



National intelligence network on drug health harms briefing: January 2020

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This briefing is based on a meeting of the national intelligence network (NIN) on the health harms associated with drug use, held in November 2019. The NIN is hosted by Public Health England (PHE) and 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.

1. Reporting Illicit Drug Reactions (RIDR) **dashboard** summary

Laura Pechey (PHE Alcohol, Drugs, Tobacco and Justice Division)

The Report Illicit Drug Reactions (RIDR) pilot is **coming to an end** but PHE is committed to supporting a system which can rapidly identify and respond effectively to emerging drug health harms. A planned new drug health harms surveillance system will add to existing networks and systems such as the National Intelligence Network on drug health harms, the European Monitoring Centre on Drugs and Drug Addiction early warning system, and drug alerts systems operated by providers, PHE centres and local authorities.

Current information on drug harms is summarised on the **RIDR dashboard** which will continue to be updated from existing and any new sources of intelligence. All future dashboard summaries will be published on the PHE Knowledge Hub.

Synthetic cannabinoids

Seizures data provided by the National Crime Agency (NCA) shows that the circulation of two new synthetic cannabinoid formulations has increased in the past year: 5F-MDMB-PICA (the most seized) and 4F-MDMB-BINACA. Anecdotal reports say they are stronger than, and have differing effects to, other synthetic cannabinoids.

Gabapentinoids

As evidenced in the recent **prescribed medicines review**, prescriptions for gabapentinoids have increased and **official statistics** show that registered deaths involving gabapentin and pregabalin in England went up from 56 to 84 and from 127 to 173 respectively between 2017 and 2018.

Gabapentinoids are sometimes misused to increase the effects of opioids. They can lower opioid tolerance and induce respiratory depression at high doses. Opioid use is common in deaths involving gabapentinoids.

2. 'Shooting Up' 2019 summary

Ellen Heinsbroek (Principal Scientist, Drug Use & Infections Team, National Infections Service, PHE)

The annual **Shooting Up** report describes the extent of infections among people who inject drugs (PWID).

PWID are vulnerable to a wide range of blood-borne viral and bacterial infections which can result in high levels of illness and mortality. People experiencing homelessness may have poor general hygiene and use unsterile injecting practices which increase the risk of infection. Infections can be severe and life threatening, with outcomes worsened by delays in seeking wound care or treatment, all of which places a significant burden on health services.

Promotion of skin and injecting equipment hygiene and prompt access to care is essential to reduce risk. People with skin lesions or signs of infection should be encouraged to seek medical attention quickly.

Anyone who is aware of any clusters of cases should report them to health professionals to allow for prompt identification and control.

Services that work with PWID should ensure they can easily access needle and syringe programmes, promote safe and hygienic injection practices, including use of as little acidifier as possible and encourage rotation of injection sites to avoid vein damage.

3. Impact of direct-acting antivirals for hepatitis C infection among people who inject drugs in the UK

Megan Bardsley (HIV/STI Surveillance and Prevention Scientist, Drug Use and Infections Team, National Infection Service, PHE)

PHE has committed to reducing the incidence of chronic hepatitis C by 80% by 2030. This adds to the World Health Organization (WHO) target to eliminate hepatitis C as a major public health threat by 2030. In England, each operational delivery network (ODN), the structures through which hepatitis C (HCV) treatment is delivered, has its own local reduction target.

There has been a decline of 13% in prevalence of chronic hepatitis C since direct-acting antiviral medication became more widely available in 2015. Reductions in overall HCV prevalence in PWID may be more related to the number achieving viral clearance through treatment than the impact of harm reduction interventions.

4. British Association for Sexual Health and HIV (BASHH) chemsex survey

Dr Jennifer Murira (Infections Clinical Research Fellow, Leeds Teaching Hospitals NHS Trust)

Sexualised drug is the use of drugs in a sexual context. This includes chemsex, where drugs are used by gay, bisexual and other men who have sex with men (MSM) before or during planned sexual activity to sustain, enhance, disinhibit or facilitate the experience. Drugs commonly used in chemsex are GHB, crystal meth, mephedrone and sometimes ketamine.

A recent [survey of sexual health clinicians](#) suggested that sexualised drug use was happening not only in urban parts of the country but also in rural areas.

The 'Drugs and sex survey', run by BASHH, collected data on the experience of men attending sexual health clinics across the UK. There were no statistically significant differences in age, reporting of chemsex in the past 6 months and drug of choice between urban and rural MSM. The overwhelming drug of choice in both settings was GBL/GHB.

More generally, recent sexualised drug use was significantly associated with the following: recent diagnosis of a sexually transmitted infection (STI); recent use of PrEP (pre-exposure HIV prophylaxis) and PEPSE (post-exposure HIV prophylaxis) after sexual exposure.

The results suggest that sexualised drug use increases risky sexual practices which lead to STI transmission.

5. Saving Lives: Best practice guidance on providing naloxone

Niamh Eastwood (Executive Director, Release)

In 2019, [Release](#) set up a steering group to develop guidance on increasing naloxone provision in response to finding a lack of provision from their [naloxone research](#). The group included members from drug user activist networks, service providers, academia, pharmacy, housing, police, prison and government departments.

Provision of naloxone across the country is variable and there is much to be learned from successful local initiatives, particularly on delivering training, raising awareness, peer-led promotion and monitoring.

There are settings where increased provision would be particularly beneficial, such as homeless outreach services. Other ideas include making naloxone available where defibrillators are located.

Removing barriers to hospital and pharmacy provision is also important and Release's research also reports issues with low provision from prisons.

6. Public Health England update

Colleagues from the health improvement directorate and the National Infection Service updated the network on recent PHE activity related to drug-related health harms

5.1 NDTMS annual treatment statistics for adults

New adult presentations to drug and alcohol treatment increased by 4% in the 2018 to 2019 financial year from the previous year – the first increase since 2013 to 2014. The number of adults in contact with drug and alcohol services in 2018 to 2019 (268,251) was very similar to the year before (268,390). The number of people in contact with treatment for opiates continues to make up the largest proportion in treatment – 52%.

The number of people starting treatment for powder cocaine increased by 13% to 20,084. This increase is likely to be related to a surge in global cocaine production which has lowered prices and increased purity. There have also been changes in distribution and supply, such as ‘county lines’ drug dealing operations.

5.2 NDTMS annual treatment statistics for young people

There were 14,485 under-18s in treatment in 2018 to 2019 a reduction of 7% from the previous years and a 40% reduction on the number in treatment in the year 2008 to 2009 (24,053). As reported by many young people’s services, cases were more commonly complex with a rise in young people reporting mental health problems from 27% to 32%.

The main drugs cited as problematic were cannabis, alcohol (although presentation for alcohol are continuing to fall), MDMA and cocaine.

There was a 35% increase in young people reporting a problem with benzodiazepines from the previous year, and 3 times the number in 2016 to 2017.

5.3 European drug markets report

The **EU Drug Markets Report** shows that new synthetic opioids remain a concern for the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and its member countries, with 11 new synthetic opioids being detected for the first time in the EU in 2018. The number and quantity of seizures of new synthetic opioids has also increased by ten-fold between 2015 and 2017. The EMCDDA is concerned because, with the heroin market also increasing, there is an increased chance of synthetic opioids becoming part of this market.