URGENT REQUEST TO HELP FIGHT FENTANYL CRISIS IN SAN DIEGO FOUR STEPS TO SAVE LIVES

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Dear Colleagues:

San Diego County is in crisis due to illicit fentanyl that is coming across the border in unprecedented quantities. The number of fentanyl deaths is at a record high, and we believe there are immediate steps that can be taken by the medical community to help save lives. We are asking you to take four steps: (1) Add a fentanyl rapid urine drug screen to your urine drug screen; (2) Prescribe naloxone to any patient that you believe is using a controlled substance; (3) Connect patients to addiction resources, and (4) Cooperate with law enforcement investigations as appropriate. We believe that these simple steps will save lives in our community.

The San Diego Fentanyl Crisis

Fentanyl overdoses define the current opioid epidemic this year - more than prescriptions or heroin. San Diego, the port of entry for much of our nation's illegal drug supply is being hit hard. The San Diego Medical Examiner office is reporting record high fentanyl deaths. In 2019, San Diego had 152 deaths and in the first 6 months of 2020 there were 119 deaths, a 57% increase, or 86 lives. Some emergency physicians have intubated more patients from a fentanyl overdose than COVID-19.

Adding Fentanyl Urine Drug Screen:

The rapid turnaround fentanyl lab test is similar to your current urine toxicology screen. Drug screens commonly include the "Federal 5" of drug testing: Opioids, THC, PCP, Amphetamine and Cocaine. Most hospitals include additional drugs such as benzodiazepines, oxycodone, and methadone. Fentanyl is a synthetic opioid that would not show up on standard qualitative drug screens, however it is available by a separate rapid urine drug test. Several San Diego emergency departments and hospitals have an in house capability to conduct rapid fentanyl qualitative screening that is available at a similar turn around time as the other drug tests. The urine fentanyl may be followed by a more precise quantitative result that is sent out with a longer turn around time.

We are urging the medical and hospital community to work with your lab to make sure you have access to in house rapid fentanyl testing. Ideally the fentanyl screen would be included automatically when you order any urine drug test.

Why Add Fentanyl Urine Drug Screen?

• You can confirm your assumed diagnosis

36-year-old man presented to the ED with altered mental status. He received 4 doses of naloxone in the field and 2 more in the ED. He was passed onto the next shift doctor with instructions of "MTF" - metabolize to freedom. Urine tox screen was negative for opioids. Fentanyl is a synthetic opioid that does not show up on regular opioid screens. Fentanyl drug screen was negative too. Alcohol level was 252. He was just drunk and did not need naloxone, buprenorphine or opioid use disorder referral. Several "naloxone wake up" patients were on drugs other than opioids and woke up from the stimulation rather than opioid reversal.

• You can save more lives beyond the patient in front of you.

If you have a patient with COVID the county will do contact tracing to see who else is affected. If you have a patient with diarrhea that is traced to bad lettuce or onions, there will be contact tracing and alerts. If you treat a patient who overdosed on fentanyl, especially unintentionally, you should think about who else is getting poisoned or killed. Others need to be warned, and the drugs need to be retrieved to avoid further poisoning.

• You will learn and become a better doctor

The mix of fentanyl and methamphetamine is a popular combination for agitated delirium. Patient may not have the classic pinpoint pupils and decreased respirations. Patients may complain they feel "weird" after using methamphetamine and other drugs that contain fentanyl. If they become aware that they consumed fentanyl, that knowledge will make them careful and even motivate them to seek treatment for their addiction. You will discover that 50% of cocaine deaths and 25% of methamphetamine deaths also test positive for the presence of fentanyl.

• Cause of death determination

33-year-old female presented to the ED in cardiac arrest. She was admitted to the ICU on life support. Her differential diagnosis included of MI, PE, and even drug overdose. Her standard urine drug screen was positive for Cocaine, THC, but negative for opioids. It was later discovered that the patient received threats and may have been slipped fentanyl intentionally or accidentally. A fentanyl test was added a few days after admission and was positive. However, she received fentanyl as part of her ICU medications. If only she had the fentanyl test done the first time....

If the patient dies, you can contribute to the patient's family's understanding of the death and the Medical Examiner's cause of death determination. If a patient dies after experiencing anoxic encephalopathy following a resuscitated arrest due to suspected drug overdose, the Medical Examiner impounds blood that remains in the hospital lab, drawn around the time of admission, to determine what the drug was; however many times the deaths occur several days after admission, when such admission blood samples have already been discarded by the hospital laboratory. If at least a presumptive urine fentanyl screen has been documented, and other causes for the arrest have been excluded during the hospitalization, that test is sufficient to give a probable underlying cause of death, and answer the family's question about the underlying cause of death.

Prescribe naloxone to patients who may be at risk of fentanyl overdose.

Naloxone is typically prescribed to patients who are on high dose opioids, opioids and benzodiazepines, or those addicted to heroin. However, according to CDC Wonder 2018 data, fentanyl has been associated with 25% of the methamphetamine deaths, 50% of cocaine deaths, and locally even cases of vaping. People who use illicit drugs rarely limit themselves to one drug, and often mix them will pills such as oxycodone, hydrocodone, and alprazolam, many of which are counterfeit and contain fentanyl. Therefore, prescribe naloxone to people who may be using these drugs.

Connect patients to addiction treatment

San Diego has resources for patients with addiction. Patients can be referred to 211 or call 1-888-724-7240 for outpatient and residential drug treatment programs. The San Diego Prescription Drugs Abuse Task Force has a <u>directory of resources</u>.

The medical community has a third party responsibility to the community outside the single patient they are treating. This is the standard of care applied with STD treatment, with food borne infections, lapses of consciousness such as seizures and driving, and COVID contact

tracing. Similarly, we are asking for consideration of potential additional injured people when it comes to treating drug overdoses.

Collaborate with the Law Enforcement

In response to the increasing number of fentanyl deaths, law enforcement agencies began investigating overdose deaths. The goal was to identify dangerous drug dealers to prevent these poisons from being distributed through our community and to pursue distributors up the chain of distribution. Law enforcement has been able to identify a "John Doe" overdose patient in the hospital and unite that patient to family as well as connect several at risk people to substance abuse treatment.

San Diego and Imperial County law enforcement agencies have narcotic divisions. In addition, DEA leads a specialized overdose team that travel with a portable mass spectrometer and fentanyl testing strips. Early identification of the drugs involved helps identify emerging trends. For example, in late August, they identified another counterfeit pill (hydrocodone), which drug couriers are bringing to our community. Two people were found dead, dropping in the hallway of their home, after consuming ½ of the counterfeit hydrocodone pill, which actually contained fentanyl and no hydrocodone.

Law enforcement may present to the hospital to investigate community overdose clusters or possible homicides. Please be aware of these investigative teams and cooperate in the same manner as you do other law enforcement involved cases. They wish to partner with you in saving lives.