



Trends in fentanyl use and preference for fentanyl: implications for opioid agonist prescribing practices and harm reduction efforts in primary care

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Introduction

- Prevalence of fentanyl in the illicit drug market has increased as the opioid overdose crisis continues to devastate Canada. British Columbia and Alberta have the highest rates of opioid overdose deaths.
- Family physicians, the main prescribers of opioid agonist therapy, need to constantly adapt to the changing patterns of illicit opioid use as they provide treatment and harm reduction support to people who use drugs.

Purpose

- To highlight the **current trends in illicit fentanyl use and preference for fentanyl in BC.**
- To draw attention to how these trends may impact opioid agonist prescribing practices and harm reduction efforts in primary care.

Methods

- This review analyses data from the **2019 Harm Reduction Client Survey** administered by the BC Centre for Disease Control.
- Survey participants were clients that accessed services at the selected harm reduction supply distribution sites in 20 different communities **across BC** in 2019. In total, there were 621 participants (aged 19 to 72; 64% identified as male).
- Descriptive statistics and bivariate analysis were used to describe findings pertinent to the objectives of this study.

Results

Table 1. The illicit opioid(s) used and the route(s) of administration in the last three days as reported by survey participants.

DRUG	USED		SMOKED		SNORTED		INJECTED		SWALLOWED		OTHER	
METHADONE	139	22.4%	17	12.2%	1	0.7%	4	2.9%	101	72.7%	0	0.0%
SUBOXONE	25	4.0%	2	8.0%	0	0.0%	1	4.0%	13	52.0%	4	16.0%
DILAUDID	17	2.7%	4	23.5%	5	29.4%	4	23.5%	7	41.2%	0	0.0%
OXYCODONE	6	1.0%	2	33.3%	5	83.3%	3	50.0%	2	33.3%	0	0.0%
MORPHINE	70	11.3%	18	25.7%	8	11.4%	26	37.1%	27	38.6%	1	1.4%
HEROIN	272	43.8%	200	73.5%	19	7.0%	135	49.6%	7	2.6%	2	0.7%
FENTANYL	283	45.6%	190	67.1%	13	4.6%	135	47.7%	6	2.1%	3	1.1%

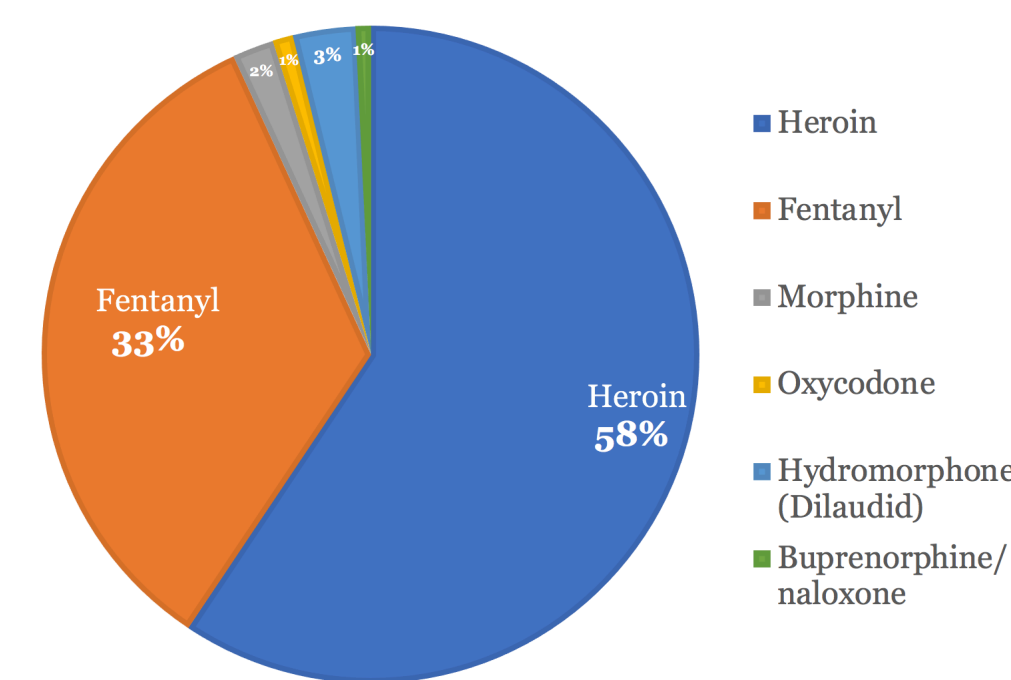


Figure 1. The breakdown of opioid preference amongst participants who reported using illicit opioids.

