



National intelligence network on drug health harms briefing: May 2021

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This briefing summarises the topics covered at the latest meeting of the national intelligence network (NIN) on the health harms associated with drug use with updated information where appropriate.

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.

1. Public Health England (PHE) update

Additional £80m drug treatment funding

In January 2021, the government announced a [£148 million funding package for reducing crime](#). This included an additional £80 million to enhance drug treatment in 2021 to 2022, focused on reducing drug-related crime and the rise in drug-related deaths. The funding package consists of 3 separate components:

1. **Universal:** This funding is available to all local authorities except those selected to be Accelerator areas (see below for more information). Most of the additional investment is for improving criminal justice pathways and treatment capacity, with smaller amounts for harm reduction and recovery communities. Harm reduction funding is going towards additional naloxone supply, expanding needle and syringe programmes (NSP), including low dead space syringes, and outreach.
2. **Accelerator:** The ADDER Accelerator programme is funding 8 local authorities to take a whole-system approach, integrating enforcement, diversion, treatment and recovery (including housing and employment) programmes. Like the universal grant, most of the additional investment is going towards criminal justice pathways and treatment capacity, but funding is also going to harm reduction and recovery support and communities. The Accelerator areas are Bristol, Hackney, Knowsley, Liverpool, Newcastle, Tower Hamlets, Wakefield, and Wirral.
3. **Inpatient detoxification:** £9.8m of grant funding has been awarded to 15 consortia, made up of groupings of local authorities. This funding is available for inpatient detoxification (IPD). The focus is on medically managed detoxification for drugs and alcohol. The funding is intended to focus on people with more complex issues or severe dependence, increase capacity for IPD in the treatment system and help to stabilise income for providers.

Individual Placement and Support (IPS)

PHE's randomised controlled trial of employment IPS in 7 areas of England will publish its results at the end of 2021. The Department for Work and Pensions is expanding the provision of IPS to the 12 ADDER and Accelerator areas, and 28 other areas selected through an expression of interest process. This investment will run to at least the end of March 2023.

Injectable opioid treatment (IOT) guidance

In March 2021, PHE published [guidance on commissioning and providing IOT](#) for people with opioid dependence who have not responded to oral treatment. This guidance is for local authority commissioners and service providers who are considering setting up an IOT service. It will help them to understand the complex clinical and financial issues they need to consider in their planning. It will also encourage consistency, quality and safety.

Based on advice from NHS England and pharmacy experts, multi-dose diamorphine vials are unlikely to be acceptable in IOT clinics unless individual doses are made up in aseptic conditions. Alternatively, single use ampoules can be used. The cost of either is more expensive than making up individual doses in the clinic from multi-dose vials.

Opioid substitution treatment (OST) good practice programme

PHE's [OST good practice programme](#) aims to improve the quality of OST in England. In July 2021, the programme launched:

- an OST service self-assessment tool
- a guide to OST for drug treatment and recovery workers
- an OST-focused e-learning programme for drug treatment and recovery workers

The [Best Practice in Optimising Opioid Substitution Treatment \(BOOST\) e-learning programme](#) has been developed with Health Education England (HEE), Collective Voice, NHS Addictions Provider Alliance, drug and alcohol treatment services and people with lived experience.

Dame Carol Black review of drugs and government response

[The second part of Dame Carol Black's review of drugs](#) has now been published. The final report includes recommendations to government about how drug treatment is commissioned and how local areas are accountable for what is provided. In its [response to Dame Carol's review](#), the government has committed to a new long-term drug strategy by the end of year. The government's full response to the review will follow the spending review planned for the autumn.

Alcohol clinical guidelines

PHE, in partnership with the Department of Health and Social Care and the devolved administrations, is developing comprehensive [UK-wide clinical guidelines for alcohol treatment](#). The work is led by a group of expert specialist clinicians, related professionals and people with lived experience. The aim is to develop a clinical consensus on best practice to promote quality within treatment and improve outcomes for people with alcohol dependence.

The guidelines will be aligned with National Institute for Health and Care Excellence guidelines on [identifying, assessing and managing alcohol-use disorders](#) (CG115) and [managing acute alcohol withdrawal and treating alcohol-related conditions](#) (CG100).

The alcohol clinical guidelines will focus on clinical service delivery and care pathway development, covering all settings. They are due to be published for public consultation in Autumn 2021.

