



ETIZOLAM AND THE PSYCHOACTIVE SUBSTANCES BILL

**A plea from the UK's drug using population to
front line health care services**

LEGAL HIGHS – THE SCOPE OF CHEMISTRY



A typical selection of products available on the high street. These products, while potentially dangerous, seem to have little popularity outside certain groups of youngsters who tend to

- Have little or no genuine drug education**
- Have little or no access to controlled drugs**

These ‘branded’ products are rarely taken by adults due to their often unspecified and inconsistent contents

DRUGS = DRUGS=DRUGS

‘LEGAL HIGHS’, OR ‘NOVEL PSYCHOACTIVE SUBSTANCES’ (NPS) ARE NO DIFFERENT TO CONTROLLED DRUGS AND ALCOHOL – THEY DO NOT ‘MIMIC’ THE EFFECTS OF ANYTHING – THEY ARE SIMPLY A RANGE OF POWERFUL, POTENT (AND NOT SO POWERFUL AND POTENT) DRUGS WHICH HAVE NOT YET BEEN BANNED. MOST NPS FIT NEATLY INTO THE SUBCLASS OF DRUG WE ARE USED TO TALKING ABOUT WHEN DISCUSSING PSYCHOACTIVE SUBSTANCES IN GENERAL –

- **STIMULANTS**
- **HALLUCINOGENS**
- **DISSOCIATIVES**
- **DEPRESSANTS**

SOME OF THE NPS CURRENTLY SOLD ARE AS POTENT AND AS POWERFUL AS TRADITIONAL DRUGS OF ABUSE. SOME NPS WERE ALREADY DRUGS OF ABUSE, WHICH IS AN ASPECT OF THIS ISSUE THIS PRESENTATION AIMS TO ADDRESS



DEPRESSANTS

POPULAR DEPRESSANT DRUGS IN USE TODAY:

- **ALCOHOL**
- **OPIATES / OPIOIDS (HEROIN, FENTANYL)**
- **BENZODIAZEPINES**



AN EXISTING PROBLEM

BENZODIAZEPINE USE, MISUSE AND DEPENDENCE HAS BEEN A LONG STANDING ISSUE FOR HEALTH SERVICES

SOME USERS HAVE BECOME DEPENDENT ON THIS CLASS OF DRUGS THROUGH A VARIETY OF REASONS INCLUDING INAPPROPRIATE AND OVERPRESCRIBING, ILLICIT USE OF PRESCRIPTION MEDICINES AND, AS A RESULT OF THE ISSUES HIGHLIGHTED IN THIS DOCUMENT, SIMPLE HUMAN NAIVETY.

THE ISSUES THIS PRESENTATION WISHES TO HIGHLIGHT HAVE, UP UNTIL NOW, BEEN LOST IN THE STATISTICS THAT MEASURE AND DESCRIBE THE UK'S DEPENDENCE ON BENZODIAZEPINES



BENZODIAZEPINES



'BENZOS' – A QUICK OVERVIEW:

- **DEVELOPED IN THE EARLY 1960'S AS A 'SAFE' ALTERNATIVE TO BARBITURATES, A SIMILAR BUT MORE TOXIC GROUP OF MEDICINES IN USE AT THE TIME**
- **LIKE THE BARBITURATES, BENZODIAZEPINES ENHANCE THE EFFECT OF CERTAIN NEUROTRANSMITTERS RESULTING IN SEDATIVE, HYPNOTIC, ANXIOLYTIC AND MUSCLE RELAXING PROPERTIES**
- **ALTHOUGH THEY ARE SAFER AND LESS TOXIC THAN THE BARBITURATES THEY REPLACED, THEY HAVE THE SAME POTENTIAL FOR DEPENDENCE AND ADDICTION, AND SHOULD ONLY BE USED FOR SHORT PERIODS OF TIME OR 'AS REQUIRED' (PRN)**
- **ACCESS TO BENZODIAZEPINES HAS BEEN TRADITIONALLY CONTROLLED THROUGH THE MEDICINES ACT, WHERE ALL OF THESE DRUGS ARE CLASSED AS PRESCRIPTION ONLY MEDICINES. THIS ACCESS WAS RESTRICTED FURTHER IN 1985, WHEN ALL BENZODIAZEPINES IN CURRENT MEDICAL USE WERE ADDED TO CLASS C OF THE MISUSE OF DRUGS ACT, MAKING POSSESSION WITHOUT A PRESCRIPTION A CRIMINAL OFFENCE**



