Healthy Sexuality and Harm Reduction/Street Connections Drug Checking Evaluation 2025

Healthy Sexuality and Harm Reduction, WRHA, Winnipeg

In this report:

Drug checking is an intervention that is part of a continuum of harm reduction strategies aimed at addressing the rising issues of drug poisoning and overdose in our communities. It legally allows individuals to anonymously submit samples of their street drugs to determine their content. This information can help service users alter their consumption practices (or decide not to consume) based on the results.

Drug checking services have been integrated into Healthy Sexuality and Harm Reduction's services (HSHR). This new service started on June 10, 2024, and is currently available on Mondays, Wednesdays, and Fridays from 8:30 am to 3:30 pm at HSHR's office, in downtown Winnipeg.

HSHR decided to evaluate Drug Checking service to understand the following questions:

- Who accesses drug checking services?
- Under which circumstances do service users access drug checking services?
- What aspects of the service do service users find beneficial?
- What barriers do clients attending HSHR services face in accessing drug checking?
- What has facilitated the incorporation of drug checking services at HSHR? What challenges have been faced during implementation? What needs to be put in place to ensure the sustainability of the service?

The knowledge gained from this evaluation will be used to improve the service and to share information with people who use drugs, community partners, government, and the wider community.

Acknowledgments

We appreciate our evaluation participants for providing much needed insight into drug checking.

We deeply appreciate gaining an understanding of how this service relates to your lived experiences with substance use.

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www.streetconnections.ca

The Evaluation

We invited participants when attending HSHR for services. Participants who were not using drug checking were invited when seeking out harm reduction supplies or nursing care. Drug checking services users were informed of the evaluation when attending the service.

Most interviews were conducted in person, and a few were over the phone. For the most part, they lasted about 20 minutes. Participants received $20 compensation. These interviews focused on knowledge and experience of drug checking, understanding of how this service fits participants' substance use practices, and more.

All the information remained confidential.

We conducted semi-structured qualitative interviews with 17 participants who had not used drug checking services, and 9 service users. The interviews were conducted in Aug-Sept 2025.

We also reviewed notes from internal meetings, and documents to describe and assess the incorporation of the service into HSHR/Street Connections. Information recorded for each drug checking encounter was also reviewed.

This report includes what we learned from all these different sources and perspectives.

Overview of Drug Checking Service

Drug Checking Services at HSHR/Street Connections started operating on June 10, 2024. The service is available three days a week (Monday, Wednesday, and Friday) from 8:30 am to 3:30 pm. Fridays are the busiest days, with 40% of the encounters occurring on that day.

The service uses Fourier Transform Infrared spectroscopy (FTIR), and fentanyl and benzodiazepine test strips. Access to confirmatory testing, which assists in addressing limitations of the technologies, is available from Health Canada's Drug Analysis Services.

Posters advertising the services, including a description of what the service offers and times of operation, are available in the main area where clients wait for services or come to use a phone. A notice of the service is available in the Street Connections newsletter (every two weeks). A small leaflet is available or offered during harm reduction supply distribution encounters, including at services offered in the Street Connections van. On the days the service operates, information is posted on a board at the entrance to the office. The general public can access the information from the Street Connections website, see drug checking – Street Connections

There is no dedicated staff for drug checking services at HSHR/Street Connections. Specifically trained Public Health Nurses, Outreach Workers, and Communicable Disease Technicians provide the service.

B.C. Centre on Substance Use (BCCSU) provided an intensive week-long training before HSHR launched the service. It continued to support capacity-building with additional training.

Further, BCCSU has been instrumental in supporting the establishment of many aspects of the service. Their numerous resources facilitated the development of procedure documents. Their staff provided guidance for the development of the database, which allows for direct data entry at the point of care, and timely data analysis. BCCSU facilitated the connection with Health Canada's Drug Analysis Services, and the larger drug checking network of services, i.e., Canadian Drug Checking Working Group from the Canadian Centre on Substance Use and Addiction.

Regular meetings of all staff involved in the service occur to discuss practice-related matters, and other aspects of the service, such as exemption renewal requirements, and collaboration across local services.

The Encounters

From June 2024 till the end of September 2025 (15.5 months), Drug Checking Technicians engaged in 263 encounters in which one or more checks occurred. Most encounters concerned checking for one sample. However, numerous encounters involved between 2 and 6 samples.

In all, there were 368 checks involving FTIR technology and 379 involving the use of benzodiazepine and fentanyl test strips. Not all samples were submitted to all the checks available.

Additionally, we recorded several encounters in which no checks occurred. Checks were not recommended when the person checking was doing so on others' behalf without their consent and represented potential harm to the actual or suspected owner of the drug. This included landlords or relatives who had found substances belonging to people in their buildings or homes. These encounters focused on how best to support people who use substances.

According to Health Canada's Office of Controlled Substances, we are required to record the age and gender of service users. However, because we do not keep information on unique service users, we can only report on the gender and age of service users presenting for drug checking. Therefore, information on the demographic profile presents limitations.

