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# Pill testing or drug checking in Australia: Acceptability of service design features

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- Collaboration between NDARC/UNSW, UTas, St V's
- MB has adjunct affiliations with NDRI/Curtin & Burnet
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- There are no conflicts of interest to declare.

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For more on testing = #timetotest

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# What is drug checking or pill testing?

## Defining features

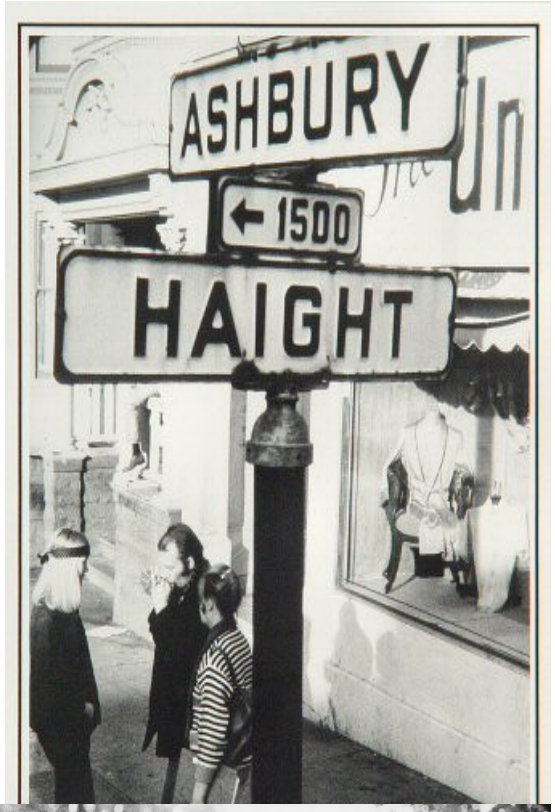
- Consumer submits drugs for testing
- Service determines chemical composition of drugs (? dose)
- Results of these analyses are shared
- Aims to improve public health and safety

## Variable features

- Wait times
- Setting of testing
- Type of analytic testing conducted
- Funding model

Street drug analysis became a valuable treatment tool during the ‘Summer of Love’ in 1967 when thousands of young people flocked to San Francisco's Haight-Ashbury district and began ‘turning on’ to a variety of unknown substances including ‘peace pills’

