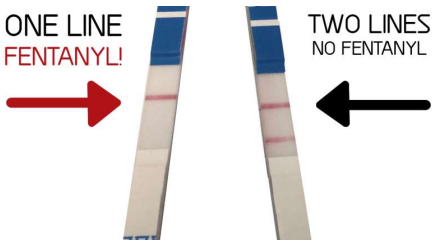
Test that Shit:

A drug testing pilot project, Winnipeg



Meeting the Moment, Nine Circles

Street Connections/Healthy Sexuality and Harm Reduction, WRHA

Main Street Project

2022

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Background and Introduction

People who use drugs (PWUD) in Winnipeg have reported changes to the availability of substances since the onset of the COVID-19. Anecdotal reports indicate price fluctuations and scarcity of methamphetamine (meth, crystal meth) with more street opioids available than before. In 2020, the Office of the Chief Medical Examiner reported 372 drug-related deaths in Manitoba. Most of these deaths were linked to opioids (CBC News 2021a). This number was topped in 2021 when 407 deaths were announced (Malone 2022). In comparison, the number of opioid related deaths was 187 for all of 2018 and 191 for 2019 (CBC News 2021b). Additionally, data from Winnipeg Fire and Paramedic Services (WFPS) on services where naloxone was administered almost doubled from 1403 calls in 2019 to 2684 calls in 2020. In 2021, 2737 calls were reported (see, City of Winnipeg Open Data Catalogue) (see fig 1).[1]

	2018	2019	2020	2021
Drug Poisoning Related Deaths (MB)	187	191	387	407
Emergency calls where Naloxone was administered (WPG)	586	1403	2684	2737

Fig 1. Drug poisoning related death (MB) and Emergency calls where naloxone was administered (WPG)

Changes in the stability of Canada's drug supply coupled with what appears to be large increases in opioid-related harms this past year has led to calls for drug testing from harm reduction advocates and PWUD (Payer, et al., 2020). Over the past few years, drug checking services have become a more common harm reduction service across Canada. The use of robust drug checking services involving spectrometric analysis are becoming available to people who use drugs (for an analysis of drug checking technologies, see Kerr and Tupper, 2017). While interests towards making similar services available in Winnipeg have been raised across services and government levels, this project was intended to generate some insights about the feasibility and efficacy for PWUD to use fentanyl test strips (FTS) to test their drugs in Winnipeg.

[1] City of Winnipeg Open Data Catalogue, Narcan Administration by Winnipeg Fire and Paramedic Services. See, Narcan Administrations | Open Data | City of Winnipeg

The use of fentanyl test strips to test one's drugs is considered "off label" as the strips were designed to detect fentanyl in urine for forensic purposes. They require that a small amount – equivalent to the head of a matchstick – of the substance to be tested be mixed with 30 mL of water prior to use to detect the presence of fentanyl or a number of its analogues.

These portable strips are used and/or distributed at numerous harm reduction sites across Canada (see, drugchekingbc.ca). These strips are highly sensitive and specific at detecting fentanyl and/or analogues (Green, et al., 2020), and studies in North America with FTS indicate that PWUD are willing to alter drug use behavior when unexpected fentanyl is found in their supply (Goldman et al., 2019; Sherman et al., 2019). Still, the literature alerts of gaps with regards to the acceptability and feasibility of FTS as a harm reduction tool (McGowan, Harris, Platt, Hope, & Rhodes, 2018). A systematic review of drug checking services concluded that these services are a viable public health intervention that needs to be tailored to meet the needs of local communities (Giulini et al., 2021). Finally, at the time of the pilot, to the authors' knowledge, no peer reviewed, published studies exist that speak to the use of FTS in a market where methamphetamine dominates. However, a recent publication on the use of FTS among people who use stimulants in a US city showed that FTS were desirable and helpful (Reed et al., 2021).

Purpose

The purpose of this project was threefold:

1. Assess acceptability of Take-Home FTS use among people who use drugs in Winnipeg, Manitoba;
2. Determine a rough estimate of the presence of fentanyl in Winnipeg's illegal drug supply, and;
3. Determine if Take-Home drug testing results affect an uptake in safer drug use practices among PWUDs.

Research Questions

1. What is the proportion of unexpected fentanyl contamination in samples tested?
2. Does detection of fentanyl lead PWUD to adopt safer use habits?
3. How acceptable are FTS among PWUD?
4. What do PWUD identify as barriers to FTS distribution and use?

