BRITISH COLUMBIA CENTRE ON SUBSTANCE USE

Networking researchers, educators & care providers

Making Effective Referrals

Practical Guide for Drug Checking services

BCCSU Drug Checking Program

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About the BCCSU Drug Checking Program

The BC Centre on Substance Use (BCCSU) connects people and knowledge to improve substance use outcomes through research, guidance, training, and systems design. The BCCSU is an academic centre housed within Providence Health Care and Providence Research, and is a University of British Columbia Faculty of Medicine-affiliated centre. The BCCSU is also affiliated with the Vancouver Coastal Health Research Institute.

The BCCSU Drug Checking Program supports a network of drug checking services across BC through research, 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 through three main focus areas:

Data Mobilization, 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.

Guidance and systems design – 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 consistency, and regulatory compliance.

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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 xʷməθkwəy̓əm (Musqueam), Sḵwx̱wú7mesh (Squamish), and səlílp lwətaɬ (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.

About This Guide

Drug checking services are often the first point of contact for people who may need more than drug checking. A service user might mention a challenge they are facing, ask for help outside the drug checking role, or want to know more about a local program they have heard of. In these moments, knowing how to respond, and feeling confident doing so, matters.

This guide is designed to help. It explains the referral options available to drug checking staff and how to navigate them.

Who this guide is for

Written for frontline and administrative staff at drug checking services, this guide is designed as a practical working tool, something you can return to as needed rather than read once and set aside. Effective referrals depend on staff who are informed and prepared, and on organizations that have the right systems in place. This guide supports both.

What it covers

The guide covers the main ways drug checking staff can respond when a service user needs connection to other services and supports: providing information about services, facilitating a referral through 211 British Columbia, and making a formal referral. It explains what each approach involves, when to use it, and how to handle consent, confidentiality, and follow-up. It also covers what to do when suitable services are not available, and includes guidance for coordinators and managers on building strong referral systems.

Why this matters

People who use drug checking services often face challenges that go well beyond the immediate question of what is in their supply. Housing instability, mental health concerns, food insecurity, and barriers to health care are common. Drug checking staff cannot address these needs directly, but they are often well positioned to help service users find programs and services that can.

Drug checking meets people where they are, without judgment and without conditions. Unlike services that require abstinence or treatment readiness, it is accessible to anyone. Over time, this builds trust, and trust leads service users to raise other concerns. A person might ask for help with a health problem, a housing situation, or something else they are struggling with. That moment is an opportunity. A well-timed, well-handled response can be the thing that connects someone to support they have needed for a long time.

How to navigate this guide

The guide is designed to be read in order, but each section also stands on its own. It opens with a scenario, builds shared vocabulary, and clarifies your role before moving into step-by-step guidance on making referrals. Core principles appear near the end, where they consolidate what

earlier sections have already shown in practice. The final section, on strengthening referral systems, is addressed primarily to coordinators and managers.

Some Scenarios to Start With

1. Wound Care Referral

At an overdose prevention site, a regular client drops off a sample and chats casually with a technician while the test runs, joking about the long wait times. While talking, the worker notices visible infections on the client's hands and asks permission to check in. *"Can I ask how those are feeling today?"* When the client admits they've been ignoring them and sleeping rough, the technician mentions a nearby wound-care team and a housing outreach worker they know by name, explaining what each person actually does day-to-day. The technician offers some options. *"I can walk you over, or text the nurse to see if she's in. Or, I can just give you a number. Do you like the sound of any of those?"*

The client asks the technician to text to see if the nurse is in and requests the nurse's number; "*I might need this for later.*" They decide to stay onsite to use that day.

2. Long-Term Client Seeking Detox

A drug checking technician notices a long-time client struggling with memory and agitation while waiting for their results. Over four months of regular service use, trust has developed, and today the client mentions that their parents have come to visit them, who typically pressure them to "get clean." The worker acknowledges this tension; *"That's a tough one, especially when it feels like people want something from you."*

As results are shared, the technician shifts the conversation gently, saying; *"You've mentioned before that you tried detoxing. Does that conversation ever come up with your family?"* The client hesitates, saying; *"Detox sucks; I don't know if I can do it again."* The technician is honest but supportive; *"Yeah, it does suck. If you change your mind though, I'd be happy to help you connect to some services. Feel free to come check in with me again."*

A week later, the client decides they want to re-attempt detox. With the person's permission, the technician calls a detox clinic, explains the situation clearly, and secures a date for a detox bed, writing down the details to accommodate the client's memory challenges. The interaction closes with a clear plan, with the client and technician dedicating a time and place to meet up and see them admitted into the detox clinic, committing to a warm handoff.

