



Fentanyl:

What's True, What's Not
And What Can we Do to Reduce Harm?

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PEER ECHO
MAY 11, 2022

- ▶ Jenny Hartley has nothing to disclose.

Plan for today

- ▶ Fentanyl fact and fiction
- ▶ Harm reduction strategies
- ▶ Conversation!





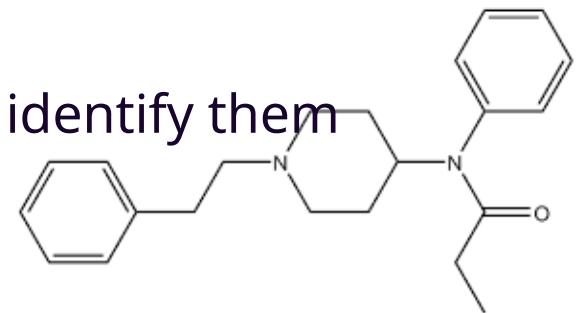
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TREATMENT & RECOVERY

Fentanyl

We're all "adapting to the blues pandemic"

Fentanyl is a bunch of different drugs

- ▶ **TRUE**
- ▶ “Analog”, with a change of atom(s) from the original molecule
- ▶ Each has different effect: onset, potency, withdrawal symptoms, amount stored in fat
- ▶ Test strips can’t detect all the analogs (neither can the most sophisticated mass spectrometers)
- ▶ Analog popping up faster than we can identify them



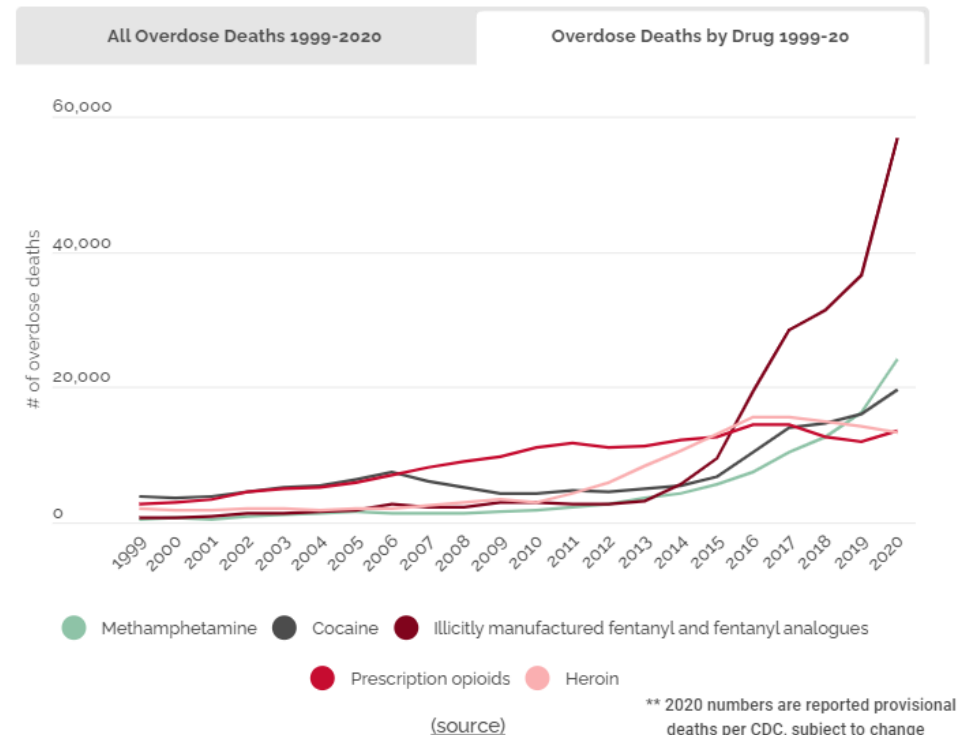
Fentanyl is super strong

- ▶ **TRUE**
- ▶ 50 – 100 x more potent than heroin
- ▶ Started as medicine used in hospital setting
- ▶ Fast onset, fast withdrawal
 - ▶ Fall out fast
 - ▶ “Doesn’t have legs”



Fentanyl is causing a rise in overdoses

- ▶ **TRUE**
- ▶ More potent
- ▶ Faster onset respiratory depression
- ▶ People aren't aware they are taking fentanyl
- ▶ Other drugs may be contaminated or cut with fentanyl
- ▶ Many other factors too: COVID, economy, life, etc etc etc




