Office for Health Improvement & Disparities

OHID National Update; data and responses

LJMU DRD conference

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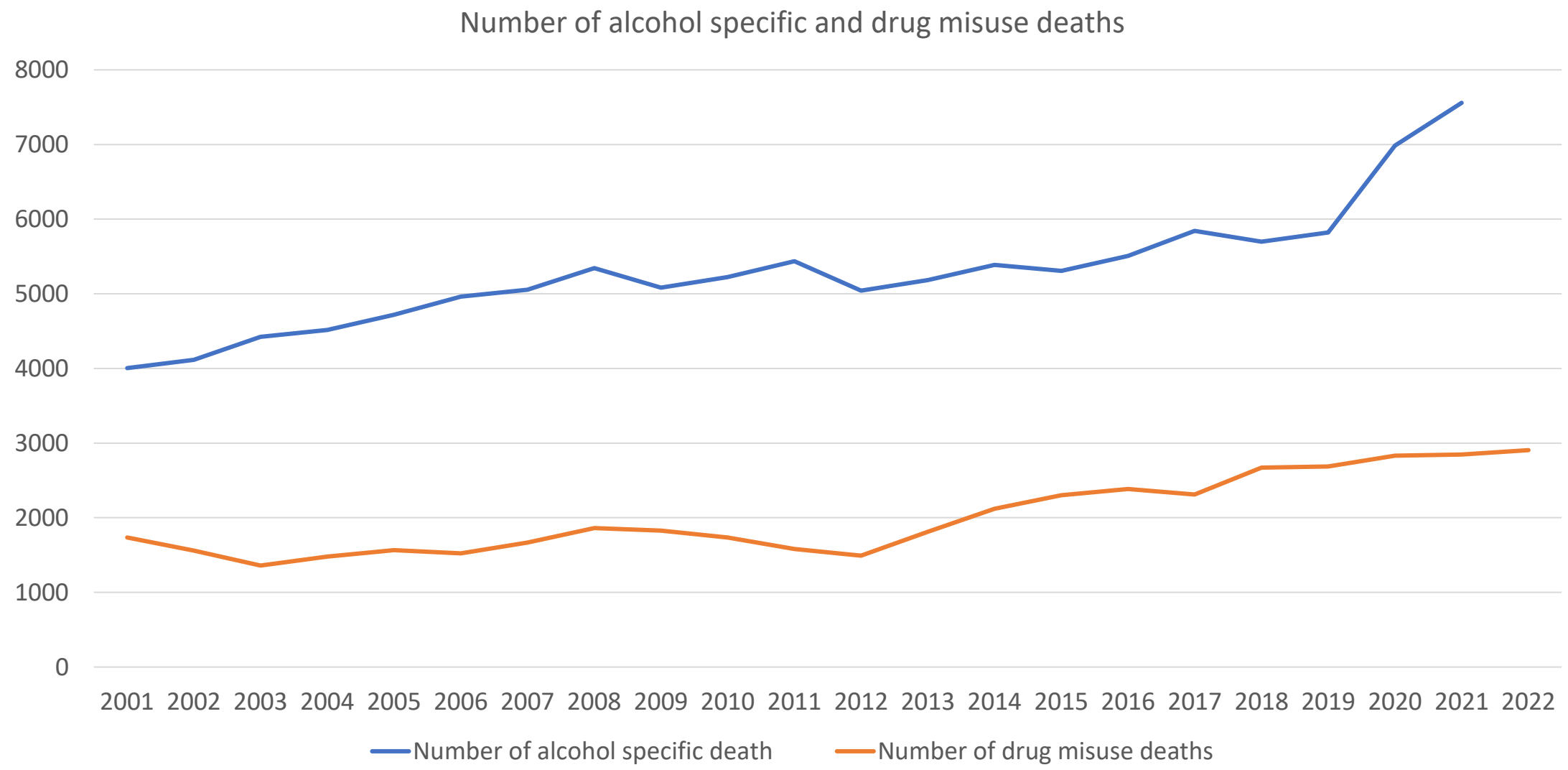
April 2024

Alcohol specific and drug misuse deaths are at ‘record highs’



Current overview

- The drug strategy commits us to preventing 1000 deaths
- Drug poisoning and drug misuse deaths are at record highs in England having almost doubled since 2012. These deaths predominantly involve opioids and now increasingly synthetic opioids
- There has also been a long-term upward trend in alcohol-specific deaths (ASDs)
- Those in drug and alcohol treatment experience severe health inequalities and often have higher mortality rates than the general population
- On top of the long-term increases, there was a shorter-term ‘surge’ in in-treatment deaths among opiate users and alcohol users during the pandemic restrictions but continuing since restrictions were lifted

An investigation in 2016 of increases in drug deaths identified a range of factors: primarily an ageing cohort of heroin users experiencing cumulative physical and mental health conditions, plus (then) increasing availability of heroin following a lull in supply, as well as increasing suicides, increasing deaths among women, improved reporting, an increase in polydrug and alcohol use, and an increase in the prescribing of some medicines

Deaths from alcohol liver diseases (mainly cirrhosis), which account for the majority of ASDs, are at record highs following a sharp increase in 2020. ASDs affect a broader population of less heavy drinkers, but dependent users are at an eightfold higher risk than non-dependent drinkers of developing cirrhosis

As well as their high risk of drug and alcohol death, they are also at far higher risk of death from other causes than the general population. The high Standardised Mortality Ratios (SMR) among the treatment population for these causes of death are likely to be driven in part by high rates of smoking as well as drinking – 4.1% of all diagnosed cancers in 2020 in the UK were attributed to alcohol. There was a large increase in diseases of the circulatory system and a larger increase in neoplasms in 2020/21

Headline figures from ONS report

England and Wales

- 4,859 deaths related to drug poisoning were registered in 2021 E&W (rate of 84.4 deaths per million);
- 6.2% higher than the rate recorded in 2020 (79.5 deaths per million)

