Vancouver Island
Drug Checking Project
Year End Report 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. We employ several analytical techniques as follows:
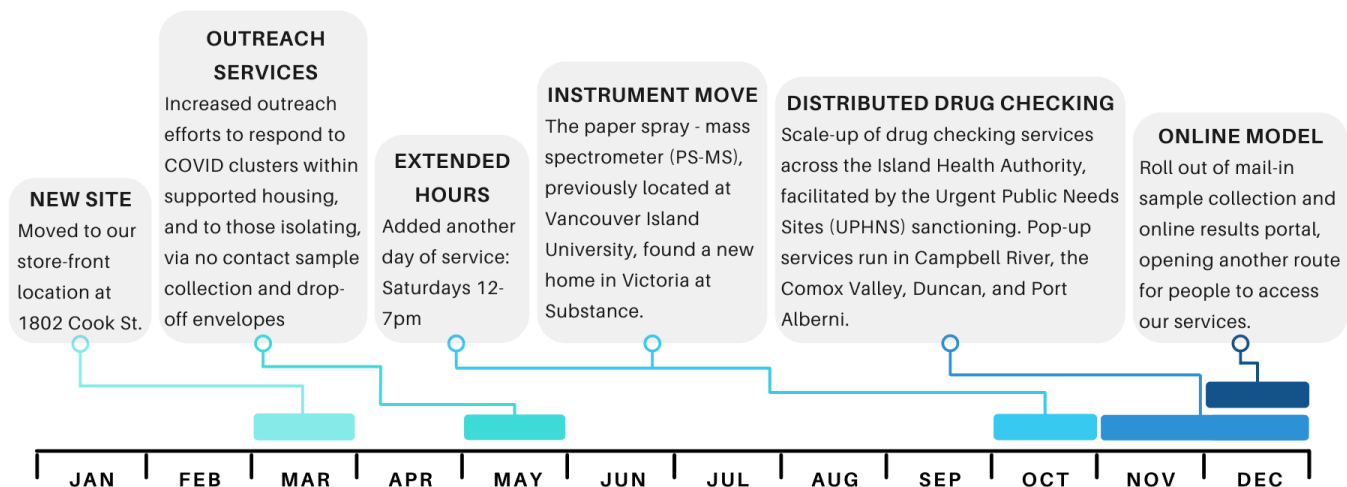
- Fentanyl Immunoassay Strips
- Benzodiazepine Immunoassay Strips
- Fourier Transform Infrared Absorption Spectroscopy (FTIR)
- Raman Spectroscopy
- Surface Enhanced Raman Spectroscopy (SERS)
- Paper Spray - Mass Spectrometry (PS-MS)

2556
Samples Tested
Jan 1-Dec 31 2021

Substance 2021 Timeline

Our project was happy to remain active throughout the entire year and to adapt our service to meet the needs of the community.

NEW SITE
Moved to our store-front location at 1802 Cook St.

OUTREACH SERVICES
Increased outreach efforts to respond to COVID clusters within supported housing, and to those isolating, via no contact sample collection and drop-off envelopes

EXTENDED HOURS
Added another day of service: Saturdays 12-7pm

INSTRUMENT MOVE
The paper spray - mass spectrometer (PS-MS), previously located at Vancouver Island University, found a new home in Victoria at Substance.

DISTRIBUTED DRUG CHECKING
Scale-up of drug checking services across the Island Health Authority, facilitated by the Urgent Public Needs Sites (UPHNS) sanctioning. Pop-up services run in Campbell River, the Comox Valley, Duncan, and Port Alberni.

ONLINE MODEL
Roll out of mail-in sample collection and online results portal, opening another route for people to access our services.

JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC

2021 was a year of growth at the Vancouver Island Drug Checking Project. Enduring another year of dual public health crises, the second year of the COVID-19 pandemic and the *sixth* year of the overdose crisis, we reflected on what was learned in 2020 and sought to scale up and improve our services to reach more people and to better meet the needs of people who use drugs and the communities who support them.

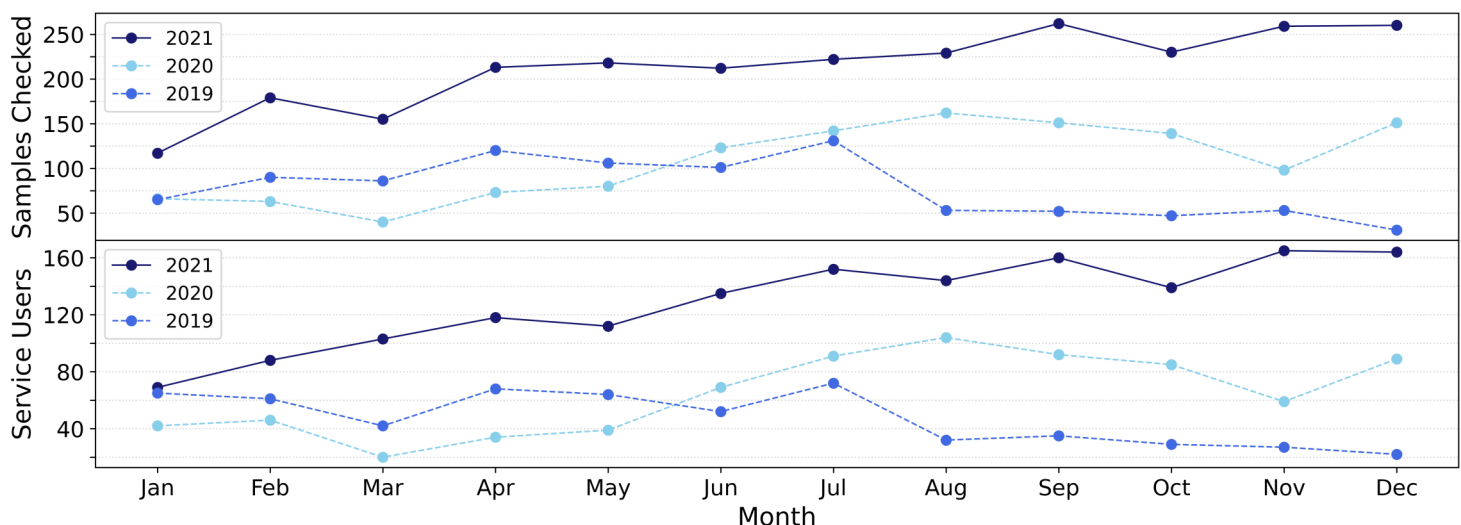## Highlighted Findings

- **Adulteration** with other active compounds was highest for samples expected to be opioid-down (68%), benzodiazepines (73%), MDMA/MDA (23%), and cocaine (12%).