Overall, about 65% of encounters involved individuals who identified as males, followed by 17% of encounters involving female-identified service users. A few participants indicated their gender as non-binary, genderfluid, or agender, and gender was not identified for a handful of service users.

About 80% of males were between the ages of 20 and 49, with 72% of females following within the same age range (Fig. 1).

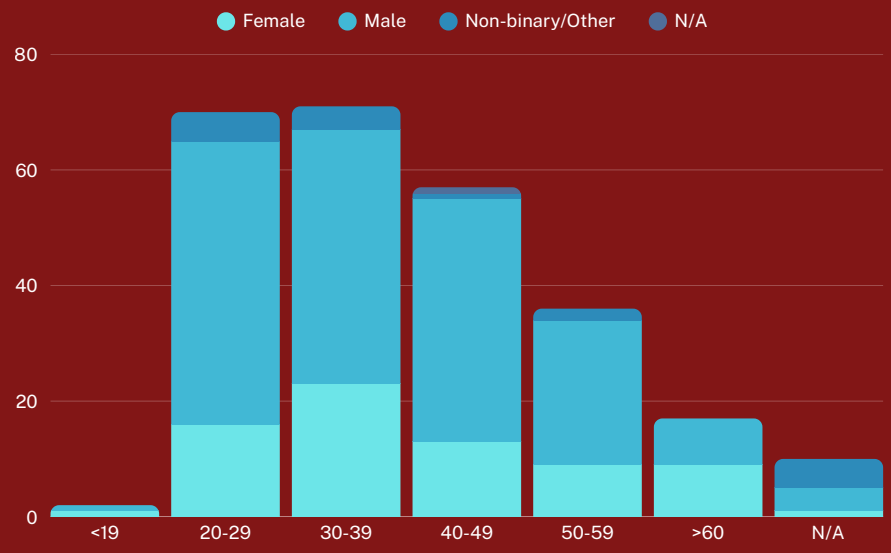


Fig. 1 . Drug checking - age and gender at time of encounter (June 2024-Sept 2025)

A View of the Samples Checked

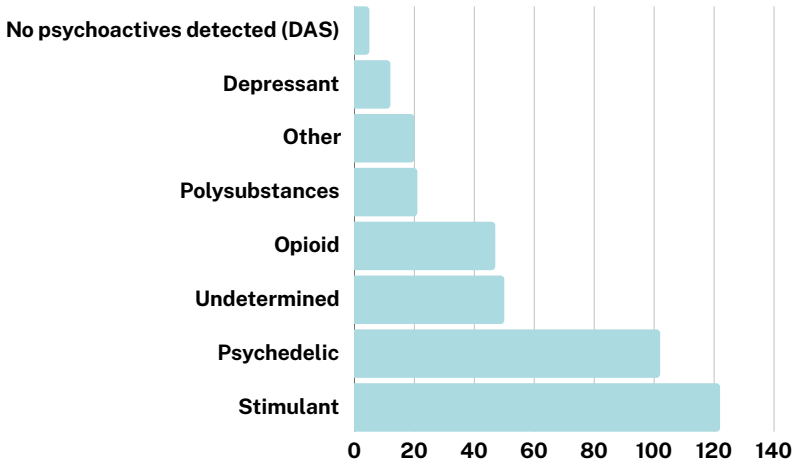


Fig.2. Drugs Detected (June 2024-Sept 2025)

Most samples checked fell under the category of stimulants (e.g., methamphetamine, cocaine, crack cocaine) and psychedelics (MDMA,etc.) (fig. 2). In this figure, we include results from FTIR, test strips, and Health Canada's Drug Analysis Service (DAS) confirmatory tests. Most of "down" samples are included in the category of polysubstances. These included fentanyl and/or analogues and benzodiazepines. In a few cases, tranquilizers were also detected. Samples with undetermined results mean that we could not detect psychoactives using FTIR and test strips.
No psychoactives detected were found in a few samples sent to DAS.

Expected Results

In 73% of the samples, the service confirmed what service users expected (fig. 3). 12% of the samples did not contain the expected drug. For the remaining samples, service users did not report an expectation of what the substance was, as most of these were reported to be "ground finds."

Over half of the service users for whom the service returned "unexpected" results received "undetermined" results. This was mostly the case for known limitations of the technology, such as the detection of psychoactives in liquids or pills, and the inability to detect expected substances in "down" samples.

