

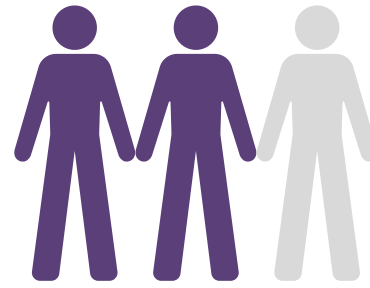
EVALUATION PLAN

Evaluation of Queensland Drug Checking Services

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PROGRAM LOGIC

Background



2 in 3 (64%) people supported pill testing at designated sites¹



Drug Checking is currently available in 26 countries across Europe and the Americas, as well as New Zealand²

Evaluation Scope

- drug checking services' implementation
- barriers and facilitators to the operation and use of drug checking services
- client demographics, substance use
- drug checking service data, outcomes and impact on client outcomes, behaviour change and/or reduced harm
- services contribution to identification and communication about high-risk substances
- contexts of service delivery and unintended outcomes
- whether the aspects above differ across service providers and service models

PROBLEM STATEMENT



Consumption of drugs with unregulated contents has led to significant harm to people who use drugs (including deaths).

GOAL



To reduce the harms (including death) experienced by people who use drugs by providing accurate, timely and credible information on the content of drug samples and relevant and acceptable harm reduction strategies.

INPUTS

- People who use drugs
- Drug samples
- Regulatory frameworks
- QH funding
- Governance systems
- Pre-implementation relationships and planning
- Drug checking service providers
- Referral systems
- Venues
- Existing buildings/services
- Analytical equipment
- Secondary laboratories
- Data systems
- Workforce
- Resources

OUTPUTS/ ACTIVITIES

- Governance activities
- Service co-design work
- Partnerships with other stakeholders
- New resource development
- Training of staff
- Health and service promotion communications
- Client rapport building and opportunistic education
- Analysis of samples
- Harm reduction interventions
- Referrals to support services (where required)
- Drug content alerts are produced
- Contributions to public health alert and warning systems
- Continuous quality improvement activities

EARLY OUTCOMES

- Service providers **comply with regulatory framework**
- Potential clients **become aware of and engage in drug checking services**
- Clients are **more informed** about sample contents, potential drug harms and harm reduction strategies
- Clients **change immediate drug consumption behaviour** in response to testing results and/or harm reduction intervention
- Clients link with new or additional services via **referral**
- Drug content alerts are disseminated and clients **share test results and harm reduction information** with friendship networks
- **Enhanced relationships** between services
- AOD workforce and broader stakeholders are **better informed** about substances, drug checking and other harm reduction strategies

SUBSEQUENT OUTCOMES

- Wider community is more aware of drug checking services
- Clients adopt harm reduction practices over time
- Harm reduction services engage with PWUD who had not previously connected
- Drug content alerts are shared by health systems
- Services are better informed and equipped to deal with impacts of high-risk substances
- Community is better informed about substances on the unregulated drug market including high-risk substances
- Improved surveillance and monitoring of the drug market and drug trends
- Potential impacts on individual providers in the drug market
- Clients experience fewer drug related harms

LONG-TERM OUTCOMES Beyond evaluation timeframe

- Harm reduction services are better informed by credible and timely information about illicit drug markets
- Broader health workforce is better informed about substances and more confident having conversations with PWUD about specific substances
- Early warning systems are strengthened by improved communication and timely credible data
- Drug checking services provide evidence to support advocacy for harm reduction
- More PWUD access appropriate health and harm reduction services
- Fewer drug-related hospitalisations/ ED presentations occur
- Fewer drug-related harms occur at events
- Fewer drug-related deaths occur
- 'Normalising' of accessing drug checking services
- Destigmatising of accessing harm reduction services
- Potential impacts on drug markets

Development of the Evaluation Plan



Queensland Health commissioned the Institute for Social Science Research at UQ to undertake an evaluation of Queensland's drug checking services. The evaluation plan was informed by the findings of our rapid literature review undertaken as part of the initial design process, as well as by consultation and co-design work with project stakeholders, including Queensland Health, CheQpoint, PTA and focus groups comprising people with Lived - Living experience (LLE) of substance use. It is expected to evolve further as the evaluation progresses as a result of these consultation and co-design activities.

Limitations & Constraints

- Data is limited by consent, timeliness, completeness and accuracy of data
- The number and scope of client responses, client perspectives and stakeholder Perspectives
- The timeliness, availability and scope of complementary data
- Data depends on data availability, sharing agreements and ethics approvals

DATA SOURCES & KEY EVALUATION QUESTIONS

Key Evaluation Questions	Service operational and monitoring data	Service observation data	Client measures (point-of-care)	Follow-up with clients post-visit (survey, qualitative interview)	Qualitative interviews with key stakeholders	Other complementary data
Services: Process and Implementation						
How well were drug checking services implemented per plans and Queensland policies?	✓	✓			✓	
Were resources for drug checking services sufficient and sustainable?	✓	✓			✓	
What barriers and facilitators affected service delivery?	✓	✓	✓	✓	✓	✓
Services: Outcomes						
What substances did clients expect versus what was detected?						
How accessible, acceptable, and useful were the services to clients and stakeholders?	✓		✓	✓	✓	
Clients: Demographics and Outcomes						
What key characteristics defined service users, including demographics and substances?			✓	✓	✓	✓
What motivated clients to use drug checking services?			✓	✓		
Did any client groups face access barriers?			✓	✓	✓	✓
How did service information and support affect clients' attitudes and behaviours?			✓	✓	✓	✓
System Level: Outcomes						
How did services fit within the broader Queensland agency context?	✓			✓	✓	✓
How valuable and timely was the information on drug availability and harms, and how was it used?	✓	✓		✓	✓	✓
How did services contribute to broader harm reduction initiatives?	✓			✓	✓	✓
Were there any unexpected consequences from the services?				✓	✓	✓

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References

1. Health Ato, Welfare. National Drug Strategy Household Survey 2022–2023. AIHW Canberra; 2024.
2. Barratt, M. J., & Measham, F. (2022). What is drug checking, anyway?. Drugs, Habits and Social Policy, 23(3), 176-187.