LOCAL NEWS PARTNERSHIPS

‘Fake medicines’

The Drum Online Media Awards Winner 2020

Wincott Award Winner 2022

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Please note this report and accompanying dataset is subject to change

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Contents

What's the story?

New super-strength drugs linked to hundreds of deaths have been found in samples of fake medicines intended to treat conditions like anxiety, allergies or sleeping problems across the UK, the BBC can reveal.

A total of 278 deaths have now been confirmed as linked to new synthetic opioid drugs called nitazenes in the UK in a year, according to the National Crime Agency (NCA).

The new drugs - which are stronger than heroin and fentanyl, a prolific killer in the US - have been detected in substances bought by members of the public who intended to buy medicines to treat common conditions, called benzodiazepines - which should only be available on prescription.

The fake medicines included substances pretending to be diazepam. The real drugs are class-C in the UK, commonly used to treat anxiety, muscle spasms and seizures. They are illegal to possess without a prescription but they are also being sold illegally through the internet, where they are not regulated.

The contaminated substances were identified in anonymous samples submitted to WEDINOS, the only national drug-checking service in the UK. It said they looked "in every kind of visible sense, the same kind of packet you might get from your chemist on the high street," but were "most likely purchased from illicit online pharmacies".

The United Nations Office on Drugs and Crime (UNODC) said the development was "particularly worrying" as "their combined effect increased the risk of overdose significantly".

The groups of people most at risk from this trend were "those who have always been at the highest risk of all drug-related harm," said Harry Sumnall, Professor in substance use at Liverpool John Moores University.

"People who are experiencing problems with their drug use or are using drugs to help manage their life circumstances.

"Other groups are at risk of harm from exposure to novel drugs…there are additional concerns, as these people will not necessarily be known to drug and health services, and not be the focus of resource and attention."

The Government plans to make all types of nitazenes Class A drugs with new legislation. Fifteen named synthetic opioids were reclassified in March.

Under the Misuse of Drugs Act, those caught in their supply and production could face up to life in prison while those caught in possession could face up to seven years' jail.

The accompanying dataset contains:

- The results of all 6,384 drug samples submitted anonymously to the UK's only national drug testing service, WEDINOS - run by Public Health Wales, from 17 August 2023 to 17 September 2024
- Details of the 169 drug samples found by WEDINOS to contain synthetic opioids from 17 August 2023 to 17 September 2024
- A breakdown by UK region of the numbers of drug samples found by WEDINOS to contain synthetic opioids from 17 August 2023 to 17 September 2024, and whether the synthetic opioids were found contaminating so-called "fake medicines", heroin, or other substances (N/A)
- The numbers of deaths confirmed as involving nitazenes by region, that occurred between 1 June 2023 and 31 May 2024, according to the Office for Health Improvement and Disparities (OHID) and National Crime Agency (NCA)

The story pack includes quotes for your use from:

- Martin Raithelhuber (he/him), Illicit Synthetic Drug Expert, Laboratory and Scientific Services, from the UN Office on Drugs and Crime (UNODC)
- Professor Rick Lines (he/him), head of the substance misuse programme at Public Health Wales, which runs WEDINOS
- Professor Harry Sumnall (he/him), Professor in Substance Use in the School of Psychology, Liverpool John Moores University
- A Government spokesperson
- Charles Yates (he/him), National Crime Agency (NCA) deputy director

Background

Nitazenes first emerged in Europe and North America in 2019, according to the UN Office on Drugs and Crime (UNODC).

The new drugs first made news in the UK, however, in 2021 when an 18-year-old patient was treated for a non-fatal overdose.

Following a sudden spike in UK deaths in summer 2023, the government put out a warning across the NHS and drug services - the second National Patient Safety Alert in three years.

The UNODC says nitazenes have now spread geographically to 29 countries and the number of different variations of the new drugs has increased from one in 2019 to 22 different nitazenes as of today.

The National Crime Agency (NCA) believes they are produced in illicit labs in China and brought into the UK through the Royal Mail and other parcel operators. Organised gangs have been cutting them with heroin, fortifying the drugs sold on the streets, according to the NCA.

Nitazenes have also been found in substances bought by members of the public who intended to buy medicines to treat common conditions, called benzodiazepines - which are available by prescription.

They tried to buy drugs including diazepam which is available on prescription for anxiety, muscle spasms and seizures or fits, but they are also available through the internet, where they are not regulated.

Diazepam - also known by one of its brand names, Valium - is a class-C drug in the UK, commonly used to treat anxiety, muscle spasms and seizures. It is illegal to possess without a prescription.

