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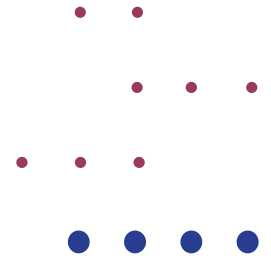
DRUG CHECKING:

An Essential Response to Emerging Harm Reduction Needs

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IN BRIEF

Georgia has observed increasing trends of use of new psychoactive substances (NPS), as well as increased rates of non-injecting drug use in recreational settings, based on the latest available evidence. Additionally, circulation of unknown NPS poses significant risks to people who use drugs, due to high toxic nature of these substances. In the last years the increasing number of cases of overdose, health complications and overdose related deaths has been reported by media and civil society organizations. These challenges are paired with the fact, that Harm Reduction (HR) interventions available in country are primarily directed to injecting drug use practices (needle and syringe programme) and HIV prevention, but do not respond to harm reduction needs in line with risks related to developments in drug market and drug use scene. Accordingly, these challenges create an emerging need to introduce novel harm reduction interventions, targeted at non-injecting and recreational drug use, including Drug Checking Services (DCS). **Nowadays, these services, including DCS, are totally absent or fragmented, in particular they are provided by only one organization that lacks funding and sustainability, thus has limited capabilities to comprehensively introduce and operate service delivery.**

Based on the review of available evidence, international practice, as well as technical documents on DCS, this policy brief provides descriptive analyses and key conclusions on rationale behind DCS, their purpose, impact and positive effect, legal regulation, as well as technical aspects of types of drug checking techniques and best practices for their implementation. This policy brief concludes that:

- **DCS are an effective harm reduction intervention**, with long history of existence and experience, available in 20 countries. They contribute to reduction and mitigation of risks associated to drug use, especially among consumers with high consumption frequency, polydrug use, and users of unknown substances.
- **DCS can contribute to monitoring drug markets**, with the purpose of identifying hazardous substances and informing policy decisions in public health and harm reduction.
- **A comprehensive and diversified approach, combining different practices of chemical analysis for DCS, and types and modalities of service provision, can ensure best possible impact on both individual and public levels.**
- **A comprehensive legal framework for creating the legal bases for DCS, including legal exemptions and specific considerations, is essential to ensure uninterrupted, sustainable and high-quality DCS.**

Based on these key conclusions, this policy brief provides policy recommendations on the introduction and scale-up of DCS in Georgia. This policy brief recommends:

- **Integrate DCS into national harm reduction response**, through integration of these services into national HIV and Anti-Drug strategies, integration into the ongoing Global Fund programme as key source of funding of harm reduction services, as well as elaboration of national drug checking guidelines and protocols for ensuring programmatic bases for implementation.
- **Elaborate and advocate for a comprehensive DCS legislative framework**, focused at exempting any liability for owners of settings (festivals, night clubs) where DCS are places, as well as service providers and beneficiaries for possession of controlled drugs for drug checking purposes.
- **Consider DCS as an integral part of the national monitoring system of the drug market**, including early warning system, that is planned to be developed by the National Drug Monitoring Center.

WHAT ARE DRUG CHECKING SERVICES (DCS)?

Drug checking services (DCS) enable individual drug users to have their drugs chemically analyzed, providing information on the content of the samples as well as advice and counselling as appropriate.

These services are known under many names, including: Drug Checking, Street Drug Analysis, Pill Testing, Adulterant Screening, Multi-Agency Safety Testing, and Drug Safety Testing.

Purpose of DCS vary, ranging from information collection and monitoring of the drug scene, to harm reduction by informing and warning users about the drugs on the market.

Key rationale for the operation of these services is to inform people who decide to use currently illegal drugs or new psychoactive substances (NPS) about the content and purity of the products, so they can make a more informed decision about whether to use them or how to use them (Brunt et al., 2017).

These services also monitor drug market changes and when particularly dangerous drug samples are identified, they can issue tailored public alerts and inform specific harm reduction and public health interventions (Vidal Giné et al., 2017).

The analytical techniques used for DCS also vary: from sophisticated technology that is able to provide information on strength and content of substances to self-testing kits that simply show the presence or absence of a particular drug.

The sites at which testing occurs include fixed laboratories, to which individuals can submit drugs for testing (with results days later), and mobile laboratories and outreach at festivals or clubs, which provide almost immediate results.

Depending on the purposes and organization of the services, the testing may be used to confirm whether the sample contains the psychoactive substance the individual intended to use, estimates the purity of the drug, detects novel psychoactive substances, identifies contaminants, or monitors drug use patterns.

DCS are widely considered as an essential part of harm reduction interventions. Thus, when DCS are conducted for a harm reduction purpose, testing is often paired with counselling where individuals can discuss drug use, overdose prevention, and referral to other health services as needed, as well as access harm reduction supplies.

DCS have a positive public health impact and drug checking can potentially reduce harm by engaging with young recreational drug users not seen by existing services; identifying drugs that contain unwanted or unknown chemicals allowing an early public health response; and helping avoid overdose by providing information on potency.

There is approximately a 25-year history of drug checking services internationally that provides experience to guide good practice.

A GROWING CONCERN: RELEVANCE OF DRUG CHECKING IN GEORGIA

○ Drug Scene and Increasing Trends of Use of NPS in Recreational Settings

Historically, Georgia is characterized as a country where, the most frequently used drugs have traditionally been opioids. Based on the United Nations Office on Drugs and Crime (UNODC) World Drug Report 2018, Georgia has one of the highest prevalence of injection drug use in the world (3rd country in the world by prevalence of injecting drug use among general population). According to the last Population Size Estimation study and expert consensus, the estimated number of injecting drug users was 52,500 in 2016 (50,000-56,000), with prevalence of 2.24% (2.13-2.39%) among the 18–64 year-old population and 1.41% (1.34%-1.51%) among the general population. Among the distinct characteristics that can be attributed to the Georgian injection drug scene, polydrug use is prevalent - people largely use whatever is available to them (Otiashvili et al. 2016).

However, latest available evidence suggests that there is sharp increase of use of new psychoactive substances (NPS), as well as rapid increase of recreational drug use in nightlife settings. Several studies outline more prevalent use of NPS among population of younger age groups.

According to anecdotal data and media reports (Drug Situation in Georgia, 2015), the use of NPS started to become widespread in 2013–2014. These data suggest widespread use of new substances, mainly: synthetic cannabinoids, stimulants and hallucinogenic drugs. However, there is lack of data available on the nature of NPS used in Georgia, prevalence of use, or characteristics of users. Reliable data on the emerging phenomenon of drug use among young people in nightlife settings are extremely limited in Georgia. There are only few studies focusing on the issue.

The first qualitative study, conducted in 2018 among 16 nightlife attendees (Beselia A, Kirtadze I, Otiashvili D. Nightlife and Drug Use in Tbilisi, Georgia: Results of an Exploratory Qualitative Study, 2019), suggests that the majority of respondents had experience with two and more drugs consumed in a club setting with the most prevalent substances being MDMA/ecstasy, amphetamine and synthetic cannabinoids. Most respondents had limited information regarding the drugs they consumed, with this information mostly provided by dealers or friends. Receiving (often unknown) substances from unknown people was prevalent. The majority of respondents reported combining psychoactive substances with alcohol or mixing substances.

