



CHECK

DRUG CHECKING



2023

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INTRODUCTION

PEOPLE WITH GREAT PASSION CAN MAKE THE IMPOSSIBLE HAPPEN

I do remember 2017 and regional harm reduction conference, which was organized by EHRA in Vilnius, Lithuania. In preparation for this conference, and during it for the first time, I learned about drug checking (as many other colleagues did from the EECA region). It's crazy, knowing that in some countries drug checking has already existed for almost 20 years and we just started to learn about it. At that time, nobody in the region could imagine that after a few years we will be bravely and with inspiration providing this service and advocating for government support.

But here we are after 6 years! Some organisations started implementation of this service by themselves, some organisations are doing needs assessments and trying to advocate for government support to implement drug checking and, most importantly, activists from the region have learned about drug checking and understand how important it is to save lives in our community. People with great passion can make the impossible happen!

In this CHECK magazine issue you will find different articles, starting with an introduction about drug checking, advice for safer partying, inspiring interviews with colleagues from the region and overseas on the implementation of services, and how it is possible to legalise drug checking!

Our team wishes you passionate reading that will generate fruitful ideas for drug checking implementation in your country!

With best greetings,

Eliza Kurcevič

EHRA Programme Manager

"CHECK" is a magazine for people who use drugs, experts and advocates working in the EECA region, and those who want to learn more about the drug policy and harm reduction in the region. It is published by the Eurasian Harm Reduction Association (EHRA).



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WHAT IS DRUG CHECKING?

Drug checking, pill testing, adulterant screening... Have you ever heard of one of these definitions? In fact, all of these words have the same meaning. It is an evidence-informed public health and harm reduction tool that allows people who use drugs to help identify the substance they intend to take, and to make more informed and safer decisions without judgment about their consumption. The ultimate goal is to reduce overdose and other health risks associated with an increasingly contaminated illicit drug supply.

It is important to mention that drug checking does not promote illicit drug use or claim that illicit drug use is safe.

WHAT IS DRUG CHECKING?

BENEFITS OF DRUG CHECKING

▶ **OUTREACH**

Gives service providers the opportunity to share harm reduction information with people who use drugs and occasional drug users. What is more, it helps to create a contact with distributors who, after the results, might recut their drugs to reduce the potency to better protect their clients or to take the substance off the market.

▶ **MONITORING**

Public health practitioners can detect and report dangerous contaminants to a wide audience, i.e. through alerts, warning campaigns, online information and so on. It can reduce drug-related harm and minimise the possibility of a major public safety incident.

▶ **RAISING AWARENESS & KNOWLEDGE**

Drug checking services not only inform about potential risks and harms of use, but also enable people who choose to use drugs to make informed choices. If drugs are shown to contain unwanted or unknown chemical compounds, people might decide not to use them at all, or employ personal harm reduction strategies, such as smoking

rather than injecting, or using less.

▶ **IMPROVING MENTAL HEALTH**

In most cases, people do not have control over what substances they are using. Verifying the composition of substances could increase this sense of control and improve mental health and wellbeing by offering reassurance.

▶ **CONNECTIONS**

Honest conversations about risks related to drug use can create positive relationships with staff and boost client referrals to other services and support programmes (if needed).

▶ **SUPPLY CHANGE**

Research shows that drug checking influences the unregulated market, with supply chains matching client expectations more closely over time. Drug checking could increase accountability within a market and improve the quality of supply, which will have a positive impact on population health.



DRUG CHECKING METHODS

TLC, UV spectroscopy, FTIR/RAMAN, (U) HPLC-UV, (U)HPLC-MS, GC-MS, LC-HRMS...

Do you wonder what are these “codes”? These are a few of the main abbreviations for the different drug checking methods.

As you can see, numerous drug checking methods exist in the world and each of them

has their own specifics. In the following table, you can see a few selected methods and their differences/similarities.

If you would like to learn more about drug checking methods and their analytical parameters, check “TEDI guidelines on drug checking methodology”. <https://www.tedinetwork.org/guidelines/>

Colormetric reagents	High-performance liquid chromatography	Gas chromatography	Mass spectrometry	TECHNIQUE
By hour		By days		TIMING
Presence or absence of a component	Information on whole range of substance present	Quantitative information about all compounds		TESTING FOR
At home	On-site/mobile	Remote site		SETTING
Individuals	Professionals			WHO
Drug content	Public health alerts	Harmreduction information	Brief interventions	RESULTS
Individual harm reduction	Public health action	Market monitoring		USE OF RESULTS

Resource: EMCDDA, Drug-checking as a harm reduction tool for recreational drug users: opportunities and challenges.

IS THERE ANY DIFFERENCE BETWEEN DRUG CHECKING AND DRUG TESTING?

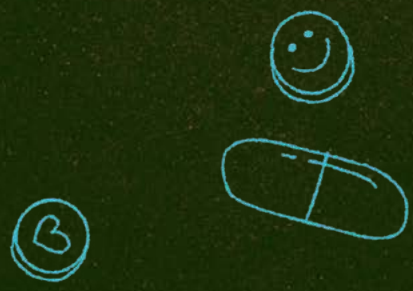
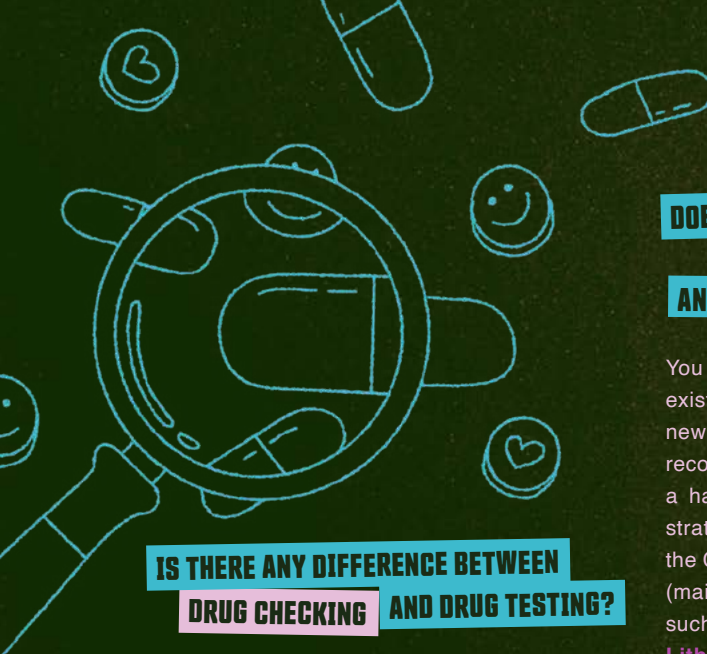
In short – **YES!** While drug checking aims to detect the presence of a substance and/or examine drug quality, the drug testing aims to analyse human samples (such as urine, blood, hair, etc.) to detect the consumption of drugs. Drug testing is usually used by health professionals in health institutions, or by law enforcement agencies to punish/prosecute people who use drugs, while drug checking aims to reduce drug-related health risks.

