SUMMARY REPORT — MAY 2026

Defining Practice: Competencies for Drug Checking Technicians

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Thank you to Elizabeth Burden for your skilled facilitation and the thoughtful compilation of conversation into actionable tools. Your probing questions, your comfortability in holding nuance, and your ability to efficiently pull gems of knowledge from hours of conversations are unparalleled. Thank you for making this project a reality.

We are also grateful to the drug checking technicians who shared their time, experience, and insight throughout this focus group. Your perspectives—grounded in real-world practice—help ensure that the competencies and proficiencies shared here are practical, relevant, and rooted in the realities of the work. Thank you for your openness, your expertise, and your ongoing commitment to advancing drug checking services in the spirit of harm reduction.

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Summary Report

Introduction. Convened by Remedy Alliance, the Drug Checking Technician Working Group brought together 24 experienced technicians from 19 diverse programs representing 9 states and provinces across the United States and Canada. Collectively, this group holds thousands of hours spent using FTIR spectrometers to analyze thousands of drug samples. Across four-sessions, the group task was to articulate the purpose, values, competencies, and program conditions required for successful and high-quality drug checking. Across the sessions, participants described a field that is maturing rapidly and facing mounting pressures: a volatile drug supply, rising institutional interest, limited resources, and uneven levels of organizational support. The conversations centered on defining technician-level standards, clarifying program responsibilities, strengthening soft-skill and technical competencies, and envisioning supportive environments that allow technicians and services to thrive.

These guidelines and competencies are specifically oriented towards drug checking programs using FTIR spectrometers (primarily the Alpha II from Bruker Technologies) in syringe service programs (SSPs), overdose prevention centers (OPCs), and other venues working with people who use drugs and in the context of an opioid heavy drug supply. Drug checking performed in other settings or with different technologies may have different requirements or guidelines. Apply these lessons learned as best fits your program and context.

Session One established the purpose of having minimum technical standards for technicians providing drug checking services: to protect the integrity, safety, and sustainability of drug checking. Participants spoke about the consequences of “reckless” or poorly implemented drug checking—ranging from circulating inaccurate results to fueling misinformation to eroding public trust in the service. Also noted were**:**

- **Shared responsibility to define the field.** Participants emphasized that if experienced practitioners do not collectively establish standards, external authorities—without community knowledge or harm reduction grounding—will do so.
- **Protecting credibility and safety.** Participants highlighted how inaccurate FTIR interpretation or reliance on test strips alone can quickly propagate false alerts or misinformation, harming users and undermining technician credibility.
- **Technician protections and legitimacy.** Standards can strengthen technicians’ ability to advocate internally—setting clear expectations for what drug checking can and cannot do, and what supports are required.
- **Power dynamics and ethics.** Technicians occupy positions of power when interpreting results. Standards were seen as vital for ensuring accountability, humility, and harm-reduction-aligned conduct.

Participants stressed that standardization must not “squeeze out the juice”—the authenticity, relational skill, and community orientation that makes drug checking effective. Similarly, participants emphasized that standards should not be wielded as a tool to exclude organizations from the field, but rather implemented in a way that can hold organizations accountable for ensuring the safety and integrity of quality drug checking services.

Session Two focused on refining technician competencies—technical, interpretive, and interpersonal—and on developing a progression framework for training and assessment. Key insights:

- **Competency is both technical and relational.** Participants emphasized skills such as non-judgment, managing uncertainty, communicating clearly, and navigating emotional weight—particularly when samples are connected to overdoses.
- **There are non-negotiable competencies.** These include accurate FTIR operation and interpretation, understanding limits of detection, pairing FTIR with test strips, grounding in harm reduction, clear communication, ethical practice, and commitment to data stewardship.
- **Technicians need to meet a moderate level of proficiency before engaging in independent drug checking.**
  - A proposed baseline of **6–7** on a 10-point proficiency scale for most competencies, with **8–9** for critical tasks.
  - Concordance tracking (e.g., 90% over 50 samples) was seen as helpful but insufficient without contextual evaluation of reasoning informed by experienced trainers, decision-making skills, and growth over time.
- **Training needs to progress from learning basic information and skills to demonstrating best practices.** Participants endorsed a progression that includes practice scans, exposure to diverse and challenging samples, shadowing, role-playing result delivery, and structured ongoing learning.

