



## Transcript:

### Fentanyl Test Strips: A Grassroots Harm Reduction Strategy

Presenter: Beth Zietlow-DeJesus, Madison Greenspan, Rebekah Wiland, & Waverly Willis

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**PRESENTER:** Good morning, everyone. And welcome. We're just going to give it a minute or so to let everyone get in and virtually settle. And we'll get started.

All right. I see we still have a couple of people popping in. But we'll get started. Good morning again, everyone. And welcome to our webinar today. Fentanyl Test Strips: A Grassroots Initiative. We're excited to hear all about it. Our speakers today are Beth Zietlow-DeJesus, Madison Greenspan, Rebecca Wiland, and Waverly Willis, who will all do self introductions as we get further into the presentation. This presentation today is brought to you by the Great Lakes PTTC and SAMHSA.

This presentation was prepared under the cooperative agreements we have with SAMHSA. The opinions in this webinar are those of the speakers, and do not necessarily reflect the official position of DHHS or SAMHSA. We believe that language matters. And use affirmative language in all of our activities. Some housekeeping details. If you're having technical issues, please individually message Kristina Spannbauer or Stephanie Behlman in the chat section, and they'll be happy to assist you. Please put any questions you have for the speakers in the Q&A section also at the bottom of your screen. And we'll respond to those during the presentation. We will be using automated transcription for this webinar. You will be directed to a link at the end of the presentation to a very short survey. We would really appreciate it if you could fill it out. It takes about three minutes. And it's how we report back to SAMHSA.

We are recording this session, and it will be available on our website in a couple of weeks. And certificates of attendance will also be sent to those who attend the full session. Those can take about two weeks. If you would like to see what else you're doing, please follow us on social media. And again, our speakers today are Beth Zietlow-DeJesus, Madison Greenspan-- otherwise known as the superhero, Rebecca Wiland, and Waverly Willis. And I'm going to turn it over to you guys.



BETH ZIETLOW-DEJESUS: Thanks. My name is Beth Zietlow-Dejesus as you mentioned. I am Director of External Affairs at the Alcohol, Drug addiction, and Mental Health Services Board in Cuyahoga County, Ohio.

MADISON GREENSPAN: Hi, I'm Madison Greenspan. External Affairs Officer for the Alcohol, Drug Addiction, Mental Health Services Board of Cuyahoga County.

REBEKAH WILAND: I'm Rebecca Wiland. I'm an associate director with the housing program at Frontline Service, which is a social service agency in Cleveland that provides mental health services and substance use services to Cleveland's homeless population.

WAVERLY WILLIS: Hey, good morning, everyone. My name is Waverly Willis. And I am the Executive Director of the Urban Barber Association. Also known as TUBA. And what it is is a collection of barbershops and a few salons located in Northeastern Ohio or the greater Cleveland area. And what we do is use our businesses as a vehicle to get information out to the general public as well as we do programs within our businesses to help the health and welfare of our neighborhoods.

MADISON GREENSPAN: Give me one moment as I get my screen shared here. OK. Before we get started talking about our grass roots fentanyl test strip program, I just want to share a little bit about what the ADAMHS boards are in case anyone is unfamiliar. We have over 50 ADAMHS boards across the state of Ohio. They are a quasi independent part of county government. So we are governed by a volunteer board of directors. Part of the board is appointed by the County, and part of it is owned by the Ohio Department of Mental Health and Addiction Services. And what the ADAMHS boards are meant to do is to plan, fund, and monitor all of the public mental health and addiction treatment and recovery support services for the County.

So the idea is that if we have local ADAMHS boards, they are able to better respond to the local needs of a community and a county. So in Cuyahoga County, we're serving Cleveland and the surrounding suburbs. So the needs of our community might look different than the needs of a community like the one that I grew up in Northwest Ohio, which was more of a rural farming community. So that's a little bit about what ADAMHS boards do.

And so jumping right in here to the program we're here to talk to you about. So we saw the need for a fentanyl test strips in our community as we began seeing fentanyl making its way into other drugs. First in heroin, and now really we are seeing fentanyl in all of the drugs that are on the street. And especially we are seeing it in cocaine.

Actually, on our website for this program, which is [testyourdrugsc.com](http://testyourdrugsc.com) your drugs, we have an example of how it is not possible to see visually the



difference between a drug that has fentanyl in it and one that doesn't. So on that website, we have a photo of cocaine, a photo with crack, and then photos of both of them laced with fentanyl. And if you take a look at that, you can't tell the difference between the ones that have fentanyl in them and the ones that don't.

So this shows how important it is to get fentanyl test strips into the hands of drug users so that they are able to know what it is that they bought, and make informed decisions on how to use the drugs that they purchased. And I'll get into that in a few slides. The fentanyl test strips that we use for our programs test for 12 analogs of fentanyl. And that includes carfentanyl. And each test costs \$1. So there's not a whole lot of things out there anymore that you provide for \$1. I don't even think you can buy a pack of gum for \$1 anymore. So the fact that we are able to just for \$1 give somebody the opportunity to know what is in the drug that they've purchased, that's a really great investment in our eyes.

