



UW PACC

Psychiatry and Addictions Case Conference

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COMMUNITY BASED DRUG CHECKING IN WASHINGTON STATE

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SPEAKER DISCLOSURES

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Planner disclosures

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OBJECTIVES

1. Understand the intent and operations of community based drug checking
2. Become familiar with recent drug checking data findings and sources of online information
3. Understand how drug checking services may be helpful for patients as well as limitations to drug checking

OUTLINE

- Introduction to drug checking processes and technology
- Report from the field: drug checking at PHSKC Downtown Seattle by Georgia Phillips
- Recent statewide drug checking results
- Discussion

WHAT IS DRUG CHECKING?

Primary goals:

- Filling information gaps and providing knowledge to support people who use drugs.
- Supports making better-informed decisions around drug use and reducing risks of overdose and other health consequences.

Secondary goals:

- Provide additional, up to date information about the drug supply to local and stakeholders including:
 - health care and drug treatment providers,
 - first responders, and
 - public health
 - Could inform safety alerts
 - Triangulates data e.g. fatal overdose toxicology and police evidence testing

TYPES OF DRUG CHECKING MODELS

- People who use drugs can “self-test” their drugs with immunoassay test strips (e.g., fentanyl test strips) distributed by harm reduction and other programs.
- Point-of-care testing model – where trained staff uses a combination of testing technologies to test community members' drugs.

DRUG CHECKS STRENGTHS & LIMITATIONS FOR UNDERSTANDING THE DRUG SUPPLY

- + Provides insights into the drug supply at the level of people who use drugs which is most relevant for people's health (vs large drug busts or border seizures)
- + An important complement to other drug data.
- NOT a representative sample of all drugs nor representative of particular drugs. Entirely dependent on who brings in which drugs.
- Point of care information is incomplete.

WASHINGTON'S CDCN

- The **WA State Community Drug Checking Network (CDCN)** is a partnership of existing harm reduction organizations around WA State that are providing community-level drug checking alongside related harm reduction services.
- ADAI provides technical assistance, training, and operational support to the network, in collaboration with Public Health – Seattle & King County.

Washington's CDCN

- **6 “full” sites**
 - Includes onsite FTIR machine and immunoassay test strips (fentanyl, xylazine and benzodiazepine)
 - Samples sent to an outside lab for secondary testing
- **3 “lite” sites**
 - Immunoassay test strips (fentanyl, xylazine, benzodiazepine, and methamphetamine)
 - Samples sent to an outside lab for secondary testing
- **Data as of 05/31/2024**
 - 820 participants served
 - 1,419 samples tested by FTIR
 - 1,219 samples tested by GCMS

What is Community Drug Checking?

What is community drug checking?

Community drug checking may use test strips and/or drug checking machines to identify the different substances in a sample or residue of drugs. These could be various drugs, fillers, cutting agents, and/or unexpected substances.



Fourier-transform infrared (FTIR) spectroscopy machine and immunoassay test strips.

Drug Checking Helps YOU

- Providing more information about your drugs helps in making informed decisions about safer use
- Lower your risk of overdose
- Lessen potential negative health outcomes
- Gain some control in an unregulated drug market

Drug Checking helps the COMMUNITY:

- Information about local drug supply
- Prevent overdose deaths
- Inform organization's response plans

**Drug checking is
always voluntary and
anonymous.**

Is this legal in Washington State?

- It is legal for this organization and its staff to offer and do drug testing. More information about the Washington state law can be found [here](#).
- Test strips and drug checking machines are not drug paraphernalia.

We are one of many harm reduction, public health, and syringe services programs that provide drug checking in WA State.

How are drug samples tested?

1. You **bring in a small amount of drugs or residue**, a sample about the size of a grain of rice or matchhead is all that's needed!
2. The drug checking technician may use various test strips and/or a Fourier-transformed infrared spectroscopy (FTIR) machine to **analyze the sample**.
3. You will get the initial results within **5-10 minutes**. The technician will help you understand what the results mean.
4. A piece of the sample is then sent in for **secondary testing**. A wallet card with a QR that is attached to a unique code will be given to you after the initial results which is linked to the secondary results.