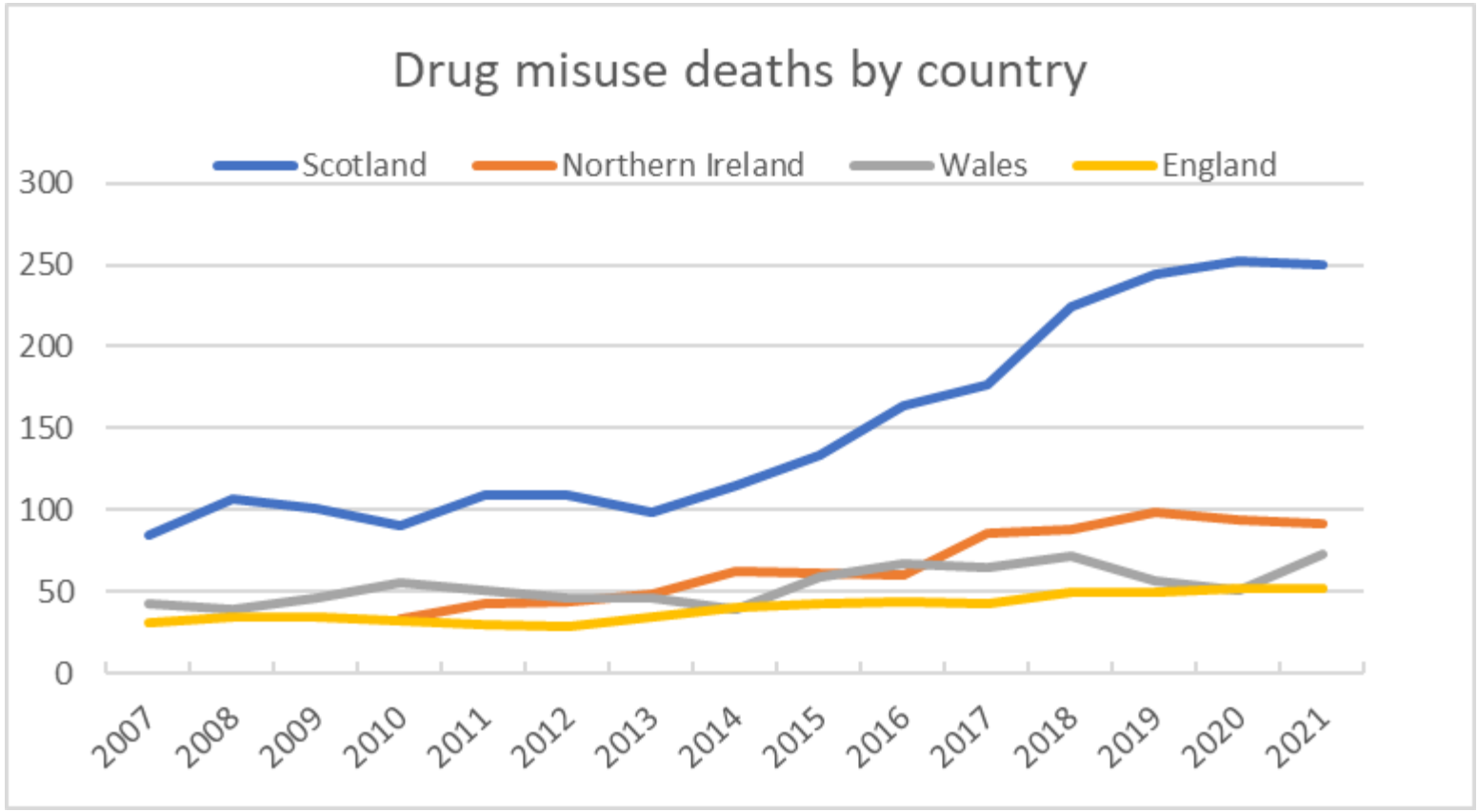
England

- 93% (4,532) in England
- Near two-thirds (2,846) drug poisoning deaths registered in England in 2021 were identified as drug misuse, accounting for 52.2 deaths per million people
- Similar to 2020 (52.1)

UK age-standardised rates* per million population

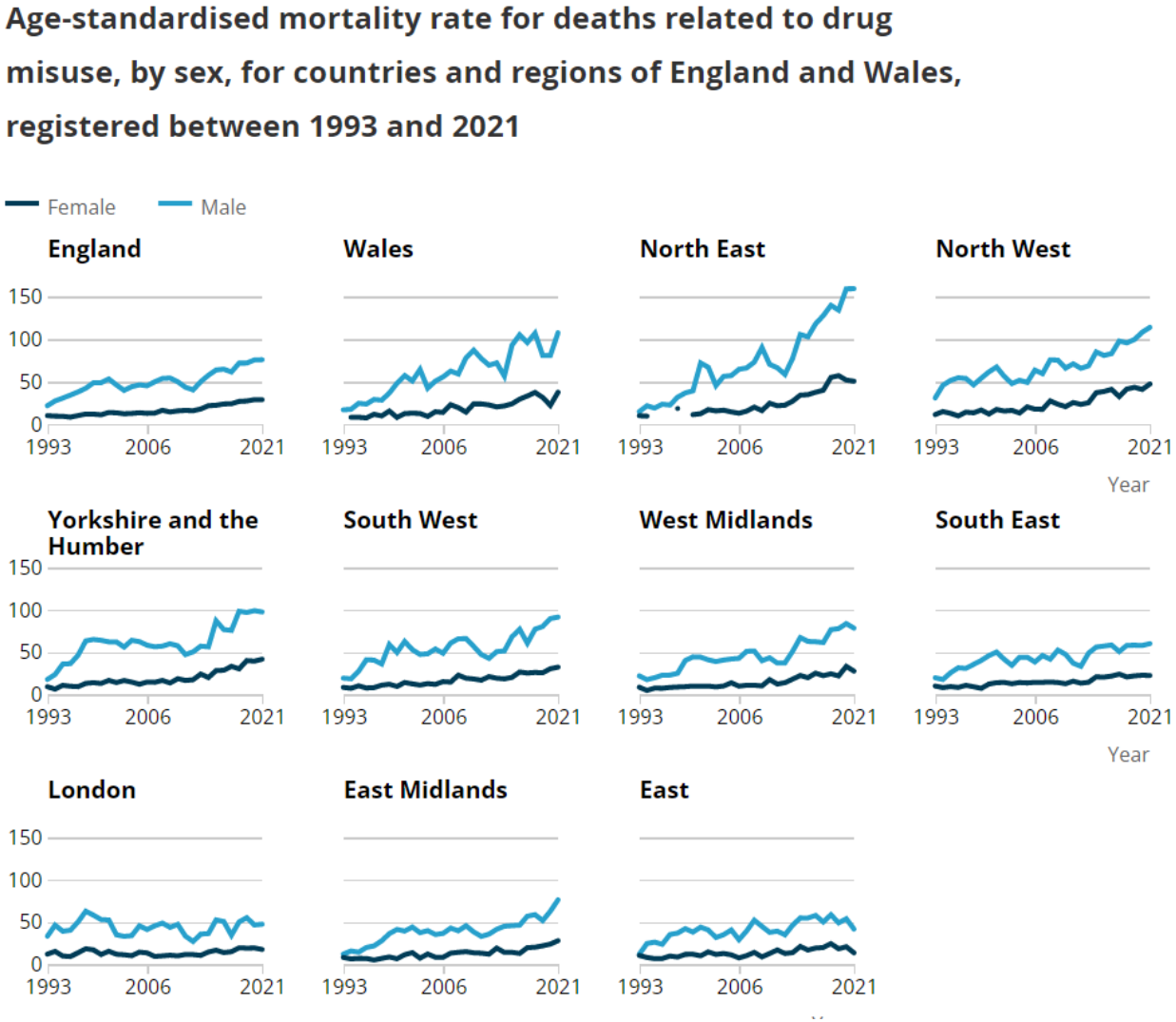
- Scotland: 250
- Northern Ireland: 92
- Wales: 72.4
- England: 52.2

** Age-standardized mortality rates adjust for differences in the age distribution of the population by applying the observed age-specific mortality rates for each population to a standard population.*



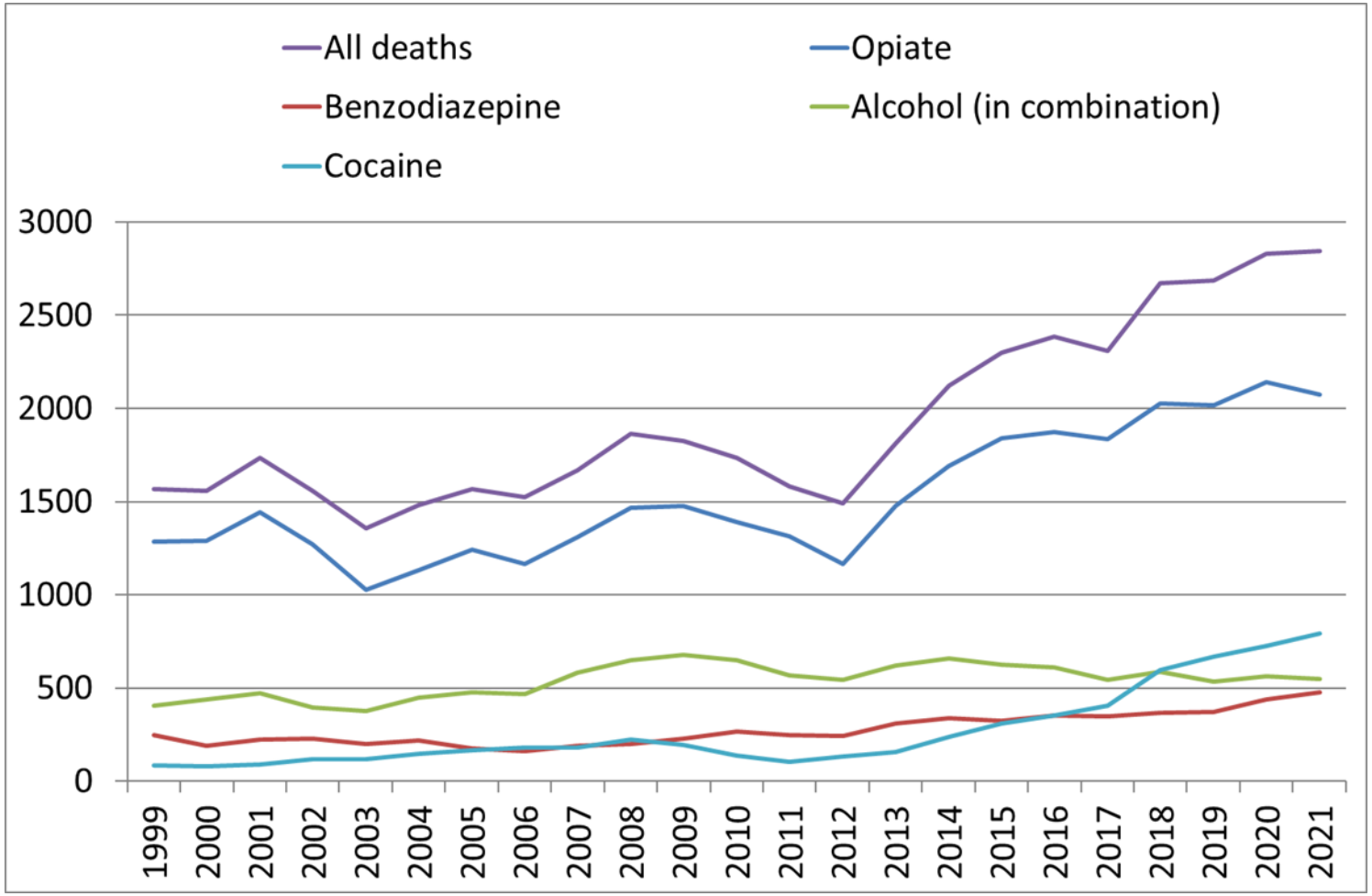
Drug misuse deaths by region

- North-South divide persists
- North East rate (104 deaths per million) is almost four times higher than East of England



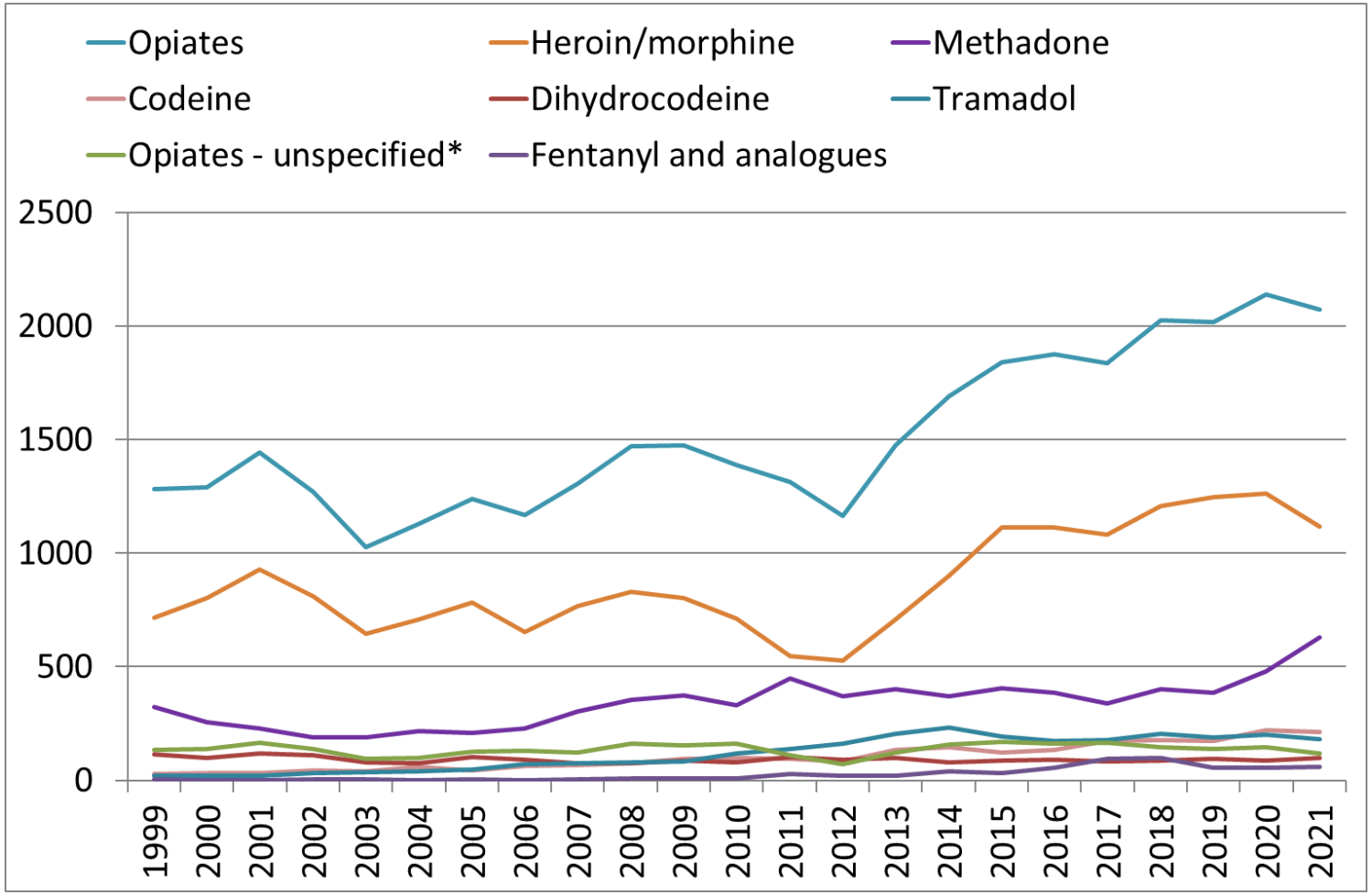
Drug misuse deaths by drug

- Opioids slightly decreased (73% of deaths):
  - 39% heroin, 22% methadone
- Cocaine kept increasing (28% of deaths)
- Benzos also increased (17% of deaths)



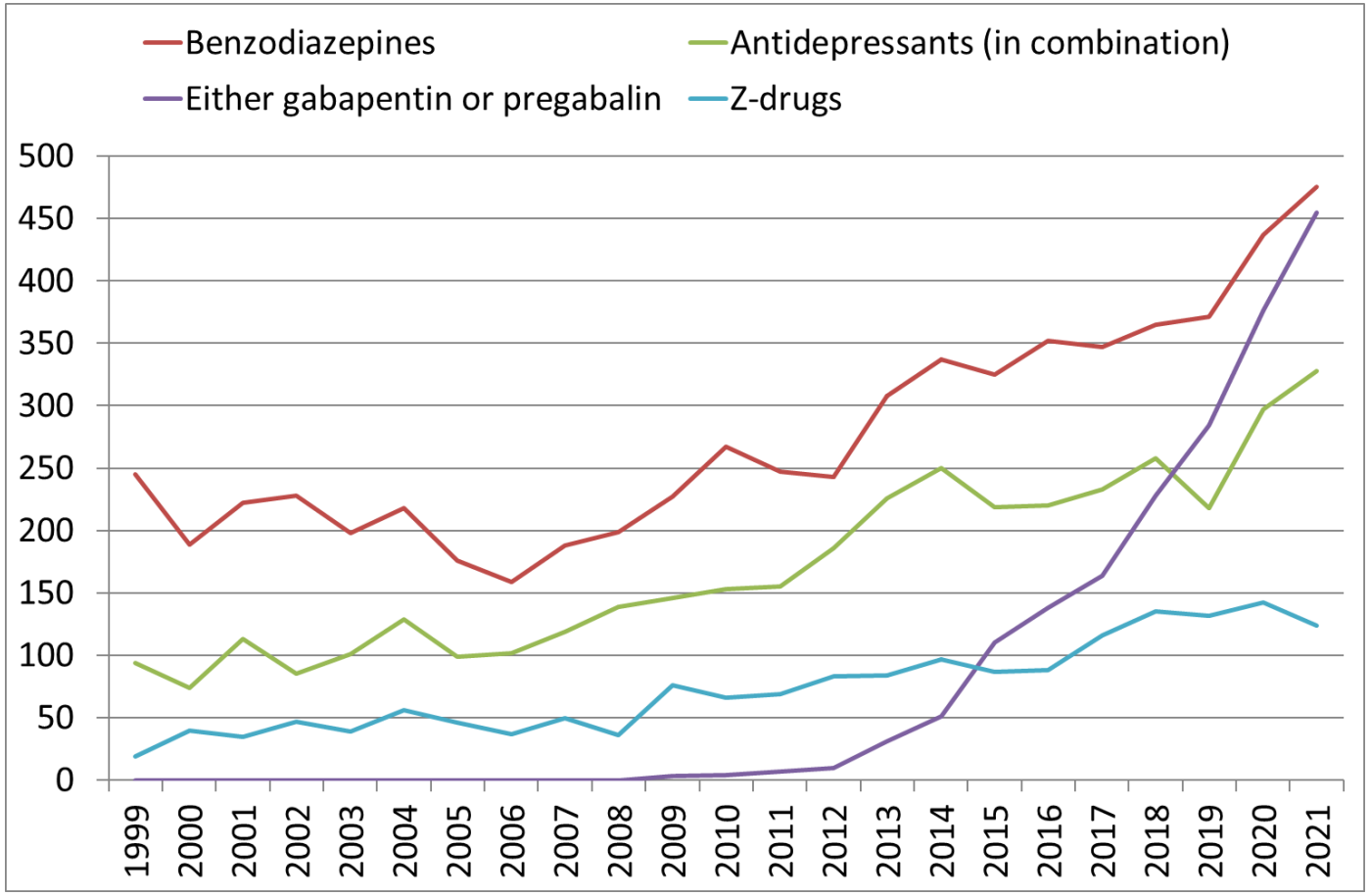
Opioid deaths

- Marked decrease in heroin (44% to 39% of deaths)
- Marked increase in methadone (17% to 22%)



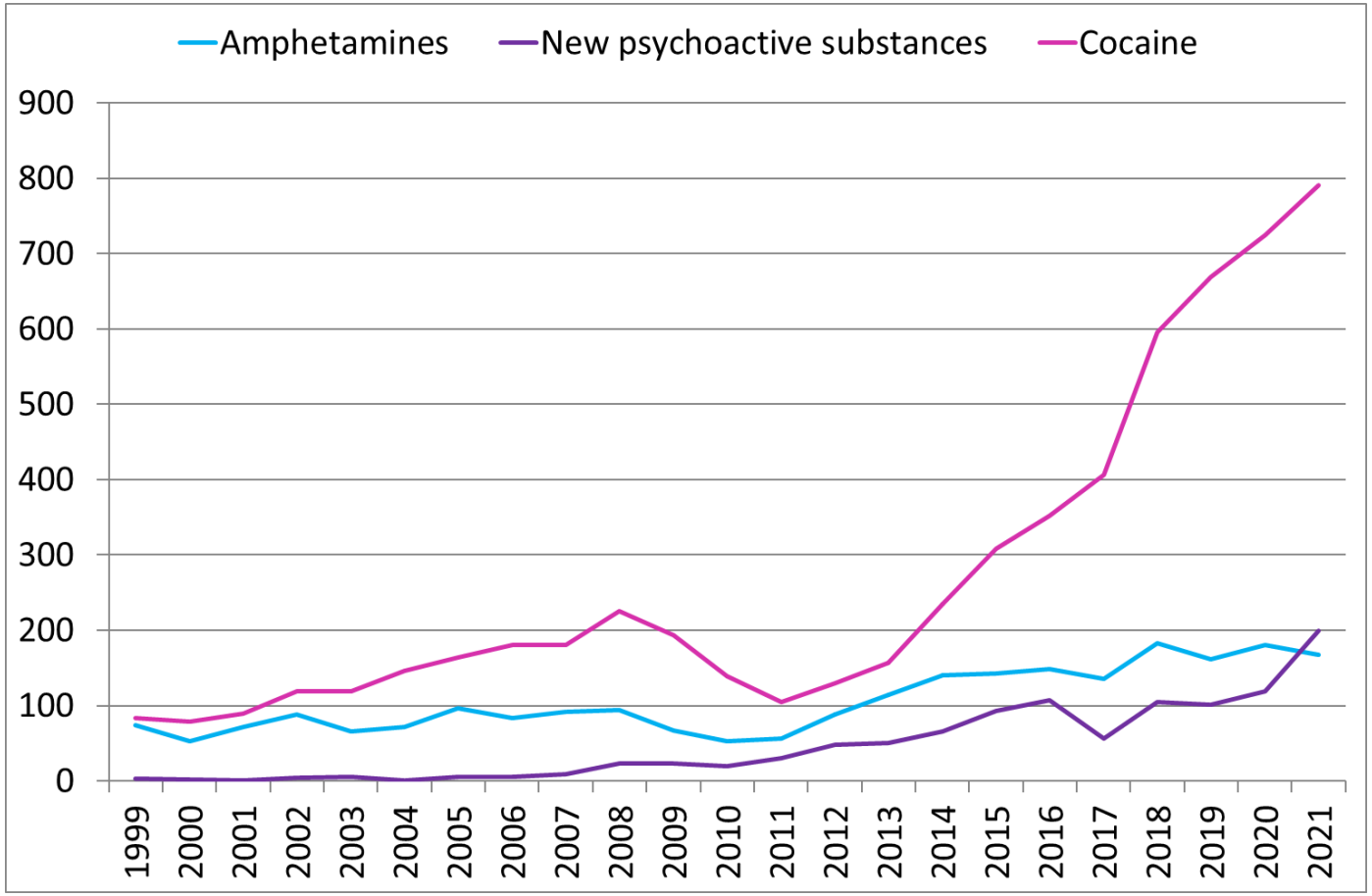
Anti-depressants, sedatives and hypnotics

- Continued increase in benzodiazepines (9%) and pregabalin and gabapentin (21%)
- Decreases in diazepam and alprazolam but large increases in:
  - flualprazolam (192%)
  - etizolam (105%)
  - ‘other specified’ (77%)
  - temazepam (33%)
  - ‘unspecified’ (20%)



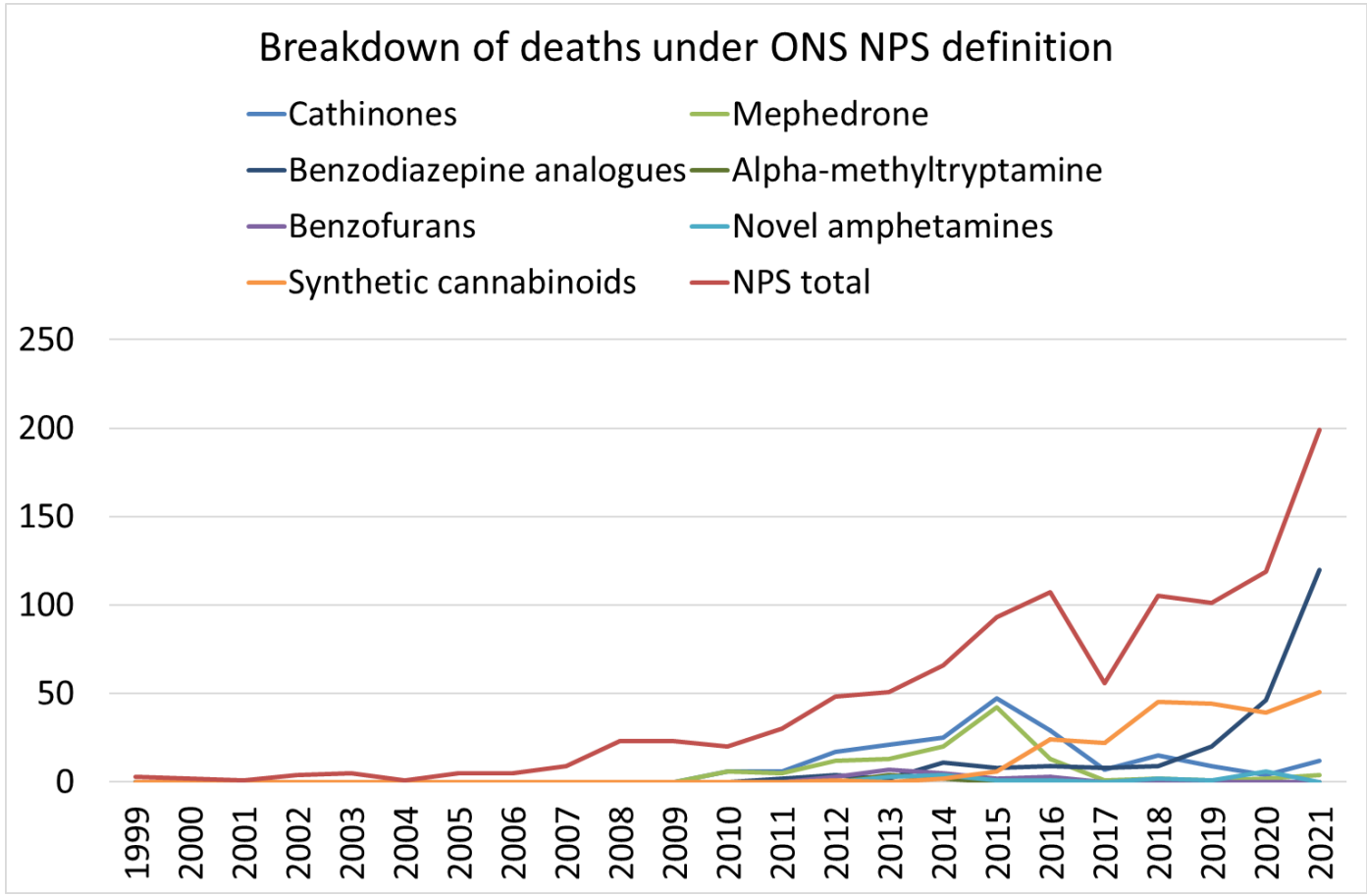
Stimulants and NPS

- Continued increase in cocaine
- Almost 8x in a decade
- Increase in NPS



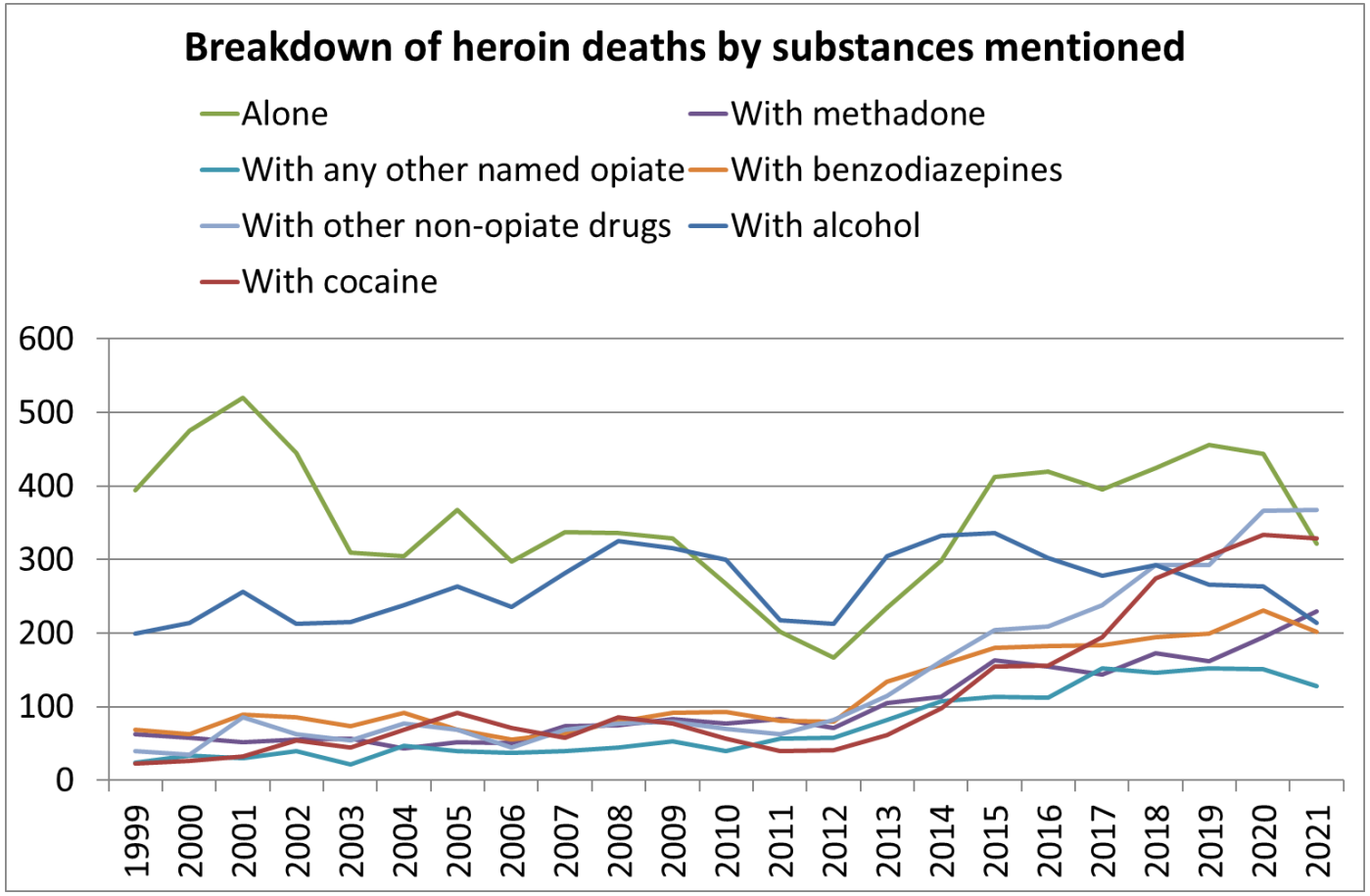
NPS by chemical substance/group

- Mainly driven by benzodiazepine analogues
- SCRAs also at highest level

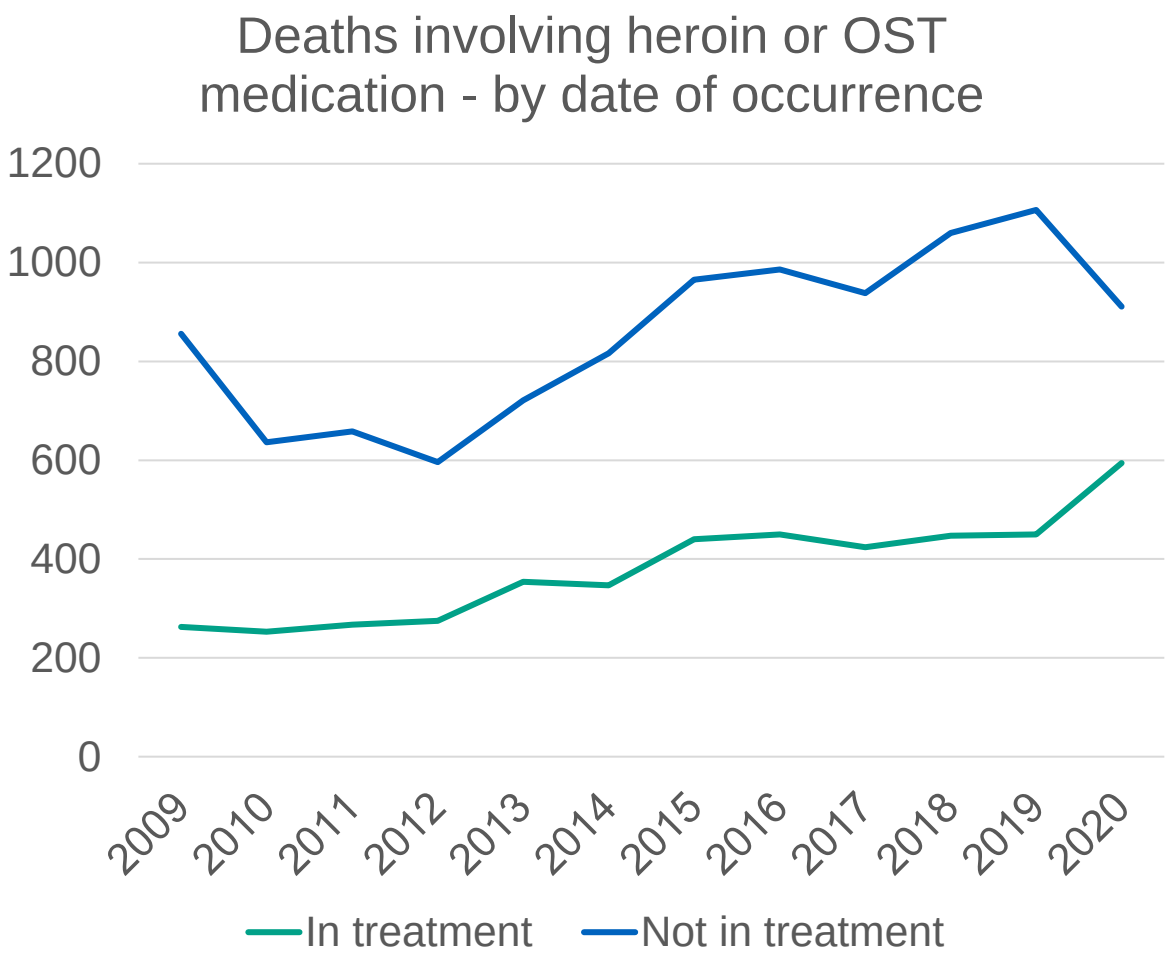


Poly-substance deaths – heroin

- Marked decrease in heroin alone (35% to 29%)
- Increase with methadone (15% to 21%)
- With cocaine remains high
- With benzos small decrease



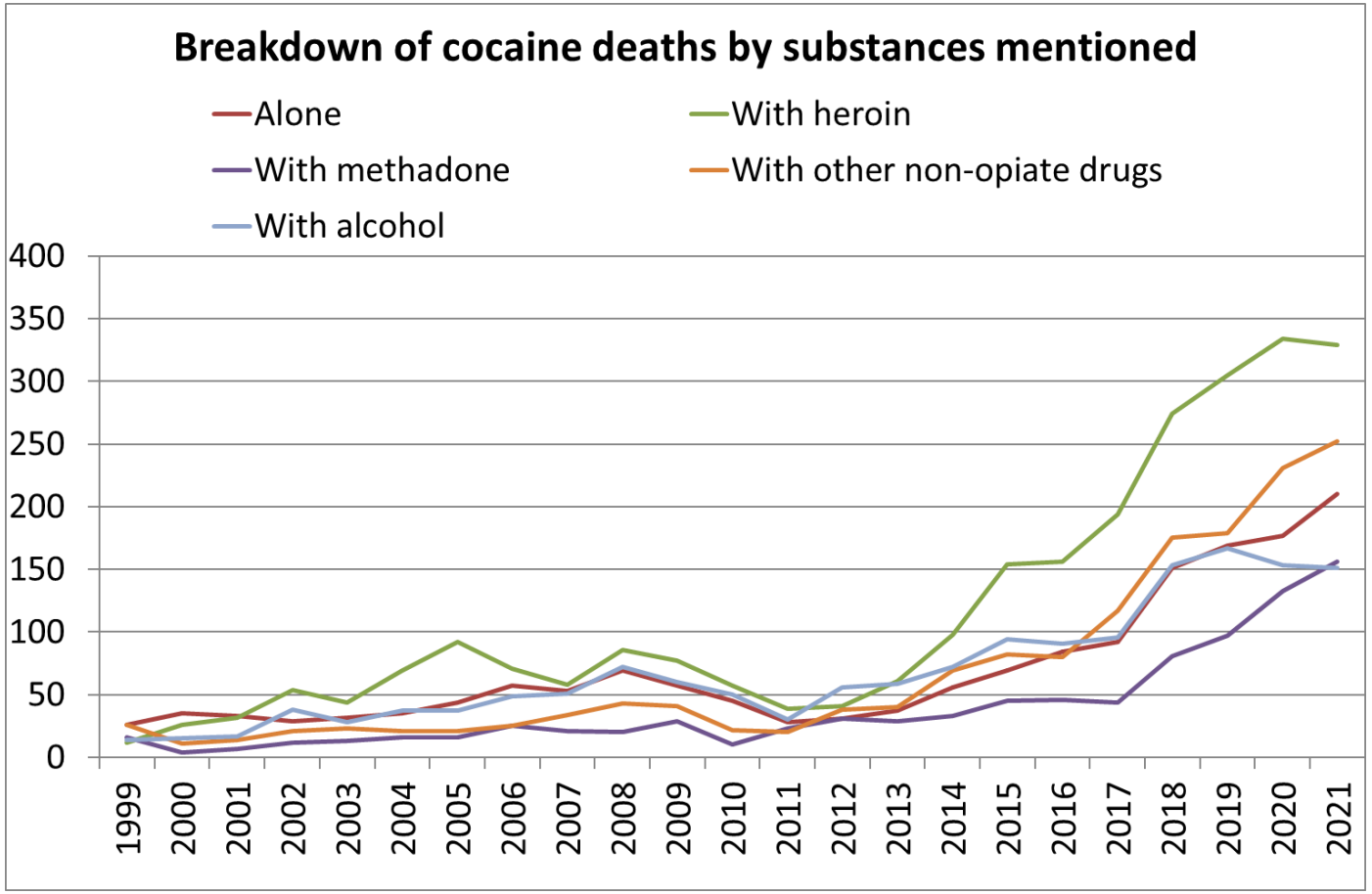
Provisional data match – ONS/NDTMS shows heroin/OST-related deaths diverged between the in and out of treatment populations in 2020



- To identify if deaths occurred in or out of treatment, we use date of occurrence rather than date of registration and report up to 2020 (when most deaths registered in 2021 occurred)
- Deaths involving heroin and/or OST drugs rose by 144 (32%) from 2019 to 2020 among the in treatment population. Heroin, methadone and buprenorphine deaths all increased individually among this group
- By contrast, heroin deaths fell among those out of treatment by 262 (25%). Methadone went up by 63 (48%) among those out of treatment indicating more diversion
- Several indicators suggest the bump in methadone-related deaths was most pronounced at the start of the pandemic but remains high (as would be expected from patterns of supervised consumption)

Poly-substance deaths – cocaine

- Cocaine-alone kept increasing (27% of deaths)
- Small decrease in with heroin and with alcohol
- Increase with other non-opiate



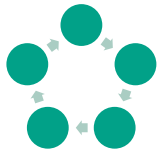
Probable factors behind recent increases in deaths

- When the COVID-19 pandemic struck, in-person appointments for drug and alcohol treatment (including supervised consumption of OST) reduced, possibly reducing quality of support and safety
- Inpatient and community detoxes were also reduced
- Unplanned hospital admissions decreased sharply at the start of the pandemic and remained significantly lower. Elective admissions were also cancelled, resulting in substantial waiting lists (perhaps with a lasting impact on deaths)
- The impact of the pandemic and subsequent financial problems on mental health and people's willingness and need to use more drugs or drink more alcohol, sometimes with little concern for the possible outcome
- Increasing polydrug use, especially with benzodiazepines and gabapentinoids alongside opioids
- Changing drug markets: more "street benzos", low heroin supply, some synthetic opioids

All these factors demand that we do more and do some things better
but also that we do some things differently

The 2021 drugs strategy commits to preventing nearly 1000 drug-related deaths by April 2025 - OHID published a drug and alcohol related deaths action plan in May 2023, with 5 priorities

1. **Safer and better drug and alcohol treatment practice**



2. **Better local systems for drug intelligence and for learning from drug and alcohol deaths***

3. **Improved toxicology and surveillance**

4. **Tackling the stigma experienced by people using drugs and alcohol***

5. **Addressing poly-drug and alcohol use***

*These priorities, or elements of them, are also likely to be a priority for UK-wide work to reduce D(A)RDs

Update on Priority 1. Safer and better treatment practice

These priorities will be picked up across a range of activity, including:

1. Refreshed guidance on providing remote and in-person interventions
2. Funding and support for improvements in the quality and capacity of drug and alcohol treatment
3. Changes to the NDTMS dataset and its reporting
4. A comprehensive programme of workforce development
5. Service integration work with the NHS

Update 2024:

1. Guidance complete and analysis of reduced in-person reviews and supervised consumption published as part of the health & mortality unmet need toolkit
2. Ongoing and the business case for the next Spending Review is being prepared
3. Specific work to improve unmet need levels of quality of opiate offer
4. Extensive programmes, including workforce surveys, frameworks, etc
5. Ongoing and being co-led with NHSE, started with MH shared outcomes, now moving on to top 5 PH priorities

Update on Priority 2. Better local systems

- Local drug information systems (LDIS)
  to collate, assess and alert about reports of contaminated, adulterated, new or unusually potent drugs
  - OHID assessed development and support needs in relation to LDIS and found less than half of LAs with an existing system (80% response)
  - We have a programme of support and products to help LAs to set up or improve their LDIS:
    - National webinars (done) and NPCC events (done)
    - Direct support from national and regional teams (ongoing)
    - Regional networks of LDIS to provide peer support (ongoing)
    - Guidance update (coming)
- Local drug and alcohol related death (and non-fatal overdose) review systems
  to learn from deaths and 'near misses' and make changes to prevent future deaths
  - OHID is assessing and devising strategies for supporting improvements in DARDs reviews, including writing new guidance to replace old NTA guidance (shown) and extend it to alcohol deaths

Update 2024:

- All areas now report having LDIS in place or in active development
- LDIS guidance update delayed by capacity
- EWS – see later
- Response to synthetics – see later
- Development of 2 regional LDIS networks so far
- DARD partnership review panel guidance – due May 2024

Potent synthetic opioids threat

- US opioid deaths reached over 80k in 2021, of which over 70k involved synthetic opioids, predominantly fentanyl which has largely replaced heroin in the illicit opioid market
- Previous incidents: fentanyls in 2017 and isotonitazene in 2021 - small, short-lived, restricted geographies
- Heightened concern now Taliban crackdown cut opium production by 95% in 2023 and OCGs may be seeking easier-to-smuggle, more profitable, potent synthetic opioids (SOs) … which they seem likely to do regardless
- Different SOs available but recent focus has been on nitazenes, technically 2-benzyl benzimidazole opioids, a range of potent synthetic opioids
- Mostly seen in heroin but also seen in “oxycodone” tablets, benzos, even some SCRAs

Current incident of nitazenes in heroin, June 2023 to date

- Recent and current incidents involve different nitazenes in different areas
- Reported overdoses, deaths and seizures, increasingly supported by lab test results
- All regions of England now affected, though West Midlands hardest hit in July 2023
- OHID issued a National Patient Safety Alert on 26 July 2023
- Confirmed deaths* now 124 (@ 21 March) across the UK, 87 in England, though widely understood to be an undercount as PM tox labs haven't tested or coroners haven't reported
- Mostly occurring in adulterated heroin but some in fake oxycodone tablets and, less commonly, in fake or 'street' benzodiazepines and in synthetic cannabinoids (SCRAs)
- National, regional and local responses to these incidents dovetail with preparations for synthetic opioids anyway
- Also increasing concern about xylazine, non-opioid added to opioids to potentiate effect but with additional respiratory and sedative impact

*Deaths confirmed = nitazenes detected in post-mortem toxicology or seized drug/paraphernalia (cause not confirmed)

Treatment for synthetic opioids: dependence and overdose

Dependence

- No evidence as yet to suggest any need for treatment different to that recommended in national clinical guidance

Overdose

- There have been concerns that usual doses of naloxone may be insufficient to fully reverse an overdose caused by a potent opioid, such as fentanyl or a “nitazene” – there is insufficient, and contradictory, evidence about this. Administering some naloxone is better than giving nothing.
- As naloxone is shorter acting than most opioids, there are also concerns that an opioid overdose may reassert itself as naloxone wears off – this is a risk even with heroin but perhaps more so with newer, potent synthetic opioids.
- In most cases, keeping to the careful dose-by-dose administration recommended will be sufficient until a paramedic arrives and can, if necessary, administer further doses.

Xylazine

- Journal of Forensic and Legal Medicine article last year reported first known death in May 2022
- Addiction journal article press-released 10/4 makes more of findings from toxicology labs and seizures
- It reports xylazine found in or alongside:
  - Opioids (heroin and counterfeit pharmaceuticals)
  - Street benzodiazepines
  - THC vapes

  (Numbers are small, though, and there is currently no evidence of widespread penetration into the UK drug market)
- Issues with xylazine include:
  - Breathing problems, especially exaggerated with opioids – naloxone will NOT reverse the xylazine effect but will still reverse the opioid so worth administering
  - Skin ulcers – wound awareness and care advice is already widely available from GOV.UK and Bristol Uni
- Government line is that "We are aware of the threat from xylazine and are determined to protect people from the threat posed by this drug and other illicit synthetic drugs. We will not hesitate to act to keep the public safe. Following advice from the Advisory Council on the Misuse of Drugs (ACMD), we intend to make xylazine a Class C drug."
- Addiction piece includes recommendations for government, some of which we are already doing or will pick up:
  - "test strips should be made available" – existing lines stand
  - "healthcare providers need to be aware" – NPIS/TOXBASE added information last year about xylazine in drug overdoses but we will suggest more and also update FRANK
  - "coroners should specifically request toxicology testing for xylazine in relevant cases" – we are asking the Chief Coroner to alert coroners, as we did for nitazenes

Early warning system background

- OHID will serve as a central hub for collection, analysis and assessment of data and intelligence to identify and respond rapidly to emerging threats or patterns of illicit drug use
- The synthetic opioid threat is the main driver but all illicit drug threats are in scope
- The EWS will include:
  - an OHID surveillance function analysing a range of new and existing sources;
  - data and intelligence (both new and existing) contributed by partners in Government via governance processes; and
  - a governance and decision-making framework for assessing and responding to threats identified (nationally and locally); and
  - a reporting suite including a public-facing dashboard to be released in the Autumn.
- Information collected will be continually monitored and issues will be communicated rapidly to relevant local and national stakeholders when identified.

Early warning system data and intelligence sources

- New data systems that OHID is establishing as part of the EWS include:
  - A national post-mortem toxicology database
  - A national ambulance database for callouts where naloxone was administered
  - A sentinel surveillance system for testing of samples from people receiving opioid substitution treatment

- We will also be enhancing our collection and analysis of existing data and intelligence feeds including:
  - Detections in lab-test drug seizures
  - Results from drug-checking services
  - Treatment presentations for those citing synthetic opioids as problematic
  - Hospital admissions data
  - Local intelligence including from local drug information systems (LDIS) and police forces

- The above sources will be assessed alongside data and intelligence contributed by other organisations to inform national and local decision-making

Update on Priority 3. Improved toxicology and surveillance

First steps to achieve these will include:

1. Engaging with the Chief Coroner
2. Work across the 4 UK nations on information sharing
3. Finding and profiling good practice in local areas, ambulance trusts, etc
4. Piloting the testing of hospital samples
5. Closer collaboration with ONS to link data and speed up findings

Update 2024:

1. Ongoing and has led to coroners' labs reporting. Still more to do with labs on good practice
2. Drafted but stalled …
3. Some good progress: EMAS / NWAS / SCAS / YHAS
4. Changed from hospitals to drug services because of data protection. Started last year, with samples being sent to UKHSA lab for testing, now expanding to other parts of the country
5. In progress. ONS data coming to OHID for analysis and new ONS post in place

Priority 4. Tackling stigma

We will:

- Pilot in England an Australian programme to measure and reduce drug and alcohol stigma in healthcare settings
- Support others' anti-stigma work:
  - Anti-Stigma Network
  - NHS Addictions Provider Alliance's 'Stigma Kills' campaign
  - Action on Addiction's 'Taking Action on Addiction' campaign
- Engage with the other UK nations in a programme of stigma-reducing work across the UK

Update 2024

- 8 self-selected ADDER sites across England have funded the programme with a lead commissioner
- Direct Award contract process almost complete to identify a lead academic institution as part of a consortia of universities.
- Mobilisation planned for May 2024
- Limited cross-nation work to date

Update on Priority 5. Polydrug and alcohol use

We will:

- With NIHR, seek to commission research on treatment for those dependent on benzodiazepines as well as opioids
- Work with the National Crime Agency and police forces to reduce the availability and impact of ‘street’ benzos and synthetic opioids
- Engage with the other UK nations in a programme of work across the UK on polydrug use, focused on cocaine and benzodiazepines, as well as gabapentinoids
- Increase the focus of alcohol and drug treatment services on supporting smoking cessation
- Support alcohol and drug treatment services to address harmful alcohol use in people who use drugs

Update 2024:

- NIHR put out call earlier this year, now assessing proposals
- Ongoing with NPCC-led working group; PH Scotland undertook an evidence-review to support joint working principles
- Not started (bar above)

- Encouraged and a part of the SSMTRG MOI but progress has been slow – will be core to Top 5 PH priorities
- As above

And, importantly, what about people dying alone?

The problem

- **In 2006 a London audit of 2003 DRDs [Hickman] found there was a bystander in 61% of overdoses**
- **In 2023 this is more like 33-38% [NPSAD]**
- **So, currently approx. 62-67% of opiate overdoses occur whereby people are using alone with no bystander, and of course this means Naloxone cannot be administered**
- **More people becoming more isolated? Stigma, death of peers, covid etc?**

Possible responses

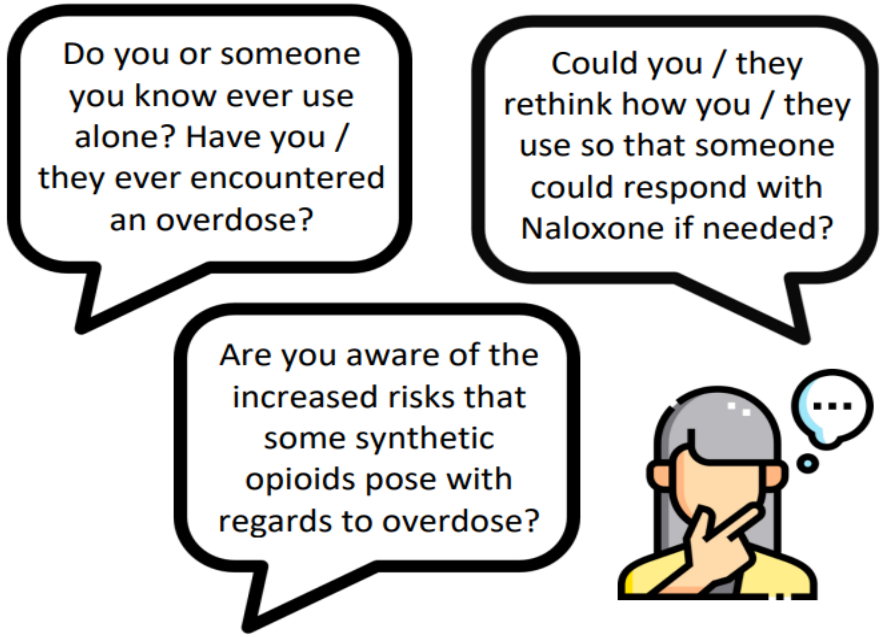
- **Raise awareness; key working, outreach, NSP and partners and campaigns***
- **Develop individual safety plans that can adjunct or be a part of their risk plan***
- **Innovation and the use of technology; the Addiction Mission; SBRI, and linking to academia**

*** See the work of the North West Fatal and non-fatal overdose group [next 2 slides]**

Do you use heroin alone?

Evidence suggests that 60%+ of fatal heroin overdoses occur when people have been using alone.

Naloxone is only effective if there is someone there to administer it.



How can you keep yourself safe? Please complete an Overdose Safety & Rescue plan today!

LOGO

With thanks to North West Overdose Prevention Task & Finish Group, 2023

People Using Heroin Alone: Safety & Rescue Plan

Key messages:

- Evidence suggests that 60%+ of fatal heroin overdoses occur when people have been using alone
- Naloxone is only effective if there is someone there to administer it.

Name / Initials: Date:

Do you ever use alone?	Y / N
Do you know some who does use alone?	Y / N
Why do you / do you think that someone you know uses alone?	Please describe:
How could you better protect your safety when using Heroin, especially when doing it alone? (To ensure that if needed, Naloxone can be administered?)	Please describe:
Have you thought of how realistic the ways you could protect yourself are? Is there anything anyone else can do to make them more realistic?	Please describe:
Do you have any non-using networks that might support you? Think about how this might work in practice.	Please describe:

Do you have anyone remotely that might support you and check-in with you shortly after you have used?	Please describe:
Could you support someone else and agree to not to use at the same time but stagger your use to ensure that you are both safe?	Please describe:
Do you have Naloxone, does anyone know where it is kept in your flat? Do you keep it close to you when using?	Please describe:
Would you consider using an App such as the BuddyUp App?	Response and any action:

Agreed actions to improve safety

	What	How	Who	When
1				
2				
3				

Any Questions?