In case anyone is unfamiliar, I'm going to just show you a quick video on how the test strips work. Give me one moment.

[VIDEO PLAYBACK]

- And I'm here today to teach you guys about fentanyl test strips. This is what the fentanyl test strip looks like. You would put whatever substance you would have. If you were using cocaine, you just put a tiny bit of the substance into this vial. You put half of this water. You would place the test in the water. And you would twirl it around and sing happy birthday.

When you're done with that, you would take it out, place it somewhere, and almost instantly it will be able to tell you if there was fentanyl present or not. So if there's two red lines, that means it is most likely negative for fentanyl. But we still say proceed with caution because you don't know what else is in that drug. If you need fentanyl test strips—

[END PLAYBACK]

MADISON GREENSPAN: All right. Again, just wanted to show that in case anyone hasn't seen what they look like, and how they work. OK. Moving on here.

So before we started our programs here in Cuyahoga County, we wanted to look and see what other programs were out there. At the time, this was a few years ago, there weren't a whole lot of fentanyl test strip programs that we were coming across. We thought one in California, another in New York, a few in Canada. But it was this Johns Hopkins School of Public Health study that really stuck out to us. And this looked at three different cities-- Baltimore, Boston, and Providence.



And they were surveying drug users to see if they were concerned about fentanyl, if they would use fentanyl test strips-- and then this third point here if they would change their use behaviors. And this was what stuck out. So when we're talking about changing use behaviors, we're talking about using less, using slower, not using alone. Having Narcan on hand.

And then another use behavior change could be getting rid of a substance if it tests positive for fentanyl. That's a little bit of a harder sell. But it's definitely one that we still promote with our materials.

And so since the beginning, we've really wanted data to drive our program. So we actually work with local law enforcement, and they provide us with data on where fatal and non-fatal overdoses are occurring. And then we target those areas by going to businesses and asking them if they will partner with us, and put the test strips into their shops for people to take for free. And so this slide actually needs updated. We've done a huge push in the month of May because that is historically one of our highest months for overdoses in our county.

And so we now have well over 100 businesses, agencies, treatment providers, homeless service providers, hospitals, religious centers, and even just individual advocates in the community who have decided to partner with us and help us get these test strips out. And with that, I'm going to turn it over to Beth so she can talk a bit more about the evolution of our programs.

BETH ZIETLOW-DEJESUS: Hi, everybody. So the ADAMHS Board first started using federal test strips in our programming in 2018. A man named Greg McNeil, he's a father who lost his son to fentanyl poisoning, brought them to our attention. We began to distribute them through our syringe exchange program at a Cleveland agency called Circle Health Services. The agency anonymously surveyed anyone who took the strips. And most people reported back that they had used the strips. And reported a change in behavior. Like Madison said, using less, taking a test shot when fentanyl was present. And this is when we first started seeing the uptick in our heroin supply.

Today, we don't have much heroin in Cuyahoga County, Ohio. What we have is mostly fentanyl. And we're finding fentanyl in every drug including pressed pills. We have seen recently pills that look exactly like Percocet that are 100% fentanyl. That look like Xanax that are 100% fentanyl. So making sure that there is a way out there for people. Of course, people who thought they were getting Xanax certainly weren't bargaining for any fentanyl in their supply. In 2019, we expanded our programmatic access to test strip. Meaning in our other agencies. We moved them to Care Alliance, which is a federally qualified health center. It has multiple locations, and also an outreach van that provides medical care to the homeless and in underserved communities. We



still fund both of these programs. And those are programmatic ones. Not our grassroots. But those are programs that we fund yearly to make sure that they have test strips as part of the work that they do.

Our grassroots program began in May of 2019, sorry. We had an incredibly high number of overdose fatalities related to fentanyl and other drugs. You can see from the slide we had 41 deaths in one month. And 39 of those were the result of fentanyl and cocaine. So our County executive provided \$15,000 in funding. And our board matched that funding to purchase the first 30,000 test strips for our grassroots distribution program.

As fentanyl began to enter the supply of drugs other than heroin, we started to see a very large uptick in fatalities in Black and Brown communities. We knew that test strips weren't reaching the individuals in those communities via the syringe exchange program. Many of them were not IV drug users. So we teamed up with local partners to identify high incidence overdose areas in the city and also in our suburbs. And looked for community partners to help us distribute strips in these areas. We basically just asked partners to leave the strips out where the general public could access them. And we found that gas stations are great partners. Barbershops are great partners. Corner stores. Stores that are invested in their neighborhoods are great partners.

At the same time, we also did targeted radio and digital ads to share information about fentanyl being present in all drugs. People are unaware that fentanyl is now in every drug. They think it's an opioid. They think it's only related to heroin. They especially think it's only related to IV drug use. And today, that is just not the case.

Our messaging included information about not using alone, making sure to carry Narcan, and encouraging people to call our 24 hour hotline if they were ready for treatment. The month after our first grassroots and public awareness push, we saw fatalities drop. We also saw an increase in calls for referrals for substance use treatment by nearly 50%. Because of its success additional funding, \$60,000, was allocated to continue our grassroots distribution with 15,000 strips going out per quarter in 2020. We are still doing this in 2021. And as recently as May we have added naloxone distribution to our test strip distribution. And are also doing targeted public awareness in the historically high incidence overdose time.

