BRITISH COLUMBIA CENTRE ON SUBSTANCE USE
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Interior Health

ANKORS

Drug Checking

Community drug checking in music festivals: Avenues for future research

Shambhala 2019 Report

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Table of Contents

Executive Summary

Community drug checking is a public health intervention that helps inform individuals about the composition of their substances to increase awareness, avoid unintended effects, and reduce harm. These services have been mainly directed towards people who use drugs (PWUD) recreationally, specifically in music festival settings. Recently, community drug checking has been included as a harm reduction tool to help address unregulated drug toxicity deaths in British Columbia (BC), expanding their availability in other settings, like overdose prevention sites (OPS) and community centers in the region.

Since 2003, The AIDS Network and Kootenay Outreach Support Society (ANKORS) has provided drug checking services at the Shambhala Music Festival in Salmo, BC. In recent years, ANKORS has operated services at the festival in cooperation with regional health authorities and academic institutions from BC, experimenting with new point-of-care technologies like the Fourier-transform Infrared Spectroscopy (FTIR), Fentanyl Test Strips (FTS) and confirmatory Gas Chromatograph/Mass Spectroscopy (GC/MS).

This document presents findings from the Shambhala 2019 Music Festival drug checking services and offers new avenues for substance use research in recreational settings. A sample-related survey was conducted for every drug checking service delivery, including information on the substance analyzed and the results, as well as any behaviour change after communicating the results. Also, an in-depth pilot survey designed by the BC Centre on Substance Use (BCCSU) was administered to 50 participants to identify socio-demographic characteristics of people who accessed the service, their drug use patterns and their reasons behind service utilization. Health Canada's Drug Analysis Service (DAS) laboratory provided confirmation testing on select samples.

During the event, 1,496 individuals brought 3,178 samples for analysis. Most of the individuals (67%) self-identified as being male. The most common expected substances were MDMA (38%), Ketamine (16%) and Cocaine (14%). Most samples (84%) were analyzed using FTIR. MDMA was the substance most identified with FTIR in the samples (46%). Several difficult-to-identify samples (n=87) were sent to Health Canada's DAS laboratory, and in most of the cases (74%), initial FTIR results were confirmed. Acquiring their substances at the festival was the most common choice (60%) among pilot survey respondents. The main reason behind bringing substances for analysis was predominantly wanting to confirm what their drug was (84%).

Three avenues for future research are highlighted in this document: 1) the possibility of enhancing the use of FTIR testing through training; 2) exploring longitudinal changes in the demographics of people accessing the service, and the composition of drugs in festival settings; and 3) understanding variations in drug composition and substance use behaviours due to COVID-19.

Background

In British Columbia (BC), illicit drug toxicity deaths hit an all-time high in 2021, with a 26% increase in 2020. Out of 2,224 deaths, 83% involved illicit fentanyl (1). In response to the toxic drug poisoning crisis, the province has increased their capacity for a range of harm reduction strategies, including the operation of supervised consumption and overdose prevention sites, naloxone distribution programs, as well as supporting community drug checking (2).

Community drug checking informs people about the contents of their substances to increase awareness, avoid unintended effects, and reduce harm. Drug checking services have operated since the 1990s in a variety of countries in Europe, the Americas, and Australia. Recreational drug use settings, like music festivals, have been the main target for the provision of these programs; however, drug checking has been recently adapted as a new tool to combat the overdose epidemic in North America (3). Drug checking services are often offered alongside other harm reduction services, such as supervised consumption, distribution of safer drug use and safer sex supplies, and assistance from health care and other support personnel. There are various technologies that can be employed in the provision of this service; a few of them have been adapted in BC. Specifically, the combination of Fourier-transform Infrared (FTIR) spectroscopy with fentanyl test strips (FTS) and benzodiazepine test strips, as well as confirmatory Gas Chromatography/Mass Spectroscopy (GC/MS), quantitative Nuclear Magnetic Resonance spectroscopy (qNMR), and Liquid Chromatography/Mass Spectroscopy (LC/MS), to detect substances such as fentanyl or benzodiazepines (3).

While evidence to support the direct effect of harm reduction-focused drug checking on addressing overdose is underway, some initial benefits have been documented. For example, access to these services can increase the likelihood of people discarding a substance if hazardous chemicals were present, or reducing dosage if the sample contained substances of increased potency (4). This intervention can also serve as a tool to monitor the unregulated drug market, and allow for early detection and warning systems of harmful substances (5).

In BC, the AIDS Network Kootenay Outreach and Support Society (ANKORS) has provided drug checking services annually at Shambhala Music Festival since 2003 and more recently at other locations within the Interior Health region (6). ANKORS has collaborated with institutions such as the BC Centre on Substance Use (BCCSU), regional health authorities, the University of Victoria (UVic), and the University of British Columbia (UBC), to conduct research and evaluation projects based out of their drug checking and harm reduction services at music festivals (7–9).