What We Usually Can Tell You About Your Drugs

- Using FTIR
 - Main Active Ingredients
 - Cutting agents or buffs used for fillers
 - Potential contaminants
- Using Test Strips
 - If the substance the test strip was designed for is present (xylazine, fentanyl, benzodiazepine)

What We Usually Cannot Tell You About your Drugs

- Using FTIR
 - < 5% detection limit
 - Certain materials cannot be tested: organic materials (mushrooms, marijuana, peyote etc.), liquids, and drugs active at extremely low levels like LSD and fentanyl.
 - Drugs with very similar molecular structure cannot always be distinguished i.e. 2c products
 - Limited to available reference libraries – Novel substances may not be detectable.
- Using Test Strips
 - Analogues/Drugs with similar effects, but slightly different chemical structures
 - False positives and invalid results
- Both Test Strips and FTIR
 - Potency, purity, or strength of sample
 - Small, partial samples are used, and this may not represent the whole or detect all substances in the drug

https://adai.uw.edu/wordpress/wp-content/uploads/THE_DC_Participant_infosheet_.pdf

REPORT FROM THE FIELD

- Drug checking activities at PHSKC's downtown syringe services program
- Drug checking technician- Georgia Phillips

CDCN DRUG CHECKING DATA – WEBPAGE WALKTHROUGH



Drug checking results in Washington state

[Using our interactive charts](#)

[Drug checking programs](#) are a response to the increase in [unregulated drug markets](#), particularly methamphetamine and fake pharmaceuticals, including illicitly produced fentanyl with unknown and [widely varying](#) drug content. As part of the ADAI-coordinated drug checking effort in Washington, we present here various data and graphics of results of chemical analysis of samples brought in for testing at one of the drug checking sites.

Key aspects of the data and analysis

Samples

Samples are provided voluntarily and anonymously by members of the community concerned about what might be in the drug supply. They may provide a sample of the drug itself (such as a fraction of a pill) or they may offer residue in a pipe or cooker after use. Data presented here are intended to be representative of drugs not residue. There is more on [relevant data details](#) at the bottom of the page. For even more details about the data gathering and analysis process, see our [Data details page](#). Mouseover (or tap on) the graph on the right to see the [number of samples](#) in the most recently analyzed three-month period (the outer ring).

Testing for substances

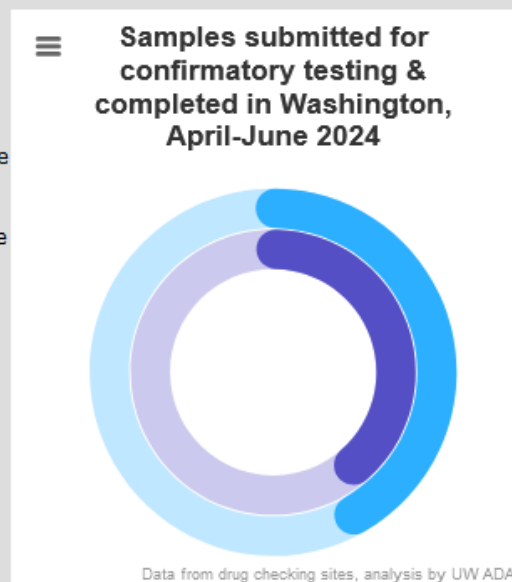
Drug checking sites use [multiple testing technologies](#) to assess each sample. The substance results presented here are currently based on confirmatory testing at an analytic chemistry laboratory. The inner ring in the gauge at right shows the [number of samples with confirmatory test results](#).

All samples versus samples sold as a given type

Although we present some results aggregated across all samples (in a given time period), this is not representative of the total drug supply. A common question is "What's in things sold as _____?" See the ["sold as" page](#) for how we define these expected drug categories, or see some [key examples below](#).