So for us that is Memorial Day, 4th of July weekend, Labor Day, that weekend right after Thanksgiving, and then the week leading up or the weekend before New Year's Eve. That's what happens here locally. So I want to talk to you a little bit about what happened to our program during COVID. At the beginning of the pandemic, we had to stop our grassroots distribution. We had also seen our fatalities drop significantly. Some people say that was because there was little access to supply because it couldn't get in. Other states that people were





just staying home. But in May when our state opened back up, our fatalities skyrocketed to 52 just in the month of May.

In response, we gave strips to another harm reduction RV that had begun operating through our local public hospital in Cuyahoga County, which is called MetroHealth Medical System. And we were reaching out by phone to find new businesses to participate in the program. We faced a lot of reluctance. I think people were just scared in general of the pandemic.

So many people were focused on that that they forgot that we were also in the midst of an epidemic related to opioids. And so because of that, we put our boots on the ground. We couldn't have the program be stopped anymore. And we started walking the areas in the high incident overdose neighborhoods. And stopping in and talking to business owners. And when we say, your neighbors are dying. People in this community are losing their lives because they are unaware that fentanyl is in their drugs, will you help us? They definitely have in helping their community. So this has been incredibly successful.

The only phone call really outreach we make are our sustained partners who have been asking us since 2019 to continue giving them strips. Everyone else we're engaging newly through our boots on the ground effort. Because it was such an overwhelming positive response to our face to face interaction, I would say about 90% of the time people are willing to take the test strips and have them out for their customers.

As the program moves forward, I mentioned that we added naloxone distribution to our efforts. We were allocated 3,468 doses of naloxone to distribute for the month of May because it is historically our highest month. We have distributed nearly all of that. I think we have just under 1,000 left to distribute through our grassroots efforts. And during one of our distributions, we were able to distribute 44 doses of Narcan and 1,200 fentanyl test strips. And that was one of our shorter distributions.

I will tell you that was just a little street in Cleveland that we went down. And it was a huge distribution. We have had other distributions where we have handed out at least 88 kits of Narcan. And 18 boxes of fentanyl test strips just in the last month. So it's just incredibly successful when you're in stores and neighborhoods talking to people about these lifesaving efforts.

I mentioned that we had given strips to our MetroHealth RV. They do wound care. They are also doing syringe exchange. They give out naloxone. They're a great community partner. But in the test strips they did a survey for us. And that survey the survey results are listed here.

Just over 3,800 fentanyl test strips were distributed from August to December of 2020. 56 people reported back that they tested their drugs. Now mind you



this is not mandatory. They do not have to report back to receive more. This was an optional. And these were the people who decided to participate in the survey 83% of the tests were positive for fentanyl which shows you how much fentanyl is actually on the streets in Cuyahoga County Ohio. And 59% of clients who had positive test strips reported that they changed their use behavior.

That's incredible. That means saved lives no doubt. We could talk to you about this all day. But what we really want you to hear from is testimonials from a treatment provider, Rebecca, who's going to talk to you first. And then Waverly, who is one of our very first grassroots distribution partners through the Urban Barber Association at his barber shops and To give you a little bit on his perspective about what it's like to be part of this program. And I want to thank you both before you speak for your partnership.

REBEKAH WILAND: Absolutely. Thank you. So my name is Rebecca, like I said. And so like I spoke to earlier, the agency that I work for work specifically with Cleveland's homeless population. And my program is working to house them long term and stably. A good portion of the clientele that we see that come into our housing have duly diagnosed or are dually diagnosed. So they have a substance use disorder and a mental health disorder, which can be very challenging to work with.

And so having access-- you can see my testimonial here on the site. But having access and so easily having access to test strips has made a huge impact on our programming. And I think one of the things that it's really important to keep in mind with the test strips is that it's not always-- I think people tend to think, OK, if you put out test strips, it'll keep people from using. And Madison spoke about this earlier. And that's not always the truth.

But one of the key points to harm reduction services like sentinel test strips is that you're providing people with access. And that does multiple things. Two of which that are most important are that obviously you provide the possibility of saving somebody's life by helping them recognize that there may be fentanyl in their drugs. So that's one major aspect.

But the other important factor, I think, that people don't always recognize is that it opens up the door to talk to people about their substance use in a way that is not judgmental. And so a lot of our clients, myself and my staff, have worked with have come with a lot of trauma from social service providers-- not intentional because I don't think that most people are in the business to hurt others, Substance use treatment models have generally been framed around punitive measures. And we know that doesn't work.

So one of the things that I found that the fentanyl test strips have been really helpful for is opening up a conversation, and helping our clients understand that I view you as a human being. I recognize you outside of your substance



use that you are a mother, a father, a sister, or brother, a daughter, whoever, to someone. And that I value your life. And I want you to be well. And so even if you're not going to stop using, I think that you're still worthy of living. And I want to keep you alive long enough to potentially down the road. Maybe you'll make some different choices around it.

