Office for Health Improvement & Disparities

# Preventing drug (and alcohol) related deaths in England

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- New tools:
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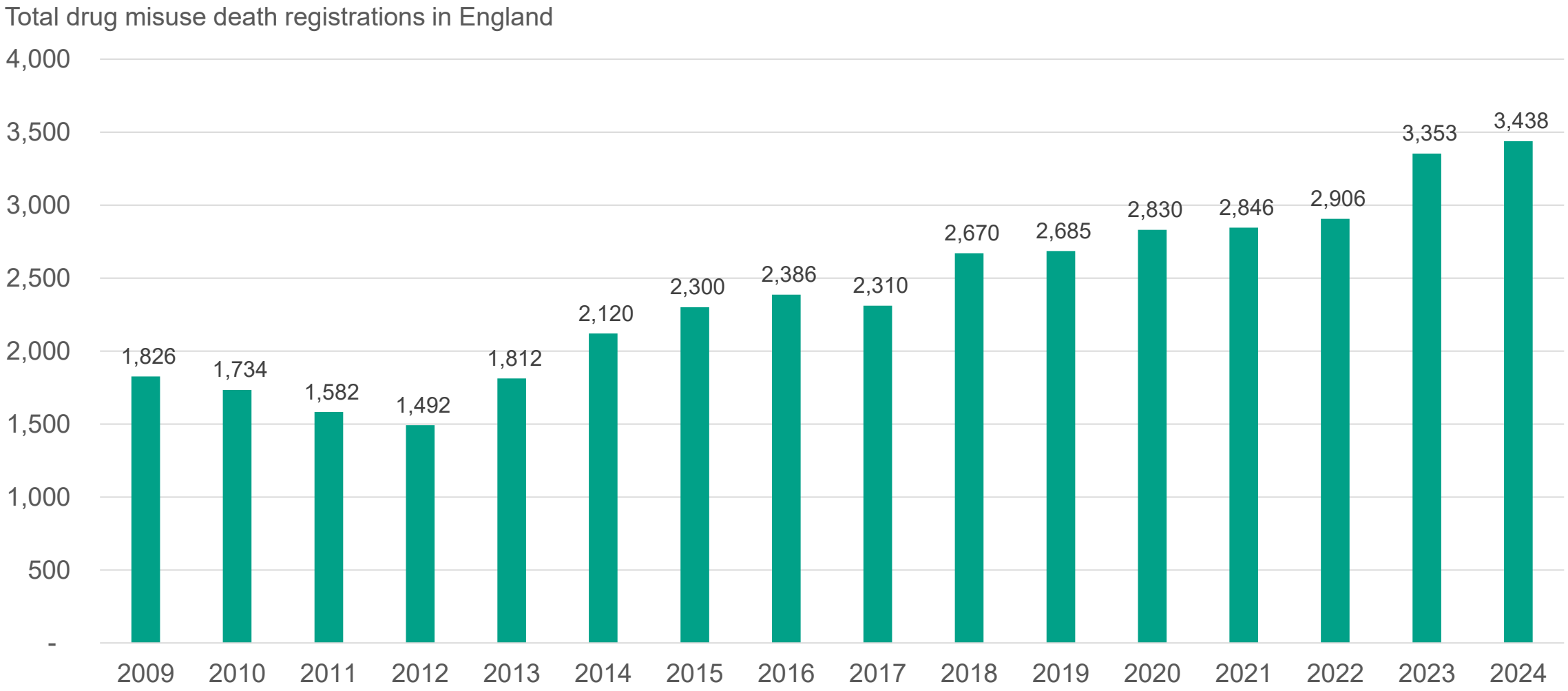
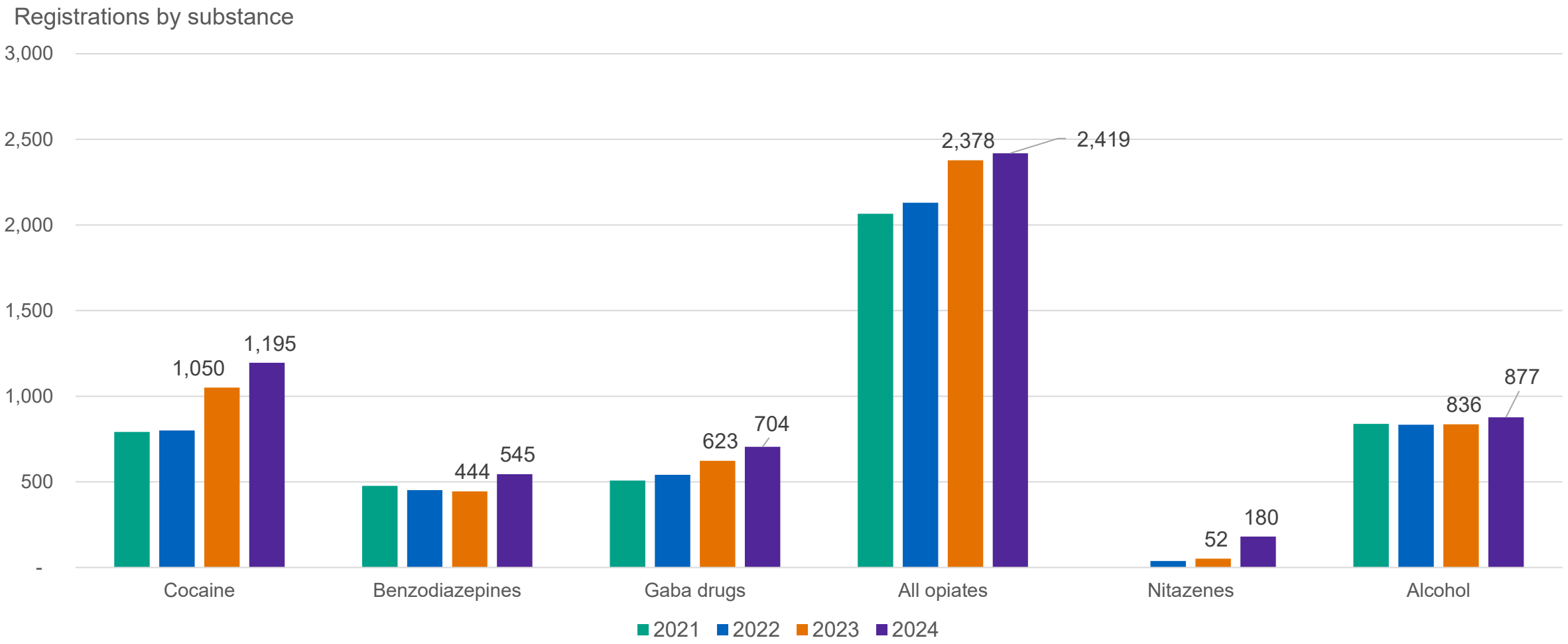
# Drug misuse deaths (registrations) in England increased by 3% (85) between 2023 and 2024, sustaining the very large increase last year