Renfroe & Messinger, 1985, p. 247





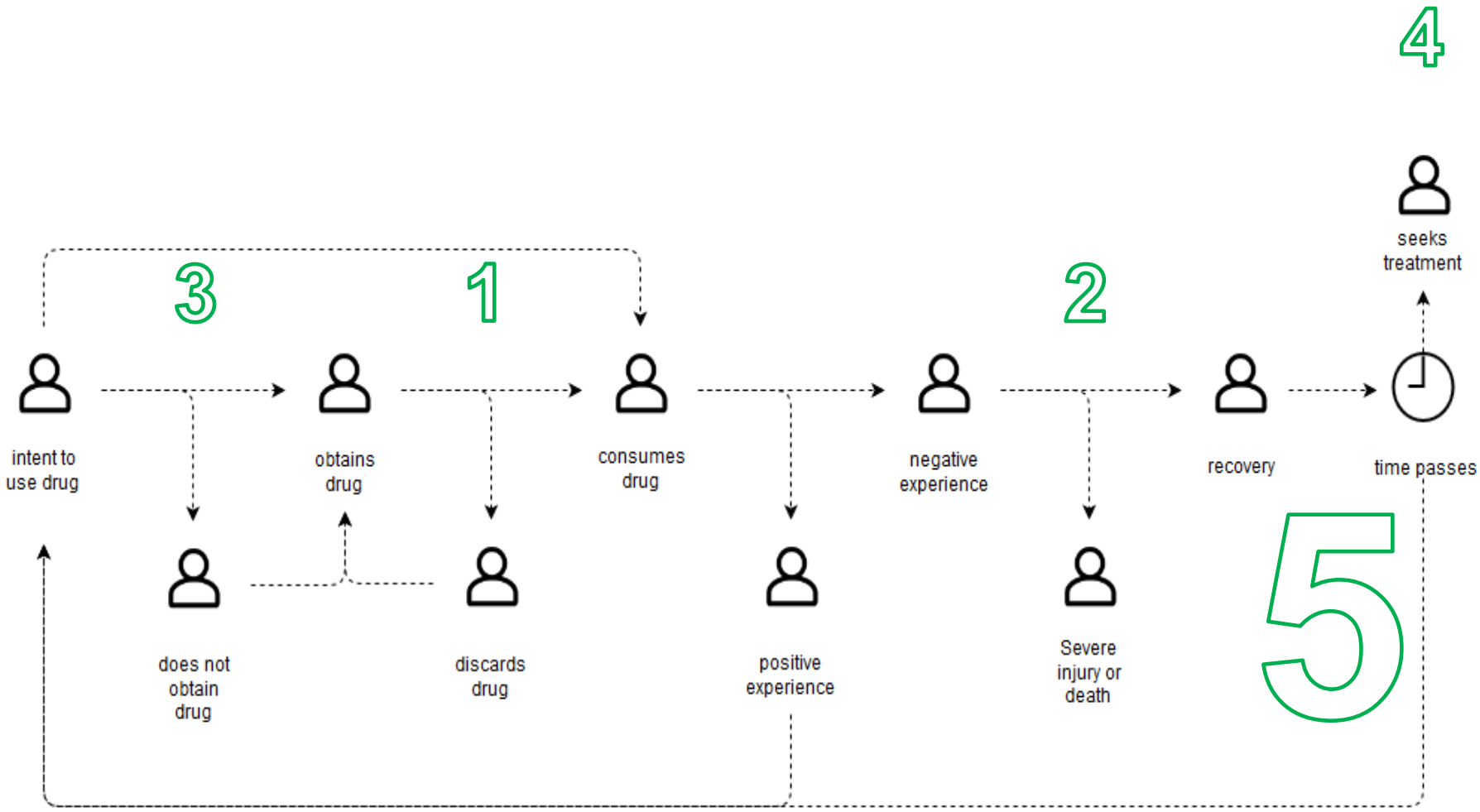
# Terminology

- Street drug identification
- Drug safety testing
- Street drug analysis
- Pill testing
- Pill and powder testing
- Pill checking
- Drug checking
- Drug testing
- Adulterant screening
- Multi agency safety testing

Currently happening in:

- UK
- Spain
- Portugal
- Austria
- Switzerland
- Netherlands
- US
- Canada
- Wales
- Luxembourg
- Slovenia
- Uruguay
- AND MORE+++

# Why drug checking / pill testing?



# Where to next in Australia?

Australia has Dr Caldicott's ACTINOS project (analysis of drugs associated with emergency presentations in hospital setting) but yet to trial other service models.

Can we copy service design models from other countries?

But Australia is different:

1. Policing context (vs. Portugal, Netherlands, UK)
2. Drug market differences (comparatively expensive)

*Would Australian partygoers surrender a whole pill for testing – to enable comprehensive quantitative analysis?*

# Aims of current study

Main aim – to inform the design of a drug-checking service for festivalgoers in Australia

1. Which design features of a drug-checking service would be acceptable to Australian partygoers?
2. Who were willing to surrender a whole pill/capsule/point to a drug-checking service, a.k.a. ‘donators’?
3. How does acceptability of service design features differed ‘donators’ vs rest of sample?

