

Fentanyl and the Courts: Understanding the Crisis, Supporting Recovery, and Implementing Best Practices

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Washoe County – Washoe Opioid Abatement and Recovery Fund

Educational Objectives

At the conclusion of this activity participants should be able to:

- Examine the reasons people begin using fentanyl and the neurobiological effects of addiction and trauma
- Recognize evidence-based approaches to treatment and recovery in the courts and services
- Identify services currently available in respective jurisdictions
- Explore opportunities to expand access to effective treatment and support systems

Fentanyl 101



- Legal Fentanyl is used every day for the benefit of the community
- Strong, Cheap, Easy to move
- Lethal dose if ingested 2 mg
- Has largely replaced Heroin and other synthetic opioids in the drug market

Why Do People Use Fentanyl

Every person has a different reason for why they started using opioids: medical tx, heard it was fun, needed an escape.



All people who move from recreational use of opioids to chaotic use share histories of trauma and community disconnection.



Once the chaotic use starts the trauma stacks.



With the tamp down on prescription pills in the market people turn to other opioids and substances.



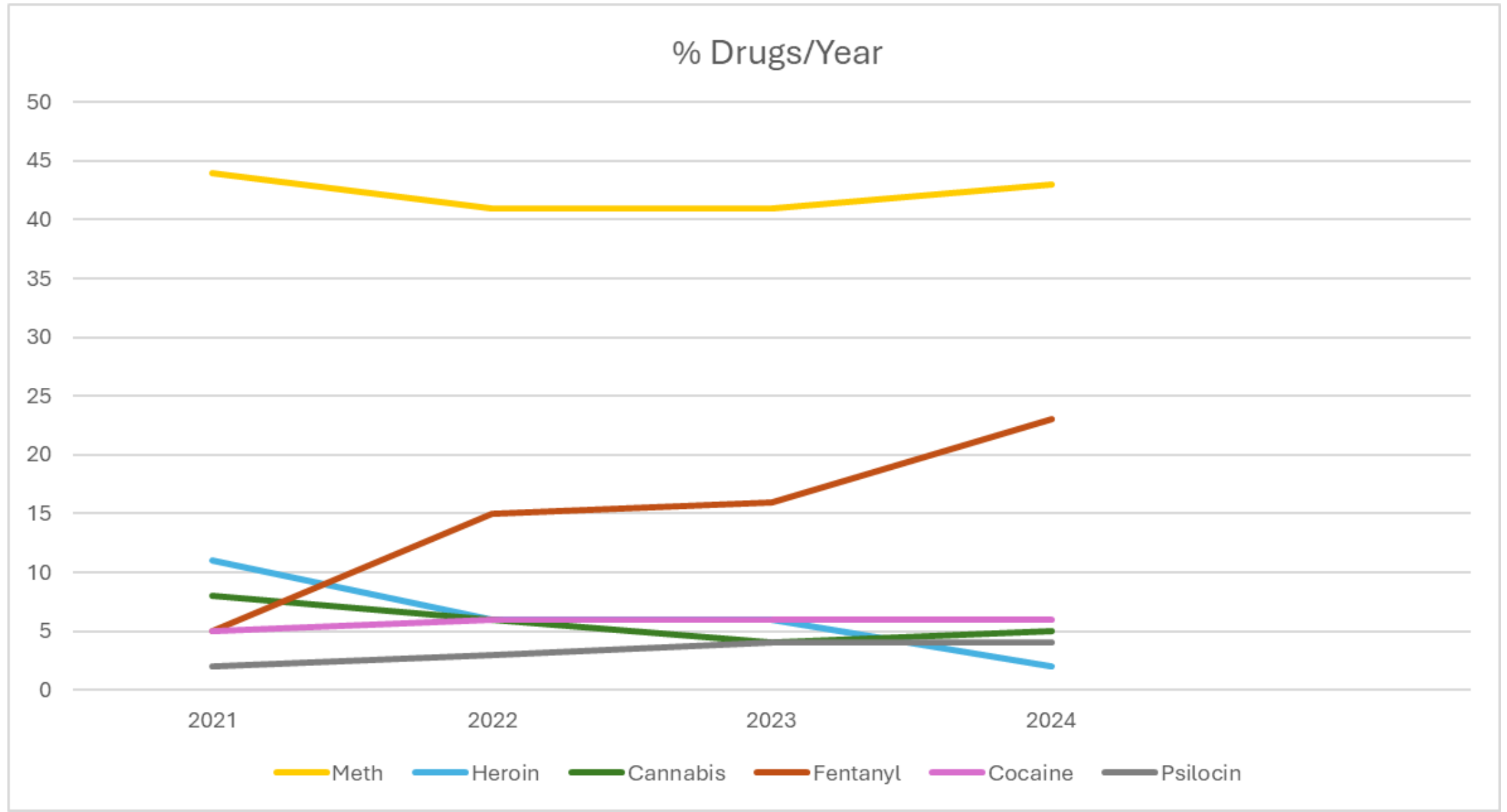
Fentanyl is stronger and cheaper than heroin.

“I had no one to take care of my kids while getting sober. I had to keep using to stay well and keep them safe.”

Fentanyl as Drug of Preference

- Increase in smoking + Decrease in IV drug use
- More stigmatized – even within substance using community
- More intense detox symptoms
 - Impacts the effectiveness of Medication Assisted Treatment
 - Federal regulations have been adjusted to address this reality
 - Clinics need to be creative to maintain engagement
- Drug Surveillance Data does not reflect the idea that all drugs are being “dosed”
- Not the most popular illicit drug in Nevada – Meth is.

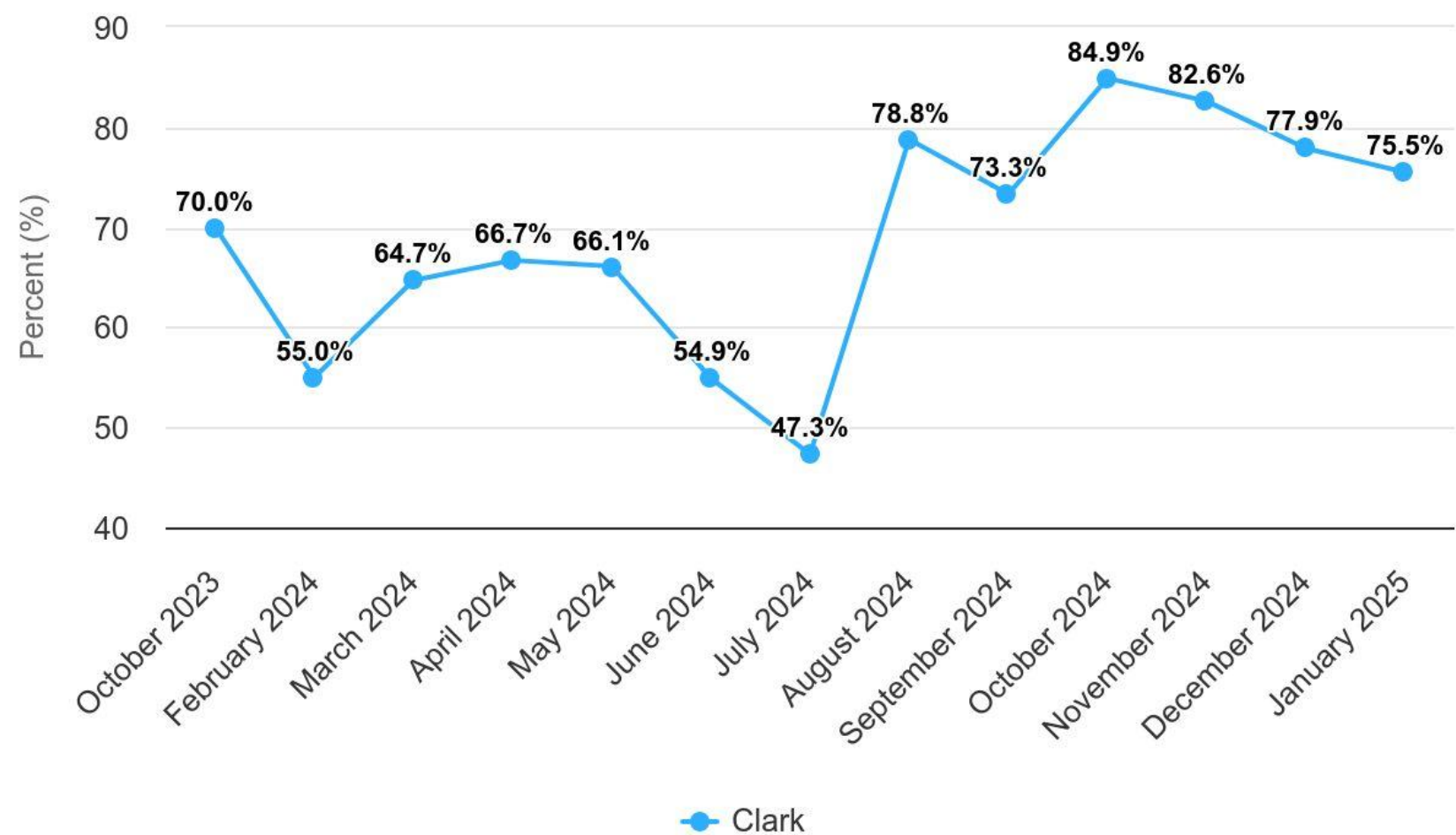
Washoe County Crime Lab Data- All Substances



Washoe County Crime Lab Fentanyl Data Trends

Row Labels	2021	2022	2023	2024	Grand Total
Cannabis Indicated; Methamphetamine; Fentanyl				1	1
Fentanyl	11	59	90	124	284
Fentanyl, Acetyl Fentanyl, Cocaine		1			1
Fentanyl, Fluorofentanyl, Acetyl Fentanyl	1				1
Cocaine; Fentanyl			1		1
Fentanyl; Cocaine			2		2
Fentanyl; Delta-9-Tetrahydrocannabinol (THC)		1			1
Fentanyl; Fluorofentanyl	1	6	2	14	23
Fentanyl; Fluorofentanyl; Xylazine				1	1
Fentanyl; Heroin	3	3	4	2	12
Fentanyl; Heroin; Acetyl Fentanyl	1		1		2
Fentanyl; Heroin; Fluorofentanyl		1			1
Fentanyl; Methamphetamine	1	2	5	5	13
Fentanyl; Tramadol			1	1	2
Fentanyl; Valeryl Fentanyl	1				1
Fentanyl; Xylazine		1	1	1	3
Fluorofentanyl	1	2	3	9	15
Fluorofentanyl; Tramadol		1			1
Total Samples Identified with Fentanyl/Fentanyl Derivatives	20	77	110	158	365

Southern Nevada Health District Drug Checking Data

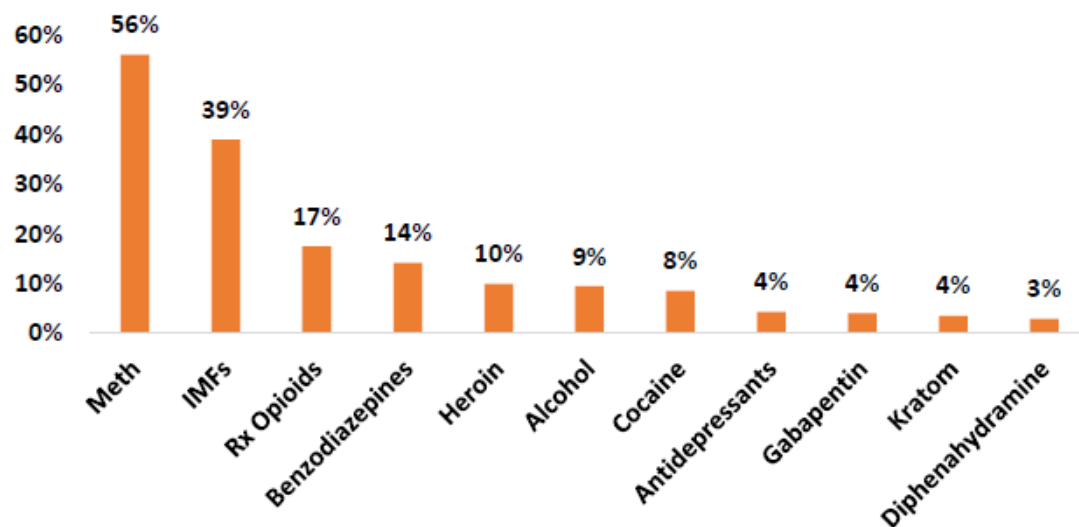


Methamphetamine Identified Among Paraphernalia Samples by Month (Percent (%))
Source: Epi Surveillance Dashboard (April 2024 to September 2024)

