

# Community Drug Checking in Washington State

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# **Zoom Webinar Logistics**

- Only panelists and hosts can share video and audio.
- Please enter your comments and questions in the chat for the Q&A section.
- Be respectful and stay curious.
- If you are with the media and plan to report on this webinar, please send us an email and let us know.





# Agenda



#### - Overview

- What is drug checking & how does it add new info about drugs?
- What is the Community Drug Checking Network?
- Collaboration for enhanced wrap around care
- Community drug checking in WA what's next?

### - Guest Speaker(s) "Tech Talks"

- What does drug checking look like at sites in WA?
- What are the benefits for programs? For participants?

### - A Dive into Drug Data in WA

Statewide drug checking results & other data sources

#### - Q & A





# 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 <u>"self-test"</u> their drugs with immunoassay test strips (e.g., fentanyl test strips) distributed by harm reduction and other programs.
- Point-of-care testing model where <u>trained staff</u> 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.





# **WA 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 04/30/024

- 782 participants served
- 1,290 samples tested by FTIR
- 1,108 samples tested by GCMS





# **A Community Network**

State level DC data made available via websites and informational docs

Various collaboration w/ other drug user health organizations (EMS, treatment providers, harm reduction orgs, local hospitals)

Established Harm Reduction
Orgs (mostly SSPs) implement
DCS into existing services

Participants utilizing drug checking services (DCS) – People who use drugs (PWUD)

Secondary results from partnered laboratory directly to sites, the participant, and statewide data

Technicians throughout the state provide DCS at no cost to participants

Preliminary "initial" results shared directly with participant







# **Tech Talks with Lex Schreiber**











### **Drug Checking in a Peer-Led Harm Reduction Org**

- •People with lived experience, drug users and people in recovery providing harm reduction services and supplies.
- •Increases accessibility for PWUD who otherwise have reservation about accessing services.
- •Uniquely positioned to have destigmatizing conversations about the sample(s) provided.
- Participant led conversations -
  - What do you want to know about your drugs?
  - What can I tell you about your drugs?
  - How can we co-create knowledge about your drugs to help you make informed decisions and reduce risks associated with an unregulated market?





### What We See?

- A wide range of various drug types intended for use in various settings
- A wide variety of PWUD from different walks of life with different reasons for using drugs
- Non -judgmental harm reduction conversations
- Making appropriate referrals for other services

### Primary motivators for accessing the service -

- personal physical and mental health
- overall well-being
- community safety





# CDCN Drug Checking Data – Webpage Walkthrough

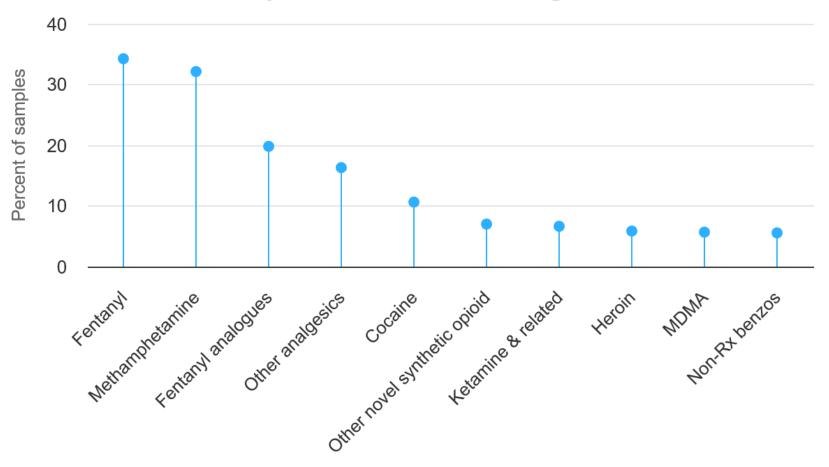






# **WA CDCN Data**

# 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



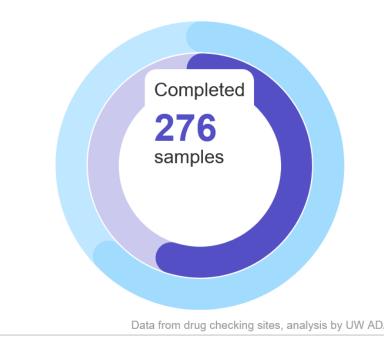




# Recent Drug Checking Results

- 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.



