DRUG CHECKING

PRINCIPLES OF PRACTICE

A MODEL FOR VICTORIA

We acknowledge the countless lives lost in our community to preventable overdose and we acknowledge the grief and sorrow this has caused amongst friends, family and kin.

Drug Checking: Principles of practice- A model for Victoria (2024), written by Dr Kate Seear. Commissioned by Harm Reduction Victoria (HRVic) and the Victorian Alcohol and Drug Association (VAADA)

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HARM REDUCTION VICTORIA

vaada
Victorian Alcohol & Drug Association

BACKGROUND

This report outlines a set of guiding principles designed to enable the introduction of drug checking in Victoria, as well as proposed models for service delivery. It draws on findings from a consultation process undertaken in early 2024 with a group of alcohol and other drug experts, including experts specialising in harm reduction programs, community representatives ('peers'), alcohol and other drug services, auspicing agencies and academics.

The proposed system will complement (but not replace) existing harm reduction measures in Victoria, help to reduce the harms associated with drugs, and form a key part of a state-wide preparedness plan designed to predict and respond to new and evolving crises emerging from unregulated drug markets.

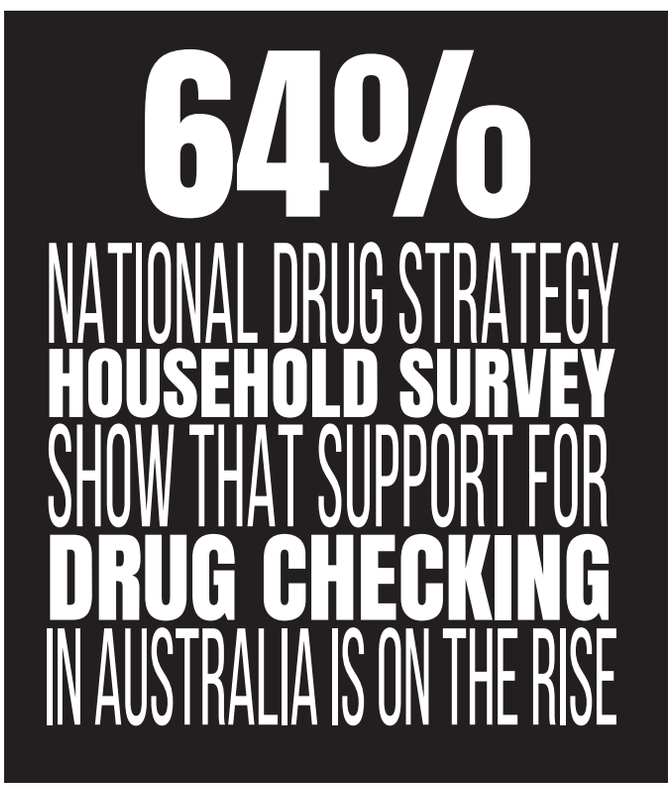
Drug checking is an important component of harm reduction initiatives around the world. Drug checking (also known as pill testing services in Australia) occurs when services conduct 'a chemical analysis of drugs submitted directly by the public and return the results to the service user through a tailored intervention that aims to reduce drug-related harm'.[1] In 2023, a systematic review of global harm reduction identified drug checking services as being in operation in at least 26 countries, with a concentration of services in Western Europe.[2] The benefits of these services are well-documented.[3] Recent results from the National Drug Strategy Household Survey show that support for drug checking in Australia is on the rise, up from 57% to 64% in the most recent survey.[4]

Two Australian jurisdictions have moved to introduce drug checking: the Australian Capital Territory and Queensland.[5]

Calls for drug checking in Victoria are growing. These calls emerge from a range of sources. For instance, the Victorian Drug Law Reform Inquiry (2018) recommended that the Victorian Government establish an early warning system, which would enable analysis, monitoring and public communications about substances of concern.[6] This recommendation emerged after numerous individuals, experts and organisations had given evidence to the inquiry outlining the many benefits of drug checking and early warning systems.

