



BRITISH COLUMBIA
CENTRE ON
SUBSTANCE USE

Networking researchers, educators & care providers

Messaging: Sharing Drug Checking Results

Guidance on providing drug checking results
with harm reduction information

BCCSU Drug Checking Program



AUGUST 2026



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 this 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.

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

Prepared by

Mia Pohl, Drug Checking Program Engagement Coordinator, BC Centre on Substance Use

David Byres, Drug Checking Training Coordinator, BC Centre on Substance Use

Warren O'Briain, Senior Policy Advisor, BC Centre on Substance Use

Jennifer Matthews, Drug Checking Program Lead, BC Centre on Substance Use

Reviewers and Contributors

We gratefully acknowledge the following individuals:

Lauren Airth, RN, PhD, Postdoctoral Fellow, University of British Columbia

Jana Baller, Drug Checking Lead, Fraser Health

Alyssa Cavill, Drug Checking Technician, Interior Health

James Kaufman, Drug Checking Program Coordinator, ANKORS East

Antoine Marcheterre, Drug Checking Lead, Interior Health

Sarah Whidden, Project Manager of Peer Initiatives, Vancouver Coastal Health

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 x̱məθkwəy̱əm (Musqueam), Skwxwú7mesh (Squamish), and səlíp lwətał (Tseil-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.

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 (2026). Messaging: Sharing Drug Checking Results. Guidance on providing drug checking results with harm reduction information.

Publisher

British Columbia Centre on Substance Use (BCCSU)
1190 Hornby St, 4th Floor, Vancouver, BC V6Z 2K5
inquiries@bccsu.ubc.ca

Publication Date

August, 2026

Table of Contents

About the BCCSU Drug Checking Program	2
Acknowledgements.....	3
Purpose and Scope	5
Definitions.....	6
What is “Messaging”?.....	8
Messaging Principles.....	9
Legal Considerations.....	10
Language	13
Messaging Throughout a Drug Check	14
Intake: Building Trust and Setting Expectations	14
Analysis: Gathering information	19
Delivering Results: Communicating Findings Accurately	20
Harm Reduction Messaging	25
General Harm Reduction Strategies	25
Messaging for types of results	27
Substance and Format Specific Considerations.....	30
Drug category	30
Messaging for Pills, Liquids, and Paraphernalia	32
Communicating in Other Formats	34
Appendix	39

Purpose and Scope

This document provides a practical framework for drug checking technicians to learn the basics for delivering the results and harm reduction messaging during a drug checking interaction.¹ It is designed to support technicians in developing communication strategies that are clear, respectful, and empowering.² Messaging is not just about delivering results; it is a harm reduction intervention.³ The way information is shared can significantly influence a person's understanding, emotional response, and decisions around substance use.⁴

While primarily intended for drug checking technicians trained through the BCCSU program, this guide may also be useful for supervisors, trainers, and harm reduction workers who support messaging practices in drug checking settings beyond B.C.

This guide does not cover all messaging scenarios or prescribe a one-size-fits-all approach.⁵ Sharing results in drug checking is a nuanced communication practice between a service user and a technician. Each service user and community context is unique, and technicians are encouraged to adapt their messaging accordingly. It is recommended that anyone using this guide be familiar with harm reduction principles and practices as well as client-centered care as a starting place.⁶ The concepts and frameworks for messaging presented here will be the basis for supporting more in-depth training in a practicum setting and part of broader training.

The messaging framework described here follows a typical drug checking interaction, from intake through to delivering results. Further guidance and information related to harm reduction messaging in general is provided, along with considerations for specific substances.

This document supports drug checking staff to tailor messaging for sharing results in tandem with harm reduction strategies that are meaningful to individual service users.

-
- 1 BCCSU, [Drug Checking Implementation Guide: Lessons Learned from a British Columbia Drug Checking Project](#) (British Columbia Centre on Substance Use (BCCSU), 2022).
 - 2 Public Health Agency of Canada, [Trauma and Violence-Informed Approaches to Policy and Practice](#), Government of Canada, February 2, 2018.
 - 3 Public Health Agency of Canada, [Communicating about Substance Use in Compassionate, Safe and Non-Stigmatizing Ways](#), Government of Canada, July 26, 2021; C. Strike et al., [Best Practice Recommendations for Canadian Harm Reduction Programs](#), CATIE, September 12, 2022.
 - 4 Nazlee Maghsoudi et al., [Drug Checking Services for People Who Use Drugs: A Systematic Review](#), October 14, 2021.
 - 5 BCCSU, [Drug Checking Implementation Guide: Lessons Learned from a British Columbia Drug Checking Project](#).
 - 6 Karen McCrae et al., [Operational Technician Manual: Version 2](#) (British Columbia Centre on Substance Use (BCCSU), 2022).
checklists, testing equipment, and more.","language":"en-US","publisher":"British Columbia Centre on Substance Use (BCCSU)

Definitions

Term	Definition
Active Substance	A compound that produces psychoactive effects. Messaging includes information about its pharmacological profile and associated risks.
Adulterant	A substance added to a drug, either intentionally or unintentionally, that may alter its effects or increase risks.
Analogues	Chemically similar substances to known drugs (e.g., para-fluorofentanyl as an analogue of fentanyl) but may have different effects, such as higher or lower potency.
Analysis	The technical process of examining a substance using tools such as FTIR spectroscopy and test strips to identify its chemical composition.
Cut/Buf	An additive mixed into a substance, either active (e.g., caffeine) or inactive (e.g., erythritol).
FTIR (Fourier-Transform Infrared Spectroscopy)	A technology used in drug checking to identify substances based on their infrared absorption patterns.
Inactive Substance	A non-active compound that does not produce psychoactive effects (e.g., sugars, fillers).
Inconclusive Result	A drug checking outcome where no identifiable active substances are detected or the analysis is incomplete.
Ingredient	A term used to refer to different components detected in a sample.

Limit of Detection

The lowest amount of drug present in a sample that a drug checking technology can detect. FTIR spectroscopy has a limit of detection of approximately 5-10% for most substances, meaning that anything present lower than this concentration may not be detected by FTIR.

OPUS

Software used with Bruker FTIR instruments to analyze and visualize spectra.

Spectra

Visual outputs from FTIR analysis showing the chemical fingerprint of a substance. Used to compare and identify compounds.

Test Strips

Used to detect specific substances (e.g., fentanyl, benzodiazepines) in a drug sample. Test strips are highly sensitive and often used in combination with FTIR spectrometers to detect target substances in low concentrations.

Unexpected Substance

A compound found in a sample that the service user did not anticipate.

WHAT IS “MESSAGING”?

Messaging is the art of translating the drug checking process and the results to the service user. It’s not just about delivering facts, it’s about how those facts are communicated throughout a drug checking encounter, and how that communication empowers individuals to make informed decisions about their substance use.⁷ The way a drug checker shares result, tone, language, attitude, and expertise, directly affects how well the service user understands, retains and acts upon the information provided.⁸

Information shared early in a drug checking interaction helps prepare the service user for their results. This is a time for drug checkers to build rapport with the service user and gather information that helps frame results suited to their specific circumstances. It is also an opportunity for explaining the limitations of what drug checking can and cannot tell them about their drug sample, and help set expectations for the service user, including understanding their results. Later, sharing results is about both describing what compounds have been detected in a sample and pairing those details with information about harm reduction strategies.

Messaging is the practice of engaging with service users, and communicating the information that is most important to them. Developing good messaging is also about listening to the person who comes in for drug checking services and learning about what is most important for them from this exchange.

7 BCCSU, [Drug Checking Implementation Guide: Lessons Learned from a British Columbia Drug Checking Project](#).

8 Substance Abuse and Mental Health Services Administration, [Using Motivational Interviewing in Substance Use Disorder Treatment](#), Advisory (2021).

MESSAGING PRINCIPLES

Harm reduction messaging is more likely to be both ethical and effective when rooted in harm reduction principles that have been developed by people with lived and living experience.⁹ These principles may further aid the development of operational guidance about messaging for your own organization, without superseding existing principles.

Humanism and Compassion

Messaging demonstrates value, care, respect, and dignity of service users as human beings, recognizing that they have reasons for making health decisions.¹⁰

Pragmatism

Acknowledging that substance use is a complex part of society, messaging focuses on practical, actionable solutions for minimizing harm.¹¹

Person-Centered Service

Communication that is tailored to each service user's circumstances, strengths, and goals, promotes cultural safety and supports their self-determination in making informed choices about health and drug use.¹²

Autonomy

Collaborative communication empowers service users with honest information and resources to make decisions for themselves.¹³

Evidence and range of competence

Rooting messaging in evidence and facts and the limits of technician's knowledge and non-clinical role, rather than hearsay, judgement or scare tactics, promotes honest, transparent communication.¹⁴

-
- 9 A full discussion of harm reduction principles is not within scope of this document. One of the [foundational list of principles](#) was developed by the [National Harm Reduction Coalition](#). These principles were developed by and in partnership with people who advocate for the rights and wellbeing of people who use substances. The list above references these principles in addition to the other publications referenced throughout.
 - 10 Mary Hawk et al., [Harm Reduction Principles for Healthcare Settings](#), *Harm Reduction Journal* 14, no. 1 (2017): 70; Jessica Frankeberger et al., [Harm Reduction Principles in a Street Medicine Program: A Qualitative Study](#), *Culture, Medicine, and Psychiatry* 47, no. 4 (2023): 1005–21; Joseph Abua et al., [Elucidating Harm Reduction Principles in a Client-Centered Representative Payee Program](#), *Community Mental Health Journal* 60, no. 2 (2024): 366–75.
 - 11 Hawk et al., [Harm Reduction Principles for Healthcare Settings](#); Abua et al., [Elucidating Harm Reduction Principles in a Client-Centered Representative Payee Program](#).
 - 12 Frankeberger et al., [Harm Reduction Principles in a Street Medicine Program](#); Abua et al., [Elucidating Harm Reduction Principles in a Client-Centered Representative Payee Program](#). There are few published studies describing how healthcare providers build and maintain relationships with patients on the street. This insight is central to specifying how street medicine differs from traditional forms of care and defining aspects of street medicine that contribute to successful patient engagement. Through a collaboration between Operation Safety Net (OSN).
 - 13 Hawk et al., [Harm Reduction Principles for Healthcare Settings](#); Abua et al., [Elucidating Harm Reduction Principles in a Client-Centered Representative Payee Program](#).
 - 14 Simeon D. Kimmel et al., [Principles of Harm Reduction for Young People Who Use Drugs](#), *Pediatrics* 147, no. Supplement 2 (2021): S240–48.

