Public Health

Synthetic Opioids Response Plan

Greenwich Combating Drugs Partnership

John McGirr

Senior Public Health Manager – Drugs, Alcohol, Gambling

Background

Over recent years, there has been an increasing rate of incidents involving opiates adulterated with synthetic drugs that have led to near-fatal and fatal overdoses across the United Kingdom. This is a drug market trend that is not isolated to one area, and as such, incidents have been reported across London and more widely across England and Wales. In Greenwich, several deaths and multiple near-fatal overdoses related to Nitazenes were recorded in 2023 and 2024.

ONS data for 2022 released Dec 2023 shows that drug related deaths are at the highest ratio since records began in 1993. The rate of drug-poisoning deaths was 81.5% higher in 2022 (84.4 deaths per million) than it was in 2012 (46.5 per million people). The rate has increased every year since 2012 after remaining relatively stable over the preceding two decades. Opiates were involved in just under half (46.1%) of drug-poisoning deaths registered in this period.

Deaths related to drug poisoning in England and Wales - Office for National Statistics (ons.gov.uk)

Investigations into these deaths have identified an increasing presence of synthetic opioids - Nitazenes and Fentanyl. Nitazenes is a diverse group of synthetic opioids which range between 50 and 500 times stronger that street opiates.

Acting to mitigate the harms and prevent future deaths, the government have sought to ensure local combatting drugs partnerships have a response plan in place. Separately the government has also introduced new legislation to make known variants of synthetic opioids illegal.

Synthetic opioids to be banned as government acts to stop drug deaths - GOV.UK (www.gov.uk)

Timeline

- **February 2023 -** The Government bans eleven substances, following a recommendation by the Advisory Council on the Misuse of Drugs.
- **February 2024 -** The Advisory Council on the Misuse of Drugs updated its recommendations and research on the use and harms of xylazine, medetomidine and detomidine.
- **April 2024 -** Combating Drugs Partnerships were asked to develop a Potent Synthetic Opioids Incident Response Plan, to be reviewed by the Joint Combating Drugs Unit in October 2024.
- **September 2024 -** Legislation was introduced to ban twenty-one other drugs (both opioid based and non-opioid) with the objective of reducing drug deaths related to the consumption of these and other potent synthetic compounds.
- **October 2024** - Greenwich Combating Drugs Partnership Synthetic Opioid Response Plan is drafted

Britain takes decisive action to ban 'zombie drug' xylazine - GOV.UK

Guidance from the JCDU states that local partnerships should be prepared for the possibility that the current threat will be compounded by a change in heroin supply, including that the market may become flooded with synthetic opioids and other adulterants.

Understand	Assess the threat, including who is affected, where the problem is, the severity of the problem and the timing.
Communicate	Agree on a communications strategy and messaging for each stage of the threat level.
Mitigate	Ensure take-home naloxone is available through a wide range of agencies, for people both in and out of treatment.
	Continuously review and improve engagement and retention of people into treatment.
	Ensure you have an effective LDIS in place, following national guidance.
	Ensure your drug-related deaths review process is effective, following national guidance.
	Drug testing – map testing and toxicology environments to inform LDIS panel

Understand Assess the threat, including who is affected, where the problem is, the severity of the problem and the timing

Guidance Number	Actions	Metrics
1	Public Health to carry out a risk assessment of the threat on a regular basis, based on intelligence received Implement process for ongoing monitoring, which could include: LDIS coordinator to conduct proactive horizon scanning of intelligence and report this through the established channels (national and international reports, local LDIS alerts) Regular meetings set up to monitor progress and discuss trends (CDP meetings, Partnership meetings, sub regional meetings)	• LDIS reports and alerts • Testing of drugs seized by police • Post-mortem toxicology reports • Local and national media reports • Via service SORP activity • OHID meetings/alerts

Communicate Agree on a communications strategy and messaging for each stage of the threat level.