One reason thought to be behind the emergence of nitazenes is the ban of harvesting opium poppies in Afghanistan, but the NCA believes there are significant heroin reserves in the UK despite the purity of drugs having declined long-term. The spread of synthetic opioids is believed to be driven by the fact they are highly potent and a cheaper alternative.

Dark web marketplaces seen by the BBC suggest some of the same online sellers in China are advertising nitazenes in bulk as well as these fake medicines.

Gangs have also been making minor adjustments to the substances to try and bypass UK drug laws, which led the Government to propose more legislation introducing a new generic definition of nitazenes to try to stay ahead of diversification in the illicit market.

The government has also said it would test for the presence of the new drugs in wastewater from sewage treatment plants in a bid to anticipate the threat of a spike in overdoses.

It has, however, admitted that wastewater testing technology is “experimental…[and] still being developed”.

A new national so-called early warning system is also being developed by a taskforce of several government departments, which would collate data from a variety of sources to spot risks.

Experts previously told the BBC Shared Data Unit the government had been too slow to recognise the scale of the problem.

Most people who use illicit drugs buy from someone they know, according to the Crime Survey for England and Wales.

There are an average of 49 drug poisoning deaths each week involving opiates - such as heroin, oxycodone and fentanyl - across England and Wales, latest official figures published last week suggest.

What are nitazenes?

- Nitazenes were first developed in the 1950s as a pain-killing medication but are so potent and addictive they have never been approved for medical or therapeutic use

- Injected, inhaled or swallowed, mixing them with other drugs and alcohol is extremely dangerous and significantly increases the risk of overdose and death

Synthetic opioids - warning signs

Signs that someone may have taken one of these drugs:

- Small, narrowed pupils
- Reduced or loss of consciousness
- Dizziness or drowsiness
- Difficulty breathing
- Nausea or vomiting
- Cold or clammy skin
- Blue or grey lips and fingernails
- Low blood pressure or decreased heart rate.

Anyone who has consumed synthetic opioids and experiences the symptoms described should seek urgent medical treatment.

If you have been affected by the issues raised in this story help and support is available via the **BBC Action Line**

Methodology

The BBC has analysed published sample results, which were submitted anonymously to the UK's only national drug testing service WEDINOS, run by Public Health Wales. The service records what the person submitting the substance said they had intended to buy and their "purchase intent".

The analysis revealed 130 instances between August 2023 and September 2024 where people tried to buy medicines that were available by prescription, which were shown to have been contaminated with nitazenes. A further 34 samples in the same time period, were confirmed to be heroin contaminated with nitazenes.

Many of the contaminated substances were purporting to be benzodiazepines, such as diazepam, and insomnia treatments including temazepam and zolpidem. There were also examples of nitazenes found in substances sold as promethazine, an allergy medication.

Diazepam is also sometimes used non-medically. The substances were predominantly submitted to WEDINOS as tablets, but were also submitted in other forms.

NB: As the service says itself, WEDINOS data are not a definitive and exhaustive way of finding out the prevalence of synthetic opioids because the samples are sent in voluntarily, but they reveal some of the patterns and trends emerging, including in this instance, that nitazenes are being found in so-called fake medicines.

What we have provided

- The results of all 6,384 drug samples submitted anonymously to the UK's only national drug testing service, WEDINOS - run by Public Health Wales, from 17 August 2023 to 17 September 2024 - in the tab entitled "**WEDINOS samples from 17 Aug 2023-17 Sept 2024**"
- Details of the 169 drug samples found by WEDINOS to contain synthetic opioids from 17 August 2023 to 17 September 2024 - in the tab entitled "**Synthetic opioids found 17 Aug 2023-17 Sept 2024**"
- A breakdown by UK region of the numbers of drug samples found by WEDINOS to contain synthetic opioids from 17 August 2023 to 17 September 2024, and whether the synthetic opioids were found contaminating so-called "fake medicines", heroin, or other substances (N/A) - in the tab entitled "**Synthetic opioids found total by region**"
- The BBC Shared Data Unit has compiled information on the contaminated substances - the "fake medicines" - to assist your reporting. In the tab entitled "**LOOKUP for drug names**" you will see names of drugs which were contaminated with synthetic opioids; the intended use of the genuine pharmaceuticals and the source of that information eg

NHS website. There is also a guide as to whether each drug is a brand name or trademark to assist editors avoid libelling manufacturers of these products in their reporting.

- Latest figures recording the numbers of deaths across the UK confirmed as involving nitazenes by region, that occurred between 1 June 2023 and 31 May 2024, according to the Office for Health Improvement and Disparities (OHID) and National Crime Agency (NCA) - in the tab entitled "**Deaths involving nitazenes in the UK**"
- In the tab entitled "**Synthetic opioids' names**" you will see a list of the known variations of these highly-potent new drugs, and an estimation of how strong some variants are in comparison to heroin - eg N-Pyrrolidino-etonitazene is thought to be 500 times stronger than heroin.