3. Youth Client with Family Concerns

A drug checking technician is staffing a community pop-up when a young person arrives with an older sibling who is visibly worried and doing most of the talking. During intake, the technician gently redirects, saying, *"I want to make sure I'm hearing from you both; is that okay?"*

As the sample runs, the tech reflects back what they've heard; *"What I'm hearing is you're not sure you want to change your use, but you are worried about how tired and sick you've been feeling lately."* Rather than focusing on the substance, the technician validates their choice; *"You don't have to decide anything today - my role is just to help you explore options if you're interested."*

The youth mentions school stress and conflict at home. The tech acknowledges this; *"That sounds heavy, especially with everyone watching closely."* The technician then introduces a youth-specific health and counselling service, explaining plainly what it offers and why it might fit: *"They're really good at meeting people your age where they're at, and you don't have to talk about drugs if you don't want to."* The tech checks consent: *"Would it be helpful if I wrote their name down, or do you want me to explain more of the process?"* This offers a choice for next steps, rather than a directive.

The interaction ends with some parting words from the technician: *"Whether you reach out or not, you're always welcome back here."*

Key Concepts

Drug checking staff can help service users connect to other services and supports in different ways depending on the situation. The following definitions will help orient you to the guidance that follows.

Providing information about services

This means sharing accurate, up-to-date information about programs and resources that may be relevant to a service user's needs, so they can follow up on their own. A good information response covers what a service offers and who it is for, whether it takes a harm reduction approach, and practical details such as hours, location, and contact information. No personal information is collected and no formal record is created.[1]

Facilitated referral

A facilitated referral means guiding a service user toward an appropriate service and supporting them to make the connection. It is a good fit when a person needs more than just information about a resource. The goal is to help the person connect with a service they can then navigate on their own.[2]

Formal referral

A formal referral is a structured process for connecting a service user with a specific program or service. It requires the person's consent and involves collecting and sharing some personal information with the receiving organization. A formal referral is completed using a form or letter. It is appropriate when the person is comfortable moving forward on their own once the referral is submitted.[3]

Warm referral

A warm referral is a more hands-on approach to connecting a service user with a program or service. It involves the referring staff member staying actively engaged with the person through the process, for example by joining a phone call, helping to set up an appointment, or in some circumstances being present during an intake. A warm referral is appropriate when a person needs more support to successfully connect with a service.[4]

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[1] BC Centre for Disease Control, *BC Harm Reduction Strategies and Services Policy and Guidelines* (Provincial Health Services Authority, 2023).
[2] Gaia Armenes and Emma Moss, *Guidelines on Safe Referrals for National Societies*, Pilot Version 2025 (Danish Red Cross, 2025).
[3] Lisa de Saxe Zerden et al., *Harm Reduction Workforce, Behavioral Health, and Service Delivery in the USA: A Cross-Sectional Study*, *Harm Reduction Journal* 21, no. 1 (2024): 36.
[4] Armenes and Moss, *Guidelines on Safe Referrals for National Societies*; Commonwealth of Massachusetts, *Tips for Making Trauma-Informed Warm Referrals*, Bureau of Substance Addiction Services, Commonwealth of Massachusetts, accessed May 22, 2026,.

Your Role

Being clear about the boundaries of your role helps you understand how to respond with confidence, without overlooking a service user's need or taking on more than is appropriate.

What your role is

Your primary role is to provide drug checking services, but within that role you are often well-placed to support service users in other ways. The nature of drug checking creates space for brief, trust-based interactions. People may find it easier to raise personal concerns or ask about supports with you than with other providers.

The following suggestions reflect what that support can look like in practice:[5]

- Listen actively and without judgment when service users share what is going on for them.
- Ask open, non-directive questions to understand what kind of support, if any, a service user is looking for. Open questions invite the service user to share what is on their mind without feeling pressured toward a particular answer. Some examples:
    - "What would be most helpful for you right now?"
    - "Would it be useful to know about some supports that might help with that?"
    - "Is that something you would want some help with, or are you just letting me know?"
- Keep up to date on the resources available in your community.
- Know where to turn if a service user's needs go beyond what you can offer.

What your role is not: boundaries and scope

It is equally important to understand what falls outside your scope as a drug checking technician or operator. You are not expected to be a counsellor, case manager, or social worker. Staying within the boundaries of your role protects you from being placed in situations you are not trained for. It also protects service users by ensuring they are connected to the right people for the support they need.

