



Drug health harms – national intelligence

April 2014

Notes for directors of public health, commissioners, service providers and needle and syringe programmes from the third meeting of the National Intelligence Network on the health harms associated with drug use, held in London on 29 January 2014.

About the network

The National Intelligence Network on the health harms associated with drug use is convened by the alcohol and drugs team of Public Health England's (PHE) health and wellbeing directorate.

The network improves the dissemination of intelligence on blood-borne viruses, new and emerging trends in drug use, and drug-related deaths, and explores how to use this intelligence to improve practice.

PHE activity

Dr Vivian Hope updated the network on recent PHE activity around blood-borne viruses and infectious disease related to drug use. Pete Burkinshaw updated the network on recent programme work in PHE's alcohol and drugs team.

PHE published two major reports in November 2013: 'Shooting up: infections among people who inject drugs in the UK'¹ and 'HIV in the UK'².

'Shooting up' focuses on image and performance-enhancing drug (IPED) use and the risks of HIV, hepatitis B and hepatitis C infection among this group. In England and Wales the level of HIV infection in people who inject IPEDs is the same (1.5%) as in people who inject psychoactive drugs, such as heroin and crack.

The 'HIV in the UK' report highlighted that new diagnoses among men who have sex with men (MSM) continued to rise in 2012 and reached an all-time high of 3,250. This number reflects ongoing high levels of HIV transmission but also an increase in HIV testing among this group.

Prevalence of HIV among all people who inject drugs in 2012 is similar to the prevalence in 2011, indicating that transmission is ongoing, albeit at a low level.

¹ Shooting Up: Infections among people who inject drugs in the UK 2012, PHE
www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1317140236856

² HIV in the United Kingdom: 2013 Report, PHE
www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1317140300680

PHE's Centre for Infectious Disease Surveillance and Control is developing a prevalence of hepatitis C template³ to inform treatment levels in local authority areas.

Findings from the needle and syringe programme (NSP) survey, supported by NICE, PHE and the National Needle Exchange Forum will be published by Liverpool John Moores University (LJMU) in the spring.

PHE and NICE, in collaboration with the Local Government Association, are organising a national conference to support implementation of the updated NICE guidance being published in April. The event takes place on 19 May in Birmingham.⁴

PHE's alcohol and drugs team, along with the Department of Health (DH), is working with the UK Focal Point on Drugs⁵ to consolidate and streamline drug intelligence information. PHE is producing an updated protocol for local areas to support their evaluation of local drugs intelligence reports.

PHE alcohol and drugs is convening a stakeholder group on MSM and drug use. A bulletin on available data will be published with briefings for providers and commissioners. The health and wellbeing strategic framework for MSM aims to reverse the current trend of increasing numbers of new incidences of HIV in MSM by 2020 and drug use is a component part of this.

PHE alcohol and drugs is convening and supporting a dual diagnosis expert group to advise the National Mental Health Intelligence Network.

DrugWatch and intelligence from providers

Harry Shapiro, director of communications at DrugScope, updated the group on DrugWatch and recent trends and initiatives around new psychoactive substances (NPS). Network members were invited to share local intelligence and experience relating to NPS and how this has impacted on patterns of traditional substances being used.

DrugWatch is a virtual network of experts and independent consultants in the drugs field who share intelligence on new substances and contaminated drugs, issuing targeted information when appropriate.⁶

DH has commissioned the Recovery Partnership (Recovery Group UK, DrugScope and Skills Consortium) to convene a group looking at new psychoactive substance (NPS). The group will look at treatment, control and education and prevention approaches with a final status report expected around April 2014.

There are growing numbers of presentations of NPS users to treatment in the prison estate. The two main groups of substances used by youth offenders are synthetic cannabinoids and cannabis.

³ Commissioning template for estimated HCV prevalence and numbers eligible for treatment by local area is available at: www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/HepatitisC/EpidemiologicalData/

⁴ www.phe-events.org.uk/eipbirmingham

⁵ www.nta.nhs.uk/focalpoint.aspx

⁶ DrugWatch resources can be found at: www.drugscope.org.uk/partnersandprojects/DrugWatch

Significant differences exist in NPS use across short geographical distances. KCA's young people's services in Kent, for example, have seen that Folkestone and Canterbury have entirely different patterns of NPS use.

There are often localised outbreaks of use of different substances. Alerting systems need to be robust, sophisticated and reactive.

NPS use is complex and fluid, meaning that prevalence data is lacking. Professionals and policy makers may be one step behind production and prevalence of NPS but this should not discourage them.

There is local evidence of a shift away from traditional substance use. Some localities in the Manchester area report long periods without new opiate presentations. More affluent boroughs like Bury and Stockport are reporting ketamine and GBL users presenting to treatment. Conversely, due to its relative price, there are no reports of ketamine use in less well-off boroughs.

Local data from the Needle Exchange Monitoring System (NEXMS) shows that users of needle and syringe programmes (NSP) in certain areas in Yorkshire are evenly split between opiate users and people who inject image and performance enhancing drugs (IPED).

