CanTEST Health and Drug Checking Service Program Evaluation: Interim Report

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We acknowledge and celebrate the First Australians on whose lands CanTEST operates, and pay our respect to the elders of the Ngambri and Ngunnawal people, past, present, and emerging.

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ABBREVIATIONS AND NOTATIONS

ACT	Australian Capital Territory
ANU	Australian National University
AOD	Alcohol and other drugs
ACTGAL	ACT Government Analytical Laboratory
FTIR	Fourier Transform Infrared Spectroscopy
FTS	Fentanyl test strips
GC-MS	Gas chromatography-mass spectrometry
GHB	Gamma hydroxybutyrate
IDU	Injecting drug use
MDMA	3,4-Methylenedioxymethamphetamine
NSW	New South Wales
PCE	Phenylcyclohexylethylamine
PWID	People who inject drugs
UNSW	University of New South Wales
UPLC-PDA	Ultra-performance liquid chromatography-photodiode array

TERMINOLOGY

AOD interventions: Alcohol and other drug interventions provided by service staff and offered to all service users.

Community notice: Public health notices issued by CanTEST to create awareness of a substance identified by the service which has significant unique or pervasive health risks.

Detected drug(s): The drug (or its metabolite) identified through FTIR at high confidence OR UPLC-PDA detection OR a positive fentanyl test strip.

Drugs: The substance that the service user presents for drug checking. It could be in the form of pill/tablet, capsule powder, crystalline, liquid, or other. Once drug checking is conducted, service users are given the option to discard their drugs at the service.

Exact match: When the detected drug and the expected drug are the same (see definitions for 'detected drug' and 'expected drug'). Note that this does not preclude other substances also being identified

Expected drug: When a sample is presented/submitted to be checked, the service user is asked what drug they think the sample contains before testing occurs. We call it the "expected drug". Knowing the expected drug helps tailor harm reduction advice. It also provides a reference for service users to compare between what they thought the sample was versus what the results show is in the sample.

Follow-up survey: Optional survey completed by primary service users voluntarily around two weeks after visiting CanTEST.

General health interventions: Other health interventions provided by the service nurse and offered to all service users.

Primary service user: When a group of service users presents in a visit, the group nominates a 'primary service user' to be the spokesperson for the group and to answer the service questions on behalf of the group. For those who visit the service by themselves, they are also referred to as a 'primary service user'.

Service users: Anyone who visits the service, solely or in a group, and for drug checking or for another reason (e.g., to access general health interventions available).

Pre-test survey: An optional, standardised survey completed at the service by primary service users voluntarily prior to the submission of a sample for testing.

Post-test survey: An optional, standardised survey completed at the service by primary service users after to the submission of a sample for testing.

Public drug alert: Public health notices issued by ACT Health to create awareness of a substance which has significant unique or pervasive health risks.

Samples: When a service user visits the service to have drug/s checked, a small 'sample' of the drug is obtained on which to conduct testing. Samples cannot be returned to the service user after drug checking.

Unique ID: A code sequence generated by the primary service user that can be used to identify repeat visits by the same individual. The unique ID does not contain identifying information.

Visit: Each service interaction is recorded as a 'visit'. A visit can contain a single person (service user) or a group of service users.

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1 EXECUTIVE SUMMARY

This interim evaluation report covers the operation of the pilot fixed-site health and drug checking service ("CanTEST") in Canberra, ACT, for the initial three months of service (21st July to 20th October, 2022).

In summary, the CanTEST Health and Drug Checking service is delivering interventions to service users as planned and, from interim data, appears to be well received by service users. The CanTEST Health and Drug Checking service, funded by ACT Health and run by a collaboration between Directions Health Services, Pill Testing Australia and the Canberra Alliance for Harm Minimisation and Advocacy, is the first fixed site drug checking service in Australia.

During the first three months of operation, CanTEST provided 81 hours of service, tested 232 samples, and delivered 376 health interventions to 191 service users. For most service users, it was their first interaction with a health care professional to discuss drug use (62%). Just under half of the drugs tested were not what service users thought it was.

Overall, the interim data supports the continuation of the pilot service with a few suggestions for modifications and considerations for potential future operations.

Key findings against the evaluation questions:

The evaluation set out to answer ten specific questions, eight of which are addressed in this interim report.

To what extent was the service implemented as intended?

The service is being delivered as intended however, planning and implementation took longer and was more costly than anticipated, in part because of the COVID-19 pandemic. The service has successfully developed practices and protocols aligning the three collaborating organisations and the inter-disciplinary team that delivers the service. CanTEST runs every Thursday and Friday for 6 hours each week. A total of 191 service users visited the site between 21st July 2022 and 20th October 2022 (includes those visiting the service for drug checking and those not e.g., curious, wanting to access other health or AOD services).

What are the key characteristics of those who accessed the service?

Most service users accessing CanTEST are completing the voluntary pre-test (88%) and post-test (70%) surveys. Almost one-third are responding to the follow-up survey reminder and completing another survey in the weeks after their visit. Most service users reside in the ACT (88%) and are young adults (35% aged 24 or under and 32% aged 25-34). Two-thirds (65%) had used at least one illicit drug in the past month and one in ten had injected drugs in the past month. For most (66%), it was their first-time checking drugs in Australia and their first interaction with a health care professional to discuss drug use (62%).

What service elements were needed and accepted by service users?

The service was received positively by service users. Service users who answered the surveys rated the service highly; 96% rated the CanTEST 10/10, 98% would recommend CanTEST to others and 84% would use the service again. The Friday session was slightly more popular than the Thursday session and most service users are visiting after business hours. The service averages nine sample tests per session and has delivered 376 AOD and/or general health interventions across all service users in the first three months. Follow-up data indicates that service users valued the opportunity to discuss their drug use in a non-judgmental environment with friendly staff. Service users had few suggestions for change with longer opening hours, more service days, being able to identify more drugs and easier parking the most common.

To what extent did the service produce valuable and timely information about illicit drug availability and harms in Canberra, and how was that information used?

In its first three months, CanTEST produced valuable information about illicit drug availability and markets. Of the 232 samples tested, the service was able to detect the contents of 70% of samples with high confidence. Just over half of the drugs tested were what people thought it was: 50% detected the expected drug and an additional 3% detected another substance as well as the expected drug. The service and ACT Health used this data to produce timely and informative information about illicit drugs, which included public releases of service data and community notices. During the first three months of operation, CanTEST released four public announcements; two monthly reports summarising drug checking results and two community notices regarding harmful substances found in samples. The reach of the monthly reports and community notices appears to be beyond the ACT as the service has received multiple requests for information and mail-in drug checking.

To what extent did the service result in service users' attitudinal and/or behavioural change related to illicit drug use?

There are limited data available to assess change in individual's attitudes/behaviours at this stage of the pilot. Early analyses suggest that the service is influencing service user's behaviours in a number of ways. As has been found in previous research, service users' reported likelihood of using the drug/s after receiving the test results varied considerably according to whether the results aligned with the drug they thought it would be. For those where results did not align with the expected drug (n=33), the majority (n=61%, n=19) reported that they 'Definitely will not' use the drug. Of those who completed both the pre- and post-test surveys, the most commonly endorsed harm reduction behaviours were: Have a test dose of this drug; Space out my use of this drug; Make sure someone else is with me when I use this drug and/or knows I'm using. The proportion of those endorsing each of these behaviours increased at post-test (i.e after receiving health and drug checking information). In the final report triangulation of data across several data sources (service data, pre-test survey, post-test survey, follow-up survey and follow-up interview) will provide in-depth information about the ways in which people utilise the information received at the service.

Did the service have any unintended consequences, either positive or negative? If so, what were they?

A range of unintended consequences were observed during the first three months of the pilot. Most of them were positive, and the negative ones have provided information that can assist in fine-tuning the service. A broad range of people has visited the service, including diverse service users and professionals wanting to learn about the pilot. In terms of future planning, while ACT Health provided the funds to meet the budgets provided, substantial in-kind contribution has been necessary to design and implement the service. Further, the analytical equipment used is not owned by Directions Health Services or ACT Health and costs of either purchasing the equipment or leasing longer term will need to be considered at the end of the pilot. None of the unintended consequences are serious enough as to warrant changes in policy concerning the service, nor in changes in the broad approach to the service model.

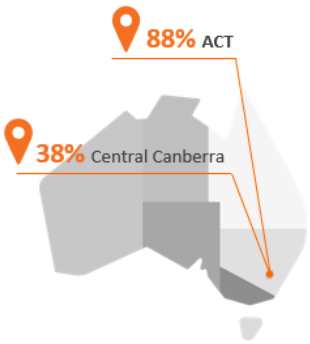
What were the financial costs of the service?

Due to increased set-up and equipment costs and the unanticipated quantity of time taken to plan and implement the service, the cost of the service has been higher than originally budgeted. The additional costs have been met by in-kind contributions from the CanTEST coalition members and evaluation team. The ACT Government has committed to meeting the shortfall on a range of these costs.

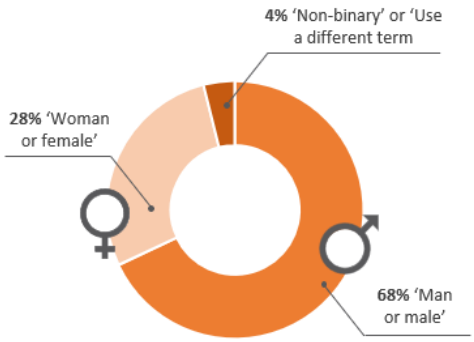
Should the service continue and, if so, what changes in the program and its contexts are desirable?

The CanTEST pilot has largely been implemented as planned. We find support for completing the six-month pilot and for considering development of the service beyond the pilot period. We have identified a number of strengths of the program that should be retained as well as potential program improvements to consider in future design and delivery.

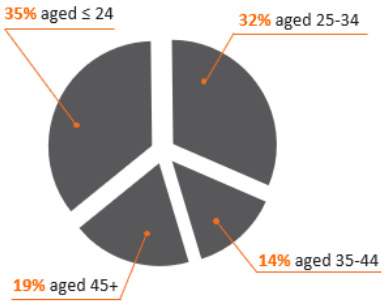
SERVICE USER DEMOGRAPHICS



The majority of visitors were from the ACT (88%, n=92), with 38% coming from central Canberra (n=40)



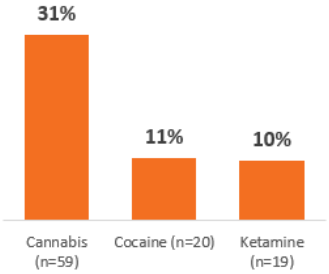
The majority of patrons identified as 'Man or male' (67%, n=70)



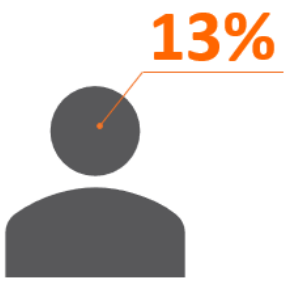
The largest proportion of patrons were aged 24 or younger (35%, n=40)

RECENT DRUG USE

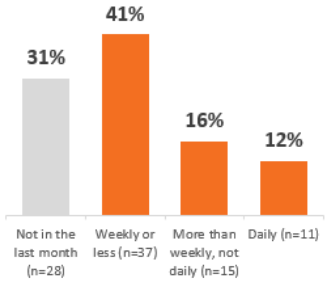
Just under two-thirds of primary service users reported using illicit substances in the past month



The largest proportion of primary service users reported using cannabis in the past month, followed by cocaine and ketamine



13% reported injecting drug use in the past month



The largest proportion reported using drugs (excluding cannabis) 'weekly or less' in the past month

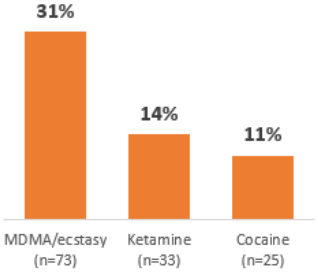
DRUG CHECKING SERVICE VISITS

The service conducted 134 drug checking visits. In cases where the service was due to close soon, drug checking could not be conducted

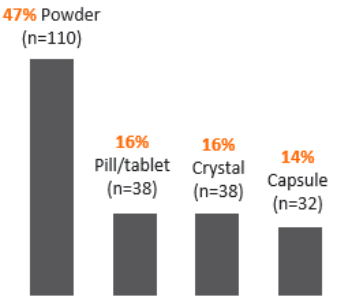
238 samples were brought in for testing

232 samples proceeded to drug checking

EXPECTED DRUG & SAMPLE ASSESSMENT

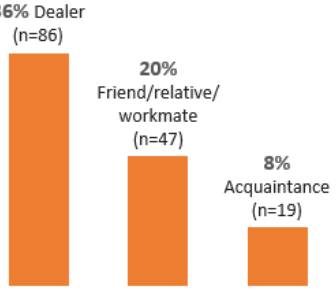


MDMA/Ecstasy was the most common expected drug, followed by ketamine and cocaine



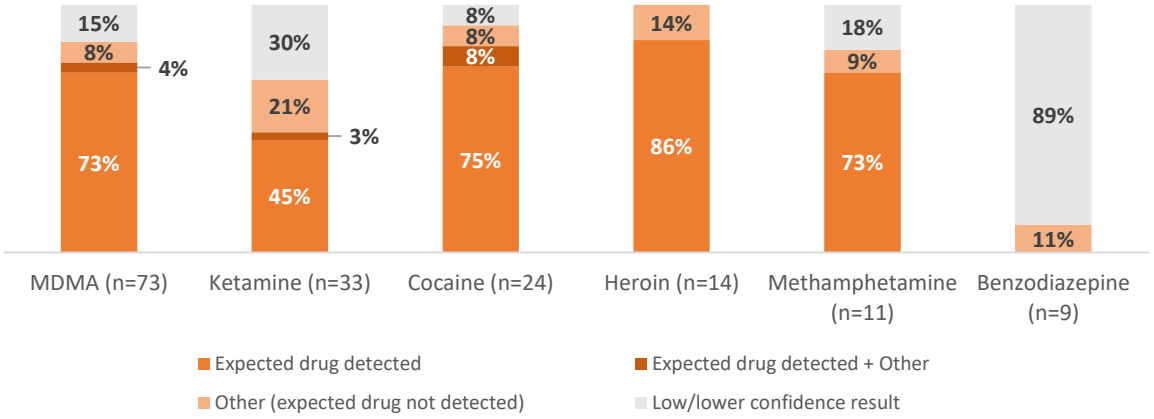
Almost half of samples were submitted in powder form

The majority reported that they had tried the drug type before



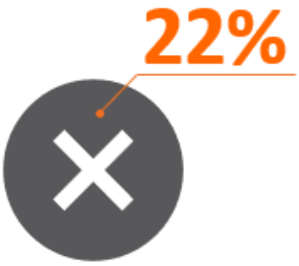
The largest proportion of drugs were reported as coming from a 'Dealer'

EXPECTED AND DETECTED DRUGS



POST-DRUG CHECKING BEHAVIOURS & INTENTIONS

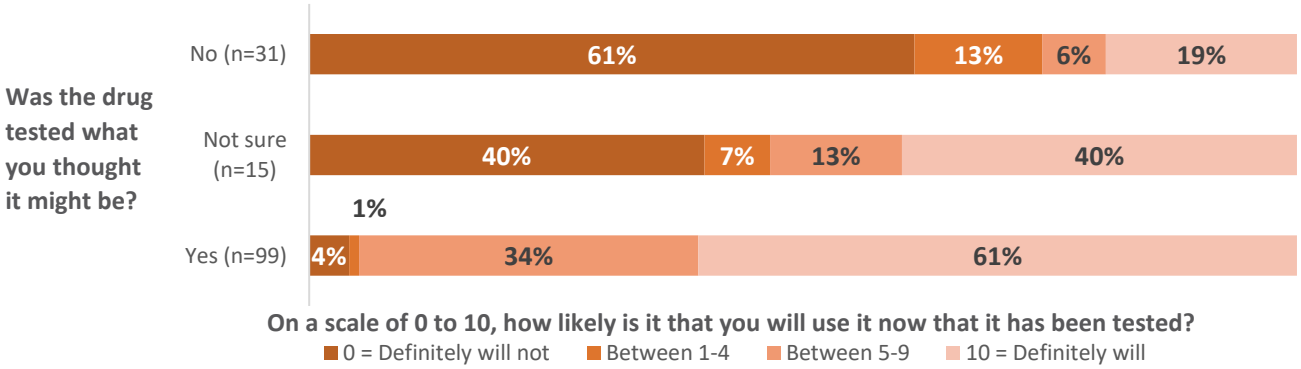
18% of drugs (n=41) were discarded at the service after testing



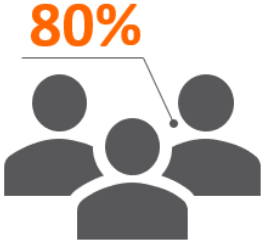
22% (n=33) of patrons reported that they 'Definitely will not' use the drug after receiving their test results

91% (n=87) reported that they would tell others about their drug checking test results

POST-DRUG CHECKING LIKELIHOOD OF USE

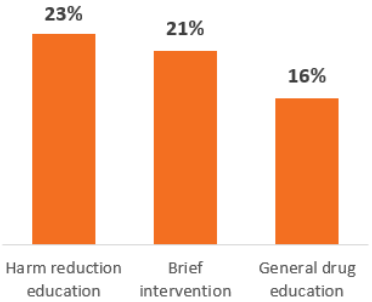


INTERVENTIONS



The majority of service users accepted an AOD and/or general health intervention

376 AOD / general health interventions were provided across all service users



The most common AOD interventions were brief intervention, general drug education, and harm reduction education

The service facilitated access to naloxone for 30 service users

2 BACKGROUND

Illicit drug markets are unregulated, meaning that the type and quality of substances available can vary widely (Cole, Jones et al. 2011, Giné, Espinosa et al. 2014, Peck, Clough et al. 2019). Variability in illicit drug composition (e.g., dose, presence of adulterants) can elevate risk of harm, including overdose (Cole, Jones et al. 2011). Without objective information on drug contents, people have limited capacity to understand potential risks of use and to modify behaviour accordingly.

Drug checking services (also known as pill testing services) undertake chemical analyses to provide qualitative (i.e., presence or absence of substance) and/or quantitative (i.e., amount of a substance) information on contents of illicit substances provided by members of the public. They are established with the aim of reducing harm, returning findings of chemical analyses to the service user alongside a tailored intervention about reducing the potential harms associated with drug use, and providing information on trends in illicit drug markets (Barratt and Measham 2022). There are a range of drug-checking service models providing different levels of access to the public, including fixed-site, as well as mobile, event-based and mail-in services.

Despite a range of drug checking services operating globally, the evidence base for drug checking is still developing, and few independent evaluations of services are published.

Drug checking services in the ACT

The first government-approved drug checking trial in Australia was conducted in 2018 at the Groovin the Moo festival in Canberra by Pill Testing Australia (Makkai et al., 2018). A second trial was funded and conducted by Pill Testing Australia at the Groovin the Moo festival in 2019 and independently evaluated by ANU with ACT Health funding (Olsen, Wong et al. 2019, Olsen, Wong et al. 2022). These festival-based services aimed to advise service users accessing the services about the contents of the substances and deliver harm reduction information, while also providing data on the drugs in circulation to health and law enforcement agencies. These trials occurred with the support of local stakeholders, including local government, police, public health, and festival management. An external, independent evaluation of the 2019 ACT Pill Testing Trial was conducted by ANU (Olsen, Wong et al. 2019, Olsen, Wong et al. 2022) and outcomes led to the development of "The Festivals Pill Testing Policy" (ACT Health, 2020). At the time of writing this report, there were no government sanctioned drug checking services operating outside of the ACT in Australia.

Building on the promising results of two festival-based trial projects (Olsen, Wong et al. 2022) and strong community support (McAllister and Makkai 2021), the ACT Government has supported the establishment of a six-month pilot of a fixed-site health and drug checking service, CanTEST, in Canberra. A consortium of organisations has developed and implemented the service; Directions Health Services is delivering the service with assistance from Pill Testing Australia and the Canberra Alliance for Harm Minimisation and Advocacy.

Given the need for further evidence on the feasibility, effectiveness and outcomes of drug checking services in Australia, an external independent evaluation of the CanTEST pilot service was requested for tender by ACT Health. The Australian National University, in collaboration with the National Drug and Alcohol Research Centre at UNSW Sydney and the University of Tasmania, are conducting the independent evaluation.

The following comprises an interim report on the CanTEST pilot service on the first three months of operation (21st July 2022 to 20th October 2022). The pilot period is until 20th January 2023. A final report will be prepared following the conclusion of the pilot period.

3 EVALUATION FRAMEWORK AND METHODS

The purpose of the evaluation is to: document the development and implementation of the pilot drug checking service; document acceptability and feasibility of the drug checking service; identify outcomes of service provision; and make recommendations for future service provision. A further aim is to develop a strong evaluation framework for future evaluations of drug checking services in Australia, building on prior evaluations of festival-based services (Makkai, Macleod et al. 2018, Olsen, Wong et al. 2019).

3.1 EVALUATION MODEL

This evaluation applies the Utilisation-focused Evaluation model. Utilisation-focused Evaluation is defined as follows:

> *Program evaluation is the systematic collection of information about the activities, characteristics, and results of programs to make judgements about the program, improve or further develop program effectiveness, inform decisions about future programming, and/or increase understanding. Utilization-focused program evaluation is evaluation done for and with specific intended primary users for specific, intended uses.* (Patton 2008)

The Utilisation-focused Evaluation model has been assessed as being one of the nine 'Best approaches for twenty-first-century evaluations' (Stufflebeam and Coryn 2014) using the international program evaluation standards (Yarbrough, Shulha et al. 2011) as the assessment criteria.

3.2 EVALUATION QUESTIONS

The following questions were developed by the evaluation team to guide the evaluation:

1. To what extent was the service implemented as intended?
2. What are the key characteristics of those who accessed the service?
3. What service elements were needed and accepted by service users?
4. How was the service received by other key stakeholders?
5. To what extent did the service produce valuable and timely information about illicit drug availability and harms in Canberra, and how was that information used?
6. To what extent did the service result in service users' attitudinal and/or behavioural change related to illicit drug use?
7. Is the operational data sufficient and of quality to build an on-going minimum data set that would inform both routine monitoring and research activity?
8. Did the service have any unintended consequences, either positive or negative? If so, what were they?
9. What were the financial costs of the service?
10. Should the service continue and, if so, what changes in the program and its contexts are desirable?

As the service has only been operational for three months, it is not appropriate to attempt to answer all questions posed above. Questions 4 and 7 will be addressed in the final report along with further assessment of all evaluation questions.

3.3 EVALUATION METHODS AND INSTRUMENTS

All survey data collection instruments were co-designed by the evaluation team and the CanTEST service. This included development of survey questions and piloting of these data collection instruments before the service opened. The data collection instruments build on previous drug checking reporting in the festival setting (Makkai, Macleod et al. 2018, Olsen, Wong et al. 2019). The chemists employed by the service designed protocols relating to chemical analyses. Operational, survey and analytical data were recorded electronically via REDCap (Research Electronic Data Capture), a secure web-based software platform (Harris

Taylor et al. 2009, Harris, Taylor et al. 2019) hosted by Directions Health Services. A range of data sources are used to collect empirical evidence on the processes and outcomes of the CanTEST service. The below are reported on in the interim report.

3.3.1 Service operational data and documentation

Staff record an array of information about the visit, including number of samples tested and details of interventions delivered. The service also supplies the evaluation team with information about financial costs and other service activities (trainings, meetings, community notices).

3.3.2 Service chemical analysis data

Service data include the results from chemical analyses of samples. The service itself can undertake up to three types of testing within a visit: fourier transform infra-red (FTIR) spectroscopy; ultra-performance liquid chromatography-photodiode array (UPLC-PDA); and fentanyl test strips (FTS). FTIR is conducted for all samples submitted; UPLC and FTS are optional. Details of how these testing approaches work are outlined in Section 5.1 (Panel 1). In this report, we only discuss specific substances identified as 'detected drug(s)'. Detected drugs are identified where:

1. FTIR 'first match' identifies the drug with 'high confidence' (score of 750 or higher) and/or
2. UPLC-PDA identifies the drug

FTIR results that are not 'high confidence' or do not have supporting UPLC-PDA results are categorised as 'low/lower confidence'. For samples where analysts can't identify a drug with high confidence, service users are provided with the results and told that the substance can't be identified. All analytical information is provided along with harm reduction information.

FTS is also offered to service users. A single line indicates that fentanyl or a fentanyl analog has been detected.

3.3.3 Service pre- and post-drug checking survey completed by primary service users during their visit

As part of service data collection, primary service users are asked whether they consent to completing two brief electronic surveys about their visit while in the service. One survey is completed prior to chemical analyses of samples (hereafter 'pre-test survey'); the other subsequent to receipt of the results of chemical analyses and delivery of any AOD intervention(s) (hereafter 'post-test survey'). Questions are self-complete or administered by service staff depending on the preference of the primary service user.

The pre-test survey covers details such as perceived contents, previous use, purchasing and concerns about the drug(s) for checking; intentions around use of the drug(s) for checking; socio-demographics; broader substance use; and previous experience accessing drug checking and other healthcare services for information about drugs. Some of these questions are only asked of service users on their first visit to the service (as multiple visits are linked by the unique ID where accurately provided).

The post-test survey covers details such as information received from the service on the chemical analysis results and on harm reduction behaviours; intention to use the drug and share the drug checking results with others; and perception of the service and intention to use the service in future.

Non-consent to these surveys did not preclude accessing the service. The evaluation team access these service data in order to record and assess the service.

3.3.4 Evaluation follow-up survey completed by primary service users subsequent to their visit

Primary service users are asked if they consent to be contacted by the evaluation for a follow-up online quantitative survey and/or qualitative interview (see below). The invitation to complete the follow-up survey is sent via email and/or mobile approximately one week after the visit, and with three subsequent reminders. The follow-up survey covers details such as whether the primary service user: used the drug subsequent to

checking; shared the chemical analytic results with others; gained knowledge about the effects of the drug from accessing the service; general changes in substance use after accessing the service; and perception of the service and intention to use the service in the future. Open ended responses are also sought on how the service could be improved and any other feedback.

It is intended that a range of other sources will be used in the final report to be submitted. Other sources which will be used in the final report include, but are not limited to, follow up qualitative interviews with primary service users, qualitative interviews with stakeholders and other data as available.

3.4 ETHICS AND CONFIDENTIALITY

Ethics approval was received from the ACT Health Human Research Ethics Committee (2021.ETH.00197) to access operational and service data and to collect follow-up survey and interview data from service users and stakeholders.

All data were recorded electronically via REDCap (Research Electronic Data Capture), a secure web-based software platform (Harris, Taylor et al. 2009, Harris, Taylor et al. 2019) hosted by Directions Health Services.

Primary service users were asked to provide a unique but non-identifying code name so as to link visits at the service user level over time and preserve confidentiality for research and evaluation purposes. Service users were asked if they would consent to a post service evaluation survey and/or interview; contact details were only collected from those who consented to follow-up. Contact information is stored separately to all other data and can be accessed by the evaluation team only.

Data are only reported at the aggregate level and any potentially identifying information is not reported.

4 ANALYSIS AND REPORTING

This study employs a convergent mixed methods design: quantitative and qualitative methods are considered complementary during study design, data collection, and data analysis. Our mixed methods approach is exploratory in that we aimed to describe and assess micro- and meso-level processes embedded within the design and enacted through the implementation of the service, as well as describe and assess outcomes of the service. **Table 1** shows the data sources used to address the evaluation questions for the purpose of this interim report. Additional data and analyses will be made available in the final report.

Quantitative data are reported as descriptive statistics: percentage and number for categorical data; mean and standard deviation for normally-distributed continuous variables; and median and interquartile range for skewed continuous variables. Findings are reported as complete-case (i.e., missing data excluded) unless otherwise specified; this means that the denominator may vary slightly between data points. Findings may be reported of different groups (e.g., number of service users, visits or primary service user); this is made explicit throughout. Some primary service users attended the service on multiple occasions; please note that these are not de-duplicated in the count of primary service users unless otherwise indicated. Open-ended responses collected in the follow-up evaluation survey are presented descriptively.

Please note that data has undergone further processing relative to historical reporting by the service, and thus numbers may not always align. Data will undergo further processing in preparation for the final report, and thus should still be considered subject to minor revision. There were also minor modifications to data collection instruments over time; these are noted within the report where they may impact data interpretation.

