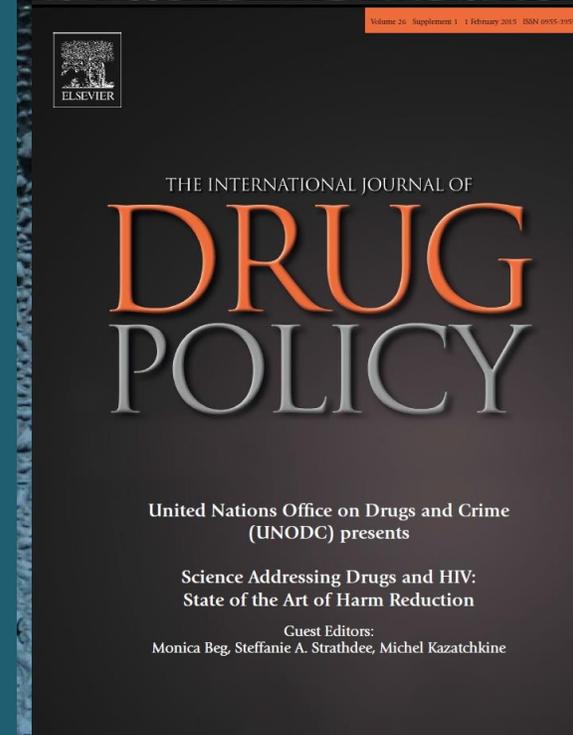


Drug Free Australia's series - exposing pill testing misinformation

Episode 6 – Call out your politicians

Summary

The Science	Pass	Fail
MDMA (Ecstasy) is causal in most every Australian party pill death, but pill testing greenlights it as safe		X
14% of deaths are from allergic-like reactions to MDMA, but pill testing can't test for individual reactions		X
48% of deaths are from Ecstasy being used with other drugs like alcohol – pill testing does not do blood tests for other drugs		X
29% of deaths are from accidents – pill testing cannot identify those who are accident-prone		X
MDMA overdose is rare		X



<https://pubmed.ncbi.nlm.nih.gov/31865118/>

Politicians see . . .

- Parliamentary Briefs with this evidence

Dear Parliamentary Member



BRIEF to Australian Parliamentarians

Our Vision: To support and educate young people, their families and communities to prevent the damage caused by drugs

MOST MORE LIKELY TO USE ECSTASY AFTER PILLS TESTED

The Australian National University [evaluation](#) of the 2019 Canberra pill testing trial confirms that the methods used by Pill Testing Australia to classify substances they identify is actually increasing the likelihood the user will take that substance.

Drug Free Australia has completed a close reading of the evaluation and believes governments and the Australian public should be alarmed by a key finding – that pill testing increases the likelihood of ecstasy use.

When pill testing identifies a substance to be what the user thought they had purchased, the substance is given an “all-clear” white card which is displayed on a noticeboard in the pill testing tent, declaring it to not contain substances “associated with increased harm / multiple overdoses / death” ([see p 11](#)). If a “dangerous” drug is identified, it is given a red card.

Yet while the evaluation stated that “most of the patrons had a generally accurate perception of the contents” of their pills before testing, it also states that “those who received a test result confirming the substance to be what they thought it was were likely to take as much or more than originally intended” and “concordance between expectation and identification is associated with stable or increased intention to take a substance.”

When it is considered that 90% of the 158 pills presented in the trial contained ecstasy, the drug found in Dr Amanda Roxburgh’s study ([see p 18](#)) to be responsible in all 392 MDMA-related deaths in Australia between 2001 and 2016, (and not from contaminants or other dangerous drugs mixed into the ecstasy pill), the symbolics of a white card rather than the red card it deserves makes it clear why a user would be more likely to use it after the pill has been tested.

Drug Free Australia believes that pill testing sends all the wrong messages which will only increase party drug deaths in Australia. Any organisation that advertised that they would give lessons to drivers who love speeding on our roads on how to speed more safely would be seen as aiding and abetting an inherently dangerous practice, and pill testing does the same by symbolically greenlighting ecstasy.

