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ANKORS Drug Checking Program Report

April 2022 - March 2023

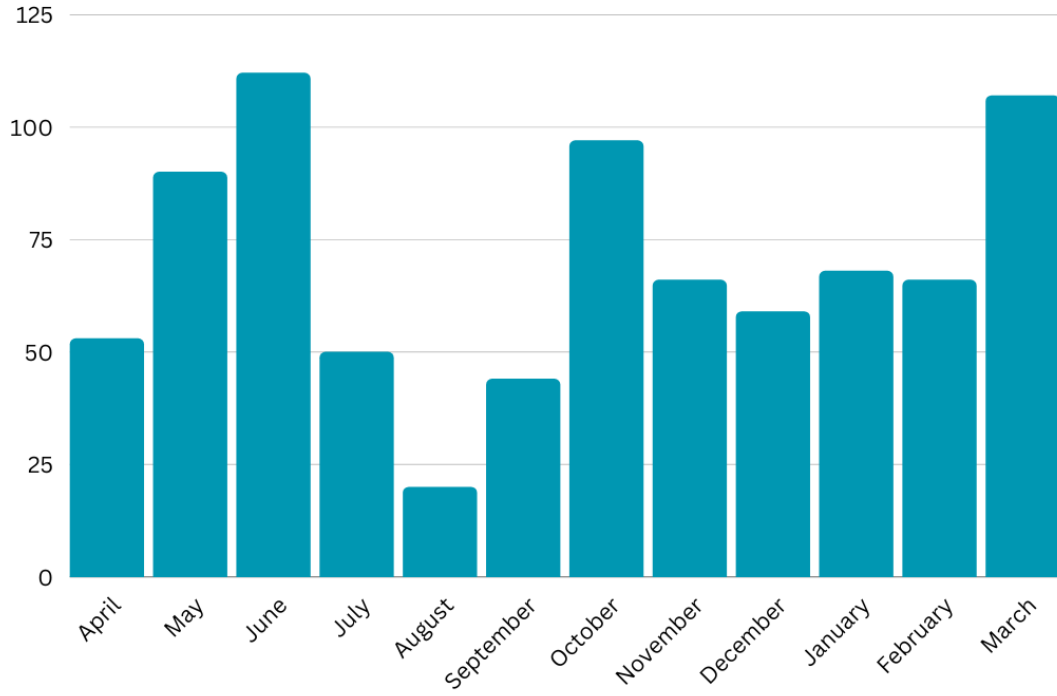
This report highlights important changes and updates to the ANKORS' drug checking program. It also presents drug checking data from April 2022 through March 2023 and describes noteworthy trends that have developed in the local and provincial illicit drug supply.

Drug Checking Data

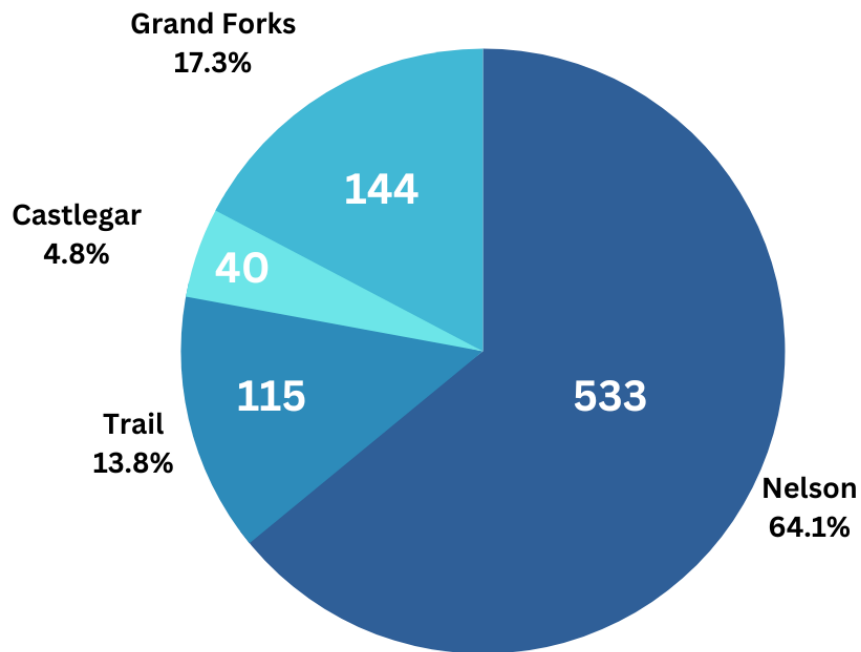
Between April 2022 and March 2023, ANKORS tested **832 samples**. This represents an average of approximately 69 samples per month. The most tests were done in June (112 samples), followed by March (107 samples) and October (97 samples). Unfortunately, drug checking services were interrupted in the summer and fall because the FTIR spectrometer needed repairs and had to be sent back to the manufacturer. The spectrometer was out of service from partway through July until November, and as a result, testing numbers fell during this period. During this time, some samples were sent for testing in Cranbrook and Victoria, although regular on-demand drug checking wasn't available again until the FTIR was repaired. Occasional on-site drug checking services were available in September and October because we were able to use the FTIR from ANKORS East as well as an FTIR from Interior Health. The return to onsite services in the fall was marked by a significant increase in testing numbers.