- If a service user discloses something that falls outside your scope, such as a mental health crisis, housing instability, or a need for substance use counselling, your role is not to address that need directly, but to acknowledge it and offer a referral to an appropriate service provider.[6]
- You are not responsible for the choices a service user makes. It is up to them whether they accept or follow through on a referral you have made.

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[5] Armenes and Moss, *Guidelines on Safe Referrals for National Societies*.
[6] Simeon D. Kimmel et al., *Principles of Harm Reduction for Young People Who Use Drugs*, *Pediatrics* 147, no. Supplement 2 (2021): S240–48.

- It is important to remain non-judgmental about the person's preferences and to provide as much information as you can on what they are looking for. For example, if someone is interested in substance use services:
    - Tailor your suggestions to their goals, whether that is abstinence, reduction, or safer use.[7]
    - Share information about the approach or philosophy of any services you refer to, such as 12-step, abstinence-based, or harm reduction, so the service user knows what to expect.
- You are not expected to handle crisis situations alone. Your organization should have a clear protocol that specifies when staff should escalate a situation, for example by calling emergency services, and what steps to follow when they do. Talk with your supervisor to make sure you understand what steps to follow when a service user needs more support than you can provide, or when you need help navigating a difficult situation.

You don't need to know everything

You are not expected to be familiar with every local service or to memorize all available resources. Knowing how to find information is a skill that builds over time. Your co-workers and supervisor can also help.

A good place to start is your organization's resource list or the 211 British Columbia database. 211 British Columbia provides a free, searchable directory of community, government, and social services across the province, from housing and food support to mental health and substance use services and legal assistance. You can search by community at bc.211.ca, 24 hours a day, 7 days a week.

Managing workflow while still responding helpfully

Drug checking is a time-limited service. You may be working through a queue of people waiting for service, which can create real tension between giving someone the time they need and keeping everything moving.

It helps to recognize the difference between a brief, genuine acknowledgment and a longer conversation. A longer conversation might be better handled by a colleague or a follow-up contact. You don't have to resolve everything in one interaction. A simple acknowledgment might look like: "That sounds like a lot. Would it be useful to know about some supports that might help?"

If someone needs more time or more specialized support than the service can offer in the moment, saying so honestly is itself a helpful response: "I want to make sure you get the right help. Would you like me to connect you with someone who can spend more time with you on this and help you get what you need?"

[7] Kimmel et al., *Principles of Harm Reduction for Young People Who Use Drugs*.

Providing Information About Services

When a service user wants to know more about other programs and supports, or is hoping for help with something outside the drug checking role, sharing accurate and relevant information about what is available is often all that is needed. It only takes a few minutes. The goal is to help the person make informed choices about whether and how to follow up. For some service users, information is enough. They are not looking for any additional support to help them make the connection.

Start by listening

Before you point someone toward a service, take a moment to understand what they are actually asking for and what kind of environment they are likely to feel comfortable in. The right information is specific to the person, not just the presenting need.[8]

What to cover

When telling someone about a service, try to include:

- What it offers, who it is for, and how to access it.
- Whether the service takes a harm reduction approach or has other expectations around participants' substance use.
- Practical details such as address, transit options, hours of operation, and any out-of-pocket costs.
- Contact details that are current and accurate.
- If available, a link to a website with more information. Make sure the link is active.

Keep in mind that relevant resources are not limited to formal health and social services provided by health authorities and government agencies. Peer-led organizations, community groups, and cultural supports are often a good fit for someone's needs and preferences, and are well positioned to help people connect with more formal services when the time is right. They are worth knowing about and including in your resource lists.

Some practical tips

Having good information at hand makes all of this easier:

- Keep a quick reference resource list at your workstation and update it regularly. Outdated information sends people to services that have moved or closed, which erodes trust.

[8] Armenes and Moss, *Guidelines on Safe Referrals for National Societies*; S. M. Jack and C. N. Wathen, *Trauma- and Violence-Informed Care: Making Warm Referrals* (Public Health Nursing Practice, Research & Education Program, 2021).

- Printed materials such as program cards, flyers or brochures can be a useful complement. They give people something to take away and refer back to. QR codes linked to program websites or booking pages can also be helpful, particularly for service users who have a smartphone.
- If you are not sure whether your information is current, look it up together with the service user rather than guessing.
- For exploring what is available is someone's area, 211 British Columbia (bc.211.ca) is hard to beat. Keep it bookmarked and pull it up on the spot when you need it. A QR code linking directly to the 211 British Columbia website or database can also be a handy addition to your resource materials.

