

## Street Purchased Xanax

### Attention Physicians and Nursing Staff

**From:** Fuller, Dr. Benjamin  
Just an FYI

For those pts with agitated delirium ketamine 4-5mg/kg IM is now used to initially stabilize and settle pt immediately and then benzodiazepines are used

Many of us have recently seen an increase in patients coming to our ER under the influence of Xanax that was purchased on the street. As many of us are aware, these patients are testing negative for benzodiazepines, and we have had a few cases of patients becoming so agitated that they have required intubation and transfer to other hospitals after receiving Haldol for agitation throughout their visit.

Tonight we had another patient experiencing these same effects. We managed, through multiple calls to other hospitals, enquiries to the drug squad, and an interesting statement from the patient themselves, now been able to determine that the drug in question that people are ingesting may in fact may be a substance called "Flakka."

This drug, being sold on the street as Xanax, can go by the names Hulk (green bar,) School buses (yellow bar,) ?Submarines (blue bar,) Ladders (white bars.) The tablets themselves appear very similar to a 4mg "bar" of Xanax. "Flakka" is a synthetic cathinone, that is not available for testing through our regular testing abilities.

Symptoms of ingestion of "Flakka" are often delayed, occurring up to 18-24 hours after ingestion, and include; tachycardia, extreme agitation, hallucinations, dystonia, hyperthermia, psychosis, hyperactivity, delirium, bizarre behavior, and extreme strength. Side effects include acute kidney injury, rhabdomyolysis, myocardial injury and death.

Our usual treatment for agitation has been Haldol, given repeatedly to a patient. Information from the Poison Centre has advised us that Haldol should absolutely not be given, large doses of benzodiazepines are the treatment of choice along with large amounts of fluid resuscitation to counteract the potential for renal injury and rhabdomyolysis. They warn that intubation is a definite possibility due to the large amounts of benzodiazepines that are required to decrease the agitation and in turn, will lower the core body temperature, (ideally. Poison control recommends if the body temp does not decrease after these treatments, external cooling will be required to prevent further risk of brain injury.)

I am sending out this e-mail so that we can now be aware of the new vernacular of drug users and that, as we have suspected, the so called Xanax that is being consumed by our patients, is indeed more dangerous than we had first realized.

I have left an outline of the recommended treatment from Poison Control in Acute Care, since this is where we send most of these patients.