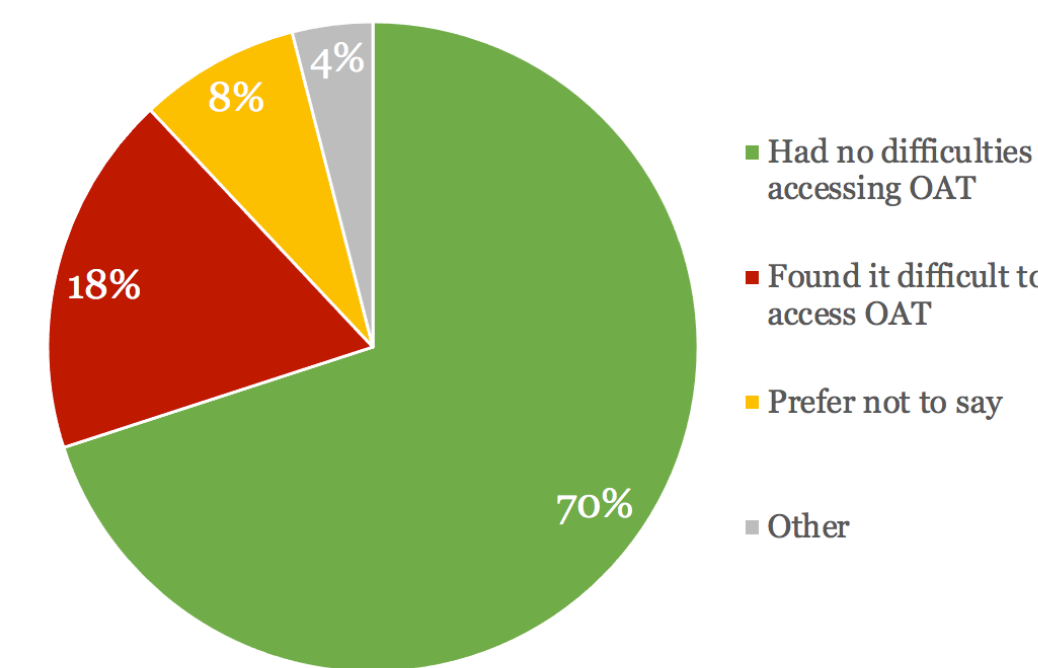


Figure 2. Opioid agonist therapy (OAT) accessibility reported by participants who use illicit opioids. Nearly 20% of participants who tried to access OAT reported difficulties, including challenges with getting to the pharmacy, unable to find a prescribing physician, and not offered their preferred OAT.

Table 2. Correlations between opioid preference (heroin or fentanyl) and reported gender, health authority, age, Indigeneity, recent overdose history, and opioid agonist therapy (OAT) use. **The odds of preferring fentanyl over heroin for an individual over 50 is 0.18 (95% CI: 0.08-0.41) times the odds of an individual 29 or under preferring fentanyl over heroin after controlling for health authority and gender.**

N, %	People who prefer to use heroin	People who prefer to use fentanyl	p-value of chi square analysis
Gender	234, 63.8	133, 36.2	
Cis woman	85, 63.9	48, 36.1	0.127
Cis man	140, 62.5	84, 37.5	
Trans & Gender expansive	7, 1.0	0, 0.0	
Health Authority			0.002
Fraser Health	66, 52.4	60, 47.6	
Interior Health	27, 65.8	14, 34.1	
Island Health	46, 72.0	18, 28.1	
Northern Health	47, 81.0	11, 19.0	
Vancouver Coastal	48, 61.5	30, 38.5	
Age			0.002
<30	46, 54.8	38, 45.2	
30-39	75, 58.1	54, 41.9	
40-49	54, 66.7	27, 17.5	
50 or older	52, 82.5	11, 17.5	
Self-identified Indigeneity			0.072
No	113, 58.9	79, 41.1	
Yes	106, 68.9	48, 31.1	
Experienced opioid overdose in the last 6 months			0.066
No	165, 66.5	83, 33.5	
Yes	47, 54.7	39, 45.3	
Used OAT in the last 6 months			0.083
No	158, 67.2	76, 32.8	
Yes	77, 57.6	56, 42.4	
Discontinued OAT in the last 6 months			0.771
No	50, 64.1	46, 60.5	
Yes	28, 36.9	30, 39.5	

