



# Drug checking at music festivals: A how-to guide

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## Comments and suggestions

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### We do not encourage drug use.

We are not responsible for your use of this guide—anything you do with it is at your own risk.

This guide does not represent everything you need to know or do to set up and run a drug checking service and we strongly encourage you to read and consult widely and in depth before doing so. We have provided some examples of additional resources as a start for your further explorations.

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# 1. Introduction



▲ Fractal Forest, Shambhala Music Festival, 2007. Photo: Warren Michelow

## **The use of intoxicants and psychoactive substances has been a part of most human cultures since the distant past.**

Alcohol and drug use is a regular feature of popular culture, entertainment and recreation. Events focussed around electronic dance music (EDM) are no different. Drug checking—that is, helping people learn more about what a substance they are considering using might contain—is an ever-evolving service to respond realistically and practically to drug use at entertainment events, parties and festivals.

Drug checking can be controversial and there are many factors that can make it challenging to start your own drug checking service. However, drug checking services are consistent with all other forms of consumer safety and public health measures and we believe strongly that drug checking is both necessary and central to improving the health and safety of those of us who use substances. Much work needs to be done at a policy level to open the doors for a smoother implementation of this integral service for festivals and communities, but there is so much we can do right now.

Current technology that is generally available for doing drug checking is not perfect, but it is improving

all the time. Rather than drug checking being offered as a standalone service at EDM festivals, we advocate that it always be integrated with a more comprehensive set of services that address a wider range of support needs. We also see drug checking as a service that would be valuable in community at harm reduction service agencies, supervised consumption sites and at other fixed and mobile service sites.

This guide is intended to help you start your own drug checking service and to suggest how drug checking may be integrated into a broader harm reduction and benefit maximization response to substance use. We provide an outline of why drug checking matters, what it involves, and suggestions for how you might go about setting up a drug checking service at an event where substance use might occur. At the back of the guide we have included examples of checklists and handouts that you can photocopy and use in training volunteers or when providing this service at an event.

This guide is a modest start and we hope to keep building on it.

## 2. What is harm reduction?



▲ ANKORS harm reduction tent, Shambhala Music Festival, 2015. Photo: ANKORS

**Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. Harm reduction is also a movement for social justice built on a belief in, and respect for, the rights of those of us who use drugs.**

Harm reduction (HR) incorporates a spectrum of strategies from safer use to managed use to abstinence in order to meet people who use drugs “where they’re at”, addressing conditions of use along with the use itself. Because harm reduction demands that interventions and policies designed to serve people who use drugs reflect specific individual and community needs, there is no universal definition of or formula for implementing harm reduction. Nevertheless, certain principles are considered central to harm reduction practice:<sup>1</sup>

- For better or worse, it is accepted that licit and illicit drug use is part of our world thus HR works to minimize its harmful effects rather than simply ignore or condemn them.
- Drug use is understood as a complex, multi-faceted phenomenon that encompasses a continuum of behaviors and acknowledges that some ways of using drugs are clearly safer than others.
- The quality of individual and community life and well-being—not necessarily cessation of all drug use—is the criterion of success for interventions and policies.
- HR calls for the non-judgmental, non-coercive provision of services and resources to people who use drugs and the communities in which they live in order to assist them in reducing attendant harm.
- Those of us who currently use or formerly used drugs routinely have a real voice in the creation of programs and policies designed to serve people who use drugs.
- People who use drugs are themselves the primary agents of reducing the harms of their drug use, and HR seeks to empower people who use drugs to share information and support each other in strategies that meet their actual conditions of use.
- The realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination and other social inequalities affect both people’s vulnerability to and capacity for effectively dealing with drug-related harm.
- HR does not attempt to minimize or ignore the real and tragic harms and dangers associated with licit and illicit drug use.

1 Harm Reduction Coalition, Principles of Harm Reduction, Accessed 10 March 2016. <http://harmreduction.org/about-us/principles-of-harm-reduction>.



▲ Banners promoting the harm reduction tent. *Photo: ANKORS*

## Benefit maximization

Benefit maximization extends the principles of harm reduction towards recognizing the possibility for non-problematic use of substances and it admits the role of pleasure. It conceives those of us who use drugs as having the potential to be knowledgeable, capable individuals, choosing freely to use drugs in a safe and healthy way through using informed strategies. A benefit maximization approach from a neutral place of non-judgement can be more successful at engaging people who do not see themselves as “addicts” and do not experience their substance use as inherently harmful.

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## ANKORS: Who we are

ANKORS is a community organization that has been offering harm reduction services, supplies, support and education in the Kootenay region of British Columbia, Canada for 22 years. Beginning as an AIDS service organization, ANKORS has broadened its mandate to include other blood-borne pathogens such as Hepatitis C and harm reduction education and outreach to the broadest range of people who use drugs. ANKORS is funded mainly by the Interior Health Authority of BC and the Public Health Agency of Canada. ANKORS is run by a professional staff and engages a large and diverse group of volunteers in carrying out its services.

In 2002, ANKORS began providing harm reduction information and supplies at the Shambhala Music Festival—a world-class, multi-day EDM festival in the Kootenays attended by 10-15,000 people annually.

## A note about terminology

In this guide we use the terms “**drugs**” and “**substances**” somewhat interchangeably and in some places the text will refer to “**drug use**” and in other places to “**substance use**”. We intend both terms to refer to the use of licit and illicit substances and use them according to what flows better with the text—no subtle distinctions are being made when one term is used rather than the other.

We refer to “**drug checking**” because that is the term in common usage and because “substance checking” seems awkward and a bit vague. We do consider alcohol to be a “substance” or “drug” of considerable interest for harm reduction outreach at festivals and raves, but it is not a focus of this guide.

We intentionally avoid the term “drug users” because we do not believe that people are defined by their use of substances. Our preferred language is “**people who use drugs**” and “**those of us who use drugs**”—the latter being the term coming into more common usage and which reminds us that the people we are talking about are not some theoretical “others”, but real people who may include us, our loved ones and our colleagues, as well as people we may not know.

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Beginning in 2003 and every year since, ANKORS has provided drug checking to festival-goers as well as a range of free and anonymous services, including: drug and sexual health resources, harm reduction supplies (e.g., condoms, needles, crack pipes, straws), a display board showing drug checking results, information regarding safer drug use, risks of combining drugs and overdose prevention. ANKORS collaborates with other health and safety services at the festival and has conducted over 17,000 drug checking tests between 2003 and 2015.

Over this time, ANKORS has expanded and refined how they provide their spectrum of harm reduction services at the festival, and this guide is a distillation of their approach to drug checking that draws on best practices from around the world.



### 3. Why drug checking?

**New psychoactive substances are constantly becoming available, with almost 350 new substances reported to the United Nations Office of Drug Control from 2009 to 2013.<sup>2</sup> “Just say no” does not work. People are choosing to use drugs.**

Drug manufacture and supply chains are mostly illegal, which leads to consumers having no guarantees of the quality or composition of the drugs they take. Substances sold as drugs frequently are not what they are said to be and usually contain contaminants and adulterants.

Providing drug checking services helps achieve four important objectives for improving the health and safety of people who attend mainstream festivals and EDM events:

1. Drug checking services offered at mainstream events reach people who would not normally engage with drug programs.
2. Drug checking services provide personalized, timely and educational harm and risk reduction services to people at a moment when they are receptive and keenly interested in learning more about the substance they are contemplating using. Even better, these services are usually accessed before any consumption occurs.
3. Drug checking services with a peer focus suit the needs of the party and festival scenes, are perceived as trustworthy and appropriate by service users, and work well within the locations that this drug use is focussed.
4. Drug checking services that are connected with local, national or international networks can act as an early warning system (e.g., REITOX in Europe, or NDEWS in USA).<sup>3</sup>

#### A history of drug checking<sup>4</sup>

From the early days of EDM, rave and festival organizers began to develop essential risk reduction services and messaging aimed at promoting responsible substance use and reducing potential for associated risks and harms. In 1992, the Netherlands took the lead in developing the Drug Information and Monitoring System (DIMS), which did pill and powder testing and information provision. The pill and powder testing conducted was typically laboratory-quality purity testing using various chromatography techniques conducted both in offsite laboratories and later on-site at venues using mobile labs.

In the next decade a number of organizations arose from within the EDM communities across Europe that followed the aims of and promoted harm reduction to party-goers, as well as providing pill and powder testing and other services at events. In 2001, the European Monitoring Centre for Drugs and Drug Addiction conducted a comprehensive inventory of on-site pill-testing interventions in the European Union that lists 13 projects and is available on the EMCDDA website.

In contrast to the pragmatic approach that European authorities took, in North America a much harsher, prohibition-oriented approach made it more difficult to provide similar harm reduction information and services at EDM events. Nevertheless, beginning in the 2000s, a number of community organizations such as DanceSafe, TRIP! Project, MindBodyLove, Island Kids, ANKORS, Calgary PartySafe, Bunk Police, GRIP and other groups formed and implemented harm reduction for party and festival-goers across North America, including providing drug checking services at some of these events.

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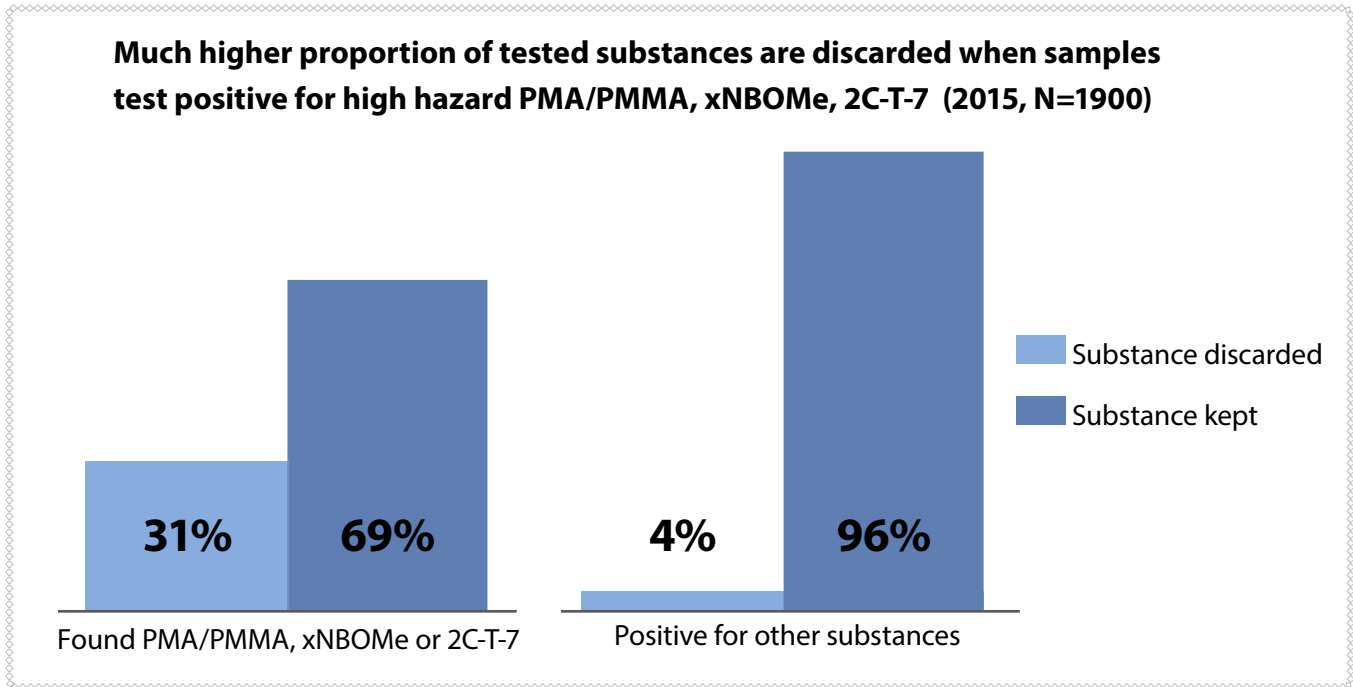
2 United Nations Office on Drugs and Crime, World Drug Report 2014, p51. <http://michelow.ca/r/wdr2014>.

3 Key priority area A: "...improve the rapid exchange of information about known drug risks" in "Preventing Drug- and Alcohol-related Harms at Music Festivals in Canada, June 2015". Canadian Centre on Substance Abuse. <http://michelow.ca/r/ccsa-prev>.

4 Warren Michelow & Cheryl Dowden, 2015, "Start Small, Take it Easy": Results from the ANKORS Harm Reduction Survey at the 2013 Shambhala Music Festival. <http://michelow.ca/doc/ankors-2013-smf-survey-report.pdf>.

## Does drug checking encourage drug use?

- These services are almost always accessed by people who have made a decision to use drugs *before* they connect with us. We are there to meet them “where they are at” and to offer support for them to make an informed decision. We do not encourage drug use nor do we judge the people who contact us.
- Sometimes after a test result—especially a test result that shows the substance contains something known to be hazardous, such as PMA or PMMA—people will choose to dispose of that substance rather than consume it. We encourage such responsible decision-making.



▲ ANKORS drug checking data, 2015.

## Does drug checking give a false sense of security?

One of the biggest criticisms of drug checking that uses presence-testing is the view that it gives people a false sense of security when receiving a positive result; i.e., a confirmation that the sample tested is positive for the desired substance.

If people are led to believe that a positive test means that their substance is completely pure and safe and they are not engaged in any conversation on safer drug use, then yes one would be giving people a false sense of security.

**That is not what we do!**

It is important in practice and in representation of this great tool that it is made clear what we are doing is:

- giving people *partial* information about the substance, not *complete* information;
- having conversations with people who use drugs about the absence of pure drugs on the market and that they should expect unknown adulterants in the substances they have;
- having conversations about safer drug use, including dosing, pacing, risk reduction strategies and preventing overdoses and infection with blood-borne diseases.

**A test is done only *after* people have read and understood the disclaimer!** (See Appendix E)



## 4. What does a drug checking service look like?



▲ Dropping reagent onto a sample during a test. *Photo: ANKORS*

**Drug checking is best offered as part of a broader and integrated set of harm reduction and education services, offering self-service and peer-provided information and an appropriate range of harm reduction supplies.**

### Services to offer

- Stock an **info table** with self-service information on drugs, ear protection, sexual health for diverse populations, drug combinations, cutting agents, safer drug use.
- Have self-service **harm reduction supplies** such as ear plugs, condoms and lube, dental dams, latex or nitrile gloves, internal or female condoms, straws for snorting, syringes for measuring liquid doses, safer injection and safer smoking kits, sharps container for sharps disposal, empty gel caps, blue food colouring for marking liquids containing GHB.
- Have an easily accessible “**drug bible**”—i.e., a big binder with printed info on as many different drugs as you can find. Add to this binder as new psychoactive substances come into the scene. Include info on cuts and adulterants if possible. (Erowid is the best source for drug information.)
- If available and practical, have an **internet connected laptop** for staff and volunteers to use to answer difficult or unanticipated questions, and for looking up pictures and information on specific substances. Keep it in a secure staff-only area and use a security cable lock if you can.
- Display posters such as Tripsit’s **drug combinations chart** that is visible and accessible (See Resource List).
- Post **dosage charts** for different drugs in a highly visible location—the effects of GHB and ketamine are highly dose-sensitive and the difference between an adequate dose and too much is small. (See Erowid website for GHB and ketamine dosage information.)
- For a **drug disposal service**, have sharps containers set out and well-marked for people to dispose of unwanted substances—many people who get unwelcomed results from drug checking will want to safely dispose of their drugs. Ensure the containers are visible, well-secured and are given to or preferably collected regularly by Security staff.
- Prominently display posters on **prevention of blood-borne infections** and **overdose prevention**.
- Have copies of a **list of local services** to give to people seeking help with substance use or sexual health issues.

## Getting info out

Providing results of drug checking to the people who bring in the substances is only part of the value of drug checking. Getting key information out through multiple channels to others who might use drugs and to the people who provide security, health and safety services at events is an important way to multiply the value and extend the reach of the drug checking service.

