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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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.

Introduction

Purpose

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.

Methods

This review analyses data from the 2019 Harm Reduction Client Survey administered by the BC Centre for Disease Control.

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Results

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

<table>
<thead>
<tr>
<th>DRUG</th>
<th>USED</th>
<th>SMOKED</th>
<th>INJECTED</th>
<th>SWALLOWED</th>
<th>OTHER</th>
</tr>
</thead>
<tbody>
<tr>
<td>METHADONE</td>
<td>139</td>
<td>25.4%</td>
<td>17</td>
<td>12.8%</td>
<td>1</td>
</tr>
<tr>
<td>BUPRENORDE</td>
<td>60</td>
<td>8.0%</td>
<td>5</td>
<td>6.3%</td>
<td>5</td>
</tr>
<tr>
<td>PHENMORPHINE</td>
<td>20</td>
<td>1.0%</td>
<td>0</td>
<td>0.0%</td>
<td>0</td>
</tr>
</tbody>
</table>

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.

Conclusions

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.

Research Implications

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

Table 2. Correlations between opioid preference (heroin or fentanyl) and reported gender, health authority, age, Indigenousity, 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.

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