



Fentanyl Report

**Report from a national round table
discussion and recommendations for
future action**

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October 2017



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people change the
direction of their lives,
grow as a person and live
life to its full potential.



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Introduction

In September 2017 CGL and Volteface convened a ‘round table’ to discuss responses to the growing threat posed by fentanyl and its analogues (often referred to as ‘fentalogues’ or ‘fentanyls’). Fentanyl and its analogues range from highly valued medicines to highly dangerous synthetic opioid drugs with little or no legitimate use in humans. The round table followed reports of at least 60 deaths linked to fentanyls in England and Wales in the previous eight months and CGL’s direct experience of managing outbreaks of fentanyl-related overdose deaths in two areas in England.

The round table had support from a wide range of stakeholders: commissioners, police; academics; drug service managers; toxicologists; doctors; nurses; public health specialists; drug policy experts; ‘experts by experience’; and other stakeholders from the NHS and Voluntary Sector.

The aims and objectives of the round table were to:

- Explore the causes and consequences related to the rise in fentanyl-related deaths.
- Inform discussion on existing and new service provision models.
- Help shape CGL’s internal response to fentanyls.
- Inform the development of a multi-agency approach to help prevent future deaths where fentanyls were suspected to be implicated.

While the round table focussed on the fentanyls, it was acknowledged at the outset that any subsequent recommendations would likely build on existing guidance on the wider goal of reducing all drug-related deaths as detailed in the following documents:

- Understanding and preventing drug-related deaths: The report of a national expert working group to investigate drug-related deaths in England (Public Health England, September 2016).
- Reducing opioid-related deaths (Advisory Council on the Misuse of Drugs, December 2016).

- Improving clinical responses to drug-related deaths: A summary of best practice and innovations from drug treatment providers (Collective Voice and NHS Substance Misuse Alliance, August 2017).
- Drug Misuse and Dependence: UK Guidelines on Clinical Management (July 2017).

Discussions explored:

- How to effectively identify the scale of the problem in relation to fentanyl deaths.
- Consideration of the potential threat from fentanyls in the context of the current increases in drug-related deaths in the UK.
- Existing and new service provision models.
- New strategies which stakeholders and policy makers could use to address fentanyl-related harm.

The round table also featured presentations from experts with current experience in managing harms caused by fentanyls and reducing drug-related deaths. Case-studies of recent fentanyl outbreaks were also presented.

Case Study

The problem

In an area in the North East of England, there was a significant increase in opioid overdose deaths in 2017, including a spate of multiple overdoses in one hostel for homeless men over one weekend.

Toxicology tests were inconclusive and, as there was suspicion of low strength heroin in the area, the pattern of overdose seemed 'different' to local CGL drug services. Naloxone was reported to have been administered but 'was not working, with multiple doses being administered in several cases'.

The response

CGL undertook a full case-note audit of the service and everyone accessing harm reduction and structured treatment, looking for reports of 'near misses or non-fatal opioid overdoses' and found from January to March 2017, there were 66 reports of non-fatal overdoses.

Local stakeholder partnership meetings were convened. Mechanisms for information and intelligence sharing between agencies were activated to get a clearer picture and help better collectively manage risks. When information was collated between agencies, it appeared that there had been a vastly increased number of overdoses between June and July 2017 with some people repeatedly overdosing on opioids.

A public health strategy was collectively agreed and put in place as fentanyl was suspected due to the 'different' nature of overdoses described by service users and anecdotal information locally.

The town had a high penetration of naloxone with approximately 80% of those in structured treatment having training and kits issued. This was further built on by using client complexity data to identify patterns

of vulnerability and target those most at risk. These service users were targeted with provision of increased 'drop in' clinics to get people on or back on scripts to reduce illicit use and risks. Medical outreach clinics were also conducted in hostel settings to improve treatment uptake for what was deemed a group at higher risk of overdose.

Various options were considered to better understand the situation. Though opioid users were willing to give samples of drugs to be tested for fentanyl (especially if they witnessed overdoses or deaths), there was no established way of transferring drug samples to the police and test results from seizures took eight weeks. This was therefore not progressed.

There were also technological challenges to accurately test samples of drugs for fentanyl. The situation in the area calmed when a dealer was arrested and supply ceased. This dealer had set up a one man 'cottage industry' making fentanyl and adding it to heroin for economic reasons.

In another town there was an outbreak in March 2017, where seven opioid overdose deaths occurred in a short space of time. Fentanyl was suspected through police intelligence. A local partnership group was formed and responded quickly. The Police were able to get and share key information with the partnership enabling members to act rapidly, according to their responsibilities, and stop the outbreak.

