

<b>Health Protection Forum</b>	
<b>TITLE OF REPORT:</b>	
Local Drug Information System (LDIS) and substance use developments	
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## 1. Introduction

- 1.1. This paper informs the Health Protection Forum (HPF) of critical developments in Substance Use workstreams, specifically the Local Drug Information System (LDIS) and the associated Professional Information Network (PIN). These cover the London Borough of Hackney and the City of London.
- 1.2. The paper also outlines national environment changes to drug markets and increases in high risk adulteration of drug supplies.
- 1.3. Other relevant strategic and operational changes are also discussed.

## 2. Background

- 2.1. In response to the Central Government's 10 year drug strategy ([From Harm to Hope](#)) LBH/CoL set up a multi-agency governance structure to help drive substance use system developments. This is known as the 'Combating Drugs Partnership (CDP)'.
- 2.2. Key decisions and strategic direction for the CDP is owned by a Strategy Group (CDPSG) chaired by the Director of Public Health for City and Hackney, Dr Sandra Husbands. Membership of the group is comprised of senior leaders across key organisations and departments.

2.3. The CDPSG has defined four strategic outcomes for the two authority areas. Each outcome contains three to four objectives.

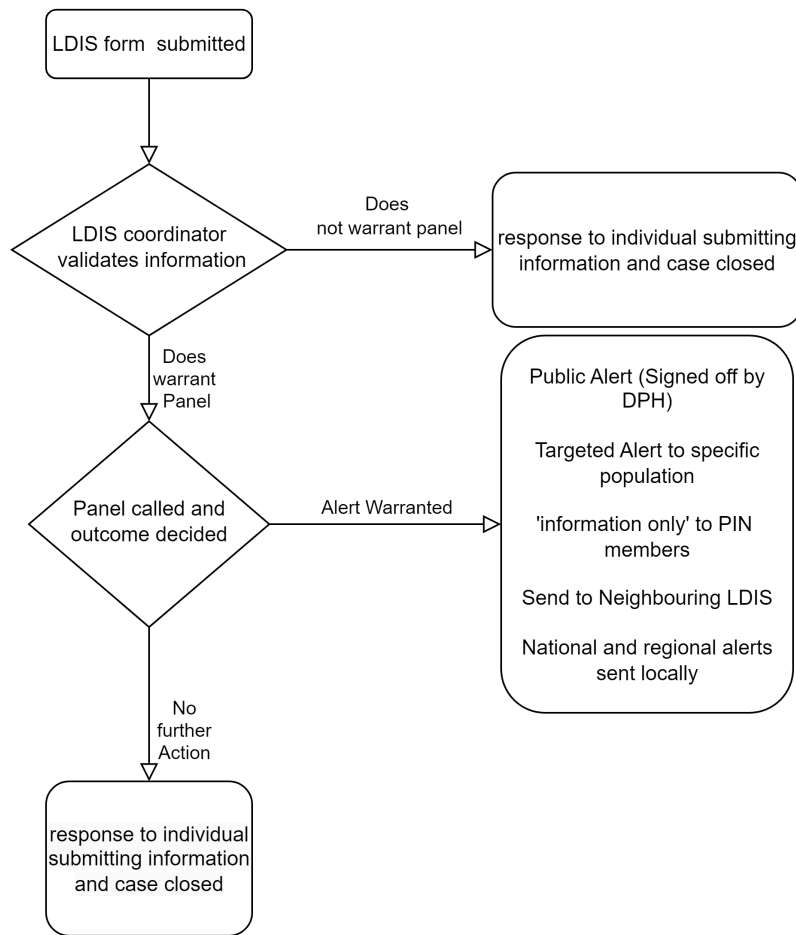
<p><b>1) Prevent and reduce premature deaths of people who use drugs.</b></p> <p>a) Increase the number of drug users engaging in treatment as well as increases in those achieving and sustaining recovery.</p> <p>b) Increase the number of people making significant improvements whilst working with services.</p> <p>c) Increase the number of people engaging for other health needs.</p>
<p><b>2) Reduce the impact of drugs on our communities</b></p> <p>a) Provide better cohesion from community exclusion (secure estate/reconnection to local area/post hospital discharge) into community.</p> <p>b) A reduction in drug related reoffending amongst prolific offenders within local areas.</p> <p>c) A reduction in drug supply.</p> <p>d) Reduced costs for local health services and police forces due to lower health and crime harms, and lower costs to the criminal justice system (as fewer people are dealt with by the courts).</p>
<p><b>3) Improve the wellbeing of people exposed to the harms of substance use</b></p> <p>a) Increase in the number of people moving into paid employment from drug treatment services.</p> <p>b) Reduce the impacts of homelessness and insecure housing for people exposed to drug harms.</p> <p>c) Increase the number of young and vulnerable people safeguarded.</p>
<p><b>4) Reduce inequalities in substance use support</b></p> <p>a) Improve quality and comprehensiveness of demographic data.</p> <p>b) Increase the proportion of underrepresented groups engaging in treatment.</p> <p>c) Increase positive outcomes from underrepresented groups.</p>

