

## Drug Checking Background Paper

### Background and the Australian Drug Policy Context

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Drug checking services (also known as pill testing) test the chemical makeup of drugs provided voluntarily by the public in order to detect qualitative (i.e., presence or absence of substance) and/or quantitative (i.e., amount of a substance) information on its contents. This helps people make a more informed decision on whether or how to use the tested drug to reduce associated harms. Drug checking has been carried out internationally for more than 50 years and is currently offered in over 20 countries across Europe, the Americas, New Zealand and Australia.<sup>1</sup>

The logic behind the practice is that 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 contaminants, hazardous combinations of different drugs (including co-consumption with alcohol), environmental factors, or stronger than anticipated doses of the expected drug.<sup>2</sup>

Harm minimisation and the three pillars of supply, demand and harm reduction have underpinned Australian alcohol and other drug policy (in particular, the National Drug Strategy) since 1985. This framework has guided governments' investment in a range of harm reduction initiatives including, but not limited to, needle and syringe programs, naloxone distribution, opioid substitution therapy, and medically supervised safe injecting rooms. Drug checking is a long-established, evidenced harm reduction (and public health) tool which aims to prevent immediate harm, including loss of life or injury, to people who use drugs. Drug checking aligns with the national harm reduction principle in three key ways:

1. by reducing the immediate risk by ensuring that people who use drugs are made aware of contaminants and approximate doses of active substances in the sample tested;
2. by expanding opportunities to provide drug awareness and harm reduction education (i.e., a brief intervention), including the risks associated with polydrug use, for those already planning use;
3. by providing an 'early warning system' for new dangers and assisting with the real-time collation of data around Australian drug use (i.e., issuing community health alerts regarding high-risk substances and identifying drug trends).<sup>3</sup>

However, drug checking also has other fringe benefits, such as the:

- ability to measure data regarding the drug expected by the service user (i.e., what they were told the drug was) compared to its actual chemical makeup and potency (which is impossible to record with amnesty bins, police seizures, wastewater analysis, etc.)<sup>4</sup>
- ability to influence the illicit drug market – over time, drugs in circulation tend to become less

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<sup>1</sup> Measham F (2019) [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*, 67(1).

<sup>2</sup> Barratt M, Bruno R, Ezard N & Ritter A (2017) Pill testing or drug checking in Australia: Acceptability of service design features. *Drug and Alcohol Review*, 37(2).

<sup>3</sup> Brunt T (2017) [Drug checking as a harm reduction tool for recreational drug users: opportunities and challenges](#). *European Monitoring Centre for Drugs and Drug Addiction*.

<sup>4</sup> McLeod M (2023) [Delivering the CanTEST Health and Drug Checking Service](#). *National Drug & Alcohol Research Centre webinar*.

contaminated because information provided by drug checking services about the chemical makeup of substances presented tends to influence purchasing patterns (i.e., substances with contaminants or unexpected dosages become much more difficult to sell).<sup>5</sup>

- increased likelihood of service users discarding the substance if a drug checking service has identified unwanted contaminants, or changing the way it is consumed (i.e., applying recommended harm reduction approaches such as taking a smaller dose, not taking it whilst alone, and/or not using it with any other drugs, including alcohol).

## The Australian Experience

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The ACT has undertaken three trials – two at the Groovin the Moo festival in 2018 and 2019, funded and conducted by Pill Testing Australia, and the CanTEST Health and Drug Checking Service, Australia's first fixed site which opened in July 2022 and is still in its pilot period. CanTEST is delivered by Directions Health Services, with support from Pill Testing Australia and the Canberra Alliance for Harm Minimisation and Advocacy (CAHMA), funded by ACT Health.

In its first six months,<sup>6</sup> CanTEST tested 614 samples and delivered 1006 health interventions (equating 66% of service users).<sup>7</sup> Only half the samples detected the expected drug.<sup>8</sup> In cases where test findings did not align with the expected drug, one-third (32%) of service users reported that they 'definitely will not' use the drug, and roughly the same percentage of this cohort reported disposing of the drug in a follow-up.<sup>9</sup> Overall, one-in-ten service users discarded their drug post-test.<sup>10</sup> An independent report evaluating the first six months of operations resulted in the ACT Government extending the CanTEST pilot until December 2024.<sup>11</sup>

For over two-thirds of service users, accessing CanTEST was their first interaction with a health professional about alcohol and other drug use.<sup>12</sup> This is a common experience amongst people who use drug checking services,<sup>13</sup> indicating that these services fill a gap for people who use drugs to find accurate, non-judgemental information and support, including learning harm reduction strategies for the first time. CanTEST also released two community notices<sup>14</sup> and one public health notice<sup>15</sup> regarding harmful samples and facilitated access to takeaway naloxone for 61 service users<sup>16</sup> in its first six months.

Staff at CanTEST include one alcohol and other drug counsellor, one primary health nurse, one peer educator, two analytical chemists and a medical practitioner on-call. Interventions include education around harm reduction and overdose prevention, brief interventions (re. sexual health, mental health, and alcohol and other drug use), naloxone training, STI screenings, and counselling. The service is free, confidential, and strategically located next-door to a needle and syringe exchange program.

