

# CLINICAL PROVIDER QUICK TIPS

ADDRESSING FENTANYL USE IN PRIMARY CARE SETTINGS

WHAT YOU NEED TO KNOW

CME AVAILABLE AT NO COST

**UCLA**

David Geffen School of Medicine

**Integrated Substance Abuse Programs**



Opioid and Stimulant Implementation Support  
Training and Technical Assistance

## Session Title

## Presenter

# What The Fentanyl! Understanding Fentanyl From the Primary Care Setting

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## Takeaway Tips

- Primary Care is an essential access point to care for people who use fentanyl
- Get your X-waiver, buprenorphine is a gold standard in combatting the overdose epidemic
- Ensure access to naloxone, in hand naloxone saves lives



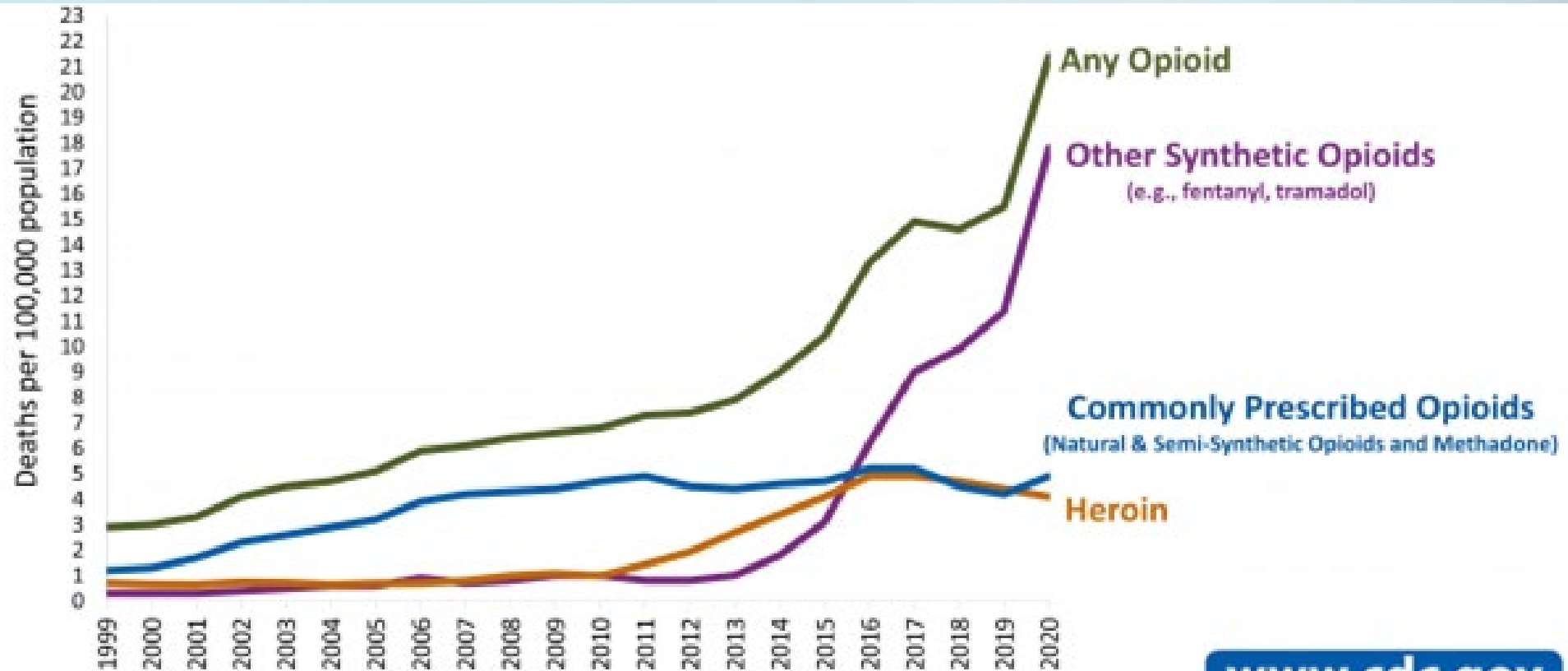
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# Overdose Death Rates Involving Opioids, by Type

