Evidence supports more pill testing

The trial of pill testing at a recent music festival in Canberra was declared a "great success" by ACT police chief Justin Saunders. Testing illicit substances for life-threatening impurities has long helped harm minimisation elsewhere, but the trial was unremarkable in Australia.

It was supported by the ACT government, and the police pledged not to target those who used the supervised service. The trial arguably saved lives, and certainly reduced harm. Two potentially deadly samples were discovered, 128 people used the service, 85 substances were identified, and half of the drugs tested were contaminated.

This and international evidence suggest further trials should be held in Australia. To advocate this is not to condone or encourage misuse of substances, illegal or legal. Drugs are dangerous, and the safest approach is to not take them. But people do take drugs – the biggest killers being alcohol, tobacco and prescription opioids.

Drug policy, global evidence shows, is most effective when its primary focus is harm minimisation and is part of the health system, rather than the criminal justice system. Prohibition has failed catastrophically. It has created a massive black market, wasted a fortune of taxpayers' money and contributed to countless avoidable deaths.

Last year, a taskforce of medical experts, judges and policymakers, convened by former Australian Federal Police commissioner Mick Fuller, recommended pill testing, safe injecting spaces, decriminalisation and regulation. Mr Fuller said: "Law enforcement needs to be relieved of the responsibility of treating recreational and social users as criminals. The user end of the illicit drug marketplace needs to be dealt with primarily as a social and health issue."

This use of decriminalisation, regulation and information is being adopted around the world. Since Portugal did it more than 15 years ago, drug use and harm have fallen. Norway has just implemented the policy. After the Canberra trial, liberal and ALP politicians endorsed further trials. A NSW coronial request examining six opioid overdose deaths has been told testing of ecstasy, an increasingly popular synthetic drug, should be considered.

Testing puts users in contact with people who can help them make informed decisions and, in cases of dependence or other problems, to find a path to recovery. This is why safe injecting rooms are, too, increasingly part of harm minimisation. Victoria is doing a trial in Heidelberg, where dozens of people have recently died in the gutter and houses from overdoses. Almost all of them had a cocktail of substances in their blood. A safe injecting centre has been operating for more than 15 years in Flyway. Not a single overdose death has been recorded, and three in four people who've used the service have chosen to seek the counsel of medical experts.

Other states and territories should carefully emulate the ACT's pill testing trial. The evidence is it would reduce harm, even save lives, and put people who might be in need in direct, consensual contact with the people who can help.