- Since testing is happening during the event you can share information publicly and with other service providers in real time.
- Have a **highly visible and well-lit notice board** out front of the service area. Use a whiteboard, chalkboard, corkboard or screen and post key results that are not what they should be, or important warnings and alerts.
- Some organizations are loading **real-time drug checking results** into a computer and showing them on a screen outside the service area.



▲ Well-lit notice board showing alerts. Photo: ANKORS

- Use **Twitter** for sending out alerts and updates using the event-specific hashtags.
- Have a volunteer do regular **in-person check-ins with Security, First Aid and Sanctuary** staff to keep them updated of drug checking results and to find out if they are seeing anything that might be relevant to drug checking; e.g., lots of people in First Aid displaying a consistent set of concerning symptoms, heavy use of the Sanctuary by people who have used similar substances, or the apprehension of a dealer with a supply of a potentially problematic substance.

## Ethics of service

- Services are provided free of charge (voluntary donations are accepted).
- A client-centered approach assures confidential and anonymous access to all services.
- Service users are engaged in a friendly, open and non-judgemental manner.
- Information provided is accurate and accessible in lay terms.
- Information and services provided are framed in a neutral way, neither encouraging nor condemning drug use.
- There are clear disclaimers of what the drug checking tests can and cannot do, and how test results should be interpreted and understood (see Appendix E).
- Volunteers are knowledgeable, well trained and able to refer to other services at the festival or elsewhere, as appropriate.
- Volunteers and staff providing services are sober and well rested.
- The health and safety of staff, volunteers and service users has top priority.
- Potentially stigmatizing harm reduction supplies such as safer injection or safer smoking kits are provided in a discreet and accessible way.

## 5. Working with others

Research shows that community based programs that deliver coordinated measures through multi-agency collaborations are more effective than single interventions.<sup>5</sup>

### Community partners

This section is both a recommendation and a reality check. People are strongly encouraged to find as many partners as possible and to build long-term relationships with them, and not to be disheartened if partners are initially hard to come by.

It is especially important to have an organization involved that is connected to the local community to facilitate building bridges with stakeholders and concerned others in the community. It can be really helpful if a harm reduction and drug checking outreach initiative is undertaken as a project within a supportive local partner's organization, which may provide access to some of their resources such as supplies, insurance coverage, administrative support, etc.

Drug checking and even harm reduction are still controversial ideas in some quarters. The value of drug checking may need to be demonstrated first on a small scale. Drug checking achieves its greatest potential when offered alongside education on safer drug use, overdose prevention, sexual health, prevention of blood-borne infections such as HIV and hepatitis, and provision of harm reduction supplies.

Times are changing in public health and there is increased understanding of substance use, especially in mainstream and youth cultures. Local public health agencies, AIDS Service Organizations, and those who work in harm reduction are going to be the first to recognise the value of drug checking and be interested in supporting such initiatives.

While there are many progressive police officers who may understand the benefits of drug checking at festivals, one needs to recognise they work in a challenging policy and legal environment so their official support should not be expected. Please adhere strictly to the testing protocol and cautions provided here to minimize legal risk.

### Pep talk!

- Be informed and articulate.
- Patience is a helpful virtue.
- You may need to go it alone at first until the valuable role of drug checking gets recognized.
- There is a need for leadership and taking initiative, while understanding the risks you might be taking on.



Tip

### Working with the festival

Typically, a large festival will have a number of departments each dedicated to providing a key service such as those listed in this section. A smaller festival may have fewer or no dedicated departments, in which case it is helpful to consider how these functional areas will be addressed and how a drug checking and harm reduction outreach service could help fill the gaps.

### Event production

The partnership with event producers and organizers is about working towards a common goal of improving health and enjoyment, reducing harm and ensuring that the larger community sees the festival as being proactive on safety. A partnership also relieves festival organizers of the burden of volunteer recruitment, training, scheduling and operations for these kinds of activities.

- Make agreements before the festival about what the festival is going to fund—send a budget of what you need from them and don't make purchases until it a budget is approved.
- Request enough festival passes for all volunteers who attend and have the passes approved and confirmed. Passes also provide excellent incentives to volunteers.

5 NEWIP Good Practice Standards. Retrieved from <http://newip.safernightlife.org/standards> on May 29, 2016.

## Security

Meet with the security provider before the event to discuss what the harm reduction outreach and drug checking services are going to do there. Tell them how these services can help them and are complementary to security's concerns.

- Security staff can learn what potentially hazardous substances are being found on site.
- Encourage security staff to check the display board with testing results during the event.
- Extend the drug checking service to Security for samples they have collected—but have them come in the back of the service area so they don't freak everyone else out.
- Security should (MUST) handle any drug disposals, transferring them to the RCMP or disposing of them according to their protocol.
- Security does not have a presence in or around the drug checking area and should not in any way discourage access to harm reduction services.
- Drug checking can test samples for GHB if people have been unknowingly dosed, helping Security with such investigations.

## Sanctuary

A “sanctuary” offers a safe and healthy space for those feeling overwhelmed by effects of their substance use, or who may need a quiet and safe space for relief from the intensity of the event.

- Proactively share drug checking results with Sanctuary staff to improve their knowledge of what is happening at the event.
- Communicate regularly with the Sanctuary to find out what symptoms they are seeing—it can be helpful warning information to share with your service users.
- Refer overwhelmed festival goers to the Sanctuary.
- Offer to supply Sanctuary users with harm reduction supplies; e.g., earplugs, condoms, drug information, etc.

## First aid

First Aid staff and volunteers are key allies in improving the health and wellness of festivals.

- Let First Aid know what harm reduction services will be available.
- Extend the drug checking service to them for patient samples and make sure they know they can skip any line-up and get immediate attention.
- Encourage First Aid staff to check the display board and proactively share pertinent information with them on effects of misrepresented samples found by drug checking, especially effects that may be not well known to people who are less-informed about party drugs.
- Refer people to First Aid when needed.

### Health and wellness zone

It is helpful to have a zone or designated area at the festival for health and wellness services and facilities, including the harm reduction services.

Placing all such services near to each other makes them accessible and easy to find.

If you are involved earlier in the planning stages for a festival, share this suggestion with the organizers.



Tip



▲ Sanctuary tent interior, Shambhala Music Festival, 2015.  
Photo: ANKORS



## Outreach teams

Small teams of trained people roaming in pairs—ideally with two-way radios for optimal communication—can patrol the venue (and camping areas at outdoor events). Outreach teams do gentle surveillance for Sanctuary and First Aid providing early detection for health or medical problems occurring in washrooms, pathways, campsites and other non-central areas of an event site, as well as harm reduction outreach providing harm reduction information and key supplies.

- Supply outreach teams with key information resources and supplies such as ear plugs and condoms.
- Use outreach teams to spread important information such as what substances to watch out for; e.g., “bumble bee” pills sold as 2C-B that actually contain the potentially more harmful 2C-T-7.

## Camp Clean Beats

People who struggle with unhealthy relationships with substances come to outdoor festivals and multi-day entertainment events! This is an innovative way to help and enhance inclusion, especially at multi-day events.

- Designate in the campsite area a “dry zone” or “sober camp”, with daily meetings for folks who want to have a sober festival and who may also be dealing with substance use issues.
- Encourage people who want to stay sober to pair up with a “sober-buddy” to help each other stay on track.



▲ Part of the health and wellness zone, Shambhala Music Festival, 2015. *Photo: ANKORS*

## Women’s safe space

Unfortunately sexual assault and partner violence are still prevalent in our societies and some festival guests may find themselves feeling at potential risk. At larger or multi-day events, this service provides a safe space for women-identified people only, providing counselling and support and offering a safe space to sleep for women feeling unsafe at their own campsite or at the event.

- Let the Women’s Safe Space know what harm reduction services are being offered.
- Offer to supply them with appropriate harm reduction supplies.
- Extend the drug checking service to them if they need it in a crisis-type situation and arrange expedited access in case of urgent need.

## 6. Drug checking technologies

For the purposes of this guide we can divide drug checking technologies into two broad classes: let's call them “laboratory technologies” and “field technologies”.

### Laboratory technologies

This class encompasses all the laboratory-quality testing methods that can produce highly accurate results and can detect many of the various constituents of a substance at the same time. Some can provide quantitative results such as dosage and concentration.

Typically these technologies require highly trained personnel and are very expensive to set up and maintain, with costs running from tens of thousands to millions of dollars. Facilities with these technologies are usually set up in permanent locations, although some technologies can be set up in mobile units. Running tests with these technologies often takes a long time and uses expensive supplies, and testing machines often require regular, highly-specialised calibration.

These technologies are not (yet) available for real-time drug checking at festivals in Canada and North America, although some laboratory-quality testing in mobile labs has been available in a few places in Europe since the 2000's.

For those who are interested in a more in-depth, technical yet highly readable description of these technologies and how they work, please see Appendix A.



▲ Thin-layer chromatography (TLC).  
Photo: Oak Ridge National Laboratory, CC BY-NC-ND 2.0

### Field technologies

This class includes simple, low-cost, easy-to-use testing methods that can be used by a lay person with minimal training. These technologies are suitable for use in community settings, are quick and easy to set up and clean up, and can repeatedly produce actionable results in a short period of time. At present, the only drug checking technologies that meet all of these requirements are the reagent-based presence testing kits typically used for drug checking at festivals.

Presence testing technologies involve applying a few drops of one or more liquid reagents (chemical solutions) to small samples and interpreting results by observing colour changes, fizzing and bubbling, or puffs of fumes released during testing.

When compared to laboratory technologies, the results from presence testing are crude in that they can only indicate the presence or absence of a fairly small number of chemicals, and very few of the tests can provide information on dosage or concentration. However, their low cost, ease of use, and actionable and useful results that are easily and rapidly obtained from these technologies make them ideal for drug checking at festivals.

There is a new test kit available from Bunk Police that seems to be a promising option for helping reagent-based testing work better with mixtures. It is based on a laboratory technique called Thin Layer Chromatography and is designed to separate mixed samples before testing the separated components with reagent-based tests. The multi-step process is a bit complicated, but it is claimed to be powerful and accurate. Perhaps this test kit signals the beginning of laboratory techniques becoming feasible and affordable for drug checking by lay people in the field. Stay tuned!

## The pros and cons of presence testing

Community-based presence testing is typically done with a variety of chemicals (called “reagents”) that change colour (are “colorimetric”) based on the substances present in the sample.

### Advantages

New, easy-to-use tests that are suitable for use in drug checking at festivals are regularly being developed. For presumptive identification (i.e., educated guess based on available evidence) of drugs in the field, the colorimetric tests described in the next section have the following important advantages:

- affordable and economical costing less than \$0.50 for each standard test (in most cases)
- do not require specialized equipment and can be done anywhere
- simple to use and can be interpreted by a layperson with minimal training
- provide results rapidly
- a large number of tests can be done in a short period of time, limited only by available staffing
- provide information that is good enough to influence the decisions people make about substance use that make a real difference in reducing harm and avoiding ill-health.

These advantages make reagent-based testing our best current option for drug checking. Reagent-based testing is likely to continue to be used even alongside other more complex methods (when they become accessible) because it fills an important screening need better than any current alternative.

### Limitations

We must recognise, however, that this type of approach has some major limitations:

- interpretation can be highly subjective– two different people performing the test might interpret the same colour change somewhat differently
- in most circumstances colorimetric reagents cannot differentiate a mixture of different substances, which is a challenge in a harm reduction setting where we are almost always testing an impure mixture
- currently there is no available reagent test for fentanyl, which has caused many deaths, and the dipstick test reacts only to pharmaceutical fentanyl and its metabolites and cannot detect the fentanyl analogues common on the street.

Nevertheless, even with mixtures, when used appropriately in a series of steps, the reagent-based tests can give us some information useful for decision-making by people considering substance use and has real harm reduction benefits.

For ANKORS in recent years, the five most requested tests have been for MDMA, LSD, ketamine, cocaine and “mystery substance” (in order from most to least requested).



Tip

# 7. Drug checking reagents and test targets

The key idea to keep in mind when using reagents to test a substance is that most reagents react to a variety of targets. In addition, one reagent may produce the same colour changes when reacting to different targets. As a result, one generally cannot use just one test to reach a conclusion about a sample.

- The “target” is the specific chemical molecule that the test is designed to react to and which will produce the distinctive colour change that is the result of the test.
- Reagent based tests are also called “spot tests”.

## Overall approach

The recommended approach is to take several tiny samples of the substance of interest and test each sample in turn with a different reagent, choosing later tests based on results of the earlier tests. Then, by considering all the reactions taken together, you can narrow down the options to make an educated assessment of the most likely target found. Correct use of the colour charts is thus a key skill to develop.

## Colour charts

What a positive test result looks like is displayed on a chart as a colour change strip for each combination of reagent and target substance.

Colour charts are usually provided with the test kits but their quality may vary. In our experience [DanceSafe.org](http://DanceSafe.org) has the best colour charts with the largest number of targets and their colour changes for the reagents that they sell. For other kinds of tests, such as cocaine ID, cocaine cuts, GHB, and purity tests, you will need to get the appropriate chart from the test vendor.

DanceSafe has recently updated their colour charts and the new chart omits a less-used set of colour changes for differentiating the 2C-(xx) group of substances. We advise having copies of both the old and the new charts available if 2C-(xx) substances might be prevalent among the samples being tested.

The [EcstasyData.org](http://EcstasyData.org) website has images and descriptions of a large number of substances along with laboratory testing results and the colour changes that occurred when tested using the reagents. The [BunkPolice.com](http://BunkPolice.com) website has a library of videos where you can watch the colour changes from testing various substances. (On their website, move your mouse over their “Reaction Video Database” link and then click “Search” or “Browse” from the list that shows up.)

SUBSTANCE	STANDARD SET				ADVANCED KITS	
	MARQUIS	MECKE	MANDELIN	FOLIN	PROBHE	LIEBERMANN
MDMA	NO REACTION	NO REACTION	NO REACTION	NO REACTION	NO REACTION	NO REACTION
MDE	NO REACTION	NO REACTION	NO REACTION	NO REACTION	NO REACTION	NO REACTION
MDA ("Sass")	NO REACTION	NO REACTION	NO REACTION	NO REACTION	NO REACTION	NO REACTION
5-APB / 6-APB	NO REACTION	NO REACTION	NO REACTION	NO REACTION	NO REACTION	NO REACTION
Methylone	NO REACTION	NO REACTION	NO REACTION	NO REACTION	NO REACTION	NO REACTION
Ethylone	NO REACTION	NO REACTION	NO REACTION	NO REACTION	NO REACTION	NO REACTION
Butylone	NO REACTION	NO REACTION	NO REACTION	NO REACTION	NO REACTION	NO REACTION
Mephedrone (4-MME)	NO REACTION	NO REACTION	NO REACTION	NO REACTION	NO REACTION	NO REACTION
MEDPV	NO REACTION	NO REACTION	NO REACTION	NO REACTION	NO REACTION	NO REACTION
Alpha-PVP ("Flakka")	NO REACTION	NO REACTION	NO REACTION	NO REACTION	NO REACTION	NO REACTION
Methamphetamine	NO REACTION	NO REACTION	NO REACTION	NO REACTION	NO REACTION (BUT POSSIBLE RED)	NO REACTION
Amphetamine	NO REACTION	NO REACTION	NO REACTION	NO REACTION	NO REACTION (BUT POSSIBLE RED)	NO REACTION
BZP	NO REACTION	NO REACTION	NO REACTION	NO REACTION	NO REACTION	NO REACTION
TFPPP	NO REACTION	NO REACTION	NO REACTION	NO REACTION	NO REACTION	NO REACTION
PMA	NO REACTION	NO REACTION	NO REACTION	NO REACTION	NO REACTION	NO REACTION
PMMA	NO REACTION	NO REACTION	NO REACTION	NO REACTION	NO REACTION	NO REACTION
2C-B	NO REACTION	NO REACTION	NO REACTION	NO REACTION	NO REACTION	NO REACTION
2C-I	NO REACTION	NO REACTION	NO REACTION	NO REACTION	NO REACTION	NO REACTION
Ketamine	NO REACTION	NO REACTION	NO REACTION	NO REACTION	NO REACTION	NO REACTION
Methoxetamine	NO REACTION	NO REACTION	NO REACTION	NO REACTION	NO REACTION	NO REACTION
DXM	NO REACTION	NO REACTION	NO REACTION	NO REACTION	NO REACTION	NO REACTION
Cocaine	NO REACTION	NO REACTION	NO REACTION	NO REACTION	NO REACTION	NO REACTION
Morphine	NO REACTION	NO REACTION	NO REACTION	NO REACTION	NO REACTION	NO REACTION
Oxycodone	NO REACTION	NO REACTION	NO REACTION	NO REACTION	NO REACTION	NO REACTION
Heroin	NO REACTION	NO REACTION	NO REACTION	NO REACTION	NO REACTION	NO REACTION
Mescaline	NO REACTION	NO REACTION	NO REACTION	NO REACTION	NO REACTION	NO REACTION
Cocaine	NO REACTION	NO REACTION	NO REACTION	NO REACTION	NO REACTION	NO REACTION
Aspirin	NO REACTION	NO REACTION	NO REACTION	NO REACTION	NO REACTION	NO REACTION
Sugar	NO REACTION	NO REACTION	NO REACTION	NO REACTION	NO REACTION	NO REACTION

**WARNING** PMA & PMMA ARE EXTREMELY DANGEROUS ADULTERANTS! THEY ARE NOT RECREATIONAL DRUGS AND HAVE CAUSED HUNDREDS OF ACCIDENTAL DEATHS.