Please see the graphs and images below for more details and data about the number of drug samples tested in the West Kootenay region from April 2022 through March 2023.

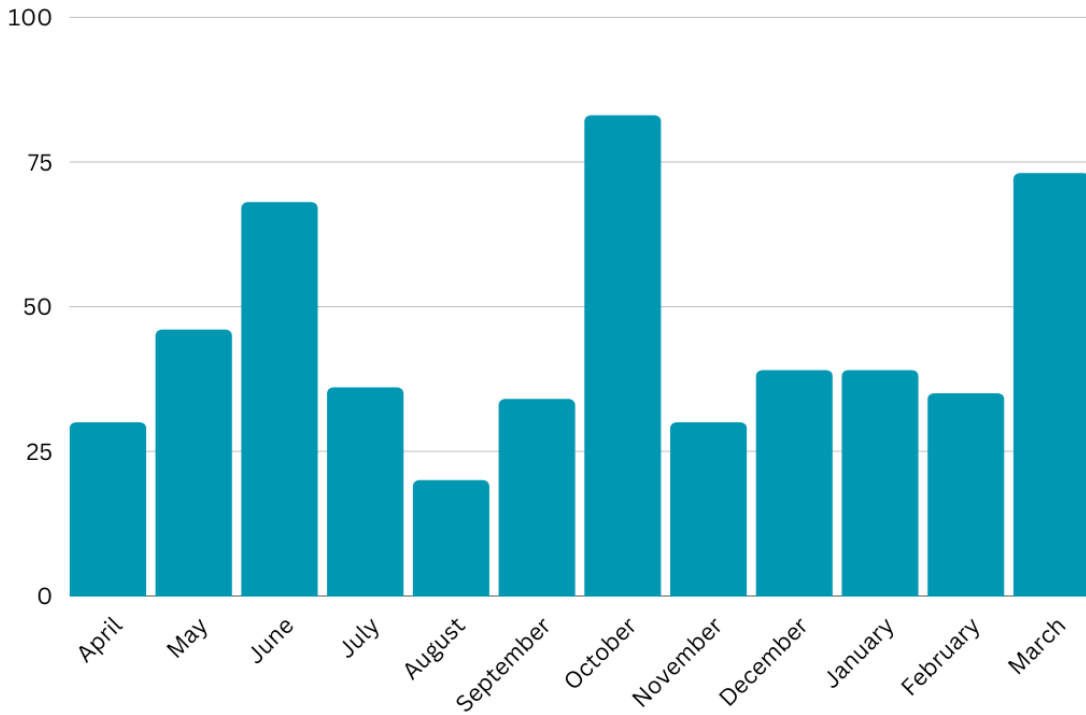