Quotes

Martin Raithelhuber (he/him), Illicit Synthetic Drug Expert, Laboratory and Scientific Services, from the UN Office on Drugs and Crime (UNODC) which produces an annual World Drug Report, said:

On nitazene seizure amounts:

Nitazenes were initially developed in an attempt to access safer classes of opioid analgesics, but in fact, the substances discovered had a potency several times higher than morphine. Some nitazenes are thought to have a potency similar to or exceeding that of fentanyl.

As the main trafficking mode for nitazenes seems to be the mail service, individual seizures in the range of single-digit grams are to be expected. Due to the high potency of nitazenes, even such small seizures could translate into hundreds or even thousands of street level dose.

Challenges with intercepting synthetic opioids and nitazenes:

Typically, concentrations of nitazene samples seized at the point of entry into a country are high. Dilution and adulteration are done further down the trafficking chain to produce street-level samples. An exception could be so-called fake medicines, which look like pharmaceuticals but contain nitazenes instead. The concentration of nitazenes in such samples could be very low and still pose a significant risk of overdose to (unsuspecting) users.

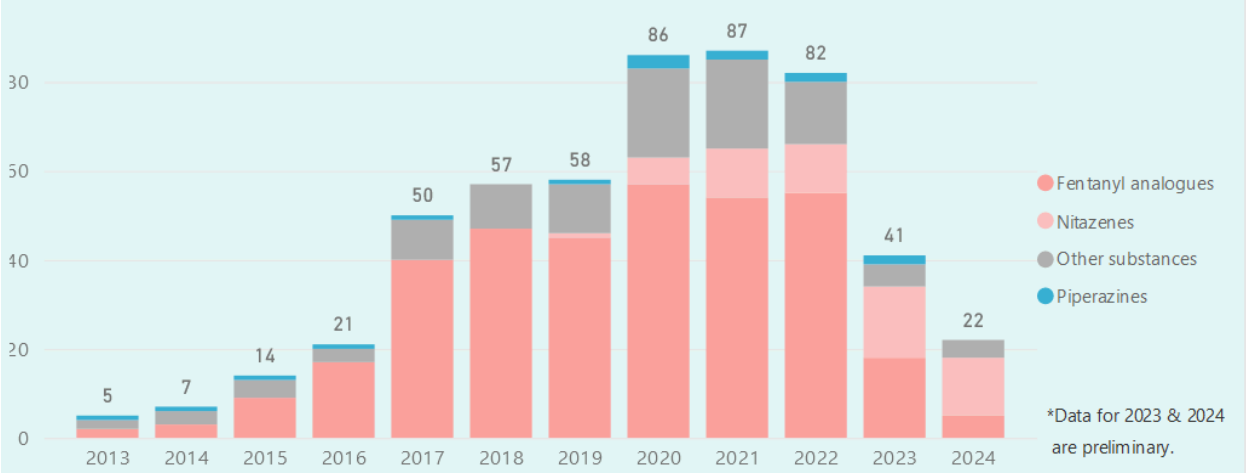
While nitazenes are still a relatively new group of opioids on the illicit market, generally, drug analysis laboratories in Europe are well aware of their potential presence. Field-testing at the point of seizure by frontline officers might be more challenging depending on the methods used but we do not have information on the actual situation in the UK on this matter.

Availability of nitazenes in the UK and elsewhere:

We do not have indications that nitazenes are sought after by opioid users in the UK or elsewhere. Rather, they are used as adulterants, typically unknown to users.

It is difficult to assess how widespread the presence of nitazenes is in the drug supply in the UK. Overall, in Europe, I would describe the situation as emergence based on our data on the emergence of nitazenes worldwide and the fact that nitazenes seem to be mainly imported from overseas and used as adulterants in Europe. This development needs to be closely monitored as the nitazenes are currently a very dynamic group with more substances emerging and which seem to be spreading to more countries.

Fig: Number of distinct opioids reported to UNODC by year and chemical group.



Source: UNODC Early Warning Advisory on NPS (www.unodc.org/nps)

Falsified medicines and nitazenes:

Occurrence of so-called fake medicines containing nitazenes has been reported from a number of countries in Europe. This is indeed worrying as users are typically not expecting the presence of nitazenes and might mis-judge the effect of taking it.

The presence of fake medicines offered as benzodiazepines on the illicit drug market is already known from the UK. The co-occurrence of benzodiazepines and opioids in fake medicine samples is particularly worrying as both substance groups belong to the effect group of depressants. Their combined effect increases the risk of overdose significantly.

