"Don't you mean clonazepam?" A 40-year-old woman with opioid use disorder requesting detoxification from clonazolam (novel/designer benzodiazepine)

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Disclosures

I have no financial disclosures related to material covered in presentation

This case is from my 1st year of addiction medicine fellowship.

Details are recalled to best of my ability.

Learning Objectives

By conclusion participants should be able to:

- 1. Interpret a "negative" benzodiazepine urine drug screen and determine next steps for further confirmatory testing.
- 2. Recognize emergence of novel psychoactive substances (NPS) including novel benzodiazepines and the challenges of monitoring and reporting this rapidly changing drug-use landscape.

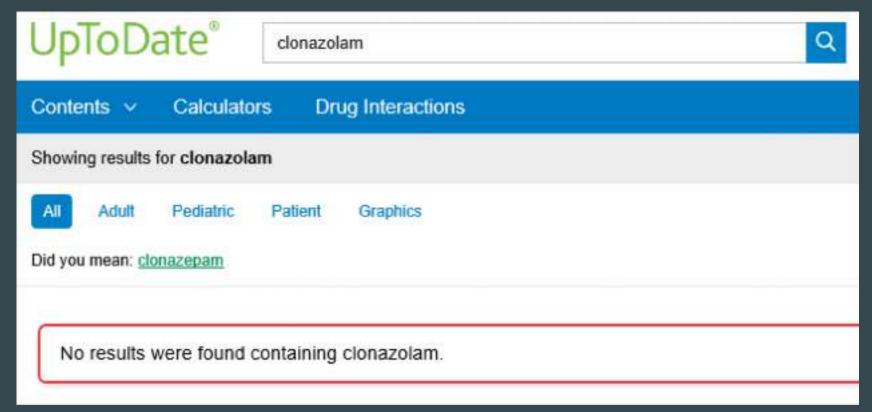
Case Presentation

On initial history

- 40-year-old woman mildly tremulous and anxious
- Hx of OUD on methadone 110 mg daily for > 1 year
- ~3 months ago started taking clonazolam
- Went to her counselor ~2 months ago requesting "detox"
- UDS is "negative" for benzodiazepines on multiple occasions
- Ongoing difficulties trying to stop on her own
- Took "a bar" (alprazolam)
- She then had a "positive" UDS result
- Recommendation admit for supervised benzo withdrawal

Clonazolam?

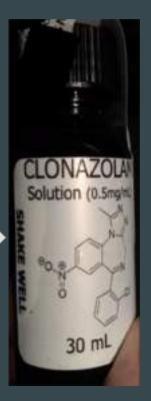
What is Clonazolam? Did you mean - clonazepam?

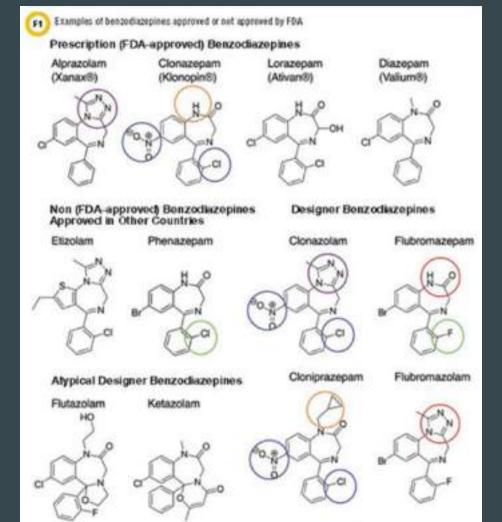


Clonazolam - Novel Benzodiazepine

- Designer triazolobenzodiazepine
- First synthesized in 1971
- Never licensed for therapeutic use (anywhere)
- First seen sold online starting in 2014

 Contents from this vial were analyzed from a case of clonazolam ingestion using LC/QTOF MS had 30-60 (0.2-0.4mg) doses





Marin et al, AACC 2019

Case Presentation Continued

On further history

- Reports Clonazolam sold as "Research Chemicals" through Internet
- Currently taking between 1-2 "vials" a day of clonazolam
- Clear liquid, sips on the vial(s) throughout day
- No previous history of using benzodiazepines prior to 3 months ago
- One day had no access to clonazolam
- On this day needed 12 mg of alprazolam to stave off withdrawals

Concerns about Counterfeit Benzodiazepines

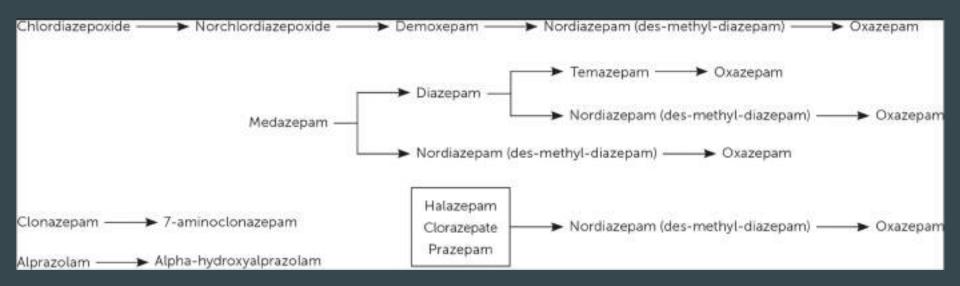
Can you tell the difference?



