Working Together in Partnership to Promote Prevention and Reduce Drug Related Deaths and Health Inequalities in Substance Misuse Services Across the East of England

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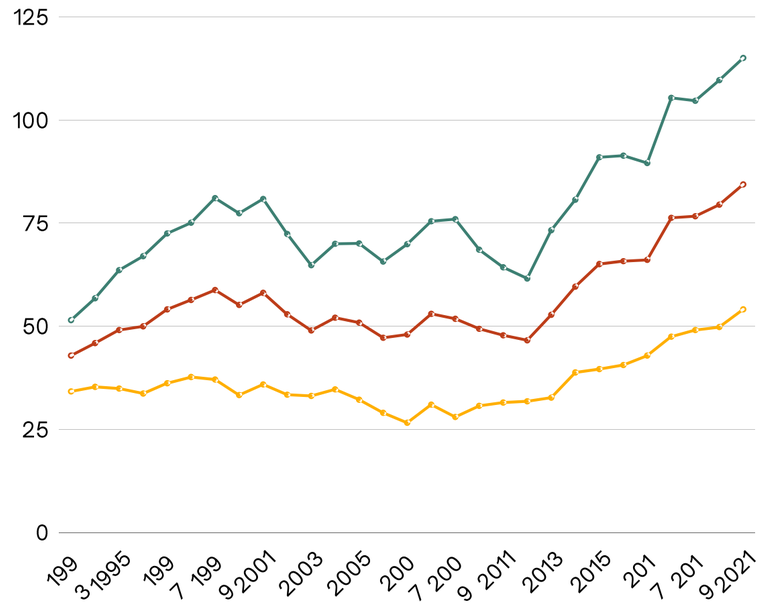
On behalf of the EoE DARD and LDIS Working Groups

October 2023

Context



Age-standardised mortality rates for deaths related to drug poisoning, by sex, England and Wales, registered between 1993 and 2021 (ONS, 2022)

- Drug related deaths in England are on the rise
- A particular area of concern is the use of synthetic opioids and a predicted rise due to potential limitations on heroin supplies in Europe

Inside the Taliban's war on drugs - opium poppy crops slashed

6 June

(BBC News, 2023)

Working Groups

The EoE Drug and Alcohol Commissioners Regional Group identified priority topics which were an issue for all areas, forming a separate working group for each.

Membership of each group was expanded to include relevant partners, for the Drug and Alcohol Related Death (DARD) and Local Drug Information System (LDIS) working groups this included:

- OHID
- Local Authority Representatives from Essex, Cambridgeshire and Peterborough, Bedford Borough, Central Bedfordshire and Milton Keynes, Southend-On-Sea, and Norfolk
- Essex Police
- National Probation Service
- EoE Ambulance Service
- ICB Representation
- NHSE Controlled Drug Accountable Officer

Working Group Aims

Develop a partnership approach to reviewing DARDs to ensure all relevant information can be gathered to facilitate understanding of the causes of death and identify system changes which could reduce the risk of death and provide oversight of agreed actions.

Develop a partnership approach to developing an LDIS across each local authority, the EoE region, and nationally.

Working Group Discussions

- Scope
- Role of Health Protection System, CDLIN, Probation, Ambulance and Wider Health Partners
- Governance
- Naloxone Provision
- Surveillance
- Data Capture
- Toxicology
- Continuity of Care
- Relationships with Coroners
- Learning Opportunities
- Links to Mental Health & Suicide Prevention Work
- Mortality Review Panels - segmenting DARDs into sections, deep dives into a few
- Templates and Processes to Share Communication, Alerts and Information

Working Group Recommendations

The LDIS working group has achieved its goals, but the DARD working group continues as we focus on developing guidance around the qualitative analysis of DARDs to identify learning opportunities for the substance misuse treatment system.