2.4. A number of working groups have been formed to help deliver on these strategic outcomes. Each working group has additional aims to help achieve top level strategic outcomes.

- 2.5. In addition to working groups, other new systems and groups have been implemented to help work towards strategic outcomes.
- 2.6. The Local Drug Information System (LDIS), along with its associated Professional Information Network (PIN), is a development intended to help achieve the strategic priority of preventing and reducing premature deaths of people who use drugs.

### **3. LDIS and PIN**

- 3.1. Whilst all drug use presents risks of harm to people who use drugs, there are occasions when drug supplies increase risks to drug using populations due to:
  - adulteration of drug supplies
  - increased potencies
  - misrepresentation
  - novel/synthetic substances
  - novel processes involved in the manufacture or use of drugs
- 3.2. The LDIS is a multi-agency response to drugs presenting in this manner. Its aim is to ensure that where there is an indication of high harm substances posing a risk to people who use drugs, that this information is used to inform a robust and potentially life-saving response.
- 3.3. The below figure outlines the LDIS process:



- 3.4. Referral forms into the LDIS can come from any professional body who has information, or has received information, related to particularly high harm drugs. Members of the Health Protection Forum are invited to use the referral form (appendix 1) should they need.
- 3.5. The LDIS coordinator assesses all referrals based on national best practice criteria to ensure that information is of a suitable standard to aid conversation, namely that specific concerns have been raised with clear information about risks.
- 3.6. The responses detailed in the flow chart help guide action following the convening of an LDIS panel, though they are not exhaustive. Practice changes can also be directed and recommended by the panel to help ensure that risks are minimised as much as possible.
- 3.7. Key to the success of the LDIS is the PIN, a wide reaching network of key contacts submitting information into the LDIS, as well as communicating risks and advice to people most at risk. Any professional is able to join the PIN, and to do so must contact [cityandhackneydrugalerts@hackney.gov.uk](mailto:cityandhackneydrugalerts@hackney.gov.uk)

- 3.8. The PIN also enables national and regional information to be cascaded locally, ensuring national developments which could impact the local area are understood and acted on appropriately at the earliest opportunity.

#### **4. National developments**

- 4.1. There have been a number of reports nationally concerning the adulteration of heroin supplies with a group of substances known as nitazenes.
- 4.2. Nitazenes are synthetic opioids with significantly higher levels of potency than organic opiates and other known synthetic opioids
- 4.3. Due to the higher levels of potency, nitazenes significantly increase the risk of overdose and death amongst opiate using populations, particularly as it is unlikely individuals are aware they are using them.
- 4.4. Locally we have not yet been informed of any overdoses having occurred due to the use of nitazene adulterated heroin, though we are aware that a small seizure of heroin tested positive for the inclusion of two different nitazenes.
- 4.5. Due to these developments our treatment provider has increased the amount of naloxone issued to their service users. Naloxone is a substance which can be administered to reverse the effects of opioid use. It is crucial to administer this as early as possible if someone has overdosed in order to decrease the risk of serious harm and death.
- 4.6. Naloxone can be carried and used by anyone who is likely to come into contact with someone who has overdosed on opioids, including professionals and members of the public.
- 4.7. In both City and Hackney training can be arranged for individuals who wish to both carry and use naloxone.

