



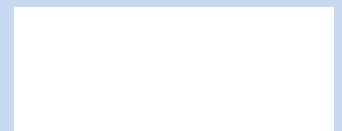
UW PACC

Psychiatry and Addictions Case Conference

UW Medicine | Psychiatry and Behavioral Sciences

Why Fentanyl? Why Now?

Understanding the contemporary context of illicit fentanyl use and the Harm Reduction-centered responses of Syringe Service Programs



SPEAKER DISCLOSURES

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Dave Purchase Project, Tacoma Needle Exchange/NASEN

Financial Relationships:

- Receive a fee for speaking at today's educational activity
- Receive a salary as ED of Dave Purchase Project

Non-Financial Relationships:

- SURSAC Sub-Committee Member
- Pierce County Opioid Task Force Member

OBJECTIVES

1. To learn about Harm Reduction and the Tacoma Needle Exchange (TNE) and how we engage participants who use fentanyl and why we do it;
2. To better understand contemporary drug consumption patterns among people-who-use-drugs (PWUD) and some of the factors that have created the current context of fentanyl use;
3. To understand the harm reduction rationale behind the distribution of safer consumption supplies i.e, boofing, smoking, snorting, etc. and how this is the natural evolution of harm reduction services.

WHAT IS HARM REDUCTION?

- “Harm reduction refers to policies, programmes and practices that aim to minimise the negative health, social and legal impacts associated with drug use, drug policies and drug laws.”
- “Harm reduction is grounded in justice and human rights. It focuses on positive change and on working with people without judgement, coercion, discrimination, or requiring that people stop using drugs as a precondition of support” (<https://hri.global/what-is-harm-reduction/>).

HARM REDUCTION IN PRACTICE

- Syringe Exchange Programs;
- Overdose Prevention and Reversal training i.e., Narcan training;
- Safe Consumption Spaces i.e., overdose prevention centers;
- Safer Consumption Supplies e.g., pipes, straws, FTS;
- Safe Supply Initiatives i.e., drug checking;
- Medically Assisted Treatment (MAT), e.g., methadone, buprenorphine, Vivitrol, etc.

TACOMA NEEDLE EXCHANGE

- Started in 1988 by Dave Purchase, a Drug Counselor in Tacoma, WA
- We are the first legally-sanctioned SSP in the US.
- Spokane County Health District v. Brockett, 120 Wash. 2d 140, 839 P.2d 324 (Wa. 1992).
- We provide harm reduction education and sterile drug injection equipment, safer consumption supplies, care coordination, opioid overdose awareness training and naloxone distribution, no-cost wound care clinic, HIV/HCV testing, access/referral to MAT (low-barrier and traditional), transportation, assistance with benefits enrollment, safer-sex supplies, etc.
 - Exchanged 7,147,936 syringes (2019-2021)
 - Trained 5000 plus individuals to recognize and respond to an opioid overdose
 - Distributed 35,000 doses of naloxone (2016-2022)
 - 3000 Reported Reversals
 - Facilitated MAT for more than 400 individuals since 2019
 - Facilitated free diagnosis and treatment of skin and soft tissue infections for more than 300 individuals since 2020.
- We provide services in a non-judgmental manner. This fosters the types of trusting relationships that keep PWUD connected to a system of care that they can turn to when they are ready to make positive change.

OPIOID/FENTANYL DEATHS (WA)

Opioid-Related Overdoses:

2022 so far: 641 (76% of 2022 overdose deaths)

2021: 534 (73% of 2021 overdose deaths)

2020: 373 (70% of 2020 overdose deaths)

2019: 306 (68% of 2019 overdose deaths)

2018: 281 (64% of 2018 overdose deaths)

Fentanyl-Related Overdoses:

2022 so far: 575 (90% of 2022 opioid-related deaths)

