



Deputy State Coroner Grahame
Department of Justice - NSW

Dear Deputy State Coroner Grahame

Thank you for the opportunity to make a submission to the joint inquest into the deaths of seven young people arising at music festivals between 2015 – 2019.

I, Gino Vumbaca, acknowledge for the purpose of Rule 31.23 of the Uniform Civil Procedure Rules 2005 that I have read the expert witness code of conduct in Schedule 7 to the said rules and agree to be bound by it.

As you may be aware, Harm Reduction Australia (HRA) is a volunteer organisation with no paid staff and limited resources. Accordingly, our efforts are focussed on advocating and delivering harm reduction policies, such as pill testing and hence the brevity of this submission.

If appropriate, I would like to encourage the joint inquest into the deaths of seven young people arising at music festivals between 2015 – 2019 to invite HRA to give evidence directly at any hearings it may be conducting, so we can provide more depth to our submission.

Nonetheless, it is important to establish at the start that no matter how strong our desire for people not to use drugs or our efforts at education and prevention, people will use drugs. This is not to undervalue drug education and prevention programs but rather to be realistic about their impact and the evidence of their effectiveness, particularly in the long-term. We know from numerous surveys that a large proportion of people in Australia use drugs at some time in their lives. The majority enjoy the experience and encounter little, if any adverse effects. However, for too many people the illegality of the drugs will significantly raise the potential for many unnecessary harms.

It is imperative to understand that first and foremost, all of us want those we care for and who may be using drugs, not to be harmed.

Criminal convictions for drug use can leave ongoing and permanent stains on people's lives. They can put an end to career prospects and severely restrict overseas travel. In the end it is the young and the poor that disproportionately bear this burden.

When we do tackle the problems associated with some drug use we should also emphasise the health, well-being of the person using drugs and focus on supporting them and their families, not use it as an opportunity to punish.

Rather than describe the range of information we can provide, we have provided a number of relevant articles and documents as links at the end of this correspondence as part of our submission. Quite simply we believe there are a number of evidence based opportunities for NSW to reform its laws, policies and practices to help save lives and protect individuals, families and communities from drug related harms.

Clearly, the rapidly changing nature of drug production, availability, distribution and use requires an agile and evidence focussed response.

Accordingly, based on the growing body of evidence available we call on the following policies and programs to be introduced as a matter of urgency.

- Decriminalisation of personal drug use, along with possession for personal use, to address the significant long term health, financial and social harm that is caused by arresting and convicting (and incarcerating in some cases) people who use drugs;
- Significantly increasing the level of funding for drug harm reduction and demand reduction services, particularly given the substantial imbalance to the level of funding provided to law enforcement for supply reduction activities;
- The need for a much greater level of engagement and consultation with people who use drugs in the development of policy and program responses;
- The need for comprehensive harm reduction services across NSW that provide information, education, needle and syringe programs, pill testing and supervised injecting facilities, as appropriate and required;
- The need for pill testing to be available at music festivals and venues, including the immediate cessation on the use of sniffer dogs at these events and venues;
- Greater support for evidence based residential and non-residential treatment services;
- Greater support for families that is ongoing and focused on their needs; and
- Greater use of non-custodial sentencing options and investment in justice reinvestment strategies – see <http://www.iustreinvest.org.au/>

In response to your specific questions.

Please outline your current position and the functions of Harm Reduction Australia, Pill Testing Australia and the Safety and Testing and Advisory Service at Festivals and Events Consortium (STA-SAFE).

I am President and Co-founder of Harm Reduction Australia (HRA).

In this role I oversee and implement the HRA work and activities, with the assistance of the Board and volunteers.

HRA convened the STA-SAFE consortium which was simply replaced by the new name of Pill Testing Australia. The work and activities of Pill Testing Australia are auspiced, managed and underwritten by HRA.

What are the objectives of pill testing at music festivals?

The overarching aim of pill testing is to save lives by:

1. Providing the opportunity for people to be informed and consider a range of issues before determining whether to consume an illicit drug;
2. Reducing the number of people potentially requiring an ambulance call out, as well as attending hospitals, police holding cells and courts as a result of consuming unknown drugs - which in turn provides a range of individual, family and community based positive outcomes; and
3. Obtaining a range of street samples for detailed testing that allows for both community health warnings on new compounds and assists law enforcement intelligence on illegal drug manufacturing and importations.

