BRITISH COLUMBIA CENTRE ON SUBSTANCE USE

Networking researchers, educators & care providers

Drug checking service delivery models:

Mobile Services

AUG 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**:

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.

ACKNOWLEDGEMENTS

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Special Thanks

This document would not be possible without the collaborative spirit and shared wisdom of ANKORS and ASK Wellness Society. These organizations generously shared their knowledge of and expertise with mobile drug checking, which was instrumental in shaping the guidance offered within this document. Thank you for your ongoing support to expand drug checking resources and knowledge.

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

Land Acknowledgement

The British Columbia Centre on Substance Use would like to respectfully acknowledge that the land on which we work is the unceded territory of the Coast Salish Peoples, including the territories of the xʷməθkwəy̓əm (Musqueam), Sḵwx̱wú7mesh (Squamish), and səlílp lwətaɬ (Tsleil-Waututh) Nations.

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

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GLOSSARY OF KEY TERMS

Chain of custody: A documented process that tracks the handling, transfer, and storage of a drug sample from the point of collection through to analysis or disposal. It provides a tracking record for auditing purposes.

Confirmatory testing: Laboratory analysis conducted on a retained portion of a drug sample when point-of-care results are unclear, unusual, or indicate substances of concern.

Distributed service models: Drug checking services that are operated by one organization and spread across a geographic region through multiple sites or locations rather than operating from a single fixed site. There are several different types of distributed service models.

Drug checking service: A service where people who use drugs can submit a substance sample for analysis and receive information about its composition.

Drug checking technician: Any person who has completed BCCSU's provincial drug checking technician training program and is authorized to operate drug checking instruments and perform sample analysis.

Fixed site: A drug checking service that operates from a permanent, dedicated physical location where service users attend to drop off samples and receive results.

FTIR (Fourier-Transform Infrared Spectrometer): The primary analytical instrument used in drug checking services in B.C. The FTIR identifies substances in a drug sample by analyzing how it absorbs infrared light, producing a chemical "fingerprint" that is referenced against a library.

Harm reduction worker: Person dedicated to reducing the negative consequences associated with drug use. Drug checking technicians are a specialized type of harm reduction worker.

Mobile drug checking: A van-based drug checking service in which trained technicians travel to scheduled service locations. Equipped with drug checking instruments and supplies, the van brings the service directly to where people are.

Partner site / partner organization: A community organization that agrees to provide space for a mobile drug checking service to operate outside on its grounds.

Peer support worker: A person with lived or living experience of substance use who draws on that experience to provide support, outreach, and engagement to people who use drugs.

Point of care: The location at which a service user directly accesses drug checking, where sample collection, analysis, and results delivery all occur.

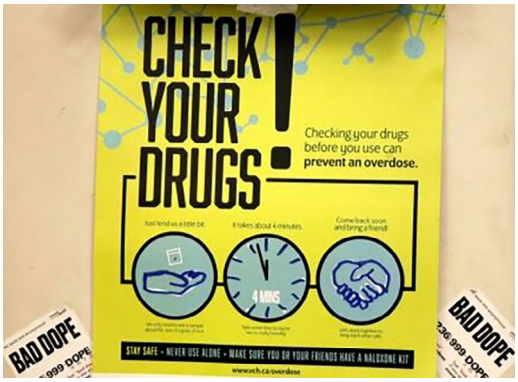
Sample: A small portion of a substance provided by a service user for drug checking analysis. Samples are handled according to established chain-of-custody procedures.

UPHNS: Urgent Public Health Needs Site. A federal designation that exempts a specific location from certain provisions of the Controlled Drugs and Substances Act (CDSA), authorizing service operators to collect, store, and transport unregulated substances. In B.C., also referred to as a Distributed Drug Checking Designation, provided by regional Health Authorities.

INTRODUCTION

Drug checking services give people who use drugs access to information about the composition of their substances. This supports informed decision-making and provides an entry point to additional harm reduction and substance use services.

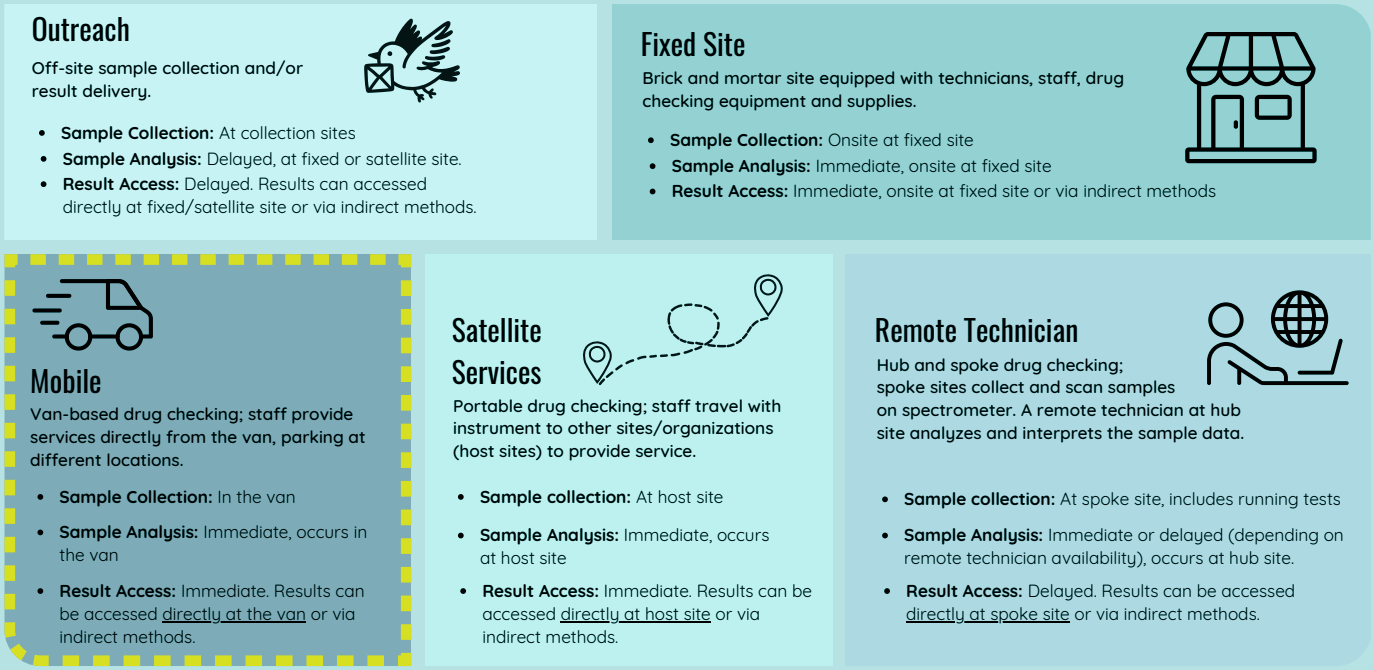
Historically, drug checking has been offered at fixed sites, where service users drop off samples at a set location and receive results on the spot. Given the increasing volatility of B.C.'s unregulated drug supply, distributed service models are being used more widely to reach a broader range of communities and expand access in underserved areas.



Mobile drug checking is one such model. By bringing services directly to individuals who may benefit from them, mobile delivery extends the reach of drug checking to places and populations that may not be well served by fixed sites. This includes people living in rural and remote areas, those with limited mobility or transportation, and those who are less connected to existing harm reduction services.

