Public Health Surveillance: Drugs
Interim Report on the impact of COVID-19 on people who use drugs

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Key messages

Since the distribution of the last report, indicators of drug related harms (suspected drug related deaths) have increased at a national level. This increase is currently being investigated.

Since the distribution of the last report, indicators of service access and provision (opioid substitution therapy) have remained stable at a national level with December 2020 data fluctuating in line with seasonal patterns observed in previous years.

1. Introduction and Methods

Public Health Scotland compiled this report to assist the Drugs Death Taskforce, Scottish Government, Public Health and Alcohol and Drug Partnerships to maintain and improve the quality of care and support available to people who use drugs during the COVID-19 global pandemic.[1]

The first COVID-19 diagnosis in Scotland was notified on the 1 March 2020. WHO declared COVID-19 a global pandemic on 11 March 2020. Since then, the UK and Scottish Governments have sought to mitigate the health and economic consequences of the virus through the implementation of a range of measures at both a national and local level. In addition to the risk of COVID-19 infection, it is likely that people who use drugs could be adversely affected by the direct and indirect effects of the pandemic.

In the context of the high level of drug-related deaths in Scotland, a key part of Scotland's drug and alcohol treatment strategy, Rights, Respect and Recovery is the development of a public health surveillance system in order to inform action to reduce harm and prevent premature death. Public Health Scotland (PHS), on behalf of the Scottish Drugs Death Taskforce[2] are leading the development of the system.

The objectives of this report which relate to surveillance are:

- To monitor the impact of the pandemic on the health and social care system in order to inform relevant partners and enable them to adjust approaches as required.
- To monitor changes in harms to inform prevention interventions.
- To detect potential outbreaks of drug-related harms and recommend appropriate next steps.
- To identify indicators that could be used by local areas to provide timely intelligence for planning and service monitoring purposes.

[1] In December 2019, China announced the first cases of a novel virus that was causing a respiratory infection that ranged from mild symptoms to fatal in some cases. This new virus has now been named as SARS CoV-2 and the disease associated with it called COVID-19.

[2] https://drugdeathstaskforce.scot/

The report reflects the collective efforts of different organisations and many hundreds of people in front line and supporting roles, collecting and recording data, organising, analysing and interpreting the information that is returned. The authors of the report gratefully acknowledge the continued commitment and effort of all those involved, prior to and over the course of the pandemic.

This report contains summary interpretation of the following key data sources:

- Suspected drug-related deaths (Police Scotland)
- Opioid Substitution Therapy ePrescribing (PHS)

Information on all other data sources (injecting equipment provision, drug-related emergency department, drug treatment referrals, take-home naloxone supply) were included in the previous report (released on 23 December 2020).

Scotland-level data are reported below. Please note due to availability of these data, different time periods may be reported across the different data sources. In all cases, the most recently available data are used.

Only by exception (and where small numbers are not problematic) will local area-specific data be included.

The Scottish Government is progressing its COVID-19 route map through the crisis - Phase I was introduced on 29 May, Phase II on 19 June, Phase III on 10 July and a tiered system of restrictions is now in place. Where relevant this is drawn out in the data summaries below. Future updates will continue to examine potential associations across the different data, and where possible other contextual factors.

The report is presented as management information to monitor the impact of COVID-19 on drug harms and access to services. Onward distribution is permitted with the expressed prior written agreement of Public Health Scotland.

Please address any queries to phs.drugsteam@phs.scot.

2. Suspected Drug-Related Deaths

Police Scotland data on weekly numbers of suspected drug-related deaths by police divisional area since the beginning of 2019 have been shared with Public Health Scotland as a result of the exceptional circumstances we currently face in responding to the impact of COVID-19, to assist in preserving life and to inform harm prevention activity.

These data provide an indication of overall numbers of drug-related deaths before and during the pandemic that can allow trends over time to be monitored, and act as a basis for investigating changes that may be associated with the pandemic. Some of these deaths have not been confirmed as drug-related and the eventual numbers of drug-related deaths published by National Records of Scotland will differ from these figures.

