Public Health England

National Intelligence Network on drug health harms briefing: March 2020

Published May 2020

This briefing is based on a meeting of the National Intelligence Network (NIN) on the health harms associated with drug use. 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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1. Public Health England update

Colleagues from the health improvement directorate and the National Infection Service (NIS) updated the network on recent Public Health England (PHE) activity focused on drug-related health harms.

COVID-19

PHE had sent a letter on COVID-19 in mid-February to PHE centres for them to cascade to local areas. This linked to available resources and explained how some people using drugs and alcohol have particular vulnerabilities and needs in relation to COVID-19 infection. Further guidance is planned.

Network members described particular pressures in inpatient units and a need in the community to focus on maintaining and even expanding opioid substitution treatment (OST) and needle and syringe programmes (NSP). Services would need to scale back one-to-one contacts where possible, and flexibility on prescribing and dispensing would be needed to enable this. Measures to protect people from increased quantities of OST would also be needed, including lock boxes and more naloxone.

Dame Carol Black review of drugs

Findings from the independent review of drugs led by Professor Dame Carol Black have been published. This first part of the review focuses on the drugs market, law enforcement and treatment provision. The review found a “perfect storm” of increasing drug supply and purity, and the loss of protective factors all happening at a time when treatment services have been curtailed by local government funding cuts and the treatment workforce is declining in number and quality.

The next stage of the review will make recommendations to government about how drug treatment is commissioned and how local areas are accountable for what is provided.

Adult treatment stats for prisons and secure settings

Statistics for adults in drug treatment in prison and secure settings have been published, showing a 4% fall in adults in treatment in 2018 to 2019 (53,193) compared with the previous year. This continues a year-on-year decrease, meaning numbers are now 12% lower than in 2015-16.

The proportion of people starting treatment for crack problems without opiates has gone up each year these statistics have been published (from 5% in 2015 to 2016 to 7% in 2018 to 2019).

Vaping in England – evidence update

The sixth independent report on e-cigarettes provides recommendations on the use of e-cigarettes to commissioners, NHS trusts and other organisations providing care to NHS patients, particularly people with mental health conditions. It promotes a consistent approach to e-cigarettes across the NHS, so there is support for patients who need to transfer between acute and mental health trusts.

A comprehensive e-cigarette safety review will be the focus of a future report.

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2. Overview of ASSESS – Anabolic Androgenic Steroid Use Population Size Estimation: First Stage Study

Professor Vivian Hope (Professor of Public Health, Public Health Institute, Liverpool John Moores University)

The number of people using anabolic androgenic steroids (AAS) in the UK is unknown, with a wide range of surveys and data suggesting significantly different population sizes. The Anabolic Androgenic Steroid Use Population Size Estimation: First Stage Study (ASSESS) is intended to be pragmatic, relatively quick and robust, to establish a more reliable range for the size of the AAS using population.

A collaboration between Liverpool John Moores University, Manchester Metropolitan University, the University of Birmingham and Public Health Wales, ASSESS will initially use available datasets and intelligence. This includes data from the Crime Survey for England & Wales, regional needle and syringe programme monitoring and National IPEDinfo survey data.

If you have, or know of any data that systematically records AAS use that can be accessed by the study group, please contact Viv Hope (v.d.hope@ljmu.ac.uk) and Jim McVeigh (J.McVeigh@mmu.ac.uk).

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3. Eliminating hepatitis C – Hep C U Later campaign and the Andover project

Louise Hansford (Hep C Elimination Coordinator South, Midlands Partnership NHS Foundation Trust/NHS Substance Misuse Provider Alliance)

As part of the hepatitis C elimination programme, the NHS Substance Misuse Providers Alliance (NHS SMPA) is working in partnership with Gilead to implement established best practice pathways across all its member services.

This project aims to support NHS hepatitis C service providers within the Operational Delivery Networks (ODNs) to treat and cure over 6,000 patients and achieve effective elimination in drug treatment member services. Streamlining routes into treatment by working with award-winning peer engagement projects has led to micro-elimination of hepatitis C in some service caseloads.

Hep C U Later

Hep C U Later is a consciousness-raising NHS branded campaign which aims to reduce existing barriers to hepatitis C treatment. Key messages of the campaign include:

- hepatitis C virus (HCV) can be eliminated and we aim to do it
- what 'at risk' behaviours are and how to reduce risky behaviour
- treatment is quick, easy and accessible

Andover project

In Andover, myths about hepatitis C testing and treatment effectiveness were linked to a high level of untreated cases. The poor treatment rate was also affected by multiple health conditions in the patient group, a lack of finances for patients to make journeys to appointments and the time involved in making those journeys.

Setting up a monthly hepatology outreach helped to secure clinic funding to build on an existing partnership with University Hospital Southampton (UHS) NHS Foundation Trust. UHS provided hepatology outreach clinics, employed a blood-borne virus champion and offered additional peer support.

The most stable patients were started on treatment and then motivated others to get treated. Sharing experiences between patients and peers led to a doubling in engagement, developing a shared commitment to 'micro eliminating together'.

The Andover project has shown that close collaboration between peer workers and a visiting hepatology team, aiming to treat and cure all HCV-infected people within a single treatment centre, is a viable method for micro-elimination.

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4. Find & Treat Service

Dr Al Story (Clinical Lead, Find & Treat, University College London Hospital)

In London, where there is the largest concentration of people experiencing homelessness, the latest annual data from the Combined Homelessness And Information Network (CHAIN) shows that 8,855 people slept rough in the capital in 2018-19. This is a rise of nearly a fifth (18%) in 12 months.

People experiencing homelessness with drug and alcohol and other underlying healthcare problems is a huge issue.

PHE reports show that over the last 5 years, the proportion of people with tuberculosis (TB) who had a social risk factor (including being homeless and using substances) increased from 8.8% in 2014 to 13.3% in 2018. People with social risk factors are 1.5 times more likely to have infectious TB and 1.5 times more likely to die. There is also a high prevalence of latent TB and bloodborne virus infection in the homeless population.

The Find & Treat service has been running for 16 years and provides an integrated one-stop-shop service with cost savings now estimated at over £10k per treatment.

A video-based approach to directly observed therapy (DOT), known as video-observed therapy (VOT), is an innovative way of delivering treatment to populations at greater risk of not completing their treatment. In a recent randomised control trial, VOT enabled higher levels of treatment observation for patients with TB than DOT, over the first 2 months of treatment and throughout treatment.

VOT also supported daily dosing, was effective for socially complex populations, and had a lower dropout rate than DOT. The absence of face-to-face contact did not reduce the identification of adverse events or lead to more unscheduled appointments.

People experiencing homelessness are a priority population for TB, where outreach and targeted case finding are essential. Peers can provide guidance and information to help with this. Integrated point of care testing and a surveillance system that captures co-morbidity among this population can better inform its care needs.

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5. Tobacco harm reduction in Lambeth addictions consortium

Dr Debbie Robson (Senior Research Fellow, National Addiction Centre, Addictions Department & NIHR ARC South London) and Dr Michael Kelleher (Lambeth Addictions Consortium South London and Maudsley NHS Foundation Trust)

Smoking has a big impact on mortality among people accessing services for drug and alcohol treatment. Studies show that tobacco is implicated in more deaths than alcohol and other drugs-related causes among this group.

Audit of clients and staff in South London and Maudsley NHS Foundation Trust

There are long-standing questions about whether smoking should be prioritised in drug and alcohol services. A study in Lambeth showed that while a third of clients felt that smoking should be addressed early in their treatment for their primary substance use, just under two-thirds believed it should not be addressed until after their treatment for their primary substance use. Also, only 15% reported having been offered smoking support during their treatment.

The percentage of staff saying smoking should be addressed early in treatment was also low in 2013 (29%) but a follow up showed that this had increased significantly by 2018 (73%).

Integrated tobacco dependence clinic within a drug and alcohol service in south London

An integrated tobacco dependence clinic delivers treatment over a maximum of 12 sessions which includes: nicotine replacement therapy, varenicline (a prescription medicine used to treat nicotine addiction), behavioural support and a range of e-cigarette products. Vaping products were decided on after a small group of clients tested several products (from independent e-cigarette manufacturers) and recommended the devices.

The new clinic set up in 2019 increased access to tobacco dependence support. 74 people had accessed support over a three-year period (from 2014 to 2017), compared to 129 in less than a year since the new clinic began.

The quit rate at last appointment for January to October 2019 was on average around a quarter (27.2%) of everyone who attended at least 2 sessions but ranged from 21.2% (14 of 66) by the fourth session to 46.4% (13 of 28) by the 12th session. The average number of cigarettes smoked a day also fell from 18.4 to 3.9 across the entire group.

The quality of the products provided was welcomed by the client group, with 77% saying they were very easy to refill and recharge and 47% rated them as similar, a little or much more satisfying than smoking.

Many people who use drug and alcohol services want to stop or reduce their smoking and integrating tobacco dependence treatment into these services has been well received by clients and can lead to reducing or stopping smoking, without compromising other outcomes.