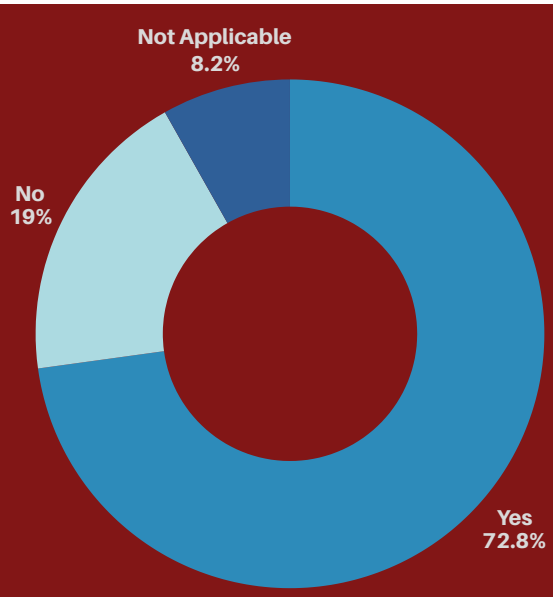


Fig. 3. Drug checking - expected results (June 2024-Sept 2025)

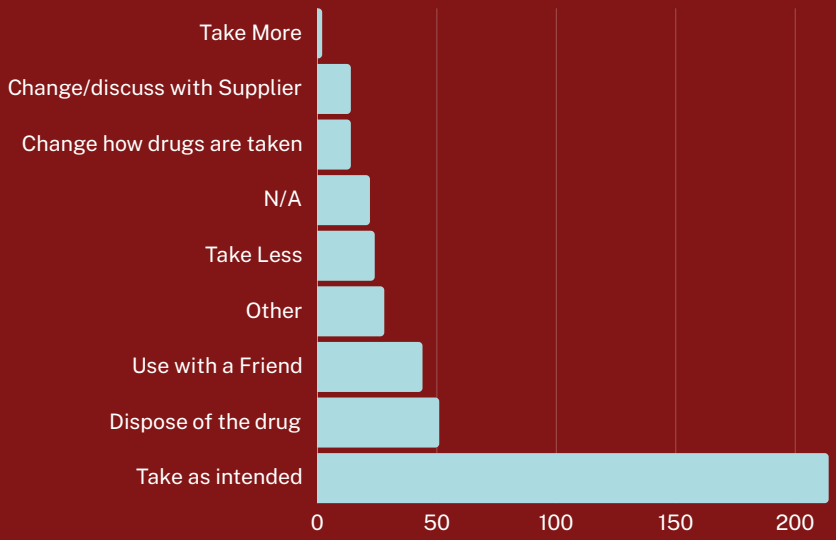


Fig. 4. Intended actions upon receiving checks results (June 2024-Sept 2025)

Intended Actions upon Receiving Results

For the most part, service users found the results to match what they believed the drug to be. Therefore, they indicated they will consume the substance as originally intended. Also, in some cases when the expected substance was not detected using FTIR, but test strips were negative for fentanyl and benzodiazepines, the service user would consume the substance as intended. When the drug did not match their expectations many service users would dispose their drugs, use with a friend, discuss with the supplier or change how they use the substance. (fig. 4)

Assessment of the Service Operations

Service Establishment

The establishment of the service required major program investment. HSHR/Street Connections started to learn about drug checking in 2019 when it began to develop a literature review and program proposal for drug checking services. However, the opportunity was only realized in October 2024, when the new Manitoba Premier mandated the Minister of Housing, Addictions, and Homelessness to "work with experts to create systems for testing toxic drugs to help save lives."[1]

Once supported by leadership, it took 8 months for the service to become operational. The process mostly involved the creation of documents and procedures for approval from Health Canada's Office of Controlled Substances. Without clear guidance documents from Health Canada, the process for establishing the service resulted in multiple exchanges intended to clarify how the service fit within Health Canada's requests, and made sense for HSHR/Street Connections and service users.

Familiarity with the development of guidance documents assisted with procedures that would work for the drug checking service in the HSHR/Street Connections context. Yet, the specificity of drug checking services required major investment in research and consultation. Further expectations from Health Canada led to a refinement of procedures that would comply with their requirements.

The Province of Manitoba provided financial support for the purchase of equipment and to facilitate access to training.

[1] Mandate letter to the MB Minister of Housing Addictions and Homelessness and Mental Health (October 2023)

Training

Access to specialized training is key to successful service delivery. BCCSU's capability in making training materials available, and providing training and consultation made it possible to deliver smooth services.

However, ongoing capacity-building support for current and new drug checking technicians has been a major topic of discussion internally and with other drug checking services in Winnipeg.

HSHR has been able to train a relatively large cadre of staff to ensure coverage and prevent service disruptions. Still, concerns about disruption of services or the ability to maintain the service with the turnover of staff or insufficient staff available to provide the service are commonly discussed among other drug checking providers.

Staffing Model

The role of Drug Checking Technician has been subsumed into the regular series of activities across three different positions at HSHR/Street Connections. This new service required that staff be able to dedicate time to providing the service without major disruptions from other key activities. Some concerns have been raised as the specifics of the new role are not included in any current job description. Questions about remuneration based on the added specialized role, and discrepancies in providing the service across positions that are remunerated at different rates have also been raised. This is one aspect of service sustainability that requires further discussion.

