



Summer 2023

What's New In **BEHAVIORAL HEALTH RESEARCH**



“You can’t go wrong being safe”: Motivations, patterns, and context surrounding use of fentanyl test strips for heroin and other drugs

Reed, M. K., Guth, A., Salcedo, V. J., Hom, J. K., & Rising, K. L. (2022). *International Journal of Drug Policy*, 103, 103643. <https://www.sciencedirect.com/science/article/pii/S0955395922000639>

What is this resource about?

Researchers interviewed 29 persons who use drugs (PWUD) at a harm reduction organization about their experiences using rapid fentanyl test strips (FTS), including first use, patterns of use, and facilitators and barriers to use. Most participants regularly used heroin, 75% reported a previous overdose experience, and all had used FTS to test both heroin and non-opioid drugs.

Why does it matter?

Understanding the perspectives of those with lived drug use experience, including why PWUD begin using FTS and incorporate them into their use routine, is vital to developing successful strategies to increase FTS use. Participants talked about using FTS to:

- Inform their decisions, such as modifying their behavior after a positive test strip result
- Identify what sellers to buy from because they had cleaner products
- Reduce the dose, choose not to use the drug, or change the route of consumption depending on whether fentanyl was present



How does it apply to practice?

Ongoing access to FTS promoted their use. To increase FTS use among PWUD and decrease their risk of overdose, it is important that harm reduction and other behavioral health services:

- Offer FTS as part of their routine distribution of safer drug use supplies
- Include training on using FTS as part of their routine distribution to alleviate PWUD's fears, including that using the strips "waste[s] the drug"
- Consider local legal policies around FTS use to ensure they can provide as much and as accurate information as possible to their clients who use drugs

Addiction treatment and telehealth: Review of efficacy and provider insights during the COVID-19 pandemic

Mark, T. L., Treiman, K., Padwa, H., Henretty, K., Tzeng, J., & Gilbert, M. (2021). *Psychiatric Services*, 73(5). <https://doi.org/10.1176/appi.ps.202100088>

What is this resource about?

This study aimed to complement a literature review of articles comparing the effectiveness of telehealth and in-person substance use disorder (SUD) treatment services with a survey and interview of California-based providers to examine the overall efficacy of telehealth and providers' engagement with it.

Why does it matter?

Current literature suggests that telehealth can be as effective as in-person addiction treatment services. Providers who participated in this study still thought in-person treatment was generally more effective for all services except individual counseling, but they also:

- Appreciated how telehealth lowers the threshold for treatment engagement
- Valued the more rapid response times telehealth allows
- Thought that video is a better format for telehealth than phone calls

How does it apply to practice?

Providers should be mindful when they are conducting telehealth services that:

- Both clients and providers have a range of comfort with receiving and providing services virtually
- Individual circumstances are always considered first when providers are determining how to best meet the needs of all individuals seeking addiction treatment services – e.g., the service the client needs, their access to necessary technology and transportation, and their physical location



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