

Dear 

I refer to your application received by ACT Health on 10 April 2018 in which you sought access to information under the *Freedom of Information Act 2016* (the Act).

In your application you have requested:

- All meeting minutes between the ACT government and Cattleyard between 1 November 2017 and 9 April 2018;
- All meeting minutes between the ACT government and the STA-Safe consortium between 1 November 2017 and 9 April 2018;
- All third party reports handed to government on pill testing in the ACT from 1 January 2018 to 9 April 2018;
- All meeting minutes of the working group set up to investigate introducing pill testing in the ACT;
- Any correspondence to the ACT government from third-party stakeholders opposed to the pill testing trial from 1 January 2018 to 9 April 2018.

I am an Information Officer appointed by the Director-General under section 18 of the Act to deal with access applications made under Part 5 of the Act.

ACT Health is required to provide a decision on your access application by 31 May 2018.

Decision on access

I have decided to grant partial access to all 18 documents identified in accordance with the provisions under the Act. In accordance with Section 38 (3) (a) (i), personal information about an individual has been redacted as I have decided that on balance it is contrary to the public interest to release under Schedule 2. In accordance with Schedule 1, 1.6 Cabinet information has been redacted as it is taken to be contrary to the public interest.

The documents are outlined in the Schedule document attached.

### Charges

Processing charges are not applicable for this request as I, as the Information Officer have determined the release of this information is in the public interest.

### Online publishing – disclosure log

Under section 28 of the Act, ACT Health maintains an online record of access applications called a disclosure log. Your original access application and my decision will be published in the disclosure log not less than three days but not more than ten days after date of decision. Your personal contact details will not be published.

You may view the ACT Health disclosure log at <http://www.health.act.gov.au/public-information/consumers/freedom-information/disclosure-log>.

### Ombudsman review

My decision on your access request is a reviewable decision as identified in Schedule 3 of the Act. You have the right to seek Ombudsman review of this outcome under section 73 of the Act within 20 working days from the day that my decision is published in ACT Health disclosure log, or a longer period allowed by the Ombudsman.

If you wish to request a review of my decision you may write to the Ombudsman at:

The ACT Ombudsman  
GPO Box 442  
CANBERRA ACT 2601

Via email: [ombudsman@ombudsman.gov.au](mailto:ombudsman@ombudsman.gov.au)

### ACT Civil and Administrative Tribunal (ACAT) review

Under section 84 of the Act, if a decision is made under section 82(1) on an Ombudsman review, you may apply to the ACAT for review of the Ombudsman decision.

Further information may be obtained from the ACAT at:

ACT Civil and Administrative Tribunal  
Level 4, 1 Moore St  
GPO Box 370  
Canberra City ACT 2601  
Telephone: (02) 6207 1740  
<http://www.acat.act.gov.au/>

Should you have any queries in relation to your request, please do not hesitate to contact the FOI Coordinator on 6205 1340 or email [HealthFOI@act.gov.au](mailto:HealthFOI@act.gov.au).

Yours sincerely

A handwritten signature in black ink, appearing to be 'EH' with a stylized flourish.

Emily Harper  
Executive Director  
Health Improvement Branch

31 May 2018

## FREEDOM OF INFORMATION REQUEST SCHEDULE

Please be aware that under the *Freedom of Information Act 2016*, some of the information provided to you will be released to the public through the ACT Government's Open Access Scheme. The Open Access release status column of the table below indicates what documents are intended for release online through open access.

Personal information or business affairs information will not be made available under this policy. If you think the content of your request would contain such information, please inform the contact officer immediately.

Information about what is published on open access is available online at: <http://www.health.act.gov.au/public-information/consumers/freedom-information>

NAME	WHAT ARE THE PARAMETERS OF THE REQUEST	File No
<div style="background-color: black; width: 100px; height: 20px; margin-bottom: 5px;"></div>	<ul style="list-style-type: none"> <li>• All meeting minutes between the ACT government and Cattleyard between 1 November 2017 and 9 April 2018;</li> <li>• All meeting minutes between the ACT government and the STA-Safe consortium between 1 November 2017 and 9 April 2018;</li> <li>• All third party reports handed to government on pill testing in the ACT from 1 January 2018 to 9 April 2018;</li> <li>• All meeting minutes of the working group set up to investigate introducing pill testing in the ACT;</li> <li>• Any correspondence to the ACT government from third-party stakeholders opposed to the pill testing trial from 1 January 2018 to 9 April 2018</li> </ul>	FOI18/16

Ref No	No of Folios	Description	Date	Status	Reason for non-release or deferral	Open Access release status
1	1-2  3-8 9-10 11-14	E-mail from constituent to ACT Legislative Assembly members regarding pill testing with attachments:  Submission dated 1 February 2018  Open letter to SSDP Australia  Facebook transcript	11/02/2018	Partial Release	Personal Information	Yes
2	15-16	Email to Minister Fitzharris regarding pill testing	01/4/2018	Partial Release	Personal Informaiton	Yes
3	17-18	Draft Action Minutes – Pill testing Working Group	23/05/2017	Partial Release	Personal Informaiton	Yes
4	19-21	Draft Action Minutes – Pill testing Working Group	9/06/2017	Partial Release	Personal Informaiton	Yes
5	22-24	Draft Action Minutes – Pill testing Working Group	9/06/2017	Partial Release	Personal Informaiton	Yes
6	25-27	Draft Action Minutes – Pill testing Working Group	16/06/2017	Partial Release	Personal Informaiton	Yes
7	28-29	Draft Action Minutes – Pill testing Working Group	23/06/2017	Partial Release	Personal Informaiton	Yes
8	30-32	Draft Action Minutes – Pill testing Working Group	23/06/2017	Partial Release	Personal Informaiton	Yes

9	33-34	Draft Action Minutes – Pill testing Working Group	23/06/2017	Partial Release	Personal Informaiton	Yes
10	35-36	Draft Action Minutes – Pill testing Working Group	30/06/2017	Partial Release	Personal Informaiton	Yes
11	37-38	Draft Action Minutes – Pill testing Working Group	04/07/2017	Partial Release	Personal Informaiton and Cabinet Information	Yes
12	39-40	Draft Action Minutes – Pill testing Working Group	05/07/2017	Partial Release	Personal Informaiton	Yes
13	41-43	Draft Action Minutes – Pill testing Working Group	19/02/2018	Partial Release	Personal Informaiton	Yes
14	44-47	Draft Action Minutes – Pill testing Working Group	28/02/2018	Partial Release	Personal Informaiton	Yes
15	48-49	Draft Action Minutes – Pill testing Working Group	13/03/2018	Partial Release	Personal Informaiton	Yes
16	50	File note: STA-SAFE teleconference	15/03/2018	Partial Release	Personal Informaiton	Yes
17	51-52	File note: Meeting with Cattleyard Promotions	19/03/2018	Partial Release	Personal Informaiton	Yes
18	53-55	File note: Stakeholder teleconference	22/03/2018	Partial Release	Personal Informaiton	Yes
18						

From [REDACTED]

Sent: Sunday, 11 February 2018 5:07 PM

To: FITZHARRIS <FITZHARRIS@act.gov.au>; RATTENBURY <RATTENBURY@act.gov.au>; BARR <BARR@act.gov.au>; BERRY <BERRY@act.gov.au>; CANDICE <CANDICE@parliament.act.gov.au>; CHEYNE <CHEYNE@parliament.act.gov.au>; CODY <CODY@parliament.act.gov.au>; COE <COE@parliament.act.gov.au>; Dunne, Vicki <Vicki.Dunne@parliament.act.gov.au>; GENTLEMAN <GENTLEMAN@act.gov.au>; HANSON <HANSON@parliament.act.gov.au>; JONES <JONES@parliament.act.gov.au>; KIKKERT <KIKKERT@parliament.act.gov.au>; LAWDER <LAWDER@parliament.act.gov.au>; LE COUTEUR <LECOUTEUR@parliament.act.gov.au>; LEE <LEE@parliament.act.gov.au>; Milligan, James <James.Milligan@parliament.act.gov.au>; ORR <ORR@parliament.act.gov.au>; PARTON <PARTON@parliament.act.gov.au>; PETERSSON <PETERSSON@parliament.act.gov.au>; RAMSAY <RAMSAY@act.gov.au>; RATTENBURY <RATTENBURY@act.gov.au>; STEEL <STEEL@parliament.act.gov.au>; STEPHEN-SMITH <STEPHEN-SMITH@act.gov.au>; WALL <WALL@parliament.act.gov.au>

Subject: Support for Pill Testing

Dear ACT Legislative Assembly,

I understand that you currently support "Pill Testing" in the ACT. I have reviewed every piece of academic literature I can find on pill testing and I have serious concerns regarding the efficacy and viability of pill testing as a mechanism for the reduction of harm associated with the consumption of Ecstasy.

I would like to present three items for your consideration in terms of your ongoing support for pill testing:-

1) A transcript of a conversation between myself the Founding President of Students for Sensible Drug Policy - James Cook University and [REDACTED] of Students for Sensible Drug Policy Australia.

2) A copy of a submission I made to the national executive of Students for Sensible Drug Policy dated 1 February 2018.

3) A copy of an open letter to Students for Sensible Drug Policy dated 8 February 2018 following a debate of my submission that occurred at the national level on 4 February 2018.

Thank-you for your consideration and you are welcome to contact me directly if you would like additional information or clarification.

Regards

[REDACTED]  
[REDACTED]  
B Bus - Accounting & Financial Management  
President - Students for Sensible Drug Policy JCU (SSDP JCU)  
Casual Academic - College of Business, Law and Governance





## **Submission by [REDACTED] to the incoming executive of SSDP Australia**

**Date Submitted: 1<sup>st</sup> of February 2018**

### **Introduction**

I have formed the view that SSDP should withdraw its support for Drug Checking (also referred to as pill testing) or alternatively it should at a minimum make clear in its messaging the limitations of drug checking specifically in regarding its effectiveness as a harm reduction strategy. Such a change would preclude use of the messages "Pill Testing Saves Lives" and "Drug Checking Saves Lives". The reasoning behind the belief SSDP should withdraw support for drug checking is one of viability as a solution to the issues relating to the quality of drugs in the Australian market. The reason I believe it is absolutely imperative that SSDP adjusts its messaging in relation to Drug checking are ethical. I believe the basis for my ethical concerns will be made clear in the discussion below regarding efficacy. I am of the view that both the unviability of drug checking as a solution to the quality issues within the Australian drug market and the ethical shortcomings of the current messaging regarding drug checking represent a significant reputational risk to SSDP and more broadly those in the harm reduction and drug law reform communities.

### **Withdrawal of support for "Drug Checking"**

I see two issues that render drug checking unviable. The first issue being the current lack of efficacy of drug checking as a harm reduction strategy and the inability to prove that is efficacious. At the core of the inability to establish the efficacy of drug checking as a harm reduction strategy lies the second issue being economic unviability on a Cost of Quality (COQ) basis. So lets look at if from both perspective but firstly I think it is appropriate to define what constitutes harm and for the purpose of the analysis, so hence forth I will define harm as drug taking resulting in hospitalization or death.

From here I am going to make a number of dot points under the headings Efficacy and Costs of Quality (COQ).

### **Efficacy**

There are two significant barriers to establishing efficacy. Firstly drug harms resulting from consuming recreational drugs that the consumer purchased thinking they were one thing and were in fact not what they set out to purchase are rare and secondly they are typically highly concentrated with a low number of individuals effected, typically with one or no people dying and with fewer than 20 people requiring

hospitalization. Simply put It is extremely hard to reduce harm in a scenario when the incidence of harm is low and is distributed in this way.

- Needle Syringe Programs (NSP) established efficacy within a matter of years by clearly demonstrating a drop in the rate of blood borne infection within the injecting drug using community.
- Safe Injecting Clinics (SIC) like the one in Kings Cross at which over 1,000,000 injections have occurred have well-established efficacy at preventing death by overdose as there have been no deaths by overdose as a result of an injection at the Kings Cross SIC during its entire period of operation.
- Drug checking which currently operates in 10 countries and which has operated in some locations for 20 years can not demonstrate that it has prevented harm and therefore can not claim to have be a harm reduction strategy.
- This is a paper published by one Europe's leading drug agencies. It looks at how drug checking has developed and where it is currently. I would like to direct you to two quotes, the first appears on page 11 and the second appears in the conclusion on page 17. Both are extremely telling.

[http://www.emcdda.europa.eu/system/files/attachments/6339/EuropeanResponsesGuide2017\\_BackgroundPaper-Drug-checking-harm-reduction\\_0.pdf](http://www.emcdda.europa.eu/system/files/attachments/6339/EuropeanResponsesGuide2017_BackgroundPaper-Drug-checking-harm-reduction_0.pdf)

***“staff have to the opportunity to communicate scientific information about the test results and educate users about general drug risks, thereby eliminating this false sense of security.”***

The claim that misunderstanding can be eliminated in communication are clearly false.

***“By no means should these arguments in favour of drug testing be considered scientific evidence of its efficacy, but such considerations might be helpful for stakeholders deliberating whether or not to introduce drug testing.”***

This is the conclusion of a highly regarded institution and I believe it is clear indication that communication and messaging regarding pill testing should clearly indicate that it is still in the investigative stage and that its efficacy has not been established.

