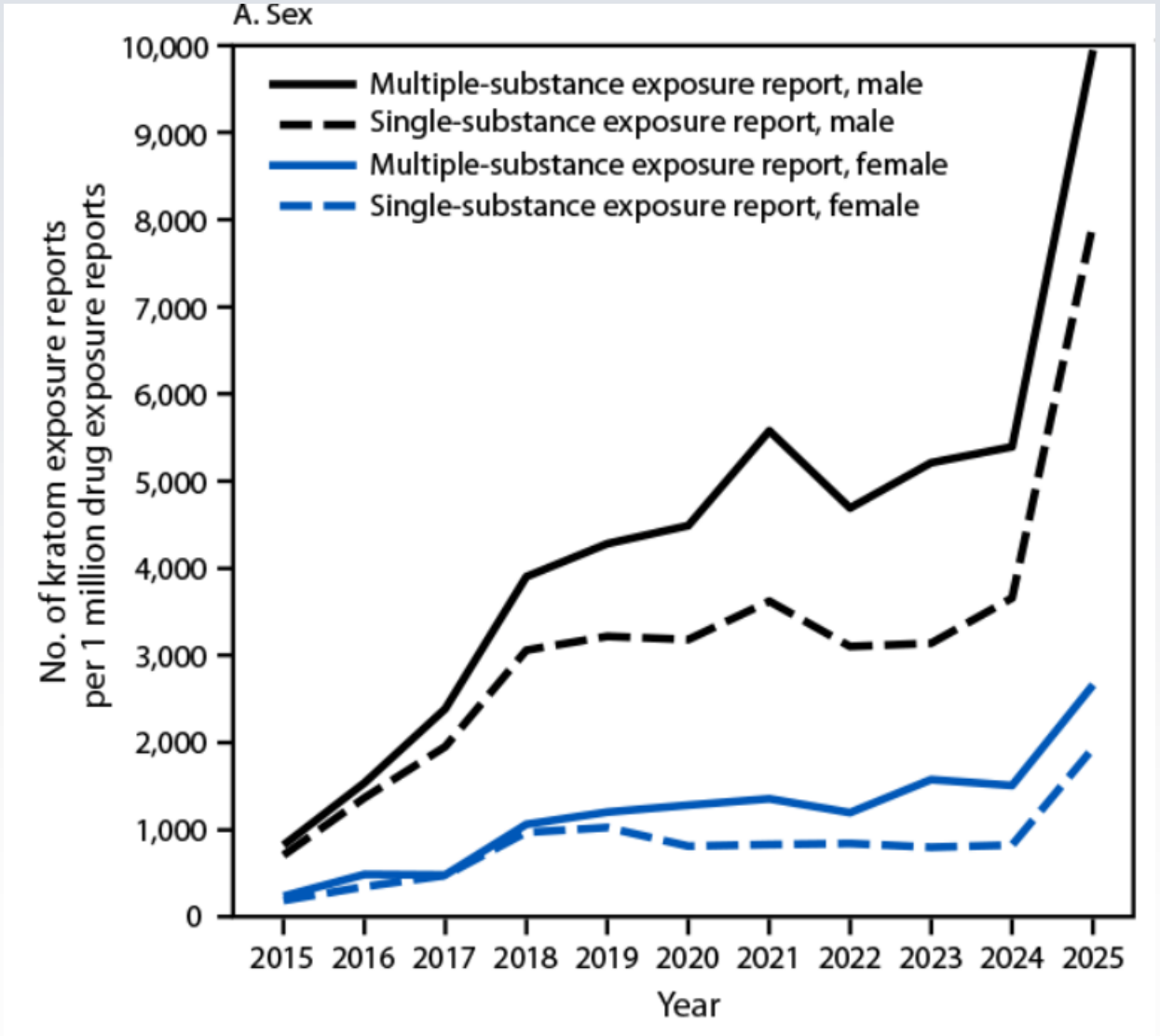
