

Global Policy Challenges in Implementing Drug Checking Services to Monitor the Unregulated Drug Supply and Promote Health

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Background

- ▶ Drug checking services (DCS) test drugs to help communities understand *what* is in their drugs, and in some cases, *how much* of each chemical compound is detected
- ▶ In the absence of a safer regulated drug supply, DCS have been implemented to raise awareness and reduce the physical and psychological harms associated with drug use
- ▶ A Global Survey conducted in 2017 identified 20 countries offering DCS, including the United States, Canada, and Mexico
- ▶ In 2022, DCS operated in 26 countries though mostly in the festival/nightlife scene or on a pilot basis
- ▶ Major DCS networks include TEDI (Europe), ACDC (Americas), and DCWG (Canada)

Barratt et al., 2018; Colledge-Frisby et al., 2023; Maghsoudi et al. 2021; Trans European Drug Information, 2022

Drug Control Policies and Laws

- ▶ Globally, drug possession remains largely illegal
 - ❖ Penalties range from fines, arrest, prison to capital punishment
- ▶ In the United States, drug checking equipment such as fentanyl test strips is illegal to transport, distribute, or possess
 - ❖ 29 states as of 2023 due to drug paraphernalia laws
- ▶ In Canada, legal exemptions to operate services are available, but the process is time and resource intensive
- ▶ People with lived/living experience who wish to work at a DCS face employment barriers
- ▶ Police crackdowns negatively impact service usage
- ▶ People who use drugs and harm reduction services are stigmatized

Csete et al., 2016; LAPPa 2023; The Network for Public Health Law, 2023

Central Research Question

What is the impact of drug control laws and policies on DCS implementation efforts in the Americas?

Methods and Eligibility

Survey Methods



Annual online survey (20-30 minutes, paid)



Open to programs that provide DCS in the Americas



Exclusion: forensic/criminal testing; diagnostic testing; test kit distribution only



Recruited through ACDC, DCWG, DRED and Snowball Sampling

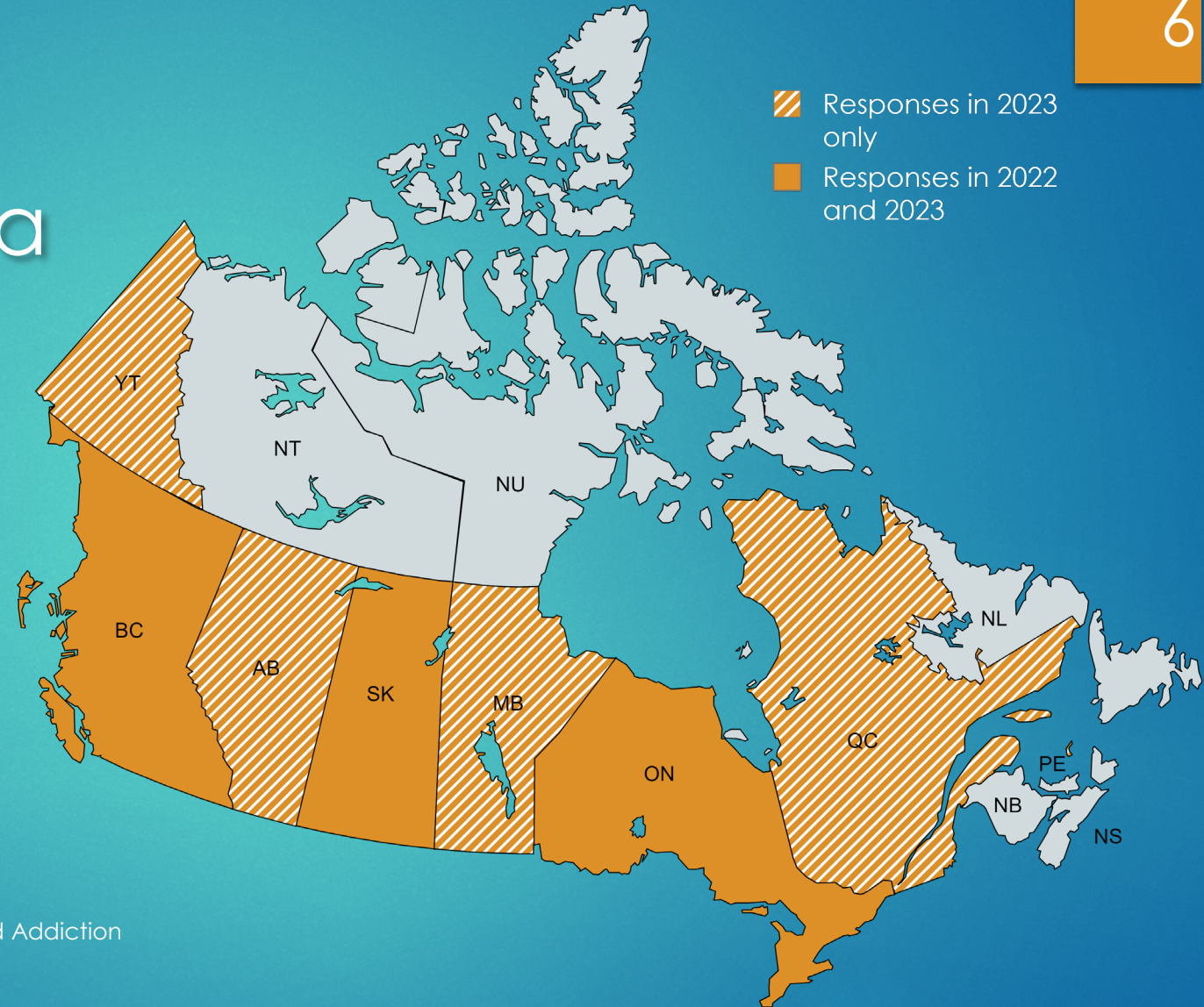
Key informant interviews and focus groups

