CHAPTER 02

DRUG CHECKING
IMPLEMENTATION OF SERVICES

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CHAPTER TWO:
DRUG CHECKING —
IMPLEMENTATION OF SERVICES

by Chlöe Sage, Jarred Aasen & Julie-Soleil Meeson
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Land Acknowledgement

We acknowledge that the lands from which we are writing this chapter include the traditional territories of many Indigenous nations. The authors recognize that many injustices experienced by the Indigenous peoples of what we now call Canada include colonial, racist and classist drug laws and policies. The authors see the need to not only support people who use drugs individually but to actively work to disrupt or dismantle unjust systems that continue to negatively and disproportionately impact Indigenous communities.

Disclaimer

We do not condone or condemn substance use. The information contained within this chapter is not meant to be definitive, to replace healthcare advice, or to act as legal counsel. Drug checking is a growing topic of interest nationally and beyond, and the authors' hope is to provide a new lens with which to view it.

Comments, Suggestions or Training

Please give us your feedback. We welcome your comments and suggestions and if you need training please contact us: dredprojectdc@gmail.com

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Website for this Manual

The Drug Resource and Education Project
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GLOSSARY & ACRONYMS

The glossary of terms is at the end of this chapter. All words within the text that are defined in the glossary are **highlighted,** these words are clickable links to the definition.

Throughout the chapter, acronyms will be used to replace commonly used words and phrases, as demonstrated below. It is also important to note that the words "drug" and "substance" are used interchangeably.

BCCSU: British Columbia Centre on Substance Use
CDSA: Controlled Drugs and Substances Act
CoP: Community of Practice
CRISM: Canadian Research Initiative in Substance Misuse
DAS: Drug Analysis Service
DC: Drug Checking
DMT: N, N-Dimethyltryptamine
FTIR: Fourier-Transform Infrared Spectroscopy
HIV: Human Immunodeficiency Virus
HCV: Hepatitis C Virus
HR: Harm Reduction
IUD: Institut universitaire sur les dépendances
LSD: Lysergic Acid Diethylamide
MDMA : 3,4-Methylenedioxymethamphetamine
MHO: Medical Health Officer
NGO: Non-Governmental Organization
NPWUD: Network of People Who Use Drugs
OAT: Opioid Agonist Therapy
OPS: Overdose Prevention Site
PI: Principal Investigator
PWDNUD: People Who do Not Use Drugs
PWLLE: People With Lived and Living Experience/Expertise
PWUD: People Who Use Drugs
SCS: Supervised Consumption Site
STBBIs: Sexually Transmitted and Blood-Borne Infections
SOP: Standard Operating Procedure
SUAP: Substance Use and Addiction Program
UPHNS: Urgent Public Health Need Site

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INTRODUCTION

THE VISION OF THIS MANUAL* IS TO:

- Provide practical guidance on the constantly evolving best practices for performing **drug checking** (DC) in regards to **harm reduction** (HR), as well as program implementation and messaging in a variety of settings.

- Reflect DC practices that are guided by people's observations and experiences — hence the importance of input from many contributors.

- Serve as a reference for drug checkers, trainers, organizers, and anyone interested in learning more about DC.

What This Manual Is

- **Chapter 1: Creating Safer Spaces with Harm Reduction in Drug Checking Settings** — Creating a safer space; respectful language; reducing **stigma**; dismantling **oppression**; harm reduction tools and supplies; sexual health.

- **Chapter 2: Drug Checking: Implementation of Services** — Defining DC; logistical and legal considerations; locations of DC; research and data collection; human resources; collaborating with other HR Services.

- **Chapter 3: Drug Checking: Technologies and Procedures** — Choosing technologies and protocols (including disclaimers and working with samples); procedural flows when testing in a DC service; tips for Fourier-Transformed Infrared Spectroscopy (FTIR) and test strips.

DRUG CHECKING SAVES LIVES
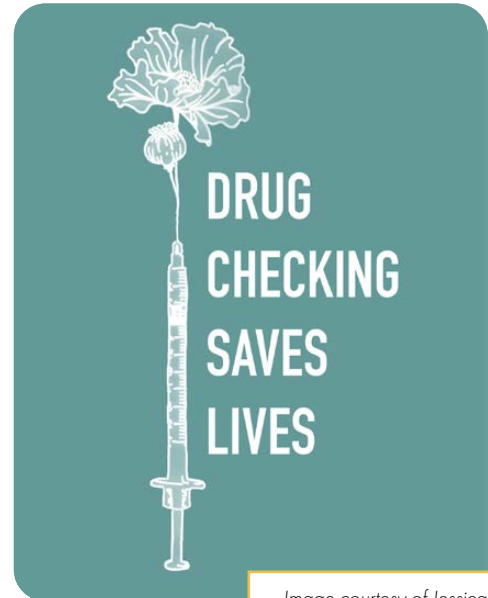
Image courtesy of Jessica Lamb

- **Chapter 4: Messaging Results in Drug Checking** — Delivering results; explaining limitations; sourcing and assessing reliable drug information; the three S's (Substance, Set, and Setting).

- **Chapter 5: Guide on Substances** — Effects and risks; dosages; common mixes; adulterants; harm reduction tips.

What This Manual Is Not

- This manual does not offer basics on how to use specific technologies for DC.

- This manual is not a definitive authority on the topic as information is constantly changing and adapting to what is actually happening.

*When refering to "this manual", we are referring to the five chapters mentioned above

FEATURES

In the following chapter, different features will be integrated throughout:

CASE STUDIES

A detailed examination of a real-life situation to give practical insights on how to manage these potentially tricky scenarios.

TOOLS

Practical resources to further knowledge on a topic. This includes booklets, cards, websites, videos, etc.
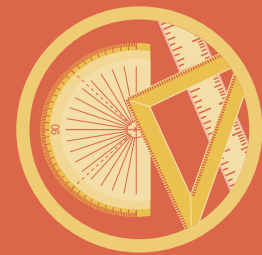
PORTRAITS

Dives into the lives of some individuals or organizations who are influencers in this field.

CONCEPT CHECKS

Exercises to test understanding of the information presented.

PRO TIPS

Quick tips from experts, learned from experience.

TARGET AUDIENCE

There are multiple cross-sections of people who could potentially benefit from this manual. This includes: drug checkers who will be doing the work; individuals facilitating training events; event and community organizers; health care workers who are facilitating support for patients and clients who use drugs; and general readers, including people who use drugs (PWUD) and people who do not use drugs (PWDNUD). This manual also applies DC taking place in an event (**on-site**) or community (**fixed site**) context.

Drug Checkers

A "Drug Checker" is a volunteer or staff who will carry out drug checking at an event or in the community, and who may be involved in talking about DC. This is an umbrella term for both the technician (the operator of DC **instruments**) and the HR worker (the person giving results and information).

Drug checkers have a unique opportunity to help create safer spaces and discuss sensitive topics with a population that may be stigmatized and criminalized, and not have access to open and safe opportunities to discuss drugs as a result. The knowledge obtained from this manual will support drug checkers to perform all roles, including creating safe spaces, performing DC professionally, and providing **service users** with information about the drugs they have brought for testing. Drug checkers will be able to help people make informed decisions about their substances (i.e., increasing knowledge of the substance, safer use strategies, or safe disposal).

Liam is a man who lives in Edmonton, Alberta who has been a regular attendee of many music festivals throughout the past three summers. He has taken an interest in the group ANKORS, which provided HR at a festival that he attended in BC. He recently put in his application to be a volunteer drug checker next year, and to his surprise, his application was accepted. Liam realizes he knows some things surrounding the topic but wants to sharpen his knowledge in preparation for the upcoming in-person training before the festival. The training organizers forwarded Liam this manual to read, encouraging him to familiarize himself with some of the language that should be used and enhance his knowledge surrounding substances so that he can be more prepared for his shifts.

Trainers

A "Trainer" is a volunteer or professional who delivers training to the drug checkers around DC and related topics. Ideally, trainers provide in-person or online training in addition to at-home reading. This manual can also function as an on-site reference for troubleshooting the various scenarios, questions, or concerns that will inevitably arise.

Vlad has been working as a drug checker in an outreach organization in town. There has recently been an increase in demand for this service, and Vlad's outreach organization has decided to hire two additional drug checkers that Vlad is responsible for training. Vlad realized that DC is a complex topic to articulate to someone new. After a few Google searches, Vlad came across this manual. He is grateful that this reference exists, as it will help expedite the process as well as ensure that the training is complete and somewhat structured. With this manual as a map for the training, Vlad feels confident in his ability to train the two new drug checkers.

Event or Community Organizers

An "Event or Community Organizer" is a person who is involved in putting together a HR service for an event or walk-in community service and wishes to have a more in-depth understanding of HR (and/or integrate DC services). Practically, this manual hopes to provide organizers with a concept map on the logistics surrounding setting up the space and technologies, and operating the instruments. (Other resources will be required for more complete technical information.) Providing a service like DC requires informed legal considerations and proper protocols to limit the risk and liability created by a criminalized drug market.

Serena is involved with an organization that has been hosting a music festival in rural British Columbia for a number of years. The festival organizers have expressed interest in including more HR services to increase safety at the festival. Their new services include a chill zone or psych-crisis support space, outreach teams, a women's safe space, and DC. Serena has been appointed to organize the DC service. She doesn't know much about DC but knows that it would be a great way to help people become better informed about the substances they're consuming. Serena was referred to this manual and has been reading about various HR principles and what logistical hurdles might arise while providing such a service. After reading the manual, she feels confident that she understands how long it takes to set up a DC service, which will lead to a smoother implementation process.

Health Care Workers

A "Health Care Worker," such as mental health and substance use counselors, social workers, nurses, pharmacists, and doctors, can play an important role in supporting PWUD. When a health care worker has a good understanding of HR and knowledge of DC services (specifically, what they entail and how they work), they can be a bridge to help PWUD get connected to these services. Some community settings have DC integrated into healthcare services, and these services are occasionally managed by health care workers directly.

Dr. Rose Carleson is the Opioid Agonist Therapy (OAT) doctor at an OAT clinic that is held once a week at a local health unit site. She understands that many of her clients top up their prescriptions with drugs they buy on the street and is worried about the inconsistency of the street supply. Dr. Carleson asks a local DC service provider to come in and offer the service to her clients. She assures them that there is a private space and that they won't be penalized. She lets clients know a week ahead and encourages them to bring samples to their appointment to test.

General Readers

This is a catch-all group for other people who are interested in learning about DC and HR principles, which includes those who do and do not use substances. These individuals want to learn more about the substances (which they may or may not be taking themselves), understand safer use practices, and develop an understanding of DC. They are personally interested in DC, and may want to volunteer or work in DC services in the future.

Rosalie is a criminology student researching her paper on the social impacts of criminalization of PWUD. She inadvertently came across this manual and it piqued her interest. Outside of coffee and alcohol, she also occasionally uses MDMA with her friends at social gatherings. She has many questions regarding this field. Most of her knowledge about drugs comes from movies, music, and the news. Rosalie did not realize that there is a whole community of substance users out there who are looking to support each other. She feels that they represent a lot of the values she is writing about in her paper.

TIME INVESTMENT

The time investment required to maximize this manual is variable depending on the reader's experience and knowledge, both academic and experiential. For a reader who is already familiar with HR principles, this manual may simply require skimming and refamiliarization. Someone who has zero prior knowledge of substances will take a longer time to read through these ideas and concepts. They will likely be pushing up against their own biases and preconceptions surrounding substance use. Examples of bias include: people only use drugs because they have trauma; men who have sex with men only use drugs for sex, etc.

This manual hopes to shed some light on the complexity surrounding substance use, and leave the reader with a nuanced understanding of the topic. It should challenge common misconceptions that drug use is inherently bad. HR recognizes bodily autonomy and supports individuals making informed decisions about their health and well-being. The authors of this manual acknowledge the many different kinds of relationships that people have with substances, both problematic and beneficial, that range from from abstinence to daily use.

DEFINE...

DC and the advantages of using this HR practice.

BE FAMILIAR...

with the legal issues that may apply to DC, as well as the steps that can be used to minimize the legal risks for service users, drug checkers, and DC organizations.

UNDERSTAND...

the logistics of running a DC site, including human resources and models of DC.

REFLECT ON...

various considerations when initiating research, collecting data, and evaluating a drug checking service.

RECOGNIZE...

the types of services that DC integrates and collaborates with best.
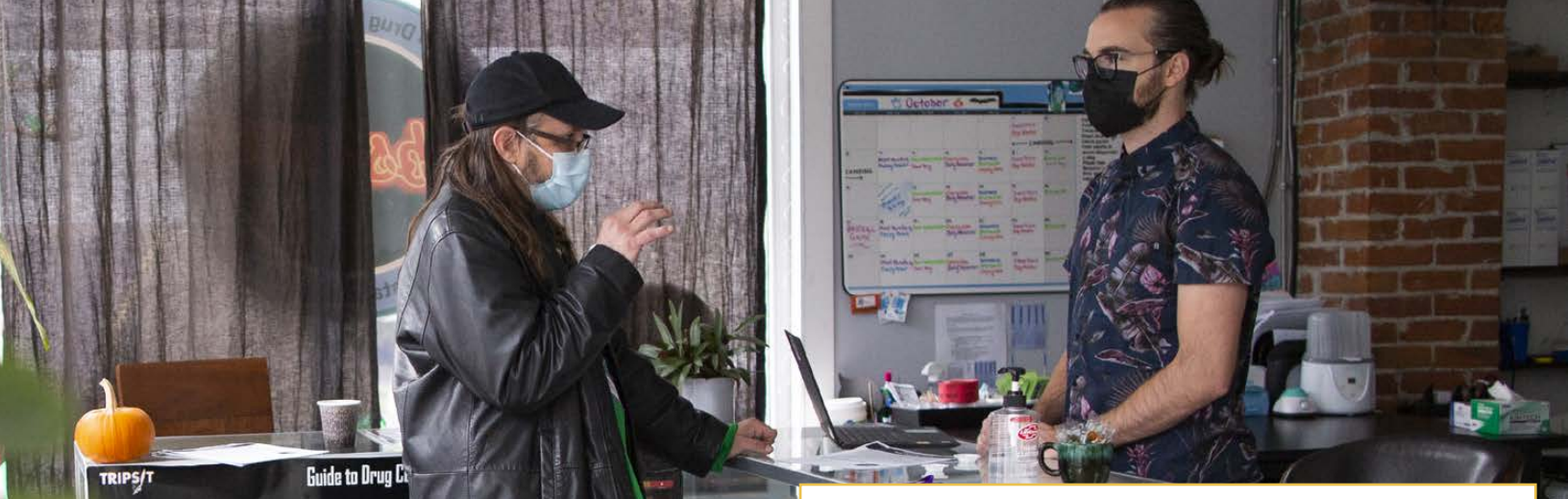
WHAT IS DRUG CHECKING?

> " **At the very least, it is clear that drug checking services create an opportunity for communication and education between harm reduction works and individuals who use drugs. The data collected from drug checking services provides an important window into the types of drugs and drug combinations being used in a given community, which could be a useful component of a substance use monitoring system. This detailed information could lead approaches that are tailored to the needs of communities and their residents."**

Leece, 2017 and Kerr & Tupper, 2017 as cited in Taha, Malony-Hall & Buxton, 2019, p. 5

Chapter 1: Creating Safer Spaces with Harm Reduction in Drug Checking Settings focused on how to create safer spaces for people who use drugs (PWUD) and the types of harm reduction (HR) supplies to provide in drug checking (DC) settings. Chapter Two is about the practical aspects of DC and how to implement this service in different settings.

