Transforming Our Communities
Supporting People Who Use Drugs

Johnny Ohta, SUDP  Taryn Hansen, MD  Abigail Woods, SUDP

2021 Virtual Conference | Day 2- Fentanyl
Goal: increase understanding, gain insight, develop and support effective compassionate relationships and care

We invite you to commit to being:

- **Welcoming** - invite others to share
- **Open minded** - encourage dialog, listen
- **Kind** - tone and words that are respectful
- **Person-first** - people are not their disease(s), avoid stigmatizing language
- **Generous** - assume good intent, share your perspective to educate not shame
- **Accountable** - to ourselves and others
Addiction

Biopsychosocial Model

Treating dependence is not treating addiction

DSM-5 criteria as a diagnostic assessment tool
Opioid Use Disorder

- At least 2 criteria in last 12 months
- Impaired control, social impairment, risk use, dependence
- Chronic, treatable, medical condition
- Rapid onset OUD with fentanyl

**Diagnostic Criteria**

- Opioids are often taken in larger amounts or over a longer period of time than intended.
- There is a persistent desire or unsuccessful efforts to cut down or control opioid use.
- A great deal of time is spent in activities necessary to obtain the opioid, use the opioid, or recover from its effects.
- Craving, or a strong desire to use opioids.
- Recurrent opioid use resulting in failure to fulfill major role obligations at work, school or home.
- Continued opioid use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of opioids.
- Important social, occupational or recreational activities are given up or reduced because of opioid use.
- Recurrent opioid use in situations in which it is physically hazardous.
- Continued use despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by opioids.

*Tolerance, as defined by either of the following:
(a) a need for markedly increased amounts of opioids to achieve intoxication or desired effect
(b) markedly diminished effect with continued use of the same amount of an opioid*

*Withdrawal, as manifested by either of the following:
(a) the characteristic opioid withdrawal syndrome
(b) the same (or a closely related) substance are taken to relieve or avoid withdrawal symptoms*

Total Number Boxes Checked: ____________

Severity: Mild: 2-3 symptoms. Moderate: 4-5 symptoms. Severe: 6 or more symptoms
# Medications for Opioid Use Disorder

<table>
<thead>
<tr>
<th>Drug</th>
<th>Formulations</th>
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| Methadone          | Tablet (Dolophine)  
Oral concentrate (Methadose) |
| Buprenorphine      | Patch (Butrans)  
Intradermal implant (Probuphine)  
Injection (Sublocade, Buprenex)  
Sublingual tablet |
| Buprenorphine/     | Buccal film (Belbuca, Bunavail)  
Naloxone (in combination)  
Sublingual tablet (Subutex, Zubsolv)  
Sublingual film (Cassipa, Suboxone) |
| Naltrexone         | Oral (Revia, Depade)  
Injectable suspension for extended release (Vivitrol) |

Sources: NIH 2018a; IBM Micromedex DRUGDEX 2018; ASAM 2015; Leshner 2019

*Some formulations have generic versions available.*
Rapidly Changing Fentanyl Drug Market, Impacts on Use, Treatment & Overdose

Caleb Banta-Green, MSW, MPH, PhD
Principal Research Scientist, ADAI
Affiliate Associate Professor, School of Public Health, Health Services
Affiliate Faculty, Harborview Injury Prevention & Research Center
June 30, 2021
What is fentanyl

• Fentanyl is a synthetic opioid
• It acts on opioid receptors
• Very high potency,
  • 80 x stronger than morphine
  • therapeutic doses measured in micrograms (1/1000\(^{th}\) of a mg)
• Used during surgery and for severe pain
• Fast effect and short acting
• Medical formulations prescribed for severe pain include patches and lollipops
What are non-Rx Fentanyls

- Illicitly manufactured fentanyl
- Illicitly manufactured fentanyl related compounds
  - e.g. acetyl fentanyl or carfentanil, may be more or less powerful than fentanyl.
- Raw product in powder form
- May be tableted or put into other substances out of country or locally
- Not the quality control of a pharmaceutical product
Why non-pharmaceutical-fentanyl

• From production and distribution (supply) perspective it’s all about $\\$
• For those seeking pills
  • Appears safe: pill = pharmaceutical = safe
  • Seeking effects: pain, sleep, euphoria
  • Avoiding withdrawal for those with opioid use disorder
  • May be cheaper and/or all that is available
• For those seeking heroin or Rx pills
  • Often don’t want fentanyl
  • WA market is unpredictable now
WA State fentanyl cases

**Thousand of fentanyl pills, meth, heroin seized in Seattle**

Dec. 3, 2020 at 5:15 am | Updated Dec. 3, 2020 at 3:48 pm

By The Associated Press

The Associated Press

SEATTLE (AP) — Federal agents have made more arrests in a drug pipeline that stretches from Mexico to north of Seattle in Snohomish County.