- **Benzodiazepines** and/or etizolam[1] were detected in 57% of expected opioid-down samples. This is a massive increase in adulteration to what was seen in 2020, when 18% of expected opioid-down samples contained a benzo and/or benzo-related drug. Specifically, 13% of opioid-down samples contained only a benzo, 37% contained only etizolam, and 7% contained both a benzo and etizolam. This is noteworthy because benzos do not react with naloxone, and have been shown to lead to atypical and more serious overdoses.

- **Fentanyl or fentanyl analogues** were found in 93% of all expected opioid-down samples, 5% of all benzodiazepines, 2% of all stimulants, 1% of all dissociatives, and 1% of all psychedelics.

- **No additional notables** to the expected active[2] were found for the majority of samples expected to be cocaine (84%), methamphetamine (94%), ketamine (89%), DMT (100%), LSD (100%), and MDMA (76%). Contrary to some common assumptions, many samples contain only the expected active.

Service uptake

Continuing to build momentum since the start of our project, we saw a consistent uptake of service in 2021, demonstrating the increasing demand for drug checking services, and the overall value of our service throughout the year. The general swell in uptake can be attributed to expanded outreach services, the roll-out of our online and distributed drug checking models, our storefront as a static service location, the added value of an in-house mass spectrometer, our storefront's visibility in the community, promotion by our collaborators at SOLID, AVI, Peers, and cohort effects.
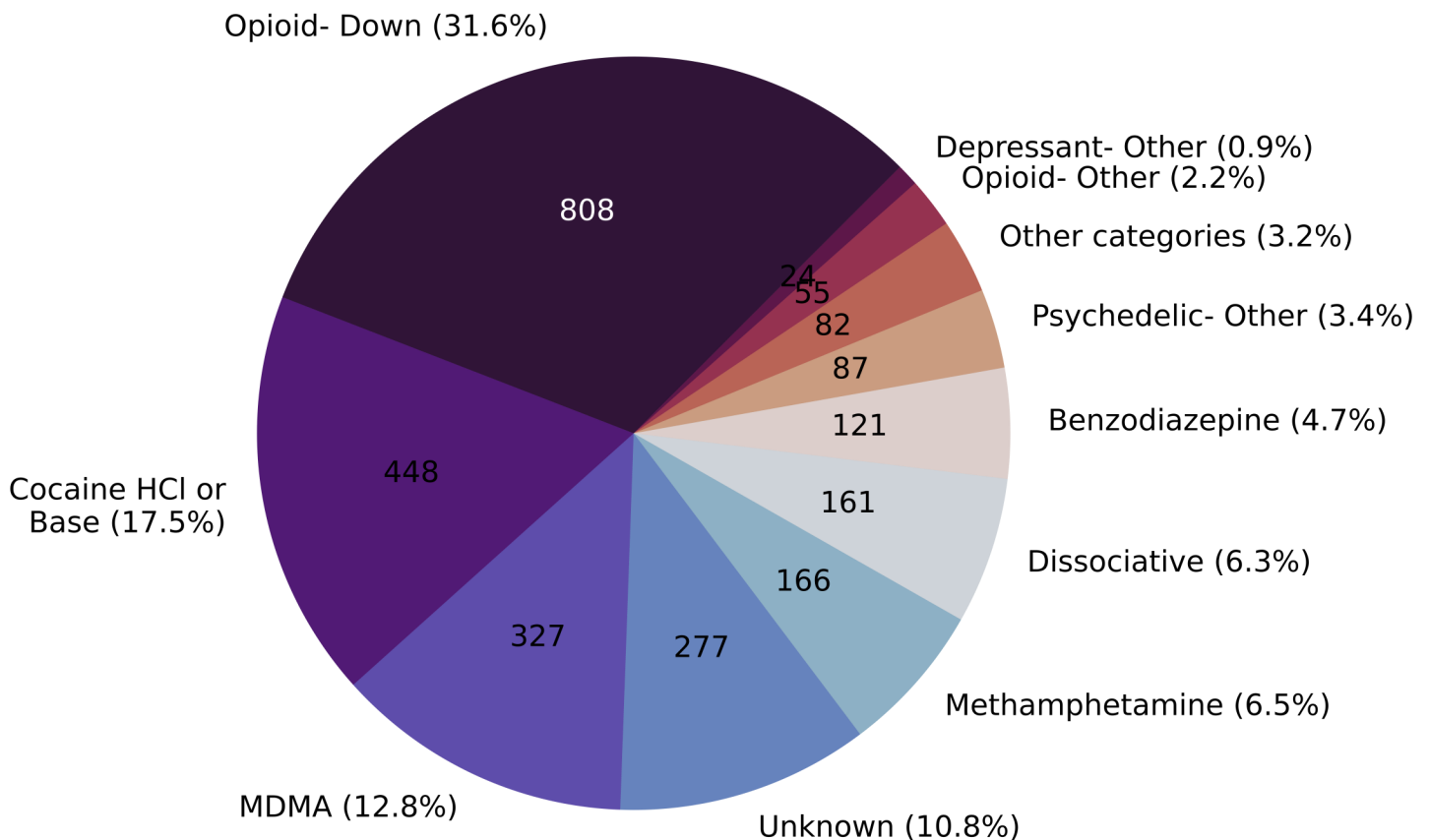

[1]Etizolam has low sensitivity with the benzodiazepine test strips and often does not react, therefore we detect it through other instrumentation and we differentiate it within our reporting. [2]Additional active compounds includes unexpected actives or components of note, such as those with the potential for unexpected effects or that impact the effectiveness of naloxone. No additional notables to the expected active may still contain samples with inert components and buffs considered not notable (i.e. sugars), or notables that are our below our limit of detection.

What were people bringing to be checked?

Service users bring us a wide variety of substances that can be grouped into different drug classes. The pie chart below aggregates the total number of samples we checked by their "expected" substance (i.e. the drug category reported by the service user), inclusive of all service locations/methods. The consistent access of multiple drug categories through the entire year demonstrates the need for both universal and population-targeted approaches to drug checking services and the accessibility of services.

Pie chart: Opioid- Down (31.6%) 808; Depressant- Other (0.9%) 24; Opioid- Other (2.2%) 55; Other categories (3.2%) 82; Psychedelic- Other (3.4%) 87; Benzodiazepine (4.7%) 121; Dissociative (6.3%) 161; Methamphetamine (6.5%) 166; Unknown (10.8%) 277; MDMA (12.8%) 327; Cocaine HCl or Base (17.5%) 448

Some example drugs within each class are as follows[1]: **Opioid- Down**: fentanyl, fentanyl analogues, and/or heroin. **Cocaine:** cocaine HCl (powder/soft) and cocaine base (crack/hard/rock). **MDMA:** MDMA and MDA. **Dissociative**: ketamine and novel dissociatives like DMXE. **Benzodiazepine**: alprazolam (Xanax), diazepam (Valium), and etizolam. **Psychedelic-Other:** 2C-B, DMT, and LSD. **Opioid-other:** hydromorphone (Dilaudid), and oxycodone. **Depressant-Other:** GHB. **Other categories:** prescription stimulants, cannabis products, steroids, novel "designer drugs."

