

Regional Advisory Board (RAB) of Community Anti-Drug Coalitions

June 2016 Newsletter

Did You Know:

Some people are using the anti-diarrhea drug loperamide (Imodium) to manage their opioid addiction or to get high, researchers report in the *Annals of Emergency Medicine*. The results can be deadly, according to NPR. The researchers from the Upstate New York Poison Center report on two people who were addicted to opioids, who died after taking much more than the recommended dose of loperamide in an attempt to ease their withdrawal symptoms. "Because of its low cost, ease of accessibility and legal status, it's a drug that is very, very ripe for abuse," said lead author William Eggleston. Loperamide can be bought without a prescription. It comes in liquid or pill form. It activates some of the same brain receptors as opioids. At the recommended dose to treat diarrhea, loperamide does not produce euphoric feelings. Eggleston noted that at doses that are 10 or more times higher than the recommended amount, loperamide can help ease symptoms of opioid withdrawal. Very high doses can produce a high that is similar to opioid pills or heroin. These high doses can disrupt the heart's rhythm, which can be fatal. Eggleston said the Upstate New York Poison Center has had a sevenfold increase in calls related to loperamide use and misuse over the last four years. Eggleston and his coauthors advocate restricting sales of loperamide. They say the medication should be dispensed by pharmacies, and sold in limited doses. "Our nation's growing population of opioid-addicted patients is seeking alternative drug sources with prescription opioid medication abuse being limited by new legislation and regulations," Dr. Eggleston said in a news release. "Health care providers must be aware of increasing loperamide abuse and its under recognized cardiac toxicity. This is another reminder that all drugs, including those sold without a prescription, can be dangerous when not used as directed." (Join Together, 5/5/16)

The Food and Drug Administration (FDA) finalized a rule extending its authority to all tobacco products, including e-cigarettes, cigars, hookah and pipe tobacco, among others. This historic rule helps implement the bi-partisan Family Smoking Prevention and Tobacco Control Act of 2009 and allows the FDA to improve public health and protect future generations from the dangers of tobacco use through a variety of steps, including restricting the sale of these tobacco products to minors nationwide. Tobacco use is a significant public health threat. In fact, smoking is the leading cause of preventable disease and death in the United States and responsible for 480,000 deaths per year. While there has been a significant decline in the use of traditional cigarettes among youth over the past decade, their use of other tobacco products continues to climb. A recent survey supported by the FDA and the Centers for Disease Control and Prevention shows current e-cigarette use among high school students has skyrocketed from 1.5 percent in 2011 to 16 percent in 2015 (an over 900 percent increase) and hookah use has risen significantly. In 2015, 3 million middle and high school students were current e-cigarette users, and data showed high school boys smoked cigars at about the same rate as cigarettes. Additionally, a joint study by the FDA and the National Institutes of Health shows that in 2013-2014, nearly 80 percent of current youth tobacco users reported using a flavored tobacco product in the past 30 days – with the availability of appealing flavors consistently cited as a reason for use. Before

today, there was no federal law prohibiting retailers from selling e-cigarettes, hookah tobacco or cigars to people under age 18. Today's rule changes that with provisions aimed at restricting youth access, which go into effect in 90 days, including:

- Not allowing products to be sold to persons under the age of 18 years (both in person and online);
- Requiring age verification by photo ID;
- Not allowing the selling of covered tobacco products in vending machines (unless in an adult-only facility); and
- Not allowing the distribution of free samples. (CADCA, 5/5/16)

California Gov. Jerry Brown Wednesday signed into law a bill raising the legal purchase age for cigarettes and other tobacco products to 21 years from 18. Hawaii became the first state to pass such a law last year. It followed cities including New York City; Boston; Kansas City, Mo.; and Evanston, Ill. Lawmakers in more than 10 other states are considering similar legislation including New York, Kentucky, Oregon and Illinois. California was the first state to restrict smoking when, in 1997, health advocates passed a law prohibiting smoking in bars, casinos and nightclubs. The movement quickly spread to many of its outdoor spaces and then affected the nation. California's new law takes effect June 9. (CADCA, 5/5/16)

A new study found that one in six infants and toddlers admitted to a Colorado hospital with coughing, wheezing and other symptoms of bronchiolitis tested positive for marijuana exposure. The study, "Marijuana Exposure in Children Hospitalized for Bronchiolitis," recruited parents of previously healthy children between one month and two years old who were admitted to Children's Hospital Colorado between January 2013 and April 2014 with bronchiolitis, an inflammation of the smallest air passages in the lung. The parents completed a questionnaire about their child's health, demographics, exposure to tobacco smoke, and as of October 2014, whether anyone in the home used marijuana. Marijuana became legal in Colorado on Jan. 1, 2014. Of the children who were identified as having been exposed to marijuana smokers, urine samples showed traces of a metabolite of tetrahydrocannabinol (THC), the psychoactive component of marijuana, in 16 percent of them. The results also showed that more of the children were THC positive after legalization (21 percent, compared with 10 percent before), and non-white children were more likely to be exposed than white children. The findings suggest that secondhand marijuana smoke, which contains carcinogenic and psychoactive chemicals, may be a rising child health concern as marijuana increasingly becomes legal for medical and recreational use in the United States, said lead researcher Karen M. Wilson, MD, MPH, FAAP, an associate professor of pediatrics at the University of Colorado School of Medicine and section head at CHC. Most states with legal marijuana do not restrict its combustion around children, she said in a news release. "Our study demonstrates that, as with secondhand tobacco smoke, children can be exposed to the chemicals in marijuana when it is smoked by someone nearby," Dr. Wilson said. "Especially as marijuana becomes more available and acceptable, we need to learn more about how this may affect children's health and development." In the meantime, she said, "marijuana should never be smoked in the presence of children." (CADCA, 5/5/16)

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