2.1. Data quality

These data are for suspected drug-related deaths and are compiled on the basis of reports from police officers attending scenes of death. These data are not for further dissemination and the caveats below apply:

- It should be noted that Police Scotland monitors drug-related deaths, using these indicative data, to inform prevention and enforcement activity. The data provided are Management Information, for internal purposes ONLY, and CANNOT be considered official Police Scotland Statistics.
- The data provided show weekly totals of 'suspected' drug-related deaths since the beginning of 2019. Over time, these are 'confirmed', or their status changed to 'Not a DRD', when the post mortem and toxicology procedures are completed following a professional medical assessment as to the cause of death of an individual. In order to provide a consistent count over time, all deaths originally classified as suspected DRDs are included in this analysis, irrespective of their eventual categorisation.
- As these data may be subject to significant change, the figures shown do not provide an accurate picture of the drug-related death statistics as they currently stand in Scotland.
- The official figures for drug-related deaths for Scotland are compiled and held by National Records of Scotland (NRS), who publish the data annually.

The analysis shown below includes all suspected drug-related deaths from the beginning of 2019 to the present. Therefore, this analysis includes cases categorised as:

- 'Suspected' DRDs: the death was notified by a police officer as a potential drug-related death based on prior knowledge of the person's drug use or drugs/drug use paraphernalia found at the scene of death.
- 'Confirmed' DRDs: cases where it has been ascertained that controlled drugs were implicated in death, on the basis of post mortem and toxicology procedures.
- 'Not a DRD': cases where it has been ascertained that controlled drugs were not implicated in death, on the basis of post mortem and toxicology procedures.

As post mortem and toxicology procedures generally take around 6-9 months to conclude, deaths at the beginning of this time series (i.e. early 2019) are more likely to have been reclassified from 'suspected' to 'confirmed' DRDs or to 'Not a DRD' than those in 2020. While the exclusion of 'Not a DRD' cases would make the weekly counts from the beginning of the time series more accurate, it would provide an unfair basis for comparison with

recent weekly totals, which are composed almost entirely of 'suspected DRD' cases. As Police Scotland practices in relation to DRDs are known to be consistent over time, all deaths originally suspected to be DRDs are included, and therefore, data from across the time series are equally likely to include an overestimate of the 'true' number of drug-related deaths. As such, this analysis should not be regarded as indicative of the National Statistics for drug-related deaths.

2.2. Summary of available data

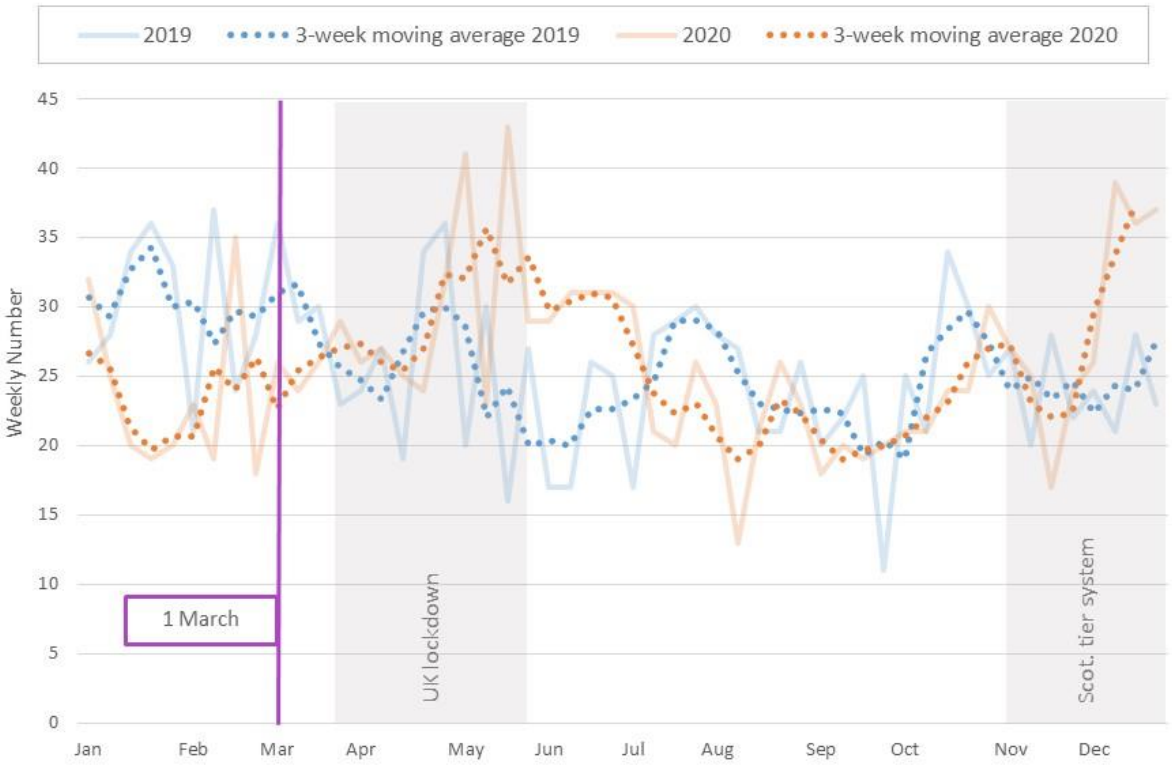
There was considerable variation in the weekly numbers of suspected drug-related deaths (respectively, light blue and red lines in Figure 1 below) and the trend over time (3-week rolling average (blue and red dotted lines)) in both 2019 and 2020.

