

# EVALUATING THE FEASIBILITY AND ACCEPTABILITY OF ED-DISTRIBUTED FENTANYL TEST STRIPS

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## Introduction

- Fentanyl test strips (FTS) are an emerging strategy to reduce overdose risk from unintentional fentanyl exposure.
- EDs are important touchpoints to engage PWUD
- Our aim was to explore the feasibility and patient acceptability of an ED-based FTS distribution pilot

## Methods

- Setting: Single urban academic ED in Philadelphia, PA
- Sample: >18 yo presenting with substance use-related complaint or screening positive for active substance use
- Intervention: Brief harm reduction training on FTS as an overdose prevention strategy with 10 take-home FTS
- Measures: Pre-post survey with phone follow-up
- Pre and post training surveys measured fentanyl knowledge and drug use behavior, and receipt of 10 free FTS. A 2-week phone call follow-up measured behavior change and FTS utilization.

## Results

- Baseline and pre-post results shown on the right.
- 56% of participants were reached for phone follow-up

Used FTS?	Reason	Frequency (n=28)
Yes	-	14 (50%)
No	Admitted to an inpatient facility	4 (14%)
	Has not used drugs	8 (29%)
	Other	2 (7%)

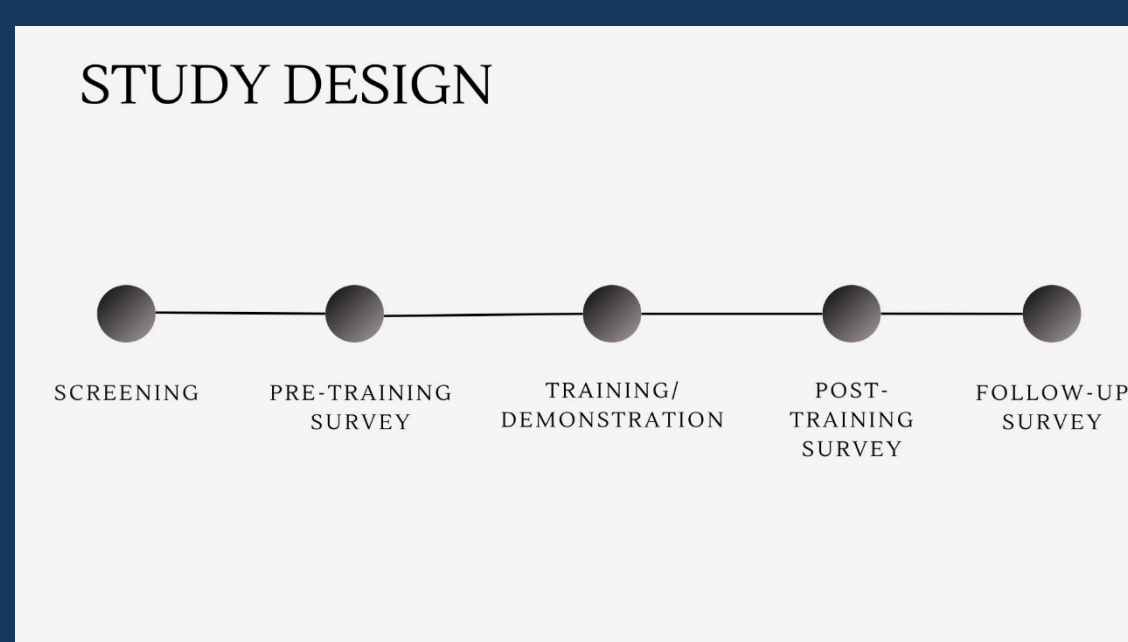
## Conclusions

- We found that ED FTS distribution was feasible and acceptable to patients and may impact subsequent behavior.
- Next steps include larger studies measuring the effectiveness of ED-distributed FTS in changing behavior and assessing the effective of ED-distributed FTS in reducing subsequent overdose

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# Fentanyl test strip education and distribution were acceptable to ED patients and feasible in an ED setting.



