The Role of Drug Checking and Other Harm Reduction Interventions in Responding to the US Overdose Crisis

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for Alcohol and Drug Misuse Prevention and Recovery

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Objectives

- Review the state of harm reduction programs in the United States
- Assess the role of drug checking as an evidence-based intervention to reduce overdose deaths
- Evaluate results from a recent pilot study of fentanyl test strip distribution in Rhode Island

What is harm reduction?

- Harm reduction refers to policies, programmes, and practices that aim primarily to reduce the adverse health, social, and economic consequences of the use of legal and illegal psychoactive drugs.

Source: Harm Reduction International
Harm Reduction is...

- Based on a strong commitment to public health and human rights
- Practical, pragmatic, and feasible
- Evidence-based
- Cost-effective
- Incremental

Source: Harm Reduction International

Syringe Services Programs (SSPs)

Syringe services programs (SSPs) are community-based prevention programs that can provide a range of services, including:

- Linkage to substance use disorder treatment
- Access to and disposal of sterile syringes and injection equipment
- Vaccinations, testing, and linkage to care and treatment for infectious diseases
- SSPs protect the public and first responders by facilitating the safe disposal of used needles and syringes, providing testing, counseling, and sterile injection supplies, also helps prevent outbreaks of other diseases.

Nearly thirty years of research shows that comprehensive SSPs are safe, effective, and cost-saving, do not increase illegal drug use or crime, and play an important role in reducing the transmission of viral Hepatitis, HIV and other infections.

Source: https://www.cdc.gov/ssp/index.html

Source: amfAR (11/03/2017)
Rise in fentanyl-involved overdose deaths in Rhode Island
Fentanyl Testing Programs

- Drug checking services are offered at supervised consumption facilities in Canada
- Rapid test strips detect fentanyl and analogs in urine or drug samples dissolved in water
- Fentanyl test strips are being distributed by harm reduction organizations throughout the US
- Lack of research on uptake and acceptability of rapid fentanyl test strips, particularly among young people

Some concerns…

- Designed as urine tests, will they detect fentanyl in drug residue?
- Are the results difficult to interpret?
- Risk of false negatives?
- Will young people use them?
- Will the tests promote harm reduction practices and reduce overdose risk?
Eligibility Criteria:
- 18 to 35 years old
- Currently living in Rhode Island
- Used heroin, cocaine, crack, crystal meth, or purchased pills on the street in the past 30 days

Our Study: Fentanyl testing, two ways

"Post-consumption"
- ARM 1 (n=40)
  - Fentanyl testing of urine only
  - Given 10 take home fentanyl tests

"Pre-consumption"
- ARM 2 (n=53)
  - Fentanyl testing drugs before use
  - Given 10 take home fentanyl tests

Results from the first visit
- Mean age was 27
- 56% identified as male, 41% as female, and 4% as trans, non-binary, genderqueer, or something else
- 56% identified as white, 15% black, 28% other/mixed race + 24% Latinx
- Half had ever injected, over 1/3 reported a prior overdose, and 2/3 had ever witnessed an overdose
- 93% of participants planned to use take-home test strips
- 99% of participants reported that it would be easy to use the test strips
Results from the first visit, continued…

<table>
<thead>
<tr>
<th>Agree</th>
<th>Disagree / Don't Know / Neutral</th>
</tr>
</thead>
<tbody>
<tr>
<td>65 (70%)</td>
<td>28 (30%)</td>
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Heroin and other drugs that are mixed with fentanyl took different than drugs that are not mixed with fentanyl.

I would like to be able to know if there is fentanyl in my drugs before I take them.

86 (50%)

Results from the follow-up visit

81 (87%) participants returned for a second visit

77% reported using at least one strip

50% who used one strip received a positive result

Behavioral change after receiving a positive test

After getting a positive result:
- 45% used smaller amounts
- 42% went slower when using
- 39% used with someone else around
- 36% did a tester shot
- 10% through their drugs out

Among participants who received a positive result:
- 68% reported a positive change in overdose risk reduction practices, compared to baseline responses ($p < 0.001$)
Results from follow-up visit, continued

Participants reported high acceptability of rapid test strips:
- 95% of participants were confident in their ability to use the fentanyl test strips
- 95% reported that it would be easy to continue to use the test strips
- 95% of participants wanted to use the test strips in the future

Participants reported that they would be most comfortable getting more fentanyl test strips at:
- Community health clinics (21%)
- Community-based organizations (57%)
- Pharmacies (22%)
- Needle and syringe exchange programs (49%)


But it’s (fentanyl) going to show up in the test, so it is kind of worth it. That’s what I’m saying is, you could save your life by using this. Or you could not use it and do what you’re going to do and be dead...I thought it came out positive, so I got rid of the fentanyl

20, urine testing group).

