



BRITISH COLUMBIA
CENTRE ON
SUBSTANCE USE

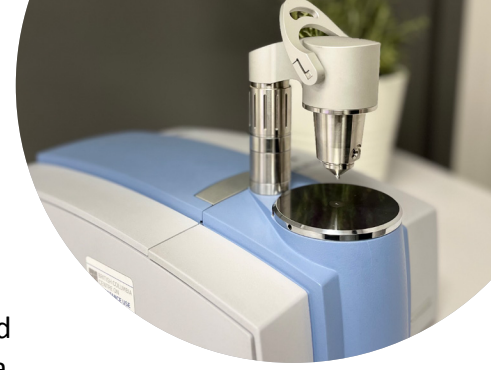
Networking researchers, educators & care providers

Drug checking service delivery series:

Collection Sites

IMPLEMENTING OUTREACH-SUPPORTED DRUG CHECKING

MAR 2025



ABOUT THE BCCSU DRUG CHECKING PROGRAM

The BC Centre on Substance Use (BCCSU) is an academic centre housed within Providence Health Care (PHC) and Providence Research, and is a University of British Columbia (UBC) Faculty of Medicine-affiliated centre focused on substance use and addiction medicine. The BCCSU is supported by the Province of BC with a mission to “provide provincial leadership in substance use and addiction research, education and clinical care guidance and to seamlessly integrate these pillars to help shape a comprehensive, connected system of treatment and care that reaches all British Columbians.”

The BCCSU Drug Checking Program supports a network of drug checking services across BC through research, education, training, and practical guidance. In partnership with people who use drugs, service users and providers, health authorities, Indigenous communities, researchers, clinicians and harm reduction experts, we collaborate to share evidence generated from drug checking services across the province, build capacity among technicians and service providers, and develop resources to support service set up and delivery. The BCCSU Drug Checking Program achieves this through **three main focus areas**:

Research and Evaluation

Leading an innovative multidisciplinary program of research, monitoring, and evaluation of drug checking programs in community settings throughout BC. This includes weekly updates to the Drug Sense Dashboard, and the development of monthly reports, data reports, and bulletins to share findings from drugs brought for drug checking at partner sites, and to provide a glimpse into the current drug supply.

Education and Training

Strengthening the drug checking community through a provincial technician certification program designed to equip drug checking technicians with the necessary knowledge, skills, and hands-on experience to deliver high-quality and consistent drug checking services. A community of practice brings together technicians across the province to share expertise and access drug checking-related resources, supporting knowledge exchange and continued professional development beyond the training program.

Provincial Operational and Best Practices Guidelines

Developing technical materials, operational guidance, and tools to assist drug checking programs in planning, implementing, and delivering drug checking services. This growing suite of resources includes introductory guidance for communities considering establishing drug checking services, operational and best practice guidance to support service delivery elements, and standard operating procedures to ensure service quality and consistent and regulatory compliance.

This document falls under the Operational Guidance focus area. Our growing collection of [drug checking guidance and standard operating procedures](#) is available on our website.

Acknowledgements

Authors

Lizzy Matzinger, MPH

Knowledge Translation & Evaluation Specialist,
Changemark Research + Evaluation

Mia Pohl

Drug Checking Program Engagement Coordinator, BCCSU

Jennifer Matthews, BA, BSW, MSc (Health Promotion)

Drug Checking Implementation Lead, BCCSU

Reviewers and Contributors

The authors gratefully acknowledge the following individuals for offering their unique input to enrich this document:

Jen Angelucci

Research Data Coordinator, BCCSU

David Byres

Training Coordinator, BCCSU

Courtney Harrop

Harm Reduction Coordinator, Tla'amin Health

Karine Lapointe

Drug Checking Technician, Get Your Drugs Tested

Warren O'Briain

Senior Policy Advisor, BCCSU

Reanne Sandford, RN, BSN

Regional Nursing Lead, Harm Reduction, Northern Health

Chris Vandenberg

Drug Checking Technician, Get Your Drugs Tested

Special Thanks

This document would not be possible without the collaborative spirit and shared wisdom of ANKORS, Northern Health, Tla'amin Health, Get Your Drugs Tested, and Vancouver Coastal Health Drug Checking. These organizations generously shared their knowledge of and expertise with outreach-supported drug checking, which was instrumental in shaping the guidance offered within this document. Thank you for your ongoing support with expanding drug checking resources and knowledge.

The authors also express sincere appreciation to the individuals and organizational partners within the drug checking community who continue to enhance the ever-evolving landscape of drug checking practices. This includes people with lived and living experience of substance use, drug checking service providers, and members of the provincial drug checking working group. The insights and observations shared are immensely valuable, and serve as a catalyst to improve drug checking and harm reduction initiatives across British Columbia.

Feedback

We love to hear from you! If you have comments, suggestions, or to request drug checking training, please contact us: drugchecking@bccsu.ubc.ca

Suggested Citation

British Columbia Centre on Substance Use (BCCSU). Drug Checking Service Delivery Models: [Outreach-supported Drug Checking 2024](#).

Publisher

British Columbia Centre on Substance Use (BCCSU)
400-1045 Howe Street, Vancouver, BC, V6Z 2A9
inquiries@bccsu.ubc.ca

Publication Date

April, 2025

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), Skwxwú7mesh (Squamish), and səlip 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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TERMS

Collection site: a physical location where a drug sample is dropped off; drug checking usually does not occur at this location.

Distributed service models: drug checking services that are spread out across a geographic region; they offer drug checking services in ways that differ from a fixed site service model.

Drug checking service(s): a program that provides drug checking for service users; it can occur across various locations and sites depending on the service delivery model.

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

Harm reduction worker: Person dedicated to reducing the negative consequences associated with drug use. Usually, a staff person or volunteer that works alongside the technician to support sample collection and delivery of drug checking results.

Outreach drug checking: activities aimed at making drug checking more convenient and accessible by meeting people in locations outside the drug checking site (e.g., supportive housing, drop-in centre) to collect samples and provide drug checking results.

Point of care: point of service where the service user is accessing drug checking (i.e., in person).

Service delivery model: method by which a certain service is provided.

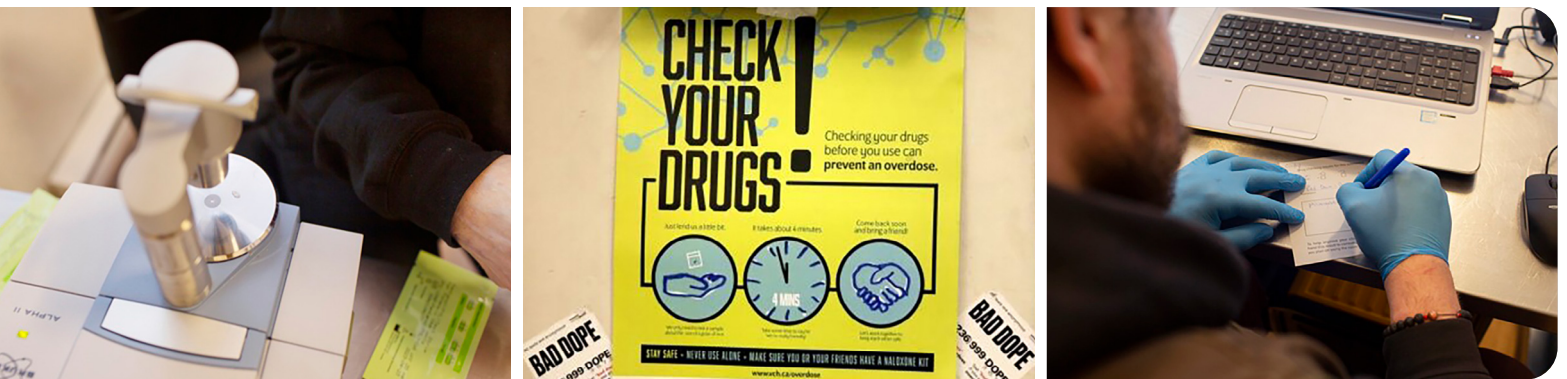
Service user(s): any person accessing drug checking services, whether for themselves or on behalf of someone else.

UPHNS: Urgent Public Health Needs Site; federal designation that provides a location a special exemption from the Controlled Drugs and Substances Act (CDSA), allowing them to legally conduct certain activities that normally would be illegal under the CDSA such as collecting, storing and transporting controlled substances for the purposes of drug checking.

