

# Example of Alert and Reporting System of Scopolamine Poisoning Among Parisian Cocaine Users at Regional, National and European Levels

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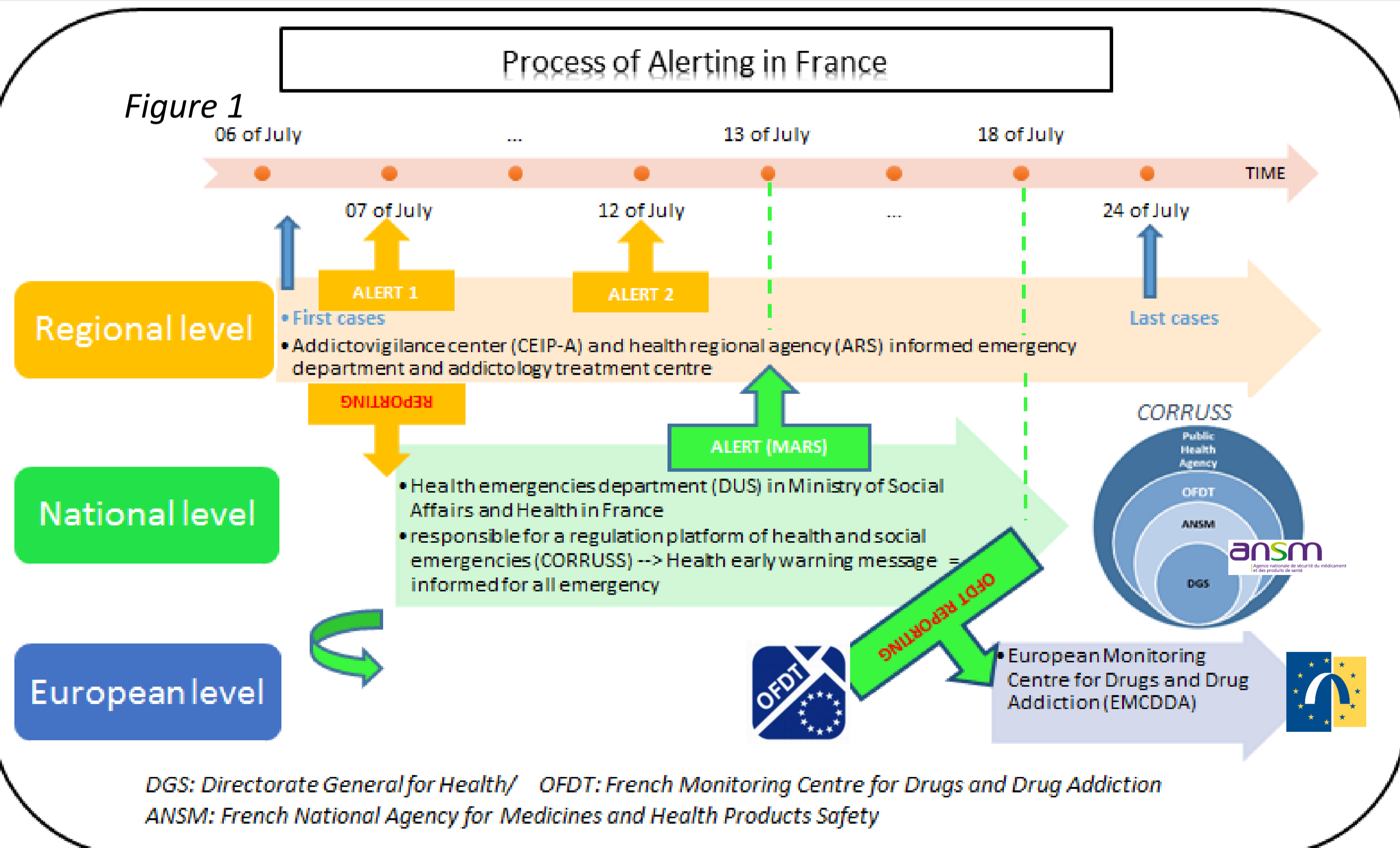


**Introduction:** In the literature, few intoxications are related to scopolamine due to its presence in cocaine, heroin or even in counterfeit Rohypnol<sup>®</sup> (flunitrazepam) tablets. **Nonetheless, during summer 2016, several cases of non fatal intoxication appeared in the region of Paris.**

**Objectives:** Demonstrate how clinical detection of rare toxic events are fostered by exchanges in close collaboration with different territorial level and improve the detection of short toxic epidemic.

**Methods:** Suspected cases of scopolamine poisoning notified to Parisian Addictovigilance Centre were reported. Information shared through different levels of the alert process contributed to strengthen their assessment.

**Results:** **Seventeen cases** of probable scopolamine poisoning among cocaine users were registered between the 6 and 24 of July. In the first 4 cases, toxicological analysis of blood samples were scopolamine positive, with high concentration between **7 ng/mL and 25 ng/mL (usual therapeutic range: 0.1 to 1.1 ng / mL)**. A collected sample of this cocaine powder had a purity of **23.2%, with 15.2% of scopolamine**. Half-time of scopolamine is longer than half time of cocaine (3-8hours versus 1-2Hours): this could explain why the observed effects lasted over 24H (n=8/17). Main clinical features were mydriasis (n=15/17), high blood pressure (n=12/17), tachycardia (n=13/17), behavioural disorder with agitation (n=13/17), hallucinations (n=5/17), and coma (n=8/17). The process of alerting have resumed in figure 1. This alert illustrates the information flow. **Practitioner's responsiveness and the extensive information sharing between regional to European level were congruent.**



**Conclusion:** Adulterated street drugs can lead to short toxic epidemic which could be unnoticed. Emerging event should require careful assessment with linkage between risk assessors and risk managers.