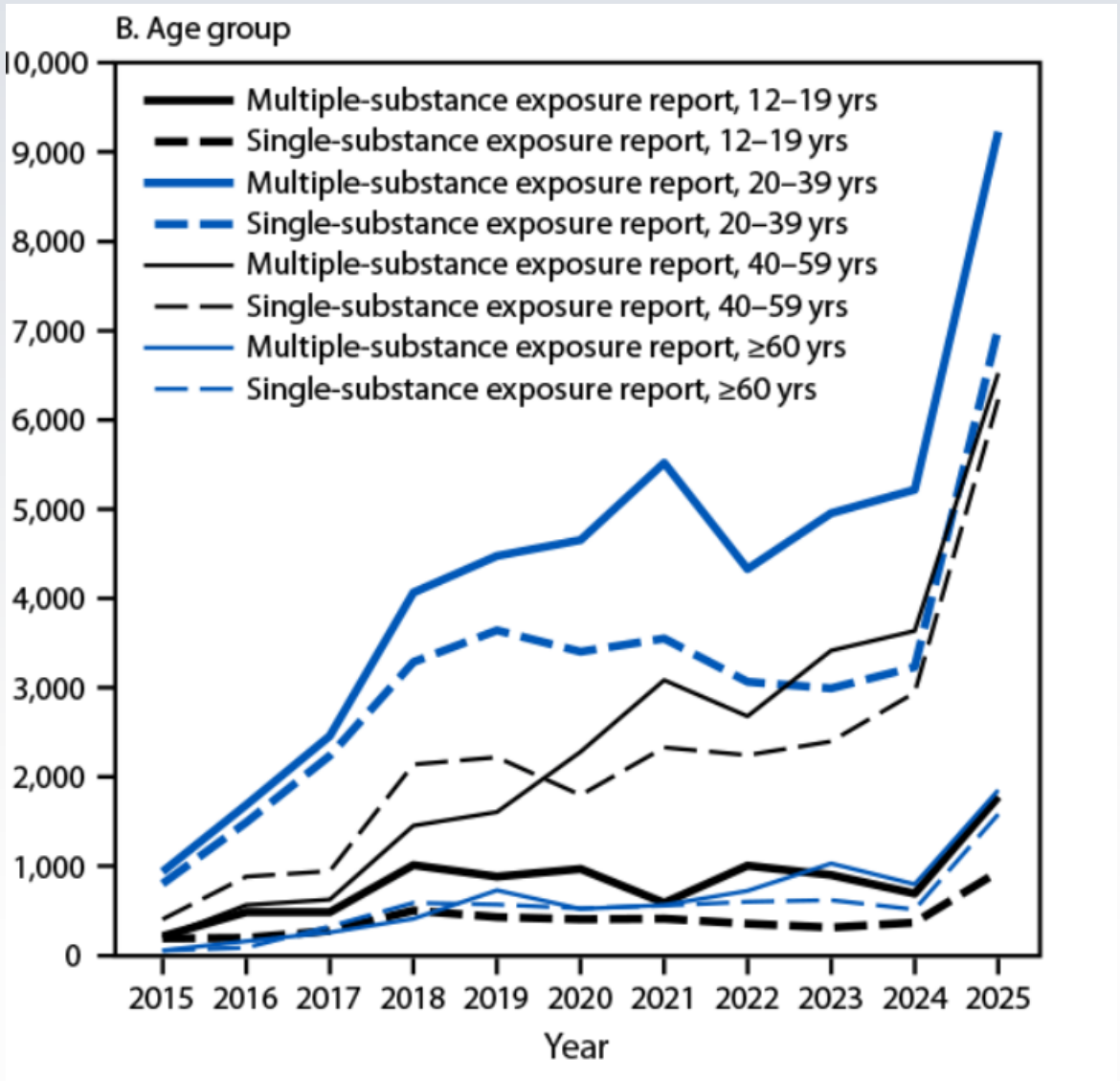
Table 1.

