



# B.A.O.N.P.S. – Be Aware On Night Pleasure Safety

(HOME/2014/ JDRU/AG/DRUG/7107)

## Italian Results

### 1) DRUG CHECKING IN ITALY: WHAT'S NEW?

Since the BAONPS Project has been implemented, two projects have been carrying out experimental drug-checking services in party settings in Lombardy:

- **GoodNight** Project – Bergamo (MI) (Cooperativa Aeper in partnership with Coop.Itaca and Coop. Alchimia): the project is funded by the Lombardy Region with the European Social Fund (promoting social inclusion – fighting marginalisation).
- **Cooperativa Lotta Contro L'Emarginazione**: the outreach teams have been performing drug checking in party settings from January 2017

Other public (NHS) and private (NGO) organisations have been performing or have planned to implement a drug checking service, targeting the heroin and cocaine street users:

- **Drop-In Collegno (NHS - public service provider)**: Since July 2016 the clients can have their drugs analysed
- **Drop-In Reggio Emilia** (it is managed by an NGO - Coop. La Quercia – in partnership with a public NHS drug service provider - AUSL RE): the NGO applied for a project including drug checking in the call for proposal “JUST-2016-AG-DRUGS”, Drug Policy Initiatives – Justice Programme
- **Outreach workers in Genova – AFET Association** after the death of a teenage girl, due to an alleged MDMA overdose, local government asked private associations involved in outreach programmes to develop drug checking facilities.

Furthermore, a workshop promoted by the CNCA took place at Florence, on March, 23rd 2016. The event aimed to create a setting in which forensic toxicological laboratories and outreach teams both from NGOs and NHS addiction service providers could meet, connect and discuss how to take forward other drug-checking implementations in local contexts. The National Institute of Health joined the workshop and its representative, Dr. Roberta Pacifici, was very interested in drug checking as a tool to collect data on illegal psychoactive substances that actually circulate in Italy, in order to improve the National Early Warning system. At the end of October, representatives from CAD, CNCA and Coop.Alice will participate to the Italian meeting for the organisations involved in the National Early Warning System that will take place at the National Institute of Health.

## 2) BAONPS Project – ITALY

From February 2016 to August 2017, the BAONPS project performed 33 outreach interventions and in 27 of them partygoers were provided with a drug checking facility; 19 interventions happened in legal parties and 8 happened in free parties (underground raves). 12 interventions took place in the Piedmont Region and were managed by Coop. Alice in partnership with ASL TO4, the others took place in other Italian Regions (Friuli Venezia Giulia, Lombardy, Tuscany, Umbria and Lazio) and were managed by local outreach teams.

Drug checking was always performed by CAD while Coop. Alice mainly performed the related counselling; when the BAONPS project moved outside the Piedmont Region for interventions, professional workers from the other Italian outreach teams had the opportunity to experience themselves in providing users with drug-checking counselling.

The last intervention of the project took place in a psy trance festival and was managed by Coop. Alice, CNCA and DrogArt. Almost all the CNCA outreach teams that supported the BAONPS project, a peer volunteer association (Tipsina) and two outreach teams working in party settings from Eastern Italy (Streetlife and Overnight) were involved in the intervention. CAD, Coop. Alice and DrogArt managed the drug checking facility.

### Drug Checking results: drug analysis

Drug checking was performed by using the TruNarc – RAMAN Spectroscopy<sup>1</sup> (FIG.1). The instrument can identify the main substance contained in a sample by analysing the RAMAN spectra produced by the substance. The identification of the drug is due to the comparison of that RAMAN Spectra with those contained in the TruNarc internal library.



