

# Van H. Wanggaard

Wisconsin State Senator

January 13, 2022

## Testimony on Senate Bill 600

Thank you committee members for hearing Senate Bill 600 today. Senate Bill 600 (SB 600) is an important bill that will help save lives, and I appreciate Representative James working with me on this.

Earlier this year I testified before this Committee in favor of a bill that would increase the penalties for manufacturing, distributing, and delivering fentanyl and fentanyl analogs, and I want to thank you, as a committee, for approving that bill. I have authored this bill for many the same reasons I authored that bill.

As we all know, the overall number of overdose deaths involving opioids has risen due the skyrocketing availability and use of synthetic opioids, mainly fentanyl. Sadly, a large number of the people that overdose on fentanyl, have no idea that they are actually ingesting it. And not only are illegal drugs like cocaine, and heroin are being laced with fentanyl, but prescription drugs like Xanax and Oxycodone are as well.

Fentanyl testing strips are little pieces of paper that identify the presence of fentanyl in injectable drugs, powders, and pills. In Wisconsin, these strips are considered drug paraphernalia, making them illegal to possess. This bill would change that, and allow anyone to possess them.

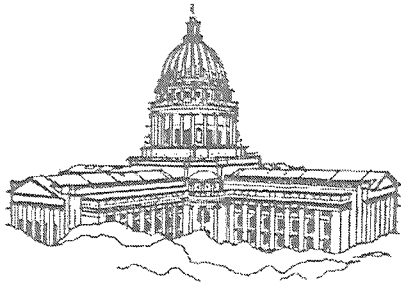
This will save lives. A study was done in 2018 where 81 young adults, who reported using illicit drugs in the past 30 days, were provided testing strips. Of those, 31 of them received at least one positive result. Participants that received a positive result reported that they would be less likely to engage in risky behavior.

Again, thank you for your consideration of Senate Bill 600. And, I urge your support.

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# LENA C. TAYLOR

Wisconsin State Senator • 4th District

HERE TO SERVE YOU!

**Testimony of State Senator Lena C. Taylor  
Senate Committee on Judiciary and Public Safety  
SB 600/AB 619  
January 13, 2022**

Good Morning Vice-Chair Wimberger, and Members of the Senate Committee on Judiciary and Public Safety, thank you for the public hearing on SB 600/AB 619 relating to decriminalizing fentanyl testing strips.

Drug abuse is not new. From morphine to “molly”, there have been any number of medical and illicit substances that have commanded our attention. We’ve been given a front row seat to observe the devastating impact they have had on our community. Just when you think you’ve see it all, along comes Fentanyl. Classified as synthetic opioid, Fentanyl serves as a “Jack of all trades” in the drug game.

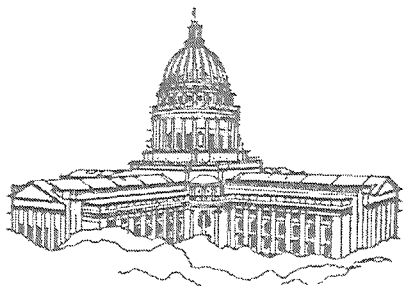
According to the National Institute on Drug Abuse, Fentanyl is a Schedule II prescription drug. It is typically used to treat patients with severe pain or to manage pain after surgery. It is also used to treat patients with chronic pain who are physically tolerant to other opioids. It comes in the form of a lozenge, oral tablet, oral spray, IV, or as a patch. But then, there is the other side of the coin.

Fentanyl can be used or put in just about every type of street drug that exists. It’s 50-100 times more powerful than morphine. The drug can be obtained by diverting it from legitimate medical users. In addition, discarded Fentanyl patches can still contain significant amounts of the drug in a gel form. Abusers eat, smoke or figure how to inject the left over gel. In other instances, Fentanyl can be manufactured illegally in homemade drug labs.

Once in the hands of drug dealers, it can be found in everything from heroin or cocaine, or formed into pills and sold on the street. Buyers often think they are buying oxycodone or other pills that are frequently abused.

Fentanyl is also cheap to make, flooding communities across the country, and is deadly. Between 2015 and 2020, the number of overdose deaths involving Fentanyl in Milwaukee County went from 8% to 73%. In 2020, of the 544 overdose deaths in Milwaukee County, 400 were due to Fentanyl. In the last 4 years, this drug is now showing up in nearly 50% of all deaths connected to drug overdoses. The average drug user often has no idea that they may have recreational drugs that are mixed with Fentanyl.

Understanding the increased risk of death associated with the drug, most users would likely avoid products/activities that contain Fentanyl. So, how do we address this problem?



# LENA C. TAYLOR

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Certainly, it would be great if we could get people to stop using drugs. While we are working on that, we do have another way to stop people from dying from a Fentanyl drug overdose.

Fentanyl strips are a way for those who use illicit drugs to check and make sure they are not ingesting or using a drug that contains Fentanyl. It is a test that takes 2 minutes and is nearly 100% accurate in detecting the presence of Fentanyl. Of particular note, is how little they cost. At roughly \$1 each, they are an inexpensive ways to help save lives.

The single-use strips work like other over-the-counter testing products: The user dips the strip into water containing a small amount of well-mixed drug residue and waits a few minutes for the result. Again this is a simple and cost effective way to help prevent further loss of life.

Yet, the biggest obstacle to getting these strips into the hands of people, is the perception that the strips promote or encourage drug use.

While it may be controversial, Fentanyl strips work. To combat drug related deaths, we have to be willing to think out of the box and consider non-traditional interventions to save lives. I pray, that you too, will see the value in this legislation and encourage your support of SB 600.

Thank you for your time and attention.

**Senator Lena C. Taylor**  
**Wisconsin 4<sup>th</sup> District**



STATE REPRESENTATIVE

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# JESSE JAMES

January 13<sup>th</sup>, 2022

Testimony of Representative James in favor of SB 600

Thank you, Chairman and other committee members, for hearing this important legislation- legislation I believe will save lives. I want to thank my fellow colleagues who introduced this legislation with me, Rep. Ortiz-Velez, Rep. Zimmerman, Sen. Wanggaard, and Sen. Taylor.

Let's talk about fentanyl. The Center for Disease Control and Prevention categorizes fentanyl as a synthetic opioid that is up to 50 times stronger than heroin and 100 times stronger than morphine. There are two types of fentanyl: pharmaceutical fentanyl and illicitly manufactured fentanyl. Both are considered synthetic opioids.

Fentanyl is often added to other drugs because of its extreme potency, which makes drugs cheaper, more powerful, more addictive, and more dangerous. We have seen a wide range of this, from marijuana, meth, cocaine, and heroin laced with fentanyl. We have even seen a liquid form of fentanyl in eye drops, nasal sprays, dropped onto paper, and in small candies.

Fentanyl is becoming a major contributor to fatal and nonfatal overdoses in the U.S. Just imagine you are thinking you're buying whatever your drug of choice is to get your fix. Unluckily for you, it's laced with fentanyl, and you unexpectedly overdose. You have no Narcan on hand, since you weren't anticipating needing it. You may dial 911 in hopes to get police on the scene in time with some Narcan or an ambulance with a large injectable dose to revive you. On scenes where I have been present, we as officers may not even carry enough Narcan to help, but we do what we can to keep people alive and breathing.

Fentanyl can be added to simple everyday items. I want to share a story of a young man from the Chippewa Falls area who purchased what he thought was a dietary supplement in powder form from China. It is believed he opened the powder on the way home and taste-tested it. He arrived home and his mother heard a huge crash and tires squealing in the driveway. The young man died from the overdose as he floored the accelerator and came to a halt, smashing into the garage.

You can't see fentanyl, you can't smell fentanyl, and you can't taste it. It is impossible to know if any drug has been laced with fentanyl. This is why it is easy for so many to overdose on it, whether using it purposefully or accidentally.



STATE REPRESENTATIVE

# JESSE JAMES

This young man could not test this substance because fentanyl testing strips are considered drug paraphernalia in Wisconsin and it would be a crime. This legislation would decriminalize fentanyl test strips so that any substance could be tested to make sure fentanyl isn't present, illicit or not. Fentanyl test strips are a valuable, lifesaving, and inexpensive tool that can give results in approximately five minutes – which can be a matter of life or death. These strips are a presumptive test and do not necessarily tell the quantity of fentanyl, but can at least tell if it is present or not. Visually, these tests are similar to a pregnancy test: one line identifies if fentanyl is present and two lines if it is not.

There has also been a recent uptick in the manufacturing of synthetic opioid pills. We know China is sending all of the manufacturing materials to Mexico and the pills are made and laced with fentanyl. We have seen an increase right here in Wisconsin.