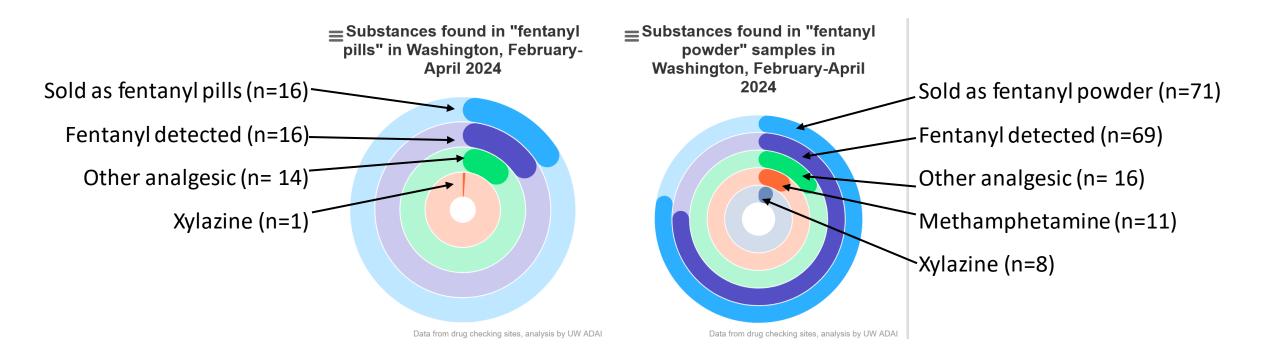


Data from drug checking sites, analysis by UW ADAI





# **WA Drug Checking Results**



#### 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





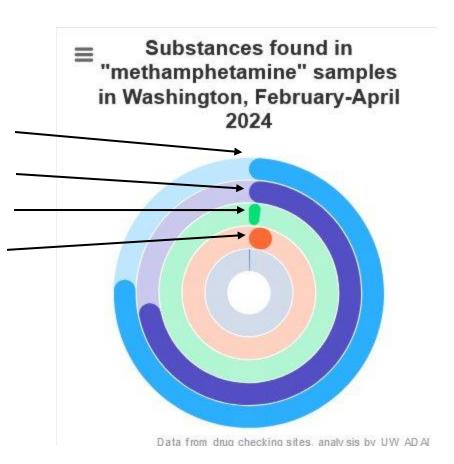
# WA Drug Checking Results

Sold as methamphetamine (n=69)

Methamphetamine detected (n=69)

Fentanyls (n= 2)

Methylsulfonylmethane "MSM" (n=6)