Defining DC

The term "drug checking" is being increasingly used as an accepted replacement for "drug testing," since this phrase is typically used in the context of testing for the presence of criminalized or prescription substances in someone's body.

This manual will be using "drug checking" to refer to an integrated HR service that allows people involved with substances (e.g., fentanyl, heroin, cocaine, MDMA, LSD, ketamine, DMT) to chemically analyse them. Service users receive their results in a nuanced and non-judgmental way in order to increase their knowledge and understanding of the substance(s) they are taking (Meeson et al., 2019). "Testing procedures" will be used to describe the process of analyzing the substances.

03 CORE PILLARS OF DRUG CHECKING

01.
HARM REDUCTION SERVICE

A safe, inclusive space to ask questions and obtain information about substances. Aims to reduce harms and stigma for People Who Use Drugs (PWUD).

02.
TECHNICAL SERVICE

Technology that is used according to established best practices to give insight on what a substance may or may not contain.
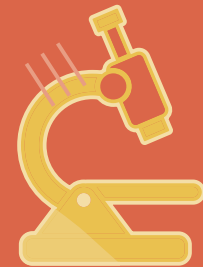
03.
COMMUNITY SERVICE

A service that's integrated with other HR services to ensure that all aspects of care are addressed in an event or community setting.

> "There is a high uptake of ANKORS festival drug checking service. Since 2010, there has been a steady increase of about 25% per year of new service users. Since 2003, ANKORS has performed over 26,507 tests. This demonstrates that the service is desirable, visible, and accessible to festival goers."

Sage, 2015

OBJECTIVES OF DRUG CHECKING

Based on the limited current research and the experiences of drug checkers, a DC service has three main objectives:

Public Health and Safety

- Provid PWUD with information about their substance(s) and the content of their drug sample so that they can make informed decisions regarding their personal drug use. This is important for preventing overdose deaths, adverse experiences, and related accidents.

- Provide people who manufacture and distribute drugs with information that may positively influence the composition of the illicit drug supply.

- Provide access to tailored HR messaging for PWUD.

A Point of Connection to HR Services

- Offer reliable information on safer use and access to HR supplies (e.g., pipes, straws, safer injection equipment), as well as supervised consumption services.

- Provide an opportunity to reach people who are at risk, are marginalized, or who are not served by other HR services.

- Provide an opportunity to discuss a service user's relationship with substances and to offer referrals for additional support.

- Create safe and inclusive spaces where PWUD can comfortably talk about their drugs without judgment.

Observe Drug Trends

- Increase individual and community knowledge of what is in the local drug supply, which may reveal emerging trends.

- Increase the effectiveness of the community response (e.g., monitoring campaigns and early warning systems) when new substances emerge.

- Gather data on how people are using drugs (e.g., reports of drug effects, age, demographics, interaction and mixes, routes of administration, and motives).

DO PWUD WANT TO CHECK THEIR DRUGS?

Many PWUD wish to have access to DC services. Active DC services in Canada, Europe, and other countries are heavily utilized and are highly valued by participants. For example, the 2019 Shambhala Music Festival reported 3,067 drug checks and a constant two-hour line, rain or shine (Alvi et al., 2020). In this report, "it was discovered that the percentage of new service users accessing the DC services increased from 52% in 2018 to 70% in 2019" (p. 2). Some people drug check substances for their own personal use, but many check for others in their community. The high demand for DC services demonstrates the need and value of this service for PWUD.

VICE journalist Max Merthens (2017) conducted a survey focusing on HR in nightlife and festival settings.

The results showed that 92% of respondents (n= 4,617) reported drug use in these settings and 66.3% expressed concern about potentially harmful adulterants in their drugs. Furthermore, 81.3% of respondents mentioned that they wanted DC services to be made more widely available at events.

In another study, PWUD were asked about their views of DC in a community setting. It was found that "overall, 84% were concerned about fentanyl, 63% had ever overdosed, and 42% had ever witnessed a fatal overdose. 90% felt DC would help them prevent an overdose, the majority of those interested would utilize DC at least daily (54%)." (Sherman et al., 2019, p. 46).

It is evident that there is a growing interest in DC from potential service users in a variety of contexts, as well as from local health authorities and researchers. The next section will look at the various considerations required to set up a DC service.

LOGISTICAL CONSIDERATIONS OF DC

There are many features that can be implemented to create an integrated DC service, but remember: **any service can start small and grow with time.** Sometimes, less is more! It's very important to set things up properly from the beginning to avoid having to backtrack and fix problems in the future. Several logistical considerations need to be taken into account when setting up a DC service, including:

- Financing.
- Specific laws surrounding DC in the community.
- Location(s) in which the service will be set up.
- Research that the DC service may want to potentially conduct or be involved in.
- Human resources that the DC service will need.
- Collaborations the DC service may want to have with other peer groups, researchers, institutes, and services.
- Acquisition of the technologies that will be used (see *Chapter 3: Drug Checking: Technologies and Procedures*).
- Protocols and procedures for the technician and the service users (see *Chapter 3: Drug Checking: Technologies and Procedures*).
- Plans for communicating results to service users and the community at large (see *Chapter 4: Messaging Results in Drug Checking*).

TOOLS

- Michelow, W., & Dowden, C. (2015). "Start Small, Take it Easy". Results from the ANKORS Harm Reduction Survey at the 2013 Shambhala Music Festival.

- Wallace, B., Roode, T., Pagan, F., Hore, D., & Pauly, B. (2021). The potential impacts of community drug checking within the overdose crisis: qualitative study exploring the perspective of prospective service users. *BMC Public Health, 21*(1156).

- Wallace, B., Roode, T., Pagan, F., Phillips, P., Wagner, H., Calder, S., Aasen, J., Pauly, B., & Hore, D. (2020). What is needed for implementing drug checking services in the context of the overdose crisis? A qualitative study to explore perspectives of potential service users. *Harm Reduction Journal, 17*(29).

LEGAL CONSIDERATIONS WITHIN DRUG CHECKING

> **When ANKORS started drug checking at Shambhala [Music Festival] in 2004 we didn't even put a sign out front advertising the service. We were too worried about being arrested."**
>
> *Chlöe Sage*

Service users have to give a sample of their non-regulated substance to the DC service for a drug check. **To provide a DC service and handle these substances legally, the organization must have the proper governmental exemptions to federal drug laws for possession.** This is a challenging detail, as the availability and attainability of exemptions in Canada varies between provinces, territories, and communities. Legal hurdles make providing and accessing DC services difficult.

Exemption: ex·emp·tion|\ ig-ˈzem(p)-shən the act of exempting or state of being exempt: IMMUNITY (Merriam-Webster Dictionary, 2022).

Legal consideration affects two major components of DC: risk and funding. **The following section on legality will focus on legal risk mitigation from a service provider perspective. Many people and organizations are hesitant participate in an activity that is not officially sanctioned.**

This section will outline:

- Where to gain support for the project.
- What options exist for legal coverage.
- Guidelines for applying for a federal exemption in the Canadian legal context.

03 LEGAL AND NON-LEGAL OPTIONS FOR DRUG CHECKING

01.

FEDERAL EXEMPTION

Section 56 Exemption for Drug Checking (DC) Purposes is a specific exemption to the *Controlled Drugs and Substances Act (CDSA)* that gives site-specific exemptions to certain federal drug laws.

02.

PROVINCIAL EXEMPTION

This temporary class exemption authorizes provinces and territories to establish Urgent Public Health Needs Site (UPHNS), allowing overdose prevention services (which includes drug checking).

03.

ROGUE

Going rogue means offering DC without getting permission or exemptions from any authorities.

LEGAL OPTIONS FOR DRUG CHECKING

Due to the necessity of interacting with **controlled substances**, there are legal considerations for drug checking initiatives. A site that wants to offer drug checking services can do so legally in most provinces and territories in Canada, using one of two methods:

1. Apply for and receive a Health Canada federal Section 56 exemption.

2. Inquire with local health authority to determine if a federal **Urgent Public Health Needs Site (UPHNS)** class exemption has been established for your province/territory.

There is also a potential option to perform DC rogue, without any governmental legal exemptions. We do not encourage this option because it does not provide any legal protections for service users or staff. It is important, however, to acknowledge that some communities have no other option. All of these methods require community support to be effective.

1. Section 56 Exemption for DC Purposes

Canada's federal *Controlled Drugs and Substances Act (CDSA) includes a clause, Section 56*, which allows the Federal Minister of Health to "exempt any person or class of persons or any controlled substance or precursor or class thereof from the application of all or any provisions of the Act or the regulations if, in the opinion of the Minister, the exemption is necessary for a medical or scientific purpose or is otherwise in the public interest." In the past, Section 56 exemptions were granted to clinicians for the prescribing of methadone and cannabis

for medical purposes, and are still provided to public health service agencies for the creation of supervised consumption services (SCS). The granting of Section 56 exemptions for drug checking has been possible for the past few years, and may be considered by Health Canada as an add-on to an existing SCS delivery model, or as a stand-alone exemption for a service that is only focused on drug checking. **Note that a federal Section 56 exemption specific for DC allows for the applicant to receive, store, and test samples, but does not allow for any supervised consumption of substances.**

Acquiring a Section 56 Exemption from the CDSA is no small undertaking, as there is a lot of red tape that institutions must navigate when applying. However, it does lend considerable versatility to a DC operation. Having a Section 56 exemption reduces the legal uncertainty of DC, and gives official support for the service. The exemption offers a protective bubble to service users and providers for the handling of controlled substances while within the site. This legitimacy can be leveraged when applying for funding, or when partnering with other service providers. **DC is a novel area of applied public health and harm reduction research, so academic researchers looking to study and optimize a potentially impactful innovation in DC technology or service delivery model may be especially interested in getting a Section 56 exemption.**

2. Urgent Public Health Needs Site (UPHNS) class exemption

In March 2020, Health Canada proactively issued temporary Section 56 class exemptions to all provinces and territories that allowed for the creation of "urgent public health need sites" as part of their intersecting drug toxicity crisis and COVID-19 emergency response measures. Section 56 class exemptions provide legal exemption coverage to a specified group of individuals without the requirement of individual applications (as per regular S56 applications, described above). The temporary UPHNS class exemption (which has been extended to September 2022) authorizes provinces or territories to establish **OPS** or services, which does

Will controlled substances be handled or will checking controlled substances be observed?

NO — An exemption is not required if drug checking test strips/kits are being distributed and checking controlled substances is not being observed

YES

Operating as a licensed dealer (e.g., a drug testing lab) → Supervised consumption sites can apply to amend their existing section 56.1 exemption to offer drug checking

Operating under a federally-exempted supervised consumption site → Provincial government or health authority is likely to determine requirements for drug checking

Operating under a provincial class exemption (e.g., overdose prevention site) → Licensed dealers can apply for a section 56(1) exemption to perform drug checking activities.

Other entities (e.g., a community drug checking site) → An exemption is required to possess, produce, or transfer a controlled substance obtained illegally

→ Now Urgent Public Health Needs Sites

include point-of-care drug checking services. However, this UPHNS option is only available to service providers where their provincial or territorial government has decided to implement UPHNS (otherwise, an application will have to be made directly to Health Canada).

In June 2021, Health Canada amended the UPHNS class exemption to allow for distributed drug checking service models to be established. This means that, in provinces or territories that have implemented UPHNS, it is possible to set up service models that allow samples to be collected, stored, and transported to another location for analysis. While this distributed model has some obvious disadvantages—especially the time lag between sample drop-off and the return of testing results to clients—it does create opportunities for a much greater reach and range of drug checking services, especially in rural or remote communities where no drug checking services exist at all. British Columbia has established protocols for distributed drug checking models, including standards for sample collection and transport and a chain of custody log (which ensures compliance with the terms and conditions of Health Canada's UPHNS exemption).

NON-LEGAL OPTION FOR DRUG CHECKING
Rogue
Going rogue means offering DC without getting permission or exemptions from any authorities. Many small organizations are driven to do this if they have no other options. Even if no permission is granted, having alliances within the health and social service sector can help; gaining community support may be difficult to do in a region where DC is not yet accepted as a legitimate HR practice.

When using low-tech DC technologies like test strips and colorimetric reagents, going rogue is lower risk because drug checkers do not have to "possess" the substance. When the project wants to move into more intensive technologies, however, it becomes impossible to complete a drug check without handling the substance, thus putting the drug checker at greater legal risk. Risk could mean arrest resulting in legal charges of possession and/or trafficking. Going rogue is not recommended since it does not provide any legal protection from the aforementioned risks.

PORTRAIT
Lantern Services

Lantern Services was Canada's first successful recipient of a Federal Section 56 Exemption for DC purposes.

This initiative was undertaken by Jarred Aasen, one of the authors of this manual. He had been working as a pharmacist in a novel HR-style pharmacy called Specialized Therapeutic Solutions (STS) Pharmacy in Victoria, BC, which focuses on opioid replacement. The pharmacy's unique insight into and interactions with their patient base prompted them to look into drug checking. In 2017 the pharmacy began testing substances with fentanyl strip tests, with an alarming number of samples testing positive for fentanyl. A large number of people were interested in these findings (e.g., concerned parents, high school students, working professionals), increasing the exchange of drug-related education within the community and initiating an expansion of naloxone training offerings.

The media reported on these fentanyl positives and it caught the attention of the community, including the College of Pharmacists of British Columbia. The College ordered the pharmacy to stop checking unregulated substances like fentanyl, and suggested it could only proceed with drug checking if it obtained the appropriate exemptions to the Controlled Drugs and Substances Act.

This prompted Jarred to investigate the process of acquiring a Section 56 Exemption. Amidst the application process, Jarred and his small team garnered letters of support from allied organizations. They also searched for potential partner institutions who could lend their fledgling program support and credibility. The University of Victoria ultimately expressed interest in co-exploring this area of research.

When [the University of Victoria was successful in their federal Substance Use and Addictions (SUAP) grant](#) to create a DC pilot program, it gave serious legitimacy to the project as a whole. Jarred leveraged his expertise and position as a pharmacist, the partnership he established with the University, and his solid ties with the community to push through the application approval process. This led to the founding of Lantern Services, which encapsulated both a physical space and an organization that would receive the exemption.

Having been the first organization through this process, Jarred has presented at conferences to share his knowledge and to help other groups attain their exemption goals. This organization aims to facilitate conversations and grounded knowledge in an area often sensationalized by the media, while leveraging its exemption to navigate the red tape involved with research in this area.

Read [this article](#) to learn more about the history of Lantern Services.

Lantern Services — Image courtesy of Jarred Aasen

STEPS FOR ACQUIRING A SECTION 56 EXEMPTION

01.
GARNER COMMUNITY SUPPORT

Request letters of support from community members and allied organizations such as outreach services, the local health region, groups or individuals in academia, research groups, and healthcare services. Having this kind of broad backing demonstrates community support and accountability.

02.
SUBMIT AN APPLICATION FORM

Fill out the form "Application form for an exemption to use a controlled substance for scientific purposes," which can be found on the Government of Canada's website.

03.
INSPECTION

Health Canada will send an inspector to review the site and ensure that it reflects what has been submitted on the application.

04.
IMPLEMENTATION

If everything goes well, Health Canada will grant the exemption. This will include a list of activities you can and cannot undertake.