◀ Example colour chart for interpreting drug checking test results. Diagram: © DanceSafe.org



## Reagents

The following list contains all the reagents that were available on the market at the time this guide was written. A reasonably comprehensive test kit would include at least the following 7 reagents: Marquis, Mecke, Mandelin, Folin (or Simons), Froehde, Liebermann and Ehrlich.

NOTE: Most reagents have a shelf life of one year if stored properly, but the Mandelin expires after 6 months. The best place to store reagents is in a fridge—use a cooler when you are out in the field and keep the kits out of the sun and away from bright light.

The test kits that use single-use ampoules have a shelf-life of three years.



Tip

Marquis, Mandelin and Mecke react to both sugar and aspirin, which is useful as a control to check the shelf life of your testing kit.

To check if a kit has expired, test sugar and aspirin samples and safely dispose of reagents that don't react.

Note: different brands of aspirin and sugar may take longer to react, whereas reactions for the intended test targets should occur right away.

### Marquis

- Used for testing MDMA, MDA, MDE and many other substances.
- Usually used first when starting a series of tests.

### Mecke

- Used for detecting the MD(xx)<sup>6</sup> group and many other substances.
- Mecke really shines for helping distinguish which 2C-(xx) substance you might have.
- Good test for MXE (methoxetamine).



Tip

The Mandelin test result with a sample containing table salt foams and turns a burnt orange colour, which can easily be mistaken as positive for ketamine—it needs to go brown to indicate presence of ketamine.

### Mandelin

- Shortest shelf life of about 6 months—this might need replacement more often than the other reagents.
- Reacts strongly with the MD(xx) group and many other substances.
- Reacts well and has a distinct colour with PMMA and PMA.
- Best test for detecting ketamine.
- Can also detect cocaine, but the colour change is weak.

Mandelin is challenging to use for cocaine because the yellow colour of the Mandelin reagent is quite similar to the yellow colour that indicates positive for cocaine. To detect cocaine, look for an immediate flash of orange before it turns yellow.



Tip

### Folin

- Identifies the difference between MDMA and MDA and can replace the Simons test for that purpose. Difficult to use under poor lighting as not much contrast between color changes.
- Identifies the piperazines BZP and TFMPP really well—use Liebermann to differentiate.
- Distinguishes Apha-PVP (“Flakka”) from the other cathinones.

### Simons

- Identifies MDMA and MDA like Folin, but does not react to cathinones.
- Has more contrast than Folin in the colour changes for differentiating MDMA from MDA—may be useful in lower light situations.

<sup>6</sup> The use of (xx) in substance names is a placeholder that indicates a variety of other letters are included; e.g., MD(xx) includes MDMA, MDA, MDEA, MDE, etc.

## Froehde

- Reacts very differently with 5-APB and 6-APB than with the MD(xx) group, whereas Marquis, Mandelin and Mecke tests produce very similar results for all of these substances.
- Do after the basic tests to identify the presence of 5-APB or 6-APB.
- Reacts to several other substances especially amphetamine and methamphetamine.

## Liebermann

- Best final step to identify which cathinone may be present (e.g., MDPV, mephedrone, etc.).
- Excellent differentiator of amphetamine from methamphetamine—no reaction to methamphetamine.
- Best differentiator of BZP from TFMPP—no reaction to TFMPP.
- Can also confirm cocaine if using Mandelin for cocaine, but reaction is light.

## Ehrlich









- Reacts to indoles, such as LSD, psilocin, 5-MeO(xx), etc., but does not differentiate between them.
- Useful for ruling out 25B-, 25C- and 25I-NBOMe which cause no reaction. Many deaths have been associated with (xx)NBOMes, see Erowid death reports and related links at <http://michelow.ca/r/nbome-deaths>.
- NOTE: the Ehrlich reaction can take up to 5 minutes to complete.

## Cocaine ID (Scott)

- Best cocaine identification test available as of early 2016.
- Turns blue if cocaine is present.
- It also turns blue for MDPV and 5MEO-MIPT, so do a Mecke test to rule out MDPV and an Ehrlich test to rule out 5-MEO(xx).

## Cocaine cuts

- The only adulterant (or “cut”) test on the market.
- Use after obtaining positive results for cocaine.
- Note: the test cannot distinguish multiple cuts.
- Not changing colour indicates the sample is not cut with the target adulterants, but it could contain other adulterants not covered by the test.
- Test takes only 2 minutes to produce the result and after that the colour will continue to darken, thus the test result must be read at the 2 minute mark.

LEVAMISOLE	GREEN		EPHEDRINE (HCL)	YELLOW/GREEN	
ACETAMINOPHEN (Paracetamol) PHENACETINE ASPIRIN	OLIVE GREEN		LIDOCAINE	ORANGE/BROWN	
IBUPROFEN	DARK BROWN		BENZOCAINE	LIGHT BROWN	
VITAMIN-C	AQUA BLUE		PROCAINE	ORANGE	

▲ Cocaine cuts test color chart. *Diagram:* © TestKitPlus.com

## GHB ID test

- GHB’s massive popularity has led to a ban on the sale of certain precursors needed to make it. As a result one could be buying untreated GBL—an industrial chemical used as a sticker remover that converts to GHB in the body.
- Ingesting pure GBL can be very harmful.
- Test reacts quickly to GHB, but has no reaction to GBL.



▲ GHB test colour chart. *Diagram:* © EZTest.com

The GHB test works best with pure GHB or GHB concentrate.

When GHB has already been diluted in a drink or in water, using too large an amount of sample dilutes the reagent too much to get a result.

When testing diluted GHB, take a sample of 1 or at most 2 drops out of the GHB solution with a syringe and drop them into the testing ampoule.



Tip

## “Purity” tests

Purity tests tell you what proportion of a sample of standard weight is comprised of the target substance-A, with a result provided in a qualitative sense of very low, low, medium, high and very high according to the colour obtained by the test.

The sample used in the test is a standard weight and is only a tiny piece of the unit (capsule, pill, powder) that would be consumed, thus it can be difficult to extrapolate from the test result to what total dose the whole unit actually contains.

Factors that would affect the total dose are:

- how accurate the weight of the sample is (exactly 20mg is required)
- the weight of the whole drug itself; i.e., how much bigger the unit to be consumed is than the sample
- how representative the tiny sample is of the composition of the whole unit—the sample might have a higher or lower concentration of the target substance in it than the rest of the unit
- what range of purity is included in a qualitative result such as “medium”.

Given these factors, the cumulative effect of small variations in the sample size, how well the test was done, how representative the sample was of the whole unit and the actual size of the unit of drug consumed can make a large difference to the actual dose consumed. Under ideal conditions these tests are a helpful advance in drug checking, but their performance in large-scale rapid testing in a festival or party environment is less certain.

This is a key limitation with these tests as the size of a “line” of cocaine can vary widely and there is a huge variation of strength in the MDMA on the market today. Furthermore, recent laboratory testing of some “ecstasy” pills and capsules has shown they can contain very high doses of MDMA.



Tip

Purity tests are expensive and you need a scale sensitive and accurate to 0.001g. The information you get may not be enough to compensate for these drawbacks, but if you can afford it then why not!

### MDMA purity

- Tests the proportion of MDMA in a sample of standard weight.
- Requires a milligram scale for precisely weighing the sample.
- Takes 15 to 30 minutes to produce a result.

### Cocaine purity

- Gives a sense of the proportion of cocaine in a sample of standard weight.
- Does not inform about any other ingredients.
- A milligram scale is required—exactly 20 milligrams of sample material is needed to get an accurate result.
- A result is available in seconds.

## Testing mixtures

Most substances that would be brought in for drug checking are likely to be mixtures of some psychoactive substances along with “fillers” or inert substances to dilute active ingredients. More than one ingredient may react with a testing reagent making it difficult to get a clear result except when using laboratory testing.

A new advance in reagent-based testing is a comparatively easy to use kit that separates out the ingredients in a mixture so that each can be tested separately with clearer results.

### Separation kit (Bunk Police)

- Based on a laboratory technique called Thin Layer Chromatography (see Appendix A).
- Designed to separate mixed samples BEFORE testing them with reagent tests.
- Takes about 30 minutes to do the two step process and is a bit finicky.
- See video on how to use this test kit on the [BunkPolice.com](http://BunkPolice.com) website.
- This test kit is brand new with few reviews so far of how well it performs.

## 8. How to use presence testing

Most psychoactive substances are controlled substances that are illegal to possess or distribute. It is also a criminal offence to “aid” or “abet” someone else committing a criminal offence of possessing or distributing an illegal controlled substance.

The drug checking protocol is designed to minimize the possibility that the drug checker is ever “in possession” of the potentially illegal substance being tested.

Providing a drug checking service is providing a health and safety service and is **NOT ENCOURAGING OR ABETTING SUBSTANCE USE**. Volunteers must understand this and commit to acting accordingly.

Training, orientation and supervision of operations during an event should be focussed on staying on the right side of the law and maintaining the best legal safety possible for everyone involved.

We highly recommend reading the short but detailed summary of opinions about the relevant laws and legal concerns that apply in a drug checking situation—it is called “The Canadian legal context” and is in Appendix B. **READ IT!** Seriously, please read it.

“The Canadian legal context” (Appendix B) and the legal protocol sheet (Appendix E) need to be required reading in volunteer training. Have many laminated copies of the legal protocol sheet at every event: keep a sheet with every tester at their testing station and post more sheets widely on the premises. We also recommend having a copy of the legal opinion piece in a binder on-site for reference purposes.

### Very Important

Our entire operation, protocols for testing, how we conduct ourselves, and how we describe the drug checking service to and work with service users is hugely shaped by these legal issues and is designed to minimize any potential legal risks as much as possible.

There are very real legal risks that you might invite by ignoring the warnings given at appropriate places in this guide.

### Legal protocols for testers

Staff and volunteers must understand the potential risks they are taking by providing a drug checking service and one should get active confirmation from them that they completely understand and are committed to adhering strictly to the testing protocols. This is not only for the safety of staff and volunteers, but is also for the safety of service users, the festival and the larger festival scene.

The testing procedure described below and legal protocol in Appendix E are designed to minimize legal risk to the testers, but **WE CANNOT PROVIDE ANY GUARANTEES**. There is always a risk, however small, that local police may not understand what the drug checking service is about, or may decide to act as if the law is being broken. We cannot emphasize enough how important it is to follow the protocol exactly.

### Disclaimers when providing results

The testing protocol insists that a person interested in using drug checking services must be provided the disclaimer and be questioned to ensure that they have understood it correctly **BEFORE** being given access to drug checking. See Appendix E for the disclaimer sheet that you can print off and use.



## Testing procedure

The following procedure summarizes the steps we recommend around and during the drug checking encounter. The steps that describe performing the test and delivering the results are the most critical to follow in terms of minimizing legal risk.

Our approach is to involve the person wanting a test as an equal participant in observing and interpreting the result. We do this to empower the person in the process and the decision-making that they will have to consider once they have a result. We also do this because we are not trying to “convince” them of any particular course of action, or suggest that the tester’s interpretation is more important than their own.

1. Someone comes to the service area wanting to access drug checking.
2. The Greeter will ask them if they have used this service before and show them a list of the drugs we can test for. Here you can let people know that there is no test for magic mushrooms.
3. **MANDATORY:** If they want to test something that is on the list then start by getting them to read the disclaimer. Ask questions to check with them that they truly understand the disclaimer.
4. After they have read and understood the disclaimer, start the “substance testing survey” with them by asking what they believe they have and write it on the survey sheet (see Appendix E).
5. Now the person is ready to go over to the tester. They will bring their survey sheet with them. [All this will be done with the tester if there is no Greeter.]
6. The tester, wearing gloves, will ask the person to use a stir stick to pick up a little powder, or use the Xacto knife to scrape off a little sample from a pill, and make four piles the size of pinheads on the plate—make sure the samples are spaced far enough apart so that the test reagents don’t mix or touch more than one sample. If using a single-use glass ampoule then have the person place the sample directly into the ampoule.
7. Next show the person the colour comparison chart and show them what colour you (the tester) and they (the client) are looking for if it will be a positive result and show them the time line at the top (0-20 seconds).
8. Chose the test best suited for the believed substance and start with dropping 1 drop of reagent onto one of the four sample piles. (Some tests require use of 2 reagents.)
9. Continue to use other tests each on a separate sample to cross reference or extend the testing.
10. The tester fills out the rest of the survey sheet as testing goes along.
11. **MANDATORY:** No matter what the result always let them know about the disposal service.
12. If you have a positive test result that identifies a test target then you can go through the harm reduction check list with them and talk about dosage, potential risks and safety tips.
13. This is a good time to ask them if they know where the other services are on site (especially First Aid and the Sanctuary if there is one) and ask how they are doing. Let them know about the information table and encourage them to go over there for more info.
14. Let your shift lead know if there is a substance of concern that needs to be written up on the display board.
15. Get a clean plate before moving on to the next person’s test to avoid cross contamination.
16. If the Xacto knife was used then carefully and thoroughly wipe it clean with a fresh paper towel or tissue before starting the next test.



### Important

Testers never **NEVER TOUCH THE DRUGS** or the sample! Testers never ever take the sample themselves from the powder, pill or liquid container, ever!! **Never, ever, no exceptions, m’kay!!**

### Important precautions to protect yourself



Tip

- Don’t touch the reagents with your bare hands—always wear gloves as some reagents can burn.
- Don’t lean in to the sample to get a closer look—sometimes the reaction produces smoke or fumes that could get in your eyes or lungs.
- Use a mix of baking soda dissolved in water to neutralise the used reagents safely for cleaning, and keep a small bottle of this solution at each testing station in case of spills.
- Never put reagent bottles in your pockets—always store them inside another sealed container for safety in case of leakage.



