COLOMBO PLAN HEALTH ALERT



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Public health and public safety officials worldwide should be aware of an emerging threat of the Benzimidazole (Nitazene) class of opioids, which are causing increased mortality (death) and morbidity.

Considered several times more potent than the fentanyl class of opioids (phenylpiperidines), these compounds can make an existing opioid epidemic much worse or introduce an epidemic to unsuspecting countries and regions.

JANUARY 2025

Emerging Global Synthetic Opioid Threat: Increasing Reports of Nitazene Toxicity

In 2023, nitazene tablets destined for Florida, Connecticut, and Brazil containing an average of 29 mg of metonitazene across multiple shipments were seized in the U.S. from international express mail. This amount is equivalent to 290 mg of fentanyl in a single tablet (or 145 times <u>the DEA's estimated fatal dose of fentanyl</u>), which would be highly lethal.

- At a recent international symposium on emerging global synthetic drug threats sponsored by the Colombo Plan and CFSRE, a number of countries reported the emergence of nitazenes around the world.
- Benzimidazoles, also known as "nitazenes" (nai-ta-zeens), are a potent class of synthetic opioids estimated to be 1.5X 20X more potent than fentanyl compounds (Vandeputte et al. 2024).
- An alarming increase in the number of deaths linked to nitazene use has been reported worldwide: North America, Brazil, Europe, Australia, New Zealand, West Africa (see boxes on pages 2-3).
- Nitazenes are distributed in powder or tablet form and are often mixed with other synthetic and traditional drugs and adulterants in unregulated drug markets, creating additional risk and danger for people who use drugs (See Table 1, page 4). Combinations of nitazenes and designer benzodiazepines are most common, especially the co-occurrence with <u>Bromazolam</u>.
- In testing of nitazene samples from US Crime Laboratories, 2.6% of cases (55 exhibits) contained 19 or more substances besides the principal component, usually fentanyl.
- Primary adverse effects associated with synthetic opioids are sedation and respiratory depression, leading to death.
- Naloxone is effective in the reversal of nitazene toxicity; multiple doses may be necessary, however.
- A number of nitazene analogs began to appear in the United States: <u>isotonitazene</u> (2019), <u>metonitazene</u> (2020), <u>butonitazene</u>, <u>etodesnitazene</u>, <u>flunitazene</u>, <u>N-pyrrolidino etonitazene</u>, <u>protonitazene</u>, <u>metodesnitazene</u>, and <u>N-piperidinyl etonitazene</u> (2021), <u>N-desethyl isotonitazene</u> (2022), <u>N-pyrrolidino</u> <u>metonitazene</u>, <u>N-pyrrolidino protonitazene</u>, <u>N-desethyl etonitazene</u> (2023), and <u>5-methyl etodesnitazene</u>, and <u>methylenedioxynitazene</u> (2024).
- The NPS Discovery program at the CFSRE reports on a quarterly basis the most common nitazene drugs in the US, which in the third quarter of 2024 include protonitazene, metonitazene, and N-pyrrolidino protonitazene.

