



Moving Beyond Fentanyl: Facts, Fiction, and Furthering Engagement




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The Northwest Center for Public Health Practice acknowledges the land we occupy today as the traditional home of the Tulalip, Muckleshoot, Duwamish and Suquamish tribal nations.

Without them we would not have access to this working, teaching and learning environment. We humbly take the opportunity to thank the original caretakers of this land who are still here.

Question for the Viewers



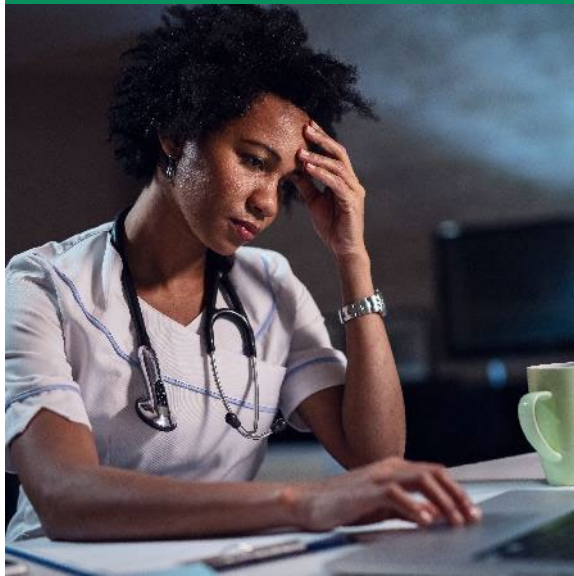
Describe your level of knowledge or experience with current fentanyl trends in Washington State:

- A. A lot
- B. Some
- C. Little
- D. None

Overdose Trends in Washington & the United States



Myths & Misconceptions



Local Initiatives



Overdose Trends in Washington & the United States





Overview

- Fentanyl 101
- Define terms – overdose classification
- Compare Washington vs national fentanyl trends
- Fentanyl overdoses in Washington
 - Geography
 - Age range
- Racial Disparities
- Psychostimulant overdose trends

Fentanyl 101

- A synthetic opioid that is 50-100 times stronger than morphine
- Pharmaceutical fentanyl was developed to manage pain in cancer patients
- Most fentanyl we see today is made in clandestine labs, not regulated by the FDA or used pharmaceutically
- May present in various physical forms
 - Pill, powder, rock, etc.

