

**HSS(MD)7/2017**

**URGENT COMMUNICATION**

Chief Executives, Public Health Agency/Health & Social  
Care Board/ HSC Trusts/NIAS  
Executive Medical Dir/Dir of Public Health, Public Health  
Agency (*for onward distribution to relevant health  
protection staff*)  
Director of Nursing, Public Health Agency  
GP Medical Advisers, Health & Social Care Board  
All General Practitioners  
(*for onward distribution to practice staff*)  
GP Locums  
Family Practitioner Service Leads, HSC Board  
(*for cascade to GP Out of Hours services*)  
Medical Directors HSC Trusts  
(*for onward cascade to: Staff in A&E Departments and  
Services dealing with drug misuse*)  
Nursing Directors, HSC Trusts  
(*for onward distribution to all Community Nurses*)

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Your Ref:  
Our Ref: HSS(MD)7/2017  
Date: 8 May 2017

Dear Colleague

**EVIDENCE OF HARM FROM FENTANYL-CONTAMINATED HEROIN**

This alert advises of the availability of, and harms from, heroin that has been mixed with fentanyl or carfentanyl, both of which are highly potent synthetic opioids and very small amounts can cause severe or even fatal toxicity. Across the UK, there is significant evidence from a small number of post-mortem results of recent drug user deaths and from police seizures that some heroin may contain fentanyl or carfentanyl added by dealers.

There is now evidence which indicates the potential presence of fentanyl/carfentanyl in heroin within Northern Ireland.

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

**Fentanyl**

The fentanyls are a group of synthetic opioids; some have legitimate uses while others are illicit drugs. Fentanyl is about 100 times more potent than morphine and is a licensed medicine used to treat severe and terminal pain. Carfentanyl is 4,000-10,000 times more potent than morphine and principally used as an animal tranquilliser.

## Actions Advised

Those in contact with heroin users should advise them to:

- be extra cautious about the sources from which they get their drugs, and about the drugs they take, maybe starting with just a quarter hit of a new supply
- seek treatment for drug dependence if not already in treatment.

Those with heroin users when and after they use drugs (including other heroin users) should:

- Watch carefully for the signs of an overdose, e.g. loss of consciousness, shallow or absent breathing, 'snoring', and/or blue lips or fingertips
- Be prepared to call immediately for an ambulance if someone overdoses and administer naloxone if available and competent to do so.

Drug treatment services should:

- warn their services users, and where possible others not in contact with services, about the risks of heroin cut with fentanyl
- supply naloxone so that it is available for all those at risk (see contacts below)
- ensure they provide rapid access to treatment, including substitute opioids, for heroin users

Emergency Departments and paramedics should:

- be alert to the symptoms of opioid overdose in known and suspect heroin users
- be aware of the risk of severe toxicity resulting from adulteration of heroin with potent synthetic opioids
- treat suspected cases as for any opioid overdose, using appropriate supportive care and the intravenous naloxone titration regimen recommended by the National Poisons Information Service (NPIS, for details TOXBASE). This provides the appropriate doses needed in severe toxicity, while minimising the risk that excessive naloxone doses might precipitate acute opioid withdrawal
- recognise that the duration of action of naloxone is shorter than that of many opioids and that appropriate monitoring and further doses of naloxone may be required
- use intramuscular naloxone as an alternative in the event that IV access is not possible or is delayed.

Naloxone dosing regimen in medical settings (adults and children > 12 years)

- Give an initial dose of 400 micrograms (0.4 mg) intravenously
- If there is no response after 60 seconds, give a further 800 micrograms (0.8 mg).
- If there is still no response after another 60 seconds, give another 800 micrograms (0.8 mg).
- If still no response give a further 2 mg dose. Large doses (4 mg) may be required in a seriously poisoned patient.

Any health professional encountering an unusual or unexpected adverse reaction to the use of heroin (or any other drug) should report the reaction to the Drug and Alcohol Monitoring and Information System: [Damis@hscni.net](mailto:Damis@hscni.net)

Up to date information for people considering using drugs, including advice on reducing risk, is available from [www.talktofrank.com](http://www.talktofrank.com) or from the National Drugs helpline on 0800 77 66 00.

For further advice, medical professionals can use the National Poisons Information Service 24-hour telephone service on 0344 892 0111 or its online database, TOXBASE.

### Take Home Naloxone

As always, anyone who is at risk of opioid overdose should be encouraged to contact their local Community Addiction Team (see *contact details below*) to request a Take Home Naloxone pack – this can reverse the effects of opioid overdose and could save their life.

### Community Addiction Teams

Belfast area	Drug Outreach Team, Glendinning House, 6 Murray Street, Belfast (028) 9504 7301
South Eastern area	Community Addiction Teams Down: (028) 4451 3921 / Lisburn: (028) 9266 8607
Northern area	Community Addiction Service, 105a Railway Street, Ballymena (028) 2531 7162
Southern area	Community Addiction Team (028) 3741 2397
Western area	Community Addiction Teams Derry: (028) 7186 5237 / Omagh: (028) 8283 5453

Yours sincerely



**Dr MICHAEL McBRIDE**  
**Chief Medical Officer**

cc: Dr Anne Kilgallen  
Dr Ian McMaster  
Dr Mark Timoney  
Prof Michael Mawhinney  
Dr Liz Redmond  
Gary Maxwell  
Ann Williamson  
Peter Moore  
Directors of Pharmacy HSC Trusts - cc  
Directors of Pharmaceutical Services, HSC Board  
Assistant Director Pharmacy & Medicines Management (*for onward distribution to all Pharmacies*)

This letter is available on the Department of Health website at  
<https://www.health-ni.gov.uk/topics/professional-medical-and-environmental-health-advice/hssmd-letters-and-urgent-communications>