COUNTRY	REPORTED ACTIVITY
AUSTRALIA	 The Victorian Institute of Forensic Medicine (VIFM) at Monash University in Melbourne has reported deaths linked to isotonitazene (2021), and etodesnitazene (2022). There are indications of an increase in nitazene deaths across Australia in 2023 and 2024, with the most commonly detected drugs being protonitazene, metonitazene, and N- pyrrolidino etonitazene, with some cases testing positive for multiple nitazenes, including butonitazene. Cases of intoxication have also been confirmed in emergency department patients in Victoria. These cases are being reported to the Emerging Drugs Network of Australia (EDNA). The Australian Alcohol and Drug Foundation in 2024 has also reported several cases of counterfeit drugs containing nitazenes often mixed with designer benzodiazepines such as Bromazolam (Photo: Australian Border Force).
BRAZIL	 Nitazenes were the most frequent drugs detected in the opioid seizures that took place in the State of São Paulo, Brazil between July 2022 and April 2023. This was reported by health agencies in Brazil andscientists at the University of Campinas. There were a total of 140 cases of opioids seizures with 95% of those belonging to the nitazene class, while only 5% consisted of other opioids (morphine and fentanyl). Some of the exhibits were nitazenes mixed with other active compounds, including the synthetic cannabinoid MDMB-4en-PINACA (30% of the samples). Metonitazene was the most frequent drug seized, appearing in 125 (72%) of the cases.
EUROPEAN UNION	 The European Union Drugs Agency (EUDA) has been tracking the presence of nitazenes in EU countries since 2019, and has issued multiple reports on the substances detected, including a 2024 update on the drug situation in Europe. While rates of use in EU countries still appear to be low, several specific outbreaks have been reported, including those in Ireland (see below) and France. The EU Early Warning System reported six new nitazene compounds in the European drug supply in 2023. The presence of nitazenes is concentrated in Lithuania, Latvia, Estonia, Poland, Sweden and Finland. Nitazenes were present in a counterfeit oxycodone seizure in Sweden, and in a seizure of counterfeit buprenorphine tablets in Finland. (Photo: Swedish Customs Laboratory).
IRELAND	 Several high profile outbreaks of nitazene intoxications have been reported in Ireland in 2023 and 2024, although nitazenes (metonitazene and butonitazene) were first detected in Ireland in 2022. In 2023 outbreaks in Dublin City, and Cork City, were linked to N-pyrrolidino protonitazene, and involved 57 and 20 non-fatal overdoses, respectively. In 2024 additional outbreaks both fatal and non-fatal, related to protonitazene were reported including one in a prison involving N-pyrrolidino protonitazene. Some seized exhibits containing protonitazene were yellow tablets packaged in counterfeit blister packs and labelled as alprazolam (Photo: www.drugs.ie).

COUNTRY	REPORTED ACTIVITY
NEW ZEALAND	 High Alert, a New Zealand based drug checking service reported in May 2024 the presence of N-desethyletonitazene in a counterfeit tablet being sold as a benzodiazepine (diazepam). https://www.highalert.org.nz/alerts-and- notifications/highly-potent-synthetic-opioid-detected-in-fake- diazepam-tablet/. The group has previously reported metonitazene in yellow tablets and powders (possibly crushed tablets) as early as 2022, and either N-pyrrolidino-protonitazene or N-pyrrolidino- isotonitazene in an orange powder. The group advises extreme caution with respect to the possible presence of these drugs in the New Zealand drug supply.
UNITED KINGDOM	 Nitazene drugs were first detected sporadically in the UK drug supply as early as 2019 but have become more prevalent in recent years. In 2023 the number of deaths linked to nitazenes had begun to increase, but more recently the UK's National Crime Agency has confirmed over 179 deaths involving nitazenes in the UK between June 2023 and May 2024. Recent UK media reports indicate nitazenes are proliferating rapidly. The most commonly reported nitazenes in these cases were protonitazene, N-desethyl isotonitazene, metonitazene, and N-pyrrolidino protonitazene. Nitazenes are scheduled in the UK as Class I drugs (Photo: EUDA).
UNITED STATES	 CFSRE/NPS Discovery regularly updates positivity rates in the US for nitazenes in its trend reports and includes analytical data on each new emerging opioids in its drug monographs.
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Table 1.

Examples of complex mixtures or contamination of regular street drug supply with trace amounts of multiple drugs, adulterants, and contaminants. Red = Nitazene compounds, precursors, contaminants, or by-products and other synthetic opioids; Purple = Fentanyl compounds, precursors, contaminants, or by-products; Green = Synthetic benzodiazepines; Blue = Synthetic cathinones; Black = Traditional Drugs; Brown = Veterinary adulterant; Orange = Other adulterants, licit/illicit drugs, or impurities; Pink = Naloxone

Seized Drug Case: Peoria County, IL	Toxicology Case: Grand Rapids, MI
Fentanyi, Xylazine, Quinine/Quinidine, 4-ANPP, Ethyl 4-	Isotonitazene, para-Fluorofentanyi, Fentanyi, Heroin
ANPP, Heroin, Phenethyl 4-ANPP, Diphenhydramine,	(Morphine, Codeine, Noscapine), Cocaine,
Cocaine, 6MAM, Lidocaine, N-phenethyl-N-	Benzoylecgonine, Methamphetamine, Amphetamine,
phenylpropionamide, Acetyl fentanyl, N-pyrrolidino	Diazepam, Alprazolam, 7-Amino Clonazepam,
iso/protonitazene, Acetylcodeine, Clonazolam, N-	Nordiazepam, Oxazepam, Temazepam, Xylazine,
pyrrolidino metonitazene, Papaverine, Brorphine,	Levamisole, Lidocaine, Monoethylglycinexylidide,
Morphine, Iso/Protonitazene, Noscapine, N-propionyl,	Phenacetin, Diphenhydramine, Norfentanyl, O-
Norfentanyl, Eutylone, Methamphetamine, N-	Desmethyltramadol, 4-ANPP, N-propionyl Norfentanyl,
pyrrolidino etonitazene, Codeine, Norfentanyl,	Quinine/Quinidine, N-Desethyl Isotonitazene,
Butonitazene, Para-bromo 4-ANPP, Flualprazolam and	Phenethyl-4-ANPP, Naloxone
Acetaminophen	