Guidance Number	Actions	Metrics
1.2	Via treatment service to oversee comms plan for contacting service users, including messaging and threshold for sending out comms Identify comms plan for take-home naloxone PH/Partnership to Agree on local authority comms strategy for each stage of the threat level (fits with LDIS process) Brief RBG Comms team on the SORP comms strategy – for borough specific/wide campaigns/messaging	• Number and frequency of messages and alerts to service users • Agreed local authority comms strategies • Posters, fliers, leaflets and other comms printed and distributed • Number of LDIS alerts sent and confirmed as acted upon

Mitigate Promote Naloxone, continue to review and improve access and engagement in treatment

Guidance Number	Actions	Metrics
1.4	Assess understanding amongst partners of naloxone and their confidence in carrying or administering it, including specific guidance around administering naloxone when potent synthetic opioids are suspected to be involved Via treatment service to : • lead on ensuring partner organisations without naloxone and/or training have been offered both. • Confirm naloxone penetration rates for service users and partner agencies (including pharmacies) • Review provision of naloxone, including a targeted approach to different venues and services (including touch points for users not in treatment e.g. hostels, night shelters, ALT teams/ A&E depts). • Explore procuring nasal naloxone for services • Identify effective locations and partners to focus increased take-up of naloxone e.g pharmacies • Distribute testing strips to drug users (Via doing this already)	• Naloxone provision updates (VIA quarterly reports) • Training delivery updates (VIA quarterly reports) • Evidence review of studies looking at method of increasing naloxone take-up • Funding breakdown on Naloxone procurement (grant funding Q reports) • Narrative – partnership engagement activity reporting (Via quarterly reports) • Explore distribution of Nasal Naloxone with VIA service • Mapping distribution of Naloxone

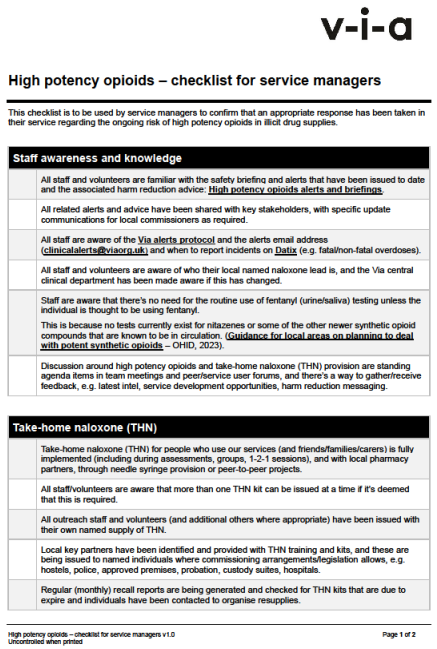
Mitigate Promote Naloxone, continue to review and improve access and engagement in treatment

Guidance Number	Actions	Metrics
1.4	Public health/VIA to continue with review of numbers in treatment	• NDTMS numbers in treatment • Via Quarterly reports
	PH to develop a formal LDIS process	• LDIS established • Terms of reference • Alert form development • Membership list
	Review national guidance on preventing, responding to and reviewing drug-related deaths Analysis of coroner's data Take forward the development of the DARD panel and LDIS network Launch QES DARD platform across the partnership	• Coroner's data report (pending SEL agreement) Lambeth SPoC? • LDIS process documents, including membership list, flow diagram of communications and alerts • Overview of DARD activity (High level report on effectives of the new system) quarterly activity report aligned local CDP reporting timetable

