Halton Combating Drugs Partnership (CDP) Synthetic Opioid Preparedness Plan

https://www.gov.uk/government/publications/fentanyl-preparing-for-a-future-threat/guidance-for-local-areas-on-planning-to-deal-with-fentanyl-or-another-potent-opioid

Guidance for local areas on planning to deal with potent synthetic opioids

HBC Programme Manager: Ifeoma Onyia								
Ref	**Area**	**Action**	**Lead Officer**	**Support**	**Start Date**	**End Date**	**Status**	**Key updates / comments**
1. Plan and prepare for a future threat								
1.1	*Plan and prepare for a future threat*	Provide a named lead and identify roles to oversee each element of the preparedness plan, co-development with leads across the Combating Drugs Partnership.	Dr Ifeoma Onyia (SRO)	Steven Hill (Commissioning Manager)	**03/04/2025**	**03/04/2025**	In Progress	**SRO:** Dr Ifeoma Onyia **Commissioning Manager:** Steven Hill Plan to be shared and presented in with leads and members of the Halton CDP where it will be discussed and agreed and amend. Adopted following amendments at CDP meeting 3 April 2025.
1.2	*Plan and prepare for a future threat*	Engage and alert front-line services, health, health protection, and prison and probation partners should synthetic opioids be detected in their area.	Mark Whitfield (Liverpool John Moores University)	CDP membership	**Ongoing**	**N/A**	In Progress	The professional information network for the Cheshire & Merseyside LDIS (Liverpool John Moores University) has named identified contacts in all these areas. LJMU already have an extensive database of over 800 contacts within the Cheshire and Mersey LAs from DARD prevention work and have made contact with representatives from Local Authorities and treatment providers to ensure we have appropriate coverage. There may well be other contacts who we need to loop into this work, but the system is scalable quite quickly, should it be required. In one sense, the PIN should be as wide as possible, but it does need some gatekeeping as some notifications will go out to professionals which might not be for wider public circulation. The development of protocols, structures, ToR and process maps has progressed well and there is an agreement that the existing Material Transfer Agreements between LJMU and Merseyside Police can be adapted for this work

1.3	*Plan and prepare for a future threat*	Provide assurance and intention to intensify resource from health, police and partners in response to a change in the risk if demonstrated in your local data.	Mark Whitfield (Liverpool John Moores University)	HBC Public Health Intelligence Team	**Ongoing**	**N/A**	In Progress	This has been incorporated into the LDIS pathways, and to be tested with resilience partners. CDP partners will ensure, if advised that this is provided for.
2. Understand the scale of the threat and assess the risk								
2.1	*Understand the threat and assess the risk*	Draw on a range of local data and intelligence through local drug information system (LDIS), police force drugs market profiles and, where available, ambulance callout data, and drug checking/testing finding	Mark Whitfield (Liverpool John Moores University) HBC Public Health Intelligence Team	Daniel Haddock (Widnes Chief Inespctor) Catherine Jones (Runcorn Chief Inspector) Dan Price (Cheshire PCC) Charlotte Roberts (CGL) Rachel Swindells (OHID)	**Ongoing**	**N/A**	In Progress	The LDIS will be accessible to and incorporate reporting from the police, ambulance service and other wider sectors. Halton has access to ambulance call out data through its work on Non-fatal overdoses with North West Ambulance Service as well as Liverpool John Moores University and Cheshire Police. Liverpool John Moores University will hold and store all relevant data, and regular updates will be provided to Halton CDP.

2.2	*Understand the threat and assess the risk*	Intelligence partners to undertake routine monitoring and quarterly reporting of threat including: - where problems may occur (wards, neighbourhoods etc) - who is potentially affected (which users and how many) - severity of problem (deaths, non-fatal overdoses and other harm) - Timing - imminent or occurring	Mark Whitfield (Liverpool John Moores University) HBC Public Health Intelligence Team	Daniel Haddock (Widnes Chief Inespctor) Catherine Jones (Runcorn Chief Inspector) Dan Price (Cheshire PCC) Charlotte Roberts (CGL) Rachel Swindells (OHID)	**Ongoing**	**N/A**	In Progress	- LDIS/PIN network (create a repository in IMS for partners to input?) - Police - drug market profiles, intelligence of seizures - CGL - testing strip updates/service user and outreach team intelligence - North West Ambulance Service - interrogation of newly established NFO data sharing The above will be provided to Halton CDP Quarterly. Alerts to be escalated before then as/when required
3. Communicate the threat								

