

Gateshead Drug Related Deaths Annual Report 2015

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OVERVIEW

Drug use and drug dependence are known causes of premature mortality, with drug poisoning and overdoses accounting for nearly one in seven deaths among people in their 20s and 30s in 2013.

The latest figures from the Office for National Statistics (ONS) on deaths related to drug poisoning (involving both legal and illegal drugs) and drug misuse (involving illegal drugs) in England and Wales for the last five years (2009 to 2013) indicate that there has been an increase of 21% in reported DRDs.

Nationally male drug misuse deaths (involving illegal drugs) increased by 23% and female drug misuse deaths increased by 12%. Male mortality rates significantly increased in three substance categories: heroin/morphine, benzodiazepines and paracetamol. Conversely female mortality rates remained relatively stable except for a sharp increase in the cocaine-related death rate.

Heroin/morphine remains the substances most commonly involved in drug poisoning deaths, with over half (56%) of all deaths related to drug poisoning in 2013 involved an opiate drug. Deaths involving tramadol have continued to rise (2.5 times the number seen in 2009).

For the last ten years the North East mortality rate for drug related deaths (DRDs) has been consistently higher than the rate for England and Wales. The North East had the highest mortality rate from drug misuse in 2013 at 52.0 deaths per million.

The context in which an acute DRD happens is often complex and there are many contributory factors; however DRDs are preventable. Public Health England (PHE) and the former National Treatment Agency (NTA) have published guidance documents that provide a framework for the prevention of DRDs, which includes a process for reviewing and learning lessons from DRDs at a local level and on a case by case basis.

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

GATESHEAD DRUG RELATED DEATH PROCESS

Gateshead has a robust DRD review process which is complemented by a multi-agency DRD Panel.

The purpose of the DRD Panel is to carry out case reviews following on from a DRD in Gateshead, to establish whether there are lessons to be learnt from the case 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 DRD Panel is a multi-agency group that meets bi-monthly and carries out inquiries into each death where drugs are suspected to be a direct cause of death of a person in Gateshead.

Key activities of the Gateshead DRD Panel are:

- To ensure agencies contribute to the collection of data when required for the purposes of Drug Related Death Inquiries.
- To receive summary reports from the Safer Communities Co-ordinator following on from a drug related death in Gateshead.
- To review questionnaires and reports provided by agencies as part of the Drug Related Death Inquiry.
- To draw conclusions relating to a drug related death in Gateshead.
- To establish whether there are lessons to be learned from the case about the way in which local professionals and agencies work together.
- To identify recommendations on both clinical practice and non-clinical policy and practice to reduce the risk of drug related deaths in the future.
- To ensure the recommendations form part of the Harm Reduction Action Plan.
- To ensure recommendations and lessons learnt as part of the Drug Related Death Inquiry are cascaded to all relevant agencies.
- To ensure cooperation with any parallel investigations of practice, for example, a mental health homicide or enquiry by the Local Safeguarding Children's Board resulting from a drug related death in Gateshead.
- To review the process for carrying out Drug Related Death Inquiries, and where necessary as a result of this make changes to the protocol.
- To ensure that the group works effectively and reports to the Joint Commissioning Group and Community Safety Partnership.
- To ensure the production of an annual report summarising recommendations resulting from the reviews is produced and presented to the Community Safety Partnership.
- To deal with any emerging issues relating directly or indirectly to this work.

GATESHEAD DEATHS IN NUMBERS

17 Drug related deaths
Increase from 6 in 2014

The average age is increasing – 35 years (from 32 in 2014)
Oldest was 49
Youngest was 23
0 young people

13 Males
4 Females

15 people resided in Gateshead

8 lived alone
5 lived with someone else
2 were homeless
1 was in a bail hostel
1 was in a hostel

1 had recently been released from prison

The majority (6) died in the Central area of Gateshead
9 died at home
7 died at a friend's house
1 died in a tent

14 were unemployed

6 were in drug treatment
9 were known to drug treatment
8 were not known

1 died on a Friday
3 died on a Saturday
2 died on a Sunday
3 died on a Monday
4 died on a Tuesday
3 died on a Wednesday
1 died on a Thursday

THEMES

A review of the 2015 DRDs highlighted the following common themes.

Methadone	Heroin	Pregabalin
Diazepam	Poly drug use Taking more than one drug	Diverted medication
Buying drugs over the internet	Mixing drugs and alcohol	Prescription drugs In combination with illegal
Do not want to engage with services	History of overdose	Snoring prior to death
Known to each other	Missed appointments	Failure to share information
Involvement in Criminal Justice	Tolerance levels following abstinence	Living alone
Not known to services	Referrals not made to services	Unemployment
Demands made on GPs	Pharmacies not engaged	Carers
Known to a number of services – complex cases	Not accepted into services – dual diagnosis	Vulnerably housed

KEY LEARNING

Duty Screening Tool

A referral was made to the Drug and Alcohol service (Evolve) on a Friday afternoon for poly drug use. The welcome appointment was made for the client for the following Wednesday. The client died before the appointment took place.