Service Model

Drug checking service has been developed to be incorporated with other services, mainly harm reduction supply distribution and sexually transmitted and blood-borne infection (STBBI) care. A dedicated and private space was secured for discreet service provision.

The hours of operation are bound by the HSHR office work hours. The days and times of operation were selected for staff to be able to accommodate these activities within their regular tasks. Several clients have been turned away from the service on days the service is not available. However, it appears that access to the service on Fridays is helpful to many service users.

Staff conducting drug checking services are limited to the provision of the service, that is, the checking of drug samples, rather than participating in the building of the service more fully. Staff are unable to include other key related activities, such as the promotion of the service or direct engagement with potential service users.

Members of the staff also participate in a local community of practice with the intent to share information on the technicalities of the role and provide support to service users.

Monitoring and Data Collection

Data collection is required as part of the exemption to the Controlled Drugs and Substances Act (CDSA) to operate the service. As protecting service users' anonymity was a must, no identifiable personal information is collected. The focus of data collection has been on the substances checked and outcomes of the encounter (i.e., what service users would do with the results from the checks). HSHR secured support from a professor and a post-doctoral fellow with Community Health Sciences, University of Manitoba, for the development of a database.

The HSHR/SC database was modeled after BCCSU's database and in response to Health Canada's required indicators. Other indicators have been incorporated to describe the full scope of the service, beyond the sole provision of drug check results. This includes other services provided to drug checking service users, such as harm reduction supplies, naloxone, and referrals to social and health services.

This database was developed with the intent to become available to many Drug Checking sites in Winnipeg. Access to data across sites is needed to fulfill one of the objectives of a drug checking system, which is to understand local drug trends. However, the lack of capacity to support the expansion of the current database has restricted its use to the HSHR/Street Connection team only. Potential provincial support for all sites should involve the development of a database that can be supported by the provincial health system (i.e., Shared Health). Management and system support of the database is needed to make this resource or a similar resource accessible across sites.

In a nutshell, we learned that drug checking services require resources beyond the materials to operate the service. Sustainability of a service that is part of a "system for testing toxic drugs" is predicated on the availability of key program infrastructure. This includes coordination, data collection and management, support for adequate staffing, and costs of supplies.

Drug Checking: Community Members' Perspectives

The Healthy Sexuality and Harm Reduction/Street Connections office experiences an average of 75 encounters each day for harm reduction supply distribution. However, the interest in drug checking services among most individuals seeking assistance — primarily for harm reduction supplies and STBBI care — remains low. The following section outlines the findings regarding those who are not currently utilizing drug checking services.

Non-Users of Drug Checking Services

Participants ranged in age from 18 to 48 years old. Nine participants identified as men, 7 as women, and 1 as Two-Spirit. All but one identified as First Nations.

Most of the participants were precariously housed, with 5 living on the street or in abandoned buildings; temporarily living with relatives or friends (5), couch-surfing (2), shelters (2). Only one reported having their own place.

Most resided within walking distance from HSHR (13); however, a few mentioned more than one neighborhood, indicating their high mobility due to their housing situation. A few mentioned residing farther away (West Broadway, Osborne, the West End). All participants were currently unemployed. A few were volunteering in community organizations in their area (e.g., Sunshine House, community patrols).

Knowledge of the Drug Checking Service

Most participants indicated being regular participants of HSHR/Street Connections services [1]; however, most did not know about drug checking services.

The few that indicated an awareness of the service said that they had heard about this from participants in the evaluation (i.e., interviews concerning the service). Further, only one participant was somewhat familiar with drug checking services. This participant had attended another service that offered drug checking services in Winnipeg. Still, they had not used it.

We asked these participants to describe what they thought drug checking services offered. Tentatively, many participants indicated that the service will tell "what's in your drugs" or check if "drugs are safe" for consumption. A few described other familiar drug testing practices, such as "pee or hair" testing, common tests used to assess for the presence of drugs in one's body. Some participants who have never heard of drug checking could not imagine the service. A description of the service was provided for all participants.

Many believed the lack of awareness or knowledge was a major barrier to accessing the service.

Many indicated that they usually learn about services and programs via word of mouth within their networks. This suggests that information about drug checking services had not entered the conversations among people who use drugs.

[1] Most of these participants would also participated in harm reduction-related services from other services in Downtown Winnipeg (e.g., MOPS, Main Street Project, N'Dinawemak, Nine Circles).

Legal Context of Drug Checking

In addition to the lack of knowledge of the service, a major barrier to accessing the service relates to the illegal nature of the unregulated drug supply and the criminalization of drug use.

Most participants were concerned about being "busted" by the police when using the service. In other words, people thought the police may be informed that people were coming for drug checking or that the police may wander around the facilities when drug checking services are provided.

A few participants believed that the people who use drugs would be concerned about having their drugs confiscated or not returned by the service.

People will be concerned about not getting you the drug back.

I think that people would feel that you may be informing [the police], keeping the drugs, getting in trouble, someone taking your drugs, ...it's kind of tough sometimes, come here, there is security in the lobby...

