

Making drug policy in summer—drug checking in Australia as providing more heat than light

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Abstract

Introduction and Aims. There was an exceptional drug policy debate in Australia over the summer of 2018–2019 regarding the availability of drug checking (pill-testing) services at festivals. Drug checking is not a new intervention and has been available across Europe for many years. This paper aimed to analyse the nature of the policy debate. **Design and Methods.** Data were sourced from public domain sites; online, TV and radio media, alongside documentation of advocacy actions. Analysis of the contents of the public debate was conducted through the theoretical lens of Science and Technology Studies, notably the work of Stengers. **Results.** The narratives identified in favour of pill-testing focussed on the evidence available to date, the importance of informed choice and accessing a population to provide information and education. The arguments against pill-testing included the belief that there is no such thing as safe drug use, the false sense of security that pill-testing would engender and that the evidence to date is equivocal. Both those for and against pill-testing shared the same goal—saving lives. However, the beliefs and values underpinning this goal differed. As the heat increased over summer, the debate became more polarised, but shedding little light. **Discussion and Conclusions.** Drug policy debate, which becomes polarised, and remains focussed on matters of fact, rather than matters of concern, seems unlikely to result in productive resolutions. A more ‘civilised’ mode of debate that situates knowledge, engages values, is conducted with humility and encourages hesitation (following Stengers) may be more productive. [Ritter A. Making drug policy in summer—drug checking in Australia as providing more heat than light. *Drug Alcohol Rev* 2019]

Key words: drug checking, pill-testing, policy dialogue, Stengers, science and technology studies.

Introduction

Drug checking (or ‘pill-testing’ as it has been referred to in Australia and as a result is the term used herein) is a harm reduction intervention aimed at providing information to people intending to consume drugs, regarding the contents of their drugs, and providing information to reduce the potential harms from drug consumption. While most of the public focus has been on pill-testing at music festivals, there are many models of pill-testing available. This includes fixed sites in central locations (such as at transport hubs, or in community centres providing other health-care check-ups and support services), pop-ups at festivals and music events, postal services and in clubs. Mostly, they target people who use drugs recreationally, although more recently the appearance of fentanyl in the USA and Canada has prompted calls to expand pill-testing to include testing opioids in street-based drug markets [1–3].

There has been an exponential increase in the number of pill-testing services across developed nations in the last 5 years [4]. Research evidence on its feasibility and effects has been widely documented [5–11]. It appears to be a highly acceptable intervention amongst Australian festival goers [12]. Australia is a federated nation, with drug policy implementation occurring largely at state level. Two pilots of pill-testing have been successfully undertaken in one Australian jurisdiction, the Australian Capital Territory (ACT) [13,14].

Despite these successful pilots, pill-testing has remained a highly controversial harm reduction intervention in Australia, and particularly in one state, New South Wales (NSW). The public debate in NSW has not resulted in policy change thus far, with the current conservative NSW government unwilling to trial pill-testing at time of writing. This is despite an environment in the last 18 months theoretically conducive to policy change, including a state election, high levels of advocacy for pill-testing, a window of opportunity

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created as a result of the summer festival season in NSW, and the focussing events of deaths at festivals [15,16]. In this paper, I explore ways to understand the nature of the debate, with a view to looking for new accommodations and ways of conducting a more productive and less divisive policy debate.

Methods

Prior to April 2018 there had been discussion of pill-testing in NSW but the policy debate significantly increased in April 2018 coinciding with the successful ACT pilot [13]. As such, a 12-month timeframe (April 2018 to end March 2019) was chosen as the period for analysis. While somewhat arbitrary, it was bookended by the successful ACT pilot (April 2018) and the state election (March 2019) and formed a sufficiently large but manageable dataset in order to analyse the nature of the debate.

A timeline was created of the significant events and milestones concerned with pill-testing in NSW. The data sources used to populate the timeline included research publications, advocacy activities (including petitions, rallies, launches of campaigns), political events (including the lead up to a state election), media comments and documentation of the deaths that occurred at music festivals in that period.

For the analysis of the nature of the policy debate, a Factiva search of print media using the keyword ‘pill-testing’ and limited to NSW covering the period 1 April 2018 to 28 March 2019 was conducted. This resulted in the identification of 1601 media articles, including syndicated versions and duplicates, of which around 8% were not relevant (incorrectly identified in the search). Each article was read, coded (see below) and key quotes extracted.

