

Drug and Alcohol Monitoring and Information System (DAMIS)

Activity report

October 2017 – April 2019

Background

DAMIS is an “early warning system” designed to find out about emerging trends in drug and alcohol misuse, so we can act quickly and provide relevant information or advice to those who misuse drugs or alcohol. Much of the information sent out through DAMIS is practical advice aimed at reducing the harms to people from their drug use. It is aimed at adults, and those working with young people should exercise their professional judgement to ensure that any information passed on to people under 18 is appropriate.

The kind of information DAMIS collects includes:

1. A sudden increase in a particular drug being misused
2. Drugs being misused in new ways
3. New drugs becoming available
4. Emergence of substances with unexpected unpleasant or dangerous effects

The Department of Health oversees DAMIS with support from lead partners: the Public Health Agency (PHA), the Department of Justice (DOJ), the Police Service of Northern Ireland (PSNI) and Forensic Service Northern Ireland (FSNI).

Representatives of these agencies form the DAMIS Steering Group.

DAMIS is essentially an e-mail network of individuals who work for specialist drug and alcohol services, or for services that work with or treat people who misuse drugs or alcohol (for example homeless services, or Emergency Departments (ED's)). These people have access to information on emerging drugs and their impact on people who use them, and are ideally placed to pass on timely information to DAMIS. Their roles also give them the opportunity to provide timely harm reduction information to their clients.

Those on the DAMIS Network email information they have on substances of concern to a central email address. The information contained in these emails is shared with the DAMIS Steering Group for consideration. However, DAMIS is a confidential system and the identity of anyone who sends in emails is seen only by the PHA coordinators.

People who wish to be added to the DAMIS Network can contact the PHA coordinator to request an application form which they can complete, indicating their role in provision of drug and alcohol, and/or other related services.

As at April 2019, there were 464 individuals on the DAMIS network.

The following tables summarise key information received by DAMIS, and circulated by DAMIS, in the 18 months from October 2017 – April 2019.

Information received by DAMIS during November 2017 – April 2019

Emails received by DAMIS October 2017 – April 2019	
Date	Topic
24 th November 2017	Confirmation of NPS oil, being sold under pretence of being CBD oil, effect much stronger and withdrawal process more intense, reportedly widely used in the Downpatrick area
27 th November 2017	Report of fentanyl being sold as coke in Ards area with one user having a near fatal overdose and another unconfirmed death due to suspected same drug overdose but possibly tramadol
17 th January 2018	Reported large increase in polysubstance misuse at a Derry day centre with two service users collapsing and required hospitalisation after they took what they thought were two 5mg diazepam tablet but strength was much greater
15 th February 2018	Reported potent batch of heroin in Lisburn / Belfast area with client overdosing immediately, on follow up heroin was unusually grey in colour
25 th April 2018	Report of three service users overdosing in past week in Ballymena area, two which have been fatal and third in critical condition, potentially heroin related and the two fatalities have also reported use of Lyrica recently
27 th April 2018	Reports of heroin laced with Fentanyl within Southern Trust area
02 nd May 2018	Red 5mg bar version of Xanax available with Coleraine area
23 rd May 2018	Request for information on drug with street name 'Rubber' which seemed to be colloquialism for NPS
25 th May 2018	Small cluster of MDMA related healthcare presentations at ED; one patient also ingested cocaine
30 th May 2018	Reports of patients admitted to RVH relating to pure crystal form (crushed and snorted)
14 th June 2018	Report of seizures following taking white Mephedrone, possibly six people but unconfirmed from NHSCT ED records

30 th August 2018	Report of three incidents of young people using MD powder, brown in colour, two became suicidal with no previous suicidal ideation. One was admitted to hospital with psychotic symptoms, extreme paranoia and olfactory hallucinations
03 rd September 2018	Further information relating to MD powder known as 'Sally 'or 'Sass', a close derivative of the MDMA family. Poly use can often include cocaine and ethanol. The high is lot more intense and so is the comedown is harsh after a few hours of a shelf life
24 th September 2018	<i>(Response to request for information)</i> witness of two service users experiencing powerful / stronger than usual effects from 10mg diazepam ('Dizzy 10s' or 'D10s')
24 th September 2018	<i>(Response to request for information)</i> a number of young people overdosed over weekend having taken 'Dizzy 10s' or 'D10s', with regular user taking 'lower dose than normal' and overdosed
25 th September 2018	<i>(Response to request for information)</i> confirm that increased strength of 10mg diazepam are dhydrocodeine 10s mistakenly taken as Diaz 10s
25 th September 2018	<i>(Response to request for information)</i> D10s comedown is quite severe, acute anxiety and paranoia also street diazepam called MSJ supposed to be 10mg is more potent and severe comedown
27 th September 2018	<i>(Response to request for information)</i> CAMHS patient taking 5mg Diazepam purchased on the street
27 th September 2018	Request for information on 'blues' dyed and are a mixture of Xanax and Ketamine
19 th November 2018	Alazopram available in Dublin, stronger than currently available in Northern Ireland
03 rd December 2018	Advisory Council on Misuse of Drugs NPS committee request for information in relation to 8 'designer' Benzodiazepine-based novel psychoactive substances
07 th January 2019	Media inquiry 'requesting information on what they have learned to be 10 suspected drug deaths in the last two week.' – PHA issued press release in

