



ACCEPT

Addiction & Co-morbid Conditions: Enhancing Prevention & Therapeutics

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Session Date: Friday, January 21, 2022

Didactic Topic and Presenter:

Fentanyl Test Strips for Overdose Harm Reduction

Alyssa Tilhou, MD, PhD

Assistant Professor

Boston University/Boston Medical Center

Content Experts:

Ritu Bhatnagar, MD; Lindsey Peterson, MS, CRC; Sheila M. Weix, MSN, RN, CARN

-
- 12:15 PM: Attendance text-in – Introductions

 - 12:25 PM: Case Presentation and Discussion
 - Presenter: Alyssa Bruehlman, MD - *UW Department of Family Medicine and Community Health*

 - 1 PM: Didactic Presentation
 - Presenter: Alyssa Tilhou, MD, PhD

 - 1:15 PM End of Session

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ECHO ACCEPT
Addiction & Co-morbid Conditions: Enhancing Prevention & Therapeutics
2020-2022
Fentanyl Test Strips for Overdose Harm Reduction
1/21/2022

Didactic Presenter: Alyssa Tilhou, MD, PhD

Case Presenter: Alyssa Bruehlman, MD

Provided by the University of Wisconsin–Madison Interprofessional Continuing Education Partnership (ICEP)

Intended Audience:

Nurses, Nurse Practitioners, Pharmacists, Physicians, Physician Assistants, Pharmacy Technicians, Psychologists, Social Workers, Patient/Caregivers, Students

Objectives:

As a result of this educational regularly scheduled series, learners as members of the healthcare team will be able to:

1. Explain what fentanyl test strips are and how to use them
2. Analyze the evidence for benefits of use of fentanyl test strips
3. List the evidence gaps of fentanyl test strips
4. Classify the applications and limitations of fentanyl test strips
5. Explain the logistics for where and how to get fentanyl test strips.

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Name	Role	Financial Relationship Disclosures	Discussion of Unlabeled/Unapproved uses of drugs/devices in presentation?	COI completion date
Randall Brown	RSS Chair	No relevant financial relationships to disclose	Yes	3/11/21
Nada Rashid	RSS Coordinator	No relevant financial relationships to disclose	No	3/11/21
Kathleen Maher	Planner	No relevant financial relationships to disclose	No	3/15/21
Ritu Bhatnagar	Planner	No relevant financial relationships to disclose	Yes	3/12/21
Paul Hutson	Planner	No relevant financial relationships to disclose	Yes	3/11/21
Susan Mindock	Planner	No relevant financial relationships to disclose	No	3/11/21
Lindsey Peterson	Planner	No relevant financial relationships to disclose	No	3/11/21
Sheila Weix,	Planner	No relevant financial relationships to disclose	No	3/11/21
Kellene Eagen	Planner	No relevant financial relationships to disclose	No	6/23/21
Joseph Galey	Planner	No relevant financial relationships to disclose	Yes	6/23/21

Alyssa Tilhou	Presenter	No relevant financial relationships to disclose	Yes	1/20/22
Alyssa Bruehlman	Presenter	No relevant financial relationships to disclose	No	1/12/22

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Optimizing integrated addiction and behavioral health services for a complex patient within primary care

Alyssa Bruehlman, MD
Addiction Medicine Fellow
University of Wisconsin

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Introduction

- ▶ Ms M is a 46 yo woman with polysubstance use disorders, PTSD, substance-induced mood vs bipolar 1 disorder, chronic HCV who re-established care at ACHC Health Promotions Clinic for addiction treatment including buprenorphine-naloxone
- Context on ACHC Health Promotions Clinic
 - Housed within ACHC Wingra Family Medical Center
 - Teaching clinic, Resident PCP (current intern)
 - Integrated behavioral health, consulting psychiatry

Introduction

- ▶ Primary question for discussion:
 - What are the roles of integrated addiction and behavioral health services within a primary care setting? What are the benefits and what are the limitations?

