

TITLE OF REPORT: Drug Related Deaths

REPORT OF: Paul Dowling
Strategic Director – Communities and Environment

Alice Wiseman
Director of Public Health – Care, Wellbeing and Learning

Summary

Since 2012 the number of drug related deaths in Gateshead have increased year on year. This trend unfortunately mirrors the national picture. The Drug Related Death (DRD) group in Gateshead have identified key themes which need to be addressed to help reduce the risks to individuals who are potentially at risk.

1. Purpose of the Report

1.1 This report will provide an overview of the main findings from the 2016 drug related deaths, key actions and an update from the last regional DRD group.

2. Background

2.1. The multi-agency Gateshead DRD Panel is a local multi-agency group that undertakes inquiries into all deaths where drugs are suspected to be a direct cause of the death of a person in Gateshead.

2.2 The purpose of the Panel is to:

- carry out case reviews following a drug-related deaths in Gateshead;
- establish whether there are lessons to be learnt from the case – particularly in relation to the way in which local partner agencies and services work;
- make recommendations on both clinical practice and non-clinical policy and practice in order to reduce the risk of further drug-related deaths in the future;
- share lessons and risks with partners through the regional DRD group.

2.3 Each year an Annual Report is produced which pulls together key learning from the deaths.

3 Drugs Related Deaths 2016 – Key Findings

3.1 There has been a continued increase in terms of the number of deaths within Gateshead since 2012 with six reported in 2012 to 21 in 2016 (subject to post-mortem)

3.2 As in previous years, the characteristics of the deceased remain similar – with the majority of deaths continuing to be male, white, aged 25-34yrs and male. A number of other trends have also been identified:

- Living alone
- Single
- Unemployed
- In substance misuse treatment
- Using a cocktail of drugs
- Involvement with mental health services
- Previous overdoses
- Complex/chaotic lifestyle

4.3 At this time it is difficult to give further details about drugs involved, cause of death and additional circumstances about the deceased as the DRD Panel are awaiting post-mortem results from the Coroner's Office. These will be received and discussed at the DRD panel over the coming months and the annual report will detail the key findings.

4. Key achievements

4.1 There have been a number of key achievements in 2016 which have been implemented following the annual report 2015.

a) Clinical audit of prescribing and shared care

The resulting analysis of factors contributing to the DRDs revealed a pattern of prescribing of high dosages of methadone and the use of other drugs such as Benzodiazepine, Gabapentin and Pregabalin.

Both nationally and locally, the successful completion rate of substance misuse treatment and recovery services has reduced. Gateshead's over 18s treatment service, known locally as Evolve, has slowly increasing numbers of successful completions, these are still lower than target. In light of the concerns it was agreed with key partners (including Public health, Gateshead Evolve, CCG and Foundation Trust) that a clinical audit should be commissioned.

The purpose of this audit is to collect and interrogate the prescribing practices of the extensive 'Shared Care' arrangement for the treatment of substance misuse clients in Gateshead to fully understand the present picture. This clinical audit will then inform service development and future commissioning of the delivery substance misuse services.

b) Naloxone

New legislation came into force in 2015 that enables Naloxone to be supplied to individuals by drug services without prescription, as a parenteral drug (similar to adrenaline) for saving a life in an emergency. The injection can be used in the community; either in the home or other non-medical setting by appropriate individuals for the complete or partial reversal of respiratory depression induced by opioids. Gateshead Evolve have begun to roll out take home Naloxone to service users and training sessions have been held for all partner organisations.

Since the roll out of take home naloxone kits in Gateshead, there have been thirteen incidents where the kits have been replaced and potentially used in overdose situations. Over 450 kits have been distributed within Gateshead which include supported accommodation providers, hostel workers and carers. There has been minimal reluctance from the majority of providers in relation to naloxone kits however, there has been a small minority of providers that have refused to have kits on premises which is a concern and has been discussed.

Gateshead Evolve is the top performing CGL organisation for distributing Naloxone.

c) Changes to processes

Evolve have made a number of changes in their internal processes and how they work with external partners to prevent DRDs, examples include:

- Awareness raising with staff to ensure the re-engagement process is followed;
- Increased awareness with staff to ensure the closure process is understood and followed;
- Enhanced assertive outreach;
- Ensured there is a dedicated process in place to manage prison releases;
- Improved working relations with the Community Rehabilitation Company to ensure more robust management of offenders; and
- Re-established links with other treatment services to ensure smarter management of service users.

d. Overdose awareness

It was notable in a number of cases, where other people were present in the hours before the death, they did not know how to spot the signs of overdose, in particular loud snoring. Treatment services and other partners embarked on an overdose awareness campaign which included training to professionals, family members and carers around the signs of overdose and what to do in that situation, the production of flyers to complement the training, and specific, regular overdose awareness/harm reduction advice days for service users.

e) Hospital liaison team

The DRD Panel were concerned at the number of DRDs who had previously overdosed in the months prior to their death. As a result, Evolve have two dedicated workers who attend the QE Hospital on a daily basis. The workers visit ten wards, including A&E and actively engage with staff and look for anyone who has attended the hospital or been admitted with a substance misuse issue, including overdose. They will then engage with these patients, offer brief intervention and harm reduction advice, distribute Naloxone (if appropriate) and encourage referrals into the service.

To complement this Evolve are also looking at having their IT system available in the hospital so that staff can check details of patients to see if they are open to treatment and if so, make links and share information.

5. **Regional Drug Related Death Group**

5.1 The regional DRD group, chaired by Lynn Wilson (Consultant in Public Health, Gateshead) met in November 2016, the main role of this group is to share local

intelligence, learning, best practice and policy. Key roles for this group will be to implement recommendations from the PHE 2014 regional DRD audit and identifying opportunities to taking a north east approach to this issue.

- 5.2 Discussions included the roll out of Naloxone across the region, data published by the Office of National Statistics on DRDs, imminent prison reforms and the resulting development work around referral pathways. There was also a conversation around the treatment, harm reduction and implications of long term health conditions on older substance misusers.

6 Proposals

6.1 The Committee is asked to consider the following proposals:

- i) comment on the contents of the report
- ii) note the national and local increase in drug related deaths
- iii) agree to receive findings of the audit and the annual report at a future OSC meeting.

7 Recommendations

7.1 The Committee are asked to consider and agree the report proposals set out in Section 6.1 above.