

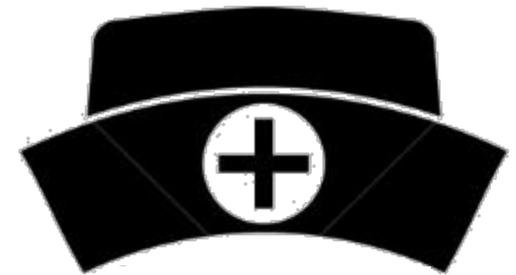
Coping with requirements in forensic toxicology: combination of routine laboratory and forensic science





German Legal Medicine & Forensic Toxicology

... between University and Hospital (& some private labs)



... but not associated
with the police !



For Forensic Use

Virtual Symposium on Current Trends in Forensic Toxicology / Stefan W. Toennes, Frankfurt/Germany



Institute of Legal Medicine, Frankfurt, Germany





University Hospital in Frankfurt/Main



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What we (are expected to) do ...

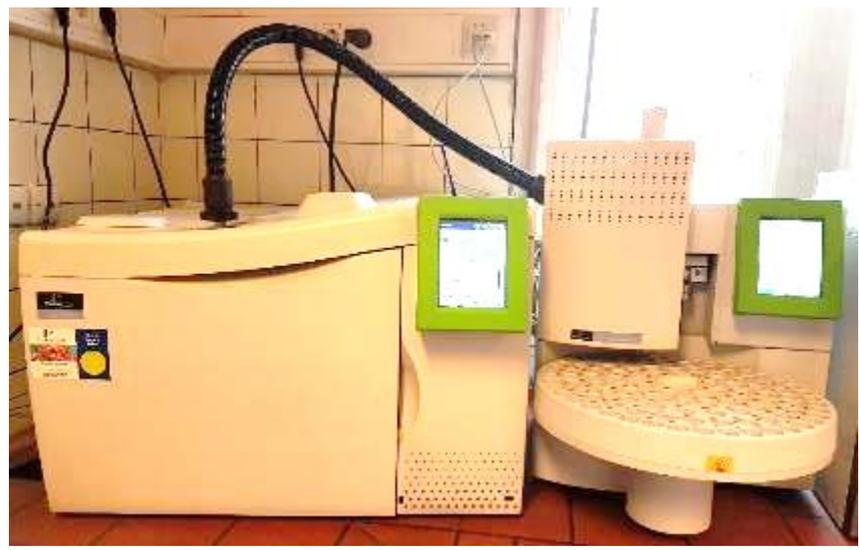
- **Analyses**
 - Blood, urine, hair, post-mortem specimens, etc.
- **Expert opinions** (in writing and in court)
 - Driving under the influence of alcohol/drugs
 - Criminal responsibility
 - Any other pharmacological / toxicological aspect...

- **Teaching** (university students, police officers, ...)
- Forensic **scientific studies**



Driving under influence of **alcohol**

- **Blood alcohol**
 - German guideline requires 2 different analyses
 - Typical: headspace-GC-FID and ADH assay



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Driving under influence of alcohol or **drugs**

- Blood alcohol
- **Drugs**: regionally different requirements (federal)

□ Predefined selection of abused drugs
(i.e. cannabis, cocaine, amphetamines, opiates)

□ All possibly impairing abused or medical drugs

⇒ **Different analytical strategies**

Driving under influence of alcohol or **drugs**

Drugs of abuse „screening“: **immunochemistry**



Limitation by kit availability

- Cannabis
- Amphetamine
- Cocaine(metabolite)
- Opiates
- Methadone
- Benzodiazepines
- Buprenorphin
- Tricyclic antidepressants
- Barbiturates

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„Target compound screening“ (LC-MS/MS)

Immunochemistry vs. chromatography (LC-MS/MS, targeted)

Cannabis	THC, THC-carboxylic acid
Amphetamines	Amphetamine, methamphetamine, MDMA, MDA, MDE, ephedrine, phenylpropanolamine, norephedrine, norpseudoephedrine, cath
Cocaine	Benzoylecgonine
Opiates	Morphine, codeine, 6-acetylmorphine, dihydrocodeine, oxycodone, hydromorphone
Methadone	Methadone
Benzodiazepines	Diazepam, nordiazepam, temazepam, oxazepam, clonazepam, bromazepam, tetrazepam, midazolam, flurazepam, phenazepam, nitrazepam, flunitrazepam, alprazolam, brotizolam, lorazepam, lormetazepam, diclazepam
	Zolpidem, zopiclon, diphenhydramine, doxylamine
	Venlafaxine, risperidone, paliperidone, citalopram, escitalopram, doxepin, amitriptyline, nortriptyline, quetiapine, mirtazapine, chlorphenamine, fentanyl, tramadol, tilidine
	LSD, ketamine, methylphenidate, dextromethorphan

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Cocaine	Benzoyllecgonine
Opiates	Morphine, codeine, 6-acetylmorphine , dihydrocodeine, oxycodone, hydromorphone
Methadone	Methadone
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	Zolpidem, zopiclon, diphenhydramine, doxylamine
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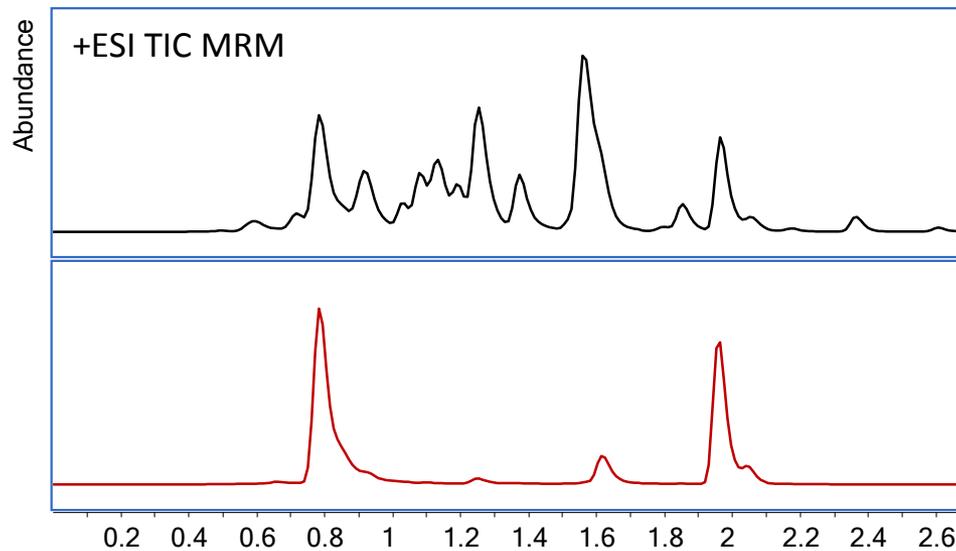
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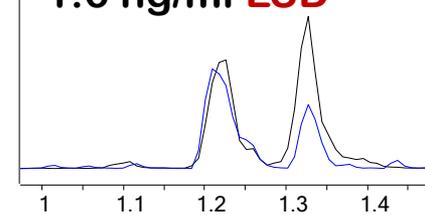
„Target compound screening“ (LC-MS/MS)

- Sample 0.2 ml serum/plasma

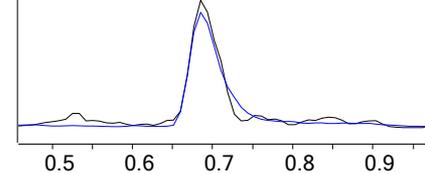
Quality control for pos/neg decision



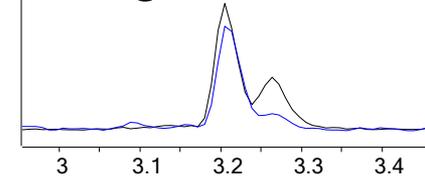
1.6 ng/ml **LSD**



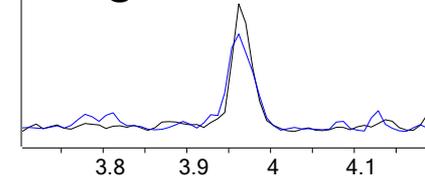
16 ng/ml **Amphetamine**



32 ng/ml **THC-COOH**

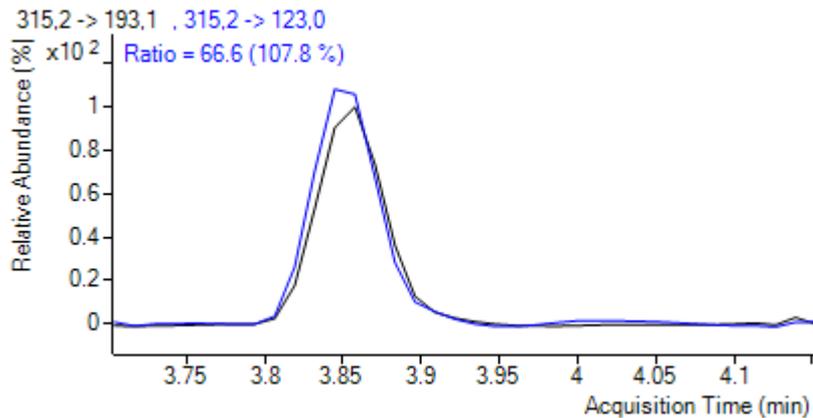
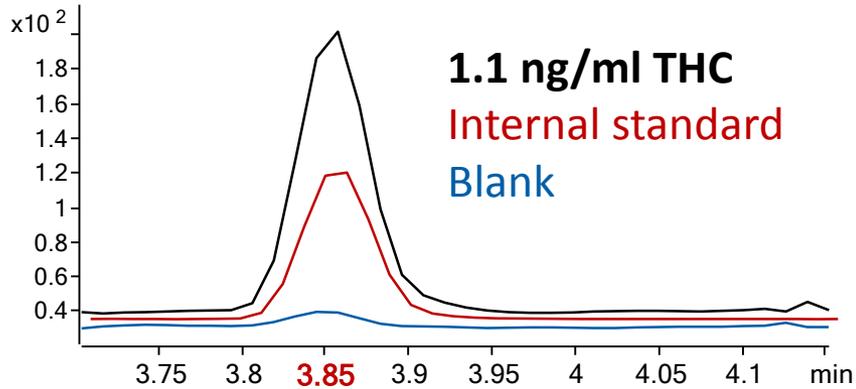


3 ng/ml **THC**





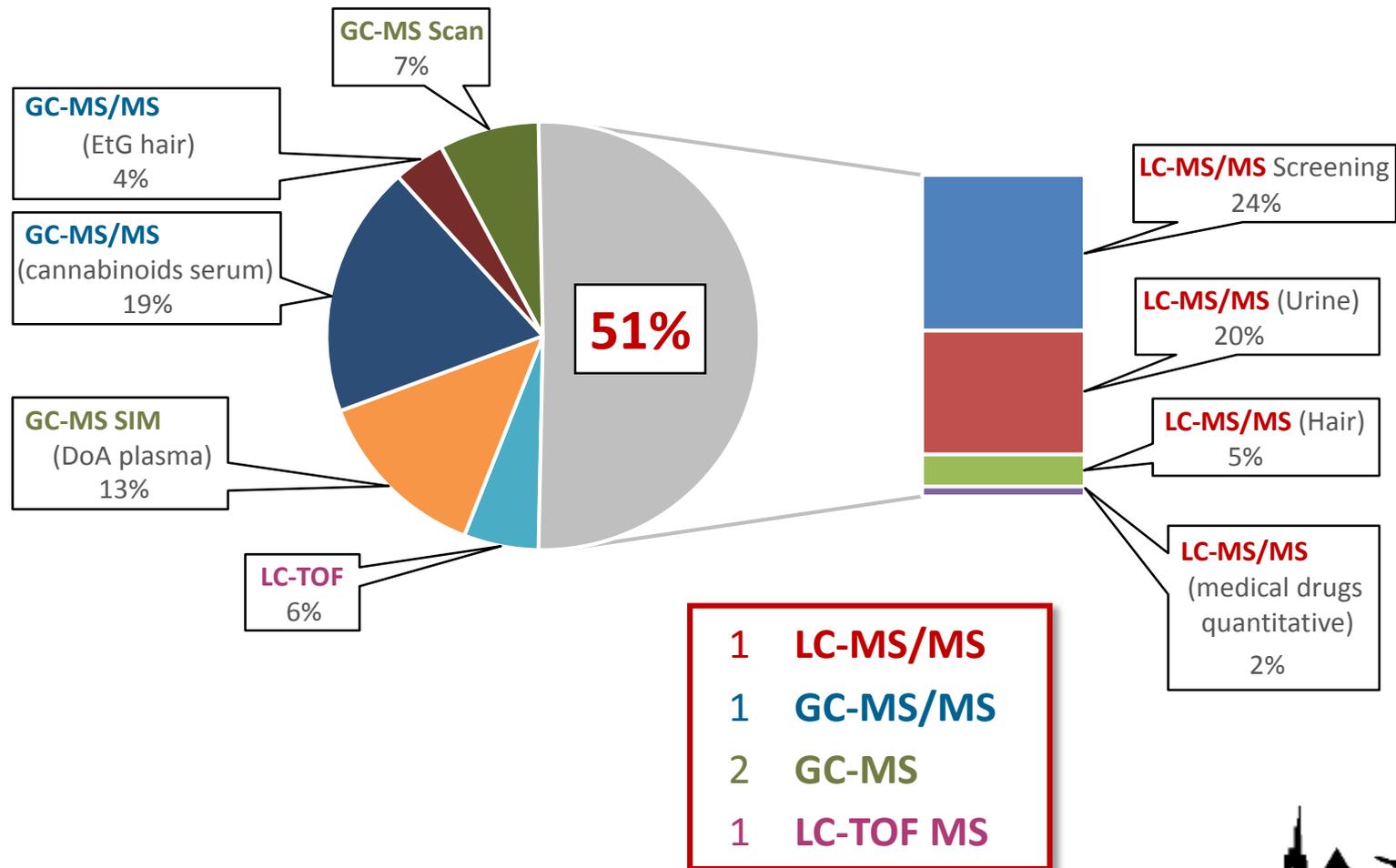
LC-MS/MS



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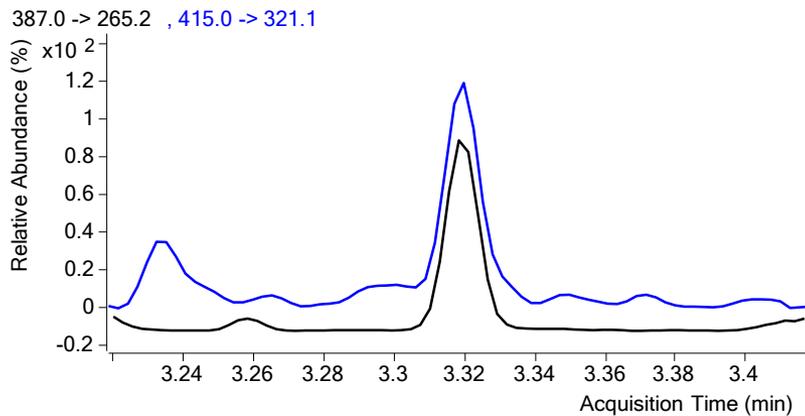
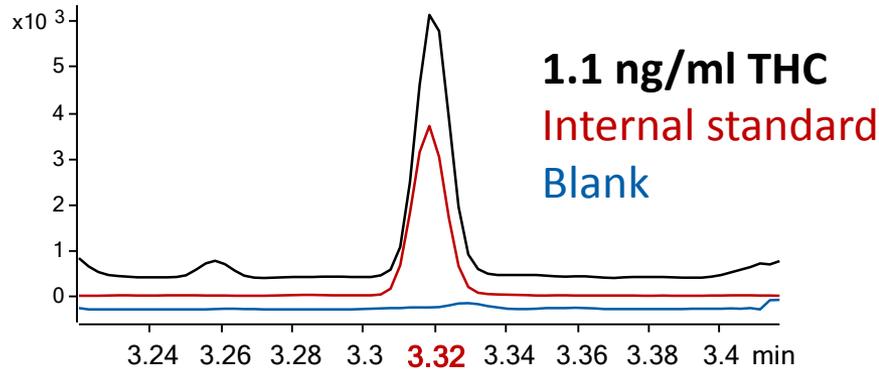
How we manage our routine analyses...



