

Synthetic Drugs of Abuse: NYS Synthetic Drug Hotline

*by Jennifer Faringer, MS.Ed., CPP,
 Director of DePaul's NCADD-RA*

Synthetic marijuana and bath salts, two of the newer and more dangerous trends to hit our communities, are found on the shelves of local retail outlets selling paraphernalia as well as on websites. Although synthetic marijuana and bath salts are very different drugs of abuse, they are often collectively referred to as “designer drugs,” as they are developed to evade law enforcement and drug testing agencies. They are often promoted as “legal highs,” though new regulations are seeking to change that. In the meantime, designer drugs continue to be reformulated, slightly modifying their molecular structures each time, **solely** for the purpose of flying just below the legal radar and evading existing drug laws.

Bath salts (not to be confused with actual products used in the bath) have been linked nationally to alarming numbers of emergency department visits and are appearing locally in increasing numbers. Sometimes labeled as bath salts, plant food, glass cleaner and lady bug killer, bath salts are typically smoked, taken orally, inhaled, injected or taken rectally with the worst outcomes associated with snorting or intravenous injection. They are typically sold for \$35 to \$50 in 200 to 500 gram packets in powder or crystal form and appear under a variety of names such as Ivory Way, Ivory Snow, Purple Wave, White Lightning, NRG, Lunar Wave and many others.

The most common bath salts ingredients are Cathinone, Methcathinone, Mephedrone and MDVP (Methylenedioxyprovalerone). Like cocaine and methamphetamine, bath salts trigger intense craving and carry a high risk for abuse and addiction. Physiological effects include overstimulation of cardiac and nervous systems, dangerously high body temperatures, breathing

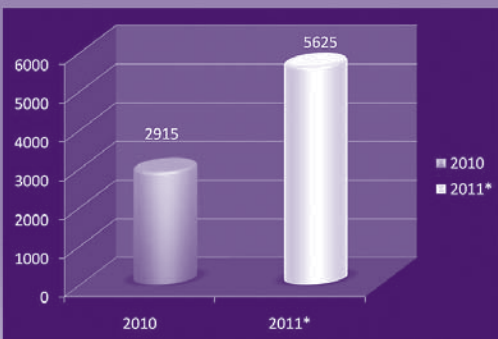
difficulties, altered blood pressure, muscle damage, renal failure, nausea and seizures. Psychological effects include euphoria, talkativeness, severe agitation and aggression, depression, severe paranoia, auditory and visual hallucinations, delusions, prolonged panic attacks and potential for developing personality disorders. Due to the wide variability of synthetics and dosage amounts, there is a high potential for overdose.

- According to the New York State Poison Control Center, in 2011 there were 39 reported emergency department visits specific to bath salts in upstate New York.
- Since July 2012 there have already been 191 reported cases.
- According to National Poison Control, calls in 2010 included 2,874 reported cases compared to calls in 2011 with 5,741 reported cases.

Synthetic marijuana, another designer drug of abuse, is often marketed as incense or potpourri and labeled as “not intended for human consumption.” It is sold in three to five gram packets costing approximately \$10 to \$15 each under names such as Spice, K2, K3, Legal, Dragon Spice, Buzz, Wicked X, White Dragon, Cloud 9, Hayze, etc. Both product names as well as directions for use (if any are included) use suggestive drug-use jargon. Ingredients listed (if any) include what is not in the product rather than the actual ingredients, the sole purpose being to evade the law. Synthetic marijuana contains a variety of plant material which is then infused or sprayed with a synthetic compound.

