What is Drug Checking?

An Introduction

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Drug Checking
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Topics We'll Cover

- Introduction to Drug Checking
- Service Provision Models
- Drug Checking Technologies
- Impact of Drug Checking
- Centering Community

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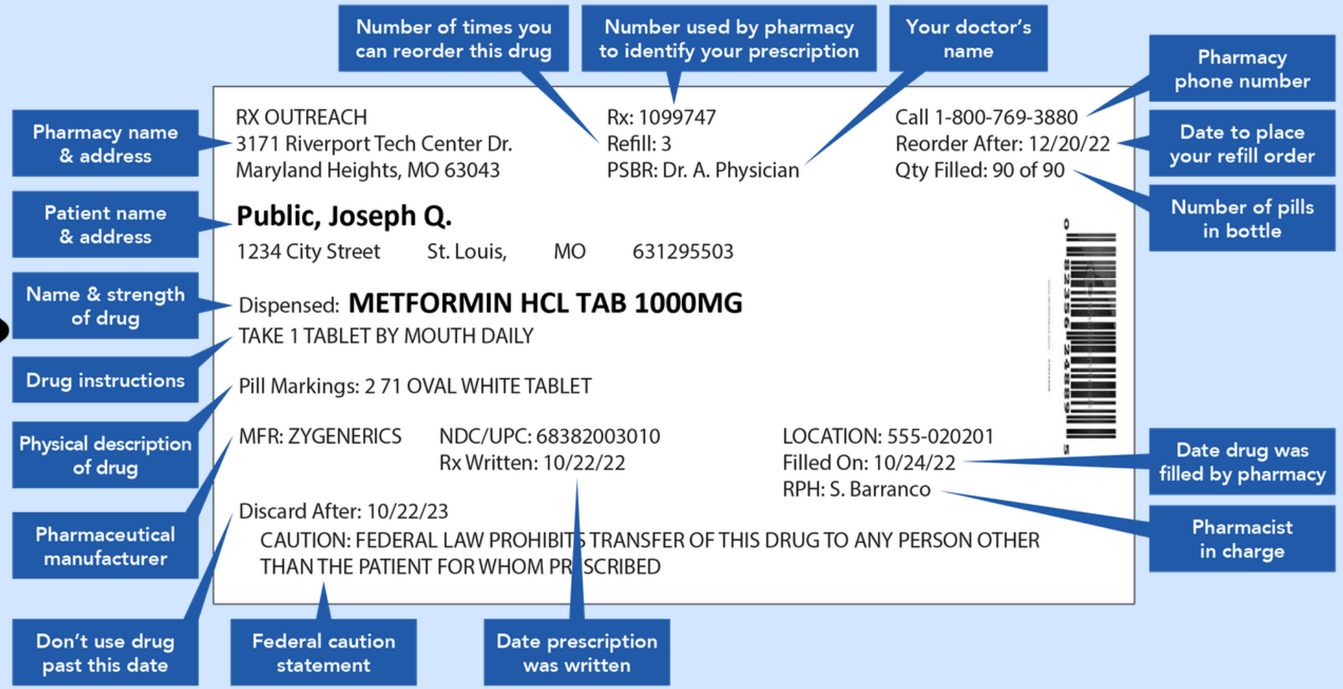
What Is Drug Checking?

An introduction to drug checking as a harm reduction intervention

What's in a drug?