Another qualitative study among 30 young electronic dance music (EDM) event attendees (Kirtadze I, Beselia A, Mgebrishvili T, Gvasalia T, Chokheli M, Otiashvili D. No good time without drugs: Qualitative study among nightlife attendees in Tbilisi, Georgia. 2019) reports that mixing multiple substances to get the desired effects was common among party-goers. The drugs used most often were MDMA, amphetamine, cannabis, LSD, ketamine, NBOMe, synthetic cannabinoids and myorelaxants with psychotropic effects (lyrica, baclosan). Drug use in nightlife settings occurred in a group of friends and was perceived as an essential part of having a good night out. Respondents had almost no knowledge about and perception of risks associated with drug consumption. Knowledge about risk minimization strategies was very low or non-existent.

An online survey among 313 frequent club-goers (Subeliani D, Otiashvili D, Kutelia L, Beselia A, Mgebrishvili T, Vardanashvili I, Kirtadze I, Patterns of use of new psychoactive substances and perceived benefits and negative effects: results of online survey in Georgia (country), 2020), with mean age of 24.4 years, reports that three quarters of the sample used illicit psychoactive substances in the past 12 months, and 60.4% reported using such substances in the past 30 days. The main substances used during the last episode in a

club/festival setting were MDMA/ecstasy, cannabis and ketamine. The use of dissociative drugs, hallucinogens, amphetamines, cocaine and NPS was also reported.

The first Chemsex study among men who have sex with men (MSM) conducted in Georgia in 2019 (Soselia G, Kvinikadze G. Georgia Chemsex Study, 2020) revealed that 67.3% of study participants have used psychoactive substance(s) at least once in their lifetime, of those 86.5% used them within last six months. 58.2% reported having sexual contacts under the influence of alcohol or drugs in the past six months, of those more than two-thirds (68.8%) reported using drugs for the purpose of stimulating and enhancing sexual practice. The majority of the participants who use drugs in a sexual context were in the 18–24 age group. Most often used substances in sexual contexts were poppers (53.2%), marijuana (40.5%), GHB/GBL (30.8%) and MDMA/ecstasy (28.3%). As for method of consumption for GHB/GBL, participants reported using its liquid form orally, and anally with syringes (without needles).

Research conducted by the Eurasian Harm Reduction Association (Beselia, Ada, New psychoactive substance use in the Republic of Georgia: Research results 2020) shows that although NPS have been used in Georgia for several years, a gap exists in both empirical research results and scientific literature on NPS, since most research related to illicit drug use in Georgia has traditionally focused on problematic (injection) drug use and there are very limited or no data on non-problematic drug use (including NPS), its associated risks and consequences in the country. Furthermore, the exact number of NPS users is impossible to determine.

Media reports – In recent years, number of media articles and reports have been published on the issues related to drug overdose and death cases. Based on anecdotal information and media reports, 2017 and 2018 were widely known for dozens of overdose cases (caused by unknown substances) occurring in EDM festivals and club settings.

Media Reports on NPS use in Georgia (Based on New psychoactive substance use in the Republic of Georgia: Research results. Beselia, Ada. EHRA: Vilnius, Lithuania)

Year	Headline
2018	“Statement related to drug intoxication and death cases”
2018	“Particularly dangerous drug”
2018	“White Noise Movement: people are intoxicated by fentanyl”
2018	One dead and ten intoxicated - electronic music festival in Anaklia started with tragedy”
2018	“Fentanyl and other substances – What was found in overdosed people’s bodies”
2018	“Death in sleep – an unknown drug”
2018	Seven young people died during the last month – The cause of death is drug compounds”
2018	“Five dead in seven days – “The killer drug” appeared in Georgia”
2018	“New drug in Tbilisi – several intoxicated and one dead from mephedrone”
2017	“Cause of intoxication among youngsters in Anaklia resort remains unreported”

○ Current State of Harm Reduction

Harm Reduction services in Georgia have been introduced since 2005, with the support of The Global Fund to Fight AIDS, TB and Malaria, since then these services have been significantly scaled-up and currently 16 fixed sites and 8 mobile units are operating through-out the country. Furthermore 10 Syringe Vending Machines (SVM) have been recently introduced within the project funded by the French 5% Initiative. Harm reduction services are scoped within the HIV National Response framework and are targeted primarily at prevention and detection measures of HIV, with the available package of services including distribution of needles and syringes and other injecting equipment, testing and counseling on HIV, Hepatitis C (HCV) and Sexually Transmitted Infections (STI), distribution of naloxone, risk reduction counseling and Informational-Educational and Communicational (IEC) activities.

There is lack of harm reduction services for non-injection drug users in the country. Despite available evidence on increased rates of non-injecting drug use, the country has no strategy or vision to introduce or support respective harm reduction services targeting reduction of risks related to non-injecting drug use, use of NPS and other relevant challenges.

Common vision of harm reduction among national authorities and decision makers lays on contribution to prevention and detection of HIV and other bloodborne diseases, rather than on key values and principals of harm reduction, including understanding drug use as a complex, multi-faceted phenomenon that encompasses a continuum of behaviors.

Currently existing harm reduction services for non-injecting drug users are provided by only one organization 'Mandala', that has been providing services to EDM festival attendees since 2018. The aim of 'Mandala' is to help EDM attendees in case of drug/alcohol intoxication and to provide relevant services with so-called "trip-sitters" who take care of intoxicated people and help them to calm down in their tent, which is installed in the area of EDM events. The services provided 'Mandala' include distribution of information materials on drug toxicity, drugs interactions, safety tips and how to avoid high risk drug use or sexual behavior. In addition, they provide earplugs, condoms, water, sweet candies, tea and other goods. Additionally, 'Mandala' provides DCS, using Marquis and Liebermann reagents' testers, in collaboration with drug checking foundation "Test Kitty". Since it is illegal for the consultants to test substances, they teach users how to check their substances with reagent tests (an instruction paper is also included in the kit package). Services provided by 'Mandala' are mainly funded by 'Medecins Du Monde (MDM)' or are self-funded, through donation boxes placed at EDM Festivals. Overall, services provided by 'Mandala' lack funding and are not sustainable. Despite lack of systematic approach and limited resources in service delivery, interventions introduced by 'Mandala' proved to be of high interest and high demand among community members, especially in the EDM settings. High interest towards services justifies changing trends in patterns and dynamics of drug use on community level. Moreover, these services cover those community members, especially young ones, who are not anyhow linked to current national harm reduction programmes, due to absence of specific services and tailored approaches. Thus, scale-up of these services and their integration into national response is of utmost importance in order to ensure compliance of national programmes with emerging community needs.

Furthermore, comprehensive non-injecting drug use equipment and services, including - provision of pipes (for smoking); provision of foils (for smoking or inhaling); provision of paper tubes and cards (to create smooth surfaces and lines for snorting); etc. are not available in the country.

○ **Monitoring of Drug Trends and Markets**

National Drug Monitoring Center has been established in Georgia in 2020, within the support of and cooperation with European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). Established monitoring center is expected to play a significant role in monitoring of drug markets and filling the evidence and informational gap on NPS and other respective data. Creation and introduction of an Early Warning System (EWS) is planned within the framework of monitoring center and has been included into National Anti-Drug Action Plan 2021-2022. However, this process lacks recognition and consideration of frontline harm reduction services, including DCS as an essential actor within EWS.

