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RESEARCH ARTICLE

WILEY

A transnational perspective on the evolution of the synthetic cannabinoid receptor agonists market: Comparing prison and general populations

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Abstract

The synthetic cannabinoid receptor agonist (SCRA) market is transnational, and the availability of individual SCRA changes regularly in response to national and international legislative controls. This generates a cyclic pattern and near constant evolution of SCRA compounds. This study reports toxicology-based and/or seized sample-based prevalence data relating to SCRA use in prisons from Germany, the United Kingdom (UK; Scotland and Wales), and the United States (US), representing 4427 individual test results. The study examines SCRA detections in prisons from July 2018 to September 2020, and where possible, prison-based data are compared with SCRA prevalence data in the wider population. The relative influence of Chinese, other international, and national drug legislation on the prevalence of individual SCRA in prisons is also considered. *tert*-Leucinate- and valinate-indole- and indazole-3-carboxamides were the most common SCRA detections, and MDMB-4en-PINACA was one of the most commonly detected SCRA in all jurisdictions by September 2020. However, despite there being a global production and supply market, there were notable regional differences. Analog controls in German and US legislation may have led to increased compound diversity that is not reflected in the UK which has both analog controls and a blanket ban on psychoactive substances. While there were regional differences, SCRA prevalence in prisons closely aligned with the SCRA detected on the local market, demonstrating that SCRA (and possibly other NPS) monitoring programs in prisons can act as early warning systems for the wider population in that given jurisdiction.

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KEYWORDS

4F-MDMB-BINACA, 5F-MDMB-PICA, MDMB-4en-PINACA, prison, synthetic cannabinoid receptor agonists

1 | INTRODUCTION

Synthetic cannabinoid receptor agonists (SCRAs) are a structurally diverse group of new psychoactive substances (NPS) that bind to and activate cannabinoid receptors, CB₁ and CB₂,^{1,2} eliciting a range of psychoactive and physiological effects. SCRAs have been implicated in a large number of non-fatal poisonings and drug-related deaths worldwide.³ Their use and associated harms are of particular concern in vulnerable populations with high incidence of drug use, including those in rough-sleeping communities and prisons or correctional facilities.⁴

Like other NPS markets, the SCRA market is transnational. Technological advances, the use of the internet as a global marketplace, and utilization of international distribution networks have fueled SCRA production and manufacture, primarily based in commercial chemical and pharmaceutical operations in China.⁵ SCRAs available for purchase on this global marketplace change regularly in response to changes in legislation. Legislation in producer countries restricts their production and export, and the implementation of national and international legislative controls restricts their import and use in other jurisdictions.² This generates a cyclic pattern and constant evolution of new SCRA compounds.

Drug use, and in particular the use of potent NPS, within prison systems poses organizational challenges, leads to significant harms, and requires sustained efforts and resources to address. There is a significant SCRA market in prisons, with 22 European countries reporting their use in this context and concerning use in prisons reported in nine countries including the United Kingdom (UK) and Germany.⁴ A recent European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) report on MDMB-4en-PINACA highlighted seizures of this recently emerged SCRA from prisons in six European countries.⁶ As a result of their high potency at the CB₁ receptor and their strong psychoactive effects at low doses,^{2,7} SCRAs can be infused in active doses into herbal material, paper, clothing, and other materials which are then smoked or vaped.⁴ Impregnation of SCRAs into everyday materials, particularly paper and card, makes them much more difficult to detect and allows them to be more effectively supplied to prisoners through mail systems.

The mode of use (e.g., smoking, vaping, and oral) of SCRAs in prisons is generally influenced by whether or not smoking bans are in place. In the United Kingdom, prisons in Wales and Scotland enacted smoking bans in April 2016 and December 2018, respectively, although certain approved e-cigarettes are still allowed for personal use.⁸⁻¹⁰ In Germany, smoking is allowed in designated areas, such as in the cell, which is considered a private area.¹¹ In the United States (US), there are no federal smoking bans for prisons, but many

correctional facilities have enacted smoking bans of varying severity, including 100% smoke free indoors and 100% smoke free campuses (indoor and outdoor).¹² In the US state of Pennsylvania, where prison samples reported in this study originated, a tobacco ban was implemented in July 2019, although the use of non-refillable e-cigarettes approved by the prison system is permitted in designated areas.¹³ The implementation of smoking bans can drive changes in the mode of use from smoking SCRA-infused herbal blends and rolled up SCRA-infused papers to vaping the SCRA-infused papers and other methods of ingestion (e.g., sublingual and in the eye). The vaping of SCRA-infused papers involves placing small dosage units (typically 1 cm²) between the heating element and e-liquid cartridge of an e-cigarette.