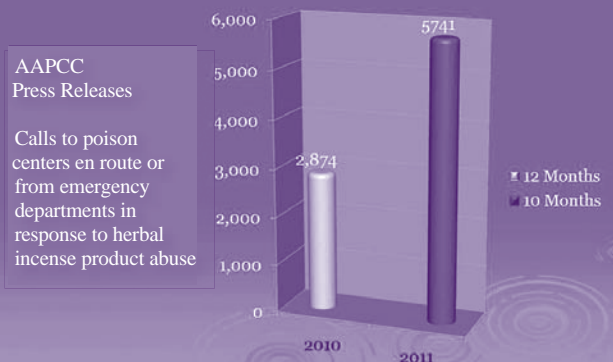
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Poison Center Calls “Bath Salts”



* Data for 2011 is thru October 31, 2011

Calls to Poison Centers:
 Synthetic Marijuana



AAPCC
 Press Releases

Calls to poison centers en route or from emergency departments in response to herbal incense product abuse

■ 12 Months
 ■ 10 Months

Synthetic Drugs of Abuse

Continued from page one

There are over 100 variations of synthetic marijuana and it is four to 100 times more potent than marijuana. Reported adverse effects include agitation, rapid heart rate, confusion, dizziness, anxiety, paranoia, loss of coordination, insomnia, nausea, and visual and auditory hallucinations. Following a single low dose exposure, synthetic marijuana can be detected for up to 72 hours, and with chronic exposure, the window of detection becomes longer.



- According to the New York State Poison Control, in 2010, there were 20 reported cases specific to synthetic marijuana, and in 2011 there were 291 reported cases in upstate New York.
- Since July 2012, there have already been 321 reported cases.
- According to National Poison Control calls in 2010 were 2,915 compared with 5,625 cases reported in 2011.

Neither bath salts nor synthetic marijuana are detected with standard urine screen drug tests. Several labs now utilize a more sensitive and more expensive drug test to confirm the presence of synthetic drugs of abuse.

In terms of regulations, on the federal level, President Obama signed the Synthetic Drug Prevention Act of 2012 on June 26, which includes more encompassing language in an effort to strengthen enforcement agencies' abilities to respond to the over 100 variations of synthetic marijuana. The Act also applies to two of the more common bath salts, Mephedrone and MDPV. Additionally, this Act expands the Drug Enforcement Agency's emergency ban scheduling abilities.

In August 2012, the New York State Department of Health expanded the listing of prohibited drugs and chemicals to include more variations of synthetic drugs, and made it possible for the owner of the establishment and/or the employee selling synthetic drugs to be charged with possession of an illegal substance. To further support enforcement efforts, the regulations include criminal penalties with fines of up to \$500 and a potential 15 days in jail.

Also, New York State established the Synthetic Drug Hotline which may be used to report the manufacturing, distribution, sale and possession of synthetic drugs. **To report synthetic drug abuse, sale, manufacturing, distribution or possession:**

- **Call 1-888-997-SALTS (1-888-997-2587)**
- **Email the Bureau of Narcotic Enforcement at narcotic@health.state.ny.us**

For more information or to request a presentation on synthetic drugs or other emerging drug trends, call NCADD-RA at (585) 719-3480 or (585) 719-3489 or visit www.ncadd-ra.org/current/htm.

NCADD-RA Services...

- Total Approach Family Program
- Hispanic Prevention/Education Program
- Community Education and Advocacy
- Problem Gambling Prevention Program
- Addictions Counselor Credential Training
- Resources and Referrals
- Finger Lakes Prevention Resource Center



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Back row: Elaine Alvarado, David Young, Jennifer Faringer, Milagros Rodriguez-Vazquez, Rob Levy, Barb Christensen, and Jerry Bennett.

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NCADD-RA's Annual Luncheon May 4, 2012



Speaker, Dr. Kevin McCauley



Jennifer Faringer presents Patrick Seche with the Charlotte C. Hegedus Community Excellence Award.



Bridget DeRollo presents Stephanie Dawson with the Helen Guthrie Memorial Youth Advocate of the Year award.



Jennifer Faringer presents Evan Dawson with the Community Collaboration Award.



Margo Singer, MPA; Susan Smith, Ph.D; Mary DeJoseph, D.O.; Jennifer Faringer, MS.Ed, CPP; Christie Petrenko, Ph.D, and Deb Fox, MPH.

NCADD-RA's Fetal Alcohol Spectrum Disorder Conference April 20, 2012

"Conference was well organized. Content and presenters were excellent! I loved hearing both the factual and the human side of FASD."

"Presentations were memorable. I cannot say enough about the presentations...relevant, passionate and enormously practical!"

"Thank you so much for providing such a great conference! I liked the combination of science and personal stories; it was just wonderful!"