In addition to print media, two national public broadcaster television shows concerned pill-testing. ‘Q&A’ (ABC) is a weekly television discussion program that focuses mostly on politics but ranges across ‘big issues that set Australians thinking, talking and debating’ (Q&A website). The show intends to provide ‘opportunity for Australian citizens to directly question and hold to account politicians and key opinion leaders in a national public forum’. On 18 February 2019 the topic was ‘drugs’ with a focus on pill-testing. The panel of experts convened to respond to the audience questions comprised medical experts, police (current and previously serving officers) and a ‘former drug user’ (self-identified as such). The second show, ‘Insight’ (SBS) is billed as ‘Australia’s leading forum for ideas’. Each week, the host guides a debate on a single topic, drawing on interactions with a live studio

audience. ‘The Pill Gamble’ aired on 19 February 2019, the night after Q&A. There was not a panel of experts answering questions, and the audience largely comprised young people and those with direct experience of drug use and drug markets. Both of these 1-h television shows were transcribed verbatim, and the materials then formed core text for the analysis.

The analysis proceeded with a content analysis of the materials. Each piece of data was reviewed and the arguments for and against pill-testing were extracted in a simple content analysis. Like arguments were coded together, and a final list of all the arguments for and against was generated. A list of the professions of the policy actors (the speakers, people being quoted across the material) was also generated, noting which side of the debate they were on. The underlying goal for each side (as emerged from the content analysis) was examined. I then applied a Science and Technology Studies perspective to the analysis, using the work of Stengers [17,18]. The theoretical orientation here is constructivist, where objects for observation are seen as assemblages that are socially, politically and ethically situated. This includes knowledge (or ‘facts’) which are relational, contingent, multiple and situated. Bringing this Science and Technology Studies lens to the analysis involved “thinking with” Stengers and examining how her conceptualisations of the relationship between science, the public and policy decisions and the role that values play, may be applied here to generate new insights.

Results

The timeline (see Table 1), highlights the significant NSW events and advocacy over the period for analysis. The policy advocacy on pill-testing started many years before in Australia. For example, Melbourne mother Adriana Bucciante, whose son (Daniel) died at a festival in 2012, started a change.org petition in 2016. In November 2016, The Safety and Testing and Advisory Service at Festivals and Events consortium comprising Harm Reduction Australia, Noffs Foundation, the Drug Observatory, Students for Sensible Drug Policy and DanceWize, announced a campaign to get pill-testing established in Australia (‘Just One Life’). In September 2017 they successfully secured the backing of the ACT government to support a pill-testing trial (originally to go ahead at the Split Milk festival in November 2017 but successfully piloted at Groovin the Moo in April 2018, which is where the timeline starts).

As can be seen (Table 1), there has been substantial activity since then. There were several significant advocacy events, including the launch of three pill-testing

Table 1. *Timeline of significant events, pill-testing debate, New South Wales (NSW) Australia (April 2018 to March 2019)*