Table 1. Data sources used to address evaluation questions in the current report

	Operational service data	Service chemical analysis	Pre-/post-test service user survey	Follow-up service user survey
To what extent was the service implemented as intended?	✓		✓	✓
What are the key characteristics of those who accessed the service?			✓	
What service elements were needed and accepted by service users?			✓	
To what extent did the service result in service users' attitudinal and/or behavioural change related to illicit drug use?			✓	
To what extent did the service produce valuable and timely information about illicit drug availability and harms in Canberra, and how was that information used?	✓	✓		
Did the service have any unintended consequences, either positive or negative? If so, what were they?	✓			
What were the financial costs of the service?	✓			
Should the service continue and, if so, what changes in the program and its contexts are desirable?	✓		✓	

5 FINDINGS

5.1 TO WHAT EXTENT WAS THE SERVICE IMPLEMENTED AS INTENDED?

The service is being delivered as intended however, planning and implementation took longer and has been more costly than anticipated, in part because of the COVID-19 pandemic staff have been successfully recruited to deliver the full suite of services, the service has run for two 3-hour sessions each week and service users have attended the services (a total of 191 service users between 21st July 2022 and 20th October 2022).

IMPLEMENTATION

There was significant advocacy work, including volunteer-run festival-based drug checking services by Pill Testing Australia, in the years leading up to the ACT Government 2021 commitment to fund a fixed-site pilot. Upon the ACT Government announcement, a consortium of organisations (Pill Testing Australia, Directions Health Services and Canberra Alliance for Harm Minimisation and Advocacy) submitted a proposal for consideration. Negotiation with the Government included assessment of costs, what services could be provided, staffing and potential locations (see **Figure 1** below). The result is a drug checking service in the City Community Health Centre at 1 Moore Street in the Canberra civic area. During the pilot status the service was to operate at specified regular times each week and to be staffed by a variety of professionals. Staff at each shift include one alcohol and other drug counsellor, one primary health nurse, one peer educator, two analytical chemists and a medical practitioner on-call. A senior chemical analyst and medical toxicologist are available on-call to provide feedback on analytical results of clinical concern (novel products for which there may not be community familiarity, potentially hazardous doses, and dangerous mixtures) as well as to assess whether ACT Health should be alerted on any drugs of concern. Directions Director of Service Delivery or CEO provides management oversight.

The overall aim of the service is to provide discreet and private advice to people wishing to have drugs tested and as such, CanTEST is free and confidential (**Figure 2**). Drug checking is offered on a range of drug types, in the form of pills, capsules, powders, crystals and liquids. Some substances such as plant material, blotters or dilute solutions cannot be tested (**Panel 1**). Drug checking requires a very small scraping/sample of the pill or drug (as little as a few mg) for analysis. The drug checking process can take around 20 minutes if both FTIR and UPLC-PDA analysis is conducted, but can take longer depending on the substance and number of service users waiting. Once the drug checking is complete, the analysts discuss the results with the service user and an alcohol and other drug counsellor and/or peer educator in order to provide service users with information about the results and discuss the risks associated with consuming the substance/s detected, as well as any other concerns service users may have. Service users can also receive non-drug checking health services, such as discussing any health needs, with the service nurse (**Figure 3**).

CanTEST nurses are able to provide advice and care across a broad range of health concerns ranging from alcohol and drug assessments and harm reduction through to wound care or sexual health screening. The peer educators and AOD counsellors specialise interpretation of analytical results and advice on drug interactions, strategies to reduce harm associated with drug use and overdose prevention as well as support services available (**Panel 2 and 3**). The analytical chemists test the substances and provide information about and testing procedure as well as quantitative and qualitative information about the contents and purity of drug samples. Chemists also collect samples for further detailed laboratory analysis off-site at the Australian National University Research School of Chemistry and the ACT Government Analytical Laboratory (ACTGAL).

During the first three months of operation, the service provider coalition along with ACT Health designed the level and type of public release of results. CanTEST has a protocol for identifying high-risk substances and notifying ACT Health. Upon notification of a potentially high-risk substance, ACT Health convenes relevant key experts to assess the notifications and determine whether risk communications are required. As

necessary, public drug alerts or alerts for the health or AOD sector and/or clinical first responders will be prepared. No drug alerts were issued by ACT Health in the first three months of service. Several community notices have been issued by CanTEST on social media to provide targeted information for the community and service clients on particular substances identified. These notices also encourage the community to bring substances in to CanTEST for checking. Alongside the development of risk communications, the CanTEST Drug Early Warning Protocol was developed in conjunction ACT Government, which helps to identify the emergence of drugs of concern and potential changes on the local/regional drug market.

Figure 1. CanTEST implementation timeline

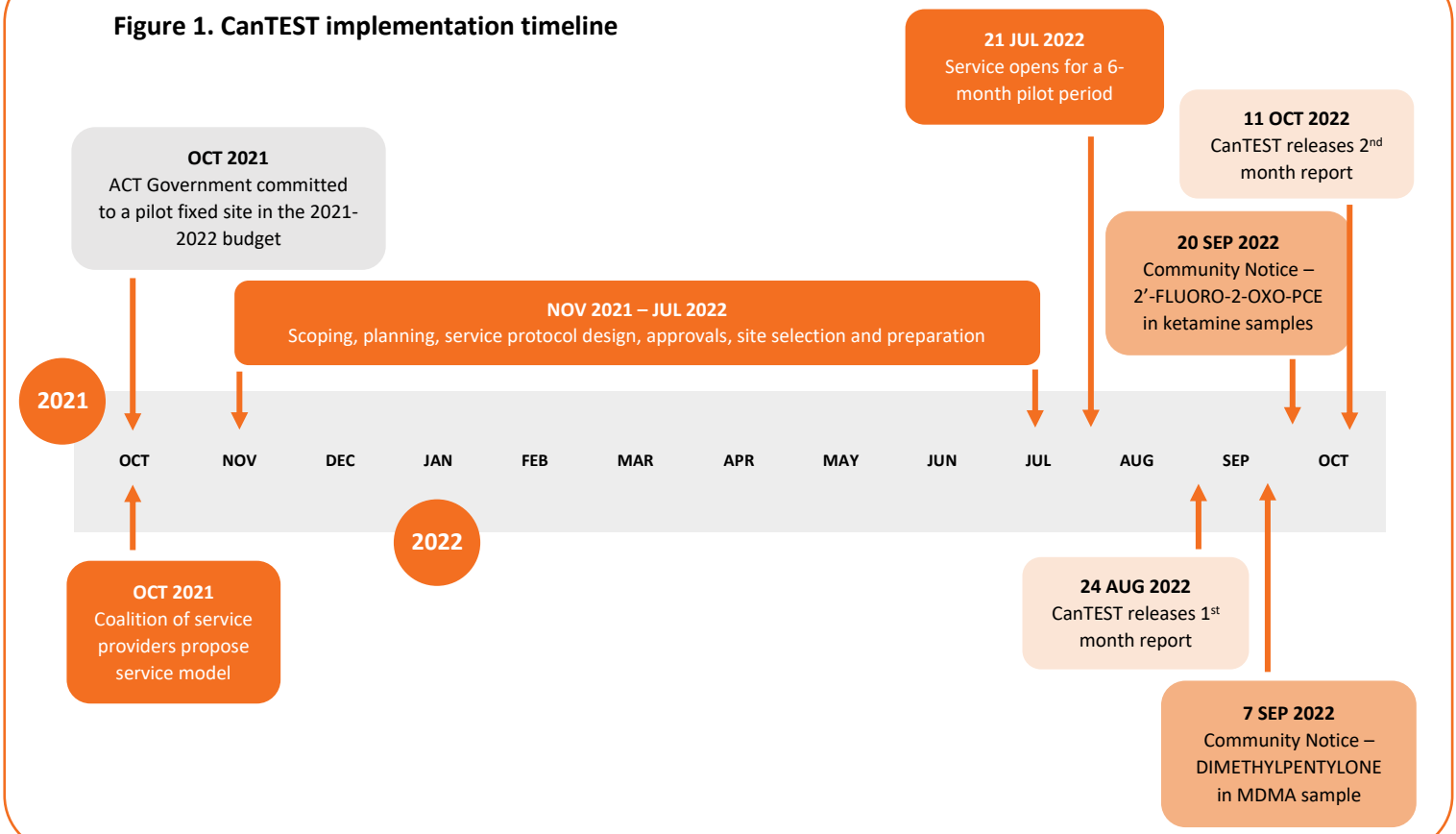
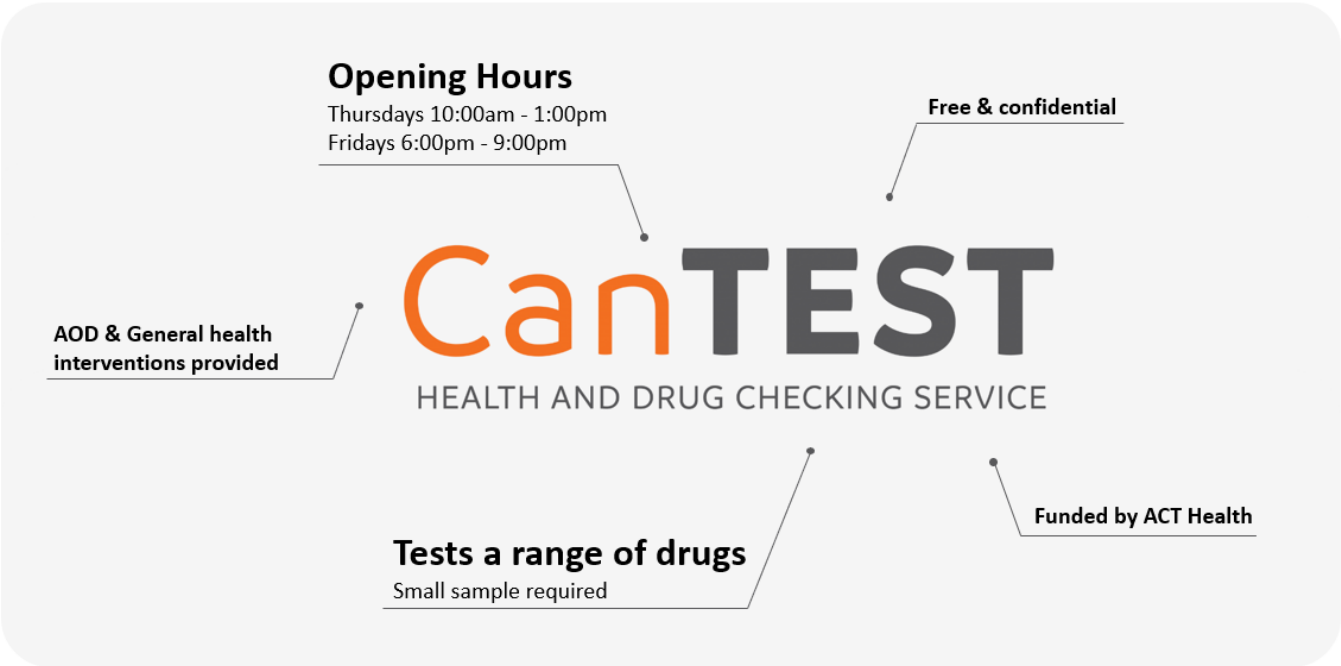


Figure 2. CanTEST Service overview

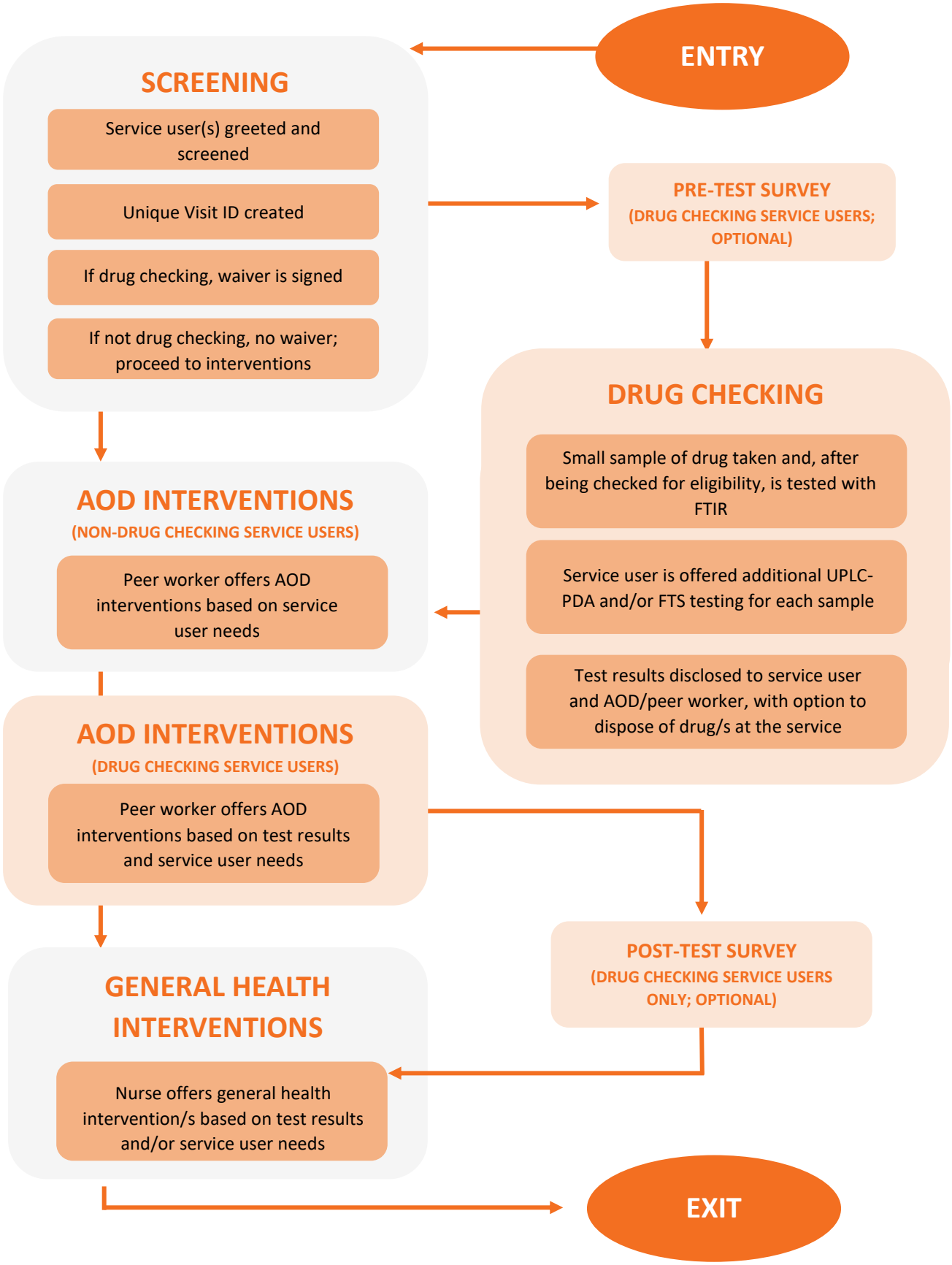


There were several barriers to the service opening in 2022. Although a number of sites were considered, there was a lack of interest from commercial landlords. The COVID-19 pandemic also slowed down the capacity for the ACT Government and partner organisations to assess potential sites and have minor building works completed to ready the location.

There have also been a number of unanticipated efforts required to design and implement the service. As a new service, meetings to develop the service design (delivery, governance and compliance) and data collection (instruments, ethics and governance) were numerous. The multi-disciplinary staff required trainings on service procedure and flow, data entry and record keeping as well as harm reduction and stigma workshops. Given the diversity of the staff and the newness of the service it did take time to negotiate workflows and build collaboration and trust. By the third month of operation the service reported that the workflow and inter-professional relationships were running smoothly. In particular, that the staff had a better understanding of each other's roles and strengths allowing for a team-approach to consultation with different service users.

The significant governance and compliance requirements are resource intensive and on-going as the pilot is underway. The consortium are consistently involved in: data collection; internal and external reporting; development of promotional/educational materials; social media; and community notifications.

Figure 3. CanTEST service user journey



Panel 1. What testing is conducted on samples?

Fourier transform infra-red (FTIR) spectroscopy can identify one or more major drug components (including adulterants) in a sample. FTIR is the same technology used to test drugs at festivals and in forensic laboratories internationally. It works by shining infrared light on a sample and assessing how the light is absorbed by the sample. The pattern of absorption is used to identify the drug components by comparison to a large library of FTIR spectra.

FTIR has an estimated limit of detection of 5%, which can limit ability to identify drugs present in low proportions. Dilute solutions, blotters and plant matter (e.g., cannabis) cannot be tested.

FTIR is conducted for all eligible samples submitted. The service records results associated with the first two matches in a sample. Service users are informed of the components identified and given a rating of confidence in this identification for each component. Confidence ratings are based on the associated score for each component:

High confidence: score of 750 or more
Lower confidence: score of between 600-750
Low confidence: score of 600 or less

Only high confidence results are mentioned by name in this report.

Ultra-performance liquid chromatography-photodiode array (UPLC-PDA) uses chromatography to separate and identify drug components based on retention time and UV-visible spectrum, and is calibrated to report on drug purity for 10 targeted drugs most likely to be presented. The signal intensity can be used to establish drug purity.

In addition to FTIR, service users can opt to have their sample tested with UPLC-PDA to gain further information about the contents and receive purity analyses on 10 targeted drugs. Sample preparation and analysis for this approach typically takes an additional 10 minutes but provides additional information not available from FTIR analysis.

Fentanyl Test Strips (FTS) are small immunoassay strips which are dipped in water mixed with the drug sample. They test for fentanyl and fentanyl analogues, showing one line for a positive result (i.e., fentanyl present) or two lines for a negative result. There are some limitations to FTS use. They cannot determine the amount of fentanyl present, nor can they detect all fentanyl analogues. There is also a potential for false or invalid results.

Service users can also opt to have their sample tested with FTS.

In all cases, clients are informed of the limitations and uncertainties associated with the service analytical methods.

Quality control procedures mean that all substances provided for checking by FTIR are retained for later analysis via gas chromatography–mass spectrometry (GC-MS) by ACTGAL. Selected UPLC-PDA and FTS samples are also retained for GC-MS checking at ANU, or occasionally analysis by other techniques such as liquid chromatography-mass spectrometry (LC-MS) or nuclear magnetic resonance (NMR). The results of this drug checking are routinely reviewed to ensure the quality of checking provided to service users of the service.

Panel 2. What AOD interventions are offered at the service?

AOD Interventions: Alcohol and other drug interventions are provided by service staff and are offered to all service users, depending on their needs and preferences. Interventions may comprise of:

- **Brief interventions**: informal counselling which may include brief assessment, motivational interviewing, goal setting, de-escalation and safety planning, with a focus on increasing client capacity to mitigate harms associated with substance use or risky behaviours
- **General drug education***: evidence-based information on drug/s, possible drug effects and interactions
- **Harm reduction education***: strategies and planning to increase clients' capacity to reduce and manage risks associated with partying and / or recreational drug use, or other drug/substance use, including information on safer administration and use, possible effects, risks and unsafe combinations
- **Overdose prevention education***: information on overdose risks, preventing overdose, recognising and responding to possible overdose
- **Naloxone training and facilitating access to Nyxoid***: in addition to overdose prevention education, provision of training on the use of Naloxone to reverse a possible opioid overdose and facilitating access to Nyxoid (take-home nasal Naloxone)
- **Safer injecting education***: harm minimising education on safer injecting relating to vein care, blood-borne virus (BBV) prevention and treatment, how to access and use sterile equipment, equipment types, injecting risks and other mitigation strategies
- **Harm minimisation / health information resources supplied***: provision of resources (e.g., brochures, websites, handouts, condoms, water supplied to client)
- **Informal referral***: discussion of a relevant service and provision of information to support the client to access / self-refer
- **Formal referral***: referral made for client to another service by staff member (whether by phone, email, form)

*Note: * indicates intervention is offered both at AOD interventions and general health interventions.*

Panel 3. What general health interventions are offered at the service?

General Health Interventions: Other health interventions are provided the service nurse or doctor and are offered to all service users. Interventions may comprise of:

- **General health screening**, assessment, and intervention
- **Informal counselling** which may include motivational interviewing, information and education, goal setting, de-escalation and safety planning,
- **Health promotion and education** with a focus on increasing client capacity to make health-promoting choices and mitigate harms
- **Administer First Aid and CPR and call an ambulance when required**
- **Minor medical treatment**, for example, wound treatment
- **Sexual health brief intervention** including sexual health treatment or information and education, including providing resources
- **Mental health brief intervention,** mental health screening, information and education, resources
- **General information** such as counselling person centred counselling or coaching
- **Health promotion and education** on a broad range of topics to better resource the client, including providing resources, to promote health-mind decision making
- **STI screening** for sexually transmitted infections

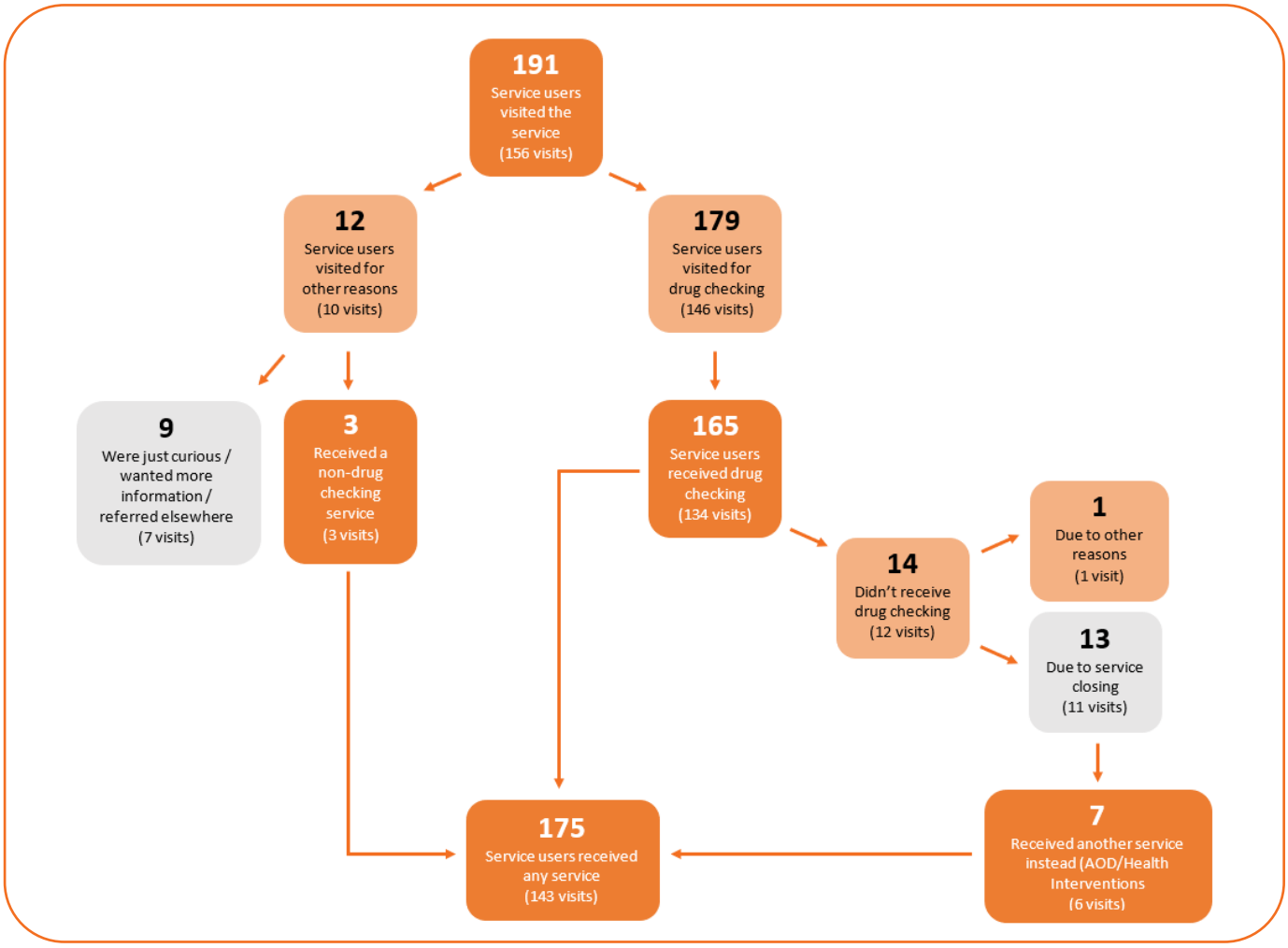
SERVICE VISITS

A total of 191 service users visited the site between 21st July 2022 and 20th October 2022 (includes those visiting the service for drug checking and those not e.g., curious, wanting to access other health or AOD services). Of these, 179 service users (94%) visited the site for the purposes of drug checking; 165 service users (92%) received the drug checking service. As per the site protocol, 100% of service users who received the drug checking service signed the site waiver form.

Of the 179 who visited for drug checking, 14 service users (8%) were not able to receive the drug checking service due to the service closing (n=13, 6%) or other reasons (n=1, <1%). Of these, 7 service users received another service instead, such as AOD and/or health intervention/s (**Figure 4**).

Source: Service operational data

Figure 4. CanTEST service flow chart: 21st July 2022 and 20th October 2022



Of the 12 service users who did not visit the service for drug checking, most were just curious, wanted more information about the service or were referred elsewhere (75%, n=9). Other reasons included following up on previous drug checking results, obtaining overdose prevention advice, and advice on drug treatment.

Source: Service operational data

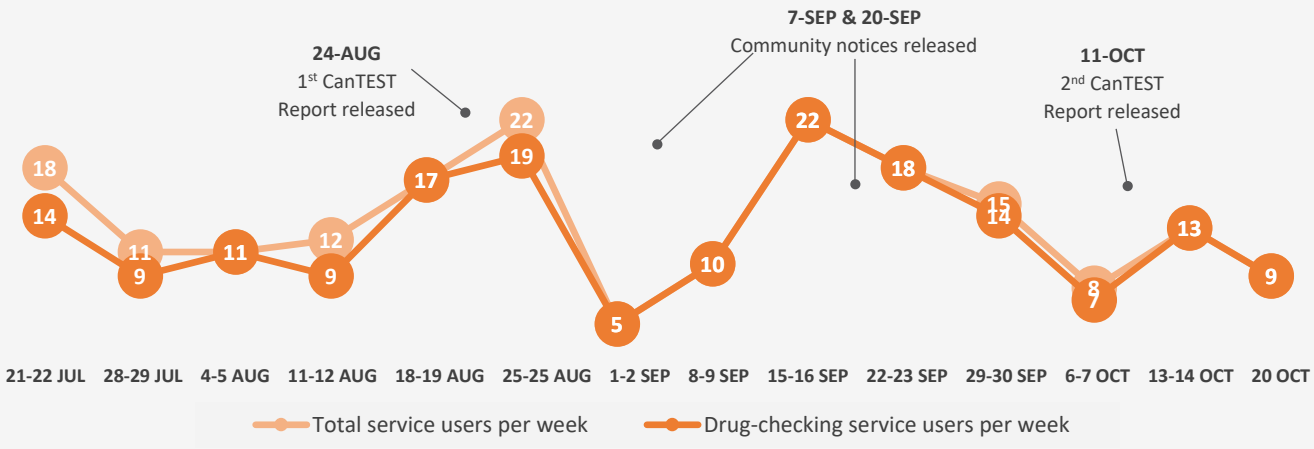
SERVICE VISITS - CONTINUED

The number of service visits per week varied over the first three months of the pilot. For the first six weeks, higher numbers of people presented to the service without the intention of checking drugs. These non-drug checking visits were related to people who were curious or wanted more information about the service. In later weeks of operation, almost all service users have been visiting with the intention of drug checking.

It is possible that the peaks in numbers of service users each week is related to public notices and other communications from the service. For example, the first public summary of analytical results was released in early August and the first public notice about a potentially dangerous substance was release in early September (**Figure 5**).

Source: Service operational data

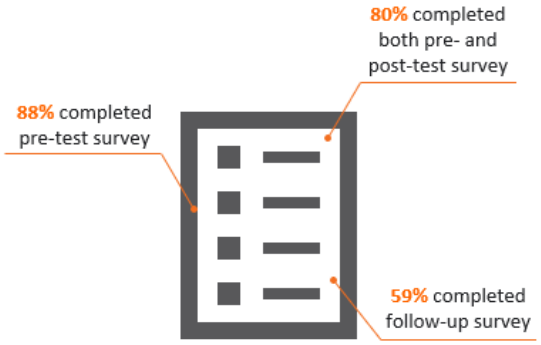
Figure 5. Number of service users per week by total and drug checking only



Note: 22nd September was an unexpected public holiday for Queen's funeral, but the service remained open. This reporting period ends on Thursday 20th October.

