

**Issue date**  
**26 August 2022**

**Distributed to:**

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

**Action required by:**

- Chief Executives
- Directors of Clinical Governance

**We recommend you also inform:**

Directors, Managers and Staff of:

- Drug and Alcohol services
- Mental Health services
- Emergency Departments
- Toxicology Units
- Ambulance

**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
- Emergency Care Institute Clinical Director

**Clinical Excellence Commission**

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

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

**Review date**  
**August 2023**

**Strong opioids detected in counterfeit 'Kalma' tablets**

**Background**

NSW Health recently released a Safety Information regarding detections of unregistered benzodiazepines and other substances in counterfeit alprazolam in NSW ([SI 006/22](#)). This Notice is to alert clinicians of new detections of strong opioids in counterfeit alprazolam tablets ('Kalma' branded).



**Figure 1.** Appearance of counterfeit 'Kalma' tablets which may contain strong opioids.

**Situation**

A recent detection of strong opioids has been made in tablets which look like Kalma® (alprazolam) 2 mg tablets.

**Etodesnitazene** and **O-desmethytramadol** have been detected in white, rectangular tablets marked AL on one side and G2 on the reverse. The current form is a white, oval, bevel edged tablet.

**Assessment**

Etodesnitazene is a benzimidazole opioid (aka 'nitazene'), which is becoming more prevalent in international illicit drug markets. Nitazenes are highly potent  $\mu$ -opioid receptor agonists, with some having a potency similar to, or greater than, fentanyl and can have a longer duration of action. O-desmethytramadol was also detected in the same tablets – it is a metabolite of tramadol and is more potent than tramadol. This poses significant risk for opioid overdose in patients using counterfeit alprazolam.

**Clinical Recommendations**

- Have high index of suspicion for ingested etodesnitazene in patients using counterfeit alprazolam tablets with signs of opioid toxicity.
- Airway management, oxygenation and ventilation support take precedence over naloxone, where appropriate.
- Higher titrated parenteral doses of naloxone of 800 micrograms or more may be required. Balance this against the risk of withdrawal in an opioid-dependent person.
- Etodesnitazene is a non-fentanyl-derived synthetic opioid so it will not show up on commercially available fentanyl testing strips. It is also not detectable on Urine Drug Screens.
- Contact the NSW Poisons Information Centre (PIC) or your local toxicology service for advice. If advice is not sought from PIC initially, notify them of the case prior to discharge (as below).
- 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 alprazolam tablets or required high doses of naloxone (> 800 micrograms via injectable route) 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.

**Required actions for the Local Health Districts/Networks**

1. Distribute this Safety Notice to all relevant clinicians and clinical departments where patients may present after using counterfeit alprazolam tablets.
2. Ensure there is adequate supply 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 counterfeit alprazolam tablets that causes respiratory depression and/or reduced level of consciousness that responds to naloxone.
4. Confirm receipt and distribution of this notice **within 72 hours** to [CEC-MedicationSafety@health.nsw.gov.au](mailto:CEC-MedicationSafety@health.nsw.gov.au).