- I recently had an exchange of views with Will Tregoning of Unharm and he tender this recent article quoting Prof Meacham to further his position as a supporter of Drug checking

<https://www.theindustryobserver.com.au/study-finds/>

This is an excerpt of my response –

- 1 in 5 people found they did not have the drug they thought they had. Substitutes included ground up anti-malarial tablets, household cleaner, paracetamol and concrete.

> WHAT IS A TOXIC DOSE OF ANTI-MALARIA TABLETS?

> HOUSEHOLD CLEANER - BI-CARBONATE OF SODA IS A HOUSEHOLD CLEANING PRODUCT AND I AM CERTAIN SOMEONE TAKING A FEW GRAMS WOULD COME TO NO HARM.

> THE TOXIC DOSE OF PARACETAMOL IS MUCH HIGHER THAN THAT OF MDMA SO PREVENTING SOMEONE FROM TAKING THIS IS UNLIKELY TO REDUCE HARM.

> I HAVE HAND MIXED TONS OF CONCRETE AND I SUSPECT HAVE INHALED MANY TIME MORE THAN WHAT SOMEONE WOULD TAKE THINKING IT WAS MDMA.

- Upon receiving this news, around a fifth of people handed over all their drugs for disposal.

> DOES NOT MEAN THEY DID NOT PURCHASE REPLACEMENT DRUGS AND CONSUME THEM POTENTIALLY COMING TO INCREASED HARM.

- An additional fifth – who didn't have their drugs on them – said they would dispose of them themselves.

> THERE IS NO EVIDENCE THEY DID DISCARD THEM.

> THERE IS NO EVIDENCE THEY DID NOT ON-SELL THEM.

> THERE IS NO EVIDENCE THEY DID NOT DISCARDED THEM AND GO AND PURCHASE REPLACEMENT DRUGS AND CONSUME THEM POTENTIALLY COMING TO INCREASED HARM.

\*\*\* THERE IS NO EVIDENCE OF REDUCED HARM \*\*\*

- Around 2 in 5 said they would take a smaller amount of their drug, and would refrain from mixing it with other substances.

> GIVEN THE OVERWHELMING MAJORITY OF PEOPLE THAT CONSUME DRUGS AT FESTIVALS COME TO LITTLE OR NO HARM THE FACT THAT SOME PEOPLE SAID "I WILL TAKE A SMALLER AMOUNT" IS NOT EVIDENCE OF REDUCED HARM.

### **Costs of Quality**

Costs of Quality (COQ), is a term used in both management account and economics. It is relevant to the question of drug checking because drug checking is about the quality of drug supply. Drug checking seeks to apply principals applicable in the prevention and appraisal phases to mitigating external failure in the form of hospitalizations and death after the product has been received by the customer and not prior to production as should be the case. This approach is cost inefficient and highly systemically and logically flawed.

<http://asq.org/learn-about-quality/cost-of-quality/overview/overview.html>

Nonetheless the cost and therefore the viability of the approach can be assessed using COQ by creating a probability-based model to determine the cost preventing hospitalization and/or death.

With regard to Drug checking the key probability drivers of the model is the low frequency and highly concentrated occurrence of harm, which means that extremely large samples need to be taken to make reductions in harm (hospitalization and death) probable.

So lets consider a simplified example using the historical data and some basic assumptions for the Boomtown festival. I have used three sets of values for the variables - % who take drugs, samples per individual and cost per test to establish a low, mid and high figure with the reality being that the actual figure is probably somewhere near the mid point with a high degree of likelihood that it is between the low and high figures.

#### Assumptions

○ Years of operation	9
○ Attendance	60,000
○ Duration	3 days
○ % who take drugs	50%, 65%, 85%
○ Samples per individual	2, 4, 6
○ Cost per test	\$100, \$150, \$250 (AUD)**
○ Number of deaths	4
○ Number of deaths preventable by Drug checking	0*

**Now we do some simple calculations -**

**Low -  $9 \times 60,000 \times 0.5 \times 2 \times \$100 = \$54,000,000$**

**Mid –  $9 \times 60,000 \times 0.65 \times 4 \times \$150 = \$210,600,000$**

**High –  $9 \times 60,000 \times 0.85 \times 6 \times \$250 = \$688,500,000$**

**What these figures mean is that over the life of the Boomtown festival that from \$50m to as much as \$700m could have been spent testing every drug purchase without preventing any of the 4 deaths that have occurred in which drugs were present in the individual.**

**To place these figures in context the federal government spends a little more \$200m per year managing both licit and illicit recreational drugs.**

*\* All the people died as a consequence of consuming drugs that were unlikely to be discarded as a consequence of Drug checking therefore Drug checking is unlikely to have prevented any of these deaths.*

*\*\* These figures are estimates of the real costs that will need to be borne should drug checking move from its current investigatory phase to a broad implementation where commercial realities apply. The amount quoted reflects the cost associated with the following activities – explanation of the process to the consumer, sample collection, sample preparation, testing of sample, collation and presentation of results in a format appropriate for the audience, communication of results by an appropriately trained and skilled professional and disposal of discarded drugs.*

## **Boomtown Deaths**

### **2016, Olivia Christopher, 18, from Chesham, Buckinghamshire**

A TEENAGER died in her sleep at a Hampshire music festival after taking a lethal cocktail of drugs over a four-day period, an inquest heard.

Olivia Christopher, from Chesham in Buckinghamshire was found unresponsive in a tent by her boyfriend Daniel Holmes at BoomTown festival near Winchester on August 15.

Pathologist Dr Balvinder Singh Shoker said there was toxic levels of MDMA in the 18-year-old's body and also a significant level of sleeping pill etizolam.

During the festival Livvy, as Olivia was known to her friends, had also taken ketamine along with cocaine, ecstasy and LSD - however these were drugs were found to be at 'recreational' level.

[http://www.dailyecho.co.uk/news/14866290.Teenager\\_dies\\_in\\_her\\_sleep\\_at\\_Hampshire\\_music\\_festival\\_after\\_lethal\\_drugs\\_cocktail/](http://www.dailyecho.co.uk/news/14866290.Teenager_dies_in_her_sleep_at_Hampshire_music_festival_after_lethal_drugs_cocktail/)

### **2014, Lisa Williamson, 31, from Hereford, was found hanged after using drugs.**

### **2013, Oxfam steward Ellie Rowe, 18, from Glastonbury, Somerset**

Pathologist Dr Adnan al-Badri told the hearing that toxicology tests showed Rowe had 2.14mg of ketamine per litre of blood in her system, which is the second lowest fatal dosage of the drug recorded.

He said she also had 88mg of alcohol in 100ml of blood – 1.1 times the drink-drive limit. Al-Badri explained that the use of alcohol exacerbated the danger of taking ketamine. "In combination, she actually caused more damage than if she had taken ketamine alone."

Coroner Sarah Kirby recorded a narrative verdict that stated that Rowe died as a result of alcohol and ketamine toxicity and central nervous system depression having taken ketamine and alcohol.

She said Rowe had snorted approximately 200mg of the drug from two wraps of ketamine that the pair had bought from a "friend of a friend" at the festival.

<https://www.theguardian.com/science/2014/feb/12/ellie-rowe-18-died-ketamine-festival-inquest>

**2011, Deborah Jeffery, 45, from Winchester**

Ms Jeffery, of Fromond Road, Weeke, Winchester had been an occasional Ecstasy user, taking it once every six months, but had not suffered ill-effects before.

Toxicology revealed 1,144 micrograms of Ecstasy per litre of blood as well as 38 micrograms of cocaine per litre and 42 milligrams of alcohol per litre, which it was said may have also contributed.

The inquest heard that amounts as small as 600 micrograms of Ecstasy have previously resulted in death.

[http://www.dailyecho.co.uk/news/9582691.Mum\\_\\_45\\_\\_died\\_from\\_Ecstasy\\_overdose\\_at\\_music\\_festival/](http://www.dailyecho.co.uk/news/9582691.Mum__45__died_from_Ecstasy_overdose_at_music_festival/)

In closing when the leading academic in the country in the field is not comfortable with the messaging it is probably time to change the messaging.



**[REDACTED]** to be honest I'm always a bit concerned about pushing forward with pill testing as if we know it will definitely save lives. I think we have to demonstrate it. And it's not easy to demonstrate. I'm not a fan of the 'pill testing saves lives' slogan, even though it is easy for people to understand and to get behind. But how do you demonstrate it? Can we say that there is enough evidence from proxy measures of behaviours we think may reduce harm to trial it properly, and really test that? I think we can. Better research designs for trials would help us answer some of the questions that remain. That involves funding and researchers applying for that funding, within legislatively complex environments.

## Open Letter to SSDP Australia

**Date : 8 February 2018**

On Sunday 4 February, I attended the first half of the SSDP Australia O-week planning meeting via video link. The second item on the agenda sought to deal with a submission I made to the SSDP national executive expressing a number of concerns regarding pill testing. The concerns related to the economic viability (a simple “Cost of Quality” was used to illustrate), efficacy as a harm reduction measure and campaign messaging in the harm reduction community.

There was essentially 3 point made to keep pill testing at the core of the SSDP policy platform -

1) Irrespective of economic viability or efficacy in reducing harm pill testing is both an understandable and achievable policy with significant momentum.

My Response – This is a highly compromised position because what it says about the movement is that it will expend energy and resources pursuing strategy that is unproven and that ultimately may not improve things because the argument is perceived as being winnable and we are heavily invested. Given the opportunity cost of pursuing such a strategy is that time and energy are not invested into the pursuit of strategies that are capable of reducing harm and saving lives. In other words winning is more important than actually deliver improvement.

2) The “Cost of Quality” analysis I presented was questioned using the “what price a life argument” and “you didn’t consider the savings”

My response – I would make two points, the “Cost of Quality” analysis I prepared indicated that the cost of saving 1 life could be in excess of \$100m. Secondly the assertion that “Cost of Quality” does not consider the economic benefits resulting from improved quality is absolutely correct. I did not consider the cost of preventing hospitalization because I did not have the data and because I formed the opinion pill testing would be even less economically viable on this measure.

3) An example was provide that some “guerrilla testing” was conducted and 150 samples were tested at a significant event with about 15,000 attendees and that substances representing a significant risk were detected in six (4%) of the samples. The claim was then made that the testing conducted had undoubtedly saved lives and had also resulted in only one person presenting for medical care.

I'll make 2 points in response to this 3<sup>rd</sup> point -

i) I'm not aware of a large festival where even as many as 0.5% of attendees have required medical care because people have unintentionally consumed drugs that represented a significant risk of harm. So effectively the claim is that the testing identified 700% higher risk than has ever occurred.

ii) Testing and dissemination of information is not perfect or instantaneous under ideal conditions so if the claim that the testing identified that 4% of the drugs present represented a significant risk is accurate you would expect people to have consumed those drugs and required medical care during the time it took to conduct the testing and then disseminate the information.

You would also expect people to present because the dissemination of information did not reach everyone, was not understood or was not believed.

The claim that the testing saved lives and was the reason that only one person presented for medical care is implausible and could not be reasonably asserted given the facts presented. In fact such a claim has not been made after 20 years of pill testing in Europe but miraculously some well intentioned students with a determination to do good have achieved it.

Conclusion:

I was disappointed by the first 2 responses in support of pill testing but I was left completely dumbfounded by point 3 as I was the only person to call out the claims. Given Sundays meeting was attended by a significant proportion of the national leadership group (and from what I understand the anointed incoming [REDACTED]) I have lost confidence in the level intellectual and academic rigour applied to the discussion, decision-making and policy formulation at the national level of SSDP.

I will therefore be resigning the [REDACTED], further to this the [REDACTED] [REDACTED] has also indicated her intention to resign. Flowing from this I anticipate that SSDP JCU will be wound-up.

SSDP makes the claim that it wants evidence-based policy. If that is truly its desire it should act accordingly by applying appropriate standards of intellectual and academic rigour.

Regards

[REDACTED]

[REDACTED], Students for Sensible Drug Policy – James Cook University (SSDP JCU)



**original post to Facebook**

I'm going to take the counter position on this one.

Yes, they proved it's good at educating and empowering.

The have not in all the years of operation substantiate that it reduces harm.

I argue that it has the potential to increase harm by potentially providing a false or inappropriate perception that the risk associated with consumption a drug is reduced by simply identifying the drug.

I note that the location where we are observing an explosion in the consumption of NPSs are those locations with access to testing. By contrast the rate of NPS consumption has dropped in Australia.

Accurate assessment of the risks associated with consumption of NPSs is by definition impossible to achieve with a high degree of certainty.

I believe drug testing is at best a data collection exercise for academic that may deliver some harm reduction but this is yet to be proven. I also believe that access to testing is potentially a driver of increased risk associated with increased NPS consumption and may be providing inappropriate risk indications specifically with respect to NPSs.

**via Facebook**

That's actually the dumbest thing I've ever seen you write. You're arguing against drug checking now?

**via Facebook**

Because you're begging for crumbs off the table and neglecting the thing that will actually deliver a result, legalisation of drugs with know risk profiles.

But please explain where I'm wrong?

There is zero evidence that drug testing reduces harm because I've looked and I'd be supporting it if I'd found that evidence.

There is also potential increases in risk associated with the potential to increase consumption of NPSs.

Identifying a substance does not assist in assessing risk when the risk profile of a particular substance hasn't been established. It actually has the the effect of increasing risk if the choice to consume is made because a particular substance of unknown risk is identified.

