

Evaluating drug checking services in Scotland

High-level considerations

What is the purpose of this document?

- The purpose of this document is to outline a few initial considerations in relation to evaluation of drug checking services (DCS) in Scotland.
- The Scottish drug checking project is a research project aiming to inform the planned delivery of community-based DCS across three Scottish cities (Aberdeen, Dundee and Glasgow). Through the course of the project, we have conducted qualitative research with 43 participants including professionals, people who use drugs and family members of people who use drugs. We have reviewed the international literature to assess existing evidence and its applicability to Scotland. We have also worked closely with relevant local and national organisations, and drug checking experts, to highlight key barriers and facilitators to implementation and help develop solutions. Part of this work has involved consideration of the potential harm reduction impacts of DCS and how to evaluate them (outlined briefly here). Note that this document only outlines a select few high-level points and is not intended to present an exhaustive overview of evaluation consideration.

What is known about the impacts of drug checking services?

- There is an emerging evidence base for the effectiveness of DCS. Much of the existing research has focused on ‘intended’ behaviour change, meaning how people intend to alter their drug use practices in light of engagement with DCS. Additionally, most evaluations have been conducted on drug checking in festival settings, where the demographics, drug use patterns, and experiences of service users may be markedly different from community-based settings which engage with those at higher risk of experiencing drug-related harms. There have, however, been a small number of evaluations of community-based DCS.
- In addition to impacting on individual drug use behaviours, there is some evidence that DCS may have wider impacts across a number of ‘levels’ (individuals, services and systems). For example, DCS may: increase systemic capacity for drug market monitoring; shape the way people who use and sell drugs interact with the drug market; facilitate increased uptake of wider harm reduction interventions; and impact on the knowledge and practices of harm reduction staff and services.

What are the key considerations for evaluating drug checking services in Scotland?

- Drug checking has never been delivered in Scotland and is complex to implement. Evaluation will need to consider both issues around processes/implementation (concerning how the intervention is operating) and issues around effectiveness/outcomes.
- In order to capture the impact of DCS on people’s drug use patterns and the adoption of harm reduction practices, it is important for services to embed outcome measures around intended drug use practices into routine data collection at point-of-care (the point where people access the service).

- For services in Scotland, it will be important to ensure that outcome measures are broad in scope and appropriate for individuals at higher risk of experiencing harm. This can include practices such as: using a smaller amount; using a tester dose; changing mode of administration; taking extra care when mixing drugs; changing supplier; informing supplier of the results; and informing social networks of the results.
- It is also important for data collection to account for so-called 'neutral' or 'negative' outcomes, such as intending to use the same amount or more of a drug after the communication of a result. This can help ensure robust and rigorous evaluation.
- As noted, DCS may have a range of impacts across different groups or 'levels' of influence. As well as changes to individual service users drug use behaviour, evaluations should focus on wider impacts of DCS. This can include: how DCS feeds into drug market monitoring structures, and how this information is shared; how DCS shape drug buying and selling practices; and how DCS shape communication and engagement between services/staff and people who use drugs. It is important to consider these wider impacts in an evaluation in order to capture the complex interactions between drug checking provision, public health systems, networks of people who use drugs, and services. This will require a multi-disciplinary, mixed methods approach to evaluation.
- There will likely be a need for pragmatism concerning initial pilot evaluations due to the scope and complexity of questions surrounding drug checking and small-scale of initial implementation. Evaluations often proceed in an iterative process, focusing on some initial questions and using data and evidence gathered to refine the evaluation and to potentially answer other, often more complex, questions. Therefore, local areas should think, at an early stage, about the key questions they feel should be covered in initial evaluation phases. This is important as they should ensure that their point-of-care data collection is geared towards answering some these initial important questions.
- The three pilot sites (Aberdeen, Dundee and Glasgow) delivering drug checking may wish to standardise data collection processes at point-of-care as far as possible to ensure consistency and facilitate a national evaluation.
- Data collection at point-of-care is important for evaluation. However, there may be a tension between the desire to collect useful data and a need to ensure that services are low-threshold, and perceived as trustworthy/relatively anonymous by those using the service. Once a template data collection form has been developed, local implementation groups could consider consulting individuals who use drugs to ascertain whether the planned data collection is appropriate and acceptable.

If you have any questions relating to the evidence base surrounding drug checking or drug checking evaluations, please contact: SACASR@stir.ac.uk