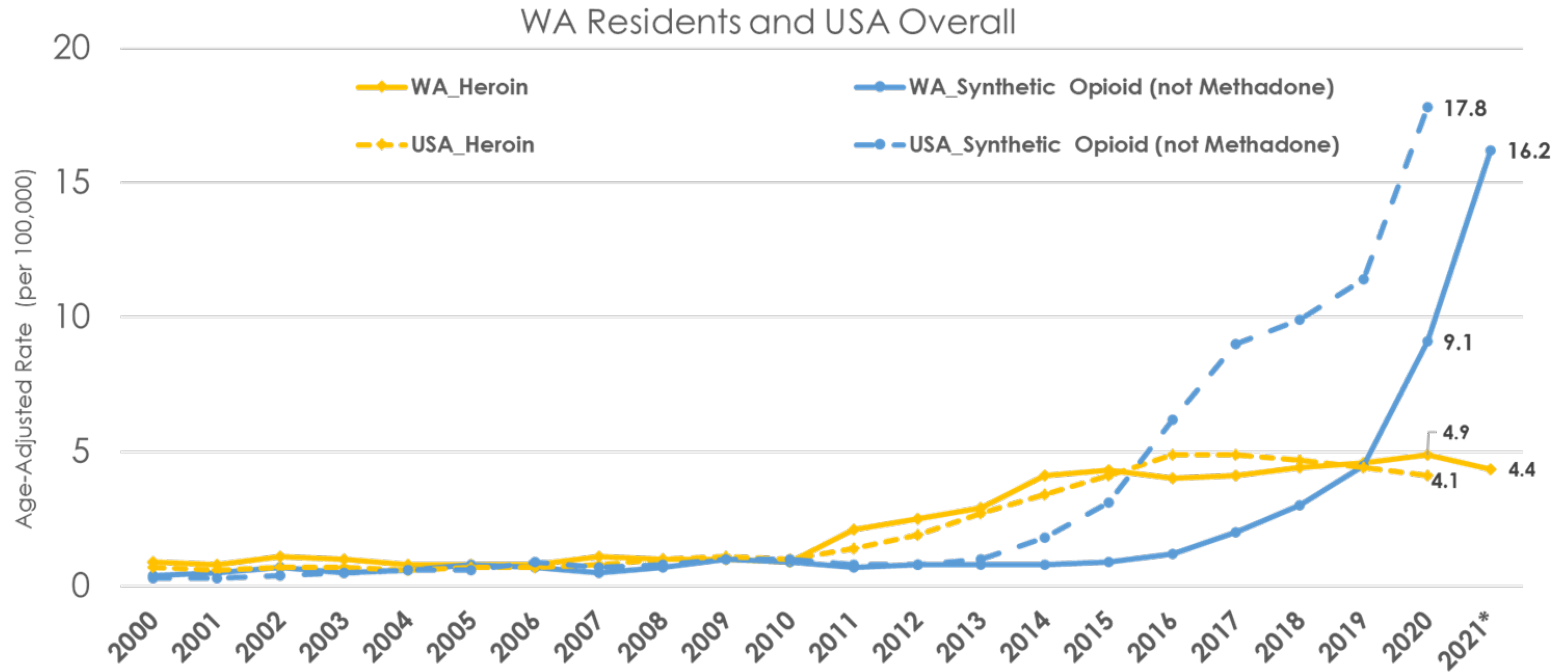


Overdose Death Certificate Data in WA

- Based on ICD-10 codes (International Classification of Diseases)
- DOH uses county of residence not county of overdose
- Synthetic Opioids other than methadone
 - Includes fentanyl, fentanyl analogs, tramadol, and buprenorphine
 - >95% are fentanyl or fentanyl analogs
- Psychostimulant
 - Includes methamphetamine, amphetamine, 3,4-Methylenedioxymethamphetamine (MDMA) and methylphenidate
 - >95% are methamphetamine

Comparing Overdose Death Rates

Heroin and Synthetic Opioid Overdose Death Rates, USA and Washington (2000-2021*)

