



National Intelligence Network on drug health harms briefing: December 2021

Published February 2022

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 December 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, and clinical adviser for the Addiction and Inclusion Directorate in the Office for Health Improvement and Disparities (OHID).

1. OHID update

1.1 Drug strategy

The government published a new 10 year drug strategy on 6 December. The strategy focuses on 4 areas:

- enforcement and supply
- treatment and recovery, including employment and criminal justice
- reducing demand (prevention and deterring recreational drug use)
- accountability and partnerships, including criminal justice and housing

The strategy is supported by new funding of about £500 million over the 3 years of the spending review.

1.2 Dame Carol Black review

We have already started work on some of the priority recommendations in Dame Carol's review. These are activities that aim to provide some stability and consistency in service delivery across the country, and that are not directly dependent on funding.

Recommendations being implemented include:

- national commissioning quality standards, which are being developed and consulted on before being published in the spring
- a strategy to increase the numbers of professionally qualified drug treatment staff and set occupational standards
- support to local areas to ensure that thriving recovery communities are linked to every drug treatment system

1.3 £80 million funding for drug treatment services

For the universal grant element of the £80 million (the funding available to all local authorities except ADDER Accelerator areas), many local authorities have been revising their planned activity to ensure that they spend the grant. Some have faced difficulties with recruitment. Of particular interest to the NIN, this revised activity sometimes increases proposed spending on harm reduction activities, including naloxone, needle and syringe programmes and outreach.

1.4 Alcohol clinical guidelines

OHID is working with the devolved administrations to develop comprehensive clinical guidelines for alcohol treatment. This work is developing a clinical consensus on best practice, quality in treatment and outcomes for people with alcohol dependence. The guidelines will be aligned with National Institute for Health and Care Excellence guidelines on alcohol use disorders ([CG115](#) and [CG100](#)) and will focus on clinical service delivery, care pathway development and service integration, covering a range of settings.

We began work on the guidelines in November 2019, but there has been some delay caused by the pandemic and other factors. We will have a draft for public consultation in 2022.

1.5 Project ADDER

Project ADDER is sharing good practice in preventing drug-related deaths. We organised 2 focus groups (Leeds and London) with partners at the end of January. We have conducted an online survey with local authorities and police in the 13 areas covered by ADDER. The output of the focus groups will assist in forming advice to ministers on policies to foster good practice across services to prevent drug-related deaths.

You can read more about project ADDER in [About Project ADDER](#).

1.6 Alcohol and drug misuse and treatment statistics report 2020 to 2021 from the National Drug Treatment Monitoring System (NDTMS)

Alberto Oteo, OHID.

In the year from April 2020 to March 2021, there were nearly 276,000 adults in treatment, which is a small rise since last year. Over half of all adults (51%) received treatment for problems with opiates. A further 21% had problems with other drugs, and over a quarter (28%) had problems with alcohol only.

More than two-thirds of people in treatment were men and less than one-third were women (68% men to 32% women). This proportion varies greatly by substance group. In the alcohol only group the divide is smaller with men making up 58% and women 42%.

There is a continuing trend of increasing age. Less than 10% of people in treatment for opiates or alcohol only were under 30 years old.

The proportion of estimated opiate users (based on 2016 to 2017 estimates) who are not in treatment has continued to rise up to 47% in 2019 to 2020. It is estimated that 82% of adults in need of specialist treatment for alcohol were not receiving it.

The number of people starting treatment for both crack and opiates dropped by 15% this year, and is now at 21,308, which is the lowest number since 2015 to 2016.

There has been a fall in adults starting treatment for powder cocaine, which decreased by 10% (from over 21,000 to over 19,000), ending a 9-year rising trend. We also saw a 5% increase in people starting treatment for cannabis (now over 27,000 this year). People starting treatment with ketamine problems have increased by 27% to almost 1,500, a rising trend over the last 7 years.

In 2020 to 2021, the proportion of deaths of people in treatment increased from 1.1% to 1.4%. This is the largest increase in the proportion of people dying in treatment since NDTMS data has been collected.

You can read the report and download the data tables at [Substance misuse treatment for adults: statistics 2020 to 2021](#).

1.7 Individual Placement and Support (IPS)

OHID is expanding the availability of IPS for employment from 6 local authority areas to 40.

You can read more [about IPS in this PHE blog](#).