Making Referrals

Referrals are a routine and important part of your role. A good referral doesn't require you to have all the answers. It simply means recognizing when someone might benefit from additional support and helping to make that connection happen.

As outlined in the Key Concepts section, referrals fall into three broad types: facilitated, formal, and warm. Each is described in detail below. It is important to be aware that these are not rigid categories. In practice, they often overlap or evolve as a person's needs become clearer. The approach you take should reflect the service user's needs and preferences, as well as your own capacity.

Comfort with making referrals grows over time. It is normal to feel uncertain at first. Debriefing with co-workers or your supervisor after unfamiliar or difficult situations can help you learn from each experience and build confidence.[9]

Facilitated referral

A facilitated referral involves guiding a person toward an appropriate service and supporting them to make the connection themselves. In practice, this might involve outlining what the person can expect from a particular service, helping them identify which option is the best fit, or supporting them to make initial contact.[10]

This approach may be appropriate when someone can navigate a service on their own but wants some help getting started. Staff **do not collect service user's personal information**; the person will provide any required information directly to the appropriate service themselves. This may happen during a service user's initial discussion with the potential service, or while the service user completes a form provided by the potential service prior to an initial appointment. It is a good idea for drug checking staff to offer the service user a heads-up that they may be required

[9] de Saxe Zerden et al., *Harm Reduction Workforce, Behavioral Health, and Service Delivery in the USA*.
[10] Armenes and Moss, *Guidelines on Safe Referrals for National Societies*.

to provide some personal information as they connect with the service they are interested in exploring.

211 British Columbia

211 British Columbia[11] can be a valuable tool for facilitated referrals. In addition to its searchable database, 211 British Columbia offers people looking for help direct access to trained resource navigators by phone, text, or chat. This service can be especially helpful when a service may not accept a self referral. These navigators can help identify appropriate services, clarify what to expect, and support next steps based on the person's needs and preferences (see below). This gives a person room to explore options in a low-pressure, flexible way, while avoiding any unwanted sharing of personal information for collection by a drug checking service.

Accessing 211 British Columbia

- **Call or text 211**: Specially trained Resource Navigators are available Monday to Friday, 9 am to 9 pm. Translation support is available in 240 languages.
- **Live chat**: You may be placed in a queue for assistance.
- **Text**: Standard messaging rates apply and you may be placed in a queue.
- **Email**: Responses are received within 2 to 3 business days.
- **Online database**: Search for services by community, 24 hours a day, 7 days a week, at bc.211.ca.

This approach may be particularly useful for people who:

- Prefer to explore options before committing to a referral.
- Are unsure what services they need or are eligible for.
- Face barriers related to language, access, or system navigation.
- Would prefer that any formal referrals and the collection of any required personal information are handled by an arms-length organization rather than a drug checking service.

211 Community, government and social services in BC

[11] "211 British Columbia collects, maintains, and shares human service information to help people in BC access support and services. Listings generally include agencies that operate as non-profit, community-based, or government bodies providing direct programs/services to the public. Also considered are networks or coalitions of agencies and service providers; entities that engage in licensing, planning, or coordinating direct services; and businesses licensed or contracted by government to provide free or low-cost services to the public. Recognizing the work of the Truth and Reconciliation Commission of Canada, and working from a justice, equity, diversity, and inclusion framework, efforts are made to include and prioritize services that support the advancement of Indigenous and racialized communities." https://bc.211.ca/about-us/

Formal Referral via Drug Checking Staff

While many services accept self-referrals, some organizations require a referring organization to submit standardized referral forms, emails, or letters. With a formal referral you complete this documentation with the service user and then follow up to check that the referral has been received.

Since personal information is being collected and forwarded on the behalf of a drug checking organization, make sure to establish the consent of the service user, even if they complete the form themselves. Follow your organization's policy for the secure storage and destruction of personal information. If no policy exists, follow BCCSU's guideline.

Confidentiality and consent

When making a formal referral, two key concepts should guide every interaction: confidentiality and informed consent. A drug checking organization making a formal referral to another resource will typically be required to share personal information about the service user – sometimes just a name and phone number. A drug checking service user's consent must be obtained prior to collecting *any* personal information for the purposes of initiating a direct referral.[12]

- **Confidentiality** means that the information a service user shares with you is private and should only be shared in ways they have agreed to, or in circumstances where there is a legal or safety obligation to do so.
- **Informed consent** means that a service user has the right to understand what information is being shared, with whom, and why, and to agree to that before any referral is made.

