

***The Alberta Alliance Who  
Educate And Advocate  
Responsibility***

# **MOBILIZED DRUG CHECKING**

**AAWEAR**

**Christine Nanteza, Director of Programs**  
**Shelby Suazo, LPN, Drug Checking Program Manager**



# PROGRAM DEVELOPMENT

**2019 -2020**

Covid 19 impact

**11,562 unique outreach  
engagements across Alberta  
by mid-2020, 185% increase  
from 2019**

**60% reported  
hospitalization due to drug  
poisoning within past 12  
months**

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# **PROGRAM DEVELOPMENT**

**2021-2022**

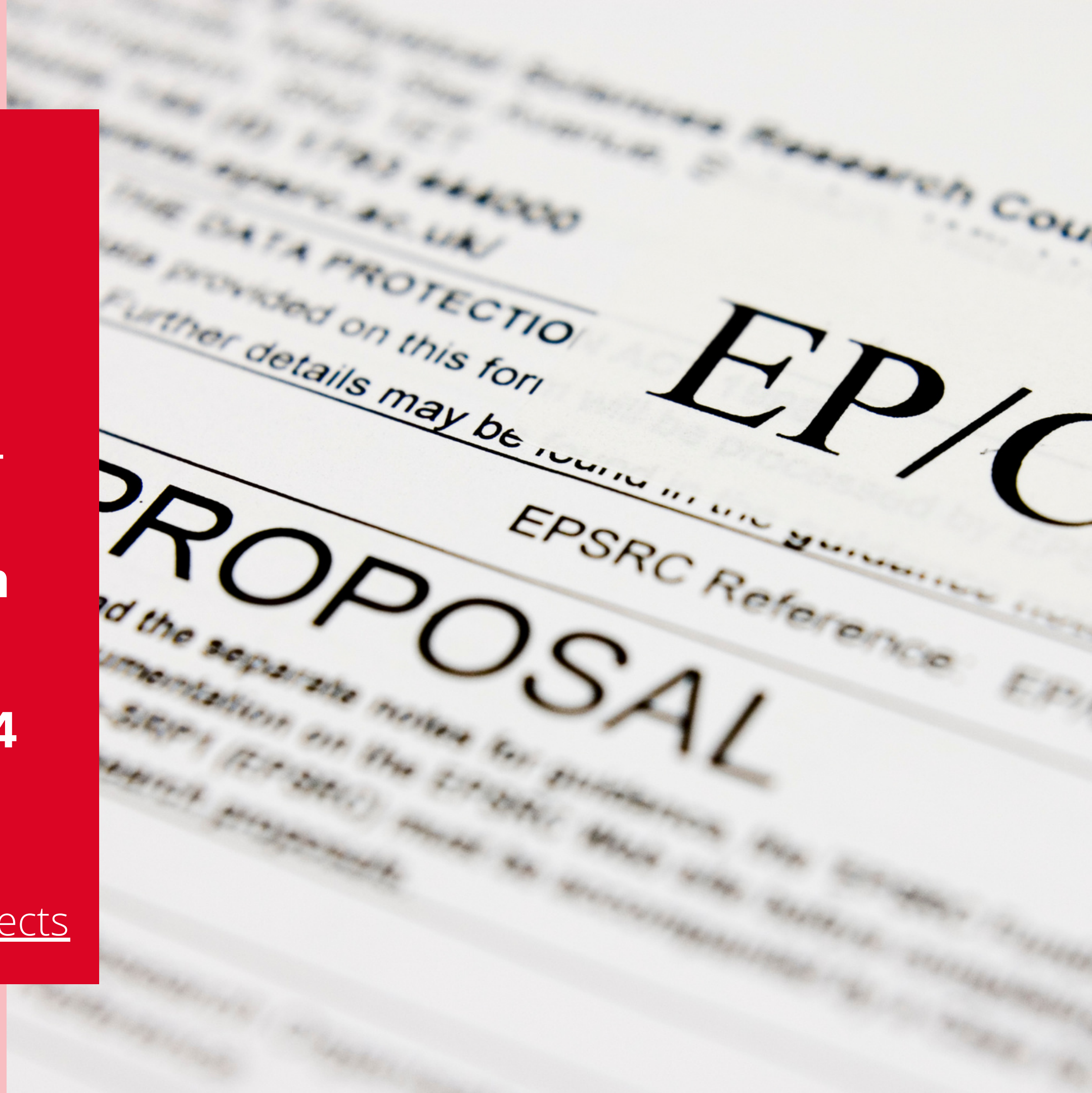
Project proposal & approval

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**Health Canada's Substance  
Use and Addictions Program  
\$672,288**

