

Recommendations for Drug Checking Communications

July 2025 | Reframe Health and Justice

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Drug checking services are critical tools in overdose prevention, allowing individuals who use drugs to scrutinize their substances for contaminants and providing vital information to reduce the risks associated with drug use.

These services empower people who use drugs with knowledge, contributing to improved individual and community health outcomes. Drug checking practices have been recognized as evidence-based interventions to support risk mitigation for people who use substances^{1,2,3}. However, despite the benefits of drug checking, many barriers exist⁴, particularly within marginalized communities.

To inform research about improving communications on drug checking and drug supply information amongst people who use drugs, Reframe Health and Justice (RHJ) brought together a cohort of people with lived experience with substance use to learn about drug checking science and technology and discuss recommendations for distributing this information. The recommendations outlined in this report aim to guide stakeholders in better supporting the needs of people who use drugs and inform best practices for communicating information related to drug checking and the drug supply.

For this project, RHJ reached out to multiple organizations and overdose prevention-focused listservs to identify a diverse cohort of experts for a series of focus groups to discuss recommendations for sharing information regarding drug checking services and information gathered through drug checking services. The following recommendations were developed through these discussions.

- 1 Peiper NC, Clarke SD, Vincent LB, Ciccarone D, Kral AH, Zibbell JE. Fentanyl test strips as an opioid overdose prevention strategy: Findings from a syringe services program in the Southeastern United States. *Int J Drug Policy*. 2019 Jan;63:122-128. doi: 10.1016/j.drugpo.2018.08.007. Epub 2018 Oct 3. PMID: 30292493.
- 2 Goldman, J.E., Wayne, K.M., Periera, K.A. et al. Perspectives on rapid fentanyl test strips as a harm reduction practice among young adults who use drugs: a qualitative study. *Harm Reduct J* **16**, 3 (2019). <https://doi.org/10.1186/s12954-018-0276-0>
- 3 Moran, L., Ondocsin, J., Outram, S. et al. How do we understand the value of drug checking as a component of harm reduction services? A qualitative exploration of client and provider perspectives. *Harm Reduct J* **21**, 92 (2024). <https://doi.org/10.1186/s12954-024-01014-w>
- 4 Grace Rose, C., Kulbokas, V., Carkovic, E. et al. Contextual factors affecting the implementation of drug checking for harm reduction: a scoping literature review from a North American perspective. *Harm Reduct J* **20**, 124 (2023). <https://doi.org/10.1186/s12954-023-00856-0>

Context and Overarching Concepts

Criminalization

Criminalization was named as a concern for all aspects of participation in drug checking programs. Legacies of unscientific, punitive drug policies have served to make harm reduction practices⁵, including drug checking⁶, unsafe for people who use drugs. Participants voiced concerns about criminalization when going to a location to get their drugs checked, submitting samples for testing, receiving and holding drug supply information, and distributing information to communities about drug samples. There was no aspect of communication related to harm reduction or participating in drug checking services that did not raise questions and concerns about the potential for increased liability, visibility, arrest, or legal punishment. Criminalization and the legacy of draconian drug policies create barriers to accessing services, despite recognition of their importance to personal and community health.

Concerns regarding criminalization and liability are elevated when we ask people to bring samples of drugs to a location for drug checking services. When an organization is not also operating a safe consumption program, an individual is then expected to find a separate location for use, creating more time where a person has illicit substances in public space. Concern was raised about how receiving technical information about the contents of a drug sample can be used as evidence of criminalized activities, including drug possession. For states that have fentanyl-induced homicide laws, evidence that a person had knowledge of the presence of fentanyl when sharing or distributing substances could significantly increase a person's liability.

5 Hannah Cooper, Lisa Moore, Sofia Gruskin, Nancy Krieger, The impact of a police drug crackdown on drug injectors' ability to practice harm reduction: A qualitative study, *Social Science & Medicine*, Volume 61, Issue 3, 2005, Pages 673-684, ISSN 0277-9536, <https://doi.org/10.1016/j.socscimed.2004.12.030>.

6 Carroll JJ, Mackin S, Schmidt C, McKenzie M, Green TC. The Bronze Age of drug checking: barriers and facilitators to implementing advanced drug checking amidst police violence and COVID-19. *Harm Reduct J.* 2022;19:9.

Context and Overarching Concepts

Punitive drug policies impact all systems with which people who use drugs interact, often hindering efforts to improve health outcomes. Participants emphasized how drug law enforcement and police surveillance, particularly around harm reduction organizations, undermine overdose prevention services by creating access barriers and a climate of fear. Unlike most other services offered by harm reduction organizations, drug checking uniquely relies on the submission of criminalized substances, making police presence and surveillance a significant deterrent that undercuts the impact of these life-saving services. There was also concern about federal and state law enforcement having information about drug suppliers and distributors, potentially increasing the risk of a larger enforcement effort, which disrupts drug supply lines and creates a broader health risk.⁷ Participants also flagged drug war policies' impact on other legal systems, specifically immigration enforcement,⁸ child and family regulation systems, and public benefits administrations. These systems not only heighten policing and surveillance of people who use drugs, but also impose severe consequences.