The Herald reports authorities seized what they believe to be 16,000 fentanyl pills, 30 pounds of methamphetamine and 6 pounds of heroin, according to the U.S. Department of Justice.

**Fentanyl fueling increase in opioid-related deaths, Yakima County coroner says**

DONALD W. JERNIGAN Yakima Herald-Republic
Feb. 8, 2021 Updated Feb. 8, 2021

In recent months, the coroner in Yakima County has seen a sharp increase in opioid-related deaths, with fentanyl being one of the primary drugs involved.

**DEA takes 48,000 suspected fentanyl pills, 20 pounds of meth off Tri-Cities streets**

YAKTRNWS.COM

May 7, 2021

More than 48,000 suspected fentanyl pills and 20 pounds of methamphetamine were seized during a drug bust in April.

In February, the US Drug Enforcement Agency launched a drug trafficking investigation into Daniel James Hernandez and Jesus Mendez.

According to court documents obtained by KYKT-TV.
Law enforcement evidence

Cases involving given drug type, by quarter

Data source: Forensic Laboratory Services Bureau, Washington State Patrol

Analysis by UW ADAI. For data sources, see text or adai.uw.edu/wadata/cases.htm
Law enforcement evidence

Fentanyl positive samples
Mostly tablets (89% of drugs with form reported), some black tar and powder

Drug evidence testing positive for fentanyl
WA State Jan-Sept 2020

- Tablet
- Residue
- Missing
- Black tar
- Powder
- Liquid
- Chunky materials
- Other

Source: WSP Forensic lab services bureau, NFLIS database, ADAI analysis
Drug evidence testing of "Black tar"
WA State Jan-Sept. 2020 (n=1,419)

- Heroin: 94%
- Metham.: 2%
- Other: 3%
- Fentanyl analog 0%
- Fentanyl: 1%
Fatal overdoses

Statewide drug poisonings by quarter

- All drug poisonings
- Cocaine
- Heroin
- Natural & semi-synthetic opioids
- Commonly prescribed opioids
- All opioids
- Fentanyl
- Methadone
- Psychostimulants with abuse potential
- Other synthetic opioids

Analysis by UW ADAI. For data sources, see text or adai.uw.edu/WAdata

Source: WA State Dept of Health
https://www.doh.wa.gov/Portals/1/Documents/8300/wa_lhj_quarterly_report_18_1_2_pub.html
Drug overdose deaths disproportionally affect American Indian and Alaskan Native populations.

This is to put the previous slide in some context. While the number of overdose deaths among AIAN are low, the rate is very high.

NH: Non-Hispanic
AIAN: American Indian/Alaskan Native
NHOPI: Native Hawaiian or Other Pacific Islander
Multi: Multi-racial

Source: Washington State Department of Health
Fatal overdoses

- King County medical examiner, and others, primarily report fentanyl in blue “M30” oxycodone appearing tablets
  - Most often smoked or injected, some snorting
- Rare cases, as on now, of fentanyl in heroin or methamphetamine
- Sometimes in white powder
- In 2020
  - No case of M30/Oxy tablet that was oxycodone
  - Every case with oxycodone per body fluid testing had prescription
- June 2021
  - 27 fentanyl involved overdose deaths in first 24 days
• Populations consuming appear to be mostly:
  • Teens/Young adults without OUD
  • Teens/Young adults with rapid onset OUD
  • Adults with pre-existing OUD
• Absolute and relative numbers unknown
Transforming Our Communities | 2021

Fentanyl overdose info.

