



To: CAHAN San Diego Participants
Date: August 21, 2020
From: Health and Human Services Agency

Fentanyl Overdose Deaths Related to Illicit Drug Use

This health advisory informs providers about a recent increase in fatal cases of fentanyl overdose in San Diego County. It also contains recommendations for local healthcare providers and resource links.

Key Points:

- Fentanyl overdose deaths are increasing in San Diego County, with confirmed and suspect cases this year nearly triple the number at the same point in 2019.
- Nationwide, a rise in drug overdose deaths was observed prior to the Coronavirus Disease 2019 (COVID-19) outbreak.
- Current local trends in fentanyl overdose deaths may be compounded by stressors related to the COVID-19 pandemic, including restricted access to care, disruptions in usual drug supply routes, and economic stressors leading to increased drug misuse.
- Respiratory support and naloxone are the best treatments for fentanyl-related overdoses, and larger than usual doses of naloxone may be required.
- Widespread access to naloxone is essential to prevent fentanyl-related deaths.
- Medication Assisted Treatment (MAT), such as methadone and buprenorphine, is the most effective treatment for opioid use disorder and is recommended to reduce the risk of overdose.

Situation

The [National Center for Health Statistics](#) reports that prior to the COVID-19 pandemic, national overdose death rates were on the rise. Similarly, California saw a 16% increase in reported drug overdose deaths from January 2018 to January 2019.

Locally, the rise in overdose deaths [reported](#) in 2018 has increased into the [present](#). In 2019, there were 152 fentanyl-related overdose deaths in San Diego County. Through the first week of August, 233 fentanyl-related deaths have been noted this year, of which 119 have been confirmed and 114 are pending confirmation. The deaths this year are nearly three times the 79 deaths due to fentanyl toxicity at the same time last year. During the first week of August, the San Diego County Medical Examiner's Office noted 24 deaths likely due accidental fentanyl overdoses, alone or with another drug.

There is an ongoing [national](#) and local trend of illicit opioid and non-opioid drugs and counterfeit pills being laced with illegally manufactured fentanyl and related chemical compounds, resulting in increased morbidity and mortality. Some users may be unaware of the risk of fentanyl contamination of illicit drugs. San Diego County healthcare providers can take actions to protect and prevent overdoses among their patients and/or clients.

The effects of COVID-19 across the globe and acute impacts at the individual level are likely contributing to the recent increase in fentanyl overdose deaths. An increase in social isolation, economic strain due to job loss or reduced work, and reduced access to substance use disorder (SUD) treatment are important factors. Some individuals may be disconnected from their usual drug sources and may therefore have increased exposure to fentanyl within new drug supplies. Individuals turning to SUD treatment programs may be having difficulty accessing services due to reductions in capacity at some programs because of the need for infection control practices (i.e., social distancing).

Due to the potency of fentanyl and fentanyl analogs (50 to 1000 times that of morphine), these substances have a greater risk of fatal overdose than other opioids. The most effective treatment for opioid overdoses is respiratory support and naloxone, an opioid receptor antagonist. Larger and multiple doses of naloxone (than usual 2-10 mg) [may be needed](#) to reverse the opioid effects from fentanyl and repeated dosing including continuous infusions may be required. Healthcare providers, first responders, and illicit drug users should be aware that fentanyl-related overdoses are on the rise, and of the dangers of fentanyl overdose.

Background

Fentanyl is a synthetic, short-acting, highly potent opioid analgesic that carries a high risk of overdose. Illicit drugs, including heroin and cocaine, can be laced with fentanyl, which may result in users of illicit drugs being exposed to fentanyl without their knowledge.

Fentanyl and its analogs result in the same central nervous system depression as heroin. Overdose symptoms of opioids, such as fentanyl, include lethargy, respiratory depression, pinpoint pupils, change in consciousness, seizure, slowed or erratic heart rate, nausea or vomiting, muscle spasm, clammy skin, change in skin color, and/or coma. The classic [triad](#) of altered mental status, pinpoint pupils, and depressed respirations suggests an opioid overdose. However, mixed overdoses may present with dilated pupils. The key concerns are whether there is adequate ventilation and whether the respiratory depression requires naloxone for reversal.

