CHARACTERIZATION AND *IN-VITRO* PHASE I METABOLITE IDENTIFICATION OF THE DESIGNER BENZODIAZEPINES CLONAZOLAM, DESCHLOROETIZOLAM, AND MECLONAZEPAM

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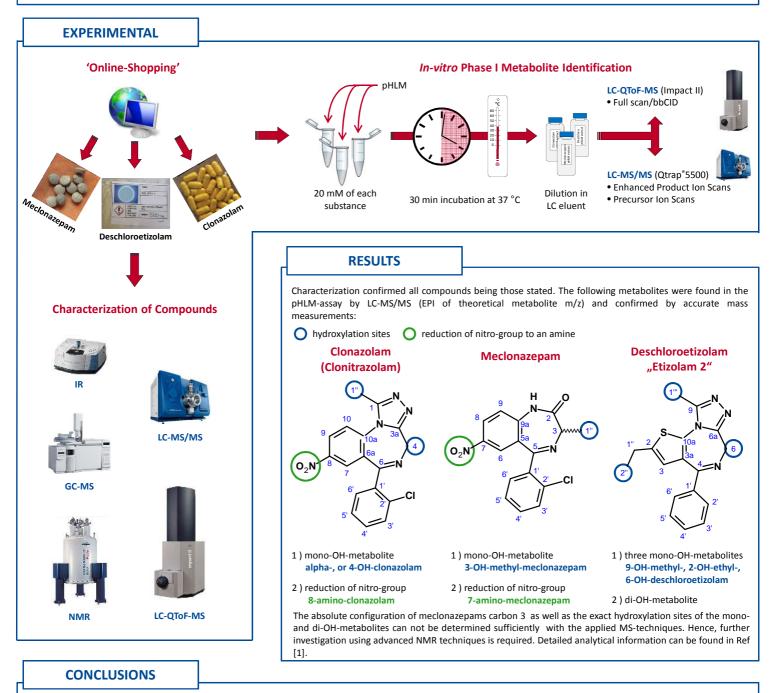
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INTRODUCTION

Benzodiazepines are widely prescribed for treatment of seizures as well as sleeping and anxiety disorders but also bear a high risk of misuse and dependency. In 2012, the first designer benzodiazepines were offered in Internet shops as an alternative to prescription-only benzodiazepines. Soon after the first of these compounds were scheduled in different countries, new substances were offered, with clonazolam, deschloroetizolam, and meclonazepam being three of the most recent ones. The present study was set up to characterize these three designer benzodiazepines which recently emerged on the 'legal high' market and to investigate their metabolism *in-vitro* using pooled human liver microsomes (pHLMs). The information gained can be used to update analytical methods for the detection and quantification of benzodiazepines in biological samples.



The benzodiazepines clonazolam, deschloroetizolam, and meclonazepam were structurally characterized, and their respective *in-vitro* main phase I metabolites identified. Certainly, all described metabolites are prone to undergo further phase II metabolic transformations *in-vivo*, such as O- and N-glucuronidation, and acetylation of the amino moiety of the respective metabolites of clonazolam and meclonazepam. Future studies should include verification of the proposed positions of hydroxylation, comparison of the identified metabolites with metabolites formed *in-vivo*, and assessment of basic pharmacokinetic data.

Clonazolam can be assumed to show a rather high pharmacological potency due to its triazolo-moiety. Consequently, the assumed blood concentrations of this drug can be expected to be relatively low, making it difficult to detect the drug in biological samples. This poses particular challenges for toxicologists analyzing samples of suspected drug-facilitated crime victims. The use of up-to-date MS-based screening and quantitation procedures seems mandatory, because the widely used immunoassays may not be able to detect such low concentrations.