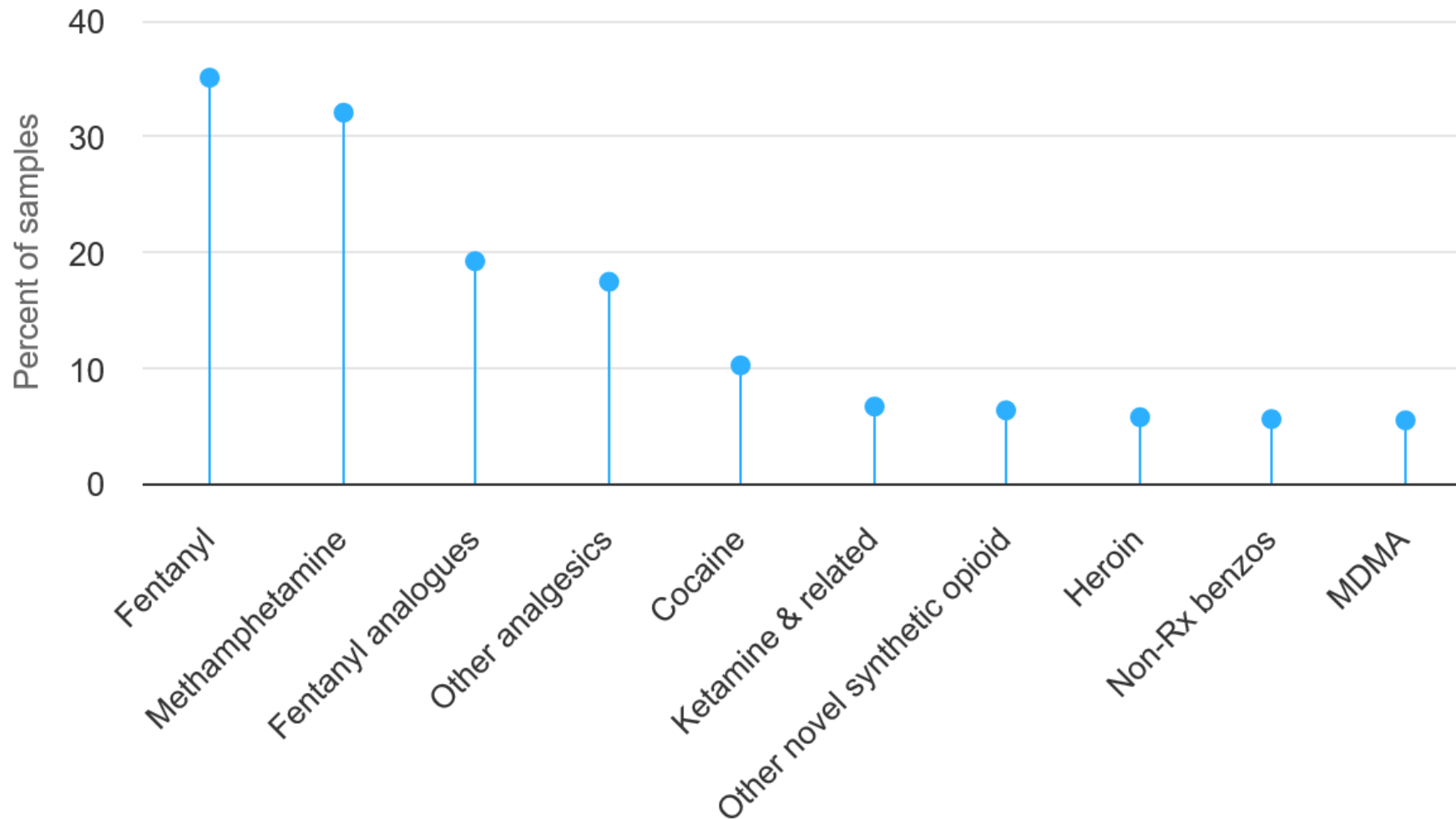
Drug categories in chemical testing results

Below we present the 10 most common drug categories found by detailed chemical analysis. A given sample can have many substances identified, whether due to trace substances left behind after refinement or synthesis, to mixing before delivery to the consumer, to mixing by the consumer, or to cross-contamination in a container. We use [mutually exclusive categories](#) to simplify ranking and presentation of the most common drug types: A given *substance result* can be in only one drug category, but a given *sample* can be coded to multiple drug categories because it contains multiple distinct drugs.