'BENZOS' – A BRIEF DESCRIPTION OF THEIR ABUSE

TRADITIONALLY, NON – PRESCRIPTION USE OF BENZODIAZEPINES APPEARED TO FEATURE MAINLY WITHIN THE POLYDRUG USING COMMUNITY, WHO WOULD ABUSE BENZODIAZEPINES EITHER FOR THEIR EFFECT OR TO POTENTIATE OTHER DEPRESSANT TYPE DRUGS (USUALLY ALCOHOL OR HEROIN)

ANOTHER EXAMPLE OF THEIR ABUSE HAS BEEN OBSERVED AMONGST CASUAL AND HABITUAL USERS OF STIMULANTS, WHO USE BENZODIAZEPINES TO HELP COUNTERACT SOME OF THE LESS WELCOME EFFECTS OF THESE DRUGS

AS POWERFUL STIMULANTS HAVE BEEN AVAILABLE THROUGH THE NPS GREY MARKET SINCE ITS EXPLOSION IN POPULARITY, IT WAS INEVITABLE THAT A BENZODIAZEPINE TYPE NPS WOULD FILL A 'NICHE' FOR MANY STIMULANT USERS AND USERS OF NPS AND CONTROLLED DRUGS IN GENERAL



GETTING AROUND THE LAW

AS IT IS ILLEGAL TO SELL ANYTHING FOR HUMAN CONSUMPTION THAT HAS NOT BEEN VIGOROUSLY TESTED FOR ITS SAFETY, NPS HAVE TRADITIONALLY BEEN SOLD AS 'RESEARCH CHEMICALS' FOR LABORATORY USE ONLY.

THIS HAS LED TO PRODUCTS CARRYING DISCLAIMERS STATING THAT NONE OF THESE DRUGS ARE INTENDED FOR HUMAN USE.

AN UNWELCOME SIDE EFFECT OF THIS IS THAT THESE DRUGS ARE SOLD WITH NO LEGAL FRAMEWORK IN WHICH TO PROVIDE INFORMATION ABOUT THEIR RISKS AND SAFEST USE. IN ORDER TO OPERATE WITHIN THE LAW, CAREFUL LANGUAGE IS USED BY VENDORS WHEN SELLING THESE PRODUCTS: FOR INSTANCE, PRE – DEFINED DOSES OF CERTAIN NPS ARE SOLD IN 'PELLET' NOT 'TABLET' PREPARATIONS.



TABLETS VS. PELLETS

A tablet containing a prescription medicine



Pellets containing pre-defined amounts of NPS



ETIZOLAM

ETIZOLAM HAS NO CURRENT RECOGNISED USE IN THE UK AND AS SUCH CAN BE FREELY SOLD TO ANYONE IT FOUND ITS WAY ONTO THE NPS SCENE DUE TO ITS PSYCHOACTIVE EFFECTS, WHICH ARE COMPARABLE TO SHORT ACTING PRESCRIPTION BENZODIAZEPINES, SUCH AS ALPRAZOLAM AND OXAZEPAM.

ALTHOUGH ITS CHEMICAL STRUCTURE IS SOMEWHAT DIFFERENT TO STANDARD BENZODIAZEPINES IT IS STILL CONSIDERED A BENZODIAZEPINE ANALOGUE. THE ETIZOLAM MOLECULE DIFFERS FROM A BENZODIAZEPINE IN THAT THE BENZENE RING THAT TYPIFIES THE CHEMICAL STRUCTURE OF BENZODIAZEPINES, HAS BEEN REPLACED BY A THIOPHENE RING, MAKING THE DRUG A THEINODIAZEPINE



ETIZOLAM

ETIZOLAM QUICKLY BECAME A POPULAR PRODUCT AMONG THE MANY NPS AVAILABLE FROM UK VENDORS OVER THE INTERNET AND ESTABLISHED ITSELF AS THE FIRST BENZODIAZEPINE TYPE NPS.