The main drug checking characteristics and differences from other “analysis” are:

- 06
- ▶ It's checking a substance (not human samples);
 - ▶ It's aiming to reduce harm;
 - ▶ Collecting drug samples directly from people (not from law enforcement or any other public institution);
 - ▶ Sharing results directly with a user; and,
 - ▶ Exchanging and sharing information with a user directly, based on the results of the tested substance (consultation, referral, etc.).

DOES DRUG CHECKING EXIST IN THE CENTRAL AND EASTERN EUROPE AND CENTRAL ASIA (CEECA) REGION?

You might (not) be surprised, but **YES**, it exists. Drug checking services are relatively new in the CEECA region and are not yet being recognised by the majority of governments as a harm reduction intervention in the national strategies or policy documents of countries of the CEECA region. However, in some countries (mainly in South-Eastern and Eastern Europe), such as **Czechia, Estonia, Georgia, Hungary, Lithuania, Poland, Slovenia, and Ukraine**, some pilot interventions are in place or have been piloted, providing drug checking services at festivals and nightlife settings. Despite their mode of operation, all of them operate in a legal grey area and are limited in service provision. For example, in most of the countries, staff are not allowed to handle the submitted substances, thus drug checking is either carried out by forensic national laboratories (“DrogArt”, Slovenia) or, in the case of programmes using colorimetric reagents, drug checking is performed by the consumers themselves (only in “Young Wave”, Lithuania it is performed by staff). There is a variation with regards to informing clients about drug test results, starting from a few minutes up to two months. In this issue of CHECK magazine, you will find a few interviews with drug checking service providers in the CEECA region. Get ready for the inspiring stories!



CHECKLIST QUESTIONS:

it SOUNDS ILEGAL!
BUT HOW IS IT REALLY?

Probably the most popular question asked by people while discussing drug checking (especially in the CEECA region) – IS IT LEGAL? And, of course, we would like to say, “Sure, it’s legal, because it’s a public health intervention, which saves the lives of people who use drugs, like any other service, such as needle and syringe programmes, naloxone, HIV testing”. However, the reality is a bit different and there is no clear answer to this question. In most of the countries of the CEECA region, drug checking is a matter of being in a ‘grey

zone’, which means it’s both – neither allowed, nor banned by the law (basically we could say – not regulated anyhow).

Before planning a drug checking project, it is necessary to consider the national legal framework and seek legal advice from the experts on the questions discussed in this article. It is important to mention that some methods of drug checking may be permitted and others forbidden; but in any case – cooperation with local authorities is recommended.

IS DRUG CHECKING EXPLICITLY FORBIDDEN BY THE LAW?

Drug checking can be explicitly forbidden by the law or allowed only by a specific license. Check the entities that can perform drug tests and the requirements to get a license (for instance: monitoring or research are often acceptable and for this purpose you can often carry a small quantity of drugs).

CAN YOU HANDLE/TOUCH THE SAMPLES?

Some jurisdictions don’t explicitly forbid drug consumption or drug checking, but restrict adjacent activity, like holding the sample or giving it back to a person. Pay attention both to the criminal law but also to civil laws and check the conduct that is and isn’t allowed (for instance, if you are not allowed to give back any of the sample). Don’t forget that technology can help you in facing this kind of barrier to building your drug checking service. Starting a drug checking project or intervention in a ‘grey area’ can allow you to collect data and demonstrate that the service is effective.

HOW IS A DRUG DEFINED IN THE LEGISLATION?

Is it possible to claim that what you have is not ‘a drug’ until analysis confirms this? Or is the form, colour, or smell enough to cause it to be covered by the law?

WHAT ADVICE CAN YOU GIVE?

Some jurisdictions make it a crime to ‘facilitate’, or assist, a crime and giving instructions about how to safely prepare drugs might be considered to fall under these rules. Check that the language you are using is acceptable under criminal law, but also consider civil liability and whether you could be sued if a service user considered that you gave them dangerous advice.

CAN YOU TRANSPORT THE SAMPLES?

Drug transportation is often treated differently, even if you have authorisation to possess drugs. Generally, drug transportation can happen only by a specific authorisation from an institution. Check the requirements to transport a sample (register, specific package with a specific alert, etc.) and check if you are allowed to transport a small amount of an illicit drug (for instance, less than an active dose).

**DOES THE LAW SPECIFY A MINIMUM QUANTITY/PURITY TO DEFINE A SAMPLE AS A DRUG, OR TO BE CONSIDERED DRUG POSSESSION?**

Often a sample must have some characteristics - like a minimum weight and/or a minimum level of purity - before it is considered a drug. Lab analysis can often work with much less than an active dose of the drug.

CAN YOU RECEIVE SAMPLES BY POST? IF YES, WHAT ARE THE REQUIREMENTS?

Not everything can be sent by post: alcohol delivery is regulated and, in general, sending drugs is prohibited (customs agencies also work on this by checking mail and packages). Some products must respect certain rules to be sent (for instance, chemicals and dangerous products must be highlighted and properly enveloped).

DO YOU NEED AUTHORISATION TO MANAGE A SERVICE FOR PEOPLE WHO USE DRUGS?

Check if you need a licence to start a new service for people who use drugs (for instance, opioid agonist therapy (OAT) must be authorised and sometimes even HIV testing, too).

DO YOU NEED TO REPORT OR REGISTER THE NAMES OF THE PEOPLE USING A DRUG CHECKING SERVICE?

Drug checking is a low threshold and a harm reduction service. The privacy of the user must be guaranteed. Some services for people who use drugs require data of users (for instance, OAT generally requires the service to register you as a client). A drug checking intervention might not be possible if you are forced to report the names of the people attending.

IS DRUG USE OR POSSESSION A CRIME? CAN YOU USE PROFESSIONAL PRIVILEGE TO AVOID REPORTING?

When planning your drug checking project or intervention, pay attention to what is defined as a crime and if you are obliged to report to authorities or whether you can use professional secrecy laws to avoid reporting service users.

CAN YOU ACCEPT SAMPLES FOR DESTRUCTION?

Plan a strategy in case the person wants to discard the sample after receiving the result. Check if you can keep that sample locally and what to do in case you cannot. You may be able to use 'drug destruction gel' to ensure that you are not possessing a drug.