<https://adai.uw.edu/wadata/drugchecking/>

Top 10 drug category results among drug checking samples to date in Washington



- › Data from "full sites" based upon GCMS secondary drug testing
- › These are cumulative data from Q3 2022- Q2 2024

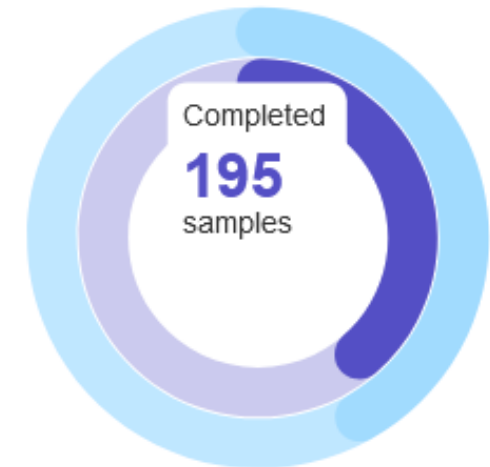
Test results from UNC Opioid Data Lab, analysis by UW ADAI

RECENT DRUG CHECKING RESULTS

- Results shown here are from the most recent complete quarter.
- Data are based upon GCMS analyses conducted by UNC. Results can take several weeks.
- These are highly sensitive methods that can detect virtually any psychoactive drug at very low levels of concentration.
- Results are very incomplete for cuts/buffs/fillers.

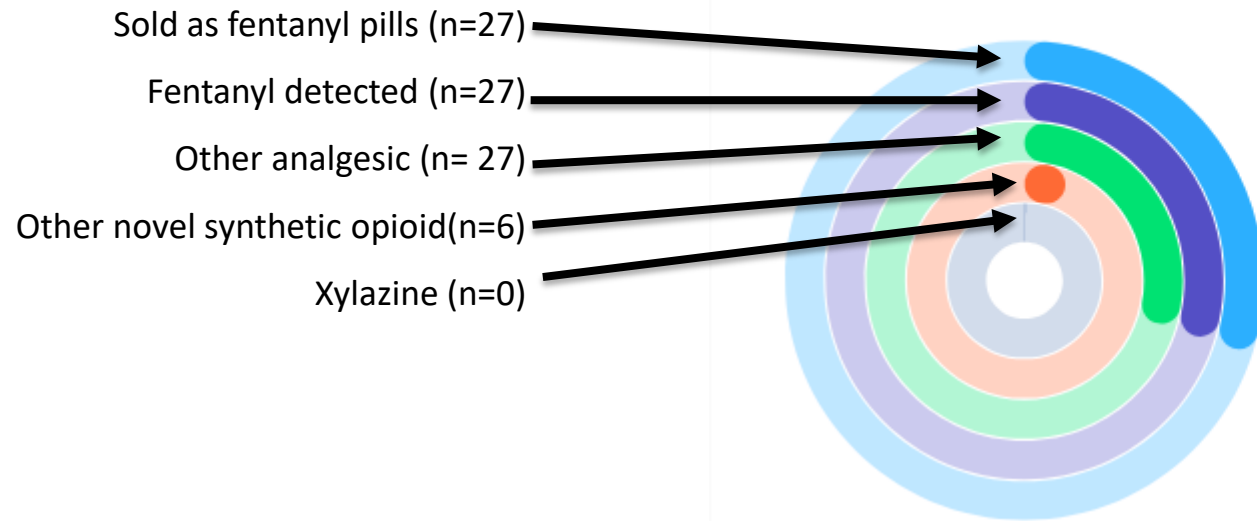


Samples submitted for confirmatory testing & completed in Washington, April-June 2024

