

The call for Pill Testing, sadly, has very little to do with ‘saving lives’ and much more to do with the ‘drug use normalization’ enterprises of the pro-drug lobby!

The National Drug Strategy, not only scrutinized and lobbied for, but signed off by all parties, continues to follow UNODC prescriptions and proscriptions of best practice for drug policy with its three pillar platform.

Demand Reduction is now the first and foremost pillar, followed by Supply Reduction, then finally, for those caught (not seeking to join the) tyranny of addiction, there is Harm Reduction – the primary purpose is not to keep users using, but reduce and help them exit drug use!

The latest National Drug Strategy (NDS) 2017-26, now puts Demand Reduction as the priority!

The strategy states that “Harm Minimisation includes a range of approaches to help prevent and reduce drug related problems...including a focus on abstinence-oriented strategies... [Harm minimisation] policy approach does not condone drug use.” (page 6)

“Prevention of uptake reduces personal, family and community harms, allow better use of health and law enforcement resources, generates substantial social and economic benefits and produces a healthier workforce.

Demand Reduction strategies that prevent drug use are more cost effective than treating established drug-related problems...Strategies that delay the onset of use prevent longer term harms and costs to the community.” (page 8)

So, how does the process of Pill Testing contribute to these three pillars, and where does it legitimately fit under this protective legislative framework, and mandate?

Certainly not under Demand Reduction! Pill Testing actually utterly undermines and is contrary to Demand Reduction. Pill testing/checking actually validates the pursuit/seeking out of illicit psychotropic toxins, for one reason only, ‘enhance ones party experience.’ (not the tyranny of addiction) Bring you illegally obtained and very harmful substances to a public event. We, approved by government, will test your poison to see if it is the poison you ordered, and if the contents of the drug complies with your agreed illegal purchase, then permit you to use this drug!

Certainly not Supply Reduction – The aforementioned applies here too. Pill Testing actually endorses and encourages the supply chain, and actively contributes to the drugs being not only ‘acceptable’, but further available and accessible! Supply continues to exist when demand is increased/encouraged and the market/consumer is easier to access. Pill Testing certainly ‘lubricates’ that market engagement.

Certainly not Harm Reduction – In its truest protective form, Harm Reduction can never be about endorsing, or more, enabling, equipping and empowering on going drug use. Every drug taking episode is a health and life threatening/diminishing exercise, and any interpretation of a policy that actively empowers and equips easy use of drugs is not only bad practice, it's arguably culpable!

When we start implementing policy based, not with best practice of prevention and reduction in mind; but purely on the basis of conduct/behaviour, then we are in trouble. Understand this is conduct, not of addicts, rather it is deliberate and considered behaviour of an, informed, product aware, self-aware and disposable income equipped 'adults' with rebellious, careless or wantonly 'F-you', law breaking attitudes.

Again, when best protective practices are jettisoned at the whim of propaganda, emotive mantras, or even 'net community benefit' equations, then we end up 'educating' the community (particularly the careless voluptuaries or hedonists) that self and community harming conduct is 'inevitable' and therefore we need to support it!

Understand, with no other self and community harming behaviour are such concessions made, and we wonder why this tacit permission model isn't decreasing harms! ***The best way to decrease harms is to decrease drug use*** – that's what the National Drug Strategy is all about!

Delaying or denying uptake and seeking to facilitate the reduction of drug use is the NDS priority. ***It is not supposed to endorse, enable, equip or empower the increase of drug use!*** Permission models, drive demand, and that's what ***Pill Testing is being hijacked for***, by the pro-drug advocates to drive demand to drug use 'normalization' ends.

The gate-keepers of health and well-being in our communities at a governance level are supposed to be politicians and policy makers, using the evidence-base and agreed upon strategies (i.e. National Drug Strategy) and interpreting it for reduction of, not permission for, drug use. It would appear such poor interpretations of policy in the hands of people who are supposed to protect and provide best health and well-being options to the community are due primarily to ignorance of the platform, or the intimidation of pop-culture noise – nearly always driven by a bullying and noisy minority.

Governments should aim to...

- ***Protect their citizens from harm.***
- ***Provide environments that enable its citizens to reach their full productive potential.***

Any legislation must be filtered through these two foundational principles and the tough questions asked of any proposed introductions or amendments that may breach these principles.

Gus Jaspert the Deputy Director of UK Home Office speaking at the 3rd World Forum Against Drugs in Sweden, 2012

So, simple questions follow

- 1) Do responsible governments and healthcare architects want to protect from harms (not just seek to hopefully minimise them) Will endorsing demand and supply of illicit drugs via pill testing add to another endorsed drug taking episode?
- 2) Will Pill Testing/Checking provide/encourage an environment that will enhance or diminish capacity, agency and productivity of the citizen?

If that's not enough, then policy around **disease management** are also vital in this arena. When it comes to the epidemiology of a disease, treating physicians look to a number of factors, including the **agent of contagion**. They look to manage, **negate and prevent these agents from spreading**.

Illicit drug use dependency has now been widely touted as a 'Non-communicable Disease (NCD). Therefore treatment principles remain the same – the containment, cessation and future prevention of this disease.

Two key factors must be addressed if any sort of positive health outcome is going to be achieved...

- **Susceptibility factors of the patient**
- **Exposure factors to the patient**

So, simple questions follow

- 3) Do responsible governments and healthcare professionals want to increase or decrease susceptibility and exposure to the potential of drug addiction?
- 4) Will Pill Testing/Checking increase or decrease exposure and susceptibility to the potential for drug addiction?
- 5) Will Pill Testing lead to a now publicly endorsed 'altered state' that will enable/empower poor decision making on both safety and sexual practice that can lead to further burden of disease?

We will not even go into the impact/influence such permission measures will have on children, families and the wider community... Again, every drug taking episode and every permission in play, **ONLY ADDS** to the overall harms to family and community fabric.

It is time to #Prevent Don't Promote

For more watch **Pill Testing and the National Drug Strategy - Interview**

<https://www.skynews.com.au/details/5836663610001>

Sincerely Yours,

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