## United States, 1999-2020

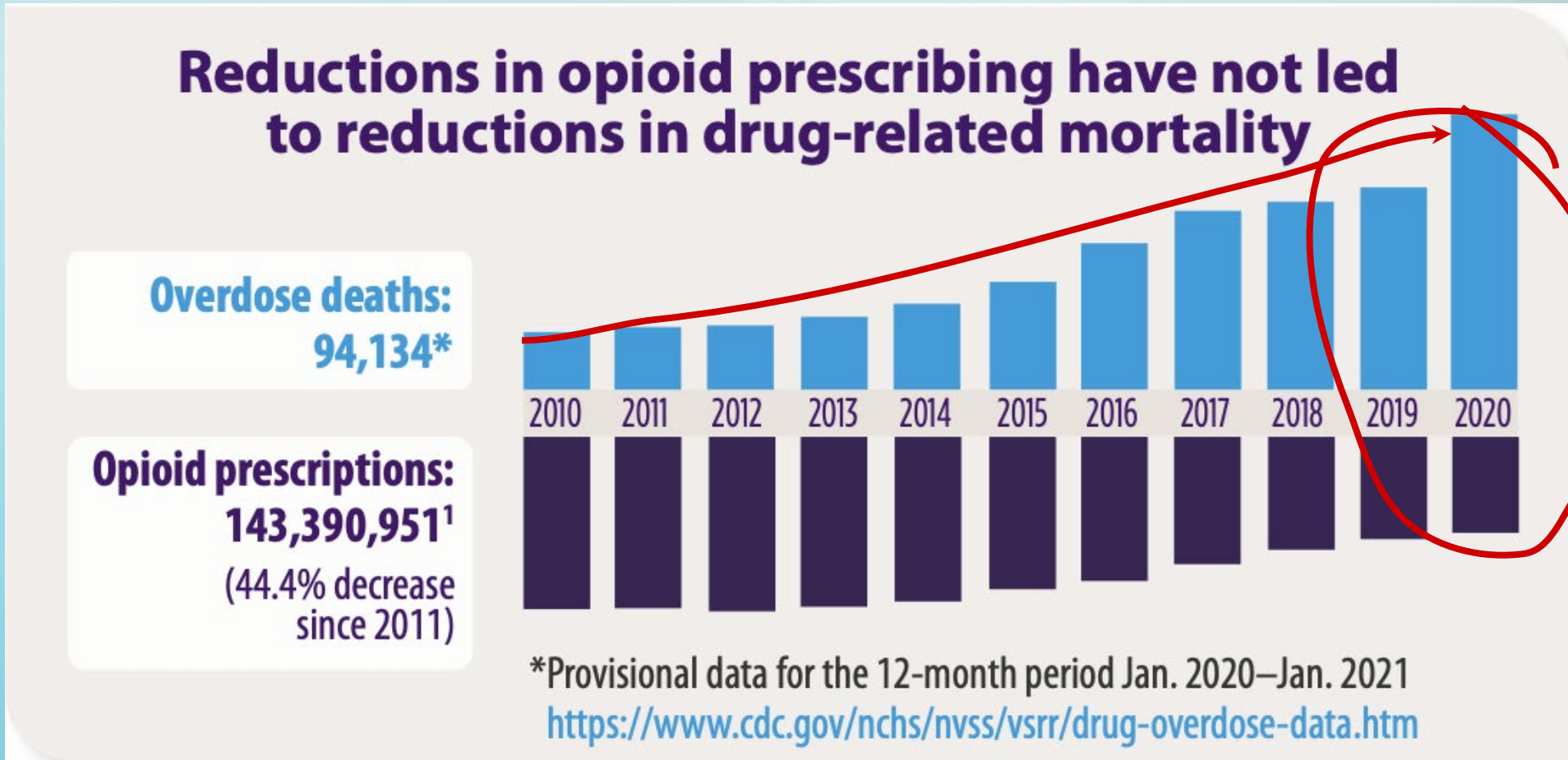


SOURCE: CDC/NCHS, National Vital Statistics System, Mortality. CDC WONDER, Atlanta, GA; US Department of Health and Human Services, CDC; 2020. <https://wonder.cdc.gov/>.