CAN YOU OBTAIN REFERENCE STANDARDS?

Some techniques used for drug checking require an analytical standard. A standard is a sample of a pure substance with known identity which can be compared to user-submitted samples to have total confidence in the result. Generally, lab use of controlled substances is subject to strict regulation and requires special authorisations by the government, national health authorities, or others.

ARE MINORS ALLOWED TO USE THE SERVICE WITHOUT PARENTAL AUTHORISATION?

In some countries, minors are not allowed to be provided with a health service without parental consent. Check the legislation carefully about the rights and duty of minors and the duties of professionals when dealing with a minor (for instance, reporting to parents or asking for their consent before providing the person with a service).

DO YOU HAVE SAFEGUARDING OBLIGATIONS IF YOU BELIEVE A PERSON IS IN DANGER?

Most health services have an obligation to act if they believe a person is in immediate danger; for example, they disclose that they are being abused during the advice session. This is particularly relevant to minors. Ensure that you have a protocol for this situation.

*This article was prepared, based on the 'TEDI guidelines on drug checking methodology' (2022). We are thankful for partners - the **Trans-European Drug Information (TEDI) network** - for the possibility to share their expertise and insights about the legal considerations of drug checking services.*

DRUG CHECKING - HARM REDUCTION SERVICE, WHICH CHANGES PEOPLE'S MINDS

"Pioneering youth-led organisation" in the drug checking field. How does it sound? Pretty amazing, right? Even though 'Young Wave' was established six years ago, we can call them one of the first NGOs in the CEECA region that started to pilot drug checking services.

We wanted to learn and share with you an inspiring story of the youth-led organisation, 'Young wave', based in Vilnius, Lithuania, on how they started drug checking services and how it evolved over the years. Hence, we sat down with Linas Tamosaitis, the director of, 'Young Wave', to get further insight into how drug checking works in Lithuania.

E: Thank you, Linas, for making the time to talk with us! First, we'd like to ask a bit more about the organisation. What is the main idea behind all of the work done by 'Young Wave'?

L: We were founded in 2017 and over these years we have slowly grown. Currently, we have around 40 active members. The vision of the organisation is a society where we don't have problematic relationships with psychoactive substances. And that's definitely a very broad and impossible thing to achieve. That's kind of a dream, a utopian idea. The mission of our organisation is to provide and facilitate universal access to harm reduction tools, to information, to liaise between people and other NGOs, health officials, politicians. We wanted to be this sort of agent because people don't have so much trust in governmental institutions in Lithuania. People don't really trust the police, people think health care is incompetent, and the mental health sector is also kind of very stigmatised. We are trying to be a trusted actor for people who use drugs and specifically for young people who use drugs.

E: It sounds like a lot of work. You mentioned that your mission is to provide harm reduction services and information and even to mediate between institutions and people. Could you please elaborate more on what specifically 'Young Wave' is doing?

L: I will start with achievements. And one of the biggest achievements which I should mention is that we were one of the first organisations in the region to launch drug checking services, distribution of reagent tests and now it has become successful to the point that other people are consulting with us from the government to better interpret certain results and, in some cases, they want access to our data. It's interesting to them because no other such data exists in Lithuania.

CHECK YOUR DRUGS!



Young Wave



Overall, we are doing a bit of everything: we provide different kinds of trainings to other NGOs, bars, venues, festivals; distribute harm reduction equipment and basic health maintenance supplies (such as vitamins, water, capsules), things that are meant for hygienic use to minimise the risk of infection, to make sure that people are well informed about what substances are in the market, whether there are any reports of weird substances on-the-ground, that people know what is considered as 'good' harm reduction practice for consumption of certain substances; also, emotional support and supervision for people who are distressed or people who are in stages of overamping, which happens when people are partying all night, people who have had too much to drink, or they are having some kind of psychedelic experience that went out of control. It's a whole spectrum from consulting and information to supporting people who are in need of assistance in various ways – whether it be psychological, sometimes it's even basic medical assistance, as there is no other medpoint in the entire festival, which happens more than it should. That is the reality. And when we are not doing that, all our services are available on agreement/ scheduled visit in the office, which we have in the centre of Vilnius. You can do drug checking when you come to us at festivals, raves, but you can also do testing

on a scheduled visit, whenever we can find a volunteer, who can come and facilitate that procedure.

E: Sounds like an endless list of activities and services that you are providing for young people who use drugs. Speaking about drug checking, could you please tell us about the evolution of this service within 'Young Wave'? I know that it all started with simple reagent test distribution to people and now you apply more enhanced methods.

L: Yes. It all started in 2018 with a simple reagent test kit distribution to festival goers. At that time, the organisation didn't know how the drug checking would be interpreted by law enforcement and other agencies, thus we decided not to risk it and just distributed reagent test kits to people so they can test their substances. This approach was applied by the organisation for a few years (2018-2020). A few years ago, I joined the organisation and pushed for a more professional approach to drug checking. I have a chemistry background and I wanted good data, which cannot be collected through the distribution of reagent test kits; thus, we started to perform drug checking by ourselves, on-site. We have reagents that you would put in this kind of ceramic plate, which has wells for testing and then in each well you put a tiny sample of substance and different reagent, and then in each well you will have a different colour reaction. Then we provide a consultation about the results and possible harm reduction strategies.

E: Did you have any other reasons why the method of drug checking changed, besides the reason for data collection?

L: Cost-effectiveness? Those ampoules, which we were distributing a few years ago, cost around €3 per test. And the problem is that for MDMA, the recommended quantity of tests in order to be able to perform a thorough

investigation of the substance is four different tests, so that would be what, €12 for a person in a rave? That's a lot! So, we wanted to try to buy those reagents in bulk and then drive down the cost per test so that people can actually assess more accurately what they have and also for us to be able to kind of provide expertise and ensure that those tests are performed accurately and robustly. So, gradually the goal was to move on from those ampules into new tests and we've been testing with this new system for two years. Also, this evolution enabled us to perform tests correctly because before we were distributing tests to people, so people themselves can just go hide and do tests; and now it's a team of people with expertise who understand how to interpret the results. So, we've moved on from being "distributors" to being "facilitators".

E: Did you see any changes in drug checking services, after changing the approach?

L: So, this allowed us to increase the number of tests we perform. Because if in 2019 we handed out 100 tests, in 2022 we have identified or tested more than 200 substances, which is not bad obviously. The word of mouth is spreading, and people know that it's available and you know the first year we barely managed to do 100 tests, and next year we're doing 200 tests and who knows in 2023, maybe it's going to be 300 tests, and then we can say, 'oh, look, people actually really like the service and there's a really good value proposition there'.