Methodology

Take-home FTS distribution and evaluation consisted of the documentation of FTS distribution and the use of a short two-part survey that participants completed after using the test strips. The first part of the survey was completed by the participant at the time of the use of the FTS, and a second part of the survey to be completed with trained harm reduction staff upon returning to the distribution site to report results of the FTS.[2]

Anonymous FTS distribution and data collection occurred in the Spring 2021 at three sites: Nine Circles Community Health Centre, Healthy Sexuality and Harm Reduction (HSHR), and Main Street Project (MSP). These locations were chosen because they distribute the bulk of harm reduction supplies in Winnipeg Manitoba, through diverse modalities such as mobile and/or fixed sites, their willingness to participate and because training of staff and distribution can be offered to this project in kind. Each site received 50 FTS kits for distribution.

Each person presenting for or seeking harm reduction supplies or take-home naloxone kits at a participating site was offered the opportunity to join the project. If interested, trained staff conducted a short education session along with information about the project in a private location where participants were able to ask questions. If people decided to participate, verbal consent was obtained at that time (Appendix A).

Project participants who sat through the education session were offered a $5 gift cared after participation regardless of whether they chose to take part in the project. If a person wished to participate, they received a package containing 2 BTNX fentanyl test strips[3], 1 bottle of water, 1 plastic cup, 1 infographic instruction poster (Appendix B) and one survey questionnaire. The infographic poster includes information both on how to use the FTS and some safer consumption tips for people who use substances.

Then, participants took the test kit to where they wish to prepare their substances and followed the instructions on the infographic.

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[2] The design of the project was developed after consultations with the Harm Reduction Coordinator at BC Interior Health. BC Interior Health had been part of a larger pilot project on the implementation of Take-Home Drug Checking in British Columbia in 2019. At the time of the consultations, very limited distribution of FTS kits were distributed to clients and community partners (see, Take-home drug checking strips available through Vancouver Coastal Health - Vancouver Coastal Health (vch.ca); Klaire, et al. 2022).

[3] The test strip used was the Rapid Response ™ Fentanyl (FYL) Forensic Test Kit, FYL-1S48-100. For more information, see t BTNX | Harm Reduction

Participants then would fill out the initial survey and brought it back to the distribution site. This survey asked participants to name the drug they intended to purchase, and document if fentanyl was detected by FTS. Once back, they could choose to participate in the second short survey where questions about any changes in drug use and overall acceptability of the product were asked (Appendix C). Those who chose to complete this part were provided with a $10 gift card.

Additionally, a Peer Advisory Committee was consulted to provide feedback on the design and results of the study. For the purpose of this study, peers are people with lived or living experience of substance use, and provide an essential perspective to studies involving PWUD.

Sample of Participants

While all FTS kits (N=150) were distributed only about a third of the participants returned to a site to complete the survey. In all 52 (34%) completed surveys were received.

In order to keep data collection to a minimum, the only demographic characteristic sought out was age. The average age of respondents was 39. The age of respondents ranged from 22 to 65 years of age, with 59% of respondents being under 40 years of age.

Limitations

While most participants would have returned to a site for harm reduction supplies, they may have lost or forgotten their surveys. Over the course of the study a few participants appeared to have used the FTS immediately within the washroom facilities of the building. In other cases, they had not completed the survey when returning to the site, requiring staff to assist with the full completion of both surveys. At that time, participants had to recall the results of the test.

Anonymous distribution may have led to one participant having returned for more FTS and potentially responding to the survey more than once.

As high concentrations of methamphetamine in water may lead a false positive (Lockwood, Vervoordt, and Lieberman 2021) it is possible that distribution of FTS would inadvertently lead to some PWUD inaccurately believing that their substance was contaminated with fentanyl or one of its analogues. The possibility of a false positive result was communicated with PWUDs as part of the pilot. Education was provided for participants to understand the risk that their drugs may be contaminated, along with some harm reduction tips for reducing associated risks.

Findings

Fentanyl Test Strips Results

A wide range of substances were tested using a FTS. In 57.5% of the surveys the substance tested was crystal methamphetamine (meth), this was followed by 17% of responses that indicated having tested opioids (i.e., “down” or “fentanyl”). The rest of the substances tested were “unknown” (9.5%) other stimulants or mix of stimulants and opioids, and cannabis, and benzodiazepine (Fig 2).

