



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

Larry Hogan, Governor - Boyd Rutherford, Lt. Governor- Dennis R. Schrader, Secretary

May 5, 2017

Dear Colleague:

We are writing to notify you of several recent deaths in Maryland associated with carfentanil. Carfentanil is a synthetic opioid that is 10,000 times more potent than morphine and 100 times more potent than fentanyl, which itself is 50 times more potent than heroin. While the lethal dose range for carfentanil in humans is unknown, fentanyl can be lethal at the 2-milligram range depending on route of administration and other factors.

Carfentanil is a Schedule II substance under the Controlled Substances Act and is used as a tranquilizing agent for elephants and other large mammals. Carfentanil and other fentanyl-related compounds can come in several forms, including powder, blotter paper, tablets, and spray – they can be absorbed through the skin or via inhalation of airborne powder.

Carfentanil and other fentanyl analogues can potentially be inhaled or absorbed when in powder or solution form. Medical staff assessing or treating patients where drugs, drug paraphernalia, or unidentified substances are present should use caution to avoid exposure. These substances should not be handled and law enforcement should be notified.

Recommendations to Health Care Providers

Medical personnel should review and follow existing policies and procedures to help prevent occupational exposure to carfentanil and other fentanyl analogues as well as other unknown substances. The National Institute for Occupational Safety and Health also provides guidance, which may be found at the following link: <https://www.cdc.gov/niosh/topics/fentanyl/risk.html>. Based on identified potential risks, providers should consider wearing at minimum: gloves, eye protection, and a face mask in situations where carfentanil or other fentanyl analogues could be present.

Naloxone is pharmacologically active against carfentanil and fentanyl analogues, but a carfentanil overdose will likely require multiple and/or higher doses of administration depending on the concentration of carfentanil ingested, injected or absorbed. Naloxone has no other medical indications other than reversing the effects of opioid medications. There are no contraindications to the utilization of naloxone to treat suspected opioid overdose, except for patients less than 28 days old. It is important to note that in a clinical situation there may be little or no information on the quantity or type of intoxicant. Basic life support may be needed until naloxone takes effect.

A drug dependency risk assessment should be performed for each clinical patient encounter. Appropriate treatment and/or referrals should be made as expeditiously as possible.

Naloxone should be prescribed and/or dispensed to patients at risk of opioid overdose and/or their relatives and friends. At-risk patients and/or relatives and friends of these patients should be counselled about carfentanil and fentanyl analogues, and the possibility that initial doses of naloxone may be ineffective.

As a reminder, Maryland law allows physicians and advanced nurses with prescribing authority to, in good faith, prescribe and dispense naloxone and the necessary paraphernalia to at risk patients as well as those who may be likely to witness and respond to an overdose, such as relatives and friends.

Please contact your local health department or the Behavioral Health Administration at (410) 402-8600 if you have any questions or concerns.

Sincerely,

A handwritten signature in blue ink that reads "Howard Haft MD". The signature is written in a cursive style with a small "MD" superscript at the end.

Howard Haft MD, MMM, FACPE
Deputy Secretary for Public Health
Maryland Department of Health and Mental Hygiene