Correlates of Past-Year Kratom Use Among Individuals Ages >12 Years in the U.S., 2019

Characteristics	Full sample % (95% CI)	No kratom use % (95% CI)	Kratom use % (95% CI)	AOR (95% CI)
Age, years				
12–17	9.1 (8.8, 9.3)	99.7 (99.6, 99.8)	**0.3 (0.2, 0.4)*** **	1.00
18–25	12.3 (12.0, 12.6)	98.7 (98.4, 98.9)	1.4 (1.1, 1.6)	**2.40 (1.41, 4.08)** **
26–34	14.7 (14.2, 15.1)	98.6 (98.4, 98.9)	1.4 (1.1, 1.7)	**3.00 (1.86, 4.84)*** **
35–49	22.1 (21.7, 22.6)	99.2 (99.0, 99.3)	0.8 (0.7, 1.0)	**2.55 (1.56, 4.18)*** **
≥50	41.9 (41.0, 42.8)	99.7 (99.5, 99.8)	0.3 (0.2, 0.5)	1.39 (0.77, 2.52)

FIGURE 2. Rates* of kratom-related single- and multiple-substance exposure reports to poison centers among persons aged ≥12 years, by sex (A)†,§ and age group (B)¶, — National Poison Data System, United States, 2015–2025**





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Physical Effects of Kratom

Low Dose: Stimulant Effect

- Increased alertness
- Physical energy
- Talkativeness

High Dose: Sedative Effects

- Drowsiness
- Respiratory depression
- Depressed mood
- Confusion, tremors, seizures

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Kratom

SIDE EFFECTS

GASTROINTESTINAL

- Nausea
- Continuous vomiting
- Hepatotoxicity

BEHAVIORAL

- Hallucinations
- Psychosis
- Addiction and withdrawal causing aggression and insomia

NERVOUS

- Excessive sweating
- Loss of appetite, anorexia, weight loss
- Dizziness
- Tremors
- Seizures

URINARY

- Increased urination
- Constipation

SKIN

- Diaphoresis
- Pruritus
- Hyperpigmentation

WITH ACUTE TOXICITY...

Possibility of death

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Long Term Effects

- Anorexia
- Weight Loss
- Insomnia
- Hepatotoxicity
- Seizure
- Hallucinations
- Physiological tolerance & dependence
- ??? Withdrawal effects

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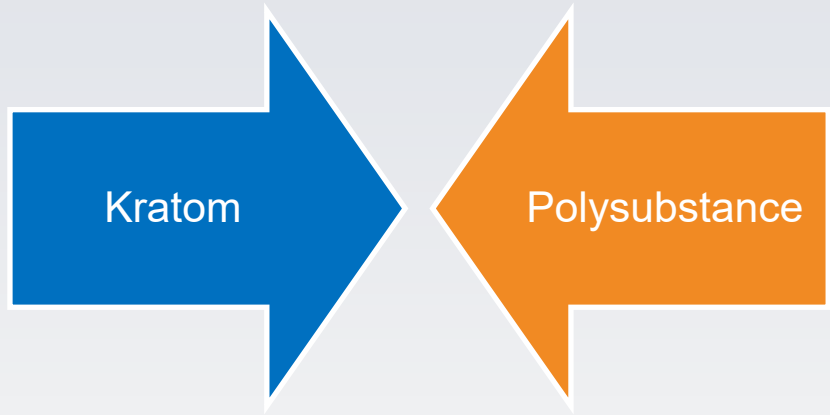
Management of Kratom Overdose

- ABCs
- Naloxone
- Most common co-occurrence: Fentanyl & other opioids, then benzodiazepines and cocaine
- Consider acetaminophen toxicity



About 0.6% of overdose deaths in 2017 tested positive for Kratom

Of those deaths, about 60% of deaths have relationship to Kratom

Commonly contaminated: heavy metals, lead, salmonella

Status of Kratom

- Kratom is not controlled under the Controlled Substances Act
- Some state regulations or prohibitions against the possession and use of kratom.
- The FDA has not approved Kratom for any medical use.
- DEA has listed kratom as a Drug and Chemical of Concern