DESPITE DIFFERING SLIGHTLY IN CHEMICAL STRUCTURE, USERS FOUND THAT ETIZOLAM BEHAVED IN A SIMILAR MANNER AS A SHORT ACTING BENZODIAZEPINE, DISPLAYING A COMPLETE CROSS TOLERANCE WITH BENZODIAZEPINE DRUGS USED IN CURRENT MEDICINES AND DISPLAYING THE SAME VULNERABILITY AS OTHER GABA POTENTIATING DRUGS IN ITS POTENTIAL AS A DRUG OF DEPENDENCE - SOMETHING USERS QUICKLY FOUND, AS THEIR ETIZOLAM USE INCREASED DUE TO A LACK OF UNDERSTANDING OF TOLERANCE AND DOSAGE ESCALATION.



ETIZOLAM

ETIZOLAM BECAME AVAILABLE FROM UK VENDORS AS A POWDER, OR IN 'PELLET' FORM CONTAINING A PRE DEFINED AMOUNT OF THE DRUG. SOME OF THE PELLETS ON SALE WERE UNUSUALLY PROFESSIONALLY PACKAGED FOR A 'RESEARCH CHEMICAL'....



PICTURE OF RESEARCH CHEMICAL:



WHY IS IT PACKAGED LIKE A MEDICINE?

ALTHOUGH ETIZOLAM HAS NO RECOGNISED USE IN THE UK, IT IS IN FACT A WIDELY USED PRESCRIPTION MEDICINE IN ASIA AND THE FAR EAST, WHERE IT IS MARKETED UNDER THE BRAND NAMES ETILAAM, ETIZOLA, SEDEKOPAN, ETIZEST, PASADEN AND DEPAS.

WHEN UK NPS VENDORS STARTED TO MARKET ETIZOLAM AS A RESEARCH CHEMICAL, THEY MANAGED TO IMPORT INDUSTRIAL AMOUNTS OF ASIAN MEDICINES CONTAINING ETIZOLAM WHICH WERE APPROACHING THEIR 'USE BY DATE', NOTABLY THE MEDICINAL PRODUCTS 'ETILAAM' AND 'ETIZEST' MANUFACTURED BY THE PHARMACEUTICAL COMPANIES INTAS AND CONSORT RESPECTIVELY. AS WELL AS THE BRANDED MEDICINES, VENDORS CONTINUED TO SELL THE DRUG IN BOTH POWDER AND DOMESTICALLY PRESSED 'VENDOR PELLETS'





ETIZOLAM POWDER



VENDOR PRESSED PELLETS CONTAINING



'ETILAAM' TABLETS CONTAINING 1mg OF ETIZOLAM



'ETIZEST' TABLETS CONTAINING 1mg OF ETIZOLAM

USE AND ABUSE

ALTHOUGH SOME USERS PURCHASE PURE ETIZOLAM POWDER OR THE VENDOR PRESSED 'PELLETS' DUE TO THEIR LOW PRICE, THE MAJORITY OF ETIZOLAM IN THIS COUNTRY HAS BEEN SOLD IN THE FORM OF THE MEDICINES DESCRIBED PREVIOUSLY.

THIS APPEARS TO HAVE BEEN DRIVEN BY THE PERCEPTION THAT AS PROFESSIONALLY MANUFACTURED TABLETS, THEY ARE 'SAFER' AND CONSISTENTLY DOSED COMPARED TO THE CHEAPER 'VENDOR PELLETS'



ARE YOU SERIOUS THAT THEY ARE THAT STRONG?

