Drug checking in Aotearoa New Zealand

Sarah Helm,
Executive Director

Stop the Deaths Conference
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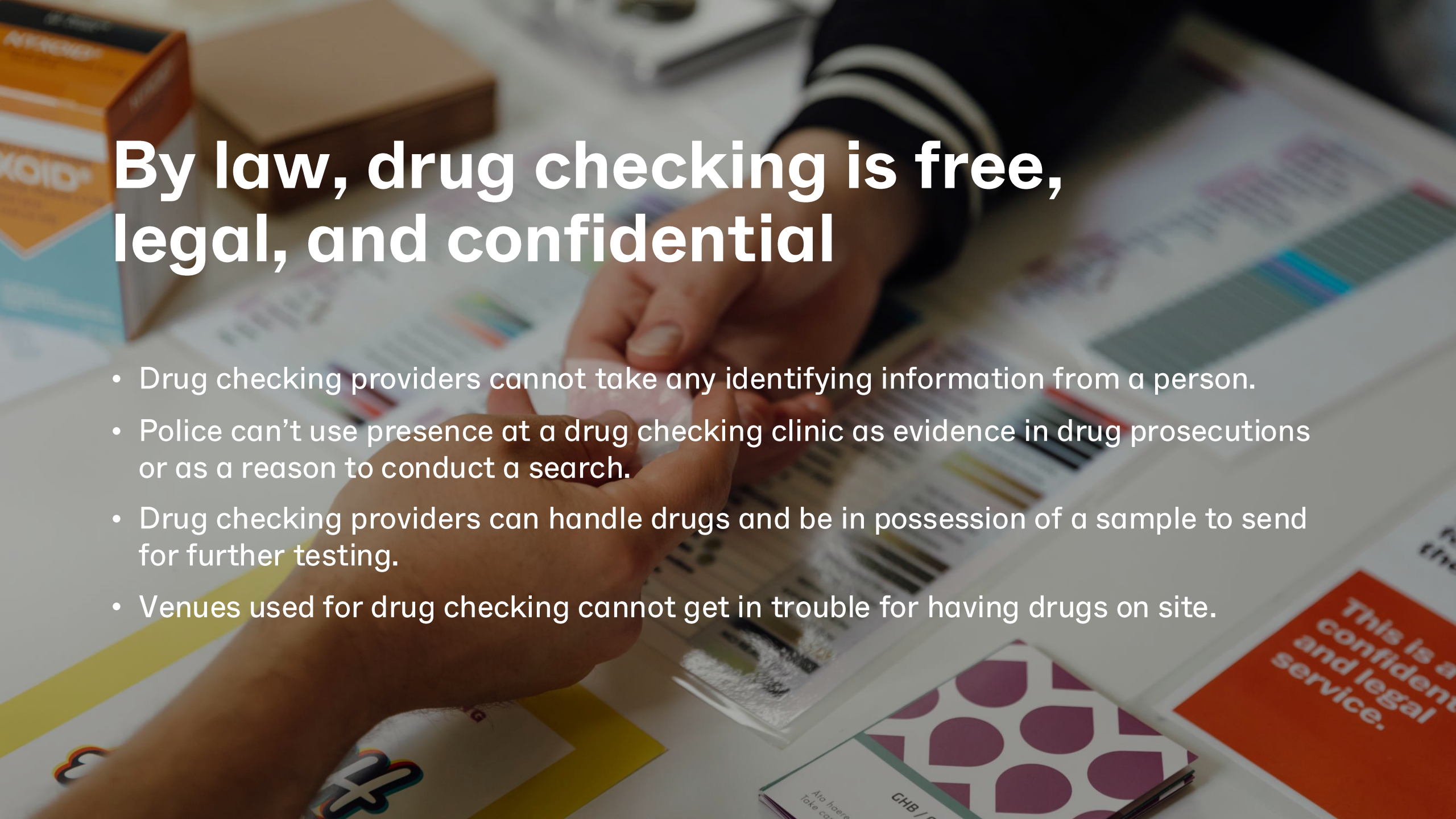
New Zealand Drug Foundation



By law, drug checking is free, legal, and confidential

- Drug checking providers cannot take any identifying information from a person.
- Police can’t use presence at a drug checking clinic as evidence in drug prosecutions or as a reason to conduct a search.
- Drug checking providers can handle drugs and be in possession of a sample to send for further testing.
- Venues used for drug checking cannot get in trouble for having drugs on site.

