Table 1. Variable drug forms, dose strengths and pricing ranges of novel benzodiazepines sold by Internet suppliers.

			Dose form and quantity purchase range			
Benzodiazepine	Number of Internet suppliers	% Internet suppliers originating from the UK/Europe	Pellets: Dose strengths available (number of pellets available)	Powder: Dose strengths available	Blotters: Dose strengths available (number of blotters available)	Pills: Dose strengths available (number of pills available)
Diclazepam	50	74	1 mg, 2 mg (1–100,000)	0.05–50 g	2.5 mg (10–500)	1 mg (50-2000)
Flubromazepam	39	84	4 mg, 5 mg, 8 mg (5–100,000)	0.05–50 g	2.5 mg (10–1000)	4 mg (50-2000)
Pyrazolam	32	76	0.5 mg, 1 mg (2–100,000)	0.05–2 g	1.5 mg (10–1000)	None available

searched using the terms "buy diclazepam", "buy flubromazepam" and "buy pyrazolam".

Results: A total of 56 Internet sites were identified selling these three drugs: diclazepam 50 Internet sites; flubromazepam 39; and pyrazolam 32 sites. All three drugs were available from 24 sites and two drugs from 16 sites. It appeared that 77% of the sites originated from the UK and/or elsewhere in Europe. The drugs were sold in varying strengths and various forms including pellets (52 Internet sites), powder (n = 8) and blotters (n = 4) (Table 1). One Internet site sold diclazepam and flubromazepam in pill form.

Conclusion: These three novel benzodiazepines are widely available from Internet NPS suppliers to potential users in the UK. They are most commonly available as pellets and to a lesser extent, as powder or blotters; however one Internet site sold diclazepam and flubromazepam in pill form, which clearly means they are being sold for intended human consumption. This study could be used to support triangulation of data from other sources to further understand novel benzodiazepine availability, use and toxicity to inform harm minimisation strategies and to tackle their extensive availability.

308. Prescription drug overdose resulting from drug abuse: Moroccan Poison Control and Pharmacovigilance Centre data (1980-2011)

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Objective: The increased availability of prescription drugs has contributed to a dramatic rise in the non-medical use and abuse of these medications. The most recent National Survey on Drug Use and Health statistics for 2008 reported an estimated 6.2 million (2.5%) persons aged 12 or older using prescription-type psychotherapeutic drugs non-medically in the past month.[1] We conducted a study to analyze patterns of prescription drug overdose resulting from drug abuse reported to Moroccan Poison Control Centre (CAPM).

Methods: A retrospective study was conducted including all drug poisoning cases in the context of drug abuse reported to the CAPM between January 1980 and December 2011. The age classification used was the International Programme on Chemical Safety classification and the drug classification was the Anatomic Therapeutic Chemical (ATC) Classification System.

Results: In total 203 cases of medication poisoning in the context of drug abuse were reported to CAPM in the study period. Patients were mostly from urban centres (97.0%). The average age was 25.6 ± 9.6 years. The sex-ratio was 2.4 (59 females, 142 males). Most cases involved adults aged 20-75 years (73.0%) and adolescents aged 16-19 years (22.6%). The drugs implicated in the largest number of poisoning cases were nervous system drugs (60.6%) with benzodiazepines being the most common (37.5%) followed by antidepressants (16.3%). Cannabis was also involved in 4 cases. Gastrointestinal signs occurred in 33.8% and nervous system disorders in 33.1% of cases. The mortality rate was 0.7%.

Conclusion: The epidemiological circumstances of drug abuse using medicines are still unclear in our country and the number of cases is probably underestimated. Our study showed that it is a particular problem among young adults and adolescents. Others studies are needed to determine the epidemiology and risk factors of medication abuse and to establish a prevention program.

Reference

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309. Prescription opioids: Reported reasons for non-medical use in an online national survey in the UK

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Objective: To describe reasons for non-medical use of prescription opioids reported in an online national survey in the UK.

Methods: The survey was undertaken in July 2014 using an online market research company. Data analysed for this study were: non-medical use of prescription opioids and reason for this misuse (using pre-formatted criteria; individuals could select multiple reasons), together with last year misuse of illicit drugs. The prescription opioids included in the survey are listed in Table 1. Prevalence of misuse per 100,000 was calculated using the latest UK Office of National Statistics population estimate.

Table 1. Prevalence of misuse and reasons for non-medical use of prescription opioids.