Community members CANNOT overdose on Fentanyl


- ▶ **TRUE**
- ▶ No scientific evidence from post-exposure testing
- ▶ Not consistent with how drug is absorbed
 - ▶ Not absorbed by skin
 - ▶ Inhalation would have to be LARGE amount
- ▶ This fear perpetuates stigma and prevents care for people who use drugs
- ▶ People die because of this false belief
- ▶ Recommend gloves and masks 😊

The New York Times


Video of Officer's Collapse After Handling Powder Draws Skepticism

Medical experts said the video promoted a false narrative and confusion about fentanyl and ways it can lead to an overdose.





Deputy David Faiivae of the San Diego County Sheriff's Department collapsed on July 3 after being exposed to a substance believed to be fentanyl. San Diego County Sheriff's Department

 By Isabella Grullón Paz

Published Aug. 7, 2021 Updated Aug. 31, 2021

Some people intentionally use fentanyl, some prefer it

- ▶ **TRUE**

- ▶ Prefer stronger drugs

- ▶ SF study demonstrated shift from injecting heroin to smoking fentanyl because:

 - Heroin is not available

 - Poor venous access

 - Don't want to inject

 - Fewer infections

 - No track marks

 - Pace Use

 - Reduced OD risk (perception of)

 - Reduced stigma

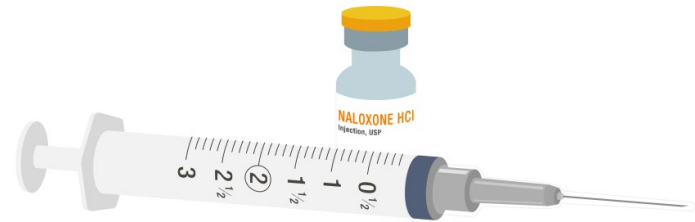
 - Less \$\$



Test strips tell for sure if there's fentanyl in your drugs

- ▶ **FALSE**
- ▶ Test strips can't detect all analogs
- ▶ Test strips can tell you if there IS fentanyl in drugs, but not if there ISN'T
- ▶ Test strips don't tell you how much fentanyl there is: could be accidental contamination from drug preparation/selling tools (scales)

Naloxone doesn't work for fentanyl



- ▶ **FALSE**
- ▶ May need multiple doses
- ▶ Naloxone also takes a few minutes to take effect, so people sometimes panic and give 2nd (or 3rd or 4th) dose when it is not needed
- ▶ Biggest risk in additional doses is more intense withdrawal
- ▶ Some users preferred injectable naloxone to give just enough, but not too much
- ▶ New 8 mg naloxone recently released. Controversial.



Medications don't work for the fentanyl family of drugs

► **FALSE**

- Bupe = buprenorphine, also known as Suboxone or Subutex works well, but can be harder to start may require higher doses – BUT – it's totally possible!
- Methadone can work well and may be a better option for people using very high doses of fentanyl
- If possible work with a provider with experience with transitions from fentanyl to medication

So, what can I do to help?

- ▶ Share clear information!
- ▶ Support people in not using alone
- ▶ Narcan, Narcan, Narcan!
- ▶ Helpful to know your community resources
 - who provides what options/services for those using fentanyl

And if you're interested...

- ▶ There is also much good work to be done in supporting people through the transition from fentanyl to buprenorphine



“Transition Doula”

- ▶ Fentanyl to Bupe transitions can be harder
- ▶ More restlessness & back pain
- ▶ Longer window of time that withdrawal symptoms persist after starting medication
- ▶ Fans, hot showers, back rubs, cool washclothes – anything that creates movement on the skin
- ▶ Sitting next to someone and talking helps
- ▶ Hydration – small sips (bendy straws help!) of water, herbal tea, gatoraide, broth



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Take Home Messages

- ▶ Fentanyl is driving a major increase in overdoses
- ▶ People don't realize they are taking fentanyl
- ▶ People can't overdose with a community exposure
- ▶ Naloxone works! Have lots of it around
- ▶ Bupe works! Methadone works!
- ▶ Work with medical providers with experience with fentanyl
- ▶ Don't lose hope. We're in this together.



Questions and Conversation