SECTION 56 EXEMPTION
FOR DRUG CHECKING PURPOSES

A federal exemption gives the authorization for an organization, be it community or otherwise, to proceed with DC. Institutions such as non-governmental organizations (NGOs) and universities will require a federal exemption before proceeding. There's a lot of red tape for research institutions to navigate when looking to study and optimize a potentially new and impactful DC technology. From ordering **pharmaceutical standards** to acquiring street samples to transporting these materials to the checking location, these activities are an administrative challenge that can take a lot of time to undertake. A federal exemption can be leveraged to help expedite the process and grant official access to studying and acquiring otherwise off-limit substances.

This section will walk through the steps to apply for a Section 56 Exemption.

THE PROCESS OF ACQUIRING A
SECTION 56 EXEMPTION FOR DC PURPOSES
Step One:
Garnering Community Support

Although letters of support are not an official requirement of the exemption application process, they do show community support and accountability. Support can come in many forms, such as a letter, a working partnership, or applying for funding opportunities as co-applicants with another entity. This will allow for greater legitimacy, transparency, and backing when applying for exemptions and funding. When requesting letters of support from community members and organizations, it is a courtesy to provide a template that the supporting organization can fill in and add their own personal touches to. This reduces the burden of preparing a letter of support.

DC happens within a community, and should be integrated into other community services. Allied organizations that would be supportive of DC may include Overdose Prevention Sites (OPSs), outreach services, shelters, food banks, housing supports, opioid agonist therapy (OAT) clinics, safe supply clinics, pharmacies, and the **Network of People Who Use Drugs (NPWUD)**.

The main institutions to garner support from include the government, public health authorities, research organizations, academia, and law enforcement.

There are three categories of government within Canada (municipal, provincial, federal) that can independently offer their support. For example, it is possible to approach the town/city hall (municipal), the Ministry of Health or public health department (provincial), or government-funded research organizations such as the Canadian Centre on Substance Use and Addiction (CCSA), Canadian Research Initiative in Substance Misuse (CRISM), and Canadian Institute for Substance Use Research (CISUR) (federal).

If the principal investigator belongs to a professional body (e.g., College of Pharmacy, Physicians and Surgeons, or Nursing Professionals), Health Canada may ask for a letter of support from the professional body.

Public health authorities are becoming increasingly interested in DC. Based on the authors' experience, it is best to approach a representative within a committee or
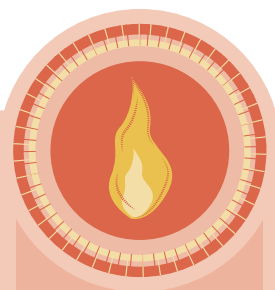
PRO TIP

DC services must find a balance between having a secure site for exemption approval, and ensuring that the space is low-barrier and comfortable for the service users. Preserve people's anonymity by not installing cameras.

department that is located in the province or territory and has HR as their mandate. It is common practice to first set up a meeting with this representative to present the project and discuss possibilities for collaboration. Before approaching the public health authority, it is important to gather letters of support from community organizations, businesses, event promoters, and/or service users advocating for implementation of a DC service.

Confirmatory testing is invaluable for ensuring the accuracy of the methods being used. **Establish relationships with laboratories that offer confirmatory testing for DC services using gold standard techniques such as mass spectrometry or qNMR. Examples include local hospitals and provincial or federal laboratories, Universities, or DC projects with the above lab technologies. Establishing a working relationship with confirmatory testing provides extra credibility to the DC service.**

Academia also gives serious credence and technical clout to a DC project when applying for an exemption. Universities and research organizations are established institutions that have a wealth of technical expertise and extensive experience in research.

A cordial relationship is encouraged with local law enforcement so that they are familiar with the DC service being offered. This is not, however, a requirement for an exemption.

Step Two:
Submit an Application

Take some time to read through the exemption application, which can be found on the Government of Canada's website. The application form is named *"Application form for an exemption to use a controlled substance for scientific purposes".* Since this exemption form is not specific for DC, do your best to fill it out in the most relevant way possible.

Inapplicable sections include Section 4 (In Vivo Administration), Section 4.1 (Controlled Substances),

Section 5 (Supplier Of The Controlled Substances), and Appendix A. These sections do not need to be filled.

Below is some required general information to fill out:

1. **Site information:** Name of DC site and address.

2. **Applicant information:** Name, job title, name of organization and/or group.

3. **Description of the proposed DC services** that would be offered, and site operating hours.

4. **Name and job title** of the person who is responsible for the operational oversight of the DC service.

5. **Name and job title** of the person(s) that would replace the person responsible for operational oversight if they were absent from the site.

There are two crucial sections that will require special attention for DC service:

- Section 3: Project or Study Description.
- Section 6: Physical Site Security.

Section 3: Project or Study Description
Describe the project, as well as its intended demographics and goals, in this section. Relevant information includes what technologies will be used, what the potential workflow might look like, and the context in which the service will be provided (e.g., in community, at events, or as a mobile service). As it stands, the Health Canada form does not ask DC-specific questions.

This section also asks for protocols to be submitted (see *Chapter 3: Drug Checking: Technologies and Procedures*).

Section 6: Physical Site Security
Health Canada considers security to be of the utmost priority, as their primary directive is to protect the public. They do not want substance diversion, break-ins, or accidents to happen as a result of a granted

exemption. This risk is very low, especially considering that the amount of substance handled is miniscule. Section 6 of the exemption application form has a space for describing what security measures will be implemented, including building alarms, building entrances, physical barriers (e.g., locks, deadbolts), and separation between other services located within the building. A key log is encouraged to account for who has copies of the keys to the designated DC areas. A key log should include who has possession of what labelled key, when the possession of the labelled key occurred, and who witnessed this possession. Also include procedures to follow in the case that a key is lost or stolen (this should include changing the locks and cutting new keys).

Due to the exemption for being non-specific to drug checking, there are a few areas that require clarification:

Substance Disposal
Health Canada requires clear protocol on how substances will be disposed of after they have been brought in and checked. An acceptable substance disposal method is putting the substance in aqueous solution (like water) and disposing it in an "irretrievable gravel matrix" (e.g., clumping kitty litter). Label a large sharps container containing kitty litter as "substance disposal" and ensure that the disposal protocols are clearly identified and available at the site. While there is generally very little waste associated with DC, this point needs to be clarified. Include a substance disposal sheet that includes areas to indicate whether a service user disposed of a substance after getting it checked, the date, the name of the staff member performing the drug check, and the type of substance.

Staffing
People with official roles on the staffing plan must be put into the exemption to allow them access into the designated DC area. DC technician and HR worker are two general titles. As mentioned in the general information section above, a person will need to be appointed to be responsible for the direct operational oversight. This person will ensure that protocols are being followed, forms are being filled correctly, and lost or stolen substances are being reported. A secondary person should be appointed to this role if the responsible person is absent from it. For more information and details surrounding staffing, please refer to the Human Resources section.

Standard Operating Procedures (SOPs)
Procedures used for DC need to be included in the application. This can include protocol for using fentanyl test strips and any other technologies the service will be using (see *Chapter 3: Drug Checking: Technologies and Procedures*). Include explanations for any forms that the service intends to use, such as sign-in logs, key logs, and procedures for handling lost or stolen substance. The SOP should include a write-up that explains the limitations of the technologies used, a disclaimer (see Appendix 1), and a data collection sheet (see Appendix 2 and Data Collection Google Sheet).

Data Collection and Messaging
Provide a description of the data that would be collected during DC (non-identifiable, anonymous information), and indicate how the results of drug checks would be communicated to the individual who provided the substance for analysis. (See *Chapter 4: Drug Checking: Messaging* for more information on how to deliver DC results to service users.)

Reference Standards or Registered Test Kits
(If applicable). A reference standard is a pharmaceutically pure sample of a certain substance that can be critical for method development and ensuring that instruments are working correctly. A registered test kit is essentially a very dilute substance dissolved in a liquid. Registered kits are typically used for trace analysis in mass spectrometry. If the project is in need of these standards or registered test kits, be sure to notify Health Canada of the identity of the substance, the quantity, the name and address of the commercial supplier, and the registered test kit number for each controlled substance intended to be purchased. Prior approval from Health Canada is required before ordering.

FIGURE 2: EXAMPLE FLOOR PLAN
Source: Lantern Services — Courtesy of Jarred Aasen
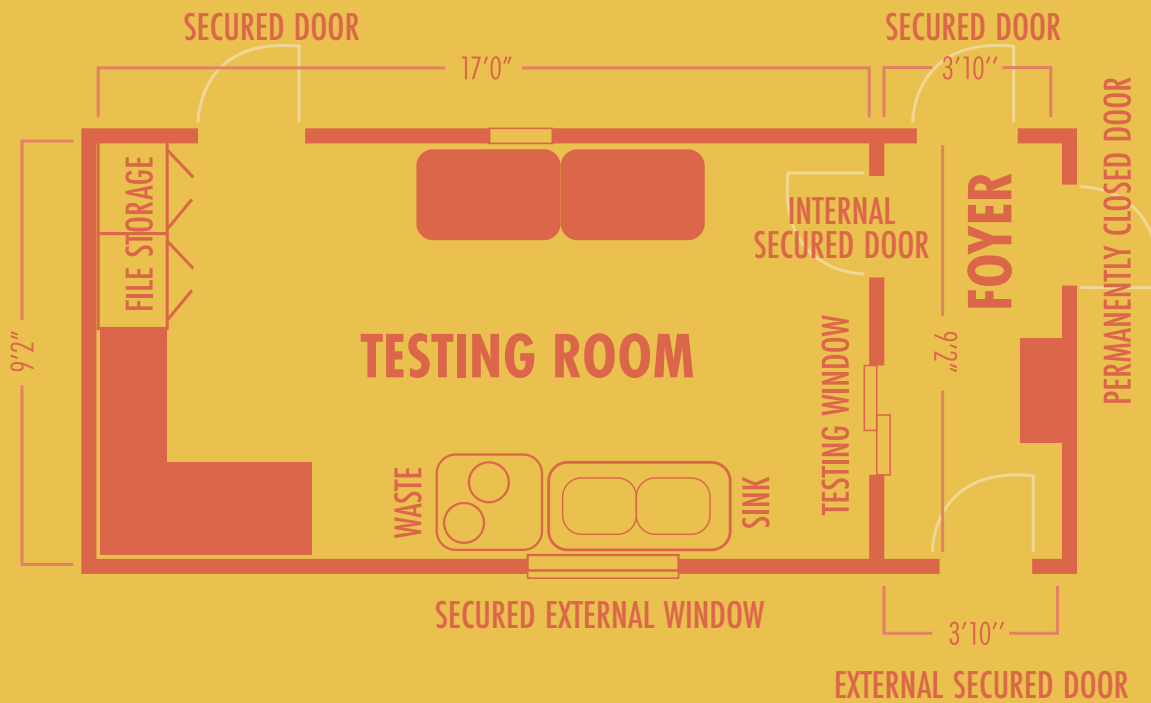
Floor Plan

This will give an overall impression of how the space will be structured. Although this is not requested initially, it will be requested at a later date, so including it is prudent. The floor plan should include two graphics:

1. The floor plan of the DC space within the larger building (including entrances/exits).

2. The DC space itself. This should include any relevant security information, such as safes to store controlled substances, substance disposal containers, windows, and access-controlled doors.

Figure 2 is an example of the floor plan of Lantern Services. If the service location is an outdoor venue, the floor plan should include clearly defined boundaries and indicate where there are any privacy screens in place. Exemptions traditionally apply to a physically outlined space, so the floor plan is critical. The floor plan does not

have to be an architectural blueprint, a simple diagram is sufficient.

Once Health Canada has received and reviewed the application for an exemption, they will respond with a number of clarifications. This is where the details are fleshed out and further documentation may need to be submitted. These clarifications may be related to site security, substance disposal, staffing, standard operating procedures (SOPs), or floor plans.

Step Three:
Inspection

Before Health Canada grants the exemption, they will send an inspector to view the site. The inspector will ensure that the space reflects what has been submitted on the application form. One thing to note is that timing may be critical for this point. **The inspector cannot perform the inspection if the site has not completed the necessary renovations. This means that you will need to**

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expend resources prepping a site for an inspection that it's not guaranteed to pass. Be sure to have all forms, procedures, and protocols printed and organized. Have the space set up to reflect the floor plan submitted.

Step Four: Implementation

If all requirements are met, Health Canada should grant the exemption. This will include a list of elements you can and cannot implement. Generally, an exemption for DC purposes does NOT include consumption of substances on-site, and staff must fully dissuade consumption or trafficking on or near the premises. The exemption's duration varies, but typically the organization must reapply after anywhere between one and three years. Health Canada may grant the ability to amend certain points of the exemption. Health Canada is ultimately in charge of the exemption and reserves the right to revoke it at any time. They will also inspect the DC service to ensure that forms, paperwork, and protocols are being filled in and followed correctly. There are reporting requirements for an exemption, including but not limited to:

- Number of drug checks performed.
- Methods used to carry out DC.
- General demographics of the service users served.
- Identity/composition of expected substances.
- Results of drug checks.

TOOLS

- DanceSafe. State-by-State Legal Guide to Drug Checking Tools.

- Équipe de soutien clinique et organisationnel en dépendance et itinérance de l'Institut universitaire sur les dépendances (IUD). (2021, February 16). La crise des surdoses : Des données aux actions. [Video]. YouTube. (subtitles in English)

- Équipe de soutien clinique et organisationnel en dépendance et itinérance de l'IUD. (2021, February 16). Comment implanter un site de prévention des surdoses? [Video]. YouTube. (subtitles in English)

- Health Canada. (2020, April 20). Questions and Answers — Provincial / Territorial Class Exemptions: For Supervised Consumption Site Operators.

- Government of Canada. (S.C. 1996, c.19). Controlled Drugs and Substances Act — Regulations and Exemptions.

- Meeson, J.-S., Turmel, J., Fallu, J.-S., & Morgan, G. (2016). Appendix B: The Canadian Legal Context. In C. Sage, & W. Michelow (Eds.), Drug Checking at Music Festivals: A How-to Guide.

Case Study
Legal Steps

A group of three people are very passionate about starting up a HR group called Imbibe, which focuses on DC in their community. They each personally have lost friends to drug overdoses and would like to take steps to reduce this risk for others. The group understands that the service they wish to implement requires a provincial UPHNS designation or a federal exemption. This group has learned that their province is hesitant to authorize a UPHNS site, so Imbibe decides to pursue a federal exemption for DC purposes. The city they live in does not have a history of these types of initiatives, so the group is uncertain if the local law enforcement will have objections. They begin researching the federal exemption application process. As Imbibe is new and unproven, they begin to garner support from their community for their federal exemption application.

To do this, Imbibe stops by local service providers (outreach, shelters, housing providers, NPWUDs) to explain what DC is and gauge their interest in supporting Imbibe. A template for a letter of support is given to the interested service providers, who then complete the letter and return it to Imbibe.

The local university's Social Work department has a history of supporting harm reduction initiatives, so the group approaches an active professor to seek partnership. Imbibe prepares a walkthrough of what their service entails, as well as examples of successful DC services elsewhere in the country. They also come prepared with a few research objectives that might interest the professor, as the area of DC is ripe for exploration. After they meet with the professor, they agree to work together to establish a DC service in their town. This partnership demonstrates that Imbibe is serious about implementing this service, and with the support of the community, the group is feeling more confident and capable of approaching the local health authority for their support.

Imbibe reaches out to their local health authority, and after a series of back and forth emails explaining their initiative, it is agreed that they will have a meeting. Once again, Imbibe presents their project, explaining the support that they have already garnered from the community and academia. Having received backing from a variety of sources, and having partnered with an academic institution, Imbibe begins the process of applying for a federal exemption.