E: You are providing services in different locations, such as bars, clubs, open-air music festivals. Let's imagine that I'm somebody who would like to get their drugs tested: can you walk me through what this process looks like?

L: First to mention, there is a script that you go through – it's a consultation script. So, let's imagine a client is coming to the 'Young Wave' tent. First of all, we make contact with

the person and assess their needs. If a person is interested in drug checking services, then we inform them about the process. Then, the person is asked to fill out a questionnaire (about what they are planning to use). Right after that, the client is invited to the area where the tests are performed and meet a person from our team who assists in performing the test. Then we inform that it will be a chemical test (not blood, saliva, hair or urine) and that we will need a small amount of the substance to do drug checking (it's a very negligible amount of material for most people but sometimes people are very concerned because they spent money on something that now might be destroyed). A trained tester - or sometimes an apprentice who is assisting a trained tester - prepares bottles and distributes the reagents across the wells. Before that, the small amount of substance is put into the wells (crystals are scooped out with straws, and liquid substances are taken with pipettes). The last step is interpretation of the results (watching the changes of colour). And you know, we kind of try to actually explain what we're doing when we're doing it. Which is sometimes a bit tricky, especially for clients who never used drug checking services. While interpreting results, we discuss harm reduction strategies related to the use of the particular substance and ask the client to fill-in a second questionnaire about the results of the drug checking service.

E: I believe that there are many interesting and even surprising stories related to drug checking. Would you mind sharing any of the stories which surprised you with drug checking results?

L: Yeah...There's always one story that sticks out to me personally because I was the one who was doing that test. There was a person who came in the middle of the night and said, "Oh, you know, I have this stimulant, but it's not really doing anything for me. I want to know what it is". So, of course, I proceeded with



it, by doing the standard sort of, you know, amphetamine related testing and it's showing nothing. No colours, no anything. And I'm like, okay, we'll do all the tests that we do. All 12 tests. And it's almost entirely nothing. At that point I had no clue what it was. Just powder? Then I remembered that we have a pH test. So, I did it and it went very acidic. And we were like, "Oh, it's just acid. It's citric acid. There are no substances that basically could be of that pH." So, the interesting part here is that, you know, sometimes the simplest test is one of the best tests. And also, it was very surprising that there was someone who was snorting citric acid and that person didn't know or feel it. What kind of state of intoxication do you have to be in to not feel the citric acid?

E: This is crazy! How is it possible not to feel the citric acid in your nostrils?!...Okay, what

about the most popular substances, which people are coming to test?

L: Amphetamine, MDMA, cathinones and cannabis.

E: Okay. Let's go to a bit of statistics. How many percentages of the tested substances are not the ones which people thought they were buying?

L: Approximately 15% of samples.

E: And what about the percentage of substances which are contaminated?

L: Around 25%. It kind of depends, you know... Because if we're talking about amphetamine, I would say it's close to 100%, because all amphetamine is cut. So is most cocaine.



E: That's interesting data. So, we can say that approximately 40% of tested substances might be dangerous to people's health without them being informed about it. Do you know how many percentages of people decide not to use the substance after the drug checking services?

L: Based on our statistics, it's around 20% to 30% of responders. To make that decision, a person has to have seen that something is wrong with their sample. That's the thing that drives the change in people's mentality.

E: It seems that drug checking looks very promising in reducing harm related to drug use. So looking into the near future vision...Let's manifest positive changes. What would you like to change, improve in your drug checking services?

L: Better devices, better equipment, better data. That's going to be the next plan, the next strategic roadmap milestone. So, we're dreaming of launching a major crowdfunding campaign and showing that people care enough about the services too. It would show to all

that there is a powerful grassroots mobilisation and that people need such a service. Maybe that would also affect government institutions' thoughts about where and for what kind of harm reduction activities funds should be distributed.

"People's feedback is overwhelmingly positive. In fact, I would say that drug checking as a service seems to be literally the only reliable tool that I've seen that can change people's minds. I very rarely change people's minds through just chatting or consulting, but if people see visually that things are not as they should be, that turns on an angry customer's circuit in the brain. I think approximately 30 percent of respondents have some kind of change in their consumption plans as a result of drug checking, which is huge. There is no service, no method that I'm aware of where you would have a 30 percent success rate of talking to a person and changing their consumption plans. I really believe in the service and if it would be more widespread, it would be impactful, not just for people's awareness of what substances are, but also what the state of the market is and how bad the quality is of substances sold."

TEST IT BEFORE YOU INGEST it

As you might already know, there are plenty of methods on how psychoactive substances can be checked. In this article we will focus on the simplest method – single-use reagent tests and fentanyl test strips, which any individual can perform themselves.

SINGLE-USE REAGENT TESTS

Reagent testing is the most accessible but least accurate type of drug checking available. They work by changing colour when a drug is added.

The colour change can then be compared to a reference table to work out if the sample is what it is supposed to be. If the colours match, you've probably got the drug you think you have. There might be slight challenges in interpreting the results (especially in the beginning), but most people find it gets easier over time. In terms of time, reagent testing takes a matter of minutes to test a sample, which is useful for people who want to use their drugs immediately or sometime soon.

Single-use reagent testing **CAN**:

- ✓ Detect the presence of a drug you're testing;



Single-use reagent testing **CANNOT**:

- ✗ Detect purity of the drug you're testing;
- ✗ Detect the quantity of drug you're testing;
- ✗ Detect any other contaminants in your tested drug.

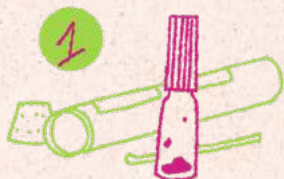


A positive or negative test result does not indicate if the substance is safe. **No substance is 100% safe.** That's not to say that reagent testing doesn't have value – it absolutely does!

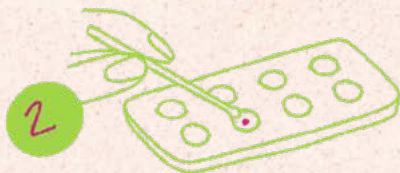
Any information on what you're taking is better than nothing and reagent tests provide that!

HOW TO TEST A SUBSTANCE WITH A REAGENT TEST?

Let's say that we are planning to test heroin or any other opioid.



So first of all, we need to buy an opioid reagent test, which is also known as a Froehde test. It can identify heroin and other opioids, but is also suitable for identification of meth/amphetamines, MDxx and more. But let's concentrate on the substance we are presumably testing – heroin. Usually, each single-use opioid reagent test includes the Froehde reagent, micro spatula, and instructions with a colour chart. Each ampoule contains enough reagent to test 1 sample.



When we have a reagent test, it's time to prepare our substance – heroin. Prepare a sample about this big -> ● If testing powder, crush it finely.