Toxicology reports did not initially pick up on fentanyl. A request from police for further tests was requested which highlighted the presence of fentanyl, a range of newer fentanyl analogues, and carfentanyl.

Round table emerging themes and discussion points

A number of themes emerged from the presentations, and subsequent discussions also examined the international threat from fentanyls.

1. The recent increase in domestic and international manufacture and supply of fentanyls as ‘fake opioid medicines’, illicit fentanyls, and ‘false heroin’ could signify the emergence of a significant new threat to communities in the UK.

These synthetic drugs are driving huge increases in opioid overdoses and deaths in some countries.

2. In North America, the use (usually inadvertent) of fentanyls has been responsible for the recent rapid increase in opioid related overdose deaths in some geographic areas.

In early 2017 a delegation from the University of Alabama visited CGL to learn more about delivery of harm reduction services, and to share their experience of the opioid situation in the USA. In 2016, 205 of the 248 overdose deaths in Jefferson County, Alabama, were directly due to fentanyls.

3. The relationship of Canada and USA with the fentanyls are very different from the UK.

In these countries fentanyl-based pharmaceuticals were legitimate, commonly prescribed, widely marketed medicines for pain relief. It appears that relief of pain was prioritised above consideration of the well-known risks of developing opioid dependence. Healthcare (including pain

management medication) in the US is costly and often unaffordable by poorer population groups. Recently introduced restrictions on the prescribing of opioid-based analgesia has led to a large number of new opioid-dependent individuals seeking alternatives, with the only alternative in most cases being the illicit market. Drug treatment coverage of people with opioid problems is much lower than England in both the USA (10%) and Canada (25%). It would appear that penetration of the fentanyls into both the illicit heroin market, illicit fentanyls markets and illicit opioid medication markets (as fake medicines) is now widespread and endemic in some areas.

4. The USA and Canada are attempting to address this very real threat to their citizens in their own way.

However the lack of widespread basic harm reduction services such as needle exchange, coupled with variable access to opioid substitution therapy, indicates it could be some time before the situation improves.

5. The UK is experiencing its own significant increase in drug-related deaths, however this remains largely due to heroin.

The UK has experienced some fentanyl finds and ‘outbreaks’ in the last 18 months in: Stockton; Hull; Wakefield; Lewisham; Hertfordshire; London; Heathrow Airport; Birmingham (where it was found in cocaine) and in Durham.

6. Fentanyls are not usually tested for in drug tests or coroner toxicology requests, so it is unlikely we have an accurate picture of the impact of fentanyls on deaths.

Toxicology methods of detection are difficult for some (highly potent) fentanyls and testing strips only cover some of the drug analogues. Coroners’ toxicology tests do not routinely test for these substances and so fentanyl-related deaths may be mistaken for another opioid. Also there is often a long delay from when someone dies to publication of a coroner’s report.

7. While there are a number of existing mechanisms to track drug markets and novel drug trends, it was felt that there was no systematic monitoring of overdose ‘near misses’.

8. Caution must be exercised to avoid the unintended consequence of increasing drug-seeking for ‘strong opioids’, should public health agencies and the media put out information and warnings about local availability of fentanyls.

9. There are potentially many barriers to deploying local and national surveillance and drug testing to detect the presence of the fentanyls in local drug markets. This includes: technological testing challenges; the fluidity in drug markets; some production is very small scale ‘cottage industry’, other may be imports; cost; and coverage; tracing the presence of fentanyls in the UK at the moment could be like trying to find a ‘needle in a haystack’.

10. There are possible risks associated with an increase in the fentanyl into the UK market – especially if the driver for drug suppliers and dealers was economic – to make more profit.

The impact of an increase in fentanyl in the UK would be likely to significantly increase drug overdose deaths. The UK has an increasingly aging and ill population of opioid users who could be especially vulnerable to the potential harm caused by a fentanyl outbreak.

11. Regardless of fentanyl there is an urgent need to rebalance the focus of drug treatment.

There needs to be a much stronger focus on harm reduction for those in and out of treatment and not just a focus on recovery-orientated structured drug treatment. This would be especially required in the case of a widespread fentanyl 'outbreak'.

12. A new, revitalised open access harm reduction approach is required including outreach into vulnerable population groups who are not in treatment.

A 're-inventing' of Models of Care "Tier 2" Open Access services and interventions are needed using new technology. These could include:

- continued distribution of naloxone to people using opioids;
- drug sample testing (such as different models delivered by The Loop, MANDRAKE and WEDINOS);

- stand-alone open access harm reduction services including needle exchange, safer injecting facilities/Drug Consumption Rooms (DCRs)- if requested in a local 'hot spot';

- new ways of communicating with active drug users through social media;

- new innovations in drug treatment including depot formulations of existing OST;

- and, evidence-based interventions such as Heroin-Assisted Treatment (HAT) for those that don't respond to OST.