The latest festival took place in the summer of 2019. The 2020 and 2021 festivals were cancelled due to the emergence of the COVID-19 pandemic. During the last Shambhala festival, ANKORS, Interior Health, BCCSU, and UVic carried out a pilot study in a festival setting that collected information about people's substance-related data including, demographics, drug use behaviours, knowledge about drug checking services, and

experiences with access to health and harm reduction services, and Health Canada's Drug Analysis Service (DAS) laboratory provided confirmation testing on select samples. Shambhala, located in Salmo, BC, is six days long and hosts 18,000 attendees.

Objectives

The current report presents the information collected during Shambhala 2019 and seeks to showcase the composition of the drug supply in festival settings, presenting a comparison of the results obtained through several point-of-care technologies and the data from sub-samples analyzed by the DAS laboratory. The aim of this pilot survey is to characterize individuals accessing drug checking services, patterns of substance use before and during the festival, uptake of other harm reduction services, and identify knowledge gaps and possibilities for future research regarding ANKORS harm reduction services in BC music festivals.

Methodology

Data Collection

ANKORS operated harm reduction and drug checking services at the 2019 Shambhala Music Festival. As in prior years, a drug checking tent was set up where festival goers could have their substances analyzed and receive free information around substance use and other harm reduction strategies. Anonymous drug checking data was gathered through a printed intake form (Appendix 1) that contained sections regarding the expected substance, origin of the sample (i.e., onsite, offsite), tests conducted and results, intended behaviour change, service satisfaction, and consent to use data for research purposes. In addition, a paper-based pilot survey (Appendix 2) was administered to 50 eligible participants chosen randomly while they waited in the queue to access drug checking services. BCCSU research staff collected the survey data in a nearby private setting, and covered topics surrounding socio-demographic characteristics, drug use history (before and during the festival), access to harm reduction services and general questions on drug checking. Consent from all survey participants was obtained.

Point-of-care drug checking service

Available technologies for drug checking at Shambhala included FTIR spectroscopy, GC/MS, FTS, benzodiazepine test strips and Ehrlich reagent. BTNX-brand FTS were applied to most samples. Initially, if possible due to substance composition, samples were subjected to FTIR analysis employing a Bruker ALPHA II machine. The substances that were believed to be present in the sample were recorded; a maximum of five substance could be registered. In certain cases, if the FTIR result did not find a library match, GC/MS analysis using a Perkin Elmer Torion T-9 was employed as a form of on-site confirmatory testing. All samples for which GC/MS was employed were sub-sampled and sent to the DAS laboratory. Benzodiazepine test strips were only applied to those samples believed to contain substances

in that drug category, according to the intake forms. Ehrlich reagent testing was mainly used for registered lysergic acid diethylamide (LSD) blotters.

Health Canada's Drug Analysis Service Laboratory

Samples that proved difficult to identify on site were sub-sampled and sent to the DAS laboratory. These samples were analyzed by qNMR and GC/MS, both considered to be gold standard technologies for drug checking. qNMR provides a more precise method to analyze drug samples, allowing for the detection of compounds not initially identified through FTIR and provide more accurate quantification of sample contents. The majority of samples sent for confirmatory testing also underwent GC/MS analysis, uncovering new components or confirming qNMR and FTIR results.

Findings

During Shambhala 2019, a total of 3,178 samples were submitted to ANKORS' drug checking service. Consent for research was granted in 3,148 (99%) of them. The most used technology was FTIR with 2,650 (84%) tests, followed by FTS with 2,493 (79%) tests, Ehrlich reagent testing in 365 (12%) of samples, GC/MS in 75 (2%), and benzodiazepine test strips, with only 18 (1%) samples being analyzed with this method (Table 1).

Table 1. Type of test performed for consented samples (N=3,148)

	n	%
Fentanyl test strip testing	2,493	79
Ehrlich reagent testing	365	12
Benzodiazepine test strip testing	18	1
Spectroscopy testing		
FTIR testing	2,650	84
GCMS testing	75	2

Abbreviations: FTIR – Fourier-transform infrared spectroscopy; GCMS – gas chromatography/mass spectrometry.

Among unique individuals who submitted samples (n = 1,492), 1,001 (67%) self-identified as male, 477 (32%) as female, 12 (1%) as non-binary, and <1% as transgender. Prior experience with drug checking was reported by 586 (39%) of the participants. The majority (1,496; 96%) were checking substances for themselves, 873 (59%) were checking substances for friends, 3 for their clients (buyers), and 54 (4%) reported checking substances for others (Table 2).

Table 2. Demographics and characteristics of individuals by drug checking events (N=1,492)

Characteristic	Drug checking events	
	n	%
Gender		
Male	1,001	67
Female	477	32
Unknown	13	1
Non-Binary	12	1
Transgender	4	<1
Previous drug checking experience		
Yes	586	39
At Shambhala 2019*	154	10
Checking for		
Self	1,433	96
Friends	873	59
Others	54	4
Clients	3	<1

*Denominator is those with previous drug checking experience.