NCADD-RA's Bath Salts/ Synthetic Marijuana Conference

June 15, 2012

"This was amazing! Best conference ever! So much valuable information! Very organized and well orchestrated."

"The combined wealth of knowledge was excellent. I came away with a good deal to think about...thank you for a productive day!"

"Informative, frightening, thought-provoking, mesmerizing and other adjectives! The best panel representing different aspects of this topic of any conference I've been to in 12 years in the addiction field!"



Jim Wesley; Christine Stork, PharmD; Timothy Wiegand, MD; Michael Kamali, MD, and Chuck Montante, MS, LMHC.

The Impact of Coalitions:

Understanding Coalitions and How They Can Help Communities Change

By Barb Christensen, CPP, FLPRC Project Coordinator

Understanding the role of a community coalition is vital to comprehending its potential impact on a community. Coalitions aren't programs, though coalition partners often provide programming as their contribution to the community-wide strategic plan for change. By definition, coalitions are a voluntary alliance formed to enhance the ability to achieve a common purpose. Coalitions are in the best position to mobilize the community and set into motion a process that empowers communities to identify and implement the most effective strategies geared to achieve population-level change.

A comprehensive anti-drug coalition unites all sectors of a community to address the local conditions that impact substance abuse issues and to improve community health. Historically, prevention programs have focused on approaches designed to affect the individual, peers or families. These approaches, while important, reach limited numbers of people. Both coalition and prevention efforts can work together to reduce substance abuse in the broader community and, though often more difficult to implement, are likely to impact many more people.

Comprehensive coalitions recognize that the best actions are generally based on good planning and develop their interventions

accordingly. Too often communities take the approach of ready, shoot and then aim when it comes to substance abuse issues, leading to interventions that don't work. Well-functioning coalitions follow a process that helps develop the infrastructure they need to identify and implement the types of interventions that will lead to community-level reductions in substance abuse rates.

The process, labeled the Strategic Prevention Framework, includes assessment, capacity, planning, implementation and evaluation, with cultural competence and sustainability as two key concepts that must be incorporated throughout. Coalitions recognize that good interventions build capacity and community, and achieve outcomes because they address local conditions. Coalitions must be willing to do their homework because of the scale and complexity of their efforts in order to become effective change agents in their communities.

To learn more about establishing a coalition or to receive assistance in sustaining a current coalition, contact NCADD-RA Finger Lakes Prevention Resource staff Barb Christensen at bchristensen@depaul.org or (585) 719-3452; Jerry Bennett at jbennett@depaul.org or (585) 719-3488, or Rob Levy at rlevy@depaul.org or (585) 719-3487.

Highlights from HPEP..

Some youth decide to start using alcohol and other drugs because they are under the false impression that everyone is doing it. The reality is most teens are not using drugs. The annual nationwide Monitoring the Future (MTF) survey reported that 53.3 percent of twelfth-graders had never used any illegal drug, 58 percent never smoked marijuana, 94 percent had never tried cocaine, and 91 percent never used inhalants.

Some youth are susceptible due to social influences based on their own personality. Evidence-based programs such as the LifeSkills program offer a new approach to prevention which focuses primarily on the major social and psychological factors promoting the initiation and early stages of substance use and abuse. The program reduces the use of tobacco, alcohol and other drugs by up to 75 percent, cuts poly-drug use by up to 66 percent, and is effective with white, African-American and Hispanic youth.

The NCADD-RA's Hispanic Prevention Education Program (HPEP) provides increased awareness about alcoholism and chemical dependency. This year HPEP has worked with third graders at RCSD #22, ninth graders at the Northeast College Preparatory School, and eighth graders at Baden Street Recreation Center. The program has been very well received.

By Milagros Rodriguez-Vazquez, A.A.S.

Hispanic Prevention Education Coordinator



- *"I think it was very good, a lot of good information."*
- *"I like the program, it was really nice to express myself."*
— Feedback from students
- *"I believe the LifeSkills program presented by Ms. Rodriguez is of great value. Students are challenged to think, discuss and come up with skills that will help them as they are confronted with the different issues and trials of life."*
— Feedback from a staff member

For more information about the LifeSkills program and/or to schedule a presentation for your school or community group contact Milagros Rodriguez-Vazquez at (585) 719-3486 or mrodriguez@depaul.org.

