FEASIBILITY, CONSUMER ACCEPTABILITY AND BEHAVIOURAL OUTCOMES ASSOCIATED WITH TAKEHOME FENTANYL TEST STRIPS.

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Background:

Fentanyl and fentanyl analogues pose an urgent public health threat. These substances are of higher potency than other opioids and are increasingly being used to adulterate heroin, contributing to tens of thousands of deaths worldwide. This project aimed to examine the feasibility, consumer acceptability, and behavioural outcomes associated with take-home fentanyl-test strips in Sydney, Australia.

Methods:

Seventy-eight people who had used heroin in the past six months were recruited from Kirketon Road Centre and Rankin Court, Sydney (n=40 and n=38, respectively). Participants were provided with training on how to use, and interpret the results of, fentanyl test strips. Upon completion of the training, participants were given 10 fentanyl test strips to take home for personal use and were followed up four weeks later.

Results:

To-date, 67 out of 78 follow-up interviews have been completed (86%). Of those who completed the follow-up survey, 81% (54/67) reported that they had used at least one of the fentanyl test strips given to them: heroin was the most tested substance (76%), followed by methamphetamine (24%). A total of 320 strips were used: 52 of these strips were reported as testing positive for fentanyl, although it is important to note that this was based on self-report, and samples were not forensically tested or validated. Among those who reported a positive fentanyl detection, 36% (8/22) reported consuming a 'tester' prior to consumption, with smaller numbers reporting that they had gone 'slower' or used less than originally intended. Almost all participants reported they would use the strips again if they were free to access (96%) and would recommend them to peers (98%).

Conclusion:

The uptake and consumer acceptability of take-home fentanyl test strips was relatively high among our sample, providing support for its implementation and expansion across Australia.

Disclosure of Interest Statement: See example below:

AP has received untied educational grants from Seqirus and Mundipharma. RS has received untied educational grants from Seqirus. RB has received untied educational grants from Mundipharma and Indivior. PR has received research funding from Gilead Sciences, as well as institutional and individual honoraria from Gilead Sciences, Abbvie and MSD. Funding from these organisations has now ceased, funding was for work unrelated to this project, and the funding bodies had no role in study design, analysis and reporting. No pharmaceutical grants were received for this study.