Date	Type of event/ activity	Event/action
28-29/4/18	Pill-testing pilot (ACT)	STA-SAFE pilot pill-testing at the Groovin the Moo music festival in Canberra, First pilot in Australia. Deemed a success.
30/4/18	Political response to the pilot	There is no appetite for recreational drug testing in NSW from either major party, despite a trial in the ACT 'weeding out two potentially deadly pills at a weekend festival' (AAP).
2/5/18	Research publication	Australian Parliament research: summarises the evidence, and the arguments both for and against.
30/5/18	Politics	NSW upper house motion calling for testing along with other evidence-based harm minimisation measures to deal with recreational drug use, by independent Alex Greenwich.
6/9/18	Advocacy (launch)	Unharm launch 'The Loop Australia', and a crowd-funding campaign.
15/9/18	Two deaths	Joseph Pham, 23 years, and Diana Nguyen, 21 years, Defcon 1, Penrith and 'hundreds seeking medical assistance' (media report), but more accurately seven people were admitted to hospital, three of which to intensive care unit.
18/9/18	Policy process	In response, Premier calls for festival to be shut down. Premier announces a three-person expert panel (health, law enforcement and regulatory experts). Terms of reference: To consider and provide advice on: <ul style="list-style-type: none"> • 'Whether new offences or increased penalties are required to stop drug dealers endangering lives; • How music festival promoters and operators can improve safety at their festivals; • Whether improved drug education is required to address the increase in illegal drug use in our community'. (Note: Pill-testing was not within the remit of the expert panel).
25/9/18	Advocacy (launch)	Launch of Ted Noffs Foundation 'Take Control Campaign'.
12/10/18	Policy process	Five point plan, one of which is introduce pill-testing. Expert panel conducts stakeholder consultation ($n = 17$) makes recommendations, releases report, seven recommendations. On pill-testing, the report notes this was outside the remit but that 'The Panel recognises drug policy is an evolving space, and that policy makers may have regard to any new evidence as it arises'.
12/18	Research publication	Measham F. Drug safety testing, disposals and dealing in an English field: Exploring the operational and behavioural outcomes of the UK's first onsite 'drug checking' service. <i>Int J Drug Policy</i> 2019; 67: 102–7.
8/12/18	One death	Callum Brosnan, Knockout Games of Destiny, Sydney Olympic Park.
10-21/12/18	Media	'Premier stands strong on pill testing'. 'Drug experts say yes. Many politicians say no. What's the evidence for pill-testing?'
29/12/18	One death	Josh Tam, 22 years, Lost Paradise Glenworth Valley, NSW.
30/12/18 to 2/1/19	Media	Opposition leader (NSW) pill-testing should be considered (change of stance): 'not off the table'. Premier Gladys Berejiklian says pill testing gives 'a false sense of security' but would consider implementing it if shown evidence that it saved lives.
7/1/19	Advocacy	STA-SAFE consortium launches under new banner 'Pill testing Australia'.
8/1/19	Media	Doctors support pill-testing (Australasian Chapter of Addiction Medicine within the Royal Australasian College of Physicians and the Australian Medical Association).
12-13/1/19	One death	Alex Ross-King. FOMO festival, Paramatta. The family of Alex Ross-King directly appeal to the NSW Premier Gladys Berejiklian to pilot pill-testing.
14-16/1/19	Media	Many media articles including: Matt Noffs (CEO of Ted Noffs Foundation and Take Control campaign) Op Ed piece. 'The debate becomes more polarised' (The Guardian). Premier Berejiklian repeats her opposition to pill-testing.
17/1/19	Policing	Drug arrests made in ongoing FOMO festival death investigation.
19/1/19	Advocacy (rally)	Pill-testing rally: 'Large crowds have taken to the streets of Sydney calling for New South Wales Premier Gladys Berejiklian to introduce pill testing at festivals'.
21/1/19	Media	NSW Greens MP Cate Faehrmann, Op Ed admitting to own MDMA use. Health Minister Brad Hazzard said her comments 'could be perceived as an endorsement of drug taking'. State MPs: described the op ed. as 'confession' and 'reckless'.
22/1/19	Policy process, Coroner	Coronial inquiry into the five deaths commences.

(Continues)

Table 1. (Continued)

Date	Type of event/ activity	Event/action
25/1/19	Advocacy (petition)	Change.org petition signed by 110,000 people presented by Adriana Buccianti to NSW opposition leader (Michael Daley), who promises a 'drug summit'.
26-27/1/19	New policies introduced	Australia Day long weekend, a number of festivals being held. New measures (from panel recommendations) introduced: increase in medical and critical care teams; on the spot fines (\$400). No pill-testing. Q&A program (on ABC public national broadcaster).
18/2/19	Media (policy debate)	
19/2/19	Media (policy debate)	Insight program (on SBS national public broadcaster).
21/2/19	Policy development	Groovin the Moo to be held April 2019 gets green light from ACT govt to go ahead with second trial of pill-testing in the ACT.
24/2/19	Media (press release)	International Family Drug Support Day Media Release 'Families Want Pill Testing'.
16-21/3/19	Media, in lead-up to state election	'Time to end cruel approach to pill testing' (Liberal Democrat, David Leyonhjelm). 'Coalition, ALP take differing tacks on drugs as NSW election nears' (Australian Financial Review). Independent candidates (esp. Keep Sydney Open, Greens and others) make various statements about their stance on pill-testing in the lead up to the election.
23/3/19	Election result	Berejiklian (conservative) Liberal government returned at election.

