

## B-00-13-10197 - Fentanyl Drug Checking

## **Fentanyl Drug Checking Protocol (Inner City Youth)**

## **Site Applicability**

Inner City Youth Program (ICY) - Foundry Vancouver Granville

#### Skill Level

RN, RPN, RSW, Peer Support Worker with education Education includes:

- VCH/PHC Drug Checking Training
- VCH/PHC Drug Disposal Training
- BCCDC Toward the Heart Take Home Naloxone education

#### **Related Standards and Resources**

- 1. BCSSU Guideline for the Clinical Management of Opioid Use Disorder
- 2. CPF2100: Philosophy of Care for Patients and Residents Who Use Substances at PHC
- 3. NCS6475: Naloxone HCI (Narcan) Administration in the Management of Suspected Opioid Overdose in Community Settings (Adults & Youth)
- 4. NCS6474: Dispensing Naloxone Kits to Clients at Risk of Opioid Overdose (Adults & Youth)
- 5. <u>IDG1198:</u> Waste: Disposal of Pharmaceutical Waste in Acute Care Settings

#### **Clinical Indication**

Clients interested in checking their drugs for the presence of fentanyl.

### **Need to Know**

Fentanyl is a synthetic opioid, far more potent than morphine and heroin. Clinically, it is used in anesthesia, and for management of chronic pain (Lexicomp, 2018). However, recently in Canada, illicit fentanyl has been sold, often mixed with other substances like heroin or oxycodone and, on many occasions, ingested unintentionally due to undisclosed pill/powder contents (Amlani et al., 2015; Canadian Centre on Substance Abuse, 2014). In 2017, British Columbia's Coroners Service reported 1,156 fentanyl detected drug overdose deaths, representing a 73% increase over the number of fentanyl detected deaths (670) occurring in 2016.

The term "drug checking" refers to a service that enables people who use drugs to chemically analyze their street-acquired drugs and receive individualized and fact-based consultation regarding the contents, and the associated risks, of compounds detected in their samples (British Columbia Centre on Substance Use [BCSSU], 2017).

### Clients Under the Age of 19

If approached by a client who appears to be a youth under the age of 19:

- Refer to a social worker for drug-checking or to consult
- If a social worker is unavailable, alert the clinical coordinator or intake coordinator



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Social worker or designate will assess:

- Imminent child protection concerns
- Determine whether the youth has a history of illicit drug use
- Provide appropriate and expedited referrals to primary health care, addictions care, shelter and/or mental health or other services as indicated by the information gathered

## **Equipment & Supplies**

- 1. Rapid Response<sup>TM</sup> Fentanyl Test Strip
- 2. Plastic cup (e.g., urine specimen, medication cup)
- 3. 30 mL (1 ounce) of tap water
- 4. Blue pad
- 5. Gloves
- 6. Face mask
- 7. Deterra<sup>TM</sup> medication disposal system pouch
- 8. British Columbia Centre for Disease Control (BCCDC) Take Home Naloxone (THN) Kit

# **Drug Checking Protocol**

<ol> <li>Staff may offer drug-checking for the presence of fentanyl to clients by asking: "Do you want to check your drugs for fentanyl?"</li> <li>Under the supervision of a staff member, the client can gather the necessary supplies.</li> <li>Staff to wear face mask and gloves prior to next steps.</li> <li>Drug checking to be done by client with staff supervision.</li> <li>Place blue pad on desk/surface to be used for drug checking.</li> <li>Fill a plastic cup with 30 mL (1 ounce) of tap water.</li> </ol>
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5 Fill a plactic cup with 30 ml (1 ounce) of tap water
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6. Place a few grains of drug (the size of salt will suffice) to be tested in water
OR: if testing from a used cooker before or after use, cover the bottom of the
cooker with water to rinse and pour into plastic medication cup with tap water.
7. Remove the fentanyl test strip from pouch.
8. Holding the strip from the solid blue end, dip the white end of the strip into the
water up to the blue line for at least 10 to 15 seconds (to avoid contamination, do
not touch strip end with hands).
9. After 10 to 15 seconds, remove the test strip from the fluid and place on a non-
absorbent surface (e.g., on top of the test strip box), watch time, and read results
at 5 minutes, but no later than 10 minutes.



