

JUST SAY KNOW:

LIVING EXPERIENCE AND STAFF PERSPECTIVES ON NITAZENE TESTING STRIPS



**Nitazene
Testing Strips
Pilot Evaluation**

**SCOTTISH
DRUGS
FORUM**

JULY 2025

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INTRODUCTION



BACKGROUND

Scotland remains in a public health emergency with 1,172 drug-related deaths in 2023, 80% involving opioids. Synthetic opioids, in particular nitazenes, are emerging as a growing threat within the drug market in Scotland.

Scottish Drugs Forum (SDF) developed a pilot through their living experience engagement project, distributing nitazene testing strips alongside targeted overdose prevention and harm reduction training to people who use drugs between April 2024 and April 2025.

PILOT OVERVIEW

The pilot involved delivering overdose prevention training across 12 living experience engagement groups between April-October 2024. Training content included drug trend awareness, recognising signs of overdose, naloxone administration and targeted harm reduction strategies for synthetic opioids and poly substance use. As part of the training, participants were also given a briefing in how to use nitazene testing strips and offered support and advice around receiving positive results including accessing confirmatory laboratory testing through postal testing service WEDINOS.

Participants were encouraged to follow a protocol after using testing strips for both positive and negative results so that SDF staff were able to disseminate any positive results to RADAR, Police Scotland, ADPs and Drug Trend Monitoring Groups or could record numbers of negative results. The protocol involved making contact with an SDF staff member and where possible sharing a photo of any positive test results alongside any intelligence such as intended purchase, appearance, location of purchase, or any effects experienced if drug was consumed.

Participants were then offered a brief intervention with SDF staff which covered information about accessing confirmatory drug testing, harm reduction advice and naloxone administration.

49 overdose prevention training sessions were delivered with 424 participants attending in total, 255 being unique individuals. Following a briefing and demonstration on using the nitazene testing strips, a total of 340 nitazene testing strips were distributed to 174 unique individuals.

EVALUATION METHODS

A qualitative survey was conducted with 40 people who use drugs who attend the living experience groups and 16 staff involved in the co-facilitation of the engagement groups with SDF between April-May 2025.. 60% (n=24) of people who use drugs had directly engaged with the nitazene pilot and the remaining 40% (n=16) had experience of peers/people they used with using the testing strips.

A thematic analysis was conducted of survey data sets to explore levels of engagement and uptake with different aspects of the pilot, experience and acceptability of the testing strips, health behaviours around substance use and any behaviour change which occurred.

