Preliminary Results for August 2021

The Vancouver Island Drug Checking Project delivers drug checking services in Victoria, BC. Our service has been operating in partnership with SOLID Outreach, AVI Health and Community Services, Lantern Services, Dr. Chris Gill and the team at Vancouver Island University and the Island Health Authority. This free and confidential service provides information on composition of substances and harm reduction information.

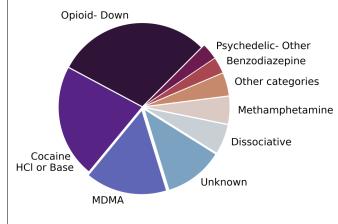
Highlighted findings:

- Carfentanil found in nine samples, eight expected to be opioid-down and one unknown
- 82% of expected opioid-down samples contained fentanyl
- Median fentanyl concentration found of 8.1%, with a maximum of 83.1% found in an expected opioid-down sample
- Benzodiazepines and/or etizolam found in 47.1% of expected opioid-down samples
- The maximum concentration of etizolam found was 17.4 % in an expected opioid-down sample
- TFMPP and 6-APDB were found in two expected MDMA samples

Read our blog for further interpretations of our August data.

What were people bringing to be tested?

Expected substance	n
Opioid Down (fentanyl and/or heroin)	68
Stimulant (cocaine HCl or base, methamphetamine)	62
Psychedelic (MDMA, MDA, LSD, 2C-B)	43
Dissociative (ketamine)	13
Benzodiazepine (alprazolam, diazepam, etizolam)	7
Other Opioid (Dilaudid, oxycodone)	4
Other (marijuana)	4
Other Depressant (GHB)	1
Polysubstance (meth + down)	1
Unknown/Missing	26



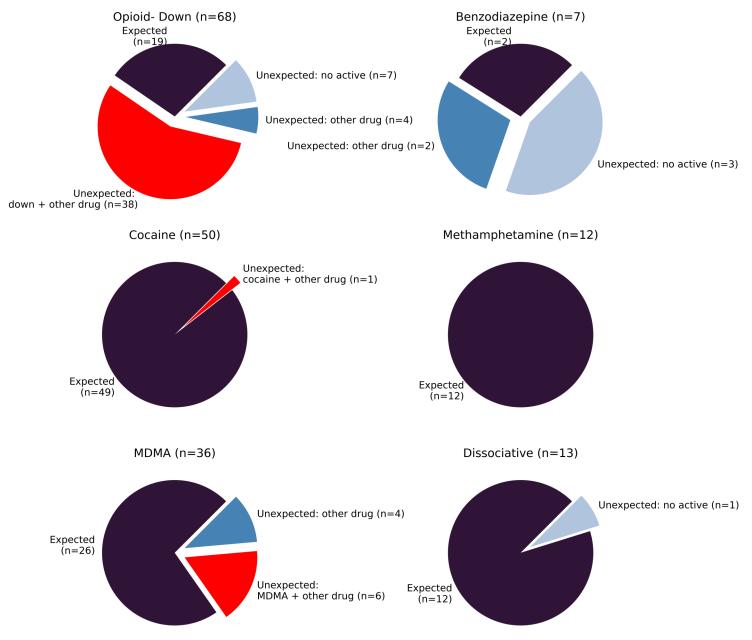
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Samples Tested 1 - 31 August 2021

Preliminary Results for August 2021

What did we find?

We tested each sample to determine what active ingredients, adulterants, and cutting agents were present. The majority of samples contained the expected active drug. However, we also detected a number of notable components that may cause unexpected effects or impact the effectiveness of naloxone. The figure below demonstrates the proportion of samples that were as expected (dark purple) or contained an unexpected component for each drug category. When unexpected, the sample was either misrepresented, with no active found (light blue) or only another drug found (dark blue), or it was contaminated, with an unexpected other drug in addition to the expected (red).



Data are preliminary. There were missing data for some samples. Instruments may not be able to detect all ingredients and certainty of interpretations may vary. Multiple substances may be present in one sample and substances may be present in trace concentrations. Notable components: Includes all expected actives as well as unexpected components of note, such as those with the potential for unexpected effects or that impact the effectiveness of naloxone.

Preliminary Results for August 2021

What did we find?

For each expected category we list the number of samples that contained the expected active or other notable components according to the following categorizations:

(-,-) no expected active, no other notable component	(-,+) no expected active, other notable component
(+,-) expected active, no other notable component	(+,+) expected active, other notable component

	Opioid Down	68
(+,-)	Expected active, no other notable	19
	Fentanyl	19
(-,-)	No expected active, no other notable	7
(-,+)	No expected active, other notable	4
	Carfentanil	2
	Etizolam	2
	Morphine	1
(+,+)	Expected active [*] , other notable	38
	Fentanyl [*]	37
	Etizolam	20
	$Benzo diaze pine (undifferentiated)^2$	10
	Carfentanil	6
	Fluorofentanyl	3
	Heroin [*]	2
	Cocaine HCl	1
	Fenethylline	1