INTRODUCTION

Drug checking is an evidence-based harm reduction service that offers people the opportunity to learn what's in their drugs and make informed decisions about the substances they intend to use. It also provides public health information about the unregulated drug supply. Drug checking services can test for a range of substances including opioids, stimulants, benzodiazepines, and other psychoactive drugs, as well as identify previously unknown or new ingredients and compounds.

In the past, drug checking services were mainly offered in two settings: a fixed site—where service users can drop off samples and receive a fairly immediate result (i.e., at point of care)—and events (i.e., music festivals), where people can access a temporary drug checking service. However, in response to the increasing volatility of the unregulated drug supply and rapid adoption of drug checking technologies, drug checking programs have started implementing distributed service models to better meet the needs of service users. Like distributed



healthcare, distributed drug checking models disperse drug checking services across a region so they are available in more places to more people. Distributed service delivery methods come in several forms, but they all have the same aim: to ensure drug checking is equitably available, and that services are offered in ways that meet the diverse needs of the populations who use them.

Service Components

Every service delivery model is made up of the following components. Most models will mix and match how they operate, using several approaches to collect and analyze samples and delivery results.

DRUG CHECKING Service Delivery Components

SAMPLE COLLECTION

Where samples are collected:

- at point of service
- at collection site

Who collects the samples:

- Drug checking staff
- Non drug checking staff (e.g., outreach worker at collection site)

SAMPLE ANALYSIS

Where sample analysis occurs:

- same location as sample collection
- different than sample collection

Who completes sample analysis:

- Onsite technician
- Remote technician

When does sample analysis take place

- Immediate, at point of service
- Delayed, wait time between sample collection and analysis

RESULT ACCESS

When are results available:

- Immediately, at point of service
- Delayed, wait time of 45 min - several days

Method of delivery

- Directly via technician or other trained staff
- Indirectly via text, phone, email or third party

Where are results delivered

- In-person onsite
- In-person off-site (outreach)
- Remotely

Purpose and Scope

This document is part of the *Drug Checking Service Delivery Models series*: a set of resources that describe different drug checking service delivery models and some of the key implementation considerations for each. Each document in the series is dedicated to one drug checking service delivery model, and aims to address planning, implementation, operational, and financial considerations. Community wisdom from drug checking programs implementing some of these service models is also embedded throughout each document to share practical knowledge and lessons learned.

This document is dedicated to the outreach-supported service delivery model.

THIS DOCUMENT IS INTENDED:

To offer guidance to planners, staff and managers seeking to establish new or improve existing drug checking services.

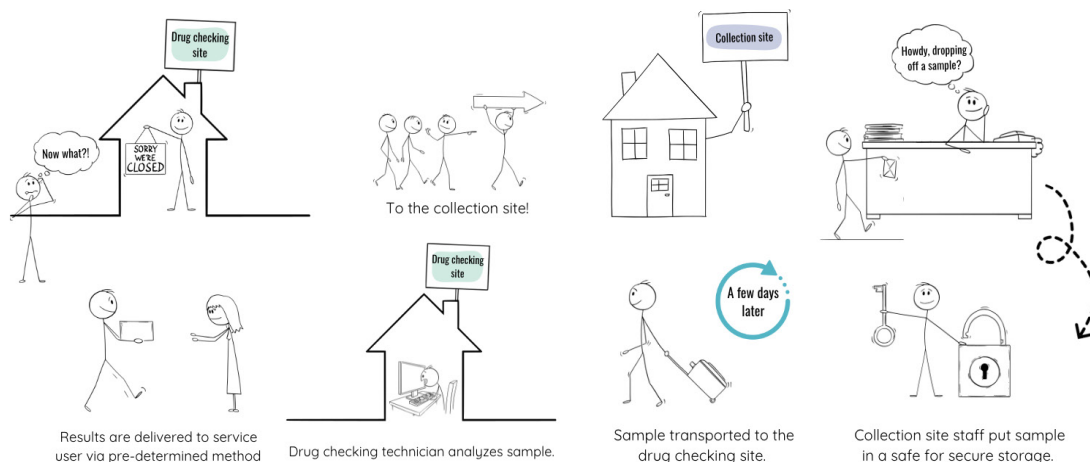
THIS DOCUMENT IS NOT INTENDED:

To replace or supersede any established organizational implementation protocols.

OUTREACH DRUG CHECKING SERVICE DELIVERY MODEL

Overview

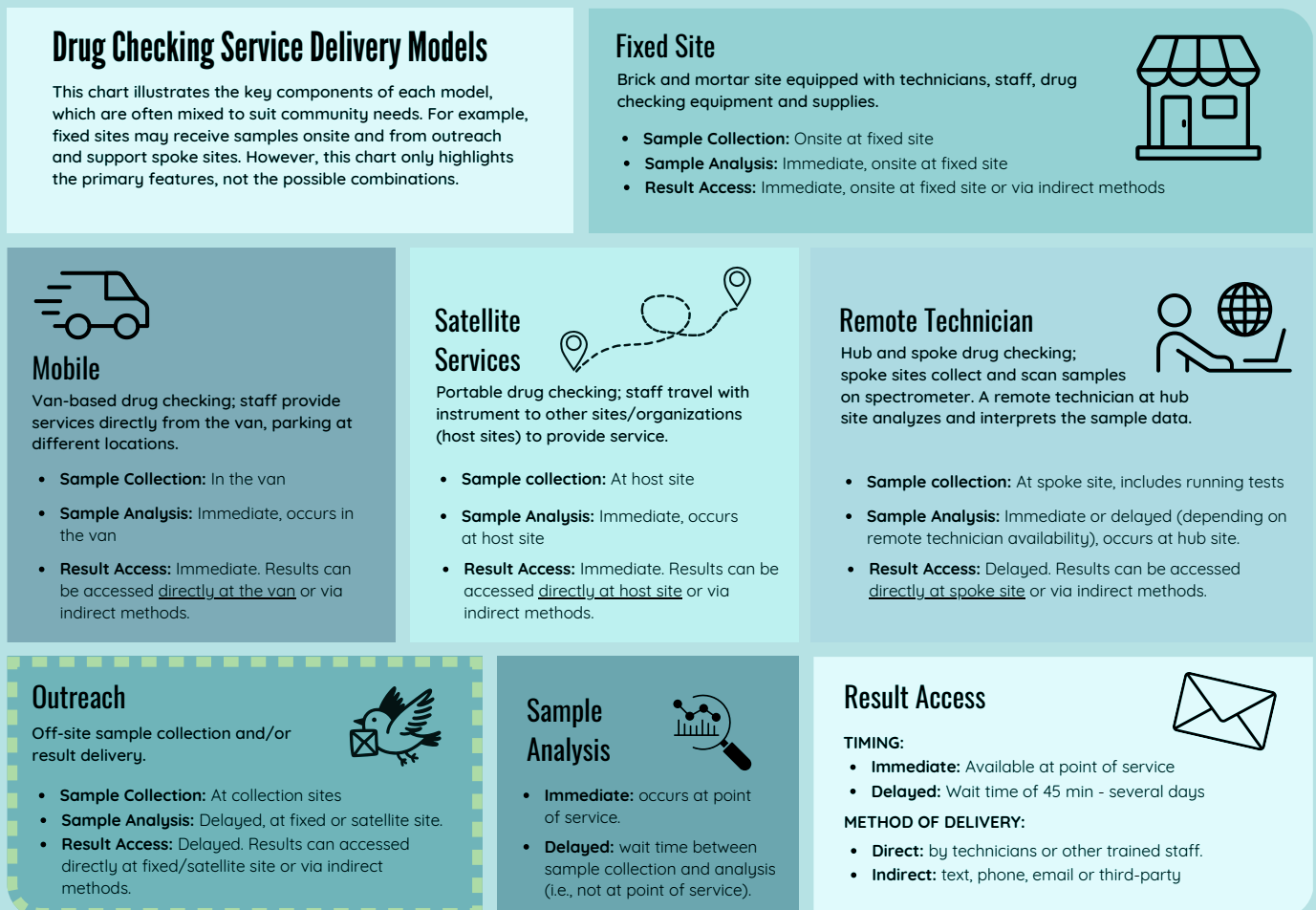
Outreach drug checking involves collecting samples at locations in the vicinity of the main drug checking site, usually within walking distance or short driving distance. Samples can be collected directly from service users by a trained service provider, such as a harm reduction worker or outreach worker, or service users may package up their sample(s) themselves and drop it off at a collection site. The collected samples are then transported to a drug checking site where a technician can conduct the analysis. Service users can access their results directly at the drug checking site, through phone, email, or an online dashboard (depending on the program’s capabilities), or via a third-party, such as an outreach worker affiliated with a collection.