The service operates as a stand-alone service within close proximity to the medical area and is staffed by health professionals, analytical chemists and peer workers. Staff provide discreet and private advice to patrons wishing to have any pills checked for content and potency prior to consumption.

Patrons utilising the service are also provided with health and harm reduction information and advice.

The impact of pill testing on drug use.

Pill testing can save lives.

In 2014, the Netherlands' official pill testing service, DIMS, found a lethal batch of pills containing the toxic chemical PMA. This immediately triggered a national mass media campaign, including radio and television broadcasts, social media posts, and alerts at live music events. There were no deaths. In the UK, where no such service was in place at the time, four people died after consuming pills from the same batch

In Switzerland, it has been reported that since the implementation of the pill testing service SaferParty in Zurich, there have been no ecstasy-related deaths.

Pill testing can reduce hospitalisations.

The introduction of pill testing at one UK festival in 2016 occurred during a time when festival drug-related incidents in the UK were at their highest on record. The number of drug-related hospitalisations at this festival reduced by 95% from the previous year, from 19 hospitalisations to one.

Pill testing can lead to a reduction in drug use.

Data collected in 2015 by the Canadian organisation ANKORS found that, of those accessing

pill testing services in Canada, one-third (31%) of individuals were more likely to discard their substance when the result indicated it contained harmful chemicals.

Similarly, a survey by Check It, Austria's largest pill testing service, found that two-thirds of people who accessed pill testing services decided they would not consume a substance if it was found to contain harmful chemicals.

In the UK, one-third of festivalgoers and 30% of night club attendees said they would most likely or definitely not consume a substance if the test result was unexpected.

This was followed up by findings from UK service The Loop and North American service DanceSafe, which have reported a 25-100% discard rate of substances that yielded an unexpected test result.

And a recent joint study by researchers in Australia and the United States, which surveyed individuals at electronic dance events in New York City, found a majority of recipients reported they would be less likely to use ecstasy if testing found it contained 'bath salts' or methamphetamine (54.8% and 54.3% respectively).

A comparison of countries with and without pill testing services indicated no evidence of an increase in rates of drug use or mortality in countries with these services.

Pill testing can facilitate access to health care information.

People – particularly young people – are more likely to be receptive to a service with a 'peer-to-peer' style of health care provision, such as pill testing than compared to campaigns promoting "just say no".

Research shows young Australians are highly supportive of pill testing; a survey of over 2,300 young people by the Australian National Council on Drugs revealed 82% of recipients support implementing pill testing in Australia.

Evidence from research conducted by Austrian pill testing service Check It found 58% of people who use the service would not otherwise seek out harm reduction information, and about 75% are more likely to access harm reduction services if pill testing is included.

There are similar reports from Spanish service Energy Control and UK service The Loop, both of which found that a great majority of people who visit pill testing services have never accessed this type of service before.

Indeed, contrary to the opinion of many commentators, young Australians are sensible when they are presented with information that they believe, and know that they can trust. Part of the problem in Australia right now is that young people are ignoring advice that they see to be unsubstantiated and morally driven. Providing a pill testing service serves to reverse that opinion, and re-engage a demographic that regards current messaging as not being credible.

We are dealing with a group of people who are attending a music festival in possession of drugs that they already have the intent of consuming. In the absence of any intervention – our presence won't make it any more likely. The idea that most people, when provided with

information about the content of their drugs, will ignore that information, regardless of its nature, greatly underestimates the inclination of this generation to preserve their health. Pill testing may not be able to stop all consumers from taking their drugs, but it can certainly alter 'how' they take their drugs (taking fewer drugs, mixing fewer drugs...) in such a way as to avoid them coming to harm.

In addition, 'fear-based' health policy has little credence today. We have a far better idea of what actually works today, and that's a collaborative approach with the target population, providing them with information that is context specific to them, to allow them to make their own decisions.

