



State and Territory Alcohol and Other Drug Peaks Network

Position Statement on Drug Checking (including Pill Testing)

The **State and Territory Alcohol and Other Drug Peaks Network (Peaks Network)** supports the Australia-wide implementation of drug checking, including pill testing, as an important addition to our long-standing commitment to reducing the harms associated with drug use.

Following successful trials at an Australian music festival, the **Peaks Network** urges the Federal and State and Territory governments to invest in drug checking initiatives to support a balanced and holistic approach to harm reduction as a matter of urgency.

It is the view of the **Peaks Network** that drug checking should become a standard offering at music festivals, fixed sites in entertainment precincts, and at other sites and events where illicit drug use is likely to occur.

Since 1985, Australia's National Drug Strategy has guided governments' investment in a range of harm reduction initiatives including, but not limited to, needle and syringe programs, peer education, Opioid Replacement Therapy, and medically supervised safe injecting rooms. It is the view of the **Peaks Network** that drug checking aligns with the National Drug Strategy 2017-2026.

Pill-testing/drug checking aligns with harm reduction principles in three key ways:

- 1 - by reducing the immediate risk by ensuring that users are made aware of contaminants and approximate doses of active substances in the illicit drugs tested;
- 2 - by expanding opportunities to provide drug awareness and harm reduction education, including the risks associated with polydrug use, to those already planning drug use;
- 3 - by providing an 'early warning system' for new dangers and assisting with the real-time collation of data around Australian drug use.

The priority of drug checking is to prevent immediate harm, including injury or loss of life, to drug users – and is undoubtedly the motive for much of the public support for the introduction of drug checking in Australia. There are also great long-term harm minimisation benefits to be gained with the creation of valuable opportunities to provide people who intend to use drugs with immediate harm reduction education interventions.

There is an opportunity to bolster this harm reduction approach by making available the results of drug checks carried out on substances recently confiscated or associated with medical emergencies. This information will support those intending to use substances to make informed choices and can enable real-time alerts to health workers and police that high-risk substances are in circulation at a specific event or in a specific region.

An unexpected further benefit demonstrated by overseas pill-testing/drug checking services overseas has been the ability to influence the illicit drug market. As drug users became aware of the level of drug substitution and contamination in the drugs they have acquired, this information changed their purchasing patterns, and over time the drugs presented for testing showed less drug substitution and contamination, thus reducing the risk associated with using the drugs.¹

Furthermore, the most common objection to the widespread introduction of drug checking at events such as music festivals seems to be the fear that the practice would increase drug use by normalising drug use and creating the misconception that drug use was risk-free. The Peaks Network notes expert evaluations have found there is no evidence to suggest these fears would be realised.²

Background

A harm reduction approach acknowledges that both illicit and licit drug use exists within society and seeks to ensure that risks associated with it are minimised. Harm reduction has been a key pillar of Federal Government drug-related policies since 1985 and continues to be a key component of the National Drug Strategy 2017-2026.³

Many Australians have used or will use illicit drugs at least once in their life, particularly as young adults. The 2016 National Drug Strategy Household Survey (Survey) reported that 3.1 million Australians (15.6%) aged over 14 years, and 28.3% of people aged 20-29, had used illicit drugs in the year before the Survey.⁴ The rate of illicit drug-taking amongst Australian music festival attendees is even higher (25% -44%),⁵

¹ Measham, Fiona. 2018. *Drug safety testing, disposals and dealing in an English field: Exploring the operational and behavioural outcomes of the UK's first onsite 'drug checking' service*, *International Journal of Drug Policy* <https://www.sciencedirect.com/science/article/abs/pii/S0955395918302755>
Retrieved 18 September 2019.

² Olsen A, Wong G, McDonald D (December 2019) *ACT Pill Testing Trial 2019: Program evaluation*, Australian National University.

Brunt, T, October 2017, *Drug checking as a harm reduction tool for recreational drug users: opportunities and challenges*, European Monitoring Centre for Drugs and Drug Addiction

Available at:

http://www.emcdda.europa.eu/system/files/attachments/6339/EuropeanResponsesGuide2017_BackgroundPaper-Drug-checking-harm-reduction_0.pdf

³ Australian Government. 2017, September 18, *National Drug Strategy 2017–2026*, Department of Health, <https://www.health.gov.au/resources/publications/national-drug-strategy-2017-2026>
Retrieved 2019, September 18.

