

**Drug Early Warning Signals (DEWS):  
Central Receiving Facility (CRF) at Gracepoint –  
Hillsborough County, Florida**



Office of National Drug Control Policy  
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## Abstract

The Drug Early Warning Signals (DEWS) project uses the methodology developed as part of the earlier Community Drug Early Warning System (CDEWS) project. DEWS provides timely information about emerging drug use in criminal justice and treatment populations in local communities by sampling and re-testing urine specimens already obtained and tested for a limited panel of drugs. The CDEWS methodology samples specimens that are ready to be discarded and sends the de-identified specimens to a collaborating laboratory for testing for an expanded panel of drugs. By using already collected urine specimens, DEWS provides a relatively quick and inexpensive snapshot of the types of drugs recently used by participating populations and can help the local program to identify important drugs that their testing program may be missing. A major innovation of the current study is the expansion of the CDEWS testing panel from 169 to more than 240 licit and illicit substances, including opioids, benzodiazepines, antidepressants, and new psychoactive substances (NPS). The CDEWS methodology has been implemented in fifteen unique sites and the results are contained in eleven reports already released by the Office of National Drug Control Policy (NDEWS, 2018).

This report presents findings from the study of clients tested at the time of their assessment by the Central Receiving Facility (CRF) at Gracepoint located in Hillsborough County, Florida. Specimens from adults being assessed by the Mental Health or Substance Abuse divisions were sampled separately according to whether they came by voluntary admission, law enforcement or court order. This resulted in 6 study samples--three types of admissions to each division. A total of 228 specimens were collected from persons being assessed as part of each of the six groups.

While we expected that the Substance Abuse clients would test positive for many drugs, we were surprised to find substantial recent drug use in the Mental Health groups. More than 80% of persons in each of the six groups studied tested positive for at least one of 12 selected drugs/drug classes. It is clear that recent drug use is pervasive among Mental Health clients and supports the notion of comorbidity in these persons. The same types of drugs and multiple drugs were found in the Substance Abuse and Mental Health patients. Marijuana, amphetamine/methamphetamine and non-fentanyl opioids were found in all of the groups of clients studied. Fentanyl, though, was relatively rare, as were synthetic cannabinoids.

While most of the drugs we detected would likely be identified by the CRF panel, the drugs mostly likely to be missed by the program's smaller testing panel include antidepressants, which were found in both Substance Abuse and Mental Health clients, and diphenhydramine (an antihistamine), which was somewhat more common in the Mental Health clients. In view of the common use of the

drugs contained in these programs' standard test panels, it may not be worthwhile for them to expand their panels, as they already are aware of these clients' use of other drugs.

We also found an association between testing positive for the benzodiazepine, lorazepam, and diphenhydramine. While this combination was found in only about 7% of all clients studied, the co-occurrence of diphenhydramine and lorazepam and its possible side effects merits further study.

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## Introduction

The Drug Early Warning Signals (DEWS) project uses the methodology developed as part of the earlier Community Drug Early Warning System (CDEWS) project. DEWS provides information about emerging drug use in criminal justice and treatment populations in local communities by sampling and re-testing urine specimens already obtained and tested for a limited panel of drugs by local testing programs. CESAR or local staff sample the specimens that are ready to be discarded and send them de-identified to a collaborating laboratory for testing for an expanded panel of drugs. By using already collected urine specimens, DEWS can provide a relatively quick and inexpensive snapshot of the types of drugs recently used by participating populations. The CDEWS methodology is designed to achieve two primary objectives: 1) to identify and describe the use of emerging drugs in populations at high risk for recent drug use; and 2) to specify any important drugs that the current local testing program may be missing. A major innovation in the CDEWS methodology used in the current study is the expansion of the CDEWS testing panel to include testing for more than 240 licit and illicit substances, including opioids, benzodiazepines, antidepressants, and new psychoactive substances (NPS), using more sensitive testing technology than is typically available to local testing programs. A full description of the CDEWS methodology is contained in a separate report (Billing et al., 2019).

The CDEWS methodology has now been piloted in fifteen unique sites and the results are provided in eleven reports already released by the Office of National Drug Control Policy (NDEWS, 2018). This report presents findings from the study of the Central Receiving Facility (CRF) at Gracepoint serving Hillsborough County, Florida. The CRF is the central intake point for the assessment and referral of adults experiencing a mental health or substance abuse crisis to facilitate access to the behavioral health care system for persons in this jurisdiction. The CRF program conducts assessments for adults with a mental health or substance abuse crisis referred to the program through both voluntary and involuntary means, including self-referral, police intervention and/or civil commitment. Involuntary referrals may include those individuals referred to the program through law enforcement/protective custody and/or a court order/professional certificate (requiring involuntary examination/assessment following evaluation by a qualified professional).