In January, February and March 2020 weekly numbers of suspected drug-related deaths (and the 3-week rolling average) were generally lower than in the corresponding months of 2019. Higher weekly numbers of suspected drug-related deaths from late April 2020 to the end of June 2020 resulted in the 3-week rolling average being considerably higher (approximately 30 deaths per week in June 2020) than in the same period in 2019. Subsequent reductions in weekly numbers of suspected drug-related deaths throughout July and August 2020 led to a sustained decrease in the 3-week rolling average (approximately 24 per week in July, 21 per week in August and 20 per week in September). A higher number of deaths were observed in October and November 2020 (approximately 24 and 23 deaths per week, respectively). In spite of this increase, the 3-week rolling average for these months was generally lower or approximately the same as in October 2019 (27) and November 2019 (24).

In December 2020, numbers of suspected drug-related deaths increased from 26 (in week beginning 29 November) to 39 per week (in week beginning 6 December). High numbers of deaths were observed in subsequent weeks throughout December 2020, resulting in a 3-week rolling average of approximately 35 deaths per week. This was an increase of 12 compared to the previous month (November 2020: 23) and an increase of 11 compared to the same month last year (December 2019: 24).

The cumulative total of suspected drug-related deaths recorded in 2020 (1,339) is approximately the same as in 2019 (1,336).

Figure 1: Weekly numbers of suspected drug-related deaths (Scotland: 2019-2020)



Note: Two suspected DRDs from 2020 with no date recorded have been excluded from this chart.

In summary, the 3-week rolling average of suspected drug-related deaths recorded by Police Scotland was approximately 35 per week in December 2020. This was an increase of 12 compared to the previous month (November 2020: 23) and an increase of 11 compared to the same month last year (December 2019: 24). The cumulative total of suspected drug-related deaths recorded in 2020 (1,339) was approximately the same as in 2019 (1,336).

In May and June 2020, there were discussions between Police Scotland and Public Health Scotland regarding the high numbers of deaths observed at that time, but there was no clear evidence that these were associated with a specific geographic or substance-related cluster. Discussions are ongoing regarding the high numbers of deaths observed in December 2020. However, we have not received any reports of clustering from Police Scotland or NHS Board DRD data collection co-ordinators.

3. Opioid Substitution Therapy (OST) Prescribing

A weekly breakdown of methadone and buprenorphine items prescribed in the community from electronic prescription messages has been made available as management information in order to monitor changes in service provision during the COVID-19 pandemic.

The figures shown relate to the 4-week central moving averages of numbers of items prescribed and the quantity of drug prescribed per item for methadone 1mg/ml and buprenorphine 2mg and 8mg tablets. This analysis uses weekly electronic prescription (ePR) message data for the period from 31 December 2018 to 3 January 2021 (see Data Quality section below).

3.1. Data quality

What is an electronic prescription message?

In the majority of cases, electronic messages are generated when a prescription is issued by a GP Practice. Approximately 95% of prescriptions for medicines are written by GPs and over 97% of these have electronic messaging (eMessage) support.