FIG.1

A total of 472 samples, mostly powders, crystals and pills, was analyzed. Illicit substances were detected in 304 samples (64.4%). Finding included MDMA (106 samples), ketamine (87 samples), cocaine (51 samples), amphetamine (47 samples), methamphetamine (2 samples), heroin (2 samples) and NPS (9 samples). Among NPS, the instrument identified mephedrone (2 samples), methylone, 4-fluoroamphetamine (4-FA), 2,5-Dimethoxy-4-chloroamphetamine (DOC), 4-methylethcathinone (4-MEC), mexedrone, methoxyphenidine, and a mixture 4-FA/methylone. Furthermore, two samples were identified as Precursors of psychoactive substances. Specifically, one was recognized as norephedrine and one as pseudoephedrine. For all the traditional drugs, the result matched the anticipation offered by the subject volunteering to drug-check the substance he or she was about to use. A result linked to a non-controlled substance was displayed with 38 samples (8.0% of the total). The identified compounds included caffeine (10 samples), dypirone (3 samples), lidocaine, procaine, baking soda, calcium carbonate, cellulose, corn starch, lactose, Epsom salt, polyethylene, mannitol and sodium sulfate. When caffeine or a cocaine cutting agent (e.g. mannitol) was identified, two scenarios are plausible: either a fake drug, or a very diluted cocaine or speed (i.e. amphetamine) powder, in which the illicit substance was not identified due to sensitivity

<sup>1</sup> <https://www.thermofisher.com/order/catalog/product/TRUNARC>



issues. On the other hand, the identification of licit yet psychoactive molecules (e.g. dypirone, which was found during the event to be sold as MDMA), poses a health concern, when the user is not aware of the real composition of the substance he or she is taking. If the Alarm, Clear and Warning results are summed up, the total is 344 samples (72.9%), which were generally identified in less than 2 minutes. This means that in 3 cases out of 4, our drug checking service was able to offer a prompt answer to all subjects willing to test their alleged drugs. The remaining 128 samples (27.1%) resulted as Inconclusive. The reasons why our instrument was not able to identify the main component are, likely, i) the low concentration of the active principle, ii) the fluorescence of the main component, which in turn might have been the active principle itself, or some pill excipient/additives/fillers which had covered the active principle's signal, and iii) the lack of the RAMAN spectrum in the instrument library. While the first two limitations look more difficult to overcome and surely require some software development by the manufacturer, the third issue seems easily handled with regular updates of the library, keeping path with the introduction (or at least with the available reports) of NPS into the black market.

### ***NPS identified in Italy***

**The BAONPS project identified 16 NPS from February 2016 to August 2017;** in 8 cases they were sold as NPSs, with their true names while in the other cases, NPS were sold as traditional ones and with the name of the substance they mimic: methylone and 4-FA were sold instead of amphetamine, 25B-NBOMe and 25I-NBOMe were respectively sold instead of LSD and mescaline, 5-Meo-MiPT was sold instead of mescaline, in little blu pills with the Superman logo (3 times). In three cases some NPS were sold instead other NPSs: yellow little pills and a white powder both supposed to be 2C-B respectively turned out to be 25I-NBOMe and pentylone while a blot of alleged 25I-NBOMe turned out to be 2C-I.

### ***Drug Checking results: counselling***

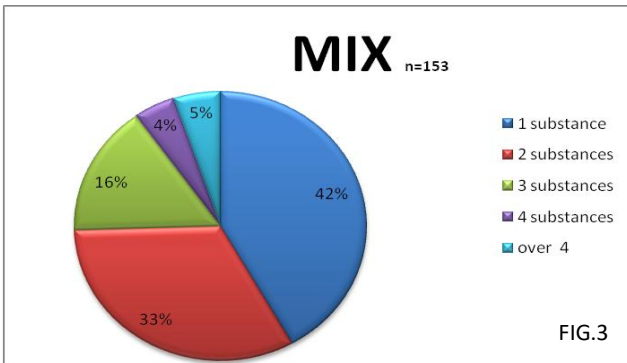
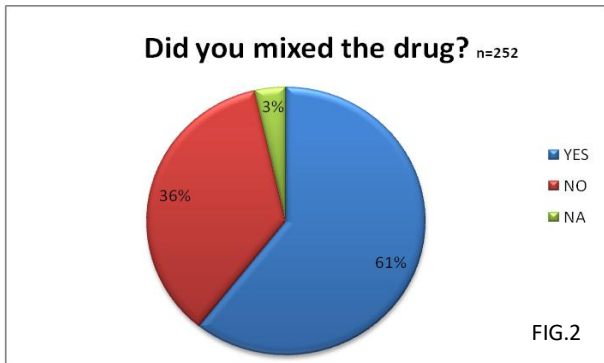
A specific form was created to perform the drug-checking counselling; the form was created following the models of other European drug-checking services, especially Apdes/CheckIn and DrogArt, as best practices. The counselling was composed of two parts: a pre-test counselling and a post-test counselling so the form was also divided in two parts (that related to the pre-test and that related to the post-test). The questions composing the form were not mandatory for the workers: this tool was meant to act as a guide for operators that were providing users with counselling, during the drug checking. This brought sometimes the workers to not fill-in the form completely or to avoid "writing too much" in the meanwhile the analysis was performed. The main objective of this first pilot experience of formal drug checking was to inform people and provide them with a motivational interview focused on drug use; secondly, the objective of the on-site drug checking was to link with problematic drug users.

