



## Research paper

# “It’s Russian roulette”: Adulteration, adverse effects and drug use transitions during the 2010/2011 United Kingdom heroin shortage



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## ARTICLE INFO

## Article history:

Received 2 May 2014

Received in revised form

16 September 2014

Accepted 21 September 2014

## Keywords:

Heroin

Drug market

Adulteration

Harm reduction

United Kingdom

Qualitative

## ABSTRACT

**Background:** Between late 2010 and mid 2011 there was a significant heroin shortage in the United Kingdom (UK), resulting in a rapid drop in street heroin purity and increase in price. The most well documented event of this kind is the 2000–2001 Australian heroin shortage, with little published research addressing the UK context. In this paper we draw on qualitative data to explore the impact of, and responses to, the 2010/2011 shortage among London-based heroin users.

**Methods:** Data collection comprised longitudinal life history and narrative interviews with 37 PWID in 2010–2011. The average age of participants was 40, with a 20-year average duration of injecting. Heroin was the drug of choice for the majority of participants (25), with 12 preferring to inject a crack-cocaine and heroin mix. Recruitment took place through London drug and alcohol services and peer networks.

**Results:** The majority of participants continued to source and inject heroin despite reported decline in purity and increased adulteration. Transitions to poly-drug use during the heroin shortage were also common, increasing vulnerability to overdose and other drug related harms. Participants enacted indigenous harm reduction strategies in attempting to manage changes in drug purity and availability, with variable success.

**Conclusion:** Epidemiological data gathered during periods of heroin shortage is often drawn on to emphasise the health benefits of reductions in supply. Our findings highlight the importance of understanding the ways in which heroin shortages may increase, as well as reduce, harm. There is a need for enhanced service provision during periods of drug shortage as well as caution in regard to the posited benefits of supply-side drug law enforcement.

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## Background

In late 2010 people who use drugs (PWUD) in the United Kingdom (UK) experienced an abrupt and sustained drop in street heroin purity and simultaneous increase in price. This market shock resulted from a heroin shortage felt variably across Europe. Affected countries included the UK, Ireland, Hungary, Slovakia, Switzerland, Albania, Italy, Serbia, Slovenia, and Russia ([European Monitoring Centre for Drugs and Drug Addiction, 2011](#)). Little empirical data has been published on the impact of the European shortage on PWUD, with the most well documented event of this kind the Australian heroin shortage of 2000/2001. In this paper we draw on qualitative data to explore the impact of, and responses to, the 2010/2011 shortage among London-based heroin users.

Changes to the UK heroin market were first noticed by PWUD and service providers in October 2010, peaking in impact during December 2010 and January 2011. A snapshot survey of frontline drug services, PWUD, and police in 18 UK centres illustrate that the shortage was widespread and believed to be “the most severe of its kind on record” ([Simonson & Daly, 2011](#), p. 6). Wholesale prices, previously stable at around £17,000/kg, rose to highs of £40,000/kg in December 2010 and January 2011 ([Hallam, 2011](#)). Street heroin purity, averaging 30–40% in the months prior to the shortage, hit a record low of 13% in January 2011 ([Simonson & Daly, 2011](#)). Heroin positivity rates in individuals undergoing regular mandatory drug testing correspondingly dropped during this period – from an average of 45% (January–October 2010), to 26% (November–December 2010), to 21% in January 2011 ([Simonson & Daly, 2011](#)).

Early reports of the shortage impact on PWUD include: black-outs and memory loss due to heroin adulteration with psychoactive substances; increased poly-drug use; and clusters of fatal overdoses attributed to ‘rouge batches’ of higher quality heroin in a context of reduced heroin tolerance ([Hallam, 2011](#); [Simonson & Daly,](#)

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2011). In response, UK harm reduction services issued overdose and heroin adulteration warnings (Hallam, 2011; Talking Drugs, 2010) followed by a Governmental alert in February 2011 (National Treatment Agency, 2011). By March 2011, the drought showed signs of alleviation, albeit with inconsistent heroin purity and prices remaining high (Hallam, 2011).

There is little consensus on the cause of the UK heroin shortage. Disruptions to supply are likely to have been variably impacted by: Afghani poppy fungal disease (United Nations Office on Drugs and Crime, 2010); flooding on Pakistan transportation routes; southern Afghanistan conflict and increased trafficking enforcement in the region (Hallam, 2011). Law enforcement, targeting wholesalers in Turkey and UK distribution networks, is posited as playing a crucial role in decreasing the availability of street heroin (Serious Organized Crime Agency, 2011). This claim has some currency, given that the majority of the other affected European countries have similar supply routes (Griffiths, Mounteney, & Laniel, 2012), with Germany – also supplied by Turkey and unaffected – the only outlier to trouble this explanation.

