Drug checking: harm reduction and pleasure maximization in Mexico

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INSTITUTO **RIA**

Who are we and what do we do?

Mexican civil society organization established in 2018 that does research and advocacy in drug policy within a social justice and human rights framework.

- Political advocacy at all levels.
- Applied research with an integrated gender perspective.
- Risk and harm reduction interventions with Checa tu Sustancia.
- Produce alternative narratives around people and communities that relate to plants and psychoactive substances.

Principles of Harm Reduction

- Recognizes that the use of plants and psychoactive substances exists and works to minimize the adverse effects, instead of ignoring or rejecting it. (vs. the idea of a *drug free world*).
- Prioritizes individual and community well-being as a criteria for successful interventions. (what is your goal in your consumption patterns?)

From: National Harm Reduction Coalition (NHRC).

Principles of Harm Reduction

- Promotes people who use drugs in the **creation and implementation of programs**, interventions and activities.
- Favors people who use drugs as agents of harm reduction in their own consumption.
- Harm reduction interventions could be greatly reduced if there was a safe supply of psychoactive substances, along with social services to support people who use drugs.

From: National Harm Reduction Coalition (NHRC).

Full spectrum risk and harm reduction: A response for and from the Global South

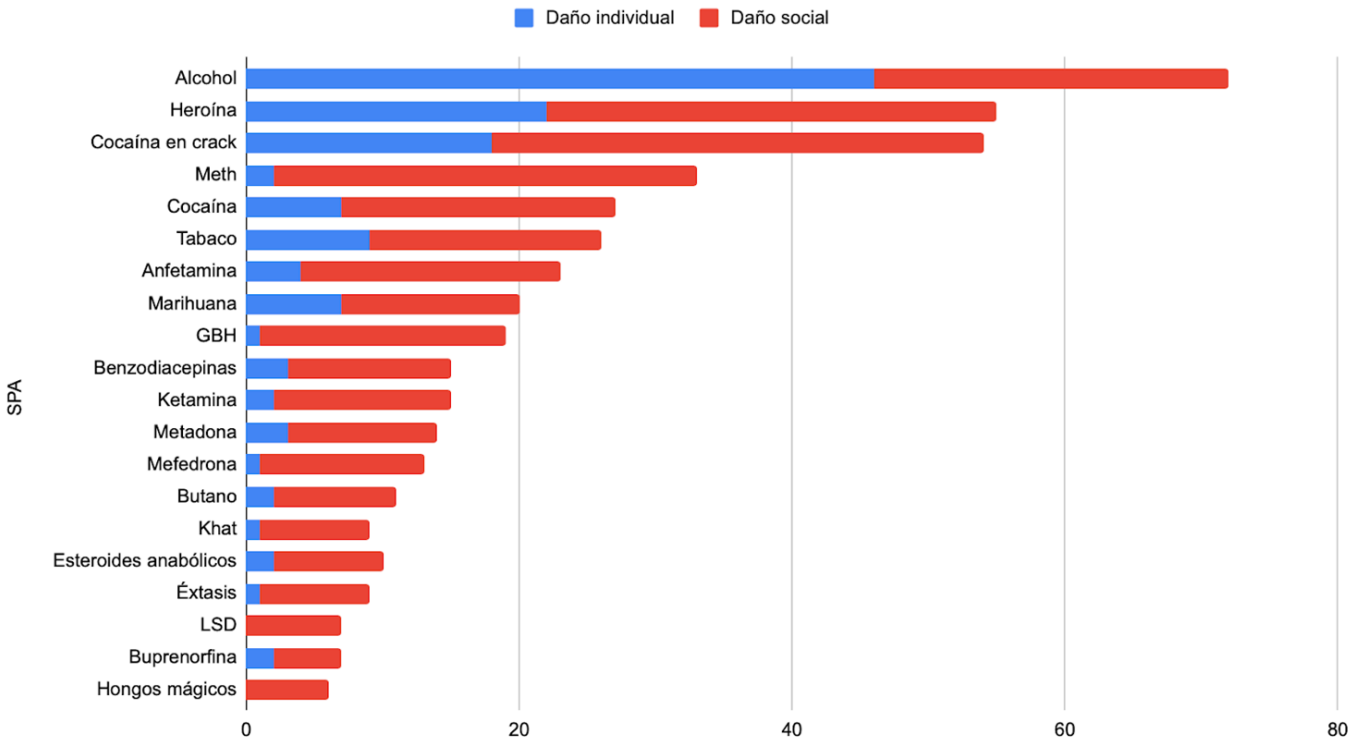
A political stance on current regulatory frameworks and their consequences, recognizing that the damage is not only reflected in the individual health of substance users, but also in social, cultural, economic, and community damage across the production chain.

What substances are used in my community?

What are the violences, inequalities and social challenges that we face?

What are our priorities to reach collective wellbeing?

