



**Synthetic Opioids:  
A Whole System Response to a  
Public Health Emergency**

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## Foreword

In recent months, we have been particularly concerned by the changes we have seen to the drug market across the country.

At Cranstoun, we work with people who use drugs right across the UK and continue to look at new ways to innovate and improve the services we offer.

With the increase of 'nitazenes', particularly into the heroin supply, there has been an increase in fatal and non-fatal overdoses in areas right across the UK.

We have produced this document to provide detail on the current situation, the responses that we have already been working on, within Cranstoun, but also working with partners across the sector. Furthermore, in this document you will find details of key missions that we urge policy makers to look at urgently to ensure that we can curb these overdoses and the impact of these potent, synthetic opioids.

Measures that we suggest throughout this document are deeply rooted in evidence from around the world, as well as programmes and initiatives that we already have here in the UK, which could provide crucial support and interventions to people in need if rolled out right across the four countries of the UK.

There are short term aims, that can be actioned and implemented very quickly, such as ensuring a much wider rollout of naloxone, drug testing and widening access to Opioid Substitution Treatment. However, what we must also seek to do is to put in place measures that will begin to safeguard people who use drugs and communities across our four countries if these types of synthetic opioids become a mainstream feature in our drug market in the long term.

That is what North America did and we are not currently ready for the impact this will have on us in the UK. The risks presented by these highly potent, synthetic opioids will require serious action and there is a compelling need for key stakeholders to rise above the current politics that has caused stagnation in how the UK responds to drugs.

This must, above all else, be about reducing harm, protecting people and saving lives.



**Charlie Mack**  
CEO, Cranstoun



## Introduction

There are extremely concerning reports emerging from across the United Kingdom of synthetic opioids contaminating the illicit drug supply. Intelligence from our services and others are revealing tragic clusters of both fatal and non-fatal overdose, with the key driver appearing to be the emergence of extremely potent, synthetic opioids, namely nitazenes. These are estimated to be around 30-500 times as potent as heroin and are comparable to fentanyl which has wreaked havoc across North America since their emergence.

Fentanyl is the biggest cause of death in those under 50 in the United States and the situation is at endemic levels, with the Drug Enforcement Agency revealing that over 100,000 people tragically lost their lives to the substance in 2022.

The emergence of synthetic opioids into the drug supply in the United Kingdom is believed to be linked to a clampdown by the Taliban in Afghanistan on the cultivation of the opium poppy, an essential pre-cursor for the synthesis of heroin. Afghanistan has until recently supplied around 95% of the heroin in the United Kingdom and the Taliban's shift has created a supply gap, which has tragically started to be filled by more potent, lethal synthetic replacements. Once ubiquitous in the illicit market, evidence from North America indicates that this will lead to a tragic increase in the number of overdoses and consequently, tragic deaths. Heroin, which has been used in both medical settings and by people struggling with addiction, is extremely risky however the emergence of more synthetic, unknown substances creates a new situation and many of the additional risks of these substances is unknown. Furthermore, evidence from North America highlights that once integrated into supply, these potent synthetics are incredibly difficult to remove. In March 2023, Department of Homeland Security Secretary in the United States, Alejandro Mayorkas, called fentanyl overdoses "the single greatest challenge we face as a country."

The developing situation in the United Kingdom must be viewed as an immediate public health emergency, which requires urgent, holistic responses encompassing a Whole System approach. Close collaboration between treatment providers, health bodies, local authorities and Government is essential to plan, deliver and respond to emerging threats. Policymakers must follow the evidence and listen to experts within the treatment field.

The United Kingdom already sees some of the worst rates of drug related deaths in Europe, with more people dying in 2021 from drugs than knife crime and fatalities on the road combined. This figure has risen year on year for nine years, and deaths have been at unprecedented levels for several years. The latest figures were recently released for Scotland, with data for other parts of the UK due in Autumn (NI) and October (England and Wales) respectively, with the latter being delayed. Figures related to much of the contaminated supply will not be published until 2024, and there is significant fear that this could increase the number of deaths significantly. Each death represents someone's mother, husband, son or daughter and the impact of each tragedy must not be trivialised. Many deaths are preventable with salient preparation and effective policy making.

The following report, produced by Cranstoun in collaboration with partners, and supported by several key figures who have undersigned, provides a host of recommendations which would reduce the tragic impact of this public health emergency. Each recommendation is rooted in national and international evidence, can be implemented quickly in the United Kingdom, and would not require amendments to any existing legislation.