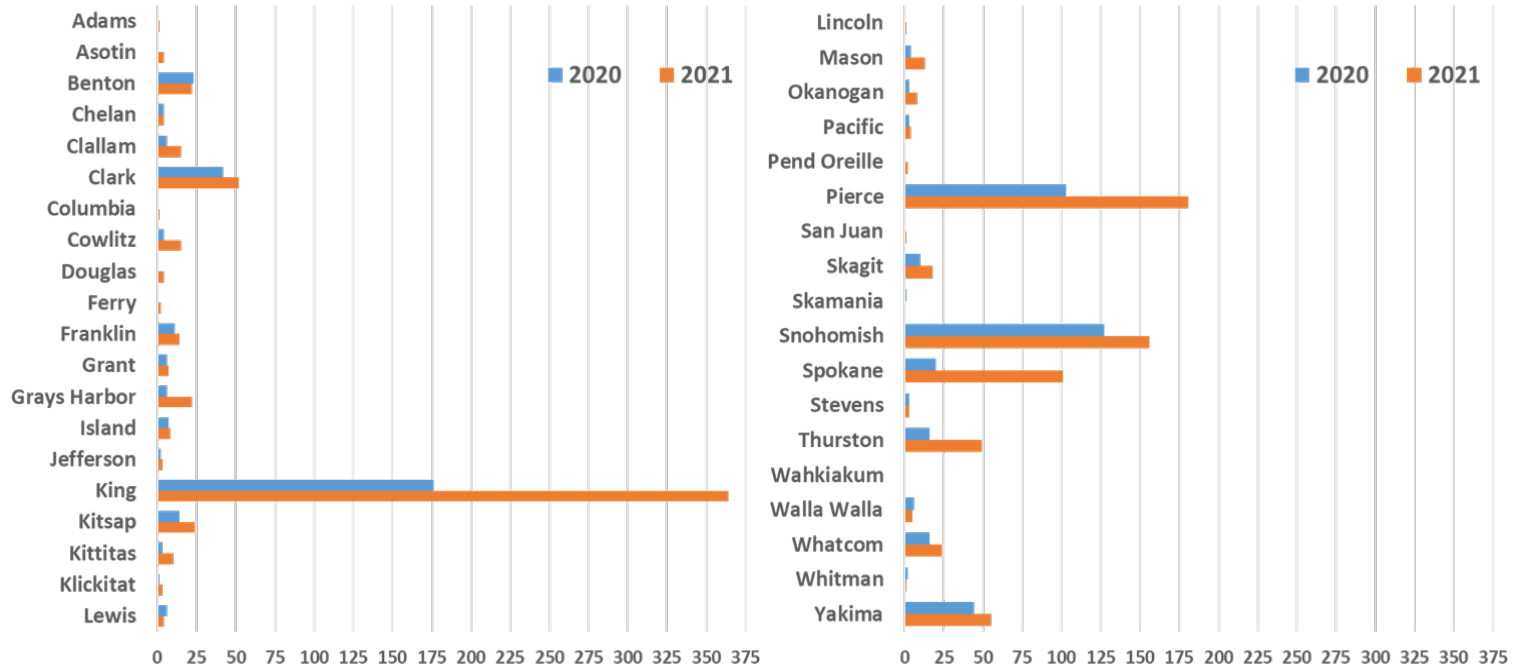


* 2021 rates based on 2020 population estimates

Source: WA DOH death certificates; CDC Wonder

Comparing Washington Residents by County

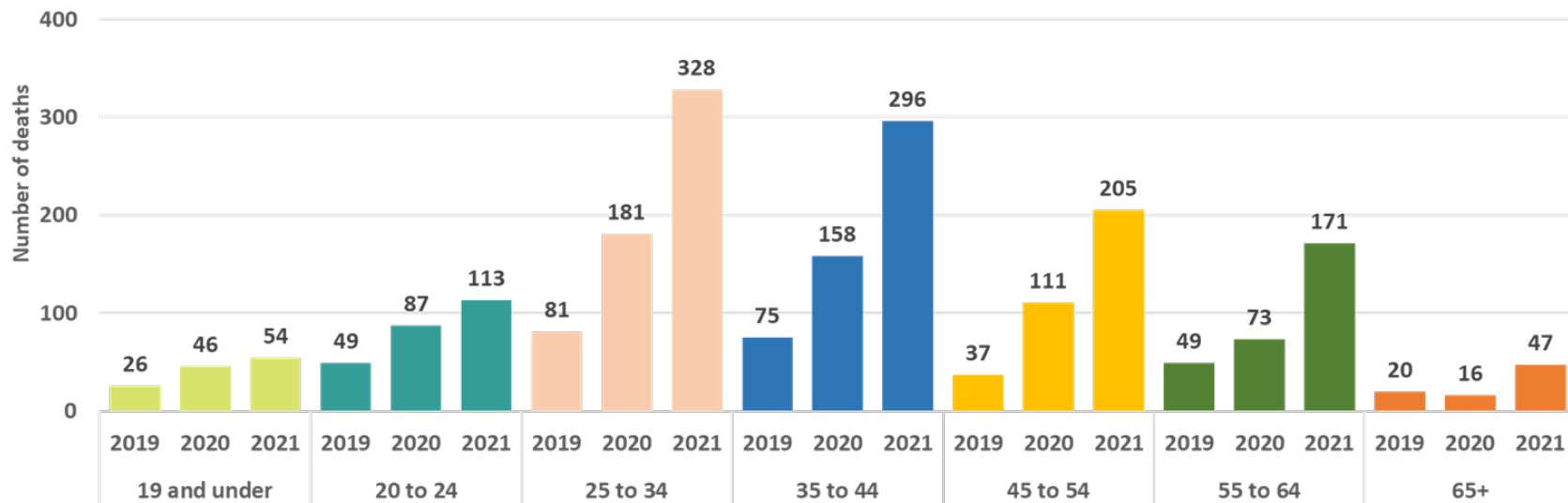
Drug Overdose Death Involving Synthetic Opioids Counts by County - Compare 2020 and 2021 Among Washington Residents