	response
04 th February 2019	Report of death from a Xanax overdose in January
04 th February 2019	Service user was administered 8 doses of Naloxone as an overdose intervention and admitted to hospital for a detox
19 th February 2019	Confirmed report of etizolam available in Northern Ireland, branded in such a way to suggest it is diazepam although more potent in the short term
14 th March 2019	Information Red Xanax currently available, reportedly much stronger than other forms of Xanax available
19 th March 2019	<i>(Response to request for information)</i> stronger Xanax reportedly called Dr Readies or Ready's mostly reported in pocket of East Belfast
10 th April 2019	Sample of blotters obtained from RAPID bin confirmed as psychoactive present (2,5 dimethoxy-4-chloroamphetamine or DOC) could be assumed to be LSD but in fact a riskier drug
11 th April 2019	PSNI issued statement on contaminated supply of cocaine in Co. Antrim and Co. Londonderry area which could result in serious adverse effects to anybody consuming them

Alerts issued by DAMIS during October 2017 – April 2019

In some cases, more information was sought either from the original informant, or from other experts in the field (addictions staff, homeless staff and drug users) and DAMIS partners continued to monitor the situation. In some cases, information was sent to specific groups, for example GP Practices, or Needle Exchange Providers, if the information was particularly relevant to / or would impact on their client group.

In some cases, information was considered to be of sufficient urgency for it to be circulated to the full DAMIS database in the form of an 'alert'. Information of general interest was also circulated to the full DAMIS database. Formal emails issued are shown in the table below. Unless specified otherwise, these were sent to the full DAMIS database

Formal emails circulated by DAMIS to the full DAMIS database October 2017 – April 2019	
Date	Topic
25 th October 2017	Request for information on pink 'UFO' pills, following media reports of associated deaths, with Harm reduction advice for stimulant users and professionals who work with stimulant users provided
24 th November 2017	Deaths associated with product sold as 'CBD oil' (cannabidiol) containing 2 synthetic cannabinoids (MDMB-CHMICA and 5F-ADB)
27/11/2017	Further information on CBD oil which contains synthetic cannabinoids was not a branded item purchased from a shop but sold in a clear bottle, bought from an individual
01 st December 2017	Fentanyl alert – potency, mixed with other substances and sold under pretence it is another substance with harm reduction advice and Naloxone contact details provided
10 th January 2018	Xanax alert - usage in combination with other substances <ul style="list-style-type: none"> - counterfeit Xanax / benzodiazepine (benzo) - significant increase in hospitalisation of people with information and harm reduction advice on benzodiazepines and pregabalin provided

19 th January 2018	Possible drug related deaths in Belfast, potentially mixing drugs including prescription drugs with contact details for Low Threshold Services provided
08 th February 2018	Counterfeit diazepam produced in Scotland using Etizolam instead of diazepam, with at least associated death in Scotland
09 th February 2018	Drugwatch brief on alprazolam (Xanax)
16 th February 2018	Report of potentially 'strong batch' of heroin in circulation with harm reduction advice and contact details for Low Threshold Services and Naloxone contact details provided
27 th April 2018	Suspected drug deaths within NHSC of heroin users including use of Lyrica and Xanax overdose – Where to get Naloxone information provided
30 th April 2018	Concerns regarding potential high strength or contamination of heroin with adverse effects– Where to get Naloxone information provided
25 th May 2018	MDMA (ecstasy) linked to people admitted to ED – Guidance on giving out information to stimulant users provided
15 th June 2018	Request for information on white powder believed to be mephedrone
16 th July 2018	Increased risk of overdose when gabapentinoids, including pregabalin (also known as Lyrica or Buds and gabapentin) are taken with heroin with guidance for people who work with pregabalin users, information leaflet on Low Threshold Services including who can supply naloxone provided
17 th July 2018	Concern regarding use of unregulated 'prescription' drugs
04 th September 2018	Serious adverse effects of MDA, called MD powder, a close derivative of MDMA (ecstasy) with advice on planning their comedown and Lifeline number provided
24 th September 2018	Request for information regarding concerns of strengthen of 10mg diazepam ('Dizzy 10s' or 'D10s') resulting in overdose
27 th September	Request for information regarding concern of pills sold as benzos / blues (potentially mixture of Xanax & ketamine /

