



Exploring three hypothetical models of drug checking delivery in Scotland

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BACKGROUND AND CONTEXT



- Drug checking services enable individuals to submit drug samples for analytical testing, providing information about the composition of the tested sample along with harm reduction support and advice.
- Number of drug checking services growing globally as increasingly recognised as an important harm reduction and market monitoring tool (Barratt et al, 2018).
- Provide greater information about composition of drug samples with benefits to individuals, drug services and public health bodies

BACKGROUND AND CONTEXT



- 1300 drug related deaths in Scotland in 2021. Highest drug related death rate in Europe: 25 drug deaths per 100,000 population (age standardised) (NRS, 2022).
- Implementation of drug checking planned and being worked towards in three Scottish cities (Aberdeen, Dundee and Glasgow).
- Current research part of a project to inform drug checking service delivery by exploring barriers and facilitators to implementation.



RESEARCH METHODS





- Interviewed 43 participants from across Glasgow, Aberdeen and Dundee.
- Participants drawn from three stakeholder groups:
 - Professional stakeholders (third sector/not for profit staff; NHS; police)
 - People who use(d) drugs
 - Family members of people who use(d) drugs
- Participants asked to discuss a range of issues:
 - Model of service delivery
 - Key actors involved
 - Planning and implementation
 - Accessibility and potential impact/outcomes
 - Policing and legal challenges

DEMOGRAPHICS OF PEOPLE WITH EXPERIENCE OF DRUG USE

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Drug type and pattern of use

- High levels of daily use
- Heroin (x8)
- Benzodiazepines (x5)
- Powder and/or crack cocaine (x5)
- Ecstasy, hallucinogens, amphetamine, pregabalin
- High levels of poly drug use
- Majority receiving medication assisted treatment
- Most supported by services, though often sporadically

Gender, ethnicity and age

- n=3 female; n=8 male
- n=11 White Scottish/British
- Average age: 44 (range: 34-59)





Model 1: A fixed site drug checking service integrated in a third sector service. In addition to the fixed site service, there is a mobile van which travels to different locations throughout the city.

Model 2: A fixed site drug checking service integrated in an NHS (national health service) substance use service

Model 3: A fixed site drug checking service in a pharmacy setting.



MODEL ONE (FIXED SITE)



A fixed site drug checking service integrated in a third sector service

PERCEIVED BENEFITS

Popular option amongst participants

Trust and pre-existing relationships

Non authoritative

Clients already accessing service

Another 'tool' for services

PERCEIVED LIMITATIONS

Often limited space, capacity and resources

Staff may require upskilling, training

Not accessible or appropriate for everyone

MODEL ONE (MOBILE)



A mobile drug checking van travelling to different locations throughout the city

PERCEIVED BENEFITS

Popular option amongst participants, particularly living experience

Wider reach (accessibility)

Potential to reach highest-risk areas

Easily combined with other models

PERCEIVED LIMITATIONS

Potential complaints from local residents

Complex legal and security challenges

Limited space – can see 1-2 at a time

MODEL TWO (NHS)



A fixed site drug checking service integrated in an NHS substance use service

	PERCEIVED I	LIMITATIONS	5	
	Least popula	ar model		
	Mistrust of s	tatutory ser	vices	
	Confidential	ity issues		
	Limited reac	h		

PERCEIVED BENEFITS

Highly specialised staff

Links with other services

Potentially cost-effective

Strong governance and protocols

Potential add-on to another model

MODEL THREE (PHARMACY)

A fixed site drug checking service in a pharmacy

PERCEIVED BENEFITS

High daily footfall

Potentially accessible to a wider group

Large number of pharmacies in city

Open weekends

Specialised staff

PERCEIVED LIMITATIONS

Overburdened services

Challenges around space

Confidentiality issues

Mixed experiences of staff



SUPPORT FOR EXPANSIVE DRUG CHECKING



- 42% of participants expressed a preference for a combination of models
- 4/11 people with experience of drug use expressed unprompted support for drug checking within a drug consumption room
- Strong preference across all participant groups for an outreach dimension including outreach sample collection, in-reach drug checking (e.g. in homelessness emergency accommodation) and the use of 'drop-boxes' throughout the city.



IMPLICATIONS FOR POLICY, PRACTICE AND RESEARCH



- Echoes other research findings that drug checking should be delivered in a low threshold, trusted space, seen as non-authoritative.
- Pharmacy model potentially viable. There is limited in the literature exploring such an approach.
- Further research required to identify barriers and facilitators to engagement amongst different groups of PWUD.
- Perceived need for expanded models of drug checking but potential resource and practical constraints. '<u>A distributed model to expand the reach of drug checking</u>' (Wallace et al, 2022)





A Realist Review of How Community-Based Drug **Checking Services Could Be Designed and** Implemented to Promote Engagement of People Who Use Drugs

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Challenges for drug checking services in Scotland: a qualitative exploration of police perceptions

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THE SCOTTISH DRUG CHECKING PROJECT

CREW

Crew is delighted to support and host the new Scottish Drug Checking Project Online Hub. Sharing the results of this research will raise awareness and understanding of the potential for drug checking to help Scotland respond better to emerging drug trends and prevent drug related harms more effectively. It will also help provide evidence to ensure services and budgets are developed to meet changing needs.



BE THE DIFFERENCE

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