Wouldn’t Know It If I Fell Over It

Drugs and Drug Paraphernalia

Laurie Warnock, MPH
New Hampshire Education Coordinator

Northern New England Poison Center
Drug Use vs Production/Distribution

• Drug paraphernalia: equipment, product or material modified for making, using or concealing drugs
  – User specific: pipes, clips, syringes, spoons, concealment devices
  – Dealer specific: scales, vials, storage bags, balloons
  – Grower specific: lights, hydroponic setups
Antihistamines
CNS Depressants with ↑ Heart Rate

Physical:
- Increased heart rate, blood pressure, temperature
- Probably dry and flushed (not sweating)
- Dilated pupils; Seizures possible

Psychological:
- Agitated and delirious
- Possibly hallucinating
- May be dizzy, drowsy or comatose
Dextromethorphan (DXM) +/- antihistamine

- Slang: DXM, RoboTrip or Triple C
- Products: Robitussin DM, Coricidin HBP for Cough and Cold, others

- Drowsiness or agitation
  - Coma or seizures possible but not common

- Vertical or rotary nystagmus may be present

- Large or small pupils possible
Inhalants: Definitions

- **Inhalant Abuse:** deliberately inhaling gases or vapors to obtain a “high”
- **Sniffing:** smelling directly from container
- **Huffing:** inhaling through mouth and/or nose from a cloth/rag soaked in solvent
- **Bagging:** placing substance in a bag and inhaling from the bag
- **Huffing Tents:** group event in an small enclosed space
Signs of Inhalant Abuse

Inhalant use often leads to problems in school -- failing grades, chronic absences and general apathy.

Other signs include the following:

- Paint or stains on body or clothing
- Spots or sores around the mouth
- Red or runny eyes or nose
- Chemical breath odor
- Drunk, dazed, giddy, dizzy appearance
- Nausea, loss of appetite
- Anxiety, excitability, irritability

http://www.inhalants.org
TEENS ARE MORE LIKELY TO USE E-CIGARETTES THAN CIGARETTES

*Past month use

- Cigarettes
- E-Cigarettes

- 8th grade: 4.0% (Cigarettes) vs. 8.7% (E-Cigarettes)
- 10th grade: 7.2% (Cigarettes) vs. 16.2% (E-Cigarettes)
- 12th grade: 13.6% (Cigarettes) vs. 17.1% (E-Cigarettes)

Only 14.2% of 12th graders view e-cigarette use as harmful, which is less than 5 students in the average class.

The National Institute on Drug Abuse is a component of the National Institutes of Health, U.S. Department of Health and Human Services. NIDA supports most of the world’s research on the health aspects of drug abuse and addiction. Fact sheets on the health effects of drugs of abuse and information on NIDA research and other activities can be found at www.drugabuse.gov.
Old vices, new devices

More than a quarter-million youth who had never smoked a cigarette used e-cigarettes in 2013.

E-cigarette usage rates among teens *tripled* from 2013-2014.

Study finds youth who have used e-cigarettes are almost twice as likely to have intentions to smoke conventional cigarettes

(http://www.cdc.gov/media/releases/2014/p0825-e-cigarettes.html)
If I found this in my teen’s room, I would never suspect it was a smoking device.

Just pull off the paper tab, press the green button and take a drag. $7.99 at local QuikStop
Nicotine

- A stimulant: increases heart rate, alertness, focus, metabolism
- Highly addictive; only medical use is to treat nicotine addiction.
- Nicotine readily passes into the bloodstream through skin contact; spilling liquid nicotine onto skin can cause intoxication, death

2452 calls to poison centers thru 9/30/15
E-cigarette

Liquid is poured into this opening, which heats up enough to create vapor.

Mouthpiece

Rechargeable battery base, USB port
Lots to choose from!
From 0 mg – 24 mg nicotine concentration

Those trying to quit smoking would start ‘vaping’ with higher nicotine content, gradually reduce to 0.