Use of wastewater analysis to detect synthetic opioids:

Wastewater monitoring is practised by a growing number of countries worldwide. Its main strength lies in monitoring the concentrations of a defined panel of substances over time to discover drug use trends in the population of the catchment area. However, the type and number of different nitazenes on illicit drug markets is dynamic, and the overall amounts consumed will be low due to their high potency and limited market presence (as far as we know).

Important factors for wastewater analysis such as excretion rates and routes as well as their metabolization in body and wastewater are not yet well studied for nitazenes. Consequently, detecting them in wastewater and interpreting the results remains challenging. Thus, in my view, the main constraints do not come from the speed of analysis of a wastewater sample but from knowing which nitazene to target plus the challenges of how to interpret the presence or absence of (or inability to detect) a specific nitazene in the wastewater sample.

Early warning systems:

UNODC is operating an early warning advisory which has alerted countries about the emergence of nitazenes. Twenty-two distinct nitazenes have been reported to UNODC so far, by 21 different countries. Concrete action at the international level includes the placing of several nitazenes under international control by the Commission on Narcotic Drugs since 2021.

Countries have different practices and systems to communicate emerging drug-related threats to law enforcement, the health sector and drug users. National early warning mechanisms exist in many countries, even if not always under that name. A recent example include the action of the Irish Health Service following a nitazene-related overdose cluster (https://www.hse.ie/eng/services/news/media/pressrel/nitazenes-detected-in-heroin-samples-related-to-dublin-overdose-cluster.html).

In Europe, the EUDA also operates an early warning system.

Awareness of law enforcement of synthetic opioids including nitazenes at a local level:

UNODC does not have information on this matter.

Professor Rick Lines (he/him), head of the substance misuse programme at Public Health Wales, which runs WEDINOS, said:

WEDINOS is the largest and widest-ranging public drug testing and drug checking programme in the UK. We were set up 11 years ago as a partnership between Welsh Government's Public Health Wales and also Cardiff University, and our objective is to try to reduce risks and harms from illicit substances.

By providing accurate analysis of what is in those substances that allows us both to provide individual information to potential consumers, or to drug services or other professionals, as well as allowing us to track trends across the UK of what's actually being sold at street level at consumer level to help us identify emerging threats or concerns and respond accordingly with our partners across Wales and across the wider UK.

WEDINOS is in its 11th year at this point in time. At present we analyse about 7-8000 samples a year from across the UK and those come to us from a range of sources.

They're submitted to us by drug services, substance misuse services, homeless services. We get non-evidentiary samples from some of the Welsh prisons and we get samples submitted from amnesty bins at nightclubs and night time economy venues in parts of Wales. And we also accept individual anonymous submissions from members of the public as well.

It was founded initially in the context of the emergence of legal highs and new psychoactive substances where we saw many sort of drug trends and popular drugs moving away from what might have been more traditional types of narcotic drugs, for example, and moving in towards new psychoactive substances, which of course were of unknown content and of unknown risk. And so initially we were very much focused on those legal highs and new psychoactive substances for which there was very little information and were often of unknown risk. And we've continued to do that. But obviously the drug markets continue to change over time and what gets submitted to us and the concerns and the risks continue to change over time as well. And of course, synthetic opiates, in the current moment, are one of the main concerns across the UK.

We identified our first sample with a synthetic opiate - at least I should say a nitazene which is the focus of the current round of concerns - a little over two years ago. And since that period of time, we've probably had over 200 samples submitted to us, which we profiled as containing one nitazene or sometimes combinations of nitazenes, so overall it's a very small percentage of the overall number of samples that get submitted, but it is an increasingly common thing to find in the analysis that we do, and certainly one of the concerns that we have and we've been probably the first to identify, is the encroachment of these high potency synthetic opiates outside of the traditional opiate market into things such as the illicit benzodiazepine market and others.

Obviously, there would be an assumption that because it's a synthetic opiate, that you might expect it in opiate-based products such as counterfeit oxycodone, which we've originally started to profile it or into street heroin. But I say we find them increasingly in benzodiazepines and we like to say at this point in time, we've probably identified at least one nitazene in any kind of pill or powder you could imagine. So it is a concern that we're seeing them encroaching outside of the traditional opiate market, which creates, you know, additional and unique risks to people who might be consuming them.

The particular concern around people who might be consuming benzodiazepines are really two-fold. What we find submitted to us is very often what are essentially counterfeit pharmaceuticals on products that are being submitted in very convincing looking packaging - blister packs, branded packets, you know - in every kind of visible sense, the same kind of packet you might get from your chemist on the High Street. So these are probably people who are purchasing them through some kind of, what they presume to be, a legitimate online pharmacy, but is actually an illicit online pharmacy selling illicit products. Benzodiazepines are not an opiate-based product. So if you have a synthetic opiate in there, people would not be necessarily expecting to be at risk of an opiate overdose. They might not be aware that they're at risk. They might not know the indications of an overdose. If they do overdose, people with them might not be expecting to need to respond to an opiate overdose, if someone is consuming benzodiazepines.