This eight point plan will significantly reduce the number of fatalities, harm caused by synthetic opioids and overall save taxpayers money.

## Recommendations

- ✘ To support, fund and scale up drug checking services and testing kits
- ✘ Increase the number of people accessing opiate substitution treatment
- ✘ Better utilisation of data and data sharing including early warning systems
- ✘ Support the rollout of the national BuddyUp programme
- ✘ To support, fund and scale up the use of Diamorphine Assisted Treatment
- ✘ To support, fund and introduce Overdose Prevention Centres
- ✘ Increase the supply and carriage of Naloxone
- ✘ Significant changes and improvements to support housing through use of tolerated use models

**A funding package should also be put into place to support immediate coordination, rollout and introduction of these 8 recommendations**

## Introduction to a Whole System Approach

There is sadly no panacea, or single policy solution to tackling the emerging public health emergency which the emergence of synthetic opioids is causing. A range of measures, which are feasible, effective and consider the interrelating areas of drug use such as policing, health, treatment and existing legislation are essential to best prepare for this developing crisis. The response must encompass a Whole System approach which is quickly implementable and considers the surrounding knock-on impacts.

There must be a focus on keeping people alive, ensuring that treatment providers have the best chance of reaching the people most at risk of overdose, that opportunities to connect people who use drugs with services are maximised such as through arrest referral schemes and drug testing on arrest, as well as utilising every possible opportunity to provide an intervention.

Implementing a Whole System Approach across the United Kingdom gives decision-makers the opportunity to prioritise pressing issues facing the country on a macro level and the ability to adapt and respond on a local level in the case of clusters, whilst being able to adapt to shifting patterns and emerging risks. A Whole System approach provides a greater array of potential benefits.

Cranstoun presents a sophisticated, holistic approach which primarily focuses on reducing immediate harm facing people who use drugs, and addressing the root causes of issues which are driving drug use in the United Kingdom.

## Drug Checking Services and Testing Kits

Drug checking, often referred to as testing, has existed in the United Kingdom in various forms over the past few years. Best practice front of house checking involves people being able to bring drugs that they have bought to a facility, where chemists test a small sample to determine purity, and the presence of any potential contaminants. Each person attending the service – often at festivals – are given a 15 minute educational consultation on how to reduce risk and stay safe.

Back of house checking of drugs is also proven to help in identifying contaminated products, which allows researchers to understand exactly what is in the drug supply, and how to respond accordingly. Back of house checking involves the analysis of seized drugs, as opposed to drugs brought forward by people voluntarily.

There is currently also a drug checking organisation based in Wales, Wedinos. People in possession of drugs are legally allowed to send a sample to the testing centre, and the results are posted online. In addition to reducing harm, the tool helps researchers build a picture of trends in contaminations, such as a particular brand of cannabis vape, or clandestine blister packed pharmacy benzodiazepines.

Drug checking is an effective instrument for monitoring emerging contaminations. In relation to nitazenes, this would be useful to help professionals identify where nitazenes are appearing, and in which drugs. Alerts and real-time information can be put out accordingly, and information can be shared with relevant bodies.

Drug checking also keeps people safer as given that drugs are illegal, and bought in nefarious circumstances, people using cannot be sure of what is in their product. By allowing testing, people are able to understand what is in their drugs, and dispose of the product if it has been mis-sold. Consultations are free, anonymous and non-judgemental, all vital elements to ensuring a high footfall and a high level of public trust in such a new health service, and particularly given that over 96% of people using the Loop's drug checking service had never spoken previously with a health professional about their alcohol or other drug use.

In addition to accurate, professional testing, the United Kingdom must also look to other responses to the synthetic opioid crisis in North America which have been effective. This includes the production and roll out of testing strips, which should be available and free to anyone who is intending on using drugs. These can be distributed by outreach professionals, be collectible at drug treatment services and pharmacies, alongside a campaign to raise awareness and encourage use for people using drugs.

We recommend:

- ✘ Support and fund the roll out of drug checking in city and town centres
- ✘ Support and fund an emergency testing option for areas where new drugs appear in the market and begin to cause harm
- ✘ Support and fund a national campaign to introduce drug testing and drug testing strips

## Opioid Substitution Treatment

The use of Opioid Substitution Treatment (OST) has long been commonplace in the United Kingdom and globally. The rationale for the use of such treatment is that it connects people who use drugs with services and reduces the use of illicit drugs bought on the streets – with a wide body of evidence demonstrating this.

