



[Drug Free Australia's Substack](#)

They're trying to fool us again with 'drug checking'

Two official graphs undermine the 'drug checking' narrative

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Two official graphs undermine the 'drug checking' narrative

Pill Testing Australia [operatives](#) have shifted their focus from their ineffective and harm-escalating pill testing narrative to one that now includes testing all manner of illicit drugs in a new operation they call 'drug checking'.

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Why are they having to broaden the narrative beyond pill testing?

Of the [392](#) MDMA related deaths between mid-2000 and late-2018 in Australia, pill testing fails to address the real causes of such pill deaths in this country. Pill testing cannot identify those who will die from allergic-like reactions to MDMA ([14%](#)), or those who will co-use ecstasy with other legal or illegal drugs ([48%](#) of deaths), or those who are accident-prone while intoxicated ([29%](#) of deaths). There have only been 3 '[bad batch](#)' deaths over those years, implicating MDMA as the drug responsible for almost every Australian ecstasy death. Yet Pill Testing absurdly GREENLIGHTS ([p 11](#)) MDMA in a pill, giving the thumbs-up to a killer drug. This will keep adding to our mortality toll.

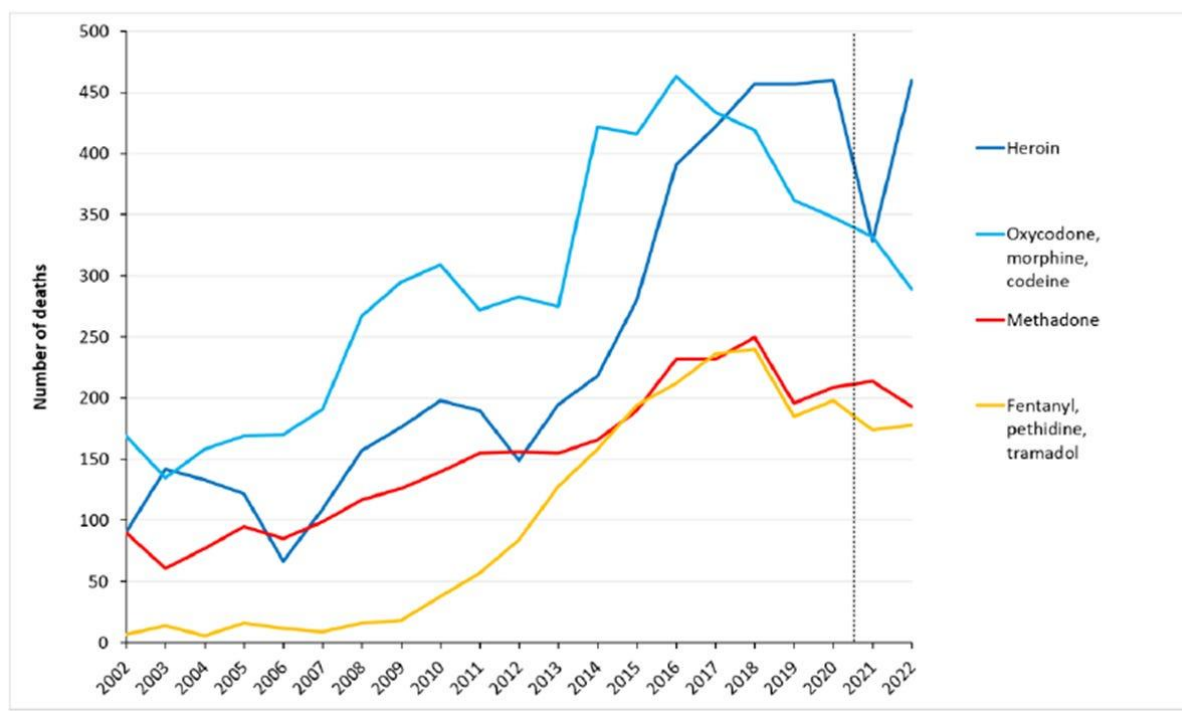
So [ABC TV](#) here is currently posting warnings about more potent opioids such as fentanyl and nitazenes, inferring that their higher potencies create higher death ratios amongst opioid users. But Drug Free Australia demonstrates that this is most certainly untrue. The ABC posts say,

"Non-prescription drug overdose deaths in the ACT have doubled since the start of 2024 to 20. Police have renewed warnings to users about the dangers of highly potent substances being increasingly detected in illicit drugs, such as fentanyl and nitazines."

