FENTANYL IN WASHINGTON STATE
Local impacts, health messaging, overdose and naloxone

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This presentation is informational only and does not provide medical or legal advice.
Outline

What are opioids, fentanyl, and fentanyl analogs?
Local and national fentanyl trend data
Why is this happening?
What can we do?
What are opioids?

Opioids act on opioid receptors to have an effect similar to morphine.

Opioid receptors are found primarily in the brain & gut.

Opioids relieve pain, depress breathing, cause euphoria/”high”, suppress cough and diarrhea.

Endorphins = endogenous morphine made by the body.
What are opioids?

Opiates are drugs naturally found in or made from the opium poppy such as morphine (natural) and heroin (man made).

Opioids include (semi)-synthetic drugs that are chemically similar to and bind to opioid receptors e.g. fentanyl, oxycodone
What is fentanyl

A synthetic opioid

Potent (50-100x as strong as morphine) and fast acting

Used during surgeries
Prescribed for severe, often cancer, pain. Lozenge and patch.

Also manufactured illicitly
May be sold as powder, fake pills, or in illicit drugs
What are fentanyl analogs

Fentanyl-like drugs.

Have some similar chemical structures.

Potency can be more or less than fentanyl

May be pharmaceutical (human or non) or illegal
  Carfentanil is a veterinary drug, acetylfentanyl is illicit/non-Rx

May be manufactured for legal and/or financial reasons:
  ◦ May not be technically illegal (in a particular country at a particular time)
  ◦ Easy/cheap to manufacture
  ◦ High potency, less to transport
Underground labs in China are devising potent new opiates faster than authorities can respond

By Kathleen McLaughlin | Mar. 29, 2017, 9:00 AM

CINCINNATI, OHIO—Miller Atkinson was an addict from the very first time he shot up with heroin. "I fell in love with it. Everything else fell to the wayside," says the 24-year-old. "There was nothing that could have stopped me from getting high.

And that's what he did every day, for 9 months, in his family's upper middle class neighborhood in this Midwestern city. He dropped out of the University of Cincinnati. Like other users, he built up a tolerance to heroin and needed larger doses to find euphoria. Then, about 4 years ago, a powerful new combination hit the streets here: heroin cut with fentanyl, a synthetic opiate about 100 times more potent than morphine that's used to alleviate pain during and after surgery and in late-stage cancers. "It started trickling in, and we were like, 'Wow, that was good, we need to get more of that,'" he says. "It was more intense." So much so that friends who shot up with fentanyl-laced heroin started dying.
Fentanyl data trends

Challenging to get concrete data

Requires chemical testing of drugs or blood/urine

◦ toxicology testing procedures modified mid-2016 by WSP for deaths/DUI

Self-report/perception- can never tell what a drug is by looking at it or based on “sales person”
Data source: WA State Patrol Crime Lab
Data analysis: http://adai.washington.edu/WAdata/stateMOP_cases.htm
Opiates: Drug-positive crime lab cases (count), statewide

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Data analysis: http://adai.washington.edu/WAdata/stateMOP_cases.htm
The First Count of Fentanyl Deaths in 2016: Up 540% in Three Years

By JOSH KATZ  SEP. 2, 2017

Synthetic Opioid Overdose Death Rates
Age-adjusted deaths per 100,000 population for synthetic opioids (excluding methadone, including fentanyl and tramadol) from 2014 to 2015, by census region of residence

Northeast* 5.6 3,071 Deaths in 2015
Midwest* 3.9 2,548 Deaths in 2015
South* 2.8 3,303 Deaths in 2015
West* 0.9 658 Deaths in 2015
United States* 3.1 9,580 Deaths in 2015

* Statistically significant at p<0.05 level.

https://www.cdc.gov/drugoverdose/data/fentanyl.html
Rx opioid deaths are decreasing while heroin overdoses have risen sharply

Trends in WA state 2006-15, excluding falls

718 deaths in 2015

Source: Department of Health death certificates
1 Dot = 1 death attributed to any opiate in the 17-year period 1999 - 2015:
Total deaths = 9798

Data from Center for Health Statistics, Washington State Department of Health
Dots randomly placed in county
Residents who died outside Washington excluded.
"In the 2016 preliminary death certificate data, there were 70 lab-confirmed fentanyl-related overdose deaths compared to 28 in 2015. Using the 2015 testing protocol, 17 of the 2016 deaths would not have been detected and 53 would have been detected."