3.1	*Communicate the threat*	Produce a shared agreement on approach to media and a communications strategy to respond to requests for information, or proactively send information, following an incident, with aligned and consistent messaging across all local bodies. Messaging to be established for: - Drug Treatment Services - People who use drugs - NWAS - ED's	HBC Communications Team	Mark Whitfield (Liverpool John Moores University) Charlotte Roberts (CGL)	**Ongoing**	**N/A**	In Progress	Through the new Cheshire and Mersey LDIS portal, information on new substances can be shared across the sub-region in a unified way with an extensive professional information network and escalation to named individuals at a local authority level for further dissemination when an alert is issued.
3.2	*Communicate the threat*	Combating Drugs Partnership (CDP) Synthetic Opioid Preparedness Plan to be published on relevant website	Steven Hill (Commissioning Manager)	HBC IT Department	**3/4/2025**	**30/4/2025**	Not Started	Completed
3.3	*Communicate the threat*	Engagement with front-line services e.g. police forces, ambulance services, prison services, probation services, and other professionals who engage with people who use drugs on their overdose response plans, including with respect to naloxone.	Steven Hill (Commissioning Manager)	HBC Community Safety and Protection Team Safer Halton Charlotte Roberts (CGL)	**Ongoing**	**N/A**	Not Started	Draft an organisational best practice check-list, and seeking assurance on i.e. Identification of high risk individuals, access to naloxone, engagement with CGL to produce a personal safety plan for harm reduction.
3.4	*Communicate the threat*	Align with the work being undertaken by OHID to enhance the national surveillance and early warning system.	Mark Whitfield (Liverpool John Moores University)	Susan Barton-Johal (OHID)	**Ongoing**	**N/A**	In Progress	Development of network of PIN's - LJMU will contribute to this sharing of information system

4. Take actions to mitigate the threat								
4.1	*Mitigate the threat*	Set up of incident response functions, responsibilities and reporting structures	TBC- Community Safety / Police?	Mark Whitfield (Liverpool John Moores University) CDP membership	**Ongoing**	**N/A**	In Progress	The C&M LDIS will alert all members of the professional information network across Halton of any new instances of NPS or suspected NPS including Nitazines, both from within the local authority area and from surrounding local authorities. Nitazines would not usually trigger local incident response unless of a large influx of deaths.
4.2	*Mitigate the threat*	Provide harm reduction interventions to prevent or delay an incident or its worst outcomes, including local messaging to those at risk, enhanced naloxone provision, needle and syringe programmes, rapid access to prescribing, supplying Nitazene tests to those who are using heroin to alert them to contamination with NSO.	Charlotte Roberts (CGL)	CDP Membership	**Ongoing**	**N/A**	In Progress	Harm Reduction interventions already in place, and is able to be stood up based on enhanced local intelligence as required. CGL complete regular reviews on Naloxone with service user, utilising our data base to ensure any Naloxone that is out of date is replaced and both Nasal and injectable Naloxone are available due to injectable proves more effective for Nitazines
5. Make take-home naloxone available								
5.1	*Make take-home naloxone available*	Naloxone availability, purchasing and supply arrangements, including needs assessment, and which individuals naloxone is supplied to in what volumes by drug services.	Charlotte Roberts (CGL)	Alex Duggan (CGL)	**Ongoing**	**N/A**	In Progress	CGL Halton provide nyxoid and IV naloxone, distributed to service users, family and community members and professionals within the borough. Stocks are monitored daily, to ensure sufficient ability to distribute if/when required. CGL re-visit naloxone offer to anyone who refuses or has been offered a kit over 12 months ago. National stocks monitored centrally by CGL Pharmacy teams, with any stock issues or shortages communicated in advance