Victorian coroners have also called for drug checking and early warning systems to be introduced in response to a series of overdose deaths across seven sets of findings as at the date of this report.[7]

These calls build on those by coroners in other states,[8] as well as calls from parliamentary inquiries and other commissions.[9]



A version of an early warning system already exists in Victoria through, for instance, the Emerging Drugs Network of Australia – Victoria (EDNAV) project.[10] Drug checking of the kind envisaged in this report could contribute unique and much sought-after data to the EDNAV and related systems, while also providing publicly accessible data, information and supports direct to consumers.

It is important that those with relevant expertise provide input into the principles that should guide the development of such systems and relevant models for service delivery.

Co-design with people who are most likely to use the services is crucial, as it will ensure these systems are fit for purpose and responsive to the needs of those who would use them.

To this end, in early 2024, the Victorian Alcohol and Drug Association (VAADA) and Harm Reduction Victoria (HRVic) came together to host a consultation workshop with experts about the future of drug checking in Victoria.

The workshop was attended by a group with multidisciplinary expertise and extensive experience in drug checking services in both Australia and abroad, including people with lived and living experience of substance use and drug checking.

The workshop was facilitated by Professor Kate Seear, who was commissioned by VAADA and Harm Reduction Victoria, and this report is jointly authored by Professor Seear, VAADA and Harm Reduction Victoria.

These experts provided input into a set of guiding principles for drug checking in the state and the development of a proposed model for service delivery.

Following the workshop, VAADA and Harm Reduction Victoria subjected these principles and models to a detailed consultation process with a wider group of alcohol and other drug experts, including experts specialising in harm reduction programs, community representatives (‘peers and people with lived and living experience ’), alcohol and other drug services, auspicing agencies and academics.

CODESIGN WITH PEOPLE WHO **ARE MOST LIKELY TO** USE THE SERVICES, IS CRUCIAL

Consultation with this wider group of community representatives took the form of an in-person consultation event (attended by approximately 30 people) and a survey (completed by 146 people).

These community consultation processes were designed, among other things, to test support for drug checking in Victoria, and to assess the suitability of possible approaches among a sample of community members who would be likely to use those services once implemented.

Details of those involved in these consultations can be found in Appendix A.[11]

This report contains a summary of findings from these consultations including the proposed model for service delivery.

The model is to be implemented in two phases, so that there is a scale-up of services over time. At the end of phase two, a comprehensive network for drug checking and early warnings will be in place in Victoria.

The estimated costs are set out in Appendix B.

GUIDING PRINCIPLES

Building on the position statement on drug checking and early warning systems led by VAADA in October 2023 and signed by over 80 organisations at this date,[12] as well as the Trans-Tasman Charter for Pill Testing which has 29 signatories as at this date,[13] drug checking services should be:

1. HARM REDUCTION FOCUSED.

They must be designed, first and foremost, to reduce the harms that can be associated with the consumption of drugs obtained through unregulated markets.

- Such services should also provide harm reduction benefits to the broader community by generating anonymous real-time data that feeds into an early warning system.
- These data should be rapidly available as a database to the general public, shared widely and without restriction based on the principle that information sharing benefits everyone.

2. LED BY PEERS.

Peer organisations that represent service users must be centred in the governance, planning, design, implementation, promotion and evaluation of services and the early warning system, as well as fully resourced to undertake all aspects of this work.

- Centring peers in these ways recognises their unique strengths and expertise, and the vital role they can play in community engagement, as well as their capacity to earn the trust of those who will use these services, many of whom have been heavily stigmatised, criminalised or over-policed.

3. INCLUSIVE AND ACCESSIBLE.

Services must be inclusive to all community members, recognising the diverse characteristics of people who use drugs, the diverse communities who will use the services and the diversity of substances being consumed. System design should include different ways of servicing populations with varying needs, across the regions.