There are different types of OST including the use of methadone and buprenorphine which can be used to reduce or replace the use of street options such as heroin. OST is a form of safe supply whereby the person who is using the substance knows exactly what they are taking, and the dose can be regulated and optimised by a trained medical professional. Like other options included within this report, people on OST benefit from regular contact with professionals when collecting medicines, ensuring that any emerging health issues are noted upstream.

Furthermore, OST provides the opportunity for treatment providers to offer wraparound care whereby the person using the service can receive assistance with surrounding issues, such as housing, domestic abuse, mental or physical health appointments which in turn helps to address the underlying root cause of why someone might have a drug dependency.

There are many benefits of OST including reducing illicit drug use, improving physical and mental wellbeing and reducing all cause and overdose mortality. Time spent in opioid substitution treatment with methadone is associated with an average reduction of 25 deaths/1000 person. There is also considerable evidence to suggest that the prescribing of OST directly contributes to the reduction of criminal activity.

The evidence-base for providing wraparound care is strong and can be evidenced by applying Maslo's hierarchy of needs. In short, if someone has the fundamental human requirements, they will be more likely to be succeed.

The situation for people who are looking to join an OST programme could be vastly improved by speeding up processes, and ensuring that same day prescribing is available and accessible to all who need it. The window of opportunity to get someone who has decided to join OST can be quite small and delay could result in the person reverting back to street drugs.

We recommend:

- ✘ Support and fund a national campaign on the benefits of OST and myths regarding the need for abstinence to access this treatment
- ✘ Support and fund a move to same day prescribing across the UK to reduce harm and help people as soon as they reach out for support
- ✘ Best practice shared on maintaining people on their prescription



## Better Utilisation of Data and Data Sharing, Including Earlier Early Warning Systems

The effective sharing, utilisation and monitoring of emerging data is key to enabling health and treatment professionals to best respond to clusters and new threats. Access should be made available to mobile hand held testing devices which are nimble enough to be carried and used by drugs workers, including those in outreach roles. They don't need to be highly sophisticated but give indicative results that a substance tested does or doesn't contain a particularly worrisome contaminant e.g. a nitazene.

Getting upstream on the use of the substance and gaining an instant result will assist immediate responses. Other testing methods which are slower could be a secondary measure to provide more analysis. It shouldn't be either or, but both. Agreement should be reached at local level via an MOU that staff can bring samples for analysis on a targeted basis.

There are unhelpful delays in intelligence and evidence sharing by police and coroners. Very often what we need to know is only communicated to us months later, when a particular threat has perhaps passed or mutated to something else again. The case of the 18 deaths associated with 4,4 DMAR in NI in the second half of 2013 is a glaring example: [Recommendation letter about 4,4'-DMAR \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

Near fatal overdose workers should be supported and funded at local level who are linked with local hospitals, ambulance service, hostels, soup kitchens, police, council staff working as part of or in collaboration with the local treatment service. These workers can be rapidly deployed upon news of an overdose with a focus on prevention of another.

An alert system in place would allow for timely gathering of intelligence on new threats. This would be linked across our services and geographical footprint. By having a rapid ability to analyse the information supplied and provide interpretation (e.g. that a difference in the appearance, taste, smell or its behaviour when being prepared means this/that/the other) will allow us to crucially link this to harm reduction information and the advice we can give because of the analysis.

We recommend:

- ✘ Allowing local areas to innovate in testing, supported by appropriate local arrangements with policing or home office licensing
- ✘ Supporting and funding near fatal overdose workers who can be rapidly deployed upon news of an overdose
- ✘ A robust alert system that allows for more timely gathering of intelligence on new threats

## BuddyUp

Cranstoun recently launched a nationwide overdose prevention app that is currently operated by volunteers. The App was created in partnership with Brave, a North American company, who implemented the scheme to tackle the crisis in North America. The Brave Co-op provides three innovative solutions to the drug death crisis in North America through their app, sensors and buttons and have been responsible for more than 10,000 calls and connections and over 150 overdoses detected and reversed.

Cranstoun is keen to collaborate with sector partners on the project, with the aim being a national hotline that is fully funded and staffed around the clock. We would also like to work with partners in emergency services to ensure that they are tied into the scheme most effectively.