Medical & Behavioral Health Diagnosis:

- Substance use disorders
 - Heroin
 - Crack cocaine
 - Alcohol (remission)
 - Tobacco
- Chronic HCV
- Glossitis, recurrent UTI, fibroids, et al
- PTSD
- Substance-induced mood disorder
- Historical diagnosis of bipolar 1 disorder

Current Medications:

- Buprenorphine-naloxone
 - Total bup 20mg/day
- S/p 8 weeks GLE-PIB (Mavyret)
- Lithium 600mg qAM, 900mg qPM
- Buspirone 20mg BID
- Olanzapine 5mg BID

Substance Use

- ▶ History:
 - Heroin (no hx pill use) – injection, intranasal
 - Crack cocaine - inhalation
- ▶ Consequences of Substance Use:
 - Multiple overdoses
 - Extensive prison time for drug charges (> 10 years)
 - Limited relationships with children, family
 - Inconsistent employment
- ▶ Past treatments:
 - Primarily through legal system
 - MOUD: buprenorphine, methadone (100mg/day), naltrexone IM
 - Psych: lithium, antipsychotics, SSRI, propranolol, prazosin

Social History:

- **Social Factors/History:**

- From rural area
- Divorced, 2 kids
- Loves her cats

- **Income source:**

- Limited continuity with employment
- Applying for SSI
- Hx sex work

- **Trauma hx**

- IPV, sexual violence
- Loss of friends due to overdose

Family History:

- Mom, sisters, maternal aunt with anxiety and depression
- ? bipolar disorder (variable reports)
- Mom recently deceased

Patient strengths & protective factors:

- Children, cats
- Resilience
- Pride
- Connection with others
- Repeated engagement with Health Promotions Clinic
- Medication adherence

Risk factors:

- Social isolation, family estrangement
- Intermittent engagement with primary care services
- Trauma history
- Medical and psychiatric complexity
- Financial instability
- Recent legal charges
- Conflictual living situation
- Geographical isolation, transportation difficulties
- Lack of organizational capacity

Labs

- ▶ Last UDT: + cocaine, marijuana, buprenorphine, fentanyl
 - Intermittent + methamphetamine, alcohol
- ▶ CBC, TSH, CMP wnl fall 2021
- ▶ Lithium 0.48 (L) 10/2021 (?trough); last therapeutic 2020
- ▶ Post-treatment HCV VL and LFTs planned 3/2022
 - HIV negative 8/2021
 - HBV nonimmune 8/2020 (pursuing vaccination)
 - HAV immune by serology
- ▶ STI testing
 - Treponemal Ab negative 8/2021
 - Gc/Ct last negative 1/2020
 - Trichomonas + 12/2019 and 1/2020, no TOC

Patient Goals & Motivations for Treatment

- ▶ Health and wellness
- ▶ Breaking the cycle of use
- ▶ Relationship with her children
- ▶ Pride in herself

Proposed Diagnoses

- ▶ Substance use disorders:

- Opioid
- Cocaine

- ▶ Unspecified mood disorder

- Substance-induced vs primary
- Per last consulting psychiatry note:

“Her polysubstance use disorder is so severe it seems counterproductive, even unethical, to continue prescribing medications to her without the appropriate level of care, specifically inpatient AODA, if not partial hospitalization/intensive outpatient services. As long as she is using heroin and cocaine in this manner, no medications will be effective.”

Proposed Treatment Plan

- ▶ Continuity addiction services
 - Health Promotions Clinic
 - Residential treatment when/if interested
- ▶ Connection with continuity BH support
 - Comprehensive Community Services referral
 - Psychiatry services (insurance change as of 1/2022)
 - Patient must connect with them directly
- ▶ Correspondence with PCP
 - CC chart from HPC to PCP
 - Clinic SW involvement

Discussion:

- ▶ Primary question for discussion:
 - What are the roles of integrated addiction and behavioral health services within a primary care setting? What are the benefits and what are the limitations?

DSM-5 Substance Use Disorder ("Addiction")

- ▶ Tolerance
 - ▶ Withdrawal
- } **Physical Dependence ≠ Use Disorder**
- ▶ Larger amts/longer periods than intended
 - ▶ Persistent desire/failed attempts to quit/control use
 - ▶ Much time obtaining/using/recovering
 - ▶ Important activities sacrificed
 - ▶ Continued use despite known adverse effects
 - ▶ Failure to fulfill major obligations
 - ▶ Recurrent hazardous use
 - ▶ Craving
 - ▶ Ongoing use despite interpersonal problems
- 2-3 = mild
4-5 = moderate
≥ 6 = severe

By initialing here _____ you have acknowledged that Project ECHO case consultations do not create or otherwise establish a provider-patient relationship between any ECHO clinician and any patient whose case is being presented in a teleECHO clinic.



