Office for Health Improvement & Disparities

National intelligence network on drug health harms briefing: October 2021

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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 September 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.

1. Office for Health Improvement and Disparities update

1.1 Office for Health Improvement and Disparities officially launched

The functions of Public Health England's (PHE) Alcohol, Drugs, Tobacco and Inclusion division transferred into the new Office for Health Improvement and Disparities (OHID) in the Department of Health and Social Care (DHSC) on 1 October 2021. OHID will lead national efforts to improve the health of the nation and will report jointly to the Secretary of State for Health and the Chief Medical Officer.

1.2 Additional drug treatment, crime, and harm reduction activity funding

All local authorities (LAs) have received their first instalments of the additional £80 million to fund drug treatment in 2021 to 2022. The funding is being used to enhance drug treatment, focused on reducing drug-related crime and the rise in drug-related deaths.

All LAs are receiving individual grants (either ‘universal’ or ‘accelerator’) and almost all are in regional groups to jointly commission inpatient detoxification beds. Inpatient funding can be used for drugs or alcohol detoxification. The universal and inpatient grants are for one year (2021 to 2022), but accelerator funding is for 2 years, until the end of March 2023.

Recruiting staff into new posts is difficult for many LAs due to the short-term nature of the funding. LAs with funding are currently reprofiling their budgets to maximise the impact of the investment during the funding period.

1.3 Project ADDER

OHID continues to work with the Home Office (HO), National Crime Agency (NCA), National Police Chiefs’ Council (NPCC), other government departments and funded local areas to develop the Project ADDER model and track impact. The original 4 ADDER areas in England are in their second financial year of funding. These areas are:

- Blackpool
- Middlesbrough
- Norwich
- Hastings

The 8 new Project ADDER Accelerator areas announced in July this year are:

- Bristol
- Hackney
- Knowsley
- Liverpool
- Newcastle
- Tower Hamlets

- Wakefield
- Wirral

These 8 areas are investing £15 million per year from 2021 to 2022 in taking a whole system approach to drug misuse, integrating enforcement, diversion, treatment, and recovery programmes. Both ADDER and Accelerator funding runs until the end of March 2023, when the Home Office will publish an external programme evaluation. While recruitment and procurement have presented challenges to participating areas, revived multi-agency work is happening across the ADDER funded areas.

1.4 Individual placement and support

The Department of Work and Pensions (DWP) has funded the expansion of individual placement and support (IPS) provision into all ADDER and Accelerator areas, and 28 other local authority areas selected via an expression of interest process. This brings the total number of areas that will be able to offer IPS to 46. The IPS services will have the capacity to work with around 4,500 people a year. OHID is working closely with commissioners and providers in all the new IPS areas. IPS provision is funded in all areas to the end of March 2023.

While it's working on the expansion, OHID is preparing to analyse the individual placement and support for alcohol and drug dependence (IPS-AD) trial results, which will influence decisions about the future of IPS in community drug and alcohol treatment. OHID expects to publish an initial paper on effectiveness and cost effectiveness in early 2022, with a cost benefit paper to follow later in the first half of 2022.

1.5 Dame Carol Black review and the spending review

There is extensive work underway across government, including with the newly established cross-government Joint Combatting Drug Misuse Unit, to respond to the recommendations made in the second part of Dame Carol Black's independent review of drugs.

The outcome of the 2021 spending review process will be important in delivering the review's recommendations.

1.6 Alcohol clinical guidelines

Begun in late 2019, OHID, in partnership with DHSC and the devolved administrations, continues to develop comprehensive UK-wide clinical guidelines for alcohol treatment. Following some delay caused by the pandemic, the draft guidelines will be ready for public consultation before the end of year.

1.7 Coronavirus (COVID-19)

Drug and alcohol treatment services, and community pharmacies, have been returning to more normal provision as lockdown restrictions have been eased and they have access to personal protective equipment (PPE), testing and vaccination. COVID-19 guidance for commissioners and providers of services for people who use drugs or alcohol has now been withdrawn.

However, there are still staffing problems caused by COVID-19 with many being told to self-isolate through the NHS app. This has particularly affected community pharmacies, with some services reporting difficulties in arranging dispensing.

Some services and service user advocates have emphasised the benefits of relaxing supervised consumption and of voluntarily retaining this shift in practice, which was originally forced on services by lockdown restrictions. There will be benefits for some people, particularly where supervised consumption was not used flexibly enough before the pandemic. However, it is important to pay attention to the risks of reduced supervision.

Deaths among people in treatment for opiates increased during the pandemic, and so did hospital admissions for methadone poisoning. Although the deaths in treatment are likely to have a range of complex causes, it is important to ensure all decisions on supervised consumption are individual and risk-assessed.

PHE sent confidential briefings to drug and alcohol treatment providers and commissioners on deaths in treatment and other indicators throughout the pandemic. OHID will continue to provide relevant data and concerns on this issue to appropriate networks. People with access to the National Drug Treatment Monitoring System (NDTMS) can view regular impact data on the NDTMS website.

1.8 Drug intelligence summary

The latest PHE Drug Harms Assessment and Response Team (DHART) quarterly summary for professionals was published in May 2021. The next DHART summary will be published in November.

The following summary covers August and September 2021.

Since the middle of 2021, several potent synthetic opioids (notably isotonitazene, and, to a lesser extent, etonitazepyne) have been detected in heroin seizures and toxicology analyses. In August, a national incident involving isotonitazene was declared.

PHE worked with the NCA, NPCC and affected police forces on an incident of increased opioid overdoses, some which resulted in deaths, in parts of the south of England in

August. The incident started with a surge in apparent opioid overdoses, with hospitalisations and some deaths, in Lambeth in early August. Another 4 London boroughs reported smaller numbers of overdoses. Cases were also reported in Worthing, Portsmouth, Bournemouth, towns in Thames Valley, and parts of Essex and Norfolk.

A few tests (from London, Portsmouth, and Essex, and earlier from Northampton) showed the presence of isotonitazene in seized heroin samples and toxicological analyses. But it was not clear whether all the reported cases were opioid overdoses and whether there was any real connection between them.

The NCA's drug poisoning response and PHE's incident management process were both triggered and convened strategic, tactical, and operational groups to collate information and consider responses.

From a public health perspective, PHE London first issued a regional alert. PHE then issued a national press release jointly with NCA and NPCC. The next day PHE issued a National Patient Safety Alert, cascaded throughout the country to health and care providers with advice on identifying and treating cases. The number of overdoses and deaths has reduced since, with overdoses, deaths and iso-positive reports continuing in much lower numbers. OHID, NCA and police forces continue to monitor and liaise.

Across August and September, intelligence also identified the following trends in the drug market and patterns of harm.

There were continued reports from some regions of the availability of and harm associated with illicit benzodiazepines. These were often tablets marked with ‘MSJ’ and ‘DAN 5620’ containing potent benzodiazepines and their analogues such as etizolam and flubromazolam.

PHE and the NPCC jointly wrote to chief constables, police and crime commissioners, and directors of public health with advice on festival planning to reduce risks from drugs and alcohol. As anticipated, the quality of MDMA (and other ‘club drugs’ such as ketamine) appeared to decrease as restrictions relaxed.

There were several reports in late July and early August of harm thought to be linked to MDMA, ketamine and illicit benzodiazepines. The substances involved were rarely confirmed. Lab and back-of-house testing of pill samples from festivals in the North West and East Midlands in July and August found caffeine and synthetic cathinones (such as eutylone) being widely mis-sold as MDMA and, to a lesser extent, crystal methamphetamine.

2. History of harm reduction in the UK

Harry Shapiro, Director, DrugWise.

Early definitions of harm reduction by the World Health Organization (WHO) were widely contested. For some, harm reduction was, and still is, both a public health issue and a social justice movement, working to increase people's control of their health. Influenced by learning from the US and Europe, harm reduction movements began emerging in the UK from the mid-1980s, including in Edinburgh and Liverpool. The first needle exchange (NEX) programme was established in Liverpool in 1986, with 4 other areas in England quickly setting up their own NEX.

Much of the activity undertaken by these harm reduction programmes was still technically illegal under section 9 of the Misuse of Drugs Act. The government funded first an anti-heroin campaign 'Heroin Screws You up' (1985) and then an AIDS education campaign 'Don't Die of AIDS' (1986). Calls for an equivalent public-facing safer injecting campaign were realised in 1987 with the 'Don't Inject AIDS' and government-backed pilot NEX schemes. Although the then Secretary of State for Health, Norman Fowler, deserved credit for the changes, much was driven by the then Chief Medical Officer, Donald Acheson, taking a keen interest in the issue.

The Advisory Council on the Misuse of Drugs 'AIDS and Drugs Misuse' part 1 report made the landmark statement that HIV was more of a public health threat than drugs, and called for policy to move away from short-term reducing doses of methadone. Drug legislation was changed to exempt needles and syringes and thereby formally allow NEX, with further exemptions to follow.

In the late 1990s, political attention shifted under Labour to breaking the link between drugs and crime. This included a drive to get more people into, and keep them in, drug treatment. By the mid-2000s with many people staying in drug treatment long term, the numbers of people leaving treatment abstinent were low. This led to a media, political and sector-wide debate between harm reduction and abstinence, and the subsequent rise of the 'recovery agenda' and desire among some political players to move away from long-term opioid substitution treatment.

Today, these debates have largely died down, with policymakers, providers and commissioners recognising the value of harm reduction, treatment and recovery interventions in a balanced system. Most people who are dying from drugs do so outside of treatment, and harm reduction work remains vital to reducing harm and preventing death.

3. Unlinked Anonymous Monitoring survey of HIV and viral hepatitis among people who inject drugs

Sara Croxford, UK Health Security Agency.

Data tables and a health protection report covering the results of the Unlinked Anonymous Monitoring (UAM) survey of people who inject drugs (PWID) in England, Wales and Northern Ireland have been published.

Social and physical distancing measures introduced for COVID-19 disrupted healthcare services including those for PWID. As a result, the number of services participating in the UAM survey and PWID responding to it was considerably smaller than usual. There was also a change in geographic distribution of respondents. This data should be interpreted with caution due to sample size and make up. Also, 10 new questions were introduced to assess the impact of the pandemic on injecting behaviour. Data for 2020 is preliminary.

The main findings from the UAM survey are as follows.

The HIV testing rate has plateaued over the last decade. The prevalence of HIV has remained low and stable over the last 10 years at around 1%.

Chronic hepatitis C virus (HCV) prevalence has dropped since 2016, falling from 56% to 29%. HCV antibody prevalence has been slowly increasing over the last 10 years to 60% in 2020.

Uptake of HCV treatment among people aware of their HCV infection and in contact with HCV care increased substantially from 39% in 2019 to 63% in 2020. The reduction in prevalence of HCV is in line with the increased uptake of treatment in 2020.

Hepatitis B virus (HBV) prevalence has dropped over the last decade, despite a slight increase in 2019 to 2020, which was not significant. HBV vaccine uptake has plateaued at around 70%. Young people and newer PWID are less likely to be vaccinated.

Equipment sharing among people who injected in the last month increased slightly in 2020 with sharing of needles and syringes at 24% and needles, syringes and other injecting equipment at 37%.

Just under 1 in 10 (9%) PWID reported testing positive for COVID-19 or having symptoms.

Seventeen percent of PWID reported injecting more frequently, 29% reported smoking drugs and using alcohol more frequently and 27% reported changing their primary drug or drug combination in 2020 compared to 2019.

PWID reported difficulties accessing services during the COVID-19 pandemic with 1 in 5 struggling to access testing for HIV and hepatitis, 1 in 4 struggling to access injecting equipment, and 1 in 4 struggling to access opioid substitution treatment.

4. Image and performance enhancing drug use in the UK

Professor James McVeigh, Substance Use and Associated Behaviours Group, Manchester Metropolitan University.

The National Institute for Health Research has funded a study assessing the available intelligence and research gaps relating to image and performance enhancing drugs (IPEDs). Liverpool John Moores University, Manchester Metropolitan University, the University of Birmingham, University of Bath and Linnell Communications are collaborating on the project.

The study has 4 main parts.

The Anabolic Androgenic Steroid Use Population Size Estimation (ASSESS) first stage study aims to estimate the size of the population using these substances in the UK. Estimates are being produced using a range of sources including needle and syringe programme attendance data, survey results and injecting equipment sales. The Crime Survey for England and Wales estimate of anabolic steroid use halved between 2018 to 2019 and 2019 to 2020, from 62,000 people to 31,000. The initial preliminary estimate range produced in the ASSESS study, will be in the 100,000s. Researchers are seeing pronounced regional variations and substantial unmet need with both injecting and non-injecting.

The second aspect of the study is a literature review covering the last 5 years, with a focus on the UK. The literature identified primarily focuses on public health and harm reduction, motivation to use and epidemiology. No evaluations of interventions were published during the review period.

In the third strand of the study, researchers are defining and mapping the prevention, harm reduction, and treatment interventions currently available targeting image and performance enhancing drug use in the UK. Far fewer services were identified than expected, but under-reporting is likely. No standards are currently in place for existing interventions.

The final part of the ASSESS study is a system analysis of what influences decision-making in people who use IPEDs. This was conducted through interviews and interactive online mapping with a range of stakeholders. Fifty-two factors have been grouped into 9 overarching themes, including beliefs about risk and harms, and marked as either positive or negative influences on use. This analysis is designed to help those developing behavioural interventions.

The study findings will be made available on the Anabolic Steroids UK website, and through publications and conference presentations.

5. Drug-related deaths registered in England in 2020

Alberto Oteo, OHID.

The Office for National Statistics (ONS) reported that there were 4,561 deaths related to drug poisonings in England and Wales registered in 2020, a rise of 3.8% on the previous year. It reported that 2 out of every 3 of these deaths were from drug misuse, a small rise across both countries since 2019. Wales reported its lowest rate of drug misuse deaths since 2014. This may be due to a delay in registrations in 2020.

These are the highest numbers on record for England. 3 out of every 4 drug misuse deaths (2,140) in England were opioid related. Heroin-related deaths made up the largest proportion of drug misuse deaths (45%) in England and have more than doubled since 2012. There were 1,264 heroin-related deaths registered in 2020, similar to 2019. Fentanyl deaths remained static at 53 and there were only 2 deaths from fentanyl analogues. However, there was a 24% increase in methadone deaths, likely due to changes in dispensing during the pandemic. The increase seen in methadone deaths registered in 2020 is reflected in preliminary analysis linking deaths with treatment data. Methadone deaths are likely to increase with next year's registrations, as many of the deaths that occurred in the second half of 2020 will appear in 2021 registrations.

There are also upward trends in the last decade for other substances, most significantly cocaine (more than 5 times the amount recorded a decade ago), benzodiazepines and their analogues, and gabapentinoids.

Analysis of drug misuse deaths by year of occurrence (analysis is only possible up until 2019 due to delays in registration) rather than year of registration shows that a quarter of heroin deaths in 2019 also involved cocaine, and just under half (46%) of cocaine deaths involved heroin.

The rates of drug related deaths in older age groups have been increasing, with the 45 to 49-year-old age range having the highest rate.

While drug misuse death rates show a steady increase in all regions, there is a marked north-south divide, with the North East, North West and Yorkshire and the Humber having the highest rates.

More information is included in the ONS report on deaths related to drug poisoning in England and Wales.

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