BuddyUp ensures that there is someone on the other end of the phone, for people who use drugs alone. The call handler will wait whilst the person injects drugs, and if they become unresponsive, an emergency rescue plan is enacted. The call handler can immediately alert emergency responders to the whereabouts of the overdose, reducing the time it takes for the person overdosing to be seen, which in turn significantly reduces the chances of the overdose becoming fatal.

This scheme is primarily designed to reduce the risk of overdose for people who use drugs alone, and are most at risk of an overdose becoming fatal due to having no immediate support to administer naloxone. According to the Office for National Statistics, the highest number of people who die in the UK from overdose – particularly heroin (an opioid which is most likely to contain nitazenes) – are men in their 40s. This cohort may be more likely to be using drugs alone, and therefore this targeted intervention is effective in addressing this longstanding issue.

Given the greater risk of overdose with nitazenes compared to heroin, this could act as another useful tool to respond to this emerging threat. With a greater number of calls expected, we are calling on the Government to provide additional resources to ensure that we can have more professionals operating the phone line. The scheme is extremely cost effective and has demonstrated excellent results in North America.

The scheme can be described in the simplest terms as such: a person preparing to use drugs logs on to the app, where their (hidden) location and access information are stored. A call handler takes the call, offers advice on reducing harm and supervises the person using drugs over the phone. If the person becomes unresponsive, then the call handler enacts the rescue plan, which reveals the location of the person using. The handler phones emergency services, provides the details and passes the matter onto emergency services.

We recommend:

- ✘ Supporting and funding the Cranstoun BuddyUp app
- ✘ Encouraging national collaboration to ensure that BuddyUp is available to anyone who uses drugs
- ✘ Emergency Services to further support with integration of BuddyUp to ensure a timely response to an overdose

## Diamorphine Assisted Treatment

Cranstoun's Clinical Lead, Danny Ahmed, previously operated a scheme with his organisation, Foundations, which provided medical grade heroin to those who are most at risk of overdose twice a day. This scheme, in Teesside, which has particularly high drug related deaths was implemented both to reduce the chance of overdose but also to address the acquisitive crime that was being committed by a small number of people who were dependent on heroin.

The scheme was evaluated by Teesside University and demonstrated startling results on several measures. A key result was the significant decrease in the use of the street drugs, 80% of all tests taken were negative for street heroin, which is extremely positive given issues with contamination. This form of safe supply eradicates the risk of someone encountering nitazenes, and ensures that people using the service are seen twice daily by a trained professional. Given the scheme caters for the most addicted and most at risk of overdose, there should be serious consideration for roll out across the country, particularly in hotspots where the issue is most pronounced.

To save taxpayer costs without losing any clinical oversight, the Cranstoun model is integrated within other services. Cranstoun are already working in partnership with other areas looking to introduce DAT, Cranstoun can work in partnership with existing services to provide DAT alongside core provision, including a model of outreach to ensure that the DAT offer reaches those who need it most and are unlikely to be engaged in treatment. This Cranstoun model of DAT has been operation in an area in the UK successfully for over 12 months.

Diamorphine Assisted Treatment is also beneficial for the purpose of breaking the relationships between people who use drugs, and criminals who run the drug market. In addition to tackling the nitazenes issue, DAT also reduces the power of organised criminal gangs by cutting off their economic power.

Diamorphine Assisted Treatment also reduces the chance of emergency call outs, both in terms of ambulance call outs, police call outs and criminal justice due to reductions in overdoses as well as a reduction in acquisitive crime. Total offences were reduced by 60% with predicted cost savings to the Ministry of Justice of £97,800. To ensure that DAT is most effective, it is essential that a long-term funding model is implemented for the purpose of building trust between people using the services and the providers offering the services. Fundamentally, without a strong trust in belief that this is a long-term solution, people who use the services will be more likely to use street drugs and be reticent to cut off their relationships with illicit street drug dealers.

We recommend:

- ✘ Sharing nationally the findings from the Foundations model of DAT and Cranstoun model of DAT
- ✘ Funding to local areas for DAT to be introduced
- ✘ Ensuring that DAT is supported by a comprehensive model of outreach

## Overdose Prevention Centres

Overdose Prevention Centres are facilities where people who inject drugs can do safely, using sterile equipment, under the supervision of a trained medical professional. Overdose prevention centres exist in 17 countries, with over 200 in operation globally including countries such as Germany, France and the United States.