Connecticut: Regulation pending

Maine: None

Massachusetts: Legislation pending

New Hampshire: Proposed legislation

Rhode Island: Regulated (RI Kratom Act, 4/1/2026)

Vermont: Regulated

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- A 21 yo known intravenous opioid user presents to the ED unconscious, having been dropped off at the ambulance bay. After resuscitation, he is verbal and alert. He is very surprised he overdosed since he thinks he used less fentanyl than his usual amount since he had to purchase from someone besides his usual supplier.

- What did he use?
- How do you manage him?

Xylazine (Tranq)

- Non-opioid sedative or tranquilizer
- Approved for use by veterinarians with animals
- Common adulterant in illicit substances
- 23% of fentanyl powder and 7% of fentanyl pills seized by the DEA in 2022 contained xylazine
- Not a stand-alone substance typically
- Not detected in routine drug screens

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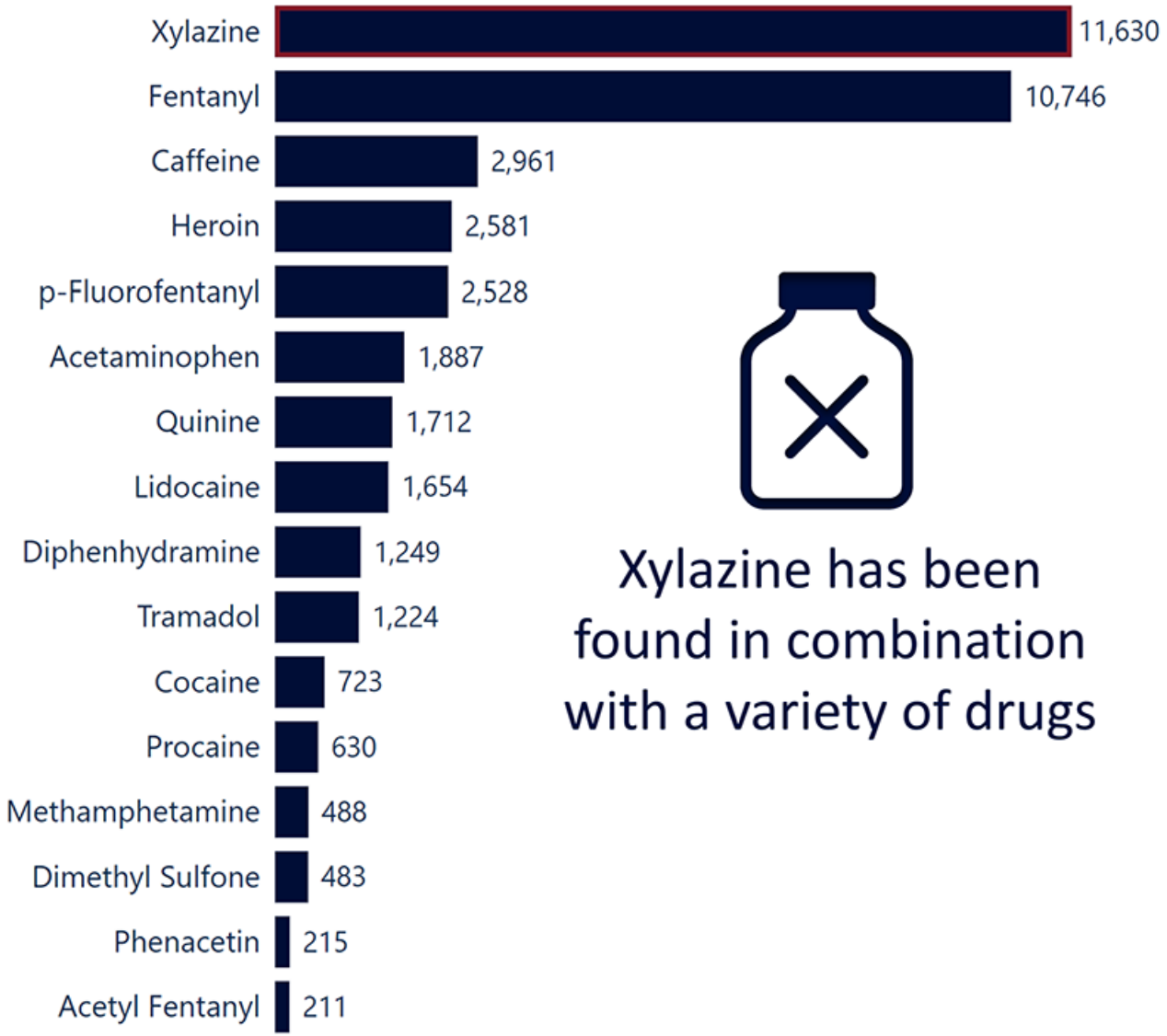
Top 15 Drugs Found with Xylazine