Cultural Humility

The diversity amongst participants demonstrated that, despite sharing a common lived experience, there are a range of community and cultural practices and, therefore, drug use and overdose prevention practices as well. The communication of information is only one element of harm reduction practices. Participants noted that communities also need culturally specific harm reduction services in addition to drug supply information in order to make the information actionable and impactful. Communications about the drug supply are meant to encourage people to employ harm reduction strategies and resources in order to reduce risk. When those practices and resources remain out of reach, even the best communications are limited in their impact. Our overarching recommendations call for communications that reflect cultural specificity and cultural humility. This speaks to a larger need to invest in culturally specific harm reduction services and support deeper engagement with more people who use drugs from different backgrounds and contexts.

Public Health Opportunities in Engaging Drug Sellers

Throughout the cohort, participants emphasized the significant overlap between people who use and people who sell drugs, and the under-tapped public health opportunities in meaningfully engaging drug sellers in drug checking services, communications, and education. By fostering non-punitive, harm reduction-focused relationships with people who sell drugs, their unique positions can be leveraged to address overdose risks and substance-related harms directly. Engaging drug sellers offers a direct opportunity to reduce the harm of the drug supply, and to disseminate critical information about the drug supply directly from a source point. This approach supports drug sellers with the tools and education needed to increase harm reduction practices, as opposed to the immediate disruptive impacts of supply-side enforcement strategies that undermine public health interventions. Drug sellers are

7 Bradley Ray, Steven J. Korzeniewski, George Mohler, Jennifer J. Carroll, Brandon del Pozo, Grant Victor, Philip Huynh, and Bethany J. Hedden: Spatiotemporal Analysis Exploring the Effect of Law Enforcement Drug Market Disruptions on Overdose, Indianapolis, Indiana, 2020–2021
American Journal of Public Health 113, 750–758, <https://doi.org/10.2105/AJPH.2023.307291>

8 Immigrant Defense Project, "The Tip of the ICEberg: Immigration Consequences of a Marijuana Offense", <https://www.immigrantdefenseproject.org/3d-flip-book/the-tip-of-the-iceberg-immigration-consequences-of-a-marijuana-offense/>

Context and Overarching Concepts

inherently incentivized to consider the safety of their customers. They should be incentivized to offer harm reduction education and practices for drug user health, and be recognized as important messengers with the deepest connections to the communities served. Participants suggested incentivizing the promotion and integration of harm reduction practices can create a more integrated and effective intervention that benefits both drug users and the broader community.

Recommendations for Drug Checking Communications



Recommendation 1

Share drug checking communications through trusted messengers and communicators.

- Community-trusted messengers are people and/or organizations with a history of supporting people who currently use drugs. Cohort participants named harm reduction programs and people with lived experiences of substance use as likely community-trusted messengers.
- Prioritize data privacy and confidentiality in all interactions around drug checking, including organizational data collection and individual interactions in order to increase trust.
- Service organizations' relationships with law enforcement have an impact on trust-building among people who use drugs, regardless of whether the organization is willingly partnering with law enforcement or not. For example, law enforcement may openly surveil a harm reduction organization's outreach van where they are providing mobile drug testing, hindering their ability to serve effectively.
- Health departments were not viewed as trusted messengers. This was due to dynamics including:
 - A lack of visible presence in the community
 - Previous stigmatizing approaches to substance use
 - Failure to hire people with lived experience and/or
 - Connection to law enforcement.
- Health departments that wish to improve their participation in communications strategies should prioritize relationship-building with communities and service providers working directly with people who use drugs, grounded in a mitigation of power dynamics and histories of underservice and state violence.

Recommendations for Drug Checking Communications



Recommendation 2

Recognize and address historical, racialized violence and oppression and criminalization as barriers in each aspect of drug checking programming, communications, and data collection. Create explicit policies to build trust and safeguard information and participants, and communicate them to all stakeholders.

- Fear related to criminalization was a concern in every aspect of drug checking participation and communications, including the content of information shared, platforms and types of communications, and the organization(s) receiving and sharing information.
- Concerns were raised about how contributing to drug supply information could be used to increase criminalization and law enforcement surveillance of the drug supply, suppliers, other individuals, and programs that support individuals to engage in safer use practices.
- Proximity to law enforcement was cited as a barrier to trusting programs collecting and/or distributing drug supply information. This included both service providers and health departments.
- Communicate legal information regarding drug checking services, including any potential changes in a person's liability. Programs should have explicit policies regarding their involvement with law enforcement, including investigations and court proceedings.
 - Health department staff, public health institutions, and funders should provide drug checking programs and participants with accurate and up-to-date legal information and support, and advocate for increased legal protections.
 - Programs should be as explicit as possible about any potential impact on a person's liability, including in immigration and family policing legal systems.



Recommendation 3

Prioritize the following information in communications, including both in alerts and point-of-service drug checking, where appropriate:

- Composition of the substance, either being tested or in an alert, including potential strength
- Effects of the substance, including intended effects, unintended/side effects, and symptoms of withdrawal
- Signs of overdose specific to the substance and information on reversal
 - If the alert is about an overdose, participants requested more detailed information on the incident.
 - Participants want information on signs of overdose, including how symptoms may appear differently on darker skin.
 - Information on spikes in overdoses was noted as important, but participants wanted that information to come from trusted sources, instead of respective health departments.
- Interaction with other substances, including prescription medications, including both prescriptions for physical and mental health conditions.
- Potential impact on other health concerns, including chronic illnesses, pregnancy, and lactation.
- Area and location of supply information, both to avoid contaminated supply lines

Recommendations for Drug Checking Communications

and identify safer supply lines, if offered in a trusted way, which would not contribute to law enforcement policing and surveillance.

