Drug health harms – national intelligence

December 2014

Notes for directors of public health, commissioners, service providers and needle and syringe programmes from the fifth meeting of the National Intelligence Network on the health harms associated with drug use, held in London on 22 October 2014.

About the network

The National Intelligence Network on the health harms associated with drug use is convened by the alcohol, drugs and tobacco team 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.

Update on activity and intelligence from local areas and Network members

Members of the Network shared recent activity and intelligence related to health harms

Broader public health activities are appearing in contracts for services, including smoking cessation programmes and health checks.

Many areas report more presentations from clients experiencing problems from pregabalin and gabapentin use. In Southampton in June, a 'spike' in non-fatal overdoses involving these drugs was reported. Other areas agreed that use of pregabalin and gabapentin "seems to be everywhere". Use often starts in prisons for treating neuropathic pain.

Since this meeting, PHE and NHS England have jointly published an expert group's advice for prescribers on the risk of misuse of pregabalin and gabapentin, and suggestions for a balanced and rational use of these medicines.

Michael Linnell updated the network on recent activity noted by DrugWatch

DrugWatch is an informal network of professionals and experts in the field across the UK and Ireland. Information is shared and available for all members.

DrugWatch recently produced a nitrous oxide briefing in response to growing publicity about its use and concern from local authorities.

In recent months DrugWatch has also published information on synthetic cannabinoids and provided intelligence to specialist forums on steroids.

There are reports of GPs not taking seriously patients reporting problems with some new psychoactive substances.

Too often some in the sector are perpetuating inaccurate drugs' 'warnings' information. Simple misunderstandings can occur if basic information is missed such as the date and origin of messages. It is not uncommon for old information to be passed off as new.

Update on activity and intelligence from PHE

Pete Burkinshaw and Vivian Hope updated the network on recent PHE activity relating to drug health harms from the health and wellbeing and health protection directorates

A public consultation on whether 2007's Drug Misuse and Dependence: UK Guidelines on Clinical Management should be updated has taken place. Feedback from stakeholders was delivered through an online consultation and a series of focus groups and in the majority favoured updating the guidelines. The expert group will be convened throughout 2015 with publication expected early in 2016.

PHE has been working with the Faculty of Pain Medicine (at the Royal College of Anaesthetists) to develop a "core resource" on opioid pain medicines.

The HCV Partnership is co-chaired by PHE and NHS England and also includes Hep C Coalition partners including the Hep C Trust, HCV Action and leading hepatologists. The group is collectively working towards an Improvement Framework. PHE has also worked with the Royal College of General Practitioners to develop a Hep C eLearning course, scheduled to go live in February.

A briefing for alcohol and drug treatment commissioners and providers on commissioning and delivering substance misuse services for men who have sex with men (MSM) who engage in "chem-sex" will be available soon. It includes consultation with a stakeholder group including representative of sexual health and drugs charities, providers, practitioners, commissioners and research groups such as SIGMA. PHE's wider MSM strategic framework is being published in February 2015. PHE's drugs, alcohol and tobacco teams are involved in redrafting this document.

PHE held an event in the summer bringing together commissioners, police, drugs services and other relevant agencies to share and scope best practice on responding to local drug warnings.

PHE is producing a briefing to support commissioners and providers of services for people who use image and performance enhancing drugs. A group of experts and practitioners (including members of this network) have scoped the briefing and are looking to publish in March 2015.

PHE has published an NPS toolkit to help local authorities and NHS England to respond to new psychoactive substance use and problems in their areas. It was developed in response to a request from substance misuse treatment commissioners, and in consultation with commissioners and other relevant professionals in the sector.

PHE and NHS England have developed a dual diagnosis expert reference group. A website and profiling tools have been launched as part of the wider Mental Health Dementia and Neurology Intelligence Network.

Alcohol, drugs and tobacco have convened a domestic violence internal working group. The group will produce a support pack being developed to raise awareness of the NICE guidelines on domestic violence. Outputs include presentations and hand-outs for centres to use in their commissioners and service provider forums and this piece of work feeds into a wider PHE domestic violence strategy.

PHE presented at the naloxone summit hosted by Blenheim Community Drug Project and International Doctors for Healthier Drug Policies which culminated in the formation of a Naloxone Action Group. PHE will be writing a briefing on what can be done now by local areas in order to get naloxone to the people who can make use of it, and how they can prepare for legislation to make naloxone more widely available next year.

Shooting Up report was published in November. It highlights that nearly 14,000 hepatitis C infections were diagnosed in 2013 in the UK, with around 90% acquired through injecting drug use. Around 2 in 5 people who inject psychoactive drugs such as heroin, crack and amphetamines are now living with hepatitis C, but half of these infections remain undiagnosed. Hepatitis B rates are falling and HIV rates remain low among people who inject drugs but there are new challenges because of low vaccine uptake among IPED users and new patterns of NPS injecting in certain areas.

Those who have read the report are encouraged to complete the attached survey.

Drug-related deaths – summary of recent statistics and discussion

Martin White, Evidence manager at Public Health England alcohol, drugs and tobacco presented a summary of recent statistics before network members discussed responses

The Office for National Statistics (ONS) reported that drug-related deaths in England increased by 16% between 2012 and 2013, following several years of decreases. Drug misuse deaths account for the large majority of the increase in drug-related deaths. ONS refreshed the drug misuse deaths data series historically to take into account additions to controlled substances (in particular tramadol) but the main driver of overall increase was a jump in heroin deaths. These account for 52% of the total increase in all drug poisoning deaths.

The large increase in 2013 may or may not represent a change in trend but it is statistically significant. Published data from ONS points towards the sudden jump being driven by accidental poisonings, with heroin as the main drug mentioned, among men, replicated across age groups and across regions.

PHE has obtained row-level data from ONS for 2013 and analysts will now be able to look at different groups of deaths in more detail to identify patterns and common risk factors associated with them.

Some network members expressed concern that some local areas are seeing clients leaving too soon as services encourage clients towards an early exit or successful completion of their treatment. ONS data will be matched to treatment data to establish the timing of death in relation to treatment and this could help establish the extent that this is happening. As the ACMD Recovery Committee's recent report made clear, there is no evidence to support blanket time limits on treatment, which can result in relapse and death.

An increase in the purity of heroin may have also contributed to the escalation in the number of deaths – PHE is considering how to test this theory through pooled data and

further analysis. Alcohol and increased benzodiazepine use in combination with heroin are also thought to account for the rise in the number of deaths.

A briefing on preventing drug-related deaths was published in April. Work has begun on a further briefing about naloxone which will cover current good practice in getting naloxone to the people who can make use of it.

Early in 2015, PHE, DrugScope and the Local Government Association will host a small national summit to explore some of the complex causes behind the rise. The summit will aim to produce practical messages for key decision makers who can help prevent future drug-related deaths.

Drug health harms for sex workers

Sara Croxford, a scientist at PHE HIV & STI Department at the Centre for Infectious Disease Surveillance and Control (CIDSC), presented "Sex work among people who inject drugs in England, Wales & Northern Ireland: Findings from a National Survey of Health Harms and Behaviours"

In 2011, the Unlinked Anonymous Monitoring Survey asked people who inject drugs: *"Have you ever received money, goods or drugs in exchange for sex?"* An analysis compared differences in: demographic; injecting and sexual risk behaviours; blood-borne virus (BBV) infection; intervention coverage; and environmental factors (such as history of homelessness and imprisonment) between sex workers and non-sex workers. Significant factors for women who inject drugs are shown in figure 1.

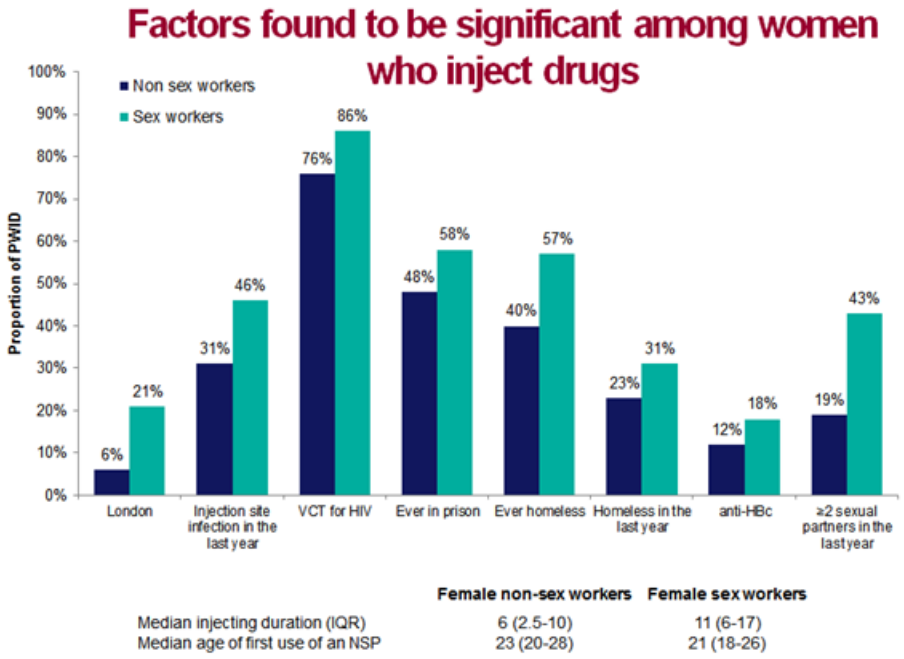

Figure 1: Unlinked Anonymous Monitoring survey, Public Health England, 2013

The results showed that around one in seven people who inject drugs were engaging in sex work (one in three among women and one in twelve among men).This group of people who inject drugs and are involved in sex work have a longer history of drug taking and

injecting. They also have higher rates of reported needle and syringe sharing, higher prevalence of injection site infections and BBVs, significantly more experience of prison and homelessness and are engaged in riskier sexual behaviour.

Continued public health surveillance of BBVs and risk behaviours among PWID is essential for highlighting the different levels of risk among MSM, migrants and sex workers to inform the development of policy and new interventions and the evaluation of existing services.

Targeted responses aimed to reduce risk among sex worker PWID are needed to maintain low prevalence of HIV and address the high burden of HCV amongst PWID.

Dr Gail Gilchrist, from the Institute of Psychiatry and King's College London presented "Drug users involved in prostitution: impact on health", an overview of the research on the associations between involvement in prostitution and drug and sexual risk behaviours, mental health and violence

It is common to see an increase in drug use in people involved in prostitution. Physical and sexual abuse in adulthood from a partner or a client is associated with prostitution and subsequent increased drug use.

This group has a very high prevalence of HIV – they are seven times more likely to be HIV positive than people who inject drugs and are not sex workers.

Policy recommendations for this group include accessible needle and syringe programmes, employment pathways and housing support.

Local health and wellbeing boards should develop violence against women strategies including specifically for women involved in prostitution.

There are many barriers to service use among this population including the stigma associated with prostitution, service opening hours and location of services. A large proportion of this population cannot currently make contact with services.

Domestic violence and substance misuse

Dr Gail Gilchrist also presented on intimate partner violence and substance misuse

There is poor understanding of intimate partner violence (IPV), the affected population and how to break intergenerational cycles.

Studies have shown that a greater proportion of female drug users who experienced recent IPV were HIV positive compared to those who had not (30% to 24%). Research also shows that men who are HIV positive were three times more likely to have perpetrated intimate partner violence.

Perpetrators are rarely referred to perpetrator programmes and when they are treatment completion is low. There is research that shows IPV impedes recovery and there are poorer outcomes for this group. A negative mood can lead to increased substance use or relapse. There is a need for an integrated response involving victims and perpetrators,

who are often separated. Joined-up interventions could then be further integrated into 'mainstream' substance misuse treatment.

There is a high prevalence of IPV and childhood victimisation among substance misusers seeking treatment.

Few studies of IPV perpetrator behavioural interventions have been conducted and even fewer among those who are in treatment voluntarily or who are substance misusers.

Jo-Anne Welsh, Director of Brighton's Oasis Project, presented "A comprehensive, gender specific approach to substance misuse in Brighton and Hove"

Brighton Oasis Project (BOP) is used by around 400 women and 120 children each year, including: women in the criminal justice system; women who are sex working; mothers, young women; any women who need help with drug and alcohol problems; and non-using parents and carers.

Most come into BOP through referral from social services. The majority experience domestic violence and sexual violence and there are high levels of ongoing support, like SMART Recovery, for this group.

Effective contraception and sexual health interventions (including long-acting reversible contraception) are popular among this group.

The New Economic Foundation produced an evaluation of refuge services working with this group and it outlines the social return on investment they produce.

Services should consider how safe they are for victims of domestic violence. Partners or friends of partners may also attend the service which increases fear and the risk of disengaging from the service.

One of the most common requests from victims is to work with perpetrators. Respect staff recently calculated that there is demand for over 40,000 places at domestic violence perpetrator programmes for non-convicted domestic violence perpetrators in England alone – from referrals from children's services, police, Relate services and the Respect phone line.

The Stella Project promotes the idea of working across victims and perpetrators "however uncomfortable this might be".

Future topics

The network discussed priorities for future meetings including:

- drug consumption rooms
- stimulant use
- cannabis and synthetic cannabinoids
- provision of needle and syringe programmes

Actions and agreements from the meeting

- PHE will work with members of the National Intelligence Network to produce a briefing on naloxone
- PHE will share future draft publications on health harms with National Intelligence Network members
- PHE will seek to improve representation at the meetings from commissioners, providers and directors of public health
- PHE and members will look at ways to improve the dissemination of information and increase the network's reach

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

Attendees

- Nerys Anthony, Turning Point
- Yusef Azad, National Aids Trust
- Emma Burke, PHE – London
- Pete Burkinshaw, PHE – Alcohol, Drugs and Tobacco
- Sara Croxford, PHE – Centre for Infectious Disease Surveillance and Control
- Katelyn Cullen, PHE – Centre for Infectious Disease Surveillance and Control
- Paul Duffy, PHE – North West
- Denise Grimes, Norfolk and Suffolk NHS Foundation Trust
- Viv Hope, PHE – Centre for Infectious Disease Surveillance and Control
- Ian Joustra, Rotherham, Doncaster and South Humber NHS Foundation Trust
- Mike Kelleher, SLaM/PHE
- Michael Linnell, Linnell Publications/DrugWatch
- Liz McCoy, Pennine Care NHS Foundation Trust
- Si Parry, MORPH
- John Ramsey, TICTAC Communications/St George's Hospital
- Harry Shapiro, DrugScope
- David Sheehan, PHE – Health and Justice
- Josie Smith, Public Health Wales
- Linda Stent, PHE – South East
- Wendy Tattersall, PHE – South East
- Steve Taylor, PHE – Alcohol, Drugs and Tobacco
- April Wareham, National Users' Network
- Martin White, PHE – Alcohol, Drugs and Tobacco
- Tony Wilkinson, Greater Manchester West Mental Health NHS Foundation Trust
- Adam Winstock, Global Drug Survey
- Rob Wolstenholme, PHE – Alcohol, Drugs and Tobacco
- Craig Wright, UK Focal Point

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