Why is it important to offer MOUD in the ED

## Opioid stewardship and overdose deaths



The current state of addiction treatment

## **The current system is designed to fail**

Long distance to tx

Long waits for tx

“The list”

Insurance authorization

Behavioral health  
requirements

Stigma

Complex assessments before  
medications

Treatment contingent on  
urine drug screen results or  
other labs

# History in being written

We are living  
in the **worst-  
case scenario**



Massive and sustained exposure of US populace to opioids



Abrupt regulation and restriction without treatment of dependency or addiction



Organized crime fills vacuum with fentanyl and methamphetamine

# Changing epidemic

- No longer a prescription epidemic
  - Opioid dispensing: 72.4/100 persons in 2006<sup>?</sup> 46.7 in 2019
  - Deprescribing can drive illicit use
- Heroin synthetic opioids
- Fentanyl contamination
- Fentanyl as drug of choice



# What is street fentanyl?

- Synthetic opioid
- Not detected on most urine drug screens
- About 40x more potent than heroin
- High affinity and high efficacy at mu receptor
- Significant variation in type, potency and purity which increases risk of overdose
- Single bolus has a short half-life
- Repeated use leads to accumulation in adipose tissue



1. O'Donnell JK, Halpin J, Mattson CL, Goldberger BA, Gladden RM. Deaths Involving Fentanyl, Fentanyl Analogs, and U-47700 — 10 States, July–December 2016. *MMWR Morb Mortal Wkly Rep.* 2017;66(43):1197-1202. doi:10.15585/mmwr.mm6643e1
2. Kaiko RF, Wallenstein SL, Rogers A, Grabinski P, Houde RW. Relative analgesic potency of intramuscular heroin and morphine in cancer patients with postoperative pain and chronic pain due to cancer. *NIDA Res Monogr.* 1981;34:213-219.

# Pharmacology

- 40 x potency of heroin—narrow “therapeutic” window
- Lipophilicity ☐ high volume of distribution (3 compartment model)
  - Rapid crossing of blood brain barrier
  - Rapidly distributed to adipose tissue/muscles, slowly returns
- Pharmacokinetics
  - Distribution time 1.7 min, redistribution 13 min
  - Elimination half life: 3-5 hours
  - Short half life after bolus, long half life after ongoing administration (slowly leaving fat stores)
- Hepatic metabolism (CYP3A4) to inactive metabolite
- Utox pos for mean 7.3 days in treatment program

# When do we see fentanyl

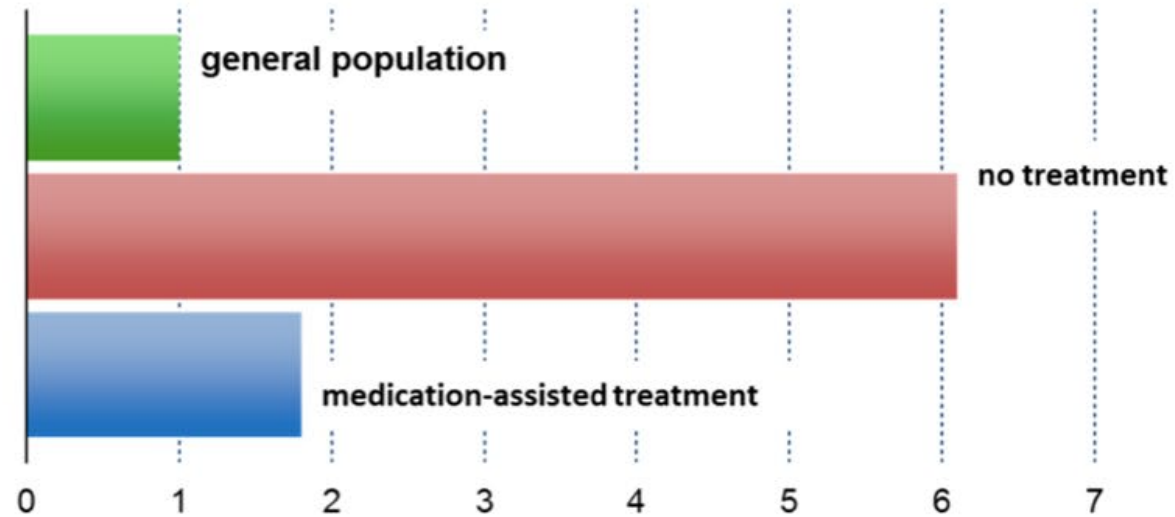
## Assume fentanyl!