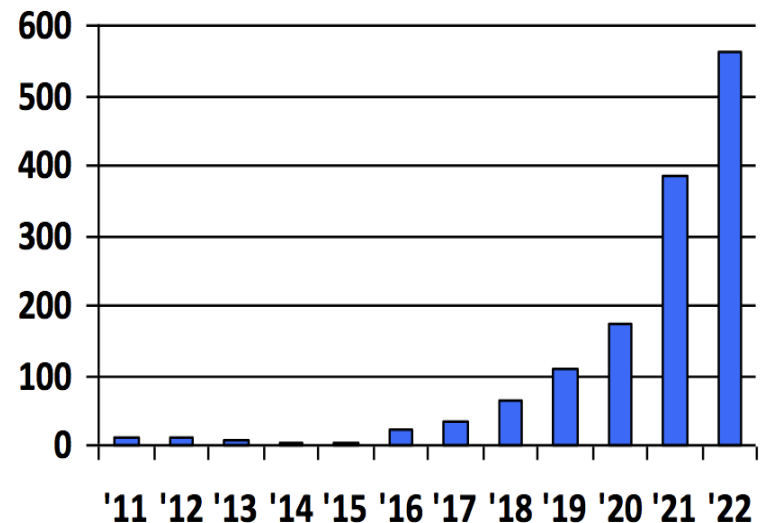
2021: 385 (72% of 2021 opioid-related deaths)

2020: 173 (46% of 2020 opioid-related deaths)

2019: 111 (36% of 2019 opioid-related deaths)

2018: 66 (23% of 2018 opioid-related deaths)

Fentanyl OD Deaths 2011 - 2022



Data from King County Medical Examiners Office

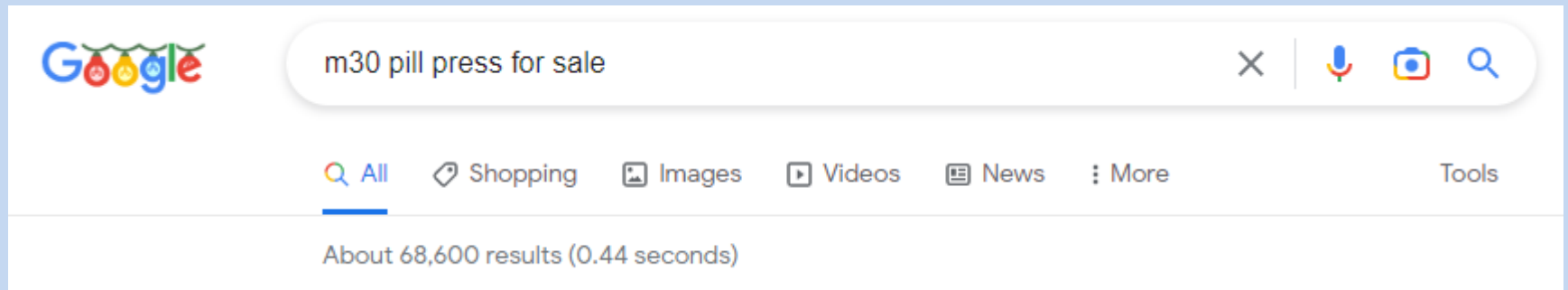
Fentanyl Use by PWUD in WA

- WA Drug User health Data 2019 vs. 2021 (Fentanyl use)
 - In 2019, 18% of WA SSP Health Survey respondents (n=1,269) had used fentanyl in the 90 days prior to the survey. Only one individual reported fentanyl as their “main drug”. (Banta-Green et al., 2020)
 - In 2021, 42% (almost half) of WA SSP Health Survey respondents (n=955) had used fentanyl in the 90 days prior to participating in the survey. Two thirds of these individuals stated that they had used fentanyl “on purpose”. (The remaining third stated they had used it unintentionally and most often mixed with another drug.) Thirty-two (3%) of these individuals reported fentanyl as their “main drug”. (Kingston et al., 2022).
 - In 2021, 48% of individuals that reported using fentanyl in the 90-days prior to the survey reported they only “smoked” fentanyl. (Kingston et al., 2022).