There is anecdotal evidence from across the country that new opiate use in white ethnic groups is an emerging trend. There is growing reported use, for example, among the Roma community in the south of England.

There is an emergent young Nepalese heroin-using population in the south, while Czech and Slovak injectors have taken to using methamphetamine. Consequently, services have had to produce appropriate materials in those languages.

Prescription drug misuse in prisons is reported to be high. Gabapentin and pregabalin have good trading value. There is recent guidance on pain medications in secure environments.⁷

Prescription drug misuse is increasing generally among traditional illicit drug users who are dissatisfied with the quality of illicit opiates. There is a feeling that drugs prescribed by a doctor are of a higher quality and they are becoming increasingly desirable.

GPs should regularly review prescribed medicines and ensure that patients are aware of the legal ramifications of diverting prescribed medicines.

Anecdotal reports suggest that GPs are increasingly reluctant to prescribe opioids. In Yorkshire and Humberside some GPs are prescribing pregabalin and gabapentin instead.

If GP prescribing rates could be mapped over a wider area this would show patterns. Local public health teams do not have access to prescribing data that used to be readily available to PCTs. The data is available via providers on request but not through a central route. Directors of public health could highlight this lack of data access to NHS England.

⁷ Managing persistent pain in secure settings, PHE www.nta.nhs.uk/uploads/persistentpain.pdf

Smoking and substance misuse

Gay Sutherland, tobacco research unit at the Institute of Psychiatry, and Dr Luke Mitcheson, head of addictions psychology and lead psychologist for Lambeth Addictions, presented on 'Smoking and substance misuse'.

Smoking-related diseases among drug users are significant and contribute to drug-related deaths.

Interventions to address smoking concurrently with alcohol and/or drug misuse are effective and can also support alcohol and drug abstinence.⁸

There is a high smoking prevalence among substance misusers and a strong interrelationship between smoking and substance misuse.

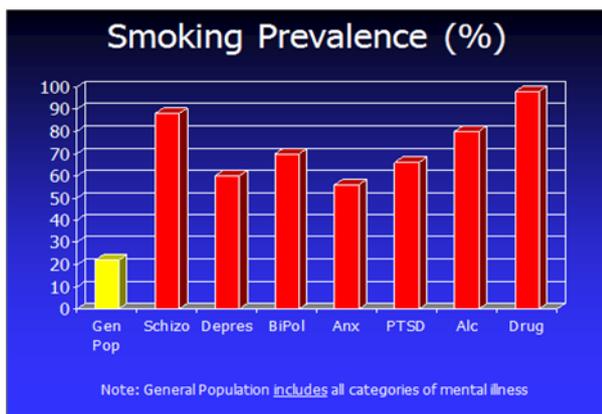


Fig1: Smoking prevalence among different populations; Cookson C, McNeill A (2013): Smoking prevalence in SLAM

Smoking impedes cognitive recovery after alcohol abstinence; smokers have subjective symptoms of methadone inadequacy; and smokers require higher doses of some benzodiazepines/opiates.

Cannabis users (who also use tobacco) make fewer attempts to quit smoking and are less likely to be successful than tobacco-only smokers.

Key findings presented from an audit of staff and service users at South London and Maudsley NHS Foundation Trust (SLaM) showed that there was high smoking prevalence among staff (45%) and clients (88%) compared to the general population (20%).

Staff may be apprehensive about the consequences of restricting smoking on their premises, but research says the number of aggressive incidents among clients goes down (disputes among clients are often caused by disagreements relating to smoking routines – for example, the frequency of smoking breaks and who the client is smoking with).

Data from the Global Drug Survey shows that 85% who smoke cannabis roll joints with tobacco, while 60% of those surveyed who use tobacco would want to use less of it.

Nicotine replacement therapy (NRT) could be a front line intervention for cannabis users.

⁸ Smoking and mental health: A joint report by the Royal College of Physicians and the Royal College of Psychiatrists (2013) www.rcplondon.ac.uk/sites/default/files/smoking_and_mental_health_-_key_recommendations.pdf

Smoking could be more closely monitored and is being considered for inclusion in the Treatment Outcomes Profile (TOP).

PHE is supporting the development of training packages for services to implement smoking cessation interventions in routine service provision.

NICE update on needle and syringe programme guidance

Chris Carmona, public health analyst at NICE, presented on the update of guidance for the provision of needle and syringe programmes.

In 2009 NICE published PH18 – public health guidance on the optimal provision of needle and syringe programmes (NSP) among injecting drug users.⁹

A review in 2012 concluded that there was no new evidence to contradict existing recommendations; there was new evidence that could add to existing recommendations; and there was new evidence that could expand the previous work to more fully meet the scope.

An expert group and consultation process decided that the update of the guidance should focus on new evidence related to existing recommendations; vending machines, outreach, drop boxes; NSP provision to users of performance and image-enhancing drugs; and NSP provision to under-18s.

Training will be required to meet the needs of people who deliver NSP. The guidance is expected to be welcomed by providers at a time when there are concerns about budgets being reduced, with a fear that harm reduction services are often the first to be scaled back – specialist services are being decommissioned and services with *ad hoc* NSP cover are being more widely proposed.

Providers are hopeful that this guidance update will re-emphasise the cost-effectiveness of NSP provision.

⁹ NICE Public Health Guidance 18: Needle and syringe programmes: www.nice.org.uk/ph18

Image and performance enhancing drug use – emerging trends

Jim McVeigh, deputy director of the Centre for Public Health at Liverpool John Moores University presented on emerging trends in image and performance enhancing drug use.

Little is known about the prevalence of anabolic steroid use across the country but there is some knowledge about the characteristics of users. Evidence of health harm associated with image and performance-enhancing drug (IPED) use is variable.

Approximately 25% of first-time steroid users are teenagers.

Injected in previous year		
	Proportion	n
Anabolic Steroids	86%	340
Growth Hormone	32%	128
HCG	16%	62
Insulin injected	5.6%	22
Melanotan	8.6%	34
Other IPED (inc. EPO, IGF-1 and Nubain)	5.1%	20

Hope, McVeigh *et al*

CPH CENTRE FOR PUBLIC HEALTH
LIVERPOOL JOHN MOORES UNIVERSITY

Fig 2: Hope, McVeigh, *et al*¹⁰

Steroid use is highly prevalent in the prison environment. Prisoners may present with opiate and stimulant problems and then switch to IPED.

There are crossovers with psychoactive drug use. A recent study reported that in the preceding 12 months, 46% of steroid users had snorted cocaine and 12% had used amphetamines¹⁰. This population would not normally come into contact with drug services other than needle and syringe programmes.

Other non-steroid substances used among this population include sildenafil (Viagra) and other erectogenics, nalbuphine (Nubain), pegylated mechano growth factor (MGF), and melanotan.

Services may be discouraged from confronting IPED use because there is a lack of experience in dealing with non-psychoactive substances but keyworkers can engage in familiar ways. People who inject IPEDs can be offered harm reduction interventions similar to those provided for people who inject psychoactive drugs.

Depression and psychosis are side-effects of IPED use, caused by withdrawal during the user's off-cycle.

There are around half a dozen services in England known to be giving good, knowledgeable harm reduction advice to image and performance enhancing drug users.

¹⁰ Hope VD, McVeigh J, Marongiu A, *et al*. Prevalence of, and risk factors for, HIV, hepatitis B and C infections among men who inject image and performance enhancing drugs: a cross-sectional study. *BMJ Open* 2013;3:e003207.doi:10.1136/bmjopen-2013-003207

Future topics

The network discussed priorities for future meetings including:

- identifying and treating hepatitis C
- sex work and harm reduction interventions
- providing sexual health services – including pathways between drug treatment and sexual health providers
- opt-out blood-borne virus testing in prisons
- addiction to prescription medicines
- dual diagnosis of substance misuse and mental health problems
- cannabis use

Full presentations from past meetings are at: www.nta.nhs.uk/who-healthcare-drd-bbv.aspx

The next network meeting will take place on Thursday 4 June at Novotel (London City South), 53-61 Southwark Bridge Road, London SE1 9HH

PHE in partnership with the LGA and NICE host 'Evidence into practice and policy: needle and syringe programmes – protecting people and communities' on Monday 19 May www.phe-events.org.uk/eipbirmingham

The National Needle Exchange Forum (NNEF) is holding a free training event on Friday 6 June at the Redmonds Building, Liverpool John Moores University, Clarence Street, Liverpool L3 5TN. For more information contact Jamie Bridge (bridgejamie@hotmail.com) www.nnef.org.uk

Attendees

- Jamie Bridge, National Needle Exchange Forum
- Emma Burke, PHE
- Pete Burkinshaw, PHE
- Liz Butcher, PHE
- Stuart Campbell, Westminster Drug Project
- Chris Carmona, NICE
- Max Courtney, PHE
- Katelyn Cullen, PHE
- Selina Douglas, Turning Point
- Niamh Eastwood, Release
- Viv Hope, PHE
- Neil Hunt, University of Kent
- Susan Johal, PHE
- Ian Joustra, Rotherham Doncaster and South Humber NHS Foundation Trust
- Mike Kelleher, SLAM/PHE

- Andrew Kilkerr, CRI
- Mike Lowe, KCA
- Liz McCoy, Pennine Care NHS Foundation Trust
- John McCracken, Department of Health
- Jim McVeigh, Liverpool John Moores University
- Greg Marshall, PHE
- Luke Mitcheson, SLaM/PHE
- Mike Naraynsingh, Greater Manchester West Mental Health NHS Foundation Trust
- John Ramsey, TICTAC & St George's College, University of London
- Harry Shapiro, Drugscope
- David Sheehan, PHE
- Josie Smith, Public Health Wales
- Gay Sutherland, Institute of Psychiatry
- Sally Thomas, National Aids Trust
- Monique Tomlinson, Exchange Supplies
- Martin White, PHE
- Adam Winstock, Global Drug Survey
- Rob Wolstenholme, PHE

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