



Transforming Our Communities

Supporting People Who Use Drugs

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2021 Virtual Conference | Day 2- Fentanyl



UNIVERSITY of
WASHINGTON



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

ADAI

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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

DSM-5 Criteria for Diagnosis of Opioid Use Disorder

Diagnostic Criteria*

These criteria not considered to be met for those individuals taking opioids solely under appropriate medical supervision.

Check all that apply

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

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

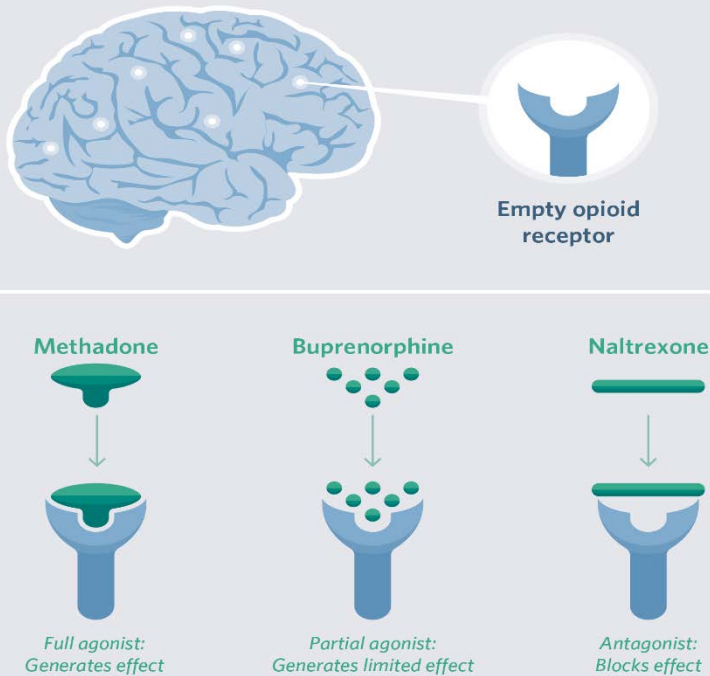
Sources: NIH 2018a; IBM Micromedex DRUGDEX 2018; ASAM 2015; Leshner 2019

[‡]Some formulations have generic versions available.