Source: Service operational data

SURVEY DATA COLLECTION

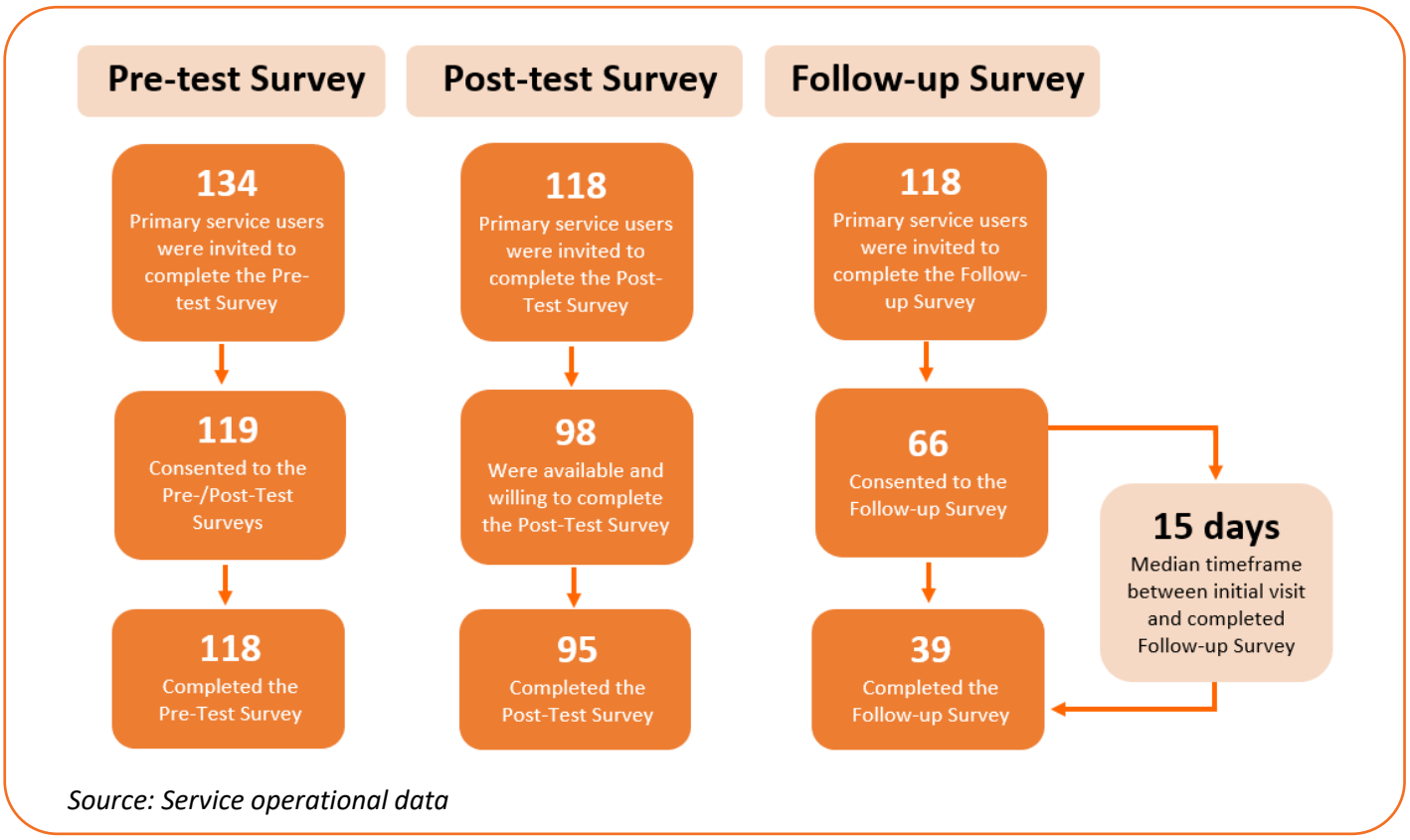


At the time of this report, 96 of the 119 primary service users who consented to the pre- and post-test surveys completed both the pre-test and post-test survey (80% completion rate), with 39 of these also completing the follow-up survey (59% completion rate, of the 66 who consented to the follow-up survey; **Figure 6**).

The median timeframe between initial service visit and completed follow-up survey was 15 days.

Source: Service operational data

Figure 6. Primary service user completion of pre-test, post-test and follow-up surveys



Source: Service operational data

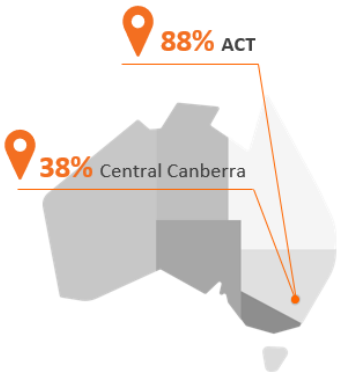
5.2 What are the key characteristics of those who accessed the service?

SERVICE USER DEMOGRAPHICS

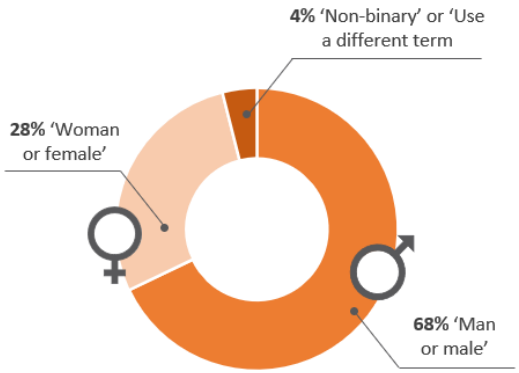
The majority of primary service users who completed the service pre-test survey resided in the ACT (88%, n=92), while 7% (n=7) came from NSW and 5% (n=5) from another state or territory. This included over one-third who identified as being from central Canberra (38%, n=40).

The median age of primary service users was 29 years (mean=32). Over one-in-three (35%) were aged 24 or younger (n=40), 32% were aged between 25-34 (n=36), 14% were aged 35-44 (n=16), and 19% were over 45 (n=21). The majority of primary service users identified as 'man or male' (68%, n=70).

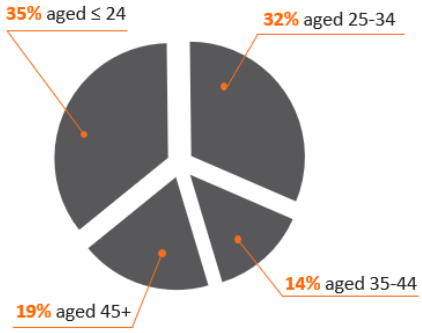
Source: Service pre-test survey of primary service users



The majority of primary service users were from the ACT (88%, n=92), with 38% coming from central Canberra (n=40)



The majority identified as 'Man or male' (67%, n=70)



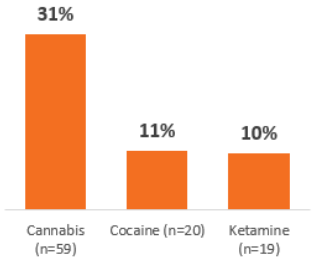
The largest proportion were aged 24 or younger (35%, n=40)

SERVICE USER DRUG & HEALTHCARE ACCESS HISTORY

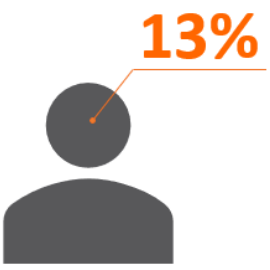
Sixty-five per cent (n=77) of primary service users reported using any illicit drugs or pharmaceutical drugs like benzodiazepines in the past month. The most common drugs used were cannabis (31%, n=59), cocaine (11%, n=20) and ketamine (10%, n=19). One-in-ten (13%, n=13) reported injecting a drug in the past month. They typically used drugs (excluding cannabis) on a weekly or less basis (41%, n=37).

Source: Service pre-test survey of primary service users

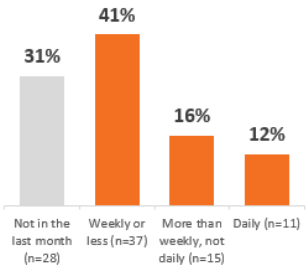
Just under two-thirds of primary service users reported using illicit substances in the past month



The largest proportion of primary service users reported using cannabis in the past month, followed by cocaine and ketamine



13% reported injecting drug use in the past month



The largest proportion reported using drugs (excluding cannabis) 'weekly or less' in the past month

Two-in-three (66%, n=74) had not tested drugs before in Australia. Those who had tested their drugs before predominantly used colorimetric reagent tests (23%, n=26), which are typically used in the absence of specialist advice and education and with limitations around accuracy and type of information yielded (Peacock, Gibbs et al. 2021).

Nearly two-thirds (62%, n=60) reported never previously accessing a healthcare worker for information or advice about drug use.

One-in-four (25%, n=25) reported ever having experienced a bad effect from drugs other than alcohol where they received medical assistance.

Source: Service pre-test survey of primary service users

5.3 WHAT SERVICE ELEMENTS WERE NEEDED AND ACCEPTED BY SERVICE USERS?

OPERATIONAL STATISTICS

Most people accessed the service to have drugs checked, with the majority of these also receiving a health intervention. There were 14 days of service on a Thursday, and 13 days of service on a Friday in the period. Of the total 146 drug checking visits, 48% (n=70) occurred on a Thursday, and 52% (n=75) occurred on a Friday. The average number of drug checking visits was slightly higher on Fridays (mean=7) than Thursdays (mean=6).

The most common hour at which visits began across the two days was Fridays, 7PM (23%, 33=visits), followed by Fridays, 8PM (14%, 20=visits).

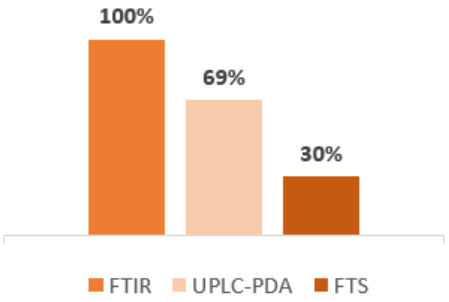
Most visits were recorded as individual people (79%, n=116); 21% (n=29) were groups. This is an underestimate of group attendance as people were encouraged to participate in service data collection separately.

Source: Service operational data

DRUG CHECKING

Primary patrons submitted an average of 2 samples per visit

Drug checking was conducted on an average of 9 samples per day



All samples submitted were tested with FTIR, and the majority were also tested with UPLC-PDA

There were 236 drugs brought into the service for drug checking over the period.

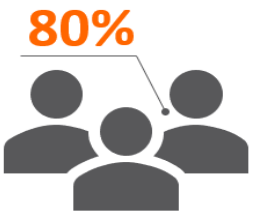
Of these, 4 samples did not proceed to drug checking (3 samples were ineligible and 1 was not presented for analysis).

The remaining 232 samples were submitted for checking and tested with FTIR. There were 159 samples where UPLC-PDA checking was also conducted and 70 samples where fentanyl test strips were used.

The average number of samples submitted per visit was 2 (median=1, range=1-5). Note that the maximum number of samples that can be tested per visit is five. At particularly busy times the number of samples each service user could test was also restricted.

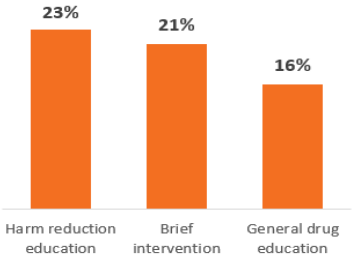
Source: Service operational data

AOD & GENERAL HEALTH INTERVENTIONS



The majority of service users accepted an AOD and/or general health intervention

376 AOD / general health interventions were provided across all service users



The most common AOD interventions were brief intervention, general drug education, and harm reduction education

The service facilitated access to naloxone for 30 service users

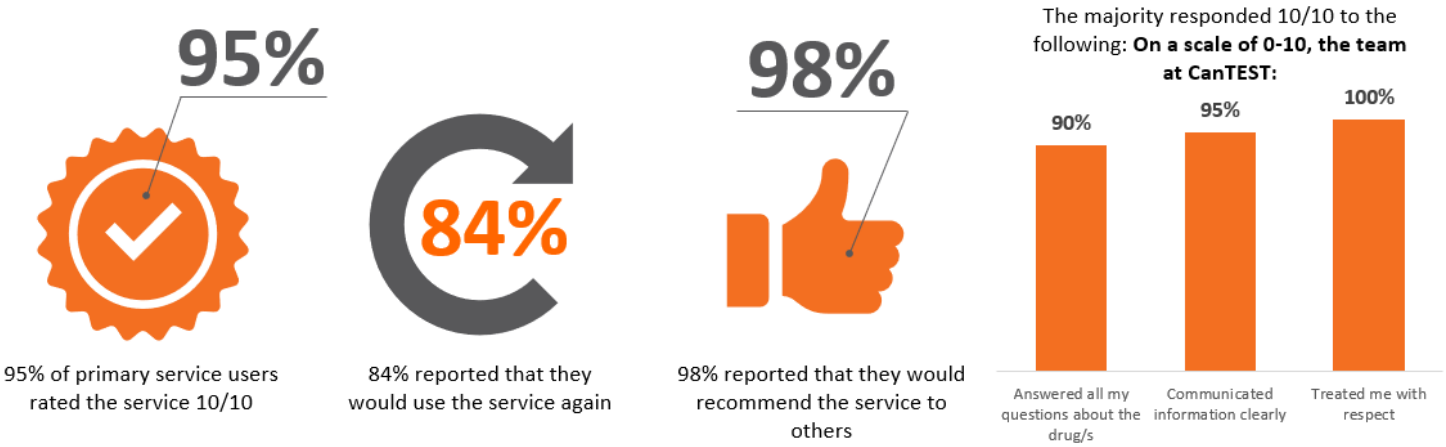
A total of 376 AOD and/or general health interventions were provided across all service users (114 visits). Of these, 326 were AOD interventions (across 93 visits) and 50 were general health interventions (across 21 visits).

The most common AOD interventions were harm reduction education (23%, n=76), brief interventions (21%, n=70) and general drug education (16%, n=53). The most common general health interventions delivered were harm reduction education (30%, n=15) and general drug education (18%, n=9).

Of the 175 service users who received any service (i.e., drug checking and non-drug checking), 65% (n=113) accepted AOD intervention/s and 15% (n=27) accepted general health intervention/s. Access to naloxone (a medicine that rapidly reverses an opioid overdose) was facilitated for 30 service users.

Source: Service operational data

SERVICE RATINGS



Nearly all (96%, n=91) primary service users who completed the post-test survey rated the service overall as 10/10.

In addition, the following percentage rated the service 10/10:

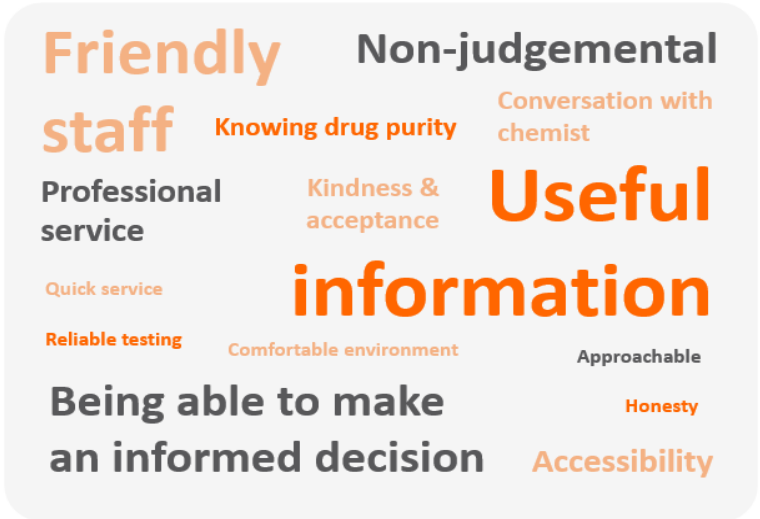
- For confidence in the drug checking equipment accurately identifying the substances in their sample: 67% (n=64)
- That the information received from the service was 'excellent': 84% (n=80)
- That the CanTEST team communicated information clearly: 95% (n=90)
- That the CanTEST team answered all their questions about the drug(s): 90% (n=85)
- That the CanTEST team treated them with respect: 100% (n=95)

Nearly all (98%, n=93) said they would recommend the service to others, and 84% said they would use the service again (n=80).

Source: Service post-test survey of primary service users

SERVICE USER FEEDBACK

Figure 7. Responses to "What did you find most helpful or like most about the service?"



Note: the size of a word indicates its higher frequency service user comments.

Source: Service post-test survey of primary service users

Service users repeatedly commented on the useful information provided by the service and the friendly and non-judgmental staff (**Figure 7**).

Feedback related to being able to make an informed decision was another key theme, as was the ability to discuss the drug checking results directing with the chemist.

SERVICE USER FEEDBACK - CONTINUED

Service users also provided suggestions for how the service could be improved (**Figure 8**). Additional opening hours and days were common requests along with accessibility issues related to lack of parking near the service and the fact that there is only one location. These early data suggest that additional days and opening hours outside of cr business hours are desired. The ability for the testing equipment to identify other drugs, and to specifically test cannabis samples was also raised, as was the need for more testing machines and an overall quicker drug checking process.

Figure 8. Responses to "How could the service be changed or improved?"

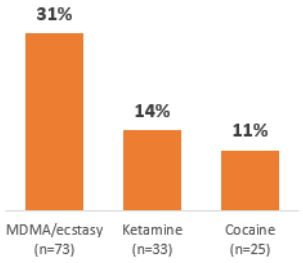
Note: the size of a word indicates its higher frequency service user comments.

Source: Service post-test survey of primary service users

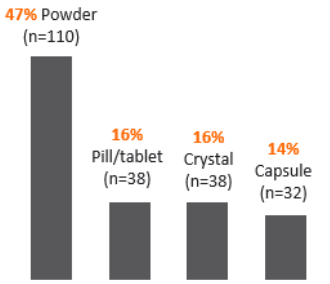
5.4 To what extent did the service produce valuable and timely information about illicit drug availability and harms in Canberra

In its first three months the service produced valuable information about illicit drug availability. The service and ACT Health used this information as planned, which included public releases of service data and community notices.

SAMPLE ASSESSMENT & EXPECTED DRUGS

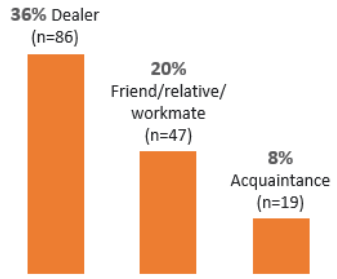


MDMA/Ecstasy was the most common expected drug, followed by ketamine and cocaine



Almost half of samples were submitted in powder form

The majority reported that they had tried the drug type before



The largest proportion of drugs were reported as coming from a 'Dealer'

Of the 232 samples submitted for drug checking, almost one-third were expected to be MDMA/ecstasy (31%, n=73), followed by ketamine (14%, n=33) and cocaine (11%, n=25) by primary service users. Heroin was expected in 6% of samples (n=14) and methamphetamine in 5% (n=11) (**Figure 9**).

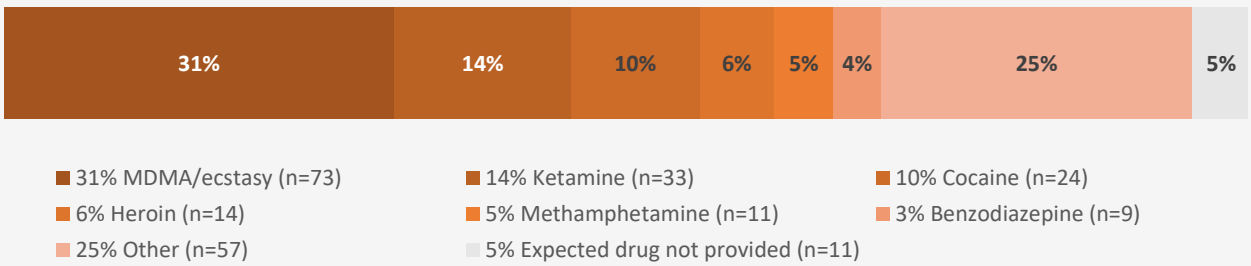
Powder was the most common form of samples submitted for checking (47%, n=110), followed by pill/tablet (16%, n=38), crystal (16%, n=38) and capsule (14%, n=32).

For each drug brought in for testing, the majority of primary service users reported that they had tried the type of drug before (66%, n=157). The most commonly reported reasons for expectation of drug type were informed by: what the person supplying the drug sold it as (53%, n=121); having already tried the drug (19%, n=44), or someone else already trying the drug (18%, n=40).

The largest proportion of drugs (36%, n=86) were reported as coming from a 'dealer', followed by friend/relative/workmate (20%, n=47).

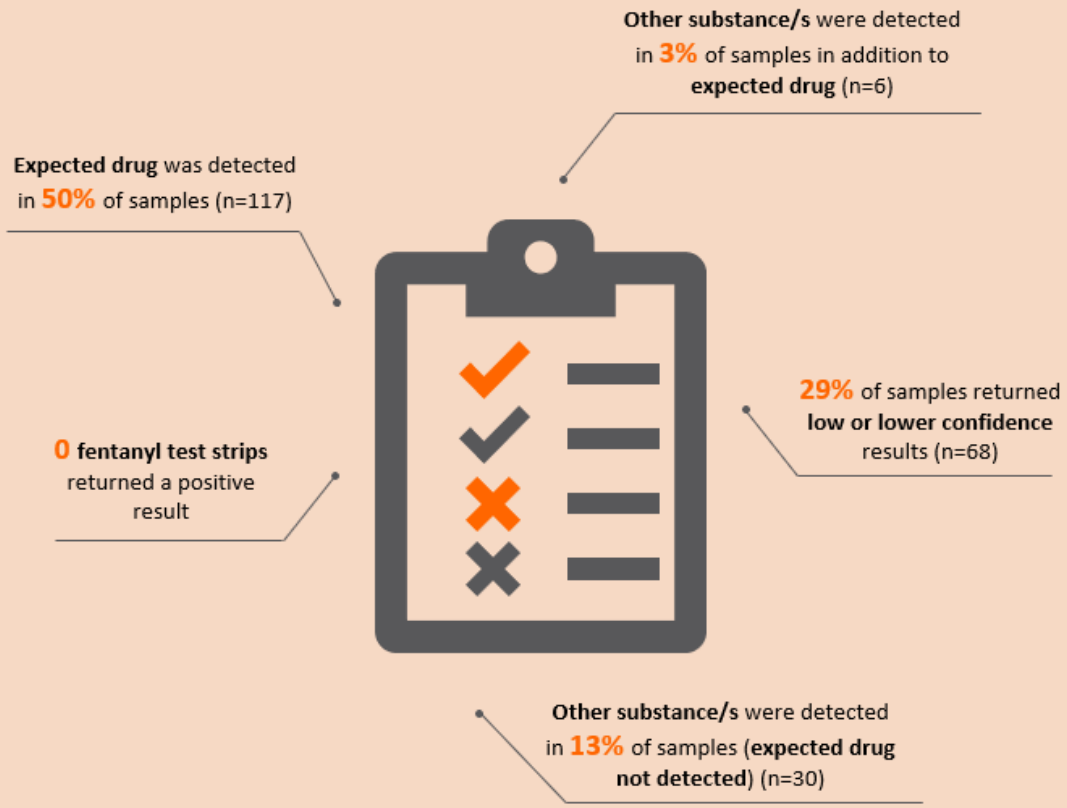
Source: Service operational data and Service pre-test survey of primary service users

Figure 9. Expected drug



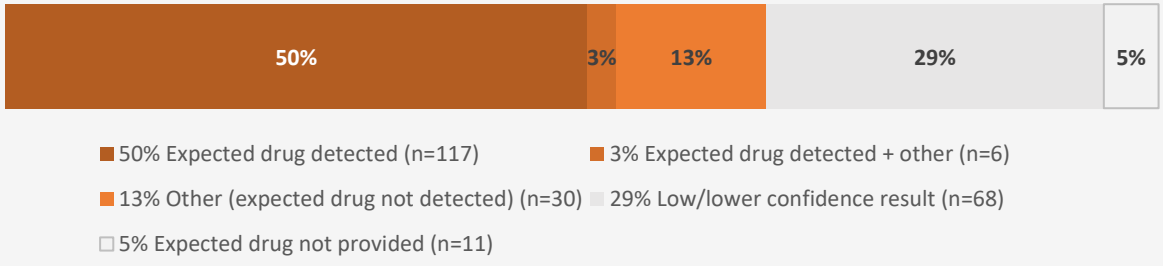
Just over half (50%, n=117) detected the expected drug, with an additional 3% (n=6) detecting another substance (with high confidence) as well as the expected drug. There were no positive detections of fentanyl in any of the 70 samples tested with fentanyl test strips.

Figure 10. Detected results by match type



Note: In 73% (n=170) of samples, FTIR testing returned lower or low confidence matches for additional substance/s. Due to the limitations of FTIR analysis these substances cannot be identified with certainty and are not listed by name in this report.

Figure 11. Detected results by match type

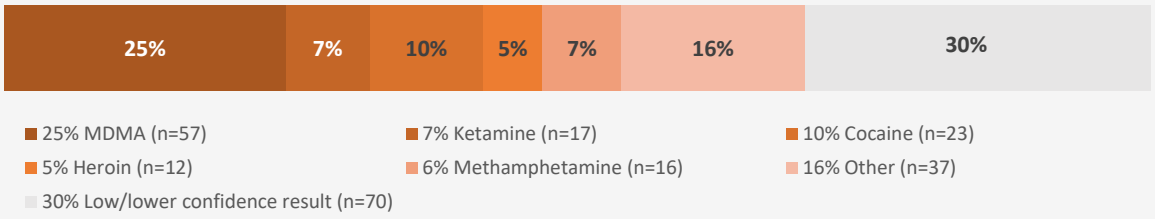


Note: In 73% (n=170) of samples, FTIR testing returned lower or low confidence matches for additional substance/s. Due to the limitations of FTIR analysis these substances cannot be identified with certainty and are not listed by name in this report. Source: Service operational data

DETECTED DRUGS

Of 232 samples tested, 70% (n=162) had at least one substance detected with high confidence. One-quarter of samples submitted were found to contain MDMA (25%, n=57), followed by cocaine (10%, n=23) ketamine (7%, n=17), methamphetamine (6%, n=15) and heroin (5%, n=12) (**Figure 12**).

Figure 12. Detected results by drug type

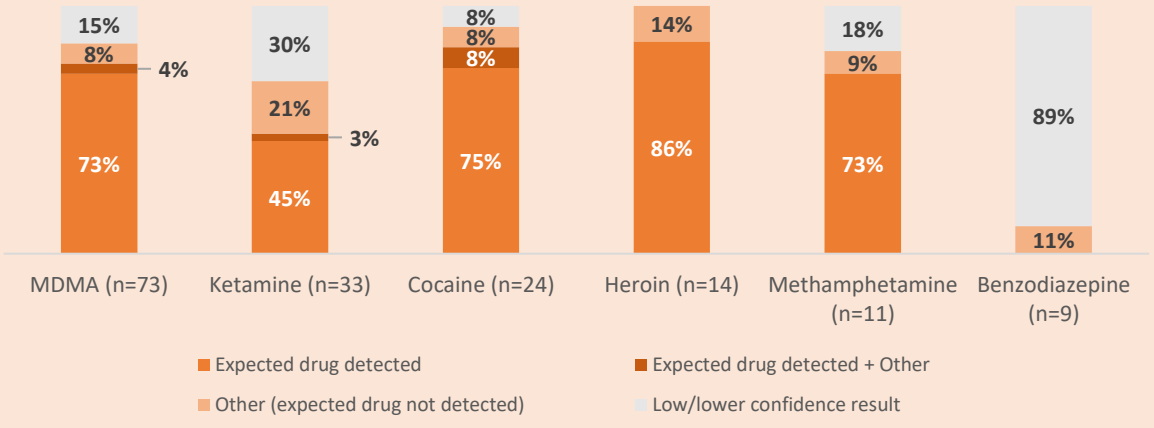


Source: Service operational data. Note that this figure includes additional samples where expected drug was not reported.

DETECTED AND EXPECTED DRUGS BY TYPE

Testing identified discrepancies between the drug that people expected and that which was identified. For MDMA, just over three quarters (77%) of the 73 samples contained the expected drug (sometimes including additional substances); for the 33 samples where people expected ketamine, less than half (48%) contained ketamine at high confidence (**Figure 13-19**).

Figure 13. Detected results by drug type and match type



Note: In 73% (n=170) of samples, FTIR testing returned lower or low confidence matches for additional substance/s. Due to the limitations of FTIR analysis these substances cannot be identified with certainty and are not listed by name in this report.

Source: Service operational data

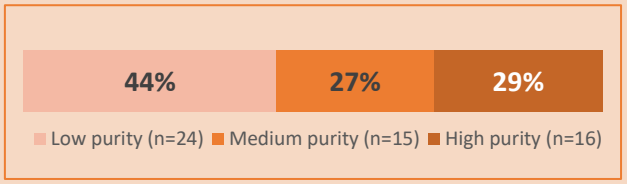
Figure 14. MDMA results

MDMA

Was expected in **73** samples and detected in **56**

3 samples **detected MDMA** and other substances (**ketamine, N,N-dimethylpentylone, sucrose**)

5 samples detected other substances (**ketamine, cocaine, caffeine, bk-2C-B HCl**) (**MDMA not detected**)



12 samples were **low/lower confidence**

Of the **55** MDMA samples tested with UPLC-PDA, the largest proportion (**44%**) were of **low purity**

Figure 15. Cocaine results

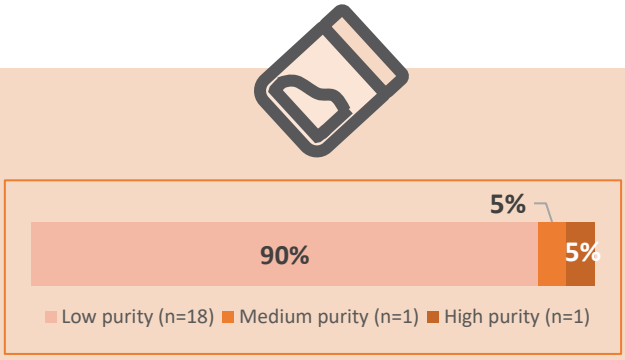
Cocaine

Was expected in **24** samples and detected in **20**

2 samples detected **cocaine** and other substances (**L-glutamine, creatine**)

1 sample detected **high purity methamphetamine** (**cocaine not detected**)

1 sample detected **dimethyl sulfone** (**cocaine not detected**)



2 samples were **low/lower confidence**

Of the **20** cocaine samples tested with UPLC-PDA, the majority (**91%**) were of **low purity**

Figure 16. Ketamine results

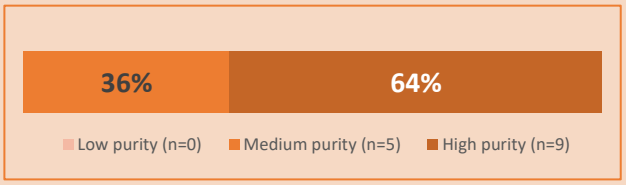
Ketamine

Was expected in **33** samples and detected in **16**

1 sample **detected ketamine** and another substance (**benzocaine**)

7 samples detected other substances (**procaine, 2-fluoro-oxo-PCE**) (**ketamine not detected**)

10 samples were **low/lower confidence**



Of the **14** ketamine samples tested with UPLC-PDA, the largest proportion (**64%**) were of **high purity**

Source: Service operational data

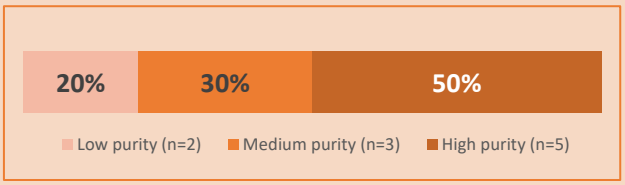
Figure 17. Methamphetamine results

Methamphetamine

Was expected in **11** samples and detected in **15**

1 sample detected **sucrose** (**methamphetamine not detected**)

2 samples were **low/lower confidence**



Of the **10** methamphetamine samples tested with UPLC-PDA, **50%** were of **high purity**

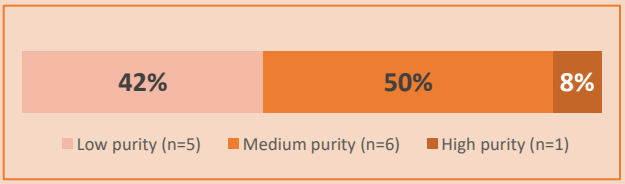
Figure 18. Heroin results

Heroin

Was expected in **14** samples and detected in **12**

1 sample detected **methamphetamine** (**heroin not detected**)

1 sample detected **morphine** (**heroin not detected**)



Of the **12** heroin samples tested with UPLC-PDA, **50%** were of **medium purity**

Figure 19. Benzodiazepines results

Benzodiazepines

Was expected in **9** samples and detected in **0**

1 sample detected **procaine**

All other samples were **low/lower confidence**

1 sample was tested with UPLC-PDA but did not detect any of the target drugs, so purity data is not available

It should be noted that Benzodiazepines are challenging to detect by FTIR and are not targeted by UPLC-PDA, which may explain the low detection rate reported here.

Use of **mass spectrometry** as an additional analytical technique at the service may go some way in addressing these limitations.

Source: Service operational data

COMMUNITY NOTICES AND OTHER INFORMATION SHARING

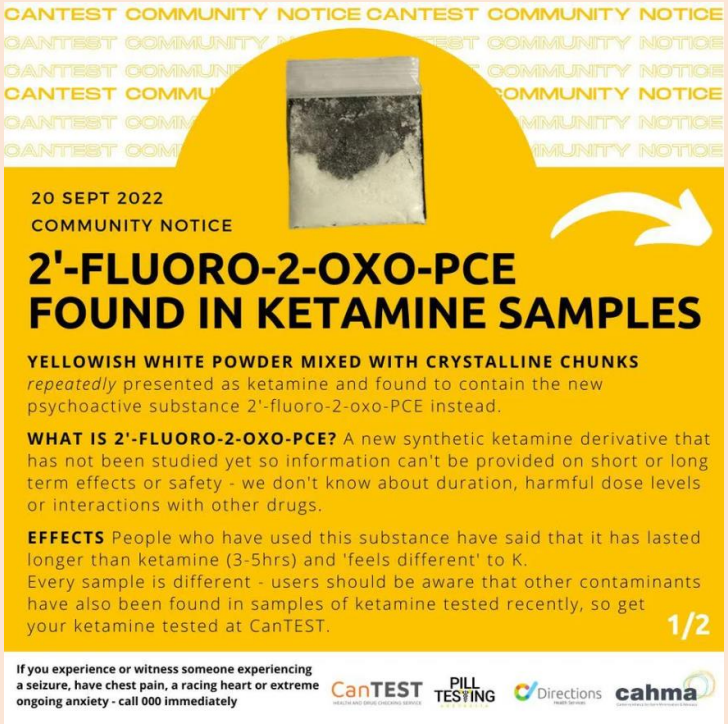
The public has been aware of the government commitment to a pilot fixed site service since October 2021. This announcement attracted publicity, as did the opening in July 2022. During the first three months of operation the service provider coalition and ACT Health discussed how the drug checking results could be shared with the community. A number of social media accounts were established for the CanTEST service and social media has been used to share information with the community.

Between opening and the end of the interim report reporting period CanTEST released four public reports. This included two monthly reports summarising drug checking results and two community notices regarding harmful substances found in samples (**Panel 4 and 5**). Information on potentially risky substances was provided to ACT Health for consideration and no public drug alerts were considered necessary during this period. The reach of the monthly reports and community notices appears to be beyond the ACT as the service has received multiple requests for information and mail-in drug checking.

CanTEST also uses its social media accounts to advertise its services and opening hours as well as to provide general harm reduction information about drug use

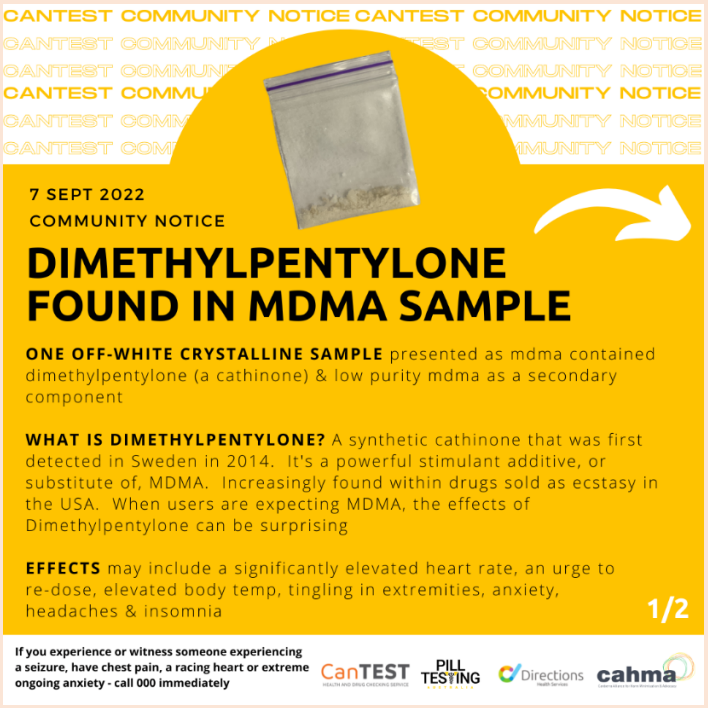
A new ketamine-like substance was identified in the service in September 2022. The service understands that it is the first time globally that a new substance has been identified in a drug checking service. Its significance was highlighted by the fact that the service received enquiries about the substance nationally and from across the globe. The service provided GC-MS analytical data to national forensic laboratories, providing timely information on the identity of a new psychoactive substance in the Australian drug market.

Panel 4. Community notices for 2'-fluoro-2-oxo-pce issued by CanTEST



Source:
https://www.cahma.org.au/wp-content/uploads/2022/10/1.jpg

Panel 5. Community notices for dimethylpetylone issued by CanTEST



Source:
https://www.cahma.org.au/wp-content/uploads/2022/10/CanTEST_Community-Notice_Dimethylpentylone-P1-1.png

5.5 To what extent did the service result in service users' attitudinal and/or behavioural change related to illicit drug use?

18% of drugs (n=41) were discarded at the service after testing

22% (n=33) of patrons reported that they 'Definitely will not' use the drug after receiving their test results

91% (n=87) reported that they would tell others about their drug checking test results

There are limited data available to assess change at this early stage of the pilot. In the final report, triangulation of data across several data sources (operational service data, pre-test survey, post-test survey, follow-up survey and follow-up interview) will provide in-depth information about the ways in which people utilised the information received at the service.

There are a number of early indicators that can suggest ways in which the service may have impacted on service user behaviours. Drug discarding is a common measure of service user behavioural change. Approximately one-in-five samples tested resulted in a drug being discarded at the service (18%, n=41). One-in-five (22%, n=33) of primary service users who completed the post-test survey reported that they 'definitely will not' use the drug after having received their test results. Most primary service users (91%, n=87) also indicated that they would share their drug checking results with others.

Source: Service operational data and service post-test survey of primary service users

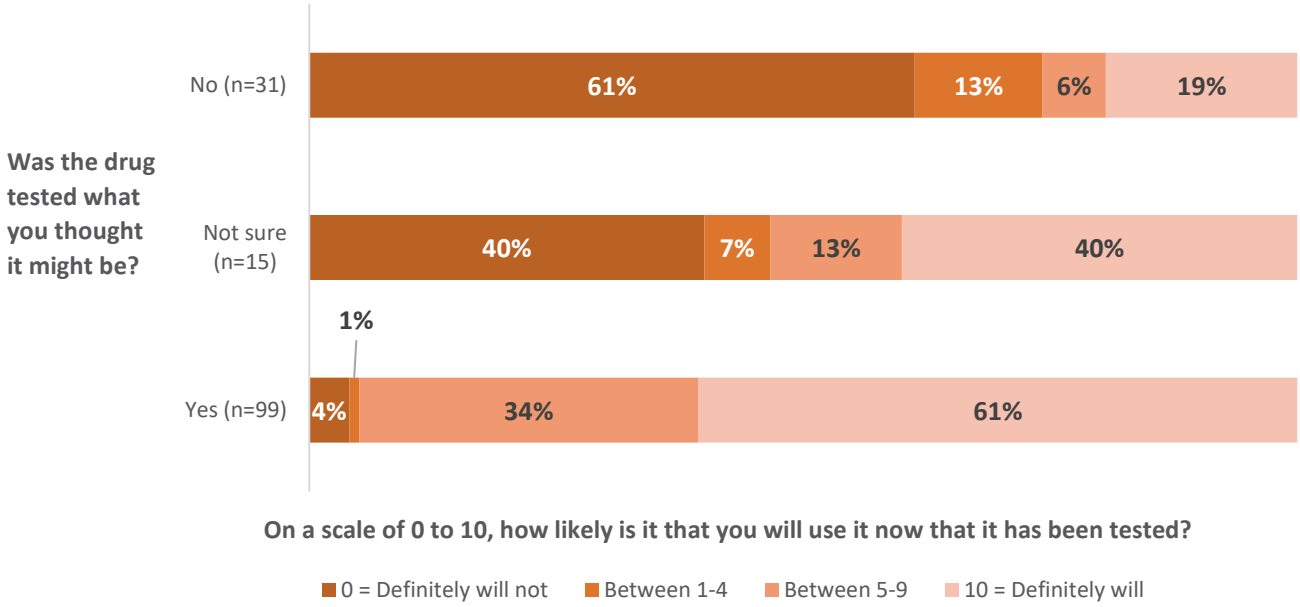
POST-DRUG CHECKING LIKELIHOOD OF USE

As has been found in previous research, service users' reported likelihood of using the drug/s after receiving the test results varied considerably according to whether the results aligned with the drug they thought it would be. For those who completed the post-test survey and where results matched what they thought the drug was initially (n=99), the majority (61%, n=60) reported that they 'definitely will' use the drug. For those where results did not align with the expected drug (n=31), the majority (n=61%, n=19) reported that they 'definitely will not' use the drug. For those who were 'not sure' about whether the results aligned with the expected drug (n=15), equal proportions (40%, n=6) reported that they 'definitely will' and 'definitely will not' use the drug (**Figure 20**).

Reported behaviour changes (such as reduced amount, spacing out, using with people) for those who report later using the drug measured in the follow-up survey and interviews will be analysed for the final report.

Source: Service post-test survey of primary service users

Figure 20. Likelihood of use by alignment of drug expectations and results



Source: Service post-test survey of primary service users

POST-DRUG CHECKING HARM REDUCTION BEHAVIOURS

Of those who completed both the pre- and post-test surveys (n=95), the most commonly endorsed harm reduction behaviours were:

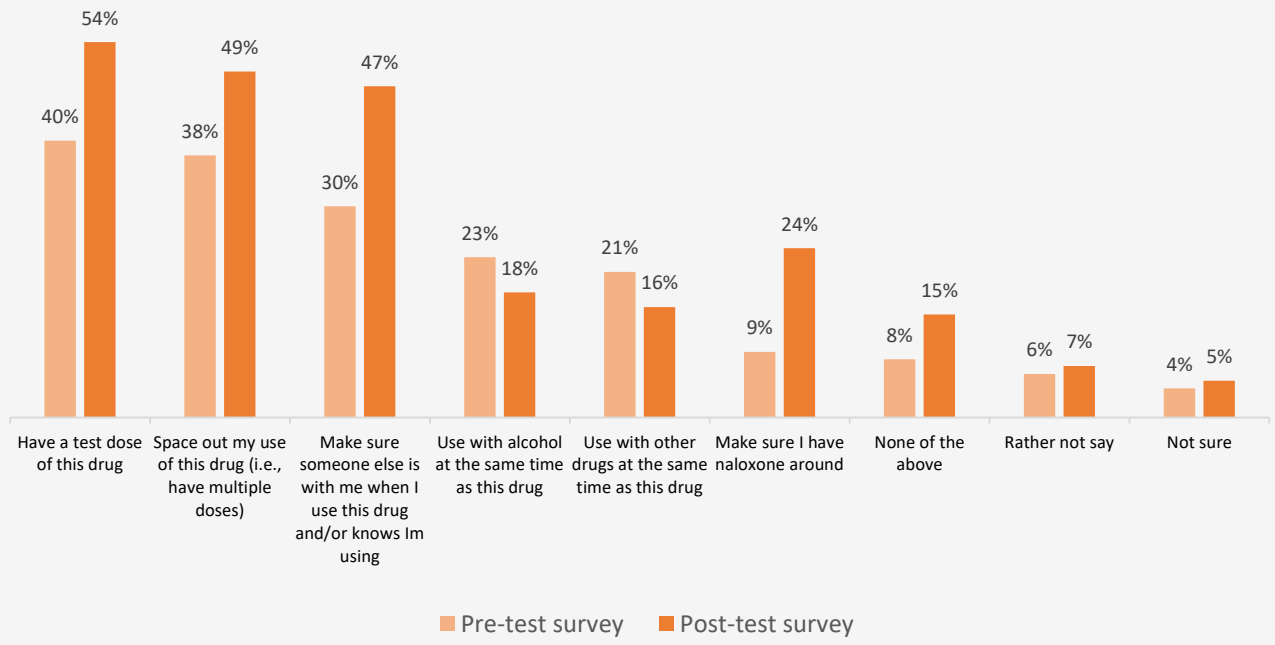
1. Have a test dose of this drug
2. Space out my use of this drug (i.e., have multiple doses)
3. Make sure someone else is with me when I use this drug and/or knows I'm using

The proportion of those endorsing each of these behaviours increased at post-test, and those endorsing 'make sure I have naloxone around' increased noticeably at post-test (**Figure 21**).

Endorsement of responses relating to using alcohol or other drugs at the same time as the drug/s getting tested reduced the most at the post-test survey compared to pre-test survey responses.

Source: Service post-test survey of primary service users

Figure 21. Responses to: "If you were to use the drug that you are getting / that you got tested today, would you do any of the following?"



Source: Service post-test survey of primary service users

5.6 Did the service have any unintended consequences, either positive or negative? If so, what were they?

Both positive and negative unintended consequences were observed during the first three months of the pilot. Most of them were positive, and the negative ones have provided information that can assist in fine-tuning the service. None of the negative unintended consequences are so serious as to warrant any changes in policy concerning the service, nor in changes in the broad approach to the service model.

POSITIVE CONSEQUENCES

- A small number of parents of young people who use drugs accessed the service with the aim of reducing the risks of harm that their children face in using drugs.
- Twelve percent of the primary service users resided outside the ACT, but note that this would include Queanbeyan, a city contiguous with Canberra. This proportion is not high enough to imply the existence of a 'honeypot' effect. Instead, it demonstrates the need for this type of service in other parts of the nation.
- A new ketamine-like substance was identified in the service in September 2022. The service understands that it is the first time globally that a new substance has been identified in a drug checking service. Its significance was highlighted by the fact that the service received enquiries about the substance nationally and across the globe. The service provided GC-MS analytical data to national forensic laboratories, providing timely information on the identity of a new psychoactive substance in the Australian drug market.
- The service found an unexpectedly high level of demand from people from diverse sectors wishing to do 'walk-throughs' of the service in which they are provided an understanding of the service user journey and demonstrations of the drug checking equipment. Senior policy makers and politicians, health professionals, researchers, advocates and media as well as people from interstate contemplating establishing drug checking services have completed walk-throughs. In this sense, the service provided a valuable information and an educational role in innovative drug harm reduction policies and practice in Australia.
- At least one interstate government health department requested the service data on an ongoing basis from ACTHD, presumably to inform their own policy work on drug checking.
- The evaluation team received requests from interstate colleagues for the sharing of the service and evaluation data collection tools. The interstate colleagues plan to use this information to support their own work in developing the evaluation of drug checking services when they become available in their own jurisdictions. This exchange of information creates the potential for a minimum dataset in the collection of data from drug checking services as they emerge across Australia.
- Establishment of the Australasian Drug Checking Information Group as a flow-on from the evaluation team's presentation to, and network-building activity at, the 2022 Darwin APSAD conference. The group involves a consortium of individuals interested in best practices in drug checking across Australia and New Zealand.

NEGATIVE CONSEQUENCES

- ACT Health provided the funds to meet the budget provided by the service provider. However, a number of increased costs were unanticipated at the time of initial funding. While a certain level of in-kind contribution was expected at the commencement of the pilot, there was more work carried out to design and implement the service than expected. The three organisations providing the service, and the evaluation team, needed to make substantial in-kind contributions of time and expertise, over and above that provided for in original budgets. For example, service management rapidly realised that the promotion of the service was important, but that this was not adequately funded in original planning and budgeting for the service. Further, the service originally budgeted for one analytic chemist, however two were needed to meet the level of service demand. In-kind contribution were essential for sound governance, service design, and implementation. A range of the additional funds expended by Directions Health Services are intended to be covered by ACT Health.
- Finally, the equipment used is not owned by Directions Health Services or ACT Health. The FTIR is leased from Pill Testing Australia and the UPLC was donated by Waters Australia for the duration of the pilot. Costs of either purchasing the equipment or leasing longer term will be considered at the end of the pilot.

5.7 WHAT WERE THE FINANCIAL COSTS OF THE SERVICE?

A summary of the project's budget, as at the end of October 2022, is available in **Table 2**, adapted from information provided by Directions Health Services. Note that it does not include some significant components funded separately by ACT Health, namely the lease and fit-out of the premises, security services at the premises and evaluation. Also note that these figures are the current available for the full 6-month period, not the first three months, and that these figures may change over the course of the pilot.

Inflation in equipment costs, furniture and other set-up costs and staff training led to greater than anticipated expenditure. The cost of the second analyst was offset by decreased medical on-call costs during this period. There are also a number of in-kind costs incurred by the CanTEST coalition, which have not been reflected in monetary terms. While a certain level of in-kind contribution was expected at the commencement of the pilot, there was more work carried out to design and implement the service than expected. These in-kind costs primarily include meetings about service operations, co-design of data collection instruments, weekly data cleaning and reporting and public notices which can amount to several hours each week. These in-kind costs were incurred by Directions Health Services (approximately 2 days per week), Canberra Alliance for Harm Minimisation and Advocacy (approximately 1.5 day per week), Pill Testing Australia (approximately 1.5 days per week) and the evaluation team (approximately 1 day per week).

Table 2. Project budget

Item	Description	Original Budget (ex GST)
Equipment	Drug checking equipment, drug safe & disposal system, IT and office equipment, etc.	$26,780
Analytic resources	FTIR spectrometer lease, software, UPLC-PDA consumables	$18,250
Staffing & professional fees		$89,850
Office expenses		$1,250
Administration		$12,602
Other expenses incl. insurance		$57,750
Total		**$206,482**

5.8 SHOULD THE SERVICE CONTINUE AND, IF SO, WHAT CHANGES IN THE PROGRAM AND ITS CONTEXTS ARE DESIRABLE?

CanTEST should continue to provide the service broadly along the current lines until the conclusion of the pilot in January 2023. The service is being utilised by people who use drugs, is well received by service users and is producing new information about the Australian drug market.

Beyond the initial six-moth pilot period there are a number of key factors that could be considered. More information on potential changes to the service will be provided once the pilot period has been completed and all available data sources analysed.

- It is clear that at least two analytical chemists are needed; this should be reflected in future budgets.
- The UPLC-PDA drug checking equipment is on loan to the service. It is state-of-the-art, providing valuable additional information, including drug purity. If the service continues at its current level of operation, and this is recommended, equipment and consumables need to be funded.
- People who inject drugs are at high risk of overdose and other impacts of an unstable and unpredictable drug supply. Only one in ten service users who used the service reported injecting drugs in the past month and more advocacy and networking could assist in increasing this population of service users.
- Plan well ahead to create surge capacity for when events are being held in Canberra, such as music/dance festivals or conferences, that are likely to attract a substantial number of people who use drugs to Canberra.
- Review the opening hours and days of operation, reflecting the feedback received from service users that the current ones are too restrictive. These early data suggest that additional days and opening hours outside of business hours are desired.
- Equipment selected for the service represent a trade-off between time to conduct analysis, costs of equipment and the ability to resolve the contents of complex samples. The contents of a sample could

not be identified with high confidence in approximately one-third of cases. It is likely that the majority of these samples would be able to be identified using GC-MS offsite. Future implementations of the service would be well served to include funding for and a service plan for timely completion of offsite GC-MS and communication of results to patrons. Options include service users phoning in, receiving results by SMS, and posting the results online. However, a range of considerations would need to be taken into account to provide results back to service users including privacy and equity.

We recommend that CanTEST should continue to provide the service broadly along the current lines until the conclusion of the pilot in January 2023 and consider these contextual issues in potential re-funding of the pilot service.

6 CONCLUSIONS

This interim evaluation report covers operation of the pilot fixed-site health and drug checking service ("CanTEST") in Canberra, ACT, for the initial three months of operation, 21st July to 20th October 2022.

The evaluation is answering ten specific questions, eight of which have been addressed in this interim report.

The overall conclusion of the evaluation, at this stage in the CanTEST pilot project, is that the pilot faced a range of challenges, but is being implemented well, following the model initially developed with some minor modifications to meet service user demand. It is providing a highly-valued health service to mainly young adults from the Canberra region. We find strong support for completing the six-months pilot, and for considering development of the service beyond the pilot period. This interim report has identified a number of strengths of the program that should be retained, as well as potential program improvements to consider in future design and delivery.

While the effort to establish the service and run the pilot has been higher than expected, the multiple organisations involved are committed to working together to deliver the service as the pilot comes to its conclusion in early 2023. Most service users accessing CanTEST are completing the voluntary pre-test and post-test surveys, providing valuable operational and evaluation data. Almost one-third are responding to the follow-up survey reminder and completing another survey in the weeks after their visit, and in-depth interviews are now being conducted with service users in the weeks following their attendance at CanTEST. These preliminary data reveal that for around two-thirds it was their first-time checking drugs and, importantly, their first interaction with a health care professional to discuss drug use. As planned, at this stage of the evaluation only limited data are available to assess changes in the drug-related attitudes and behaviours of service users. This topic will be covered in the final report. Early analyses suggest that the service is influencing service users' behaviours in a number of ways, including their discarding their drugs at the service, and a significant proportion stating that they 'definitely will not' use the drug after having received their test results. As expected, the first three months of CanTEST's operations have produced valuable information about illegal drug availability and markets in Canberra.

A number of unintended consequences of the pilot were observed during its first three months. Most of them were positive, and the negative ones have provided information that can assist in fine-tuning the service. Importantly, none of the negative unintended consequences are serious enough as to warrant any changes in policy concerning the service, nor in changes to the broad approach to the service model.

As noted above, the core finding at this stage of the evaluation is that the CanTEST service should continue until its planned conclusion at the end of January 2023. We find support for not only completing the six-months pilot, but also for considering development of the service beyond the pilot period, subject to the evaluation findings covering the full pilot period that will be presented in a final report in the first half of 2023.

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8 APPENDICES

INTAKE

Add new visit

Reopen current entry

Add new participant

Exclude entry or Withdraw participant

Please enter personalised ID

Client's 'code name' _____
Client's Day of Birth (E.g., 01/01/2000) _____ Client's favourite colour _____

---

p_id

_____

Personalised ID

_____

Asked of the client: Have you visited the service before and submitted a drug sample for testing?

◯ Yes
◯ No
◯ Don't know/Didn't respond

---

new_par

_____

SCREENING

date_visit	_____
time_visit	_____
Start date and time	_____
Visit ID: [record_id]	
Enter staff initials (Service worker)	◯ _____
Is the client visiting by themselves or as a group?	One person Group of people
Record the total number of people in the group:	_____
Asked of the client: Are you intending to submit a drug sample (or samples) for testing today?	◯ Yes ◯ No ◯ Don't know/Didn't respond
For staff: Enter assessment of client capacity	◯ Yes, capable ◯ No, not capable ◯ No, not able to assess (e.g. Service is closing)
For staff: As a group of people is presenting, enter the number of people who are deemed capable: You have entered: [s2_group_capable] (capable) of [s1_group_total] (total number in group)	_____
For staff: Waiver signed?	◯ Yes ◯ No, refused ◯ No, not required (e.g., seeing the nurse) ◯ No, other reason
For staff: Specify other reason waiver was not signed by the main person presenting	_____
For staff: As a group of people is presenting, enter the number of people who signed the waiver You have entered: [s2_group_waiver] (signed waiver) of [s2_group_capable] (deemed capable) of [s1_group_total] (total number in group)	_____
Asked of the client: How many samples would you like to have tested?	_____

For staff: How many samples will be submitted for testing?	◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5
NEW QUESTION FOR STAFF: Is client planning to use the drug(s) tested when attending an upcoming festival (e.g., Spilt Milk)?	◯ Yes ◯ No ◯ Client unsure
For staff: Does the client consent to the data collection through the pre- and post-surveys? (Do not read out responses)	◯ Yes ◯ No, does not consent
For staff: Provide client with sticky notes for clients to label their samples: [record_id]-A through [record_id]-E (depending how many samples are being submitted) Confirm client has sticky notes to label their samples:	◯ Yes ◯ No
Visit ID:	_____
contact_complete	_____
questionnaire_complete	_____

PRETEST SURVEY

Visit ID: [record_id]

Part 1 Thanks for agreeing to enter this data. First, we want to ask you some general questions about the drug you'd like to test today. You can select 'not sure' or 'prefer not to say' to any question.

Part 1 Thanks for agreeing to enter this data. First, we want to ask you some general questions about the drugs you'd like to test today. You can select 'not sure' or 'prefer not to say' to any question.

Refer to the drug labelled 'Sample [record_id] A' and answer the following questions. You will then be asked the same questions for your other samples.

What do you think the drug being tested is? Please select one response.

If you think the sample might contain multiple drugs, please select 'other' and write in the drugs you think it contains.

- ◯ Amphetamine
- ◯ Benzodiazepine
- ◯ Cannabis
- ◯ Synthetic cannabinoids
- ◯ Cocaine
- ◯ Dexamphetamine
- ◯ Fentanyl
- ◯ Fentanyl analogue (e.g., carfentanyl)
- ◯ GHB/GBL/1,4-BD
- ◯ Heroin
- ◯ LSD
- ◯ Ketamine
- ◯ MDA
- ◯ MDEA
- ◯ MDMA/ecstasy
- ◯ Methadone
- ◯ Morphine
- ◯ Methamphetamine
- ◯ Oxycodone
- ◯ PMA
- ◯ PMMA
- ◯ Buprenorphine
- ◯ Buprenorphine-naloxone
- ◯ Codeine
- ◯ Tapentadol
- ◯ Tramadol
- ◯ Steroid
- ◯ Other
- ◯ Not sure
- ◯ Rather not say

Please specify what other drug/s you think it is. Please try to be as specific as possible (e.g., 'codeine' rather than 'opioid'). If you think it contains more than one drug, you can list all these drugs here.

_____

Please specify what fentanyl analogue you think it is (e.g., carfentanyl). You can write 'not sure' if you're unsure.

_____

If you can, please specify what 'benzodiazepine' you think it is (e.g., Xanax, Valium). You can write 'not sure' if you're unsure.

_____

If you can, please specify what 'synthetic cannabinoid' you think it is. You can write 'not sure' if you're unsure.	_____
If you can, please specify what steroid you think it is. You can write 'not sure' if you're unsure.	_____
What makes you think the sample drug is [s4_expected] / [s4_expected_other]? Please read all response options and select all that apply.	☐ Already tried it ☐ Someone else already tried it ☐ That is what I was told by the person supplying the drug ☐ I have tested it using a drug testing kit ☐ Other reason ☐ Not sure ☐ Rather not say
Please specify other reason you think that the drug you are getting tested today is [s4_expected] / [s4_expected_other]:	_____
If you or someone else has already tried the drug you are getting tested today, did you have any unexpected or bad effects from the drug?	◯ No, expected effects ◯ Yes, unexpected psychoactive effect ◯ Yes, bad physical effects ◯ Not sure ◯ Rather not say
Where did this drug come from? Select one response	◯ Dealer ◯ Friend/Relative/Workmate ◯ Acquaintance ◯ Online surface web (E.g., Facebook) ◯ Online darknet (E.g., Silkroad) ◯ Other source ◯ Not sure ◯ Rather not say
If "Other", please specify where this drug came from. Please don't provide specific details, just a broad description.	_____

Reminder:
Continue referring to the drug labelled 'Sample [record_id] A' and answer the following questions. You will then be asked the same questions for your other sample/s.

Thinking about the drug that you are getting tested today, how likely is it that you will use it?	◯ 0 = Definitely will not ◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5 ◯ 6 ◯ 7 ◯ 8 ◯ 9 ◯ 10 = Definitely will ◯ Unsure, depends on testing result ◯ Unsure, depends on other reason ◯ Rather not say

If you were to use the drug that you are getting tested today, would you do any of the following? Read and mark all that apply	☐ Space out my use of this drug (i.e., have multiple doses) ☐ Have a test dose of this drug ☐ Use with alcohol at the same time as this drug ☐ Use with other drugs at the same time as this drug ☐ Make sure I have naloxone around ☐ Make sure someone else is with me when I use this drug and/or knows I'm using ☐ None of the above ☐ Not sure ☐ Rather not say
Have you ever used this drug type before?	◯ No ◯ Yes, once or twice ◯ Yes, three or more times ◯ Not sure ◯ Rather not say
Sample [record_id] B	
What do you think the drug being tested is? Please select one response. If you think the sample might contain multiple drugs, please select 'other' and write in the drugs you think it contains.	◯ Amphetamine ◯ Benzodiazepine ◯ Cannabis ◯ Synthetic cannabinoids ◯ Cocaine ◯ Dexamphetamine ◯ Fentanyl ◯ Fentanyl analogue (e.g., carfentanyl) ◯ GHB/GBL/1,4-BD ◯ Heroin ◯ LSD ◯ Ketamine ◯ MDA ◯ MDEA ◯ MDMA/ecstasy ◯ Methadone ◯ Morphine ◯ Methamphetamine ◯ Oxycodone ◯ PMA ◯ PMMA ◯ Buprenorphine ◯ Buprenorphine-naloxone ◯ Codeine ◯ Tapentadol ◯ Tramadol ◯ Steroid ◯ Other ◯ Not sure ◯ Rather not say
Please specify what other drug/s you think it is. Please try to be as specific as possible (e.g., 'codeine' rather than 'opioid'). If you think it contains more than one drug, you can list all these drugs here.	_____
Please specify what fentanyl analogue you think it is (e.g., carfentanyl). You can write 'not sure' if you're unsure.	_____

If you can, please specify what 'benzodiazepine' you think it is (e.g., Xanax, Valium). You can write 'not sure' if you're unsure.	_____
If you can, please specify what 'synthetic cannabinoid' you think it is. You can write 'not sure' if you're unsure.	_____
If you can, please specify what steroid you think it is. You can write 'not sure' if you're unsure.	_____
What makes you think the sample drug is [s4_expected_2] / [s4_expected_other_2]? Please read all response options and select all that apply.	☐ Already tried it ☐ Someone else already tried it ☐ That is what I was told by the person supplying the drug ☐ I have tested it using a drug testing kit ☐ Other reason ☐ Not sure ☐ Rather not say
Please specify other reason you think that the drug you are getting tested today is [s4_expected_2] / [s4_expected_other_2]:	_____
If you or someone else has already tried the drug you are getting tested today, did you have any unexpected or bad effects from the drug?	◯ No, expected effects ◯ Yes, unexpected psychoactive effect ◯ Yes, bad physical effects ◯ Not sure ◯ Rather not say
Where did this drug come from? Select one response	◯ Dealer ◯ Friend/Relative/Workmate ◯ Acquaintance ◯ Online surface web (E.g., Facebook) ◯ Online darknet (E.g., Silkroad) ◯ Other source ◯ Not sure ◯ Rather not say
If "Other", please specify where this drug came from. Please don't provide specific details, just a broad description.	_____
Thinking about the Sample [record_id] B drug that you are getting tested today, how likely is it that you will use it?	◯ 0 = Definitely will not ◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5 ◯ 6 ◯ 7 ◯ 8 ◯ 9 ◯ 10 = Definitely will ◯ Unsure, depends on testing result ◯ Unsure, depends on other reason ◯ Rather not say

If you were to use the drug that you are getting tested today, would you do any of the following? Read and mark all that apply	☐ Space out my use of this drug (i.e., have multiple doses) ☐ Have a test dose of this drug ☐ Use with alcohol at the same time as this drug ☐ Use with other drugs at the same time as this drug ☐ Make sure I have naloxone around ☐ Make sure someone else is with me when I use this drug and/or knows I'm using ☐ None of the above ☐ Not sure ☐ Rather not say
Have you ever used this drug type before?	◯ No ◯ Yes, once or twice ◯ Yes, three or more times ◯ Rather not say
Sample [record_id] C	
What do you think the drug being tested is? Please select one response. If you think the sample might contain multiple drugs, please select 'other' and write in the drugs you think it contains.	◯ Amphetamine ◯ Benzodiazepine ◯ Cannabis ◯ Synthetic cannabinoids ◯ Cocaine ◯ Dexamphetamine ◯ Fentanyl ◯ Fentanyl analogue (e.g., carfentanyl) ◯ GHB/GBL/1,4-BD ◯ Heroin ◯ LSD ◯ Ketamine ◯ MDA ◯ MDEA ◯ MDMA/ecstasy ◯ Methadone ◯ Morphine ◯ Methamphetamine ◯ Oxycodone ◯ PMA ◯ PMMA ◯ Buprenorphine ◯ Buprenorphine-naloxone ◯ Codeine ◯ Tapentadol ◯ Tramadol ◯ Steroid ◯ Other ◯ Not sure ◯ Rather not say
Please specify what other drug/s you think it is. Please try to be as specific as possible (e.g., 'codeine' rather than 'opioid'). If you think it contains more than one drug, you can list all these drugs here.	_____
Please specify what fentanyl analogue you think it is (e.g., carfentanyl). You can write 'not sure' if you're unsure.	_____

If you can, please specify what 'benzodiazepine' you think it is (e.g., Xanax, Valium). You can write 'not sure' if you're unsure.	_____
If you can, please specify what 'synthetic cannabinoid' you think it is. You can write 'not sure' if you're unsure.	_____
If you can, please specify what steroid you think it is. You can write 'not sure' if you're unsure.	_____
What makes you think the sample drug is [s4_expected_3] / [s4_expected_other_3]? Please read all response options and select all that apply.	☐ Already tried it ☐ Someone else already tried it ☐ That is what I was told by the person supplying the drug ☐ I have tested it using a drug testing kit ☐ Other reason ☐ Not sure ☐ Rather not say
Please specify other reason you think that the drug you are getting tested today is [s4_expected_3] / [s4_expected_other_3]:	_____
If you or someone else has already tried the drug you are getting tested today, did you have any unexpected or bad effects from the drug?	◯ No, expected effects ◯ Yes, unexpected psychoactive effect ◯ Yes, bad physical effects ◯ Not sure ◯ Rather not say
Where did this drug come from? Select one response	◯ Dealer ◯ Friend/Relative/Workmate ◯ Acquaintance ◯ Online surface web (E.g., Facebook) ◯ Online darknet (E.g., Silkroad) ◯ Other source ◯ Not sure ◯ Rather not say
If "Other", please specify where this drug came from. Please don't provide specific details, just a broad description.	_____
Thinking about the Sample [record_id] C drug that you are getting tested today, how likely is it that you will use it?	◯ 0 = Definitely will not ◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5 ◯ 6 ◯ 7 ◯ 8 ◯ 9 ◯ 10 = Definitely will ◯ Unsure, depends on testing result ◯ Unsure, depends on other reason ◯ Rather not say

If you were to use the drug that you are getting tested today, would you do any of the following? Read and mark all that apply	☐ Space out my use of this drug (i.e., have multiple doses) ☐ Have a test dose of this drug ☐ Use with alcohol at the same time as this drug ☐ Use with other drugs at the same time as this drug ☐ Make sure I have naloxone around ☐ Make sure someone else is with me when I use this drug and/or knows I'm using ☐ None of the above ☐ Not sure ☐ Rather not say
Have you ever used this drug type before?	◯ No ◯ Yes, once or twice ◯ Yes, three or more times ◯ Rather not say
Sample [record_id] D	
What do you think the drug being tested is? Please select one response. If you think the sample might contain multiple drugs, please select 'other' and write in the drugs you think it contains.	◯ Amphetamine ◯ Benzodiazepine ◯ Cannabis ◯ Synthetic cannabinoids ◯ Cocaine ◯ Dexamphetamine ◯ Fentanyl ◯ Fentanyl analogue (e.g., carfentanyl) ◯ GHB/GBL/1,4-BD ◯ Heroin ◯ LSD ◯ Ketamine ◯ MDA ◯ MDEA ◯ MDMA/ecstasy ◯ Methadone ◯ Morphine ◯ Methamphetamine ◯ Oxycodone ◯ PMA ◯ PMMA ◯ Buprenorphine ◯ Buprenorphine-naloxone ◯ Codeine ◯ Tapentadol ◯ Tramadol ◯ Steroid ◯ Other ◯ Not sure ◯ Rather not say
Please specify what other drug/s you think it is. Please try to be as specific as possible (e.g., 'codeine' rather than 'opioid'). If you think it contains more than one drug, you can list all these drugs here.	_____
Please specify what fentanyl analogue you think it is (e.g., carfentanyl). You can write 'not sure' if you're unsure.	_____

If you can, please specify what 'benzodiazepine' you think it is (e.g., Xanax, Valium). You can write 'not sure' if you're unsure.	_____
If you can, please specify what 'synthetic cannabinoid' you think it is. You can write 'not sure' if you're unsure.	_____
If you can, please specify what steroid you think it is. You can write 'not sure' if you're unsure.	_____
What makes you think the sample drug is [s4_expected_4] / [s4_expected_other_4]? Please read all response options and select all that apply.	☐ Already tried it ☐ Someone else already tried it ☐ That is what I was told by the person supplying the drug ☐ I have tested it using a drug testing kit ☐ Other reason ☐ Not sure ☐ Rather not say
Please specify other reason you think that the drug you are getting tested today is [s4_expected_4] / [s4_expected_other_4]:	_____
If you or someone else has already tried the drug you are getting tested today, did you have any unexpected or bad effects from the drug?	◯ No, expected effects ◯ Yes, unexpected psychoactive effect ◯ Yes, bad physical effects ◯ Not sure ◯ Rather not say
Where did this drug come from? Select one response	◯ Dealer ◯ Friend/Relative/Workmate ◯ Acquaintance ◯ Online surface web (E.g., Facebook) ◯ Online darknet (E.g., Silkroad) ◯ Other source ◯ Not sure ◯ Rather not say
If "Other", please specify where this drug came from. Please don't provide specific details, just a broad description.	_____
Thinking about the Sample [record_id] D drug that you are getting tested today, how likely is it that you will use it?	◯ 0 = Definitely will not ◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5 ◯ 6 ◯ 7 ◯ 8 ◯ 9 ◯ 10 = Definitely will ◯ Unsure, depends on testing result ◯ Unsure, depends on other reason ◯ Rather not say

If you were to use the drug that you are getting tested today, would you do any of the following? Read and mark all that apply	☐ Space out my use of this drug (i.e., have multiple doses) ☐ Have a test dose of this drug ☐ Use with alcohol at the same time as this drug ☐ Use with other drugs at the same time as this drug ☐ Make sure I have naloxone around ☐ Make sure someone else is with me when I use this drug and/or knows I'm using ☐ None of the above ☐ Not sure ☐ Rather not say
Have you ever used this drug type before?	◯ No ◯ Yes, once or twice ◯ Yes, three or more times ◯ Rather not say
Sample [record_id] E	
What do you think the drug being tested is? Please select one response. If you think the sample might contain multiple drugs, please select 'other' and write in the drugs you think it contains.	◯ Amphetamine ◯ Benzodiazepine ◯ Cannabis ◯ Synthetic cannabinoids ◯ Cocaine ◯ Dexamphetamine ◯ Fentanyl ◯ Fentanyl analogue (e.g., carfentanyl) ◯ GHB/GBL/1,4-BD ◯ Heroin ◯ LSD ◯ Ketamine ◯ MDA ◯ MDEA ◯ MDMA/ecstasy ◯ Methadone ◯ Morphine ◯ Methamphetamine ◯ Oxycodone ◯ PMA ◯ PMMA ◯ Buprenorphine ◯ Buprenorphine-naloxone ◯ Codeine ◯ Tapentadol ◯ Tramadol ◯ Steroid ◯ Other ◯ Not sure ◯ Rather not say
Please specify what other drug/s you think it is. Please try to be as specific as possible (e.g., 'codeine' rather than 'opioid'). If you think it contains more than one drug, you can list all these drugs here.	_____
Please specify what fentanyl analogue you think it is (e.g., carfentanyl). You can write 'not sure' if you're unsure.	_____

If you can, please specify what 'benzodiazepine' you think it is (e.g., Xanax, Valium). You can write 'not sure' if you're unsure.	_____
If you can, please specify what 'synthetic cannabinoid' you think it is. You can write 'not sure' if you're unsure.	_____
If you can, please specify what steroid you think it is. You can write 'not sure' if you're unsure.	_____
What makes you think the sample drug is [s4_expected_5] / [s4_expected_other_5]? Please read all response options and select all that apply.	☐ Already tried it ☐ Someone else already tried it ☐ That is what I was told by the person supplying the drug ☐ I have tested it using a drug testing kit ☐ Other reason ☐ Not sure ☐ Rather not say
Please specify other reason you think that the drug you are getting tested today is [s4_expected_5] / [s4_expected_other_5]:	_____
If you or someone else has already tried the drug you are getting tested today, did you have any unexpected or bad effects from the drug?	◯ No, expected effects ◯ Yes, unexpected psychoactive effect ◯ Yes, bad physical effects ◯ Not sure ◯ Rather not say
Where did this drug come from? Select one response	◯ Dealer ◯ Friend/Relative/Workmate ◯ Acquaintance ◯ Online surface web (E.g., Facebook) ◯ Online darknet (E.g., Silkroad) ◯ Other source ◯ Not sure ◯ Rather not say
If "Other", please specify where this drug came from. Please don't provide specific details, just a broad description.	_____
Thinking about the Sample [record_id] E drug that you are getting tested today, how likely is it that you will use it?	◯ 0 = Definitely will not ◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5 ◯ 6 ◯ 7 ◯ 8 ◯ 9 ◯ 10 = Definitely will ◯ Unsure, depends on testing result ◯ Unsure, depends on other reason ◯ Rather not say

If you were to use the drug that you are getting tested today, would you do any of the following? Read and mark all that apply	☐ Space out my use of this drug (i.e., have multiple doses) ☐ Have a test dose of this drug ☐ Use with alcohol at the same time as this drug ☐ Use with other drugs at the same time as this drug ☐ Make sure I have naloxone around ☐ Make sure someone else is with me when I use this drug and/or knows I'm using ☐ None of the above ☐ Not sure ☐ Rather not say
Have you ever used this drug type before?	◯ No ◯ Yes, once or twice ◯ Yes, three or more times ◯ Rather not say

Part 2: About You These next questions are some broad questions about you, so we can understand more about the different types of people who might be accessing the service and how we can best meet their needs. Remember, you can always select 'rather not say' if you don't want to respond, or 'not sure' if you are unsure. You won't be asked most of these questions again if you visit the service in future.

What is your gender?	◯ Man or male ◯ Woman or female ◯ Non-binary ◯ [I/They] use a different term (please specify) ◯ Rather not answer
Please specify if I/they use a different term	_____
What is your age in years?	_____ (Enter 999 if you'd rather not say)
What region do you live in?	◯ Belconnen ◯ Central Canberra ◯ Gungahlin ◯ Tuggeranong ◯ Woden ◯ Western Creek ◯ Molonglo ◯ elsewhere in ACT ◯ NSW ◯ Other Australian state/territory (QLD, SA, VIC, TAS, WA, NT) ◯ Overseas ◯ No fixed address ◯ Rather not say

Which of the following drugs have you used in the LAST MONTH? Select all that apply	☐ Benzodiazepines (e.g., Xanax, Valium) ☐ Cannabis ☐ Cocaine ☐ MDMA/ecstasy ☐ GHB/GBL/1,4-BD (liquid E) ☐ Heroin ☐ LSD (acid) ☐ Ketamine (special K) ☐ Other psychedelics (e.g., DMT) ☐ Methamphetamine (e.g., speed, crystal, ice) ☐ Methadone/buprenorphine/buprenorphine-naloxone ☐ Fentanyl ☐ Morphine (e.g., MS Contin) ☐ Oxycodone (e.g., OxyContin) ☐ Pharmaceutical opioids (e.g., tramadol, tapentadol, codeine) ☐ Fentanyl analogues (e.g., carfentanyl) ☐ Other synthetic drugs (e.g., Spice, Kronic, mephedrone, NBOMe) ☐ Rather not say
Have you injected any drug in the last month?	◯ Yes ◯ No ◯ Not sure ◯ Rather not say
How often did you use drugs in the last month? (don't count cannabis if you've used it in the past month) Select the most appropriate option	☐ Not in the last month ☐ Weekly or less ☐ More than weekly, not daily ☐ Daily ☐ Not sure ☐ Rather not say
Have you ever accessed a healthcare worker before for information or advice about drug use? (This could be a peer worker, an alcohol and other drugs worker or other healthcare professional)	◯ Yes ◯ No ◯ Not sure ◯ Rather not say
Have you ever tested drugs before in Australia? Tick all that apply	☐ No ☐ Yes, using a reagent kit ☐ Yes, using fentanyl test stips ☐ Yes, used this service before ☐ Yes, at Groovin' the Moo Canberra ☐ Yes, other service in Australia (specify) ☐ Yes, outside of Australia ☐ Rather not say
Please specify the other Australian testing service/s you used:	_____
Have you ever had a bad effect from drugs (other than alcohol) - one that you received medical assistance for?	◯ No ◯ Yes, but not in the last year ◯ Yes, in the last year ◯ Rather not say

Part 3: Contact details for Follow-up Survey

Can ANU contact you in the coming days for a brief online confidential survey and/or telephone interview about your experience here?

◯ Yes
◯ No thank you

This research is being carried out by a group of researchers at ANU who, collectively, have decades of experience conducting research into drug use, and who are committed to supporting the community of people who use drugs. This research will help inform evaluation and running of this service to make it more responsive to people's needs. People who take part will receive a $20 gift voucher on completion of a 5-minute brief confidential survey and/or $40 voucher on completion of a short telephone interview, whichever you'd prefer.

Click here to enter your contact details

Great! You only need to enter your contact details if you are interested in the follow-up survey with ANU.

You can provide your email address or if you'd prefer, your mobile number. You don't need to give your name.

Thank you for completing those questions! Your responses will help inform evaluation and running of this service to make sure it can be responsive to people's needs. Please hand the tablet back to the staff member and we'll get to testing your samples for you!

CHEMIST 1: SAMPLE ASSESSMENT AND FTIR

Visit ID: [record_id]

Date

_____

Time

_____

Number of samples: [s2_samples]

TESTING NOT REQUIRED

SAMPLE ASSESSMENT & FTIR TESTING Note for chemists: Ask the client to present the sample/s. If more than one sample is being tested, ensure each sample is labelled with the Sample ID (REDCap ID followed by A, B , C etc. in separate bags.)

Enter staff initials (Chemist)

_____

Sample A ID

_____

Sample [record_id] A: Expected drug

What do you think the drug being tested is?

Please select one response.
If you think the sample might contain multiple drugs, please select 'other' and write in the drugs you think it contains.

- ◯ Amphetamine
- ◯ Benzodiazepine
- ◯ Cannabis
- ◯ Synthetic cannabinoids
- ◯ Cocaine
- ◯ Dexamphetamine
- ◯ Fentanyl
- ◯ Fentanyl analogue (e.g., carfentanyl)
- ◯ GHB/GBL/1,4-BD
- ◯ Heroin
- ◯ LSD
- ◯ Ketamine
- ◯ MDA
- ◯ MDEA
- ◯ MDMA/ecstasy
- ◯ Methadone
- ◯ Morphine
- ◯ Methamphetamine
- ◯ Oxycodone
- ◯ PMA
- ◯ PMMA
- ◯ Buprenorphine
- ◯ Buprenorphine-naloxone
- ◯ Codeine
- ◯ Tapentadol
- ◯ Tramadol
- ◯ Steroid
- ◯ Other
- ◯ Not sure
- ◯ Rather not say

Specify other drug

Please try to be as specific as possible (e.g., 'codeine' rather than 'opioid'). If you think it contains more than one drug, you can list all these drugs here.

_____

Please specify what fentanyl analogue you think it is (e.g., carfentanyl). You can write 'not sure' if you're unsure.

_____

If you can, please specify what 'benzodiazepine' you think it is (e.g., Xanax, Valium). You can write 'not sure' if you're unsure.

_____

If you can, please specify what 'synthetic cannabinoid' you think it is. You can write 'not sure' if you're unsure.

_____

If you can, please specify what steroid you think it is. You can write 'not sure' if you're unsure.

_____

Sample B ID

_____

Sample [record_id] B: Expected drug

What do you think the drug being tested is?

Please select one response.
If you think the sample might contain multiple drugs, please select 'other' and write in the drugs you think it contains.

- ◯ Amphetamine
- ◯ Benzodiazepine
- ◯ Cannabis
- ◯ Synthetic cannabinoids
- ◯ Cocaine
- ◯ Dexamphetamine
- ◯ Fentanyl
- ◯ Fentanyl analogue (e.g., carfentanyl)
- ◯ GHB/GBL/1,4-BD
- ◯ Heroin
- ◯ LSD
- ◯ Ketamine
- ◯ MDA
- ◯ MDEA
- ◯ MDMA/ecstasy
- ◯ Methadone
- ◯ Morphine
- ◯ Methamphetamine
- ◯ Oxycodone
- ◯ PMA

Specify other drug

Please try to be as specific as possible (e.g., 'codeine' rather than 'opioid'). If you think it contains more than one drug, you can list all these drugs here.

_____

Please specify what fentanyl analogue you think it is (e.g., carfentanyl). You can write 'not sure' if you're unsure.

_____

If you can, please specify what 'benzodiazepine' you think it is (e.g., Xanax, Valium). You can write 'not sure' if you're unsure.

_____

If you can, please specify what 'synthetic cannabinoid' you think it is. You can write 'not sure' if you're unsure.

_____

If you can, please specify what steroid you think it is. You can write 'not sure' if you're unsure.

_____

Sample C ID

_____

Sample [record_id] C: Expected drug

What do you think the drug being tested is?

Please select one response.
If you think the sample might contain multiple drugs, please select 'other' and write in the drugs you think it contains.

- ◯ Amphetamine
- ◯ Benzodiazepine
- ◯ Cannabis
- ◯ Synthetic cannabinoids
- ◯ Cocaine
- ◯ Dexamphetamine
- ◯ Fentanyl
- ◯ Fentanyl analogue (e.g., carfentanyl)
- ◯ GHB/GBL/1,4-BD
- ◯ Heroin
- ◯ LSD
- ◯ Ketamine
- ◯ MDA
- ◯ MDEA
- ◯ MDMA/ecstasy
- ◯ Methadone
- ◯ Morphine
- ◯ Methamphetamine
- ◯ Oxycodone
- ◯ PMA

Specify other drug

Please try to be as specific as possible (e.g., 'codeine' rather than 'opioid'). If you think it contains more than one drug, you can list all these drugs here.

_____

Please specify what analogue variant you think it is (e.g., carfentanyl). You can write 'not sure' if you're unsure.

_____

If you can, please specify what 'benzodiazepine' you think it is (e.g., Xanax, Valium). You can write 'not sure' if you're unsure.

_____

If you can, please specify what 'synthetic cannabinoid' you think it is. You can write 'not sure' if you're unsure.

_____

If you can, please specify what steroid you think it is. You can write 'not sure' if you're unsure.

_____

Sample D ID

_____

Sample [record_id] D: Expected drug

What do you think the drug being tested is?

Please select one response.
If you think the sample might contain multiple drugs, please select 'other' and write in the drugs you think it contains.

- ◯ Amphetamine
- ◯ Benzodiazepine
- ◯ Cannabis
- ◯ Synthetic cannabinoids
- ◯ Cocaine
- ◯ Dexamphetamine
- ◯ Fentanyl
- ◯ Fentanyl analogue (e.g., carfentanyl)
- ◯ GHB/GBL/1,4-BD
- ◯ Heroin
- ◯ LSD
- ◯ Ketamine
- ◯ MDA
- ◯ MDEA
- ◯ MDMA/ecstasy
- ◯ Methadone
- ◯ Morphine
- ◯ Methamphetamine
- ◯ Oxycodone
- ◯ PMA

Specify other drug

Please try to be as specific as possible (e.g., 'codeine' rather than 'opioid'). If you think it contains more than one drug, you can list all these drugs here.

_____

Please specify what fentanyl analogue you think it is (e.g., carfentanyl). You can write 'not sure' if you're unsure.

_____

If you can, please specify what 'benzodiazepine' you think it is (e.g., Xanax, Valium). You can write 'not sure' if you're unsure.

_____

If you can, please specify what 'synthetic cannabinoid' you think it is. You can write 'not sure' if you're unsure.

_____

If you can, please specify what steroid you think it is. You can write 'not sure' if you're unsure.

_____

Sample E ID

_____

Sample [record_id] E: Expected drug

What do you think the drug being tested is?

Please select one response.
If you think the sample might contain multiple drugs, please select 'other' and write in the drugs you think it contains.

- ◯ Amphetamine
- ◯ Benzodiazepine
- ◯ Cannabis
- ◯ Synthetic cannabinoids
- ◯ Cocaine
- ◯ Dexamphetamine
- ◯ Fentanyl
- ◯ Fentanyl analogue (e.g., carfentanyl)
- ◯ GHB/GBL/1,4-BD
- ◯ Heroin
- ◯ LSD
- ◯ Ketamine
- ◯ MDA
- ◯ MDEA
- ◯ MDMA/ecstasy
- ◯ Methadone
- ◯ Morphine
- ◯ Methamphetamine
- ◯ Oxycodone
- ◯ PMA

Specify other drug Please try to be as specific as possible (e.g., 'codeine' rather than 'opioid'). If you think it contains more than one drug, you can list all these drugs here.	_____
Please specify what fentanyl analogue you think it is (e.g., carfentanyl). You can write 'not sure' if you're unsure.	_____
If you can, please specify what 'benzodiazepine' you think it is (e.g., Xanax, Valium). You can write 'not sure' if you're unsure.	_____
If you can, please specify what 'synthetic cannabinoid' you think it is. You can write 'not sure' if you're unsure.	_____
If you can, please specify what steroid you think it is. You can write 'not sure' if you're unsure.	_____
SAMPLE [record_id] A: ASSESSMENT	
Is the sample eligible for testing? Refer to manual for further information or consult with chemical analyst.	◯ Yes ◯ No
Client agrees to submit drug for testing?	◯ Yes ◯ No, refused ◯ No, other reason
Specify other reason sample was not submitted for testing	_____
Instructions for chemist: Explain to the client that they are required to take a photo of each sample that is tested.	
Upload photo of sample	
Form	◯ Pill/tablet ◯ Capsule ◯ Powder ◯ Crystalline ◯ Liquid ◯ Other
Specify other form	_____
Please provide any comments on form e.g., 'blue and white unmarked capsule' if you would like.	_____
Gross mass (milligrams)	_____
SAMPLE [record_id] B: ASSESSMENT	

Is the sample eligible for testing? Refer to manual for further information or consult with chemical analyst.	◯ Yes ◯ No
Client agrees to submit drug for testing?	◯ Yes ◯ No, refused ◯ No, other reason
Specify other reason sample was not submitted for testing	_____
Upload photo of sample	
Form	◯ Pill/tablet ◯ Capsule ◯ Powder ◯ Crystalline ◯ Liquid ◯ Other
Specify other form	_____
Please provide any comments on form e.g., 'blue and white unmarked capsule' if you would like.	_____
Gross mass (milligrams)	_____
SAMPLE [record_id] C ASSESSMENT	
Is the sample eligible for testing? Refer to manual for further information or consult with chemical analyst.	◯ Yes ◯ No
Client agrees to submit drug for testing?	◯ Yes ◯ No, refused ◯ No, other reason
Specify other reason sample was not submitted for testing	_____
Upload photo of sample	
Form	◯ Pill/tablet ◯ Capsule ◯ Powder ◯ Crystalline ◯ Liquid ◯ Other
Specify other form	_____

Please provide any comments on form e.g., 'blue and white unmarked capsule' if you would like.	_____
Gross mass (milligrams)	_____
SAMPLE [record_id] D ASSESSMENT	
Is the sample eligible for testing? Refer to manual for further information or consult with chemical analyst.	◯ Yes ◯ No
Client agrees to submit drug for testing?	◯ Yes ◯ No, refused ◯ No, other reason
Specify other reason sample was not submitted for testing	_____
Upload photo of sample	
Form	◯ Pill/tablet ◯ Capsule ◯ Powder ◯ Crystalline ◯ Liquid ◯ Other
Specify other form	_____
Please provide any comments on form e.g., 'blue and white unmarked capsule' if you would like.	_____
Gross mass (milligrams)	_____
SAMPLE [record_id] E ASSESSMENT	
Is the sample eligible for testing? Refer to manual for further information or consult with chemical analyst.	◯ Yes ◯ No
Client agrees to submit drug for testing?	◯ Yes ◯ No, refused ◯ No, other reason
Specify other reason sample was not submitted for testing	_____
Upload photo of sample	

Form

- ◯ Pill/tablet
- ◯ Capsule
- ◯ Powder
- ◯ Crystalline
- ◯ Liquid
- ◯ Other

Specify other form

_____

Please provide any comments on form e.g., 'blue and white unmarked capsule' if you would like.

_____

Gross mass (milligrams)

_____

FTIR Testing and Results

Instructions for chemists:

Perform a FTIR analysis of the sample and record the top match identity and score. Report findings to the client and harm reduction staff in the bands of high confidence (>750), lower confidence (600 to 750) or low confidence (< 600).

Perform an auto-subtract and re-analysis of the top match and record the second component top match and score. The detection of a second component may indicate the presence of an adulterant. Report findings to client and harm reduction staff using the confidence bands above.

For each analysis add a disclaimer that there may be components of the sample that FTIR analysis cannot detect.

The detection of unexpected substances or the identification of a second component suggests the need for further analysis by UPLC-PDA.

For expected opioids, the use of fentanyl test strips is suggested.

Enter chemist initials for Sample [record_id] A FTIR testing:

_____

Sample [record_id] A: FTIR first match

- ◯ Amphetamine
- ◯ Methamphetamine
- ◯ Cocaine
- ◯ Heroin
- ◯ Ketamine
- ◯ MDMA
- ◯ MDA
- ◯ MDEA
- ◯ PMA
- ◯ Morphine
- ◯ Fentanyl
- ◯ Methadone
- ◯ GHB
- ◯ LSD
- ◯ Oxycodone
- ◯ Other

Specify other drug

_____

FTIR first match score

_____

FTIR first match confidence

Note:
High confidence (>750)
Lower confidence (600-750)
Low confidence (< 600)

- ◯ High confidence
- ◯ Lower confidence
- ◯ Low confidence
- ◯ N/A

FTIR second component

- ◯ Second component not identified
- ◯ Amphetamine
- ◯ Methamphetamine
- ◯ Cocaine
- ◯ Heroin
- ◯ Ketamine
- ◯ MDMA
- ◯ MDA
- ◯ MDEA
- ◯ PMA
- ◯ Morphine
- ◯ Fentanyl
- ◯ Methadone
- ◯ GHB
- ◯ LSD
- ◯ Oxycodone
- ◯ Other

Specify other drug

_____

FTIR second component score

_____

FTIR second component confidence

Note:
High confidence (>750)
Lower confidence (600-750)
Low confidence (< 600)

- ◯ High confidence
- ◯ Lower confidence
- ◯ Low confidence
- ◯ N/A

Optional comments (e.g., observations on sample or alternative search methods)

_____

ADDITIONAL TESTING OPTIONS

Explain the benefits and limitations of additional UPLC-PDA testing; Offer Fentanyl testing if sample is at risk of containing Fentanyl.

Client request additional UPLC-PDA testing?

- ◯ Yes
- ◯ No

Client request additional FTS testing?

- ◯ Yes
- ◯ No

Enter chemist initials for Sample [record_id] B FTIR testing:

_____

Sample [record_id] B: FTIR first match

- ◯ Amphetamine
- ◯ Methamphetamine
- ◯ Cocaine
- ◯ Heroin
- ◯ Ketamine
- ◯ MDMA
- ◯ MDA
- ◯ MDEA
- ◯ PMA
- ◯ Morphine
- ◯ Fentanyl
- ◯ Methadone
- ◯ GHB
- ◯ LSD
- ◯ Oxycodone
- ◯ Other

Specify other drug

_____

FTIR first match score

_____

FTIR first match confidence

Note:
High confidence (>750)
Lower confidence (600-750)
Low confidence (< 600)

- ◯ High confidence
- ◯ Lower confidence
- ◯ Low confidence
- ◯ N/A

FTIR second component

- ◯ Second component not identified
- ◯ Amphetamine
- ◯ Methamphetamine
- ◯ Cocaine
- ◯ Heroin
- ◯ Ketamine
- ◯ MDMA
- ◯ MDA
- ◯ MDEA
- ◯ PMA
- ◯ Morphine
- ◯ Fentanyl
- ◯ Methadone
- ◯ GHB
- ◯ LSD
- ◯ Oxycodone
- ◯ Other

Specify other drug

_____

FTIR second component score

_____

FTIR second component confidence

Note:
High confidence (>750)
Lower confidence (600-750)
Low confidence (< 600)

- ◯ High confidence
- ◯ Lower confidence
- ◯ Low confidence
- ◯ N/A

Optional comments (e.g., observations on sample or alternative search methods)	_____
Client request additional UPLC-PDA testing?	◯ Yes ◯ No
Client request additional FTS testing?	◯ Yes ◯ No
Enter chemist initials for Sample [record_id] C FTIR testing:	_____
Sample [record_id] C: FTIR first match	◯ Amphetamine ◯ Methamphetamine ◯ Cocaine ◯ Heroin ◯ Ketamine ◯ MDMA ◯ MDA ◯ MDEA ◯ PMA ◯ Morphine ◯ Fentanyl ◯ Methadone ◯ GHB ◯ LSD ◯ Oxycodone ◯ Other
Specify other drug	_____
FTIR first match score	_____
FTIR first match confidence Note: High confidence (>750) Lower confidence (600-750) Low confidence (< 600)	◯ High confidence ◯ Lower confidence ◯ Low confidence ◯ N/A

FTIR second component	◯ Second component not identified ◯ Amphetamine ◯ Methamphetamine ◯ Cocaine ◯ Heroin ◯ Ketamine ◯ MDMA ◯ MDA ◯ MDEA ◯ PMA ◯ Morphine ◯ Fentanyl ◯ Methadone ◯ GHB ◯ LSD ◯ Oxycodone ◯ Other
Specify other drug	_____
FTIR second component score	_____
FTIR second component confidence Note: High confidence (>750) Lower confidence (600-750) Low confidence (< 600)	◯ High confidence ◯ Lower confidence ◯ Low confidence ◯ N/A
Optional comments (e.g., observations on sample or alternative search methods)	_____
Client request additional UPLC-PDA testing?	◯ Yes ◯ No
Client request additional FTS testing?	◯ Yes ◯ No
Enter chemist initials for Sample [record_id] D FTIR testing:	_____

Sample [record_id] D: FTIR first match

- ◯ Amphetamine
- ◯ Methamphetamine
- ◯ Cocaine
- ◯ Heroin
- ◯ Ketamine
- ◯ MDMA
- ◯ MDA
- ◯ MDEA
- ◯ PMA
- ◯ Morphine
- ◯ Fentanyl
- ◯ Methadone
- ◯ GHB
- ◯ LSD
- ◯ Oxycodone
- ◯ Other

Specify other drug

_____

FTIR first match score

_____

FTIR first match confidence

Note:
High confidence (>750)
Lower confidence (600-750)
Low confidence (< 600)

- ◯ High confidence
- ◯ Lower confidence
- ◯ Low confidence
- ◯ N/A

FTIR second component

- ◯ Second component not identified
- ◯ Amphetamine
- ◯ Methamphetamine
- ◯ Cocaine
- ◯ Heroin
- ◯ Ketamine
- ◯ MDMA
- ◯ MDA
- ◯ MDEA
- ◯ PMA
- ◯ Morphine
- ◯ Fentanyl
- ◯ Methadone
- ◯ GHB
- ◯ LSD
- ◯ Oxycodone
- ◯ Other

Specify other drug

_____

FTIR second component score

_____

FTIR second component confidence

Note:
High confidence (>750)
Lower confidence (600-750)
Low confidence (< 600)

- ◯ High confidence
- ◯ Lower confidence
- ◯ Low confidence
- ◯ N/A

Optional comments (e.g., observations on sample or alternative search methods)	_____
Client request additional UPLC-PDA testing?	◯ Yes ◯ No
Client request additional FTS testing?	◯ Yes ◯ No
Enter chemist initials for Sample [record_id] E FTIR testing:	_____
Sample [record_id] E: FTIR first match	◯ Amphetamine ◯ Methamphetamine ◯ Cocaine ◯ Heroin ◯ Ketamine ◯ MDMA ◯ MDA ◯ MDEA ◯ PMA ◯ Morphine ◯ Fentanyl ◯ Methadone ◯ GHB ◯ LSD ◯ Oxycodone ◯ Other
Specify other drug	_____
FTIR first match score	_____
FTIR first match confidence Note: High confidence (>750) Lower confidence (600-750) Low confidence (< 600)	◯ High confidence ◯ Lower confidence ◯ Low confidence ◯ N/A

FTIR second component

- ◯ Second component not identified
- ◯ Amphetamine
- ◯ Methamphetamine
- ◯ Cocaine
- ◯ Heroin
- ◯ Ketamine
- ◯ MDMA
- ◯ MDA
- ◯ MDEA
- ◯ PMA
- ◯ Morphine
- ◯ Fentanyl
- ◯ Methadone
- ◯ GHB
- ◯ LSD
- ◯ Oxycodone
- ◯ Other

Specify other drug

_____

FTIR second component score

_____

FTIR second component confidence

- ◯ High confidence
- ◯ Lower confidence
- ◯ Low confidence
- ◯ N/A

Note:
High confidence (>750)
Lower confidence (600-750)
Low confidence (< 600)

Optional comments (e.g., observations on sample or alternative search methods)

_____

Client request additional UPLC-PDA testing?

- ◯ Yes
- ◯ No

Client request additional FTS testing?

- ◯ Yes
- ◯ No

RETAINING SAMPLES

Advise client that FTIR samples are deidentified and will be retained for further analysis by ACT Health.

FTIR CHEMIST SUMMARY

Chemist to check FTIR results have been entered correctly

Sample [record_id] A

FTIR first drug match = [s6_firstmatch] / [s6_firstmatch_other]

score = [s6_score1]

[s6_conf1]

FTIR second component = [s6_secondcomp] / [s6_second_other]

score = [s6_score2]

[s6_conf2]

Sample [record_id] B

FTIR first drug match = [s6_firstmatch_v2] / [s6_firstmatch_other_v2]

score = [s6_score1_v2]

[s6_conf1_v2]

FTIR second component = [s6_secondcomp_v2] / [s6_second_other_v2]

score = [s6_score2_v2]

[s6_conf2_v2]

Sample [record_id] C

FTIR first drug match = [s6_firstmatch_v3] / [s6_firstmatch_other_v3]

score = [s6_score1_v3]

[s6_conf1_v3]

FTIR second component = [s6_secondcomp_v3] / [s6_second_other_v3]

score = [s6_score2_v3]

[s6_conf2_v3]

Sample [record_id] D

FTIR first drug match = [s6_firstmatch_v4] / [s6_firstmatch_other_v4]

score = [s6_score1_v4]

[s6_conf1_v4]

FTIR second component = [s6_secondcomp_v4] / [s6_second_other_v4]

score = [s6_score2_v4]

[s6_conf2_v4]

Sample [record_id] E

FTIR first drug match = [s6_firstmatch_v5] / [s6_firstmatch_other_v5]

score = [s6_score1_v5]

[s6_conf1_v5]

FTIR second component = [s6_secondcomp_v5] / [s6_second_other_v5]

score = [s6_score2_v5]

[s6_conf2_v5]

CHEMIST 2: UPLC, FTS, RESULTS AND DISPOSAL

Visit ID: [record_id]

Number of samples: [s2_samples]

TESTING NOT REQUIRED

UPLC-PDA TESTING

Instructions for Chemists:

Perform an UPLC-PDA analysis of the sample. For each targeted drug record the drug identity and % purity. Record the presence of all unidentified chromatographic peaks. Report the findings to the client and harm reduction staff for any targeted drugs on a semi-quantitative scale of high (>66%), medium (33-66%) and low (< 33%) purity. Highlight the presence of any unidentified peaks that may indicate impurities.

For each analysis, add a disclaimer that reported % purity is only approximate and so is reported on a semi-quantitative scale. Add the disclaimer that UPLC-PDA cannot report on the identity or % purity of compounds associated with unidentified peaks.

For expected opioids, suggest the use of fentanyl test strips.

SAMPLE [record_id] A

Enter chemist initials for UPLC testing

_____

Sample contains target drug?

- ◯ No, not detected
- ◯ Amphetamine
- ◯ Methamphetamine
- ◯ Cocaine
- ◯ Heroin
- ◯ Ketamine
- ◯ MDMA
- ◯ MDA
- ◯ MDEA
- ◯ PMA
- ◯ Morphine
- ◯ Unknown
- ◯ No, testing did not work?
- ◯ Testing not conducted?

List unknown peaks here:

_____

% purity targeted drug 1

_____

UPLC-PDA targeted drug 1 purity grade

Note:
High purity (>66%)
Lower purity (33-66%)
Low purity (< 33%)

- ◯ High purity
- ◯ Medium purity
- ◯ Low purity
- ◯ N/A

Sample contains another target drug?

- ◯ No, not detected
- ◯ Amphetamine
- ◯ Methamphetamine
- ◯ Cocaine
- ◯ Heroin
- ◯ Ketamine
- ◯ MDMA
- ◯ MDA
- ◯ MDEA
- ◯ PMA
- ◯ Morphine
- ◯ Unknown
- ◯ No, testing did not work?
- ◯ Testing not conducted?

List unknown peaks here:

_____

% purity targeted drug 2

_____

UPLC-PDA targeted drug 2 purity grade

Note:
High purity (>66%)
Lower purity (33-66%)
Low purity (< 33%)

- ◯ High purity
- ◯ Medium purity
- ◯ Low purity
- ◯ N/A

Sample contains another target drug?

- ◯ No, not detected
- ◯ Amphetamine
- ◯ Methamphetamine
- ◯ Cocaine
- ◯ Heroin
- ◯ Ketamine
- ◯ MDMA
- ◯ MDA
- ◯ MDEA
- ◯ PMA
- ◯ Morphine
- ◯ Unknown
- ◯ No, testing did not work?
- ◯ Testing not conducted?

List unknown peaks here:

_____

% purity targeted drug 3

_____

UPLC-PDA targeted drug 3 purity grade

Note:
High purity (>66%)
Lower purity (33-66%)
Low purity (< 33%)

- ◯ High purity
- ◯ Medium purity
- ◯ Low purity
- ◯ N/A

Optional comments

SAMPLE [record_id] B

Enter chemist initials for UPLC testing

Sample contains target drug?

- ◯ No, not detected
- ◯ Amphetamine
- ◯ Methamphetamine
- ◯ Cocaine
- ◯ Heroin
- ◯ Ketamine
- ◯ MDMA
- ◯ MDA
- ◯ MDEA
- ◯ PMA
- ◯ Morphine
- ◯ Unknown
- ◯ No, testing did not work?
- ◯ Testing not conducted?

List unknown peaks here:

% purity targeted drug 1

UPLC-PDA targeted drug 1 purity grade

Note:
High purity (>66%)
Lower purity (33-66%)
Low purity (< 33%)

- ◯ High purity
- ◯ Medium purity
- ◯ Low purity
- ◯ N/A

Sample contains another target drug?

- ◯ No, not detected
- ◯ Amphetamine
- ◯ Methamphetamine
- ◯ Cocaine
- ◯ Heroin
- ◯ Ketamine
- ◯ MDMA
- ◯ MDA
- ◯ MDEA
- ◯ PMA
- ◯ Morphine
- ◯ Unknown
- ◯ No, testing did not work?
- ◯ Testing not conducted?

List unknown peaks here:

% purity targeted drug 2

UPLC-PDA targeted drug 2 purity grade

Note:
High purity (>66%)
Lower purity (33-66%)
Low purity (< 33%)

- ◯ High purity
- ◯ Medium purity
- ◯ Low purity
- ◯ N/A

Sample contains another target drug?

- ◯ No, not detected
- ◯ Amphetamine
- ◯ Methamphetamine
- ◯ Cocaine
- ◯ Heroin
- ◯ Ketamine
- ◯ MDMA
- ◯ MDA
- ◯ MDEA
- ◯ PMA
- ◯ Morphine
- ◯ Unknown
- ◯ No, testing did not work?
- ◯ Testing not conducted?

List unknown peaks here:

_____

% purity targeted drug 3

_____

UPLC-PDA targeted drug 3 purity grade

Note:
High purity (>66%)
Lower purity (33-66%)
Low purity (< 33%)

- ◯ High purity
- ◯ Medium purity
- ◯ Low purity
- ◯ N/A

Optional comments

_____

SAMPLE [record_id] C

Enter chemist initials for UPLC testing

_____

Sample contains target drug?

- ◯ No, not detected
- ◯ Amphetamine
- ◯ Methamphetamine
- ◯ Cocaine
- ◯ Heroin
- ◯ Ketamine
- ◯ MDMA
- ◯ MDA
- ◯ MDEA
- ◯ PMA
- ◯ Morphine
- ◯ Unknown
- ◯ No, testing did not work?
- ◯ Testing not conducted?

List unknown peaks here:

_____

% purity targeted drug 1

_____

UPLC-PDA targeted drug 1 purity grade

Note:
High purity (>66%)
Lower purity (33-66%)
Low purity (< 33%)

- ◯ High purity
- ◯ Medium purity
- ◯ Low purity
- ◯ N/A

Sample contains another target drug?

- ◯ No, not detected
- ◯ Amphetamine
- ◯ Methamphetamine
- ◯ Cocaine
- ◯ Heroin
- ◯ Ketamine
- ◯ MDMA
- ◯ MDA
- ◯ MDEA
- ◯ PMA
- ◯ Morphine
- ◯ Unknown
- ◯ No, testing did not work?
- ◯ Testing not conducted?

List unknown peaks here:

_____

% purity targeted drug 2

_____

UPLC-PDA targeted drug 2 purity grade

Note:
High purity (>66%)
Lower purity (33-66%)
Low purity (< 33%)

- ◯ High purity
- ◯ Medium purity
- ◯ Low purity
- ◯ N/A

Sample contains another target drug?

- ◯ No, not detected
- ◯ Amphetamine
- ◯ Methamphetamine
- ◯ Cocaine
- ◯ Heroin
- ◯ Ketamine
- ◯ MDMA
- ◯ MDA
- ◯ MDEA
- ◯ PMA
- ◯ Morphine
- ◯ Unknown
- ◯ No, testing did not work?
- ◯ Testing not conducted?

List unknown peaks here:

_____

% purity targeted drug 3

_____

UPLC-PDA targeted drug 3 purity grade

Note:
High purity (>66%)
Lower purity (33-66%)
Low purity (< 33%)

- ◯ High purity
- ◯ Medium purity
- ◯ Low purity
- ◯ N/A

Optional comments

_____

SAMPLE [record_id] D

Enter chemist initials for UPLC testing

_____

Sample contains target drug?

- ◯ No, not detected
- ◯ Amphetamine
- ◯ Methamphetamine
- ◯ Cocaine
- ◯ Heroin
- ◯ Ketamine
- ◯ MDMA
- ◯ MDA
- ◯ MDEA
- ◯ PMA
- ◯ Morphine
- ◯ Unknown
- ◯ No, testing did not work?
- ◯ Testing not conducted?

List unknown peaks here:

_____

% purity targeted drug 1

_____

UPLC-PDA targeted drug 1 purity grade

Note:
High purity (>66%)
Lower purity (33-66%)
Low purity (< 33%)

- ◯ High purity
- ◯ Medium purity
- ◯ Low purity
- ◯ N/A

Sample contains another target drug?

- ◯ No, not detected
- ◯ Amphetamine
- ◯ Methamphetamine
- ◯ Cocaine
- ◯ Heroin
- ◯ Ketamine
- ◯ MDMA
- ◯ MDA
- ◯ MDEA
- ◯ PMA
- ◯ Morphine
- ◯ Unknown
- ◯ No, testing did not work?
- ◯ Testing not conducted?

List unknown peaks here:

_____

% purity targeted drug 2

_____

UPLC-PDA targeted drug 2 purity grade

Note:
High purity (>66%)
Lower purity (33-66%)
Low purity (< 33%)

- ◯ High purity
- ◯ Medium purity
- ◯ Low purity
- ◯ N/A

Sample contains another target drug?

- ◯ No, not detected
- ◯ Amphetamine
- ◯ Methamphetamine
- ◯ Cocaine
- ◯ Heroin
- ◯ Ketamine
- ◯ MDMA
- ◯ MDA
- ◯ MDEA
- ◯ PMA
- ◯ Morphine
- ◯ Unknown
- ◯ No, testing did not work?
- ◯ Testing not conducted?

List unknown peaks here:

_____

% purity targeted drug 3

_____

UPLC-PDA targeted drug 3 purity grade

Note:
High purity (>66%)
Lower purity (33-66%)
Low purity (< 33%)

- ◯ High purity
- ◯ Medium purity
- ◯ Low purity
- ◯ N/A

Optional comments

SAMPLE [record_id] E

Enter chemist initials for UPLC testing

Sample contains target drug?

- ◯ No, not detected
- ◯ Amphetamine
- ◯ Methamphetamine
- ◯ Cocaine
- ◯ Heroin
- ◯ Ketamine
- ◯ MDMA
- ◯ MDA
- ◯ MDEA
- ◯ PMA
- ◯ Morphine
- ◯ Unknown
- ◯ No, testing did not work?
- ◯ Testing not conducted?

List unknown peaks here:

% purity targeted drug 1

UPLC-PDA targeted drug 1 purity grade

Note:
High purity (>66%)
Lower purity (33-66%)
Low purity (< 33%)

- ◯ High purity
- ◯ Medium purity
- ◯ Low purity
- ◯ N/A

Sample contains another target drug?

- ◯ No, not detected
- ◯ Amphetamine
- ◯ Methamphetamine
- ◯ Cocaine
- ◯ Heroin
- ◯ Ketamine
- ◯ MDMA
- ◯ MDA
- ◯ MDEA
- ◯ PMA
- ◯ Morphine
- ◯ Unknown
- ◯ No, testing did not work?
- ◯ Testing not conducted?

List unknown peaks here:

% purity targeted drug 2

UPLC-PDA targeted drug 2 purity grade

Note:
High purity (>66%)
Lower purity (33-66%)
Low purity (< 33%)

- ◯ High purity
- ◯ Medium purity
- ◯ Low purity
- ◯ N/A

Sample contains another target drug?

- ◯ No, not detected
- ◯ Amphetamine
- ◯ Methamphetamine
- ◯ Cocaine
- ◯ Heroin
- ◯ Ketamine
- ◯ MDMA
- ◯ MDA
- ◯ MDEA
- ◯ PMA
- ◯ Morphine
- ◯ Unknown
- ◯ No, testing did not work?
- ◯ Testing not conducted?

List unknown peaks here:

_____

% purity targeted drug 3

_____

UPLC-PDA targeted drug 3 purity grade

Note:
High purity (>66%)
Lower purity (33-66%)
Low purity (< 33%)

- ◯ High purity
- ◯ Medium purity
- ◯ Low purity
- ◯ N/A

Sample E: Optional comments

_____

FTS TESTING

Instructions for chemists:

Perform a FTS analysis of the sample. Record the result as positive, negative or invalid. Report the results to the client and harm reduction staff.

For each analysis, add a disclaimer that FTS may not detect all fentanyl derivatives leading to false negative.

Add the disclaimer that some drugs including codeine, methamphetamine and morphine can interfere with FTS analysis leading to a false positive.

Enter chemist initials for FTS testing

_____

Sample [record_id] A FTS result

- ◯ Negative
- ◯ Positive
- ◯ Invalid
- ◯ Not conducted

Optional comments

_____

Enter chemist initials for FTS testing

_____

Sample [record_id] B FTS result

◯ Negative
◯ Positive
◯ Invalid
◯ Not conducted

Optional comments

_____

Enter chemist initials for FTS testing

_____

Sample [record_id] C FTS result

◯ Negative
◯ Positive
◯ Invalid
◯ Not conducted

Optional comments

_____

Enter chemist initials for FTS testing

_____

Sample [record_id] D FTS result

◯ Negative
◯ Positive
◯ Invalid
◯ Not conducted

Optional comments

_____

Enter chemist initials for FTS testing

_____

Sample [record_id] E FTS result

◯ Negative
◯ Positive
◯ Invalid
◯ Not conducted

Optional comments

_____

Upload an additional photo for any of the submitted samples?

◯ Yes
◯ No

Sample [record_id] A: Optional photo

(e.g. of FTS results)

Sample [record_id] B: Optional photo

(e.g. of FTS results)

Sample [record_id] C: Optional photo

(e.g. of FTS results)

Sample [record_id] D: Optional photo

(e.g. of FTS results)

Sample [record_id] E: Optional photo

(e.g. of FTS results)

RESULTS RECEIVED?
Did the client receive the results of the test and were advised of the limitations of the analysis?

Sample [record_id] A:

◯ Yes, results received and advised of limitations
◯ No, client departed the area before testing was complete
◯ No, other reason

Please identify other reason the client did not receive the results of the test _____

Sample [record_id] B:

◯ Yes, results received and advised of limitations
◯ No, client departed the area before testing was complete
◯ No, other reason

Please identify other reason the client did not receive the results of the test _____

Sample [record_id] C:

◯ Yes, results received and advised of limitations
◯ No, client departed the area before testing was complete
◯ No, other reason

Please identify other reason the client did not receive the results of the test _____

Sample [record_id] D:

◯ Yes, results received and advised of limitations
◯ No, client departed the area before testing was complete
◯ No, other reason

Please identify other reason the client did not receive the results of the test _____

Sample [record_id] E:

◯ Yes, results received and advised of limitations
◯ No, client departed the area before testing was complete
◯ No, other reason

Please identify other reason the client did not receive the results of the test _____

RETAINING SAMPLES

Advise client that UPLC-PDA and FTS samples are deidentifed and may be retained for further analysis by ACT Health or Directions Health Services.