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Results/	10. Reading the results:
Interpretation	C C C T T T POSITIVE NEGATIVE INVALID
	Internal Control: Ensure that a control line appears in the control (C) region before reporting any patient result. Failure for a control line to appear is most likely due to insufficient specimen volume or incorrect procedural techniques. Repeat with a new test strip.
	<u>Negative</u> : Two color bands = Negative     A coloured line in the control region (C) and a coloured line in the test line (T) indicate a negative result. * Note: The presence of any line (regardless of intensity) should be interpreted as a negative result.
	Positive: One color band = Positive     A coloured line in the control region (C) but no line in the test line (T) indicates a positive result.
	*Note: this is the opposite of what you would expect as a negative on a urine pregnancy test.
Clean-up	11. Dispose of blue pad in the garbage. See 'Drug Disposal' section for details related to drug, water, and container disposal.

### **Patient Education**

- Harm reduction conversation: as the test takes at least 5 minutes to produce a reliable
  result, use this time to briefly chat with the client in a harm reduction conversation, with
  efforts to engage them in care and assess their current access to health and social services.
  Please also check in about their needs being met and offer to refer to services if
  appropriate.
- Informing patient of the result:
  - a. If **negative**, it is important to note that the strips test for fentanyl and some fentanyl analogues. A negative result does not ensure that their drugs are safe. Harm reduction practices should always be used.
  - b. If **positive**, feedback from the client should be sought, particularly if this was an unexpected result. Consider offering the following interventions:
    - i. Option to dispose of contaminated drug
    - ii. Information on reducing harm from injection
    - iii. Take Home Naloxone education (nurse to dispense kit)
    - iv. Information on Supervised Injection and Overdose Prevention Sites

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### **Data Collection**

Following every drug check, complete the *Fentanyl Drug Checking Data Collection Form* (Appendix A), ensuring that results are documented while maintaining client anonymity. ICY's Patient Care Manager will email the form to the British Columbia Harm Reduction Program on the first Monday of every month to support provincial drug checking outcome evaluation.

### **Resources**

- Overdose Prevention Sites & Supervised Consumption Sites Brochure (<u>Appendix B</u>)
- Overdose Survival Guide Brochure (Appendix C)
- Take Home Naloxone education and kit
- Rapid Access and Addiction Clinic Brochure (<u>Appendix D</u>)

## **Drug Disposal**

Water used to test drugs for fentanyl should be disposed of in a VMID Stericycle container (see Figure 1), containing VernalGel solidifier. See <u>IDG1198</u> for more information related to pharmaceutical waste disposal.





Figure 1. VMID Stericycle container (left) and VernalGel solidifier (right).

- The plastic container used to test drugs for <u>fentanyl</u> can be disposed of in the garbage.
- Clients who wish to dispose of their drugs may do so in a Deterra pouch (see Figure 2).
   The pouch uses charcoal to deactivate drugs, thereby making them inactive and safe to dispose of in a regular trash bin.
  - 1. Place unused drugs in pouch.
  - 2. Fill hallway with warm tap water and wait 30 seconds.
  - 3. Seal and gently shake pouch and dispose with normal trash.





Figure 2. Deterra medication disposal system pouch.



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### References

- Amlani, A., McKee, G., Khamis, N., Raghukumar, G., Tsang, E., & Buxton, J. A. (2015). Why
  the FUSS (Fentanyl Urine Screen Study)? A cross-sectional survey to characterize an
  emerging threat to people who use drugs in British Columbia, Canada. *Harm reduction*journal, 12(1), 54.
- British Columbia Centre on Substance Use. A guideline for the Clinical Management of Opioid Use Disorder. February 2017. Available from: http://www.bccsu.ca/wpcontent/uploads/2017/06/BC-OUD-Guidelines\_June2017.pdf
- 3. British Columbia Coroners Service. Information bulletin: Fentanyl-detected illicit drug overdose deaths January 1, 2012 to December 31, 2017. 2018. Available from: https://www2.gov.bc.ca/assets/gov/public-safety-and-emergency-services/death-investigation/statistical/fentanyl-detected-overdose.pdf
- 4. Kerr, T., & Tupper, K. (2017). *Drug checking as a harm reduction intervention: Evidence review report.* British Columbia, Canada. British Columbia Centre on Substance Use. Available from http://www.bccsu.ca/wp-content/uploads/2017/12/Drug-Checking-Evidence-Review-Report.pdf