SAMPLE DEMOGRAPHICS



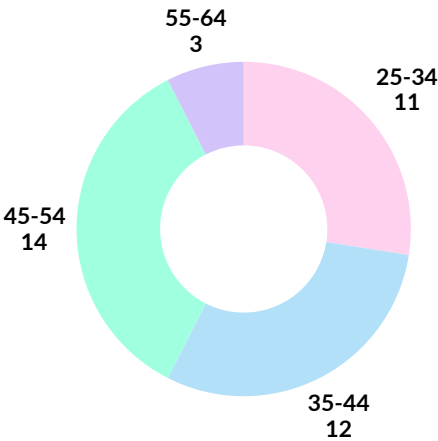
75% Male



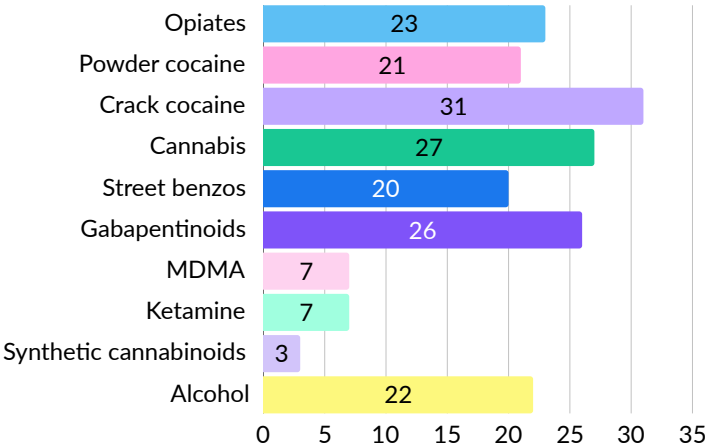
25% Female



The majority of participants had used drugs for over 15+ years

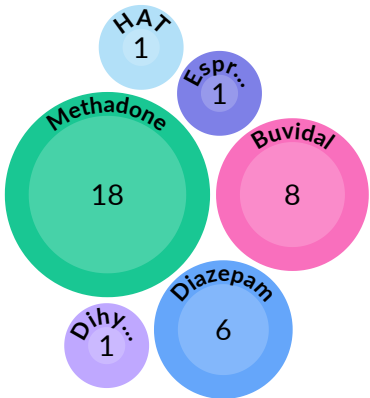


Drugs Used & Frequency



Medication Assisted Treatment

30 people were on at least one type of MAT



For those using opiates, crack cocaine, alcohol, street benzos or cannabis frequently, the typical range was several times a week to several times per day.

FINDINGS



ENGAGEMENT

Of the 40 people who use drugs surveyed, 60% (n=24) had attended the training programme, 38% (n=15) had used the strips themselves, 23% (n=9) had given them to peers; 40% (n=16) had heard of their peers/people they used with using the strips.

Of the 16 staff surveyed, 11 had given testing strips out at least once; the average number given out was 28, the range being from 1-100 individual strips.

ACCEPTABILITY AND EASE OF USE

People who used drugs found the testing strips easy to use. Of the 25 people who provided an answer on their experience of using strips, 68% (n=17) said they were very easy to use, 12% (n=3) said they were easy, 12% n=3 said they were neither easy or difficult. Qualitative comments indicated overall people found the instructions fairly simple and straightforward to use with a few comments about ways to make them easier to use including large print instructions and having multiple strips in case of error.

“It was easy to use and the instructions were easy to follow.”

Staff also reported that people who use drugs typically found them easy to use. Of the 10 staff who had feedback, 60% (n=6) said people found the testing strips very easy to use and 10% (n=1) found them easy. 30% (n=3) gave neutral scores (neither easy nor difficult). Eight staff had had reports of positive tests from people who use drugs. People who had used the strips, used them an average of 2.4 times, ranging from 1-10 times.

A large majority of the people who used drugs sample said they would use the testing strips in the future; responses included people who had used them and intended to use again and people who have not used them directly but would be motivated to do so. Of the 36 people who provided an answer to this question, more than three quarters (81%, n=29) stated they would be very likely to use, 11% (n=4) said they would likely use, 3% (n=1) said it was neither likely or unlikely and 5% (n=2) said it was very unlikely they would use.

Qualitative responses from people who use drugs about motivations for using them were themed around a desire for knowledge about contents of substances in circulation, wishing to increase safety when using substances (both themselves and others), and, a growing awareness of rising nitazene-related overdoses in their community.

“I like to know what I am taking and there have been too many deaths recently with all these nitazenes.”

Most staff also agreed that people who use drugs would be likely to use the strips in future. Of the 13 staff who responded to this question, half (54%, n=7) said they would be

very likely to use, close to a third (31%, n=4) said it was likely, 7.5% (n=1) said neither likely or unlikely and 7.5% (n=1) said it was unlikely they would use. Qualitative responses from staff gave various reasons people would use the testing strips; the key ones being, knowledge of what's in substances in circulation and overdose prevention in themselves and their peers.

People who use drugs saw the testing strips intervention as an important part of helping them to be safer when using drugs. The provision of the testing strips themselves and the supporting elements of intervention such as information and advice from a worker and access to naloxone were seen as important, the breakdown of responses is described below.

“They want to know if they're in danger of using what substances they've bought. Also to know and pass on this info to others who may be using but not aware.”

Testing strips being free to access:

- Of the 39 people who use drugs who responded, 92% (n=36) said this was very important, and 8% (n=3) said it was important.
- All staff (n=16) said this was very important.

Being able to know what might be in drugs:

- 100% of people who use drugs who responded (n=38) said this was very important.
- All staff (n=16) said this was very important.

Receiving a brief intervention from worker with information on trends and how to stay safe:

- Of the 39 people who use drugs who responded, 87% (n=34) rated this as very important, and 13% (n=5) said it was important.
- The majority of staff (94%, n=15) of staff felt it was very important and one felt it was quite important.