Figure 1: Organizational supports for effective messaging.



By applying these principles, technicians and other drug checking staff can help reduce stigma, build trust, and ultimately improve health outcomes for service users and their communities. Technicians and other drug checking staff benefit from being attentive to the larger context that also shapes service user experiences, with every drug checking organization functioning in a wider health system amidst different community realities. Knowing that many people who use substances mistrust health services can help build an empathetic response. Leadership and management attention to applying these principles at the organizational level can support staff capacity to deliver credible, trustworthy, actionable information.¹⁵

LEGAL CONSIDERATIONS

It is important that drug checking staff offering services understand the legalities of the work and are prepared to answer questions from the public. People coming in to get their drugs checked may have concerns about whether or not it is legal for them to bring in drugs and hand them to staff for testing. There may be further questions from other members of the public about the legality of the service as a whole.

15 Ji Eun Chang et al., [Integrating Harm Reduction into Medical Care: Lessons from Three Models](#), *Journal of the American Board of Family Medicine: JABFM* 36, no. 3 (2023): 449–61.

Drug Checking Designations

All drug checking services require a legal exemption from Canada's *Controlled Drugs & Substances Act (CDSA)*. In BC designations for drug checking are granted via an application to a regional medical health officer.¹⁶ Designations provide organizations and their staff with the legal authorization they need for handling, storing and transporting drugs for the purposes of drug checking, and protects service users from enforcement activities while visiting a drug checking service. But it remains illegal to possess, sell or manufacture drugs that are or have been created outside of licensed government facilities (e.g., illegal drugs). This means that service users may have concerns about transporting their drugs to and from a service.

Technicians must be aware of the legal context in which they operate, understanding:¹⁷

- The legal status of substances they are testing.
- Regulatory requirements and organizational designations that facilitate local drug checking services.
- The importance of handling, storing and transporting substances in strict adherence to regulatory requirements.

Service Designations for drug checking in BC

Category	Authority	Scope
Urgent Public Health Need Site (UPHNS) designation ¹⁸	Designation under the federal CDSA, via regional health authority Medical Health Officers. ¹⁹	Allows staff to handle, store and transport drugs for purpose of drug checking at designated sites.
Overdose Prevention Site (OPS) designation ²⁰	Designation under provincial Ministerial Order 488/2016, via regional health authority Medical Health Officers. ²¹	Allows staff to handle drugs for purpose of drug checking at designated sites.

For more information about designations, please refer to the [Government of Canada's Controlled Substances and Drugs Act](#). For a summary on the regulatory context in B.C., see the BCCSU [Drug Checking Implementation Guide](#).

16 Department of Justice, [Controlled Drugs and Substances Act](#), Government of Canada, June 20, 1996.

17 BCCSU, [Drug Checking Implementation Guide: Lessons Learned from a British Columbia Drug Checking Project](#).

18 Health Canada, [Supervised Consumption Explained: Types of Sites and Services](#), Government of Canada, March 9, 2026.

19 Terry Lake, [Ministerial Order 488/2016](#), Law, December 9, 2016.

20 Health Canada, [Supervised Consumption Explained](#).

21 Terry Lake, [Ministerial Order 488/2016](#), Law, December 9, 2016.

What to tell service users:

“Drug checking is legally allowed at our site. We operate under a designation from the health authority. This means we can handle your drugs for drug checking purposes. If you want us to send a drug to another lab for a deeper analysis, this designation also permits us to store and transport it.”

“Our designation means you can legally bring drug samples in here for us to check. But, it does not extend outside this site. Outside of this building and service, you would be subject to the same drug laws as anyone else who is carrying drugs in public.”

LANGUAGE

Foundational to messaging in drug checking is the language we use to talk about drugs and substance use. How we use language can help build rapport with people using the service and convey validity of the drug checking results.

Using everyday language is a key part of messaging in drug checking. While sometimes drug checking can be technical in nature, it is important that technicians and other staff talking about drug checking find ways to explain information in plain language terms.²²

People may have some literacy or cognitive differences that require different ways of communicating results. Using plain language is always a good starting place as to build common understanding and learn what words they use to describe their experience.

Language linked with drug use can be stigmatizing; harm reduction focuses on using non-judgmental language. Non-judgemental language underpins effective drug checking and harm reduction messaging by building trust and fostering better communication. Conversely, judgmental language can inhibit dialogue.²³

There is no magic formula for ensuring we always use the right words—but there are considerations that help reflect on ways to engage respectfully and compassionately

—Mindful Speech: Using Your Words to Help, Not Harm

22 Centers for Disease Control and Prevention, [Everyday Words for Public Health Communication](#), May 2016; Public Health Communications Collaborative, [Plain Language for Public Health](#) (Public Health Communications Collaborative, 2023).

23 Canadian Centre on Substance Use and Addiction and Community Addictions Peer Support Association, [Overcoming Stigma Through Language: A Primer](#) (2019); Health Canada, [Stigma: Why Words Matter](#), Government of Canada, July 9, 2021; Evan Adams, [Drug Use Is a Health Issue, Not a Moral Issue](#), First Nations Health Authority, August 31, 2016.

To implement a compassionate, non-judgemental approach to language, technicians can:

- Communicate openness and signaling willingness to consider different perspectives and new information.²⁴
- Avoid labels, and creating an environment where people wanting to check their drugs can share their experiences without worrying about criticism.
- Be aware of your own bias and how to address it.
- Use curiosity to explore service user perspectives, which helps build a supportive professional relationship where service users can feel heard.
- Use objective observations and “I” statements to avoid defensive reactions and potential conflicts.
- Ensure messaging interactions remain focused on dialogue, rather than advice.

What is the difference?

Judgemental language	Non-judgemental language
Uses labels e.g., ‘substance abuser’, ‘junkie’, ‘addict’, ‘drug user’	Describes behavior or activities e.g., ‘person who uses drugs’
Inhibits communication “In my opinion, it wouldn’t be smart to...”	Encourages communication “I am curious what you think about...”
Implies a demand “You should...”	Ownership of perspective “What I’m seeing is...”

Non-judgemental language includes using facts-based language. For example, results are talked about in terms of “what we found” in a sample, which is more accurate than declaring what is “in” a drug sample. Facts-based language means that technicians focus on what is known and observable. Additionally, facts-based language steers away from persuasive statements that may influence the behaviour of a service user. Using facts-based language helps keep messaging neutral and allow the service user to weigh the information for themselves.

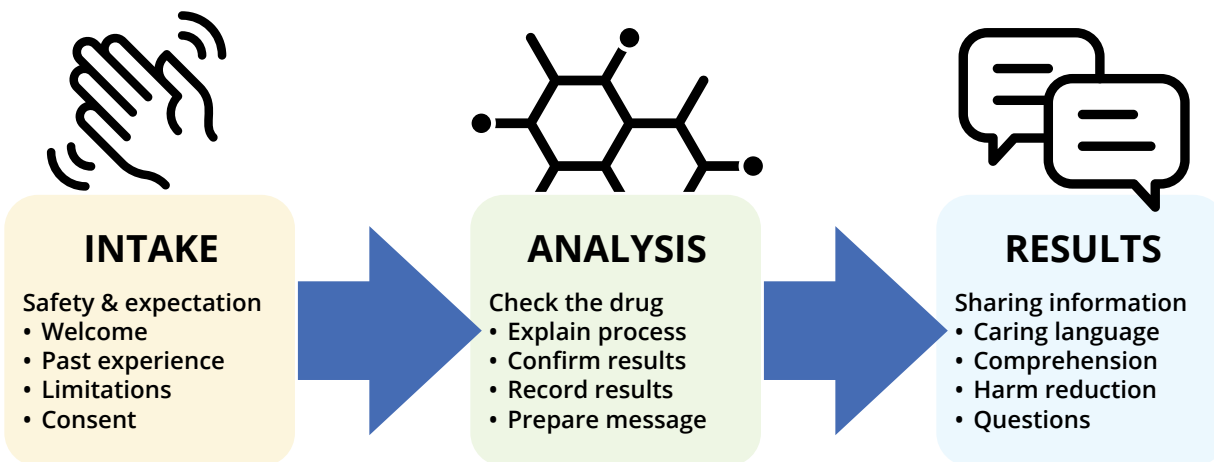
24 Canadian Public Health Association, [Language Matters: Using Respectful Language in Relation to Sexual Health, Substance Use, STBBIs and Intersecting Sources of Stigma](#), Canadian Public Health Association, September 26, 2019.