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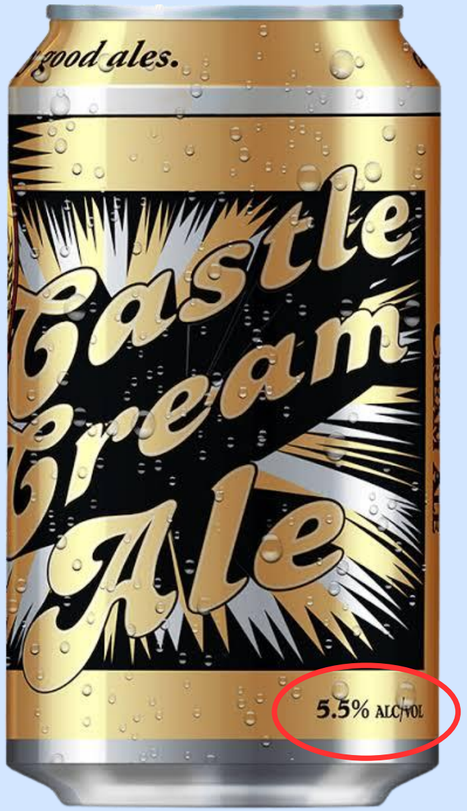

5.5% ABV

12% ABV

40% ABV

In an unregulated market, people who use drugs are left in the dark about what they're using, how much they're using, and what else may be present.

What is Drug Checking?

A harm reduction intervention that uses analytical chemistry technologies to give people who use drugs more information about what they are consuming, empowering informed decisions about what, how, when, and how much to use in order to minimize their risk.

The cornerstone of this intervention is the return of data and information back to service users.

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Drug Testing

Analysis of human samples (hair, urine, saliva)

Analysis of seized drugs (e.g., by law enforcement)

Usually used as evidence in prosecution, or for punitive/surveillance purposes

VS

Drug Checking

Voluntery analysis of drug samples for the people who intend to use them

Return of information (and drugs) in real-time, directly to the service user

Has explicit goal of reducing harm

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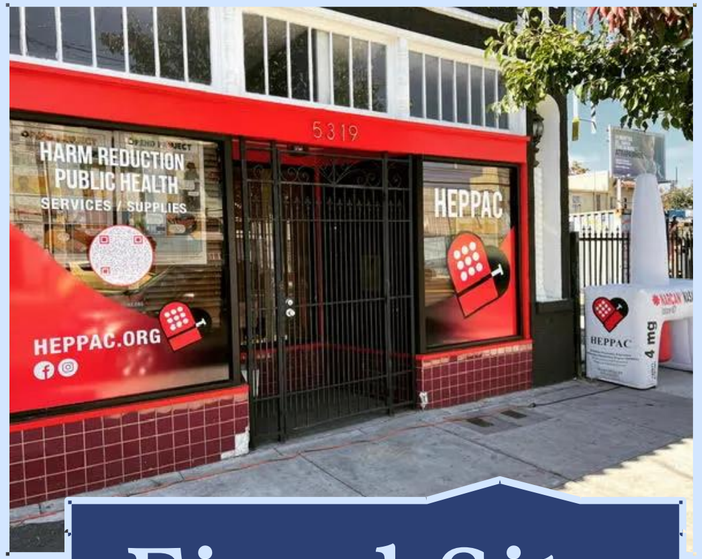
Why Do Drug Checking?

01	**Engagement**: Access hard-to-reach populations
02	**Overdose Prevention:** Tailored OD prevention planning
03	**Reduce Drug-Related Harms:** Identify harmful cuts (xylazine)
04	**Public Health Monitoring:** Detect trends, adapt services
05	**Empowerment:** More information = better decision making

Community-Based Drug Checking

Models and technologies: What does drug checking look like as a direct service to people who use drugs?

Where Does Drug Checking Happen?



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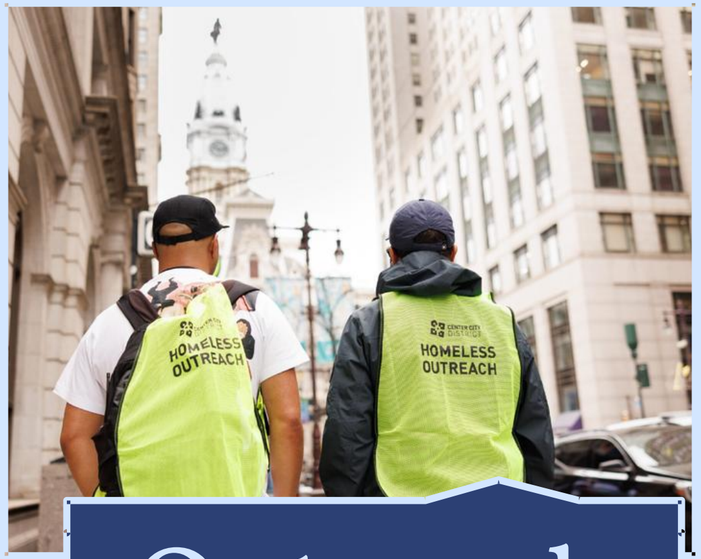