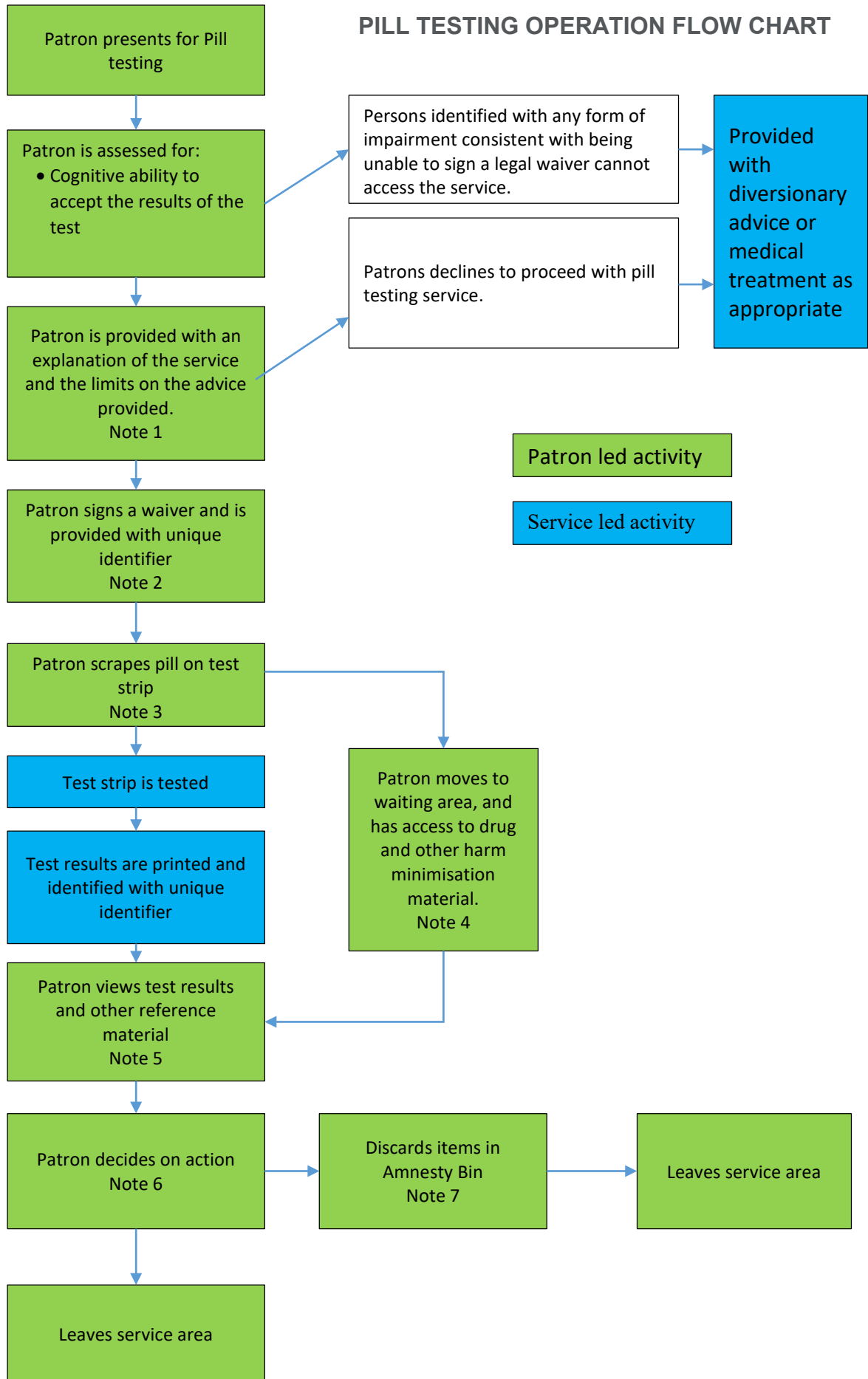
Please describe the pill testing model adopted by Pill Testing Australia including what technology is utilised, who conducts the testing, what can be detected, and the opportunities for education.