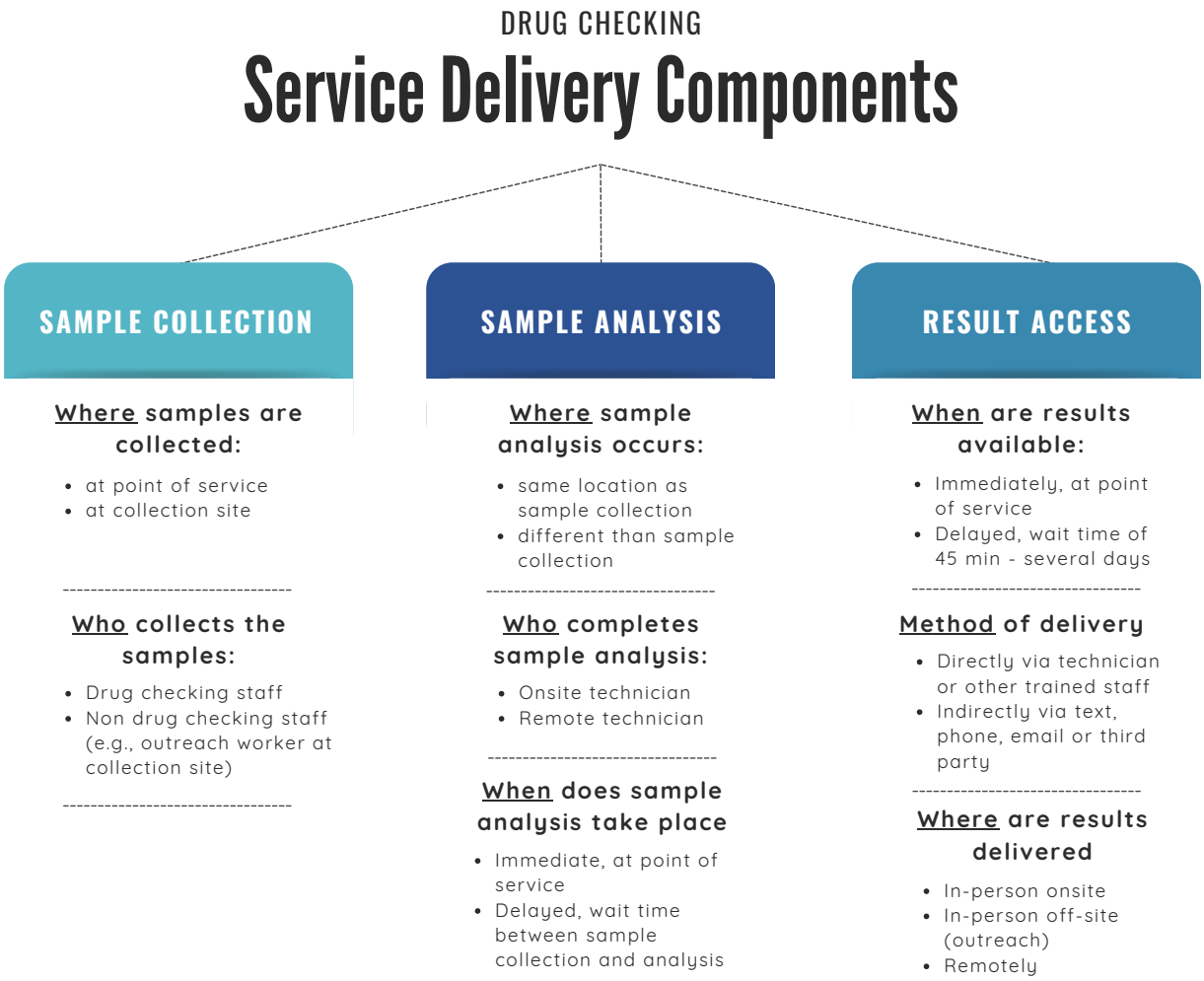
Figure 1 below illustrates the broader landscape of drug checking services in the province, including mobile services.

Figure 1. Service delivery model comparison chart



Regardless of the model, all drug checking services share a common set of core components: sample collection, sample analysis, and results delivery. Services will use several approaches to collect and analyze samples and deliver results. *Figure 2 illustrates the range of approaches.*

Figure 2. Drug checking service components.



About this Guide

This guide is part of the *Drug Checking Service Delivery Models* series. It focuses on the mobile delivery model and covers the legal framework, planning, operational requirements, workflow, safety, quality improvement, and costs.

The intended audience includes planners, managers, and service delivery staff who are establishing a new mobile drug checking service or looking to strengthen an existing one. It assumes some existing knowledge and experience with drug checking or other harm reduction services. **The guidance does not replace or supersede any established organizational implementation protocols.**

MOBILE SERVICE DELIVERY MODEL

What is a Mobile Drug Checking Service?

Mobile drug checking can be thought of as "drug checking on wheels." It may be provided as a standalone service or as part of a broader mobile harm reduction unit. The service is typically delivered from a retrofitted van equipped with:[1]

- Drug checking instruments and tools
- Power source
- Safety supplies (kim wipes, isopropyl alcohol wipes, PPE)
- A seated space for interactions
- A flat surfaced workspace for FTIR
- Harm reduction materials
- Any other required supplies for auxiliary services

Trained technicians and support staff travel to scheduled locations to provide drug checking services. At each stop, samples submitted by service users are analyzed and handled according to established protocols. The defining feature of the model is flexibility: services are offered at various locations and times in response to community need.

Integrating Drug Checking with Mobile Health Services: The Case

A dedicated mobile drug checking service in high-volume urban settings or at public gatherings requires careful operational planning, whether it be deployed at community festivals, sports events, rodeos and other pop-up sites. However, in lower-volume settings, such as rural/remote communities, offering drug checking in combination with other harm reduction or health outreach services (such as public health programs or basic primary care services) may help sustain acceptable utilization levels while enhancing servicing range. Integrated services:[2]

- Are better positioned to treat people as people, rather than reducing them to 'symptoms.'
- Encourage self-care and solidarity.
- Are complementary with collaboration across teams.

1 Lois A. Jackson and Carol Strike, Harm Reduction 'On the Move': What Is the Role of Environmental Influences?, *Journal of Health Care for the Poor and Underserved* 31, no. 2 (2020): 519–29.

2 Adapted from Harm Reduction International (2021). Integrated & Person-Centred Harm Reduction Services.

- Can build self-worth, pride and solidarity, and combat the effects of stigma.
- Can deliver complex services (e.g., blood work) in a way that places minimal burdens on clients' time and resources.
- Transforms community involvement
- May promote cultural safety through Indigenous involvement.
- Are easier for clients to navigate.
- Builds trust in peer leadership.

"Providing health services in addition to risk reduction interventions can greatly enhance the attendance and relevance of a mobile outreach program." – Central East ATTC Mobile Outreach.

Drug checking services are often most effective when they are integrated into an existing mobile health or harm reduction program, as opposed to being a standalone service. Outreach programs must establish a consistent presence in the communities they intend to serve, and building the trust required for steady participation can take considerable time and relational investment. New drug checking programs should therefore consider co-locating or partnering with organizations that already have trusted relationships with people who use drugs, such as syringe service programs, street outreach teams, overdose prevention programs, shelters, and mobile low-barrier health clinics. These trusted partnering organizations can effectively explain the purpose of drug checking services, and help address concerns about confidentiality, sample collection, or how results will be used.

Integration of different services can increase the popularity of drug checking. Participants may initially visit a mobile unit for supplies, food, wound care, testing, or another immediate service need and become interested in drug checking after developing familiarity with the staff and service.

Additionally, while drug checking provides valuable information to service users, it is not always the most immediate or essential service needed by people who use drugs. Programs should assess what their intended participants currently need, which services they already access, and what would motivate them to visit and return to a mobile unit. A person may face barriers that prevent them from traveling to get a substance checked, so providing these services near or in addition or other services that address their immediate needs is imperative.

When co-location with an established provider is not possible, a mobile drug checking program may consider offering additional services and supplies that are relevant to the community. These may include:

- Food, water, or snacks, recognizing that ongoing costs and storage requirements may be significant

- Hygiene supplies and seasonal items
- Wound care supplies or clinical wound care services
- Naloxone and overdose prevention education
- Safer consumption supplies, such as sterile syringes, smoking supplies, and other safer-use materials permitted under local laws and program policies
- HIV, hepatitis C, and sexually transmitted infection testing, with clear plans for confirmatory testing, treatment, or referral when possible
- Medications for opioid use disorder or connections to low-barrier treatment providers
- Safer sex supplies, pregnancy tests, and other sexual and reproductive health resources
- Referrals or connections to housing, community kitchens, health care, benefits, treatment, and other supportive services

The specific combination of services should be informed by consultation with people who use drugs and local service providers. Programs should prioritize services that are feasible to deliver consistently, respond to identified community needs, and complement rather than duplicate existing resources. Staff should also have clear procedures for referrals and follow-up when a requested service cannot be provided directly — the BCCSU's Making Effective Referrals offers practical guidance for drug checking services.

Why Use a Mobile Model?

The mobile model reduces geographic barriers to drug checking service access. It may be particularly helpful for people who:[3]

- Do not have access to drug checking in their community, including those who live in rural, remote, or geographically dispersed regions.[4]
- Experience transportation or mobility barriers that make it difficult to access fixed drug checking sites.
- Have time constraints (e.g., cannot attend a fixed site during business hours).
- Prefer a higher level of confidentiality and discretion.
- Want to test substances close to where they plan to use them (e.g., near festivals, nightlife settings, or overdose prevention services).

3 Jackson and Strike, *Harm Reduction 'On the Move.'*

4 Statistics Canada Government of Canada, Population Centre and Rural Area Classification 2016, January 30, 2017.

Mobile drug checking can also reach people who do not typically use overdose prevention services or supervised consumption services.[5] Offering drug checking at locations such as youth centres or community health centres may engage individuals who would not access traditional overdose response settings.[6]

In rural regions, where communities may be dispersed across large geographic areas, a mobile service can rotate between communities. Providing service closer to smaller or outlying communities may increase uptake among people who would not otherwise travel to a larger urban centre.[7]

Overall, the mobile model expands both the flexibility and the geographic reach of drug checking services within a region.

Service Locations

Mobile drug checking services are delivered from a van rather than a building, and may operate in a range of settings depending on local context and service goals, including:[8]

- **The outdoor grounds of partner organizations**, such as community centres, overdose prevention services, shelters, public health units, Friendship Centres, women-only facilities, and youth clinics
- **Publicly accessible spaces**, such as parking lots, transit hubs, or commercial districts
- **Festivals or special events**, where drug checking may be offered as a stand-alone service or alongside other harm reduction services

The specific neighbourhoods and sites selected will depend on local planning decisions and community context (guidance on selecting locations is provided in the *Planning for Service Delivery – Mobile Service Locations section of this guide).*

5 MCA Araujo et al., Mobile Street Clinics and Harm Reduction: Pathways to Provide Care to Homeless People in Brazil, *European Journal of Public Health* 34, no. Supplement_3 (2024): ckae144.1266.