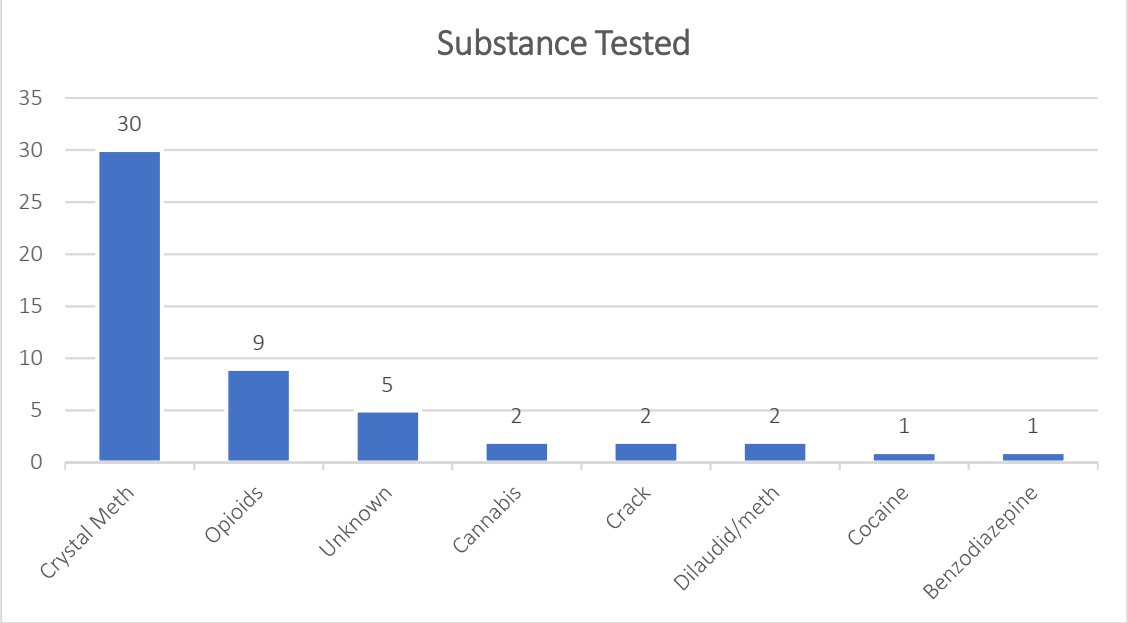

Fig 2. Substances participants reported to be testing

Presence of Fentanyl

Most of the drug sample tested were reported to have been negative for fentanyl (63.5%). 19% of the samples were reported to be positive for fentanyl. Among the rest a handful were reported as inconclusive (5.5%), and data for the others was missing (Fig 3).

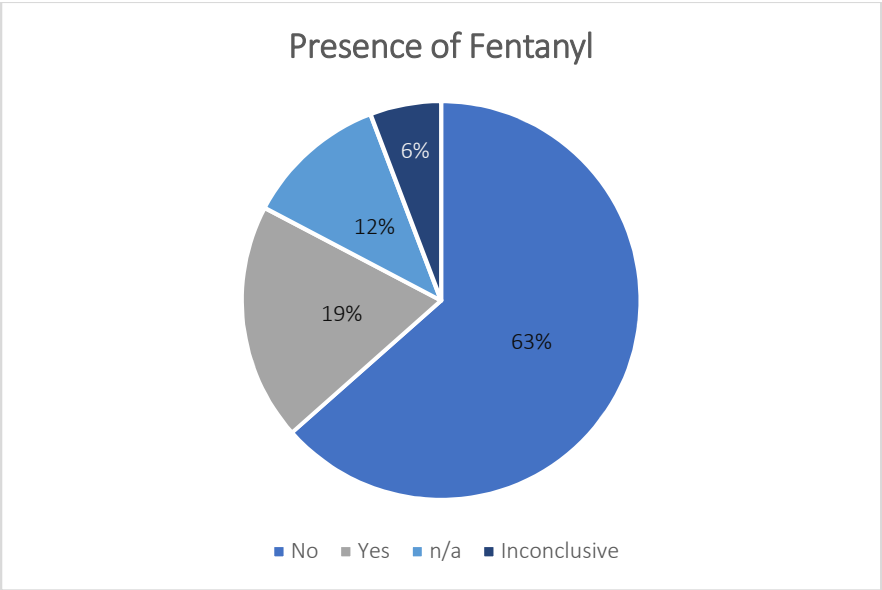

Fig 3. Presence of fentanyl in drug tested.