## Site Specific Methodology

We sought urine specimens from persons being assessed at intake by the Central Receiving Facility (CRF) program at Gracepoint, located in Hillsborough County, Florida for a mental health or substance abuse crisis. The CDEWS program had previously conducted a sample collection from a program in Florida administered by the Agency for Community Treatment Services, Inc. (ACTS). ACTS, in collaboration with Gracepoint, operates the CRF program and was interested in participating in the CDEWS study.

An onsite test cup that detects 10 drugs (amphetamine, benzodiazepines, buprenorphine, cocaine, marijuana, MDMA, methadone, methamphetamine, opiates, and oxycodone), as well as 2 dipsticks that detect synthetic cannabinoids and fentanyl, is the standard screen used by this program. A full description of the study methodology is contained in a separate report (Billing et al., 2019).

We targeted for collection a total of 300 specimens obtained from clients being assessed by the participating program for a mental health or substance abuse crisis after self-referral, police intervention, or civil commitment. These specimens were collected from unduplicated, consecutive persons at the time of intake within these six client groups without regard as to whether the specimens tested positive or negative by the local test screen.

We sought to collect 50 specimens from clients being assessed voluntarily and 100 specimens from clients with an involuntary legal basis for admission, including: 1) law enforcement/protective custody and 2) court order/professional for each of the two client types (mental health or substance abuse) - a total of 150 specimens from each client type. According to the Hillsborough County Designated Receiving System Plan, the criteria for involuntary admission of a person include impaired judgement, refusal of care, and heightened risk of harm to oneself or others. Law enforcement/protective custody legal basis of admission is imposed when law enforcement officers are notified of or observe persons in danger to themselves or to others and decide to have the person stabilized at the CRF. Court order/professional legal basis of admission is administered when a qualified professional determines that a person's condition meets the involuntary criteria specified above (Hillsborough County Board of County Commissioners, 2017).

Specimens were collected between November 2017 and March 2018. We had targeted 300 specimens and received a total of 229 specimens. Fewer persons than anticipated were recruited in two client groups (mental health-court order/professional certificate and substance abuse-law enforcement/protective custody), as few clients entered the program as part of these groups. Table 1 shows the specimens received, according to the client type and legal basis for admission. The legal basis for admission was unknown for one substance abuse client.

**Table 1: Number of Specimens Received, by Client Type and Legal Basis of Admission**  
(N=229 specimens<sup>a</sup>)

Client Type	Legal Basis for Admission			Total # of Specimens
	Voluntary	Law Enforcement/ Protective Custody	Court Order/ Professional Certificate	
Mental Health	50	50	10	110
Substance Abuse <sup>a</sup>	50	16	52	118
Total	100	66	62	228

<sup>a</sup>Legal basis for admission data was missing for one substance abuse client.

## Results

The results for Substance Abuse and Mental Health clients are presented in three groups, Voluntary, Law Enforcement and Court Ordered. *CDEWS test result* refers to the expanded drug test used by the CDEWS collaborating laboratory, which includes all of the drugs tested for by the smaller program test panel.

### **A. Demographic Characteristics of Persons Providing Specimens**

Table 2 shows the demographic characteristics of the six groups studied.

Substance Abuse Clients. The average age of Court Ordered clients was 34.4, compared with the late 30s for Voluntary (37.6) and Law Enforcement clients (38.3). Most of these clients were white males.

Mental Health Clients. The mean ages of these clients ranged from 37.7 to 40.8. The majority of the Voluntary and Law Enforcement clients were females but 60% of the Court Ordered clients were males. Most of the mental health clients were white.