MESSAGING THROUGHOUT A DRUG CHECK

This section introduces a framework that breaks down the communication process into clear, manageable steps during a drug-checking visit. Messaging in drug checking is not a one-size-fits-all task. Communicating about drug checking results evolves in response to what the technician learns about the individual needs of the service user, the context of the interaction, and the nature of the substance being tested.²⁵

Messaging is required throughout a visit:

1. At intake
2. During analysis
3. While delivering results



Intake: Building Trust and Setting Expectations

Effective messaging in drug checking begins with trust, and trust starts with the first impression. The intake phase is a critical opportunity for technicians to establish rapport, demonstrate respect, and create a safe space for service users.²⁶ This is also the time to outline what a person can expect from a drug check and what the results may mean.²⁷

25 Public Health Agency of Canada, [Trauma and Violence-Informed Approaches to Policy and Practice](#).

26 Public Health Agency of Canada, [Trauma and Violence-Informed Approaches to Policy and Practice](#); Canadian Centre on Substance Use and Addiction, [Technical Competencies for Canada's Substance Use Workforce v.3](#) (Canadian Centre on Substance Use and Addiction, 2021).

27 World Health Organization, [Recommendations on Digital Interventions for Health System Strengthening](#) (World Health Organization, 2019).

Welcoming Service Users

A thoughtful and personalized greeting can go a long way in making someone feel welcome.²⁸ Clearly stating a first name, pronouns, and your role can start an interaction on the right foot and make the interaction more personable.²⁹ Non-verbal communication also plays a role in setting the tone. A relaxed and approachable demeanor such as open posture, relaxed shoulders, and a genuine smile can help service users feel at ease and more willing to engage.

Understanding the Service User's Needs

Once introductions are complete, technicians can ask what brings the service user to the drug checking service. Asking some questions at this point can help clarify what the service user is looking for out of the drug check and determine their priorities. Open-ended questions can encourage dialogue and help technicians gain more information about a service user's needs. Learning more about a person's situation can help the technician tailor messaging.

This is an important opportunity to establish a collaborative process between the service user and the drug checking technician. Many folks are used to being disempowered or having people embody an authoritative position over them in care settings. Such dynamics can promote defensiveness and hostility, while drug checking is a collaborative process informed as much by the person providing the sample as it is by the technician. If during the course of intake that it becomes apparent that it's a third party without the consent of the drug owner, please refer to [Third Party Drug Checking Without Consent](#) or the [Quick Reference Guide](#) version.

Asking about Substance Use

Asking permission before inquiring about personal drug use or other sensitive topics helps to give the person choice about how much they share and set an accepting tone. Framing questions with care such as "Can I ask you about your experience with different drugs?" helps maintain a respectful and client-centered approach.³⁰ This moment is also ideal for initiating harm reduction conversations that support safer use.

28 Public Health Agency of Canada, [Communicating about Substance Use in Compassionate, Safe and Non-Stigmatizing Ways](#); U.S. Department of Health and Human Services, [Health Communication Playbook](#) (U.S. Department of Health and Human Services, 2018).

29 Public Health Agency of Canada, [Communicating about Substance Use in Compassionate, Safe and Non-Stigmatizing Ways](#); Canadian Centre on Substance Use and Addiction and Canadian Community Epidemiology Network on Drug Use, [Risks and Harms Associated with the Nonmedical Use of Benzodiazepines in the Unregulated Drug Supply in Canada](#) (2021).

30 Centers for Disease Control and Prevention, [Everyday Words for Public Health Communication](#); Substance Abuse and Mental Health Services Administration, [Using Motivational Interviewing in Substance Use Disorder Treatment](#).

Three intake questions technicians ask all service users can yield important contextual information about their sample:³¹

- Reason for Drug Check: “Can I ask why you’ve come out today to get these drugs checked?”
- Not yet used/Used previously: “Have you or anyone you know used from this batch/baggie before—if so, was there anything about the drug you think is important for me to know?”
- Adverse events: “Were there any unexpected or strange effects from it? What were those?”

Asking these intake questions can also help the technician understand what sort of harm reduction messaging may be important later on in the visit. For example, if a service user shares that they experienced heavy sedation from the drug they are testing, the technician may review with them some options of places they can use with trusted people around. These intake questions may also be an opening to check in on how the service user is doing that day, and ask about ways they are taking care of themselves. However, it is important to follow the cues from the service user about how much they want to engage and follow their lead; for example, not forcing conversation when someone is quiet or reserved, or is clearly not interested in answering questions.

A Note About Boundaries

Asking about substance use can open up conversations that may be out of scope for the technician role or beyond what an individual technician is comfortable with. It is okay for technicians to maintain boundaries and not initiate or pursue conversations that require skills, training, or resources beyond what the technician can offer. Consider consulting [Workplace Mental Health and Drug Checking](#) for additional guidance.

When going through the intake questions, it may become clear that the service user has little experience with substance use. In these cases, it can be helpful to take time to gather more information at intake to support more informed messaging with results. Technicians can ask open-ended questions such as:³²

- “Have you tried [*type of drug, e.g., MDMA*] before? What kind of experience are you expecting?”

31 Note that these questions are asked routinely at BC drug checking services for the purposes of collecting data about samples and associated adverse events. These questions may not be standard for all drug checking services.

32 Centers for Disease Control and Prevention, [Everyday Words for Public Health Communication](#).

- “Do you have any specific questions or concerns about *[type of drug]*?”

It is important to find a balance between finding out more about the sample, while being cautious not to dig too deep that the service user feels interrogated.

It is particularly important to help the service user feel comfortable during the intake phase, taking care not to overload them with too much information. When a person seems unfamiliar with substances or substance use, take time to engage with the person. Slow down, listen to their concerns, and offer to answer questions as you go along. It can be helpful to reassure the person that you will go through the results in more depth once you have finished the analysis.

Setting Expectations

A key part of intake is setting clear expectations about what the drug checking service can and cannot do. Explaining the limitations of the technology thoroughly and in plain language helps to increase comprehension of the final results and manages disappointment or distress if a drug result is not what the service user expects.³³

Most importantly, part of setting expectations at the start is clarifying that a drug check cannot guarantee safety. A drug checking result can only report what is detected, and there may be things in a drug that are not detectable by this technology that can still pose harms.

33 Michael J. Gaunt, [Targeted Medication Safety Best Practices for Community Pharmacy: 2023-2024](#) (Institute for Safe Medication Practices, 2023); Maghsoudi et al., [Drug Checking Services for People Who Use Drugs](#); World Health Organization, [Recommendations on Digital Interventions for Health System Strengthening](#); BCCSU, [Drug Checking Implementation Guide: Lessons Learned from a British Columbia Drug Checking Project](#); McCrae et al., [Operational Technician Manual: Version 2.2023](#)

What to tell services users about the limitations of drug checking:

General limitation	"Drug checking can tell you a lot about what is in your drugs, but not everything. I'll let you know what I can detect."
Avoid 'safe' or 'pure'	"We cannot tell you if a drug is 'safe' or 'pure.' No drug use is ever risk free. We can only tell you what we are able to detect with the technology. There is always a risk there is something present we cannot detect."
Number of substances	"The FTIR can detect 4-5 components in a sample fairly confidently. Sometimes we can detect more but if there are a lot of components, it is harder to be certain of our results."
FTIR Limit of detection	"There may be some ingredients that are not detectable by FTIR in small amounts (< 5-10% of a samples volume). This means there may be potent ingredients present in small amounts that this technology will miss."
Test strip limitations	"We use fentanyl and benzo test strips to help us detect when they're present in very low amounts that the FTIR can't see. But these strips may not always reliably detect all analogues of those drugs. Even if the test strip is negative, there may be something there that the strip did not detect."
Library limitation	"Sometimes there may be ingredients in a drug that are not in our library, which means we can't identify that ingredient but can see there's something there. When this happens, if you are interested, we may be able to mail it to another lab for further testing to try and figure out what it is."
Chocolate chip cookie effect	"The sample you provide does not always represent the entire batch. Meaning, they can be like a chocolate chip cookie. When you break off part of a chocolate chip cookie, sometimes it has chocolate chips and sometimes it doesn't. When you break off your sample, sometimes it has all the ingredients/components and sometimes it doesn't. The sample might also have a lower or higher concentration of certain ingredients/components compared to other parts of the drug. To better test your drug sample, we can crush up your drug to try and make the mix more even."
Concentrations	"While we can sometimes give you an estimated range of the amount of different /ingredients we find, this is not a perfect science. We cannot tell you exactly how much of an ingredient is in your drug."

Describing limitations at the beginning of the drug check helps set expectations, so the technician can more clearly explain relevant limitations later when they deliver results. Having some handy disclaimers printed in large, accessible fonts accompanied by images, can also make this information easier to understand for people who might have different communication needs.

Obtaining Consent

Once the service user understands the scope and limitations of the service, technicians should ask permission from the service user to gather some of their drug for the drug check. It is important to explain that while the process requires a very small amount of substance, using test strips will destroy some of the sample. Ensuring consent is not just procedural; it supports trust and confidence in the interaction that follows.

Analysis: Gathering information

The analysis stage is both technical and relational. By staying grounded in facts and maintaining a supportive tone, technicians can help service users feel informed and empowered throughout the drug checking process. It can also be an opportunity to gather more information through discussion to help tailor the results to the service user.

Tracking Results throughout the Analysis

Technicians may wish to gather more information from the service user during the analysis of the sample, especially if they start to see unexpected ingredients. Technicians are encouraged to write down notes or enter results in the database as they go so they have all the information gathered before sharing it with the service user. This approach helps the technician to think about how they might present results to the service user.

Organize and Review Results Before Sharing

It is important that technicians don't share or give away information before they have had an opportunity to explore all the elements of the results. It is recommended to maintain a "poker-face" to prevent service users from jumping to false conclusions. Instead, ensure that you have completed your analysis and gathered all relevant information before presenting the results.

