

TITLE OF REPORT: Drug-related Deaths Update

REPORT OF: Alice Wiseman, Strategic Director of Public Health
and Wellbeing

SUMMARY

The purpose of this report is to give Overview and Scrutiny Committee an overview of drug-related deaths in Gateshead and the work that is being undertaken to tackle these.

The report will cover the following areas:

- Background
 - Overview of drug-related deaths
 - Gateshead's response to drug-related deaths
 - Recommendations
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BACKGROUND

1. The Council is required, as one of the conditions of the Public Health Grant, to improve the take up of, and outcomes from, its drug and alcohol misuse treatment services.
2. The local provider of substance misuse services, commissioned by the Council, is the Gateshead Recovery Partnership (with Change Grow Live – CGL – as the lead provider), which comprises three elements:
 - **Clinical support service:** including prescribing, screening, interface with other clinical services (eg mental health) and clinical governance
 - **Treatment and care:** including keyworkers for all clients, to ensure coordinated care, psychosocial interventions, recovery coordination and safeguarding
 - **Recovery, abstinence and wellbeing:** including relapse prevention, support networks, housing, education, employment or training, and work to 'break the cycle' of addiction.
3. 2016-2018 saw a significant rise in the number of drug-related deaths (DRDs) in England, the North East and in Gateshead, with the North East having a notably higher rate of such deaths than all other English regions. This national trend began in 2012. Each life lost is a tragedy, with a profound and lasting impact on families and communities.
4. Preventing DRDs has always been a priority for the Council and its partners, and over recent years we have implemented new initiatives and ways of working which have helped save lives. This briefing will summarise the data for Gateshead and outline our response to the increase in deaths and how it

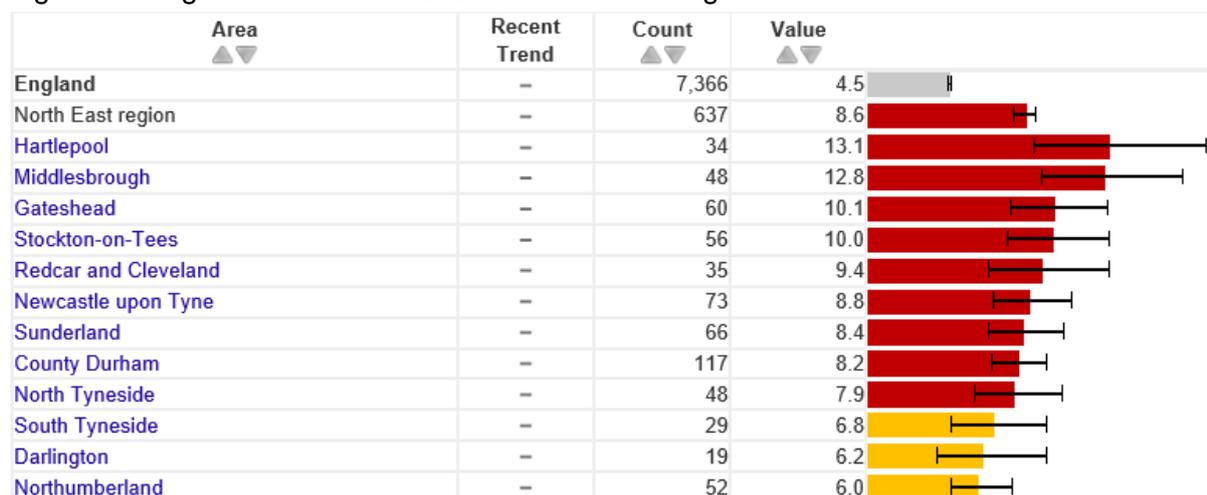
has informed service development and improvements aimed at reducing risk across the partnership.

- Note the definition of DRD only covers those deaths where the underlying cause is poisoning, drug abuse or drug dependence and where any of the substances are controlled under the Misuse of Drugs Act (1971) (this also includes Novel Psychoactive Substances). It does not include those individuals who may misuse drugs but die prematurely from physical health conditions or suicide.

OVERVIEW OF DRUG-RELATED DEATHS

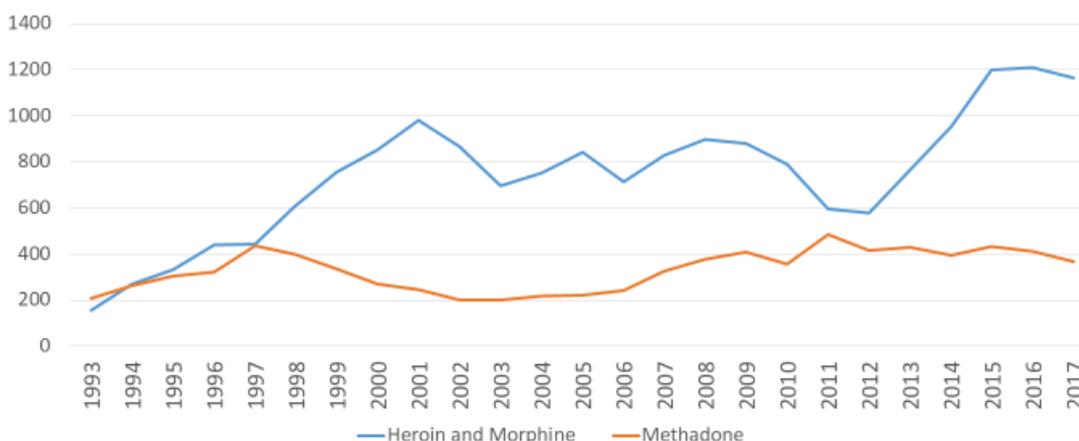
- In 2012, there were 6 DRDs in Gateshead. This figure increased steadily to 19 deaths in 2016, before falling back to 12 in 2017. However in 2018 there were 34 DRDs, and the provisional figure for 2019 is 25. These are our local figures based on notifications from the Coroner.