What happened with her UDS results?

Learning Objective #1: Interpret a "negative" benzodiazepine urine drug screen and determine next steps for further confirmatory testing.

Benzodiazepine Metabolism

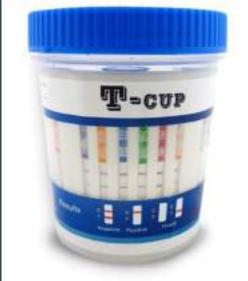


Information from Valentine JL, Middleton R, Sparks C. Identification of urinary benzodiazepines and their metabolites; comparison of automated HPLC and GC-MS after immunoassay screening of clinical specimens. J Anal Toxicol. 1996;20(6):419.

Benzodiazepine Urine Drug Screen

- 1. Immunoassay (POC screening)
 - a. False-negative
 - b. False-positive
- 2. Confirmatory LC/GC-MS
- 3. Send-off to specialized lab for designer drug panel





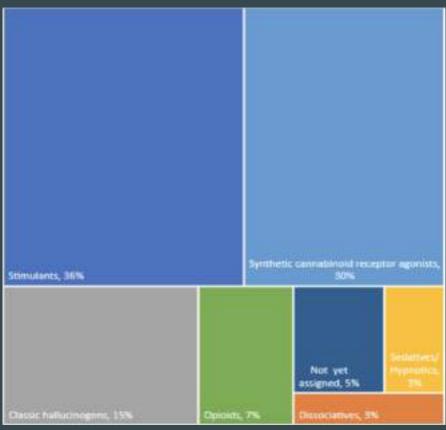
Novel Psychotropic Substances (NPS) & Novel Benzodiazepines

Learning Objective #2: Recognize the emergence of novel psychoactive substances (NPS) including novel benzodiazepines and the challenges of monitoring and reporting this rapidly changing drug-use landscape.

What is a Novel Psychotropic Substance?

- Not controlled under UN drug control conventions
- Similar threats to health
- Many categories of substances
- Marketed as "legal" replacements for illicit drugs
- Large number of new substances development and distribution
- Significant diversity of substances
- Challenging to monitor
- Challenging to develop effective and timely responses





UNODC Early Warning Advisory on NPS 2019

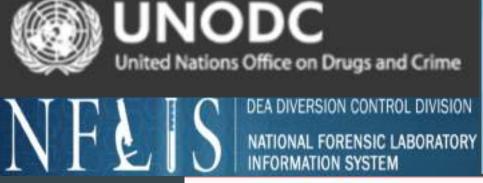
Challenges Monitoring NPS



European Monitoring Centre for Drugs and Drug Addiction







REPORT ON DRUG USE IN THE AMERICAS 2019



Emergence of Novel Benzodiazepines

- "Classical" benzodiazepines where do synthetic benzos fit?
 - Schedule 4 UN 1971 Convention
 - Schedule IV US Controlled Substances Act



EMCDDA The Misuse of benzodiazepines among highrisk opioid users in Europe 2018



Erin Artigiani via NDEWS Network <ndews@discoursemail.com>

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Bromszolem

Browagolam: Announcement of Newly Identified Novel Psychoactive Substance (NPS) in the United States.

NMS Labs, in collaboration with the Center for Forence Science Research and Education (CESRE) at the Fredric Research Family Foundation and the Organized Crime Drug Enforcement Task Force (OCDETF) at the United States Department of Justice (DO), has received fanding from the Centers for Disease Control and Prevention (CDC) to develop systems for the early identification and notification of Novel Psychocicitie Substancia (NPS) in the drug supply within the United States. The goal of the program is the early identification of NPS is selected drug analysis received programs and an archive of newly reported substances can be found on the following websites www.mpediacovery.org

BEOMAZOLAM

Bromapolam is classified as a novel bendedappine. Limited peer reviewed literature is available describing bromapolam. Confirmatory data for its activity and potency have not been reported. Bendedappines are control nervicus system depressants. Novel bendedappines often printed from early drug discovery or pharmacoustical studies, have appeared on novel and illuit drug markets in recent years. These substances have caused adverse events, as described in the literature, latalities brided to novel bendedappine use have occurried, commonly when used in contribution with other depressants (e.g. oppoids and alcohol). Bromazolam is structurally and incommon transfer to traditional bendedappines, including algorithms and proposed and proposed

Online Forums - Bluelight



Forums & Recovery Support > Health and Recovery >

4 day clonazolam binge, don't know what to do

A disrevelentiand - (3) Sep 25, 2019



Sep 25, 2019



I had made a homble decision to give this drug another go, and make responsible and educated decisions surrounding it or so i had thought, well for the millionth time you guys are gonna have to hear another c lam horror story, I'm sorry but i need help with this, it was 4 days straight of near constant redosing, the last dose being yesterday, 9/23, at about 7am. I believe I went through atleast 5mg to myself during this unintended binge, redosing when I felt myself coming down. I had laid doses down on blotter. Smgper tab. I thought the whole vial was underdosed but really I was just barred out. I no longer have these tabs, except 1 i found on my couch that might not even be active.

so right now I have no idea what to do, I didn't know tolerance builds over a matter of days with this drug, I had assumed I'd simply have my fun and be on my way, wall, I had my fun but now I'm going to have to pay for it in homendous withdrawals, constant stage 2 hypertension, splitting headache, brain zaps, homible anxiety, initability, a fear and a feeling of going into elbeance seizures, inspmnia, fucking etc. just read the wiki page on symptoms of benzo wd, I got pr much all of it at random intervals, from 4 days of use, ridiculous.