The lab increased their sensitivity for fentanyl and ability to detect fentanyl analogs.
Opioid users’ perspectives

2017 State Syringe Exchange Survey, Preliminary data

- 11% Used fentanyl by itself or mixed in with something (n=123/1,076)
- 78% Injected and 24% Smoked what they thought was fentanyl

What did the fentanyl look like? (n=115)
- 23% Patch
- 41% In/like tar heroin
- 22% Powder
- 13% Other
“Fentanyl” in fake pills

Two examples of types seized by local police in 2016:

Looks like 30mg oxycodone

Actually fentanyl

Looks like 15mg oxycodone

Actually furanyl fentanyl, heroin, U-47700, alprazolam

October 2, 2017

Public Health- Seattle & King County issued an alert after a person was found of a suspected drug overdose with hundreds of fake oxycodone that actually contained fentanyl

Unsubstantiated reports from other parts of WA State

http://adai.uw.edu/pubs/pdf/2017fentanyldeaths.pdf
Illicit Drug Overdose Deaths in BC
January 1, 2007 – August 31, 2017

Illicit Drug Overdose Deaths including and excluding Fentanyl, 2007-2017

*2017 data up to August 31, 2017

Why are illicit fentanylls in WA and why isn’t it worse?

**Demand**

opiod use disorder

mis-perception that pills/powders not injected are safer than heroin or injecting opioids

**Supply**

profit opportunity for drug manufacturers and dealers

However, currently plenty of cheap heroin from Mexico and this, combined with unknown “agreements” between “suppliers”, seems to be keeping fentanyl availability moderate

This is a delicate situation and could change overnight
October 18, 2017
Contact: Public Information Officer
Number: 206-553-1162
@DEASeattleDiv

DEA charges California man linked to one of the largest fentanyl seizures in the Pacific Northwest

(SEATTLE) – Late yesterday law enforcement agents at the Nogales, Arizona border crossing from Mexico to the United States arrested a California man linked to one of the largest fentanyl seizures in the Pacific Northwest. Daniel Guerrero, 28, of Palmdale, California, was identified by U.S. Drug Enforcement Administration (DEA) agents as a source for Mexican cartel connected fentanyl, heroin and methamphetamine in late July 2017. Guerrero entered into a drug deal with a person working with law enforcement that resulted in the seizure in August 2017, of over 24 pounds of fentanyl, over two pounds of heroin, and 12 pounds of methamphetamine. The drugs were seized from a mini-van parked at an apartment complex in Puyallup, Washington.

“Twenty four pounds of fentanyl hitting the streets of Tacoma and Seattle would have been my worst nightmare,” said DEA Special Agent in Charge Keith Weis. “The size of this shipment is extremely alarming because of the potential number of lethal doses and the deadly consequences it could have for those afflicted by opioid dependency.”

According to records filed in the case, Guerrero was planning on selling the seized drugs for $350,000. Guerrero left the California licensed mini-van at a Puyallup apartment and used a rental car to take his family to eastern Washington. Law enforcement seized the drugs and mini-van. Guerrero quickly left Washington State for California and then traveled on to Mexico.

What can be done?

Overdose deaths can be prevented:
- In the short term with education, naloxone and 911
- In the long term with treatment medications
What is an opioid overdose

More opioids than body can handle

Risks
- Low/no tolerance - Interruption in use
- Stronger dose/Unknown opioid - heroin/fentanyl/Rx
- Combined with other drugs

Breathing stops/slow

Often others around often takes hours to occur, “window of opportunity”
What is naloxone (Narcan®)?

It is a prescription medicine that reverses an opioid overdose. It cannot be used to get high.

It does not have effects on a person who has not used opioids.

Naloxone is safe and effective; emergency medical professionals have used it for decades.

It is typically administered into a muscle or intra-nasally.

It takes effect in 2-3 minutes & it lasts 30-90 minutes.
Naloxone for fentanyl? 

Naloxone works for fentanyl. 

All evidence points to naloxone working for fentanyl analogs. 

BUT, given potentially high potency and doses and fast rate of onset: 

- OD’s may happen very quickly, so naloxone has to be given quickly 
- Higher doses of naloxone may be needed 
- Medical care needed ASAP including respiratory support
First responder exposure to dangerous levels of fentanyl?

The position of the American College of Medical Toxicology (ACMT) and American Academy of Clinical Toxicology (AACT), is as follows:

Fentanyl and its analogs are potent opioid receptor agonists, but the risk of clinically significant exposure to emergency responders is extremely low. To date, we have not seen reports of emergency responders developing signs or symptoms consistent with opioid toxicity from incidental contact with opioids. Incidental dermal absorption is unlikely to cause opioid toxicity. For routine handling of drug....

Law enforcement

Increasingly carrying naloxone to use in case they witness a citizen opioid overdose—locally and nationally.

This naloxone can also be used on law enforcement and other professional first responders if an opioid overdose is suspected.
Information for users of illicit opioids

Fentanyl Warning
Fentanyl found locally in fake pills

- Fentanyl may be in your drugs—in pills, powder & heroin.
- You can’t smell or taste fentanyl.
- Fentanyl can put you at greater risk for overdose and death.

