

Unregistered benzodiazepines and counterfeit alprazolam in NSW

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Introduction and Aims: The non-prescribed use of 'unregistered benzodiazepines' pose a significant threat to public health, with increasing reports of counterfeit alprazolam products in both Australia and worldwide. Most counterfeit 'alprazolam tablets' do not contain alprazolam but instead contain benzodiazepines such as etizolam or other drugs. We report on time trends of detections of counterfeit alprazolam and unregistered benzodiazepines in NSW.

Design and Methods: We searched the Illicit Drug Analysis Unit, Forensic & Analytical Science Service, NSW Health Pathology dataset (January 2012 – February 2022) for police seizures of unregistered benzodiazepines (ie. drugs not marketed in Australia); and counterfeit alprazolam (tablet forms of Kalma, Xanax, Mylan or Sandoz which: did not contain alprazolam, contained alprazolam with other drugs, or no drugs were present).

Results: Unregistered benzodiazepines were first detected in June 2013 in very low numbers, but from 2019 there was a large increase in identifications which has been sustained. Counterfeit Mylan seizures were most common ($n=157$), followed by Xanax ($n=130$). The most common drugs detected were etizolam ($n=396$), clonazepam ($n=80$), flualprazolam ($n=65$); with a changing trend over time. Of all counterfeit alprazolam samples, only 35% contained alprazolam. There were rare detections of non-benzodiazepine drugs including amphetamines, tryptamines, cyproheptadine and doxepin.

Discussions and Conclusions: Our analysis showed an increase in unregistered benzodiazepines detected in recent years, primarily from counterfeit alprazolam tablets. These results correspond with clinical findings from other NSW Health surveillance programs. NSW Health works with stakeholders to provide public and clinician drug information. Multi-agency collaboration is needed to manage this ongoing issue.

Implications for Practice or Policy: Given the established presence of unregistered benzodiazepines in circulation and the changing composition, there is an ongoing need to rapidly detect, assess and respond to new substances to reduce public health risks.

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