Wouldn't it be unfortunate if a high school student got their hands on some pills to help with a sport injury to dull their pain and the medicine was laced with fentanyl instead? Instead of OxyContin, they got fentanyl. Overdoses like this are happening here, right now, today. By legalizing fentanyl test strips, those who may choose this route would at least have an opportunity to test what they use first. We have the chance to take a step forward in ending the opioid crisis and the increase in overdose deaths happening statewide and nationwide. It might not be the end all, be all solution, but saving lives should never be a partisan issue or up for debate.

Let's start with this.

Hello – I am Michelle Kullmann Reddington, from Waunakee, and I'm here today because on November 4<sup>th</sup>, 2021, my life was forever changed when I lost my youngest son, Cade Reddington at the young age of 18. Cade took one fake Percocet pill that turned out to be 100% fentanyl. I want to make something clear - Cade did not die of a drug overdose. You don't die from taking one Percocet – he was poisoned by the drug makers and dealers and I believe his death certificate should not say accident, it should say death by HOMICIDE.

Cade was so full of life – he would light up every room he walked into with his huge smile and friendly demeanor. He would strike up conversations with everyone and make them feel special. He was passionate about life – from doing backflips off most anything, to learning new skateboard tricks, snowboarding, chasing sunsets, hanging with friends and easily saying I Love YOU to all of his friends and family. Cade was a freshman at UW Milwaukee and had his entire life ahead of him. He was just home Halloween weekend before he passed. We had a conversation at dinner Sunday night before he went back to Milwaukee about him changing his major from Business to Psychology and Philosophy so he could help others. He told me how he wanted to travel the world.

Cade did not want to die. If he had been educated about the prevalence of fentanyl and known that 42% of street drugs have enough fentanyl to kill and that that pill he was about to take was 100% fentanyl and would definitely kill him, there is NO way he would have taken it. He was in an experimental phase of life and I know he would have worked through this time and gone on to have an amazing impact in the world.

I actually had no idea that he had started taking pills and didn't know much about fentanyl before November 4<sup>th</sup>. This is now part of my daily life as I learn more about this horrible epidemic of fentanyl poisonings sweeping our nation, robbing us of hundreds of thousands of young lives, many who are trying a drug for the first time.

Since Cade passed away, the CDC has released its report that there were over 100,000 overdose deaths in the 12 - month period through April of 2021 with over 60% of these deaths actually being fentanyl poisonings. New data shows that fentanyl is now the leading cause of death among adults aged 18-45. Additionally, High School aged adolescents saw the sharpest increase in overdose mortality between 2019 and 2020 with a 94.3% increase, the largest percent increase of any 5-year age group! These are not drug addicts dying, these are kids trying a drug for their first time!

Since November 4<sup>th</sup> I've met other Wisconsin parents who have lost their beautiful children to fentanyl poisonings –Erin and Rick Rachwahl in Pewaukee who lost Logan in the same dorm as Cade at UW Milwaukee on February 14<sup>th</sup>, 2021 to a Percocet that turned out to be fentanyl. Sharon Marshall, who lost her beautiful daughter, Erin to cocaine laced with fentanyl. Charles Tubbs, who lost his beloved son CJ to marijuana laced with Fentanyl. Roxane who lost her only son, Conor to a fake Percocet that was fentanyl.

*just*  
This is no longer an Opioid addiction issue, the widespread infiltration of fentanyl in fake pills is a public health crisis that is not only killing people with substance use disorder, it is also killing kids and young adults who try a drug for the first time, often purchased easily on social media. One Pill Can and does Kill. Decriminalizing fentanyl test strips is a first step in addressing this epidemic, but is not fail safe and is only one tool when used properly in this fight against fentanyl poisonings.

Additionally, we are in desperate need of a state-wide public safety campaign about One Pill Can Kill that includes billboards, posters, tv, radio and social media campaigns, *we need* updated education in all middle schools, high schools, and college campuses, more widespread access to Narcan, harsher penalties for drug dealers, a crackdown on social media sites like Snapchat that give drug dealers easy access to kids, an update to the Good Samaritan law so people are not afraid to call for help, better access to effective treatment, and a reduction in the flow of these fake pills and fentanyl through our borders.

This epidemic has snuck up on us as a society and we are behind the 8 ball in education and laws that can save lives.

I do not want any other parents to live through the nightmare that my family is living. While its too late to save Cade, its not too late to save others. The people of Wisconsin need your help to turn the tide on this epidemic and reduce the number of fatalities from fentanyl poisonings.

Thank you.



I'd like to thank the committee members for this opportunity to speak to you this morning regarding this very important bill.

In January of 2020 my daughter, Erin, made the decision to get treatment for her substance abuse disorder. I will never forget her calling me after her assessment and saying "Mom, I have found the most amazing counselor, she is young and she just gets me! **2020 is going to be the best year ever, I can just feel it!**"

Erin was truly one of the kindest and most caring people in this world and I will forever be honored and grateful to be her Mom. Erin was that person who always left others feeling valued and appreciated. She had just celebrated one year in March of 2020 as a hair stylist at Erin Marie Artistry, her own business, which she was extremely passionate about. She was thrilled and proud to be a small business owner here in Madison.

Erin's salon was shut down on March 17, 2020 due to the virus and she became very worried that someone in our family would be critically ill in the hospital and that she wouldn't be able to be with them. The isolation was very hard for Erin and her anxiety skyrocketed. The in-person visits with her counselor were shut down and it honestly was the perfect storm for someone like Erin, as well as so many others who were dealing with the same kind of issues, during the Covid shutdown. On the night of May 8, 2020 Erin reached out to a "friend" for drugs. This was clearly a relapse. Erin did not ask for **FENTANYL**, she did not intend to die that night! The following morning I received a phone call from the hospital that no parent ever wants to get, saying they had Erin there, that she was very, very sick, and that I needed to come right away. A CT scan of her brain was done and our family was told Erin had an anoxic brain injury. My sweet girl, who never missed a night of telling me goodnight and I love you, passed away at the age of 27 on May 9, 2020 at 4:24 p.m. surrounded by her family. Erin never regained consciousness from the time the fentanyl stopped her breathing at her apartment the prior evening.

Fentanyl poisoning is an epidemic that desperately needs the collective attention of all of us here in Wisconsin and throughout the entire country. Since Erin's death I have joined a couple of Facebook support groups for those who have lost their loved ones to fentanyl poisoning and it is absolutely heartbreaking to see so many beautiful faces, like Erin's, like Cade's, whose Mother Michelle is here today as well.

Unfortunately, it appears that fentanyl is not going anywhere, as it has now become the #1 killer of adults aged 18-45. Giving those with substance abuse disorders the option of testing drugs for the presence of fentanyl without the worry of being charged criminally for possessing them only makes common sense. Just like Narcan, we must make any tool available to those who are struggling. I support the decriminalization of fentanyl testing strips in the hope that lives can be saved.

Thank you for your time and attention.

Sharon L. Marshall



Wisconsin **Medical Society**



Wisconsin Society of  
Addiction Medicine

A Chapter of American Society of Addiction Medicine

TO: Senate Committee on Judiciary and Public Safety  
Senator Van Wanggaard, Chair

FROM: Ritu Bhatnagar, MD, MPH, FASAM  
Medical Director, NewStart Addiction Services at UPH-Meriter Hospital  
President, Wisconsin Society of Addiction Medicine

DATE: January 13, 2022

RE: **Support** for 2021 Senate Bill 600

Good morning, Mr. Chairman and members of the Senate Committee on Judiciary and Public Safety. My name is Dr. Ritu Bhatnagar. I am a licensed psychiatrist specializing in addiction psychiatry. I completed my advanced training at the University of Wisconsin here in Madison. For the last eight years, I have been working at NewStart, Unity Point Hospital (UPH) Meriter Hospital's addiction treatment service branch, and I have been the Medical Director there since 2015. I am also an adjunct professor with the University of Wisconsin Department of Psychiatry and involved with the Addiction Psychiatry Fellowship. Additionally, I am president of the Wisconsin Society of Addiction Medicine (WISAM). I am here today on behalf of the Wisconsin Society of Addiction Medicine and the Wisconsin Medical Society to testify **in support** of Senate Bill 600 relating to decriminalizing fentanyl test strips.

As you are likely aware, the opioid pandemic has hit Wisconsin hard. We thought opioid overdose deaths in Wisconsin were starting to trend slightly downwards in 2020, and the addiction treatment community and Wisconsin were very hopeful that the trend would continue.

However, with the pandemic and the rise of the illicit fentanyl in the supply of opioids available, we have seen opioid overdoses increase again in the last year. Sadly, our state statistics mirror those of the country. This increase in synthetic opioids poses a real danger to our community. Fentanyl is a powerful synthetic opioid, with a potency 50-100 times that of morphine<sup>1</sup>. It is often mixed into other drugs or pills because it takes a very small amount of it to produce a euphoric effect. We have been seeing so much fentanyl in the supply of heroin now as addiction treatment professionals, that we just assume that it is now mixed in and something we need to consider when offering treatment options to people.