In order to limit supply, prison authorities can screen incoming mail using ion mobility spectrometers (IMS) and other rapid detection devices,^{14,15} as well as by use of drug detection dogs.¹⁶ Laboratory-based seized sample analysis, particularly when aided by in-prison screening with rapid detection devices, can help reduce the supply of drugs in the prisons. Analysis of seized samples also provides information on the specific compounds in circulation, mixtures of compounds being distributed, and the potential concentrations used per dose. The prevalence of SCRAs in correctional establishments can be monitored by urinalysis from drug testing programs; however, since SCRAs are extensively metabolized, and in some cases different SCRAs can produce the same metabolites,^{17,18} the exact SCRA compound(s) being used cannot always be unequivocally identified from urinalysis alone.

Close monitoring of market trends and characteristics is important in order to determine the best allocation of resources for disrupting the prison drug market and inform any changes to current policies and security measures.^{4,19,20} In addition, accurate data on the prevalence, use, and effects of the drugs are essential in determining the effective management of the problems associated with the drugs, including health risks to individuals using the drugs and the potential safety and security risks the drugs may pose to other prisoners, prison staff, and the prison environment as a whole.^{4,19}

This paper reports toxicology-based and/or seized sample-based prevalence datasets relating to SCRA detections in prisons from four geographical regions: Germany, the UK (two distinct datasets from Scotland and Wales), and the United States. The goal was to examine the transnational evolution of the SCRA market in prisons. Where possible, prison SCRA prevalence data were compared with available SCRA prevalence data related to the wider population in the respective jurisdictions. The relative influence of Chinese, other international, and national drug legislation on the prevalence of SCRAs in prisons in a variety of jurisdictions was considered.

2 | METHODS

2.1 | Scotland, United Kingdom

The Leverhulme Research Centre for Forensic Science at the University of Dundee works in partnership with the Scottish Prison Service to analyze non-judicial or non-attributable drug seizures in Scottish prisons. Prevalence data reported in this study originate from 486 seizures from eight prisons between June 2018 and September 2020. Of those, 294 had one or more paper and card samples (visually distinct sets of papers within seizures that are likely of different origin) positive for SCRA for a total of 388 positive samples. Many of the seizures received for laboratory testing were pre-screened using IMS *in situ* within the prisons and found to have a positive SCRA indication. The qualitative and quantitative screening methods used have been described previously^{21,22} and involve qualitative analysis by gas-chromatography-mass spectrometry (GC-MS) and orthogonal confirmation by ultra-performance liquid chromatography with photodiode array and quadrupole time of flight mass spectrometry (UPLC-PDA-QTOF-MS). Selected results for samples seized between June 2018 and February 2020 have been reported previously.^{21–23} Additional data from samples seized between October 2019 and September 2020 are presented herein for the first time.

2.2 | Wales, United Kingdom

The Welsh Emerging Drugs and Identification of Novel Substances Project (WEDINOS) is a drug testing service in the United Kingdom operated by Public Health Wales. Prison prevalence data are derived from the analysis of 1152 seized samples, collected from four prisons between July 2018 and June 2020. A total of 316 (27.4%) samples were positive for SCRA. The prevalence data for the general population come from 373 publicly submitted samples found to contain SCRA that were received between July 2018 and June 2020. These publicly submitted sample results are available on the WEDINOS website.²⁴ Analysis was performed on a Waters Acquity I class UHPLC with a Water Xevo G2-XS QTOF-MS (Waters, Elstree, UK). Full details of the analytical method used are provided in Section S1 of the supplementary information.

2.3 | Germany

Prevalence data for 39 German prisons come from the analysis of 2219 urine samples collected between July 2018 and September 2020, of which 745 (33.6%) were positive for SCRA and SCRA metabolites. Samples were analyzed using a validated liquid chromatography tandem mass spectrometry (LC-MS/MS) screening method for SCRA metabolites, regularly updated with all relevant compounds and previously published in Franz et al.²⁵ Prevalence data for the German general population market come from two datasets, one from serum samples and one from infused herbal blends. The serum dataset

comes from the analysis of 2539 serum samples, of which 273 (10.8%) were positive for SCRA. These samples were collected between July 2018 and August 2020 for routine analysis. The majority of these samples were submitted by other forensic laboratories in the context of driving under the influence of drugs offenses. Samples were analyzed with an LC-MS/MS method regularly updated with all relevant compounds and previously published in Giorgetti et al.²⁶ The infused herbal blends dataset comes from the analysis of 468 SCRA-infused herbal blends, of which 366 (78.2%) were positive for SCRA. These samples were purchased online, mainly from shops with websites in Germany, as part of a market monitoring program. Herbal blends were analyzed using the method described by Moosmann et al.²⁷

2.4 | United States

The Center for Forensic Science Research and Education (CFRSE) partnered with the Pennsylvania Department of Corrections to obtain urine specimens from two prison sites in suburban Philadelphia, PA. Overall, 570 urine samples were collected between March and July 2019. Samples were analyzed using a comprehensive, validated LC-QTOF-MS method described by Krotulski et al.²⁸ A general population dataset for SCRA use in the United States was obtained from NPS Discovery (a program of CFSRE) based on quarterly trend reports from 2018 Q3 to 2020 Q3.²⁹ These reports use data from forensic testing of biological fluids, sample extracts, and/or seized drug samples with analysis by GC-MS and LC-QTOF-MS.

