

Vermont Community Drug-Checking Program Guidelines

Published April 2024



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Introduction

The primary goal of community drug-checking is to support Vermonters in making informed decisions about their health to prevent overdose and other adverse outcomes related to substance use. Therefore, the people who will be served through any community drug-checking program should remain the focus as the program is developed.

How this document should be used:

Community drug-checking programs must comply with the requirements set forth in this document when providing community drug checking services in Vermont. Additionally, this document is intended to provide information related to community drug-checking to help inform the many ways community drug-checking programs may be implemented in the State.

Legal Reference:

- i. “Approved drug-checking service provider” means the definition provided by [18 V.S.A. § 4201\(45\)](#).
- ii. “Drug-checking” means the definition provided by [18 V.S.A. 4201\(47\)](#).
- iii. Immunity protections for individuals obtaining or providing drug-checking services in Vermont are defined by [18 V.S.A. § 4240a](#).
- iv. In addition to these guidelines, community drug-checking programs are required to be familiar with [18 V.S.A. § 4240a](#) and confer with their attorney(s) to ensure compliance with all applicable Vermont statute(s) when planning and implementing a drug-checking program in Vermont.

Definitions:

- i. “Drug-checking” means the testing of a substance to determine its chemical composition or assist in determining whether the substance contains contaminants, toxic substances, or hazardous compounds.
- ii. “Community drug-checking program” means an entity providing drug-checking services in compliance with these guidelines as a harm reduction and overdose prevention tool for people who use drugs in Vermont.
- iii. “Code of Federal Regulations” and “CFR” means the codification of the general and permanent rules published in the Federal Register by the departments and agencies of the Federal Government.ⁱ
- iv. “Approved drug-checking service provider” means a provider who complies with operating guidelines developed by the Vermont Department of Health (Department) pursuant to [18 V.S.A § 4240a](#).
- v. “Fourier-Transform Infrared spectrometer/spectroscopy (FTIR)” means a testing technique utilizing technology with different colors of light shone on the sample to measure the absorption of light to identify component of the molecules in the sampleⁱⁱ.
- vi. “Test strip” means immunoassays, in the form of paper strips, to detect specific substances. Examples include fentanyl test strips, xylazine test strips, and benzodiazepine test strips.

- vii. “Secondary testing” and/or “confirmatory laboratory testing” means additional testing completed by a laboratory entrusted with the custody and analysis of regulated drugs, to confirm the on-site testing results.
- viii. “Raman spectroscopy” means a testing technique utilizing technology to analyze the structure of the molecules using light to identify individual componentsⁱⁱⁱ.

Who these guidelines apply to:

- i. This guidance applies to all entities that perform community drug-checking (as defined in the above section) in the State of Vermont.

Who these guidelines do not apply to:

- i. This guidance is not intended for drug-checking as a service to analyze substances/samples intended for use as evidence to prosecute people who use drugs.
- ii. This guidance is not intended for organizations that are collecting samples for testing outside of Vermont such as samples mailed to nationwide drug-checking organizations.
- iii. This guidance is not intended for organizations only utilizing test strips as the method for community drug-checking or for organizations distributing test strips as part of harm reduction programming.

Who developed these guidelines:

These guidelines were developed by the Vermont Department of Health. Information and technical assistance provided by Brandeis University, New England High Intensity Drug Trafficking Area Program, and AIDS Project of Southern Vermont.

Vermont Community Drug-Checking Program Planning

Needs Assessment:

Planning for a Vermont community drug-checking program requires an assessment of the needs of those served by the program. Accordingly, community drug-checking programs are required to perform a needs assessment to inform the selection of drug-checking methodology and strategies of communicating results to people accessing the community drug-checking services.

- i. The needs assessment must be developed based on the needs of those who will be served by the program and must, at a minimum, provide the following:
 - a. Type of drug-checking methodology to be used;
 - b. Communication strategies for:
 - i. Providing testing results and the risks of substances identified to the community drug-checking participants directly. The community drug-checking program must identify the language needs of the populations expected to be served by this program as part of this assessment;
 - ii. Communicating the availability of this resource to participants, community partners, and the public;

- c. Proposed location of the community drug-checking program, including whether the community drug-checking program will be a fixed-site location, mobile service, or a combination of both methods;
- d. Schedule specifying the hours and days of the week when community drug-checking services will be available; and
- e. Partners for program implementation.

Community Drug-Checking Technology Requirements

When deciding on the appropriate drug-checking technology, a community drug-checking program must, at a minimum, demonstrate implementation of the following core technology requirements:

- i. Evidence of validation by the technology manufacturer that the chosen technology is effective.
- ii. Standardized training for the program's selected drug-checking technology must be available and provided to all drug-checking staff.
- iii. Documentation of the proper storage, utilization, and disposal of reagents if required for testing methodology.
- iv. Documentation of the proper conditions of use for the drug-checking technology including requirements for temperature and humidity control, physical space limitations, and ventilation.