Overall, the session affirmed that technician proficiency cannot be measured solely through “right answers”—it must include how technicians think, explain results, and uphold harm reduction values.
Document A. Technician Proficiency: Skills Matrix

Summary Report

Session Three shifted from technical competencies to the underlying principles and interpersonal skills needed for technicians to provide high-quality, ethical drug checking services. Conversation focused on:

- **Clarifying principles.** Participants reviewed four draft principles and found that several mixed technician-level and program-level ideas. The group recommended separating technician-focused standards from programmatic responsibilities.
- **Defining appropriate technician autonomy.** Participants emphasized that autonomy must not be interpreted as working alone without support. Technicians ask for trust in their expertise and leadership *and* appropriate structured supervision and programmatic infrastructure.
- **Distinguishing individual and programmatic roles in upholding ethical drug checking practices.** Many tensions raised—such as extraction of data by leadership, unrealistic expectations, or misaligned institutional priorities—were identified as program-level issues. This led to the decision that parallel sets of principles (technician + program) are needed.
- **Identifying important soft skills.** A framework with five soft-skills domains emerged:
  - Interpersonal communication
  - Cultural and ethical competence
  - Analytical/critical thinking
  - Collaboration and relational practice
  - Self awareness and emotional resilience

A three-tier "novice → proficient → mentor" framework was introduced, with discussion of adding an intermediate tier.

- **Considering adaptability as a core expectation.** Technicians must be able to respond to a rapidly shifting drug supply (e.g., xylazine, medetomidine), while programs must listen to technicians' insights to adapt organizational responses.

Document B. Soft Skills Competencies Framework
Document C. Tiered Soft Skills Rubric

Session Four focused on program-level standards—identifying what must be in place for technicians to succeed, services to remain safe, and participants to receive high-quality care. It built upon the technician-level and program-level principles discussed in Session Three. Core themes:

- **Program alignment with harm reduction.** For drug checking to function, the institution must see it as a core service, resist coercive or criminalizing pressures, and prevent role creep (e.g., redirecting technicians to unrelated duties).
- **Organizational climate is key.** Organizational climate is crucial, ensuring that the drug checking program is a safe, welcoming space—both for staff sustainability and for participant trust and willingness to return for services.
- **Guideline adaptability.** How agreed upon principles are put into practice will differ across programs and settings, especially small vs. large programs.
- **Burnout as a structural issue.** High sample volumes, limited capacity, emotional burden, and complex analyses require programs to build sustainability into staffing models, workflows, and schedules.
- **Supportive supervision is essential.** "Supervision" should mean mentorship, structured support, protected time, wellness resources, and escape from role isolation—not hierarchical oversight.
- **Use of data is significant enough for its own principle.** Programs must ensure the ethical collection and compilation of data, interpretation of results, and communication of relevant information.

The session reinforced that program conditions—not just technician skills—determine the quality, sustainability, and safety of drug checking services.
Document D. Drug Checking Principles
Document E. Drug Checking Program Guidelines

Conclusion. This collaborative effort surfaced a shared understanding: Drug checking must be grounded in rigorous technical practice, strong ethical commitments, and program structures that prioritize technician wellbeing and community trust. Participants articulated a clear blueprint for technician competencies, training progression, and the program conditions required for high-quality service provision. Together, these discussions form the basis of a comprehensive, community-led standards framework that can guide future implementation, training, and advocacy across the field.

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Document A:
Technician Proficiency: Skills Matrix

Drug Checking
For The People

Proficiency Scale (1-10)

1	Awareness: Understands basic concepts; applies skills only in simplest situations under close guidance
2	Novice: Knows key terms; requires frequent supervision, can follow explicit instructions
3	Beginner: Can perform routine tasks with guidance; demonstrates familiarity with techniques
4	Advanced Beginner: Handles common problems independently, needs help for complexity
5	Intermediate: Applies skills in usual contexts, needs occasional guidance for challenges
6	Competent: Functions independently in most situations, reviews difficult cases with supervisor or trainer
7	Proficient: Highly skilled in applying concepts; adapts skills to unique situations, mentors less experienced staff
8	Advanced: Demonstrates deep understanding; innovates and solves complex problems; little guidance needed [*90% conformance across 50 diverse samples + reasoning behind interpretation is at this level*]
9	Expert: Recognized authority; leads training, sets standards, contributes to best practices
10	Mastery: Renowned expert/leader; shapes policy, authors frameworks, drives strategic improvements

Document A.
Technician Proficiency: Skills Matrix

Desired Technician Proficiency for Each Competency

This chart depicts the level of proficiency a technician should achieve before engaging in independent practice. Boldfaced items had a wider range of ratings. These competencies are specific to the OPUS software used with the Alpha II from Bruker Technologies. Some competencies may be different depending on what instrument and software a technician is using.

Competency	1	2	3	4	5	6	7	8	9	10
Explain drugs and drug supply							•			
Demonstrate a comprehensive understanding of the local drug supply							•			
Demonstrate critical thinking skills							•			
Differentiate types of compounds detected by secondary lab testing							•			
List the limitations of FTIR as a quantitative technology							•			
Assess concordance							•			
Conclude when to send a sample for secondary verification							•			
Demonstrate appropriate care and handling of instrument							•			
Add new libraries or updated libraries						•				
Run a spectrum search with correct parameters								•		
Set up OPUS workspace							•			
Find files and libraries within Bruker folder							•			
Autosubtract and new search								•		
Explain what hit quality is and its limitation							•			
Navigate OPUS browser and AB blocks							•			
Run a PQ test							•			
Run an OQ test						•				

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Competency	1	2	3	4	5	6	7	8	9	10
Basic OPUS troubleshooting						•				
Run a background in OPUS								•		
Maximize homogeneity of a sample							•			
Demonstrate appropriate techniques for handling and scanning samples							•			
Load a sample on the FTIR appropriately							•			
Evaluate quality of the signal prior to scan								•		
Take (conduct) a scan							•			
Remove a sample from instrument, minimizing loss						•				
Maintain workspace cleanliness to minimize cross-contamination								•		
Run a spectrum search (Scan Analysis)									•	
Shift spectra up and down							•			
Change the color of spectra						•				
Move spectra between windows							•			
Sort the hit list							•			
Evaluate matches with reference spectra								•		
Summarize what libraries to use							•			
Search selected portion of spectrum							•			

Document A.
Technician Proficiency: Skills Matrix

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Competency	1	2	3	4	5	6	7	8	9	10
Explain how to use Information Search function							•			
Identify when to stop analysis								•		
Analyze whether mixture analysis is usable							•			
Load and unload scans							•			
Integrate and interpret data from different sources								•		
Identify and discuss bias and assumptions								•		
Use context of local drug landscape								•		
Integrate and interpret test strip results with FTIR							•			
Explain/introduce FTIR technology and test strips							•			
Communicate limitations of FTIR							•			
Communicate limitations of immunoassay strips							•			
Navigate and minimize power dynamics								•		
Appropriately set expectations for service								•		
Conduct data collection survey						•				

Document A.
Technician Proficiency: Skills Matrix

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Competency	1	2	3	4	5	6	7	8	9	10
Tailor results and counseling to participant goals								•		
Communicate uncertainty without breaking trust								•		
Deliver results neutrally and non-judgmentally								•		
Provide appropriate harm reduction counseling							•			
Know when to say I don't know								•		
Explain drug tolerance and relate to results							•			
Understand medical co-morbidities and context							•			
Triage information based on participant goals and risks								•		
Interpret and present aggregate data for community						•				

Scaffolded Training Actions to Reach a Proficiency Level — Standard Workforce Development

Proficiency Cutoff	Recommended Training Action
1-2	Basic orientation; direct supervision; technician shadowing; introductory workshops
3-4	Structured training program; regular supervision; simulation practice; engage in communities of practice
5-6	Independent practice with periodic review; scenario-based learning; check-ins on performance; exposure to higher volume of samples
7-8	Advanced workshops; mentoring; case review; continuing education
9-10	Coaching; expert peer consultation

About the Drug Checking Technician Working Group

Convened by the Remedy Alliance, the Drug Checking Technician Working Group brought together 24 experienced technicians from 19 diverse programs from 9 states and provinces across the United States and Canada. The group articulated the purpose, values, competencies, and program conditions required for high-quality drug checking, and developed resources and tools for programs across the U.S.

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Document B:
Soft Skills Competency Framework

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Community Drug Checking Technician- Soft Skills Competency Framework

Domain	Competency	Technician Is Able To…	• Assessment Indicators (Observed / Verified Through…)
Interpersonal & Communication Skills	Active Listening & Empathic Engagement	Demonstrate curiosity and active listening when interacting with participants, reflecting back what was heard without judgment.	• Technician restates participant goals before proceeding with analysis. • Technician asks relevant follow-up questions when necessary. • Participant reports feeling heard/respected. • Trainer observes reflective listening during role play.
	Clear & Neutral Communication	Explain results and limitations clearly, using non-technical, non-stigmatizing language.	• Technician avoids jargon or alarmist phrasing. • Participant can summarize results in their own words. • Trainer notes clear, concise explanations in simulation.
	Managing Uncertainty	Communicate technological limitations (e.g., detection limits, unknowns) without undermining trust or accuracy.	• Technician uses phrases like “what we can see here…” or “this test can’t rule out…” correctly. • Participant understands uncertainty but remains engaged and expresses value in the interaction.
	Conflict De-escalation	Stay calm, patient, and professional when participants are distressed or disagree.	• Technician uses verbal de-escalation techniques appropriately. • Trainer observes grounded tone, non-reactivity.

Cultural & Ethical Competence	Cultural Humility	Demonstrate openness and respect for different lived experiences, drug use patterns, and identities.	• Technician:
			  ◦ Avoids assumptions about use or motivation.
			  ◦ Uses inclusive language.
			  ◦ Reflects local community norms in approach.

	Consent	Ensure participants understand and consent to drug checking, especially when sample ownership is ambiguous.	• Technician:
			  ◦ Confirms verbally before analysis.
			  ◦ Asks questions or redirects when consent is unclear.

	Anti-Stigma Practice	Model non-judgmental, person-first language and communication.	• Technician use of language demonstrates consistent non-stigmatizing phrasing. • Participant feedback reflects feeling respected.
	Ethical Reasoning & Integrity	Apply harm reduction principles and ethical frameworks in ambiguous situations.	• Technician articulated rationale behind decision making is informed by harm reduction principles and drug checking ethical frameworks.

Community Drug Checking Technician- Soft Skills Competency Framework

Analytical & Critical Thinking	Situational Judgement	Prioritize what information is relevant to share with the participant, based on their goals and risk.	• Technician:
			  ◦ Asks clarifying questions (“What do you want to know today?”).
			  ◦ Chooses appropriate depth of explanation for result delivery.

	Bias Awareness	Identify and mitigate bias in sample interpretation, participant assumptions, or data collection.	• Technician can articulate potential sources of bias (sampling, expectation, technology limits). • Supervisor notes bias checks during debrief.

	Pattern Recognition & Curiosity	Notice emerging patterns or anomalies in results; seek peer input or secondary testing when indicated.	• Technician:
			  ◦ Flags unusual scans for review.
			  ◦ Participates in peer QA discussions.

	Ethical Data Stewardship	Balance participant confidentiality with community data sharing.	• Data collection aligns with minimal-necessary principle. • Technician can explain what will/won’t be recorded or shared.

Collaboration	Team Collaboration	Engage respectfully with other technicians, share learning, and seek guidance when needed.	• Technician:
			  ◦ Attends and contributes to team QA sessions and/or drug checking networks and communities of practice.
			  ◦ Provides constructive feedback to peers.

	Peer Accountability & Mutual Support	Contribute to mutual care within the technician network.	• Technician:
			  ◦ Participates in an ongoing community of practice.
			  ◦ Attends peer calls, shares scans, and seeks support proactively.
			  ◦ Engages in shared learning and peer debriefs.Engages in peer support and advocates for colleagues’ wellbeing.
			  ◦ Models collective responsibility.

	Boundary Management	Maintain professional boundaries while leveraging lived experience and community identity.	• Technician articulates personal boundaries. • Supervisor observes appropriate handling of dual relationships.

Community Drug Checking Technician- Soft Skills Competency Framework

Self Awareness & Emotional Resilience	Self-Awareness & Regulation	Recognize stress, triggers, and need for rest or supervision.	• Technician: ◦ Names personal limits in supervision. ◦ Uses debrief or time-out appropriately. ◦ Steps away when appropriate.
	Reflective Practice	Regularly reflect on communication, ethical decisions, and participant feedback.	• Technician discusses insights during supervision.
	Sustained Learning Mindset	Seek ongoing education and peer learning to stay current with drug supply and harm reduction trends.	• Technician: ◦ Participates in learning sessions. ◦ Demonstrates curiosity about new substances/tech. ◦ Takes initiative and ownership of one's own learning.

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Document C:
Tiered Soft Skills Proficiency Rubric

Drug Checking
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Community Drug Checking Technician- Tiered Soft Skills Proficiency Rubric

Each competency is described across three levels of demonstrated proficiency:

- **Novice:** Learning and applying foundational concepts under supervision.
- **Proficient:** Consistently applying skills independently and ethically in field settings.
- **Mentor:** Modeling, teaching, and refining the skill; contributing to standards of practice across programs.

Implementation

This rubric pairs with the *technical skill standards* (e.g., OPUS operation, spectrum interpretation, concordance ≥90%) as a unified readiness framework.

Technicians should demonstrate *Proficient* level across all domains before independent field work.
Mentor status requires demonstration of teaching, peer coaching, and field leadership across at least three domains.

Interpersonal and Communication Skills

Competency	Novice	Proficient	Trainer
Active Listening & Empathic Engagement	Listens attentively and avoids interrupting; may rely on scripts.	Reflects participant's words and emotions accurately; adapts tone to context.	Models trauma-informed listening; coaches peers on complex or emotionally charged interactions.
Clear & Neutral Communication	Uses plain language but may over-explain or use technical jargon inconsistently or inaccurately.	Consistently conveys results clearly, using non-stigmatizing, non-alarmist language. Tailors explanations to different DC participants.	Tailors explanations to different audiences (media, partners); mentors others on communication tone and framing.
Managing Uncertainty	Struggles to balance honesty with reassurance.	Acknowledges limitations confidently ("this is what we can see") and maintains trust.	Coaches others on how to discuss uncertainty ethically and effectively; models transparent boundary-setting.
Conflict De-escalation	Recognizes tension but may become defensive or withdraw.	Is prepared to manage most urgent and emergency situations; models calm de-escalation techniques; maintains empathy and focuses on safety and respect.	Anticipates and intercepts conflict; teaches grounding and de-escalation strategies to peers.

Community Drug Checking Technician- Tiered Soft Skills Proficiency Rubric

Cultural and Ethical Competence

Competency	Novice	Proficient	Trainer
Cultural Humility	Demonstrates awareness of diversity; seeks guidance when unsure.	Adapts approach to each participant's background, identity, and drug use culture.	Advocates for culturally responsive practice and infrastructure,helps adapt materials for diverse communities.
Consent	Obtains verbal consent when prompted; may overlook nuances.	Consistently confirms ownership and intent before testing; stops when consent is unclear.	Guides others in ethical grey areas; helps craft policies for complex consent scenarios.
Anti-Stigma Practice	Avoids overtly and intentionally stigmatizing language.	Demonstrates consistent person-first, harm reduction language and nonjudgmental tone.	Coaches peers and partners on destigmatizing communication and policy alignment.
Ethical Reasoning & Integrity	Follows written protocols; relies on supervisors for judgment.	Applies harm reduction principles to ambiguous cases; explains reasoning transparently.	Leads ethics discussions; contributes to program-wide ethical frameworks and training.

Analytical and Critical Thinking

Competency	Novice	Proficient	Trainer
Sustained Learning Mindset	Participates in required training.	Seeks out learning opportunities and emerging information about the local supply.	Curates or teaches continuing education; contributes to field-wide resources.
Situational Triage	Gathers information from participant but results delivery is not solely determined by this information.	Prioritizes key information relevant to participant's goals and safety.	Anticipates participant needs; trains others on framing and pacing of information.
Bias Awareness	Beginning to recognize personal bias when prompted.	Identifies and mitigates potential bias in interpretation or data collection.	Facilitates reflective debriefs to help peers recognize bias and sampling limitations.
Pattern Recognition & Curiosity	Notices obvious anomalies; asks for help.	Tracks emerging patterns; flags unusual results for review and learning.	Synthesizes local trend data; contributes insights to regional or national learning networks.
Ethical Data Stewardship	Collects data as instructed; protects participant privacy.	Contextualizes data responsibly.	Advises on data ethics, privacy protocols, and community-return of information.

Community Drug Checking Technician- Tiered Soft Skills Proficiency Rubric

Collaboration

Competency	Novice	Proficient	Trainer
Team Collaboration	Participates in team meetings; receptive to feedback.	Actively shares and seeks insights and constructive feedback with peers.	Mentors new technicians; fosters culture of shared learning and mutual support.
Peer Accountability & Mutual Support	Completes assigned tasks reliably.Appreciates peer support.	Engages in peer QA and ongoing education; contributes to team resilience.Actively provides and seeks mutual support; contributes to a positive team culture.	Facilitates reflective practice sessions; models community care and collective accountability. Leads community-care practices (check-ins, mutual aid, burnout prevention initiatives).
Community of Practice	Participates in a community of practice.	Actively shares updates, reflections, and contributes knowledge sharing to communities of practice.	Organizes communities of practice and provides logistics support to maintain and sustain these networks.

Self Awareness and Emotional Resilience

Competency	Novice	Proficient	Trainer
Self-Awareness & Regulation	Recognizes stress signs after the fact; seeks supervisor support.	Proactively uses grounding or breaks to prevent burnout.	Models sustainable work habits; encourages peers to take care of themselves. Informs systems-level changes to support program and technician sustainability.
Boundary Management	Learning professional limits; may overshare or withdraw.	Maintains clear, ethical boundaries while leveraging lived experience appropriately.	Models healthy boundary practices; guides team reflection on power and proximity.
Reflective Practice	Responds to feedback from trainers.	Engages in regular self-reflection and peer debriefs; adjusts approach based on insights.	Facilitates reflection circles or supervision sessions for others.

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Document D:
Drug Checking Principles

Drug Checking
For The People

Drug Checking Principles

Identified by a collaborative working group of technicians from a wide range of programs, the principles summarized in the table articulate the values of safe, effective, and community-centered drug checking services. They are intended to guide both the operational structure and climate of programs and the day-to-day practice of technicians.

