



Factsheet on Drug Checking in Europe



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01 Introduction

Drug use statistics estimate that approximately 14.5 million Europeans have used cocaine at least once in their lives (4.3% of adults aged 15–64 years), 12.5 million have tried amphetamines and some 11 million have tried ecstasy.¹

Most of the countless recreational substances currently available, except alcohol, are illegal throughout Europe. Unfortunately, years of experience show that repressive measures rarely prevent people from taking drugs. Moreover, illegal drug use often takes place in dubious situations under ambiguous circumstances, which arise as a consequence of the many unspoken rules that currently govern the illegal market, but are also influenced by where the drugs are produced, distributed and sold to consumers. The clandestine nature of the illegal drug trade and the drive to maximise profits are two of the major forces that help shape this market. One of the adverse effects of these conditions is that illegal drugs are often cut with other, cheaper substances to increase profits or they are of dangerously high dosages.

The lack of concrete knowledge regarding the active compounds and doses of various drugs poses a health risk with often fatal results as has been seen in countless situations. Drug Checking represents a direct response to the need to reduce the health risks of illegal drug use. Although Drug Checking has been around for some time, it remains a controversial approach. Some countries have fully embraced it, emerging as an integral part of the health care system, while other nations have shown a reluctance to implement Drug Checking on any level.

This publication assembles the answers to many frequently asked questions concerning Drug Checking. The aim is to give a concise overview of Drug Checking today.

¹ 2011, EMCDDA, *Statistical Bulletin*.

02 What is Drug Checking?

The term "Drug Checking" as used here refers to an *integrated service* that basically enables individual drug users to have their synthetic drugs (e.g., cocaine, ecstasy, GHB, or LSD) chemically analyzed as well as receiving advice, and, if necessary, counselling.

Drug Checking, in turn, aids governments by:

a) Helping to reduce the number of drug-related accidents;

b) Increasing the effectiveness of the government's response when new or lethal drugs emerge (monitoring and warning campaigns);

c) Helping to reduce the short- and long-term adverse health effects of alcohol and drug use;

d) Introducing early intervention by reaching a group of drug users who are usually in the earlier stages of their 'drug careers'² and who have not previously sought out the services offered by a substance abuse organisation.

The Drug Checking service's chief tools include: the monitoring of drug markets for new/dangerous drugs and drug-taking methods; the creation of a service that appeals to the target group; the offering of a full range of educational information, the recognition of early symptoms, and counselling and referral services that focus on effective forms of treatment within the existing drug care system.

The fostering of collaboration and cooperation among the various authorities, professional laboratories and substance abuse organizations is a crucial aspect of any effective Drug Checking system.

² 2011, Hungerbuehler, I., Buecheli, A., Schaub, M., "Drug Checking: A prevention measure for a heterogeneous group with high consumption frequency and polydrug use – evaluation of Zurich's drug checking services," Harm Reduction Journal, 8:16. http://www.harmreductionjournal.com/content/8/1/16, Switzerland.

03 Do authorities encourage drug use when they support Drug Checking?

Drug Checking represents an essential aspect of public health policy as recommended by the World Health Organization and has been further developed by both EU agencies and various European nations.

Support for Drug Checking means that an authority is appointed to deal seriously with the issue of drug use, through the dissemination of information and consciousness-raising efforts to make users aware of the actual, individual risks as well as seeking ways to reduce those risks. Official support of a Drug Checking service sends a clear message that a government takes the issue of drug use seriously and is willing to take on the challenges involved to eradicate the problem.

Moreover, Drug Checking assists authorities in fulfilling their mandate to contribute to an early warning system by gathering data from the actual substances and drugs consumed and not solely from the often-unadulterated substances seized by in police raids.

04 Are there any 'positive

results' that may lead Drug Checking authorities to recommend consumption of a drug?

There is no such thing as a 'positive result'; there is only analyzed data. Drug Checking authorities never recommend the use of drugs, because drug use always entails a certain amount of risk and this fact is indeed communicated to clients. How the results are communicated to the user represents a crucial aspect of the Drug Checking protocol: chemical analyses provides data that can help inform the user about the potential effects and risks of a particular drug sample, in the context of the user's own drug-use behaviour patterns. Providing this information during counselling provokes a reflection process and creates more awareness about the risks of drug use. This would be more difficult without the knowledge of the samples content. This mixture between service and counselling makes Drug Checking outstandingly attractive for drug users.