[1]*This list includes the majority of expected drugs, but is not comprehensive to every expected drug within each sub-category.*

What were people getting checked by location and by service model?

A majority of the samples that we check are brought in directly to our Victoria storefront by service users, however we also collect and receive samples though various outreach efforts. In 2021, we ran pop-up drug checking services in Campbell River, the Comox Valley, Duncan, and in Port Alberni, while also collecting "Outreach" samples at supported housing sites, at overdose prevention and supervised consumption locations, through no contact drop-off envelopes, and via mail-in envelopes. The "expected substance" data presented on the previous page of this document can be separated by the sample collection locations and methods outlines above; these data are tabulated below.

Expected substance	Campbell River	Comox Valley	Duncan	Port Alberni	Victoria	Outreach	Overall
Opioid Down (fentanyl and/or heroin)	8	6	15	23	703	53	808
Cocaine (HCl or Base)	3		1	2	401	41	448
MDMA/MDA					317	10	327
Methamphetamine	2	5	4	4	141	10	166
Dissociative (ketamine, DMXE, O-PCE)			1		159	1	161
Benzodiazepine (alprazolam, diazepam, etizolam)		1		3	117		121
Psychedelic– Other (2C-B, DMT, LSD)					86	1	87
Other Opioid (Dilaudid, oxycodone)				1	52	2	55
Depressant– Other (GHB)					23	1	24
Other (cannabinoids, "designer drugs")		2			77	3	82
Unknown/Missing	1	1		2	262	11	277
Total samples checked	14*	15*	21*	35*	2338	133	2556

The samples checked in these communities were collected during a single day of drug checking and thus only provide a very limited snapshot of the local markets
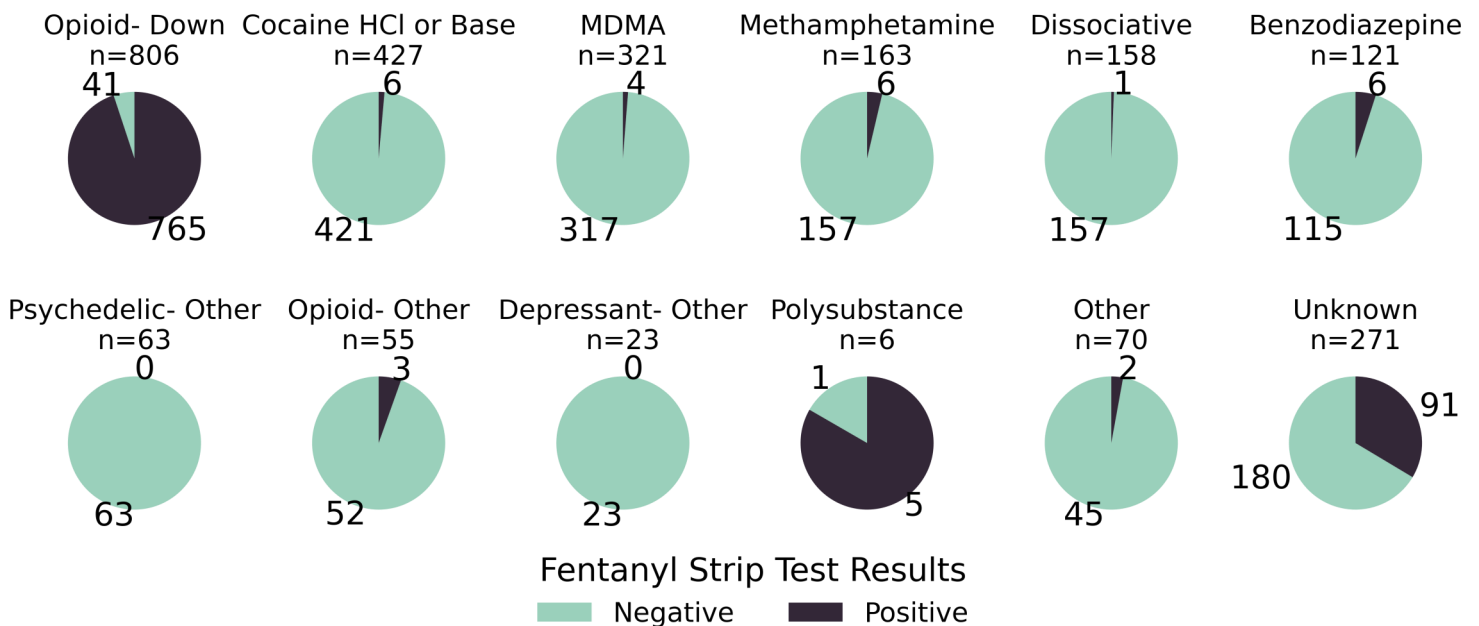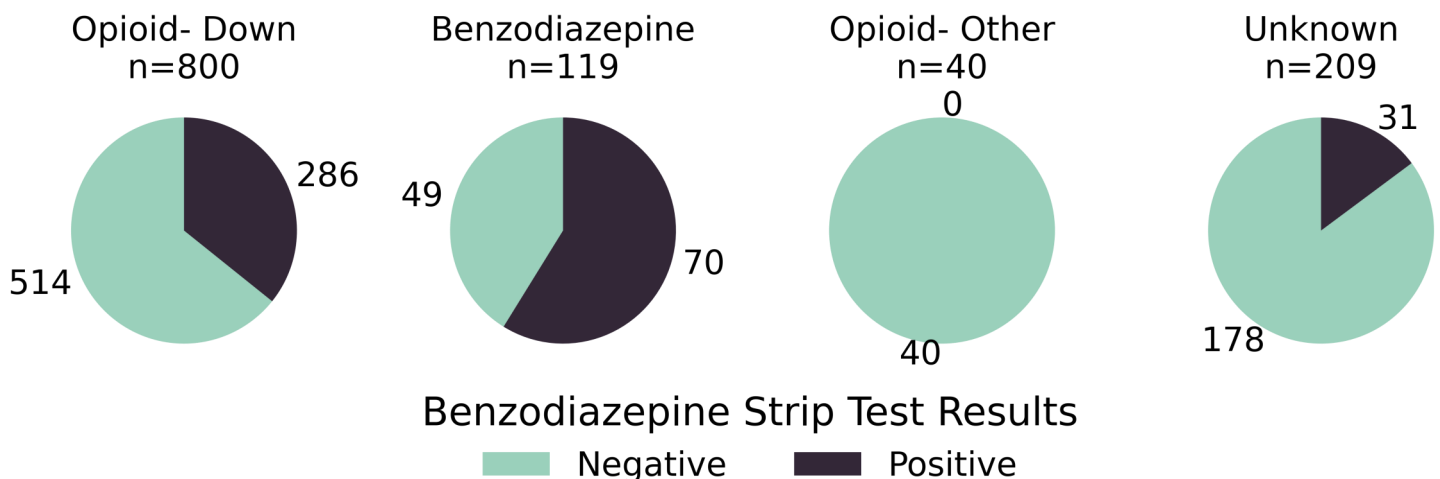
Fentanyl Immunoassay Test Strips