The evaluation also confirms that only seven pills were discarded, each containing N-ethylpentylone, which would likely come from a batch or batches of 200 or more pills each somewhere in Canberra or Australia which has caused no hospitalisations or deaths. Pill Testing Australia claims that they tell users of the dangers of ecstasy but there was no evidence of counsellors dissuading any user from taking their tested pill, with not one ecstasy user recorded discarding their pills, evidencing zero behaviour change. Drug Free Australia asserts that it is too late to be telling ecstasy users that their substance is dangerous saying the horse has bolted once they have spent \$100 purchasing it, and the real need is government-funded social media campaigns telling the truth about ecstasy before they make the cash outlay.

Statistics from England and Wales show that the introduction of pill testing did not produce any reduction in deaths as promised, nor did it appear to change the behaviour of users by getting some to quit using ecstasy, as also forecast by its advocates. While European countries have [poor](#) to non-existent statistics on ecstasy deaths, the UK keeps up-to-date figures. Pill testing operated by “the Loop” began in 2013 and by 2016 [began expanding](#) into 12 music festivals with government assent. Ecstasy use increased by 76% amongst 16-24 year olds (see [Table 1.06](#)), the most prolific ecstasy users, between 2013 and 2017/18. In 2013 there were 43 ecstasy deaths, more than doubling to [92 deaths](#) in 2018.

The real problem for pill testing is that they red-flag N-ethylpentylone and give ecstasy a white card. With 392 deaths from ecstasy in 16 years, they should be red-carding ecstasy for the real killer it is, which means that they best take their equipment and go home because most bring ecstasy. According to the science, ecstasy overdose is [rare](#) and most die from normal recreational doses of the substance ([see p 25](#)).

Politicians see . . .

- evidence given to their Parliamentary Inquiries



Why have pill testing when most ecstasy deaths are from normal doses of MDMA?

Eight central issues for the Australian Greens

1. There are no mysteries about party pill deaths in Australia. Almost all, according to the many Coroner's reports, are from ecstasy itself.
2. Very few party pill deaths in Australia have been from unknown other drugs contained in ecstasy pills, and the only Australian study on ecstasy-related deaths mentions no Coroner-reported deaths from other contaminants or impurities.
3. Ecstasy overdose is rare, with most dying from MDMA used at normal recreational levels or in combination with other legal or illegal drugs. Many die because of something able to act as individual or synergistic poison to MDMA.
4. Pill testing's false sense of safety will only broaden the pool of MDMA initiates, which will go on to lead to many more users fighting for their lives in Australia.
5. Pill testing in itself does not prevent the most evasive substances potentially in party pills.
6. Pill testing will not deter the use of party pills.
7. European studies on the claimed success of pill testing fail to demonstrate or even measure reduced mortality.
8. There is likely another agenda behind the pill testing push – the normalisation and legitimisation of illicit drugs in Australia.

Central Issues & Compiled Evidence



Beyond the failure of Australia's harm minimisation interventions

Seven Central Issues for Northern Territory Legislators

1. Almost all Australians do not approve of illicit drug use. Australians want less drugs, not more.
2. Decriminalisation creates more drug use, not less. Portugal's decriminalisation experiment has showed some increasing illicit drug use.
3. Legalising recreational cannabis in the US has markedly increased cannabis use and associated social problems. Several Australians don't want drugs legalised.
4. The current science on needle programs, methadone and injecting rooms indicate that each has no protective effectiveness.
5. The science on harm-reduction shows it provides very effective harm reduction.
6. According to coroners' reports, ecstasy itself is the killer, not impurities. Nor is unknown strength an issue. Pill testing will increase ecstasy fatalities.
7. Sweden and Iceland have a proven success in solidly reducing drug use, where education and rehabilitation are central.