DRUG CHECKING SERVICES (DCS): PURPOSE AND IMPACT

The concept of DCS is directed to contribute to reducing harms caused by consumption of illicit drugs, through forensic analyses of drug substances, with further communication of results to drug users and providing them informed choices on drug consumption practice. In addition to communicating analysis results to service users, these drug checking networks maintain up-to-date databases of new and existing psychoactive drugs. These data serve as a guiding factor in policymaking and harm reduction activities on a population scale.

Analyses of available evidence, literature, as well as practice of implementation of DCS, conclude that drug checking serves two main aims:

1. **Harm Reduction** - DCS combined with a consultation appears to be an important harm reduction and prevention measure that reaches a group of consumers with high consumption frequency and polydrug use.
2. **Monitoring of drug markets** - DCS monitor drug market changes and when particularly dangerous drug samples are identified, they can issue tailored public alerts and inform specific harm reduction and public health interventions.

○ **Harm Reduction**

Drug Checking represents an essential aspect of public health policy, based on the principle of harm reduction. The primary aim of this approach is to reduce the harms associated with the use of psychoactive substances in people who currently use drugs. These principles and purpose of DCS are justified by numerous studies and guiding documents. Review of 'Drug Checking Service Good Practice Standards' by The Nightlife Empowerment & Well-being Implementation Project (NEWIP) reports that chief tools of comprehensive DCS include:

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

Based on mentioned NEWIP guidelines, as well as 1 systematic review and 1 primary study, DCS are directly associated with increased awareness about drug effects and facilitating informed decisions on drug use practice by people who use drugs.

An integrated Drug Checking service creates awareness about a drug's effects and side effects, educates users about the methods of risk reduction, and thereby reduces the risks for drug users. Moreover, substance alerts

can reveal the risks of drug use to a larger audience. Warnings issued regarding a particular drug, after chemical analysis, can have far-reaching and positive effects on those most closely involved in drug use (Drug Checking Service Good Practice Standards, NEWIP).

Drug checking reduces harms by providing people with better information about what they intend to take to enable them to make safer decisions about their use (Jarryd Bartle and Nicole Lee, What works. Testing drugs for harm reduction, 360 Edge 2019). This includes:

- not taking that drug at all;
- taking less of the drug;
- taking it over a longer period of time;
- taking it in a different setting;
- taking more care in mixing with other substances;
- or using a different route of administration.

Another important impact of drug checking services is described in the research ‘Evaluating networked drug checking services in Toronto, Ontario’ (Maghsoudi, N., McDonald, K., Stefan, C. et al. 2020), based on which increasing information on the unregulated drug supply may disrupt the risk environment for people who use drugs by equipping them with tailored and highly relevant information related to their substance use, as well as by increasing transparency and accountability in the drug market by reducing information asymmetries between buyers and sellers throughout the supply chain.

Additionally, **drug checking services play an important role to extend harm reduction activities to young recreational drug users, who are not reached by most of traditional harm reduction services of other institutions providing prevention and addiction care.** As shown by the European Pill-testing study (Benschop A, Rabes M, Korf DJ: Pill Testing-Ecstasy & Prevention, 2003), Drug Checking is often the first point of contact with the social support system for many users. Furthermore, by offering these consumers a concrete service (substance analysis), it is easier to motivate them to participate in a consultation or a counseling session. Results of number of studies suggest, that drug checking services co-located with other services, may support increased uptake of other harm reduction, primary care, mental health care, and social services among people who use drugs.

○ **Monitoring**

Analyses of 2 systematic reviews and 2 primary studies of DCS, as well as technical reports and documents by EMCDDA reports that DCS play important role in monitoring and surveillance of illegal drug markets, leading to informing drug users and public health systems about circulation of hazardous substances.

As part of their surveillance function, drug-checking services, by **executing warning campaigns**, can cause **hazardous drugs to be quickly removed from the market**, thus creating awareness among drug users and deterring dealers from selling the product (Spruit, 2001). Monitoring of illicit drug markets is crucial for understanding drug trends to assist front-line services. In recent years there has been a sharp increase in the number of new psychoactive substances (NPS) on the market, presenting drug-checking services with a new challenge (EMCDDA, 2015). **Dangerous phenomenon uncovered by drug-checking services** is the presence of NPS as adulterants of commonly consumed drugs, such as MDMA, amphetamine or LSD (lysergic acid diethylamide) (Brunt et al., 2017; Martins et al., 2017).

Based on the reviewed literature, a frequent argument in favor of drug checking is that it is an **effective monitoring tool that is characterized by being ideal for monitoring the emergence of new psychoactive**

substances on the drug market. It is emphasized that drug checking, information from drug users, and knowledge from forensic analyses can be used to validate each other and that the combination of this information in particular, has the potential of creating awareness of new and old drugs. This combination of information can contribute to monitoring the movements and trends in new and old drug markets, that may enable tracking of new groups of 'hidden' users with increased risk more quickly.

In this regard, the monitoring function of drug checking services may have positive effects for public health or for the health of smaller groups, as monitoring the drug market and vulnerable groups enables the national response measures to intervene at an earlier stage and more effectively based on a detailed picture of the drug markets and the users. Secondly, monitoring can contribute to secure information about drugs for both users, professionals, night club owners and festival organizers. While the information from drug checking is considered a possibility per se for drug users to seek help and treatment (that also has the potential of leading to behavior change among users), the information may also contribute to professionals and others more quickly and effectively being able to facilitate contacts to key persons in the drug environments to support harm reduction interventions. This way monitoring may facilitate cross-sectional prevention as more and nuanced information has the potential to prepare support systems.

A dominant and largely evidence-based argument supporting the efficacy of drug checking as a harm reduction program is that it serves as a real-time, consumer-centered surveillance tool facilitating regulatory intervention in the illegal drug market. The Trans European Drug Information Project (TEDI), a shared database of substances analyzed by participating drug checking labs across Europe, has analyzed over 45,000 samples between 2008 and 2013 and provided valuable insight about the emergence of new and dangerous substances in the European drug market on the 'street' level. These findings have been used for issuing numerous public warnings and taking various harm reduction actions. For example, in the Netherlands the detection of fentanyl in LSD led to a national warning campaign in 2007. Furthermore, it has been suggested that drug users' direct access to knowledge regarding the contents of the substances they purchase may gradually shift the unregulated illegal drug market and make it difficult for dealers to sell unknown or hazardous substances intentionally or unintentionally.

The European Drug Report (2019), issued by EMCDDA, positions drug checking services as an essential element of innovative monitoring tools that provide insight on emerging trends in drug markets. In particular this report draws on a selection of newer targeted data sources, including drug checking, outlining that these 'leading edge' indicators provide useful, timely and complementary data that offer valuable insight into drug use. Drug checking services are considered an integral part of the EU Early Warning System (EWS) operated by EMCDDA and Europol.

