

Department of Health, Social Services & Public Safety  
An Roinn Sláinte, Seirbhísí Sóisialta agus Sábháilteacht Phoibli

From The Chief Medical Officer:  
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**HSS(MD)3/2000**

To: Chief Executives, Health & Social Services Boards  
Chief Executives, Health & Social Services Trusts  
Medical Directors, Health & Social Services Trusts –  
for urgent cascade to A&E Departments  
Directors of Public Health, Health & Social Services Boards  
GP Co-ops  
Poison Bureau  
Northern Ireland Ambulance Trust  
Mr Rob Phipps, Health Promotion Agency  
Shaftesbury Square Hospital  
Addiction Unit, T&F  
Addiction Unit, Downshire  
Addiction Unit, St Lukes  
Addiction Unit, Holywell

4 February 2000

Dear Colleague

***ECSTASY TABLETS CONTAINING STRYCHNINE: NEED FOR HIGHTENED  
AWARENESS OF POSSIBLE POISONING IN PATIENTS***

The attached message has been received from Professor Liam Donaldson, CMO,  
Department of Health. Please ensure this message is seen by all relevant professionals and  
staff.

Thank you for your help and co-operation with this matter.

Yours sincerely



***HENRIETTA CAMPBELL (Dr)***  
***Chief Medical Officer***



From: The Chief Medical Officer  
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HSS(MD)3(a)/2000

To: Drug Co-ordinators  
Voluntary Agencies

4 February 2000


Dear

***ECSTASY TABLETS CONTAINING STRYCHNINE: NEED FOR HEIGHTENED  
AWARENESS OF POSSIBLE POISONING IN PATIENTS***

The attached message has been received from Professor Liam Donaldson, CMO, Department of Health.

Please ensure this message is seen by all relevant personnel/staff in your area. It is particularly important to inform all voluntary groups working in the drugs field.

Yours sincerely



**DR HENRIETTA CAMPBELL**  
Chief Medical Officer



STRYCHNINE FOUND IN ECSTASY TABLET: NEED FOR HEIGHTENED  
AWARENESS OF POSSIBLE POISONING IN PATIENTS

This message is to alert you to the possibility that drug users may become exposed to lethal levels of strychnine via ingestion of contaminated ecstasy tablets.

BACKGROUND:

The Dutch Police have told HM Customs and Excise that they have seized an ecstasy tablet in Holland containing 8 milligrams of strychnine, which is used in rat poison. They say that between 5 to 15 milligrams of strychnine can be fatal to humans, and have issued warnings to Dutch drug users.

Virtually all the ecstasy used in the UK is smuggled from Holland. The Dutch believe there are similar ecstasy tablets also containing the poison. It is possible such tablets may enter the UK although Customs and Excise have no evidence as yet that this has happened.

The tablet was seized on 28 January. It is yellow in colour with dark brown flecks, but has no logo. It has a diameter of 9mm and a thickness of 4.4 mm.

HEALTH EFFECTS:

Strychnine is rapidly absorbed by mouth and toxic effects may begin within 10-30 minutes. Initial symptoms may include apprehension and a heightened sense of awareness. This may be followed by an increase in muscle tone in the limbs and facial muscles, with severe spasms, muscle rigidity and exaggerated tendon reflexes. Twitching of muscles precedes the onset of convulsions, which may typically last between 30 seconds to 2 minutes and occur repeatedly. Convulsions may be provoked by any stimulus, including touch, pain and noise. The patient may be conscious and lucid between the convulsions. Cyanosis and death may occur during the convulsions, and most patients do not tolerate more than 5 convulsive episodes. The increased muscle tone can lead to hyperthermia and muscle damage (rhabdomyolysis) in severe cases.

There is no specific antidote for strychnine poisoning. Treatment involves urgently establishing and maintaining a clear airway and ensuring adequate ventilation. This may be difficult if muscle tone is increased or convulsions are occurring and it may be necessary to paralyse the patient before an endotracheal tube can be inserted. Clearly this step requires preparedness for assisted ventilation.

Oxygen should be given, particularly during convulsions, and convulsions should be controlled. It is unlikely that the usual anticonvulsant drugs will be effective, particularly if convulsions are occurring frequently, and it may be necessary to paralyse and ventilate the patient. Any metabolic acidosis should also be corrected.

Gastric lavage is CONTRAINDICATED as a convulsion may supervene during the procedure or be precipitated by the procedure. The patient should be kept at absolute rest and any stimuli that may precipitate further convulsions should be avoided.

The clinical picture may be clouded by the effects of ecstasy, which itself can produce anxiety, increased muscle tone, exaggerated tendon reflexes and convulsions in some individuals.

Further information on management can be obtained from your local NPIS centre:

Belfast (01232) 240503

Birmingham 0121-507 5588/9

Cardiff (01222) 709901

Edinburgh 0131-536 2300

London 0171-635 9191

Newcastle 0191-282 0300

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