6 Allyson Pinkhover et al., Mobile Addiction Treatment and Harm Reduction Services as Tools to Address Health Inequities: A Community Case Study of the Brockton Neighborhood Health Center Mobile Unit, *Frontiers in Public Health* 12 (June 2024); Ellis J. Yeo et al., Evaluating Mobile Harm Reduction Services for Youth and Young Adults, *Frontiers in Public Health* 12 (May 2024).

7 Jackson and Strike, *Harm Reduction 'On the Move'*; Araujo et al., *Mobile Street Clinics and Harm Reduction*.

8 Yeo et al., *Evaluating Mobile Harm Reduction Services for Youth and Young Adults*; Patricia A. Janssen et al., Peer Support Using a Mobile Access Van Promotes Safety and Harm Reduction Strategies among Sex Trade Workers in Vancouver's Downtown Eastside, *Journal of Urban Health* 86, no. 5 (2009): 804–9.

LEGAL FRAMEWORK FOR DRUG CHECKING IN B.C.

Federal Authorization

In Canada, it is illegal to possess, transport, or distribute drugs scheduled under the Controlled Drugs and Substances Act (CDSA) Subsection 56(1) of the CDSA grants the federal government authority to class-exempt individuals or organizations from the Act for medical, scientific, or public interest purposes. The federal government has used this provision to authorize provincial and territorial governments to permit drug checking at specific locations designated as Urgent Public Health Need Sites (UPHNS). This enables those governments to carry out activities that would otherwise be prohibited under the CDSA, including the collection, storage, and transportation of controlled substances.

Drug Checking Designations in BC

In B.C., a Subsection 56(1) class exemption delegates power to the province to grant UPHNS designations to drug checking service locations. The Government of British Columbia has established Standards for Distributed Drug Checking Sites that specify operational requirements across a range of domains, including compliance, reporting, sample handling, training, security, and community engagement. All drug checking services, including mobile, must operate in accordance with these Standards.

UPHNS Designation Process

Every site involved in drug checking, including all mobile service delivery locations, must be designated as a UPHNS. As part of the UPHNS application, mobile services are required to provide details of their proposed route. Only locations need to be included; times and dates are not required. A designated staff member is responsible for notifying the regional Health Authority of any route changes. These requirements establish an expectation that mobile services will operate from a planned set of locations rather than unplanned or shifting stops.

Each regional Health Authority in B.C. has an established process for supporting UPHNS applications and provides protocols for sample collection, transport, and chain-of-custody logging. Service operators work with their Health Authority's harm reduction program to apply for the designation. Once approved, the service receives a formal UPHNS designation letter.

Service Provider Wisdom

UPHNS Applications

"The application process was fairly easy. Everything was primarily [done] in conversation with Interior Health."

Documentation Requirements

Mobile drug checking services must meet a number of documentation and notification requirements:

- **Location addresses**: All drug checking services must identify a site address. For mobile services, this is the location where the vehicle is parked when it is not in operation. In addition, mobile services must identify an address for each location where drugs will be collected and analyzed.
- **Operational documentation:** Mobile service operators must carry a copy of their UPHNS designation letter while operating, as this documentation may be required to demonstrate legal authorization to conduct drug-checking activities, including during interactions with law enforcement. Services should also ensure that all related documentation, such as chain-of-custody forms, sample logs, and relevant operational procedures, is current, accurate, and readily accessible to staff during service delivery. Maintaining clear documentation helps ensure that staff can confidently explain the legal basis for their work if questions arise.
- **Community notification:** The Standards for Distributed Drug Checking Sites require each site to publicly post its designated location (the site address given in the UPHNS application), along with a phone number and email address for community questions or concerns. This requirement applies to the designated site address, not to every mobile service stop.

SETTING UP YOUR MOBILE SERVICE

Setting up a mobile drug checking service involves selecting and configuring a suitable vehicle, ensuring the right equipment and supplies are on hand, and preparing staff to deliver services safely and effectively outside of a fixed site.

Some of the guidance in this section reflects requirements set out in the Standards for Distributed Drug Checking Sites *and BCCSU's* Drug Checking Implementation Guide. Other guidance supports good workflow, comfort, and the overall service experience.

Vehicle Selection

The vehicle serves as both transport and a mobile workspace. It must be large and stable enough to house a dedicated drug checking area and provide secure storage for the FTIR spectrometer. Adequate heating, cooling, and ventilation are essential to protect staff and service users and to keep instruments within their operational temperature ranges. The vehicle must also have a stable, secure location for the FTIR spectrometer during both use and transport.

Most vans used for mobile drug checking fall within a weight class that can be operated with a standard Class 5 driver's licence. Programs should confirm the gross vehicle weight rating of any vehicle under consideration and verify with ICBC whether the intended use requires a higher licence class.

In practice, vehicle selection is often determined by what your program can realistically find, fund, and maintain.

Option: Buying a Purpose-Built Mobile Outreach Van

Purpose-built medical or outreach vans can be purchased, and offer interiors that are designed for clean, hygienic service delivery. Common features include secure cabinetry with easy-to-clean surfaces, flexible seating, integrated power outlets, lighting, and rear climate control. Optional add-ons such as task lighting, and compact sinks or fridges may also be available.

Purpose-built vans reduce the retrofitting required compared to converting a standard cargo van, but represent a significant capital investment. Programs should weigh expected service volume, long-term maintenance costs, and whether the purpose-built features will meaningfully improve safety, accessibility, or comfort over more economical alternatives. Used units can offer a more affordable entry point while still providing most core features.

Option: Retrofitting a Standard Van for Mobile Drug Checking

Retrofitting a standard cargo or passenger van is a more affordable and flexible alternative. At minimum, a retrofit requires a wipeable work surface and a reliable way to secure the FTIR and other equipment during transport. Additional features, such as secure storage, improved lighting, or privacy elements, can be added based on need and available resources.

Retrofitting requires considerable time and some technical skill. Organizations that have staff with relevant trades experience may be able to complete the work themselves, while others may need to hire a vehicle outfitting service or local trades. Timelines will vary depending on scope.

While retrofitted units typically offer fewer built-in amenities, this approach allows programs to phase in improvements over time, adapt layouts as needs evolve, and avoid high upfront costs. For programs with limited capital funding, a well-executed retrofit can provide a practical, cost-effective solution that still supports safe sample handling, worker comfort, and accessible service delivery.

Service Provider Wisdom

Retrofitting a Van

"Ours was set up in a 14-passenger van, where we took out some seats, rearranged others, and then [installed] shelving and desk surfaces. It fulfilled the minimal acceptable product for being safe, equipment not moving around while we're driving, and easy enough to clean.

Most things take longer and cost more than you'd initially planned. I'd say that would be one of the key learning points.

It would be great to have deep pockets, but if there was somebody who had access to an FTIR, a minivan, and the time on their hands, it could be done in a smaller agency, and potentially impact a lot of people."

Van Maintenance

Whichever option is selected, programs should ensure clear processes are in place for routine maintenance, fuelling, and seasonal preparation, and that responsibility for these tasks is assigned to specific staff or roles.

Signage Considerations

Programs should consider how the van will be branded to ensure it is recognizable to service users while still maintaining the discretion they may require. Some programs use minimal signage to reduce stigma and protect client privacy, while others use clear exterior markings to help people identify the service. The right approach will depend on local context, community input, and service goals.

Mobile Van Configuration

Regardless of which vehicle option is selected, all mobile vans should be configured to support safe workflows, reduce exposure risks, and ensure comfort for staff and service users. There are two distinct aspects to this: the fixed or semi-fixed features built into the van before service begins, and the portable equipment and supplies that are brought in for each shift and restocked as needed.

Van Build and Setup

The following features are fixed or semi-fixed and should be in place before the van goes into service. Decisions about these are typically made during the vehicle purchase, retrofit, or outfitting process.

Workstation:

- When drug checking, provide a dedicated, wipeable workstation that meets requirements set out in the operational guidance on Reducing Exposure and Contamination Risks in Drug Checking Services. The surface should be large enough to safely accommodate the FTIR and related supplies (approximately 120 cm × 95 cm).
- Ensure access to handwashing, either through a built-in sink or an approved portable alternative.

Equipment Security and Storage:

- Ensure the van includes a dedicated, fixed mounting point or secured housing for the FTIR and other equipment to limit movement during transit.
- Install lockable compartments or cabinets for consumables, supplies, and waste materials.

Service Provider Wisdom

Securing the FTIR During Transit

"We've got a big, hard case with foam that we carry the FTIR in. It travels easily, as long as it's in that hard case full of foam."

"Most vans are gonna have cargo attachment points – D-rings bolted to the structure of the vehicle. So we use high-load rated straps, like ratchet straps, to secure the racks down, with mechanical fasteners going to factory-installed bolting points. Everything has to be as secure as possible. Instruments put away, not assembled."