Getting a refresher on how to use Naloxone and respond to an overdose:

- Of the 39 people who use drugs who responded, 87% (n=34) said this was very important, 8% (n=3) said important, 3% (n=1) said it was neither important or unimportant, and 3% (n=1) said it was not important at all.
- All staff (n=16) felt this was very important.

Accessing naloxone/sterile equipment alongside testing strips:

- Of the 38 people who use drugs who responded, 95% (n=36) said this was very important, and 5% (n=2) said it was important.
- The majority of staff felt this was very important (88%, n=14) and two thought it was quite important.

IMPACT ON HEALTH BEHAVIOURS AND BEHAVIOUR CHANGE

“If I tested positive for a nitazene I would still use it, but take less than normal..”

Thirteen people provided responses to behaviours on receiving a positive test, people were able to select multiple answers. The most common responses were informing peers of test result (62%, n=8), being more cautious around poly substance use (54%, n=7), ensuring they carried naloxone (54%, n=7) or alternatively 38% (n=5) ensuring

naloxone was available where they were using (e.g. stored at injecting location). Four others retained some of the substance to send for confirmatory testing at WEDINOS and three took less than their original intended dose. Close to half (46%, n=6) said they used the same amount as intended despite the result and one person said they used more. No participants disposed of the substance as a result of a positive test.

“I will make sure I get another naloxone... it sounds like one might not be enough”

Nine staff had experiences of group members who had a positive test and again were able to select multiple answers; the most common responses related to naloxone carriage or placement. All but one said group members ensured they carried naloxone (89%, n=8) and two thirds (67%, n=6) ensured naloxone was available where they were using.

“One group member shared they had reduced the harm for themselves and a friend through testing their heroin before use.”

Two thirds (67%, n=6) said group members reported informing their peers, half (56%, n=5) reported having increased caution about poly-substance use and also for retaining some of the substance to send away for confirmatory testing. Half (56%, n=5) reported group members used less than intended, four (44%) said group members reported using the same as they intended.



No staff had had reports of people using more than intended or disposing of substances. There was one instance highlighted in the open comments of a one-off report that strips were being used so the individual could find more potent substances.

NEED FOR CONFIRMATORY TESTING AND IMPACT OF FALSE POSITIVE RESULTS

People who use drugs saw the importance of laboratory testing such as the WEDINOS services to confirm testing strip results. Out of 38 people who responded to this question, the significant majority viewed access to confirmatory testing as highly important; 82% (n=31) rated it as very important and 3% (n=1) rated it as important. No respondents selected neutral or unimportant ratings, however, 16% (n=6) rated access as very unimportant.

When asked about the one piece of advice you'd give to a friend considering using the nitazene testing strips, the most common themes were around encouraging peers to use the strips or other drug checking services and informing people how these types of interventions could help people who use drugs be safer when using drugs. Disposing of drugs which tested positive was also suggested by a few people and there were a few comments advising how to use the tests.

"If positive send a sample to WEDINOS also.."

"Do it. You only need a wee bit and then you can show other people how to do it.."



Only one person who had used the testing strip directly discussed getting false positives and they reported this wouldn't prevent them from using them again. Twelve staff shared their experience of how commonly false positives are reported. Four shared this had never happened in their experience, five said it had rarely happened and three said it sometimes happened. Over half of staff (n=6) felt despite the issue of false positives, people who use drugs would be either likely (n=4) or very likely (n=2) to use the testing strips again.

"I like using them and was also able to tell my friends who use about them and help them test their substances. I had a few false positives but this wouldn't put me off using them."

Three felt they would be neither likely or unlikely and two felt they would be unlikely. Staff were split in their perception of how seriously people who use drugs would take future results with half feeling it was likely (n=4) or very likely (n=1) to affect their feelings about the result and the other half feeling it was unlikely (n=4) or very unlikely (n=1) and one person feeling neutral.

Three quarters of staff (73%, n=8) said they believed people who use drugs would be likely (n=3) or very likely (n=5) to do confirmatory testing after using a testing strip, two people were neutral and only one person felt it was unlikely.