Expected Results

The majority of participants did not want fentanyl (83%). However, 15% did desire fentanyl, most of whom had purchased and tested "down" or fentanyl. Among those who found their sample to have tested positive, most (7 out of 10) desired a positive Fentanyl result. The remaining respondents who found fentanyl in their samples (3) did not desire fentanyl in their drugs. In all 3 of these unexpected or unwanted positive samples, the respondent had tested crystal meth. Further, one participant desired fentanyl but the strip result was inconclusive.

Changes in Safer Drug Use

While most that found a positive result for fentanyl did not change the ways in which they used their drugs, the 3 participants whose samples unexpectedly tested positive for fentanyl reported that they planned to adapt their use to use more safely. One stated they would **use less**, one reported they would **dilute more with water**, and one **did not use** their sample.

Additionally, 8 participants whose sample was negative for fentanyl reported that if the strip had tested positive for fentanyl, they would not have used it.

Acceptability of FTS

Overall, the FTS were **very acceptable** to study participants. 94% of respondents indicated that they would **use a FTS again**. The same proportion would **tell their friends** to use FTS. One participant reported that they had already told many friends – they stated "there should be more tests for drugs I lost 3 friends already once almost myself!"

General themes of positive feedback for the FTS were:

- knowing what they are consuming;
- helping to keep people safe from drug poisoning;
- assessing that they would not get "ripped off" (receiving the drug you purchased).

There was also positive feedback for helping the community. One participant suggested that "If you are able to get enough people to participate that would be good for maybe lessening the fentanyl substance in the communities". There was interest in knowing whether people could access more than one FTS, and on how to access this harm reduction supply consistently.

Barriers to FTS Use and Distribution

Most participants (83%) indicated that they liked the FTS. However, there were a few respondents (17%) who did not like the FTS. These were found across substances tested. Still, some of these respondents also indicated that they would use a FTS again. In fact, two third of these respondents also indicated that they would use FTS again. A similar proportion also said that they would tell a friend about FTS.

Some participants reported running in some difficulties reading or interpreting the FTS results, and having to request clearer instructions. For instance, a participant did not recognize the sheet of instructions in the kit when returning for additional instructions.

From staff's perspective, it was not uncommon having to explain several times how to use the strips. In a few cases the participants would have wanted to have their drugs tested in front of the staff

> "Needed information on how to use the test strips, 'cause I forgot how long to keep it under water."
>
> "It was difficult to see the results. Perhaps if the strips were prehydrated, dip the strip into the source then see the results?"

to ascertain a good reading of the results. One participant also indicated interest in knowing the amount or percentage of fentanyl in their sample.

Further, in two occasions where the test resulted inconclusive, the respondents indicated that they wanted to have access to more FTS to re-test their drugs.

Discussion

Overall, there was interest and uptake on the use of FTS among program participants across participating sites. The use of FTS was acceptable among participants returning their surveys to participating sites. The age range of participants also suggest that FTS are acceptable across a wide age-range.

This project showed that with most survey participants having tested their crystal meth for fentanyl there appears to be an interest in learning of the presence of fentanyl in their meth. This appears to suggest a high interest for the use of FTS among people who use stimulants (see, Reed et al., 2021). Most respondents did not want fentanyl in their drugs. However, most of those testing opioids desired a positive fentanyl result, and as such indicated no changes to their drug use practices on receiving a positive result. Those who tested their meth and unexpectedly found fentanyl did change their drug use practices. Although small in sample size, drug use changes among these participants included discarding, diluting or reducing their dose. These changes in drug use were consistent with changes found in other research (e.g., Klaire et al., 2022; Oh et al., 2020). Further, a systematic review of drug checking services indicated that disposal may be more common when results are unexpected (Maghsoudi et al., 2021).

The use of FTS was also used to gauge what had been sold to them. Although this finding suggests an interpersonal-type approach to drug "quality control;" in a criminalized and unregulated drug market, drug checking has become a drug market monitoring tool (Tupper et al. 2018).

At the time of our project there was limited evidence on the use of FTS in meth-driven markets. However, as stimulants may be combined – intentionally or not – with opioids, FTS may become a harm reduction tool for those who use stimulants. A recent study into concentration and dilution of drugs when using FTS showed that high concentrations of stimulants could cause false positives (Lockwood, Vervoordt, and Lieberman 2021). This suggests that the deployment of FTS as a harm reduction tool has to account for these

findings in their messaging with harm reduction program participants. In our project we instructed participants to use 30ml of water to dilute the drug sample. Lockwood, Vervoordt and Lieberman (2021) suggest that the samples be diluted at least in 50ml of water to prevent false positives from occurring.

