

Designer benzodiazepines etizolam and flubromazolam detected in patients with suspected opioid overdose

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Background:

- A growing number of **novel psychoactive substances (NPS)**, including **designer benzodiazepines**, have become **available** on the illicit drug market and over the internet.
- Etizolam, a thienodiazepine, and flubromazolam, a triazalobenzodiazepine, have • The median age of subjects was 41.9 years (range: 25-69); 80% were male. recently emerged on the illicit drug market in Europe and the US in recent years.
- Reports of non-medical use and detection of etizolam and flubromazolam drugs in counterfeit medications appear to be rising, as is their identification in drug-related deaths, often in combination with opioids and other CNS depressants.

Methods:

- Case series: Adult ED patients who presented to emergency departments within the ACMT's Toxicology Investigators Consortium (ToxIC) fentalog study group after a suspected opioid overdose.
- Toxicological comprehensive testing was performed on residual blood samples via liquid chromatography quadrupole time-of-flight mass spectrometry for the presence of over 900 psychoactive substances and their metabolites.
- Cases with etizolam and flubromazolam identified in biologic samples were reviewed.





Etizolam

Results:

- Between 10/6/20-3/9/21, 141 biological samples of patients suspected of opioid overdose were analyzed from 5 clinical sites encompassing 4 states (Missouri, Oregon, New York, & Pennsylvania).
- Etizolam was detected in 10 samples (7%) and flubromazolam in 2 samples (1.4%).
- Etizolam was confirmed in all states except Missouri and flubromazolam was detected only in Oregon.
- **Oregon** had the **most exposures** overall (N=5).
- In all 10 cases with confirmed presence of etizolam, at least 1 opioid was **also identified** in biological samples (methadone (n=6), Fentanyl (n=3), heroin (n=2), buprenorphine (n=1). Flubromazolam, was detected in 2 samples, both from Oregon.
- **Methamphetamine** (n=4) & **amphetamine** (n=3) were also commonly detected.
- The primary reason for the exposure was intentional in all 10 cases, the most common being misuse/abuse (n=5).
- No patients received flumazenil.
- Naloxone was administered in 7 cases.
- The most common indications for naloxone administration were depressed **level of consciousness** (n=5), **respiratory depression** clinically (n=3), **decreased oxygenation** (n=1), & **decreased expired carbon dioxide** (n=1).





OREGON

POISON

CENTER

Results:

• In 5 cases, the response to naloxone was known: No response (n=1), increased respiratory rate (n=2), improved level of consciousness (n=4), iatrogenic withdrawal precipitated (n=1).

• In 3 cases, 3 or more doses of naloxone was administered.

One patient was intubated for acute respiratory failure non-responsive to naloxone.

• Nine patients were discharged without sequelae and 1 left against medical advice.

• There were **no deaths**.

Conclusion:

• Combined designer benzodiazepine and illicit opioid use can result in synergistic toxicity that may increase the risk of an overdose and/or death.

• In these preliminary data, etizolam was always identified along with at least 1 opioid, suggesting either addition to the opioid supply or concomitant use.

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