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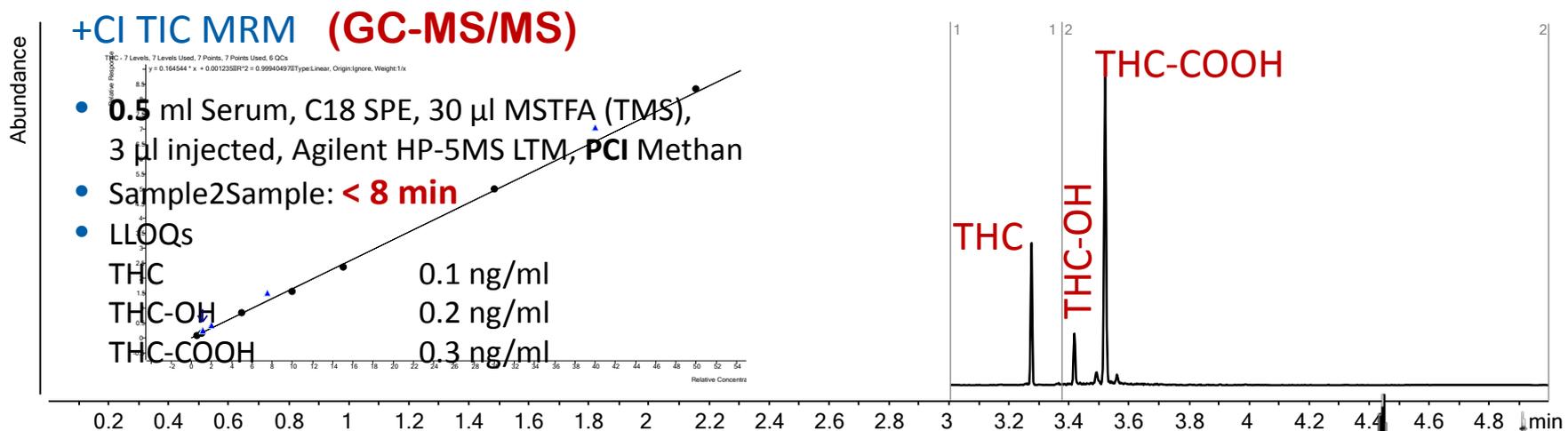
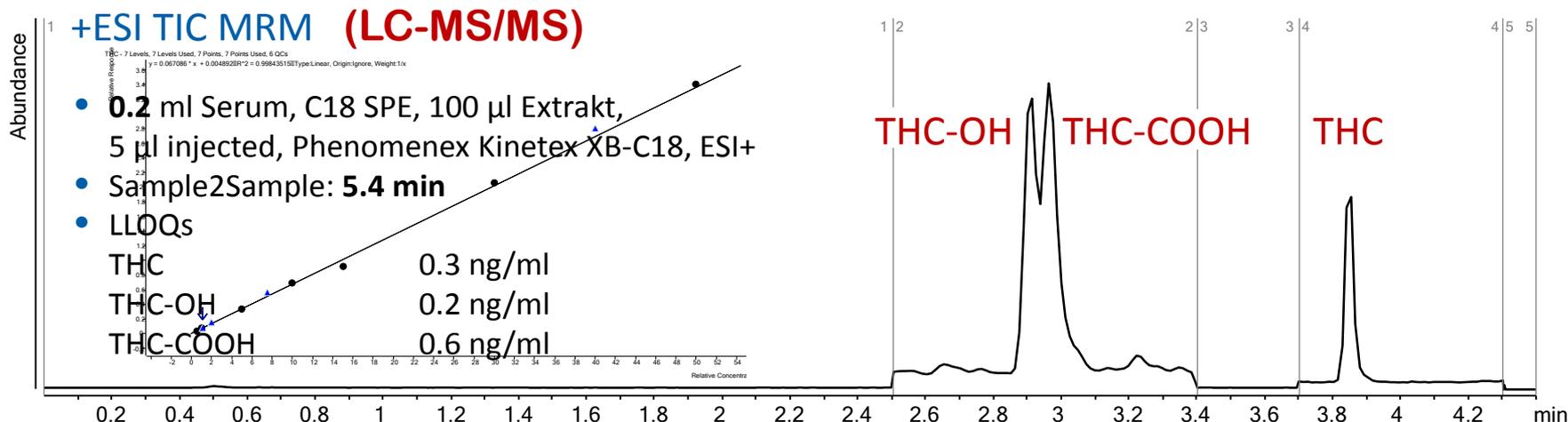
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GC-MS/MS



LTM column
(low thermal mass)

GC-MS/MS complementary to LC-MS/MS



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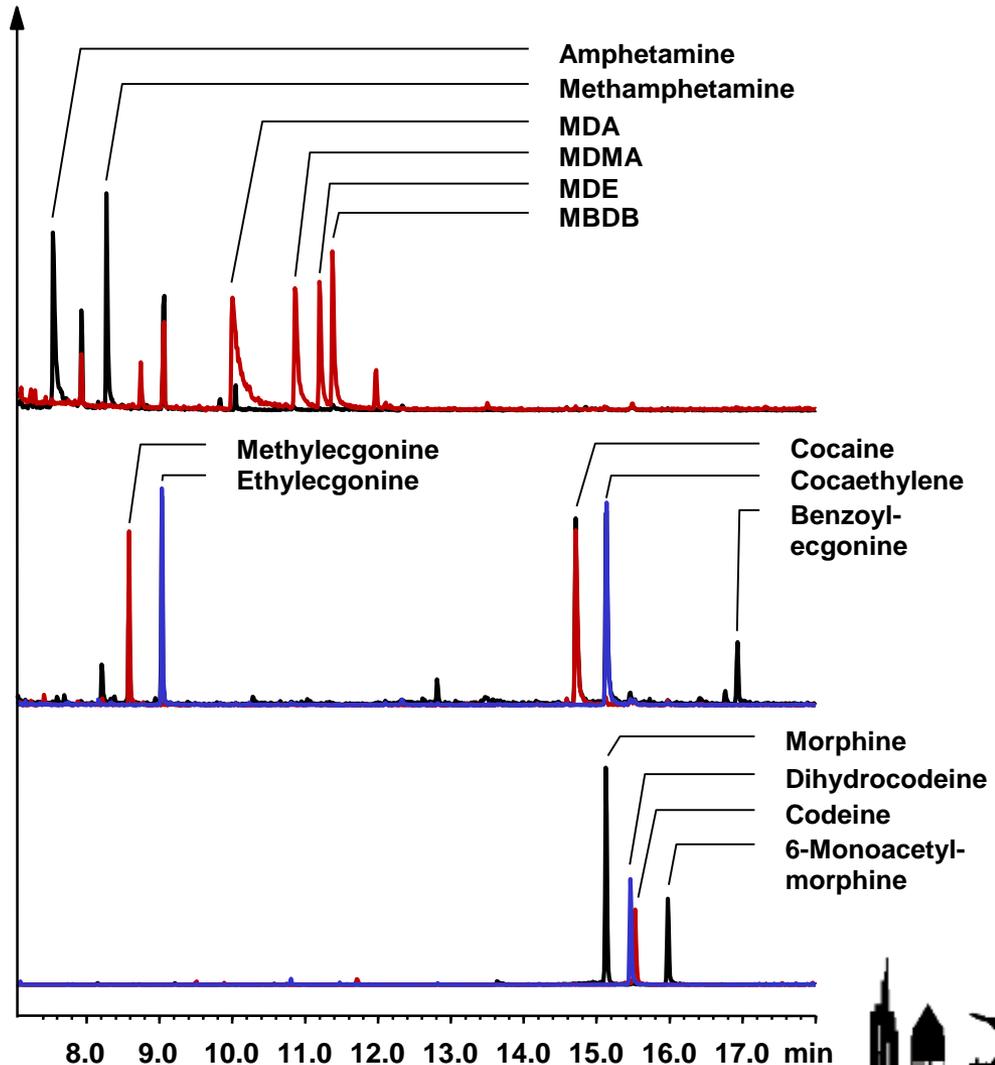


Analysis of basic drugs with GC-MS SIM

- 0.5 ml serum, Certify HF
- 40 µl MBTFA +
40 µl MBDSTFA
- Agilent 30 m VF-1ms,
GC-EI MS SIM



- Sample2Sample: ca. 23 min
- LLOQs (16 analytes)
7 < 2 ng/ml
5 < 5 ng/ml
4 < 10 ng/ml



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Driving under influence of alcohol or drugs

„All possibly impairing abused or medical drugs“

- Sensitive *targeted screening* sufficient in most cases
- Prior to reporting: **evaluation of case documentation** (statements of suspect, police observations, medical officer observations)
Medication? Other drugs? Illnesses? **Symptoms?**
- Further (specialized) analyses (e.g. NPS)
- Additional *untargeted screening*, e.g. in accidents cases

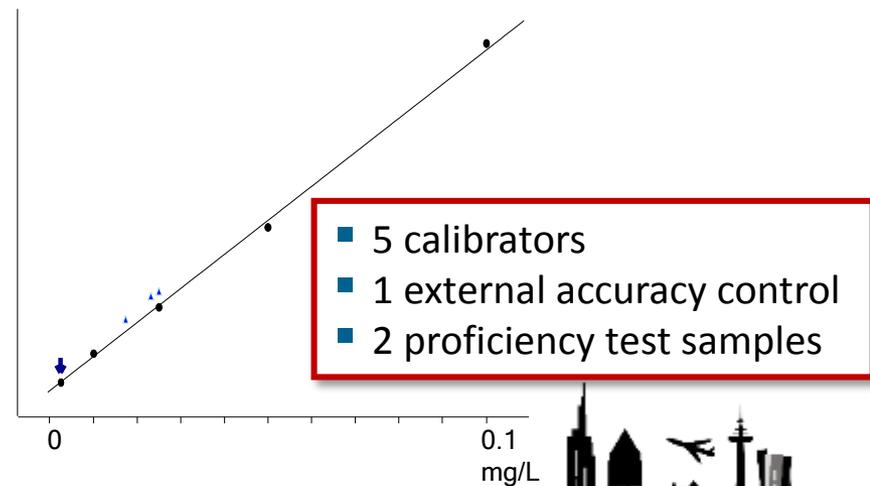
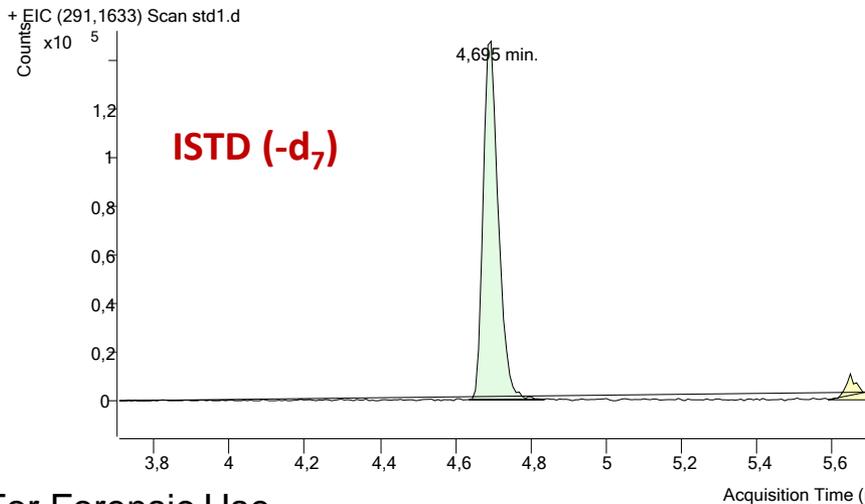
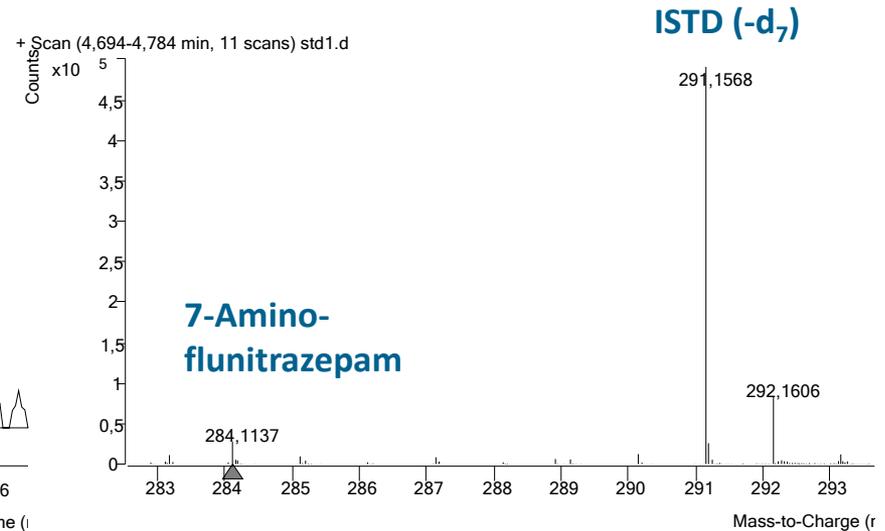
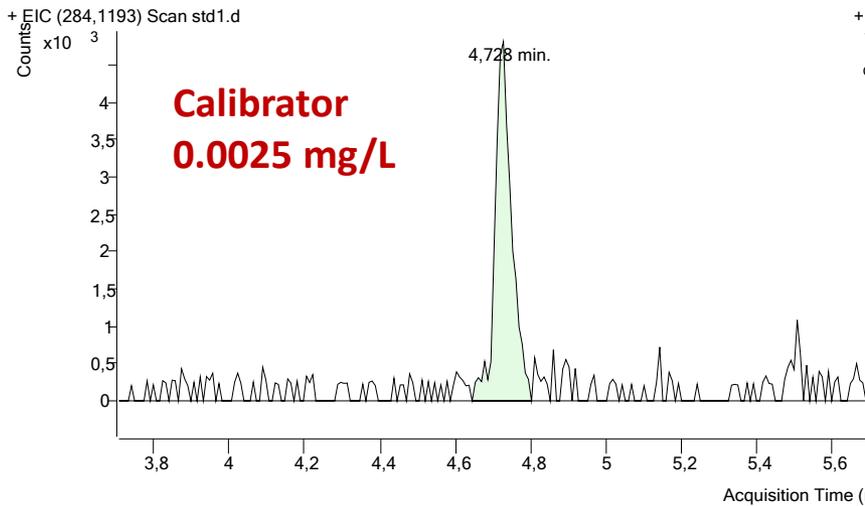
LC-TOF MS

- Single stage
- No fragmentation
*(in-source fragmentation = „All-Ions“
@ 125, 190 and 230 V
results in large data files)*
- **Screening** with in-house database
*(covering psychoactive medical drugs,
designer stimulants – benzodiazepines – fentanyl)*
- **Sensitive** detection
- **Quantification** (confirmed by proficiency tests)





LC-TOF quantification: 7-aminoflunitrazepam

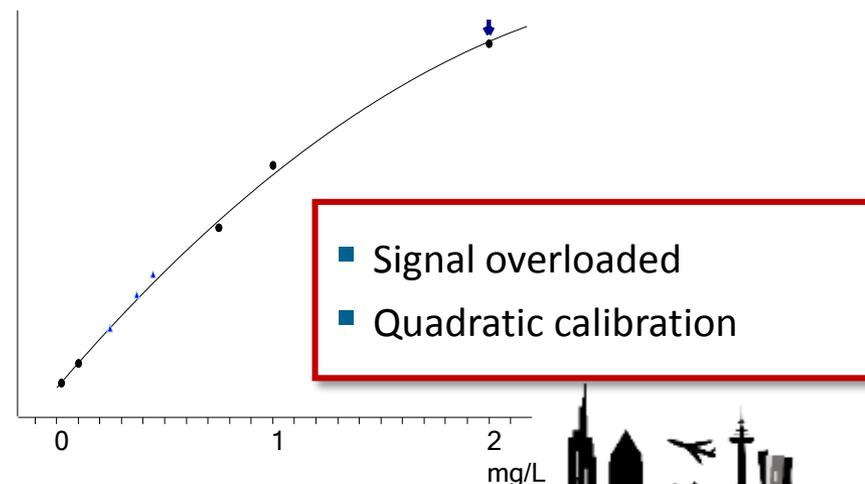
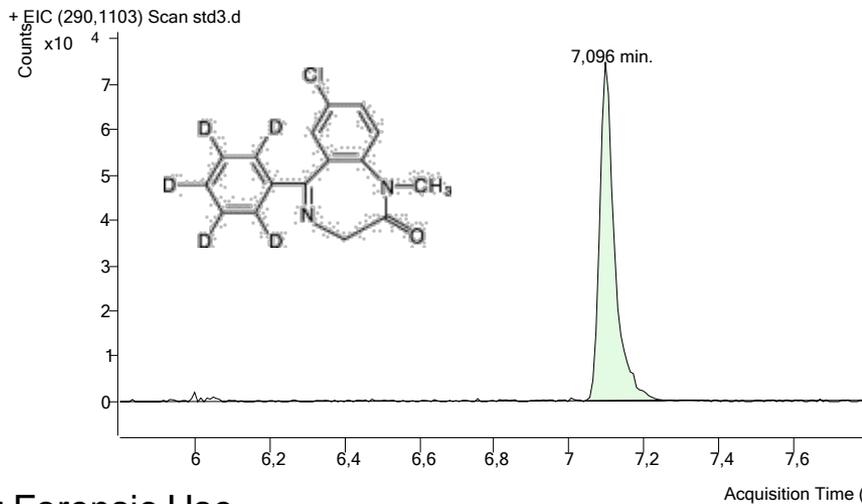
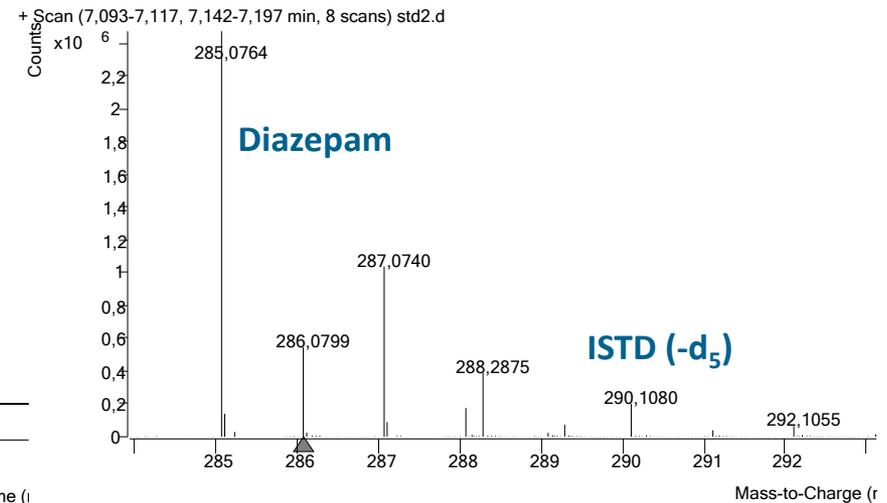
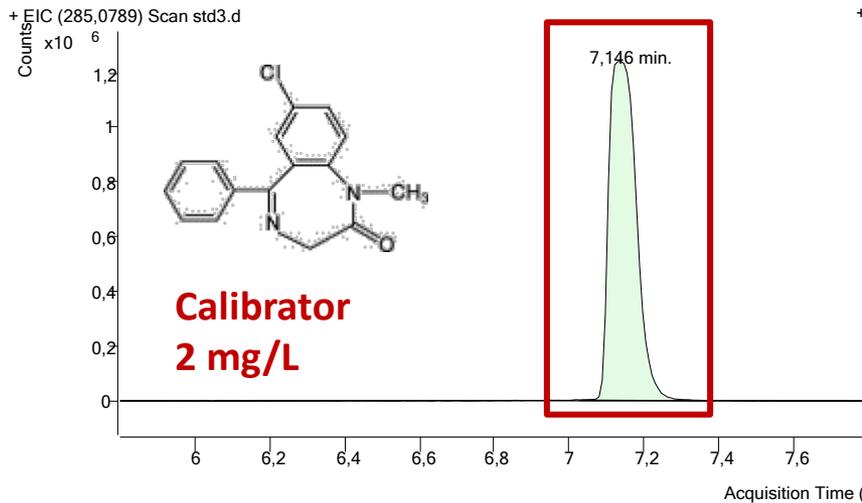