AS ETIZOLAM HAS BEEN SOLD AS A 'LEGAL HIGH' SINCE IT FIRST BECAME AVAILABLE IN THE UK, A LOT OF ITS CONSUMERS HAVE BEEN 'RECREATIONAL' DRUG USERS, SOME OF WHOM HAVE NEVER BEEN NEAR CONTROLLED DRUGS AND HAVE EXCLUSIVELY USED NPS.

IT IS THIS GROUP WHO, UNAWARE OF THE RISKS OF BENZODIAZEPINE ABUSE AND DEPENDENCE, HAVE FOUND THEMSELVES USING COPIOUS AMOUNTS OF ETIZOLAM AS THEIR TOLERANCE INCREASED.

DUE TO ITS SHORT DURATION OF ACTION USERS BEGAN TO EXPERIENCE REBOUND EFFECTS BETWEEN DOSES INCLUDING INCREASED ANXIETY AND THE APPEARANCE OF ACUTE WITHDRAWAL SYMPTOMS. DOSAGES QUICKLY ESCALATED, WITH CONSUMERS REPORTING USING DOSES OF 10mg+ WITHIN A 24 HOUR PERIOD



ARE YOU SERIOUS THAT THEY ARE THAT STRONG?

WHEN MEDICAL PROFESSIONALS TREAT PATIENTS WITH A DEPENDENCE ON BENZODIAZEPINES, THEY USUALLY SUBSTITUTE THE BENZODIAZEPINE TO AN EQUIVALENT DOSE OF A LONG ACTING DRUG, USUALLY DIAZEPAM OR CHLORDIAZOPOXIDE.

AS THE VARIOUS BENZODIAZEPINES DIFFER IN THEIR POTENCY BY WEIGHT, IT IS NOT AS SIMPLE AS PRESCRIBING DIAZEPAM AT THE SAME DOSE AS THE DRUG OF DEPENDENCE. AS SUCH, HEALTH CARE LITERATURE IS FULL OF 'BENZODIAZEPINE EQUIVALENCY TABLES' WHICH USUALLY COMPARE 5mg OR 10mg OF DIAZEPAM WITH THE EQUIVALENT DOSES OF OTHER BENZODIAZEPINES USED IN MEDICINE.

FOR EXAMPLE, TEMAZEPAM, A MEDIUM DURATION BENZODIAZEPINE USUALLY PRESCRIBED AS A HYPNOTIC, HAS A LONG HISTORY OF ABUSE DUE TO ITS SUBJECTIVELY POTENT EFFECTS. HOWEVER, IN TERMS OF ACTUAL POTENCY TEMAZEPAM IS ONLY HALF AS POTENT BY WEIGHT AS DIAZEPAM, THEREFORE 20mg TEMAZEPAM = 10mg DIAZEPAM IF THE DRUGS ARE SUBSTITUTED FOR DETOXIFICATION PURPOSES.



ARE YOU SERIOUS THAT THEY ARE
THAT STRONG?

**AS IT USED AS MEDICINE IN OTHER PARTS OF THE
WORLD, ETIZOLAM OFTEN APPEARS IN THESE
EQUIVALENCY TABLES. USING THESE TABLES
AND OTHER HEALTH CARE RESOURCES, IT IS
WIDELY ACCEPTED BY THE SCIENTIFIC / MEDICAL
COMMUNITY THAT**

1MG ETIZOLAM = 10MG DIAZEPAM

**WITH THIS LEVEL OF POTENCY, IT CAN BE
INFERRED THAT SOME ETIZOLAM USERS HAVE
DEPENDENCIES THAT ARE EQUIVALENT TO (AND
OFTEN EXCEED) DIAZEPAM DOSES OF 100mg
PER DAY!**



THE ISSUE AT HAND...

THE PRIMARY REASON FOR BRINGING THIS INFORMATION TO YOUR ATTENTION IS IN RESPONSE TO REPEATED ACCOUNTS OF INDIVIDUALS EXPERIENCING DEPENDENCE ISSUES WITH ETIZOLAM WHO HAVE APPROACHED THEIR GP WHO, IN THE MAJORITY OF REPORTS, HAVE REFUSED TO OFFER ANY TREATMENT – IN MANY CASES DUE TO AN UNFAMILIARITY WITH THE SERIOUS NATURE OF ETIZOLAM ADDICTION, AS SOME PRACTITIONERS SEE THE DRUG SIMPLY AS A ‘LEGAL HIGH’ AND ARE UNAWARE THAT THE PATIENT REQUIRES THE SAME TREATMENT AS THOSE WITH DEPENDENCE ON BENZODIAZEPINES.

