



# Challenging Dependency

## DRUG ALERTS FROM THE CDP WEB SITE

<http://www.challengingdependency.co.uk/>

These are Alerts that were previously listed on the CDP Web Site and are over three months old. The information in these Alerts may still be valid and are listed here only to save space on the main web pages.

**12 February 2010**

### **Anthrax Update (see 9 Feb and 11 Jan Alerts, below)**

The Health Protection Agency (HPA) confirmed yesterday that the death of an injecting heroin user (IDU) in Blackpool was the result of anthrax. This is the second case of anthrax seen in an injecting drug user in England this month. Since December 2009, there have been twenty one anthrax cases, including nine deaths, among both heroin injectors and smokers in Scotland. Similarities to the cases in Scotland and another death in Germany suggest that the heroin, or a contaminated cutting agent mixed with the heroin, is the likely source of anthrax infection among English IDUs.

It is now important that all heroin users, and professionals working with heroin users across England, are familiar with the HPA's advice about the risks and symptoms of anthrax, and the importance of seeking urgent medical and drug treatment if a person is thought to be at risk from anthrax.

Please download this leaflet regarding Anthrax. **If you would like a copy of this Leaflet, please contact CDP. Click on Contact Us on the web site banner.**

**9 February 2010**

### **Anthrax Update (see 11 January Alert, below)**

Following the recent outbreak of anthrax amongst 19 Scottish heroin users of whom 9 have died, there has now been one confirmed in an injecting drug user (IDU) in London. Investigations are continuing into the cause of these cases and into any heroin supply routes that may be affected.

Healthcare Professionals

This communication alerts healthcare professionals to the possibility of anthrax infection in IDUs presenting with severe soft tissue infections or sepsis, and the local microbiologist should be contacted for advice on management and investigation of any possible cases who present at their GP or A&E. Other services dealing with drug misusers should refer them to an A&E department or to a GP for urgent assessment and management. It is stressed that person to person infection is extremely rare. Any cases of severe soft tissue infection or sepsis in an IDU patient who has died or has been sufficiently unwell to require admission to hospital should be reported to the local Health Protection Unit.

There are algorithms for the clinical evaluation and management of drug users with possible anthrax infections, and advice for drug users at risk, on the Health Protection Agency (HPA) website .

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**11 January 2010**

**Further Anthrax Cases Confirmed**

Two additional cases of anthrax, one of whom has died, have been confirmed in drug users in Scotland, bringing the total number of confirmed cases in this outbreak to fourteen. The number of deaths is now at seven. [See story below]

One of the latest confirmed cases occurred in the NHS Fife area, marking a further geographical spread of the cases. The confirmed case who died was in the NHS Tayside area.

Details of the case breakdown by NHS board are given below. In the event of any further confirmed cases or deaths associated with this outbreak, HPS will update figures on our website ([www.hps.scot.nhs.uk/anthrax/](http://www.hps.scot.nhs.uk/anthrax/)) and will not issue press releases as standard.

One avenue which continues to be investigated is that contaminated heroin or a contaminated cutting agent mixed with the heroin may be responsible for the infections. While heroin users do need to be alert, the risk to the general public is very low. It is extremely rare for anthrax to be passed from person to person and there is no evidence of a significant risk of airborne transmission associated with the current situation.

Dr Colin Ramsay, Consultant Epidemiologist at Health Protection Scotland, said:“Cases of anthrax infection have now been confirmed in five health board areas across Scotland, indicating that heroin users all across the country need to be aware of the risks of a potentially contaminated supply. I would urge all users to stop using heroin immediately and contact local drug support services for help in stopping. If any heroin users do notice signs of infection, for example marked redness and swelling around an injection site or other signs of serious infection such as a high fever, they should seek urgent medical advice.”

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**17 December 2009**

**Heroin contaminated with Anthrax**

**POSSIBLE CONTAMINATED HEROIN AT RISK OF CAUSING ANTHRAX IN INJECTING DRUG USERS**

The Department of Health has been alerted to two confirmed cases of anthrax in heroin injecting drug users (IDUs) in the Greater Glasgow and Clyde area of Scotland. One of these cases has sadly died. There is a small number of additional suspected cases currently being investigated.