Service Description

Outreach-supported services are an integral and well-established approach to reaching, engaging, and supporting people who use drugs. Outreach service models offer low-barrier ways for service users to access drug checking, by collecting samples in places where service users live, spend time, or can readily access. The samples are then either stored at a collection site or immediately transported to a drug checking site equipped with the necessary instruments and trained technicians for analysis and interpretation. This method allows service users to access the service, even if the drug checking site is not open, or a technician is not present. This can increase the program's reach and offer greater anonymity to service users, as they can access the service with minimal interaction or only with staff they have established trusting relationships with.

Figure 2. Drug checking service delivery model comparison chart.



Generally, outreach-supported drug checking occurs two ways:

1. Direct collection from service users

- Collection site staff meet with service users to collect samples at a designated collection site
- Collection site staff are responsible for completing all the necessary documentation, packaging, and storage requirements. See the BCCSU [Sample collection, storage and transportation](#) standard operating procedure.
- There may be set hours for sample collection (e.g., setting up a space within a collection site with dedicated hours for sample collection) or staff may collect samples as part of their regular duties while on-site.

2. Indirect collection from service users

- Service users pre-package their sample and complete a sample slip in advance of visiting the collection site.
- Upon arrival, service users drop-off their pre-packaged sample with collection site staff who then store it in a safe or lockbox until the transport date.



Community Wisdom

Street-Based Sample Collection

In some situations, samples may be collected from places outside the drug checking site that do not have an Urgent Public Health Needs Site (UPHNS) exemption, such as encampments, alleys, or personal residences. It is important to understand that individuals collecting samples from these locations are not covered under the provincial designation and therefore function as third-party service users. While the amounts collected for drug checking are typically negligible (5-10mg) and likely fall below 2.5 grams, it is crucial to be aware of the legal risks associated with collecting samples outside of designated collection sites.

Check with your local Health Authority's harm reduction program for the most up-to-date list of designated collection sites in your area.

With outreach models of drug checking, samples may be transported from the collection site to the drug checking site at scheduled times or as needed when notified by the collection site. Usually, transportation is done by the drug checking site, however it can also be done by collection site staff with the appropriate training to transport samples. Samples may also be transported by bonded courier services. Refer to BCCSU [Sample collection, storage and transportation](#) standard operating procedure. Refer to [Appendix B: Outreach Staffing Roles](#) for more information.

All samples are analyzed at the drug checking site where the testing equipment is located, and results are available via the method noted on the sample collection form or sample slip (e.g., phone, email, text, third-party, or an online platform).



Community Wisdom

Indirect Sample Collection

Indirect sample collection works well for service users who prefer a more discreet or anonymous way to drop off samples. However, this method

requires service users to complete a sample slip and package the sample themselves in advance. This may pose challenging for some service users. Consider the needs and abilities of the target population before offering this method to ensure its accessible and effective.

Integrating Sample Collection into Other Service Settings

Outreach-supported models aim to make sample collection more convenient and accessible, which can help to engage communities facing barriers to drug checking, such as time constraints, stigma, and/or service location. By meeting people where they are, these models lower the barriers to service access and act as an entry point for those who might not otherwise use drug checking services. This is particularly useful for engaging harder-to-reach populations such as youth, racialized, or gender-diverse communities that may not feel safe or welcome in all harm reduction service settings.¹ Integrating sample collection into other services allows drug checking programs to leverage existing relationships and the local knowledge of staff at collection sites, increasing the reach and uptake of drug checking.^{2,3} It also offers greater opportunities to build trust and

rapport with service users, which can promote harm reduction information-sharing opportunities. Outreach may also be helpful in small communities where anonymity is difficult to maintain while accessing drug checking services.

Additionally, some drug checking programs may find it challenging to balance the demands of client-facing services with conducting drug checks, especially when handling a high volume of samples and managing people waiting for the services. In these situations, partnering with collection sites can work well. Without needing to interact directly with service users or handle the sample collection procedures, technicians can focus on the drug checking analysis. For instance, a technician who encounters a more complicated sample can conduct a deeper analysis or confer with other technicians. This in turn can help support a speedier workflow compared to an in-person approach.

Outreach Service User Audience

Outreach-supported drug checking will likely work well for service users who:

- are in nearby communities that are geographically distanced from the drug checking site
- have difficulty getting to and from the drug checking site (e.g., mobility challenges, employment-related or other time constraints, limited public transit options)
- are underhoused.
- prefer to access drug checking in specialized service settings that cater to specific needs or populations (e.g., supportive housing, youth only drop-in spaces etc.).
- prefer to maintain a higher level of anonymity accessing drug checking services



Collection Site Attributes

A range of organizations can host collection sites. These locations must be appealing to, or able to connect with, potential service users, and need to be accessible to the target population.

Necessary organizational attributes:

- ✓ A secure room that can be locked to store a lockbox (or similar) or has a safe for samples, with access restricted to authorized personnel only.
- ✓ Staff to collect and store drug checking samples according to safety protocols and ensure they have the bandwidth within their roles to manage these tasks.
- ✓ A staff 'champion' delegated as the point person to coordinate with drug checking staff and oversee the collection site's responsibilities for collecting, storing and/or transporting samples.

Ideal organizational attributes:

- ✓ Regularly connects with or provides services to the local population of people who use drugs (e.g., supportive housing, resource centre, shelter, overdose prevention site).
- ✓ Offers services to the public (i.e., permits public access to the site).
- ✓ Offers services to specific populations such as women-only facilities or youth drop-in centres.
- ✓ Can offer some privacy from other programs to promote service user confidentiality.
- ✓ Flexible or extended hours of operation
- ✓ Peer-run organization

Selecting Collection Sites

Careful consideration needs to be given to the target population(s) that outreach-supported drug checking primarily intends to reach, and what kind of places would be most accessible to them. For example, if outreach-supported services aim to reach people who are transiently housed, implementing collection sites in shelters or drop-in centres might be ideal. On the other hand, if the aim is to reach more hidden populations of people who use drugs, such as recreational users, students, or working professionals, public health units or post-secondary schools might be more effective collection site locations.

Consider:

- **The positionality of the site:**
 - How do potential service users view the site? This can help indicate the potential appeal and engagement in the service.
 - How closely does the site work with people who use drugs and potential service users. How might these relationships affect service engagement?
 - Does the site support harm reduction? How might this impact service engagement?
- **Accessibility of the site:**
 - How accessible is the site in terms of physical accessibility and safety, including its location, discreetness, and proximity to nearby services?
 - How does the site ensure cultural inclusion and safety for all service users?
- **The site's physical space:**
 - Is there space to accommodate sample collection including a secure room, lockbox, staff, service user, and privacy?

REMINDER: In BC, any site that is collecting drug checking samples must be designated as an [Urgent Public Health Needs Site \(UPHNS\)](#) with an accompanying letter from their regional health authority. See the [legal and regulatory considerations](#) section for more information.

PLANNING CONSIDERATIONS

Legal and Regulatory Considerations

In order to collect, store, and transport controlled substances for the purpose of drug checking, every site that is involved in drug checking, including all collection sites, are required to have provincial designation as an [Urgent Public Health Needs Site \(UPHNS\)](#). This [exemption to Section 56](#) of the *Controlled Drugs and Substances Act* allows provincial governments to permit transportation and possession of unregulated substances for scientific purposes such as drug checking.

In BC, the drug checking service should contact their regional health authority representative to ensure all collection sites have an exemption. Each BC Health Authority has an existing process for providing sites with a UPHNS designation. Information is available via each Health Authority's harm reduction program. This includes provincial standards for sample collection, storage, and transport as well as regional standards associated with drug checking and safe work procedures.

Community Engagement and Partnerships

Strong community partnerships (especially peers and peer organizations) are crucial for successful engagement of potential collection sites. This will also help determine if outreach-supported drug checking is the most suitable service delivery model and can help identify:

- suitable locations for collection sites,
- anticipated service demand and uptake,
- characteristics and needs of the target population,
- local harm reduction culture and related perspectives, and
- dynamics between and within stakeholder groups.