- Drug supply trends and information to help predict future changes in supply, if data could be validated for prediction purposes.
- Local linkage to care information, including culturally-specific risk mitigation and information on where to access risk mitigation for drug user health services, including tailored resources available at each location.
- Visuals of the substance being tested and the bag/container it was purchased in
 - Note: Participants flagged that visuals of the drug or container were beneficial in making informed decisions about substance use. Still, they posed a significant legal risk to the individual distributing the substance.
- Safer use and overdose prevention information specific to the drug being described.



Recommendation 4

Provide timely communications.

- For regular forms of communication, participants stated that, as individuals with lived experience, they would be open to receiving information on a semi-monthly or monthly basis. As professionals in service provision, they would appreciate receiving updated information every week.
- Participants emphasized the importance of consistency in approach and messaging, as messages often require repetition to be fully internalized.
- Date all communications to ensure clarity and relevance and to prevent sharing information beyond its utility.



Recommendation 5

Use the medium of information sharing that most reflects the needs and desires of the local community and specific populations.

- For the delivery of information, outside of directly sharing information between peers, people described the drawbacks and benefits of different forms of media.
 - In-person communication with trusted messengers was the most used form of communication regarding drug checking information.
 - Text messaging and email were both identified as valuable ways of communicating.
 - Social media was deprioritized due to its ability to broadcast to people outside the intended recipients and its capacity to re-share information beyond the specified time frame, audience, and geographic location of relevance. Comments on social media posts and the use of drug checking information to stigmatize people who use drugs in broader spaces were explicitly named as a barrier, as they can be additionally stigmatizing and harmful.
 - Standing website databases were of interest for participants in their role as service providers, but not as people who use drugs. Concerns of criminalization and access outside of the community of people who use drugs were raised.
 - Visual displays with information at service-providing spaces, such as on a chalkboard

Recommendations for Drug Checking Communications

in areas where participants engage, were described as helpful and interactive, as well as welcoming of questions for additional information.

- Fliers and handouts were described as helpful, especially for people who are unhoused or lack access to technology. Cohort participants still wanted to receive the information in digital format to reduce potential paper waste, though they appreciated the printability.
- Concerns were raised about the safety of mediums due to the risk of criminalization. While email provided a critical method of communication, it was seen as more identifiable and legally precarious.
- All participants emphasized the need for consistent communication plans tailored to the local area and communities.
- Participants acknowledged the need to balance discretion with the need for available information.
- Consider unhoused people and people who lack consistent access to a phone or internet as specific populations requiring targeted and intentional outreach for communications about the drug supply.



Recommendation 6

Provide information in multiple modes and languages, including signed languages, in a manner that is accessible and culturally relevant to various communities.

- Recommended resources and connections to local service providers should also reflect culturally humble and culturally relevant recommendations.
- Use a conversational tone with simple language, offering bite-sized pieces of information tailored to people who use drugs, with options for more in-depth information available.
- Provide audience-specific information and recommendations, ideally with targeted distribution. Various audiences include medical providers, municipal leaders, drug user health service providers, community-based organizations, people who use drugs, faith leaders, etc.
- Have an individual translate materials to reflect the language and dialect specific to the community, rather than using a free translation app.



Recommendation 7

Align language to the local and specific cultures of people who use drugs by working directly with community members to avoid stigma and convey information.

- Language that was described as “real” and “unsugar-coated” reflected the language and communities of people who use drugs.
- Informality in language and visuals was identified as a more desirable and familiar way of speaking to the community.
- Participants appreciated features such as pictures of bags and drugs in alerts. This information also raised concerns about its potential for increased criminalization and identification of suppliers by law enforcement.
- Materials and information created for young people should reflect the communication

Recommendations for Drug Checking Communications

styles most resonant with the age group, including more images and specific terminology.

- Use neutral, fact-based language versus moralizing or fear-based language, such as “dangerous”, especially in health department communications.
 - *Instead of “Bad Batch Alert”, use “Drug Supply Alert”, “Changing Supply Update”, “Drug Supply Advisory”, “Drug Health and Safety Alert”, or “Overdose Spike Alert”.*
 - *“Public Health Alert” was seen as non-stigmatizing, but not specific enough to attract the attention of people who use drugs.*
- Participants were divided on whether particular terminology is perceived as stigmatizing. Specific terms were viewed as stigmatizing to some, while others found them resonant with how people in the community speak. For example, participants were split on the use of the terms “bad batch” or “badly dosed.” While some found it stigmatizing, others said it reflected how community members speak. Many also named a lack of clarity about what “bad” could mean to each individual.
- Participants emphasized the inclusion of people-centered language that supports people’s self-determination and choice in their behavior.



Recommendation 8

There are opportunities to improve the health outcomes of people who use drugs by engaging those who sell drugs in non-carceral ways focused on overdose prevention and improving drug user health. Engage people who sell with drug checking services and in communications pipelines to reduce the potential for overdose.

- There is an extensive overlap between people who use and people who sell drugs. Working with those who sell presents an opportunity to educate and distribute drug checking information directly from the source.
- People who sell drugs should be engaged as experts, and compensated for their expertise and unique position as a trusted messenger.



Recommendation 9

Pair standing resources, such as databases, with accessibility support and training, community education, and safety assurances for potential contributions to criminalization.

Challenges in Communications



No Model Language

One of the clearest conclusions from the conversations was that there is incredible diversity amongst people who use drugs, which is reflected in every aspect of communication. Despite the desire to find a universal language that works across all communities, none exists. Regional differences in language and slang lead to distinct terminology between communities. The impact of surveillance and policing influences the comfort levels individuals have with language conveying criminalized activity and materials. People who use drugs are not a monolith, and are often further segmented by race, class, and gender identity, contributing to differing language and communication styles.