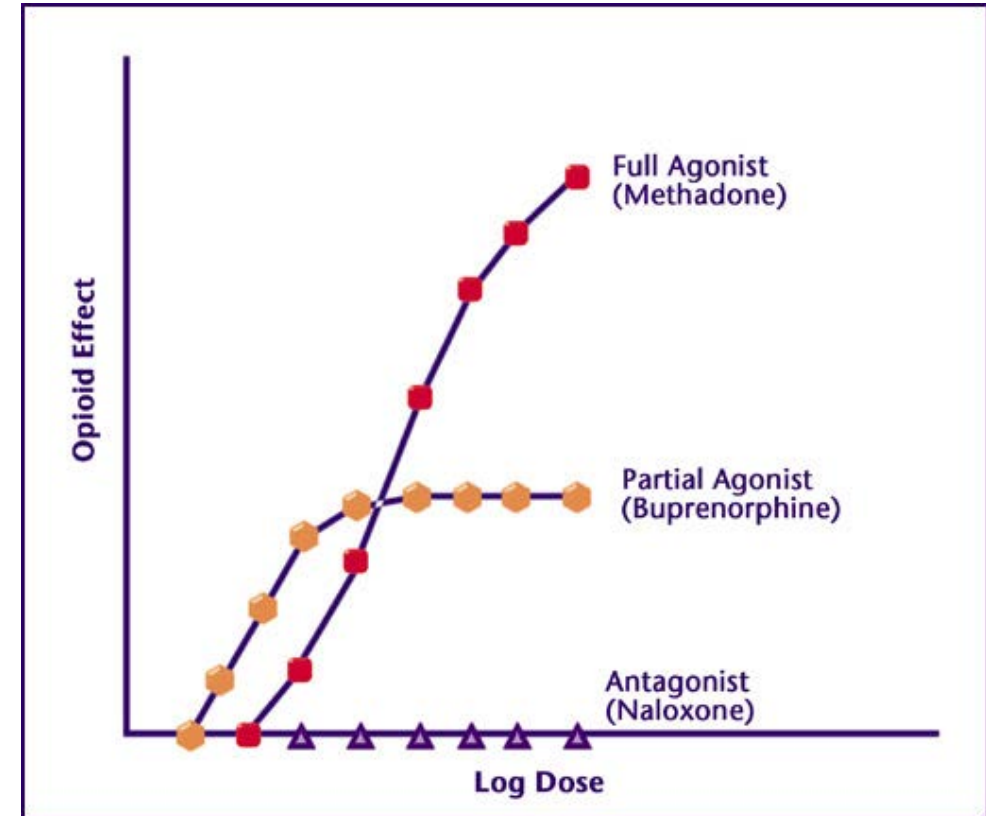


Mechanism

Figure 1
How OUD Medications Work in the Brain



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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

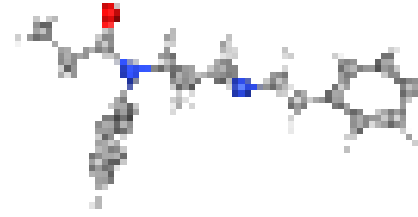
Affiliate Faculty, Harborview Injury Prevention & Research Center

June 30, 2021



What is fentanyl

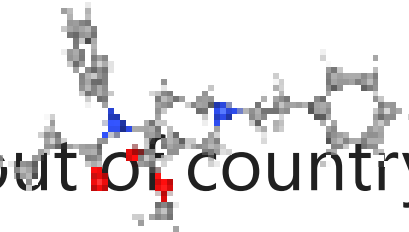
- Fentanyl is a synthetic opioid
- It acts on opioid receptors
- Very high potency,
 - 80 x stronger than morphine
 - therapeutic doses measured in micrograms (1/1000th of a mg)
- Used during surgery and for severe pain
- Fast effect and short acting
- Medical formulations prescribed for severe pain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





What are non-Rx Fentanyl^s

- 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 3:46 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 methamphetamines 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. MEYERS Yakima Herald-Republic Feb 6, 2020 Updated Mar 14, 2020



YAKTRINEWS.COM34

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

Posted: May 6, 2020 7:41 PM
Updated: May 7, 2020 10:44 AM by

TRI-CITIES, Wash. — More than 48,000 suspected fentanyl-laced pills and 20 pounds of methamphetamine were taken off the streets of Tri-Cities during a massive drug bust in April.

