



CUTTING EDGE HARM REDUCTION

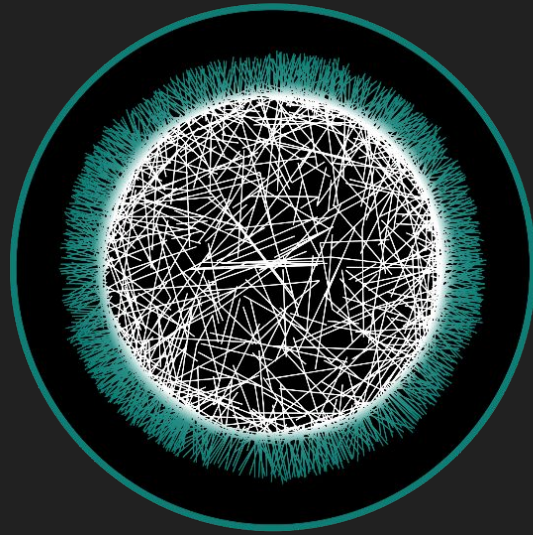
AMERSA conference

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STREET CHECK COMMUNITY DRUG CHECKING

Drug Checking in the **Care** of People Who Use Drugs

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of Medicine and Public Health*

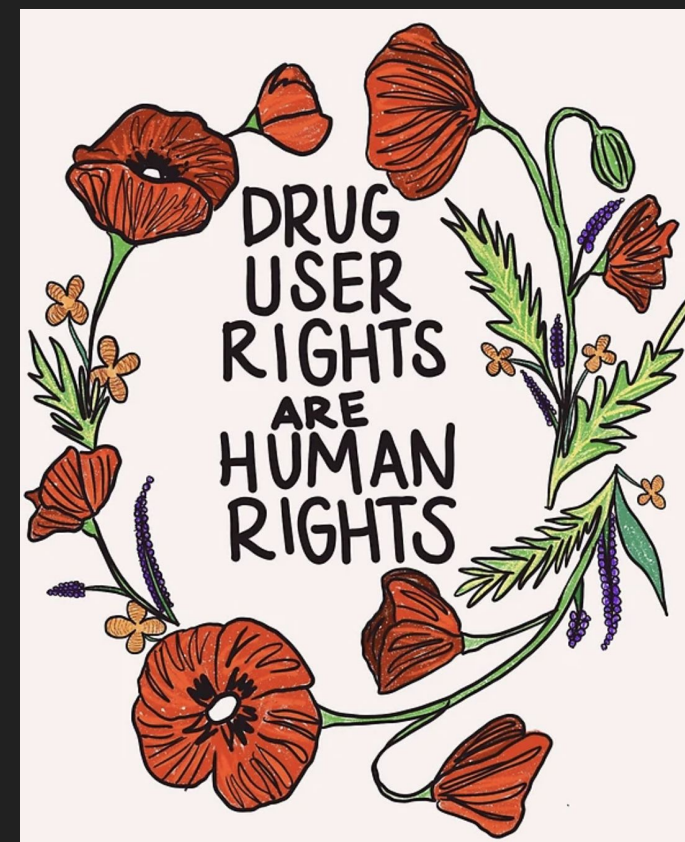
What is Drug Checking?

- Informs individuals what could be in their drugs
- Existed since the 70's
- Use a variety of testing tools
- Models include community-based, lab-based, and mobile
- Led by people with lived and living experience



Drug Checking is a **Harm Reduction Intervention**

- The illicit drug supply is unregulated, unpredictable and constantly changing.
- Drug checking helps people who use drugs better understand what substances are in the drugs they use.
- Until we have **regulated supply**, drug checking services can **help people make more informed decisions** about what they put in their body and **steps to be safer/reduce harms/have a better experience/increase desirable effects**.
- Drug checking is a form of overdose prevention education and promotes safety, survival, autonomy, respect and informed consent. This is harm reduction.



Art by Jamie Harary

Why we need drug checking

prevention





“The snail is like, ‘start low, go slow.’ And also, snails are vulnerable and exposed in some places, but also have this protective shell, and drug checking is one of our protective things that we can do as people who use drugs.”

