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OBJECTIVES

- Describe the clinical pharmacology, toxicology, and patient perceptions of fentanyl and its analogs compared to heroin, including potency, route of administration, and reversal by antagonists.

- Describe strategies for bedside and laboratory diagnosis using currently available tests and laboratory monitoring during the treatment of opioid use disorder in patients who use fentanyl.

- Address and debunk the myths and sensationalism surrounding transient fentanyl exposure in order to optimize patient care and avoid treatment delays in patients suspected of fentanyl use.
AUGUST 31ST IS...

International Overdose Awareness Day
prevention and remembrance

31 AUGUST
INTERNATIONAL OVERDOSE AWARENESS DAY

TIME TO REMEMBER.
TIME TO ACT.

A Penington Institute Initiative

(Photo: International Overdose Awareness Day, 2020)
OVERDOSE DEATHS IN FLORIDA CONTINUE TO RISE

(Ahmad et al., 2021)
Opioids are the most common drug involved in overdose deaths

Synthetic opioids (e.g., fentanyl) are most prevalent

Psychostimulant (e.g., meth) and cocaine involved deaths are increasing

(Ahmad et al., 2021)
Three Waves of the Rise in Opioid Overdose Deaths

- Any Opioid
- Other Synthetic Opioids (e.g., Tramadol or Fentanyl, prescribed or illicitly manufactured)
- Heroin
- Commonly Prescribed Opioids (Natural & Semi-Synthetic Opioids and Methadone)

Wave 1: Rise in Prescription Opioid Overdose Deaths Started in 1999
Wave 2: Rise in Heroin Overdose Deaths Started in 2010
Wave 3: Rise in Synthetic Opioid Overdose Deaths Started in 2013


(CDC, March 2021)
WHAT IS FENTANYL?

- A synthetic opioid
  - Natural opioids: morphine, codeine
  - Semi-synthetic opioids: heroin, oxycodone, hydrocodone
  - Other synthetic opioids: methadone, tramadol, U-47700

- A type of novel psychoactive substance (NPS)
  - Also called designer drugs
  - Other NPS include synthetic cannabinoids (K2, spice) and synthetic cathinones (bath salts, flakka)
  - Typically attempt to replicate the effects of other drugs
    - Cannabis : K2 :: Heroin : Fentanyl

(DPA, 2016; CDC, February 2021; Photo: NCBI, 2021)
WHAT IS FENTANYL?

- Extremely potent
  - 30-50 times more potent than heroin
  - 80-100 times more potent than morphine
- Used both licitly and illicitly
- Illicit fentanyl is most commonly in a white powder form, also pressed pills
- Fentanyl’s potency makes it easier to transport in smaller quantities
- There are numerous fentanyl analogues (e.g., carfentanil, acetyl-fentanyl) and fentanyl derivatives (e.g., sufentanil, remifentanil)

(DPA, 2016; CDC, 2021; Photo: DEA, n.d. a)
Fentanyl is a Schedule II substance. It has been used in clinical settings since the 1960s. Generally used to treat pain, including epidurals during childbirth, cancer, and heart surgery. Administered intravenously or intramuscularly (Sublimaze), orally (Subsys), and transdermally via patches (Duragesic). In medical settings, the dosage is highly controlled, and patients are under close monitoring to protect against adverse side effects.

“Most fentanyl-related harm, overdose, and death in the U.S. are linked to illegally made fentanyl.”
–CDC, February 2021
EFFECTS AND SYMPTOMS

- Pain relief
- Euphoria
- Nausea
- Constipation
- Sedation
- Drowsiness
- Depressed breathing
- Bradycardia (slow heart rate)
- Chest wall rigidity ("Wooden Chest")
Of the people you know who have used fentanyl, how many did so intentionally?

- None, everyone I know has used it unintentionally
- 1-25% used it intentionally
- 26-50% used it intentionally
- 51%-99% used it intentionally
- All, everyone I know has used it intentionally
WHO IS USING FENTANYL?

People who use it unintentionally

People who know it may be in their drugs, but are willing to take the risk

People who seek it out
In 2013, heroin supply changed including an increase in fentanyl-adulterated or –substituted heroin (FASH)

Distinguishing between heroin and fentanyl: embodied effects, taste, powder color, and solution appearance

Some disagreement over whether fentanyl or heroin produces a better rush, with some reporting that fentanyl provides a more intense rush

Shorter duration than heroin

“I don’t like fentanyl. I don’t like it. I try to stay away from it. I try to, but when you’re sick and you need that fix you’ll take anything.”

Julie, research participant

(Ciccarone, Ondoscin, and Mars, 2017)
What are you hearing about fentanyl in your community?

How do you engage people when you talk about it?