ACT, Australian Capital Territory, STA-SAFE, Safety and Testing and Advisory Service at Festivals and Events.

campaigns (Unharm, September 2018; Ted Noffs, September 2018; Pill-testing Australia rebadged, January 2019) along with a public rally (January 2019), and a petition (January 2019). There were five deaths associated with drugs at music festivals within the period of analysis (September 2018, December 2018, January 2019). A state election was held on 23 March 2019, and in the lead-up, the issue of pill-testing was frequently debated. The conservative government, which oppose pill-testing, was returned.

The terms of the debate

The claims and counterclaims from those in support of pill-testing and those against were identified and extracted from the data. The claims in support of pill-testing fell into eight main arguments: there is enough evidence to proceed; it saves lives; it provides choice; it is a safety net; it is not foolproof nor a panacea; it provides a chance to access a 'hidden' population, and provide education; it is not liberalising drugs; and prohibition is not working, so this is a step in the right direction. Many of these arguments overlap.

Many advocates argued that there is enough evidence to proceed:

'The science is pretty much resolved'. (Doctor, Q&A program, 18/2/19)

'...evidence internationally and locally showed people were less likely to consume drugs once they knew the various substances they contained, and testing allowed health professionals to identify trends'. (Member NSW Parliament, AAP, 30/5/18)

'We believe—along with many other experts in the field—the evidence presently available is sufficient to justify the careful introduction of trials of pill testing around Australia'. (Australasian Chapter of Addiction Medicine within the Royal Australasian College of Physicians and the Australian Medical Association, The Conversation, 8/1/19).

The argument that pill-testing 'saves lives' was a strong feature of the debate, notably from politicians. 'It's clear, pill testing saves lives' (politician B, 25/9/18, promotional video on the political party's website). The pill-testing rally had many signs reading 'saves lives', and one of the campaign slogans was 'Just One Life' (25/9/18).

But some caution was also expressed, for example: 'We might be a little bit careful in terms of saying that we have saved lives. Because all drug-related deaths are multifactorial, so we can't be sure that our testing service is the deciding factor' (academic and advocate, Insight program, 19/2/19). The advocates largely argued that pill-testing was a 'safety net': 'we need to provide a safety net' (parent, Q&A, 18/2/19).

Importantly, the premise for supporting pill-testing was that it provided choice given the reality of drug use:

'At the moment people taking pills is completely unregulated, no-one knows what they bought... anything we can do to improve that situation, create more certainty....and advised to rethink what they intended to do, has to be step in the right direction' (former police member, Q&A program, 19/2/18).

Advocates also argued that pill-testing provided a chance to access a 'hidden' population, and provide better education and information:

'You've got someone who can come out of the shadows and for the first time have a conversation...without the judgement, with someone who is genuinely just concerned about their wellbeing' (service provider, Q&A program, 18/2/19).

'Pill testing provided an opportunity for healthcare workers to engage in a dialogue about health and harm with a group of young people who don't usually access drug and alcohol services' (academic and advocate, ABC news, 21/12/18).

Finally, advocates were also careful in pointing out that it would not be a 'panacea' or 'silver bullet', and that it is also not liberalising drugs:

'Nothing we are talking about regarding pill-testing is offering a green light' (former police officer, Q&A).

The points used by opponents to pill-testing comprised nine main arguments: drugs are illegal; there is no safe drug use; it will not save lives; it fuels false sense of security; it sends the wrong message; there is not enough evidence, or oversold, or the experts are divided; we have to protect people that cannot protect themselves; it is a slippery slope (gateway argument to harder drug use); and medico-legal concerns. Opponents noted that drugs are illegal and dangerous:

'There is no safe level for these illicit drugs. They're illicit; they're illegal; they're against the law for a reason and that's because they can kill people, and we need to be very clear on that' (Federal Health Minister, radio interview, 19/12/18).

A repeated statement from opponents was that 'There is no such thing as safe drug use' (Premier of NSW, Ms. Berejiklian, The Age, 15/9/18).

"No test can guarantee the safety of an illegal drug or its effect on an individual", a spokeswoman for Police Minister Troy Grant said in a statement on Monday' (AAP, 30/4/18).