### Important precautions to protect reagents

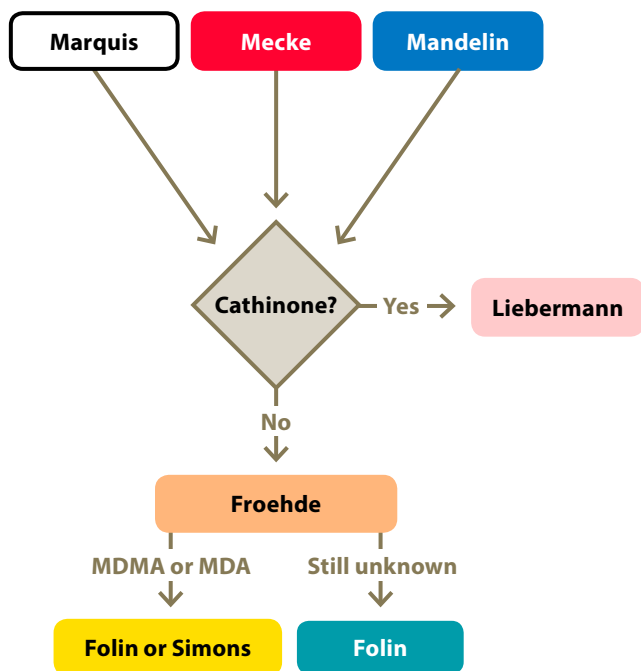
- Keep the reagents out of heat and sunlight for a longer shelf-life.
- NEVER have more than one reagent bottle open at a time and ALWAYS replace the cap on the open bottle before opening another bottle. If you accidentally switch caps you will contaminate the entire bottle of reagent and have to throw it away.
- NEVER let the reagent bottle or cap touch the sample or you will contaminate the whole bottle.
- Change your gloves immediately if you spill any reagent or accidentally touch a sample.

## Testing logic

The following steps illustrate how one might approach testing of samples for several common expected substances. Note that this guide gives only an overview of the use of the reagents—please study the instructions that come with the tests and watch the Bunk Police, ANKORS and DanceSafe videos for detailed instructions of proper usage.

### Substance unknown, or presumed ecstasy or MD(xx)

Note the process below is slightly different from what is on the DanceSafe charts and is what ANKORS has found works well.



▲ Sequence of reagents for testing ecstasy / MDxx or unknown substance.

### Step 1: The 3 M's

- Always start by testing three samples using the Marquis, Mecke and Mandelin reagents.
- Even with a positive result on the first test, it is important to do all three tests to get a more complete picture of what the substance might be and to cross-reference the reactions with the colour charts to decide which test to do next.
- If the result is positive for a cathinone then go to step 3c (Liebermann), otherwise continue with step 2.

### Step 2: Froehde

- If step 1 was positive for some MD(xx) then rule out 5-APB or 6-APB—the (xx)APB's and MD(xx)'s react similarly when tested with the 3 M's.
- For unknown substances, the Froehde reacts differently to PMA/PMMA, methyldone and amphetamines.

### Step 3: Clarification and confirmation tests

- Usually only 1 further test is needed:
  - a. If results are positive for MD(xx) in step 1 and step 2, use Folin or Simons to distinguish between MDMA and MDA.
  - b. If step 1 is inconclusive, use Folin to test for piperazines.
  - c. If step 1 indicated a cathinone, use Liebermann to distinguish among the cathinones.

## LSD

### Step 1: Ehrlich

- If it turns purple then it is LSD or another indole.
- If no reaction, use the 3 M's to test for 25I-NBOMe, which reacts dark brown.

## Ketamine

### Step 1: The 3 M's

- Ketamine reacts only with the Mandelin test, turning brown, and should not react to Marquis or Mecke.

## Cocaine

### Step 1: Cocaine ID

- If test turns blue go to step 2.
- If test does not react, then not cocaine.

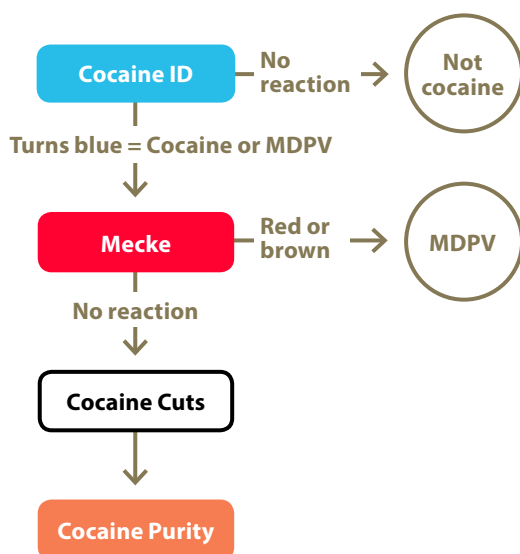
### Step 2: Mecke (or Marquis if Mecke not available)

- If it reacts then it could be MDPV, which turns red or brown.
- Cocaine does not react with Mecke or Marquis, so if no reaction go to step 3.

### Step 3: Cocaine cuts adulterant test

- When done, go to step 4.

### Step 4: Cocaine purity test



▲ Sequence of reagents for testing cocaine.

## What if the color change is not on the color chart?

- In the field this would mean the tests were inconclusive.
- The substance may be something the tests are not designed for, or it may be a mixture of several substances causing several reactions to obscure the overall colour change.
- With time and an internet connection available, one can post a question about the observed colour change on one of the drug forums mentioned in this guide.

## What if a presumed substance is not listed on the color chart?

- Go to the Bunk Police reaction videos or ecstacydata.org and search on the presumed substance's name.
- If a result is found then do the 3 M's and see if the colour results obtained match what the website describes.

## What if a substance gives inconsistent or inconclusive results?

- Sometimes results using one reagent strongly suggest a match with a particular substance, but the results with other reagents do not match what one would expect for that particular substance.
- Inconsistent results = inconclusive!
- If the reagents are expired, or may have been exposed to excessive heat or light, or may have become contaminated during use, then tests should be repeated with fresh reagents.
- An inconclusive result can occur when the sample contains something else that the tests have not been designed for. This is also why it is recommended to do all 3 M's and cross-reference their results.
- An inconclusive result opens the opportunity for a conversation about the amount of impure drugs on the market and about new research chemicals for which little is known—caution is an appropriate response.

## Drug disposals



▲ Disposing drugs in a sharps disposal container. *Photo: ANKORS*

If possible, we strongly encourage offering a safe disposal service so that every person having a test done can be offered a safe way to get misrepresented or unwanted drugs out of the supply. Unwanted drugs that are dropped on the ground usually end up falling into someone else's hands—who may not test them before consuming them.

We recommend using standard sharps disposal containers for disposal of unwanted substances. These containers are very sturdy and cannot be opened easily. Make sure that the disposal containers cannot be accessed or stolen and keep them visible and secured.

It is critical to have a clear agreement with Security for handling of disposals and set up a schedule for Security to collect the collection containers regularly. At multi-day events, ensure all disposal containers are collected before closing times at the service space so that no drugs are left unattended overnight. Also ensure that no staff or volunteers are ever tasked with keeping the disposal containers in their possession at any time (e.g., for delivery to Security, or for safekeeping between shifts).

**The arrangement with Security should be based on no-one providing drug checking or harm reduction services ever “having possession” of the disposed substances.** From a legal perspective the professional security staff are the best positioned to be potentially “in possession” of these substances before they are properly dealt with.

Keep statistics on the disposals as this is important information and a key metric to evaluate one of the potential benefits of drug checking.

## Learning resources and videos



DanceSafe's testing kit instructional video:  
[www.youtube.com/watch?v=mPlnQv57sSA](http://www.youtube.com/watch?v=mPlnQv57sSA)



ANKORS drug checking training video:  
[www.youtube.com/watch?v=bIwbBwljYXY](http://www.youtube.com/watch?v=bIwbBwljYXY)



ANKORS has a number of other training videos:  
<http://www.ankorsvolunteer.com/harm-reduction-videos.html>



The [BunkPolice.com](http://BunkPolice.com) website has a number of written and video resources for how to use test kits, including videos of the colour changes seen when testing a variety of substances.



# 9. Operating a drug checking service

## Logistics overview

### Writing a budget

Things to factor into a budget:

- Travel to the venue site and back.
- Amount of gear and what size vehicle to move it all; e.g., a truck or a car that can tow a trailer for transporting gear and supplies.
- The organizer(s) can spend many hours in planning several months before the event—factor these hours into the budget.
- How many paid staff and how many volunteers will be needed to deliver the services.
- What staff and volunteer expenses may need to be covered; e.g., meals and beverages for staff during shifts.
- Access to electricity on the site (for lighting, charging, and small appliances) or the need for gas lamps, gas stove, or battery-powered lights and equipment.
- Number of days of services at the event, and how much additional time needed for set-up and tear-down.
- What funds and resources can the event organizers provide?

See Appendix C for a sample budget that gives an idea of the items involved and potential costs.

### Multi-day and large events

Multi-day events and events with a large number of potential service users raise additional considerations, such as need for on-site storage and a secure place to lock up supplies. The larger the event the more comprehensive logistics and communication needs become, which may involve additional gear needs.

### Who pays?

The festival may not understand the real value of these services until after it has been done once. At a minimum, free entrance tickets for all staff and volunteers should be provided—do not under-estimate the number of volunteers needed and ensure there is a documented agreement for free entry for all of them.

It would be ideal if the festival also pays for core travel costs, supplies and an on-site team lead, rather than a financially stretched non-profit having to pick up the whole tab. It can be helpful if a local organization can cover the pre-festival staff hours. Creativity helps in finding funding to cover hard costs and many needs can be met through in-kind donations from a variety of sources.

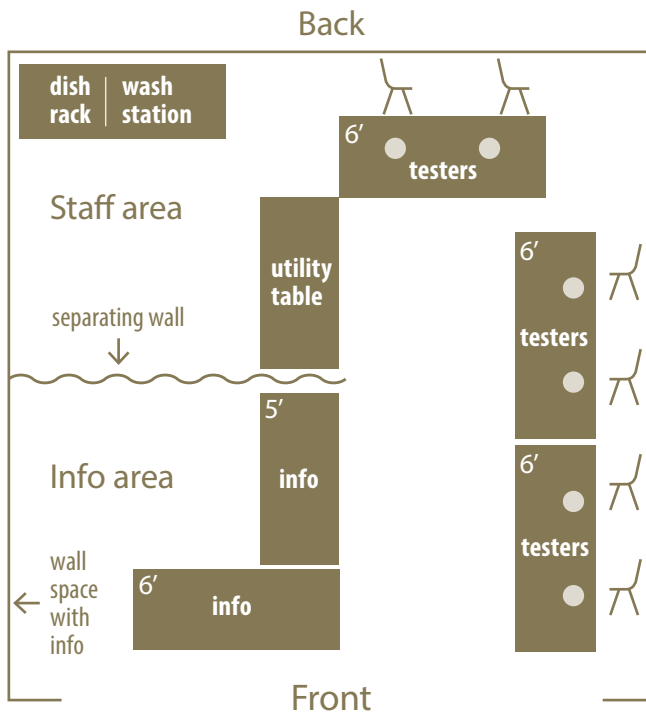


Tip

Festivals are usually outdoors so plan for all possible weather extremes.



## Setting up the space



▲ Layout of how ANKORS sets up their 20'x22' tent.

### Physical layout

- Have a screened off area that only staff are able to access for storage of personal items.
- Use tarps to make back and front 'doors' to guide entry and traffic flow and to close off the space if needed.
- Put the info table at the front so that everyone has to pass by it.

### The Info Centre:

- 1 or 2 tables depending on space with drug cards, info pamphlets and harm reduction supplies
- Decorate walls with harm reduction posters and info on dosage, drug combinations, prevention of overdose and blood borne infections
- Storage totes holding back up supplies well-labelled so finding stuff is easy
- Device connected to wifi to look up stuff
- Drug Info 'bible'

Use a cooler to keep testing kits and condoms cool in hot weather. **DO NOT** leave testing kits and condoms in a locked car during a hot day.



Tight on space? Get an extra 10x10 pop up shelter and put it out in front to house your info booth.



The **Testing Station** (multiply for each testing station being run at the same time):

- Table with hard-backed chair comfortable for long periods of sitting
- White plate, Xacto knife, coffee stir sticks for sampling powders
- Latex or nitrile gloves, pen, roll of paper towel
- Set of reagents (one could start with just the basic 3 M's: Mecke, Marquis, Mandelin, although we recommend having more on hand and suggest including the Cocaine ID test)
- Results colour comparison chart—laminated to protect from heavy use and spills
- Legal protocol sheet for testers—laminated
- Test disclaimer sheet—laminated
- Test survey sheets
- Harm reduction tips checklist in a binder

### The Utility/Cleaning Area:

- Table, on-table dish rack, rubber gloves, dish soap, paper towels, 5 gallon water jug
- Tub for washing plates and to catch rinse water—keep it on the ground as it gets heavy as it fills up
- Garbage can with extra bags nearby
- Stack of white ceramic or porcelain plates
- It's really nice to have a small table with a (gas) stove top or coffee maker for those late night yawns and a kettle for hot drinks for the non-caffeinated types.



A jar of gummy bears or sour candies on the info table is a great draw to attract people over.

## Security and safety considerations

We recommend you have a staff-only area, and access to a locked vehicle for storage of testing kits, other costly supplies and donations.

When designing the layout of the space, we recommend setting it up so that there is no area where a volunteer would be hidden from others.

BEFORE starting services, carefully and thoroughly audit the service space, surrounding areas and access paths to ensure that all potential hazards are protected or highly visible—especially in the dark.

- Attach ribbons of DayGlo™ tape to cables and ropes every 12 to 18 inches.
- Cover stakes and tent pegs with upside down buckets or large white yoghurt containers.
- Mark any low areas where people might bump their heads with rope lights or bright tape.

## Health and cleanliness considerations

- A facility is required to wash the testing surfaces regularly and safely, to obtain fresh water, and to dispose of waste water safely and appropriately (i.e., NOT poured on the ground).
- The drug checking equipment must be kept spotlessly clean, washed with soap and dried with clean paper towels or air-dried, so that tests can be isolated and to eliminate cross-contamination of samples.
- We prefer using a dish rack for draining and drying dishes to minimize waste from drying them with single-use paper towels.
- Post the recommended cleaning protocol below in your Utility/Cleaning Area (see sheet in Appendix E):
  1. Wipe the sample and reagent residue off the testing plate with paper towel moistened with a solution of water and baking soda. (Get as much off as possible.)
  2. Wash the plate in the dish tub with plain kitchen dish soap.

3. Holding the plate above the dish tub, pour fresh clean water over the plate to rinse it thoroughly. (Rinse very well to get all the soap residue off.)

NOTE: ONLY RINSE A TESTING PLATE WITH FRESH WATER – DO NOT DIP IT IN A “RINSE TUB”.

4. Place rinsed plate in dish rack to air dry.

- Some reagents used in testing are caustic (e.g., sulphuric acid) and are considered hazardous waste and must be disposed of properly. The dishwasher is required to wear protective gloves and eyewear to guard against injury to their skin and protect against accidental splashes of water drops into their eyes.

Aprons can protect clothes from getting stained by reagent splashes.



## Coordination and communication

- Have a radio that is connected to other departments so you can stay on top of health-related incidents.
- Continued communication between departments before, during and after the event is key. Harm reduction/drug checking can act as an information hub for all other departments.
- Scheduled meetings should be held regularly with different departments during the event.

### Chain of command

Confirm the chain of command that the event producers have in place. Typically the event producer or site manager calls the shots and both Security and First Aid have precedence over other service providers in decision-making.

EVERYONE—from volunteers to supervisors to leaders—needs to know who their go-to person is whenever they have a problem, question or concern.

Make other service providers aware of the expertise available among the harm reduction outreach and drug checking staff and volunteers and their willingness and availability for advice and support if needed.



## Serving potentially intoxicated people

- Intoxication does not disqualify anyone from receiving any services that they have the capacity to understand.
- However, service providers are trained to observe for and are empowered to respond appropriately to excessive intoxication that might negate the value of providing a service, or that might endanger the health or safety of the person, other service users, or service providers.
- Be prepared to refer people who are looking unwell to the appropriate service (First Aid or Sanctuary) and have someone from the team escort them there.

## Dealing with dealers

- For health and safety reasons, dealers are not barred from using drug checking services as long as they are discreet, bring only personal-use sized quantities into the service area and do not identify themselves as dealing. (See the legal opinion in Appendix B for details of the risks to avoid to never be in a position that could be construed as aiding or abetting the crime of distribution of controlled substances.)
- Remember, confidentiality first!
- No dealing in or around the service area!  
No exceptions!