Evolve have since introduced a duty screening tool to ensure that new referrals have telephone contact at point of referral to discuss the reasons for referral in order to highlight any risks at time of referral. This is to allow for a brief intervention of harm reduction advice to be provided at initial contact and if the individual is highlighted as high risk at point of referral their assessment could be prioritised and arrangements made to make the assessment earlier.

Evolve will be taking part in a pilot in which the individual would attend the service on the day of referral and provide at point of contact brief intervention with harm reduction advice.

Take Home Naloxone

In response to the number of drug users who had overdosed Gateshead treatment service began the roll out of take home Naloxone to service users.

Prenoxad Injection is the first presentation of naloxone to be licensed for emergency use in the community – in the home or other non-medical setting by appropriate individuals for the complete or partial reversal of respiratory depression induced by opioids. The process advocates use alongside the ambulance service call out and gives valuable intervention in this situation, alongside basic life support.

500 kits have been rolled out across Gateshead as part of the pilot.

Drugs Management Policy

Partners recognised the links between homelessness, housing issues and drug related deaths and so, in response to this a Drugs Management Policy for support accommodation premises was implemented.

The policy provides staff in supported accommodation with the necessary tools and guidance to effectively deal with incidents involving drugs – rather than evict a person in the first instance.

The policy details what actions should be considered to prevent the loss of accommodation and how best to support clients with substance misuse problems and those in recovery. There is clear evidence to show the importance of stable housing in tackling addiction and to sustain recovery which is why it is important to try and prevent the loss of accommodation.

To complement the policy supported accommodation staff will receive regular drug and alcohol awareness training and information regarding treatment services and options for support.

ACTIONS FOR 2016/17

Following the review of the cases and themes, the following actions for 2016/17 have been identified in order to prevent future drug related deaths:

DRD Process

- Gateshead Carers should be part of the DRD process
- Gateshead pharmacies should be part of the DRD process
- Refresh of the DRD inquiry process and questionnaires
- Review of information sharing processes to ensure there are no gaps between agencies

Communications

- Regular marketing campaign across Gateshead to promote treatment services and referral routes
- Publicise the dangers of buying drugs across the internet
- Appropriate publicity to raise awareness of the harms involved in taking cocktail of drugs and mixing drugs with alcohol
- Ensure agencies known who they can make referrals to when a client has multiple issues
- Be responsive to emerging drug trends and issues within the community
- Develop and promote referral pathways into Gateshead Carers

Harm reduction/Overdose awareness

- Regular safe injecting and overdose prevention sessions are available to all drug users in Gateshead
- All service users are given information about reducing the harms related to drug use and that the risks associated with mixing drugs are clearly explained including alcohol and drugs, poly drug use and diversion of medication with other drugs
- All service users are informed about the risk of using illicit methadone and other prescription drugs
- All service users are aware of the signs of overdoses in particular loud snoring
- Awareness raising with carers and community members about the dangers of diverting medication

Workforce Development

- Annual training session for supported accommodation providers
- Regular harm reduction and overdose awareness sessions for frontline professionals
- Regular overdose awareness sessions for frontline professionals
- Regular overdose awareness sessions for carers
- Ensure each service has a thorough disengagement process and be assured that this information is shared with all agencies involved

Dual Diagnosis

- Continue to highlight relevant cases to the dual diagnosis group
- Undertake a needs assessment of most vulnerable people known to DRD group agencies
- Investigate the possibility of funding to work with people with complex needs, based on the needs assessment
- Identify a different way of working with people with dual diagnosis
- Contribute the re-commissioning of mental health and treatment services

GPs/Prescribers

- Individual case summaries to be sent to the prescriber for review, wherever a prescriber is identified
- Re-establish regular Shared Care sessions to highlight cases and share learning where a prescriber has been involved
- Prescribers being aware of potential for misuse and diversion of medication by patients, especially when prescribing Pregablin, Gabapentin, Benzodiazepines and Opiates
- Work with GPs in order to understand the way in which they deal with patients who make demands for certain medications
- Work with GPs to understand how they would share concerns regarding a vulnerable drug user

Take Home Naloxone

- Evaluation of Take Home Naloxone pilot
- Roll out of take home Naloxone in prisons

Reflective practice

- Individual cases are shared with prescribers and GPs where they have been recently involved in a case prior to death
- DRD Panel has a regular slot at Time in Time out sessions to highlight cases and share learning
- Where an individual is not from Gateshead ensure that services in other areas are made aware of lessons learned

Near Misses

- Establish a near miss referral pathway so that those who have overdosed are referred into drug treatment and receive appropriate support

Implementation

The DRD Group will work in partnership with the Substance Misuse Group and others to deliver the actions outlined above. Gateshead Community Safety Board will be responsible for overseeing the delivery of the actions and will receive regular reports on progress.

