Talking with Clients about Fentanyl

WEBINAR

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3-5pm Eastern Standard Time

Kristen Marshall
DOPE Project Manager

Kacey Byczek
Capacity Building Services Manager, East
Zoom Webinar
Housekeeping Slides

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From Amazing host to Everyone:
Thanks for joining today. Please feel free to use the chat panel to communicate.
**Centers of Expertise**

**HIV/Hep C Infection Drug User Health**
- Delivery of trainings
  - In-person
  - Statewide locations
  - Webinars
- Register for courses at HIVtrainingNY.org
- Technical Assistance

**Opioid Overdose Prevention**
- Prepare eligible agencies to serve as opioid overdose prevention programs
- Training
- Technical Assistance
Ending the Epidemic (ETE)

By the end of 2020, New York State is committed to:

- Zero HIV transmission through IDU
- Zero people dying of HIV/AIDS related illness
- HIV testing so everybody knows their status
- Increase access to PrEP
- PLWH getting HIV treatment
Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. Harm Reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs.
1. Webinar Overview
Who this training is for:
All health and human service providers, non-clinicians, Peer Workers, and anyone with a professional or personal interest in understanding how to talk with clients and communities about fentanyl.

What this training is about:
This 2-hour webinar is an introductory course on how to provide information about fentanyl using the harm reduction approach.
Agenda

1. Webinar Overview
2. What is Fentanyl
3. Why Use Fentanyl
4. Fentanyl Mythbusters
5. Harm Reduction Approach
6. Risk Reduction Messages
7. Q ‘n A
Goal of Webinar

To prepare service providers in having informed conversations with community members who use fentanyl, intentionally or unintentionally.
Training Objectives

By the end of the webinar, you will be able to:

1. Describe what fentanyl is and why people may use it.

2. Discuss risk reduction options and safer use messaging specific to fentanyl or drugs that may be cut with fentanyl.

3. Address concerns PWUD and/or service providers may have around fentanyl.
Group Agreements

- Please stay on mute until the Q&A

- We will ask for participation a few times during the webinar using the chat box

- If you have a question during the presentation please type or enter into the chat box
Glossary

PWID -- People Who Inject Drugs
PWUD -- People Who Use Drugs
HCV -- Hepatitis C Virus
NEX -- Needle Exchange
SSP -- Syringe Services Program
LGB -- Lesbian, Gay, Bisexual
TGNC -- Transgender or Gender Non-Conforming
TGNB – Trans* Non Binary
Sexual Orientation
To whom we are sexually attracted

Gender Identity
Sense of self as male or female, neither or both

Gender Expression
An individual’s physical characteristics, behaviors, and presentation that are commonly linked to femininity, masculinity, or androgyny

GP
Gender Pronoun
2. What is Fentanyl
U.S. Highlights

• Fentanyl is 50-100x more potent than morphine and is approved for managing acute or chronic pain associated with advanced cancer.¹

• Most cases of fentanyl-related morbidity and mortality have been linked to non-pharmaceutical fentanyl and fentanyl analogues, not to pharmaceutical fentanyl diverted for misuse.²

• Nationally, data indicates fentanyl is increasingly mixed with non-opioid drugs, particularly cocaine.³


Overdose Deaths Involving Opioids, United States 2000-2015

U.S. Highlights

PWUD may not be aware they are using fentanyl:

- Street-level sellers may not know their drug products contain fentanyl.¹

- Survey data collected from syringe exchange program participants in NYC found that most people buying heroin were not intentionally seeking fentanyl, thus were not aware if they had used it.¹,²

- Thus, individuals who are not aware that they are using fentanyl are at increased risk of overdose.

Overdose in New York State

• The age-adjusted rate of all opioid overdose deaths per 100,000 population in NYS doubled between 2010 (5.4) and 2015 (10.8).

• However, the age-adjusted rate of heroin deaths increased by over five times from 1.0 in 2010 to 5.4 in 2015.