Lighting:

- Ensure adequate interior lighting at the workstation. Lighting used for drug checking should be sufficiently bright (over 1,000 lux) and within a neutral colour temperature range (5,000–6,500K). Supplement with task lighting where needed.
- Consider exterior lighting to support safe entry and operation at night.

Power Sources:

- Ensure the van has a reliable power setup to support the FTIR, lighting, and other equipment. Depending on the vehicle, options include integrated electrical systems, portable power stations, or generator-supported setups. Power sources should not rely on the primary vehicle battery.

Service Provider Wisdom

Different Ways to Address Power Needs

"You don't need a lot of power, but you need power. If there's an outlet you can use where you're parking, you can just run your extension cord. You do need to have a power surge protection pack, to protect your FTIR and your computer."

"The goal in the van was to be fully self-contained. Be ready to operate, whether or not we have access to a power supply or a plug-in on a wall. We had self-contained battery packs."

Workflow and Accessibility:

- Arrange the interior to allow a clear flow of movement into and out of the unit.
- Position the workstation away from high-traffic areas to reduce the risk of bumping or congestion.
- Maintain a tent-covered area or keep a portable ramp on hand (space permitting) to support access for people with mobility challenges.

Ventilation and Temperature Controls:

- Ensure adequate airflow without creating drafts that could disturb samples.
- Position the workstation away from open windows or air vents.
- Maintain heating and cooling sufficient for safe working conditions and proper FTIR performance.

Safety Equipment:

- Install basic safety equipment inside the mobile unit, including a fire extinguisher, first-aid kit, spill kit, and a portable eye-wash bottle or station.
- Ensure exits are unobstructed at all times.

Equipment and Supplies

The following items are portable: they are brought into the van for each shift, used during service delivery, and restocked as needed. Some items, such as the FTIR, are removed after each shift and stored securely at the home organization. While the core equipment and supplies are the same as those used in fixed-site services, mobile delivery requires additional consideration for transport, power, and workspace stability.

Drug Checking Equipment:

- Carry the FTIR spectrometer, safely secured during transport and positioned on a stable, wipeable workstation during use.
- Ensure access to reliable power, either through the FTIR's internal battery (for mobile units only), a portable power station, or the vehicle's in-house battery system separate from the vehicle battery.
- Pack all test strips needed for mobile drug checking and top up supplies before the next scheduled trip.
- Ensure sample handling tools and PPE are on hand and in good supply.
- Carry cleaning supplies that are consistent with BCCSU exposure-reduction guidance.

Waste Management:

- Carry containers for biohazard or chemical waste in accordance with the Sample and Drug Checking Waste Disposal SOP.
- Ensure clearly labelled general waste receptacles are on hand and emptied regularly.

Communication and Data Tools:

- Ensure access to reliable communication tools, such as a charged cell phone or radio, to maintain contact during service delivery and respond to emergencies. In areas with unstable reception, options include a mobile hotspot, cellular booster, or portable satellite connection.
- For data entry, ensure staff are equipped with an FTIR-paired laptop that can access internet and relevant report templates and chain of custody documents.
- Bring physical data logs for hand-writing results in the event of lost connectivity, to be entered into the database later.
- All devices must be set up in the mobile workstation to be easily accessible, and positioned to avoid contamination of substances in the vehicle.

Staffing, Skills, and Training

Roles and Responsibilities

A mobile drug checking service requires:

- **A trained drug checking technician:** Operates the analytical instruments, interprets results, and ensures all sample handling aligns with required chain-of-custody procedures.
- **A harm reduction worker or peer support worker:** Focuses on service user engagement, preliminary screening using test strips, and delivering harm reduction information and support in a non-judgmental way.
- **Program coordination:** Supports scheduling, compliance with regulatory requirements, data collection and documentation, and coordination with broader harm reduction programming.

Minimum Staffing for Service Delivery

A minimum of two staff members should operate the service at all times. Wherever possible, at least one should have previous experience delivering mobile services. Avoid pairing two inexperienced staff unless they will be operating at a location with access to additional trained personnel.

Service Provider Wisdom

Staff Experience

"If there's two people travelling, one should be experienced if the other one is new. I would not send two new people out together. And if you are doing two new people together, then just go to a shelter. Where there's trained staff and you're not on your own."

Training Requirements and Competencies

Working as a drug checking technician in B.C. requires successful completion of BCCSU's provincial training program. As part of core drug checking training, staff working in mobile settings will need to develop competency in the following areas:[9]

- **Contamination and exposure risks:**
  - Understanding potential exposure routes and consequences
  - Correctly using personal protective equipment (PPE)
  - Safely handling, transporting, and disposing of samples
  - Following established cleaning and exposure-response procedures
- **Client and crisis response:**
  - Trauma-informed practice
  - Crisis intervention and de-escalation techniques
  - Naloxone administration

Service Provider Wisdom

People Skills

"You need quite a lot of practice just to feel confident to go out and about and be able to give results. Because it's not just about analyzing people's substances. It's bigger than that. It's being there for somebody, treating them with dignity, being able to manage and negotiate psychosis or withdrawal.

There's a lot of people skills involved with this job. Because you're also interfacing with people who may have a negative opinion towards drug checking and harm reduction. Somebody might come up and have something negative to say. You need to be able to negotiate that."

9 Jennifer Matthews and Warren O'Briain, Drug Checking Implementation Guide: Lessons Learned from a British Columbia Drug Checking Project (British Columbia Centre on Substance Use (BCCSU), 2022).

All training and procedures must align with the safety requirements outlined in the operational guidance on Reducing Exposure and Contamination Risks in Drug Checking Services.

PLANNING FOR SERVICE DELIVERY

Careful planning lays the foundation for safe, consistent, and accessible mobile drug checking services. Choices about service locations, schedules, and community engagement all influence how well the service reaches intended populations and works within local contexts. Programs do not need to start from scratch. Connecting with organizations that are doing or have done similar work is one of the best ways to inform planning.

Service Provider Wisdom

Partner Up

"Don't feel like you've gotta figure out everything on your own. By reaching out to another agency that is doing or has done the kind of work that you want to do, you can really get a lot of information. Because people are really passionate."

Mobile Service Locations

Deciding where to operate is one of the most important planning steps for a mobile service. Location decisions and partner site relationships are closely connected: the population the service aims to reach will shape location choices and determine which organizations are best placed to support the service.

Start with the Intended Population(s)

Think broadly about who the service aims to reach, including people who may not feel comfortable accessing fixed harm reduction sites such as overdose prevention

services and supervised consumption services.[10] Consider where potential service users spend time and where access barriers exist:[11]

- Operating near shelters or drop-in centres may support access for people who are transiently housed.
- Locations near nightlife districts, post-secondary campuses, or workplaces may reach people who are less connected to harm reduction services.
- Rotating through rural or remote communities may increase access for people who would not otherwise travel to urban centres.

Service Provider Wisdom

Potential Service Users

"We were noticing a lot of people that were in a professional role or trade job wouldn't necessarily want to present at our main locations, where there's a needle exchange and other harm reduction services delivered out of the building. So that was one of the priorities in trying to figure out where we were going to go with the mobile service."

Assess Potential Locations

When evaluating a potential location, consider whether it:

- Is easy to reach for the intended population.
- Is perceived as safe, familiar, or trusted.
- Is close to where people gather or access other services.
- Has adequate space for a van or portable equipment setup.
- Allows for privacy and confidentiality during service delivery.

10 Yeo et al., *Evaluating Mobile Harm Reduction Services for Youth and Young Adults*.

11 Yeo et al., *Evaluating Mobile Harm Reduction Services for Youth and Young Adults*; Janssen et al., *Peer Support Using a Mobile Access Van Promotes Safety and Harm Reduction Strategies among Sex Trade Workers in Vancouver's Downtown Eastside*.

To minimize community concerns and support safety for minors and families, avoid operating near schools, playgrounds, and spaces primarily used by children and caregivers.

Some locations may feel unsafe or inaccessible to service users. Contributing factors can include law enforcement presence, territorial boundaries, stigma, or violence in the area. Service users and community partners can provide valuable insight into which locations are trusted, and which to avoid.

Working with Partner Organizations

Mobile services often set up on the outdoor grounds of a partner organization. Suitable partner organizations:

- Have adequate outdoor space for parking and service delivery.
- Regularly connect with people who use drugs.
- Provide public access to their site.

Partner organizations may include community centres, shelters, supportive housing programs, overdose prevention services, public health units, Friendship Centres, or youth clinics.

Service Provider Wisdom

Working with Partner Organizations

"When it comes to setting up around other service providers, a lot of it has to do with the relationship that we've built with that service provider."

"A lot of these relationships have been already built over the years of doing our work. But I'm still continuing to build those relationships."

If an organization agrees to partner with a mobile drug checking service, documenting the arrangement in a letter of agreement can help ensure all parties have a shared understanding of roles, expectations, and terms. Some services use informal verbal agreements. The right level of formality will depend on the preferences and practices of each organization. For guidance on creating partnership agreements, see BCCSU's Satellite Sites: Implementing Portable Drug Checking.