**August 2022 - January 2024  
Multiple substances  
Calgary, Alberta**

Government of Canada, SUAP, Active projects



## **University of Alberta**

Ginetta Salvaggio

Elaine Hyshka

## **Alberta Health Services**

Claire O'Gorman

## **Alberta Precision Labs**

Penny Colbourne

## **Beltline BIA**

Adrian Ucher

## **University of Calgary**

Peter James Falcchini

Rebecca Hains-Saah

## **Town of Cochrane**

Kevin Blanchette

## **EACH + EVERY**

Euan Thompson

## **City of Edmonton**

Chelsey Anseeuw

Emily Lennon

## **GRIP**

Roxanne Hallal

## **Habitus Collective**

Lisa Elford

Erika Lemon

## **Moms Stop the Harm**

Jeremy Kalicum

## **SafeLink Alberta**

Katie Ayres

## **TOMS**

Emile Roberge

## **University of Toronto**

Karen McDonald

## **Substance UVic**

Dennis Hore

Bruce Wallace

# AAWEAR

Support • Education • Action

# PROGRAM DEVELOPMENT

**2022-2023**

Advisory committee

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# PROGRAM DEVELOPMENT

**2022-2023**

Exemption - Urgent Public Health  
Need Sites (UPHNS)

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- **DC Code of Conduct**
- **Hours of Operation**
- **Locations**
- **Technology**
- **Processes for handling, transfer analysis and disposal**
- **Incident response protocols**
- **Training**

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## ***CODE OF CONDUCT***

- No violence, vandalism, weapons, or gang colours.
- No buying or selling substances or services in or around The Van by 150 feet.
- No consumption or use of substances inside the Van, or in the intake/greeting area.
- Show respect towards yourself and others - those using racist, homophobic, transphobic, ableist, classist, or discriminatory or intentionally harmful language, or intentionally engaging in harmful or disrespectful behaviour, will be asked to leave for the day.
- For your safety, and the safety of others, bring only a small amount of the substance(s) that you wish to test.
- If you witness someone in distress, please connect with an AAWEAR team member immediately, and call 911 if necessary.



# PROGRAM DEVELOPMENT

2022-2023

Partnerships

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BRITISH COLUMBIA  
CENTRE ON  
**SUBSTANCE USE**

ANKORS

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Health  
Canada

Substance Use and Addictions Program



**INDIGO**  
Harm Reduction



**SHAMBHALA**  
MUSIC FESTIVAL



# SCHEDULE & LOGISTICS

Having four staff on shift has proven to be the safest way forward.

*The roles include:* one technical lead, one harm reduction worker and two outreach workers. All staff are trained in peer navigation and outreach. More in depth training is provided through BCCSU and is mandatory for anyone doing analyses using the FT-IR spectrometer.

**TUESDAY**

**12-8**

**THURSDAY**

**12-8**

**SATURDAY**

**12-8**

**Our goal is to have stable service locations for those who are not able to access the internet. We are aiming to reach everyone along the spectrum of substance use has access to the service.**



# TECHNOLOGY

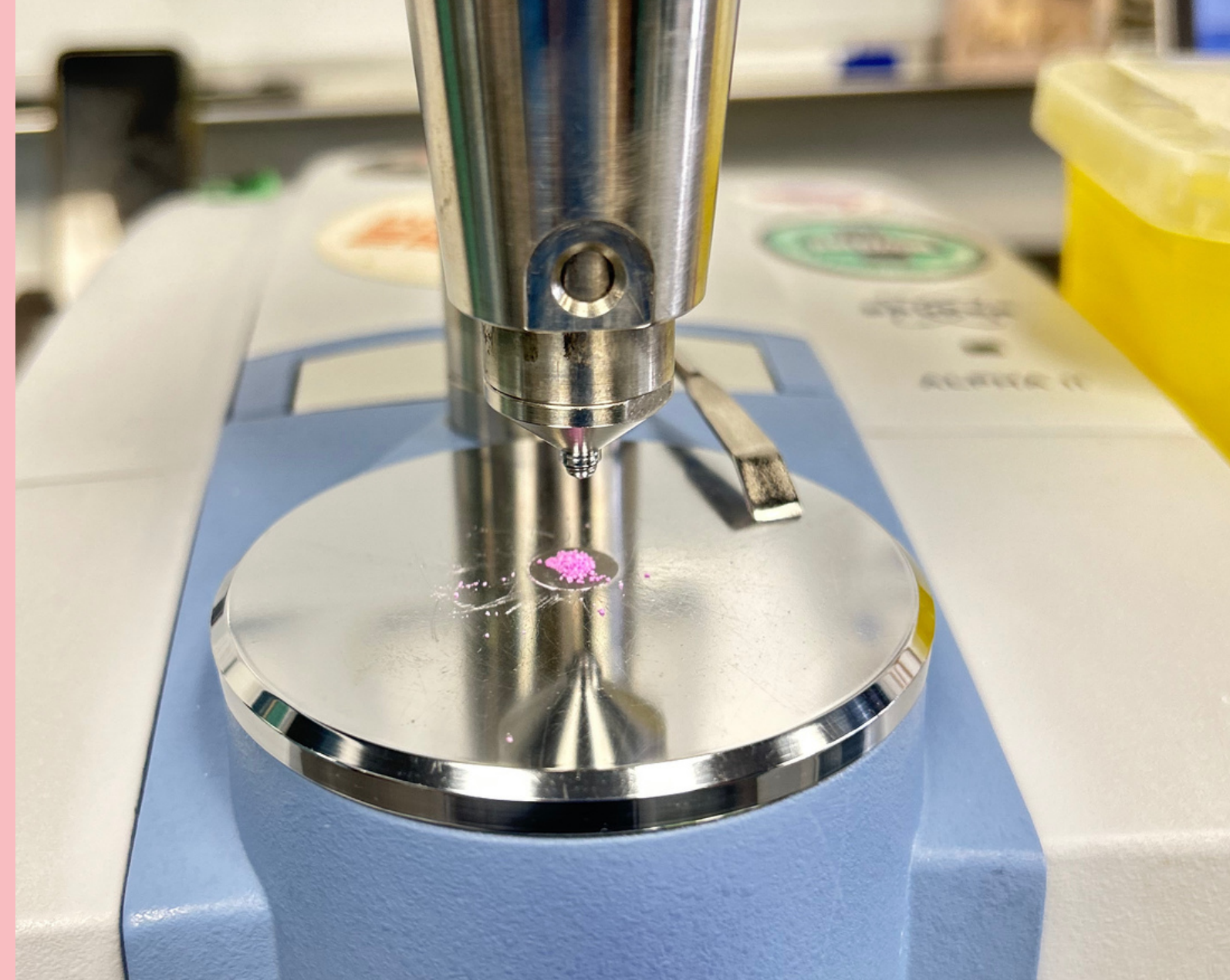
Immunoassay strips use antibodies to detect the presence of a drug

