



Engagement with drug checking among a sample of people who inject drugs in Australia, 2025

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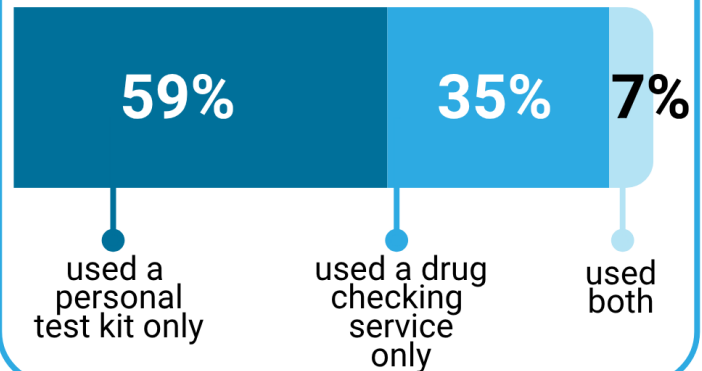
Key Findings

15%

of participants reported that they or someone else had tested the contents of their drug in the past year.



Among those who reported past-year drug checking:



Factors associated with any past year drug checking:



Living in Canberra



Younger age



Past-year exposure to drug alerts

When analyses were restricted to personal test kit use, Canberra residence was no longer significantly associated with drug checking, suggesting that the association observed in the primary model was largely driven by use of the CanTEST fixed-site service.



Introduction

Drug Checking Services (DCS) which can be fixed site, festival-based or mobile, provide people an opportunity to test the contents and/or purity of their drugs, in order to reduce harms associated with unexpected adulterants or unexpectedly high potency (1). People who use drugs may also test their drugs using personal reagent test kits and strips.

Nationally, past-year drug checking engagement (all forms) among IDRS participants has increased since monitoring commenced in 2019 (9%), with a significant increase observed between 2024 (11%) and 2025 (15%; $p=.035$) (2).

DCS availability in Australia remains limited and uneven across jurisdictions. During the 2025 IDRS interview period, the ACT (CanTEST) was the only jurisdiction with a continuously operating, widely available, fixed-site drug checking service; although a fixed site service was piloted for registered clients ($n=100$) of Sydney's Medically Supervised Injecting Centre from April 2024 (3). Queensland's fixed-site service had ceased in April 2025, Victoria's fixed site did not open until August 2025 (after 2025 IDRS interviewing had concluded), and NSW operated a mobile/festival-only trial (4).

There is limited existing literature on the correlates of drug checking specifically among people who inject drugs, a population who may face distinct barriers and risks compared to other people who use drugs. This bulletin investigates past-year drug checking engagement and associated demographic, jurisdictional, and harm-related factors among a sample of people who inject drugs recruited as part of the 2025 Illicit Drug Reporting System (IDRS).

Methods

Data were collected through the 2025 IDRS, an annual survey of people who regularly inject illicit/non-prescribed drugs conducted between June and July 2025 in Australian capital cities ($N=865$). Past 12-month drug checking engagement (personal kit and/or formal service (DCS) use, yes/no) was the primary outcome.

Factors potentially associated with past year drug checking were first examined in univariable analyses using Pearson's chi-square tests for categorical variables and independent-samples t-test for continuous variables. These included age, Canberra residence (vs all other capital cities combined), main drug injected in the past month, years since first injection, current drug treatment, past-year overdose, past-year naloxone access, and past-year exposure to drug alerts. Variables significant at $p<0.20$ in univariable analyses were included in a multivariable logistic regression model, with gender retained regardless of significance. A secondary analysis repeated the multivariable model using past-year personal testing kit use as the outcome, to test whether jurisdictional effects reflected fixed-site service use specifically, versus a broader self-testing culture.

Results

Among the 865 people who inject drugs interviewed for the 2025 IDRS, 14.8% reported drug checking (via a personal kit and/or a formal DCS) in the past 12 months. Among these participants, 59% ($n=76$) reported using a personal test kit only, 35% ($n=45$) reported testing via a drug checking service only, and 7% ($n=9$) reported drug checking via both personal test kits and drug checking services.