Explaining the Process

Like other health technology services, explaining what is happening during analysis to the service user can help demystify the experience and help service users feel more

involved.³⁴ A conversational tone, paired with openness and curiosity, can encourage service users to share more about their needs and experiences.³⁵ Asking the service user questions and being friendly can foster engagement, but technicians must also be sensitive to the service user's comfort level. If a service user prefers minimal interaction, it is important to respect that preference.³⁶

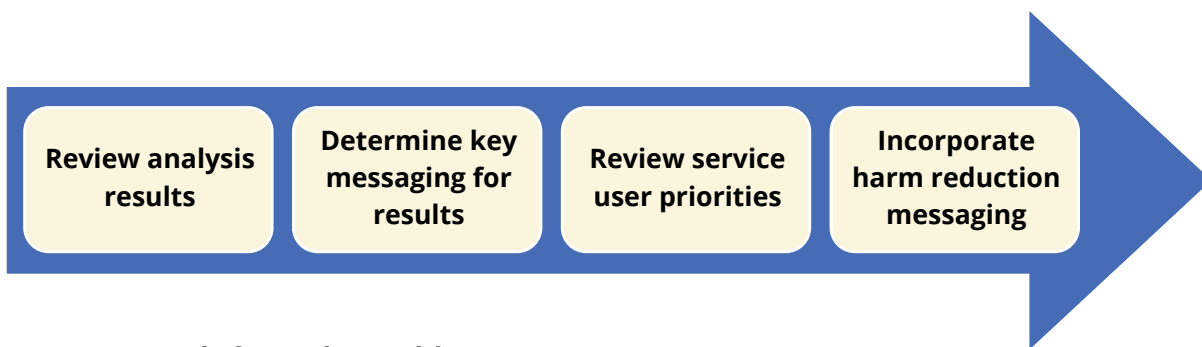
In some cases, service users may express interest in the technical aspects of the drug checking process. It is recommended that technicians do not share the analysis screen with the service user. Displaying hit rankings and mixture analysis percentages can mislead a service user who is not familiar with how to interpret the software results.³⁷ Avoid sharing incomplete analyses, invalid results, or assumptions as these can be misinterpreted as fact. To prevent confusion or misinterpretation, technicians can show an example of what a spectrum looks like, without showing the displayed results outputs, and explain; "This is what the FTIR generates and then we compare this to libraries of other lines for different drugs to identify components."

Delivering Results: Communicating Findings Accurately

Once the drug checking analysis is complete, it is important to translate the findings in a meaningful way for the service user. The way a technician shares this information can significantly influence the service user's understanding, emotional response, and decisions. Approaching this step with clarity, neutrality, and a strong harm reduction lens will produce the best outcomes.

Simple, direct, and factual messaging alongside harm reduction information is the most efficient way to give results.³⁸ Avoid irrelevant information that does not directly support the service user's health outcomes. If you know the reason for the visit, address the concern specifically.

-
- 34 Silvina P. Dutruel et al., [Patient-Centered Radiology Communications: Engaging Patients as Partners](#), *Journal of the American College of Radiology* 21, no. 1 (2024): 7–18; BCCSU, [Drug Checking Implementation Guide: Lessons Learned from a British Columbia Drug Checking Project](#).
{\i}Drug Checking Implementation Guide: Lessons Learned from a British Columbia Drug Checking Project}.”,plainCitation”:“Silvina P. Dutruel et al., “Patient-Centered Radiology Communications: Engaging Patients as Partners,” *Journal of the American College of Radiology* 21, no. 1 (2024)
- 35 Public Health Agency of Canada, [Communicating about Substance Use in Compassionate, Safe and Non-Stigmatizing Ways](#); Substance Abuse and Mental Health Services Administration, [Using Motivational Interviewing in Substance Use Disorder Treatment](#).
- 36 World Health Organization, [Recommendations on Digital Interventions for Health System Strengthening](#).
- 37 Ontario's Drug Checking Community, [Service and Technology Limitations](#) (2025); World Health Organization, [Recommendations on Digital Interventions for Health System Strengthening](#); McCrae et al., [Operational Technician Manual: Version 2](#).
- 38 U.S. Department of Health and Human Services, [Health Communication Playbook](#); World Health Organization, [Recommendations on Digital Interventions for Health System Strengthening](#).



Use neutral, facts-based language

As outlined in the language section above, it is important to describe results using facts rather than overly technical, incorrect, or value-based statements. Focusing on facts minimizes misinformation that can sometimes come from well-intentioned opinions or advice. Technicians provide facts-based information so service users can make decisions in their best interest.

Overly technical, incorrect, or value-based	Factual
"The FTIR detects chemicals by reading their infrared absorption patterns."	"The FTIR uses light to detect what is in your sample."
"Your sample is just meth; it's "clean."	"I only detected meth and the fentanyl test strip came back negative. But, as I mentioned, the FTIR can sometimes miss ingredients that are present below that 5-10% limit."
Describing drug as "bad", "dangerous" or "toxic."	"This substance may pose an increased risk when combined with the other substances detected in the mixture." "This substance is present in higher than normal amounts – taking more than a regular dose could pose a health risk." "This substance is stronger/more potent than what you might be used to."

Describing results in factual terms creates an opportunity for service users to ask more questions and get more clarity on what the results mean.

Naming and Describing Substances

When sharing results, it can be helpful to name the substance group the ingredients belong to. Short definitions can add a lot of clarity for someone without adding a lot of detail. For example, you can say “I found para-fluorofentanyl, a type of fentanyl, which is a potent opioid.” Similarly, for inactive substances, it can be helpful to offer a general description. For example, “I also found erythritol, a type of sugar, in your sample” (e.g., referring to erythritol as a sugar rather than a sugar alcohol). Be aware that substances may be known by different names, such as phenacetin also being referred to as “Super Buff.” Terms may vary locally, so ensure to be familiar with what is used in your community.

When naming ingredients, it is important to include:

- type or class of drug it belongs to (e.g., opioid, stimulant, etc.)
- length of effect
- expected physical and mental effects and measures that might be taken to avoid adverse events (e.g., using the Lifeguard app, being mindful of water intake, etc.)
- relative potencies if it is relevant to the substance (e.g., fentanyl analogs)

To guide drug specific messaging, BCCSU’s [Common Compounds in FTIR Drug Checking in BC](#) has a good summary of key information about the most common substances found in drug samples in BC.³⁹ Since this document includes technical language, it may be beneficial to consider how to share the information in more general terms.

Ensure Comprehension

To ensure comprehension, check in with the service user and do not assume they know what the results mean. Asking open-ended questions can help gauge their understanding. Avoid yes-or-no questions as these can lead someone to agree when they do not necessarily have all the information that would benefit them.⁴⁰

To avoid confusion, use clear, every-day language to share results. Drug checking can be quite technical, so it is important to explain these things using easy to understand concepts (e.g., the chocolate chip cookie effect).

Sometimes technicians may want to share information they believe is helpful to contextualize results in terms of what is happening locally in the unregulated supply. However, caution is advised. If speculation or anecdotal information is shared (e.g., experiential stories rather than evidenced drug trends or community reports) it should be clearly framed as non-scientific and not universally reliable.

39 Mia Pohl, [Common Compounds in FTIR Drug Checking in BC](#), BCCSU Drug Checking, April 2025.

40 U.S. Department of Health and Human Services, [Health Communication Playbook](#).

When language and cultural differences present barriers to communication, technicians may need more time to explain concepts or use translation software to ensure that the service user understands.⁴¹

Handling Questions of Dosing

Drug checking technicians do not provide dosing recommendations.⁴²

Reasons for this include:

- Recommending a specific dose could imply a guarantee of safety, which is not possible.
- Point-of-care drug checking tools like FTIR and test strips cannot determine exact purity, or concentration of substances; without this information, dosing advice would be speculative and potentially harmful.
- People have different tolerances, body chemistries, and substance use histories. A dose that may be safe for one person may be potentially harmful for another. Refer questions about dosing to.
- Harm reduction supports informed decision-making rather than prescriptive behaviors.
- Drug checking is a non-clinical, informational service.

Questions about dosing provide an opportunity to speak to other factors that can influence the drugs' effects. Responses to a drug can be influenced by one's weight, hydration, nutritional status, emotional state, mental and physical wellness, level of rest, surrounding stimulation, and many other individual and environmental factors. It is always recommended to start with a smaller amount and take their time with re-dosing until the person knows how their body reacts to it. There are several online resources, including *Psychonaut Wiki*, *Erowid*, and *Dancesafe*.⁴³

Reviewing Limitations

When sharing results, technicians should repeat the most relevant limitations. This helps clients understand how to interpret their results correctly and reduces confusion.

41 World Health Organization, [Recommendations on Digital Interventions for Health System Strengthening](#).

42 Shadi Ghaibi et al., [ASHP Guidelines on the Pharmacist's Role in Providing Drug Information](#), *American Journal of Health-System Pharmacy* 72, no. 7 (2015): 573–77; American College of Clinical Pharmacy, [Standards of Practice for Clinical Pharmacists](#), 6, no. 10 (2023): 1156–59; Lea Gozdziński et al., [Point-of-Care Community Drug Checking Technologies: An Insider Look at the Scientific Principles and Practical Considerations](#), *Harm Reduction Journal* 20, no. 1 (2023): 39; Ontario's Drug Checking Community, [Service and Technology Limitations](#); BCCSU, [Drug Checking Implementation Guide: Lessons Learned from a British Columbia Drug Checking Project](#); McCrae et al., [Operational Technician Manual: Version 2](#), *American Journal of Health-System Pharmacy* 72, no. 7 (2015).

43 Psychonaut Wiki, [Psychonaut Wiki](#); Erowid, [Erowid](#); DanceSafe, [DanceSafe](#).

Here are a few examples of key limitations to review when giving results:

Drug Checking Result	Description of limitation:
Only one substance was detected	"There is a limit of detection to FTIR and there may be components present that are below the limit of detection"
Results contain an uncertain match	"We can see that there is signal indicating the presence of another substance but we can't identify what it is"
Result is a no library match	"This sample doesn't match anything in our libraries, our libraries are pretty extensive but they don't contain everything"
Result contains an uncertain category (ex. Uncertain Carbohydrate, Uncertain fentanyl analog)	"With FTIR, fentanyl analogs look very similar and so sometimes we cannot differentiate them, but we are confident that it is in this family of substances."

