



Public Health  
England

# National intelligence network on drug health harms briefing: December 2020

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This briefing is based on the latest meeting of the national intelligence network (NIN) on the health harms associated with drug use. It includes topics covered at the October meeting and has been updated with the latest information in each case.

The NIN is made up of representatives from drug treatment services, local authority public health and commissioning teams and national professional and membership bodies. Network meetings are chaired by Dr Michael Kelleher, consultant addictions specialist and clinical lead for Lambeth Addictions at the South London and Maudsley NHS Foundation Trust.

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## The future of public health and PHE

[The government has published its plans for creating a National Institute for Health Protection](#). Options for future arrangements for health improvement and other Public Health England (PHE) functions are also being considered.

## COVID-19

PHE's [COVID-19 guidance for drugs and alcohol](#) covers national restrictions. Refer to local and specific guidance on GOV.UK for additional local, tiered restrictions.

PHE is encouraging services to bring back face-to-face interventions where it is safe and appropriate. This should include increasing hepatitis C testing and treatment, resuming hepatitis B vaccination schedules, where they have been interrupted and reviewing opioid substitution treatment (OST) dispensing arrangements.

The [GOV.UK personal protective equipment \(PPE\) portal](#) is now open to all drug and alcohol providers: residential and community. The portal is able to meet all COVID-19 need, not just urgent (but not business-as-usual need).

Regular, repeat COVID-19 testing of staff and residents is now available to residential services.

## **Dame Carol Black independent review of drugs**

A second stage report of [Dame Carol Black's independent review of drugs](#) will make recommendations to the government about what drug treatment and recovery commissioning and accountability mechanisms should be put in place. There will also be recommendations on prevention and treatment services for young people.

## **Project ADDER**

Project ADDER is a cross-government project led by the Home Office which will test a whole-system approach to tackling drug use in parts of the UK with high levels of drug-related deaths. The project will involve coordinated law enforcement, diversionary and enhanced treatment and recovery provision. This will be complemented by National Crime Agency activity to tackle middle market drugs and firearms supply.

PHE has been working closely with other government departments and the local authority areas involved to produce evidence-based packages of outreach, diversionary, harm reduction, treatment and recovery interventions tailored to local need. These include assertive outreach and engagement teams and widening naloxone provision, including distribution by peers and police.

## **Opioid substitution treatment good practice programme**

PHE's [OST good practice programme](#), which aims to support improvements in the quality of OST in England, will publish some resources in the coming months. These will include:

- a report outlining the key issues impacting on the quality of OST in England
- an OST service self-assessment tool
- an OST guide for drug treatment and recovery workers
- OST-focused e-learning for drug treatment and recovery workers

The e-learning, which includes films following 2 characters who are on OST, aims to support frontline drug treatment and recovery workers to have more evidence-based conversations about OST. This will help make sure service users get the information, advice and support they need to get the most out of OST.

## **Alerts activity**

In July PHE issued a [national alert about illicit benzodiazepines](#) that are being sold and packaged as legitimate products. Overdoses, hospitalisations and deaths caused by these drugs have continued over recent months and PHE is monitoring, assessing and responding.

Most recently pills in the South West of England marked 'DAN 5260' have been found to contain clonazolam and tablets marked 'C/DC' have been found to contain flubromazolam (both potent benzodiazepine analogues). 'DAN 5260' pills were also implicated in a recent death. Toxicology on 4 deaths across one area, again in the South West, showed phenazepam (a powerful benzodiazepine) was present, along with other substances.

Recent deaths among students in Newcastle and nearby Washington have highlighted the [risks that students face during the COVID-19 pandemic](#).

'Nerds Rope' sweets containing THC are being sold online and in shops (in Yorkshire and the Humber and the North West) and have been linked to hospitalisations in London. It is not clear whether these products have been imported from the USA, where they are widely available, or produced in England, perhaps with varying amounts of THC or other drugs.

As well as routine drug surveillance activity, PHE has been working with organisations like the [Welsh Emerging Drugs & Identification of Novel Substances Project](#) (WEDINOS) and the charity [Release](#) to monitor changes in the drug market and drug use during lockdown. You can share intelligence on drug markets and harms with [drug.alerts@phe.gov.uk](mailto:drug.alerts@phe.gov.uk).

### **European Drug Report (Alberto Oteo, UK Focal Point)**

Launched in September, the 2020 [European Drug Report](#) shows increases in cocaine use across Europe. The report also highlights large seizures across the continent which suggest there has been increased heroin use.

Overall there is growing complexity in the drug market in Europe. Increased quantities of GHB, ketamine and LSD have been seized recently. Concerns have been raised by some countries about the use of non-controlled or new benzodiazepines, and nitrous oxide.

In 2017 to 2018, hepatitis C virus antibody prevalence in national samples of people who inject drugs ranged from 16% to 86%, with 10 of the 16 countries having national reported rates of more than 50%.

### **Findings from Living Under COVID-19 and Injecting Drugs in Bristol (LUCID-B) (Dr Lindsey Hines, University of Bristol)**

Vulnerable groups are disproportionately affected by the pandemic and the impact of lockdowns and social distancing. The Living Under COVID-19 and Injecting Drugs in Bristol (LUCID-B) research study interviewed 28 people who inject drugs (mostly receiving opioid substitution treatment, and many in emergency housing) about their experiences in Bristol.

Interviewees said that temporary accommodation was isolating and negatively affected their mental health. Stressors included drug use by other residents, and eviction fears. For a few, the isolation did not differ from their pre-pandemic lives.

Participants said they wanted structure, activities, and drug use support. Some people housed in the government scheme had received more support from health services than before the pandemic.

In the initial phase of responding to the pandemic, drug treatment services transferred most patients from supervised consumption to take-home doses of OST medicines. Most people interviewed reacted positively to the change, with some reporting self-adjusting their dose to suit their needs.

Many participants were less comfortable receiving support over the phone or internet, and lack of internet access hindered access for a few.

Participants were happy to discuss access to treatment and other healthcare with drug service outreach staff.

## **Impact of the COVID-19 pandemic on prevention, testing and care for hepatitis C (Sema Mandal, PHE National Infection Service)**

Provisional analysis of surveillance data from NHS laboratories between March and August shows a decline in hepatitis C testing, diagnoses and treatment initiation in all settings. There is evidence that the COVID-19 pandemic response, including social distancing, led to a de-prioritisation of, and disruption to, health services for hepatitis.

While there is some evidence that hepatitis C diagnoses and treatment initiations increased in the summer this is less pronounced in drug services.