Regular check-ins, such as monthly meetings or brief weekly calls, help maintain communication and allow partners to identify and address issues early.

Service Delivery Schedule

Scheduling should reflect both operational capacity and community need, while maintaining enough consistency to support reliable access. Planning should account for travel time and adequate time at each stop for sample collection, packaging, documentation, and secure handling. It should also consider local context and the potential impact on nearby services.

Service Provider Wisdom

Scheduling Consistency

"When travelling to communities, we go there on the same day. At times, we did experiment with bi-weekly schedules, but that's way more difficult for folks to manage. So doing it consistently weekly is 10 times better than doing it every other week, just in terms of how much continued access you get from folks."

A consistent schedule builds trust and helps service users know when and where to find the service. At the same time, many factors can disrupt service delivery, including severe weather, staff illness, vehicle or instrument issues, or changes at a partner organization.

To maintain reliability:

- Develop contingency plans for when staff cannot attend or a partner organization cannot accommodate the service.

- Maintain regular communication with partner organizations about hours and any upcoming schedule changes.
- Notify service users promptly when schedules change, using accessible methods such as flyers, direct communication at partner organizations, or social media.
- Ensure partner organization staff have accurate information to share with service users about schedule changes, and can direct them to other available harm reduction supports in the meantime.

Community Engagement and Reaching Service Users

Once service delivery locations have been identified, programs should consider how nearby residents, businesses, and community organizations might respond to the service, and what level of engagement is appropriate given local relationships and potential concerns. This does not require a large-scale consultation process. In many cases, a few targeted conversations and some clear written information are enough.

Community Engagement

For mobile services, community engagement needs to happen in every community where the service operates. Each location may have its own local context. Services that operate across multiple municipalities may encounter variation in local bylaws, political environments, and the strength of existing harm reduction infrastructure. Understanding these differences before arriving in a new community, and maintaining relationships over time in each location, takes more sustained effort than running a fixed site that serves a single neighbourhood.

Existing partnerships are often the strongest foundation for successful implementation. Entering a new neighbourhood through organizations that are already trusted by the community can reduce tension and support a more welcoming environment for the service.

Consistent presence also matters. Relationship-building takes time and early efforts may not yield immediate visible results. However, steady, respectful engagement can help shift perceptions and reduce adversarial dynamics over time.[12]

12 Jackson and Strike, *Harm Reduction 'On the Move'*; Janssen et al., *Peer Support Using a Mobile Access Van Promotes Safety and Harm Reduction Strategies among Sex Trade Workers in Vancouver's Downtown Eastside*.

Service Provider Wisdom

Community Preparation

"Take the time to set yourself up for success. It's better to go slow than go too fast. Focus on the broader community as a whole, because that will give you a different perspective, and promote healthy conversations."

"Before you start the service, go talk to all the businesses. Give them a flyer. Take half an hour to field any questions and ask what would be helpful for them. Try to get everybody on board, so when they see the service, they understand it."

In some communities, resistance may emerge. Early, targeted education can help dispel common misconceptions. Key messages include that drug checking services do not supply drugs, encourage drug use, or contribute to public disorder.[13]

Service Provider Wisdom

Connecting with Law Enforcement

"I think it's very helpful to build relationships with local police. Just meet them where they're at. And don't be adversarial, or act like you've got something to prove. Generally speaking, my experience working with the police is that they're very curious and interested."

13 Alex L. Fixler et al., There Goes the Neighborhood? The Public Safety Enhancing Effects of a Mobile Harm Reduction Intervention, *International Journal of Drug Policy* 124 (February 2024): 104329.

Reaching Potential Service Users

Reaching potential service users means making sure people know the service exists, what it offers, and where and when to find it. The appropriate level of visibility and the best outreach approach will depend on local attitudes toward harm reduction and what is safe and appropriate in each community.

In communities where resistance is anticipated, discreet outreach helps avoid drawing unwanted attention to the service or to the people who use it. Where harm reduction is more broadly accepted, more visible promotion may be appropriate.[14]

In communities where resistance is anticipated:

- **Use discreet channels**: Local meetings, printed materials with limited circulation, and information integrated into existing educational sessions such as naloxone training are all options.
- **Lean on word-of-mouth**: Work with peer and outreach workers at trusted local organizations to spread awareness through existing relationships.
- **Use private online groups**: Share schedule and location updates through closed Facebook, WhatsApp, or Signal groups to limit public visibility while still reaching people who use drugs.

In communities that are more accepting of harm reduction:

- **Participate in community events**: Host information sessions and set up booths to raise awareness and connect with potential service users.
- **Use public spaces**: Post flyers in libraries, community centres, clinics, and coffee shops.
- **Leverage existing social media**: Post schedules, location updates, and harm reduction information through the partner organization's platforms.
- **Be digitally present**: Ensure schedule and location information is easy to find and share, for example through a page on the partner organization's website or a linked document.

14 Janssen et al., *Peer Support Using a Mobile Access Van Promotes Safety and Harm Reduction Strategies among Sex Trade Workers in Vancouver's Downtown Eastside.*

Service Provider Wisdom

Outreach Workers and Word-of-Mouth

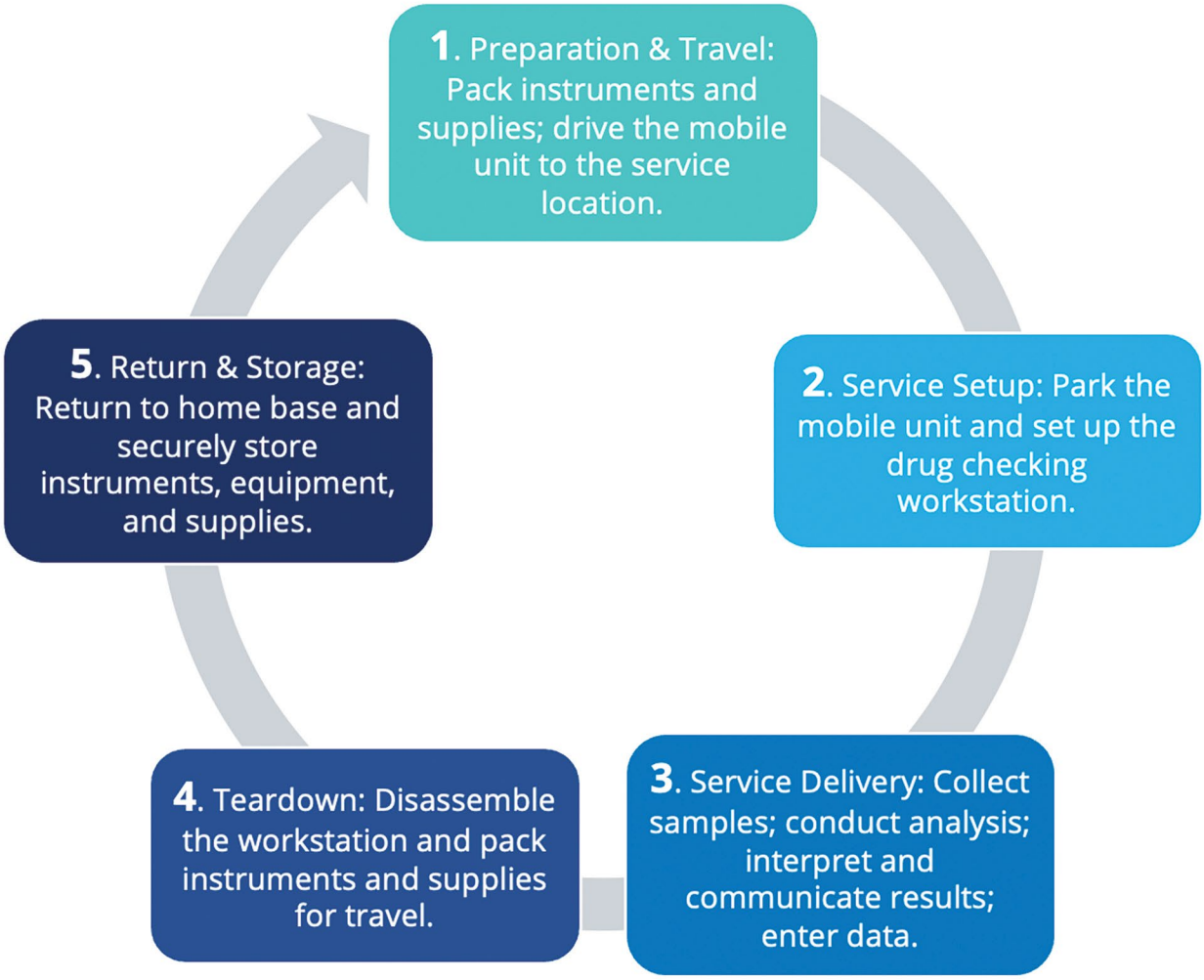
"I really lean into outreach workers. Chatting with them, keeping them informed on what samples are coming in, so they can talk to service users – which might encourage them to get their supply sampled. When I see service users face-to-face, I really try to make it so they have a good experience, so that then they'll come back, and they'll share with their friends. I do rely on word of mouth quite a bit."