Total number of drugs checked by month



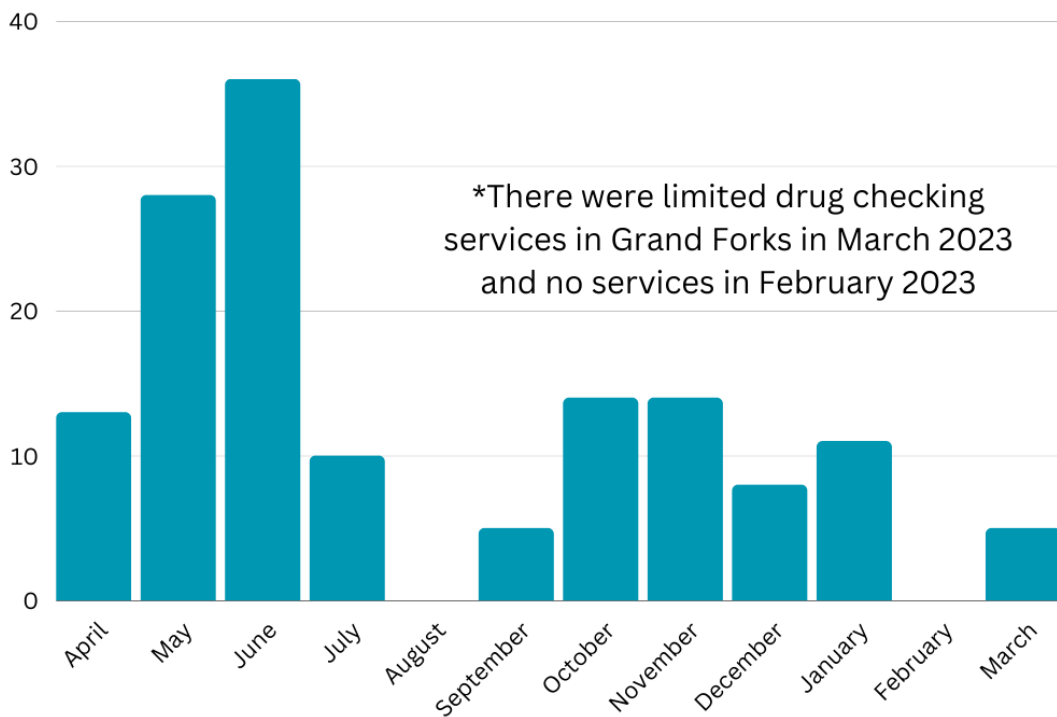
Total number of drugs checked by region



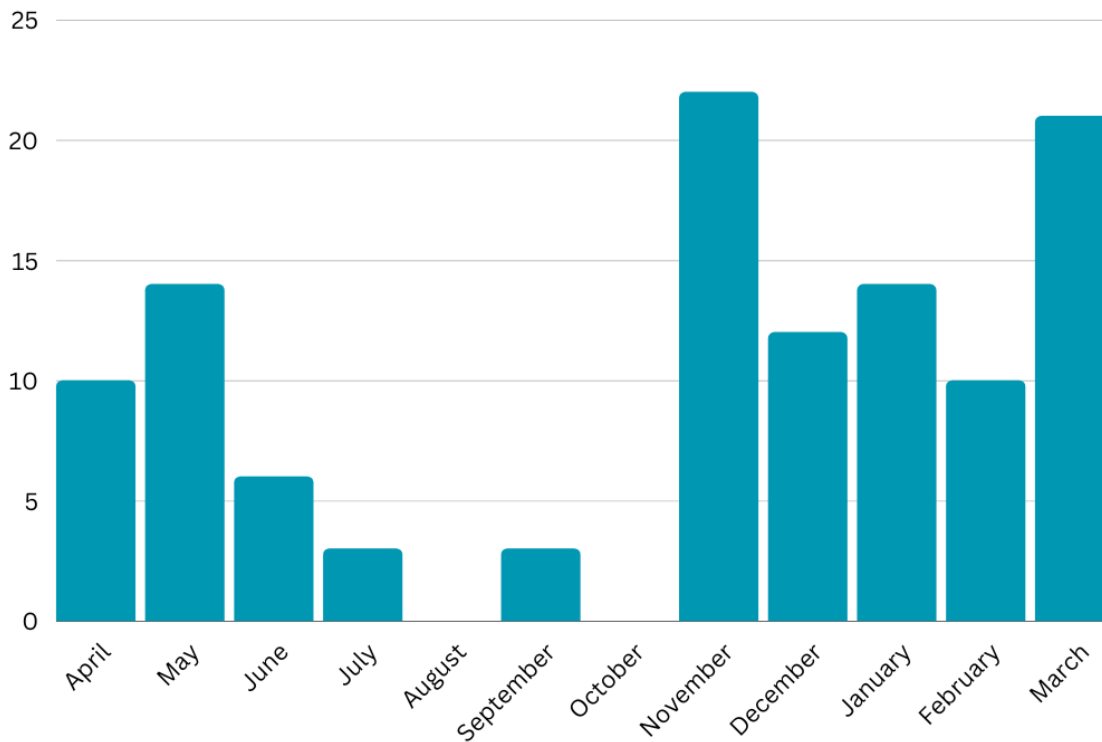
Number of drugs checked in Nelson by month