# Method

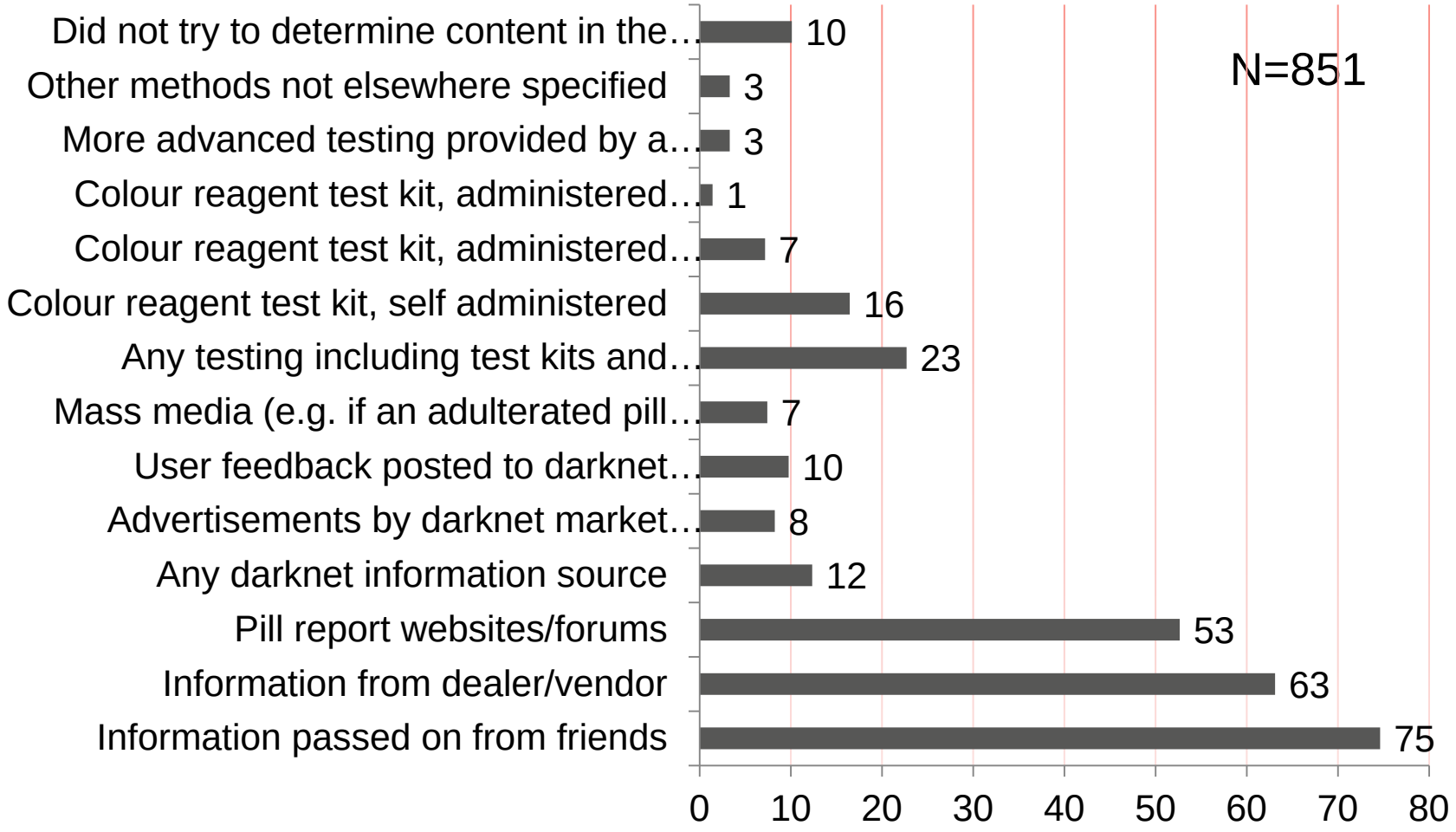
- N=851
  - Australian residents
  - Attended festival and/or licensed venue after midnight (last 12mo)
  - Use of psychostimulants and/or hallucinogens (last 12mo)
- Web survey (Apr/May 2016)
- Self-selected sample: through Facebook ads (55%), snowballing (30%), Global Drug Survey (9%), other (7%)
- Acceptability of service design – 'would you use a drug checking service if…'
- Analyses: chi square and multivariable logistic regressions

# The sample (N=851)

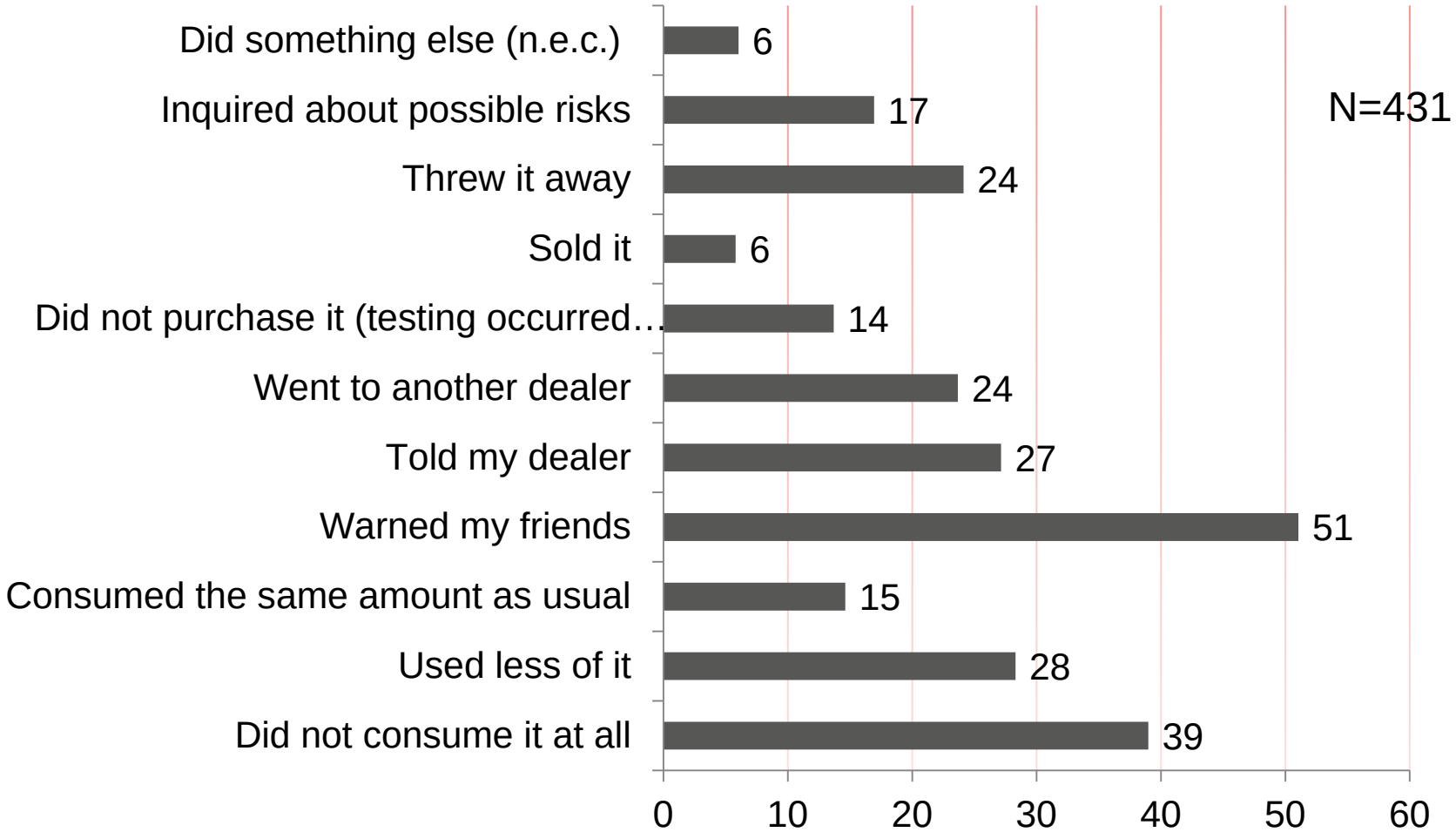
Median age 23 years (IQR 20-27, range 18-65); 70% male, 28% female, 1% transgender/queer.