Reflect on the following questions:

- If Imbibe was to start within your community, which organizations would you reach out to for support?
- What are some examples of research objectives that Imbibe could present to the professor?

Take a moment to reflect on what next steps Imbibe can take before reading the points below.

Decide on what instruments to use. With a modest instrument budget and technical capacity, this limits some of Imbibe's options. (See *Chapter 3: Drug Checking: Technologies and Procedures* for information regarding choosing an appropriate technology.)

Begin writing down policies and procedures for various aspects relating to service. This includes intake, testing, and disposal procedures. This will all be useful when Imbibe is submitting their exemption application package.

Secure a physical location for the service. Knowing that DC services are best paired with existing HR services, Imbibe approaches their local NPWUD to see if they can use a spare room in the facility. This allows Imbibe to plan their renovations and get their space ready for the exemption inspection.

Further explore their research connection. This can be achieved through the development of survey and data collection forms. It is best for Imbibe to create these resources ahead of time so they can be approved by the ethics board of the university.

05 DRUG CHECKING MODEL TYPES

01.
ON-SITE (EVENT)

A pop-up service that is temporary and is taken down at the end of an event.

e.g., ANKORS tent at Shambhala Music Festival — Nelson, BC

02.
FIXED SITE (COMMUNITY)

A DC service located at a physical location, ideally co-located with other HR and/or health services. The service can be at a single permanent location, or have a rotating location schedule.

e.g., Substance: Vancouver Island Drug Checking Project — Victoria, BC

03.
MOBILE

A DC service contained within a vehicle (van) that can provide services where and when needed, increasing reach.

e.g., Groupe de recherche et d'intervention psychosociale (GRIP) — Montréal, QC

04.
OFF-SITE

A DC service where sample collection and messaging of results occurs at one location, and the actual sample testing occurs at a separate location (e.g., hospital).

e.g., Toronto's Drug Checking Project — Toronto, ON

05.
MAIL-IN

Samples are mailed to a testing location, and results are uploaded to an online portal once the sample analysis is complete.

e.g., Get Your Drugs Tested — Vancouver, BC

MODELS OF DRUG CHECKING SERVICES

There are many possibilities for how a DC service can be and where it can operate. Factors include which drugs are being checked, what technologies are being used, what location is available, and who the people doing the DC will be. There are incredible people offering unique DC services in a variety of settings around the world. There are five main locations where the service can be offered: on-site (event), fixed-site (community), mobile, off-site, or mail-in.

ON-SITE (EVENT)

On-site DC is a pop-up service that is temporary and is taken down at the end of an event. This is done most commonly at music festivals, but can also happen at other events, such as conferences and concerts. For example, having OPS with DC embedded is becoming best practice at conferences that include delegates who are PWUD (Brooks et al., 2020). Acquiring the appropriate exemptions for these events is always recommended. Keep a paper copy of the exemption on hand at the event in case anyone asks to see verification that the service is legal.

Logistics to Think About for On-Site DC

- The DC service should be in a high-traffic area for good visibility that is easily found and has signage that guides people to the service.

PRO TIP

Ensure that a written contract is drawn between the DC organization and event organizers that identifies each party's responsibilities. Once the contract is agreed upon, the event and the DC organization can apply for the appropriate exemptions together.

- A location that's not too close to a music stage. The drug checkers may talk to hundreds of people and need to be able to hear and be heard. Talking for a 6 to 8 hour shift can be very demanding on a person's concentration and voice.

- Plans for transportation of equipment and a reliable source of electricity at the site.

- Plan for temperature management for the service users waiting in the lines outside of the DC site. If it's a hot day, help patrons avoid heatstroke by ensuring that there's easy access to water and setting up shade tents or umbrellas. If it's cold, have some outdoor heaters accessible.

- Plan ways to keep the DC service area temperature-controlled depending on the environment. For example, the Shambhala Music Festival has always been held in the hottest part of the summer, where ANKORS volunteers would spend 8-hour shifts in a tent that was upwards of 45°C (113°F). In 2019, Shambhala came through with an industrial air conditioner.

- A location that will be easily accessible and provide privacy for PWUD. Avoid barriers such as locked doors, event security, or having to walk through unfriendly spaces that may deter using the service.

- The flow of the tent should be set up such that everyone can have access to information and HR supplies, whether or not they are checking substances. See Appendix 3 for an example of the layout of an onsite DC site at an event.

- Have staff or volunteers outside to manage traffic, lines, and privacy.

- A high-security locked room or building for storing equipment with restricted access, and and a secure method for transporting to and from this location.

For a full checklist of supplies for on-site services at events, see *Drug Checking at Music Festivals: A How-to Guide* (Sage & Michelow, 2016).

Critical Questions to Ask Event Organizers

Here are some questions that should be answered before agreeing to offer DC at a event:

☐ **What are the characteristics of the event?** Consider location, date, time, duration, costs, setting, event contents, physical layout, and whether the event is new or established.

☐ **What are the characteristics of the people in the event?** What are the ages of participants, and languages spoken? What types of substances are typically used and what risks have been observed by promoters?

☐ **What services does the event have already?** Examples: medical, security, psychological support, outreach, hygiene (e.g., toilets or potable water).

☐ **Does the event have an emergency plan?**

☐ **What are your organization's expectations regarding hours, services, communication with event organizers and promoters, etc.?**

☐ **What type of power supplies and shelter does the event have at their disposal?** Example: a building, a trailer, a tent, a generator, extension cords.

☐ **How many tickets will the event give your team? What are the procedures in obtaining the tickets?**

☐ **Does the event have any funding? Will they pay for supplies and transportation costs (e.g., fuel or kilometers)? Will they pay for staffing or food?**
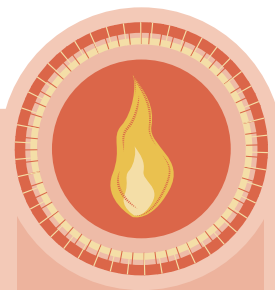
PRO TIP

Before committing to offer DC at a event, find out what services they have in place already and what their expectations are. There is nothing worse than getting to a event expecting to do DC exclusively, only to find that the event was expecting medical services as well.

PORTRAIT
GRIP & SAS

GRIP ([Groupe de recherche et d'intervention psychosociale/Psychosocial counseling and research group](#)) is a non-profit organization founded in 1997 in Montreal by ravers who wanted to create a safer party environment. Over the years, GRIP has created a continuum of psychosocial services with a harm reduction and pleasure maximization approach within Quebec. GRIP can deploy outreach teams, info-tables, and resting areas.

GRIP has wanted to add drug checking to its services since the beginning. In 2017, GRIP started distributing fentanyl test strips and naloxone to youth in the nightlife community, ravers, and festival attendees. An increase in acute intoxication and overdoses in the rave scene motivated GRIP to apply for a federal exemption in April 2019. GRIPs project Service d'analyse de substances (SAS) obtained the first federal exemption for mobile drug checking in festival settings in Canada. Expanding their project, GRIP formed partnerships with community-based HR organizations and now offers drug checking to communities of PWUD outside of festival/nightlife settings who are affected by the contaminated drug supply in Montreal, Quebec. In the SAS van (Service d'analyse de substances/Drug Checking Service), a street outreach worker, HR worker, and technician offer FTIR spectrometry, reagents, test strips, and other HR supplies.

GRIP mobile outreach and drug checking van — Image courtesy of Dominick Gravel, Agence QMI

FIXED SITE (COMMUNITY)

A fixed site is a permanent or semi-permanent space, ideally located within a larger community organization that offers other services (e.g., counseling, HR supplies, OPS, naloxone training, housing support, or opioid replacement), to which people may be referred.

This space would ideally have:

- Staff that can manage service users who are waiting to be helped.
- A room with a safe to lock samples in, and locks on the doors to secure equipment.
- Staff that can collect samples dropped off for testing and place them in a safe until DC can occur. Both UPHNS and Section 56 Exemptions allow for storage of substances for testing at a later date.

Pop-up DC services can be set up for short periods of time within a host organization. Private spaces, such as an office, an empty room, or a space with curtains inside a larger building make for a simple, quick operation. When serving a community that is not familiar with drug checking, it is crucial to work with local outreach workers and peer groups to help integrate the practice into the community.

MOBILE

Mobile OPS or HR vans have been around for a few years now, and adding DC to these services is a logical expansion. Mobile units like vans or buses allow instruments to be directly transported to PWUD for use in the field. There are several organizations implementing this model in Canada.

FTIR and test strips are also great portable options. Some DC instruments can use battery power (e.g., FTIR or Raman). Certain technologies lend themselves better to portability than others (see *Chapter 3: Drug Checking: Technologies and Procedures* for options).

OFF-SITE

This option involves having a location in community for sample collection. Collected samples are then couriered off to a central drug checking site (like a hospital) where they are analyzed. The results are then communicated back to the community location, where results are disseminated back to the service user, along with appropriate messaging. This option can be logistically complicated, and requires consistent communication and coordination between sites.

Having a central testing location can be helpful for pooling limited resources (such as access to instruments and technical expertise) but a downside is the turnaround time required to test the substances and report the results back to the service user.

Toronto's Drug Checking Service: Samples are collected at five HR sites in the city and transported to Special Chemistry Laboratory, St Michael's Hospital in Toronto, Ontario — image courtesy of Karen McDonald

MAIL-IN

Mail-in DC consists of people taking a sample of their substance and sending it through the postal service to a DC location. Results are communicated directly to the service user or coded and posted on the DC organization's website to ensure anonymity. Depending on the organization, the service may have a cost or be free of charge. Some places that accept mail-in samples:

- Get Your Drugs Tested (Vancouver, BC): Free

- Vancouver Island Drug Checking Project (BC): Free

- Erowid Drugsdata (USA): Charges a fee for mail-in samples and offers confirmatory testing for other DC sites.

- Energy Control (Spain): Charges a fee for international samples.
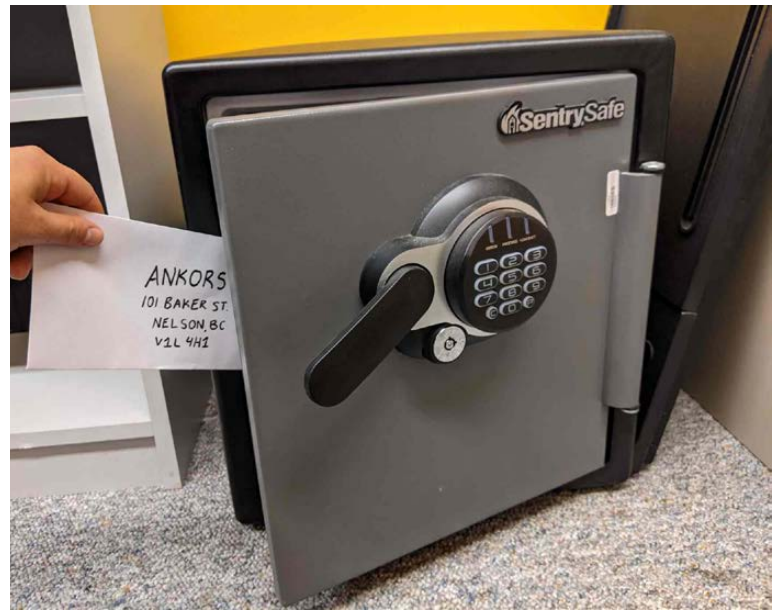
Storing samples at a fixed site location — Image courtesy of Amelia Martzke

TOOLS

- Barratt, M.J., Kowalski, M., Maier, L.J., & Ritter, A. (2018). Global review of drug checking services operating in 2017. Drug Policy Modeling Program. Bulletin No. 24. National Drug and Alcohol Research Centre, UNSW Sydney.

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- Harm Reduction International. (2018). Drug-checking Services: Global State of Harm Reduction 2018 briefing.

- Maghsoudi, N., Tanguay, J., Scarfone, K., Rammohan, I., Ziegler, C., Werb, D., & Scheim, A. (2021). The Implementation of Drug Checking Services for People Who Use Drugs: A Systematic Review. *Society for the Study of Addiction.*

- Stimulus: Drugs, Policy and Practice in Canada. (2021, June 23). Stimulus Connect Recognizing Expertise. [Video].

HUMAN RESOURCES

In order for a DC service to be successful, it must involve PWLLE in a meaningful way throughout the planning and implementation stages of the project. It is very difficult for PWUD to trust that they can talk about drug use and give drugs to a service provider without being prosecuted, stigmatized, or patronized. People need to see themselves reflected in the service that they use. PWLLE know what these services need to be like, more than anyone else. They can also engage in outreach that service providers cannot, as PWLLE are part of a community of PWUD. PWLLE have intimate knowledge about the goings-on in settings where people are using drugs. They can share information with their communities about DC services, help get important news out to the people who need it most, and act as a bridge to help their community members feel safe enough to seek services. As an example, most of the people on ANKORS' 70-person event team are PWLLE. The team also includes service providers, HR workers, scientists, and professionals.

There are three main roles within a drug checking project: Project Coordinator, Harm Reduction Worker (HRW), and Technician. The Project Coordinator oversees the project as a whole. The HRW is knowledgeable in the social contexts surrounding drug use and HR, ensures data is collected and input, and messages the results to the service user. The Technician is responsible for operating the technology, analyzing the substances, and providing accurate and clear results to the HRW. For large projects with multiple technicians, a technician lead helps to ensure quality and consistency with results. It is important to note that at DC sites with limited resources and/or staffing, one person may perform all roles.

Staff should be familiar with the responsibilities of each role. Someone with a purely scientific background may not understand the context behind the results and the HR tips they are providing, while someone from a purely social work or HR background may find the learning curve for science and technology steep. See Appendix 4 for a more detailed list of the many roles that can make up a DC team. The next section will look in depth at the three main roles.

PROJECT COORDINATOR

The Project Coordinator may be involved from the very beginning of the project or step into an existing drug checking project. The coordinator is responsible for overseeing the project as a whole regardless of what stage it's at.

Knowledge Requirements:

- Have some knowledge of all of the aspects of a drug checking service.

- Know how to use respectful, non-judgmental language. (See *Chapter 1: Creating Safer Spaces with HR in DC Settings.*)

- Have the ability to bring together diverse groups of people to collaborate on a project.

- Recognize the unique strengths in the diverse experiences and backgrounds of those involved, and prioritize making sure that all voices are heard.

- Be open to receiving feedback and learning new things.

- See the overall vision of the project and be able to hold the many pieces within it.

Responsibilities:

Administrative

- Write a budget for the project and present it to potential funders.

- Liaison with stakeholders (e.g. events, local HR organizations, peer organizations, health and other authorities).

- Determine which DC instruments are most appropriate for the setting (such as community or event) and how to acquire them. (See *Chapter 3: Drug Checking: Technologies and Procedures.*)

- If conducting research is part of the project, gather collaborators that can take on pieces. These collaborators do things like submitting ethics applications or working with data collection tools, or they may fill roles like a Principal Investigator (PI).

- Apply for appropriate exemptions.

- Make a supply list and order items needed. (See *Drug Checking at Music Festivals: A How-To Guide*, Sage & Michelow, 2016: p. 52 for a sample supply list for an event.)

- Ensure safe storage of DC instruments, money, and other valuables.

- Advertise the service in a place that will reach the target audience, such as an event's social media platforms, local support centers and NPWUD, or bars and coffee shops.

