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Dear Colleague:

Many of you will remember the period from 2005 through 2007 when illicit fentanyl-laced heroin caused a great number of overdose deaths. That was not the first time illicit fentanyl, also called fentanyl analogues, entered the drug market, and likely will not be the last. Recently, small clusters of overdoses and overdose fatalities in a variety of communities, mostly in the eastern United States, have raised alarm. Little is fully known about the situation but it appears fentanyl analogues are involved in at least some of the cases, and may be contaminating both heroin and cocaine. More information about the current situation has been published by the CDC as a health advisory.

This appearance of fentanyl analogues occurs against the backdrop of increasing overdose fatalities due to high rates of opioid prescribing and misuse, as well as individuals transitioning to heroin as prescription pharmaceuticals become more restricted. Whether the fentanyl analogues persist and spread or not, the situation with regard to opioid overdose and fatalities is desperate. For example, the CDC Vital Signs released on July 2, 2013, reports that although more men die from prescription painkiller overdoses, the gap between men and women is closing. The number of prescription painkiller overdose deaths increased fivefold among women between 1999 and 2010.

Please reproduce and distribute the appended fact sheet in the manner most appropriate and effective for your community to bring this critical information to first responders, emergency room personnel, local health care providers, the recovery community, and the public at large. At the same time you may wish to encourage the prescription of naloxone, a non-abusable, short-term antidote to opioid overdose, to high risk individuals such as those undergoing induction to opioid agonist therapy or completing detox. Simple strategies may save someone's life, such as not using drugs alone, using a smaller amount if the drug is from an unfamiliar source, and avoiding the use of more than one substance at a time, including alcohol. Overdose should be suspected if someone is having difficulty staying awake or speaking, does not fully awaken with stimulus, or has a bluish color to lips or nails. Until the individual can be transported or someone arrives with naloxone, by-standers should provide rescue breathing.

Recent research has demonstrated that availability of both naloxone and opioid agonist therapy is strongly associated with decreases in opioid overdose fatalities. SAMHSA can provide additional information and guidance to meet the needs of the people you serve. Please contact Dr. Melinda Campopiano, M.D., at (240) 276-2701 or melinda.campopiano@samhsa.hhs.gov for assistance.

Sincerely,



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Director
Center for Substance Abuse Treatment

Enclosure

Fact Sheet: Fentanyl-Laced Heroin and Cocaine

The Issue

- An outbreak of overdoses and deaths involving fentanyl combined with heroin or cocaine has been reported in a number of urban areas in the United States, including, among other, Chicago (IL), Detroit (MI), Philadelphia (PA), and Camden (NJ).
- The majority of overdoses and deaths related to fentanyl in combination with heroin or cocaine that are now being reported do not appear to be from the misuse of prescription-grade fentanyl.
- These reports have led to local Drug Enforcement Administration and Centers for Disease Control and Prevention investigations as well as local and national health information efforts to alert first responders, hospital emergency rooms, health care providers, and the community about this new public health problem.

What is Fentanyl

- Fentanyl, a schedule II prescription narcotic analgesic, is roughly 50-80 times more potent than morphine. This medication is used to manage both pain during surgery and chronic moderate to severe pain for persons who already are physically tolerant to opiates.
- However, fentanyl also can be produced in clandestine laboratories in powder form and mixed with or substituted for heroin.

Preventing Overdoses

Persons using heroin or cocaine, or in treatment/recovery from such use need to know that:

- The potency of street-sold heroin or cocaine is amplified markedly by fentanyl.
- One may not know that the heroin or cocaine has been cut with fentanyl.
- Because the potency of the drug purchased on the street is not known, and because the inclusion of fentanyl may not be disclosed, ANY use – even a reduced dose – can result in overdose or death.
- The effects of an overdose occur rapidly, particularly with his potent combination of drugs. Critical treatment minutes can be lost because emergency room personnel may not be aware that fentanyl is not detected in standard toxicology screens.

Detecting and Treating Overdoses

- Fentanyl-related overdoses can result in sudden death through respiratory arrest, cardiac arrest, severe respiratory depression, cardiovascular collapse, or severe anaphylactic reaction.

- Routine toxicology screens for opiates will **not** detect fentanyl. Some labs can test for fentanyl when specifically requested.
- Because these drugs, in combination, can be lethal if actions is not taken promptly, suspected overdoses should be treated rapidly with a naloxone injection, 0.4-2 mg IV, SC or IM every 2 to 3 minutes, which should rapidly reverse symptoms related to a narcotic overdose. Naloxone can also precipitate immediate narcotic withdrawal symptoms as overdose symptoms are reversed. If there is no response after 10 minutes, a different diagnosis should be considered.