Number of drugs checked in Grand Forks by month



Number of drugs checked in Trail by month

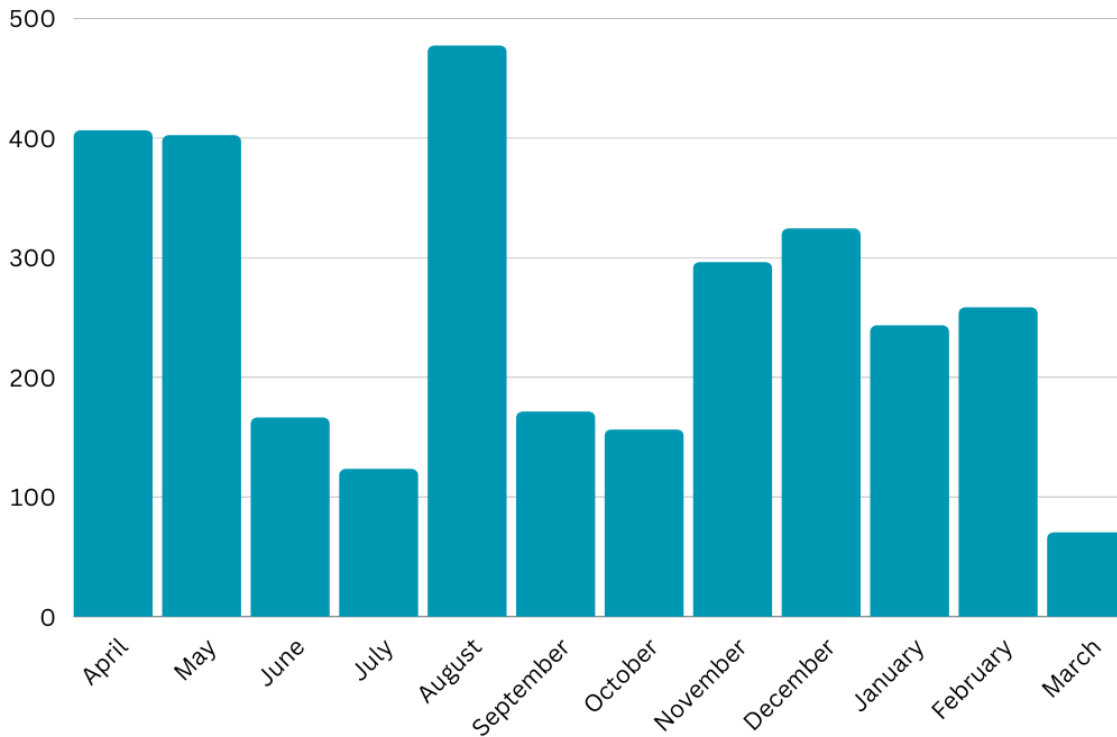


Number of drugs checked in Castlegar by month



Additionally, ANKORS continues to distribute fentanyl test strips to service users and community members for at-home use. From April 2022 through March 2023, ANKORS distributed **over 3000** fentanyl test strips. Please see the graph below for a breakdown of fentanyl test strip distribution by month.

Number of fentanyl test strips distributed by month



Drug Checking Trends

This year, benzodiazepines continued to adulterate the supply of illicit opioids. Interestingly, the rate of benzodiazepine contamination is higher in the Kootenay region than in many other regions of the province. Almost all of the fentanyl samples that I test on a weekly basis contain benzodiazepines. The most prevalent benzodiazepines detected in fentanyl in BC are bromazolam, etizolam, and flualprazolam.