Why we need drug checking

workforce

LOCAL

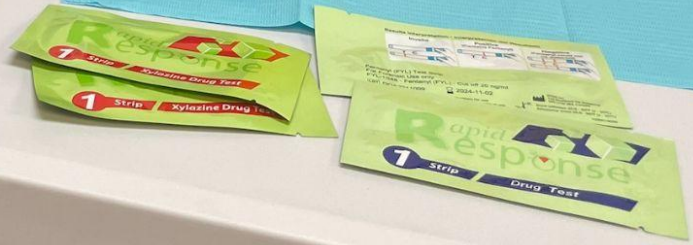
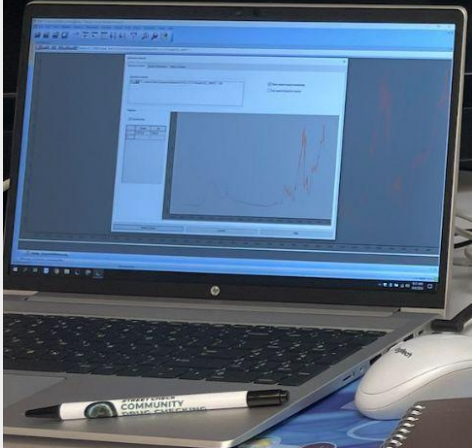
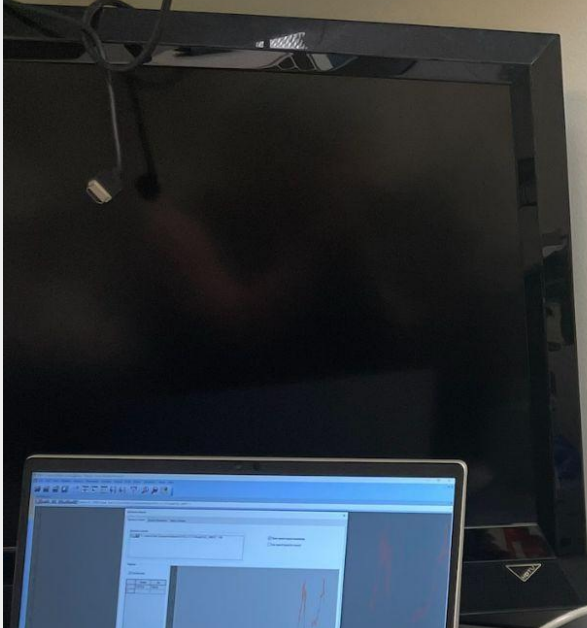
RHODE ISLAND

Hundreds of Cases Under Review After Potential Contamination at RI Forensics Lab

The situation involves potential false positive tests for cocaine at the Rhode Island Department of Health Forensic Chemistry Lab, according to the state's Attorney General's Office

By Thea DiGiammerino • Published March 17, 2023 • Updated on March 17, 2023 at 3:52 pm





Why we need drug checking

local information and monitoring



FENTANYL CONTAMINATION
BRATTLEBORO POLICE DEPT.

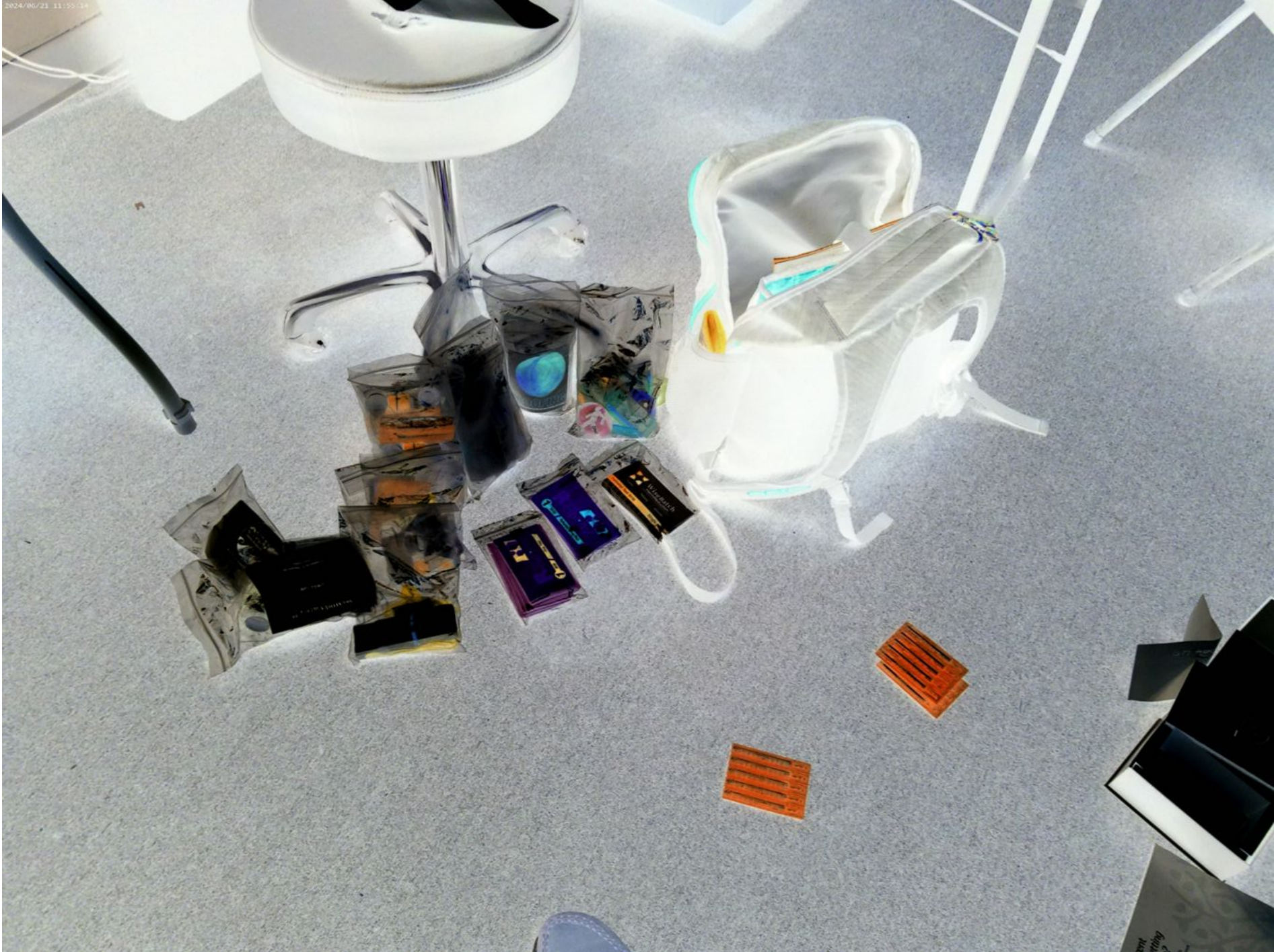
- ▶ Lab Results Returned From Marijuana Believed To Contain Fentanyl
- ▶ Showed No Contamination
- ▶ Brattleboro Police: Stay Aware, Know Your Source, History Of Drug You Consume