2.5 | Preparation of heat map data visualizations

Heat map data visualizations were created in R (version 3.3.1). The datasets used to prepare the heat map data visualizations are provided in the supplementary material (Data S2). An overview of the method to create the heat map visualizations, including a mark-up of the R script, is provided in the supplementary material (Data S1). The R script is provided in the supplementary material (Data S3).

3 | RESULTS AND DISCUSSION

SCRA detections in prisons in Scotland (seizures), Wales (seizures), and Germany (urinalysis) are depicted as heat maps in Figure 1.

3.1 | United Kingdom (Scotland and Wales)

The SCRA detected in Scottish and Welsh prisons between 2018 Q3 and 2020 Q3 were almost exclusively *tert*-leucinate- and valinate-indole- and indazole-3-carboxamides. In the latest data available for both jurisdictions, MDMB-4en-PINACA and 4F-MDMB-BINACA were the most prevalent SCRA. 4F-MDMB-BINACA was first

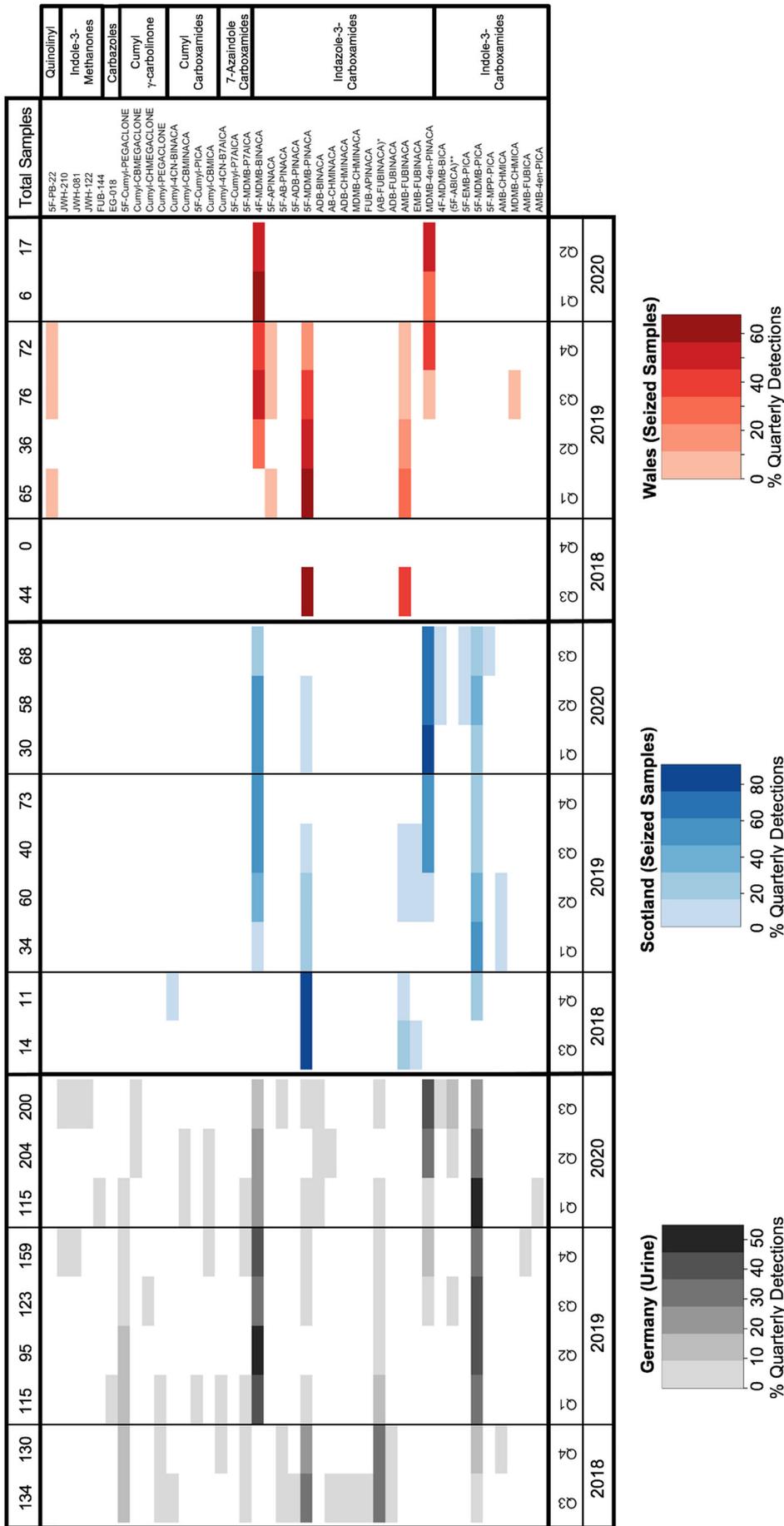


FIGURE 1 Comparison of the synthetic cannabinoid receptor agonist (SCRA) markets in Germany using toxicological analysis of urine samples and Scotland and Wales using seized sample analysis. Note: SCRA names in parentheses indicate that for the urine analysis (Germany) the amide hydrolysis metabolite of that SCRA was detected, but there are other SCRA that share the same metabolite. *The AB-FUBINACA amide hydrolysis metabolite could be from AB-FUBINACA, AMB-FUBINACA, or EMB-FUBINACA. **The 5F-ADBICA amide hydrolysis metabolite could be from 5F-ABICA, 5F-AMB-PICA (MMB-2201), or 5F-EMB-PICA

available for Scotland, but anecdotal information and data from drug-related death statistics suggest that SCRA use occurs almost exclusively in prisons in this region.

3.2 | Germany

Metabolites of the *tert*-leucinate- and valinate-indole- and indazole-3-carboxamides were the most commonly detected substances in urine samples collected from German prisoners. By 2020 Q3, as observed in UK sample seizure data, MDMB-4en-PINACA was the most commonly detected SCRA, having first been detected in 2019 Q3. 4F-MDMB-BICA was first detected in 2020 Q3, whereas it was detected in 2020 Q2 in Scottish prisons, and this SCRA may be increasing in prevalence. It is possible that 5F-EMB-PICA has been detected in German prisons as early as 2020 Q2 as reported in Scottish prisons, because the 5F-ABICA amide hydrolysis metabolite, which is a metabolite of 5F-EMB-PICA, was detected; however, since it is also a metabolite of 5F-ABICA