- Liaison with the media or delegate media communication to certain team members that can represent the project.

- Evaluate the project.

Team Management
- Plan and create the team. This includes creating the applications and vetting volunteers/staff. (See Appendix 4 Job Descriptions.)

- Gather all necessary training resources, or create them if they do not yet exist.

- Make a schedule that includes set up, tear down and shift coverage for all positions during the service times.

- Organize logistics, including ensuring that all team members have access to the site or event, planning lodging and meals for events, and transporting infrastructure and supplies to the service location.

- Provide on-site training for team members about:
  - how the DC service is going to be delivered;
  - where supplies are kept and what is available;
  - who will serve as a contact person on the team to answer questions;
  - what other services exist at the site or event and who their point of contact is at each service;
  - what to do in case of emergency.

PORTRAIT
The Alliance for Collaborative Drug Checking (ACDC)

The ACDC was formalized in 2019 following a gathering of DC administrators in Chicago. The Chicago Recovery Alliance coordinated the inaugural gathering (with the support from Illinois Department of Public Health, the CDC Foundation, and Open Society Foundations).

ACDC was conceptualized as a nonhierarchical and independent learning community for people working on DC initiatives — primarily those working with spectrometry technologies — or who are interested in expanding DC in their community. ACDC promotes safer drug use that maximizes pleasure and enjoyment while minimizing risks, and is in opposition of surveillance tactics. As of early 2021, there are nearly 100 members from several countries who communicate via a Google group, monthly meetings, and an annual DC summit. To join the Google Group, complete this Membership Request Form and an admin will add your email address. This group is closed to law enforcement, journalists, and individuals who are actively selling or marketing products.

HR WORKER

Knowledge Requirements:

- Know how to use respectful, non-judgmental language. (See *Chapter 1: Creating Safer Spaces with HR in DC Settings*).

- Know how to properly use test strips to obtain accurate results.

- Have basic knowledge of the technologies being used in order to support the technician and explain what's happening to the service user.

- Understand and be able to convey the limitations of the technologies to the service user.

- Be knowledgable about a variety of common drugs, including effects, risks, dosing and interactions. Know where to find information about a substance you are not familiar with.

Responsibilities:

- Follow all legal protocols.

- Accurately use test strips on incoming samples.

- Input results data into whatever form of data collection the organization is using. (This may be a technician's role depending on the DC site.)

- Notify appropriate staff if a sample is collected for confirmatory testing. Place the sample in appropriate packaging and store it safely as directed by a lead.

- Deliver results with non-judgmental language and appropriate messaging (no "good" or "bad" drugs, and no "safe" or "unsafe" use). (See *Chapter 4: Messaging Results in DC.*)

- Have HR conversations with service users. Give safer use tips and offer HR supplies if needed/desired.

- Listen to the needs of the service user, and make referrals to other services if needed.

- Inform service users of the existence of the safe disposal service.

- If a result is concerning, share information with the public through whatever warning systems the organization has in place. (See *Chapter 4: Messaging Results in Drug Checking* for giving results to a wider audience.)

PRO TIP

No matter what technology is being used, it is important to be in communication with other experts who can verify and discuss your work. The best way to do this is in a Community of Practice (CoP). A CoP is a group of people who "share a concern or a passion for something they do and learn how to do it better as they interact regularly" (Wenger-Traynor & Wenger-Traynor, 2015).

There are emerging CoPs in DC. For example, in BC there is a CoP for FTIR technicians hosted by BCCSU, chaired by Chloe Sage.

Jarred Aasen, technician with the Vancouver Island Drug Checking Project using a Raman Spectrometer — Image courtesy of Julie-Soleil Meeson

TECHNICIAN

Knowledge requirements:

- Know how to use respectful, non-judgmental language. (See *Chapter 1: Creating Safer Spaces with HR in DC Settings.*)

- Complete the required training for using the technology and its software, including the required shadowing hours*.

- Know the limitations of the technology and be able to communicate testing limitations to the service users.

- If dealing with a complex sample, know the limits of your skills! It's important to be able to admit when you're not sure and to ask a Technician Expert (see Appendix 4 for more info) for a second opinion.

⋆ Shadowing involves analyzing spectra on the FTIR with full supervision. These are hours that take place after completing the training. BCCSU suggests 30 hours to be adequate to pass the BCCSU FTIR competency requirements.

Responsibilities:

- Follow all legal protocols.

- Accurately operate the technologies and analyze the results.

- Input results data into into whatever form of data collection the organization is using. (This may be a harm reduction worker's role depending on the DC site.)

- Be knowledgeable about the different drugs that can be tested. Know where to find additional information about drugs.

- Convey results to the HR worker. If working alone, convey the results directly to the service user.

- Collect and appropriately store samples safely if further testing is needed.

If the project has multiple technicians, including a technician lead on the team helps to ensure there is consistency in the quality of testing. See Appendix 4 Technician lead job description.

PRO TIP

You don't have to do drugs to be a drug checker (by all means, get involved!), but always look to PWLLE for their expertise because they have knowledge that can only be obtained through experience. This being said, keep in mind that having experience with *some* drugs does not mean that a person is an expert on *all* drugs. The more diverse the drug checkers are in experience and in background, the higher the chances are that knowledge cross-pollination will occur.

RESEARCH AND DATA COLLECTION

> " **Research can be used as a tool for change or a tool for oppression."**
>
> *Chlöe Sage*

There are many considerations when pursuing a research project. The objective of the research is the first thing that needs to be established. After you have done so, you'll need to answer the following questions:

- **Who will be the PI (principal investigator)?** This is usually a person from academia (like a professor) or from public health (like an MHO or doctor).

- **Who will do the research?**

- **Who will be partners in the research?** For example, with institutions, other community organizations, and/or NPWUD.

- **How can this research project be conducted in an ethical manner?** Which ethics review board(s) should you apply to, and how will you prepare for review? (Boilevin et al., 2019)

- **What should be included in the Memorandum of Understanding (MOU) between involved parties?**

- **How can the research be designed and implemented with the input of members of the study population?**

- **What questions will you ask the study participants?** You'll want to get your questions reviewed by a committee of PWUD, and triple check them to make sure they're pertinent to your project.

- **How is the data going to be gathered and analyzed?**
  - Many people are nervous about anyone knowing that they use drugs. It is important to maintain their anonymity and respect confidentiality. Be cognizant about not re-traumatizing research participants if you ask them to talk about sensitive experiences; sensitive questions should be introduced alongside an explanation of why they are being asked. Have a support worker available through the project for participants to access after the interview if there are emotional triggers.

- **How will the results of the research be presented back to the community?**

- **Where will the project's funding come from?** Will the funding sufficiently support honorariums for participants and pay for researchers? Will it be enough to cover the project from beginning to end?

- **What follow-up will happen after the project to ensure that the study's results are impacting DC service delivery?**

PRO TIP

It is important to ensure that the research is not asking leading questions (e.g., do you feel safer using more drugs if there are medical and HR services on-site?) or asking intrusive questions without any good reason (e.g., asking participants if they are in a monogamous or polyamourus relationship when the research is about the drugs they use).

PORTRAIT
Trans-European Drug Information Project (TEDI)

The TEDI is a network of European DC Services that share their expertise and data within a European monitoring and information system. In collaboration with the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), TEDI built an electronic database in order to systematically collect data. Thanks to this database, it possible to monitor and identify the general trends of recreational markets.

Tools from TEDI

- The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) with the collaboration of TEDI. (2021). European Drug Report 2021: Trends and Developments.

- EMCDDA with the collaboration of TEDI. (2021). Impact of COVID-19 on drug markets, use, harms and drug services in the community and prisons.

- TEDI (2012). Drug Checking Service Good Practice Standards.

- TEDI (2011). Factsheet on Drug Checking in Europe.
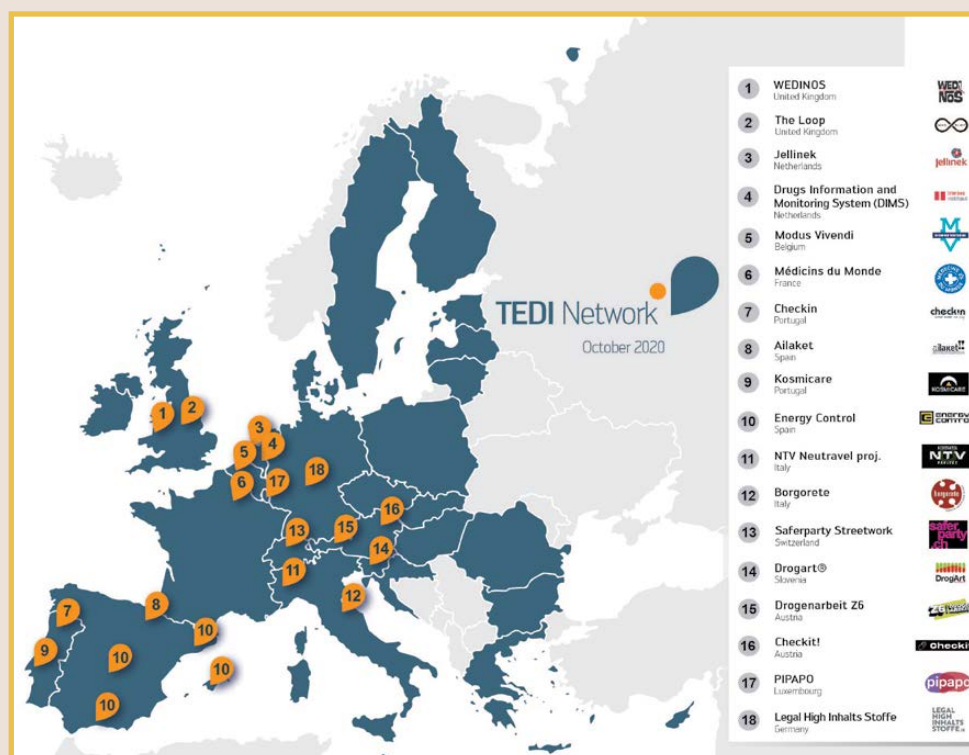
The TEDI Network organizations — Image courtesy of TEDI Network

> **Mark Lysyshyn, a medical health officer with Vancouver Coastal Health (VCH), says those who test their drugs before consumption are significantly less likely to overdose. "They are about 10 times more likely to reduce their dose if they get a positive drug check, and then that makes them about 25 percent less likely to overdose.""**
>
> *Meuse, 2017*

COLLABORATION IN RESEARCH

Very exciting DC collaborations and research are happening all over the globe right now. Universities, health authorities, research agencies, and community organizations — including frontline workers and PWLLE — have begun collaborating on research and papers on DC. This allows for diverse expertise to feed into the project, making research more robust. Published DC research has informed the services that have been created, the technologies that are being used, and new policy decisions regarding DC and HR. For example, an INSITE study was the first to trial checking drugs with fentanyl strip tests and document the impact of the results on health outcomes (Karamouzian et al., 2018). When the study was published, DC started to be seen as a viable HR intervention by provincial public health organizations and Health Canada. This was a game changer for DC being accepted in the mainstream as a strategy to mitigate overdose risks. In other words: **Research is extremely important for validating on-the-ground DC work in the public eye.**

DATA COLLECTION

An important task for HR staff or volunteers involved in DC research is filling out forms for people who come to get their drugs checked. During this process, be careful not to make any assumptions about a person's gender, sexual orientation, age, ethnicity, or drug use history.

This is critical for building an environment of cultural safety so that people feel respected when sharing sensitive information. This includes ensuring that the service user has given informed consent for their (anonymous and non-identifiable) data to be collected, and that they have consented to participating in the research.

Data collection is an essential part of drug checking. Collecting results from multiple sites helps relay results and trends to the greater community. For example, the BCCSU created their own database called BCDC (British Columbia Drug Checking) for partners in British Columbia to input DC results from their respective sites. BCCSU publishes weekly and monthly reports on their findings at drugcheckingbc.ca and hosts a data visualization dashboard. Creating a data capture system like this, however, is a very large undertaking. For a simple data collection system, Google Sheets is a sufficient tool. (See Appendix 2 for a sample data collection sheet.)

EVALUATION

Evaluating DC services is an extremely important component of DC research. Many evaluations focus on service users' behavioral changes after using the DC service, but these types of evaluations fail to take into account the myriad of positive outcomes of DC. Instead

of focusing on immediate behavior change, evaluations should ask:

- Is this service relevant, useful, and user friendly, and does it decrease barriers to the population it is serving?

- Is it reducing stigma, creating safer environnements, and increasing the knowledge and autonomy of those it serves?

- Does the service reach all of the people it needs to? Are there any barriers of access for some people?

- Does this service promote safer use of drugs? Does it provide other tools, promote wellbeing in general, or open doors to other resources within the organization (like housing) or elsewhere (referral)? Does it prevent overdose?

- How about the impact on the community? How it it perceived, and how does it affect other community services? How does it affect loved ones?

Here is a systematic review of literature relating to DC services around the world, and how they impact the behavior and outcomes of their service users.

PORTRAIT
Emerging Health Threat (EHT) Implementation Science Program on Opioid Interventions and Services

Funded by the Canadian Institutes of Health Research (CIHR), the Canadian Research Initiative in Substance Misuse (CRISM) is a national research consortium composed of researchers, service providers, policy makers, and people with lived experience of substance use. CRISM's overall objective is to translate evidence-based interventions for substance use into clinical practice, community-based prevention, HR, and health system changes. The intent of CRISM is to support the creation of more effective and personal intervention programs and services. CRISM is a network that consists of four regional teams (referred to as Nodes), located in BC, the Prairies, Ontario, and the Quebec/Atlantic regions.

Julie-Soleil Meeson, co-author of this chapter, is a member of the DC EHT leadership group from the Quebec-Atlantic Node. This group aims to facilitate the implementation and delivery of DC programs in Canada via 3 projects:

1. A systematic review that identifies and synthesizes literature on the following domains: "influence of DCS on behaviour of PWUD; monitoring of drug markets by DCS; and outcomes related to models of DCS."

2. An environmental scan of DC services to document existing and developing services in Canada, and also describe a variety of service models.

3. A practical guide (this manual) based on best practices for administering DC using a HR approach, and interactive training sessions.

COLLABORATING WITH OTHERS

❝❝ Teamwork makes the dream work"

John C. Maxwell

In both events and community settings, collaborating with other organizations doing HR and other support work can be helpful in building capacity for the DC program.

MAKING REFERRALS

Integrating DC services within other services is key to giving people wraparound support. People may be coming in for DC, but other issues could come up in conversation. Knowing who and where to refer people to get help can really make a difference in someone's life. A paper published in 2022 indicates that DC could act as a pathway to referrals to other services such as HIV, STI, and Hep C testing (Carroll 2022). It is crucial to not give someone a dead end contact or a service or number that no longer exists.

COLLABORATION ON-SITE AT AN EVENT

Good working relationships — with the event itself and with other teams at the event — are necessary to ensure that your DC team is able to tackle any issues that arise.

Knowing when to refer someone to other services is important. Notifying the team leader first is especially important to ensure that there are no miscommunications. There are many services that an event might offer, and you should be familiar with each of them and know how to contact them if needed.

Security Team

A security team that is educated on HR is an essential point of contact and collaboration at any event. Security is also typically responsible for knowing what services are available and being able to direct patrons to them as needed, including the HR team. It is important to have clear boundaries with security around their limited access to the DC site. Service users feel nervous when people in uniforms start hanging around the site. Be very clear to security that DC is an anonymous service and no personal information will be gathered from service users.

