



# THE CITY OF NEW YORK

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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## 2006 NYC DOHMH Health Alert # 17:

### Overdoses related to ingestion of fentanyl-heroin or fentanyl-cocaine mixture

- A large outbreak of overdoses and deaths involving fentanyl combined with heroin or cocaine has been reported in several US cities, including Chicago, Detroit, Philadelphia, and Camden, NJ.
- Since June 1, 2006, 9 overdose fatalities involving fentanyl have occurred in Newark, NJ
- 8 of the 9 Newark cases were among “snorters” of heroin, NOT injection drug users
- **To date, no heroin-fentanyl or cocaine-fentanyl overdoses have been reported in NYC.**
- Symptoms of fentanyl-related overdose include marked central nervous system depression – lethargy, respiratory depression, and miosis, **particularly with a negative toxicology screen.**
- Persons with suspected fentanyl-related overdose should be treated with naloxone, they may require larger than usual doses (2-10 mg) due to the high potency of fentanyl (50-80 times that of morphine)
- All cases of suspected or confirmed overdose must be reported to DOHMH (see contact information below)

*Please share with your colleagues in emergency medicine, internal medicine, family practice, psychiatry, and substance abuse treatment teams.*

June 23, 2006

Dear Colleagues,

The New York City Department of Health and Mental Hygiene has been in discussions with multiple federal agencies on overdose deaths related to the use of fentanyl combined with heroine or cocaine. In Newark, there has been 9 overdoses reported; eight of these deaths occurring among “snorters” of heroin who were NOT concomitant injection drug users.

The Newark cluster adds to a growing number of reports of increased overdoses and overdose-related deaths among substance users in urban centers of the Mid-Atlantic and Mid-Western states who have used heroin or cocaine combined with fentanyl.

Symptoms of overdose are characteristic of central nervous system depression: lethargy, respiratory depression, and miosis. Fentanyl is not detected by standard urine opiate immunoassays; therefore, opioid exposure should not be excluded based on toxicology screen results. In fact, a characteristic

response to naloxone in a patient with overdose symptoms with a negative toxicology screen should be classified as highly suspicious for fentanyl.

Fentanyl is an opioid analgesic. The biological effects of fentanyl are essentially indistinguishable from those of heroin. Fentanyl has a short duration of action and is significantly more potent than heroin and 50-80 times more potent than morphine. Treatment is the same as for other opioid overdose, however, larger than usual doses of naloxone (2-10mg) might be required for reversal of the opioid effects.

As of June 22, 2006, no fentanyl-related overdoses or deaths have been reported in New York City. The substance is usually an off-white powder and may emanate from Mexico. In May 2006 the DEA seized a lab in Toluca, Mexico for manufacturing this type of substance.

Providers should be aware that naloxone is available to opiate users at certain syringe exchange programs; for further information please contact the Harm Reduction Coalition at 212-213-6376.

For more information or consultation on a specific case call Poison Control at 1-800-222-1222 or 212-764-7667 (POISONS).

To report a suspect or confirmed case of poisoning by drugs or other toxic agents (required within 24 hours under Health Code Section 11.03(a)), call the Poison Control Center immediately at 1-800-222-1222 or 212-764-7667 (POISONS).

As always, the NYC DOHMH greatly appreciates its partnership with the medical community in New York City.

Sincerely,



**Jorge R. Petit, MD**  
**Associate Commissioner, Bureau of Program Services**  
**Division of Mental Hygiene**