Why we need drug checking: **Bold Action** Needed





Why Drug Checking is **Important**

Autonomy and Empowerment

People who use drugs (PWUD) have a right to know what they are putting into their bodies. People are able to access this information with other substances like alcohol and cannabis

Reduce Potential Harms

PWUD can make more informed decisions about ROA, how much to use, where they will use, if they will use the substance. Individualized harm reduction counseling and safety planning are facilitate with drug checking

Drug Supply Monitoring

Contextualized information about what's in the drug supply enables harm reductionist to adapt their programs, strategies and services in real time

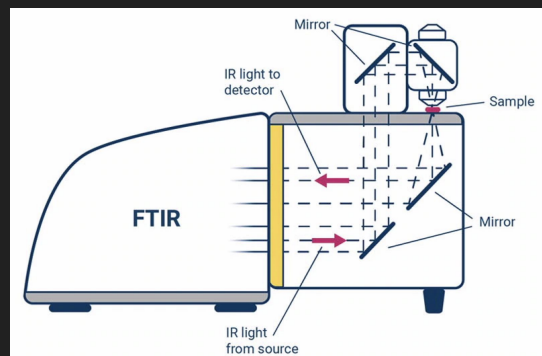
Working with Suppliers/ Upstream Impact

Suppliers want to know what's in their product. They don't want themselves, family, friends or community members to die because they used drugs

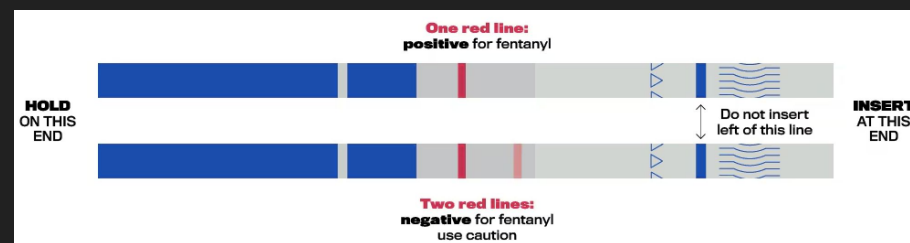
Drug Checking Process



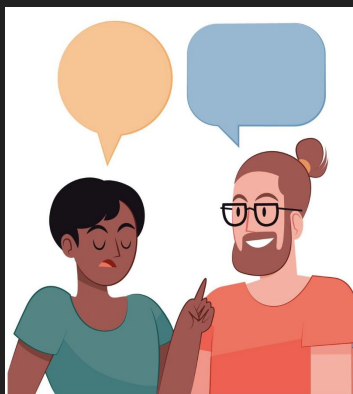
Sample / Data collection



FTIR / Mobile IR analysis



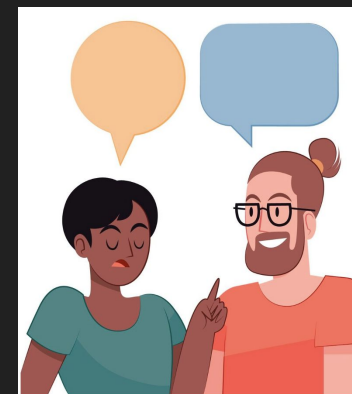
Immunoassay test strips



Deliver initial results w/ harm reduction counseling & safety planning



GC-MS or LC QToF
(external lab partner)



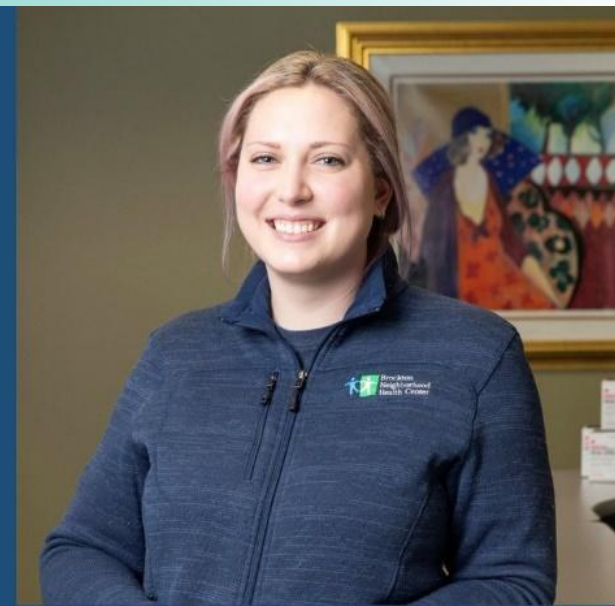
Deliver secondary results w/ harm reduction counseling & safety planning



“

Drug checking has been a powerful tool for those we serve to make more informed decisions around their drug use and health, and also for us as harm reduction and medical providers in order to better adapt and tailor the care we provide.

