CESAR FAX

September 5, 1994
Vol. 3, Issue 34

A Weekly FAX from the Center for Substance Abuse Research

University of Maryland at College Park*

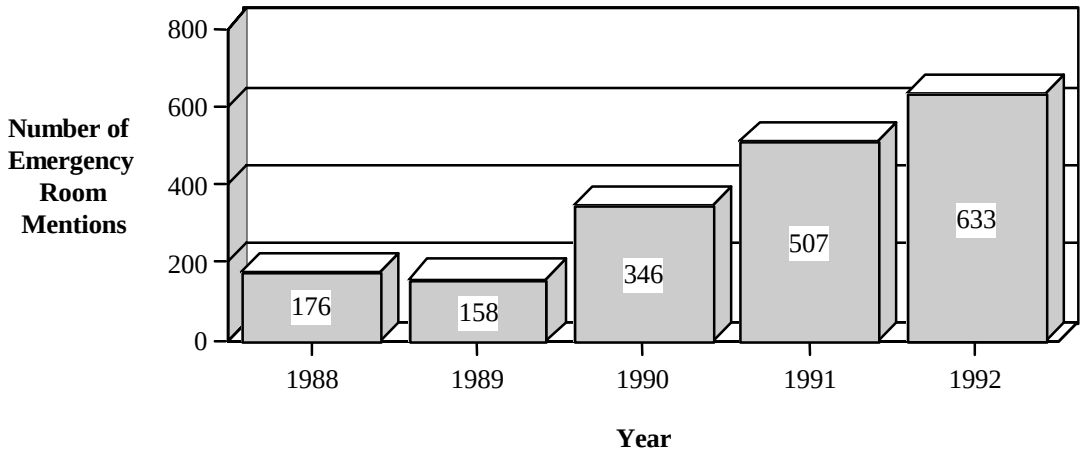
National Statistics and Baltimore Study Point to an Increase in Clonidine Use by Heroin Addicts

by
Tony Tommasello
Office of Substance Abuse Studies

Concern is emerging about the abuse potential of clonidine hydrochloride (Catapres). While clonidine is not legally classified as a Controlled Dangerous Substance, addicts report buying and using it as a "booster" for opioids. Clonidine is an anti-hypertensive agent widely used for narcotics detoxification. It has also been used to treat alcohol withdrawal.

Emergency room mentions of clonidine have been on the rise nationally since 1989. The number of nationwide mentions more than doubled from 1989 to 1990 and almost doubled again from 1990 to 1992. At the same time, local anecdotal evidence of clonidine abuse has emerged. After receiving calls from drug treatment program staff concerned about the potential for and danger of clonidine abuse, we initiated a small survey research project to gain insight into this occurrence. We found that 28 of 48 consecutive applicants to methadone treatment in Baltimore had taken clonidine; 22 of them had obtained it through illicit channels. The most frequent source of clonidine among these applicants was street purchase. The dosage range of those reporting unauthorized clonidine use included 2.4 mg per day at the high end, which is well above the usual dosage recommendation of 0.2 mg to 0.6 mg for maintenance control of hypertension.

National Estimates of Clonidine-Related Emergency Room Mentions, 1988 - 1992



Three clinical issues have been identified;

- interactions with narcotics and other sedative drugs causing potential enhancement of depression effects,
- hypotensive effects from high-dose ingestions, and
- rebound hypertension from abrupt discontinuation of high-dose use.

The lack of an inexpensive urine test for clonidine places clinicians at a disadvantage in attempts to develop a history of clonidine use by patients seeking or receiving drug abuse treatment. Despite this shortcoming, it seems prudent to question patients about clonidine use as a standard element of diagnostic assessments and routine counseling sessions.

SOURCE: Drug Abuse Warning Network (DAWN), Substance Abuse and Mental Health Services Administration (SAMHSA) and the Office of Substance Abuse Studies (OSAS), Pharmacy School, University of Maryland at Baltimore. For more information contact Tony Tommasello at 410-706-7513.

For more information about today's topic or to be placed on the distribution list, please call CESAR at 301-403-8329.
*CESAR FAX is supported by a grant from the Governor's Drug and Alcohol Abuse Commission.