Xylazine has been found in combination with a variety of drugs

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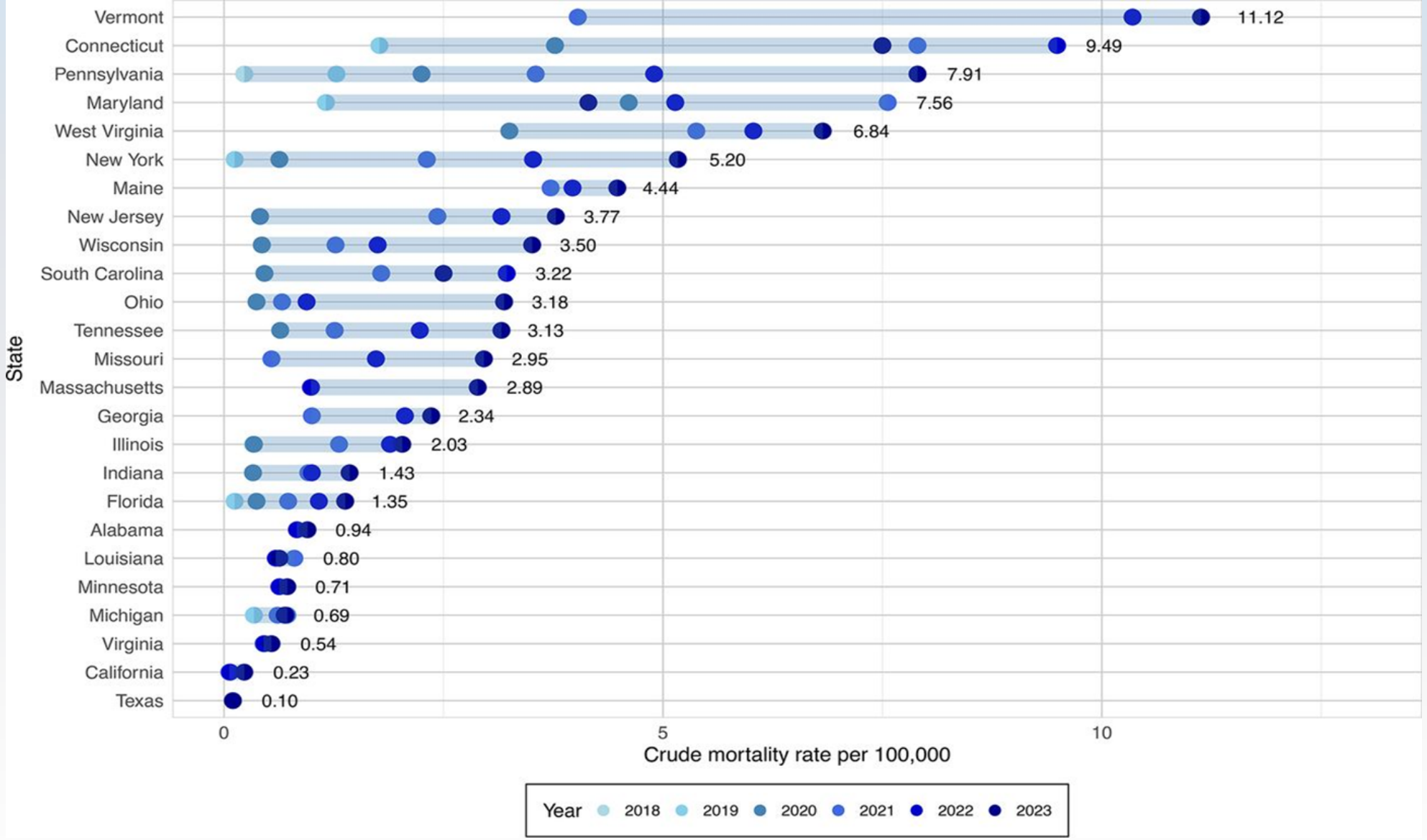