What you could say…

When introducing the topic of a referral, you might say:

- "To connect you with this service, I'd need to collect some basic information about you and share it with them. You have the right to know exactly what I would be sharing and why, and it is your choice whether you want to proceed."

When explaining confidentiality:

- "Everything you share with me stays private. The only reason I'd share any of your information is if you give me permission, or if I had a legal or safety reason to do so. For example, if I'm concerned that you or someone else might be seriously harmed, or if a child might be at risk. If that ever came up, I would do my best to talk with you about it first."

[12] Armenes and Moss, *Guidelines on Safe Referrals for National Societies*.

- "Drug checking is anonymous and we don't keep records about you. If we make a referral, we keep a brief record of that for a short time and destroy it once the referral is complete."

When asking for consent:

- "Are you okay with me sharing your information with this service? You can say no, and that will not affect the drug checking service or anything else we offer here."

An example referral and informed consent form are provided in *Appendix A*.

Making the formal referral

Before proceeding, confirm that the service user can be reached by phone or text once the referral is processed. With consent in place, complete the referral form or letter together, including only required information. Then:

- Submit it securely with a cover note requesting acknowledgement of receipt.
- Provide a copy to the service user.
- Retain a copy temporarily and securely at the drug checking organization, along with the record of consent.

Following up

Follow up with the receiving service a few days later by phone or email to confirm that all necessary information has been received and that a response is in progress. You can also ask the service user to update you on how things are progressing during a future visit.

Once confirmation is received that the referral is being actively managed and an intake process has been initiated, the drug checking organization can destroy its copy of the referral record and associated consent documentation.

If a service user has not been in contact within 30 days, it is reasonable to assume they did not wish to pursue the referral at this time, and referral records can be destroyed.

Warm referral

A warm referral means staying actively engaged with the service user through the connection process. Rather than handing off a referral and stepping back, you remain involved to help bridge the gap between the person and the service. This may look different in each situation, depending on what the person needs and your own capacity.[13]

[13] Jack and Wathen, *Trauma- and Violence-Informed Care: Making Warm Referrals*; Commonwealth of Massachusetts, *Tips for Making Trauma-Informed Warm Referrals* | Mass.Gov.

Service users may face stigma around drug use, housing status, or other factors that can make reaching out to a new service feel risky or daunting. Consider a warm referral when a service user needs additional support to connect with a service:

- A service user who is in crisis, experiencing withdrawal, or feeling overwhelmed may find contacting a new service on their own too difficult, even if they want the help.
- Past negative experiences with health or social services may make someone reluctant to reach out on their own. An introduction from someone they already trust can help bridge that gap.
- When the need is urgent, for example due to a mental health crisis, overdose risk, or housing instability, a warm referral helps ensure the connection happens.
- Stigma, language barriers, prior trauma, or unfamiliarity with systems may make it difficult for someone to explain their situation to a new provider. A warm referral means you can do that groundwork with them.
- Some services have intake steps that are not straightforward to navigate. If you are familiar with the process, you can help smooth the way.

Warm referrals can take many forms, including:[14]

- Letting the person know what to expect when they contact or arrive at a service.
- Making a joint phone call to learn more about a service or to introduce the person to someone there.
- Calling ahead to let the service know the person is coming.
- Helping to set up an appointment.
- With the person's consent, sharing relevant background information with the receiving service so they are prepared and the person does not have to repeat their story from the beginning.
- Supporting a service user through a virtual intake appointment, for example by finding a private space, offering water, and noting key follow-up details.
- Walking with someone to a nearby service.
- Following up with the service user on any next steps.

Choosing the right approach

The type of referral you make will depend on the service user's needs, their level of urgency, and the resources available to you. Understanding the different approaches to making a referral can help you respond in a way that is appropriate, timely, and respectful of where the service user is at.

[14] Armenes and Moss, *Guidelines on Safe Referrals for National Societies*.

Throughout, follow the service user's lead on what kind of help they want and when. People's readiness to engage with services can change. Someone who declines information today may ask for it during a future visit. Check in with the service user throughout the process to confirm they are still comfortable with how things are unfolding.