Concentrations

Service users are often interested to know how much of a specific substance is in their drug sample. Handling questions around concentrations can be tricky to navigate because of a pressure to provide a precise answer. FTIR cannot provide truly quantified results. Often, technicians cannot provide precise concentration estimates, and in cases where they can, the estimated results will be in a range. For example, 5-10%, rather than 8.5%.

Standard operating procedures for delivering results with quantified estimates have been developed to guide technicians in sharing this information with service users in an accurate and responsible way. Please refer to [Fentanyl Quantification and Messaging](#) for more instruction.⁴⁴

Sharing Lived Experience

Talking about substance use is often highly stigmatized — drug checking services offer a space for people to share honestly about their drug experiences. When a service user shares their experience, it may seem like it might be helpful for a staff person to share a personal story to help relate to the service user. But when is it okay to share?

The best practice is to keep the focus on the service user and their experience. This can be difficult to do when a staff person introduces new information about their own personal experiences into a staff/client interaction, however briefly.

⁴⁴ British Columbia Centre on Substance Use, [Fentanyl Quantification and Messaging](#), British Columbia Centre on Substance Use (BCCSU), 2021.

Any self-disclosure should only be done after careful reflection on the purpose for sharing a personal story, considering any unintended messages the story may convey, and determining that sharing personal information would be clearly in the best interest of the service user. That said, even with careful framing, service users may misinterpret personal anecdotes as endorsements or recommendations. When in doubt, leave it out.

It is important to remember that it is never required to share your own personal experience to provide effective messaging.

HARM REDUCTION MESSAGING

General Harm Reduction Strategies

While each substance carries unique risks and effects, there are core harm reduction principles that apply across substance use. These guidelines support safer use, informed decision-making, and respectful engagement with service users.⁴⁵ Technicians can integrate these messages into conversations regardless of the substance being checked, adapting them to the user's context and needs.

Safer Drug Use Tips



Have a buddy
Use with a buddy or at overdose prevention sites. If you choose to use alone, get someone to look in on you and call for help if needed.



Start low, go slow
Test a small amount first, then go slowly.



Have an overdose plan. Carry naloxone.
Be prepared if an overdose happens. Get training and carry naloxone.



Use one drug at a time
Using more than one substance increases the risk of overdose. Mixing your drugs (including prescription drugs) with alcohol or other substances is dangerous. If you do mix, use less than you normally would and go slowly.



Be aware of your health & tolerance
Being sick, run down or having a chronic illness can increase the risk of overdose. Your tolerance can also be lower if you haven't used for a while, or if you are using a substance for the first time.

Figure 1: BCCDC (2025), [Toward the Heart](#), a project of the BCCDC's provincial [Harm Reduction Program](#).

45 Strike et al., [Best Practice Recommendations for Canadian Harm Reduction Programs](#).

General Harm Reduction Strategies:

- **Start Low, Go Slow:** Encourage users to begin with a small amount, especially with unfamiliar substances or batches. Potency can vary widely, even within the same drug class, and concentrations can vary widely between batches. Give the dose time to take effect before re-dosing.⁴⁶
- **Avoid mixing multiple substances:** Combining drugs (e.g., stimulants with depressants, or multiple central nervous system depressants) increases the risk of unpredictable effects, overdose, and other harms.⁴⁷
- **Use in a Safe Environment:** Recommend using in a familiar, calm setting with trusted people, especially for substances that affect perception, coordination, or consciousness. Overdose prevention sites, safer consumption sites, including safer inhalation sites are some options.
- **Have a Plan for Emergencies:** Suggest carrying naloxone, knowing the signs of overdose, and having someone nearby who can help or call for assistance if needed. Resources such as NORS or the Lifeguard app may also be helpful.⁴⁸
- **Stay Hydrated and Nourished:** Remind users to drink water and eat, particularly when using stimulants or psychedelics that may suppress appetite or increase physical exertion.
- **Know Your Limits and Listen to Your Body:** Encourage users to pay attention to how they feel and stop if something doesn't feel right. Rest and recovery are important.
- **Respect Individual Differences:** Effects can vary based on body chemistry, present state of mind, tolerance and other factors. What works for one person may not for another.
- **Avoid Using Alone:** Using with others can reduce risks and ensure help is available if needed. If using alone, consider safety tools like overdose prevention tools (e.g., NORS, Lifeguard) or check-in systems.⁴⁹
- **Mental Health Matters:** Some substances can intensify emotions or trigger psychological distress. Encourage users to consider their mental state before using and to seek support if needed.
- **Check Your Drugs:** Use the [BCCSU Find Drug Checking](#) tool to learn more about what your drugs may contain.

46 Public Health Agency of Canada, [Communicating about Substance Use in Compassionate, Safe and Non-Stigmatizing Ways](#); U.S. Department of Health and Human Services, [Health Communication Playbook](#).

47 Public Health Agency of Canada, [Communicating about Substance Use in Compassionate, Safe and Non-Stigmatizing Ways](#); Centers for Disease Control and Prevention, [Everyday Words for Public Health Communication](#).

48 Public Health Agency of Canada, [Communicating about Substance Use in Compassionate, Safe and Non-Stigmatizing Ways](#); U.S. Department of Health and Human Services, [Health Communication Playbook](#); Provincial Health Services Authority, [Naloxone Administration Decision Support Tool](#); BC Centre for Disease Control, 2024).

49 See [Communicating about Substance Use in Compassionate, Safe and Non-Stigmatizing Ways](#); [Health Communication Playbook](#); and [Naloxone Administration Decision Support Tool](#).

Messaging for types of results

Expected results

When results match the service user's expectations harm reduction messaging is very important as service users may feel a sense of security from that result.

If the sample is a single component, it is important that the service user does not assume this means the drug is "pure," "safe," or "clean." Ensuring understanding of the possibility of additional, undetected compounds will help to prevent a false sense of security. Familiarity with substances can lead service users to forget potential risks, even without the presence of contaminants.

Determining if the results are "expected" can be difficult in circumstances where there are expected to be multiple components (e.g., "down" or unregulated opioid samples). In these cases, it is important to speak to each different type of drugs found in the sample, such as opioids with benzos and then to explain how these drugs may interact with one another.

With expected results, it is an opportunity for technicians to explore harm reduction strategies in more detail. Asking questions about how the person plans to use their drugs can be a good way to engage in more harm reduction strategies specific to the individual and to share resources they may not be aware of.

If the sample contains a cut or buff, assessing whether the service user expected this or knows much about the particular substance will help the technician provide better messaging. If the addition of the cut or buff is undesired, technicians can explore the concerns the service user has and provide more information about the inactive substance.

Unexpected results

Unexpected results require thoughtful messaging. If the sample contains an unexpected active substance, it is important to explain what it is and its potential effects. The goal is not to label the mixture as "bad," but to provide information that allows the service user to make informed decisions.

Some service users may be upset about the unexpected result but not be able to buy replacement drugs and may have to take the drug despite the presence of unexpected substances. While some people may react negatively and blame the source of the drugs, in many cases, people are more interested to share the information to help others be aware of what is circulating in the community.⁵⁰

50 Bird et al., [Sharing Drug Checking Results in a Canadian Setting: A Multi-Site Analysis](#), *International Journal of Drug Policy* 143 (September 2025): 104903.

In some cases, the unexpected substance may not be a concern to the service user. Regardless of the lack of surprise or reaction, it is helpful to provide as much information about the unexpected substance and its potential interaction with the other compounds in the substance.

Messaging can emphasize that the purpose of drug checking is to provide objective information to support informed decision making.

Uncertain match

In some cases, drug checking analysis may indicate the presence of a substance, but technicians are unable to identify it. These scenarios are referred to as ‘uncertain matches’, and require careful and transparent messaging. Some strategies that can be considered when an uncertain match is present:

- **Acknowledge the uncertainty:** Clearly state that a substance appears to be present, but cannot be identified with confidence. “It looks like there is another component present, but I’m not able to identify it.”⁵¹
- **Avoid speculation:** Guessing or suggesting what the substance might be based on appearance, smell, or anecdotal reports can mislead. Stick to sharing confirmed, factual information.⁵²
- **Emphasize limitations:** Explain the constraints of the technology and the reference libraries, and reinforce that absence of identification does not imply a drug is safe or potentially harmful.
- **Offer harm reduction support:** Provide harm reduction advice, including strategies for safer use, should always be given and not just in the absence of specific information, especially for uncertain/ unknown substances.⁵³
- **Encourage follow-up:** Invite the service user to return with another sample, or refer to confirmatory testing options if available.⁵⁴

51 Gozdziński et al., [Point-of-Care Community Drug Checking Technologies](#); Ontario’s Drug Checking Community, [Service and Technology Limitations](#); United Nations Office on Drugs and Crime, [UNODC New Psychoactive Substances Portal and International Collaborative Exercise Portal](#), UNODC Early Warning Advisory on New Psychoactive Substances, accessed March 30, 2026; The European Union Drugs Agency, [New Psychoactive Substances – the Current Situation in Europe \(European Drug Report 2024\)](#), The European Union Drugs Agency (EUDA), June 5, 2025.

52 Gozdziński et al., [Point-of-Care Community Drug Checking Technologies](#); Ontario’s Drug Checking Community, [Service and Technology Limitations](#); United Nations Office on Drugs and Crime, [UNODC New Psychoactive Substances Portal and International Collaborative Exercise Portal](#); The European Union Drugs Agency, [New Psychoactive Substances – the Current Situation in Europe \(European Drug Report 2024\)](#)

53 Public Health Agency of Canada, [Communicating about Substance Use in Compassionate, Safe and Non-Stigmatizing Ways](#).