So we utilize this in conjunction with a lot of other strategies at our agency. Beth and Madison have spoken about Narcan distribution. So along with making test strips available at our housing sites, we also have easy access to Narcan which has been tremendously helpful as well. I know that I leave these test strips outside of my office. I literally have them in a box pinned to the wall with information about them, how to use them, tips and tricks about how to use safely. Other harm reduction techniques. And then information on how to get access to Narcan if you don't already have it.

And I will tell you that it's been really helpful to keep them easily accessible like that because people don't feel like they have to ask for it. And so those people who are-- I don't know how many of you are maybe familiar with stages of change, but who are in what we call pre-contemplative stages where they're maybe not recognizing yet that their substance use is problematic. They have access to stuff. So they don't actually have to be ready to talk about it. They can still be kind of learning about it themselves. And they have access.

So having this really, really low barrier or low threshold form of outreaching people I cannot tell you how helpful that has been. Years I've worked with people who have struggled with substance abuse. And they do want to do things differently. It's just, obviously, really hard. Otherwise, they wouldn't be in this situation.

And so this is just one more tool in the toolkit that we offer. And I think that's the other important thing to recognize about what the ADAMHS Board has done. We've been so, so lucky that they've been a partner with us in this. And that they're on board with the harm reduction strategies like this because along with Narcan, and along with access through Care Alliance, which is the medical provider that Beth had spoken about, those are all different tools. So fentanyl test strips are really great resources for some people. And the wound care is really great resources for some people. And clean syringes.

The syringe exchange is really helpful for some people. And we have to have more than one option. And so I wish that we could normalize this for other cities and other states because I know when I've done. Presentations like this with the ADAMHS Board and other presentations that we've given as an agency I hear all the time when are we going to get he's in our state. How do we get these? How do we have access and a lot of it?





Comes from a systematic level, which is really, really challenging trying to get your politicians to buy in trying to get your neighbors to buy in. But I'm telling you like I said in my testimony. Like from the bottom of my little social worker heart, this works. It makes a difference. It has helped my clients feel like they are valued. It increases their sense of self-efficacy, and their ability to make changes, and their ability to take control over their substance use. And that's something that they often come to see us with or lack. They don't have that sense when they come in for services.

And so if that's one of the things that I can provide to them is a feeling of value or worthiness, then I feel like I've done my job. So I just really have been so, so grateful for the ADAMHS Board to partner with us on this. And to make them so readily accessible. If you can do anything in your area to encourage lawmakers or your agency to get on board with this, I would highly recommend it. I can promise you that it will make a difference. And that's my spiel.

BETH ZIETLOW-DEJESUS: Thank you, Rebekah. Waverly?

WAVERLY WILLIS: OK. Hi, again, I'm Waverly Willis. And I just want to thank the ADAMHS Board for allowing me to be a part of this particular meeting as well as being a part of the fentanyl test strip program. As mentioned earlier, I'm the Executive Director of the Urban Barber Association. Again, it's a network of barbershops and salons. And we use our businesses to bring programming to the community. I also own Urban Cuts Barbershop, which is in Cleveland. It's two locations on the West side like Mr. Dejesus said a little while ago.

And just to give you a background on how I got involved with the fentanyl test program. When Ms. Dejesus first approached me with it, it was a no brainer. And it's because I definitely identify with the target population. I have been in recovery for 16 years now. So I always tell people don't let the bow tie and the smile fool you. I am a drunk. I'm an alcoholic. I am a dope fiend.

I was formerly severely homeless. I was the guy that used to beg you guys for cigarette butts outside. I'm outside smoking cigarette butts off the ground outside the Greyhound station. I was the guy with the cup in my hand asking for change in downtown Cleveland. I was the guy on 18th and Superior sleeping on the grates to get to steam for heat in the wintertime. And it gets brutal in Cleveland, Ohio. So I still consider myself part of the forgotten population here in Cleveland.

So again, it was a no brainer. I just am so grateful that fentanyl was not around when I was getting high because I feel 100% that I would not be alive. So again, it was a no brainer. When I was approached to be a part of this program, I run into a lot of circles from the administration of the city of



Cleveland, Ohio. But I'm still connected with my friends that I used to get high with in abandoned buildings.

So I still have the conversations. They're still getting high-- a lot of them. And I continue to pray for them. And I knew that these test strips would give them the option. As people have become educated about the dangers of fentanyl, I think that the test strips just being present in my barbershops brought forth the conversation.

Because even if you have not directly, your own person, have been affected-- you might not be an addict, or an alcoholic, or anything like that. But every person that's looking at me that's listening to me right now in some way, shape, or form, or fashion has been affected by drug use. Whether it's friend or family member, we all are affected by it.

So I just wanted to give the option of my friends and my people. Again, I do consider myself still a part of the forgotten population. I wanted them to become educated consumers. Because at the end of the day, they're buying this stuff. So they are consumers of this stuff. And I was overwhelmed with how those test strips was disappearing. And for the record, Ms. Dejesus, I need more. I need a lot more.