So it does create particular concerns in that population of consumers, because on the one hand, they think they are consuming very often a legitimate pharmaceutical product because of the

way it's been branded and packaged, but also because it contains a type of substance for which they wouldn't expect that kind of risk or that potential kind of overdose.

They're essentially counterfeit pharmaceuticals that people would most likely have purchased from illicit online pharmacies. These wouldn't be things that are finding their way into the legitimate supply of medicines and being picked up at your local chemist or through your GP. These are people most likely who are going outside of the standard GP routes. Perhaps they've been prescribed, for example, diazepam in the past – it's very common; what we might know as Valium. We see a lot of those packages coming in and they look very convincing to see them.

This is the concern because our assumption is that many of the people who are submitting these are purchasing them with the expectation that they're purchasing a legitimate pharmaceutical product, even if they're probably going outside of their usual routes to do that.

Asked why people may have gone outside the GP/pharmacy route to obtain medicines

It's hard to say. I mean accessibility. People may have been on a prescription before; their prescription might have run out. There's always concerns amongst medical professionals about over prescribing of benzodiazepines, so perhaps people have found that they weren't able to continue on a legitimate prescription from their healthcare provider and decided to go through what they think is an alternative legitimate route, but is in fact not. It's certainly - and it's hard to speculate - but what we can say is we do get a significant number of products that come into us looking like and packaged as diazepam, but which in fact very often contain other benzodiazepines; designer benzodiazepines, which are often more potent than diazepam, or in some cases, the synthetic opiates.

We don't actually ask people where they've acquired their particular substance. We do ask people to provide a certain amount of basic demographic information to assist us in doing analysis or trends at different parts of the UK, but we don't ask where people have acquired them, but we presume, particularly for ones that are submitted to us as complete packages or as a blister pack, we're presuming that these are probably being bought via some kind of online process through what is probably being presented as a legitimate pharmacy, but which is in fact an illicit kind of website that's presenting itself as a legitimate pharmacy. We do obviously get individual tablets submitted to us, which could have been purchased sort of on the streets in that sort of sense in a less formal manner. Or they could have been, you know, taken out of a package and sent in - it's hard to say.

Asked if WEDINOS's resources are enough for current numbers of samples submitted

We operate at near capacity. As I say, we're a small lab and we are a small programme, even though we do an awful lot of samples. As I said 7-8000 a year. So we are sort of generally working at peak capacity to try to get sample results out as quickly as possible.

One thing to be clear about is that WEDINOS does not do testing on behalf of law enforcement or any kind of evidentiary process. It's strictly a health-based and information-based process.

In terms of the WEDINOS laboratory and our team, I mean obviously if we had a bigger team we could process more samples. But I think perhaps a better solution would be to have other WEDINOS-type projects in other parts of the UK.

Part of the capacity issue that we have is because we are the only programme of this type in the UK and we openly accept samples from across the UK because we think, on the one hand, it's important to provide that information to people and to stakeholders, but also we recognise that drug markets themselves are fluid and the drugs that are being sold in Liverpool or Manchester or Bristol or London, will sooner or later be the same drugs that are being sold in Cardiff or Newport or Bangor or Wrexham or Swansea.

So there is an importance for us in Wales in terms of our own planning around harm reduction interventions and drug services to know what's happening elsewhere in the UK. But because we're the only project of this type within the UK, we obviously accept all those samples where if we had similar WEDINOS-type projects operating in parts of England and parts of Scotland, that would also help alleviate the burden and also give more opportunity and more support for local services in those areas.

I think it's important to say and we always emphasise this on the website is that we can only give information about the sample that's submitted and because illicit markets obviously are unregulated, there's no sense that if you bought, you know, a batch of five tablets from one source that all five of those tablets are going to be the same. So we always are very clear that even if we're testing one sample from a batch, that doesn't necessarily give you information about an entire batch.

Asked if there's a possibility drug pushers could themselves be sending samples in to WEDINOS anonymously to confirm what they have in their supply

In terms of the possibility of people being involved on the retail end of the market. It's important to say that WEDINOS does not do testing for purity. We do not test for strength or potency. The only thing we test for is potentially dangerous adulterants that may be kind of mixed in or contaminating that particular substance. So in terms of information about synthetic opiates, for example, in this particular moment, I would certainly not discourage anyone who has concerns about synthetic opiates from trying to find out about that and perhaps either making decisions about how and whether you use those substances, or whether you discard them all together and take them out of the market altogether.