If there is any single consistency, it is the need to engage deeply with the micro-communities of people who use drugs in each location and identify shared language that is effective from identified trusted messengers.



Trust in Institutions Is Low

In reviewing materials and exploring different messaging strategies, a consistent theme emerged: there was low trust in institutions overall, both in terms of messaging and safety. For messaging that came from health departments, trust in the information shared was low, and often reflective of past treatment of issues around drug user health. When alerts were offered, some reflected on histories of “scare tactics” around drug use that undermined confidence that they were relevant alerts. Others reflected on the ongoing lack of engagement with their communities or abstinence-only approaches, which undermined their ability to offer risk mitigation tips alongside the information. Additionally, health departments that were seen as closely collaborating with local law enforcement were not seen as a trusted source of information. For institutions such as health departments, building trust with people who use drugs and communities impacted by antiquated drug war policies is an essential first step to offering successful and relevant communications about drug checking and drug supply information.

Challenges in Communications

Institutions outside the state system, such as universities that collect data and conduct samples for secondary testing, were also considered within the penumbra of criminalization, policing, and surveillance. The histories and current practices of institutions within their local communities were reflected in the levels of trust people had in those institutions participating in drug checking. Universities with histories of exploitation as a form of “health research” and current practices of increased policing influenced how people considered their engagement and the level of safety they felt. Institutions that have participated in building the foundations of the criminal-legal system, perpetuated racialized state violence, and exploited communities of color still carry those legacies with them. Inviting the resources and capacities of research institutions and universities to the drug checking table should happen in consultation with the local communities who continue to live under the weight of those legacies. Universities have also supported and conducted research that has been used to inform and justify increased policing. Bringing in institutional resources and access without intentionality can hinder trust and hamper the integrity of the project. All of these systems were named as being an integral part of the system of racialized state oppression. As communities of color bear the brunt of overdose deaths, substance use related criminalization compounds the harm, worsening health outcomes in these communities.



Communities Lack Resources and Capacity

While overdose prevention service providers and community members with lived experience were identified as the most valuable trusted messengers for drug checking information, most remain underfunded and under-resourced to directly provide drug checking services. Participants specifically noted the need for increased resources for harm reduction providers to offer FTIR services and drug supply information directly. Building trust between institutions and communities requires significant time and resources; a more effective approach is to invest directly in the capacity of trusted messengers to provide drug checking services. To improve communication about the drug supply, health departments and funders should prioritize building the capacity of stakeholders with established community relationships to offer drug checking services, rather than relying on health departments to build or improve community relationships as a prerequisite to more effective communication.



Diversity of Experiences as People Who Use Drugs

No size of cohort will encompass all the dynamics that inform the way people use drugs, engage in risk mitigation practices, and share information. Attempting to engage different forms of diversity around location and identity in a ten-person cohort meant that people were asked to represent the voices of many other communities and individuals. While we made efforts to reflect a diversity of experiences, this process was limited by its size, leaving many vital experiences outside of our scope and without secondary review. For example, cohort sessions were only conducted in English. Although several participants were bilingual and from multi-lingual communities, our cohort did not capture the unique experiences of people who receive information but cannot access the full spectrum of support and services due to language barriers. We also could not incorporate perspectives from outside of the contiguous United States. We cannot speak to how aggregated drug checking information could be helpful outside of traditional supply lines and regions. Advancing this work requires intentionality in continuing to diversify the voices brought in as experts on their experiences to inform recommendations and best practices.

Recommendations for Future Work

Invest In Harm Reduction Organizations' Capacity To Conduct Their Own Drug Checking Programs in Order to Increase Community Access to Vital Drug Supply Information through Trusted Messengers

Funders should consider the importance of investing directly into the capacity of existing trusted messengers, including service providers who practice risk mitigation for drug user health and individual practitioners to conduct their open drug checking programs, including in communications and information distribution. All cohort members identified people with lived experience and harm reduction service providers with a history of community support and engagement as the best messengers of drug checking information. Even with resourcing, developing the reputations and building the partnerships of local health departments and other institutional actors takes significant time and investment of resources and staff. It would be more timely and cost-effective for organizations and community members who already possess those relationships and reputations to scale their services through additional support and resourcing.

All participants described resource needs as a barrier for harm reduction providers to offer and expand drug checking services, particularly beyond fentanyl testing strips. This included the ability to provide additional services, dedicate more staff time to creating and distributing informative communications, and spend more time with participants offering care and education. It was also acknowledged that offering more robust drug checking services provides an opportunity for deeper participant engagement and connection with programs and service providers. Funders should explore whether it is more effective in costs and outcomes to invest in the capacity of trusted messengers to offer comprehensive drug checking services instead of investing in the messaging capacity of institutions.

Recommendations for Future Work



Promoting Effective and Inclusive Approaches in Drug-Related Risk Mitigation Services & Communications

A consistent theme for all communications was the lack of language and cultural accessibility. Future work should both increase the ability for diverse populations to participate in all forms of community feedback, as well as focus on expanding culturally-specific and culturally-humble support and care for people who use drugs, including risk mitigation programming. Additional non-English and non-spoken language cohorts could provide necessary reflections on accessing services, as well as communities who are criminalized differently, such as through the immigration system. The issue of cultural accessibility is central to communications development, but should be grounded in the expansion of culturally-specific and culturally-humble care overall.



