

Conclusion: People who perform illegal actions employ all possible methods to avoid the law [2]. This case report emphasizes the need for good supervision which does not depend entirely on medical staff.

References

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175. Non-medical use of loperamide in the UK

Paul I. Dargan^a, Colleen M. Haynes^b, Patrick May^b, Karilynn M. Rockhill^b, David M. Wood^a and Jody L. Green^b

^aGuy's and St Thomas' NHS Foundation Trust, London, UK;

^bRocky Mountain Poison and Drug Center, Denver, USA

Objective: There have been increasing anecdotal reports of non-medical use of loperamide in the US; there is interest in this issue in Europe but no data. The aim of this study was to determine the prevalence of non-medical use of loperamide in the UK.

Methods: An online survey of adults aged 16–100 years living in the UK was delivered through a market research company in August 2016. Non-probability quota sampling was used to provide a proportional distribution of respondents across the UK regions and an approximately equal gender distribution within each region. Data collected were: demographics (age, gender, place of residence), lifetime use of loperamide and lifetime non-medical use of loperamide. If they reported non-medical use, respondents also completed the Drug Abuse Screening Test (DAST-10) and their reason for non-medical use. Non-medical use was defined as ever using loperamide for any reason other than what was recommended by a doctor/dentist/pharmacist/the package insert. Statistical comparisons were made using Fisher's exact test for categorical variables and t-test for continuous variables.

Results: Overall 10,013 individuals completed the survey: mean \pm SD age 46.8 ± 15.6 years, 50.0% female; 13.4% were from London, 70.8% elsewhere in England, 4.8% Wales 8.3% Scotland and 2.8% Northern Ireland. In total 2919 (29.2%) reported lifetime use of loperamide; 135 (1.3% of all survey respondents, 4.6% of those with lifetime loperamide use) reported lifetime non-medical use of loperamide. Those respondents were younger (41.7 ± 15.1 versus 46.9 ± 15.6 , $p < .001$) than those not reporting non-medical use of loperamide, were more likely to live in London (31.1% versus 13.1%, $p < .001$), were more likely to report lifetime illicit drug use (40.7% versus 28.9%, $p = .004$) and had a higher risk of problematic drug use as reflected in their DAST-10 (25.9% versus 7.5% DAST-10 ≥ 3 , $p < .001$; mean \pm SD DAST-10 (2.0 ± 2.5 versus 0.9 ± 1.6 , $p < .001$). There was no difference in gender between these groups (48.9% versus 50.1% female, $p = .80$). Common reasons for non-medical use of loperamide were to self-treat pain (53.3%), to self-treat a medical condition other than pain (53.3%), for "enjoyment" or "to get high" (20.7%), to "come down" (14.1%) and to prevent/treat withdrawal symptoms (13.3%).

Conclusion: Non-medical use of loperamide was reported by a small but significant minority in this large online UK survey, most commonly amongst those reporting use of illicit drugs and in those with a DAST-10 indicating a risk of problematic drug use. Further work is required to investigate this issue to design appropriate public health interventions.

176. Novios muertos: two confirmed fatalities from U-47700

Stephen A. Harding^a, Rana Biary^a, Robert S. Hoffman^a, Mark K. Su^b, Gail A. Cooper^c and Silas W. Smith^a

^aRonald O. Perelman Department of Emergency Medicine, NYU School of Medicine, New York, USA; ^bRonald O. Perelman Department of Emergency Medicine, NYU School of Medicine, New York City Poison Control Center, New York, USA; ^cOffice of the Chief Medical Examiner, Department of Forensic Medicine, NYU School of Medicine, New York, USA

Objective: 3,4-Dichloro-N-[2-(dimethylamino)cyclohexyl]-N-methylbenzamide, otherwise known as U-47700, is a synthetic opioid and research chemical that has been available since its development by Upjohn in the 1970s. It is a potent μ -opioid receptor agonist that has been described in animal models as being 7.5 \times more potent than morphine [1]. Due to these characteristics and its ready availability on the Internet, it is concerning as a drug of abuse. Although use is well reported, fatalities are uncommon. We present two cases of clinical opioid fatalities related to this uncommonly fatal synthetic opioid.

Case reports: A 26-year-old female was discovered in bed by her boyfriend, surrounded by vomitus and agonally breathing. She suffered an asystolic cardiac arrest during emergency medical services (EMS) transport to hospital. Chest compressions, intubation, and epinephrine achieved return of spontaneous circulation. No medications were required for intubation. She was acidemic on arrival (pH 7.34, PCO₂ 32 mmHg, PO₂ 338 mmHg, bicarbonate 17.2 mmol/L, lactate of 15), and unresponsive to all stimuli. Electrocardiogram (ECG) showed a heart rate of 118 beats/min with a QTc of 611 ms and marked evidence of cardiac damage (lateral ST depressions). Urine toxicology was positive for benzodiazepines only. Computerised tomography (CT) imaging of the brain demonstrated marked cerebral edema, most likely due to anoxic brain injury. The patient's boyfriend returned home that evening and was found deceased in the shower the following morning. The index patient was pronounced dead 6 days after initial presentation. Comprehensive toxicology performed by the medical examiner demonstrated the presence of only U-47700 and cotinine in both decedents' blood.

Conclusion: These cases represent uncommon fatal exposures to a synthetic opioid that is still readily available via the Internet. Given the current climate of opiate abuse and misuse, this work presents a particular risk to opioid users. As such, practitioners should be aware of this as a potential additive in illicit opioid supplies as well as a primary drug of abuse.

Reference

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177. Patients self-discharging during treatment for acute poisoning by substances of abuse

Odd Martin Vallersnes^a, Dag Jacobsen^b, Øivind Ekeberg^a and Mette Brekke^a

^aUniversity of Oslo, Oslo, Norway; ^bOslo University Hospital, Oslo, Norway