Public Health England

Protecting and improving the nation's health

Drug health harms – national intelligence

January 2016

Notes reflecting presentations and discussion from the ninth meeting of the National Intelligence Network on the health harms associated with drug use, held in London on 2 December 2015. These notes are for directors of public health, commissioners, service providers and needle and syringe programmes.

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

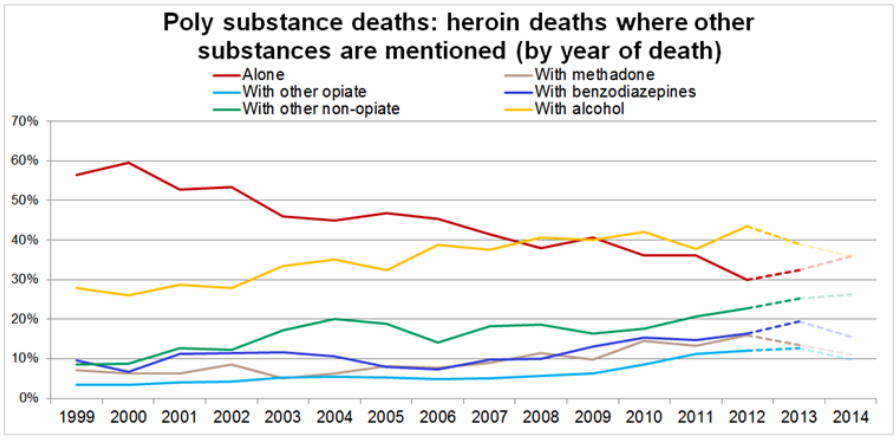
The network exchanges intelligence on blood-borne viruses, new and emerging trends in drug use, and drug-related deaths, and explores how to use this intelligence to improve practice.

Drug-related deaths

Martin White, Evidence Manager for Public Health England alcohol, drugs and tobacco, presented PHE's latest analysis of official statistics on drug-related deaths. Current and future PHE responses to the issues were also discussed

Official statistics for England show that the number of drug-related deaths is increasing and recent analysis indicates the rate of increase is possibly accelerating.

This trend is mainly being driven by rises in accidental opiate poisonings (particularly heroin-related) in combination with benzodiazepines and other non-opiate drugs. Amphetamine and cocaine deaths have also been increasing in recent years.



Note: the graph above shows the % of all drug misuse deaths (by year of death) where heroin and other drugs are mentioned. The dotted and faded lines reflect the latest current data for those years. This will change when subsequent years' statistics are taken into account as more deaths which have occurred in those years are registered.

Analysis shows that treatment is protective against drug misuse deaths. There has been a very small increase, compared to PHE's original analysis, in the proportion of opiate misuse deaths where the individual was in treatment at the time – this accounts for 23% of all opiate misuse deaths. There has been a corresponding small decrease in the proportion of opiate misuse deaths where the individual had no recent contact with treatment (ie, within the last year) – accounting for around two-thirds of all opiate misuse deaths. Current analysis also shows that the proportion of people who die within 12 months of completing treatment has been reasonably stable in recent years (4% of all opiate misuse deaths).