But I would put a sign. I would leave them out in both my barber shops just on a table where we got to magazines at. And addicts, we are some slick people. I would never see any people take them. But by the end of the week, the whole box would be empty. And I would also leave a box on a table in a barbershop. As well as in the bathroom. The box in the bathroom didn't stand a chance. That baby was probably gone in days.

And so I knew that I was on here. And again, I don't have a problem sharing my story anymore. And so after we got a little news coverage, I had people calling from all over Northeastern Ohio just to get their hands on some test strips. They wanted them boxes at a time. But, obviously, it was a limited amount that I was given. So I could just give out boxes.

I even kind of broke the rules, and my barbershop friends in other counties, I did give them a box apiece. And they had the same result. Sorry, Ms. Dejesus. They had to same results. The test strips was gone. So we are on to something really major here. And I really hope and pray that we can make this program number one, stick in Cuyahoga County. And then number two, spread to not just the rest of Ohio but globally even. This is a global problem that we're having.

So again, I'm just grateful to be a part of it. And let's keep expanding this thing, and making these people educated consumers. I'm not a numbers guy. I don't have definite numbers or things of that nature. And for the people that's watching this, I think that if you make a conscious effort if and when this



program comes to you, you've got to have people that boots on the ground like Ms. Wiland said that's in the trenches. Because when you're dealing with addicts, and alcoholism, and then you throw in mental health, and the backgrounds of us has been really tumultuous for the most part. So you have to have people that's boots on the ground that has a trust factor.

I think the test strips would have went anyway. But I think the fact that people know my story, they know where I came from, they know that I still identify-- I get emotional when I talk about the stuff. They know I still identify as part of the forgotten population. So it's easy for them to come to me and have the conversation. And that's all I want.

So I wholeheartedly believe that lives have been saved from this program. And possibly some people have-- through these conversations that I've been having, some people have got into-- I know for a fact that they've got into treatment. I personally have taken some people down to different treatment facilities and more effectively the one that I went to. So I know that this program works. And I certainly hope that we can expand on it. And that's my spiel.

BETH ZIETLOW-DEJESUS: Thank you so much, Waverly. So as you have just heard from Waverly and Rebekah, this program is helping people. And it is saving lives. And isn't recovery beautiful, Waverly? Gorgeous.

It also is helping to reduce stigma. Substance use disorders are incredibly complex. And there is still such stigma that people are less than when really they aren't. It requires medical treatment. It requires support systems. And it requires compassionate care. And these efforts are really creating those bonds with the community and starting that conversation so that people can frame their own substance use in a way that they might feel worth it just like Rebecca said. Worth getting help. Ready to get help. And when they are, we will be there.

We hope that you will consider addressing harm reduction through grassroots efforts in your community. We have placed some barriers during this work. And Madison will share them with you. But we'll talk about, the slides talk a little bit about, where we have had the best success. And I know I talked about that a little bit. But really, we aren't doing this alone. We're just the people starting the conversations and getting the strips out. Our partners in the community who are willing to save their neighbors, who are willing to respect people with a substance use disorder enough to put out these lifesaving measures, they're the real connectors. The real helpers. They are our partners in this effort.

MADISON GREENSPAN: So as Beth talked about, stigma is probably the biggest barrier we face. And a lot of that can be overcome through having community partners bridge the gap. And having real honest conversations



when we're going into these shops. That is what has helped us break down that barrier.

Another barrier we've faced are with corporate locations. So a lot of times we'll hear from managers, well, I would personally love to have the fentanyl test strips available. But that would be a corporate decision. So it's not that we've given up on corporate locations, it's just taking a little more work to get them into those locations and get them involved in the program. And of course advocacy at a higher level with help with this barrier as well.

And that last barrier we had here was grant funding. For a long time, many grants didn't allow for the purchase of harm reduction materials. But we're happy to say that SAMHSA now does allow for the purchase of fentanyl test strips with grant dollars. So that was a big win for programs like this. And that is all we had for our presentation. So we do want to open it up to any questions that you may have.

BETH ZIETLOW-DEJESUS: And I have heard that there are 22 in the Q&A section.

PRESENTER: There certainly are. This has been an amazing presentation with so much really good information and stories that help us really understand how important this is. So I'm just going to go through them quickly because we have a lot of them. But if we do not get through all of them, often we can just take them, and then we'll have you answer them in writing if possible. And we can post that on the website too.

So a question that several people have is, where do you purchase the test strips?

BETH ZIETLOW-DEJESUS: Are we allowed to say the company name? I want to make sure.

PRESENTER: I don't see why not.

BETH ZIETLOW-DEJESUS: OK. We order from BTNX.

PRESENTER: OK.

BETH ZIETLOW-DEJESUS: They're out of Canada. They have a distribution site in New York. So we usually get our strips within two days after ordering.

PRESENTER: And then again, someone asked where do you get them? Do you get them online? Is there a specific kind? Someone said like the number of options is overwhelming.



BETH ZIETLOW-DEJESUS: It is. We use the urine test strips. It's not the kits. It's the urine test strips, and we order them in the \$100 units.

PRESENTER: Great. Thank you. Do you provide training for how to administer naloxone?

