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In the past months, the national opioid response has become more complex due to the increasing presence of novel opioids contaminating what is being sold as “heroin”. These contaminants include fentanyl, as well as carfentanil and most recently U-47700, otherwise known as “Pink”. Additionally, alternate classes of drugs, including methamphetamine, are being mixed with heroin. The purpose of this memo is to highlight the differences between these novel substances and more common opiates encountered by EMS as well as discuss patient treatment and provider safety when potentially encountering these substances.

Carfentanil is a potent opioid, reported to be 10,000 times more potent than morphine and 100 times more potent than fentanyl. Traditionally, carfentanil has been used to tranquilize large animals. Carfentanil may come in many forms, including powder, blotter tablets, patches, and sprays. Some of these forms may be absorbed through the skin or accidentally inhaled. Due to the extreme potency of carfentanil, exposure to even small amounts may cause symptoms in exposed providers.

U-47700 is a synthetic, currently non-scheduled opiate that is more potent than heroin and has been linked to a number of overdose deaths. The presence of these and other opiate analogues circulating in the drug markets raises the potential for significant increases in opiate overdoses. Additionally, due to the potential for responder exposure, EMS providers should consider the following recommendations:

- 1) Do not handle any substance suspected to contain fentanyl or fentanyl-related compounds. Only properly trained and outfitted law-enforcement professionals should handle such substances.
- 2) Practice proper BSI and PPE. This may include, but is not limited to, donning a second pair of gloves (or using nitrile gloves), a simple face mask or eye protection. When practicing proper BSI and using the above PPE, the risk of exposure to responding EMS providers is significantly minimized.
- 3) In cases of suspected provider or patient exposure to these synthetic opiates, follow the Maine EMS “Antidotes for Specific Toxins – Opiates” protocol (Yellow 5). Administer O2 and manage the patient’s airway as needed. Provide naloxone IN/IM/IO/IV as described in the protocol, repeating 2-5 minutes, titrating to an increase in respiratory drive. Continue supportive care, including airway management procedures between naloxone doses, until the patient is adequately oxygenating and ventilating.

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To date, there have been no confirmed reports of carfentanil in Maine. Additionally, there have been no reports of public safety providers exhibiting signs or symptoms of narcotic exposure from opiates present on the scene. While reassuring, these facts should not dissuade from constant vigilance and should not prevent providers from practicing universal precautions in all cases.

Maine EMS will continue to follow this event and collaborate with law enforcement, Maine DEA, Northern New England Poison Control and the Regional EMS offices. Any necessary future updates concerning these agents will be made available through memos, list-serves, the Maine EMS website, and the Maine EMS social media sites. Please keep Maine EMS apprised of any difficulties you encounter. For point of care questions, please refer to on line medical control or the Northern New England Poison Control Center.

References:

- 1) [https://www.dea.gov/divisions/hq/2016/hq092216\\_attach.pdf](https://www.dea.gov/divisions/hq/2016/hq092216_attach.pdf)  
[http://www.ems.ohio.gov/links/ems\\_PPE-OpidResponse0916.pdf](http://www.ems.ohio.gov/links/ems_PPE-OpidResponse0916.pdf)