1.8 Criminal justice

In August, Her Majesty's Inspectorate for Probation published [a joint thematic inspection of community drug treatment for people on probation](#). The report identified shortcomings in partnership working between probation and alcohol and drug treatment. The report also found that:

- getting more offenders into treatment is a challenge when treatment is already under significant pressure
- prisons share community interest in the potential benefits of depot buprenorphine
- there is a need to improve links and communications between probation, prisons, and treatment

OHID is developing an interactive single point of contact (SPOC) resource to improve communication between police, probation and treatment services in prison and the community.

An additional £15 million of funding over 3 years has been provided for drug testing on arrest as part of the new drug strategy.

1.9 Joint combating drugs unit

The government response to Dame Carol Black's review brings together the Cabinet Office, the Home Office, DHSC and OHID, Ministry of Justice, Department for Work and Pensions, Department for Education, and Department for Levelling Up, Housing and Communities in a new unit. The joint combating drug unit will support implementation of the drug strategy and Dame Carol's recommendations.

1.10 The effect of coronavirus (COVID-19)

Booster vaccinations should now have rolled out, or be rolling out, to staff and all service users.

Some service providers have expressed concern about the proportion of staff still working from home and the impact this might have on engaging with clients (especially young people) and on healthcare. This could also have implications for harm reduction, outreach and needle and syringe programmes (NSP).

1.11 Drug intelligence summary

OHID and our partners continue to monitor harm linked to heroin adulterated with isotonitazene (“iso”) following the [National Patient Safety Alert](#) in August.

We are not aware of any confirmed cases of iso exposure since October. Areas affected by the incident were reporting lower levels of suspected drug overdoses and deaths than they’d usually see and thought that people were being more careful.

In late October, there were anecdotal reports from service users that iso might be being sold again and that this was causing respiratory depression among people who use heroin in a particular area of London. But OHID has received no evidence to confirm this.

There has been a spate of recent reports about drug ‘spiking’ with needles. Enforcement and public health partners are gathering evidence to confirm the frequency of these events or any drugs that are being used. The National Police Chiefs' Council (NPCC) has collected hundreds of police reports of needle spiking, mostly in September and October, and mainly in areas of the East Midlands and North West. To date, few cases are confirmed to have involved needles and there is little evidence of the drugs used. It is difficult to identify any drugs used in these incidents from blood or urine samples more than a day after the event.

We have updated [FRANK](#) with advice on how people can protect themselves from spiking if they feel unsafe. This includes advice on reporting incidents to the police and seeking medical attention. Although we believe that it’s the responsibility of venues and society to change attitudes and practice to protect people, we have given some practical advice to people about steps to protect themselves. The UK Health Security Agency (UKHSA) has provided advice to regional health protection teams. And the nightlife industry has provided advice to its members.

Testing for drugs and blood borne viruses in spiking incidents is inconsistent across the country. So, we are bringing police (NPCC) and emergency departments together to see if we can agree a protocol, similar to one already used in cases of sexual assault.

One area in the North West alerted about very high dose MDMA tablets. These so-called 'Blue Punishers' are often high strength (around 200 milligrams) but 43 batches were found with doses up to 477.1mg MDMA.

2. National Infection Service (NIS) update

The UKHSA National Infection Service's [Shooting Up report on people who inject drugs \(PWID\)](#) was published on 8 February. It focuses on the pandemic, other injecting harms and infections. It also includes a new section on drug overdose.

NIS is currently drafting the Hepatitis C in England report, which will be published in early 2022. It will include data from surveillance systems. NIS has now finished the Hepatitis C virus dashboard, which will provide real-time local data on hepatitis C testing, diagnosis and treatment. NIS will share this with the group for feedback.

3. Public Health Scotland update

Provisional quarterly figures suggest that drug-related deaths (DRDs) in Scotland for 2021 may be slightly lower than the previous year and the 6-year increase might be levelling off. Although this is a positive sign, levels of harm are still very high. You can find more information in the latest [report on suspected drug deaths in Scotland: July to September 2021](#).

Public Health Scotland published [drug related hospital admissions for 2020 to 2021](#), which are lower than in 2019 to 2020. These figures might have been affected by the COVID-19 pandemic.

There is ongoing work by the Scottish Government to see if it can establish safer consumption facilities and drug checking services, given that legislative and licensing restrictions apply across the UK.

In October, the Lord Advocate expanded the scope of recorded police warnings to cover the possession of small amounts of drugs of any classification. So, instead of prosecution for 'low level offences' police officers can choose to issue a recorded police warning.

