



**Bulletin ID:** 121

**Bulletin Title:** Fentanyl Alert

1. **Purpose.**

This bulletin provides guidance to the Department of Behavioral Health provider network regarding Fentanyl.

2. **Applicability.**

Department of Behavioral Health (DBH) providers with a Human Care Agreement.

3. **Bulletin.**

*Live. Long. DC.*, Mayor Bowser's strategic plan to address the opioid epidemic, aims to reduce the number of opioid overdose deaths by 50% by the end of 2020 compared to the peak rate observed in 2017. DBH and its partners are key players in this battle. DBH is managing \$53M in federal State Opioid Response (SOR) grant funding that, with the help of our government and private partners, is being used to stimulate the implementation and scaling of best practices. Activities range from education and prevention efforts, to the distribution of life saving naloxone and other harm reduction approaches, to expanded access to Medication Assisted Treatment (MAT), and other evidence-based treatment approaches. Deaths attributable to opioids (a category that includes prescription pain medications and street drugs like heroin) remain at unacceptable levels, and the increasing presence of fentanyl and the proliferation of fentanyl analogs in the local heroin supply and other drugs have been implicated in the continuing crisis.

According to the Prescription Behavior Surveillance System (PBSS), there has been an increase in overdose deaths involving synthetic opioids other than methadone linked to increase in supply of fentanyl. Fentanyl has been sought due to its euphoric effects and is often added to other drugs of abuse. It is a very dangerous substance because it is much more potent than heroin and results in frequent overdoses that can lead to respiratory depression and death. Fentanyl is sold as a powder or a pill, or is cut into (mixed with) drugs such as heroin or cocaine. This type of fentanyl is usually sold as another substance, so people swallow, snort or inject it without realizing. Many overdoses have occurred because people did not know they were taking a drug contaminated with fentanyl.

In response to reports of a significant increase in the presence of fentanyl in drugs of abuse, DBH strongly encourages providers to include fentanyl testing in their laboratory protocols when clinically indicated. Providers must train their staff and consumers to

address information and misinformation about opioids, especially the acute risks of fentanyl.

Additional information about fentanyl can be found here: <https://camh.ca/en/health-info/mental-illness-and-addiction-index/street-fentanyl>

Street names for fentanyl include: Apache, China girl, China town, China white, murder 8, jackpot, poison, TNT, tango and cash. Sources of illicit fentanyl include illegal drug labs and patches that have been sold by or stolen from people to whom they were prescribed by a physician.

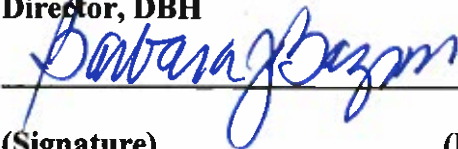
DBH intends to provide additional leadership on fentanyl including best practice guidance on the use test kits, presumptive and definitive testing. In the interim, we urge providers to expand their testing for fentanyl and fentanyl analogs as part of diagnosis and assessment at the outset of treatment and as an essential monitoring tool and next step in our efforts to stem this deadly epidemic. As a first step, DBH has added Ecstasy, Fentanyl, and Oxycodone to our laboratory contract in order to expand our ability to test and analyze for these substances throughout the network.

#### **4. Contact Person.**

If you have any questions regarding the changes described above, please contact Terri Spencer, Director, Specialty Care Division, email: [terri.spencer@dc.gov](mailto:terri.spencer@dc.gov).

**Approved By:**

**Barbara J. Bazron, Ph.D.  
Director, DBH**

 2/12/2020

**(Signature)**

**(Date)**