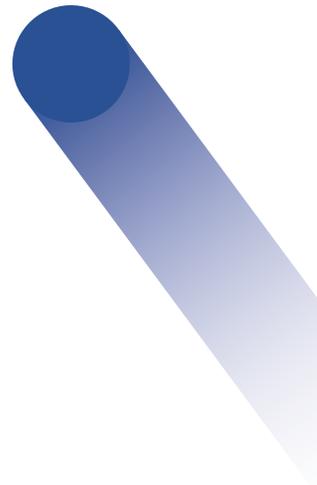




BRITISH COLUMBIA
CENTRE ON
SUBSTANCE USE

Networking researchers, educators & care providers



Third-Party Drug Checking Without Consent

BCCSU Drug Checking Project



MARCH 2024

Suggested citation

British Columbia Centre on Substance Use (BCCSU). Third-Party Drug Checking Without Consent. 2024. https://drugcheckingbc.ca/wp-content/uploads/sites/2/2024/03/BCCSU_Third_Party_Checking_without_Consent_2024.pdf

Publisher

British Columbia Centre on Substance Use (BCCSU)
400-1045 Howe Street, Vancouver, BC, V6Z 2A9
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Publication Date

March, 2024

Land Acknowledgement

The British Columbia Centre on Substance Use would like to respectfully acknowledge that the land on which we work is the unceded territory of the Coast Salish Peoples, including the territories of the x^wməθkwəy̓əm (Musqueam), Sḵw̓x̓wú7mesh (Squamish), and sə́líp lwətał (Tsleil-Waututh) Nations.

We recognize that the ongoing criminalization, institutionalization, and discrimination experienced by people who use drugs disproportionately harms Indigenous peoples and that continuous efforts are needed to dismantle colonial systems of oppression. We are committed to the process of reconciliation with Indigenous peoples and recognize that it requires significant and ongoing changes to the health care system.

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The guidance offered in this document would not be possible without the contributions of the drug checking community. The authors gratefully acknowledge and give thanks to the many partners and individuals who offered their knowledge and expertise. This includes drug checking service providers, members of the provincial drug checking working group, and people with lived and living experience of substance use.

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Terms

Drug Checking Technician: technician; any person who has received all applicable training required to perform drug checking services.

Law enforcement: any person representing an agency that enforces laws, maintains public order, investigates crimes, or makes arrests (e.g., the police).

Owner: the person who is the original owner of the drugs, or the person who the drugs belong to at the time they are presented for drug checking.

PWUD: person or people who use drugs.

Service user: any person accessing drug checking services.

Third-party service user: a person accessing drug checking on someone else's behalf or for a group of people.

Youth: a person under the age of 19.

Introduction

Drug checking is an evidence-based harm reduction initiative that offers any person the opportunity to find out what's in their drugs, learn about harm reduction, and engage with health and social service providers. Research shows that trusting relationships with service providers facilitate connection to additional health and social services such as housing, education, withdrawal management, and treatment.¹

While most service users who access drug checking services bring their own drug(s) to be tested, some people may bring drugs for testing that do not belong to them. This is referred to as third-party drug checking. In some cases, the person who owns the drugs being brought in for testing does not know, or has not consented, to the testing. This can sometimes be challenging for drug checking service providers.

Purpose and Scope

This document provides considerations and best practice approaches for technicians working in any drug checking service in British Columbia when interacting with people who may be requesting drug checking on behalf of someone else, without that person's knowledge or consent. It offers guidance and support to technicians navigating these encounters by offering insights into engagement strategies and decision-making processes. It is intended to help technicians explore considerations related to third-party requests without consent, including:

- how these situations can present unique opportunities for harm reduction interventions, and
- how to determine what to do when the potential negative outcomes of performing a drug check without consent outweigh the potential harms of not performing the test.

The aim of this document is to help technicians and other drug checking service staff feel more prepared to respond to a variety of third-party requests without consent. The document provides some example scenarios to demonstrate what conversations with third parties might look like. It is important to understand that every conversation will look different, and these scenarios are not exhaustive. Novel situations that are not covered here may arise.

This document can also be used as a tool to help technicians talk with their supervisor about potentially difficult conversations with service users, including how to prepare for potential service refusal.

Third-Party Drug Checking

Third-party drug checking is defined as accessing drug checking services for someone else or a group of people.² It provides an opportunity to engage with people—particularly families, friends, and loved ones of people who use drugs—who may not otherwise have access to harm reduction information, or who need support connecting with a person who uses drugs or has drugs in their possession. Drug checking can be an opportunity for third parties to:

- Engage with de-stigmatizing, caring, and non-judgmental service providers about substances and substance use.
- Learn about substances and substance use from a reliable source.
- Receive relevant education about substance use and harm reduction.
- Learn about services and resources that may be helpful to them and the person they know who uses drugs.

While not an exhaustive list, third-party service users may include:

- Parents or caregivers of youth
- Partners, spouses, or people in a romantic or sexual relationship with each other
- Siblings or other relatives (e.g., aunt, cousin)
- Friends
- Roommates or neighbours
- People who share their drugs with others
- Outreach workers, peer support workers, or health or social service personnel
- Law enforcement
- School personnel (e.g., found a substance at school or confiscated from a student, but do not want police involved)
- Community members (e.g., bringing in an unknown substance that was found outdoors)

Third-party service users may access drug checking for a variety of reasons. One study (November 2018 to June 2021) on third-party drug checking in Victoria, BC found that of 1653 surveyed service users, over half (52%) identified as third parties.² While it is possible that some communities have a high volume of third-party service users, the researchers proposed that stigma, shame, and the criminalization of PWUD

likely contributed to people not wanting to identify themselves as the owners of the substances.² Positive, de-stigmatizing and non-judgmental interactions with all service users, regardless of whether they are accessing the service for themselves or others, can help address the reasons people may feel the need to identify as a third party.