Topics:

Services offered, procedures, operational characteristics, utilization, funding, legal barriers

Drug Checking Services: Canada

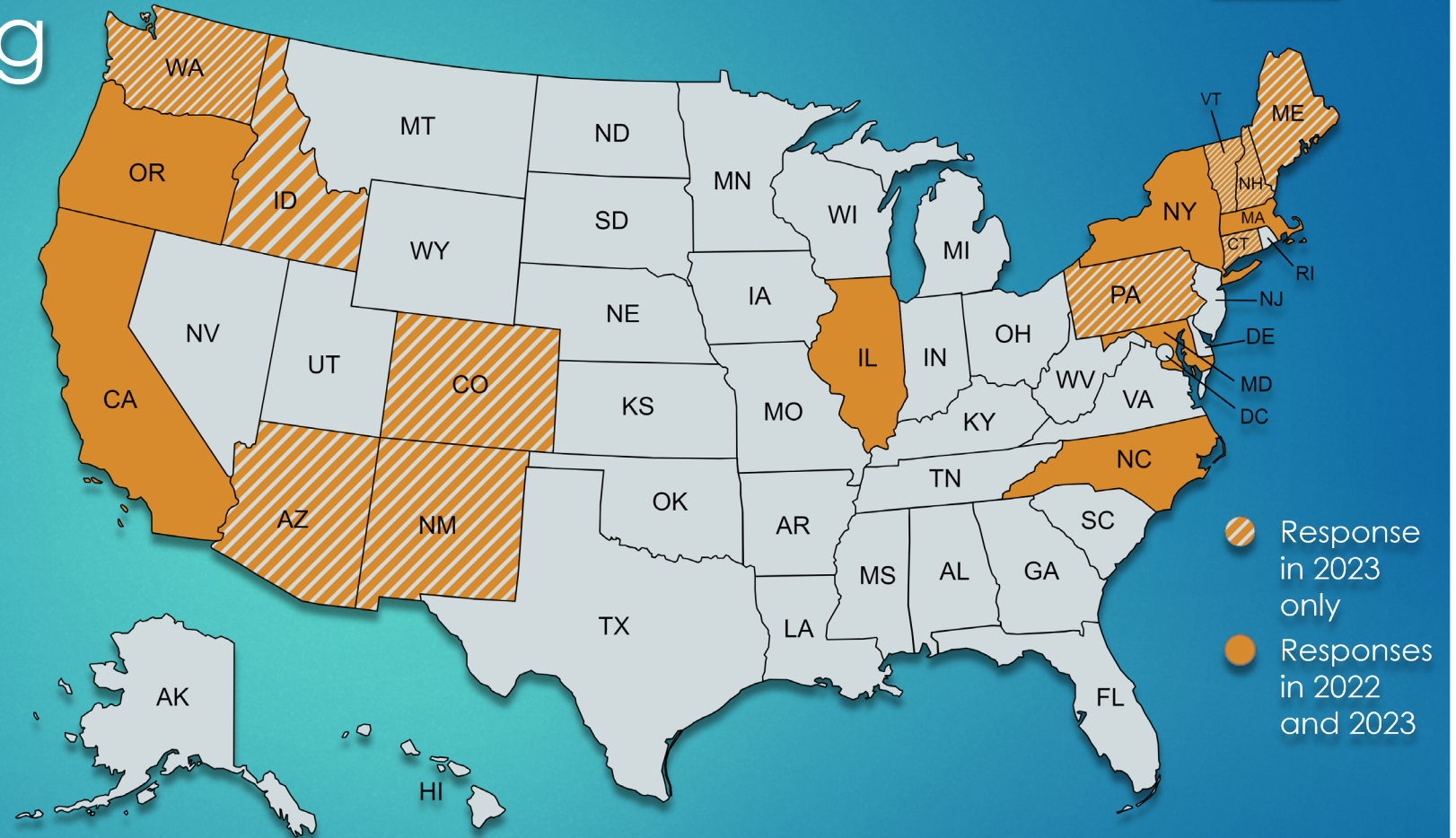
	2022	2023-2024*
Programs	5	26
Provinces	3	8



