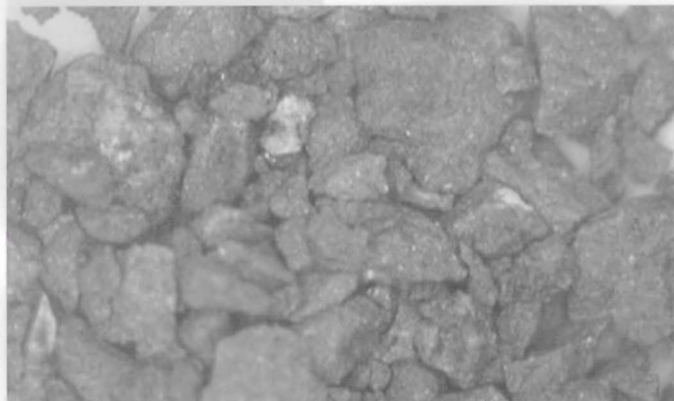
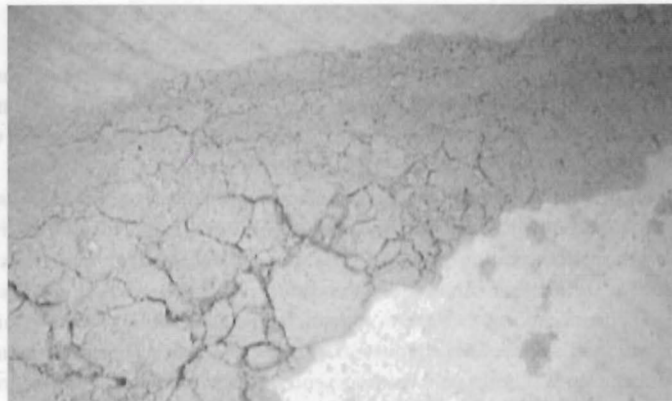


The unkindest cut? 'investigative journalism' and research



True grit



The real deal

Laboratory analysis consistently reveals that drugs are rarely cut with noxious substances. How is it then, asks Ross Coomber and Jon Derricott that every time a journalist goes out on the street to investigate the drug scene, they turn up 'evidence' suggesting that dangerous adulteration is routine?

A lot has been made in the media recently about the practices of street dealers regarding the cutting of drugs such as heroin, cocaine and ecstasy. The common belief is that powder drugs like heroin regularly include ground glass, sand and brick-dust as a means of increasing profit.

A previous *Druglink* feature¹ reviewed how the forensic evidence for such cutting was missing, the numerous reasons as to why dealers wouldn't generally benefit from cutting in this way and how the majority of cutting actually takes place prior to importation, not by street dealers.

However, in the following stories, we will see that 'investigative journalism' turns up heroin consisting of ground glass, brick-dust and sand; in one instance a

dealer claims that this is a regular way of selling drugs. We also find that appearances may be deceptive and that journalists perhaps need to develop a more critical eye.

Head in the sand?

The first story, in what is an otherwise well-regarded article in *The Guardian*, reported that heroin, 'so benign in the hands of doctors, becomes highly dangerous when it is cut by black-market dealers - with paracetamol, drain cleaner, sand, sugar, starch, powdered milk, talcum powder, coffee, brick dust, cement dust, gravy powder, face powder or curry powder.'² No corroboration for this statement was provided. Further to this, in a much publicised television documentary for Channel 4 upon which the article was

based, the same journalist told us that they, 'filmed a dealer cutting his heroin with glucose (for bulk), ground paracetamol (for the buzz, I think) and sand (for the colour)³. This surprised us for a number of reasons: most evidence suggests that little cutting is actually done by those who sell on 'the street' and that when it is; the cutting agent is usually a sugar such as glucose or lactose. It would be highly unusual for an 'ordinary' dealer to go to the trouble of adding three different cuts when most dealers don't add any⁴. It would be even more unusual for a dealer at this level to add two cuts of relatively benign and difficult to detect substances such as glucose and paracetamol and to then add sand for colour. Presumably, to obtain the required colour a significant amount of sand would have to be added. Sand is non-soluble and fairly easy to spot. Simply put, sand would be a foolish cutting agent to add, particularly when relative care had apparently been taken with the other two

substances.

Unanswered questions

The impression given by the film is that 'this is what dealers do' but the evidence available from more in-depth research in the UK, replicated in the US and Australia suggests that that is not the case. If this is what this dealer does, he would be unusual even among those dealers that do cut the drugs they sell.⁵ So what is going on here? Enquiries to the journalist as to how the dealer involved was sourced, whether he was paid for his information and whether it was possible that he was simply giving the journalist the information that he appeared to want, went unanswered. Could it perhaps also be that a relatively inexperienced or naive dealer might believe that this is the kind of thing he should be doing? And even though he didn't normally do so, he may not have wanted to be seen on national television to be lacking in street credibility and dealing acumen.

Hidden agendas

It is entirely possible that the real problem here, as is so often the case with certain types of investigations into the drugs world, is that the simplest rule of research hasn't been followed – be critical of your findings and guard against bias (respondents telling you what you want to hear) in your responses. The broader context within which the story sits is perhaps also important. Both *The Guardian* piece and the television programme made a case for the provision of clean, pharmaceutical heroin to street users because most of the dangers accruing from heroin addiction are the result of black market involvement. The point has been made elsewhere⁶ that proponents of harm-reduction and prohibition have uncritically assumed the common existence of dangerous adulteration and both use it to buttress their arguments, but provide no substantial evidence for it. It probably is the case that using pharmaceutically pure drugs of consistent strength would be better for users than buying from the black market, but that doesn't justify exaggerating the risks that pertain there.