• Non-Hispanic whites had consistently higher rates for overdose deaths involving opioids from 2010-2015 when the rate was nearly doubled.
New York City Data

- On average, in 2017, there were nearly four drug overdose deaths each day in NYC, or 1 overdose death every 6 hours.

- For the first time, fentanyl was the most common substance, involved in 842 (57%) overdose deaths in 2017.

- Over half (53%) of all overdose deaths involved multiple central nervous system depressants, such as alcohol, benzodiazepines, and opioids.
New York City Data

• In 2017, Black New Yorkers had a higher rate of overdose death (25.5 per 100,000) compared with White and Latino New Yorkers (24.9 and 23.9 per 100,000, respectively).

• In 2017, Bronx residents had the largest number of overdose deaths (363 people).

• Staten Island residents had the second highest rate of overdose death. 101 Staten Island residents died of a drug overdose in 2017.
What are Opioids?

- Opioids slow down the central nervous system, including your breathing

- It's a type of drug from the opium poppy or synthetically made by a drug company

Drugs that are NOT Opioids

- Valium
- Xanax
- Benzos
- Ritalin
- Cocaine
- Methamphetamines
- Adderall
- Alcohol
Opioids

Refers to the entire class of opiates
- Natural such as endorphines
- Semi-Synthetic (heroin, oxycodone, buprenorphine)
- Synthetic (methadone, fentanyl)
- Opium alkaloids (morphine, codeine)

"Opiate" is used for specific non-synthetic opioids like morphine
What do you know about the physical and psychological effects, or withdrawal symptoms, of opioids?
What do you know about the physical and psychological effects, or withdrawal symptoms, of opioids?

Use the chat box
Opioids

Physical & Psychological Effects

Pain Relief
Slow breathing
Dreamy
Warm “rush” sensation
Nausea
Sedation
Headache
Dizziness
Constipation
Lethargy

Withdrawal Symptoms

Insomnia
Hot & cold flashes
Nausea & Vomiting
Mild Fever
Cramping & Diarrhea
Sweating
Muscle Aches
Depression
What else?
Fentanyl

- Synthetic opioid
- About 50x stronger than heroin
- Extremely fast-acting
- Leading opioid for fatal overdoses
- Is being found mixed in heroin
- Can be mixed in other drugs that aren’t opioids (ex. pressed in pill form)
Heroin vs. Fentanyl

- Powder with light brown color (NY/New England)
- Bitter, metallic aftertaste
- Produces a warm, fuzzy sensation in the body
- High lasts longer than fentanyl

- May appear different in color & have a different taste
- Body sensations include an initial rush, and pins and needles, especially in the head/neck
- Shorter and more intense high
Fentanyl Analogues

- There are several known fentanyl analogues
- Ones commonly mixed into street drugs include:
  - Butyl fentanyl
  - Acetyl fentanyl
  - Ocfentanil
  - Sulfentanil
- Analogues developed for veterinary use:
  - Carfentanil – est. 10,000x more potent than morphine
WASHINGTON (Reuters) - The U.S. Drug Enforcement Administration said on Thursday that it would classify illicit versions of the synthetic opioid fentanyl at the same level as heroin, allowing criminal prosecution of anyone who possesses, distributes or manufactures illicit versions of the drug.
Legal vs. Illegal Manufactured Fentanyl

Legal Production
Made to treat pain from surgery and/or cancer

Until about 2013, most fentanyl used recreationally was diverted from legally manufactured fentanyl

Illegally Manufactured Fentanyl (IMF)
Began to appear in the U.S. in 2013

Powder form, often mixed with heroin

IMF is a driver to the increase in fatal overdose since 2013
Fentanyl-related Overdose

- Occurs faster than heroin-related overdose
- Use naloxone if in doubt or unsure

Signs of Fentanyl overdose can include:

- Wooden Chest
- “Standing Seizure”
- Chin drops down tight and arms bend up from the elbow, wrists flexed down

2 milligrams of Fentanyl, a lethal dose in most people.

