

# Study lays out options for Scotland's first drug checking services

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An extensive study led by the University of Stirling has laid out options and key considerations for Scotland's first drug checking services (DCS).

The project found that demand was high for a range of different DCS across the three different pilot areas in Scotland—Aberdeen, Dundee and Glasgow.

The latest of five papers resulting from the study, Planning and implementing community-based drug checking services in Scotland: A qualitative exploration using the Consolidated Framework for Implementation Research was recently [published](#) in *Substance Abuse Treatment, Prevention, and Policy*.

With Scotland experiencing the highest rates of drug-related deaths in Europe, and [street drugs](#) having increasingly unknown strengths and combinations, DCS are being explored by the Scottish Government as a vital harm reduction measure.

The three pilot cities are all working toward applying for Home Office licenses which are required to run these services.

DCS, which operate successfully in many countries around the world, including Europe, Canada and Australia, allow individuals to submit drug samples for analysis and then receive individualized feedback and counseling. The first permanent licensed DCS in England opened in Bristol last weekend.

The Scottish project ran between January 2021 and May 2023 and was conducted by the University of Stirling in close collaboration with Edinburgh Napier University, Public Health Scotland, NHS Tayside, and harm reduction charity Crew. One element of the project was a qualitative study where researchers interviewed 43 participants between March and September 2021, during the COVID-19 pandemic.

Participants discussed different service models for suitability across the three cities: Fixed sites run by third sector organizations; delivery within

NHS substance use services; and delivery in pharmacy settings. While there were differences across the three cities, participants generally preferred the first model, viewing these as safe spaces with existing high footfall.

DCS need to have a quick turnaround, knowledgeable, non-judgmental staff, along with active community dialogue and engagement and strong positive messaging about harm reduction, according to the study.

Project participants—which included people with experience of drug use, [family members](#), and people working in the NHS, police, and third sector organizations—said it was important to have those with lived and living experience involved in planning, running and delivering drug checking. This would ensure DCS meet the needs of the people using them and that the services are inclusive and responsive, they said.

The study also found that trust in the frontline staff within the services, and in the policing response to the drug checking services more generally, would be crucial to their success. Concerns over confidentiality and criminalization were cited as potential barriers by study participants.

Other barriers were highlighted such as the stigma that still exists around drug use, and the perception that people will not want such a service in their community because of negative perceptions. Despite these aspects, participants believed that there was growing grassroots support for harm reduction programs such as DCS in Scotland.

Another essential aspect of the project was to make decisions regarding implementation of local services and a "city leads" group was established who met regularly with the study researchers to inform their local decision making.

Researchers also worked closely with three advisors involved in drug checking research and service delivery in the UK and Canada, including those operating The Loop, the drug-testing charity behind the newly opened DCS in Bristol.

Dr. Hannah Carver, of the University of Stirling, said, "Our results show that drug checking services in Scotland need to be adaptable to local needs. There clearly isn't a one-size-fits-all solution. People will also want a quick turnaround of results and trusted and knowledgeable staff. It is essential to include key stakeholders in the planning of the services, including those with experience of drug use."

Professor Tessa Parkes of the University of Stirling, who led the study, said, "Research into the community dynamics surrounding fixed site drug checking services is limited, so this study is important in understanding the desired outcomes, challenges and potential barriers, and ways to move forward."

She added, "The fear of being charged by police when accessing drug checking services was high among the people we spoke to who had experience of using drugs. And although the police officers we interviewed were generally supportive of DCS, our findings suggest that strong messaging and assurances are needed about DCS and policing at national as well as local levels."

**More information:** Danilo Falzon et al, Planning and implementing community-based drug checking services in Scotland: a qualitative exploration using the consolidated framework for implementation research, *Substance Abuse Treatment, Prevention, and Policy* (2024). [DOI: 10.1186/s13011-023-00590-7](https://doi.org/10.1186/s13011-023-00590-7)

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