5.2	*Make take-home naloxone available*	Naloxone tested regularly with Local Resilience Forum partners. Naloxone to be supplied by the following partners with updates routinely provided to the CDP: 1. Community Pharmacy 2. Outreach Workers (CGL) 3. Hostels and Housing Associations 4. Peer to Peer 5. Merseyside Police Officers 6. NWAS	Charlotte Roberts (CGL)	Alex Duggan (CGL)	**Ongoing**	**N/A**	In Progress	Regular training events, scheduled throughout the year to ensure new staff to partner agencies are able to access naloxone for team members. Emergency supplies provided to all sites and replace if used/expired
6. Enhance drug treatment access and retention								
6.1	*Enhance drug treatment access and retention*	CDP to routinely monitor and provide information on the the levels of dependency and consumption in Halton using NDTMS unmet need data.	Steven Hill (Commissioning Manager)	HBC Public Health Intelligence Team	**Ongoing**	**N/A**	In Progress	Unmet need data reviewed by CDP, provision is focussed on this data led exercise.
7. Implement an effective structure for devlivering response to threat of Synthetic Opiods								
7.1	*Effectiveness of local processes*	Develop a structure that covers the four elements to Prepare, Monitor, Treat and Enforce, and accounts for other drugs threats (such as xylazine) that may develop within this structure.	Community Safety	Mark Whitfield (Liverpool John Moores University) Steven Hill (Commissioning Manager)	**Ongoing**	**N/A**	In Progress	The LDIS model in place will allow for potential rapid identification of Nitazines and other NPS such as xylazine or Bromazolam via police testing and fast turnaround testing carried out in Liverpool John Moores University labs.
8. Check the effectiveness of local processes								
8.1	*Effectiveness of local processes*	Test the effectiveness of the local LDIS via an annual testing exercise, supported by	Mark Whitfield (Liverpool	HBC Community Safety	**January 2025**	**N/A**	In Progress	Halton Council Community Safety and Protection Department agreed to support LJMU to conduct an exercise to test LDIS resilience

		Emergency and Resilience Officers in Halton Council	John Moores University)	and Protectio n Team				
8.2	*Effectiveness of local processes*	Fast track submissions for forensic testing if they suspect synthetic opioids are present.	Mark Whitfield (Liverpool John Moores University)		**Ongoing**	**N/A**	In Progress	The new Cheshire and Mersey LDIS incorporates rapid (<24 hours) testing via home office accredited labs at Liverpool John Moores University. They have confirmed they can test for Nitazenes.
9. Drug testing to reduce harm								
9.1	*Drug testing to reduce harm*	Develop an offer for people who may not need treatment for dependence but may be at risk from drugs other than opioids adulterated with synthetic opioids.	Charlotte Roberts (CGL)	Alex Duggan (CGL)	**Ongoing**	**N/A**	In Progress	Outreach Team's roles and responsibilities are centred on harm reduction and identification of drug use to bring into treatment and/or provide harm reduction interventions to people who use drugs
9.2	*Drug testing to reduce harm*	Utilise, where appropriate drug testing strips to add to overall intelligence/harm reduction capabilities	Charlotte Roberts (CGL)	Alex Duggan (CGL)	**Ongoing**	**N/A**	In Progress	Although test strips have a role in harm reduction, it's also important to encourage people who use drugs to: not use drugs alone have naloxone available in case of opioid overdose make sure that not everybody in their group is taking drugs at the same time, because someone needs to be able to call for help and administer naloxone if needed
9.3	*Drug testing to reduce harm*	Provide rapid identification of Nitazenes and other NPS such as xylazine or Bromazolam via police testing and fast turnaround testing carried out in Liverpool John Moores University labs.	Mark Whitfield (Liverpool John Moores University)		**Ongoing**	**N/A**	In Progress	Agreement in place - mobilised as part of LDIS launch
9.4	*Drug testing to reduce harm*	Support advice issued in 2023 from the Chief Coroner to all coroners about the likelihood that some drug deaths will involve synthetic opioids, and the need to commission testing for synthetic opioids from labs that have the capability to detect them	Mark Whitfield (Liverpool John Moores University)		**N/A-Complete**	**N/A-Complete**	Complete	Halton receives details of all drug related deaths including those in which NPS such as Nitazenes are identified.