Relatedly, opponents argued that it would not save lives:

'Unfortunately, we know that pill testing won't work because it will give people the green light to take substances which in the end could still kill them'. (NSW Premier, SMH, 8/12/18)

And that it would provide a 'false sense of security' (police officer, Q&A, 18/2/19). Sending the wrong message about drug use was also raised:

'I've seen young people taking the results of pill-testing and using them to justify their own drug use, and that concerns me' (educator, Insight, 19/2/19).

Another argument voiced was the slippery slope, gateway argument, that pill-testing would facilitate drug use which in turn would inevitably lead to harmful consumption:

'I know how this goes... first drug used is marijuana... it's a slippery slope... taking pills, you don't have a mature brain. You don't know where this path will lead' (former drug user, Q&A, 18/2/19).

Medico-legal concerns were also raised:

'If I'm a health care professional and if I were to test a pill and deem it to be safe, and then go through harm reduction with the person, gave the pill back and they chose to take it and died anyway, that would be horrific' (young person, Insight, 19/2/19).

Opponents to pill-testing also highlighted that there was not enough evidence, and that it has been oversold, or that the experts are divided:

'The narrative that has taken hold that on-site pill testing "will prevent all these deaths" is not supported by my view as an expert in the analytical space...' (toxicologist, msg to author).

'If there was a way in which we could ensure that lives were saved through pill testing we would consider it - but there is no evidence provided to the government on that'. (NSW Premier, SMH, 2/1/19).

The actors

The people in support of pill-testing and appearing as advocates in the public debate included politicians, candidates running for election, people who use drugs, advocates for harm reduction, academics, medical professionals, parents of people who had died of a drug overdose and community members.

The people opposed to pill-testing came from a similarly broad spectrum of the NSW community, including politicians, candidates running for election, people who have used drugs, academics, medical professionals, parents of people who had died of a drug overdose and community members.

Strikingly, there was little difference in the types of actors across the debate. While there were more parents who advocated for pill-testing than against, and there were more academics arguing for pill-testing than against, they were represented on both sides. Likewise, people who have used or are currently using drugs were represented on both sides. This suggests that there is no automatic alignment between roles and a policy position. The debate was polarised. As the heat increased over summer, the decision-makers remained unconvinced. This, in itself, suggests the need to reconsider the terms of the debate and how the debate may be reformulated.

Goals of advocates and opponents

Despite diverging arguments (as summarised above), the advocates and the opponents shared the same goal—to save lives, to protect people, and to reduce harm:

Advocate: *'At the end of the day, all of us want to keep our children safe'* (Doctor, Q&A, 18/2/19).

Opponent: *'I believe everyone wants to saves lives. That's what I am here for...'* (former drug user Q&A, 18/2/19).

Setting aside the point that the goal of saving lives may have been a rhetorical device for some advocates and opponents, the presence of a shared goal may suggest a way to conduct the debate differently. At a minimum, recognition of this shared goal may shift the starting point for dialogue. If there is agreement to a shared goal, the question then becomes 'what is the best way to save lives?' It would appear that this shifts the debate towards empirical questions. The kinds of empirical questions that may assist in answering 'what is the best way to save lives' may include evidence about effectiveness of pill-testing in reducing risky

drug use, and how that compares with evidence about other ways of reducing drug use and/or drug-related harm. Not only is the evidence-base missing for these big picture questions, or contested, it does not get to the strategy which underlies a 'saving lives' goal. For advocates, saving lives is achieved through using drugs more safely; for opponents, saving lives is achieved through the absence of drug use. Here it becomes clear that despite a shared goal, the understanding of how that can be achieved (through safer drug use; or through no drug use) is not solely an empirical question. It reflects a value position—about drug use. Surfacing those value positions may add some light to the debate.

Value positions

The analysis revealed two value positions across the debate: one about drug use, and another about young people. In relation to drug use, the opponents of pill-testing viewed drugs as inherently bad, for example 'Drugs are illegal for a reason' (former drug user, Q&A, 18/2/19). This deontological position then shapes how lives may be saved, and the empirical evidence that may be brought to bear. Contrastingly, in the case of those advocating for pill-testing, the value position is one where drug use is a reality, and lives may be saved by implementing those responses which have been shown to reduce harm. This is a consequentialist argument; the best policy is one which minimises harm and maximises benefit. It relies on empirical evidence, for example 'The evidence shows it does not increase drug use and saves lives' (independent candidate, Daily Telegraph, 19/3/19).