Overdose prevention centres reduce the spread of bloodborne viruses, connect people who use drugs with services daily and crucially keep people alive. In addition, overdose prevention centres provide an invaluable tool to engaging people, who otherwise might not engage with trained professionals, and who might be most at risk of overdose. Overdose prevention centres provide a useful opportunity for professionals working with people who use drugs to understand what drugs are circulating in specific areas, enabling a more effective response to reducing harm.

The implementation of an overdose prevention centre can happen with either sign off from the Home Office or via a Memorandum of Understanding with the Chief Constable for specific localities. Implementation can happen without amendments to existing legislation, namely the Misuse of Drugs Act 1971, and Cranstoun stands ready to deliver any such service, with a cost efficient and effective model.

Our belief is that the peer/harm reduction led model would work best within current frameworks. Evidence demonstrates the success of social models rather than fully medicalised models. These models can also be run more cost effectively while maintaining clinical oversight (through sitting within an integrated governance structure) and monitored outcomes. Cranstoun's robust internal processes, clinical oversight and CQC registered services means that this model is an extension of the expertise that we use on a day-to-day basis of managing risk and reducing harm. This approach is led by Cranstoun's Medical Director Dr Steve Brinksman and Clinical Director, Danny Ahmed.

It is proposed that an OPC would be situated alongside a clinical area, providing space for blood borne virus (BBV) testing, wound care and onward referrals.

Our proposal would be for a Registered Nurse to be onsite at all times of operation alongside an Administrative Assistant. Having a separate clinical area allows for two paramedics to be onsite to deliver oxygen and for this to be safely stored.

The aim of this innovative, Whole System Approach is to offer a seamless intervention in a cost- effective, practical and effective manner.

We recommend:

- ✘ National support and funding for OPCs to be delivered across the UK
- ✘ Sharing of evidence, data and insight from people who use drugs to ensure the most effective models of OPCs to be developed and delivered in the UK

## Naloxone Provision

Naloxone is a life-saving opioid reversal medication which is highly effective, carries minimal risk and is extremely cheap given its effectiveness. Training for the medication takes only 30 minutes, and it can be carried by anyone.

In many parts of the country, naloxone is carried by emergency service workers who can act quickly if they come across someone who is suffering from an overdose. To address the crisis facing this country in an upstream manner, there must be a consideration for the formalisation of naloxone and overdose response training within business-as-usual police training, and there should be a concerted effort to encourage people who work among the community to get naloxone trained, and to always carry it.

This could include door staff, taxi drivers and potentially people who work in bars and restaurants. These professions are more likely to encounter overdoses, and the importance of nighttime economy staff is key if there is any increase in the presence of nitazenes in recreational drugs.

Spotting the signs of an overdose is essential to being able to assist in reversing it. We would recommend a push from relevant bodies to raise awareness, provide good quality training sessions that promotes carriage of kits, expand access and utilise peers to get naloxone into the hands of people who need it. Cranstoun works with people who have living experience of drugs, and this is an effective tool to ensure that we are reaching the people who are not in services, and potentially most in need of naloxone training.

Within the last 12 months, Cranstoun has handed out 1,875 naloxone kits to trained citizens, who have been encouraged to always carry it. This includes peer to peer engagement, empowering PWUD to engage with harm reduction practices whilst in the meantime preventing drug related deaths.

We recommend:

- ✘ Public awareness raising campaign.
- ✘ Push for good quality training of naloxone and overdose response training
- ✘ Get more naloxone in people's hands and ensure that it is carried
- ✘ All police and emergency responders nationwide should be trained and instructed to carry it
- ✘ Requirement for additional funding

## Supported Housing

There is an opportunity to utilise supported housing and hostels to prevent fatal overdose. By improving training, sharing information, and engineering a trusting relationship between patrons and staff, we can protect people from the harms of drugs.

Every staff member working in supported housing and hostels should be naloxone trained, be carrying it all times, and have training to spot the signs of an overdose and have knowledge of the ongoing crisis. High tolerance, low threshold housing options must be considered as a measure to ensure that people who are most at risk of overdose are given the required support.

These policies and practices are well known to reduce the risk of accidental overdoses becoming fatal. Secretive drug use is associated with fatalities as people inject more quickly to remain undiscovered by staff. Punitive practices, where there is a fear of losing accommodation if discovered to be using drugs, does not prevent drug use whatsoever, but ensure it is far riskier, including the risk of fatal overdose.

Where there are punitive approaches, other harms are also more likely such as using deeper and more risky veins to inject such as the groin in order to administer a drug more quickly, and in doing so facilitate other harms such as arterial bleeds, nerve damage, leg ulcers, circulatory problems and bacterial and fungal infections, to list a few.

