

Vancouver Island

Drug Checking Project

Preliminary Results for February 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 Island Health Authority. This free and confidential service provides information on composition of substances and harm reduction information.

Highlighted findings:

- Carfentanil found in 5 samples expected to be opioid-down
- 93% of expected opioid-down samples contained fentanyl
- 49% of fentanyl-containing samples found to have concentrations greater than 10% fentanyl
- Benzodiazepines and/or etizolam found in 47% of expected opioid-down samples
- The maximum concentration of etizolam found was 9.6% in an expected opioid-down sample

179

Samples Tested
1 - 28 February 2021

[Read our blog](#) for further interpretations of our February data.

What were people bringing to be tested?

Expected substance	n
Opioid Down (Fentanyl and/or Heroin)	60
Stimulant (Cocaine HCl or Base, Methamphetamine)	28
Psychedelic (MDMA, 5-MeO-DiPT, DMT, Ibogaine, LSD)	17
Dissociative (Ketamine)	6
Benzodiazepine	11
Other (Accutane, Antidepressant, Caffeine, Gaboxadol)	5
Polysubstance (Opioid down with methamphetamine)	2
Other Opioid (Oxycodone, Hydromorphone)	4
Other Stimulant (3-MMC)	1
Unknown/Missing	45

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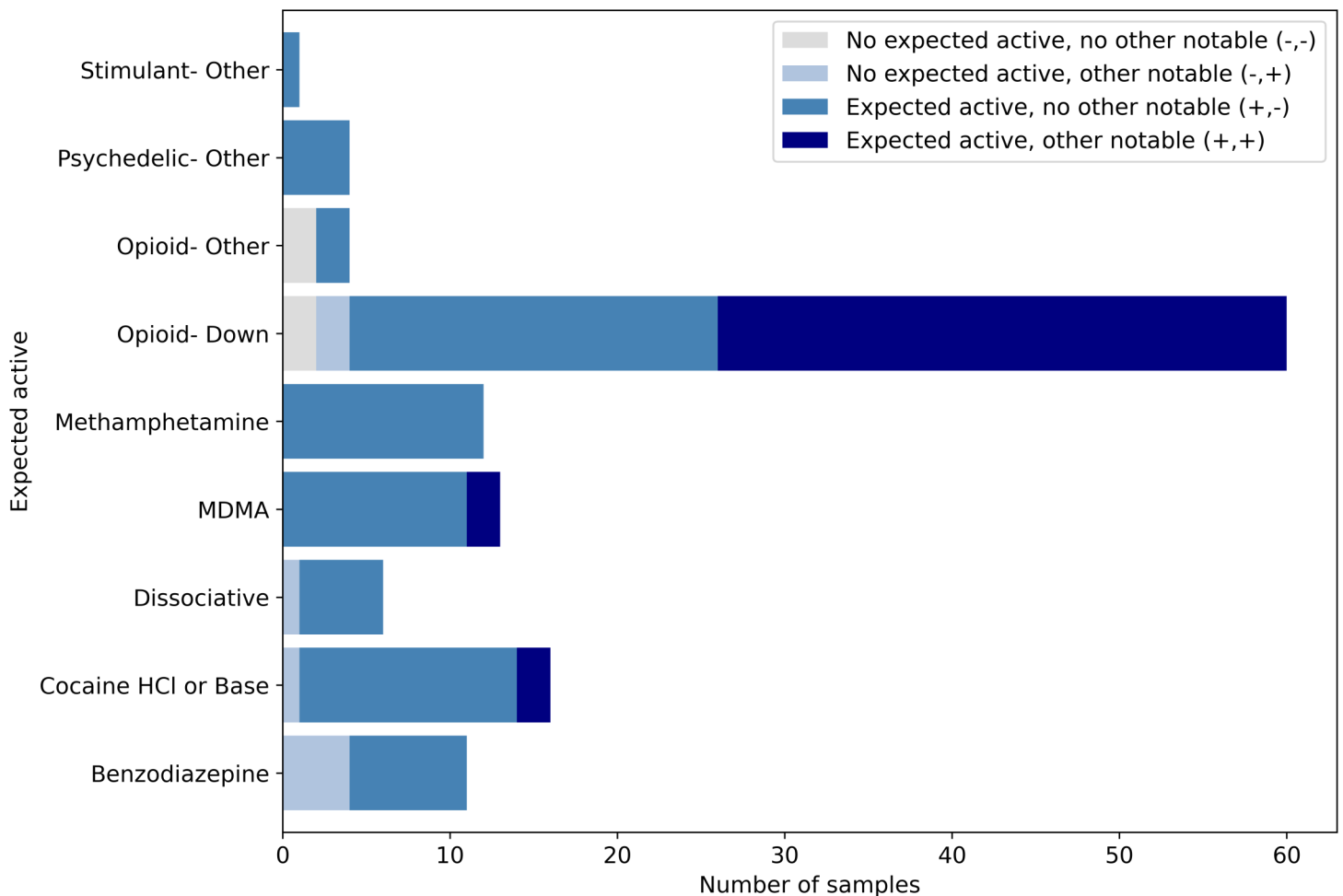
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What did we find?