Note: events can include multiple genders present (either due to individuals identifying as multiple genders or due to groups of people testing as one event) and include checking for more than one type of person (e.g., for self and for friends)

The most common expected substance to be checked was MDMA with 1,208 (38%) samples, followed by ketamine (506; 16%), cocaine (442; 14%), LSD (398; 13%), MDA (168; 5%), and lastly, methamphetamine (13; <1%). A total of 219 (7%) samples were unknown, and in 176 (6%) of the cases, it was reported as "other" (Table 3). All FTS (2,493) results were negative, 96% (350) of Ehrlich results were positive and 16 (89%) benzodiazepine test strips were positive. In 2,287 (73%) samples, individuals were not surprised by the results; however, in 664 (21%) cases, people's expectations did not match their result.

Table 3. Samples submitted for drug checking (expected drug) (N = 3,148)

Expected Drug	Samples	
	n	%
MDMA	1,208	38
Ketamine	506	16
Cocaine	442	14
LSD	398	13
Unknown	219	7
Other	176	6
MDA	168	5
Methamphetamine	13	<1

Abbreviations: MDMA / MDA – methylenedioxyamphetamine; LSD – lysergic acid diethylamide.

Note: The spectroscopy test results considered include the top four substances present in each sample.

MDMA was identified by FTIR in 1,218 (46%) samples, almost matching what was expected to be present prior to analysis. Ketamine was identified in more samples than expected, being picked up in 595 (22%) samples. Cocaine samples had similar results and were identified more times than what clients believed, with the drug appearing in 486 (18%) of samples. LSD was identified only in 3 samples employing the FTIR due to the technology's limitations in detecting blotter-bound compounds.

Table 4. Drug checking results from FTIR analysis (N = 2,650)

Identified substance	Any result	
	n	%
MDMA	1,218	46
Other	742	28
Ketamine	595	22
Cocaine	486	18
MDA	203	8
No match	193	7
Methamphetamine	20	1
LSD	3	<1

Abbreviations: MDMA / MDA – methylenedioxyamphetamine; LSD – lysergic acid diethylamide.

Note: Percentages can add to more than 100% as samples can test positive for multiple substances. The spectroscopy test results considered include the top four substances present in each sample.

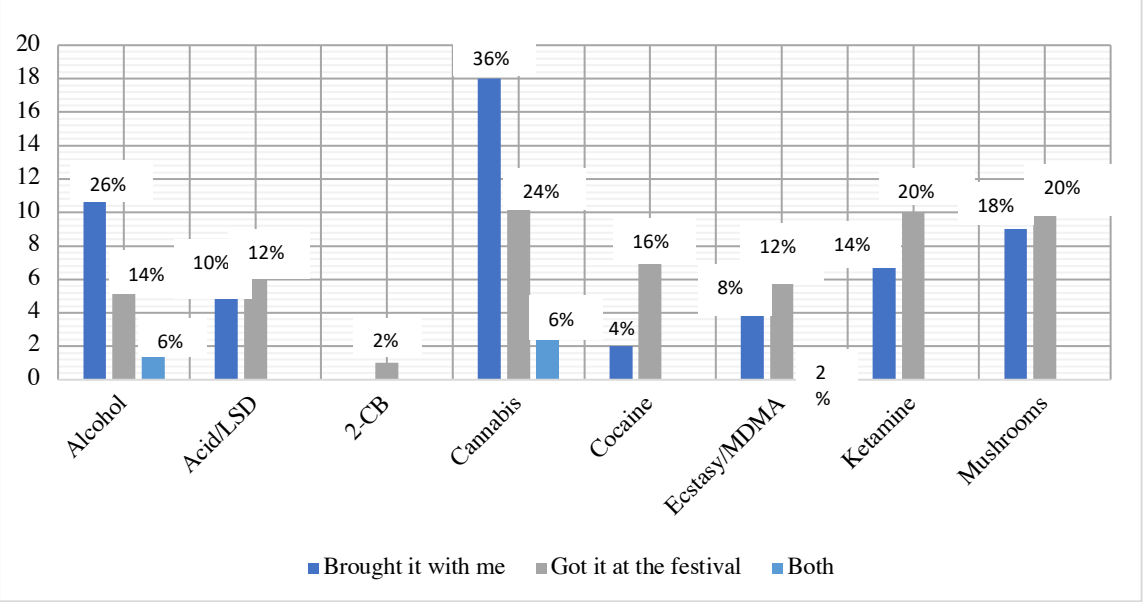
Lastly, 87 (3%) difficult-to-identify samples were sub-sampled and sent to Health Canada's DAS laboratory. Only 3 of the 87 samples could not be identified with any technology and were likely suspected to be organic matter or household substances (e.g., starch, nuts). For

64 (74%) of these samples, quantification results from qNMR data from DAS matched initial-identification FTIR analysis, confirming the presence of the expected substance. Among substances for which qNMR results did not match FTIR results, we found rare psychedelics such as 5-MeO-MiPT, 4-HO-MET, and dissociative 3-MeO-PCP. The rest of the unmatched samples identified by qNMR were cocaine, ketamine, methamphetamine, MDA and MDMA.