13. Lessons and methodologies can be drawn from the management of other types of public health outbreaks, disaster, emergency and outbreak preparedness planning methods, as well as fentanyl management strategies from international partners. It was also noted that an increase in local strategic approaches, local area 'preparedness' and additional interventions to reduce opioid related deaths could also help and give added impetus for local areas in their effort to reduce all opioid-related deaths.

Case Study

The problem

A formal alert to the presence of fentanyl in the Bristol area was put out by Public Health and there was widespread coverage.

The response

Bristol Drug Project (BDP) increased naloxone and overdose prevention interventions but were wary of putting out overt messages about the availability of 'strong opioids' for fear of crying wolf or creating drug seeking. BDP tested a wide range of opioid users (via services, needle exchanges and community outreach) for fentanyl using 'strips'; reassuringly none was found.

Conclusions

1. CGL recognises the increased number of drug-related deaths in the UK, and that synthetic opioids, including fentanyls, have been implicated as a factor. However, the extent of the problem in the UK is not yet fully known.
2. Early signs suggest that the scale of fentanyl use in the UK is not currently as widespread as other countries such as the USA and Canada. It may be that the UK is spared the scenario of fentanyls becoming ubiquitous, and this could be due to the underlying differences in drug markets and demand. However, while the degree of future risk from fentanyls is currently uncertain, the nature of the risk is very evident.
3. Adopting a safety-focussed multi-agency approach, involving specialist substance misuse services, law enforcement agencies, health services and other key partners, would offer the best response in addressing sustained and widespread fentanyl misuse.
4. Many of the building blocks for a coordinated response are already in place, but there is no room to be complacent. We should take this opportunity to build on current good practice such as: providing rapid access to effective substitute opioid prescription for anyone that requires it; supporting take-home naloxone programmes as core and essential elements of treatment; refining robust identification systems for those most at-risk; and addressing health comorbidities and social complexity wherever possible.
5. If fentanyls were to become a significant issue an effective response would require all key stakeholders to keep an open mind regarding local and international initiatives.

Recommendations for CGL services

All areas and drug treatment services should already be enhancing efforts to reduce current rising rates of opioid overdose deaths amongst people who are heroin and other opioid dependent – whether they are in or out of drug treatment. The appearance of fentanyl in the UK illicit opioid drug market could be a ‘game changer’ and bring a massively increased risk of opioid overdose deaths, as has already been seen in the North Americas.

In this light, we need to increase preparedness in case fentanyl penetrate the illicit opioid markets. The population most likely to be impacted are people who use illicit opioids such as heroin users, rather than those using opioid painkillers in the first instance.

Drawing on models of Communicable Disease Control, CGL recommends the adoption of a three element model that could help respond to possible outbreaks of fentanyl.

A three element action plan to mitigate potential harm from fentanyl outbreaks in the UK

The three elements are:

Element 1: PREVENTION

- Identify and implement high impact public health interventions to reduce overdose deaths.

Element 2: DETECTION

- Utilise all available sources of intelligence to rapidly monitor and detect an outbreak situation.

Element 3: CONTROL

- Strengthen and establish the key elements required for an effective local response.

Element 1: PREVENTION

The core components required to help minimise impact from fentanyls include those already established for the management and support of people already using opioids such as heroin. Improvements in this area would significantly reduce the impact of a fentanyls outbreak in the community.

Areas that will require attention include:

- **Improved treatment models to reduce the harm from and reduce deaths caused by opioid overdoses (including fentanyls).**

- Improved interventions to attract and retain opioid users into evidence-based and protective opioid-substitution therapy (OST).
- More attractive and relevant OST models (including ‘low threshold models’) to attract those out of contact with drug treatment services in the UK.
- Systematically ‘Optimising OST’ and using evidence-based interventions (such as contingency management) to reduce illicit opioid use ‘on top’ of prescriptions.
- As per other existing guidance it is recommended that local areas and services ensure there is a robust plan to combat the current increases in opioid overdose deaths, whilst maintaining opportunities and supporting service users to safely leave treatment when they feel able.

- **Improved outreach by staff and peer support workers to actively trace and contact opioid users in and out of treatment.**

- Workers should provide, overdose prevention training, take-home naloxone, and targeted drugs education including improving awareness of the dangers of deliberate and inadvertent use of fentanyls.
- Improving treatment penetration would reduce the at-risk population, and should be an ambition for treatment services.