Table 1. New indicators to complement existing data sources on monitoring of drug markets (EMCDDA, European Drug Report, 2019)



TYPES OF DRUG CHECKING AND SERVICE DELIVERY OUTLETS

Although most drug-checking services have been adopted for harm reduction purposes, they operate individually, and the chemical drug analysis techniques, as well as service delivery outlets vary considerably.

Drug checking service delivery outlets include at home testing kits, on-site testing and testing at festivals and night clubs, as well as stationary testing at drug checking facility.

Stationary testing facilities are certified immobile laboratories and are able to put a whole range of advanced chemical analysis techniques at the disposal of the drug-checking service. However, some drug-checking services aim to test drugs on the spot in clubs or at dance events and to immediately communicate the results to consumers. In such cases, it is usually not possible to provide extensive, state-of-the-art laboratory facilities.

Most drug checking facilities provide information on the presence or absence of certain drugs as well as the presence of certain adulterants by comparing the drug profile with a library of reference profiles of known substances. As mentioned, drug checking services also vary in the chemical drug analysis techniques used.

Table 2. Different analytical techniques used by drug checking facilities:

Analytical method	Techniques	
Colorimetric reagents	These are kits containing chemicals that change color when combined with particular chemicals	Only provides information about the presence or absence of a substance but not how much of the substance is present or what else is present
Chromatography	The most commonly used techniques are thin layer chromatography ('TLC'), high performance liquid chromatography ('HPLC') and Ultra-High Performance Liquid Chromatography ('UHPLC').	Chromatography separates mixtures of substances into their components.
Spectroscopy	Commonly used techniques include Fourier transform infrared spectroscopy (FTIR), ultraviolet-visible spectroscopy (UVVis) and Raman spectroscopy.	Spectroscopy uses electromagnetic radiation to get information about the structure of a substance.
Mass spectrometry	Techniques include gas chromatograph mass spectrometry (GC-MS), liquid chromatography mass spectrometry (LC-MS), and ion trap mass spectrometry (IT-MS).	Mass spectrometry separates different chemicals in a substance by their mass.

Generally, the more of a drug used in analysis, the greater the accuracy of information that can be provided to the consumer.

The nature of a drug-checking service affects the accuracy and reliability of the analysis results and, therefore, the extent of harm reduction. Selection of type of drug checking, depends on key purpose, rather to

demonstrate the presence or absence of a main component in a drug sample or to provide quantitative information about all compounds in a drug sample to consume.

‘Drug checking as a harm reduction tool for recreational drug users’ a background paper commissioned by the EMCDDA provides structured overview of the different types of drug-checking services and the implications for testing reliability and accuracy, preventive function and the potential for harm reduction.

This background paper also reviews differences in modalities of organization of various types of drug checking services. According to this paper specific drug checking techniques affects nature and mode of service delivery, including timing, purpose of testing, settings, and further use of results.

Table 3. Ways in which drug checking services can vary

Technique	Colormetric Reagents	High Performance Liquid Chromatography	Gas Chromatography	Mass Spectrometry
Timing	Short-term		Long-term	
Testing for	Presence of absence of a component	Information on whole range of substances present		Quantitative information about all compounds
Settings	At home	On-site/mobile	Remote site	
Who	Individuals	Professionals		
Results	Drug Content	Public health alerts	Harm reduction information	Brief interventions
Use of results	Individual harm reduction	Public health action		Market Monitoring

EXISTING PRACTICE OF DRUG CHECKING SERVICES

The concept of drug checking was introduced in the early 1990s as a new strategy to reduce harms associated with the use of novel and sometimes hazardous synthetic psychoactive drugs at party settings across Europe.

Global review of drug checking services operating in 2017, identifies drug checking service available in 20 countries, representing 31 different checking services (run by 29 separate organisations). Twenty-three of the 31 services are operating within European countries: France (4), Spain (4), Switzerland (3), Austria (2), Slovenia (2), Belgium (1), Hungary (1), Italy (1), Luxembourg (1), Netherlands (1), Poland (1), Portugal (1), and the United Kingdom (1). Six of the 31 services operating in the Americas, including United States (2), Canada (1), Colombia (1), Mexico (1) and Uruguay (1). One operating in Australia and one in New Zealand.

Modes of Service Delivery - Analyses of drug checking services, identifies three main modes of submission of services: On-Site/Mobile (festivals, night clubs), Fixed-Site (offices, community centers) and Postal (delivery). Twenty-three of 31 services operate in on-site settings, including at festivals, nightclubs and other mass gatherings. Eighteen of 31 services report operating in fixed-site settings, including offices and outreach centers, and 2 of these services operate in hospital or emergency department settings. Three services report offering a postal service.

It is important to highlight that the service modes of submission (on-site, fixed-site, postal) appear to be largely driven by the regulatory environments where they operate, as well as the capacity of sites (e.g., nightclubs, festivals) to allow services on-site. That is, promoters may be willing to host a drug checking service at their event, but to do so may reduce their chances of getting appropriate approvals from government authorities, because, in some countries, hosting drug checking is viewed as an acknowledgement that drug use is occurring at their event (Levy, 2004). In many countries, operation of drug checking is considered as an illegal activity, thus creating barriers to operation of services.

Additional Services - Considering integrity of drug checking with harm reduction concept and broader scope of services, almost every operating drug checking service provides additional intervention (one-on-one session between service user and service staff), most services provide harm reduction materials and informational materials, as well as some services provide other response (e.g., counselling, medical assistance, referral to other services etc.).

Communication of Results - According to 'Global review of drug checking services operating in 2017' all drug checking services communicate results directly to individual service users (as per the definition of a drug checking service), and more than half of the services also alert the public, health/welfare/outreach, researchers and promoters/event managers of the test results. Methods of communication of results, regardless of type of person, are primarily in person, public website, email, and reports using aggregate data.

Funding Sources – It is important to outline that majority of drug checking services are funded by government (21 of 31). The most common is national funding (10), then state funding (9), city/municipality level funding (8), and international funding (4). Some services are funded through a variety of non-government funding sources, either from promoters/night club owners/festival organizers (7), service user co-payments (4), private or philanthropic foundations (2) or private donations (2).

Table 4. overview of drug checking services

#	Drug Checking Service Name	Country	Start-Year	Mode of Service Delivery	Analyses Methods
1	Drug Information and Monitoring System (DIMS)	Netherlands	1992	Fixed-site	GC-MS, LC-MS, ITMS, FTIR, Reagents
2	Asociación Hegoak Elkartea	Spain	1994	On-site/Mobile & Fixed site	TLC, Reagents
3	Technoplus	France	1995	On-site/Mobile	TLC
4	Modus Fiesta	Belgium	1996	On-site/Mobile	GCMS, TLC, Reagents
5	Checkit! - Suchthilfe Wien gGmbH	Austria	1997	On-site/Mobile	HPLC-MS/MS, UHPLC, MALDI-ITMS/MS, HRMS
6	Saferparty.ch; Raveitsafe.ch; Safer Dance Basel, Nuit Blanche	Switzerland	1998	On-site/Mobile	HPLC, GC-MS, LCMS, UV
7	Dancesafe	USA	1998	On-site/Mobile	Reagents
8	SINTES	France	1999	On-site/Mobile, Fixed-site & Postal	HPLC, UHPLC, GC-MS, LC-MS, UV, FTIR
9	Energy Control	Spain	1999	Fixed-site & Postal	HPLC, GC-MS, UV, TLC
10	Energy Control	Spain	1999	On-Site/Mobile	UV, TLC, Reagents

