

'Down' refers to opioids bought/sold at the street level (the unregulated supply) and is a commonly used term in BC.

'Down' typically contains fentanyl and/or fentanyl analogues and increasingly include benzodiazepines over the last few years. Recent other veterinary tranquilizers or alpha 2 agonist ('tranq') like xylazine and medetomidine have been added which further complicates the drug. **This means there are up to three different classes of CNS depressant drugs in the average 'down' sample.** The variability of drugs found in down has been steadily increasing. The samples we see through drug checking come in all colors, texture, and composition (what it's made up of). There is no correlation between colour and composition.



Medetomidine is an increasingly common adulterant in the unregulated opioid supply, causing complex poisonings with deep, prolonged sedation, respiratory depression, and very low or absent pulse.



Naloxone does not reverse effects of medetomidine. Always administer naloxone for a suspected opioid poisoning but be prepared for persistent sedation and the need for continuous airway support and monitoring.



Onset of symptoms is typically abrupt (within minutes) after use. The person may remain unresponsive for several hours, even after naloxone is given.



Emerging reports describe a distinct and severe withdrawal syndrome. This syndrome often does not respond to standard opioid withdrawal management and can require intensive care unit (ICU) level care for severe hypertension and other complications.

Common Opioids

- Fentanyl
- Ortho-methylfentanyl
- Fluorofentanyl
- Carfentanil
- ANPP (fentanyl precursor)
- Heroin
- Acetylmorphone

Fluorofentanyl and fentanyl are the most prevalent. Most samples contain more than one opioid. Carfentanil, while uncommonly detected, remains a risk due to its extreme potency, up to 20-100x that of fentanyl's.

Common Benzos

- Bromazolam
- Desalkylgizapam
- Ethylbromazolam
- Phenazolam
- Etizolam

Many are novel/new. Not much is known about effects, duration, or potency of ethylbromazolam and phenazolam (clobromazolam). Often, more than one benzo is present in the same sample. Mixing opioids and benzos creates a synergistic effect, substantially slowing/stopping breathing.

Common Tranquilizers

- Medetomidine
- Xylazine

Medetomidine is now considered common. However, because of its potency, it is diluted to concentrations that are difficult to detect with our current drug checking technologies (FTIR). We do not have an exact picture of its real prevalence in the supply. Xylazine is less frequently found and is usually in lower concentration than a year ago.



When 'down' contains an opioid, a benzo, and a tranquilizer, it creates a mix of effects that can be harder for people to predict or manage. Each drug acts on the body differently - opioids affect pain and breathing, benzodiazepines influence memory and relaxation, and tranquilizers can add muscle-relaxing or dissociative effects. Together, they can lead to deeper or longer-lasting sedation, slower recovery times, and unexpected reactions like memory gaps or difficulty waking up. They also greatly complicate the overdose response efforts. For clinicians and service providers, understanding these combinations helps explain why someone's presentation might not match typical opioid patterns and why they may need more time, observation, or tailored support.

Feature	Opioid + Benzo (Benzo Dope)	Opioid + Benzo + Tranq (Tranq Dope)
Onset of Effects	Generally slow to moderate Sedation deepens gradually	May produce a more rapid drop off into heavy sedation
Level of Sedation	Deep sedation possible, often prolonged compared to opioids alone.	Often more profound and longer-lasting sedation; may appear unresponsive for extended periods.
Cardiac Considerations	Mild slowing of heart rate can occur due to deeper sedation; usually stabilizes as the person wakes up.	Very low or no pulse and lowered and/or low blood pressure due to medetomidine's alpha-2 agonist effects. Can present with hypotension or hypertension followed by hypotension. Slow pulse can progress to cardiac arrest. These changes do not improve with naloxone and may persist while the person remains
Arousal / Responsiveness	Difficult to rouse but may respond to firm stimulation after some time.	Markedly harder to rouse; may appear unresponsive for extended periods with minimal improvement over time.
Memory / Awareness	Memory gaps and confusion common; may still have some recall.	Significant amnesia, disorientation, or feeling "disconnected" on waking.
Breathing Pattern	Slowed breathing consistent with opioid effect; improves with time or support.	Breathing may be relatively stable but person remains heavily sedated creating a mismatch between respiratory status and level of consciousness.
Response to Naloxone	Partial improvement in alertness after naloxone (because opioid component is reversed), may still remain sedated.	Naloxone helps breathing if opioids are involved, but does little for the sedation, leaving the person still heavily affected by tranquilizer/benzo effects.
Mobility / Motor Effects	Slow movements, poor coordination, unsteady gait.	Pronounced motor impairment, possible dissociation, extremely slow or "frozen" movements once awake.
Duration	Several hours of sedation, but gradual return to baseline.	Very prolonged effects potentially many hours



The following are examples of down recently tested at our drug checking services in November. These individual samples illustrate the current variability and complexity of the supply.

Penticton - 11/7/2025 - Purple pebbles and chunks



opioids
benzos
tranquilizers
cuts

fentanyl (25%), ortho-methylfentanyl (2%), fluorofentanyl (2%)
bromazolam (13%), desalkylgidazepam (2%), ethylbromazolam
medetomidine (4%), xylazine (3%)
caffeine

Cranbrook - 11/19/2025 - Brown residue



opioids
benzos
tranquilizers
cuts

fentanyl (8%), fluorofentanyl (1%)
bromazolam (1%), desalkylgidazepam (2%), ethylbromazolam
medetomidine (2%)
caffeine, erythritol

Nelson - 11/26/2025 - Pink pebbles



opioids
benzos
tranquilizers
cuts

fentanyl (9%), fluorofentanyl (20%)
desalkylgidazepam (0.3%)
medetomidine (3%)
caffeine

Kelowna - 11/26/2025 - Light purple chunk



opioids
benzos
tranquilizers
cuts

fentanyl (<50%), carfentanil (0.1%), fluorofentanyl (1%)
bromazolam (20%), ethylbromazolam

caffeine, erythritol, mannitol

Kelowna - 11/21/2025 - Light purple chunk



opioids
benzos
tranquilizers
cuts

fentanyl (20%), fluorofentanyl (2%) ortho-methyl-fentanyl (2%)
bromazolam (12%), ethylbromazolam (1%), desalkylgidazepam (2%)
medetomidine (3%), xylazine (2%)
caffeine, sucrose