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- 4.4% of all adults treated for substance use
- 8-12 % of intravenous opioid users report Xylazine use

Physical Effects of Xylazine

- Central nervous system depression: sedation, difficulty breathing, dangerously low blood pressure, slowed heart rate
- Wounds that can become infected
- Severe withdrawal symptoms

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Medical Management of Xylazine Ingestion

- Often refractory to typical opioid management (Naloxone)
- ABCs
- STILL ADMINISTER NALOXONE –POLYSUBSTANCE MOST LIKELY
- Respiratory Care
- Fluid support
- Wound Care
- Try to identify other substances & manage
- Consult poison control

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A 24-year-old was brought to the ED by ambulance for altered mental status with concern for substance use/intoxication. Paramedics noted she was alert but disoriented on initial evaluation. Her triage vital signs showed moderate hypertension but were otherwise stable (oral temperature 97.3 degrees Fahrenheit, HR 70, BP 142/102, RR 14, SPO2 98% on room air). She quickly became markedly hypertensive (231/138) and tachycardic (166). Her mental status also worsened; she developed increasing agitation despite multiple doses of sedatives.. Despite maximal dosing of sedatives, the patient remained agitated with severe vital sign abnormalities. Patient was intubated for airway protection and was subsequently admitted to the medical intensive care unit (MICU). Approximately one hour following intubation she remained awake, pulling at tubes and lines.

- What did she use?
- How do you manage her?

Medetomidine and Dexmedetomidin

- Medetomidine is used in a similar manner as xylazine in veterinary medicine
- Dexmedetomidine in human practice and veterinary medicine
- Medetomidine is offered in powder form by Chinese suppliers.
- If Medetomidine is found in liquid form, it needs to be dehydrated before mixing with binding or bulking agents to form pills, powders, or bricks.
- Medetomidine, a non-opioid analgesic with potency 200-300 times greater than xylazine, makes opioid overdoses more difficult to reverse with naloxone.
- Medetomidine and dexmedetomidine have been found mixed with other drugs in gel capsules, marijuana, drug packaging residue, drug paraphernalia, fake pills, and in white colored powder mixtures

NFLIS-Drug: 2021-2024* Co-Reported Drugs with Medetomidine and Dexmedetomidine
Acetyl fentanyl
Caffeine
Cocaine
Fentanyl
Fluorofentanyl
Heroin
Isotonitazene
Ketamine
MDMB-5Br-INACA
Methamphetamine
Metonitazene
para-Fluorofentanyl
Phenacetin
Tramadol
Valeryl fentanyl
Xylazine