11	DrogArt	Slovenia	1999	Fixed-site	HPLC, GC-MS
12	DrogArt	Slovenia	1999	On-Site/Mobile	Reagents
13	Jugendberatung Streetwork/ saferparty.ch	Switzerland	2001	On-site/Mobile & Fixed-site	HPLC, GC-MS, LCMS
14	DrugsData/EcstasyData	USA	2001	Postal	GC-MS, Reagents
15	ANKORS Festival Harm Reduction	Canada	2002	On-site/Mobile & Fixed-site	Raman, TLC, Reagents
16	Testing Project; Lonja Laket Project; Punto Fijo	Spain	2002	On-site/Mobile & Fixed-site	GC-MS, TLC, Reagents
17	Kosmicare Association- Integrated Drug Checking Service at The Boom Festival	Portugal	2006	On-Site/Mobile	TLC
18	XBT Program	France	2009	On-Site/Mobile	TLC
19	ACT Investigation of Novel Substances Project	Australia	2013	Fixed-site: Hospital	HPLC, UHPLC, GC-MS, LC-MS, FTIR, NMR
20	Servicio de Analisis de Sustancias (Substance Analysis Service)	Colombia	2013	On-site/Mobile & Fixed-site	GC-MS, UV, TLC, Reagents
21	The Loop	UK	2013	On-Site/Mobile	UV, FTIR, Reagents
22	DAT2 Psy Help	Hungary	2013	On-Site/Mobile	Reagents
23	Drogenarbeit Z6 Drug Checking	Austria	2014	Fixed-site	GC-MS, LC-MS
24	Programa de Analisis de Sustancias (PAS)	Mexico	2014	On-site/Mobile & Fixed-site	TLC, Reagents
25	dib+, raveitsafe.ch by Contact - Siftung für Suchthilfe	Switzerland	2014	Fixed-site	HPLC, GC-MS, LCMS
26	KnowYourStuffNZ	New Zealand	2015	On-site/Mobile	FTIR, Reagents
27	Association Bus 31/32	France	2015	On-site/Mobile & Fixed-site	TLC
28	Be Aware on Night Pleasure Safety (BAONPS)	Italy	2015	On-site/Mobile	Raman
29	DUCK	Luxemburg	2016	On-site/Mobile	GC-MS, LC-MS
30	SIN Lab	Poland	2016	On-site/Mobile	Reagents
31	Imaginario 9	Uruguay	2016	On-site/Mobile	TLC, Reagents

BEST PRACTICE CASE EXAMPLES

Fixed-Site

○ Drug Information and Monitoring System (DIMS)

Country: Netherlands

Start year: 1992

Description: The Drugs Monitoring and Information System (DIMS), based in the Netherlands, is the oldest drug checking service in the world. DIMS receives financial support from the Ministry of Health, Welfare and Sports and coordinates drug checking with over 30 office locations throughout the country. In nearly two decades, more than 100,000 drug samples have been handed in at DIMS testing facilities.

Services Offered:

- Fixed site drug checking
- Direct-to-consumer harm reduction information
- Qualitative and quantitative testing
- Sourced directly from consumer
- Monitoring and alerts

How DIMS Fixed-Site Service Works

DIMS consists of a nationwide network of fixed-site facilities at drug prevention institutions in different places in the Netherlands. People who use drugs hand in pills or other substances anonymously for a test. Staff consist of health and prevention professionals who communicate to consumers about the effects of the particular substances and their associated risks.

The DIMS drug checking algorithm involves both real-time fixed-site and drop-off laboratory tests. While most of the participating facilities are able to test drugs in either tablet or powder format and offer service users near-immediate results, a few of the locations only function as receiving stations which send collected samples to the DIMS Bureau after assigning a unique code to each package. As the original mandate of this service is to ensure the safety of the country's nightlife, the majority of the samples tested by DIMS are drugs used in this specific context, such as ecstasy, amphetamine (speed), and cocaine.

Important information, such as experiences with adverse effects with the drug in question are recorded and saved in the DIMS database. Other important inputs in the database are regional origin, date, source of purchase, price, and reason for testing. Some sites are merely receiving stations and directly send all the samples they receive to the DIMS Bureau at the Trimbos Institute and do not offer on-site testing.

A number of analytical techniques are used on site with reagent testing occurring initially at intake to determine whether a tablet contains any Ecstasy-like substances, amphetamine, a hallucinogenic compound, or none of these. Moreover because of weekly input of information on tablets and because of the fact that Ecstasy tablets are usually produced in large batches, certain tablets can be determined and recognized through a specially developed a database on the DIMS website known as the 'recognition list'.

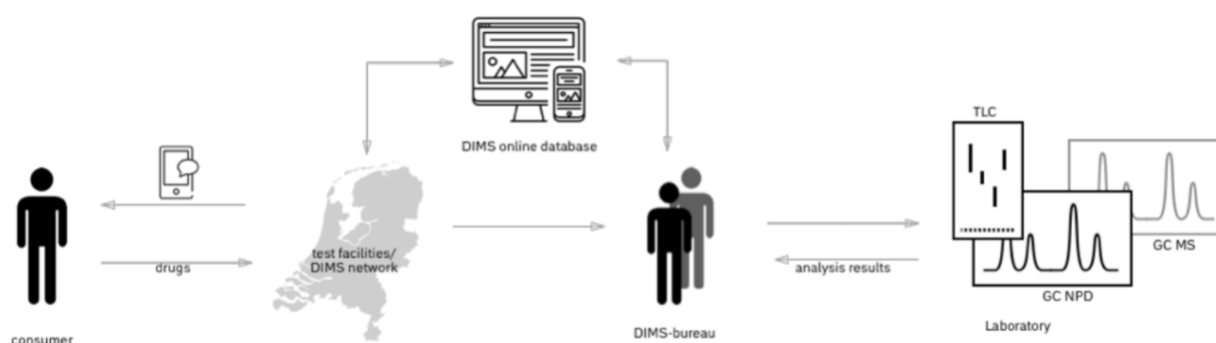
This allows for more rapid identification of substances at the fixed site, without the need to be sent off for further testing. Tablets that are not recognized by this online system are sent for further testing. Qualitative and quantitative analyses of the drugs samples occur at the DIMS bureau using a combination of thin layer



chromatography, UV spectroscopy and mass spectrometry techniques. Individuals who submitted pills for lab testing phone the fixed site a week after submission for an explanation of results. Information is also used to assist with alerts as well as to improve the provision of direct-to-consumer harm reduction information and to monitor illicit drug markets.

Today DIMS remains the largest and most comprehensive model of consumer-targeted recreational drug checking service for harm reduction purposes; between 2008 and 2013, close to 30,000 drug samples were analyzed by this network.

Schematic visualization of DIMS system



RED ALERT - A Red Alert is a national, regional, or local warning that is issued as soon as ‘extra hazardous’ drugs are found in circulation. The warning is issued by DIMS on behalf of the Minister of Health. Three situations can provoke a Red Alert.