Pilot Survey Evaluation Data

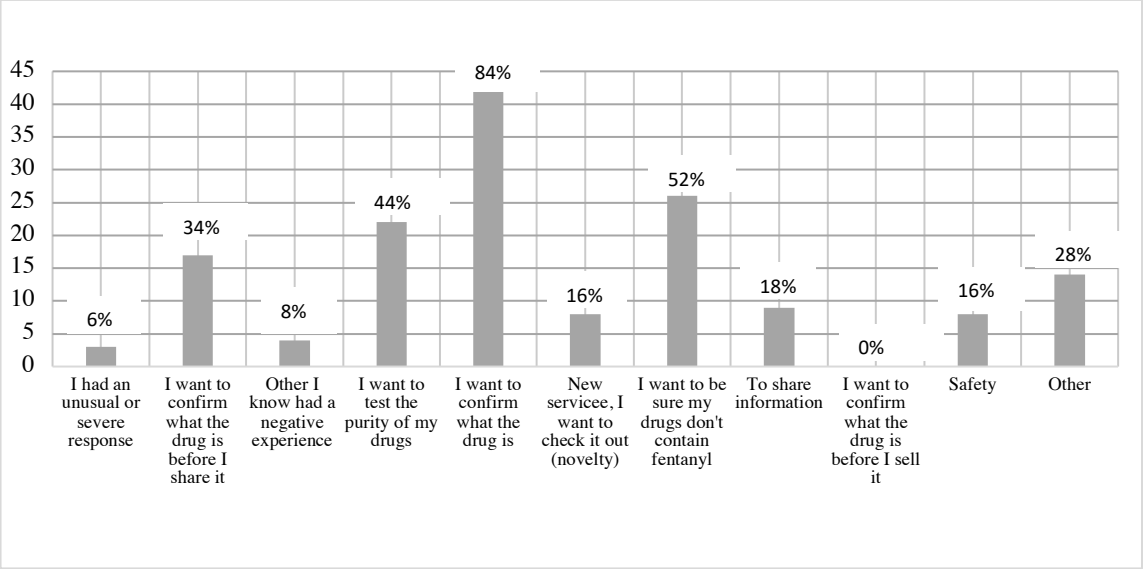
Data collected through the in-depth survey (see Appendix 2) was categorized and visualized in figures to help in the development of future instruments. Only a few responses relevant to the objectives of this document are presented below. For over half of the respondents (52%), this was their first Shambhala festival experience. Around 40% of people who accessed the service had some experience with these services prior to attending the festival. Almost 90% of them had not used the drug checking service at this edition when surveyed. When asked about the origin of their substances, we found that most individuals (60%) chose to acquire them at the festival, with only cannabis and alcohol brought mostly from outside of the festival (Figure 1). It is worth noting that alcohol is not for sale or distribution on the Shambhala site.

Figure 1. Where did you acquire the substances you plan to consume?



Some of the reasons to use drug checking reported by the individuals included wanting to confirm their drug expectation (84%), wanting to make sure their substance was free of fentanyl (52%), testing the purity of substances (44%), and wanting to confirm what the drug was before they shared it (34%). More than one option could be selected (Figure 2).

Figure 2. Why are you testing your drugs today?



Future Research Avenues

Can the use of FTIR testing be enhanced with training?

FTIR spectroscopy results are subject to interpretation, as technicians must identify mixture components manually using the *OPUS* software (10). One research opportunity could be to focus on assessing the relationship between hours of technician FTIR training and the matching of samples sent to confirmatory testing.

Initial results seem to indicate that most substances that were detected in samples through on-site FTIR tools, were later confirmed by qNMR and GC/MS at DAS (74% accuracy). It is reasonable to hypothesize that improving technician training could diminish the need for confirmatory testing. Additional training could not only alleviate Health Canada DAS's workload, but more importantly, improve result accuracy at festival settings, minimizing potential harm from the misidentification of substances. However, due to inherent FTIR limitations, such as detection thresholds and the emergence of novel substances, DAS or other types of confirmatory testing is still required.

Avenues for future drug checking research:

- Can the need for confirmatory analysis be reduced by improving staff training on the use of FTIR?
- Are FTIR capabilities to accurately detect substances directly proportional to staff's training duration?

- Do different training and shadowing strategies differ in efficacy?

Changes in the demographics and composition of drugs in festival settings

In 2013, ANKORS conducted 182 questionnaires at Shambhala. The data allowed the characterization of the population that accessed harm reduction services, including drug checking. This study followed a survey conducted in 2009 and replicated information around substance use patterns, socio-demographic items (e.g., age, gender, education, etc.), and access to other harm reduction services. A follow-up study during a future Shambhala event could provide insight on the changes that occurred during this decade and help adapt drug checking and harm reduction services to a new generation of festival attendees.

Avenues for future drug checking research:

- How do we approach risk management in polysubstance use?
- Do harm reduction and prevention measures affect the need for medical assistance at the festival?
- Do people who use drugs recreationally and convene at these spaces bring harm reduction knowledge back to their communities?

Changes in drug composition and use behaviours due to COVID-19

As British Columbia and other places around the world are loosening COVID-19 restrictions, there is a growing need to understand the changes in behaviours and drug use patterns among PWUD recreationally, who attend electronic music festivals. This knowledge could provide avenues to engage in risk reduction among the community. Drug markets, drug use behaviours, and mental health have been some of the areas where COVID-19 and mitigating measures have been documented to mediate harm for people who use drugs (11–13).