**Table 2: Demographic Characteristics of Persons Submitting Specimens, by Client Type and Legal Basis of Admission**  
(N=228 specimens)

	Client Type					
	Substance Abuse			Mental Health		
	Voluntary (N=50) %	Law Enforcement/ Protective Custody (N=16) %	Court Order/ Professional Certificate (N=52) %	Voluntary (N=50) %	Law Enforcement/ Protective Custody (N=50) %	Court Order/ Professional Certificate (N=10) %
<b>Age</b>						
18-20	0	6	4	2	2	0
21-25	10	13	19	8	20	0
26-30	18	12	21	16	16	20
31-40	36	31	29	20	20	40
41-50	22	19	15	28	24	10
51 and older	14	19	12	26	18	30
Total	100	100	100	100	100	100
<b>Mean Age (Years)</b>	37.6	38.3	34.4	40.8	37.7	40.3
<b>Gender</b>						
Male	66	56	48	38	34	60
Female	34	44	52	62	66	40
Total	100	100	100	100	100	100
<b>Race</b>						
White	86	75	71	70	60	60
Black/African-American	8	19	13	14	24	30
Multi-racial	6	6	10	16	12	10
Other	0	0	6	0	4	0
Total	100	100	100	100	100	100
<b>Ethnicity<sup>^</sup></b>						
Non-Hispanic	86	88	86	84	90	80
Hispanic/Latino	14	12	14	16	10	20
Total	100	100	100	100	100	100

<sup>^</sup>One case missing demographic information on this characteristic in the substance abuse group.

## B. Drugs Detected by the CDEWS Collaborating Laboratory

Given the large number of drugs in our laboratory's test panel, we summarized in Table 3 the test results for 7 individual drugs and 5 classes of drugs that were frequently detected. Appendix A provides the results for the full list of drugs that we tested for. Table 3 also combines results for methamphetamine and its metabolite, amphetamine, although it is possible that some persons had taken only an amphetamine. For ease of discussion, the three groups of clients will be called Voluntary, Law Enforcement and Court Order.

**Substance Abuse Clients:** The most common drugs found were marijuana, cocaine, and amphetamine/methamphetamine. Marijuana was detected in 39% to 56% of the Substance Abuse clients. Cocaine was detected less frequently, found in 12% to 38% of the clients. It is noteworthy that 63% of the Law Enforcement clients tested positive for amphetamine/methamphetamine, significantly more than the other clients. Only one synthetic cannabinoid, 5F-ADB (metab 7), was detected, and it was found most commonly in Law Enforcement clients (31%). A benzodiazepine was found in 35% to 50% of these clients and a non-fentanyl opioid in 19% to 60%. The most common non-fentanyl opioids detected were morphine and hydromorphone (see Appendix A). Antidepressants, a drug not in the local test panel was found in 14% to 25% of the Substance Abuse clients. Fentanyl itself was found in 6% to 22% of these clients. Multiple drugs were found in almost all specimens. The urines of 52% of the Voluntary clients, 68% of the Law Enforcement clients and 42% of the Court Order clients contained three or more of the 12 drugs/drug classes in Table 3. Law Enforcement clients tested positive for an average of 3.2 drugs/drug classes, the highest average of the three groups.

**Mental Health Clients:** As would be expected, somewhat less recent drug use was found in these clients. However, marijuana was almost as common among these clients as in the substance use clients, ranging from 34% to 45%. Cocaine was detected in 24% or less and amphetamine/methamphetamine ranged from 14% to 60%. Two percent or less of the Mental Health clients tested positive for the synthetic cannabinoid metabolite, 5F-ADB (metab 7). Antidepressants were also detected in 14% to 30% of the Mental Health clients. Between 30% and 40% of the groups of Mental Health clients tested positive for three or more drugs.

**Table 3: Selected CDEWS Collaborating Laboratory Test Results, by Client Type and Legal Basis of Admission**  
(N=228 specimens)