Fentanyl test strips were run on 97% (2481/2556) of samples checked at our service in 2021[1]. Of the 2481 tests run, 36% resulted fentanyl positive. Within these positive results, 86% were found within expected Opioid- Down and 10% were found within expected Unknown/Missing. This challenges the assumption that fentanyl is found in everything. For the 4% of positives where fentanyl was unexpected, it is important to note the potential for cross-contamination when handling multiple substances or possible miscommunications through third-party testers.

Opioid- Down n=806	Cocaine HCl or Base n=427	MDMA n=321	Methamphetamine n=163	Dissociative n=158	Benzodiazepine n=121
41 / 765	6 / 421	4 / 317	6 / 157	1 / 157	6 / 115

Psychedelic- Other n=63	Opioid- Other n=55	Depressant- Other n=23	Polysubstance n=6	Other n=70	Unknown n=271
0 / 63	3 / 52	0 / 23	1 / 5	2 / 45	91 / 180

Fentanyl Strip Test Results
- Negative
- Positive

Benzodiazepine Immunoassay Test Strips

We aim to run benzo strips on all expected Benzodiazepines, Opioid– Down, Opioid– Other, Unknown as well as any suspect samples. Note: etizolam, the most common benzo-related drug seen across all samples, is documented to produce false negative results with benzodiazepine test strips. Read our Benzodiazepine blog post to read more about these strips and their limitations.
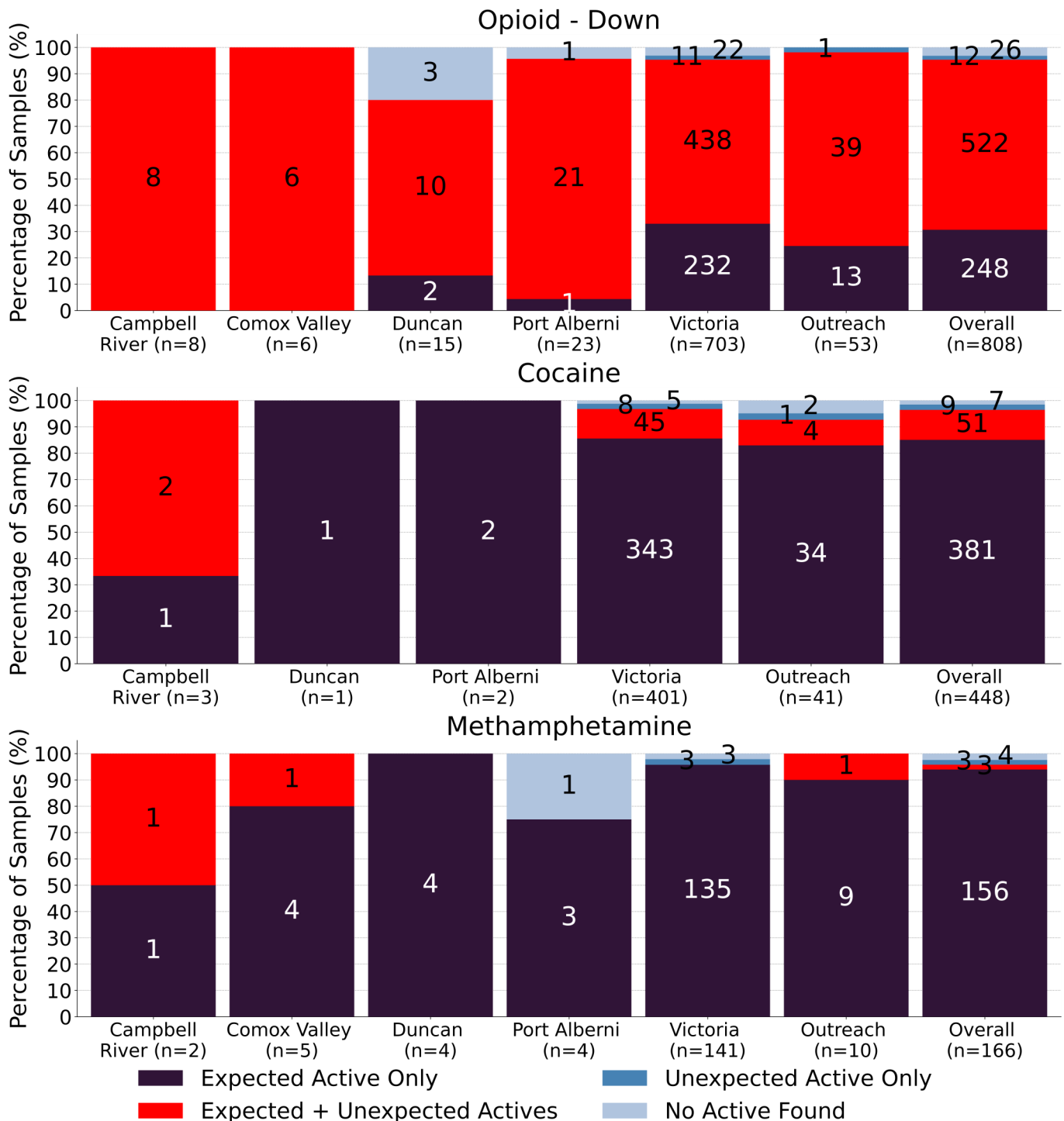
Opioid- Down n=800	Benzodiazepine n=119	Opioid- Other n=40	Unknown n=209
286 / 514	49 / 70	0 / 40	31 / 178

Benzodiazepine Strip Test Results
- Negative
- Positive

What did we find?

We tested each sample to determine what active ingredients, adulterants, and cutting agents were present. The figures below illustrate the percentages and numbers of samples tested in each drug category, separated by collection location/method, color coded by their composition. **Dark Purple** regions group samples that were simply as expected with no other notable compounds detected, **Red** shows samples that contained the expected drug *and* were contaminated with an unexpected active, **Dark Blue** groups samples that only contained an unexpected active (the expected drug was not found), and **Light Blue** displays samples where no active compounds were detected.