and 5F-AMB-PICA (MMB-2201/5F-MMB-PICA), the exact parent SCRA compound could not be determined solely from the urinalysis. It is notable that the SCRA and/or SCRA metabolites detected in German urine samples are considerably more structurally diverse than in the UK seized samples. In particular, SCRA incorporating a cumyl head group and/or a γ -carbolinone core structure are more prevalent in Germany than in the United Kingdom or the United States and several naphthoylindole SCRA (e.g., JWH-210) metabolites were detected in urine samples as recently as 2020 Q3 (Figure 1). The diversity of SCRA detections in the prison urinalysis reflects the greater diversity in the general population SCRA market as determined by analysis of seized and test-purchased materials and serum samples (Figure 3). The greater diversity observed in the German populations could be due to the larger sample sizes in the prison urinalysis data and general population serum data than the other jurisdictions; however, the German purchased sample dataset shows much the same variation despite a smaller sample size.

Since the enactment of legislation covering NPS (NpSG = Neupsychoaktive-Stoffe-Gesetz) in November 2016, Germany now implements analog controls for SCRA as described in detail in previous publications.^{39,40} When first enacted, the legislation controlled 86% of the SCRA monitored by the European Monitoring Centre for Drugs and Drug Addiction (EMCCDA), including the most prevalent SCRA on the market at that time.³⁹ However, the legislation appears, at least in its early phases, to have driven SCRA diversity in the German domestic market with compounds appearing to be specifically designed to avoid legislative control via the NpSG. These include SCRA with a γ -carbolinone core structure (e.g., 5F-Cumyl-PEGACLONE), azaindoles (e.g., 5F-MDMB-P7AICA), and carbazoles (e.g., MDMB-CHMCZCA). While these compounds were not prevalent within the other jurisdictions in this paper, they have been found to be prevalent in other jurisdictions outside Germany, such as Cumyl-CHMEGACLONE which was first reported in Hungary in December 2018 and showed significant prevalence.⁴¹ Legislative

changes to cover SCRA with increasingly diverse core structures were enacted via the NpSG in July 2019, and these cover the γ -carbolinone substances. This may have led to a greater diversification of the tail structures producing, for example, the recently detected Cumyl-CBMICA, an indole-3-carboxamide SCRA with a cyclobutyl methyl tail.⁴⁰

3.3 | United States

As far as the authors are aware, there is no formal monitoring or data collection process in place for monitoring the prevalence and use of SCRA in correctional institutions in the United States. The goal of the sub-study was to test prison populations to determine the extent of SCRA use in a single geographical location within the United States. Of the 570 urine samples tested, 14 samples (2.4%) were positive for SCRA metabolites: 11 (1.9%) were positive for 5F-MDMB-PICA 3,3-dimethylbutanoic acid and 3 (0.5%) for 4F-MDMB-BINACA 3,3-dimethylbutanoic acid. Drug positivity rates reported by the Pennsylvania Department of Corrections between October 2018 and September 2019 ranged between 0.3% and 0.9%.⁴² The increase in positivity among those testing positive for SCRA could be explained by the use of a comprehensive testing methodology and a regularly updated library database (i.e., testing for more appropriate drugs based on current and emerging trends). For example, 4F-MDMB-BINACA was the newest SCRA to emerge around the time of testing and incorporation of this analyte into the database yielded positive results that would otherwise be missed without vigorous and novel protocols.

Within the US general population SCRA market, as shown in Figure 4 based on the data from NPS Discovery trend reports,²⁹ 4F-MDMB-BINACA was first detected in December 2018.⁴³ Quickly, 4F-MDMB-BINACA became the second most prevalent SCRA in the United States behind 5F-MDMB-PICA in 2019 Q1. Data show that 4F-MDMB-BINACA began having widespread implications among forensic toxicology casework, including medicolegal death investigations, often in combination with 5F-MDMB-PICA early on.⁴⁴ Interestingly, in the prison population study, the metabolite of 4F-MDMB-BINACA was detected in urine samples as early as March 2019. This suggests that the drug markets leading to overdose deaths at least overlap with the drug markets fueling SCRA use in prisons and also shows the quick emergence of new SCRA within the prison system just a short time (or immediately) after their emergence in the general population.

The US general population data from NPS Discovery demonstrate similar trends and emergence timelines as the National Forensic Laboratory Information System (NFLIS, a program of the Drug Enforcement Administration) data.⁴⁵ A heat map comparison of the two datasets can be found in Figure S3.1 of the supplementary information. NFLIS data come from the analysis of seized drug samples by federal, state, and local laboratories throughout the United States, in comparison to NPS Discovery, which in addition utilizes biological fluids analysis data. The emergence of new SCRA appears to be