## Emergency planning

### Person collapses in the service area

It is vital for volunteers to be trained in how to respond quickly and consistently to a person collapsing or passing out in the service area. There are many potential causes of such an incident ranging from fairly minor (they tripped and fell over) to serious emergencies (overdose, heat stroke, seizure).

- If this happens it should be treated as a medical emergency as it could be due to an overdose or other critical medical condition.
- Have a plan in place for what to do and train volunteers accordingly; e.g., immediately call for medical help and turn the person on their side in the “recovery position” to maintain an open airway.
- See the “Overdose Awareness” posters on the “Toward the Heart” project of the British Columbia Harm Reduction Program.
- All staff and volunteers should know how to put someone in the recovery position and practise doing this in training.  
See the excellent visual guide and video at <http://michelow.ca/r/recovery-pos>.
- If the person fell due to tripping over something then carefully check the area to identify the tripping hazard and either remove it or protect it with a barrier or visual marker of some kind.



▲ Recovery position video.  
<https://youtu.be/dv3agW-DZ5I>  
Credit: © Epilepsy Society, UK



▲ Man lying in the recovery position. Illustration: wikiHow CC BY-NC-SA 3.0

## Visit by police

You could get a visit from the police that might be friendly or not-so-friendly.

- Staff and volunteers should ALWAYS be courteous and cooperative with police and act with the aim of de-escalating any potential conflict.
- Have a point person who is designated to and prepared for communicating with police and they should practise, practise, practise! Everyone working should know who this person is.
- If you can, discreetly lead the police officer out of your service area for the conversation—they might be scaring everyone by being in there in uniform. And it's probably too noisy in the service area to talk comfortably anyways.
- Know your rights and how to assert them in a calm, friendly but firm way if needed.<sup>7</sup>
- Have support letters from organisers and community partners on hand.
- Explain legal protocols and refer to “The Canadian legal context” opinions document in Appendix B.
- This can be a high stakes situation so role-play this scenario in advance with staff and volunteers to ensure a cool, calm, collected and effective response when needed.

## Sexual assault and violence

- People will feel safe in the space; it should not be a surprise when people who have accessed services come back for help if something scary or bad has happened. Be ready to refer to the right place.
- Get professional advice and establish a protocol with First Aid and Security for how to handle a report of an alleged sexual assault. Everyone involved in providing services must know this protocol off-by-heart! It is critically important to follow established guidelines for handling alleged

sexual assault in order to protect the victim and ensure their best interests are upheld.

- Consent messaging should be posted all over the festival site—inside the washrooms or porta-potties is a great place to get consent information widely seen and read.
- Ideally set up a separate women's safe space with counselling and safe space to sleep.
- Zero tolerance for verbal or physical harassment or violence.

## Security problems

- While it is unlikely to happen, be appropriately set up and prepared to minimize theft or loss of supplies and gear.
- Have a secure place for staff and volunteers to lock up their valuables while on shift.
- Have a secure place to store supplies, donations and records between shifts or at any time your service area is unattended.
- Use laptop security cables or similar devices to keep valuables such as such as laptops secure in public areas.
- Arrange the space so that there are no hidden areas where a volunteer may be out of sight of others.
- Pay attention to access routes and flow of people so that it doesn't get out of control if the service is in great demand, and so that access points to the space are controlled.
- Have greeters and plan for line-ups to maintain crowd control under high demand.

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<sup>7</sup> Canadian Civil Liberties Association. “A Citizen’s Guide to Rights When Dealing With Police (in Canada)” at <http://michelow.ca/r/know-your-rights>.

## Other matters with potential legal ramifications

### Drugs on premises

- Volunteers are not to bring illicit or illegal substances onto the premises when on duty, although they should feel free to use the services when not on duty.
- Disposals of unwanted substances need to be collected regularly by the Security personnel and never left overnight or in anyone's possession in the service area.

### Other potential risks

- Well, you could get arrested and have all your gear taken away.
- Don't keep all the supplies or any personal valuables at the booth if there is any concern about the potential of "hostile forces".
- Be connected to a lawyer before-hand.

This scenario is highly unlikely in Canada today although it was much more likely 10 years ago. Drug checking is still controversial and authorities or festival producers can get nervous and decide to pull the plug. Having an ally in public health will be very helpful in these cases. After all, this is a public health and safety issue.

## Serving minors

The laws and regulations about age of majority and providing services to minors vary across jurisdictions—it is important to be informed of what laws and regulations might apply.

- In Canada there is the concept of a "mature minor" in which young people aged under 19 have the capacity to make their own health-related decisions and access health-related services. Note that the exact age varies by jurisdiction. See further details at <http://michelow.ca/r/mature-minors>.
- Be thoughtful and appropriate about how the space is set up and how the various services are provided at events where young people who are minors are allowed, especially at all-ages events.

### Duty to report

- Be informed of what legal obligations professional staff, volunteers who work in designated professions (e.g., social work, nurses, doctors), and lay volunteers may have regarding when a potential mandatory duty-to-report obligation may arise.
- We recommend that any training and orientation given to staff and volunteers includes information about any duty-to-report obligations that may apply to them, and that there is a plan for how to handle such a situation in the unlikely event that it arises.

# 10. Staffing

## Recommended positions

Here are our recommendations for staffing a basic service focussed on providing drug-checking and related harm reduction. Staffing for any additional services is not addressed here.

1. Team Leader
2. Shift captains
3. People for info table / harm reduction supplies
4. Drug Checkers, Testing Supervisors and an Advanced Checker—a Testing Supervisor can help keep consistency in test quality and messaging; an Advanced Checker could be charged with doing the more difficult tests such as Ehrlich, and secondary tests such as Cocaine Cuts, Lieberman, Froehde and purity tests.
5. Greeter—to track number of contacts, perform crowd control and traffic management of line-ups and to direct folks to appropriate services. The Greeter can also have several laminated copies of the Disclaimer for those who will access drug checking to read, and can start filling out their drug check survey forms.
6. Have a general “floater” or two to do dishes, clean up, bring much needed coffee and food to volunteers, keep information and supplies stocked, escort people who need it to other health and wellness services, cover other volunteers who need a short mental health or “bio” break, etc.



▲ Testing supervisor monitors drug checking. *Photo: ANKORS*

## Work load

This is intense work that requires alertness, good spirits and high energy. Drug checking also requires a lot of focussed attention and concentration. The environment at a party or festival can be noisy, poorly-lit and very crowded.

- Ask for enough free festival passes to cover staffing needs for all the work shifts.
- Staff and volunteers will need regular and frequent breaks, especially drug checkers as that work is intense and requires deep concentration and attention.
- Ideally offer volunteers options for multiple short shifts vs long shifts.
- Make sure there are enough people to carry out all the work.

Experience has taught us it is better to have too many people than too few. Too small a crew creates frustration among people trying to access services and puts a huge strain on staff and volunteers.

## Recruiting suitable volunteers

People do not have to be close peers of the festival crowd, nor do they need to have a history of drug use experience to be excellent volunteers.

Potential volunteers are screened with an application process that looks at their understanding of harm reduction and sexual health, non-judgement and neutral attitude. Many volunteers are working in the field of harm reduction already, or volunteering in harm reduction organizations. Many will be festival-goers who have taken it on themselves to become well-informed about drugs and taking care of their friends.

For fairness and accountability, have potential volunteers complete a standard application process—see Appendix E for an example volunteer application form.

All volunteers will be expected to do studying on their own time to build up their knowledge base.



## Desirable qualities in volunteers

In no particular order:

- Diversity of age, gender presentation, and overall presentation offers a wider range of people for potential service users to relate to or connect with
- Non-judgemental attitude
- Good listening skills
- Ability to keep calm amid chaos
- Empathetic and friendly demeanour
- Reliable and dependable
- Interested more in being of service than in the “perks” (e.g., free festival entry), or perceived status of volunteering.

## Red flags

- A desire to “save” or “rescue” people who use drugs from their drug use
- A desire to convince people that “all drugs are bad”—they will not be able to be non-judgemental and will likely alienate service users and be of limited effectiveness
- An enthusiast for drug use or advocate for a specific drug (e.g., cannabis activist) as they might find it difficult to keep a neutral stance and adhere strictly to the testing protocol
- A focus on the “perks” that may come with volunteering
- Failure to follow through on attending training and doing any requested self-education.

## Training volunteers

- Proper training for volunteers and staff is mandatory.
- One can set up a page on Facebook where for posting new info and sharing knowledge with volunteers. Check out our Facebook page “ANKORS Education West” or join our Facebook group “ankors:party safe for the West Kootz!”
- Be clear to volunteers what is expected of them during the festival; i.e., to show up on time, sober and well rested, and if they are imbibing when off duty they are not to wear anything that would identify them with the service.

- ANKORS’ website has training info and videos at <http://www.ankorsvolunteer.com/harm-reduction-videos.html>.
- We also have an on-site training and orientation at each event that is mandatory for all our volunteers.

## Pre-event training

Start off by sending a “welcome to the team” letter detailing instructions to signing up for volunteering, what they can expect and what is required of them; e.g., hours, when they are to be available, etc.

Detail the kinds of things they need to be doing to prepare themselves for being a knowledgeable volunteer, including providing helpful reference materials and websites.

Let volunteers know how they can prepare themselves for maximum comfort and a good experience at the festival; e.g., camping conditions, camping gear, possible weather conditions, line-up at the event gate and any special entry procedures for festival volunteers or pass-holders.

With scheduling: be clear on expectations and boundaries around schedule flexibility. We recommend pairing up ‘newbies’ with experienced volunteers and recommend not allowing shift switching once the final shift schedule is confirmed.

## On-site training

1. Review all services being offered in your facility.
2. Review drug checking procedures, including: disclaimers, testing protocols, recording testing data, reagent handling and safety protocols, keeping it clean, and drug disposal protocols.
3. Review education and prevention materials, including: where and what literature is going on the info table, what harm reduction supplies are available and why, drug bible location and contents, party safe and harm reduction tips, sharps disposal, sexual health tools, etc.
4. Review protocols for tracking service users, tracking harm reduction supplies, and use of the log book.
5. Review traffic management and protocols for referring to other services on and off site..
6. Review emergency procedures and protocols for handling alleged sexual assault, collapse in the service area, visit by police, duty to report situations, etc.

## On-site orientation

We recommend having a meeting for all staff and volunteers on-site before or at the beginning of the service, although this may be difficult at multi-day events when people might arrive on different days. The on-site orientation should introduce staff and volunteers to:

- The event venue, including key resources and facilities and the general site layout
- The service site, including locations for storage of supplies, for storing personal gear during shifts, and for the layout of the space
- Key procedures including turning up for shifts, signing-in and out, tracking, chain of command, standard communication practices, maintaining the key public communication media such as alert boards, and handling of emergencies
- Who key service staff are, such as team leaders, shift leaders, the designated person who communicates with the police and to anyone who has been given a specialized task or who brings special knowledge that others can access as needed
- Key partners such as the leaders of the First Aid and Security groups, key festival production staff—ideally these folks will be able to attend the orientation in person so that people know who they are and what they look like, and to give them an opportunity to share important information.

## Debriefing on-site

We recommend that you give debriefing some consideration, either as a routine end-of-shift activity, or for special cases where a volunteer may experience stress or challenge. Debriefing can be as informal as the team leader personally checking in with each volunteer to say thank you and check they are OK at their end of their shift, or volunteers being encouraged to check in with each other regularly during and after their shifts.

We also recommend having a designated person or peer who has the training or skills to be available for a volunteer to talk to in the event they have a challenging experience or are negatively impacted by something during the course of providing the services.

## After the event

We recommend that you have a meeting where everyone who has helped with planning and providing the service has an opportunity to reflect on the experience, provide feedback and offer suggestions for improvements or changes for next time.

A separate meeting of those who had more senior or leadership roles can be useful for a more frank and open discussion of how things went and how the volunteers performed. Similar senior-level meetings with community partners might also be helpful and productive.

Lastly, we highly recommend that you plan an activity of celebration where everyone who was involved, including community partners, can have some fun and be recognised for their contributions. Celebrations can be excellent team-building activities and opportunities to acknowledge and appreciate the contributions from community partners and allies. If limited funds preclude organising a special event then simply arranging a date to meet at a public venue can work well too.

# 11. Tracking and evaluation

## Operational tracking

- Keep a notebook or logbook to track activities and make notes on how things are going and what is happening as the event unfolds. This logbook will be very useful for reporting back to partners and funders, accounting for where supplies and materials went, and for demonstrating the demand for and utility of the services. It will also be useful for finding scenarios for training and for planning for future events.
- Write the date and time next to each log entry. If using a loose leaf binder then also write a page-number at the top of every new page when adding its first log entry so that loose pages can be kept in order.
- Use the logbook to record incidents and key tracking statistics. (We keep ours at the info table under the watchful eye of the info volunteer.)
- The logbook can be a useful place to record contact information for people who are interested in volunteering at future events.
- Record every contact with a tally counter or tracking sheet for tracking and service statistics. Hand-held mechanical tally counters are inexpensive and easy to use. Write down the number at the end of each shift as it is almost guaranteed that someone will bump or drop the counter making the count go way off. (We recommend recording the number and zeroing the counter every hour or so for the most accurate results.). If you use tracking sheets instead of counters then write the summary numbers in the logbook at the end of each shift or day.
- Note that it is not necessary to have to have talked with someone for them to be a countable service user. Everyone who browses the info table or takes a pamphlet without talking with any volunteer has received a service and should be counted.
- Count the number of harm reduction supplies, pamphlets, info brochures and any other removable material at the start of each shift and then again at the end of the shift to get accurate numbers of how many are going out to service users.
- Track the number of drug checking tests done and the key details of each test including suspected substance and test results. [See Appendix E for a sample “Substance Testing Survey” test tracking form.]
- Track disposals of unwanted substances and hand-offs of the disposed substances to or collection by Security.
- We have found it useful to take pictures of interesting substances brought for testing and use the tracking number from the test tracking form to link the photo to the testing information. We take the photo of the substance beside the code number on the form, or write the form’s code number on a scrap of paper that gets included in the photo so we can link interesting pictures back to particular tests.

## Collecting data on service users

- **No personally identifying information is ever collected** from service users.
- Any data that is collected is no more than what is necessary for tracking and evaluating use of services, or that will help the service users in some way.
- Use simple forms that are not going to take too long to fill out or enter into a computer later (See Appendix E for an example tracking sheet designed for use with [EpiData.dk](http://EpiData.dk) free software).
- Services users are informed about what data is collected and what it will be used for.
- Service users are **never required** to provide any information in order to receive services.
- If service users will be asked to provide any information that is not absolutely necessary, the request should only be made **after** they have received their services and it must always first be made clear that answering is voluntary and not connected to getting future services in any way whatsoever. E.g.,
  - asking what drug they think something is before testing it makes sense and is necessary for choosing what tests are appropriate and what order they should be done in;
  - asking people their general age or experience level can give information about the demographics being served.



▲ EpiData analysis output. Image: EpiData Association

- While the service area may seem to offer a great opportunity to collect other kinds of data or do other surveys with service users, we **strongly** advise against it *inside* the space as it is very difficult to do without creating an impression of obligation.

## Additional surveying

We **strongly** recommend that you do not use a drug checking encounter as a moment to press other surveys on your service users. Preserve trust and confidentiality first, and respect informed consent—it is first about the service.

On the other hand, the info booth or the area in front of the space can be a good spot to invite people who may be interested in doing surveys as long as participation in any such surveys is clearly not tied to getting service.

## After the event

- Ask staff and volunteers to fill out an evaluation survey.
- Provide summary tracking data to local agencies and community partners.
- Provide summary feedback to volunteers, which is also fed back into training and service design for the next event.
- A comments book can be left out in the info booth during the event and reviewed afterwards for feedback and suggestions.

## Software for tracking

Excel and similar spreadsheet softwares can be used for managing tracking data, but their functionality for analysis and reporting is quite limited. We highly recommend the sophisticated and easy-to-use EpiData suite of applications, which are designed for managing and analyzing research and survey data.

