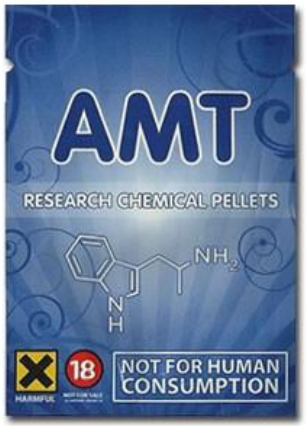
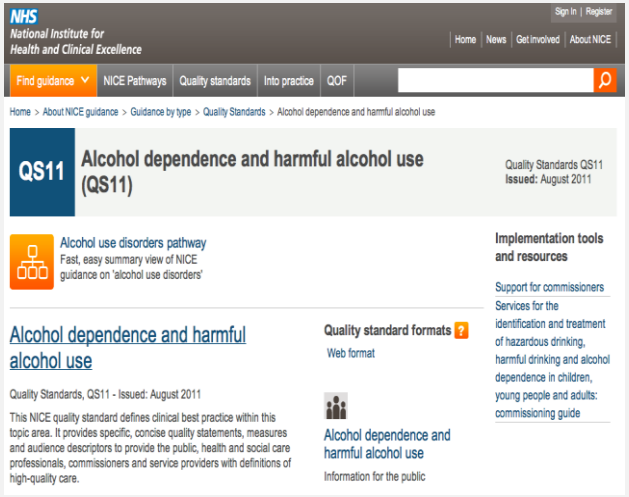
Are services ready to identify and treat harms associated with NPS and club drugs?

Dr Owen Bowden-Jones



How good are our treatments for ‘traditional’ drugs?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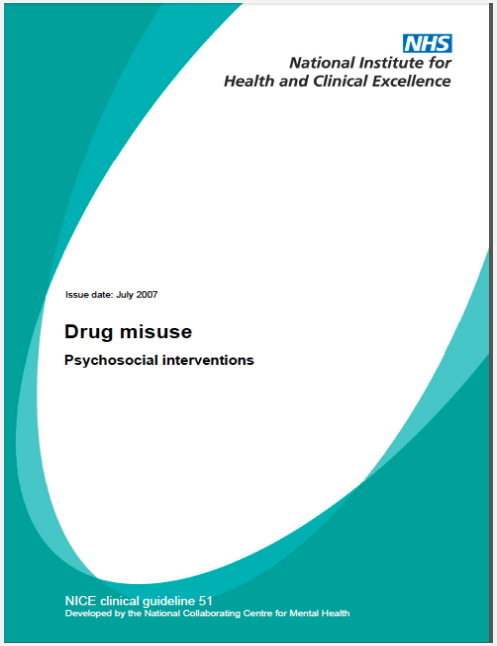
QS11
Alcohol dependence and harmful alcohol use (QS11)
Quality Standards QS11
Issued: August 2011
Alcohol use disorders pathway
Fast, easy summary view of NICE guidance on 'alcohol use disorders'
Implementation tools and resources
Support for commissioners
Services for the identification and treatment of hazardous drinking, harmful drinking and alcohol dependence in children, young people and adults: commissioning guide
Alcohol dependence and harmful alcohol use
Quality Standards, QS11 - Issued: August 2011
This NICE quality standard defines clinical best practice within this topic area. It provides specific, concise quality statements, measures and audience descriptors to provide the public, health and social care professionals, commissioners and service providers with definitions of high-quality care.
Quality standard formats
Web format
Alcohol dependence and harmful alcohol use
Information for the public