If No Suitable Services Exist

Sometimes there are no suitable services available in a person's community, or the services that do exist are not appropriate or accessible for them. This is one of the harder situations to navigate, and it is worth being prepared for it.[15]

Before concluding there is nothing available

- Check 211 British Columbia or contact a large organization such as a health authority to ask about services in nearby communities.
- Find out whether free or subsidized transport exists to access services elsewhere. Northern Health Connections is one example worth knowing about for people in rural or remote areas.
- Check whether there are online supports the person can access.
- Consider informal community support networks: peer groups, cultural communities, faith communities, or other informal connections that might help address the person's needs.
- Ask the person whether there is someone in their life they trust and could turn to, such as a friend, a family member, a teacher, or an elder.

When there is truly nothing

If you have exhausted the options and cannot offer a useful path forward, say so honestly. Do not create false hope.

You might say something like: "I'm really sorry. It looks like there isn't a good option available to you right now. That's not okay, and I wish I had a better answer."

The person may respond with frustration, sadness, or silence. Allow them to share as much or as little as they wish. You do not have to fill the space.

End the conversation in a way that shows care and respect, without minimizing what they are facing. For example: "I'm really glad you came in and talked with me. I'm sorry there isn't a clear path forward right now. If you want to come back or check in again, you're always welcome."

[15] de Saxe Zerden et al., *Harm Reduction Workforce, Behavioral Health, and Service Delivery in the USA*.

Do's and Don'ts for Staff

When a service user expresses an interest in other services or supports, your role is to listen without judgment and help connect them with what they need.[16]

✓	✗
Clearly explain your role and what you can offer.	Don't make promises you cannot keep – for example, saying "everything will be OK" when that is not within your control.
Check whether the service user is comfortable talking with you, or would prefer to speak with someone else (for example, a staff person of a different gender).	Don't overreact. Stay calm, and do not ignore, doubt, or contradict what someone tells you.
Ask if the person would like someone they trust to translate or support them.	Don't assume you know what someone wants or needs.
Ask if you can help with any immediate basic needs first (water, a snack, access to a bathroom) and check whether they are comfortable talking in your current location.	Don't force help on service users. Avoid being pushy or intrusive.
Let the person set the pace. Let them tell you what they want you to know about their situation and what they are looking for.	Don't offer your own opinion on what they should do or what the best course of action is.
Listen without judgment and accept the service user's choices and decisions, even when you might see things differently.	Don't compare the person's situation to someone else's or minimize what they are sharing
Take care not to make assumptions about what you are seeing or hearing.	Don't pressure the person into sharing more than they are comfortable with. Your role is to listen and provide information, not to gather details.

[16] Armenes and Moss, *Guidelines on Safe Referrals for National Societies*; Jack and Wathen, *Trauma- and Violence-Informed Care: Making Warm Referrals*.

Core Principles

The following principles underpin everything in this guide. They apply to all forms of support, from providing information about services to facilitating a more involved warm referral.[17]

Do no harm

Responsible referral practice begins with awareness of potential risks. Staff are clear about the limits of the drug-checking role and what kind of referral support is available. Before sharing referral information or facilitating a connection to another service, any known concerns (for example, questions about accessibility, cultural fit, or a program's values and approach to care) are raised with the service user. Expectations about referral outcomes are kept realistic, and no commitments are made that cannot be honoured.

Obtain informed consent

Informed consent is the foundation of any referral that involves personal information. Consent is obtained, verbally or in writing, before personal details are collected or shared, and that information is used only for the purpose it was given. Only the minimum information needed to complete the referral is collected, and this is stored securely and deleted once it is no longer needed. When young people are involved, particular care is taken to ensure that consent for any formal referral is clearly discussed, obtained, and documented before personal information is recorded or shared.

Follow the service user's lead

Service users are active participants in decisions about their own care. Clear, accessible information about available options is provided so people can identify services that fit their circumstances and decide for themselves whether and how to proceed. When a referral is needed, it is shaped together, at the service user's pace and on their terms. Before any referral is submitted, the service user is asked whether they are comfortable being contacted directly by the referred service.

Refer to credible services

Referrals are made to services that are credible and appropriate to the service user's circumstances and preferences. While drug checking staff cannot personally evaluate every program in the community, organizations build the infrastructure that makes confident, well-informed referrals possible: vetted service directories, clear communication channels with other agencies, and ways for service users to share feedback about their experience.

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[17] Armenes and Moss, *Guidelines on Safe Referrals for National Societies*; Mary Hawk et al., Harm Reduction Principles for Healthcare Settings, *Harm Reduction Journal* 14, no. 1 (2017): 70.