I think our most recent annual report, I think 50%, that's 48% of the [purporting to be] "diazepam" samples that were sent us actually contain something else - a different benzodiazepine - and that creates again additional risk of harm or risk of overdose.

So that's something we have tended to highlight almost every year when we do our annual report 'cause that's an ongoing concern.

Asked how the system in Wales differs from the rest of the UK

The way we work in Wales is quite different than how we work in the rest of the UK here in Wales.

Here WEDINOS is a key central pillar or central part of Welsh government's harm reduction and drug strategy. And the way we work in Wales, specifically, we sort of describe it almost like it's we're the centre of a hub. We're part of a wider network of drug services, specialist drug services, homeless shelters.

You know other types of community services who those services can submit samples into us and we can give the results back to the services and they can use that in kind of face-to-face interactions. The really good example that I always use from last year is and it is on this topic anyway. There was a woman in southeast Wales, who had a non-fatal overdose. One of the peer workers sent in the cooker; the sort of spoon that she was cooking her injection in to WEDINOS. We tested it. We found that it contains synthetic opiates and get contained a couple of different nitazenes. So my colleague was able to go out directly to the drug service, speak to the woman, find out about the details of, you know, the supply chain there, all the people, the service users in that particular drug service. They all have this…like a shared WhatsApp group. So they were able to put out instant alerts to their peers basically about a dangerous kind of heroin in the local drug market, we were able to do a very localised drug alert to stakeholders in and around the area as well as peers. So I mean that's a really good example of how WEDINOS fits into a broader kind of response, at least here in Wales and how we're conceptualised, which is again a bit different than the wider UK where it's much more about receiving samples and sharing information with our partners in OHID and with Scottish partners as well. But here in Wales, we're very much integrated within the kind of service delivery and we're sort of almost a service that provides additional support to local services.

We don't operate as part of a wider network of services in England and obviously there's geographic limitations if nothing else as well as capacity ones. But again, from the beginning, WEDINOS has always been conceptualised as almost like the centre of a hub of a wider network of frontline services in Wales. Across Wales it's just kind of structurally and operationally just quite different than how we operate with partners in England and Scotland. We just have those kind of very direct kind of professional and personal relationships with the service providers. Obviously Wales is not a particularly big place, so we're able to do that quite effectively.

Professor Harry Sumnall (he/him), Professor in Substance Use in the School of Psychology, Liverpool John Moores University.

He sits on the NIHR Public Health Research Programme Funding Committee. He was a Member of the UK Government Advisory Council on the Misuse of Drugs between 2011-2019 (continuing as a co-optee on working groups including medicinal cannabis, prevention, and cocaine), a Board Member and Past-President of the European Society for Prevention Research (2010-2019), and is a scientific advisor to the MIND Foundation (Germany). He is a founding Steering Committee Member of the UK Anti-Stigma Network and an Associate Editor of the journals Addictive Behaviors and Journal of Prevention.

Asked about Border Force seizures data released to the BBC in response to a Freedom of Information Act request

- Seizure rates differ by drug and territory and it's difficult to find up to date data, and as far as I'm aware, there's none on synthetic opioids.
- For example, the UNODC estimated in 2008 that globally, 20% of heroin flow was seized. However, there were higher rates in Iran (23%), and much lower ones in Western Europe (7%) and North America (9%). https://www.unodc.org/documents/wdr/WDR_2010/World_Drug_Report_2010_lo-res.pdf and https://www.unodc.org/unodc/en/data-and-analysis/WDR-2010.html
- Estimated seizure rate of opium was 13% in 2020 (pg 75 of this UN report: https://www.unodc.org/unodc/en/data-and-analysis/wdr-2022_booklet-3.html). Interception rates (i.e. % seized vs estimates of production) have been increasing over time, but estimates of total quantity of opium available that has not been seized has also increased. This is why when we read of big drug seizures (e.g. the tonne seizures of cocaine in ND and BE), this is related to increased production and availability, and doesn't lead to reduced street drug availability.