Why are we using electronic prescription message data?

The information from these eMessages is normally transferred into PHS databases within 48 hours of being written and so, by using this, we are able to analyse and detect changes in prescribing behaviour in almost real-time. This compares with a delay of two-three months, or longer, for data to become available through the prescription payment process. Real-time intelligence is particularly important during the COVID-19 crisis and the majority of information needed is available from eMessages.

Limitations of electronic prescription message data

Not all prescribers have electronic messaging support and not all prescriptions that are written will be dispensed, so it is only once all prescriptions have been submitted and processed for payment that the data can be considered as complete. Analyses using eMessages should therefore be considered as provisional and incomplete for all prescriber types, when compared with paid data.

Analysis of OST is particularly affected as service delivery models are known to be patterned by NHS board, meaning that there is a significant amount of prescribing done through non-GP clinic settings and this is not available from eMessages. Furthermore, comparison to available paid prescriptions data from August to October 2020 suggest that around 42% of GP prescriptions for methadone 1mg/ml and around 32% for buprenorphine had an eMessage. As eMessage data account for a sizable minority of OST prescriptions in the time period reported the patterns described are indicative, and should not be assumed to apply to all NHS Board areas or prescribers.

Terminology:

- Item: An item is an individual product written on a prescription, e.g. methadone 1mg/ml oral solution.
- Quantity: The total quantity of the item requested on the prescription, e.g. 500ml.

In order to reduce the impact of underlying weekly variations in these data, the ePR indicators shown are presented as 4-week central moving averages[3].

[3] As these averages relate to an even number of weeks and therefore cannot be shown on the data point corresponding to the middle week of the calculation period, they are shown on the 3rd week of each 4-week

In the report released on 16 November 2020, OST prescribing trends from ePR data were compared with information on all OST prescribing from the prescription payment process. Public Health Scotland have sought advice from senior prescribers about the findings from this comparison and actions to review the continued use and future development of this indicator are ongoing.

3.2. Summary of available data

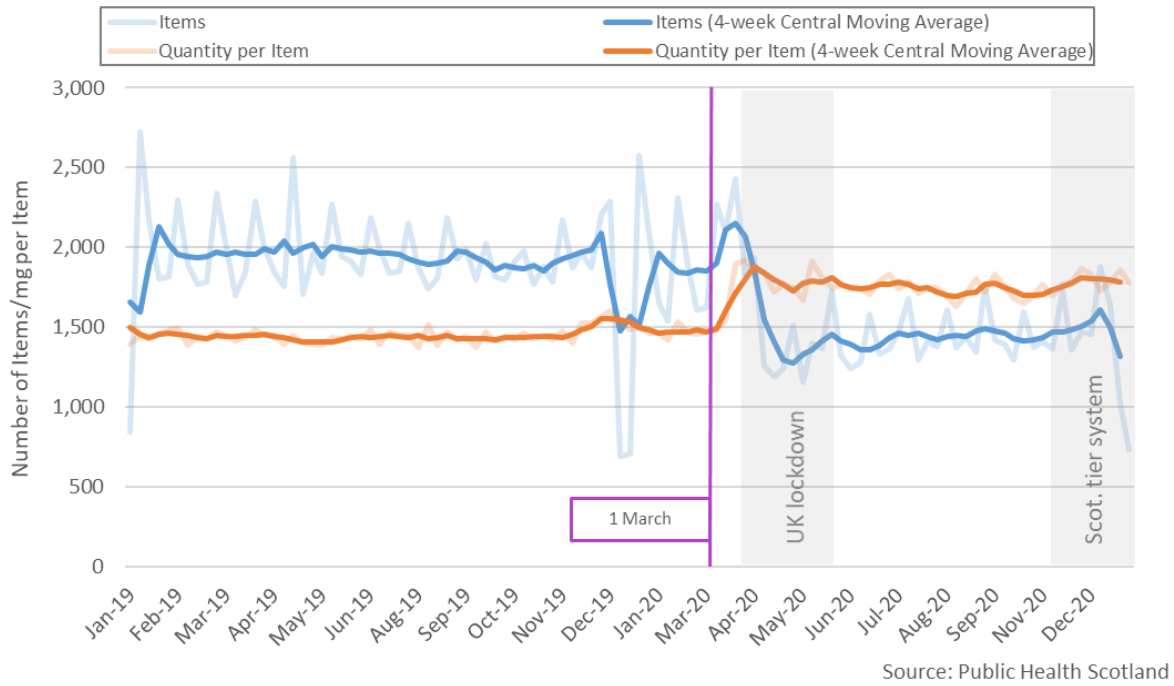
As shown in Figure 2, except for the period around Christmas and New Year, prior to the pandemic there was little variation in the 4-week central moving averages for methadone 1mg/ml prescribing. However, in the period between the first COVID-19 case in Scotland being reported on 1 March 2020 and the imposition of lockdown on 23 March 2020, there were noticeable increases in both the numbers of methadone 1mg/ml items prescribed each week and the average quantity of methadone prescribed per item (rising from a pre-COVID-19 average of approximately 1,500mg to approximately 1,900mg).

Since lockdown was imposed on 23 March 2020, the average quantity of methadone prescribed per item has remained significantly higher than in the pre-COVID-19 period. Since the end of April 2020, quantity per item has consistently been in the range of approximately 1,700mg to 1,800mg per item. Based on the 4-week central moving average, the number of methadone 1mg/ml items prescribed each week decreased sharply after lockdown was imposed on 23 March 2020. The numbers of methadone 1mg/ml items prescribed per week increased between May and July 2020. However, numbers of methadone items have changed little since July, averaging approximately 1,450 per week between w/b 13 July 2020 and 6 December 2020.

The numbers of prescribed methadone items increased in early to mid-December 2020 before decreasing in the weeks including Christmas and New Year. This annual seasonal pattern appears to be less pronounced in 2020 than in previous years. This may be due to better planning, a consequence of longer prescribing periods, or other actions in anticipation of the implementation of more stringent lockdown measures.

calculation period. This differs from the usual PHS Prescribing practice of presenting averages as a 4-week lookback (i.e. on the 4th week of the calculation period) in order to improve the degree of correspondence with the event dates shown.

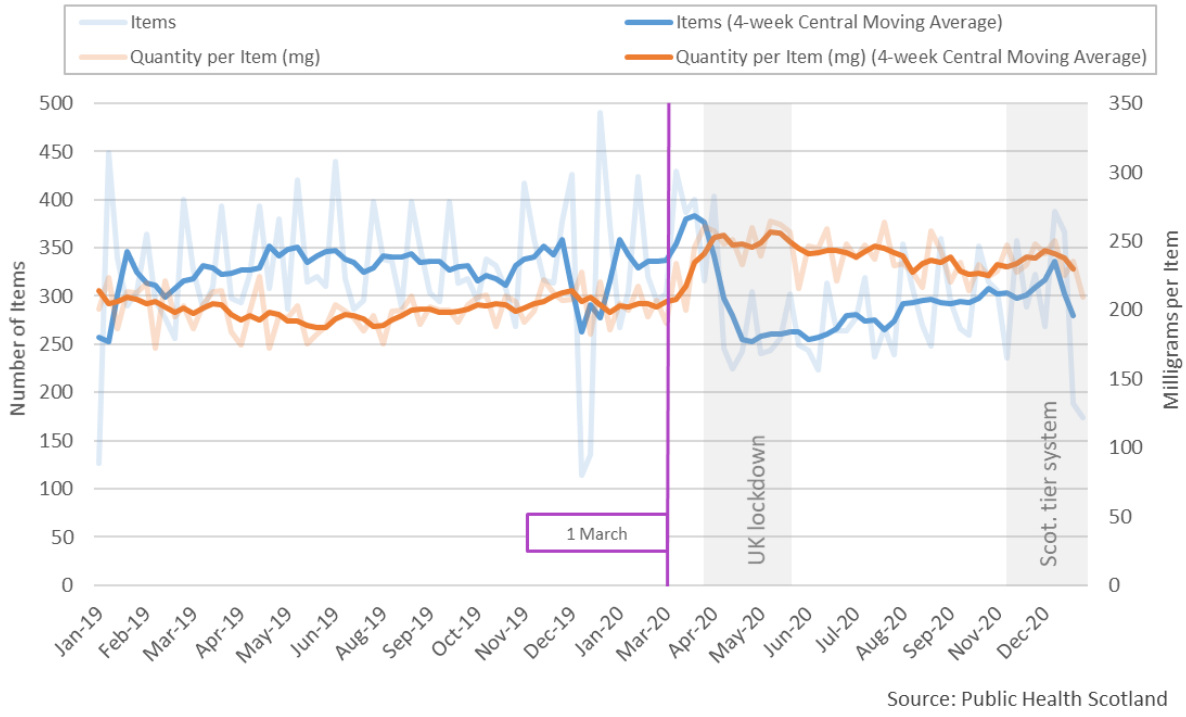
Figure 2: Methadone 1mg/ml Oral Liquid Prescribing (Scotland; 2019-2020): Items and Quantity per item (ePrescribing data)



Source: Public Health Scotland

For buprenorphine 2mg and 8mg tablets (Figure 3), there were also noticeable increases in the 4-week central moving averages of numbers of items prescribed and average quantity prescribed per item between 1 March 2020 and 23 March 2020. Since the imposition of lockdown measures, the average quantity of buprenorphine prescribed per item has remained higher than in the pre-COVID-19 period (approximately 240mg per item compared to a pre-COVID-19 average of approximately 200mg), although it has been decreasing gradually over time. The average number of items prescribed per week decreased from a peak of approximately 375 at the end of March 2020 to approximately 260 between April and June 2020. Since July 2020, there has been an upward trend in the 4-week central moving average of the number of buprenorphine items dispensed, which reached an average of approximately 300 per week during October and November 2020 and 310 per week in December 2020. However, the increases observed in December 2020 may be related to the normal seasonal pattern described above in relation to methadone.

Figure 3: Buprenorphine 2mg & 8mg Prescribing (Scotland; 2019-2020): Items and Quantity per item (ePrescribing data)



Source: Public Health Scotland

In summary, Electronic Prescribing data suggest changes in the pattern of methadone and buprenorphine prescribing during the COVID-19 pandemic. For both drugs, the number of items prescribed per week and the quantity of drug per item increased prior to lockdown on 23 March 2020. Following lockdown, weekly numbers of OST items prescribed fell sharply and have remained below their pre-COVID average, but the quantity of drug per item continues to be above the pre-COVID-19 average. For buprenorphine, there is evidence of an increase in the number of items dispensed per week and a corresponding decrease in quantity of drug per item. However, for methadone, ePR data show little change in prescribing patterns since July 2020.

For both drugs, data for December 2020 are affected by the normal seasonal pattern observed each Christmas and New Year. However, this may be less pronounced in 2020 than in previous years due to ongoing planning in response to the pandemic, longer prescribing periods, or other actions in anticipation of the implementation of more stringent lockdown measures.

These data suggest that OST prescribing continued throughout the COVID-19 lockdown period but that dispensing arrangements, modified as a consequence of the introduction of physical distancing measures continue to be in place. Such changes were implemented by some NHS Boards on the basis of local contingency plans, which (following appropriate risk assessment) endorsed changes to the supervision and/or instalment frequency, number and duration of prescription(s) on a case-by-case basis, where necessary and appropriate.

4. Conclusions and recommendations

Since the distribution of the previous COVID-19 drug surveillance report on 23 December 2020, an increase was observed in the weekly number of suspected drug-related deaths at a national level. Increased numbers of suspected deaths were apparent in the majority of Police Scotland divisional areas for the month of December. Overall, the patterns of suspected drug-related deaths recorded for 2020 were in line with trends observed in previous years.

Further investigations into the increase observed in December 2020 are currently ongoing with Police Scotland and NHS Board partners. At this stage it is not possible to comment on whether a single substance or a particular combination of substances were implicated in the observed increase due to the time required for post mortem and toxicology investigation to report their conclusions. Where possible, further investigations will also consider if these deaths were associated with other types of drug-related harms and/or if those who died were known to have specific risks or vulnerabilities.

The report authors recommend strengthening local intelligence sources by comparing national trends in drug-related harms presented in this report with data on drug-related harms available locally. In addition to this, intelligence sources may consider whether it is necessary to seek the views of key informants about local patterns of harms.