In either context, using a QR code to link service materials such as schedules, posters, and flyers to a stable web page makes it easier to keep information current without the need to reprint materials each time details change.

MOBILE SERVICES WORKFLOW

This section outlines an example workflow for mobile drug checking services. It integrates recommendations from BCCSU's *Drug Checking Implementation Guide* and related Standard Operating Procedures (SOPs) to illustrate how teams typically prepare for service, deliver testing, and safely wrap up at the end of the day.

Figure 3. Example mobile service delivery workflow



1. Preparation and Travel

Before travelling to the service location(s), the mobile team should confirm that it is safe to provide services and travel that day, considering factors like number of staff and/or weather conditions (for more detail on assessing travel safety, see the *Safety section of this guide). Consult organizational policies and procedures on mobile service delivery, if available.*

If it is deemed safe to deliver services and travel, the team should:

- **Complete the pre-departure checklist**, including verifying fuel levels, documenting vehicle mileage, and ensuring the mobile unit is stocked with the shift's supplies.
- **Communicate the service vehicle's estimated time of arrival and any changes in the driving route**, such as construction, detours, or other changes that may affect arrival.
- **Secure all supplies, including the FTIR** and any other sensitive pieces of equipment so they cannot shift or move while in transit.

2. Service Setup

Positioning the Van

When selecting a specific parking or setup spot at the service location, the team should consider the following:

- **Visibility and discretion**: The van should be easy for participants to locate and access while still supporting privacy and confidentiality. For example, position the van where it is visible from the street or entrance to the partner organization site, but not directly in front of busy entrances, waiting areas, police vehicles, or high-traffic pedestrian routes. This can help people find the service without drawing unnecessary attention.
- **Lighting and sightlines**: Well-lit areas are important for safety, particularly during evening hours. Choose locations where staff can clearly see the surrounding area and where service users can approach the vehicle without navigating dark or obstructed spaces.
- **Safe vehicle movement and exit**: Ensure the van can safely manoeuvre into and out of the location. Avoid areas where the vehicle could become blocked by parked cars, traffic, or crowds. Consider traffic flow, parking restrictions, and curb space when selecting a spot, and identify a clear exit route so the vehicle can depart when needed.

Preparing the Workspace

Setup should follow the same procedures used in fixed-site drug checking services (see the *Drug Checking Operational Technician Manual* for detailed steps). All work areas in a mobile unit must also meet the requirements outlined in the operational guidance on *Reducing Exposure and Contamination Risks in Drug Checking Services*.

When preparing the workspace at each location, staff should:

- **Conduct a safety scan of the surrounding area** to identify hazards or conditions that may affect service delivery.
- **Ensure the workspace inside the van is clean, uncluttered, and ready for use** before bringing out the FTIR and other equipment/supplies. Cross-contamination is a notable risk factor; clean the station thoroughly prior to set up, following standard cleaning procedure throughout the shift.
- **Confirm there is sufficient space for the instrument and related equipment**, including a stable surface for the instrument and seating for staff and at least one service user.
- **Check the flow of movement into and out of the van**, making sure the workstation will not be bumped or obstructed as people enter or exit.
- **Assess whether the setup meets privacy needs** for service users and make any necessary adjustments (e.g., changing seating position, using blinds or curtains).
- **Verify that entry and exit routes are clear and unobstructed**, ensuring staff can exit quickly or call for assistance in an emergency.

Creating a Waiting Area

Space inside a mobile unit is limited. The team may wish to create or identify a nearby place where people can wait for service, and be familiar with services close by that service users may need to access.

This may involve setting up a small outdoor waiting area with seating (e.g., fold-out chairs) near the van or directing participants to a nearby space, such as a drop-in centre or other community setting.

Where people are waiting outside, it may also be helpful to consider weather-related comfort measures, such as providing shade, rain shelter, or access to drinking water or hot drinks.

Service Provider Wisdom

Meeting People's Needs

"At the back [of the van], we keep a lot of our outreach gear, like hand warmers, harm reduction supplies, supplies for safer use, and granola bars and snacks. Being able to show up and meet people's needs is pretty important.

[In hot weather] we show up and the first thing we do is make sure everyone's hydrated, make sure everyone's got water, and get everybody as comfortable as possible before we even start talking about checking substances. And the flip side for when it's super cold."

3. Service Delivery

Sample Collection, Analysis and Delivery of Results

Sample collection and analysis in a mobile setting follows the same core procedures as fixed-site services (refer to BCCSU's *Drug Checking Operational Technician Manual* for more information). The points below reflect considerations specific to mobile delivery:

- **Where samples are collected**: Generally, service users are invited into the van to provide their sample. It is recommended that sample collection procedure follows the *Drug Checking Operational Technician Manual.*
- **Connectivity and data entry**: The drug checking technician analyzes the sample and interprets the results as they would at a fixed site. Once analysis is complete, the technician enters results into the provincial drug checking data repository (DCBC). Mobile services may operate in areas with limited or no internet access. When connectivity is unavailable, results should be recorded on paper and entered into DCBC upon returning to base. Results should be recorded on the same day the sample was analyzed or as soon after as is reasonable.

Confirmatory Testing

Procedures for collecting samples for confirmatory testing are the same in a mobile service as at a fixed site. Samples retained for confirmatory testing must be labelled, documented, and stored securely. They must be tracked using chain-of-custody procedures and stored in a designated safe or lockbox accessible only to authorized staff. Samples must never be left unattended in the van. At the end of the service shift, retained samples should be transferred to the home organization's secure storage location until they are transported for laboratory testing.

For detailed procedures, refer to the Confirmatory Testing SOP *and the* Drug Checking Sample Collection, Storage, and Transportation SOP.

Delivering the Results

As at a fixed site, service users can receive their results during the visit or at a later time, depending on their preference. Options include:

- **In person during the visit**: Results are shared directly by the technician at the van. Technicians typically provide interpretation of the findings and offer harm reduction information.
- **Text, email, or phone**: If a service user prefers to receive their results later through personal outreach, staff may collect limited contact information such as a phone number or email address. This information must be collected and used in accordance with the Managing Privacy and Personal Information in Drug Checking SOP, which covers obtaining consent, secure storage, and destruction once results have been delivered.
- **Online portal**: Service users can access their results through the British Columbia Drug Checking Client Results Portal using the sample ID number provided at the time of sample collection. For more information see the Client Results Portal SOP.

Providing Referrals to Other Services

Each interaction at the van is an opportunity to connect service users with resources that meet their broader needs, including harm reduction supplies, housing supports, mental health and substance use services, primary care, and peer support programs. Staff should maintain up-to-date referral information for each community where the service operates, as local resources will vary by location.[15]

15 Araujo et al., *Mobile Street Clinics and Harm Reduction*; Pinkhover et al., *Mobile Addiction Treatment and Harm Reduction Services as Tools to Address Health Inequities*.

Service Provider Wisdom

Connecting People to Other Services

"Have your resources at the ready. So, if somebody is saying, 'I would like to be connected to OAT,' or 'I'm having mental health problems,' or 'I need the advocacy centre,' or 'I've got an illness,' you've got your nurses' cards, you've got your mental health and substance use cards, and so on.

We have pamphlets and cards in a tote. I also keep a small box beside my drug checking equipment with just a few different cards, so they're quick and at the ready.

Which goes back to part of the reason why we do drug checking. It's like you're a gateway for somebody to find resources."

Referrals should be offered in a non-judgmental, service-user-centred way that respects individual autonomy and readiness. When a service user expresses interest in additional supports, staff can provide information, offer warm referrals where possible, and follow organizational procedures for documenting and following up. Technicians can learn more about making effective referrals here.

4. Teardown

Teardown is an important step in mobile service delivery. It ensures that equipment is safely packed for transport, that drug checking residues and materials are handled appropriately, and that the service area is clean and tidy. Consistent teardown procedures help reduce contamination risks, protect staff and service users, and ensure the van and equipment are ready for the next service location.

Teardown procedures must follow the Reducing Exposure and Contamination Risks in the Drug Checking Services operational guidance and Sample and Waste Disposal SOP.

Service Provider Wisdom

Wrapping Up

"With wrapping up, you're making sure that you've documented everything properly. You're doing that as you go along as well, but this is a good time to be asking 'Did I miss anything?' You're cleaning the station really well, you're wiping all your equipment, and you just pack it all up. Off you go. It's pretty simple."

Teardown typically includes:

- **Cleaning equipment and surfaces**: Wipe down work surfaces, instruments, and tools using approved cleaning procedures to reduce contamination risks.
- **Hand hygiene**: Wash or sanitize hands after working with samples and before leaving the service location.
- **Sample and waste disposal**: Dispose of sample remnants, test materials, and other drug checking waste according to established exposure-reduction and waste disposal procedures.
- **Packing and securing equipment and supplies**: For the FTIR, disconnect, provide a final cleaning, and pack securely in its transport case. Store chairs, tables, shade tents, and all other materials in their designated storage locations within the van, and ensure all equipment is secured to prevent movement during travel.
- **Site wrap-up**: Where applicable, confirm with the partner organization that the service has concluded and the outdoor area has been tidied and cleared.