A greater concern for the general public is that it is now being mixed in with cocaine, cannabis, methamphetamine, or even other pills. The DEA recently issued a warning regarding caution with regards to counterfeit pills, stamped to look like prescription benzodiazepines or amphetamines, but that may have fentanyl or other substances mixed in.

For those who have never tried opioids, this chance exposure can be lethal. For those who have some experience with opioids, they may think they are using the same amount as their bodies can tolerate, but the increase in potency can be enough to cause respiratory suppression, unconsciousness, and even death.

In an effort to reduce the likelihood of overdose, Wisconsin needle exchange facilities have been providing fentanyl test strips so that people can test their product before use to determine if it has been adulterated

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<sup>1</sup> <https://www.drugabuse.gov/publications/drugfacts/fentanyl>

with fentanyl<sup>2</sup>. Fentanyl test strips (FTS) use technology similar to a home pregnancy test, in that the strip is dipped in a small amount of liquid with the opioid/substance in question. If there is fentanyl in the product, one line appears, and if there are two lines, then there is no fentanyl present. The rationale here is that this knowledge about the presence of fentanyl would allow the person to make an informed decision about their use, with additional safety measures in place, like the “Never use alone” hotline<sup>3</sup> or having a friend nearby with naloxone on hand, or to decide not to use from this supply.

The majority of FTS on the market are manufactured by BTNX, Inc., a Canadian biotechnology company that specializes in drug testing research and development. FTS manufactured by BTNX, Inc. cost one dollar per strip and are 96-100 percent accurate in detecting the presence of fentanyl. The BTNX strips can detect at least 10 fentanyl analogs, including carfentanil. The use of the strips and availability is supported by studies<sup>4</sup> and have not been shown to increase drug use, but rather to help people who are using drugs to make healthier choices. The Centers for Disease Control and SAMHSA, which stated in April 2021 that federal funding could be used to purchase rapid FTS, also supports the use of FTS as a harm reduction approach that has been shown to reduce behaviors associated with overdose and, by keeping people alive longer, increase likelihood of engagement in treatment<sup>5</sup>. This, as a harm-reduction technique, has support from national organizations like ASAM, and is recommended for states to explicitly change laws to decriminalize their use, as noted in the brief by the Legislative Analysis Bureau<sup>6</sup>.

In spite of this promising data, fentanyl test strips have been broadly classified as “drug paraphernalia” and therefore criminalized in Wisconsin. I know, because I have taken care of people who have been charged with possession of drug paraphernalia when they were trying to be safe about their use. This occurred even when they had gotten the FTS from a needle exchange program! This led to legal consequences for them that then prevented them from getting their lives back together when they were ready to find a job. Fentanyl test strips are simply another tool to add to our efforts to reduce and prevent overdoses in Wisconsin. Clear protections in laws are preferred, so there is less local variation in enforcement. As president of WISAM, I have heard from other providers in the state that these laws are being enforced inconsistently depending on location and local legal authorities.

Decriminalizing FTS makes it that much more likely that people will find their way to treatment rather than to the criminal legal system. Each interaction with places like the needle exchanges that provide FTS with accurate information about substance use is an opportunity for the individual to also access treatment and other social services, like housing or food assistance. It also allows the state to use funds from SAMHSA and DHS to get the strips into the hands of people who need them, allowing for more collaboration between community partners who are all affected by the opioid epidemic. For instance, imagine how helpful it would be if a person who presents to the hospital emergency department after an overdose could get information about treatment, and FTS along with a prescription for naloxone before they leave. As a provider, I appreciate that fentanyl test strips not being a source of new legal charges is an important step towards encouraging people to be safe if they choose to use substances, thus allowing them to be more likely to engage in treatment. WISAM and WisMed thus register our support for Senate Bill 600 to decriminalize fentanyl test strips.

We know that naloxone works to reverse overdoses in the short term. Even with potent opioids like fentanyl, it is effective to reverse the overdose, but may require repeated doses, and people are not aware

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<sup>2</sup> <https://isthmus.com/news/cover-story/no-questions-asked/>

<sup>3</sup> <https://neverusealone.com/>

<sup>4</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6701177/>

<sup>5</sup> <https://www.samhsa.gov/newsroom/press-announcements/202104070200>

<sup>6</sup> <https://legislativeanalysis.org/wp-content/uploads/2021/05/Fentanyl-Teststrips-FINAL-1.pdf>

that the effect can wear off. This is why it is important to consider the impact of the Good Samaritan Law (Act 194) on the situation of opioid overdoses. This law was established in 2013 to offer limited immunity from criminal prosecution for someone who called 911 in response to someone else's overdose<sup>7</sup>. It took effect in April 2014.

According to the Governor's Task Force on Opioid Abuse, fear of arrest and prosecution still prevents bystanders from calling for help in the event of an overdose. I have heard from the people I care for that their friend has told them that they would rather die than go to jail, and to please not call for help if they overdose as they would face a charge for "internal possession." The Task Force on Opioid Abuse recommended that the person who overdoses, not just the one who reports it, should receive the same level of immunity<sup>8</sup>. This is in line with ASAM's policy, which states that "All jurisdictions should adopt laws that provide overdose victims and persons assisting with the emergency immunity from prosecution and civil liability should they come in contact with emergency responders. This immunity should apply as well to overdose victims and persons assisting with the emergency who are supervised as part of probation or parole agreements"<sup>9</sup>. In 2017, Act 33 provided the same limited immunity to the person experiencing the overdose<sup>10</sup>, and Act 59 provided immunity from revocation of probation, parole, or extended supervision for certain controlled substance offenses.

Act 194, Act 33 and Act 59 have been allowed to sunset as of August 1, 2020. I am aware that AB 651 to extend Act 33 and Act 59 was introduced and passed in 2019, from where it was sent on to the Senate to vote on SB 590. However, due to the pandemic, it appears that these were not taken up by the Senate, and the provisions related to protecting the person calling for an overdose as well as the person experiencing the overdose are no longer in place. As we have mentioned before, it is treatment and not legal enforcement that has been shown to be effective in addressing substance use disorders.

I am asking, on behalf of the Wisconsin Society of Addiction Medicine, the Wisconsin Medical Society, and the people of Wisconsin, both with addiction and on behalf of their communities, that this oversight be addressed, and these laws be extended to reflect the good faith intention of getting people with addiction diverted from the criminal legal system and into treatment for the entire state of Wisconsin.

I thank the Committee for giving me the opportunity to testify in support of SB 600 and this important legislation.

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<sup>7</sup> <https://docs.legis.wisconsin.gov/2013/related/lcactmemo/act194.pdf>

<sup>8</sup> <https://hope.wi.gov/Documents/ReportOnCombatingOpioidAbuse.pdf>

<sup>9</sup> [Use of Naloxone for the Prevention of Opioid Overdose Deaths \(asam.org\)](https://www.asam.org/Use-of-Naloxone-for-the-Prevention-of-Opioid-Overdose-Deaths)

<sup>10</sup> [https://docs.legis.wisconsin.gov/2017/related/lcamendmemo/jr7\\_ab3.pdf](https://docs.legis.wisconsin.gov/2017/related/lcamendmemo/jr7_ab3.pdf)



January 13, 2022

To Members of the Senate Committee on Judiciary and Public Safety,

Thank you committee members for the opportunity to address the committee today. Thank you also to the bill authors including Senators Wanggaard, Taylor and others for authoring this important legislation.

Vivent Health is a new organization founded on the combined expertise of AIDS Resource Center of Wisconsin, Rocky Mountain CARES, St. Louis Effort for AIDS and AIDS Services of Austin. Together, we are working towards a world without AIDS. And we're committed to being a respectful, caring partner serving everyone affected by HIV through our comprehensive, integrated prevention, care and treatment programs.

Vivent Health asks for your support of Senate Bill 600, in order to decriminalize fentanyl test strips (FTS). Vivent Health has implemented our Lifepoint Program for more than 25 years, providing harm reduction services and education, linkage to services (e.g., treatment, health care, housing) and testing for HIV, hepatitis C and syphilis.

As part of the Lifepoint Program we distribute FTS to people who inject drugs (PWID) for the purpose of testing their drug for fentanyl. If a strip indicates that fentanyl is in the drug, people are able to implement strategies to reduce their risk of overdose. In 2021, Vivent Health distributed almost 46,000 strips throughout Wisconsin and received more than 4,600 reports back from clients on their experience.

