Drug checking research project

Glasgow 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. 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. People 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 Glasgow.

Table 1: Glasgow participant demographics

GLASGOW PARTICIPANTS			
Group	**Number**	**Gender**	**Ethnicity**
Professional participants *Police* *Third sector* *NHS*	n=9 n=3 n=3 n=3	n=5 female n=4 male	n= 8 white Scottish/British n=1 white Other
Participants with experience of drug use	n=3	n=0 female n=3 male	n=3 white Scottish/British
Family members participants	n=1	n=0 female n=1 male	n=1 white Scottish/British
Total	**n=13**	**n=5 female** **n=8 male**	**n=12 white Scottish/British** **n=1 white Other**

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.

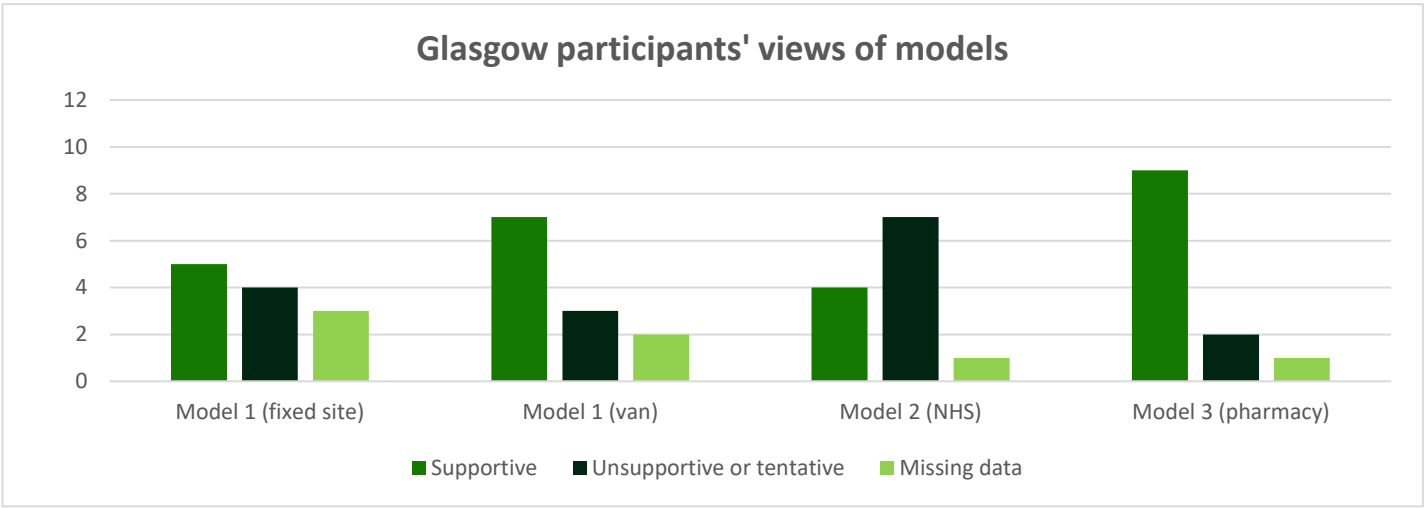
Box 1: Example models of drug checking

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 Glasgow participants?

As can be seen in Graph 1 below, model 3 (drug checking in a pharmacy) was the most popular model amongst Glasgow participants. The mobile aspect of model 1 (third sector-based drug checking) was also popular. There were more mixed views of the fixed site aspect of model one. Model two (drug checking in an NHS treatment service) was the least popular option. There were some differences between the views of Glasgow participants and participants from the other cities. A fixed-site third sector drug checking model was more popular amongst participants from Aberdeen and Dundee. Although the pharmacy model was popular amongst participants from Aberdeen, participants from Dundee had more mixed views towards it. It was more popular amongst Glasgow participants than anywhere else. Drug checking in an NHS treatment service was unpopular amongst participants from all three cities.

Graph 1: Glasgow 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;
- People already access such services, particularly those at highest risk of drug related harm;

- Low barrier, non-judgmental services;
- Services can link clients with wider harm reduction supports;
- Seen as a preferable environment to wait for results as perceived to be safe environments where people could have a hot drink and chat, or potentially engage in other harm reduction interventions;
- The van was seen as being able to reach people who may not otherwise engage and people living outside of the city centre. Particularly popular amongst participants with lived/living experience.

Challenges

- Model perceived as focusing on a particular group, and potentially not being accessible to all people who use drugs;
- Staff may require significant training to be able to provide drug checking;
- Potential challenges around third sector services having robust enough protocols to handle and test drugs;
- A mobile van poses substantial legal challenges;
- Mobile van seen as having limited capacity and being more of an 'add-on' to another model than a standalone service.

Model two: Drug checking in an NHS treatment service

Advantages:

- Highly specialised staff;
- Drug checking in a treatment service might help shift the perception of statutory services and begin to build trust in these services among people who use drugs;
- 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 mistrust statutory services. Perception that NHS services were 'sterile', 'medicalised' and unwelcoming, particularly for more marginalised groups;
- Concerns over confidentiality and potential effects on treatment;
- Model may have limited reach and appeal for those not in treatment.

Model three: Drug checking in pharmacies throughout the city

Advantages:

- Most popular model amongst participants from Glasgow;
- High levels of footfall amongst people accessing opioid substitution therapy (OST) and injecting equipment provision (IEP). Seen as relatively accessible for wider groups of people who use drugs not in receipt of services;
- Well networked with a range of other services and supports;
- 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:

- People may be deterred from accessing service due to concerns over effect on their OST;
- Pharmacies already stretched services;
- Need to carefully consider how the layout of a pharmacy would work for drug checking;
- Concerns over whether people would be comfortable submitting drugs for testing in a pharmacy setting.

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