- There should be no demographic exclusions to service use, including young people and pregnant people.
- There should be no geographic exclusions to service use. State-wide accessibility should be facilitated with multiple drop-off points including the option to anonymously submit samples by mail.
- To minimise financial barriers, there should be no monetary cost to service users.
- The early warning system should be open, transparent, and publicly available.

4. SAFE AND ANONYMOUS.

Those who use these services must be anonymous, feel safe, and not be targeted by police, who must play a supportive role in prioritising harm reduction by not patrolling surrounding areas of services.

5. GUIDED BY THE PRINCIPLE OF INFORMED CONSENT.

This means that engagement with each aspect of these services must be fully and freely informed, including decisions about whether to:

- Provide drugs and/or equipment for checking (both pre- and post-use), discard substances, and engage with harm reduction information or education provided.
- Collection of identifying information, screening or assessment of attendees must not be a precondition of service access, and engagement with alcohol and other drug treatment for those who want it must be entirely optional.

6. ACCURATE, COMPREHENSIVE AND RAPID.

Analytic technology should detect the widest range of drug types possible.

- This can be achieved by partnering with organisations with existing analytic capability.
- Procedures should facilitate rapid testing, to disseminate timely information to both service users and the early warning system.
- The use of more sophisticated methods and technologies (including a range of equipment within one service to cater to different drug types, service user and system needs) is important in order to build public confidence, particularly in the early stages.

7. ACCOMPANIED BY AN INFORMATION CAMPAIGN.

The campaign should aim to raise awareness of how to locate and access these services among a diverse range of communities.

- It should also inform service users of their rights in relation to the service and other issues that will likely be significant to those contemplating having their drugs checked, such as how data will be collated and used, how privacy will be maintained, the centrality of informed consent, the role of police and policing in relation to the services and the legal dimensions of the services.

8. FLEXIBLE, ADAPTABLE AND RESPONSIVE.

Services should be structured and resourced in ways that maximise their capacity to be flexible and adaptable to the changing needs of service users and/or user populations, as well as the evolving features and dynamics of drug markets.

A flexible, adaptive and responsive system is more likely to generate benefits and impact.

9. COMPLEMENTARY

Drug checking services must be treated as one part of a wider harm reduction system:

- A complement to a suite of harm reduction initiatives, rather than a replacement for any other measures, in recognition of the important and distinct features of drug checking services and the specific function they play in addressing certain kinds of drug-related harm.

10. NETWORKED FOR PREPAREDNESS.

Drug checking services and early warning systems have a vital role to play in addressing a range of drug-related harms including through monitoring unregulated drug markets, and new and emerging challenges in those markets.

A network of services across the state will enable us to respond to existing crises and prepare for new ones, including the possibilities of a North American-style fentanyl crisis, or another novel opioid or general novel psychoactive substance crisis. The establishment of such a network might be undertaken as an iterative or phased process through scaling up and investment over time.