**via Facebook**

Jesus dude. You are really exasperating. I have been on-site and had the conversations. You are slinging grenades from the sidelines. I'm not even getting into this conversation because it's a waste of my bloody time. I've worked in harm reduction at over 15 festivals in the last two years and can say with absolute certainty you have no idea what you're talking about.

██████████ via Facebook

Yeah ok. You're probably referring to those instances where you were able to identify for someone a potentially harmful drug and they discarded it. That does not address the potential that they may have then gone and purchased more drugs and consumed without testing.

I support your passion and immense desire to do good but on this one I believe you lack objectivity and that on the policy front you are wasting your energy and that could be better spent elsewhere.

How bout dropping the emotion and personal attack and simply produce the evidence that the years of study should have produced.

██████████ then initiated a conversation via signal

██████████ - I've personally had conversations with over 300 people about drug safety. My own fucking data shows positive behavior changes. I have no idea why you want to sling shit on the work of your peers and allies but it's pretty fucking galling to be honest. Pill testing was highlighted as the number 1 issue at the SSDP strategic planning day at the start of the year. We quite possibly saved some lives at rainbow serpent and it is one of the most common questions at Dancewize. Besides that the Netherlands has pretty much regulated the market from the ground up. Some days I wonder whose side your on.....

██████████ - Yeah ok.

██████████ - It sounds like a role on the national executive is probably not a good fit for me.

██████████ - Dude I don't want to discourage that. It was just a bit much to wake up and see a friend and colleague shitting on my work. I've busted my ass doing underground pill testing. I don't need the data to know that it's useful. I've seen the usefulness when I look people in the eye after a chat about drug safety and they've agreed to go slow and take half a pill. Putting harm reduction and drug safety at the forefront of their minds. For several people this was maybe the first time they ever had a conversation with a harm reduction peer. For some of these people it may have a permanent subtle but significant impact on their drug using behavior. These conversations are invaluable and the Melbourne survey data shows that they are also desired. People want to talk to people about drug safety and this is a great pathway to that. Also....I'm pre-coffee. What I don't understand is what the point of your post was. To be "right on the internet and show that you know more than others" or do you think you have a better strategy?

██████████ - I'm all for having conversations with people about drugs and drug use in order to reduce harm but this can be accomplished in a variety of ways without needing to compromise your reputation and objectivity by supporting a strategy without efficacy and that has the potential to be a driver of increased harm.

I'm saying that for yourself personally and for the sake of the movement I think you need to find an alternative strategy to create these opportunities for education.

In terms of a better strategy I would only put my integrity on the line for something I can back with evidence.

██████████ - So, the evidence is patchy let's not do it. Sorry we have a fundamental disagreement on the evidence bro. It's not a driver of harm. I've been working at festivals for years and have seen the effects of adulterated drugs.

█ - It's not my reputation that's at risk here bro...

█ - Isn't it?

█ - Only with you mate

█ - If you think shitting on your hard working allies because you know better than all the professionals working in this area is a good use of time. Fine go ahead, I'm not going to get into it. Write Monica, Caldecott, Meehan, Wendy Allison in NZ, Mala from DIMS in the Netherlands, Munroe from Karmik in Canada, dancesafe in the USA etc an open letter telling them all that they're wrong, their services increase harm and they should do something else. I'm sure they'll all have their eyes opened by your illuminating insights, concede that their expertise, experience and data are wrong and they should do.....something else?

█ - Yeah ok. If it gets through and doesn't actually reduce harm. Incidental which exactly what no one has been able to substantiate.

I'm done with the conversation. I will put my position until 1 of 2 things happen. The policy position is abandoned or evidence is produced that it is an effective harm reduction strategy and is not as I suspect potentially a driver of increased risk by increasing the use of NPS.

It's not just your reputation but everyone that ever supported it.

Please only contact me regarding this issue when you have more than inconclusive anecdotal evidence whose risk reduction effect is better explained by engaging drug users in conversation about harm reduction and harm reduction strategies.

█ - Why would it increase the user of NPS it's nearly driven unknown substances from the Dutch market.

█ - How bout get *(expletive)* *(expletive)*.  
You had an opportunity to address the points I raised in a rational adult way by producing the evidence that addressed the points that I raised.  
Instead you've chosen to behave like a child.  
You're a wonderful man Ash but right now you can go and get *(expletive)* because you've made a absolute *(expletive)* of yourself.

█ - I would say the same for you Bro.

█ - Because the illusion that identifying an NPS of unknown risk may be perceived as reducing risk when it is in fact not a risk mitigation strategy.

█ - The increase in NPS is directly correlated with the availability of drug testing.

█ - It is when people don't take it. Which is what the evidence shows

█ - Why is our drug market more adulterated than the Dutch market then?

█ - Wow you're happy to link increased purity in locations where there is good access to testing but going to deny the increase in availability and consumption of NPSs. You just made my point. Your objectivity on drug testing is up to *(expletive)* Bro. Check yourself.

█ - Write it up and convince me then.

██████ - Why would I need to I saw it clearly in the presentation I've viewed by Barrett et al The fact that you didn't identify those behavioral shifts in locations where testing is available NPS availability and consumption has increased and the opposite is true in Australia is concerning if you simply missed it and down right damning if you have chosen to ignore it or refuse to acknowledge.

*\* Note - Throughout the discussion I incorrectly used the acronym NSP (Needle Syringe Program) when I should have used NPS (Novel Psychoactive Substance) so in the interests of the clarity the term NPS had been replaced throughout the transcript with NPS.*

**From:** minister@act.gov.au [mailto:minister@act.gov.au]  
**Sent:** Sunday, 1 April 2018 11:52 AM  
**To:** FITZHARRIS <FITZHARRIS@act.gov.au>  
**Subject:** Contact my Minister - Correspondence: 010418 - 1183132 - [REDACTED]



## Meegan Fitzharris, MLA

The following correspondence has been submitted via the Contact my Minister website.

The constituent has indicated that they would like a response to their correspondence.

### **Ministerial consent to illegal drug use/pill-testing.**

Condoning illegal drug use/pill-testing. I question your stand on this increasingly bizarre situation. Either the law is to be upheld by our politicians or it should be changed! Some drugs have been made illegal in Australia by our government. Yet our ACT politicians are so sure they are safe to use that they propose a safe place to try them out at Groovin The Moo! Which begs the question: Are these drugs safe to take or not? If they are safe, then make them legal to use. If they aren't safe, then why is our government pushing to remove protection especially at events like music festivals where there's a high risk of experimentation and over-use? Regards [REDACTED]  
[REDACTED]

GPO Box 825, Canberra City ACT 2601  
Phone: 02 6205 1384 | Email: [megan.arnold@act.gov.au](mailto:megan.arnold@act.gov.au)

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This email, and any attachments, may be confidential and also privileged. If you are not the intended recipient, please notify the sender and delete all copies of this transmission along with any attachments immediately. You should not copy or use it for any purpose, nor disclose its contents to any other person.  
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# Draft Action Minutes Pill testing Working Group

**Working Group Meeting Date:** 23 May 2017, 14:00-16:00

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**Source:** Chris Kelly, OCHO

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## 1. Attendance and Apologies

In Attendance:

**ACT Health:** Dr Paul Kelly, Dr Andrew Pengilley, Mark Emerson, Chris Kelly

**JaCSD:** Charlotte Potter Amie Gunawan

**AFP-ACT Policing:** [REDACTED]

Apologies: Nil

Chair: Andrew Pengilley

Minutes: Chris Kelly

## 2. Background

Dr Pengilley provided a background to members on a recent proposal for a third party to undertake pill testing at the 'Grooving the Moo' event in May. The proposal was not progressed however the ACT Government announced it would consider the issue further. ACT Health has convened the working group to provide advice to government on future pill testing options. The WG will examine the broader public health, legal and social issues, related to the potential introduction of pill testing in the ACT. The findings of the WG would inform the development of a Cabinet Submission, currently scheduled for 5 September 2017 (tbc).

Action 2.1: WG group members to circulate most recent version of previous pill testing briefs.

The submission needs to be prescriptive in detail of proposal, align to existing government harm reduction approaches and will likely contain options such as:

- not to progress pill testing
- progress with third party pill testing
- progress with government pill testing

There are many variations of pill testing, advice needs to be very clear on what version is being proposed. [REDACTED] provided the WG with a summary of methodology of similar pill testing process undertaken in New Zealand at eight recent festivals. A paper by the group is likely to be published in June 2017. Most overseas examples are third party operated with only the U.K having government (Policing) involvement.

## 3. Next Steps

WG to consider a range of options for pill testing, from a proof of concept perspective, including consideration of an appropriate exit strategy for Government if indicated.

The WG discussed stakeholder consultation requirements.

Action 3.1: The secretariat to schedule WG meetings with key NGO/ stakeholders in order of priority:

- 1 Harm Reduction Australia (existing third party proposal)
- 2 [REDACTED] (Research Fellow National Drug and Alcohol Research Centre) currently has meeting with AFP-ACT Policing scheduled for 7 June 2017
- 3 New Zealand- [REDACTED] NZ Drug Foundation
- 4 ACT Alcohol Tobacco and other Drug Association (ATODA)
- 5 Family and Friends for Drug Reform ACT

Subjects of enquiry for stakeholders to include:

- 1 Evidence;
- 2 Experience;
- 3 preferred model; and
- 4 know barriers / enablers

The WG broadly discussed risk and the need for Government Solicitors Office (GSO) advice including consideration of advice previously obtained and an inability to share between directorates due to legal professional legal privilege protocol. Potential issues requiring GSO advice include liability of third party and to government. WG to consider joint client GSO requests.

**Next Meeting:** Week commencing 5 June 2017 TBA -with Harm Reduction Australia





# Draft Action Minutes Pill testing Working Group

**Working Group Meeting Date:** 9 June 2017, 10:30-12:30

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**Source:** Elizabeth Hallam, OCHO

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## 1. Attendance and Apologies

In Attendance:

**ACT Health:** Dr Andrew Pengilley, Mark Emerson, Chris Kelly, Kirsty Whybrow, Elizabeth Hallam,  
**JaCSD:** Megan Bobos

**AFP-ACT Policing:** [REDACTED]

**Harm Reduction Australia:** [REDACTED]

Apologies: Nil

Chair: Andrew Pengilley

Minutes: Elizabeth Hallam

## 2. Background

Dr Pengilley provided a background to members on a recent proposal for a third party to undertake pill testing at the 'Grooving the Moo' event in May. The proposal was not progressed however the ACT Government announced it would consider the issue further. ACT Health has convened the working group to provide advice to government on future pill testing options. The findings of the WG will inform the development of a Cabinet Submission.

This is the first stakeholder consultation meeting done by the WG. Dr Pengilley introduced the themes for discussion including the WG wish to examine some of the prescriptive detail of the proposal from HRA, for running an event with "Pill Checking".

## 3. The HRA Proposal - general discussion

[REDACTED] from HRA discussed the "ACT Harm Reduction Consortium" (Students for Sensible Drug Policy, DanceWize, the Observatory, and Noffs Foundation) meeting with government earlier this year, and clarified that the Consortium is not the same as HRA, but HRA acts as an umbrella organisation. The Consortium would like to work with government on a pill testing trial, potentially cross-jurisdictionally.

[REDACTED] discussed what the pill testing would look like on-the-ground, emphasizing it as a medical facility staffed by Drs and nurses (in advisory roles), a chemist in a technical role and peer counselling services. The facility itself would be in the medical precinct of the festival with an area for interviewing and counselling as well as drug checking facilities.

[REDACTED] canvassed screening of the entrance to the medical precinct to preserve patient privacy. From a policing point of view this would mean there would be a certain level of anonymity provided by an entrance screen as a person entering could be attending any one of the other medical services provided (e.g. St John Ambos, Red Frogs etc.). The methodology for drug checking, including "no-touch" approach and counselling, was explained.

Patrons who have had their drugs tested and who have been counselled against using drugs will be given a wrist band, so their data can be identified and interrogated in the case of an adverse event.

*ACTION 3.1 - Each Directorate will develop their own SOPs and protocols for their directorate's involvement in a festival that hosts a drug checking/harm reduction service.*

#### **4. Amnesty bin protocols**

There was discourse on disposal of drugs post analysis. Destruction by alcohol was vetoed in favour of bleach to render the contents of an amnesty bin non-reconstitutionable. At this point in time, the contents of the amnesty bin will not be subject to further testing. It was suggested that the contents of the bins will be dealt with through the "sharps" waste disposal systems.

Any de-identified data from the event would be shared with all WG parties. The data would be shared for operational needs.

*ACTION 4.2 – HRA to provide an addendum to the Proposal with a protocol for management of the amnesty bin.*

#### **5. Data**

Any de-identified data from the event would be shared with all WG parties. The data would be shared for operational needs.

#### **6. The "Honey Pot" effect**

Interpretation of the term "honey pot" effect was clarified. It has been used in some literature as a description to lure punters in and for law-enforcement engagement. In other papers it has been used to describe whether drug checking at events leads to people, who would not otherwise take illicit drugs, to take them since they have been tested.

The evidence around drug usage reduction enabled by drug checking services was discussed.