Source: WA DOH death certificates

Drug Overdose Deaths Involving Synthetic Opioids by Age

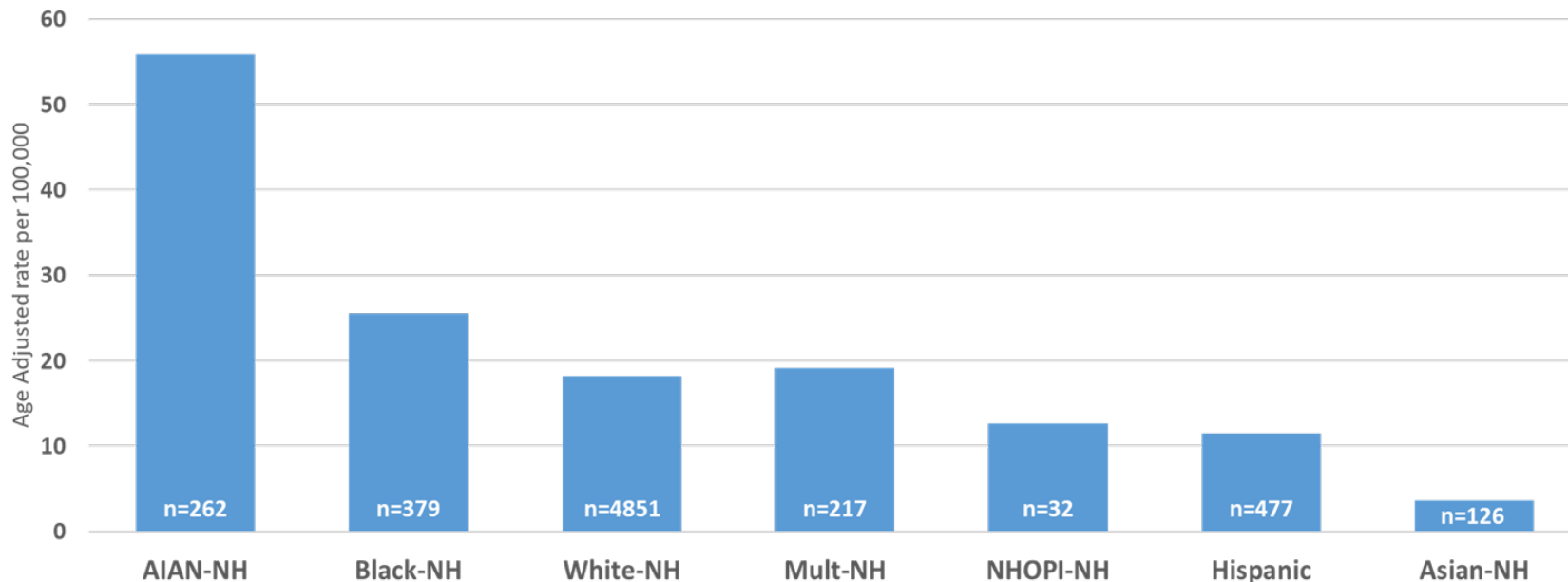
WA Residents; Compare 2019, 2020 and 2021



Source: WA DOH death certificates

Drug Overdose Deaths By Race/Ethnicity

WA Residents (2016 – 2020)