Integration of Information with Primary Care and Other Forms of Healthcare

People who use drugs face a range of different health needs and concerns beyond those that stem from substance use or overdose. Cohort members noted the importance of drug checking information which incorporates a wide range of needs, such as drug interactions with prescription drugs and their effect on other chronic conditions. This additional information helps people who use drugs make more informed decisions about their use, which makes drug supply communications more actionable. There is an interest in information and communications that help people who use drugs improve their health and wellness beyond avoiding accidental death from overdose. Future investment should be made into the ability to integrate primary care and other forms of health care into drug user health services, and vice versa. As one cohort member expressed, people who use drugs want to do more than just stay alive; they want to live good lives.

Appendix 1: Sample Drug Checking Communications Reviewed by the Cohort

Below are the drug checking communications reviewed by the cohort members for reflection. All platforms had a robust discussion, with elements of each being identified as a beneficial or challenging practice. Included are some of the main reflections and highlights from each discussion. We do not recommend replication of any of these approaches, as the time, location, and medium informed them.

Example 1. Social Media Post

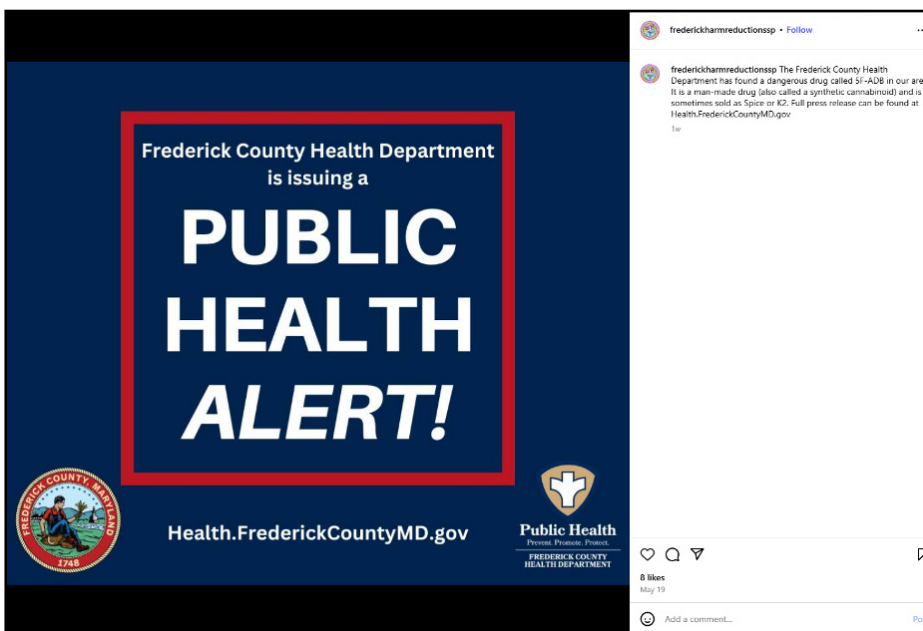


Image is of an Instagram post with a dark blue background with a red square around the words "Frederick County Health Department is issuing a Public Health Alert!" and the logos of different bodies below.

Text reads, "The Frederick County Health Department has found a dangerous drug called 5F-ADB in our area. It is a man-made drug (also called a synthetic cannabinoid) and is sometimes sold as Spice or K2. Full press release can be found at [Health.FrederickCountyMD.gov](https://www.health.frederickcountymd.gov)."

While participants liked that this was eye-catching and normalized drug user health information by referring to it as a public health alert, this was seen as not directly speaking to people who use drugs, and therefore as something that would be missed.

Appendix 1: Sample Drug Checking Communications Reviewed by the Cohort

Example 2. Social Media Post

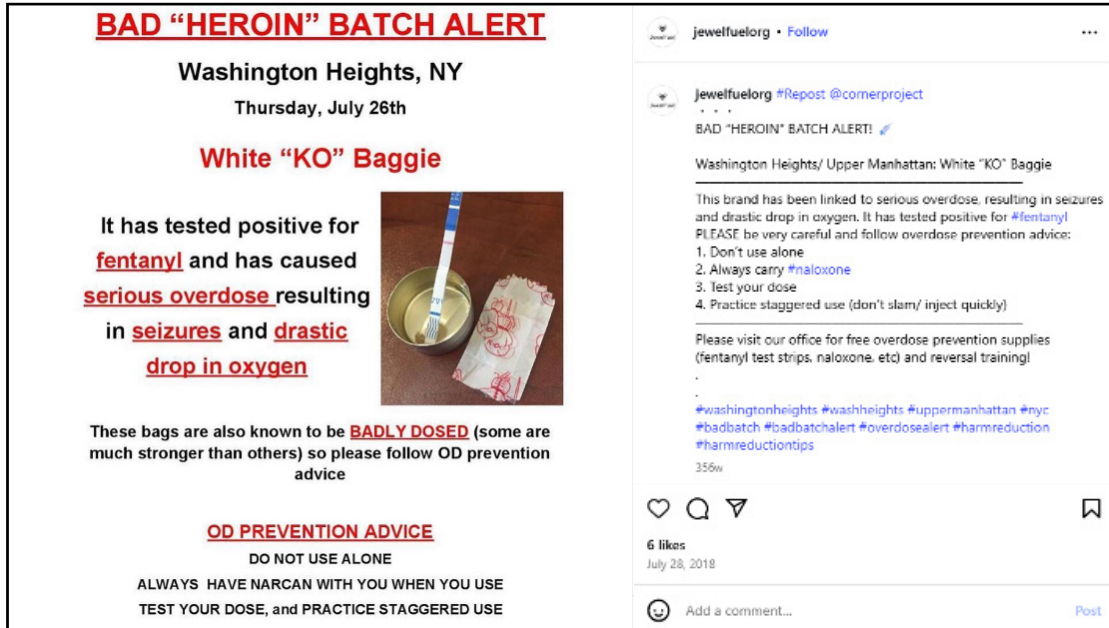


Image is of an Instagram square with a white background and red and black writing. Text is next to a picture of a silver cap and a testing strip sticking out next to a waxed paper bag.