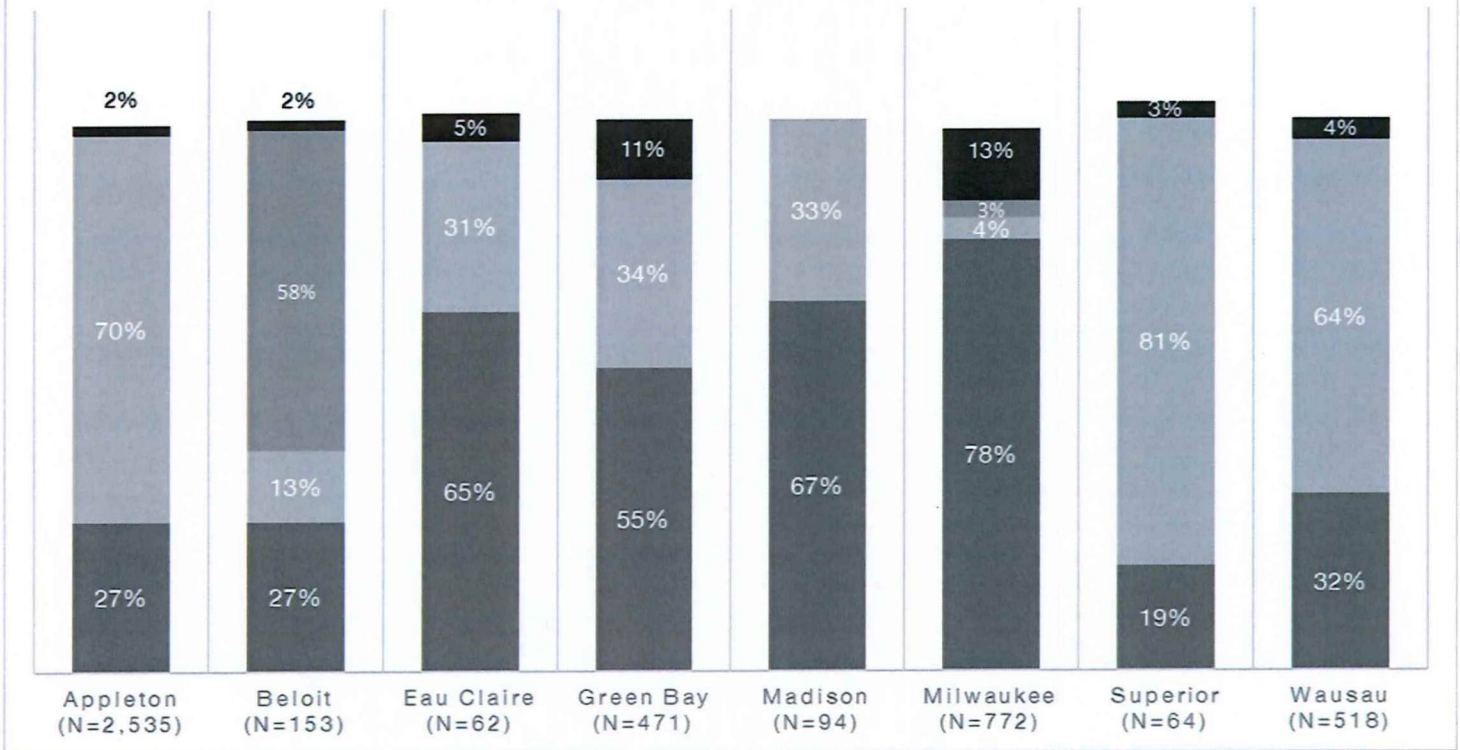
	Appleton	Beloit	Eau Claire	Green Bay	Kenosha	La Crosse
Fentanyl Test Strips Distributed	7,322	4,380	3,091	6,218	1,113	1,226
Number of Test Results Reported	2,535	153	62	471	17	1

	Madison	Milwaukee	Superior	Wausau	All Wisconsin
Fentanyl Test Strips Distributed	3,995	11,723	2,994	3,895	45,957
Number of Test Results Reported	94	772	64	518	4,687

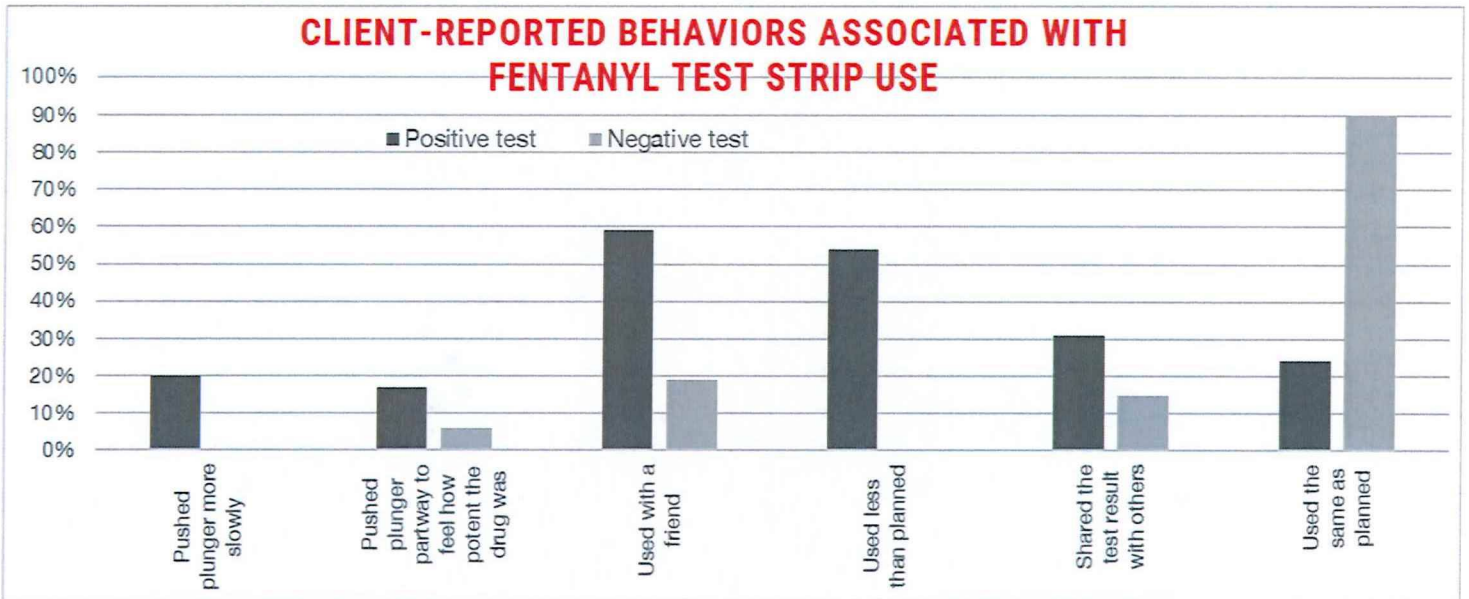
Individuals report testing heroin, methamphetamine, cocaine, and other drugs. Locations with less than 20 tests reports were not included in the information below.

### TYPE OF DRUG TESTING POSITIVE FOR FENTANYL

■ Heroin ■ Methamphetamine ■ Cocaine ■ Combo/Other



Once a person knows their drug has fentanyl in it they can make decisions about how to use the drug to reduce the risk of overdose.



The people we serve do not want to die. They want to make informed decisions and FTS can help them do that. Vivent Health will continue to provide services and be here when they are ready for treatment. In the meantime, we will keep them safe.

Thank you for your consideration,

*Kristen Grimes*

Kristen Grimes, MAOM, MCHES  
Director of Prevention Services  
Vivent Health

[Kristen.grimes@viventhealth.org](mailto:Kristen.grimes@viventhealth.org)

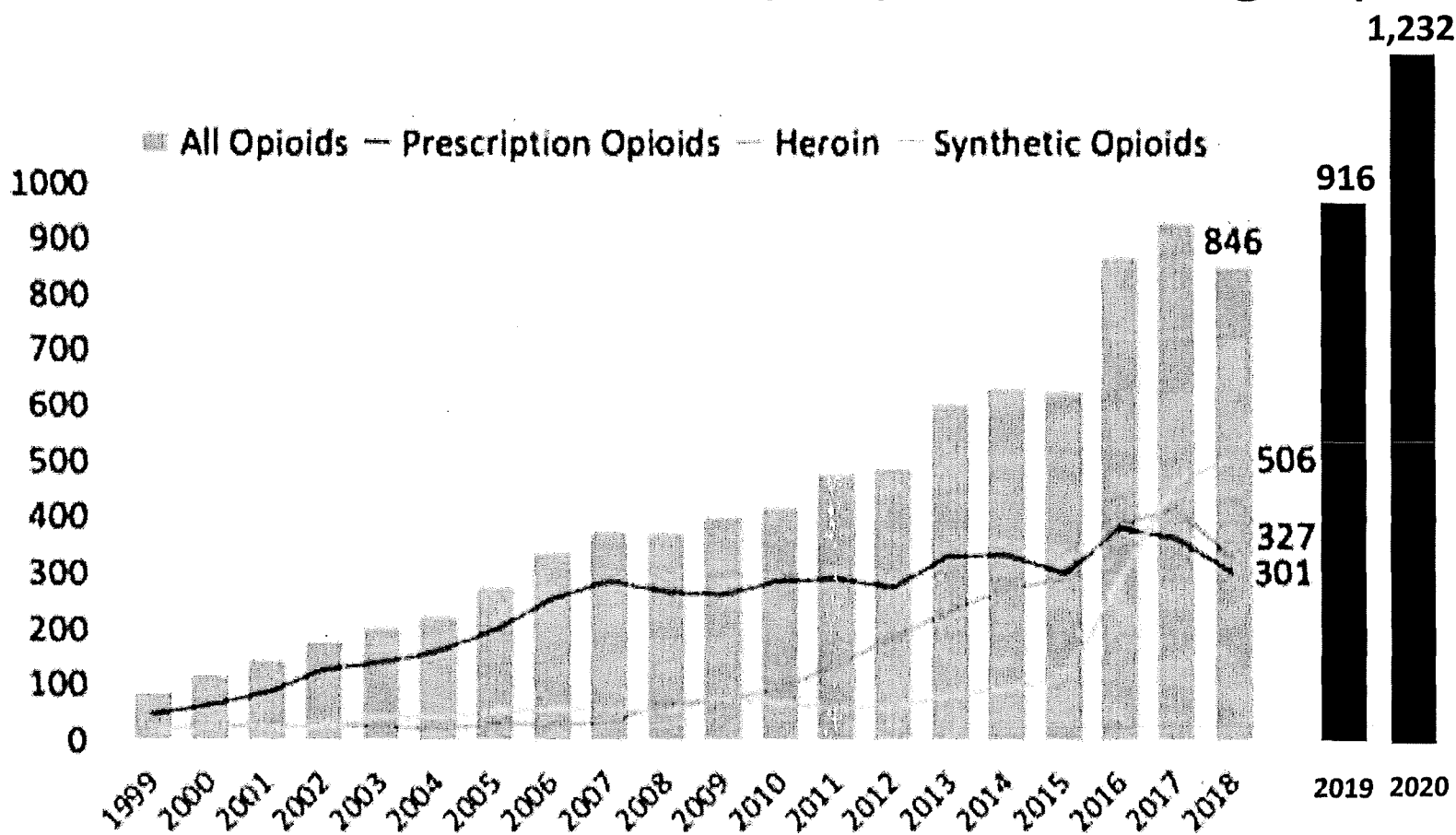




# WI SB 600 Fentanyl Test Strips

*Why It's Needed*

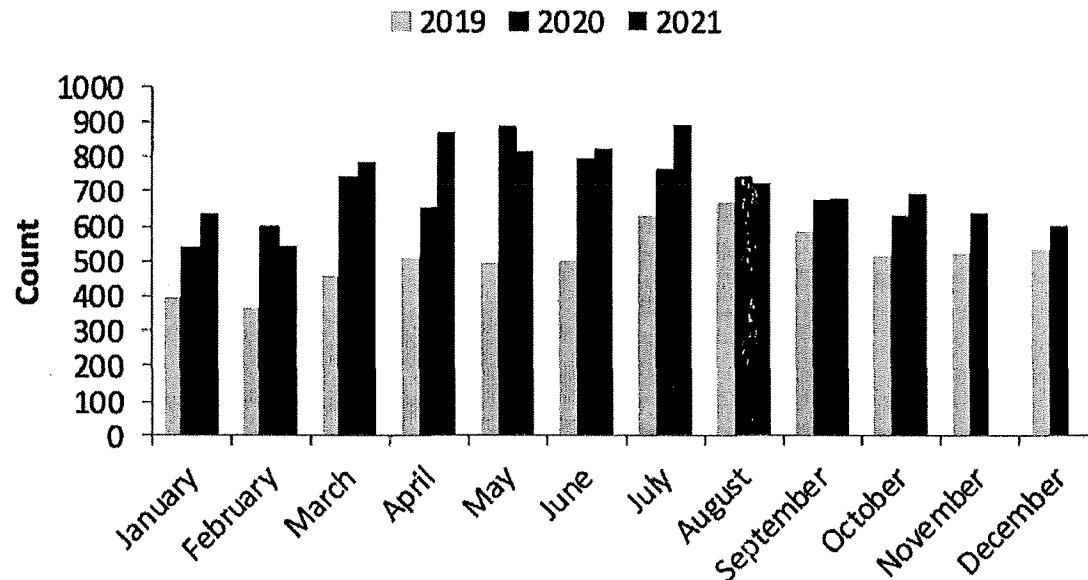
# Number of Overdose Deaths Involving Opioids in Wisconsin, by Opioid Category



Source: Wisconsin DHSS.  
For additional Wisconsin opioid resources: [www.dhs.wisconsin.gov/opioids](http://www.dhs.wisconsin.gov/opioids)

# A Deteriorating Position in Wisconsin

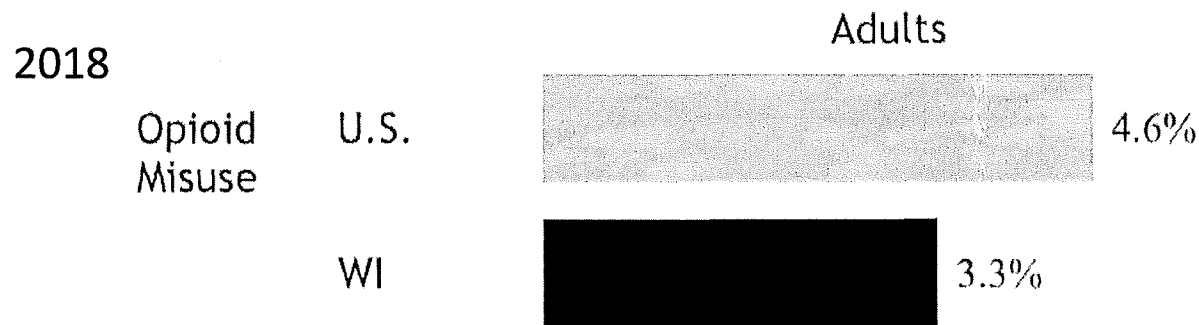
**Figure 2. Wisconsin Suspected Opioid Overdoses by Month, YTD**



Source: Office of Health Informatics, Wisconsin Department of Health Services  
Data: Wisconsin Ambulance Run Data System (WARDS)

**73% Increase in Opioid Overdose Ambulance Runs from 2019 to 2021  
(5,188 vs est. 8,976)**

# A Deteriorating Position in Wisconsin



- A 42% YOY *Increase* in Opioid Misuse in Wisconsin
- A 11% YOY *Decrease* in Opioid Misuse Nationally

# Opioids in Wisconsin

## Deaths

**21.1**

**2020 Rate per 100,000 Residents**

In the last three years (2018 to 2020) the Rate of opioid-related deaths in Wisconsin changed by **45.6%**.

As of **6/30/2021**, there have been **607** opioid-related deaths in the year.

## Hospitalizations

Emergency Room

**52.1**

**2020 Rate  
per 100,000  
Residents**

In the last three years (2018 to 2020) the Rate of opioid-related emergency room visits in Wisconsin changed by **24.0%**.

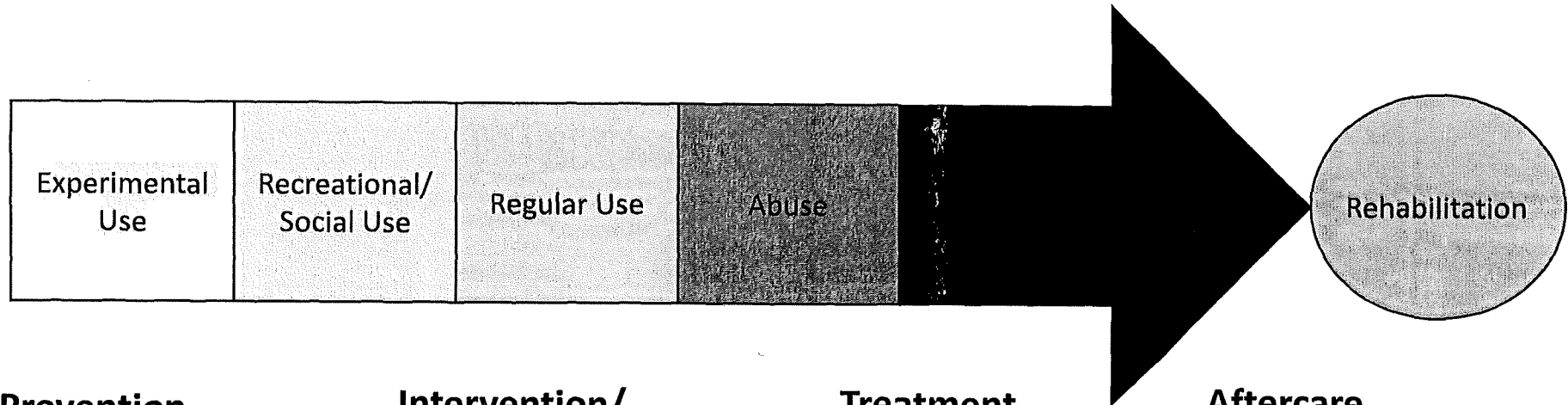
As of **12/31/2020**, there have been **4,187** opioid-related inpatient and emergency room hospital visits in the year.

Inpatient

**20.0**

**2020 Rate  
per 100,000  
Residents**

# The Continuum of Care



## Prevention

- **AODA Education**
- ARC- RTI Program
- LRB-4581 (Start)
- **Prescription Protocols**
- Repeal 3-Day PDMP Exemption Bill SB 407 & AB 430
- **3,5,7 Day Acute Pain Prescription Protocol**
- 3.1M Opioid Scripts
- 1 in 6 Residents
- 37 States w/ Protocols
- **Lock-Up Opioids**
- Model Social Host Law
- Lock Bags @ Pharmacy

## Intervention/ Harm Reduction

- **Legislation: SB 600 (FTS)**
- Provided for EMTs, Police Needle Exchanges
- **School Intervention**
- **Counseling/Mentoring**

## Treatment

- **Promote ER MAT**
- **Remove Obstacles**
- Inpatient
- Incl. Room/Board
- State Med. Asst.
- LRB-4582
- **Full Rehabilitation**
- 28 Days ??
- Outpatient MAT
- Vivitrol Paid For

## Aftercare

- Monitoring
- Periodic Outpatient
- Recovery Groups

# WI AB 619 Fentanyl Test Strips

## *Why Is Fentanyl Such A Problem?*

- Source: China ➡ Mexico ➡ USA
- Why? Mexican Cartel Profits:
  - Kilo of Heroin \$80,000
  - Kilo of Fentanyl \$1,400,000
- Strategy:
  - Put Fentanyl in Marijuana, Cocaine, Meth, Ecstasy, Counterfeit Prescription Drugs (i.e., Xanax)
  - Get Users Hooked On Fentanyl-Laced Drugs
  - Leads To Full Opioid Addiction (Heroin)

***In 2019, 71% of All Wisconsin Opioid-Related Deaths  
Involved Fentanyl***

# WI AB 619 Fentanyl Test Strips

## *Findings From FTS Pilots (CA, RI, MD, MA, WA, PA)*

- Test strips are easy for PWUD to use with minimal instruction
- PWUD FTS users communicate positive test results within user community, causing deterrence
- Test strips are a useful engagement tool to foster discussion with PWUD regarding NARCAN, rehabilitation services, etc.
- Test strips allow PWUD to be more informed about the drugs they are buying and using, leading to behavior change and the adoption of increased harm reduction measures
- *Lower Overdose Deaths*



# Fentanyl Test Strips

## INTRODUCTION

“Drug checking,, is a form of harm reduction in which drugs purchased on the street are chemically analyzed in order to determine the composition of the substance or the presence of an adulterant. While drug checking programs are more readily available in parts of Europe and Canada, the inconsistency and recent high rate of adulteration in the American illicit drug supply has led to an increased interest in drug checking in the U.S. One form of drug checking is the distribution and use of fentanyl test strips (FTS), which are disposable, single-use tests that can detect the presence of fentanyl or fentanyl analogs in a substance.

Fentanyl is increasingly being found in the black market drug supply across the U.S. and is commonly being used by drug dealers as an adulterant in opioids, such as heroin, and stimulants in an attempt to stretch their supply and increase their profits. Moreover, fentanyl is often pressed into counterfeit pills (*e.g.*, oxycodone or Xanax) and sold on the street to unknowing purchasers who believe that they are buying legitimate pharmaceutical drugs. Fentanyl is 50 times more potent than heroin. Since most of the buyers/users are unaware that the substances they are ingesting contain fentanyl, they fail to take necessary harm reduction measures, such as having naloxone available or using around other people, when consuming their drugs. The unintended use of fentanyl by individuals, especially those who have not built up a tolerance for opioids, has led to a spike in drug overdose deaths around the country. In Massachusetts, for example, in 2019, 93 percent of fatal overdoses in the commonwealth involved fentanyl.

In an effort to help curb the spike in drug overdose

deaths largely driven by fentanyl and fentanyl analogs, the Centers for Disease Control and Prevention and the Substance Abuse and Mental Health Services Administration announced, on April 7, 2021, that federal funding can now be used to purchase FTS. The hope is that individuals will use FTS to determine if their drugs have been adulterated with fentanyl so that they can take steps to reduce their risk of overdose, such as choosing to snort or smoke their drugs instead of injecting them.

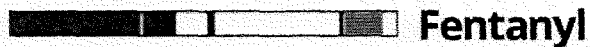
This fact sheet sets forth how FTS work, their harm reduction benefits, and the current challenges surrounding their legality.

## FENTANYL TEST STRIP TECHNOLOGY

Smaller than a pencil, using the same technology as an at-home pregnancy test, and originally developed to detect the presence of fentanyl in urine, FTS are now often used off-label to detect the presence of fentanyl in drug samples prior to ingestion. The majority of FTS on the market are manufactured by BTNX, Inc., a Canadian biotechnology company that specializes in drug testing research and development. FTS manufactured by BTNX, Inc. cost one dollar per strip and are 96-100 percent accurate in detecting the presence of fentanyl. The BTNX strips can detect at least 10 fentanyl analogs, including carfentanil.

The recommended method for using FTS is to dissolve all of the substance intended to be consumed (*e.g.*, powder or a crushed pill) in water. If an individual decides to dissolve the entire dose, he or she will have the option to drink the dissolved solution after testing. Once the substance is thoroughly dissolved, one end of the FTS is dipped into the solution for approximately 15 seconds. The strip should then be placed on a flat surface for two minutes before it is read and interpreted. If one line appears in the testing window

after the recommended waiting period, the substance is positive for fentanyl or one of its analogs. If two lines appear, the substance is negative for fentanyl. If no lines appear, the test is invalid and should be repeated with a new strip.



Harm reduction experts recommend that every bit of a substance the individual intends to consume be tested; however, some individuals are not willing or able to dissolve their entire dose. In that instance, individuals can test the residue from inside of the packaging (*e.g.*, baggie) containing the drugs. To test the residue using this method, the individual should empty the baggie of any pills or powder and add water to the baggie to dissolve the residue. The FTS can then be dipped into the water in the baggie, after which the test can proceed as set forth above. This method should only be used as a last resort, however, as any fentanyl added to the drug may not be distributed evenly throughout the product and might not, therefore, show up in the residue. For similar reasons, testing only half or part of a pressed pill is discouraged.

While FTS are a cheap, fast, and easy method to perform drug checking, there are some drawbacks to this method. First, although FTS are highly accurate when used properly, any user error can result in inaccurate or uninterpretable results. If an individual dips the FTS into too little or too much solution or fails to wait the two minutes before interpreting the results, the results may not be reliable. Second, there is emerging evidence to suggest that FTS may be cross-reactive with certain levels of methamphetamine. To avoid the possibility of a cross-reaction, experts recommend diluting methamphetamine samples in a greater amount of water than would normally be used to dilute a sample before testing the methamphetamine for fentanyl contamination. Third, FTS do not measure the quantity or potency of fentanyl present in a drug sample. An FTS can only inform the user that the substance contains fentanyl; it does not provide information on how much fentanyl is in the substance or whether the substance contains a lethal dose. Finally, individuals using FTS may falsely

interpret a negative result. While the FTS may be negative, the sample may nonetheless contain a fentanyl analog that is not detected by the FTS. Additionally, a negative result does not mean that the sample is completely safe to consume, as it may contain other non-fentanyl adulterants. Before FTS are distributed to individuals, harm reduction organizations should educate individuals on how to properly use the tests and interpret the results so that they are able to make the most informed decisions concerning drug consumption.

## FENTANYL TEST STRIPS AS A FORM OF HARM REDUCTION

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Proponents of FTS support their distribution and use among people who use drugs as a method of harm reduction. Harm reduction advocates believe that FTS empower individuals to make informed choices regarding their drug use and help to prevent accidental overdoses. Additionally, distributing FTS to individuals through harm reduction programs or interactions with law enforcement provides an opportunity to engage individuals in recovery. Every interaction harm reduction and recovery advocates have with people who use drugs offers the individual a possible connection with treatment and other social services, such as housing.

In the past few years, several studies have investigated the efficacy of FTS and whether they cause behavioral changes in the individuals who use them. In a 2018 study entitled, the "Fentanyl Overdose Reduction Checking Analysis Study (FORECAST),,, researchers at the Johns Hopkins Bloomberg School of Public Health sought to gauge whether people who use drugs and other stakeholders (*e.g.*, harm reduction organizations) would be interested in using drug checking technologies, including FTS. Researchers conducted interviews with 335 people who use drugs in Baltimore, Boston, and Providence. When asked about their drug use, 256 respondents believed they had consumed fentanyl at least once, and 85 percent of those individuals stated that they wished they had known fentanyl was in the substance before they consumed it. Of all respondents, 85 percent desired to know about the presence of fentanyl before using drugs, and 89 percent agreed that drug checking would make them feel better about protecting themselves from an overdose. Additionally, 70 percent of respondents

reported that knowing that their drugs contained fentanyl would lead them to modify their behavior. When researchers asked service providers, such as harm reduction organizations, about drug checking, they supported the idea, citing that it would be an additional way to engage with people who use drugs and would present an opportunity to provide education and connect them to various services, including needle exchanges and treatment. Moreover, service providers liked the idea of using FTS due to their ease of use and distribution so that individuals could use the strips on their own.

In a 2019 study, researchers at Brown University's School of Public Health trained individuals who use drugs to test their drug sample or drug residue with an FTS before consumption. When the participants were interviewed a month later, most who used FTS expressed positive opinions regarding the utility and simplicity of the tests. Participants also expressed that they appreciated being able to use FTS at home or in private rather than having to take their drugs somewhere to be tested. Being able to use FTS in private allowed individuals to avoid the feeling of being judged and the fear of legal ramifications stemming from their drug use. Additionally, upon receiving a positive FTS result, many participants stated that they were motivated to engage in harm reduction practices, including using a smaller dose, having naloxone nearby, using the drug with someone else around, or choosing not to use the drug at all.

In 2019, RTI International, a research institute, led and published a study on FTS. One hundred and twenty-five people who used drugs completed an online survey about their most recent FTS use. The survey indicated that 81 percent of participants used FTS prior to consuming their drugs and, out of those who did, 43 percent reported a change in drug use

behavior, and 77 percent indicated increased feeling of safety from experiencing an overdose by using FTS. Using a smaller dose of the drug than usual was the most commonly reported change in drug use behavior (32 percent) followed by performing a tester shot, which entails injecting a small amount of a drug sample to assess its potency before deciding whether to inject the remainder of the dose (17 percent), snorting instead of injecting (10 percent), and pushing the plunger more slowly while the needle is still in the vein to gradually assess the effect of the drug (9 percent).

While more studies are needed to fully understand whether FTS are a valid tool in changing behavior and preventing overdose, early studies suggest that FTS may be a good addition to current evidence-based overdose prevention and harm reduction efforts.

## LEGAL CHALLENGES CONCERNING THE USE OF FTS

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One of the main obstacles to getting FTS to the individuals most in need of them are state laws regarding the use and possession of drug paraphernalia. In most states, drug paraphernalia includes “testing equipment used, intended for use, or fashioned specifically for use in identifying, or in analyzing the strength, effectiveness or purity of controlled substances.,” Possession or use of drug paraphernalia is often criminalized. Although these laws are not generally enforced with regard to the use or possession of FTS, because there is a risk of criminal penalties, individuals and organizations that might otherwise be willing and able to distribute FTS as part of harm reduction services may be hesitant to do so.

Currently, 32 states have drug paraphernalia laws that include controlled substances testing equipment.<sup>1</sup> However, two of those states – North Dakota and

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<sup>1</sup> ALA. CODE § 13A-12-260 (2021); ARK. CODE ANN. § 5-64-101 (West 2021); CAL. HEALTH & SAFETY § 11014.5 (West 2021); CONN. GEN. STAT. ANN. § 21a-240 (West 2021); FLA. STAT. ANN. § 893.145 (West 2021); GA. CODE ANN. § 16-13-1 (West 2021) (“drug related objects,;); HAW. REV. STAT. ANN. § 329-1 (West 2021); IDAHO CODE ANN. § 37-2701 (West 2021); 710 ILL. COMP. STAT. ANN. 600/2 (West 2021); IND. CODE ANN. §§ 35-48-4-8.3 and -8.5 (West 2021); IOWA CODE ANN. § 124.414 (West 2021); KY. REV. STATE. ANN. § 218A.500 (West 2021); LA. STAT. ANN. § 40:1021 (2021); MICH. COMP. LAWS ANN. § 333.7451 (West 2021); MISS. CODE ANN. § 41-29-105 (West 2021); MO. ANN. STAT. § 195.010 (West 2021); MONT. CODE ANN. § 45-10-101 (West

2021); N.H. REV. STAT. ANN. § 318-B:1 (2021); N.J. STAT. ANN. § 2C:36-1 (West 2021); N.C. GEN. STAT. ANN. § 90-113.21 (West 2021); N.D. CENT. CODE ANN. § 19-03.4-01 (West 2021); OHIO REV. CODE ANN. § 2925.14 (West 2021); OKLA. STAT. ANN. tit. 63 § 2-101 (West 2021); OR. REV. STAT. ANN. § 475.525 (West 2021); 35 PA. STAT. AND CONS. STAT. ANN. § 780-102 (West 2021); R.I. GEN. LAWS ANN. § 21-28.5-1 (West 2021); S.D. CODIFIED LAWS § 22-42A-1 (2021); TENN. CODE ANN. §§ 39-17-402 and -425 (West 2021); TEX. HEALTH & SAFETY § 481.002 (West 2021); UTAH CODE ANN. § 58-37A-3 (West 2021); VT. STAT. ANN. tit. 18 § 4475 (West 2021); and WASH. REV. CODE ANN. § 69.50.102 (West 2021).

Vermont<sup>2</sup> – have other laws that specifically allow the use of FTS by harm reduction programs. In North Dakota, syringe exchange programs are permitted, pursuant to the newly enacted law, to provide “supplies,, which include test strips, to program participants and, further, provides that they are not considered drug paraphernalia under state law. Vermont law allows fees collected from drug manufacturers to be used for the purchase and distribution of FTS. Additionally, 10 states (Arizona, Delaware, Kansas, Maine, Massachusetts, Minnesota, Nevada, New Mexico, West Virginia, and Wisconsin<sup>3</sup>) have bills pending in their state legislatures that would exclude FTS from the definition of “drug paraphernalia,, or that would otherwise allow the possession and use of FTS. Colorado, Maryland, Virginia, and the District of Columbia<sup>4</sup> specifically exclude FTS or testing kits generally from the definition of “drug paraphernalia,, while Nebraska, New York, South Carolina, and Wyoming<sup>5</sup> do not include testing equipment in the definition. Finally, Alaska does not have a definition for “drug paraphernalia,,

Simply because a jurisdiction includes testing equipment in its definition of “drug paraphernalia,, does not necessarily mean that harm reduction organizations and others are prohibited from distributing or using FTS. For example, Massachusetts law includes testing equipment in its definition, but the Police Assisted Addiction and Recovery Initiative (P.A.A.R.I.) in Massachusetts initiated a three-month pilot program in 2020 where it partnered with 11 police departments across the commonwealth to distribute fentanyl test kits to individuals who were at risk of an overdose. Each test kit contained three FTS, a brochure outlining how to use the strips, information regarding naloxone, and information on how to contact both

<sup>2</sup> See N.D. CENT. CODE ANN. § 23-01-44 (West 2021) and VT. STAT. ANN. tit. 33 §§ 2004 and 2004a (West 2021).

<sup>3</sup> S.B. 1486, 2021 55<sup>th</sup> Leg., First Reg. Sess., (Ariz. 2021); S.B. 76, 151<sup>st</sup> Gen. Assemb., Reg. Sess. (Del. 2021); H.B. 2277, 2021-2022 Legis. Sess., Reg. Sess. (Kan. 2021); H.P. 732, 130<sup>th</sup> Leg., Reg. Sess. (Me. 2021); H.B. 2125, 192<sup>nd</sup> Gen. Ct., Reg. Sess. (Mass. 2021); S.B. 990, 192<sup>nd</sup> Gen. Ct., Reg. Sess. (Mass. 2021); H.F. 883, 92<sup>nd</sup> Leg., Reg. Sess. (Minn. 2021); H.F. 928, 92<sup>nd</sup> Leg., Reg. Sess. (Minn. 2021); S.F. 1142, 92<sup>nd</sup> Leg., Reg. Sess. (Minn. 2021); S.F. 1724, 92<sup>nd</sup> Leg., Reg. Sess. (Minn. 2021); A.B. 345, 81<sup>st</sup> Leg., Reg. Sess. (Nev. 2021); H.B. 17, 55<sup>th</sup> Leg., First Sess. (N.M. 2021); S.B. 13, 55<sup>th</sup> Leg., First Sess. (N.M. 2021); S.B. 363, 55<sup>th</sup> Leg., First Sess. (N.M. 2021); S.B. 264, 85<sup>th</sup> Leg., 1<sup>st</sup> Sess. (W. Va. 2021); A.B. 68,

the Massachusetts Substance Use Helpline and a P.A.A.R.I. recovery coach. In December 2020, P.A.A.R.I., in partnership with Brandeis University, received a grant to continue to distribute the fentanyl test kits.