In most cases, third parties bring in a sample for testing out of concern for someone they care about, out of a desire to help or prevent harms. Some examples of third-party drug checking include:

- Minimizing risk to others.⁶
 - *“My friend is in hospital from a bad OD, we want to know what he took.”*
- Wanting to know what may have contributed to a drug poisoning death or other adverse event.
 - *“We just had a bunch of ODs and this is what we think they used.”*
 - *“My patient died of a drug poisoning. His girlfriend brought in his dope to see what was in it.”*
- Concern over another person’s drugs³ (e.g., family, roommate).
 - *“I found this in my kid’s room.”*
- Finding unknown drugs and wanting to know what they are.²
 - *“I found this baggie in a park near my house.”*
- Before giving or sharing drugs with someone else, to confirm what’s in them.³
 - *“I need to know I’m not going to kill my friends.”*
- Helping a person who is unable to access drug checking services.⁴
 - *“My neighbour doesn’t want anyone to see him here.”*

Third-party drug checking is an opportunity to provide information and support to people who may be concerned for a loved one and need some help navigating

conversations about drugs. Technicians have a unique opportunity to support these individuals by providing reliable information on drugs and related resources. For some people, accessing a drug checking service might be their first time engaging with a substance use harm reduction service. A positive, supportive interaction can make a significant impact that encourages ongoing connection.

Navigating Consent

Determining if Consent was Given

To support the confidentiality and anonymity of drug checking services, technicians do not routinely ask if a person accessing the service is testing their own, or someone else's, drugs. Typically, technicians ask more general questions about the sample (e.g., “do you know what this was sold as?”, “have you tried this batch before?”), which may identify the person as a third party. There may be some instances where a technician believes it is warranted to inquire directly (e.g., “does this sample belong to you?”), such as someone in law enforcement uniform or someone who appears visibly upset. If a person identifies themselves as a third party, the technician is not obligated to verify if that person received permission from the owner to have the drugs checked. However, before proceeding with the drug check, the technician may decide to confirm whether consent was given, especially if there is concern that the drug check could potentially harm the person who owns the drugs or other service users.

Weighing the Risks

In most situations where the third party explicitly states they do not have consent for drug checking, or if there is strong suspicion that they do not have consent from the owner, the risk of harm to PWUD from an unregulated toxic drug supply outweighs the potential harm caused by lack of consent. There may be situations where the technician is concerned that the risk of harm from checking drugs without consent is greater than not checking the drugs. While most people testing drugs on behalf of others do so because they care about the person who owns the drugs and wants to prevent harm, it is possible that some third parties may have ill intentions. In rare cases, a person may be using drug checking as a form of punishment (e.g., a spouse trying to use it against their partner for child custody arrangements). These situations may present the technician with a difficult choice.

Refusing Service

It is important to remember that technicians and other drug checking staff have the **right to decline drug checking services** based on their assessment of each individual situation. This includes assessing the potential risk of harm in not providing the service. Should a technician be uncomfortable or want help navigating challenging situations, they are encouraged to consult with colleagues or supervisors who are more comfortable or experienced in having difficult conversations with third parties. Technicians are also encouraged to access any reliable and appropriate supports, such as colleagues or supervisors, to debrief difficult conversations, situations, or decisions. Most importantly, it is recommended that drug checking staff have a process for how to deny service in situations that warrant service refusal. See the [Communicating Service Refusal](#) section for details.

The following sections present drug checking service encounters that often require sensitivity and skill to navigate, in terms of potentially challenging conversations with service users. There is no requirement for technicians to engage in these discussions with all third parties. The information presented is meant to offer examples of how to positively engage with third parties should the technician determine their own level of comfort and competence matches the situation.

General Conversation Guidance

As with all harm reduction approaches, drug checking service providers should interact with service users in an open and non-judgmental way that promotes trust and ongoing engagement. This may involve:

- Encouraging the third party to support the owner to return to the drug checking service to discuss the results directly with a technician.
- Offering ways for third parties to take the drug check results to the owner and have a meaningful conversation about drugs and drug use based on the results.
- Giving the third party general harm reduction information to share with the owner.
- Providing the third party with relevant harm reduction supplies to offer the owner, including information on where to access additional supplies and related information (e.g., [Toward the Heart](#), [CATIE](#)).
- Sharing personal experiences providing or using drug checking services with the third party.

Compassionate Communication

In most cases, third parties such as family, friends, or partners are concerned, anxious, or afraid for their loved one(s). Providing support, guidance, and resources about substances and substance use is often the best approach to help these third parties navigate their fears and concerns. This may look like:

- Encouraging the third party to express their care and compassion for the owner of the drugs despite also experiencing negative feelings such as anger: reaffirm their concern is evident, and that their wellness and that of the PWUD is important.
- Validating their efforts to access harm reduction.
- Validating difficult feelings (e.g., fear, anger) and that these feelings often stem from a deep sense of caring. Investigating the positive outcomes they hope to achieve with the drug check result (e.g., behavioural change, building trust) and helping them set realistic expectations.
- Discussing how they might initiate a conversation with the owner, and what that conversation could look like.
- Discussing how the third party could tell their loved one that they took their drugs to be tested, and how they might respond to their loved one's reaction.

- Helping the third party identify how they may feel if their loved one plans to use the drugs that were tested despite a concerning result.
- Encouraging them to access naloxone: let them know where they can receive training and a kit, or give them a naloxone kit and training if available and wanted.

As mentioned, this may be a person's first time interacting with a substance use harm reduction service. Showing empathy and understanding can play a crucial role in alleviating tension or anxiety and building trust. In turn, this helps foster a supportive environment where third parties may feel more comfortable seeking assistance and information in the future.