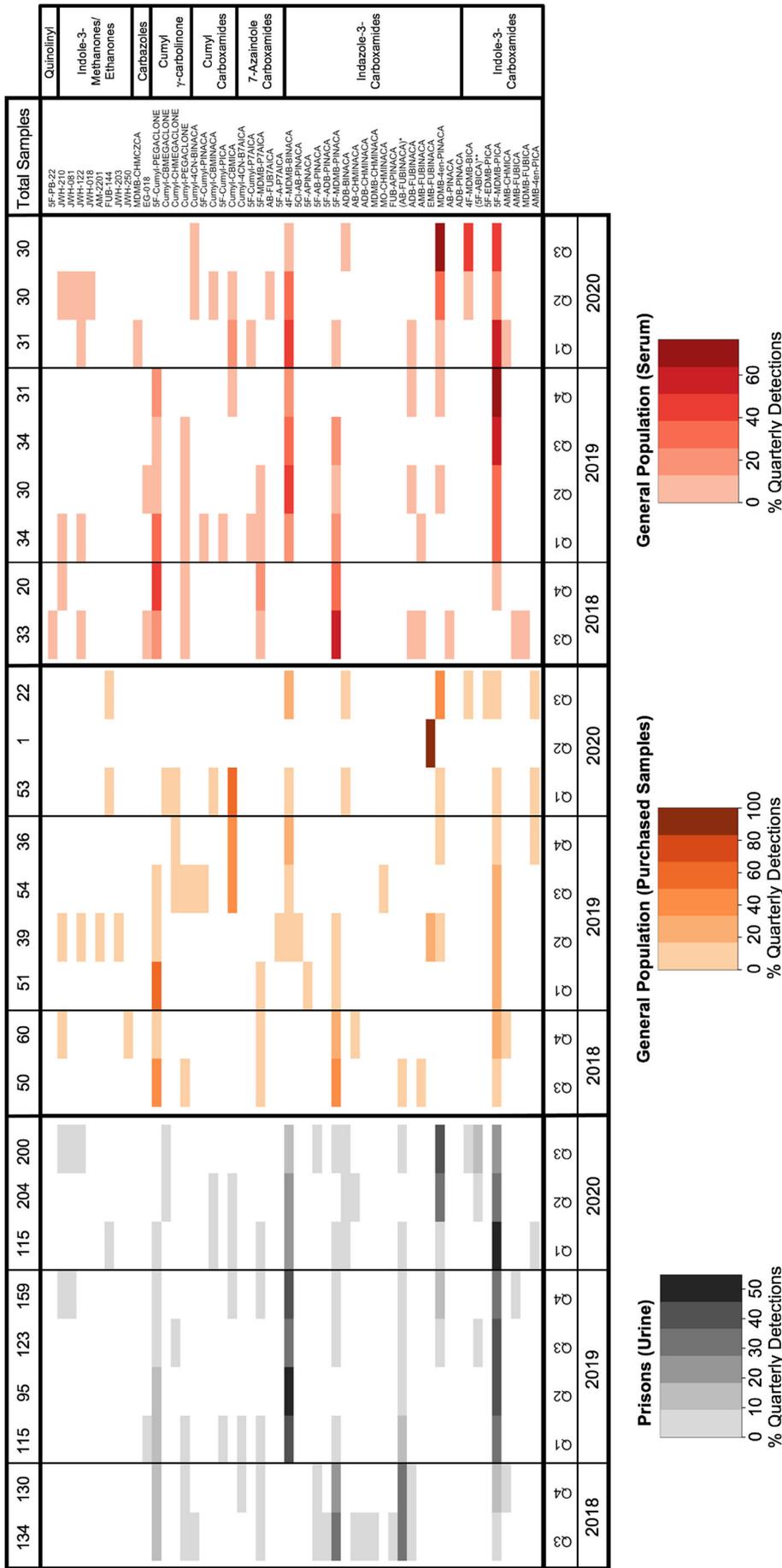


FIGURE 3 Comparison of synthetic cannabinoid receptor agonists (SCRAs) detected in the German prisons using toxicological analysis of urine samples versus the German general population from SCRA-infused herbal blends purchased online and analysis of serum samples. Note: SCRA names in parentheses indicate that for the urine analysis (Germany) the amide hydrolysis metabolite of that SCRA was detected, but there are other SCRAs that share the same metabolite. *The AB-FUBINACA amide hydrolysis metabolite could be from AB-FUBINACA, AMB-FUBINACA, or EMB-FUBINACA. **The 5F-ADBICA amide hydrolysis metabolite could be from 5F-ABICA, 5F-AMB-PICA (MMB-2201), or 5F-EMB-PICA