*ACTION 6.1 - HRA to provide evidence to the WG of drug usage reduction is facilitated by drug checking.*

#### **7 Piggy Backing**

Piggy backing is real concern. There have been members of the public handing out pill testing kits at past events. Although these kits cannot compete in their technical capacity to the drug checking propose by HRA, they are free.

#### **8. Liability**

It was noted that the specific legal advice given to each Directorate was subject to professional legal privilege protocol and not shareable. HRA remarked that they were covered by providing advice to each consumer that it was against medical advice to take any illicit drugs, even if they had been tested. WG to consider joint client GSO requests.

ACT events being on Commonwealth land raised the question of whether some sort of commonwealth approval would be required. Chris Kelly noted that the event would be on the Events ACT forum. It was debated whether the land owners liability may be improved by including drug checking (harm reduction) service in their Risk Management Plan.

The interaction of a liquor licence with the known presence of drugs was tabled as a question for consideration. The question of counselling juveniles on drug usage and providing them with a harm reduction service was brought up. The Spilt Milk event is for adults only. In the event that any juvenile did attend they would be strongly counselled against any drug use.

*ACTION 8.1 - Chris Kelly to seek advice on the land-owners liability position through the EVENTS ACT forum?*

#### **9. Media Management**

It was clarified that the consortium does not intend to publically promote the presence of a drug checking/ harm reduction service prior to the festival. It is anticipated that patrons of the event will use social media themselves once they realise the service is available. Photography is banned in the medical precinct.

In the case of a contaminated batch of drugs it was agreed that services in the medical precinct would be notified and potentially a message could go out to the dancers on the big screen.

If there was an adverse event at a music festival where there was a harm reduction service running, how would this be handled? It is suggested that there be media silence up until the music

festival with the Government maintaining its position of “we are considering the options”. In the event of a death by illicit drug use, media silence would be maintained by all parties whilst the matter is dealt with by the coroner’s office.

ACTION 9.1 - ACT Health to develop a media management plan for government, in case of an adverse event.

ACTION 9.2 - HRA to provide modified proposal with addendum on communication strategy in case of an adverse event, clarification around pre and post-festival promotion and messaging in the case of a batch of contaminated drugs.

## **10. Next Steps**

The WG discussed requirement to formulate a general ACT government stance on pill testing as a concept, rather than just for a specific event. Negative PR around being seen as “soft on drugs” was brought up and the avoidance of the word “trial” considered.

ACTION 10.1 - “Harm Reduction Service” to be used in future documentation/correspondence, rather than “Pill testing trial” to highlight that the drug checking is only part of the service.

Stakeholder consultation to continue.

- 1 New Zealand- [REDACTED] NZ Drug Foundation
- 2 NSW DPMP
- 3 ACT Alcohol Tobacco and other Drug Association (ATODA)
- 4 Family and Friends for Drug Reform ACT

**Next Meeting:** 16 June 2017 – with Drug Policy Modelling Program (DPMP)



# Draft Action Minutes Pill testing Working Group

**Working Group Meeting Date:** 9 June 2017, 1:30-3:30

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**Source:** Elizabeth Hallam, OCHO

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## 1. Attendance and Apologies

In Attendance:

**ACT Health:** Dr Andrew Pengilley, Mark Emerson, Chris Kelly, Kirsty Whybrow, Elizabeth Hallam,  
**JaCSD:** Megan Bobos (via WebEx – audio only)

**AFP-ACT Policing:** [REDACTED]

**New Zealand Drug Foundation:** [REDACTED] (via WebEx)

Apologies: Nil

Chair: Andrew Pengilley

Minutes: Elizabeth Hallam

## 2. Background

Dr Pengilley provided a background to members on a recent proposal for a third party to undertake pill testing at the 'Grooving the Moo' event in May. The proposal was not progressed however the ACT Government announced it would consider the issue further. ACT Health has convened the working group to provide advice to government on future pill testing options. The findings of the WG will inform the development of a Cabinet Submission, currently scheduled for 11 September 2017).

This is the second stakeholder consultation meeting done by the WG. Dr Pengilley introduced the themes for discussion including the WG wish to examine some of the experiences that NZ Drug Foundation has had in running drug checking at music festival events.

[REDACTED] introduced the NZ Drug Foundation. The Drug Foundation is a registered charitable entity whose work is supported by government funding, corporate and private grants and donations. The Foundation is an advocate for drug policy reform based on the best evidence available. They also provide online tools and resources for people experiencing harm from drugs and alcohol.

## 3. The NZ experience - general discussion

The NZ Drug Foundation has provided pill testing at eight music festivals. Five using reagent testing only and three using the infrared spectrophotometer device (same as the one in the HRA proposal) and reagent testing together. The festivals varied in size, from small, off-the-beaten-track festivals of a few hundred people (where reagent only testing was used) to larger affairs where the spectrophotometer was used in parallel with reagent testing.

[REDACTED] described what the pill testing looked like on-the-ground. NZ Drug Foundation joined up with local Harm Reduction advocates who had previously been doing a community response of providing reagent testing, in response to deaths in the community.

The sample was divided into three piles for testing with a reagent (2 piles) and in the spectrophotometer. Testing was done in a tent set up in the medical precinct. The testing area was sign posted as a "Harm Reduction" service and there were posters outside the tent about illicit drug combining. These posters acted as a conversation engagement point to draw clients in. There were no medical staff present in the drug checking facility and the absence of medical personnel was reported as good for empathy with the clientele. The spectrophotometer was manned by volunteers from the NZ Drug foundation, who had the technical capability. They used the reagent sampling as an initial screening, which provide visual way of moving forward to spectrophotometer.

Reagent testing by itself was not considered effective, as it could give false confidence without enough information to be safely informative.

Privacy was potentially an issue so they allowed maximum of two patrons into the testing area at a time. This alleviated embarrassment for patrons if they got a "poor" result.

Whilst the sample is being prepared by the patron and they would interact with them and discuss drug use / interactions etc. They did not have "chill out" spaces where people could go and for people who were having a bad experience, but did not need professional medical interventions.

#### 4. Data

206 samples were tested over the three festivals using the spectrophotometer. 75% of the tests revealed the desired content of the drugs and 25% were contaminated, or not what expected. When clients were advised that their drug sample had produced an "unexpected" result 65% declared they would not take the drug. This was intention only, there was no follow-up on whether their intention was carried out.

"Unexpected" results included Cathinones - novel substances (bath salts), MDMA, Ketamine (very small amount), Meth, cocaine and N-Bombs. NZ Drug Foundation anticipates publishing their results on 2 July 2017. Headline data will be available to ACT Health next week. There was a study done in Portugal with follow-up data on whether customers followed their stated intentions after having their drugs checked.

██████████ noted that data collection required a high degree of trust. It was done on paper so that the clients could see what was being written down and it could be discussed to alleviate any alarm.

*ACTION 5.1 – NZ Drug Foundation to send headline data to ACT Health when available.*

*ACTION 5.2 – NZ Drug Foundation to send details of the author of Portuguese study, which evaluated actual behaviour of clientele post drug checking (versus what they said they were going to do).*

#### 5. Use of the service by dealers/ negative experiences for the testers

NZ Drug Foundation related that there was an occasion when a drug dealer came to get his "gear" tested and then was hanging around outside the tent trying to sell to patrons claiming it was good stuff because it had been tested. They had to have a firm word with him to move on. On another occasion someone had an unexpected result and went on to tell other patrons that the testing was a cover-up and the testers were really the police. Other patrons ignored this and continued to use the harm reduction service.

The question of whether it was a personal safety risk to the testers was raised. In the more intimate festival environment where most of the attendees knew each other, safety of the tester did not appear to be an issue. ██████████ felt this was quite a manageable situation.

*FOR NOTING – Canberra Liberals were opposed to allowing a similar program in the ACT, stating it would let criminals certify their illegal drugs (Canberra Times).*

#### 6. Government Support of Harm Reduction Services at NZ music festivals

Misuse of Drugs act in NZ was a big barrier to work around. Under legal advice from Ministry of Health NZ Drug Foundation was advised that they would potentially be breaching the Misuse of Drug act, by proceeding with providing drug checking services. NZ Drug foundation worked around this through a cooperative approach with local police. "Reducing harm, saving lives".

The presence NZ Drug Foundation's harm reduction services at music festivals, was unofficially sanctioned by the NZ Minister for Health. Government funds were used to purchase the spectrophotometer. There was no media release and harm reduction services at the music festivals was not perceived as a major public concern. There has not been the same levels of deaths in NZ as in Australia.

There may be a more direct response from government when they bring out the study next month.

#### 7. Drug checking / harm reduction versus pill testing

"Drug checking" was the preferred terminology, rather than pill testing, as drugs being tested were most often capsules or in liquid form. "Harm reduction" was also selected as a more holistic term, encompassing both the drug checking and the opportunity for counselling/ intervention provided by the way of the drug checking service. "Know your stuff" is the group that does drug checking.

## 8. Amnesty bin

Most patrons took their drugs with them and did not put them in the amnesty bin provided. ■■■ noted that the festivals are often several days long and participants would bring enough illicit drugs with them to take over several days. He felt that perhaps this might be why they took their drugs with them after testing, whatever the result of the testing. It is also noted that the reported intent on behaviour change, and the actual outcome in terms of behaviour change, might be vary.

The amnesty bins were jars of acetone. ■■■ reflected that it may have been beneficial to proactively encourage use of the amnesty bin.

## 9. Next Steps

Publications on reagent versus spectrophotometer technology, another with behaviour change results are anticipated in the future. The headline data will be released shortly and 2 July full results will come out.

Stakeholder consultation to continue:

- 1 NSW DPMP
- 2 ACT Alcohol Tobacco and other Drug Association (ATODA)
- 3 Family and Friends for Drug Reform ACT

**Next Meeting:** 9 June 2017 – NZ Drug Foundation



# Draft Action Minutes

## Pill testing Working Group

**Working Group Meeting Date:** 16 June 2017, 3:00pm - 4:30pm

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**Source:** Elizabeth Hallam, OCHO

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### 1. Attendance and Apologies

In Attendance:

**ACT Health:** Dr Vanessa Johnston, Mark Emerson, Chris Kelly, Elizabeth Hallam,

**JaCSD:** Annika Hutchins

**AFP-ACT Policing:** [REDACTED]

**NSW Drug Policy Modelling Program:** [REDACTED]

(via WebEx)

Apologies: Nil

Chair: Chris Kelly

Minutes: Elizabeth Hallam

### 2. Background

Chris provided a background to members on a recent proposal for a third party to undertake pill testing at the 'Grooving the Moo' event in May. The proposal was not progressed however the ACT Government announced it would consider the issue further. ACT Health has convened the working group to provide advice to government on future pill testing options. The findings of the WG will inform the development of a Cabinet Submission, currently scheduled for 11 September 2017).

[REDACTED], is leading drug policy researcher and Director of the Drug Policy Modelling Program (DPMP) at the National Drug and Alcohol Research Centre (NDARC) at the University of New South Wales. The overall mission of NDARC is: to conduct and disseminate high quality research and related activities that increases the effectiveness of treatment and other intervention responses to alcohol and other drug related harm.

The Drug Policy Modelling Program (DPMP) sits within NDARC. It aims to improve Australian drug policy. The goal of the DPMP is to create valuable new drug policy insights, ideas and interventions that will allow Australia to respond with alacrity and success to drug-related problems. DPMP does this through generating new research evidence which is timely and relevant to current drug policy issues; translating research findings into meaningful information to assist policy decision-makers, and studying policy processes.

[REDACTED] work includes a new literature review, a Survey of Festival goers and a global catalogue of Pill Testing Services.

### 3. Research / Evidence

Discussed whether international experiences are transferrable to Australia.

**NB** - Canberra's circumstance there has been no research done yet, being a one day festival with on-site testing proposed.

*Individual behaviour change intentions with unexpected result from drug checking – 80% across studies.*

Canadian/ UK *discard rates* = 18 %

Evidence supports reaching traditionally "hard to reach" groups and improved clinical outcomes in the case of an adverse event.

*Population level behavioural change* - supply change (Netherlands) evident due to testing – it becomes difficult to sell adulterated drugs.

Successful detection of novel substances enabling getting warnings out quickly.

*Is there evidence for increase in harms due to increase in usage? - There is no evidence over the decades (Netherlands) to indicate increased illicit drug usage due to drug checking. Evidence supports postponement of drug taking, not a widening in the circle of users. Almost all people testing drugs, were already going to use.*

*ACTION 3.1 – Tibor Brünt, Dutch testing service – update technical analysis/ comparison - harm and evidence around pill testing models. ██████ to provide to EH.*

#### **4. Service models**

Discussed onsite model and external central location drop- in centre models.

Different models are used a different festival types. Generally drop – in style for one day festival. Problems for a one day festival might be “pre-loading”.

Policing around the venue impacts where the drugs are being purchased. Evidence suggests that where there is more policing (as at Australian events) drugs are bought at the festival.

On- site model is currently more politically palatable for ACT.

#### **5. Liability**

Legal status of the services around the world:

- a. Legal
- b. Tolerated
- c. Civil disobedience

Dutch model provides a real- time monitoring system.

**NB** - it is inevitable that even with the drug testing service available, people will die who have taken pre – tested drugs.

#### **6. Research / Opportunity**

Misuse of Drugs act in NZ was a big barrier to work around. Under legal advice from Ministry of Health NZ Drug Foundation was advised that they would potentially be breaching the Misuse of Drug act, by proceeding with providing drug checking services. NZ Drug foundation worked around this through a cooperative approach with local police. “Reducing harm, saving lives”.