⁴ Claydon, Webber & Sweeney. 2017, *National Drug Strategy Household Survey 2016*, Australian Institute of Health and Welfare, <https://www.aihw.gov.au/getmedia/15db8c15-7062-4cde-bfa4-3c2079f30af3/21028a.pdf.aspx?inline=true>

⁵ Day N, Criss J, Griffiths B, Gujral SK, John-Leader F, Johnston J, et al. 2018 Jan 5, *Music festival attendees' illicit drug use, knowledge and practices regarding drug content and purity: a cross-sectional survey*. *Harm Reduction Journal*.

<https://harmreductionjournal.biomedcentral.com/articles/10.1186/s12954-017-0205-7>

Retrieved 2019, September 18.

The harms associated with illicit drug use are often not the result of the substance a person intended to take. Rather, they are caused by inadvertently consuming unexpected adulterants, hazardous combinations of different drugs (including co-consumption with alcohol), environmental factors, or stronger than anticipated doses of the drug.⁶ Drug checking can minimise the likelihood of a person experiencing these harms. It alerts the individual to the presence of highly dangerous adulterants, while the harm reduction intervention enables informed choice and safety considerations about substances they may be considering using.

Drug checking is an established, evidence-based harm reduction initiative. Drug checking at locations such as music festivals has been carried out for more than 50 years, and are now offered in over 20 countries across Europe, the Americas and New Zealand.⁷ Drug checking identifies the strength, purity and chemical composition of a substance, including the strength, purity and presence of any dangerous contaminants. Drug checking at music festivals has been shown to provide access for harm reduction specialists to recreational drug users, a distinct cohort from other traditional drug using groups and, as such, not well accessed by harm minimisation education services. Experience has shown this group to be receptive to drug testing opportunities, including those provided in tandem with harm minimisation education. Importantly drug checking experiences have shown this group to be prudent in their use of the information about the drugs they provide for testing, as in, 25% to 100% will discard the drug if it is shown to contain unwanted or unexpectedly harmful chemicals. The international experience has included well-publicised instances of successfully life-saving public warnings of the presence of particular dangerous substances.⁸

Research has suggested Australian festival attendees who use illicit drugs want information and would use the services if they were available. It has been shown to modify users' drug-taking behaviour by providing them with real-time information about illicit drugs and a brief intervention around use and risks of harm⁹

Drug checking trials in the Australian context

Positive behavioural changes and the identification of dangerous substances were key outcomes from the first Australian trials of drug checking services, which were offered at the 2018 and 2019 Groovin the Moo festivals in the ACT (GTM Trials).

The GTM Trials in 2018 and 2019 revealed important new information on local drug use patterns. These included:

- a jump in the proportion of substances testing positive for MDMA between 2018 and 2019, and;
- the presence of N-ethyl pentylone, a substance linked to recent deaths in New Zealand and Europe but previously not known to be present in Australia. N-ethyl pentylone was found twice in 2018 and seven times in 2019, this providing opportunity for both health services and law enforcement to be immediately notified of this new risk.

⁶Barratt, Monica & Bruno, Raimondo & Ezard, Nadine & Ritter, Alison. (2017). *Pill testing or drug checking in Australia: Acceptability of service design features*. Drug and alcohol review. 37. 10.1111/dar.12576.

⁷ Ibid (1)

⁸ Ibid (2) Brunt

⁹ Makkai T, Macleod M, Vumbaca G, Hill P, Caldicott D, Noffs M, et al. June 2018. Report on the ACT GTM Pill Testing Pilot: a Harm Reduction Service. Harm Reduction Australia.
<https://www.harmreductionaustralia.org.au/wp-content/uploads/2018/06/Pill-Testing-Pilot-ACT-June-2018-Final-Report.pdf>

The GTM Trials were widely considered a success by festival organisers, drug treatment services and health service providers associated with the festival. The Australian National University Program Evaluation published in December 2019 found the GTM Trial service had been well received overall by patrons, and that they:

- would recommend the service to others;
- would use the service again if it were available;
- valued the opportunity to discuss their drug use in a non-judgemental environment; and
- found the information they received useful.¹⁰