I have maybe 25 600mgs neurontins left, 3 1/2 suboxone and plenty of 300mg quetiapines which I haven't yet used due to fear of seizures, a couple metoproiols some vyvanse, im sure most of this has zero application to help me feel better but maybe you guys know something I don't. I've only utilized the neurontin so far, 1.5gs, as a anxiolytic and anticonvulsant, the efficacy of the latter for this application is questionable though.

can anyone tell me what to expect these next few days? how realistic is the possibility of a seizure? will this WD last for weeks without a proper taper? can I sleep without going into a come or convulsions? any inputs appreciated.

Online Forums - Reddit



or/researchchemicals - Posted by Wmorethanufewchanges 17 hours ago

Hello. I'm an idiot who took clonazolam. People who are experienced with this ... can you shed some light on the situation?

Hi guys. I'll keep it short and sweet.

Saturday night I took .48mg of clonazolam

Sunday I took .44mg of clonazolam

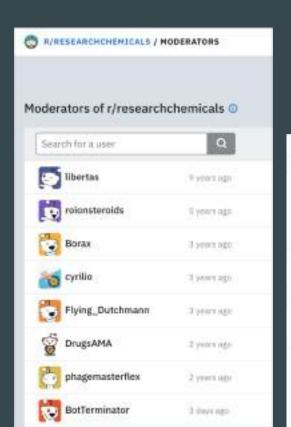
Monday I took .22 of clonazolam

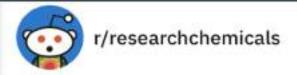
Today I took .05mg of clonazolam.

Am I going to feel like shit tomorrow? Luckily I can stop myself but I'm scared of the anxiety that awaits me tomorrow. I know this is child's play compared to what other people have to deal with and for that I feel lucky but I want some input. by someone who knows what I'm in for... am I in for anything? I've had a headache today but other than that (and anxiety) I feel alright. I've already gotten rid of the clonazolam and don't plan on taking anymore. Luckily i saw that it had claws after a few days and got my head right, but i'm nervous.

Can anyone shed some light on my situation/day tomorrow? It would be much appreciated...

Online Forums - Reddit





68.3k Members 326

Feb 8, 2010

V

Online

👛 Cake Day

A dedicated subreddit for the discussion of synthetic psychoactive research chemicals. Strictly no sourcing.

beardedgeen 7 points - 17 hours ago

You're going to be fine... It's no different than taking any other benzo for 4 days. No reason to freak out.

And there is nothing wrong with taking Clam as long as it's done responsibly after researching it just like any other benzo.

II speedy ve 4 points - 17 hours ago

You should be fine. Might have a little rebound anxiety but nothing major.

Setap 3 points - 13 hours ago

ezpz dude you're fine, just sttttoopp now while you're way ahead man and only use once a week TOPS.

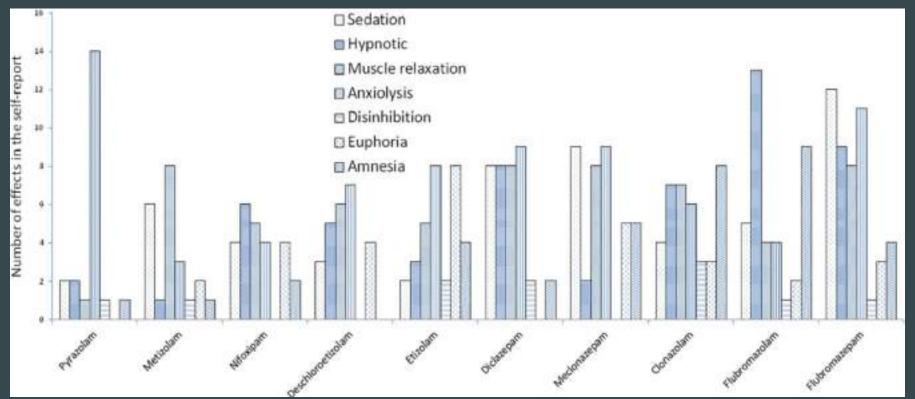
5p4c3m4nB19 1 point - 16 hours ago

Shouldn't be an issue. I've taken etizolam for two months straight before and quit with only some anxiety but no wd.

I think I'm going to be in the minority for that though. I was using maybe a mg a day usually .5 but some people develop dependency in only a couple weeks.

4 days shouldn't be an issue tbh. Don't stress it

Patient Symptoms – Study of Online Trip Reports





Thank you!
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levander@ohsu.edu

Finley at Powell Butte with Mt. Hood in the Background