2018	<p>diazepam (10mg but appear to be much stronger and severe comedown)</p> <p>Lifeline number provided</p>
22 nd October 2018	<p>Report received from DoH NI regarding EU alert from Norwegian Institute of Public Health who have been notified of two cases of Clostridium perfringens infection among people who inject drugs in Oslo, Norway resulting in hospitalisation. Contact details for Low Threshold Services and Naloxone contact details provided</p>
17/12/18	<p>For information/ circulation to DAMIS group only</p> <p>Orange coloured tablets inscribed with word Percocet 10/325 recovered with lab testing revealing only containing Fentanyl, content 50 times stronger. Percocet is combination of oxycodone/paracetamol not licensed in UK</p>
07 th January 2019	<p>Concern regarding misuse of prescription drugs, particularly Benzodiazepines, with many in circulation in NI as counterfeit, with information leaflet on Low Threshold Services including supplying naloxone provided</p>
25 th January 2019	<p>Request for information on pills described as an 'Egyptian pharaoh's logo' reported via South Yorkshire Police and potentially part cause of two deaths in Scotland</p>
15 th March 2019	<p>Request for information regarding red Xanax (alprazolam), reportedly stronger than other forms of alprazolam available</p>
15 th March 2019	<p>Information circulated to DAMIS steering group only</p> <ul style="list-style-type: none"> - Increased reports around 5F-ADB (Synthetic cannabinoid) - Etizolam and Alprazolam and the substitution of these in tablets purchased as diazepam
12 th April 2019	<p>Contaminated supply of cocaine resulting in potential serious adverse effects with Harm reduction advice for stimulant users and professionals who work with stimulant users provided</p>
12 th April 2019	<p>'Blotters' containing psychedelic 2,5 imethoxy-4-chloroamphetamine rather than LSD</p>
19 th April 2019	<p>Contaminated supply of cocaine in circulation (affecting</p>

	appearance and aroma) with Harm reduction advice for stimulant users and professionals who work with stimulant users provided
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DAMIS - Drug and Alcohol Monitoring and Information System Summary report

What is DAMIS?

DAMIS is an “early warning system” designed to find out about emerging trends in drug and alcohol misuse, so we can act quickly and provide relevant information or advice to those who misuse drugs or alcohol.

The kind of information DAMIS collects includes:

1. A sudden increase in a particular drug being misused
2. Drugs being misused in new ways
3. New drugs become available
4. Emergence of substances with unexpected unpleasant or dangerous effects.

The Department of Health oversee DAMIS with support from the lead partners: the Public Health Agency, the Department of Justice and the Police Service of Northern Ireland.

Collecting information

Every year, Northern Ireland-wide surveys are carried out to find out what drugs people are using and how much alcohol they are drinking. This information helps organisations decide the priority actions required to reduce drug misuse or drug-related harm. However, these surveys are not designed to gather localised information on drugs being used by small numbers of people, or information on urgent issues such as contaminated drugs. This is what DAMIS is for. It can identify trends and issues at an early stage and warn people about them quickly.

The information which DAMIS receives usually comes from local drug and alcohol support organisations, or from people who misuse or have misused substances themselves. These people may have contact with a wide range of individuals who misuse substances and are in an ideal position to tell us what is happening in their local area as soon as it happens. While DAMIS can be used to alert people to emerging risks around alcohol as well as drugs, so far, all DAMIS alerts have focussed on drugs.

DAMIS is confidential – this means that when we collect information, we do not ask about who is misusing drugs. We do not need to know the names of individuals, but it can be useful for us to know general information like where drugs are being used, and the gender and age of users. This can help tell us who is at risk and to which particular groups we may need to give information.

Anyone can send information to DAMIS at damis@hscni.net .

What happens next?

