



DEPARTMENT OF
HEALTH AND HUMAN SERVICES

Promoting and protecting health, well-being, self-sufficiency, and safety of all in Marin County.



PUBLIC HEALTH ADVISORY

April 1, 2016

Drug Overdose Health Advisory (Sacramento County)

Dear Colleagues:

This advisory provides information about recent drug overdose activity in Sacramento County, treatment options, reporting procedures, and additional resources for Marin County clinicians, emergency responders and community-based providers. Marin County Health and Human Services (HHS) is closely monitoring the local situation.

Current Situation

On March 25, 2016, the Sacramento County Division of Public Health issued a Health Alert after receiving reports of poisoning overdoses from local hospital emergency departments. Within the past 2 weeks, there have been at least 36 reported overdoses in Sacramento County, including 9 fatalities.

The overdoses were associated with ingestion of counterfeit “Norco” tablets. Testing identified *Fentanyl*, not hydrocodone, as the primary ingredient. Fentanyl is approximately 80 to 100 times more potent than morphine and roughly 40 to 50 times more potent than pharmaceutical grade (100% pure) heroin. Most cases of fentanyl-related morbidity and mortality have been linked to illicitly manufactured fentanyl and fentanyl analogs, collectively referred to as non-pharmaceutical fentanyl (NPF).

Actions requested of providers

1. **Exercise increased vigilance** in promptly identifying suspected overdose patients and taking appropriate action. Signs and symptoms of opioid overdose include central nervous system depression (i.e., coma, lethargy, or stupor); constipation, nausea, and vomiting; flushing and pruritus; hypotension; miosis (pinpoint pupils); pulmonary edema; respiratory depression; and seizures.
2. **Consider toxicology screening** specific for fentanyl when ordering drug panels for overdose patients. Standard urine drug screening reliably detects morphine, codeine, and heroin; however, it often does not detect other opioids such as hydrocodone, oxycodone, methadone, fentanyl, buprenorphine, and tramadol.
3. **Prescribe and/or recommend intranasal or intramuscular Naloxone** to patients, family members or other caregivers at risk for opioid overdose. Use Naloxone as clinically indicated for suspected opioid overdose.

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4. **Register for access to CURES 2.0 (California Substance Utilization Review and Evaluation System) by July 1, 2016.** California law (Health and Safety Code Section 11165.1) requires all California licensed prescribers authorized to prescribe scheduled drugs to register for this Prescription Drug Monitoring Program.
5. **Warn patients and clients** with a history of substance misuse and abuse about the risks of purchasing street drugs. Counterfeit pills look like their real counterparts in packaging and appearance but may contain harmful, unregulated ingredients. Additionally, fentanyl is odorless and drugs contaminated with fentanyl cannot be easily distinguished from drugs that are not contaminated.
6. **Refer** patients and families with substance misuse and abuse issues to the 24/7 Mental Health and Substance Use Access and Assessment Hotline (888 818 1115) for addiction services.
7. **Use CMR reporting form 110c to report** *Emergency Department Visits* due to opioid overdose and *All Deaths* due to opioid overdose to Marin County Public Health electronically via CalREDIE Provider Portal, phone (415 473 4163) or confidential fax (415 473 6002)
8. **Enroll in CalREDIE Provider Portal.** CalREDIE Provider Portal is a web-based reporting system for confidential morbidity reporting.

Background Information

In 2014, there were 450 non-fatal opioid-related emergency department visits in Marin County and 10 accidental overdose deaths. Accidental overdose deaths in Marin County peaked at 27 in 2013. Deaths from drug overdose have risen steadily over the past two decades. Approximately 4,500 Californians died from drug overdoses in 2014, up by 1,500, or 50 percent, from 2002.

Real Norco contains a combination of hydrocodone and acetaminophen. Hydrocodone is a semi-synthetic opioid synthesized from codeine, an alkaloid from the opium poppy. It is a narcotic analgesic used orally for relief of moderate to severe pain, but also commonly taken in liquid form as an antitussive/cough suppressant. Due to its high potential for abuse, it is classified as a Schedule 2 (II) Drug by the Controlled Substances Act (CSA). Acetaminophen is a less potent pain reliever that increases the effects of hydrocodone

Fentanyl is an extremely potent, synthetic opioid analgesic with a rapid onset and short duration of action used to treat breakthrough pain and as an anesthetic. In recent years, an illegally manufactured version of Fentanyl has begun spreading. Between 2012 and 2014, the number of seizures of illegally used fentanyl nationwide increased more than seven-fold to 4,585.

Clinical Presentation

Opioid toxicity should be suspected when the clinical triad of central nervous system (CNS) depression, respiratory depression (most specific sign), and pupillary miosis (less consistently seen). Drowsiness, conjunctival injection, and euphoria are also

associated with opioid toxicity. Ventricular arrhythmias, acute mental status changes, and seizures can also be present.

Treatment Options

In patients with altered mental status of unknown etiology, consider giving naloxone if opioid toxicity is suspected based on history and examination findings. Naloxone is a pure opioid antagonist. It works by reversing the depression of the central nervous system and respiratory system caused by opioids. In adults, if no respiratory depression, initial IV dose of 0.1 to 0.4 mg; with respiratory depression, initial IV dose of 1 to 2 mg. If no or partial response, then IV dose of 2 mg every three to five minutes for a total of 10 to 20 mg. Administration to opioid-dependent individuals may cause symptoms of opioid withdrawal, including restlessness, agitation, nausea, vomiting, tachycardia and diaphoresis.

NARCAN® and EVZIO® (naloxone hydrochloride) Nasal Spray and Auto-Injector are take-home opioid antagonists indicated for the emergency treatment of known or suspected opioid overdose, as manifested by respiratory and/or central nervous system depression. They are intended for immediate administration as emergency therapy in settings where opioids may be present. In January 2016, the California State Board of Pharmacy approved regulations for pharmacists to furnish take-home naloxone without a prescription. They are not substitutes for emergency medical care.

Additional Measures

In Marin County, [RxSafe Marin](#) is working collaboratively to address the local prescription drug misuse and abuse epidemic. [National Prescription Drug Take-Back Day](#) is April 30. Check [the County's online list](#) of locations that accept unused and unwanted prescription medications.

Additional Resource

Centers for Disease Control and Prevention (CDC):
[Health Advisory](#)

Sincerely,

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