BETH ZIETLOW-DEJESUS: So in the grassroots distribution, we do. We train the naloxone. We don't do the big long training. In Ohio, there was emergency changes to the law that allow us to educate as a service entity. And we are required to inform them how to use the Narcan. How to make sure a person is in the recovery position, and then to ensure that they call and connect with 911. Also on the front of all of our Narcan, if you pop open the front cover there are instructions on how to use it right inside. And we make sure that the business owners are aware of that.

The one test distribution we did, every single property that we visited had had an OD on site. And they were so grateful to have that lifesaving medication behind the counter.

PRESENTER: Yes, thank you. How do you deal with a false negative?

BETH ZIETLOW-DEJESUS: Anyone have information on that? Our instructions that we handout with our test strips say this is not a guarantee. You should use caution knowing that any drug could have fentanyl in it, so that's not a guarantee.

REBEKAH WILAND: That's how we've marketed ours as well. So when we're talking to clients about it-- and I've got it posted on a sign outside my office. It's kind of like the catch all phrase to remind people that just-- and also just because it doesn't have fentanyl in it doesn't necessarily mean it's safe. So that's why we also talk about other safer use or safer use techniques. So that if you're going to choose to continue to use, here some ways to keep yourself safe like the Narcan. And if you're injecting, start with a low dose. Shoot slow. Things like that. So it's part of a larger conversation is how we've kind of gotten through that.

PRESENTER: Great. Thank you. Someone else asked if they can use these strips to test for fentanyl in marijuana.

BETH ZIETLOW-DEJESUS: They can. What we tell people to do in that case is to dump out their marijuana, and put water in the baggie or whatever container the marijuana had been in. Fentanyl doesn't do a great job of sticking to the leaves of marijuana. So if they can test the residue inside the baggie that it was in, that's a pretty good way to test without having to wet the leaves.





PRESENTER: Thank you. Someone else asked, what is the source of information about fentanyl and cocaine? Is it in toxicology data, or seizure data, or other lab testing?

BETH ZIETLOW-DEJESUS: Yes. Yes. So we have a great drug testing site that shares all their data with us for anyone who is taking drug tests through courts or through treatment programs. So they share that for people who are still alive. And they'll show fentanyl in their drug test. We also have seizure information from our local DEA and our local Cleveland division of police. Our medical examiner is such an incredible partner. They share data with us regularly. So we do get their toxicology and lab results tests directly from them. And for those, we even know if the decedent had-- what drugs they were using. So were they using Meth and fentanyl? Were they using opiates and fentanyl? Cocaine and fentanyl? And we have that directly listed out.

PRESENTER: Thank you. How do they test for fentanyl in pills?

BETH ZIETLOW-DEJESUS: They have to crush the pill. They have to crush the pill. And the best advice is because it could be packed anywhere in the pill, to test the entire thing to get the entire pill. That is the safest way that we would instruct somebody to use it. They might have to drink the chalk water. But I've heard from people that they would and that they have.

PRESENTER: OK. Why would a seller knowingly put a depressant in a stimulant drug?

BETH ZIETLOW-DEJESUS: Who wants to take that?

REBEKAH WILAND: Waverly may have some other insight. But I will tell you that oftentimes what I have seen and heard is because it's more of a filler, it's a cheap filler to put in. And so if you're mixing it with stuff, fentanyl is much cheaper. And it's a filler is what I heard and seen.

WAVERLY WILLIS: That that's exactly what it is. At least by the time drugs reach Ohio, you've got to understand this is a business. And this is a billion dollar business. So each hand that this drug touches, they're adding something to it to sell it to the next person. So why wouldn't I add something to stretch my package out to make more money? And that's why. But that's a great question.

BETH ZIETLOW-DEJESUS: Also it's incredibly addictive. So if it did not kill somebody, they have a new customer.

REBEKAH WILAND: Yeah, I will say I've also heard anecdotally from some of my clients that the high that they get from it is a lot better. And so sometimes people do actually seek it out for that reason. And will go to certain dealers for that reason.



PRESENTER: Thank you. What is your elevator speech when you talk to potential partners about passing out strips?

BETH ZIETLOW-DEJESUS: Madison, you want to give the spiel?

MADISON GREENSPAN: Yeah. We touch on this a little bit. Usually we start with explaining of course who we are. Where we're coming from. And then really explaining that the area that their business is located in has a high number of overdoses. And people in their neighborhood are dying every day from overdoses. We explain what the test strips are, and what we're asking of them. So these would allow for people to take them for free so that they can test the substance that they are using to make an informed decision about how to use it. And then asking them to leave them out on their counter for people to take for free.

One of the biggest questions we get back is, well, is this encouraging people to use drugs? So a lot of times we do explain we are not encouraging drug use. We are helping keep people alive until they are able to seek out the treatment they need. Because somebody reaching recovery, as Waverly has and I'm sure can tell you, it's not a straight line. It's not an easy path. So we need to give people the most amount of opportunities we can to reach recovery.

