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FEATURE

Testing of illicit drugs in the Netherlands could be a model for the UK

As the UK Home Office issues its first licence for a pill testing scheme based in Weston-super-Mare, **Tony Sheldon** considers two decades of Dutch experience in offering such services, which aim to reduce harm among people who take illegal drugs

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Nearly five years ago Daan van der Gouwe, a drug researcher at the Dutch Institute of Mental Health and Addiction (Trimbos), received laboratory test results on a "Pink Superman" ecstasy tablet that had been submitted for testing by an anonymous drug user.[1]

The tablet contained no MDMA (3,4 methylenedioxymethamphetamine). Instead, it held a lethal dose (173 mg) of *para*-methoxy-N-methylamphetamine (PMMA). Van der Gouwe remembers it well: it was Thursday 18 December 2014, and tourists were about to descend on Amsterdam for the holidays.

One sample is not normally enough to recommend a red alert by the Ministry of Health, but the risk was too great. "We already had intelligence of a very large batch with the same composition elsewhere," says Van der Gouwe. A mass media campaign with the message "Please don't take this tablet" went out to television and radio stations, newspapers, the internet, and mobile phones.

No incidents of illness or death were related to the fake ecstasy in the Netherlands. But in the UK, where no testing was available, several people died after taking these tablets over the next two weeks.

In what has now become standard public health practice in some parts of the world, people who use illegal drugs can bring samples of drugs—mostly ecstasy, cocaine, amphetamines, or ketamine—to a network of local government funded testing services, without fear of prosecution. The drugs can be checked for their content, contaminants, and strength. This offers a window on to a hard-to-reach client group, providing an opportunity to advise users on harm reduction or to refer them for treatment.

A small scale UK import

This practice is now gaining a foothold in the UK, which currently has one of the highest rates of drug deaths in Europe (see table). In the English provincial town of Weston-super-Mare, the drug charity Addaction recently ran a one month pilot using a similar model to the Dutch one, checking samples through established drug prevention services and offering consultation with drug counsellors. Addaction received the first such licence granted by the Home Office.

The Loop, a non-profit company, has been testing drugs on site at UK summer music festivals since 2016 and ran a pop-up centre in Bristol for a year with the support of the police and local authorities. In Wales, the Welsh Emerging Drugs and Identification of Novel Substances (WEDINOS) project, which receives funding from the Welsh Government, has studied as many as 1600 samples a year sent anonymously by post since 2012.

A Welsh Government spokesman said, "This groundbreaking project provides real time data and harm reduction information about new and emerging substances circulating across Wales." Meanwhile, several UK universities are already providing drug testing kits to students or are planning to do so soon, free or at low cost.

Drug testing in the Netherlands dates back to 1980s dance culture, when people set up simple and semi-legal testing at parties and raves, under the banner "Just Say Know." Testing was formalised in 1992, when the Netherlands Drugs Information and Monitoring System (DIMS) was launched to help monitor the drug market and reduce the harms associated with drug use.

In 1999 DIMS, amid questions about its legality, agreed to protocols with the Ministry of Health to test drugs, train staff, develop standards, and issue alerts in return for funding through the ministry.

The story today

Today, although the possession of hard drugs such as ecstasy remains illegal, the Dutch Ministry of Health supports DIMS, stating that "we find it important" that people who choose to take drugs are well informed about their content. DIMS was the

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first, but today 12 other drug testing services operate around Europe, including in France, Spain, and Switzerland.

DIMS itself deals with 12 000 samples each year through a national network of 12 drug prevention organisations and 31 drug prevention sites and street clinics.[2] Staff at the testing sites check the physical characteristics of tablets such as their diameter, thickness, colour, and logo, and they do a chemical analysis to see whether it matches drugs in their database. If they find no match, or if the chemical analysis suggests that the pill contains something else, they send it to DIMS for further testing. The results can normally be given by phone after a week.

Powders, capsules, and fluids can also be tested—as can heroin, but the clinics get very few samples. They don't test cannabis, mushrooms, or "smartshop" products (psychoactive substances and paraphernalia). If the results are deemed to be a direct threat to public health a regional or national alert is raised, such as in 2014.

Several months before the "Pink Superman" incident in the Netherlands an alert had been raised after the deaths of British tourists in Amsterdam from white heroin mis-sold as cocaine by a street dealer. This alert targeted tourists through the internet, and people attending the Amsterdam Dance Event received mobile phone messages through the event's app. Large signs with warnings in English were displayed at popular tourist sites.

"It was a very hard time for us, with new tourists every week arriving on Thursday and leaving on a Sunday," says Floor van Bakkum, prevention manager at Amsterdam's Jellinek addiction care clinic. "We had to keep the message up for several weeks until the dealer was caught."

A part of everyday life

Today the clinic is just a normal part of the urban community, with its flats, schools, and offices, and is close to Amsterdam's famous Vondelpark. Van Bakkum says that no concerns have been raised by local residents throughout Jellinek's 27 years in the neighbourhood. On three evenings a week it runs testing clinics, where Van Bakkum aims to build trust and awareness through word of mouth among drug users.