11. EVALUATED.

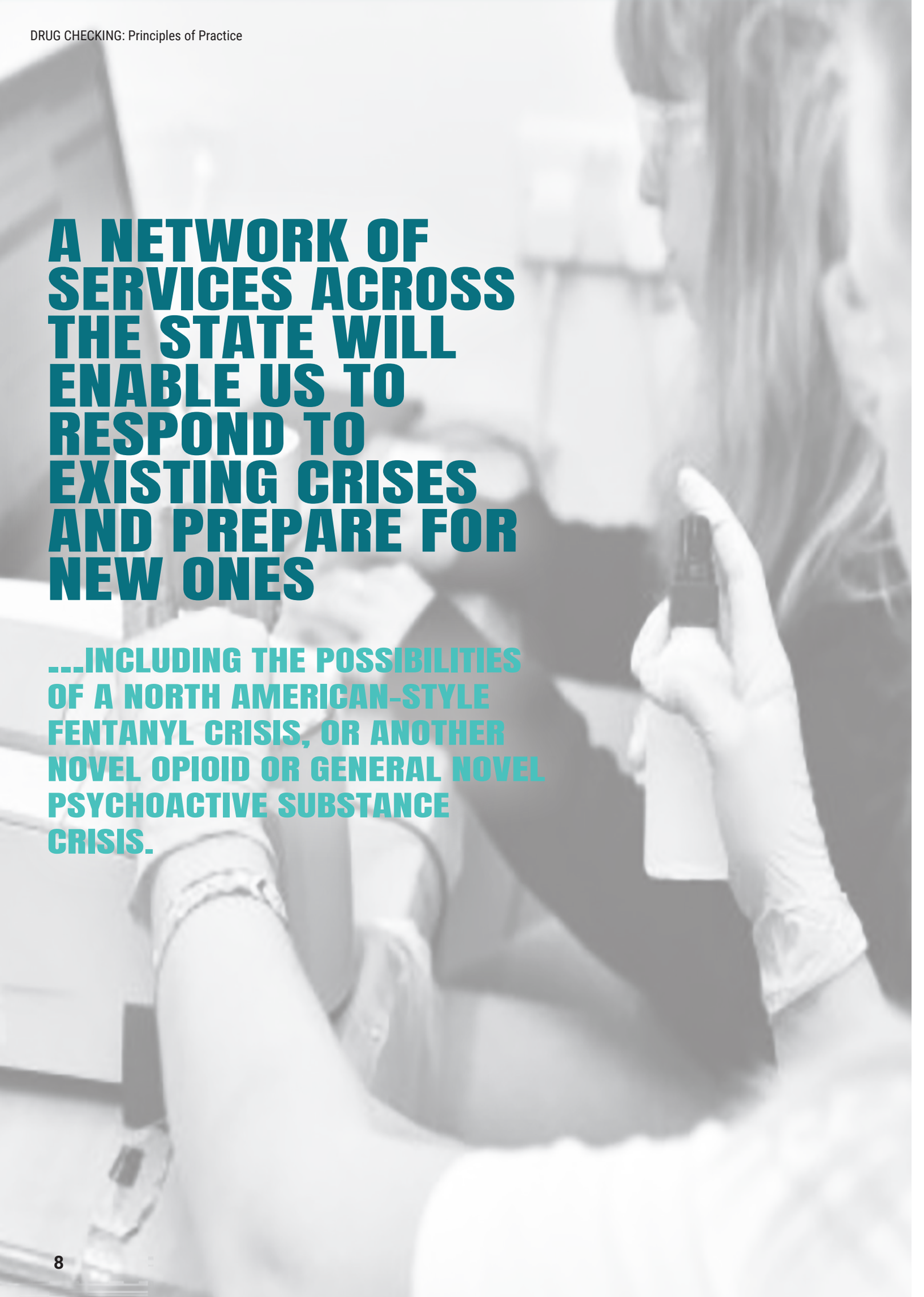
Drug checking services and the early warning system should be fully evaluated on a broad range of measures, and if necessary, their design adjusted in response to evaluation findings and other relevant research and evidence.

- As noted in point two, service users must be included in such an evaluation.

12. SUBJECT TO AN OPEN PROCUREMENT PROCESS.

There must be broad opportunities for organisations to tender to run these services, including by tendering as a consortium.

Services and those who work within them must also retain their autonomy, including through advocating for further reforms and otherwise contributing to public discussions about related issues such as harm reduction measures and strategies.



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MODEL FOR SERVICE DELIVERY

Drawing on the above mentioned principles, the ideal model for Victoria is a networked approach to be implemented in **two phases.**

In the first phase, a fixed site will be established in Melbourne, with two mobile sites (vans) established, which will travel into regional and rural areas to ensure servicing outside urban areas.[14]

These mobile sites will be redeployed to music festivals as needed. In the second phase, the sites established in Phase One are maintained alongside a scale-up to incorporate a networked service model for drug checking across the state.