Any remaining documentation from the session should be completed before departure or soon after returning to base.

5. Return and Storage

At the end of the service day, the mobile unit returns to its designated home base. Drug checking equipment and supplies, as well as any drug samples, must be removed from the vehicle and placed in secure indoor storage.

FTIR Storage

The FTIR spectrometer must not be stored in the mobile unit between service days. It should always be removed from the van and stored in a secure indoor location with access restricted to authorized staff.

After returning to base, staff should:

- **Park the van securely**: Park the vehicle in its designated location and ensure it is locked.
- **Remove and store**: Carefully remove the FTIR from the van and store in a secure indoor location.
- **Remove drug samples**: Remove any samples from the vehicle and follow appropriate storage or disposal procedures.
- **Charge electronic devices**: Remove laptops, tablets, and other electronic devices from the van and plug them in at a secured location so they are ready for the next service day.
- **Restock supplies**: Replace supplies used during service delivery so the van is prepared for the next service day.
- **Complete documentation**: Finalize any outstanding documentation or data entry from the day's service.

SAFETY

Mobile drug checking services operate in varied and sometimes unpredictable environments, which makes clear, consistent safety practices essential. This section covers key safety considerations for both staff and service users.

For more detailed recommendations, refer to the *Drug Checking Implementation Guide* and *Reducing Exposure and Contamination Risks in Drug Checking Services*.

Coordination and Role Clarity

Before operating at a location, the mobile van team should confirm:

- Who takes the lead if a medical emergency occurs?
- Who calls emergency services?
- Who stays with other service users during an incident?
- Who documents and reports incidents?
- Who is the contact person at the partner organization (if applicable)?

Where drug checking is delivered alongside other harm reduction services from a shared van, role clarity is especially important. Staff should be clear about who is responsible for the drug checking area and who is managing other services, and how they will coordinate if an incident occurs involving any part of the operation.

Establishing these roles in advance supports a calm and timely response if an issue arises. Pre-shift briefings and end-of-shift check-ins are useful opportunities to identify emerging factors that may affect safety, such as local tensions, enforcement activity, or adverse weather or environmental conditions.

Where staff are working away from their main site, employers should ensure check-in procedures are in place. These procedures should clarify how and when staff confirm their safety and what steps are taken if they cannot be reached.

When operating in the grounds of a partner organization, mobile staff should be familiar with that organization's safety policies and emergency procedures. In public-space settings, teams should briefly review their own safety procedures before beginning service.

Managing Interactions in a Mobile Setting

Delivering drug checking from a van presents specific challenges for interactions between staff and service users. The confined interior, limited space, and sometimes unpredictable environments all shape how interactions unfold.

Staff should:

- Avoid positioning themselves where they can be blocked from exiting.
- Maintain two clear points of exit (e.g., side and rear doors).
- Consider meeting new service users outside the van before inviting them in, explaining the drug checking process
- Be aware that both staff and service users may feel physically or emotionally constrained in a tight space.
- Maintain visual awareness of one another wherever possible.

Where drug checking shares space with other harm reduction services in the same van, staff should also ensure the drug checking area remains clearly defined and that movement through the van does not compromise sample handling or staff safety.

Service Provider Wisdom

Working in a Confined Space

"It is tight in there. If you don't know a service user, then maybe meet them outside. Don't bring them into a closed environment, because you don't know how it's going to feel for them, or for you."

Positive interaction with service users is an important component of safety. Staff should:

- Use calm, direct communication.
- Monitor for early signs of tension or escalation.
- Set clear boundaries where needed.
- Call for additional support or emergency services when appropriate.

A trauma-informed, non-judgmental approach helps reduce tension and supports positive interactions. Staff should be mindful of tone and body language, as these often shape how safe and comfortable people feel in the moment.

In some situations, staff may need to use direct, firm communication to ask someone to pause, step back, or move outside the vehicle to maintain safety and comfort for everyone present.

Hygiene, Exposure Control, and Sample Handling

Mobile services should have clear procedures to reduce exposure and contamination risks associated with sample handling and testing. These procedures apply regardless of whether the van is used exclusively for drug checking or shared with other harm reduction services.

In the van:

- Keep surfaces cleaned and clear of cluttery items.
- Keep food and drink away from the drug checking area.
- Use appropriate PPE.
- Follow established sample-handling and disposal procedures.
- Limit the quantity of samples retained in the vehicle.
- Dispose of unused samples according to the Sample and Waste Disposal SOP.
- Ensure other staff are aware of the drug checking area.
- Keep the drug checking area separate from other parts of the van. Do not contaminate other parts of the van.
- Ensure all surfaces that drug checking staff and service users have come into contact with are wiped down after each interaction.
- Keep Naloxone available and accessible at all times.

Detailed guidance is available in Reducing Exposure and Contamination Risks in Drug Checking Services. Mobile teams should adapt those recommendations to vehicle-based service delivery.

Travel and Vehicle Safety

Because mobile service delivery involves regular travel, vehicle safety should be included in the organization's occupational safety practices.

Before departure, teams should:

- Conduct a basic vehicle safety check.
- Confirm route and weather conditions.
- Ensure emergency supplies for roadside or travel emergencies are on hand.

Teams should agree in advance about who makes decisions to cancel, delay, or reroute service due to unsafe travel conditions. If a breakdown, collision, or severe weather event occurs, staff should follow their organization's established procedures for safe return, incident reporting, and service rescheduling.

Emergency Preparedness and Overdose Response

Mobile teams should be prepared to respond immediately to toxic drug poisoning events and other medical emergencies. Organizations should review their existing emergency protocols and confirm they are applicable to mobile service delivery, adapting them where needed.

At minimum:

- Naloxone must be available and accessible in the vehicle at all times.
- Staff must be trained in overdose recognition and response.
- Emergency supplies must be clearly located and known to all staff.

When operating on the grounds of a partner organization, mobile staff should:

- Know evacuation routes and assembly points.
- Understand how they will be accounted for during emergencies.
- Coordinate with partner organization staff during critical incidents.

Employers should ensure that incidents and near misses are documented and reviewed to strengthen future safety practices.

Service User Experience and Wellbeing

Mobile drug checking services should be designed and delivered with service user experience and wellbeing in mind. In a van-based service, decisions about where to park, how the workspace is set up, and how conversations are held can make a meaningful difference to how safe, comfortable, and welcome people feel accessing the service.

Accessibility

Where possible:

- Park in locations that are physically accessible and on level ground.
- Keep a portable ramp on hand to support access for people with mobility challenges or provide a covered space outside.
- Be prepared to conduct interactions outside the van if the entrance is a barrier for some service users.
- Ensure the area around the van is well lit, particularly during evening hours.

Law Enforcement

Changes in enforcement policy may affect how safe people feel accessing drug checking. Even where exemptions are in place, individuals who are unhoused or who carry substances regularly may be particularly concerned about police presence or monitoring. This can influence whether people approach the service.

Service Provider Wisdom

Exemption Protections for Service Users

"I think it's important to talk to service users about how the exemption is protecting them...

This is especially important for folks who are unhoused, who have to carry all of their belongings with them quite regularly, versus somebody who's got a home and can leave their substances at home and just bring in a small sample."

Mobile teams can:

- Be mindful of how visible the vehicle and waiting area are.
- Provide clear information about the legal protections that apply to drug checking.
- Meet with law enforcement, inform them of the intended drug checking activities, the UPHNS designation, and develop an understanding to not police drug checking spaces.

Privacy and Confidentiality

People accessing drug checking may feel uncomfortable being seen to do so, particularly in smaller communities or settings where stigma remains a concern. Thoughtful decisions about van positioning and how interactions are conducted can help protect service users' privacy.

When arriving at a location:

- Consider van positioning carefully. Parking away from main entrances or busy gathering areas can reduce how visible service users feel when approaching the van.
- Before setting up, take note of nearby building entrances, queues for other services, and outdoor gathering areas that could affect the privacy of the setting.

During service delivery:

- Hold conversations inside the van with the door closed where possible. If discussing results outside, step away from others and speak quietly.
- Be mindful of who is nearby when speaking with service users, particularly when discussing substances, results, or harm reduction advice, and avoid sharing personal details where others might overhear.
- Reassure service users that only essential information is recorded and that conversations remain confidential within the service.

The collection, storage, and handling of all personal information must follow the procedures outlined in the *Managing Privacy and Personal Information in Drug Checking SOP*.

ONGOING REVIEW AND QUALITY IMPROVEMENT

Paying attention to how a service is operating, and whether it is achieving what it set out to do, is a core part of quality service delivery. The questions below are intended to support an ongoing cycle of reflection and action across three areas: service reach, service user experience, and team wellbeing.

