

Montana Health Alert Network

DPHHS HAN

ADVISORY

Cover Sheet

DATE

May 28, 2021

SUBJECT

Increased Fentanyl-related Overdose and Fatalities in Montana

INSTRUCTIONS

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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



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Information Sheet



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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.¹ 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).² 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.^{3,4}

INFORMATION

The Montana State Crime Lab Forensic Science Division (FSD) reports a recent increase in overdose deaths and DUIs associated with fentanyl. Between April 1-30, 2021, 11 cases were submitted to the FSD, the same number of cases seen between January 1 and March 31, 2021. Data for May is forthcoming.

Department of Health and Human Services data shows an increased number of calls related to overdose on the Rocky Boy's Reservation; in May, there were 17 overdose-related calls compared to two in March, and six in April.

- 70% of the overdose calls in May occurred in the one-week period between May 19th to 26th
- Individuals who overdosed in May needed, on average, higher doses of naloxone than those who overdosed in March or April. (9mg vs. 4.5mg and 8mg, respectively)
- A few cases in May required very high doses of naloxone, up to 20mg

Department of Health and Human Services data shows an increased number of overdoses in Missoula; May had the same number of overdose-related calls as March and April combined.

- Half of the overdose calls in May occurred in the one-week period between May 19th to 26th
- A few cases in May required high doses of naloxone, up to 12mg

This leads public health officials to believe that fentanyl may be being sold as a substitute for heroin meant for injection drug use, or in the form of counterfeit pills. The Montana Department of Justice reports pills containing fentanyl have been found in the state.

RECOMMENDATIONS

Local Health Departments

Raise awareness among key partners and stakeholders, including harm-reduction workers to an increased risk for fentanyl overdose and to the potential need for higher doses of naloxone to reverse the overdose.

Develop 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 and the potential need for higher doses of naloxone to reverse the overdose [6,7].

EMS & Law Enforcement

Be aware of the potential for increased incidence of overdose in your community and for the potential need for additional stocks of naloxone.

Prioritize and expedite laboratory testing of drug samples taken from drug overdose scenes, if possible.

Be aware that individuals who have overdosed on fentanyl and have received bystander naloxone may be at continued risk for relapse once the naloxone effect has ended.

Medical Examiners & 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 referred to a medical examiner to determine if an autopsy is warranted

Expanding Naloxone Access

Multiple dosages of naloxone may need to be administered per overdose event because of fentanyl and fentanyl analog’s increased potency relative to other opioids. Orally-ingested counterfeit pills laced with fentanyl or fentanyl analogs may require prolonged dosing of naloxone in the ED hospital setting due to a delayed toxicity that has been reported in some cases.

The State of Montana has issued a standing order for Naloxone that allows Montanans to access Naloxone at no cost.

Organizations and facilities may create a Memorandum of Understanding with the State of Montana that will allow them to:

- Order Naloxone directly from the contracted pharmacy without restrictions.
- Distribute Naloxone into the hands of those who are at risk of experiencing opioid-related drug overdose and to a family member, friend, or other person who can assist a person who is at risk of experiencing an opioid-related drug overdose.
- Keep Naloxone on hand for staff to administer as needed.

To learn more about accessing free naloxone, contact Ki-Ai McBride, Opioid Prevention Program Manager at Ki-Ai.McBride@mt.gov

REFERENCES

- 1 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.

- 2 U. S. Department of Justice, Drug Enforcement Administration, DEA Investigative Reporting, January 2015
- 3 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>
- 4 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>
- 5 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>.
- 6 Canadian Center on Substance Abuse Bulletin. Novel synthetic opioids in Counterfeit pharmaceuticals and other illicit street drugs. June 2016. <https://www.ccsa.ca/novel-synthetic-opioids-counterfeit-pharmaceuticals-and-other-illicit-street-drugs-ccendu-bulletin>
- 7 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>