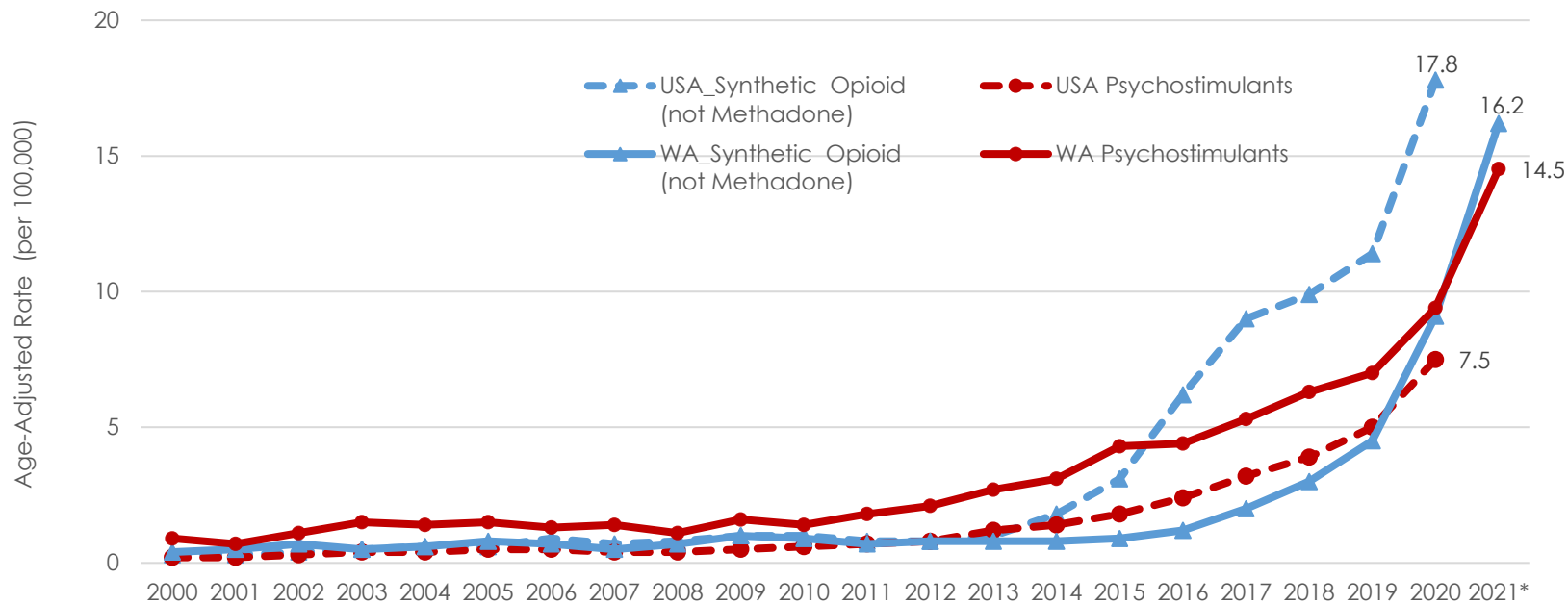
NH: Non-Hispanic
AIAN: American Indian/Alaskan Native

NHOPI: Native Hawaiian or Other Pacific Islander
Multi: Multi-racial

Source: WA DOH death certificates

Psychostimulant and Synthetic Opioid Deaths

Psychostimulant and Synthetic Opioid Overdose Death Rates, USA and Washington (2000-2021*)

