

# FPH event

# Nitazenes: how should we respond?

JODY CLARK – REGIONAL DRUG STRATEGY & COMMISSIONING LEAD



**STAFFORDSHIRE COMMISSIONER**  
Police | Fire and Rescue | Crime



Office of the  
**Police and Crime  
Commissioner**  
for Warwickshire



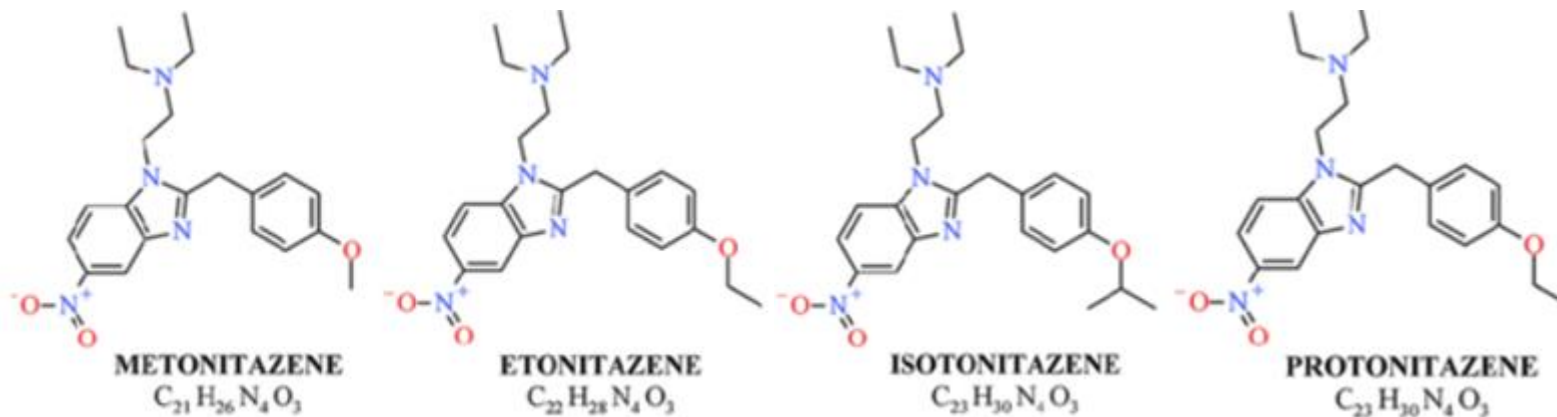
Office of the  
**Police and Crime Commissioner**  
West Mercia



west midlands  
**police and crime  
commissioner**

# Lessons from the Birmingham outbreak

Key considerations for contingency planning for synthetic opioids



# Lessons from Birmingham

- ▶ **Do not expect regional or national coordination** – responsibility will almost certainly sit with local areas so plan accordingly – *Directors of Public Health/Local Drug Information Systems/Drug & Alcohol Related Deaths review groups*
- ▶ **Be specific.** Who will Chair/coordinate meetings and who will be invited? Don't wait until an emergency happens to decide who is leading the process – *DsPH/LDIS/DARDs*
- ▶ Understand **local triggers for LRF coordination** – *DsPH/LDIS/DARDs*

# Lessons from Birmingham

- ▶ **Map and gap your current information sharing.** Know where information is already flowing and where focus is needed to improve data sharing – *LDIS/DARDs*
- ▶ **Centralise analysis of partnership data** – *LDIS/DARDs/ Local Health Resilience Partnerships/ DsPH / Police/Combating Drugs Partnerships*
- ▶ Ensure that all partners clearly understand their **obligations under the CCA** should a Strategic Coordination Group be stood up. **Is training needed?** – *ALL*

# Lessons from Birmingham

- ▶ Advice and **guidance on the appropriate range of toxicological testing** should be (re)circulated to coroners and across the range of NHS providers as soon as an emergency has been identified. Office of the Chief Coroner may be able to support – *LHRPs/ Coroners*
- ▶ Consider developing a process on **how samples from patients can be secured** when entering the hospital in an overdose situation - LHRPs

# Lessons from Birmingham

- ▶ **Is your LDIS working?** Are key partners sufficiently engaged? Arrange trial runs with partners to stress test system processes – *LDIS*
- ▶ Is there an opportunity for a collective request to government for clear **guidance on the thresholds for escalating coordination and leadership to regional and national levels** within an escalating emergency situation – *OPCCs/ DsPH/ LHRPs/etc.*

# Lessons from Birmingham

- ▶ In the event of an emergency, the partner identifying an outbreak of increased drug-related harms should **convene the first meeting** (likely to be LDIS or Police)
- ▶ **Which partners to invite and the chairing of future meetings** should be included in the preparedness plan so there is absolute clarity on local leadership and involvement

# What's missing?

- ▶ Birmingham lessons are very 'strategic' and OHID guidance very focussed on drug services
- ▶ Local plans need to include the wider operational response that can be **immediately enacted** and not waste time deciding what to do
- ▶ Partners need to know what interventions they will be needing to deliver well in advance of a synthetic opioid outbreak:
  - ▶ Homeless services, hostels and supported accommodation
  - ▶ Probation & Prisons
  - ▶ Local authorities (both operationally and strategically)
  - ▶ Police forces



# What else can partners do?

- ▶ **Share information** with your local LDIS
- ▶ Recognise that there are a number of **harms that need to be prioritised** for people using heroin
  - ▶ Reduce the incidence of **people using alone**
  - ▶ Reduce the incidence of people **using without naloxone being available**
  - ▶ Reduce the incidence of **injecting**
  - ▶ Reduce the incidence of people **using illicit drugs**
- ▶ What about **other drugs**?

# Reduce the incidence of people using alone

- ▶ 60% of all opiate deaths involved **people dying alone** – many had naloxone available but no one to use it on them
- ▶ **Be curious** - ask people who they use with and explore their options
- ▶ **Train staff** in delivering harm reduction advice
- ▶ Know **how to engage people** with local harm reduction/treatment services
- ▶ Ensure people in supported accommodation/hostels are **able to discuss their drug use** and are not left to use behind locked doors
- ▶ **Encourage use of Buddy Up** – not just for people who inject

# Reduce the incidence of people using without naloxone being available

- ▶ Supply of naloxone will need to be **scaled up rapidly**
- ▶ Make sure there is a **stock of naloxone in your workplace**. If none is available, contact your local treatment service
- ▶ Particular focus on **supporting people not on OST** to get kits. Contact people known to have left treatment in the last 12 months – **many will have relapsed**
- ▶ **Double** the amount of kits being held
- ▶ Inform people of the increased need to **call an ambulance**

# Reduce the incidence of injecting

- ▶ Smoking synthetic opioid-contaminated heroin **can kill**
- ▶ Injecting is **higher risk**
- ▶ Two main opportunities to reduce injecting risks:
  - ▶ Supporting people to **access OST**
  - ▶ Encourage **transition from injecting** to smoking. Does your needle programme **supply foil**?

# Reduce the incidence of people using illicit opioids

- ▶ Supporting people to **access OST** and stay on it for as long as possible

# It that enough?

- ▶ What about other interventions with an international evidence base?
  - ▶ Drug checking services
  - ▶ Medically supervised injecting facilities
  - ▶ Injectable OST (diamorphine, methadone, hydromorphone)
- ▶ What about benzos?

# Contact details

- ▶ Email - [jody.clark@westmidlands.police.uk](mailto:jody.clark@westmidlands.police.uk)
- ▶ Tel - 07551 242657