PILL TESTING AT MUSIC EVENTS
An evidence-based harm minimisation intervention which should be adopted in Australia

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What “Pill Testing” is not

NOT JUST PILL TESTING
NOT NEW (50 YEARS)
NEVER GOING TO MAKE DRUG USE 100% SAFE
NEVER GOING TO BE 100% ACCURATE
What “Pill Testing” should be

- Point of engagement
- Opportunity for brief interventions
- Source of extra (credible, accessible, personally relevant) information
- Process to screen out some of the biggest risks
Who are the “punters”

- Young
- Not usually regular drug users
- Very unlikely to have a substance use disorder
- Rarely in contact with AOD services (or other sources of impartial advice on AOD)
- Likely to have already made the decision to use something at this event (already bought it)
The Process

1. Intro & consent
2. Provide sample
3. Sample tested (& destroyed in the process)
4. Results
5. Health screening
6. Personalised Advice & Brief Intervention
7. Shown where they can safely dispose of any substances
Analytic Process

Weighed (gross weight)

Photographed

5 Techniques cross-referenced
- FTIR spectrum matched to library
- 6 Reagent tests
- UV Spec
- Mass loss
- Fentanyl test strips

Postgrad / Postdoc chemists
- “Drug nerds on a mission”

Improving all the time

GCMS &/or LCMS benchtop soon
Advice & Brief Intervention

• Tell us about yourself
  • General health & specific conditions
  • Current medications / allergies
  • Past drug experience
  • Demographics
  • Intended drug(s) use

• No drug use is safe

• We cannot guarantee what will happen if you take pills like this

• We can’t know whether your other pills are the same – drug or strength

• You can safely & anonymously dispose of any drugs you don’t want over there

• IF you still plan to use these are some ways to reduce the risks:
  • Space doses
  • Stay hydrated
  • Don’t mix with other things
    • Especially don’t mix this drug with ...

  • Watch out for each other

  • Signs of things going wrong could be...

  • If things start to go wrong do this...
Next to the medical tent is important

No police presence is vital

Signals this is a health service

Drug affected punters can be easily referred to medical

... and accompanied by pill analysis results

Patients in medical tent could be asked for consent to pill testing on the spot

Punters felt safe returning later with friends who may be drug affected and needed help
Evidence base

- Services running in Netherlands for 20 years
- Proven ability to flash warnings nationwide about contaminated pills (e.g. PMMA pills 2014)
- Switzerland – claims of no MDMA deaths since pill testing started
- One festival in UK 95% reduction (19->1) in drug-related hospitalisations the year pill testing started. UK had record drug-related incidents at other festivals that year.

- 25-100% discard rates for samples “not as expected” or “contaminated”
- Austrian service users 75% more likely to access a service with pill testing
- Pill testing adds credibility to the rest of the advice compared to abstinence-based advice/messaging
Discard rates

Portugal 2016
- 94% intended not to use if sample not as expected

UK 2016
- Not as expected
  - 67% handed over further amounts for disposal
  - 9% intended to dispose later
- As expected
  - 9% handed over further amounts for disposal
  - 0.5% intended to dispose later

Valente et al 2019; Measham et al 2019
### Guardian Essential Poll Jan 2019

#### Public Opinion

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Conclusion

- No evidence of increased harm
- Evidence of decreased harm
- Makes as much sense as NSP
- Scalable
- Trials supported by RANZCP, AMA, RACGP, User Groups, public, etc, etc.

A useful component of a multi-faceted approach

- Different policing
- Wider access to testing
- Legal status correlated to relative harm/risk
JUST SAY ‘NO’

YEAH YEAH YEAH