Alberta Health Services

Questions regarding Fentanyl Learning Sessions

Q. What is the history of fentanyl? Did it stem from morphine?
A. Fentanyl is in the opioid class of drugs (like codeine, morphine, etc.) and was the first in the group of 'fentanyl-type' opioids (others in the group are sufentanil, remifentanil, and more). It was synthesized about 50 years ago and has become a frequently used opioid for intraoperative analgesia. The fentanyl transdermal patch was later developed and became been available for management of chronic pain (e.g. cancer pain). Since 2013, there has been an influx of illicitly produced fentanyl in street drug use.

Q. How much more toxic is fentanyl than morphine or Heroin?
A. The literature varies, but it is cited as being 50 to 100 times more potent (toxic) than morphine.

Q. What do experts attribute the dramatic increase in fentanyl use?
A. According to the Canadian Community Epidemiology Network on Drug Use (CCENDU), fentanyl is finding its way to the Canadian illicit drug market by way of importation or smuggling of pharmaceutical-grade fentanyl and non-pharmaceutical into Canada from abroad. For more information on this emerging drug use trend and issues, please see www.ccsa.ca/Eng/collaboration/CCENDU/Pages/default.aspx

Q. What treatment is available for people addicted to fentanyl and other opioids?
A. Opioid dependence is a complex health condition that often requires long-term treatment and care. Opioid agonist treatment has reliably and consistently proven effective in treating opioid addiction. It reduces illicit opioid use, criminal and other high-risk activity, HIV and hepatitis transmission, and deaths from overdose. In Alberta, methadone or suboxone® maintenance treatment is provided in an outpatient setting, in addition to addiction counselling. Patients are stabilized on methadone or suboxone under close medical supervision and evaluation of response to medication. The patient will be linked to additional psychosocial supports as needed. For more information, call Health Link at 811.

Q. Is opioid dependence treatment the same or different from other addiction services?
A. Substance misuse and gambling problems may also have wide-ranging impacts on a person's physical, mental health and social functioning requiring a comprehensive response that includes motivational enhancement, crisis intervention, skill training, psychosocial support and intervention, as well as pharmacological interventions to minimize or eliminate withdrawal symptoms or manage co-occurring mental health issues.

Q. What is the age range of deaths?
A Medical Examiner data from 2013 shows that opioid overdose deaths occurred in individuals from the ages of 10-84. The vast majority of deaths are seen from ages 20-69.

Q. What's the shelf life of naloxone?
A. Two years.

Q. How soon do we need to administer naloxone before it's too late?
A. Naloxone needs to be given as soon as possible, after performing an initial assessment, calling 911, and administering initial rescue breaths.

Q Have nurses or doctors ever asked patients what led them to start overdosing? It is important to know what is going on in the patient's life.
A. Asking about drug use is an important part of client assessment. Engaging with clients in a non-judgmental manner allows for discussion and an opportunity to hear the client's story and challenges and to provide client-centred education, resources and support as needed. This is a valuable opportunity to make a difference and to save a life.

Q. What is the window of time, during an overdose, for the client to receive the Naloxone antidote before the overdose episode is fatal?
A. An opioid overdose can occur over a couple of hours. The person may appear to be sleeping but in fact is overdosing. That's why it is imperative that education about opioid overdose prevention, recognition and response be provided prior to dispensing a Take Home Naloxone Kit (THN).

Q. Are there side effects of naloxone?
A. Possible side effects include: sweating or flushing, nausea, blood pressure changes, and irregular heartbeat. Side effects are time limited to one to two hours.

Q. What do experts attribute the dramatic increase in fentanyl use?
A. The vast majority of illicit fentanyl in Alberta arrives by way of importation or smuggling into Canada from abroad. For more information on this emerging drug use trend and issues, please see http://www.ccsa.ca/Eng/collaboration/CCENDU/Pages/default.aspx

Q. Are there some stats on how many of the kits have been used so far? It would be reassuring to know this program is already saving lives?
A. We have dozens of overdose reversals reported to us across the province - this means lives saved. Further, many reversals are not reported so these numbers are always an underestimate. The number of overdose reversals is always increasing and is provided to media upon request.