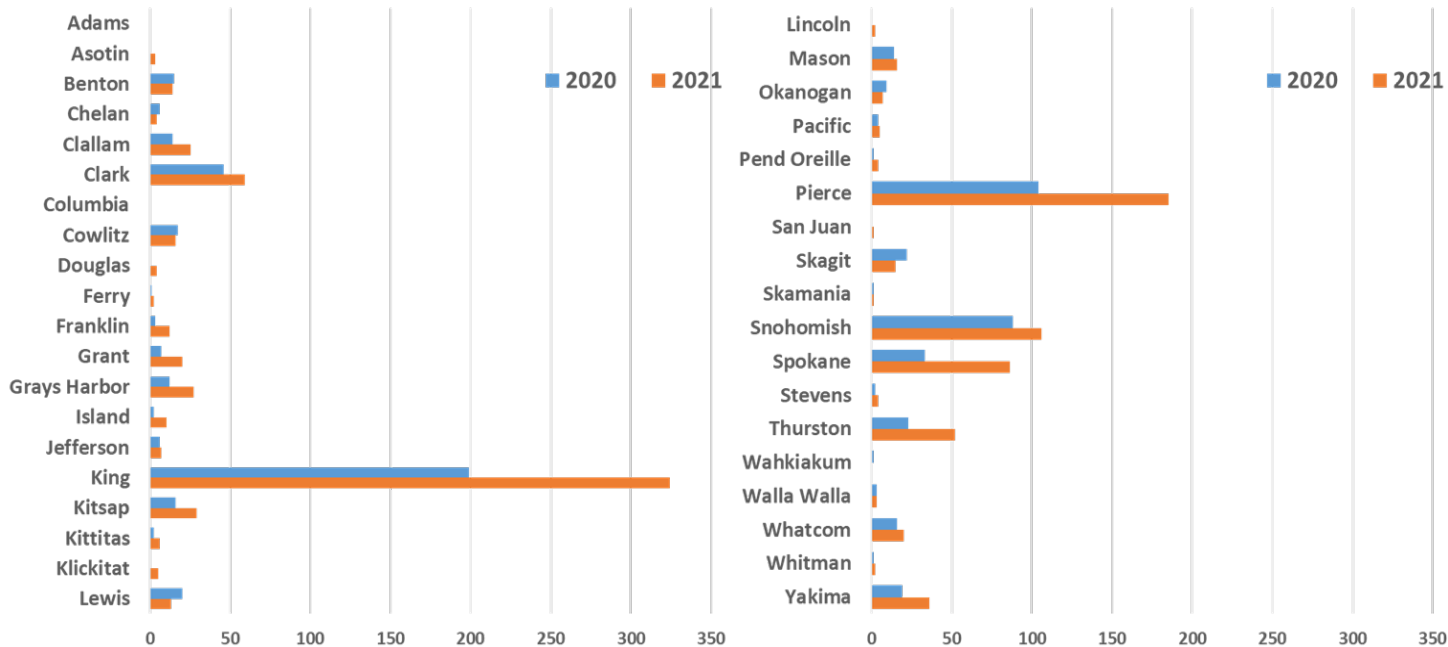


* 2021 rates based on 2020 population estimates

Source: WA DOH death certificates; CDC Wonder

WA Drug Overdose Death Involving Psychostimulants

Drug Overdose Death Involving Psychostimulants Counts by County - Compare 2020 and 2021 Among Washington Residents



Source: WA DOH death certificates

Question for the Viewers



*Which of the following statements are true?
(choose all that apply)*

- A. Touching fentanyl carries a significant risk of overdose
- B. Naloxone does not work on fentanyl overdoses
- C. Fentanyl is frequently mixed into cannabis
- D. Nobody uses fentanyl intentionally
- E. None of the above



Myths & Misconceptions



Effectively Impossible to Overdose From Touching Fentanyl

- Not absorbed well through the skin, especially in powder or pill form
- Fentanyl patches had to be specifically designed to administer fentanyl through skin
- Case study: not absorbed through the skin in concentrated liquid exposure [Feldman & Weston, 2022]
- The American College of Medical Toxicology (ACMT) and American Academy of Clinical Toxicology (AACT) report that **if the palms of your hands were covered with fentanyl patches, it would take approximately 14 minutes to receive 100 mcg of fentanyl**
- Viral videos of “possible” fentanyl exposure overdoses usually don’t depict opioid overdose symptoms

Overdose Risk Misconceptions Common Among First Responders

Fentanyl Survey Item Responses at Baseline and Follow-up

NOTE: Survey statement is "First responders who encounter fentanyl are at great risk of overdose by touching it or inhaling it."

	<i>Baseline (n=129)</i>		<i>Follow-up (n=69)</i>	
	N	%	N	%
Strongly Agree	52	40.3%	9	13.0%
Agree	42	32.6%	8	11.6%
Somewhat Agree	9	7.0%	10	14.5%
Somewhat Disagree	6	4.7%	8	11.6%
Disagree	8	6.2%	12	17.4%
Strongly Disagree	12	9.3%	22	31.9%
	M	SD	M	SD
Average Likert-Response	2.3	1.6	4.0	1.8

Addressing Misconceptions

- Cannot cause an overdose just by touching the substance
- Naloxone works on fentanyl overdoses
 - May require additional doses of naloxone to intervene during an overdose
- While fentanyl can be present in other substances, it is not always in them
 - Not being mixed into cannabis
- People use fentanyl intentionally

Local Initiatives



Local Health Jurisdiction Overdose Prevention Meeting

Meeting between staff from local health jurisdictions (LHJs) across the entire state who work on opioid response related work

Convened as way to recognize that LHJs are doing similar work where collaboration may be helpful

- Share experience and expertise
- Problem solving barriers together
- Identify funding opportunities

Work groups created to do a deeper dive on specific areas of interest

- Alternatives to engagement
- Data

Local Efforts – Task Forces, Coalitions, & Other Efforts

Many jurisdictions have a formal group convening around opioid response

- Cross-sector groups - treatment, public health, criminal-legal systems, & more
- Focus is on response at the local level
- Can be led by public health, emergency response, or other relevant agencies

Each group operates differently

- Often have a response plan with specific strategies & goals identified

While focus has been on opioid response, many groups have broadened their scope to include other substances, including stimulants

Local Example – Thurston County



Thurston County Opioid Response Task Force

- Open to the public & any interested parties
- No formal membership process

Work Groups who focus on specific action areas

- Treatment
- Prevention
- Pregnant & parenting
- Overdose

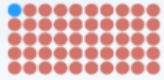
Progress is tracked through SMART Objectives

- **S**pecific, **M**easurable, **A**chievable, **R**elevant, & **T**ime-bound
- E.g., “By December 2022, establish 2 new sites for naloxone distribution”

What's up with fentanyl?