For the reasons listed before, there is a difference between the number of the drug checking performed and the drug-checking counselling forms filled-in: 472 drug checkings were performed but only 252 counselling forms were collected.

The 66% of the drug-checking clients are males, the 18 % are females and the 16% doesn't want that the sex is registered in the form.

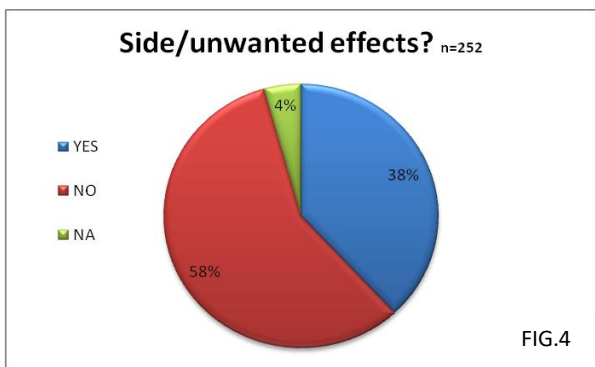
The majority of the drug-checking clients (67%) has already used the drug that is going to be tested; often, the substance has been used with others: as revealed in previous research (Neutravel Project 2011; 2015) the main drug consumption pattern is the poly-drug use.





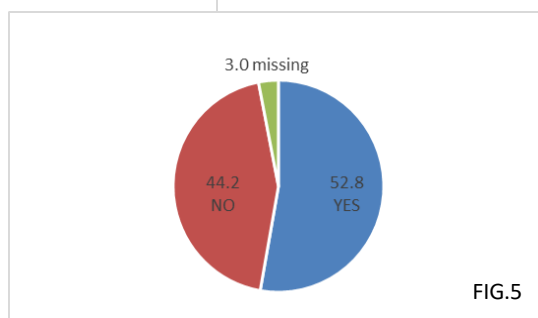
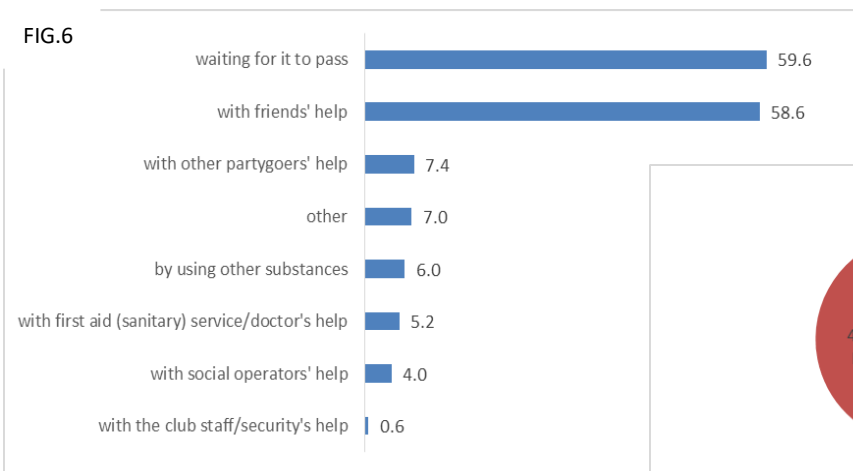
As seen in FIG. 2 and 3, most of the clients have mixed the substance tested with another or with other two drugs (generally alcohol and cannabis); furthermore, one in four clients has already used three substances or more, beyond to the drug that was going to be tested.