WAVERLY WILLIS: Right. And the people in the community that I speak with, I mean you don't have to walk into a neighborhood store and tell them that it's people dying from drug overdoses. They already know. You know what I mean? And the few people that approached me about getting the test strips, the strips sell themselves. I mean because by the time the ADAMHS Board is knocking on any businesses door, the whole community is talking about you know they found Mike dead in his apartment yesterday. You know you know Lucy OD'd last night. So it's common knowledge in every neighborhood.

MADISON GREENSPAN: That's a really good point, Waverly. Yeah. So there are definitely neighborhoods we go in to where we start to talk and they say absolutely. I know this is an issue in our neighborhood. , Yes we'll take them. And it's an easy sell. They sell themselves like you said.

But there are some neighborhoods that we go into where you'll see a look of surprise on a person's face. Really? There are a high number of overdoses here? So there is still a little bit of that not in our neighborhood mentality, and some of the neighborhoods in Cleveland. But like Waverly said, we're happy to see that a lot of them, people are already recognizing the issue and they're ready to partner.

PRESENTER: Thank you. Someone asked, how are you working around HIPAA with EMS? They were having issues getting overdose information.



BETH ZIETLOW-DEJESUS: So we had a three year data sharing grant to figure out how to get through those loopholes. That was part of the ADAMHS Board, the medical examiner, our hospital systems. And that grant worked out the loopholes. And then they developed a system for how to share that. And they got data sharing agreements that are protective of that. I can connect you with our person who's in charge of that at the ADAMHS Board to give you some more information about that. But it was a large process. It wasn't easy. Though we do have very willing partners who wanted to find a solution. So it has a lot of identification. And we get a lot of zip code information rather than direct patient information.

PRESENTER: Great. Thank you. Can you share any harm reduction education tips that are provided along with the test strips in case the test is positive, and the person still wants to use the substance?

BETH ZIETLOW-DEJESUS: If you look on our website, the link that I shared earlier, our instructions are on there. The instructions are handed out with the test strips. And in there, it tells a person what to do if they've tested positive. Dispose of the drug, which likely is not going to happen if someone has a substance use disorder. Use less. Use slower. Use with someone else who's carrying Narcan, and take turns using.

PRESENTER: All right. Thank you. When you say you distributed naloxone with the test strips, do you just leave it next to the strips at the gas station? Or was there some sort of training on how to spot an OD and administer naloxone?

BETH ZIETLOW-DEJESUS: Yes, we are required to give those three instructions that I said. And then in some cases, many already know how to recognize an OD. Like Waverly was sharing, they've seen them on their property. But anyone who doesn't, we also provide that information.

PRESENTER: Great. What funding do you use? I know that you said that SAMHSA now allows for the purchase of fentanyl strips. But someone said this was their biggest barrier was the grant funding doesn't allow it.

BETH ZIETLOW-DEJESUS: Our Health and Human Services levy dollars or what have paid for it. And then we got that initial \$15,000 start up from the county executive. Because of the success of the program we continue to fund it through our levy dollars.

PRESENTER: How do you get around the law? Is that paraphernalia?

BETH ZIETLOW-DEJESUS: So in Cuyahoga County, nobody considers it paraphernalia. Our law enforcement officers actually have strips in the kits that they hand out. Particularly our narcotics officers in our major urban areas. And in our suburban units, they share them. So we've got big fish to fry there.



I do know that there is some language. And they're not technically called out in our law as paraphernalia. Not directly called out. It could be interpreted a different way through the way that Ohio's law is written. But there is an amendment trying to go through the Senate right now that would specifically call those out as not paraphernalia. So that is some advocacy work that you could do.

PRESENTER: Thank you. Someone asked, do you have any data to show how many go in for treatment assessment after having contact with these test strips with a provider or with the community partner like Waverly?

BETH ZIETLOW-DEJESUS: No. Those calls are usually go into our 24 hour hotline. So we have the call data information. But we don't know if that person would keep that appointment. Not in the grassroots. In our programmatic stuff I could give you those. But I couldn't say that they were directly tied to the grassroots distribution.

PRESENTER: Another question we had that sort of ties into that is how useful has the 24 hour hotline been for those seeking treatment?

BETH ZIETLOW-DEJESUS: In the last year, we had a 53% increase in calls just directly related to substance use disorder. Overall a 30% increase for calls related to mental health and crisis services.

PRESENTER: All right. Thank you. That's good news. Valerie asked, has this program been incorporated into the VA substance programs?

BETH ZIETLOW-DEJESUS: We don't have the VA as a partner yet. Do we, Madison?

MADISON GREENSPAN: I don't believe so.

BETH ZIETLOW-DEJESUS: I think there's some interest. But I think because SAMHSA just hopped on board federally, they weren't technically approved yet. So when there's a federal restriction, it affects that. And since the change by SAMHSA is so recent, I think that that would have something to do with that.

PRESENTER: Great. Another question that we've sort of had several variations of is that how do you get started doing this in your community?

BETH ZIETLOW-DEJESUS: We picked up the phone. Honestly. We picked up the phone. First, we got buy in from our board. Our board was very much in support of harm reduction efforts. We know that if somebody can stay alive long enough, they will find recovery. Or they may find recovery. And we don't condone drug use. We know that. You can't get help if you don't live.