Avenues for future drug checking research:

- Does the data reflect changes in drug use behaviours before and after COVID-19?
- Similar to the opioid market, have changes in the composition of other groups of substances (e.g., psychedelics, stimulants), taken place during the COVID-19 pandemic?
- How do vaccination rates and other COVID-19 risk reduction measures among festival attendees compare to the general population?

Limitations

The data captured by this analysis might not be fully representative of all those who attended the festival, particularly of those attendees who chose to not use the services. We also cannot assure that all the responses of the survey are free of recall and social desirability bias. Finally, individual drug checking results may be affected by the differences in experience and training between volunteer drug technicians.

Conclusion

Community drug checking services offer people an additional harm reduction tool with many public health benefits. These include informing people who access drug checking services on the composition of their psychoactive substances, monitoring the unregulated drug market, allowing early warning systems, creating a connection between sometimes invisible and stigmatized populations, and access to health interventions and safer drug use practices. ANKORS long-standing relationship with Shambhala and the broader music festival community allowed for great opportunities to develop research projects that aimed to identify needs and paths to improvement in services. Moreover, the precedence of robust longstanding research makes the setting very adequate for follow up studies that build on the work of researchers and community advocates.

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Appendix 1

Date: dd / mm / 2019 Unique code: 5037

Shambhala 2019 Substance Testing Survey

Background *(to be completed by participant in line)*

Do you provide consent for research? ☐ Yes ☐ No

*(If "No", only collect data about substance **belief** and **type** and any **test results**)*

Have you used the service before? ☐ Yes ☐ No ☐ Unknown

If **"Yes"**, have you visited during this festival (Shambhala 2019)? ☐ Yes ☐ No

What is your gender? *(Select all that apply)*

☐ Female ☐ Male ☐ Non-binary ☐ Trans ☐ Unknown

What substance do you believe you have?

(Select all that apply)	Sample 1	Sample 2	Sample 3
MDMA	☐	☐	☐
MDA	☐	☐	☐
Ketamine	☐	☐	☐
Cocaine	☐	☐	☐
Methamphetamine	☐	☐	☐
LSD	☐	☐	☐
Unknown	☐	☐	☐
Other	☐	☐	☐
If **"Other"** what?	xxxxxxxx	xxxxxxxx	xxxxxxxx

What type of substance is being tested?

	Sample 1	Sample 2	Sample 3
Powder	☐	☐	☐
Crystal	☐	☐	☐
Blotter	☐	☐	☐
Press Tab	☐	☐	☐
Liquid	☐	☐	☐
Gummy	☐	☐	☐
Other	☐	☐	☐
If **"Other"** what?	xxxxxxxx	xxxxxxxx	xxxxxxxx
Colour:	xxxxxxxx	xxxxxxxx	xxxxxxxx

Who are you testing for? *(Select all that apply)*

☐ Self ☐ Friends → If **"Friends"**, how many? ☐ Clients

☐ Other If **"Other"**, who? ☐ Unknown

Where is the substance from? *(Select one)*

Sample 1	☐ Onsite	☐ Offsite	☐ Online	☐ Ground find	☐ Medical	☐ Security
Sample 2	☐ Onsite	☐ Offsite	☐ Online	☐ Ground find	☐ Medical	☐ Security
Sample 3	☐ Onsite	☐ Offsite	☐ Online	☐ Ground find	☐ Medical	☐ Security

LSD Test *(to be completed by technician/volunteer)*

Sample 1 Ehrlich results	☐ Positive	☐ Negative	☐ Indeterminate	☐ Not conducted
Sample 2 Ehrlich results	☐ Positive	☐ Negative	☐ Indeterminate	☐ Not conducted
Sample 3 Ehrlich results	☐ Positive	☐ Negative	☐ Indeterminate	☐ Not conducted

Comments:

Benzodiazepines Test Strips *(to be completed by technician/volunteer)*

Sample 1 results	☐ Positive	☐ Negative	☐ Indeterminate	☐ Not conducted
Sample 2 results	☐ Positive	☐ Negative	☐ Indeterminate	☐ Not conducted
Sample 3 results	☐ Positive	☐ Negative	☐ Indeterminate	☐ Not conducted

Comments

Note: Dot shading, multiple x's or multiple #'s indicate areas where you can write answers.

Fentanyl Test Strips ***(to be completed by technician/volunteer)***

Sample 1 results	☐ Positive	☐ Negative	☐ Indeterminate	☐ Not conducted
Sample 2 results	☐ Positive	☐ Negative	☐ Indeterminate	☐ Not conducted
Sample 3 results	☐ Positive	☐ Negative	☐ Indeterminate	☐ Not conducted

Comments:

Spectroscopy ***(to be completed by technician/volunteer)***

Was FTIR testing completed? ☐ Yes ☐ No

Technician initials xxx

Machine number ####

Results:	1st	2nd	3rd	4th
Sample 1	##	##	##	##
Sample 2	##	##	##	##
Sample 3	##	##	##	##

Comments: *(If "7" selected above, please note what it was and the sample #)*

Was GC-MS testing completed? ☐ Yes ☐ No

Technician initials xxx

Machine number ###

Results:	1st	2nd	3rd	4th	5th	6th
Sample 1	##	##	##	##	##	##
Sample 2	##	##	##	##	##	##
Sample 3	##	##	##	##	##	##

Number of peaks ##########

Number resolved ##########

Comments: *(If "7" selected above, please note what it was and the sample #)*

Spectroscopy Key

Please use the below key for all spectroscopy results

1. MDMA
2. MDA
3. Ketamine
4. Cocaine
5. Methamphetamine
6. LSD
7. Other
8. No match

Post Test Questions ***(to be completed by participant after drug checking is completed)***

Were you surprised by the result?

