Opioid Agonist Treatment and Precipitated Withdrawal in the Age of Fentanyl

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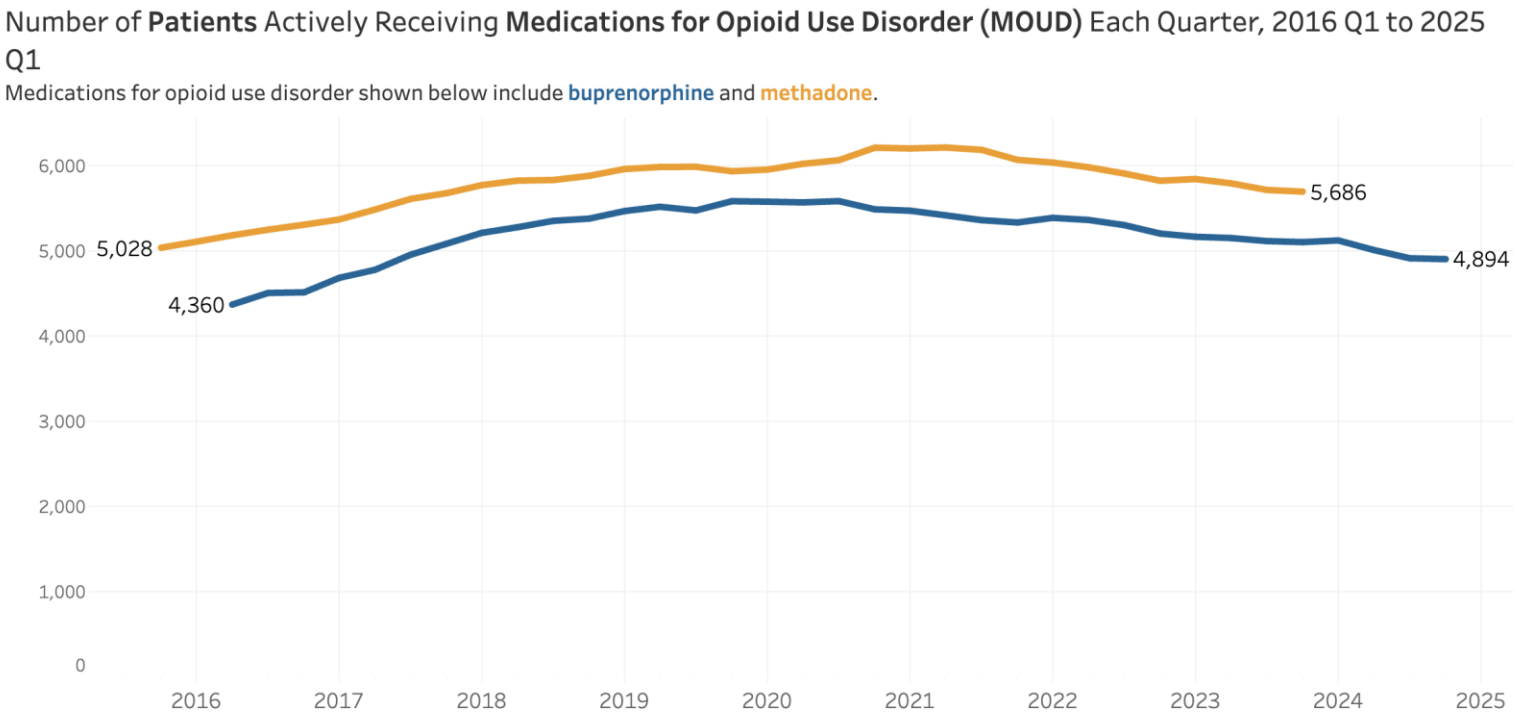

https://preventoverdoseri.org/medication-for-opioid-use-disorder-data/

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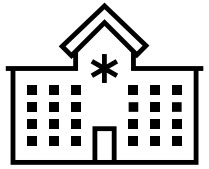
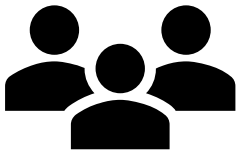
Precipitated withdrawal = the rapid onset of intense withdrawal symptoms.



Research gaps: need to capture experiences reported by people themselves, including in situations when starting on their own (i.e., not in a hospital)



Objective: to understand how often people who use unregulated fentanyl and other opioids are experiencing precipitated withdrawal while starting OAT and in what contexts.

The Community Use and Testing Study (CUTS)

Observational cohort study where people are recruited through harm reduction programs in Rhode Island starting in 2023 and participate by:

submitting samples for drug checking…

- On-site testing (infrared spectrometer, test strips)
- Further laboratory analysis (mass spectrometry)

and completing surveys.

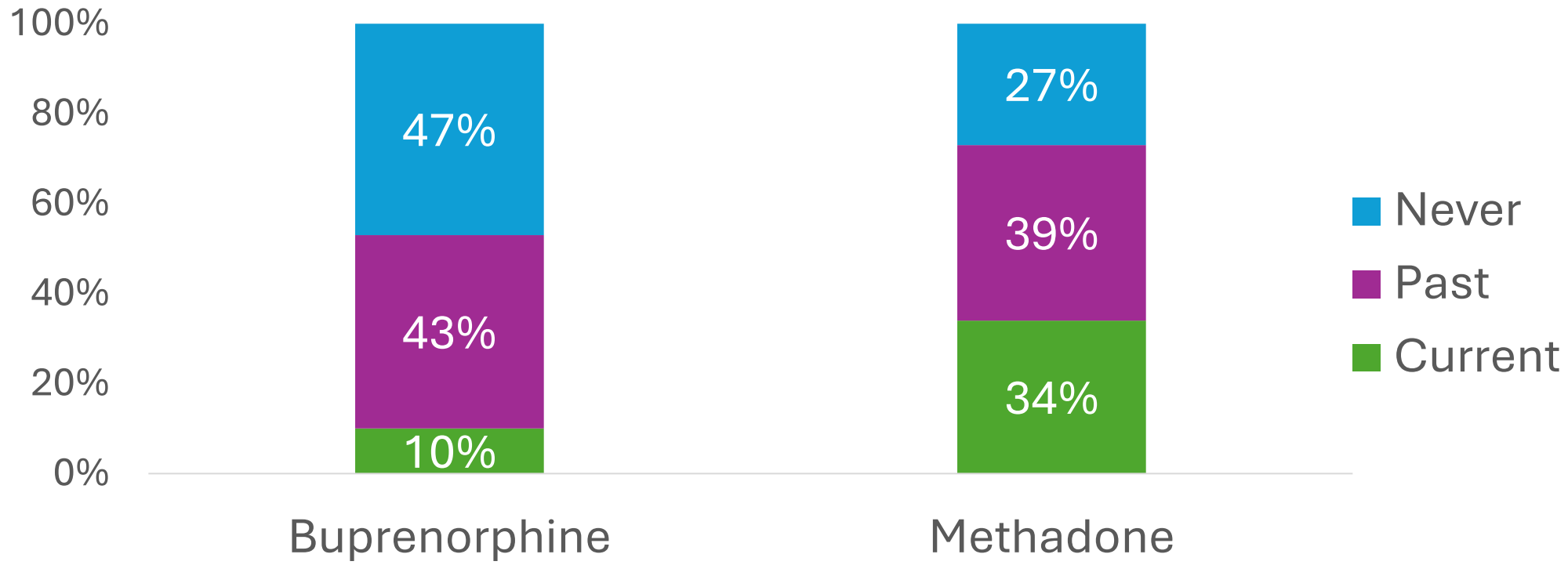
- Demographic and health characteristics
- Drug use information
- OAT history, including about their precipitated withdrawal experiences
- Healthcare service history

196 people with a history of unregulated fentanyl/opioid use were enrolled through 2024.

Most people submitted suspected fentanyl/heroin samples for testing:

Category	Substance Detected	% of Suspected Fentanyl/Heroin Samples (N=98)
Fentanyl	Fentanyl	83%
Fentanyl precursors	4-ANPP	71%
	Phenethyl 4-ANPP	38%
	Ethyl 4-ANPP	17%
Fentanyl analogs	Para-fluorofentanyl	11%
	Acetylfentanyl	9%
Heroin	Heroin	6%
Heroin metabolite	6-Monoacetylmorphine	4%
Heroin impurity	Acetylcodeine	3%
Xylazine	Xylazine	49%
Other substances	Cocaine	26%
	Caffeine	18%
	Lidocaine	6%
	Methamphetamine	4%

Many people had a history of OAT, yet patterns in use differ between buprenorphine and methadone.



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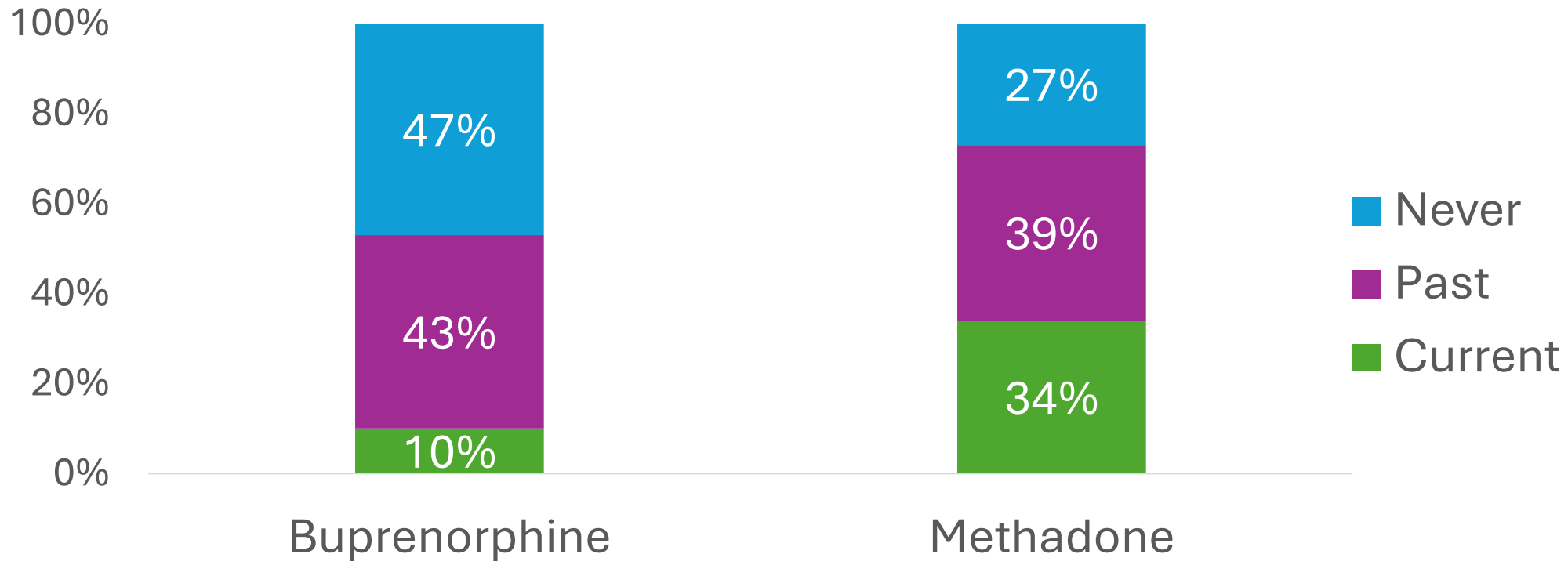
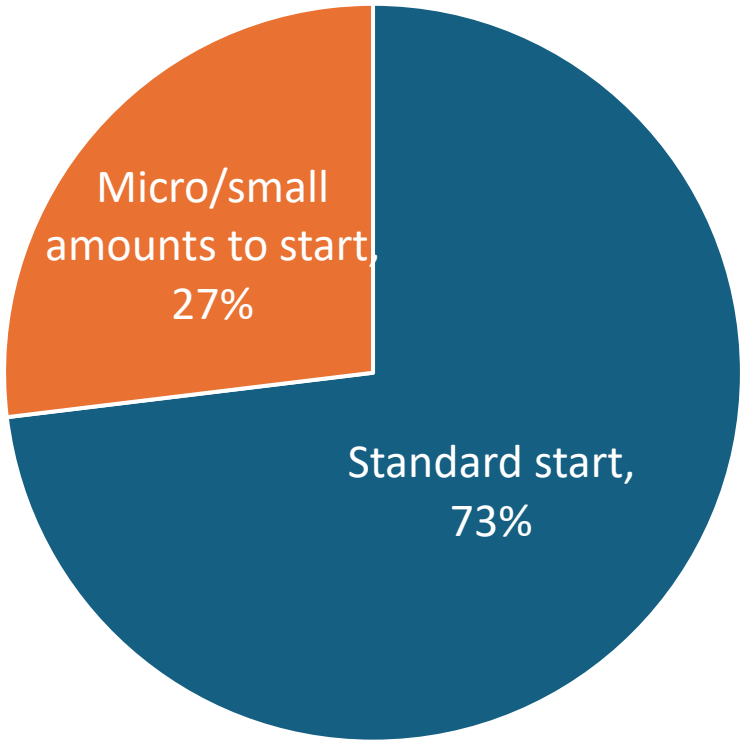