- Internationally there is good intelligence sharing and cooperation, including EUROPOL and INTERPOL. International action is a key part of the UK drugs strategy. It is my view, and that of many UK drug experts, that the UK's ability to respond to newly emerging drug threats has been weakened since Brexit because we no longer subscribe to the functions of the EU drugs agency (formally EMCCDA), which has a world leading drugs early warning system
- Border forces face significant challenges in reducing supply of synthetic opioids such as nitazenes. There doesn't seem to be a demand (cf fentanyl in North America), but they are highly profitable drugs, they are difficult to detect, and because of the potency of many of them, a high total number of doses can be prepared from relatively small weights. This is helped by supply/purchasing currently being a low-risk activity compared to supply of other drugs in a violent market (e.g. heroin, cocaine). Cryptomarket/darkweb purchases, and importation through international post/fast parcels means direct to supplier or consumer delivery within days. I don't know the figures, but maybe tens of thousand of small packages will come into the country through international sorting hubs each week. Parcels would be delayed by months if each one had to be opened and examined for drugs. If a suspicious powder or other product was identified in a package, then it could be analysed and the drugs identified relatively easy, but it's just knowing which packages to focus on.
- Very large border seizures (e.g. tonne and high kg amounts) are usually through carefully planned operations and international intelligence sharing (although some are still fortuitous). Similar actions may also target organised supply of synthetic opioids. However, as suggested above, <1 kg amounts will be difficult to identify without specific intelligence.
- International cooperation and diplomacy can have some impact. For example, *"…in 2019 China introduced measures to control fentanyls (illicit production, export and sale of all fentanyl derivatives). In 2021, the international narcotics control board (a UN body) noted that this legislation had led to a sharp drop in the quantity of fentanyl-related substances of alleged Chinese origin being seized globally (INCB, 2021a). However, traffickers and producers appear to have adapted by using new methods, such as the use of non-scheduled chemicals and chemically masked fentanyl precursors, to circumvent the ban (INCB, 2021a). The long-term impact of these developments on Europe needs to be monitored."*
  https://www.euda.europa.eu/publications/eu-drug-markets/heroin-and-other-opioids/trafficking-and-supply_en#level-7

Asked if synthetic opioids including nitazenes were already widely available in the UK,

I don't know, and I don't think anybody knows. Sorry to be an academic, but it depends on what is meant by 'widely available'. Compared to heroin, cocaine, ecstasy, cannabis, illicit street benzos etc, then no.

- In a way it's the wrong question to ask. With 179 (*sic - Prof Sumnall was using the England total) deaths in 12 months then this is a drug that is in the UK and is already causing significant harm, irrespective of estimates of availability. For comparison, drug

deaths continue to rise, and there were 4,907 drug poisoning deaths recorded in England and Wales in 2022. 857 involved cocaine, and 2261 opioids (mostly heroin, morphine, and methadone), but only 51 deaths for ecstasy/mdma which has a much higher rate of use – we would suspect – than nitazenes.

Asked how worried should the UK be about so-called 'fake medicines' containing highly-potent synthetic opioids/nitazenes

- There are different markets here. There are drugs which are pharmaceutical products which have no UK market licence or have been withdrawn from the market, or are structurally similar to other medicines. Examples of these are the street benzos (e.g. etizolam), and Xanax (alprazolam). Some products are designed to mimic licenced medicines but have been illicitly produced. These have been drugs of concern in the UK for many years. Recently we have seen 'fake' versions of these, and as suggested by the WEDINOS analysis, and law enforcement operations there are now 'fake' fake medicines, to use your terminology. The populations most at risk from these products are those who have always been at the highest risk of all drug related harm. People who are experiencing problems with their drug use or are using drugs to help manage their life circumstances.
- With increases in availability of drugs online, and concerns about rising rates of under- and untreated mental health issues, other groups are at risk of harm from exposure to novel drugs (e.g. young men buying drugs online). Whereas we think numbers will be lower, there are additional concerns, as these people will not necessarily be known to drug and health services, and not be the focus of resources and attention.
- Nitazenes have been found in Australia in drugs sold as cocaine, MDMA and ketamine. This may be accidental contamination, or deliberate misselling, but if these types of drugs become more frequently contaminated then the public health risks are potentially higher as the population size is much larger than those who use 'street drugs' like heroin or street benzos. I hope I am not proved wrong, but this may be less likely as production, distribution, and supply routes have historically been separate to other types of drug
- Data on where people buy drugs comes from the drugs module of the crime survey for England and wales. See table 5.01 here. It's a general population survey so only reflects the 'average' person, and there will be people who are more drug involved that will make greater use of online sales, but only 2.1% reported buying drugs from the internet or darkweb https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/datasets/drugmisuseinenglandandwalesappendixtable
- Local areas are stepping up their responses to new drug threats, partly in response to synthetic opioids and the national Synthetic Opioids Taskforce. This includes establishment of local drug intelligence systems (which might include actions such as drug testing, detailed analysis of ambulance call outs, info from people who buy and use drugs etc), increasing provision of naloxone, supporting more people into drug treatment, and establishment of local drug deaths panels to monitor and investigate the circumstances of drug related deaths.