1. When drugs with a serious health risk have been offered and identified at one of the drug checking facilities.
2. When the police or National Forensic Institute (NFI) find hazardous drugs.
3. When local medical authorities report serious incidents with drugs.

Red Alert has several options, depending on the severity and scope of the situation:

1. An internal release, in which only the participants of the DIMS network and the medical authorities that are part of the MDI are informed.
2. A regional or local warning, in which all listed local authorities are also informed by the coordinators of the DIMS network.
3. A national warning, which communicates its warning through a wide variety of channels such as press releases and flyers.

Since 2016, a **Red Alert App** is available for smartphones (www.drugsredalert.nl). When a Red Alert is issued, users who have downloaded the app will receive a warning (push message) immediately. The app (and the DIMS website, www.drugs-test.nl) also maintain a regularly updated list of tablets, considered particularly hazardous, but not meeting the criteria to justify a Red Alert (e.g. because of wide spread distribution of a batch, which might contain as yet unknown substances).

Since 1992, DIMS evolved from a small-scale drug checking project into a systematic nationwide monitor, making it a very useful tool for both scientific research, public health, as well as policy making. Because of its clear structural organization, protocols and close collaboration with other stakeholders, the network can respond very rapidly and efficiently when a hazardous substance is detected. In addition, by embedding it in

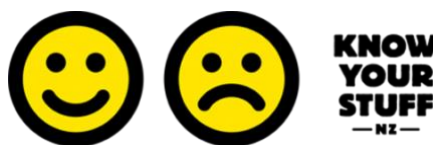
institutions for addiction care and drug prevention, it is an efficient tool for harm reduction towards a group of users which might otherwise remain invisible and therefore not reached.

On-Site: Festival Drug Checking

KnowYourStuffNZ

Country: New Zealand

Start year: 2015



Description: KnowYourStuffNZ started in 2015, offering qualitative substance analysis on-site at festivals in New Zealand. The service is self-funded by volunteers, and also receives national funding. KnowYourStuffNZ is operating in collaboration with the New Zealand Drug Foundation to provide drug related harm reduction services at events around New Zealand, including drug checking.

Services Offered:

- On-site mobile drug checking
- Direct-to-consumer harm reduction information
- Qualitative testing
- Sourced directly from consumer
- Monitoring and alerts

How On-Site Festival Model Works

Drugs are provided by users on-site at festivals and are testing using a combination of reagents and FT-IR Spectroscopy. Information provided to users is purely qualitative in nature noting potential content and not purity of substances. Moreover, consumers are provided with harm reduction information on site. Results are recorded and conveyed in terms such as: “This result is consistent with the presence of XYZ” rather than “This is XYZ” in order to adequately convey limitations of testing techniques.

Postal Drug Checking

Energy Control

Country: Spain

Start year: 1999



Description: Energy Control is a drug prevention project founded in 1998 in Spain that consists of peer-to-peer interventions, school workshops, and the use of new technologies and other activities in the area of risk reduction associated with drug use. The service is partly funded by the government, and also charges users for some services. As at 2014, the service had analysed more than 12,000 substances.²² Some of the main drugs tested include MDMA, cocaine, speed and a range of new psychoactive substances. Drug checking services are offered through on-site drug checking at events or via a drop-in centre. There is also scope to receive drugs to test via post from anywhere in the world.

Services Offered:

- Fixed site drug checking
- On-site mobile drug checking
- Direct-to-consumer harm reduction information

- Sourced directly from consumer, onsite, and via postal service
- Qualitative and quantitative testing
- Monitoring and alerts

How the Postal/Mail Service Works

Energy Control’s fixed site operations can receive drugs to test via post. Once received drugs are tested via a number of qualitative and quantitative methods including HPLC, GC-MS, UV/Vis, and TLC testing. No drugs are returned in the post, with consumers phoning the service to be provided with results and harm reduction information.

Energy Control is the mail-in service whereby service users can mail their samples directly to the Barcelona laboratory for testing. The customer questionnaires and simple instructions for packaging and sending the samples can be downloaded online. The results are typically sent back to service users within 10 days.

The service accepts a wide variety of substances for analysis, including heroin. As with many other drug checking services, the sample submission process involves completing a brief questionnaire used to gather information regarding the demographic characteristics and drug use patterns of service users

Multi Agency Safety Testing (MAST)

○ The Loop

Country: United Kingdom



Start year: 2013

Description: The Loop UK is a non-profit social enterprise established in 2013 that provides drug checking as well as welfare and harm reduction services at nightclubs, festivals and other leisure events. The Loop also provides staff training on drugs awareness, in-house welfare service delivery, the prevention of drug related harm at events, and the delivery of drug safety testing services. Prior to 2016, The Loop UK provided forensic testing of samples from agencies on site at festivals and nightclubs and reported the results back to the collecting agencies for harm reduction purposes. After 2016, The Loop introduced publicly accessible drug checking to the UK in the form of Multi Agency Safety Testing (MAST). The Loop also conduct non-public testing to improve agency responses.

Services Offered:

- Community-based city center and event-based festival and nightlife drug checking with mobile pop-up laboratories and fixed site commercial and university laboratories
- Direct-to-consumer individual test results and healthcare consultations (-2016 onwards)
- Sourced directly from consumer and from collaborative agencies and individuals
- Agency consultancy and information service
- Qualitative and quantitative analysis
- Monitoring and alerts issued through media, social media and apps
- Staff training

How MAST Works

Along with users submitting drugs directly for testing at on-site facilities, The Loop UK refers to their approach as a Multi-Agency Safety Testing approach. This includes sourcing drug for testing from a variety of agencies

on site including, amnesty bins, the police, emergency services, welfare and general staff on site. This information is then communicated back to agencies to assist their work as well as via alerts, with samples associated with medical incidents prioritized. The key to the multiagency framework is to harness support of all onsite agencies including police and healthcare staff, as well as utilizing professional chemists and healthcare staff to deliver the Loop’s testing service to the highest standards, with the primary aim of harm reduction.

Table 5. Summary of Case Examples of DCS

	Funding Source	Type of Service	Services Offered	How it Works	Evaluation and Results
DIMS	Government (Ministry of Health Welfare and Sports)	Fixed-Site	<ul style="list-style-type: none"> • Fixed site drug checking • Direct-to-consumer harm reduction information • Qualitative and quantitative testing • Sourced directly from consumer • Monitoring and alerts 	Nationwide network of fixed-site facilities at drug prevention institutions in different places in the Netherlands. People who use drugs hand in pills or other substances anonymously for a test.	An evaluation of Jellinek Prevention, which is part of DIMS and operates in Amsterdam, concluded that people who used these services were better informed and showed more health-conscious behavior. The evaluation further noted that drug checking services such as DIMS are crucial to understanding emerging trends in the synthetic drugs market. (Benschop A, Rabes M, Korf DJ. Pill testing, Ecstasy and Prevention. A scientific evaluation in three European cities. Amsterdam: Rozenburg Publishers, 2002)
KnowYour StuffNZ	Government / Self-Funding	On-site Festival Drug Checking	<ul style="list-style-type: none"> • On-site mobile drug checking • Direct-to-consumer harm reduction information • Qualitative testing • Sourced directly from consumer. • Monitoring and alerts 	Drugs are provided by users on-site at festivals and are testing using a combination of reagents and FT-IR Spectroscopy. Information provided to users is purely qualitative in nature noting potential content and not purity of substances.	Internal evaluations indicate that the intervention has been effective at positive behavior change. In 2019/2020 KnowYourStuffNZ attended 22 events and tested 1368 samples. Key findings included 86% of the season’s samples were what people expected. When a substance was not what they thought it was, 52% of clients said that they would not take it. (KnowYourStuffNZ

					2019-2020 Testing Report)
Energy Control	Government / Charging users for some services	Postal Drug Checking	<ul style="list-style-type: none"> • Fixed site drug checking • On-site mobile drug checking • Direct-to-consumer harm reduction information • Sourced directly from consumer, on-site, and via postal service • Qualitative and quantitative testing • Monitoring and alerts 	Energy Control's fixed site operations can receive drugs to test via post. Once received drugs are tested via a number of qualitative and quantitative methods including HPLC, GC-MS, UV/Vis, and TLC testing. No drugs are returned in the post, with consumers phoning the service to be provided with results and harm reduction information.	Internal evaluations have found that the drug checking services have effectively monitored the illicit drug market and assisted in targeting hard-to-reach user demographics. (Gine CV, Vilamala MV, Measham F, Brunt TM, Bucheli A, Paulos C, et al. The utility of drug checking services as monitoring tools and more: A response to Pirona et al. 2017)
The Loop	Non-profit social enterprise	Multi Agency Safety Testing (MAST)	<ul style="list-style-type: none"> • Community-based city center and event-based festival and nightlife drug checking with mobile pop-up laboratories and fixed site commercial and university laboratories. • Direct-to-consumer individual test results and healthcare consultations. • Sourced directly from consumer and from collaborative agencies and individuals. • Agency consultancy and information service. • Qualitative and quantitative analysis. • Monitoring and alerts issued through media, social media and apps. • Staff training. 	Sourcing drug for testing from a variety of agencies on site including, amnesty bins, the police, emergency services, welfare and general staff on site. This information is then communicated back to agencies to assist their work as well as via alerts, with samples associated with medical incidents prioritized.	Evaluation of The Loop facilities across four days at a UK festival revealed that one in five substances was not as sold or acquired. One in five service users utilized the independently verified disposal service for onwards safe destruction of further substances of concern in their possession and another one in six moderated their consumption. (Jarryd Bartle and Nicole Lee, What works. Testing drugs for harm reduction, 360 Edge 2019)

LEGAL FRAMEWORK OF DRUG CHECKING OR PRE-REQUISITES TO IMPLEMENTATION

Criminalization of drug use and absence of legal framework of harm reduction services hinders establishment and implementation of drug checking services.

Certain legal hurdles need to be overcome before a drug-checking service can be established.

The possession of controlled substances is a legal offence in most countries, which technically makes all testing drug users subject to punishment by the rule of law (UNODC, 2013).

Even in countries where drug checking is available, in most cases it continues to exist within a legal grey zone that creates mistrust from potential service users and barriers to the implementers of these public health, harm reduction services.

Examples on ensuring legal bases for drug checking services:

○ Drug-checking service as a scientific project

One of the solutions to ensure legal bases for drug checking services adopted in some countries, such as the Netherlands and Austria, is to set up a drug-checking service as a scientific project with primarily research goals rather than as a customer service, as a way of making it acceptable. In the Netherlands, an official agreement with the public prosecution service ensures that anyone possessing illicit drugs at a DIMS drug-testing service will not be arrested or prosecuted (Dutch Second Chamber States General, 1999). This unique agreement makes testing system possible, but also needs to be honored by the police. Without political support, such an arrangement would have been impossible.

○ Exemptions

Some countries apply specific exemptions and releases liability for drug related offences.

In December 2016, the federal government of Canada introduced a new Canadian Drugs and Substances Strategy which restored harm reduction as a core pillar of Canada's drug policy. Accompanying this new strategy was the tabling of Bill C-37, legislation that proposes to amend Controlled Drugs and Substances Act (CDSA) to simplify the process of acquiring exemptions for medical purposes in relation to activities within supervised consumption sites involving illegally obtained controlled substances, which could include drug checking.

The Sydney Medically Supervised Injecting Centre is a place where people can inject prohibited drugs and legal drugs used illicitly under the supervision of medical staff. NSW Drugs Misuse & Trafficking Act 1985 Part 2a - Medically Supervised Injecting Centres, Division 4 exempts users of the center from liability for possession of, administering or attempting to administer a small quantity of a prohibited drug. The Division also exempts 'persons engaged in conduct of licensed injecting center' from offences prescribed by the Act and from 'civil liability in connection with conduct of licensed injecting center'.

○ Comprehensive Legislation

Despite existence of various practice of exempting, or indirectly allowing drug checking services, development of comprehensive legal framework is the only crucial way in ensuring continuous and comprehensive drug checking services.

Drug and Substance Checking Legislation Act 2020 - New Zealand

The law in New Zealand has changed since 2020 to let harm reduction organizations check substances openly and without fear of prosecution. The most important changes of the law are:

Events (festivals and night clubs) can be more public about having drug checking services on-site – According to a new law, it is no longer considered an offence for people to have drug checking facilities at their event. They can book drug checking organizations as part of their health and safety measures. They can also implement publicity-based campaigns like include drug checking in their event guides so people at the event know where to find the testing tent and what the testing hours will be.

According to section 12 (1A) of Drug and Substance Checking Legislation Act, it is not an offence for a person to permit any premises to be used by a drug and substance checking service provider for the purpose of

performing the functions of drug checking, knowing that the service provider will be providing services to individuals who may be committing offences against this Act.

Drug checking service providers can handle illicit substances - If service providers find a new or dangerous substance at an event, they can take it to an approved lab for further testing. It does not count as possession of a controlled drug.

According to section 35DC of Drug and Substance Checking Legislation Act, a service provider may, for the purpose of performing the provider's functions,

- (a) possess a controlled drug:
- (b) return a controlled drug to the individual who submitted it for checking:
- (c) send a controlled drug to an approved laboratory for testing.

People can give service providers substances to test - If person gives service provider a sample to test or dispose of it does not count as supply of a controlled drug.

According to section 35DC of Drug and Substance Checking Legislation Act, an individual may-

- (a) supply a controlled drug to a service provider for the purpose of checking:
- (b) surrender a controlled drug to a service provider for the purpose of disposal.

CONCLUSIONS

Based on the review of literature on drug checking services, analyzing the purpose and impact of these services, types and ways of their organization, including legal frameworks, case examples of existing practices of their provision, as well as relevance of drug checking services for the Georgian context, the following conclusions can be made:

- **Drug checking is an effective harm reduction intervention contributing to reduction and mitigation of risks associated to drug use, especially among consumers with high consumption frequency, polydrug use, and users of unknown substances.**

Drug checking has a positive impact on both individual and wider population levels.

Through chemical analyses of psychoactive substances drug checking services provide individual drug users with information about the content and purity of the products, thus providing them with safer informed decisions on drug use.

Drug checking services play an important role to extend harm reduction activities to reach young recreational drug users, who are not reached by most of traditional harm reduction services. Drug checking services support increased uptake of other harm reduction, primary care, mental health care, and social services among people who use drugs.