Vaporizers...Not Just for Colds Anymore

By Ross Amico, MS.Ed., Community Education Coordinator

The word vaporizer once meant a common device used to vaporize medicines like Vick's VapoRub into a mist. When you had a cold or found it difficult to breathe, your parents would add medicine to the vaporizer and you would sleep away, breathing easier. Today, people who market drugs to children and young adults have given vaporizers and "vaping" a totally different meaning.

A Google search of the terms "vaporizer" or "vaping," will net an increasing number of sites featuring devices used to get high from marijuana and other "herbal or liquid substances." For example, electronic cigarettes or "E-Cigs" are actually "vaping" devices used initially to turn nicotine and other chemicals into a watery mist (see pg. 3 of Spring 2012 newsletter). E-Cigs can also be used with other liquid substances like synthetic marijuana. Their potential for allowing users to abuse nicotine and other drugs is an increasing concern to those in the chemical dependency field.



Vaporizers heat essential oils of an herb or liquid without burning or combustion. Vaporizers are becoming smaller and more discrete, resembling pens, cell phones or even asthma inhalers. After the ground-up herb or liquid is put in the vaporizer, it is heated to a specific temperature via a heating element powered by a small rechargeable battery, butane etc. turning the active ingredients into a watery mist. With the help of convection, that mist is brought through a tube

or storage compartment, into the mouth of the user and inhaled.

According to vaporizer advocates, since combustion is not occurring, the user primarily gets the THC (active ingredient in marijuana) or whatever other chemical is being used without most of the harmful particular matter. Since there is no smoke, "just a vapor or mist," there would be fewer carcinogens and should therefore make for a "safe" experience. The practice became increasingly popular after Johnny Depp was seen vaping in recent movies. Depp used an E-cig in the movie "The Tourist" and in "Fear and Loathing in Las Vegas." (He uses a primitive vaporizer utilizing a light bulb.)

There isn't any reputable research performed by accredited agencies or medical institutions on these vaporizers. There are also no real certified standards for their use or accredited medical studies showing the chemicals and/or by-products heated in them are safe. With a myriad of new vaporizers being produced, websites touting their use, and prices going down, their use among youth is increasing. With models becoming smaller, users can easily hide them and use them almost anywhere, including homes and schools, without adults knowing.

According to Liza Salazar, Director of the Wellness Center at Idaho State University, "Though there are claims that using a vaporizer is safer and, in some ways better than smoking tobacco or marijuana, there is no evidence to support this claim. There are real risks associated with using these substances."



Legalization of Marijuana? Not in the Interest of Public Health

by Jennifer Faringer, MS.Ed., CPP, Director of DePaul's NCADD-RA

According to the American Society of Addiction Medicine as included in their June 2012 White Paper:

- Marijuana is neither safe nor harmless.
- Substance use disorders resulting from marijuana use are a serious and widespread health problem.
- Marijuana is associated with adverse health consequences. Among these are acute impairments in the performance of complex tasks such as driving a motor vehicle.
- Legalization of marijuana would likely lead the general public, young people in particular, to view marijuana as less harmful than it is now viewed. Decreases in "perceived harm" would result in increased rates of use and increase in marijuana-related substance abuse disorders.
- Marijuana use is associated with increased rates and worsening symptoms of psychosis. Increases in availability and access to high-potency marijuana and rates of marijuana use could result in increased rates of psychotic illnesses.
- Revenues projected to be generated from taxation of legal marijuana would be far lower than the costs associated with increased marijuana use. It would be unlikely [that this tax] would be targeted to the health costs due to the use of marijuana.

Recognize the Signs of Underage Problem Gambling

by Jennifer Faringer, MS.Ed., CPP, Director of DePaul's NCADD-RA



Youth today are bombarded with media images and messages that depict gambling as exciting and glamorous. They are exposed to messages about the benefits of gambling and the belief they can make a lot of money quickly. As parents, it's important to give a balanced message about the realities of gambling, the potential risks and the consequences. In New York state, approximately 140,000 adolescents have experienced problems due to gambling. An additional 10 percent are at risk for problem gambling!

Unlike other problem behaviors, gambling is the "silent addiction" with no physical signs to detect if your child either has a gambling problem or is at risk for developing one. We know teens are at greater risk than the general population for developing a gambling problem due to their vulnerability to a variety of social issues and stressors. One in five compulsive gamblers have attempted suicide.

Consider the following warning signs and see if you recognize any of these behaviors in your teen:

- Do they experience mood swings based on winnings and losses?
- Do they neglect other responsibilities in order to concentrate on gambling?
- Do they experience impatience with loved ones because they are interrupting their gambling activities?
- Are they willing to eat less or go without food so that they can gamble?
- Do they gamble with money intended for necessary expenses?
- Do they fantasize about big winnings and believe that they will win back all of there losses?

If the answer is YES to four or more of the above questions, problem gambling may be affecting your teen and your family.

Other important risk factors that impact our youth include

favorable attitudes toward gambling by parents and other significant adults, having friends that gamble, having a family history of gambling, and starting to gamble at an early age. On a community level, the increasing availability of gambling venues, as well as community attitudes that both minimize the risks of gambling and are favorable to gambling, negatively impact our youth.

The New York Council on Problem Gambling (NYCPG) 2012 Problem Gambling Parent Education and Outreach Project is the first statewide, coordinated effort to raise awareness of problem gambling with parents. The NYCPG is working with local councils statewide to educate parents about gambling and problem gambling and to encourage them to talk to their kids about



the issue. NCADD-RA is proud to partner with NYCPG to continue needed prevention outreach efforts.

To learn more or to schedule a parent presentation for your school or community group, call NCADD-RA at (585) 719-3480 or (585) 719-3485 or visit our website at www.ncadd-ra.org/underagegambling.



**Congratulations to the ACCT Class
of 2011-2012!**

Effective Strategies Addressing College Drinking

(Article sources: NIAAA, NIH, U.S. Department of Health and Human Services)

by Bridget DeRollo, BA, CPP, Family Program Coordinator

Research continues to improve our understanding of college drinking issues and how to address these persistent problems. Statistics show that more than 80 percent of college students drink alcohol and almost half report binge drinking in the past two weeks. Binge drinking is defined as a pattern of drinking that raises the blood alcohol concentration levels to .08 (usually five drinks for a man and four drinks for a woman in a two-hour period).

The following are estimated figures for college students between the ages of 18 and 24 in a given year:

- 1,825 students die from alcohol-related unintentional injuries including motor vehicle crashes.
- 599,000 students are unintentionally injured under the influence of alcohol.
- 696,000 students are assaulted by another student who has been drinking.
- 97,000 students are victims of alcohol-related sexual assault or date rape.
- 400,000 students have unprotected sex and more than 100,000 report having been too intoxicated to know if they consented to having sex.
- 3,360,000 students drive under the influence of alcohol.
- 25 percent of college students report having academic consequences because of their drinking, including missing classes, falling behind, doing poorly on exams or papers, and receiving lower grades overall.

Though the majority of college students arrive with some prior experience with alcohol use, there are particular influences that can place students at higher risk for developing problems, including unstructured time, availability of alcohol, and inconsistent enforcement of underage drinking laws. Research indicates that Greeks, athletes, first-year students and students with addictions in their families are high-risk populations for drinking problems and associated issues.

Research in this field indicates successful efforts require a comprehensive approach involving a combination of prevention, intervention and treatment strategies that target individual students, the student body as a whole, the college campus and the community at-large. An effective individual strategy is the screening and brief intervention program which evaluates students' alcohol use and provides constructive feedback. Effective strategies targeting

the campus and surrounding community include educating on alcohol, limiting alcohol availability, enforcing underage drinking laws, providing alcohol-free activities, notifying parents of alcohol-related infractions, adjusting academic schedules to include more Friday classes, and reducing the number of long weekends during the semester. Social-norms approaches, which aim to correct students' misperceptions about their peers' drinking etc., are part of a comprehensive approach. New research shows that a social-norms approach may work best in individual and online applications.