EpiData is widely used in public health and research and has all the functions necessary for survey design, data entry, descriptive statistics and basic statistical analysis of tracking data. EpiData applications are freeware and are available from <http://epidata.dk>.



## 12. Media strategy

**ANKORS is often asked by media for their perspectives on substance use, harm reduction and drug checking. Having a media strategy helps with preparation for the most common questions and creates a professional impression.**

### **Why do harm reduction outreach and drug checking?**

- There are always people that will choose to use drugs with or without information on how to use more safely.
- Our objective is NOT to encourage the use of drugs, but to inform those who choose to use of the risks and potential harms associated with the drugs they are using and to enable them to make more informed choices.
- If your child was going to use drugs, wouldn't you want them to have information that could potentially save their life?
- An enforcement-only response has been proven to not work. Youth are still dying from substance use and other causes at music festivals, clubs and other urban entertainment venues. We need an integrated response that includes all stakeholders.
- The services are there to support people to make informed choices with information on overdose prevention, blood-borne infection prevention and potentially some useful information on what substance they might be considering taking.

Always mention you know the limitations of the tests. Mention the key objectives and opportunities that drug checking provides, which are described early in this guide and in the NEWIP Drug Checking Service Good Practice manual listed in the Resources and References section.

### **Key points when talking to the media**

- Drug checking should never be a stand-alone service and should always be paired with education materials on safer drug use, overdose prevention and provision of harm reduction supplies.
- With the limitations of reagent-based testing we are primarily looking to catch misrepresented drugs rather than aiming to detect adulterated drugs.
- Some people will dispose of drugs they test after receiving a result they were not expecting, which prevents a potentially unhealthy, risky or undesired experience for that person.
- We are always looking for better tests—while we recognise the limitations of the reagent testing that we currently have available, we also believe that using them appropriately is better than doing nothing at all.
- Drug checking offers an opportunity to create an early warning system for detecting and reporting new psychoactive substances that are travelling through festivals across the country and around the world.
- With the necessary funding and political will, laboratory-quality testing methods that provided purity and dosage information would be our first choice.
- Reagent-based testing will always have a place due to its ease of use, speed and affordable low cost.

## **Before or at the event**

Have one person designated and prepared as the media spokesperson and always refer all media to them to keep the message consistent and clear.

### **Tips for talking to the media:**

- You do not have to talk to everyone that wants an interview
- Don't do impromptu or on-the-spot interviews where you may be taken off guard. Set a time that gives you enough time to prepare and to be in the right frame of mind to communicate and present well.
- Prior to a pre-arranged interview, ask the journalist for a list of questions or topics they are going to cover.
- Some journalists will not provide questions before an interview, however you can still learn a lot by asking them what their angle is on the story and who else they are going to be interviewing for the piece.
- You do not have to answer every question. Do what politicians do: keep re-stating your key message(s). Ideally practice stating your key messages beforehand, so that you can use clear, consistent and concise language each time. However, try to avoid sounding like a robot on repeat.
- If you can, google the journalist's name and read other material they have written—especially on similar topics—to get an idea where they are coming from or what their general attitude is.
- If the medium is visual—television, film or a photo to accompany an article—give some thought to overall visual presentation (dress, hair style, what the location looks like) as how one appears can have an impact on perceived credibility and influence the story angle.

### **If something bad happens**

- Express the urgency for a strategic plan to reduce harm and improve health at music festivals.
- Stick to your clear, concise and practised talking points.

## 13. Where do we go from here?

**Drug checking is becoming more accepted as an important health initiative world-wide, but policy needs to change to enable drug checking services to happen more easily and be more widely accessible.**

### Early warning systems

A large number of new and exotic psychoactive substances are becoming available, and the number is increasing rapidly as chemists become more expert at creating novel molecules. These new substances are sometimes sold as 'legal highs' or misrepresented as more commonly used drugs such as ecstasy or LSD. Many of these new substances have proven to be harmful and some are alleged to have caused deaths (e.g., mephedrone, methoxetamine, the xNBOMes, PMMA/PMA, etc.).

Older drugs with no previous history of human use are also entering the scene with problematic consequences (e.g., W-18, which is 10,000 times more potent than morphine). There is also more widespread recreational use of pharmaceuticals, sometimes with devastating consequences (e.g., oxycodone and fentanyl).

- Given the limited range of substances that reagent based testing can detect and the fact that most illicit drugs are mixtures, laboratory quality testing is needed to get an accurate understanding of what is in the supply.
- If we had drug checking sites across the continent we would be better able to monitor trends in drug availability, supply and use.
- A network of such drug checking sites easily accessible to the general public could form an effective early warning system that might do better at catching new and potentially harmful substances entering the supply.

### Community drug checking

Drug checking should not be confined to festivals. There is a real need for accessible drug checking to be available in community settings.

- Drug checking can reach out to communities of people who use drugs who would not normally seek out services.
- Drug checking in community settings offers a window into segments of the drug market at any given time.
- In a community setting with a permanent location, more intensive and accurate analysis techniques could be made available. Suitable places would include those where there already are connections with people who use drugs, such as harm reduction organizations, safe injection/inhalation sites, drop-in centres, etc.

## Enabling and supportive policy

While a few progressive public health staff and community agencies have been willing and able to take the risk of making drug checking available, this is currently the exception rather than the rule. The current legal and policy environment makes it very difficult to move public health objectives forward when illicit and illegal substances are involved.

In Canada, the conditions under which exemptions to the Controlled Drugs and Substances Act can be obtained for initiatives aimed at improving public health have been extremely limited and recently have been constrained even further. Additionally, there are few sites with the capacity and mandate to perform laboratory quality drug checking and these are focussed primarily on supporting law enforcement objectives rather than public health.

- If we are to make drug checking more widely available and do a better job of monitoring the increasing diversity of psychoactive substances being used by the public, a more enabling and supportive policy and legal environment is urgently needed.
- Existing government laboratories with the capacity to do high quality drug checking could play an important role in improving the technology accessible to the public.
- A policy environment that better recognizes the public health benefits of drug checking could reduce the perceived risks of providing these services and encourage public health to be more outspoken and supportive of such initiatives.
- More supportive regulations applicable to entertainment venues and events could reduce some of the barriers to providing drug checking and harm reduction initiatives in the places where people commonly use psychoactive substances.

## Final thoughts

Great work is being done already and we are optimistic that the situation will continue to improve. Every bit helps, no matter how modest. We hope the practical information in this guide will encourage more people to take the initiative to get drug checking going in their communities.



▲ The Portal in motion, Shambhala Music Festival, 2007.  
Photo: Warren Michelow



# 14. Resources and references

## Key contacts

ANKORS can be reached at  
1-800-421-2437 or 250-505-5506  
[hrankors@gmail.com](mailto:hrankors@gmail.com).  
101 Baker St, Nelson, BC V1L 4H1

## Website for this guide

We have set up a website for this guide where you can find links to **key resources** and **useful websites** as well as **downloadable PDFs** for the handouts and notices provided in Appendix E. We will be updating this website with news and additional materials as these become available.

The website address is:  
<http://michelow.ca/drug-checking-guide>

## Harm reduction tips

There are too many harm reduction tips to include here, but ANKORS has a lot of harm reduction information on its website at <http://www.ankorsvolunteer.com/harm-reduction-information.html>.

ANKORS has also made a “Harm Reduction Checklist” document for printing out and keeping in a binder in the service space—download the latest version either from the webpage above or directly from <http://michelow.ca/r/hr-checklist>.

## Overdose prevention

See the website <http://TowardTheHeart.com/> with excellent news and information including on fentanyl and naloxone. This website is provided and maintained by the Harm Reduction Program of the British Columbia Centre for Disease Control.

## Sexual health and consent

See the videos on the ANKORS website at <http://www.ankorsvolunteer.com/harm-reduction-videos.html>.

The <https://www.OptionsForSexualHealth.org> website has excellent information on a number of topics.

## Good reads about drug checking and integrated services

NEWIP’s Factsheet on Drug Checking in Europe addresses the questions of what is drug checking, does it encourage drug use, is it an adequate response to lethal drugs, is it cost effective, etc. Download it from: <http://michelow.ca/doc/tedi-drug-checking-in-europe-2011.pdf>.

NEWIP Good Practice Standards. Available at <http://newip.safernightlife.org/standards>.

There is a lot of other good information on the <http://newip.safernightlife.org> website, especially in their digital library at <http://newip.safernightlife.org/digital-library>.

Drug Checking Service Good Practice Standards. EMCDDA Nightlife Empowerment & Well-Being Implementation Project (NEWIP). Available at <http://michelow.ca/doc/newip-drug-checking-standards-2012-a4.pdf>.

United Nations Office on Drugs and Crime, World Drug Report 2014. <http://michelow.ca/r/wdr2014>. (Reports are published annually and available on the UNODC website.)

Preventing Drug- and Alcohol-related Harms at Music Festivals in Canada, June 2015. Canadian Centre on Substance Abuse. <http://michelow.ca/r/ccsa-prev>

Warren Michelow & Cheryl Dowden, 2015, “Start Small, Take it Easy”: Results from the ANKORS Harm Reduction Survey at the 2013 Shambhala Music Festival.

Download the full report from <http://michelow.ca/doc/ankors-2013-smf-survey-report.pdf> and the 4-page summary from <http://michelow.ca/doc/ankors-2013-smf-survey-summary.pdf>.

## Drug information websites

- <https://erowid.org>
- <https://www.EcstasyData.org>
- <http://TowardTheHeart.com>
- <http://BunkPolice.com>

## Forums

- <https://www.bluelight.org>
- <https://Drugs-Forum.com>

## Drug mixing information

TripSit maintains an excellent wiki about the potential safety profiles and risks associated with combining various psychoactive substances. The wiki includes a colourful chart that summarizes the combinations and risk levels, which is available in several languages.

TripSit's wiki page is at [http://wiki.tripsit.me/wiki/Drug\\_combinations](http://wiki.tripsit.me/wiki/Drug_combinations).

The latest English version of the mixing chart can be downloaded directly from <http://michelow.ca/r/mixing-chart>.

## Other resources

- Safer Injecting Tips video: <http://www.ankorsvolunteer.com/harm-reduction-videos.html>.
- Visual step-by-step guide for how to put someone in the recovery position: <http://michelow.ca/r/recovery-pos>.
- The British Columbia Provincial Harm Reduction Program at the BC Centre for Disease Control has an excellent website <http://TowardTheheart.com> that has a range of harm reduction resources and information.
- Canadian Civil Liberties Association. "A Citizen's Guide to Rights When Dealing With Police (in Canada)" at <http://michelow.ca/r/know-your-rights>.

# Appendix A. Laboratory testing of substances

To reliably characterize a mixture of substances, there are many different laboratory-quality chemical separation techniques available. Physically separating a mixture into its individual chemical components prevents the different substances from interfering with one another's detection, and the relative signal strength between different components in a mixture can give an idea of purity.

One of the simplest forms of separation is **THIN LAYER CHROMATOGRAPHY**, or **TLC**. A strip of silica gel with a plastic or glass backing acts as the “stationary phase” (supporting medium). The test substance is dissolved in a small amount of solvent and then a drop of this is spotted near the bottom of the strip and allowed to dry. The strip is then placed upright in a sealed container, with just enough solvent (“mobile phase”) to cover the bottom of the container.

The solvent gets pulled up along the strip by capillary action, and drags the test substance along with it as it goes. Substances will “stick” to the stationary phase by different amounts as they're being pulled upward by the solvent flow. This leads to them being separated into distinct spots, which can then be visualized by a variety of methods. A single spot would indicate a pure compound, whereas a mixture would give multiple spots. A TLC kit specifically for use in harm reduction is now being sold by Bunk Police.

TLC is a fairly crude separation technique, and some cautions apply:

- Two compounds that are similar in chemical structure may not separate enough to give distinct spots on the strip, but instead may give a single elongated (oval) spot.
- Not all spots can necessarily be seen in the visualization step. The substance has to be something that reacts with your detection reagent, or glows under UV light in order to be seen.
- For reliable identification of a particular spot, a pure chemical standard is required to compare against. This would be spotted next to the test substance

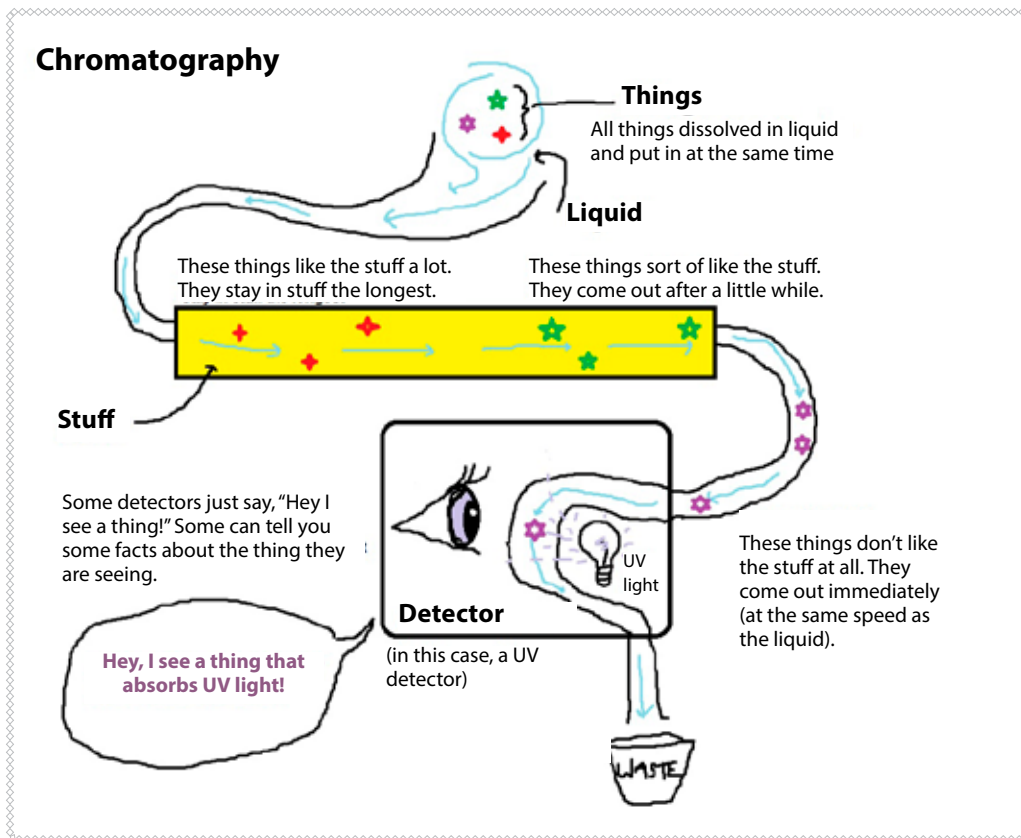
and run in parallel. If the test substance is the same as the standard, the two spots should line up. A pure standard is unlikely to be available in a harm reduction setting, so we can only give a presumptive identification (i.e., an educated guess), based on the position of the spot combined with information from colorimetric reactions.

In **LIQUID CHROMATOGRAPHY (LC)** the principle is the same, except that instead of being in a flat sheet, the stationary phase is packed in a tube called a chromatography column—a good way to picture this is like a straw packed with sand.

The sample goes in one end, and as it gets pushed through the column by flowing solvent, different chemicals in the mixture will “stick” to the stationary phase by different amounts. These will then come out of the column in order from least “sticky” (which can move easily through the stationary phase) to most “sticky” (which get held back by binding to the stationary phase). The most common form of LC is carried out using high-pressure pumps to precisely control the solvent flow, which is called **high performance liquid chromatography** or **HPLC**.

The main advantages of HPLC over TLC is that it can provide better separation of mixtures, it is more consistent from run to run, and it is potentially much faster, allowing large numbers of samples to be run. However, the trade-off is that HPLC requires some technical expertise to set up and run, and requires a fairly complex instrument.

