



## Safety Notice 009/21

### Illicit cocaine containing strong opioids

14 May 2021

#### 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
- NSW Chief Pharmacist

#### Clinical Excellence Commission

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[MOH-PRISE@health.nsw.gov.au](mailto:MOH-PRISE@health.nsw.gov.au)

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

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

#### Review date

November 2021

#### Background

A cluster of 7 poisonings was recently identified in the western area of Sydney and Gosford from opioid toxicity following nasal insufflation of illicit cocaine. The clinical findings suggest a potent and long acting opioid is involved with preliminary toxicology testing confirming the presence of opioids with further testing underway.

Prior Safety Notices [009/20](#) and [011/20](#) have reported fentanyl/acetylfentanyl toxicity in non-opioid illicit substances such as cocaine. Continuing changes in illicit drug use and supply in 2021 may be associated with overdose risk. Expect variations in purity and substitution for alternative ingredients in currently circulating illicit drugs.

#### Case management

- Have a high index of suspicion for potent opioids in patients presenting with signs of opioid overdose. People who deny opioid use and report use of illicit stimulants such as cocaine are at risk.
- Airway management, oxygenation, and ventilation support take precedence over naloxone, where appropriate.
- Cases may require titrated doses of naloxone with a higher total dose of 800mcg or more (some cases have required 2mg). Balance this against the risk of precipitated withdrawal in an opioid-dependent person.
- Duration of effects observed have been longer than for heroin. Cases may require repeated doses of naloxone or a continuous infusion. Contact the Poisons Information Centre (13 11 26) or local toxicology service for advice, or notify prior to discharge.
- Be aware that most Urine Drug Screens do not detect synthetic opioids.
- Consider supply of take-home naloxone to people who use illicit opioids or on discharge following opioid poisoning.

#### 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 doses of naloxone (>800 microg) or for clusters of presentations. Please ensure that urine and blood samples are collected and retained. The notification will be passed on to the NSW Ministry of Health.

#### Suggested actions required by Local Health Districts/Networks

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