Fentanyl

PAUL BARRY, MSW, LICSW
CLINICIAN TRAINER AND PRACTICE COACH
AUGUST 2023

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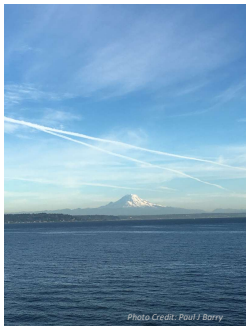
Land Acknowledgment



The University of Washington acknowledges the Coast Salish people of this land, the land which touches the shared waters of all Tribes and bands within the Suquamish, Tulalip and Muckleshoot nations.

https://native-land.ca/

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• CHECK IN

- Abrupt suspension of recruitment 5 weeks early
- Any reactions/questions?
- Future of these calls

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Learning Objectives

By the end of this session, participants should be able to:

- Understand why people use fentanyl
- Remember the impact of fentanyl use on treatment
- Recall updated advocacy on treatment approaches

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Why Use Fentanyl

- Exploratory qualitative study of 30 fentanyl users at four WA state syringe service Programs
  - Mostly smokers, 83% reported daily use
- Motivations for use
  - 70% of respondents mentioned pain management
  - "Numbing out" mental health and mood symptoms, negative self-image and trauma
  - Withdrawal avoidance/addiction
  - Smoking preferable/safer than injecting
  - Availability and convenience
  - To get high

Winstead T et al *Unmet Needs, Complex Motivations, and Ideal Care for People Using Fentanyl in Washington State: A Qualitative Study*, June 2023

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Concerns about Fentanyl

- Fear of dying- unpredictability of potency and dosing
- *"It's killing way too many people, good people who don't deserve to die. And it makes you a prisoner to the drug. And when you try to go without it, it feels like you're dying.*
- Withdrawal comes on too fast
- Negative impact on other priorities
  - Relationships
  - Employment
  - Housing

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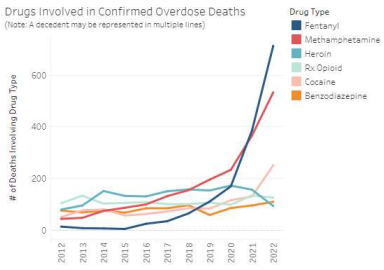
What's the Risk? King County WA



2022 Total Fentanyl Deaths	712
2023 YTD Deaths (7 months)	617

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Interest in Treatment

- 70% of respondents expressed an interest in reducing risk or stopping
- Some reasons to stop
  - Feeling stuck
    - *I'm stuck on the street, so I can't get out of here, and I'm not going to be sober being here… I do want to stop—I want a normal life, but I can't get it*
  - Exhausted from spiral of chaotic use
    - *I've just been doing this too long, and I don't want to waste the rest of my life.*
  - Fentanyl use is a barrier to achieving goals
    - *It's just stopping me from doing the things I need to do to get my life back together*

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What is Ideal Treatment?

- Competent, nonjudgmental and compassionate staff
- *I mean, relaxed, not so pushy, more towards just trying to help, I guess. Because some of these places, you go in there, and they're trying to push you. Nobody's going to do it unless they really wanted to, so there's no need to be so pushy.*
- People with lived experience on staff
- *To have somebody who has already been through it, to show us that there is light at the end of that dark tunnel.*
- Low barrier, high accessibility services
- *When they do get sick and say they're sick, take pity on them. Don't say come back tomorrow. That's a million miles away. Okay? Do something. Help them get well and tell them that's it.*

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Requested Services

- Medical pain management
- Rebuilding connections to loved ones
- Housing and other basic needs
- Harm reduction support
- Cash

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Fentanyl and MOUD Treatment

- Increased complexity – the high from fentanyl wears off more quickly than heroin but it persists in the body
- People who use fentanyl have a greater fear of provoking precipitated withdrawal
- It seems to take longer for bupe to lessen withdrawal symptoms and craving, so providers may need to be flexible
  - Potential to see more on-going use of street opioid in early recovery

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Treatment Implications

- The clinical landscape has progressed beyond the current research base
- Chronic fentanyl exposure may result in greater tolerance and dependence than other opioids
- High lipophilicity of fentanyl may produce persistent serum opioid levels beyond what would be predicted by pharmacologic half life

https://pcssnow.org/courses/practice-based-guidelines-buprenorphine-in-the-age-of-fentanyl-pcss-guidance/

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Impact on Bupe Initiation

- Potency of fentanyl may necessitate longer "washout" times prior to Bupe initiation and longer period that patients will experience withdrawal symptoms
- The most important clinical tool remains careful assessment of withdrawal in preventing precipitated withdrawal
- No current *scientific* evidence suggests that precipitated withdrawal is more common or more severe in folks who use fentanyl
  - Word on the street may contradict this

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Treatment Suggestions

- Standard bupe initiation protocol remains the most studied and can work with folks on fentanyl
- "Micro dosing" and "macro dosing" do not have sufficient evidence for recommendation at this time, as judged by the scientific community, ***but clinical experience may suggest otherwise***
- Longer washout periods can be helped with adjunctive medications and higher potency may indicate higher buprenorphine maintenance doses

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Comfort Meds for Longer Washout Period

- Diarrhea, vomiting, cramps
  - Anti nausea/anti diarrhea meds (Ondansetron, Imodium), Alpha-2 agonists (Clonidine)
- Pain, fever, chills
  - Analgesics (ibuprofen)
- Itchiness, runny eyes and nose
  - Antihistamines (Zyrtec, Benadryl)
- Anxiety, insommnia
  - Clonidine, Gabapentin (off label use)
- Cravings, psychological withdrawal symptoms
  - Buprenorphine

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Fentanyl Potency and Bupe Dosing

- Traditionally providers have focused on risks of too high dosing, but underdosing can cause harm also
- Buprenorphine extremely safe at higher doses (ceiling affect) and protective of harm from fentanyl
- Suboxone package unfortunately specify a target dose of 16mg/d and a limit of 24mg/d
  - Advocates would like to remove this language and return to the 2004 SAMHSA CSAT dosing recommendation of up to 32mg/d

Grande LA, Cundiff D, Greenwald MK, Murray M, Wright TE, Martin SA. *Evidence on Buprenorphine Dose Limits: A Review.* J Addict Med. 2023 Jun 16.

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Questions & Discussion

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NEXT Month: September 11th 2023

- Elizabeth Austin PhD, from our Formative Evaluation team, will present a summary of learnings from the CHAMP intervention clinics on *Engaging Patients in OUD Care*.
- She would love to get your feedback on this work, and how to disseminate these learnings to other care managers.

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THANK YOU FOR JOINING US TODAY!

Paul Barry, LICSW
barryp@uw.edu

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