Other states that have instituted FTS distribution programs, despite having a drug paraphernalia law that includes testing equipment, include California, Connecticut, New Jersey, Ohio, Texas, Utah, and Washington. Additionally, Maine recently began a program that allows police departments to distribute FTS. Currently, Maine’s drug paraphernalia law includes testing equipment; however, they are one of the 10 states with a bill pending that would change that.

According to an article published in the American Journal of Public Health (AJPH), evaluations of harm reduction programs that provide FTS to participants “demonstrate that [those who inject drugs] are both willing and able to use knowledge gained from FTSs to reduce overdose risk.,, However, if organizations are reluctant to distribute FTS because of the potential legal ramifications, the benefit of these test strips is not realized. The authors of the AJPH article suggest that the best solution is to repeal paraphernalia laws entirely. The more likely scenario is that states will continue to introduce legislation to exempt FTS from the definition of “drug paraphernalia,,

## CONCLUSION

FTS are a useful tool in the fight against overdoses and can lead to changes in an individual’s drug use as well as provide an opportunity to engage individuals in recovery. In order to take advantage of this tool, changes are needed in the way these testing supplies are treated, primarily through amending state drug paraphernalia laws.

2021-2022 Leg., Reg. Sess. (Wis. 2021).

<sup>4</sup> COLO. REV. STAT. ANN. § 18-18-426 (West 2021); D.C. CODE ANN. §§ 48-1101 and -1103 (West 2021); MD. CODE ANN. CRIM. LAW § 5-101 and HEALTH-GEN. § 24-908; and VA. CODE ANN. §§ 18.2-265.1 and 54.1-3466 (West 2021).

<sup>5</sup> NEB. REV. STAT. ANN. § 28-439 (West 2021); N.Y. GEN. BUS. § 850 (McKinney 2021); S.C. CODE ANN. § 44-53-110 (2021); and WYO. STAT. ANN. § 35-7-1002 (West 2021).

## RESOURCES

Boden, Sarah. "Fentanyl Test Strips Could Save Lives, But They're Illegal in Pennsylvania.,," *90.5 WESA*, August 13, 2019. <https://www.wesa.fm/science-health-tech/2019-08-13/fentanyl-test-strips-could-save-lives-but-theyre-illegal-in-pennsylvania>.

Campo-Flores, Arian. "Fentanyl's New Foe: A Quick Test Strip that can Prevent Overdoses.,," *Wall Street Journal*, January 2, 2019. <https://www.wsj.com/articles/fentanyls-new-foe-a-quick-test-strip-that-can-prevent-overdoses-11546252200>.

Centers for Disease Control and Prevention. "Federal Grantees May Now Use Funds to Purchase Fentanyl Test Strips.,," April 7, 2021. <https://www.cdc.gov/media/releases/2021/p0407-Fentanyl-Test-Strips.html>.

Columbus Public Health. "Fentanyl Exposure.,," <https://www.columbus.gov/Templates/Detail.aspx?id=2147505536>.

Conde, Ximena. "Parents and Camden County Officials Hope Free Fentanyl Test Strips will Reduce Overdose Deaths.,," *WHYY*, February 25, 2020. <https://whyy.org/articles/parents-and-camden-county-officials-hope-free-fentanyl-test-strips-will-reduce-overdose-deaths/>.

Connecticut Department of Public Health. "Fentanyl Testing to Prevent Overdose: Information for Healthcare Providers and People Who Use Drugs.,," [https://portal.ct.gov/-/media/Departments-and-Agencies/DPH/AIDS--Chronic-Diseases/Prevention/DPH\\_FentanylTestStrips.pdf](https://portal.ct.gov/-/media/Departments-and-Agencies/DPH/AIDS--Chronic-Diseases/Prevention/DPH_FentanylTestStrips.pdf).

DanceSafe. "How to Test Your Drugs for Fentanyl.,," Last modified Fall 2020. <https://dancesafe.org/wp-content/uploads/2020/10/DS-fentanly-instruction-2020.pdf>.

Davis, Corey, Derek Carr, and Elizabeth Samuels. "Paraphernalia Laws, Criminalizing Possession and Distribution of Items Used to Consume Illicit Drugs, and Injection-Related Harm.,," *American Journal of Public Health*, 109, no. 11 (September 2019): e1-e4. [https://www.researchgate.net/publication/335940120\\_Paraphernalia\\_Laws\\_Criminalizing\\_Possession\\_and\\_Distribution\\_of\\_Items\\_Used\\_to\\_Consume\\_Illicit\\_Drugs\\_and\\_Injection-Related\\_Harm](https://www.researchgate.net/publication/335940120_Paraphernalia_Laws_Criminalizing_Possession_and_Distribution_of_Items_Used_to_Consume_Illicit_Drugs_and_Injection-Related_Harm).

Goldman, Jacqueline E., et al. "Perspectives on Rapid Fentanyl Test Strips as a Harm Reduction Practice Among Young Adults Who Use Drugs: A Qualitative Study.,," *Harm Reduction Journal* 16, no. 3 (2019). <https://harmreductionjournal.biomedcentral.com/track/pdf/10.1186/s12954-018-0276-0.pdf>.

Guilfoil, John. "P.A.A.R.I. Announces Fentanyl Test Strip Pilot Project.,," *PAARI: The Police Assisted Addiction and Recovery Initiative*, April 3, 2020. <https://paariusa.org/2020/04/03/p-a-a-r-i-announces-fentanyl-test-strip-pilot-project/>.

Lieberman, Amy. "Removing Legal Barriers to Drug Checking Can Help Reduce Drug-Related Harm.,," *The Network for Public Health*, April 8, 2020. <https://www.networkforphl.org/news-insights/removing-legal-barriers-to-drug-testing-can-help-reduce-drug-related-harm/>.

Mars, Sarah G., Jeff Ondocsin, and Daniel Ciccarone. "Toots, Tastes and Tester shots: User Accounts of Drug Sampling Methods for gauging Heroin Potency.,," *Harm Reduction Journal* 15, no. 26 (2018). <https://harmreductionjournal.biomedcentral.com/articles/10.1186/s12954-018-0232-z#citeas>.

National Harm Reduction Coalition. "Fentanyl Test Strip Pilot.,," Last modified October 5, 2020. <https://harmreduction.org/issues/fentanyl/fentanyl-test-strip-pilot/>.

## RESOURCES CONTINUED

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National Harm Reduction Coalition. "Fentanyl Use and Overdose Prevention Tips., Last modified September 8, 2020. <https://harmreduction.org/issues/fentanyl/fentanyl-use-overdose-prevention-tips/>.

Peiper, Nicholas C., et al. "Fentanyl Test Strips as an Opioid Overdose Prevention Strategy: Findings from a Syringe Services Program in the Southeastern United States., *International Journal of Drug Policy* 63 (2019): 122-128. <https://www.sciencedirect.com/science/article/pii/S0955395918302135>.

Schreiber, Evan. "Police Departments to Distribute Fentanyl Test Strips to Fight Overdose., *KATU*, March 16, 2021. <https://katu.com/news/recover-northwest/police-departments-to-distribute-fentanyl-test-strips-to-fight-overdose>.

Sherman, Susan G., et al. "Fentanyl Overdose Reduction Checking Analysis Study., *Johns Hopkins Bloomberg School of Public Health*, February 6, 2018. [https://www.btnx.com/files/Johns\\_Hopkins\\_Fentanyl\\_Executive\\_Summary.pdf](https://www.btnx.com/files/Johns_Hopkins_Fentanyl_Executive_Summary.pdf).

Utah Department of Health. "Fentanyl Test Strip Pilot Project., Published 2020. <https://ptc.health.utah.gov/wp-content/uploads/2020/12/FTS-Report-Q1-2020-Final.pdf>.

Washington State Department of Health. "Fentanyl Test Strip Project., <https://www.doh.wa.gov/YouandYourFamily/DrugUserHealth/OverdoseandNaloxone/FentanylTestStrip>

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