



Clinical Pharmacology & Toxicology Pearl of the Week

~ "Down" ~

Background

- ✓ Drugs of abuse vary widely in their content, purity, and potency
- ✓ The drug scene is very dynamic as drugs come and go
- ✓ The person using drugs may not know the exact content, and the drug dealer may not know either
- ✓ Asking the patient if they experience their usual effects or anything different is helpful. Also ask about color, appearance, and any street names used
- ✓ One of the more common current street names for drugs of abuse in BC, AB and SK is "Down" (as of late 2022/early 2023)
 - Other names include "Puck" or "fake Xanax"
 - Street name is from the appearance of patients appearing to be "taken down" or "going down" rapidly

"Down"

- ✓ Contents
 - Can potentially contain any of the following (this is not a complete list):
 - fentanyl (opioid)
 - fluorofentanyl (opioid)
 - carfentanil (opioid)
 - bromazolam (benzodiazepine)
 - etizolam (benzodiazepine)
 - pyrazolam (benzodiazepine)
 - methamphetamine (stimulant)
 - cocaine (stimulant)
 - metonitazene (very potent opioid-like drug)
 - isonitazene (very potent opioid-like drug)
 - xylazine (central alpha-2 agonist like clonidine)
- ✓ Colors
 - Yellow, teal blue, dark blue, neon blue, burgundy, violet, white, peach, lime green, light green, pink, orange, red, brown, black, and rainbow-colored
- ✓ May be smoked or injected
- ✓ Appearance and consistency
 - Some pills appear like a white three-sided tablet with "P/d" on one side and "8" on the other, like counterfeit hydromorphone.
 - Some appear like a counterfeit green oxycodone tablet with "OP" on one side and "80" on the other
 - Some white pills ("white fentanyl"), when mixed with saline alone, becomes very thick and has the consistency and even the appearance of creamy milk. As a result, it does not mix well with just saline alone.
 - Harm reduction staff have been providing clients with Vitamin C to help this "white fentanyl" absorb and mix in the saline.

- ✓ One example of “Down” submitted by a person who uses drugs is below. The appearance is like hard rocks:



Symptoms may include the following:

- ✓ Decreased level of consciousness (may occur rapidly after exposure)
- ✓ Decreased respiratory rate
- ✓ Snoring respirations
- ✓ Bradycardia, hypotension
- ✓ Cyanosis of lips
- ✓ Miosis
- ✓ Muscle rigidity
- ✓ Seizures
- ✓ Sweating profusely

Management:

- ✓ ABCs
- ✓ Naloxone may reverse most of the opioid symptoms (miosis, decreased LOC, respiratory depression) but will not reverse the effects of benzodiazepines or stimulants such as methamphetamine or cocaine
- ✓ Repeated doses of naloxone may be required (as many as 14-22 doses of 0.4 mg have been given in some cases!)
- ✓ Symptoms may last for as little as 15 minutes to longer than 1 hour (reported by harm reduction/overdose prevention sites) but one of the key features of the mixed opioid/benzo exposures is persistent sedative-hypnotic toxicity for several hours
- ✓ Cocaine symptoms may last for 6 hours (longer if complications such as MI or CVA)
- ✓ Methamphetamine symptoms may last 24 hours or longer

Harm Reduction:

A REMINDER TO HAVE CONVERSATIONS ABOUT SAFER SUBSTANCE USE

- Ø **Avoid using alone** | Take turns when using with others so that someone is always able to call for help, or use a virtual or supervised consumption site, if available.
 - The Digital Overdose Response System (DORS) mobile app is available to people who use opioids and other substances alone and can be downloaded at: [Home | DORS App](#)
 - The National Overdose Response Service is a virtual supervised consumption service accessible to all Canadians by phone by calling **1-888-688-6677**.
- Ø **Start low and go slow** | Always try a small test dose to check the strength of the drug and increase dose slowly.
- Ø **Be aware of health and tolerance** | Tolerance can decrease within a very short period of abstinence (e.g., hospitalization, completion of detox or treatment, incarceration) and can increase sensitivity to drugs and risk of poisoning. Acute and chronic health conditions can increase risk of poisoning.
- Ø **Avoid mixing substances** | Use one substance at a time (e.g., prescription medications, street drugs, cannabis, alcohol, etc.) to ensure tolerance before adding others to the mix, and be aware of how they might interact and produce negative effects.
- Ø **Know the signs and symptoms of poisoning** | Always call 911 for direction and support.
- Ø **Carry a naloxone kit and know to use it** | Visit www.ahs.ca/naloxone and click Get Naloxone to find a list of provider sites and education on information on poisoning response with naloxone.
- Ø **Know where to find community supports** | Find out what services are in your area through Inform Alberta (informalberta.ca) or the Addiction Helpline available 24/7 at 1-866-332-2322

The AHS Harm Reduction Services Team has developed printable handouts that may be useful to provide to clients: [Opioid Poisoning Prevention \(albertahealthservices.ca\)](http://albertahealthservices.ca)

References:

1. Canadian Centre on Substance Use and Addiction. <https://www.ccsa.ca/ccendu>



The Calgary Clinical Pharmacology physician consultation service is available Mon-Fri, 8am-5pm. The on-call physician is listed in ROCA. Clinical Pharmacology consultations are also available through the Netcare e-referral process and through Calgary Zone Specialist Link. Click [HERE](#) for more details.



The Poison and Drug Information Service (PADIS) is available 24/7 for questions related to poisonings. Please call 1-800-332-1414 (AB and NWT) or 1-866-454-1212 (SK).