NSW Health

Illicit cocaine and methamphetamine containing opioids

SAFETY NOTICE 012/26

Issue date:	30 June 2026
Content reviewed by:	Centre for Alcohol and Other Drugs, NSW Ministry of Health NSW Standing Panel on Toxicity Risk
Distributed to:	Chief Executives; Directors of Clinical Governance; Director, Regulation and Compliance Unit
KEY MESSAGE:	Inform NSW Health clinicians of the ongoing risk of unintentional opioid overdose in patients who were expecting to use cocaine or methamphetamine.
ACTION REQUIRED BY:	Chief Executives; Directors of Clinical Governance
REQUIRED ACTION:	1. Distribute this Safety Notice to all relevant clinicians and clinical departments where patients may present with current or recent opioid toxicity (overdose). 2. Ensure that clinicians and other relevant staff are aware of the *Recommendations* and *Notification* sections of this Safety Notice and take appropriate action.
We recommend you also inform:	Directors, Managers and Staff of: • Medical, Nursing/Midwifery and Pharmacy Services • Emergency Departments • Drug and Alcohol services • Mental Health services • Intensive Care Units • Setting providing services to adolescents/youth (for example, Youth Health Services) • Forensic Medicine services • Toxicology Units • NSW Ambulance All other relevant staff, departments and committees
Website:	https://www.health.nsw.gov.au/sabs/Pages/default.aspx http://internal.health.nsw.gov.au/quality/sabs/index.html
Review date:	June 2027

Contact: Centre for Alcohol and Other Drugs
MOH-PRISE@health.nsw.gov.au

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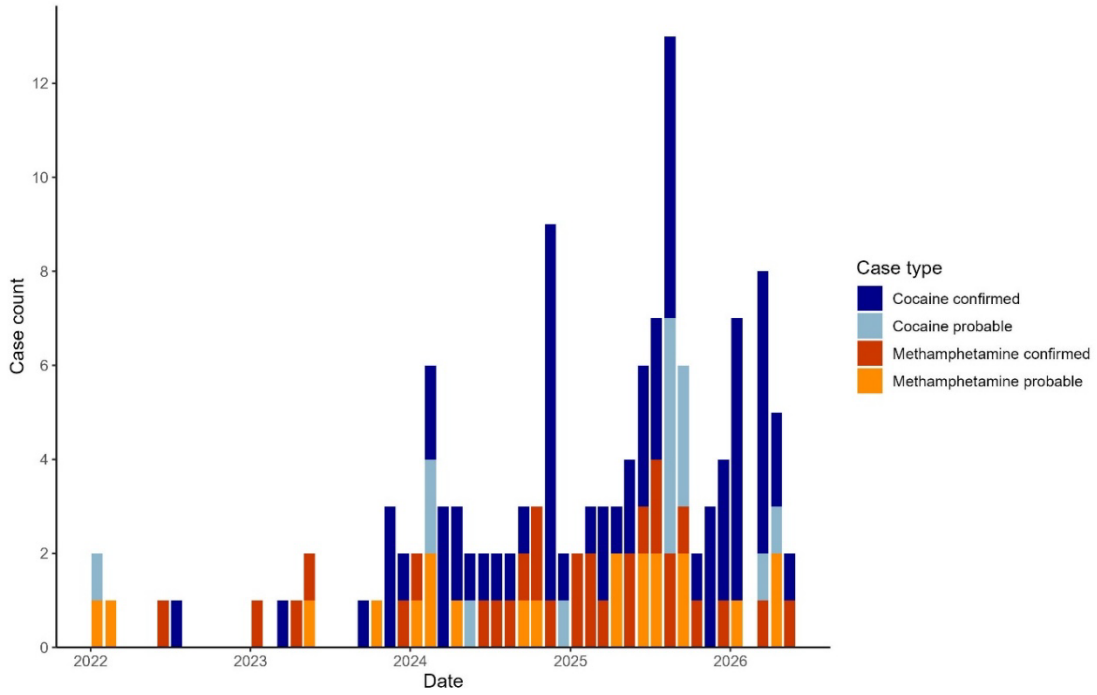
Situation

NSW Health has been notified of 17 people with opioid overdose following nasal insufflation of substances expected to be cocaine in 2026 (to end May 2026). Toxicological testing confirmed the presence of opioids. There were no detections of potent synthetic opioids like nitazenes. In March 2026, two clusters of cases were identified in Sydney and in Western NSW, indicating cases are occurring in both metropolitan and regional areas.

NSW Health has also been notified of 4 cases presenting with opioid overdose following reported use of substances expected to be methamphetamine within Sydney in 2026 (to end May 2026).

Figure 1: Cases reported to NSW Health of confirmed or probable opioid contamination of cocaine or methamphetamine between Jan 2022 and May 2026*



*for the classification description of probable or confirmed cases see *Chisholm et al (2025)*(1).