”



Allyson Pinkhover, Director of Substance Use Services, Brockton Neighborhood Health Center

Drug Checking WORKS where YOU WORK:

Mobile and Stationery Sites

Housing sites/Low-barrier shelters

Harm Reduction Programs

Overdose Prevention Centers

Stand-Alone Site

Community Health Centers

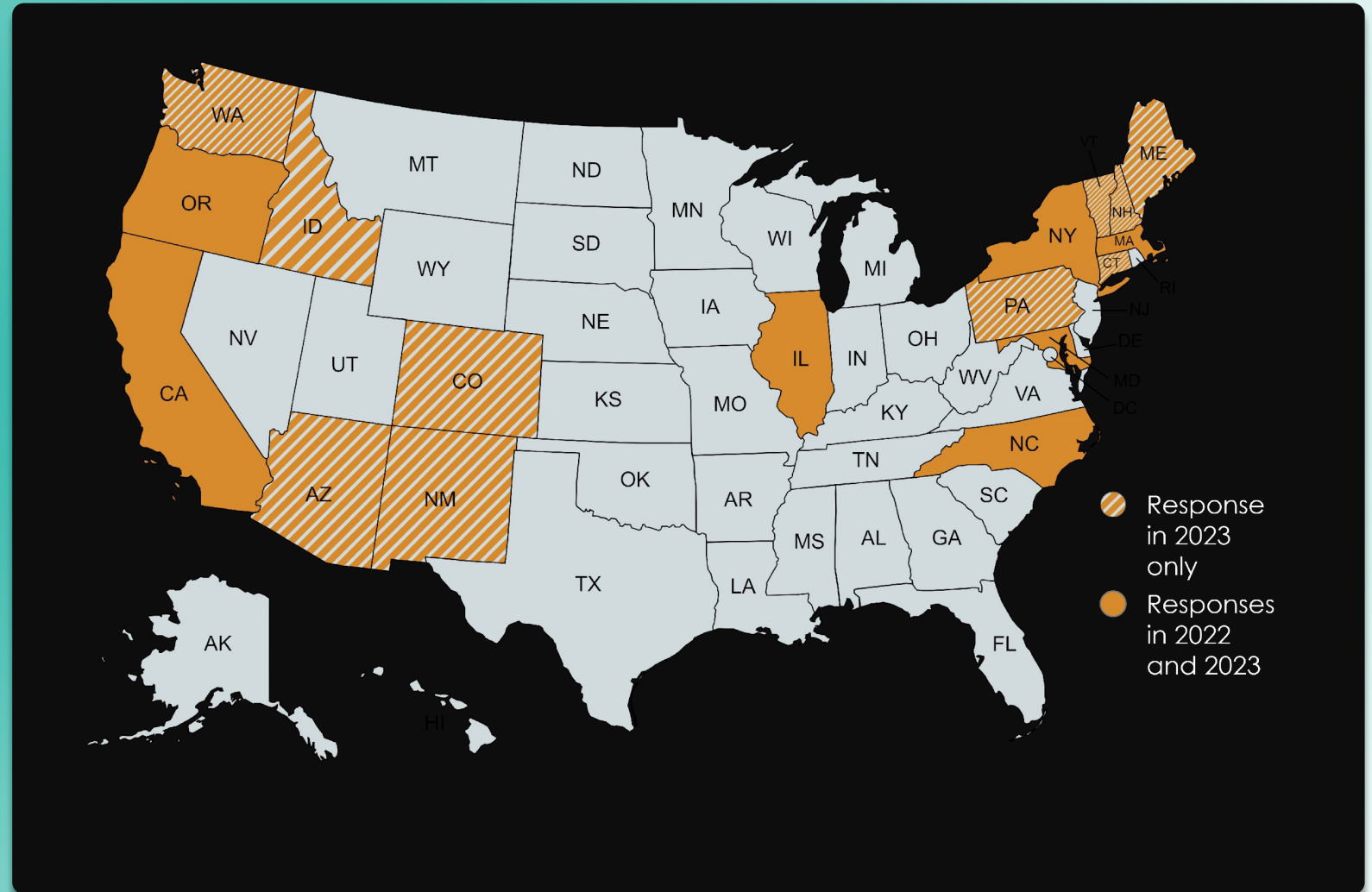
Methadone Clinic

Public Events

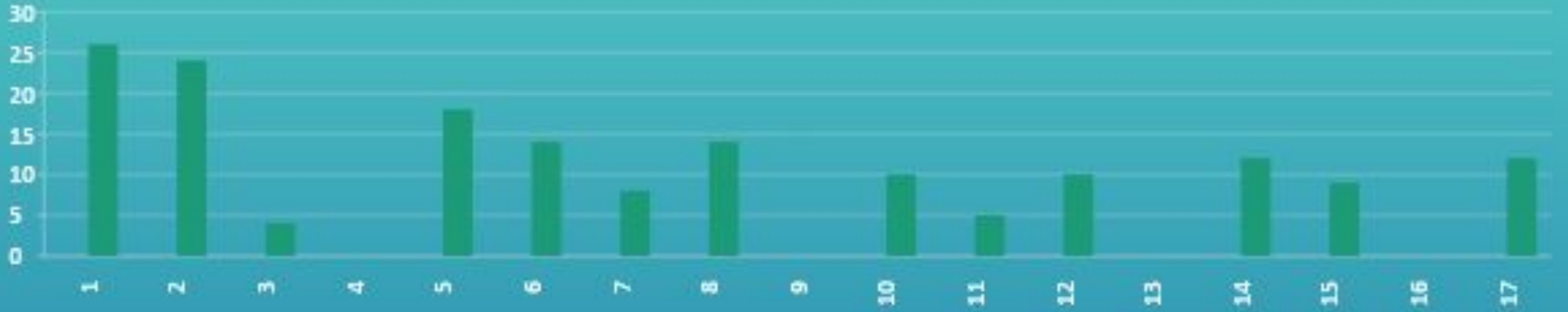
Annual Drug Checking Survey

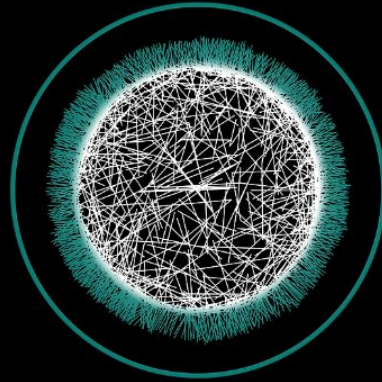
2022	2023
16 Responses	36 Responses
3 Countries <ul style="list-style-type: none"> • US • Canada • Mexico 	5 Countries* <ul style="list-style-type: none"> • US • Mexico • Columbia • Peru • Chile
7 US States	14 US States

*Note: In 2023 a separate team conducted the Canadian portion of the survey



Drug Checking Program Offerings





STREET CHECK COMMUNITY DRUG CHECKING

[CLICK HERE TO VIEW DRUG RESULTS](#)

