Alarm over rise in speedball use

EXCLUSIVE

A surge in the number of people speedballing – injecting heroin and crack together – has prompted fears of a rise in overdoses, viral infections and acquisitive crime.

An unpublished survey of 100 injecting drug users attending a needle exchange run by drug charity Lifeline in Manchester found speedballing was the main drug-taking method of 80 per cent of those interviewed. Ten years ago this proportion was around 25 per cent

The survey, carried out by Dr Russell Newcombe, a senior researcher at Lifeline, reveals speedballers spend almost five times as much on drugs than heroin-only injectors, had three times as many convictions, are more frequent injectors and are more likely to share or re-use dirty needles. Over two thirds of respondents reported that most or all of their injecting friends were presently into speedballing.

Drug agencies are concerned about speedballing because it increases the risk of overdose, as the effect of each drug is harder to assess. Speedballing generates up to five times the number of needle hits of heroin-only injectors, while the chaotic nature of crack use means speedballers are more likely to inject directly into the artery, block veins and get deep vein thrombosis and abscesses.

The increase in speedballing, also known as snowballing, is a countrywide problem. Of 20 towns and cities surveyed for *Druglink's Street Drug Prices 2006*, eight – Newcastle, Sheffield, Manchester, London, Bristol, Nottingham, Ipswich and York – reported a sharp increase in the practice over the last year. And a series of studies of injecting drug users carried out in six areas by the Health Protection Agency found more then half of 1,000 needle exchange clients questionned in Wigan, Reading, Middlesbrough, Manchester, Bristol and Devon had injected a speedball. One south London drug worker described speedballs as "a drug in their own right" because of their popularity.

Fatal: Blues Brother John Belushi died of a speedball overdose in 1982

People who use heroin and crack have traditionally done so using the former to control the comedown of the latter as two separate hits. But speedballers say the combined stimulant-sedative effects in one shot complement each other, rather than cancelling each other out. "You get the euphoric rush of the crack and then the heroin takes the jagged edge off it," said one speedballer. "Taking crack on its own is like listening to a rock band without the base guitar and the heroin gives it that base note."

Street Drug Prices 2006: pages 6–8, 26

THE LIFELINE SURVEY

The survey was undertaken among 100 injecting drug users at Lifeline's needle exchange in central Manchester in February 2006. Almost all respondents were white, male and unemployed and homeless. Their average age was 35 and the average respondent had 36 convictions and 11 prison sentences totalling seven years.

- Average number of speedball injections a day per daily injector: four
- Average length of time respondents had been speedballing: five years

Compared with heroin injectors, speedball injectors were:

- Four years younger, had three times the convictions and were twice as likely to be male, twice as likely to be homeless and three times less likely to have a regular sexual partner.
- took five times as many clean needles per visit to the exchange, but were less likely to make use of the advice service
- spent on average £500 a week on drugs compared to £110 for heroin-only injectors.
- three times as likely to be daily injectors and five times more likely to re-use their own syringes

'CURRY AND RICE' IN ONE SHOT *Gary Sutton of Release on the speedballing phenomenon*

Historically 'speedballing' goes back to the upper and middle classes of the late 19th century. The rise in the number of visible 'speedballers' accessing primary healthcare services, specialist drug services and the growing criminal justice sector is a major cause for concern.

In health terms, 'speedballing' has numerous negative consequences: the compulsive, short acting nature of the crack results in multiple injections in a compressed time frame. The venous system is put under enormous pressure as cocaine acts as a local anesthetic, deadening the injection site and preventing local pain response to botched hits. Abscesses and ulceration are a frequent consequence and it is our experience that exchanges have difficulty giving sufficient syringes. The drug acts as a vaso-constrictor and its stimulant properties cause blood pressure to rise, accelerating the heart rate, while the slower and longer acting opiate depresses the central nervous system.

A speedball is usually made by crumbling a crack rock into a pre-heated spoon of heroin and a form of citric acid in water – which makes a soluble cocktail. It is then drawn up into a syringe. The average speedball will cost £20 – £10 each of crack (known as white) and heroin (known as brown) or 'curry and rice' in London parlance. Although the average problem heroin user will inject three times a day because the drug has a six to eight hour effect, speedballers often inject eight to 12 times a day if they can afford it because a crack high only lasts about 15 minutes. The euphoric effect is extraordinary, resulting in a compulsion to maintain the effect. Repetitive dosing causes a cumulative level of opiate in the body resulting in a double overdose risk-through over stimulating the heart and by opiate accumulation. People can become very disinhibited resulting in high risk behaviour around using, sexual behaviour and the means to finance the next dose.