DIAGNOSIS, WHICH USUALLY INVOLVES OBTAINING A POSITIVE DRUG SCREEN FOR BENZODIAZEPINE METABOLITES, MAY ALSO BE PROBLEMATIC DUE TO THE CHEMICAL DIFFERENCE BETWEEN ETIZOLAM AND STANDARD BENZODIAZEPINES. THERE DOES NOT APPEAR TO BE ANY CURRENT CONSENSUS AS TO WHETHER OR NOT ETIZOLAM WILL GIVE A POSITIVE READING FOR BENZODIAZEPINES ON EITHER INSTANT RESULT DRUG SCREENS ON BODY FLUIDS OR EVEN BY GC/MS (A MORE PRECISE METHOD OF DRUG SCREEN CONDUCTED IN A LABORATORY).



THE CATS OUT OF THE BAG...

WITH ETIZOLAM PROVING TO BE A PARTICULARLY POPULAR PRODUCT AMONG THE MANY NPS AVAILABLE IT QUICKLY BECAME APPARENT TO VENDORS THAT THERE WAS A HIGH DEMAND FOR BENZODIAZEPINE TYPE DRUGS.

MANUFACTURERS OF NPS BEGAN TO TRAWL THROUGH OLD RESEARCH CONDUCTED BY ROCHE, A MAJOR MULTINATIONAL PHARMACEUTICAL COMPANY WHO INTRODUCED THE FIRST BENZODIAZEPINES, CHLORDIAZOPOXIDE AND DIAZEPAM TO THE FIELD OF MEDICINE AT THE START OF THE 1960'S.

OVER THE FOLLOWING DECADE, THE COMPANY RESEARCHED AND SYNTHESISED MANY OTHER BENZODIAZEPINES, SOME OF WHICH WERE APPROVED AND MARKETED FOR USE IN TREATMENT. OTHER BENZODIAZEPINES DISCOVERED DURING THIS PERIOD WERE NEVER DEVELOPED INTO MEDICINES, AND WERE 'SHELVED' FOLLOWING THEIR REGISTRY WITH THE CHEMICAL ABSTRACTS SERVICE (CAS).



OLD (AND NOT SO OLD) RECIPES

AS THESE BENZODIAZEPINES NEVER MADE IT AS FAR AS THE PHARMACEUTICAL OR BLACK MARKET, THEY WERE NEVER INCLUDED UNDER THE MISUSE OF DRUGS ACT 1971, LEAVING THEM FREE TO BE MANUFACTURED AND SUPPLIED AS 'RESEARCH CHEMICALS'.

SOON, ETIZOLAM WAS JOINED BY A NUMBER OF TRUE CHEMICAL BENZODIAZEPINES, SUCH AS CHLORO-DIAZEPAM (MORE COMMONLY SOLD UNDER THE NAME 'DICLAZEPAM') AND FLUBROMAZEPAM, TWO DRUGS INVENTED BY ROCHE THAT WERE NEVER DEVELOPED AS MEDICINES.

ALONGSIDE THESE DRUGS, CHEMISTS INVOLVED IN THE SYNTHESIS AND MANUFACTURE OF NPS DEVELOPED THEIR OWN BRAND NEW BENZODIAZEPINES, NOTABLY NIFOXIPAM (ITSELF AN ACTIVE METABOLITE OF FLUNITRAZEPAM, AN EXTREMELY POTENT BENZODIAZEPINE THAT IS UNAVAILABLE UNDER THE NHS) AND CLONAZOLAM, A POTENT 'TRIAZOLO' DESIGNER VERSION OF THE PHARMACEUTICAL DRUG CLONAZEPAM. AS THESE CHEMICALS HAD NEVER HAD ANY COMMERCIAL USE BEFORE THEY WERE MARKETED AS NPS, THEY ARE ONLY AVAILABLE IN POWDER FORM OR IN SPECIFICALLY DOSED 'VENDOR PELLETS'

PANIC STATIONS – A SNEAK PREVIEW OF THE “BLANKET BAN’S” EFFECT...