Medical Team

The medical tent treats anything from minor wounds to medical emergencies. Many medical teams also have a mobile paramedic team that can respond quickly

PRO TIP

At an event or in a community setting, a warm hand-off, or personally connecting the service user to the referral, is more effective and impactful. An example would be walking the service user over to the referred service and introducing them to the provider. A warm hand-off could also be as simple as phoning ahead to the provider so they are expecting the service user.

anywhere on site if necessary, lowering the response time for emergencies. Medical team staff can skip the DC line at any time to test drug samples for patients. There should be a flow of information back and forth between medical and DC teams. If the medical team is seeing recurrent adverse drug reactions from patients, testing samples from those patients can help spread information about potential risks to the larger community.

The section below refers to other services that are often lacking at events, but are important for minimizing the harms and maximizing the positive experiences of the attendees.

Chill Area, Mental Health/ Psychedelic Crisis Support, Safer Space

Whatever name is given to the space, its main objective is to support people experiencing mental health crises or trauma. This can include disorientation, anxiety, panic attacks, unwanted hallucinations, or other mental health related issues. Safer spaces are most effective when the team has a diverse breadth of experience and knowledge. It is crucial to include PWLLE on these teams. It is also important to communicate DC results to the support space and to receive feedback from their staff on the trends they're noticing from certain substances being used on site (Sage & Michelow, 2016).

Women and Diverse Genders Safe Space

This service is most effective when available 24 hours a day. This service is for self-identified women and people who are gender diverse who are in crisis, or who are experiencing emotional or physical distress such as fleeing sexual assault or partner violence. Volunteers are trained in crisis intervention and can refer people to other connections or services if needed. If there is a situation where someone comes to the HR tent and is experiencing trauma or a crisis related to one of the situations listed above, Women and Diverse Genders Safe Space may be a good option for them to access support.

Outreach Teams

Outreach teams mostly travel in pairs and monitor washrooms, pathways, campsites, and other areas dispersed throughout the event grounds. They might also provide information on HR and offer supplies like condoms to guests around the event. DC volunteers can relay important information to outreach teams about certain substances that could be potentially harmful (Sage & Michelow, 2016). Outreach teams can walk people back to their lodging if they are alone to add another layer of protection, and can *creep* watch around the event site. Creep watch is when outreach monitors an event site for predatory behavior and assists patrons in responding to it. This can involve intervening and/or calling security.

TOOLS

The following two projects have well-known psychedelic peer support programs:

- Zendo Project
  - » Provides psychedelic support at events, including Burning Man.
  - » Zendo has also created a training manual for psychedelic harm reduction.
- Kosmicare
  - » At Boom Festival, the Manual of Psychedelic Support (2017) was created and it includes some incredible HR tools that have been published by the Multidisciplinary Association for Psychedelic Studies (MAPS).

PORTRAIT
OPS at Shambhala

At Shambhala Music Festival 2018, a person came to ANKORS' DC and HR tent asking if there was a space to safely inject with supervision. There was no private, well-lit space to offer them and some of the volunteers were uncomfortable with needles. This was the impetus to implement the first event OPS. In 2019, Shambhala HR Coordinator Stacey Lock brought Brandon Bailey, Harm Reductionist, Vice President of CAPUD (Canadian Association of People who Use Drugs), and founder of Windsor Overdose Prevention Site, to operate an OPS at the event. Over 200 people used the site to snort, smoke, or inject substances, and to get naloxone training.

Chlöe caught up with Brandon in his home in Windsor, Ontario.

Chlöe: Of course people were using substances in many different ways in the OPS, but needles being the mode with the most stigma attached, it is important for staff to be comfortable with people using needles and not judge. What other attributes should staff of a festival OPS have?

Brandon: Previous knowledge and experience on overdose prevention. First Aid cardiopulmonary resuscitation (CPR) training, and how to use naloxone. If there is oxygen on site, oxygen training is beneficial. Somebody who is personable and has a good understanding of HR. They are able to observe, and if the person wants to have a conversation, then they have to be able to do so. If the person just wants to be left alone, then they're just able to observe and make sure that person is safe.

Chlöe: Since this is a new idea for a festival, people will not know about it or may not even know what it is. How do you let folks know about the service?

Brandon: So last year I walked to the lineup for DC for ANKORS and I had a little script that I would say to them and let them know about the site. So after they were done with the DC in ANKORS, they could come over and see us and then they could, you know, after they get their drugs checked, then use their drugs and then they go on, so that they're not having to go use sitting at a campsite away from people, or not having to go using in a porta-potty or anything like that. Also they were able to portion their stuff into correct dosing so that they were able to use it in a more safe manner.

Sober Camp

This space or campsite is available for people who chose not to engage in substance use. At Shambhala Music Festival, it is called Camp Clean Beats and offers daily meet-up groups for people who have had negative experiences with substance use (Sage & Michelow, 2016).

OPS

A safer space for people to use substances in whichever route of administration they choose (orally, snorting, injecting, smoking) with trained staff on-site to witness and attend if overdose happens. This is also a place guests can get naloxone kits and training, as well as other HR supplies. At the DC booth, remember to inform service users if the OPS service is available.

COLLABORATIONS IN FIXED SITES

Collaborating with other health and HR services can contribute to providing wraparound care for PWUD. Collaborating could mean offering the services side by side, setting up the DC in the same space as other services, or sharing information that is pertinent to service users and service providers. **Below are some of the services that DC pairs well with.**

HR Sites and Services

Established HR organizations that offer HR supplies, support, education, referrals, and naloxone training are perfect fixed site collaborators. Drug checkers can work alongside these other HR services, creating more comprehensive support by referring service users to each other. Collaborating with local nightlife venues can also help reach a population of PWUD who do not use HR services regularly.

OPS & SCS

Staff can refer people using the site to DC services and relay important result information to service users about local trends.

TOOLS

- Équipe de soutien clinique et organisationnel en dépendance et itinérance de l'IUD. (2022, January 24). Boîte à outils pour la mise en place d'un site répondant à un besoin urgent en matière de santé publique (SBUSP). (French)

- UPHNS Community of Practice Hub. (2021). Urgent Public Health Need Site. (Bilingual)

SAFE SUPPLY

OR WE CONTINUE TO DIE

Network of People Who Use Drugs (NPWUD)

NPWUDs can inform the DC team about what service users are looking for in a DC service. This can be a symbiotic relationship of sharing information about what is on the streets at a given day. These networks can encourage members to check their drugs and disseminate information quickly to the people who are most vulnerable to overdose. Some NWPUDs also have offices and hold meetings; these are good times to set up DC in a NWPUD's office.

Safe Supply Clinics

Drug checkers have intimate knowledge of drug trends within the local market. The War on Drugs and prohibition have led to an unregulated and inconsistent drug supply, especially with opioids like fentanyl. This has led to a push from PWUD and, their allies for access to a safe supply. The intention is to allow PWUD to choose a pharmaceutical supply for their substances so they do not have to score (buy on the streets) their dose each day, while also allowing them to know what they're buying. Being aware of which clinics have safe supply options and knowing how to connect people with intake appointments at those clinics will help people to substitute the *unsafe supply* they are buying on the street with a *safer supply*.

Homeless Shelter, Hotel/Motel Housing, or Day Centers

There are many people who are experiencing homlessness who also use drugs. Even if someone does not use drugs, they will know someone who does. Any warnings about contaminated batches should be sent to the local shelter, who can reach many high-risk individuals in one day. Setting up a pop-up DC site at a shelter or hotel/motel can truly meet people where they are at.

PRO TIP

The most important collaboration is going to be with the people you serve. Include people who will use your services in the planning and delivery stages of your project. They'll have the best insight into what will actually be helpful.

Support Workers

Having a support worker connected to the DC service is an incredible resource. People accessing DC services may need someone to talk to and it's helpful to have a mental health professional available. Support workers can also be the bridge to connecting people with mental health and substance use support, as well as treatment options.

Street Outreach Teams

Roaming outreach workers connect people on the street with services and HR supplies. These workers can spread the word about important substance warnings and refer people to the DC service.

Public Health Nurses

Public health nurses may be located in community setting and able to do wound care, testing (e.g., HIV, HCV, STBBIs), and more. Public health nurses are a very valuable resource to make referrals to if someone is in need of those services. Health nurses are often flexible and able to meet people outside of the health unit, and they're able to spread the word about DC services.

Local Police Force

One particularly controversial collaborator is law enforcement. Support for DC from local police can have some hidden benefits, such as assistance with sending samples for confirmatory testing (like drug analysis labs). Law enforcement may need to coordinate the transport of those samples, and it can be helpful to have a working relationship with them. It is important to be clear that all service user information is and will be kept confidential, and to warn all others in the building when an officer is coming on-site to pick up samples. This allows people to leave the building if they need to do so, and can help to prevent re-traumatization from people who have had negative experiences with the police in the past.

This is not an exhaustive list, as there are so many collaborations that work with DC. This could also include Opioids Agonist Therapies (OAT) or Medical Assisted Treatment (MAT) clinics, pharmacies, mental health services, paramedics, and more.

TOOLS

- Ahmad, K., et al (2020). Risk Mitigation in the Context of Dual Public Health Emergencies. The British Columbia Centre on Substance Use Research.

- Équipe de soutien clinique et organisationnel en dépendance et itinérance de l'IUD. (2021). Approvisionnement plus sécuritaire (safer supply).

- Street Nurses For Change (2007). [Video]. National Film Board of Canada (NFB).

- Thomson, E., Wilson, D., Mullins, G., Livingston, A., Shaver, L., McBain, L., Wagner, E., Hollett, K., Johnson, C., Brar, R., Sutherland, C., Wood, E., & Ahamad, K. (2019). Heroin Compassion Clubs — A cooperative model to reduce opioid overdose deaths & disrupt organized crime's role in fentanyl, money laundering & housing unaffordability. The British Columbia Centre on Substance Use Research.

DRUG CHECKING IN THE TIME OF COVID-19

> **BC Provincial Health Officer Dr. Bonnie Henry, who has led the response to the province's concurrent health crises of overdoses and the novel coronavirus, said the pandemic has led to more people using and dying alone... [Bonnie Henry said] "It's dismaying to know that all of the work that we have done around responding to COVID-19 has been a contributing factor to the numbers of deaths that we're seeing from the toxic drug supply here in British Columbia and across Canada.""**

Rhianna Schmunk, CBC News (2020)

When COVID-19 hit, many essential services closed their doors and/or reduced hours and staff. This reduction in services was greatly affected by confinement regulations, missing workers due to COVID-19 sickness or burn out, and the lack of available personal protective equipment (PPE) like masks. PWUD who needed services were left to fend for themselves amidst an unregulated and toxic drug supply. The result has been devastating. In communities across North America, the death rates due to overdose skyrocketed. The United States Center for Disease Control (CDC) issued a Health Advisory Network (HAN) alert due to 2020 being the worst year for overdose deaths in history. According the Public Health Agency of Canada, opioid toxicity deaths increased by over 68% between 2019 to 2020. In 2021 it was even worse, with a 16% increase from 2020. (See Figure 3 for annual crude rates of apparent opioid toxicity deaths). In January 2022, the Yukon Territory — with death rates 2.5x higher than the national average — declared a substance use health emergency (Jones, 2021). The Yukon government announced their support

PRO TIP

When implementing COVID-19 protocols, it is important to do it in a respectful and caring way. PWUD who are marginalized are already in a position of being pushed out and moved on. Many describe the feeling as being treated like they are diseased or from a different planet. This was highlighted in the Stigma of Drug Use videos in *Chapter 1: Creating Safer Spaces with HR in DC Settings*. **COVID-19 protocols, although necessary, can easily be interpreted as another way to stigmatize PWUD. Explain to individuals that these measures are to keep both service users and staff safe to ensure that the service can continue.**

FIGURE 3: CRUDE RATE OF TOTAL APPARENT OPIOID TOXICITY DEATHS IN CANADA (2016-2021)

Source: The Government of Canada

for outreach services, supervised consumption sites, and drug checking services.

In May 2020 Dr. Theresa Tam, Canada's Chief Medical Health Officer, expressed concerns about rising trends of overdoses across Canada (PHAC, 2020). It was quickly understood how important HR services are to PWUD.

Protocols for DC to ensure the health and safety of staff and service users during COVID-19 are important for ensuring that the service is able to stay open and operate responsibly within public health as a whole. Follow COVID-19 health care protocols set out by the locaL, provincial and federal health authority whenever interacting with service users and other staff members.
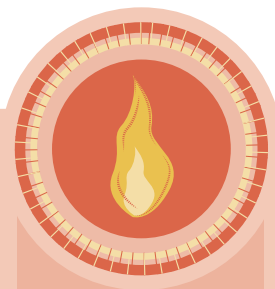
PRO TIP

If COVID-19 protocols require collecting personal information for contact tracing from everyone who enters the building, it is hard to offer an anonymous DC service. Make sure that service users know what is expected if they enter. You can offer the option of them providing a sample at the door and then remaining outside to wait for the result. This option allows service users to remain anonymous.

These may include (but are not limited to):

- Daily symptom monitoring for staff and service users.

- Staff wearing Personal Protective Equipment (PPE) like masks and certified safety glasses or visors, engaging in social distancing, and undergoing proper sanitary measures (e.g. hand washing, surface cleaning).

- Ask services users that come into the site to wash hands and put on a mask.

- Use gloves when handling baggies and envelopes.

- Allow sample drop-off when possible (see *Chapter 3: Drug Checking: Technologies and Procedures*, section on Sample Drop-Off).

- Limit the number of service users who are inside the site at one time.

Amber Streukens, ANKORS Street College Coordinator
— Image courtesy of Chloe Sage

ankorsbc · Following

ankorsbc Would u talk to this person about overdose.fuck yeah

September 14, 2020

TOOLS

- BC Center for Disease Control. (2021, November 25). COVID-19: Responding to Opioid Overdoses in Overdose Prevention Services and Supervised Consumption Sites.

- Canadian Drug Policy Coalition and l'Association des intervenants en dépendance du Québec. (2021). COVID-19 Harm Reduction Resources Hub.