Web Resources:

https://pharmaceutical-journal.com/article/feature/everything-you-need-to-know-about-nitazenes

https://www.oas.org/ext/DesktopModules/MVC/OASDnnModules/Views/Item/Download.aspx?type=1&id=1045&lang=1

https://www.euda.europa.eu/publications/eu-drug-markets/new-psychoactive-substances/distribution-and-supply/new-opioids_en

References:

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Papsun DM, Krotulski AJ, Logan BK. Proliferation of Novel Synthetic Opioids in Postmortem Investigations After Core-Structure Scheduling for Fentanyl-Related Substances. Am J Forensic Med Pathol. 2022 Dec 1;43(4):315-327. doi: 10.1097/PAF.0000000000000787. Epub 2022 Aug 31. PMID: 36103391.

Vandeputte MM, Glatfelter GC, Walther D, Layle NK, St Germaine DM, Ujváry I, Iula DM, Baumann MH, Stove CP. Characterization of novel nitazene recreational drugs: Insights into their risk potential from in vitro µ-opioid receptor assays and in vivo behavioral studies in mice. Pharmacol Res. 2024 Nov 7;210:107503. doi: 10.1016/j.phrs.2024.107503. Epub ahead of print. PMID: 39521025.

Alhosan N, Cavallo D, Santiago M, Kelly E, Henderson G. Slow dissociation kinetics of fentanyls and nitazenes correlates with reduced sensitivity to naloxone reversal at the µ-opioid receptor. Br J Pharmacol. 2024 Oct 22. doi: 10.1111/bph.17376. Epub ahead of print. PMID: 39437833.

Amaducci A, Aldy K, Campleman SL, Li S, Meyn A, Abston S, Culbreth RE, Krotulski A, Logan B, Wax P, Brent J, Manini AF; Toxicology Investigators Consortium Fentalog Study Group. Naloxone Use in Novel Potent Opioid and Fentanyl Overdoses in Emergency Department Patients. JAMA Netw Open. 2023 Aug 1;6(8):e2331264. doi: 10.1001/jamanetworkopen.2023.31264. PMID: 37642962; PMCID: PMC10466160.

Gonçalves de Araújo KR, Fabris AL, Neves LF, Soares AL, Costa JL, Yonamine M. Synthetic illicit opioids in Brazil: Nitazenes arrival. Forensic Science International: Reports Volume 10, December 2024, 100375

Acknowledgements: This report was prepared by Thom Browne, MA, Barry K. Logan, Ph.D., and Amanda LA Mohr, MS. Funding for this document was received by the Fredric Rieders Family Foundation from the Colombo Plan via the US Department of State/INL under 2019-RG-061, 2020-RG-061, and 2021-RG-001, and other Colombo Plan funding sources. Information for this report was also obtained at a recent international symposium on emerging synthetic drug threats sponsored by the Colombo Plan and CFSRE. The opinions, findings, recommendations, and conclusions expressed in this publication are those of the authors and do not necessarily reflect those of the U.S. Department of State. Additionally, some aspects of the work are based upon work conducted under the U.S. Department of Homeland Security Cooperative Research and Development Agreement No. 23-CBP-001. Samples were submitted by U.S. Customs and Border Protection. Opinions, findings, recommendations, and conclusions expressed in this publication are those of the publication are those of the authors are those of the authors and do not necessarily reflect those of the U.S. Department of Homeland Security Cooperative Research and Development Agreement No. 23-CBP-001. Samples were submitted by U.S. Customs and Border Protection. Opinions, findings, recommendations, and conclusions expressed in this publication are those of the authors and do not necessarily reflect those of the U.S. Department of Homeland Security (DHS) and should not be interpreted as necessarily representing the official policies, either expressed or implied, of the DHS, and do not constitute a DHS endorsement of the equipment tested.