NHS
National Institute for
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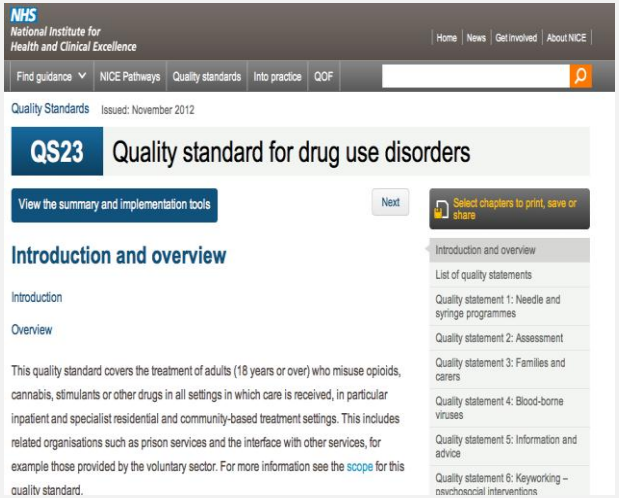
Issue date: July 2007
Drug misuse
Psychosocial interventions
NICE clinical guideline 51
Developed by the National Collaborating Centre for Mental Health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Quality Standards Issued: November 2012
QS23
Quality standard for drug use disorders
View the summary and implementation tools
Next
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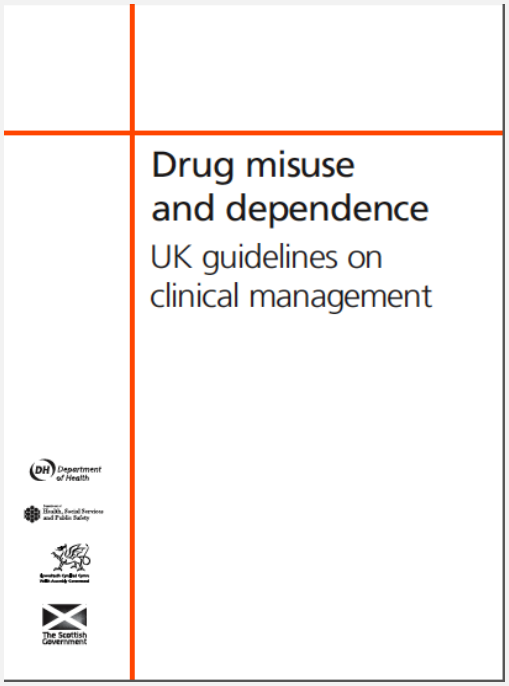
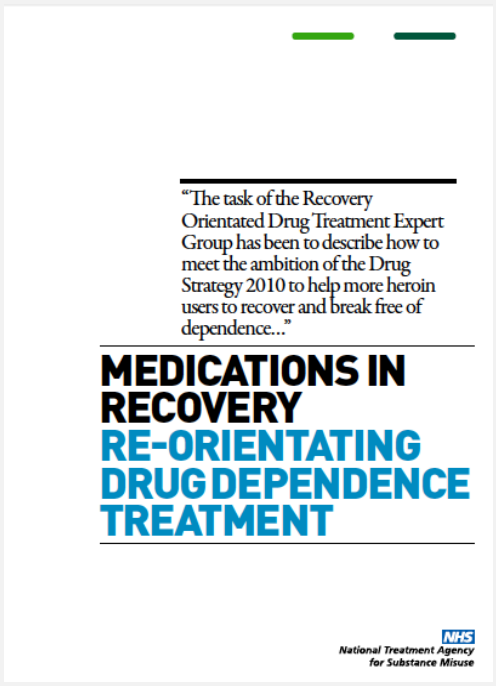
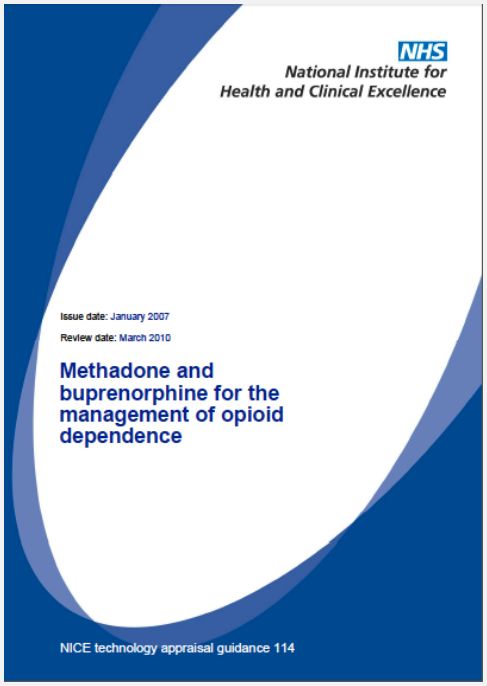
Introduction and overview
Introduction
Overview
This quality standard covers the treatment of adults (18 years or over) who misuse opioids, cannabis, stimulants or other drugs in all settings in which care is received, in particular inpatient and specialist residential and community-based treatment settings. This includes related organisations such as prison services and the interface with other services, for example those provided by the voluntary sector. For more information see the scope for this quality standard.
Introduction and overview
List of quality statements
Quality statement 1: Needle and syringe programmes
Quality statement 2: Assessment
Quality statement 3: Families and carers
Quality statement 4: Blood-borne viruses
Quality statement 5: Information and advice
Quality statement 6: Keyworking – psychosocial interventions


Drug misuse
and dependence
UK guidelines on
clinical management
Department of Health
The Scottish Government


"The task of the Recovery Orientated Drug Treatment Expert Group has been to describe how to meet the ambition of the Drug Strategy 2010 to help more heroin users to recover and break free of dependence..."
MEDICATIONS IN RECOVERY
RE-ORIENTATING DRUG DEPENDENCE TREATMENT
NHS
National Treatment Agency for Substance Misuse


NHS
National Institute for
Health and Clinical Excellence
Issue date: January 2007
Review date: March 2010
Methadone and buprenorphine for the management of opioid dependence
NICE technology appraisal guidance 114

Public Health
England

The role of addiction specialist doctors in recovery orientated treatment systems

A resource for commissioners, providers and clinicians

Why can’t we just use existing treatment and apply them to NPS and club drugs?

- **New drugs**
  - Little/no research into treatment
  - Harms still poorly understood
  - Other ‘club drugs’ are different to traditional drugs e.g. Ketamine bladder
  - Rapidly changing profile
- **New populations**
  - Different context of use e.g. methamphetamine and high risk sexual behaviours
  - Not ‘typical’ drug user. How to engage?

Knowledge gap

- Clinical staff have **poor knowledge** of changing patterns of drug use
- **'technical'** knowledge (what are the drugs, how do they work)
- **'cultural'** knowledge (who is using, how are they using)
- **'clinical'** knowledge (how to clinical manage acute/chronic presentation)
- **'service'** knowledge (when and where to refer)

89 frontline clinical staff from specialist drug service

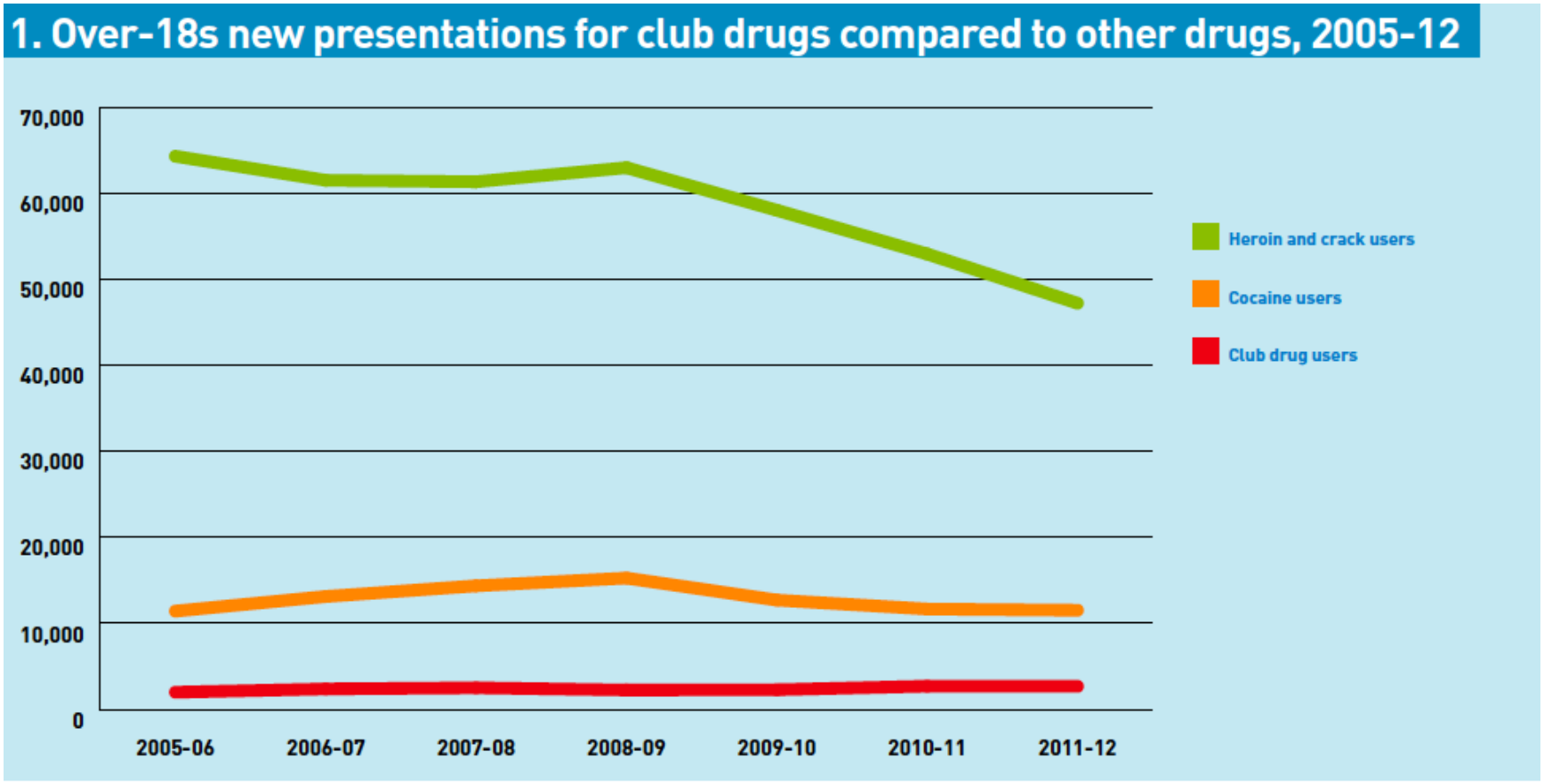
	Heroin, crack, alcohol	'Club drugs' including NPS
High confidence in identification and clinical management	80%	**30%**

75% requested further training on club drugs and NPS

Fexi P, Jones T, Bowden-Jones O unpublished data

Are we looking in the right place?

Are specialist drug services seeing problematic NPS use?




ACCIDENT & EMERGENCY
AMBULANCE
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Mental Health
Services


Pants on fire?

Sexual health clinics

Reported 'last month' drug use. Hunter et al. PGMJ online Jan 2014

	MSM (n=254)	Non-MSM (n=475)	CSEW (16-59
Cannabis	10.2%	11.6%	4.1%
Cocaine	4.3%	3.2%	1.0%
Ecstasy	5.5%	4.6%	0.5%
Ketamine	3.5%	0.8%	0.2%
Amphetamine	0.8%	0.4%	0.3%
Methamphetamine	1.2%	0.2%	0
Amyl Nitrite	18.4%	0.6%	0.3%

"Sexual health clinics may provide an opportunistic encounter to identify patterns of recreational drug use, explore motivations for use, and implement strategies to reduce harms related to drug use"

Any response need to account for

range of drugs

range of settings

Central and North West London NHS
NHS Foundation Trust

Project NEPTUNE

- **N**ov**e**l **P**sychoactive **T**reatment: **U**K **Ne**twork
- Funded project
  - comprehensive review of the research literature for **'treatment'** of NPS
  - Developed **evidence-based** clinical guidance
- Where gaps, expert group developed consensus
- Runs to over 500 pages !

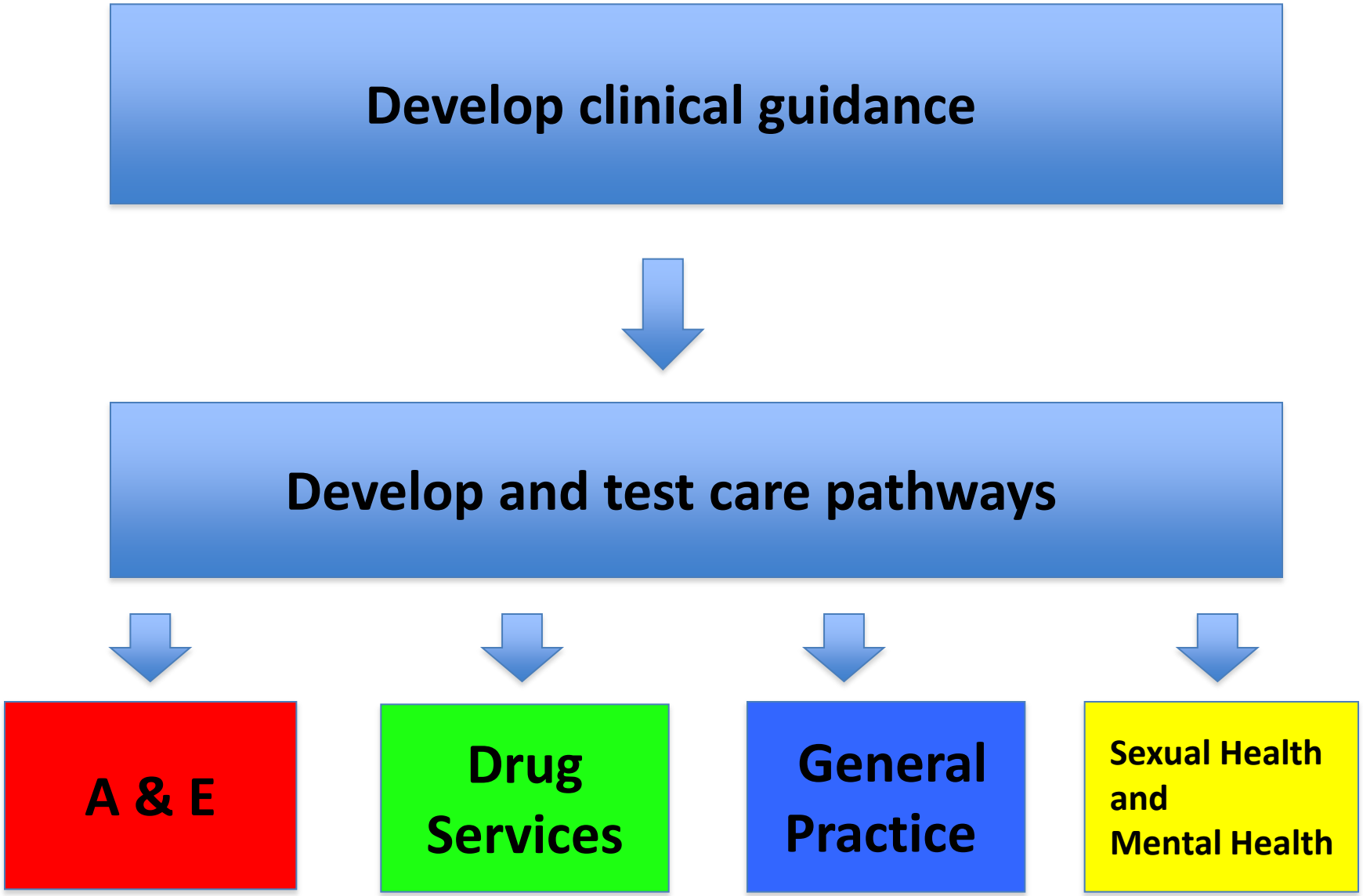
The Health Foundation
Inspiring Improvement

What is project NEPTUNE

- Funded 15 month project
- Raise clinical standards in management of ‘club drugs’ including NPS across the health system..
- ..by developing clinical guidance..
- ..which is then tested to prove value..
- ..and disseminated if successful
- Funded by Health Foundation

The Health Foundation
Inspiring Improvement

Project NEPTUNE



Developing the guidance

Searched the databases Embase, Psycinfo and Medline (which includes Cochrane reviews).

The following substance-related terms were used:

- *Ketamine*
- *Methamphetamine*
- *BZP*
- *Piperazines*
- *Psylocibin*
- *Magic mushrooms*
- *Fetanyl*
- *Salvia divinorum*
- *Synthetic cannabinoids*
- *Synthetic cathinones*
- *Synthetic cocaine derivatives*
- *Volatile substances*
- *MDMA*
- *Tryptamines*
- *5-MeO-DALT*
- *Amyl nitrate*
- *Naphyrone*
- *Phenazepam*
- *PMA*
- *2CB*
- *2CT*
- *MDEA*
- *Mephedrone*
- *Benzo Fury*
- *5-APB*
- *GBL OR GHB*
- *2C-I or 2C-T-2 or 2C-T-7*
- *Benzodifurans*
- *Dissociative drugs*
- *Methoxetamine*
- *Legal highs*
- *Herbal highs*
- *Club drugs*

Search was conducted by using the following search terms in combination with each of the substance-related terms

(e.g. GHB/GBL + psychological interventions, GHB/GBL + HIV)

- *Treatment*
- *Psychological interventions*
- *Psychological treatment*
- *Intervention*
- *Drug management*
- *Harms*
- *Toxicity*
- *Motivational Interviewing*
- *Motivational enhancement*
- *Chronic*
- *Cue exposure*
- *Withdrawal*
- *Craving*
- *Detoxification*
- *Dependence*
- *Addiction*
- *Managed care*
- *Pharmacotherapy*
- *Intoxication*
- *Prevention*
- *Health outcomes*
- *Clinical outcomes*
- *Recreational*
- *Toxicology*
- *Prescribing*
- *Relapse*
- *Psycho-sexual counselling*
- *Care plan*
- *Gay men*
- *Men who have sex with men*
- *LGBT*
- *Clubbers*
- *Party circuit*
- *Clubs*
- *Drug-facilitated sex*
- *Injecting*
- *Insufflation*
- *Clinical guidelines*
- *A&E*
- *Substance misuse treatment*
- *General practice*
- *Sexual health*
- *Urology*
- *Dentistry*
- *Ophthalmology*
- *Pregnancy*
- *HIV*
- *Hepatitis C*
- *Baclofen*

Rating the evidence

- **Ia—evidence for metaanalysis of randomised controlled trials**
- **Ib—evidence from at least one randomised controlled trial**
- **IIa—evidence from at lease one controlled study without randomisation**
- **IIb—evidence from at lease one other type of quasiexperimental study**
- **III—evidence from nonexperimental descriptive studies, such as comparative studies, correlation studies, and casecontrol studies**
- **IV—evidence from expert committee reports or opinions or clinical experience of respected authorities, or both**
- **V- Expert panel evidence**
- **VI- Expert by experience evidence**
- **VII - Lack of evidence –no evidence for or against**
- **VIII Conflicting evidence**

Strength of recommendation:

- A—directly based on category I evidence
- B—directly based on category II evidence or extrapolated recommendation from category I evidence
- C—directly based on category III evidence or extrapolated recommendation from category I or II evidence
- D—directly based on category IV evidence or extrapolated recommendation from category I, II or III evidence
- E- based on category V
- F- based on category VI

Stimulants

Sedatives/
Dissociatives

Hallucinogens

Synthetic cannabinoids

Care pathways/bundles

Develop care pathways from guidance

Identify ‘test’ sites

Test care pathways using ‘quality improvement’ methodology

Acceptability

Change in knowledge

Clinical utility

Central and North West London NHS
NHS Foundation Trust

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Novel psychoactive Treatment UK Network (NEPTUNE)

BUNDLE FOR THE MANAGEMENT OF ACUTE GHB/GBL INTOXICATION/OVERDOSE

Appearance: GBL is a clear, slightly oily and odourless liquid.

Street names at the time of publication include: G, GHB/ GBL, Gina, Liquid E, Liquid Ecstasy, Liquid X, Gamma-O, Blue Verve, Gobbe, Charisma. Other street names may be of use at local levels.