Once the mixture passes through the chromatography column, the individual chemicals should be separated, but we still need a way to detect them as they flow past! A simple way of doing this is by shining ultra-violet (UV) light on them and looking at how they absorb different wavelengths. This is called **UV spectrometry**, and the combination with chromatography is called **HPLC-UV**.



A more advanced method to detect the substances coming off the chromatography column is **MASS SPECTROMETRY (MS)**. When we combine HPLC to separate the mixture with MS to detect and identify the compounds, this is called **LC-MS**.

A UV spectrometer is a much simpler, cheaper device than a mass spectrometer. However, UV gives you very limited information about the structure of a molecule. Without a pure chemical standard to compare to, you can still detect substances using UV, but it would be very difficult to identify what they are.

Mass spectrometry, on the other hand, tells you the **molecular weight** of the compound, which is a good starting point for identification. In **tandem mass spectrometry** or **MS/MS**, you take the original molecule and break it apart by high-speed collision, then measure the molecular weight of all the fragments. The fragmentation pattern is characteristic for a particular substance, and gives you further information about the structure.

**Gas chromatography (GC)** is similar to liquid chromatography, except that instead of a liquid solvent, the mobile phase is an inert gas. The sample

for analysis is heated to evaporate it, and injected into one end of a long, very thin tube (the column). As the sample gets pulled along by the flow of gas, different chemicals in the mixture will stick to the wall of the tube and be held back different amounts, allowing them to be separated by the time they come out the end. GC is often combined with mass spectrometry to detect the compounds as they come off the end of the column—this combination is called **GC-MS**.

Compared with LC-MS, the run times for GC-MS are typically longer, meaning lower sample throughput. Another drawback is that GC only works with substances that are volatile (able to evaporate). Since this is not the case for many drug molecules, we would need to add an extra step at the beginning called **derivatization**, which adds even more time to the analysis. GC-MS machines are typically smaller than LC-MS machines, and their operation somewhat simpler.

The biggest advantage of GC-MS over LC-MS is that it is extremely reproducible. This means that a given substance will take the same amount of time to pass through the column, even across different machines in different labs. These **retention times** are



known for thousands of different compounds, and collected in digital **libraries** that can be searched in a semi-automated way. The combination of retention time and fragmentation pattern allows a decent chance of identifying an unknown compound, even without a pure chemical standard to compare to.

**High resolution** mass spectrometry, or **HRMS**, allows very precise measurement of the molecular mass, down to 5 or 6 decimal places. This allows for determination of **molecular formula**, making it much easier to identify unknown substances. The most common type of HRMS is called “**quadrupole time-of-flight**” or **QTOF**. However, because the technology is relatively new, these machines are currently cost prohibitive, in the realm of half a million dollars and up.

Yet another technology for separating and identifying molecules is **ion-mobility spectrometry**, or **IMS**. This is what they use in airport security to screen for explosives on your luggage. It is extremely sensitive for picking up even traces of a particular chemical, and the analysis is very fast—only a few seconds.

IMS machines are small and portable and the operation is very simple even for a layperson. However, you need to have a specific target molecule that you know in advance you are looking for. The machine will sound an alarm if *any* of this molecule is present, even a trace, but doesn't really give any information on how much is there.

The high sensitivity can actually pose a problem, because even handling other substances nearby can cause a false positive result. In a harm reduction setting, IMS could be useful to screen for substances that are toxic even in very low concentrations, such as fentanyl and NBOMe compounds. However, it would be less useful for assessing purity of MDMA, cocaine, etc.

**Raman spectrometry** works by scattering light off the surface of a sample. It has the advantage of not requiring a complicated separation stage like the chromatography-based techniques. The sensor can be directly placed against a solid drug sample for measurement.

Thermo Scientific produces a Raman device called TruNarc™ that is specifically meant for quick

identification of illicit substances by law enforcement in the field. It is a small handheld device that can be easily operated by a layperson. However, it would not be ideal for harm reduction purposes, because it only reports the most abundant chemical in a mixture. For instance, if a sample of powder was 40% MDMA and 60% Tylenol, the machine would likely only report Tylenol! This makes TruNarc™ unsuitable for picking up PMMA mixed in MDMA, or levamisole in cocaine, for instance. In future, other Raman devices may be developed that are more useful for harm reduction.

**Antibody-based tests** are another way of detecting the presence or absence of a specific chemical in a sample. The most familiar and simple antibody tests are **dipsticks**—an example would be urine pregnancy tests, which use antibodies directed against the hormone HCG. The sample is applied to a test strip, and one or more coloured lines appear, indicating the result.

Dipstick tests are available for some common drugs, but these are mainly intended for testing urine or for forensic use. The dipstick method would need to be modified for testing substances directly, such as achieving the appropriate level of dilution required. Dipsticks for fentanyl testing of urine are available and their feasibility for pre-consumption drug checking is currently being explored. However, these dipsticks currently detect only pharmaceutical fentanyl and metabolites from its consumption, and are not sensitive to the fentanyl analogues commonly found in street drugs.

A more sophisticated type of antibody test uses **surface plasmon resonance** to measure an antibody binding to its target. Seattle Sensors produces a device called SPIRIT™, which is a rugged briefcase-sized device allowing measurement of up to four different target molecules at a time, with a quick analysis time of only about 5 minutes. Again, this could be useful in harm reduction when screening for a few of the most dangerous contaminants such as fentanyl or NBOMe compounds. Initial cost might be prohibitive, because the sensors would have to be custom made with antibodies for our specific target molecules.

# Appendix B. The Canadian legal context

This section is based on a summary of a literature review by Julie-Soleil Meeson, Jessica Turmel, Jean-Sébastien Fallu and Gareth Morgan, GRIP Montréal, and has been slightly edited for length.

For more information, please contact GRIP Montreal at [coordination@gripmontreal.org](mailto:coordination@gripmontreal.org).

In Canada, official support for drug checking remains rare even as the concept gains prevalence in some communities (Young et al., 2015). GRIP Montreal asked in 2008 for a legal opinion (Beaudin and De Thomasis, 2008) and then a review of the opinion in 2015 (Rougeau Daoud and De Thomasis, 2015). This legal opinion was sought to explore, according to current jurisprudence, the different options for establishing such a service and if those directly involved in the drug checking would put themselves at risk of a criminal offence in different contexts.

For a crime to be committed, it is first important to agree on the concept of participation in a crime. Section 21 of the Canadian Criminal Code reads as follows:

- 21 (1) *Every one is a party to an offence who*
- (a) *actually commits it;*
  - (b) *does or omits to do anything for the purpose of aiding any person to commit it; or*
  - (c) *abets any person in committing it.*

With regard to drug checking, the question that we need to ask ourselves is whether drug checking is likely to incur criminal liability for the workers and volunteers who accomplish the task. Table 1 explores how the holding of a drug checking service may or may not be considered a crime in the Criminal Code (referred to as CC) or the Controlled Drugs and Substances Act (referred to as CDSA).

Also, **the applicability of this legal opinion to criminal or civil liability can not be certain.** This is merely guidance in the light of current case judgements. Note that the authorities may still proceed with indictments in order to make the judicial debate and let the courts decide whether the contacts in the

drug checking premises are not criminally responsible in the sense of the law (Rougeau Daoud and De Thomasis, 2015; Beaudin and De Thomasis, 2008).

To address the control issue, most organizations that practice drug checking do not touch the substance. The substance remains in the possession of the consumer unless the organisation has a ministerial exemption for drug checking. To open a stationary drug checking center or to practice in the field, two options used to be available to Canadian organizations, a ministerial exemption or an agreement with promoters, municipalities and police.

In Canada, before June 2015, a ministerial exemption may be obtained by completing one of the following functions: research (the Insite supervised consumption site in Vancouver), medical (prescription opiate substitutes like methadone) and in the interest of the public. Thus, we note that *naloxone and naltrexone are hereby exempted from the application of all provisions of the CDSA and its regulations. This exemption is granted on the basis that such exemption is necessary for a medical or scientific purpose and is also otherwise in the public interest* (Health Canada, 23 May 2015).

If any organization intends to implement a pilot project for drug checking they must submit an application under Article 56 (1) or 56.1(2) of the Controlled Drugs and Substances Act (CDSA) that *governs the Ministerial discretion to regulate or exempt from the application of the Act or its Regulations* (Canadian bar association, 2014:1).

It is important to understand that when we try to interpret the law in a federal manner we must read the section in both official languages in order to understand what were the intentions of the legislator when trying to apply to the minister to obtain the exemption (Table 2). After reading both article and section, we can take whichever section is beneficial because the intention of the legislator is bilingual. We then take the section that is the most liberal for us.

Theme of the law	Jurisprudence	Legal advice
<p><b>Parties to offence</b></p> <p>21 (1) Every one is a party to an offence who            (a) actually commits it;            (b) does or omits to do anything for the purpose of aiding any person to commit it; or            (c) abets any person in committing it.</p> <p>Judgment Dunlop and Sylvester v. Q. (1979)            Judgement Marc v. Q. (2006)</p>	<p>The mere presence of a person at the scene of a crime is not a crime in itself.</p>	<p>The mere presence at the scene of volunteers or workers could not incriminate them.</p> <p>It has been considered that mainly circumstantial evidence was not sufficient to conclude that the accused had “helped” or “encouraged” someone to possess narcotics.</p> <p>So we can deduce that the level of proof required to be convicted of an offense through section 21 of the Criminal Code is more demanding than for the offense itself.</p>
<p><b>Concept of aiding (Art. 21(1)b of the C.C.)</b></p> <p><b>Parties to offence</b></p> <p>21 (1) Every one is a party to an offence who            (b) does or omits to do anything for the <b>purpose of aiding any person</b> to commit it; or</p> <p>Judgement Greyeyes v. Q. [1997]</p>	<p>“Aiding is to assist the principal perpetrator to commit the crime while encouraging is to incite the author to commit it.”</p> <p>“Aiding, within the meaning of paragraph 21 (1) b) means to assist the person who is acting or giving him a helping hand.”</p>	<p>Could be debated: it is very hypothetical and it would be pure speculation to consider drug checking as an aid to the possession, trafficking or possession for the purpose of trafficking. <b>The aim is rather to protect the public</b> and would be doubtful to regard these actions as an “aid” within the meaning of jurisprudence.</p> <p>Drug checking locations must clearly emphasize the concept of protection of the individual and society to erase the concept of “aiding the consumer.”</p>
<p><b>Concept of omitting (Art. 21(1)b of the C.C.)</b></p> <p><b>Parties to offence</b></p> <p>21 (1) Every one is a party to an offence who            (b) does or <b>omits to do anything</b> for the purpose of aiding any person to commit it; or</p> <p>Judgement Regina v. Coney, [1882]            Judgement Nixon v. Q. [1990]            Judgement Greyeyes v. Q. [1997]</p>	<p>This is the most contentious issue of the hypothesis of drug checking. It is therefore important to understand and define “omit”: a person who could do something to prevent the commission of the offense or more, who had to do something, may be found guilty through Article 21 (1) b) if they fail to act.</p> <p>The term “omit” finds balance with the concept of “duty.” if a witness had the duty and the power to act or could exercise some control over the person who wanted to commit the offense and that he refrained from intervening in these cases, could incur criminal liability.</p>	<p>Volunteers and workers should, at the very least, express their disagreement with the commission of the offense.</p>
<p><b>Concept of abetting (Art. 21(1)c of the C.C.)</b></p> <p><b>Parties to offence</b></p> <p>21 (1) Every one is a party to an offence who            (c) <b>abets</b> any person in committing it.</p> <p>Judgment Dunlop and Sylvester v. Q. (1979)            Judgement Greyeyes v. Q. [1997]</p>	<p>“Abetting, within the meaning of paragraph 21 (1) c), means encouraging, instigating to commit a crime, or encourage or induce the commission.”</p>	<p>Indeed, there would be no intent to encourage individuals to commit an offense, but rather an intention of protection to the public and the population of people who use drugs.</p>
<p><b>Possession of substance (Art 4 (1) de CDSA)</b></p> <p>Except as authorized under the regulations, no person shall possess a substance included in Schedule I, II or III.</p> <p>Judgment Coull v. Q. [1986]            Judgement Marc v. Q. [2006]            Judgement Canada (Attorney General) v. PHS Community Services Society, [2011]</p>	<p>To be considered in possession of a drug, it is necessary to have on the substance:            knowledge that a person is in possession.            control over the substance.</p>	<p>The mere presence at the scene of volunteers or workers could not incriminate them of Article 4 (1) of the Act. In addition, if they perform drug checking one might infer from their actions that they have control over the narcotics. Conversely, in the light of recent decisions mentioned above, this could be debatable.</p> <p>If volunteers do not handle drugs on site, except to pick them up safely and return them to the police unused by customers, delivering the drugs left at the scene is not possession, and much less traffic.</p>

▲ Table 1: The law, jurisprudence and legal advice in connection with drug possession

It is therefore conceivable that drug checking could be eligible for an exemption under section 56.1 (2). One would need to define why it is necessary for medical purposes, law enforcement or another mandate. It seems reasonable that a medical exemption could be applicable because it is an action that is performed before the substance is used and thus is minimizing the potential harm caused by ingestion.

For example, drug checking can be performed before injecting, preceding use, and the main goal of this practice is a public health issue. It can minimize the consequences regarding overdoses and also unpleasant experiences like psychosis. Of course it is up to the discretion of the Health Minister to decide if we can defend the practice of drug checking as a medical issue.

But the ministerial exemption, far from being easily attainable, is exceptional and full of pitfalls, even when an application is strongly supported by scientific evidence of efficacy for the good of public health. For example, the Insite project, which offers consumers by injecting a safe place to use drugs, faced fierce opposition. The federal Liberal government, then in power, was supportive and granted Insite an exemption to the Canadian Controlled Drugs and Substances Act (CDSA); the supervised injection site was implemented in September 2003.

Insite's initial exemption was extended twice to expire at the end of June 2008. The government then changed to the Conservative Party, which instituted a legal battle against Insite because of their strong opposition to it. Several legal actions were attempted, eventually reaching the Supreme Court of British Columbia on 27 May 2008, which handed down a judgment confirming not only the rights of operation of Insite, but also exempting the Vancouver Coastal Health (VHC) from the requirement to obtain a legal exemption to keep Insite open. In 2011, the Supreme Court stated that the government had contravened section 7 of the Charter (the Canadian Bar Association, 2014: 6):

*The factors considered in making the decision on an exemption must include evidence, if any, on the impact of such a facility on crime rates, the local conditions indicating a need for such a supervised injection site, the regulatory structure in place to support the facility, the resources available to support its maintenance, and expressions of community support or opposition.*

In March 2016 Health Canada exempted Insite for 4 more years. Insite therefore now operates through a constitutional exemption, meaning that the safe injection site is now released from punishment that may come from the CDSA.

Users and staff are particularly protected from charges related to offenses of possession and drug trafficking. However, despite the criticism raised against it, a new law was adopted on 22 June 2015 by the federal government: Bill C-2: Respect for Communities Act. The new eligibility criteria for any organization that wants to set up such centers are:

- The demographic and scientific data;
- Letters (provincial, local, police, public health);
- Description of the planned procedures;
- Information on the proposed staff;
- Report on the consultations with the community.