Background

Contamination and substitution of illicit stimulants such as cocaine and methamphetamine with illicit opioids was identified sporadically until 2024, when the frequency of cases increased. Research published in 2025 outlined cases reported to NSW Health between January 2022 and June 2024, who expected to use cocaine or methamphetamine and presented with features of opioid toxidrome (1). This study showed a marked increase in presentations in late 2023 and 2024, including two deaths.

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Since 2024, NSW Health has issued 5 public drug warnings in response to clusters of opioid overdoses associated with using cocaine or methamphetamine in NSW, the most recent in March 2026.

Alerts have also been issued by other jurisdictions reporting opioid overdose following use of cocaine and methamphetamine. Health Victoria has released two previous alerts, in March 2025 and in May 2026.

In NSW, other stimulants have also been linked to cases of unexpected opioid overdose. In 2024, pressed pills with a 'Red Bull' logo, expected to contain MDMA, were found to contain a nitazene (a novel highly potent synthetic opioid), with no MDMA detected. There were multiple hospitalisations related to use of these tablets, prompting a public drug warning.

Other substances, including ketamine and illicit benzodiazepines, have also been identified to contain opioids.

Recommendations

- Have a high index of suspicion for opioid overdose in patients who become sedated or have reduced respiratory rate after using stimulants such as cocaine, methamphetamine or MDMA.
- Provide airway management, oxygenation, ventilation support and naloxone, where opioid overdose is suspected.
- Higher titrated doses of intravenous/intramuscular naloxone of 800 micrograms or more may be required to reverse severe opioid overdose.
    - Repeat naloxone doses or an infusion may be necessary.
    - For people who have been treated with naloxone, observation for at least 4 hours after the last dose of naloxone is required. Longer observation may be required for people receiving higher doses of naloxone.
    - Seek specialist toxicology advice from a local service or the NSW Poisons Information Centre on 13 11 26 if uncertain.
- Obtain a detailed history from the patient, or any family/friends, on:
    - What drug the person thought they were using
    - What effects were experienced after use (particularly any opioid-like effects)
    - Whether the patient had used any prescribed opioid medications, particularly codeine (this information can aid in the interpretation of toxicology results regarding detection of heroin)
    - Whether the patient had experienced similar effects when using the same drug in the past
    - Whether other people experienced unexpected effects using the same supply
    - Whether naloxone was used at any stage in treatment of the patient
- Notify **all** cases of suspected opioid overdose with a clinical response to naloxone following use of cocaine, methamphetamine or another non-opioid illicit substance, as per 'Notification' section below.

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- Collect and retain a blood sample and consider urine drug screen. Comprehensive toxicology analysis to confirm the substances with blood concentrations can be requested by a clinical toxicologist. Hospitals which do not have a clinical toxicology service should contact NSW Poisons Information Centre.
- Provide harm reduction messaging around potential contamination or substitution of stimulants like cocaine and methamphetamine with opioids.
    - Advise that any remaining supply of the drug taken may contain opioids
    - Refer to previous public drug warnings issued by NSW Health which provide information on contamination or substitution of stimulants with opioids and harm reduction messaging
    - Consider referral to peer-based services or AOD services for ongoing support
    - Don't rely on the physical appearance of a substance to determine what it is
    - Don't use alone
    - Start low go slow
- Supply **naloxone** to people who use illicit drugs on discharge following opioid overdose. When supplying naloxone, advise patients that although a standard dose will likely reverse opioid toxicity, this reversal is temporary and an ambulance must also be called due to the risk of recurrence of overdose.
- Advise people that take-home naloxone can be accessed free without prescription through many community pharmacies, needle and syringe programs, opioid treatment services and NGOs such as NUAA. The Your Room website has details of participating sites and more information on take-home naloxone. NUAA also offer a mail order program for naloxone (shop.nuaa.org.au or call 02 9171 6650). Free take-home naloxone is also available to friends, relatives, or caregivers of a person at risk of opioid overdose as they may be likely to witness an overdose.
- Contact MOH-Naloxone@health.nsw.gov.au for more information on the Take Home Naloxone program.

Notifications

All cases of suspected opioid overdose with a clinical response to naloxone following use of cocaine, methamphetamine or another non-opioid illicit substance, should be notified to the local clinical toxicology service or NSW Poisons Information Centre (13 11 26).

Further information

NSW Health Prescription, Recreational and Illicit Substance Evaluation program (MOH-PRISE@health.nsw.gov.au)

Referenced literature

1) Chisholm P, Brown J, Jiranantakan T, Harrod ME, McDonald C, Cullinan U, Roberts DM. Opioid overdoses following use of cocaine and methamphetamine in New South Wales, and the public health responses. Emerg Med Australas. 2025 Apr;37(2):e70038. doi: 10.1111/1742-6723.70038. PMID: 40178058; PMCID: PMC11967155.