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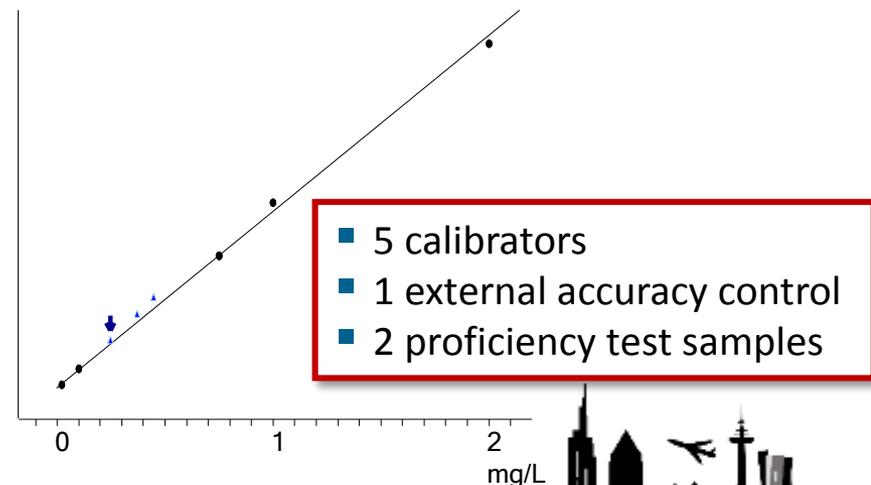
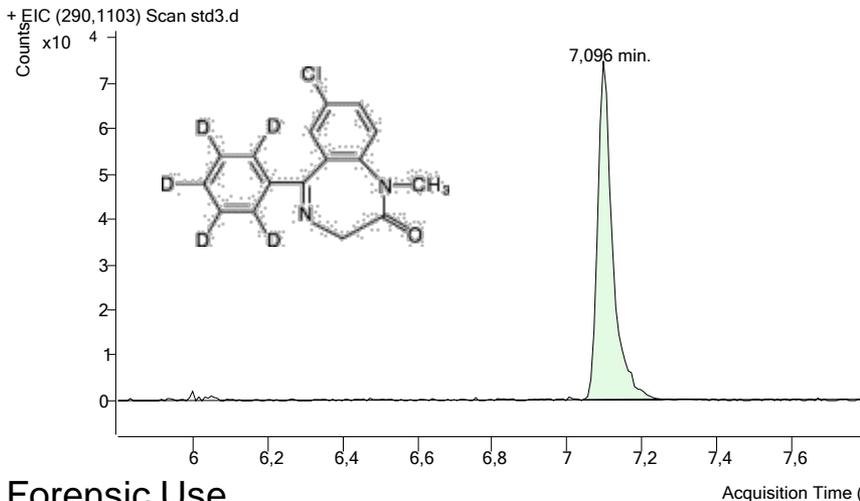
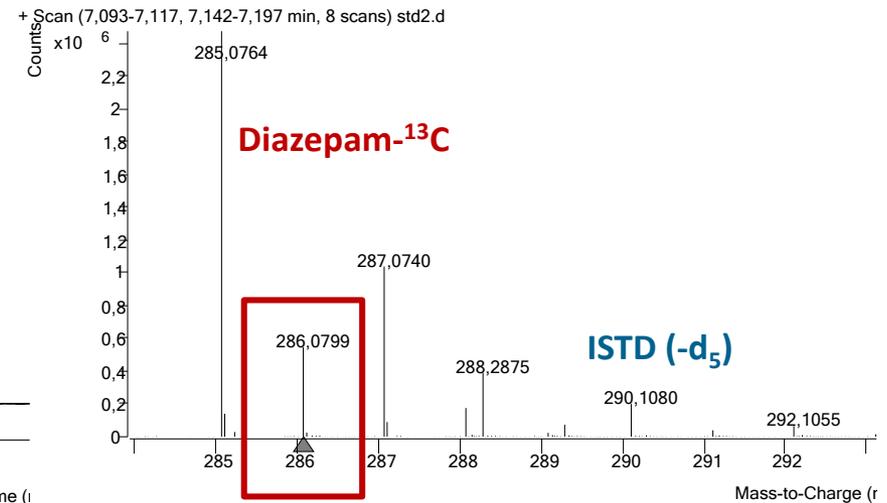
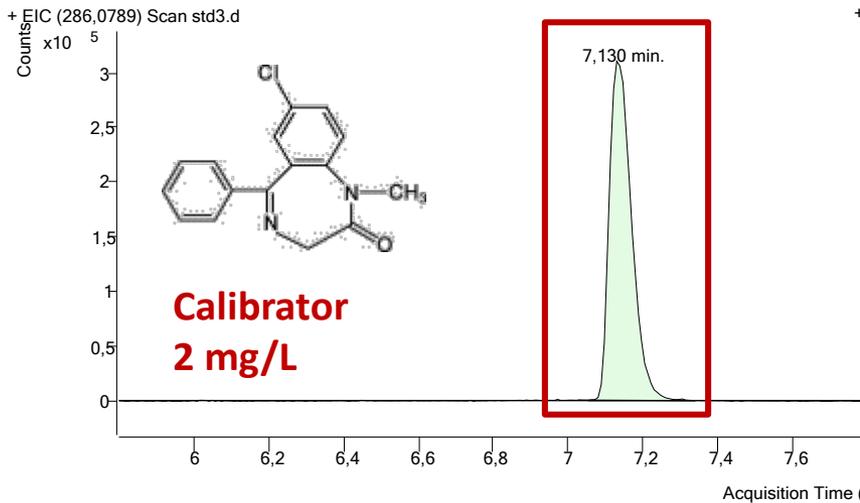
LC-TOF quantification: diazepam



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LC-TOF quantification: diazepam-¹³C



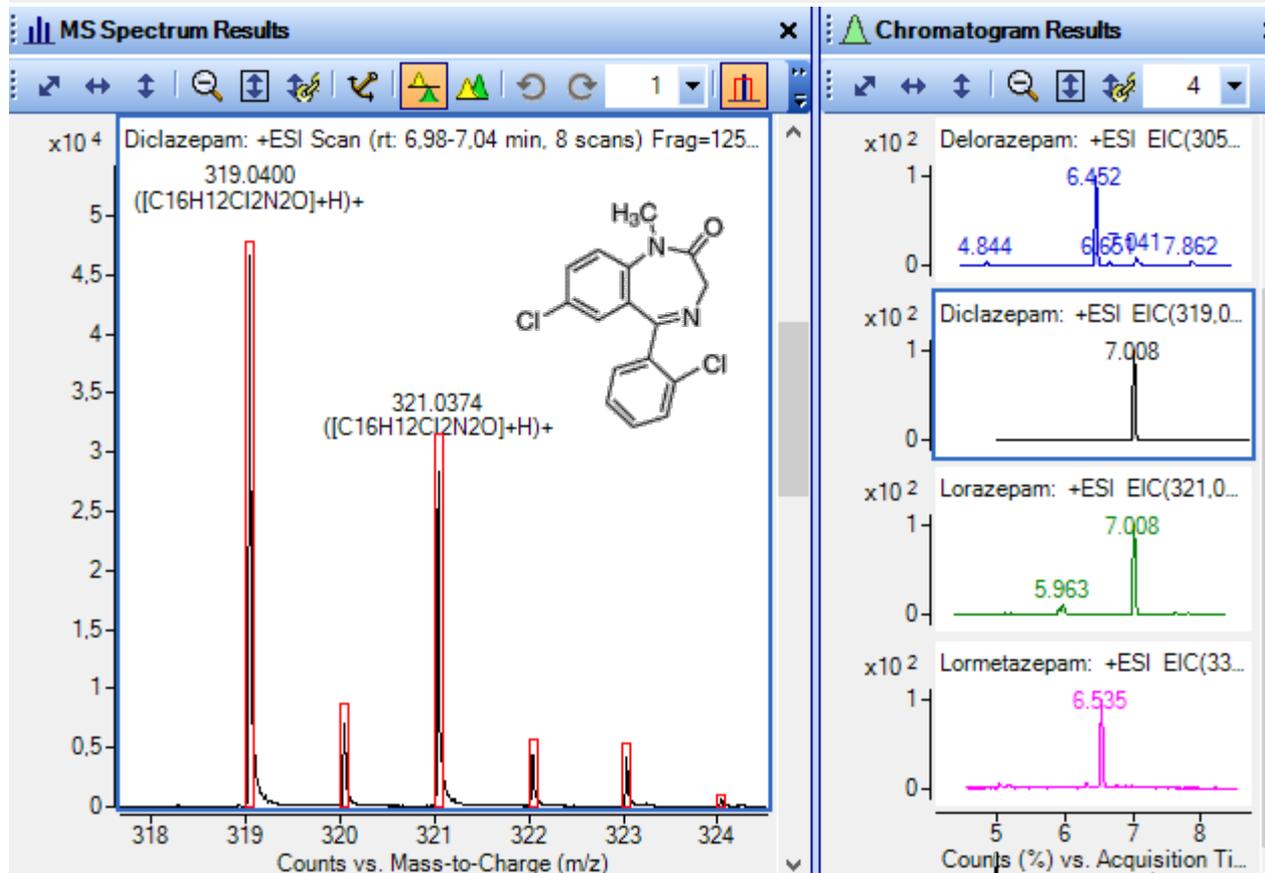
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Drug assisted assault case



Label	Formula	RT	Flag	Score	Diff (Tgt, ppm)	m/z	Mass
Delorazepam	C15 H10 Cl2 N2 O	6,45		98,95	-2,53	305,0245	304,0163
Diclazepam	C16 H12 Cl2 N2 O	7,01		98,6	0,36	319,04	318,0328
Lormetazepam	C16 H12 Cl2 N2 O2	6,54		97,24	-1,02	357,0168	334,0272
Lorazepam	C15 H10 Cl2 N2 O2	5,96	low score	60,54	13,87	321,0202	320,0164

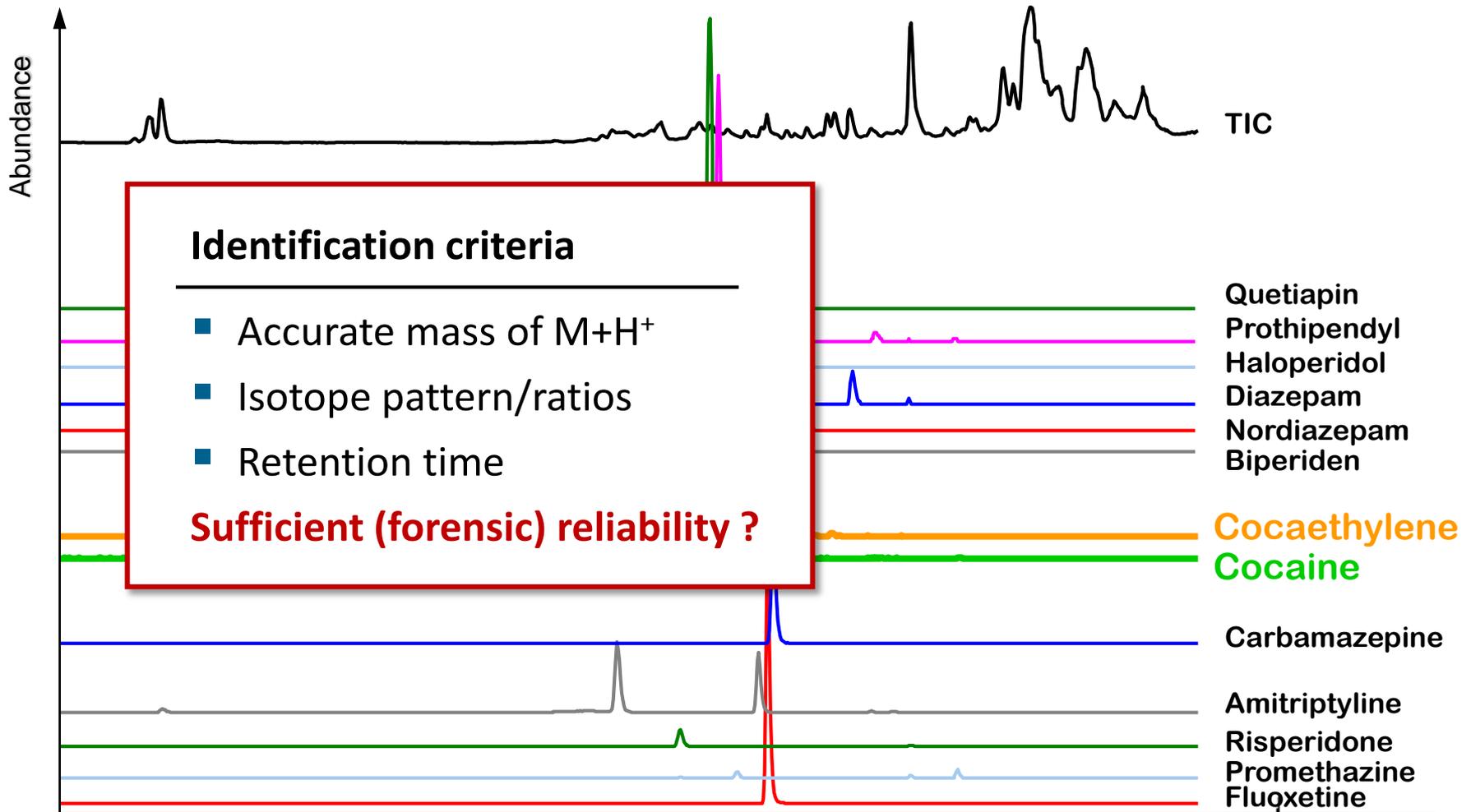


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LC-TOF screening: psychiatric hair sample



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LC-TOF: amphetamine in hair with All-Ions

MassHunter PCDL Manager for Forensics and Toxicology - D:\MassHunter\PCDL\Master CAG_10_08_15.cdb

File Edit View PCDL Links Help

Find Spectra

Single Search Batch Search Batch Summary Edit Compounds Spectral Search Browse Spectra Edit Spectra

Mass
Precursor ion:
Tolerance: ppm mDa
Ion polarity:
Ionization mode

Collision energy

Tolerance: eV

Spectra for compound: Amphetamine (Amfetamine)

Compound Name	Ion Species	Precursor Ion	CE (V)	Pos
Amphetamine (Am...)	(M+H)+	136.11208	10	Pos
Amphetamine (Am...)	(M+H)+	136.11208	20	Pos
Amphetamine (Am...)	(M+H)+	136.11208	40	Pos

Graphic Mass List

Library spectrum

Abundance

m/z

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Single Search Results: 1 hit for

Compound Name	Formula	Mass	Anion	Cation	RT (min)	CAS	ChemSpider	IUPAC Name
Amphetamine (Amfetamine)	C9H13N	135.10480	<input type="checkbox"/>	<input type="checkbox"/>		300-62-9	13852819	1-Phenyl-2-propanamine

LC-TOF All-Ions: cocaine in hair

MassHunter PCDL Manager for Forensics and Toxicology - D:\MassHunter\PCDL\Master CAG_10_08_15.cdb

File Edit View PCDL Links Help

Find Spectra

Single Search Batch Search Batch Summary Edit Compounds Spectral Search Browse Spectra Edit Spectra

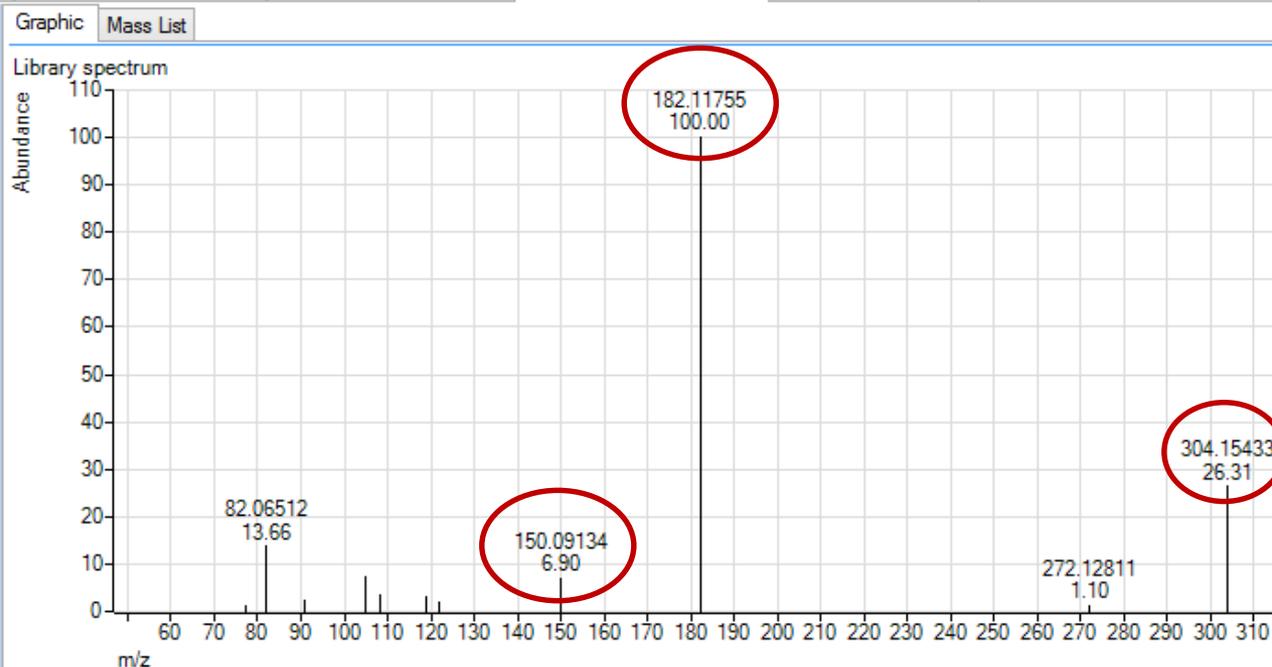
Mass
Precursor ion:
Tolerance: ppm mDa
Collision energy

Tolerance: eV

Ion polarity:
Ionization mode:

Spectra for compound: Cocaine

Compound Name	Ion Species	Precursor Ion	CE (V)
Cocaine	(M+H) ⁺	304.15433	10
Cocaine	(M+H) ⁺	304.15433	20
Cocaine	(M+H) ⁺	304.15433	40



