



# ***DPHHS HAN HEALTH ADVISORY***

## **Cover Sheet**

**DATE:** February 6, 2019

**SUBJECT:** Increase in Fentanyl-related Overdose and Fatalities

### **INSTRUCTIONS:**

***DISTRIBUTE*** to your local HAN contacts. This HAN is intended for general sharing of information.

- Time for Forwarding: **As Soon As Possible**
- Please forward to DPHHS at [hhshan@mt.gov](mailto:hhshan@mt.gov)
- **Remove this cover sheet before redistributing and replace it with your own**

**For LOCAL HEALTH  
DEPARTMENT reference only**

DPHHS Subject Matter Resource for more information regarding this HAN, contact:

**DPHHS  
Injury Prevention Program  
1-406-444-3170**

**DPHHS Health Alert Hotline:  
1-800-701-5769**

**DPHHS HAN Website:  
[www.han.mt.gov](http://www.han.mt.gov)**

## **REMOVE THIS COVER SHEET BEFORE REDISTRIBUTING AND REPLACE IT WITH YOUR OWN**

**Please ensure that DPHHS is included on your HAN distribution list.  
[hhshan@mt.gov](mailto:hhshan@mt.gov)**

### **Categories of Health Alert Messages:**

**Health Alert:** conveys the highest level of importance; warrants immediate action or attention.

**Health Advisory:** provides important information for a specific incident or situation; may not require immediate action.

**Health Update:** provides updated information regarding an incident or situation; unlikely to require immediate action.

**Information Service:** passes along low level priority messages that do not fit other HAN categories and are for informational purposes only.

**Please update your HAN contact information on the Montana Public Health Directory**

## Information Sheet

**Date:** February 6, 2019

**Subject:** Increase in Fentanyl-related Overdose and Fatalities in Montana

**Background:** Fentanyl, a synthetic and short-acting opioid analgesic, is 50-100 times more potent than morphine and approved for managing acute or chronic pain associated with advanced cancer.<sup>1</sup> Although pharmaceutical fentanyl can be diverted for misuse, most cases of fentanyl-related morbidity and mortality have been linked to illicitly manufactured fentanyl and fentanyl analogs, collectively referred to as non-pharmaceutical fentanyl (NPF).<sup>2</sup> NPF is sold via illicit drug markets for its heroin-like effect and often mixed with heroin and/or cocaine as a combination product—with or without the user’s knowledge—to increase its euphoric effects. While NPF-related overdoses can be reversed with naloxone, a higher dose or multiple number of doses per overdose event may be required to revive a patient due to the high potency of NPF.<sup>3,4</sup>

**Between 1/14/2019 and 1/24/2019, six overdose deaths submitted to the Montana State Crime Lab Forensic Science Division were associated with heroin or fentanyl.** This leads officials to question if fentanyl is being sold as a substitute for heroin meant for injection drug use. An area of concern regarding the introduction of possible fentanyl-laced heroin has recently occurred in Yellowstone County.

### Recommendations:

#### Public Health:

- Raise awareness among key partners and stakeholders to the widening profile of those at risk for fentanyl overdose, which increasingly includes persons misusing diverted prescribed oral pain and sedative medications [2].
- Develop or utilize existing public health messaging about fentanyl, including fentanyl-laced counterfeit pills and fentanyl-related compounds that emphasizes the toxicity and potential lethality of the drug versus its high “potency.” The messaging should include warnings of the highly variable content of fentanyl present in illicit products, which further elevates risk of overdose [6,7].
- Explore methods for rapidly identifying drug overdose outbreaks through use of existing surveillance systems such as county coroner/medical examiner data, emergency medical services and emergency department data [5].

#### Medical Examiners and Coroners:

- Screen for fentanyl in suspected opioid overdose cases in regions reporting increases in fentanyl seizures, fentanyl-related overdose fatalities, or unusually high spikes in heroin or unspecified drug overdose fatalities.
- All suspected overdose cases should be submitted for autopsies by a medical examiner.

#### Law Enforcement:

- Prioritize and expedite laboratory testing of drug samples taken from drug overdose scenes, if possible.
- Share data on fentanyl and fentanyl analog drug seizures with local health departments, medical examiners, and coroners.
- Carry a supply of naloxone so that it can be administered immediately to mitigate the effects of the overdose.