| | Psychostimulants | Hallucinogens | Either |
|---|---|---|---|
| **Lifetime experience** | N=727 | N=772 | N=728 |
| Never used or not in last 12mo | 1.8 | 36.1 | 0.0 * |
| <5 times | 6.2 | 16.7 | 5.1 |
| 5 times +, only in last 12mo | 11.1 | 5.4 | 10.9 |
| 5 times +, started over 12mo ago | 80.9 | 41.7 | 84.1 |
| **Frequency use in last 12mo** | N=851 | N=851 | N=851 |
| none | 1.5 | 32.8 | 0.0 * |
| a few times (less than monthly) | 45.6 | 56.2 | 43.5 |
| monthly | 28.4 | 7.5 | 30.0 |
| fortnightly | 15.3 | 2.4 | 16.9 |
| weekly or more often | 9.2 | 1.2 | 9.8 |

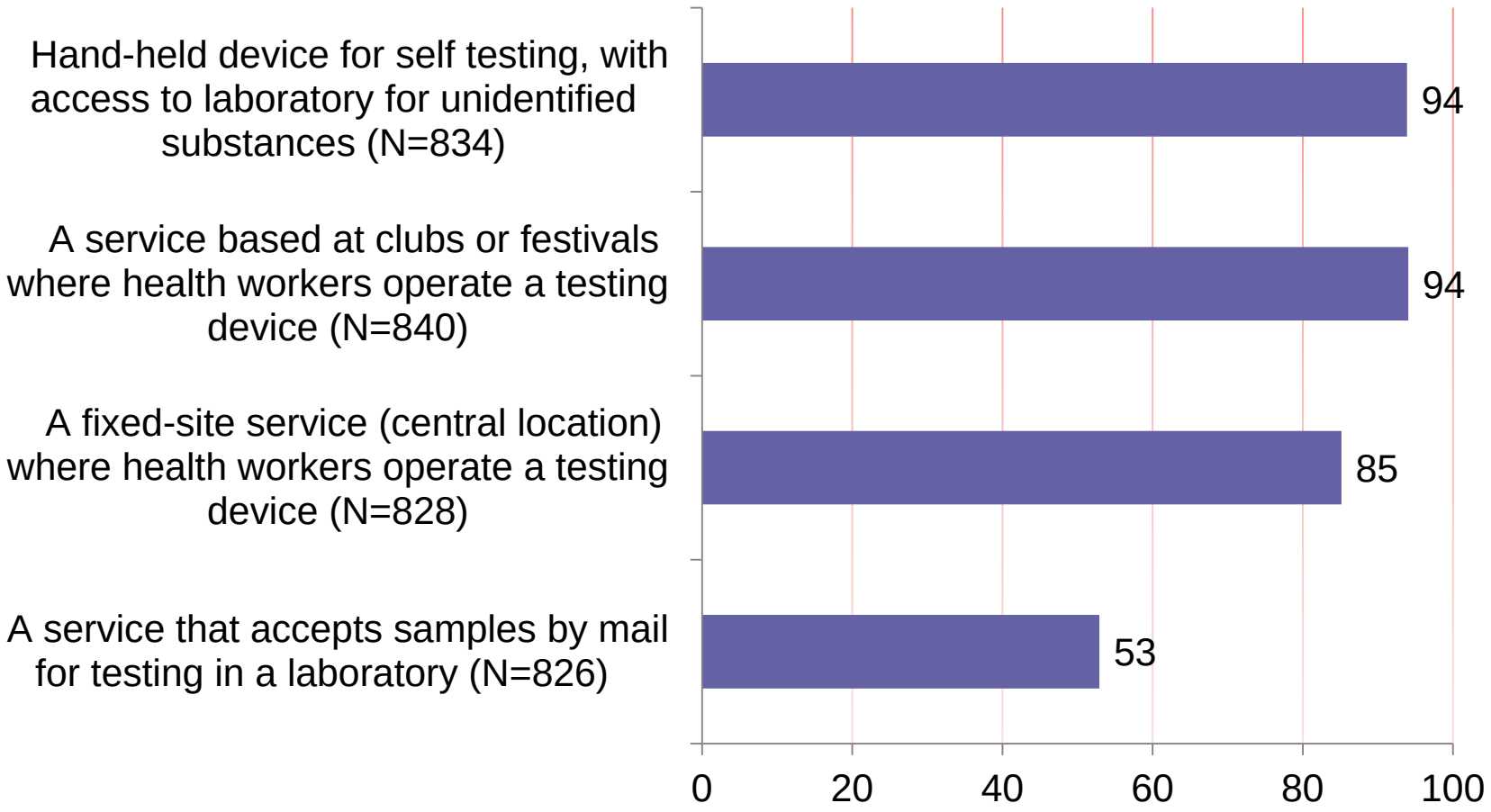
# Methods used to determine content of drugs (%)