Fentanyl Use Reported By Newly Enrolled TNE Participants

- In 2017, TNE started giving out fentanyl test strips so participants could detect –and avoid- fentanyl in their drugs.
 - In 2020, zero (0%) of newly enrolled participants (n= 2393) reported fentanyl as their drug of choice;
 - In 2021, 34 (1.5%) of newly enrolled participants (n= 2223) reported fentanyl as their drug of choice;
 - 35 (1.6%) reported using fentanyl alone or mixed with methamphetamine and/or heroin, in the past 7 days.
 - In 2022 (YTD data), 205 (12.6%) of newly enrolled participants (n=1621) reported fentanyl as their drug of choice;
 - An additional 69 reported meth and fentanyl, i.e., “sleepy dope” as their drug of choice.
 - 271 (16.7%) reported using fentanyl in some form e.g., alone or mixed with methamphetamine and/or heroin, in the past 7 days.

EQUIPMENT TO PRODUCE COUNTERFEIT M30's



OXY M30 vs COUNTERFEIT M30



Authentic oxycodone M30 tablets (top) vs. counterfeit oxycodone M30 tablets containing fentanyl (bottom).



Image Source:
Department of Justice/Drug
Enforcement Administration
Drug Fact Sheet

ENVIRONMENTAL CONTEXT of DRUG USE: S. 14th & S. G STREET

- Conducting Outreach at this site for more than 2 decades.
 - Tremendous Community Support
 - Tacoma Catholic Worker House
 - St Leo's Church
 - Guadalupe House
 - Catholic Community Services/Nativity House
 - Community Residents
- Site Census (05.25.2022) (Swept 10.25.22)
 - 6-8 RVs
 - 12-18 vehicles with people living in them
 - 24 large tents/shelters
 - 12 small tents
 - Approx. 200 living in the area and attracting many more who cycle through the area during the day.

S. 14th & S. G STREET

Photo Credit: Sam Eaton (2022)



S. 14th & S. G STREET



S. 14th & S. G STREET



STREET FENTANYL

Common Street names for Counterfeit oxycodone M30 pills:
Mexican Blues, Blues, M-Boxes. Street Price \$5 - \$1.



A drug user displays two blue fentanyl pills she is smoking in downtown Seattle, October 22, 2021.

CREDIT: KUOW PHOTO/ANNA BOIKO-WEYRAUCH

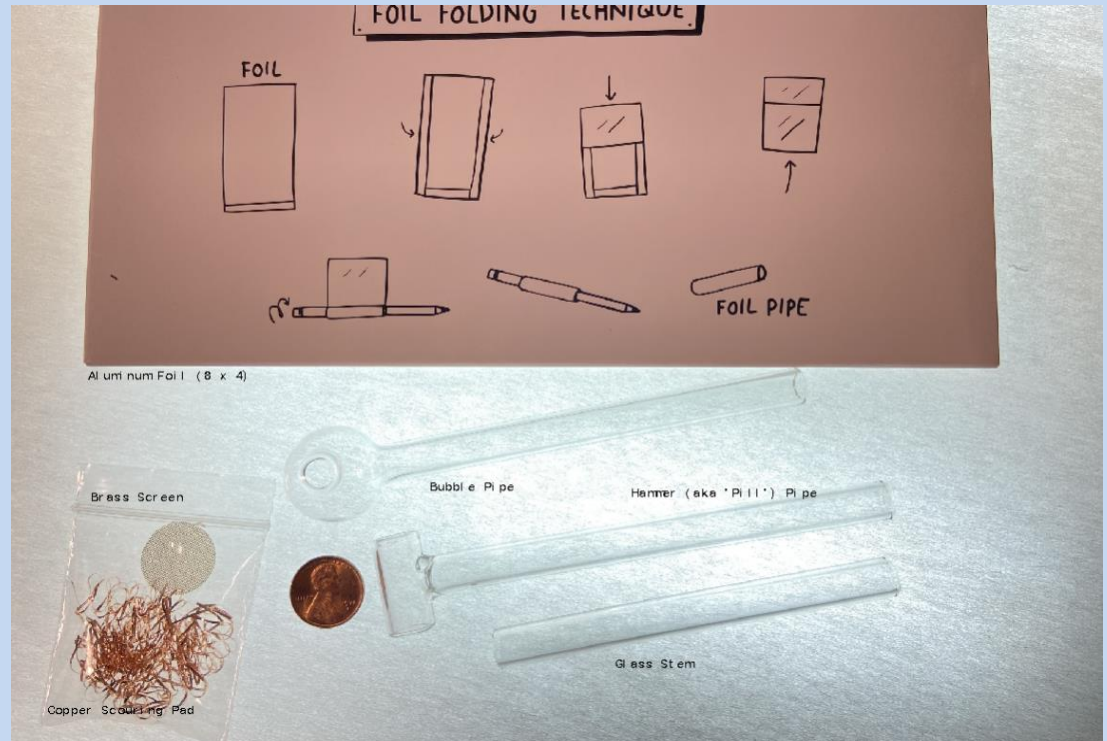
WHAT ARE SAFER SMOKING SUPPLIES?