Daños individuales y sociales de las SPA, The Lancet (2010)

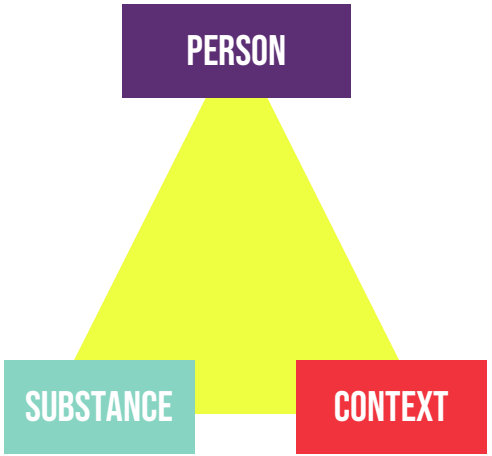


Why do people use drugs?

Emerson and Haden (2018) argue that drug use is a multifaceted human behavior rather than a simple moral failing.

Experience real or perceived benefits For health or wellbeing improve social interaction and connection Improve cognitive management Combat tiredness Manage anxiety	Curiosity to expand their perceptions Pleasure or self expiration Religious use To treat a dependency or mental illness.

Zinberg Triangle



SUBSTANCE	PERSON	CONTEXT
• Dosage • Potency and toxicity • Frequency of use • Velocity of use • Via of administration • Combinations • Where does it come from? • Adulteration or substitution	• Mental and physical health • Physical state • Size • Age • Gender	• Social relations • Consumption spaces • Noise, lights etc.

HOW WE WORK

CHECA TU SUSTANCIA

- Peer Education: Multi-disciplinary team of volunteers that identify as people who use drugs.
- Evidence-based information and data to produce evidence and research.
- Free and anonymous service that is based in trust.

MODEL OF CARE

INFORMATION TABLE

- **Initial contact and presentation of the service:**
  - We are a community health service with a risk and harm reduction perspective.
- **Distribution of informational materials:**
  - Free information, without fear and based in evidence to make informed decisions regarding our consumption.
- **Listening, sensibilization and resolving doubts:**
  - We are ready to have difficult conversations, challenge stigma, resolve questions and ofer active listening.
- **Invitation to use the drug checking service:**
  - Anonymous and free: establish expectations.

MODEL OF CARE

INTERVIEW

- **Always request consent:**
- **Objective of the interview:**
  - Data regarding the drugs market to generate evidence for our political advocacy work and challenge stigmas regarding people who use drugs or relate with the markets.

- **Components of the interview**

- **Data analysis:**
  - Periodic reports with free access.

MODEL OF CARE

TAKING THE SAMPLE

- **Characterizing the sample**
  - Weight, price, event, what is the expected substance. egistro de fecha, sustancia esperada, evento, peso y folio.

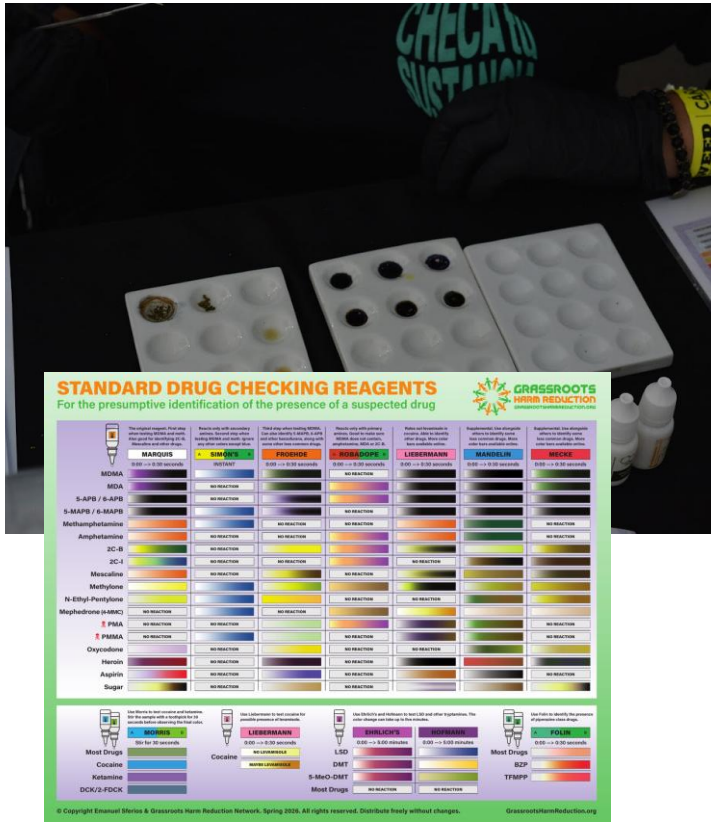
- **Measures the flow of the service:**
  - Middle point between the interview and the drug checking. Provides information between what is said in the interview and what is conveyed in the results.

MODEL OF CARE

CHEMICAL ANALYSIS

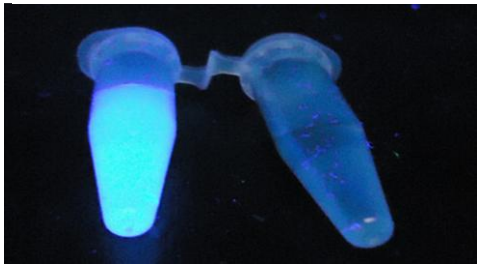
- **Reagents (colorimétricos):**
  - Identify psychoactive substances present in the sample.
  - Qualitative, not purity.
  - Powders, pills, crystals and papers.