A range of equipment options are available for use across the sites.

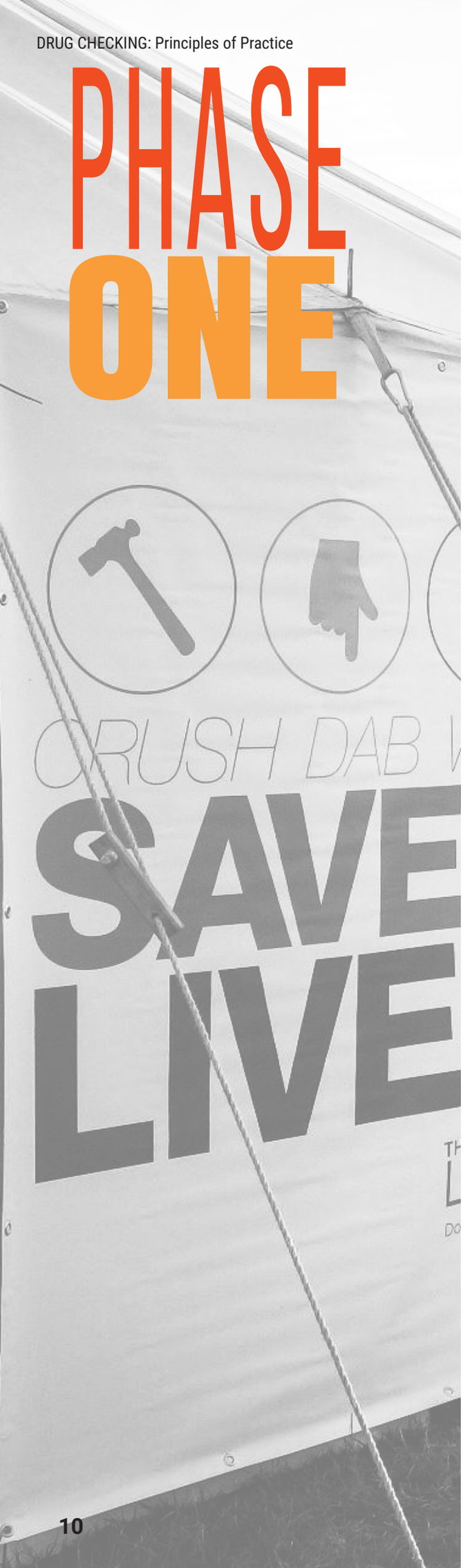
The available machinery offers different outcomes in terms of comprehensiveness/ degree of coverage, speed, accuracy and usability.[15]

Given the need for flexibility and adaptability, this document does not stipulate specific machinery that should be utilised.

Instead, the consensus is that best practice involves utilising the most up-to-date technology available at the time of service development and implementation, in light of the needs of evolving drug markets.

We have costed the program (**Appendix B**) based on indicative pricing of machinery used in similar programs in Australia and abroad.

PHASE ONE



a. One new standalone central fixed site.

The site will be a specialist/boutique location specifically designed for drug checking, open for five to six days per week, seven hours per day, including provision for after business hours, and open to service users.[16]

It will be fully staffed by a combination of people with relevant expertise (i.e. peers, analysts, health and harm reduction workers, others).

To ensure comprehensive analysis is possible, the site will have relevant and appropriate equipment as defined by experts, with the final goal of being able to provide timely and accurate qualitative and quantitative information to community.

The central site will also coordinate the dissemination of information through the early warning system. The central site will input data into existing systems (e.g. EDNAV), while also publishing real-time information and alerts on a publicly accessible database to its own website.

A dashboard will be co-designed with consumer groups and built for this purpose.[17]

They will work in partnership with people with relevant equipment and expertise in drug monitoring to ensure comprehensive analysis.

b. A minimum of two mobile sites (vans) operating for three to four days per week, providing services for five hours per day, including provision for after business hours.[18]

They will be fully staffed by a combination of people with relevant expertise (i.e. peers, analysts, health and harm reduction workers, others).