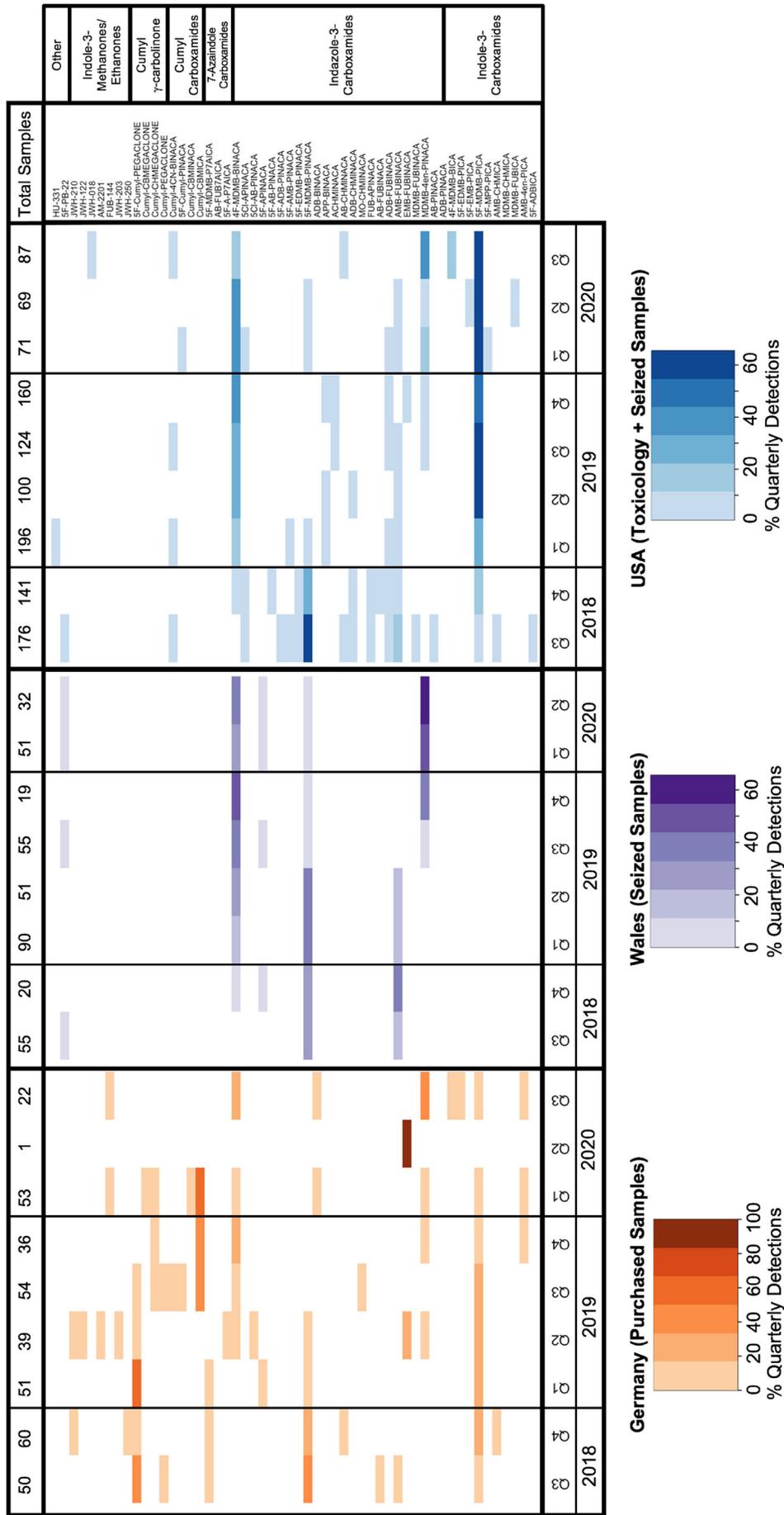


FIGURE 4 Comparison of the synthetic cannabinoid receptor agonist (SCRA) markets in the general population in Germany from SCRA-infused herbal blends purchased online, Wales using seized sample analysis, and the United States, based on data from the new psychoactive substance (NPS) Discovery trend reports, using toxicological analysis of urine samples and seized sample analysis

similar between NPS Discovery and NFLIS; although since NFLIS typically only report their SCRA detections in mid-year and annual reports, the first emergence of a SCRA compound can be more difficult to determine using this dataset. 4F-MDMB-BINACA was first detected in the 2018 annual report, not the mid-year report, indicating that NFLIS also had first detections of 4F-MDMB-BINACA in 2018 Q3 or Q4. On the other hand, they reported detections of MDMB-4en-PINACA in the 2019 mid-year report, indicating detections in 2019 Q1 or Q2, whereas NPS Discovery had first detections in 2019 Q3. In addition, NPS Discovery seems to have more variation in their SCRA detections than NFLIS; however, NFLIS do not report the exhaustive list of SCRA detected but include an “other synthetic cannabinoids” category that constitutes between 16.63% and 19.77% of SCRA detections.

The United States uses both individual drug scheduling actions and analog controls for SCRA through the temporary or permanent scheduling of compounds plus their isomers under Schedule I of the Controlled Substances Act (CSA).⁴⁶ The definition of an isomer, both optical and positional, is provided in Title 21 of the Code of Federal Regulations (CFR).⁴⁷ 5F-MDMB-PICA was temporarily scheduled on 28 December 2018,⁴⁸ the same month that 4F-MDMB-BINACA was first detected in the general population samples. 4F-MDMB-BINACA is treated as a “positional isomer” of 5F-AMB-PINACA (5F-AMB; 5F-MMB-PINACA), which was scheduled on 10 April 2017,⁴⁹ and therefore does not require separate scheduling action. It is unknown whether this was obvious to SCRA producers who *may* have been trying to circumvent US legislation.

3.4 | Legislative changes as a driver of SCRA prison market diversification

International and national legislation is clearly a significant driver for diversification of the SCRA detected in prisons (and SCRA availability in the general population) at both local and global levels. Such legislative changes can be classified as (i) national actions in producer/exporter jurisdictions directly affecting availability on the global SCRA market; (ii) changes made to international legislation via the World Health Organization (WHO) Expert Committee on Drugs and Drug Dependence (ECDD), which often highlights drugs to be considered for control up to a year in advance as part of a critical review process; and (iii) national legislation in jurisdictions into which SCRA are imported and consumed (e.g., MDA 1971 in the United Kingdom, NpSG in Germany, and CSA in the United States).

