Preliminary Results for October 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:

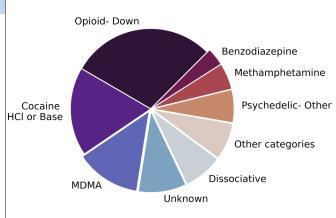
- No carfentanil was seen in October.
- 97% of expected opioid-down samples contained fentanyl
- Median fentanyl concentration found was 9.0%, with a maximum of 80+% found in an expected opioid-down sample
- Benzodiazepines and/or etizolam found in 74.6% of expected opioiddown samples
- The maximum concentration of etizolam found was 34.6%, in an expected opioid-down sample
- Xylazine was detected in 4 expected opioid-down samples at a maximum concentration of 4.64%

Read our blog for further interpretations of our October data.

What were people bringing to be tested?

Expected substance	n
Opioid Down (fentanyl and/or heroin)	67
Stimulant (cocaine HCl or base, methamphetamine)	59
Psychedelic (MDMA, MDA, LSD, 2C-B)	45
Dissociative (ketamine)	18
Benzodiazepine (alprazolam, diazepam, etizolam)	8
Other Opioid (Dilaudid, oxycodone)	4
Other (cannabinoids, "research chemicals")	7
Unknown/Missing	22

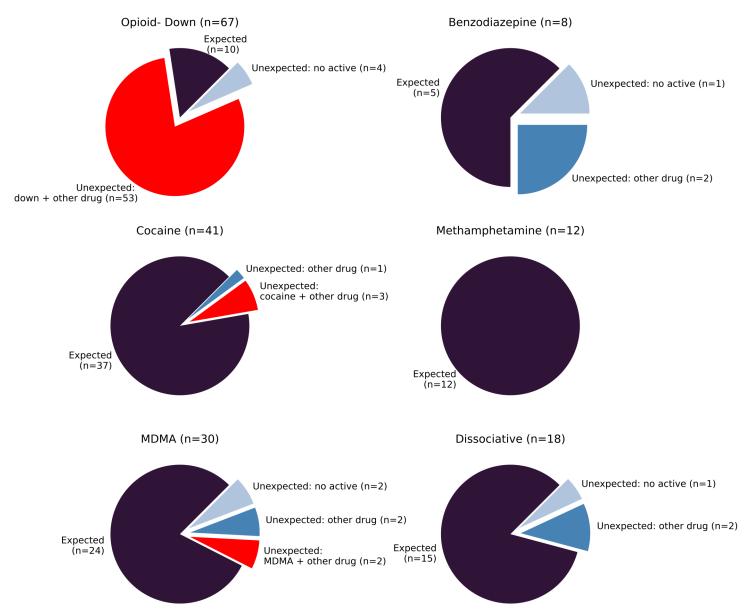




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What did we find?

We tested each sample to determine what active ingredients, adulterants, and cutting agents were present. The majority of samples 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.

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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	67
(+,-)	Expected active, no other notable	10
	Fentanyl	10
(+,+)	Expected active [*] , other notable	53
	Fentanyl [*]	55
	Etizolam	33
	Benzodiazepine (undifferentiated) ²	12
	Fluorofentanyl	8
	Chloroisobutyryl fentanyl	6
	Flualprazolam	5
	Xylazine	4
	Acetylfentanyl	3
	Acetylcodeine	1
	Acetylmorphine	1
	Cocaine	1
	Heroin*	1
	Methamphetamine	1
(-,-)	No expected active, no other notable	4

	Cocaine HCI or Base	41
(+,-)	Expected active, no other notable	37
	Cocaine HCl	32
	Cocaine Base	5
(+,+)	Expected active [*] , other notable	3
	Cocaine HCI*	3
	Levamisole	3
	2-Fluoromethamphetamine	1
(-,+)	No expected active, other notable	1
	Pantoprazole	1

	Benzodiazepine	8
(+,-)	Expected active, no other notable	5
	Alprazolam	2
	Flualprazolam	1
	$Benzo diaze pine \ (undifferentiated)^2$	2
(-,+)	No expected active, other notable	2
	Etizolam	1
	Flualprazolam	1
(-,-)	No expected active, no other notable	1

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

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	45	
(+,-)	Expected active, no other notable	34
	MDMA	23
	4-AcO-DMT	2
	5-MeO-MiPT	2
	2C-B	1
	4-HO-MET	1
	4-HO-MiPT	1
	DMT	1
	DPT	1
	MDA	1
	Methallylescaline	1
(-,+)	No expected active, other notable	3
	4-APB	1
	MDA	1
	MDMA	1
(+,+)	Expected active, other notable	2
	MDMA	2
	MDA	1
	Cocaine HCl	1
(-,-)	No expected active, no other notable	6

	Dissociative	18
(+,-)	Expected active, no other notable	15
	Ketamine	15
(-,+)	No expected active, other notable	2
	Methamphetamine	1
	Ketamine (O-PCE expected)	1
(-,-)	No expected active, no other notable	1

Other Opioid		4
(+,-)	Expected active, no other notable	3
	Hydromorphone (Dilaudid)	3
(+,+)	Expected active, other notable	1
	Heroin	1
	Hydromorphone (Dilaudid)	1

	Other	12
(+,-)	Expected active, no other notable	4
	Phenibut	1
	THC	2
	4-MMC	1
(-,+)	No expected active, other notable	3
	3-FMA	2
	5-MAPB	1
(-,-)	No expected active, no other notable	5

Unknown / Missing	19
Fentanyl	6
Methamphetamine	3
Benzodiazepine (undifferentiated) ²	2
Cocaine HCl	2
Etizolam	2
MDMA	2
Anastrozole	1
Cocaine Base	1
Diazepam	1
Levamisole	1
MDA	1
Methandrostenolone	1
Phenacetin	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.

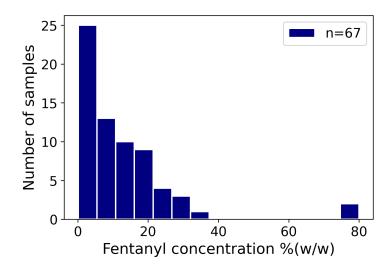
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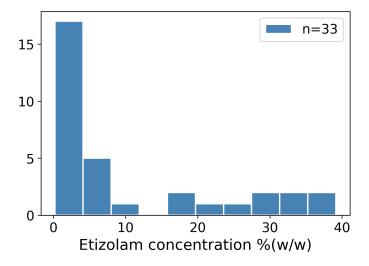
Quantification

Using paper spray mass spectrometry data, now calculated in house, 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	67	9.0 %	0.12 %	80+ %
Etizolam	33	3.8 %	0.2 %	39.2 %
Heroin	2	19.2 %	10.0%	28.4 %
Fluorofentanyl	8	2.3 %	0.2 %	14.0 %
Carfentanil	0			

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 methods for our 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





Island Health Authority



Lantern Services



PerkinElmer Inc



ProSpect Scientific





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



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