

Drug checking research project

Aberdeen participant findings

What is drug checking and why is it needed in Scotland?

Drug checking is a service where people can hand in a small sample of drugs for testing, so that they can receive information about what is in the sample. Services are confidential and anonymous. As well as providing information about what is in a drug sample, trained staff at the service can offer harm reduction support around things such as poly-substance use, safer dosage, and how drugs interact with medications. People who use drugs currently have very little reliable information about the strength and content of what they are taking, which puts them at risk of harm. Drugs can have very different strengths and contents, and people can be 'mis-sold' drugs (meaning that the drugs they have bought do not contain the substance that they thought). Scotland currently has the highest level of drug related deaths in Europe and there is a need for such services to help keep people safer. Although drug checking services are set up in Europe, the US, Canada, and elsewhere, there aren't any in Scotland.

What was the aim of the research?

The aim of the research project was to explore the opportunities and challenges around setting up drug checking services in Scotland. The project interviewed 43 participants from different groups (see Table 1). We interviewed: staff from third sector services, NHS, and the police; people who are currently using drugs or have done so in the last 12 months; and family members of people who use drugs or have done so in the last 12 months. Participants were asked about lots of different issues around drug checking, but this briefing will focus on the findings on 'model of service delivery'. Model of service delivery means where drug checking should be set up and how it should work to best meet people's needs. This briefing will present the views of people we interviewed from Aberdeen.

Table 1: Aberdeen participant demographics

Group	Number	Gender	Ethnicity
Professional participants	n=11	n=5 female n=6 male	n=11 white Scottish/British
Police	n=5		
Third sector	n=3		
NHS	n=3		
PWEDU	n=4	n=2 female n=2 male	n=4 white Scottish/British
Family members participants	n=0	N/A	N/A
Total	n=15	n=7 female n=8 male	n=15 white Scottish/British

What did we ask participants?

To help participants explore drug checking and how it could be set up in Scotland, we provided three example 'models of service delivery', or potential places where drug checking could be set up. This was to encourage participants think about the benefits and challenges of drug checking in different locations and with different ways of operating. See Box 1 below for the example models.

Box 1: Example models of drug checking

Model 1: A drug checking service in a third sector setting. In addition to the fixed site service, there is a mobile van which travels to different locations throughout the city, spending one day a week in each location

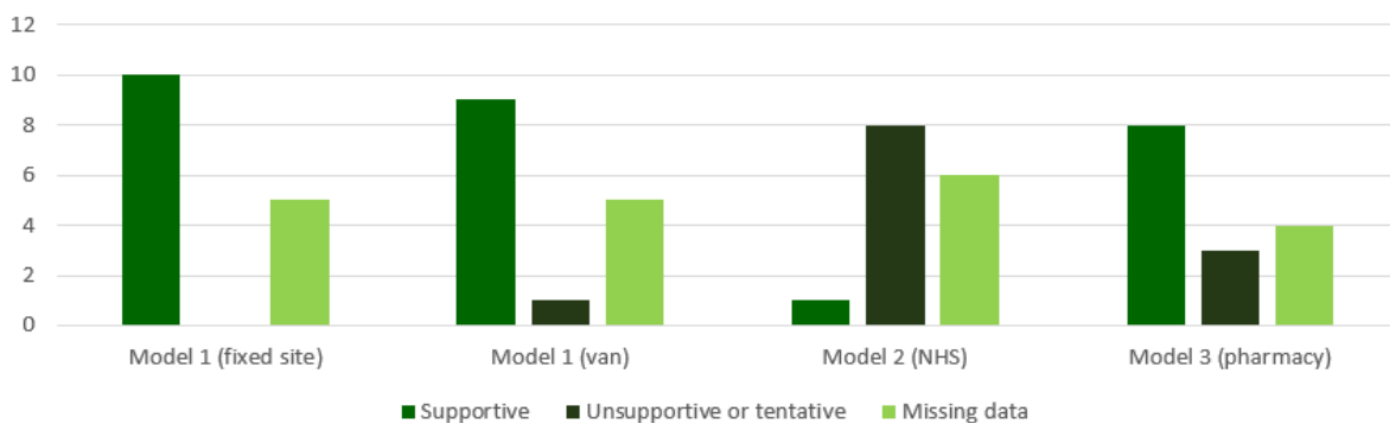
Model 2: A drug checking service in an NHS substance use service

Model 3: A drug checking service integrated into pharmacies throughout the city

Which model was most popular amongst Aberdeen participants?

As is shown in Graph 1 below, model one (drug checking in a third sector setting), and model three (drug checking in a pharmacy setting) were popular amongst Aberdeen participants. Model two (drug checking in an NHS treatment service) was the least popular model. This is fairly similar to the views of participants from other cities. Although there are some differences around the popularity of models one and three between cities, model two (the NHS model) is unpopular with participants in all cities.

Graph 1: Aberdeen participants' views of each model



What did participants say about the models?

Participants discussed a range of advantages and challenges for each model.

Model one: Drug checking in a third setting sector with an additional mobile van

Advantages:

- Clients often have pre-existing trust and relationships with such services;
- Low barrier, non-judgmental services;
- Services can link clients with wider harm reduction supports;
- The van was seen as being able to reach people who may not otherwise engage and people living outside of the city centre.

Challenges

- Potential challenges around third sector services having robust enough protocols to handle and test drugs;
- One third sector site is unlikely to be suitable for all potential clients;
- A mobile drug checking van poses substantial legal challenges.

Model two: Drug checking in an NHS treatment service

Advantages:

- Highly specialised staff;
- Potential for clinical follow up in the event of an adverse event following drug use;
- Well-developed protocols and processes which may be of benefit to drug checking;
- Potentially cost effective due to being able to link up with wider available supports and services;
- Potential 'add-on' to another model, rather than being a standalone option.