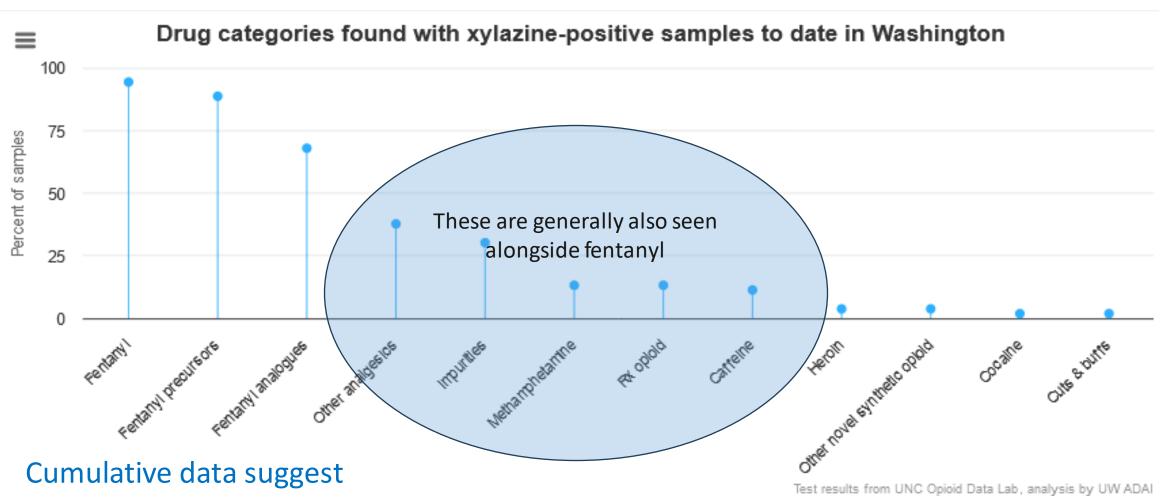
#### Data suggest

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





# **WA Drug Checking Results**



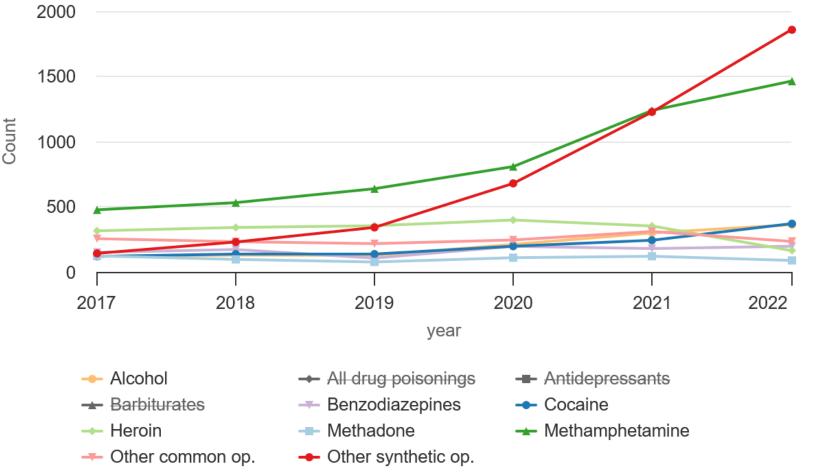
- Xylazine is almost exclusively seen in samples positive for fentanyl
- But, xylazine is not in most fentanyl samples (from previous slide)





# Other drug data- Overdose deaths

#### Major drug deaths (count), statewide



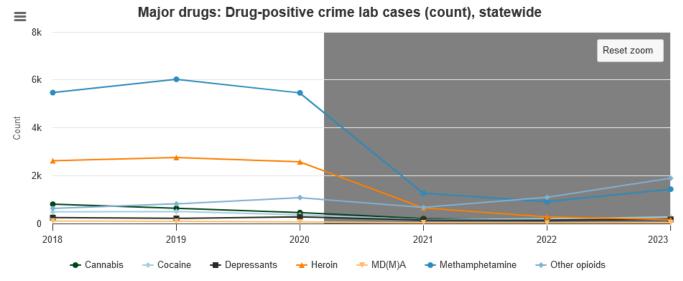
- Meth & Fentanyl similar to CDCN most common
- Death data, naturally, show more dangerous drugsnot a measure of prevalence

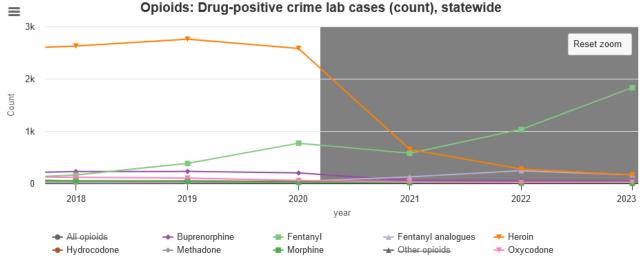
Analysis by UW ADAI. For data sources, see text or adai.uw.edu/WAdata





# Other drug data- Police evidence





Data source: Forensic Laboratory Services Bureau, Washington State Patrol. 2021 counts and onward are impacted by the 2/25/2021 Washington State v Blake

- Meth & Fentanyl similar to CDCN most common
- Rapid decline in heroin, mirroring increase in fentanyl- which preceded CDCN started
- Over representative of drug sales/distribution places, people, and modes intercepted by police e.g. "street" sales





# Resources

Comment section Q&A





### Resources



- <u>"The Use and Impact of Community Drug Checking Services"</u>
  ADAI Report, November 2023
- <u>Drug Checking Results in WA State</u> Webpage describing results of CDCN
- Washington State Community Drug Checking Network factsheets
   General overview of drug checking project

   Summary for drug checking participants
- Questions? Email Ben Biamont, bbiamont@uw.edu