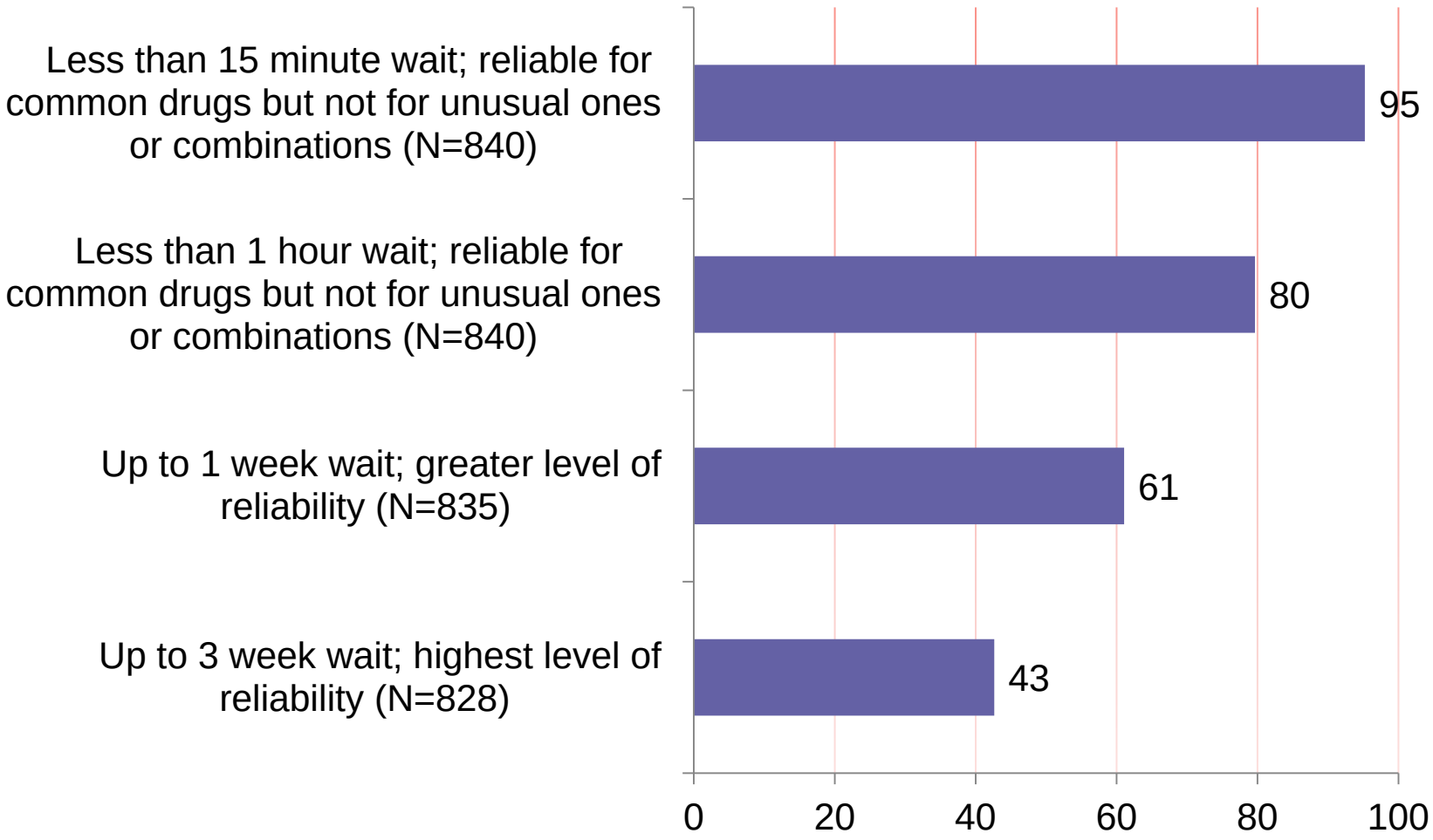
# Actions taken if unknown/suspicious detected (%)



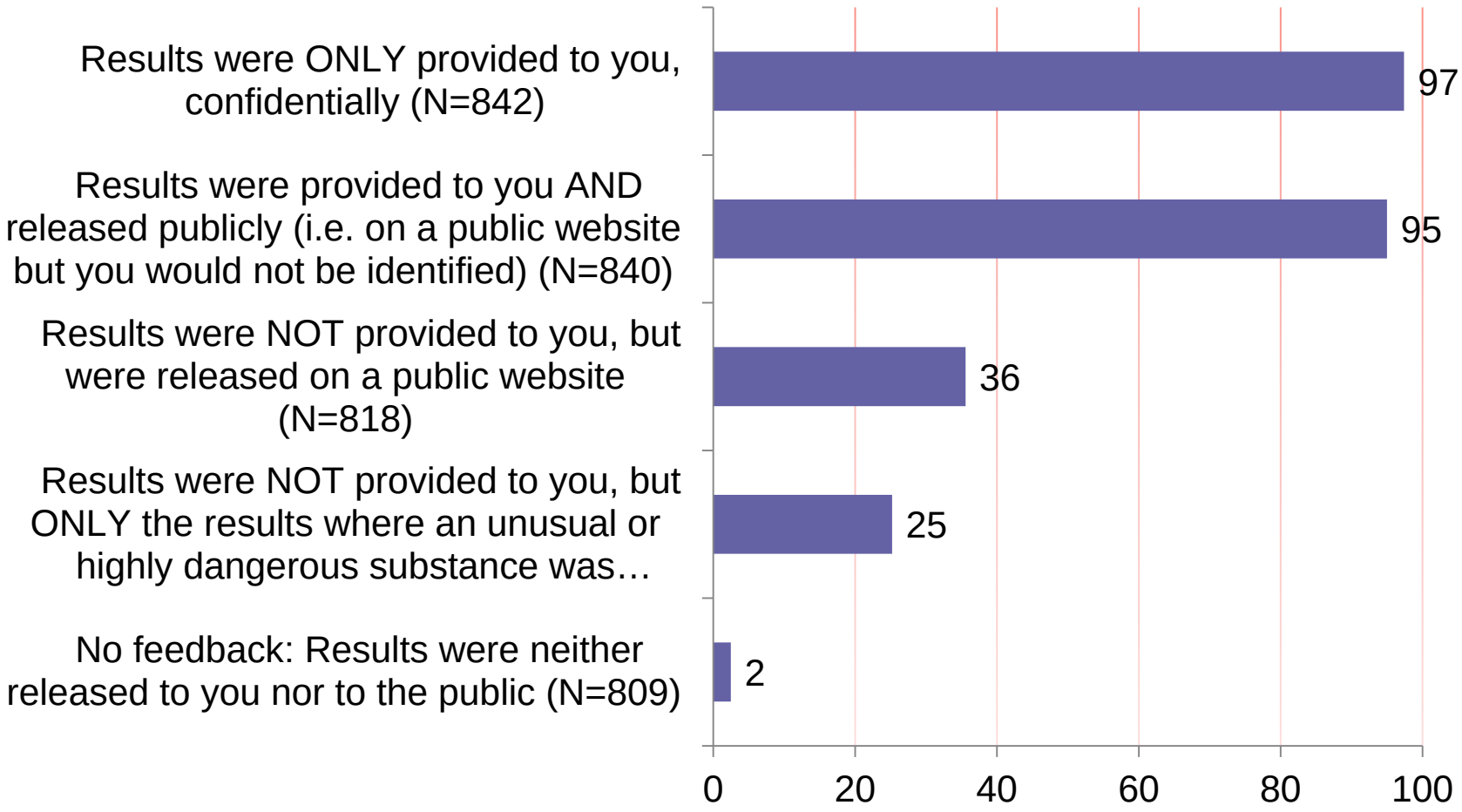
# Setting of service (would you use a DC service if…) (%)



