

WELCOME

Addiction Medicine ECHO Clinic



The session will begin promptly at 12 pm.



Please mute the audio on your device.



Sessions take place Thursday on the 2^{cd} and 4th week of the month.



Please connect your camera.

Need technical assistance? Call [907.729.2622](tel:907.729.2622) or text your phone number into the chat.



ALASKA NATIVE
MEDICAL CENTER



ALASKA NATIVE
TRIBAL HEALTH
CONSORTIUM



Foundation for
Opioid Response Efforts

Recording

We will record the **didactic portion** of every session. After the session, the didactic portion of this clinic will be available on the ANTHC Addiction Medicine ECHO page.

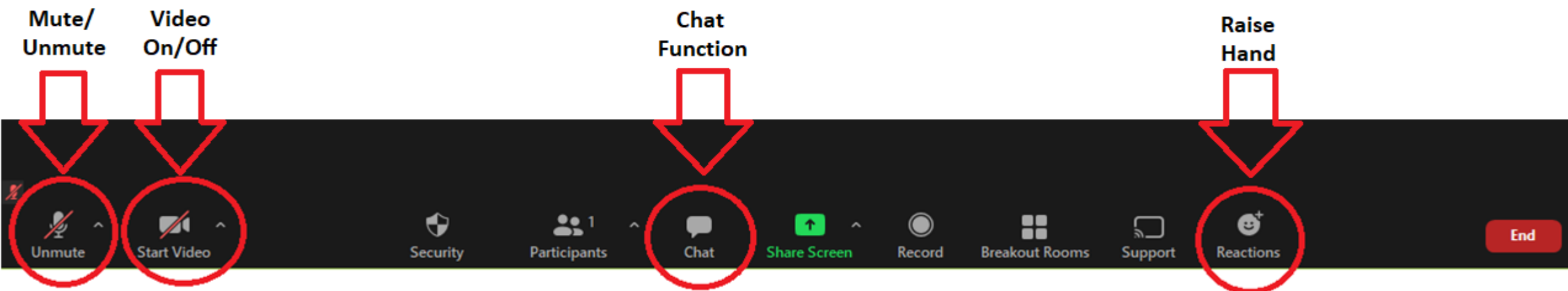
By participating in this clinic you are consenting to be recorded.

If you do not wish to be recorded, please email behavioralhealth@anthc.org at least one week prior to the ECHO Clinic you plan to attend.

Some Helpful Tips

- ▶ Please mute microphone when not speaking
- ▶ Use chat function
- ▶ Position webcam effectively
- ▶ Test both audio & video

Need technical assistance? Use the chat function or call 907-317-5209



ANTHC Clinical ECHO Series

Approved Provider Statements:



JOINTLY ACCREDITED PROVIDER™
INTERPROFESSIONAL CONTINUING EDUCATION

In support of improving patient care, Alaska Native Medical Center (ANMC) is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

Contact Hours:

ANMC designates this activity for a maximum of 25 contact hours, including 12 total pharmacotherapeutics contact hours, commensurate with participation.

Financial Disclosures:

None of the presenters and planners for this educational activity have any relevant relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

Approved for 1 CHAP CE

Conflict of Interest Disclosures:

None of the presenters and planners for this educational activity have any relevant relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

Requirements for Successful Completion:

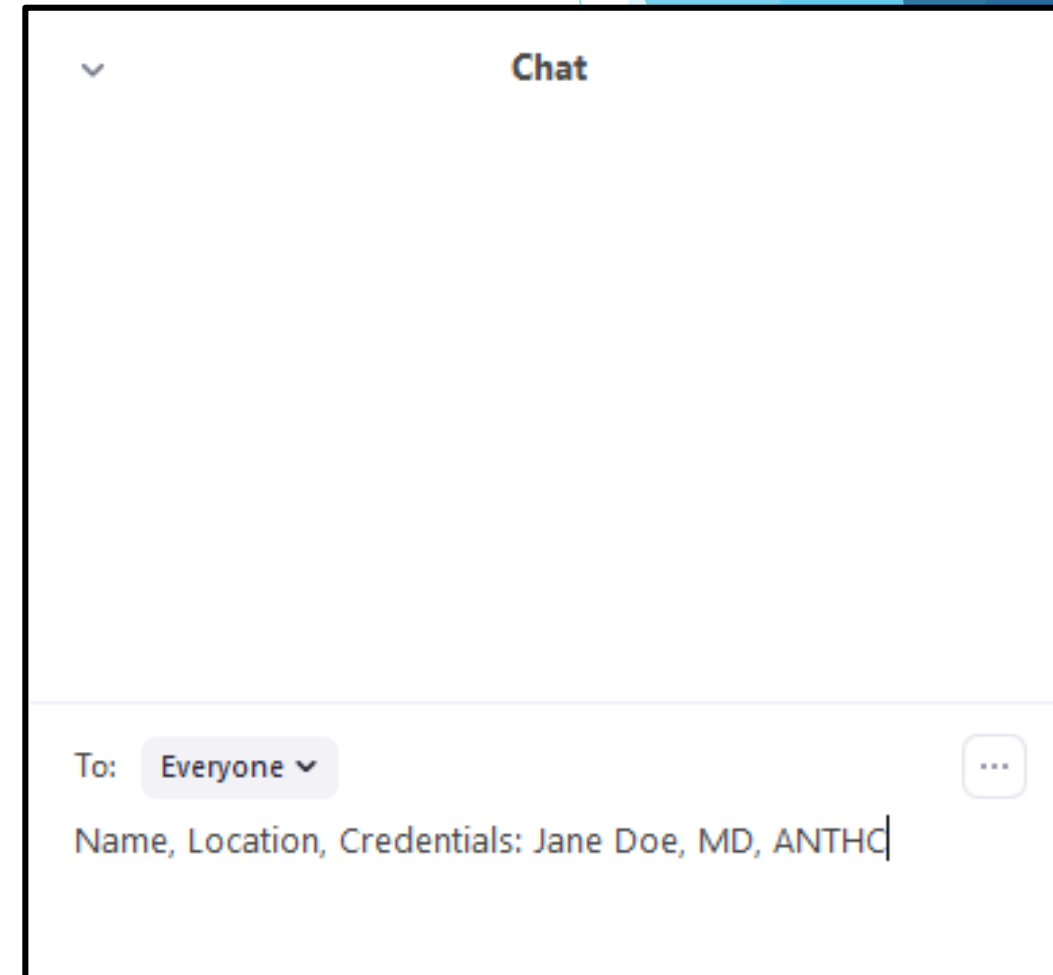
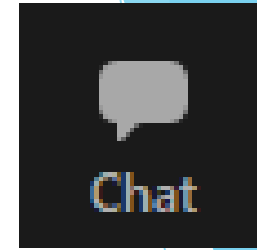
To receive CE credit be sure you are included in attendance record as directed by the facilitator/session moderator, and complete the course evaluation or post session survey via this link: <https://forms.gle/QhwCeGTf4zLNwpBX7>

For more information contact Jennifer Fielder at jfielder@anthc.org or (907) 729-1387

Introductions

Addiction Medicine ECHO

- Please introduce yourself in the chat :
 - Name
 - Location
 - Profession/Credentials
 - *Note:* The chat will be saved as our attendance record for continuing education credits.



Naloxone and Fentanyl

- ▶ Tim Easterly
Program Coordinator, Project Hope
State of Alaska, Division of Health and Social Services
Alaska Native Tribal Health Consortium

Conflict of Interest

- ▶ No conflicts of interests to disclose

Objectives

- ▶ Participants will demonstrate knowledge of the latest trends around fentanyl use and overdose in Alaska.
- ▶ Participants will gain access to resources to life saving medication Naloxone for opioid overdose response.



Fentanyl

Facts and
How to test a substance for the presence of Fentanyl

**ONE LINE:
FENTANYL**



**TWO LINES:
NO FENTANYL**



Facts:

Drug Enforcement Agency (DEA)

- Fentanyl was first developed in 1959 and introduced in the 1960s as an intravenous anesthetic.