Staff shared the most important factors of the pilot from their experience which related to provision of the testing strips, engaging people in wider drug checking and harm reduction conversations, and increasing naloxone carriage and placement. All felt provision of the strips were important, 87% (n=13) said this was very important and 13% (n=2) said it was important. All but one, (n=14) rated engagement in wider drug checking as very important with the other rating this as important. All staff thought engaging people who use drugs in wider harm reduction conversations was very important and all but one (n=14) felt increasing naloxone carriage and placement was very important with the other feeling it was important.

From the qualitative open comments, staff highlighted the testing strips having benefits as an educational and engagement tool, allowing greater opportunities to inform people who use drugs on the risks of substances and emerging trends such as nitazenes and also to provide harm reduction advice or interventions. Whilst small numbers of staff felt more accurate strips would give better results, overall staff suggested the benefits outweighed the limitations of the tests.

“Offering something new helps re-engage people who have disengaged from services and support networks”

“I believe it has been a successful pilot in raising awareness about nitazenes being present in substances.”

DEMAND FOR WIDER ROLL OUT

Amongst people who use drugs (100%, n=38) and all staff (100%, n=16) said it was very important to know what was in substances. Both felt drug checking should be more widely available and that the testing strips were a useful tool to use in helping to reduce drug related harm. Staff highlighted the motivation in people who use drugs to be more informed about the drugs they are taking and the potential risks.

“The testing strips have been one of the best ideas to help give people who use the drugs the awareness of what might be in their drugs..”

“Nitazene testing strips, have demonstrated that people who use substances want to take care of themselves and their peers.”

“I think that there should be more advertising around these and be more widely available.”

SUMMARY AND CONCLUSIONS



SUMMARY OF FINDINGS

The nitazene testing strip pilot was generally well received by both people who use drugs and staff. Participants had either attended training, used the strips themselves, given them to their peers, or were aware of peers within the community who had used them. The testing strips were considered easy to use by people who use drugs and staff echoed this. Most people who used them described the process as straightforward, with clear instructions.

People who used drugs reported willingness to use the testing strips in the future. Their motivations included a desire to better understand what substances contain, reduce overdose risks, and protect themselves and others— particularly in response to increasing concern about nitazenes. This demonstrates an appetite for drug checking from people who use drugs.

Both staff and people who use drugs identified several key features of the intervention as highly important. These included free access to strips, knowing what substances contain, receiving safety advice from workers, access to naloxone, and refresher training on how to respond to overdoses. These supporting components were seen as essential to maximising the harm reduction potential of the strip distribution.

Following a positive result, people who used the strips reported behaviour changes that reduced risks of drug related harm. Common actions included informing peers of a positive result, using less than intended, exercising greater caution with poly substance use and ensuring naloxone was carried or available where they were using; some reported saving substances for further confirmatory testing. Importantly, no one reported discarding substances following a positive result and one person reported increasing their dose, giving useful insights in to behaviour change in this population and the ongoing need for education when responding to positive results.

Staff also reported hearing about behaviour change in their clients, including more consistent naloxone use and increased awareness of substance contents. There were no reports from staff of strips encouraging more harmful behaviours, apart from one comment noting someone may have been seeking stronger substances.

The importance of confirmatory testing through services like WEDINOS was widely acknowledged by both people who use drugs and staff. Many participants saw lab testing as a necessary follow-up to strip results, particularly in light of the potential for false positives. While false positives were noted by staff and people who use drugs, these were fairly infrequent and did not appear to significantly reduce people's willingness to use the strips. Some staff saw this could be a potential barrier to trusting future results but half felt people would be likely to use them again despite this.

Staff feedback emphasised the role of testing strips as a valuable engagement and education tool for this at risk population. They saw the most important parts of the intervention were that it created more opportunities to engage people in other interventions such as drug checking, harm reduction conversations and ultimately equipping people to better respond to emerging risks like nitazenes, for example by increasing naloxone carriage or placement.

Overall, the pilot was seen as a useful and timely response to the evolving drug landscape; both people who use drugs and staff expressed support for broader availability of testing strips. There were suggestions for improvements by people who use drugs, such as clearer, large-print instructions and offering multiple strips in case of errors. 80% of people who use drugs, said the strips are very easy or easy to use. The findings suggest that testing strips, when delivered alongside supportive interventions, can play a meaningful role in reducing drug-related harm and improving engagement with health services.

