# January 2021

# Metonitazene Begins Proliferation as Newest Synthetic Opioid Among Latest Cycle of Non-Fentanyl Related Drugs

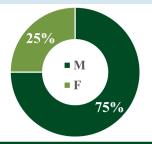


**Purpose:** The objective of this announcement is to notify public health and safety, law enforcement, first responders, clinicians, medical examiners and coroners, forensic and clinical laboratory personnel, and all other related communities about new information surrounding the emergent synthetic opioid **metonitazene**.

**Background:** Synthetic opioids are chemically manufactured drugs, often accompanied with unknown potency and adverse effects or health risks. New synthetic opioids may be mixed with more traditional opioids, creating additional risk and danger for recreational drug users. Synthetic opioids may be distributed in powder or tablet form. In the United States (U.S.), an alarming increase in the number of deaths linked to synthetic opioid use has been reported. The primary adverse effect associated with synthetic opioid use is respiratory depression, often leading to death.

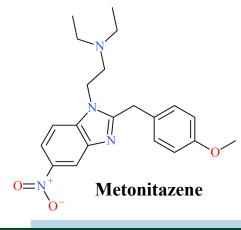
**Summary:** Metonitazene is a potent synthetic opioid bearing structural resemblance to etonitazene, a synthetic opioid that is nationally and internationally controlled. Metonitazene is dissimilar in structure to other synthetic opioids typically encountered in forensic casework (e.g. fentanyl analogues). Metonitazene and similar analogues (e.g. etonitazene, isotonitazene) were first synthesized and reported in the literature in the 1950s. Pharmacological data suggest that this group of synthetic opioids have potency similar to or greater than fentanyl. Metonitazene was first reported by **NPS Discovery** after detection in a seized drug powder in July 2020. To date, metonitazene has been identified in eight blood specimens associated with postmortem death investigations in the U.S. The appearance of metonitazene and its increasing occurrence appears to be linked to recent drug scheduling actions for **isotonitazene** (June 2020) and **brorphine** (December 2020), which are now both past peak positivity based on examination of comprehensive toxicology data. The toxicity of metonitazene has not been extensively studied but recent association with drug user death leads professionals to believe this new synthetic opioid retains the potential to cause widespread harm and is of public health concern. Identifications of metonitazene have also been reported out of Europe.

# Demographics Case Type: • Postmortem (n=8) Age: • Range: 30s to 50s Date of Collection: • Aug. to Dec. 2020 Other Notable Findings: • Fentanyl (n=6) • Cocaine (n=4) • Methamphetamine (n=4)



#### **Recommendations for Public Health**

- Implement surveillance for rapid identification of drug overdose outbreaks.
- Engage local poison centers and clinicians to assist with treatment of affected patients.
- Track and monitor geographical drug distribution and trends.
- Track demographics and known risk factors for decedents and overdose patients.
- Raise awareness about the risks and dangers associated with opioid use.
- Make naloxone available to recreational drug users.



#### **Recommendations for Clinicians**

- Become familiar with the signs and symptoms associated with synthetic opioid use (e.g. sedation, respiratory depression).
- Naloxone should be administered to reverse critical respiratory depression and repeated naloxone administration may be necessary. Be aware that clinical conditions may change rapidly and unpredictably after naloxone administration due to precipitation of withdrawal.
- Be mindful that illicit drugs have limited quality control, containing undeclared substances that impact the expected clinical effects or findings.
- Counsel about the dangers of synthetic opioid products and other drugs.

## **Recommendations for MEs & Coroners**

- Test for new synthetic opioids and their biomarkers in suspected opioid overdose cases.
- Be aware that ELISA screening for synthetic opioids may not be specific or specialized for the newest generation of compounds; consider mass spectrometry-based screening.
- Be aware that concentrations of synthetic opioids in biological specimens can vary and GC-MS sensitivity may not be adequate.

### Geographical Distribution of Metonitazene Positivity



#### **Recommendations for Laboratories**

- Utilize analytical data available publicly for the identification of metonitazene and synthetic opioids if reference standards are not available.
- Utilize previously developed non-targeted testing protocols or develop sensitive and up-to-date testing procedures for synthetic opioids.
- Prioritize analytical testing of seized drug samples obtained from drug overdose scenes during death investigations.
- Share data on synthetic opioid drug seizures with local health departments, medical examiners and coroners, and related communities.

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#### **References and Related Articles:**

 Hunger, A; Kebrle, J; Rossi, A; Hoffmann, K. (1957) <u>Synthesis</u> of analgesically active benzimidazole derivatives with basic substitutions. Experientia, 13, 400-401.
 Hoffmann, K: Hunger, A: Rossi, A (3 May, 1960). Patent

Hoffmann, K; Hunger, A; Rossi, A. (3 May 1960). <u>Patent</u> <u>US2935514A – Benzimidazoles</u>.
Vandeputte *et al.* (2020) Synthesis, chemical characterization,

of nitazene new synthetic opioids. Authorea, Preprint, 1-23.

## **Rapid NPS Testing Now Available:**

If your agency suspects synthetic opioid toxicity with no identifiable cause of death or your jurisdiction is noticing an increase in overdose patients requiring analytical testing, contact NPS Discovery at the Center for Forensic Science Research and Education (CFSRE); a non-profit organization in collaboration with local and federal agencies which can provide rapid testing after novel drug outbreaks in the United States.

Website: <u>www.npsdiscovery.org</u> Email: <u>npsdiscovery@cfsre.org</u>