What did we find?

Dark Purple regions group samples that were simply as expected with no other notable compounds detected, **Red** shows samples that contained the expected drug *and* were contaminated with an unexpected active, **Dark Blue** groups samples that only contained an unexpected active (the expected drug was not found), and **Light Blue** displays samples where no active compounds were detected.
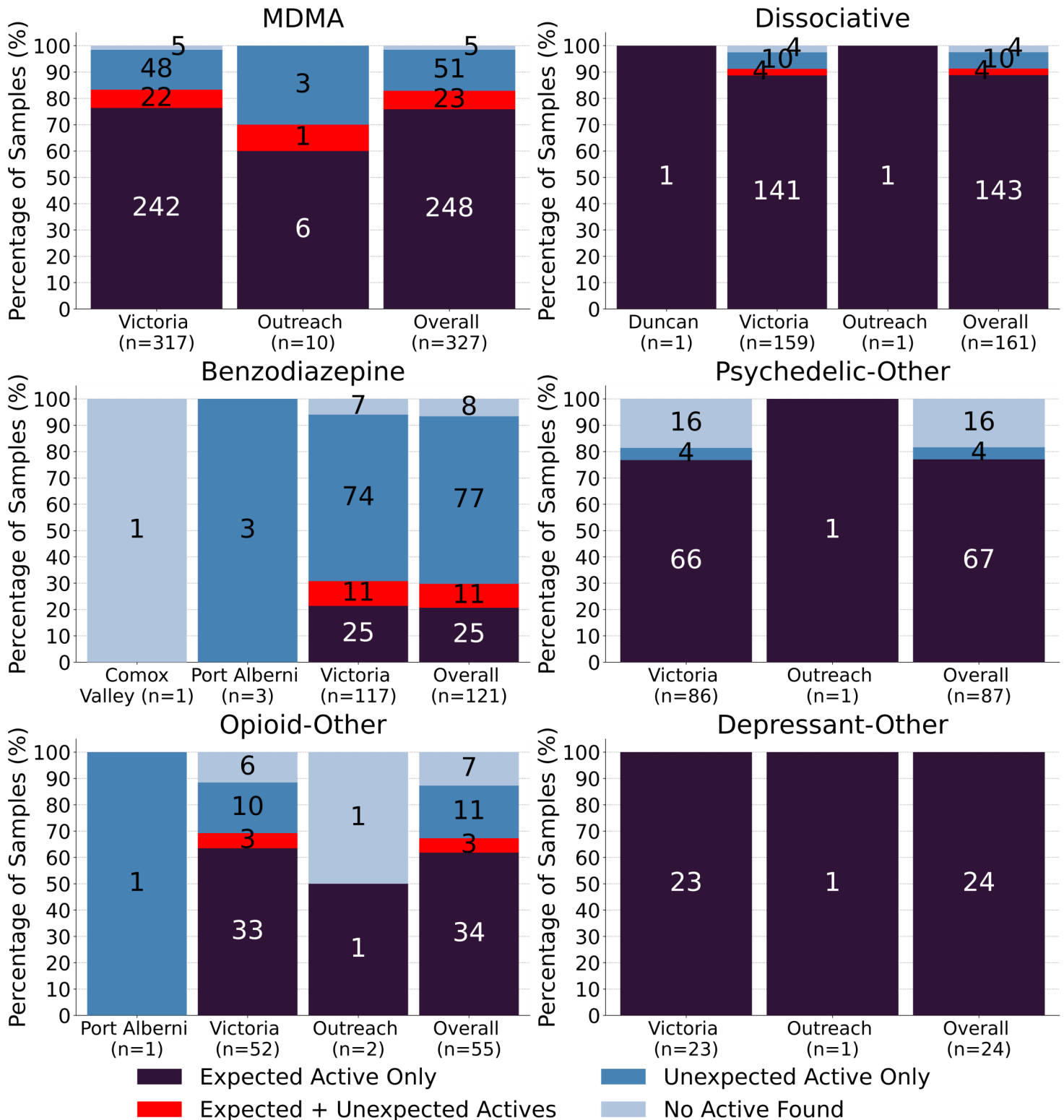

Bar charts: **MDMA**, **Dissociative**, **Benzodiazepine**, **Psychedelic-Other**, **Opioid-Other**, **Depressant-Other**

Legend:
- Expected Active Only (Dark Purple)
- Expected + Unexpected Actives (Red)
- Unexpected Active Only (Dark Blue)
- No Active Found (Light Blue)

What did we find?

Expanding on the figures shown on the previous page, for each drug category we list the number of samples that contained the expected active and/or other notable components.

Opioid Down	N Samples		N Samples
Expected Active Only	**248**	**Expected* + Unexpected Active(s) cont.**	
Heroin	16	Fluorofentanyl	58
Acetylmorphine (6-MAM)	1	Hexylcaine	1
Expected* + Unexpected Active(s)	**522**	Hydromorphone	7
Fentanyl*	94	Isotonitazene	9
Heroin*	2	Lidocaine	14
Acetylcodeine	10	Loperamide	1
Acetylfentanyl	21	Methamphetamine	7
Acetylmorphine (6-MAM)	10	Methylenedioxycathinone	1
Alprazolam	4	Metonitazene	3
Amphetamine	1	Morphine	3
ANPP	21	Noscapine	2
Benzocaine	1	Procaine	1
Benzodiazepine (undifferentiated)[1]	120	Xylazine	19
Carfentanil	49	**Unexpected Active(s) Only**	**12**
Cocaine Base	2	Carfentanil	4
Cocaine HCl	10	Cocaine Base	1
Dextromethorphan (DXM)	2	Etizolam	2
Diphenhydramine	1	Hydromorphone	1
Etizolam	354	Methamphetamine	2
Etonitazene	3	Morphine	2
Fenethylline	1	N-ethylpentylone	1
Flualprazolam	41	Tadalafil	1
Flubromazolam	3		

*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. "Unexpected actives" include all notable compounds outside the expected drug class that carry the potential for unexpected effects or that impact the effectiveness of naloxone. *Expected active component. [1]Benzodiazepine (undifferentiated) results are based on a positive benzo strip test and are unconfirmed by paper spray.*

What did we find?

Cocaine (HCl or Base)	N Samples
Expected Active Only	**381**
Cocaine Base	43
Cocaine HCl	340
Expected* + Unexpected Active(s)	**51**
Cocaine Base*	6
Cocaine HCl*	45
Benzocaine	2
Diphenidine	1
Levamisole	16
Methamphetamine	3
Phenacetin	22
Procaine	9
Unexpected Active(s) Only	**9**
Benzodiazepine (undifferentiated)[1]	1
Carfentanil	1
Fentanyl	3
Ketamine	2
MDMA	1
Methamphetamine	2
Pantoprazole	1

Depressant– Other	N Samples
Expected Active Only	**24**
GHB	24

Methamphetamine	N Samples
Expected Active Only	**156**
Methamphetamine	156
Expected* + Unexpected Active(s)	**3**
Methamphetamine*	3
Etizolam	1
Fentanyl	2
Ketamine	1
MDA	1
Xylazine	1
Unexpected Active(s) Only	**3**
Diphenhydramine	1
Fentanyl	1
Ketamine	1

Opioid– Other	N Samples
Expected Active Only	**34**
Codeine	1
Hydromorphone	22
Morphine	4
Oxycodone	11
Expected* + Unexpected Active(s)	**3**
Hydromorphone*	1
Oxycodone*	2
Acetaminophen	2
Heroin	1
Morphine	1
Unexpected Active(s) Only	**11**
Acetaminophen	6
Citalopram	1
Cocaine HCl	1
Fentanyl	1
Isotonitazene	2
Lidocaine	1

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What did we find?

MDMA/MDA	N Samples
Expected Active Only	**248**
MDA	9
MDMA	239
Expected* + Unexpected Active(s)	**23**
MDA*	18
MDMA*	23
Cocaine HCl	3
Fentanyl	1
TFMPP	1
Unexpected Active(s) Only	**51**
6-APDB	1
Benzylpiperazine	1
Cannabidiol (CBD)	1
Etizolam	1
Fentanyl	3
MDA	40
MDMA	4
N-ethylpentylone	2

Psychedelic- Other	N Samples
Expected Active Only	**67**
2C-B	9
2C-B-FLY	1
2C-T-7	1
4-AcO-DMT	2
4-HO-MET	2
4-HO-MiPT	2
5-MeO-DiPT	1
5-MeO-DMT	1
5-MeO-MiPT	2
DMT	9
DPT	1
Ibogaine	1
LSD	33
Mescaline	1
Methallylescaline	2
Unexpected Active(s) Only	**4**
3,4,5-Trimethoxyamphetamine	1
4-APB	1
MDMA	1
Psilocin	1

Stimulant- Other	N Samples
Expected Active Only	**6**
3-FPM	1
3-MMC	2
4-MMC	1
5-MAPB	1
Methylphenidate	1
Unexpected Active(s) Only	**12**
3-FA	1
3-FMA	3
Amphetamine	4
Methamphetamine	4

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What did we find?

Benzodiazepine	N Samples
Expected Active Only	**25**
Alprazolam (Xanax)	6
Benzodiazepine (undifferentiated)[1]	15
Clonazepam	2
Lorazepam (Ativan)	1
Nitrazolam	1
Expected* + Unexpected Active(s)	**11**
Benzodiazepine (undifferentiated)*[1]	11
Etizolam	11
Unexpected Active(s) Only	**77**
Benzodiazepine (undifferentiated)[1]	4
Diazepam (Valium)	2
Etizolam	49
Fentanyl	2
Flualprazolam	11
Flubromazepam	2
Flubromazolam	2
Lidocaine	2

Dissociative	N Samples
Expected Active Only	**143**
3-HO-PCE	2
3-MeO-PCP	1
DMXE	2
Fluorodeschloroketamine	1
Ketamine	136
O-PCE	1
Expected* + Unexpected Active(s)	**4**
Ketamine*	4
Cocaine HCl	2
MDMA	1
Methamphetamine	1
Unexpected Active(s) Only	**10**
Acetaminophen	1
Cocaine HCl	1
Ephenidine	3
Ketamine	3
Methamphetamine	2
N-ethylpentelone	1

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What did we find?

Other	N Samples
Expected Active Only	**5**
THC	5
Unexpected Active(s) Only	**19**
4-CMC	1
5-MAPB	2
Acetaminophen	1
a-PHiP	1
A-PHP	1
Cannabidiol	2
Fentanyl	2
Isotretinoin	1
Ketamine	1
Oxandrolone	1
Phenibut	1
Sildenafil	3
Tadalafil	1
Venlafaxine	1

Unknown/Missing	N Samples		N Samples
Unexpected Active(s) Only	**226**		
2C-B	1	DMT	1
2-MAPB	1	Doxycycline	1
3-FPM	1	Etizolam	45
4-FA	1	Fentanyl	92
5-MeO-EiPT	1	Flualprazolam	6
5-MeO-MiPT	1	Fluorofentanyl	1
Acetaminophen	2	Heroin	6
Acetylcysteine	1	Isotonitazene	1
Acetylfentanyl	1	Ketamine	4
Alprazolam	1	Levamisole	2
Amphetamine	1	Lidocaine	1
Anastrozole	1	MDA	6
ANPP	1	MDMA	12
Benzocaine	1	Methamphetamine	28
Benzodiazepine (undifferentiated)[1]	18	Methandrostenolone	1
Cannabidiol	1	Morphine	1
Carfentanil	6	Phenacetin	2
Cephalexin	2	Sildenafil	1
Cocaine Base	37	Tadalafil	4
Cocaine HCl	26	THC	1
Diazepam	1	THCA-A	3
Diphenhydramine	1	Xylazine	3

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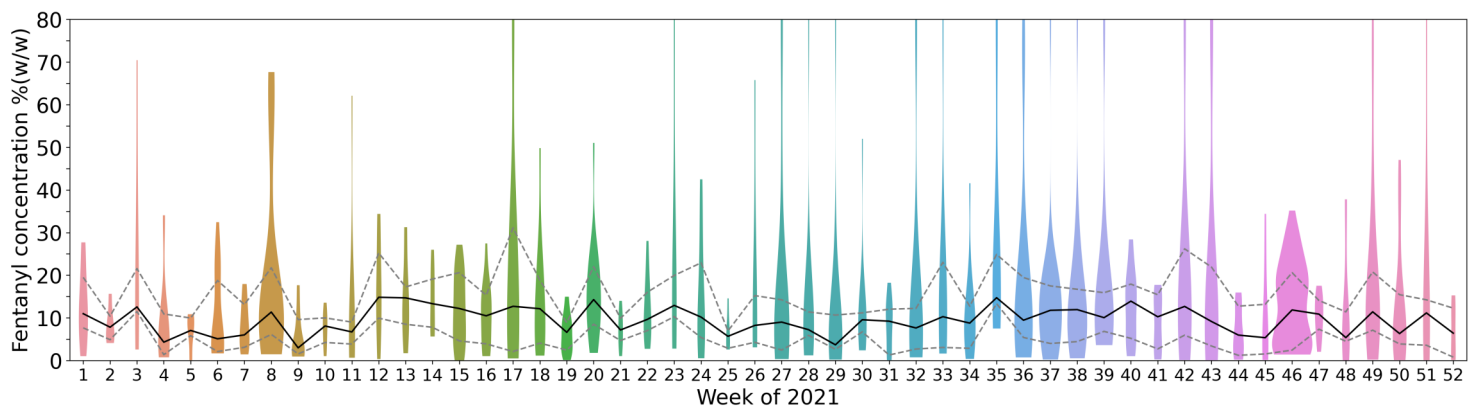
Quantification via Paper Spray—Mass Spectrometry (PS-MS)

In 2021, 75% (1920/2556)[1] of samples were run on the paper spray-mass spectrometer (PS-MS) to detect and quantify low concentration compounds that may be missed on our other instruments. These aggregate values are inclusive to all expected drug categories in which the active drugs are found, and to all locations across Vancouver Island where we collected samples. Weight percentage is reported below.

Substance	# Quant.	Median	Min	Max
Fentanyl	853	9.2%	0.1%	>80%[2]
Etizolam	498	2.6%	0.1%	>25%[2]
Carfentanil	72	0.20%	0.04%	0.78%
Flualprazolam	62	0.3%	0.1%	5.8%
Fluorofentanyl	62	2.1%	0.1%	27.0%
Heroin	57	10.4%	0.4%	>80%[2]
Xylazine	23	2.6%	0.2%	12.5%
Isotonitazene	12	1.1%	0.2%	8.0%
Alprazolam	11	0.6%	0.1%	7.0%
Acetylmorphine	10	9.2%	1.9%	24.9%
Flubromazolam	5	1.2%	0.1%	1.4%

Variability of Fentanyl Concentration in Opioid-Down Samples

The figure below illustrates the fentanyl concentration quantified in opioid-down samples, for each week of 2021. Not only does the median concentration of fentanyl fluctuate throughout the year (3%-15%), the volatility in concentration also remains high each week, with samples regularly quantified over the full concentration range (0.1%->80%) and a consistently large *interquartile range* (i.e. the range of concentrations that capture 50% of samples) spanning 1%-31%.

The **black line** represents the median concentration over time, grey dashed lines bound the interquartile range, and the width of the colored regions is proportional to the number of samples in a concentration range, scaled by all weeks (e.g. wider shapes equal more samples).

[1]*Not all samples can be run on the PS-MS due to too limited sample.* [2]*There is a maximum concentration limit for each compound of interest that the PS-MS can report. If a sample contains a higher percentage of a compound than the PS-MS's limits, then only the limit will be reported. For example, the upper limit of reporting for etizolam on the PS-MS is 25% - any sample containing more than 25% etizolam will be flagged as ">25%".*
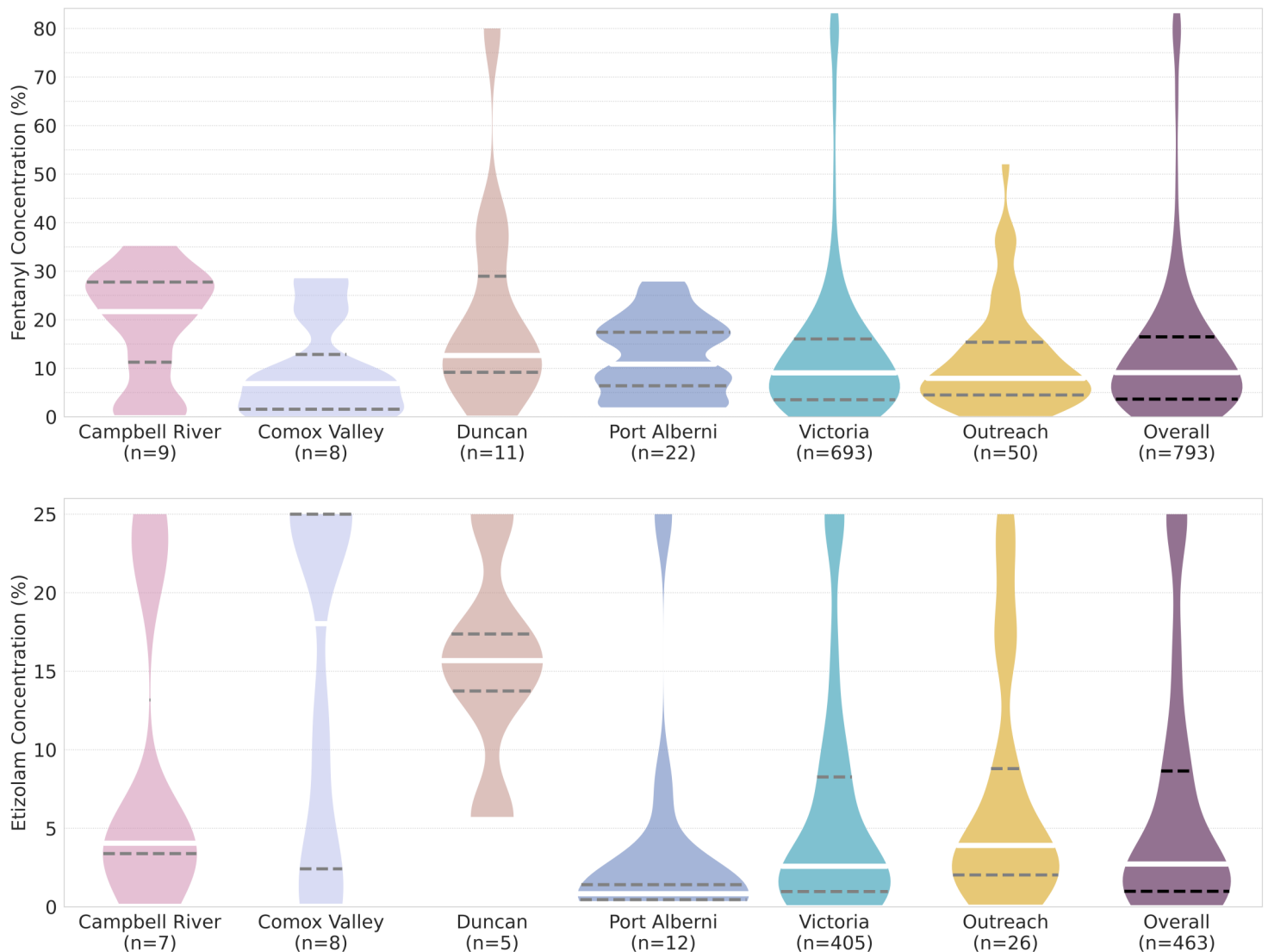
Distribution of Concentrations by Service Location/Method

The concentrations of fentanyl and etizolam for every sample quantified, grouped by service location/method, are illustrated below to highlight regional variability in the unregulated drug market. While individual samples are not shown (for clarity), the **width** of the colored regions is proportional to the number of samples in a concentration range (e.g. wider shapes equal more samples), the **white lines** mark the median concentration of the fentanyl/etizolam positive samples checked at each location, and the **grey dashed lines** bound the interquartile range.