Sample [record_id] A: Retained UPLC-PDA sample for further analysis?

◯ Yes
◯ No, declined
◯ No, not requested of the client

Sample [record_id] A: Retained FTS sample for further analysis?

◯ Yes
◯ No, declined
◯ No, not requested of the client

Sample [record_id] B: Retained UPLC-PDA sample for further analysis?

◯ Yes
◯ No, declined
◯ No, not requested of the client

Sample [record_id] B: Retained FTS sample for further analysis?

◯ Yes
◯ No, declined
◯ No, not requested of the client

Sample [record_id] C: Retained UPLC-PDA sample for further analysis?

◯ Yes
◯ No, declined
◯ No, not requested of the client

Sample [record_id] C: Retained FTS sample for further analysis?

◯ Yes
◯ No, declined
◯ No, not requested of the client

Sample [record_id] D: Retained UPLC-PDA sample for further analysis?

◯ Yes
◯ No, declined
◯ No, not requested of the client

Sample [record_id] D: Retained FTS sample for further analysis?

◯ Yes
◯ No, declined
◯ No, not requested of the client

Sample [record_id] E: Retained UPLC-PDA sample for further analysis?

◯ Yes
◯ No, declined
◯ No, not requested of the client

Sample [record_id] E: Retained FTS sample for further analysis?

◯ Yes
◯ No, declined
◯ No, not requested of the client

SAMPLE DISPOSAL

Invite the client to dispose of their drugs now that they have additional information regarding their contents. They may do so later if they change their mind.

Sample [record_id] A: Did the client discard the drug at the service?

◯ No
◯ Yes
◯ Didn't bring the drug, just the sample
◯ Other

Please specify 'other' response

_____

Sample [record_id] B: Did the client discard the drug at the service?

◯ No
◯ Yes
◯ Didn't bring the drug, just the sample
◯ Other

Please specify 'other' response

_____

Sample [record_id] C: Did the client discard the drug at the service?

◯ No
◯ Yes
◯ Didn't bring the drug, just the sample
◯ Other

Please specify 'other' response

_____

Sample [record_id] D: Did the client discard the drug at the service??

◯ No
◯ Yes
◯ Didn't bring the drug, just the sample
◯ Other

Please specify 'other' response

_____

Sample [record_id] E: Did the client discard the drug at the service?	◯ No ◯ Yes ◯ Didn't bring the drug, just the sample ◯ Other
Please specify 'other' response	_____
ALERT INFO TO BE CAPTURED ELSEWHERE	
TO BE CAPTURED ELSEWHERE Sample A: Has ACT Health been notified of dangerous substance?	◯ Yes ◯ No ◯ N/A
TO BE CAPTURED ELSEWHERE Sample A: Was a drug alert issued?	◯ Yes ◯ No ◯ N/A
TO BE CAPTURED ELSEWHERE Sample A: What type of drug alert was issued?	◯ Closed alert ◯ Open alert ◯ Local alert
TO BE CAPTURED ELSEWHERE Sample B: Has ACT Health been notified of dangerous substance?	◯ Yes ◯ No ◯ N/A
TO BE CAPTURED ELSEWHERE Sample B: Was a drug alert issued?	◯ Yes ◯ No ◯ N/A
TO BE CAPTURED ELSEWHERE Sample B: What type of drug alert was issued?	◯ Closed alert ◯ Open alert ◯ Local alert
Sample C: Has ACT Health been notified of dangerous substance?	◯ Yes ◯ No ◯ N/A
Sample C: Was a drug alert issued?	◯ Yes ◯ No ◯ N/A
Sample C: What type of drug alert was issued?	◯ Closed alert ◯ Open alert ◯ Local alert
TO BE CAPTURED ELSEWHERE Sample D: Has ACT Health been notified of dangerous substance?	◯ Yes ◯ No ◯ N/A
TO BE CAPTURED ELSEWHERE Sample D: Was a drug alert issued?	◯ Yes ◯ No ◯ N/A

TO BE CAPTURED ELSEWHERE Sample D: What type of drug alert was issued?	◯ Closed alert ◯ Open alert ◯ Local alert
Sample E: Has ACT Health been notified of dangerous substance?	◯ Yes ◯ No ◯ N/A
Sample E: Was a drug alert issued?	◯ Yes ◯ No ◯ N/A
Sample E: What type of drug alert was issued?	◯ Closed alert ◯ Open alert ◯ Local alert

UPLC-PDA / FTS CHEMIST SUMMARY Chemist to check UPLC-PDA / FTS results have been entered correctly

Sample [record_id] A

UPLC-PDA drug match 1: [s7_targetdrug1]

[s7_purity1]%

[s7_grade1]

UPLC-PDA drug match 2: [s7_targetdrug2]

[s7_purity2]%

[s7_grade2]

UPLC-PDA drug match 3: [s7_targetdrug3]

[s7_purity3]%

[s7_grade3]

Sample [record_id] A

FTS result:

[s8_ftsresult]

Sample [record_id] B

UPLC-PDA drug match 1: [s7_targetdrug1_v2]

[s7_purity1_v2]%

[s7_grade1_v2]

UPLC-PDA drug match 2: [s7_targetdrug2_v2]

[s7_purity2_v2]%

[s7_grade2_v2]

UPLC-PDA drug match 3: [s7_targetdrug3_v2]

[s7_purity3_v2]%

[s7_grade3_v2]

Sample [record_id] B

FTS result:

[s8_ftsresult_v2]

Sample [record_id] C

UPLC-PDA drug match 1: [s7_targetdrug1_v3]

[s7_purity1_v3]%

[s7_grade1_v3]

UPLC-PDA drug match 2: [s7_targetdrug2_v3]

[s7_purity2_v3]%

[s7_grade2_v3]

UPLC-PDA drug match 3: [s7_targetdrug3_v3]

[s7_purity3_v3]%

[s7_grade3_v3]

Sample [record_id] C

FTS result:

[s8_ftsresult_v3]

Sample [record_id] D

UPLC-PDA drug match 1: [s7_targetdrug1_v4]

[s7_purity1_v4]%

[s7_grade1_v4]

UPLC-PDA drug match 2: [s7_targetdrug2_v4]

[s7_purity2_v4]%

[s7_grade2_v4]

UPLC-PDA drug match 3: [s7_targetdrug3_v4]

[s7_purity3_v4]%

[s7_grade3_v4]

Sample [record_id] D

FTS result:

[s8_ftsresult_v4]

Sample [record_id] E

UPLC-PDA drug match 1: [s7_targetdrug1_v5]

[s7_purity1_v5]%

[s7_grade1_v5]

UPLC-PDA drug match 2: [s7_targetdrug2_v5]

[s7_purity2_v5]%

[s7_grade2_v5]

UPLC-PDA drug match 3: [s7_targetdrug3_v5]

[s7_purity3_v5]%

[s7_grade3_v5]

Sample [record_id] E

FTS result:

[s8_ftsresult_v5]

CHEMIST 3: CLIENT SUMMARY

Visit ID: [record_id]

Click here to open in new window

CLIENT RESULTS SUMMARY

Sample [record_id] A

Sample [record_id] A Expected drug: [s4_expected]

Sample [record_id] A Expected drug: [s4_expected] / [s4_expected_other]

Sample [record_id] A Expected drug: [s4_expected] / [s4_expected_fa]

Sample [record_id] A Expected drug: [s4_expected] / [s4_expected_benz]

Sample [record_id] A Expected drug: [s4_expected] / [s4_expected_sc]

Sample [record_id] A Expected drug: [s4_expected] / [s4_expected_strd]

Sample [record_id] A

Sample [record_id] A Expected drug: [s5_expected]

Sample [record_id] A Expected drug: [s5_expected] / [s5_expected_other]

Sample [record_id] A Expected drug: [s5_expected] / [s5_expected_fa]

Sample [record_id] A Expected drug: [s5_expected] / [s5_expected_benz]

Sample [record_id] A Expected drug: [s5_expected] / [s5_expected_sc]

Sample [record_id] A Expected drug: [s5_expected] / [s5_expected_strd]

Sample [record_id] A FTIR first drug match: [s6_firstmatch] / [s6_firstmatch_other] [s6_conf1]

FTIR second component: [s6_secondcomp] / [s6_second_other] [s6_conf2]

Sample [record_id] A UPLC-PDA testing identified the following drugs: [s7_targetdrug1] ([s7_grade1])

[s7_targetdrug2] ([s7_grade2])

[s7_targetdrug3] ([s7_grade3])

Sample [record_id] A Fentanyl testing was: [s8_ftsresult]

Sample [record_id] B

Sample [record_id] B Expected drug: [s4_expected_2]

Sample [record_id] B Expected drug: [s4_expected_2] / [s4_expected_other_2]

Sample [record_id] B Expected drug: [s4_expected_2] / [s4_expected_fa_2]

Sample [record_id] B Expected drug: [s4_expected_2] / [s4_expected_benz_2]

Sample [record_id] B Expected drug: [s4_expected_2] / [s4_expected_sc_2]

Sample [record_id] B Expected drug: [s4_expected_2] / [s4_expected_strd_2]

Sample [record_id] B

Sample [record_id] B Expected drug: [s5_expected_2]

Sample [record_id] B Expected drug: [s5_expected_2] / [s5_expected_other_2]

Sample [record_id] B Expected drug: [s5_expected_2] / [s5_expected_fa_2]

Sample [record_id] B Expected drug: [s5_expected_2] / [s5_expected_benz_2]

Sample [record_id] B Expected drug: [s5_expected_2] / [s5_expected_sc_2]

Sample [record_id] B Expected drug: [s5_expected_2] / [s5_expected_strd_2]

Sample [record_id] B FTIR first drug match: [s6_firstmatch_v2] / [s6_firstmatch_other_v2] [s6_conf1_v2]

FTIR second component: [s6_secondcomp_v2] / [s6_second_other_v2] [s6_conf2_v2]

Sample [record_id] B UPLC-PDA testing identified the following drugs: [s7_targetdrug1_v2] ([s7_grade1_v2])

[s7_targetdrug2_v2] ([s7_grade2_v2])

[s7_targetdrug3_v2] ([s7_grade3_v2])

Sample [record_id] B Fentanyl testing was: [s8_ftsresult_v2]

Sample [record_id] C

Sample [record_id] C Expected drug: [s4_expected_3]

Sample [record_id] C Expected drug: [s4_expected_3] / [s4_expected_other_3]

Sample [record_id] C Expected drug: [s4_expected_3] / [s4_expected_fa_3]

Sample [record_id] C Expected drug: [s4_expected_3] / [s4_expected_benz_3]

Sample [record_id] C Expected drug: [s4_expected_3] / [s4_expected_sc_3]

Sample [record_id] C Expected drug: [s4_expected_3] / [s4_expected_strd_3]

Sample [record_id] C

Sample [record_id] C Expected drug: [s5_expected_3]

Sample [record_id] C Expected drug: [s5_expected_3] / [s5_expected_other_3]

Sample [record_id] C Expected drug: [s5_expected_3] / [s5_expected_fa_3]

Sample [record_id] C Expected drug: [s5_expected_3] / [s5_expected_benz_3]

Sample [record_id] C Expected drug: [s5_expected_3] / [s5_expected_sc_3]

Sample [record_id] C Expected drug: [s5_expected_3] / [s5_expected_strd_3]

Sample [record_id] C FTIR first drug match: [s6_firstmatch_v3] / [s6_firstmatch_other_v3] [s6_conf1_v3]

FTIR second component: [s6_secondcomp_v3] / [s6_second_other_v3] [s6_conf2_v3]

Sample [record_id] C UPLC-PDA testing identified the following drugs: [s7_targetdrug1_v3] ([s7_grade1_v3])

[s7_targetdrug2_v3] ([s7_grade2_v3])

[s7_targetdrug3_v3] ([s7_grade3_v3])

Sample [record_id] C Fentanyl testing was: [s8_ftsresult_v3]

Sample [record_id] D

Sample [record_id] D Expected drug: [s4_expected_4]

Sample [record_id] D Expected drug: [s4_expected_4] / [s4_expected_other_4]

Sample [record_id] D Expected drug: [s4_expected_4] / [s4_expected_fa_4]

Sample [record_id] D Expected drug: [s4_expected_4] / [s4_expected_benz_4]

Sample [record_id] D Expected drug: [s4_expected_4] / [s4_expected_sc_4]

Sample [record_id] D Expected drug: [s4_expected_4] / [s4_expected_strd_4]

Sample [record_id] D

Sample [record_id] D Expected drug: [s5_expected_4]

Sample [record_id] D Expected drug: [s5_expected_4] / [s5_expected_other_4]

Sample [record_id] D Expected drug: [s5_expected_4] / [s5_expected_fa_4]

Sample [record_id] D Expected drug: [s5_expected_4] / [s5_expected_benz_4]

Sample [record_id] D Expected drug: [s5_expected_4] / [s5_expected_sc_4]

Sample [record_id] D Expected drug: [s5_expected_4] / [s5_expected_strd_4]

Sample [record_id] D FTIR first drug match: [s6_firstmatch_v4] / [s6_firstmatch_other_v4] [s6_conf1_v4]

FTIR second component: [s6_secondcomp_v4] / [s6_second_other_v4] [s6_conf2_v4]

Sample [record_id] D UPLC-PDA testing identified the following drugs: [s7_targetdrug1_v4] ([s7_grade1_v4])

[s7_targetdrug2_v4] ([s7_grade2_v4])

[s7_targetdrug3_v4] ([s7_grade3_v4])

Sample [record_id] D Fentanyl testing was: [s8_ftsresult_v4]

Sample [record_id] E

Sample [record_id] E Expected drug: [s4_expected_5]

Sample [record_id] E Expected drug: [s4_expected_5] / [s4_expected_other_5]

Sample [record_id] E Expected drug: [s4_expected_5] / [s4_expected_fa_5]

Sample [record_id] E Expected drug: [s4_expected_5] / [s4_expected_benz_5]

Sample [record_id] E Expected drug: [s4_expected_5] / [s4_expected_sc_5]

Sample [record_id] E Expected drug: [s4_expected_5] / [s4_expected_strd_5]

Sample [record_id] E

Sample [record_id] E Expected drug: [s5_expected_5]

Sample [record_id] E Expected drug: [s5_expected_5] / [s5_expected_other_5]

Sample [record_id] E Expected drug: [s5_expected_5] / [s5_expected_fa_5]

Sample [record_id] E Expected drug: [s5_expected_5] / [s5_expected_benz_5]

Sample [record_id] E Expected drug: [s5_expected_5] / [s5_expected_sc_5]

Sample [record_id] E Expected drug: [s5_expected_5] / [s5_expected_strd_5]

Sample [record_id] E FTIR first drug match: [s6_firstmatch_v5] / [s6_firstmatch_other_v5] [s6_conf1_v5]

FTIR second component: [s6_secondcomp_v5] / [s6_second_other_v5] [s6_conf2_v5]

Sample [record_id] E UPLC-PDA testing identified the following drugs: [s7_targetdrug1_v4] ([s7_grade1_v5])

[s7_targetdrug2_v4] ([s7_grade2_v5])

[s7_targetdrug3_v4] ([s7_grade3_v5])

Sample [record_id] E Fentanyl testing was: [s8_ftsresult_v5]

AOD INTERVENTIONS

Visit ID: [record_id]

Enter staff initials (AOD / peer worker / nurse)

_____

AOD INTERVENTIONS

For staff: Client invited to AOD intervention or offered AOD referral?

- ◯ Yes, accepted
- ◯ Yes, did not accept
- ◯ Not invited (specify reason)

For staff: If not invited, specify reason

_____

For staff: AOD intervention delivered or referral given?

- ☐ Brief intervention
- ☐ General drug education
- ☐ Harm reduction education
- ☐ Overdose prevention education
- ☐ Naloxone training and Nyxoid provision
- ☐ Safer injecting education
- ☐ Harm minimisation / health information resources supplied
- ☐ Information referral
- ☐ Formal referral
- ☐ Other intervention not specified

For staff: If other, specify what intervention

_____

For staff: How many units of naloxone were given?

_____

Next section: Post-test Survey

For staff: Is the client present and willing to complete the Post-Test Survey?

(Do not read out response options)

- ◯ Yes, willing to complete
- ◯ No, not willing to complete
- ◯ No, left early
- ◯ No, other reason (specify)

For staff: If other, specify reason

_____

POSTTEST SURVEY

Visit ID: [record_id]

Enter Date and Time _____

Part 1 Thanks for agreeing to answer these questions to help inform the running of this service. First, we want to ask you some general questions about results you received today. You can select 'Unsure' or 'Rather not say' to any question.

Please refer to the drug labelled 'Sample [record_id] A' and answer the following questions. You will then be asked the same questions for your other samples.

SAMPLE [record_id] A

Did the test results show what was in the drug sample?

- ◯ Yes
- ◯ No, I wasn't told
- ◯ No, sample wasn't eligible for testing
- ◯ No, sample wasn't submitted for testing
- ◯ Not sure
- ◯ Rather not say

What was in the drug sample?

Please list all drugs identified. You can select 'other' to write in any other drugs identified that aren't in this list.

- ☐ Amphetamine
- ☐ Benzodiazepine
- ☐ Cannabis
- ☐ Synthetic cannabinoids
- ☐ Cocaine
- ☐ Dexamphetamine
- ☐ Fentanyl
- ☐ Fentanyl analogue (e.g., carfentanyl)
- ☐ GHB/GBL/1,4-BD
- ☐ Heroin
- ☐ LSD
- ☐ Ketamine
- ☐ MDA
- ☐ MDEA
- ☐ MDMA/ecstasy
- ☐ Methadone
- ☐ Morphine
- ☐ Methamphetamine
- ☐ Oxycodone
- ☐ PMA
- ☐ PMMA
- ☐ Buprenorphine
- ☐ Buprenorphine-naloxone
- ☐ Codeine
- ☐ Tapentadol
- ☐ Tramadol
- ☐ Steroid
- ☐ Other
- ☐ Not sure
- ☐ Rather not say

Please specify what other drug/s you think it is. Please try to be as specific as possible (e.g., 'codeine' rather than 'opioid'). If you think it contains more than one drug, you can list all these drugs here.

_____

Please specify what fentanyl analogue was in the sample (e.g., carfentanyl). You can write 'not sure' if you're unsure.

_____

Was the drug tested what you thought it might be?

- ◯ Yes
- ◯ No
- ◯ Not sure
- ◯ Rather not say

Were you told by staff how to reduce harms associated with the use of the drug(s) identified?

- ◯ Yes
- ◯ No
- ◯ Not sure
- ◯ Rather not say

Thinking about the drug that you got tested today, how likely is it that you will use it now that it has been tested?

- ◯ 0 = Definitely will not
- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4
- ◯ 5
- ◯ 6
- ◯ 7
- ◯ 8
- ◯ 9
- ◯ 10 = Definitely will
- ◯ Unsure
- ◯ Rather not say

If you were to use the drug that you got tested today, would you do any of the following?

Read and mark all that apply

- ☐ Space out my use of this drug (i.e., have multiple doses)
- ☐ Have a test dose of this drug
- ☐ Use with alcohol at the same time as this drug
- ☐ Use with other drugs at the same time as this drug
- ☐ Make sure I have naloxone around
- ☐ Make sure someone else is with me when I use this drug and/or knows I'm using
- ☐ None of the above
- ☐ Not sure
- ☐ Rather not say

Will you tell anyone else about the results of testing for this drug?

- ◯ Yes
- ◯ No, don't know anyone using the drug
- ◯ No, other reason
- ◯ Not sure
- ◯ Rather not say

SAMPLE [record_id] B

Did the test results show what was in the drug Sample [record_id] B?

- ◯ Yes
- ◯ No, I wasn't told
- ◯ No, sample wasn't eligible for testing
- ◯ No, sample wasn't submitted for testing
- ◯ Not sure
- ◯ Rather not say

What was in the drug Sample [record_id] B?

Please list all drugs identified. You can select 'other' to write in any other drugs identified that aren't in this list.

- ☐ Amphetamine
- ☐ Benzodiazepine
- ☐ Cannabis
- ☐ Synthetic cannabinoids
- ☐ Cocaine
- ☐ Dexamphetamine
- ☐ Fentanyl
- ☐ Fentanyl analogue (e.g., carfentanyl)
- ☐ GHB/GBL/1,4-BD
- ☐ Heroin
- ☐ LSD
- ☐ Ketamine
- ☐ MDA
- ☐ MDEA
- ☐ MDMA/ecstasy
- ☐ Methadone
- ☐ Morphine
- ☐ Methamphetamine
- ☐ Oxycodone
- ☐ PMA
- ☐ PMMA
- ☐ Buprenorphine
- ☐ Buprenorphine-naloxone
- ☐ Codeine
- ☐ Tapentadol
- ☐ Tramadol
- ☐ Steroid
- ☐ Other
- ☐ Not sure
- ☐ Rather not say

Please specify what other drug/s you think it is. Please try to be as specific as possible (e.g., 'codeine' rather than 'opioid'). If you think it contains more than one drug, you can list all these drugs here.

_____

Please specify what fentanyl analogue is in the sample (e.g., carfentanyl). You can write 'not sure' if you're unsure.

_____

Was the drug tested in the sample what you thought it might be?

- ◯ Yes
- ◯ No
- ◯ Not sure
- ◯ Rather not say

Were you told by staff how to reduce harms associated with the use of the drug(s) in the sample?

- ◯ Yes
- ◯ No
- ◯ Not sure
- ◯ Rather not say

Thinking about the drug (Sample [record_id] B) that you got tested today, how likely is it that you will use it now that it has been tested?

- ◯ 0 = Definitely will not
- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4
- ◯ 5
- ◯ 6
- ◯ 7
- ◯ 8
- ◯ 9
- ◯ 10 = Definitely will
- ◯ Unsure
- ◯ Rather not say

If you were to use the drug that you are getting tested today, would you do any of the following?

Read and mark all that apply

- ☐ Space out my use of this drug (i.e., have multiple doses)
- ☐ Have a test dose of this drug
- ☐ Use with alcohol at the same time as this drug
- ☐ Use with other drugs at the same time as this drug
- ☐ Make sure I have naloxone around
- ☐ Make sure someone else is with me when I use this drug and/or knows I'm using
- ☐ None of the above
- ☐ Not sure
- ☐ Rather not say

Will you tell anyone else about the results of testing for this drug?

- ◯ Yes
- ◯ No, don't know anyone using the drug
- ◯ No, other reason
- ◯ Not sure
- ◯ Rather not say

SAMPLE [record_id] C

Did the test results show what was in the drug Sample [record_id] C?

- ◯ Yes
- ◯ No, I wasn't told
- ◯ No, sample wasn't eligible for testing
- ◯ No, sample wasn't submitted for testing
- ◯ Not sure
- ◯ Rather not say

What was in the drug Sample [record_id] C?

Please list all drugs identified. You can select 'other' to write in any other drugs identified that aren't in this list.

- ☐ Amphetamine
- ☐ Benzodiazepine
- ☐ Cannabis
- ☐ Synthetic cannabinoids
- ☐ Cocaine
- ☐ Dexamphetamine
- ☐ Fentanyl
- ☐ Fentanyl analogue (e.g., carfentanyl)
- ☐ GHB/GBL/1,4-BD
- ☐ Heroin
- ☐ LSD
- ☐ Ketamine
- ☐ MDA
- ☐ MDEA
- ☐ MDMA/ecstasy
- ☐ Methadone
- ☐ Morphine
- ☐ Methamphetamine
- ☐ Oxycodone
- ☐ PMA
- ☐ PMMA
- ☐ Buprenorphine
- ☐ Buprenorphine-naloxone
- ☐ Codeine
- ☐ Tapentadol
- ☐ Tramadol
- ☐ Steroid
- ☐ Other
- ☐ Not sure
- ☐ Rather not say

Please specify what other drug/s you think it is. Please try to be as specific as possible (e.g., 'codeine' rather than 'opioid'). If you think it contains more than one drug, you can list all these drugs here.

_____

Please specify what fentanyl analogue is in the sample (e.g., carfentanyl). You can write 'not sure' if you're unsure.

_____

Was the drug tested in Sample C what you thought it might be?

- ◯ Yes
- ◯ No
- ◯ Not sure
- ◯ Rather not say

Were you told by staff how to reduce harms associated with the use of the drug(s) in Sample C?

- ◯ Yes
- ◯ No
- ◯ Not sure
- ◯ Rather not say

Thinking about the drug (Sample [record_id] C) that you got tested today, how likely is it that you will use it now that it has been tested?

- ◯ 0 = Definitely will not
- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4
- ◯ 5
- ◯ 6
- ◯ 7
- ◯ 8
- ◯ 9
- ◯ 10 = Definitely will
- ◯ Unsure
- ◯ Rather not say

If you were to use the drug that you are getting tested today, would you do any of the following?

Read and mark all that apply

- ☐ Space out my use of this drug (i.e., have multiple doses)
- ☐ Have a test dose of this drug
- ☐ Use with alcohol at the same time as this drug
- ☐ Use with other drugs at the same time as this drug
- ☐ Make sure I have naloxone around
- ☐ Make sure someone else is with me when I use this drug and/or knows I'm using
- ☐ None of the above
- ☐ Not sure
- ☐ Rather not say

Will you tell anyone else about the results of testing for this drug?

- ◯ Yes
- ◯ No, don't know anyone using the drug
- ◯ No, other reason
- ◯ Not sure
- ◯ Rather not say

SAMPLE [record_id] D

Did the test results show what was in the drug Sample [record_id]D?

- ◯ Yes
- ◯ No, I wasn't told
- ◯ No, sample wasn't eligible for testing
- ◯ No, sample wasn't submitted for testing
- ◯ Not sure
- ◯ Rather not say

What was in the drug Sample [record_id] D?

Please list all drugs identified. You can select 'other' to write in any other drugs identified that aren't in this list.

- ☐ Amphetamine
- ☐ Benzodiazepine
- ☐ Cannabis
- ☐ Synthetic cannabinoids
- ☐ Cocaine
- ☐ Dexamphetamine
- ☐ Fentanyl
- ☐ Fentanyl analogue (e.g., carfentanyl)
- ☐ GHB/GBL/1,4-BD
- ☐ Heroin
- ☐ LSD
- ☐ Ketamine
- ☐ MDA
- ☐ MDEA
- ☐ MDMA/ecstasy
- ☐ Methadone
- ☐ Morphine
- ☐ Methamphetamine
- ☐ Oxycodone
- ☐ PMA
- ☐ PMMA
- ☐ Buprenorphine
- ☐ Buprenorphine-naloxone
- ☐ Codeine
- ☐ Tapentadol
- ☐ Tramadol
- ☐ Steroid
- ☐ Other
- ☐ Not sure
- ☐ Rather not say

Please specify what other drug/s you think it is. Please try to be as specific as possible (e.g., 'codeine' rather than 'opioid'). If you think it contains more than one drug, you can list all these drugs here.

_____

Please specify what fentanyl analogue is in the sample (e.g., carfentanyl). You can write 'not sure' if you're unsure.

_____

Was the drug tested in Sample D what you thought it might be?

- ◯ Yes
- ◯ No
- ◯ Not sure
- ◯ Rather not say

Were you told by staff how to reduce harms associated with the use of the drug(s) in Sample D?

- ◯ Yes
- ◯ No
- ◯ Not sure
- ◯ Rather not say

Thinking about the drug (Sample [record_id] D) that you got tested today, how likely is it that you will use it now that it has been tested?

- ◯ 0 = Definitely will not
- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4
- ◯ 5
- ◯ 6
- ◯ 7
- ◯ 8
- ◯ 9
- ◯ 10 = Definitely will
- ◯ Unsure
- ◯ Rather not say

If you were to use the drug that you are getting tested today, would you do any of the following?

Read and mark all that apply

- ☐ Space out my use of this drug (i.e., have multiple doses)
- ☐ Have a test dose of this drug
- ☐ Use with alcohol at the same time as this drug
- ☐ Use with other drugs at the same time as this drug
- ☐ Make sure I have naloxone around
- ☐ Make sure someone else is with me when I use this drug and/or knows I'm using
- ☐ None of the above
- ☐ Not sure
- ☐ Rather not say

Will you tell anyone else about the results of testing for this drug?