Now it's time for testing! Break open the glass ampoule by gently pushing the bottom of the plastic cap outwards with your thumb pointing down. When it's opened - use the plastic spatula to add the prepared small (●) sample inside the opened glass ampoule.

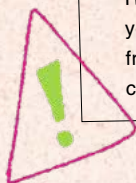


Time for the results! Gently shake it and observe for 1-2 minutes. Compare the colour change with the instructions. In case your substance contains heroin, it should change colour to purple. If it didn't change colour – it's not what you were expecting. But to understand what you did buy, you will need to use more reagent tests.

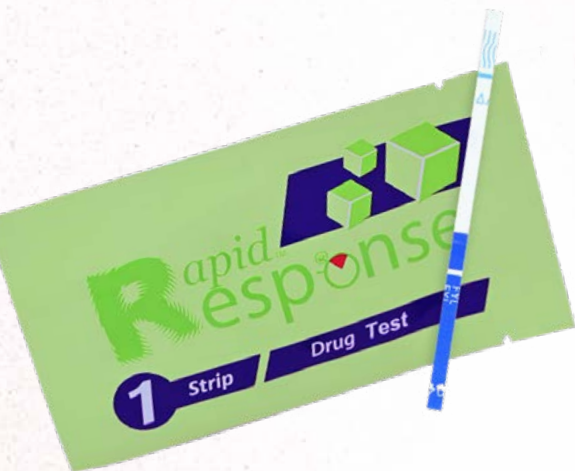


Close the used item into the plastic tube or sealed bag and dispose safely.

BE CAREFUL!



Reagent tests contain toxic and/or corrosive chemicals, strong enough to burn your skin and clothing. You should keep it out of your eyes and mouth. Keep away from children and animals. If possible – wear gloves. If you get some on you/ clothing, then immediately wash with lots of soap and water.



WHAT ARE FENTANYL TEST STRIPS?

Fentanyl test strips are a low-cost drug checking technology that was originally developed for urinalysis, but is now showing its effectiveness in helping prevent drug overdoses and in reducing harm. Fentanyl strips are small paper strips that can detect the presence of fentanyl in different kinds of drugs (cocaine, methamphetamine, heroin, etc.) and drug forms (pills, powder, and injectables).

Fentanyl is a synthetic opioid that is about 50 times as potent as heroin, and about 80-100 times stronger than morphine. Many individuals consume fentanyl without knowledge while others use it intentionally because of its potency.

HOW TO TEST A SUBSTANCE WITH A FENTANYL STRIP?¹

It's RECOMMENDED to test each and every dose. Because of its extreme potency (microgram range), fentanyl is never evenly mixed in. One portion can be fentanyl free and another lethal.

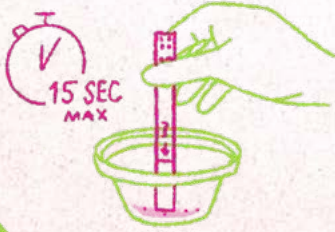


- 1 As with single-use reagent tests, first of all we need to purchase the fentanyl test strip. It comes in a hermetically sealed disposable pouch with silica gel packet inside, and instructions.



- 2 Time to prepare the substance! Prepare a small amount (at least 10mg's) of your drug in a clean, dry container.

¹ Please, read each manufacturer's instructions before performing a test. The information on proportions of sample and water might differ from what we have shared in this article. In this article we used instructions of The Rapid ResponseTM.



3

Time for testing! Mix your drug sample thoroughly before testing. Add water to the container and mix together. One scoop (5-10mg's) of the drug sample should be diluted in 5mL of water. Remove the test strip from its sealed pouch and use it as soon as possible. Place the wavy end of the test strip down in the water (but not above the solid (maximum) line on the test strip) and let it absorb for about 15 seconds. To avoid contamination, do not touch the white section of the strip.

4

Time for the results! Take the strip out of the water and place it on a flat surface for 3 to 5 minutes. Wait for the coloured line(s) to appear:

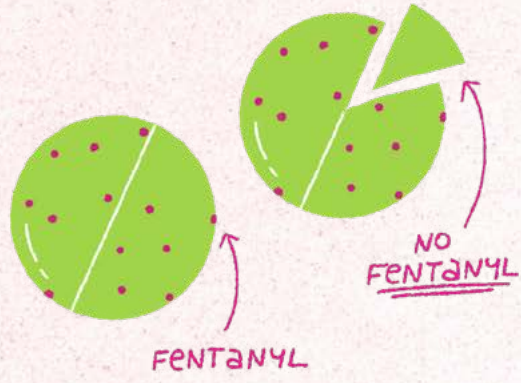
Positive result or single line confirms the presence of fentanyl. A single pink line on the left-hand side indicates that fentanyl or its analogue has been detected in your drug.

Negative result or two lines (even faint) rule it out. Remember that no test is 100% accurate and your drugs may still contain fentanyl or its analogues. Take caution, as fentanyl test strips might not detect more potent synthetic opioids such as carfentanil, and fentanyl might not be everywhere in your drugs and your test might miss it.

Invalid results or a single pink line on the right-hand side or no lines at all indicates an invalid test. If you get an invalid result, test your drugs again using a new strip.

THE CHOCOLATE CHIP COOKIE EFFECT

* One portion of a drug may contain fentanyl while another portion may not.



DRUG CHECKING THROUGH VENDING MACHINES? MISSION POSSIBLE



(iN)

face masks

lubricant

special card needed 1/2



Distribution of harm reduction paraphernalia through vending machines is no longer something new in the world. More and more countries are introducing them and more people who use drugs, especially so called “hard-to-reach” groups, can access harm reduction tools through vending machines. Georgia is one such country which, few years ago, started a pilot project using vending machines and are successfully continuing with their use by integrating new tools, such as drug checking kits, into vending machines.

* We sat with Tamar Mgebrishvili, a researcher for Alternative Georgia, to discuss about the inclusion of drug checking kits into vending machines. Alternative Georgia is a NGO established in 2004 which aims to promote evidence-based policies and interventions in dependence by generating scientific data. Alternative Georgia implemented the first-of-its-kind HIV prevention vending machine service in the country. The vending machines serve more than 2,000 beneficiaries in Tbilisi, the capital of Georgia.

E: What is the overall drug checking situation in Georgia?

T: Drug-checking, implemented by harm reduction services, is not regulated by law. It is not legal to gather drug samples from beneficiaries and analyse them chemically. Therefore, service providers distribute drug-checking kits among people who use drugs instead of having drug samples legally tested or collected by themselves. As of now, only two service providers offer drug-checking. It is delivered by the community organisation, Mandala, through a drop-in centre and on-site drug checking at festivals/clubs. Alternative Georgia also distributes drug checking kits through HIV prevention vending machines that are installed in Tbilisi.