Text to the side of the image says, "BAD "HEROIN" BATCH ALERT! 🚬"

Washington Heights/ Upper Manhattan: White "KO" Baggie

This brand has been linked to serious overdose, resulting in seizures and drastic drop in oxygen. It has tested positive for [#fentanyl](#)

PLEASE be very careful and follow overdose prevention advice:

1. Don't use alone
2. Always carry [#naloxone](#)
3. Test your dose
4. Practice staggered use (don't slam/ inject quickly)

Please visit our office for free overdose prevention supplies (fentanyl test strips, naloxone, etc) and reversal training!

[#washingtonheights](#) [#washheights](#) [#uppermanhattan](#) [#nyc](#) [#badbatch](#) [#badbatchalert](#) [#overdosealert](#) [#harmreduction](#) [#harmreductiontips](#)"

Participants appreciated the picture of the bag and substance, as well as the risk mitigation information listed on the side, noting both that it was helpful and de-stigmatizing for those who would continue to use it. Participants were mixed on the use of "bad batch" as a description, as some felt this was either imprecise or stigmatizing language.

Appendix 1: Sample Drug Checking Communications Reviewed by the Cohort

Example 3. Email

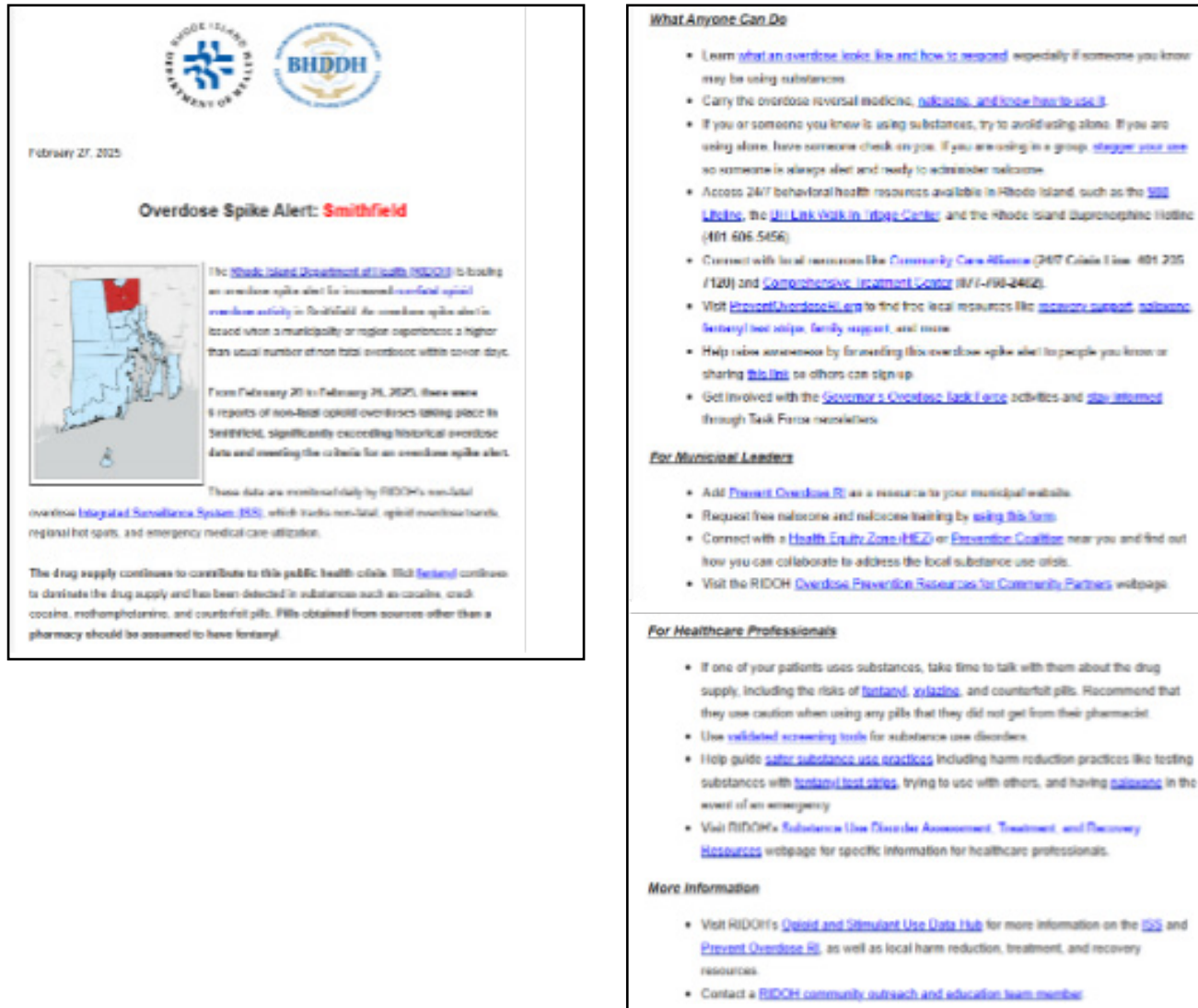


Image is of an email with a white background, black and red text, and a picture of Rhode Island, divided by county, with one county in red.

Participants appreciated the timeliness and location specificity of the information shared in neutral language by this email alert. Participants also noted the importance of practical information on what to do, organized by the person's role in the broader community. For this email in particular, participants found the amount of information overwhelming. Participants also wanted more explicit drug-related risk mitigation information, and reflected that this email was meant for community members instead of people who use drugs.

Appendix 1: Sample Drug Checking Communications Reviewed by the Cohort

Example 4. Public Health Alert, Press Release posted on website

Public Health
Prevent. Promote. Protect.
Frederick County Health Department

Public Health Alert

May 19, 2025- ⚠️ **Dangerous Drug Found in Frederick County** ⚠️

The Frederick County Health Department has found a **dangerous drug** called **5F-ADB** in our area. It is a **man-made drug** (also called a **synthetic cannabinoid**) and is sometimes sold as **Spice** or **K2**.

This drug is **not safe** and can cause serious harm or even death.

! **What You Should Know:**

- **5F-ADB is illegal** and very dangerous.
- It has been found in bags labeled “**THC, Diaz La Ruse, Peufra The Tiger**”, often with **pictures of tigers**.
- It may look like **herbal incense** or **potpourri**, but it is **not safe to use**.
- People who use it may become **unresponsive**, like they are having an **opioid overdose**.

🚑 **If Someone Is Overdosing:**

- **Give Narcan (naloxone)** right away if you have it.
- **Call 911** immediately.

🆓 **Free Help Is Available:**
We can give you:

- Narcan and training on how to use it
- Drug testing and safety supplies
- Support from people who understand
- Help finding treatment and services

📞 **Call:** 301-600-1777
✉️ **Email:** harmreductionservices@frederickcountymd.gov
🌐 **Visit:** health.frederickcountymd.gov/HarmReduction

THC, Diaz La Ruse, Peufra The Tiger

Barbara A. Brookmyer, M.D., M.P.H. • Health Officer

350 Montevue Lane • Frederick, MD 21702
Phone: 301-600-1029 • Fax: 301-600-3111 • MD TTY: 1-800-735-2258



 

Image is of a press release titled “Public Health Alert”, with a white background, black writing, a picture of a plastic bag, and logos of the state of Maryland and Frederick County.

Participants appreciated that the post was both succinct and easy to read, thanks to the bolded and organized text. Participants noted that the practical information offered was not related to the type of drug described in the alert, undermining their trust in the information and the author.