But it takes only **two graphs** from Australia's official 2024 opioid overdose [report](#) to falsify this misinformation.

The first shows that deaths from the use of ALL opioids have risen at very similar rates since the 2007 Federal Government scrapped Tough on Drugs, which had kept opioid deaths at around 360 per annum between 2001 and 2007. Deaths from all opioid types increased sharply post-2007, with deaths from the more potent Fentanyl increasing in line with the other opioids.

Figure 29. Number of unintentional drug-induced deaths by opioid type, 2002-2022



Just like pill testing, where Pill Testing Australia falsely** implied that most pill deaths came from other drugs or contaminants mixed into the pills, the new ‘drug checking’ narrative comes from the same playbook now used for decades in Australia. They used to say that our masses of heroin fatalities were from criminals putting toxic contaminants in the powders or from wildly variable purities but the science demonstrated that this was simply false (p xiii). It later emerged that just as many died from strictly uncontaminated and purity-controlled [pharmaceutical](#) opiates as from criminal-supplied heroin, both at roughly [1%](#) of dependent users per year.

On page [xiii](#) of the above-mentioned review, under the heading ‘Purity’ the NDARC researchers assert,

“If overdose were a simple function of purity one would expect the blood morphine concentrations of fatal overdose victims to be significantly higher than living intoxicated heroin users. As described above, it has been found that many individuals who die of an opioid overdose have blood morphine concentrations at autopsy which are below the commonly accepted toxic dose. Studies that have investigated the relationship between the purity of street heroin seizures and fatality from overdose report a weak correlation, or no correlation, between heroin purity and fatality from overdose.”

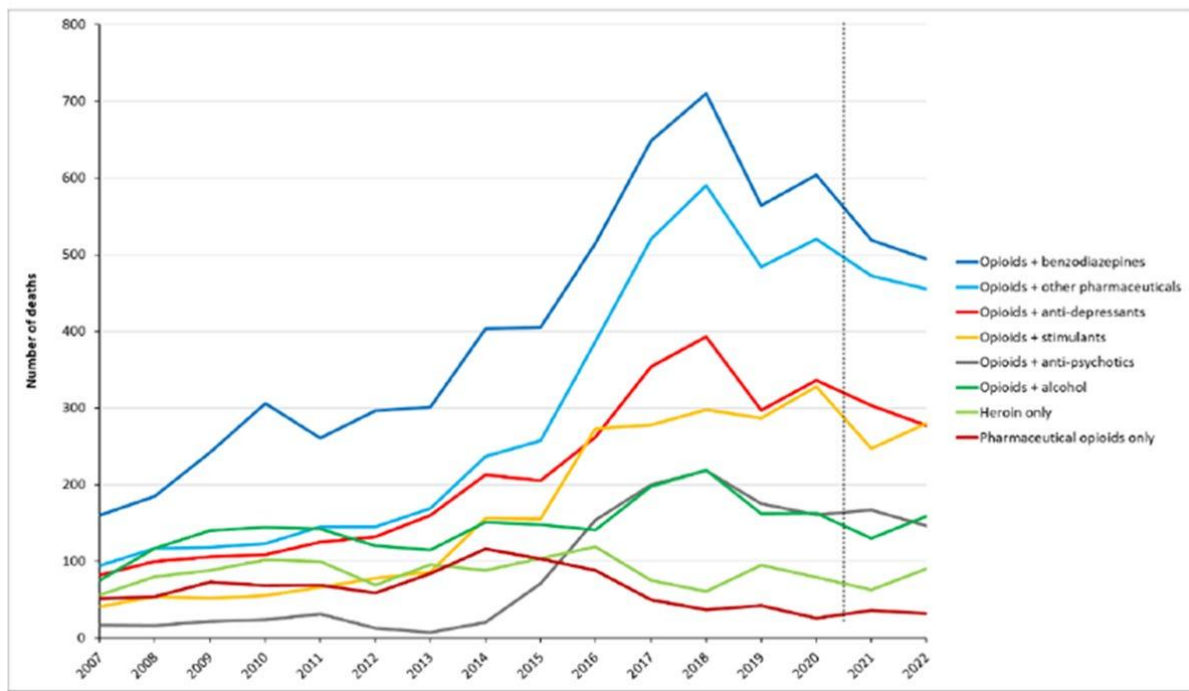
Then on page [xiv](#), under ‘Contaminants’ it reports,