Challenging Stigma

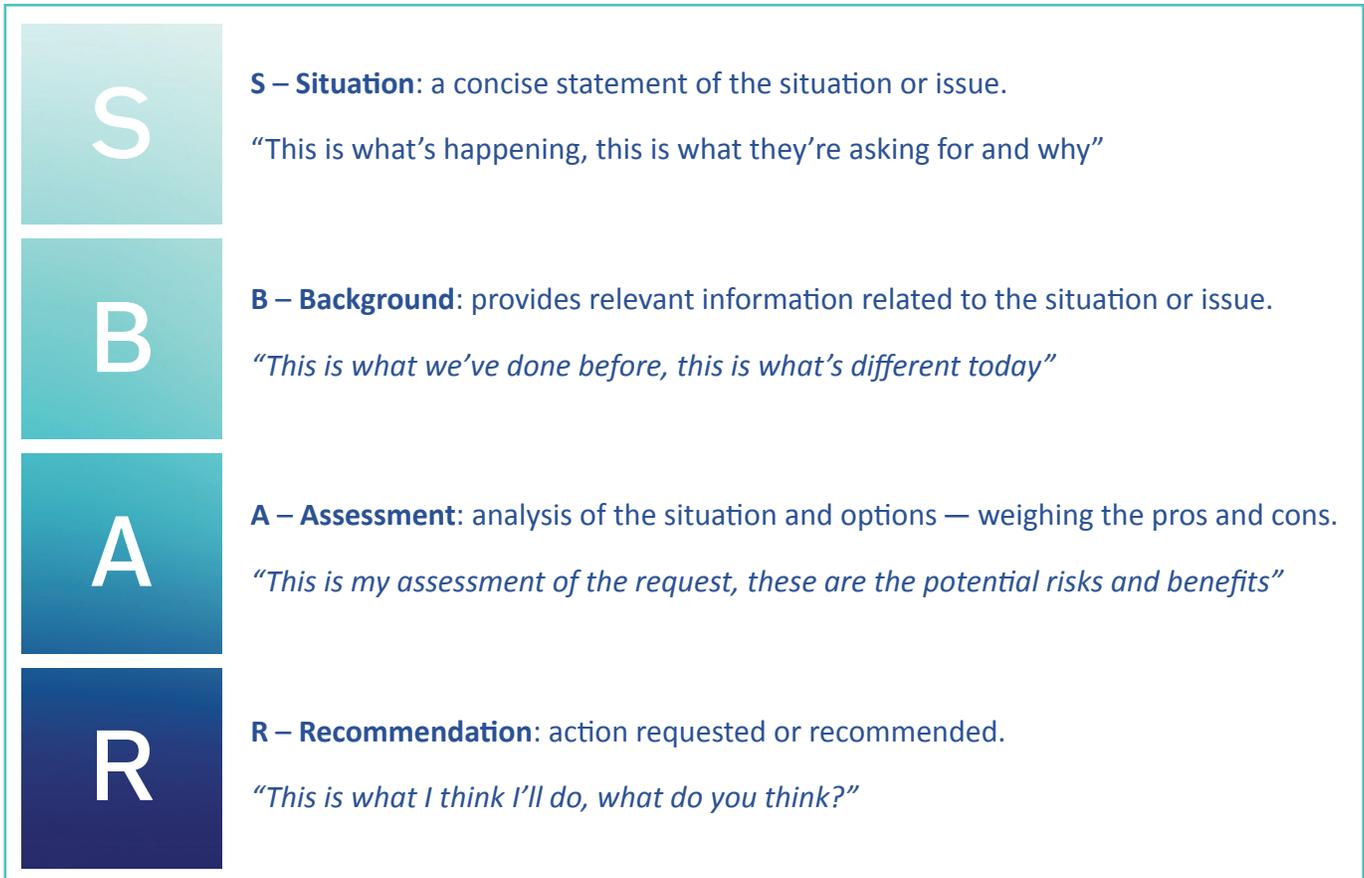
Technicians may find that providing more context around substance use can be helpful for a third party to better understand reasons for substance use and why asking for help can be hard for many people. When appropriate, technicians may choose to discuss some additional topics, such as:

- The stigmatization of drug use and PWUD, which prevents people from accessing life-saving information or reaching out for help when they are ready.
- Regulated vs. unregulated substances: unregulated substance use is similar to regulated substance use in that all substances can be used in harmful ways. Alcohol, nicotine, and cannabis may also be disruptive to a person's life, although they are more socially accepted, thus not as stigmatized.
- Culture, which may influence perceptions of substance use (particularly within families) and access to related services.

Asking for Help

Technicians are encouraged to consult with an available supervisor, technician, or service provider if a second opinion would be helpful for decision-making around third-party requests. Technicians can also reach out to drug checking colleagues outside of their organization for quick consultative support by email, phone, or other messaging platforms.

The Situation, Background, Assessment and Recommendation (SBAR) framework is widely used in healthcare as a helpful tool for consultation guidance. It uses a structured approach to identify the risks and benefits of a situation, facilitating quick and effective information-sharing to elicit decision-making support.



Using this framework in the context of third-party drug checking requests, SBAR promotes systematic assessment of the potential risks, benefits, and ethical implications. It allows for a consistent approach to third-party requests that promotes practice consistency, and can streamline documentation of the decision-making process in terms of capturing the rationale for a decision. It can also improve accountability and transparency, particularly if the involved third party raises a complaint, or the situation is escalated to a supervisor.

Below is an example of how to apply the SBAR framework to a third-party drug checking request consult.

A technician receives a request to test a sample from a third party without the consent of the owner. The technician is not sure if they should test the sample or not and wants to run it by their supervisor first. Below is an example of how they summarize the situation using the SBAR framework.

