

# Seeking Synthetics

Nitazenes as drug of choice in the UK

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# Who am I, where do I work and what do I do

- I'm Fraser (hello!)
- Drugs advocacy and support advisor at Release
- Member of drug user union RATS

## Who are Release?

- UK's centre of expertise on drugs and drug law
- Legal casework for people in drug treatment
- Helpline
- Harm reduction hub
- Advocacy for people in treatment (this is my bit)



# What are nitazenes?

- A class of synthetic opioids
- First synthesized in 1950s in Switzerland
- Now commonly produced in China
- Often found in opioids/benzos
- First UK drug alert August 2021

	Relative potency
Heroin	1
Fentanyl	50
Metonitazene	50
Protonitazene	100
Isotonitazene	250
Etonitazene	500

Source: Holland, Adam et al. The Lancet Public Health, Volume 9, Issue 2, e71 - e72

## DRUG ALERTS - August 2021 (UK)

Submitted by Imani on Tue, 17/08/2021 - 11:42



### DRUG ALERT - August 2021

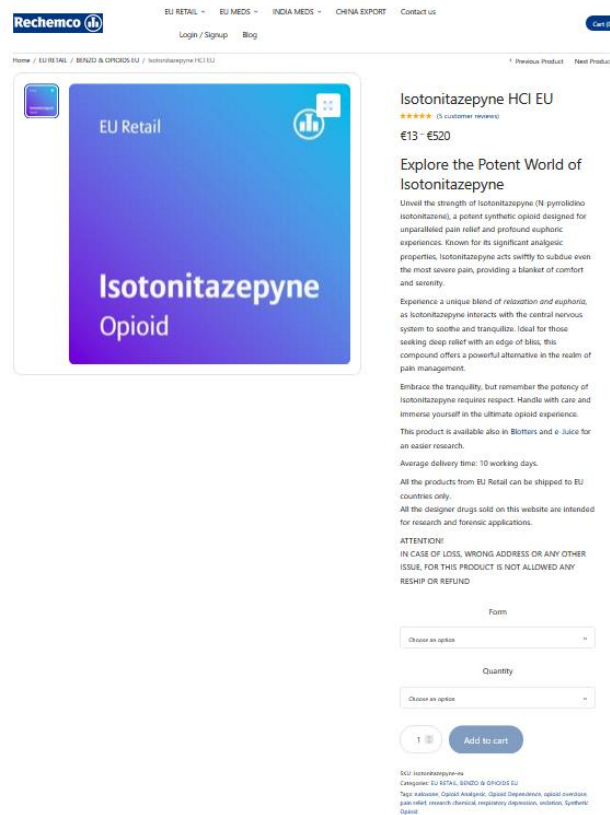
Contaminated Heroin in London, Portsmouth & Hampshire areas

The following information is for people who use heroin or are in contact with people who use heroin.

- Release is receiving increasing reports of bad batches of Heroin causing sudden deaths in London, Portsmouth, Hampshire and in other parts of the country.
- Some batches of Heroin that have been tested contains Isotonitazene, an extremely dangerous and potent synthetic opioid reported to be 500x stronger than morphine, so significantly more potent Heroin, which can and has killed.
- The extreme changes to strength make it very difficult to know how much can be safely used and there is an increased and significant risk of overdose and death, especially if mixed with other drugs.
- BE SAFE: People who use heroin (including snorting, sniffing, smoking and injecting) should be extra cautious about new suppliers and their dosing.
- Always start with a smaller dose than usual of any new purchase, GO SLOW & USE LESS.
- Make sure that you have NALOXONE with you (you may need more than usual to recover from an overdose).
- Try to use with someone else present if you can. Call and ambulance if you are at all worried.

