



## Questions and Answers from the Webinar

### *Opioids, Fentanyl, and Xylazine: What are they and what do prevention professionals need to know and do to prevent overdose?*

#### **Q: Do you have sources/more info on youth overdoses occurring at home?**

**A:** Attached is a pdf that references these data, which are from the CDC (Friedman and Hadland). This article also has a lot of great information about the harm-reduction strategies we discussed yesterday.

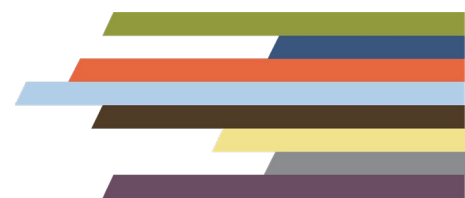
This is from the CDC which has a lot of information about youth overdoses as well:  
<https://www.cdc.gov/mmwr/volumes/71/wr/mm7150a2.htm>

#### **Q: Please comment on the use of naltrexone with adolescents.**

**A:** Yes, we use naltrexone with adolescents. Studies are showing that naltrexone can be beneficial for persons with OUD. However, fewer studies include youth compared with suboxone/buprenorphine (attached is one such study – Mitchell et al 2024). Additionally, in adults, suboxone/buprenorphine has better outcomes (such as decreased opioid use and patients staying in treatment) compared with naltrexone. There is some concern that when a person discontinues naltrexone they are at higher risk of overdose due to a decrease in tolerance to opioid use, but this is true any time a person stops using for a long period of time. It is critical that anyone taking naltrexone, and suboxone for that matter, be educated about the risk of overdosing if you go back to using the same amount. I present both as options when I am talking with youth about MOUD options, but make sure the person is aware of all the relative risks and benefits of each option. For OUD, Intramuscular (IM) naltrexone must be given since oral naltrexone is not effective. Additionally, naltrexone can be used for individuals with alcohol use disorder (both oral and IM are effective for alcohol use disorder).

#### **Q: Can you talk about the risk of overdose from fentanyl powder getting into the air/risk to kids for fentanyl exposure?**

**A:** I've heard a bit about people overdosing in these cases. I looked in a medical database and could not find studies or cases of this occurring. It is rare for someone using opioids to have mass quantities of fentanyl powder. Unless involved in distribution, patients will have small amounts of powder in baggies or most commonly they will have tablets. This does not mean it has never occurred. However, two far more common routes are a young child or baby getting the powder on their fingers and then putting them into their mouth, eyes or nose, or a child putting a pill into their mouth. In any case, keeping drugs locked away from children and not using them is essential.





**Q: Does MAT dosage in teens long-term have any effects? While it is safe, does their dosage have any effects long term that may affect their dependency or potential coming off MAT?**

**A:** We don't know the optimal amount of time someone should be on MAT/MOUD. Similarly, there are not a lot of long-term studies and those that do exist tend to be in adults, so we don't have long-term data in adolescents. When a person is on suboxone/buprenorphine they can become dependent on the medication, meaning they will experience side effects when they go off, regardless of dose. However, this is different from having an addiction – which means that the person continues using a drug despite harmful consequences. When someone is dependent on a medication like suboxone/buprenorphine they can slowly go off of it which will prevent side effects. In contrast to suboxone/buprenorphine, using fentanyl has clear, known long-term consequences that include a high risk of mortality. So the benefits of the use of MAT/MOUD, even with the physical dependence piece, very clearly outweigh the risks. Naltrexone/Vivitrol does not produce dependence. Any individual looking to discontinue buprenorphine should do so with the help of a medical provider to develop a taper plan. In general, tapering off of buprenorphine can be done with greater drops while at higher doses, and then the taper slows when you reach lower dosages around 4mg.

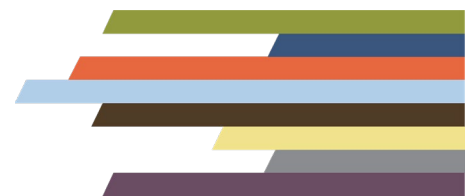
**Q: Can you better explain the contact with LEA and how deadly it is for them? What are they doing wrong when coming in contact?**

**A:** There are a lot of LEA (law enforcement agents) who believe they have overdosed from fentanyl. This article and others like it that are linked to in the first article explain why the symptoms they are experiencing are more likely anxiety than fentanyl overdose. This article indicates that with common sense (washing hands after touching powder), and bringing PPE and naloxone, LEAs can be safe from fentanyl adverse events. It is more likely that LEA will come into quantities of large quantities of drugs that are meant for distribution. While this increases their risk of adverse events from fentanyl, especially unexpectedly coming into contact with fentanyl in powder form, PPE can protect officers.

**Q: Are there any reports on children and direct contact with fentanyl? Are parents having fentanyl residue?**

**A:** No, I could not find any in the literature. But there are lots of examples of accidental ingestion of drugs. Washington Poison Center reports having poison information specialists answer more than one call a week regarding fentanyl exposure to a child under age 5; the average age is 12 months in 2023. No additional information was provided on the outcomes of these calls, so it is unclear how the fentanyl exposure occurred. Robust harm reduction measure initiatives have been launched as a result. This study looks at all ages of pediatric poisonings from fentanyl:

<https://jamanetwork.com/journals/jamapediatrics/fullarticle/2804668?guestAccessKey=c5601bcd-c204-4bbc-898f->





Northwest (HHS Region 10)

PTTC

Prevention Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration



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According to the study, Most deaths were among adolescents aged 15 to 19 years (89.6%) and children aged 0 to 4 years (6.6%). For all ages, 43.8% of deaths occurred at home, and 87.5% were unintentional.

**Q: In [fentanyl's] its purest form, can't it kill you? Or inhaling it? Which exposure is the most dangerous?**

**A:** The most dangerous route is injecting fentanyl, followed by smoking, snorting, inhaling powder, and ingestion. Fentanyl can kill someone by any of these routes. The likelihood of overdose depends on how used to the drug a person's body is, how much fentanyl they take, and which route they use. Fentanyl is traditionally dosed in micrograms. This is a very small amount because it is such a potent drug. It can be increasingly difficult to dose fentanyl "in its purest form" with no additives or bulking agents because the physical amount of pure fentanyl is very small. This adds risk to any ingestion route when in its "purest" form.

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