How to Engage Potential Collection Sites

Each community is unique and therefore will require a tailored approach to engaging organizations to serve as collection sites. How you engage each group will also depend on their role(s) within the community, and how they will be involved in outreach-supported drug checking. Engagement plans are a useful tool to outline:

- Who you will engage (e.g., organizations to host collection sites, local champions, peer support workers, drug user advocacy group)

- The objective of engaging each group (e.g., what you hope they will bring to the table, how their input will be used/applied)
- The level of involvement for each group or person (see [IAP2 spectrum of engagement](#))
- How you will engage them (e.g., meetings, focus group, suggestion box)

For more information, see the [BCCSU Drug Checking Implementation Guide and engagement plan template](#).

Engagement Tips

- **Use existing networks.** Build on existing networks of people who support harm reduction and substance use in the community to facilitate discussions about supporting outreach drug checking and hosting collection sites.
- **Know the local community.** Decisions should reflect the unique needs and realities of service users in the community. This ensures the service is tailored to the people who will be using it. For example, identifying where direct sample collection vs. indirect sample collection would work best and for who.
- **Make decisions together.** Include diverse voices and perspectives from the potential collection sites when making decisions. This includes collection site staff and potential service users.
- **Anticipate potential challenges.** It's important to prepare for potential resistance that might arise from implementing collection sites, particularly in areas with limited drug checking or harm reduction services. Organizations aiming to serve as collection sites may be able to anticipate community responses to the service, which can facilitate early opportunities for hosting community meetings and education sessions to dispel misinformation (e.g., theft of samples) and help identify potential concerns that may require time to adjust and resolve challenges as they arise. This process of ironing out operational and community challenges is expected during the early stages of the program.



Partnership Agreements with Collection Sites

Once an organization has agreed to be a collection site, it is recommended that the drug checking program and collection site create and sign a memorandum of understanding (MOU) that outlines the expectations and roles and responsibilities of each organization as they relate to delivering outreach-supported drug checking. This is an important tool to establish clear partnership guidelines, foster trust, and promote the success of the drug checking service. The agreement should clarify fiscal responsibilities and in-kind resources provided to ensure any costs associated with the service are accounted for and agreed upon. If a regional health authority is supporting the drug checking service and providing designations to collection sites, a designate from the health authority should also be included in the agreement to ensure that their role is defined, and communication is clear between all parties.

It is recommended that regular check-ins, such as monthly meetings, be built into the MOU to provide opportunities for ongoing communication and feedback that allow for partnership or service delivery adjustments, or to efficiently address any service delivery concerns. Consult your organization's leadership and/or local health authority to determine if existing MOU templates are available. Key areas to cover in an MOU for outreach drug checking services are outlined in [Appendix A – Partnership Agreement Considerations](#)

STAFFING

Staffing for outreach-supported drug checking service models involves staff from both the drug checking services and the collection site. The staffing model for an outreach-supported service will vary based on the level of involvement of the collection site, approaches used for sample collection (i.e., direct or indirect), and local demand for the service.

Drug checking services with an outreach component involve most or all of the following roles:

- **A trained drug checking technician:** to analyze samples collected from collection sites and interpret and share results. The technician will work out of a fixed or satellite drug checking site.
- **Staff to transport samples:** to pick up samples at the collection site and transport them to the drug checking site. This may be done by a technician, another outreach worker or by a collection site staff member.
- **Collection site staff:** to intake samples from service users and provide education about the drug checking service. This includes completing the required documentation, packaging, and storage of samples. They may also support transportation of samples to the drug checking site and facilitate sharing results back to service users. This role is generally performed by a harm reduction worker, or peer support worker from the collection site or drug checking program.
- **Program leadership:** to provide program-level administrative support to collection sites. This includes facilitating ongoing training for collection sites, adherence to the terms in the MOUs and adapting service delivery and operations as needed.



Community Wisdom

Technicians Performing Outreach

In some programs, the technician will be the person to collect samples from service users at the collection site, and return results after the sample has been analysed at the drug checking site.

This approach ensures direct communication between the technicians and the service user, allowing for immediate discussions about the results. However, it also involves additional steps, such as travelling to and from the collection site and locating service users, which can be time-consuming. Whenever a technician is going to collect samples, it is recommended that they go as a team with an experienced outreach worker or harm reduction worker who knows the community. This pairing is important for both safety and relationship building.

Staff Training

Since both drug checking and collection site staff are all involved in outreach drug checking to varying degrees, they will all require different levels of training based on their specific roles in service provision.

Collection Site Training

Staff at the collection site such as program staff, front desk staff, leadership, and administrative staff may support outreach drug checking by promoting the service, responding to service user questions, or directly handling sample collection. In some cases, they may also facilitate delivering results back to service users. Therefore, they need to be familiar with what drug checking is and how the service operates. This is crucial because potential service users may lose interest in drug checking if the collection site staff cannot answer their questions or give accurate information about the service.



Community Wisdom

Collection Site Training

In some cases, collection sites may not be familiar with harm reduction or substance use and may benefit from additional training on:

- Principles and core values of harm reduction
- Harm reduction supplies
- Safer substance use practices
- Creating safer spaces for PWUD
- Drug poisoning recognition and response

The following resources offer comprehensive guidance and practical tools to support the above training items:

- [Toward the Heart](#)
- [CATIE Harm Reduction Toolkit](#)
- [Drug Education and Resource Project – Chapter 1](#)

Additionally, all staff directly involved in sample collection must be trained on safe drug handling and controls to mitigate drug exposure and contamination risks. They will also need to receive training on how to properly prepare, package and store samples. See [BCCSU Sample Collection, Storage, and Transportation standard operating procedure](#).



Community Wisdom

Outreach Training

Trainings related to community engagement, situational awareness, and personal safety should be delivered by experienced outreach workers or peer support workers who are well-versed in a community or

have experience working within it. This ensures they have established relationships, and a good sense of the local context and neighbourhood to support effective and safe outreach efforts.

Training for Drug Checking Staff

Ensuring drug checking program staff have adequate training is crucial to support capacity building and program sustainability. The BCCSU offers a comprehensive [training program](#) to support individuals intending to work as a drug checking technician at BCCSU-partnered sites.

In addition to the core drug checking training, drug checking staff supporting collection sites will need training on mitigating drug contamination and exposure risks in these settings including safe drug handling, cleaning procedures, disposal procedures and exposure response protocols for collection sites. They should also be familiar with proper sample packaging, storage, and transportation procedures.

Drug checking staff directly involved in collecting samples or delivering results off-site should receive additional training on outreach protocols and skills such as community engagement, situational awareness, personal safety, crisis intervention and de-escalation, and legal and ethical considerations.

See [Appendix C](#) for a list of drug checking staff training items.

FINANCIAL CONSIDERATIONS

There are two categories of costs for outreach-supported service delivery: direct costs and indirect costs. Direct costs include the necessary parts required to operate the collection site such as equipment, supplies, vehicle mileage and maintenance, and labour. Indirect costs are associated with activities such as stakeholder engagement, data management, reporting systems, knowledge translation, and evaluation.

Direct Service Costs

Equipment and Supplies

Equipment expenses for outreach-supported drug checking are largely related to the collection, storage, and transportation of samples. All collection sites will require a lockbox (or similar) to securely store samples and a secure room within the collection site building to store the lockbox.

Programs will also need a portable lockbox or case to transport samples from the collection site to the drug checking site.

Staff who will be handling samples require Personal Protective Equipment (PPE), such as gloves and masks. Zipper-seal plastic baggies or centrifuge tubes, labels, letter-size envelopes, and Manila envelopes will be needed for sample packaging. Depending on the services provided by the collection site, drug checking programs may also need to provide harm reduction supplies to the collection site. In BC, sites registered with BCCDC can access these supplies for free. For a comprehensive list of supplies see the [BCCDC – Access Supplies list](#).

For more information on required equipment, see [Appendix D – Outreach Drug Checking Equipment and Supplies](#)

Staffing

Staffing costs associated with operating outreach-supported drug checking will depend on the staffing model, number of collection sites, and partnership agreements. For example, staffing costs will differ if the collection site has their own harm reduction worker handling sample collection, storage, and transport as opposed to the drug checking program using their own dedicated staff. Staffing costs will also vary depending on whether the leadership position already exists within the drug checking program, or if a new position is required to oversee all collection sites.

With this in mind, program planner will need to consider costs associated with a mix of staff that includes some combination of the following roles: volunteers, harm reduction workers, technicians, and leadership. When consulting or employing peers, BCCDC frameworks on equitable compensation for [community-based work](#) and [short-term engagements](#) should be referenced.