	Client Type					
	Substance Abuse			Mental Health		
	Voluntary (N=50) %	Law Enforcement/ Protective Custody (N=16) %	Court Order/ Professional Certificate (N=52) %	Voluntary (N=50) %	Law Enforcement/ Protective Custody (N=50) %	Court Order/ Professional Certificate (N=10) %
<b>% Positive by CDEWS Lab (drugs likely detected by the local screen are bolded).</b>						
<b>Marijuana</b>	42%	56%	39%	34%	45%^	40%
<b>Cocaine</b>	26*	38*	12*	24	16	0
<b>Amphetamine/Methamphetamine‡</b>	30*	63*	23*	14**	22**	60**
Diphenhydramine	8	25	14	4**	26**	20**
<b>Buprenorphine/Norbuprenorphine</b>	4	0	12	8	2	0
<b>Methadone/EDDP</b>	0	0	6	4	0	0
5F-ADB (metab 7)	4**	31**	6**	2	2	0
<b>Any Benzodiazepine</b>	42	50	35	36	44	60
<b>Any Non-Fentanyl Opioid</b>	60**	19**	37**	28	20	30
Any Antidepressant	14	25	25	24	14	30
<b>Any Fentanyl</b>	22	6	15	12	6	10
Any Other Psychoactive Substance	12	6	8	12	10	0
<b>Number of Drugs Testing Positive (of 12):</b>						
0	8%	0%	14%	12%	16%	10%
1	22	13	21	28	26	10
2	18	19	23	30	20	40
3	20 ] 52%	31 ] 68%	23 ] 42%	12 ] 30%	22 ] 38%	10 ] 40%
4+	32 ]	37 ]	19 ]	18 ]	16 ]	30 ]
Total	100%	100%	100%	100%	100%	100%
<b>Mean Number of Drugs/Drug Classes (of 12)</b>	2.6	3.2	2.3	2.0	2.1	2.5

<sup>^</sup>One specimen missing a drug test result for marijuana due to an insufficient quantity of urine for testing.

<sup>‡</sup>Amphetamine is a metabolite of methamphetamine. 17% of specimens that tested positive for methamphetamine also tested positive for amphetamine.

\*p<.05 by Chi Square; \*\*p<.01 by Chi Square or Fisher's Exact Test.

### **C. Diphenhydramine and Benzodiazepines**

We uncovered an association between testing positive for diphenhydramine and for benzodiazepines. Diphenhydramine is an antihistamine which is often used to treat allergy symptoms, and may induce drowsiness due to its sedative effects (MedlinePlus, 2018). Because of the small sample sizes available, the analyses of the relationship between these drugs combined all client types within the Substance Abuse and Mental Health groups. Table 4 shows that clients testing positive for any benzodiazepine were about three times more likely to test positive for diphenhydramine than persons who tested negative. This association stemmed mainly from the drug lorazepam. While the sample sizes were small, these differences were statistically significant, with 53% of the Substance Abuse clients and 47% of the Mental Health clients who tested positive for lorazepam also testing positive for diphenhydramine, compared with only 7%-10% of the clients who tested negative for lorazepam. Still, this combination was rare. We found that only 7% of specimens from all of the clients studied tested positive for both diphenhydramine and lorazepam.

**Table 4: Benzodiazepine Association with Diphenhydramine, by Client Type**  
(N=229 specimens)

	Client Type	
	Substance Abuse	Mental Health
	Percentage Positive for Diphenhydramine (N) %	Percentage Positive for Diphenhydramine (N) %
<b>All Specimens</b>	(N=119) 13%	(N=110) 16%
<b>Any Benzodiazepine</b>		
Negative	(72) 7*	(64) 8**
Positive	(47) 21*	(46) 26**
<b>Lorazepam</b>		
Negative	(104) 7***	(93) 10**
Positive	(15) 53***	(17) 47**
<b>Alprazolam/<math>\alpha</math>-Hydroxyalprazolam</b>		
Negative	(102) 12	(95) 15
Positive	(17) 18	(15) 20
<b>Oxazepam</b>		
Negative	(106) 13	(97) 14
Positive	(13) 8	(13) 23
<b>Temazepam</b>		
Negative	(108) 13	(96) 15
Positive	(11) 9	(14) 21
<b>Diazepam/Nordiazepam</b>		
Negative	(108) 14	(98) 16
Positive	(11) 0	(12) 8
<b>Other Benzodiazepines<sup>^</sup></b>		
Negative	(103) 14	(97) 16
Positive	(16) 6	(13) 15

<sup>^</sup>Other Benzodiazepines include Demoxepam, Clonazepam/7-Aminoclonazepam, and  $\alpha$ -Hydroxymidazolam.

\*p<.05 by Chi Square.

\*\*p<.01 by Fisher's Exact Test or Chi Square.

\*\*\*p<.001 by Fisher's Exact Test.



## Study Limitations

The CDEWS methodology relies on expanded testing of a small number of specimens that have already been collected and tested by a local testing program. In this study, two of the six groups contained only 10 or 16 specimens. We do not know whether the individuals enrolled in this study are representative of all persons coming to this program during the period of this study. This CDEWS study was designed to learn more about the types of drugs recently used by those submitting specimens and cannot provide precise prevalence estimates.