*data collected by Canadian Centre on Substance Use and Addiction

Drug Checking Services: United States

	2022	2023-2024
Programs	9	28
States	7	14



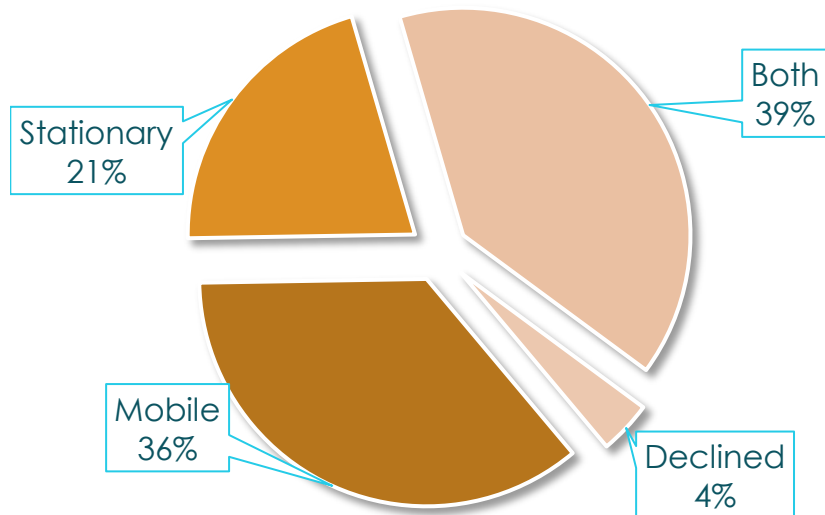
Drug Checking Services: Latin America

	2022	2023-2024
Programs	2	10
Countries	1	4

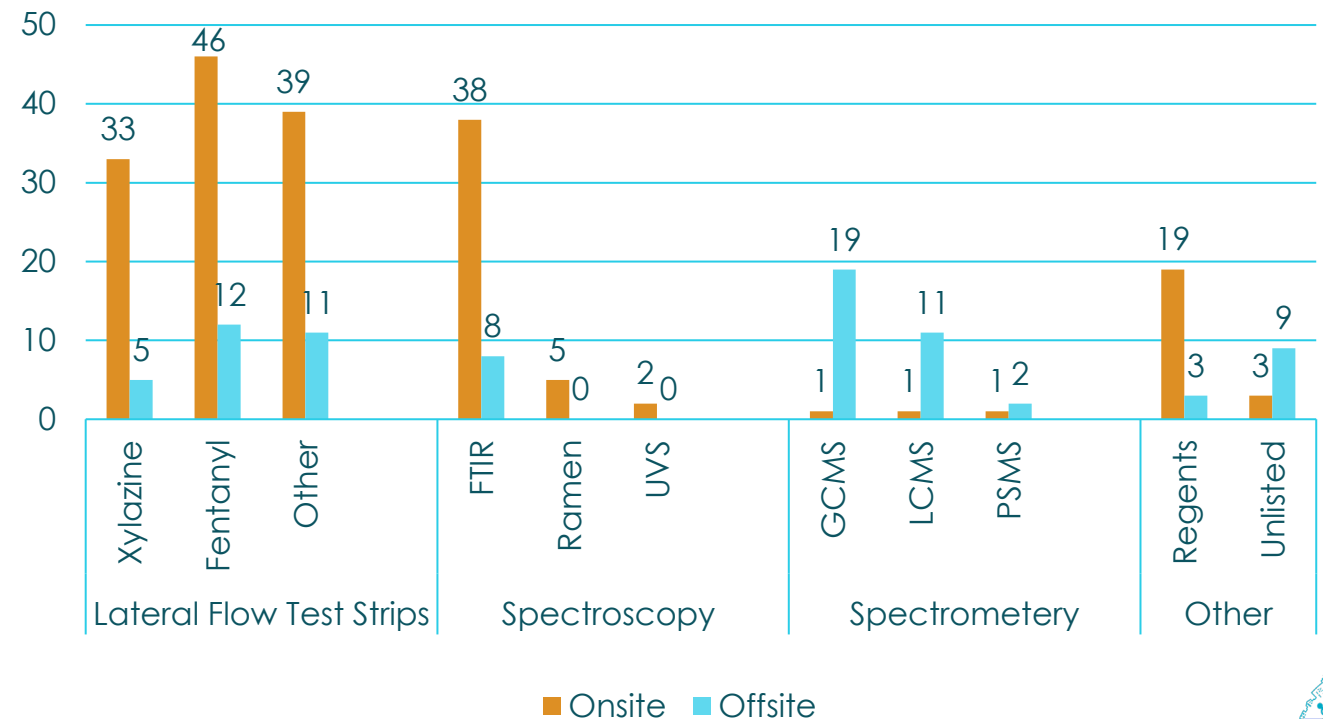


DCS in the Americas: 2023-2024

Mobile/ Stationary (N=62)



Testing Methods (N=62)



DCS in the Americas: 2023-2024

Funding Sources

Source	Canada (%)	United States (%)	Latin America (%)
Government	62	48	0
Research grants	6	4	17
Private	0	22	33
Service users	0	11	0
Donations	18	0	0
