


Solved

Heroin users helped trace the source of a mysterious spate of deaths by the grapevine

by

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THIS IS THE STORY of how an unusual cooperative exercise between statutory agencies and heroin users helped trace the cause of a mysterious spate of deaths. It started in April 1992 when accident and emergency staff at the Royal Sussex Hospital observed a sixfold increase in the number of heroin-related overdoses.

At least three of these were associated with the rare gluteal compartment syndrome – a potentially lethal condition caused by an unconscious person lying in a position that leads to serious nerve damage.¹ At the same time the local coroner's office received independent notification of three heroin overdose deaths from the same area.

Simultaneously the Drug Advice and Information Service (DAIS), the Brighton-based street agency, was being told by its needle exchange clients that other overdoses were being handled by peer user care rather than by the casualty being sent to hospital. Some of these also had mild symptoms of the gluteal compartment syndrome.

Unlike reports from other areas, none of the overdoses were linked to the concurrent use of drugs such as alcohol, temazepam, or buprenorphine.²

Concern increased as it became clear that the overdoses and deaths involved long-term heroin users, not inexperienced novices or people returning to heroin after a period of abstinence. Both groups would have a low tolerance level, making them prone to overdoses. As one user put it, "all these people had been around smack for a long time and knew what they were doing".

The users of the syringe exchange felt that the problems were due to a harmful

cutting agent such as strychnine, though this theory did not square with the outcome of injecting the suspect material.

Agencies observed that the problems were confined to heroin users in a very small area who knew each other and shared regular suppliers, suggesting a single source for the suspect material.

The street agency advised users that it could not recommend specific risk reduction strategies without having a genuine sample of the drug for analysis. Sussex Police saw the problem in a 'public health' rather than an 'enforcement' context and

**Police were willing to
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of the suspect material**

were willing to arrange rapid analysis of any sample provided confidentially through DAIS.

Within 24 hours a wrap of the suspect heroin was delivered to the agency. Intravenous injection of half this sample (purchased as a £10 bag) had produced an overdose in a long-term heroin user – "a real bluey," was an eye witness's graphic description.

The half-used wrap contained just over 200mg of a light tan coloured powder. Speedy analysis by the forensic laboratories at Aldermaston showed it was 74.6 per cent pure heroin and contained no harmful adulterants.

An average £10 bag from the area

usually contained 100mg of a mixture of heroin cut to a purity of 20-35 per cent; the average heroin content was 20-35mg. Suspect bags contained eight to 15 times this quantity – more than enough to cause the overdoses, complications and deaths reported! The problems had no connection with adulterants – they were entirely due to a simple and highly unusual case of heroin being sold much too strong and much too cheap!

This information spread rapidly through the heroin using community via peer group leaders who used the syringe exchange scheme. Effective and immediate risk reduction was the result. No more deaths, complications or overdoses associated with this material were reported by any agency.

Piecing together information from several different sources produced a plausible explanation for the overdose epidemic. Unnoticed by his employer, a drug wholesaler's courier (not himself a heroin user) had skimmed off a few ounces of heroin from a consignment in his care. Unaware that this was 'uncut' heroin of a strength not normally dealt on the street, he bagged it for a quick sale, placing what he naively believed to be a reasonable quantity in each bag.

He sold most of the material from one of two locations almost in the centre of the overdose area. Knowledge of this new heroin outlet passed by word of mouth within a small peer group of users – hence the close geographical proximity of both the overdoses and the deaths.

Survival in the covert world of the heroin user relies on an efficient information network.^{3,4} Previously this network has been harnessed for the effective spread of risk reduction HIV messages.⁵ It has now proved its value in coping with an epidemic of heroin overdoses. If the UK political climate is ready for it, making the analysis results of 'suspect' material available to drug users could be a cheap and efficient way of spreading relevant and topical risk reduction messages. ■

1. Perez-Avila. In press, 1993.

2. "Drug user deaths up ten fold in Glasgow". *Druglink*: 1992, 7(2), p.7.

3. Fraser A. et al. "Changing trends in drug use: an initial follow-up of a local heroin using community." *British Journal of Addiction*: 1988, 83, p.655-663.

4. Fraser A. et al. "Changing trends in drug use: a second follow-up of a local heroin using community." *British Journal of Addiction*: 1989, 84, p.1416-1426.

5. Fraser A. "Wraps against AIDS." *Druglink*: 1988, 3(4), p.13.