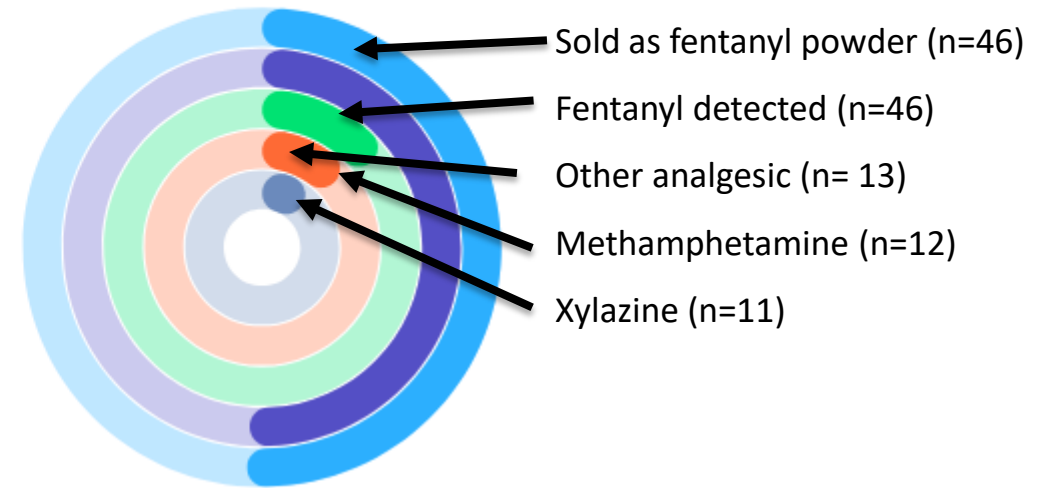


WA DRUG CHECKING RESULTS-FENTANYL

≡ Substances found in "fentanyl pills" in Washington, April-June 2024