Foto: DEA.gov
Wooden Chest Syndrome

- a.k.a. “chest wall rigidity”
- An inability to breath or move chest due to chest wall muscle spasms
- Usually occurs within the first minute of an overdose on a large amount of fentanyl
- May not look like “typical” overdose;
  - the person will be sitting or standing straight up rather than slumped or hunched over
3. Why Use Fentanyl?
What are some reasons clients say they use fentanyl?

Approach the keyboard
What are some reasons clients say they use fentanyl?

Use the chat box
Unintentional Use

- The majority of media reports and mainstream discussion focus on unintentional fentanyl-use.

- **Unintentional use** means fentanyl or a fentanyl analogue has been cut into a different substance, or is being sold as that substance.

- Often, street-level suppliers do not know if fentanyl has been cut into their drug supply.
Intentional Use

• Less reported, but there are individuals who use fentanyl for recreational purposes

• Fentanyl didn’t show up in routine five-panel drug tests, making it attractive for individuals who had to undergo testing and still wanted to use an opioid\(^1\)

• Fentanyl can be sought out by individuals seeking a high stronger than street dope

• For those newer to using heroin or other street-level opioids, fentanyl may be what they are used to

Medical Use

• Fentanyl is available in several formulations for medical purposes such as by IV, lozenge, and transdermal patch.

• Some examples of what it may be prescribed for are to manage the pain of major surgery or cancer treatment.

• In these situations, it is prescribed and monitored by medical professionals.
4. Fentanyl Mythbusters
What are some myths or rumors you have heard about fentanyl:

- from the media,
- other service providers,
- or program participants
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Use the chat box
Some Common **Myths** about Fentanyl

1. Naloxone can’t reverse fentanyl overdose
2. There is a fentanyl that is naloxone-resistant
3. People can overdose from touching fentanyl
4. Fentanyl overdoses are inevitable
Naloxone can and does reverse fentanyl overdose
Naloxone can and does reverse fentanyl overdose

• Naloxone is an opioid antagonist, and works to kick all opioids – including fentanyl – temporarily out of opioid receptors

• So the time period to respond may be reduced but naloxone does work
Fentanyl is more powerful and has a shorter onset period than heroin and prescription pills.

However, overdose response is the same:
- Use naloxone
- Dial 911
- Rescue breathe
Fentanyl can be pressed into pills, found in cocaine, mixed in heroin or put in other drugs the person did not know contained fentanyl.

If unsure, use the naloxone.
There is no such thing as “naloxone-resistant” fentanyl
There is **no such thing** as “naloxone-resistant” fentanyl

- Some fentanyl analogues are stronger and shorter-acting than others, allowing less time to respond.

- Since fentanyl and fentanyl analogues are opioids, the naloxone will temporarily block opioid receptors and prevent fentanyl & fentanyl analogues from binding to opioid receptors.
You **cannot** overdose from touching fentanyl

1 “You can’t overdose on fentanyl by touching it: The opioid isn’t easily absorbed through the skin…” by Maia Szalavitz. Mar2018
2 CBS News. Fact check: Can you overdose from fentanyl left on shopping carts? Nov2017
It is **extremely unlikely** you would overdose from being in the same room as fentanyl
• You have to ingest fentanyl for it to affect you, unless it is in medical-grade patch form.

• Being in a room with an open bag or touching it is not enough to cause a problem.
• Putting your hands on a person to help reverse an overdose will not result in your own overdose.

• As always, practice universal precautions.
An overdose is **not inevitable** just because someone is using fentanyl
• As with any other substance, people’s bodies can and do build tolerance to fentanyl.

• There is a smaller margin between an ‘active dose’ and a ‘deadly dose’ because of fentanyl’s strength, but overdose is not inevitable.

• Safety planning is essential.
5. Harm Reduction Approach
The individual is the expert in their own life.