We tested each sample to determine what active ingredients, adulterants, and cutting agents were present. The majority of samples did contain an active that fit into each expected category. However, we also detected a number of other notable components that may cause unexpected effects or impact the effectiveness of naloxone.

Number of samples containing expected active or other notable component



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.

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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	60
(-,-) <i>No expected active, no other notable¹</i>	2
(-,+) <i>No expected active, other notable</i>	2
Carfentanil	1
Methamphetamine	1
(+,-) <i>Expected active, no other notable</i>	23
Fentanyl or analogue	23
Heroin	3
6-MAM	1
(+,+) <i>Expected active, other notable</i>	33
Fentanyl or analogue	33
Etizolam	28
Benzodiazepine (undifferentiated)	4
Carfentanil	4
Heroin	2
Cocaine	2
Loperamide	1

Methamphetamine	12
(+,-) <i>Expected active, no other notable</i>	12
Methamphetamine	12

Cocaine HCl or Base	16
(-,+) <i>No expected active, other notable</i>	1
Ketamine	1
(+,-) <i>Expected active, no other notable</i>	13
Cocaine HCl	7
Cocaine Base	7
(+,+) <i>Expected active, other notable</i>	2
Cocaine Base	1
Cocaine HCl	1
Phenacetin	1
Procaine	1

Dissociative	6
(-,+) <i>No expected active, other notable</i>	1
Cocaine	1
(+,-) <i>Expected active, no other notable</i>	5
Ketamine	5

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Psychedelic		17
(+,-)	<i>Expected active, no other notable</i>	15
	MDMA	11
	DMT	1
	LSD	1
	Ibogaine	1
	5-MeO-DiPT	1
(+,+)	<i>Expected active, other notable</i>	2
	MDMA	2
	Cocaine HCl	1
	MDA	1

Benzodiazepine		11
(-,+)	<i>No expected active, other notable</i>	4
	Etizolam	3
	Flualprazolam	1
(+,-)	<i>Expected active, no other notable</i>	7
	Benzodiazepine (undifferentiated)	5
	Flualprazolam	1
	Alprazolam	1

Other		5
(-,-)	<i>No expected active, no other notable¹</i>	3
(+,-)	<i>Expected active, no other notable</i>	2
	Isotretinoin	1
	Venlafaxine	1

Other Stimulant		1
(+,-)	<i>Expected active, no other notable</i>	1
	3-MMC	1

Polysubstance		2
(+,-)	<i>Expected active, no other notable</i>	2
	Fentanyl	2
	Methamphetamine	2

Other Opioid		4
(-,-)	<i>No expected active, no other notable¹</i>	2
(-,+)	<i>No expected active, other notable</i>	2
	Hydromorphone	1
	Oxycodone	1

Unknown / Missing		45
	Cocaine Base	20
	Fentanyl or analogue	9
	Cocaine HCl	8
	Etizolam	4
	Heroin	3
	Alprazolam	1
	Benzodiazepine (undifferentiated)	1
	Methamphetamine	1
	Tadalafil	1
	Sildenafil	1

