



Safety Notice 011/20

Heroin and cocaine containing fentanyl and acetylfentanyl

26 November 2020

Distributed to:

- Chief Executives
- Directors of Clinical Governance
- Director Regulation and Compliance Unit

Action required by:

- Chief Executives
- Directors of Clinical Governance
- Director Regulation and Compliance Unit

We recommend you also inform:

- Drug and Alcohol Directors and staff
- All Service Directors
- Emergency Department
- Intensive Care Unit
- Toxicology Units
- Ambulance
- All Toxicology Staff

Expert Reference Group

Content reviewed by:

- Centre for Alcohol and Other Drugs, NSW Ministry of Health
- Standing Panel on Toxicity Risk, NSW Ministry of Health
- Chief Pharmacist

Clinical Excellence Commission

Tel: 02 9269 5500

Fax: 02 9269 5599

Email:
CEC-MedicationSafety@health.nsw.gov.au

Internet Website:
<http://health.nsw.gov.au/sabs>

Intranet Website:
<http://internal.health.nsw.gov.au/quality/sabs>

Review date
 May 2021

Background

A cluster of at least 9 poisonings was recently identified in Dubbo from opioid toxicity following the use of a substance thought to be heroin. In some cases the substance was reported to have a purple colour. Additional information suggests there has also been at least one poisoning in Sydney from injecting 'purple heroin'. Preliminary toxicology testing indicates that fentanyl and acetylfentanyl were present, but no heroin or heroin metabolites were detected. Both acetylfentanyl and fentanyl are significantly more potent than heroin and can cause serious harm and death.

Further cases of fentanyl and acetylfentanyl poisoning associated with serious harm and death have recently been reported in Sydney from use of a substance thought to be cocaine, in line with previous reports in [Safety Notice 009/20 Acetylfentanyl and fentanyl in non-opioid illicit drugs](#).

Changes in illicit drug use and supply in 2020 may be associated with overdose risk. Expect variations in purity and adulteration/substitution for alternative ingredients in currently circulating illicit drugs.

Case management

- Have a high index of suspicion for fentanyl and fentanyl analogues (eg acetylfentanyl) in patients presenting with signs of opioid overdose. People reporting use of 'purple heroin' are at high risk. People who deny opioid use and report use of illicit stimulants such as cocaine remain at risk.
- Airway management, oxygenation, and ventilation support take precedence over naloxone, where appropriate.
- Cases may require higher titrated parenteral doses of naloxone of 800microg or more (some cases have required 2mg). Balance this against the risk of precipitated withdrawal in an opioid-dependent person.
- Duration of effects from fentanyl and fentanyl analogues are longer than for heroin. Cases may require repeated doses of naloxone or a continuous infusion. Contact the Poisons Information Centre (PIC - 13 11 26) or local toxicology service for advice, or notify the PIC prior to discharge (as below).
- Be aware that most Urine Drug Screens do not detect synthetic opioids such as fentanyl.
- Consider supply of take-home naloxone to people who use illicit opioids or on discharge following opioid poisoning. For more information on take-home naloxone: https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2020_027.pdf

Notification

Notify the NSW Poisons Information Centre (13 11 26) for all suspected opioid overdoses where the patient reported using illicit stimulants or required high parenteral doses of naloxone (>800microg) or for clusters of presentations. Ensure that urine and blood samples are collected and retained for at least two weeks. The notification will be passed on to the NSW Ministry of Health who may organise analysis of patient samples.

Suggested actions required by Local Health Districts/Networks

1. Ensure clinicians have a high index of suspicion for fentanyl and fentanyl analogues in suspected opioid overdose including in people who report using non-opioids such as cocaine.
2. Ensure there are adequate stocks of naloxone for emergency use and consider that higher doses may be required. Consider providing take-home naloxone to at-risk patients.
3. Notify the NSW Poisons Information Centre (13 11 26) of any suspected case of opioid overdose requiring high parenteral doses of naloxone or following the use of illicit stimulants that causes respiratory depression and/or reduced level of consciousness that responds to naloxone.