Outreach

Drop-off

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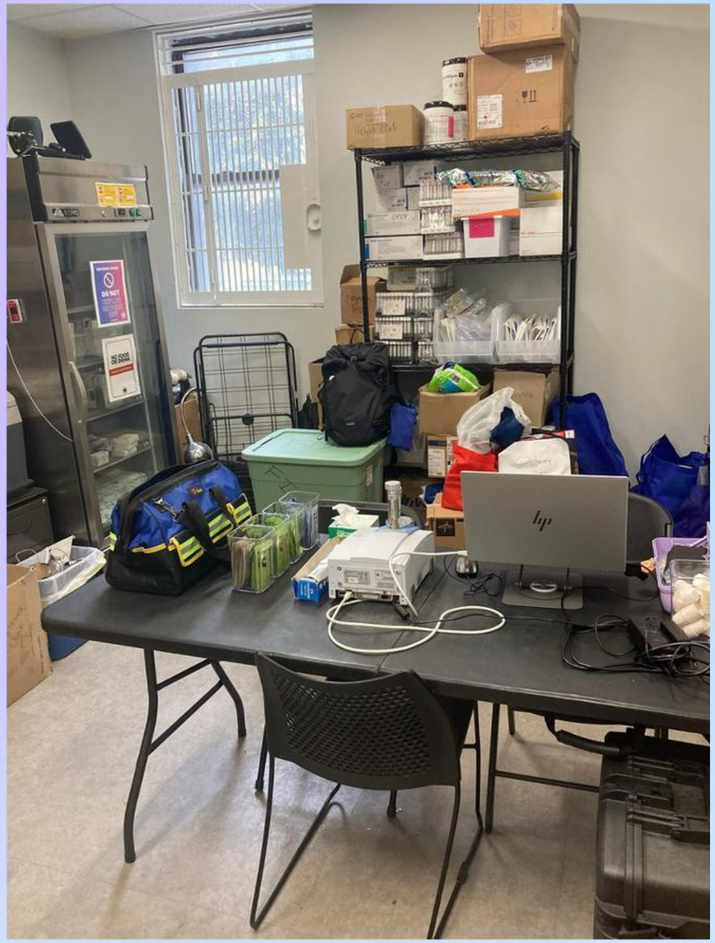


Drug Checking at the Overdose Prevention Center in New York City

Photo Credit: Sophia Reinicke

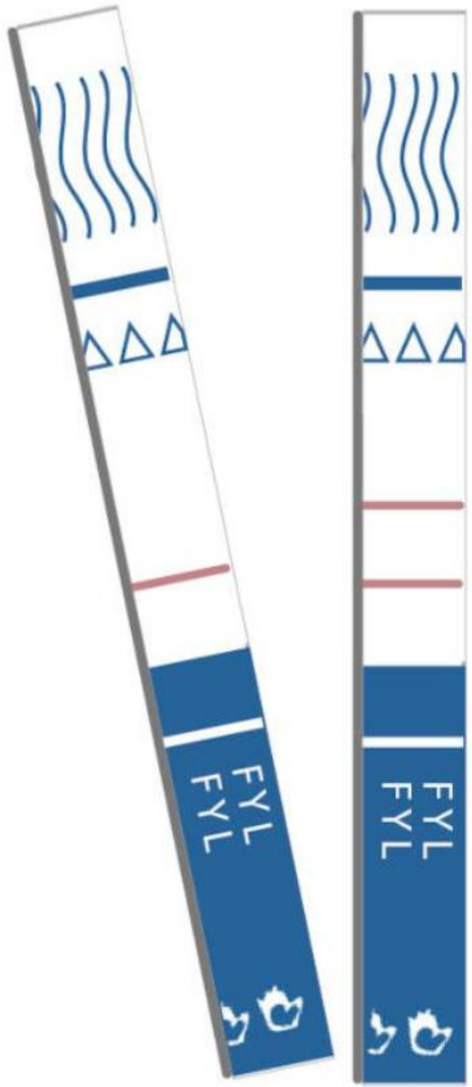
Technologies Used in Community Drug Checking

