The ToxIC NOSE (Novel Opioid and Stimulant Exposure)

Report #20 from ToxIC's Rapid Response Program for Emerging Drugs of Abuse

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A Stimulant on the Rise: "Pink Cocaine"

Introduction

"Pink Cocaine," also known as "Tusi" or "Tucibi," refers to a street drug marketed as a pink powder that is composed of widely varying psychoactive substances.[1,2] It emerged in response to the demand for 4-bromo-2,5-dimethoxyphenethylamine (2C-B), a hallucinogenic phenethylamine known for producing euphoria and visual hallucinations similar to methylenedioxymethamphetamine (MDMA) and lysergic acid diethylamide (LSD).[1,2] During the 1990s and early 2000s, 2C-B gained popularity in raves and the party scene.[1,2] As demand outpaced the supply, 2C-B was increasingly adulterated with cheaper and readily available substances such as ketamine, MDMA, and caffeine.[1] This new product was sold as Tusi, the phonetic

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Through the ongoing support of the Opioid Response Network (ORN) since 2020, the American College of Medical Toxicology (ACMT) Toxicology Investigators Consortium (ToxIC) has implemented an enhanced sentinel detector field within the ToxIC Core Registry to identify novel and emerging opioid and stimulant exposures. Once an emerging trend or risk is identified, ToxIC releases a quarterly report.

The goal of this project is to disseminate this novel information to the medical toxicology community as well as the ORN as part of a Rapid Response program.

For more information on the ToxIC Core Registry and data collection, please visit: www.toxicregistry.org

translation of 2C.[1,2] Although ketamine, MDMA, and caffeine are commonly detected in Tusi, the composition varies widely across samples.[1,2] Methamphetamine, amphetamines, cocaine, tramadol, lidocaine, diphenhydramine, oxycodone and other psychoactive substances have also been found in Tusi.[1-4] The powder may appear in colors other than pink.[1,2] In the United States, Tusi use has been reported primarily in night clubs and particularly in large cities such as New York, Los Angeles, and Miami.[1,5] Since 2020, the United States Drug Enforcement administration (DEA), has seized a total of 960 pink powders, however only 4 contained 2C-B.[5]

The clinical effects of Tusi are highly variable.[1,2,4,6] Individuals that use Tusi seek euphoria or hallucinations.[1,2] Unfortunately, there are reports of respiratory depression, sedation, seizures, agitation, hypertension, tachycardia, rhabdomyolysis, and kidney injury from Tusi use.[4,6] Deaths associated with Tusi have been documented, likely from the different combination of stimulants, sedatives, and opioids mixed in these products.[3,4,6]

Case Presentation

A 16-year-old male with no significant past medical history presented to the emergency department (ED) after having recurrent seizures. He reportedly had the initial seizure while hanging out with his friends, who transported him home, where he had another seizure. His mother called 911. Emergency medical services (EMS) arrived and administered 4mg of midazolam. When the patient arrived at the ED, he was confused and appeared to be post-ictal but was no longer seizing. The patient reported daily alprazolam (Xanax) use and had used Pink Cocaine (Tusi) shortly before the seizure occurred. The patient did not recall the events surrounding either seizure or how he got to the hospital. His home medications included venlafaxine, propranolol, and hydroxyzine, which he had not taken for several days. He denied any history of alprazolam withdrawal or prior seizures.

In the ED, his vital signs included heart rates of 74-84 beats per minute, respiratory rates of 12-18 breaths per minute, blood pressures of 91-108/44-65 mmHg, and oxygen saturations of 94-98% on room air. End tidal carbon dioxide monitoring ranged from 17-21 mmHg. Initial blood

glucose was 134 mg/dL. Physical examination was notable only for mild confusion. He had no focal neurologic deficits, tremors, tongue fasciculations, or diaphoresis. Pupils were 4-5 mm, equal, and reactive.

Initial laboratory findings were remarkable for an elevated lactate with an anion gap metabolic acidosis, which resolved after intravenous fluids. A non-contrast head CT was normal. Urine drug screening was positive for benzodiazepines, cocaine, and tetrahydrocannabinol (THC). Liquid-chromatography mass spectrometry (LCMS) was used for drug confirmation and was positive for the metabolites of cocaine: ecgonine methyl ester, benzoylecgonine, and m-hydroxybenzoylecgonine. His LCMS was also positive for THC, caffeine, cetirizine, hydroxyzine, venlafaxine, and nicotine. A confirmatory benzodiazepine assay of the urine was positive for alprazolam and midazolam.

The patient was admitted to the inpatient medical toxicology service for monitoring. Within 24 hours, his mental status returned to baseline. He was subsequently discharged to an inpatient psychiatry unit for substance use treatment.

Discussion

Tusi is a product that can contain variable combinations of stimulants, sedatives, and opioids.[1,2] This case describes a teenager who purchased Tusi/Pink Cocaine from a friend and developed seizures shortly after use. Although alprazolam withdrawal was initially considered as a cause of seizures, the patient had no clinical evidence of withdrawal on exam, and there was no recent change in his alprazolam use. Therefore, his seizures were more likely attributed to Tusi use.

Confirmatory drug testing in this case revealed cocaine metabolites but no ketamine or MDMA, highlighting that Tusi can be a comprised of different products depending on their source. In this instance, the Tusi product contained cocaine, as demonstrated by the LCMS analysis. This case also illustrates the clinical dangers of Tusi, as a previously healthy adolescent developed multiple seizures after use.

Conclusion

Tusi (“Pink Cocaine”) is a hazardous substance with unpredictable composition. Public education is essential to emphasize that the product may not contain what it claims and that use can result in serious adverse effects, including respiratory depression, sedation, seizures, agitation, hypertension, tachycardia, rhabdomyolysis, kidney injury, and even death.

References

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About the *Opioid Response Network (ORN)*:

Working with communities

- The SAMHSA-funded Opioid Response Network (ORN) assists states, tribes, organizations and individuals by providing the resources and technical assistance they need locally to address the opioid crisis and stimulant use.
- Technical assistance is available to support the evidence-based prevention, treatment, recovery and harm reduction of opioid use disorders and stimulant use disorders.
- The Opioid Response Network (ORN) provides local, experienced consultants in prevention, treatment, recovery and harm reduction to communities and organizations to help address this opioid crisis and stimulant use.
- ORN accepts requests for education and training.
- Each state/territory has a designated team, led by a regional Technology Transfer Specialist (TTS), who is an expert in implementing evidence-based practices.

Contact the Opioid Response Network

To ask questions or submit a technical assistance request:
Visit www.OpioidResponseNetwork.org or Email orn@aaap.org

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