Gateshead Council

HEALTH AND WELLBEING BOARD
20 July 2018

TITLE OF REPORT: Drug-related Deaths in Gateshead

Purpose of the Report

1. To update the Health and Wellbeing Board on the current position in Gateshead in respect of drug-related deaths and the action being taken to address this.

Background

National issues

2. Local authority commissioners are responsible for meeting the drug and alcohol treatment and care needs of their populations through their commissioning of high quality services. Treatment for drug (and alcohol) misuse in adults, and prevention and reducing harm from drug misuse in adults, are non-prescribed functions of the currently ring-fenced Public Health Grant and categories for which Public Health is accountable to central government to report financial spend.

3. Investing in effective prevention, treatment and recovery interventions is essential to tackle the harm that drugs can cause, help users overcome their dependency, reduce involvement in crime, sustain their recovery, and enable them to make a positive contribution to their family and community.

4. Drug misuse has a wide impact on individual users and the wider society. Drug misuse and dependency can lead to a range of harms for the user including: poor physical and mental health, unemployment, homelessness, family breakdown, criminal activity and death. A drug misuse death is defined as a death where:
   - The underlying cause is drug use or dependence;
   - The underlying cause is drug poisoning and where any of the substances controlled under the Misuse of Drugs Act 1971 are involved.

5. Deaths involving opioids (such as heroin) account for the majority of drug poisoning deaths. Heroin related deaths in England and Wales have more than doubled since 2012 to the highest number since records began 20 years ago. Deaths also arise from misuse of other illegal substances including cocaine and new psychoactive substances (NPS), as well as from the misuse of prescription medication. Alcohol is also mentioned in around a third of drug misuse deaths annually in England.

6. Research suggests that drug-related deaths (DRDs) are preventable and many areas, including Gateshead, operate a DRD review process including a multi-agency DRD panel that carries out inquiries into each death where drugs are suspected to be a direct cause of death. The panel looks to establish whether there are lessons to be learnt from cases about the way in which local professionals and agencies work, and to make recommendations on both clinical practice and non-clinical policy and practice to reduce the risk of DRDs in the

future. The process is recognised as an important component in preventing further DRDs.

Local issues

7. Gateshead's DRD panel has been in operation in some form since 2002; it meets quarterly and is chaired by a Consultant in Public Health.

8. In 2012 there were 6 DRDs in Gateshead. By 2016 this had risen to 19, and in the period 2014-16 Gateshead had the 6th highest rate of drug-related deaths in England. The number fell back to 12 in 2017, but already in 2018 there have been 22 deaths.

9. The 2016 annual report records that the Gateshead picture follows the national trend in terms of an increase in the number of deaths, gender and primary substance. The report records that:
   - All but one of the 19 deaths were males, the majority were aged 19-34, with the oldest being 54. Seven people lived with family or friends. Nine people lived alone of whom six died alone. Three people were homeless, and all but one were unemployed.
   - Opioids (such as heroin) accounted for the majority of drug deaths (16) or were present in the system. Fifteen deaths involved opioids and diazepam. Prescription medications (Pregabalin and Gabapentin) were present in nine deaths in small amounts, a small number also had traces of over-the-counter medication. NPS accounted for the one female death. Alcohol was present in half of the deaths, which is higher than the national average.
   - 14 people were open or known to the adult drug and alcohol service (Evolve), 10 were currently in treatment, four were previously known. Five were not known to the drug and alcohol service, one of whom was prescribed by their GP (not in shared care).
   - 13 of the 19 cases had some form of mental health condition or had previously attempted suicide (though note deaths from suicide are not included in the DRD figures, even where the deceased is a known user).

10. A similar analysis will be included in the 2017 annual report, which has not yet been published. Overall there were 12 deaths and our analysis to date shows that:
    - There were 8 males and 4 females, with ages ranging from 31-50;
    - Most were known to treatment services, and most of those were still in treatment at the time of death;
    - The majority were long term drug users and known to use multiple substances;
    - Majority were known to multiple services and were known to have some sort of mental health condition – anxiety, depression.

11. Our analysis to date of the deaths in 2018 suggests common factors include:
    - Most of the deaths are of men, aged 30-46;
    - Most but not all were known to treatment services;
    - Most were long-term users;
    - Most involve multiple substances including prescription and illegal drugs, particularly opioids, as well as alcohol; and
    - Cocaine is emerging as a factor.

Progress To Date

12. In order to reduce the risk of deaths amongst substance misusers, a number of actions have been taken:
    - Naloxone is now routinely issued to those dependent on opioids. Naloxone is an injectable medication that acts rapidly to block the effects of opioids, especially in overdose;
    - In 2017, the Public Health team undertook a review and audit of substance misuse services, focused on shared care, with the outcome reported to the Health and Wellbeing Board in October. In the light of the review, the Council has developed a revised model for local substance misuse services, and the procurement process for this is currently in progress;
    - Immediate action was taken (in 2017) in respect of safety issues concerning the prescribing of methadone in high strength forms (10mg/1ml), given the increased risk it poses if supervised doses find their way into communities and the rise in drug related deaths locally and regionally. Public Health met with the CCG and wrote to GPs to highlight this issue and remove this option for prescribing from the formulary;
    - The pathway of care was also amended to ensure all new service users commence their treatment with Evolve, initiating and stabilising on their opioid substitution treatment before being referred back to their local GP;
    - For complex service users, such as those also requiring prescriptions for Gabapentin and Pregabalin, GPs must also consult with Evolve and refer where required. This was to help address the issue of inadvertent prescribing of ‘abusable’ medication e.g. Gabapentin, Benzodiazepines and Pregabalin;
    - The completion of the Gateshead Substance Misuse Strategy and the resulting action plans has galvanised multi-agency working by the following shared objectives:
        - Reduce demand/Prevention across the life course
        - Reduce supply/Protection and responsibility
        - Build recovery/Health and wellbeing services
    - The Dual Diagnosis/Needs group has been established to address issues of substance misuse and mental health;
    - Continued development of referral pathways within the Criminal Justice System (including prisons);
    - The DRD panel organised a workshop held in early June to examine in more depth the factors behind the apparent rise in deaths in 2018. A draft plan arising from the workshop is being discussed at present

Proposal

13. The HWB is asked to note the position with regard to drug-related deaths in Gateshead and to note the actions being taken to address this issue

Recommendation

14. It is recommended that the HWB notes this report, and receives an update later in the year.

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