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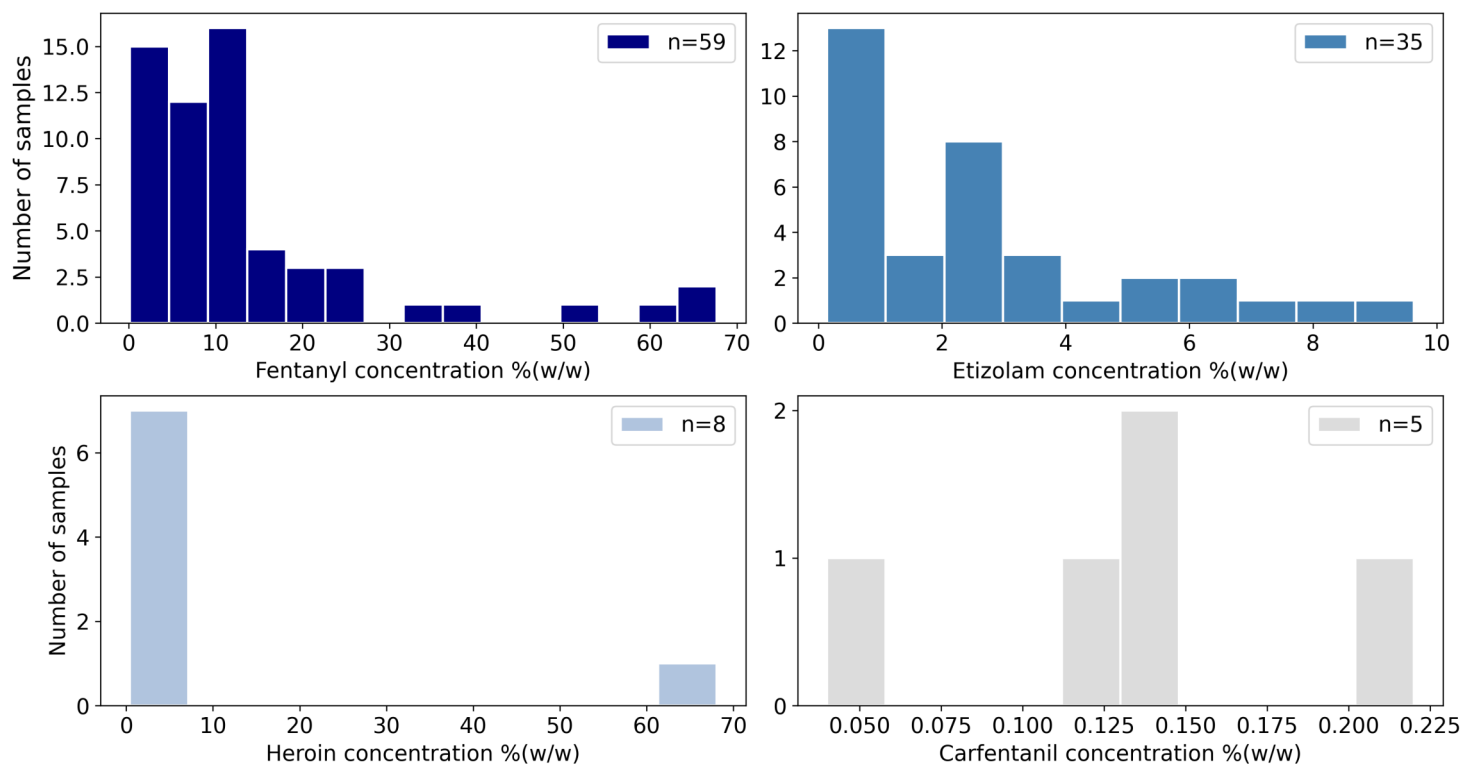
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Quantification

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 inclusive to all expected drug categories in which they are found.

Substance	# quant	median	min	max
Fentanyl	59	10.0 %	0.1 %	67.7 %
Etizolam	35	2.2 %	0.1 %	9.6 %
Heroin	8	1.6 %	0.4 %	68.1 %
Carfentanil	5	0.1 %	0.04 %	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	Compute Canada	SOLID Outreach
AVI Health and Community Services	IBM Canada	STS Pharmacy
BC Ministry of Health	Island Health Authority	University of Victoria
BC Ministry of Mental Health and Addictions	Lantern Services	Vancouver Island University
BC Support Vancouver Island Centre	PerkinElmer Inc	Westgrid
Canadian Institute for Substance Use Research	ProSpect Scientific	

Our Funders

Health Canada Substance Use and Addictions Program	Natural Sciences and Engineering Research Council
Vancouver Foundation	Canadian Institutes of Health Research
Michael Smith Foundation for Health Research	