The vans will have relevant and appropriate equipment as defined by experts, with the final goal of being able to provide timely and accurate qualitative and quantitative information to community.

These vans will travel into regional, rural and remote parts of the state.

The mobile sites will have capacity to transmit all samples to the central fixed site for more comprehensive checking and analysis, with those results then disseminated through the early warning system as well as to individual people who provided the sample.

c. Mobile sites (vans) operating on an as-need basis for major events such as music festivals.
Here, the mobile vans that travel into regional, rural and remote parts of the state will be re-deployed as needed for major events.

The mobile sites will have capacity to transmit all samples to the central fixed site for more comprehensive checking and analysis, with those results then disseminated through the early warning system as well as to individual people who provided the sample.

SERVICES WOULD BE IMPLEMENTED IN TWO PHASES, AS FOLLOWS:

PHASE	SITE TYPE	AREA/ LOCALE	TECHNOLOGY	MODEL	OPERATION	STAFFING	OTHER FEATURES
1	**Fixed,** New	**Central Melbourne location**	**Higher** specifications	**Consumer Drop-In**	**5-6 days per week** (including provision for after business hours)	-Manager -Peer, health and harm reduction workers -Analysts	Central coordinating site for the state, linked to relevant experts
1	**Mobile** (Vans)	**Regional/ Rural**	**Mid-level** specifications	**Outreach** to Consumers	**3-4 days Per week** (including provision for after business hours)	-Peer, health and harm reduction workers -Analysts	Samples transmitted to central site for more comprehensive secondary analysis
1	**Mobile** (Vans redeployed for music festivals only)	**Major Events**	**Mid-level** specifications	**Outreach** to Consumers	**As required**	Peer, health and harm reduction workers	Samples transmitted to central site for more comprehensive secondary analysis
2	**Wider network,** integrated into existing services	**Urban, Regional and Rural**	**Mid-level** specifications	**-Consumer drop-in** **-Postal**	**As per existing** service operations	Peer, health and harm reduction workers	Samples transmitted to central site for more comprehensive secondary analysis

PHASE TWO

This scale-up phase builds on insights from Canada,[19] and will have two main features not catered for during the first phase.

These are:

• The expansion of methods by which samples can be delivered to drug checking services through the introduction of a postal service, as well as through the introduction of some drug checking services at a range of sites, such as those co-located in existing health and harm reduction services; and

• The expansion of methods by which results and harm reduction information can be provided to service users.

In the second phase, the aim is to enable existing sites (such as harm reduction services) to incorporate drug checking services at relatively low cost.

These sites will undertake limited drug checking services (through specific technologies) and provide drug checking results and harm reduction advice to service users at the point of care.

These sites will additionally be linked to the central site and have capacity to both submit information to the central site and submit samples for further and more comprehensive testing.

Given the ubiquity of hazardous substances and the need for a comprehensive, state-wide approach, as recently evidenced by the Victorian Coroner in relation to a drug-related death in Wangaratta,[20] the scale-up phase is vital to ensuring equity in access to harm reduction, regardless of postcode.

This model has the following components:

Ten sites for drug checking, co-located in existing health, harm reduction or related services, operating hours and days to be determined in conjunction with operators of the existing site.

These sites will have capacity to transmit all samples to the central fixed site for more comprehensive checking and analysis, with those results then disseminated through the early warning system.

The scale-up will need to be properly investigated and costed closer to the point of development and implementation but at this stage we estimate that each site will employ a minimum of one new staffer whose role is to undertake drug checking and provide harm reduction information and support to service users, and liaise with the central fixed site where support is needed and/or samples have been sent off to the central site for more sophisticated and comprehensive analyses to be undertaken.