Situation: *“Hey, I received a request from someone to test their friend’s drugs and I just want to run my decision by you. The friend doesn’t know their drugs are being tested. They think the drugs are cocaine, but says their friend has been ‘off’ lately, acting different at a party the other night, really anxious and jittery and a bit paranoid. They don’t use cocaine so haven’t tried it themselves. They’re worried and want to check if their friend is using something other than cocaine.”*

Background: *“The friend has used drug checking before, when they didn’t know their dealer. But now he buys from his cousin because he thinks that’s safer. The friend has a bit of a rocky past with his cousin, so there’s some concern that this may damage the cousins’ relationship.”*

Assessment: *“There’s the risk that the friend may be upset that the drugs were taken without him knowing, and if it isn’t cocaine, this could damage some relationships. But, if the sample isn’t what’s expected, knowing this could prevent harm to the friend and anyone else they know who’s using it.”*

Recommendation: *“I’m thinking I’ll check the sample and offer them some help on how to talk to their friend about the results. I’ll ask if they can come back with their friend to talk with us more about the results. What do you think?”*

Weighing Potential Harms

Assessing the potential risks of third-party drug checking can be challenging, causing uncertainty over the best course of action. Understanding the third party's intention and the context surrounding the request can provide insight into the potential risks and benefits of performing the drug check.

Considering a person's intention involves:

- Determining the relationship between the person bringing in the drugs and the owner of the drugs.
- Observing how the person talks about the owner of the drugs (e.g., language, tone), the emotions they display, and their body language.
- Exploring the person's reasons for accessing drug checking, and how they plan to use the results. This could be for punitive or productive purposes.
- Assessing transparency about their intentions (e.g., whether they appear open to discussing their intentions or not).
- Determining who they intend to share the results with.
- Understanding their perception of and level of engagement with harm reduction practices.

Considering the **context** surrounding the request involves:

- Understanding the circumstances that led to the request, and how these circumstances may influence the consequences of performing the drug check.
- Observing signs of urgency or distress in the third party.
- Determining whether the involved individuals have experienced any adverse events related to substance use.
- Considering the potential risks to the owner if the results are shared with others, such as criminalization, legal repercussions, or child apprehension.
- Considering the potential risks to the owner or others if the drugs are not tested (e.g., drug poisoning).
- Discussing the owner's knowledge of and engagement with substance use harm reduction services.
- Discussing the owner's potential responses to the drug check results.

By carefully considering both intention and context, technicians can make informed decisions about whether to test drugs presented by a third party without consent, balancing the need to promote harm reduction and safety with respect for autonomy and confidentiality.

Communicating Service Refusal

In some cases, the potential risks associated with checking drugs without consent may outweigh the potential risks of not checking the drugs. Conversations with third parties about not performing a drug check can be sensitive and challenging. Technicians are encouraged to approach these conversations with empathy, clarity, and a focus on harm reduction principles.

- **Validate the third party's concerns:**
 - Begin the conversation by acknowledging their concerns, needs, and feelings.
 - Express understanding of their desire to use drug checking services.
 - Emphasize that the decision not to check the drugs is made with care, and with the safety of the owner in mind.

- **Be clear and specific about the decision:**
 - Explain the drug checking service's policies and limitations regarding the provision of third-party drug checking (i.e., guidance in this document).
 - Provide specific information on the risk of harms associated with this request, and how an assessment determined the potential harms outweighed the potential benefits.
 - Explain that the decision is final and cannot be changed.

- **Offer alternatives:**
 - Provide information on harm reduction strategies or resources that may help mitigate potential risks of harm, such as education on safer substance use practices, naloxone training, or referrals to other services.
 - If appropriate, encourage the third party to return with the owner to have the drugs checked.
 - If appropriate, encourage the third party to discuss drug checking and harm reduction approaches with the owner of the drugs.

- **Provide support:**
 - Offer to discuss additional questions or concerns, now or any time in the future.
 - Continue to validate their feelings.
 - Encourage them to share any additional information that may be relevant to their situation.

- **Document communication:**
 - Document the conversation and decision-making process per organizational standards. This ensures transparency for any future queries related to the decision, and can facilitate quality improvement by allowing organizations to identify patterns, trends, or areas for improvement related to third-party requests.

If the third party becomes angry or continues to demand drug checking services despite efforts to engage in an empathetic conversation, it is important for the technician to remain calm and maintain professional boundaries whilst prioritizing their individual safety. The technician should reiterate the decision and available supports, and if necessary, request that the third party leave the premises. Technicians should involve a supervisor or other staff member as needed for de-escalation assistance and support.

Example Conversation with a Partner

Hey, you seem panicked. What can I do for you?



My boyfriend just overdosed. He was taken to hospital. They wouldn't let me go with him. We use together, that could have been me.



I'm so sorry. Are you okay?



We just keep losing people. I'm so tired of this. It has to stop! But I got into his place and found the dope I think he used. Can you test it?



Is he cool with you getting it tested? Do you think he'd be upset that you brought it in?



I don't think so? I mean, he's gotten his stuff tested before. I think it'd be good to know if there's something sketchy in there that can explain what happened. He's never overdosed before.



Alright. We can test it, just keep it on the DL who the dope belonged to. It's a small world, and we have to keep your boyfriend's privacy, you know? We don't want his name or other info getting in the wrong hands, especially if a dealer thinks he's trying to talk smack about his dope. That could put him at risk of harm.



Yeah, OK. That makes sense. If there's something bad in there I'll keep it general. Just so people know what's going around.



OK, great. I'll run the test. Do you know what he usually uses?



Down. But sometimes whatever there is.



OK, thanks. It'll just take a few minutes for the test.



-----<after test is complete>-----

Have you thought about how you're going to tell your boyfriend about the results?



Oh, um, not really? I don't know. I was just going to tell him what you found and give him the piece of paper, I guess.