Via service SOR response plan

Workforce training	Harm Reduction	Data driven activity	Outreach	Communications	Naloxone	Drug testing/screening	Overdose tracking	Access to prescribing	Pathway and inerventions
Staff training on current risks and harm reduction - Nitazines, Cannabinoids, naloxone provision and administration	Naloxone distribution, communication with service users on risks – escalation process dependent on risk/threat level to local population.	Identify people at higher risk of overdose to inform reviews of individual treatment plans, risk assessments, and targeted harm reduction advice.	Enhanced /targeted outreach (people not in treatment/places likely to be engaged – Greenwich winter night shelter, Thames Reach, WSUP, Foodbanks	Information sharing with relevant partners (GPs, pharmacies, peer to peer services, the police, hospitals, probation, hostels, homeless shelters, MH services, IPD/RR and prisons – patient discharge planning and harm reduction)	Distribute to high risk cohorts, including fmaily mamabers and carers	Ensure staff recording feedback from service users on any testing undertaken on client file.	Provider working in partnership with CDP lead and Commissioners to determine whether a critical incident should be escalated within the organisation and how partner agencies should be informed	Via provide rapid access slots for: new starts, returns to treatment, prescription changes, individuals leaving prison or discharged from hospital	**Stage 1**: Triage/assessment - Referral/triage, drug screen, Obtain the GP Summary Care Record, Naloxone provision and relevant training and advice on dosing
Partership training Delivery of training to partners in the borough;Nitazines, Cannabinoids, naloxone provision and administration		Record on DATIX all OD and near misses, Identify cohort at risk (opiates users, new to treatment, prison release clients etc.)	Working with community safety and utilising navigator team to liaise with partners across the borough, including Rough Sleeping teams	Utilising DARD system (launching 1st November)	information on dosing - including higher dosing for potent variants. Frequency of repreat dosing in overdose scenarios	Liaise with police on additional routine drug screening to better understand the prevalence of adulterated or potent illicit drug supplies	Critical Incidents are communicated with CQC and RBG Commissioning Team, at the earliest opportunity.	Via provide a duty system/assessment system that allows referrals to prioritise joint assessment	**Stage 2**: Prescribing - Joint assessment with prescriber. Arrange titration review. Arrange an end of titration review.
		Identify priority cohort at risk (opiates users, new to treatment, prison release clients etc.)		Exploring text alert system for clients in treatment	Advice to all drug users on what they need to do to ensure their safety – access kits, always carry on-person, not using alone, how to respond if a friend overdoses	Liaise with police and local coroner to request testing of drug seizures and suspected drug-related deaths.	Critical incident status reviewed regularly in conjunction with relevant stakeholders, including when the critical incident might be eventually stepped down.	Ensure adequate naloxone kits are available	**Stagge 3**: Arrange follow up appointment with allocated worker for ongoing care planning. Complete assessment details on DATIX . Identify prescribing OST/Buprenorphine/Buvidal . Optimised dosing as per guidelines. End of titration review– to include dose optimisation, review of supervised consumption and further take-home naloxone offer. Carry out end of titration urine drug screen and record on DATIX. Ongoing prescriber reviews. Individual risk

Via service Synthetic Opioid Response resources



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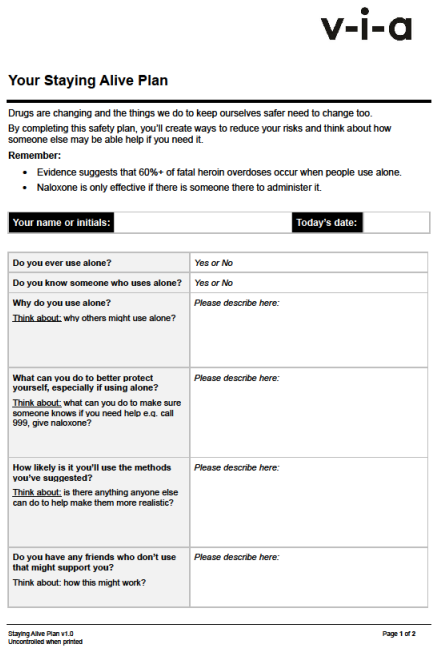
High potency opioids – checklist for service managers

This checklist is to be used by service managers to confirm that an appropriate response has been taken in their service regarding the ongoing risk of high potency opioids in illicit drug supplies.

Staff awareness and knowledge	
	All staff and volunteers are familiar with the safety briefing and alerts that have been issued to date and the associated harm reduction advice: High potency opioids alerts and briefings.
	All related alerts and advice have been shared with key stakeholders, with specific update communications for local commissioners as required.
	All staff are aware of the Via alerts protocol and the alerts email address (clinicalalerts@viaorg.uk) and when to report incidents on Datix (e.g. fatal/non-fatal overdoses).
	All staff and volunteers are aware of who their local named naloxone lead is, and the Via central clinical department has been made aware if this has changed.
	Staff are aware that there's no need for the routine use of fentanyl (urine/saliva) testing unless the individual is thought to be using fentanyl. This is because no tests currently exist for nitazenes or some of the other newer synthetic opioid compounds that are known to be in circulation. (Guidance for local areas on planning to deal with potent synthetic opioids – OHID, 2023).
	Discussion around high potency opioids and take-home naloxone (THN) provision are standing agenda items in team meetings and peer/service user forums, and there's a way to gather/receive feedback, e.g. latest intel, service development opportunities, harm reduction messaging.