No funding	0	15	50

Legal Status

Level	Canada (%)	United States (%)	Latin America (%)
Drug checking criminalized	0	25	50

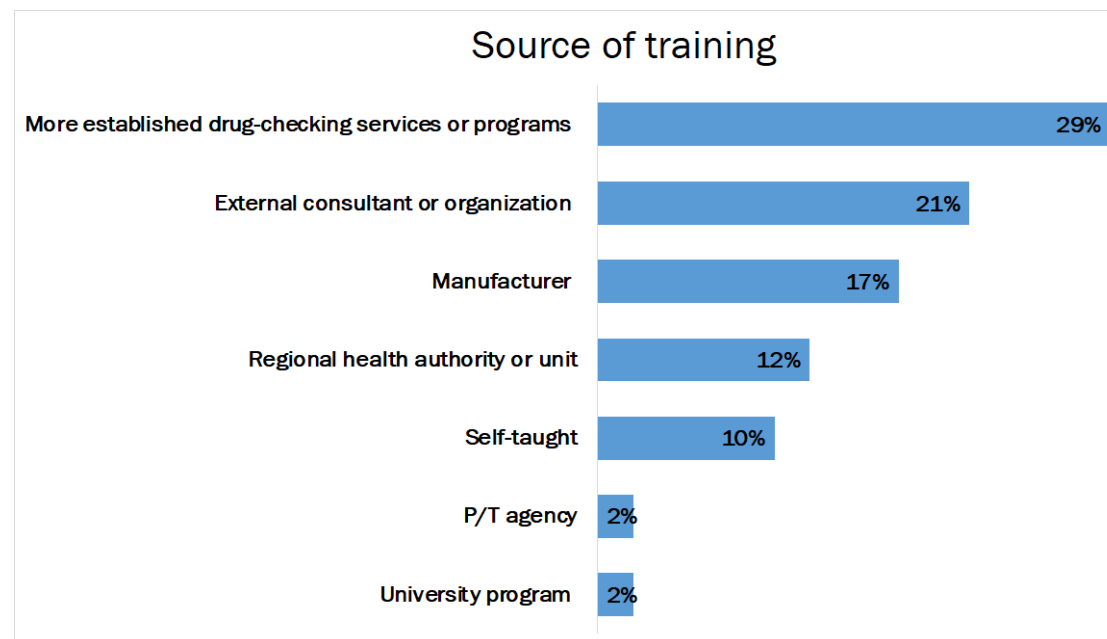
Barriers to Implementation: Funding

- ▶ Funding was the most commonly cited barrier
- ▶ In Canada, no services reported funding commitment >2 years, most 1 year or year-by-year
- ▶ *“The one thing I would flag is if an organization is going to do a more comprehensive drug checking service, the capital costs are like the first barrier that needs to be overcome” – Canada*
- ▶ *“No one in our program is paid to do drug checking” –United States*

Barriers to Implementation: Training and Staff Capacity

► In Canada:

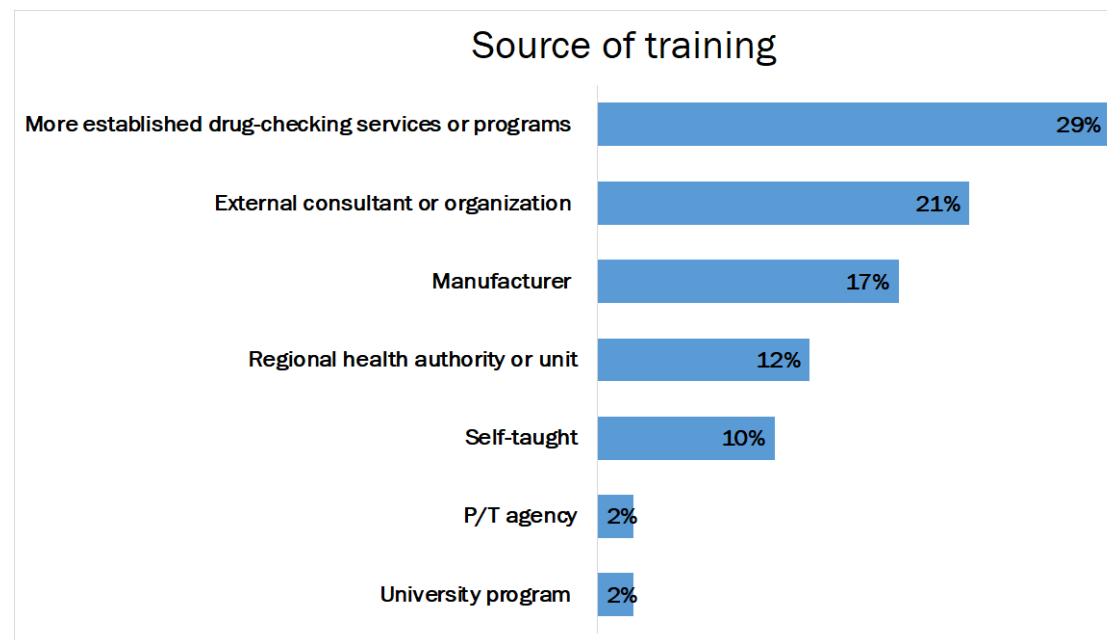
- ❖ 42% reported having no full-time staff doing drug checking; 84% reported having part-time staff
- ❖ More than half employ staff with educational backgrounds outside pharmacology (4%), chemistry (8%) and laboratory sciences (8%). Staff have diverse backgrounds (36%) or no specialised training or degrees (44%). All drug checking related competencies were acquired as part of their role.



Barriers to Implementation: Training and Staff Capacity

► In Canada:

- ❖ One service reported stopping services due to lack of staff capacity (requires technician)
- ❖ Funding is needed to acquire and maintain technical competencies
- ❖ Also: staff turnover is high due to trauma and burnout, supports are needed



Barriers to Implementation: Legal

► Socio-Political Climate and the Law

- ❖ “The environment in which we do harm reduction work has deteriorated significantly in the last 12 –18 months.... there is a **hostility from the general public and from some social and political actors** being directed at harm reductionists, people working in harm reduction and people who use drugs” – Canada



