

ALL THE DOPE THAT'S FIT TO PRINT?

Recent warnings about strong heroin raises concerns about impact. By **Harry Shapiro**

In October, the newly-formed National Crime Agency (NCA) published an intelligence assessment which revealed that high purity heroin was available in certain parts of the UK. Samples from police seizures above 25 grams revealed a UK mean percentage rise, from 13% in July 2012 to a peak of 49% in March 2013. It dropped to around 39% in June, but was still three times the figure from the previous July. The figures for seizures under 25 grams showed much wider variations – anything from 1% to 70%, with equally diverse regional variations. However, the fact that samples from the West Midlands appeared higher on average (at 50%) than say Greater Manchester (at 20%) might be explained by the fact that only two samples were tested in the West Midlands, compared to 172 in Greater Manchester. This general increase in purity was underlined by an apparent increase in heroin overdose fatalities and near fatalities in Oxford, Manchester and Carlisle.

The natural public health response in these instances is to issue a warning about the increased strength of heroin in circulation. It is unrealistic to expect users just to stop using heroin, but they might use less, maybe switch to smoking, tell their peers, or even take the opportunity to present to services. But what is the evidence for positive outcomes – and could there even be negative consequences?

There has been little research conducted on the impact of public health warnings around strong heroin, but that which exists paints a somewhat dispiriting picture in respect of behaviour change. Peter Miller, in Australia, interviewed 60 injecting drug users (IDU) following a health warning about strong heroin; none had communicated

the warning to peers, neither had they changed injecting practices or reduced amounts used. Some had even gone looking for the stronger heroin, which is a highly significant unintended consequence of publicity.

In 2011, and two weeks after a warning was issued in Vancouver, Thomas Kerr and colleagues conducted 18 in-depth qualitative interviews with IDU. Overall, the warning had little impact on behaviour. Instead, it prompted discussion among users about heroin quality, rather than concerns about risk. That heroin dealers tended to exaggerate the strength of their product led to increased scepticism about purity levels. As well as actively seeking out strong heroin for their own use, some saw the advantages of acquiring a product that they themselves could sell on. And generally, quoting another study, the authors suggested that attempts at risk reduction, by encouraging behaviour change through public messaging, reflects a fundamental misunderstanding of the drug user as 'capable of rational decision-making and self-regulation in keeping with risk-avoidance campaigns'.

Looking at the issue from another perspective, Shane Darke and colleagues tried to match fluctuations in heroin purity with fatal heroin overdoses in south western Sydney, Australia over a two year period. It is a commonplace understanding among users, the public and the media that most, if not all, heroin overdoses and fatalities are caused solely by unexpected high purity heroin (or sometimes 'contaminated' batches). Little consideration is given to other factors such as reduced tolerance, especially among those recently released from prison, or a combination of substances, in particular alcohol and

tranquillisers. The Australian researchers examined 322 heroin samples between February 1993 and January 1995 during which time a total of 61 overdose deaths occurred in the same region. Perhaps not surprisingly, the researchers did find some correlation between heroin purity and fatalities, but classed the correlation as only 'moderate', citing also the presence of alcohol in a third of cases (at an average level of three times the legal driving limit) while a third of cases also revealed the presence of benzodiazepines at autopsy.

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So are heroin warnings a waste of time? It may well be helpful for workers to be aware of high grade heroin in their area, so that they can decide the most appropriate response with the groups of clients they work with. An appropriate response might be to ensure additional supplies of naloxone are made available where such action is currently possible in the UK. It is also important that the monitoring of heroin deaths is continued and publicised. This is important for public health monitoring, but could be under threat as the Office for National Statistics is currently considering an end to the collection of non-statutory statistics, including drug mortality data.