Sample 1	Sample 2	Sample 3
☐ Yes	☐ Yes	☐ Yes
☐ No	☐ No	☐ No

If "Yes", what surprised you?

Are you satisfied with this service?

☐ Yes ☐ No

How would you improve this service?

Based on the result, what will you do with your drug?

(Select all that apply)	Sample 1	Sample 2	Sample 3
Take as intended	☐	☐	☐
Take more	☐	☐	☐
Take less	☐	☐	☐
Dispose of the drug	☐	☐	☐
Use with a friend	☐	☐	☐
Change how you take this drug	☐	☐	☐
Take naloxone training	☐	☐	☐
Other	☐	☐	☐
If **"Other"** what?	xxxxxxxx	xxxxxxxx	xxxxxxxx

For Completion By Harm Reduction Volunteer

Did the participant discard the substance? ☐ Yes ☐ No ☐ Unknown

Please review form and make sure all fields are as completed as possible **Initials:** xx

Comments:

Note: Dot shading, multiple x's or multiple #'s indicate areas where you can write answers.

Appendix 2

British Columbia Centre on Substance Use

Drug Checking Questionnaire For Festivals

Participant #:_____

Interviewer:_____ **Interviewer's Signature:** _____

Date of Interview:_____ **Location**: _____

READ:

*Thank you for coming in today and contributing to this study. As we go through the interview together, please keep in mind that there are **no wrong answers**. It's very important that you answer as honestly as you can. We rely on your information to **help create positive change** for people who use drugs.*

*We realize some of these questions are sensitive. If you do not want to answer a question, just let me know and we will move on. It is better for you to **refuse to answer** a question than to give a false answer. False answers affect the quality of our data and limit our ability to advocate for positive change.*

*We take your **privacy very seriously**. All the information that you provide will only be kept between you and me. We never report any individual information.*

*If there are any questions you don't understand, please stop me and **ask for clarification**. The interview takes about 30 minutes to complete. If you need a break, let me know and we can stop for a short rest before we finish the interview.*

Any question may be answered as:

D	R	N
Don't know	Refused	Not applicable

A: DRUG CHECKING

A1. Is this your **first time** at this festival?

☐ No, I have been to this festival _____ times (including this time)

☐ Yes

A2. How many **days** have you been at this festival so far this year? _____ (including today)

A3. Have you used the service before?

☐ Yes ☐ No ***(SKIP to A5)*** ☐ Unknown

A4. If **Yes**, have you visited during this festival?

☐ Yes ☐ No

A5. Who are you primarily testing for?

☐ Self ☐ Friends, How many _____

☐ Clients / people I plan to sell to ☐ Anyone I share my drugs with

☐ Other ***Who?***_____

A6. Did you test drugs before use or after you use drugs?

☐ Before ☐ After ☐ Both

A7. Why are you getting your drugs checked today? ***(Check all that apply)***

☐	I had an unusual or severe response	☐	I want to confirm what the drug is before I share it
☐	Others I know had a negative experience	☐	I want to test the level of purity of my drugs
☐	I want to confirm what the drug is	☐	New service – want to check it out (novelty)
☐	I want to be sure my drugs don't contain fentanyl	☐	To share information
☐	I want to confirm what the drug is before I sell it	☐	Other ***(specify)***

POST DRUG CHECK QUESTIONS:

A8. Did you understand the technician told you about the results?

☐ Yes ***(SKIP to A10)*** ☐ No

A9. If No, what was unclear? _____

A10. Did you understand the limitations of the drug checking machine?

☐ Yes ☐ No

A11. If No, what was unclear? _____

A12. Did do you have difficulties with the service?

☐ Yes ☐ No ***(SKIP to SECTION B)***

A13. If yes, What did you find difficult?

☐ Hours are inconvenient ☐ I don't receive enough information

☐ Location is inconvenient ☐ Waited too long for results

☐ Service is not accessible ☐ Speed of service

☐ Accuracy of the technology ☐ Information on percentages of sample components

☐ Staff are rude to me ☐ Other specify: _____

B: SUBSTANCE USE

B1. What substances have you used?