Where patterns or concerns emerge, programs are encouraged to discuss findings at team meetings, make adjustments to scheduling or locations, follow up with partner organizations, or flag issues to program leadership. Not every concern requires a formal response, but a culture of noticing and acting on what is observed helps services stay responsive over time. Service users, partner organizations, and staff are all valuable sources of insight, and checking in with them informally and regularly is often the most practical way to stay attuned to how the service is landing.

Service reach:

- Are there groups the service was intended to reach who are not showing up? Are there practical, social, or trust-related barriers that might explain this?
- Are there locations or times where uptake is consistently low? What might that be telling you?
- Are service users returning or referring others? Word of mouth is often one of the strongest indicators that a service is meeting a need.

Service user experience:

- Do service users seem comfortable approaching the van and engaging with staff? Are there any concerns, expressed or observed, about privacy or visibility?
- Are service users receiving results in a way that is clear, useful, and delivered without judgment?
- Do staff feel equipped to explain results clearly and to handle the range of conversations that arise during service interactions?
- Has anything changed in the local context, such as enforcement activity or changes in the drug supply, that might be affecting how safe people feel?

Team wellbeing:

- Do staff feel adequately supported by supervisors, peers, and the organization to manage the emotional demands of this work?
- Is there regular space to debrief after difficult service days or incidents?
- Are workload and scheduling manageable, or are there pressures affecting staff capacity and wellbeing?

For more detailed guidance on supporting staff wellbeing, see BCCSU's *Workplace Mental Health and Drug Checking* operational guidance.

Service Provider Wisdom

Self-Care

"Self-care is also super important with this work. And not getting discouraged. Trying to focus on the mini-milestones and the small wins that you get on a day-to-day basis is really important to help keep you going."

When concerns about any aspect of service delivery are identified, even small changes, such as adjusting a stop time, repositioning the van, or checking in more regularly with a partner organization, can have a meaningful impact. Keeping brief notes on what was tried and what changed can help build institutional knowledge over time without requiring a formal documentation system.

COSTS

Running a mobile drug checking service involves costs across several areas, including capital expenses such as the vehicle and equipment, and ongoing operational costs such as staffing, supplies, and administration.

Capital Costs

Capital costs are one-time or infrequent purchases needed to set up and equip the service. The main purchases are:

- **Vehicle**: This includes the purchase or lease of the van, interior modifications to support a drug checking workspace, and required systems such as power supply, lighting, storage, and ventilation. Costs will vary depending on whether the service uses a purpose-built mobile unit or a retrofitted vehicle. Purpose-built or custom-modified vehicles can be a significant upfront investment. Exploring these options early in planning can help make the vehicle budget more manageable.
- **Equipment**: Costs will depend partly on whether the mobile service shares analytical equipment with a fixed drug checking site or operates independently. An independently operating service will need to purchase an FTIR spectrometer. Additional equipment costs may include transport cases, secure storage, laptops or tablets, and a lockbox or safe for samples held for confirmatory testing.

Operational Costs

Operational costs are ongoing expenses required to run the service day to day. They include:

- **Vehicle maintenance and mileage**: Mobile service delivery requires significant travel, and vehicle running costs should be carefully budgeted for. Key cost areas include fuel, waste disposal, routine servicing, repairs, and seasonal preparation.
- **Power source**: Consider whether you will power the FTIR in the van via a generator that can be charged after shifts, or whether the FTIR can be directly powered by the vehicle.
- **Supplies**: Mobile services require the same supplies as fixed sites, plus items specific to mobile delivery such as transport containers, privacy screens, and portable tables and chairs to create a waiting area. For a comprehensive list of supplies, see the BCCSU Drug Checking Implementation Guide.
- **Staffing**: Costs will vary depending on the staffing model and whether new positions need to be created or the mobile service can be absorbed into existing roles. Staffing costs extend beyond direct service delivery: time spent driving between locations, setting up and packing away equipment, and travelling to and from partner sites should all be factored into budget planning.
- **Staff training**: BCCSU drug technician training is provided free of charge. There may be costs for additional training that would benefit mobile drug checking staff. Budget planning should account for staff time spent in training.

- **Service promotion and reporting**: This may include website or social media maintenance, preparation of weekly or monthly drug checking findings reports, and developing and distributing community drug trend alerts.
- **Administration**: Administrative costs cover printing, supply ordering and restocking, scheduling, coordinating with partner organizations, recordkeeping, reporting, and maintaining service documentation and protocols.

Mobile Services – Considerations for Budget Building ($CAD) – 2026	
Item	**Notes**
Capital costs	
Retrofitted outreach van	$35–95,000 (dependent on model, aftermarket purchase, and retrofit service)
ALPHA II FTIR	$60–80,000 (including transport case & laptop
Other equipment	$500 (chairs, table, bins, shelter, lockbox)
Annual Operating Costs	
Staff salary 1.0 FTE	Per existing organizational HR policies
Staff training	$1,500 / staff (including DVPS)
Connectivity (internet data plan)	$1,200–3,600
Supplies (FTIR testing, test strips, cleaning)	$1,000 (varies by service use)
Vehicle maintenance and insurance	$3,000–5,000 (insurance, BCAA)
Mileage	$0.18–0.25 / km at $1.88/L gasoline

For more information on required equipment and typical costs of drug checking programs in general, see the BCCSU *Drug Checking Implementation Guide*.

Examples of Custom Vehicle Services (Canada)

The following companies build custom medical vehicles. Please note these are included for example purposes only and as a starting place for exploring costs. BCCSU does not endorse any company.

- MoveMobility
- ITB (Intercontinental Truck Body)
- Crestline Coach
- Absolute Styling
- 2Pines Upfitters

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APPENDIX A: PHOTOGRAPHS OF PURPOSE-BUILT VAN

Figure 1: Van exterior.

Photo courtesy of ANKORS.

Figure 2. Sink and seating area.

Photo courtesy of ANKORS.

Figure 3. Workstation.

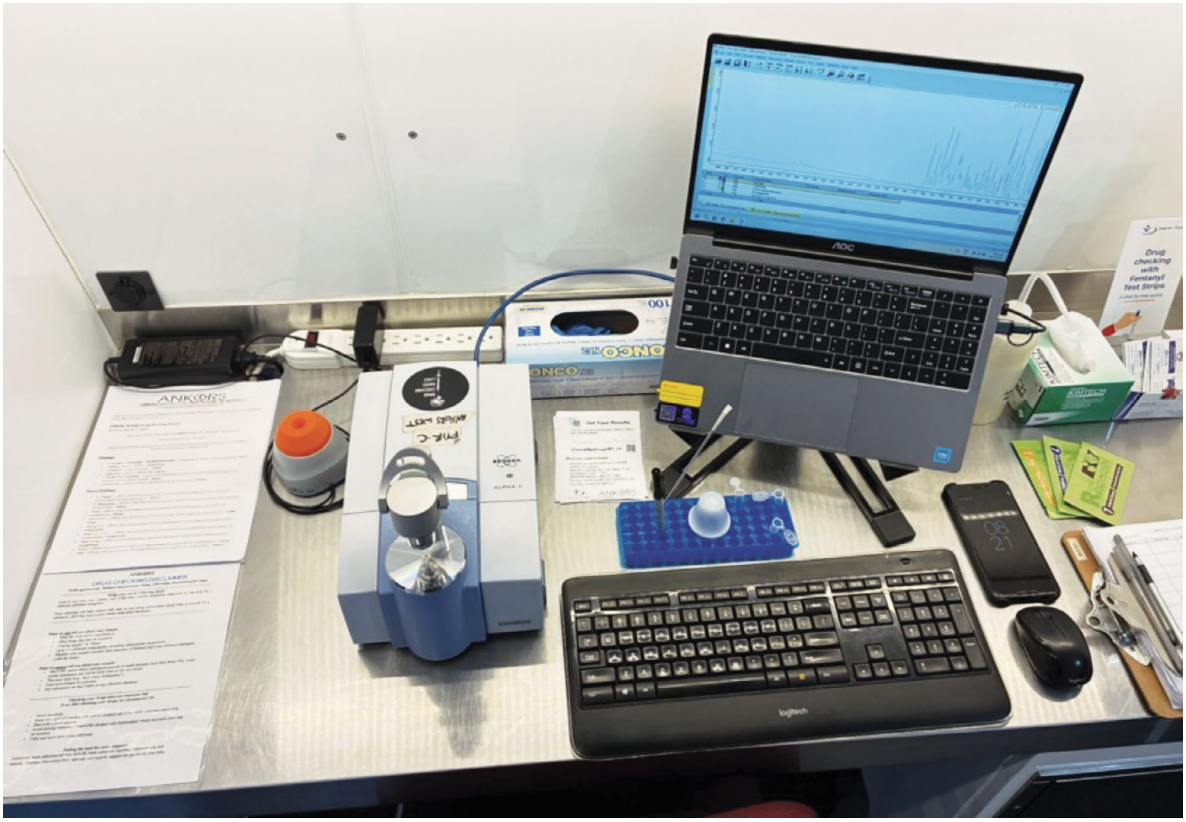

Photo courtesy of ANKORS.

Figure 4. FTIR storage.

Photo courtesy of ANKORS.

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or email drugchecking@bccsu.ubc.ca