Fentanyl Test Strips for Overdose Harm Reduction

Alyssa Tilhou, MD, PhD

Assistant Professor

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Me as a Fellow



Me as a Professor



blazer





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Disclosures

- ▶ None

Overview

As a result of this program, participants will be able to:

- ▶ Explain what fentanyl test strips are and how to use them
- ▶ Analyze the evidence suggesting benefits of use
- ▶ List the evidence gaps
- ▶ Understand their applications and limitations
- ▶ Explain the logistics for where and how to get them

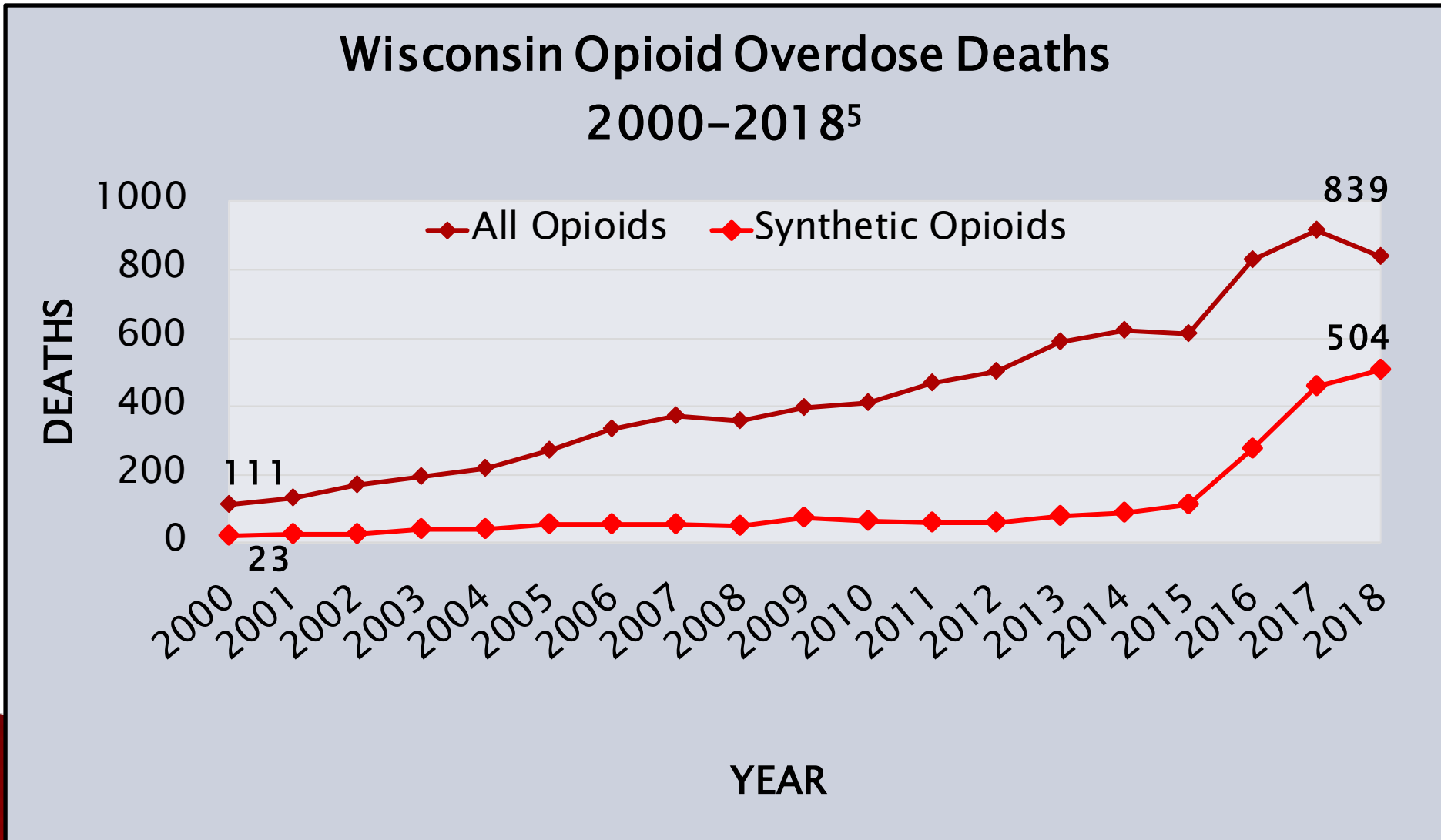
What are Fentanyl Test Strips

- ▶ A tool that lets people check their drugs for the presence of fentanyl and select analogs