Coronavirus (COVID-19)

Drug and alcohol treatment services have returned to near normal functioning levels with staff having access to personal protective equipment and improved coronavirus (COVID-19) testing. However, blood-borne virus (BBV) interventions are still being affected by the pandemic and face-to-face contact is still reduced. We have also seen an increase in deaths in treatment.

Supervised consumption of OST, which was largely withdrawn, is still running at reduced levels. Some services and service users have reported that reduced supervision has been beneficial, but it is important that changes are individually risk-assessed. PHE is monitoring changes in deaths in treatment and hospital admissions for methadone poisoning.

PHE's COVID-19 guidance for commissioners and providers of services for people who use drugs or alcohol has now been withdrawn.

Drug harm intelligence

There are continued reports of cannabis edibles in circulation or seized, with some linked to harm. Most recently, we have seen hospitalisations of young people in 2 London boroughs and an area of the South East. It's still unclear whether these incidents involve genuine, imported THC edibles or illicitly made edibles that could contain anything, including synthetic cannabinoids (SCRAs).

Recent hospitalisations of young people in areas of the West Midlands, North West and Northern Ireland are thought to be linked to vaping cannabis or synthetic cannabinoid receptor agonists (SCRAs), often called Spice. Toxicological testing confirmed the presence of SCRAs in a North West incident.

Hospitalisation and deaths in the Midlands in early May which were initially reported to be caused by Mamba (a regional term for SCRAs), were later found to be linked to ADB-BUTINACA and 4F-MDMB-BUTICA.

Following a police seizure in June of 33 heroin wraps in an area of the East Midlands in which isotonitazene, a potent synthetic opioid, was detected, two recent deaths (and some earlier overdoses) in the same region are being linked to isotonitazene.

4. Shooting Up: infections among people who inject drugs in the United Kingdom, 2019 (Sara Croxford, PHE)

PHE's annual [Shooting Up report](#) describes the extent of infections among people who inject drugs (PWID) across the UK. The data for this report is extracted from national surveillance systems including the [Unlinked Anonymous Monitoring \(UAM\) Survey of](#)

[PWID](#) in England, Wales and Northern Ireland, and the [Needle Exchange Surveillance Initiative \(NESI\)](#) in Scotland.

The report found 1 in 4 PWID are currently infected with hepatitis C (HCV) with no evidence of a reduction in recent years. There is early evidence of a modest reduction in chronic HCV prevalence due to the scale-up of direct acting antiviral treatment.

Crack injecting by PWID has remained high in England and Wales, while powder cocaine injecting has increased in Scotland.

Preliminary data suggests that PWID found it difficult to access services during the COVID-19 pandemic.

5. Drug-related deaths

Drug-related deaths (DRDs) in England: findings from the latest Office for National Statistics (ONS) data (Alberto Oteo, PHE)

ONS reported that there was a record high 2,685 deaths from drug misuse in England in 2019, an increase of 0.6% from 2018. Wales saw a 21% decrease in drug misuse deaths in 2019. More information is included in the [ONS report on deaths related to drug poisoning in England and Wales](#).

The long-term upward trend of DRDs in England is primarily caused by opioids, particularly heroin. Cocaine deaths have increased 6-fold since 2010. Deaths involving new psychoactive substances continue to rise. Deaths involving illicit benzodiazepines and their analogues also continue to rise in England (though remain far lower than in Scotland). Death rates related to drug misuse vary greatly in England and are particularly high in the North East.

PHE analysis of 2019 DRD data was presented. ONS have since published [drug poisoning deaths registered in 2020](#). This shows that deaths due to drug poisoning in England and Wales rose from 4,393 in 2019 to 4,561 in 2020 (a 3.8% rise). This is the highest number since records began in 1993. PHE analysis of the [2020 data](#) will be covered in a future meeting and briefing.

Deaths in treatment (Steve Taylor and Pete Burkinshaw, PHE)

Provisional data for April 2020 to February 2021 shows higher than expected deaths in treatment for both opiate and alcohol service users. Data for recent months indicates fewer 'excess deaths' (above the usual average) among opiate service users but a substantial increase in deaths among alcohol service users with no signs of improvement. The increased deaths in 2020 to 2021 for opiates and alcohol are geographically widespread.