### **Persons/Groups Consulted**

Executive Director, Foundry

Program Director, Mental Health Program, PHC

Program Director, Urban Health Program, PHC

Physician Program Director, Interdisciplinary Substance Use Program, PHC

Medical Director, Regional Addiction Program, PHC/VCH

Medical Health Officer, VCH

Nurse Educator, Overdose Emergency Response, VCH

Patient Care Manager, Inner City Youth, PHC

Clinical Nurse, Inner City Youth, PHC

Nurse Practitioner, Inner City Youth, PHC

Clinical Nurse Specialist, Psychiatry, PHC

Corporate Director, Patient Safety & Risk Management, PHC

Professional Practice Consultant, Scope of Practice, PHC

Social Work Professional Practice Leader, PHC

### **Developed By**

Clinical Nurse Specialist, Psychiatry, PHC

Nurse Educator, Urban Health, PHC

Nurse Educator (Interim), Urban Health, PHC

Social Worker/Clinical Coordinator, Inner City Youth, PHC

## **Approved By**

Providence Health Care Practice Standards Committee

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# **Appendix A: Fentanyl Drug Checking Data Collection Form**

Date Y/MM/DD)	Substance tested according to client (e.g. heroin)	Test conducted PRE- or POST- consumption (Pre / Post)	fentanyl test results (Positive / Negative)	Drug disposed (Yes / No)	Comments
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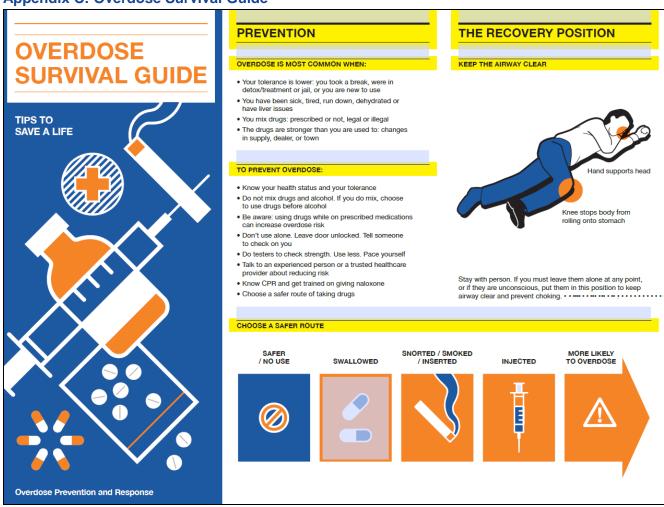
## Appendix B: Overdose Prevention Sites & Supervised Consumption Services Brochure



http://www.vch.ca/public-health/harm-reduction/overdose-prevention-response

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# **Appendix C: Overdose Survival Guide**

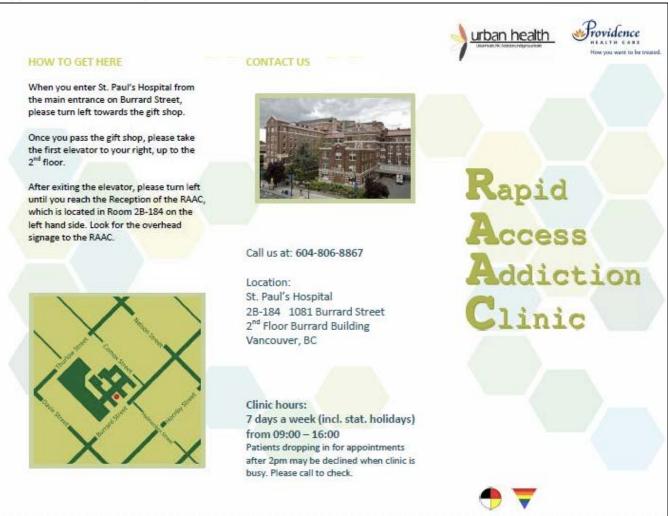


https://sossafetymagazine.com/drugs-alcohol/overdose-survival-guide/



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## Appendix D: PHC Rapid Access and Addiction Clinic Brochure



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