The presence NZ Drug Foundation’s harm reduction services at music festivals, was unofficially sanctioned by the NZ Minister for Health. Government funds were used to purchase the spectrophotometer. There was no media release and harm reduction services at the music festivals was not perceived as a major public concern. There has not been the same levels of deaths in NZ as in Australia.

There may be a more direct response from government when they bring out the study next month.

*ACTION 6.1- Event protocol for a one day event ██████ to provide to EH for sharing with NSW DPMP so they can come up with a research/ evaluation proposal.*

#### **7. Recommendations**

Advice from the Drug Policy Modelling Program (DPMP), part of the National Drug and Alcohol Research Centre (NDARC) at the University of New South Wales, would be able to design and undertake evaluation of future Pill Testing undertaken in the ACT with a minimum of two months lead time. Formal evaluation would add an extra degree of rigor to outcomes of Pill Testing to determine the effect of applied harm minimisation activities.

*ACTION 7.1 - Draft proposal research proposal from NSW DPMP for one day, on-site event.*



## 8. Next Steps

Core WG discussed Options arising that include independent research and the potential impact on government liability.

Stakeholder consultation to continue:

- 1 ACT Alcohol Tobacco and other Drug Association (ATODA)
- 2 Family and Friends for Drug Reform ACT

**Next Meeting:** 23 June 2017 – FFDLR, ATODA



# Draft Action Minutes Pill testing Working Group

**Working Group Meeting Date:** 23 June 2017, 10:30-11:30

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**Source:** Elizabeth Hallam, OCHO

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## 1. Attendance and Apologies

In Attendance:

**ACT Health:** Dr Vanessa Johnston, Mark Emerson, Chris Kelly, Elizabeth Hallam,

**JaCSD:** Megan Bobos

**AFP-ACT Policing:** [REDACTED]

**FFDLR:** [REDACTED]

Apologies: [REDACTED]

Chair: Chris Kelly

Minutes: Elizabeth Hallam

## 2. Background

Family and Friends for Drug Law Reform (FFDLR) introduced themselves and gave a bit of background of their NGO. Families and Friends for Drug law Reform began in March 1995 following the death by heroin overdose of eight young people in Canberra. They have c. 160 members Australia wide with international connections. They want addiction to be treated as a health and social issue not a law enforcement one.

FFDLR tabled three papers:

1. Factsheet on Drug Checking in Europe. TEDI – Trans European Drug Information (added to the literature review list)
2. Drug Checking Service – Good Practice Standards. NEWIP Nightlife Empowerment and well being Implementation Project (added to the literature review list)
3. "The Drug Law Wars: Twenty years of families fighting at the front". The book is edited by founding members Brian and Marion McConnell was published in 2015 and launched in the ACT by Senator Katy Gallagher.

## 3. The FFDLR position on 'Pill testing'

- **The existence of dance parties** - Dance parties are a form of entertainment immensely enjoyed by a large section of Australia's youth. These festivals will continue.
- **Drug use at festivals**- Drug use at festivals has become an accepted form of cultural expression. The use of ecstasy by the young may be seen as untoward, but it is in essence little different to a glass of wine at the National Folk Festival. Both alcohol and MDMA may produce a convivial feeling on a sunny afternoon. Both drugs have associated health risks. Whilst alcohol sales and concentration is strictly regulated to mitigate these risks there is a high risk from pill use as the content is not known.
- **Harm prevention through enforced abstinence** -Despite being illegal the best efforts of the police have not stopped the consumption of party pills, and in some cases have been extremely counter-productive when participants have swallowed an overdose of substances to avoid being caught. Prohibition in America lead to increased crime, the switch to more concentrated forms of alcohol and an increase in consumption of liquor by women at speakeasys. FFDLR's argument for drug checking is based on the pragmatic view that it is impossible to stop youth using the pills and leads to a direct opposition between them and government authority in the form of policing.

- **Governments have a duty of care to all citizens-** Given the above, Government is ethically mandated to take effective action to reduce the risks to the young.
- Risk taking is part of becoming an adult
- The Government is able to take back quality control from drug suppliers. It has been shown that dangerous pills are not consumed and disappear from the market as information is shared through peer networking
- The Government can also enhance its duty of care through the dissemination of information on dangerous drugs to other cities in Australia and to hospitals as part of an early warning system.
- The Government's duty of care is also demonstrated because a contact point is established between user and support agencies. This means that information on the risks of drugs can be presented to consumer along with risks associated with unsafe sex, and drug driving. We would also see that counselling would be available to those who wish to take up this form of assistance.

#### 4. Canberra's unique status – discussion of research evidence

Discussed how WG consultations literature review have revealed that while 'drug checking' or 'pill testing' has been operating for many years in several European countries, the context in which pill testing is being considered in Canberra is unique. Elsewhere, pill testing has occurred at multi-day festivals, many of which have been remote from urban centres and have not had the police presence or media profile of the two big festivals held annually in Canberra, namely 'Spilt Milk' and 'Groovin the Moo.' These events are very large (with >10,000 attendees), high profile single day music festivals with significant police presence to manage anti-social behaviour. There is also very limited research evidence available in the ACT about patterns of illicit drug use in the ACT, including where and when users consume their drugs. Therefore we cannot be sure whether the European and/ or New Zealand experiences are directly translatable into the Canberran context. FFDLR voiced their view that drug checking is cost effective because it reduces policing, and medical costs.

#### ACTION 4.1 – FFDLR to provide their dot points

#### 5. Nay sayers

FFDLR mentioned Drug Free Australia as a potential "Nay Sayers"  
FFDLR ; thanked us and left at 11:20am

#### 6. Discussion after FFDLR leaves

Comms strategy was discussed options to be proactive in messaging or keep a low profile. Including an event organiser in the consultations was discussed.

█ noted that ACT police would *not* be creating a new protocol for policing activities at the event, but operating procedures for the day would be discussed in the daily briefing for the event.

ACTION 6.1 – organise PTWG consultation with █ from Spilt Milk for this Friday before 1pm – EH to organise with details from █

#### 7. Next Steps

- 1 ACT Alcohol Tobacco and other Drug Association (ATODA)
- 2 █

**Next Meeting:** 23 June 2017 – with ACT Alcohol Tobacco and other Drug Association (ATODA)



# Draft Action Minutes Pill testing Working Group

**Working Group Meeting Date:** 23 June 2017, 1:00-3:00

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**Source:** Elizabeth Hallam, OCHO

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## 1. Attendance and Apologies

In Attendance:

**ACT Health:** Dr Vanessa Johnston, Mark Emerson, Chris Kelly, Elizabeth Hallam,

**JaCSD:** Megan Bobos

**AFP-ACT Policing:** [REDACTED]

**ATODA:** [REDACTED]

Apologies: Mark Molloy (ACTAS)

Chair: Chris Kelly

Minutes: Elizabeth Hallam

## 2. Background

The Alcohol Tobacco and Other Drug Association (ATODA) is the peak body representing the non-government and government alcohol, tobacco and other drug (ATOD) sector in the Australian Capital Territory (ACT). ATODA seeks to promote health through the prevention and reduction of the harms associated with ATOD. Supports evidence based, generates evidence, implements based on evidence. ATODA aims to be a pragmatic/ collaborative presence, supporting client journey through the systems. Also supports drug policy research.

CK introduced the pill testing enterprise outlining the history of the HRA proposal and subsequent WG initiative to facilitate development of options for Government.

TABLED: ATODA position paper

## 3. The ATODA position on 'Pill testing'

- **Independent evaluators** – [REDACTED] submitted ATODA's opinion that independent evaluation of any pill testing trial would be required to add a level of transparency and data to inform ongoing actions after the initial "trial".  
CK put forward the problems evaluation may present to Govt in terms of involvement, and therefore potentially government liability.  
ATODA proposed that independent evaluation would help protect government and recommended NSW DPMP and/ or The Burnet Institute in Melbourne as expert resources with regard to drug policy development and evaluation.
- **Naloxone Project**- Discussed ATODA's experience with the Naloxone program and their expertise in developing an innovative program in an environment of uncertainty. ATODA was part of a multi-sector (ACTAS and Pharmacy) group, developing a model with legal implications, policy change and involvement. This was a grass roots lead initiative in which the buy-in of the users was paramount. Government was a stakeholder not a driver.
- The Naloxone WG:
  - understand and define the problem
  - do-able scope
  - program model
  - training
  - flyers and educational material
  - evaluation framework with ACT Health funded external evaluators and program implementers

The PTWG revealed the unique circumstance of ACT in its' high volume one day events, and whether the European experience/ evidence was translatable to the ACT circumstance.

█ suggested an offsite testing centre available part time in weeks leading up to the festival

- **The ideal Canberra HR proposal** –Should be something that is core business and ongoing, to maximize trust with its users and to allow improvements in the service to be developed over time/ iterations following evaluations of each iteration.
- **The ideal Canberra Festival HR proposal** – should be iterative with improvements made after each experience based on evaluation with a goal of modifying the illicit drug market. The arrival of NPS s onto the illicit drug scene increases the urgency for ongoing pill checking, due to the constantly changing nature of NPSs. It was noted that any actions of observation will create change in the system.
- **Observation versus intervention**  
ATODA proposes that drug checking should be done in an intervention environment. █ provided the definition "I define *intervention* as "purposeful action by an agent to create change." (I accept that this definition raises questions about purpose and agency, but these are addressed in other writings.) Note that this emphasis on intervention contrasts with the usual scientific focus on observation—although, unlike some authors who champion intervention, I do not regard it as incompatible with scientific observation. Methods for observation can be harnessed into the service of intervention'. Source: Midgley, G 2006, 'Systemic intervention for public health', *American Journal of Public Health*, vol. 96, no. 3, p. 467."
- **Policing** G We briefly discussed the potential roles of ACT Policing wrt to the drug checking intervention. We noted examples of how certain patterns of policing can help produce good public health outcomes without compromising law enforcement and public safety, including the protocol between ACT Policing and health agencies regarding policing in the vicinity of NSPs, and the legislative and police procedural approaches taken to facilitate the work of the Sydney Medically Supervised Injecting Centre. Many examples exist, however, of patterns of policing that directly create poor public health outcomes, e.g.:

- Barbour, Bruce, NSW Ombudsman 2006, *Review of the Police Powers (Drug Detection Dogs) Act 2001*, NSW Ombudsman, Sydney, <https://www.ombo.nsw.gov.au/news-and-publications/publications/reports/legislative-reviews/review-of-the-police-powers-drug-detection-dogs-act-2001> . (included in literature review list)

- Lancaster, K, Hughes, C & Ritter, A 2016, "'Drug dogs unleashed": an historical and political account of drug detection dogs for street-level policing of illicit drugs in New South Wales, Australia', *Australian & New Zealand Journal of Criminology*, online ahead of print.

- **ACT stakeholders** discussed the requirements for peer to peer support and training for the purposes of counseling activities and promotion of trust:
  - current drug users
  - peer matching, music festival goers (DanceWize)

#### 4. The long game

ATODA is interested in longer term goals (rather than a one-off event) and referral pathways building.

ATODA suggest a pilot program at a non-festival site pre-festival to iron out any unexpected kinks in procedures in a less publicised forum and experiment with peer intervention services and timing of drug analysis processes etc.

#### 5. Discussion after ATODA leaves

Discussed the necessity/possibility to gather data on Canberra specific drug taking behaviours. E.g. running a separate survey in parallel to the HR services. This was vetoed as an idea due to current lack of resources.

Talked about whether tabling the cabinet submission with the Social Inclusion sub-committee by way of being part of the drafting process was a possibility. Vetoed due to time restrictions.

Recommended creating a briefing for the chiefs of staff meeting by way of engaging in the consultation process.

- **Options**

1. Government does not endorse pill testing in the ACT at this time.
2. The Government finds there is no legal impediment to pill testing in the ACT
3. The Government undertakes to develop and implement a pill testing 'trial' at a music festival. Spectrum of government involvement in this scenario, from:
  - a. Collaboration/sponsor with an existing harm reduction consortium who currently have the requisite laboratory equipment and technical expertise for chemical analysis, as well as counsellors
  - b. A wholly ACT government led initiative, ACT Health laboratory equipment and staff and the procurement of drug counselling services from a third party NGO. This option has significant financial implications.

Due to Canberra's unique music festival scenario, it is the recommendation of the WG that if the government 'allows' or alternatively, publicly endorses pill testing, any such service should be evaluated to inform future initiatives

#### **6. Next Steps**

ACTION 6.1: Set up meeting with event organiser and chiefs of staff

ACTION 6.2: request GSO advice based on options

**Next Meeting:** 23 June 2017 – with [REDACTED]



# Draft Action Minutes Pill testing Working Group

**Working Group Meeting Date:** 23 June 2017, 3:15 -4:15

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**Source:** Elizabeth Hallam, OCHO

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## 1. Attendance and Apologies

In Attendance:

**ACT Health:** Dr Vanessa Johnston, Mark Emerson, Chris Kelly, Elizabeth Hallam,

**JaCSD:** Megan Bobos

**ACTAS:** Mark Molloy

**AFP-ACT Policing:** [REDACTED]

**Consultee:** [REDACTED]

Apologies: Nil

Chair: Chris Kelly

Minutes: Elizabeth Hallam

## 2. Background

[REDACTED] Pharmacy at Canberra University [REDACTED]

[REDACTED] Her

PhD was in the use of charcoal in drug overdoses.