Legislation controlling SCRA production and export in SCRA-producing countries, such as China, seems to have the greatest influence on the availability of compounds worldwide.⁵⁰ When new SCRA emerge in response to legislative changes in China, they tend to do so in a global manner and previously prevalent substances tend to leave the market relatively quickly. For example, it was determined that the August 2018 ban of eight SCRA by China, including the two most prevalent SCRA at the time, AMB-FUBINACA (AMB-FUB, FUB-AMB), and 5F-MDMB-PINACA (5F-ADB), resulted in these

SCRA rapidly disappearing from illicit markets in Scotland, Germany, and New Zealand,^{21,39,51} as well as Wales (Figure 2) and the United States (Figure 4) as shown herein by the data presented. 5F-MDMB-PICA appeared on the market soon after. 5F-MDMB-PICA had originally been detected in 2016 but had disappeared from the market in 2017.⁵² Its re-emergence was reported in the German prison and serum general population datasets (Figure 3) and in the United States in 2018 Q3 (Figure 4) and in Scottish prisons in 2018 Q4 (Figure 1). This was followed by 4F-MDMB-BINACA, with first reports in Europe and the United States in 2018 Q4 (October³⁰ and December, respectively). 4F-MDMB-BINACA was then detected in Scottish and German prisons in 2019 Q1 and Welsh prisons in 2019 Q2. The emergence of 4F-MDMB-BINACA may have been in response to the temporary scheduling of 5F-MDMB-PICA in the United States in December 2018, which demonstrates that local legislative changes may perhaps, on occasion, have an effect at a global level, although no causal link has been established.

In October 2019, the WHO ECDD indicated that 5F-MDMB-PICA and 4F-MDMB-BINACA were under review for consideration for international control with the legislation coming into force on 3 November 2020.^{6,53} The increasing prevalence of MDMB-4en-PINACA in the United Kingdom, Germany, and the United States from 2019 Q2 onwards may have been a pre-emptive response to this, although MDMB-4en-PINACA was detected in Europe as early as 2017.^{54,55} MDMB-4en-PINACA is now the most commonly detected SCRA in Scottish prisons and in Germany as a whole and is the second most prevalent SCRA detected in the United States and Wales as of 2020 Q2. Recently reported data from 2020 Q4 from NPS Discovery show that MDMB-4en-PINACA is now the most commonly detected SCRA in the United States.⁵⁶ MDMB-4en-PINACA is now being considered for international control at both the European and global level by EMCDDA and WHO ECDD, respectively.^{6,54} If recommended for control at a global level by WHO ECDD, the control may not come into force until November 2021. The emergence of 4F-MDMB-BICA and 5F-EMB-PICA on the drug market in 2020 Q2 may therefore again be a pre-emptive market response to the control of 5F-MDMB-PICA and 4F-MDMB-BINACA and also, possibly, to the future international control of MDMB-4en-PINACA.

While the emergence of prevalent SCRA is very similar across all jurisdictions, being influenced by legislation in producer countries and international controls, national legislation can also drive increased diversity in local markets as well as international markets. There is relatively little diversity in the SCRA market in prisons in the United Kingdom with a limited number of compounds being detected at any given time, all with similarly high potency and efficacy, where pharmacological information is available.^{23,57} Since the current UK legislation covers the most prevalent SCRA on the market under analog controls (MDA 1971) and all other SCRA that may not be covered under the PSA 2016, the United Kingdom may no longer be a driver of market diversification at a local or international level. In contrast, the analog controls in Germany (NpSG) and the United States (CSA) appear to have led to increased diversity in the local market that does not

appear to be reflected in other jurisdictions (i.e., γ -carbolinone SCRA) are rarely seen in the United Kingdom and United States).

There are some interesting regional differences that cannot be explained by legislation. For example, WEDINOS has never detected 5F-MDMB-PICA despite it being one of the most commonly detected SCRA in the other jurisdictions and worldwide for, in some places, more than a year. This demonstrates that market evolution is complex and while legislation can be an important driver for SCRA market change, there are other variables that can influence the availability of a specific compound in a particular jurisdiction (e.g., trafficking routes, local supply networks, user interest/reports, and adverse effects).

4 | CONCLUSION

SCRAs detected in prisons closely align with the SCRAs detected on the local market, but there are regional differences despite a global market for production and supply. This finding is significant and critically important for combating the emergence and proliferation of SCRAs in the future. This transnational study demonstrates that SCRA (and possibly other NPS) monitoring programs in prisons can act as early warning systems for the wider population in that given jurisdiction. Such monitoring programs should, where possible, be near real-time and should inform the application of detection methodologies designed to limit SCRA supply into prisons to ensure their effectiveness and ability to reduce harm. Where urinalysis is deployed for the testing of urine samples collected from prison populations and where targeted detection methods are employed, it is imperative that those methods are kept up to date with relevant testing panels by incorporating new SCRAs reported nationally and internationally. A laboratory must constantly monitor changing drug trends, especially for NPS and particularly for SCRAs, and incorporate new drugs into testing methodologies as rapidly as possible; otherwise, positive results within the population could be missed and drug use could be wrongly counted or categorized.

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CONFLICT OF INTEREST

The authors do not report any conflicts of interest.

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SUPPORTING INFORMATION

Additional supporting information may be found online in the Supporting Information section at the end of this article.

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