



DRUG ALERT

Opioid overdose linked to cocaine use

Inner-Eastern & Northern Melbourne April & May 2021

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See website for more information and to subscribe.

LONG-ACTING SYNTHETIC OPIOID OVERDOSE LINKED WITH COCAINE USE

Several unexpected opioid poisonings in people presenting to hospital after reporting cocaine use across Inner-Eastern & Northern Melbourne (April & May 2021).

Risk of unexpected opioid overdose may be associated with non-opioid drug use.

SHARE THIS INFORMATION

Share with networks (colleagues, patients and clients) and relevant stakeholders. Know signs and symptoms of opioid overdose and how to respond, even with non-opioid drug use. Refer to **harm reduction** and **clinical management** advice below.



Substances may appear in forms other than white powder.

BACKGROUND

- 7 people hospitalised for opioid poisoning in Inner-Eastern and Northern Melbourne (April-May 21).
- Patients reported snorting cocaine, but clinical symptoms suggested opioid overdose.
- Blood analysis confirmed presence of strong and long-acting synthetic opioids.
- Previous alerts confirmed synthetic opioids may be present in heroin and other drugs (2020-21).

DANGERS & RISKS

- Risk of opioid overdose may be associated with non-opioid drug use.
- Duration of synthetic opioid effects is longer than for traditional opioids.
- Higher risk of overdose for people with low opioid tolerance and people not expecting opioid effects.
- Risk of overdose increased if opioids combined with other depressant drugs such as alcohol, other opioid medications, benzodiazepines, GHB, or cannabis.

SIGNS & SYMPTOMS OF OPIOID OVERDOSE

- Unexpected or sudden onset of drowsiness.
- Loss of consciousness or no response when aroused.
- Slow, shallow breathing or unusual snoring or gurgling.
- Blue or grey (ashen) skin, lips or extremities.

Call 000 immediately and start CPR if person is not breathing.

CLINICAL MANAGEMENT (ACUTE RESPONSE)

Suspect opioids poisoning in presentations with signs of opioid overdose, even if non-opioid use is reported.

- Airway management, oxygenation, and ventilation support take precedence over naloxone, if appropriate.
- Due to longer observed effects for synthetic opioids, some cases may require gradual increased, repeated doses of naloxone (up to 800mcg+).
- Avoid inducing sudden (precipitated) withdrawal when using naloxone with opioid-dependent people (start with lower doses).
- Consider supplying naloxone to people who use prescription or illicit opioids, and on discharge after opioid poisoning.

HARM REDUCTION ADVICE

Opioids are depressant drugs that slow down breathing and heart rate. Take precaution even if consuming other drugs.

- [Know signs and symptoms of opioid overdose and how to respond.](#)
- **Call 000 if a person is unresponsive.**
- People at risk of experiencing or witnessing an opioid overdose should carry [naloxone](#).
- Never use drugs alone. Start low, go slow.
- Drug purity, effects, ingredients and appearance are always subject to variation.
- All drug use comes with risk: [Drug Facts](#).



GETTING HELP

- Poisons Information Centre (acute management advice): 13 11 26
- Drug & Alcohol Clinical Advisory Service (health professionals only): 1800 812 804
- Harm Reduction Victoria (overdose prevention & naloxone training) hrvic.org.au/training
- 24hr confidential drug & alcohol counselling: 1800 888 236 | counsellingonline.org.au

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