LIMITATIONS

The findings provided insights from 40 people who use drugs and 16 staff which translated to 15 people who use drugs having direct experience of using the strips to test drugs themselves outside of a training environment and 10 staff having received more extensive and detailed feedback from people who use drugs. Whilst the small sample size of more direct experience is a limitation of the evaluation, the wider information provided by people who use drugs and staff that spoke to wider attitudes within the community alongside the experience of the strips through training and also perceptions about future motivations from the target at risk population were useful to include to provide a more detailed insight. The majority of the sample were people who had used drugs for more than 15 years, therefore further work would be needed to understand what differences there might be in people who had less drug experience.

The evaluation could not specifically measure the frequency of false positives. Data on this came from direct questions to staff about frequency and impact of false positives reported to them and one person who had used the testing strips and experienced a false positive.

Overall, the evaluation provides a useful snapshot of experiences, motivations and behaviours around using nitazene testing strips in people who currently use drugs. Further work over a longer time period is needed to give greater insights in to experience and attitudes longitudinally.

CONCLUSION

The pilot of the nitazene testing strips demonstrates the potential of drug testing strips as an engagement tool and a harm reduction intervention. Both people who use drugs and frontline staff valued the ease of use, the information they can provide about potential drug contents, and their role in promoting safer drug use as part of a wider harm reduction intervention. Wider harm reduction supports, such as access to naloxone, and brief interventions which included harm reduction information and advice were seen as essential parts of the overall intervention's effectiveness.

While most individuals responded to positive test results by safer behaviours such as reducing their dose or ensuring there was access to naloxone, there was a need for ongoing education and support around responding to results because of the risks of false positives. Encouragement to use confirmatory testing was one clear response that both people who use drugs and staff saw as valuable to combat this. Staff feedback further reinforced the testing strips' value in engaging people with services, both reducing harm by opening up important conversations about drug safety and overdose prevention, but also in potentially engaging people with wider interventions and services.

The pilot highlighted a demand for access to drug checking generally, both laboratory testing services and testing strips were seen as valuable. Despite occasional concerns about false positives, willingness to engage in the intervention remained high. Both people who use drugs and staff expressed a desire to see the programme expanded.

Overall, the findings support wider rollout of drug checking services, including nitazene testing strips as part of an comprehensive harm reduction approach. The combination of the practical tool that testing strips provide alongside information, advice and support is a helpful addition to ongoing service engagement within this population.

RECOMMENDATIONS & CONSIDERATIONS



There is an evident demand for access to drug checking services among people who use drugs. Whilst it is recognised that laboratory testing is the gold standard, testing strips can play a useful part in increasing knowledge about contents of drugs and importantly can engage people in wider drug checking. The following recommendations are suggested for consideration.

WIDEN ACCESS TO DRUG CHECKING SERVICES INCLUDING PROVISION OF NITAZENE TESTING STRIPS

Where possible, laboratory testing should be offered to all people who use drugs but testing strips can provide a next best option which allows for rapid testing out in the community. Distribution of nitazene testing strips should be offered nationally and available consistently through a variety of access points e.g. substance use services, pharmacy.

ENCOURAGE LABORATORY TESTING TO CONFIRM RESULTS OF TESTING STRIPS

Due to the risks of testing inaccuracies, people who use drugs should be encouraged to make use of confirmatory testing such as the Scottish Drug Checking Pilot once fully underway and the WEDINOS postal service.

TESTING STRIPS SHOULD BE OFFERED AS PART OF A WIDER HARM REDUCTION INTERVENTION

Harm reduction advice, provision of naloxone and access to sterile equipment should be offered alongside drug testing strips as these interventions are essential in the efficacy of the overall intervention.

UTILISE TESTING STRIPS AS AN ENGAGEMENT TOOL FOR ACCESSING BROADER SUPPORT AND TREATMENT INTERVENTIONS AND SERVICES

As a novel intervention which serves as an engagement tool to people who use drugs, there are opportunities for staff to utilise nitazene testing strips to reach people who may be less consistently engaged in accessing harm reduction interventions, implementing safer drug use advice or attending wider treatment and support services.

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