

Drug-Positive Urine Specimens from Uninsured or Publicly Insured Residents of Montgomery County, Maryland, Contain No Fentanyl and Few Synthetic Cannabinoids but Do Contain Multiple Drugs

Submitting Site: ACCESS to Behavioral Health Services (Montgomery County, Maryland)

Contacts: Leon Suskin, LCSW-C (ACCESS), leon.suskin@montgomerycountymd.gov
Eric D. Wish, PhD (NDEWS, UMCP), ewish@umd.edu

Background

ACCESS to Behavioral Health Services is a mental health and substance abuse screening and referral program that provides assessment and linkages for uninsured or publicly insured residents of Montgomery County, Maryland. ACCESS collects urine specimens as part of a comprehensive behavioral health assessment conducted at program intake.

Methods

ACCESS submitted 20 urine specimens collected between June and August 2017 that had tested positive for one or more drugs by their standard 12-drug panel onsite rapid test cup. The drug most detected in these specimens by their testing was marijuana, which was found in 12 specimens; benzodiazepines, amphetamine/methamphetamine, and cocaine were each detected in three specimens. Only three specimens (15%) tested positive for more than one drug. DOTS was asked to determine whether drugs not screened for by the program's onsite testing, particularly synthetic cannabinoids or fentanyl and its analogs, were present in these specimens. See *DOTS Bulletin*, Issue 1, for a detailed description of the DOTS pilot study methodology and limitations (<https://go.umd.edu/ndews-dots>).

Sample Characteristics

The specimens came from persons between the ages of 19 and 60 years old, with half older than 29. Thirteen specimens (65%) came from females, and the majority (60%) were from African Americans.

DOTS Drug Test Results

The table on the following page shows the drugs or drug metabolites that were detected in the 20 specimens. As expected, most specimens (75%) contained marijuana, six (30%) contained cocaine, and three (15%) contained amphetamine/methamphetamine. Only one specimen contained synthetic cannabinoids (three metabolites), and none tested positive for fentanyl or its analogs. Eleven specimens (55%) tested positive for more than one substance, and six specimens (30%) contained four or more substances.

Implications

Although these specimens did not contain fentanyl or its analogs and only one specimen contained synthetic cannabinoids, more than half of the specimens (55%) contained multiple drugs, compared with 15% found with the program's standard drug panel. These findings suggest that, at least for the subset of the population these samples were drawn from, ACCESS may not be typically serving a segment of the population with opioid use disorders. Based on these results, it appears that while the standard 12-drug panel onsite rapid test cup currently used by ACCESS likely identifies the most commonly used substances (marijuana and cocaine), it may underestimate the extent of multiple drug use in its population.

THE DRUG OUTBREAK TESTING SERVICE (DOTS) PILOT STUDY

DOTS tests up to 20 urine specimens for 240 drugs, without cost to the submitting site, to help identify emerging drugs for epidemiologic purposes.

To become a DOTS site or for more information:

ndewsdots@umd.edu

DOTS Bulletins are available at: <https://go.umd.edu/ndews-dots>

Drugs or Drug Metabolites Detected by DOTS Laboratory Urinalyses

(N = 20 urine specimens submitted to DOTS by ACCESS to Behavioral Health Services, Montgomery County, Maryland)

Specimen	Common Drugs					Pharmaceutical Nonopioid Drugs											Nonfentanyl Opioids					Other Drugs					Total Detected										
	THC (marijuana)	Benzoyllecgonine (cocaine)	Amphetamine	Methamphetamine	PCP	Antihistamines				Benzodiazepines				Antidepressants			Gabapentin	Cyclobenzaprine	Dextromethorphan	Codeine	Morphine	Hydromorphone	Oxycodone	Oxymorphone	Methadone/EDDP	Dibutylone		Mitragnine/7-Hydroxy-Mitragnine	mCPP*	Synthetic Cannabinoids							
						Diphenhydramine	Cetirizine	Hydroxyzine	Promethazine	Alprazolam/α-Hydroxyalprazolam	7-Aminoclonazepam	Nordiazepam	Oxazepam	Temazepam	Nortriptyline	Trazodone*														Paroxetine	5F-ADB (metab 7)	MDMB-FUBINACA (metab M1)	MMB-FUBINACA				
1		✓	✓	✓		✓												✓	✓	✓			✓	✓												10	
2	✓	✓	✓				✓		✓	✓					✓			✓							✓												8
3																										✓											5
4	✓	✓																														✓	✓	✓			5
5	✓				✓	✓												✓																			4
6	✓								✓												✓	✓															4
7		✓																													✓						3
8	✓	✓																																			2
9	✓	✓																																			2
10			✓																																		2
11							✓	✓																													2
12	✓																																				1
13	✓																																				1
14	✓																																				1
15	✓																																				1
16	✓																																				1
17	✓																																				1
18	✓																																				1
19	✓																																				1
20	✓																																				1
Total Positive:	15	6	3	1	1	2	2	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		

*Trazodone is an antidepressant whose major active metabolite is mCPP. It is not possible to definitively determine whether the presence of mCPP was due to trazodone use or whether mCPP was taken on its own.

Note: Specimens were collected by ACCESS to Behavioral Health Services from uninsured or publicly insured residents at program intake between June and August 2017.

Source: Drug Outbreak Testing Service (DOTS), National Drug Early Warning System (NDEWS) Coordinating Center, Center for Substance Abuse Research, University of Maryland, College Park, June 2018.