To help the user to reflect on his/her drug consumption behaviour and to target harm reduction information



to that specific case, the person was asked to tell what were the side or negative effects (s)he experienced by using the drug that was being analyzed. This let the workers to be able to identify risky consumption behaviours but on the other side this question let the workers recognize what were the self-protection strategies that users adopt to mitigate side or unwanted effects of drugs. As can be seen in FIG.4, more that 1/3 of the drug checking users already experienced side or unwanted effect by the substance

they were analysing. If we compare this data to the findings of the survey carried out under the BAONPS project (FIG. 5 and 6), it is possible to notice that side effects from drugs are commonly experienced by drug users but they rarely ask help or support to professionals. This should make professionals reflect, about the importance of peers but even about the low credibility that professionals and adults in general have in front of the target (recreational drug users)



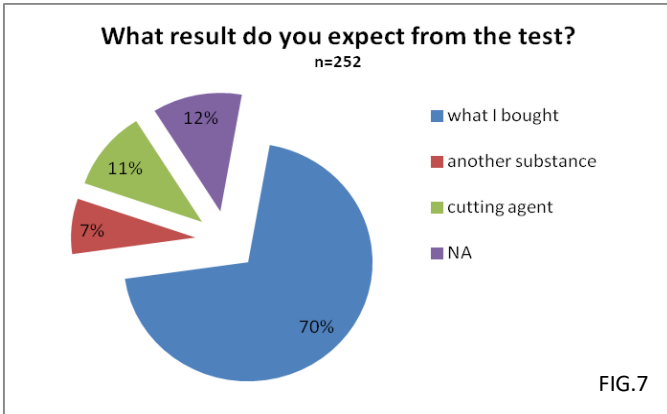


FIG.7

Usually, clients of the drug-checking service expected that the result of the test confirmed the presence of the substance they had bought, as showed by FIG.7; there were also some drug users that wanted to test a drug because they thought it was “something else”, namely another substance or a cutting agent, and not what they had bought. Other clients (12%) couldn’t answer to the question (they declared that they could not know what actually there was inside the sample and they were using the drug-checking service for this purpose).

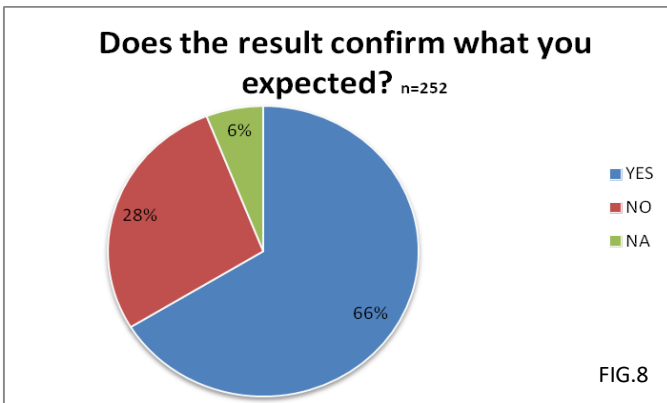


FIG.8

As can be seen in FIG.8, in most cases the test confirmed the substance expected by the client but the 28% (1 case in 4) of the samples analyzed turned out to be something not expected.

The 6% of the clients had not answered to this question: mainly, this happened when the TruNarc result turned out to be “Inconclusive” and the person wanted to wait and check the

GC-MS result to know if the drug was that expected or not.

When the drug checking confirmed the substance expected by the client and he/she declared that was going to use the drug, the worker provided him/her with harm and risk reduction information and tools (safer sniffing kits, condoms etc...) that at this point were totally focused on the drug checking result compared to the fist part of the counselling (pre-test counselling). In fact, every post-test counselling was focused on the pre-test counselling answers and what were the drugs the person had used or expected to use during the event.

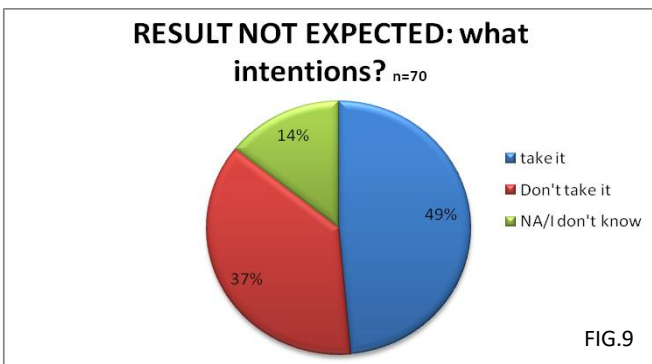


FIG.9

**When the test results did not confirm the substance expected by the clients (FIG.9), many people decided to avoid to take the drug (37%) while other were very surprised of the result and this brought them to reflect about the possibility to avoid taking the substance (14%).**

The 49% of the clients decided to take the substance anyway; usually this happened when

the result turned out to be a substance that the user already knew and had information on: in fact, at the end of a party, often happened that users found unknown substances on the floor and they preferred to have a drug checking before taking the drugs.