Importance

WISH Query Drug Overdose Deaths. <https://www.dhs.wisconsin.gov/wish/opioid/mortality.htm>



Harm Reduction

“interventions aimed at reducing the negative effects of health behaviors without necessarily extinguishing the problematic health behaviors”

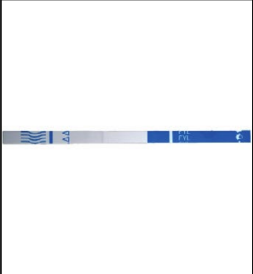


Hawk M, et al. Harm reduction principles for healthcare settings. *Harm Reduct J.* 2017;14(1):1-9.

Harm Reduction



Fentanyl Test Strips

- ▶ Highly sensitive and specific

		
Rapid Response™ fentanyl testing strips (FTS), BTNX Laboratories, Canada	TruNarc™ Raman spectrometer, Thermofisher Scientific, Waltham, MA USA	Bruker Alpha™ Fourier-Transform Infrared (FTIR), Bruker Optics, Billerica, MA USA

- Lower fentanyl detection limit (0.1-0.13mcg/mL)
- More sensitive (96-100%) and specific (90-98%)
- Recognize more analogs (more later on this)

1. FORECAST Study. https://americanhealth.jhu.edu/sites/default/files/inline-files/Fentanyl_Executive_Summary_032018.pdf
2. Green TC, Park JN, Gilbert M, et al. An assessment of the limits of detection, sensitivity and specificity of three devices for public health-based drug checking of fentanyl in street-acquired samples. *Int J Drug Policy*. 2020;77:102661.

Fentanyl Test Strips: Evidence

- ▶ High acceptability among people who use drugs¹⁻³
- ▶ FTS use associated with safety behaviors⁴⁻⁷

Use less	Avoid fentanyl
Push more slowly	Discard
Snort instead of inject	Use with someone else
Do a test dose	Confirm naloxone nearby

1. Barratt et al. Pill testing or drug checking in Australia: acceptability of service design features. *Drug Alcohol Rev.* 2018;37(2):226–236.
2. Sherman et al. Acceptability of implementing community-based drug checking services for people who use drugs. *Int J Drug Policy.* 2019;68:46–53.
3. Sande, Šabić. The importance of drug checking outside the context of nightlife in Slovenia. *Harm Red J.* 2018;15(1):1–8.
4. Peiper et al. Fentanyl test strips as an opioid overdose prevention strategy. *Int J Drug Policy.* 2019;63:122–128.
5. Goldman et al. Perspectives on rapid fentanyl test strips as a harm reduction practice among young adults who use drugs. *Harm Reduct J.* 2019;16(1):3.
6. Krieger et al. Use of rapid fentanyl test strips among young adults who use drugs. *Int J Drug Policy.* 2018;61:52–58.
7. Weicker et al. Agency in the fentanyl era. *Int J Drug Policy.* 2020;84:102900.

Fentanyl Test Strips: Caveats

- ▶ No causal evidence about FTS use and overdose risk
- ▶ Can be used to seek fentanyl
- ▶ Many markets have high penetration¹
- ▶ Variable effectiveness for identifying analogs²
- ▶ Number of strips needed
- ▶ False pos –
 - MDMA, methamphetamine, diphenhydramine, ascorbic acid^{2,3}
- ▶ False neg –
 - chocolate chip cookie effect, detection limits, novel analogs

1. Weicker et al. Agency in the fentanyl era. *Int J Drug Policy*. 2020;84:102900.

2. Bergh, et al. Selectivity and sensitivity of urine fentanyl test strips to detect fentanyl analogues in illicit drugs. *Int J Drug Policy*. 2021;90:103065.

3. Lockwood, Vervoordt, Lieberman. High concentrations of illicit stimulants and cutting agents cause false positives on FTS. *Harm Reduct J*. 2021;18(1):1–9.