Fentanyl, Benzodiazepine and Xylazine

Bruker Alpha 11 FT-IR

Fourier Transform Infrared Spectroscopy

The FTIR has a detection limit of 3-5%



01

**Immunoassay  
strips**

02

**FT-IR**

03

**Training**



# | COMMUNITY ENGAGEMENT

## Dissemination of information

Why this approach?

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- Furthest reach of the message
- Target messaging for best uptake
- Receive more representative feedback from diverse groups
- Informs our strategy and risk management

## Approach

**Combination** of virtual and in-person delivery of information

**Methods:** social media, website, committee meetings, surveys and interviews, meet and greets, open houses

## Measures of success

**Learning opportunities:** people reporting knowledge gained after engagement

**Knowledge products:** beneficiaries reached with educational pamphlets, online content engagement

**Services:** new services offered, i.e. navigation, peer support, education, harm reduction supplies



# COMMUNITY ENGAGEMENT

## Beneficiaries

Why these demographics?

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- Most at-risk groups
- Reducing stigma and misconceptions
- Reducing shame and isolation
- Encouraging safe practices
- Building pathways to primary care
- Connecting to resources
- Building meaningful, respectful community relationships

## Approach

**Targeting** primarily groups facing greatest overdose risk and secondarily, any residents who use drugs

**Disaggregated:** ages 18-65 => BIPOC, men working in trades, sex workers, LGBTQ2S+, houseless people, festival/club goers

## Measures of success

**Learning opportunities:** beneficiaries reached through conversation and community building, e.g. attending Chapter meetings, volunteering, employed

**Knowledge products:** beneficiaries reached with educational pamphlets, online content engagement

**Services:** new services offered, i.e. navigation, peer support, education, harm reduction supplies



# | COMMUNITY ENGAGEMENT

## Risk factors

What are the limitations?

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- Polarizing political opinions & climate
- Spread of misinformation
- Lack of agency and council support
- Insufficient collaboration, i.e. connecting with Albertans doing research in similar area to avoid duplication
- Limited resources
- Staff burnout

## Risk assessment

**For workers:** staffing is limited due to the demanding work and high turnover

**For activities:** service uptake is unpredictable (too high or too low), service disruptions due to uncontrollable circumstances or community resistance

**For beneficiaries:** primary target may not regularly engage in safe use practices

**For neighborhoods:** fear of increased traffic and unknown people, misinformation about the service

## Risk management

**Inclusion:** ensuring all beneficiaries have opportunity to provide feedback and inform program development and implementation

**Training:** provide accessible formal and informal training to all beneficiaries



# | PROVINCIAL PLAN

- Expand Services to other Chapter Locations
- National Drug Checking Working Group
- Strengthen Partnerships within the Province
- Alberta DrugSense Dashboard
- Drug Alerts
- Education

**Alberta CoP: Drug Checking**  
**SOP's**  
**Data Collection**  
**Training**  
**Support**  
**Build Community**

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# COMMUNITY ENGAGEMENT

How the COE can support drug checking

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- Increase strategic funding for experienced organizations
- Supporting physical location sourcing
- Help with community engagement - city marketing strategy - putting advertisements in bus stops, bars, etc.
- Help build relationships with festivals and events - encouragement to have drug checking services on site
- Help build relationships with BIA's and other potential key stakeholders by creating an open, collaborative space to exchange best practices





## CONTACT INFORMATION

**Christine Nanteza**

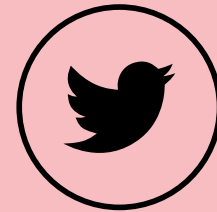
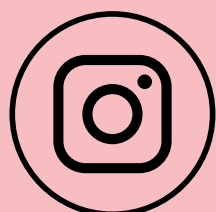
Director of Programs

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