**“Why would I take a fentanyl
test strip – so I
know the fety I’m buying
is fety?”**

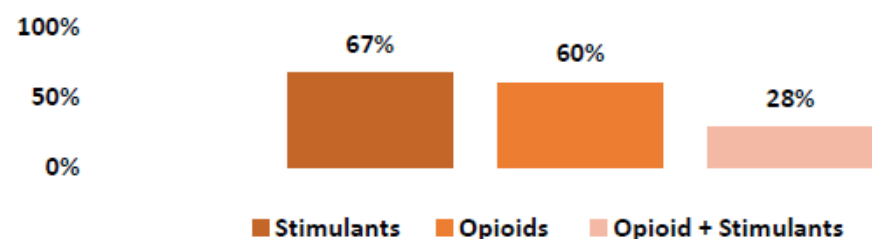
Overdose Deaths

Top drugs listed as cause of death (COD)¹

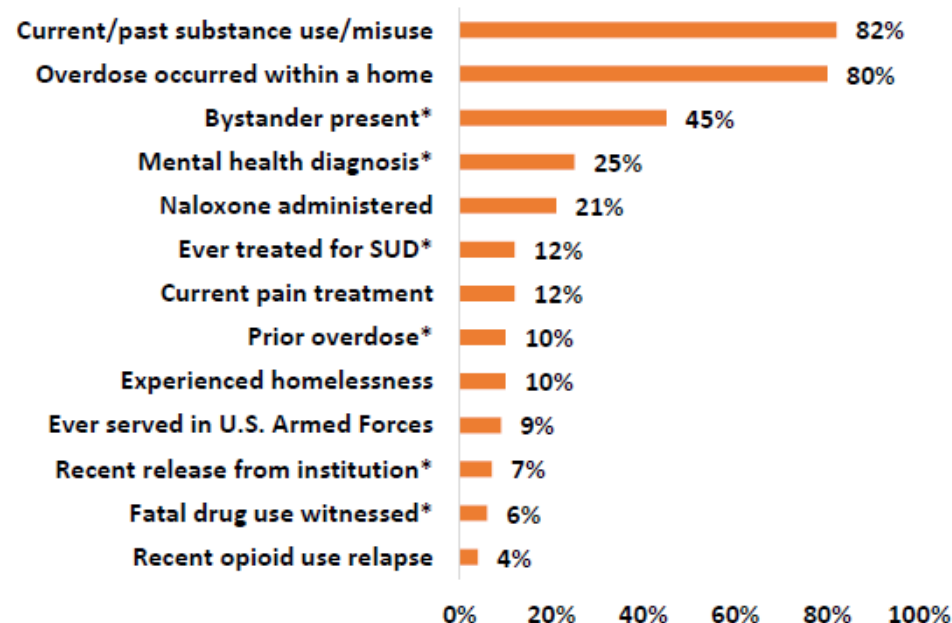


67% of deaths involved any stimulants, 60% of deaths involved any opioids, and 28% of deaths involved an opioid and stimulant.

Opioid and stimulant involvement in COD¹



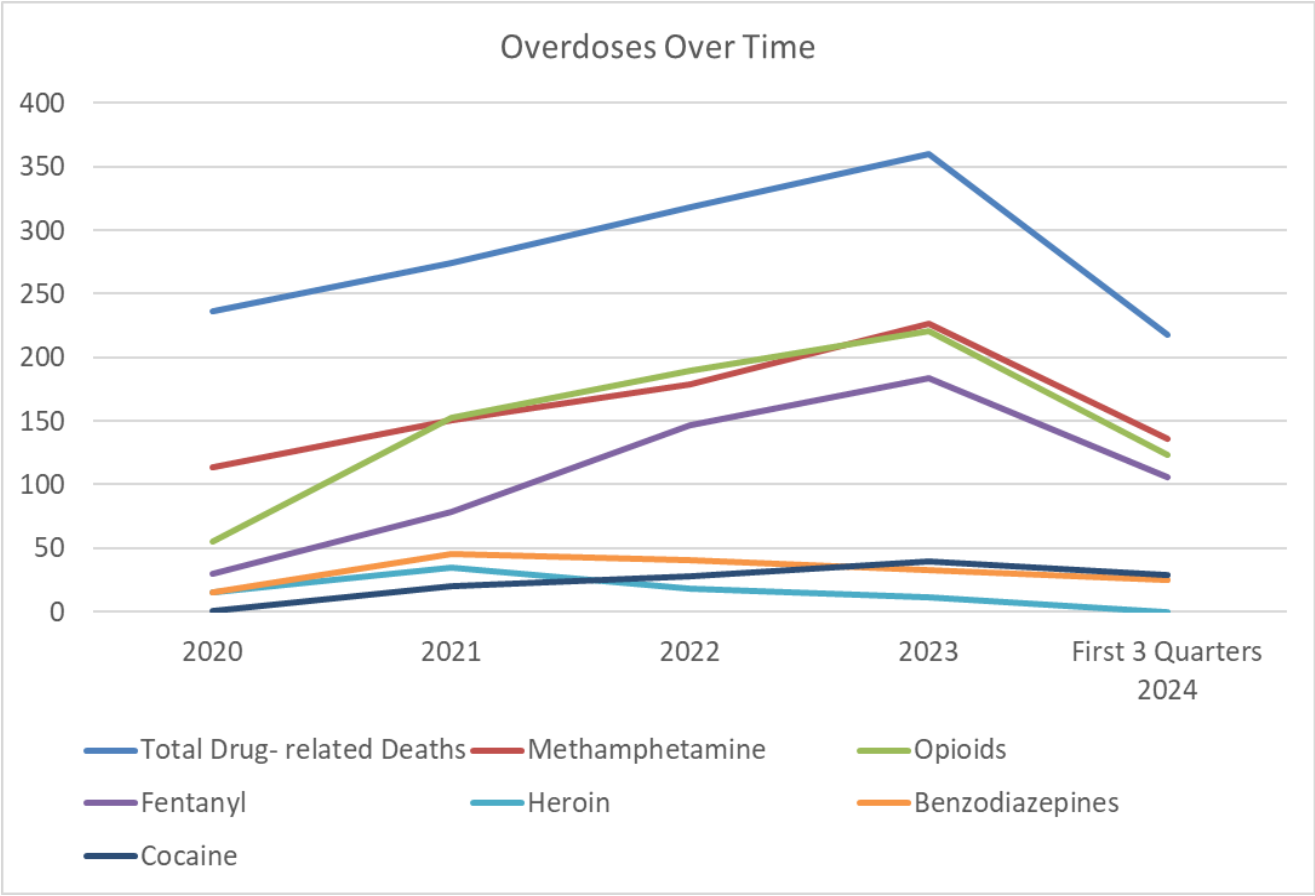
What circumstances² were documented?



69% of decedents had at least one potential opportunity for linkage to care prior to death or implementation of a life-saving action* at the time of overdose.

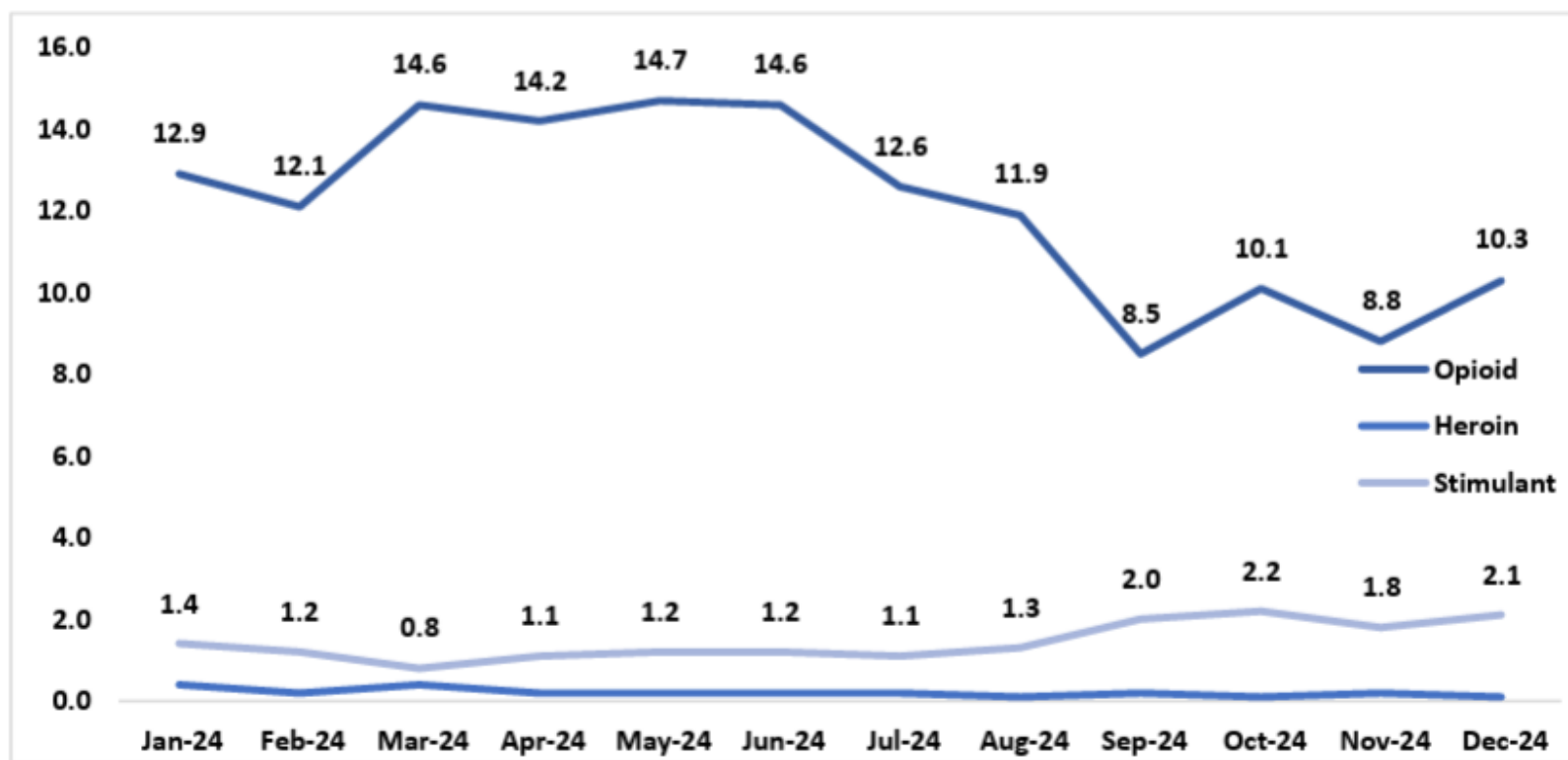
Overdose Deaths in Washoe County

Year	Total Drug-related Deaths	Meth	Opioids	Fentanyl	Heroin	Benzos	Cocaine
2020	236	114	55	30	15	15	1
2021	274	151	153	79	35	45	20
2022	318	179	190	147	18	41	28
2023	360	227	221	184	11	33	40
First 3 Quarters 2024	218	136	123	106	0	25	29



Opioid Overdoses are still Driving OD-Related ER Visits

Figure 2. Monthly rates of suspected opioid, heroin, and stimulant-related overdose ED visits in NV, past 12 months (per 100,000 population)



Fentanyl, Overdoses, and Narcan

- Best response is a single dose of Narcan plus rescuing. **If still not breathing after 2-5 minutes and round of rescue breathing, an additional dose of Narcan.**
- **You have to give the medicine time to work.**
- Narcan is safe. It will not harm someone not on opioids.
- Absorbed through nasal passageway not inhaled.
- Causes an immediate detox- people receiving Narcan will feel VERY sick. They May be agitated – this is why higher dosage single application is not the gold standard.
- Narcan at the store is \$42 a box. Most people access in community.

Can't Overdose from Touching Fentanyl

- Number one myth! Skin does not readily absorb fentanyl
- A doctor can prescribe a skin patch – a different formulation than street-based Fentanyl – that slow releases
- Do not need "fentanyl graded gloves"
- 5 Douglas County Sherriff's deputies inhaled aerosolized fentanyl powder
 - Rapidly given 5 doses of Narcan in short succession without rescue breathing or allowing time for the medicine to work

5 Douglas County Sherriff's deputies hospitalized after fentanyl exposure



“ You should come down to the tunnels. People breaking down packs of fentanyl look like bakers with their hands covered in flour... Wouldn't suggesting touching your eye though.”

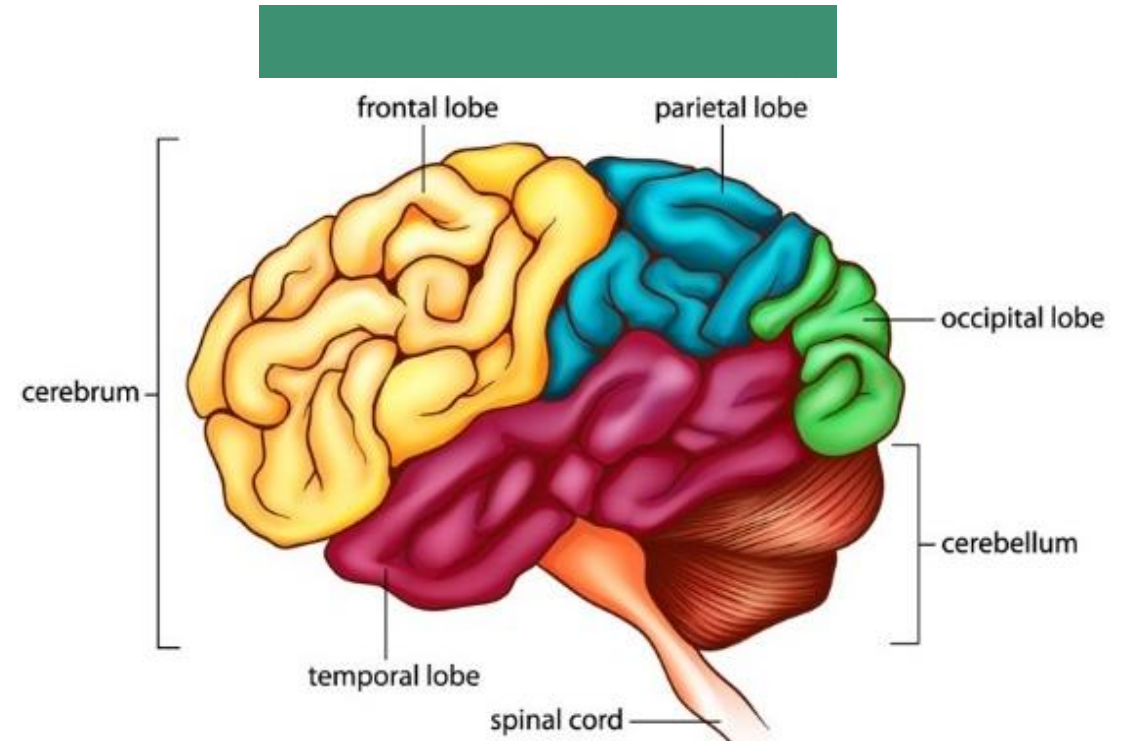


Brain Science



Changes to the Brain

- Substance Misuse
- FASD
- Trauma
- Historical Trauma
- TBI/Persistent Post Concussive Symptoms



Addiction/Substance Misuse

Chronic relapsing disorder

- Loss of control over substance intake: use despite negative consequences
- High motivation to obtain substance
- Persistent craving for the substance

Low risk use illegal drugs/alcohol is not SUD

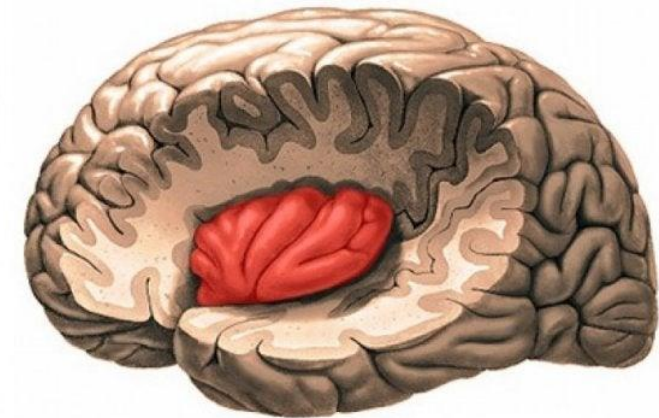
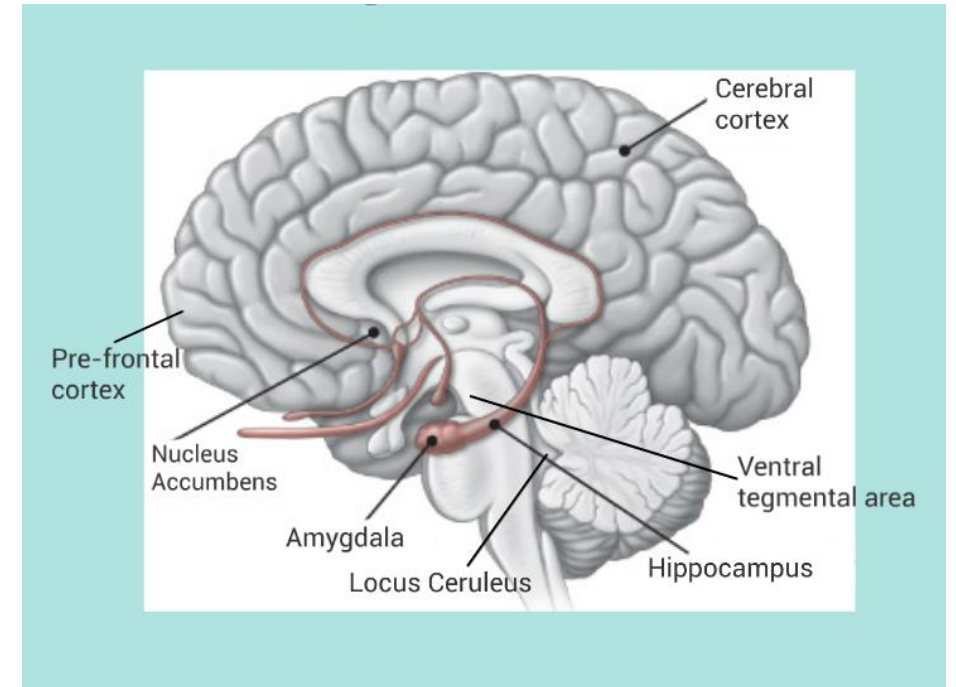


Dependence versus Addiction



Brain Regions

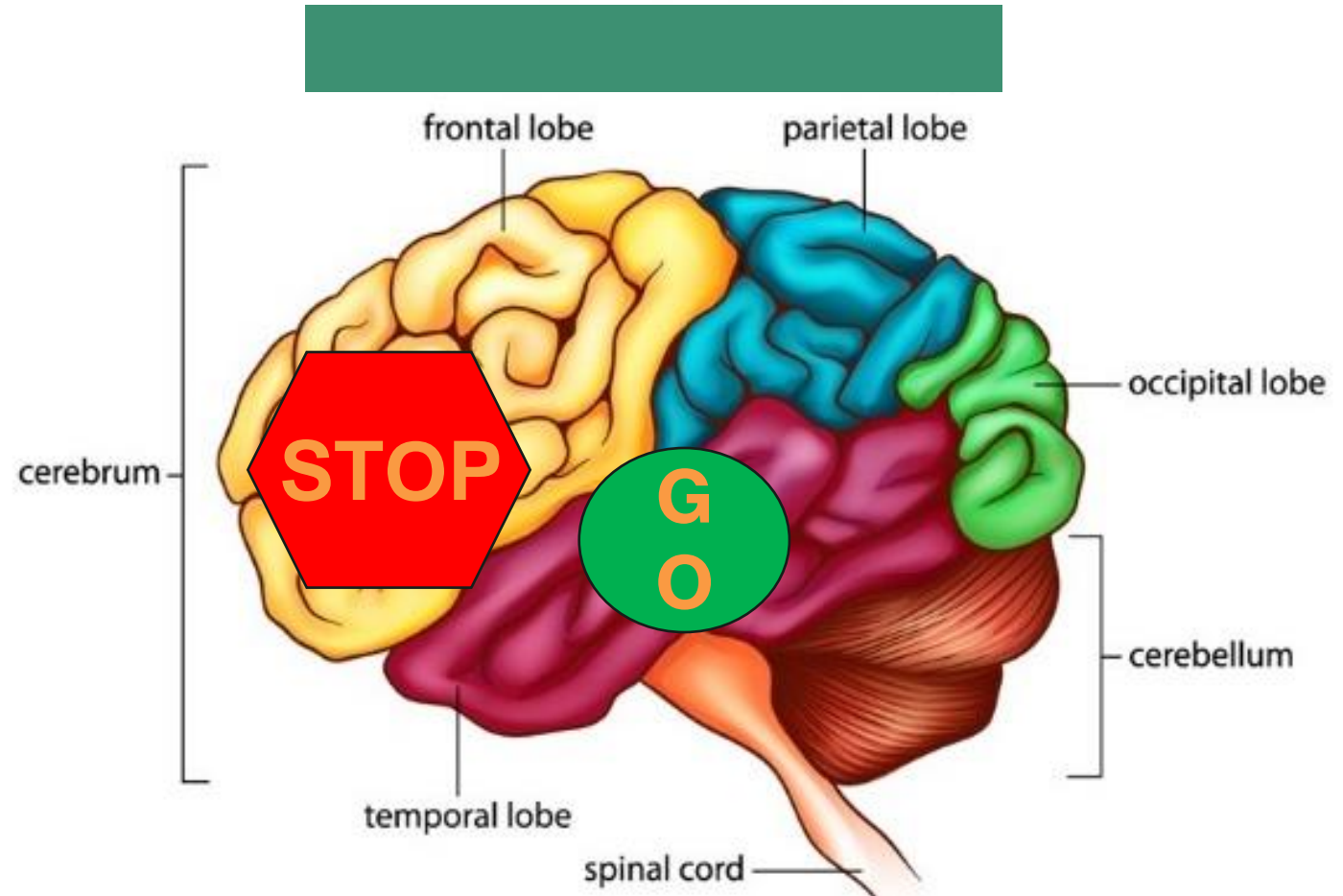
- **VTA/NA:** motivation pathway; fundamental needs to be satisfied
- **Basal Ganglia:** associated with habit formation
- **Amygdala:** smoke alarm; emotional information about event; conditioned response; craving; implicit memory
- **Hippocampus:** storage/ retrieval of emotion laden memories with input from amygdala; explicit memory
- **Pre-frontal cortex:** forethought; planning
- **Locus coeruleus:** alarm center
- **Insular cortex:** cravings; monitors body condition;



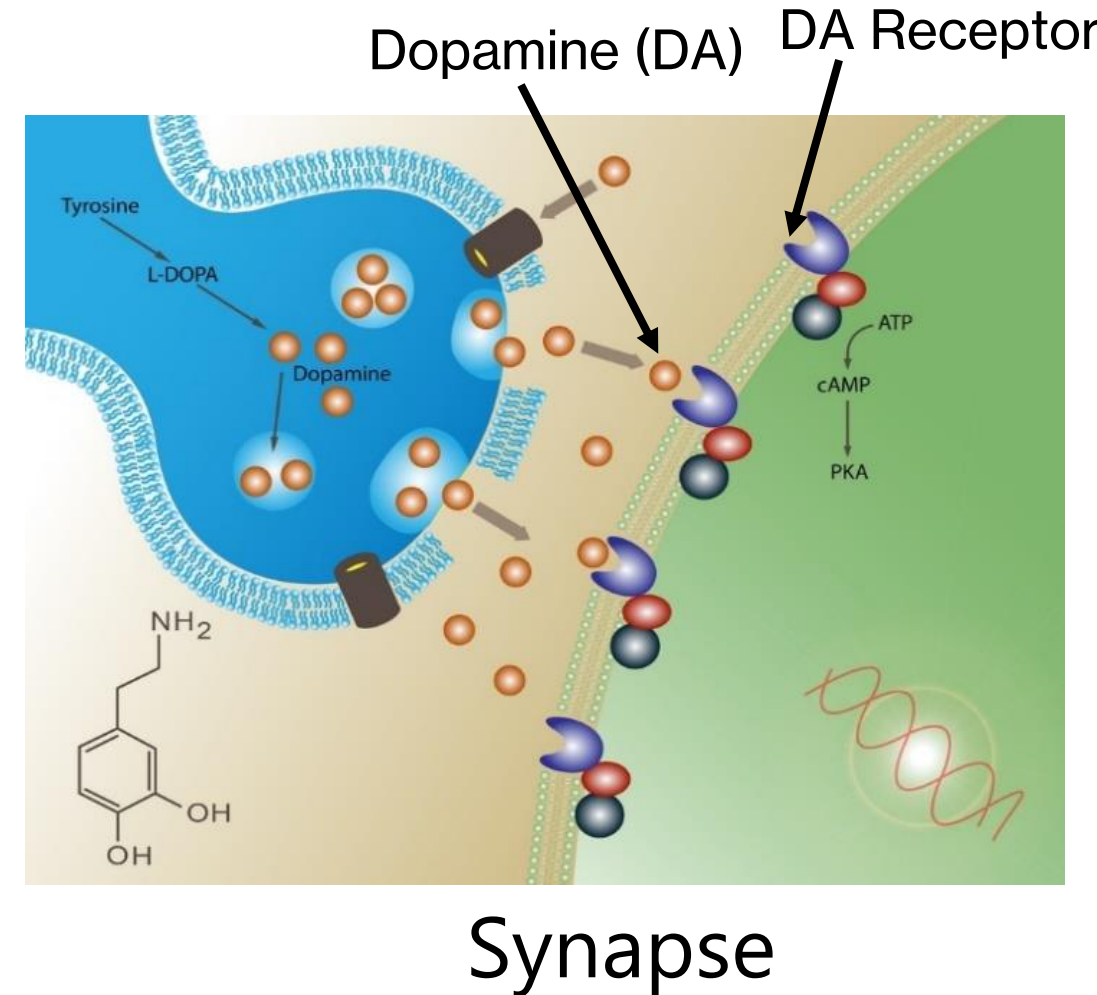
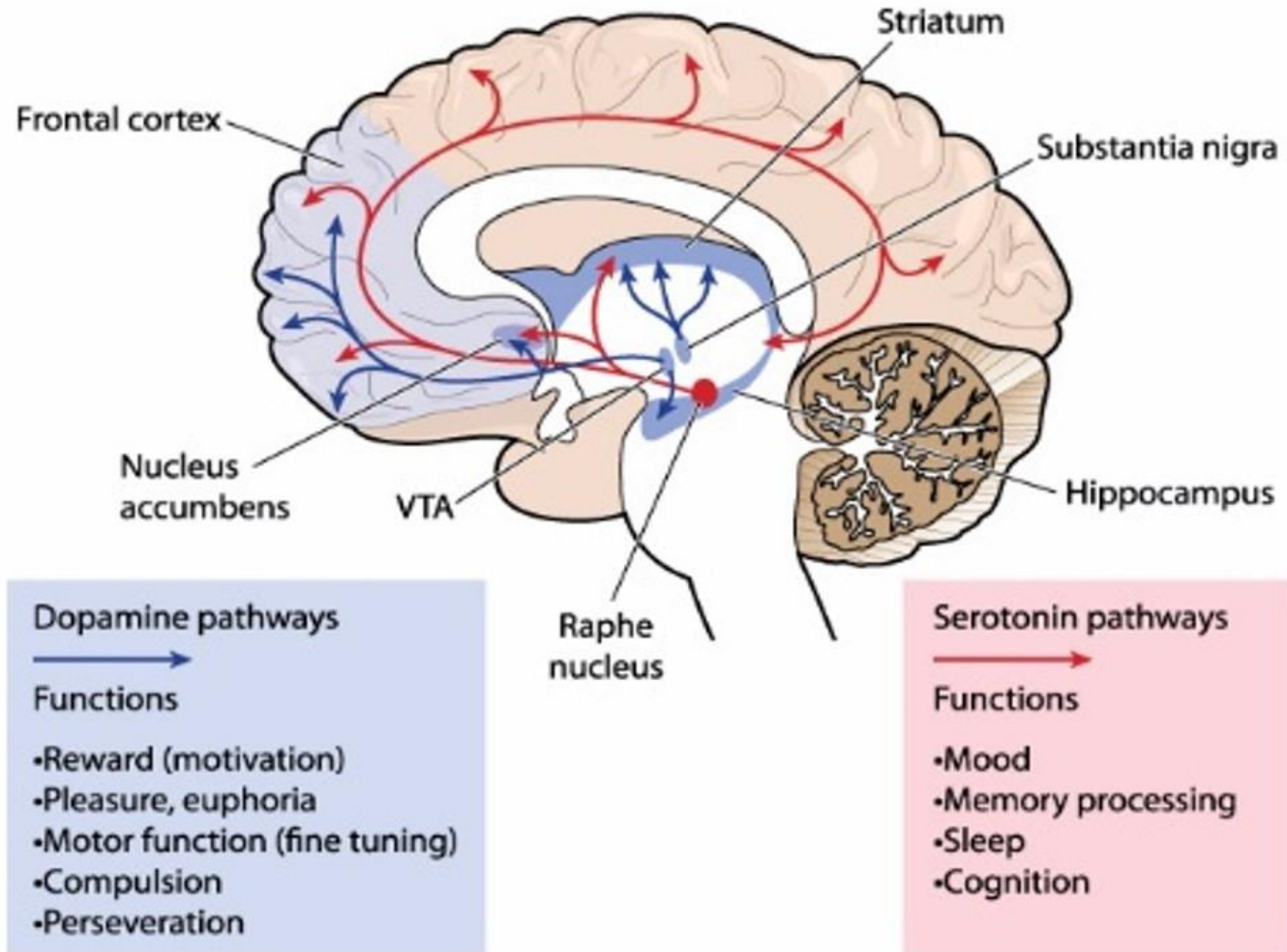
Pre-Frontal Cortex= Brakes



PFC connectivity affected
by trauma and SUDs

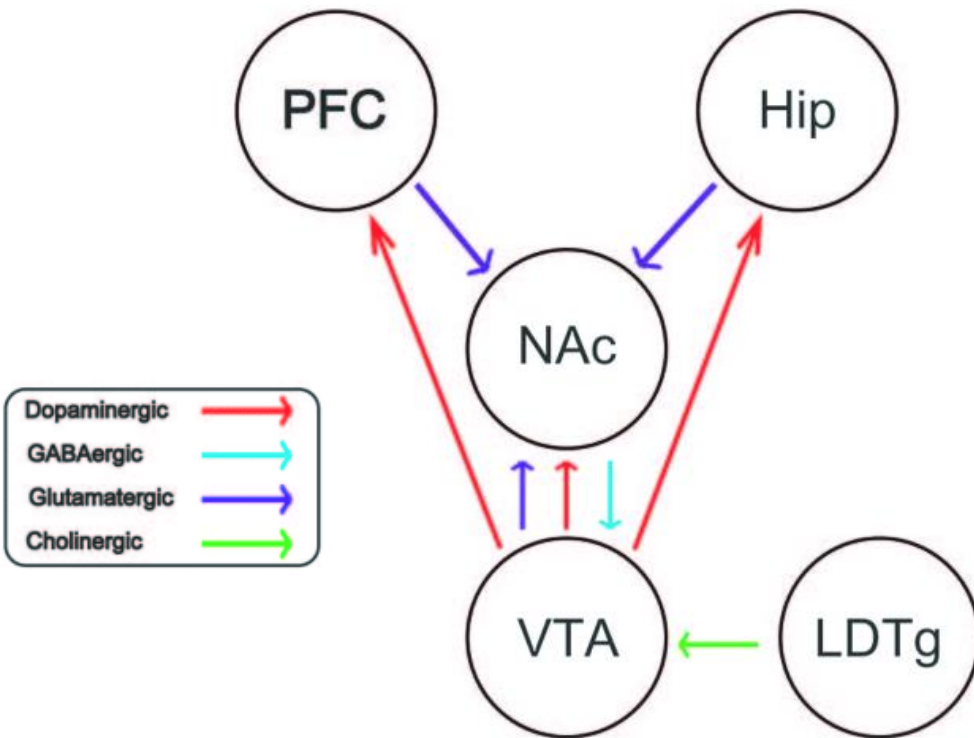


Motivation Pathway



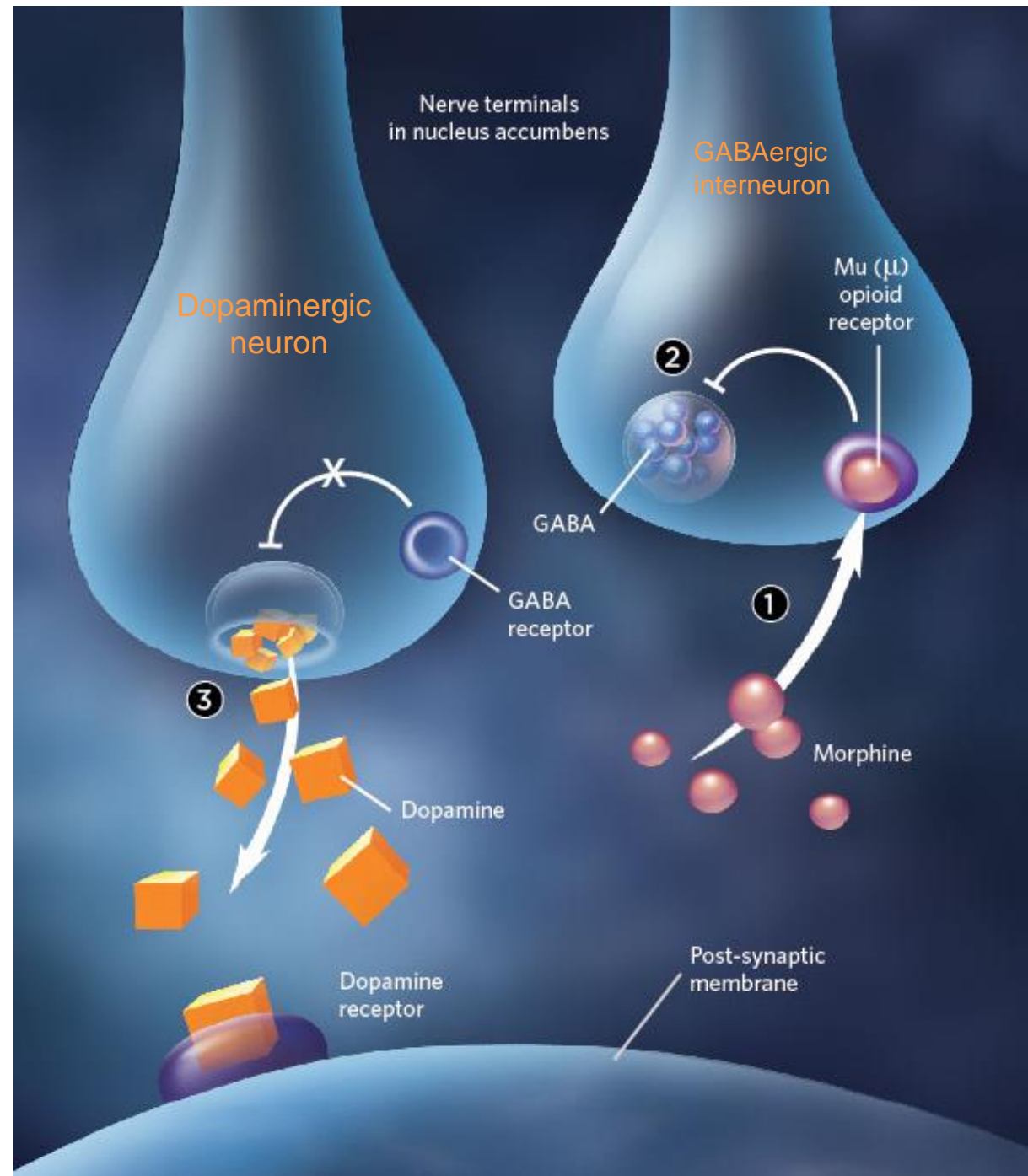
Salience Detection

- DA mediated signals importance in PFC
- VTA to Amg and Hip: emotional and memory associations
- DA acts in amygdala to reduce anxiety/stress



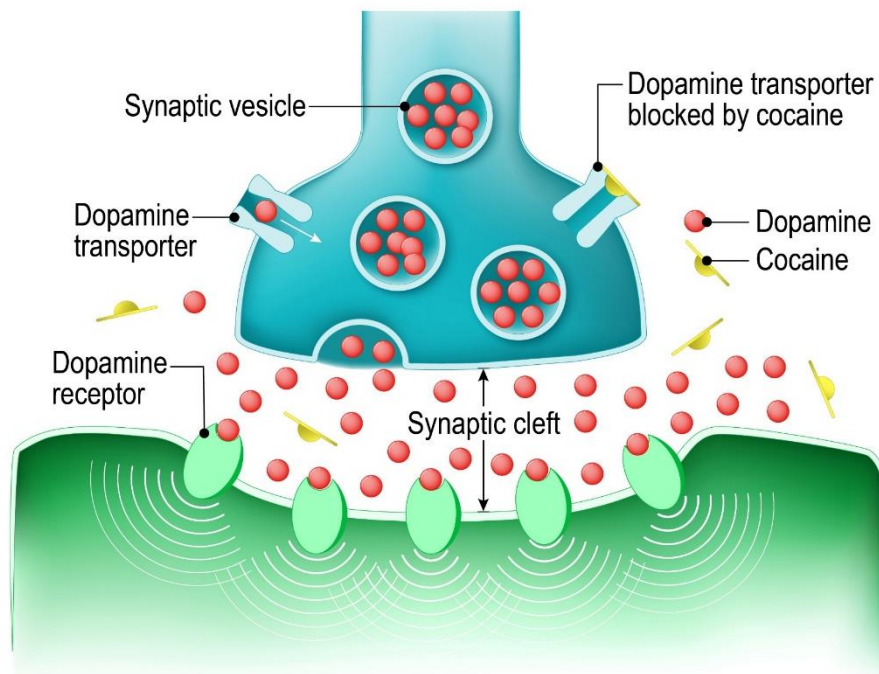
Opioid Mechanism

Opioid binds to Mu opioid receptor to shut down GABA release: Dopamine flows without inhibition

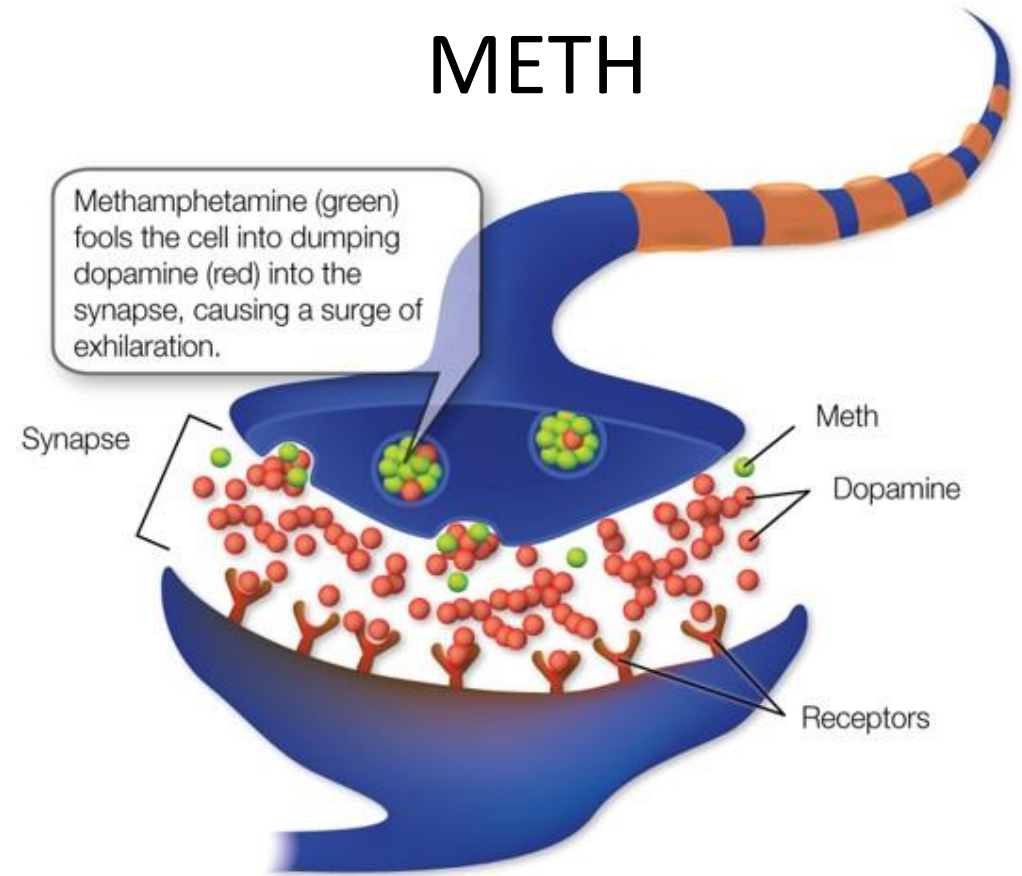


Different Substances: Different Mechanisms

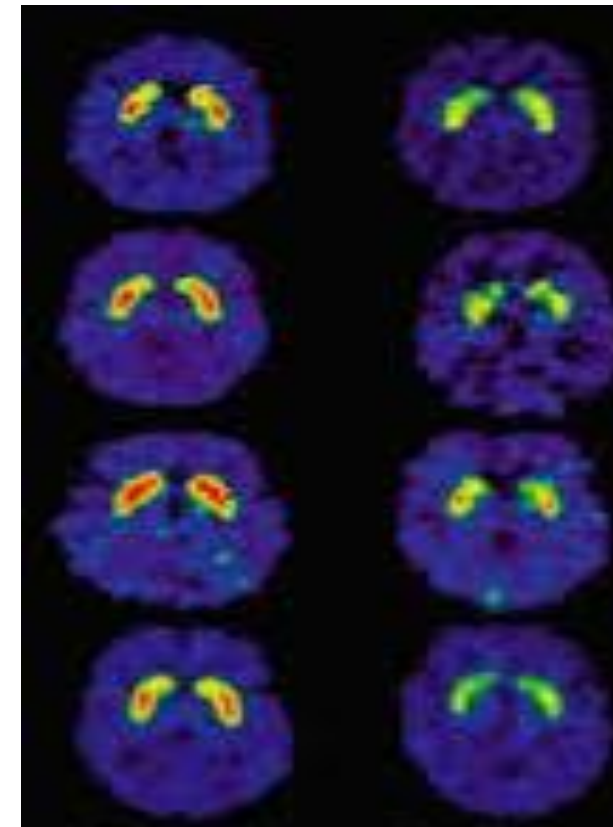
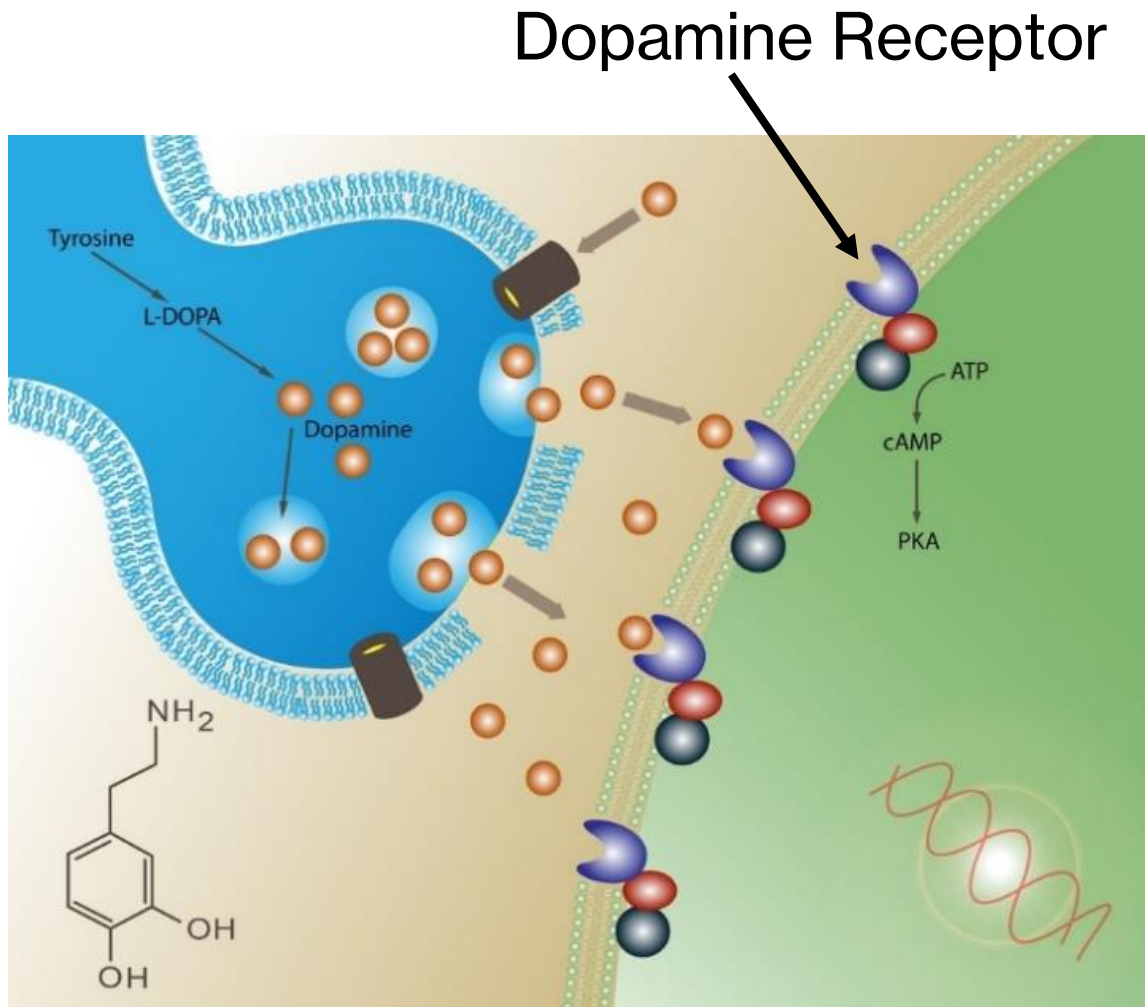
COCAINE



METH



DA Receptor Signaling Affected by SUD



Control

SUD

Cocaine

Meth

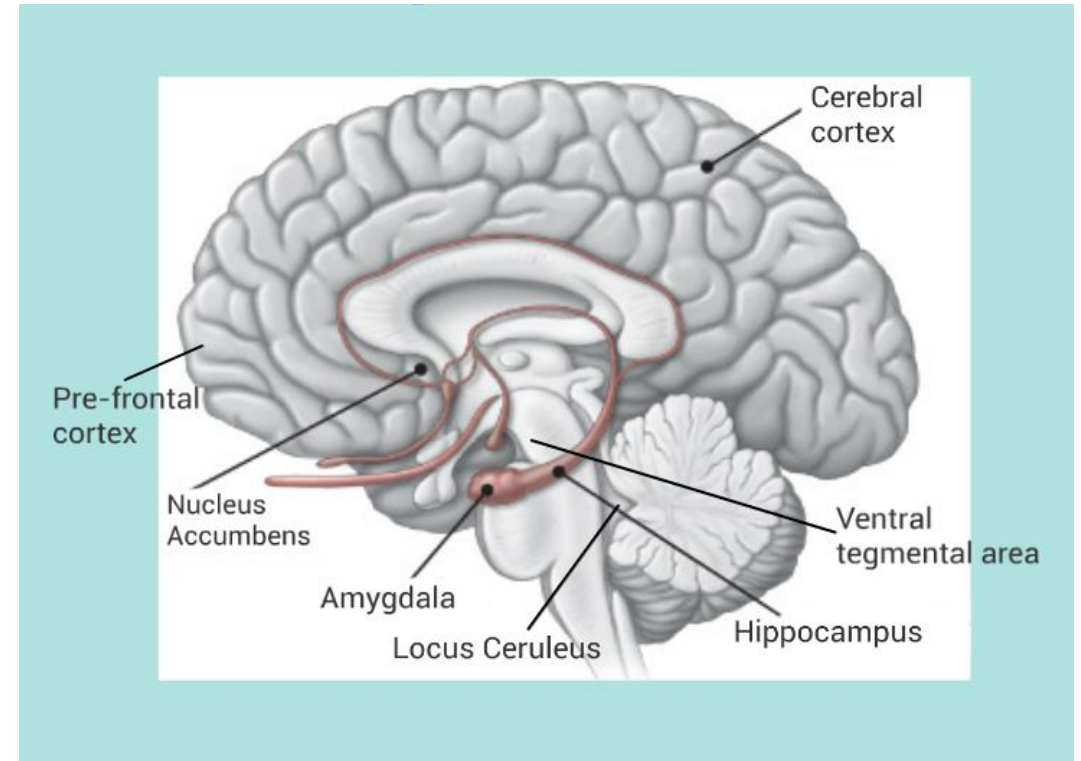
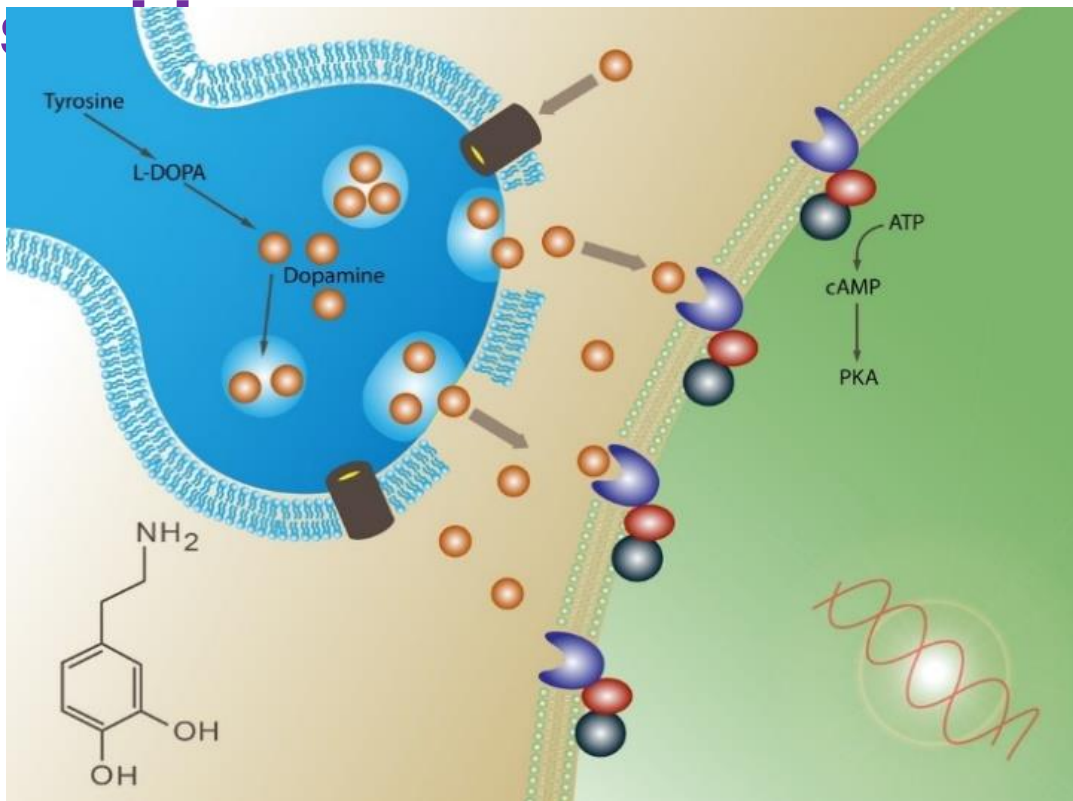
Alcohol

Heroin

National Institute of
Drug Abuse

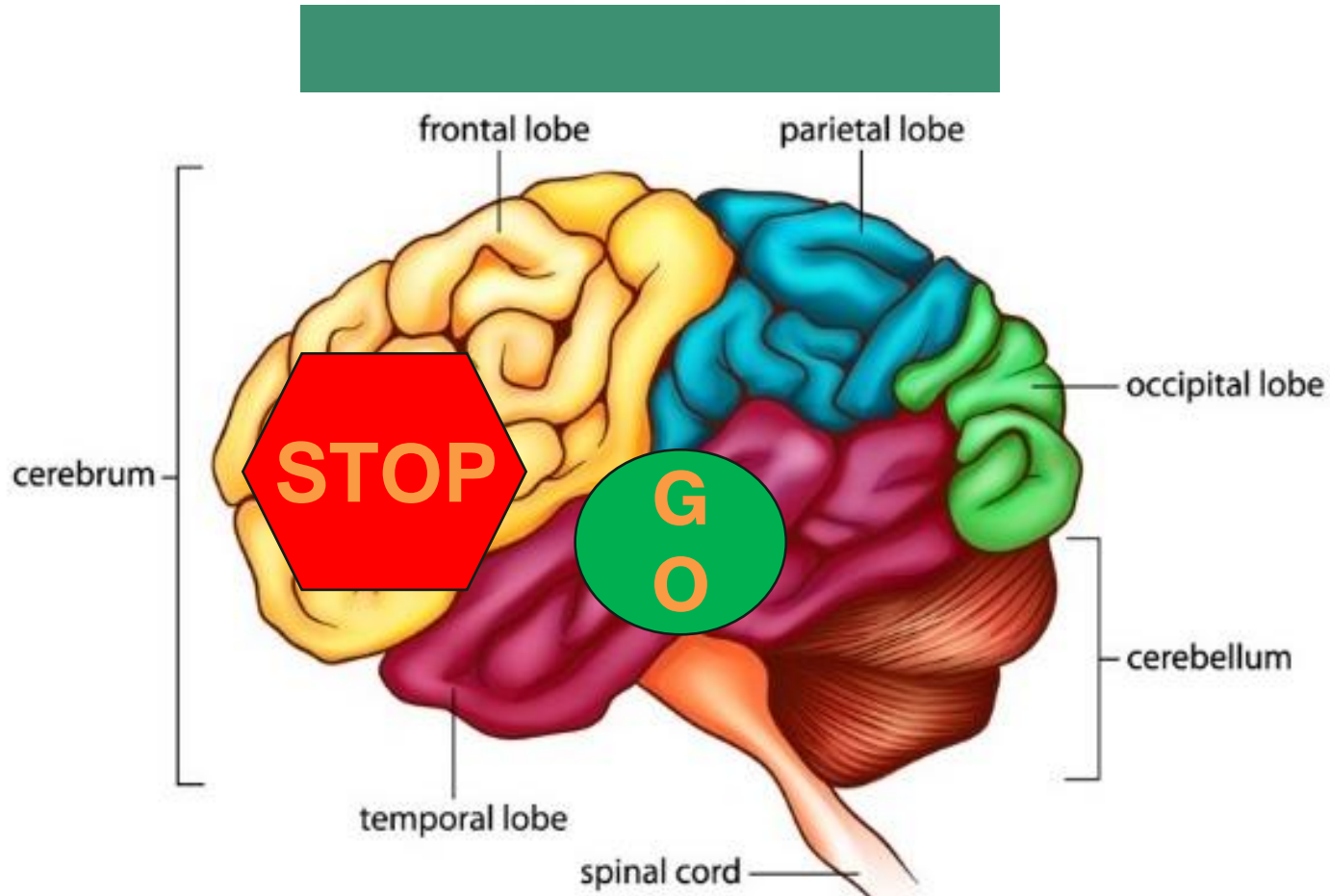
Shift From Reward to Conditioning

Because of changes in the brain, substance misuse moves from pleasure seeking to **relief**



Voluntary, goal-directed activity becomes compulsive

SUD and Trauma



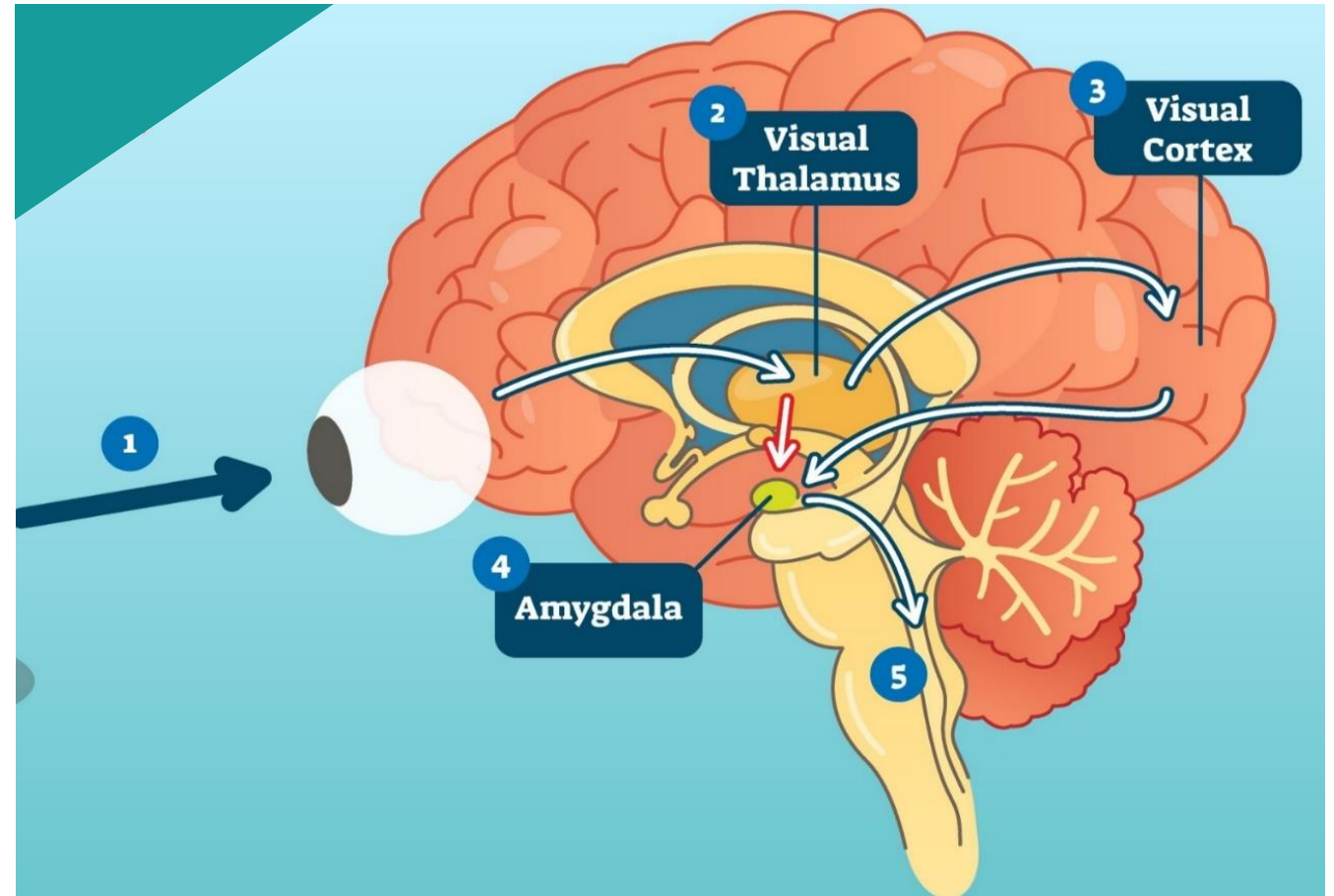
Fight
Flight
Freeze
Surrender

People Are Stressed When They Come to Court

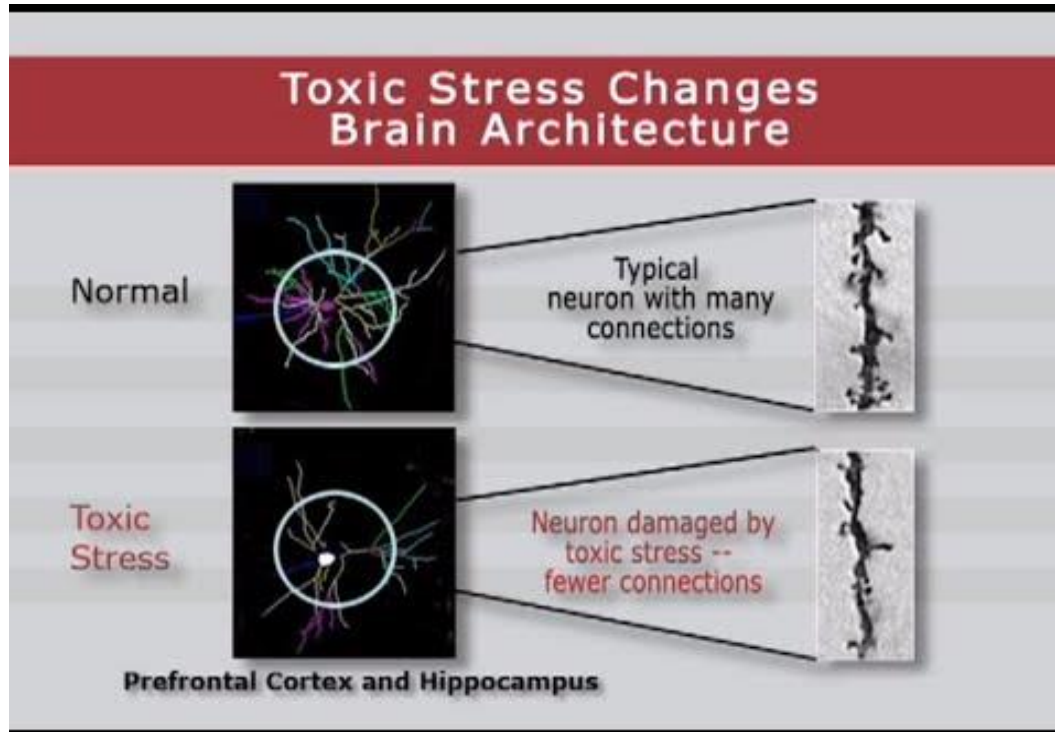
- Withdrawing or thinking about drug use
- Afraid of the judge
- Housing/food insecurity
- Lots of anxiety about case and/or their children
- Frustrating behaviors/bad decisions



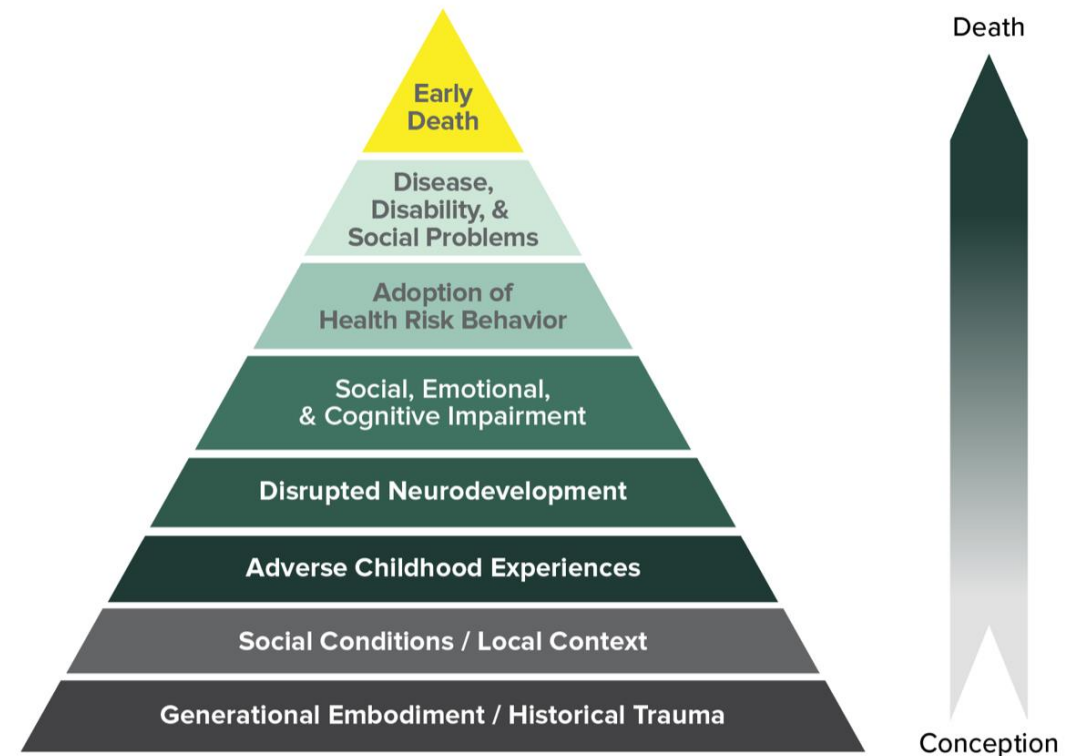
Threat/Trauma Trigger



Toxic/Chronic Stress/Trauma Remodel the Brain



Center on the Developing Child at Harvard University



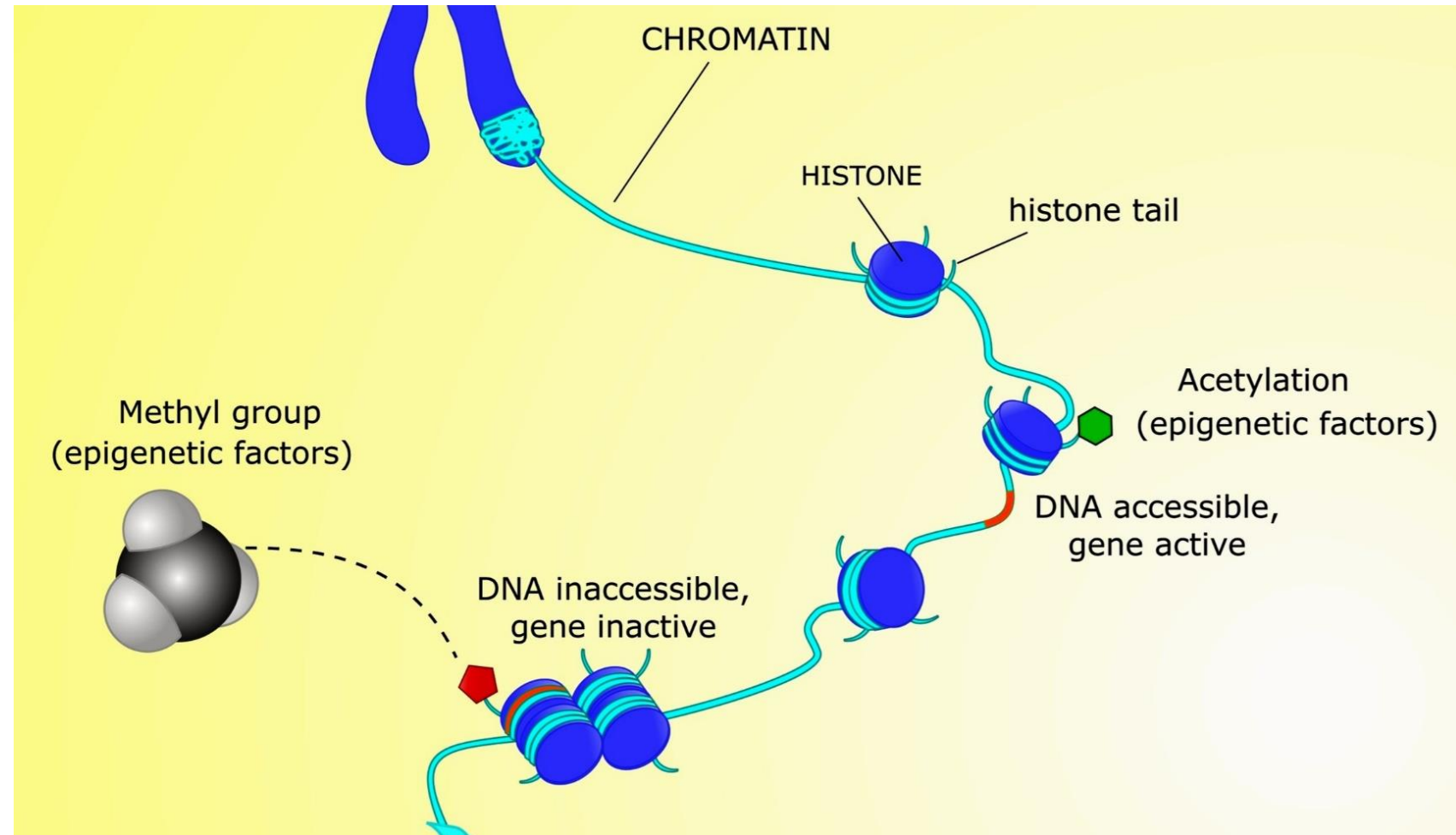
Mechanism by which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

www.cdc.gov/violenceprevention/aces/about.html

Epigenetics: Intergenerational Transfer of Risk and Resilience

Historical Trauma is
“a constellation of
characteristics
associated with
massive cumulative
group trauma across
generations”

-Dr. Maria Yellow
Horse Braveheart
(1999)



Changes to the Brain Drive Return to Use

- Conditioned response (cue>routine>reward)
- Stress/Trauma (HALT)
- Re-exposure to substance

MOUD prevents return to use



Medicines for Opioid Use Disorder



Methadone (juice, fizzies)	Buprenorphine (Suboxone, subs, bupes, stops)	Naltrexone (Vivitrol)
Agonist (activates opioid receptor)	Partial agonist (partial activation of opioid receptor)	Antagonist (blocks opioid receptor activation)
Oral	Oral tablet or film, subdermal implant; intramuscular injection	Oral, intramuscular injection
Daily reporting for dose; potential for misuse/diversion	Take home doses; Potential for misuse/diversion	Lowers opioid tolerance and can increase overdose risk; requires full detox before use

Justice System Goals for MOUD



- Reduce recidivism/incarceration
- Decrease criminogenic behavior (habilitation)
- Save lives
- Improve outcomes

MOUD is Gold Standard of OUD Treatment

- People with OUD on MOUD for at least 1-2 years have the greatest rates of long-term success.
- No evidence showing benefits of stopping MOUD
- MOUD improves chances of recovery: improving quality of life, level of functioning, and the ability to handle stress.
- Saves lives while in early recovery (2-3 yrs)



Judges are not Clinicians



All decisions about
medicine are
between clinician
and patient

Court-Mandated Accountability



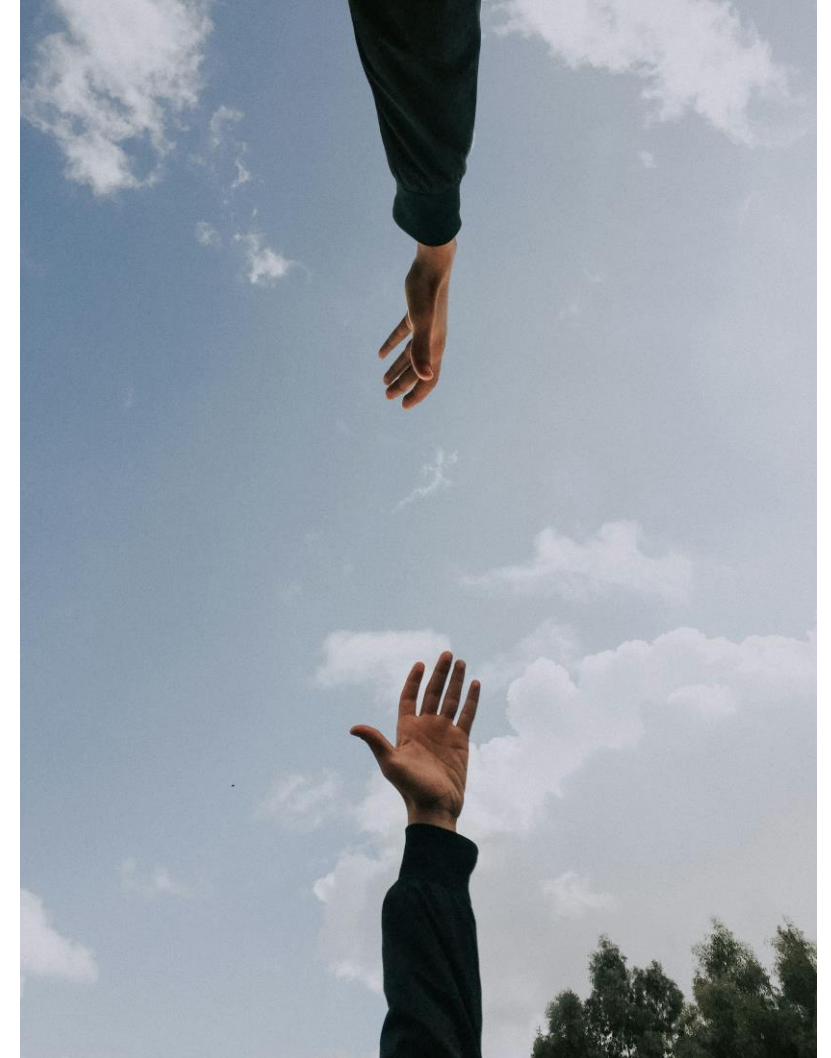
- Frequent random screening
- Test for presence of MOUD
- Probation check-ins
- Judicial Reviews/Treatment Court