Strengthening Referral Systems

Note: This section is primarily for coordinators and managers.

If you are a coordinator or manager, the systems and tools you put in place directly shape how well your staff can identify and respond to service user needs and make effective referrals. A strong referral system does not happen by chance, it requires clear policies, practical tools, and ongoing attention.

Organizational policies and tools

Clear policies and practical tools help staff respond confidently when service users have needs that fall outside the scope of drug checking. They also help ensure that service users get connected to the right supports in a consistent and respectful way.

As a coordinator or manager, consider putting the following in place:[18]

- Training and guidance for staff on how to respond supportively when a service user's needs fall outside their role or competence, including when and how to offer information or referral.
- A process for maintaining an up-to-date, accessible resource list. This should include who is responsible for updating it, how often it is reviewed, and where it is stored. The list itself should cover basic access information for local services, with more detail available for services that are commonly needed.
- Guidance to help staff understand what the referred services provide, including their intake processes and any barriers such as age, ID, or sobriety requirements.
- Clear consent and confidentiality policies related to referrals, so that staff and service users understand what information is collected, how it is used, and who it may be shared with
- Policies for securing and destroying personal information collected during the referral process, including how that information is stored and when and how it should be destroyed
- Standardized forms and templates to support the referral process, including a simple consent form and a referral form or letter template that collects only the minimum information needed (see *Appendix A* for samples).

Service mapping

Service mapping is a process of identifying and documenting the services and programs available to service users, both within your own organization and across other agencies in the

[18] Armenes and Moss, *Guidelines on Safe Referrals for National Societies*.

community.[19] For drug checking programs, this includes knowing which services people most often use, need, or want, and how those services connect to one another.

The scope of service mapping will depend on your capacity. Some drug checking programs are housed within larger organizations that have already done this work and developed their own resource lists. Smaller programs may not have the capacity for a full-service mapping process, but a partial or informal approach is still worthwhile.

A good starting point for any program is 211 British Columbia. Staff can search by community to find local services, create tailored resource lists to share with service users, and connect service users with 211 British Columbia's resource navigators for additional support. Programs with greater capacity can go further by developing locally tailored resource lists informed by the knowledge of staff and service users, complementing what 211 British Columbia offers with more community-specific detail.

Supporting staff

Building a strong referral system is not only about having the right tools and policies in place. It also means making sure staff feel informed, prepared, and supported in their work.

As a coordinator or manager, consider the following:[20]

- Familiarize staff with available resources so they know what is in your resource list, what those services offer, and how to access them. Staff who understand what they are referring to are better able to have confident, credible conversations with service users.
- Create opportunities to practise making referrals, particularly for newer staff. This might include role-play scenarios during training, shadowing more experienced colleagues, or reviewing examples of how referrals have worked in practice.
- Normalize asking for help. Staff should feel comfortable reaching out to a supervisor or colleague when they are unsure about a referral or how to respond to a service user's needs. Make it clear that they are not expected to know everything, and that knowing where to turn is itself a skill.
- Put a debrief process in place so that staff have a structured way to reflect on unfamiliar or difficult situations. This does not need to be formal: a brief check-in with a supervisor or a team debrief can go a long way toward building confidence and preventing burnout.
- Monitor for patterns that might signal a need for additional support or training, for example, if staff are consistently unsure how to respond to a particular type of disclosure, or if certain referral pathways are not working well in practice.

[19] Laurel Challacombe and Logan Broeckaert, *Service Mapping: One Approach to Building Strong Programs*, CATIE, February 16, 2016.
[20] Armenes and Moss, *Guidelines on Safe Referrals for National Societies*.

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Appendix A: Tools and Templates

Referral options at a glance

When providing information about services isn't enough

	Facilitated referral	Formal referral	Warm referral
What it is	Supporting a service user to identify and connect with an appropriate service	A structured process for connecting a service user with a specific program or service, completed using a form or letter	A more hands-on approach to connecting a service user with a program or service, with the referring staff member staying actively engaged through the process
When to use it	The person wants help identifying or reaching a service but is able to follow through on their own	The person is comfortable moving forward on their own once the referral is submitted	The person needs more support to successfully connect with a service, for example due to past negative experiences, language barriers, urgency, or system complexity
What it involves	Walking the person through options, helping them identify the best fit, supporting initial contact, or drawing on resources such as local service lists or 211 British Columbia	Informed consent, collection and sharing of personal information, completion of a referral form or letter, secure submission, and follow-up	Sustained engagement by the referring staff member, which may include making a joint call, helping set up an appointment, or being present during an intake

Informed consent for referral (sample form)

Insert drug checking organization logo and contact information

Declaration of Informed Consent

What is this form about?

