



Safety Notice 017/21

Illicit cocaine containing high levels of lidocaine (lignocaine)

13 August 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

Clinical Excellence Commission

Tel: 02 9269 5500
Fax: 02 9269 5599

Email:
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
February 2022

Background

There have been two recent deaths reported in different parts of NSW that had very high blood levels of lidocaine (lignocaine) that was associated with the use of illicit cocaine. Several recent samples of cocaine across NSW have contained unusually high concentrations of lidocaine, suggesting a risk of further cases of poisoning.

There have been continuing changes in illicit drug supply in 2021 which may be associated with risk of overdose and/or unexpected adverse effects. Prior Safety Notices [009/21](#) and [011/20](#) have reported undisclosed opioids contained in cocaine, and hospitalisations from [heroin](#) exposure in people using cocaine continue to be detected. Expect variations in purity and substitution for alternative ingredients in currently circulating illicit drugs.

Clinical manifestations of lidocaine (lignocaine) toxicity

Effects of local anaesthetic poisoning are dose related and develop rapidly after exposure. They include:

- mild to moderate toxicity
 - drowsiness, perioral tingling, numbness, tinnitus, dizziness, anxiety, agitation, hallucination
 - tachycardia, hypertension
- severe toxicity
 - miosis, tremor, confusion, seizures, coma
 - hypotension, bradycardia, QRS widening, atrial and ventricular dysrhythmias, cardiovascular collapse, cardiac arrest
 - respiratory depression, apnoea
- methaemoglobinaemia has been observed as mild to severe toxicity.

Case management

- Be alert for local anaesthetic toxicity in patients presenting with seizures and cardiac arrest. People who report use of cocaine are at risk.
- Management priorities for severe local anaesthetic toxicity include resuscitation and serum alkalinisation. In addition to following the standard protocol for Advanced Cardiac Life Support, administer 100 mmol of 8.4% sodium bicarbonate intravenously in patients with cardiac arrest following cocaine use.
- Key investigations include ECG, blood gas analysis and oxygen saturation.
- Consult early with a clinical toxicologist through the Poisons Information Centre (13 11 26) or local toxicology service for any patient with suspected drug-induced cardiac arrest.
- Further advice regarding [local anaesthetic poisoning](#) is found in eTG Toxicology and Toxinology Guidelines, accessible via [CIAP](#).

Notification

Notify the NSW Poisons Information Centre (13 11 26) or NSW Ministry of Health Toxicity Surveillance (MOH-PRISE@health.nsw.gov.au) of suspected local anaesthetic toxicity from illicit drugs. Please ensure that urine and blood samples are collected and retained.

Suggested actions required by Local Health Districts/Networks

1. Ensure emergency clinicians are aware of the treatment for local anaesthetic toxicity, and are alert for people who report using cocaine.
2. Consult with the NSW Poisons Information Centre (13 11 26) or local toxicology service for any suspected drug-induced cardiac arrest.