That a number of participants used it to test their cannabis also indicate a need for improved messaging with clients. FTS are only to be used with synthetic drugs.

Overall, this project allowed for the distribution of FTS and for engaging with program participants accessing harm reduction supplies into a conversation on the local drug supply, drug toxicity, and prevention strategies for drug related harms (see also, Glick et al. 2019).

Conclusions and Recommendations

In spite of efforts to secure drug checking technology as part of the local drug poisoning/overdose response, harm reduction services have not been able to procure funding or approval for drug checking services. With no other point-of-service drug checking services in Winnipeg, the distribution of fentanyl Test Strips was piloted with the objective of understanding their effectiveness and acceptability among participants seeking harm reduction supplies at a few centrally located sites.

FTS were acceptable among those fully participating in this project. It was also found that the use of FTS influenced the drug use behaviour of a few participants who found fentanyl in their drug sample when this was not expected or desired.

Although most participants indicated that they liked this tool, and that they would use it again, we noted a few shortcomings with regards to the instructions provided and interpretation of results among some participants.

In all, FTS has important limitations, including the risk that fentanyl may still be present in people's drugs even when they use a test. This is due to the strip only testing a small portion from their sample – because fentanyl is so small it may be intermittently present in an area that did not happen to be tested, and may be missed. However, FTS is becoming a common harm reduction tool with increased acceptability.

FTS are a useful engagement tool as it assists in discussions over what is available in the current drug market with a focus on toxic contaminants, and drug use practices that could help mitigate negative outcomes of drug use. It could also increase overdose prevention discussions with non-opioid users, including the offering of naloxone training.

The Peer Advisory Committee indicated that providing higher monetary compensation, or a unique gift bag for completion of the study could have increased participation in the second part of the study. The committee also echoed the feedback of the study participants: drug checking should be readily available for use as a harm reduction tool in Winnipeg.

Recommendations

In absence of access to drug checking services in Winnipeg, a low-technology device such as FTS may provide opportunities for an improved overdose and drug poisoning response in a context of increased drug harms.

In harm reduction services, FTS should only be given with the assurance that service users know how to do the test and fully understand the limitations of this tool. In an ever-changing market of synthetic drugs, opioids are constantly changing. It is possible that this could lead to false negatives, and therefore undeserved senses of security. To implement this tool reliably as possible staff should be properly trained on how to conduct the test, and on the test limitations, including that the test does not tell the percentage of fentanyl in the sample or the presence of other drugs.

Instructions should pay attention to the fact that false positives could occur, in particular within Winnipeg's meth-driven market. FTS could be a useful tool for people who prefer stimulants, as they may not be familiar with opioids and overdose prevention strategies (e.g., carrying naloxone).

This project also showed a high interest on the use of FTS among people who use crystal methamphetamine. As participants may have been concerned about the contamination of their substance, harm reduction programs need to offer naloxone to all their participants and not only to those who commonly identify as taken opioids.

Finally, it is important to continue to advocate for robust drug checking technology to be available in Winnipeg which can mitigate the limitations of the FTS.

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APPENDIX A

nine circles
COMMUNITY HEALTH CENTRE

Test that Shit! Take Home Drug Checking Project Consent Form

Script for verbal consent

Invitation to be part of the Pilot Project

This project is being done by Nine Circles Community Health Centre in partnership with Healthy Sexuality and Harm Reduction/Street Connections, Main Street Project, the MACH Peer Leadership Group, and the University of Manitoba (Dr. Souradet Shaw). The project will help us understand the use of fentanyl test strips as a harm reduction tool in Winnipeg. You are invited to take part of the project.

What the Project is about

The purpose of this project is to assess the uptake and results of the use of fentanyl test strips distribution among people coming for harm reduction supplies.

Use of Fentanyl Test Strips and Survey

If you agree to participate, you will receive a fentanyl test strip kit which includes 2 test strips, a cup, water, instructions on how to use the strips and a survey to take home; and training on how to use the test strips. You will receive a $5 gift card at that time.