Take-home naloxone (THN)	
	Take-home naloxone (THN) for people who use our services (and friends/families/carers) is fully implemented (including during assessments, groups, 1-2-1 sessions), and with local pharmacy partners, through needle syringe provision or peer-to-peer projects.
	All staff/volunteers are aware that more than one THN kit can be issued at a time if it's deemed that this is required.
	All outreach staff and volunteers (and additional others where appropriate) have been issued with their own named supply of THN.
	Local key partners have been identified and provided with THN training and kits, and these are being issued to named individuals where commissioning arrangements/legislation allows, e.g. hostels, police, approved premises, probation, custody suites, hospitals.
	Regular (monthly) recall reports are being generated and checked for THN kits that are due to expire and individuals have been contacted to organise resupplies.



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Your Staying Alive Plan

Drugs are changing and the things we do to keep ourselves safer need to change too.

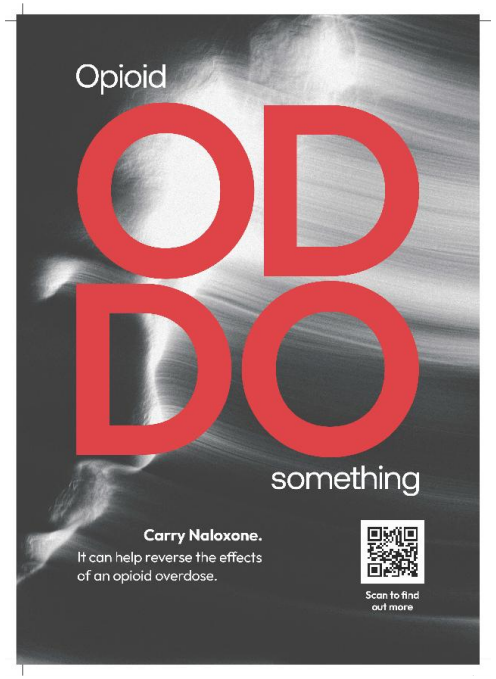
By completing this safety plan, you'll create ways to reduce your risks and think about how someone else may be able help if you need it.

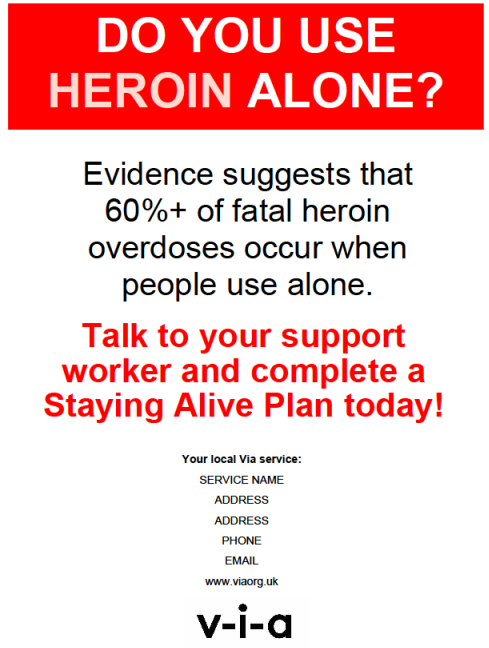
Remember:

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

Your name or initials:	**Today's date:**

Do you ever use alone?	*Yes or No*
Do you know someone who uses alone?	*Yes or No*
Why do you use alone? Think about: why others might use alone?	*Please describe here:*
What can you do to better protect yourself, especially if using alone? Think about: what can you do to make sure someone knows if you need help e.g. call 999, give naloxone?	*Please describe here:*
How likely is it you'll use the methods you've suggested? Think about: is there anything anyone else can do to help make them more realistic?	*Please describe here:*
Do you have any friends who don't use that might support you? Think about: how this might work?	*Please describe here:*





DO YOU USE HEROIN ALONE?