Appendix 1: Sample Drug Checking Communications Reviewed by the Cohort

Example 5. Data Dashboard: BCCSU, Canada

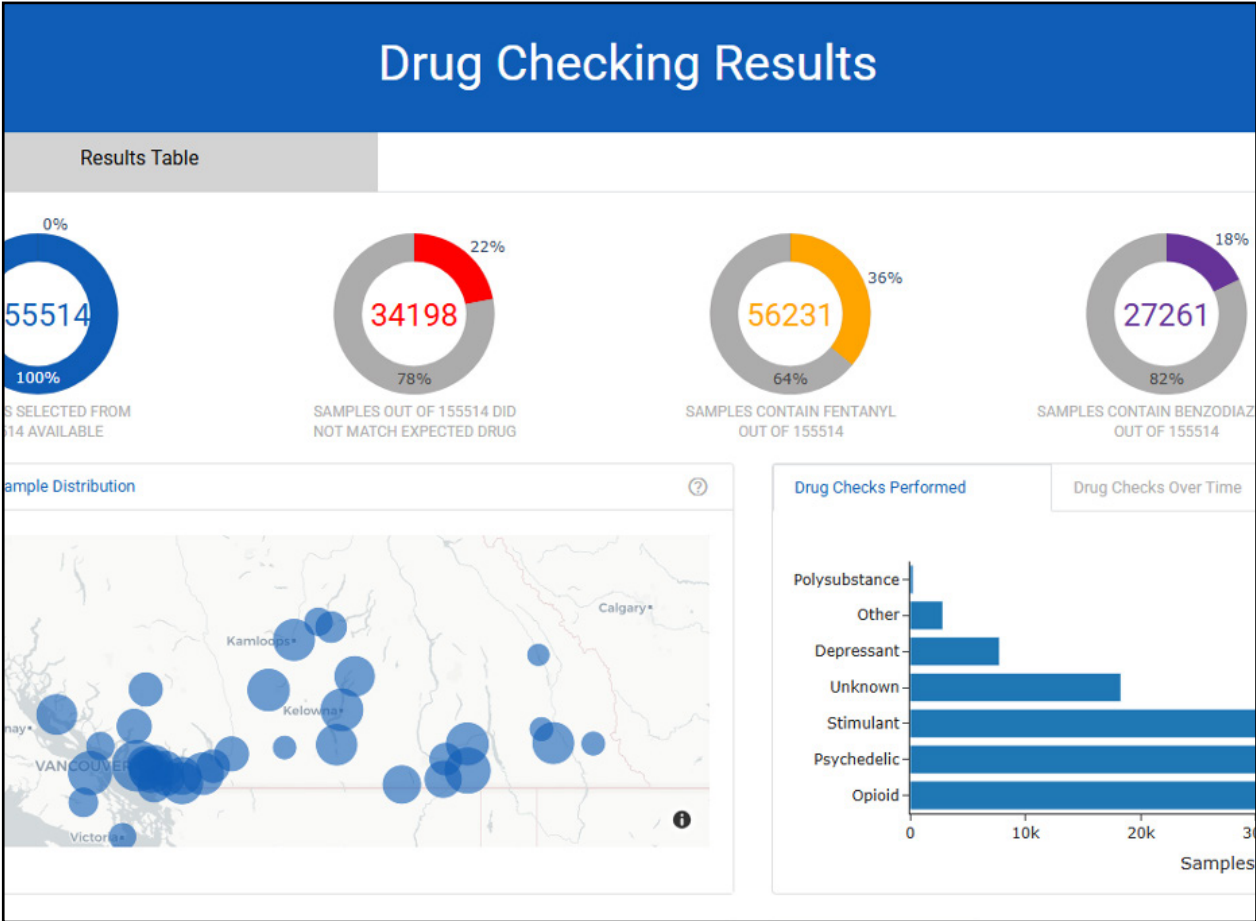


Image is of a website with a blue banner, silver circles, spatial mapping, and a bar graph.

Participants were excited about the expanse of information available, but noted that this was not of interest to them as a person who uses drugs. Participants also noted that if they were to have something like this available, they would want accessibility support. All also noted the concerns around the granularity of data and criminalization.

Appendix 2: Cohort Demographics and Methodology

For this project, RHJ reached out to multiple organizations and overdose prevention-focused listservs to identify people with lived experience of substance use to form the learning cohort. Participants were identified through an outreach process including wide broadcasting and direct outreach to service-providing organizations, followed by an application process that centered on lived and community experience. From this process, ten people were selected across diverse backgrounds of location, race, and gender identity. The final cohort's demographic make-up is representative of the overall applicant pool. Eight participants attended the full series of sessions and discussions. Among the participants, 63% are justice-impacted, 38% identify as Black, 75% are people of color, 50% identify as LGBTQIA+ or gender non-conforming, and 25% identify as people living with disabilities. All participants shared lived experience with substance use, with some having both used and sold substances. Most participants currently work in overdose prevention in some capacity. People from a diverse range of locations – spanning large cities, rural, and tribal areas – were represented in the cohort. Participants reflected a diversity of circumstances, including hailing from locations with varying experiences of criminalization, policing, and access to drug checking services. While some came from states and overdose prevention programs that operate in states where drug checking services are legal, others came from overdose prevention programs in states that have not legalized the use of drug checking technology. The cohort established shared language and engaged with guest expert speakers who shared evidence-based information about various drug checking methods and best practices. The cohort's varied experiences provided a range of perspectives on how criminalization, or the fear of it, affects access to drug checking, as well as on recommendations related to drug checking communications and data collection.

Additionally, two community reviewers provided feedback on the recommendations created by the cohort, focused specifically on venues where drug checking occurs outside of the cohort's primary frames of reference.

To build the conversation, RHJ held four sessions with the cohort, which included learning spaces about drug checking, including both the science and process, and the aggregation and analysis of information. Participants also received information about communications strategy to help guide discussions and provide a rubric to review different examples of drug supply communications and final recommendations.

At each session, the cohort engaged in facilitated conversations to surface lessons on how information impacted their incorporation of harm reduction practices. From these conversations, recommendations were developed specific to the communication of. At the final session, participants reviewed and responded to the recommendations as drafted, and feedback and refinement was incorporated. These recommendations reflect the results of those four conversations.

Appendix 2: Cohort Demographics and Methodology

Successes of Using a Cohort Model for Development

IDENTIFYING AND INVESTING IN LOCAL OVERDOSE PREVENTION LEADERSHIP

One of the greatest successes of this project has been the tangible investment in the leadership and expertise of people with lived experience of substance use. This project invested time and resources into bringing together the knowledge and expertise of a diverse group of directly impacted thought leaders in the field of overdose prevention. It provided a platform that invests in the proliferation of their expertise. The design of this program included elements that will strengthen the movement, working to improve the health and wellness of people who use drugs overall by expanding the knowledge of interventions, both in the mechanics and application. All cohort members saw the benefits of applying drug checking practices in their work, communities, and personal lives. The benefits of drug checking were discussed on myriad levels, from individual decision-making to the hope of predictive information, which could prevent fatal overdoses or surprise reactions to new drugs on a community-wide level. Additionally, the project created an avenue to gather the expertise of these diverse experiences to inform the field broadly, investing in cohort members as thought leaders and experts in the areas of risk mitigation and drug user health service provision.

RELATIONSHIP BUILDING

An additional benefit to the project and model is the building of cross-regional relationships between similarly situated individuals. Depending on the location, some participants were engaged in the only drug-related risk mitigation services being offered in the local area, with organizations ranging in size and staffing. This lack of proximity, alongside underfunding for professional development, can mean people with lived experience and working in overdose prevention and drug user health services are isolated from other people with that experience. The use of a cohort model, especially for a field that may be locally isolated, provides an opportunity to build relationships between emerging leaders, providing both a stronger network of support for community building and a wider net of knowledge for advancing evidence-based practices that save and improve lives. Over the course of the learning exchange's gatherings, relationships formed and blossomed between participants in real time. At the close of the cohort, several participants exchanged direct contact information, and RHJ offered whatever space and support we could to enable people to stay in touch.

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