What’s the benefit of having these conversations?
A DRUG POISONING CRISIS

- Fentanyl is increasingly present in the illicit drug supply
- Most commonly it is mixed with heroin
- As a white powder, it is easy to add to other drugs

(HRC, 2020; Photos: DEA, 2019; SFDPH, 2015; DEA, 2021)
Drug screening results show an increase in people mixing fentanyl and stimulants, like cocaine and methamphetamine. This trend is driven by polysubstance use. Fentanyl is cut into stimulants like cocaine and methamphetamine. Mixing stimulants and opioids increases overdose risk. (LaRue, et al., 2019)
Some forms of urine screening do not detect fentanyl.

Unless use is chronic, urinalysis may not detect fentanyl.

It can take 10 – 15 days after last use for fentanyl tests to come back negative.

False positives and incorrect results do occur.

How do we present information about urine drug screen results that indicate the presence of fentanyl?

(Kapur & Aleska, 2020; Dezman et al., 2020)
Skin contact with fentanyl does not cause overdose

Sufficient protection for first responders includes use of nitrile gloves

Wash hands with soap and water following skin contact (alcohol-based hand sanitizers do not remove exposure and may increase drug absorption)

(ACMT, 2017; Photo: Sabora, 2018)
Stories about overdoses caused by fentanyl exposure have been reported and shared widely through social media.

Reports of emergency responders described symptoms inconsistent with those caused by opioid toxicity.

Fear of exposure could cause people to delay their response.

(Health in Justice Action Lab, 2019; ACMT, 2017)
WHY ARE WE SEEING MORE FENTANYL?

“It can all be traced back to profit motive.”

–Ben Westhoff (2020), author of *Fentanyl Inc.*
Many policies focus on restricting the supply of prescription opioids

Increased demand for heroin

Contaminated drug supply

More potent opioids being used has led to increased overdose deaths

Chronic pain patients harmed
Escalating criminal punishment is not associated with reductions in injection drug use (Friedman, 2011)

Harsh penalties already exist and failed to deter the rise of fentanyl

Iron Law of Prohibition

“It is likely that, as efforts to restrict the importation of natural products and prevent diversion of pharmaceuticals become more effective, the fentanyl and other synthetics will become increasingly important drugs of abuse.”

Gary Henderson, 1988
WHAT DO WE DO ABOUT IT?
HARM REDUCTION FOR FENTANYL: YES, EVEN FENTANYL CAN BE USED IN SAFER WAYS

- Harm reduction strategies that work with other substances can be used with fentanyl
- Responds to naloxone in the event of an overdose
- “Tasting” drugs
- Start low, go slow
- Altering route of administration (i.e. snorting instead of injecting)
- Avoiding mixing drugs, especially combining opioids with other opioids, alcohol, benzodiazepines, and stimulants
- Be aware of changes in tolerance
Fentanyl test strips (FTS) are the most common method of drug checking for fentanyl.

As of April 2021, SAMHSA funds can be used by federal grantees to purchase FTS, but FTS remain illegal in Florida (drug paraphernalia).

Spectrometers are an alternative way to test illicit drugs for fentanyl.

Limitations
- Detects the presence of fentanyl, not the amount
- Accessibility of testing
- Trust or willingness to participate (SAMHSA, 2021; Photo: Live 4 Lali, n.d.)
TESTING METHODS

(Photo: Peiper, et al., 2019)
Most participants who receive FTS will use them to test their drugs.

People with positive FTS results are more likely to alter their drug use behaviors with harm reduction strategies.

Altered drug use behaviors based on FTS results include discarding supply of drugs, using less, using more slowly, using with someone else, and having naloxone on hand.

When given FTS, participants share them with friends who they think are at high risk for fentanyl exposure.

*When we provide appropriate information and resources, people are better equipped to make safer choices.*

(Peiper et al., 2019; Goldamn, et al., 2019; Krieger et al., 2018)
NEVER USE ALONE

- Stagger your use with the person you’re with
- Barriers to using alone
  - Stigma
  - Safety and trust
  - COVID-19
- Alternatives to using alone
  - Notify a nearby family member or friend
  - Call lines
    - Never Use Alone: 800-484-3781 or http://neverusealone.com/
  - Smartphone applications and alert systems
    - BeSafe Community/Brave App
    - Canary – Prevent Overdose
Naloxone is the opioid overdose antidote

Any person who uses illicit drugs or prescription opioids should carry naloxone and be trained on how to use it

To find naloxone near you, visit https://www.isavefl.com/

Naloxone has limitations
- You cannot self-administer
- Only works on opioids
- Dose dependent
- Shorter half-life than common opioids

(Photo: Prevention First, 2020)
Barriers to seeking care

Good Samaritan Law
- Provides protection from criminal penalties for people experiencing an overdose or those calling for help in the event of an overdose
- Encourage people to seek help during an overdose emergency
- Reduce opioid overdose deaths and do not increase use (McClellan et al., 2018)
- Can be undermined by limited protection, unnecessary requirements, and alternative criminal penalties like drug-induced homicide (Lieberman & Davis, 2020)
The Florida Legislature enacted 893.21, F.S. in 2012 with amendments passed in 2019, to encourage people to call for potentially life-saving medical assistance during an overdose without fear of arrest.

