

SYMPOSIUM - Drug Checking at NSW Music Festivals: Key Learnings So Far

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Aim: The symposium aims to provide attendees with insights into how the NSW Drug Checking Trial brings together a multi-disciplinary team of peers, analysts, clinicians and policy staff to deliver harm reduction interventions to festival attendees. The symposium will highlight the strengths and challenges of working across agencies to deliver the first government-led festival-based drug checking service in Australia. The symposium format will enable discussion about how this service builds upon existing harm reduction activities at music festivals and enhances the existing drug surveillance and early warning system in NSW.

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PRESENTATION 1: The NSW Music Festival Drug Checking Trial: From Summit to Service

Presenting Authors:

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Background: In the seven years preceding the 2024 NSW Drug Summit, ten young people in NSW lost their lives after consuming illicit drugs of unknown composition and purity at music festivals. There were consistent calls for drug checking services to enhance harm reduction during the Drug Summit. Following the Summit, co-chairs recommended that the government trial festival based drug checking.

Approach: The NSW Cabinet approved a 12-month drug checking trial, to be delivered by NSW Health at up to 12 music festivals across NSW. Partner government agencies identified potential legislative barriers, and multiagency efforts ensured a supportive regulatory environment for the service. Simultaneously, NSW Health Pathology sourced the equipment necessary for effective field analysis of a range of illicit drugs, an agreement with the NSW Users and AIDS Association was formalised to ensure trusted peers are present to communicate drug checking results and harm reduction advice. NSW Health approached music festival organisers individually to invite them to participate in the trial.

Implementation: The trial is the first Australian model being delivered directly by a jurisdictional government agency. NSW Health has built on existing relationships and frameworks within the music festival harm reduction and drug surveillance programs to establish the partnership network necessary to deliver this service with a short lead-time. Data collection for continuous monitoring and quality improvement is built into the service model. The trial commenced in March 2025.

Conclusions and Next Steps: An iterative approach is being taken. After each event, NSW Health debriefs with analyst and peer staff, law enforcement, festival organisers and other stakeholders to continuously improve processes, efficiency and build trust within the festival-going community.

Implications for Practice or Policy: An independent evaluation of the NSW drug checking trial will analyse the impact and ongoing feasibility of the service model.

PRESENTATION 2: Beyond the Tent: The Real-Time Value of Lived Experience in Drug Checking

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Background:

As part of the NSW Drug Checking Trial, NUAA's peer workforce provides frontline harm reduction interventions at music festivals across the state. In addition to supporting service users during the drug checking process, peer workers offer critical, real-time insight into community attitudes, concerns, and practices. These insights reflect the lived realities of people who use drugs and offer a perspective that is often inaccessible through clinical or analytical means.

Description of Model of Care / Intervention:

Peer workers engage directly with service users before and after analysis, delivering brief interventions and completing structured data collection. Through these non-judgemental interactions, they gather contextual information that enhances understanding of both individual behaviours and broader community trends. These observations are shared during event debriefs and help shape the service's communication strategy, operational flow, and resource planning.

Effectiveness / Acceptability / Implementation:

Insights from the peer team have informed how the service communicates around topics such as policing, overdose prevention, and community trust. Feedback from service users and community members have contributed to continuous improvement efforts and supports more responsive and relevant messaging. Post-intervention service feedback indicates high levels of trust in peer workers. As the trial progresses, peer workers continue to surface emerging themes that help anticipate future service needs.

Conclusions and Next Steps:

Peer workers bring more than lived experience—they bring real-time intelligence that keeps the service grounded in the shifting realities of festival environments and drug markets. Their contribution is essential not only to the service's acceptability to service users, but also to its adaptability to emerging issues.

Implications for Practice or Policy:

Embedding peer-generated insight into drug checking services strengthens both service delivery and public health outcomes. Future models should formally recognise the value of peer intelligence and practice as key components of effective drug checking systems.

PRESENTATION 3: Drug Checking as a component of a comprehensive drug surveillance and early warning system

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Background: NSW Health has an existing system of drug surveillance, including monitoring of health service utilisation data for drug associated presentations, illicit substance seizures and toxicology analysis of biological samples. NSW Health also contributes and receives incident notifications from a national collaborative network to facilitate information sharing on emerging drugs across jurisdictions. This connected system enables early warnings to be issued in response to circulating illicit substances. Drug checking services are a new data source for information on composition and price of street-level drugs in NSW.

Intervention: Analytical findings from drug checking services in NSW are assessed for public health risk at the time of testing. Factors considered for escalation include type of drug/s found, purity and dose, mismatch of result with expected drug, similarity with substance of concern in NSW or elsewhere, inconclusive results, or associated medical presentations at the event. Rapid risk assessment is conducted by the lead analyst and clinical lead (clinical toxicologist), enabling real time public health response when indicated. Following each event, data from drug checking services is shared with the public and incorporated into the NSW Health drug surveillance and early warning system, to enhance the situational understanding of drugs in circulation.

Implementation: To date, the NSW drug checking service has operated at two music festivals. At the time of presentation, we will present data covering:

- Technologies used
- Analytical findings
- Escalations for risk assessment
- Public health responses to findings, during event and post event
- Lessons learned

Conclusions and Next Steps: The additional public health benefit gained from including data from drug checking services in a comprehensive drug surveillance and early warning system will be assessed through this 12-month trial.

Implications for Practice or Policy: An independent evaluation of the NSW drug checking trial will analyse the impact and ongoing feasibility of the service model.

Discussion Section:

Discussant 1: Thanjira Jiranantakan

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Discussant 2: MOH leadership representative - Matt Craig / Stephanie Hocking

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Discussant 3: Clancy Beckers

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Discussion questions will include:

- Communication between the drug checking service and other on-site groups, include medical providers, event managers, security, NSW Police, NSW Ambulance
- Use of data collected for public health purposes, monitoring for service improvement and for pragmatic evaluation.
- Strengths and challenges of a government led service
- Strengths and challenges of a festival-based service, vs. a fixed site service
- Process to engage across NSW Government during the planning phase, and while the trial is operating
- Resourcing for the service
- Unique partnership between peer organisation and government agency
- Performance of on-site technology
- Uptake of expedited testing for onsite medical providers