During counselling workers asked the people if they already knew drug checking and why they decided to have their drugs analysed.

Half of the sample already knew drug checking and basically they used this service in Italy (the service was informally provided by Lab57 and Infoshock, mainly in underground raves); the other half of the sample never heard about the possibility to test drugs and receive non judgmental counselling.

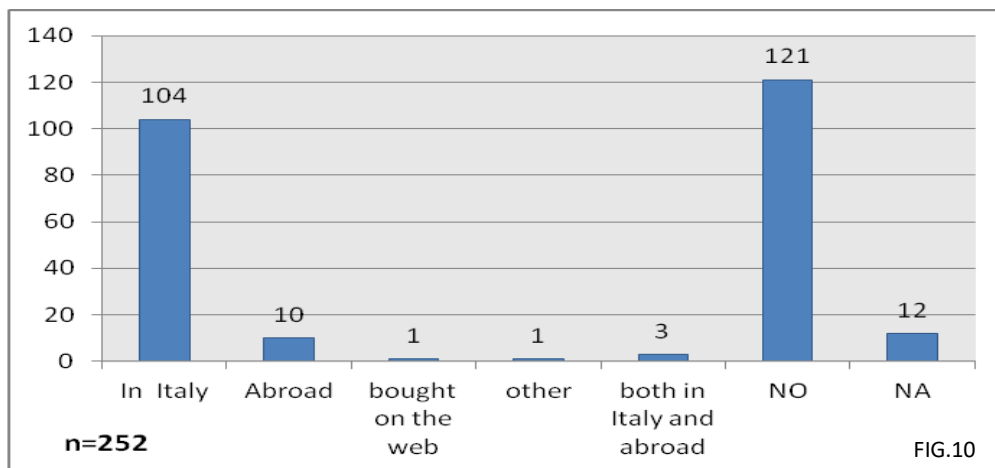


FIG.10

Mainly people decided to test drug because they were curious, but the second motivation mentioned was also to know what they were consuming and to want to mitigate the risk related to drug consumption, since there was this possibility.