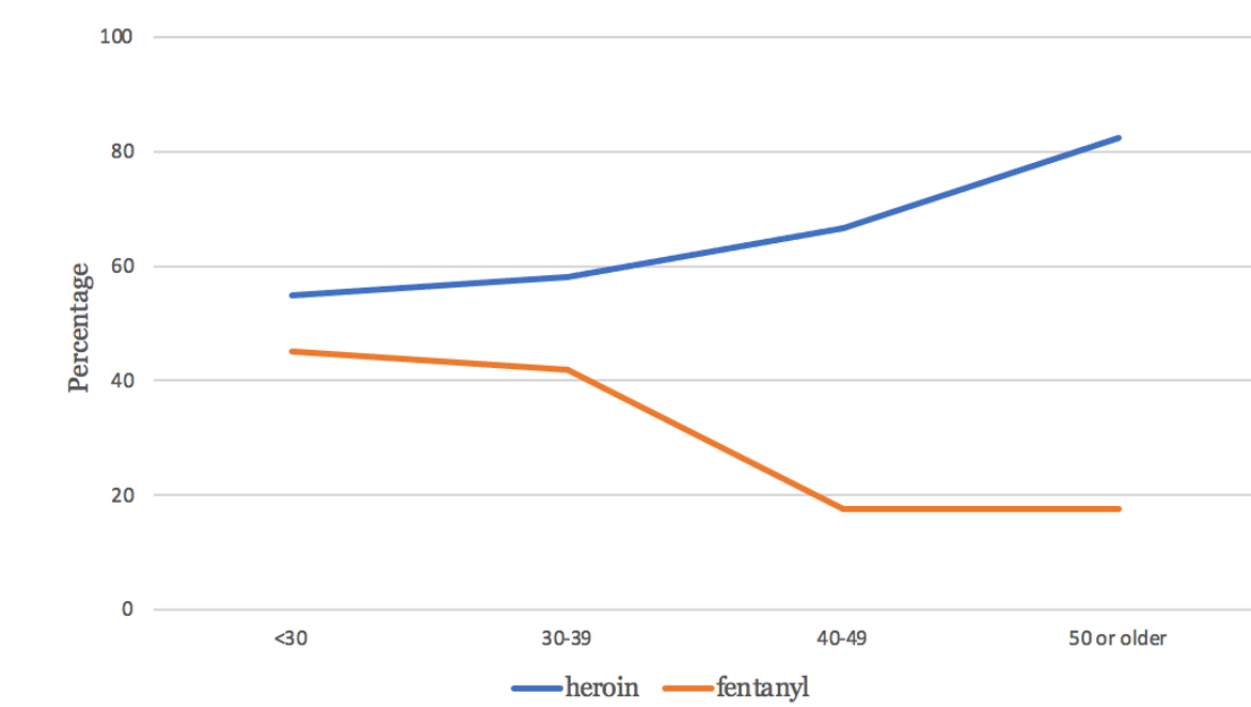


Figure 3. Opioid preference (heroin or fentanyl) by age group.

Conclusions

- Smoking is the commonest route for people who use illicit opioids.
- From our survey, preference for fentanyl is proportionally higher amongst younger participants.
- We found no significant difference in rates of OAT attempts and discontinuation between people who prefer heroin compared to fentanyl.

Research Implications

1. Physicians should educate patients on risks associated with smoking illicit opioids and advocate for an increase in safer smoking supplies and observed smoking sites.
2. As increased fentanyl use can be associated with challenging buprenorphine/naloxone induction and patients requiring higher OAT maintenance dose, prescribers may expect to encounter these clinical scenarios more often especially in younger patients.
3. As overall preference for fentanyl grows, more research is needed to develop improved OAT treatment protocols to address the emerging challenges with treating patients who use illicit fentanyl.