- ◯ Yes
- ◯ No, don't know anyone using the drug
- ◯ No, other reason
- ◯ Not sure
- ◯ Rather not say

SAMPLE [record_id] E

Did the test results show what was in the drug Sample [record_id] E?

- ◯ Yes
- ◯ No, I wasn't told
- ◯ No, sample wasn't eligible for testing
- ◯ No, sample wasn't submitted for testing
- ◯ Not sure
- ◯ Rather not say

What was in the drug Sample [record_id] E?

Please list all drugs identified. You can select 'other' to write in any other drugs identified that aren't in this list.

- ☐ Amphetamine
- ☐ Benzodiazepine
- ☐ Cannabis
- ☐ Synthetic cannabinoids
- ☐ Cocaine
- ☐ Dexamphetamine
- ☐ Fentanyl
- ☐ Fentanyl analogue (e.g., carfentanyl)
- ☐ GHB/GBL/1,4-BD
- ☐ Heroin
- ☐ LSD
- ☐ Ketamine
- ☐ MDA
- ☐ MDEA
- ☐ MDMA/ecstasy
- ☐ Methadone
- ☐ Morphine
- ☐ Methamphetamine
- ☐ Oxycodone
- ☐ PMA
- ☐ PMMA
- ☐ Buprenorphine
- ☐ Buprenorphine-naloxone
- ☐ Codeine
- ☐ Tapentadol
- ☐ Tramadol
- ☐ Steroid
- ☐ Other
- ☐ Not sure
- ☐ Rather not say

Please specify what other drug/s you think it is. Please try to be as specific as possible (e.g., 'codeine' rather than 'opioid'). If you think it contains more than one drug, you can list all these drugs here.

_____

Please specify what fentanyl analogue is in the sample (e.g., carfentanyl). You can write 'not sure' if you're unsure.

_____

Was the drug tested in Sample E what you thought it might be?

- ◯ Yes
- ◯ No
- ◯ Not sure
- ◯ Rather not say

Were you told by staff how to reduce harms associated with the use of the drug(s) in Sample E?

- ◯ Yes
- ◯ No
- ◯ Not sure
- ◯ Rather not say

Thinking about the drug (Sample [record_id] E) that you got tested today, how likely is it that you will use it now that it has been tested?

- ◯ 0 = Definitely will not
- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4
- ◯ 5
- ◯ 6
- ◯ 7
- ◯ 8
- ◯ 9
- ◯ 10 = Definitely will
- ◯ Unsure
- ◯ Rather not say

If you were to use the drug that you are getting tested today, would you do any of the following?

Read and mark all that apply

- ☐ Space out my use of this drug (i.e., have multiple doses)
- ☐ Have a test dose of this drug
- ☐ Use with alcohol at the same time as this drug
- ☐ Use with other drugs at the same time as this drug
- ☐ Make sure I have naloxone around
- ☐ Make sure someone else is with me when I use this drug and/or knows I'm using
- ☐ None of the above
- ☐ Not sure
- ☐ Rather not say

Will you tell anyone else about the results of testing for this drug?

- ◯ Yes
- ◯ No, don't know anyone using the drug
- ◯ No, other reason
- ◯ Not sure
- ◯ Rather not say

Part 2 Now we want to ask you some quick general questions about your experience accessing the service today. Remember, you can select 'not sure' if you are unsure, or 'rather not say' if you'd prefer not to respond.

How confident are you that the testing equipment here accurately identifies the substances in your sample/s?

- ◯ 0 = Definitely untrustworthy
- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4
- ◯ 5
- ◯ 6
- ◯ 7
- ◯ 8
- ◯ 9
- ◯ 10 = Definitely accurate
- ◯ Unsure
- ◯ Rather not say

How would you rate the information you received today?	◯ 0 = Very poor ◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5 ◯ 6 ◯ 7 ◯ 8 ◯ 9 ◯ 10 = Excellent ◯ Unsure ◯ Rather not say

One a scale of 0-10, please rate your agreement with the following statements:

The team at CANTEST communicated information clearly	◯ 0 = Strongly disagree ◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5 ◯ 6 ◯ 7 ◯ 8 ◯ 9 ◯ 10 = Strongly agree ◯ Unsure ◯ Rather not say
The team at CANTEST answered all my questions about the drug/s	◯ 0 = Strongly disagree ◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5 ◯ 6 ◯ 7 ◯ 8 ◯ 9 ◯ 10 = Strongly agree ◯ Unsure ◯ Rather not say
The team at CANTEST treated me with respect	◯ 0 = Strongly disagree ◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5 ◯ 6 ◯ 7 ◯ 8 ◯ 9 ◯ 10 = Strongly agree ◯ Unsure ◯ Rather not say

One a scale of 0-10, how would you rate the service overall?	◯ 0 = Very poor ◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5 ◯ 6 ◯ 7 ◯ 8 ◯ 9 ◯ 10 = Excellent ◯ Unsure ◯ Rather not say
Will you use the service again?	◯ Yes ◯ No ◯ Not sure ◯ Rather not say
Would you recommend this service to others?	◯ Yes ◯ No ◯ Not sure ◯ Rather not say
If you have any additional feedback or comments about the service, please enter in the box	_____
How could the service be changed or improved?	_____

Thank you for completing the Post-Test Survey! Please hand the tablet back to the staff member and we'll go through the additional health services that we offer.

HEALTH INTERVENTION AND NOTES

Visit ID: [record_id]

Enter staff initials (Nurse)

_____

HEALTH INTERVENTIONS

For staff: Client invited to health intervention or offered health referral?

- ◯ Yes, accepted
- ◯ Yes, did not accept
- ◯ Not invited (specify reason)

For staff: If not invited, specify reason

_____

For staff: Health intervention delivered or referral given?
(MARK ALL THAT APPLY)

- ☐ General health screening
- ☐ General drug education
- ☐ Harm reduction education
- ☐ Overdose prevention education
- ☐ Safer injecting education
- ☐ Naloxone training and Nyxoid provision
- ☐ Harm minimisation / health information resources supplied
- ☐ Sexual health brief intervention
- ☐ Mental health brief intervention
- ☐ General informal counselling
- ☐ Health promotion and education
- ☐ Administer First Aid
- ☐ Administer CPR
- ☐ Call ambulance
- ☐ Minor medical treatment
- ☐ STI screening
- ☐ Information referral
- ☐ Formal referral
- ☐ Other intervention not listed

For staff: If other, specify what other intervention/referral

_____

For staff: How many units of naloxone were given?

_____

Any other comments on the occasion of service?

Staff comments about the visit, or client feedback about the service.

_____

Script for staff: Thank you for your time. That brings us to the end of your service visit. Let me know if you have any questions about the service, and have a great day.

END OF VISIT

EXIT INFORMATION

Approximate age category

- ◯ 15-17
- ◯ 18-24
- ◯ 25-34
- ◯ 35-44
- ◯ 45-54
- ◯ 55-64
- ◯ 65+
- ◯ Don't know

Approximate gender

- ◯ Man or male
- ◯ Woman or female
- ◯ Non-binary
- ◯ They used a different term
- ◯ Don't know

For staff: This participant did not get screened to submit their drug for checking.

Can you tell us a bit more about why they came into the service?

- ☐ Because the service was closing and there wasn't time to test their drug
- ☐ Because there were not enough staff to test their drugs
- ☐ Because the wait time was too long and there wasn't enough time to test their drugs
- ☐ For information about how the service works
- ☐ For crisis support
- ☐ For information and education
- ☐ For broader harm reduction
- ☐ For intervention (e.g., overdose)
- ☐ For referral to other services
- ☐ For other reason (specify)
- ☐ Unsure

For staff: Specify other reason

_____

Exit date and time

_____

END OF DATA COLLECTION

sample	
filename	
name	
rt	
ri	
area	
ri_ri_lib	
weighted	
low_confidence	
notification	

CONTACT

Thanks for agreeing to complete the follow-up survey with ANU! You will receive a $20 gift voucher on completion of a survey and $40 voucher on completion of a short telephone interview.

The fine print: Your contact details will only be used to send you information about this additional research. Your contact details are not stored in the drug checking service, are not linked to other information you give us and will be destroyed by the researchers after we contact you. We will not give your information to anyone without your permission or except as required by law.

Your information will help us to understand how many people attend the service, what you think about the service, and what decisions you make after using the service.

Your data (but not your name or address) will be used by the Service as well as researchers at the Australian National University to evaluate the service in a public report, media releases as well as in academic publications. The data, but not your name or contact details, will also be archived at the Australian National University for future work. You do not have to enter this information and can skip questions. You may access CANTEST without completing these surveys.

What will I have to do if I want to contribute?

A 5-10 minute survey after you receive your testing results There is an opportunity to be involved in research about the pill testing service where you will be paid for your time. Risks: Your name is not linked to any of the information we collect about you. Any information you provide us with is stored on a secure server that can only be accessed by the Service. If you feel upset by any of the questions we ask you, staff will be happy to help you. Please feel free to tell them if any of the topics discussed make you feel uncomfortable. You do not have to answer the questions if you don't want to.

Please enter your email address

_____

Please enter your mobile number

_____

If other members of your group would also like to be contacted, please enter their details below

Person 2 email

_____

Person 2 mobile number in the following format:
+614XXXXXXXX

_____

Person 3 email

_____

Person 3 mobile number in the following format:
+614XXXXXXXX

_____

Person 4 email

_____

Person 4 mobile number in the following format:
+614XXXXXXXX

_____

Person 5 email

_____

Person 5 mobile number in the following format:
+614XXXXXXXX

FOLLOW-UP SURVEY

Follow-Up Survey

date_7d_fu _____

Thank you for agreeing to complete this survey. Your input is valuable! It will help us to assess how the drug checking service is working and if any changes need to be made.

This survey will take about 5-10 minutes

You will be emailed or texted a $20 electronic GiftPay gift card which can be used in lots of stores (e.g., Woolworths, Coles, Myer) to reimburse you for your time today.

This survey is led by the Australian National University. Researchers include Anna Olsen, Amy Peacock, Raimondo Bruno, David McDonald, Mohamed Hammoud and Greta Baillie.

Your name will not being used and any information you provide will be kept private.

Your unique identifier will link this survey to previous surveys you completed in the drug checking service. Your name is not included and any answers you give are used to assess the service. Your answers will not impact your access to the service in any way.

Your answers to the survey will be used in a public report, media releases as well as in academic publications but only in aggregate form. The data, but not your contact details, will also be archived at the Australian National University.

You are not required to complete this survey and you may skip questions or stop at any time.

Your data will only be available to the research team, except as required by law. The aim of the study is to find out about your experience of attending CANTEST and we do ask you about illicit drug use. You do not have to answer the questions if you don't want to.

Privacy statement: In collecting your personal information within this research, the ANU must comply with the Privacy Act 1988. The ANU Privacy Policy is available at https://policies.anu.edu.au/ppl/document/ANUP_010007 and it contains information about how a person can:

Access or seek correction to their personal information; Complain about a breach of an Australian Privacy Principle by ANU, and how ANU will handle the complaint. Data Storage: The data from this survey will be transferred to the Australian National University and will be archived for future work.

Contact Details for More Information:

Associate Professor Anna Olsen

Australian National University

Email: anna.olsen@anu.edu.au or HealthServiceFollowup.chm@anu.edu.au

Phone: (02) 6125 6836

Ethics Committee Clearance:

ACT Health HREC 2021.ETH.001960

Thanks for answering the below questions about your visit to the service on [date_visit]. We really value hearing about your experience!

Remember, you can skip any question you don't want to answer by selecting 'not sure' or 'rather not say'.

On the [date_visit], you tested [s2_samples] sample(s). You thought you had [s4_expected] / [s4_expected_other] and the FTIR testing showed you had [s6_firstmatch] / [s6_firstmatch_other]. We'd really appreciate it if you could answer the below questions about this drug.

On the [date_visit], you tested [s2_samples] samples. In Sample [record_id] A, you thought you had [s4_expected] / [s4_expected_other] and the FTIR machine showed you had [s6_firstmatch] / [s6_firstmatch_other]. We'd really appreciate it if you could answer the below questions about this drug.

Did you use the drug after you got it tested at the service on [date_visit]?

- ◯ Used the tested drug
- ◯ Disposed of the drug I got tested
- ◯ I still have the drugs and plan to use them in the future
- ◯ I still have the drugs and do not plan to use them in future
- ◯ I still have the drugs and don't know if I will use them in future
- ◯ Not sure
- ◯ Rather not say

If you used the drug that was tested, did you:

- ◯ Use more of this drug than I had planned
- ◯ Used less of this drug than I had planned
- ◯ Used the same amount of the drug that I had planned
- ◯ Not sure
- ◯ Rather not say

If you used the drug that was tested, did you do any of the following?

Read and select all that apply.

- ☐ Spaced out my use of this drug (i.e., had multiple doses)
- ☐ Had a test dose of this drug
- ☐ Used with alcohol at the same time as this drug
- ☐ Used with other drugs at the same time as this drug
- ☐ Made sure I had naloxone around
- ☐ Made sure someone else was with me when I used this drug and/or knew I was using
- ☐ None of the above
- ☐ Not sure
- ☐ Rather not say

If you didn't use the drug that was tested, did you do any of the following?

Read and select all that apply.

- ☐ Discarded it at the service
- ☐ Discarded it elsewhere
- ☐ Gave it back to the supplier
- ☐ Gave it to someone else (other than supplier)
- ☐ Other (specify)
- ☐ None of the above
- ☐ Not sure
- ☐ Rather not say

Did you obtain (or try to obtain) more of the drug that was tested?

- ◯ No
- ◯ Yes
- ◯ Not sure
- ◯ Rather not say

Did you tell anyone else about the results of testing for this drug?

- ◯ Yes
- ◯ No, didn't know anyone using the drug
- ◯ No, other reason
- ◯ Not sure
- ◯ Rather not say

On a scale of 0-10, how much did you know about the positive / desired effects of the identified drug BEFORE you accessed the testing service?

- ◯ 0 = Nothing
- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4
- ◯ 5
- ◯ 6
- ◯ 7
- ◯ 8
- ◯ 9
- ◯ 10 = Expert
- ◯ Testing didn't identify drug
- ◯ Unsure
- ◯ Rather not say

On a scale of 0-10, how much do you know about the positive / desired effects of the identified drug AFTER accessing the testing service?

- ◯ 0 = Nothing
- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4
- ◯ 5
- ◯ 6
- ◯ 7
- ◯ 8
- ◯ 9
- ◯ 10 = Expert
- ◯ Testing didn't identify drug
- ◯ Unsure
- ◯ Rather not say

In Sample [record_id] B, you thought you had [s4_expected_2] / [s4_expected_other_2] and the FTIR machine showed you had [s6_firstmatch_v2] / [s6_firstmatch_other_v2]. We'd really appreciate it if you could answer the below questions about this drug.

Did you use the drug after you got it tested at the service on [date_visit]?

- ◯ Used the tested drug
- ◯ Disposed of the drug I got tested
- ◯ I still have the drugs and plan to use them in the future
- ◯ I still have the drugs and do not plan to use them in future
- ◯ I still have the drugs and don't know if I will use them in future
- ◯ Not sure
- ◯ Rather not say

If you used the drug that was tested, did you:

- ◯ Use more of this drug than I had planned
- ◯ Used less of this drug than I had planned
- ◯ Used the same amount of the drug that I had planned
- ◯ Not sure
- ◯ Rather not say

If you used the drug that was tested, did you do any of the following?

Read and select all that apply.

- ☐ Spaced out my use of this drug (i.e., had multiple doses)
- ☐ Had a test dose of this drug
- ☐ Used with alcohol at the same time as this drug
- ☐ Used with other drugs at the same time as this drug
- ☐ Made sure I had naloxone around
- ☐ Made sure someone else was with me when I used this drug and/or knew I was using
- ☐ None of the above
- ☐ Not sure
- ☐ Rather not say

If you didn't use the drug that was tested, did you do any of the following?

Read and select all that apply.

- ☐ Discarded it at the service
- ☐ Discarded it elsewhere
- ☐ Gave it back to the supplier
- ☐ Gave it to someone else (other than supplier)
- ☐ Other (specify)
- ☐ None of the above
- ☐ Not sure
- ☐ Rather not say

Did you obtain (or try to obtain) more of the drug that was tested?

- ◯ No
- ◯ Yes
- ◯ Not sure
- ◯ Rather not say

Did you tell anyone else about the results of testing for this drug?

- ◯ Yes
- ◯ No, didn't know anyone using the drug
- ◯ No, other reason
- ◯ Not sure
- ◯ Rather not say

On a scale of 0-10, how much did you know about the positive / desired effects of the identified drug BEFORE you accessed the testing service?

- ◯ 0 = Nothing
- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4
- ◯ 5
- ◯ 6
- ◯ 7
- ◯ 8
- ◯ 9
- ◯ 10 = Expert
- ◯ Testing didn't identify drug
- ◯ Unsure
- ◯ Rather not say

On a scale of 0-10, how much do you know about the positive / desired effects of the identified drug AFTER accessing the testing service?

- ◯ 0 = Nothing
- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4
- ◯ 5
- ◯ 6
- ◯ 7
- ◯ 8
- ◯ 9
- ◯ 10 = Expert
- ◯ Testing didn't identify drug
- ◯ Unsure
- ◯ Rather not say

In Sample [record_id] C, you thought you had [s4_expected_3] / [s4_expected_other_3] and the FTIR machine showed you had [s6_firstmatch_v3] / [s6_firstmatch_other_v3]. We'd really appreciate it if you could answer the below questions about this drug.

Did you use the drug after you got it tested at the service on [date_visit]?

- ◯ Used the tested drug
- ◯ Disposed of the drug I got tested
- ◯ I still have the drugs and plan to use them in the future
- ◯ I still have the drugs and do not plan to use them in future
- ◯ I still have the drugs and don't know if I will use them in future
- ◯ Not sure
- ◯ Rather not say

If you used the drug that was tested, did you:

- ◯ Use more of this drug than I had planned
- ◯ Used less of this drug than I had planned
- ◯ Used the same amount of the drug that I had planned
- ◯ Not sure
- ◯ Rather not say

If you used the drug that was tested, did you do any of the following?

Read and select all that apply.

- ☐ Spaced out my use of this drug (i.e., had multiple doses)
- ☐ Had a test dose of this drug
- ☐ Used with alcohol at the same time as this drug
- ☐ Used with other drugs at the same time as this drug
- ☐ Made sure I had naloxone around
- ☐ Made sure someone else was with me when I used this drug and/or knew I was using
- ☐ None of the above
- ☐ Not sure
- ☐ Rather not say

If you didn't use the drug that was tested, did you do any of the following?

Read and select all that apply.

- ☐ Discarded it at the service
- ☐ Discarded it elsewhere
- ☐ Gave it back to the supplier
- ☐ Gave it to someone else (other than supplier)
- ☐ Other (specify)
- ☐ None of the above
- ☐ Not sure
- ☐ Rather not say

Did you obtain (or try to obtain) more of the drug that was tested?

- ◯ No
- ◯ Yes
- ◯ Not sure
- ◯ Rather not say

Did you tell anyone else about the results of testing for this drug?	◯ Yes ◯ No, didn't know anyone using the drug ◯ No, other reason ◯ Not sure ◯ Rather not say
On a scale of 0-10, how much did you know about the positive / desired effects of the identified drug BEFORE you accessed the testing service?	◯ 0 = Nothing ◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5 ◯ 6 ◯ 7 ◯ 8 ◯ 9 ◯ 10 = Expert ◯ Testing didn't identify drug ◯ Unsure ◯ Rather not say
On a scale of 0-10, how much do you know about the positive / desired effects of the identified drug AFTER accessing the testing service?	◯ 0 = Nothing ◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5 ◯ 6 ◯ 7 ◯ 8 ◯ 9 ◯ 10 = Expert ◯ Testing didn't identify drug ◯ Unsure ◯ Rather not say

In Sample [record_id] D, you thought you had [s4_expected_4] / [s4_expected_other_4] and the FTIR machine showed you had [s6_firstmatch_v4] / [s6_firstmatch_other_v4]. We'd really appreciate it if you could answer the below questions about this drug.

Did you use the drug after you got it tested at the service on [date_visit]?	◯ Used the tested drug ◯ Disposed of the drug I got tested ◯ I still have the drugs and plan to use them in the future ◯ I still have the drugs and do not plan to use them in future ◯ I still have the drugs and don't know if I will use them in future ◯ Not sure ◯ Rather not say
If you used the drug that was tested, did you:	◯ Use more of this drug than I had planned ◯ Used less of this drug than I had planned ◯ Used the same amount of the drug that I had planned ◯ Not sure ◯ Rather not say

If you used the drug that was tested, did you do any of the following?

Read and select all that apply.

- ☐ Spaced out my use of this drug (i.e., had multiple doses)
- ☐ Had a test dose of this drug
- ☐ Used with alcohol at the same time as this drug
- ☐ Used with other drugs at the same time as this drug
- ☐ Made sure I had naloxone around
- ☐ Made sure someone else was with me when I used this drug and/or knew I was using
- ☐ None of the above
- ☐ Not sure
- ☐ Rather not say

If you didn't use the drug that was tested, did you do any of the following?

Read and select all that apply.

- ☐ Discarded it at the service
- ☐ Discarded it elsewhere
- ☐ Gave it back to the supplier
- ☐ Gave it to someone else (other than supplier)
- ☐ Other (specify)
- ☐ None of the above
- ☐ Not sure
- ☐ Rather not say

Did you obtain (or try to obtain) more of the drug that was tested?

- ◯ No
- ◯ Yes
- ◯ Not sure
- ◯ Rather not say

Did you tell anyone else about the results of testing for this drug?

- ◯ Yes
- ◯ No, didn't know anyone using the drug
- ◯ No, other reason
- ◯ Not sure
- ◯ Rather not say

On a scale of 0-10, how much did you know about the positive / desired effects of the identified drug BEFORE you accessed the testing service?

- ◯ 0 = Nothing
- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4
- ◯ 5
- ◯ 6
- ◯ 7
- ◯ 8
- ◯ 9
- ◯ 10 = Expert
- ◯ Testing didn't identify drug
- ◯ Unsure
- ◯ Rather not say

On a scale of 0-10, how much do you know about the positive / desired effects of the identified drug AFTER accessing the testing service?

- ◯ 0 = Nothing
- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4
- ◯ 5
- ◯ 6
- ◯ 7
- ◯ 8
- ◯ 9
- ◯ 10 = Expert
- ◯ Testing didn't identify drug
- ◯ Unsure
- ◯ Rather not say

In Sample [record_id] E, you thought you had [s4_expected_5] / [s4_expected_other_5] and the FTIR machine showed you had [s6_firstmatch_v5] / [s6_firstmatch_other_v5]. We'd really appreciate it if you could answer the below questions about this drug.

Did you use the drug after you got it tested at the service on [date_visit]?

- ◯ Used the tested drug
- ◯ Disposed of the drug I got tested
- ◯ I still have the drugs and plan to use them in the future
- ◯ I still have the drugs and do not plan to use them in future
- ◯ I still have the drugs and don't know if I will use them in future
- ◯ Not sure
- ◯ Rather not say

If you used the drug that was tested, did you:

- ◯ Use more of this drug than I had planned
- ◯ Used less of this drug than I had planned
- ◯ Used the same amount of the drug that I had planned
- ◯ Not sure
- ◯ Rather not say

If you used the drug that was tested, did you do any of the following?

Read and select all that apply.

- ☐ Spaced out my use of this drug (i.e., had multiple doses)
- ☐ Had a test dose of this drug
- ☐ Used with alcohol at the same time as this drug
- ☐ Used with other drugs at the same time as this drug
- ☐ Made sure I had naloxone around
- ☐ Made sure someone else was with me when I used this drug and/or knew I was using
- ☐ None of the above
- ☐ Not sure
- ☐ Rather not say

If you didn't use the drug that was tested, did you do any of the following?

Read and select all that apply.

- ☐ Discarded it at the service
- ☐ Discarded it elsewhere
- ☐ Gave it back to the supplier
- ☐ Gave it to someone else (other than supplier)
- ☐ Other (specify)
- ☐ None of the above
- ☐ Not sure
- ☐ Rather not say

Did you obtain (or try to obtain) more of the drug that was tested?

- ◯ No
- ◯ Yes
- ◯ Not sure
- ◯ Rather not say

Did you tell anyone else about the results of testing for this drug?

- ◯ Yes
- ◯ No, didn't know anyone using the drug
- ◯ No, other reason
- ◯ Not sure
- ◯ Rather not say

On a scale of 0-10, how much did you know about the positive / desired effects of the identified drug BEFORE you accessed the testing service?

- ◯ 0 = Nothing
- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4
- ◯ 5
- ◯ 6
- ◯ 7
- ◯ 8
- ◯ 9
- ◯ 10 = Expert
- ◯ Testing didn't identify drug
- ◯ Unsure
- ◯ Rather not say

On a scale of 0-10, how much do you know about the positive / desired effects of the identified drug AFTER accessing the testing service?

- ◯ 0 = Nothing
- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4
- ◯ 5
- ◯ 6
- ◯ 7
- ◯ 8
- ◯ 9
- ◯ 10 = Expert
- ◯ Testing didn't identify drug
- ◯ Unsure
- ◯ Rather not say

Now we want to ask you some general questions about your primary sources of information on drugs, and also about your recent experiences with the service and more broadly.

Since attending the drug checking service have any of the following things changed for you?

Please read and select all that apply.

- ☐ I am more cautious about using drugs
- ☐ I am more cautious about mixing drugs
- ☐ I take less drugs
- ☐ I space out my drug use more
- ☐ I have gone to the checking service again
- ☐ I have talked to a professional about my drug use
- ☐ I have gone to a new drug related health service
- ☐ I have accessed naloxone
- ☐ None of the above
- ☐ Not sure
- ☐ Rather not say

Will you use the drug checking service again?

- ◯ No
- ◯ Yes
- ◯ Not sure
- ◯ Rather not say

What did you find most helpful or like most about the service?

_____

How could the service be changed or improved?

_____

In the past 12 months, have you seen or heard about an alert issued by health agencies about specific drugs in Canberra which likely carry a high risk for overdose or other harms?

Please read and select all that apply.

- ☐ Haven't seen a drug alert
- ☐ Yes, about high dose heroin or heroin containing other drugs
- ☐ Yes, about high dose methamphetamine or methamphetamine containing other drugs
- ☐ Yes, about high dose cocaine or cocaine containing other drugs
- ☐ Yes, about high dose ecstasy/MDMA or ecstasy/MDMA containing other drugs
- ☐ Yes, about high dose LSD or LSD containing other drugs
- ☐ Yes, about high dose ketamine or ketamine containing other drugs
- ☐ Yes, about 'fake' benzodiazepines or benzodiazepines containing other drugs
- ☐ Yes, about other drugs not listed above
- ☐ Don't live in Canberra so haven't heard about any alerts
- ☐ Not sure
- ☐ Rather not say

Using the drop-down lists below, please rank your current top three sources for information or advice about the effects of drugs.

Please select your highest rated source for information/advice about drugs:

- ◯ Peers/other people who use drugs
- ◯ Friends/family
- ◯ Dealer
- ◯ Healthcare provider / alcohol and drug service
- ◯ CanTEST drug checking service
- ◯ Peer service (e.g., DanceWize, CAHMA)
- ◯ The internet (e.g., discussion forums, websites)
- ◯ None
- ◯ Other
- ◯ Rather not say

If other, please specify

_____

Please select your second-highest rated source for information/advice about drugs:

- ◯ Peers/other people who use drugs
- ◯ Friends/family
- ◯ Dealer
- ◯ Healthcare provider / alcohol and drug service
- ◯ CanTEST drug checking service
- ◯ Peer service (e.g., DanceWize, CAHMA)
- ◯ The internet (e.g., discussion forums, websites)
- ◯ None
- ◯ Other
- ◯ Rather not say

If other, please specify

_____

Please select your third-highest rated source for information/advice about drugs:

- ◯ Peers/other people who use drugs
- ◯ Friends/family
- ◯ Dealer
- ◯ Healthcare provider / alcohol and drug service
- ◯ CanTEST drug checking service
- ◯ Peer service (e.g., DanceWize, CAHMA)
- ◯ The internet (e.g., discussion forums, websites)
- ◯ None
- ◯ Other
- Rather not say

If other, please specify

_____

If you have any additional feedback or comments about the service or about this survey, please enter them here:

_____

Thank you for taking part in this survey! Your responses are critical to help inform the running of the service in future.

- ◯ Yes
- ◯ No

Would you like to receive your $20.00 GiftPay gift voucher?

We'll email or text your $20 GiftPay voucher within 3-5 business days.

Please email us at HealthServiceFollowup.chm@anu.edu.au if you haven't heard from us in that time or if you have any queries about the study.

Please hit submit - you're all finished! Thanks for taking part in this study :)

Please hit submit - you're all finished! Thanks for taking part in this study :)