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A controversial service in Wales that analyses people's drugs has been dismissed by some as a naive mistake. But **Mike Powers** argues that it could be a vital new weapon in harm reduction's arsenal.

'Calling all coke dealers: Welsh government will test your Class A drugs for FREE!'

So frothed the *Daily Express* in February, in a mainly fact-free news story that tried to present the Welsh-government funded Wedinos programme, one of the UK's most innovative harm reduction schemes, as a free drug-testing service for drug dealers.

It's true that Wedinos (Welsh Emerging Drugs and Identification of Novel Substances) will test any drug for anyone, and then post the results online – as the *Express's* lawyers will have checked before publishing. But the truth about what Wedinos does, why it does it and what impacts it will have on drug use in the UK are a world away from the tabloid's distortions.

Users can send samples by post to the Wedinos laboratory in Cardiff, where they undergo tests including gas chromatography-mass spectrometry (GCMS), and nuclear magnetic resonance spectroscopy (NMR). Substance misuse services, nightclubs, pharmacists,

youth clubs, bars, local authorities, the ambulance service and the police are also authorised to send in samples. The Wedinos site's harm reduction section counsels users to dose low, not to redose, and to follow standard safe practice around drug use.

The qualitative, not quantitative test results are then posted online, identified only by a reference number. Over 395 samples have been analysed and published. Over 100 different compounds have been identified and there are currently only three unidentified items outstanding, says Alun Hutchings, of Cardiff Toxicology Laboratories at University Hospital Llandough.

Dozens of different drug categories have been submitted, from banned cathinones and other stimulants and synthetic cannabinoids, to steroids used by bodybuilders, cocaine and heroin. The project's aim is to give information to users who would otherwise be consuming drugs without any idea of their contents, and to help them avoid harm.

Andrew Westwell, who analyses the few samples that can't be identified, says. "There's an awful lot of stuff people are taking and they don't know what it is. There's no data. We have a rigorous, scientific and analytical approach to identify what substances people are using. We are providing quality information that is not currently there."

"This is simply pragmatic harm reduction information," agrees project lead Josie Smith. "It's no good academics knowing what's going on. Users need to know, too."

'Blodwyn' is the online handle for a man who runs a web forum dedicated to the discussion of novel psychoactive substances (NPS). His site has 3,500 registered users and around 300 active daily posters. There are around 1,000 daily 'lurkers' who visit to read content but do not participate in the debate. He says that Wedinos is "a huge move forward for people" and that it makes the use of NPS "much safer".

"Wedinos has been incredibly favourably received as it offers so much

transparency for people using NPS,” he says. “It’s also going to mean that people will be able to challenge unregulated vendors’ claims regarding chemicals. It’s also a great service if someone suffers a bad reaction – they can get the substance tested and find out exactly what it is.”

Last month, the forum sent some pills one of its members had bought online which claimed to contain only legal compounds. Wedinos found the pills contained 5-MEO-DALT, a hallucinogenic tryptamine, along with methiopropamine – a methamphetamine analogue – and alpha-PBP, a class B, banned cathinone stimulant.

“Educating people not to accept these ‘branded’ pills and powders is a key message that we want to send out to as many people as possible,” says Blodwyn.

The Wedinos system (the name is also a portmanteau of the Welsh words *wedi* and *nos*, meaning ‘after dark’) has roots that go back to the emergence of methylene (an MDMA analogue) in 2005 and mephedrone (a substituted methcathinone) in 2007 in Australia. Neither drug had ever been seen on the international recreational drug markets, but they were identified by a group of medics and harm reduction practitioners that included Dr David Caldicott. Their arrival heralded the international arrival of NPS, aka ‘legal highs’.

Wedinos was named, conceived and established in late 2010 by Caldicott, who at the time was working at Nevill Hall Emergency Department in Abergavenny, South Wales. He collaborated with Alun Hutchings of Cardiff Toxicology Laboratories at University Hospital Llandough, and Andrew Westwell of the School of Pharmacy and Pharmaceutical Sciences at Cardiff University to create a pioneering service that would allow drug users, for the first time ever, to know exactly what their drugs contained.

Caldicott had worked in Australia, and was part of a team that first identified mephedrone in 2007. “We demonstrated proof-of-concept when we described mephedrone. We showed that a hospital setting could be used to identify illegal drugs. The system and mechanism was designed at that time, “but the government at the time had this right-wing approach, one of complete intolerance. We had the system set up and ready to go. We just needed somewhere to locate it,” he tells me.

Caldicott is still a Wedinos board member, though he has now returned to Australia, where he works as an

emergency consultant at Calvary Hospital, Canberra. He says he was concerned at the increase in emergency presentations of drug users who had experienced harm after consuming NPS. With no way of analysing the drugs on-site, he sought the expert help of Hutchings and Westwell.

“In 2009, I moved back to the UK, to Abergavenny. It’s not the drugs capital of the UK, but we were seeing some very weird things coming through, and I was pretty stunned,” he says. So stunned, he revived his Australian drug analysis project and looked for funding and backers.

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Today, the group is funded by the Public Health Wales at a cost of around £100,000 a year, with initial setup costs in 2011 of £300,000, which was required to buy machinery.

The service has faced ethical, legal and practical challenges. Police advice was instrumental, says Smith, in arranging ways to transport possibly illegal drugs from one place to another. “We had to prove there was a rigorous chain of custody. Any system we set up had to contain a mechanism whereby there was proof of transport from A to B to C, with C being the lab and then to a safe and secure place for destruction.”

The ethical dimension of supplying individuals with information regarding their drugs’ authenticity was obviously a concern, says Smith but she points out the limits and boundaries the site operates within: “As has always been the case, each individual is ultimately responsible for their own safety. We cannot be responsible for every person who decides to use drugs. People will take drugs regardless of the law. What this does is tell you what the hell you are taking.”

Now, anyone can send in any drug whatsoever and find out what it is – a

move that Caldicott says has laid the project open to attack by conservative thinkers.

Shadow Welsh health minister, Tory Darren Miller, told journalists in February: “This free service is not just testing recreational highs, but illegal and dangerous drugs including heroin, cocaine and crack, and gives advice on snorting and injecting substances.

“While the service may have been set up with the best of intentions, it is obviously open to abuse by dangerous criminals peddling harmful substances in order to fund other crime. It even includes advice on how to snort, inject and smoke those substances. I think it’s quite clear that the Welsh Labour government have given up the fight against drugs.”

“We don’t provide purity information,” says Westwell, neutering in just five words Miller’s claim that the data is of any use to dealers. “It is ridiculous to say it’s for drug dealers to identify the quality of the drugs they are dealing as we give no information on purity. We simply tell you what is in that sample. It’s about allowing users to make informed choices.

Caldicott rejects Miller’s right to even join the debate, much less influence policy. “Why does anyone ever listen to what politicians have to say about drugs policy?” he says. “They are either uninformed or out of touch with the culture, or the toxicology, or the socio-criminal aspects, or they are informed, and allow their political prejudices to determine their public utterances.

So how will the project measure its success? Smith says she wants to see a reduction in visits to A&E, along with reductions in arrests and fewer mental health problems. A user feedback component is also underway, with changes in users’ behaviour documented and analysed. Westwell and Hutchings say the volume of materials tested and results published will be trends to monitor, while users are already delighted with the service.

“Before Wedinos, the only information offered was by dealers – and that is often no information at all,” says Smith. “We have put control and information into the hands of those people who are already determined to use or are considering using drugs.”

■ **Mike Power** is a freelance journalist and author of *Drugs 2.0: The web revolution that’s changing how the world gets high*.