# Cocaine, benzos, gaba drugs (mostly pregabalin) and nitazenes made up most of the increases in 2024, with  deaths where alcohol is a contributory factor also increasing. Opiate deaths still make up over two thirds of the total deaths but remained relatively stable.



# Five priorities that will have the most impact on reducing drug and alcohol deaths

**1. A targeted approach to harm reduction**
Maintaining and building naloxone coverage, promoting first aid (CPR), using the contact points with people outside of structured treatment, using learning from DARD panels and LDIS to reduce risk of death, national awareness campaign on specific drug risks, drug checking

**2. Improved prescribing**
Supervised consumption, increased buprenorphine long-acting injection use, gabapentinoid prescribing and links with pharmacy and primary care

**3. Better physical and mental healthcare**
Smoking cessation, fibroscan/liver screening and hepatology pathways, cardiac pathways, MH guidance and pathways, attention to suicide risk

**4. Improved treatment offer**
Digital vs face-to-face mix, reduced use on top, reduced drinking in treatment, regular health care assessments

**5. More and different non-opiate and alcohol offers**
Different front doors, and investment in the quality of psychosocial interventions

NB Presented as discrete priorities but massive overlaps

**Underpinned by:**
- Tackling stigma
- Input/output process measures
- Early warning system

# English national drugs Early Warning System (EWS)

**Background and design**

Following the emergence of nitazenes as a sustained threat, the EWS was established to enhance surveillance of this and other emerging drug threats, informing quicker and more targeted responses.

The EWS brings together multiple newly established and existing data streams, to provide situational awareness. Data sources include:

- Post-mortem toxicology from coroner laboratories
- Forensic testing of drug samples and paraphernalia at scene
- Ambulance naloxone administration data
- Prevalence testing from urine samples from treatment entrants
- Police, Border Force and HMPPS drug seizures testing
- Law-enforcement intelligence
- Local Drug Information Systems (which involve local agencies working together to monitor and respond to threats)
- Upstream supply metrics including relating to heroin production in Afghanistan

**Governance, decision-making and reporting**

- **Expert Analysis & Assessment Group** (data experts on drugs and analytical leads) reviews data quarterly and assigns threat levels across several themes. Threat assessments are for England only but are informed by the rest of the UK and the global situation.
- The **EWS focus** is on SOs, which were the main emerging drug threat in England, but headlines from surveillance of broader drug threats are shared with EAAG which considers whether, for example, a National Patient Safety Alert or further analysis is warranted.
- A related **EWS Policy Group** considers responses in relation to the assessments conducted by the EAAG and reports to the Synthetic Opioids Taskforce.
- The EWS also feeds into the NCA-led oversight of the **policing response** to synthetic opioids as well as xylazine-like substances.
- Data is disseminated weekly to local authorities through a restricted access dashboard and more broadly via a quarterly version published on **NDTMS.net**.

# EWS work and findings

- Quarterly risk assessments of prevalence and harms of novel synthetic opioids in England through its Expert Analysis and Assessment Group
- Despite the emergence of “orphines” (particularly cychlorphine which has been linked to recent deaths in London, the Southeast and the West Midlands), and a continuing high volume of deaths linked to etonitazene in Scotland, the prevalence and harms of novel synthetic opioids in England remain substantially below levels seen in 2024.
- There has been a slowdown in new nitazenes detected, potentially linked to the generic ban introduced in China.
- Data on deaths linked to synthetic opioids and xylazine-like substances was added to the quarterly public-facing dashboard in March

# Harm reduction

**What local areas can do**

1. Naloxone
   - Maintain and build naloxone coverage (but don't over-focus here)
   - Improve carriage – work with police and peers
   - (What more to do about people using (and dying) alone?)

2. Use contact points with people outside of structured treatment to reduce harms
   - Hospitals, paramedics, homelessness services, outreach, peers, etc

3. Using local learning and intel to reduce risks
   - Drug and alcohol deaths reviews
   - Local Drug Information Systems

**What we're doing**

1. Naloxone legislation and new guidance: Supplying take home naloxone without a prescription
Grant funding
Police naloxone support

2. Support for iHOST – OST in hospitals
Alcohol (& Drug) Care Teams
Ambulance services information sharing

3. Reviews guidance: Preventing drug and alcohol deaths: partnership review process
LDIS – updated guidance coming

# Prescribing practice

**What local areas can do**

1. Medicine choice and supervised consumption
   - Recent guidance: more buprenorphine, more supervision of methadone, same-day prescribing – maintain choice
   - May need to consider alternative models, especially given pharmacy capacity issues

2. Buprenorphine long-acting injection

3. Gaba drugs and links with pharmacy and primary care
   - Work across agencies to ensure information is shared, prescribing is agreed and people are not put at risk