Fentanyl Test Strips: Analogs

- ▶ RapidResponse BTNX strips
 - Company data vs. lab data¹ vs. real life²
 - Variable detection limit
 - Variable potency compared w fentanyl³
 - Acetylfentanyl: 1/3 potency
 - 3-methylfentanyl: more and less potent
 - Carfentanil: 30-100x
 - Furanylfentanyl: ~7x
 - Ocfentanil: ~2x

Analog and Detection Limit	
fentanyl	20ng /mL
acetyl fentanyl ²	150ng /mL
carfentanil	1,000ng /mL
furanyl fentanyl ²	500ng /mL
butyryl fentanyl	700ng /mL
valeryl fentanyl	700ng /mL
ocfentanil	250ng /mL
3-methyl fentanyl	500ng /mL
remifentanil	70,000ng /mL
sufentanil	100,000ng /mL
p-fluoro fentanyl	200ng /mL

- ▶ Other FTS companies: less data

1. Bergh MSS, Øiestad ÅML, Baumann MH, Bogen IL. Selectivity and sensitivity of urine fentanyl test strips to detect fentanyl analogues in illicit drugs. *Int J Drug Policy*. 2021;90:103065
2. Green TC, Park JN, Gilbert M, et al. An assessment of the limits of detection, sensitivity and specificity of three devices for public health-based drug checking of fentanyl in street-acquired samples. *Int J Drug Policy*. 2020;77:102661.
3. Wilde M, Pichini S, Pacifici R, et al. Metabolic pathways and potencies of new fentanyl analogs. *Front Pharmacol*. 2019;10:238

Logistics

- ▶ Most publicly available strips/directions are for BTNX
- ▶ Strips besides RapidResponse from BTNX
 - Rapid Response, BTNX
 - Nal van Minden Drug-Screen FYL 10, Nal van Minden
 - One Step FYL20, Hangzhou Alltest Biotech, Co.
 - Rapid SelfTest, Rapid SelfTest Inc.
 - ***WHPM (\$1/each)**
 - ***TN Scientific (\$4.99 each)**
 - ***12panelnow.com (\$1 each)**
 - ***VeriCheck (\$1 each)**

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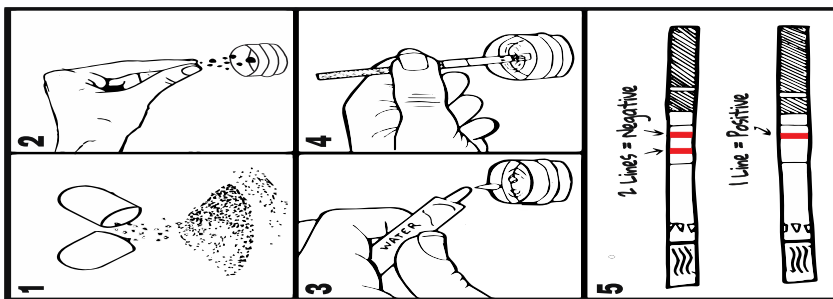
***Available online**

Vivent Health

Warning: Use at Your Own Risk

1. Prepare your shot in an unused cooker, load into a syringe and set it aside.
2. Add 1/4 inch of sterile water.
3. Insert white end of strip into water for 15 seconds.
4. Lay strip flat and read after 2 minutes.
 - One red line = Fentanyl detected
 - = two red lines = no fentanyl detected

Chicago Recovery Alliance



*found with a different strain, if no line appears

FENTANYL TEST STRIPS GUIDE

1. Test residue in baggie or cooker, or a tiny amount of powder/crushed drug.
2. If testing residue, leave it in baggie or cooker. If testing crushed drug, put a tiny amount into a small container.
3. Add 1/4 inch clean water to the container, cooker, or baggie and stir to dissolve the powder.
4. Insert wavy end of the strip into the liquid **no higher than the blue line** and hold there for 15 seconds.
5. Put the strip down on a clean surface, and wait 5 minutes for result.

anypositivechange.org

FENTANYL DRUG CHECKING STRIP

- 1 Put your drugs (grain of salt amount) into 30 mL of water (1 oz or size of a shot glass)
- 2 Dip the strip into the cup for **10 seconds**, no deeper than the wavy line
- 3 Wait 1 minute for red stripe to appear. Read within 10 mins of the test.