Centers for Disease Control and Prevention (CDC)

- Rates of overdose deaths involving synthetic opioids other than methadone, which includes fentanyl and fentanyl analogs, increased over 16% from 2018 to 2019.

National Institutes of Health (NIH)

- 50 to 100 times more potent than morphine. In its prescription form it is prescribed for pain, but fentanyl is also made illegally.
- Fentanyl and other synthetic opioids are the most common drugs involved in overdose deaths.
- Illegal fentanyl is sold in the following forms: as a powder, dropped on blotter paper like small candies, in eye droppers or nasal sprays, or made into pills that look like real prescription opioids.
- Illegal fentanyl is being mixed with other drugs, such as cocaine, heroin, methamphetamine, and MDMA.
- The high potency of fentanyl greatly increases risk of overdose.
- Naloxone can reverse a fentanyl overdose. Multiple doses might be necessary because of fentanyl's potency.

National Institute on Drug Abuse (NIDA)

Fentanyl is in Everything:

COUNTERFEIT DRUGS

OXYCODONE		ADDERALL
	REAL	
	FAKE	

SOURCE: DEA



Can you spot the fake?

Counterfeit

Photo courtesy of California Poison Control System, San Francisco Division

According to the DEA, this pill is a replica. Analysis of a tablet from the same batch indicated that it contained fentanyl, promethazine, acetaminophen and trace amounts of cocaine.

Real

Photo courtesy of Mallinckrodt PLC

This legitimate prescription pill made by Mallinckrodt PLC contains hydrocodone bitartrate and acetaminophen.

THE WALL STREET JOURNAL.

Fentanyl has been found locally in these substances:

M30 pills

These are the most common pills containing fentanyl in our area.

V48 & A215 pills

These pills, although less common, may also contain fentanyl.

Powders

Fentanyl can also be found in white powders.