New public campaigns in Scotland have been launched to raise awareness of drug overdoses, naloxone and to tackle stigma. This includes the [How to Save a Life campaign toolkit](#) from the Scottish Drugs Forum and the [Challenging drug and alcohol stigma campaign](#) from NHS inform.

Public Health Scotland has also reported a cluster of suspected overdoses involving counterfeit benzodiazepines that were made to look like legitimate medicines in blister packs, not loose inside bags as is usual.

4. Greater Manchester update (Michael Linnell)

Forensic toxicology analysis at Mandrake linked a death at the Warehouse Project club to pills known to contain cathinones and cocaine that were in circulation at the time. The local drug intelligence system is working with the club and The Loop to launch a harm reduction campaign in 2022.

Findings from the Greater Manchester (GM) Testing and Research on Emergent and New Drug Trends (TRENDS) study in clubs show a mixture of 4 cathinones and MDMA in tablets, with a very large range in potency (120mg to 470mg dose). The first [GM TRENDS study report](#) was published in December. It included interviews with people who use drugs, academics, police and other stakeholders. The study has funding for 2 more years, allowing for 100 tests of drug samples per year.

The study also found 2 batches that were identical and sold as 10mg diazepam that actually contained etizolam. Since nearly everything else on the market is underdosed tablets, this increases the risks for users.

5. Liverpool John Moores University (LJMU) update

Researchers at LJMU are working on a paper investigating internet sourcing and availability on the dark web of GABA, opioids and other substances. They have just published a paper on [effectiveness evaluations of interventions on image and performance enhancing drugs \(IPEDs\)](#).

6. North East update (Newcastle City Council)

The North East is still seeing a slight increase in DRDs and in violence in services and hostels. This involves peer on peer violence and towards staff. There have been significant seizures of crystal meth, which is unusual for the North of England.

7. Identification of Novel Psychoactive Substances Study (IONA) update

Professor Simon Thomas, Clinical Pharmacology and Therapeutics, Newcastle University.

The IONA study aims to:

- link analytically confirmed drug exposure with the toxic effects experienced
- follow trends and regional differences in substances encountered

The study has collected data from 1,275 patients since 2015. The number of substances detected in each case is more than expected, with a median average of 3 per person. One-quarter of patients (25%) had 5 substances present. Patients are very likely to have other substances present that have not been reported, increasing their risk of toxicity.

The study has seen an increase in the proportion of patients presenting with benzodiazepines, including their NPS derivatives. It has also seen an increase in the proportion of opioids and ketamine, with a decrease in synthetic cannabinoids (SCRAs). While the proportion of patients with heroin and morphine metabolites has increased, detections of fentanyl and its analogues have remained rare. Detections of cocaine metabolites have risen steadily, while MDMA prevalence has fallen in recent years.

The study has found that SCRAs that become controlled in China show a downward trend and get replaced with other substances. In 2021, China introduced a blanket ban on SCRAs, but it is still too early to see the effects of this.

On newer SCRA compounds, there have been 2 positive isotonitazene cases and one case of etonitazepyne, both potent opioids.

The study is now funded until August 2022. Future plans include:

- increasing the recruitment of patients
- expanding to other sites
- developing new analyses
- comparing regional data for England

8. Findings from ASSESS (Anabolic Androgenic Steroid Use Population Size Estimation): first stage study

Professor Vivian Hope, Public Health Institute, Liverpool John Moores University.

The purpose of the study is to better understand the population of people who are using steroids and its size in England and Wales.

The researchers convened a Delphi panel to estimate the:

- proportion of men using NSP
- proportion of men using steroids orally
- regional variation in steroid use

A total of 53 people were invited to take part in the study, which consisted of 3 surveys, with 37 participants completing the final survey. The study's panel was mostly academics or researchers, but included a mix of health professionals, fitness experts and people with lived experience as well.

The study found that the proportion of steroid users using them orally was about 15% to 20%, with 25% to 45% regularly visiting NSP (rising to between 40% and 60% in some areas). The panel also estimated that prevalence was higher in Wales, North West, Yorkshire and the Humber and North East.

Researchers found the likely range for the estimate of users of anabolic steroids to be between 300,000 and 700,000. The panel estimated that 5% to 10% of the total IPED using population are women. The study concluded that the [Office for National Statistics estimate for England and Wales for users of anabolic steroids](#) (31,000) is probably too low. There will be further research.

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