Briefing on substance misuse in Dorset, Summer 2020

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COVID-19 has increased the risks associated with illicit substance use for three core reasons:

i. the substances themselves are more unpredictable as a result of disruption to the illegal drugs market;
ii. people using substances may be doing so with a different, more risky mindset than in a normal summer;
iii. people are likely to be using substances in more risky settings, with more hazards in an unregulated setting than at a nightclub or festival, and with less support (e.g. first aid teams) easily available.

These changes are occurring at a time when substances are relatively accessible and affordable, making the potential impact more profound.

Moreover, some established routes seen as trusted sources of information for young people (e.g. festivals, nightclubs) are not currently active, making it challenging to communicate directly with people who use drugs.

There is evidence that particularly dangerous substances are already in circulation locally and regionally, notably benzodiazepines, which have resulted in adverse reactions and challenging hospital and inpatient admissions.

While we can identify different groups and motivations for substance use, these risks are linked, and any harm reduction work should take account of the full range of potential issues.

Harm reduction information is generally shared with young people in particular over the summer months, when people are more likely to use illicit substances.

An alert has been issued by Public Health England about a specific batch of illicit benzodiazepines producing adverse reactions amongst people who use them. There have been several hospital admissions locally linked to these substances.

1.0 What are the risks associated with illicit substance use?

1.1 Risks directly associated with substance use can generally be divided into short- and long-term effects. There are also those indirectly linked, such as criminalisation and the risks of exploitation.

1.2 In the short-term, there is first of all the risk of adverse reaction to a substance. As with any medication, this can occur simply due to an individual's susceptibility, but is more likely when the specific substance and its purity and dose are unknown.

1.3 A specific risk with the benzodiazepines in circulation currently is that they can mask or be mistaken for opioid overdose. Opioid overdose can be reversed using Naloxone, but there is a danger that administering this is then seen as a sufficient response – which is plausible if the individual concerned is known to use heroin, as is understood to have been the case in several instances locally. Naloxone on its own will not resolve the issues resulting from the benzodiazepine use.

1.4 In the short-term again, there are risks associated with intoxication. People are less able to safely assess risks in a situation and may either hurt themselves (through accidental injury) or place themselves at risk of harm from others.

1.5 In the longer term, repeated substance use can harm people's physical and mental health. There is evidence, for example, that heavy ketamine use can damage the bladder, with life-changing effects and a potential need for surgery.

1.6 In some cases, people develop substance use disorders that can affect their ability to lead fulfilling lives, with impacts on those around them.

1.7 By using illicit substances there are risks that young people may be criminalised – for example for supplying substances to their friends – which could have a long-term impact on their life. In addition, they could be drawn into debt, particularly if they develop a dependence on a substance, or a substance use disorder.

1.8 In all these cases, there is also the potential of harm to the wider community. As well as the increased burden on criminal justice, health and social care provision, the supply of illicit drugs is associated with criminal exploitation.

2.0 What has been the impact of COVID-19?

2.1 Taking the framework of 'drug, set, setting', where 'set' is understood as 'mindset', we can identify three key ways in which COVID-19 has changed the potential impact of illicit substance use.

2.2 First, the 'drugs' themselves are more unpredictable. As with all commodities, COVID-19 has affected trade and supply routes in illicit drug markets. People may have had to change the way they buy their drugs, and even where people are buying from suppliers they know and may trust, the product they are receiving may be less predictable. Substances are always already unpredictable on the illicit market, and this increases the risk to individuals who take the substance without knowing its strength, purity, or even what substance it is. There are many different benzodiazepines, for example, and reports suggest that what is sold as diazepam, for example, is not necessarily this specific substance, and there may be several different benzodiazepines included.

2.3 Second, people are likely to be in a more 'risky' mindset than at other times, due to the stresses of 'lockdown' and the challenge of living with COVID-19. As well as the risks of exploitation and abuse associated with lockdown, young people may have a sense of having missed out on key moments of a usual summer (celebrating the end of exams, prom, holidays) and therefore may be looking to make up for lost time. There may also be a heightened desire for escape or release of anxiety.

2.4 Third, the settings in which people are likely to use drugs may pose more risks than in a 'normal' summer. Nightclubs and festivals are risk assessed, managed spaces and have support on hand to administer or call for help if someone is taken or ill or if there appears to be danger of assault. While these venues and events are closed, cancelled or postponed, people are likely to use drugs at unregulated events or in other public spaces like parks that are not designed or equipped to be safe. People may be reluctant to call for help themselves, given the illegal nature of the activity, and without security or first aid staff on hand to intervene, this may lead in critical delays in ensuring people receive the support they need.

2.5 The closure or cancellation of these venues and events also affects the routes through which messages about how to stay safe can be communicated to people who use drugs. Partners may not be well-placed to communicate directly with young people in particular on these themes, but these individuals are likely to engage with festival organisers through email and social media in order to stay informed about the event. Festivals, for example, often use these channels to make people aware of the risks of substance use – and these communications can reach a wider audience than simply those attending the event in that particular year.

3.0 Who is most at risk?

3.1 Substance use is not a risk in isolation from other factors. Those most at risk of harm from substance use will be those who are at risk from other issues. However, the risks from immediate harm from substance use (whether from an immediate adverse reaction to a substance or the dangers associated with intoxication) apply to anyone who uses intoxicating substances (including alcohol).

3.2 Therefore, it is appropriate to identify two potential groups of people at risk. First, those already known to misuse substances, whether young people or older people with more complex issues. Second, all those who use illicit substances.

4.0 What can be done?

4.1 We can *reduce the chances of harm occurring* by trying to ensure that all those who might choose to use illicit substances (a) consider their decision carefully in light of the heightened risks; and (b) if they do choose to use illicit substances do so in a way that reduces their risk.

4.2 We can *help ensure that first responders (e.g. police, paramedics, housing providers) are able to respond quickly and effectively* if an adverse incident does occur. This requires specific advice on the benzodiazepines and other drugs associated with respiratory depression and psychosis, and also appropriate responses for other substances including MDMA.

4.3 We can *help ensure that people who do suffer harm from substance use receive appropriate support when seeking healthcare* for physical or mental health issues. That is, we should ensure that acute trusts and mental health staff (both in outreach and inpatient settings) are aware of the possible signs and symptoms related to illicit substance use and are offered guidance on how best to respond to these.

5.0 What has been done so far?

5.1 Relevant harm reduction information has been circulated to all people who use drugs who are known to support services. This has been done directly by treatment services for those engaged in support, and relevant partners (e.g. housing support) have been provided with key messages to share with their clients.

5.2 An alert with advice regarding benzodiazepines in circulation has been shared with 'first responders' including Dorset Police and South Western Ambulance Service NHS Foundation Trust. This alert has also been shared with the acute trusts and community health trust to ensure that if people are admitted to hospital or an inpatient unit they are treated appropriately.