Single Search Results: 8 hits

Compound Name	Formula	Mass	Anion	Cation	RT (min)	CAS	ChemSpider	IUPAC Name	Spectra
Tropacocaine	C ₁₅ H ₁₉ NO ₂	245.14158	<input type="checkbox"/>	<input type="checkbox"/>		537-26-8	10377	8-Methyl-8-azabicyclo[3.2.1]oct-3-yl benzoate	3
4-Fluorotropacocaine	C ₁₅ H ₁₈ FNO ₂	263.13216	<input type="checkbox"/>	<input type="checkbox"/>		498558-69-3	4321292	8-Methyl-8-azabicyclo[3.2.1]oct-3-yl 4-fluorobenzo...	0
Norcocaine	C ₁₆ H ₁₉ NO ₄	289.13141	<input type="checkbox"/>	<input type="checkbox"/>		18717-72-1	559083	methyl (1R,2R,3S,5S)-3-(benzoyloxy)-8-azabicycl...	3
Cocaine	C ₁₇ H ₂₁ NO ₄	303.14706	<input type="checkbox"/>	<input type="checkbox"/>		50-36-2	10194104	Methyl (1R,2R,3S,5S)-3-(benzoyloxy)-8-methyl-8-a...	3

Drugs of abuse in hair (LC-MS/MS)



- Hair decontamination
shredding with scissors
½ h ball mill pulverization
25 mg typical sample weight
2 h ultra sonication (1 ml MeOH)
filtration and evaporation
100 µl LC solvent
4 µl injection volume
ESI+ LC-MS/MS
- Sample2Sample: 12 min

53 Analytes, 28 deuterated internal standards

- **Cannabis**
Tetrahydrocannabinol (THC), Cannabinol, Cannabidiol
- **Amphetamine and derivatives**
Amphetamine, methamphetamine, MDMA, MDA, MDE, phenylpropanolamine (norephedrine), methylphenidate
- **Cocaine**
cocaine, benzoylecgonine, norcocaine, cocaethylene
- **Opiates/opioids**
heroin, 6-acetylmorphine, morphine, 6-acetylcodeine, codeine, dihydrocodeine, oxycodone, hydromorphone, methadone+EDDP, buprenorphine+norbuprenorphine, fentanyl+norfentanyl, tilidine+nortilidine, tramadol+O-desmethyltramadol
- **Sedatives**
diazepam, nordiazepam, temazepam, oxazepam, flunitrazepam+7-aminoflunitrazepam, bromazepam, alprazolam, clonazepam+7-aminoclonazepam, lorazepam, lormetazepam
zolpidem, zopiclon, zaleplon,
diphenhydramine, doxylamine, chlorphenamine
- **Others**
ketamine, pregabalin

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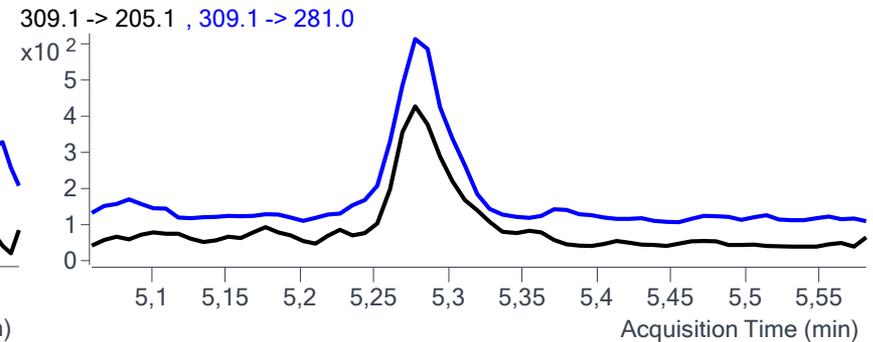
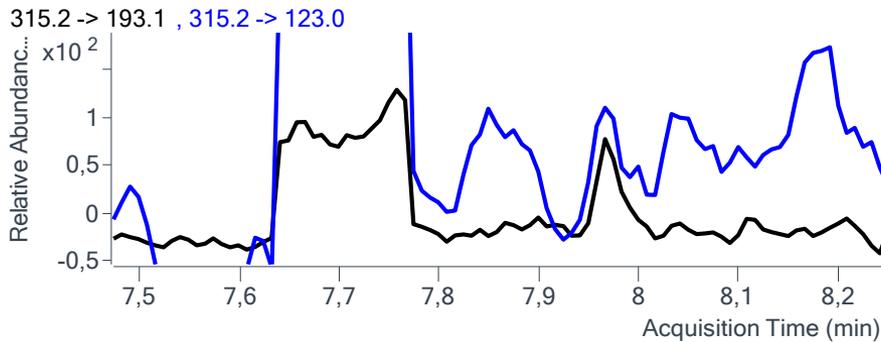
Drugs of abuse in hair (LC-MS/MS)

0.01 ng/mg THC

0.02 ng/mg required sensitivity

0.025 ng/mg Alprazolam

0.05 ng/mg required sensitivity

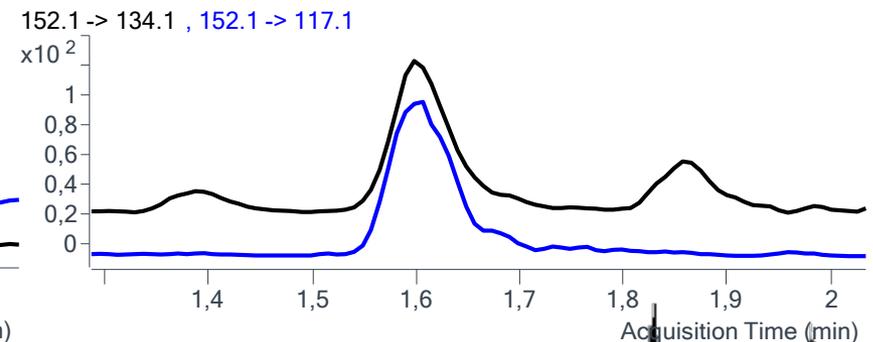
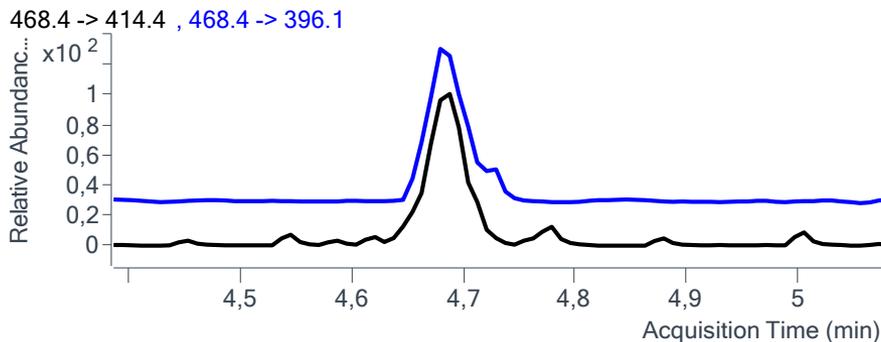


0.025 ng/mg Buprenorphine

0.1 ng/mg required sensitivity

0.025 ng/mg Norephedrine

0.1 ng/mg required sensitivity for amphetamines



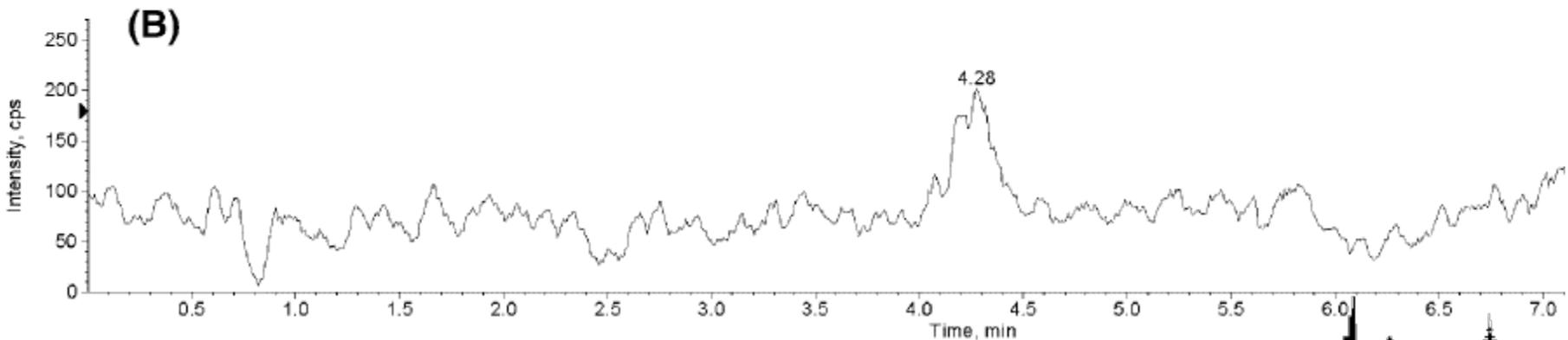
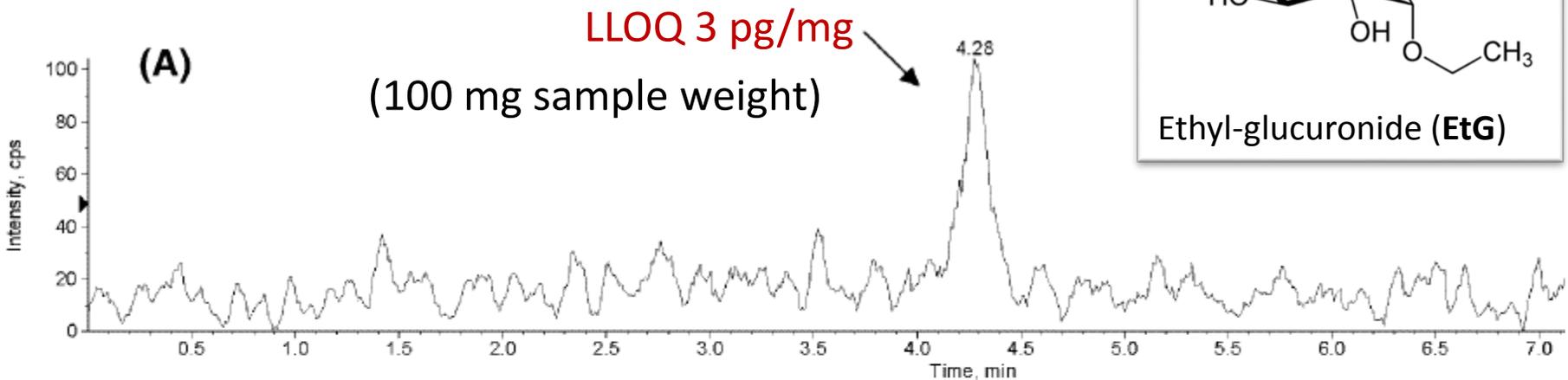
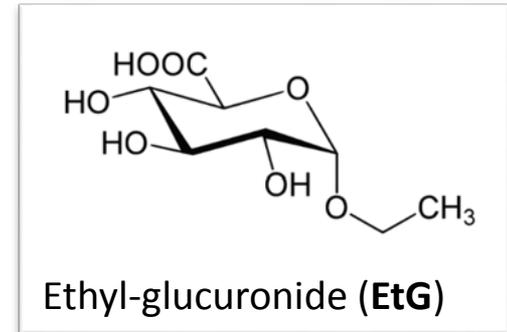
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Ethyl glucuronide in hair with LC-MS/MS

Applied Biosystems 4000 Q-TRAP, ESI-
Chrompack Inertsil ODS-3 column, else HILIC columns



J Mass Spectrom 2006, 41:34-42

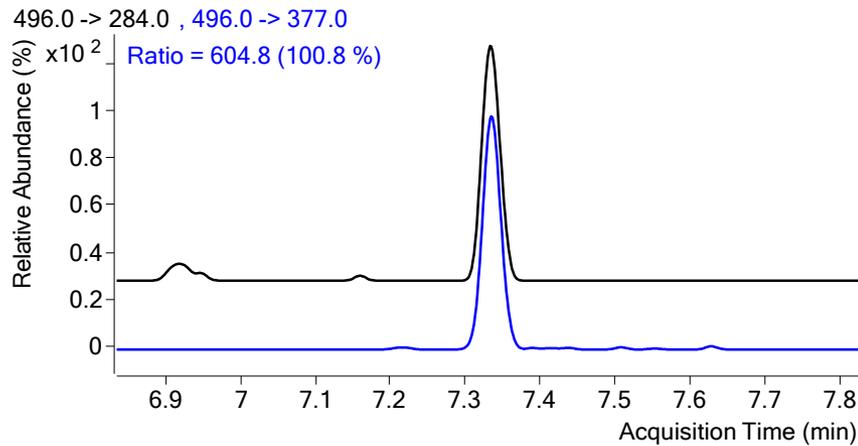
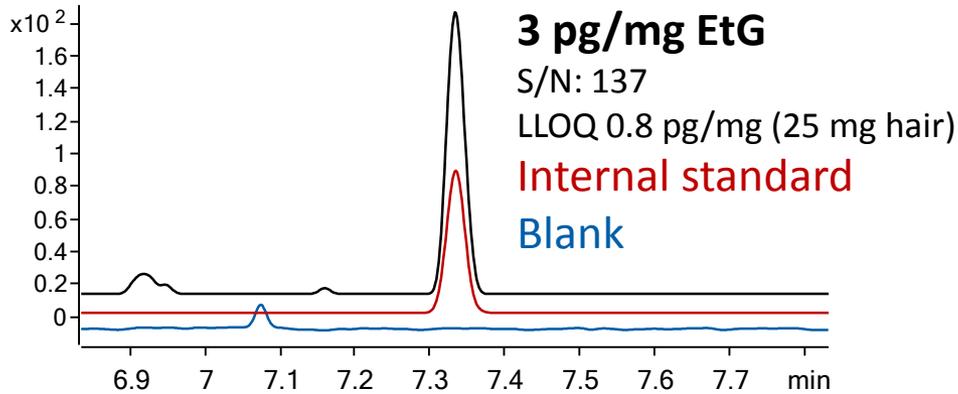
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Ethyl glucuronide in hair with GC-MS/MS



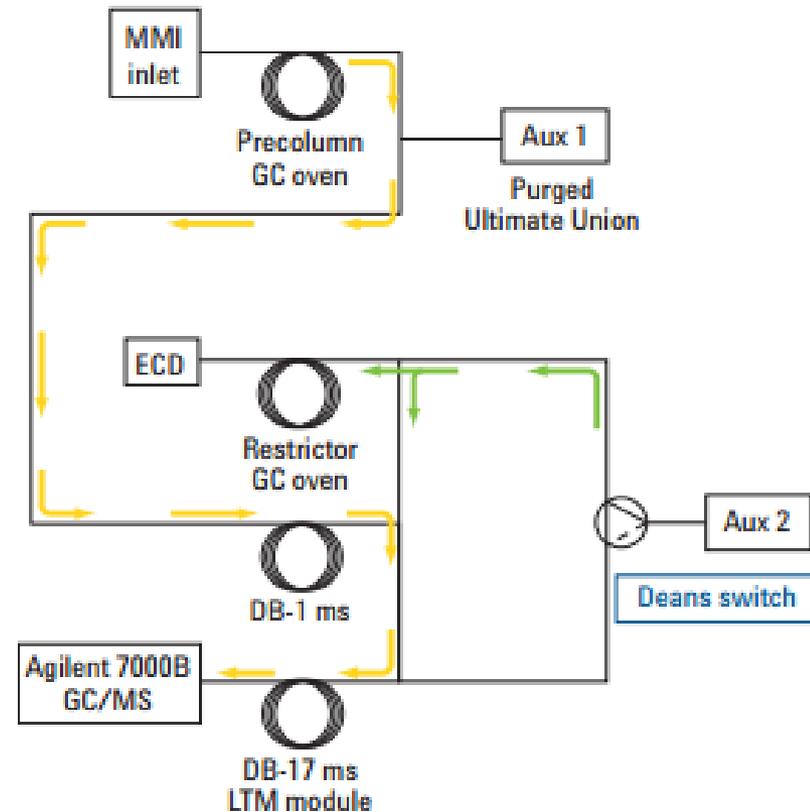
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Sensitivity & routine robustness

- Hair decontamination shredding with scissors
25 mg typical sample weight,
 24 h incubation with 0.8 ml water
 filtration and evaporation
 derivatization with 50 μ l **PFPA**
 evaporation; 50 μ l ethyl acetate
 2 μ l injection
- Precolumn: Agilent DB-1ms (1 m)
 Backflush after 1.5 min
 Oven column: Agilent DB-1ms (15 m)
Deans Switch: 5.5 - 7 min transfer to
 LTM-module: Agilent DB-17ms (15 m)
- NCI**_(ammonia) GC-MS/MS
- Sample2Sample: 14 min



Petzel-Witt et al. (2018) *Drug Test Anal.* 10:177-183

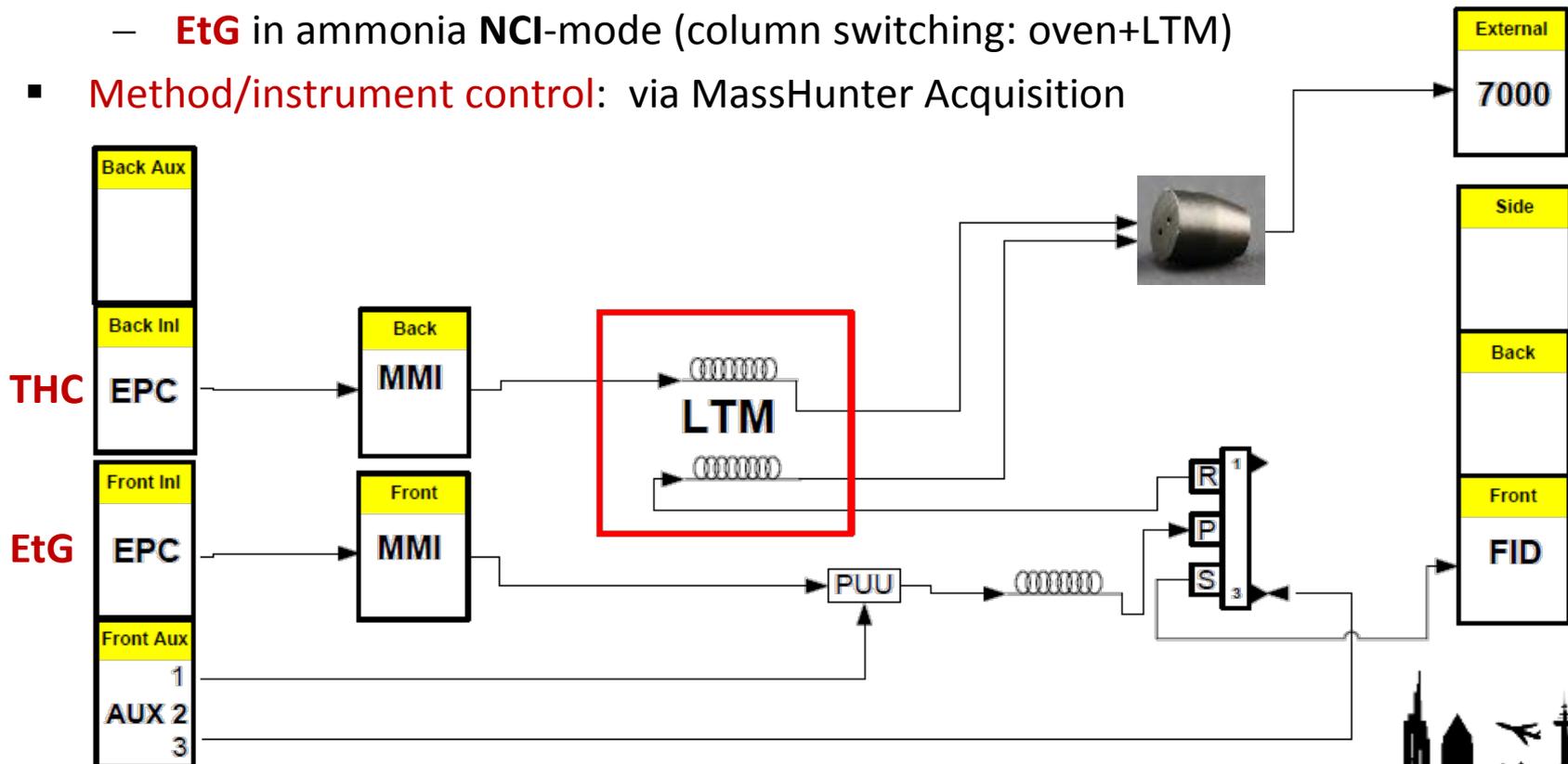


2 x GC-MS/MS ?