Barriers to Implementation: Legal

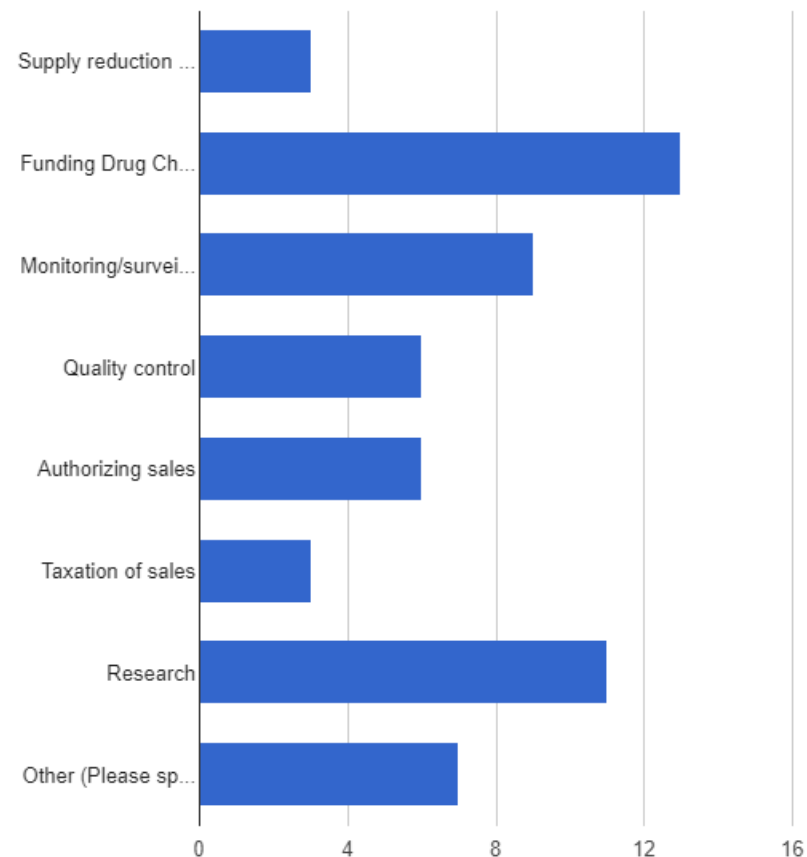
► Socio-Political Climate and the Law

- ❖ “We do not publicly disclose drug checking locations and times **to prevent law enforcement harassing participants** and to protect client privacy. Recruitment via word of mouth has been slow.” – United States
- ❖ “Drug use isn’t penalized in [location], but you can’t possess it – you can consume it, but you can’t have it – so... **how does someone get from their home to DCS without breaking the law?**” – Latin America



Barriers to Implementation: Policy

- ▶ *In your opinion, where do you think government agencies can be most helpful with respect to the illicit drug market?*
(n=16)
- ▶ “The government agency in charge of drug policy and addiction doesn’t belong to the Ministry of Health...instead of a health issue, substance use is viewed as something that affects use like an invasion” – Latin America



Legal and Policy Recommendations - I

- ▶ Legal protections for DCS organizations and service users with regards to suspected drug sample and DCS equipment possession, distribution, transport and mailing
 - ❖ Section 56 exemption in Canada – needs more timely processes and/or support for processes
- ▶ Funding and technical assistance for harm reduction organizations that offer DCS
 - ❖ E.g., create backbone orgs, institutionalize role of drug checking and drug checkers
- ▶ Workforce development opportunities for people with lived and living experience to work in service delivery

Legal and Policy Recommendations - II

- ▶ Funding and technical assistance for point-of-care instruments that are suitable for DCS
- ▶ Federal/regulatory warnings or bans on the selling and marketing of drug checking equipment that are falsely advertised, inaccurate, or perform suboptimally
- ▶ Public awareness campaign to educate policymakers, first responders and the public on harm reduction and DCS to de-stigmatize the services and service users
- ▶ Support safer drug supply initiatives

Research Needs

Health benefits of drug checking

Cost effectiveness of drug checking

Racial and gender equity in drug checking

Clinical implications of drug checking

Safer opioid and stimulant supplies

Impact of **drug policy and laws** on substance use service access and health

Thank you!

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Scan here to
access the drug
checking directory

Acknowledgements



BROWN

Harm Reduction Innovation Lab

Erin Thompson, MPH
Jessica Tardif, BA
Tom Walsh

COBRE on Opioids and Overdose and Rhode Island Hospital

Josiah D. Rich, MD, MPH
Traci C. Green, PhD, MSc
Michelle McKenzie, MPH
Rachel Serafinski, MPH
Merci Ujeneza, BS
Adina Badea, PhD
Christine Park, MFA

Johns Hopkins University

Javier Cepeda, PhD
Joseph G. Rosen, PhD

University of Victoria

Bruce Wallace, PhD
Jaime Arredondo Sanchez Lira, PhD

CCSA

Aisha Giwa, PhD
Maiah Capel

DCS and Harm Reduction Staff and Participants

Alliance for Collaborative Drug Checking, Canadian National Drug Checking Working Group

Massachusetts Drug Supply Data Stream (MADDS)

LAPPA Fentanyl Test Strip Model Law Committee

Funding

NIGMS
Health Canada



Canadian Centre
on Substance Use
and Addiction