Immunoassay Test Strips

Point-of-care, results in minutes, limited information

GC/MS, LC/MS, PS/MS (Lab-based testing)

Offsite in a lab, results in 2-6 weeks, more comprehensive information



Immunoassay Strips

Overview

- Provides a yes or no answer to the presence of a specific substance (fentanyl, xylazine, benzo, etc.)
- Highly sensitive, can identify trace amounts
- Fast, results in 3 minutes
- Minimal training required
- Affordable
- Can be used in a variety of models
- Information is readily available to service user

Limitations

- Perceived simplicity and minimal training contributes to high rates of user error (mostly false positives)
- May not detect every analog of a substance
- Does not give you any information about what else may be present in a sample
- Does not give you any indication as to the amount of something that is present
- Inconsistencies between brands and lot numbers
  - Methodologies and dilutions
  - Antibodies
- **Cross reactivity**

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What Can Immunoassay Strips Test For?

Standard

- Fentanyl
- Benzodiazepines
- Xylazine
- Medetomidine
- Nitazenes

Additiona

- LSD
- Opiate
- Amphetamin e
- PCP
- Others

Lab-Based Testing/Mail-In Testing

How does it work?

- Service users bring drug samples in for testing
- Following a short intake survey, the sample is packaged and sent to the lab
- Results are returned to participant 2-6 weeks later
- If in-person, results delivery is coupled with harm reduction counseling
- Aggregated data provide insight into local drug supply; informs harm reduction and public health practice

Limitations

- Expensive
- Huge time-delay
- Can be challenging to return results to service users
- Doesn't (usually) provide information about inactive cuts or bulking agents in the sample
- Limited information about quantity
- Interpretation of lab results is key.
- Subject to sampling bias; not generalizable

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Drug Checking In Practice

Individual, Communal, and Large Scale Outcomes

Individual Outcomes: Case Study

- Participant brings in a sample, expected to be dope (opioid of some kind)
- The sample is residue in a cooker
- Participant reports long lasting sedation and black out, but they like how long it lasts. Concerned about xylazine because of worsening skin wounds.

We run a fentanyl test strip, a benzo test strip, and a xylazine test strip.

Harm reduction counseling sounds like...

Technician: Your sample came back positive for fentanyl and benzodiazepines, and negative for xylazine. Fentanyl is a strong synthetic opioid that we see in pretty much every 'dope' sample, so that result is expected. The benzo test tells us there is a benzo of some kind in your sample but we can't determine *which* benzo is in you sample, we'll have to wait for the lab testing for that. There may be other things present in your sample that we can't detect with the test strips we have available.

Participant: Woah wild, I wasn't expecting a benzo, that would explain the black outs right?

Technician: Yea totally, benzos can cause blackouts and long lasting sedation, and they increase your risk of overdose, especially if you don't know they're present or if you're already taking benzos. They can also prolong the effects of fentanyl or other opioids which some people like. Have you taken benzos before?

Participant: Yea I actually have a benzo prescription that I take so that makes sense, it was probably even stronger because I already had a benzo on board.

Tech: Exactly. We really gotta watch out for overdose risk too, do you mix benzos and opioids often? **reviews sedative-related overdose response, offers naloxone** It doesn't quite explain the wounds you've been experiencing though, have you had a harder time finding new syringes recently? How are your veins doing? Just because this bag didn't have xylazine doesn't mean you haven't had xylazine in the past. Make sure to keep bringing in your stuff to get tested.