It is important to acknowledge that current evidence from the Australian experience centres around self-reported behavioural change, rather than measuring the effect on drug-related health harms (such as ED presentations, for example). This is likely because two of the trials were for a one-day festival only, and the

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<sup>5</sup> Kriener H, Billeth R, Gollner C, Lachout S, Neubauer P & Schmid R (2001) [An inventory of on-site pill-testing interventions in the EU](#). *European Monitoring Centre for Drugs and Drug Addiction*.

<sup>6</sup> It is important to note that the service is only open 6 hours per week, equating to approximately 160 hours of service in its first six months.

<sup>7</sup> Olsen A, Baillie G, Bruno R, McDonald D, Hammoud M, Peacock A (2023) [CanTEST Health and Drug Checking Service Program Evaluation: Final Report](#). Australian National University, p. 4-5.

<sup>8</sup> Ibid, p. 35.

<sup>9</sup> Ibid, p. 43.

<sup>10</sup> Ibid, p. 42.

<sup>11</sup> Stephen-Smith R (2023) [CanTEST final report finds strong community support](#). ACT Government Media Release.

<sup>12</sup> Olsen A, Baillie G, Bruno R, McDonald D, Hammoud M, Peacock A (2023) [CanTEST Health and Drug Checking Service Program Evaluation: Final Report](#). Australian National University, p. 22.

<sup>13</sup> Grahame H (2020) [Inquest into the death of six patrons of NSW music festivals](#). Deputy State Coroner Magistrate Harriet Grahame's findings, State Coroner's Court of New South Wales.

<sup>14</sup> CAHMA (2022) [2'-fluoro-2-oxo-PCE found in ketamine samples](#). & CAHMA (2022) [Dimethylpentylone found in MDMA sample](#).

<sup>15</sup> ACT Health (2022) [Public Health Alert: Dangerous Drug warning for Canberrans](#).

<sup>16</sup> Olsen A, Baillie G, Bruno R, McDonald D, Hammoud M, Peacock A (2023) [CanTEST Health and Drug Checking Service Program Evaluation: Final Report](#). Australian National University, p. 25.

third is still in its infancy. It is significant, however, that at the 2019 trial at the Groovin the Moo festival in Canberra, seven drugs with a potentially lethal contaminate were identified, and all but one were discarded at the service.<sup>17</sup>

## International Evidence

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Internationally, there is some public evidence regarding reductions in health harms, such as at a 2016 UK festival where almost 20% of drugs presented to a drug checking service were contaminated, resulting in 67% of the contaminated drugs being discarded on-site.<sup>18</sup> There was a 95% reduction in drug-related hospital admissions compared to the same festival the previous year (where no drug checking service was available).<sup>19</sup> Additionally, in December 2014, a drug checking service issued a public health warning in Belgium and the Netherlands about a drug with a harmful dosage. No deaths related to this particular drug were recorded in Belgium or the Netherlands, however in the coming weeks, the same drug caused four deaths in the UK.<sup>20</sup>

## Community and Government Support Across Australia

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In February 2023, Queensland announced its plan to establish permanent drug checking services, with the aim of “changing the behaviour of users and reducing the risk of harm from drug use”.<sup>21</sup> In 2021, the Coroners Court of Victoria recommended a state trial after five drug-related deaths amongst young men.<sup>22</sup> In 2019, a New South Wales Coroner’s inquest also recommended a trial after a similar string of drug-related deaths.<sup>23</sup> Locally, the *Help, Not Handcuffs: Evidence-Based Approaches to Reducing Harm from Illicit Drug Use* presented in 2019 by the WA Parliamentary Committee into Alternate Approaches to Reducing Illicit Drug Use and its Effects on the Community recommended the trial of a WA drug checking service be considered.<sup>24</sup>

There is wide-spread support from the WA community for the introduction of drug checking, with more than half the population (55%) supporting the reform.<sup>25</sup>

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<sup>17</sup> Morgan J & Jones A (2019) [Pill-testing as a harm reduction strategy: time to have the conversation](#). *Med. J. Aust*, 211(1).

<sup>18</sup> Measham F (2019) [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*, 67(1).

<sup>19</sup> Measham F (2019) [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*, 67(1).

<sup>20</sup> Brunt T (2017) [Drug checking as a harm reduction tool for recreational drug users: opportunities and challenges](#). *European Monitoring Centre for Drugs and Drug Addiction*.

<sup>21</sup> The Hon. Yvette D’Ath (2023) [Pill testing gets the green light](#). *Queensland Minister for Health and Ambulance Services media statement*.

<sup>22</sup> Coroners Court of Victoria (2021) [Coroner calls for urgent drug testing services in Victoria](#).

<sup>23</sup> Grahame H (2020) [Inquest into the death of six patrons of NSW music festivals](#). *Deputy State Coroner Magistrate Harriet Grahame's findings, State Coroner's Court of New South Wales*.

<sup>24</sup> Select Committee into Alternate Approaches to Reducing Illicit Drug Use and its Effects on the Community (2019) [Help, not handcuffs: evidence-based approaches to reducing harm from illicit drug use](#). *Legislative Council of WA*, p. 142.

<sup>25</sup> Australian Institute of Health and Welfare (2020) [National Drug Strategy Household Survey 2019-Western Australia](#).