- Heroin
- Opioid and benzo pills
  - 27% of pills seized by DEA in 2019
- Cocaine, methamphetamines
  - Naloxone responsive stimulant overdoses
- Fentanyl
  - Smoke, snort, IV



# Benefits of Medications for Addiction: Decreased Mortality

## Death rates:



Dupouy et al., 2017  
Evans et al., 2015  
Sordo et al., 2017



# Buprenorphine Self-Start

Guidance for patients starting buprenorphine outside of hospitals or clinics

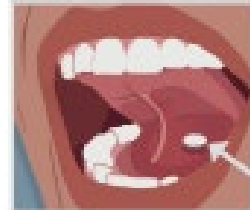
- 1 Plan to take a day off and have a place to rest.
- 2 Stop using and wait until you feel very sick from withdrawals (at least 12 hours is best, if using fentanyl it may take a few days).
- 3 Dose one or two 8mg tablets or strips UNDER your tongue (total dose of 8-16mg).
- 4 Repeat dose (another 8mg-16mg) in an hour to feel well.
- 5 The next day, take 16-32mg (2-4 tablets or films) at one time.

### If you have started bup before:

- If it went well, that's great! Just do that again.
- If it was difficult, talk with your care team to figure out what happened and find ways to make it better this time. You may need a different dosing plan than what is listed here.

### If you have never started bup before:

- Gather your support team and if possible take a "day off."
- You are going to want space to rest. Don't drive.
- Using cocaine, meth, alcohol or pills makes starting bup harder, and mixing in alcohol or benzos can be dangerous.



Place dose under your tongue (sublingual).

### If you have a light habit: (For example, 5 "Norco 10's" a day)

- Consider a low dose: start with 4mg and stop at 8mg total.
- **WARNING:** Withdrawal will continue if you don't take enough bup.

### If you have a heavy habit: (For example, injecting 2g heroin a day or smoking 1g fentanyl a day)

- Consider a high dose: start with a first dose of 16mg.
- For most people, the effects of bup max out at around 24-32mg.
- **WARNING:** Too much bup can make you feel sick and sleepy.

Not going well? Have questions? Contact your Navigator for help!