Strips can't detect all types of fentanyl, such as carfentanil

REGARDLESS OF RESULTS, ALWAYS STAY SAFE
NEVER USE ALONE · CARRY NALOXONE
www.anypositivechange.org

Cook County Department of Public Health

How to use a fentanyl test strip

What do I need?

- ✓ **1 shot glass, half-filled with water**



You can use any small container. Little ketchup cups work well! Whatever container you use, only use about a half (1/2) a shot glass of water (15mL).

If you are testing a stimulant (like meth, cocaine, or MDMA) use a full shot glass of water instead.



- ✓ **fentanyl test strip**



- ✓ **very small amount of powder to test**

about the size of a match head or half a grain of rice



How do I use the strip?

- 1 Put the powder in the glass of water and swirl it until it is completely dissolved. (If you want to test something that isn't a powder, crush it first.)
- 2 Hold the solid blue end of the test strip and dip the other end in the water.
- 3 Hold the strip in the water for about ten seconds. You will know it's ready because the water will be sucked up into the white part of the strip.
- 4 Take the strip out of the water and wait sixty (60) seconds.
- 5 Use a bright light to look at the strip and count how many red lines there are. Even very light red lines count!



TWO (2) red lines means... **NO**, there is no fentanyl



ONE (1) red line means... **YES**, there is fentanyl

No drug is completely safe. Make sure someone is with you who can give naloxone (Narcan) or call for help if you need it.

- 6 Make sure you check the strip within ten minutes of doing the test. Throw the strip away when you are done.



If you want to know more about what's in your drugs, Chicago Recovery Alliance can help. Email drugchecking@anypositivechange.org or call 312-953-3797 for more information.



Project
ECH

University of Wisconsin

Cook County Department of Public Health

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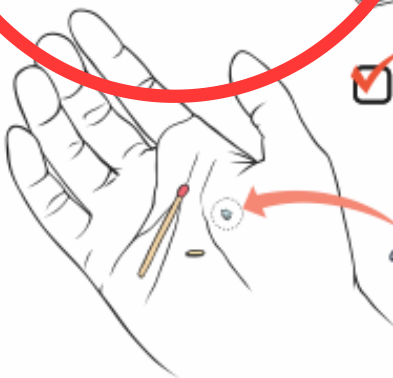


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about this much!

How do I use the strip?

- 1 Put the powder in the glass of water and swirl it until it is completely dissolved. (If you want to test something that isn't a powder, crush it first.)
- 2 Hold the solid blue end of the test strip and dip the other end in the water.
- 3 Hold the strip in the water for about ten seconds. You will know it's ready because the water will be sucked up into the white part of the strip.
- 4 Take the strip out of the water and wait sixty (60) seconds.
- 5 Use a bright light to look at the strip and count how many red lines there are. Even very light red lines count!



TWO (2) red lines means... **NO**, there is no fentanyl



ONE (1) red line means... **YES**, there is fentanyl

No drug is completely safe. Make sure someone is with you who can give naloxone (Narcan) or call for help if you need it.

- 6 Make sure you check the strip within ten minutes of doing the test. Throw the strip away when you are done.



If you want to know more about what's in your drugs, Chicago Recovery Alliance can help. Email drugchecking@anypositivechange.org or call 312-953-3797 for more information.



Project ECH

University of Wisconsin

How can I test my drugs for fentanyl?

There are three ways to test your drugs for fentanyl. Choose the option that works best for you.

Step 1: Choose your option.

Option 1

- Dissolve all the drugs you plan to use in water by following the instructions in **Step 2**.
 - This is the most accurate way to test your drugs since fentanyl is not always mixed evenly throughout. If you cannot test your drugs this way, try **Options 2 or 3**.
 - After testing your drugs this way, you can drink them, snort them using a clean nasal spray device or wait until the water evaporates to use them.



Option 2

- Finely crush your drugs on a clean surface.
- Put the crushed drugs in a small, plastic bag and shake the bag to mix them.



put your drugs to the side. A small amount of drug residue should be left in the bag.

- Add water to the bag by following the instructions in **Step 2**.

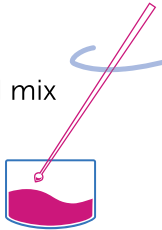
Option 3

- Put 10 milligrams (mg) of your drugs (enough to cover Abraham Lincoln's hair on a penny) in a clean, dry container.
- If you cannot test 10 mg of your drugs, put at least a few grains in a clean, dry container.
- Add water to the container by following the instructions in **Step 2**.



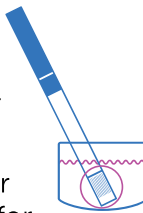
Step 2: Add water.

- Add water to your drugs and mix them up.
 - For **meth, MDMA and ecstasy**, use 1 teaspoon of water for every 10 mg of crystal or powder you are testing.
 - For **all other drugs**, use a half teaspoon of water.



Step 3: Use the test strip.

- Place the test strip with the wavy side down in the water. Let the strip absorb the water for 15 seconds.
- Take the strip out of the water and place it on a flat surface for two minutes.
- Read the results (see "What do the test results mean?").



From NYC Health

<https://www1.nyc.gov/assets/doh/downloads/pdf/basas/fentanyl-test-strips-brochure.pdf>

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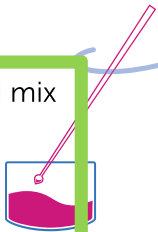
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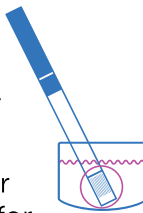
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Dissolve ALL drugs and let evaporate

Instructions for Testing the Residue Inside a Baggie

CAUTION: This is not the best method, because it is best to test all that you intend to consume each time you use (as described in "Best Method" on other side).

NOTE: If you are testing cocaine that is pressed into a rock, grind it or crush it up and put it in a baggie before following the steps below.

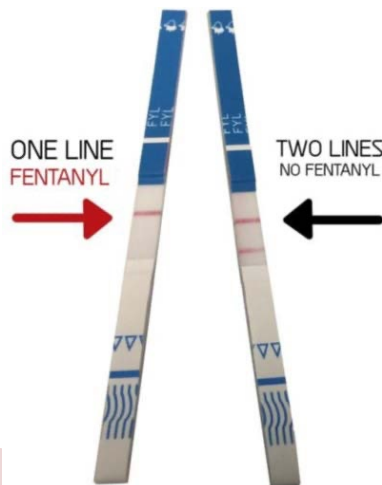
1. Shake your baggie, then empty the powder or crystals inside your baggie into a second baggie.
2. Fill the first baggie with ½ teaspoon of clean water and swish it around to dissolve the residue.
 - If testing meth or MDMA, you may need to add more water depending on how much residue is stuck to the inside of the baggie.
3. Pour the liquid-residue into a clean glass and add half a cup of water to dilute the residue.
4. Hold the blue end of the test strip and insert the other end into the residue liquid in the glass for 15 seconds.
5. Set the strip down on a flat surface and wait one to two minutes.
6. Read the results.

Instructions for Testing Residue for IV Drug Users

If you inject heroin or other drugs, you should test your drugs every time you inject.

The easiest method is to test the residue from your spoon or cooker:

1. After preparing your shot, set the needle aside and wait to inject.
2. Add about 1 ml (1/4 of a teaspoon) of clean water into the spoon or cooker.
3. Swish the water around inside the spoon or cooker.
4. Hold the blue end of the test strip and insert the other end into the liquid (no higher than the blue line) for about 15 seconds.
5. Set the strip down on a flat surface and wait one to two minutes.
6. Read the results.



Instructions for Testing Cocaine and Other Non-Injected Drugs (Best Method)

1. Place all the drugs you intend to use into a small glass or ceramic cup. **(Crush tablets and crystals into a powder.)**
2. Add water
 - Add 2 teaspoons of water per 100 mg of powder (~10 mg/ml).
3. Stir thoroughly with a clean spoon.
4. Set the spoon down.
5. Use another spoon to fill the residue spoon with clean water.
6. Hold the blue end of the test strip and insert the other end into the residue liquid in the spoon for 15 seconds.
7. Set the strip down on a flat surface and wait one to two minutes.
8. Read the results.

CAUTION: If you are testing meth or MDMA, add 1 teaspoon of water (~5 ml) for each 10 mg of crystal or powder to avoid a false positive.