It should not be assumed that COVID-19 directly accounts for this increase especially as it was sustained in months where overall COVID-19 related deaths were low. PHE is investigating the causes of these trends, particularly whether delays in referring alcohol users into treatment, difficulties accessing alcohol treatment and availability of supervised consumption for patients on opioid substitution therapy are factors.

PHE recommends that all services, whether or not they have seen increased deaths in treatment, review their service users (face-to-face where it's safe). This will ensure that the interventions they are provided with are personalised and in line with guidance as far as current restrictions allow.

Drug-related deaths and suicide (Tom Le Ruez, Public Health South Tees)

Trends in drug-related suicides in South Tees show that cocaine and alcohol mixing is common, with many cases involving poly-drug use. An ongoing regional review of the prevalence of suicide and self-harm in people engaging with drug and alcohol treatment and recovery services in the North East has identified some life events commonly mentioned. These include:

- bereavement
- job loss
- gambling problems
- removal of a child into care

Acute drug and alcohol use has a significant role in suicides, especially in the homeless population. [A recent study looked at suicide by homeless patients in England and Wales.](#)

Another recent [study on alcohol and cocaine use before suspected suicides](#) looked at the toxicological analysis of post-mortem samples submitted by pathologists on behalf of coroners in London and parts of the South East. It found that, in suicides by self-injury, just under 1 in 3 people were intoxicated with alcohol or cocaine at the point of death.

Drug and alcohol treatment and recovery and mental health service providers should take a trauma-informed approach when responding to the life crises of people who use drugs. It is crucial that these services offer people with co-occurring mental health and substance misuse conditions the treatment they need when they need it, taking a 'no wrong door' approach, as outlined in the [PHE guidance on people with co-occurring conditions](#). This includes revising joint working arrangements and policies, and updating staff training.

6. Increasing the use of low dead space injecting equipment to reduce drug-related harm (Dr Clare Thomas and Dr Jo Kesten, National Institute for Health Research Applied Research Collaboration West)

Low dead space syringes (LDSS) have a tenth of the dead space found in traditional drug injecting equipment. Research has found that using LDSS [significantly reduces BBV prevalence and resulting harm and saves money.](#)

[Previous qualitative research](#) showed that PWID accepted LDSS because they were interested in the reduced drug wastage and BBV transmission. The barriers to introducing LDSS identified by PWID and needle and syringe programme (NSP) staff in this study include breaking the drug user's routine and the potential for promoting the reuse of equipment. The main implementation recommendations were:

- staff training
- accessible information
- using peer networks
- monitoring and responding to issues with the new equipment
- gradually introducing LDSS, giving PWID the opportunity to test it alongside their usual equipment

The next stage of the research involved [co-designing harm reduction materials with PWID](#) to support the uptake of LDSS equipment by NSP and service users. The suite of materials includes [posters](#) and [short films](#). A [policy briefing](#) also outlines the implications for policymakers.

The research team is currently working with NHS England and PHE to determine the extent of and variation in LDSS supply and uptake through NSP services in England. They will also develop an implementation plan to support wider national rollout.

7. Harm linked to illicit benzodiazepines (Oliver Standing, Collective Voice)

Collective Voice and the NHS Addictions Provider Alliance are working together to assess the extent of illicit benzodiazepine use and how drug and alcohol treatment providers should respond to it. In Scotland, the 2019 [Drug-related Deaths in Scotland](#) report showed that DRDs involving benzodiazepines have increased by almost 500% since 2008, and in 2019 etizolam was implicated in more DRDs than any other substance.

In England and Wales, illicit benzodiazepine availability, use and harm is not as dramatic but appears to be rising. DRDs among males have doubled since 2006.

In July 2020 PHE issued a [national alert about illicit drugs sold as benzodiazepines](#). This alert was based on toxicology results of illicit tablets sold as diazepam, temazepam and alprazolam which were linked to hospitalisations and deaths, as well as from police drug seizures. The impact of the COVID-19 pandemic on drug markets and drug use behaviour may be a factor in this trend.

Collective Voice and the NHS Addictions Provider Alliance are looking at what we can learn from the Scottish experience. They are working with people with lived experience and prison service managers to explore the issues. They are also collating the resources currently available to guide practice with drug and alcohol treatment and recovery providers.