4. Detox and relapse prevention (especially for alcohol)
   - Rapid access to community detox
   - Prescribing for relapse prevention readily available – needs local agreement on responsibility/funding (CDP and ICB)

**What we're doing**

1. Part 1 OST guidance on choice
Grant planning

2. Part 2 OST guidance on long-acting injectable buprenorphine (LAIB)
Cost-effectiveness tool and pricing
Work with NICE

3. Planned work with NHSE on prescribing, liaison and information sharing

4. Alcohol Clinical Guidelines published

# Physical and mental health

**What local areas can do**

Need to do more to identify and tackle the big killers beyond alcohol and drugs themselves

In-house and links with primary and secondary care:

- Screening and identification - regular healthcare assessments
- Pathways to treatment
- Supported referral and appointments - peers
- In-reach from acute care

Use CDP and ICB to get NHS buy-in

Two clear priorities are:

- Smoking cessation
- Fibroscan/liver screening and hepatology pathways

But also cardiac, vascular, respiratory, cancers, etc

**What we're doing**

Mental health delivery framework with NHS (10/12/25)

Liver screening programme

Physical health framework

# Improving drug and alcohol treatment

**What local areas can do**

1. Assess the digital vs. face-to-face mix for different cohorts, at different stages
    - Need in-person for physical health assessment, changes in meds/dosage, clinical review, etc
    - All digital might work well for some but keep in-person offer open

2. Aim to reduce illicit drug use for those on a script
    - Purposeful drug testing and honest conversations
    - Medicine choice and dose
    - Psychosocial interventions
    - Recovery support

3. Aim to reduce drinking while in treatment
    - Staff competencies, identification, interventions, etc

**What we're doing**

1. NDTMS data
Guidance: Substance misuse: providing remote and in-person interventions

2. OST guidance: Medicine choices in opioid substitution treatment
Recovery guidance: Recovery support services and lived experience initiatives

3. PSI guidance
Alcohol Clinical Guidelines
Detox support

# Stimulants, other non-opioids and alcohol

## What local areas can do

Services may need different focuses to engage, retain, effectively treat and reduce deaths in those using crack cocaine, powder cocaine, ketamine and NPS, and alcohol

1. May need different front doors and substance-specific pathways and competencies

2. Invest in the quality of psychosocial interventions

3. Also consider harm reduction and physical health, eg cardiac pathways for people who use cocaine; urology for people who use ketamine; fibrosis testing, hospital alcohol care teams and liver specialists for alcohol

## What we're doing

Ketamine info circulated and presented

FRANK content updated

FRANK awareness-raising campaign kicked off in October 2025, covering

- the harms of sustained ketamine use, especially bladder problems
- THC vapes containing synthetic cannabinoids or other substances
- counterfeit medicines containing synthetic opioids

Supported by factsheets for public health and education settings, short films and content by social media influencers