Every effort was made to include most of the currently available drugs likely to be misused in the CDEWS Laboratory test panel. However, given the rapidly changing nature of new psychoactive substances, it is possible that some drugs may have been missed by the CDEWS testing panel. The continuously changing nature of the substances available make it difficult to develop urine tests that detect novel drug forms soon after they are discovered.

In addition, while we found that some specimens contained multiple drugs/metabolites, this does not necessarily mean that the user sought all of these drugs or was aware of the composition of the substance(s) ingested. Multiple drugs in a specimen may also simply reflect the byproducts produced from formulating, transporting, or taking the drug.

The CDEWS test results can only provide an indication of the recent use of prescription and illicit drugs by the individuals who provided the specimens. A more complete understanding of the results would require additional study. Our test results are also unable to determine why or how often persons used a drug or where they obtained the substance.

## Summary and Conclusions

While we expected that the Substance Abuse clients would test positive for many drugs, we were surprised to find so much recent drug use in the Mental Health groups. More than 80% of persons in each of the six groups studied tested positive for at least one of 12 drugs/drug classes. It is clear that recent drug use is pervasive among Mental Health clients and supports the notion of comorbidity in these persons. The same types of drugs and multiple drugs were found in the Substance Abuse and Mental Health patients. Marijuana, amphetamine/methamphetamine and non-fentanyl opioids were found in all of the groups of clients studied. Fentanyl, though, was relatively rare, as were synthetic cannabinoids.

While most of the drugs we detected would likely be identified by the CRF panel, the drugs mostly likely to be missed by the program's smaller testing panel include antidepressants, which were found in both Substance Abuse and Mental Health clients, and diphenhydramine, which was somewhat more common in the Mental Health clients. In view of the common use of the drugs contained in these programs' standard test panels, it may not be worthwhile for them to expand their panels, as they already are aware of these clients' use of other drugs.

There are several possible explanations for the co-occurrence of diphenhydramine and lorazepam. The use of lorazepam and diphenhydramine has been found to have hypnotic and anxiolytic effects. First generation antihistamines, such as diphenhydramine, interact with benzodiazepines to induce a sedative effect (Montoro et al., 2013). As such, antihistamines and benzodiazepines are often prescribed in combination to treat clinical anxiety and sleep disorders. In online forums, people that abuse benzodiazepines also note that the use of diphenhydramine may help them to cope with the insomnia and anxiety caused by benzodiazepine withdrawal, as well as to amplify the high in some cases (Reddit, 2018a, 2018b). Black-tar heroin is sometimes mixed with diphenhydramine and acetaminophen to form powdered brown heroin, also known as "cheese" (Maxwell, 2018). Diphenhydramine may also be added to enhance the effects of heroin and/or to stem the side effect of itching from heroin use (Mars, Ondocsin, & Ciccarone, 2018). However, only 19% of the 16 specimens positive for both lorazepam and diphenhydramine also tested positive for heroin (morphine or 6-MAM). We cannot assess whether the use of these two drugs contributed to the symptoms among the Mental Health program clients. The use of diphenhydramine with benzodiazepines needs to receive further attention from researchers.

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## Appendices



***Appendix A: CDEWS Collaborating Laboratory Test Results, by Client Type and Legal Basis of Admission***





**Appendix A: CDEWS Collaborating Laboratory Test Results, by Client Type and Legal Basis of Admission**  
(N=229 specimens)