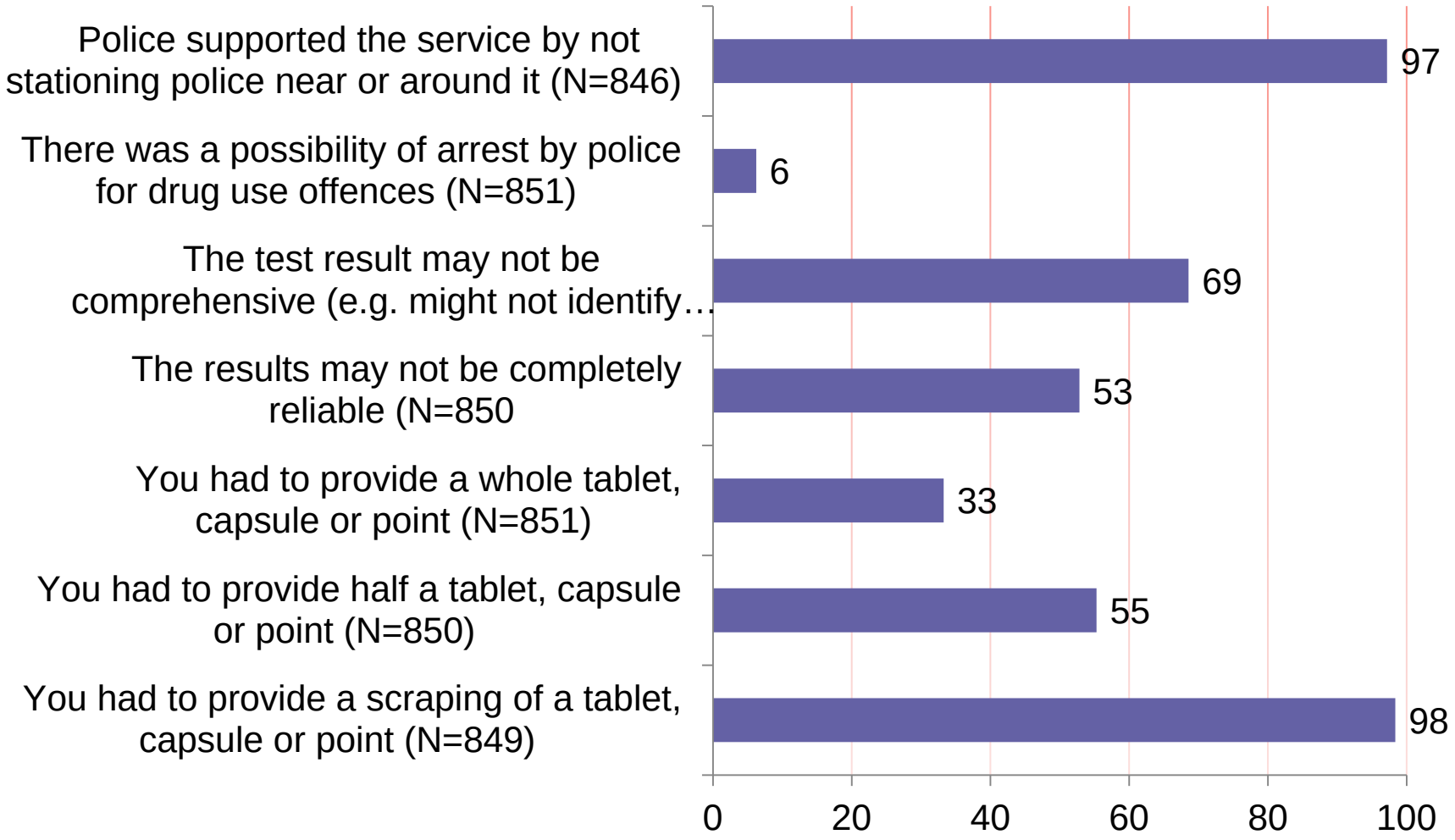
# Wait times / reliability (would you use a DC service if…) (%)