The sites will have relevant and appropriate equipment as defined by experts, with the final goal of being able to provide timely and accurate information to community.

This phase will also bring a range of benefits to health services (such as emergency departments, paramedics and other healthcare professionals).

The model will support capacity building and be supported by training and a community of practice.

THE SCALE-UP PHASE IS VITAL TO ENSURING EQUITY IN ACCESS TO HARM REDUCTION, REGARDLESS OF POSTCODE.

THOSE CONSULTED FOR THIS REPORT INCLUDE

- **Asher Balmforth,**
  Students for Sensible Drug Policy

- **Dr Monica J. Barratt,**
  Senior Research Fellow at Social Equity Research Centre and Digital Ethnography Research Centre, RMIT University; Visiting Fellow at National Drug and Alcohol Research Centre, UNSW Sydney; and Research Lead at The Loop Australia

- **Rita Brien,**
  The Loop Australia

- **Sione Crawford,**
  Chief Executive Officer,
  Harm Reduction Victoria

- **Jane Dicka,**
  Harm Reduction Victoria

- **Jacob Fry,**
  Chemistry Team Convenor,
  The Loop Australia

- **Sarah Hiley,**
  Victorian State Convenor,
  The Loop Australia;
  Head of Alcohol and other Drugs including the Medically Supervised Injecting Room at North Richmond Community Health

- **Craig Holloway,**
  Project Manager, Victorian Aboriginal Health Service

- **Nick Kent,**
  Policy and Campaigns Lead,
  Harm Reduction Victoria

- **Ginny McKinnon,**
  Board Member at Harm Reduction Victoria; Senior Harm Reduction Worker/Volunteer,
  The Loop Australia; Volunteer,
  Pill Testing Australia; Volunteer,
  The Loop UK; and Former Volunteer at DanceWize

- **Dr Annie Madden AO,**
  Executive Director,
  Harm Reduction Australia[21]

- **Professor Suzanne Nielsen,**
  Deputy Director, Monash Addiction Research Centre, Monash University

- **Dr James Petty,**
  Senior Policy & Research Officer,
  Victorian Alcohol and Drug Association

- **Daniel Robinson Croft,**
  Youth Support and Advocacy Service

- **Associate Professor Jennifer Schumann,**
  Monash University, Victorian Institute of Forensic Medicine

- **Chloe Span,**
  Victorian Clinical Manager,
  Family Drug Support Australia;
  Board Member,
  Harm Reduction Australia

- **David Taylor,**
  Advocacy and Media Manager,
  Victorian Alcohol and Drug Association

- **Stephanie Tzanetis,**
  Executive Officer, Pill Testing Australia; CanTEST Coordinator,
  Directions Health

- **Nick Wallis,**
  DanceWize Coordinator,
  Harm Reduction Victoria

APPENDIX A

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INDICATIVE COSTS BASED ON POTENTIAL EQUIPMENT CONFIGURATIONS

APPENDIX B

SET-UP/ ONE OFF COSTS

ITEM DESCRIPTION:	COST:
Site	
· Building fit-out costs and security system	**$400,000.oo**
Vehicles	
· Van purchases	**$200,000.oo**
· Van fit-out costs	**$150,000.oo**
Equipment	
· Drug checking machinery purchases	**$550,000.oo**
· Computer equipment, benches, printers, office supplies	**$45,000.oo**
· Early warning system development (including database and website establishment) ...	**$100,000.oo**
Evaluation (for phases one and two)	
· Tender for researchers to conduct evaluation (including on-costs)	**$175,000.oo**
TOTAL ESTIMATED COST:	**$1,620,000.oo**

OPERATING COSTS (PER ANNUM)

