Increased Number of Psychotropic Intoxications Possibly Related to Synthetic Marijuana in Manchester

NH Division of Public Health Services (NH DPHS) recommends the following:

1. Be aware that within the last week an increase in psychotropic intoxications have been identified in the Manchester region (see HAN #20140813).
2. These intoxications are thought to have resulted from smoking synthetic marijuana products called “Spice”, but the full composition of the currently circulating products are not yet known.
3. Law enforcement officers are removing the product from stores.
4. NH DPHS and partners request that emergency department clinicians report suspect cases of Spice intoxications to the NH DPHS.
5. Cases should be reported in the usual way by phone at 603-271-4496 (after hours 1-800-852-3345, x5300) or by completing the attached form and faxing it to the NH DPHS at 603-271-0545.
6. For the most current guidance regarding clinical management, call the Northern New England Poison Control Center at 1-800-222-1222.

For any questions regarding the contents of this message, please contact NH DHHS, DPHS, Bureau of Infectious Disease Control at 603-271-4496 (after hours 1-800-852-3345 ext.5300).

To change your contact information in the NH Health Alert Network, contact Denise Krol at 603-271-4596 or email Denise.Krol@dhhs.state.nh.us

Status: Actual
Message Type: Alert
Severity: Moderate
Sensitivity: Not Sensitive
Message Identifier: NH-HAN 20140815-1 Psychotropic Intoxications
Delivery Time: 12 hours
Acknowledgement: No
Distribution Method: Email, Fax
Distributed to: Hospital Emergency Departments
From: Elizabeth A. Talbot, MD – Deputy State Epidemiologist
Originating Agency: NH Department of Health and Human Services, Division of Public Health Services

Attachments: Psychotropic Intoxication Reporting Form
Psychotropic Intoxication Reporting

Reported by_________________________________________ Date: _____________
Facility: ______________________________________________________________________

Patient Name____________________________________ Date of Birth___________________
Residence ______________________________________________________________________

Overdose Agent Information (please check all that apply):

<table>
<thead>
<tr>
<th>Type of Agent</th>
<th>Where Purchased</th>
<th>When Consumed</th>
<th>Where consumed or where patient was found</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Bubblegum Smacked</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Green Giant</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Crazy Monkey</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Other</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Clinical Symptoms (check all that apply): Other Symptoms

☐ Seizure
☐ Altered mental status
☐ Respiratory depression

Admitted to Hospital: ☐ Yes ☐ No
Admitted to ICU: ☐ Yes ☐ No

Current clinical status________________________________________________________________

Public Health Nurse: _____________________________ Date: _____________