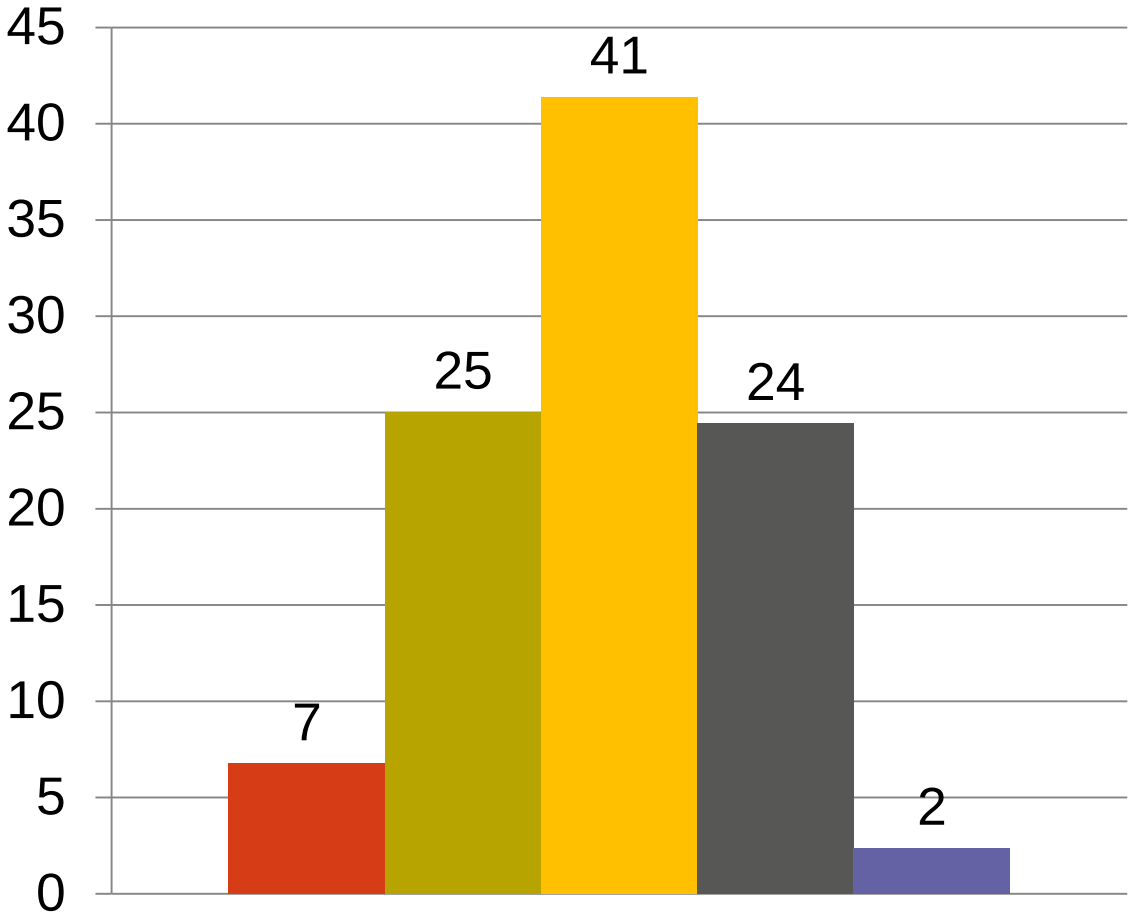
# Feedback of results (would you use a DC service if…) (%)



# Barriers (would you use a DC service if…) (%)



# How much would you pay per test? (%)



# Who is willing to donate a whole pill? (33%)

| Variables | Multivariable aOR | p value |
|---|---|---|
| *Gender* (male vs others) | 1.69 (1.17-2.43) | 0.005 |
| *Age* (continuous) | 0.96 (0.93-0.99) | 0.005 |
| *Experience level (psychostimulants and/or hallucinogens)* | | |
| <5 times | | |
| 5 times +, only in last 12mo | 0.39 (0.17-0.93) | 0.033 |
| 5 times +, started over 12mo ago | 0.46 (0.22-0.98) | 0.044 |
| *Frequency of use in last 12mo (psychostimulants and/or hallucinogens)* | | |
| less than monthly | | |
| monthly to fortnightly | 1.04 (0.72-1.51) | 0.830 |
| weekly or more often | 2.03 (1.08-3.83) | 0.028 |
| *Frequency attendance in last 12mo (licensed venues and/or festivals)* | | |
| less than monthly | | |
| monthly to fortnightly | 0.89 (0.59-1.34) | 0.584 |
| weekly or more often | 0.57 (0.34-0.97) | 0.039 |
| *What proportion of the time did you obtain the drugs in advance or at the event?** | | |
| Mostly to always in advance | | |
| About half and half | 1.05 (0.7-1.58) | 0.802 |
| Mostly to always at the event | 0.59 (0.34-1.02) | 0.060 |
| Log Likelihood = -434.29619 | | |
| * Of those who reported taking drugs at events in the last year | | |

# Do service design prefs differ for donators?

Significantly stronger support among donators for:

- Fixed site and mail/web services
- Services with wait time of 1 hr or more
- Feedback options involving posting info to websites
- Testing even if not completely reliable
- Paying more for each test

# Discussion

- Drug-checking feasibility requires police support
- Individual feedback of results is required
- Shows promise re behavioural changes that reduce harm
- A small co-payment may be feasible
- Surrender of a whole pill/tab/point is a significant barrier
- A 15-30 m wait time with qualitative comprehensive results at a festival setting is the most broadly appealing design
- Offering multiple settings and analytic testing types would suit different needs of these populations

- Limitations: self-selected sample

Drug-checking services are strongly supported among this sample of the target consumer group in Australia, assuming legal amnesty and individualised feedback.

# Thanks to…

- Our anonymous survey respondents
- Global Drug Survey for facilitating recruitment

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