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A supportive guideline for ethical fentanyl prescribers and a Harm Reduction Guide for patients

6 pages



PRESCRIBERS

Canadians are dying of overdose in record breaking numbers, mostly from illicit drugs, significantly from the unpredictability of the illicit drug supply. People are unable dose their drugs accurately, leading to heightened overdose risk, and this is where prescribed transdermal fentanyl patches can save lives.

Existing fentanyl-assisted treatment programs in Canada do not prescribe injectable fentanyl or allow transdermal fentanyl patches to be injected. So this guide was created to fill an existing educational gap for ethical prescribers or those interested in prescribing and seeks to support safer injection of prescription fentanyl. This is also a harm reduction guide specifically for injection use of prescription fentanyl patches. CASS supports the off-label prescription of fentanyl patches for injection or inhalation use for people at risk of overdose.

Fentanyl patches are designed to be worn on the skin, and the dosage, measured in micrograms indicates the dosage that the fentanyl patch releases each hour if it were applied to skin. This should not be confused with the total amount of fentanyl in the patch. The patches are made to be worn for three days before being replaced. Newer fentanyl patches are adhesive based "stickies" or "stickers", meaning the drug is suspended in a matrix layer that can be cut into smaller pieces with the amount of drug delivered being proportionate to the reduced size being used. Basically that makes it easier to safely dose for injection, the matrix ensures the drug is distributed throughout the patch.



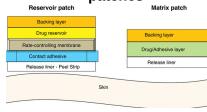
Brands of adhesive/matrix based fentanyl available in Canada that can be prescribed.







Comparing adhesive and gel based fentanyl patches



- Aside from overdose,
- Prescription Fentanyl injection
- can include skin abseccess and other potential health impacts are unknown. Report adverse reactions (see resources)

SUPPLIES



a large spoon

vitamin C











sterile water



syringe



anti-bacterial (sterifilt) filter



CANADIAN ASSOCIATION FOR SAFE SUPPLY

Safer injection instructions

Step 1: Remove the patch from its packaging and before removing the protective coating from the patch, use the scissors to cut fentanyl patch into equal sized pieces.

Step 2: Use an opioid dosage conversion table, like at https://clincalc.com/Opioids/ to figure out dosage. For example a 50 ug (microgram) fentanyl patch will yield about 16 shots each comparable to 50mg of morphine in dosage.

Step 3: Sprinkle a few drops of dissolved vitamin C into your spoon, making sure it is coated.

Step 4: Carefully remove the protective layer from the fentanyl patch and place your piece with the sticky side (of the drug containing layer) facing downward into the spoon. The thin layer of vitamin C should prevent the patch from sticking to the spoon. If it does stick, use tweezers to lift the patch and put a bit more vitamin C underneath it.

Step 5: Using your rig, add 1.5 ml of sterile water **slowly** around the edges of the fentanyl piece, so it floats on top of the water in your spoon, and the back of the patch stays dry. Then use a lighter to heat the spoon.

Step 6: The patch piece should begin to look cloudy at this point, then as it reaches boiling point the patch should quickly become see through. When this happens, again slowly add 1.5 ml of sterile water and continue to heat the mixture until it reaches a boil. Remove from the heat and let the mixture cool down. Remove your patch piece from the spoon and draw up your shot, using a microfilter.

Note: **Go slow**. Be aware of your breathing since fentanyl is a strong respiratory depressant and that effect can come in before experiencing significant euphoria, relaxation, and other normal opiate effects.





Table 1: Oral Opioid Analgesic Equivalence Table

(Adapted from Canadian Guideline for Safe and Effective Use of Opioids⁶)

Opioid	Equivalence to oral morphine 30 mg:	To convert to oral morphine equivalent multiply by:	To convert from oral morphine multiply by:
Morphine	30mg	1	1
Codeine *	200 mg	0.15	6.67
Oxycodone	20 mg	1.5	0.667
Hydromorphone	6 mg	5	0.2
Meperidine **	300 mg	0.1	10
Methadone	Morphine dose equivalence not reliably established.		
Tramadol *			
Transdermal fentanyl	60–134 mg morphine = 25 135–179 mg = 37.5 mcg/h 180–224 mg = 50 mcg/h 225–269 mg = 62 mcg/h 270–314 mg = 75 mcg/h 315–359 mg = 87 mcg/h 360–404 mg = 100 mcg/h	0–224 mg = 50 mcg/h therefore, DO NOT use these values 5–269 mg = 62 mcg/h for reverse conversion (e.g. fentanyl to 0–314 mg = 75 mcg/h to morphine) 5–359 mg = 87 mcg/h	

^{*}Codeine and tramadol are both prodrugs that are metabolized to active metabolites, and it is possible that someone who lacks the ability to metabolize them or is taking a drug which inhibits their metabolism may essentially be opioid naive. Direct conversion from codeine or tramadol to transdermal fentanyl is not recommended.



^{**}Manaridina is not recommended for chronic pain

Fentanyl dosage converter: https://clincalc.com/Opioids

Report adverse drug events:
https://www.canada.ca/en/healthcanada/services/drugs-healthproducts/medeffect-canada/adversereaction-reporting/drug.html

Austrailian Injection and
Illicit Injection Drug
Users (AIVL) Injecting
Fentanyl: Minimising the
RIsks
http://www.aivl.org.au/w
pcontent/uploads/2018/05
/Injecting-FentanylMinimising-TheRisks.pdf

Bardwell, G., Wood, E. & Brar, R. Fentanyl assisted treatment: a possible role in the opioid overdose epidemic?. Subst Abuse Treat Prev Policy 14, 50 (2019). https://doi.org/10.1186/s 13011-019-0241-2

Visit safesupply.ca/resources

C.A.S.S.