The individual is responsible for choosing the type and timing of their own behavior change.
Does not minimize or ignore the harms associated with licit and illicit drug use and sexual activity.
Harm Reduction

- Applies evidence-based interventions to reduce negative consequences.
  - syringe access, naloxone, condoms, PrEP

Harm Reduction Portraits, Luceo Photographers
Harm Reduction

- Moves past judgment of a person’s drug use and sexual activity and addresses the whole person.
Works to elicit any positive change based on the individual’s needs, circumstances, readiness to change, and believing their abilities to change.
Principles of Harm Reduction

- Health and Dignity
- Participant-Centered
- Participant Involvement
- Participant Self-Rule
- Recognize Inequalities & Injustices
- Practical and Realistic
The degree of harm associated with a risk behavior may vary based upon numerous factors, including drug, set, and setting.
Drug

Mindset, demographic & social characteristics, physical & mental health, interpersonal skills

The drug used, how its used, how much is used, drug pharmacology

Set

Setting

Physical, social, economic, cultural, and emotional background

ZinbergNE, Drug, Set, And Setting: The Basis for Controlled Intoxicant Use (1984)
6. Risk Reduction Messages
Avoid Stigmatizing Language

• Speak about fentanyl in neutral, fact-based terms.

• Because of the sensationalism surrounding fentanyl it is an easy substance to stigmatize.

• Words like “dangerous,” “deadly,” “bad,” “crazy,” may discourage people who are using fentanyl on purpose from having an honest conversation about this.
Fentanyl Test Strips

• Many people are repurposing urine test strips to detect fentanyl in drug supply

• Available brands include BTNX & DanceSafe

• Cost is about $1/strip

• Available at harm reduction programs and online
Fentanyl Test Results

• 1 Line = **Positive** for Fentanyl

• 2 Lines = **Negative** for Fentanyl
How to Use Test Strips per Drug

- For heroin and cocaine, testing is as simple as adding water to residue left in a bag & dipping the strip into the solution.

- For crystal meth & MDMA, residue must be diluted with half a cup of water.

- For pills, whole pill should be crushed & tested in water.
Fentanyl Test Strips as a Harm Reduction Tool

Thank you Van Asher of St. Ann’s Corner of Harm Reduction!
Test Shots

• Try a “tester” shot by injecting a little bit and waiting a few minutes to feel the effects before injecting more drug solution

• “Start low, go slow”
Overdose Prevention

• Try to use with other people or let someone know when you plan to lift off

• Avoid or be super mindful of mixing fentanyl and other drugs

• Learn how to use varied naloxone devices

• Tolerance can change, even a few days without can make a difference
Why would someone prefer not to call 911 when responding to an overdose?
Why would someone prefer not to call 911 when responding to an overdose?

Use the chat box
Five Steps to Reverse an Overdose:

1. Assess
2. Call 911
3. Naloxone
4. Rescue breathe
5. Monitor & Support
Use the naloxone then dial 911 or the other way around – which ever can be done first.
- **Give a dose** of naloxone every 2-3 minutes

- **Rescue Breathe** for the person in-between giving them naloxone:
  - Tilt their neck
  - Pinch the nose
  - Pull-in all your air
  - Seal your mouth on theirs
  - Breathe all your air straight into them
  - Repeat every 5-sec
Options to Rescue Breathing

- Mouth shield
- Put two holes in a cup
- Cover person’s mouth w. shirt or bandana
- Ambi-bag (one-use)
After the Person Re-gains Consciousness

- Tell them who you are,
- what happened,
- and ask if they’re alright.

“My name is Julio, you were unconscious and we used 2 doses of narcan.

[Somebody did call 911.]

How are you, you alright?”
What are some reasons to call 911 when responding to an overdose?
What are some reasons to call 911 when responding to an overdose?

Use the chat box
Fentanyl in Non-Opioids

Reports of fentanyl being found in cocaine, crack, methamphetamine, and pressed into pills like MDMA and benzodiazepines.
Community Outreach

• Encourage outreach team to share information without escalating hysteria or propel hearsay.

• When speaking to participants who do not use opioids, offer them a naloxone kit and talk about test shots.

• If you hear of fentanyl being mixed into non-opioids in your area, communicate that to participants through signage in the agency and word of mouth during field work or direct services.
7. Q ‘n A

What prevention strategies can an agency or program promote to reduce fentanyl-related risk?
HRC thanks you for participating in this webinar!

foto: Luceo Photographers