2021 Publications

- Gozdzialski, L., Ramsay, M., Larnder, A., Wallace, B., & Hore, D. K. (2021). Fentanyl detection and quantification using portable Raman spectroscopy in community drug checking. *Journal of Raman Spectroscopy*, *52*(7), 1308–1316. https://doi.org/10.1002/jrs.6133

- Larnder, A., Burek, P., Wallace, B., & Hore, D. K. (2021). Third party drug checking: Accessing harm reduction services on the behalf of others. *Harm Reduction Journal*, *18*(1), 99. https://doi.org/10.1186/s12954-021-00545-w

- Gozdzialski, L., Wallace, B., Stege, U., & Hore, D. K. (2021). Linear programming for spectral mixture analysis. *Wiley Analytical Science*. https://analyticalscience.wiley.com/do/10.1002/was.00050199

- Ramsay, M., Gozdzialski, L., Larnder, A., Wallace, B., & Hore, D. (2021). Fentanyl quantification using portable infrared absorption spectroscopy. A framework for community drug checking. *Vibrational Spectroscopy*, *114*, 103243. https://doi.org/10.1016/j.vibspec.2021.103243

- Wallace, B., Hills, R., Rothwell, J., Kumar, D., Garber, I., van Roode, T., Larnder, A., Pagan, F., Aasen, J., Weatherston, J., Gozdzialski, L., Ramsay, M., Burek, P., Azam, Md. S., Pauly, B., Storey, M.-A., & Hore, D. (2021). Implementing an integrated multi-technology platform for drug checking: Social, scientific, and technological considerations. *Drug Testing and Analysis*, *13*(4), 734–746. https://doi.org/10.1002/dta.3022

- Wallace, B., van Roode, T., Pagan, F., Hore, D., & Pauly, B. (2021). The potential impacts of community drug checking within the overdose crisis: Qualitative study exploring the perspective of prospective service users. *BMC Public Health*, *21*(1), 1156. https://doi.org/10.1186/s12889-021-11243-4

Service Adaptations and Expansion

Last year, we identified the importance of both our community partnerships, and the need to provide a consistent and accessible service. The transition from running our service in scattered supported housing sites to a offering a daily service at our new storefront increased our public visibility and created a consistent venue where people could access drug checking services. We have been enthusiastically welcomed into the North Park community by our neighbors and are immensely grateful for the support we have received from SOLID Outreach, AVI Health and Community Services, and the North Park Community Association. We embrace the continual increase in service uptake that we have seen at our new location and strive to be a sympathetic and inclusive fixture in our vibrant neighborhood.

Operating service at our storefront also created the extra space and stability needed for us to host the paper spray mass spectrometer (PS-MS) previously located at the Vancouver Island University. The PS-MS had been used for confirmatory testing since the end of 2020 and is an invaluable asset within our suite of technologies, however the long turn around time for samples was a barrier limiting the effectiveness of drug checking as an intervention into the overdose crisis.

To the best of our knowledge, we are the only drug checking service in North America capable of providing point-of-care, MS supported drug identification and drug quantification. As a volatile and toxic unregulated drug supply takes more and more lives at an accelerated rate, the value of rapidly detecting novel, low concentration drugs is immediate and superlative. An extraordinary amount of gratitude goes to Armin Saatchi, Scott Borden, and Dr. Chris Gill at VIU for their exquisite work developing unprecedented methods for rapid drug identification/quantification, analyzing samples, and for their continued support with the PS-MS. We look forward to continued collaboration and guidance from our friends at VIU to explore the full capabilities of the PS-MS.

Responding to the accessibility challenges that our service users faced as a result of the COVID-19 pandemic, we continued to develop upon the outreach models started in 2020. We implemented a no-contact, envelope based sample delivery option to improve service accessibility and continued to support existing partnerships with harm reduction agencies to procure drug samples in the community. In turn, we condensed our findings and experiential community reports into weekly handbills that were distributed back to harm reduction agencies for distribution, as to increase the range and accessibility of our findings on the local drug supply. As a service that provides some surveillance and quality control in an unregulated market, communication and information sharing are paramount to the effectiveness of our service.

Amidst the ongoing overdose crisis in British Columbia, the Province of BC enacted enabling legislation to authorize both substance collection and drug checking sites under the authority of Health Canada's Urgent Public Needs Sites (UPHNS) regulation. The UPHNS process allows provinces to facilitate the establishment of overdose prevention and drug checking services without the cumbersome process of section 56(1) exemptions. Facilitated by the UPHNS sanctioning, we rolled-out our distributed drug checking model by offering pop-up drug checking services at various sites across Vancouver Island. We are immensely grateful to Island Health and the BC Ministries of Health and Mental Health & Additions for their enthusiastic and supportive guidance with this enabling process of distributed drug checking.

These trips covered four critical regions on the Island: the Cowichan Valley, Port Alberni, the Comox Valley, and Campbell River. At each location, we set up for a day of pop-up drug checking and were overjoyed with the incredible uptake in service by the folks in those communities. We were humbled by the important services provided by staff and experiential workers on the ground in response to the challenges of the ongoing overdose and housing crises. We continue to be inspired by the critical work each partner organization does to better serve people who use drugs, and those who support them. We are grateful for this opportunity to collaborate and look forward to sustaining the relationships we have built. We'd like to send a very warm thank you to Port Alberni Shelter Society, AVI Health and Community Services, Vancouver Island Mental Health Society, Comox Bay Care Society's Care-A-Van, Comox Valley Transition Society's Connect drop-in, and Cowichan Overdose Prevention Site operated by Lookout Housing and Health Society. We were ecstatic to establish new relationships, strengthen existing partnerships, collaborate with regional partners, and showcase our drug checking technologies to explore and inform the implementation of a regional drug checking program.

As we move in to 2022, we are invigorated by our growth and are excited for the continued scale up of drug checking services across Vancouver Island.

Vancouver Island
Drug Checking Project
Year End Report 2021

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 partnered with Dr. Chris Gill and the team at Vancouver Island University to improve detection and reporting using their methods for the 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

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