E: This year (2023), EHRA supported your project which focused on the distribution of drug checking test kits through vending machines. How did you come up with this idea?

T: Initially, within the implementation research funded by the 5% initiative, we designed vending machines to distribute HIV and overdose prevention kits, such as syringes, naloxone, condoms, HIV and HCV self-tests, etc., with the goal of complementing needle and syringe programmes. The intervention turned out to be effective in covering hidden groups of people who use drugs, specifically women and young people, who were left beyond traditional services. It was successful, especially during the COVID-19 pandemic, when people used to avoid face-to-face communication. Since working hours of conventional harm reduction services were limited, vending machines became popular during night hours. Obtained data via vending machines, and in-depth interviews with beneficiaries, inspired us to use this innovative approach to attract young people who use drugs recreationally. As a result, we came up with the idea of distributing drug-checking kits



tampons

pads



via vending machines. 24/7 accessibility and anonymity attracted young people who had never before used harm reduction services.

E: How did you reach out to people who use drugs to promote this new 'item' in the vending machines?

T: We organised meetings with people who use drugs to present the new items and to distribute vending machine cards among them. Then we recruited enthusiastic individuals with heterogeneous networks as seeds, who spread information together with vending machine cards among their networks. Vending machine cards need to be activated by creating a

unique identifier number ('ID code') consisting of 15-digits which is necessary for attaching a unique card to an individual. We adopted new ways to distribute these cards among hidden groups of people who use drugs. We taught the recruiters how to create an ID code and thereby they were able to distribute the cards among their peers and to send us the codes of new users and card numbers via WhatsApp for activation. This approach worked because people who use drugs did not have to come into the office to obtain vending machine cards.

E: Could you please describe how people can get items from the vending machines?

T: Vending machines serve people who use drugs as well as the general population. The upper two shelves are stocked with products like lubricants, pregnancy tests, face masks, etc., and they are for sale. Anyone can purchase those products, while products for people who use drugs are not visible to anyone unless they have a special card. Products are accessible through tapping a card on a card reader. These cards are distributed by the needle and syringe programmes, Mandala, and Alternative Georgia. Each card is linked with an anonymous unique identifier number issued to each beneficiary by the service. Card holders need to be people who use drugs and are willing to provide the necessary information for developing a unique identifier number.

E: What about results interpretation? If a person is not sure about the results of the drug checking reagent test, where they can get consultation?

T: Fentanyl strips, as well as Marquis, Liebermann, and Mecke reagent packages, are distributed with pamphlets and colour pallets that explain the analysis and interpretation of results. We also developed two tutorial videos that were uploaded onto the Sigma platform - specifically created for vending

machine beneficiaries - www.sigma.ge. In this way, we tried to ease the process of analysis for beneficiaries and reduce the possibility of misinterpretation of results. We also have a hotline and if anyone has a question, we are always ready to assist them with any difficulties, including the interpretation of results.

E: Has any interesting data been collected during the project so far which you could share with us?

T: From June onwards, beneficiaries obtained over 500 fentanyl strips and the Marquis, Liebermann, Mecke reagents. Out of a total of 1,545 beneficiaries, by incorporating drug checking kits into vending machines, we attracted 118 new clients with a mean age of 32 years. The project was successful in covering hard-to-reach groups of people who use drugs, especially young people who were left beyond conventional harm reduction services. During in-depth interviews, we found out that beneficiaries who tended to take cards only for drug checking kits started to obtain overdose and HIV prevention packages as well.

E: Usually new initiatives face some kind of challenges. What about your project? Did you face any challenges?

T: One of the obstacles we encountered was to mobilise the community. As we aimed to attract people who use drugs who were not involved in any harm reduction and treatment services; it was challenging to gain trust among them. The harsh drug policy in the country prevents people who use drugs from opening up about their drug use. However, we successfully tackled this problem by recruiting 'seeds' who shared the information among their peers. We also received positive feedback from beneficiaries during meetings with them and via social media. One of the benefits reported by beneficiaries was the sense of anonymity. They desired to incorporate other products for safer use, like snorting tubes, into the vending machines in the future.



LEGALISING DRUG CHECKING SERVICES IN AOTEAROA

NEW ZEALAND

Which country in the world was the first to legalise drug checking services?

A: Lithuania

C: Aotearoa New Zealand

B: Netherlands

D: Portugal

Despite the fact that drug checking services have been provided for a long time in many countries, such as the Netherlands, Portugal, United Kingdom, Spain, and Switzerland, they all operate in a legal grey area. It basically means that they're not explicitly illegal - but they're not legal either.

In 2022, Aotearoa New Zealand became the first country in the world to fully legalise drug checking services. This allows people to get their drugs tested at festivals, clinics, and other locations to identify the substances present and make informed decisions about use.

A Game-Changing Shift

Prior to 2019, drug checking existed in a legal gray area in Aotearoa New Zealand. Organisations like KnowYourStuffNZ provided testing at events but without explicit legal protections. That changed in 2019 when the government passed a temporary law allowing drug checking. In 2022 they made it permanent. This pioneering legislation was the first of its kind globally. It installed broad protections for both the people accessing services and those delivering them. For example, individuals can now legally submit illicit drug samples for testing without fear of prosecution. And

those who are testing substances are legally protected and can provide this service without any repercussions.

The government also allocated over US\$545,581 in funding to support nationwide coordination and training around drug checking. Harm reduction advocates praised the move as saving lives. However, opposition leaders criticised the law as tacitly endorsing drug use.

How Drug Checking Works in Aotearoa New Zealand

At a festival or community clinic, you can bring a tiny sample of your drugs (about 10mg or less) to the drug checking team. They use advanced spectrometry equipment to analyse the chemical composition and match it against a database of substances. Within about 30 minutes, you get the results identifying the main drug(s) detected.

The drug checkers also provide personalised harm reduction advice based on the results. For example, they might suggest taking a smaller dose of an unknown substance or not mixing it with other drugs or alcohol.

If a sample can't be identified by the equipment on-site, it can be legally submitted to a lab for further testing thanks to the new law.

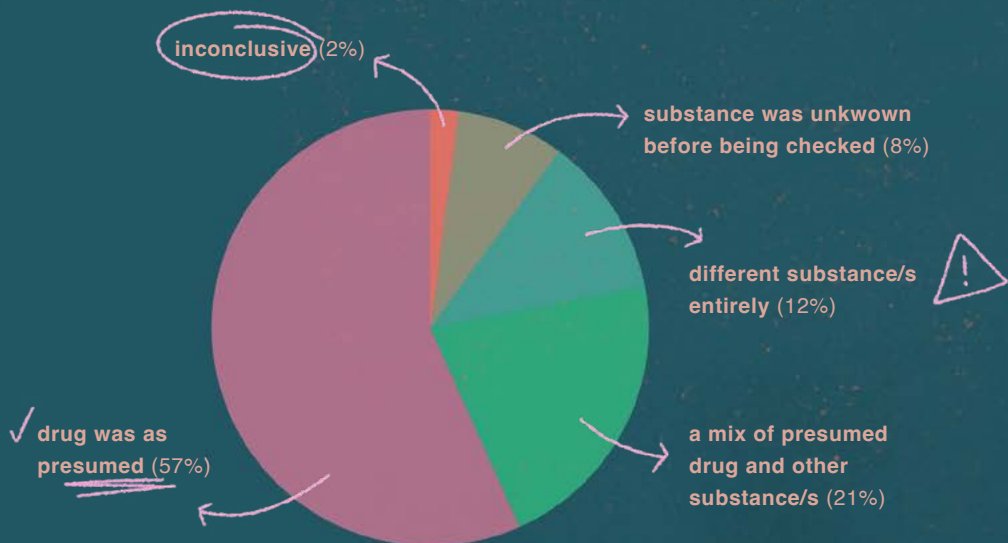
What's Been Found in Drugs Tested in 2022?

In 2022 alone, Aotearoa New Zealand drug checking services tested over 1,700 samples in 73 clinics. Around 1-in-3 turned out to be different from what people thought they were taking. Some interesting information from 2022 drug checking is that:

- ▶ MDMA was the most common drug to be tested (59%), followed by amphetamines (5%), cocaine (5%), ketamine (4%), LSD (4%) and cannabis (4%).
- ▶ 25B-NBOH sold as LSD. 25B-NBOH is a potent stimulant and psychedelic related to NBOMe, a group of substances which has been linked to multiple deaths overseas.
- ▶ Isopropylbenzylamine can be mixed with or used as a substitute for methamphetamine. Isopropylbenzylamine may produce headaches and other uncomfortable effects.

- ▶ Synthetic cathinones are a group of stimulants, often sold as MDMA. 82% of MDMA checked was found to be MDMA, or was MDMA mixed with non-psychoactive fillers. 12% wasn't MDMA at all, and of that, 37% were synthetic cathinones.
- ▶ New benzodiazepines coming onto the black market, which may have been recently developed (referred to as novel benzos). Very often there is no info about dosing, and these may be active in incredibly tiny doses – meaning the risk of overdose is high.
- ▶ Lots of tested drugs contained non-psychoactive binders and fillers. These are things like flour or gelatine that don't have psychoactive properties like drugs but might be used to bulk out what you are sold. The most common ones were: sugar/glucose/sucrose, creatine, parexyl, and lactose.

Without testing, people can inadvertently take substances that are much riskier than expected.

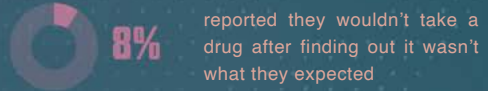
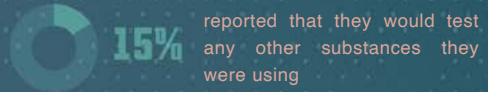
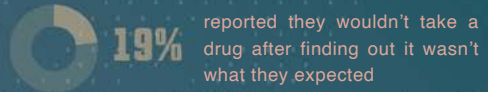
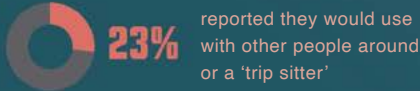
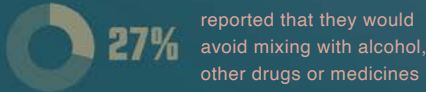
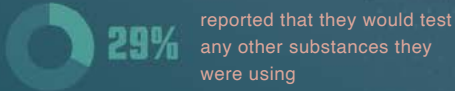
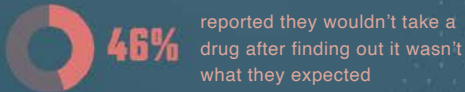


Source: NZ Drug Foundation

THE BENEFITS OF DRUG CHECKING

2022 drug checking services show that it leads to safer behaviour.

Of those surveyed in Aotearoa New Zealand:



There's no evidence drug checking encourages drug use among non-users. However, it gives people who do use drugs the chance to make informed choices and protect themselves. Providers see it as a valuable, pragmatic public health tool to save lives in the face of an unregulated drug market.

Where Next?

Now that broad drug checking protections are permanent, the goal is to expand services nationwide, especially to vulnerable communities. People at highest risk of harm need access too.

The Aotearoa model shows that evidence-based harm reduction policies can prevail over ideological resistance. Advocates hope the success inspires other jurisdictions to follow suit and provide legal frameworks to support drug checking because when people know what's actually in the drugs they plan to take, they can make better decisions and avoid unnecessary tragedy.



HOW DRUG CHECKING SERVICES ARE SAVING LIVES

HELP & PEOPLE

HOW DRUG CHECKING SERVICES ARE SAVING LIVES

In Canada, there have been over 38,000 drug overdose deaths since 2016, an average of 21 deaths per day. Deaths from the illicit drug supply have even reduced the overall life expectancy in some regions and is the leading cause of death for people aged 10 to 59 years in the province of British Columbia (BC).

To discuss the role of drug checking in saving lives during a toxic drug crisis, CHECK Magazine sat down with Piotr Burek, a Research Associate and Harm Reduction Worker at Substance Drug Checking in Victoria, BC, Canada on Lekwungen Territory.

Like many drug checking programmes, drug checking in Canada began in festival settings. However, *Substance* started as a response to the public health emergency declared in BC in 2016 attributed to increases in fentanyl in the drug supply.

N: What is the role of drug checking in a toxic drug crisis, and has it changed or broadened since earlier drug checking days?

P: One of the reasons that we're seeing such harms from drugs is because of how volatile the illicit market is. And there's no quality controls in the illicit market. When you have such a volatile, illicit supply, it's really hard to make informed decisions around how to use substances safely. And I think that's why we're seeing such an increase in overdose deaths in Canada, largely because of the inconsistency and volatility of the supply. And so, what drug checking can offer is some quality controls in the illicit market.

That's really the benefit of drug checking. It's not just about informing individuals about what is in their substances, but actually looking at the overall supply and getting more information about the supply so that we can say things like the average concentration of Fentanyl in substances is 10%. And so, if someone has a

sample that has 20% or 30%, then that could be quite risky in terms of overdose.

