



**STATEMENT BY THE NGO CORPORACIÓN ATS ACCIÓN TÉCNICA SOCIAL
To the High-Level Segment and Midterm Review**

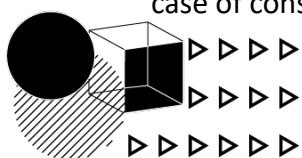
Despite the consistent endorsement of the global war on drugs by almost every country, the illegal market adapted to different ways to produce, distribute, and supply drugs. Not only have hundreds of novel psychoactive substances (NPS) emerged in the last decades, but the number of victims of the overdose crisis continues to rise, especially in North America. Harm reduction interventions are a response to drug prohibition policies with a public health approach and strong roots in communities of people who use drugs (PWUD).¹ One of the most popular harm reduction strategies are drug checking services (DCS), many of them implemented by civil organizations around the world.

The purpose of drug detection through chemical analysis marks the difference between criminalization and destigmatization. While police laboratories detect drugs in a judicial context, DCS do not analyze samples to use as evidence for the persecution or prosecution of PWUD,² instead it provides information about consumption practices orientated at health-protecting decisions.³ There are different technologies to analyze samples in DCS, some are sophisticated techniques executed in advanced laboratories like chromatographic methods. On the other hand, color reagent test kits are purely presumptive, but their low-cost operation and fast results provide an advantage that works in the context of nightlife events such as music festivals.

In 2013, Corporación Acción Técnica Social (ATS), with its harm reduction project Échele Cabeza, began a drug checking service in the electronic music scene in Bogotá, Colombia. In 2015, a fixed site began to operate periodically, but it was not until 2019 that it had continuous operations. Since 2022, the drug checking service has expanded its operation other two populated cities (Medellin and Cali) covering important areas across the country.

During more than 10 years of work, Échele Cabeza has received more than 32,300 samples in approximately 200 interventions in 20 cities and towns in Colombia. Every sample provided by users was analyzed with colorimetric reagents. However, some samples have been sent to the Justice Ministry and Universities to evaluate their components with confirmatory testing such as gas chromatography–mass spectrometry.⁴ Some of the samples contained NPS that were included in the Colombian early warning system.^{5,6}

Échele Cabeza has a community of social media followers of more than 500.000 people, mainly from Spanish-speaking countries, and a constant visit of nearly 1.000 people per month at its different fixed-site and diverse music festivals. Until 2023, more than 11.000 people have avoided a negative experience or possible intoxication by receiving a result that did not fit with the substance expected. When a sample does not react with the color test as the technician expects or what the user desired, the result is given to them with specialized advice about the risks in case of consuming the sample.





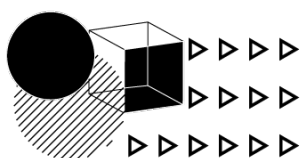
Due to the on-site operation of Échele Cabeza DCS, MDMA, LSD, and cocaine, are the most common samples provided by users. The data revealed by the DCS users allows us to recognize and document new consumption trends. For example, in 2012 a drug cocktail called “Tusi” emerged in the illegal market whose composition was discovered thanks to the DCS. The drug mix commonly consists of ketamine and MDMA, but we have seen ingredients added such such as benzodiazepines, stimulants, and opioids.⁷

Increased concerns among the Colombian population regarding the overdose/fentanyl crisis motivated an adjustment in the DCS protocol to include immunochromatographic lateral flow strip tests. During 2023, Échele Cabeza analyzed 264 “Tusi” samples to detect fentanyl, and none showed to be positive for fentanyl or any fentanyl analog. The goal in 2024 is to connect the fentanyl test strips with the operation of the supervised drug consumption room in Bogotá to detect fentanyl in heroin, a substance which is usually not analyzed in the DCS in music festivals.

In recent years, different drug-checking programs have played an important role in addressing the overdose crisis in Canada and the United States.⁸ These services are focused mainly on the detection of fentanyl and its analogs, which, together with supervised consumption rooms and the distribution of naloxone, make up the three fundamental actions of harm reduction for people who use drugs.

Diverse DCS in North America have reported changes in drug use behavior and perceptions of overdose safety.⁹⁻¹¹ Moreover, DCS’ have demonstrated that close and ongoing monitoring of the drug supply could help reduce the risks posed by NPS and other drugs such as sedatives (e.g., xylazine), and synthetic opioids (e.g., nitazenes).¹²

It is time to ask what the fundamentals are to expand drug-checking services in different spaces and geographical regions to contain the fentanyl and overdose crisis. Beyond needs such as funding, changes in public health policies, and removing legal barriers, peer exchanges and interventions maintains the foci on PWUD and lies at the heart of DCS. Each harm reduction program is called to empower the PWUD community to demand better technology to foment valid methods and provide greater information regarding fentanyl concentrations. The road is long but sharing experiences cross networks can help each of us to improve our actions to save lives.





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