Evaluation Plan:

- i. The community drug-checking program must develop an evaluation plan to ensure the program's operation continues to meet the needs of those it is intended to serve. The program's evaluation plan must, at a minimum, include the following:
 - a. Hours of operation;
 - b. Geographic accessibility, including mobility if applicable;
 - c. Process of collection and analysis of samples collected directly from the public;
 - d. Waiting time between the collection of the test sample(s) from the participants and communication of the results directly to the participants;
 - e. Type and content of educational materials provided to participants;
 - f. Type and content of educational materials provided to the community and community partners to increase awareness of the community drug-checking program;
 - g. Opportunities to reach additional participants;
 - h. Number of staff trained to perform drug-checking;
 - i. The staffing pattern utilized for the community drug-checking program; and
 - j. Description of exchanges of information between the participants and the community drug-checking provider, including how results were communicated, how risks to the participants were communicated, and how the program tailored the information provided directly to the participant on the drug-checking results.

Staffing and Training:

The community drug-checking provider must conduct an assessment to identify the staffing level needed to effectively implement the program. The provider must consider, among other things, how to ensure the shortest possible waiting time for the analysis result after sample collection.

Additional requirements include:

- i. Development of Standard Operating Procedures related to:
 - a. Onboarding and training of staff, which must include the number of staff needing to be trained to ensure appropriate staffing levels of trained staff for the community drug-checking program as designed by the organization.
 - i. Staff training must be uniform to ensure multiple people have the required expertise to perform community drug-checking.
 - ii. Staff training must include training on 42 CFR Part 2, Confidentiality of Records. (<https://www.ecfr.gov/current/title-42/part-2>) and 45 CFR Part 164, HIPAA Privacy Regulations. (<https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-C/part-164>).
 - b. Community drug-checking workflow; changes to the procedures over time must be documented to ensure practices can be monitored and evaluated.

All training materials and procedures must be developed utilizing easy to understand language. All training materials and procedures must be physically accessible at all times the program is operational.

Vermont Community Drug-Checking Implementation

Services must be provided in compliance with the following federal regulations

- i. 42 CFR Part 2, Confidentiality of Records. (<https://www.ecfr.gov/current/title-42/part-2>);
- ii. 45 CFR Part 164; (<https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-C/part-164>). and
- iii. HIPAA Privacy Regulations.

Prioritization of Minimize Barriers to Engagement:

Community drug-checking programs must observe the following in developing and implementing a community drug-checking program:

- i. Ensure the community drug-checking program is centered on people who use drugs and their needs in relation to drug-checking.
 - a. The program must be developed with an understanding of the drug supply, culture(s) of the population being served through the program, and with a deep knowledge of harm reduction and overdose prevention practices.
- ii. Minimize barriers to participants providing a sample for testing.

- a. Drug-checking methodology must be chosen to require the smallest possible sample needed, a method in which a sample is not destroyed during the testing process, or the ability to test drug trash (example: drug packaging) and/or single use drug tools (example: syringes, cookers, or pipes).
- iii. Limit the amount of information required to be provided by the participant in accessing these services. These services must be provided anonymously.
- iv. Limit barriers to participants accessing information.
 - a. Minimize time between collecting the testing sample and providing the test results to the participant.
 - b. Limit participant reliance on technology such as phones and the internet to receive results.
- v. Develop partnerships and referral processes with community partners to increase pathways of engagement with the community drug-checking program.

Providing Community Drug-Checking Results:

Results must be real-time, specific, meaningful, and actionable.

- i. Results must be provided to participants within the shortest period of time possible from when a sample is provided for testing and when results are available to the participant.
- ii. The program must have a defined workflow and communication strategy to minimize time and barriers in communicating results to participants, particularly if the staff member who collected the sample and/or performed the drug-checking is not the same staff member communicating the analysis result. Results must be available to participants in multiple ways including verbal and written. Participants must be empowered to choose how to receive their results to best support their health literacy.
- iii. Results must be provided with additional information offered to the participant related to the substances identified in the results. This must include, but is not limited to, information about:
 - a. How the substance could impact the participant's risk of overdose;
 - b. Methods to reduce the risk of overdose of the identified substance(s);
 - c. If naloxone is effective in reversing an overdose related to the identified substance(s);
 - d. How to respond to an overdose related to the identified substance (s);
 - e. How the identified substance(s) could impact other aspects of the participant's health and well-being including but not limited to wound development;
 - f. If there is an unknown substance(s) identified in the sample, this should be clearly communicated to the participant with acknowledgement of unknown risk in consuming the identified substance(s).
- iv. Results should be provided in easy-to-understand language.
- v. Limitations of the results must be provided to the participants in easy-to-understand language.