- Ontario Drug Policy Research Network, Office of the Chief Coroner for Ontario/ Ontario Forensic Pathology Service, Ontario Agency for Health Protection and Promotion (Public Health Ontario), and Centre on Drug Policy Evaluation. (2020). Preliminary Patterns in Circumstances Surrounding Opioid-Related Deaths in Ontario during the COVID-19 Pandemic.
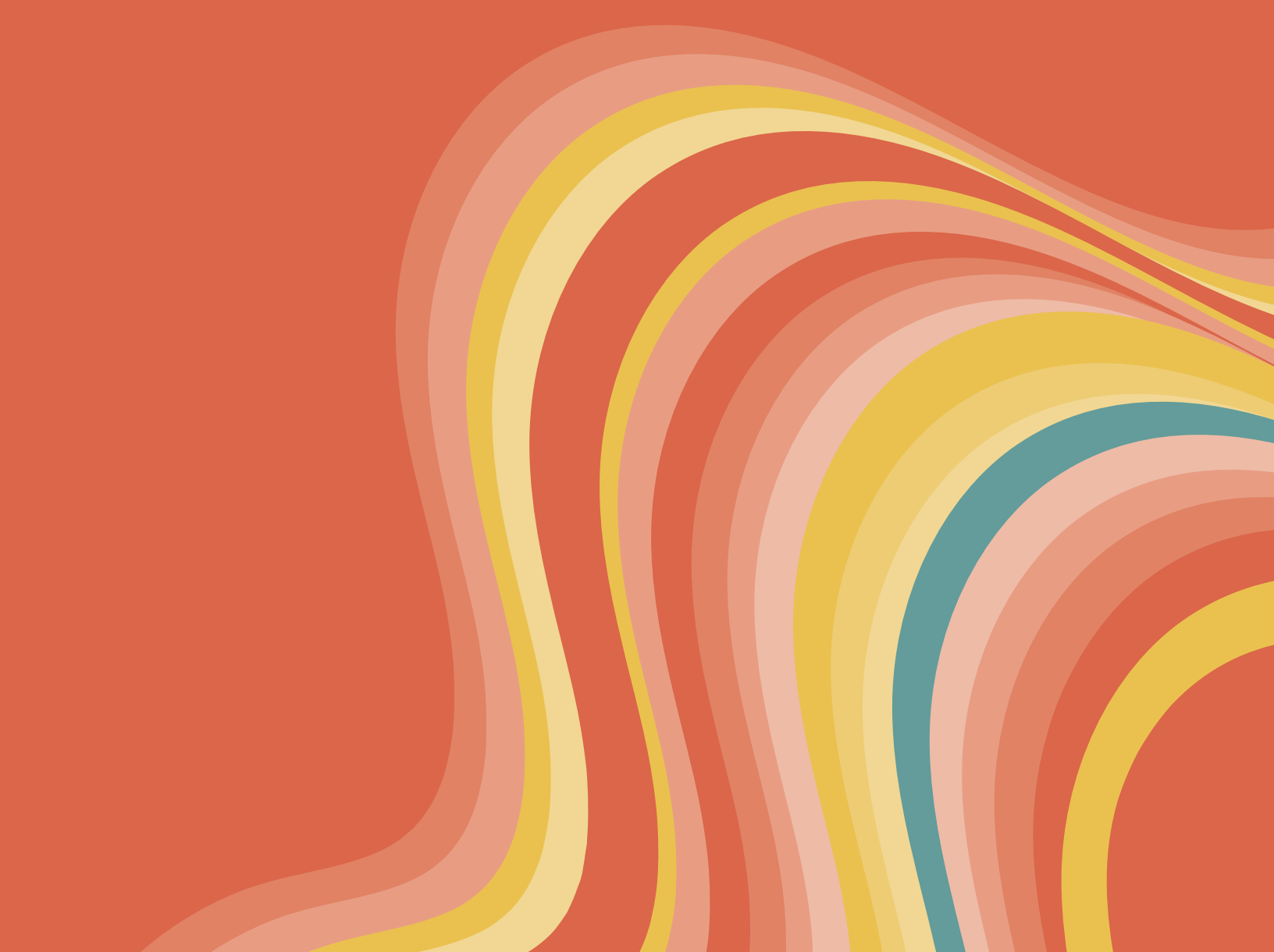
CONCLUSION

The focus of this chapter, intended to follow *Chapter 1: Creating Safer Spaces with Harm Reduction in Drug Checking Settings*, is about **collaborations:** diverse groups coming together to overcome legal hurdles and offer DC services that are connected to other relevant support services. We hope we have given the reader some links to the many diverse DC services around the world for some examples of how DC can be executed. Be creative with what you have and remember, in order for a DC service to be successful, it must include PWLLE with meaningful engagement. This will help you build out a service that is dynamic, innovative, and relevant to the people it serves.

The next chapter to be published on dredproject.ca is *Chapter 3: Drug Checking: Technologies and Procedures.*

KEY POINTS

- The objectives of DC are promoting service user health and safety, serving as a point of connection to HR services, and monitoring drug trends.

- Any DC service can start small and grow with time.

- To provide a DC service legally, you need to have the proper governmental exemptions in place to handle substances.

- Drug checkers may talk to hundreds of people and need to be able to hear and be heard.

- DC services need to be well-supported in the community they operate within.

- There are provincial and federal laboratories that offer confirmatory testing for drug checking services. Establishing a working relationship with them provides extra credibility to the DC service.

- There are two main legal exemptions available to DC projects in Canada: federal section 56 exemptions and provincial UPHNS designations.

- Health Canada requires a clear protocol on how substances will be disposed of after they have been brought in and checked.

- Applying for an exemption takes money, effort, and time. Plan for this.

- There are many possibilities for how a DC service can look and where it can operate. There are five main locations where the service can be offered: on-site (event), fixed site (community), mobile, off-site, and mail-in.

- DC programs must balance having a site that is secure enough to gain approval while also being low-barrier enough to be comfortable for service users.

- Before committing to offer DC at an event, find out what services they have in place already and what their expectations are.

- Be clear on the legality of storing samples on site, as this may not be part of the exemption.

- Collaborating with other organizations doing HR and other support work can be helpful in capacity building for a DC program, both in community settings and at events.

- During the process of filling out data collection forms, be careful not to make any preconceived assumptions about a person's gender, sexual orientation, age, ethnicity, or drug use history.

- Drug checking research should always include PWLLE from planning to implementation.

- Only ask questions that are absolutely necessary for research on the data collection sheet. Ask yourself: What will this information be used for?

- Instead of focusing on immediate behavior change, evaluations should ask: "Is this service relevant, useful, and user-friendly, and does it decrease barriers to the population it is serving?"

- In order for a DC service to be successful, it must involve PWLLE in a meaningful way.

- It is extremely valuable to have a technician expert (someone with extensive experience with the technology you used) to take a second look at your results.

- The more diverse the drug checkers are, the higher the chances are of cross-pollinating the unique knowledge held by multiple demographics.

- Ensure a "warm hand-off" when referring to another service. This means giving the other organization a heads up that the referral is coming and making sure that the contact still exists.

- Collaborating with other health and HR services can contribute to providing wraparound care for PWUD.

- COVID-19 protocols, although necessary, can easily be interpreted as another way to stigmatize PWUD. Explain to individuals that these measures are to keep both service users and staff safe to ensure that the service can continue. ◼

GLOSSARY OF TERMS

Controlled substance
Controlled substance means a substance included in Schedule I, II, III, IV or V of the Controlled Drugs and Substances Act.

Drug Checking
Refers to an integrated HR service that allows people involved with substances (e.g., fentanyl, heroin, cocaine, MDMA, LSD, ketamine, DMT) to chemically analyze them. Results are received in a nuanced and non-judgmental way in order to increase the service user's knowledge and understanding of the substances they are considering taking.

Exemption
The act of exempting or state of being exempt: Immunity (Merriam-Webster Dictionary, 2022). An exemption in regards to DC is when the *Controlled Drugs and Substances Act (CDSA)* gives site-specific exemption to certain federal drug laws like drug possession.

Fixed Site
A permanent drug checking site (e.g., in a harm reduction agency, clinic, or store front).

Harm Reduction
A holistic framework of practice that empowers people to decide what behaviors and services work best for them, based on their own unique life situations. Harm Reduction can include (but is not limited to) risk minimization drug use and sexual health education (ANKORS).

Instrument
A device a technician uses to determine the contents of a drug sample.

Network of People Who Use Drugs (NPWUD)
An organized group of PWLLE that advocates around issues pertaining to PWUD, such as decriminalization, safe supply, and ending stigma of PWUD. Examples: nationally there is CAPUD (Canadian Association of People Who Use Drugs). In British Columbia there is BCYDWS (BC Yukon Association of Drug War Survivors) and the well-known VANDU (Vancouver area Drug Users).

VANDU is responsible for establishing the first safe injection site in North America in Vancouver. In 2010, l'Association Québécoise pour la promotion de la santé des personnes utilisatrices de drogues (AQPSUD) became an autonomous community organization by and for PWUD, bringing together 2 projects under one roof: Association pour la défense des droits et l'inclusion des personnes qui consomment des drogues du Québec (ADDICQ) and the magazine L'Injecteur (in French only).

Internationally there is The International Network of People Who Use Drugs (INPUD), a global peer-based organization that focuses on, promoting the health and defending the rights of people who use drugs.

Asia Network of People Who Use Drugs (ANPUD) in Asia fights for the human rights of PWUD in their regions.

On-Site
A temporary pop-up drug checking site that is set up for an event and taken down when the event is over (e.g., music festival, conference, hotel/motel, or street site).

Oppression

"The use of power to consciously or unconsciously disempower, marginalize, silence, and harm another social group that has been given less power in society, or has had power actively taken away from them to benefit the social group that is the oppressor." (Taken from The Anti Oppression Network)

Overdose Prevention Site (OPS)

A safe use site within a province or territory that has been granted an emergency exemption by provincial ministerial powers, like in British Columbia. Since COVID-19, the federal government also has been giving out federal exemptions for Overdose Prevention Sites (OPSs) for all provinces and territories that want them. See PIVOT Legal Societies' map of OPS/SCS sites across Canada.

People With Lived and Living Experience/Expertise (PWLLE)

A person with lived experience has had direct personal experience with past substance use. A person with living experience has direct personal experience with present substance use. PWLLE are experts in the field of substances and substance use and have first hand knowledge of issues PWLLE face within their communities.

Pharmaceutical Standards

Laboratory-synthesized and tested pure samples of drugs that are used for instrument calibrations.

Service User

A person who uses a service that is being provided.

Stigma

Stigma can occur when a person's worldview is not considered "socially acceptable", which can further lead to a sense of helplessness and disempowerment. Stigma can be used as a tool of oppression to take away people's power.

UPHNS for drug checking

UPHNS designations are a fast-tracked federal exemption that are applied for and given out by provincial and regional health authorities. The exemptions allows provinces and territories to establish new temporary UPHNS that can be used for collection, storage, and transportation of drug checking samples that are slated to be used for testing purposes. The decision to implement the exemptions is up to the jurisdiction's discretion.

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APPENDIX 1: DISCLAIMER

DRUG CHECKING DISCLAIMER

FTIR spectroscopy and fentanyl immunoassay strips

Drugs may not be what you think!

Even if you trust your source, your drugs may contain dangerous impurities or can even contain different substances altogether.

Drug checking can help **reduce this risk** by providing information about what substance/substances your sample may contain, allowing you to make **better-informed decisions.**

What we can tell you about your sample:

- What the main active ingredient is;

- If other drugs may be mixed in;

- If cutting agents have been used as filler;

- Up to 3–4 different components, including approximate proportions;

- Whether your sample contains trace amounts of fentanyl and/or some fentanyl analogues (with test strips).

What we cannot tell you about your sample:

- Any substances present in small amounts (less than 5%). **Some potent substances can still be toxic at this low level**;

- The exact dose (such as the number of milligrams of a drug in a pill);

- The exact percentages of drugs in a mixture;

- The presence of substances that we don't have in our library.

Checking your drugs does not eliminate risk!

Even after checking your drugs, we recommend that you:

- Try to use with a buddy every time, in person or on the phone;

- Know the symptoms and signs of overdose and call for medical aid if you think someone needs help;

- Start low and go slow.

- Understand the risks of mixing different drugs together;

- Carry and know how to use naloxone;

- Use at a safer use site if available in your area.

Feeling the need for extra support?
Additional harm reduction services include:

add services in local area here

APPENDIX 2A:
SUBSTANCE DATA COLLETION SHEETS

Technician:													
Link samples into visits here													
					(+/-/O)		Only include concentration (%) if applicable. Write info disclosed to client.			Y/N	Y/N		
Sample ID	Expected Drug	Color	Texture	Pre/post use?	FENT	BENZO	FTIR 1	FTIR 2	FTIR 3 / 4	Disposed?	Confirmatory	Notes	Contact Info

APPENDIX 2B:
SUBSTANCE DATA COLLECTION SHEETS

Date: dd / mm / yyyy   Unique code: *place sticker*

Substance Testing Survey

Background

Do you provide consent for research?   **Yes**   **No**

(If "No", do not collect data on this survey)

Have you used the service before?   Yes   No   Unknown

If "**Yes**", have you visited during this Event?   Yes   No

What gender do you identify as? *(Select all that apply)*

She/Her   He/Him   They/Them   Other:

What substance do you believe you have?
(Select all that apply)

- MDMA   • MDA
- Ketamine   • Cocaine
- Methamphetamine   • LSD
- Fentanyl   • Unknown

- Other

If "**Other**" what?

What form of substance is being tested?

- Powder   • Crystal
- Blotter   • Pill/Tablet
- Liquid   • Gummy
- Other: • Capsules
                    (note contents)

Colour:

Who are you primarily testing for? *(Select all that apply)*

- Self   • Friends   If **"Friends",** how many?   • Clients
                                     ################

- Other   If **"Other",** who?

Where is the substance from? *(Select one)*

• Onsite   • Offsite   • Online   • Medical   • Security   • Ground find

Fentanyl Test Strips

Results	Positive	Negative	Indeterminate	Not conducted

Comments:

Benzodiazepine Test Strips

Benzodiazepine Results	Positive	Negative	Indeterminate	Not conducted

Comments:

LSD Test Strips/Ehrlich Testing

LSD Results	Positive	Negative	Indeterminate	Not conducted
Ehrlich Results	Positive	Negative	Indeterminate	Not conducted

Comments:

Spectroscopy

Was FTIR testing completed?	Yes	No	**Technician initials** xxx

FTIR results: 1st ##   If **"8"** what is it?

2nd ##   If **"8"** what is it?

3rd ##   If **"8"** what is it?

4th ##   If **"8"** what is it?

Comments:

FTIR Key	Please use the below key for all FTIR results			
1. MDMA	2. MDA	3. Ketamine	4. Cocaine	5. Methamphetamine
6. LSD	7. Fentanyl	8. Other	9. No Match	

Post Test Questions

Were you surprised by the result?   Yes   No

If you were surprised, what was surprising about the results?

Are you satisfied with the drug checking service?   Yes   No

How would you improve this service?