Patients with GHB/GBL acute intoxication typically:

1. Develop signs of acute toxicity rapidly
2. Improve quickly
3. In dependent patients, withdrawal symptoms may manifest quickly, or up to 24 to 48 hours later, and the delayed onset of withdrawal symptoms must be considered as part of the management of acute toxicity. A patient can move rapidly from intoxication to withdrawal – which is potentially life-threatening.

For a comprehensive review of the evidence, please refer to GHB/GBL box.

www.clubdrugclinic.cnwl.nhs.uk

The Health Foundation Inspiring Improvement

CLUB DRUG CLINIC

Patient sticker

CLUB DRUG CLINIC CONTACT DETAILS

Club Drug Clinic, Chelsea and Westminster Hospital
369 Fulham Road, London SW10 9NH
Tel: **020 3315 6111**
Email: **clubdrugclinic.cnwl@nhs.net**

CLINICAL ASSESSMENT

- [ ] Assess and manage patient for other drugs co-ingested, including alcohol

MANAGEMENT OF ACUTE TOXICITY

- [ ] Give patient symptom-directed supportive care with emphasis on airway management and respiratory support.
  Consult Toxbase for up-to-date guidance on management of acute GHB/ GBL toxicity.
- [ ] Observe **asymptomatic** patients for at least two hours.
  Some patients may have a fluctuating course of recovery.
  Monitor **symptomatic** patients for a longer period, according to their clinical condition.
- [ ] Observe patient for features of GHB/GBL withdrawal.
  (If dependence is established or if symptoms are occurring, manage symptoms according to bundle for management of withdrawals)

PATHWAYS TO DISCHARGE OR ON-GOING CARE

DISCHARGE PATIENT HOME

- [ ] Patient is clinically stable
- [ ] Patient is orientated
- [ ] Patient has capacity

ADMIT PATIENT

- [ ] Treat patient according to clinical presentation
- [ ] Observe patient until vital signs are within normal range

DISCHARGE AND REFERRAL PATHWAYS

- [ ] Code GHB/GBL acute toxicity/ overdose as: **Diagnosis A and E – overdose - Intentional self harm**

Tell patient about S-A-F-E-T-Y

- [ ] **S**ymptoms may re-occur. Patient advised to stay with friends or family for the next 24 hours if possible, in case of deterioration.
- [ ] **A**cute withdrawals? Seek medical attention immediately.
- [ ] **F**ind medical support for planned GHB/GBL detoxification; Do not attempt to stop abruptly.
- [ ] **E**mploy tools for accurate measurement of GHB/GBL doses.
- [ ] **T**wo or more substances used at the same time increase risk of overdose (especially sedatives e.g. alcohol).
- [ ] **Y**ou risk dependence from daily use of GHB/GBL.

- [ ] Give the patient the GHB/GBL leaflet.
- [ ] Refer patient to Club Drug Clinic (email: clubdrugclinic.cnwl@nhs.net or complete and fax referral form in CDC folder).
- [ ] Document in patient notes that you have completed this form.
- [ ] Return this form to the GHB/GBL file.

Public Health England

DH Department of Health

RCGP Royal College of General Practitioners

antidote @friend
LGBT drug and alcohol support

MMAGIK*
The new club drugs service for Bristol

Project NEPTUNE: clinical network

CREW mind altering

CLUB DRUG CLINIC

RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

The British Psychological Society

Home Office

Workforce

	Detection	Assessment	Brief Intervention	Complex Intervention (Acute)	Complex Intervention (Chronic)
Primary Care	✔	✔	✔	✖	✖
Emergency Room	✔	✔	✔	✔	✖
Sexual Health	✔	✔	✔	✖	✖
Mental Health	✔	✔	✔	✔	✖
Prison Health	✔	✔	✔	✖	✖
Specialist Drug Services	✔	✔	✔	✔	✔

How can we best train frontline staff from across the health system?

Conclusions

- NPS presents a **huge challenge** for treatment services, both specialist drug services and other health settings.
- Limited knowledge on **clinical harms, user profiles, engagement strategies** and **treatment approaches** need to be overcome.
- Responses require **adaptation** of existing evidence-based interventions supported by investment in **training** and further **research**.