IN MID 2014, SUPPLIES OF ASIAN PHARMACEUTICAL ETIZOLAM DISAPPEARED ALMOST OVERNIGHT, AS NPS VENDORS SUDDENLY REALISED THAT ETIZOLAM WAS IN MEDICINAL USE IN ITALY.

UNSURE OF THE LEGAL POSITION THEY WERE IN CONSIDERING THE DRUG WAS BEING PRESCRIBED WITHIN THE EUROPEAN UNION, MANY VENDORS STOPPED SELLING THE PRODUCT THROUGH CONCERNS THAT THEY MAY BE IN CONTRAVENTION OF EU LAW.

THE FEW COMPANIES THAT CONTINUED TO SUPPLY ETIZOLAM DID SO ONLY IN POWDER OR DOMESTIC VENDOR PELLET FORM, LEAVING MANY USERS WITHOUT ACCESS TO THEIR PREPARATION OF CHOICE, AS THE PELLET ETIZOLAM WAS LARGELY CONSIDERED INFERIOR TO THE PHARMACEUTICAL ETILAAM AND ETIZEST PRODUCTS THEY HAD BEEN USING.



DIY DETOXIFICATION IS NOT THE ANSWER

IT WAS DURING THIS PERIOD THAT USERS OF ETIZOLAM BEGAN TO REPORT EXPERIENCES DESCRIBING THE ACUTE SYMPTOMS OF BENZODIAZEPINE WITHDRAWAL.

THOSE INDIVIDUALS WHO WERE UNABLE TO ACCESS HELP THROUGH THEIR GP SERVICES TURNED TO ONLINE RESOURCES FOR HELP, WITH MANY PEOPLE COPYING WHAT IN MEDICINE WOULD BE BEST PRACTISE – SWAPPING THEIR ETIZOLAM TO AN EQUIVALENT DOSE OF A LONG ACTING BENZODIAZEPINE AND PLANNING A TAPERED REDUCTION USING ‘THE ASHTON MANUAL’ (AN ON AND OFFLINE RESOURCE BY PROFESSOR HEATHER ASHTON, ONE OF THE LEADING EXPERTS IN THE FIELD OF BENZODIAZEPINE MISUSE AND DEPENDENCE).

AS ACCESS TO MEDICINES CONTAINING BENZODIAZEPINES IS RESTRICTED BY LAW, MANY USERS HAVE HAD TO RETURN TO THE GREY MARKET IN ORDER TO OBTAIN A LONG ACTING BENZODIAZEPINE NPS FOR USE IN A REDUCTION REGIME. THE NPS DICLAZEPAM APPEARS TO BE A POPULAR CHOICE FOR USERS DUE TO ITS PROPERTIES, LOW ABUSE POTENTIAL WHEN COMPARED TO OTHER BENZODIAZEPINE NPS AND ITS INCLUSION IN EQUIVALENCY CHARTS.

THE BALL IS IN YOUR COURT...

AS THE CURRENT SITUATION STANDS, THERE ARE NOW MANY INDIVIDUALS WHO HAVE BECOME DEPENDANT ON BENZODIAZEPINE NPS. SOME OF THEM ARE EXTREMELY POTENT AND HAVE NO AGREED DOSAGE EQUIVALENTS TO EXISTING BENZODIAZEPINES.

THE NEXT PAGES CONTAINS A LIST OF BENZODIAZEPINE AND BENZODIAZEPINE TYPE THEINODIAZEPINE NPS AVAILABLE ON THE GREY MARKET, WHICH PRACTITIONERS NEED TO FAMILIARISE THEMSELVES WITH AS THERE MAY BE MANY PATIENTS PRESENTING WITH DEPENDENCE ON VARIOUS BENZODIAZEPINE NPS.