There is no concrete evidence that this is an effective method of smoking cessation.
DISCREET VAPE - APPEARS TO BE A COMMON INHALER PLUS - IT’S SMALL & PORTABLE!
'Vape Mods', 'Box Mods'

Source: csvape.com

Source: Pinterest

Innokin Disrupter

Wattage: 6-50W
Battery: 2000mAh
Resistance: down to 0.2ohm
Price: $45.99 – $59.99

The Innokin Disrupter is the latest technology to hit the market.

Source: csvape.com

1-800-222-1222
www.nnepc.org
Yes, today's L&M gives you...

Less tars & More taste

They said it couldn't be done... a cigarette with such an improved filter... with such exciting taste. But L&M did it! L&M's patented filtering process electrostatically places extra filtering fibers crosswise to the stream of smoke... enabling today's L&M to give you - puff by puff - less tars in the smoke than ever before. Yet L&M draws easy... delivering you the clean rich taste of the Southland's finest cigarette tobaccos. The best tasting smoke you'll ever find!

Live Modern... change to modern L&M

JAMES ARNESS - STAR OF GUNSMOKE

"Puff by puff...
Less tars... More taste...
that's today's L&M"

---

blu ELECTRONIC CIGARETTES

Take back your freedom with blu eCigs®, the new alternative to traditional cigarettes.

- Smoke Virtually Anywhere
- No Tobacco Smoke, Only Vapor
- Flavors Made in the U.S.A.

blucigs.com/store-locator/

Now Available in Retail Stores Nationwide
Marijuana and Opioids 2.0

These are not your mother’s drugs.
– More potent
– More ways to use
– Legal issues are changing
Marijuana

In the old days...
Marijuana

The more things change, the more they stay the same ..

Source: http://www.hightimes.com/
60% of high school seniors do not view regular marijuana use as harmful, which is nearly double from 20 years ago. The potency of marijuana, as measured by THC content, has steadily increased over the last few years, which means that daily use of today’s marijuana may have greater health consequences than use of marijuana from 10 to 20 years ago.
Medical Marijuana in NH

Therapeutic Cannabis Program qualifying conditions:

- (1) Cancer, glaucoma, positive status for human immunodeficiency virus, acquired immune deficiency syndrome, hepatitis C currently receiving antiviral treatment, amyotrophic lateral sclerosis, muscular dystrophy, Crohn's disease, multiple sclerosis, chronic pancreatitis, spinal cord injury or disease, traumatic brain injury, epilepsy, lupus, Parkinson's disease, Alzheimer's disease, or one or more injuries that significantly interferes with daily activities as documented by the patient's provider;

  AND

- (2) A severely debilitating or terminal medical condition or its treatment that has produced at least one of the following: elevated intraocular pressure, cachexia, chemotherapy-induced anorexia, wasting syndrome, agitation of Alzheimer's disease, severe pain that has not responded to previously prescribed medication or surgical measures or for which other treatment options produced serious side effects, constant or severe nausea, moderate to severe vomiting, seizures, or severe, persistent muscle spasms.

http://www.dhhs.nh.gov/oos/tcp/medical-conditions.htm
Medical Marijuana in NH

• Distribution via 4 Alternative Treatment Centers (ATCs)
• Not Rx; Registry Identification Card issued by OOS following written certification by physician who has performed an in-person exam and has at least a 3 month relationship with patient
• Allowed 2 oz. per 10-day period

http://www.dhhs.nh.gov/oos/tcp
126-X:3 Prohibitions and Limitations on the Therapeutic Use of Cannabis. –

I. A qualifying patient may use cannabis on privately-owned real property only with written permission of the property owner or, in the case of leased property, with the permission of the tenant in possession of the property; except that a tenant shall not allow a qualifying patient to smoke cannabis on rented property if smoking on the property violates the lease or the lessor's rental policies that apply to all tenants at the property. However, a tenant may permit a qualifying patient to use cannabis by ingestion or inhalation through vaporization even if smoking is prohibited by the lease or rental policies. For purposes of this chapter, vaporization shall mean the inhalation of cannabis without the combustion of the cannabis.

