

WALLACE, B., GOZDZIALSKI, L., QBAICH, A., SHAFIUL, A., BUREK, P., HUTCHISON, A., TEAL, T., LOUW, R., KIELTY, C., ROBINSON, D., MOA, B., STOREY, MA., GILL, C., & HORE, D. 2022.

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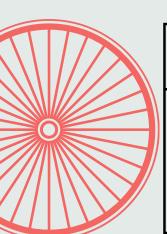
THE PROBLEM

Drug checking is not accessible for most people, particularly those beyond the reach of urban health services and those less likely to access current harm reduction services



OTHER BARRIERS

- costs of instruments and their operations
- shortage of skilled technicians
- limited engagement of PWLE and those with drug knowledge to interpret results
- a lack of multiple sites and service delivery models to truly "meet people where they are at"





THE DISTRIBUTED MODEL

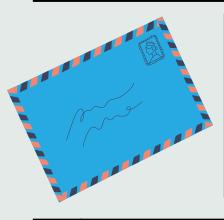
- facilitates increased scale and reach of drug checking
- reduces financial and technical barriers
- provides trace level detection and the quantification of fentanyl and benzodiazepines in the supply
- blends point-of-care with confirmatory checking



THE CENTRAL HUB (SUBSTANCE)

Hosts harm reduction workers, technicians and a suite of drug checking technologies including test strips, IR absorption (FT-IR), Raman and mass spectrometry, and provides remote interpretations.







THE CENTRAL HUB (SOFTWARE & DATABASE)

The central database allows for the collection of data and spectral files that facilitate remote interpretation. Software allows for the interpretation of drug spectra to inform aggregate and regional reporting.



MAIL-IN / ONLINE

Provides access and online results for remote and rural communities, or those not wanting to access services.



DISTRIBUTED SITES

Provide point-of-care drug checking without the need for skilled technicians at each location.



FRONT SOFTWARE

Provides an easy to use - step by step process for distributed sites to easily collect and process drug samples.



COP AND TRAINING

A Community of Practice (www.communityofsubstance.ca) provides ongoing support and training.





THE IMPORTANCE OF THE MODEL

Our model minimizes financial and technical barriers to the operation of multiple sites and provides both targeted and whole population responses. Our service design increases the reach of drug checking services by diminishing the need for trained technicians at multiple point-of-care sites.

Substance.uvic.ca