OK. A few things to keep in mind: he might be pretty shaken up. Try to approach the conversation calmly, and be upfront that you got his stuff tested out of love and concern. It's important he knows you weren't wanting to go behind his back...that you care about him and want him to be safe.



Yeah, okay. I can do that.

The test shows there are benzodiazepines in the down. We can't tell exactly how much, just that they're there.



Oh, wow. OK. Is that why he OD'd?

It's hard to say. There are many things that contribute to a drug poisoning. Like someone's tolerance, their general health. But, benzos increase the risk of drug poisoning when used with down, and they don't respond to naloxone the way opioids do. This might help explain what happened.



Damn. That's crazy.

Yeah. You can always have your drugs tested before you use, to make sure you're using what you think it is...so to check for benzos. If your boyfriend has any questions about the results, he can come in anytime to talk to us. Or, you two can come together. Do you have any questions?



OK, yeah, no, I'm tracking right now. I'll let him know and try to get him to come talk to you.

Sounds good. I hope he's okay. Let us know if there's anything else you need.



Specific Conversation Guidance

Requests from Parents, Caregivers, or Relatives of Youth

A primary aim of drug checking is to connect with PWUD, which includes youth who may be difficult to reach.⁵ While direct contact with drug checking services may promote connection to “hidden” groups of PWUD such as first-time users,⁵ to which youth likely belong, it is possible that indirect contact through a third party could encourage engagement with services. This may be especially beneficial for youth as they are not the target population of most harm reduction services, so may not know about available services, or may be afraid to approach services that are geared towards adults.

Parents or caregivers of youth may access drug checking services to test a substance they found (and suspect belongs to the youth) but have not yet discussed with the youth. Because conversations with parents and caregivers can be emotional, it’s important for technicians to be prepared to support them in navigating these situations. Talking with a parent or caregiver openly about their concerns can be a good starting point for the technician to help the third party connect meaningfully with the youth. It also provides the opportunity to share harm reduction information and resources to help support their loved one and reduce the risk of substance-related harms.

In supporting parents and caregivers, it is important to acknowledge that youth approach and experience drug use in uniquely different ways than adults. They are more likely to have lower tolerance, limited knowledge of harm reduction resources, and may be influenced by their environment—including home and parental influences as well as their peers.⁶⁻⁸ Youth may be using substances to have fun, to self-medicate physical or emotional pain, or to cope with traumatic or adverse events like bullying, abuse, or neglect. In addition, factors related to adolescent physiological development—such as a developing frontal cortex (a region of the brain responsible for impulse control and decision-making)⁸—further youth’s vulnerability to substance use harms. To provide meaningful support that is in the best interests of youth, it is essential for technicians to consider these factors together with any additional context provided by the parent or caregiver.

Key Considerations

Some technicians may find engaging with parents or caregivers who are concerned about a youth's substance use distressing. When a parent or caregiver expresses stigmatizing beliefs about substance use or is angry and blaming, it can be hard for a technician to know how best to engage with that person. Technicians may find ways to connect with the parent or caregiver while providing drug checking services by:

- Considering the parent or caregiver's intention. For example, the parent may know the youth is using drugs, but wants to know what kind so they can better understand the youth's behaviour and how to help them.
- Determining whether the youth is connected to health or social service providers, including harm reduction services and supports that the parent or caregiver could engage with to support the youth. These may be offered through schools.
- Considering whether the parent or caregiver is interested in receiving harm reduction education to better support the youth (e.g., naloxone training, safer use practices).
- Inviting the parent or caregiver to return with the youth to discuss the drug check result, or to access harm reduction information together.

Open, non-judgmental conversations are among the most important ways parents and caregivers can protect youth from harms related to substance use, as well as other stressors that may be related to substance use such as bullying at school.⁹ Technicians can encourage supportive conversations as a way for parents and caregivers to engage with youth by demonstrating non-judgmental dialogue around substance use and drug checking services with the parent or caregiver themselves.

Offering parents and caregivers a list of local resources and supports to review before talking with youth may also help guide conversations by allowing the parent or caregiver to be prepared with relevant information. Resources include:

- [Provincial mental health and substance use supports for young people](#)
- [Parent peer support](#)
- [Youth peer support](#)
- Support groups for loved ones of people who are actively using drugs, such as [Holding Hope with Moms Stop The Harm](#)
- [Parents Like Us](#) handbook
- Calling [211](#) for BC service and referral information

For more information, see the [Additional Resources](#) section.

Supportive Dialogue

After suggesting resources, and depending on the parent or caregiver's interest, technicians are encouraged to gently offer guidance around how to have a conversation with youth. This may include:

- Creating an environment where the youth is least likely to feel confronted (e.g., go for a walk together) and avoid making the entire conversation about harm reduction and drug checking.
- Acknowledging the spectrum of substance use, and that the youth may be newly experimenting in a limited capacity or using regularly for an extended period.
- Approaching the topic calmly, and explicitly stating they are asking from a place of love and genuine concern.⁹
- Asking honest, open questions about how the youth is feeling, and engaging with their responses.⁹
- Understanding that listening is just as important as asking questions.
- Reaffirming that knowledge (e.g., drug check result) is power.
- Being solution-oriented (e.g., how to use this as an opportunity to build trust).
- Explicitly stating there is no anger directed at them.
 - Explain to the third party that having conversations based in anger can contribute to hiding substance use, which is harmful: most drug poisonings occur when people use alone, wanting to hide their substance use out of fear or shame.
- Being prepared with knowledge of substances, particularly related to the drug check result, so they can be a source of trusted information (e.g., how tolerance, hydration, medications, and general health impact the effects of drugs).
 - Reliable and unbiased online resources about drugs can be found at sites like DanceSafe, Erowid, Psychonautwiki, and Tripsitme. Conducting research together using these resources may also be beneficial for relationship-building.