Similarly, there were differences in beliefs and values about young people. For the advocates, young people were seen as fully-fledged agents, 'able to make different choices' (academic, 21/12/18). For those opposed, young people were seen as immature and naive, subject to 'delinquent peer information' (serving police officer, Q&A, 18/2/19) and requiring protection from themselves and their poor choices ('...protect people who can't protect themselves', *ibid*).

So the presence of a shared goal (saving lives) is not enough—it requires that the debate engage with the values and beliefs of both the advocates and the opponents. If the terms of the debate shifted to a more explicit discussion of the underlying value positions, this may have produced some traction. This then leaves us considering ways in which values and beliefs can form part of a policy debate. This is no easy matter. We are accustomed to debates about facts, about evidence. Yet, as argued here, the debate is not productive

when it is focussed on matters of fact because it eludes values. If we accept that facts and evidence come intricately linked with values, and are bound up with the ethical, social and political, there may be space to shift the familiar narratives and scripts.

Turning to theorists who see science and evidence as embodied and made within social, political and ethical concerns, may provide a different lens to bringing evidence together with values within policy debates. Stengers [17] has argued that as long as we see science as ‘proving things’, and entailing objective judgement and truth, we are stuck in a world where arguments are about ‘matters of fact’. This contrasts, according to Stengers (following Latour), with the alternative notion of ‘matters of concern’. ‘Matters of concern’ recognise that facts are bound up with the ethical, social and political. Puig de la Bellacasa, in referring to policy debates about sports utility vehicles, notes that ‘if we really want to affect their use [sports utility vehicles] we must also engage with the concerns that animate those who support them’ [19]. Here already, there is shift in describing the pill-testing policy debate as one of ‘matters of fact’ to one of ‘matters of concern’, the latter recognising the intimate connection to values and beliefs. From the tradition represented by Stengers and Puig de la Bellacasa, remaining within a debate about facts obscures the ways in which all knowledge (and facts) are inextricable and singularly situated within an ethical, social and political assemblage. The shift to ‘matters of concern’ brings an ‘ethos of care’ [19] to the fore.

How might we think about this in relation to the pill-testing debate? Stengers [17] argues that scientists require ‘active, concrete awareness of the very special and demanding character of their knowledge’ (p. 150). In the case of pill-testing this would apply to all the actors in the policy debate, who would be required (according to Stengers) to appreciate the interplay of their own values with their knowledge, the plurality of knowledge, and the specific limits to each form of knowledge. From this, Stengers highlights what she calls a ‘civilised science’ (p. 147) requiring of scientists a ‘civilised mode’ which openly situates all knowledge and enables a working through together. It calls for a position which ‘welcome[s] new objections’ (p. 147) and being ‘indebted to the existence of others who ask different questions’ (p. 45). This is a far cry from how we usually conduct drug policy debates, where ideas from opposing camps are dismissed as being ill-considered, incorrect or simply stupid.

Such policy debates, where all knowledge is appreciated for its limits, and is conducted with humility and openness, requires that values come to the fore. ‘...[V]alues that can emerge only because the participants have learned how to allow the issue at the heart of their meeting the power to matter, the power to connect

everyone present’ [17] (p. 123). This ‘thinking together’, where the ‘meaning of what matters’ (p. 150) connects participants in the pill-testing debate, would, according to Stengers, introduce ‘hesitation’ (p. 151), and slow down thinking. Importantly, the objections and differences, as put by Stengers, the ‘encounter with dissenting voices’ (p. 100) is what affords the opportunity for this slowing down. As Stengers argues: ‘So slowing down the sciences means civilising scientists, civilisation being equated here with the ability of members of a particular collective to present themselves in a non-insulting way to members of other collectives, that is, in a way that enables a process of relation-making’ (pp. 100–101). This brings forth a pill-testing debate concerned with relation-making between advocates and opponents. The shared matters of concern are harmful drug-using practices, potentially vulnerable young people, and a goal to save lives.