E: And what about overdose prevention? Do you have any anecdotal stories from drug checking clients of how information or services prevented overdose deaths?

P: I generally split this up into 2 categories. So, the first category is misrepresentation. For an example, someone once bought MDMA, and they looked at it, and they thought, "This is weird to me. This doesn't look like MDMA. I'm gonna bring it into Substance to get it checked". And so, in this case, what the person bought as MDMA was actually just a mixture of caffeine and fentanyl. No MDMA. That could be for a number of reasons. You know, that could just be someone making a mistake in how they're selling their substance. But if an opioid-naive person used that substance as MDMA, it would likely cause an overdose, and if they were alone, then likely a fatal overdose.



Substance providing pop-up drug checking services during International Overdose Awareness Day in Victoria (left to right: Piotr Burek, Pablo Gonzalez Nieto, Sarah Littlechild, Lea Gozdzialski)



Service (Piotr Burek, Irene Shkolnikov)



Winter Storefront



That's one way in which drug checking can actually impact overdose rates, by actually confirming that the substance that someone has is the substance that they're expecting to have. There's often an assumption that Fentanyl is contaminating lots of different drug supplies like cocaine, MDMA. But what we see more often is misrepresented presentation of a drug.

The second category is along the lines of extraordinary samples. For example, most of the opioid samples we see have a fentanyl concentration of about 10%. And we've seen samples before that are 20%, 30%, 40%. So, in those cases, it's not that it's a different drug. It's just that the concentration of the drug is so extreme that if someone was using the amount they would normally use with the assumption that it has an average concentration, they'd be at high risk of overdose because the sample is 40%.

E: What is the main motivation for people to use drug checking services? Is it to avoid coming into contact with certain substances to prevent the risk of an overdose death? Is it to find certain substances that they want to use? Is it to know what to expect with a high?

P: When people get their drugs checked, we ask in a survey why they are getting their drugs checked, and who they are getting their drugs checked for. I think those 2 questions are really useful in understanding the motivation of why people are using drug checking.

Over 50% of people who access the service are accessing it on behalf of someone else. It could be a parent. It could be a child. It can be an outreach worker, a teacher, a friend. Or it can be a seller or a manufacturer. They might be concerned about a loved one and they want to know what their loved one is using. They might be buying in bulk, so they're getting it checked before they distribute it amongst their friends. Or they might be people who sell drugs, in which case they're using the service to provide

some quality control before they distribute it. In terms of people who are using the service for themselves, it's often to know what's in the substances, so that they can make a decision about how to use it. And so, there's different motivations for why people access it. Sometimes people do it before they use the substance so that they know what's in there so that they can adjust their use pattern based on the information that they get. Sometimes they check their drugs after they've used a substance because something went really wrong or something went really great. And they just kinda want to know what was in that substance so that it can provide some context to their experience.

People just want to know what's in their substances, whether that's to keep themselves safe, whether that's to understand how they're supposed to use it, or to increase their capacity for pleasure. We know that people want to confirm that, for example, their MDMA is MDMA and not MDA, so that they know what to expect when they're taking it. So yeah, it's to avoid harms, but also to promote pleasure and utility. Or, for example, you know, if someone gets a sample and they're an opioid user, they want to know that there's opioids in that sample, right? Because if it's just caffeine, that's not going to be very helpful to them.

N: We've heard that some people avoid drug checking services and therefore risk death by unknown substances out of fear of being arrested and charged. What do you see as the importance of decriminalisation in making drug checking accessible?

P: Totally. Stigma is a huge barrier. Criminalisation is a huge barrier. We hear that from everyone that we speak to. The benefits of drug checking have to outweigh the risk of criminalisation. That's the only way that people will feel safer in accessing a service. Decriminalisation really supports drug checking because it actually allows people to

carry enough substances to get to a service to get drugs checked, even though we know that the police have all sorts of different tools to continue criminalising people. Sometimes things like decriminalisation are those kinds of structural changes that you need to change stigma about drugs.

E: So, the final question is more about imagination. We've been speaking about drug checking as a lifesaving, harm reduction service. But is there a world where drug checking isn't necessary to save lives? What could that look like?

P: I love this question. I'm about to cry because I love questions that ask about imagination. I think that we should always work towards a political environment that doesn't require drug checking. Whether that means regulated legal substances for people to buy, or other ways to access substances that people know what is in them.

However, I think that there's always gonna be an illicit supply as long as capitalism exists

and as long as people wanna profit off of substances. And, in that case, I think there always needs to be a way for people who are accessing the illicit supply to know what is in their substance and to access quality controls for those substances.

But ultimately, I wish that we lived in a world where a drug user was seen as normal and where drug use was seen as the complexity that it is. People use substances for many different reasons. But how people see drug use is completely structured by police, by policies, by history, by the global drug trade, all of these different things. Hopefully, we reach this point where drug use is seen as normal, and that we all have the dignity to access the substances that we want for the reasons that we want. And when substance use becomes a challenge, or becomes something that might not be easily managed, then a person also has access to all of the supports that they need in order to change their relationship with substances, without having to be required to stop them. Unless that's something that they really want to do.

* This interview was edited for length and clarity.

Read the full interview on the EHRA website, which includes discussion about the legality of drug checking, compassion clubs, and making drug checking accessible.

WANT TO LEARN MORE ABOUT DRUG CHECKING?

CHECK THIS out!



TripApp

is a mobile application designed to reduce the harms associated with the use of psychoactive substances.

KnowDrugs

supports outreach workers and people who use drugs by informing about recent pill warnings, providing information on psychoactive substances and how to reduce their harms.

TEDI Trans-European Drug Information

“TEDI guidelines.

Drug checking methodology”

is a publication prepared by the Trans-European Drug Information (TEDI) network. It is recommended to be read by those who are planning to set up a drug checking service. It will help them to understand what equipment they might need and what considerations they need to make.

“Drug checking as a harm reduction tool for recreational drug users: opportunities and challenges”

is a publication prepared by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). It reviews existing drug checking services in Europe, analyses challenges and future opportunities.



“Regional analysis of the provision of drug checking services in the Central and Eastern Europe and Central Asia region”

is a publication prepared by the Eurasian Harm Reduction Association (EHRA). The general aim of this report is to identify and document the main legal, social and financial obstacles in initiating the provision of drug checking services in the CEECA region and to provide recommendations to overcome the existing obstacles.

“Global review of drug checking services operating in 2017”

is a publication by the National Drug and Alcohol Research Centre, UNSW Sydney. The bulletin sought to identify and document the features of drug checking services operating across the globe as of 2017.





CHECK IT OUT!

harmreductioneurasia.org