We recommend:

- ✘ A national approach to improve training and sharing information to equip housing providers to support people who use drugs with a high tolerance, low threshold housing model
- ✘ Considerable up skilling in staff of hostels that currently do not have a substance use expertise
- ✘ Naloxone to be mandatory in all support housing and hostels

**The eight recommendations need to be supported nationally by Government through action and coordination but also through immediate release of funding. This will save money by investing in prevention now, to tackle thus public health crisis upstream. In addition, there are other areas of good practice that support people into treatment. Here, we have provided some examples from Cranstoun's Criminal Justice Services which support people where they are at, regardless of whether that is in a police cell or through the prison gates.**

## **Greater Immediate Funding for Treatment**

Providers of drug and alcohol treatment are anticipating that the emergence of nitazenes will require greater capacity to effectively address the crisis. There must be a consideration to increase the amount of money available to service providers, in order to ensure that the treatment sector is well placed to respond to the crisis, and has the necessary capacity to do so.

Whilst there was an uplift in funding for treatment in 2021, this was offset by cuts to treatment over the previous decade, which resulted in a surge in drug deaths. This is due to end in 2025 with no contingency plan in place, despite drug deaths remaining at unprecedented levels. Additionally, the increases in the cost of living and sharp rise in inflation have reduced the value of contracts further reducing the capacity for the sector to respond to emerging threats.

## **Pathways to Treatment**

One of the major mechanisms for addressing the crisis and reducing risk is to increase the number of people in drug treatment. A plethora of studies reveal that those who are in treatment are significantly less likely to die from drugs, compared to those who are not.

Those responsible for responding to this crisis must innovate to ensure that every encounter with someone at risk of overdose is utilised to offer a pathway towards treatment. This can happen in police custody cell, in prisons and at the point of leaving prison, through outreach engagement, and at an overdose prevention centre. This would be particularly helpful in engaging cohorts that treatment providers currently aren't reaching, increasing their chances of staying alive and being able to provide wraparound care where necessary.

## **Cranstoun Arrest Referral Service (CARS)**

Police Forces engage with vulnerable people on a daily basis. Many individuals engaging with the police are using drugs and alcohol to some level and may not be accessing the support they want or need.

Cranstoun's Arrest Referral Service (CARS) provides a police force wide consistent service, working in partnership with local drug and alcohol treatment providers as well as police and other partners in custody. This approach has been proven to increase the use of community orders instead of short term prison sentences, support people into treatment (1826 in 2022/23) and therefore reducing drug related crime and cost.

CARS can be available to young people and adults depending upon local policy and address both drug and alcohol use. Cranstoun's Arrest Referral Service operates 7 days a week with hours tailored to suit local arrest trends. Our web based booking systems provide easy referral processes for police staff and officers for out of hours appointments.

## **Cranstoun DIVERT**

The Cranstoun DIVERT programme engages with people who are found in possession of a drug by police. The aim is to support people away from the criminal justice system, reducing demand on police and reducing cost and crime to the taxpayer. The harm reduction and education intervention provided has proven to be the first quality such offer provided to people, most under the age 30. This is an important opportunity to share key harm reduction measures, particularly if nitazenes and other contaminants are to become commonplace in other drugs.

## Conclusion

The recommendations provided encompass a Whole System response to an emerging public health crisis. The key to reducing harm is increasing the number of options available to treat people who use drugs. There must be a realistic focus on meeting people where they are at, providing the right intervention at the right time, utilising every opportunity to engage and reduce harm. Each element of the eight point plan complement each other, encompassing the fundamentals of a Whole System approach.

The emergence of synthetic opioids is extremely concerning and without immediate action, will develop into a worsening public health emergency than we already have here in the UK, as is the case in the United States. Whilst most recorded instances of nitazenes have appeared in heroin, predominantly used by people with a dependency, there are concerning incidents of it appearing in drugs used predominantly in a recreational manner. This includes the emergence in cannabis vapes, the most widely used illicit drug in the United Kingdom. Each death will be a tragedy, and a preventable one. By following the evidence and focusing on education we can reduce the scale of the potential crisis, whilst saving taxpayer money and reducing the burden on emergency services.

Once nitazenes and other synthetic opioids enter the drug supply, evidence from North America dictates that they are very difficult to eradicate. An upstream, immediate response is essential to mitigate the suffering that this crisis will cause.