According to Rougeau Daoud and De Thomasis (2015)

*under this bill, the Minister may grant an exemption only if it believes it is necessary for health purposes or law enforcement. The information in this regard is provided by new subsection 56.1 (3). However, keep in mind that this bill is to regulate exemptions following the judgment in Insite. The object of their practice is different from that brought in this case, which can make the process simpler as there is no consumption on the premises as such.*

In 2014 (9-10) Kazatchkine, Elliott and Macpherson formulated a harsh critique of the bill including the following major elements:

- *Stirs misinformation.*
- *Completely contradicts the spirit of the Supreme Court in 2011.*
- *Imposes an excessive application process which would not be imposed on other health services.*
- *Provides no certainty or sufficient protection against arbitrariness.*
- *Actually gives certain authorities the unilateral veto power of the implementation of supervised consumption services.*



Article in French	Article in English
<p>56 (1) S'il estime que <b>des raisons d'intérêt public, notamment des raisons médicales ou scientifiques</b>, le justifient, le ministre peut, aux conditions qu'il estime nécessaires, soustraire à l'application de tout ou partie de la présente loi ou de ses règlements toute personne ou catégorie de personnes, ou toute substance désignée ou tout précurseur, ou toute catégorie de ceux-ci.</p> <p>Exception</p> <p>(2) Le ministre ne peut se prévaloir du paragraphe (1) pour soustraire à l'application de tout ou partie de la présente loi ou de ses règlements :</p> <p>a) une personne ou catégorie de personnes relativement à une substance désignée ou à un précurseur obtenus d'une manière non autorisée sous le régime de la présente loi;</p> <p>b) une substance désignée ou un précurseur, ou une catégorie de ceux-ci, obtenus d'une telle manière.</p>	<p>56 (1) The Minister may, on any terms and conditions that the Minister considers necessary, exempt from the application of all or any of the provisions of this Act or the regulations any person or class of persons or any controlled substance or precursor or any class of either of them if, in the opinion of the Minister, <b>the exemption is necessary for a medical or scientific purpose or is otherwise in the public interest.</b></p> <p>Exception</p> <p>(2) The Minister is not authorized under subsection (1) to exempt from the application of all or any of the provisions of this Act or the regulations</p> <p>(a) any person or class of persons in relation to a controlled substance or precursor that is obtained in a manner not authorized under this Act; or</p> <p>(b) any controlled substance or precursor or any class of either of them that is obtained in a manner not authorized under this Act.</p>
<p>56.1 (2) S'il estime que <b>des raisons médicales ou d'application de la loi — ou toute raison réglementaire</b> — le justifient, le ministre peut, aux conditions qu'il estime nécessaires, soustraire à l'application de tout ou partie de la présente loi ou de ses règlements, à l'exception du présent article :</p> <p>a) toute personne ou catégorie de personnes relativement à une substance désignée ou à un précurseur obtenus d'une manière non autorisée sous le régime de la présente loi;</p> <p>b) toute substance désignée ou tout précurseur obtenus d'une telle manière, ou toute catégorie de ceux-ci.</p>	<p>56.1 (2) The Minister may, on any terms and conditions that the Minister considers necessary, exempt from the application of all or any of the provisions of this Act or the regulations, other than this section, if, in the opinion of the Minister, the exemption is necessary for <b>a medical, law enforcement or prescribed purpose</b></p> <p>(a) any person or class of persons in relation to a controlled substance or precursor that is obtained in a manner not authorized under this Act; or</p> <p>(b) any controlled substance or precursor or any class of either of them that is obtained in a manner not authorized under this Act.</p>

▲ Table 2: Articles 56 (1) and 56.1 (2) in French and English

Faced with the proven difficulty of obtaining such a ministerial exemption, a second option is feasible for organizations to undertake the analysis of substances without ministerial authorization. Organizations need to surround themselves with allies including promoters of events, police and municipal authorities. This is also the case for needle exchange programs across Quebec that operate on the basis of an informal agreement and rely on the discretion of the various authorities to decide not to hinder the work of stakeholders because they perceive the benefits of the approach.

From the perspective of establishing such a service without ministerial authorization, it is important to reduce the risk of prosecution through the rigorous training of field workers on the essential information to be transmitted to users with regard to the limitations of the tests and their results.

In summary, it appears that the legal context remains ambiguous and must be debated if only because of the health protection issue. It also seems that a minimum of political support and cooperation with the police is necessary for the development of a project of this type.

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## Judgements

- Canada (Attorney General) v. PHS Community Services Society, [2011] 3 S.C.R. 134
- Coull v. Q., [1986] 33 C.C.C. (3d) 186 (C.A.C.-B.).
- Dunlop and Sylvester v. Q., [1979] 2 R.C.S. 881.
- Greyeyes v. Q., [1997] 2 R.C.S. 825
- Marc v. Q., [2006] J.Q. no 250.
- Nixon v. Q., [1990] B.C.J. no 1581.
- Regina v. Coney, [1882] 8 O.B.D. 534.

# Appendix C: Sample budget

Here is an example of a budget worksheet and the costs we would budget for in BC:

Must Have Items	Cost per unit
Staff team lead: pre-festival hours and during festival	(pay rate) x hours/days
Travel costs to site from origin:	2 x distance (km) x \$0.50/km
U-Haul van rental, OR Truck/van rental (can vary widely)	\$15+tax/day \$30/day + mileage
Tent: 2 x 10x10 popup shelters or similar structures with side-walls	\$400
Tarps, ropes, lights and other décor items	\$200
3 folding tables plus 6 chairs	\$240
2-way radio set (ideally provided by festival)	
Drug cards from DanceSafe \$13.00 per 100	\$130
Other resource materials (sexual health, HIV, Hepatitis C)	free from CATIE
Condoms and lube	source at local AIDS Service Organization or public health
Dental dams (box of 100)	\$115/box + shipping
Earplugs (box of 200 packs)	\$50/box
Basic Testing kit (Each reagent good for 40-50 tests)	\$25.00 per bottle
Office supplies and copying	\$200
Miscellaneous supplies (see Kit List in Appendix D)	\$500

Nice-to-have Items	Cost per unit
Additional test kits for: GHB, cocaine, cocaine adulterants, cocaine purity, MDMA purity	\$60/10 tests
Digital scale accurate to 0.001g (from TestKitPlus.com)	2 x distance (km) x \$0.50/km
Additional 10x10 tent/shelter to provide another covered space	\$200

# Appendix D: Sample detailed kit list

## ANKORS Kit List for the Shambhala Music Festival

- 1 of 10x20 tent (or 2 10x10 pop up shelters)
- 10x10 pop up shelter
- Tarps for closing off space
- Heavy 6' plastic folding tables (for info table, testing stations, washing station, coffee making)
- Hard folding chairs: 1 for each testing station for tester (optional: additional chair for person getting test)
- Camping chairs for info table and general seating
- 8 x clip-on lights hardware
- Light bulbs for clip on lights
- At least 2 sets of rope lights for lighting up tent and alerts board
- White christmas lights. enough to go around the door and inside of the 20x10 tent and the 10x10 shelter
- 6' ladder
- 2 propane heaters for cold nights
- 2 propane tanks for heaters
- Fans (air circulation on hot summer days is key)
- Large totes (for supplies storage)
- 2 coolers on wheels (keep condoms and test kits cool)
- 1 large and 1 smaller white board with dry erase markers and eraser
- Dry erasable markers
- Rubber mallet or hammer for putting up tent
- Small tool kit (variable wrenches and/or a socket kit)
- Extension cords (lots!)
- Power bars (lots!)
- 10 ceramic white plates for testing (thrift store)
- 6 boxes of gloves (L and SM) for testers (Nitrile preferred, but latex OK)
- At least 10 Xacto blades (small, for slicing off samples)
- 0.001g digital scale if doing purity testing
- Laminated copies of disclaimer (minimum 2 per testing station + plus extras for posting and for greeters)
- Laminated copies of legal protocol (minimum 2 per testing station + extras for posting)
- Copies of Substance Testing Survey data collection sheets
- Camera for taking photos of substances
- Sharps containers – for sharps disposals and for drug disposals
- Eyewash station in case reagent gets in the eye
- Baking soda – 1 large box (wash station) + 3 small boxes
- Harm reduction education posters
- Drug cards from DanceSafe
- Posters on dosage for GHB, K
- Pamphlets on safer sex, HIV, STI, and Hep C
- Blue food coloring for GHB water
- Condoms and internal/female condoms
- Box of lube sachets (single use packages)
- Plastic containers or baskets for lube/condoms
- Dental dams
- Boxes of different colored straws to be cut into 1/3rds
- Safer smoking/crack pipe kits
- Needle kits #1 and #3
- Dish bin and dish rack
- Dish soap and cloths/rags (for wiping down tables and cleanup)
- Garbage container
- Industrial garbage bags
- 3 jumbo packs of paper towel rolls (need \*lots\* of paper towels)
- Water for crew (cases of bottles)
- Coffee, tea, hot chocolate
- Packs of plastic cups
- 2 large water jugs (5 gallons) for wash station and drinking
- Tablecloth for info table
- Signs to tell people where the service tent is
- Signs for areas inside the service tent
- 2 radio sets (walkie talkies)
- Jelly candies, gummy candies (large tubs)
- Lock box for cash donations
- 2 flashlights
- Tally counter
- Spiral notebook for log, or 3-ring binder with pack of hole-punched paper sheets
- 1 large box of pens
- Black magic markers (2-3)
- 3 Scissors
- Duct tape (6 rolls minimum)
- Twine/string

# Appendix E. Handouts and notices

The following pages include information sheets and other potentially useful resources that have been formatted for photocopying to distribute for volunteer training, or use as notices or handy references in the field:

**E1: Legal protocols for drug checking**

**E2: Testing disclaimer**

**E3: Testing procedure**

**E4: Testing plates clean-up procedure**

**E5: Sample volunteer application form**

**E6: Substance testing survey sheet**



# Legal Protocols For Drug Checking

1. Disclaimer is read and confirmed by every service user each time they use the service.
2. **DRUG CHECKER DOES NOT TOUCH THE SUBSTANCE! NEVER EVER!**
3. We cannot tell apart multiple ingredients in a mixture and we cannot tell purity.
4. We cannot tell if a drug is safe or unsafe, good or bad.
5. We do not give a 'thumbs up' or celebrate a positive result. It is illegal to encourage someone to commit a crime in any way.  
**We do not encourage the use of any substances.**
6. We tell people that drug use is inherently risky and talk about our Safe Disposal program (if available).
7. We **MUST REMAIN NEUTRAL** in all interactions and give out factual information only.
8. Do not guess. If you don't know ask someone.
9. We do not tell people what to do. We encourage people to make informed choices for themselves.

# TESTING DISCLAIMER

Tester: please check this information is understood !!

**If the Reagent test produces a positive reaction**  
the sample probably contains the believed substance  
(depending on how well reaction colour matches colour chart).

## **Reagent tests can:**

1. tell you if the sample tested contains at least some of the believed substance
2. tell you if the sample tested is completely fake; meaning that it contains NO trace of the believed substance at all
3. test for other substances if the sample tests negative for the believed substance

## **A positive test does NOT:**

1. mean the sample tested is pure  
(drugs are almost always adulterated)
2. mean the sample tested is safe  
(no drug is completely safe, even if it is pure)
3. tell you how much active drug is in the sample  
(you never know how weak or strong the effects will be)



**All drug use carries inherent risk**

# Testing Procedure

Involve the person wanting a test as an equal participant in observing and interpreting the result.



## Important

Testers never **NEVER TOUCH THE DRUGS** or the sample!  
Testers never ever take the sample themselves from the powder, pill or liquid container, ever!! **Never, ever, no exceptions, m'kay!!**

1. Mandatory check: **Have you read the disclaimer?**
  - Do you understand what it means?
  - Do you have any questions about it?
2. **Test tracking form:** Write down the believed substance or purpose of test.
3. Check: **Gloves? Clean plate?**
4. **Person takes the sample** (tester does not take or touch the sample):
  - **Powder:** use a stir stick to make 4 piles the size of pinheads around the plate
  - **Pill:** use the xacto knife to scrape off a little sample and make four piles the size of pinheads on the plate
  - **Check:** samples are spaced far apart so reagents don't mix
  - **Single use ampoule:** have person place sample directly into ampoule
5. **Colour chart:** Show the person the colour chart
  - Point out what colour you (tester) and they (person) are looking for as positive
  - Point out the time line to check results (0-20sec)
6. Test 1: Choose the test best suited for the believed substance
  - Drop 1 drop of reagent onto one sample pile
7. Test ++: Use other tests each on a separate sample to cross reference or test more
8. **Test tracking form:** Record tests used and results obtained

## MANDATORY:

9. Tell person about **disposal service** (if available)
10. **Positive test result** → **harm reduction checklist**
  - Dosing strategy – start small and take it easy
  - Potential risks
  - Safety tips
11. **Other services:** Ask person if knows about other services on site: First Aid and Sanctuary
12. **Info table:** Encourage use of info table
13. **Reset:** Wipe up spills and get a clean plate BEFORE next person

## **TESTING PLATES CLEAN-UP PROCEDURE**

# **Clean Plates = Zero Contamination**

### **WIPE**

1. Moisten paper towel with baking soda water.
2. Wipe plate clean with paper towel (get as much off as you can).

### **WASH**

1. Wash the plate in the dish tub with plain kitchen dish soap.

### **RINSE WITH FRESH WATER**

1. Hold plate over dish tub.
2. Pour fresh clean water over plate.
3. Rinse Well.
4. ONLY RINSE TESTING PLATE WITH FRESH WATER – DO NOT DIP IT IN A “RINSE TUB”.

### **AIR DRY**

1. Place rinsed plate in dish rack to air dry.

# Application for Volunteering

## Please complete application for harm reduction at festivals

Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## Please answer these questions as best and honestly as you can.

1. What does Harm Reduction mean to you?
2. What are your experiences with Harm Reduction (volunteer, personal, work)?
3. Please describe your knowledge of psychoactive drugs? (e.g., "ecstasy", ketamine, etc.)
4. Please describe your knowledge of sexual health?
5. What is your experience with drug checking?
6. What does "being non-judgemental" mean to you?
7. What areas are you comfortable working in? (Please CHECK ALL that apply to you)
  - Reagent testing
  - Info table (sexual health, drug info, safer use, harm reduction supplies)
  - Other duties include intake and harm reduction education
  - General floater
8. What training do you think you would need?



# Substance Testing Survey

Unique code

Date (dd/mm/yyyy)

Initials of tester

Image (optional)

Used service before?

- Yes
- No
- Unknown
- Prefer not to answer

Who are you testing for (T)? Check all that apply.

- Self
- Friends / Companion
- Others \_\_\_\_\_
- Prefer not to answer

Gender

- Male
- Female
- Trans
- Prefer not to answer

Substance

Type of Substance (TY)

- Powder/Crystals
- Gel-Cap
- Press Tab
- Blotter
- Gummy
- Liquid
- Other \_\_\_\_\_

Description of Substance

Ground Find?

Medical Submission?

Security/RCMP submission?

Substance testing

BELIEF of Substance (B)

- MDMA/MDA
- LSD
- Ketamine
- Cocaine
- Bath Salts (Cathinone)
- Methamphetamine/Speed
- 2C Family
- GHB
- Opiate \_\_\_\_\_
- Pharmaceutical
- Other \_\_\_\_\_
- Unknown
- Prefer to say

Test RESULT (R)

- MDMA/MDA
- LSD
- Ketamine
- Cocaine
- Cathinone \_\_\_\_\_
- Methamphetamine
- 2C \_\_\_\_\_
- GHB
- Piperzine
- 6-APB/5-APB
- Opiate \_\_\_\_\_
- Pharmaceutical
- Other \_\_\_\_\_
- Unknown

Cocaine Adulterant (C)

- Ephedrine
- Phenacetamine
- Paracetamol
- Aspirin
- Levamisole
- Benzocaine
- Lidocaine
- Procaine
- Vitamin C
- Other \_\_\_\_\_
- No Reaction

Substance discarded at testing table?

- Yes
- No
- Unknown

Data entry fields - ignore

T

TY

B

R

C

# ANKORS

ShelterLogic

↑ SHAME  
= RISK  
NO Judgment  
only Love

Eat  
Sleep  
=

SNORT  
SAFER  
PREVENT HEP C!  
STRAWS  
ANKORS

DRUG QUESTIONS?  
GO INTO HARM  
REDUCTION  
TENT

Choose  
the  
FESTIVAL  
SYSTEM,  
BUDDY!

HEP C  
HAPPENS...  
PREVENT  
IT!!!  
ASK How AT  
THE ANKORS  
BOOTH

FREE  
DRUG  
CHECKING  
HERE

ALL  
of  
little  
A