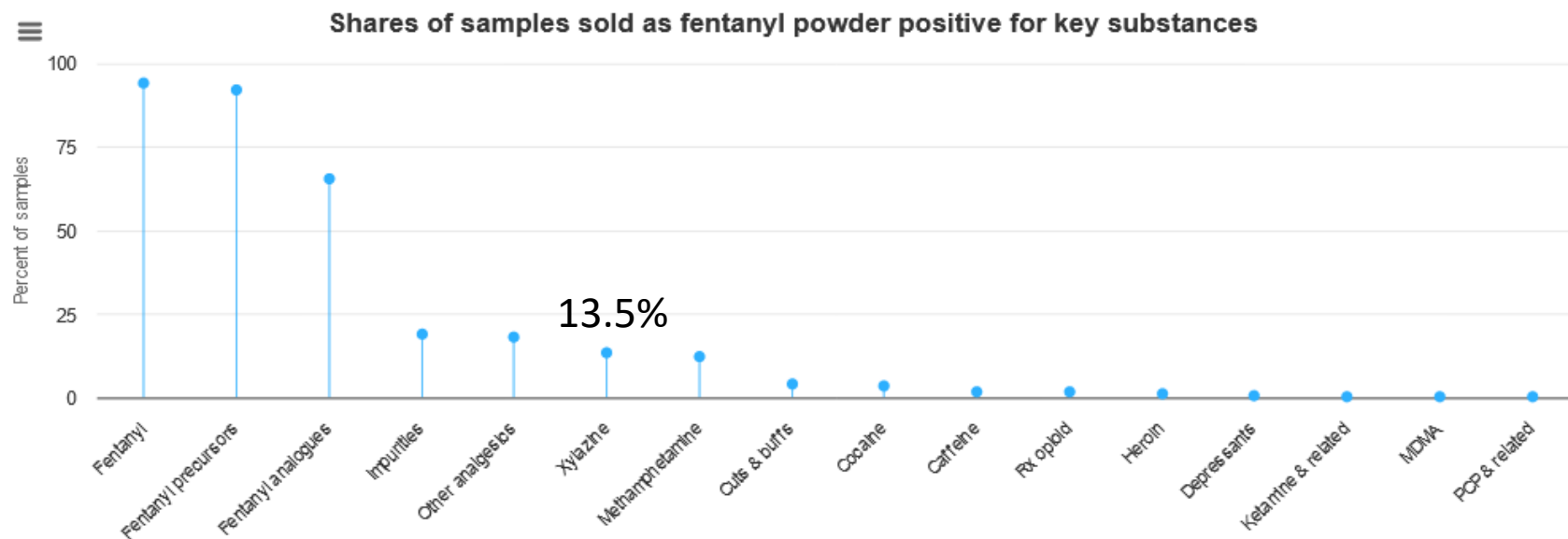
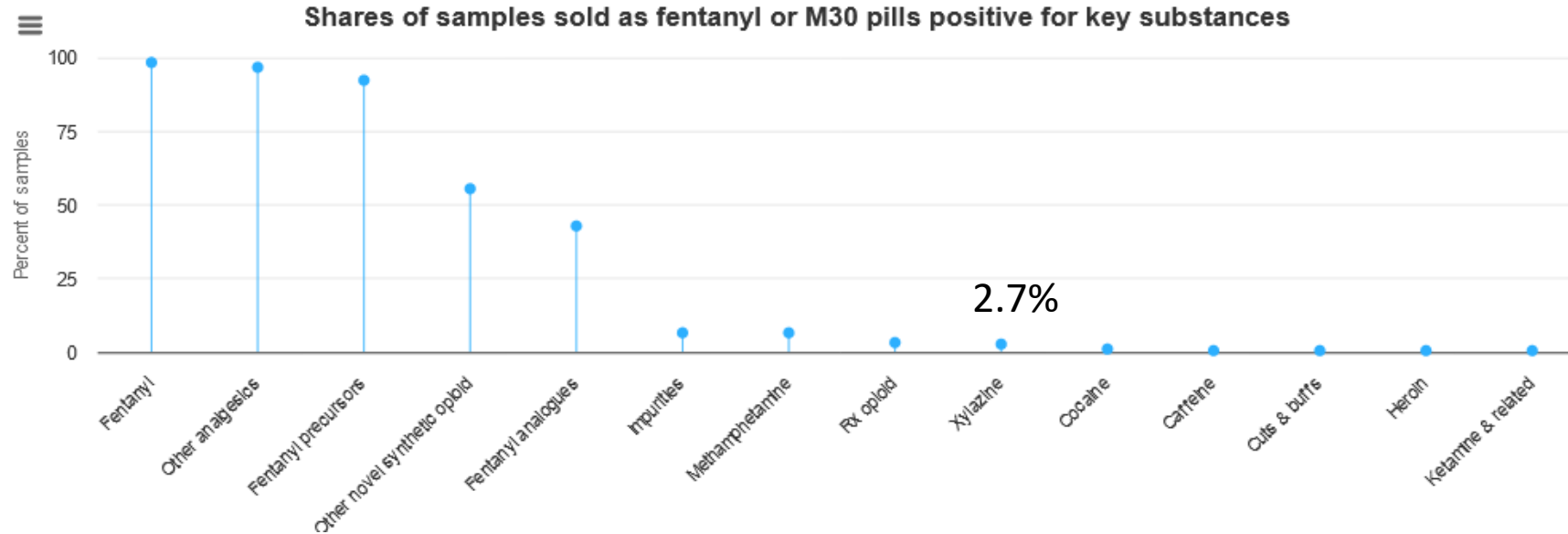
≡ Substances found in "fentanyl powder" samples in Washington, April-June 2024