Some effects of making drug checking legal

- Allows funding.
- Can address fear for clients.
- This allows equipment to be purchased, people to be trained, and infrastructure (e.g. procedures and policies) to be developed.
- This helps to get a baseline level of service delivery out there, and builds the capacity to respond.
- Enables activities.
- Restricts activities that may previously have been in a grey area (e.g. mail-in services).

Collaboration

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There are currently five licensed drug checking providers

Three provide public clinics:

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KNOW YOUR STUFF — NZ —

RODGER WRIGHT
HARM REDUCTION NETWORK

One provides drug checking as part of a research project:

UNIVERSITY OF AUCKLAND
Waipapa Taumata Rau
NEW ZEALAND

One provides technical support and further analysis:

ESR
Science for Communities
He Pūtaiao, He Tāngata

Collaboration

Drug checking collaboration steering group

- Involves all the licensed drug checking providers, Health New Zealand – Te Whatu Ora, Ministry of Health – Manatū Hauora, and High Alert.
- Works together to oversee the drug checking programme of work.

Four working groups sit underneath the steering group:

- Science Forum
- Logistics Group
- Communications Group
- Training Group (as needed)

There are major benefits:

- Heavy science and quality improvement process.
- Can communicate drug checking as a broad service, rather than splitting communication into promotion for individual clinics or services.
- Share technology requirements – equipment, calendar of clinics, pill library, online results

Monitoring

The Ministry of Health – Manatū Hauora holds the licencing, regulation, and monitoring function for the drug checking legislation. This includes:

- Licensing new providers
- Renewing licenses
- Suspending and cancelling licenses
- Imposing, amending, and revoking license conditions
- Managing reviews of licensing decisions.
- Managing complaints
- Monitoring the compliance of drug checking service providers

The team also approve:

- Service delivery models
- Drug checking testing methods

Integration

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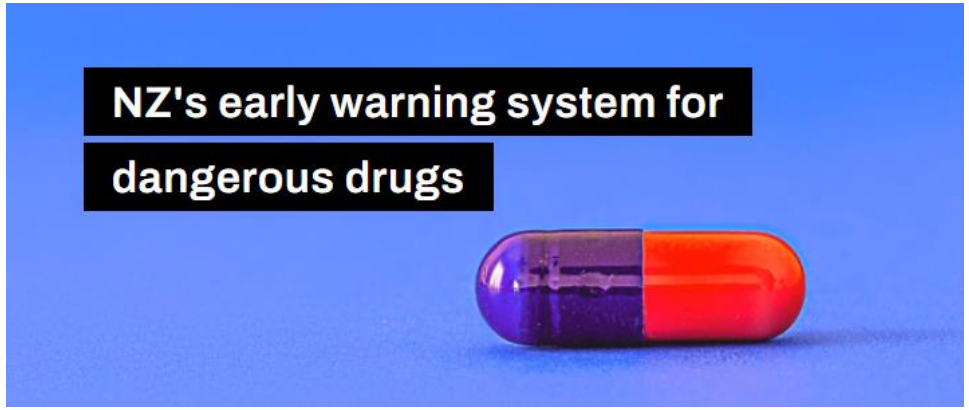
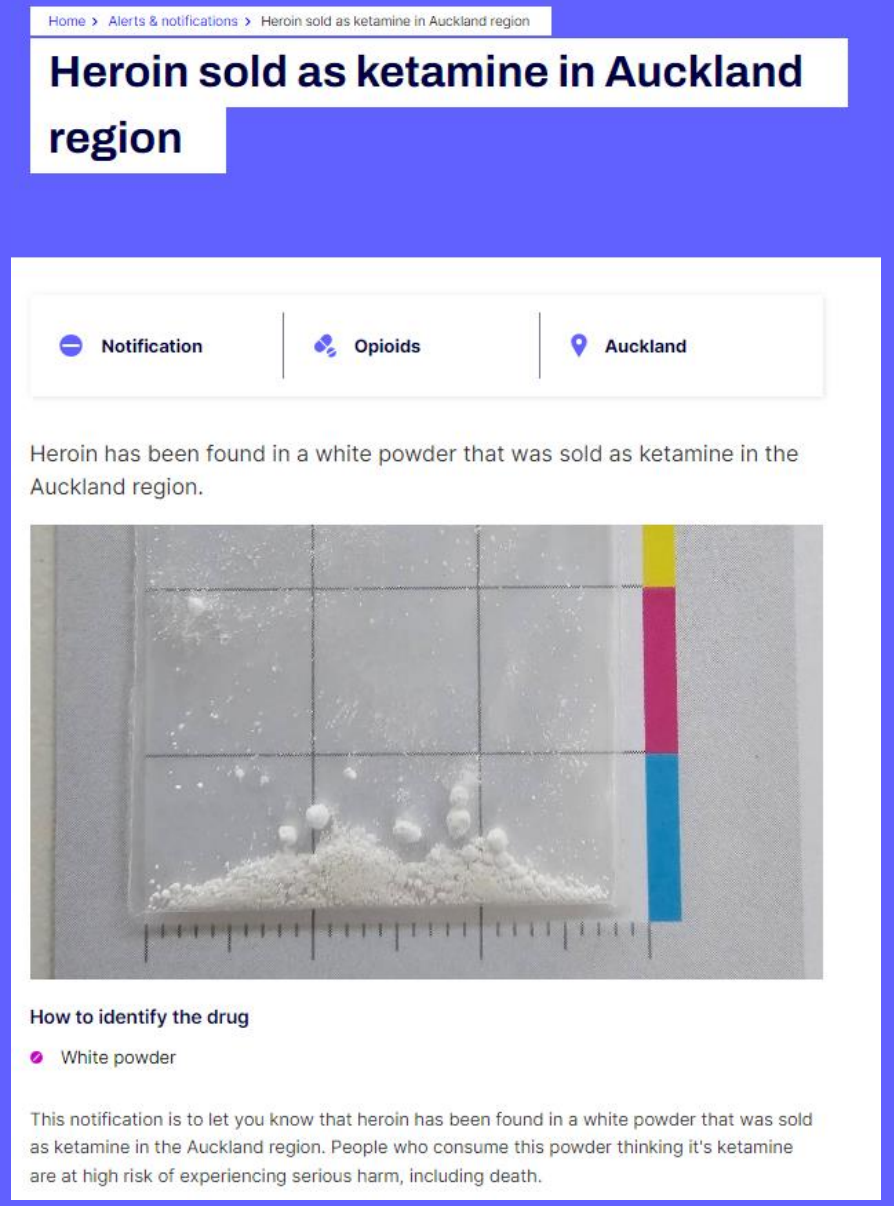
High Alert



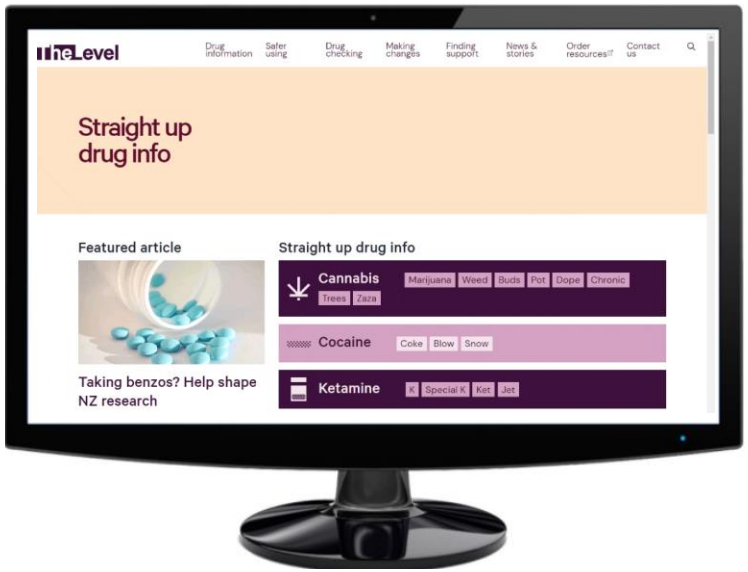
Notifications are released for substances detected at drug checking services, as well as those implicated in harm incidents.