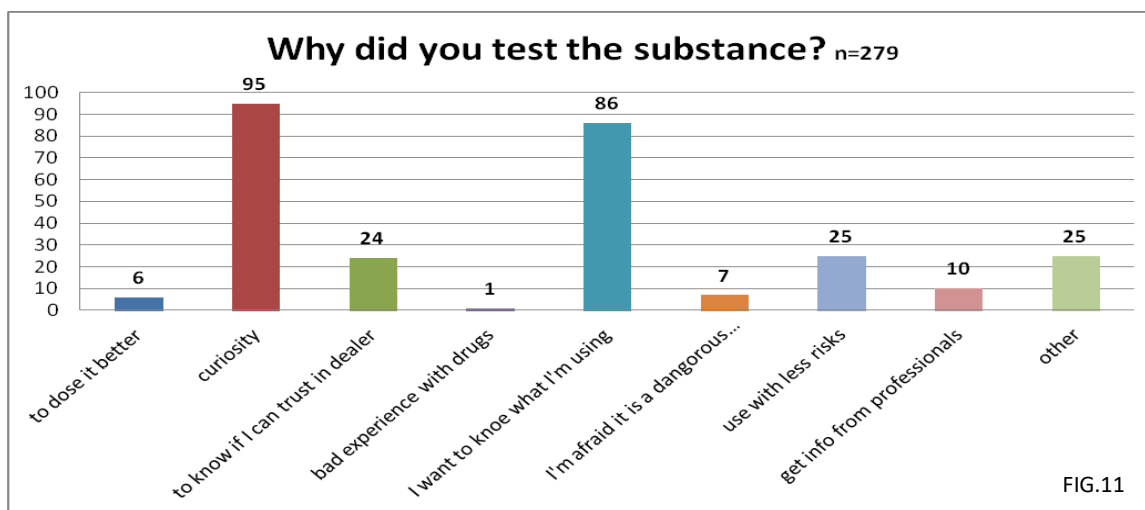


FIG.11

## CONCLUSIONS

Looking at the first Italian report from the field, it is possible to confirm that the drug market presents high risks given by the substances themselves but also from the fact that users have the probability to take dangerous cutting agents or different drugs than those expected. Reading this paper, it is possible to notice that one user in three takes something different than expected.

At the moment, drug checking can be considered a very good tool to monitor the drug market in depth and that can allow the rapid identification of NPSs (In Italy, 16 NPSs were detected during outreach interventions, from February 2016 to August 2017) and dangerous cutting agents inside the drugs (for instance some prescription drugs that can give allergic reactions).

Drug checking is a powerful tool to reach the so called “hard to reach populations” and allows professional to deeply explore with the users the consumption patterns and behaviours they actually have.

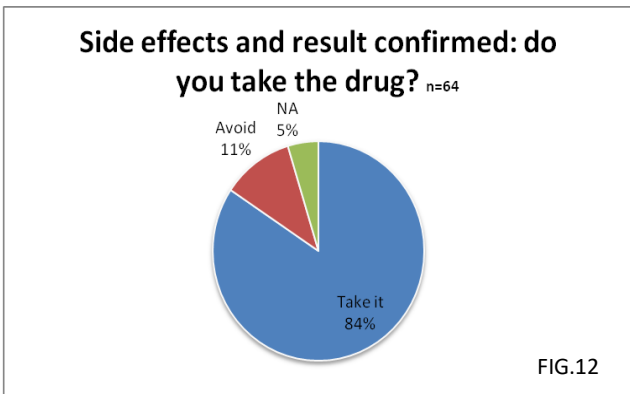


FIG.12

Many people are aware about the harms and risks that can occur when using drugs, but on the other hand a relevant number of people that experienced bad effects from psychoactive substances continue to use them. In this cases counselling can be useful in helping the person to reflect about drug use, particularly about the use of that specific drug that is tested, the negative effects experienced and about the opportunity to avoid consuming the drug or doing it more safely (FIG. 12 : 11% of the sample

declared that they were not intended to use the substance and 5% reflected about the opportunity to avoid the consumption of that drug).

**A data to highlight: half of the people that discovered that the substance they had was not what they expected, decided to avoid taking the drug or reflected about the possibility to not take the substance. In this way, drug checking can be considered as a prevention tool, beyond an harm reduction instrument.**

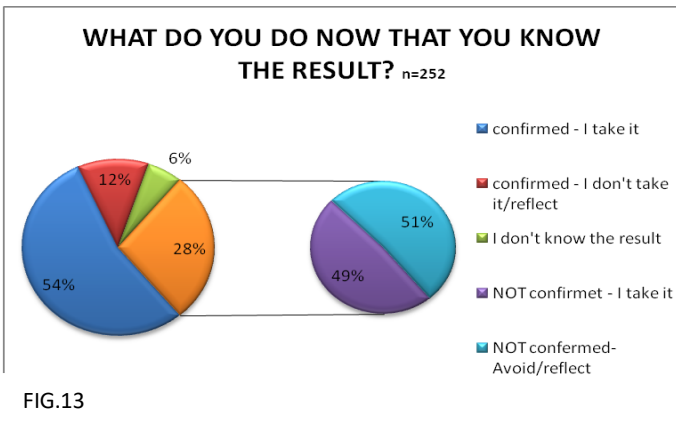


FIG.13

**In this way, drug checking can be considered as a prevention tool, beyond an harm reduction instrument.**

Drug checking is a useful service not only for the health of the single person but also for the collective health: it is a tool to link with potential problematic situations that are not in touch with drug service providers and furthermore it is an instrument that can reveal what actually there is inside a drug and give practical and useful

information to drug user, with the aim to reduce risks and harms of the drug consumption. Furthermore, drug checking is an effective instrument to monitor the drug market and provide professionals and policy makers with updated information.