% Positive by CDEWS Lab (drugs likely detected by the local screen are bolded).	Client Type					
	Substance Abuse			Mental Health		
	Voluntary (N=50) %	Law Enforcement/ Protective Custody (N=16) %	Court Order/ Professional Certificate (N=52) %	Voluntary (N=50) %	Law Enforcement/ Protective Custody (N=50) %	Court Order/ Professional Certificate (N=10) %
<b>Marijuana</b>	42	56	39	34	45	40
<b>Cocaine</b>	26*	38*	12*	24	16	0
<b>Methamphetamine</b>	14*	38*	8*	8**	20**	50**
Diphenhydramine	8	25	14	4**	26**	20**
<b>Amphetamine</b>	18	31	17	8	4	20
<b>Buprenorphine/Norbuprenorphine</b>	4	0	12	8	2	0
<b>Methadone/EDDP</b>	0	0	6	4	0	0
Any Non-Fentanyl Opioid	60**	19**	37**	28	20	30
Opiates						
<b>Morphine</b>	36	13	27	20	6	10
<b>Hydromorphone</b>	30*	13*	8*	8	6	0
<b>Oxycodone</b>	8	6	14	12	2	20
Oxymorphone	8	0	14	8	2	20
<b>Codeine</b>	10	0	10	10*	0*	0*
<b>6-Monoacetylmorphine (6-MAM)†</b>	12*	0*	0*	4	0	0
<b>Hydrocodone</b>	4	6	4	0	4	0
Any Other Non-Fentanyl Opioid						
Noscapine	10	0	6	6	0	0
Tramadol	2	0	0	2	10	10
Any Fentanyl	22	6	15	12	6	10
<b>Fentanyl/Norfentanyl</b>	14	6	15	10	6	10
4-ANPP (Despropionyl fentanyl)	8	0	2	2	0	0
FIBF ( <i>p</i> -fluoroisobutyryl fentanyl)	8	0	0	2	2	0
Methoxyacetyl Fentanyl	2	0	6	2	0	0
Acetyl Norfentanyl	2	6	2	0	0	0
Para-fluorobutyryl Fentanyl	4	0	0	0	2	0
Cyclopropyl Fentanyl	0	0	2	0	0	0
Furanylfentanyl (Fu-F)	0	0	0	2	0	0
Any Benzodiazepine	42	50	35	36	44	60

<b>Lorazepam</b>	10	31	10	4**	22**	40**
<b>Alprazolam/α-Hydroxyalprazolam</b>	12	13	17	12	18	0
<b>Oxazepam</b>	18	13	4	16	8	10
<b>Temazepam</b>	16	6	4	22*	4*	10*
<b>Diazepam/Nordiazepam</b>	14	13	4	18	4	10
Demoxepam	10	19	4	2	6	0
<b>Clonazepam/7-Aminoclonazepam</b>	4	0	8	8	6	10
α-Hydroxymidazolam	0	0	0	0**	0**	10**
<b>Any Antidepressant</b>	<b>14</b>	<b>25</b>	<b>25</b>	<b>24</b>	<b>14</b>	<b>30</b>
Trazodone/mCPP^	4	13	6	16	4	0
Sertraline	4	0	10	2	0	0
Bupropion	2	6	0	4	4	10
Nortriptyline	6	0	0	0	2	10
Citalopram	0	6	2	2	4	0
Fluoxetine	0	0	2	4	2	10
Amitriptyline	0	0	6	2	0	0
Venlafaxine	2	0	0	0	0	0
Paroxetine	0	0	0	0	2	0
<b>Any Synthetic Cannabinoid (SC)</b>	<b>4**</b>	<b>31**</b>	<b>6**</b>	<b>2</b>	<b>2</b>	<b>0</b>
5F-ADB (metab 7)	4**	31**	6**	2	2	0
<b>Any Other Psychoactive Substance</b>	<b>12</b>	<b>6</b>	<b>8</b>	<b>12</b>	<b>10</b>	<b>0</b>
3,4,5-trimethoxycocaine	6	0	2	10	4	0
Mitragynine/7-Hydroxy-Mitragynine	4	6	6	2	0	0
<b>MDMA</b>	<b>0*</b>	<b>6*</b>	<b>0*</b>	<b>0***</b>	<b>0***</b>	<b>30***</b>
Eutylone	2	0	0	0	4	0
Cathinone	0	0	0	0	2	0
<b>Other Pharmaceutical Drugs</b>						
Cetirizine	10	6	14	12	6	10
Gabapentin	6	0	6	8	8	0
Hydroxyzine	6	0	6	14*	2*	0*
Haloperidol	2*	19*	4*	6	8	0
Dextromethorphan	6	19	4	4	2	10
Cyclobenzaprine	0	0	2	8	6	20
Loperamide	4	0	4	2	0	0
Chlorpromazine	0	0	0	0**	2**	20**
Naloxone	0	0	0	4	0	0
Zolpidem	0	0	0	0	2	0
Zopiclone	0	0	0	0	2	0

†The opiate screen does not detect the presence of 6-MAM (heroin metabolite) directly, but can detect morphine, the metabolite of 6-MAM. 89% of the specimens positive for 6-MAM also tested positive for morphine in the sample.

^Trazodone is an antidepressant whose major active metabolites 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. All specimens that tested positive for mCPP also tested positive for trazodone.

\*p<.05; \*\*p<.01; \*\*\*p<.001 by Chi Square.