## 3. [REDACTED] position on 'Pill testing'

Recreational drug use will continue to occur and a punitive approach is counterproductive with youth who engage in risky behaviour. A pragmatic approach to recreational drug use as a chronic / public health issue using public health methodology would be the most effective approach.

Pill testing as an intervention is secondary/ supportive to opportunistic counseling of current/ active users.

It should be acknowledged that all pill testing technology has its limitations and that all illicit drug taking is fraught with risk and always dangerous, even with drug checking.

- **Illicit drug use is a public health issue**- Discussed Illicit drug use as a public health issue that should not be top down driven, but bottom up prevention / harm reduction driven
- **CHN Drs support of pill testing?** –GPs and specialist are broadly supportive of pill testing as a harm mitigation strategy, and particularly as an education opportunity for reaching hard to reach drug users who do not listen to broad media messaging they regard as tendentious. discussed peer education / mentoring/ facilitating.  
ACTION 3.1 - [REDACTED] to provide a CHN position/ strategy statement.
- **Pill testing evidence/ evaluation** – “suck it and see”. Mentioned a comparative study comparing medical services use at festivals where there is pill testing versus medical services use where there is not.
- **How involved should government be?**  
Discussed how officious looking government officers might actually be off-putting to potential users of a drug checking service. Had we considered the challenges of dealing with dealers and mental health issues.  
This is a PR opportunity for government – highlighting provision of harm minimization services as part of a counseling process. An opportunity to communicate other harm minimization

strategies such as the “buddy system” and safe spaces at festivals, which could be promoted through the Primary Health Care Network. (See the Tasmanian educational material)

Tabled several editorial articles including opinion piece from the Pharmaceutical Journal – “Facilitate recreational drug testing to help save lives” and Australian Drug Law Reform Foundation president Dr Alex Wodak., A, May 2017, “We have waged war on drugs for a century – so who won?”, The Guardian

#### **4. Discussion after [REDACTED] leaves**

Discussed some of the differences in perception around pill taking versus injecting, multiple tablet dropping and services in a health precinct. talked about ACTAS support of harm reduction and benefits of being aware of a potential toxidrome prior to treatment.

ACTION 4.1 MM to supply ACTAS data

#### **5. Next Steps**

Set up meeting with event organiser and Chiefs of Staff

Request GSO advice based on options

**Next Meeting:** 30 June 2017 – [REDACTED] – event organizer.





# Draft Action Minutes Pill testing Working Group

**Working Group Meeting Date:** 30 June 2017, 10:30 - 11:30

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**Source:** Elizabeth Hallam, OCHO

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## 1. Attendance and Apologies

In Attendance:

**ACT Health:** Dr Vanessa Johnston, Mark Emerson, Chris Kelly, Elizabeth Hallam, Kirsty Whybrow

**JaCSD:** Megan Bobos

**ACTAS:**

**AFP-ACT Policing:** [REDACTED]

**Stake Holder:** [REDACTED]

Apologies: Mark Molloy

Chair: Chris Kelly

Minutes: Elizabeth Hallam

## 2. Background

[REDACTED] represents event management and is representing an industry point of view.

Overall industry is supportive of there being a pill testing service presence at a major music festivals, but would want this done with the "tick of approval of government".

Discussed music, youth and risk taking behaviour and a pragmatic approach to reducing risk through drug checking/ pill testing.

## 3. Risk Matrix

Industry creates risk matrices to assist organizing these events. Most risk is around crowd control. Reducing drug related risk prior to drug ingestion currently only has policing strategies (particularly undercover police) around it. These strategies are limited in their results. Pill testing would reduce risk to event management by providing intervention opportunities prior to drug consumption and providing data to onsite medical services for post ingestion health crisis management. Management would be happy to message patrons about dangerous illicit substances that are found to be present in any particular tested drugs.

[REDACTED] events like [REDACTED] have external auditors for WHS plans, which also decreases risk.

*ACTION 3.1 – [REDACTED] to send us Risk plan/ Matrix from last [REDACTED]*

- **[REDACTED] amnesty bins** – [REDACTED] they ran an event with an amnesty bin and high police presence that successfully collected illicit substances, but accidentally circumnavigated the complexities around bin management/ ownership that could not be avoided in subsequent years.
- **[REDACTED] demographics** – [REDACTED]  
[REDACTED] The [REDACTED] music choice impacts the types of patrons and therefore the associated drug taking culture profile/ demographic.  
Relatively low alcohol consumption.  
Drug user profile tends to be new users and recreational users rather than addicts.  
Hosting pill testing would assist to mitigate the risk by providing opportunistic intervention. in a medical environment.
- **Government "tick of approval"** – [REDACTED] emphasized that the government would need to put in a framework to allow pill testing to happen. There would need to be some level of tacit approval/ media/ public statement to allow it to happen. If the government created an accommodating policy environment but was completely hands-off and made no public statements, [REDACTED] would need to think about whether [REDACTED] would allow the pill testing service to proceed.

- ***Difference in drug culture in night clubs versus music festivals?***

Discussed illicit drug use in night clubs. ██████ felt it is not as prevalent as in a festival environment. Festival use tended to be more the recreational and first time users.

- ***Industry attitude?***

Industry is broadly supportive. If government supported this initiative industry nationally would applaud.

#### **4. Media**

Discussed proactive defensive media stance versus reactive stance. Benefits to making media statements when options go to Cabinet for decision avoiding acute media interest around music festival time and keeping pill testing highlighted as a health intervention

“does pill testing increase drug taking”?

ACTAS data may provide insight.

#### **5. Onsite single day event**

Discussed Canberra’s unique music festival scene. Ideally ██████ would like a reduced police presence in the venue (ok to have outside) and provision of peer to peer promoting of the pill checking service by trained ushers.

Process around the amnesty bin would need to be clarified.

#### **6. ██████**

Event managers assume all risk ██████ Pill testing would be presented as part of risk reduction in submissions (end August). ECG meeting in October would not require a specific mention of pill testing as it would be part of their submission documentation.

#### **7. HR Consortium proposal**

Discussed some of the technical/ operational matters around the HRA proposal and various technologies.

*ACTION 7.1 pill checking service to sit under risk management, not under medical commander which is ACTAS- to maintain arms length stance – ██████*

#### **8. Discussion after ██████ leaves**

Discussed options for GSO advice and cab sub.

*ACTION 8.1 send out draft options for final comments this afternoon – EH*

*ACTION 8.2 Summary of big ticket items / key features of operational model for Pill testing. What are the criteria?- PTWG*

#### **9. Next Steps**

*Set up meeting with event organiser and Chiefs of Staff*

*Request GSO advice based on options*

**Next Meeting:** 4 July 2017 – Final core WG meeting.



# Draft Action Minutes Pill testing Working Group

**Working Group Meeting Date:** 04 July 2017, 2:00 - 3:30

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**Source:** Elizabeth Hallam, OCHO

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## 1. Attendance and Apologies

In Attendance:

**ACT Health:** Mark Emerson, Elizabeth Hallam, Andrew Pengilley, Chris Kelly, Vanessa Johnston, Paul Kelly

**JaCs:** Megan Bobos

**ACTAS:** Mark Molloy

**AFP-ACT Policing:** [REDACTED]

Apologies:

Chair: Andrew Pengilley

Minutes: Elizabeth Hallam

## 2. Background

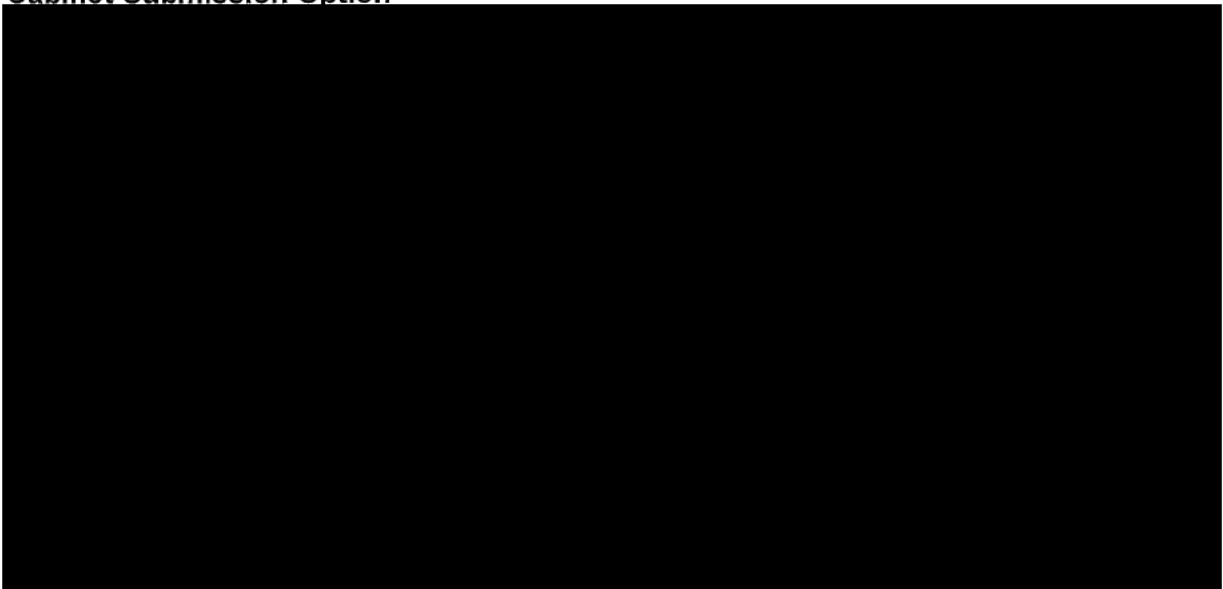
Andrew introduced the WG and ran through our stakeholder meetings thus far, summarizing who we had met and the stakeholder positions presented to us. We discussed ATODA's stance on long term vision of service centers providing pill testing and counseling as being out of scope to the current discussion. We discussed the youth demographics and the effects of event curation as introduced to the WG by [REDACTED]. We mentioned the HR consortium proposal addendum which we anticipate receiving by this weekend.

Discussed meeting with the Greens tomorrow as a stakeholder with long standing policy interest/ expertise in pill testing not as a political entity.

MB mentioned revisited meeting with the Social Inclusion Committee, but because of the tight time line this has been waved and a meeting with CoS proposed to review the Cab Sub in its' draft form and cover off any questions/ areas that are brought to light.

*ACTION 2.1 talk to CoS to organise meeting with Police, JaCs and Health CoS – AP*

## 3. Cabinet Submission Option



**4. Next Steps**

Set up meeting with event organiser and Chiefs of Staff

Meet with Greens

Draft Cabinet Submission and minute

**Next Meeting:** 5 July 2017 – Greens



# Draft Action Minutes Pill testing Working Group

**Working Group Meeting Date:** 05 July 2017, 1:00 - 2:30

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**Source:** Elizabeth Hallam, OCHO

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## 1. Attendance and Apologies

In Attendance:

**ACT Health:** Mark Emerson, Elizabeth Hallam, Andrew Pengilley

**JaCSD:** Megan Bobos

**ACTAS:** Mark Molloy

**AFP-ACT Policing:** [REDACTED]

**Greens:** [REDACTED]

Apologies: Chris Kelly

Chair: Andrew Pengilley

Minutes: Elizabeth Hallam

## 2. Background

Andrew introduced the WG and briefed [REDACTED] on our stakeholder consultation process thus far.

Greens briefed the WG on their alignment with the HR consortium and Spilt Milk event manager's pragmatic approach to pill testing.

## 3. Other venues/ a multi – jurisdictional concern

The group discussed the service centre approach that is used in some international models. This is currently outside of the scope of this WG.

- Greens highlighted their concerns that deaths from illicit drug use at festivals was a regional concern, with Canberrans attending festivals outside of the ACT and dying at regional events. There was general consensus that other states would be watching ACT, particularly if we took a lead and introduced pill testing at a major ACT music event. [REDACTED] noted that they had been approached by NSW stakeholders with a vested interest in getting pill testing up and running.
- **Greens position**  
 Hopes to see Police and Health working together to:
  - Allow the promoter not to bear all the PR liability by providing a supportive government stance.
  - Policing – no dogs.
  - There was further discussion about the discretionary powers of individual officers and setting up the pill testing venue so that it encouraged officers to use that discretion. Educate officers. Have an operational plan that is supported by Govt
  - Health Precinct approach to support police discretionary powers.
  - Police noted that it would be business as usual with the Health Precinct model.
- **Comms strategy**  
 Proactive versus reactive –  
 The Greens indicated that a proactive comms strategy was not required as there is a lot of discussion in the public domain around pill testing already, so there is no need to “prime” the media.
- **Data** – Greens suggested an MOU with HR consortium for data and using ACTAS data for comparison.
- **Difference in drug culture in ACT**

■■■ informed the group of the broad drug user demographics in the ACT, from the upper class to street users. Pill usage was more predominant with younger demographic at music events. Overdoses and bad batches come in waves. Data can be shared with other states to inform HR and policing services.