Literature addressing the impacts of a widespread heroin shortage is primarily Australian in origin. The Australian heroin shortage dates from late 2000 to early 2001, following a period of historically low prices and high purity between 1993 and 1999 (Degenhardt, Reuter, Collins, & Hall, 2005). The impact of the shortage on PWUD was largely reported as beneficial (Bush et al., 2004); as having “an aggregate positive impact” (Degenhardt, Day, et al., 2005). These benefits were noted in relation to reductions in heroin overdose and hepatitis C notifications during the shortage period (Day, Degenhardt, Gilmour, & Hall, 2005; Degenhardt, Conroy, Gilmour, et al., 2005). Although a concurrent rise in stimulant and other drug use did not result in any reported fatalities, (Harrison, Christie, Longo, Pointer, & Ali, 2004; Dietze et al., 2004) other potentially harmful practices were documented. These included increased frequency of injecting, sharing of injecting equipment and benzodiazepine and stimulant injecting (Aitken & Higgs, 2002; Bush et al., 2004; Maher et al., 2007) (Miller, Fry, & Dietze 2001; Roxburgh, Degenhardt, & Breen 2004; Dietze et al., 2004). Drug treatment services oriented towards treating opiate dependence reported difficulty in responding to the needs of clients with poly-drug use problems (McKetin, McLaren, Lubman, & Hides, 2006; Gibson, Day, & Degenhardt, 2005).

By 2003 heroin price and use had stabilised in Australia, but had not returned to pre-shortage levels (Degenhardt, Reuter, et al., 2005). While cocaine use decreased substantially after the shortage, methamphetamine was still widely available (Bush et al., 2004), and law enforcement and health services continued to be impacted by users exhibiting heavy psycho-stimulant use (Degenhardt, Day, Gilmour, & Hall, 2006). Although heroin-related harm indicators such as overdose were reportedly lower in the post-shortage period (Degenhardt, Reuter, et al., 2005), the health consequences of psycho-stimulant drug use were, as Australian researchers acknowledged, “not well-captured in existing data collection systems” (Degenhardt et al., 2006).

## Methods

Data in this paper are drawn from a qualitative study exploring the social conditions of long-term hepatitis C avoidance among people who inject drugs (PWID) in contexts of high risk. Of particular interest was the way in which participants navigated social networks, drug markets and drug use in order to minimise injecting harms. Data collection coincided with the UK heroin shortage, with the impact of this market realignment becoming an additional study foci. Accounts specifically referring to the heroin shortage were coded separately and frame the analyses presented here.

## Recruitment

Recruitment took place through low threshold community OST prescribing services, where key workers made eligible persons aware of the study for their potential inclusion, and via chain referral through drug user networks in South East and North London. Initial introduction to drug user networks was facilitated via existing fieldwork contacts with networks of people who inject drugs. Participants were required to have injected for at least six years and within the last thirty days, also to be willing to participate in two interviews and be tested for HCV. The participation of low threshold services enabled HCV testing for those interested to participate. HCV negative participants and women were purposively sampled for. Thirty eight participants were recruited. One participant dropped out of the study and did not undertake a HCV test, and was therefore excluded from analysis.

## Data collection

Data collection comprised 76 in-depth interviews with 37 London-based PWID from July 2010 to September 2011. Thirty six participants were interviewed twice with the interval between interviews ranging from two to four months. Three participants were interviewed a third time. Interviews, averaging 100 minutes, were audio recorded and conducted in private rooms at participating services or participants' homes. The baseline life history interview was assisted by a hand drawn timeline. The second interview drew on this timeline to explore participants' social networks, drug use contexts and practices. The multiple interview structure meant that the majority of participants were seen at least once during the shortage period.

## Analysis

Interview audio files were transcribed verbatim; analysis was assisted by NVivo8 qualitative software. Data were coded as collected in order to inform the direction of subsequent interviews, coding and case selection. Detailed field notes, initial analytic memos and in vivo codes informed the development of a provisional coding frame which was modified with the inductive analysis of each interview transcript. This cyclical structure was influenced by a grounded theory approach, whereby initial in vivo and open codes are reassembled in axial coding. Broad thematic codes were also developed, whereby all data pertaining to that category, such as ‘heroin drought’, were collected together and analysed thematically.

## Sample characteristics

The study sample comprised 37 HCV antibody negative ( $n = 22$ ) and positive ( $n = 15$ ) PWID of whom 10 (27%) were women and 28 (76%) identified as White British. Participants ranged in age from 23 to 57 years (average 40). The number of years since participants first injected, ranged from six to 33 years (average 20). For 25 (68%), their current primary drug was heroin and for 12 (32%) a crack and heroin mix.

## Ethics

Approvals were granted from the London School of Hygiene and Tropical Medicine Research Ethics Committee and the Camden and Islington Community Research Ethics Committee. Participants provided written informed consent before each interview and were informed that all transcripts and timelines would be anonymised. Names provided in this and other publications are pseudonyms.

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