Please help us by taking a private survey about fentanyl test strips:

Visit this web page

www.surveymonkey.com/r/5FN59MZ

Or use this QR code



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3. Pour the liquid-residue into a clean glass and add half a cup of water to dilute the residue.

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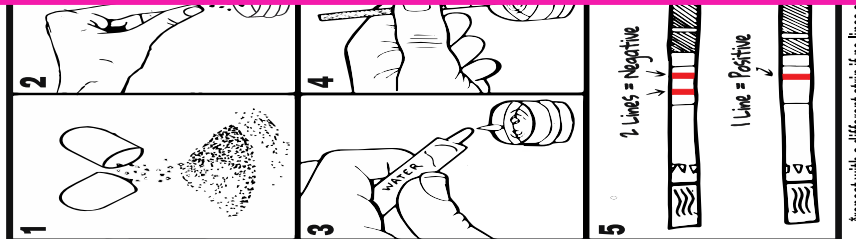


Vivent

Warning: Use at Your Own Risk

1. Prepare your shot in an unused cooker, load into a syringe and set it aside.
 2. Add 1/4 inch of sterile water.
3. Insert white end of strip into water for 15 seconds.
 4. Lay strip flat and read after 2 minutes.
 - One red line = Fentanyl detected
 - = two red lines = no fentanyl detected

FENTANYL TEST STRIPS GUIDE



1. Test residue in baggie or cooker, or a tiny amount of powder/crushed drug.
2. If testing residue, leave it in baggie or cooker. If testing crushed drug, put a tiny amount into a small container.
3. Add 1/4 inch clean water to the container, cooker, or baggie and stir to dissolve the powder.
4. Insert wavy end of the strip into the liquid **no higher than the blue line and hold there for 15 seconds.**
5. Put the strip down on a clean surface, and wait 5 minutes for result.

*Do not use with a different strain if no lines.

FENTANYL DRUG CHECKING STRIP

- 1 Put your drugs (grain of salt amount) into 30 mL of water (1 oz or size of a shot glass)
- 2 Dip the strip into the cup for **10 seconds**, no deeper than the wavy line
- 3 Wait 1 minute for red stripe to appear. Read within 10 mins of the test.



1 LINE: YES fentanyl **2 LINES: NO fentanyl**

Strips can't detect all types of fentanyl, such as carfentanil

REGARDLESS OF RESULTS, ALWAYS STAY SAFE
NEVER USE ALONE · CARRY NALOXONE

www.anypositivechange.org

More re: stimulants

City of Denver

https://www.denvergov.org/files/assets/public/public-health-and-environment/documents/cbh/fentanylteststrips_info.pdf

Testing MDMA or methamphetamine:

“There is no consensus on the best ways to reduce a false positive for fentanyl when testing MDMA or methamphetamine. Current guidance mentions the need to dilute the residue much more than is needed for other drugs, up to a half a cup of water.”

- ❖ Shards should not be used for drug checking. Only use residue.
- ❖ Dilute with up to a half cup of water.
- ❖ Hold the blue end and dip the other end into the solution for 15s.
- ❖ Wait 5 min to read results. After 10 minutes, results may not be accurate.

More re: logistics

▶ Legal issues

- Restriction on using federal funds to purchase FTS lifted by SAMHSA April 2021¹
- Many states consider FTS paraphernalia (inc WI) → possession can result in a felony charge

▶ Source

- Vivent is currently the only source in WI
 - (viventhealth.org for locations)
- Online vendors

<https://www.samhsa.gov/newsroom/press-announcements/202104070200>

More re: logistics

- ▶ Barriers for patients
 - Withdrawing
 - FTS supply
 - Safe space to test
 - Mental health
- As providers
 - Counsel on planning ahead
 - Counsel on testing strategies by substance
 - Counsel no amount is safe
 - Always have naloxone

Conclusions

- ▶ Fentanyl test strips are a harm reduction strategy
- ▶ FTS use may be associated with safer behaviors
- ▶ But, do they impact overdose?
 - In drug markets with high penetration of fentanyl
 - No evidence on overdose rates
- ▶ How to test stimulants is unclear
- ▶ No guarantee about analogs
- ▶ Waiting for legislation to exclude FTS as paraphernalia

Questions?
Thank you!