Substance	*Ever Used*	*Used IN THE PAST 6 MONTHS?*	*How often have you used this drug in last 6 months? Options: Several times per day (1), once per day (2), 2-3 times per week (3), once per week (4), less than once per week (5)*	*Used AT THIS FESTIVAL*	*Used IN THE LAST 24 HRS*	*IF USED AT THIS FESTIVAL did you: BRING IT with you, GET IT here, or BOTH?*
Alcohol	Yes No	Yes No	1 2 3 4 5	Yes No	Yes No	Bring it Got here
2C-B, 2C-1, 2CT-7, or other	Yes No	Yes No	1 2 3 4 5	Yes No	Yes No	Bring it Got here
2C- Like substances	Yes No	Yes No	1 2 3 4 5	Yes No	Yes No	Bring it Got here
Acid/LSD	Yes No	Yes No	1 2 3 4 5	Yes No	Yes No	Bring it Got here
Amphetamines/ Speed	Yes No	Yes No	1 2 3 4 5	Yes No	Yes No	Bring it Got here
(EXCL Dexedrine, see below)	Yes No	Yes No	1 2 3 4 5	Yes No	Yes No	Bring it Got here
"Bath Salts"	Yes No	Yes No	1 2 3 4 5	Yes No	Yes No	Bring it Got here
Benzos (eg. Ativan)	Yes No	Yes No	1 2 3 4 5	Yes No	Yes No	Bring it Got here
BZP or other Piperazines	Yes No	Yes No	1 2 3 4 5	Yes No	Yes No	Bring it Got here
Cannabis: Marijuana	Yes No	Yes No	1 2 3 4 5	Yes No	Yes No	Bring it Got here
Cannabis : (Bubble) Hash/oil	Yes No	Yes No	1 2 3 4 5	Yes No	Yes No	Bring it Got here
Cocaine Powder	Yes No	Yes No	1 2 3 4 5	Yes No	Yes No	Bring it Got here
Crack cocaine ("Rock")	Yes No	Yes No	1 2 3 4 5	Yes No	Yes No	Bring it Got here
Crystal Meth	Yes No	Yes No	1 2 3 4 5	Yes No	Yes No	Bring it Got here
Dexedrine On Rx	Yes No	Yes No	1 2 3 4 5	Yes No	Yes No	Bring it Got here
DMT	Yes No	Yes No	1 2 3 4 5	Yes No	Yes No	Bring it Got here
DXM (Cough Medicine)	Yes No	Yes No	1 2 3 4 5	Yes No	Yes No	Bring it Got here
Ecstasy or MDMA	Yes No	Yes No	1 2 3 4 5	Yes No	Yes No	Bring it Got here
Foxxy (5-MEO-DIPT)	Yes No	Yes No	1 2 3 4 5	Yes No	Yes No	Bring it Got here
GHB (Incl. GBL & BD)	Yes No	Yes No	1 2 3 4 5	Yes No	Yes No	Bring it Got here
Heroin	Yes No	Yes No	1 2 3 4 5	Yes No	Yes No	Bring it Got here
Ketamine (Special K)	Yes No	Yes No	1 2 3 4 5	Yes No	Yes No	Bring it Got here
Magic Mushrooms	Yes No	Yes No	1 2 3 4 5	Yes No	Yes No	Bring it Got here
Methadone On Rx	Yes No	Yes No	1 2 3 4 5	Yes No	Yes No	Bring it Got here
Nitrous Oxide (Laughing Gas)	Yes No	Yes No	1 2 3 4 5	Yes No	Yes No	Bring it Got here
PCP (Angel's Dust)	Yes No	Yes No	1 2 3 4 5	Yes No	Yes No	Bring it Got here
Poppers (Amyl Nitrite)	Yes No	Yes No	1 2 3 4 5	Yes No	Yes No	Bring it Got here
Ritalin/Adderall/ Other ADHD Drugs On Rx	Yes No	Yes No	1 2 3 4 5	Yes No	Yes No	Bring it Got here
Salvia	Yes No	Yes No	1 2 3 4 5	Yes No	Yes No	Bring it Got here
Solvents/Glue	Yes No	Yes No	1 2 3 4 5	Yes No	Yes No	Bring it Got here
Steroids On Rx	Yes No	Yes No	1 2 3 4 5	Yes No	Yes No	Bring it Got here
Tobacco (all kinds)	Yes No	Yes No	1 2 3 4 5	Yes No	Yes No	Bring it Got here
Other drug: ***Specify*** _____	Yes No	Yes No	1 2 3 4 5	Yes No	Yes No	Bring it Got here
Other drug: ***Specify*** :_____	Yes No	Yes No	1 2 3 4 5	Yes No	Yes No	Bring it Got here

B2. Have you used drugs that you knew or know believe to contain Fentanyl **at this event**?