Call or text your Navigator for help at \_\_\_\_\_

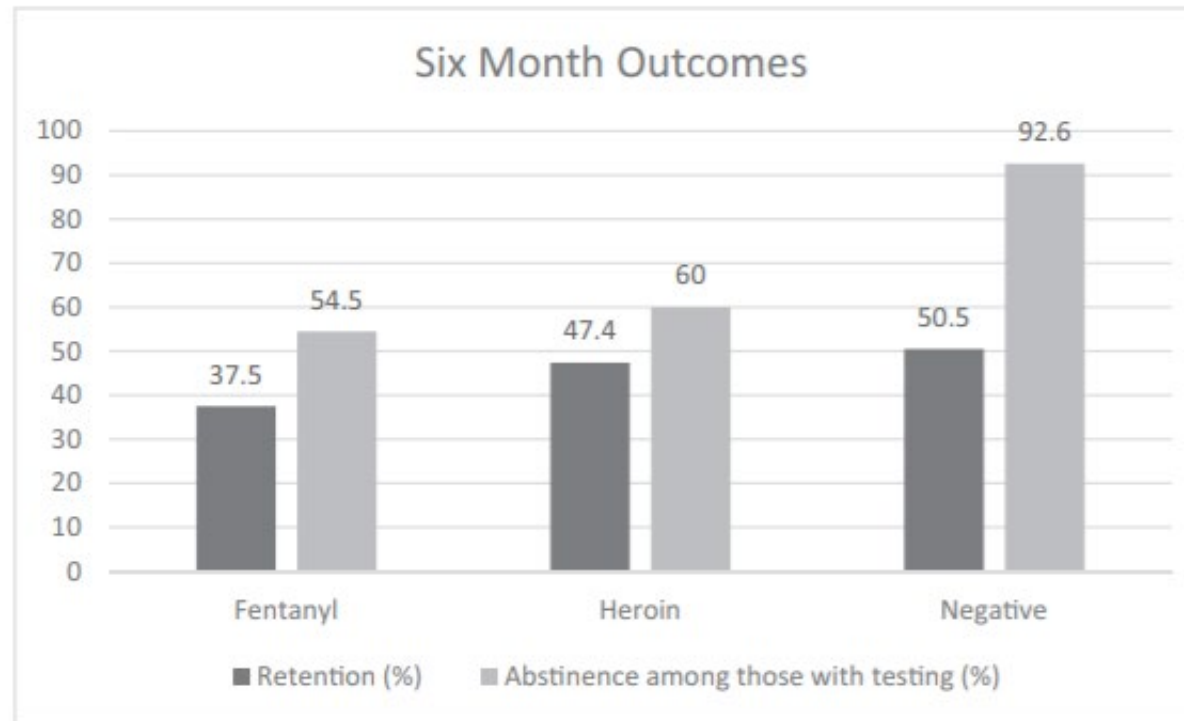
# Patients can self-start on Bup!

- Studies show pt's self-rating for withdrawal  $\geq$  COWS.
- Instructions mimic hospital start.
- Safe, effective option.