(...) get arrested, don't want the cops to be involved, and also get the stuff confiscated.

People would be scared that you will call the cops, be busted, lots of people are paranoid.

People may be thinking that they will get caught, "take it from me", kinda. A waste of money.

Trusted Sources of Drugs

Several participants indicated that they will not use the service. They believed that the service would not add new information about the drugs they are currently using. Participants indicated that having access to substances from trusted sources was key for them to keep "safe." Most participants reported having a regular source or dealer. A few made the point that they "don't buy [drugs] off the street," suggesting that they would not trust these sources.

I stick to select sources, don't go to any Joe Blow (for drugs), not now, not the way things are. [I am] not taking a risk. The people I know don't cut the fentanyl...[sell it] as it is.

-Would you bring your ish or crack to check?

I don't know. I have a very good source. I always use the same source, top of the chain, never buy off the streets, I know my dealer, it's a good one (...) If people trust their dealer, they won't come, if it is a "safe source", people won't fuck around.

However, even when accessing or relying on a "good source," some described instances in which they would use substances from unknown sources, mainly through their peers or relatives. This was common when using substances shared by others, that is, substances that others will split or share. This indicates that some participants did not obtain drugs from their regular trusted supplier all the time.

One participant believed that dealers may not appreciate that people are checking their supply. This participant described this as a "risk" for the community.

[getting] beat up [from?] people, risking that, if the dealer found out you come here to get [their drugs] tested.

Stimulant Use

Participants believed that the types of substances used did not need to be checked. This was the case of stimulants, mostly crystal methamphetamines, but also cocaine and crack. Several participants believed that these types of substances were not adulterated with fentanyl and its analogues or other novel drugs.

I don't do down, only uppers, like cocaine, meth, and rock. If you do down, it's cut with other stuff. I stay away from opioids; they are touch-and-go, you never know the dosage.

I only use ish. Not sure that I need this. Although the only thing about ish is that there is a lot of fake stuff. I try to get a chunk, then you know it's right. But for others, it may be good. Test your drugs. It is then your choice to take it or not. But I can see some users would take it [even] if not what they want - I have seen that on the street.

Still, when asked about experiences with overdose or drug toxicity events or bad reactions to their drugs, some who indicated only using stimulants had also experienced overdoses or had unexpectedly "nodded off" when the drug used was supposed to be a stimulant.

-Have you ever overdosed or had a bad or unexpected reaction when using "hard" or meth?

- Twice, I overdosed. I found something that [a relative] had, it looked like crack to me, it smelled like crack, it tasted like crack, they told me it was "hard." I smoked it, and they had to use nasal Narcan [on me]. Another time, the same, but I got to use Narcan myself, before going down, inject.

Prioritizing Drug Checking

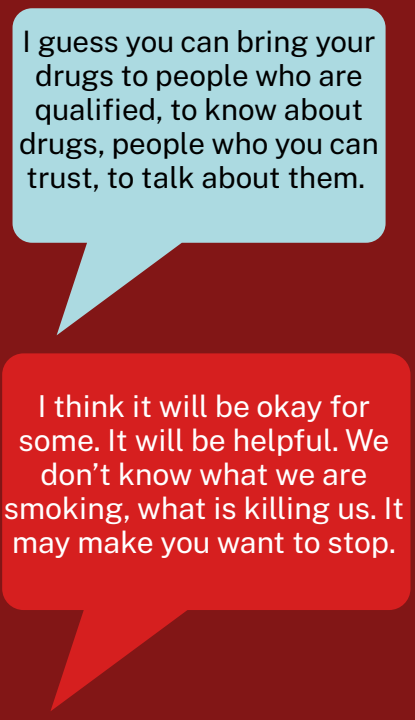
Most participants supported the services. They believed that it provides important harm reduction information.

Participants who envisioned "trying" out the service indicated that they would do it after an unusual or unexpected reaction to it. They would bring a sample to see what substances were involved in the reaction rather than using the service as a preventive approach.

I would use it, like if I came across a pill that I took and was off. I would want to know what was in it. If people know what they are doing, they will take steps. People would want to know what it is, it will be safer.

However, participants indicated that many would get "side-tracked," or may "not care." These remarks were provided in the context of managing withdrawal. Because participants cannot legally use their substances on-site, drug checking may not necessarily make sense for them.

Finally, some would try the service if or when they had some drugs to check on them. This suggests that people need to be reminded of the service.



Harm Reduction Practices

Drug checking services include robust harm reduction messaging in each interaction. To further understand participants' experiences with drug use and harm reduction practices, we asked participants what they did to prevent or manage bad reactions or overdoses when using substances. For the most part, participants described common harm reduction practices such as:

Use drugs with others

I always use with people.

I do drugs with a friend or family member.

I get someone to use before me, ask people if they have tried or if they would do it before (me)

Use a little at a time

[I] don't overdo it (...) take only little. I try not to smoke too much at a time.