Data suggest

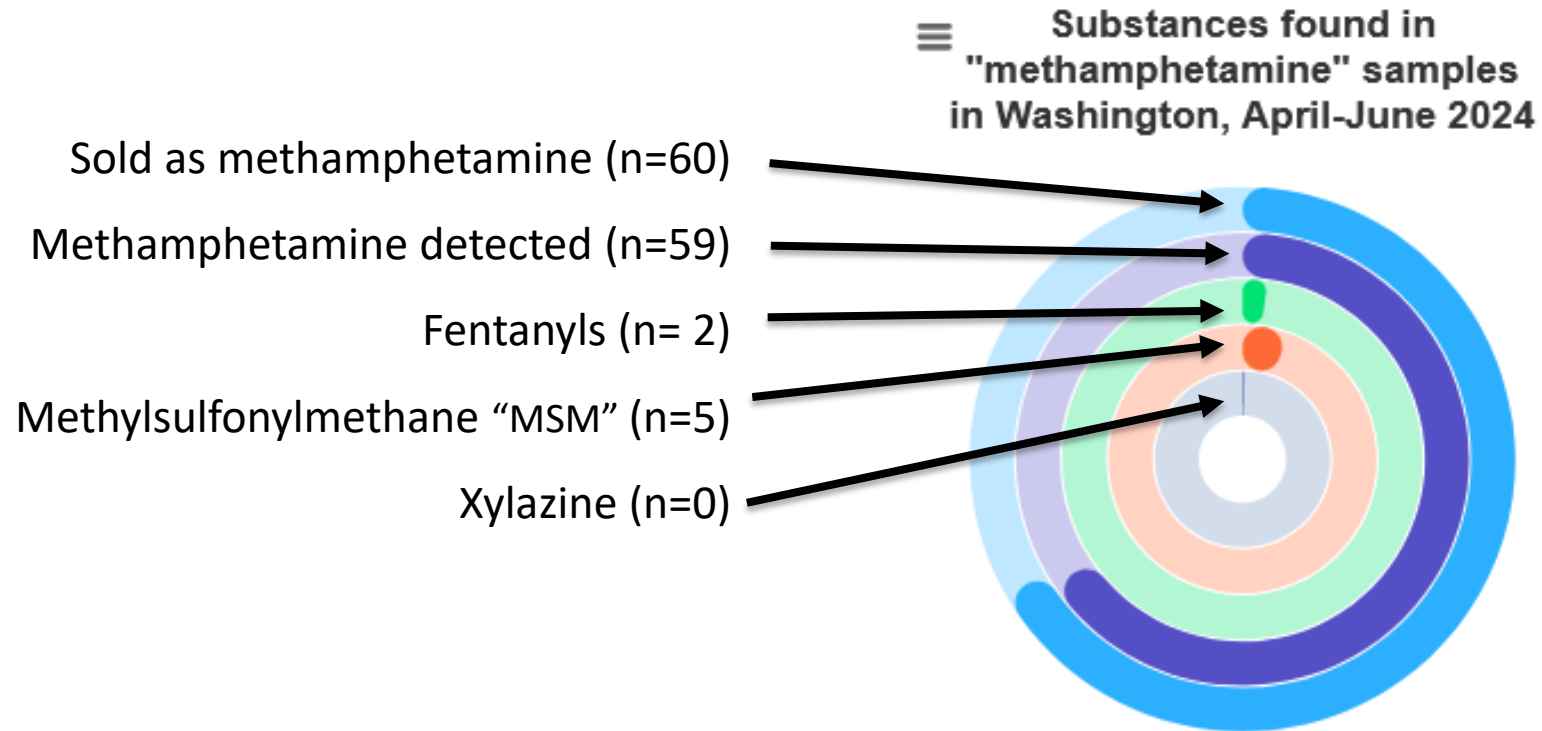
- Increasing frequency of fentanyl in powder form vs pill
- Other analgesic/acetaminophen usually in pill form, sometimes in powder
- Methamphetamine- context suggests cross-contamination vs purchase of a combined product
- Xylazine- more common in powder, but still a relatively small % of samples

