

## How blue was my ecstasy?

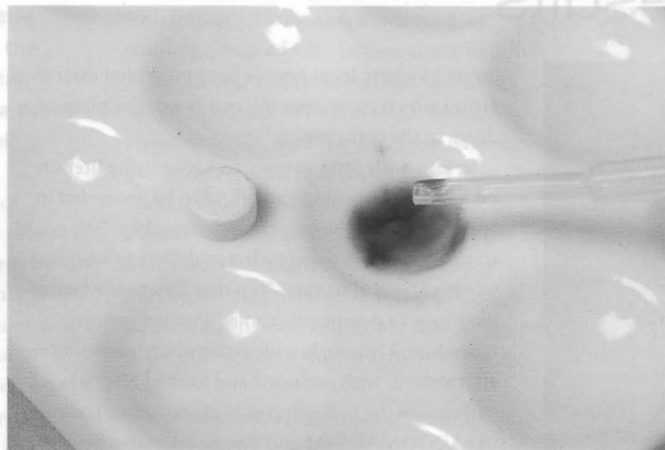
**A senior toxicologist is in favour of a system based on the Dutch model that could warn about rogue batches of drugs and improve our knowledge of exactly what young people are taking.**

Dr John Ramsey of St George's Hospital Medical School has studied the Dutch system and believes that test results from laboratories could be made available on a regular basis to information providers such as his own unit, the National Drugs Helpline, ISDD and others who would then send out press releases or post information up on the Internet.

"The Dutch government have funded a study involving centres throughout Holland collecting ecstasy tablets every weekend which are then sent to a laboratory in The Hague. They get them early the following week and analyse them using proper laboratory techniques which they are funded for. They then produce a report by the Thursday of that week which goes to those doing the on-site testing for use the following weekend."

He cites the recent example of atropine-laced ecstasy and how current attempts in the UK to warn users about drug contamination are hit and miss. "Just before Christmas, the laboratory in The Hague noticed that ecstasy was being laced with atropine," he told *Druglink*. "The on-site test couldn't have spotted that. Those tablets were definitely here as well, but we only found about it by reading *The Evening Standard*. That's appalling. I then rang the lab in Holland and they sent all their data on this. We then posted the information on our web site and were able to warn the National Poisons Unit and A/E departments".

As if to underline the *ad hoc* nature of the current situation,



there was also a rumour that it was a notice put up in a bookshop by the late Nicholas Saunders that first alerted the police to the atropine-laced ecstasy.

### Green round the gills

To date, most publicity surrounding ecstasy testing has centred on the idea of on-site tests outside dance venues. Last December, in a PR coup, the Green Party set up a testing table outside the Fridge night club in Brixton. Nobody was arrested, but clearly the police are not going to let this happen again and the Greens were sent a letter by the Association of Chief Police Officers warning that the handing back of any pill to a user after testing would be viewed as possession with intent to supply.

The law aside, there are other problems with on-site testing of this kind. The test itself is a fairly crude indicator of pill content. Called the Marquis Test, it relies on taking a small sample of the drug, adding a potentially hazardous reagent containing concentrated sulphuric acid plus formaldehyde, and seeing what colour results. If the sample turns blue you probably have MDMA or something close.

But there are nearly 150 possible colour combinations using this test – there are, for instance, at least 50 different

drugs which show up as orange including very varied substances like mescaline which is hallucinogenic and fentanyl which is an opiate. And the test doesn't account for the fact that many 'drugs' on the drug scene contain more than one substance.



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### Snidey safe?

Also there is the issue of why on-site testing is being carried out. With such a blunt instrument, the only real conclusion is that it is meant to reassure the user that they have got 'the real thing'. But looking at mortality figures, although the numbers are small, far more people have died through taking MDMA or a close analogue than have died through, say, amphetamine or a 'fake' ecstasy tablet containing perhaps caffeine and ketamine.

However, as Dr Ramsey points out, you don't need on-site testing to have an 'alarm bell' for dangerous contaminants or especially strong batches of drugs. Furthermore, the presentation would be entirely different. Instead of implicit messages of

safety, testing would simply try to identify drugs that were particularly dangerous. This might at least deal with the criticism that drug testing is an endorsement of drug taking and would detach it from the legalisation issue that currently dogs progress in this area.

### Taken down as evidence

However, there would still be problems to overcome. A major obstacle would be to convince the Home Office to issue licenses to allow individuals to collect street samples from dealers for testing. Simply relying on samples from police seizures would defeat the idea of 'rapid reaction' because seized drugs have to remain in police custody for some time as evidence.

Another problem would be the expense. Currently the Forensic

Science Service charges around £50 to test a pill and then only to identify controlled drugs for the purposes of prosecution. Also decisions would have to be taken on exactly which locations to choose for taking samples and, given the fluctuations of the drug scene, how many sites to use in large cities.

The biggest problem, of course would be to establish the political will for any of this to happen, as options like this are all too readily ruled out in the UK – not because of the evidence but because of the policy implications. A cost-benefit analysis of this option among others may well show it to be relatively ineffective, but at least it would be a decision based on evidence rather than on dogma ■