54 Gozdziński et al., [Point-of-Care Community Drug Checking Technologies](#); Ontario’s Drug Checking Community, [Service and Technology Limitations](#); United Nations Office on Drugs and Crime, [UNODC New Psychoactive Substances Portal and International Collaborative Exercise Portal](#); The European Union Drugs Agency, [New Psychoactive Substances – the Current Situation in Europe \(European Drug Report 2024\)](#); BCCSU, [Drug Checking Implementation Guide: Lessons Learned from a British Columbia Drug Checking Project](#).

Uncertain Result

Similarly, technicians may report results such as: “Uncertain carbohydrate”, “Uncertain fentanyl analog,” “Uncertain oil,” “Testosterone Family” or other categories of substances that share similarities on FTIR. This means that a technician has confidence that the unidentified substance belongs to the category of drug they give as a result but are not able to specify the substance or analog.

In these circumstance messaging should emphasize that the technician is confident that there is signal indicating a category or family of substances but that they are unable to provide more specific information than that.

Note on Uncertainty

Drug checking technicians want to detect everything they can in a sample to support the service user to make the most informed choices possible. But given the limitations of drug checking technologies and the complexity of the drug supply, drug checking results are not always a complete picture of the sample.

Given that there is uncertainty in results, it is important for drug checking technicians to explain to service users that they cannot get a conclusive answer. This is providing the most accurate result possible. Helping service users understand that there are limitations to what we can detect before the drug check is started helps prepare service users for this type of result and makes communicating results easier for the technician at the end.

Uncertainty is a part of the nature of drug analysis. Drug checking has revealed that the more we know, the more there is to know. One of the most important skills to develop as a technician is to learn to identify uncertainty and to find a way to make it a part of delivering results.

No Library Match

Many novel substances are not included in standard testing libraries, making identification difficult or impossible with point-of-care technologies. These samples should still have test strips performed and those results should be relayed.⁵⁵

In cases where no FTIR result can be determined, technicians can still offer harm reduction support despite the lack of specific finding. It is important to avoid speculating about what the substance might be without evidence, and better to explain that nothing could be detected at this time by the technology.

55 Gozdziński et al., [Point-of-Care Community Drug Checking Technologies](#); Ontario's Drug Checking Community, [Service and Technology Limitations](#); United Nations Office on Drugs and Crime, [UNODC New Psychoactive Substances Portal and International Collaborative Exercise Portal](#).

Let the service user know they can return with another sample to try again or seek confirmatory testing if available.⁵⁶ If the service has access to confirmatory testing, offer to facilitate that process. See BCCSU's guide on [Confirmatory Testing](#) for more information.

Navigating Differences between Service User Expectations and Drug Checking Results

Occasionally, service users may believe a substance is something other than what the drug checking results indicate. These moments can be tense, especially when the service user's belief is rooted in experience, trust in a supplier, or prior use.

In these situations, the technician's priority is to maintain a respectful and non-confrontational environment.⁵⁷ Avoiding debate or escalation is key. It is helpful to shift focus to general safety strategies or offer to revisit the substance with confirmatory testing if possible. In instances where the service user may blame their supplier for unexpected results, it may help to talk about how the unregulated supply is so unpredictable, even a dealer may not be aware of what is in their supply. Focus on the positive outcome of getting drugs tested and learning more about what is in their substance so they can know and share with others who may have the same drug.

Specific Considerations for Drug Category and Format

Drug category

Different categories of substances carry distinct risks, effects, and harm reduction considerations. Messaging tailored to the type of drug being checked allows technicians to provide more relevant and empathetic support to service users.⁵⁸

While there are effects common across drug categories, messaging is best refined to suit the exact drug. While this section does not delve into the different classes of drugs (e.g., opioids, stimulants, dissociatives) and their specific considerations, it does cover drug messaging for broad categories. For more specific information about individual drugs, consult BCCSU's guide to [Common Compounds in Drug Checking](#).

56 Ontario's Drug Checking Community, [Service and Technology Limitations](#); BCCSU, [Drug Checking Implementation Guide: Lessons Learned from a British Columbia Drug Checking Project](#).

57 Public Health Agency of Canada, [Communicating about Substance Use in Compassionate, Safe and Non-Stigmatizing Ways](#); U.S. Department of Health and Human Services, [Health Communication Playbook](#).

58 Maghsoudi et al., [Drug Checking Services for People Who Use Drugs](#).

Uncommon and Novel Substances

Novel substances pose unique harm reduction challenges due to limited information about their effects, safety profiles, and risks.⁵⁹ These substances may mimic the effects of more familiar drugs but can vary widely in potency, duration, and toxicity. Technicians should acknowledge the limitations of current testing libraries and offer general advice based on the suspected drug class when possible. Messaging considerations for uncommon and novel substances include:

- Uncommon or novel substances may have unknown pharmacological profiles, durations, and potencies, increasing the risk of adverse reactions.⁶⁰
- There may be little information available on novel substances and limited evidence about their effects on human health.
- The availability of novel substances can change quickly, making it difficult to track trends or provide consistent guidance.⁶¹
- Encourage service users to share their experiences. Document and report any adverse effects to help build community knowledge and inform harm reduction efforts.⁶²

Cuts and Buffs

When cuts or buffs have been detected during the analysis of a sample, it is important to explain what they are in plain language. As with all messaging, present findings without judgment and invite service users to share their thoughts or concerns about the presence of additives.

Messaging considerations when discussing cuts and buffs:

- Some cuts (e.g., caffeine, lidocaine, levamisole) are pharmacologically active and may contribute to side effects or interactions.
- The detection of only inactive substances does not rule out the presence of active substances or mean the sample is 'safe' overall.⁶³

59 United Nations Office on Drugs and Crime, [UNODC New Psychoactive Substances Portal and International Collaborative Exercise Portal](#); The European Union Drugs Agency, [New Psychoactive Substances – the Current Situation in Europe](#) (*European Drug Report 2024*).

60 The European Union Drugs Agency, [New Psychoactive Substances – the Current Situation in Europe](#) (*European Drug Report 2024*).

61 United Nations Office on Drugs and Crime, [UNODC New Psychoactive Substances Portal and International Collaborative Exercise Portal](#); The European Union Drugs Agency, [New Psychoactive Substances – the Current Situation in Europe](#) (*European Drug Report 2024*).

62 United Nations Office on Drugs and Crime, [UNODC New Psychoactive Substances Portal and International Collaborative Exercise Portal](#).

63 Gozdziński et al., [Point-of-Care Community Drug Checking Technologies](#); Ontario's Drug Checking Community, [Service and Technology Limitations](#); United Nations Office on Drugs and Crime, [UNODC New Psychoactive Substances Portal and International Collaborative Exercise Portal](#); The European Union Drugs Agency, [New Psychoactive Substances – the Current Situation in Europe](#) (*European Drug Report 2024*).

- Point-of-care technologies cannot identify all cuts and buffs, especially if they are present in low concentrations.⁶⁴
- Large amounts of cuts and buffs can obscure signals of other active substances

Messaging for Pills, Liquids, and Paraphernalia

Different drug formats also require tailored messaging.

Tablets and Pressed Pills

Tablets and pressed pills present a distinct challenge in drug checking due to the difficulties inherent to testing mixtures that contain fillers and binders. Active substances may be impossible to find using point-of-care technologies, and it is not possible to visually distinguish pharmaceutical tablets from illicitly made pills.⁶⁵

Messaging considerations for tablets or pressed pills:

- Fillers and binders in tablets can make it difficult for drug checking technologies to detect active ingredients, as they often comprise the bulk of the mixture while the active is present in trace amounts.⁶⁶
- Tablet design can mimic legitimate pharmaceuticals, leading users to assume safety based on appearance alone.⁶⁷ Branding, imprints, or packaging may be deliberately misleading, and do not indicate authenticity or safety.
- Illicitly manufactured tablets may contain unexpected or harmful substances, including potent opioids or stimulants.⁶⁸
- Even tablets that appear identical may vary in strength or composition, increasing the risk of drug poisoning or other adverse effects.
- Concentration ranges can be difficult, if not impossible, to determine, especially without crushing and mixing the entire pill.
- It is not possible to confirm if a pill is 'real,' however, it can be determined if a pill is fake when the ingredients do not line up with a real one.

64 McCrae et al., [Operational Technician Manual: Version 2](#).checklists, testing equipment, and more."/,"language":"en-US","publisher":"British Columbia Centre on Substance Use (BCCSU)

65 United Nations Office on Drugs and Crime, [UNODC New Psychoactive Substances Portal and International Collaborative Exercise Portal](#); The European Union Drugs Agency, [New Psychoactive Substances – the Current Situation in Europe \(European Drug Report 2024\)](#).

66 Gozdziński et al., [Point-of-Care Community Drug Checking Technologies](#); Ontario's Drug Checking Community, [Service and Technology Limitations](#)

67 United Nations Office on Drugs and Crime, [UNODC New Psychoactive Substances Portal and International Collaborative Exercise Portal](#); The European Union Drugs Agency, [New Psychoactive Substances – the Current Situation in Europe \(European Drug Report 2024\)](#).

68 The European Union Drugs Agency, [New Psychoactive Substances – the Current Situation in Europe \(European Drug Report 2024\)](#); BCCSU, [Drug Checking Implementation Guide: Lessons Learned from a British Columbia Drug Checking Project](#); McCrae et al., [Operational Technician Manual: Version 2](#).