**Drug Related Death Panel
Action Plan 2016/17**

Ref	Action	Who	By when	Status/Update
1. Drug Related Death Process				
1a	Gateshead Carers should be part of the DRD process	Nicola Johnson	May 16	Complete
1b	Gateshead pharmacies should be part of the DRD process	Alice Wiseman	June 16	
1c	NTW should be part of the DRD process	Alice Wiseman	June 16	
1d	Job Centre/DWP should be part of the DRD process	Nicola Johnson	June 16	Complete
1e	Refresh of the DRD inquiry process and questionnaires	Nicola Johnson	February 17	
2. Communication				
2a	Marketing campaign across Gateshead to promote treatment services and referral routes – to services and potential clients	Racheal Taylor	July 16	
2b	Appropriate publicity to raise awareness of the harms involved in taking cocktail of drugs and mixing drugs with alcohol	Lee Hansom	July 16	
2c	Be responsive to emerging drug trends and issues within the community	All	As and when	
2d	Regular safe injecting and overdose prevention sessions are available to all drug users and carers in Gateshead	Rachael Taylor	As required	
2e	Ensure agencies known who they can make referrals to when a client has multiple issues	Nicola Johnson	June 16	
3. Harm Reduction				
3a	Awareness raising with carers and community members about the dangers of diverting medication	Helen Hughes	June 16	
3b	Annual training session for supported accommodation providers	Kate Stockdale	May 16 Annually	
3c	Review of Drugs Management Protocol	Mark McCaughey	September 16	
3d	Regular drug and overdose awareness sessions for professionals in Gateshead	Rachael Taylor	As required	
3e	All service users and carers are aware of the signs of overdoses in particular loud snoring	Rachael Taylor Faye Codling Helen Hughes	July 2016	

Ref	Action	Who	By when	Status/Update
4. Workforce Development				
4a	Services to review disengagement process and ensure there are communication channels to appropriate agencies	All	August 16	
4b	Develop and promote referral pathways into Gateshead Carers	Helen Hughes	August 16	
4c	Highlight the role of carers to professionals, in particular GPs and Pharmacies	Helen Hughes	September 16	
5. Naloxone				
5a	Extension of Naloxone	JazzChamley	November 16	
5b	Evaluation of Take Home Naloxone	Rachael Taylor Joy Evans	November 16	
5c	Roll out of take home Naloxone in prisons	Rachael Taylor Joy Evans	March 17	
6. Dual Diagnosis				
6a	Highlight relevant cases to the dual diagnosis group	Nicola Johnson	At each meeting	
6b	Identify a different way of working with people with dual diagnosis	Alice Wiseman	October 16	
6c	Undertake a needs assessment of most vulnerable people known to DRD group agencies	Alice Wiseman	October 16	
5d	Examine current pathways, protocols and policies for those needing both mental health and substance misuse services.	Alice Wiseman	October 16	
5e	Contribute to the re-commissioning of mental health and treatment services	Alice Wiseman	October 16	
5f	Explore the creation of a charter/agreement that no client can be closed for disengagement reasons, whilst they are still involved with (other) providers across the system.	Alice Wiseman Jazz Chamley	October 16	
7. GPs/Prescribers				
7a	Understand the way in which GPs deal with patients who make demands for certain mediations	Alice Wiseman	July 16	
7b	Understand how GPs would share concerns regarding a vulnerable drug user and ensure pathways to services are in place	Alice Wiseman	July 16	
7c	Re-establish Shared Care meetings	Rachael Taylor	August 16	
7d	Review take Home Methadone policy: <ul style="list-style-type: none"> Pharmacies to be trained in OD awareness. 	Alice Wiseman	November 16	

Ref	Action	Who	By when	Status/Update
	<ul style="list-style-type: none"> Pharmacies to hold Naloxone. 			
7e	Undertake a Clinical Audit of Shared Care arrangements	Alice Wiseman	October 16	
8. Reflective Practice				
8a	Individual cases are shared with prescribers and GPs where they have been recently involved in a case prior to death	Alice Wiseman (Chair)	Following each case	
8b	Identify gaps in provision for vulnerable clients who require housing	Mark McCaughey	September 16	
8c	DRD to receive regular updates from the supported accommodation substance misuse and offending sub group	Mark McCaughey	At each meeting	
8d	Facilitate 2 x annual Time in Time out sessions re DRD process, cases and learning, misuse and diversion of medication	Nicola Johnson	April 17	
8e	Individual case summaries to be sent to the prescriber for review, wherever a prescriber is identified	Alice Wiseman	Following each case	
9. Near misses				
9a	Establish a near miss referral pathway so that those who have overdosed are referred into drug treatment and receive appropriate support (including clients who have disengaged)	Dale Healey Nicola Johnson Rachael Taylor	June 16	
9b	Explore system that allows GP's to be notified when someone has been admitted to hospital with suspected OD, with a view to a GP meds review for over medicated clients.	Alice Wiseman	November 16	