Univariable screening identified five variables that were significantly associated with past year drug checking: age, Canberra residence, past-year overdose, past-year naloxone access, and past-year drug alert exposure. Main drug injected, years since first injection, and current drug treatment status were not associated with checking engagement and so were not included in the final multivariable model.

In the multivariable model (Table 1), older age was associated with significantly lower odds of past-year drug checking engagement, while Canberra residence and past-year drug alert exposure were both associated with

significantly higher odds. Past-year overdose and naloxone access showed similarly elevated odds but did not reach conventional statistical significance ($p=.059$ for both).

Table 1. Factors of past-year drug checking engagement, 2025 (n=808)

Variable	AOR	95% CI	p
Age	0.977	0.956–0.997	.025
Canberra residence (vs. other capital cities)	1.873	1.095–3.204	.022
Gender (male vs. female)	1.206	0.774–1.879	.408
Past-year overdose	1.566	0.983–2.495	.059
Past-year naloxone access	1.526	0.983–2.369	.059
Past-year drug alert exposure	2.088	1.369–3.185	<.001

Model fit: Hosmer-Lemeshow $\chi^2=10.47$, $df=8$, $p=.234$ (non-significant, indicating adequate fit); C-statistic=0.683.

When the analysis was repeated with only *personal testing kit use* (i.e. not DCS use) as the outcome (Table 2), Canberra residence was no longer significantly associated, and the direction of the association reversed. Age remained significantly associated with checking, with participants of younger age more likely to report use of personal test kits/reagent tests; past-year overdose, naloxone access, and drug alert exposure were also all significantly associated with personal kit use in this model.

Table 2. Factors of past-year personal testing kit use, 2025 (n=805)

Variable	AOR	95% CI	p
Age	0.953	0.931–0.977	<.001
Canberra residence (vs. other capital cities)	0.427	0.173–1.055	.065
Gender (male vs. female)	1.666	0.965–2.876	.067
Past-year overdose	2.028	1.194–3.443	.009
Past-year naloxone access	1.792	1.055–3.044	.031
Past-year drug alert exposure	1.786	1.084–2.943	.023

Model fit: Hosmer-Lemeshow $\chi^2=14.22$, $df=8$, $p=.076$; C-statistic=0.703.

Discussion

These findings suggest that overall drug checking engagement (encompassing both personal testing and use of a formal DCS) was significantly associated with living in Canberra, younger age, and exposure to drug alerts. When the outcome was restricted to personal testing kit use only, residence in Canberra was no longer significantly associated and the direction of the association reversed. This suggests that the association between Canberra residence and overall drug checking engagement in the primary model was driven by use of the CanTEST fixed-site service specifically, rather than a broader self-testing culture among Canberra residents. These findings are consistent with fixed-site drug checking services playing a distinct role in facilitating formal drug checking engagement among people who inject drugs, beyond the availability of personal reagent testing kits (5).

Exposure to drug alerts was consistently associated with checking behaviour across both models, suggesting alert systems may be reaching, or resonating with, people who are already engaged in harm-reduction behaviours more broadly. The associations observed with past-year overdose and naloxone access point to drug checking being one part of a broader cluster of harm-reduction engagement among people at higher apparent risk, though the overdose and naloxone associations in the primary model did not reach conventional significance and warrant further consideration.

As with all the IDRS data, findings are based on a self-selected sample of people who inject drugs and are not representative of all people who inject drugs in Australia; results should be interpreted alongside findings from other data sources. All measures were self-reported and cross-sectional, meaning causal direction between the factors examined and drug checking engagement cannot be established. Model discrimination was also modest (C-statistic=0.683 for the primary model), indicating that while several factors were

significantly associated with checking engagement, a substantial proportion of the variation in who checks remains unexplained.

As fixed-site drug checking services are established in other Australian jurisdictions, including Victoria opening a service in August 2025 (i.e., after this survey wave), further research is needed to understand the factors that facilitate or hinder engagement with these services among people who use drugs.

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