- Being prepared with knowledge on harm reduction information and local resources, including what supplies and services are available to youth and how to access them.
 - Toward the Heart's Site Finder provides location information on registered harm reduction supply distribution sites and witnessed consumption services (i.e., Overdose Prevention Services) across the province.

- Being prepared with knowledge of what treatment services are available and relevant to the youth's individual situation, and how to support access to them if the youth is interested.
 - Substance use services, including Foundry's in-person or virtual counseling, Directions Youth Services, and other youth resources
 - Rapid Access Addiction Clinics (e.g., St. Paul's Hospital, Island Health)
 - Bed-based treatment and withdrawal management
 - Opioid Agonist Treatment

Example Conversation with Parent of Youth



I found these in my kid's room, can you tell me what they are?

Hi. Yes, I can. Is it alright if I ask some questions first?



OK.

Okay, thanks. Does your child know you've brought these in for drug checking?



No, they're at school. I'm not sure if I'll tell them. I found them in a drawer. They'll think I was snooping, but I was just looking for some tape. I can't believe they're doing drugs. I feel completely blindsided. They're a good kid!

Have they talked about drugs or drug use with you before?



No, I had no idea. We've never needed to talk about drugs. They get good grades, have nice friends. I just can't believe it.

I can understand how you'd feel that way. It can be really scary to find drugs. Feeling shocked is a normal response. How old is your child?



Sixteen.

Have you thought about how you might approach them to talk about these drugs and the results?



No, I'm just trying to process it. I just found them this morning. I just can't believe they're using drugs, and that I didn't know. Maybe they aren't theirs? It just doesn't make any sense. It's SO dangerous, don't kids know that?!

Yes, it can be dangerous for sure. That's a valid concern. Many teenagers are curious about drugs and try them, whether or not they know about possible harms. This is an opportunity to give your child reliable information about drugs and harm reduction strategies. Is it alright if I give you some information you might find helpful when thinking about talking with your child?





Yeah, okay. Now that I'm thinking about it, they're going to be really angry I found these, even if it was by accident. But they don't get to be angry at me for this! I'm the parent. I get to be angry. I can't believe they would be so stupid.

I can understand how you would feel angry. It's OK to feel that way. You love your child and care for them, I can see that. And they may be angry with you, and that's OK as well. Your actions were out of love and concern, and you took a great step and accessed a harm reduction service for more information. What are you hoping will happen, after the drug check? In other words, why did you bring the drugs here?



To find out what they are. To find out what my kid's using. I know there's really bad stuff out there, killing people.

Okay. Thanks. May I offer you some ideas for how to talk with them about this?



OK.

It may be helpful to let them know what you just told me: that you brought the drugs in to be checked because you're concerned for their safety, and you only want to help keep them safer. Try to do this when you aren't feeling angry, so the lines of communication can stay open between you. When a parent is angry and talking about drugs, kids can feel judged or in trouble. This can make them isolate and hide drug use instead of coming to you to ask questions. We know that using drugs alone puts a person at greater risk of harm: the majority of people who die from drug poisoning are using drugs alone.



Of course I don't want them to hide it and I want them to talk to me. But I just don't get it. I don't get why they're doing it if they know that's what kills people.

They might not know. They might not have the right sources of information. That's why it's so important to have a safe parent to talk to, who can help give them reliable information.



I guess so.

There are also many reasons young people use drugs. It could be for fun with friends, or out of curiosity, or for some kids it can be because of problems at school like bullying or unwanted emotions. We can often have no idea because drug use is so stigmatized, and they feel ashamed. People drink alcohol and use cannabis – these are also drugs that people use for different reasons. But because those drugs are regulated, they're safer. People aren't as stigmatized for using them because they're socially accepted. But they can be just as harmful. We want kids to know that if they're going to use any substances, we want them to do it in a safer way. Getting drugs checked at sites like this is a great example of that. You're modeling that for them.



Yeah, I see what you're saying. That makes sense. It's easy to say these things though when it isn't your kid. It's hard when it's your kid, you know?



I understand that, for sure. How would you feel about inviting them to come with you to talk about the test and the results? We recommend that a youth is with the parent when the results are discussed.



Wait, what? You're not going to test them unless my kid is with me? I don't want to have to come back here! I have a right to know now.



I understand. You absolutely should know. And your child has the right to be present when that information is available. Bringing them back here with you could really help open the conversation and build trust. We can speak together about the great step you took to get the drugs tested, and how that helps keep them safer.



Why can't you just give me the results and I can bring them back here later if they want to come?



Drug checking results are complex to interpret. Having your child here to give information that can help interpret the results is important. Answering questions like what drugs do they expect them to be - this helps us know whether the results are unexpected or not; and what that means in terms of their safety. If it isn't what they expected, we can also offer information on how to stay safer with the drugs they were *intending* to do, or any other drugs they're curious about. Having the conversation with you there helps keep them safer as well, as we all know that we're working together, and are on the same page.



Okay. Fine. I'll come back with them.



That's great. Thank you. Would you like some ideas on how to broach the conversation with them?



Sure, that could be helpful.



As we already talked about, being calm and non-confrontational will help them feel more comfortable talking to you about this. Some people find it helps to go for a walk, somewhere they won't feel cornered. Being open, honest, and non-judgmental is the best approach.



Yeah. I can do that.



That's great. Some parents like to start by telling their child that they love them and care about them being safe. They may be angry, and that may be hard to hear, but it is valid. They need the chance to express that.



Yeah, okay...OK. This is a lot to take in. I'm not even sure I'm going to remember it all. I guess that's why it's good to come back with them? So it can be done properly.



Yes, totally. It can be really difficult to stay objective, especially when it's someone you love as much as your child. We are here to support you, and to help make sure you and your child get the right information to help them be safer.



I get that. So, what's next? When should I come back?