ITEM DESCRIPTION:	COST:
Site	
· Building lease per annum	$110,000.oo
· Contents Insurance	$10,000.oo
· Office running costs (electricity, internet, office supplies, software, IT support)	$40,000.oo
Vehicles	
· Registration	$2,000.oo
· Comprehensive Insurance	$3,000.oo
· Servicing, tyres, maintenance	$3,000.oo
· Storage/Parking	$6,000.oo
· Fuel	$6,000.oo
Equipment Maintenance	
· Machinery maintenance	$100,000.oo
· Early warning system development (database and website maintenance)	$30,000.oo
Staffing	
· Fixed site staffing (including comms and security)	$1,640,000.oo
· Mobile site staffing (including festival deployments)	
Ancillary	
· Accommodation (4x staff @ 10 festivals per year, 2 nights accommodation per festival, with averaging from ATO schedule)	$18,000.oo
· Per diem for staff attending festivals (4x staff @ 10 festivals per year, @ $150 per diem per day)	$12,000.oo
· Cost of transportation of samples	$75,000.oo
Phase Two	
· To be costed after planning	$TBD
TOTAL ESTIMATED COST:	**$2,055,000.oo**

* Operating costs per annum will also need to account for increases including salary costs (estimated increase of 5% per annum) and other increases in costs in line with indexation.

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[11] Given the timeframe for the preparation of this report, the workshop focussed on experts who were based in Victoria and available on the date of the event. Workshop attendees were invited to provide feedback on the draft of this report through consultation with other experts in the field as appropriate. This report therefore draws on the input of a wider group of experts than named in Appendix A. We gratefully recognise their contributions. Participants in the community consultation (as event attendees and survey respondents) are not named in this document in order to preserve their anonymity. We also gratefully acknowledge their input and expertise. We also acknowledge the work of Ben Yonson, Snowy Primmer and Allie Mikolanis at Harm Reduction Victoria for overseeing the community consultations and collating the results.

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[13] See: https://pilltestingaustralia.com.au/trans-tasman-charter/ (accessed 31 March 2024).

[14] A licensing model for a single, standalone site is not recommended, including because it may have unintended consequences or negative effects. See: Hutton, F. (2022). Drug checking in New Zealand: the 2020 and 2021 drug and substance checking legislation acts. Drugs, Habits and Social Policy, 23(3):200-206.

[15] For more on the range of equipment options available, see, for example: Gozdzialski, L., Wallace, B. & Hore, D. 2023. Point-of-care community drug checking technologies: An insider look at the scientific principles and practical considerations. Harm Reduction Journal, 20, 39; Thompson, H. and McDonald, K. (2023). Considerations for Purchasing Drug Checking Technologies: Perspectives from Toronto's Drug Checking Service. International Journal of Environmental Research and Public Health, Aug; 20(15): 6486; British Columbia Centre on Substance Use. (2024). New Drug Checking Instruments in Canada: A Summary of Drug Checking Technology Developments. https://drugcheckingbc.ca/wp-content/uploads/sites/2/2024/01/BCCSU_New_drug_ checking_technologies_2024.pdf (accessed 3 April 2024); Harper, L., Powell, J. and Pijl, E.M. (2017). An overview of forensic drug testing methods and their suitability for harm reduction point-of-care services. Harm Reduction Journal 14, 52.

[16] The provision for services operating after business hours is based on feedback received during the community consultation.

[17] For an example, see: https://bccsu-drugsense.onrender.com/

[18] The provision for services operating after business hours is based on feedback received during the community consultation.

[19] Wallace B, et al. (2022). A distributed model to expand the reach of drug checking. Drugs, habits and social policy. 23(3): 220-231; Wallace, B., Van Roode, T., Burek, P., Hore, D. and Pauly, B. 2022. Everywhere and for everyone: proportionate universalism as a framework for equitable access to community drug checking. Harm Reduction Journal, 19, 143.

[20] See: Finding into Death without Inquest COR 2022 006970 [Mr SL] Coroners Court of Victoria, 2024, which examined the death of 'SL' in Wangaratta in December 2022.

[21] Pill Testing Australia is part of Harm Reduction Australia

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