II. Nothing in this chapter shall exempt any person from arrest or prosecution for:

(a) Bringing into the influence of cannabis while:
   (1) Operating a motor vehicle, commercial vehicle, boat, vessel, or any other vehicle;
   (2) In his or her place of employment, without the written permission of the employer;
   (3) Operating heavy machinery or handling dangerous machinery.

(b) The use or possession of cannabis by a qualifying patient or designated caregiver for
   his or her personal medical use;

(c) The smoking or vaporization of cannabis in any public place, including:
   (1) A public bus or other public vehicle;
   (2) Any public park, public beach, or public field.

(d) The possession of cannabis in any of the following:
   (1) The building and grounds of any preschool, elementary, or secondary school, when
      the possession occurs on the school's premises;
   (2) A place of employment, without the written permission of the employer;
   (3) Any correctional facility;
   (4) Any public recreation center or youth center;
   (5) Any law enforcement facility.

III. Nothing in this chapter shall be construed to require

(a) Any health insurance provider, health care plan, or medical assistance program to be

(b) Any individual or entity in lawful possession of property to allow a guest, client, or

(c) Any accommodation of the therapeutic use of cannabis on the property or premises

IV. A qualifying patient who makes a fraudulent representation to a law enforcement officer of an

V. A qualifying patient or designated caregiver who is found to be in possession of

VI. Any qualifying patient or designated caregiver who sells cannabis to another person is

VII. The department may revoke the registry identification card of a qualifying patient or


Private Property

RSA 126-X does not require any individual or entity in lawful possession of property to allow a guest, client, customer, or other visitor to use therapeutic cannabis on or in that property.

Pursuant to RSA 126-X:3, I:

• A qualifying patient must obtain written permission from the property owner to use cannabis on the privately owned property.

• In the case of leased property, such permission must be obtained from the tenant in possession of the property.

• A tenant shall not grant permission to smoke cannabis on the leased or rented property if smoking violates the lease or rental policies that apply to all other tenants.

• If smoking on the property violates the lease or the rental policies that apply to all tenants at the property, the tenant shall not grant the qualifying patient permission to smoke cannabis on the property. However, the tenant may grant permission to the qualifying patient to ingest cannabis or inhale cannabis through vaporization (i.e., no burning of the cannabis).
Medical Marijuana: Colorado’s Experience

- Increased health care utilization:
  - Marijuana poisoning with edible products
    - Pediatric exposures
    - Adults with excessive dosing
  - Exacerbation of underlying psychiatric issues
    - Psychosis
    - Anxiety
    - Depression
  - Flash burns while extracting THC from plants using butane
  - Cyclical vomiting syndrome

New Forms, New Problems

• Traditional plant material more potent, specialized (7+% THC vs 1-4%, Sativa vs Indica, CBD)

• E-Juice for use in electronic cigarettes (vaping)
  – No telltale odor, fire hazard

• Concentrates (BHO, Shatter, Budder)
  – Dangerous extraction process
  – Extremely potent
  – Contaminants
Clinical Effects

Mild Effects

- Dizziness
- Shallow breathing
- Red eyes, dilated pupils
- Dry mouth
- Increased appetite

Concerning Effects

- A distorted sense of time
- Random thinking
- Paranoia
- Anxiety
- Depression
- Short-term forgetfulness
- Slowed reaction time
- Increased heart rate
- Risks associated w/smoking
Traditional Marijuana

Source: http://www.hightimes.com/
DO YOU KNOW WHAT YOU'RE PUTTING IN YOUR LUNGS?

SMOKING VS VAPORIZING

WHY SMOKING MARIJUANA ISN'T IDEAL

RESPIRATORY HAZARDS OF SMOKE ARE DUE TO TOXIC BY-PRODUCTS OF COMBUSTION, NOT THE ACTIVE INGREDIENTS IN THE PLANT also known as cannabinoids.

Why VAPORIZING MARIJUANA IS BETTER FOR YOU

VAPORIZING MARIJUANA EMITS A VAPOR THAT IS 95% SMOKE AND CARCINOGEN FREE. Vaporizers heat a substance to a precise temperature - releasing active ingredients in vapor form without ever igniting the substance.