Each local authority area should have:

- nominated LDIS/DARD co-ordinator
- single inbox for all communications re LDIS/DARD with multiple access
- clear process
- panel
- professional information network (PIN)

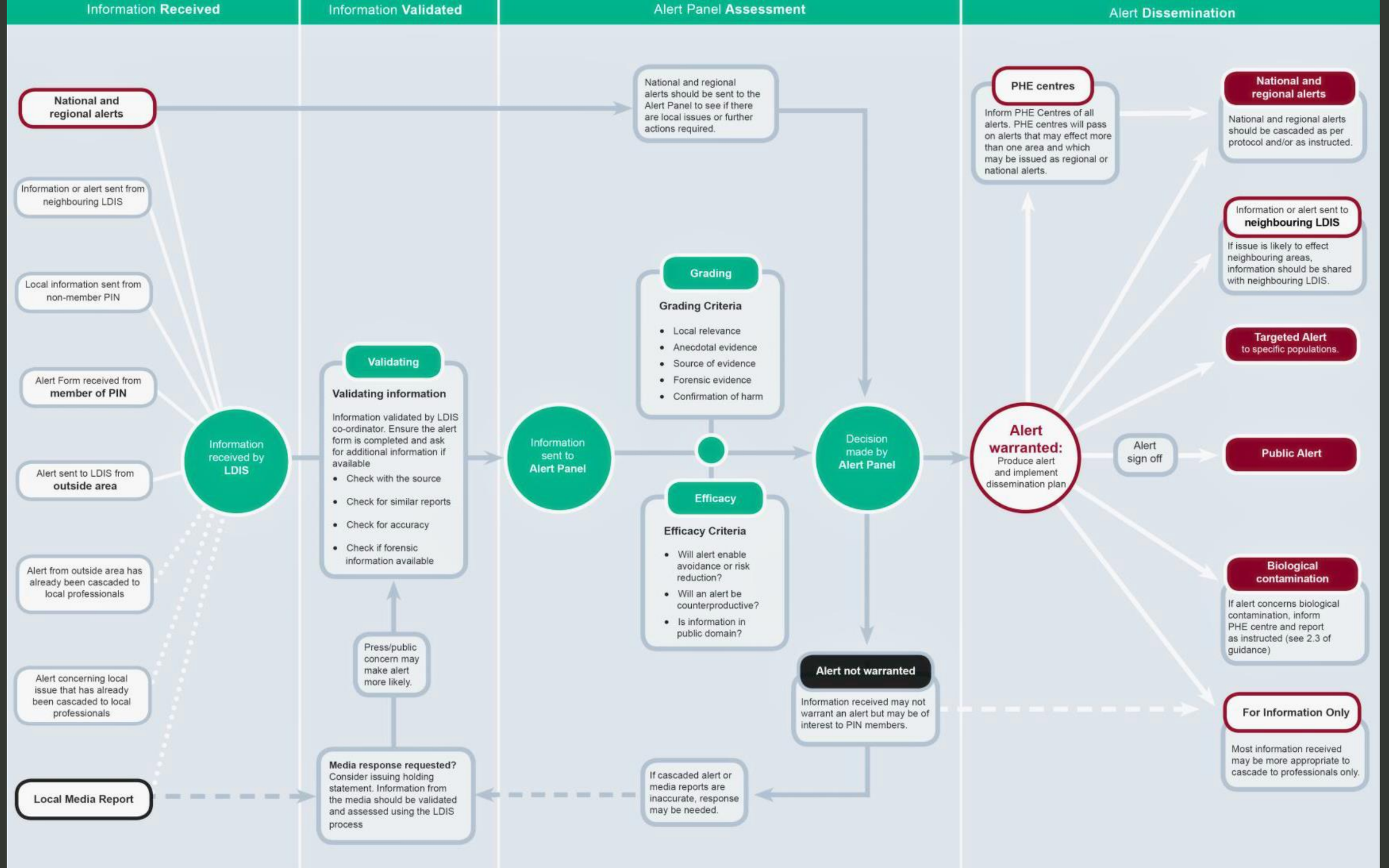
Regional support should include:

- wider professional panel
- templates
- LDIS co-ordinator network

The Reporting Process

Within the overall reporting process, we agreed the following elements were essential:

- generic inbox
- template for reporting
- process for assessing information, including alert grading
- PIN terms of reference (example available)
- process for cascading information locally, regionally and nationally
- timely notices with clear actions, advice and date of issue for expiry
- locally agreed governance


Information Received
Information Validated
Alert Panel Assessment
Alert Dissemination
National and regional alerts
Information or alert sent from neighbouring LDIS
Local information sent from non-member PIN
Alert Form received from member of PIN
Alert sent to LDIS from outside area
Alert from outside area has already been cascaded to local professionals
Alert concerning local issue that has already been cascaded to local professionals
Local Media Report
Information received by LDIS
Validating
Validating information
Information validated by LDIS co-ordinator. Ensure the alert form is completed and ask for additional information if available
Check with the source
Check for similar reports
Check for accuracy
Check if forensic information available
Press/public concern may make alert more likely.
Media response requested? Consider issuing holding statement. Information from the media should be validated and assessed using the LDIS process
National and regional alerts should be sent to the Alert Panel to see if there are local issues or further actions required.
Information sent to Alert Panel
Grading
Grading Criteria
Local relevance
Anecdotal evidence
Source of evidence
Forensic evidence
Confirmation of harm
Efficacy
Efficacy Criteria
Will alert enable avoidance or risk reduction?
Will an alert be counterproductive?
Is information in public domain?
Decision made by Alert Panel
Alert not warranted
Information received may not warrant an alert but may be of interest to PIN members.
If cascaded alert or media reports are inaccurate, response may be needed.
PHE centres
Inform PHE Centres of all alerts. PHE centres will pass on alerts that may effect more than one area and which may be issued as regional or national alerts.
Alert warranted: Produce alert and implement dissemination plan
Alert sign off
National and regional alerts
National and regional alerts should be cascaded as per protocol and/or as instructed.
Information or alert sent to neighbouring LDIS
If issue is likely to effect neighbouring areas, information should be shared with neighbouring LDIS.
Targeted Alert to specific populations.
Public Alert
Biological contamination
If alert concerns biological contamination, inform PHE centre and report as instructed (see 2.3 of guidance)
For Information Only
Most information received may be more appropriate to cascade to professionals only.

Alert Grading

Grading of information received

Grading criteria	Weak evidence Do not consider an alert	Medium evidence Only consider if supported by multiple criteria	Strong evidence Consider alert	Exceptional circumstance
1. Local relevance	Not locally relevant	Maybe relevant	Locally relevant	Exceptional circumstances
Tick one box				
2. Anecdotal report	Anecdotal without support	Anecdotal supported by multiple reports	Anecdotal supported by multiple sources and other criteria	Exceptional circumstances
Tick one box				
3. Source of evidence	Unreliable or unknown source, no other evidence	Unreliable but multiple sources or supported by other evidence	Reliable source and specific enough to be of use	Exceptional circumstances
Tick one box				
4.Forensic evidence	No forensic evidence	No forensic evidence but other compelling evidence	Forensic evidence	Exceptional circumstances
Tick one box				
5.Confirmed harm	No confirmed harm	Potential serious harm or death	Serious harm or death confirmed	Exceptional circumstances
Tick one box				
	Boxes ticked in this column are a good indication that alert **is not** warranted	Boxes ticked in this column are neutral and should be supported by other strong evidence to warrant an alert	Boxes ticked in this column are a good indication that alert **is** warranted	Exceptional circumstances for one criteria, may make alert more likely or even justify an alert by itself
Result of grading matrix (no. of ticks)				
Initial LDIS panel decision	❑ **Do not alert** ❑ **Undecided** ❑ **Alert or other actions considered**			

Efficacy of alert

Efficacy questions	Do not consider alert	Efficacy neutral	Alert more likely	Exceptional circumstance
Information in public domain	Alert unwarranted and press reporting not causing concern	Alert unwarranted but press reports causing concern	Alert considered and press reports causing public concern	Alert more likely because of intense media and public attention
Tick one box				
Will alert enable avoidance or risk reduction?	Alert not specific enough to enable avoidance or risk reduction	Alert not specific but generic harm reduction adviceapplicable	Alert enables drug avoidance or harm reduction response	Alert not specific but other exceptional concerns override
Tick one box				
Will alert be counterproductive?	Alert likely to be counterproductive	Alert maybe counterproductive but harm reduction message suitable	Alert unlikely to be counterproductive	Alert warranted despite risk of being counterproductive
Tick one box				

Use the answers to the efficacy questions to review the initial LDIS panel decision and arrive at a final decision recorded below.

Panel decision

Final decision	

National guidance offers this checklist to assist in grading alerts, it offers a guide to choose next steps for intelligence as it comes in.

LDIS Panel & PIN

Up to 6 professionals with suitable expertise in relevant disciplines (medical, policing, pharmacology, drug specialists, etc) who can assist the LDIS co-ordinator with the alerts process.

The panel should all be members of the wider PIN, which should be open to all relevant professionals in the area, including but not limited to:

- Hospital Emergency Departments
- Police
- Paramedics
- Drug Services
- Social Services
- Dual Diagnosis Services
- Youth Offending Services/Teams
- Mental Health Services
- Young People and Children's Services, including schools
- Housing Agencies, Hostels, Homeless Services
- Prisons and Youth Estates
- Police and Crime Commissioner's Office
- Forensic Services
- Controlled Drugs Accountable Officers
- Probation and Community Rehabilitation
- Coroner's Offices
- Trading Standards
- Community Safety Teams
- Service User Representatives
- Pub & Club Watch
- Research Professionals

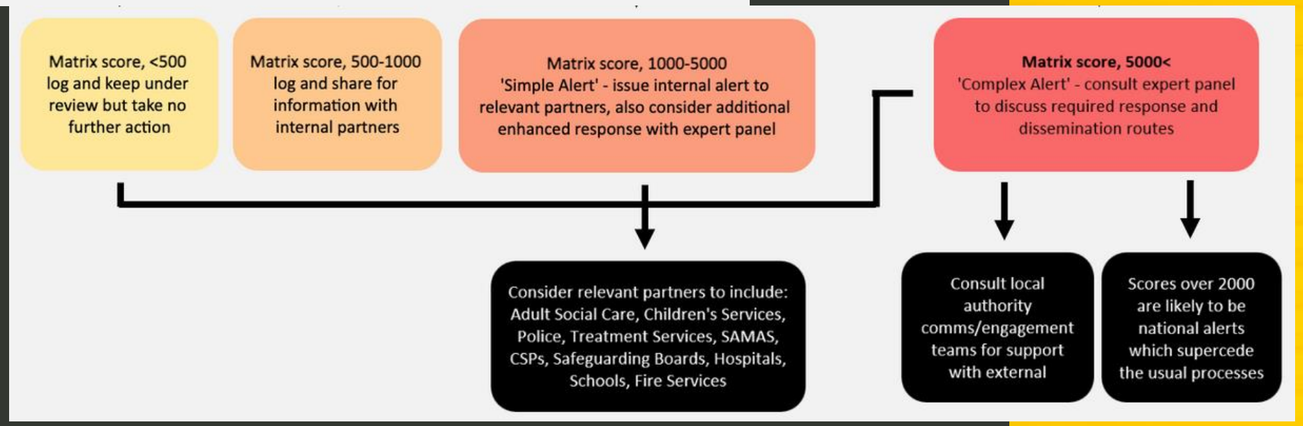
Example Application

	LESS LIKELY TO TAKE ACTION				MORE LIKELY TO TAKE ACTION	
	1	2	3	4	5	
Geography	Non-Neighbouring LA	Neighbouring LA	Commissioning LA			
Scale of the issue	One LA	Two LAs	Several LAs	Regional	National	
Accuracy of information about substance/ contaminant	Suspected, unknown source	Suspected, sometimes reliable source(s)	Suspected, single always reliable source	Suspected, several always reliable sources	Known, forensic or laboratory confirmed	
Impact of taking the drug	Health harm possible	Serious health harm possible	Serious health harm likely	Death possible	Death likely	Unknown = 2
Media focus	Media is already sharing the type of information PHE would be likely to share				No or unhelpful media focus/media focus unlikely to reduce harm	
A warning could reduce harm if acted upon	Could not provide specific advice				Simple advice will reduce harm	

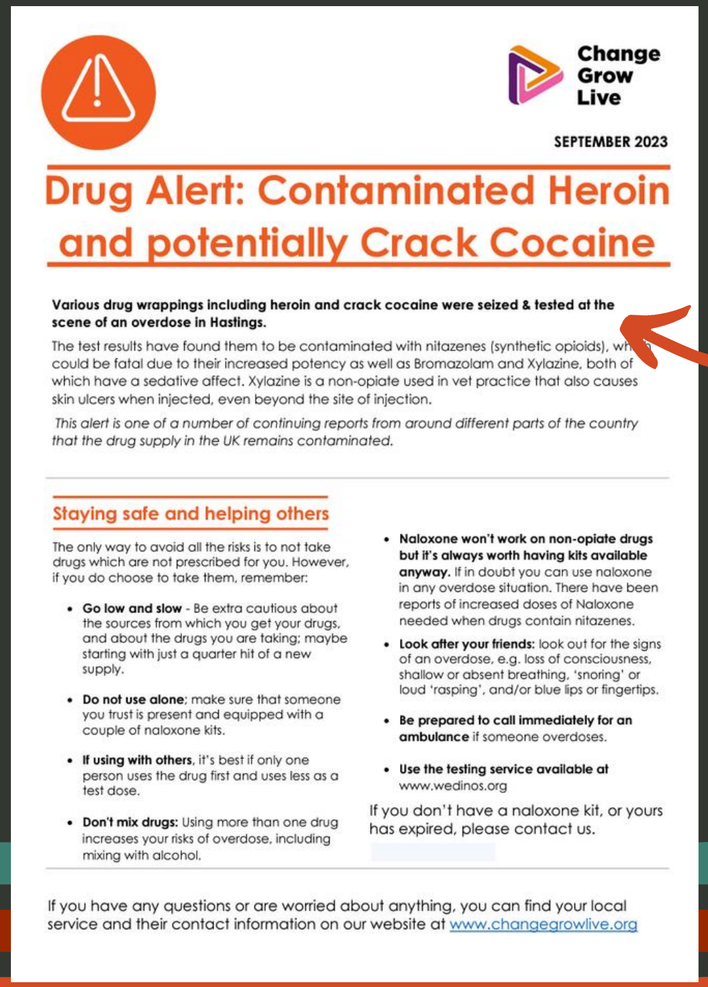
TOTAL SCORE (scores multiplied)

The BMK grading matrix developed using the national guidance and best practice from South East Region.

This has been shared across the EoE group as an example of an ‘alert grading’ process.



Example Alerts



Change Grow Live

SEPTEMBER 2023

Drug Alert: Contaminated Heroin and potentially Crack Cocaine

Various drug wrappings including heroin and crack cocaine were seized & tested at the scene of an overdose in Hastings.

The test results have found them to be contaminated with nitazenes (synthetic opioids), wh could be fatal due to their increased potency as well as Bromazolam and Xylazine, both of which have a sedative affect. Xylazine is a non-opiate used in vet practice that also causes skin ulcers when injected, even beyond the site of injection.

This alert is one of a number of continuing reports from around different parts of the country that the drug supply in the UK remains contaminated.

Staying safe and helping others

The only way to avoid all the risks is to not take drugs which are not prescribed for you. However, if you do choose to take them, remember:

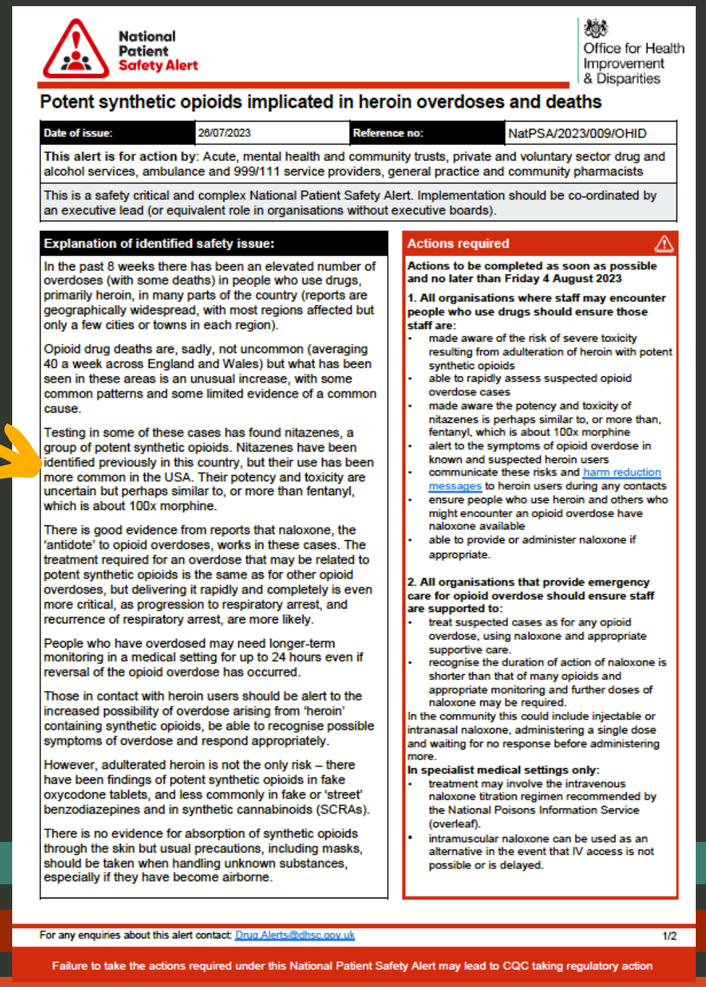
- **Go low and slow** - Be extra cautious about the sources from which you get your drugs, and about the drugs you are taking; maybe starting with just a quarter hit of a new supply.
- **Do not use alone**; make sure that someone you trust is present and equipped with a couple of naloxone kits.
- **If using with others**, it's best if only one person uses the drug first and uses less as a test dose.
- **Don't mix drugs:** Using more than one drug increases your risks of overdose, including mixing with alcohol.
- **Naloxone won't work on non-opiate drugs but it's always worth having kits available anyway.** If in doubt you can use naloxone in any overdose situation. There have been reports of increased doses of Naloxone needed when drugs contain nitazenes.
- **Look after your friends:** look out for the signs of an overdose, e.g. loss of consciousness, shallow or absent breathing, 'snoring' or loud 'rasping', and/or blue lips or fingertips.
- **Be prepared to call immediately for an ambulance** if someone overdoses.
- **Use the testing service available at** www.wedinos.org

If you don't have a naloxone kit, or yours has expired, please contact us.

If you have any questions or are worried about anything, you can find your local service and their contact information on our website at www.changegrowlive.org

Information from local commissioned service with contracts elsewhere, sharing of contaminated supply in another part of the country. This was shared on for information only, as an intelligence sharing exercise.

A national alert issued across the country to all relevant partners, whilst there was no evidence of local impact, this was shared widely alongside harm reduction information for affected clients.



National Patient Safety Alert

Office for Health Improvement & Disparities

Potent synthetic opioids implicated in heroin overdoses and deaths

Date of issue:	26/07/2023	Reference no:	NatPSA/2023/009/OHID

This alert is for action by: Acute, mental health and community trusts, private and voluntary sector drug and alcohol services, ambulance and 999/111 service providers, general practice and community pharmacists

This is a safety critical and complex National Patient Safety Alert. Implementation should be co-ordinated by an executive lead (or equivalent role in organisations without executive boards).

Explanation of identified safety issue:

In the past 8 weeks there has been an elevated number of overdoses (with some deaths) in people who use drugs, primarily heroin, in many parts of the country (reports are geographically widespread, with most regions affected but only a few cities or towns in each region).

Opioid drug deaths are, sadly, not uncommon (averaging 40 a week across England and Wales) but what has been seen in these areas is an unusual increase, with some common patterns and some limited evidence of a common cause.

Testing in some of these cases has found nitazenes, a group of potent synthetic opioids. Nitazenes have been identified previously in this country, but their use has been more common in the USA. Their potency and toxicity are uncertain but perhaps similar to, or more than fentanyl, which is about 100x morphine.

There is good evidence from reports that naloxone, the 'antidote' to opioid overdoses, works in these cases. The treatment required for an overdose that may be related to potent synthetic opioids is the same as for other opioid overdoses, but delivering it rapidly and completely is even more critical, as progression to respiratory arrest, and recurrence of respiratory arrest, are more likely.

People who have overdosed may need longer-term monitoring in a medical setting for up to 24 hours even if reversal of the opioid overdose has occurred.

Those in contact with heroin users should be alert to the increased possibility of overdose arising from 'heroin' containing synthetic opioids, be able to recognise possible symptoms of overdose and respond appropriately.

However, adulterated heroin is not the only risk – there have been findings of potent synthetic opioids in fake oxycodone tablets, and less commonly in fake or 'street' benzodiazepines and in synthetic cannabinoids (SCRAs).

There is no evidence for absorption of synthetic opioids through the skin but usual precautions, including masks, should be taken when handling unknown substances, especially if they have become airborne.

Actions required

Actions to be completed as soon as possible and no later than Friday 4 August 2023

1. All organisations where staff may encounter people who use drugs should ensure those staff are:

- made aware of the risk of severe toxicity resulting from adulteration of heroin with potent synthetic opioids
- able to rapidly assess suspected opioid overdose cases
- made aware the potency and toxicity of nitazenes is perhaps similar to, or more than, fentanyl, which is about 100x morphine
- alert to the symptoms of opioid overdose in known and suspected heroin users
- communicate these risks and harm reduction messages to heroin users during any contacts
- ensure people who use heroin and others who might encounter an opioid overdose have naloxone available
- able to provide or administer naloxone if appropriate.

2. All organisations that provide emergency care for opioid overdose should ensure staff are supported to:

- treat suspected cases as for any opioid overdose, using naloxone and appropriate supportive care.
- recognise the duration of action of naloxone is shorter than that of many opioids and appropriate monitoring and further doses of naloxone may be required.

In the community this could include injectable or intranasal naloxone, administering a single dose and waiting for no response before administering more.

In specialist medical settings only:

- treatment may involve the intravenous naloxone titration regimen recommended by the National Poisons Information Service (overleaf).
- intramuscular naloxone can be used as an alternative in the event that IV access is not possible or is delayed.

For any enquiries about this alert contact: Drug.Alerts@dhsc.gov.uk 1/2

Failure to take the actions required under this National Patient Safety Alert may lead to CQC taking regulatory action