- **Anyone can learn to analyze:**
  - Use least amount possible.
  - Requires training the eye to the reactions.
  - Clean instruments and maintain the laboratorio clean to avoid cross contamination.



MODEL OF CARE

Esquema del proceso de análisis de luz ultravioleta



COMPLEMENTARY ANALYSIS

- **Fentanyl and benzodiazepines test strips:**
  - Demonstrates presence.
  - Possible false positives with stimulants

- **UV Light:**
  - LSD.

- **Secondary confirmation:**
  - Collaboration with a laboratory in another country. Send samples that are “unclear” or to verify quantities or confirm test strips.
  - Identify other substances that might not show up in our reagents.

MODEL OF CARE

RESULTS and COUNSELING

- **Communicating the results:**
  - We provide a brief overview of the expected substance, the methods we used, the results obtained and the limitations.

- **Specialized Counseling:**
  - Previous experiences, strategies for risk and harm reduction, hydration, dosage, duration, effects, combinations, company you will keep etc.
  - If the result is unexpected, we inform about risks, avoiding alarmism and putting emphasis on deciding autonomously.

COMMUNICATING RESULTS

SUSTANCIAS ESPERADAS	CANTIDAD
MDMA	120
LSD	65
Cocaína	33
Ketamina	18
Tusi	17
2C-B	8
Desconocida	8
MDMA + 2C-B	1
Total	**270**

AGGREGATE RESULTS

Sustancia	Presente	Presente en combinación con otra sustancia	No presente	Desconocida
2C-B	37.50%	12.50%	50%	
Cocaína	49%	51.50%		
Ketamina	78%	17%	6%	
LSD	84.60%			15.40%
MDMA	65%	28.30%	6.70%	

Cocaine and MDMA were most likely to be adulterated or substituted.
Mixed with methamphetamine (51.5% y 37.5% respectively).
Methamphetamine in Mexico is the most common adulterant or substitution.

¿TUSI or 2CB?

A CAUTIOUS COCKTAIL

SUSTANCIAS Y MEZCLAS ENCONTRADAS	FRECUENCIA
MDMA + Ketamina	35.3%
MDMA + Metanfetamina + Ketamina	23.5%
MDMA	11.8%
2C-B + MDMA + Ketamina	11.8%
Metanfetamina	5.9%
Ketamina	5.9%
2C-B	5.9%

TEST STRIPS

FINISHING THE PUZZLE

	TIRAS FENTANILO		TIRAS BENZODIACEPINAS	
	NEGATIVO	POSITIVO	NEGATIVO	POSITIVO
2C-B	7	0	6	1
Cocaina	25	0	26	0
Desconocida	8	0	8	0
Ketamina	16	0	15	1
MDMA	84	0	83	0
Tusi	14	0	13	0
TOTAL	154		153	

OUR COMMUNITY

BUILT ON TRUST and RADICAL CARE

MOTIVOS PARA USAR EL SERVUCIO	%
A. Quiero conocer el contenido de la sustancia	25.6%
B. Me interesa la calidad o pureza	14.4%
C. Me intereso por mi salud	13.3%
D. Por curiosidad	12.8%
E. Me interesa saber si está adulterada	12%
F. Me intereso por la salud de mis amistades	10%
G. Porque está disponible en el evento	4.8%
H. Quiero saber más sobre los efectos	4.2%
I. Otra	1.6%

¿CADA CUÁNTO CONSUMES LA SUSTANCIA ESPERADA?	%
A. Cada dos o tres meses	25.6%
B. Cada seis meses	21.7%
C. Una vez al año	21.7%
D. Más de una vez por mes	9.3%
E. Una vez al mes	8.5%
F. Una vez por semana	5%
G. Primera vez	4.3%
H. Más de una vez por semana	1.9%
I. Otra	1.9%

INFORMING THE PUBLIC

ONLINE BRIEFS

- www.checatusustancia.org
- https://www.instagram.com/institutoriamx/
- **Reports:** https://drive.google.com/file/d/1KNZAj54u7KIhFjVUY_N8GBCzrYoE-suf/view

Conclusions to rethink community level interventions

- Abstinence is not necessarily the only path;
- Risk and harm reduction saves lives; **pleasure maximization** is also about skills (self-regulation, knowing our bodies, decision making etc);
- **prohibition actively undermines institutions** generating corruption, illegal markets regulated by violence and human rights violations;
- **responsible, planned, adult use** is possible, and more when it is accompanied by information;
- main objectives in prevention work is to **delay the age of initiation of use;**
- **prevent problematic uses;** and
- the **legal regulation of substances with a social justice focus**, can be the path to peacebuilding and reparations.

Questions?

Consulta los materiales en nuestras redes:
http://institutoria.org/publicaciones

Escanea el código para escuchar nuestro podcast

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