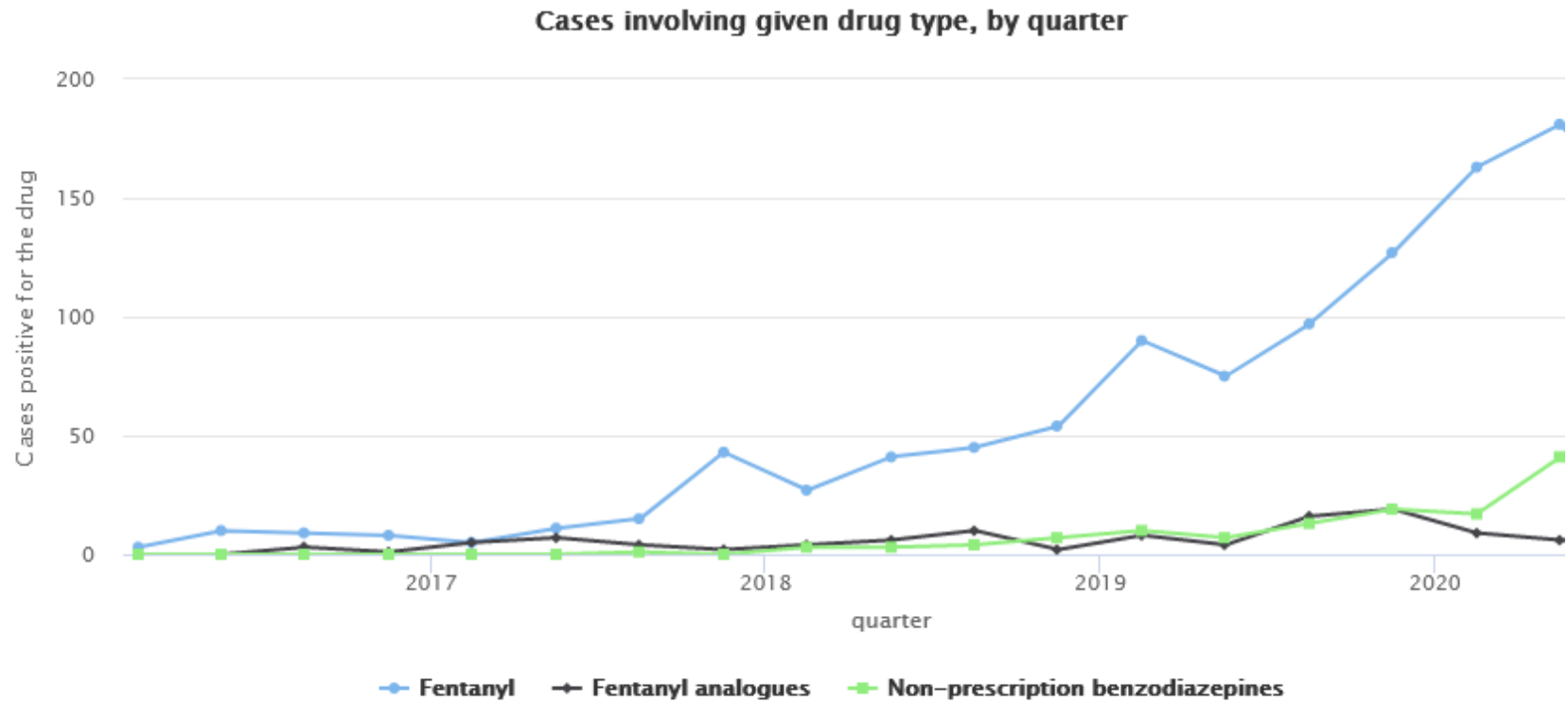
In February, the US Drug Enforcement Agency launched a drug trafficking investigation into Daniel James Hernandez and Jesus Mendoza.

According to court documents obtained by KAPP-KVEW:

USC



Law enforcement evidence



Data source: Forensic Laboratory Services Bureau, Washington State Patrol

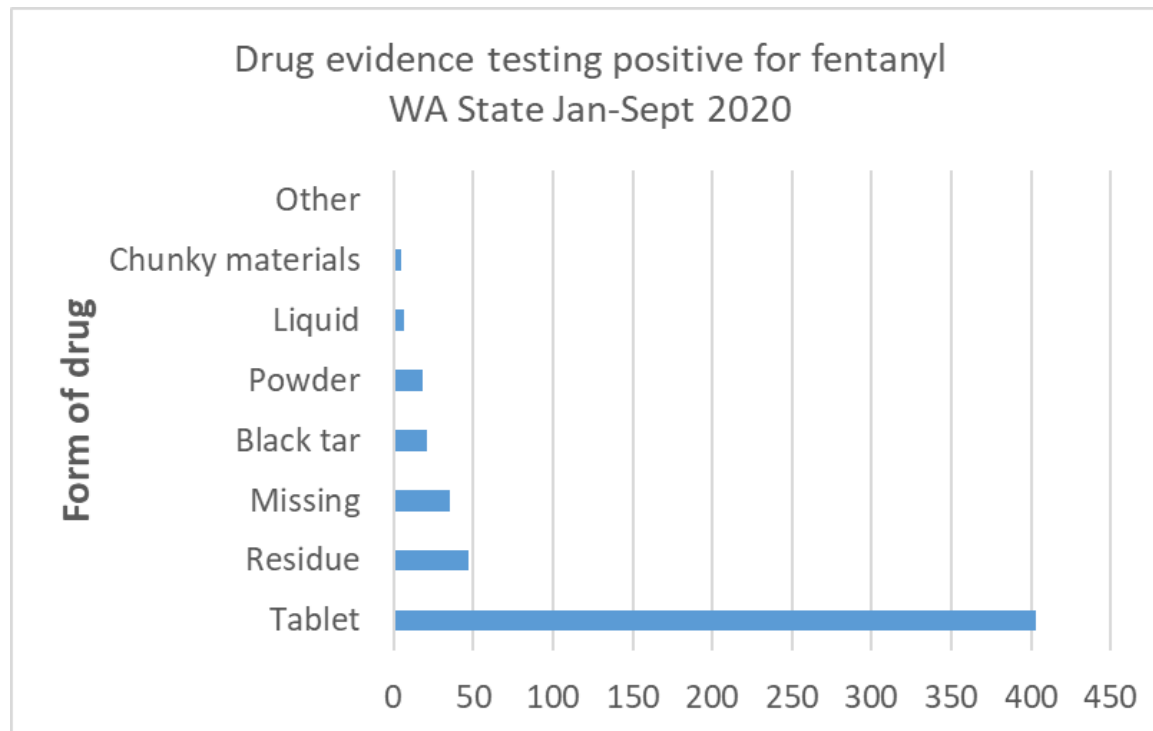
Analysis by UW ADAI. For data sources, see text or [adai.uw.edu](https://adai.uw.edu/wadata/cases.htm)



Law enforcement evidence

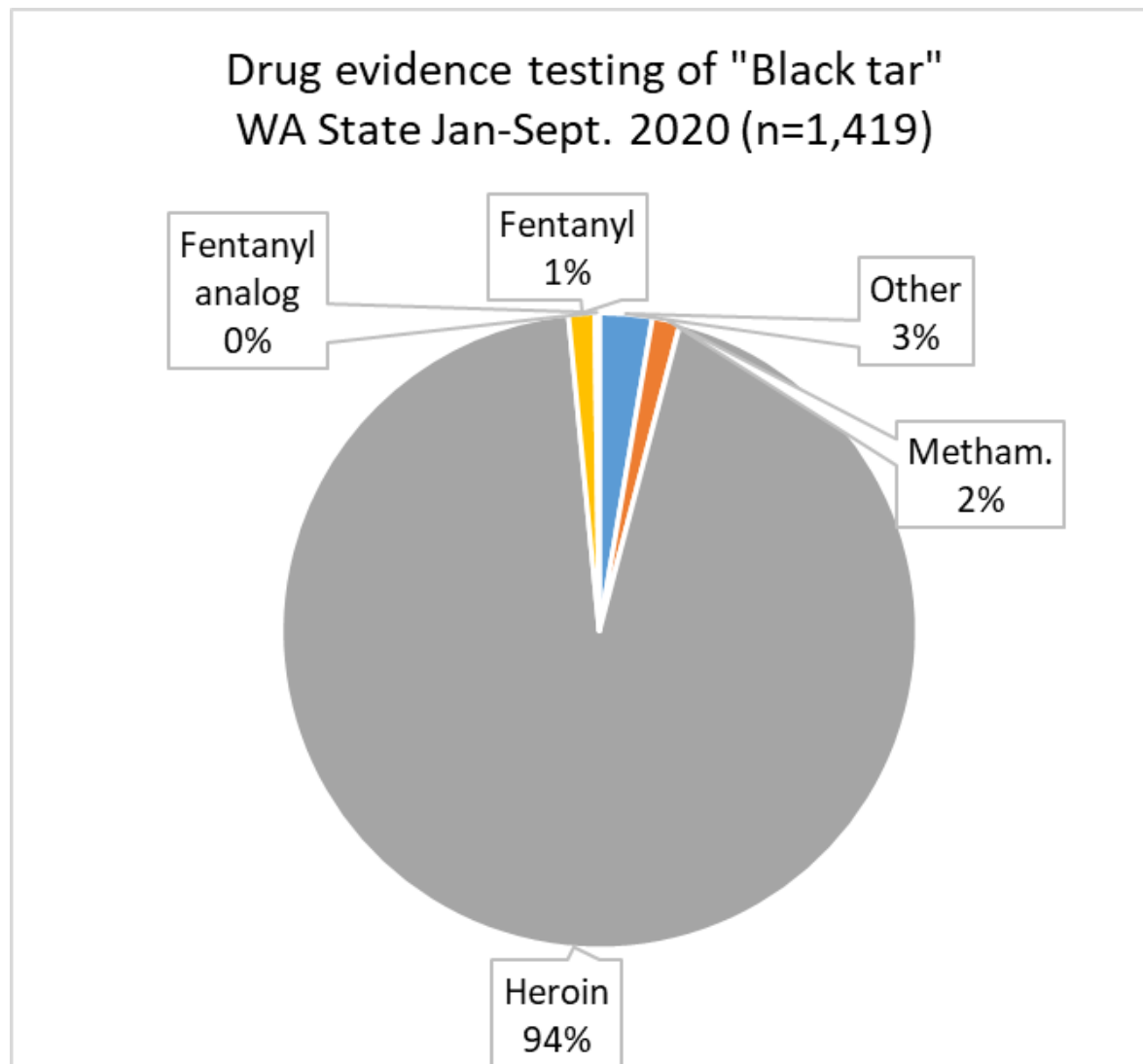
Fentanyl positive samples

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





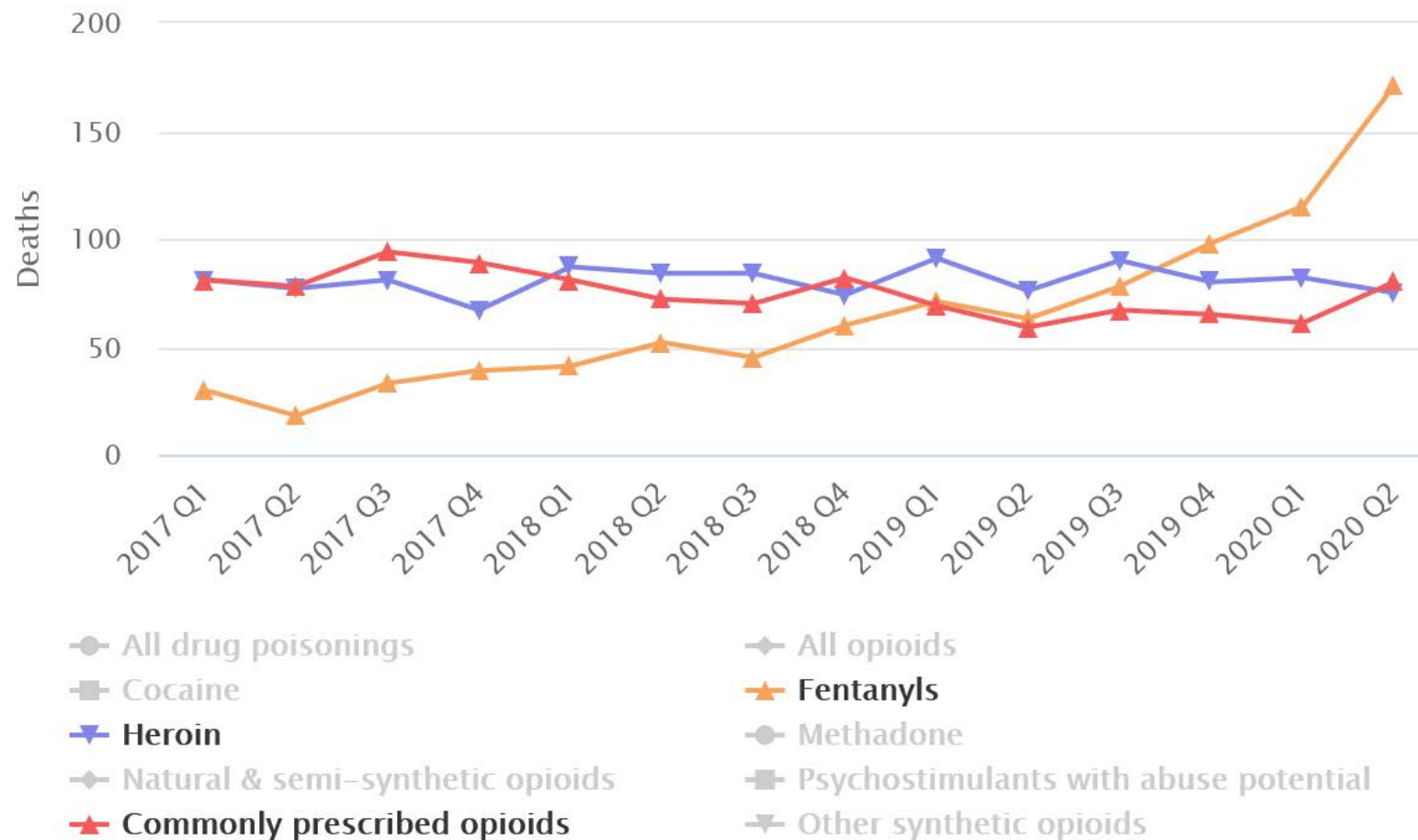
Law enforcement evidence





Fatal overdoses

Statewide drug poisonings by quarter



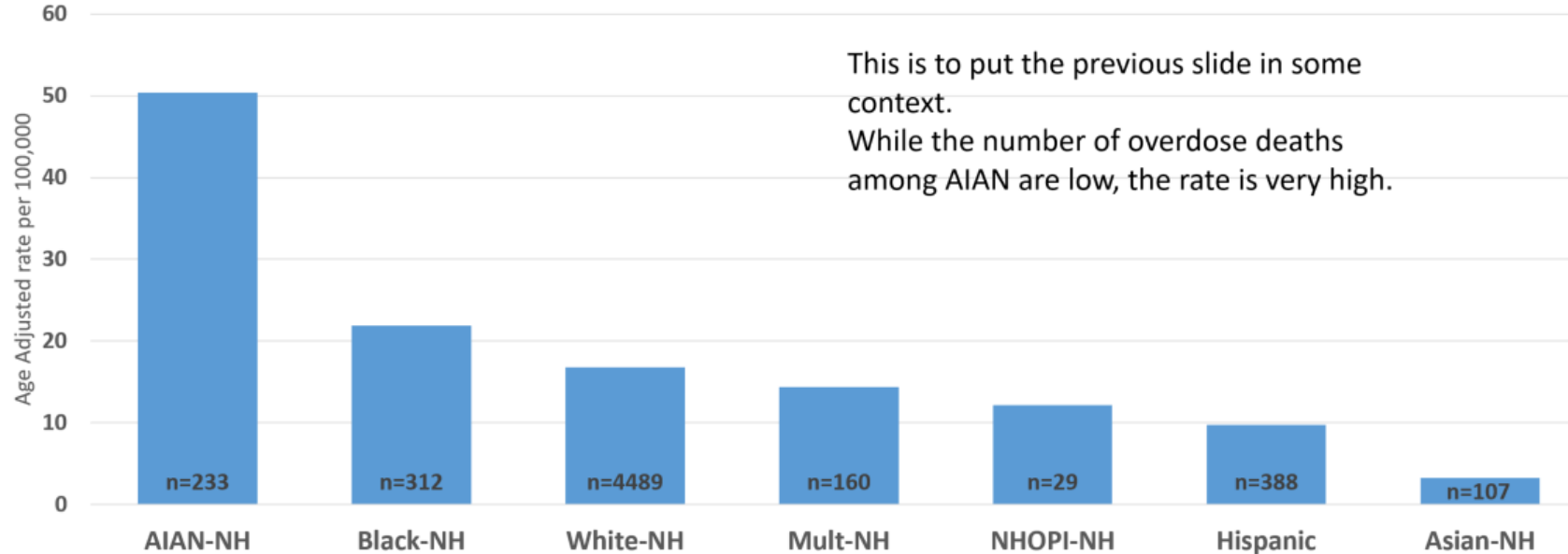
Analysis by UW ADAI. For data sources, see text or adai.uw.edu/WAdata



Fatal overdoses

Drug overdose deaths disproportionately affect American Indian and Alaskan Native populations

WA residents (2015-2019)



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

Washington State Department of Health

NHOPI: Native Hawaiian or Other Pacific Islander
Multi: Multi-racial



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





Apparent different groups using fentnayl

- 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



Fentanyl overdose info.

stopoverdose.org

Helping individuals and communities in Washington State respond to prevent opioid overdose.

▼ Naloxone ▼ Getting Help ▼ For professionals ▼ Resources ▼ About

Search ...

Search for:

STOPOVERDOSE.ORG > SECTIONS > Fentanyl

Fentanyl

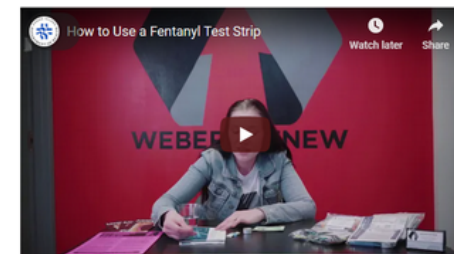
In this section:

- [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.





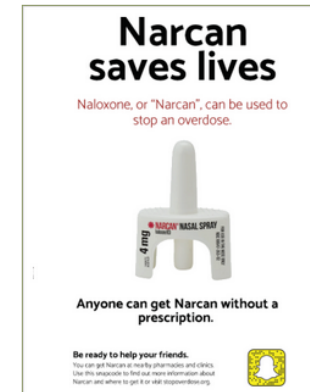
Educational materials



Poster
Fentanyl is found in
black tar



11" x 17" poster
Don't be faked out.



11" x 17" poster
Narcan saves lives



Look for these signs of opioid
overdose

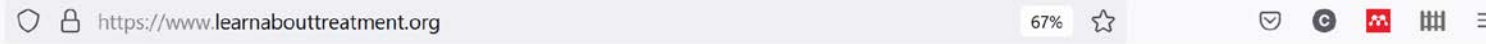


- Fentanyl warning poster
- Fentanyl warning postcards
- Order printed copies of "Fentanyl is Killing King



Fentanyl warning infographic






LEARN ABOUT TREATMENT [ABOUT US](#) [TREATMENT OPTIONS](#) [FOR PROFESSIONALS](#) [FOR FAMILY/FRIENDS](#) [RESOURCES](#)

LEARN ABOUT TREATMENT


for you, your family member or friend, or your community

[ABOUT US](#) [GET STARTED](#)




Treatment Options

This section provides information about opioids and opioid use disorder, and can help you figure out which treatment options might be right for you.



For Professionals


This section features resources and other information and tools for different types of professionals working with people who have opioid use disorder.



For Family/Friends

This page provides information and tools to help you better understand opioid use disorder and available effective treatment options.

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ADDICTIONS, DRUG &
ALCOHOL INSTITUTE

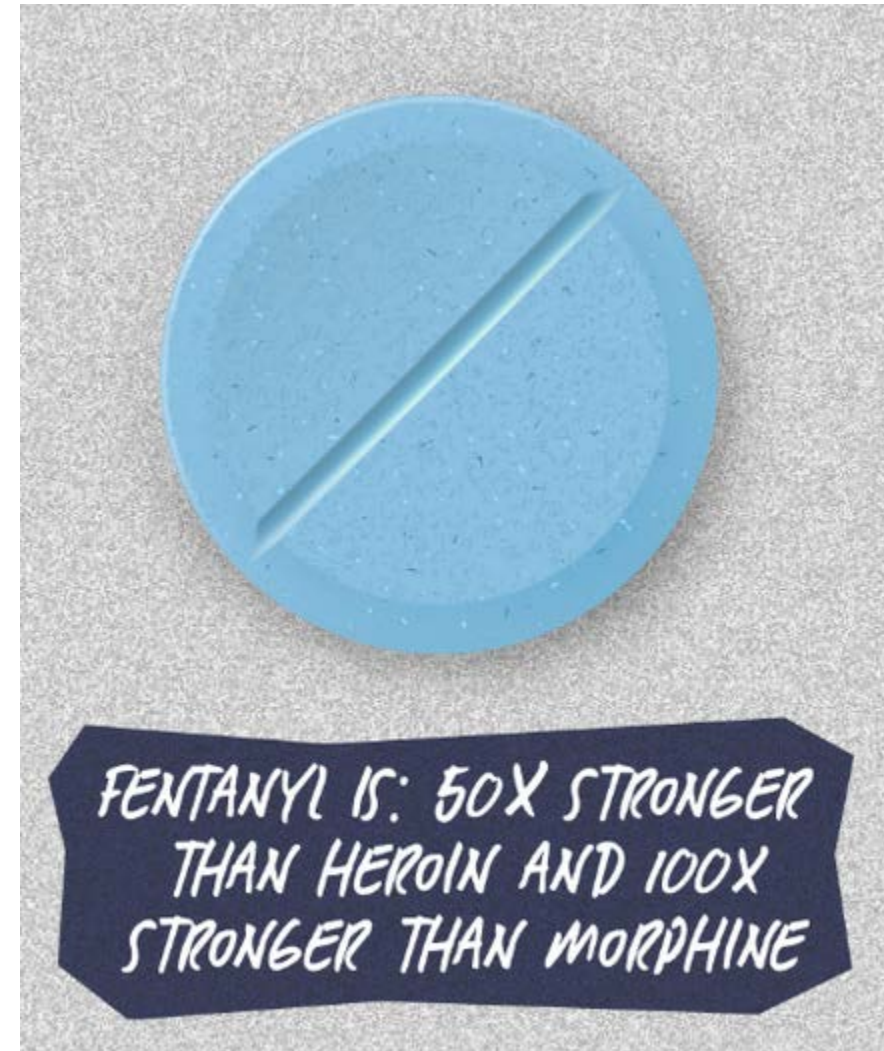
Laced & Lethal Campaign

King County youth fentanyl overdose prevention



Background

- 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.

Watch to see what’s really going on in King County.





Key findings

MORE PEOPLE DIE EVERY YEAR

Same dealers, but the drugs themselves have changed. Move the slider to see how fentanyl-related overdose deaths in King County have steadily increased year over year:



2015

2016

2017

2018

2019

2020

In 2020, 172 people died from a fentanyl-involved overdose in King County.

- 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.



Laced & Lethal website

LACED & LETHAL

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



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.

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

Laced & Lethal Performance Campaign Summary



3/24/21 - 5/5/21

4,720,465

Snapchat Impressions

117,745

Snapchat Engagements

27,691

Snapchat Story Opens

:34

Time On Page

8,370

Website Page Views

707

Clicks on "Order Online" button for naloxone

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.

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

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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

Model:

- Doctor, Counselor, Outreach, Case Manager
- Quick response, nimble, not appointment based
- Intensive case management and relationships responding to the needs that present
- Adding nurse, mental health, 2nd 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)



Challenges

- 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