Pill testing is a health and medical service. Our pill testing service at music festivals operates in a clinical environment, removed from the festival attractions, that is focussed on providing health information and advice. The patron journey is as follows:

- Visitors enter via the entry point and form a queue
- After initial assessment, visitors led to induction area and advised of safety guidelines
- Visitors asked to relinquish phones for duration of their time in the tent, and sign consent waiver
- Whilst in induction area, visitors given unique numerical identifier; each visitor also receives blank business card with same identifier
- Visitors surveyed with initial pre-test questions; these relate to demographics, type of substance patron has and how they obtained it
- Visitors led to testing area where they provide a sample for testing
- Sample taken to analysis area, meanwhile visitors taken to counselling area where trained staff give them information about harm reduction and personal safety
- Once test results are available, visitors are informed by our chemist and medical team: If the result is expected (e.g. MDMA), the participant is told of the risks of MDMA consumption. If the result is an unknown/dangerous chemical, the visitors is told of the risks that this chemical provides. In both cases, visitors are warned of the potential for adverse health consequences such as overdose or death.
- Post-test questions from trained staff about whether result is expected and are they still going to consume substance, as well as information about risks of consuming that substance
- Medical staff post colour-coded test results on bulletin board (white = expected, yellow = unknown, red= dangerous)
- Visitors led back to induction area to pick up their phones, and exit via entry/exit point

The following information is a pictorial representation of the process.

PILL TESTING OPERATION FLOW CHART



Notes:

1. Patrons are advised that:
 - a. They are explicitly advised that the test result applies exclusively to the single sample being tested. No generalization applies
 - b. The result cannot advise whether the pill is safe for consumption
 - c. Disposal of unwanted pills is available
 - d. Community education, Brief Intervention, and service referrals are available
2. Patrons are provided with a waiver which identifies that the restrictions on the test have been provided and explained if necessary. The patron is then provided with a unique identifier that matches with the sample
3. The patron is the only person on site that comes into direct contact with the pill. Staff will not make the sample, hold the pill or any containers that it comes in.
4. During the 10-15 minutes, patrons will be provided with a discrete waiting area and harm minimisation materials, as well as a discussion with qualified peer educators, counsellors and drug & alcohol workers.
5. Patron uses the unique identifier to read sample results. Patron may then seek additional information. At no time will the patron be advised that a tested substance is safe to ingest.
6. The patron will decide on their course of action.
7. Should the patron elect to discard substances, a non-accessible container will be provided. The container will be partially filled with a chlorine based substance to immediately damage substances. The container will be disposed of appropriately by ANU Chemists team – who have relevant official licenses to possess and transport materials containing illicit substances.

What needs to be stressed is that our pill testing service is a holistic and thorough process that engages patrons in discussions about their drug use; it is not just a simple process of testing, results and leaving for patrons, as is often portrayed by those un-informed by our service. It is also often the first time that some patrons actually engage with a health professional about their drug use. The benefits of these interactions with our health and medical teams cannot be understated in terms of educating and informing patrons, including the potential to reduce future harm.

Your evaluation of the pill testing trials at Groovin the Moo in 2018 and 2019 including how policing and law enforcement co-existed with the pill testing. Did you consider them to be successful trials? Why or why not?

We consider both trials to be overwhelmingly successful.

The first trial report (see attached link) shows that many patrons were willing to have their pills tested prior to consumption and all were provided with information to assist them in the decision making process, including for some, an avenue to safely dispose of their pills rather than consume them.

The second trial is being independently evaluated by a team from the Australian National University. Their report is not yet available. Nonetheless as outlined in our media release at the conclusion of the festival (see attached link) the trial was again overwhelmingly successful.

Are there any limitations to pill testing that should be factored into future planning?

The two most significant limitations are:

1. The lack of funding for the services – currently all trials are funded by HRA and volunteers.
2. The number of patrons that could potentially access the service – hence the need for increased numbers of testing equipment and staff. Although this could be partially addressed if a permanent fixed site testing service was available. That is, a pill testing service that can be accessed everyday rather than just at a festival.

Can you suggest other harm reduction strategies that would be applicable to the music festival arena?