Opioids	Prevalence of non-medical use per 100,000 population	Percent of respondents reporting non-medical use (%)	Number (%) reporting reason for misuse					
			For enjoyment/ to get high	To come down	Makes me feel good	I feel unwell if I don't take it	Out of curiosity	Other reason
Buprenorphine (n = 72)	0.11	3	33 (45.8)	36 (50.0)	40 (55.6)	33 (45.8)	26 (36.1)	11 (15.3)
Dihydrocodeine/Codeine (n = 535)	0.83	21	20 (3.7)	28 (5.2)	63 (11.8)	72 (13.5)	21 (3.9)	390 (72.9)
Fentanyl (n = 124)	0.19	5	53 (42.7)	59 (47.6)	77 (62.1)	50 (40.3)	49 (39.5)	16 (12.9)
Methadone (n = 41)	0.06	2	22 (53.7)	19 (46.3)	13 (31.7)	13 (31.7)	10 (24.4)	1 (2.4)
Morphine (n = 45)	0.07	2	17 (37.8)	18 (40.0)	17 (37.8)	13 (28.9)	17 (37.8)	14 (31.1)
Oxycodone (n = 22)	0.03	1	12 (54.5)	11 (50.0)	11 (50.0)	11 (50.0)	9 (40.9)	7 (31.8)
Tapentadol (n = 13)	0.02	1	4 (30.8)	9 (69.2)	6 (46.2)	8 (61.5)	7 (53.8)	3 (23.1)
Tramadol (n = 65)	0.10	3	17 (26.6)	14 (21.9)	21 (32.8)	15 (23.4)	28 (43.8)	33 (51.6)
Other/not-specified opioid (n = 26)	0.04	1	12 (46.2)	10 (38.5)	8 (30.8)	10 (38.5)	7 (26.9)	8 (30.8)

Results: In total 2,499 respondents completed the survey; the mean ± SD age was 48.0 ± 15.6 years, 49.9% were male. The reported use of any illicit drug in the past year (8.6%) was similar to the 2013/14 Crime Survey for England and Wales (8.8%).[1] In total 968 (38.7%) respondents reported non-medical use of at least one prescription opioid. The reported prevalence of non-medical use was highest for dihydrocodeine followed by fentanyl (Table 1). At least one reason for misuse was specified by 685 (70.8%) respondents; 26.8% reported more than one reason for misuse. Amongst those reporting misuse of methadone, oxycodone, and other/not-specified opioid, "for enjoyment/to get high" was the most commonly reported reason. "To come down" was the most commonly reported reason amongst those that reported morphine and tapentadol misuse. "Makes me feel good" was the most common reason for misuse amongst those reporting buprenorphine and fentanyl misuse.

Conclusion: This survey suggests significant misuse of prescription opioids in the UK, and the reasons for misuse appear multi-factorial. Given the limited data available on prescription opioid misuse in Europe understanding the motivation for misuse is important to inform the design of appropriate interventions to tackle this issue.

Reference

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310. Pregabalin, gabapentin and baclofen: Sources of drug acquisition for non-medical use in an online national survey in the UK

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Objective: To describe the source(s) of pregabalin, gabapentin and baclofen in individuals reporting non-medical use of these drugs in an online national survey in the UK.

Methods: The survey was undertaken in July 2014 using an online market research company. The data analysed for this study was non-medical use of pregabalin, gabapentin and baclofen and source of drug acquisition (using pre-specified criteria); multiple drug sources could be indicated. Prevalence of misuse per 100,000 was calculated using the latest UK Office of National Statistics population estimate.

Results: In total 2,499 respondents completed the survey; the mean ± SD age was 48.0 ± 5.6 years and 49.9% were male. The reported use of any illicit drug in the past year (8.6%) was similar to the 2013/14 Crime Survey for England and Wales (8.8%).[1] Whilst the reported prevalence of non-medical use was low, the highest prevalence was for gabapentin, followed by baclofen and pregabalin (Table 1). Respondents reported acquiring these drugs from a variety of sources; 71.4% reported using more than one source. The most common source for all three drugs was a prescription from a medical practitioner (79.2% overall). Sourcing of the drugs from illicit channels (29.2% reported buying from a dealer) and the Internet (16.7%) was less common; interestingly, 33.3% reported

Table 1. Prevalence of misuse sources of drug acquisition for pregabalin, gabapentin and baclofen.

Source of drug	Pregabalin N (%)	Gabapentin N (%)	Baclofen N (%)
Prevalence of non-medical use per 100,000 population	0.012	0.016	0.009
Number (%) of respondents reporting non-medical use (%)	8 (0.32)	10 (0.40)	6 (0.24)
Am prescribed it by a medical practitioner	7 (87.5)	6 (60.0)	6 (100.0)
Am given it by friends or family member	2 (25.0)	4 (40.0)	2 (33.3)
Took it from friends or family members without their knowledge	1 (12.5)	1 (10.0)	3 (50.0)
Took it from someone other than friends/family	1 (12.5)	1 (10.0)	3 (50).0
Bought it over the counter	1 (12.5)	2 (20.0)	2 (33.3)
Bought it in a "high street" pharmacy/shop	2 (25.0)	2 (20.0)	4 (66.7)
Bought it abroad	1 (12.5)	0 (0.0)	1 (16.7)
Bought it from a dealer	2 (25.0)	3 (30.0)	2 (33.3)
Bought it on the Internet	1 (12.5)	1 (10.0)	2 (33.3)