Overarching Principle Drug checking…	Principle in Practice For Programs	Principle in Practice For Technicians
Centers the needs and dignity of people who use drugs	Drug checking can only thrive when grounded in authentic relationships with people who use drugs Programs must uphold a commitment to dignity, autonomy, and non-criminalizing, non-coercive care, ensuring that every aspect of drug checking practice reflects harm reduction values and ethical integrity	Centering the needs and dignity of people who use drugs is the primary goal (or the primary function) of the technicianTechnicians embody harm reduction values in each interaction. They offer information without judgment, respect every person's autonomy, avoid coercive or punitive language, and maintain positive regard even in challenging moments
Effectively maximizes technician autonomy, voice, and expertise	Drug checking succeeds when seasoned technicians—those closest to the work—hold meaningful authority over technical decisions, ensuring drug checking practice remains accurate, ethical, and grounded in real-world expertisePrograms embed technician expertise in decision-making, uphold their authority in technical matters, and actively guard against role creep	Technicians take responsibility for shaping the quality and integrity of the work. They bring forward their on-the-ground expertise, raise concerns, and help guide technical decisions so that drug checking results remain accurate, ethical, and grounded in real-world experienceTechnicians maintain and grow their skills through ongoing practice, quality checks, and curiosity about new trends in the drug supply
Has supervision and structures that are supportive, not isolating or punitive	Program policies provide supportive supervision and infrastructure that centers technician well-being and safety rather than paternalism.Programs provide mentorship-focused supervision, protected time for drug checking role, mental health support, backup staffing, and policies that keep staff who use drugs safe.	Technicians protect their own well-being by recognizing signs of fatigue, isolation, or stress and by seeking support or backup when neededTechnicians seek assistance when needed, set boundaries, and contribute to a supportive team culture
Is grounded in honesty and transparency about capabilities, limitations, and decision-making processes	Programs model honesty by setting realistic expectations, creating non-punitive cultures, and ensuring clarity in communication and decision-making.	Technicians communicate uncertainty, show their reasoning, avoid exaggeration, and deliver results clearly and responsibly.
Centers high-quality service provision that follows best practices of the field	Programs uphold fidelity to best practices and maintain a consistent high quality standard of care that reflects the service they would want for a loved one.	Technicians follow workflows, communicate accurately, and maintain high relational and technical quality.Technicians regularly engage in communities of practice to contribute to and update best practices within their own program.

Drug Checking Principles

Overarching Principle Drug checking…	Principle in Practice For Programs	Principle in Practice For Technicians
Engages in ethical data stewardship	Programs must handle and share data ethically, transparently, and in ways that prioritize community benefit. • Build infrastructure that protects participant confidentiality by minimizing the collection of identifying information and ensuring secure data storage. • Maintaining program-wide practices that prevent drug checking information from being used to cause harm, stigma, or criminalization. • Programs advocate for ethical data practices with funders and external partners, ensuring that deliverables do not require unethical or unsafe data collection and sharing. • Programs structures prioritize real-time access to FTIR results, prevent data gatekeeping, and protect ethical data usage aligned with community benefit	Technicians protect participant privacy and handle data with care. They communicate results clearly, avoid overstating what scans can or cannot show They foster trust by being accurate, honest, and thoughtful about the impact of the information they share: • Manage all data—raw spectra, aggregated summaries, qualitative notes, and trends—with a high degree of caution, ensuring that its use, interpretation, and sharing adhere to ethical standards and do not outpace what the evidence can support. • Communicate results in ways that clearly convey uncertainty, limitations, and context, ensuring that participants and partners receive information that is precise, realistic, and grounded in established technical constraints. • Uphold public trust by being transparent about methods, limitations, data practices, and decision-making processes, ensuring that communities understand how information is generated, interpreted, and used within the program and broader systems.
Is adaptable to changing drug supply and community needs	Because the unregulated drug supply is dynamic, programs must remain adaptable to shifts in the drug supply and responsive to evolving community needs. Programs update practices to reflect emerging trends and support technicians in adapting workflows.	Technicians stay alert to supply changes, monitor novel patterns, seek verification through secondary testing, and adjust their approach accordingly. Technicians regularly engage with communities of practice to stay abreast of changes and developments in the field.
Sustainably and effectively meets community needs	Programs ensure drug checking is resourced sustainably—appropriate staffing, equipment upkeep, realistic expectations, and institutional alignment	Technicians participate in sustainability by using resources responsibly and contributing to improvements. Technicians solicit community feedback and reliably communicate changes in community need to program administration.

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Document E: Programmatic Guidelines

Drug Checking
For The People

Programmatic Guidelines

Drug checking technicians provide specialized, community-centered services that enhance public health. Drug checking *programs* carry a shared responsibility to uphold the integrity of the service, protect participant dignity, support technician wellbeing, and ensure high-quality, community-centered practice.