It would be beneficial to have an integrated alert system for patrons. That is, allow important health information from pill testing services, paramedics and other health and medical services in festivals, to be provided to patrons at the festival in real time. Currently we are developing an App for this purpose but again with our own funds and no support from governments which for many years have collectively misunderstood and misrepresented the need and operation of early warning systems on these issues.

As described above, a permanent fixed site pill testing facility would be able to reduce demand for pill testing services (to a more manageable level) at festivals and reduce the number of patrons unknowingly taking substances into festivals with higher than expected harm potential.

What do you consider are effective drug education strategies?

As highlighted earlier in this submission the most effective drug education is both evidence based and credible. Fear based and moralising education campaigns only serve to alienate those involved in drug use. The messages of just not using drugs are similarly dismissed by most young people as being judgemental and lacking credibility.

The reason for the dismissal of messaging that is 'just say no' or 'drugs kill' is that they are messages far from the reality for the overwhelming majority of people using or experimenting with drug use.

Within the area of your expertise, please provide any other opinion and/or research that you consider will be relevant to the Coroner in her inquest into the death of seven young adults at music festivals from illicit drug use.

See attached links

Please include any articles you have authored or co-authored that may be of relevance to the Coroner

See attached links

Please also provide a copy of your curriculum vitae with your report.

See attached

As a final note, we reiterate that saving lives of should be paramount. Policies and practices to reduce harm, treat drug use and support people and families in our communities are meaningless when the person has died as a result of policies that increase harm.

Please do not hesitate to contact HRA should you require any further information.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Gino Vumbaca', with a stylized, flowing script.

Mr Gino Vumbaca
President
Harm Reduction Australia
12 May 2019

Please note that I will be working in China from 21 -31 May 2019

HRA Attachments (links) for Further Information

<https://www.harmreductionaustralia.org.au/wp-content/uploads/2019/04/PTA-MEDIA-RELEASE.pdf>

<https://the-riotact.com/time-for-a-permanent-drug-testing-site-in-the-act-to-help-save-lives/295191>

<http://online.isentialink.com/themercury.com.au/2019/04/17/c4a8801f-c69a-4c52-82b1-a607d7863ed4.html>

<https://www.theguardian.com/commentisfree/2019/jan/17/how-to-navigate-dinner-conversations-about-pill-testing>

<https://www.abc.net.au/news/health/2019-01-15/pill-testing-claims-put-to-the-test/10703370>

<https://www.hit.com.au/story/disappointment-as-pill-testing-overlooked-in-festival-safety-review-110398>

<https://www.harmreductionaustralia.org.au/wp-content/uploads/2018/10/Trans-Tasman-Charter-for-Pill-Testing-8-Oct-2018.pdf>

<https://johnmenadue.com/gino-vumbaca-drug-reform-series-at-last-a-government-sanctioned-pill-testing-program/>

<https://www.dailytelegraph.com.au/rendezview/drug-users-shouldnt-be-treated-like-criminals/news-story/f1fd08e21c86861aa10e99686e8fc96f>

<https://www.harmreductionaustralia.org.au/wp-content/uploads/2018/06/Pill-Testing-Pilot-ACT-June-2018-Final-Report.pdf>

<http://www.huffingtonpost.com.au/tony-trimmingham/your-kids-on-ice-what-to-do-next/>

<http://www.huffingtonpost.com.au/tony-trimmingham/we-need-to-say-know-to-drugs/>

<http://www.huffingtonpost.com.au/tony-trimmingham/harm-reduction-the-key-to-drugs-policy/>

<http://www.huffingtonpost.com.au/gino-vumbaca/we-should-just-say-no-to-australias-approach-to-drugs/>

<http://www.huffingtonpost.com.au/gino-vumbaca/its-time-to-face-the-music-on-australias-flawed-drug-policy/>

<http://www.smh.com.au/comment/the-war-on-drugs-is-a-war-against-our-own-children-friends-and-families-20151125-gl7kkl.html>

http://www.huffingtonpost.com.au/gino-vumbaca/the-war-on-drugs-has-become-an-embarrassment-of-orwellian-proportions_b_9233694.html

http://www.huffingtonpost.com.au/gino-vumbaca/health-warnings-on-drugs-shouldnt-be-provided-by-police/?utm_hp_ref=au-homepage