05 Does Drug Checking promote drug use?

Yes, if we view it in a vacuum, removed from the actual complex circumstances involved in drug use. But this method is effective precisely because it takes these circumstances into account. An integrated Drug Checking service creates awareness about a drug's effects and side effects, educates users about the methods of risk reduction, and thereby reduces the risks for drug users. Moreover, substance alerts can reveal the risks of drug use to a larger audience. Research involving three nations reveals that integrated drug testing methods do not *stimulate* increased drug use and may even slightly reduce drug-use levels among the target audience.³

Warnings issued regarding a particular drug, after chemical analysis, can have far-reaching and positive effects on those most closely involved in drug use. Evaluations of the Party Drug Prevention in the City of Zurich shows that since Drug Checking was implemented, the number of people who consume more than one drug or abuse one substance is on the decline.⁴

³ 2002, Benshop et al., the Netherlands.

⁴ 2010, Bücheli et. al., Switzerland.

06 How does Drug Checking monitor the market?

The drugs provided by the mostly recreational drug users for analysis represent one aspect of drug trend monitoring in that it helps provide indicators of what drugs are currently available on the market. The drug trend monitor also takes into consideration the data provided by the drug users themselves, which involves age of the drug user, his/her demographic data, a particular drug's effects, drug-use patterns, methods, and motives and the drugs currently popular in a particular scene.

This combination of chemical analysis and interview data is important in gauging the impact of specific drug trends on individual and public health. For example, when a dangerous ingredient is detected in a pill sold as XTC, it is possible to get a more detailed picture of the potential health risks and regional dissemination patterns by interviewing the involved users who provided samples of the above-mentioned XTC pill. Moreover, Drug Checking provides complementary information that can be cross-referenced with existing law enforcement or forensic institute data.

For instance, drugs seized by Dutch police officers at clubs and parties and drugs voluntarily brought in to be analyzed at a Drug Checking station were compared and the results show that the drugs came from the same markets. However, the information provided by Drug Checking had added value because of the extra data provided by the users.⁵

⁵ 2009, Vogels et al., the Netherlands.

07 Is Drug Checking an adequate response to lethal drugs?

An integrated Drug Checking service can offer an effective response to the emergence of lethal drugs because it provides services at various stages in the detection process. In the first stage, it provides information about the potential danger of a particular drug to the users who have voluntarily provided samples of the potentially lethal drug. Research reveals⁶ that users consider the information provided by the Drug Checking team as very trustworthy. This means that users will initiate their own personal risk-reduction measures, but will also readily disseminate this information among friends and dealers, greatly increasing its reach well beyond the users themselves.

Stage two involves the implementation of a warning campaign, which may simply be regional and limited to, for example, focusing on only one specific party where an on-site Drug Checking team encountered samples of a lethal drug. Or it can become more widespread – for example, a nationwide campaign – depending on the level of urgency. This may entail warning hospital emergency departments and/or partygoers attending a particular event via the media (TV, radio, newspapers, and fliers disseminated at various parties and clubs).

Is this an effective approach? Yes, because it is usually only a matter of a few weeks before the lethal drug has been effectively removed from the market.

⁶ 2006, Johnston, J., Barratt, M.J., et al., "A survey of regular ecstasy users' knowledge and practices around determining pill content and purity: Implications for policy and practice," *International Journal of Drug Policy*, 17, 464-472.

08 Do other institutions benefit from Drug Checking?

Drug Checking shares its information with various other organizations such as: hospitals, emergency services, substance abuse organizations, policymakers (i.e., National Risk Assessment Centres), the various national early warning systems, and the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA).

Hospital emergency departments and other involved parties, for example, are notified when a lethal drug has infiltrated the market. This early warning strategy enables aid services to react more rapidly.

09 How does this differ from Drug Checking services offered by health care providers?

Drug Checking enables substance abuse organisations to reach drug users who have never used their services before, and have yet to experience any disadvantages of their drug use. Users like the pragmatic service of chemical analysis, which instantly assesses the drug's potential dangers. This initial contact raises awareness and also provides individuals with tools and information that can reduce the short- and long-term adverse effects of a particular drug as well as further counselling or even treatment if necessary.

Drug Checking boosts the credibility of the drug information that is already available. From this perspective, it means that drug information presented alongside information about alcohol, safe sex and safe driving can reach an audience that is much more open to this kind of information than elsewhere.

10 Is Drug Checking costeffective?

Yes, because Drug Checking services reach drug users at an earlier stage and their on-site analyses can provide beneficial results to general public health. Drug Checking helps minimize the short- and long-term adverse health effects of illegal drug use and, as a result, reduces both short- and long-term costs to society by offering a full range of information, education, early detection and warning, counselling, and treatment referrals when necessary.

11 Is Drug Checking considered merely a novelty or an experiment?

Decades of experience and data have been accumulated in a number of European countries, including Switzerland, France, Spain, Portugal, Germany, Austria and the Netherlands. Various evaluations and studies examined the impacts of Drug Checking, which often highlight the efficacy of Drug Checking services. See the Literature below.

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