Subject: Pill Testing – Russian Roulette as Drug Policy
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Tragically, the last few months of music festivals repeatedly resembled scenes from a hospital emergency ward, witnessing this season’s highest number of drug related hospitalisations¹ and the deaths of predominately young adults ranging from 19 to 25 years-old.

In the aftermath of these heart wrenching events, harm reduction advocates have taken to media on mass advocating for pill testing as the next risk minimisation strategy that could potentially save lives.

Often, supporters are quick to highlight that pill testing is “not a silver bullet”,² just one measure among a plethora of strategies. But the metaphor is a false equivocation. Rather, pill testing is more like Russian Roulette.

Similar to Russian Roulette, taking psychotropic illicit drugs is a deadly, unpredictable high stakes ‘game’. It’s the reason they’re illegal. There is no ‘safe’ way to play.

But arguments and groups supporting pill testing construct this false perception, regardless of how strenuously advocates claim otherwise. Organisations such as STA-SAFE, Unharm, Harm Reduction Australia, the ‘Safer Summer’ campaign all exploit the context of harm and safety within an illicit drug taking culture.

To continue the metaphor of Russian Roulette, it’s rather like insisting on testing a ‘bullet’ for velocity or the gun for cleanliness and handing both back. It’s pointless. The bullet might not kill at first, but the odds increase exponentially after each attempt.

No Standard Dose Available and the Limitations of Pill Testing

In reality, no testing of the hundreds of new psychoactive substances flooding nations every year can make a dose safe.³

As Drug Watch International succinctly puts it, “Most people have been conned into using the word ‘overdose’ regarding illicit drugs. No such thing. Why? Because it clearly

implies there is a ‘safe’ dose which can be taken - and everyone knows that’s a lie. The same goes for the words, ‘use’ and ‘abuse’. Those terms can only be applied to prescribed pharmaceuticals because they have a prescribed safe dose. I have asked each jurisdiction in Australia if the legal amount of alcohol when driving, up to 0.49, is considered safe for driving. All said no - they would not state that.”

These substances remain prohibited because they are not manufactured to a pharmaceutical standard and are poisonous, unpredictable toxins that make it impossible to test which dose either in isolation or in a myriad of combinations proves fatal.

The limitations of pill testing have been discussed by Dr John Lewis (University of Technology Sydney) and prominent toxicologist Dr John Ramsey, emphasising that it is:

- Complex process
- Costly and time consuming
- Detects mainly major components of a sample that may not be the active substance

For example, even a relatively small amount of ingredients such as Carfentanil are lethal.

Speaking after Canberra’s pill trial in 2017, forensic toxicologist, Andrew Leibie, warned that pill testing trial is no “magic bullet” for preventing drug deaths but also expressed deep concern surrounding the freedom for scientific debate because public sector employees feared repercussions.

Leading harm reduction activist, Dr David Caldicott, in a 2015 interview admitted that the quality and type of pill testing would affect pill taking behaviour at festivals. When told that users potentially wouldn’t get their drugs back and the lengthy 45-minute process involved, “I think there’ll be a lot of people who will say forget it completely.’ His reasoning being that a lot of young people don’t have the money to spare a pill and it would slow down the momentum of the party.”

5. https://www.theaustralian.com.au/opinion/pills-will-kill-but-testing-them-is-not-yet-the-answer/news-story/f5366e8b4f01b1bc0a81363e283cc2567login=1
Could this be the motivation behind current trial of pill testing at *Goovin’ the Moo* where volunteering attendees where given the choice between testing the entire pill – effectively destroying it – or scraping the contents and handing back the remainder, despite the fact that the latter approach brings even less accuracy. This is another example of drug users, not evidence informing policy procedure.

The irony of course is that many of the advocates for pill testing would object to sugary drinks, foods and caffeinated energy drinks in school cafeterias on the basis these hinder the normal development of healthy children but do not object to the infinitely direr situation facing kids at music festivals.

**Purity vs Contaminated – Another Misleading Contrast**

The fallacious arguments surrounding safe dosage remain the same irrespective of whether the substance is tested as seemingly pure. Take MDMA that goes by various street names Molly and Ecstasy. It is the most popular recreational drug in Australia and was responsible for many of the deaths at music festivals.

In 1995, 15-year old, Anna Woods, died after several hours from consuming a single pill of pure MDMA at a Rave Party. Pill testing would not have changed this outcome. Anna’s case also highlights the idiosyncratic nature of drug taking in that while her three friends ingested the same tablets, Anna was the only one to have a reaction. Russian Roulette is again the most appropriate metaphor.

The Coroner’s report on Anna Wood’s death stated, “It is not unlikely that a tragedy such as this will occur again in N.S.W. In an effort to reduce the chance of that happening, I propose to recommend that the N.S.W. Health Department publishes a pamphlet, which will have the twofold effect of educating those who use the drug as to its dangers, and also educating the community as to the appropriate care of the individual who becomes ill following ingestion of the drug.”

Nearly twenty-five years later the fatalities involving MDMA keep mounting. In the only Australian study of 82 drug related deaths between 2001 to 2005, MDMA featured predominately. The fluctuating potency of this drug is further established as it is not only fifteen-year-old girls but grown men dying.

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“The majority of decedents were male (83%), with a median age of 26 years. Deaths were predominantly due to drug toxicity (82%), with MDMA the sole drug causing death in 23% of cases, and combined drug toxicity in 59% of cases. The remaining deaths (18%) were primarily due to pathological events/disease or injury, with MDMA a significant contributing condition.”

The indiscriminate nature of MDMA was also witnessed with the latest fatalities at music festivals. For example, very different amounts of MDMA accounted for the five young people that died across New South Wales.

“In one case, a single MDMA pill had proved lethal while another young man who ingested six to nine pills over the course of the day had an MDMA purity of 77 per cent… (That is) a very high rate of purity,” Dr Dwyer said.”

Comparable stories are found all over the world including the UK case of Stephanie Jade Shevlin that is eerily similar to Anna Woods.

Drug dealers aware of the naïvely misleading narrative of pure and impure illicit drugs have been caught bringing pill testing kits to concerts in a bid to convince potential buyers of quality and hike up prices.

**High Risk-Taking Culture**

The prevailing culture at music festivals is one of blissful abandon and haste. It is a no longer fringe groups at the edges of society but the mainstream choice for generations of children and young adults fully embracing the legacy of, “tune in, turn on and drop out”.

Yet despite the prevailing culture, harm reductionists insist that pill testing will better inform partygoers of drug contents and provide the necessary platform for ‘further conversations about the drug dangers.’ (All of which of course can be achieved outside a venue.)

But this is conjecture and another attempt at experimental based policy.

As cited earlier, Dr Caldicott admitted, anything that stops the party momentum experience is likely rejected. This is because when dealing with high-risk behaviour removing too many risks takes away the thrill of reward.

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In an age that has more educated men and women than ever before, it’s not the lack of information that is driving this level of experimentation but the growing indifference to it.

In the aftermath of the death of 25-year-old pharmacist, Sylvia Choi (2015), it was discovered that security staff at the Stereosonic festival were consuming and dealing drugs.\textsuperscript{16}

Further, the report often cited purporting to show a growing body of research for drug users wanting pill testing actually confirms that those with college degrees were less likely than those with high school qualifications to test their pills.\textsuperscript{17}

This seems to be a trend in Australia also with one judge fed up with groups of “well-off pill poppers” and “privileged” young professionals, including nurses and bankers – filling the court.\textsuperscript{18}

Another article describes the attitude of drug taking among festival goers (including University students) as not so much concerned about what is on offer but demand for cheap designer drugs.

The author notes, “A few deaths don’t deter experimentation, and if you’re going to experiment, you need to be sure you don’t die.”\textsuperscript{19}

But the determination for experimentation with different forms of self-destructive drugs is making staying alive increasingly less likely, as the levels of polydrug use is also on the rise.

According to \textit{Global Drug Survey}, “Over 90\% of people seeking Emergency Medical Treatment each year after MDMA have used other drugs (often cocaine or ketamine) and/or alcohol and more frequent use of MDMA is associated with the higher rates of combined MDMA use with other stimulant drugs and ketamine.”  \textsuperscript{20}

Australia’s enquiry into MDMA supports this finding, “Nevertheless, the fact that half of the toxicology reports noted the detection of methamphetamine in the blood is consistent with the polydrug use patterns of living MDMA users.” \textsuperscript{21}

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\textsuperscript{16} https://www.dailytelegraph.com.au/news/nsw/stereosonic-death-chemist-sylvia-choi-was-no-stranger-to-the-danger-of-drugs/news-story/1d88b9102ea6ba28b1c775e12e2a2b6a
\textsuperscript{17} https://onlinelibrary.wiley.com/doi/full/10.1111/dar.12882 (Page 1: Results)
\textsuperscript{18} https://nypost.com/2018/06/01/judge-rips-privileged-young-adults-for-doing-drugs-at-music-festival/
\textsuperscript{21} https://www.ncbi.nlm.nih.gov/pubmed/19604654
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Pill Testing Overseas Failing to Stop Drug Demand and Supply

The push continues for Australia to adopt front of house or front-line pill testing at music festivals as in Europe and the UK. But not everyone is convinced of its resounding success.

Last year, UK’s largest festival organiser reversed its previous support for drug testing facilities. Managing director, Melvyn Benn, stating, “Front of house testing sounds perfect but has the ability to mislead I fear.”

Mr Benn details those fears, “Determining to a punter that a drug is in the ‘normal boundaries of what a drug should be’ takes no account of how many he or she will take, whether the person will mix it with other drugs or alcohol and nor does it give you any indicator of the receptiveness of a person’s body to that drug.”

In 2001, The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) produced its scientific report, On-Site Pill-Testing Interventions In The European Union.

Incomplete evaluation procedures have hindered the availability for empirical evidence on the effectiveness of pill testing. “The conclusions one can draw from that fact remain ambiguous.”

Perhaps the most disturbing feature of the report is the admission that decreasing black market activity isn’t within the scope of pill testing goals. “Overall, to alter black markets is ‘not a primary goal’ or ‘no goal at all’ for most pill-testing projects.” Within that same report drug users are classed as ‘consumers’ with an entitlement to know what their pills contain.

The report goes on to list the range of services offered alongside pill testing at venues. These include everything from: brain machines, internet consultations, needle exchange, presenting on-site results of pill-testings, chill-out zones, offering massage, giving out fruits, giving out free drinking water and giving out condoms.

And in another twist of just how far the common sense boundaries are stretched, for number of participating nations, tax payer funded pill testing is also offered at illegal rave venues.

23. Page 62
24. Page 56
25. Page 19
Given the overwhelming lack of evidence that pill testing indeed saves lives, Australian toxicologist, Andrew Liebie’s claim is not easily dismissed, “the per capita death rate from new designer drugs was higher in Europe - where pill testing was available in some countries - than in Australia.” 27

The antipathy to drug taking was also witnessed by the Ambulance Commander at the latest pill testing trial, again in Canberra, Groovin’ the Moo. 28

No War on Drugs Just a Submission to Harm Reduction Promotion

The narrative for pill testing will at some stage mention the failed “war on drugs” and by association hard line but failing law enforcement measures either explicitly or implicitly such as in the statement below.

“Regardless of the desirability of treating it as a criminal issue rather than a health one, policing at festivals has limited impact on drug consumption, as research presented at the Global Cities After Dark conference last year suggests: 69.6 per cent of survey respondents said they would use drugs if police were present.” 29

But what this article completely fails to grasp is that police presence makes little impact because the law is rarely or, at best, laxly enforced and a climate of de facto decriminalisation has been the norm for decades. This was the situation with Portugal before finally decriminalising drugs for personal use in 2001. 30

Journalists for The Weekend Australian attempting to report events at a recent dance party stated sniffer dogs did nothing to stop the “rampart” stream of drugs. They described a scene of disarray; discarded condoms with traces of coffee grounds within toilets (believed to mask the smell of drugs), bodies strewn on the ground littered with drug paraphernalia, others were rushed to waiting ambulances, while one attendant told them “I got away with it” and another admitting popping two pills a night was “average”. Had they been allowed to stay longer maybe more party goers would be openly stating what many know, drugs supply and demand are at all-time highs irrespective of police presence.

Journalists instead were treated as criminal trespassers, threatened by security and ordered to leave under police escort.31

The basis of Australia’s National Drug Strategy includes harm minimisation efforts as part of an overall strategy that also supports reductions in drug supply and demand.

The inadvertent admission that pill testing is not about curbing drug demand comes from another harm reduction stalwart, Alex Wodak, “It’s a supposition that this (pill testing) might increase drug use, but if it does increase drug use but decrease the number of deaths, surely that’s what we should be focusing on.”32

In fact, Dr Wodak confirms that pill testing would incentivise drug dealers to provide a better product. “There was no commercial pressure on drug dealers to ensure their products were safe. But if we had testing and 10% of drug dealer A’s supply was getting rejected at the drug testing counter, then word would get around.”33

A similar focus on consequences rather than causes is expressed by Dr David Caldicott, “I don’t give a s**t about the morality or philosophy of drug use. All I care about is people staying alive.”34

In other words, take the pill, just don’t die…this time. What the long-term affects are to those drug users that survive hospitalisation, the impact on development, mental health, employment loss, families, the growing cost to taxpayers and the crushing weight on emergency services, hospitals and physicians let alone the constant appetite and entrenchment for more drugs will have to wait. Just don’t die.