I'll have the results this afternoon. You can come back then, or a day and time that works best for you.



It really depends on how things go at home. I'll try for this afternoon.



OK. Here's a unique code linked to your sample results. Our hours are on the back. Whenever you're ready, come back with this slip and any one of the technicians will be able to talk with you and help guide you through this.



Thank you.



I just need a few minutes to collect the sample for testing.



A Note on Legislation

Parents and caregivers may have questions about drugs, youth, and related laws. While technicians are not expected to have content expertise in this area, it may be beneficial to have a foundational understanding to facilitate discussions with parents and caregivers.

There is no set age in BC when a youth is considered capable of giving medical consent (e.g., for drug treatment), even when under age 19. This means youth can make their own decisions if they demonstrate understanding of what is involved, offered, and the associated risks and benefits.¹⁰ Youth can also choose to keep health-related information private from their parents¹⁰ (e.g., a drug poisoning). See the [Additional Resources](#) section for more information on youth legal rights.

In BC, decriminalization of personal possession does not apply to anyone under the age of 18, meaning it remains illegal for youth to be in possession of any amount of unregulated substances. The [Good Samaritan Drug Overdose Act](#) remains in place. The [Youth Criminal Justice Act](#) is the statute that sets out the rights and procedures applicable whenever a young person (i.e., ages 12-18) is charged with a drug-related offence. If 18 or older, that person is considered an adult; and if under age 12, that person may not be prosecuted or convicted of a criminal offense in Canada.

Requests from Law Enforcement

While it is rare, law enforcement may come to a community drug checking service and request a sample be tested. Because drug checking is fundamentally built on trusting relationships with PWUD and preventing harms from substance use, it is important that drug checking services are viewed as meeting the harm reduction needs of this population. There is a very real concern that the presence of law enforcement at drug checking services may give the service user population the impression that law enforcement has access to drug checking data, that the service is monitored by local law enforcement, or that the service has formed some other kind of partnership with law enforcement. This can have a detrimental impact on service user trust, relationships, and engagement with drug checking providers.

All law enforcement in Canada have access to Health Canada's [Drug Analysis Service](#) (DAS) to have legally seized drugs analyzed. Given this, technicians should direct law enforcement requests for drug checking to DAS.

Key Considerations

When faced with law enforcement requests for drug checking, technicians should notify their supervisor and work together to determine an appropriate response.

It is recommended that drug checking programs have a process for responding to law enforcement requests. This may involve consultation with a supervisor, in which case the previously discussed SBAR framework may be helpful. In the absence of a pre-defined process, or when developing a process, the below points may help guide decision-making over whether to grant a law enforcement drug checking request.

- The extent of law enforcement protocols and procedures for handling drugs that are legitimately seized, such as [drug analysis at government labs](#). Law enforcement have dedicated channels to submit seized drug samples to that do not typically include community drug checking services.
- Whether there are existing relationships or policies with local law enforcement that support the provision of community drug checking services in specific circumstances. For example, a policy jointly created by the drug checking program and local law enforcement that stipulates under what conditions a technician may check a sample for law enforcement, and how the results are provided.
- Context surrounding the drug checking request:
 - Is it due to legal reasons, such as related to a criminal case?
 - Samples tested at community drug checking sites are unlikely to be admissible in a court of law. There is no data collected that links a sample or result to an individual, making this type of data weak evidence in a criminal case.
 - Is it related to public health, such as concentrated drug poisoning events in a local area?
 - Can consent be obtained from the individual who owns the drugs, or can that person come in to collect their results and engage in harm reduction discussions?
- The expected outcomes of having the sample tested, including:
 - Who the results will be shared with, and how.
 - The potential for the results to be used to harm someone, such as through criminalization, legal repercussions, or child apprehension.
 - Whether any harm reduction support will be made available to the owner.

- Potential perceptions from service users if law enforcement access a community drug checking service.
 - What is the local climate like, in terms of relationships between PWUD and law enforcement?
 - Could performing the drug check harm relationships with drug checking providers and service users, such as feelings of safety when accessing community drug checking services?

Technicians are **supported in their right to deny a request** if they think the principles of harm reduction may be jeopardized, or if there is risk of harm to the local service user population.

Drug checking requests from law enforcement may be an opportunity for technicians to help familiarize law enforcement with the principles of community drug checking and harm reduction services. Offering to host an off-site information session may be a way to gain law enforcement support and build mutually beneficial relationships. There may be some instances where positive relationships between harm reduction services and local law enforcement facilitate dialogue about agreements that allow service users to continue feeling safe accessing drug checking services. Examples include having local police call the drug checking service to arrange a meeting at an alternate location to collect a sample for testing, or law enforcement agreeing not to monitor service users entering and exiting the drug checking service.

Despite agreements or shared approaches between the drug checking service and local law enforcement, some law enforcement may demonstrate displeasure at being denied community drug checking service. Technicians are encouraged to discuss situations involving law enforcement with their program supervisor or Executive Director. Programs are also encouraged to plan ahead by developing a procedure that includes the process for contacting a local law enforcement supervisor, strategies to prevent or mitigate escalation of denied requests, and other processes to support technicians involved in these situations.

Example Conversation with Law Enforcement



I need you to check this.

Hey, thanks for coming in. I just need to get some background information to help guide my process. Are you checking this for yourself or someone else?



It was recovered from an overdose, from the person taken to hospital.

Okay. Does that person know you're bringing it in for drug checking?



Does it matter? We've heard this is a bad batch causing a lot of ODs. We suspect this is the drug being sold.

Okay. I understand that's concerning for others in the community. Is the owner of the drugs able to come in to get the results?



No, they're in hospital.

Because drug checking is intended to provide information to people who use drugs, we need to have the consent and involvement of the person who owns the drugs. This also means we can't get involved in providing results for criminal cases and the results can't be used as evidence. I'm sorry, but we can't test this substance at our community site.