The 2018 GTM Trial found that only 43% of the substances tested were as the patron had expected, with the remaining being impure, adulterated, a stronger dose or a substitution.¹¹

Young Australians are overwhelmingly supportive of drug checking services, with research commissioned by the Australian National Council on Drugs finding 82% of the young people surveyed were supportive of and would use a drug checking service if the opportunity was available.¹²

Three-quarters of those who participated in the 2018 GTM Trial received a brief counselling intervention, and of those, 42% expressed an intention to alter their drug-taking behaviour as a result.¹³ This number increased to 88% of patrons in the 2019 GTM Trial, with 208 brief counselling interventions provided¹⁴. The average age of the individuals receiving this service was 19.7 years, with an age range of 15 to 40 years

These findings are supported by international experiences. For example, at a 2016 music festival in England, a drug checking service found 20% of substances tested were not what the patron had been led to believe, yet that figure doubled for patrons who acquired drugs at the festival. The patrons who acquired drugs from within the festival were on average two years younger, and twice as likely to dispose of the drug once they had received the results.¹⁵ These results indicate that drug checking can prevent harm by both revealing risks greater than the patron perceived and encouraging behaviour change.

Conclusion

Drug checking services have the potential to save lives and reduce drug-related harms, including fatal overdose. Drug checking is consistent with the intent of the National Drug Strategy and can provide drug users, treatment services, health providers and police with vital data to enable the delivery of better targeted interventions to reduce the harms of drug use in our community.

The State and Territory Alcohol and Other Drug Peaks Network calls on the Federal, State and Territory governments to immediately implement drug checking at fixed sites at music festivals, in entertainment precincts, and at other accessible sites and events where illicit drug use is likely to occur.

¹⁰ Ibid (1) p.1

¹¹ Ibid (10).

¹² Ibid (5) & ibid (3)

¹³ Ibid (9)

¹⁴ <https://pilltestingaustralia.com.au/wp-content/uploads/2019/08/Report-on-the-2nd-ACT-GTM-Pill-Testing-Pilot.pdf>

¹⁵ Ibid (7)

State and Territory Alcohol and Other Drug Peaks Network:

WHO WE ARE:

The **State and Territory Alcohol and Other Drug Peaks Network** is a capacity-building initiative that comprises of all Australian state and territory peak Alcohol and other Drug (AOD) bodies:

- Alcohol Tobacco and Other Drug Association ACT (ATODA)
- Alcohol, Tobacco and other Drugs Council Tasmania (ATDC)
- Association of Alcohol and other Drug Agencies Northern Territory (AADANT)
- Network of Alcohol and other Drug Agencies (NADA)
- Queensland Network of Alcohol and other Drug Agencies (QNADA)
- South Australian Network of Alcohol and Drug Services (SANDAS)
- Victorian Alcohol and Drug Association (VAADA)
- Western Australian Network of Alcohol and other Drug Agencies (WANADA)

OUR VISION:

An Australian community with the lowest possible levels of alcohol, tobacco and other drug related harm, as a result of the alcohol, tobacco and other drug sector's evidence-informed prevention, treatment and harm reduction policies and services.

WHAT WE DO:

The AOD Peaks Network advances and supports alcohol and other drug services in all Australian jurisdictions to prevent, treat and reduce alcohol, tobacco and other drug related harms to individuals, families and communities. To enable this, we provide expert services in:

- Sector and workforce development
- Capacity building
- Quality improvement
- Education and research
- Information and communication
- Coordination and partnerships
- Information management and data collection
- Representation and consultation
- Program development for State, Territory and Commonwealth governments, including policy and advice.

OUR REACH AND WHO WE REPRESENT:

We provide a conduit for immediate access to alcohol and other drug services in all Australian jurisdictions. We represent:

- 435 organisations (primarily non-government), which includes 80% of organisations funded to provide AOD services by the Commonwealth;
- All specialist treatment types (counselling, detoxification, residential and non-residential rehabilitation, opiate replacement therapy) and harm reduction

services;

- \$377,905,578 of State, Territory and Commonwealth AOD services funding investment; and
- 80,000 Australians who receive an episode of care annually.

For further comment or information please contact:

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