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Gavin Newsom
Governor

AB 2136 Lifts Barriers to Safe and Effective Community-based Drug Checking

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Dear Colleague:

As in the rest of the United States, California's unregulated street-based drug supply has become increasingly dangerous and unpredictable in recent years. Fluctuations in drug strength, purity, and content have contributed to the ongoing waves of fatal and non-fatal overdoses, as well as a number of new side effects and symptoms, such as serious wounds and potentially permanent damage to internal organs.

In response to the increasingly erratic illicit drug supply, community-based drug checking (CBDC) has recently emerged in the U.S. as a way to determine in real time the composition of drugs being circulated in the unregulated street-based drug supply. CBDC programs have predominantly operated alongside other harm reduction services, including syringe services, because they are already utilized and trusted by people who use drugs (PWUD). CBDC programs have been the first to identify alarming new compounds in illicit drug supplies, including, most recently, medetomidine, a veterinary tranquilizer similar to xylazine, protonitazene, a novel opioid more potent than fentanyl, and BTMPS, a [non-psychoactive industrial chemical](#) that presents new risks for people who ingest it.

While a number of US city and state health agencies have already begun supporting the implementation of drug checking programs, they often exist in a legal grey area due to existing drug paraphernalia and possession laws, which vary from state-to-state. **Effective January 1, 2025, California State [Assembly Bill \(AB\) 2136: Controlled Substances: Analyzing and Testing](#)** clarifies the law and provides new protections for programs and participants in California.

This bill explicitly legalizes equipment and activity related to the testing and analysis of controlled substances for the purposes of public health and harm reduction. AB 2136 does this in four ways:

- Excludes equipment that is used to test substances for the presence of contaminants, toxic substances, hazardous compounds, or other adulterants from the definition of prohibited drug paraphernalia. This includes a range of items, from basic, inexpensive immunoassay test strips such as fentanyl test strips to advanced analytical equipment such as spectrometers;



- Offers a person who provides or utilizes drug checking services immunity from detention, arrest, criminal prosecution, among other things, for doing so;
- Authorizes specific entities¹ to provide testing of controlled substances for the purposes of determining their chemical composition; and
- Requires drug checking providers to destroy personally identifying information from service users and prohibits them from sharing that information with law enforcement.

CDPH anticipates that with the passage of AB 2136, more programs in California may begin to implement this service, ideally alongside other evidence-based harm reduction practices such as dispensing and collection of harm reduction supplies (e.g., sterile syringes and smoking supplies). If executed successfully, greater access to CBDC services could lead to an increase in mutual trust and information sharing between frontline harm reduction organizations, people who use drugs, and local public health agencies, resulting in more timely and accurate information and actionable strategies to further reduce their risks of harm associated with illicit drug use.

What is Community-Based Drug Checking?

Community-based drug checking (CBDC) programs are a harm reduction strategy aimed at better understanding and responding to the increasingly volatile unregulated street-based drug supply. Generally, CBDCs are situated alongside long-established harm reduction venues, such as syringe service programs, that are known to and trusted by people who use drugs (PWUD). Participants bring in tiny samples, typically about the size of a grain of rice, of substances that are then analyzed by highly trained technicians using infrared spectroscopy, alongside low-tech tools like fentanyl test strips.

This analysis can provide an approximation of the contents in a given sample down to a 5% limit of detection within about ten minutes. It is important to note that some highly potent substances (such as carfentanyl) may be present at a lower concentration than 5% of the total sample, so technicians explain that the results are an estimation, and not a guarantee. To ensure accuracy and precision, a subset of samples are sent to a licensed laboratory for a more thorough analysis using mass spectrometry, a process which takes an additional few weeks. This confirmatory analysis is useful for community-level information, and has been used to detect novel substances (such as BTMPS) in local supplies.

The results found via the initial spectroscopy allow CBDC program staff to offer participants customized harm reduction guidance and provide early warnings about the presence of any unexpected or undesired substances in a sample. While CBDCs show promise for enhancing both individual-level

¹ Specific entities include:

(1) An entity that provides syringe exchange services as defined in Section 121349.

(2) A research institution, college, or university.

(3) A community-based organization or nonprofit organization working in collaboration with public health departments, entities that provide syringe exchange services, or research institutions, colleges, and universities to reduce the potential harms associated with the use of controlled substances.

engagement with harm reduction services and community-level drug supply information, they are just one relatively new tool in the broader, long-standing harm reduction toolbox, which includes ready access to accurate, non-judgmental information about drugs and safer use practices, overdose prevention and response training and supplies, provision of sterile drug use, wound care, and hygiene supplies, and referrals to other services such as medical, mental health, treatment, etc.

Health departments, social services agencies, and other entities interested in learning more about partnering with local harm reduction agencies to implement drug checking services can prepare by doing the following:

- Assessing local support for harm reduction services
- Exploring potential funding sources to support these programs; these may include:
 - CDC Overdose Data-to-Action grants
 - SAMHSA Substance Use Block grants
 - Local Opioid Settlement funds
 - Local public health discretionary funds
- Consulting with local syringe services programs to understand whether a CBDC program would be desired and feasible for them, and how local agencies could support if so.

For questions and more information about CBDC programs, contact Pike.Long@cdph.ca.gov.

Sincerely,



Marisa Ramos, PhD
Chief, Office of AIDS
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Resources

- Link to legislation: [Bill Text - AB-2136 Controlled substances: analyzing and testing](#)
- Sponsor press release: [Governor Newsom Signs Bill to Increase Access to Drug Checking, a Proven Health-Centered Overdose Prevention Strategy - Drug Policy Alliance](#)
- Related research: [Drug Checking Programs in the United States and Internationally: Environmental Scan Summary \(PDF\)](#)

Links

- [NYC Department of Health: Setting Up a Drug-Checking Program \(PDF\)](#)
- [Remedy Alliance for the People: How to Start a Drug Checking Service](#)
- [Brandeis University: Massachusetts Drug Supply Data Street \(MADDS\) website](#)
- [University of North Carolina Opioid Data Lab website](#)