Mileage + Vehicle Maintenance

Outreach-supported service delivery may require travel if the collection site(s) operate across a large geographic area. Most programs handling transportation of samples from collection sites to the drug checking site allow staff to use their own vehicle, providing a mileage allowance and pay for travel time to and from collection sites. The cost of any additional insurance required for transporting samples and staff using their vehicles for work purposes may also be required. Additional costs for vehicle maintenance, such as winter tires and regular servicing, should also be considered.

Other

Administrative costs related to accounting, human resources, organizational auditing and reporting must be considered. A budget for any extra phone, computer and printing costs is also required. Printing required forms and resources will be necessary for: sample collection forms or sample drop off slips, chain of custody forms, UPHNS designation letters, educational materials, and training guides.

Indirect Service Costs

Staff Training

Collection site staff, regardless of their level of involvement in drug checking service delivery, will require training, especially if they are directly involved in sample collection or transport. The [BCCSU Drug Checking Introductory course](#) covers most of the information required such as general spectrometer operations, and safe sample handling and storage. However, it is recommended that the drug checking program provide some additional hands-on training to help familiarize collection sites with their role and safety protocols sample collection, storage, and transport. Additionally, if the collection site is not familiar with harm reduction services, harm reduction training for that program's staff may also be necessary. This may require travel costs to visit and train the collection site(s) on a semi-regular basis (to account for staff turnover).

Drug checking staff will also require training on outreach drug checking service delivery including sample transportation protocols, safety procedures, and information about each of the collection sites.

Service Promotion

Outreach drug checking services are encouraged to develop a communications plan before implementing collection sites. This may include a social media strategy or creating knowledge products that promote the collection site (e.g., posters, FAQs) and/or to recruit other locations. This plan should also include strategies for communicating potential future changes to collection site service schedules or expansions to other locations.

Community and Stakeholder Engagement

Whether through in-person or virtual meetings, community engagement may involve discussions with prospective collection sites, organizational partners, Indigenous partners, networks of people who use drugs, public health professionals, law enforcement personnel, or local government officials. These sessions may require supplies, food and beverages, printing, stipends for participants, or culturally appropriate gifts.

Knowledge Mobilization

Development of knowledge products and dissemination strategies to share information generated from outreach-supported drug checking are the basis of these costs. These may include a website, weekly/monthly reports or social media strategies to distribute information related to the service such as number of samples checked, types of samples, or community reporting.

Evaluation

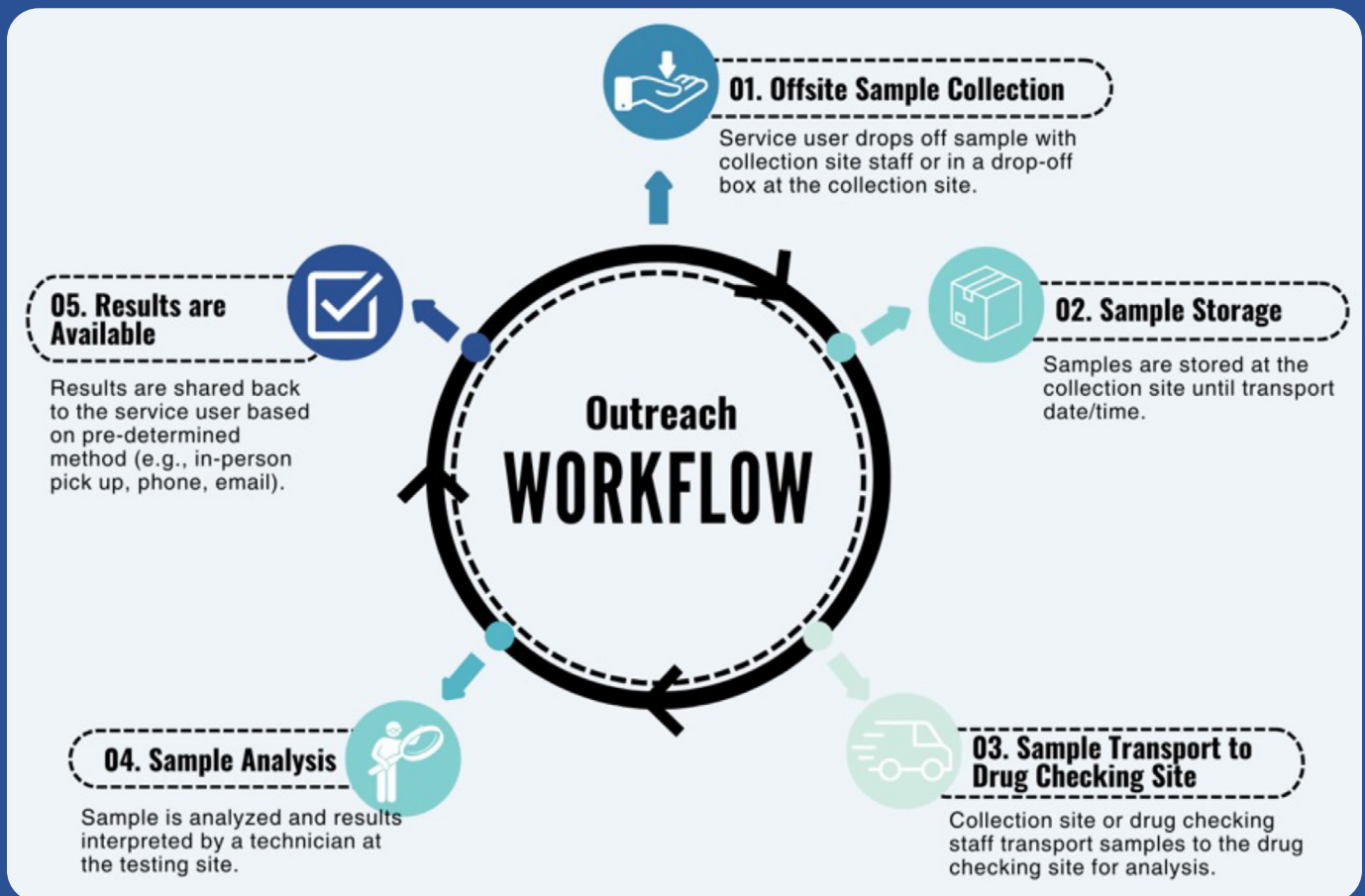
A smaller in-house evaluation of outreach-supported drug checking services may be helpful to support ongoing service delivery or when considering expanding collection site and/or drop box locations. This may involve tracking and reporting on key performance indicators that reflect the reach and impact of the service such as number of samples collected, service user demographics, or general categories of samples being analyzed (e.g., down/opioids, stimulants, benzos etc.). Impact can be assessed by changes in knowledge or behaviour. They are also a good tool to identify areas for service improvement. See the [Program Evaluation Guidance and Considerations](#) document.

The cost of the evaluation will vary by the scope of it and whether it uses informal or systematic approaches. Some organizations may choose to conduct the evaluation in-house, while others may prefer to partner with a research institute or hire a third-party evaluation group to conduct a more comprehensive assessment. If partnering with an outside organization, it is advised to establish a financial agreement, especially if services are being provided in-kind.

OPERATIONAL CONSIDERATIONS

Workflow

Figure 3. Example Outreach Drug Checking Workflow



Off-Site Sample Collection

The B.C. Distributed Drug Checking Chain of Custody Log, provided by the B.C. Ministry of Health, must be used to track each sample from the time it is collected until it is destroyed.

There are two ways that samples can be collected in the outreach service delivery model: direct sample collection through staff or drop-off.

Samples collected directly

Staff collect samples directly from service users at the collection sites. Staff may set up a space within the collection site with dedicated hours for sample collection or they may collect samples as part of their regular duties in-situ. Regardless, all samples must be packaged according to the provincial standards. See BCCSU [Sample collection, storage and transportation](#) standard operating procedure.

All staff that will be handling samples must complete safety training on reducing exposure and contamination risks in drug checking. This includes proper handling; cleaning procedures for equipment, supplies, and surfaces; use of PPE, safe disposal and responding to exposure. The drug checking service provider is responsible for ensuring that collection sites have the necessary safety training to handle, collect, and store samples.

Staff need to be mindful of their surroundings while collecting samples to protect both the service user's confidentiality and to maintain their own safety. See the [Safety Considerations](#) section for more information.



Community Wisdom

Where to Collect Samples

Ensuring service user confidentiality is essential for successful drug checking services. Special care is required to protect the privacy and confidentiality of individuals accessing co-located services. Within collection sites, samples must be collected in locations that are low threshold and discreet to offer privacy and anonymity for the service user. These locations should safeguard service users' privacy and confidentiality from other service users as well as from collection site staff yet maintain staff safety.

Consider:

- **Easily accessible areas:** Choose areas within the collection site that are easy for the service user to access and do not require navigating through restricted or intimidating spaces (e.g., multipurpose room).
- **Public and private:** Meet in public spaces that allow for private interactions out of earshot yet within a visible range of other staff
- **Discreet locations:** Select areas that are not easily identifiable as sample collection sites (e.g., use neutral signage)



New to Sample Collection

Generating buy-in for sample collection can take time. There are several considerations that programs and providers should keep in mind for staff at new collection sites:

- Always identify yourself and the program you represent when approaching a potential service user.
- Take time to become part of the community and respect that building trust takes time. Potential service users may not immediately be comfortable talking about drugs or drug checking, especially in a public or exposed setting that may make them feel vulnerable.
- Be mindful of approach timing and not interrupting “business transactions”. This can compromise service user trust and generally is an ineffective time to engage with someone.
- Take cues from the potential service user and those around them: if they don’t want to stop and talk or appear to be in a rush, don’t push them to interact. Let them know the offered service and when you’ll return.
- Be cautious when discussing personal information when others are around.
- Make genuine attempts to establish rapport. This includes joking or engaging in casual conversation. Consider the different norms and expectations for street-level interactions as opposed to more formal settings. This includes being open to developing a laid-back relationship whilst keeping service delivery as the priority.
- Incorporate drug checking and harm reduction messaging into casual conversation in a way that takes cues from the service user and doesn’t appear forced.



Sample drop-off

Service users prepare and package their sample themselves in advance and drop it off with staff at the collection site for storage and transport. This allows service users to drop off samples with minimal staff interaction. To support this, the drug checking program and collection site should include sample drop-off instructions with printable sample slips on their websites and have printed copies that people can pick up in-person. [Get Your Drugs Tested](#) is a great example of a service that uses mail-in as outreach.

Collection site staff are responsible for completing the chain of custody forms and ensuring samples are stored safely. This includes assigning a 15-digit chain of custody number to each pre-packaged sample they receive and storing them in a lockbox or safe in a secure office. See [Sample Collection, Storage, and Transportation standard operating procedure](#) for detailed instructions.

Note, all samples that are collected and/or transported to another site for testing cannot be returned to the service user. This policy avoids mistakes in returning samples to the wrong service user and addresses the logistical difficulties associated with storing and returning samples.

Sample Storage

Once packaged, all samples must be stored in a safe or lockbox with restricted access, along with the UPHNS Designation letter and Chain of Custody forms. Each individually packaged sample must be placed into a larger Manila envelope (or similar 9" x 12") with the other samples collected that day. A maximum of 10 individually packaged samples can be placed into a single Manila envelope. Each Manila envelope must then be labelled with:

- the date of packing,
- receiving site location (i.e., “the drug checking site”),
- sending site location (i.e., “the collection site”),
- and the number of samples packaged within (up to 10)⁴

To ensure timely results, it is best to transport samples to the drug checking site within a week of receiving them.

Transporting Samples to the Drug Checking Site

The transportation schedule will vary based on the collection site and terms of the partnership agreement. Where possible, it is recommended that samples are transported on consistent days and times. This will help set service users' expectations around turnaround time for results and promote service uptake.

Samples can only be transported by staff from the collection site or drug checking program who have received training on transporting controlled substances. Samples may also be transported by a bonded courier service. All transported samples must be accompanied by a copy of the UPHNS designation letter and Chain of Custody forms for each Manila envelope. See [Sample Collection, Storage, and Transportation standard operating procedure](#) for detailed sample transportation instructions.

Transporting controlled substances may introduce the risk of targeted theft or criminalization, despite the fact that the amount of drugs being transported is quite small. Therefore, programs need to develop clear travel safety protocols to support staff transporting samples such as minimum number of staff (i.e., pairs), establishing travel routes, and strategies to maintain discretion and staff safety. See the [section on safety](#) for more information.

Sample Analysis

Sample analysis occurs at a testing site by a technician trained to operate the drug checking instrument(s) and complete results interpretation. Once sample analysis is complete, and the sample has been destroyed, a digital (photo, PDF, or digital log) or hard copy of the corresponding Chain of Custody Log must be sent to the regional health authority for record keeping and kept for the entire period that the designation is valid.⁴



Delivering Drug Checking Results

Since there is a delay between sample collection and result access, it is very important that the method by which service users would like to receive their results is clearly indicated on the sample collection form or self-completed sample slip.

There are several ways that results can be delivered:

- **In-person:** Service users go to the drug checking site directly to pick-up their results.
- **In-person at a later time/date:** Service users return another time or day to get their results.
- **Remotely:** Results can be communicated via phone call, text, email or an online platform (if available).
- **Via a designated third party:** The service user can appoint another person to receive the results on their behalf such as a staff member from the collection site. This individual must be indicated on the sample collection form.
- **Outreach:** The technician travels off-site to deliver the result slip directly to the service user. This allows the technician to directly discuss the results with them. In some cases, a non-technician service provider at the drug checking site can deliver the drug checking results. However, this requires the non-technician service provider to receive training on how to communicate results in a way that acknowledges the technology limitations and to appropriately convey the technician's interpretation.

A note on linking results to the service user

Since sample collection takes place at a different time and place from analysis, a system needs to be developed to link the results back to the service user. Some sites collect personal information such as a phone number or email to deliver the results to the service user. In these cases, drug checking service providers should clearly outline the policies and procedures around how they will manage, store, and destroy this personal identifying information after delivering results.

When service users indicate they want to pick up their results in-person at the drug checking site or appoint another person (third party) to receive the results on their behalf, it is important to keep the service user's identity confidential. One way to do this is by having the service user create a code name at sample collection that is associated with their sample and results. The technician can then put the results in a sealed envelope with the code name on it that the service user or designated third party can pick up on their behalf. For more information on managing service user's personal data and confidentiality, see the [Data Collection and Privacy](#) section and the BCCSU [Managing Privacy and Personal Information](#) standard operating procedure.

Managing confidentiality and safety during result delivery

When delivering drug checking results, maintaining confidentiality, safety, and discretion is crucial to protect both service users and the person delivering the results. People may react in various ways to drug checking results, especially if the results do not meet their expectations. This can lead to anger, violence, or skepticism about the service, with concerns that the results may be skewed in favor of some service users over others. To ensure safe and discreet delivery of results to service users off-site:

- Ideally, results are delivered in pairs. If pairs are not feasible, develop a safety plan for working alone.
- Choose meeting locations that avoid drawing attention or creating the impression of favoritism.
- Ask the service user to speak privately. If they prefer to remain in a public place, ensure they can still receive results quietly and discreetly.
- Hand the service user the result slip first, then ask them if they have any questions.
- Keep interactions brief and professional to minimize the risk of being associated with specific service users or perceived biases. If longer discussions are necessary, invite them to meet you at the collection site or drug checking site where you can speak in private.



Community Wisdom

Be Mindful of Reputations and Affiliations

When delivering drug checking results to service users via outreach, it is essential to be aware of potential privacy and visibility concerns that could pose risks to both service users and technicians. People selling or sharing drugs may perceive the delivery of drug checking results to service users as a sign that their customers lack confidence in their product. Additionally, if technicians deliver results indicating the presence of dangerous or unexpected adulterants, it could jeopardize a service user's batch and potential business, leading to anger or violence. Furthermore, community members might perceive affiliations between technicians and certain service users, believing that technicians are biased or skewing results in favor of specific individuals. This emphasizes the importance of offering discretion and privacy when delivering drug checking results and exercising caution during outreach.

Additional Logistics

Safety

To ensure staff safety, both the collection site and drug checking program need to develop safety plans and protocols for all outreach-related activities including drug handling and transport. This will ensure that staff are well equipped to respond to potential situations such as contamination or exposure incidents, theft, sample loss, or altercations with service users. Safety plans should be regularly reviewed and updated, and should include:

Drug Handling

- Clearly define who can collect samples and where within the collection site they can be collected.
- Provide training and protocols on safe handling procedures to reduce exposure and contamination risks. This includes understanding potential exposure routes and consequences, using PPE, and following cleaning and disposal procedures. Training must conform to the safety requirements outlined in the [Reducing Exposure and Contamination Risks](#) operational guidance document.
- Provide training and protocols for managing accidental drug exposures and spills at collection sites.
- Specify safety equipment and supplies requirements for drug handling.

Community Safety and Outreach

- Establish a minimum number of staff required to conduct sample collection, transportation, and/or result delivery (minimum 2 people from the collection site and/or drug checking program).
- Develop communication plans to ensure staff are aware of the locations and schedules of those transporting samples (e.g., smartphone locator signals, anticipated daily schedules) and have an emergency contact plan in place for those in the field.
- Provide travel safety plans covering risks related to travel such as accidents, vehicle breakdowns, or weather events that prevent travel to and from the collection site safely. If your organization has an existing policy for work travel, it may be adapted for outreach drug checking.
- Specify safe transportation equipment requirements (e.g., portable lockbox, cellphone)

- Provide guidance on safe outreach practices, such as mapping travel routes in advance, identifying “no-go” zones, and establishing code words to signal safety threats.
- Include strategies to maintain discretion, such as by traveling in unmarked vehicles and clothing, varying routes and timing to avoid predictable patterns⁵,
- Provide training on situational awareness and de-escalation techniques to handle potential conflicts or dangerous situations at collection sites or during transport.
- Clearly articulate local laws and policies related to drug checking and possession.

Emergency Response

- Ensure collection site and drug checking staff are trained in naloxone administration; recognizing drug poisoning events; and, providing trauma-informed de-escalation techniques to manage conflicts or challenging situations.⁶
- Establish protocols for responding to theft or lost samples.

Sample Transport Schedule

A consistent sample transportation schedule helps build trust in the service and promote uptake. Many factors can impact the turnaround time for results including the volume of samples received, staff illness or vacation, and special events (e.g., festivals). Drug checking sites are strongly encouraged to maintain regular and frequent communication with collection sites around any potential or impending changes to transport schedules or factors that could impact result turnaround time. This includes communicating about special events like festivals that may impact the service delivery.

Additionally, these service changes or updates need to be communicated to service users, such as through flyers or notifications on social media. Ensure collection sites are prepared with the information needed to convey these messages to service users.

Sample Destruction

In keeping with the provincial standards for distributed drug checking, any residual substance left behind that is not being transported for confirmatory testing or further analysis must be destroyed. While services that are delivered directly to service users may be able to return the sample, all samples that are collected and/or transported to another site for testing will be destroyed. This policy prevents errors in returning the wrong sample to someone and addressed the logistical challenges of storing and returning samples. See the [BCCSU Sample Disposal](#) standard operating procedure or regional procedures for more details.

PROMOTING OUTREACH DRUG CHECKING

Since outreach drug checking relies heavily on collection sites, it's important to implement effective communication strategies to ensure a consistent understanding of the service including schedule, locations, and any changes or updates. Consider:

- Collaborate with partner organizations. Work with collection sites and other community partners to identify effective communication channels and develop promotional materials.
- Posters and flyers in public spaces. Create posters and flyers with maps illustrating local collection sites and place them in high traffic public spaces such as libraries, community centers, clinics, and coffee shops.
- Develop promotional products for outreach workers. Create wallet or pocket-size cards with key information about the service components, such as collection site location(s) and hours (if applicable), typical turnaround time for sample results, and information about drug checking that can be easily distributed by outreach workers or peer support workers during outreach activities.
- Lean on word-of-mouth. Collaborate with local organizations, especially those with peers or outreach workers, to spread the word about collection sites through trusted channels. Potential partners include social service organizations, supportive housing providers, shelters, and public health units.
- Install appropriate signage: Choose signage that matches the needs of service users. For discreet options, use minimal information, such as an icon of a hand dropping an item into a box with "Secure Sample Drop-off." For explicit signage, clearly label it as "Drug Checking Sample Drop-off" to directly indicate the service.

It is important to continuously sustain communication strategies to maintain a consistent presence, ensure ongoing awareness, and provide service users with the most up-to-date information about the service.

If you are not seeing anticipated levels of service uptake, it can be helpful to review your promotional strategies. Adjust communications strategies based on community needs and feedback to keep community members involved. Use surveys, suggestion boxes, direct in-person engagement, and online platforms to gather input.

DATA COLLECTION AND PRIVACY

In BC, drug checking data is collected in a data repository without any personal information ensuring all results are anonymous and cannot be traced back to the service user. In outreach service delivery, service users may drop off samples during off-hours and receive results later or appoint a host site staff member to receive their results on their behalf.

To link results to users in these cases, a system must be developed. Some sites collect personal information (e.g., phone number or email) or create a codename linked to the service user's sample and results. Satellite service providers must develop policies and procedures for managing, storing, and destroying this information after result delivery. For details, see the BCCSU [Managing Privacy and Personal Information](#) standard operating procedure.

ADDITIONAL RESOURCES

You can access more drug checking resources, including best practices, operational guidance, standard operating procedures, and technician tools, at our website [drugcheckingbc.ca]. *Program planners and staff looking to develop or expand outreach drug checking services in their community are encouraged to explore the related resources.*

SOURCES OF INFORMATION

The information in this document was collected through:

- Consultations with drug checking service providers to gather insights and expertise related to each document series. Examples of shared knowledge include topics on safety, confidentiality, and ideal site attributes.
- Consultations with drug checking service stakeholders (e.g., social service organizations, public health units, people who use drugs) for other relevant information. Examples of information shared includes motivation for participating in drug checking services, confidentiality and anonymity, and benefits and challenges to drug checking service.
- A literature search of academic databases for international and national articles published in English, within the last 10 years, on drug checking and other methods of harm reduction delivery (e.g., mobile, outreach). Relevant articles were reviewed in full. Associated relevant references were also reviewed and included where appropriate.
- A grey literature search on drug checking and other methods of harm reduction delivery (e.g., mobile, outreach) was conducted using google. Articles were reviewed for relevance and included where appropriate.

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APPENDIX A – CONSIDERATIONS FOR PARTNERSHIP AGREEMENTS WITH COLLECTION SITES

The partnership agreement or memorandum of understanding (MOU) between the collection site and drug checking site is intended to outline the expectations and roles and responsibilities of each organization as they relate to the delivery of outreach drug checking service. Below are some items to consider including in your agreement. It is important to ask your legal department to review the agreement before signing to ensure it address all legalities and liabilities.

Considerations for Roles and Responsibilities

Collection Site

- Designate staff to support off-site sample collection, including packaging and storing samples until transport to the drug checking site.
- Designate a ‘point person’ from the collection site to liaise with the drug checking organization, oversee collection site operations, ensures collection site staff are aware of, and complete training related to safe drug handling, storage and transportation, and communicate with the local community about the drug checking service.
- Operate collection site according to the BC standards for distributed drug checking sites, complying with all policies and procedures related to sample packaging, storage and transport and completing all reporting and record keeping requirements. Refer to BCCSU
- Ensure the safety and security of collection site staff and service users when performing activities related to outreach drug checking.
- Ensure timely communication of sample collection or transportation schedule changes to local community members and partner organizations.
- Ensure continuity of drug checking services in the event of collection site staff turnover (i.e., designating new staff to support sample collection and/or act as the point person).

Drug Checking Organization

- Conduct outreach drug checking activities according to protocols and procedures jointly created by the drug checking organization and collection site.
- Provide collection sites with the necessary equipment and resources for outreach drug checking activities including sample collection and packaging.

- Train collection site staff on relevant aspects of drug checking operations and safety procedures to ensure proper handling, storage and disposal of samples.
- Adhere to safety protocols and procedures to reduce exposure and contamination risks in drug checking services.
- Ensure timely communication with the collection site 'point person' regarding schedule or program changes.

Communication

- Delineate the schedule for regular check-in meetings and their frequency to assess the performance and effectiveness of collection sites and outreach drug checking. These check-ins provide an opportunity to address any concerns or issues that may arise and ensure that the needs of both organizations are being met.

Monitoring and Evaluation

- Where necessary, both parties should collaborate in monitoring and evaluating the local and regional community impact of the collection site. This may involve gathering feedback from staff and service users, assessing service utilization rates, and identifying areas for improvement.

Conflict Resolution

- In the event of disputes or conflicts arising from this partnership, the MOU should describe how both parties will resolve issues promptly and amicably.