Carry Naloxone

I try to carry naloxone all the time

While these practices are commonly discussed in harm reduction services, participants described other practices. The most frequently noted was **smoking "down"** as a way of reducing the risk of accidental overdose. It appeared that overall, those who used "down" would only smoke it.

> I use fentanyl, down. I only smoke, never shoot it. What's scary now is that people are shooting because [they] don't have bubbles.

Another common practice involved "tasting" the substance.

I taste it. If it doesn't taste good, don't use it. I know how it tastes.

A few participants mentioned harm reduction practices in relation to the transmission of bloodborne infections. Also, smoking was believed to be a less harmful practice when compared to injection in the case of infections.

I try not to inject anymore, mostly smoking (...) I try to be good to my body. I can see what injecting does to my body. I want to be healthier.

Promoting Drug Checking Services

As posters and written materials in the office, in the Street Connections van, and online are available, we probed on communication approaches to improve reach. Not surprisingly, **the main way people access information is verbal communication**. A few participants clearly indicated not reading materials at all. Participants indicated that people circulate information about services within their network.

Just tell people. The best way is word on the street.

Talk to people. I will tell people if they want to know what is in the drugs, to come and test them. I will tell my friends.

A few participants mentioned that services needed to **make** "**it exciting for them to come**, like draws, incentives for folks to come. More snacks." One of them suggested that people be invited to a "listening session, like this survey," where they could get a gift card or other type of compensation.

Written materials were less relevant for these group of participants. However, s**ome would check bulletin boards in community organizations in downtown Winnipeg, where they live.**

...the random poster, bulletin boards in organizations, around downtown. I take a look at those things from time to time. You have to educate on something that can kill, and get rid of the stigma. Some content has to be more bold, stick out, and make me learn more about it.

I guess, billboards, something that people can read, put it out there in a good spot where people hang out, that catches their eye (...) downtown, around Main Street, right on the street, where people go by.

With most participants having no cellphones or limited connectivity, **online information was believed to be of limited reach within their communities**. Facebook was the most commonly named social media platform among this group of participants.

One participant suggested that **mobile services** would make the service more accessible: "be more out there. Make it mobile."

Drug Checking Service-Users

Nine service users participated in an interview. The age of these participants ranged from 23 to 51 years of age, with most being in their 30s.

Five participants identified as males, 2 as females, 1 as non-binary, and 1 preferred not to disclose their gender.

Three participants identified as Indigenous, and the rest as Canadian, with a few remarking their Southern European and South American backgrounds.

All these participants reported being housed. Reporting of their housing situation included living in their own house or apartment (mostly as renters) (n=5), with friends (n=2), and with family members (n=2). All but one participant was currently unemployed. Two-thirds of the participants owned a cellphone.

Knowledge of Drug Checking Services

Several participants had learned about the service from online sources. Their initial knowledge of drug checking services resulted from several social media sources, including TikTok and Instagram. The initial information was "pushed" to them while searching about the service or as a result of broader searches related to harm reduction services. For instance, one of the participants came across a post from Get Your Drug Tested in British Columbia, and another participant saw a post by a friend who works in Drug Checking Services in B.C. This prompted these participants to search for local services. Their searches led them to the Street Connections website.

I only learned about this service from TikTok, social media from Get your drugs tested in BC had this TikTok about their service. I was wondering if there was a service like that one here. I looked online and found out about this service, here [went to website for information]

I am very active online, and follow harm reduction stuff in social media. But I have seen this in the [Street Connections] website.

I looked up at was available in Winnipeg. This is the more reliable [service] I found out. [reliable? can you tell more about this?] saw that people recommending this on Reddit. [How did you hear about drug checking in the first place?] I have a friend who works in a drug checking service in BC. They are a technician there. They were posting about the service [online].

A few other participants had heard directly from attending services at Street Connections.

I have come here for supplies for years. I learned from coming here, it was good to know.

I learned from my friend, [name], he told me everything about it, try to find out if there is fentanyl in your drugs. I also saw it in the thing [Newsletter] [do you come here for other services?] yes, for years, I always tell everybody about Street Connections. I have come for vaccines, STI testing, clean supplies

Finally, a few participants had used the service only once as a result of information evaluation participants shared with them.

I came with a friend, a friend told me [do you usually come here for other services?] used to come a lot in the past for many years, for supplies, and now I am coming back. I was at an encampment for a long, long time, now I have a place, just recently, around here.

I came one day, and a friend told me about the evaluation, so I checked it out.

Accessing Drug Checking

Circumstances for Checking

About half of the participants had used the services only once; the rest had done so a few times. Those who had attended more than once described accessing drug checking when procuring a new "batch" of substances. Some participants procured substances online, via the mail.

For the most part, the service provided the expected information. Participants wanted to confirm that their samples coincided with what they obtained, and ensure that substances were not contaminated with unexpected substances.

I had a co-worker die of a fentanyl overdose. This helps with harm reduction, making sure that there is no fentanyl on it. I would come if I get a new batch, or a new source. I guess, sometimes you can tell, if it may have been cut. I will come back again, when I get opioids again in the future. I know that there is xylazine, and other stuff...

I would check it out when I get a new batch, see what's in there, and what I am taking.

I come here irregularly, maybe once a month or every couple of months, depending on what I buy. (...) I come every time I get new supply [from online purchase].

One participant described attending the service after having used the substance they came to check. In this case, the reactions to the substance prompted an interest in actually knowing what it may have contained.

I don't know, how I felt, something was different about it [drugs]. [what kind of things were you feeling?] **I didn't OD [overdose], but a friend of mine did, using the same [drug], and had to be hospitalized. I think it is good to know if what is found contradicts what we think we got.**

Substances Checked

Most participants described bringing in samples from a wide range of psychoactive substances, such as cocaine, heroin, MDMA, sedatives, and fentanyl. A couple of participants indicated having checked unregulated "performance enhancement" substances (e.g., anabolic steroids or testosterone).

> *The things I bring are experimental, some liquids. Too bad I cannot get more information [from these]. I thought that sending it off for more analysis (...). There is a lot of stuff out there, lots of people injecting all kinds of things, lots of young people [emphasizes]. I have heard horror stories. You see lots of syringes in sharps containers at the gym. People don't know that this [service] is available. If you want, I can put a sticker on all the gyms I go to, about this service. I understand that you'd be concerned about street drugs; people need immediate help with information about those, but, for long-term side effects, managing health overall... People think that they are taking things that are good for you, for your health, but nobody questions what's in these [performance enhancement] drugs.*

Service Experience

Reliable information

Participants were highly satisfied with the services. They mainly appreciated that the staff demonstrated proficiency in the service, and found that the information shared was reliable.

I like that the staff tells me the benefits and limitations of the test. Last time, the guy showed me the graph [from the FTIR] as well.

It was a really great experience. The staff [name] explained everything, and it was cool to see how the whole process worked, showed me. They knew what they were doing.

All the information is good, harm reduction. I was clean for a year and a half, I relapsed, so, okay, good, good, let's get these tested - it was all sugar, nothing else. It was supposed to be fentanyl - with street drugs, people don't mind getting fentanyl, but the tranq! nobody wants that!

Service users appreciated that they could rely on the information shared, even in the face of the limitations of the technology.

It was very good, all the general information given, about safer use.

[did you get new information, things that make you think differently about substance/substance use?]

There was no new information, but got a better sense of harm reduction.

It was good. The [staff] explained everything. How things work. It helps to think of better ways, safer ways of doing [drugs].

Relational Approach

Another characteristic of the service that participants reflected upon concerned the relational aspect of the service encounters. Participants described the services as respectful, non-judgmental, and harm-reduction focused.

Also, there is no stigma; everyone is open and welcoming. If I have to compare it with a pharmacy, for instance, when you go get naloxone...

Help me with trust (...). It is hard to come in with your drugs [here]. What if you keep drugs and call [the police], and we get busted? Now, I know.

People [drug checking technicians] are friendly, personal, helpful. Very good. It is a great service, all I have to say is positive, people are empathetic and understanding.

I didn't feel judged by [the staff].

Accessibility

Participants mentioned that the services were accessible to them. The days and times of operation and the location, did not present issues. Participants were able to organize themselves to attend during the established hours. Again, most participants would check when they procured a new batch of substances, before consuming them.

The time and days work well with me. I have a flexible job, different hours. I am available to attend.

I like this service a lot. It is easy for me to access it. The times and days work for me. I can organize myself around that time. Easy to access. Even when I am further away, it works for me; I don't come regularly.

It is accessible to me. Not very far. I think this is the responsible thing to do.

One of the participants appreciated timely access to information from additional testing when samples were sent to Health Canada's Drug Analysis Service.

I know that there is also the possibility of getting stuff to the Drug Analysis Service. For that, I wanted to get a phone call. That works very well for me. That I don't have to come back here. I know that this has changed; before, I had to call back.

Service Outcomes

Harm Reduction Messaging

Overall, participants positioned the service as a harm reduction service.

This service is helpful. It helps with risk management, a harm reduction service (...). It helps me with dosing. [how come?] **If cut, I would be more careful with how much I would take. Helps with risk management, be aware of side effects, and health concerns. Helps me to put more trust in the [substance].**

All participants relayed the many harm reduction strategies they used to manage potential adverse outcomes from substance use. As with the participants who had not used drug checking services, service users described their main strategies as using substances with others, carrying naloxone, smoking substances rather than injecting, and maintaining a relationship with the same supplier.

Narcan, not use alone, no injecting/not sharing with the same needle. Smoking it's safer than injecting, for sure.

I use meth and down. I only inject meth, smoke down. You get a better high from smoking (...) I microdose, use a little, and then if not too strong, use more. Always get high with someone else, and have Narcan around.