Unfortunately, the continued adulteration of fentanyl with benzodiazepines has many adverse effects for those who use fentanyl. When illicit opioids such as fentanyl are adulterated with benzodiazepines, users may experience drowsiness, sedation, slowed respiration, black-outs, and amnesia. These symptoms can leave people vulnerable to physical and sexual assault, violence, and theft. Additionally, the presence of benzodiazepines in opioids complicates overdose presentation and response, because

benzodiazepines do not respond to naloxone. People who regularly use opioids that are contaminated with benzodiazepines will often develop a dependence to benzodiazepines, in addition to their opioid-dependence. Intense withdrawal symptoms can arise if these individuals do not have access to benzodiazepines to meet their dependence. This further complicates existing issues related to substance dependence and withdrawal.

Additionally, new fentanyl analogues are being detected in illicit opioid samples. One in particular that has been increasingly detected in recent months is para-fluorofentanyl. Unfortunately, the effects and relative strength of para-fluorofentanyl are not well understood, so it is challenging to create appropriate messaging pertaining to use. However, this trend does suggest that more novel analogues are contaminating the illicit opioid supply, and this is something to be aware of as we look to the future.

Finally, xylazine, a tranquilizer used in veterinary medicine, has been detected in opioid samples in Canada in increasing amounts over the past year. Xylazine is a non-opioid medication used as a sedative, analgesic, and muscle relaxant in veterinary medicine. It is very prevalent in the opioid supply in the Eastern US (specifically Philadelphia) and regularly appears in Ontario. Xylazine has been detected in multiple communities across BC, however we do not know how prevalent it is in the interior region. I have only detected xylazine once in the West Kootenays, although it has been detected a number of times in the East Kootenays.

Xylazine can increase health risks, and greatly increase the risk of overdose. Long blackouts, coma, and fatalities have been associated with xylazine use. When xylazine is mixed with another drug, such as fentanyl or benzodiazepines, the chance of overdose increases. Additionally, xylazine use is often associated with abscesses and severe wounds, which spread and worsen quickly. These skin ulcerations do not heal on their own and often become infected and complicated. Furthermore, these wounds have been observed in people who smoke, snort, and inject their drugs. Xylazine related skin lesions do not only develop at injection sites, but can be found anywhere on the body. Medical attention is crucial for those who present xylazine-related wounds.

Non-opioid samples, such as psychedelics, dissociatives, and stimulants continue to be largely unadulterated. This year, the most common cut found in colourless crystalline substances such as methamphetamine and ketamine was dimethyl sulfone, a natural supplement used to treat muscle damage and arthritic pain, also known as MSM. Dimethyl sulfone is generally non-toxic when taken orally but may cause nausea and headaches when ingested in high doses. MSM is commonly added to methamphetamine and other crystalline drugs because it bulks out the size of the crystals. The most prevalent cut found in cocaine samples was phenacetin, which is a pharmaceutical drug that was used to treat

pain and fever before acetaminophen was invented. Phenacetin was taken off the market in 1978 because it was linked to certain cancers and kidney damage when taken for prolonged periods of time. There were no other notable trends to report for non-opioid samples such as MDMA, MDA, or other psychedelics, dissociatives, and stimulants.

Additional Program Updates

There was a large team of volunteers and staff to support ANKORS drug checking services at Shambhala and Bass Coast Festivals last summer. To read the full festival drug checking report, please follow [this link](#). This summer, drug checking will be available at Bass Coast and Shambhala again, supported by a large team of volunteers lead by Chloe Sage and others. This year, I will continue to provide regular drug checking services in Nelson and the West Kootenays during Shambhala, so that regular on-site and mobile services will be accessible during this time.

This past fall and winter, I trained two existing ANKORS staff members, Chris Kling and Wade Swagar, on the FTIR, so that they can provide coverage and support the drug checking program as technicians. They will be supporting the program this spring when I step away for a few months in order to focus on some studies. I will be taking a leave after the first week of April until the end of June. When I return in July, I hope to focus some of my time on engaging with youth and other populations that are hard to reach. In the long run, I would like to make drug checking more accessible to the community by expanding the hours of operation to include evenings and/or weekends. I will be exploring funding options to expand drug checking services and hope to do more outreach and education with different populations in the future.

Thank you for taking the time to read this report and learning more about updates to the ANKORS drug checking program. Please do not hesitate to contact me directly if you have any questions regarding the information included in this report. I can be reached by phone at 236-972-7080 or by email at drugcheckankors@gmail.com.

Thank you,

Amelia Martzke

ANKORS Drug Checking Program Coordinator