Developed by a collaborative working group of technicians from a wide range of programs, the following program guidelines describe the organizational policies and structures necessary to put the above principles into practice for safe, ethical, and effective drug checking operations across settings. These guidelines complement the competencies and expectations for individual technicians by defining what programs should provide to enable technicians to perform their work responsibly.

The examples are provided to illustrate practical application, clarify ideas, and offer concrete instances of each of the guidelines. Every program is unique—and there are likely examples that don't fit for every program. If you find that these do not fit for your program, use the principles to inform your decision-making and practice.

Centering Needs and Dignity

Guidelines	Small Program Examples	Large Program Examples
Uphold non-stigmatizing practice	Use check-ins with experienced harm reduction practitioners	Integrate harm reduction values into organizational policies
Ethical guidance for consent	Empower technicians to decline unethical requests for drug checking and drug checking data	Provide written ethics frameworks and case consultation sessions
Guard against coercion	Evaluate research partnerships responsibly	Use research-review processes that protect community interests and wellbeing
Operate with care expected for loved ones	Apply fidelity checklists	Embed the principle into SOPs and onboarding Apply fidelity checklists

Programmatic Guidelines

Technician Voice and Expertise

Guidelines	Small Program Examples	Large Program Examples
Recognize seasoned technician expertise as authoritative	Defer to technicians on spectral interpretation, uncertainty calls, and data caveats Ensures technician review of any public-facing language on results or trends	Incorporate technicians into organizational decision-making structures (eg, quality committees) Give technicians authority over technical policy sections of SOPs Establish written procedures requiring technician sign-off on all technical interpretations
Embed technician voice in decisions	Use simple feedback loops (eg, weekly debrief) to refine workflowsHave technicians lead the planning of program adjustments	Create formal working groups a particular goal or capacitation in mind with technicians as lead participants Ensure technician participation in protocol development, data-sharing decisions, and program evaluations
Protect against role creep	Ensure roles are clearly delineated despite small staffingHave dedicated time blocks for drug checking; set aside separate, sufficient time for administrative tasks	Avoid asking technicians to assume admin tasks like procurement or contract reporting Establish written policies distinguishing technical, administrative, and managerial authority Resource admin, operations, and data roles to prevent overloading technicians Ensure compensation and authorship credit accompany technician expertise in publications or presentations

Honesty and Transparency

Guidelines	Small Program Examples	Large Program Examples
Communicate uncertainty clearly	Provide scripts for explaining “I don’t know”	Maintain standardized uncertainty documentation workflows
Foster non-punitive cultures	Use informal check-ins for error discussion	Build systems where raising concerns is rewarded, not penalized
Model transparent reasoning	Debrief difficult scans collaboratively	Require “show your work” discussions in QA meetings

Programmatic Guidelines

Supportive Supervision and Infrastructure

Guidelines	Small Program Examples	Large Program Examples
Provide supportive supervision	Use peer check-ins. Hold team meetings for routine check-ins. Hold informal debriefs after difficult results sessions. Maintain access to external technical support.	Establish layered supervision models (eg, technical lead + program manager). Schedule reflective practice sessions. Create structured meeting schedules for technical and operational review.
Establish adequate staffing	Maintain two-person coverage when possible. Set conservative sample-volume expectations aligned with capacity; expectations should acknowledge that more complex drugs require more time.	Ensure that technicians have a reasonable workload, living wage, and supervision/ therapy/ support. Maintain staffing levels that prevent isolation across shifts and sites. Use workflow management systems to monitor workload, avoid overextension, and schedule rotation.
Implement safety protocols	Adopt simple, clear de-escalation procedures tailored to small teams. Train all staff in conflict resolution and overdose responseIdentify safe rooms/spaces for staff to use if conflict escalates.	Provider formal de-escalation training and coordinated response systems. Maintain formalized safety, incident reporting, and escalation protocols across sites.
Support well-being	Normalize stepping back without stigma Mental health support - available, optional. Create low-effort backup plans for coverage during time off.	Create burnout-prevention policies, structured time-off rotation, and resiliency supports. Build continuity plans ensuring operations remain stable even when staff step away.
Ensure safety for staff who use drugs	Protect privacy. Avoid punitive responses.	Maintain policies protecting health insurance and access to care.