Concept and configuration of GC-MS/MS

- 2 Injectors and 2 inlets with double drilled ferrule → MS
- Only target compound analyses, CI-mode, no EI-mass spectra
 - Serum **cannabinoids** in methane **PCI-mode** (1x LTM)
 - **EtG** in ammonia **NCI-mode** (column switching: oven+LTM)
- **Method/instrument control:** via MassHunter Acquisition



Automation



Solid-phase extraction

- Cannabis
over night
- Basic drugs
over day (stability)
- Online sample prep?
NO ! (too slow, inflexible)
- Future ?
liquid-liquid extraction

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Forensic Toxicology is more than analytics...

- Competence in analytic procedures is necessary
- Complemented by ...
 - Pharmacological & toxicological expertise
 - Forensic expertise
 - Legal expertise
- Experience in **court hearings**
- **Teaching**
- Scientific **research** projects



SYNTHETIC CANNABINOIDS (K2/SPICE) UNPREDICTABLE DANGER

K2/SPICE IS **NOT** MARIJUANA

It's often called *synthetic marijuana* or *fake weed* because some of its chemicals are like those in marijuana. The effects can be unpredictable and in some cases, severe or even life-threatening.



Shredded, dried plant material

+



Man-made chemicals

=



A "natural" drug?
Not even close.

 For more information, visit:
drugabuse.gov/publications/drugfacts/synthetic-cannabinoids

SYNTHETIC CANNABINOIDS (K2/SPICE) UNPREDICTABLE DANGER

SYNTHETIC CANNABINOIDS USE CAN BE HARMFUL TO YOUR **HEALTH**



1-800-222-1222

2,695

calls to poison control centers for harmful exposure from these drugs in 2016*

28,531

ER visits in 2011 were linked to synthetic cannabinoids*

78%

of ER visits were among adolescents and young adults ages 12-29*



30% of these visits involved females, and 70% involved males*

*The National Center for Substance Abuse Treatment, 2016. <http://www.drugabuse.gov/info/synthetic-cannabinoids>
*Substance Abuse and Mental Health Services Administration, 2014. <http://www.samhsa.gov/data/2k14/er-visits-11-12-13-14>

 For more information, visit:
drugabuse.gov/publications/drugfacts/synthetic-cannabinoids

<https://www.drugabuse.gov/2016/12/14/poison-control-statistics/infographics/synthetic-cannabinoids-k2spice-unpredictable-danger>

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Study design

6 subjects



t = 0

12 h



- JWH-018 as pure substance (no incense)
- Neurocognitive test battery
- 12 x Serum & oral fluid, 5 x urine for pharmacokinetics



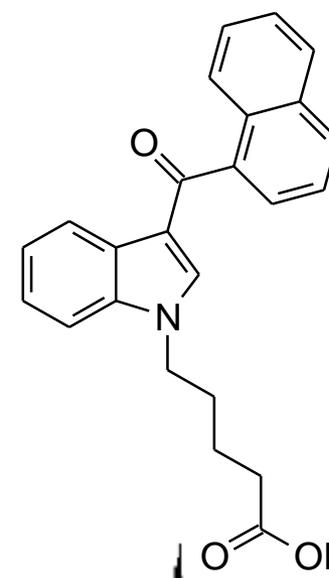
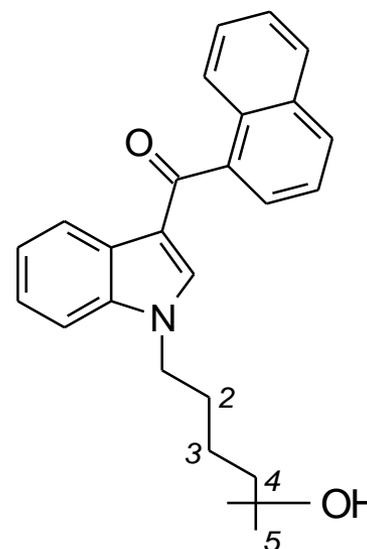
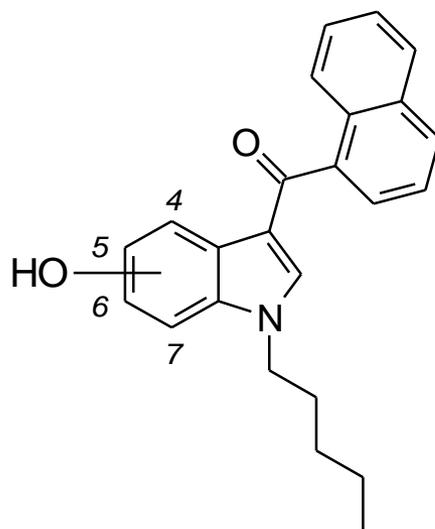
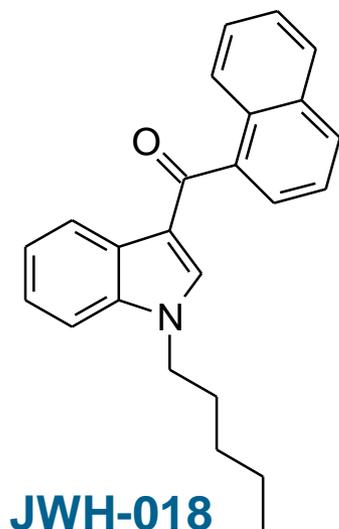
0 mg JWH-018

2 mg JWH-018

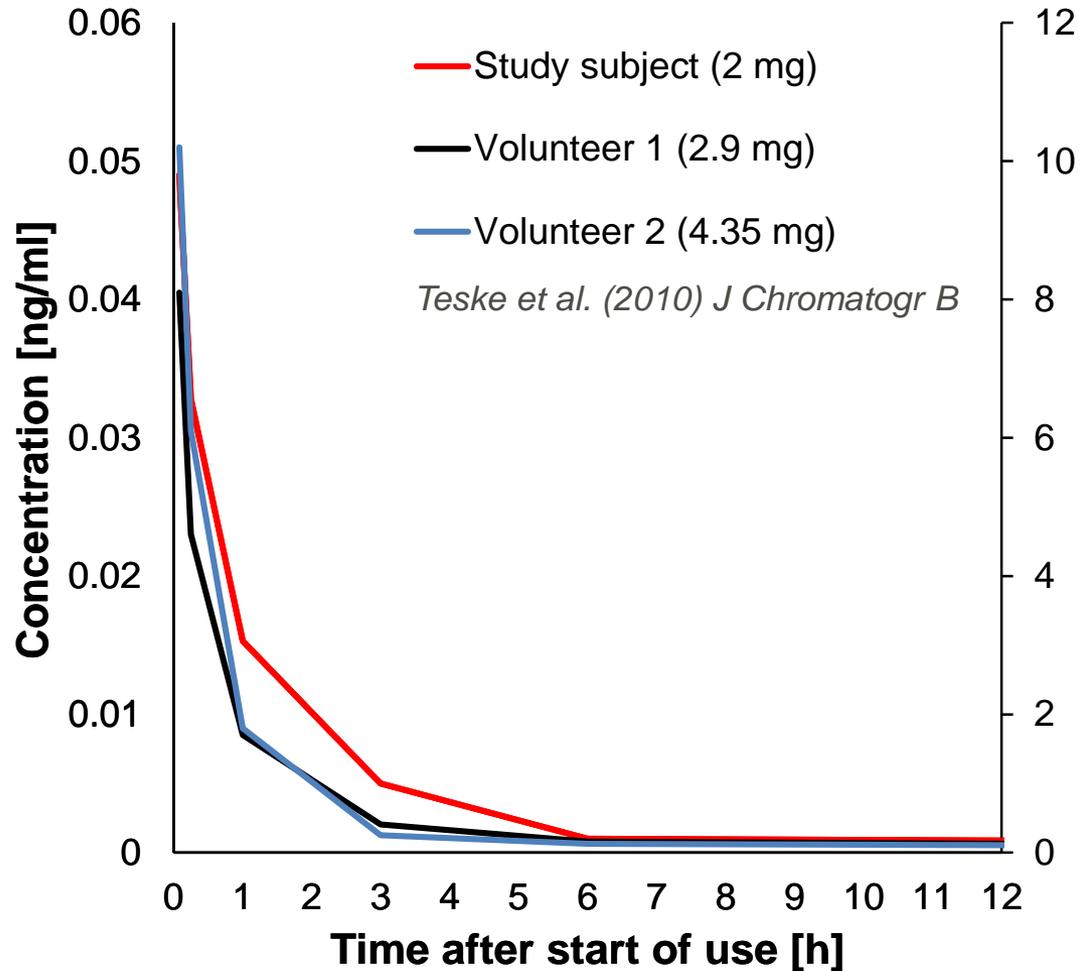
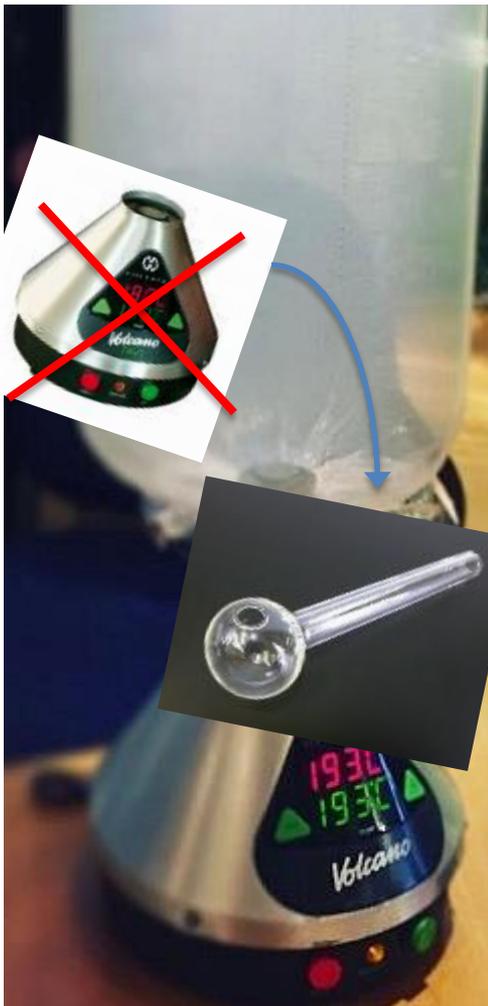
3 mg JWH-018

LC-MS/MS targeted method

- Agilent 1290 LC, JetStream ESI, 6460 MS/MS
- Serum** liquid-liquid extraction of 0.5 ml
- Oral Fluid** (Quantisal) dilution of 0.1 ml with methanol
- Urine** liquid-liquid extraction of 0.5 ml, **±GRD**
- 11** Analytes validated (LLOQs Serum <0.01; Oral Fluid <0.1; Urine <0.01 ng/ml)



First drug application...

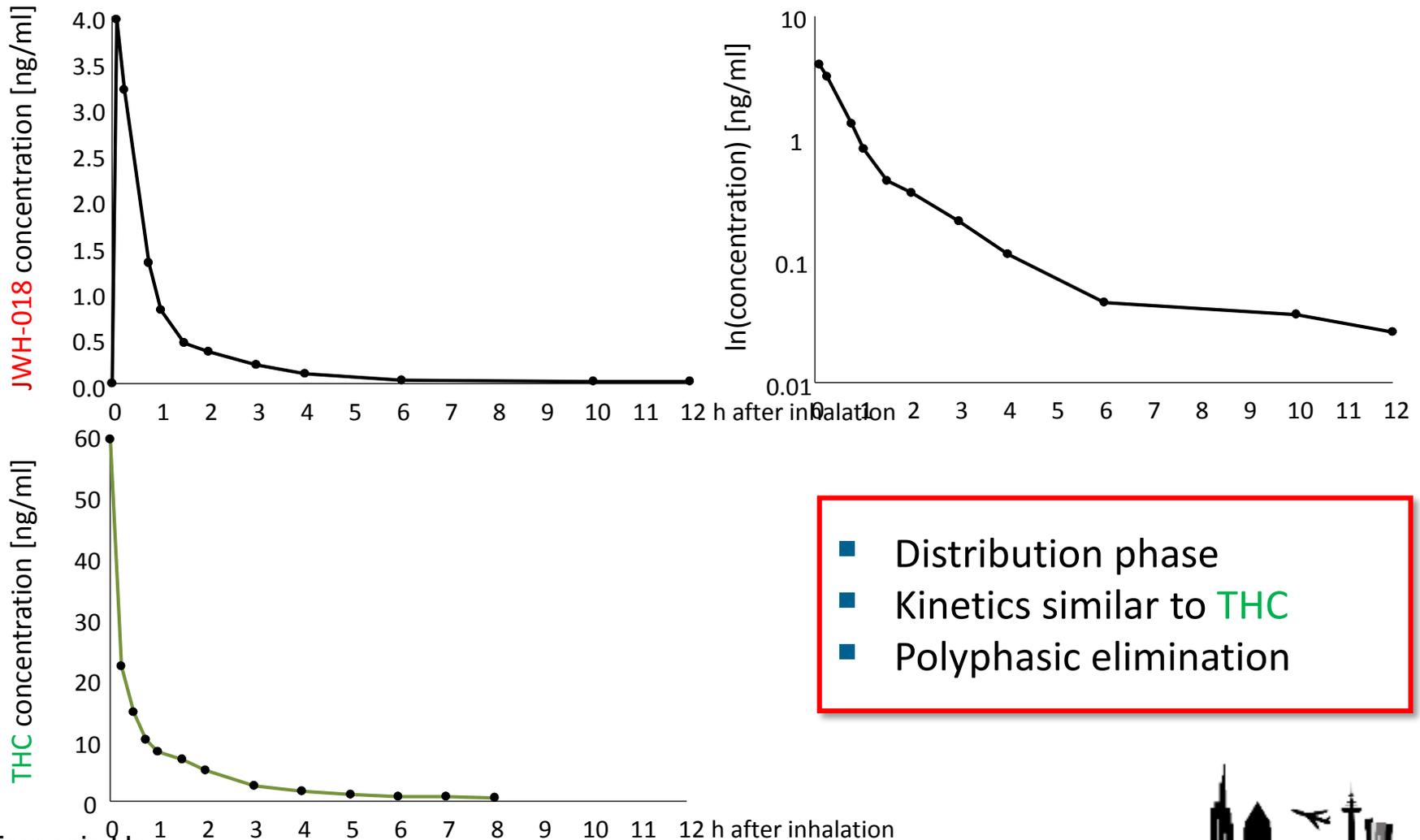


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JWH-018 concentration-time curve



- Distribution phase
- Kinetics similar to **THC**
- Polyphasic elimination

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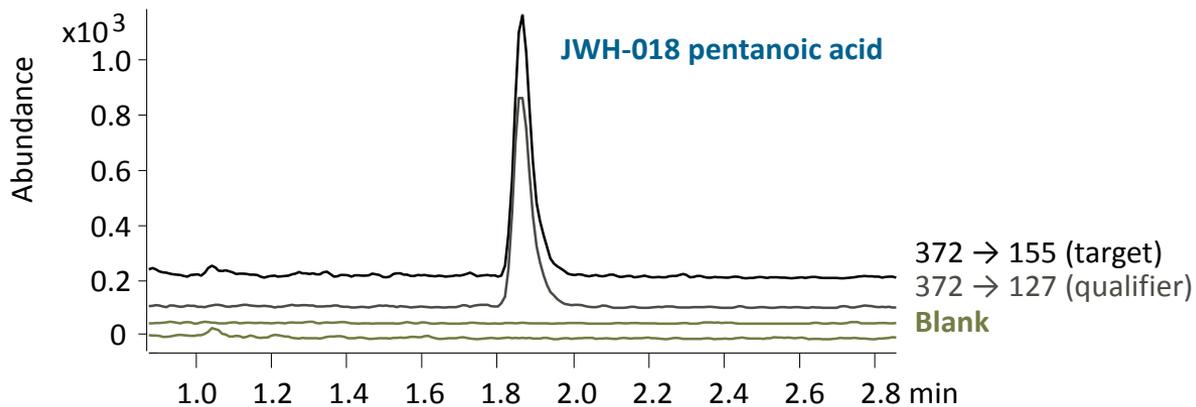
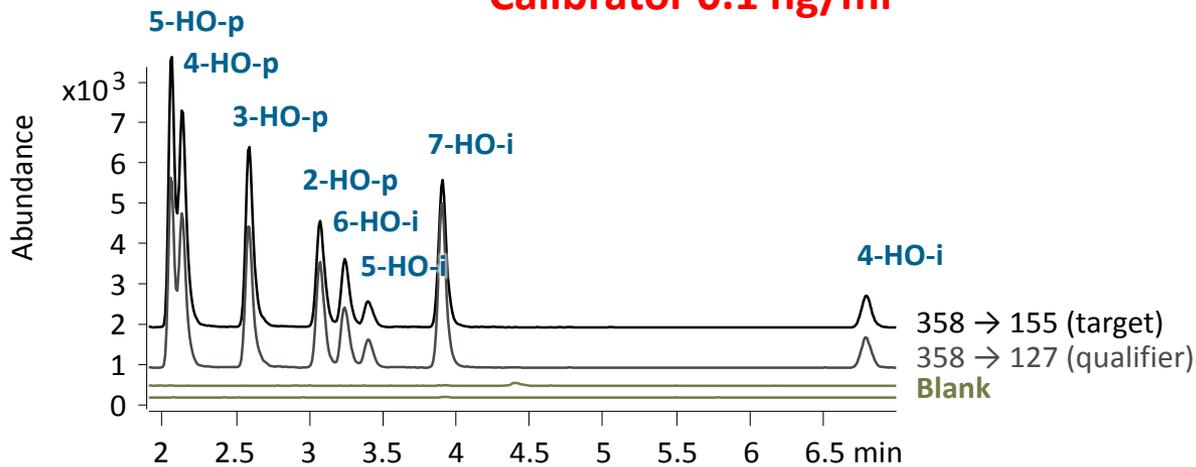
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Metabolites in serum

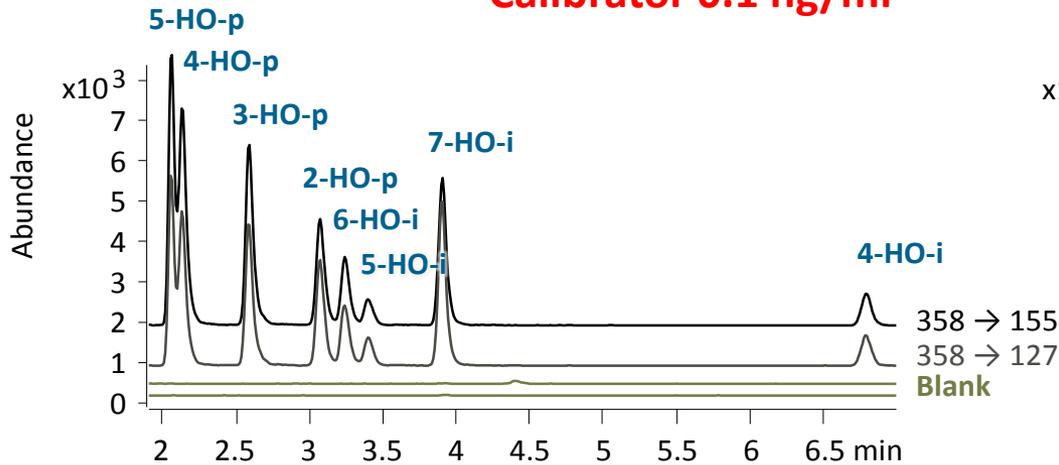
Calibrator 0.1 ng/ml



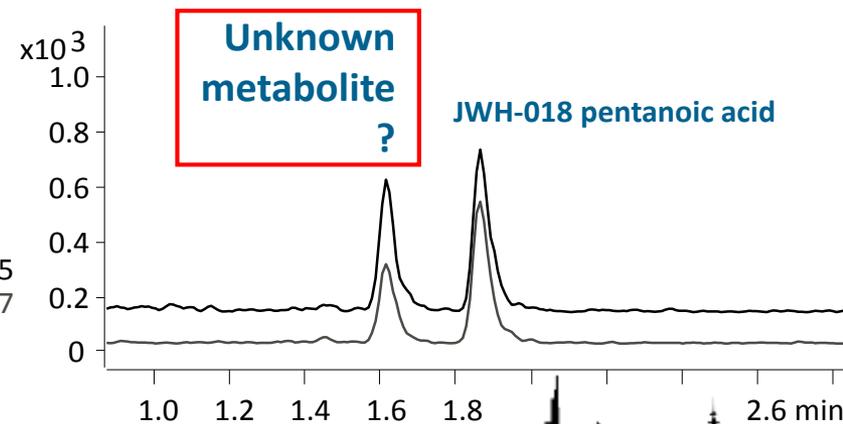
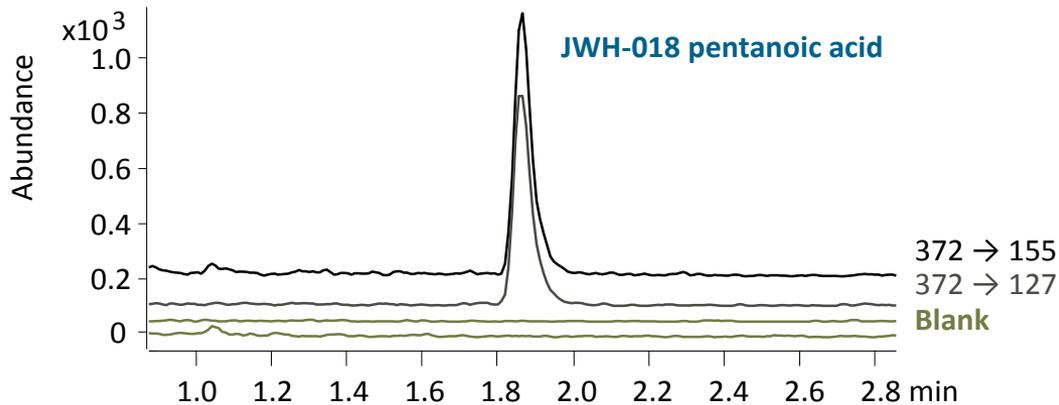
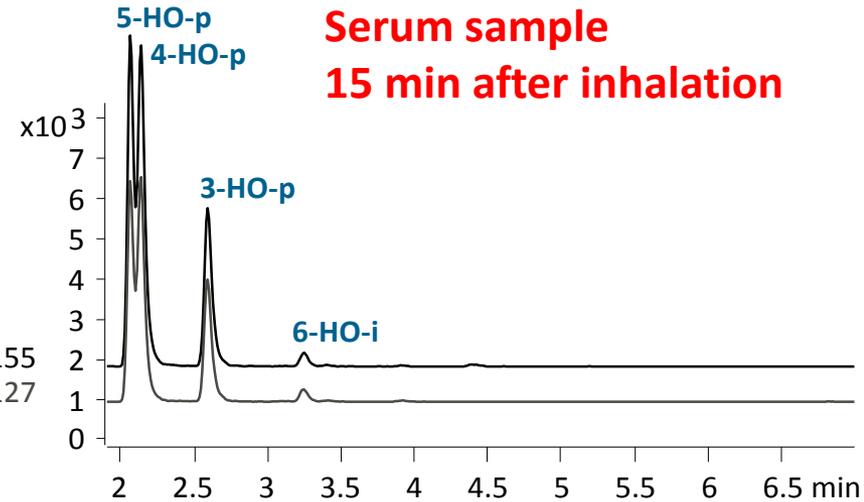


Metabolites in serum

Calibrator 0.1 ng/ml



Serum sample
15 min after inhalation



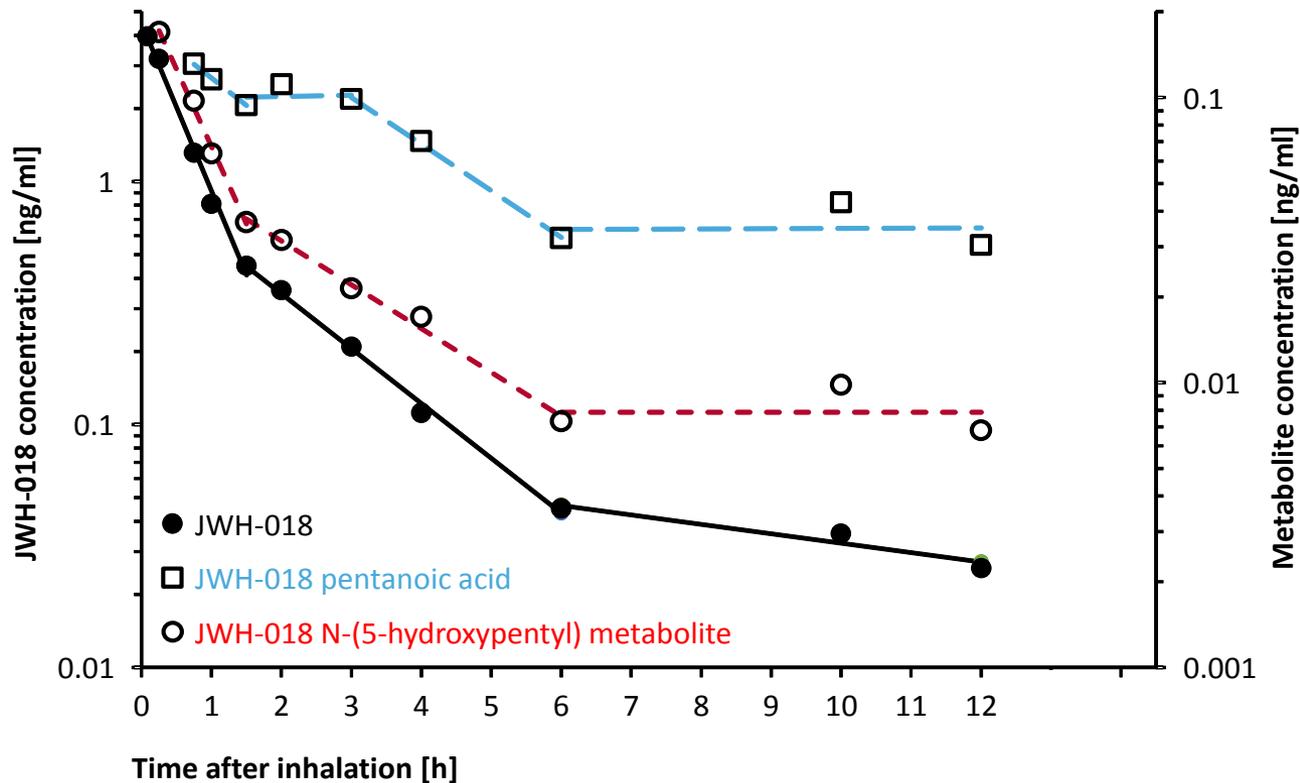
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Concentration-time curves (metabolites)



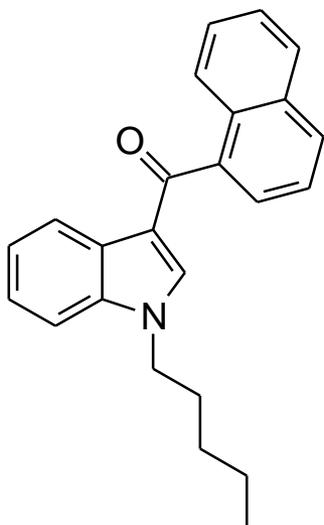
Toennes et al. (2017) J Pharm Biomed Anal 140

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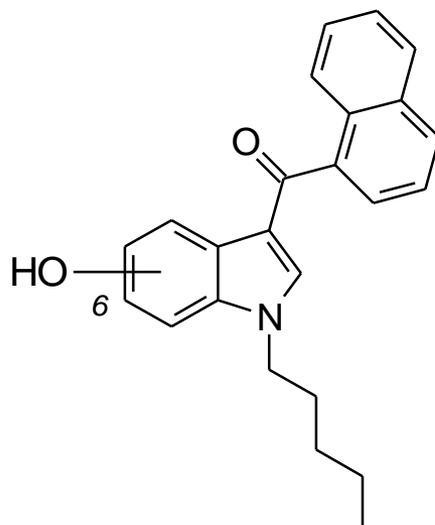
Concentrations [ng/ml]



JWH-018

C_{\max} **4.76** (2.90-9.91)

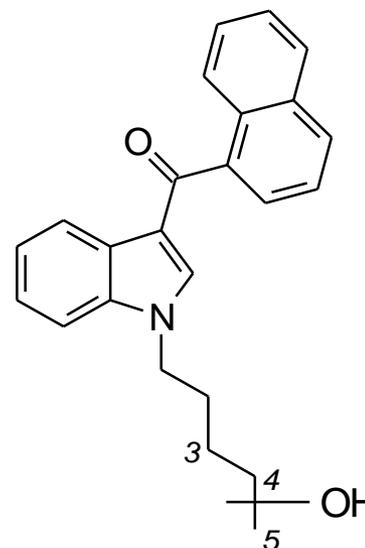
C_{12h} **0.03** (0.01-0.15)



6-HO-indol-JWH-018

C_{\max} **0.03** (0.00-0.17)

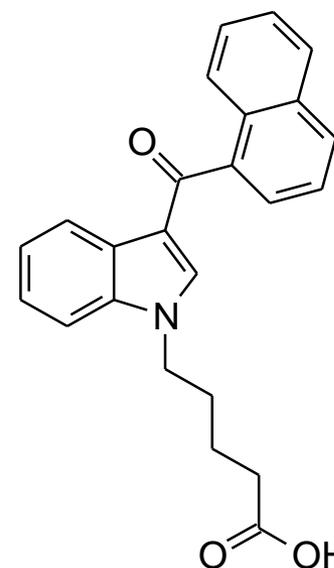
C_{12h} **0.00**



5-HO-pentyl-JWH-018

C_{\max} **0.16** (0.06-0.37)

C_{12h} **0.01** (0.00-0.03)



JWH-018 pentanoic acid

C_{\max} **0.14** (0.06-1.02)

C_{12h} **0.03** (0.00-0.13)

4-HO-pentyl-JWH-018

C_{\max} **0.18** (0.07-0.41)

C_{12h} **0.01** (0.00-0.06)

For Forensic Use

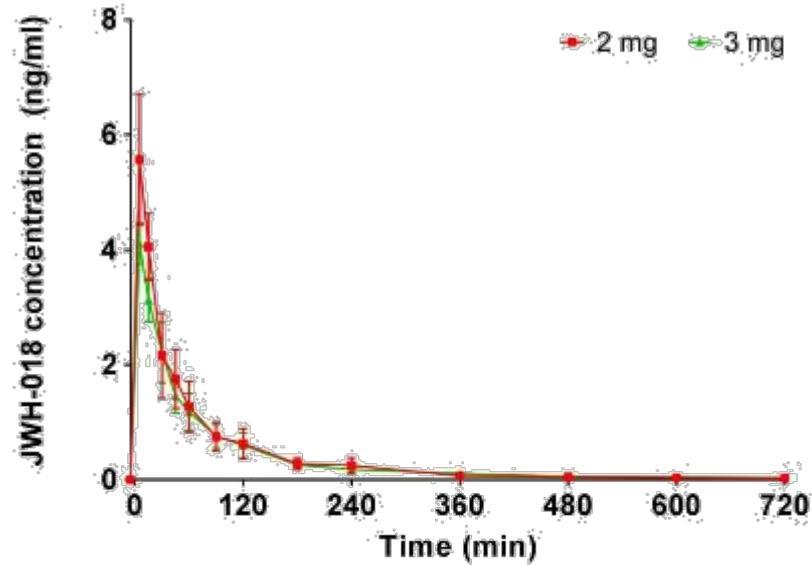
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Effects: „High“ ?

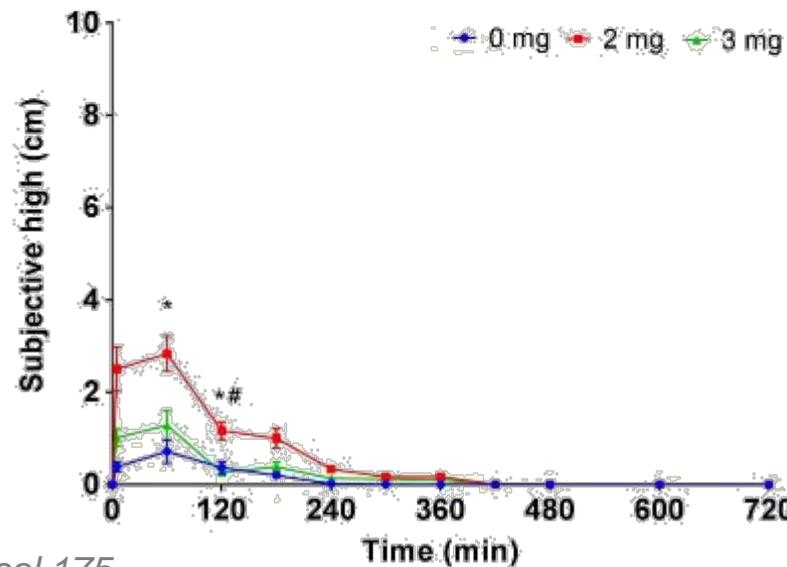
- C_{Serum}

mean \pm SEM



- VAS High

mean \pm SEM



Theunissen et al. (2018) Br J Pharmacol 175
For Forensic Use

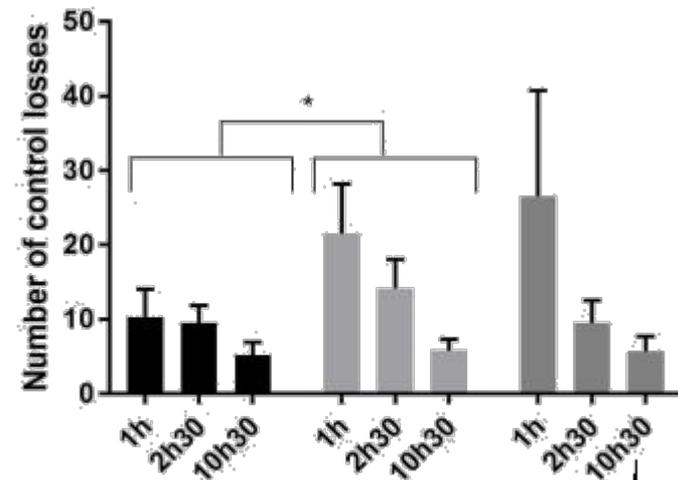
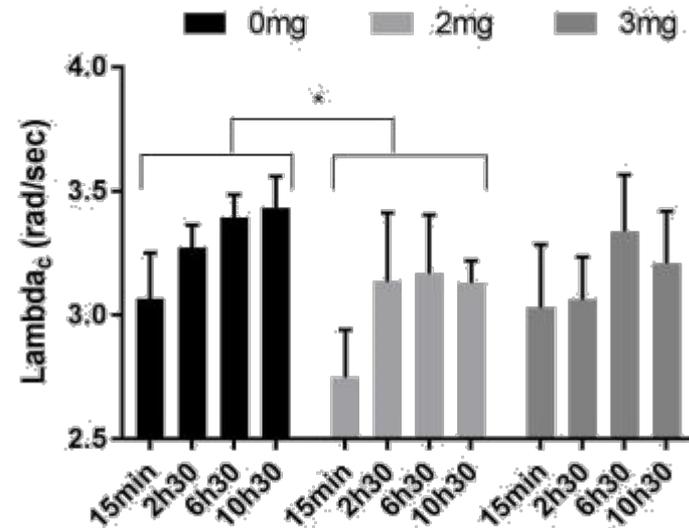
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Neurocognitive effects

- **Lambda-c** in the critical tracking task (CTT)
- **Control losses** in the divided attention task (DAT)



Theunissen et al. (2018) Br J Pharmacol 175

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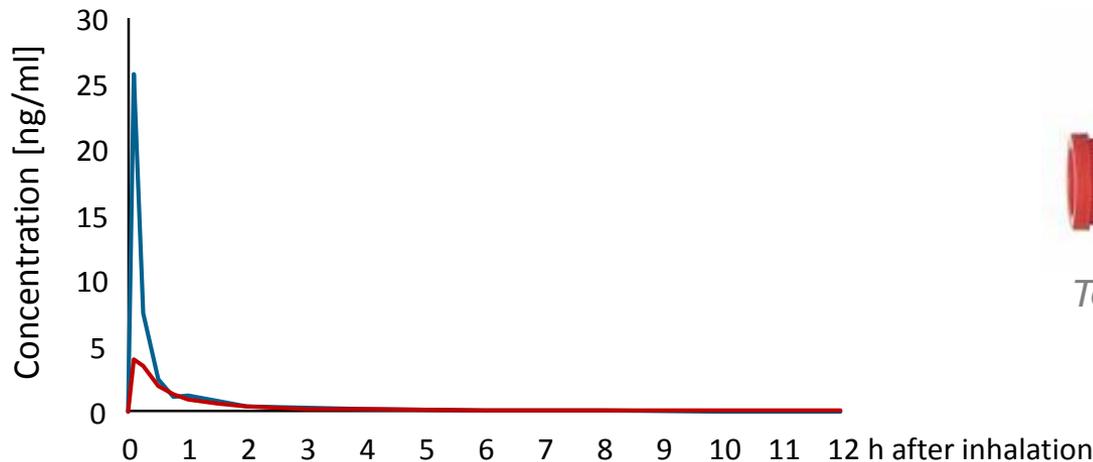
Correlation of dose and effects or PK ?

- No significant difference in any PK property between 2 and 3 mg dose
- Dosing efficiency using „Maastricht crack pipe“ ?
- Analysis of residues:

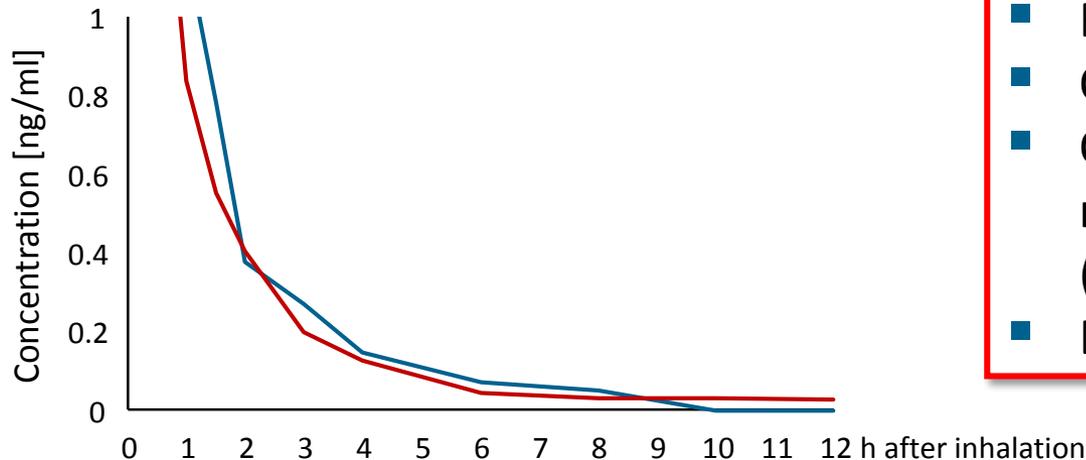
0.09 to 2.10 mg
(**median 1.14 mg**)



JWH-018 in oral fluid vs. serum



Toennes et al. (2018) Drug Test Anal 10

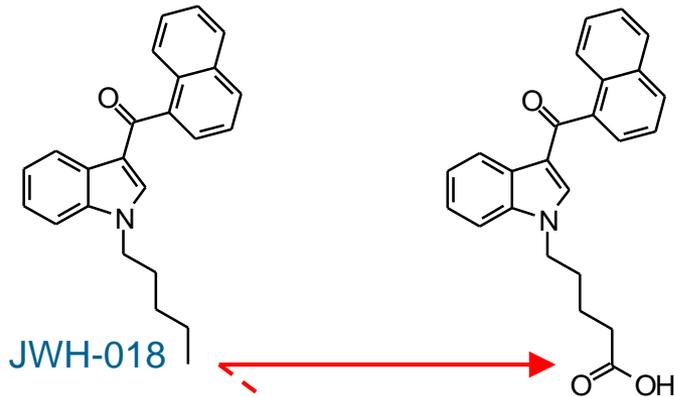


- Extensive elimination < 1 h
- OF \approx serum (@ ≥ 1 h)
- OF/S ratio:
median 1.4, IQR 0.5 – 2.8
(Min 0.05 – Max 554)
- Detectability: OF < S

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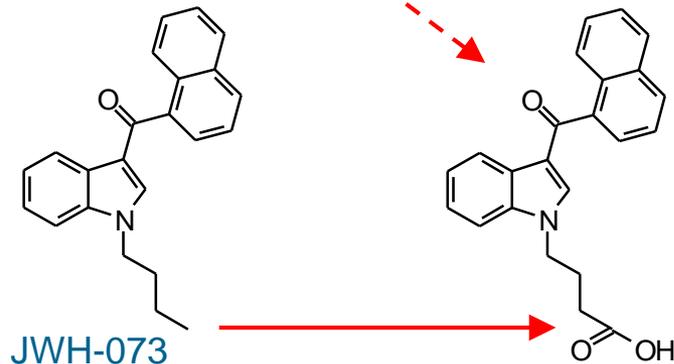
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Urine: JWH-073 butanoic acid as metabolite?



JWH-018 pentanoic acid

Hutter et al. (2012) J Mass Spectrom



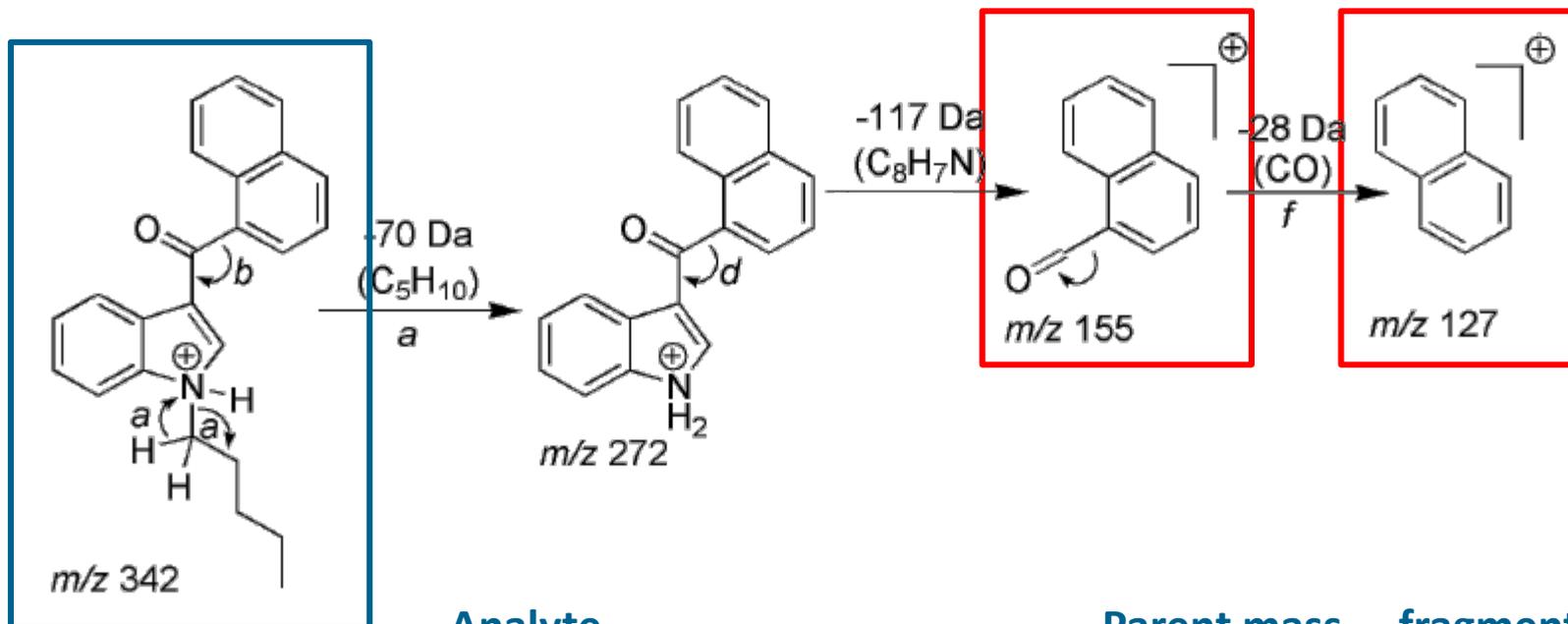
JWH-073 butanoic acid

Moran et al. (2011) Anal Chem

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Selection of fragments for MRM



JWH-018

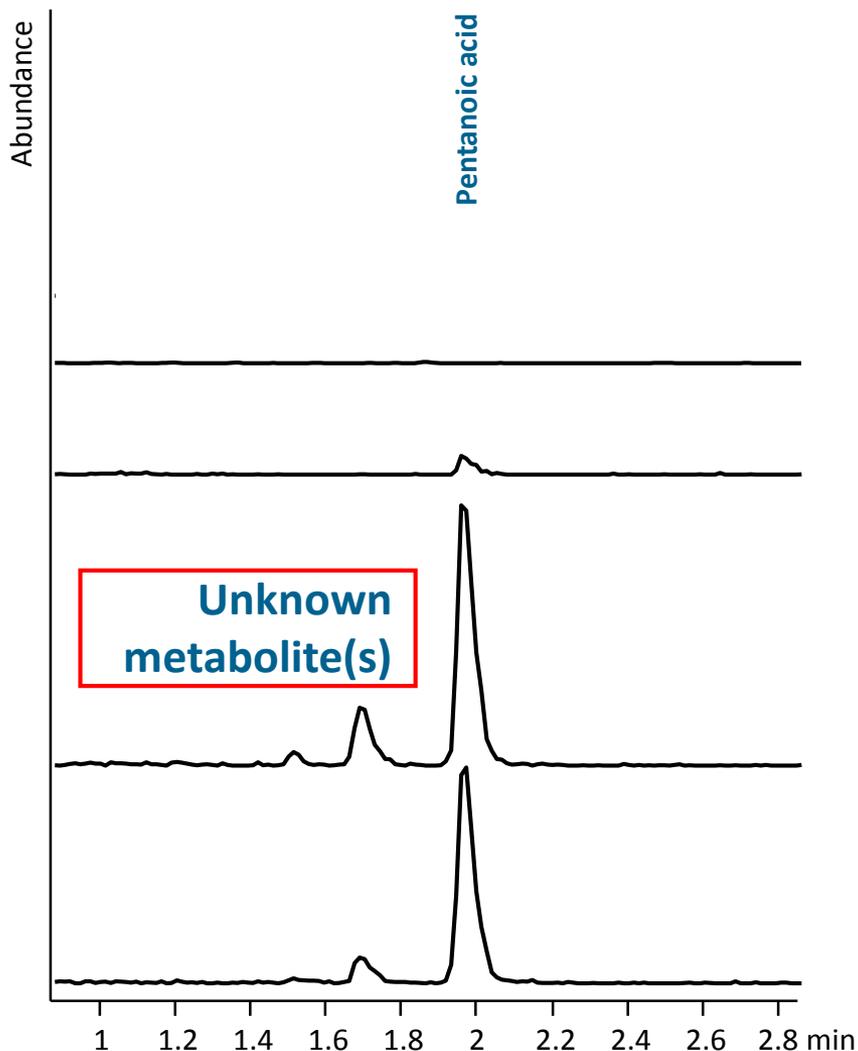
Analyte	Parent mass	fragments
JWH-018	m/z 342	155, 127
Pentanoic acid (+16+16-2)	m/z 372	155, 127
Hydroxylation chain/ring (+16)	m/z 358	155, 127
Butanoic acid (-12-2+16+16-2)	m/z 358	155, 127

Möller et al. (2011) Drug Test Anal

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Metabolites in urine

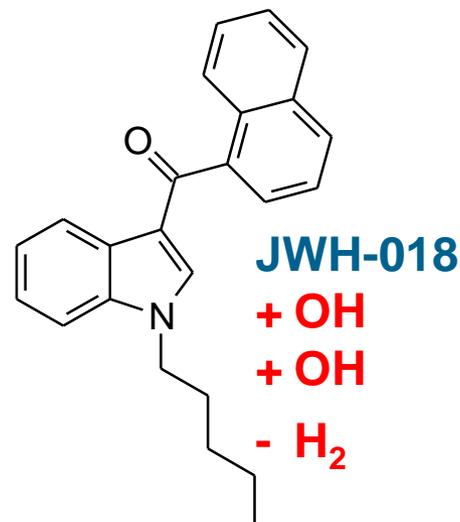


Wintermeyer et al. (2010) *Anal Bioanal Chem*
Möller et al. (2011) *Drug Test Analysis*

Several isomeric metabolites:

dihydroxylated and dehydrogenated

- In-vitro metabolism study
- Detected in one authentic urine sample
- Glucuronidated

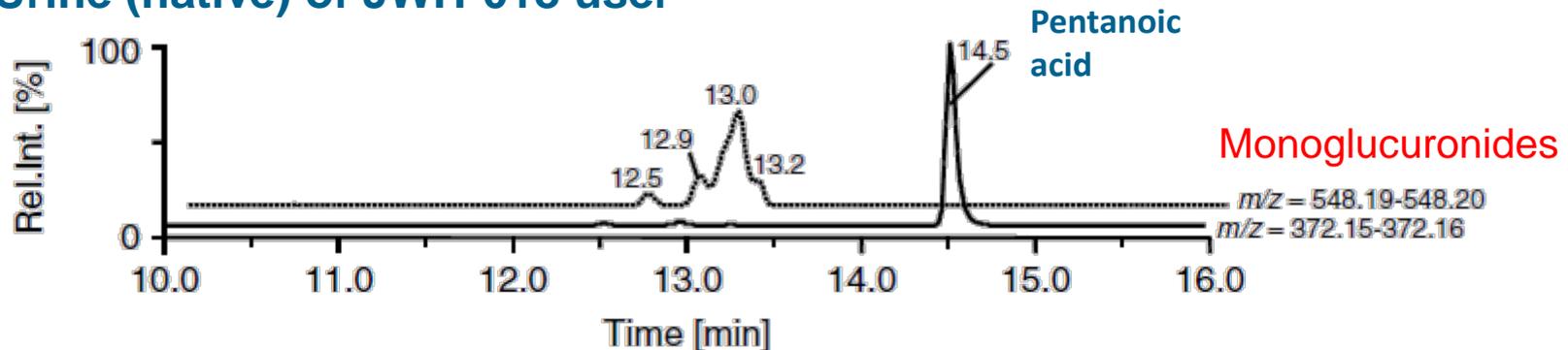


Toennes et al. (2017) *J Pharm Biomed Anal* 150
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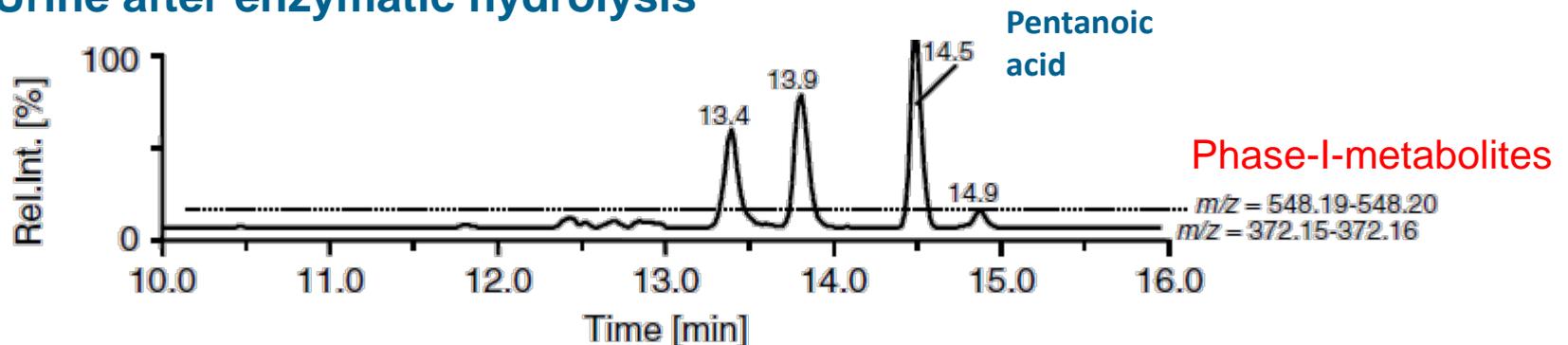
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Hydroxy-keto metabolites

Urine (native) of JWH-018 user



Urine after enzymatic hydrolysis



Möller et al. (2011) Drug Test Anal

Watanabe et al. (2016) Forensic Sci Int

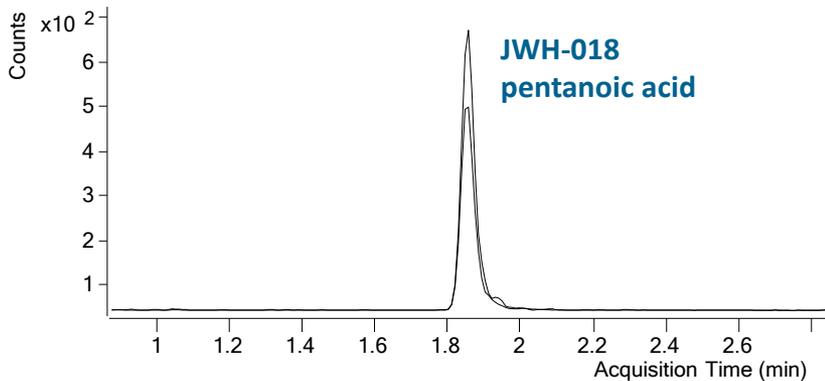
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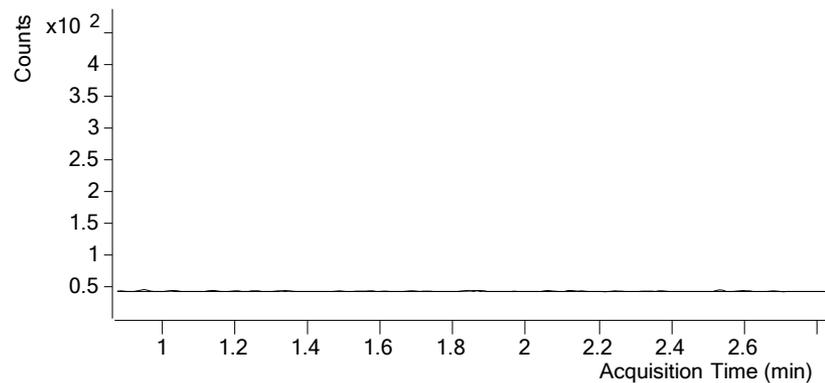


Regular metabolite !

Calibrator



Baseline (representative subject)

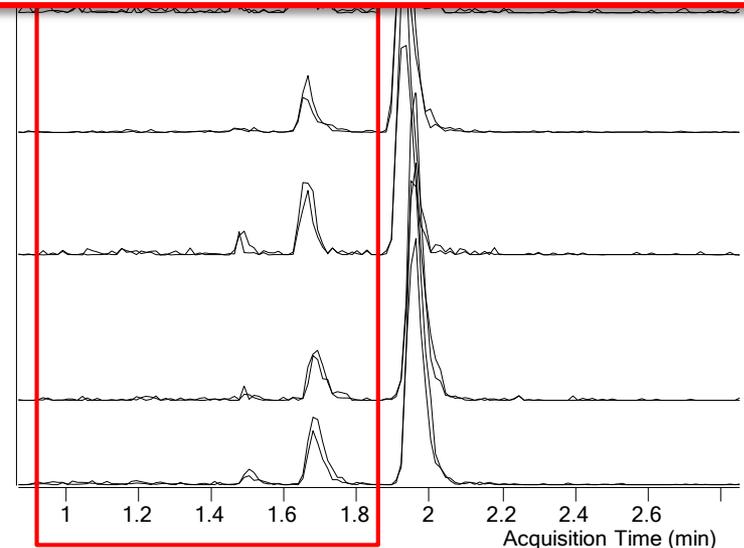


Urine samples of every subject (1 h, GRD)

$\times 10^3$ | Hydroxy-keto-metabolites || Pentanoic acid

MRM for hydroxy-keto metabolite

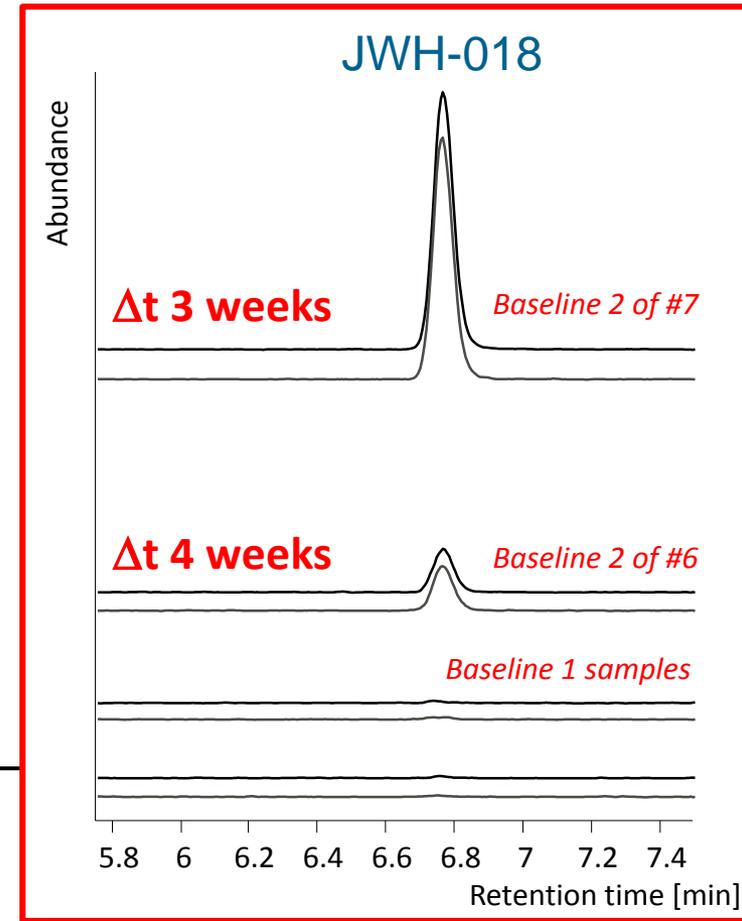
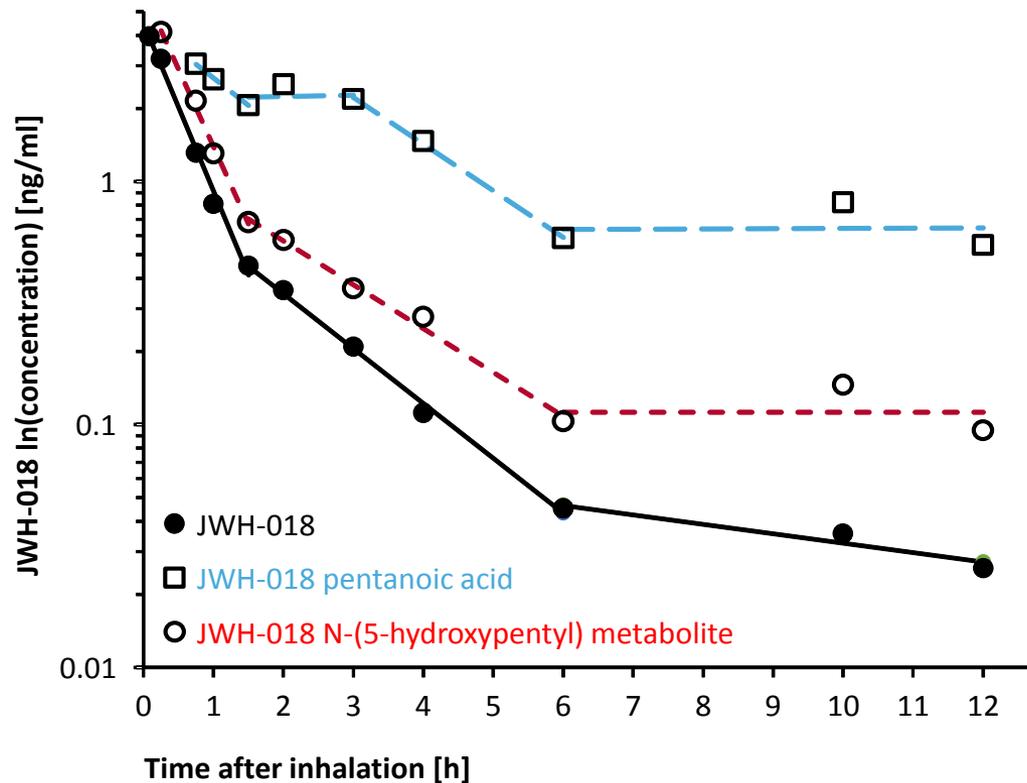
- same as for pentanoic acid
- 372.2 -> 155.0, 127.0



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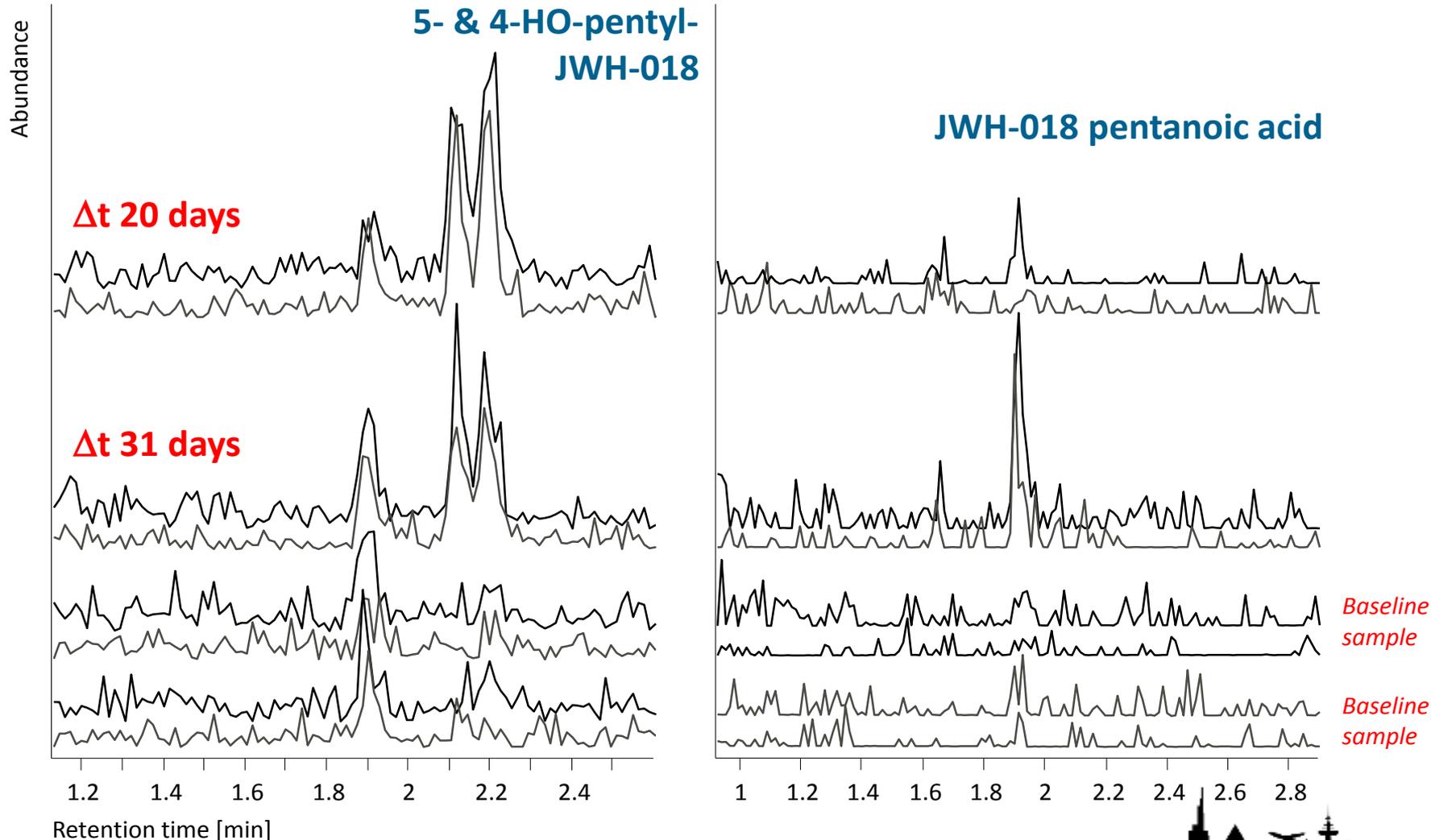
„Baseline serum“: surprisingly positive



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„Baseline serum“: metabolites



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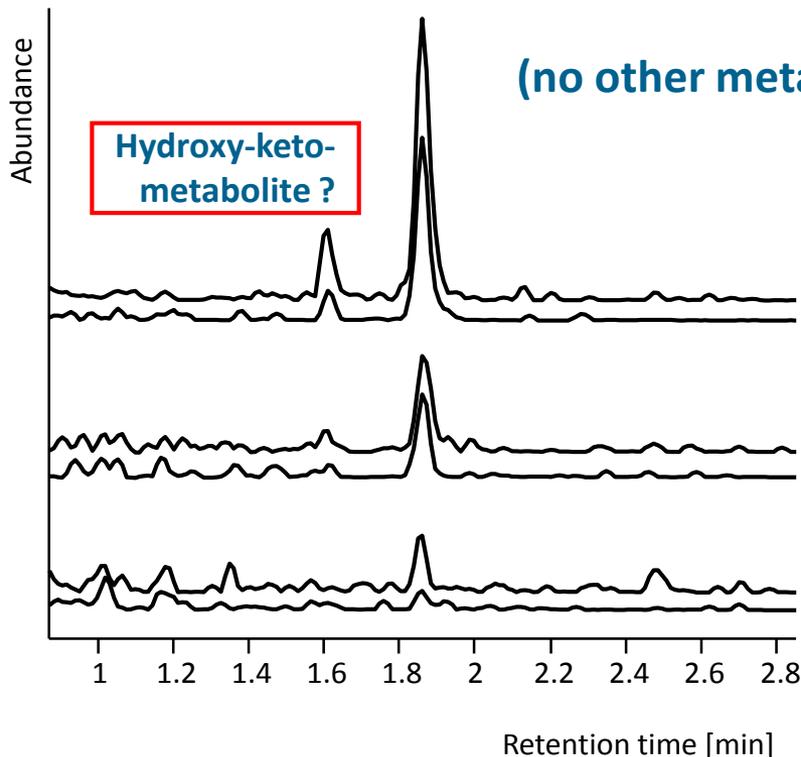
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„Baseline urine“: samples also positive

JWH-018 pentanoic acid



2 weeks later (prior to placebo)
↑
3 weeks later (prior to 3 mg condition)
↑
First urine sample (prior to 2 mg condition)

c.f. Hegstad et al. (2015) J Anal Toxicol

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Main study results

- JWH-018 and 6 metabolites in serum
- No JWH-018, but 13 glucuronidated metabolites excreted in urine, main target is the pentanoic acid (+ hydroxy-keto-metabolite)
- Multi-compartment kinetics in serum and OF
 - ⇒ Similar to THC
 - ⇒ Shorter detection time in OF
- Prolonged elimination
 - ⇒ accumulation probable
 - ⇒ lasting effects or tolerance

We thank for financial support



European Union



Bund gegen Alkohol und
Drogen im Straßenverkehr
(B.A.D.S.)

Part of PREDICT (www.predictnps.eu)



Collaborators

- **Team at Maastricht, The Netherlands**

Johannes G. Ramaekers, Eef L. Theunissen, Nadia R.P.W. Hutten, Natasha L. Mason, Kim P.C. Kuypers, Eliza B. de Sousa Fernandes Perna

- **Team at Frankfurt/Main, Germany**

Anna Geraths, Werner Pogoda, Alexander Paulke, Cora Wunder, Stefan W. Toennes

- **Publications**

- Theunissen Hutten. Mason, Toennes, Kuypers, Sousa Fernandes Perna, Ramaekers (2018) Neurocognition and subjective experience following acute doses of the synthetic cannabinoid JWH-018: a phase 1, placebo-controlled, pilot study. *Br. J. Pharmacol.* 175: 18–28
- Toennes, Geraths, Pogoda, Paulke, Wunder, Theunissen, Ramaekers (2018) Pharmacokinetic Properties of the synthetic cannabinoid JWH-018 in oral fluid after inhalation. *Drug. Test. Anal.* 10: 644-650.
- Toennes, Geraths, Pogoda, Paulke, Wunder, Theunissen, Ramaekers (2017) Excretion of metabolites of the synthetic cannabinoid JWH-018 in urine after controlled inhalation. *J. Pharm. Biomed. Anal.* 150: 162–168
- Toennes, Geraths, Pogoda, Paulke, Wunder, Theunissen, Ramaekers (2017) Pharmacokinetic properties of the synthetic cannabinoid JWH-018 and of its metabolites in serum after inhalation. *J. Pharm. Biomed. Anal.* 140: 215–222

- **Further studies are in progress ...**

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Educational study results

What *else* did we learn from the study ?

Staff & scientists: analytical procedures

- Liquid-liquid extraction of parent together with metabolites
- Impression of sensitivity of LC-MS/MS procedure
- Oral fluid collection device:
usability, analysis procedure, sensitivity, stability

Forensic toxicologists / scientists

- Pharmacokinetics, especially inter-individual variability



Conclusion

Key elements of forensic expertise (in Germany) are ...

... availability of complementary **analytical instruments**,

... intelligent/efficient usage of **limited resources**,

... competent **staff** and forensic-toxicological **experts**,

... increase in competence by **teaching** and **research**.