



Safety Notice 014/21

25C-NBOMe toxicity in patients who used powder thought to be MDMA

2 July 2021

Distributed to:

- Chief Executives
- Directors of Clinical Governance
- Director Regulation and Compliance Unit

Action required by:

- Chief Executives
- Directors of Clinical Governance
- Director Regulation and Compliance Unit

We recommend you also inform:

- Drug and Alcohol Directors and staff
- All Service Directors
- Emergency Department
- Intensive Care Unit
- Toxicology Units
- Ambulance
- All Toxicology Staff

Expert Reference Group

Content reviewed by:

- Centre for Alcohol and Other Drugs, NSW Ministry of Health
- Standing Panel on Toxicity Risk, NSW Ministry of Health

Clinical Excellence Commission

Tel: 02 9269 5500

Fax: 02 9269 5599

Email:
MOH-PRISE@health.nsw.gov.au

Internet Website:
<http://health.nsw.gov.au/sabs>

Intranet Website:
<http://internal.health.nsw.gov.au/quality/sabs>

Review date

January 2022

Background

A cluster of 6 people was recently identified in inner Sydney from 25C-NBOMe toxicity following nasal insufflation of a light brown powder thought to be MDMA.

NBOMes are phenethylamine designer drugs with hallucinogenic and stimulant properties uncommonly encountered in Australia.

25C-NBOMe is potent with rapid onset of effect when insufflated (snorted) and a duration of effect of 3-10 hours.

The amphetamine, 4-fluoroamphetamine was also detected in low concentrations, and as with other stimulants may potentiate toxicity of other drugs.

Clinical manifestations of NBOMes

- Mild to moderate toxicity: visual and auditory hallucinations, confusion, anxiety, agitation, sympathomimetic signs such mydriasis, tachycardia, hypertension, diaphoresis.
- Severe toxicity: prolonged agitation and hallucinations, bizarre and violent behaviours, coma, seizure, hyperthermia, serotonin toxicity, rhabdomyolysis, renal failure, multiorgan failure.

Case management

- Have a high index of suspicion for NBOMes in patients who develop hallucinations, mydriasis and severe agitation following MDMA use.
- The mainstay of management includes supportive care to prevent multiorgan dysfunction, and control of behavioural disturbance to prevent physical injury.
- Use benzodiazepine for agitation, hypertension and seizures. Patients may require high doses for sedation in severe toxicity.
- Manage patients with acute severe behavioural disturbance in accordance with local guidelines or NSW Health [GL2015_007](#).
- Control hyperthermia by adequate sedation and appropriate external cooling techniques.
- Contact the Poisons Information Centre (PIC) on 13 11 26 or local toxicology service for advice on management of severe toxicity, such as hyperthermia or serotonin syndrome (agitation, tachycardia, hyperthermia, tremor, sustained clonus).
- Be aware that most Urine Drug Screens do not detect novel hallucinogens such as NBOMes, or 4-fluoroamphetamine.

Notification

Notify the NSW PIC (13 11 26) or Ministry of Health (MOH-PRISE@health.nsw.gov.au) for all suspected cases of NBOMe toxicity (eg unusual drug-related hallucinations and severe agitation). Please ensure that **urine and blood samples** are collected and retained. PIC notifications will be passed on to the NSW Ministry of Health.

Suggested actions required by Local Health Districts/Networks

1. Ensure clinicians have a high index of suspicion for NBOMe toxicity in patients with unusual drug-related hallucinations and severe agitation.
2. Notify the NSW Poisons Information Centre (13 11 26) or Ministry of Health (MOH-PRISE@health.nsw.gov.au) of any suspected case of NBOMe toxicity.