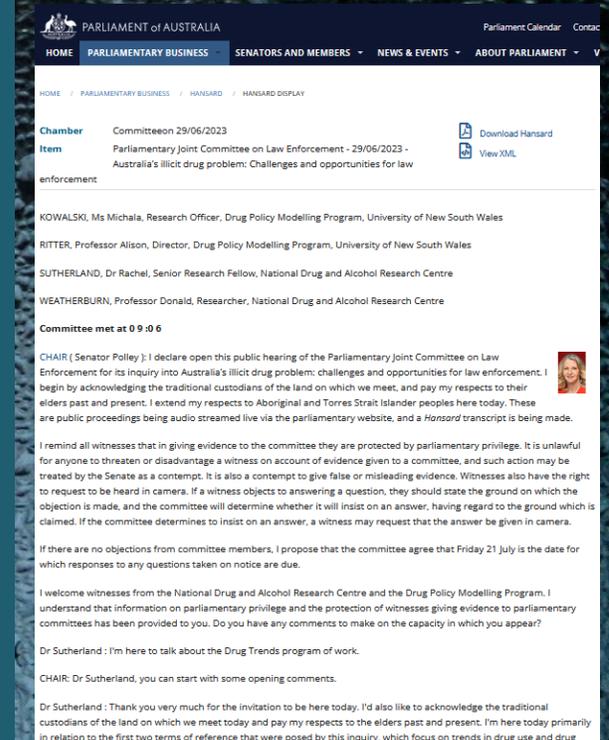
Central Issues & Compiled Evidence



Concerns regarding use of non-rigorous, discredited, misconstrued or absent science in Drug Law Reform Inquiry submissions

Absent science
pill testing
Non-rigorous science
needle & syringe programs
methadone programs
Discredited Science
injecting rooms
Misconstrued science
Portugal's decriminalisation
Australian attitudes to decriminalisation
Conflicted results
prescription heroin

CHAIR: I'd like to welcome Drug Free Australia. I understand that information on parliamentary privilege and the protection of witnesses giving evidence to parliamentary committees has been provided to you. Would you like to make an opening statement before we go to some questions?



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Chamber Committee on 29/06/2023
Item Parliamentary Joint Committee on Law Enforcement - 29/06/2023 - Australia's illicit drug problem: Challenges and opportunities for law enforcement

KOWALSKI, Ms Michala, Research Officer, Drug Policy Modelling Program, University of New South Wales
RITTER, Professor Alison, Director, Drug Policy Modelling Program, University of New South Wales
SUTHERLAND, Dr Rachel, Senior Research Fellow, National Drug and Alcohol Research Centre
WEATHERBURN, Professor Donald, Researcher, National Drug and Alcohol Research Centre

Committee met at 09:06

CHAIR (Senator Polley): I declare open this public hearing of the Parliamentary Joint Committee on Law Enforcement for its inquiry into Australia's illicit drug problem: challenges and opportunities for law enforcement. I begin by acknowledging the traditional custodians of the land on which we meet, and pay my respects to their elders past and present. I extend my respects to Aboriginal and Torres Strait Islander peoples here today. These are public proceedings being audio streamed live via the parliamentary website, and a Hansard transcript is being made.

I remind all witnesses that in giving evidence to the committee they are protected by parliamentary privilege. It is unlawful for anyone to threaten or disadvantage a witness on account of evidence given to a committee, and such action may be treated by the Senate as a contempt. It is also a contempt to give false or misleading evidence. Witnesses also have the right to request to be heard in camera. If a witness objects to answering a question, they should state the ground on which the objection is made, and the committee will determine whether it will insist on an answer, having regard to the ground which is claimed. If the committee determines to insist on an answer, a witness may request that the answer be given in camera.

If there are no objections from committee members, I propose that the committee agree that Friday 21 July is the date for which responses to any questions taken on notice are due.

I welcome witnesses from the National Drug and Alcohol Research Centre and the Drug Policy Modelling Program. I understand that information on parliamentary privilege and the protection of witnesses giving evidence to parliamentary committees has been provided to you. Do you have any comments to make on the capacity in which you appear?

Dr Sutherland: I'm here to talk about the Drug Trends program of work.

CHAIR: Dr Sutherland, you can start with some opening comments.

Dr Sutherland: Thank you very much for the invitation to be here today. I'd also like to acknowledge the traditional custodians of the land on which we meet today and pay my respects to the elders past and present. I'm here today primarily in relation to the first two terms of reference that were posed by this inquiry, which focus on trends in drug use and drug

https://www.aph.gov.au/Parliamentary_Business/Hansard/Hansard_Display?bid=committees/commint/26978/&sid=0000

Politicians see . . .