Then, you will use the test strips whenever you need to and complete the survey after you use each strip. The survey you take home asks you to record the test result (positive/negative), and the name of the drug that you were testing. Once you have used all the test strips you would return the survey. At that time, we will also ask a few questions about your experience using the test strips. When you come back, the follow-up survey will ask you of reasons for using the test, if you used the test before or after using the tested drug, the location where you used the tests, any changes to the way you took your drugs as result of the test. This will take a few minutes. You will receive a $10 gift card for the time an effort for participating in the project. Your participation in the project then will be completed.

Protection of Information

Neither your name nor any contact information or other identifiable information will be put on any of the surveys.

Potential Harms, Injuries, Discomforts and Inconvenience

If you are upset by any question in the surveys or feel uncomfortable at any time, you are free not to continue as part of the project.

COVID Risk

We are following all current public health guidelines to prevent the risk of spreading COVID to you. You are free to choose not to participate if you feel the risk of COVID is too high.

Potential Benefits

Your help in this project and with the surveys is meant to help make harm reduction programs and services better for people who use drugs in Winnipeg.

Use of Data

The project and survey team will use the information from the surveys to improve services for people who inject drugs and to write reports and other public documents and to prepare presentations. You will not be identified in any way as these reports and documents will always refer to groups of people, never to one person.

Voluntary Participation and Reimbursement

Your participation in the project and the survey is entirely voluntary. If you decide not to do it, that is OK. It won't affect the services you seek or receive from any of the agencies involved in the projects. If you do the surveys, you may also decide not to answer certain questions. You can stop at any time. You will receive a $5 gift card at the time of the training of how to use the test strips, and $10 gift card when you return with the survey, and participate of the follow-up survey even if you do not answer all the questions. If you have any questions, please ask me now or at any time during the interview.

Rights of Participants

If you have any questions about your rights as a participant in this pilot project and survey please contact Kirsten Bourque, Project Coordinator, at (204) 599-0871.

This research has been approved by the University of Manitoba Bannatyne Campus Research Ethics Board. If you have any concerns or complaints about this project you may contact any of the above-named persons or the Human Ethics Coordinator at 204 789-3389. A copy of this consent form has been given to you to keep for your records and reference

Consent

Since this survey will not have your name or any contact information, you will not be asked to sign anything. Instead, by saying to me that you agree to take part in this survey, you are agreeing to take the fentanyl test strip kit and complete the survey on your own, and return to drop off the take home survey and for the follow-up survey. So, if you agree to participate:

	Yes	No
1. Do you understand that taking part in this pilot project and survey is voluntary?	☐	☐
2. Do you agree to participate?	☐	☐

APPENDIX B

Fentanyl Test Strip

Place a SMALL amount of your drug in a cup

Just a single grain

Add water to dissolve your drugs in the cup/cooker

If testing Meth/MDMA, add at least 30ml of water

Dip the fentanyl stick to the blue line

Hold for 15 seconds, or sing "Happy Birthday"

Place the stick on a flat surface and wait 1 minute before reading results

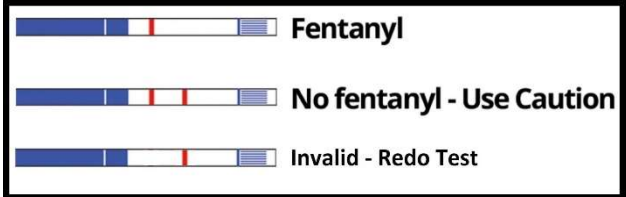

Image from: Perspectives on rapid fentanyl test strips as a harm reduction practice among young adults who use drugs: a qualitative study

Whatever your results are,
PRACTICE HARM REDUCTION

1. Don't use alone
2. Have a naloxone kit nearby
3. Always assume your drugs have fentanyl in them

APPENDIX C

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COMMUNITY HEALTH CENTRE

Survey Part I

Date: _____

How old are you? _____

What did you buy? _____

Did you test before you used? Yes _____ No _____

Was there fentanyl?: Yes _____ No _____ Unsure _____

Did you want fentanyl? Yes _____ No _____

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Survey Part II

Date: _____

If there was fentanyl, did you use it? Yes_____ No _____

If there was fentanyl, did you use differently? Yes_____ No_____

How did you use different?

_____
_____
_____
_____
_____
_____
_____
_____

Did you like using the strips? Yes ____ No_____

Do you want to use the strips again? Yes ____ No____

Would you tell a friend? Yes____ No _____

Any comments?

_____
_____
_____
_____
_____