☐ Yes ☐ No ☐ Unknown

C: DEMOGRAPHICS

C1. What is your age? _____(years)

C2. How would you identify your ethnicity? ***(No need to specify)***

At all *(Check all that apply)*	*(Do NOT read out list.)*
☐	Black ***Specify:*** _____
☐	Caucasian / White
☐	East Asian (e.g., Vietnamese, Japanese, Chinese)***Specify:*** _____
☐	First Nations / Métis / Inuit ***Specify:*** _____
☐	Latin American ***Specify:*** _____
☐	Middle Eastern ***Specify:*** _____
☐	South Asian (e.g., Indian, Pakistani) ***Specify:*** _____
☐	Other ***Specify:*** _____

C3. What is your highest level of education so far? ***(Check one only. Probe for recall.)***

☐ Not completed High School
☐ Completed High School/GED
☐ Currently doing Undergraduate university/ college/ technical diploma
☐ Completed Undergraduate university/ college/ technical diploma
☐ Currently doing Graduate university/ college/ technical diploma
☐ Completed Graduate university/ college/ technical diploma
☐ Other: _____

C4. During the **last 6 months**, what have been your sources of income? ***(Check all that apply)***

☐	Permanent job
☐	Temporary employment
☐	Self-employed
☐	Government Assistance
☐	Parent, friend, partner, relative
☐	Other, specify:

C5. What city/town and province/state do you live in? (If between places or on the move then enter the place where you last lived)

City/ Town: _____ Province/State:_____

C6. How do you describe your sexual orientation? ***(Check all that apply)***

☐ Straight
☐ Queer
☐ Bisexual
☐ Prefer not to disclose
☐ Gay or lesbian
☐ Two-spirited
☐ Unsure/Questioning

A8. What kind of partnership are you in **right now**?

☐ In a partnership
☐ Single
☐ Other, ***specify:*** _____

D: NEGATIVE EXPERIENCES

D1. Have you **ever** had an unexpected negative reaction from using drugs?

☐ Yes ☐ No ***(SKIP TO SECTION E)*** ☐ Not sure

D2. If **Yes,** what did you experience? ***(Check all that apply)***

☐ Overheating ☐ Blue lips or fingers ☐ Lost Consciousness/Blacked out
☐ Seizures ☐ Hard time breathing ☐ Violent or aggressive behavior
☐ Paranoia ☐ Inability to talk ☐ Muscle rigidity
☐ Elevated breathing ☐ Uncoordinated movements ☐ Stopped breathing was given Oxygen
☐ Irregular heart beat (ei. Rapid, slow, palpitations)
☐ Other ***Specify:***_____ ☐ Can't remember

D3. When is the last time you experienced an unexpected negative reaction from using drugs?

☐ Today or yesterday ☐ In the last week ☐ In the last month
☐ More than a month ago ☐ More than 3 months ago ☐ More than 6 months ago
☐ I don't know ***(SKIP TO SECTION E)***

D4. When did you last have a negative experience and what drug(s) were you taking?

Substance		How did you use this drug? ***(Select all that apply)*** **Options**: inject (1), inhale (2), snort (3), ingest (4), Other (5): ***Specify*** _____				
Alcohol		1	2	3	4	5
2C-B, 2C-1, 2CT-7, or other		1	2	3	4	5
2C- Like substances		1	2	3	4	5
Acid/LSD		1	2	3	4	5
Amphetamines/ Speed		1	2	3	4	5
(EXCL Dexedrine, see below)		1	2	3	4	5
"Bath Salts"		1	2	3	4	5
Benzos (eg. Ativan)		1	2	3	4	5
BZP or other Piperazines		1	2	3	4	5
Cannabis: Marijuana		1	2	3	4	5
Cannabis : (Bubble) Hash/oil		1	2	3	4	5
Cocaine Powder		1	2	3	4	5
Crack cocaine ("Rock")		1	2	3	4	5
Crystal Meth		1	2	3	4	5
Dexedrine	On Rx	1	2	3	4	5
DMT		1	2	3	4	5
DXM (Cough Medicine)		1	2	3	4	5
Ecstasy or MDMA		1	2	3	4	5
Foxxy (5-MEO-DIPT)		1	2	3	4	5
GHB (Incl. GBL & BD)		1	2	3	4	5
Heroin		1	2	3	4	5
Ketamine (Special K)		1	2	3	4	5
Magic Mushrooms		1	2	3	4	5
Methadone	On Rx	1	2	3	4	5
Nitrous Oxide (Laughing Gas)		1	2	3	4	5
PCP (Angel's Dust)		1	2	3	4	5
Poppers (Amyl Nitrite)		1	2	3	4	5
Ritalin/Adderall/ Other ADHD Drugs	On Rx	1	2	3	4	5
Salvia		1	2	3	4	5
Solvents/Glue		1	2	3	4	5
Steroids	On Rx	1	2	3	4	5
Tobacco (all kinds)		1	2	3	4	5
Other drug: ***Specify*** _____		1	2	3	4	5
Other drug: ***Specify*** :_____		1	2	3	4	5

E: SERVICES

E1. Have you visited or used any other harm reduction services at this festival?
☐ Yes ☐ No (SKIP

E2. If Yes. What other services? ***(Check all that apply)***

	At this Festival	
First Aid	☐ Yes	☐ No
Sanctuary	☐ Yes	☐ No
Women's Space	☐ Yes	☐ No
Safe Supplies	☐ Yes	☐ No
Safer sex supplies	☐ Yes	☐ No
Safe Space	☐ Yes	☐ No
Ask ANKORS	☐ Yes	☐ No
Other ***specify:*** _____	☐ Yes	☐ No

Thanks for answering all those questions! How was the interview for you today? [Discuss.]

****

INTERVIEWER: How would you rate the overall quality of the interview?

High	Medium	Low	Very low
☐	☐	☐	☐

Notes: