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Cychlorphine (sigh-klor-feen) is a novel synthetic opioid that has no approved medical use, is highly lethal in very small doses. It is contributing to rising overdose events across multiple states. It has never been approved for human use and may be up to 10X more potent than fentanyl. It has been found mixed with other drugs and as the sole active opioid in counterfeit pills. There is evidence of Cychlorphine in Indiana, Tennessee, Kentucky, Ohio, Illinois, Louisiana, Texas, Washington, Nevada and California.

Effects

Its effects are intensely sedative and rapidly dangerous even in small doses. Key effects include nausea, vomiting, confusion dizziness and:

- Severe respiratory distress-slow, shallow breathing
- Increased sedation-extreme drowsiness or loss of consciousness
- Reduced heart rate- dangerously slow or irregular heartbeat

Overdose Recognition and Response

Overdose can be faster than with other opioids. It is not detectable with fentanyl test strips, making routine harm reduction screening ineffective. Often missed on standard toxicology panels, required specialized laboratory testing. Administer naloxone immediately, using repeated escalating doses, if necessary. Provide rescue breathing and airway support, as respiratory depression may persist.

Withdrawal and Treatment

As with other potent synthetic opioids, anticipate:

- Severe dependence, high tolerance, and rapid onset withdrawal.
- Need for close monitoring, possibly in higher-acuity settings.
- Continue evidence-based treatment for Opioid Use Disorder (OUD):
- Buprenorphine and methadone can still be used.
- Promote: Not using alone, carrying multiple naloxone doses, awareness of counterfeit pills.

Next Steps

Continue to educate yourself about Cychlorphine and monitor for use among clients who use substances. If you have questions about please reach out to your local quality leaders-who can connect you to the right Centerstone colleagues.