Asked about the proposal to use wastewater analysis to detect synthetic opioids in the UK

- Wastewater analysis is an emerging technology that can help to better understand local drug markets and epidemiology, but is currently only delivered in a small number of cities in the UK, and may not provide rapid enough intelligence
- We need a range of tools, so ensuring availability of local or regional drug checking services (like WEDINOS but community based and public facing), and rapid data sharing between and within services (e.g. a cluster of local overdoses or hospital presentations) is vital

Asked what insights he could share about how spikes in overdoses have been recorded and good or bad practice of how they have been successfully/unsuccessfully communicated to law enforcement and public health agencies, at national and local level

- See above and the work of Local Drug Information Systems in particular (LDIS). We are about to launch a new system in Cheshire and Merseyside for example, and there is a model one in Greater Manchester. Provision nationally can be patchy, but these local systems are designed to do the things you suggest

Government responses

A Government spokesperson said:

“We are securing our borders from the threat of highly dangerous, illicit substances ultimately harming our communities.

“Our world-leading intelligence, dedicated cross-government taskforce and extensive international networks are pivotal in our pursuit to combat this risk at the earliest opportunity.”

Background

1. A cross-departmental taskforce co-ordinating the response to the risk from synthetic opioids, including nitazenes, to the UK which includes officials from the Home Office, Department for Health and Social Care, National Crime Agency, National Police Chiefs’ Council and Border Force.
2. We are working with international partners through the Global Coalition to Address Synthetic Drugs to share best practice on combatting the threats posed by the presence of synthetic drugs.
3. Legislation has been laid in Parliament to ban xylazine and 21 other dangerous drugs as part of the government’s action to prevent drug deaths and crack down on drug dealing gangs. Among the drugs covered by the legislation are new variations of nitazenes, highly addictive synthetic opioids, which can be hundreds of times more potent than heroin and therefore carry an increased risk of accidental overdose.
4. More information can be found here: **Britain takes decisive action to ban 'zombie drug' xylazine**

Further background:

- In September, the government introduced legislation to ban 22 additional harmful substances, including a number of new variations of nitazenes, and also introduced into law a new generic definition of nitazenes, which will prevent drug gangs from attempting to use minor adjustments to their synthetic compound to try and bypass UK drug laws. The changes are expected to come into force later this year or in early 2025.

On Border Force:

- A cross-departmental Taskforce is co-ordinating the response to the risk from synthetic opioids, including nitazenes, to the UK includes officials from the Home Office, Department for Health and Social Care, National Crime Agency, National Police Chiefs’ Council, His Majesty’s Prisons and Probation Service, and Border Force. Border Force are members of the Taskforce, alongside a number of other government departments and agencies.
- Border Force uses intelligence and insights from industry-provided pre-arrival data to target individual consignments in the Fast Parcels sector.

- In the Postal Sector, the lack of pre-arrival data means that packages are selected for examination based on known risks identified by intelligence.
- Border Force is training dogs to detect nitazenes and other synthetic opioids. These are due to enter service shortly.

On wastewater:

- We routinely analyse wastewater samples from around England as part of a wider suite of measures to improve our understanding of drug consumption (and the size of the drugs market).
- We are working with partners to explore incorporating new synthetic drugs into our wastewater analysis, so that we are equipped to swiftly address emerging threats and mitigate the risk they pose to the public.
- The use of wastewater analysis for synthetic opioids is experimental and the methodology is still being developed.

On policing:

- Local authorities, working with police forces through Local Drug Information Systems, are responsible for gathering and sharing of drug harm information, including on spikes in overdoses, as well as for issuing warnings and alerts within their areas. Local information is reported up regionally and nationally to inform national surveillance and alerting processes.
- In response to the threat of synthetic opioids, the cross-government Taskforce has been supporting the Office for Health, Improvement and Disparities to create a new, enhanced Early Warning System. This system collates information from a wide range of sources primarily for national surveillance. Regular local reporting processes are also being developed as part of this system which will help areas to identify and track incidents in their areas.
- The NCA, the police and Border Force are delivering a robust multi-agency response to detections of nitazenes, ensuring lines of enquiry are prioritised and vigorously pursued to stem any supply of illicit synthetic opioids to and within the UK.

Background to editors from The Office for Health Improvement and Disparities (OHID) in the Department of Health and Social Care (DHSC)

- OHID warns the public about drugs being cut with synthetic opioids on its drugs information website: Honest information about drugs | FRANK (talktofrank.com)
- There is also an article on the website which warns about the risks of buying medicines online more generally: Buying medicines online | FRANK (talktofrank.com)

Charles Yates (he/him), National Crime Agency (NCA) deputy director, said:

“We take the threat from synthetic opioids seriously and are aware they could become more widely available. While a significant proportion of nitazenes detected have been used to fortify

heroin, we have also identified nitazenes in other drugs including products purporting to be benzodiazepines.

“The NCA and partners in policing, OHID and Border Force have a zero-tolerance approach, and are working closely together, to combat the spread of synthetic opioids.”