Physical health programmes described earlier

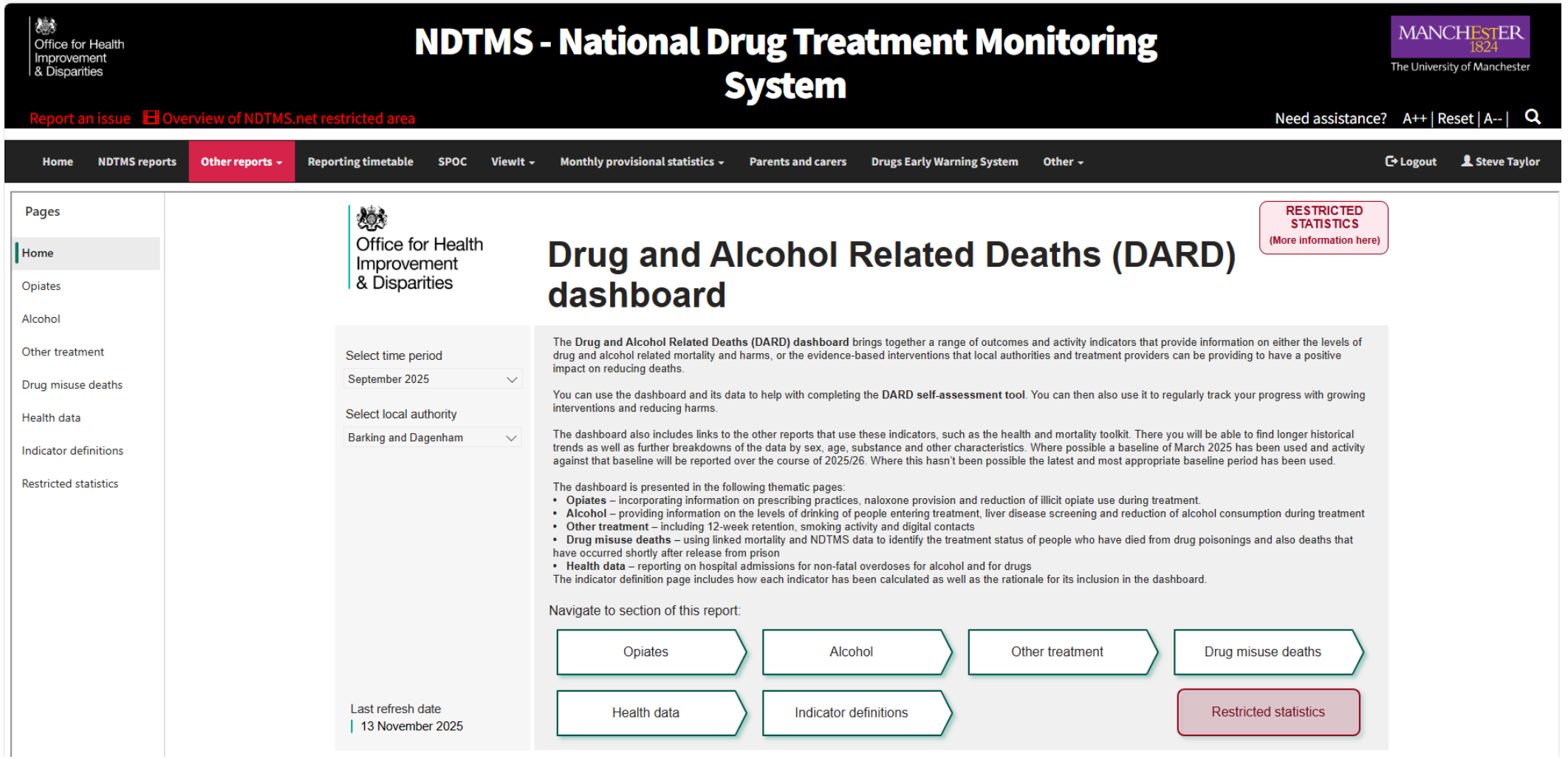
# New toolkit to support local work

Two elements:

- DARDs dashboard – NDTMS data that brings together outcomes and activity indictors that provide information on levels of drug and alcohol related mortality and harms, or on the evidence-based interventions that local authorities and treatment providers can be doing to have a positive impact on reducing deaths.
- DARDs self-assessment tool, which local partnerships can use to prompt reflection and consequent action to reduce drug and alcohol deaths.

They complement each other and existing guidance.

# DARDs dashboard



# DARDs self-assessment tool

Sections:

1. Commissioning and partnership governance
2. Harm reduction
3. Treatment and recovery system
4. Broader partnership approach

(2 and 3 encompass earlier service priorities, 1 and 4 add broader partnership and population elements)

Elements:

- Criteria statements
- RAG rating
- Evidence and improvement plans
- Option to review and rescore later

First assessment needs to be submitted to OHID this month to complement planning template submitted last month

# Thank you