Challenges

- Unpopular option with participants;
- People who use drugs often have mistrust of statutory services;
- Concerns over confidentiality and potential effects on treatment;
- Limited accessibility to wider groups of people who use drugs, with concerns about people not wanting to be seen entering treatment service by friends and family.

Model three: Drug checking in pharmacies throughout the city

Advantages:

- Relatively popular option amongst participants;
- High levels of footfall amongst people accessing opioid substitution therapy (OST) and injecting equipment provision (IEP);
- Existing protocols and processes could be drawn on in relation to handling drugs;
- Highly specialised staff, skilled in communication about substance use and harm reduction;
- Large number of pharmacies throughout the city to choose from;
- Open 6-7 days per week.

Challenges

- Pharmacies often stretched and staff under pressure;
- Need to carefully consider how the layout of a pharmacy would work for drug checking;
- Varying experiences of care from pharmacy staff amongst participants. Descriptions of both caring and stigmatising practice.

Is there potential for mixed or multiple models?

Many participants were of the view that drug checking should be made available in a range of different services throughout the city. Participants were often supportive of a combination of all three models. Participants with experience of drug use discussed support for drug consumption rooms to be set up, seeing this as an ideal place to integrate drug checking. Professional participants also discussed the potential to combine NHS resources and specialist staff with a trusted third sector setting to produce a 'mixed model'. The reason which participants gave for wanting to see drug checking in as many different spaces as possible was that 'there are many types of people who use drugs, and one site isn't likely to suit all people who might want to use a drug checking service.'

Although participants wanted to see an 'expanded' model of drug checking (where it was available in many different spaces), this isn't something which is likely to happen in the short-term. Drug checking is expensive and complex to set up, so it will likely be set up at a single service as a pilot, before considering whether it can be expanded. Having multiple sample collection points in addition to a single-site service might be a cheap way of expanding access to drug checking. However, there are challenges around the legal arrangements of this, and it is not something which is possible currently.

What other issues did participants discuss around 'models of service delivery'?

Sample size

What amount of drugs would people be willing to give up for testing?



- Clients do not receive their sample back after testing and participants saw this as a barrier to engagement due to the cost of drugs and time invested in sourcing them.
- For powder, people felt that a 'pinhead sized amount' may generally be an acceptable amount to spare.
- For benzos, there was a feeling that people may be willing to spare 1-2 pills as they are cheap and often bought in bulk.
- Participants discussed the need to be able to test scrapings and residue from a bag and from items such as syringes, cookers, and foil.

Opening hours

What times should drug checking be available?



- Need for drug checking to have evening and weekend availability. Extended availability important for those who are using at parties and those who work 9-5 during the week.
- Concerns around potential disorder and anti-social behaviour during night-time opening hours.

Delivering results

How should a drug checking service to deliver results to people?



- In-person results seen as allowing for more comprehensive communication and linking with wider harm reduction supports and services.
- However, acknowledgement that not everyone will want to wait for results, and a perceived need to explore other means of delivering results including phone call, text, and by app.
- Text messages seen as 'discrete' and 'convenient'. Text messages also useful for issuing alerts to people if something dangerous is found to be in circulation. 'Text prompts' could also be used to remind people with memory issues to return or phone in for results.
- An app was discussed as a useful means of providing information about drug trends.
- Text/app may not be accessible for people without phones and people may have concerns about providing their number or downloading an app.
- Need for consideration about how to communicate results through non-in person methods (e.g., text) to people who may have different levels of knowledge, literacy and understanding.

Confidentiality and discretion



Are confidentiality and discretion important?

- Confidentiality was seen as a core aspect of the service needed to build trust with clients. A drug checking service would need to communicate clearly that it is confidential. Any boundaries to confidentiality would need to be explicitly stated.
- Concerns about confidentiality amongst people who use drugs seen as a barrier to engagement, at least initially. People may be concerned about how their information is being handled and who it is being passed along to.
- CCTV may act as a barrier, as people will be concerned about who has access to the footage.
- Participants felt that a service would need to be discrete as drug use is stigmatised and people wouldn't want to be identified.

Sample information



What information did participants want from drug checking?

- Participants with experience of drug use wanted to know a range of information from a drug checking service including: the main active ingredient in the sample; what and how many substances (including cutting agents) were in the sample; and the strength of the main active drug.
- It may be challenging to provide information on purity or strength depending on the equipment being used, and the drug being tested. Such information may not be available for every sample. Additionally, there is a rate of error and uncertainty, and substances may be missed in drug checking. Participants felt that the service would need to be clear about these limitations.
- In addition, participants discussed the important of support and advice around drug use and general health as important.

Staff skills and values



What skills and values should drug checking staff have?

- Knowledge of harm reduction, drug use, and local drug markets was seen as very important. Staff will need to understand the different effects of drugs and issues such as dosing and interactions between drugs.
- A drug checking service will require someone who is able to operate equipment and interpret results. The level of expertise required will differ by equipment and results provided.
- Staff need to be non-judgmental and guided by harm reduction principles. Participants with experience of drug use described staff with lived experience as very important.

Waiting times



How long will people be willing to wait for results?

- General perception that samples should be tested, and results returned to clients, as quickly as possible.
- Long waiting times seen as a barrier, particularly for people who use drugs daily.
- However, there is a trade-off between accuracy and speed of results. May not be possible to offer people accurate results in a timeframe of less than 30-60 minutes.
- Different people will be willing to wait different lengths of time for results. Some participants with experience of drug use described being willing to wait 1-2 days for results.
- More comprehensive results (which take 1-2 days) were seen as useful for services in terms of building a picture of market trends.

For more information about the research study, please contact SACASR@stir.ac.uk