Evidence suggests that 60%+ of fatal heroin overdoses occur when people use alone.

Talk to your support worker and complete a Staying Alive Plan today!

Your local Via service:
SERVICE NAME
ADDRESS
ADDRESS
PHONE
EMAIL
www.viaorg.uk

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1. High potency opioids – checklist for managers
2. Staying Alive plan for clients
3. Carry Naloxone campaign to encourage uptake
4. Using alone flyer - harm reduction advice

Greenwich Local Drug Alert System – LDIS

1. Greenwich local drug alerts system form LDIS form
2. All alerts are sent to: drug.alerts@royalgreenwich.gov.uk
3. PH team assess threat level and respond accordingly to ensure appropriate distribution of alert to:
    1. Individual agency
    2. Partnership
    3. OHID London drug alerts team

Greenwich Drug and alcohol deaths panel – effective from July 2025

1. Implementation of panel as per guidance.
2. Identifying local partners for DARD panel
3. Draft terms of reference
4. Developing process to initiate panel reviews to
    1. Identify learning from case reviews
    2. Share findings/recommendations with partnership
    3. Implement changes/ review practice

Greenwich LDIS form

Please complete as much of the form as possible and return to drug.alerts@royalgreenwich.gov.uk

Your contact details: if appropriate role and service
Description of incident: please provide as much information as you can regarding the incident
Location where incident occurred: geographical area and location if known (i.e. home, street, nightclub, hostel, hospital)
Name of drug: if known, indicate if brand name on packet, street name, chemical name etc.
Route of administration: how was the drug taken? (Tick if known)
Smoked ☐ Swallowed ☐ Sniffed ☐ Injected ☐ (If injected) IV ☐ IM ☐ Skin pop ☐ Other ☐ (please specify)
Effect of drug: the effect of drug as described to you
How was this effect different from what expected? (e.g. lasted longer, was more potent)
Polydrug use? Was the drug used with any other drugs or alcohol?
No ☐ Yes ☐ Unknown ☐ If yes, please list others
Dosage: how much was taken; if more than one type of drug please list amount for each
Cost: please specify if price is for weight, per bag, pill etc. **Appearance of drug:** (i.e. white powder, pill) If available, please attach photograph (next to coin for scale)
Concern: please indicate concern (ie, adverse effect, altered behaviour, violence, overdose)
Did the incident involve a hospital admission?
No ☐ Yes ☐ Unknown ☐
Did the incident result in death or other serious harm? (Give details if known)
Where was the drug purchased? (Please tick if known)
Internet ☐ Shop ☐ Dealer ☐ Friend ☐ Other (describe)
Has this issue or concern been raised by other service users? (How many times?)
No ☐ Yes ☐ If yes, roughly how many times
If known, please indicate drug experience of person concerned
Experienced drug user ☐ Recreational drug user ☐ Naive drug user ☐ Other relevant background information, i.e. vulnerable adult, young person (age)
Any other information including forensic information available

Drugs information

Drug	Information	Potency	Links
Fentanyl	A highly potent synthetic piperidine opioid primarily used as an analgesic	0 to 50 times more potent than heroin 100 times more potent than morphine	Fentanyl | Drugs | BNF | NICE
Nitazenes: A diverse group of synthetic opioids that include:	Isotonitazene -a non-opioid tranquilizer approved for use as a sedative, muscle relaxant and analgesic in veterinary medicine	50-1000 times more potent than morphine	Nitazenes – DrugWise
	metonitazene	1000 times more potent than morphine	
	etonitazene	100 times more potent than morphine	
	protonitazene	130 times more potent than morphine	New Synthetic Opioids: Clinical Considerations and Dangers - PMC (nih.gov)
	N-desethyl etonitazene	50-1000 times more potent than morphine	
	N-pyrrolidino-etonitazene (also called etonitazepyne)	100 times more potent than morphine	