A street drug analysis service

SEVERAL FACTORS combined to lead the Hillingdon Drug Education Team and its partners in the youth service and the police to develop a scheme for the analysis of illicit drugs. The impetus was the drugs fallout from local raves and gigs, organised by the youth service and the drug team to provide a safer environment than the streets. Our strict door policy of searching customers for illicit drugs and weapons presented a problem – what to do with the confiscated drugs, constructively!

I approached a senior worker in the pathology laboratory of a local NHS hospital. He had helped us out in the past; this time I asked if he would analyse the drugs if we had legal clearance. It turned out that he had wanted to do this work before but couldn't obtain the drugs; he was happy to analyse the purity of drugs for free. I was particularly interested in the impurities used to cut the drugs, but this more extensive analysis would cost a prohibitive £100 a time.

Decisive in gaining police approval was the deaths of several drug users over a short period. Six died, mainly from overdoses due to the latest batch of heroin being much purer than usual. The local police community liaison office agreed that it would be in the public interest to attempt to prevent a recurrence. We also felt that drug users who knew how much of what they buy is adulterants would find these drugs less attractive, or at least be less willing to inject them.

The police developed a scheme which authorised the drug team's and the youth service's outreach and detached workers to carry drugs in the borough. Drugs would have to be placed in official Metropolitan Police property bags with a numbered seal attached at the time or as soon as practical. These seals carried a computer-coded reference number. Police who stopped an authorised person need only call their station and tap in the reference number to verify the details of the scheme.

Authorised people can deposit the bagged drugs at the drug team's offices or at the borough's central police station.

by
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I am the only person authorised to pick the bags up from the police station.

After only a couple of events the raves were halted in line with the repressive turn in Government policy. Most of the drugs analyzed since the scheme started in May 1993 were collected during my outreach work from users in their homes. At the raves which did go ahead, ecstasy tablets confiscated at the door proved very weak – the strongest was only 30 per cent MDMA, most had none, usually being a mix of amphetamine with morphine or dihydrocodeine. The analysed heroin varied hugely in purity from barely detectable to 62 per cent. Amphetamine samples fairly consistently averaged about 2.5 per cent purity; ephedrine and pemoline were also detected.

Word of mouth, outreach contacts and the drug team's regularly updated literature convey such findings to local drug users. Our leaflet for injecting drug users – updated every few months – carries some information as do needle exchange packs and a leaflet for ravers. The scheme has been in operation for over a year with no problems and we are set to step up the publicity, hopefully bringing in more drugs. ❍

DEATHS DEMONSTRATE THE NEED FOR STREET DRUG INTELLIGENCE

Many a drug worker has wished they could extend their harm reduction service by analysing samples of illicit drugs from their area and feeding the results back to local drug users. The report above describes a pioneering scheme in west London to do just that – not as a once off, but as a routine part of a drug service.

The need to monitor the quality of illicit drugs has recently been evident in London,[1] Bristol,[2] Glasgow[3] and Brighton.[4] In each city drug user deaths have been associated with unusually strong heroin. On the rave scene, too, adverse reactions have been attributed to the fact that drugs sold as ecstasy contained drugs such as ketamine.[5]

But there is a problem – the Misuse of Drugs Act. Found in possession of illegal drugs, it may be no defence to say you were taking or storing them for analysis. That applies to drug user *and* drug worker. A client handing a drug sample to a worker might also be open to a charge of supplying drugs, as might the worker if they passed the drug on to someone else for analysis.

In the course of their legitimate business, certain people – police, pharmacists, doctors, etc – can possess drugs when it would otherwise be illegal to do so; 'drug workers' are not among them. Like the public at large, they can only take possession of drugs such as heroin in two circumstances. The first is in order to stop someone else committing an offence with the drug; then without delay they must either destroy it or deliver it to an authorised person. The second is in order to deliver the drug to an authorised person, which again must be done without delay.

This creates problems but they are not insuperable. For example, Manchester's Lifeline Project has had 'ecstasy' samples analyzed[6] while in Brighton police arranged for the analysis of suspect heroin wraps deposited by drug users at the drug advice service, DAIS.[7] Both schemes proved their worth. The Brighton analysis showed some heroin wraps contained up to 15 times as much heroin as usual, probably accounting for the deaths which had prompted the analysis. In Manchester, the 'ecstasy' samples were rarely ecstasy and even more rarely unadulterated ecstasy. Release advise any agency contemplating an analysis service to clear it with their local police and, for extra safety, with the Crown Prosecution Service locally. For more advice phone Release on 0171 729 9904.

The Editor

1. Syal R. "Killer heroin found in London." *Sunday Times*: 27 February 1994.
2. "Drug deaths link to 'purer' heroin." *Independent*: 21 February 1994.
3. Gruer L. "Deaths from drug overdose." *Glasgow Herald*: 4 February 1992.
4. Brind C. *et al*. "Solved by the grapevine." *Druglink*: 1993, 8(4), p. 12.
5. Shapiro H. "Ecstasy factsheet." *Druglink*: 1993,*8*(3).
6. Gibbons J. "Ecstasy. The past, the present and the future." *Gay Times*: September 1994.
7. Brind C. *et al* op cit.