Based on the result, what will you do with your drug? *(Select all that apply)*

- Take as intended
- Take less
- Dispose of the drug
- Change how you take this drug
  (e.g., IV to inhalation)

- Take more
- Change drug supplier
- Use with a friend
- Other:

For Completion By Harm Reduction Worker

Did the participant discard the substance?   Yes   No   Unknown
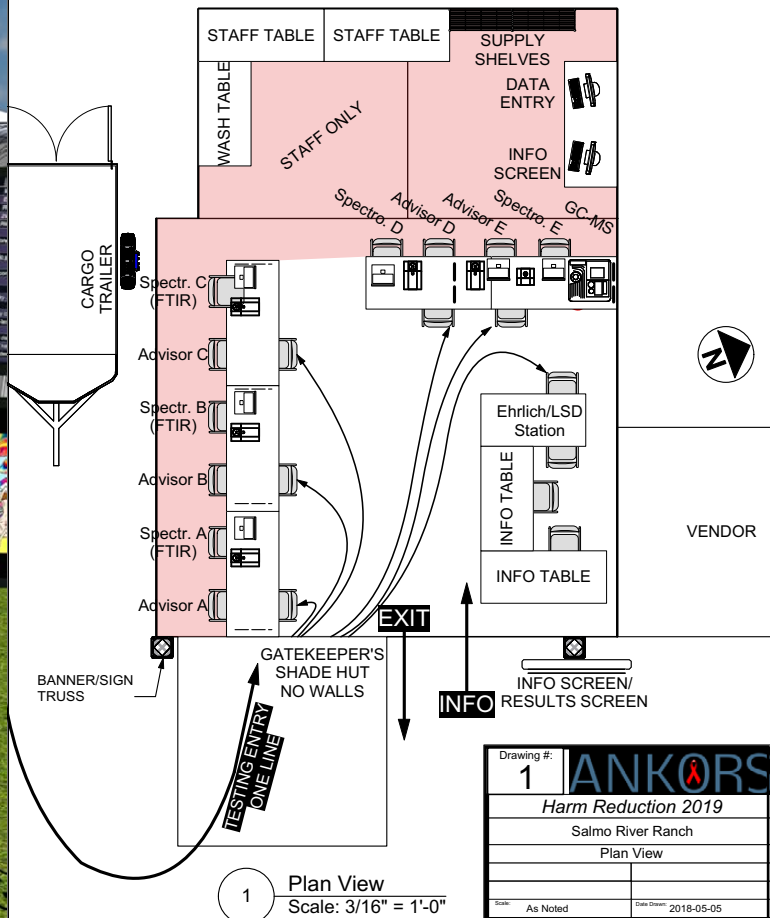
Please review form and make sure all fields are as completed as possible.   **Initials:**

Comments:

APPENDIX 3:
EVENT SET-UP EXAMPLE:
ANKORS DC TENT AT SHAMBHALA 2019

KEEP CLEAR

2 3D Perspective
   Scale: 1:55

CARGO TRAILER

Considering taking drugs?
- Do your research!!!
- Get your drugs tested
- Have a plan if you get lost
- Carry snacks and water
- Tell your crew what you're taking
- Use the Buddy system

Check in with us to learn more

GATEKEEPER'S SHADE HUT NO WALLS

INFO SCREEN RESULTS SCREEN

STAFF TABLE STAFF TABLE SUPPLY SHELVES

WASH TABLE

STAFF ONLY

DATA ENTRY

INFO SCREEN

Spectro. D Advisor D Advisor E Spectro. E GC-MS

Spectr. C (FTIR)

Advisor C

Spectr. B (FTIR)

Advisor B

Spectr. A (FTIR)

Advisor A

Ehrlich/LSD Station

INFO TABLE

INFO TABLE

VENDOR

EXIT

INFO

TESTING ENTRY ONE LINE

GATEKEEPER'S SHADE HUT NO WALLS

BANNER/SIGN TRUSS

INFO SCREEN/ RESULTS SCREEN

1 Plan View
   Scale: 3/16" = 1'-0"

Drawing #: 1   ANKORS
Harm Reduction 2019
Salmo River Ranch
Plan View
Scale: As Noted   Date Drawn: 2018-05-05
Drawn By: Mark Leigh   Rev: Jun 18, 2019
Drawing File: ANKORS 2019.vwx

created by Mark Leigh

APPENDIX 4:
JOB DESCRIPTIONS

The job descriptions below are in addition to the project coordinator, HR worker, and technician that are within the Human Resources section of Chapter 2.

SHIFT LEADER (EVENT)

Each shift will have a team leader that manages the DC site, supports staff and volunteers, and liaises with other teams.

Knowledge Requirements:

- Be able to recognize other team members' strengths. This allows for more efficient delegation of tasks by calling on the right person to assist in a given situation, creating a stronger team dynamic.

- Be able to keep a team running efficiently and effectively whilst being approachable and supportive of the staff and volunteers' needs.

- Be able to see the larger picture of the event that the DC service fits into as well as the inner workings of the DC service itself.

Responsibilities:

- Make sure legal protocols are followed.

- Support and manage staff and volunteers.

- Ensure supplies needed to restock the site are accessible.

- Brief the next shift leader on pertinent information from the current shift, such as incidents, concerning results, staffing issues, and technical issues.

- Write up the notable results for the public to see on info screens, white boards, or other public-facing social media (see *Chapter 4: Messaging Results in Drug Checking* for info screen description).

- Manage schedules and fill in staffing gaps as needed.

- Liaise with event management and other teams, operate radios, and respond to calls to the service.

- Communicate new information to staff and volunteers.

- Communicate with the media if designated.

INFO BOOTH COORDINATOR (EVENT)

The Info Booth Coordinator sets up and manages the information and HR supply booths.

Knowledge Requirements:

- Be familiar with all the HR supplies at the booth and be able to have conversations about them.

- Be familiar with all print resources being handed out at the booth.

- Have solid knowledge of various drugs and their effects, including the risks of popular mixes. Know where to find additional information when needed — and know how to say "I don't know" if you're not sure!

- Have solid knowledge of sexual health harm reduction with a pleasure maximization focus.

- Know what other services and supports are available to service users and be able to refer people to them.

- Be able to explain DC to inquiring parties that want information about it.

- Be welcoming to all service users.

Responsibilities:

- Hand out HR supplies (see *Chapter 1: Creating safer spaces with Harm Reduction in Drug Checking Settings* for HR supply explanations).

- Organize and restock supplies in the booth and record quantities of supplies given out.

- Keep a tally of booth patrons, making sure to include people who read results boards and info screens in front of the DC site.

- Answer questions regarding drugs and drug mixtures and be able to have non-judgmental discussions on safer use with service users. Respect their autonomy to make their own decisions.

- Answer questions about safer sex and be able to tell people how to use the sexual health supplies the booth is handing out (see *Chapter 1: Creating safer spaces with Harm Reduction in Drug Checking Settings* section on HR supplies and sexual health).
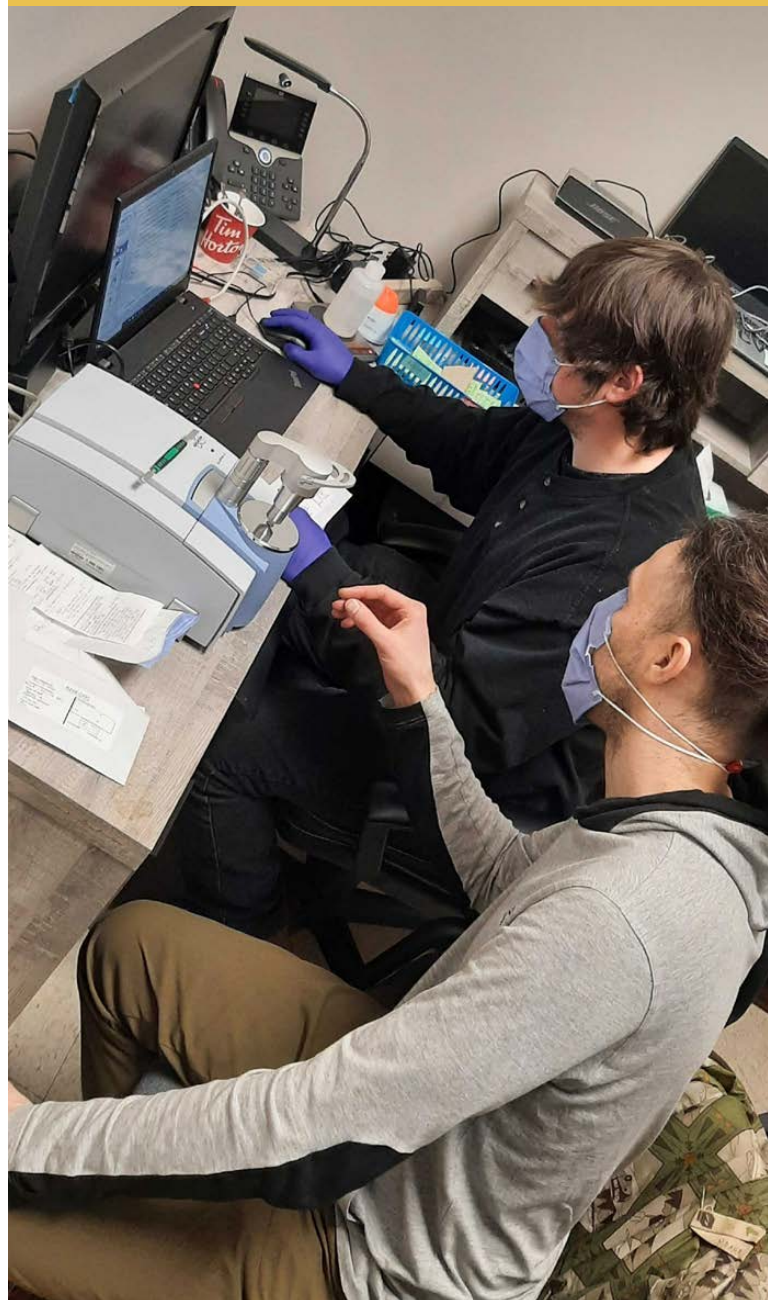
TECHNICIAN LEADER

A highly experienced technician that trains new technicians and is available to others on the team to help with technical or analytical support. This position ensures that high quality DC results are being produced.

Knowledge Requirements:

- Have extensive technical and analytical experience working as a technician with the DC instrument(s) being used.

- Be able to clearly explain DC instrument operation to student technicians.

Responsibilities:

- Train technicians on the use of instruments and related software.

- Train technicians on data reporting procedures.

- Ensure instruments are transported, set up, and put away safely.

- Support the technicians on the team with technical difficulties and challenging analyses.

- Review spectra files to ensure correct results.

- Perform onsite DC when needed.

Interior Health DC Program lead Antoine Marcheterre trains ANKORS East DC technician James Kauffman — Image courtesy of Chloe Sage

MYCELIUM (EVENT)

The Mycelium's role at a DC site is to take care of the pieces that keep the service flowing smoothly behind the scenes. This is a great entry level position for someone who is not experienced in any of the other roles.

Knowledge Requirements:

- Be able to work with all other team members. Assess needs of site and team and respond in a timely fashion.

- Know where all the DC site supplies are, and be familiar with the event layout.

Responsibilities:

- Stock testing stations with supplies.

- Organize the staff area and empty garbage bins throughout the DC site.

- Obtain meals and supplies; keep staff and supervisors hydrated and fed.

- Assist team leader with tasks.

- Check data collection sheets to see if any results need to be put on the info screens or other publicly displayed boards (in partnership with the team lead)

INFRASTRUCTURE TEAM (EVENT)

This team works before and after the event to set up the DC site with all the works, including technical and electrical details. This should be the same team that coordinates transport to the site, set up, teardown, pack away, and transport to storage.

Knowledge Requirements:

- Know what the set up for the DC site needs to look like.

- Have basic construction skills and some tools.

- Be able to read plans and put them into action.

- Be able to transport supplies.
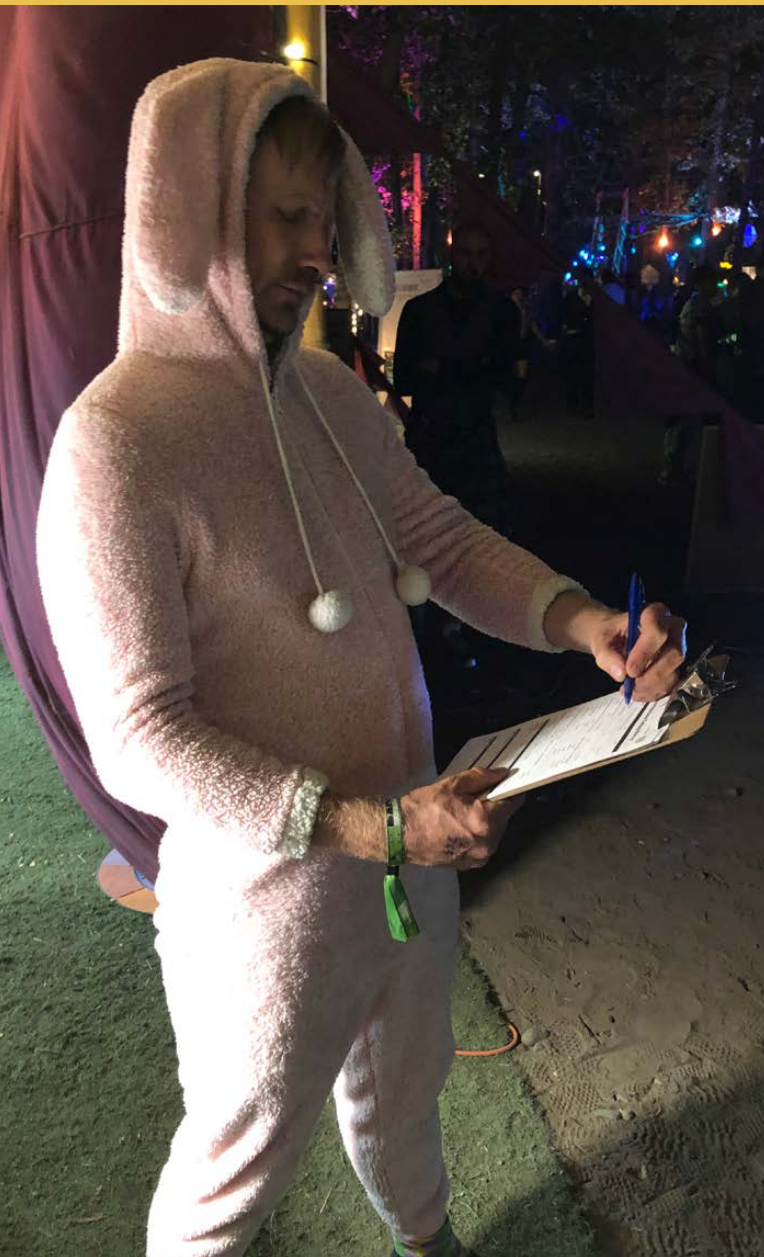
Responsibilities

- Pick up all the supplies for the DC site at storage.

- Be on site at the event early to set up.

- Work with the event for placement of the shelter structure and erect it if needed.

- Work with the event site team to connect the service to power, internet, and water.

- Set up the inside of the DC site, including electrical outlets and lighting.

- If using display screens, white boards, or chalk boards for results, set up and secure.

- Secure set-up for any weather and be available if needed to adjust, fix up, or repair.

- Set up flagging for line direction.

- After the event: pack up and transport all the supplies that need to go back to storage.

- Fill out the first section of the data form with the people who want to do DC. This can save time.

GATE OPENERS

The Gate Openers are the first point of contact that service users have, as they are stationed out front of the DC site. Gate Openers are the welcome committee while also ensuring the privacy of the service users inside the site by keeping out onlookers. Gate Openers are especially important when there are long lines with large numbers of people waiting for DC.

Knowledge Requirements:

- Have an overall understanding of what the DC service offers and where to direct people for those services.

- Be able to explain the DC disclaimer.

- Have HR knowledge.

- Be knowledgable about what other services and supports are offered at the event.

- Be welcoming to all service users.

Mark Leigh begins a data collection form as the Gate Opener outside the DC service at Bassoast Festival 2019 — Image courtesy of Chloe Sage

Responsibilities:

- Welcome people to the site and help them navigate the process of DC.

- Manage and control the flow of people coming to the DC site and direct them to the correct service.

- Keep an eye out for anyone in line that may need support, and get the appropriate help if needed. (Heat exhaustion is a real concern at summer events, especially if people are waiting in line in the heat for extended time periods. Offering shade and water can be a big help).

- Engage with the line:
  - Greet people. Say hello! Ask about their experience!
  - Ensure that people in line are in the right place; some people only need supplies from the table inside the site and do not need to stay in line.
  - Ensure that people in line understand what the service does and does not do.

- Share knowledge:
  - Explain what the organization is doing at the event if patrons haven't used the service before.
  - Explain what other services are available at the DC site (aside from DC) and at the event as a whole (psych crisis support space, medical, OPS, women and diverse gender's safe space, etc.).
  - Read the disclaimer to/ with the people in the line, starting at the front. Asking people to read and pass it down the line is very effective, but make sure people are actually reading it!