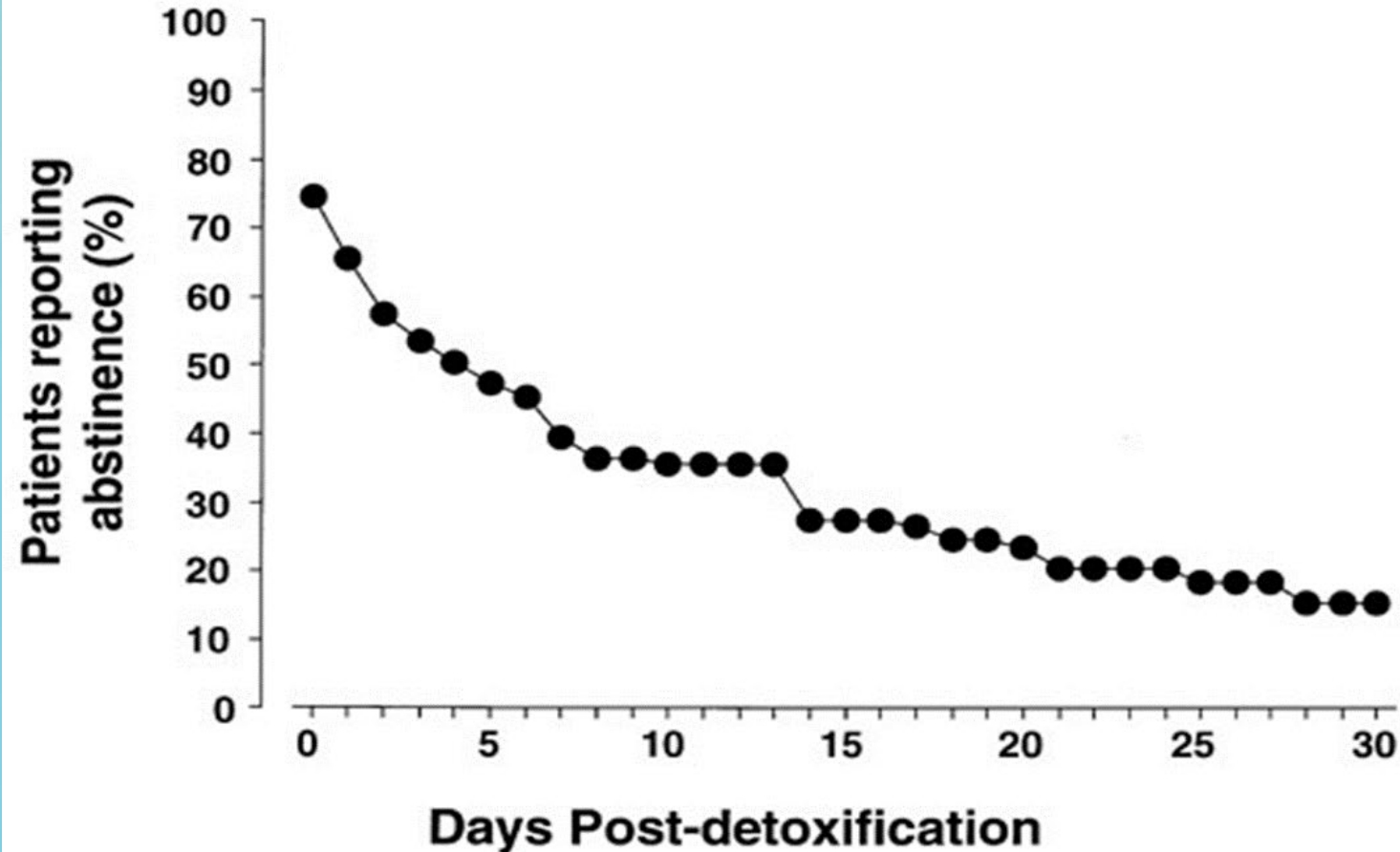
# Impact of Fentanyl Use on Buprenorphine Treatment Retention and Opioid Abstinence

*Sarah E. Wakeman, MD, Yuchiaio Chang, PhD, Susan Regan, PhD, Liyang Yu, MS, James Flood, PhD, Joshua Metlay, MD, PhD, and Nancy Rigotti, MD*



**FIGURE 1.** Retention and opioid abstinence among those retained at six-month follow-up.

# Detox doesn't last



*“Discontinuing treatment typically results in relapse and elevated risk of mortality, with the risk of death after discontinuing treatment estimated to be **2.4 x greater** than during treatment.”*

# Treatment Models

- Consider opioid agonists first line, consider higher doses
- Offer treatment for comorbid mental health, substance use
- Low barrier, high support
- Harm reduction embedded





# Overdose prevention—purchased fentanyl

- Never use alone
- Test doses: start low go slow
- Smoked/snorted
- Carry naloxone
- MOUD
- Injectable opioid agonist treatment



## How to Use the Safer Fentanyl Smoking Kit

### What's Included:

Sani Hand Wipes  
Alcohol wipes  
Foil  
Straw/Tooter (many different options)

### Recommended Use:

1. Sanitize hands with Sani hand wipes
2. Use the alcohol wipes to clean any shared materials and/or surfaces.
3. Prep the foil. If crumpled, lay the foil out on a flat surface and smooth it with a lighter. Make sure the foil is as flat and even as possible. Shape your foil so it has a catch for your drugs. A wrinkled surface can mess up the flow of drugs and increase risk of losing the drugs.
4. Tooters come in many shapes and sizes. Pick one that meets your personal preference.



# Naloxone

- Chronic opioid prescriptions
- OUD
- Stimulants, benzos, opioids from street
- Call 911
- Rescue breaths
- 2-3 min



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Guide to Naloxone  
Distribution

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# Numbers of naloxone kits ordered by hospitals

**92,496**

as of July 2022







THANK YOU

## Clinical Provider Quick Tips

-- Addressing Fentanyl Use in Primary Care



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