Recent cases of fentanyl-related overdoses (and deaths) have increasingly been linked to illegally manufactured fentanyl and fentanyl analogs. Nationally and locally, fentanyl has been seized by law enforcement in both powder and pill formulations, which may be marked as other substances.

Harm Reduction and Medication-Assisted Treatment

Harm reduction strategies are effective for individuals who have just experienced a non-fatal overdose or are at risk for overdose. These strategies include but are not limited to taking a non-judgmental approach and a focus on meeting the patient “where they are at.” [Low barrier access](#) to treatment such as medication-assisted treatment (MAT) is also a harm-reduction strategy. MAT is the use of FDA-approved medications, in combination with counseling and behavioral therapies, to effectively treat substance use disorders. Among individuals with opioid use disorders the use of MAT reduces drug use,

disease rates, and overdose deaths. More information about MAT from the Substance Abuse and Mental Health Services Administration (SAMHSA) is available [here](#).

Methadone and buprenorphine are the most effective treatment options for overdose prevention. Although methadone can be continued in the acute care environment, ongoing outpatient treatment is restricted to licensed opioid treatment programs. Buprenorphine, however, can be prescribed or dispensed by qualified prescribers in multiple settings, including outpatient clinics, some prehospital systems, and other general medical settings. Examples of an algorithm for starting buprenorphine immediately after an overdose can be found [here](#).

In addition to substance use disorders being broadly stigmatized, there is also stigma associated with the use of medications to treat substance use disorders. Working with patients, families, and even treatment team members to provide psychoeducation around dispelling common [myths about MAT](#) may be helpful to engage patients in treatment. Additionally, education about naloxone is critical for patients, family members or other social supports for people at risk for or recently experiencing a non-fatal overdose.

Recommendations

- **Suspect fentanyl toxicity in overdose cases**, particularly in patients presenting with symptoms consistent with opioid overdose. Note that patients exposed to fentanyl-related compounds may be unaware of their exposure.
- **Consider multiple and higher doses of naloxone may be needed to counteract fentanyl-related overdoses** due to its high potency.
- **Be aware that, in rare cases, fentanyl can cause rigidity** of the thoracoabdominal musculature, known as [“wooden chest syndrome,”](#) that may not respond to naloxone and may require treatment with small doses of succinylcholine and ventilatory support.
- **Remind ordering physicians to check with their laboratories** to determine whether fentanyl and/or its analogs are detected in the institution’s urine opioid screens.
- **Educate patients who may be using illicit drugs** about the increase in counterfeit pills and illicit drugs laced with fentanyl and the associated risk of overdose.
- **Offer naloxone to at-risk patients and their family members, friends, and peers** and educate them about how to access and use it. Emergency departments can serve as points of intervention for persons who experience overdose., Post-overdose protocols are recommended that include naloxone prescription and patient referral to case management services or peer navigators. Risk factors for opioid overdose include:
 - Use of street-purchased drugs,
 - History of overdose or substance use disorder,
 - Prescription for an opioid dose \geq 50 morphine milligram equivalents (MME)/day, and
 - Concurrent use of benzodiazepines with opioids.
- **Refer patients with substance use disorders for treatment by calling 2-1-1 or, through the County Behavioral Health Services**, by calling the Access and Crisis line at 1-888-724-7240. Patients with opioid use disorder should be referred to [evidenced-based treatments](#), including MAT when possible.
- **Initiate and continue [MAT in all healthcare environments](#)**, whenever it is possible to connect the client to ongoing treatment.

