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4<sup>th</sup> March 2002

To:

**Directors of Public Health**

**Medical Directors of HSS Trusts** (for cascade to staff in Accident & Emergency  
Depts, Intensive Care Units, High Dependency  
Units, Services for Drug Misusers)

**Directors of Pharmacy at HSS Boards**

**Directors of Pharmacy at HSS Trusts**

**Drug Co-Ordination Teams** (for onward cascade)

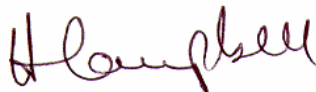
**Community Addition Teams**

Dear Colleague

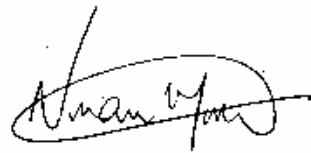
## **OPIOID OVERDOSE – NALBUPHINE**

The attached message was disseminated by Dr Ruth Hall, the Chief Medical Officer for the Welsh Assembly, on 1<sup>st</sup> March 2002 and then cascaded in England by Dr Pat Troop as a precaution in case the problem is wider than Wales. Similarly we wish to draw this to your attention in light of the possibility of similar occurrences here.

Yours sincerely



**DR H CAMPBELL**  
**CHIEF MEDICAL OFFICER**



**DR N MORROW**  
**CHIEF PHARMACEUTICAL OFFICER**

## **OPIOID OVERDOSE – NALBUPHINE**

Dear Colleague

It has been reported that a drug addict needed urgent medical treatment after using a substance, illegally purchased as either “re-constituted heroin” or “liquid concentrated heroin”. The substance was found to contain NALBUPHINE. The drug was presented in a small glass multidose-type vial. It was sold to an addict in North Gwent, but there are concerns it may be more widely available. It is likely that other people will use this substance and may present in need of urgent medical treatment.

The Poisons Centre in Cardiff have advised:

Heroin (diamorphine) and nalbuphine are both opioid analgesics. Features of opioid overdose include:

- Progressive depression of the central nervous system leading to deep coma, cyanosis and marked reduction of the respiratory rate. Respiratory arrest may occur.
- The pupils are usually pin-point in size and nausea and vomiting are common in less severe cases.
- Hypotension, tachycardia, hallucinations, pulmonary oedema and rhabdomyolysis have been reported.

The effects in overdosage will be potentiated by simultaneous ingestion of alcohol and other centrally acting drugs.

### **General Manager**

A clear airway, adequate ventilation and oxygenation must be maintained. Assisted ventilation with positive end-expiratory pressure may be necessary if pulmonary oedema is a complication.

Naloxone is an effective antidote to poisoning with opioid drugs. It is indicated if there is coma or bradypnoea due to opioid overdose. It has a shorter duration of action than many opioids and therefore repeated doses may need to be administered. Close monitoring is required and injections should be titrated against respiratory rate and decreased level of consciousness. Alternatively, naloxone may be administered as a continuous intravenous infusion, with close monitoring of respiratory rate and level of consciousness. Administration of naloxone to patients dependent on opioids (eg heroin) may precipitate an opioid withdrawal syndrome.

All patients, adults and children, should be observed for at least six hours after administration of naloxone.

If in doubt about treatment please consult TOXBASE ([www.spib.axl.co.uk](http://www.spib.axl.co.uk)) or the National Poisons Information Service (Tel: 0870 6000 6266).