Hold: ADAI Flyer Slide

Strong



Fentanyl is a very strong opioid, **50x stronger** than heroin.

Fast



Overdose can happen in **seconds or minutes**.

Higher Risk



Most overdose deaths in WA State now involve fentanyl.

What does it look like?

In WA State, most fentanyl has been in blue pills with a "M30" stamp. It's sometimes in drugs that look like powder, or a rock like crack cocaine.



Fentanyl could be in any drug you buy on the street or online. What fentanyl looks like will continue to change.



What's the risk?

The amount and strength of fentanyl **can vary a lot**.

One pill might have a deadly amount.

Another pill might have very little, if any, fentanyl.



Naloxone works on fentanyl.

Carry naloxone. Tell people you have it and how to use it. Because fentanyl is so strong, it may take more than one dose to work. Keep extra kits around.



Meth does not protect from OD.

Using meth along with fentanyl actually **increases the chance of overdose**.

If you use both meth and fentanyl, use one at a time, and pace yourself slowly with small amounts.



Mythbusting Facts

1 You can overdose on fentanyl **however you use it:** if you smoke, swallow, snort, or inject.

2 It's safe to respond to a fentanyl overdose! You can't overdose just by touching fentanyl or drugs that contain fentanyl.

"What's up with fentanyl?" handout

- Available for [download](#)
- Contact the [ADAI Clearinghouse](#) for paper copies.

Key Takeaways

1. Synthetic opioid and psychostimulant overdoses **are rapidly increasing** in Washington State and nationwide
2. The risk from touching fentanyl is extremely low, misinformation is widespread and **may be delaying life saving interventions** (i.e., naloxone)
3. Cross sector and cross jurisdiction **collaboration is vital** for success in our communities

A Chat with Katie Strozyk and Noah Frank



Allene Mares



Katie Strozyk



Noah Frank

QUESTIONS?

To ask a question, please click the



icon in the Zoom toolbar to open your Q&A Pod.

stopoverdose.org

UW Addictions, Drug & Alcohol Institute (DAI)

stopoverdose.org

stopoverdose.org/basics/fentanyl/

“Laced & Lethal Campaign”

Campaign from King County to educate youth about the risks from fentanyl

<https://www.lacedandlethal.com/>

“Talk Even If” Campaign

Campaign for parents to learn how to talk to their kids about fentanyl

<https://talkevenif.com/>

LearnAboutTreatment.org

Resources on the medications for opioid use disorder

<https://www.learnabouttreatment.org/>

How can my organization get naloxone to distribute?

<https://doh.wa.gov/you-and-your-family/drug-user-health/overdose-education-naloxone-distribution>

How can I get naloxone?

<https://stopoverdose.org/find-naloxone-near-me-washington-state>

Washington DOH Overdose Data Dashboard and Contact Info

https://doh.wa.gov/sites/default/files/2022-02/wa_lhj_quarterly_report_18_1_2_pub.html
Injury.data@doh.wa.gov

ADAI Clearinghouse

<http://adaiclearinghouse.net/>
<https://stopoverdose.org/wp-content/uploads/2022/10/Fentanyl-Handout-2022-10-Final-web.pdf>

Report: Can you overdose from fentanyl from having it touch your skin?

health.osu.edu/community-health/health-and-society/can-you-overdose-from-fentanyl-touching-your-skin

Studies:

- del Pozo, B., Sights, E., Kang, S. et al. Can touch this: training to correct police officer beliefs about overdose from incidental contact with fentanyl. *Health Justice* 9, 34 (2021). <https://doi.org/10.1186/s40352-021-00163-5>
- Feldman, R., & Weston, B. (2022). Accidental Occupational Exposure to a Large Volume of Liquid Fentanyl on a Compromised Skin Barrier with No Resultant Effect. *Prehospital and Disaster Medicine*, 37(4), 550-552. doi:10.1017/S1049023X22000905