In line with reducing risks on the individual level, through executing warning campaigns and alerts on circulation of toxic substances and hazardous drugs, drug checking contributes to awareness and reduction of risks in larger audience of people who use drugs.

- **Drug checking is an essential and integral part of drug market monitoring systems, that inform public health interventions.**

A key concept and positive impact of drug checking services is constant monitoring of drug markets, that is crucial for understanding of drug trends and inform public health interventions and front-line services.

Monitoring function of drug checking services has a positive effect for public health, as monitoring the drug market enables the national response measures to intervene at an earlier stage and more effectively based on a detailed field level information and picture of the drug markets and the users.

Drug checking is widely considered as an integral part of national drug market monitoring systems, acknowledging that combination of forensic analyses with drug checking service data and field level information from drug users complement each other and improves understanding of drug markets. EMCDDA considered drug checking as an essential element of an innovative monitoring tool that provides insight on emerging trends in drug markets.

- **Drug checking is widely available practice with nearly 30 years of existence, in 20 countries.**

Since their first introduction in Netherlands in 1992, drug checking services have been scaled up and currently operate in 20 countries around the world.

Extensive global experience of existing drug checking services, provides evidence of their effectiveness and creates a solid base for adapting these services to the local context, based on the best practices and lessons learnt.

- **Drug checking services vary in type and service delivery strategies**

There are different methods of chemical analyses used for drug checking purposes, from simple reagent-based testing techniques to more advanced chromatography, and spectroscopy and mass spectrometry.

Service delivery outlets and settings also vary, from mobile/on-site testing provided at musical festivals and/or night clubs, to facility based fixed-site services in drop-in centers, hospitals or other institutions, as well as postal services, when substances are delivered by post to checking facility.

Selection of type of drug checking, depends on key purpose, rather to demonstrate the presence or absence of a main component in a drug sample or to provide quantitative information about all compounds in a drug sample to consume. While, selection of testing outlets and settings also depends on purpose of service provision, rather to provide immediate testing results to individual users, or to monitor drug market.

- **Existence of legal framework for drug checking is essential to introduce and operate quality and continuous services**

Criminalization of drug use and absence of legal framework of harm reduction significantly hinders implementation of drug checking services.

Legal barriers limit physical availability of services, as well as access of people who use drugs to them. With festival and club owners, avoiding drug checking services, in fear of legal consequences related to presence of drugs in their facilities, drug users avoiding services due to criminalization of drug use, and service providers are at risk to face criminal liability for possession of illicit substances while collecting samples for testing purposes.

Thus, existing legal hurdles need to be overcome for a drug-checking services to be introduced and operate properly.

There is various experience of legal framework and regulation of drug checking services, including specific exemptions allowing drug checking, as well as positioning operation for scientific purposes, rather than service delivery.

However, the existence of comprehensive and specific legal framework is the only crucial way in ensuring continuous and comprehensive drug checking services. Key factors, or legal framework of drug checking services should concentrate on enabling festival and night club facilities to freely introduce drug checking services within their settings and events; allowing drug checking service providers to handle illicit substances; and allowing drug users to supply, possess and surrender illegal/controlled substances for purpose of drug checking and disposal.

- **Drug checking services are relevant for Georgian context and could have a significant contribution to reducing harms of drug use, as well as monitoring of drug markets in recreational settings.**

The rapidly changing drug scene in Georgia, including the increase in the use of NPS, as well as the increased rates of use of drugs for recreational purposes among young people justifies the need for the introduction and scale up of drug checking services.

In addition, existing harm reduction programmes in Georgia are fully directed to injecting drug use practices, while there is no sufficient response to challenges of non-injecting and recreational use of drugs. Challenges linked to high toxicity of NPS and risk of overdose remain unanswered. Thus, drug checking services, would be a crucial intervention in response to the mentioned challenges, contributing to better health outcomes among people who use drugs.

Lastly, flow of unknown psychoactive substances on the market is a major challenge, while national systems do not possess comprehensive approach to monitoring. Drug checking services would be a significant addition to national monitoring systems on many levels, including contributing to national level data, as well as having input to warning mechanisms and alerts on highly toxic and hazardous drugs circulating on the market.

RECOMMENDATIONS

POLICY RECOMMENDATIONS FOR INTRODUCTION AND SCALE-UP OF DRUG CHECKING SERVICES IN GEORGIA

Domain	Recommendations	Area of Application	Target and Responsible Entities
Programmatic Framework	To integrate Drug Checking Services (DCS) into national harm reduction response programs	To integrate Drug Checking Services into National HIV/AIDS Strategic Plan 2019-2022	Ministry of IDPs, Labor, Health and Social Affairs of Georgia. National Center for Disease Control and Public Health (NCDC) Country Coordinating Mechanism (CCM)
		To integrate Drug Checking Services into National Harm Reduction Guidelines	To be elaborated by CSOs and approved by Ministry of IDPs, Labor, Health and Social Affairs of Georgia.
		To elaborate protocol of Drug Checking Services provided on-site at festivals and night clubs and fixed site at community and civil society level	To be elaborated by CSOs and approved by Ministry of IDPs, Labor, Health and Social Affairs of Georgia.
		To include Drug Checking Services into The Global Fund concept, note for next allocation period (2022-2025)	Ministry of IDPs, Labor, Health and Social Affairs of Georgia. National Center for Disease Control and Public Health (NCDC) Country Coordinating Mechanism (CCM) Policy and Advocacy Advisory Council (PAAC)

		To include Drug Checking Services into National Anti-Drug Action Plan 2021-2022	<p>Ministry of Justice of Georgia</p> <p>Ministry of IDPs, Labor, Health and Social Affairs of Georgia.</p> <p>National Center for Disease Control and Public Health (NCDC)</p>
Legal Framework	To elaborate and approve legal framework for Drug Checking Services	To elaborate project of legislative changes ensuring legal provision of Drug Checking Services, including regulating issues of setting up drug checking sites at festivals and facilities, legal aspects of fixed-site drug checking laboratory, and issues of exemption of criminal liability for drug checking services providers and beneficiaries for possessing illegal substances for purpose of drug checking.	<p>Ministry of IDPs, Labor, Health and Social Affairs of Georgia.</p> <p>Ministry of Internal Affairs of Georgia.</p> <p>Ministry of Justice of Georgia.</p> <p>Parliament of Georgia</p> <p>Project of legislative changes to be elaborated by civil society organizations and approved by Parliament.</p>
Monitoring of Drug Markets	Ensure consideration of Drug Checking Services as an integral part of national monitoring mechanisms of drug market	To build a strong communication and partnership among Drug Checking Service providers and National Drug Monitoring Center.	<p>Ministry of Justice of Georgia.</p> <p>National Drug Monitoring Center.</p> <p>Ministry of IDPs, Labor, Health and Social Affairs of Georgia.</p> <p>Drug checking service providers.</p>
		To integrate Drug Checking Services into Early Warning System (EWS) of National Drug Monitoring Center.	<p>Ministry of Justice of Georgia.</p> <p>National Drug Monitoring Center.</p> <p>Ministry of IDPs, Labor, Health and Social Affairs of Georgia.</p> <p>Drug checking service providers.</p>

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