	Cocaine HCI or Base	50
(+,-)	Expected active, no other notable	49
	Cocaine HCl	49
(+,+)	Expected active [*] , other notable	1
	Cocaine HCI*	1
	Phenacetin	1

	Benzodiazepine	7
(+,-)	Expected active, no other notable	2
	Diazepam	2
(-,-)	No expected active, no other notable ¹	3
(-,+)	No expected active, other notable	2
	Etizolam	1
	Flualprazolam	1

	Methamphetamine	12
(+,-)	Expected active, no other notable	12
	Methamphetamine	12

	Dissociative	13
(+,-)	Expected active, no other notable	12
	Ketamine	12
(-,-)	No expected active, no other notable	1

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Vancouver Island

Drug Checking Project

Preliminary Results for August 2021

	Psychedelic	43
(+,-)	Expected active, no other notable	33
	MDMA	25
	LSD	4
	2C-B	3
	MDA	1
(-,+)	No expected active, other notable	4
	MDA	3
	MDMA	1
	6-APDB	1
(+,+)	Expected active, other notable	6
	MDMA	6
	MDA	5
	TFMPP	1

	Other Opioid	4
(+,-)	Expected active, no other notable	3
	Hydromorphone (Dilaudid)	2
	Oxycodone	1
(-,-)	No expected active, no other notable	1

	Other Depressant	1
(+,-)	Expected active, no other notable	1
	GHB	1

	Polysubstance	1
(+,-)	Expected actives, no other notable	1
	Fentanyl + Methamphetamine	1

	Other	4
(-,-)	No expected active, no other notable ¹	4

Unknown / Missing	14
Fentanyl	6
Etizolam	3
Methamphetamine	2
$Benzo diazepine (undifferentiated)^2$	1
Carfentanil	1
Cocaine	1
Cocaine Base	1
Ketamine	1
Lidocane	1
MDA	1
MDMA	1
THCA-A	1

Data are preliminary. There were missing data for some samples. Instruments may not be able to detect all ingredients and certainty of interpretations may vary. Multiple substances may be present in one sample and substances may be present in trace concentrations. *Expected active component. ¹May be due to limitations of technology to detect certain substances. ²Benzodiazepine (undifferentiated) results are based on a positive benzo strip test and are unconfirmed by paper spray.

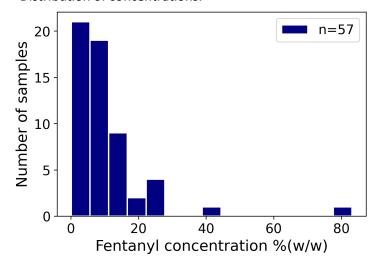
Preliminary Results for August 2021

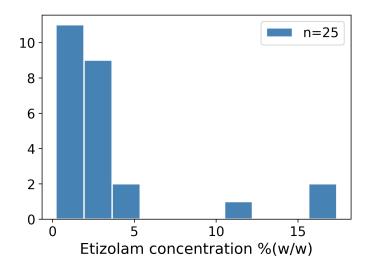
Quantification

Using paper spray mass spectrometry data included by our collaborators at Vancouver Island University, we were able to quantify low level actives. These aggregate values are inclusive to all expected drug categories in which the active drugs are found.

Substance	# quant	median	min	max
Fentanyl	57	8.1 %	0.1 %	83.0 %
Etizolam	25	2.0 %	0.2 %	17.4 %
Heroin	2	12.9 %	3.4%	22.4 %
Carfentanil	9	0.3 %	0.1 %	0.5 %
Fluorofentanyl	3	0.15 %	0.1 %	0.2 %

Distribution of concentrations.





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The Vancouver Island Drug Checking Project is based out of the University of Victoria and operates community-wide drug checking services within Victoria, BC. We are continuing to offer drug checking services in response to the dual public health emergencies, and exploring new ways to better reach those who may benefit from this service. We have now partnered with Dr. Chris Gill and the team at Vancouver Island University to improve detection and reporting using their paper spray - mass spectrometer. See the blog portion of our website to view our more detailed interpretations of our reports.

Our project respectfully acknowledges that we work as visitors on the traditional territory of the Lkwungen (Songhees), Wyomilth (Esquimalt), and WSÁNEĆ (Saanich) peoples of the Coast Salish Nation. We also acknowledge the inextricable links between research, colonization and racism against Indigenous peoples, which continue to this day. Ending the violence faced by people who use substances and the overdose crisis cannot be achieved without facing the legacy through which we have come to be in this territory.

For more information please visit: substance.uvic.ca

We gratefully acknowledge our partners and funders on this project

Our Partners



Agilent Technologies



AVI Health and Community Services



BC Ministry of Health



BC Ministry of Mental Health and Addictions



BC Support Vancouver Island Centre



Canadian Institute for Substance Use Research



Compute Canada



IBM Canada



Island Health Authority



Lantern Services



PerkinElmer Inc



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SOLID Outreach



STS Pain STS Pharmacy



University of Victoria



Vancouver Island University



Westgrid



Health Canada Substance Use and Addictions Program



Vancouver Foundation



Michael Smith Foundation for Health Research



Natural Sciences and Engineering Research Council



Canadian Institutes of Health Research