September 26, 2019

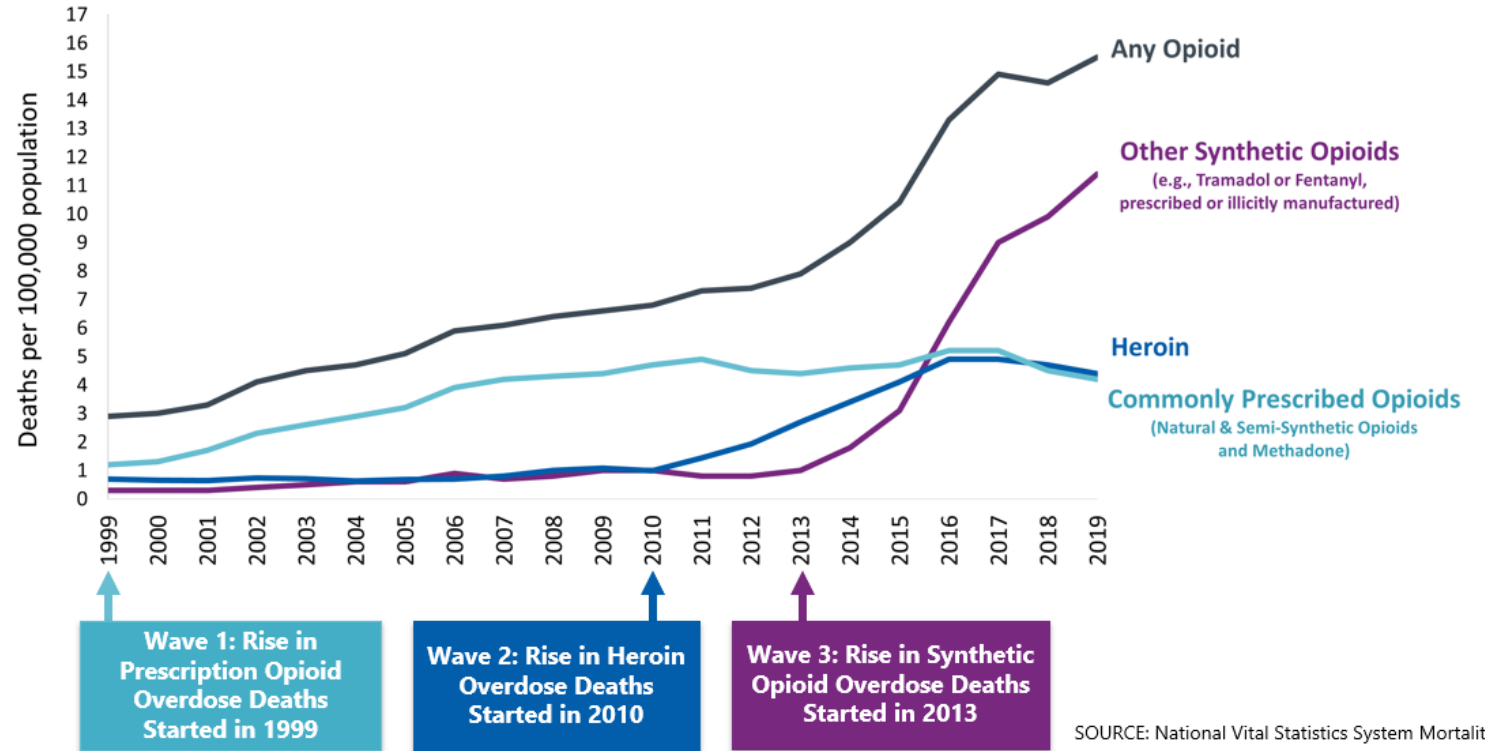
Public Health
Seattle & King County



Overdose Death Rates

- Synthetic opioid-involved death rates increased by over 15% from 2018 to 2019 (CDC).
- In 2019 49,860 people died from an opioid related overdose. 72.9% of those involved synthetic opioids (CDC).

Three Waves of the Rise in Opioid Overdose Deaths



Opioid Potencies (Perspective)

- ▶ **Heroin:** 2-5 times stronger than Morphine
- ▶ **Fentanyl:** 50 times stronger than Heroin, 100 times stronger than Morphine
- ▶ **Sufentanil (Dsuvia):** 10 times stronger than Fentanyl, 500 times stronger than Morphine
- ▶ **Carfentanil (Wildnil):** 100 times stronger than Fentanyl, 10,000 times stronger than heroin (no medical use in humans)



Myths:

It does not matter how you take it:

- Eat
- Snort
- Smoke
- I/V

Fentanyl is deadly in any form and even 1 pill can kill.

According to the American College of Medical Toxicology and the American Academy of Clinical Toxicology
“Incidental dermal absorption is unlikely to cause opioid toxicity”

Naloxone does work against Fentanyl; you may need multiple doses for it to take effect

Mitigation/Harm Reduction:

- DO NOT USE ALONE
- Test all your substances
- Use less
- Have Naloxone (Narcan[®], Evzio[®], Kloxxado[®]) ready. Make sure friends and loved ones know what naloxone is and how to use it.

How to use a Fentanyl Test Strip:

Utah Naloxone (5 Minutes)

- <https://www.youtube.com/watch?v=j9-wuUpdWHw>

Project Weber Renew (1:30 Minutes)

- <https://www.youtube.com/watch?v=INSdu-Rlyfk>



How to use a Fentanyl Test Strip:

(Cont.)

- <https://dancesafe.org/wp-content/uploads/2020/10/DS-fentanyl-instruction-2020.pdf>



HOW TO TEST YOUR DRUGS FOR FENTANYL

Before using the strips, read all the instructions twice. For the latest updates visit: dancesafe.org/fentanyl

WHAT IS FENTANYL?

FENTANYL and various fentanyl analogues are highly potent synthetic opioids between fifty and hundreds of times stronger than heroin. Since 2013 they have killed hundreds of thousands of people in North America alone. Accidentally ingesting fentanyl-laced heroin, cocaine, meth and other drugs—including counterfeit pharmaceutical pills—is the single greatest risk facing people who use drugs today.