How to avoid overdose

Do not use alone.

Start with a tester shot.
Fentanyl is a potent drug about 100 times more powerful than other opioids.

Watch and wait before the next person uses.

Have naloxone ready.
You can get Naloxone at the Needle Exchange.

An opioid overdose is a medical emergency. Call 911 right away.
Don’t worry, the Good Samaritan Law protects you and the person overdosing.

Treatment works. Call the recovery helpline
866.789.1511
Naloxone for lay people

Widely available in WA State
  ◦ Syringe exchanges
  ◦ Pharmacies

Medicaid and most insurance covers most forms

Lay people see the most overdoses and respond to the highest # and % of overdoses
WA’s 2010 Good Sam Overdose/Naloxone Law  RCW 69.50.315

Medical immunity

Prescriber may prescribe naloxone to a person at risk for having or witnessing an overdose

- They may carry and administer naloxone

Legal immunity

Overdose victim & bystander who seeks medical aid gets immunity from prosecution for drug possession
RCW 69.41.095
“Increasing access to opioid antagonists to prevent opioid-related overdose deaths.”

Two major components:

1. Allows prescribing to an entity such as a police department, homeless shelter

2. Allows standing order so non-licensed people can distribute e.g. health educators
See an overdose CALL 911!

Washington's Good Samaritan law protects you!

If you get medical help for an overdose or alcohol poisoning, you and the victim cannot be charged for drug use, possession, or underage drinking.

Never let someone "sleep it off."

http://stopoverdose.org/docs/GoodSamPoster1.pdf
Overdose Education
Learn about opioid overdose
Watch a training video
Preventing prescription opioid abuse
Good Samaritan Law
Check your own risks HERE

Naloxone
The drug to reverse an opioid overdose
Learn about naloxone
Find naloxone near you
Start a naloxone program

Getting Help
Opioid use disorder
Support for families
Crisis and treatment resources

For Professionals
Drug court
First responders
Health care providers
Pharmacists
Treatment providers
http://stopoverdose.org/section/find-naloxone-near-you/
Need and interest in treatment in WA State

66% of drug injectors in WA State reported they would like help stopping or reducing their drug use based on the 2015 WA State Syringe Exchange Survey

14,330,534 clean syringes were distributed via the 21 syringe exchanges in WA State in 2015.

An estimated 11,334 heroin injectors in WA State are interested in “getting help to stop or reduce” for drug use,
Opioid use disorder

A treatable medical condition

Treatment medications, methadone a buprenorphine, are the best evidence-based interventions

Medications support recovery

Medications reduce fatal overdose rates by 50%

Counseling and social support can be essential for supporting some people’s recovery
Opioid use disorder

Learn more here about opioid use disorder and options for effective treatment.

What is opioid use disorder?
To understand opioid use disorder, it’s helpful to distinguish between physical dependence on opioids and opioid use disorder:

**Opioid dependence**: A physical condition in which the body gets used to the amount of opioids present. The body adapts by needing more opioids to feel the same effect from opioids are reduced or removed. This is a common, predictable effect of many drugs, including opioids.

**Opioid use disorder**: Opioid use disorder is the current medical terminology used to describe what has been commonly known as opioid addiction. Opioid use disorder involves negative impacts on a person's thinking, relationships, and ability to function.

Opioid use disorder is considered to be a chronic, relapsing medical condition, much like diabetes and hypertension. It can also be very effectively managed with medication.

Why is opioid use disorder relevant to overdose?
Untreated opioid use disorder can cause great physical, social, and psychological harm to the person with the medical condition as well as harm to relationships with others and for dying from an overdose.

What are treatments for opioid use disorder?
The interventions supported by medical research for opioid use disorder include ongoing substance use disorder treatment with the medications methadone or buprenorphine and decrease the chances of dying from an overdose by 50%. Another medication currently being researched is long-acting naltrexone.

In addition to medications, many people will also benefit from professional support services including counseling, drug screens, and medical monitoring.

While some people with opioid use disorders are able to obtain from problem opioid use using a treatment program that does not include treatment medications, the hope of avoiding relapse and supporting long-term recovery.
Opioid Use Disorder Treatment
Connecting people to care

BUILDING KNOWLEDGE AND DEMAND
Opioid Use Disorder Education
• De-Stigmatizing OUD
OUD Treatment Education
• De-Stigmatizing OUD Treatment Meds

CONNECTIONS
Meeting people where they are
Deciding on treatment options
 Treatment Decision Making
Finding treatment
 Real time availability- Geographic & $$$

TREATMENT
Social support
Counseling
Treatment medications
• Care setting
• Medication type
Resources