#### Emergency Medical Services, Fire, Law Enforcement & other Emergency Responders:

- Review the *Office of National Drug Control Policy, Fentanyl Safety Recommendations for First Responders*: <https://www.whitehouse.gov/ondcp/key-issues/fentanyl/>

#### **Other Activities in Montana:**

Treatment Services for Substance Abuse: Concerted efforts are actively underway to increase the number of substance use disorder treatment services across Montana. If you are worried about a patient who may need substance abuse treatment, you can find a list of providers at this link:

<https://dphhs.mt.gov/amdd/SubstanceAbuse/TreatmentProviderInformation>

Contact: Bobbi Perkins, Bureau Chief, DPHHS Chemical Dependency Bureau Chief at 444-6981

Syringe Exchange Services (SES): Services providing clean syringes, safe disposal of used syringes and referrals for other services are established in a few communities and under development in others. More information on SESs can be found at: <https://dphhs.mt.gov/publichealth/hivstd/gettested>

Contact: Dana Fejes, DPHHS STD/HIV Manager at 444-2457

Naloxone Master Trainer Courses Available: Under contract with the Emergency Medical Services (EMS) and Trauma Systems Section, Montana DPHHS, Best Practice Medicine is coordinating a statewide effort to train Naloxone Master Trainers as part of the strategic plan to combat mortality from opiate overdoses.

Become a Naloxone Master Trainer: Train others in your workplace, school, agency or community.

Complete the hybrid course, two-step process at: [www.bestpracticemedicine.com/narcanmastertrn](http://www.bestpracticemedicine.com/narcanmastertrn)

**Step 1:** After creating an account in the Best Practice Medicine training portal, complete the 90-minute on-line course module.

**Step 2:** Attend a 90-minute Master Trainer Skills Session. You will need to bring your Certification of On-Line Course Module completion from Step 1 to this training.

Students who complete this DPHHS training may be eligible to order Naloxone at no cost from pharmacies who utilize the Montana Standing Order for Naloxone Opioid Antagonists.

Contact: Dana Geary, Health Education Specialist/Opioid Prevention at 444-3355 or [dgeary@mt.gov](mailto:dgeary@mt.gov) if you have questions or need assistance.

**Additional Information:** For more information regarding opioid issues in Montana, please refer to these resources:

*DPHHS Opioid Prevention Program*

<https://dphhs.mt.gov/publichealth/emsts/prevention/opioids>

*Prescription Opioid Poisoning Deaths in Montana, 2000-2015*

[https://dphhs.mt.gov/Portals/85/publichealth/documents/Epidemiology/VSU/VSU Prescription Opioid Deaths 2000-2015.pdf](https://dphhs.mt.gov/Portals/85/publichealth/documents/Epidemiology/VSU/VSU_Prescription_Opioid_Deaths_2000-2015.pdf)

*Montana Implementation Guide for Access to Naloxone Opioid Antagonists*

<https://dphhs.mt.gov/Portals/85/publichealth/documents/EMSTS/Opioids/GuideToNaloxoneAccess.pdf?ver=2018-06-12-074710-783>

*Opioids Overdose Recognition and Response Guide (Pamphlet)*

<https://dphhs.mt.gov/Portals/85/publichealth/documents/EMSTS/Opioids/Opiod%20Brochure%202017.pdf>

*Montana Standing Order for Naloxone Opioid Antagonists*

<https://dphhs.mt.gov/Portals/85/publichealth/documents/EMSTS/Opioids/NaloxoneStandingOrder.pdf?ver=2017-10-06-131612-670>

---

<sup>1</sup> Algren D, Monteilh C, Rubin C, et al. Fentanyl-associated fatalities among illicit drug users in Wayne County, Michigan (July 2005-May 2006). *Journal Of Medical Toxicology: Official Journal of the American College Of Medical Toxicology* [serial online]. March 2013; 9(1):106-115.

<sup>2</sup> U. S. Department of Justice, Drug Enforcement Administration, DEA Investigative Reporting, January 2015

<sup>3</sup> Centers for Disease Control and Prevention. Notes from the field: Acetyl fentanyl overdose fatalities -Rhode Island, March-May 2013. *MMWR: Morbidity & Mortality Weekly Report* [serial online]. August 30, 2013; 62(34):703-704. <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6234a5.htm>

<sup>4</sup> Centers for Disease Control and Prevention. Recommendations for Laboratory testing for Acetyl Fentanyl and Patient Evaluation and Treatment for Overdose for Synthetic Opioids. *HAN Health Advisory*. June 20, 2013. <http://stacks.cdc.gov/view/cdc/25259>

<sup>5</sup> Jones TS, Krzywicki L, Maginnis J, et al. Nonpharmaceutical fentanyl-related deaths—multiple states, April 2005-March 2007. *MMWR Morb Mortal Wkly Rep* [serial online]. July 26, 2008; 57(29):793-796. <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5729a1.htm>.

<sup>6</sup> Canadian Center on Substance Abuse Bulletin. Novel synthetic opioids in Counterfeit pharmaceuticals and other illicit street drugs. June 2016. <http://www.ccsa.ca/Resource%20Library/CCSACCENDU-Novel-Synthetic-Opioids-Bulletin-2016-en.pdf>

<sup>7</sup> Sutter ME, Gerona R, Davis MT, et al. Fatal fentanyl: one pill can kill. *Acad Emerg Med*. [Epub ahead of print June 20, 2016] <http://onlinelibrary.wiley.com/doi/10.1111/acem.13034/abstract>