- **Consideration of partner agencies (non treatment staff) to support pre-emptive and inclusive workforce training on opioid overdose management.**

- This should include developing skills and explicit pathways to effectively divert individuals into treatment for opioid dependency if required.
- Widespread training in the use of naloxone would be welcomed.

Element 2: DETECTION

The true scale of the fentanyls problem remains unclear. Improving awareness of prevalence, and being able to rapidly identify a possible outbreak, could be critical to supporting effective overall management. It was noted that some of the fentanyls could pose a significant health risk to individuals inadvertently exposed, which could occur during a police seizure or lab testing of a substance. Therefore appropriate safety measures should be in place prior to handling any substance suspected of containing fentanyls.

Suggested approaches to improve detection of a fentanyls outbreak include:

- **Establishing on-going data capture to monitor trends, and use existing best-practice systems.**

- Examples of available systems include Greater Manchester Drugs Early Warning System, and Public Health England’s own reporting mechanism RIDR (Report Illicit Drug Reaction).
- Develop systems to better monitor non-fatal overdoses and ‘near misses.’

- **Encourage police forces to routinely test drug seizures for fentanyls.**

- This can be done rapidly to inform implementation of community safety measures versus for evidential purposes.

- Purpose-built testing set-ups such as Manchester Metropolitan University MANDRAKE (Manchester Drug Analysis and Knowledge Exchange), or WEDINOS in Wales, could potentially be utilised to rapidly analyse drug seizures, for the primary purpose of better understanding the risks to community safety.

- **Consider strategies to better understand prevalence of fentanyls in a treatment population.**

- For example Bristol Drugs Project implementation of ‘point-of-care fentanyl testing’, and how this could be delivered at a national level.

- As a substantive part of CGL’s offer to the wider community, we are working with the University of Manchester to develop a national fentanyls prevalence study to help inform the situation. This is modelled on work done in British Columbia.

- **More widespread testing for fentanyls amongst people who use opioids but are out of contact with drug treatment.**

- For example in custody environments, Accident and Emergency and other health settings.

- **Adequate surveillance of possible fentanyls in the local drug market.**

- This may include laboratory detection and drug testing facilities that can be activated in readiness for epidemiological investigation of an outbreak.

- Front of house drug testing models (as demonstrated by The Loop at a range of music festivals and clubs) could be considered.

- **Support coroners to routinely test for fentanyls in cases of drug-related deaths and, if possible and appropriate, retrospectively test autopsy samples for the same.**

Element 3: CONTROL

Local areas should develop and agree local strategies, in advance, of high impact interventions that can be implemented in a short timeframe to reduce fentanyls related-harm. A ‘one health’ approach would be recommended to prevent emergence and spread; this should include improved collaboration between individual service providers in terms of sharing data and alerting to potential issues that could affect their service users.

Utilising and adapting existing public health methodologies for communicable diseases management could be a sensible approach to adopt to combat outbreaks of fentanyls and increases in overdose and death in local areas.

Important components to help control an outbreak include:

- **Established and ready ‘outbreak management’ partnership working arrangements between public health and key stakeholders (including the Police, emergency services, drug services etc).**

- This would include: agreed metrics and data to help identify a possible outbreak; such as a spike in overdoses, increased demand for take-home naloxone; increased drug-related deaths management; local intelligence from enforcement and drug seizures; and community intelligence.

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– Special meetings and arrangements may need to be activated in the event of an outbreak, and existing information-sharing agreements could facilitate communication.

– It is possible that existing governance structures within local authorities could accommodate this remit.

• **Increased coverage of naloxone and overdose training amongst opioid users in and out of drug treatment, their significant others, and services in contact with them.**

• **Strengthening a local areas core capacity to support prevention of opioid overdose death.**

– This includes ensuring the supply of essential medication (naloxone). If necessary consider adapting ‘take-home naloxone policies’ to respond in an outbreak situation eg providing two kits to a person who uses opioids, or their significant others.

• **Increased open access drug harm reduction interventions (with a focus on improving quality of needle exchange services – one of the best places to be informed about situation on the ground, and provide critical drug-safety information).**

– Other interventions could include consideration of drug consumption rooms to offer a safer space for those using opioids; universal access to low threshold OST; and clear, fast pathways into drug treatment from any referral avenue.

• **Enhanced referral pathways from emergency services (and others in contact with target population groups) to drug treatment services.**

– This is especially important for those at highest risk such as those who are street homeless or in unstable accommodation.



For further information about CGL’s strategic response to the threat of fentanyl please contact Dr. Prun Bijral, CGL Medical Director via email at: fentanyl-info@cgl.org.uk



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