**2023 data is interim reporting with final numbers likely to rise*

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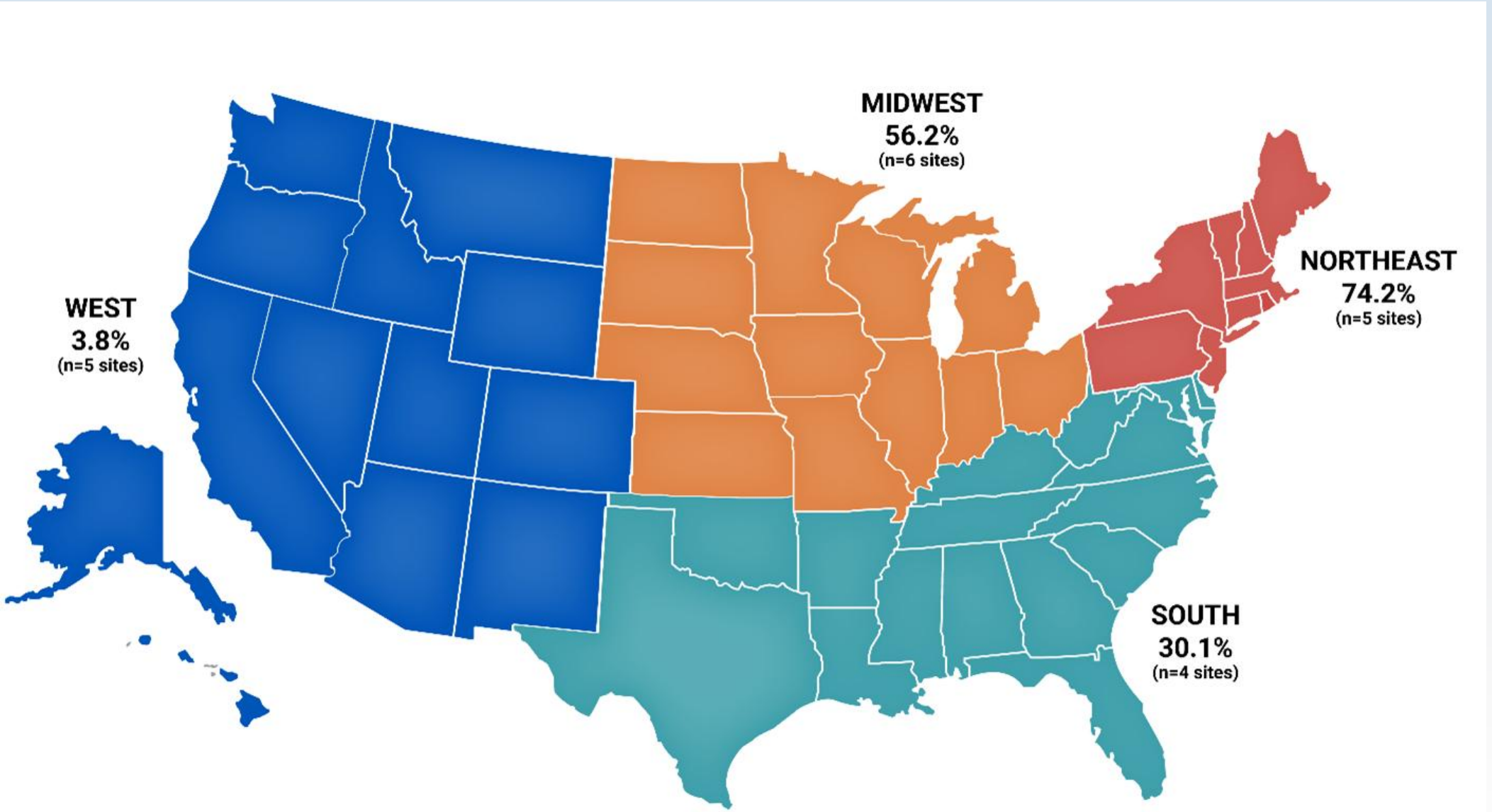

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Percentage of opioid-positive drug product and paraphernalia samples also positive for medetomidine across 20 sentinel sites[a]: US region, July 2025–December 2025

Physical Effects of Medetomidine and Dexmedetomidin

Acute Effects

- Heavy sedation
- Low blood pressure and slow heart rate
- Dizziness
- Extreme tiredness
- Shortness of breath
- Nausea,
- Blurred vision
- Confusion

