

CLINICAL PROVIDER QUICK TIPS

ADDRESSING FENTANYL USE IN PRIMARY CARE SETTINGS

WHAT YOU NEED TO KNOW

CME AVAILABLE AT NO COST

UCLA

David Geffen School of Medicine

Integrated Substance Abuse Programs



Opioid and Stimulant Implementation Support
Training and Technical Assistance

Session Title

Primary Care/Harm Reduction for People Who Use Fentanyl

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Takeaway Tips

- If you are a primary care provider who treats chronic diseases, you already have the skill set you need.
- Stigma kills; you should be comfortable asking questions and giving practical advice

Take a thorough history

- Routes and frequency of use (Injection, smoke, snort, swallow, booty bump)
- Sexual practices
- Do you have any concerns about your substance use?
- Are you interested in cutting back or trying to quit your substance use?
- If so, what has worked for you before?
- Are there times/situations you find yourself using more than you intended?

Not ready to quit?

- Do NOT assume people who use drugs don't care about their health
- DO use non-stigmatizing language: people who use drugs, substance use disorder, expected/unexpected urine drug screen OR positive for/negative for
- “Tolerance” and “dependance” may be more acceptable terms for people not ready to acknowledge a use disorder
- Change route of injection to anything other than injection if tolerable

Narrow Therapeutic Window

VERY narrow window between the dose required to achieve drug effect and the dose that kills

- NEVER use alone
- Offer naloxone, EVERY time
- Use test doses, especially after any period of abstinence/reduction
- Don't mix with other substances, or use in sequence rather than mixed.
- Keep drugs secure from children/others who might use



Address Common Complications

- Constipation
- urinary retention
- mono-neuropathies (sedation/pressure injuries)
- Cognitive impairment (consider MOCA or other screening, cognitive sequelae from hypoxic overdose)
- Injection Use: abscesses, cellulitis, necrotizing fasciitis, wound botulism, sterile abscesses, necrotic skin lesions (tranq/xylazine)
- Dental complications
- ED/low testosterone
- Menstrual irregularities (discuss contraception needs)
- Long term opioid use is a risk factor for osteoporosis
 - Men over 50
 - Postmenopausal women

Pain

- Acute and Chronic Pain Conditions are common in PWUD
- DO NOT write off pain complaints as “drug-seeking.” Untreated pain can lead to an increase in opioid use.
- DO evaluate for underlying medical causes
- DO offer appropriate pain management modalities
 - NSAIDs/APAP
 - Topical agents
 - Physical therapy
 - Mindfulness
 - Use caution with muscle relaxers, gabapentin
 - Avoid benzos

Practical Advice

- Brush and floss daily, encourage regular dental care
- Skin care, warning signs/symptoms of skin infections
- Hep A, Hep B, HPV, PPV-23, Tetanus vaccines if appropriate
- “You matter, using or not, and can always get care here”

Write down important advice/instructions: cognitive impairment is not uncommon with sustained use

Sexual and Reproductive Health Care

- Sexual harm reduction: condoms, PrEP/PEP, possible transactional and/or non-consensual sex
- Discuss sexual practices and offer regular STI screening if indicated.
- Explore pregnancy wishes of all individuals with a uterus.
 - Encourage LARCs, educate about “morning after” treatments for those not wanting pregnancy.
 - For those wanting or undecided about possible pregnancy, advise about treatment programs in your area. Have a plan if pregnancy occurs.

Clinical Pearls

1. Sedatives, BZD's, carisoprodol, and alcohol all increase the risk of overdose
2. False positive RPR/VDRL tests are relatively common in people who regularly use some opioids, always get FTA confirmation
3. People facing jail time may be more motivated to start treatment (many jails will now continue treatment for people who were on MOUD prior to incarceration)
4. Physicians in DC and most states (except Delaware and Kansas) can legally prescribe and/or dispense syringes for the legitimate medical purpose of reducing risk of communicable diseases associated with injection drug use.

Be an Advocate for your patients-

Use the same skills you use to help patients with other chronic diseases

- Compassion
- Knowledge/Evidence-Based Practices
- Collaboration to develop a treatment plan to improve quality of life and mitigate the complications associated with the person's chronic disease



THANK YOU

Clinical Provider Quick Tips

-- Addressing Fentanyl Use in Primary Care



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