Fentanyl

In this section:
- What is fentanyl? What does it look like?
- What are the signs of fentanyl overdose?
- How do I respond to fentanyl overdose?
- It is safe to respond to fentanyl overdose.
- How to reduce the risk of fentanyl overdose
- Fentanyl test strips
- Resources

Fentanyl test strips

If used correctly, fentanyl test strips can detect the presence of the most common types of fentanyl in street drugs. These strips can be a useful harm reduction tool for people who drugs. Fentanyl test strips may not be able to detect all forms of illicit fentanyl and they cannot tell you how much fentanyl may be present. There can also be false positives (showing that fentanyl is present when it really isn’t). False positives are common when you test methamphetamine. The process of testing methamphetamine is different than testing opioids and uses more water.

Watch a video on How to use fentanyl test strips from Prevent Overdose-Rhode Island. To find out more about to how to access fentanyl test strips in WA go here.
Educational materials

**WARNING**
FENTANYL HAS BEEN FOUND IN BLACK TAR

Recent overdose deaths involved fentanyl in black tar. This is new in King County.

**Reduce overdose risk**
- Avoid using alone. If you must use alone, have someone check on you.
- Make sure you don’t use with alcohol.
- Use Narcan (Naloxone) readily to reverse an overdose.

**Poster**
Fentanyl is found in black tar

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**Don’t be faked out.**

Knock-off pills sold on the street or online contain the deadly substance fentanyl.

**11” x 17” poster**
Don’t be faked out.

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**Narcan saves lives**

Anyone can get Narcan without a prescription.

**11” x 17” poster**
Narcan saves lives

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**WARNING**
FENTANYL IS KILLING KING COUNTY RESIDENTS

“Oxycodone” and “Perocet” pills sold on the street or online are Fentanyl-laced and likely contain fentanyl.

**Poster**
Look for these signs of an opioid overdose

- Abnormal breathing
- Can’t be woken up
- Skin changes

**Look for these signs of opioid overdose**

- Fentanyl warning poster
- Fentanyl warning postcards
- Order printed copies of “Fentanyl is Killing King County Affordable Opioid Overdose Education and Prevention” and other ADAI resources

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**WARNING**
FENTANYL WARNING

Fentanyl can be found in many places:
- Prescription pain pills
- Over-the-counter cold medicine
- Street drugs

**Poster**
Fentanyl warning infographic

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For more information, visit https://kingcounty.gov/overdose
Laced & Lethal Campaign

King County youth fentanyl overdose prevention
• King County Department of Community and Human Services (DCHS) decided to fund a campaign to focus on youth fentanyl overdose prevention.

• Released an RFP and selected Rescue Agency to conduct background research with youth at-risk for fentanyl overdose and develop a campaign centered on the needs of this population.
Rescue Agency Research

• Rescue Agency was hired to conduct qualitative interviews and surveys with King County youth and develop campaign.

• Used a youth segmentation approach, looking at groups by interest and affiliation, rather than race/ethnicity or class.

• Focused on inclusive “skater” youth because of higher reported use of pills and powders, adverse childhood experiences (ACEs) and mental health concerns.
• These youth reported two key motivations for use:
  • coping and sensation seeking.
• High levels of trust for the people they bought or obtained drugs from. Had easy access to drugs through friends and internet.
• Did not perceive themselves as at risk for fentanyl overdose.
• Were open to messaging about increased deaths from fentanyl.
STEP UP AGAINST FENTANYL

More and more substances are being laced with fentanyl. In just two years (2018-2020), King County saw a 167% increase in the number of fentanyl overdose deaths. Keep scrolling for life-saving steps EVERYONE can take to bring the death count down.
Naloxone access

- Youth could order naloxone online through a partnership between King County and Kelley-Ross Pharmacy.
- Also directed to stop overdose and pharmacies to obtain it.

Order online to have naloxone mailed to any address. It even arrives in plain packaging to protect your privacy. This service is free for King County residents under the age of 18.
### Laced & Lethal Performance

**Campaign Summary**

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**Total Media Spend:** $15,000  
**Campaign Objectives:**
- Primary: Drive teens’ consumption (engagement) of all urgent messaging through a relevant and frequented channel (Snapchat).
- Secondary: Connect teens with fentanyl and naloxone information and resources by sending them to the campaign landing page.

**Summary:** This message package exceeded Rescue benchmarks. Most notable, the Snapchat story open rates were much higher when compared to similar campaigns, proving to be both engaging and cost effective. This shows how the content is effectively meeting our audience’s needs.

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**Engagements** = Link clicks/swipe ups, story opens, and GIF completions  
**Impressions** = The number of times our content was delivered to someone’s Snapchat feed
Lessons learned and next steps

- Efforts to reduce fentanyl deaths among youth need to understand:
  - The motivations around youth substance use
  - What messages youth are receptive to

- Social media is an effective channel to reach some groups of youth who may be at risk for fentanyl overdose.

- Online mail order naloxone is a viable way to get naloxone out into the community.

- Next step is a young adult focused campaign with specific research and messaging for that population.

- Team effort involving the county, Rescue Agency, ADAI, Kelley-Ross Pharmacy and many community partners.
Contact

Erin James
  • Erin.james@kingcounty.gov

Alison Newman
  • alison26@uw.edu
Care Model: History

History:

- Ryther/Kaiser/YouthCare partnership
- Bringing clinic with doctors/prescribers into multi-service center for homeless and at-risk youth
- Drop-in center for homeless that also has school, case management, mental health, job training programs and shelter.
- King County grant to respond to substance use, specifically OUD, in youth/young adults
# Care Model and Principles

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<th>Model:</th>
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| • Doctor, Counselor, Outreach, Case Manger  
• Quick response, nimble, not appointment based  
• Intensive case management and relationships responding to the needs that present  
• Adding nurse, mental health, 2\textsuperscript{nd} outreach/case manager  
• Having some expectations, having some formalized settings to provide sense of safety to vulnerable young people  
• Low barrier, compassionate care |
How it unfolds:

We meet you where you’re at but don’t leave you where you’re at

Contact made
Phone call, drop-in floor, outreach, post-it, parent, JPC

Meet with client, preferably in person

Doctor same day, in person or tele-medicine

Prescribed medication → physically handed medication

“Then comes the rest of the show”
• Possibilities open up
• Intensive case management: housing, employment, education, ID, family reunification, tattoo removal, mental health, legal support, ongoing engagement with doctor/clinic ……
• Listening intentionally. Grabbing onto client’s contemplation of what is possible (5 stages of change)
• Fentanyl has changed the landscape
• Youth are dying
• Normalization of overdose
• If under 18 years old, medications for OUD are less available
• Young people don’t stay on medications for OUD (in general)
  • Used as option along the path
  • At system level, can feel like failure
• Intensive outpatient is not an available option for most young people
  • Pandemic made it worse
  • How do we bring intensive outpatient back?
Lessons learned:

• Relentless follow through
  • We initiate continued contact
    • Try to be in contact and work on issues before crisis happens – OD, jail, legal issues
    • Learn about the nature of their situation: where they are at, how they are doing, what are their needs
    • Partner with case managers, parents, lawyers, JPCs

• Phones, phones, phones, phones

• Go to them

• Smooth the path:
  • Example: Medication
    • Getting the medication to struggling individuals is part of the job
      • Barriers: no ID, no insurance, insurance but no ID, gender change, name change, Making sure they get the medication. *This means physically handing them the medication.*
      • Build relationships with pharmacies
Lessons, continued:

• **Crisis response needs to be part of the model**
  • Clients will initiate engagement and re-engagement during crisis
    • Withdrawal
    • Housing issues, legal issues, lost medication, medication refills, etc. etc.

• **Suboxone is an effective engagement tool:**
  • Client themselves or person in their life will call about them in withdrawal
  • Planning ahead to get them somewhere else – coming home, visiting family, starting a job, getting to residential treatment
  • Overdose prevention tool

• **Early intervention / treatment is an interrupter**
  • Interrupts progression of addiction
  • Young people earlier in addiction can be more responsive to ideas/avenues for treating addiction
  • May be at stage where want to change and respond to consequences
Fentanyl: Changing Landscape:

Last 6 months

- Started seeing rapid onset OUD
  - Progression for nicotine/marijuana/alcohol to all of a sudden presenting in withdrawal from fentanyl pills.
  - Somebody says had try these and that’s that

Last 3 months

- Now we are surprised if it’s a call that involves someone that is shooting heroin
- Everyone we see knows Perc30s are fentanyl
- Overdoses are normalized
- **Ease of use, cost, availability and proven to be effective even for established heroin users**
- **Exposure to a different world that that young person would have never known**

Take away:

- The whole show, the landscape of youth and young adults with OUD has shifted completely
Evolution of care model: How do you build a team

• Creative brainstorming, close communication with tight team to respond to what the patient is presenting
• Know each other’s strengths
• Freedom to be responsive to our co-workers
• Working to be available for any young person that presents in need – be flexible