The college student is not insulated nor is the college. All are part of the larger community environment. Effective campus-community partnership strategies include demonstrating strong support from college and community leaders, publicizing and enforcing underage-drinking and zero tolerance laws, partnering with the local residential and business communities to reduce alcohol access and address violations, increasing the price of alcohol, and eliminating low-cost drink specials in bars close to campuses.

In New York State, there are numerous comprehensive efforts in the prevention, intervention and treatment arenas. Dating back to 1985, campus-community initiatives formally organized through the New York State Office of Alcoholism and Substance Abuse Services, remain in existence today. This includes the New York Statewide College Consortia Steering Committee on Alcohol, Other Drugs, Gambling and Violence (co-chaired by Bridget DeRollo, DePaul's NCADD-RA, and Ruth DeRosa, St. John's University) as well as the nine-regional-college consortia network throughout the state. The Finger Lakes Collegiate Task Force (co-chaired by Bridget DeRollo, DePaul's NCADD-RA, and Karen Pelc, RIT) is our local regional consortium that utilizes a strategic, comprehensive response to campus-community issues. It has been an active part of our community since 1986 and includes such colleges as Hobart-William Smith Colleges, Keuka College, Finger Lakes Community College, Monroe Community College, St. John Fisher College, Nazareth College, RIT, University of Rochester, SUNY College at Brockport, SUNY College at Geneseo, and Ithaca College.

For more information on this topic, please contact Bridget DeRollo, NCADD-RA's Total Approach Family Program Coordinator and Co-Chair Finger Lakes Collegiate Task Force, Co-Chair of Statewide Collegiate Task Force at bderollo@depaul.org or 585-719-3483.



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What's in your medicine cabinet?



Prescription drug abuse is on the rise. Being informed is your best defense.

- Don't share your prescriptions.
- Know the signs and symptoms of abuse.
- Properly conceal and dispose of old or unused medications. For dates and locations of pharmaceutical waste collection sites located near you, visit www.monroecounty.gov/hhw.

 **National Council on Alcoholism and Drug Dependence – Rochester Area**
 To learn more or to schedule a presentation, contact NCADD-RA at (585) 719-3489.
www.ncadd-ra.org

NCADD-RA in the NEWS....

With growing community concern around synthetic drugs of abuse, NCADD-RA had increasing opportunities with local news media, submitting articles, being interviewed as a source for stories, etc., while at the same time increasing community awareness around the risk of prescription drug misuse and abuse!

- June 2012 In Good Health – cover story on Synthetic Drugs
- July 2012 WHAM 13 – story on new Synthetic Drug laws
- July 2012 Healthy Living – article published “Prescription Painkiller Misuse on the Rise”
- August 2012 WROC 8 – story on new New York state regulations on Synthetic Drugs
- September 2012 – Monroe County Medical Society’s Bulletin article published “Synthetic Drugs of Abuse: An Emerging and Alarming Trend”
- September 2012 - Partnered with local DEA on National Take Back Day
- September-December - Fall campaign “What’s in Your Medicine Cabinet” on variety of media to include newspapers, magazines and theater screens with the clear message to safely dispose of unwanted/unused medications.

Community Presentations Available Upon Request...

NCADD-RA provides community presentations on a wide variety of substance abuse-related topics upon request. We customize presentations to fit the need, interest and available timeframe of your school/university faculty, PTA/PTSA or other school groups including classroom presentations, outreach and clinical staff, youth and adult faith groups, or workplace organizations.

Topics include:

- Current Trends: Bath Salts, Synthetic Marijuana
- Fetal Alcohol Spectrum Disorders
- Signs, Symptoms and Current Trends of Substance Abuse
- Impact of Addiction on the Family
- Consequences of Teen Smoking
- Underage Drinking
- Problem Gambling: Impact on Youth and Families
- Methamphetamine: Individual and Community Impact
- Over-the-Counter/ Prescription Drug Abuse
- Marijuana



For further information or to schedule a customized presentation with one of our staff, please contact Ross Amico, NCADD-RA's Community Education Coordinator, at ramico@depaul.org or (585) 719-3489.