Termination of Agreement

- The agreement should include conditions of terminating the partnership. It is recommended that advanced written notice is provided and that a minimum time frame is defined.
- If the collection site is no longer able to offer sample collection and storage, the drug checking organization should be given as much notice as possible to source alternative collection site locations to minimize service disruption for community members.

APPENDIX B – OUTREACH STAFFING MODELS AND ROLES

Collection Site Staff

The role of collection staff will depend on their level of involvement in service delivery. Regardless, all collection site staff should be familiar with drug checking and harm reduction, when and how the service operates, and where service users can access additional information.

Collection site staff involved in sample collection during will also play a role in:

- Documenting specifics about collected samples from service users
- Properly handling and storing samples, including packaging, labelling, and completing all relevant chain of custody forms.
- Providing education and harm reduction information to service users accessing the sample collection service.
- Reducing exposure and contamination risks during sample collection and storage.
- Working with drug checking staff and community members to build strong partnerships and respond to evolving needs and priorities.

Ideally, each collection site designates a “point person” who is responsible for:

- Coordinating the collection site service with the drug checking site.
- Responding to staff and service users’ questions about the service.
- Overseeing the collection site’s responsibility for the outreach drug checking service operation as per the MOU.
- Ensuring collection site staff adhere to all procedures for safe handling, storage and transport of samples including required documentation and chain of custody forms.
- Supporting community outreach and engagement activities to build rapport and spread awareness about the collection site to potential service users.

Drug Checking Staff

Outreach drug checking can be demanding and may require staff to work in diverse environments such as shelters, overdose prevention sites, public health units, or drop-in centres. Each setting comes with its own unique facilitators and challenges. Therefore, technicians and support staff must be adaptable and resourceful to effectively address the needs of different settings.

In addition to the roles described in the [DRED Drug Checking Implementation of Services Manual](#), and the [Drug Checking Implementation Guide](#), key activities include:

- Teaching collection site staff and community members about drug checking
- Facilitating education and training of collection sites to properly collect, package, and store samples
- Managing safe transport of samples from the collection site to the drug checking site for analysis.
- Supporting outreach activities to build rapport and spread awareness about the drug checking service and collection sites to potential service users.
- Conducting sample collection within other designated collection sites.
- Managing privacy and data security when communicating results to collection sites on service users' behalf (where indicated) or through direct outreach.

To ensure outreach drug checking is delivered in a safe and consistent way, drug checking technicians and support staff should be knowledgeable about:

- Safe handling, storage and transportation of samples
- Program safety procedures including protocols for safe travel to and from collection site(s)
- Collection site safety procedures
- Outreach safety procedures
- Non-violent crisis intervention and de-escalation

Management of Satellite Service

This role may be filled by a program supervisor, manager, coordinator, or other organizational leader responsible for providing program-level and administrative support to drug checking services. Strong organizational skills are key to this position as it involves coordinating the transport of samples from potentially multiple collection sites.

Key activities related to this position include:

- Managing relationships across multiple organizations to ensure safe and consistent service delivery within a community or region.
- Collaborating with collection site leadership and staff to ensure safe and consistent service provision.
- Facilitating education and training of collection site staff to properly handle, package and store samples.
- Updating UPHNS designations to include all new and existing collection site locations.
- Developing training materials for collection sites such as sample collection and storage manuals and other reference documents.
- Developing safety and operational procedures for drug checking staff involved in outreach activities including protocols for safe travel and sample transport.
- Determining and updating transportation schedules.
- Informing stakeholders of service schedule changes.
- Collecting and disseminating drug checking data.
- Supporting evaluation of collection sites including defining and reporting on performance measurement indicators related to the reach and impact of the service.
- Proactively addressing potential community concerns.
- Providing day-to-day support for collection sites.

To ensure drug checking services are consistent and high-quality, especially if a program runs multiple collection sites in a region, leaders should be knowledgeable about:

- How the service is delivered.
- Provincial B.C. Standards for Distributed Drug Checking Sites including reporting and record keeping requirements and policies and procedures.
- What supplies and equipment are required for outreach drug checking, and where they're stored.
- How to communicate and build relationships with collection sites.
- Safety and emergency protocols (e.g., crisis de-escalation).
- Safe handling, storage, transportation, and disposal of samples.
- Service user confidentiality and privacy (e.g., where samples can be collected with the collection site).
- Methods to share results with individual service users and community level messaging (e.g., drug alerts, weekly/monthly reports).

APPENDIX C – STAFF TRAINING CHECKLISTS

Collection Site Staff Training Items

Staff Role	Training Items	Recommended Trainer(s)
<p>Interacts with service users at the collection site but does not handle samples</p>	<p>How to talk about drugs and drug checking with a harm reduction lens</p> <p>Who the point person is at their site to refer service users to for in-depth questions</p> <p>The estimated turnaround time for results and where service users can access this information and any schedule updates</p>	<p>Drug Checking Program (Technician)</p>
<p>Directly or indirectly collects samples from service users at the collection site</p>	<p>How to talk about drugs and drug checking with a harm reduction lens</p> <p>The estimated turnaround time for results and where service users can access this information and any schedule updates</p> <p>How to safely handle, package, and store samples according to provincial standards</p> <p>How to complete sample collection forms and chain of custody documentation</p> <p>Managing personal information and drug checking results</p> <p>How to safely transport samples to the drug checking site (if applicable)</p> <p>Safety and emergency protocols</p> <p>How to reduce exposure and contamination risks in accordance with the BCCSU Operational Guidance</p> <p>The type(s) of drug checking technologies the drug checking site uses, and technology limitations (broadly)</p> <p>Harm reduction messaging and tips</p> <p>How to communicate drug checking results (if applicable)</p>	<p>Drug Checking Program (Technician)</p> <p>BCCSU Drug Checking Introductory Training</p>

Drug Checking Staff Training

Staff Role	Training Items	Trainer
<p>Drug checking technician, Harm Reduction Worker</p>	<p>How to safely handle, package, and transport samples according to provincial standards</p> <p>Procedures for transporting samples from collection sites to the drug checking site.</p> <p>How to complete sample collection forms and chain of custody documentation</p> <p>Safety and emergency protocols</p> <p>Policies and procedures for collecting samples and/or delivering drug checking results off-site</p> <p>Outreach safety training including situational awareness, risk assessment and management, personal safety, crisis intervention and de-escalation, and cultural competency.</p> <p>Legal and ethical considerations related to outreach drug checking and possession</p> <p>Community engagement strategies to build rapport with diverse populations of service users</p>	<p>Drug Checking Program Leadership</p>

APPENDIX D – OUTREACH DRUG CHECKING EQUIPMENT AND SUPPLIES LIST

In addition to the equipment and supplies required to operate a fixed service (see BCCSU Implementation Guide), outreach drug checking programs will need:

Off-Site Sample Collection and Storage

- Lockbox or safe
- Gloves
- Metal spatula
- Paper cups
- Small zipper seal plastic baggies and/or microcentrifuge tubes
- Alcohol wipes
- Task wipes (KimWipes)
- Portable eye washing kit
- Spill kit
- Cleaning and sanitizing agents
- Disposable rags or paper towel
- Activated charcoal/ Deterra pouches (for any residual amount of sample or unidentified substances left behind).
- Backpack with portable lockbox (if collecting sample in-situ)
- Printed Chain of Custody forms
- Printed Sample collection forms
- Copies of UPHNS designation letter
- Clipboard
- Letter size envelopes (for samples and sample collection forms)
- Manila envelopes (9"x12") with enclosed UPHNS Designation letter
- Permanent small point marker or pens
- Labels
- Printed posters about the drug checking service
- Printed educational resources

Sample Transport

- Portable lockbox or safe
- Printed copy of UPHNS designation letter
- Cell phone (with data)
- Vehicle or courier (if transporting samples across a large geographic area).



BC Centre on Substance Use (BCCSU)

400-1045 Howe St, Phone: (778) 945-7616
Vancouver, BC Fax: (604) 428-5183
V6Z 2A9 Canada Email: inquiries@bccsu.ubc.ca

For media enquiries or to set up an interview with someone from the BCCSU, please contact Kevin Hollett, Communications Lead, at kevin.hollett@bccsu.ubc.ca or (778) 918-1537.

www.bccsu.ca

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

www.drugcheckingbc.ca

or email drugchecking@bccsu.ubc.ca