Liquids

Liquids pose a unique challenge for drug checking. There are some important limitations that should be conveyed to the service user, which include:

- The presence of carrier substances such as oil or water often mask the signal of other components that may be present in smaller amounts. There may still be active ingredients in the liquid that cannot be detected.
- It is not possible to determine a proportion estimate or percentage ranges for liquids, as they will be neither accurate nor representative of the entire substance, especially when diluted for injection.⁶⁹
- In some cases it may not be possible to test a liquid or to provide any useful information.

Drug Paraphernalia Residue (e.g., a used cooker or pipe)

In some cases, service users may want to test drug residue left in a used cooker or pipe. While this is possible, some limitations affect the results. Messaging may include the following:⁷⁰

- Residue remaining after a substance is cooked or smoked contains only some of the original composition.
- Residue composition is not typically representative of the original mixture and cannot determine concentrations.
- The technician may not be able to handle or store broken glass or syringes contaminated with blood.

69 United Nations Office on Drugs and Crime, [UNODC New Psychoactive Substances Portal and International Collaborative Exercise Portal](#); The European Union Drugs Agency, [New Psychoactive Substances – the Current Situation in Europe](#) (European Drug Report 2024); McCrae et al., [Operational Technician Manual: Version 2](#).

70 Gozdziński et al., [Point-of-Care Community Drug Checking Technologies](#); Ontario's Drug Checking Community, [Service and Technology Limitations](#); United Nations Office on Drugs and Crime, [UNODC New Psychoactive Substances Portal and International Collaborative Exercise Portal](#); BCCSU, [Drug Checking Implementation Guide: Lessons Learned from a British Columbia Drug Checking Project](#); McCrae et al., [Operational Technician Manual: Version 2](#).

COMMUNICATING IN OTHER FORMATS

Giving results face-to-face is not always possible, and in some cases, the service user may prefer to get results via another delivery method. Technicians may communicate results and harm reduction advice through remote formats such as phone calls, text-message, email or a web-based service such as the BC Client Results Portal ([Checkmydrugsbc.ca](https://checkmydrugsbc.ca)). Sharing results in remote formats can present some challenges, including the absence of visual cues, limited opportunities for clarification, and the potential for misinterpretation.⁷¹ The core principles outlined above apply with these alternative ways of communicating results.⁷²

Communication in formats other than in-person sometimes presents privacy concerns if contact information is required to reach back to the service user. It is key to adhere to procedures for managing personal information. BCCSU standard operating procedure [Managing Privacy and Personal Information](#) offers guidance.

Written results should always include a disclaimer

Drug checking results, especially those written down or posted on a webpage, can be repurposed to promote or validate the sale of substances, even when the results do not apply to the drugs being sold.⁷³ This can undermine the integrity of the service, and lead to preventable harms. This is an example of a disclaimer that can be added to any written results provided to service users.

“This result applies only to the sample tested and is valid only when provided directly by a trained drug-checking technician. Any reproduction, reuse, or presentation of this result outside of its original context is invalid. Drug checking does not guarantee safety, purity, or quality.”

Messaging via Phone

Phone conversations allow for dialogue, while requiring careful attention to tone and pacing.⁷⁴

- At the beginning of the call, determine whether the service user is on a shared phone, if the service user is alone, and if the service user is able to talk freely.

71 Public Health Agency of Canada, [Trauma and Violence-Informed Approaches to Policy and Practice](#); BCCSU, [Drug Checking Implementation Guide: Lessons Learned from a British Columbia Drug Checking Project](#).

72 Public Health Agency of Canada, [Communicating about Substance Use in Compassionate, Safe and Non-Stigmatizing Ways](#); U.S. Department of Health and Human Services, [Health Communication Playbook](#); World Health Organization, [Recommendations on Digital Interventions for Health System Strengthening](#).

73 Gozdziński et al., [Point-of-Care Community Drug Checking Technologies](#); Ontario's Drug Checking Community, [Service and Technology Limitations](#).

74 World Health Organization, [Recommendations on Digital Interventions for Health System Strengthening](#).

- It's important to make phone calls when the technician has the time and space for potentially long conversations, so that the technician does not feel rushed; it is important to not interrupt or hurry the service user along.
- Technicians should speak clearly and slowly, avoiding jargon or overly technical language unless they are confident the service user understands it.
- It's helpful to check for understanding by asking open-ended questions like, "Does that make sense?" or "Would you like me to explain that another way?"⁷⁵
- Maintaining a calm, empathetic tone can help service users feel supported even when the news is unexpected or difficult.⁷⁶
- If helpful, technicians can offer to follow up with written resources or referrals.

Messaging via Text or Email

Written communication about drug checking results should be concise, factual, and easy to understand.⁷⁷ Text-based and email communication can be one-sided. Clarity and tone matter to ensure the message is understandable and feels approachable. There cannot be an expectation that the service user will reply with any follow-up questions.

- Bullet points or short paragraphs improve readability and comprehension.⁷⁸
- Use a common font that is readable across different platforms, and is easy to read.
- Limit the use of symbols, icons, and emojis, as some devices will not be able to display these and they may be easier to misinterpret.
- Avoid sending large files or images that may trigger data charges for the service user, or be inaccessible.
- Include disclaimers about the limitations of drug checking technologies.⁷⁹ Technicians may provide links to harm reduction resources, where appropriate.⁸⁰
- When possible, tailor messages to the service user's situation.⁸¹
- Using templates to share drug-checking results helps to streamline communication and maintain consistency.

75 U.S. Department of Health and Human Services, [Health Communication Playbook](#); World Health Organization, [Recommendations on Digital Interventions for Health System Strengthening](#).

76 Public Health Agency of Canada, [Communicating about Substance Use in Compassionate, Safe and Non-Stigmatizing Ways](#).

77 U.S. Department of Health and Human Services, [Health Communication Playbook](#); World Health Organization, [Recommendations on Digital Interventions for Health System Strengthening](#).

78 See [Recommendations on Digital Interventions for Health System Strengthening](#).

79 See [Recommendations on Digital Interventions for Health System Strengthening](#).

80 Provincial Health Services Authority, [Naloxone Administration Decision Support Tool](#).

81 Strike et al., [Best Practice Recommendations for Canadian Harm Reduction Programs](#).

- Double-check to ensure any written information is accurate and includes relevant context will help prevent misinterpretation.
- Avoid using language like “your sample” and instead say “the sample.”
- When possible, include contact information where a person could contact the drug checking service to get more information about their results and/or include links to harm reduction resources.

Messaging via a Client Results Portal

BC’s Client Results Portal, [Checkmydrugsbc.ca](https://checkmydrugsbc.ca), is a web-based service where people can access their results online with an individual access code. This requires that the client has access to the internet and is comfortable accessing their results on a digital platform. Results are listed alongside links to harm reduction information. If a service user wants more information or has questions about their results, they are directed to access the FAQs and drug glossary on the portal or to contact the testing site and speak with the technician.

For consistency and clarity, all client portal results are presented in the same format. The following image shows how results are presented to service users on the client portal.

Sample 1 of 2	Sample 2 of 2	Sample 1 of 1
Site: ANKORS (Nelson) Description: White and Powder Expected To Be: Cocaine	Site: ANKORS (Nelson) Description: White and Powder Expected To Be: Cocaine	1-007-2026-02-12-002 Site: ANKORS (Nelson) Description: Blue (light) and Pebble Expected To Be: Down (Unknown Opioid)
Strip Tests Fentanyl test is negative	Strip Tests Fentanyl test is negative	Strip Tests Fentanyl test is positive Benzo test is positive
Components Detected by FTIR Cocaine HCl	Components Detected by FTIR Cocaine HCl	Components Detected by FTIR Caffeine Erythritol para-Fluorofentanyl Uncertain Fentanyl Analog
	Components Detected by PS-MS This sample has been submitted for additional testing using PS-MS Technology . Results will appear here when available.	Components Detected by PS-MS Desalkylgizapam Fentanyl Fluorofentanyl Caffeine Medetomidine

Questions about your results? View our [drug glossary](#) or contact your site:
[ANKORS \(Nelson\)](#)
 250-427-3383

Please note: the order in which compounds appear *is not* related to their relative concentration, potency, or abundance. These results are only relevant to the person for whom the drug check was performed. If you received this code from a third party, these results are invalid.

Figure 2: examples of what results look like in BC Client Results Portal, [Checkmydrugsbc.ca](https://checkmydrugsbc.ca).

Messaging via Hand-Written Results

Hand-written results may be given to the service user as a tool they can refer to later or as another way to understand their results. Written results may also be used when digital communication is not available, practical or preferred. While hand-written notes can feel more personal and immediate, they require attention to clarity. Ensure that hand-written messages are legible and easy to understand.⁸²

- Avoid using jargon, abbreviations, symbols, or shorthand
- Stick to plain language and clearly label any detected substances, unknowns, or limitations.
- Do not write down the person's name or other personal identifiers, even code name, on the written results themselves. See [Managing Private and Personal Information in Drug Checking](#).⁸³
- Use a standard format or template such as a checklist or structured layout to help reduce errors, improve readability, and avoid confusion.⁸⁴ If templates are used, double-check that all relevant fields are filled out and that the information is accurate and up to date.
- To prevent written results being used inappropriately, include a brief disclaimer such as:⁸⁵

"This result applies only to the sample tested and is valid only when provided directly by a trained drug-checking technician. Any reproduction, reuse, or presentation of this result outside of its original context is invalid. Drug checking does not guarantee safety, purity, or quality."

- When possible, pair hand-written results with verbal communication to ensure understanding and provide space for questions. This is especially important when results are unexpected, complex, or may cause concern.

