

Drugs and deprivation issue cracks political consensus

Politics refused to steer clear of the London Drug Policy Forum's Working Together Against Drugs conference, called to help coordinate the response of Britain's drug misuse capital. An argument over drugs and poverty involving Britain's leading drug misuse parliamentarian enlivened debate over what the chair had hoped would be an issue that could unite "all political shades".

Consensus was clearly not to be when Brighton's drug users became the focus of attention after Tim Rathbone, Tory chair of the All Party Parliamentary Drug Misuse Group, fielded a pointed question about the relationship between drug misuse and deprivation. He countered that all 3000 identified drug dependents in Brighton were middle class with jobs and living at home.

Labour councillor Ken Murray, who chairs the Local Government Drugs Forum, retorted that drugs are an escape route from the horrors of deprivation – and he'd met someone from Brighton at a Parisian conference who told rather a different story of that town's drug problem.

Concern over drugs was the self-protective instinct of the "white middle class with homes and incomes" and something to lose to the 'marauding junkie' in search of funds, said Mr Murray. In contrast, the almost exclusively working class drug users he'd met while a prison governor had nothing to protect and nothing to lose – presumably except their liberty.

Jane Thomas, who runs the drug misuse database covering Brighton, was puzzled. She

couldn't pin down the origins of the 3000 figure and said "evidence from various sources indicates that there are people in Brighton with drugs problems who are unemployed and/or homeless, some of whom are in contact with drugs services".

Chris Hughes, who manages Brighton's drug dependency unit, said in the early '80s Rathbone's description might not have been too far off the mark, but now things had "changed drastically". In 1989 nearly 60 per cent of his clinic's clients were unemployed, just 16 per cent lived with their parents, and only a third actually had two cohabiting parents they could have lived with.

This issue of drugs and deprivation is the main, if not the only, divide between the two major parties in the run up to the

election, with the Conservatives appearing to turn a blind eye to one of the most regular findings of British drug epidemiology – the poor social and financial status of identified problem drug users – while Labour sees turning the tide of urban decay as essential to containing the drug problem and are less inclined to see the user as the victim of their drugs.

According to the most recent review of drug trends in Britain, "the rise of mass unemployment may have been the single most important factor in the genesis of the narcotic drug epidemic during the late 1970s and the 1980s."¹ The issue of whether it was or not is certainly the single most important left-right political divide in British drugs thinking. I. Giggs J. "The epidemiology of drug abuse." In Whyne D.K. et al eds. *Policing and prescribing*. Macmillan, 1991.

Agencies face wave of ecstasy problems

Increasing numbers of young people are contacting drug agencies concerned about the effects and long term consequences of taking ecstasy.

Tolerance to the effects of MDMA has found some users escalating from one or two tablets over the weekend, causing few if any problems, to perhaps half a dozen or more, bringing with it a degree of psychological distress without necessarily any compensating pleasures.

Some quoted weekend dosages have been as high as twenty tablets while one agency contacted reported instances of chronic daily use over a three- to four-week period.

Most commonly users complain of muscular pain, lethargy and depression in the days following moderate ecstasy use at the weekend – sometimes referred to as feeling 'cabbaged'. Users often find their sleep patterns disrupted, feel disoriented, anxious and confused, sometimes paranoid, and some are experiencing intense 'flashbacks'.

Also reported has been a more worrying phenomenon called 'head rushes', involving what feels to the user like a blanking out of sensory perceptions (sight, hearing, etc) for up to three minutes while dancing at a 'rave'. Some users are concerned, but others positively

seek 'head rushes' as a desired effect.

From the wide disparity of reported effects, it is clear that many young people are taking a number of different substances sold as ecstasy. Often the drug is not actually sold by its chemical name, but under a bewildering array of 'trade' names ('Love Doves', 'Disco Burgers', 'New Yorkers', 'Phase 4', 'Phase 7' and so on) and in different formulations.

Most assume that a drug bought under one of these names is ecstasy but it could be anything from relatively 'pure' MDMA, amphetamine sulphate or LSD, to any of these drugs in combination.

Despite early fears, there have been few reports of hallucinogenic amphetamines other than MDMA, though late last year three people were admitted to a London hospital suffering from the effects of MDA, the parent drug of the MDMA group.

Problems can accrue from relatively pure MDMA, from poorly produced batches containing close analogues of MDMA with different side effects, or from 'MDMA' that is completely fake – one batch of 'Disco Burgers' on the south coast turned out on analysis to be compressed 'magic mushrooms'.

As ecstasy becomes more popular, quality control appears to

be in decline as 'bathtub' drugs come onto the market. Some agencies have noted that in their areas high quality pill production has given way to rough-coated products that crumble in the hand.

There is no consistency about the substances traded as ecstasy: formulations and trade names frequently change, especially if a particular batch gets a bad name. The same product could be on the street the following week under a new name.

Quality control problems may partly stem from the fact that ecstasy and other drugs associated with modern dance culture are typically used on an occasional basis; the user might have no regular supplier and little or no accumulated knowledge about the drugs on offer. With so many venues to choose from, users and dealers move from place to place, limiting the chances for regular retailer-customer links to be forged or for unreliable dealers to build up a damaging reputation.

In Liverpool one man was fined for 'going equipped to cheat' by selling dog worming tablets as ecstasy outside a 'rave' and in Bradford a dealer charged with supplying ecstasy had the charge reduced when the substance turned out to be amphetamine sulphate.

With little or no chance to repeat the experience with the same

substance, it becomes very difficult to determine what the MDMA effect really is, laying the door wide open for ecstasy 'hype'. In America all kinds of mythologies have built up about the drug, including one that over time it drains the spinal fluid.

A good example in this country are the 'phase' brands of ecstasy, so-called because the effects allegedly come in waves over a number of hours. The more 'phases', the greater the cost. What is being sold is probably some combination of amphetamine and LSD, but there are almost totally contradictory accounts as to what happens over these 'phases'.

With all the current razzmatazz, agencies would do well not to get too embroiled in the 'pick 'n mix' minutiae of the ecstasy trade – fascinating though this can be.

Ecstasy is now part of the recreational drug scene in Britain and the numbers surfacing with psychological problems associated with its use are likely to increase. The experience of some workers, particularly in the South West, with a longer history than most of dealing with non-opiate drug problems, is that agencies' time would be better spent making or improving links with local psychiatric services than trying to pin down the shifting sands of the ecstasy and pseudo-ecstasy market.