"They get information from us and tell us information in return," she explains. "They understand this is an important system which protects their health. It means we have a very good idea of what is on the market [and] what are the doses, and we can be alert to the dangers."

Staff tell clients not to take the whole pill at once, for example, and to eat something beforehand. "If they are young, first timers, then it's a different conversation," says Van Bakkum. Staff may ask whether first timers are simply responding to peer pressure and may suggest that "perhaps this is not such a good idea."

People using the service are surveyed regularly, and the comments are overwhelmingly positive. "I was a bit tense coming here, but it turned out all right," said one client. Another said, "I didn't expect it, but I actually learnt something new." And a third client remarked, "What a good service, good information and counselling—honest and open."

Being able to reach people who otherwise may worry that asking for help could lead to criminal action is valuable from a public health perspective. Laura Smit-Rigter, DIMS national coordinator, says, "We can exchange information on a very large scale, from more than 30 locations. We have an idea of what is going on in the whole country."

Van der Gouwe says that 27 years of DIMS has lifted drug testing—"checking," as he calls it—from a "dodgy, semi-legal activity" to a proper "scientific monitoring service." He adds, "It is difficult to say we have saved lives, but I believe we have contributed to a large group of people taking drugs in a more sensible and safe way."

DIMS emphasises that it never says that taking drugs is safe. However, given that some people will still take them, Van der Gouwe believes that "drug checking is an essential tool for reducing harm."

Critics of this approach, such as David Raynes of the UK's National Drug Prevention Alliance, which opposes testing and the legalisation of cannabis, was quoted recently in the *Telegraph* arguing that testing normalises drug taking, creating a false sense of security.[3] Research, however, has not shown evidence that drug prevalence has increased more in European countries with testing than in those without.[4,5]

Going forward

In the UK, Addaction's unique pilot ended on 15 March with little opposition from neighbours. "We were very well received because we were already part of an established drug treatment service," says its pharmacy director, Roz Gittins. People using drugs brought samples that were laboratory tested for their likely content, with results ready in 10 minutes. In return the user filled in a questionnaire and received advice on how to reduce the danger of harms, such as not mixing drugs and not taking them with alcohol. Gittins says, "We can offer harm reduction advice, get people using drugs assessed and straight into treatment services."

A report assessing the pilot's success is due in May. Gittins hopes to seek funding to open more testing sites elsewhere in the UK, and its Home Office licence lasts for a year. The Home Office states that "a licence was issued (to Addaction) so approved research could be undertaken" (email communication, 2019), while government policy remains "to prevent illicit drug use in our communities."

Chris Ford, clinical director of International Doctors for Healthier Drug Policies and for 30 years a London GP, argues that the existing evidence in the UK and internationally suggests that testing policies don't encourage drug use but do reduce drug related harms, such as those from contaminants, and that they save lives by reducing overdoses.[6,7] She believes that drug testing is a very useful strategy for harm reduction which, if introduced in the UK, would "categorically save lives."

"What the Loop has shown [through testing at UK festivals and events] is that people do not want to take something dangerous," she says. "If people are going to consume illicit drugs it can only be a good thing for them to know exactly what and how much they are taking.

"As a doctor I practise evidence based medicine, and this is a no-brainer."

Competing interests: I have read and understood BMJ policy on declaration of interests and have no relevant interests to declare.

Provenance and peer review: Commissioned; not externally peer reviewed.

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Table

Table 1| Selected National Data on Drug Induced Deaths (from European Drug Report 2018: Trends and Developments[8])

	Drug induced deaths (aged 15-64)	HIV diagnoses related to injecting drug use (ECDC)	Injecting drug use estimate		Syringes distributed through specialised programmes
Country	Cases per million population (count)	Cases per million population (count)	Year of estimate	Cases per 1000 population	Count
Bulgaria	4 (21)	3.1 (22)	—	—	214 865
Estonia	132 (113)	22.8 (30)	—	—	2 070 169
France*	7 (291)	0.7 (49)	2015	2.1-3.8	12 314 781
Germany	24 (1274)	1.5 (127)	—	—	—
Ireland	70 (215)	4.4 (21)	—	—	393 275
Italy	7 (263)	1.6 (96)	—	—	—
Netherlands	19 (209)	0.1 (1)	2015	0.07-0.09	—
Portugal	4 (26)	2.9 (30)	2015	1.0-4.5	1 350 258
Spain†	13 (390)	2.4 (113)	2015	0.2-0.5	1 435 882
Sweden	88 (543)	2.6 (26)	—	—	386 953
United Kingdom‡	70 (2942)	1.6 (107)	2004-11	2.9-3.2	—
European Union	22.4 (7443)	2.0 (1027)	—	—	—

ECDC—European Centre for Disease Prevention and Control.

Caution is required when comparing drug induced death statistics owing to issues of coding, coverage, and under-reporting in some countries.

* Syringes distributed through specialised programmes refer to 2014.

† Syringes distributed through specialised programmes refer to 2015.

‡ UK syringe data: England, no data; Scotland 4 742 060 and Wales 3 100 009 (both in 2016); Northern Ireland 309 570 (2015).

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