- Supplies Can Include:
 - Stems
 - Brass Screens
 - Chore Boy, i.e., copper scouring pads
 - Brillo
 - Manicure Sticks
 - Mouthpiece
 - Chapstick/Lip Balm
 - Gum
 - Etc.



WHAT ARE SAFER SMOKING SUPPLIES?

- Supplies Can Include:
 - Aluminum Foil
 - Hammers, i.e., pill pipes
 - Stems
 - Brass Screens
 - Chore Boy, i.e., copper scouring pads
 - Brillo



WHY DISTRIBUTE SAFER SMOKING SUPPLIES?

Distribution of Safer Smoking Supplies:

- Reduces harm and suffering;
 - Reduces the potential harms caused by injection, i.e., HIV, hepatitis, bacteremia, endocarditis, necrotizing fasciitis, tetanus, wound botulism, etc. ▪
- Provides participants who currently inject drugs a method for reducing injection frequency;
 - Among 866 individuals who injected in the 3 months prior to participating in the 2021 WA State SSP Health Survey, 72% were interested in receiving safer smoking supplies and 64% of these individuals stated that they think they inject less often if they could get “pipes or foil” (Kingston et al., 2022) ▪
- Saves Money;
 - “The median charge (IQR) for hospitalization for injection drug use-related infection (at Jackson Memorial Hosp. in Miami, FL) was \$39,896 (\$14,158-\$104,912)” (Tookes et al., 2015). ▪
- It makes services available, accessible and, desirable to a more diverse population of PWUD and increases opportunities for engagement, education, and positive change.

TNE ENROLLEMENT/ENCOUNTER DATA: G. STREET

| | |
|--|------------|
| # New Enrollments at G Street between 12.09.20 – 12.22.21 | 742 |
| # of Unique Individuals | 1237 |
| # of Unique Individuals that Received Safer Smoking Supplies | 1163 (94%) |
| Total # Pipes Distributed | 3727 |
| # Participants who returned more than 1 time (49%) | 569 |
| Average # pipes distributed per Outreach Session | 58 |

TNE PARTICIPANT DATA: G. Street

- 3981 Encounters
 - 1672 (39%) No Syringes, Only Safer Smoking Supplies
 - 42 Syringes and Safer Smoking Supplies
 - 1714 (43%) Received Safer Smoking Supplies
- In the 4 weeks prior to distribution of safer smoking supplies we enrolled 20 new participants.
- In the 4 weeks after starting distribution of safer smoking supplies, we enrolled 60 new participants, a 200% increase in enrollment - and this was during the last 4 weeks of December, an historically slow time for new enrollments.

ANECDOTAL DATA:

- Several participants have reported that since pipes became available to them, they have stopped injecting.
- We have connected with a much larger demographic of people and so have been able to train more people to use naloxone.
- Participants have noted that when they have their own pipes they have more autonomy regarding their drug use, e.g., how much, when. etc. In addition, they are not dependent on people they don't feel safe around to share pipes.
- Many folks who only smoke were under the impression that one cannot overdose if only smoking. We take this opportunity to discuss overdose risk and provide Narcan training so they are prepared to respond to overdose - which they previously were not.

WHAT PARTICIPANTS ARE SAYING:

“Safer smoking supplies, and access to them, has helped me feel included in the community. Ostracization has furthered my addiction.”

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

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

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- Kingston S, Newman A, Banta-Green C, Glick S. Results from the 2021 WA State Syringe Service Program Health Survey. Seattle, WA: Addictions, Drug & Alcohol Institute, Department of Psychiatry & Behavioral Sciences, University of Washington, March 2022.
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