Each lead organisation has identified a named member of staff to coordinate this work. All information sent to DAMIS at damis@hscni.net is received by the PHA DAMIS Coordinator, who removes any identifying details (e.g. who the email is from, or any information which could identify an individual drug user), then sends it on to the DAMIS Steering Group. The “level” of the information and what kind of response is needed is agreed by the DAMIS Steering Group.

Level One:

A level one response will be to record the information which may be used to inform policy and practice.

Level two:

A level two response means that the information will be circulated the information to everyone on the DAMIS database, either to seek more information, or as an alert or a bulletin. We ask everyone on the database to pass the information on as appropriate.

Alert – an alert is an email sent quickly (usually within 24 hours of receiving information) warning people of a specific risk. An alert may be sent when we still have limited evidence, but the need to inform people of a possible risk outweighs the need to collect more evidence.

Bulletin – if we need more information on an issue, a request for information is sent to the DAMIS network. Information received can then be pulled together and sent out as a bulletin. This takes longer than an alert to produce, but can provide a fuller picture of the Northern Ireland situation.

Level three:

A level three response means that a formal warning letter is issued through Chief Medical Officer procedures, and consideration is given to information/awareness raising with the public.

Who is on the DAMIS database?

The database includes around 480 people, individuals who work for specialist drug and alcohol services, or for services that work with or treat people who misuse drugs or alcohol (for example homeless services, or Emergency Departments (ED's)). These people have access to information on emerging drugs and their impact on people who use them, and are ideally placed to pass on timely information to DAMIS. Their roles also give them the opportunity to provide timely harm reduction information to their clients. Much of the information sent out through DAMIS is practical advice aimed at reducing the harms to people from their drug use. It is

aimed at adults and those working with young people should exercise their professional judgement to ensure that any information passed on to people under 18 is appropriate.

People who wish to be added to the DAMIS Network can contact the PHA coordinator to request an application form, by emailing damis@hscni.net, which they can complete, indicating their role in provision of drug and alcohol, and/or other related services

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Drug and Alcohol Monitoring Information System (DAMIS)

Application to sign up to DAMIS Network

DAMIS is an “early warning system” designed to identify, verify and assess emerging threats and potential trends in drug and alcohol misuse. It is an information sharing tool in support of the wider DAMIS partnership which comprises Department of Health, Department of Justice, Public Health Agency, Police Service of Northern Ireland and Forensic Service Northern Ireland. Representatives from these agencies form the DAMIS Steering Group, and they make decisions about how to act on any information received.

The purpose of DAMIS is to share information via email amongst people who work with drug users (the DAMIS Network). These people can provide information on emerging issues at a **very early** stage and are also ideally placed to provide targeted harm reduction information to their clients.

The kind of information DAMIS collects and shares includes:

1. A sudden increase in a particular drug being misused
2. Drugs being misused in new ways
3. New drugs become available
4. Emergence of substances with unexpected unpleasant or dangerous effects.

Because DAMIS is an early warning system and information fed into it is acted upon quickly, emails sent to the DAMIS Network are often based on anecdotal and/or unsubstantiated evidence and should be treated with initial caution. Many of the reports received by DAMIS are second or third-hand information from a single source, and are not supported by any additional evidence.

If information received by DAMIS is substantiated then the DAMIS Steering Group considers how best to further share that information with the target groups. Evidence suggests that providing warnings about drugs to the whole population, the majority of whom do not use drugs, can normalise drug use, and increase experimentation with drugs. It is therefore vital that information is shared appropriately. Sometimes, the need to get information to a wider audience is sufficient that DAMIS will issue a media alert to raise awareness among the public.

Much of the information sent out through DAMIS is practical advice aimed at reducing the harms to people from their drug use. DAMIS is aimed at adults, and those working with young people should exercise their professional judgement to ensure that any information passed on to people under 18 is appropriate.

DAMIS Network Application Form

If you are interested in receiving Drug and Alcohol alerts please fill in the required information below.

Name:

Organisation:

Job title:

Email address:

Please outline why you would like to receive these alerts and who you will share these with:

Those registered with the Drug and Alcohol Monitoring Information System can email information they have on substances of concern to a central email address of PHA coordinators who will share information with the DAMIS partners. (*DAMIS is a confidential system and the identity of anyone who sends in emails is seen only by the PHA coordinators*). Please outline how your job / role will enable you to provide information to DAMIS:

I have read the information on page 1, and understand the purpose of DAMIS, and will seek to ensure that I treat any information I receive from DAMIS appropriately.

Signed:

Date: