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# MEDIA RELEASE

## **PILL-TESTING: HARM REDUCTION OPPORTUNITY MISSED**

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DESPITE harm reduction being one of the three pillars of the National Drug Strategy, Australian governments are shying away from pill-testing despite evidence suggesting it provides a useful tool for both direct harm reduction, as well as indirect harm reduction through the increased education of a hard-to-reach group of drug users, according to the authors of a Perspective published online today by the Medical Journal of Australia.

Dr Jody Morgan and Professor Alison Jones from the University of Wollongong and the Illawarra Health and Medical Research Institute, wrote that 73.4% of surveyed music festival attendees at a recent Australian event reported drug taking, compared with 28.2% of the general young adult population. For 3,4-methylenedioxymethamphetamine (MDMA; commonly known as ecstasy) this was as high as 59.8%, compared with 7.0%.

“Concerningly, the 2019 Global Drug Survey identified Australia as the country with the highest number of MDMA pills consumed on a single occasion (average, 2.0 pills v global average, 1.0 pills),” Morgan and Jones wrote. “Supporting this, a survey of Australian music festival attendees found that almost half (48%) of 777 respondents taking ecstasy pills reported simultaneous consumption of two ecstasy pills.

“Evidence of the dangers associated with this behaviour can be seen in the global statistics, with 2.3% of Australian users seeking medical attention following MDMA use compared with a global average of 1.0%.”

One of the major problems when considering pill-testing as an official policy was that there is no current “gold standard” system in place, the authors wrote. Different techniques, accuracy, results that are qualitative or quantitative, and differences in how the results are presented to the user, are just some of the variations in pill-testing globally.

Pill-checking models can be classified broadly into two categories:

- results provided directly to the patron who submitted the pill; in best practice this involves a face-to-face interaction with a health care provider, while the public is informed only of especially dangerous pills – used by The Loop in the UK, and also in trials at Groovin the Moo in the Australian Capital Territory in 2018 and 2019;
- public posting of results on notice boards or the internet with a “good/bad” or “green/orange/red” ranking applied to each pill – used by DanceSafe in the US and the Drugs Information and Monitoring System in the Netherlands.

“Common arguments against pill-testing include: the testing technique is not accurate enough to identify all components; the techniques available onsite cannot provide a quantitative analysis required to prevent overdose; complaints from policy makers about lack of proven efficacy of harm reduction from pill-testing; an overall feeling that pill-testing condones drug use; and the fear that dealers will use pill-testing results to promote their brand,” Morgan and Jones wrote.

“All of these arguments can be addressed by a well-designed system that focuses on incorporating accurate pill-testing as a single component in a larger harm reduction strategy.

“In any best practice system there will never be a circumstance where health care providers tell patrons that their drug is safe to take. In fact, as Dr David Caldicott, who was involved in Australia’s pill-testing trials in 2018 and 2019, has explained, the exact opposite is true, with all patrons informed at every step of the process that no amount of illicit drug consumption is safe,” they wrote.

“Despite harm reduction being a major focus, pill-testing, which fits clearly within the scope of the harm reduction pillar, is not currently being considered by Australian governments.”

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