The ongoing dilution of law enforcement is also seen by various experts all but demanding that police and sniffer dogs be removed entirely from music festivals. No doubt to be replaced with on-site massages, electrolyte drinks, brain machinery, chill out zones, fruit and more free condoms.

Prof Alison Ritter from the University of NSW and Fiona Measham from the University of Durham both agree that intensive policing combined with on-site dealing “could significantly increase drug related harm.”35 How intensive could police efforts be with such blatant on-site dealing was not explained.

The Unrelenting Push for Drug Legalisation

The real end game behind the dubious safety and harm messaging is drug legalisation. Pill testing, minus the caveat of being called a ‘trial’, would unlikely find full approval without a corresponding change in the law.

The limitations of pill testing and the legal ramifications in giving back a tested pill that proved lethal would become a public liability minefield.

This is clearly seen from the article in the Daily Telegraph, Pill Test Death Waiver Revealed, Jan 5, “The testing capabilities are so limited that revellers would be required to sign a death waiver, which includes a warning that tests cannot accurately determine drug purity levels or give any indication of safety.”

Later the article reports, “Mr Vumbaca said he had been given extensive legal advice to include the warnings on the waiver because of the limitations of testing information ... we are not a laboratory and we have one piece of equipment ... the test gives you an indication of purity, but you can’t tell the exact amount.”

The waiver would release everyone in testing from, “any liability for personal injury or death suffered ... in any way from the services.”

Scattered within the pages of countless articles on pill testing released over the last few months, this admission of pill testing tied in within a broader agenda of drug legalisation is repeatedly made but easily missed among the hype.

Gary Barns from the Australian Lawyers Alliance said the latest deaths could be avoided or risk of death could be minimised with a “law change”.36

Sydney Criminal Lawyers are more explicit, “And it seems clear that if adults were able to purchase quality controlled MDMA over the counter in plain packaging with the contents marked on the side, it would be far safer than buying from some backyard manufacturer with no oversight or guarantees.”37

And disappointingly, even former AFP and DPP speaking on Four Corners state drug legalisation as a necessary public conversation.38

It seems that these same advocates for policy and law change are willing to give a platform for the rights of those determined to self-destruct but not the rest of the law abiding community and their common good.

Pill testing – The Climate Change of Drugs

If comparing pill testing as a ‘silver bullet’ was an inaccurate metaphor, then the comparison to climate change shows the extent of not only erroneous but deliberate obfuscation. “This issue of pill-testing is climate change for drugs,” says Dr David Caldicott.39

And yet the dark environment which produces the pills and wreaks so much unnecessary destruction to countless thousands of people all over the world is never fully understood or exposed to those that would blissfully take one small pill for a few hours of entertainment.

But talk of boycotting products that pollute the atmosphere, meat that is packaged from abused animals, clothing produced from exploited workers, or products genetically modified, most likely those same illicit pill takers would passionately relinquish and possibly even risk their personal safety to protest these injustices.

Yet, these are dwarfed by illicit drugs. The most barbaric network of human, economic and environmental exploitation.

Some of the social miseries are well known, including international crime syndicates and narco-terrorism. While others such as environmental damage due to deforestation, chemical waste and the recent drug toxicity detected in Adelaide waterways are often overlooked in an age of socially conscientious consumerism.

But the list of downward consequences is always local and personal, with illicit drugs linked to preventable death, disease and poverty. In cases of domestic violence, alcohol and drugs contributed to 49 per cent of women assaulted in the preceding 12 months.

Those who suffer the most are those who can least afford the consequences; the poor, young, vulnerable, indigenous and rural communities as revealed in the Australian Criminal Intelligence Commission report.

Faced with such overwhelming statistics pro-drug lobbyists use inevitability mantras such as, “they’re doing it anyway” to sway public opinion toward legalisation; but fail to apply the same arguments to other societal abuses such as paedophilia, obesity, gambling, domestic violence, alcohol or tobacco.

It is time to stop the dishonest rhetoric of harm reductionist activists and the deliberate intellectual disconnect that has greatly influenced the Australian government drug strategy and peak medical bodies toward policies emphasising reducing drug harms (injecting rooms, needle distribution, methadone and now pill testing) while minimising the need to reduce demand and supply.

Eleni Arapoglou