#### **4. Next Steps**

Prepare Cab Sub

**Next Meeting:** - NA-



## Draft Action Minutes Pill testing Working Group

**Working Group Meeting Date:** 19 February 1500-1600

**Source:** Megan Arnold- Health Improvement Projects

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### 1. Attendance and Apologies

In Attendance:

**ACT Health:** Dr Paul Kelly, Emily Harper, Dr Kerryn Coleman, Kathy Dennis, Megan Arnold

**JaCSD:** Megan Bobos

**AFP-ACT Policing:** [REDACTED]

**ACTAS:** Mark Molloy

Apologies: Nil

Chair: Paul Kelly

### 2. Background

Dr Kelly provided a background to members regarding progress on pill testing since the proposed service did not go ahead at Spilt Milk last November.

Recent discussions have occurred with members of the opposition through questions during Estimates last November and a meeting last Friday. Opposition position is still not to support pill testing.

The WG acknowledged receipt of a partial proposal from STA-SAFE to conduct pill testing and noted specific differences from the Spilt Milk proposal:

- Age of patrons
- One date in a multi venue festival schedule rather than a single Canberra based event.
- Held on private land rather than Commonwealth land

Update from this morning's meeting between Health representatives, [REDACTED] and 4 representatives from Cattleyard

- Promoters frustrated at being in the Press about pill testing prior to consultation
- Want assurances from police that individual officers won't seek to arrest patrons who use a pill testing service
- Want an iron clad assurance from government, in writing, that absolves them of liability in relation to pill testing
- Would prefer ACT government to consider alternative harm minimisation strategies
  - WG acknowledges these points but is only pursuing the current proposal and is unlikely to be in a position to provide written government 'liability waiver'. ACT Policing can indicate support for the process and a policy of non-interference, but individual officers with reasonable suspicion of illegal activity will still need to act in their professional capacity.

#### Timing issues-

Promoter will need longer than the 3 weeks between Cabinet consideration and the event to put their risk mitigation strategies in place and discuss with insurers etc

Note promoters have clearly stated they will not be supporting the pill testing proposal without clear assurance from government, which is unlikely to be available before the Cabinet date on April 9<sup>th</sup>

### Issues identified from STA-SAFE proposal so far:

- When patrons leave the testing area and undertake counselling, there is a risk that the testing staff are then considered to be in possession of the illegal substance
- Patrons not having access to a copy of their results to assist with medical treatment later
  - Mark indicated that the ambulance service really appreciate the cross flow of information gathered by pill testers, and that patron-specific information would not be required if there was a clear
- Screens required between whole medical precinct and the festival to prevent police officers from having reasonable suspicion that someone is in possession of illicit drugs. Pill testing cannot be separate from the medical precinct
  - Likely that this could be co-ordinated with event organisers
- ██████ has confirmed STA-SAFE volunteers do not require working with vulnerable people checks as this is a one-off event
- Media strategy doesn't acknowledge the high profile of the festival and the pill testing
  - Noted that overseas pill testing started with smaller, lower profile events before going into mainstream festivals

Discussion around age of patrons- noting that it will be easy to identify adults at the festival as it is licensed, and different coloured wrist bands will be worn by adults and minors. The STA-SAFE proposal provides the option to limit testing to over 16s, but this would require provision of identification by the patron, which impacts their anonymity

The Omnibus survey conducted last year indicated Canberrans were supportive of pill testing as a harm minimisation strategy for young people. Discussion that this probably didn't extend down to 12 year olds in the mind of those surveyed.

The working group agreed pill testing should be available to all patrons or not at all, but acknowledge this needs to be agreed by Cabinet.

Acknowledge that we currently have half a proposal from STA-SAFE, unconfirmed support from the venue, and no support from the promoter.

### **3. Next Steps**

ACT Health to facilitate a meeting with key stakeholders: UC, STA-SAFE and Cattleyard and report back to the working group.

#### **Key Decisions:**

- The working group agreed that pill testing should be offered to all patrons, not only those over 18 or over 16, however it will be necessary for Cabinet to agree
- Providing the promoter with 'iron clad, written indemnity guarantee' from the government is unlikely to occur, as this would make government more directly involved, and changes the scope of the government position and relevant liability.
- Push ahead with stakeholder meeting to determine if it's worthwhile attempting to put forward the Cabinet Submission in time.
- Without agreement/support from the event promoter and venue within the next fortnight the proposal will not meet the required timing deadlines
  - In this instance the Minister will receive a Brief on why the proposal isn't going ahead, rather than a Cabinet submission.



## Actions Arising

Item	By	Responsibility
Facilitate stakeholder meeting with STA-SAFE, University of Canberra and Cattleyard event management	02/03/2018	Health
Confirm positions from ATODA and FFDLR on pill testing from previous Submission	After stakeholder meeting	Health
Confirm details with STA-SAFE <ul style="list-style-type: none"> <li>• Who signs the waiver- tester or patron?</li> <li>• Is there a clear method to communicate significant test results to ACTAS and first aid?</li> <li>• How are the logistics of drug possession managed during testing</li> <li>• What 'indemnity' advice have they received that will impact the promoter?</li> <li>• Get additional documentation including risk matrix</li> </ul>	Next WG meeting	Health

**Next Meeting:** TBA- in the next fortnight following smaller meeting between ACT Health, venue management, promoter and STA-SAFE



## Draft Action Minutes Pill testing Working Group

**Working Group Meeting Date:** 28 February 1530-1620

**Source:** Megan Arnold- Health Improvement Projects

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### 1. Attendance and Apologies

In Attendance:

**ACT Health:** Dr Paul Kelly, Dr Kerry Coleman, Kathy Dennis, Megan Arnold

**AFP-ACT Policing:** [REDACTED]

**ACTAS:** Mark Molloy

Apologies: Megan Bobos and [REDACTED]

Chair: Paul Kelly

### 2. Background

Dr Kelly provided a summary of the teleconference conducted last Thursday between Health, [REDACTED] from STA-SAFE, [REDACTED] from UC and [REDACTED] and [REDACTED] from Cattleyard.

UC have drafted a letter supporting the pill testing proposal at the festival on their land.

STA-SAFE have provided the remainder of the written material in support of their submission, including insurance information, risk matrix, indemnity letter template and volunteer information. Paul noted we will still need to do due diligence on the material provided.

As requested, Cattleyard have put their requests in writing, with requests for strict confidentiality around the provided document. The group talked through the requests:

Paul has had conversations with the Ministers Chief of Staff. This has included whether or not this proposal needs to go to Cabinet again. The COS suggested the Minister could act on the advice of the CHO, and Paul has countered with the advice being from this working group convened at the request of the Minister.

Paul has flagged the concerns of Cattleyard and potential issues with pill testing going ahead to both the Ministers Office, and the Director General.

#### Comments on Cattleyard requirements:

Cattleyard Promotions will support pill testing taking place at Groovin the Moo Canberra 2018, on the proviso the following requests are met in full by Thursday 29 March 2018:

Note this date is nearly 2 weeks prior to our Cabinet date

- The contents of this statement are not shared with the media without the express permission in writing from

Cattleyard Promotions

Paul has clearly articulated that members of the working group and ACT public service won't be discussing any documents with the media, but that he may be required to share the documents with the Minister, and doesn't control how her office relates to the media. Also note, if the process doesn't go to Cabinet, this material will be available under FOI, rather than restricted as Cabinet in Confidence

- Cattleyard Promotions is indemnified against any prosecution from any Patron, Government organisation, the Venue (known as 'University of Canberra'), Australian Federal Police ('AFP') or

the organisers (known as 'STASAFE') associated with this trial taking place at Groovin the Moo Canberra

STA-SAFE have provided a template for an indemnity form that can be provided to the promoter regarding coverage from indemnity as it relates to the pill testing activities

- All parties associated with this trial must provide the requested insurances that meet the requirements of the Insurer of Groovin the Moo

Insurance information provided by STA-SAFE

Kathy has requested further details from Cattleyard of what their insurer actually requires

- University Of Canberra confirms in writing that it provides support for the trial to take place on their grounds at University of Canberra as part of GTM Canberra. Noting the Venue MOU between University of Canberra and Cattleyard Promotions will need to be updated to this effect  
Letter from UC received in support. To be provided to Cattleyard, to allow them to update MOU

- ACT Government confirms in writing that it provides support to the trial

Long discussion on this point. Likely to use one document to cover all government written support requested by the promoter (ACTAS, AFP, Health JaCSD). Noting this will include ACT Policing policy regarding pill testing, but cannot guarantee indemnity from prosecution (also because this is DPPs area of responsibility, Police can elect not to charge someone, but cannot be directed to ignore illegal activity). Timing will be the concern with this document.

- Australian Federal Police (AFP) confirms in writing that anyone who attends GTM and engages in the personal use of illegal substances after using the pill testing service while on the event site will receive immunity to prosecution

- Noting it is intended that this request covers the scenario whereby a patron is immune from any actions engaged in on this day - AFP are not to use intelligence gathered from GTM Canberra to use in prosecution post-event- noting this does not include anyone who is in possession of enough pills to qualify with having the intent to supply)

Noted concerns with promoter attempting to dictate police activity

- GTM Medical providers and stakeholders confirm in writing they are happy for this trial to take place in the designated Medical Area of Groovin the Moo Canberra

See above- likely to be incorporated into whole of government response

- GTM Licensee and ACT Liquor Licensing confirm in writing they are happy for this trial to take place in the designated Medical Area of Groovin the Moo Canberra

This query has likely arisen from [REDACTED] comment during the stakeholder meeting that pill testing in clubs wasn't feasible due to liquor licensing. Health or JaCSD to contact ACT Liquor Licensing. If relevant, include in the whole of government response.

- The trial must take place in the designated Medical Area of Groovin the Moo Canberra and must be open to anyone who wishes to use it (this includes people who are under 18 years of age)

Always intended for the trial to take place in the medical area. Cattleyard position on age restriction to be included in the CabSub/Brief to Minister

- All parties must agree on any media briefings, announcements or offline conversations on this trial taking place by any of the parties involved as well as from third parties (publicists, marketing departments) who may be instructed by the parties involved

Agree in principle, acknowledging difficulties, and level of media interest that is likely.

- All costs of this trial are at the expense of the organisers - not Cattleyard Promotions

Already covered by STA-SAFE

### Additional Discussion

Discussion of previous actions arising

- Note that the detailed operations plan includes patrons leaving their sample with the testers and potentially having counselling etc in another room while testing occurs.

- This in general terms means the tester is in possession of the drug, as it's not under the supervision of the patron, which inadvertently puts the tester at potential risk of breaking the law.
- Acknowledge that the risk is low, as police won't be going into the pill testing space unless requested, but that the theoretical risk needs to be communicated to STA-SAFE.

Other issues:

- Note that keeping pill testing available to patrons of all ages is the preference/position of the promoter, STA-SAFE and the working group. However, there is an associated risk to government, and the Minister will need to consider all the options.
- Paul attended meeting of senior government officials- pill testing got a number of incidental mentions. Will be important to government, with focus on attracting regular events to Canberra, that pill testing not jeopardise the future of any events (including Groovin the Moo)
- Note all further actions depend on whether Minister requests Cabinet submission or not

### 3. Previous Actions Arising

Item	By	Responsibility	Status
Facilitate stakeholder meeting with STA-SAFE, University of Canberra and Cattleyard event management	02/03/2018	Health	Completed
Confirm positions from ATODA and FFDLR on pill testing from previous Submission	After stakeholder meeting	Health	Pending- waiting till more confident of green light
Confirm details with STA-SAFE <ul style="list-style-type: none"> <li>• Who signs the waiver- tester or patron? Patron, however it's an initial only, and isn't used to identify patrons</li> <li>• Is there a clear method to communicate significant test results to ACTAS and first aid? Yes- covered in STA-SAFE ops plan</li> <li>• How are the logistics of drug possession managed during testing</li> <li>• What 'indemnity' advice have they received that will impact the promoter? Provided</li> <li>• Get additional documentation including risk matrix Received</li> </ul>	Next WG meeting	Health	For further discussion with STA-SAFE re: risk to staff with drug possession in current ops plan

**Actions Arising**

<b>Item</b>	<b>By</b>	<b>Responsibility</b>
Flag with the Minister's office the issues that have been raised and find out whether this process will be required to go through a Cabinet Submission or not	ASAP	CHO
Check with STA-SAFE that the indemnity and insurance documents provided can be provided to Cattleyard		Health
Update CabSub draft with promoter concerns/requirements		Health
Draft a letter from ACT Government covering support from Health, JaCSD, Minister, AFP and ACTAS (to go with Brief/Cab Sub)		Health
Confirmation with CPO and ACTAS Chief that they're comfortable with us providing whole of government support in writing (also to check they're happy with actual wording after drafted by Health)		█/Mark
Check concerns raised by promoter with ACT Liquor Licensing		Health/JaCSD
Contact STA-SAFE re: potential issues for their staff regarding drug possession laws		Health
Email to ATODA and FFDLR confirming support for pill testing		Health
If CabSub is required- seek extension from Cattleyard for the final government approval document deadline (other documents able to be provided earlier)		Health

**Next Meeting:** TBA- if the proposal goes ahead



## Draft Action Minutes Pill Testing Working Group

**Working Group Meeting Date:** 13 March 1500-1530

**Secretariat:** Megan Arnold - Health Improvement Projects

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### 1. Attendance and Apologies

In Attendance:

**ACT Health:** Dr Paul Kelly, Dr Kerryn Coleman, Emily Harper, Kathy Dennis, Megan Arnold

**JacSD:** Megan Bobos

**ACTAS:** Mark Molloy

Apologies: [REDACTED]

Chair: Paul Kelly

### 2. Background

Dr Kelly provided a summary of recent discussions regarding pill testing.