ED FTS

View FTS training and other study materials

Variable	Characteristic	Frequency (N=50)
Age, n (%)	18-34	12 (24%)
	35-54	26 (52%)
	55+	12 (24%)
Gender	Male	38 (76%)
	Female	12 (24%)
Race	Black or African American	23 (46%)
	White	23 (46%)
	Other	6 (12%)
Ethnicity	Hispanic/Latino	8 (16%)
	Non-Hispanic	42 (84%)
Housing Status	Stable housing	17 (34%)
	Unstable housing	17 (34%)
	Street homeless	16 (32%)
Drug Use	Opioids only	13 (26%)
	Stimulants only	17 (34%)
	Polysubstance use	17 (34%)
	Other	3 (6%)
Current MOUD	Methadone	7 (14%)
	Buprenorphine	13 (26%)
	None	30 (60%)

FIGURE 2: BASELINE KNOWLEDGE & BEHAVIORS

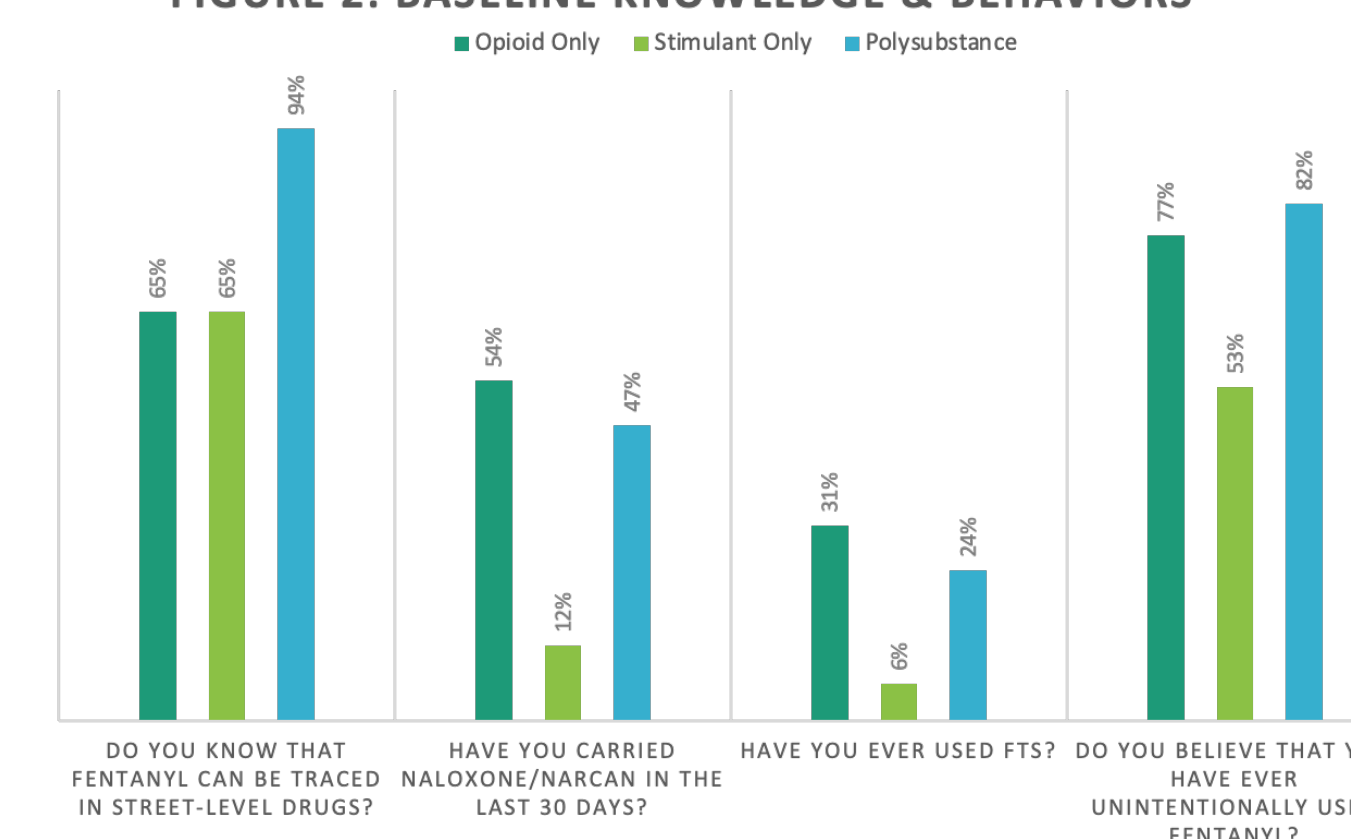
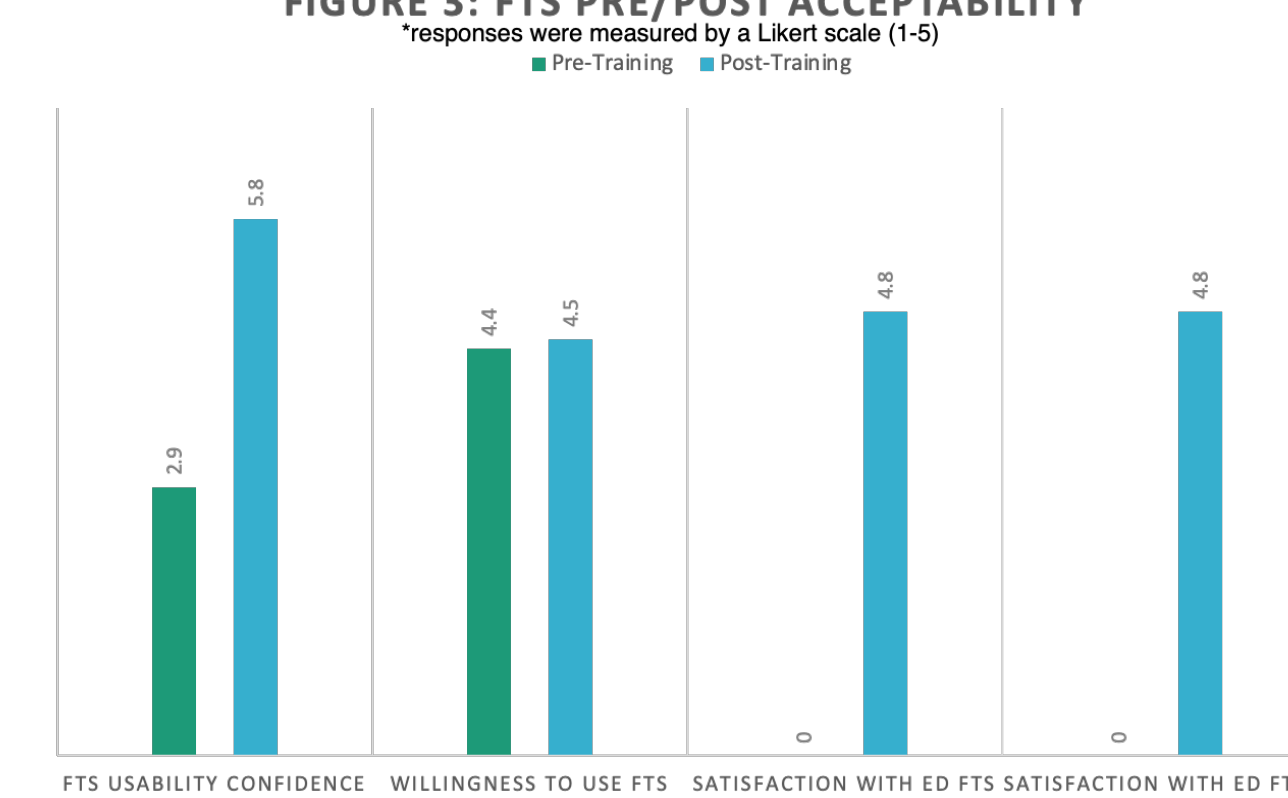


FIGURE 3: FTS PRE/POST ACCEPTABILITY



## References:

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