

# Drug checking and early warning network

*Knowing the harms can prevent the harms*

May 2021

## OVERVIEW

In April, the Coroners Court of Victoria published findings from an inquest into five drug-related deaths linked to the unintended consumption of the novel synthetic drugs 25C-NBOMe and 4-FA.<sup>1</sup> To prevent similar deaths and other harms in the future, Coroner Spanos recommends that the Department of Health implement a drug checking service and a drug early warning network.

At a drug checking service, people could find out the content and purity of drugs during a meeting with a healthcare worker including peer-based harm reduction workers where they would talk about their drug use and test results. Data from the drug checking service could be cross-checked with other information about what substances are out there, triggering alerts to warn people if an unusually dangerous substance is circulating, via a more formal drug early warning network in Victoria.

## WHAT WILL MAKE IT WORK

As representatives of the Victorian alcohol and other drug (AOD) sector, we fully support the recommendations of the Coroner. The following principles should guide the development of drug checking services paired with an early warning network:

- *Harm reduction focused* - drug checking services must provide a harm-reduction service for people who use drugs, while simultaneously generating anonymous market surveillance data relevant to the larger Victorian community.
- *Accurate, comprehensive and rapid analysis* of substances which detects the widest range of drug types possible, achieved through partnerships with organisations with existing analytic capability as required.
- *Inclusivity* - services should be accessible to all community members who use any kind of drug. There should be no demographic exclusions to service use.
- *Accessibility* - services should be state-wide with multiple drop-off points and different ways of servicing populations with varying needs.
- *Dissemination* - real-time data should inform the broader community of the status of the drugs markets. This reporting should be open, transparent, and publicly available.
- *Peer organisations* should be included in the planning, design, implementation and evaluation of these services and the early warning network.
- *Anonymity* - The success of drug checking services depends on their users being anonymous, feeling safe, and not being targeted by police. This means police must play a supportive role by not patrolling the surrounding area for drop-off or drop-in points.
- *No cost* - There should be no monetary charge for these services.
- *Evaluation* - Drug checking services and the early warning network should be fully evaluated and their design adjusted in response to evaluation findings.

## THE EVIDENCE

What we know about drug checking services and early warning networks:

- These are not new or unusual initiatives: we can learn from services operating in other jurisdictions. A 2017 catalogue of drug checking services found 31 services were operating in 20 countries worldwide.<sup>2</sup> Many more services have begun since 2017, in particular in North America (e.g. Toronto<sup>3</sup> and Vancouver<sup>4</sup>) in response to soaring overdose rates arising from markets flooded with fentanyl-type substances.<sup>5</sup>
- The Dutch Drugs Information and Monitoring System provides a best practice example of a network of fixed-site drug checking services attached to an early warning system.<sup>6</sup> The Dutch quickly tailor public warnings to prompt avoidance of highly dangerous drug samples in the community. For example, in 2014, public alerts were rapidly issued advising the public to avoid Superman pills that contained an unexpected lethal dose of PMMA. No deaths were recorded in the Netherlands, while in neighbouring UK where no warnings were issued, the same tablets were associated with several deaths.<sup>7</sup>
- Australia's experience so far with sanctioned drug checking has included two trials in Canberra in 2018 and 2019. In the most recent trial, all 7 service users who were informed that their sample contained the novel substance n-ethyl-pentylone discarded the drugs.<sup>8</sup>
- New UK research has followed up drug checking service users after three months and demonstrated a strong concordance between intended and actual reported actions.<sup>9</sup> More than half of service users whose substance was not as expected reported discarding the drugs, while more than one-third of service users whose substance was as expected reported taking a smaller dose than usual.
- Critics of drug checking claim it will lead to increased drug use. A recent Australian study<sup>10</sup> counters this claim: among festival-goers surveyed about drug checking scenarios, the existence of a drug checking service (on-site at a festival or in a central fixed-site location) *did not increase* intention to use ecstasy, for both ecstasy-naïve and ecstasy-initiated groups.
- In a representative sample of over 2000 Australians surveyed in 2019,<sup>11</sup> only 22% opposed drug checking at music festivals, with 63% supporting and the remaining 15% neutral. Younger people were more likely to express support for drug checking. Public support for drug checking services at fixed sites (not at music festivals) has not yet been assessed.

## RECOMMENDATION

**Drug checking services and early warning systems are evidence-based harm reduction measures that have been successfully used internationally for decades. The Victorian Government should urgently implement Coroner Spanos' recommendations here before more young lives are taken before their time.**

Signed by the following organisations and individuals:

*Alcohol and Drug Foundation*



*Harm Reduction Victoria*



*Royal Australian College of General Practitioners*



*Students for Sensible Drug Policy*



*The Loop Australia*



*Thorne Harbour Health*



*The Victorian Alcohol and Drug Association*



*Youth Support + Advocacy Service*



## REFERENCES

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