WA State Cumulative Drug Checking Data for Fentanyl Through June 2024



Test results from UNC Opioid Data Lab, analysis by UW ADAI

WA DRUG CHECKING RESULTS

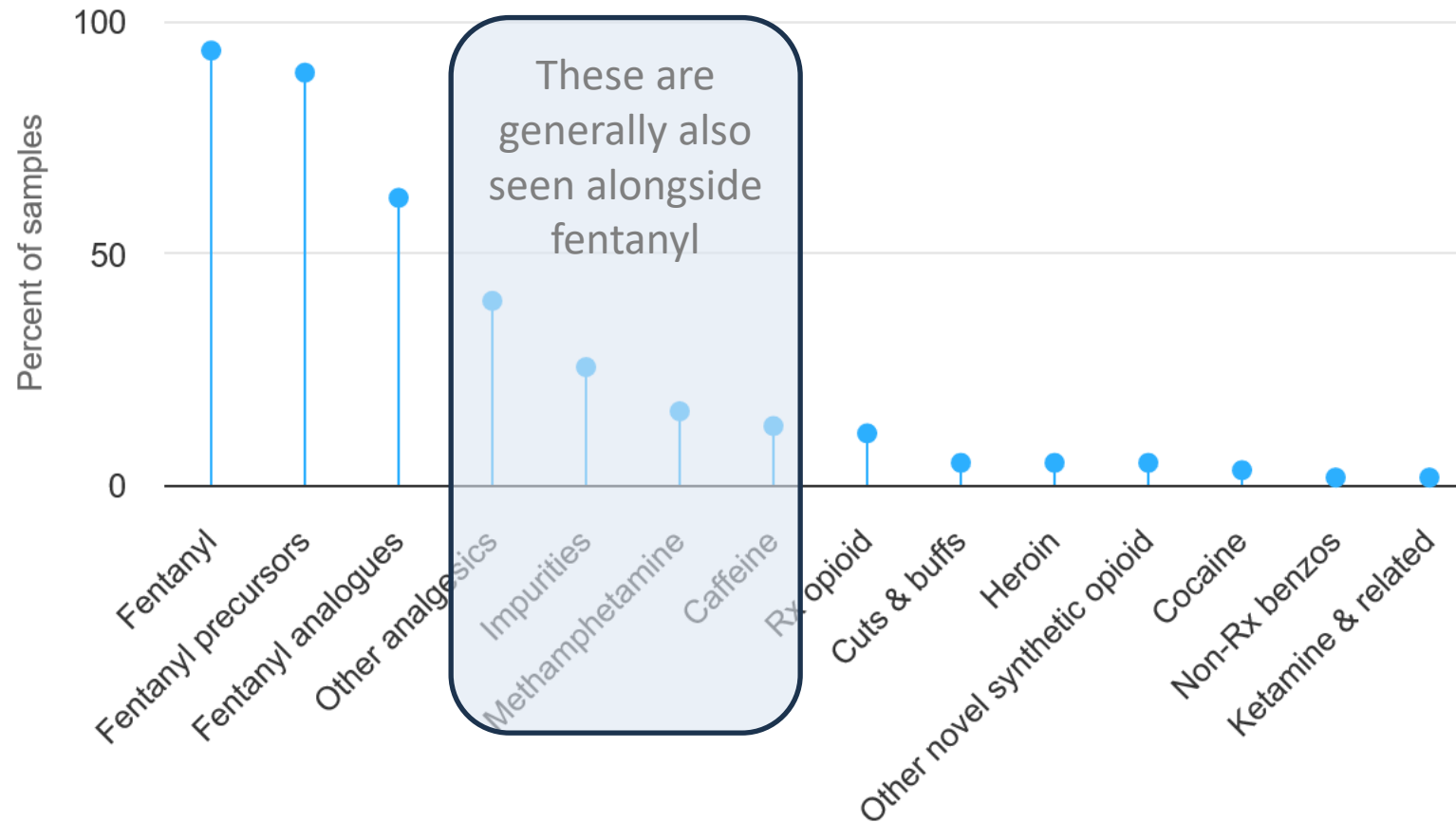


Data from drug checking sites, analysis by UW ADAI

Data suggest

- Drugs sold as meth typically contain meth
- Fentanyls are rarely detected
- Xylazine not detected in past quarter in samples sold as meth

Drug categories found with xylazine-positive samples to date in Washington



Test results from UNC Opioid Data Lab, analysis by UW ADAI

Cumulative data suggest

- Xylazine is almost exclusively seen in samples positive for fentanyl
- But, xylazine is **not** in most fentanyl samples (from previous slide)

NEXT STEPS

- Working with CDCN sites and community partners to explore referral and communication pathways
 - Want to expand access to services and knowledge of drug supply
 - Don't want to jeopardize sites with too much scrutiny or overwhelm with demand
- More internal QI data analysis, understand performance of different methods within different contexts, and expanding external reporting
- Contact your local harm reduction program to find out about whether they offer drug checking and how they'd like to partner with you for referrals:
<https://doh.wa.gov/you-and-your-family/drug-user-health/syringe-service-programs/syringe-service-program-directory>

QUESTION PROMPTS

- What do you want to know as clinicians?
- Who in your organizations would be interested in this information?
- Do you/your agency have a relationship with your local harm reduction program?
- What do you think would be valuable for your patients?
- Other questions/feedback?