Participant: Yea I got stranded at a friends place a while back and couldn't make it to the SSP so I've been reusing syringes and every time I inject. I have to try like, 5 times, and I'm digging until I find a vein, it sucks.

Technician: Let me get you some new syringes and some materials to keep your wounds clean.Would you want to go over some safer injection practices? I can call the nurse and have her come over to clean and bandage these too.

Participant: Yea that would be great, I'd love to get these looked at by a nurse. Can she get me some wound care supplies to take home?

Community Outcomes

Aggregate data informs understanding of the local drug supply.

PDX Drug Checking Report for September thru December 2024

Outside In

If you want to get your drugs checked come over to Outside In's Harm Reduction program

The service is anonymous, non-destructive, and we can turn around results in as little as 7 minutes using a sample the size of 1/2 grain of rice.

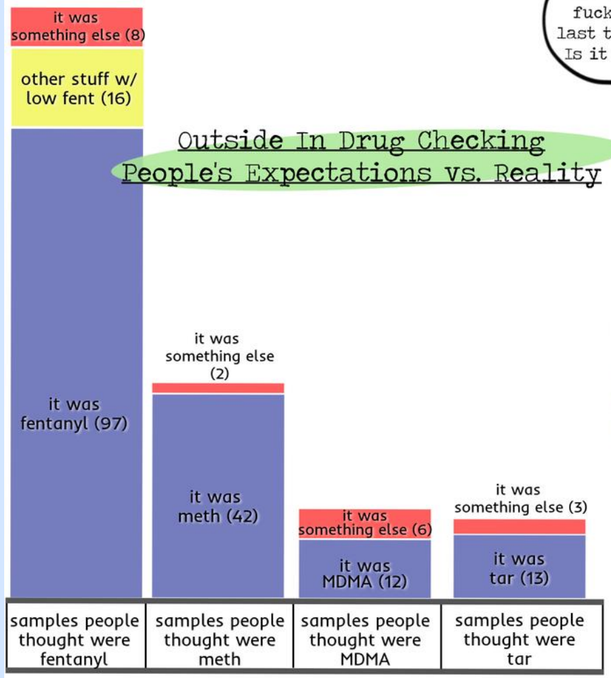
QUESTIONS?
Hit us up at
harmreduction@outsidein.org
503.535.3826

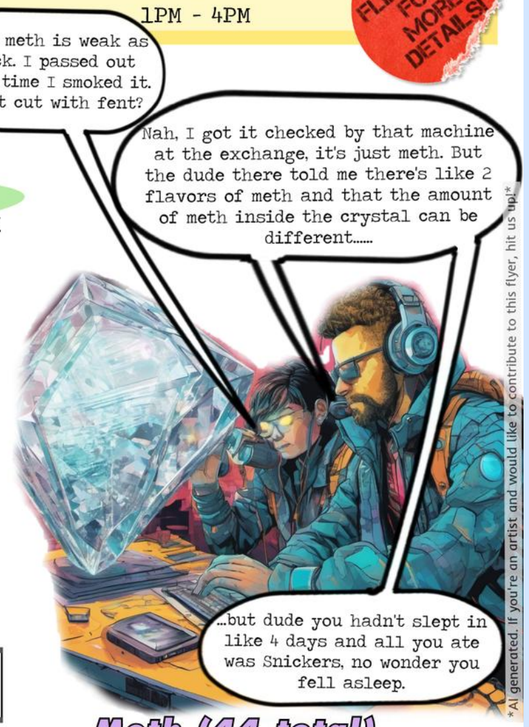
1219 SW MAIN ST, 97205
MONDAY, WEDNESDAY, FRIDAY
12PM - 4PM

Clackamas Service Center
97206
TUESDAY
1PM - 4PM

v2.3

FLIP OVER FOR MORE DETAILS!