THE SWEET SPOT
VAPORIZATION IS THE MOST EFFECTIVE AROUND THIS TEMPERATURE.

http://www.marijuana.com/

COMBUSTION CREATES SMOKE WHICH IS THE PRIME CAUSE OF LUNG CANCER & MANY RESPIRATORY DISORDERS.

1-800-222-1222

Northern New England Poison Center

www.nnepc.org
Wax, Shatter, Budder, BHO, Hash Oil, etc.

- Extractions of THC through a chemical process
- Concentrations of THC vary widely
  - Smoking herb ≈ 15% THC
  - Vaping BHO ≈ 60-80% THC
- Process may also extract pesticides, contribute chemicals such as butane

http://www.hightimes.com/watch/concentrate-basics-shatter-budder-and-oil
Cannabis Infused Products

• ‘Medibles’, edible marijuana products

http://www.mediblesino.com/medibles.html#portfolio

Northern New England Poison Center

Home Growing Operations

Example of Verticalponics in a BuddhaBox with Tent Grow Room
Home Grow Set-ups
The Olde Fridge/Freezer Set-Up Marijuana Growing

Images may be subject to copyright.
Synthetic Marijuana aka Spice, K2

- Plant materials treated with synthetic cannabinoid or other chemicals

- Sold as herbs, incense, potpourri. *May or May NOT* cause effects similar to marijuana

- Will not show up on THC test (no THC!)
Synthetic Marijuana

- ↑ heart rate, ↑ blood pressure
- Anxiety/agitation/hallucinations
- Drowsiness/slurred speech
- Vomiting
- Numbness/tingling, tremors/seizures
- Pale appearance, dilated pupils
What was once imported from China is now often made locally.

Photos: US DEA, NH
Where do they get this stuff from???

K2HerbStore.com
Favorite FAQs:
Does spice contain salvia, THC, cannabis or any controlled substances?
Our Spice Incense does not contain salvia, THC, cannabis or any other controlled substance and is not intended to be smoked or consumed.

Where do you ship to?
Yes we ship to all 50 states. Our New Product formula is 100% legal everywhere. We ship in very discreet packaging so there is no need to worry.
7794 Exposures in 2015*

Hundreds of cases in April, May 2015 in AL, NJ, TX, TN, FL, MS, NY requiring hospitalizations

Severe symptoms:

- Severe agitation, anxiety; racing heartbeat, elevated blood pressure
- Nausea, vomiting, muscle spasms, seizures
- Intense hallucinations, psychotic episodes
- Suicidal, violent thoughts and/or actions

Synthetic cannabinoids, synthetic cathinones, unidentified chemicals?

*3680 total in 2014
‘Bath Salts’

Photos: US DEA, NH
“Bath Salts”

- Labeled ‘Bath salts’, ‘spa cleaner’, ‘lady bug attractant’ etc., to evade scrutiny, detection. Sold in packets labeled "not for human consumption," but are used to get high.

- **MAY** Contain: MDPV (methylenedioxypyro-valerone), CFT (like cocaine), mephedrone, lidocaine, cathinone (like amphetamine)

- Can be inhaled, smoked or injected into a person's vein

- Burst of energy, high blood pressure, fast heart rate, anxiety, hallucinations and muscle breakdown. May induce severe paranoia, intense cravings; may hurt themselves or others.

  **Sudden violent behavior is a possibility.**
Available in Many Forms

Pictures provided by Lt. Thomas J. Reagan
Bangor Police Department
Expect an erotic bath to last anywhere from 6-12 hours.

We found the intensity fantastic, but were careful to follow directions and not take more than one application of 20 mg or so at a time.

Made by Am-Hi-Co… Very subtle
Methamphetamine
Click on the map to view the list of clandestine labs in each state

No recent updates
Clean up is no game for amateurs...

Contact local Fire Department/Hazmat

Mission Statement

“To Provide member communities of SENHMMAD with Technician-level response capability consistent with the federal, state and local laws, rules, regulations and consensus standards of safe practice; to potential and identified hazardous materials challenges that endanger life, property and the environment.”

1-800-222-1222
www.nnepc.org
Opioids

- **Natural (opiates)**
  - Codeine
  - Morphine

- **Semi-synthetic**
  - Buprenorphine (Suboxone®)
  - Butorphanol (Stadol®)
  - Heroin
  - Hydrocodone (Vicodin®)

- **Synthetic**
  - Fentanyl (Sublimaze®)
  - Meperidine (Demerol®)
  - Hydromorphone (Dilaudid®)
  - Oxycodone (Percocet®, Tylox®, OxyContin®)
  - Pentagon (Talwin®)
  - Methadone
  - Propoxyphene (Darvocet®)
431* Opioid Deaths in NH in 2015
326 in 2014; 27 YTD 2016, 84 cases pending

No one starts with heroin
- Common path begins with Rx misuse
- Heroin cheaper, easier to get than Rx drugs
- Recent analysis: heroin/fentanyl
- No ‘typical’ user: any neighborhood, any family
- Treatment works but availability limited, finding the right program at the right time is crucial
- Lifelong battle: finding a living environment that supports sobriety can be a challenge
Fentanyl

- As an Rx drug, often as patches, chronic pain management
- As an illicit drug 50x stronger than heroin
- Can be made locally, cheaper, no opium needed
Overdose Deaths By Year
Data Source: NH Medical Examiner's Office

*2015 Numbers are based on analysis completed as of 28 March 2016 - cases still pending
+ Heroin & Fentanyl Related deaths are not mutually exclusive, several deaths involved both drugs

Northern New England Poison Center
1-800-222-1222
www.nnepc.org
Heroin Use

[Images of injection marks and drug paraphernalia]

Northern New England Poison Center
1-800-222-1222
www.nnepc.org
Naloxone (Narcan®)

• Can be given IV, IM, intranasal; works quickly to block opioid receptors in the brain
• Patient may be aggressive, hostile
• Will still need medical attention
• No negative side effects
This is an opportunity.....

For diversion, for education
Permanent prescription drug drop boxes located around the state.

- Derry PD
- Salem PD
- Exeter PD
- Raymond PD
- Sandown PD
- Windham PD

Visit your local police department to anonymously discard of unused or unwanted medications!

33 recognized drop boxes have been implemented in police departments throughout the state:

- Amherst Police Department
- Auburn Police Department
- Camna Police Department
- Conway Police Department
- Derry Police Department
- Durham Police Department
- Enfield Police Department
- Exeter Police Department
- Franklin Police Department
- Gilmanton Police Department
- Gilford Police Department
- Hanover Police Department
- Haverhill Police Department
- Hillsdale Police Department
- Hudson Police Department
- Keene Police Department
- Laconia Police Department
- Lancaster Police Department
- Lebanon Police Department
- Lee Police Department
- Litchfield Police Department
- Littleton Police Department
- Merrimack Police Department
- Moultonborough Police Department
- Newington Police Department
- North Hampton Police Department
- Pelham Police Department
- Plymouth Police Department
- Portsmouth Police Department
- Raymond Police Department
- Salem Police Department
- Sandown Police Department
- Seabrook Police Department
- Windham Police Department

NHDOJ.gov
Drug Disposal

To dispose of Rx drugs:

• Take Back Days or permanent drop box (NHDOJ.gov) OR

• **Do** remove them from their original containers and mix them with an undesirable substance like used coffee grounds or kitty litter.

• Place the mixture in a sealable bag and place in household trash.

• **Don’t** flush down the toilet or pour down the sink

• Black out any personal information on the prescription vials before throwing them in the trash.