Peer Supports

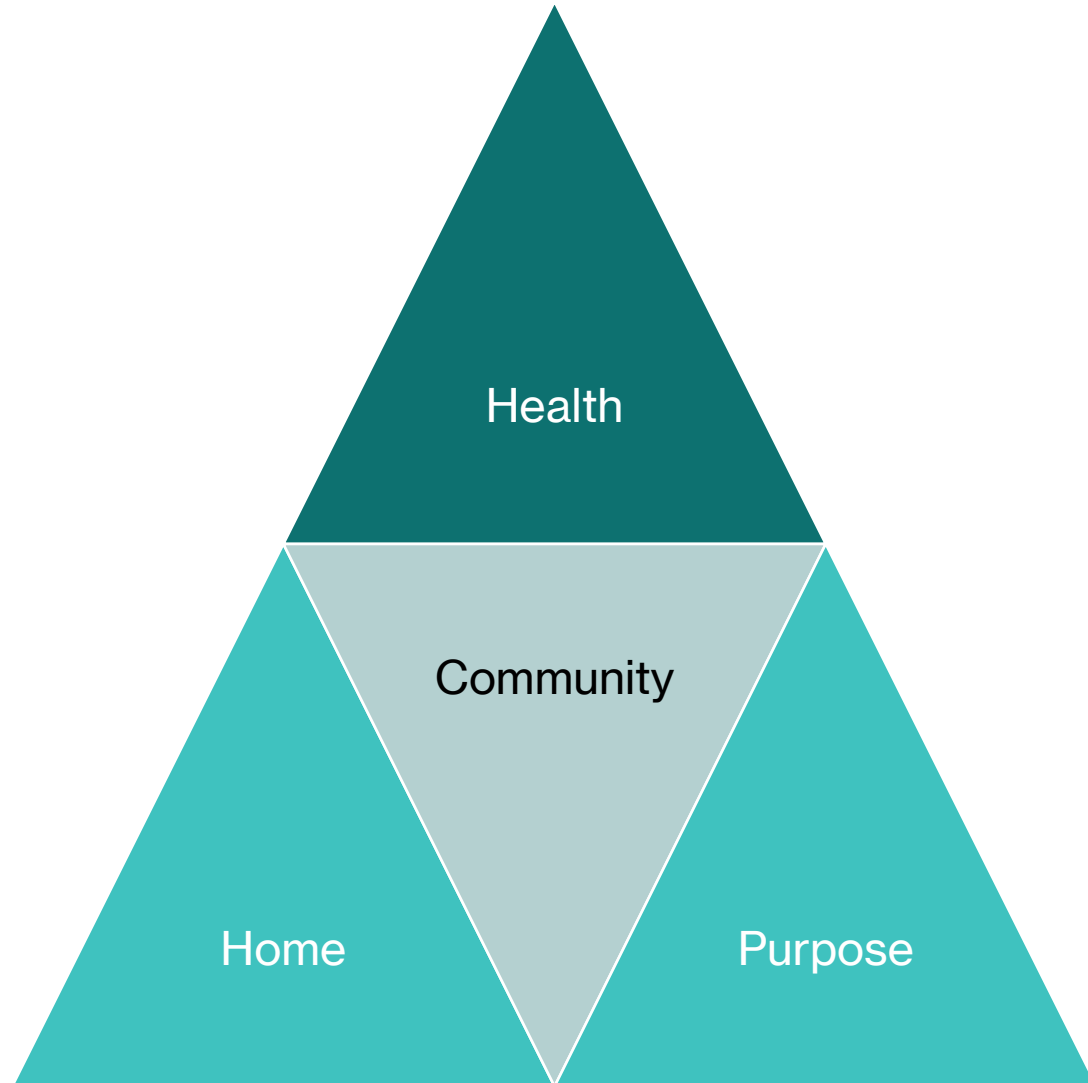
People with lived experience providing guidance and support.

Ideally peers attached to the court should

- Meet with individuals throughout the court process to guide them through what to expect
- Meet with people in jail to start building the reentry plan
- Meet with people when they are released- not two days later, the minute they are released – to offer support and make a safety plan
- Help people coordinate appointments and services in the community



Recovery



A process of change through which individuals improve their health and wellness, **live self-directed lives, and strive to reach their full potential.**

Recovery is a journey that is unique to each person and involves improving one's physical, mental, emotional, and social well-being. It is a holistic process that **encompasses all aspects of a person's life**, including their family, community, and work.

Recovery **is not about achieving a perfect or symptom-free life, but rather about living a meaningful and fulfilling life despite challenges.**

Evidence – Based Treatment Service

- Many different modalities- in-patient, intensive outpatient, therapeutic living communities, etc.
- It's a journey, what works at one phase will not work at another
- Programs should not be punitive but restorative - teach about accountability
- Programs should not “cherry pick”
- Door is ALWAYS open to try again



Recovery and Relapse

Relapse can be a normal part of recovery and does not mean treatment failed.

Safety plans and treatment plans should identify and use approaches that anticipate the possibility of relapse.

Parents who are connected to appropriate supports and services can provide safe, supporting, and loving homes even if they relapse.

Consider, when appropriate, not requiring a negative drug test prior to family time.

Work with people in diversion programs/Treatment Court to identify additional opportunities to reengage in treatment or alternative programming.

Activity: Mini Mapping

- **Spend 5 minutes writing down all the treatment resources available in your community focusing on the following categories**
 - In-patient treatment and detox
 - Long term recovery housing
 - Outpatient treatment
 - Community based recovery supports
 - Methadone and buprenorphine clinics
- **Make a star next to each one you have met with or visited.**
- **Discuss the following questions with a partner:**
 - What patterns or gaps do you notice?
 - How does your court currently connect people to these services?
 - What partnerships could be strengthened to improve access? Who can you meet with to improve transitions?

Some Community Resources in Nevada

Carson City - Carson Tahoe Mallory Crisis Center, Carson City Community Counseling Center

Clark County- Foundation For Recovery, Vegas Stronger, Southern Nevada Health District

Douglas County- Partnership Douglas County

Elko County – Vitality Unlimited

Lincoln County – Grover C. Dils Medical Center

Lyon County – Lyon County Resilient Families Program

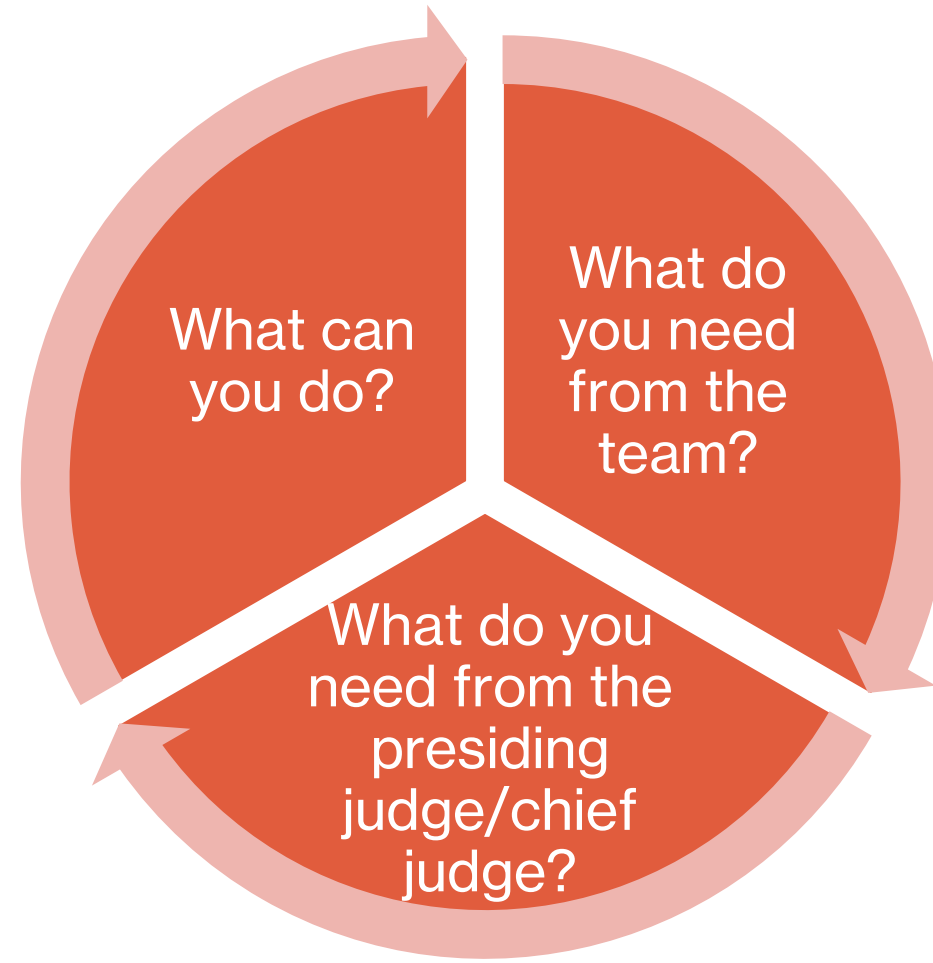
Nye County – NyE Communities Coalition, Nevada Stronger

Washoe County – CrossRoads Therapeutic Treatment Community, MAT Treatment (HOPES, CHA, Life Change Center), Northern Nevada Harm Reduction Alliance

White Pine County – William Bee Ririe Hospital

Statewide – EMPOWERED Program for pregnant people, Trac-B, CASAT, NAMI

Activity: Short-Term Action Planning to Expand Access



Be Involved in Your Community

Court Community

- Attend events for people in Treatment Courts or for Resource Parents.
- Attend trainings and gatherings for staff working with families and individuals.

**Be open
to
learning
and
hearing
different
opinions**

Greater Community

- Talk to people outside of work hours and outside of the area you live in.
- Attend community events and festivals.

Final Message: Harm Reduction Saves Lives



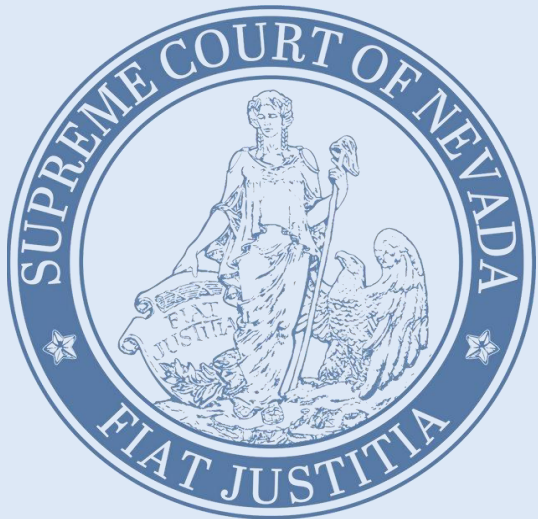
Naloxone distribution



MOUD



Needle exchange/safer smoking supplies and Safe injection sites



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Session Evaluation

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