Black tar heroin (16 total)

Most tar was what it was expected to be (13), heroin + 6-MAM & acetyl-codeine (metabolites). 2 samples were gooey mixtures of sugar + fentanyl lookin like tar. And 1 weird sample was a brown chunk of MSM, noscapine, meth, and fentanyl. It did not look like tar.

Other drugs (35 total)

The ketamine was ketamine (9). The 2C-B was 2C-B (5). The benzos were benzos (10), 1 clonazolam, 8 bromazolam, and 1 clonazepam. The cocaine was cocaine (11), but 1 was heavily cut and 1 other had trace fentanyl, likely from cross-contamination.

Meth (44 total)

The meth was meth (42), but it looks like some folks accidentally picked up some not-meth. 1 sample was alum salt, and another was actually MDMA. None had fentanyl.

MDMA (18 total)

Most of the expected MDMA crystal samples were just MDMA (11) even tho they were different colors. 2 other crystal samples were actually MDA, while another 1 was cocaine. As for the pressed pill samples of expected MDMA, only 1 was entirely MDMA + filler, while the other 3 were meth + filler. This continues a trend where MDMA pressies are often not what they claim to be. So if you're want MDMA, stick to crystals.

Larger Scale Advancements to Harm Reduction and Public Health

Inform Clinical practice:

- Inform wound care response
- Inform unexpected withdrawal symptoms (e.g. benzos or medetomidine)
- Opioid withdrawal management

Identify novel psychoactive substances in the supply

- Medetomidine in Chicago
- BTMPS in Portland

Motivate new areas of research and studies:

- Xylazine mechamisms of action that lead to Increased wounds
- Effects of BTMPS use on humans

Increases drug literacy:

- Awareness of what's 'normal' and 'abnormal' in the local supply
- Better understanding and knowledge of the risks of potential adulterants or cuts
- Experience reports Inform knowledge of novel compounds (e.g. medetomidne)

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Centering Community

Ensuring programs are responsive to the needs of the community

Community *and* Engagement

Engage community at every step

Drug checking services should be informed by the community. Incorporate feedback from PWUD/PWLLE at every step in the process. Follow through on their requests and recommendations. Compensate people for their time and expertise.

Focus on service provision

Drug checking is first and foremost a customer service. Research and drug supply monitoring are important pieces, but these should be secondary to the actual provision of services.

Center people who use drugs

Implement services in a way that meets the needs of the community. Tailor locations, hours, method of sample collection, results dissemination, and advertisement of services to fit the preferences and needs of people who will be using the service.

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I liked a lot about [drug checking]. One, that it was available in the first place. Two, that it was not just doing its own thing. It was part of a larger network that was keeping track of what drugs were popping up on the streets and what their makeup was. I really like that that's happening. [Client, 30, male]

I mean we know what's in our food, right? The packaging is all labeled and the ingredients are listed. It's just too important, especially with drugs. Especially because we don't know who's making them. We don't know exactly where they're coming from. And every single one is different. Every week is different. Even if you buy it from the same person all the time, they're always having something different. Maybe you'll have the same thing twice or three times but that's it. [Client, 48, female]

I like that [drug checking] gives us some certainty of what's in the drug … like with the heroin, there was stuff in that that just did not feel good. I'd love to know what they were cutting that stuff with. We used to joke it was shoe polish because it was so dark and dirty, but it's really important what you put in your body. [Client, 48, female]

Moran, L., Ondocsin, J., Outram, S., Ciccarone, D., Werb, D., Holm, N., & Arnold, E. A. (2024). How do we understand the value of drug checking as a component of harm reduction services? A qualitative exploration of client and provider perspectives. Harm Reduction Journal, 21(1), 92.

Additional Resources

- British Columbia Centre on Substance Use (BCCSU)
- Drug Resource Education Project (DRED Project)
- Drug Checking Office Hours with Remedy Alliance
- Substance Drug Checking at the University of Victoria

ACDC Membership Request Form

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Questions / Contact Information

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