Source: www.nnepc.org
Resources

25% OFF & FREE COIL INCLUDED

Grow Hack: 7 Ways of Silencing Your Growroom

Grow Centers Easy
Grow Your Own
Drug Test
Single Seeds
Award Winning Complete Grow Rooms
Grow Box USA
Affordable Hydroponic Grow Boxes
Dropper Seeds
Cheat Your Drug Test
Across International Vacuum

1-800-222-1222
www.nnepc.org
Meth Labs
by Nick Gromicko

Methamphetamine (also known as "crystal meth" or "meth") is a highly addictive and illegal stimulant. A meth lab is an illegal drug-manufacturing site, often a house or apartment, containing equipment and potentially toxic chemicals required to produce meth.

Facts and Statistics About Meth Labs

- In 2003, more than 17,000 meth labs were seized by police in the United States. Seizures in recent years have been significantly fewer, but authorities estimate that tens of thousands of homes may be contaminated by toxic chemicals from meth labs.
- Far fewer meth labs per capita have been seized in Canada than in the United States.
- Meth labs can be found in any neighborhood, regardless of social, socio-economic, and ethnic composition.
- Carpeting, wallboard, ceiling tile and fabric may absorb spilled or vaporized chemicals. These chemicals may remain for many years after the meth lab has been disassembled, potentially poisoning future tenants. It can cost tens of thousands of dollars to make contaminated homes habitable.
- It is estimated that 5 to 7 pounds of chemical waste is produced for each pound of meth manufactured.
- One tablespoon of methanol, an ingredient required in meth production, can cause permanent blindness if ingested. Death can result from the ingestion of less than half of a cup of the chemical. Other common chemicals used to produce meth include bleach, household drain cleaner, benzene, methylene chloride, trichloroethane, battery acid, lye, ammonia and muriatic acid. More chemicals can be formed during the "cooking" process.
Recognizing a Possible Meth Lab:

- The following conditions are indications that a residence is or was once used as a meth lab:
- the presence of equipment used to cook meth, such as pressure cookers, jugs, blenders, aluminum foil, pH test strips, turkey basting wands, rubber gloves, thermometers, funnels, strainers and duct tape;
- unusual odors. The odors associated with meth labs often smell sweet or bitter, and some people have described it as burning popcorn. An ammonia smell, similar to that of pet urine, may also be present. Waste products may have been dumped down sinks, drains or toilets. These waste products can collect in drains, traps and septic tanks and can give off fumes;
- covered or blacked-out windows;
- chemical staining of walls and floors. Yellow or red stains are likely to be a result of phosphorous or iodine spillage;
- burnpits, stained soil, or dead vegetation indicating dumped chemicals from a meth lab;
- security measures, such as cameras or baby monitors outside of buildings. Unusual small holes in walls and doors may indicate runways for cables;
- trap doors in floors or walls;
- rust appearing on door hinges, cabinet knobs, light fixtures or keys. Corrosive gasses such as hydrochloric acid cause this rusting;
- unusual burn marks;
- missing or detached smoke detectors; and
- unusual venting or plumbing.

Source: https://www.nachi.org/meth-labs.htm
Telltale Signs That A Home Was Previously A Grow Op

June 24, 2014

Have you ever wondered why your neighbors never seem to surface from their home, rarely have any garbage to pick up, always have the blinds down or windows covered, come and go at unusual hours, and never invite you over for a barbecue? These are some of the signs of a potential marijuana grow operation. With an estimated 50,000 grow houses in Canada*, there is increasing concern about health, fire, safety, and structural implications for home buyers. It's imperative to know the signs and the associated risks with houses that were previously used as a grow house.

What is a Grow House?

A grow house is a home that has been converted into a marijuana operation. Larger homes in quiet areas with unfinished basements are preferred, although grow houses can exist in any type of home or neighborhood.

What Are the Signs and the Risks?

The house must have ideal greenhouse conditions for the plants to grow. To create such an environment, operators usually make some changes to the following areas of the house:
Resources

Northern New England Poison Center
1-800-222-1222 (Program your phone right now!)
www.nnepc.org

Partnership for DrugFree NH
www.drugfreenh.org

NH Bureau of Drug and Alcohol Services
New Hampshire Resource Guide
Promoting Prevention and Recovery