Initial investigations suggest that the most likely cause of these cases is a contaminated batch of heroin.

We therefore wish to alert you to the possibility of anthrax infection in injecting drug users presenting with severe soft tissue infections or sepsis. For patients who are injecting drug users who present with these symptoms, please contact your local microbiologist for advice on management and investigation.

Drug Workers: Please notify any cases of severe soft tissue infection or sepsis in an injecting drug user, who has died or has been sufficiently unwell to require admission to hospital, to your local Health Protection Unit.

Injecting Users: If you develop severe soft tissue infection, then you must consult your doctor or go to hospital immediately.

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**8 July 2009**

**Heroin Concern**

Over the course of the last two days, three clients from East Hull have reported their concerns over the quality of Heroin that they have purchased.

Apparently the Heroin cooks up and “sizzles” quickly and the clients are reporting to be suffering headaches and blurred vision lasting up to two hours after their hit. These clients are established users, but are concerned that people with less experience may be more at risk.

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**19 May 2009**

**Blue Benzos**

One user has reported that when buying the illicit blue Benzodiazapines (10mg Mano), the bags are mixed with blue warfarin tablets, which are a 3mg tablet. They

are apparently very similar looking. As you may be aware, this drug is an anticoagulant (blood thinning) drug and could potentially cause harm to any users, especially those injecting.

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**9 March 2009**

### **Contaminated Heroin**

This is a very serious warning about Heroin that has probably been contaminated with the potentially lethal form of botulism. This can cause very serious wound infections and, in some cases, death.

Further general information on wound botulism among injecting drug users can be found on the HPA website: [www.hpa.org.uk/webw/HPAweb&HPAwebStandard/HPAweb\\_C/1195733795383?p=1191942152230](http://www.hpa.org.uk/webw/HPAweb&HPAwebStandard/HPAweb_C/1195733795383?p=1191942152230)

If you inject, please also look at our advice on risk reduction, below. The full alert, published by the NTA, is as follows:

The Health Protection Agency (HPA) has advised the Department of Health that in the week between 22/02/09 and 02/03/09, five heroin injecting drug users (IDUs) (four males and one female) have been reported to the Health Protection Agency Centre for Infections (HPA CfI), from London, East of England and the South East with clinically diagnosed wound botulism.

Laboratory confirmation of *Clostridium botulinum* Type B has been reported in three of the cases, two males aged 30 and 45 years old and a female aged 35 years. *C. botulinum* Type A has been laboratory confirmed in one case - a male aged 38 years old reported to the HPA CfI on 11/01/09. These cases raise the possibility that a batch of heroin is contaminated with the anaerobic bacterium *clostridium botulinum*.

The HPA has also advised that there has also been a laboratory confirmed case (reported on 26/02/09) of, *Clostridium novyi* Type A in a Berkshire resident admitted to Hospital on 30/01/2009 with a perineal abscess who later died on 01/02/2009. This individual was injecting heroin into the perineum.

In IDUs, *C.novyi* and wound botulism result from common problems to do with what they inject and how they inject it. Specifically the use of contaminated heroin, skin popping (injecting into muscle) and heroin that requires the use of more citric acid than usual to dissolve it. All these factors increase the risks of anaerobic growth.

Taken together, the cluster of wound botulism cases in one week and the *C.novyi* case are of significance and suggest that IDUs are at potentially increased risk of bacterial infection from a possibly contaminated batch of heroin that is in circulation.

Botulinum antitoxin is effective in reducing the severity of symptoms if administered early in the course of the disease. *C. botulinum* is sensitive to benzyl penicillin and metronidazole. In cases of wound infection, antimicrobial therapy and surgical debridement should reduce the organism load and therefore toxin production, but circulating toxin can only be neutralised by the early administration of antitoxin. The HPA has advised that where there is definite clinical suspicion of botulism, treatment with antitoxin should not be delayed for microbiological testing.