To connect you with another service, we need your informed consent, meaning your permission to share some of your personal information with them. This is called a referral. The information shared will depend on what the receiving organization needs, but we will discuss this with you before anything is shared, and only the minimum information needed will be included. This form asks for your agreement before we share anything.

You do not have to agree to a referral. If you do agree, you can change your mind at any time by letting us know.

The referral

We have discussed connecting you with the following organization(s):

1. _____
2. _____
3. _____

Your agreement

Please read the following statements. If you agree, sign below.

I agree to let this drug checking service share relevant personal information about me with the organization(s) listed above, for the purpose of completing this referral.

I understand that only the minimum information needed will be shared, and that it will be kept securely and destroyed once the referral is complete.

I know that agreeing to this referral is my choice, and that I can withdraw my agreement at any time by speaking with the staff person who helped me.

How would you like the organization(s) to contact you? (complete all that apply)

Phone: _____ Voicemail OK? Y / N Text OK? Y / N

Email: _____

Other: _____

Signatures

Service user signature _____ Date: _____

Staff signature: _____ Date: _____

Referral form (sample)

Insert drug checking organization logo, phone number, email, and street address

Referral Form

Date: _____

Referring staff person

Name: _____

Role: _____

Referral to

Service provider or program name: _____

_____

Service provider contact information

Phone: _____

Fax: _____

Email: _____

Street address: _____

Mailing address if different: _____

Key contact name if available: _____

Referral for

Name of service user: _____

Service user contact preferences (complete all that apply)

Phone: _____ Shared line? Y / N

Voicemail OK? Y / N Text OK? Y / N

Email: _____

Specific instructions or preferences (e.g., preferred name, language needs, accessibility requirements)

_____

_____

Informed consent

Consent form completed? Y / N

Date consent obtained: _____

Consent form location: _____

Reason for referral (essential information only):

_____

_____

_____

_____

Staff signature: _____ **Date:** _____

Please confirm receipt of this referral by contacting the referring staff person at the contact information above.

Appendix B: Additional Resources on Making Referrals

Resource	Description	Link
Warm Handoffs (Enhancing Concurrent Capability Toolkit: Transitions in Care, 2020). Alberta Health Services.	A quick reference sheet outlining what a warm handoff is, why it matters, and how to do it well. Covers the key elements of a warm handoff, the role of a navigator in supporting transitions, and practical tips for making referrals more than just a paper process.	https://www.albertahealthservices.ca/assets/info/amh/if-amh-ecc-warm-handoffs.pdf
BC Harm Reduction Strategies and Services Policy and Guidelines (Updated Oct 2023). BC Centre for Disease Control.	A provincial policy and guidelines document covering harm reduction strategies and service delivery in B.C. It addresses education, supply distribution, overdose prevention, and referral practices across harm reduction settings.	https://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/HRSSGuidelines_BCCDC_Updated_Oct_2023.pdf
Service mapping: one approach to building strong programs. CATIE (2016).	A practical overview of service mapping as a tool for identifying what services exist in a community, how they are connected, and where gaps exist. Includes guidance on how to approach service mapping and examples of how Canadian organizations have applied the approach.	https://www.catie.ca/prevention-in-focus/service-mapping-one-approach-to-building-strong-programs
Guidelines on Safe Referrals for National (Red Cross & Red Crescent) Societies. Danish Red Cross, Pilot Version 2025.	Safe referrals guidelines used by National Red Cross and Red Crescent Societies staff and volunteers around the world to safely respond to protection concerns and conduct safe linkages and referrals.	https://en.rodekors.dk/sites/rodekors.dk/files/2025-03/Danish%20RC_Safe%20Referrals%20Guidelines_A4.pdf
Tips for Making Trauma-Informed Warm Referrals. Institute for Health and Recovery.	Massachusetts-based Institute for Health and Recovery publication outlining steps for making useful and supportive referrals.	https://www.healthrecovery.org/page/tips-for-making-trauma-informed-warm-referrals
Trauma- and Violence-Informed Care: Making Warm Referrals. Public Health Nursing Practice, Research & Education Program, McMaster University.	Provides guidance on how to make warm referrals and actively support clients to navigate complex systems.	https://phnprep.ca/wp-content/uploads/2021/05/TVIC_Making-Warm-Referrals-1.pdf