82 World Health Organization, [Recommendations on Digital Interventions for Health System Strengthening](#).

83 Mia Pohl, [Managing Privacy and Personal Information in Drug Checking](#) (British Columbia Centre on Substance Use (BCCSU), 2025).2025

84 World Health Organization, [Recommendations on Digital Interventions for Health System Strengthening](#); BCCSU, [Drug Checking Implementation Guide: Lessons Learned from a British Columbia Drug Checking Project](#).

85 World Health Organization, [Recommendations on Digital Interventions for Health System Strengthening](#).

Example 1 (Left):

Date: Feb 5, 2025

Appearance: Blue Pebble

FTIR Results

Erythritol
Para-Fluoro Fentanyl (15-20%)
Caffeine

Test Strips

Fentanyl	+	-
Benzodiazepine	+	-

All provincial results are available at <https://drugcheckingbc.ca/results/>

Results recorded above are only applicable when given to you directly by a drug checking technician at the point of service.

We encourage you to get your drugs checked yourself

Example 2 (Right):

Date: _____

Appearance: _____

FTIR Results

Test Strips

Fentanyl	+	-
Benzodiazepine	+	-

All provincial results are available at <https://drugcheckingbc.ca/results/>

Results recorded above are only applicable when given to you directly by a drug checking technician at the point of service.

We encourage you to get your drugs checked yourself

For hours and locations check out our website! <http://drugcheckingbc.ca>

For information on Vancouver Coastal Health: <http://www.vch.ca/drugchecking>

Checking your drugs cannot guarantee that a drug is safe to use. Even after checking your drugs, we recommend you:

- Have a buddy
- Start low, go slow
- Have an overdose plan
- Carry naloxone
- Use one drug at a time
- Be aware of your health & tolerance

Figure 3: Example of written results receipt given to service users.

Messaging Through a Third Party

In some cases, technicians may be asked to provide drug checking results or harm reduction messaging through a third party such as a support worker, peer, or friend, rather than directly to the service user. For guidance on navigating third-party drug checking without consent, or determining whether to accept samples from third parties, consult BCCSU's document on [Third Party Drug Checking](#). When results are communicated by a third party, there is a risk that the information may be misinterpreted, diluted, or altered as it is passed along.⁸⁶ To mitigate these risks, technicians can:

- Ensure messaging provided through a third party is clear, neutral, and as concise as possible.⁸⁷
- Offer written materials or resources for passing along directly, reducing the potential for miscommunication.⁸⁸
- Encourage the third party to invite the service user to connect in person or through a secure communication channel for follow-up questions or clarification.

Third party messaging requires caution. Use third party messaging only when direct communication is not possible.

86 U.S. Department of Health and Human Services, [Health Communication Playbook](#); World Health Organization, [Recommendations on Digital Interventions for Health System Strengthening](#).

87 The European Union Drugs Agency, [New Psychoactive Substances – the Current Situation in Europe](#) (European Drug Report 2024).

88 World Health Organization, [Recommendations on Digital Interventions for Health System Strengthening](#).

APPENDIX A

A phrase-bank for guiding messaging throughout a drug check.

INTAKE

Welcoming Service Users	"Hello, how are you doing today?" "I want to let you know that this is a confidential and non-judgemental service that can help provide you with more information and resources about your sample." "Our service does not work with law enforcement." "We do not collect any personal information – our services are confidential."
Understanding the Service User's Needs	"What brings you in today?" "Do you have any specific questions or concerns about your drugs?"
Asking about Substance Use	"Can I ask about your experience with this substance?" "Have you tried [type of drug, e.g., MDMA] before? What kind of experience are you hoping to have with it?" "Can I ask you about your experience with different drugs?" "Have you or anyone you know used from this batch/baggie before? If so, was there anything about the drug you think is important for me to know?" "Were there any unexpected or strange effects from it? What were those?"
Setting Expectations	"We may not be able to detect new or novel substances." "Our services cannot guarantee safety or purity. We can only tell you what our technologies detect."
General limitations of drug checking	"Drug checking can tell you a lot about what is in your drugs, but not everything. I'll let you know what I can detect." "We cannot determine the precise quantity of substances in a mixture."
Avoid 'safe' or 'pure'	"We cannot tell you if a drug is 'safe' or 'pure'. We can only tell you what we are able to detect with the technology. There is always a risk there is something present we cannot detect." "No substance use is without risk."

Number of substances	"The FTIR can detect 4-5 components in a sample. Sometimes we can detect more but if there are a lot of components, it is harder to be certain of our results."
FTIR Limit of detection	"There may be some ingredients that are not detectable by FTIR. If they are present in small amounts, usually below about 5-10% of the total sample volume, we may not be able to detect it. This means there may be potent ingredients/components present in small amounts that this technology will miss."
Test strip limitations	"We use test strips to help us detect specific drugs (e.g. fent, benzos, medetomidine) when they're present in very low amounts that the FTIR can't see. But these strips may not always reliably detect all analogues of those drugs. So even if the test strip is negative, there may be something there that the strip did not detect."
Library limitation	"Sometimes there may be ingredients in a sample that are not in our library, which means we can't identify that ingredient but we can see there's something there. When this happens, if you are interested, we may be able to mail it to another lab for further testing to try and figure out what it is."
Chocolate chip cookie effect	"The sample you provide does not always represent the rest of the drug. Meaning, they can be like a chocolate chip cookie. When you break off part of a chocolate chip cookie, sometimes it has chocolate chips and sometimes it doesn't. When you break off your sample, sometimes it has all the ingredients and sometimes it doesn't. The sample might also have a lower or higher concentration of certain ingredients compared to other parts of the drug. To better test your drug sample, we can crush up your drug to try and make the mix more even."
Concentrations	"While we can sometimes give you an estimated range of the amount of different ingredients we find, this is not a perfect science. We cannot tell you exactly how much of an ingredient is in your drug."
Obtaining Consent	"This process requires that we use roughly half a grain of rice worth of your substance. Are you ok with not getting this amount back?"

ANALYSIS

Keeping track of results	"The only notes I'm taking are about the substance, not about you or any personal info."
Explaining the process	"I'm going to be comparing substance signals against our substance library, then use test strips to detect certain substances in really low concentrations." "The FTIR generates a fingerprint of the substances of the sample, and then we compare this to the fingerprints of other substances to identify components."

RESULTS

Use neutral, facts-based language	"The substance I'm detecting is stronger than what you might be used to."
Naming and describing substances	"I found para-fluorofentanyl, a type of fentanyl, which is a potent opioid." "I found cocaine, which is a stimulant."
Ensure comprehension	"How does this information land with you so far?" "Do you have any questions about the results so far?" "Is there anything that you would like me to go over again?"
Handling questions of dosing	"You're always going to be the best judge for dose. 'Start low, go slow' is generally recommended." "I cannot recommend dosage because drugs affect everyone differently."
Reviewing limitations	"There may be other ingredients present that are below FTIR limit of detection."
Concentrations	"The fentanyl concentration is estimated to be between 10-15% in this sample."
Sharing lived experience	"Yeah, it's totally normal to have concerns – I've definitely been there. Here's what I can tell you about this drug..." "I've used [drug] and had a great time" is potentially misleading.

HARM REDUCTION STRATEGIES

Dosing	"We always recommend to start low, and go slow."
Mixing	"Mixing multiple substances can be really unpredictable, so it's generally advised to avoid doing so."
Environment	"Using in a space that feels safe, such as a place or with people you know and trust, is a solid way to go."
Plan	"Just in case anything unexpected happens, it's good to have an emergency plan."
Replenishing	"Don't forget to stay hydrated and nourished! These can really influence your experience."
Limits	"Knowing your limits and listening to your body are really important for avoiding some dicey situations."
Nonuniformity	"Everyone responds to drugs differently – it's important to keep this in mind because it may affect you very differently than your friend."
Presence	"If it's possible, it's also a good idea to have someone you trust present if you use these drugs – just as a safety precaution."

TYPES OF RESULTS

Expected results	"Although this is the drug you expected, I still can't guarantee it's 'safe' or 'pure.'"
Unexpected results	"So, I've detected medetomidine, which is a veterinary tranquilizer associated with deep sedation and significantly slowed breathing."
Uncertain match	"It looks like there is another component present, but I'm not able to identify it. I would still caution [harm reduction strategies] when using this drug."
Uncertain result	"I'm detecting an oil, however, I can't say for certain which."
No library match	"I wasn't able to match your drugs using our database, meaning I can't say what is in your drugs. But it is still important to use safety strategies if you end up using this drug."
Expectations vs. results	"I'm sorry if this result is quite disappointing. I'm glad you came in to check your drugs, though." "There is also a good chance that the presence of [ingredient] was not intentional. The unregulated drug supply can just be that unpredictable."

SUBSTANCE & FORMAT CONSIDERATIONS

Uncommon and novel substances	"There is not much information about this drug. I wish I could provide more, but that's really all we have to-date. If you do happen to use this drug, I encourage you follow the following safety strategies ..." "For the benefit and safety of others in this position, it would be valuable if you shared your experience with this drug, if you end up using them."
Cuts and buffs	"I'm detecting [cuts], which can contribute to [side effect] and even have [interaction]." "I want to note that this technology cannot identify all cuts and buffs, which can also disrupt the signals of other active drugs."
Tablets and pressed pills	"I can test this, however, I want to be clear that tablets are quite difficult to check. I can try to determine if the pill is real or not though."
Liquids	"Testing this is uniquely challenging, however, I can still test it. Just note that oils and water often mask the signal of other ingredients."
Paraphernalia residue	"I can try checking this, however, I want to be clear that residue usually only contains part of the original drug make-up."



BC Centre on Substance Use (BCCSU)

1190 Hornby Street, 4th Floor,
Vancouver, BC
V6Z 2K5 Canada

Phone: (778) 945-7616
Fax: (604) 428-5183
Email: inquiries@bccsu.ubc.ca

For media inquiries please reach out to communications@bccsu.ubc.ca

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