Everything was useful. Those tests opened my eyes, and it has saved my life, and I can gladly say I haven’t taken any more because I was glad I would say we definitely had more caution about if I had those two bags, I didn’t think what we were doing, like definitely a lot more ready for going to be here right now (Kris, something to you know, go wrong, I definitely like, would pace myself a lot slower with the drugs. And you know, it was like I said, it’s kind of sad to say but we were almost expecting an overdose or such. And so if that did happen, you know like at least somebody could be like, oh and jump on it and act fast (Respondent 22, white male, age 22, urine testing group).
Fentanyl infographics available at PreventOverdoseRI.org

Acknowledgements

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Objectives

- (1) Reconceptualize harm reduction as recovery pathway
- (2) Outline three approaches to FTS on 3 campuses
- (3) Provide relevant documents to inspire other campuses
Harm Reduction as Recovery

- **Recovery:**
  "A process of change through which individuals improve their health and wellness, live a self-directed life and strive to reach their full potential." (SAMHSA)

- **Harm Reduction:**
  "Any positive change." (Chicago Harm Reduction Alliance)

- Both are incremental, process oriented and hinge on individual agency, not abstinence, necessarily.

Example:

Single substance abstinence is common recovery goal on college campuses. Students may be seeking to refrain from using cannabis after problematic use. They may still engage in non-problematic use of hallucinogens. They might use FTS for this purpose. They are both achieving a recovery goal and engaging in harm reduction, simultaneously.

Why Campus?

- Fentanyl overdoses in RI may be increasing among non-SUD, non-opioid consumers who tend to be younger, in experimental patterns of consumption e.g. laced MDMA, Cocaine, Benzoi's.

See graph for overdose deaths by age group from 2014 to 2018.
Why Campus?

Overdose Deaths by Age Group, 2014 to 2018

Which Campuses Engaged?
- Brown University (medium private institution, 7K)
- Rhode Island College (medium public institution, 9K)
- University of Rhode Island (large State institution, 18K)
- Roger Williams University (small private institution, 5K)

Yet to be Engaged...
- Providence College (small private, Catholic, 4K)
- Bryant (small private, 3K)
- RISD (medium, private, Arts, 2.5K)
- Johnson & Wales U (large private, Culinary, 13K)

How did They Engage?

Brown:
- Brown Students for Sensible Drug Policy (SSDP) sought to purchase Fentanyl Test Strips from RICARES for campus distribution with University funding. The Student Affairs Office (SAO) rejected their use of University funds due to the program allegedly violating the Student Code of Conduct.
How did They Engage?

Brown:

- It is worth noting that the University believes they engage in significant harm reduction efforts despite not formally allowing naloxone and fentanyl test strips distribution by students for students.

RICARES approached President Christina Paxson directly to update her on fentanyl laced non-opioid drugs. Upon learning that a significant percentage of cocaine in Ohio contained fentanyl, President Paxson understood the seriousness of the problem.

The President was aware of the multi-million-dollar funding Brown School of Public Health received to conduct FTS testing (Dr. Marshall’s team). The SAO was not.

SSDP approached the Office of the President directly to coordinate a FTS program with the Office of Student Wellness. SSDP clarified that their group would not be testing drugs themselves but distributing the test strips with clear instructions on how to test.

Various departments within the university including the Office of the President are not on the same page. Proceed regardless.

Takeaways:

1. Establish the risk of fentanyl laced drugs for problem and experimental consumers
2. Work with any department or administrator who supports the work
3. Involve recovery organizations to combat the “pro-drug” misconception
4. Involve as many campus organizations as possible.

Brown wrote articles in the newspaper, and distributed surveys on FTS.

RICARES works with the Dean of Substance-Free Student Initiatives to support recovery.
How did They Engage?

RIC:

- RICARES and a URI student in recovery proposed an all-inclusive SMART (Self Management And Recovery Training) meeting on campus to the Counseling Department.
- Naloxone and FTS are being considered to attract more students to this SMART meeting pending University approval.

How did They Engage?

RWU:

- RICARES will distribute fentanyl test strips and naloxone to Roger Williams Health and Wellness Educators (HAWE’s) on the “Alcohol and other Drugs Team.”
- The HAWE’s are peer-educators interested in harm reduction on campus who offer education and groups for other students.
- The Director of Health Education who supervises the HAWE’s has only expressed support for the program. We will proceed as if the administration supports the work... and ask permission later if it comes to that.

How did They Engage?

Recap

- Brown: Students for Sensible Drug Policy + Office of the President
- URI: Counseling Department + Student in Recovery
- RIC: Guest Lecture Series + RICOvery Student Group
- RWU: Health and Wellness Peer Educators: Alcohol and other Drugs team
Supporting Documents

- Brown SSDP Article in Student Newspaper:
  https://www.browndailyherald.com/2019/10/17/my
  n-20-mcintyre-admission-reverse-ban-drug-
  checking-program/
- Brown SSDP Drug Checking Proposal:
  https://docs.google.com/document/d/1IsSTi-
  jXG_4Q29s5s80M1QXr6eL4zIQKtueiLo/edit#u
- RIC Coast Lecture Series Application:
  https://drive.google.com/file/d/1COXG
  _0uJbe8ZvNv
- URI SMART Recovery Flier: (draft, not for official use)
  https://drive.google.com/file/d/1FUQ1ahqdbLq1jV
  Hzf49z0z4K5y824Q5/view?usp=sharing

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