



What is Fentanyl?

Fentanyl is a synthetic opioid, 50 to 100 times more potent than morphine. It is used in palliative and ICU care where patients can be closely monitored, and often in patch form for better control. It is often used for patients with opiate experience, where tolerance may be an issue in treatment.

Fentanyl is measured in micrograms, not milligrams. Imagine crushing a 200 mg dose of ibuprofen...and compare that to a grain of salt or sand. A concentrated dose of Fentanyl could be as small as a crushed grain of sand or salt. It can come in liquid, pill, gel or powder form.

Fentanyl is a strong sedative and suppresses the respiratory system.

Who might come into contact with Fentanyl?

Opiate users (OxyContin, heroin) may knowingly use fentanyl. When a tolerance to opiates is developed, the impact of fentanyl on a regular opiate user may be different than on others. These are the situations where people may apply harm reduction practices while choosing to use fentanyl.

Harm reduction practices might include: know where you got it from, read prescription amount carefully, try a little first, never use alone, quick access to NARCAN (e.g. naloxone kit). More information on talking about fentanyl as well as harm reduction can be obtained:

- *Toward the Heart* website: <http://towardtheheart.com/fentanyl/>;
- Fraser Health Authority Overdose **School Toolkit**:
http://www.fraserhealth.ca/media/Overdose_SchoolToolkit_FINAL.pdf;
- BC Government site <http://www2.gov.bc.ca/gov/content/overdose>;
- Know Your Source' www.knowyoursource.ca.

Occasional / recreational users of so-called club or party drugs such as cocaine /ecstasy / heroin / pills (Xanax, Oxy, etc) may not intend to use fentanyl. However, they are likely to come in contact with it. In a recent random round of testing at Vancouver's Insite, 86% of street drugs contained fentanyl.

Occasional users are at high risk as they have not developed tolerance and do not routinely follow harm reduction practices. Their inexperience can make them vulnerable. Occasional users may not recognize signs of overdose. They may believe that the pill that is labeled Xanax, for example, actually is Xanax—but it may not be because anyone can buy a pill press.

Curious / Experimental Substance Users: We don't know when and where fentanyl may show up. While there is evidence that fentanyl is in most street drugs in Vancouver, first time or early users are at significant risk since they may not know or believe fentanyl is in the drug they experiment with; they have no practice or tolerance to opioids; they are often in settings where harm reduction practices are not happening (e.g. using

with others who recognize overdose and know what to do; using a little first; using in close proximity to NARCAN and / or first responders, etc.).

In addition, cannabis (weed) remains a question mark. There is one known case of inadvertent cross contamination (i.e. cannabis was infused with fentanyl accidentally due to being handled in the same setting as a fentanyl lab). We also know there are regular reports of people who say that they have never knowingly used anything other than weed yet other substances have appeared in toxicology reports. Cannabis is NOT regulated or tested in BC—including that from dispensaries. If fentanyl were to show up in cannabis, the seller may not know.

What to know:

Signs of fentanyl overdose:

- * Sleepy
- * Slow heart rate
- * Shallow breath
- * Cold and clammy
- * Trouble walking and talking

People who are intending to use cocaine, ecstasy, heroin or any pills need to remember all of the above harm reduction practices and:

- Tiny amounts of fentanyl can cause overdose
- It is invisible and odorless
- Anyone can buy a pill press: it looks like a familiar pill but it may not be
- Do not use alone; be with someone who is not using
- Start with a small amount
- Do not use in remote places where help is not near
- Call 911 immediately if something seems abnormal or if there is an overdose; there is very little time
- Be prepared to give breaths and/ or administer naloxone (Narcan) until help arrives
- Mixing substances can make it harder to identify overdose
- Mixing with alcohol can be much more risky (as with all substances)
- Fentanyl can be absorbed through skin / mucus membranes (eyes and nose.)

People who use occasionally or for first time are at greater risk. They have not built up tolerance; may not be aware of harm reduction practices; may not recognize signs of overdose.

***Regarding youth health:**

- Support the non-use option. Youth who avoid substance use are in the majority yet they still benefit from encouragement that **non-use is socially acceptable**, as well as the safest choice.
- For non-drug using youth and early “experimental use” youth, the message to **delay** substance use until adulthood is still relevant.
- For youth (and adults) who are using substances regularly:
 - o **monitor** use (be aware: How much? When? How often? etc.)
 - o **reduce** use (use less often; use less)
 - o use **safety planning** (e.g. not alone; with someone not using; near help; etc.)

Useful points in talking about fentanyl with youth

Most people do not use fentanyl on purpose. They bought something else and believe it's clean.

Think peanut allergy. Different people can respond differently. A small amount can trigger strong reactions for some but not others. There have been situations where groups of people have ingested the same substance together and only some OD'ed.

Think batches of chocolate chip cookies: Fentanyl would be the chocolate chips (but microscopic.) One dose = One cookie. Some cookies may contain one chocolate chip; some cookies may contain eight chocolate chips. That you or someone you know may have used from this batch before does not mean using again is without risk.

Help youth explore the risk assessment and mitigation they already practice:

If you found an open bag of potato chips, would you eat them? If someone you just met offered you a sip of their water bottle, would you take it?

Why would you not eat the chips?

What would go through your mind?

If I was eating the found bag of chips and I said its fine, would you have them then?

What do we believe about someone involved in producing or selling drugs? What do we believe about their concern for our wellbeing? What motivates them? Why do some people trust them more than some guy who forgot his chips? Do we accept risks if we perceive benefits? Once we are in a certain mind set do we abandon risk assessment? Where do we draw lines?

Caring Adults: Let youth know you don't want to exaggerate but the risk is real.

- Express genuine concern about youth safety
- Use your communication skills (open-ended questions; listen; promote reflection by the youth)
- Encourage on-going conversations and reminders
- Model and foster expressing feelings. Model multiple ways to cope with your stress (exercise; a nap; talk to a friend; spiritual practice; music, creative pursuits.)
- Recognize youth developmental processes: e.g. teens can be impulsive and seek strong sensation. Encourage their curiosity about new activities and support their interests with your money, time and attention. Encourage delaying any substance use until older.

Remember - help and support are available. See websites above or separate *Fentanyl related Resources and Support SACY* (available at www.vsb.bc.ca/sacy)

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