



Safety Notice 009/20

Acetylfentanyl and fentanyl in non-opioid illicit drugs

16 October 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

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

April 2021

Background

A cluster of hospitalisations due to unexpected opioid toxicity recently occurred on the Central Coast of NSW. Acetylfentanyl and fentanyl are circulating in NSW and may be misrepresented as or be adulterants in illicit cocaine or ketamine. Acetylfentanyl has a similar potency to fentanyl, both may cause serious harm and death. People who do not use opioids regularly ('opioid naïve') may be unintentionally exposed and are at high risk of overdose. Even people who regularly use opioids are at risk due to the relatively high potency of fentanyl and acetylfentanyl.

Changes in illicit drug use in 2020, as well as variations in purity and alternative ingredients, may be associated with unusual presentations and overdose.

Case management

- Have a high index of suspicion for illicit fentanyl and fentanyl analogues in suspected opioid overdose. This includes people who deny opioid use or report use of other non-opioid illicit drugs including ketamine or stimulants such as cocaine, but who present clinically with signs of an opioid overdose.
- Airway management, oxygenation, and ventilation support take precedence over naloxone where appropriate.
- Cases may require intrated doses of naloxone with a higher total dose of 800 micrograms or more. Balance this against the risk of precipitated withdrawal in an opioid-dependent person.
- The duration of effects from acetylfentanyl and fentanyl 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.
- Be aware that most Urine Drug Screens do not detect synthetic opioids such as fentanyl.
- Consider supply of take-home naloxone on discharge if available

Notification

Notify the NSW Poisons Information Centre (13 11 26) for all suspected opioid overdoses where the patient reported taking a stimulant or ketamine or required high doses of naloxone. 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 fentanyl and fentanyl analogues in suspected opioid overdose.
2. Ensure adequate stocks of naloxone for emergency use and consider higher doses may be required. Consider providing take-home naloxone if available.
3. Notify the NSW Poisons Information Centre (13 11 26) of any case of reported stimulant or ketamine use that has signs of an opioid overdose, e.g. respiratory depression and/or reduced level of consciousness that responds to naloxone.