

**DATE:** May 28, 2015

**TO:** Hospitals, Emergency Departments, Urgent Care Centers and Primary Care Centers

**FROM:** NYSDOH Center for Environmental Health

**UPDATE- Health Advisory:**

**Increase in Synthetic Cannabinoid-Related Adverse Events and  
Emergency Department Visits**

Please distribute immediately to: Hospitals, Emergency Departments, ICUs, Urgent Care Centers, Community Health Clinics, Medical Directors, Nursing Directors, Primary Care Providers including: Family Medicine; Pediatrics; Internal Medicine, Mental Health Providers, and Risk Managers

*This is an UPDATE to the Health Advisory sent on April 17, 2015. All updates are bolded.*

**SUMMARY**

- **More than 300 individuals have been seen in emergency departments in New York State since April 1<sup>st</sup> for synthetic cannabinoid-related adverse events.**
- For **patients presenting with acute symptoms**, consider synthetic cannabinoid use when evaluating patients who have compatible signs or symptoms. Call the Poison Control Center (PCC) (1-800-222-1222) for guidance on the management of these patients and to report adverse events associated with synthetic cannabinoids.
- Healthcare providers should ask about synthetic cannabinoid use when evaluating patients with signs or symptoms of drug use, when discussing recreational or chronic substance use, or addressing chronic substance use disorders. Often the best way to ask is to use the street names listed below.
- **For patients reporting chronic use of synthetic cannabinoids to services that provide appropriate assessment and/or treatment if necessary. Referrals for treatment are available by calling or texting the New York State's HOPEline at 1-877-846-7369 or New York City's 1-800-LIFENET hotline.**
- Synthetic cannabinoids are not detected in standard urine toxicology screens; therefore, synthetic cannabinoid exposure should not be ruled out based on negative screening results.
- **Consider synthetic cannabinoid use in patients admitted for psychosis or psychiatric evaluation. After a patient who has been identified as using synthetic cannabinoids is stabilized in a psychiatric setting, direct referral to treatment for a substance use disorder should be considered.**

## BACKGROUND

**As previously reported, New York State has experienced an increase in synthetic cannabinoid-related adverse events and emergency department visits, with more than 300 individuals visiting health care facilities since April 1<sup>st</sup>.** Reported cases were mostly in New York City and Syracuse.

Synthetic cannabinoids are marketed as "legal" and typically consist of plant material coated by chemicals which mimic THC, the active principle of marijuana. The products are sold as incense, herbal mixtures or potpourri, online and in convenience or smoke shops, and often carry a "not for human consumption" label in order to disguise the true purpose of the substance. Synthetic cannabinoids are often referred to by different names, including: K2, Spice, Blonde, Summit, Standard, Blaze, Red Dawn X, Citron, Green Giant, Smacked, Wicked X, AK-47, synthetic marijuana, or legal marijuana. Additional names from some recent reported cases include: Geeked up, Ninja, Caution, Red Giant or Keisha Kole. Since these compounds are sold in such places as smoke shops or bodegas, and because the perception is that they do not carry the same legal ramifications as other substances, many users falsely assume that they are safer than other substances including marijuana. In addition, there have been reports of people consuming synthetic cannabinoids without their knowledge, thinking that they were taking something completely different, when in fact they were taking a substance contaminated by or consisting of a synthetic cannabinoid.

**In patients presenting acutely,** consider synthetic cannabinoid use when evaluating patients who have compatible signs and symptoms. Signs and symptoms of synthetic cannabinoid use include agitation, anxiety, nausea, vomiting, high blood pressure, tremor, seizures, hallucinations, paranoia, and violent behavior. These effects can be similar to those of phencyclidine (PCP). It has been reported that several recent patients are also presenting with somnolence and bradycardia, some requiring endotracheal intubation. These effects can appear similar to those of clonidine. **For patients where chronic, recreational or illicit drug use has been identified, inquire specifically about use of synthetic drugs, such as synthetic cannabinoids and bath salts.**

**Since many of the behaviors or symptoms exhibited are similar to that of psychosis or other psychiatric illnesses, patients may be admitted for psychiatric evaluation. However, health care providers should consider consultation with addiction medicine professionals to ensure patients are referred for appropriate assessment and/or treatment if necessary.**

**Refer patients to certified addiction treatment providers at this link:**

**[http://www.oasas.ny.gov/providerDirectory/index.cfm?search\\_type=2](http://www.oasas.ny.gov/providerDirectory/index.cfm?search_type=2).**

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Since the exact compounds contained in synthetic cannabinoid products change frequently, risks and adverse consequences are unpredictable. No antidote is presently available for synthetic cannabinoid intoxication; however, symptoms are usually short-lived and self-limited.

**Health care providers should call the Poison Control Center (PCC) (1-800-222-1222) for guidance on the management of these patients and to report adverse events associated with synthetic cannabinoids.**

**Call 1-888-99-SALTS (1-888-997-2587) to report synthetic drug sale and distribution. In New York City, call 311.**

**After stabilization, Screening, Brief Intervention, and Referral to Treatment (SBIRT) can be a useful tool to delineate those patients who should be referred for treatment and those who may respond to a brief intervention and warning. Refer patients to certified addiction treatment providers at this link:**

**[http://www.oasas.ny.gov/providerDirectory/index.cfm?search\\_type=2](http://www.oasas.ny.gov/providerDirectory/index.cfm?search_type=2).**

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