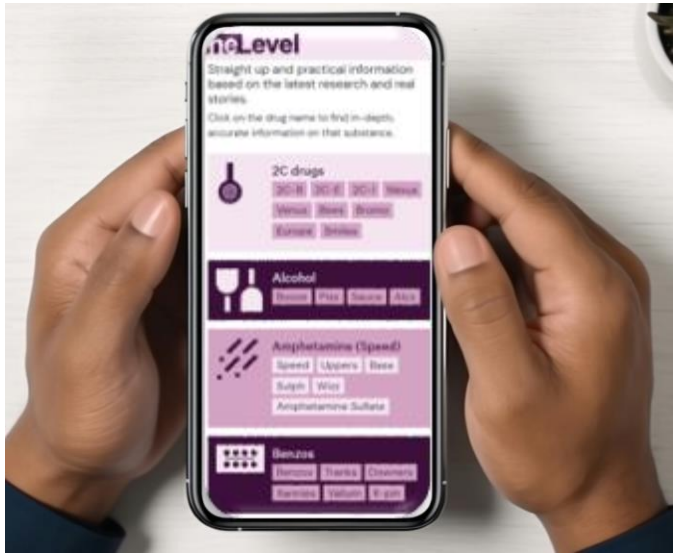


The Level

Straight up and non-judgemental info for people who use drugs – thelevel.org.nz and on social media

This has a shared calendar for all public drug checking clinics and online results.





The Acute Drug Harm Community of Practice helps us prepare and respond

- This network is growing and involves a wide range of services and organisations.
- Crisis response scenarios in the group help to plan and prepare.
- We use this network to understand more about acute drug harm incidents and co-ordinate local responses.
- When we're **connected and prepared**, we can better help people, their whānau (family), the community, and services to **respond quickly** when needed.

Process

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By law, we must have personalised harm reduction conversations with clients

- Drug checking provides important health and harm reduction information to a wide variety of people who use drugs – not just those who see themselves as ‘struggling’.
- Provides us with an avenue to collate harm reduction approaches used by people who use drugs. We can then share these with others (including resource development).
- We have had to do some communications shifts. In particular, shifting public perception from solely festival drug checking to public and service-partnered drug checking.
- There are multiple desired outcomes. Remember that the client in the room will often represent a wider group – it’s more important that they understand and can ask questions than they say “yes” and destroy the substance but not share that information with others.

How it works

1 Check in

We'll give you a code name to keep you anonymous.

Hang onto your card – you'll need it later.

2 Give us what you've got

We'll ask you some questions and take a small sample of your drug for checking – about 10mg, roughly the size of a match head.

You get the rest back.

3 We check it

Here are some of the tools we use:

Spectrometer

A machine that matches a light waveform reading of your sample against a database of more than 25,000 substances.

Reagents

Chemicals that change colour when they react with certain drugs.

Test strips

Strips that show if fentanyl or benzodiazepines are present in your sample.

4 We tell you what we found

We'll call out your code name when your results are ready.

We'll return any remaining sample to you, then have a private conversation about what we've found and ways to stay safer.

In some cases, we may ask for your permission to send your sample for further checking - you don't have to agree.

We can safely dispose of anything you don't want to keep, but we won't confiscate drugs under any circumstances.

Test strip distribution

The role of peers and lived/living experience

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Ultimately, who we are is who we will end up serving

- Living experience is important for harm reduction work.
- Work hard to partner with others to make sure important populations are not left behind (e.g. Indigenous populations).
- Collaboration with other peer organisations (e.g. our rainbow health organisations).

Sustainability

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Future planning

- Heavy audit requirements, which help to build trust and robustness in services across all providers, but is intensive for both auditing staff and drug checking service providers.
- No mail-in and not enough outreach across the country. Takes time to build trust in communities, particularly those who experience more stigma or are geographically isolated. Expensive to get there.
- Setting ‘gold standards’ are useful, but could inadvertently prevent lower tier/simpler and quicker screening options from being considered. These may not keep up with the changing drug market (e.g. detection of nitazenes and benzodiazepines)
- Ideal outcome changes by setting (e.g. destroying substances).

Any questions?

Drug checking report

The Level

This pill had no MDMA and lots of caffeine.

This pill contained about 1.5 doses of MDMA with a hefty amount of caffeine.

This pill had more than 3 doses of MDMA and a large amount of caffeine.

This pill had almost all of the MDMA on one side and only traces on the other.