Programmatic Guidelines

Quality Service Provision / Service Model Integrity

Guidelines	Small Program Examples	Large Program Examples
Maintain clear operations	Keep one simple operations binder.	Establish a protocol with steps for intake, analysis, and sharing results. Update quarterly based on technician feedback. Assign an operations manager to ensure consistency.
Provide ongoing training	Dedicate 1–2 hours weekly to concordance review and skill improvement. Use peer-to-peer networks for support.	Support informal and formal continuing education opportunities. Encourage technician participation in peer networks for ongoing support. Create progressive competency tiers.
Train non-DC staff	Provide basic FTIR/testing-limitations orientation to program directors and comms staff.	Require foundational training across departments.
Institutionalize QA	Keep a simple spreadsheet tracking concordance and unusual results. Conduct monthly peer review of scans.	Implement formal QA plans with weekly review, monthly reports, and corrective-action protocols. Assign technicians to QA and continuous improvement roles.
Ensure consistent communication	Use simple, repeatable scripts and printed materials.	Develop organization-wide communication standards. Monitor consistency through observation and QA.
Promote accessibility & safety	Maintain predictable hours and privacy. Offer simple referral pathways. Take steps to ensure privacy for participants in small or public spaces.	Expand hours (evenings/weekends) and coordinate across sites. Implement site-design standards to reduce stigma and improve anonymity.

Programmatic Guidelines

Data Access, Transparency, and Stewardship

Guidelines	Small Program Examples	Large Program Examples
Ensure real-time data access	Provide timely access to spectra analysis results and interpretations to participants.	Maintains communication systems with other harm reduction and outreach staff to ensure results reach participants in a timely manner.
Minimal data collection	Collect only essential details.	Use encrypted systems and retention schedules.
Ensure clear and accurate communication of results	Share results from fully trained technicians, or results that have been reviewed by experienced technicians. Use standard verbal disclaimers about limits and uncertainty.	Maintain organization-wide approved messaging templates. Establish review committees for external communications. Train staff to deliver results with consistent language.
Adopt ethical data governance policies	Collect only essential information. Keep secure, minimal data storage (eg, locked binder or encrypted spreadsheet).	Implement robust data governance infrastructure, including retention schedules and access controls. Use secure digital systems (eg, REDCap, encrypted databases). Create institutional policies and practices that protect anonymity and confidentiality.
Establish review protocols for external communications	Require technician review of drug alerts or external messaging. Limit drug alerts to critical information only.	Create an expert review committee for alerts, dashboards, reports, and media statements, including participants and people with lived or living experience. Publish organizational guidelines for responsible drug supply communication.

Adapting to Changing Drug Supply

Guidelines	Small Program Examples	Large Program Examples
Build agility	Check in with the drug checking networks and communities of practice when new substances appear. Update talking points informally.	Hold staff check-ins when new substances appear. Develop agency-wide notification systems for emerging trendsIssue coordinated multi-site alerts.
Ensure organization-wide readiness and responsiveness	Brief staff informally when new findings arise.	Train all relevant departments to interpret and respond to emerging drug trends. Maintain coordinated messaging across sites.
Use secondary testing & consultation	Send unusual samples or samples with adverse reactions to partner laboratories. Send outliers for secondary testing when appropriate.	Establish ongoing contracts with secondary testing labs. Maintain formal peer-consultation networks for complex or novel results.

Programmatic Guidelines

Sustainability and Infrastructure

Guidelines	Small Program Examples	Large Program Examples
Prioritize sustainability	Apply for micro-grants; plan for upkeep Build budgets that reflect realistic capacity Reduce deliverables or expectations to match capacity and funding	Build multi-year funding plans with diversified revenue. Create budget lines for appropriate staffing, QA, training, and administrative support.
Set realistic expectations	Avoid unrealistic quotas or deliverables; emphasize quality and engagement	Establish organization-wide metrics centered on quality, equity, and sustainability. Avoid volume-based incentives or expectations that undermine safety.
Provide admin support	Designate part-time admin support or share administrative capacity with partner organizations	Hire specialized admin, data, communications, IT, and procurement staff. Build infrastructure that supports scaling and complexity.
Maintain community relationships	Host periodic conversations with PWUD communities and partners Share limitations transparently with stakeholders Participate in drug checking communities of practice	Maintain formal MOUs with SSPs, clinics, shelters, and public health agencies. Participate in statewide or regional coordination networks. Create institutional feedback loops to integrate input from people who use drugs into program operations (e.g., Community Advisory Boards).
Navigate political context	Use cautious, technician-informed messaging	Develop formal political engagement strategies with harm reduction safeguards.

About the Drug Checking Technician Working Group

Convened by the Remedy Alliance, the Drug Checking Technician Working Group brought together 24 experienced technicians from 19 diverse programs from 9 states and provinces across the United States and Canada. The group articulated the purpose, values, competencies, and program conditions required for high-quality drug checking, and developed resources and tools for programs across the U.S.

Thank you!

Thank you for taking the time to read this report. If you have any questions or would like to discuss our findings further, please don't hesitate to reach out to us.

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