- vi. Generalized information of what substance(s) were identified in recent community drug-checking samples should be provided to the program's wider participant base to help inform overdose prevention information and health knowledge for as many people as possible.

Vermont Community Drug-Checking Data Collection and Submission

Pursuant to [18 V.S.A. § 4240a](#), information collected through community drug-checking programs must be submitted to the Department to inform ongoing public health responses to drug overdose prevention. Community drug-checking providers must develop and maintain a data management plan to address data storage, maintenance, submission, and retention. Drug-checking programs must virtually submit drug-checking results monthly to the Health Department through this [submission link](#).

Maintaining the anonymity of community drug-checking participants is essential. No identifiable information will be requested by the Health Department and shall not be requested by the community drug-checking program.

Service providers must submit the following data to the Department on a monthly basis:

- i. Date sample was received;
- ii. Town in which the sample was received;
- iii. What the participant suspected the substance(s) to be;
- iv. Color of the sample;
- v. What form the sample was in (examples: powder, crystal, liquid); and
- vi. The results of the drug-checking.

All required data, with the exception of what the participant suspected the substance(s) to be, can be documented without the participation of the community drug-checking participant. If the participant does not consent to providing the information about what they suspected the substance(s) to be, "unknown" must be documented for this data requirement.

Community drug-checking programs may submit the following data to the Health Department on a monthly basis if they have this information available:

- i. Sample ID;
- ii. Taste of the sample (provided by participant if consumed prior to testing);
- iii. Smell of the sample (provided by participant if consumed prior to testing);
- iv. Did this sample have an associated overdose?;
 - a. If so, was the overdose fatal?; and/or
- v. Description of the packaging the sample was obtained in.

The community drug-checking program must ensure data collection does not become a barrier to participants engaging in this service.

Community drug-checking programs may utilize existing data collection platforms to support data collection, management, and retention. Identifying and utilizing low cost or free options, such as [StreetCheck](#), is encouraged by the Health Department.

Role of the Department of Health

The Health Department is responsible for the following in relation to drug-checking in Vermont:

- i. Program implementation technical assistance.
- ii. Regular review and updates as appropriate to the Community Drug-Checking Guidelines. Any changes will be clearly logged with dates in the “Summary of Updates” section of the Drug Checking Guidelines.
- iii. Statewide data collection and dissemination of deidentified data.
- iv. Creation of an advisory group. This group must consist of community stakeholders. The purpose of this group is to create a feedback mechanism for these guidelines. The group will also assess and provide recommendations on the data collection elements, as well as what data dissemination or data products are desired to inform overdose prevention efforts across the state.
- v. This advisory group must include:
 - a. Community partners;
 - b. People with lived or living experience;
 - c. Scientists; and
 - d. Other relevant stakeholders (examples include: Street Check, and organizations implementing community drug-checking in other states).

Community Drug-Checking Technology Considerations

Additional considerations community drug-checking programs can take when deciding upon the drug-checking technology to use are outlined in the Trans European Drug Information’s (TEDI) *Drug Checking Methodology*^{iv} document. This includes but is not limited to the following:

- i. The technology’s ability to be used in fixed site and mobile settings, and what would fit best with program design based on the needs assessment.
- ii. Consideration of ongoing costs: consumables, equipment, maintenance (regularly scheduled calibration, repairs), training, libraries, software, reagents, general upkeep (power, security).
- iii. Whether the technology provides quantitative data (which substances are present) or qualitative data (how much of substance is present).
- iv. Types of samples that can be tested (solid, liquid, pill, etc.) which can vary by testing method.
- v. Time required to set up testing equipment, both initially and each time a sample is tested.
- vi. Time required to analyze sample from obtaining sample from person to communicating the results.

- vii. Understanding the reference library contents associated with the testing methodology and if they are they a good match for the local drug supply and how often they are updated with new substances.
- viii. Laboratory results are not required in Vermont’s community drug-checking methodology. Laboratory results, however, can be important for continuing to develop the overall efficacy of this public health approach and may be considered as part of a community drug-checking program plan. Laboratory testing is recommended to ensure the sensitivity and specificity of the initial results. Any substance that is unidentifiable in the initial testing should be sent for laboratory testing.

Summary of Updates:

Date	Changes Made	Section
April 25, 2024	Original Iteration Published	

ⁱ <https://www.govinfo.gov/help/cfr>

ⁱⁱ <https://www.tedinetwork.org/guidelines/>

ⁱⁱⁱ <https://www.tedinetwork.org/guidelines/>

^{iv} [TEDI Guidelines A5.pdf \(tedinetwork.org\)](#)