Withdrawal

- Fast heart rate (>100 beats per minute)
- Dangerously high blood pressure (>180/100)
- Uncontrollable nausea and vomiting
- Tremor
- Excessive sweating
- Changing levels of alertness
- Seizure activity
- Agitation

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Medical Management of Medetomidine and Dexmedetomidin Ingestion

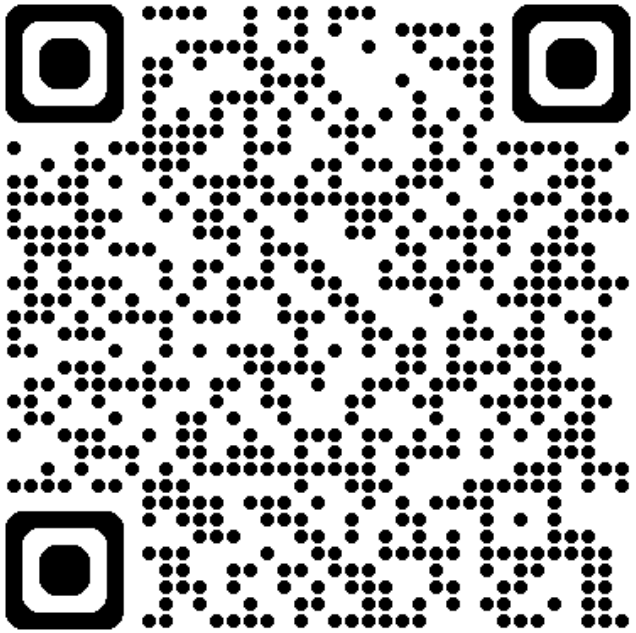
- Abcs
- Naloxone– but generally naloxone immune
- Manage cardiovascular state, airway
- Alpha-2 agonist therapy
- Sedation
- Vigilance for seizure activity
- Consider potential medetomidine toxicity or other polydrug intoxication when patients presenting with suspected opioid overdose experience prolonged sedation
- Consider observing patients with suspected prolonged periods of heavy medetomidine use for signs of medetomidine withdrawal for several hours after last use
    - While withdrawal symptoms peak at 18-36 hours after last use, patients who do not show signs of medetomidine toxicity or withdrawal within 6-12 hours are less likely to experience severe withdrawal.
- Medetomidine is not typically included in hospital rapid drug screens

Take Home Points

- Substance Use is a pediatric issue
- SCREEN, SCREEN, SCREEN
- Talk with your patients
- Be familiar with common substances
- Refer for help

SAMHSA's National Helpline at 1-800-662-HELP (4357)

- Free, confidential, 24/7, 365-day-a-year treatment referral and information service (in English and Spanish) for individuals and families facing mental and/or substance use disorders.
- Home - FindTreatment.gov offers additional resources.
- **https://www.samhsa.gov/substance-use/treatment**



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POISON Help®

1-800-222-1222

https://www.poisonhelp.org/about/

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American Academy of Pediatrics Substance Use and Prevention

Resources to Address the Opioid Epidemic

Access a collection of resources from the AAP related to the prevention, intervention and treatment of opioid use disorder in adolescents and young adults.

Substance Use, Brief Intervention and Referral to Treatment

Resources for incorporating substance use screening, brief intervention and referral to treatment (SBIRT) approaches into the practice setting.

Training to Treat Opioid Use Disorder

Access online and live options at no cost.

Nicotine and Tobacco Resources

Research, education, policy and advocacy initiatives related to nicotine and tobacco.

Mental Health Initiatives

Information and guidance to support healthy mental development of children, adolescents and families.

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Evaluation

https://ttc-gpra.org/P?s=623276

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Stay Connected!

Learn more about us at New England ATTC - Addiction Technology Transfer Center (ATTC) Network

NewEnglandATTC@umassmed.edu

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YOUR VOICE MATTERS

Help New England ATTC continue to support professional educational events and address the needs of our region by completing a brief evaluation

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