ABOUT OUR FENTANYL TESTING STRIPS

If used correctly, our fentanyl testing strips can detect fentanyl and most of its known analogs, including carfentanyl. However, they cannot detect all of them. A negative result, therefore, does not guarantee your drug sample is free from all synthetic opioids.

WARNING: Fentanyl test strips from other sources may not work the same. We conducted an independent study in conjunction with the University of California assessing a variety of testing strips sold on the market. Out of five different strips we tested, four could not detect carfentanyl and one from a Chinese manufacturer did not work at all.

THE MOST IMPORTANT THING TO KNOW ABOUT FENTANYL

When fentanyl (or a fentanyl analog) is mixed with heroin, cocaine or other drugs, it is NEVER mixed evenly. Powder from one side of a baggie (or on one edge of a pressed tablet) may contain no fentanyl at all, yet powder from the other side may contain a fatal dose. This is called the "chocolate chip cookie effect" and is why it is important to test every bit of the drug you intend to consume.



Pills don't always accidentally contain fentanyl. Most pills that actually contain fentanyl.



The fentanyl may be isolated here. Because of the chocolate chip cookie effect, it's best to test every bit you intend to consume.



METHOD #1: TEST EVERYTHING YOU INTEND TO CONSUME

The best method is to test every bit you intend to consume. This requires dissolving your entire dose in water, which means you will need to drink your dose if you decide to take it. For drugs like cocaine or meth that many people like to insufflate (snort), drinking it will still work. It will take longer to feel the effects, but they will last longer.

- Place all of the drug you intend to consume into a small glass. (For pressed tablets, first crush them into a powder.)
- Add water.
 - If you are testing methamphetamine or MDMA, add one teaspoon of water (about 5ml) for each 10mg of crystal or powder. It is important to get this ratio correct because meth and MDMA give false positives if they are too concentrated. Specifically, you need to dilute down to about 2mg/ml, but not too much more than that. This is about one teaspoon for every 10mg. This method will avoid false positives but will still be able to detect a fatal dose of fentanyl, carfentanyl and most other fentanyl analogs. (This will not work for pressed ecstasy tablets because there is no way to determine how much binder material versus actual MDMA is in the tablet. Therefore, with pressed ecstasy tablets there is always a risk of inaccurate results.)
 - If you are testing cocaine, or any drug other than methamphetamine or MDMA, add two teaspoons of water per 100mg of powder. This is approximately 10mg/ml. This is an ideal dilution to detect fentanyl and most of its analogs in powdered drugs.
 - If you are testing a pressed pharmaceutical tablet, add just enough water to dissolve the crushed powder.
- Stir the contents until it is thoroughly dissolved. (Binder material in tablets may not dissolve. That's ok.)
- Hold the blue end of the test strip and insert the other end into the liquid, no higher than the blue line.
- Allow the liquid to travel up the strip into the test area. (This takes about 15 seconds.)
- Set the strip down on a flat surface and wait about two minutes. See "Interpreting the results" below.

Note: It's always best to use a milligram scale, but if you don't have one, 10mg is approximately the amount of powder it takes to cover Abraham Lincoln's face on a penny. (You can also buy a 10mg micro scoop from our website.)

This is about 1mg

Always sample powder using our micro scoop. It is approximately 10mg. Available at dancesafe.org/products/micro-scoop

METHOD #2: TESTING THE RESIDUE INSIDE YOUR BAGGIE

CAUTION: This is NOT the recommended method for testing. The best method is to test every bit you intend to consume. However, some people may not be willing to dissolve their entire dose of drugs in water every time they partake. In that case, the next best method is to test the residue stuck to the inside of the baggie the drugs came in. This method may not detect fentanyl due to the chocolate chip cookie effect, but it is better than not testing at all.

- Empty the powder or crystals inside your baggie onto a plate, crush or chop them into the finest powder possible. (You can use the bottom of a metal spoon for crushing. A straight razor blade is best for fine chopping.) Now put the powder back in the baggie, seal it and shake it well, then open it and dump the powder back out again. Now you should have a baggie with well-distributed residue stuck to the inside walls.
- Put about half a teaspoon of water into the baggie and swirl it around to dissolve the residue. (A half teaspoon is about 2.5ml.)