And these are efforts to help somebody live until they're ready. So we started there. We had board buy-in. We had community buy-in. And then we just picked up the phone. We called partners we knew first. We got buy-in from them. And then we started hitting the neighborhood stores. And they really care about their communities. They just do. And they want to help. And it just grew from there.

PRESENTER: OK. Thank you. Do you have an MOU, or an agreement with the entities where you leave the strips or where you have the testing kits or the naloxone?

BETH ZIETLOW-DEJESUS: Sorry that I'm answering all the questions. But we have MOUs for our programs. So through the syringe exchange program, at Circle Health Services, and with Care Alliance, we have contracts with them because they also receive other funding. And this is very specific for them. They also purchase harm reduction and safe use kits-- so burners, water-- with that funding that we provide them for those programs. For the grassroots, we do not use an MOU. We walk in, we ask them to be a partner, and we drop and educate.

WAVERLY WILLIS: If I could, I wanted to intervene on the question before that about how you get started. As a community partner, I mean, outside of my personal stuff that I share with you, just putting myself in a business owners shoes only-- not an addict or anything like that-- I really enjoy the fact that I'm allowed to be part of the solution as a business owner. You know it's a barbershop, so people come in and complain about the government, the local government, the national government. But this gave me as a business owner in the community to stop complaining and actually be a part. Again, that's going to be hot news in a community business about who OD'd last night or the night before.

So if we're going to talk about it anyway, it's a great segue way for me to say, well, that's why I got those test strips over there. I feel like I'm being part of the solution versus being a complainer.

PRESENTER: Thank you. That's a great way to look at it. I just want to follow up too. Timothy said that VAs in Ohio are using the test strips.

BETH ZIETLOW-DEJESUS: I saw that. That's awesome. Not partnered with us. But yes, I'm glad to hear that.

PRESENTER: Yes. There is a lot and just as I'm scrolling through the questions, there's a lot of people who are interested in doing this kind of thing. So we can try and get some information to put when we post this presentation just so that other people have some information. Another one. This is a good question. How does this impact stigma?





BETH ZIETLOW-DEJESUS: I wish that Rebekah was still here to talk about that because her testimonial goes into a little bit about how people have started to talk to her more openly about their substance use even if they're not ready to stop using. Waverly, do you have anything else you want to add about the stigma side of it?

WAVERLY WILLIS: Just basically, I just like to piggyback on what you just said. Talking with the people that I know they're still addicts, as well as the people that aren't addicts but have a family member things of that nature, it's the fact as far as stigma and anything, it's a conversation. And no change can be had without having the conversation. Even if it's change within myself, I have to have a conversation with me. So whatever stigma that's attached, or misnomer, or myth, or anything like that, let's have the conversation. And I think that dispels anything.

BETH ZIETLOW-DEJESUS: Yeah. And the less shame, the less isolation a person has, more likely they are to seek help. We know that from several studies. So a person who feels supported is more likely to ask for help. And have successful sustained recovery.

MADISON GREENSPAN: Yeah. And I can share one more story from a distro we did last week. We walked into a gas station. Started talking to the person at the counter about the test strips and Narcan, and she started to cry. And I thought, oh no, what did I say wrong to make this woman cry? She shared with me that her daughter is actively struggling with addiction. And they had really reached a breaking point, and she just didn't know what to do next. So after a few minutes of standing there crying together because she got me crying too, I was able to give her those resources. And I think she felt a reassurance that if there's somebody who today walked into this gas station and talked to me about this, there is a chance for my daughter to find recovery. And like Waverly said, it's the people who are struggling themselves, but also the family too.

BETH ZIETLOW-DEJESUS: Great story.

PRESENTER: Yes. That is a good story. We have time for one more question. We've actually gone a little bit over time. But Sarah asked, she's been looking for educational handouts on how to use the strips that are good for low literacy audiences. More pictures than words. Do you have any recommendations for that?

BETH ZIETLOW-DEJESUS: Do you want to share that website, Madison, that has the comic strip? It's not a comic strip. It's an illustration. Sorry. I shouldn't have called it a comic strip. Nothing's funny.

MADISON GREENSPAN: Yeah. Let me try and find that so I can share it in the chat. That was a really good one.



PRESENTER: And we can also again, like I said, we still have some questions. So we'll probably just send them to you, Beth. And you can help us find the answers to those for people. And we'll post the Q&A along with the recording and the slides so that we're able to get to all of these really good-- I mean, people were so interested. And this was such a great presentation. And I just want to thank all of you for your time, and your expertise, and your experiences. As well as all of you who joined us today.

Again, we will get you all of this information. So Madison, you don't have to speed through looking for that. We will definitely add that to the resources that we have. So again, oh, you are good. Again, thank you everyone. Thank you especially to our panel. This was fantastic. And we hope to see you on another webinar soon.

WAVERLY WILLIS: All right. Or in person preferably.

PRESENTER: Yes.

WAVERLY WILLIS: Get vaccinated, everyone. Bye.

PRESENTER: Thank you.

MADISON GREENSPAN: Thanks, everyone. Bye, bye.

PRESENTER: Bye, bye.