There were hints of such a move toward a ‘civilised mode’, largely from the SBS Insight program (February 2019), which may provide some opportunity to discern how the terms of the debate may be able to shift from the familiar scripts. Hesitation (and humility) is shown in this example, from a young person who attends music festivals:

‘I’m still on the fence. It might be an additional safety net at festivals. It might be able to identify the highly toxic ingredients in a pill, or even on the other side identify that your \$20 pill is paracetamol. The disadvantages would obviously be maybe increased usage and people who currently take pills increasing usage or dosage’ (young person, Insight, 19/2/19).

‘I can see both sides of the argument. When I was younger, if I had had my pill tested, I probably would have taken it regardless of what the answer was’ (former festival goer, Insight, 19/2/19).

Here, there is acknowledgement that pill-testing is not a clear-cut issue and there are multiple arguments in favour of and against pill-testing. Both quotes reflect a hesitation. Recognising the trade-offs, and the requirements to argue ‘on balance’ is not something that politicians or advocates are particularly used to doing. But perhaps some recognition of the uncertainties and trade-offs may be required to move the debate forwards.

‘They [young people] really don’t believe us, and there’s a really good reason for that—we lie to them. We don’t tell them the truth’ (educator, Insight, 19/2/19).

‘One of our great problems is that we never talk about ecstasy, except at a time when someone dies. The reality

is that it not the norm. If we had more realistic conversations talking about the more likely results of use, I think young people would believe us more (educator, Insight, 19/2/19).

In the above quotes, an educator argues that leaders have a fundamental trust problem, that speaking truthfully about drugs, their effects and their harms remains a difficulty when beliefs stemming from a 'zero tolerance' position take hold. In this example, the importance of situated, specific knowledge (a death from MDMA) needs to be considered in light of a plurality of knowledge, notably in this example that many young people have taken MDMA and not died.

In the below third example, the young person provides a more complicated reason for advancing pill-testing, whereby it could serve as a preventative measure. In this way, new ways of thinking about pill-testing might be opened out.

'If pill-testing can sway one person, what if that one young girl or young boy, whose friends are all taking drugs, and maybe they don't really want to, that one person might be able to use that as an excuse, they might be able to go in and say "actually I am not going to take it because they told me it was bad." And that could save them' (young person, Insight, 19/2/19).

These are merely three examples of scripts that unsettle the dominant narratives and appear to invoke the kinds of themes that Stengers is referring to as matters of concern, highlighting hesitancy, humility and the role of values in informing one's position.

Discussion

My motivation with this work was to try and understand the ways in which the pill-testing debate in NSW unfolded and how, despite significant advocacy (see Table 1) and an environment apparently (and theoretically according to policy and political science) conducive to policy change, has to date not been productive.

The arguments put forward in favour of and against pill-testing are familiar to the drug policy world. These arguments (loosely characterised by 'safer choices' vs. the 'false sense of security/sending the wrong message') have been unproductive in shifting opinions of politicians and policy makers. This is despite an apparent shared goal of 'saving lives', suggesting the possibility of a shift towards a values-led debate. But the disagreement about the best way to save lives returns the debate to be about 'matters of fact', which is also unlikely to be productive. Shifting towards a policy

debate focussed on 'matters of concern' (rather than 'matters of fact') has the potential to situate the plurality of knowledge contributions and bring to the fore the values which are inherent to different positions.

A dichotomy between evidence and values is challenged by the theoretical orientation that argues that all evidence, facts and knowledge are ethically, socially and politically situated. From this perspective, evidence and values are inextricably linked and debate that ignores or sidelines one or the other, is by its very nature exclusive. The notion advanced here is one of platonic, ecumenical dialogue, in a civilised mode. This would entail an appreciation of situated knowledges, plurality, hesitation, humility and engaging with values as inherent to all knowledge.

Some readers will see as perhaps fanciful the idea that a 'civilised' debate can unlock the bitter divides in the drug policy world. Many actors, especially politicians and scientists, may be unwilling to come to the table in such an unguarded, humble way, with values made explicit. And what venues do we have available for such accommodations to be made? In the case of pill-testing this last summer in Australia, the battle lines were firmly drawn and the debate played out in the public sphere. Nonetheless, I think Stengers' notion provides at least pause for consideration, if not in the least in terms of how academics and advocates engage in the debate, the extent to which values are made explicit, and the level of humility (and recognition of the situatedness of knowledge) that we might aspire to.

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Conflict of Interest

The author has no conflicts of interest.

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