“In general, studies outside the eastern United States do not report the detection of impurities in seized heroin. Adulterants found in Australian heroin samples are largely pharmacologically inactive dilutants (used to add bulk) or caffeine (believed to increase the bioavailability of heroin when smoked).”

We were speciously told for decades that it was the criminal sourcing of these drugs that led to so many deaths, even as equal numbers of opiate users were dying from pharmacologically pure Oxycodone and the like. But 'drug checking' is spinning the same narrative.

In fact, the vast majority of opiate overdoses have had the same unifying cause – using opioids with other drugs such as alcohol and benzodiazepenes as the second graph below very clearly demonstrates. NOTE CAREFULLY THE BOTTOM-MOST RED LINE – that is the one that includes deaths from Fentanyl alone. And it says the very opposite of what ABC and their ilk infer.

Figure 34. Number of unintentional drug-induced deaths involving opioids by sole-drug and poly-drug use categories, 2007-2022



The fact that Australian overdose reports show no major change in the ratio of polydrug-use deaths against opiates used alone suggests, despite the increased potency of Fentanyl and Nitazenes, that drug users accommodate for the increased potency of these newer substances. When opiate deaths peaked at [1,116](#) in 1999, 1% of dependent heroin users were dying. Very recent fatal overdose rates for countries with heavy Fentanyl use, which is [50 times](#) stronger, show the same [1% dying](#) again - pointing an accusing finger at polydrug use for BOTH opiate types. We would expect similar user accommodation with Nitazenes which can be similar to, or stronger than [Fentanyl](#), where weakened [physiology](#) of [long-term](#) opiate users and polydrug use are moreso causal in most fatalities.

Across Australia opiate users experience 72 [non-fatal](#) overdoses (p59) and [two - three](#) opiate fatalities **per day**, so these already troubling statistics can be alarmingly manipulated by media, and more made of these deaths than is warranted. Drug Free Australia does not deny that criminal-manufactured pills with high potency opioids [masquerading](#) as lower potency opioids will cause some unexpected fatalities, but much more evidence is needed to show that these are anything but the tiny minority of fatalities.

Balanced against this are the massive number of opiate deaths caused by the harm reductionist messaging which teaches the 'safe use of illicit drugs', of which drug checking is seminally a part. This messaging [quadrupled](#) opiate deaths between [1984](#) (below 250 for 15-44 year olds) and [1,116](#) for 15-54 year olds in 1999. **The prevention and rehabilitation priorities of Tough on Drugs made opiate deaths plummet by 67% (or a massive 750 opiate deaths per year), where they stayed for 7 years until a new Federal Government scrapped them.** In the decade following, with the 'safe use of drugs' message again prioritised, opiate deaths skyrocketed [260%](#) with other contributing polydrug-use illicit drug deaths increasing [210-590%](#) as can be very clearly seen in the graph featuring in our [first](#) Substack post.

Harm Reduction's 'safe use of drugs' ideology has very demonstrably added many, many thousands of opiate deaths to Australian mortality tolls and heavily weights any set of balances against a few lives saved by 'drug checking'. Drug Free Australia has no problem with law enforcement continuing to publicise contaminants or adulterants in seized drugs, maintaining the message that drug use is not acceptable, rather than allowing drug-normalising NGOs to take that role.