

As fentanyl and other non-pharmaceutical (Rx) synthetic opioids¹ get more media coverage, you may be hearing more client and law enforcement reports about these drugs being mixed with other street drugs, sold as fake pills, purchased purposefully, and causing overdoses. In an ever-changing drug market, syringe service programs (SSPs) and their clients are critical partners in community-level surveillance for these drugs. This guide explains how non-Rx synthetic opioids may be monitored in WA State and how SSPs can provide accurate, useful information about non-Rx synthetic opioids.

1. What are synthetic opioids?

Synthetic opioids include fentanyl and its analogs (e.g., acetylfentanyl, furanylfentanyl) and newly emerging, non-Rx drugs like W-18 and MT-45 (which may not have chemical structures related to fentanyl, but do bind to opioid receptors). Fentanyl on the street is either diverted pharmaceutical fentanyl (from transdermal patches or lozenges) or product illicitly manufactured in clandestine labs and falsely sold as fentanyl, white powder heroin, or pharmaceutical pills. Non-Rx synthetic opioids are generally much stronger than heroin and can cause even experienced users to overdose; **it is impossible to tell by sight, smell or taste if drugs from the street contain non-Rx synthetic opioids.**

Because of their high potency, non-Rx synthetic opioids are dosed in *micrograms* (versus gram doses of heroin). A small amount of a non-Rx synthetic opioid may be mixed into a large volume of filler/cut and is likely to be blended unevenly. As a result, final pills or doses of powder can contain very little non-Rx synthetic opioid or a significant amount, which makes their potency and chance of overdose even more unpredictable.

2. What we have seen in WA State:

To date WA State has not seen the dramatic increase in overdoses and deaths due to fentanyl that has been seen in the Midwest, Northeast, and in British Columbia. Fentanyl deaths make up a small percentage of the total number of overdose deaths in the state. **However, recent reports do show that there has been an increase in deaths due to fentanyl and fentanyl-related drugs in Washington.** Fentanyl-involved deaths roughly doubled from 2015 to 2016, though direct comparisons are not possible because the state's toxicology lab changed its test protocols in mid-2016 to identify smaller amounts and new types of fentanyl-like drugs. In 2015, using the old protocol, the toxicology lab identified 28 fentanyl-related deaths. The 2015 protocol would have identified 53 fentanyl-related deaths in 2016; the new protocol identified an additional 17 deaths related to fentanyl and non-Rx synthetic opioid drugs. For more information see: <http://adai.uw.edu/pubs/pdf/2017fentanyldeaths.pdf>

ADAI did an enhanced analysis of 41 of the fentanyl deaths in 2016 from the four largest counties, in collaboration with medical examiners/health departments. Only 9 of the deaths could be linked to pharmaceutical-fentanyl, while 14 involved non-Rx synthetic opioids, and 18 were caused by fentanyl for which it could not be determined if it was pharmaceutical or illicitly manufactured.

3. Identifying and confirming fentanyl cases:

WA State is working to improve its ability to detect and report fentanyl and other new synthetic opioids in

¹ Non-Rx synthetic opioids- Binds to opioid receptors and has opioid effect, is not a pharmaceutical approved for humans in the US, and was synthesized in a laboratory.

overdose deaths. Preliminary reports about fentanyl-related overdoses are sometimes incorrect as they may rely on self-report, when chemical analysis is necessary to confirm which substance is involved.

Emergency departments (ED) do not routinely test for non-Rx synthetic opioids and standard urinalysis tests don't always detect fentanyl and non-Rx synthetic opioids. At the overdose scene, drugs and other evidence like syringes or baggies seized by local police may be tested in the field and then sent to the Washington State Patrol Crime Lab for more sensitive and formal testing, which can confirm exactly which substances, including non-Rx synthetic opioids, are present.

In the case of an overdose death, the victim's blood or other biological sample is submitted by a medical examiner, coroner or law enforcement unit to the WA State Toxicology Lab for toxicology screening. Beginning in July 2016 the lab systematically tests for new synthetic opioids.

Police evidence data tested by the WA State Toxicology Lab indicate just 6 cases in which a non-Rx synthetic opioid was identified in 2016, with a few cases identified in each year over the previous decade, this compares to 3,070 police evidence cases positive for any kind of opioid².

4. How Syringe Service Programs can help:

Talk with local law enforcement and emergency department colleagues.

- Talk with your law enforcement and emergency department contacts about how and when they collect and test evidence for fentanyl and non-Rx synthetic opioids. Discuss why it is important to get adequate samples and conduct comprehensive testing during the initial investigation.
- Establish a way to inform each other about new suspected cases or to share clients' reports.
- Encourage law enforcement to investigate the source of the drugs in suspicious cases to inform public health messaging and interventions.

Pass along local reports to your local health department.

- Local health departments should report suspect fentanyl-related deaths to the Injury and Violence Prevention Program at the Washington State Department of Health (360-236-2800).
- If you hear about fentanyl/non-Rx synthetic opioids suspected in a local overdose or in drug samples, try to get the following information:
 - What types of overdose are we talking about (e.g., fatal or nonfatal overdose)? What were the symptoms?
 - What type of case/source was the fentanyl supposedly detected in (e.g., in blood, urine, drug sample, syringe)?
 - Who did the drug testing? What type of drug testing was done?
 - Who is looped in from public health and from local, state, federal, or tribal law enforcement?

Talk with clients about fentanyl and non-Rx synthetic opioids.

Misinformation, street myths, and false rumors about fentanyl are common. These are key messages:

Fentanyl has caused overdose deaths in Washington. The form of these drugs is often unknown and variable.

- Any street drug could contain non-Rx synthetic opioids, including benzos, cocaine, oxycodone, and heroin.
- There is no way to tell a non-Rx synthetic opioid by sight, smell or taste before you take it. It may be in

² <https://adai.washington.edu/WAdata/cases.htm>

powders or pressed pills.

Fentanyl and non-Rx synthetic opioids are much stronger than heroin and most pharmaceutical opioids and can kill in minutes.

- Start with a very small amount and inject *s-l-o-w-l-y* to see how it feels. *Start low and go slow!*
- Avoid mixing drugs, since this always increases the risk for overdose.
- Always use with someone else if you can—buddy up.

Know the signs of opioid overdose and what to do if one happens.

- Check on each other frequently. Don't assume someone is just nodding off-check!
- Know the signs of opioid overdose: won't wake up, not breathing, turning blue. With synthetic opioids the victim might show symptoms of chestwall rigidity, or "wooden chest."
- Always call 911. The Good Samaritan law protects you and the overdose victim from drug possession prosecution. Let first responders or EMS know if you are worried about fentanyl.
- Do mouth to mouth rescue breathing.
- Give naloxone!

Naloxone works!

- Naloxone works on fentanyl and non-Rx synthetic opioids, but you need to use it ASAP! You may also need extra doses.
- Naloxone is available at syringe exchange programs, pharmacies, and by prescription.

Consider getting on treatment medications like methadone or buprenorphine; they can cut the risk of dying by overdose by 50%. Call the Recovery Helpline for info: 866.789.1511

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