Note: If you are testing methamphetamine or MDMA, depending on how much residue is stuck to the inside of the baggie, you may need to use a full teaspoon of water. For these two drugs, you want the dilution to be approximately 2mg/ml, because if it is more concentrated than that you may get a false positive. Be careful not to dilute it too much, though, because then the strips may not be able to detect the fentanyl. If we assume there is at most 10mg of residue stuck to the inside walls of the baggie, then one teaspoon of water (about 5ml) is the proper amount.
- Hold the blue end of the test strip and insert the other end into the liquid, no higher than the blue line.
- Allow the liquid to travel up the strip into the test area. (This takes about 15 seconds.)
- Set the strip down on a flat surface and wait about two minutes. See "Interpreting the results" below.

INSTRUCTIONS FOR IV DRUG USERS

If you inject heroin or other drugs, you should test every time you inject. The easiest method is to test the residue from your spoon or cooker.

- After preparing your shot, set the needle aside and wait to inject.
- Add about 1ml (1/4 of a teaspoon) of clean water into the spoon or cooker.
- Hold the blue end of the test strip and insert the other end into the liquid.
- Allow the liquid to travel up the strip into the test area. (This may take 30 seconds.)
- Set the strip down on a flat surface and wait about two minutes. See "Interpreting the results" below.

INTERPRETING THE RESULTS

One red line on top is a POSITIVE result for the presence of fentanyl or one of its analogs. Two red lines is a NEGATIVE result. No red lines (or one red line on the bottom) means the test is invalid. (Usually this happens because the liquid did not travel far enough up the testing strip.)



Capillary action pulls the liquid up the strip into the test area →

Do not insert above this line.

TEST AREA

ONE RED LINE = POSITIVE FOR FENTANYL



TWO RED LINES = NEGATIVE FOR FENTANYL

The lower red line here may be lighter than the upper red line. That is still a negative result.

Disclaimer: DanceSafe's fentanyl test strips are provided for harm reduction use only. They cannot detect every fentanyl analog, nor can they detect other synthetic opioids. A negative test result does not mean a sample is safe to consume. No drug use is 100% safe. For the newest information about fentanyl, see: dancesafe.org/fentanyl

DanceSafe is a nonprofit public health and harm reduction organization. We provide our educational information and services to help people who use drugs make healthy, informed choices. The safest way to avoid the harmful drug is not to use them, but if you choose to use, use as safely as possible.

References:

- <https://www.drugabuse.gov/publications/drugfacts/fentanyl>
- <https://www.cdc.gov/opioids/basics/fentanyl.html>
- https://www.dea.gov/sites/default/files/2020-06/Fentanyl-2020_0.pdf
- <https://www.cdc.gov/drugoverdose/deaths/synthetic/index.html>

Image Sources:

- https://www.washingtonpost.com/national/counterfeit-opioid-pills-are-tricking-users--sometimes-with-lethal-results/2017/11/19/d34edb14-be4b-11e7-8444-a0d4f04b89eb_story.html
- <https://www.wsj.com/articles/the-pill-makers-next-door-how-americas-opioid-crisis-is-spreading-1475693346>
- <https://kingcounty.gov/depts/health/overdose-prevention/fentanyl-warning-parents.aspx>

Case Presentation

Project ECHO's goal is to protect patient privacy

- ▶ To help Project ECHO accomplish that goal, please only display or say information that doesn't identify a patient or that cannot be linked to a patient.
- ▶ **References: For a complete list of protected information under HIPAA, please visit www.hipaa.com**

Thank you for joining us today.
We appreciate your participation and hope
to see you at the **NEXT ECHO Session:**
November 11, 2021 from 12pm -1 PM

You will be receiving a follow up survey that we hope you will complete to help us improve. If you are requesting continuing education credits, you will be required to complete the survey to receive your CEs.