Resources

Federal

CDC Health Advisory 413: [Rising Numbers of Deaths Involving Fentanyl and Fentanyl Analogs, Including Carfentanyl, and Increasing Usage and Mixing with Non-opioids](#)

CDC Opioid Overdose webpage: [Understanding the Epidemic](#)

SAMHSA [Opioid Overdose Prevention Toolkit](#)

Local

California Poison Control, San Diego Division [webpage](#) (phone number 1-800-222-1222)

San Diego County Behavioral Health Services [Provider Directory](#)

San Diego County Medication Assisted Treatment [Patient Referral Directory](#)

San Diego County Prescription Drug Abuse Task Force [webpage](#)

Thank you for your participation.

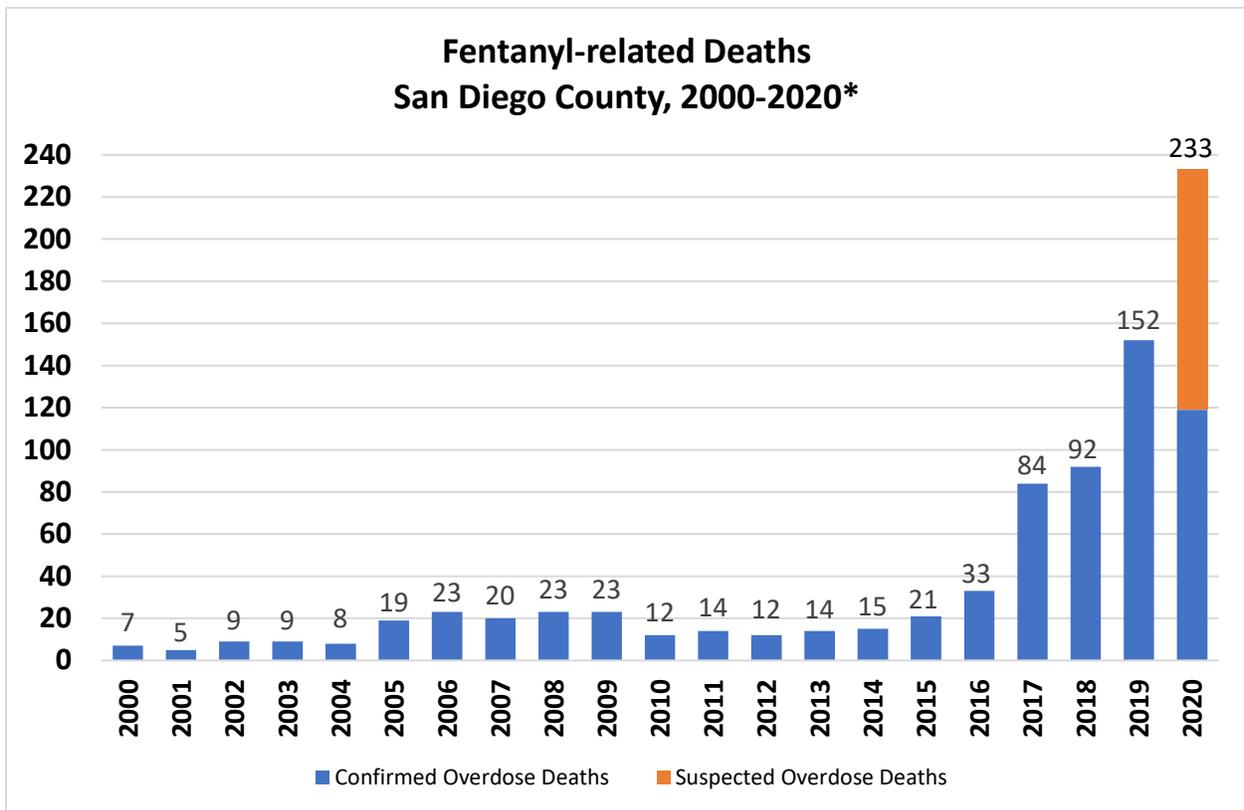
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*2020 data are cases as of August 7, 2020.

The confirmed case count is 119 and those pending confirmation number 114.

Source: San Diego County Medical Examiner's Office