The law provides limited protections for certain offenses.

Person who, acting in good faith, seeks medical assistance for someone experiencing an alcohol or drug-related overdose, and a person experiencing an alcohol or drug-related overdose who is in need of medical assistance, may not be arrested, charged, prosecuted, or penalized for:

- Use/possession of drug paraphernalia [893.147(1)]; or
- Possession of small/personal amounts of controlled substance [893.13(6), excluding paragraph (c)].

Violation protections are extended to people on probation, parole, or pretrial release.

Florida Statute 893.21, regarding alcohol or drug-related overdose and immunity:
ADDITIONAL CONSIDERATIONS WHEN SEEKING MEDICAL ATTENTION

- Focus on physical symptoms
- Stay with the overdose victim as long as possible, as overdose can recur
- Discourage additional substance use
- Recovery position
- Keep drugs and paraphernalia out of plain view
- Transport the individual to a hospital
- Call for help, leave a door unlocked and wait until help arrives
Provides an alternative to using illicit opioids containing fentanyl

- Helps manage withdrawal symptoms
- Reduces risks related to illegal drug use
- Reduces overdose mortality

(Collins & Vakharia, 2020)
INTERNATIONAL APPROACHES

- Large scale drug checking services
- Safer Consumption Sites, also called Overdose Prevention Sites or Supervised Injection Facilities
- Safe supply programs
- Heroin assisted treatment

(Westhoff, 2019; Ivsins et al., 2020; Photo: Brunsdon, 2019)
A local syringe service program shared on Facebook that they have heard reports of a batch of heroin going around that has large amounts of fentanyl in your area and has caused multiple people to overdose.

In your next outpatient group counseling session, you:

A) Don’t mention it because all of your clients are pursuing abstinence.

B) Share the information with the group members. Warn them about how deadly fentanyl is, remind them that it’s a good reason to quit using, and commend their choice to stop using.

C) Share the information with the group. Ask them what they make of it and what else they know about it. Explore strategies to stay safe.
TALKING ABOUT FENTANYL

- Find opportunities for discussion
  - Urine screen results
  - Assessment
  - Group or individual sessions
- Be curious
- Ask and listen, before providing information
- Avoid scare tactics
- Remember, talking about fentanyl does not inherently create an urge to use
31 AUGUST

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OVERDOSE DEATH IS PREVENTABLE.

A Pennington Institute Initiative
Thank You
RESOURCES: FLORIDA HARM REDUCTION AND SY Ringe SERVICE PROGRAMS

My Life Matters, Deland, (386) 561-0028
https://www.mylifemattersharmreductionoutreach.com/

IDEA Exchange, Miami, (786) 769-8118
http://medicine.med.miami.edu/IDEAexchange

Rebel Recovery, West Palm Beach, (561) 271-2184
https://www.rebelrecoveryfl.com/harm-reduction

IDEA Orlando, Winter Park, (407) 749-2105
https://www.hopeandhelp.org/ideaorlando

IDEA Exchange Tampa, Tampa, (813) 606-9378
https://m.facebook.com/IDEATPA/
Drug Policy Alliance. 10 Facts About Synthetic Opioids (Fentanyl).  
https://drugpolicy.org/drug-facts/synthetic-opioids-fentanyl  
FADAA Training Modules, Overdose and Naloxone Basics:  
https://www.training.fadaa.org/Overdose/  
I Save FL website, Florida naloxone providers: https://isavefl.com/find-naloxone.shtml  
https://drive.google.com/file/d/0B67G0uZqZSMsOTctc3RRdG0zLV8wNmw5S2tnbmNyNENQSHdz/view?resourcekey=0-I8E19TVKnc1Hq9pBwPLOOq


BeSafe Community/Brave App: https://www.bebrave.io/


REFERENCES AND RESOURCES


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Marino, R. (2018, July 18). *Fentanyl for First Responders: What the Fentanyl?* [https://drive.google.com/file/d/0B67G0uZqZSMsOTctc3RRdG0zLV8wNmw5S2t nbmNyNENQSHdz/view?resourcekey=0-l8EI9TVKnc1Hq9pBwPLOOg](https://drive.google.com/file/d/0B67G0uZqZSMsOTctc3RRdG0zLV8wNmw5S2t nbmNyNENQSHdz/view?resourcekey=0-l8EI9TVKnc1Hq9pBwPLOOg)


REFERENCES AND RESOURCES


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