IMPORTANT SAFETY INFORMATION

Potent synthetic opioids implicated in heroin overdoses and deaths

ISSUE

In the past 8 weeks there has been an increased number of overdoses, with some deaths, in people who use drugs, primarily heroin, in many parts of the country including Birmingham. West Midlands Police (WMP) are aware and both a WMP response and National Patient Safety Alert have been issued.

Testing in some of these cases has found nitazenes, a group of potent synthetic opioids. Their potency and toxicity are unknown but perhaps similar to, or more than fentanyl, which is about 100x morphine.

There is good evidence from reports that naloxone, the 'antidote' to opioid overdoses, works in these cases. **However, one patient treated by WMAS required 5 times the routine dose of naloxone to reverse the effects.**

ADVICE

- Patients who have overdosed may need longer-term monitoring in a medical setting for up to 24 hours even if reversal of the opioid overdose has occurred.

- The treatment required for an overdose that may be related to potent synthetic opioids is the same as for other opioid overdoses, but delivering it rapidly and completely is even more critical, as progression to respiratory arrest, and recurrence of respiratory arrest, are more likely.

- Those in contact with heroin users should be alert to the increased possibility of overdose arising from 'heroin' containing synthetic opioids, be able to recognise possible symptoms of overdose and respond appropriately.

- There has also been finding of synthetic opioids in fake oxycodone preparations and in fake benzodiazepines and synthetic opioids.

- **Naloxone dosing in acute medical care**
  The standard naloxone dosing regimen where potent opioid overdose is suspected (for adults and children > 12 years) for use in acute hospitals, subject to clinical assessment of the individual case, is:
  - Give an initial dose of 400 micrograms intravenously.
  - If there is no response after 60 seconds, give a further 800 micrograms.
  - If there is still no response after another 60 seconds, give another 800 micrograms.
  - If still no response give a further 2 mg dose. Large doses (4 mg) may be required in a seriously poisoned patient.
  - Aim for reversal of respiratory depression, not full reversal of consciousness.

ACTIONS

1. All staff must be aware of the risk of severe toxicity resulting from the adulteration of heroin with synthetic opioids and be able to rapidly assess suspected opioid overdose cases.

2. All staff to be alert to the symptoms of opioid overdose in known and suspected heroin users and communicate these risks to heroin users during any contact.

3. Additional stocks of naloxone will be available within ED, AMU, and the emergency rooms.

4. Treat suspected cases as for any opioid overdose, using naloxone and appropriate supportive care**.**

5. Recognise the duration of action of naloxone is shorter than that of many opioids and appropriate monitoring and further doses of naloxone may be required.

6. For further advice refer to TOXBASE or contact the toxicology consultant on-call.

DATE OF ISSUE: 28.07.2023	**REFERENCE NUMBER:** 08b-0723