

# Monitoring for fentanyl and novel psychoactive substances within Supervised Injecting Facilities

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## Background

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United States, drug overdose deaths\*



Source: Centres for Disease Control and Prevention





#### **Overview of surveillance methods**



#### **Testing anonymous urine samples**



#### **Results:**

- Ten waves of data collection, 911 tests, 2017-2021
- 17 positive (9 pharmaceutical fentanyl, 8 unexpected)

Limited evidence of unintentional fentanyl use among people who regularly inject heroin in Sydney and Melbourne







(2)

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## **Drug checking with fentanyl test strips (FTS)**



Testing of samples:

- Test wash in spoon after drawing up injection (before/after injecting)
- One page survey on experience of drug checking

#### **Results:**

- Limited demand initially
- Changed procedures to reimburse participants (\$10)
  - Completed 35 surveys at MSIC (Sydney only)
  - 2 positive samples sent for lab confirmation → both <u>false positives</u> (N.B. False positives common in urine testing also, in addition to results being misread)
  - Support for drug testing if completed after rather than before drug use (p=0.013).



## **Fentanyl Test Strips for Drug Checking**

Different context to festivals

 $\rightarrow$  Testing <u>AFTER use</u> for surveillance and to inform future purchasing

"When I arrive and I have my drugs it is unlikely I will stop for testing – all I want is to get it in. That is .. the priority" (Consumer)





## **Testing overdose equipment**



Where an overdose requiring naloxone occurs, equipment is sent to lab at to test what drugs were involved

59 overdoses (137 pieces of equipment)

#### **Results:**

- Fentanyl and other NPS were not identified
- Heroin (and expected contaminates/impurities from heroin manufacture) found in 59 samples
- 2 samples also had cocaine (trace amounts) on spoon (not syringe)



- Cocaine-Heroin-Morphine-Codeine
- Cocaine-Heroin-Morphine-Codeine-Adulterants
- Heroin
- Heroin-Morphine
- Heroin-Codeine
- Heroin-Morphine-Codeine
- Heroin-Morphine-Adulterants
- Heroin-Morphine-Codeine-Adulterants
- Heroin-Adulterants
- No Substance





#### Workshops

- Workshops identified low support for routine fentanyl testing currently (opportunity cost  $\rightarrow$  e.g. less time for other harm reduction activities at SIFs)
- Developed testing methods can be easily implemented if needed







## **Discussion: false positives**

Bayes theorem (or my bad explanation of its implications): When you test for something with a very low prevalence, and a relatively high false positive rate, you are likely to be giving a reasonable about of people bad information

## This could be an issue for fentanyl testing strips in Australia

Bayes's theorem is written, in mathematical notation, as P(A|B) = (P(B|A)P(A))/P(B). It looks complicated. But you don't need to worry about what all those symbols mean: it's fairly easy to understand when you think of an example.



Thomas Bayes, author of the Bayes theorem.

https://www.theguardian.com/world/2021/apr/18/obscure-maths-bayes-theorem-reliability-covid-lateral-flow-tests-probability





## Conclusions

All three methods of monitoring are <u>feasible</u>, <u>implementable</u> and <u>acceptable to consumers</u> if needed (e.g. signals of emerging fentanyl)

- 1) Limited evidence of fentanyl (across all components of the study)
- 2) Testing urine provides a broader window of surveillance, but less convenient
- 3) Drug checking
  - easy to do, but low interest (esp prior to testing)
  - High false positive rate may undermine confidence in testing → lab confirmation critical
- 4) Testing overdose equipment important data (e.g. most opioid overdoses do not attend EDs) but need faster results, most OD still due to heroin







Key take-away messages

- False positives an issue with FTS in low-fentanyl (confirmatory testing is important)
- Low consumer interest in SIFs currently (in Australia low fentanyl)
- We developed a process that can be rapidly upscaled if fentanyl emerge

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- Consumers, staff at the Supervised Injecting Facilities, and other key experts that participated in workshops
- Lab staff involved in analysis

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