BENZODIAZEPINE TYPE NPS

DRUG	HALF - LIFE	DOSAGE EQUIVALENT = 10mg DIAZEPAM	NOTES
<u>BENZODIAZEPINES:</u>			
Chloro – Diazepam (Diazepam)	220 hours	1mg	Originally developed by Roche
Clonitrazolam (Clonazepam)	10-18 hours	0.25mg	Designer triazolo version of Clonazepam
Flubromazepam	100-220 hours	6-8mg	Originally developed by Roche
Flubromazolam	Unknown	Unknown	Ultra – potent triazolo version of Flubromazepam. Extremely active at sub – milligram doses
Meclonazepam	Unknown	3mg	Analogue of Clonazepam
Nifoxipam	12–17 hours	Unknown	Active metabolite of Flunitrazepam (Rohypnol)
Pyrazolam	16 –18 hours	0.5mg	Popular as a pure anxiolytic – Pyrazolam does not tend to sedate

BENZODIAZEPINE TYPE NPS

DRUG	HALF-LIFE	DOSAGE EQUIVALENT TO 10MG DIAZEPAM	NOTES
<u>THEINODIAZEPINES:</u>			
DESCHLOROETIZOLAM	Unknown	2mg	DESCRIBED BY USERS AS A LONG ACTING, LESS POTENT VERSION OF ETIZOLAM
ETIZOLAM	6 hours	1mg	USED AS A MEDICINE IN CERTAIN COUNTRIES INCLUDING ITALY AND INDIA
METIZOLAM	Unknown	Unknown	A RELATIVELY NEW NPS THAT VENDORS CLAIM IS SIMILAR TO ETIZOLAM



A FINAL NOTE...

AS THE PSYCHOACTIVE SUBSTANCES BILL IS NOW ONLY A FEW WEEKS FROM GAINING ROYAL ASCENT, IT IS OUR HOPE THAT THIS INFORMATION WILL PROVIDE A BASIS FOR PRACTITIONERS TO RESEARCH THIS AREA TO THE BEST OF THEIR ABILITY AS IT IS OUR BELIEF THAT THERE MAY BE A SURGE IN PATIENTS PRESENTING WITH BENZODIAZEPINE DEPENDENCE AS LAWFUL SUPPLIES OF NPS BEGIN TO DRY UP.

ALL WE URGE IS THAT HEALTH CARE PRACTITIONERS TAKE THESE CASES AS SERIOUSLY AS THEY WOULD DO WITH ANY OTHER DRUG OF DEPENDENCE. ALTHOUGH IT IS DOWN TO THE INDIVIDUALS PREROGATIVE AS HOW TO TREAT THESE CASES, WE WOULD URGE PRACTITIONERS TO REFER THESE PATIENTS TO THEIR LOCAL DRUG SERVICE PROVIDERS WHO HAVE THE KNOWLEDGE AND EXPERTISE WHEN IT COMES TO BENZODIAZEPINE DETOXIFICATION

REGARDING THE AUTHOR

Stewart Franks has a Diploma in Higher Education as a registered mental health nurse, and has extensive professional experience in all areas of mental health including alcohol and drug dependency. As a former heroin user and opiate dependant, Stewart has been able to witness the drug debate and the development of the NPS market from both a users and health care professionals perspective.

Stewart would like to take the opportunity to thank you for your attention and hopes that this document will highlight the anticipated problems front line health care professionals may face in the near future, and hopes that this information will provide a basis for individuals to look into this issue in more detail, using credible sources of information within the field of substance misuse and dependence.



REFERENCES

Stewart is currently an active member of ***, an online resource that promotes the free discussion of harm reduction amongst current drug users and has taken the anecdotal reports included from users of the forum and others similar resources.**

Various other online resources have been used to compile the information in this document, including Wikipedia, www.benzo.org and www.gov.uk.

For more information or copies of this document, which is also available as a PowerPoint Presentation, please contact etizolamSOS@live.com