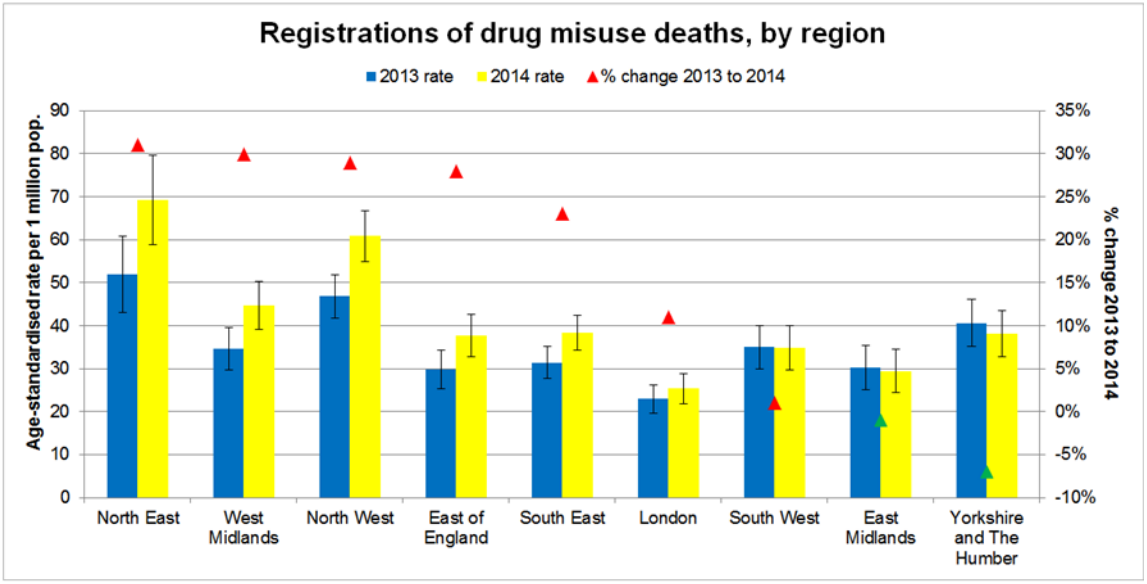
More analysis will be done on this issue and early in 2016 PHE will publish an update of the statistical bulletin on drug-related deaths published in July 2015.

PHE's alcohol, drugs and tobacco division have funding for an inquiry into drug-related deaths and will develop a programme of related activity.

Drug-related deaths: a local response

Margaret Orange, Treatment Effectiveness and Governance Manager (Addiction Services) Northumberland, Tyne and Wear NHS Foundation Trust presented findings, and service improvements, based upon analysis of drug-related deaths

Official statistics show that the North East region recorded the highest rate of drug misuse deaths registered in 2013 and 2014 (see below).



Northumberland, Tyne and Wear NHS Foundation Trust (NTW) established a group to review drug-related deaths which occurred in addictions treatment over a five-year period. The review included examining patient records, care plans, prescribed medicines and serious incident reports.

In the majority of cases deaths occurred at either the engagement or stabilisation point in an individual's treatment journey, and after having experienced multiple warning signs including near misses. Case reviews highlighted a number of other common factors,

including poly drug use and involvement with multiple health and social care services. These deaths often occurred at the time of a significant life event, such as bereavement or relationship, housing or financial issues.

As well as understanding more about the point in the treatment journey where the service user had died, the review process identified key themes for development, including improved administration and recording of incidents, better communication, enhanced risk assessment and improvements to the “phasing and layering” approach used to optimise treatment.

The review highlighted that there was a clear need to ensure that lessons learnt resulted in action and retention of organisational memory (i.e. data, information and knowledge relating to the organisation) was very important.

Rachael Hope, Community Safety Specialist in drugs at Safe Newcastle/Public Health, Newcastle City Council, presented findings from a city-wide, multi-agency review of drug-related deaths

The process for reviewing a suspected drug-related death in Newcastle involves all suspected cases being reported to the local authority through the police (or other services depending on the circumstances). Services are given unique identifiers and a drug-related review is held pre-inquest.

Due to the increase in reported suspected drug related deaths in 2013/14 a local authority review of all cases was requested by the Newcastle’s Director of Public Health. The review, involving 19 overdose deaths, found that there was an increase in female drug-related deaths. Nine of the individuals had been parents – with 22 known children. Many had complex health issues but the deaths had been linked to overdose.

Trauma and significant life events as children were prominent issues. Other common factors identified included: multiple presentations and dropping out of treatment (including mental health treatment); repeated presentations to hospital and A&E; repeated admission to mental health wards; and repeated contact with the criminal justice system.

The review highlighted the extent to which each case had been involved in health, social and criminal justice services throughout their life course. Over 50% involved identified issues throughout childhood, including a history of exclusion, not being in education, employment or training, and experience of domestic violence.

The review helped to inform the re-design of the drug and alcohol treatment system, and standard risk management operating procedures and consistency of practice for all staff across commissioned services. It has also driven discussions about early identification and support for families in treatment.

Cannabis, cannabinoids, nitrous and MDMA – an update

Dr Adam Winstock, Consultant Psychiatrist & Addiction Medicine Specialist SLaM NHS Trust, Senior Lecturer Kings College London and founder of the Global Drug Survey, presented recent trends on cannabis, cannabinoids, nitrous oxide and MDMA – based in part on findings from the Global Drug Survey

There is a very strong relationship between dose and harm associated with synthetic cannabinoid receptor agonists (SCRA) use. Current testing is showing an increase in the strength of synthetic cannabinoid products, and young women appear to be most at risk from overdose.

Many regular SCRA users are poor and marginalised and often homeless. Synthetic cannabinoids are often used by individuals on their own and this increases the risk.

Some SCRA products currently on the market contain active ingredients that are100 times more potent than the main psychoactive constituent of cannabis. In some areas of the country more people are now seeking treatment for synthetic cannabinoids than for cannabis.

Ecstasy often contains PMMA or alpha-PVP but it appears to be use of cheap, high-MDMA content ecstasy that is causing the most adverse reactions.

Most nitrous users don't use very much or very often. Less than 1% of users take around 100 hits a day and it is these very high-dose and frequency users who are far more likely to experience harm.

Butane hash oil (BHO), has a much higher potency than other forms of cannabis and can lead to more memory loss. It does not have to be smoked so it may be more attractive to people who do not wish to smoke. Some users may be motivated to change to BHO by the risk of cancer, lung disease and chronic obstructive pulmonary disease (COPD) associated with smoking, especially with tobacco.

Cannabis smokers can be encouraged to reduce use through improving their overall health and fitness.

Members update

NIN members, including DrugWatch, briefly discussed testing and alerts processes

The Welsh Emerging Drugs & Identification of Novel Psychoactive Substances Project (WEDINOS) shared activity figures for 2014-2015. There had been 1350 analyses of 305 compounds. 14% of drugs tested had non-controlled compounds in them, while 50% of ecstasy samples sent to WEDINOS did not contain any MDMA. 40% of samples were sent in from outside of Wales. The average age of people sending in substances for analysis was 36.

Members discussed alerts processes and welcomed imminent PHE guidance. Some members felt that there was often pressure on and in local authorities to be seen to acting. An established local expert panel to assess drug intelligence and decide on alerts could make it easier to quickly decide the best course of action.

PHE update

Vivian Hope updated the network on activity from PHE's National Infections Service

Between December 2014 and November 2015 there were 47 cases of probable and confirmed wound botulism among people who inject drugs in the UK – 43 cases were in Scotland, three in England and one in Wales. While the English and Welsh cases are all believed to be sporadic, and unlinked to each other, all of the Scottish cases had links to Glasgow. The Glasgow cluster of botulism among people who inject drugs is the largest ever seen in Europe. It is possible that there may have been a recent increase in the supply of heroin contaminated with botulism spores.

Shooting Up (Infections among people who inject drugs in the UK) was published in November and reported that the injection of stimulants, particularly amphetamine and mephedrone, has become more common in some areas of the UK. People injecting these types of stimulants report higher levels of risky injecting behaviour.

Around half of people who inject psychoactive drugs have been infected with hepatitis – and half of those infected remain unaware of their status.

As reported in the new HIV in the UK report, just 138 of 6,151 new HIV diagnoses in 2014 were associated with injecting drug use. PHE is promoting HIV home testing services for those at higher risk of infection.

Pete Burkinshaw and Steve Taylor updated the network on activity from the Alcohol, Drugs and Tobacco Division

National substance misuse statistics for adults and for young people in 2014-15 have been published. For the first time, the statistics bring together information on people receiving specialist interventions for alcohol and drugs.

The legislative change to allow the wider provision of naloxone came into force in October and a joint Department of Health, Medicines and Healthcare products Regulatory Agency and PHE factsheet on "Widening the availability of naloxone" has been published.

PHE is looking at existing data (both deaths and treatment data) and at the Scottish experience of developing outcome measures for its national naloxone programme to evaluate the impact of increased naloxone availability. The commissioning of naloxone for people leaving prison will be a local decision for NHS England health and justice commissioners, together with local authority commissioners.

An update of the UK clinical guidelines on drug misuse and dependence is progressing and publication is expected early in 2016. A number of sub-groups have been established to produce specific content for the guidelines including groups on opioid substitution treatment, psychosocial interventions and blood-borne-infections. Service user and carer representatives groups are continuing to support individual representatives sitting on the main working group.

The co-existing substance misuse and mental health issues (CESMMHI) expert reference group (ERG) is part of a large work programme on mental health crisis care. National data

is published on Fingertips. Guidance being developed is essentially a refresh of 2002 Department of Health guidelines on dual diagnosis and is expected in March 2016 to align with publication of an NHS England publication on crisis care.

PHE has published a briefing for commissioners and providers of substance misuse services about men who have sex with men (MSM) involved in chemsex. It contains recent data and prompts for local areas and services including: understanding local need; supporting services to meet need; and recognising and responding appropriately to individual need.

A new prison indicator for the Public Health Outcomes Framework (PHOF) has been proposed after a review of existing indicators. The new indicator is likely to measure the proportion of adults released from prison with substance misuse treatment need, and then go on to engage in structured treatment interventions in the community within three weeks of release.

PHE ran a survey for providers and commissioners of needle and syringe programmes in October. The survey had a relatively low response rate thought to be partly due to the extra pressures on local authorities and services. An update on outputs of the survey will be prepared early in 2016.

Future topics

The network discussed priorities for future meetings including:

- Drug checking
- Drug-related deaths related to chronic obstructive pulmonary disease (COPD)
- Hepatitis C treatment
- Glasgow viral outbreaks
- Service user advocacy
- Commissioning of substance misuse services

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

The next network meeting will take place on Wednesday 2 March at Skills for Care, Lynton House, 7-12 Tavistock Square, London WC1H 9LT

Attendees

- Koye Balogun, National Infection Service, PHE
- Emma Burke, PHE London
- Pete Burkinshaw, Health and Wellbeing, PHE
- Liz Butcher, PHE Yorkshire and the Humber
- Vicki Craik, Crew2000
- Katelyn Cullen, National Infection Service, PHE
- Sue Doherty, Pennine Care NHS Foundation Trust
- Paul Duffy, PHE North West

- Sally Gill, PHE South East
- Rachael Hope, Newcastle City Council
- Viv Hope, National Infection Service, PHE
- John Jolly, Blenheim CDP
- Mike Kelleher, SLaM & Health and Wellbeing, PHE
- Mary Bell McLeod, Lifeline
- Jim McVeigh, Liverpool John Moores' University/Centre for Public Health
- Fortune Ncube, National Infection Service, PHE
- Margaret Orange, Northumberland, Tyne & Wear NHS Foundation Trust
- John Ramsey, St George's Hospital/TICTAC Communications
- Carole Sharma, Federation of Drug and Alcohol Professionals
- Harry Shapiro, DrugWatch
- Steve Taylor, Health and Wellbeing, PHE
- Daniel Vincent, National Aids Trust
- Ben Walden, Norwich and Suffolk NHS Foundation Trust
- April Wareham
- Martin White, Health and Wellbeing, PHE
- Louise Wilkins, The Health Shop, Nottinghamshire Healthcare NHS Foundation Trust
- Nicky Wilsenham, Phoenix Futures/Foundation 66
- Adam Winstock, Kings College London/SLaM
- Rob Wolstenholme, Health and Wellbeing, PHE
- Judith Yates, Substance Misuse Management in General Practice

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