StreetCheck is an innovative community-partnered project to develop and standardize sample collection, analysis, and reporting for community drug checking programs. As the street drug supply is unregulated and unpredictable, community drug checking helps people who use drugs better understand what substances are in the drugs they use. The vision of **StreetCheck** streamlines community illicit drug sample collection through a free, web-based platform and app service, speeds up analysis of the samples, and makes it easier to communicate results back. The project began in Massachusetts, connects sites in the Northeast, and welcomes community partners throughout the country.



Drug Supply Trends We are Monitoring: Cocaine Purity

Record-breaking production worldwide

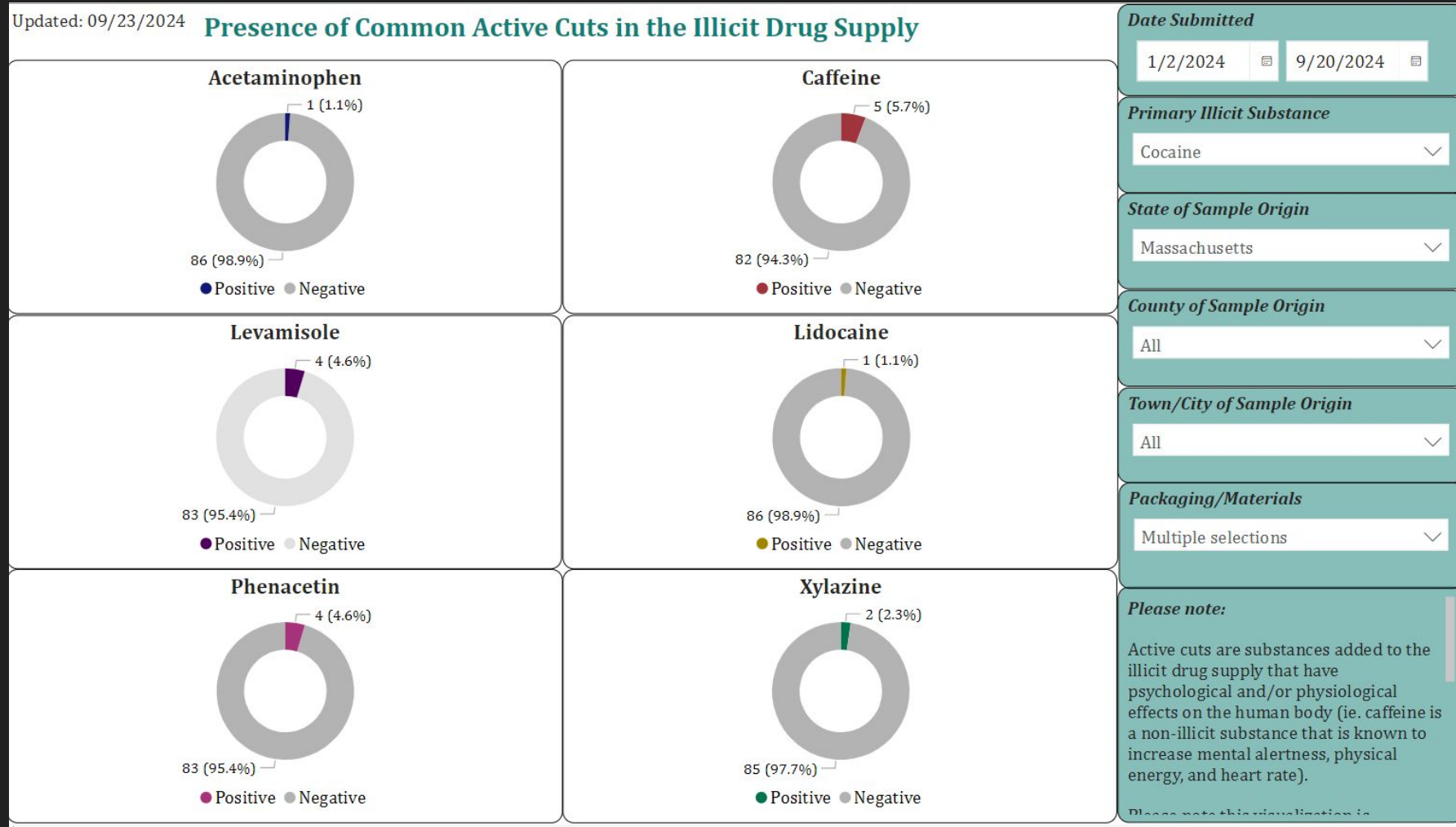
Dominant stimulant in New England, though methamphetamine rising

Purity very high, few cuts

Emergency dept visits for stimulant events rising

Common harmful cuts to be aware of: levamisole, phenacetin

*Heart health considerations

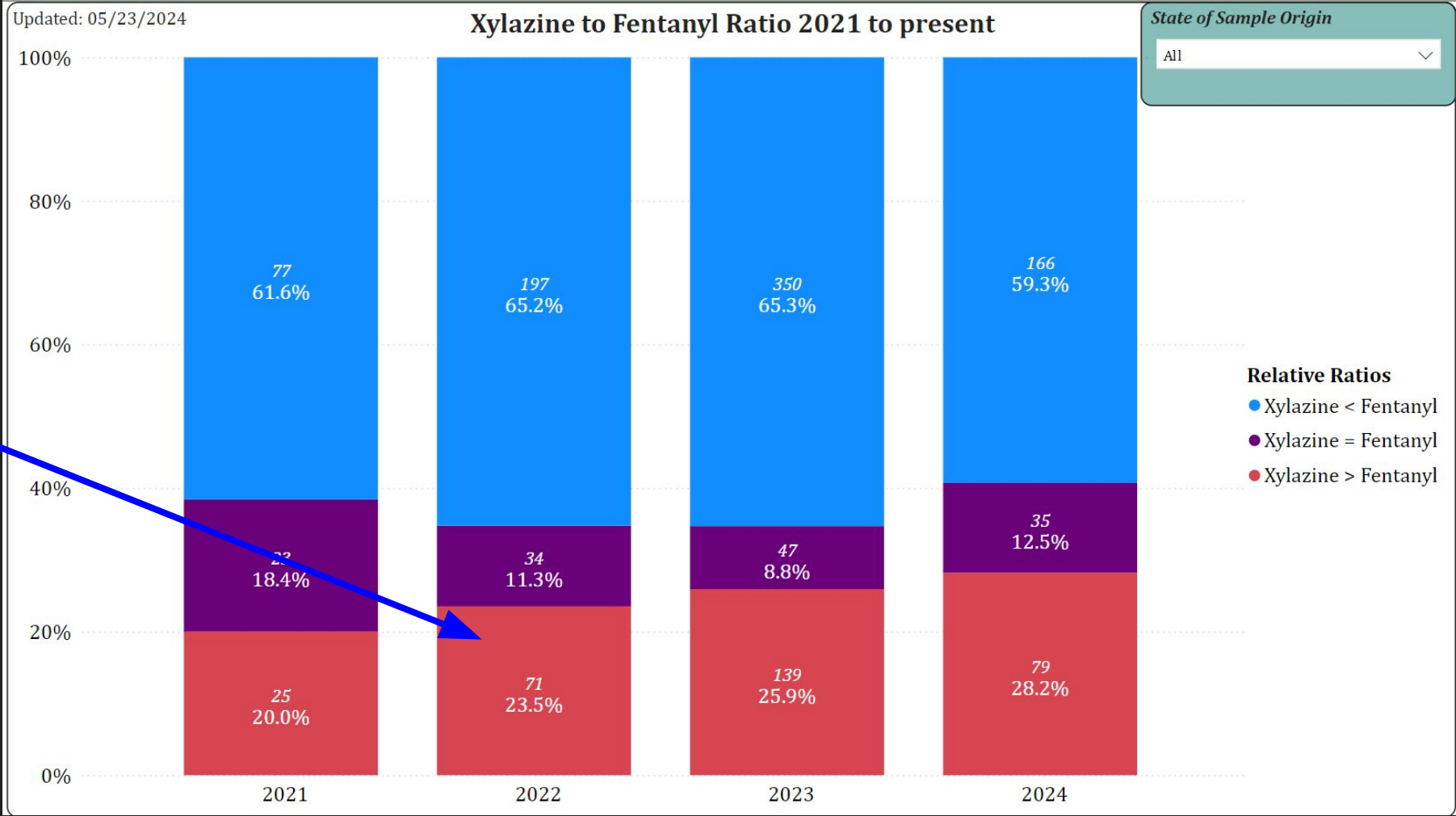


Drug Supply Trends We are Monitoring: Rising Xylazine

MADDS Samples:
xylazine appears with
fentanyl

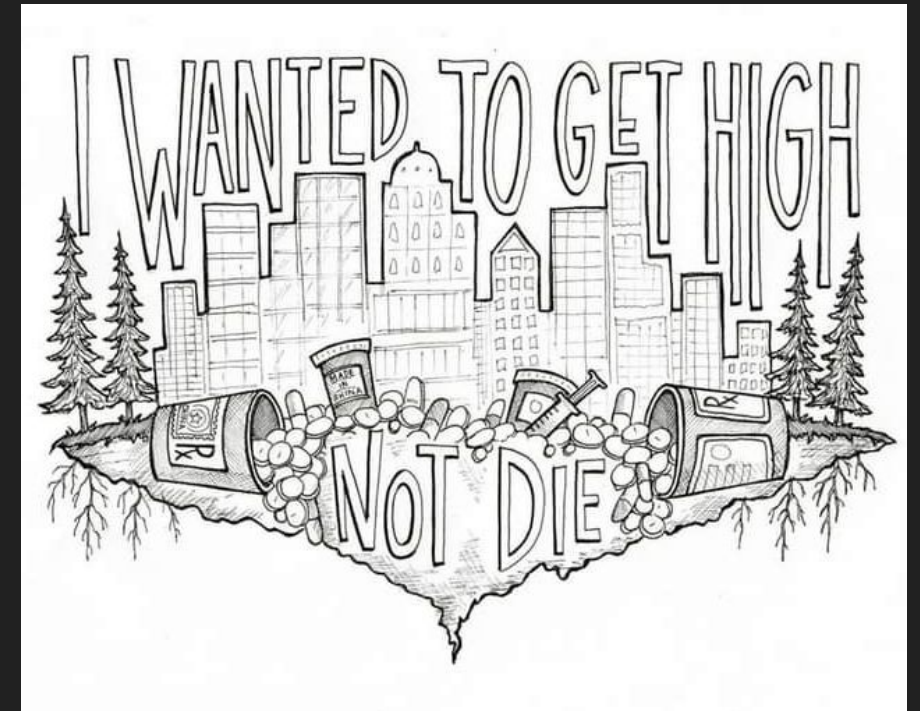
Typically in a lesser
amount compared to
fentanyl

Recently an uptick in the
amount of xylazine
present in samples



Using StreetCheck Data to **Engage with Patients**

- Inform patients of current trends in area and what they might see
 - Orient to specifics: packaging, color, smell, use experiences of others
- Use individual drug checking samples to tailor medical care to someone's supply
 - What is my patient actually taking? What different treatment strategy or care plan might we pursue with this information? What dose/regimen makes sense for their use? What other complications can be avoided with knowledge of the drug/level of use?
- Connect people to resources
 - What resources, supports, or medications should be considered now that I know what is in the drugs they are using?



Art by @brogan.draws

Recommended Harm Reduction Strategies

- **Start low and go slow** when using drugs that may contain nitazenes
- **Use with others** when possible so someone is there to respond in the event of an overdose
- If using alone, consider calling **Safe Spot at 1-800-972-0590**, someone will stay on the phone with the person using drugs and can call for help in the event of an overdose
- Carry **naloxone** (Narcan)
- Additional doses of naloxone may be needed, **wait at least 3 minutes** between doses of naloxone, give rescue breaths in between, and call 911
- High dose naloxone products containing >4mg of naloxone per unit are not recommended
- **Get drug tested** prior to use if possible for better informed **safety planning**

Incorporate Drug Information into **Patient Interactions**

- Talk about drugs and active use as it comes up in conversation, normalize it, have cultural humility
- Incorporate harm reduction counseling as you go
- Listen for **RED** flags in order to give harm reduction tips
- Listen for **GREEN** flags and affirm the harm reduction practices already in place
- Offer tips that are based on the individual's behaviors and situation vs. generalizations
- Gently correct any misinformation in a non judgemental way
- Be mindful of health literacy

**harm
reduction**

[noun]

*treating people with
dignity and kindness*

Art by StemCareers

Drug Checking Results Delivery–Example

Sold as dope
(fentanyl/heroin)

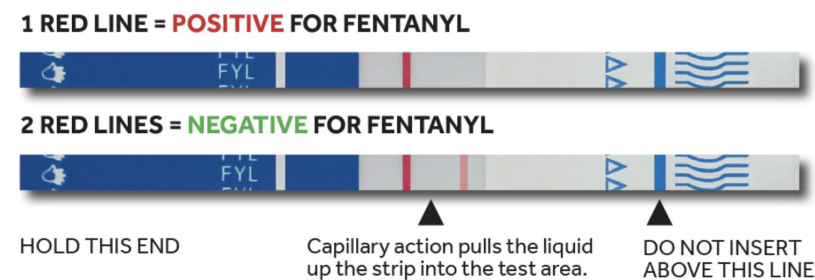
Stamp: Comatose

From: Berkshire County



FTIR Results		Lab Results (Relative Ratio) <i>DrugsData</i>	
Substance	Component	Active Component	Ratio
Xylazine	Major	Xylazine	120
Fentanyl HCl / Analogue	Minor	Fentanyl	25
Bromazolam	Minor	Bromazolam	10
		4-ANPP	5
		Phenethyl 4-ANPP	1

Strips ALL positive:
FTS, XTS, BTS



What do people DO with that drug checking information?

People who use drugs

Programs

Providers

Policy makers

How are Drug Checking Data used by: **Individuals**, **Programs**

Individual knowledge, behavior change

Keep info to self; destroy or titrate use

Use with others around, at home

Test at home with strips, re-learn testing (prevention)

Dissemination of information to peer network

Share what they learned with others

Encourage others to test

Teach others how to use test strip, call SafeSpot hotline, etc.

Better (safer) price/product—feedback to supplier

Get what you paid for, sell what you think

Labeling as “xylazine free” etc. to introduce choice

Buy-back/change contents

Self defense against “chemical warfare”

“She didn’t even sniff fentanyl”

Unexpected: Xylazine in fentanyl/crack

Verifying claims (“xylazine free”), disrupted market

Better care for people who use drugs

high endorsement of placing DCS at OTPs (81% in RI CUTS study)

Potential consent to share/discuss results with a provider of choice

DC data informs dose/plan to get better faster

Message and supplies tailoring to clients

Emphasis/messaging

Stocking of supplies

Developing tools if none exist

Dissemination of information to peer programs

Learning/practice community

Aligning training/delivery

Pool resources locally, regionally

Supplier/ outreach

Outreach to suppliers

Messaging to suppliers

More consumer feedback

Self defense against misinformation

“fentanyl in marijuana”

If you touch it...

“Xylazine is in everything”

Monitoring/Trends in service, drug supply

Communications at local level

How DCS is growing

Substances used by client at that site/locale

How are Drug Checking Data used by: **Clinicians**, **Policy makers**

Therapeutic alliance

More open dialogue

Build trust

Prescribe additional
needed supports

Patient advocacy

Better clinical care

Dosing starts

Dose adjustments,
supports

Test interpretation

Realistic tx plans

Clinical decision making

Contraindications

Discrepancies in testing,
effectiveness

More targeted clinical
testing

Case definition

New health
condition
identification

New adverse
reaction/ drug
interaction

Trends

Shifts in drug
characteristics

Common combinations
(known)

Common combinations
(unknown)

Active, inactive cuts

Comprehensive approach

Missing piece is drug
supply data

Allows for direct
investment in harm
reduction services

Verification

Check on drug seizures,
trends

Transparency in process

Evaluate need, response &
unintended consequences

Better Communications

More accurate, informed
communications

Less fear

Actionable data

Better Policies

Decriminalization of
DC, possession

NOT scheduling

Focused policies

What **you can do** to Support Local Drug Checking

Develop agreements/ change state laws to permit community drug checking

Contact local health department/academic/hospital lab for capacity to engage in testing public (non-clinical, non-forensic) submissions for public health, drug checking purposes

Partner with and support community programs in obtaining funding for drug checking equipment, training to use it, staffing

- **Opioid settlement funds, federal and state health dollars may be available to invest in drug testing**

If programs already exist in your state/local area, support their operations by referring people to their services and reinforcing the need for this information

Information can change minds and markets



Ivy (MADDS) and Alexi (Tapestry) providing mobile drug checking services from the back of a box truck in a parking lot in Holyoke, MA.



Massachusetts for Overdose
Prevention Centers

FACT SHEET

1981 | S. 1242

Overdose prevention centers:

- Save lives 
- Increase access to harm reduction methods 
- And link people to treatment 

petition of Reps. Dylan A. Fernandes, Marjorie C. Decker and others relative to preventing overdose deaths and increasing access to treatment.

FACT REALITY: MA OVERDOSE DEATHS CONTINUE TO RISE

at least 1,750 people died from opioid overdose in MA, and the rise each year. By 2021, the annual death toll had risen 30% at 290.

PH data shows widening racial disparities in overdose deaths. Overdose deaths of Black, non-Hispanic men increased 63% in 2021. The rate of drug overdose in Massachusetts every day is preventable.

Questions and Thank you!

Connect:

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www.streetcheck.org