

Stalled at the start line: Recalibrating Drug Checking in Aotearoa for equity and preventive health

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Background: Aotearoa-New Zealand's legalisation of drug checking aimed to reduce harm equitably and effectively. Four years on, the system risks stalling. Regulation and funding have constrained peer practice, isolated rural communities, narrowed public perception to substitution risks, and reinforced exceptionalism around 'party drugs', while neglecting people who use higher-risk substances such as methamphetamine, opioids, benzodiazepines, and steroids.

Description of Model of Care/Intervention: This presentation draws on peer-led service design, implementation and policy engagement before and after legalisation to map what worked, what has been over-regulated, and what remains unaddressed. It explores how early innovation gave way to risk-averse structures that criminalise informal peer practices, limit access to urban and event-based settings, and constrain the delivery of general harm reduction messaging to small-scale campaigns and one-to-one encounters.

Effectiveness/Acceptability/Implementation: Peer-led drug checking remains credible and effective within current constraints, but narrow scope and delivery models limit population-level impact. A recalibration is needed to expand approved laboratory access, restore grassroots adaptability, and embed credible harm reduction in collective settings such as universities, schools, and frontline services. The government's formal evaluation of the drug checking programme is due in 2026, but key lessons are already evident. **Conclusion and Next Steps:** We call for a third iteration of the Drug and Substance Checking Legislation Act and strategic investment in service diversification and peer-led delivery. Without these changes, drug checking may remain technically legal, but inequitably accessible or effective.

Implications for Practice or Policy: This work outlines a model for equitable, scalable drug checking in Aotearoa. It emphasises decentralised services, population-level messaging, and regulatory reform to enable responsive, credible harm reduction that reaches diverse communities.

Disclosure of Interest Statement: BMR is a former Regional Manager and National Drug Checking Lead for licensed drug checking providers, funded by Health New Zealand Drug Checking contracts. No commercial funding was provided for this work.