#### **5. Service delivery developments**

- 5.1. To reach groups most at risk of the harms of drug use we have implemented new models of service delivery within both City and Hackney.
- 5.2. There is an increase in the number of substance use outreach sessions across both authority areas, particularly multi-agency sessions delivered in collaboration with the Community Wellbeing Team (CWT).
- 5.3. Outreach is targeted at areas with high levels of rough sleeping, street drug usage or areas where data suggests there are low numbers of residents accessing drug treatment services

- 5.4. Alongside increases in outreach the commissioned substance use service provider, Turning Point, have begun using 'hubs' across LBH and CoL to ensure equitable access to the service. This is a significant development as previously access and support was only available through their site on Mare Street.

## **6. Conclusion**

- 6.1. The new Local Drug Information System covering the City and Hackney is a robust model intended to ensure any information related to high harm substances can be shared effectively across services.
- 6.2. The LDIS ensures a robust response to emerging harms, directing both practice of services and communication to at risk groups.
- 6.3. A Professional Information Network enables the rapid cascading of important information relating to high risk substances to any service or individual that may come into contact with individuals at risk.
- 6.4. Increased levels of harmful synthetic opioids have been identified nationally, the LDIS has enabled local developments to respond to potential risks.
- 6.5. Other practice developments, including outreach into underserved communities, have also been established to minimise risks.
- 6.6. Strategically there is strong governance over changes, with the Combating Drugs Partnership and its associated strategic outcomes driving development of responses to the harms of drug use.

## APPENDIX 1: City and Hackney LDIS notification form

Please complete as much of the form as possible and return to  
[cityandhackneydrugalerts@hackney.gov.uk](mailto:cityandhackneydrugalerts@hackney.gov.uk)

\*If submitting several incidents please list chronologically using 1.2.3 to separate incidents\*

<b>Your contact details:</b> <i>if appropriate role and service</i>		
<b>Date &amp; Location where incident occurred:</b> <i>geographical area and location if known (i.e. home, street, nightclub, hostel, hospital)</i>		
<b>Name of drug:</b> <i>if known, indicate if brand name on packet, street name, chemical name etc.</i>		
<b>Route of administration:</b> <i>how was the drug taken? (delete as appropriate)</i>		
Smoked, Swallowed, Sniffed, Injected, Not applicable, Unknown	If injected: IV, IM, Skin pop	Other: (specify)
<b>Effect of drug:</b> <i>the effect of the drug as described to you</i>		
<b>How was this effect different from what expected?</b> <i>(e.g. lasted longer, was more potent)</i>		
<b>Polydrug use?</b> <i>Was the drug used with any other drugs or alcohol?</i>		
Yes, No, Unknown, N/A	If yes, please list others	
<b>Dosage:</b> <i>how much was taken; if more than one type of drug please list amount for each</i>		
<b>Cost:</b> <i>please specify if price is for weight, per bag, pill etc.</i>	<b>Appearance of drug:</b> <i>(i.e. white powder, pill) If available, please attach photograph (next to coin for scale)</i>	
<b>Concern:</b> <i>please indicate concern (ie, adverse effect, altered behaviour, violence, overdose)</i>		
<b>Did the incident involve a hospital admission?</b> <i>(delete as appropriate)</i>		
Yes, No, Unknown, N/A	If known please specify which hospital, when this occurred, whether still ongoing?	
<b>Did the incident result in death or other serious harm?</b> <i>(Give details if known)</i>		
<b>Where was the drug purchased?</b> <i>(delete as appropriate)</i>		
Internet, Shop, Dealer, Friend, Unknown, N/A	Other (describe)	
<b>Has this issue or concern been raised by other service users?</b> <i>(How many times?)</i>		
No, Yes, Unknown, N/A	If yes, roughly how many times	
<b>If known, please indicate drug experience of person concerned</b> <i>(delete as appropriate)</i>		
Experienced drug user, Recreational drug user, Naive drug user, Unknown, N/A	Other relevant background information, i.e. vulnerable adult, young person (age)	
<b>Any other information including forensic information available</b>		