# Who is using nitazenes intentionally?

1. Drug nerd/psychonaut
  - Buys drugs online (dark/clear net)
  - Looking for new substances to experiment with
1. Heroin/opioid user
  - Comes across nitazenes by accident
  - Likes the effects and begins seeking them out
1. Methadone user
  - Can't get high on heroin due to 100mg+ methadone
  - Nitazenes are able to 'break through'



# Challenges faced by nitazene users in treatment

## Being listened to

- Extent of nitazene use not well understood (ineffective 'opt-in' early warning system; no waste water analysis; coroners not testing for nitazenes)
- Nitazenes often still sold as 'oxies' even when everyone knows they are nitazenes
- Urine screens do not detect nitazenes
- Some treatment providers not commissioned to treat non-heroin users



# Challenges faced by nitazene users in treatment

## OST

- Most UK clinicians not experienced in prescribing OST for synthetic opioid users
- Uncommon for people to be prescribed above 100mg methadone - particularly if they don't inject
- Doses above 100mg require ECG and sign-off from psychiatrist
- Anecdotally, nitazene withdrawal even more unpleasant than heroin - getting onto buprenorphine presents a huge challenge

*“To help the patient achieve complete cessation of heroin... Average doses of methadone between 60 and 120mg daily are generally recommended.”*

Source: Strang, Prof Sir John; Independent Expert Working Group. Drug misuse and dependence: UK guidelines on clinical management 4.4.4 Dose optimisation

*“For patients who use fentanyl regularly, methadone doses of 100mg or higher are often needed. Methadone dose increases should not be delayed due to the absence of an ECG.”*

Source: Bromley L, Kahan M, Regenstreif L, Srivastava A, Wyman J. Methadone treatment for people who use fentanyl: Recommendations

# Harm reduction advice for nitazene users

## Dose

- No reliable dosage information exists for the majority of these substances
- Often sold in pressed pills - risk of 'chocolate chip cookie effect'
- Depending on the substance, an overdose could require only micrograms or nanograms
- Overdoses are possible with all ROAs
- Naloxone is effective, but may require more than would normally be expected for heroin overdose

# Harm reduction advice - volumetric dosing

## Option 1: nasal spray

- Empty and clean a nasal spray bottle
- Calculate how much of your substance is needed for a 1:50 - 1:100 ratio (1 spray = ~1ml)
- Mix your substance into the solvent (e.g., water or water/propylene glycol mix)
- Spray. Wait before redosing
- Adjust ratio gradually.
- Repeat from the start each time you acquire a new substance.

## Option 2: smoking on foil

- Acquire a small bottle and pipette
- Calculate how much of your substance is needed for a 1:50 - 1:100 ratio (1 droplet = ~1ml)
- Mix your substance into a highly volatile solvent (e.g. ethanol, acetone)
- 1 droplet onto foil. Solvent evaporates leaving substance behind. Smoke.
- Adjust ratio gradually.
- Repeat from the start each time you acquire a new substance



# Harm reduction advice - volumetric dosing

These are three simple tools to help you calculate volumetric doses. Dissolve a known amount of substance in a known amount of solvent (usually water), then you can relatively accurately measure a dose by measuring the solution. You can find out more about volumetric dosing, and how to do it [here](#). Please label your solutions with their substance and concentration.

## How much solvent (water) do you need?

For a solution with  mg/ml, add  mg of the substance to  ml of solvent.

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## What will the concentration of the solution be (mg/ml)?

If you put  mg of a substance in  ml of solvent, it will be  mg/ml.

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## How much do you need to take?

If you have a solution of  mg/ml, and want to take  mg, you need to take  ml.

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Please note, these tools were developed and tested to the best possible ability by the TripSit team, and the greatest effort has been made not to produce incorrect or misleading results, though for unforeseen reasons these may occur. Always check your maths, and be careful. If you have any questions, suggestions or error reports on this tool, you can contact us [here](#).

# Conclusions

- No one is coming to save us
- Harm reduction means listening to people who use drugs
- Treatment services are vital but slow - we keep each other safe
- Anecdotal reports are invaluable in the absence of in-depth research
- We don't have the luxury of optimism about the future of these drugs
- The logic of prohibition incentivises both drug users and drug sellers to continue exploring synthetic opioids

Thanks to:



*NO ONE WAY WORKS, it will take all of us  
shoving at the thing from all sides  
to bring it down.*

- Diane de Prima, Revolutionary Letter #8