I always made sure to use a little before deciding how much more to use. I did use with someone, always. Back then, before Naloxone was even here. Always clean stuff. Who you get it from, also, never from someone off the street, always a person you know, always going back to that person, trust the person you know.

Stick to one person, I mean, buying from a reliable source, that's a good thing. Use Narcan. Narcan now is normalized, part of it. Using outside is scary. Also, see all the people looking for more stuff. Fentanyl is short-acting. It is good that you can get Narcan now.

Confirming Expected Substances

Participants appreciated receiving reliable information that would confirm or refute what they expect their drug to be. This, in turn, helped them to decide on how, or if, to consume their drugs.

At least I know what I get from these online sites, be able to confirm what's in it. 2 of the bottles didn't have the substance it was supposed to have.

Helping Assess Sources of Drug Supply

According to many participants, drug checking service would help assess drug suppliers. In an unregulated drug market, the information shared would help participants to gauge if their suppliers were reliable.

This gives me an idea of the suppliers, too. Whenever I buy something new, I come to have it tested. Since I have this "rep" [supplier], it seems that I am getting good stuff [sigh of relief when mentioning this rep].

First of all, I was pissed, I thought I was ripped off, when it came back only sugars. I learned [that I needed] to make sure who I am getting things from, even taste it, because I know how they taste.

It is good to have this service, that the government supports this. Hopefully, the government will continue to keep doing this, because it is also the government that causes most of the problems with drugs [unregulated market]. This helps us to manage some risks

Improving the Service

Service users were satisfied with and supportive of the service. However, some of them asked about the actual reach of the service. This led to a discussion on approaches for making the services more accessible.

Who is bringing drugs [to check] here? I don't see people on the street coming here [for this]. I think that you should give out testing strips, for people to use when they are using.

The distribution of fentanyl test strips was mentioned by a few participants, who believed that this would also help some at the time of using substances.

Further, as with people who are not currently accessing drug checking, the criminalization of people who use drugs was believed to be a major barrier that required attention at policy and program levels.

What it would be nice, and I know that it is not likely, is like in BC, if the police pull you over and find you with [drugs] be protected to transport [drugs] for testing. Have something written down. I asked for information that I came to get [drugs] tested, the results, here, just in case.

Stigmatization of drugs and people who use drugs was another area that needs to be addressed to improve reach and access of drug checking services. That drug checking is a legal service may not be fully trusted or understood by the community.

I am very supportive for this service to continue. I know that there is a lot of stigma around drugs, and getting people to know that this is a perfectly legal service, it takes time, for people to see that this is a legally safe service.

I think people may think "Am I going to get in trouble?" as a drug user you get sketchy. You need to come here to read the room, you know what I mean.

Participants endorsed the communication of facts about drug checking services via social media or other online platforms.

Have more of a social media presence. There are not a lot of resources about this [in Winnipeg], updated, informative.

Do you have a website? [yes, webpage], have an app with the information, interactive app, post stuff always there.

Conclusions and Ideas for Action

The evaluation of HSHR/Street Connections' drug checking service demonstrates that it is both acceptable and accessible to many community members, with participants reporting positive experiences and practical benefits.

At the same time, the findings highlight important barriers, in particular for Indigenous and structurally disadvantaged populations who face disproportionate harms and limited access.

Current communication strategies, especially reliance on written materials, are insufficient and inadequate. This underscores the need for more direct, community-based approaches such as verbal information sharing and peer involvement. Findings point to key messaging that can be addressed with the community.

Within the current service structure, the lack of dedicated staff limits the service's ability to incorporate community engagement and communication activities as part of their role. In addition, other supports, including a dedicated budget for ongoing supplies and the drug checking service, are key to its feasibility.

Ultimately, the service's long-term success depends on deeper community engagement, inclusion of people with lived experience, and sustained investment in staffing, technology, and regulatory compliance. Addressing these challenges will not only strengthen the reach and impact of drug checking but also ensure that it becomes a trusted, responsive, and vital component of harm reduction in Winnipeg's evolving drug landscape.

In other words, the recommendations from this evaluation include:

Community Engagement & Collaboration
- Incorporate service users and people with lived experience as collaborators to build trust and promote services.
- Expand outreach through verbal communication during harm reduction supply distribution and other service interactions.

Targeted Communication Strategies
- Prioritize culturally safe, verbal, and peer-led approaches over written materials.
- Clarify the legality of drug checking.
- Address misconceptions about "trusted suppliers" and stimulant use by emphasizing the risks of unexpected compounds in the current toxic drug supply.

Capacity Building
- Secure dedicated staff positions to focus on community engagement, education, and communication.

Sustainable Resources
- Ensure ongoing funding for technology, supplies, and reference libraries.
- Build capacity for timely responses.
- Advocate for strengthened infrastructure for data collection and analysis, drug alerts, and compliance with Health Canada requirements that benefit a drug checking "system", beyond HSHR/Street Connections' service.