- Precipitated withdrawal was **7 times more common among those starting buprenorphine compared to methadone** (34% vs 5%)
- **Over two-thirds** (69%) of people experiencing buprenorphine-associated precipitated withdrawal had it occur through outpatient inductions (pick up rx at pharmacy, start in own setting)

Many people were starting buprenorphine on their own and were also using standard induction methods.

Among 35 people who tried to start buprenorphine in the past 6 months:



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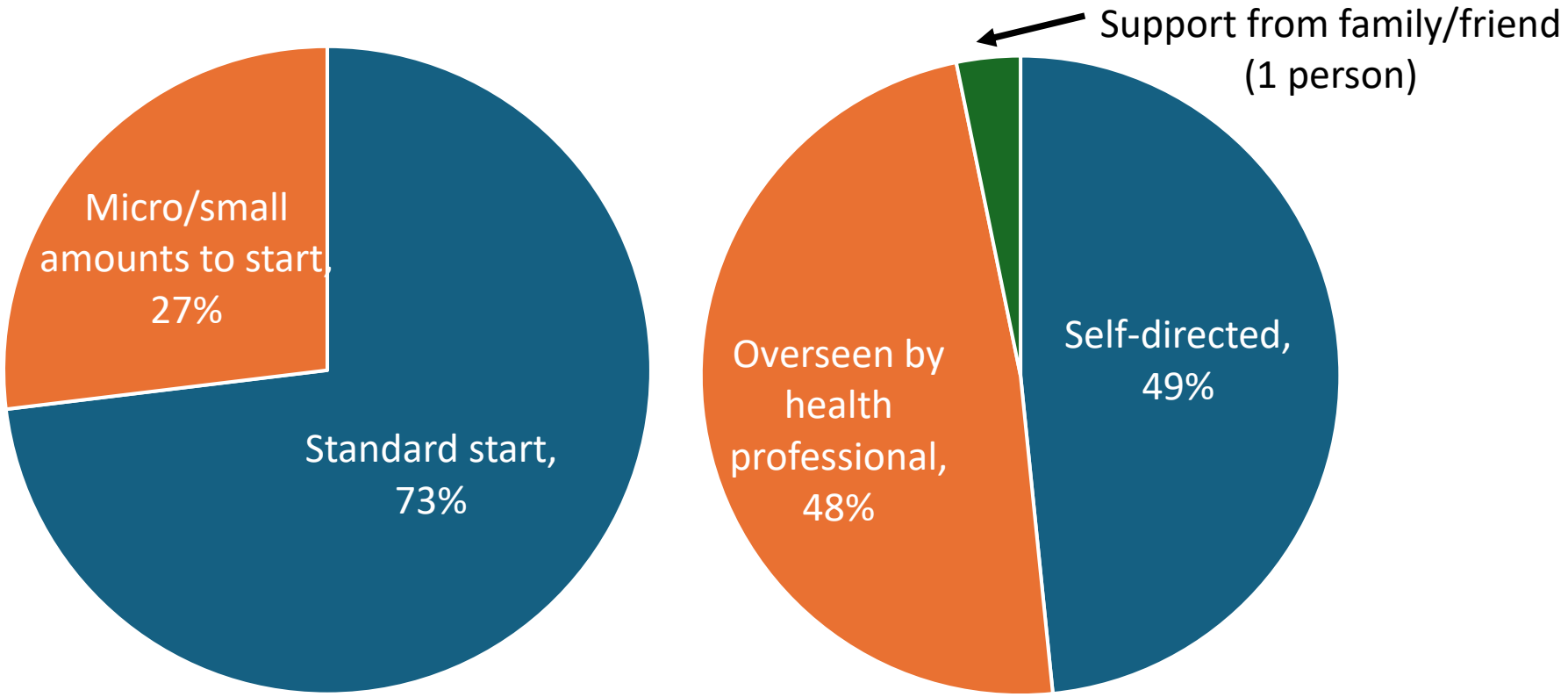

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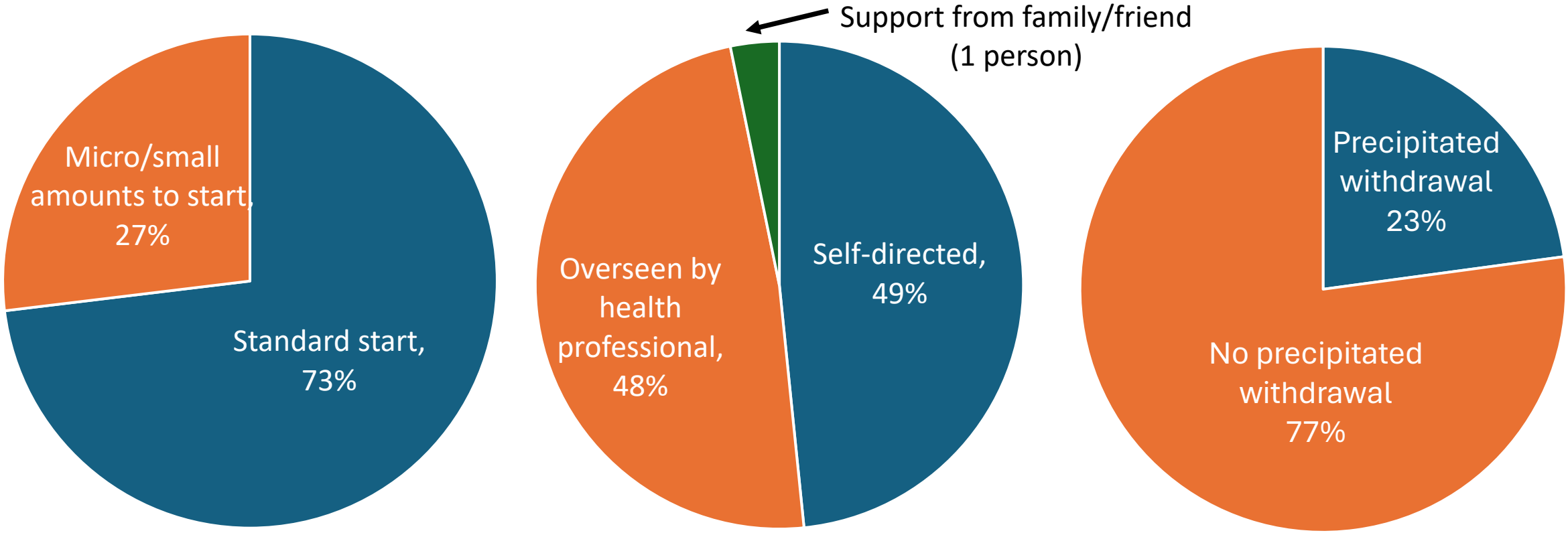

Better approaches to reduce precipitated withdrawal and expanded OAT options are needed, particularly as the drug supply changes.

- Improved induction methods, guidance, and support strategies should be widely available for those starting buprenorphine in the age of fentanyl.
- Expanded access to other OAT (e.g., methadone) should also be occurring so people have a range of options that work best to meet their needs and priorities.
- As the unregulated opioid supply is beginning to shift again, we need to understand how new additives (e.g., nitazenes, sedatives) impact treatment experiences for people interested in OAT.

For more about this study:
opioidcobre.org/projects/cuts-overview

Scan for more info about drug checking!

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