Look, we want to know if these drugs are causing all the overdoses. This isn't for a criminal case. You need to check them.

I can't test them for you here, but you can send them to the DAS lab that handles police drug seizures. When people from the community bring their own drugs, we can test them and let them know the results. If anything is contributing to ODs, we let the health authority know and we recommend an alert, so people know what's circulating in the community.



This is important. We need this information now. DAS will take too long.

I understand you want to know about these drugs specifically, and quickly, but they should be submitted to the DAS lab for testing. It's our right to refuse service to anyone if we don't have consent from the person who owns the drugs, or if we don't think the request meets our service mandate.



You can't refuse my request.



If you'd like to talk to the director of our service, I can put you in touch.



Substance Disposal Requests

Some third parties may ask the technician to destroy the substance(s) after the drug check regardless of the result, or request that more than just the sample be destroyed—such as a baggie or what may be someone’s personal supply. In these situations, technicians are encouraged to consider the potential harms to the owner of the drugs—particularly when there is a significant amount of a drug—and objectively relay this information to the third party. Potential harms to the owner of the drugs include:

- Anger and distrust at the third party, resulting in heightened efforts to hide their substance use.
- Seeking to replace the destroyed drugs with drugs from an unknown drug supplier, or participating in activities that increase the risk of harm (e.g., infectious disease transmission, violence), such as sex work, to obtain other drugs.
- Withdrawal (e.g., benzodiazepines, opioids).

Additional Resources

Harm Reduction and Substance Use

- [CATIE](#): the Canadian AIDS Treatment Information Exchange; shares information on harm reduction, treatment, and prevention of HIV and Hepatitis C, which includes harm reduction and substance use information.
- [Toward the Heart](#): a project of the provincial Harm Reduction program that provides harm reduction training and educational resources directed at service users and the public.

For People Who Use Drugs or Want to Know More About Drugs

- [Erowid](#): provides educational and harm reduction resources about substances, substance use, and related issues.
- [HeretoHelp BC](#): a project of the BC Partners for Mental Health and Substance Use Information that provides information, skills training, and connection to key resources for individuals or their loved ones.

- [Opioids: A Survivor’s Guide](#): a handbook developed by people on Opioid Agonist Treatment in BC that offers insight and opinion on various OAT treatment options and related experiences.
- [PsychonautWiki](#): a community-driven encyclopedia that offers education and safe practice information about psychoactive substance use (and other areas of psychonautics) from an evidence-based, academic perspective.
- [Tripsit](#): provides a forum to dialogue about substances and substance use as well as harm reduction-focused guidance, support, and information based in scientific, medical, and philosophical understandings.

For Parents or Caregivers

- [From Grief to Action](#) coping kit: a provincial resource kit that focuses on issues and practical concerns experienced by parents, caregivers, or loved ones of people who use drugs, with a focus on young people.
- [Foundry](#): provides evidence-based information, tools, resources, and supports for young people.
- Foundry’s [Parents Like Us](#) handbook: created by a group of BC parents who care for young people with substance use disorder to share experiences and offer guidance and support to other parents or caregivers.
- [Legal Rights for Youth in BC](#): the Justice Education Society’s website provides a wide variety of information on how the law applies to youth, including situations involving medical care and mental health.
- Moms Stop the Harm [Holding Hope Groups](#): no-cost peer-led support groups across the province that offer connection, support, and healing to families with loved ones living with substance use disorder or addiction.
- [Parents Forever](#): a professionally supported mutual support group for parents and family members of adult children (ages 18+) who use substances.
- [Safety First: Real Drug Education for Teens](#): a harm reduction-based drug intervention curriculum intended for use in classrooms or groups of high school-aged youth that offers science-based information to empower substance use-related choices.
- The [College of Physicians and Surgeons of BC](#) provides detailed information on the Infants Act and Mature Minor Consent.

For Loved Ones of People Who Use Drugs

- Fraser Health’s [When Words Matter: How to Talk About Overdose Prevention](#): provides support to initiate and guide conversations with loved ones about substance use and drug poisoning prevention.
- Moms Stop the Harm [Healing Hearts Groups](#): a no-cost bereavement support group for those who have lost a loved one due to substance use-related harms such as drug poisoning.

Virtual Overdose (Drug Poisoning) Monitoring and Response

- [BRAVE app](#): connects people who may otherwise use drugs alone with anonymous and autonomous remote supervision and drug poisoning support.
- Canadian Association of People Who Use Drug’s [How to Spot Someone so they Never Use Alone](#): a step-by-step video guide on “spotting”.
- [Lifeguard app](#): provides people who use drugs with emergency response and support.
- [National Overdose Response Service \(NORS\)](#) (1-888-688-NORS): a peer-based virtual safer consumption hotline (phone or text) that provides confidential support and drug poisoning prevention.

For BC Service Providers

- [BCCDC Harm Reduction Services](#): the provincial Harm Reduction program that provides evidence-based information on substance use and harm reduction directed at service providers.
- First Nations Health Authority’s [Indigenous Harm Reduction](#) webpage: provides culturally safe and inclusive harm reduction information and training based in Indigenous perspectives, ways of knowing, and traditional practices.
- Interior Health’s [Youth Harm Reduction Toolkit for Service Providers](#): provides evidence-based harm reduction information, resources, and tools to support youth service providers.
- The Provincial Health Service Authority’s [Provincial Mobile Response Team](#) offers short-term psychosocial support to first responders, frontline workers, and people with lived and living experience working within the drug poisoning public health emergency. Support includes resiliency education, providing space for grief and loss, and supportive strategies to responding to ongoing traumas.

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If you would like more information about drug checking services in BC, please visit:

www.drugcheckingbc.ca

or email **drugchecking@bccsu.ubc.ca**