Fake heroin

In the second more recent investigation, an *Observer* journalist was despatched to buy street drugs in three urban centres and one 'rural backwater'. Forensic analysis of the drugs obtained, produced the 'shocking' headline.⁷ 'Sweetener, stone and even ground glass were found in the drugs bought around Britain'. With a little further investigation, *The Observer* story in fact reveals the opposite. Nearly all of the samples bought and tested contained relatively 'normal'⁸ levels of purity and few cutting agents.

We subjected each of the samples obtained by *The Observer* as well as two further street samples obtained by the second author, to more rigorous testing to determine their exact composition and diamorphine content

(see table). The Cardiff sample that was said to contain the stone and ground glass was clearly a fake sale. Importantly, it does not even vaguely resemble heroin (see pictures above) – no attempt had been made for it to do so. By and large, dealers have fairly regular clientele, even those on the 'front-line', and usually want users to return to them if possible.

All dealers would like a reputation for dealing good drugs. Admittedly, some may care more than others, but no dealer lasts long by selling poor quality (never mind fake) drugs all the time. Fake drugs are likely to be sold under two primary circumstances: if the dealer is desperate to make a deal and ready to disappear afterwards, or more commonly if they think the individual is in some way not genuine, such as an inexperienced user who makes them suspicious (showing insufficient levels of being 'street'), or someone like a *journalist*?

In this article, the journalist actually spells out how he had to learn to look like a genuine buyer. The fake heroin he bought was his first foray into obtaining drugs. One dealer interviewed recently in Sydney, Australia declared that he did (very rarely) sell fakes but didn't bother to make them look realistic, 'what's the point' he declared, 'you don't want anyone to hurt themselves'. Most users have regular dealers and as such regular clientele are very unlikely to be sold fake drugs. Whichever way you look at it fake-sales will not be a common experience to the average user if indeed they ever experience it. The experience of an investigative reporter however may well differ.

Quartz not glass

All the other heroin buys tested broadly confirmed what the existing evidence about cutting suggests, although the purity of most of them was at the low end of the average range. What of the fake heroin though? There was a great deal less mileage in that

than was reported. The forensic scientist who tested the drugs, Jim Campbell of SureScreen, had actually written 'quartz' not glass – the *Observer* changed the definition to suit their strident headline, perhaps believing that they were simply confirming a 'well known fact'. Quartz is the commonest mineral on the planet. Pick up a handful of dirt, small stones, dust and the chances are very high that quartz will be found. This fake is not the result of some psychotic grinding down glass to cut drugs with, it is someone picking up some dirt from the floor and using that as a fake. On detailed analysis, the heroin content of this sample was less than 0.01%.

What we find then is that these investigations have only served to obfuscate the issues. Academic research is usually subject to peer review where the methods and assumptions of the research are questioned. The well-publicised investigations outlined above, question research without referring to it, appear to break many of the golden rules of research proper and fail to recognise their own shortcomings. Did these journalists merely report what they set out to find? We suspect so.

Grateful thanks to Jim Campbell of SureScreen Diagnostics Ltd for his invaluable help in testing the heroin samples, and to *The Observer* newspaper for allowing us to retest their samples.

Analysis of test street heroin purchases

Source	% Diamorphine content
Cardiff*	0.01
Dorset	37.03
Liverpool	24.80
Edinburgh*	24.56
Bristol*	21.67

*Sample obtained by *Observer* reporter.

Note 1: the purity levels reported here are substantially different to those reported on the same samples in the *Observer*. This is because we subjected the samples to much more rigorous testing.

Note 2: 'brown' heroin only contains around 70% diamorphine when 'pure'. 70% purity does not infer 30% cutting agents. Degradation and/or other opiate alkaloids may easily account for the rest.

Note 3: these are one-off test purchases and as such, cannot be taken as representative of average purity in the above areas.

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1 Coomber, R. (1999) 'Cutting the crap: The reality of drug adulteration', *Druglink*, July/August, Vol 14, Issue 4, pp. 19-21

2 *The Guardian* (2001) 'Special report – drugs in Britain: make heroin legal', Thursday, June 14.

3 Personal communication

4 For example see Coomber, R. (1997) 'The adulteration of drugs: what dealers do, what dealers think', *Addiction Research*, Vol 5, No. 4, pp. 297-306

5 See 1 and 3 above as well as Coomber, R. (1997) 'Dangerous drug adulteration – an international survey of drug dealers using the internet and the world wide web (WWW)', *International Journal of Drug Policy*, Vol 8, No. 2, pp. 18-28; and, Coomber, R. (1997) 'How often does the adulteration/dilution of heroin actually occur: an analysis of 228 'street' samples across the UK (1995-1996) and discussion of monitoring policy', *International Journal of Drug Policy*, Vol 8, No. 4, pp. 178-186

6 Coomber, R. (1997) 'Vim in the veins – fantasy or fact: the adulteration of illicit drugs', *Addiction Research*, Vol 5, No. 3, pp. 193-212

7 *The Observer* (2002) 'Drugstore Britain: How easy is it to 'score' in Britain today?', Sunday, April 21.

8 *Hansard* 21 Apr 1999: Column: 581.