- Parliamentary speeches & discussed in the party room

PILL TESTING

The Hon. SCOTT FARLOW (18:33:48): I speak on pill testing. Sadly, pill testing is being pushed as a silver bullet to stopping deaths at dance festivals, when the evidence shows that this is clearly not the case. If pill testing were in place, it would not have saved even one Australian life. All ecstasy—also known as MDMA—deaths in the 392 coroners' reports from 2001 to 2016 identified that it was a contributor to that death. This was put well by Gary Christian, the research director of **Drug Free Australia**, who said, "Imagine all 392 who have died lined up at a pill testing tent getting their pills tested. All would have been given the 'all-clear' for their ecstasy pill because it was found to be what they thought it was. All 392 would have died from their ecstasy, with pill testing providing zero protective effect, with not one death prevented." Deputy State Coroner Harriet Grahame said in a report concerning recent deaths at music festivals that:

66. In each of the six cases, the drug known as 3,4-methylenedioxymethamphetamine, commonly known as MDMA or ecstasy, was the major causal factor in the drug-related death.

The screenshot shows the NSW Legislative Council Hansard website for 20 November 2019. The main content area displays a speech by The Hon. Scott Farlow (18:33:48) titled "PILL TESTING". The speech text is visible, including the opening sentence: "I speak on pill testing. Sadly, pill testing is being pushed as a silver bullet to stopping deaths at dance festivals, when the evidence shows that this is clearly not the case." The website header includes "PARLIAMENT OF NEW SOUTH WALES" and navigation tabs for "LEGISLATIVE ASSEMBLY", "LEGISLATIVE COUNCIL", "BILLS", "MEMBERS", "COMMITTEES", "HANSARD & HOUSE PAPERS", "RESEARCH PAPERS", and "VISIT". A sidebar on the left contains a navigation menu with categories like "Home", "About Parliament", "Members", "Bills", "Committees", etc. A footer at the bottom of the page lists various services and contact information.

Legislative Council Hansard - 20 November 2019 (nsw.gov.au)

Politicians see . . .

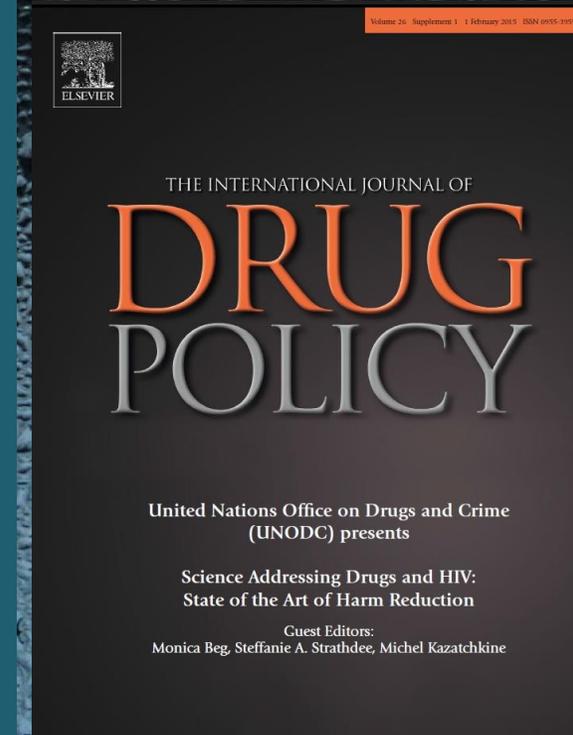
- Sent to every politician in Australia in 2020



https://d3sdr0llis3crb.cloudfront.net/images/book-paper-pdf/Ecstasy_Deaths-INFOsheet31-01-20.pdf

Summary

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48% of deaths are from Ecstasy being used with other drugs like alcohol – pill testing does not do blood tests for other drugs		X
29% of deaths are from accidents – pill testing cannot identify those who are accident-prone		X
MDMA overdose is rare		X



<https://pubmed.ncbi.nlm.nih.gov/31865118/>

We urge you

- If you hear politicians supporting pill testing
 - In light of the damning science against pill testing
 - Seek out their e-mail
 - Explain to them the science doesn't support them
 - Send them the links to these videos
 - Ask them to support the evidence over misinformation
- Help stamp out ideologically based political decisions for evidenced-based decision making