A Caveat Brief has been sent to the Minister, foreshadowing a Ministerial Brief regarding the issues outlined by Cattleyard. The Ministerial Brief will be copied in to Attorney-General Ramsey and Minister Gentleman (Police and Emergency Services Minister)

Discussions around whether pill testing could occur on the day of the festival, at another medical facility at UC. Issues raised include:

- Outside of original scope of pill testing trial agreed to by Cabinet in 2017
- Policing and legal issues with off-site testing
- Public health implications of alternative testing proposal
- Not proposed by STA-SAFE
- Would require full review of essentially new concept, not possible within the time available

Discussions of whether a pill testing trial would be more likely to succeed at smaller 'bush doof'

- Reports from ACTAS of high resource demand at recent Psyfari festival at Caloola farm (5 requests for attendance, with 3 transports including 2 sedations for only ~2000 attendees, significantly higher acuity than recent urban based festivals)
- Unofficial pill testing appears to already be occurring at these festivals with reagent kits
- These events are lower profile
- Due to the lack of regulation, patrons at these events are potentially at higher risk, so pill testing could be a valuable intervention to reduce drug use and resulting harm.
- Could this suggestion be flagged as part of feedback to STA-SAFE assuming the current GTM proposal does not go ahead?

JaCSD input

- Observe neither police nor DPP can be directed not to charge or prosecute
- Wouldn't support off site pill testing at this time
- Inquiry around impact of pill testing on liquor licensing still pending with Access Canberra.

Points that may be problematic:

- If the liquor license has been granted without notice that pill testing may occur, it could have an impact on that license
- It's not yet clear whether the license would have been granted directly to GTM, or whether it has been indirectly provided by the University who already hold a liquor license

### Next steps

- Health to draft a Ministerial Brief, to be copied into the Attorney General and the Minister for Policing and Emergency Services. Note this will likely be circulated to the working group members tomorrow and require relatively quick turnaround
  - Include that the working group proposes not going ahead at GTM
  - Suggest that third parties might be better considering smaller rural events to trial pill testing, based on recent experiences in Canberra.
- Communications Plan to be developed once we have a clearer idea of the government's position (not sensible to pre-empt what this will be yet).
- Note managing of media by other parties involved with pill testing may be problematic.

### 3. Previous Actions Arising

Item	Responsibility	Status
Confirm positions from ATODA and FFDLR on pill testing from previous Submission	Health	No longer relevant
Flag with the Minister's office the issues that have been raised and find out whether this process will be required to go through a Cabinet Submission or not	Emily and Paul discussed with CHO	Completed
Check with STA-SAFE that the indemnity and insurance documents provided can be provided to Cattleyard	MA confirmed these can be shared as required but not published/cited	Completed
Update CabSub draft with promoter concerns/requirements	Change to Brief	N/A
Draft a letter from ACT Government covering support from Health, JaCSD, Minister, AFP and ACTAS (to go with Brief/Cab Sub)		No longer applicable
Confirmation with CPO and ACTAS Chief that they're comfortable with us providing whole of government support in writing (also to check they're happy with actual wording after drafted by Health)	█ and Mark confirmed overall policy position of both organisations	N/A
Check concerns raised by promoter with Access Canberra	JaCSD	ongoing
Contact STA-SAFE re: potential issues for their staff regarding drug possession laws		N/A
If CabSub is required- seek extension from Cattleyard for the final government approval document deadline (other documents able to be provided earlier)		N/A

### Actions Arising

Item	By	Responsibility
Draft Ministerial Brief and send to WG members for comments (quick turnaround likely)	ASAP	Health
Confirm whether the Police Minister has been briefed about the current issues with pill testing	ASAP	Megan B

**Next Meeting:** Likely remaining work to be done out of session

**File note:**

STA-SAFE teleconference

15 March 2018

Attendees:	Kathy Dennis	Health Improvement Projects
	Megan Arnold	Health Improvement Projects
	██████████	STA-SAFE consortium

- Second set of paperwork ready by 23 February (unlikely to be earlier due to collaborative nature of consortium)
- Discussions occurred between ██████████ and ██████████
- Promoter is reportedly meeting with EPCG soon
- ██████████ intends to make it clear to Cattleyard that ACT Policing is supportive of the trial.
- ██████████ hopes to also have a letter of support from UC by 23/2
- Still don't have the full ok from the promoter yet but ██████████ is hopeful.
- Promoter has mentioned to STA-SAFE needing engagement from AFP, Act Government and the landowner
- STA-SAFE is currently finalising volunteers, chemists and equipment, with training happening next week.
- The media plan provided by STA-SAFE only applies to them. They intend to use ██████████ ██████████ as the public face. There may be a media run through of the facility prior to the event, but nil onsite during the festival, and cameras and phones won't be permitted in the pill testing area.
- Evaluation report will be provided to the Government by STA-SAFE after the event.
- If an adverse event occurs, STA-SAFE will likely use ██████████ if required to assist with media, but will likely defer to Government and emergency services in the first instance.
- An indemnity letter template has been devised to cover a 'festival in the ACT' which can have promoter and landowner specific added when required.
- Discussions around all ages nature of the event. All agree open to all ages is preferable by STA-SAFE have provided an over 16s option for government to consider, but would require the use of ID which could be problematic.
- Given all ages event, ██████████ to check whether Working with Vulnerable People checks are required for his group.



**File note:**

Meeting with Cattleyard Promotions

19 March 2018

Attendees:	Paul Kelly	Chief Health Officer (Chair PTWG)
	Emily Harper	Health Improvement Branch
	Kathy Dennis	Health Improvement Projects
	Megan Arnold	Health Improvement Projects
	[REDACTED]	ACT Policing
	[REDACTED]	[REDACTED]-Cattleyard Promotions
	[REDACTED]	[REDACTED]- Cattleyard Promtions
	[REDACTED]	Canberra GTM [REDACTED]
	[REDACTED]	Canberra GTM [REDACTED]

- [REDACTED] already fielding phone calls from HRA members, including after-hours
- Cattleyard indicate they're not able to support pill testing at GTM if there's a risk of damage to patrons, the event or if all stakeholders aren't involved.
- Paul provided background that generic proposal had been provided by STA-SAFE, in the same manner as for Spilt Milk last year.
- CHO thinks it's a good harm reduction initiative, but reiterated neither CHO nor Minister would be forcing anyone to be involved.
- [REDACTED] discussed concerns around individual constable volition, where they elect to monitor people entering and exiting the medical tent, and target them inside the festival.
- Concern expressed that patrons trust the festival not to put them in a position where they're more likely to get arrested, want ACT Policing to guarantee that users of the service won't be prosecuted.
- [REDACTED] outlined ACT Policing policy for a festival where pill testing occurs, ie not targeting individuals using the service, and no reason to form a reasonable suspicion of illegal activity with the pill testing service located inside a medical precinct, therefore no requirement for individual officers to act. Also explained that individual officers cannot be directed not to act when faced with actual, or reasonable suspicion of, illegal activity. A guarantee that pill testing service users cannot be provided under legislation, but the overall policy stands.
- Requests from Cattleyard for the government to provide indemnity to the festival, and flagged that conversations with their insurer would need to take place.
- Confirmed that that consortium would need to negotiate with UC
- Government position is providing permission, not direct involvement with the trial.
- Cattleyard request formal documentation of support and indemnity from the government
- Cattleyard they are supportive of the concept of pill testing, but want increased risk sharing before they'll support it at their festival
- Discussed frustrations of communication to date, Cattleyard have heard from STA-SAFE, but are comfortable dealing directly with government, not the consortium.

- Cattleyard suggests trialling pill testing at a smaller, lower profile event, as was the initial model overseas.
- Cattleyard requested everyone on the same page before they'll consider the proposal. Main issues identified are media pressure, liability, prosecution and police activity
- ACT Health to book a teleconference with Cattleyard, STA-SAFE and UC.
- Promoter concerns also include policing activities undertaken last year, with drones etc. Identified increased panic behaviour and ambulance presentations across festivals with increased policing activities. Appeared to have additional concerns beyond pill testing in this regard.
- Cattleyard indicated confidence in their systems to deal with overdoses when/if they occur (discussion of previous Maitland incident)

Action:

- ACT Health to book a teleconference with Cattleyard, STA-SAFE and UC.

**File note:**

Stakeholder teleconference

22 March 2018

Attendees:	Paul Kelly	Chief Health Officer (Chair PTWG)
	Emily Harper	Health Improvement Branch
	Kathy Dennis	Health Improvement Projects
	Megan Arnold	Health Improvement Projects
	██████	██████-Cattleyard Promotions
	██████████████	██████████████-Cattleyard Promtions
	██████████	██████████University of Canberra
	██████████	██████████consortium

- Paul covered the background, where ACT Government has been approached by STA-SAFE to conduct pill testing at GTM in the same way as Spilt Milk last year.
- Cross government group reconvened, likely discussion at Cabinet, but intended supportive policy environment for the trial to occur.
- Pill testing as a harm reduction idea worth pursuing.
- Already on record are the Minister for Health, Act Policing and CHO as supportive of pill testing.
- Remainder of paperwork from STA-SAFE to support their proposal expected within the week.
- First pill testing working group meeting occurred on Monday, acknowledged the need to get input from Cattleyard and UC. Also met with Cattleyard representatives on Monday.
- ██████ advises the additional paperwork is expected to be available with 24 hours and will include the risk assessment, operational plan, insurance certificates and other supporting documents including a letter of support from ATODA.
- STA-SAFE intending to meet requirements for inclusion in the festival, including being a best practice service and providing risk mitigation strategies.
- 'Tight team' created to undertake the pill testing service, including Dancewize and medical professionals, they're confident and comfortable that they can deliver an excellent service.
- Media and evaluation plans are also being developed, with monitoring planned before, during and after the festival.
- ██████ indicates he personally is strongly in support of the trial as an important harm reduction initiative, and is championing this at the university.
- The idea will need to be approved by the University Executive, and some members are still resistant, but it will be discussed on Monday (26/2). ██████ is hopeful but cannot confirm UC support until Monday.
- ██████ provided the GTM position. They are supportive of the principles of pill testing but would need a letter from the Government that covers off the whole process in terms of indemnity and amnesty, and are wary of the process unless the government takes over full responsibility.

- Don't want kids who use the PT service to be fearful of prosecution in the venue.
- Want no prosecutions for possession on the day, but happy for police to target suppliers.
- Feel it's a risk to GTM reputation if pill testing is offered but someone who uses the service then gets prosecuted.
- ██████ indicated that he would still expect police to undertake their normal duties, including checking of patrons outside the festival, as we don't condone drug use, but expect that it occurs. Indicated it's a harm minimisation strategy but shouldn't affect police activities.
- ██████ disagrees regarding the activity of police in the facility and has further concerns about the use of drones at the event, and wants guarantees that the footage won't be used against patrons.
- ██████ counters with the statement that everyone is in agreement that the pill testing/medical area is a safe space from police intervention, but nowhere else.
- ██████ adds that ACT Policing SOPs are already developed for a pill testing trial, and operate similarly to those for needle and syringe programs, where the specific vicinity is not targeted.
- ██████ acknowledges that the management of mixed messages around drug use needs to be carefully managed, but we're unlikely to be able to say that no-one will be charged with possession.
- ██████ indicated that if a service is being provided, patrons needs to feel safe from prosecution as a result of using it.
- ██████ indicates that it shouldn't be considered differently to alcohol, we acknowledge people use it, but it doesn't mean they get a free pass from the consequences of bad behaviour afterwards. There are normally a number of patrons charged with possession at these festivals.
- ██████ states that patrons trust their brand, and therefore would trust the service, and leave it feeling safe. ██████ reiterated that pill testing was a safe place for information, not a safe place for drug use.
- ██████ reiterate their point on policing. ██████ indicates that HRA's position is that no one should ever be prosecuted for personal possession, but that this isn't the space we're operating in at present. Instead we're aiming for a middle ground with SOPs.
- Paul summarises that we're no closer to resolution, but need clearer positions from Cattleyard and UC. ██████ happy to advise re: UC on Monday
- ██████ happy to put Cattleyard's requirements to be met prior to supporting the trial in writing as long as their statement doesn't reach the media, in this climate where the media already seem to believe that pill testing is going ahead
- This would need to include insurance issues, and the operators and GTM being appropriately covered.
- Paul points out that if this process goes to Cabinet, it's exempt from FOI, but that he has no control over the media engagement of independent groups, including STA-SAFE.
- ██████ indicates the consortium isn't planning to engage the media prior to the event, but will be focussing on the trial and getting proof of concept and a public health initiative.
- ██████ and ██████ discuss trialling at smaller venues. ██████ indicated issues with liquor licensing at permanent venues. ██████ notes it hasn't been discussed with GTM licensees)
- Also discussion regarding age of patrons, current submission from STA-SAFE and potential Cabinet options include age restrictions to the use of the service- all parties agree all ages preferable, but would need Minister's agreement.

Action: Await position statements from Cattleyard and UC, and detailed proposal from STA-SAFE