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**6 January 2009**

**Contaminated Heroin**

Last November, there were reports of contaminated heroin in the Swindon area. Further information has come into Citysafe that this heroin has now appeared in Sheffield. The following is a report from a Sheffield drugs worker:

*I've had 2 clients (Turning Point) in since we re-opened yesterday informing me about some heroin that has a bitter taste, is dark brown when injected. My clients have reported symptoms of memory loss of up to 24 hours & aggression (swearing; abusive behaviour). The client I had in earlier today was unsteady on his feet and his eyes are still pinned - he has not used since yesterday, which is causing me great concern as it is staying in the system for longer, which is increasing the risk of OD. I have also had another client into the NX who has had the same heroin and he too cannot remember anything. He also stated that he believes that it is coming from Barnsley and that the affects are the same when it is smoked on the foil.*

This information is being published for your awareness. If you hear of anything similar in Hull, please can you let CDP know?

**This heroin is potentially very dangerous**

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**12 September 2008**

**Heroin contaminated with Barbiturates**

It is believed that there is some heroin in circulation that is contaminated with barbiturates. The dealers are thought to be from Liverpool and dealing in the Beverley Road area of Hull.

Heroin users, particularly those in the Beverley Road area, must be aware of this danger.

This heroin is likely to increase risk of overdose

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**2 May 2008**

**DRUG WARNING: DIAZEPAM**

There are Diazepam tablets in circulation which have an increased risk of overdose, particularly if mixed with alcohol or heroin.

The tablets are being sold loose, rather than in strips, and are either yellow or blue.

The yellow tablets are round, have no writing on them and are being sold for 25 pence.

The blue tablets have 'Mano' and '10' written on one side and 'D' and '10' on the other, and are being sold for £1.

**Please be aware of the dangers of overdose**

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**26 February 2008**

It has been reported in the Grimsby Telegraph that 9 people have died, in the last nine weeks, possibly in connection with contaminated heroin.

According to Humberside Police the drug may affect the use of Naloxone, which is used to treat overdoses, although they do not know what the heroin has been mixed with.

The heroin can be identified as it turns black, as opposed to dark brown, upon preparation for injection.

Please contact CDP with any further information on this, or if you are aware of the drug being used in Hull.

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**18 January 2008**

Heroin users in the NE Lincs Area are being warned by police about contaminated Heroin currently being sold in the Grimsby and Immingham area.

Humberside Police say the drug, which can be found around the area, is believed to have led to a number of overdoses resulting in death. Officers report that the heroin is usually very dark brown in appearance when users are preparing the drug and often reported as turning black during the preparation.

The substance that the Heroin has been mixed with impairs the effects of a drug used to treat heroin overdoses, leading to the risk of brain damage and even death. The substance interferes with the effects of naloxone, which is used by paramedics and hospital staff to treat those who have taken overdoses.

It means resuscitation has to be done in hospital using a variety of methods not available to ambulance staff. Because of the delay in reviving a patient, police say the risks of long-term damage are high leading to death.

It is also reported that methadone users who take the contaminated drug are at a particular risk.

The contaminated heroin is available throughout the area and not just from one particular dealer.

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**8 January 2008**

We have received reports of blue tablets being sold in the Goole area as illicit diazepam. These are reported to cause side effects including heavy sedation and

hallucinations and may be linked to a drug related death which occurred in Goole over the Christmas period. It is thought that these tablets are still in circulation.

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### **7 November 2007**

1) Heroin is being sold in the city centre which is congealing and subsequently could cause vein damage. The heroin looks normal.

2) Heroin being sold in the Beverley Road/ Anlaby Road areas, which is much stronger than normal heroin. It looks much darker than normal and it is possible that it may have been pure Opium. It is being sold in £10 bags.

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### **2 November 2007**

We have been informed that some dealers are selling 25mg AMITRIPTYLINE AS 5mg YELLOW VALIUM. Normal Valium are noticeably bigger than the Amitriptyline and have a split line across the middle.

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### **11 October 2007**

Some users in the Bransholme area have recently started testing positive to benzodiazepines. Some have never tested before and all are adamant they are not taking any.

We can only assume that there is some heroin being cut with tablets, which obviously has serious increased overdose risks for those concerned.

There was also a report that there are some snide tablets in Bransholme and some users who were injecting were "nearly going over"

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### **6 September 2007**

There have been three possible drug related deaths in the last week. All the victims apparently bought Heroin from the same dealer (young female) in the Beverley Road area.

We do not have any more information about the appearance and source of the heroin.

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