Figure 1: Drug-related deaths 2016-18 North East England



- The Office for National Statistics (ONS) publishes a standardised rate of deaths (per 100,000) from drug misuse for 3-year rolling periods. These figures are for deaths registered, rather than deaths occurring in, each calendar year. Recently released data give the rate of deaths for Gateshead in 2016-18 as 10.1 per 100,000 (see Figure 1). This was a 24.7% increase on the rate for 2015-17 and represents the highest ever recorded rate in Gateshead and the highest number of deaths.
- Figure 1 shows that the Gateshead DRD rate is higher than that for the North East, but the difference is not statistically significant. Furthermore, the Gateshead rate (and the North East rate) is significantly worse than the England rate of 4.5 per 100,000. Gateshead has the 5th highest rate of deaths of all local authorities in England.
- However, the increase in deaths experienced in Gateshead and the North East since 2012 has been seen across the country (see Figure 2).

Figure 2: Deaths from heroin and morphine, and methadone as of 2017 for England and Wales



10. There are many factors of significance in the increase. Firstly, heroin and other opioids are the most common substance involved in deaths, and since 2012 the availability of heroin has increased significantly: in 2017, opium cultivation in Afghanistan reached a record high. There has also been an increase in the supply and purity of cocaine (including crack), and a more complex mixture of substances is becoming available, often through the internet and highly organised criminal activity. The risks increase for individuals if they are using a cocktail of different drugs, including alcohol.
11. The age of those dying is also typically increasing, reflecting long-term use: health conditions such as respiratory and cardiovascular disease are common concerns amongst long-term users for example, and those suffering these physical problems are at greater risk of death if they overdose. The peak age for deaths nationally in 2017 was people in their 40s, although locally in 2019 the average age of death was 37 for both males and females.
12. Locally (and nationally), the majority of deaths are males. The data for 2019 show us that this trend is continuing with 76% of suspected local DRDs being male and 24% women.

GATESHEAD'S RESPONSE TO DRUG-RELATED DEATHS

13. Public Health England recommends that a confidential inquiry should be undertaken following a DRD. In Gateshead this process is called a drug-related death review. The purpose of the review is to establish if there are any lessons to be learned from the circumstances of the case about the way in which we all work together with those who misuse drugs, to identify emerging themes and trends and to improve practice by acting on that learning. In response to the increasing levels of DRDs, our review process was updated in 2018, with the group (which is led by Public Health) meeting much more frequently to ensure reviews are completed and the learning acted upon in a

timely manner. Each year we publish an annual report on DRDs which is presented to the Health & Wellbeing, Community Safety and Local Safeguarding Adults Boards, highlighting common factors in local deaths, our learning from those deaths and the action we have taken.

14. Although we have reduced our expenditure on substance misuse since 2013, a lot of this has been achieved through redesign and integration of different elements into a single holistic service. In 2018, partly in response to the learning from DRDs, Gateshead Council reviewed and recommissioned the local substance misuse service, developing the new Gateshead Recovery Partnership model. Whilst it is recognised that access to treatment reduces risk of drug related death, it cannot remove it completely.
15. Examples of actions based on learning points from individual deaths have included steps to achieve closer working between the Gateshead Recovery Partnership and local mental health services, and with the safeguarding team, with a large safeguarding workshop being held in autumn 2019.
16. Naloxone (a product which reverses the effects of overdoses) is now made available to all heroin/opiate users, as well as carers, family members, and some staff groups, and has prevented a number of deaths. Training sessions on harm reduction and overdose awareness have increased.
17. Locally, we look holistically at addressing the harm caused by substances and have excellent relationships with Northumbria Police who help disrupt and tackle supply. Through the Community Safety Board, we have recently established the Central Drugs Alliance with the police, Newcastle Council and treatment services, to work together to share valuable information and disrupt supply.
18. In recognition of the contributory respiratory health factors that can lead to an individual being more susceptible to DRD, there have been developments within the substance misuse service. This year, for the first time, the service was able to administer flu vaccinations alongside treatment appointments for its service users. Service users also have access to an in-house Stop Smoking Service and progress is being made to deliver a respiratory screening service from the Gateshead Recovery Partnership base at Jackson Street.
19. Cocaine and crack users are less likely to be engaged with substance misuse services as they are often seen as being less harmful (eg cocaine is widely used as a recreational drug), so the increasing number of deaths featuring these substances requires a different approach. We have had discussions with regional colleagues about the joint delivery of a cocaine campaign to highlight the risks from its use.
20. The Public Health team is linking in with Newcastle University who are leading on a peer research study into DRD and Multiple & Complex Need. The research is at a final stage and the findings will inform our ongoing approach to reducing risk.

21. Public Health England have developed a self-assessment toolkit on DRDs. This is currently being completed alongside Gateshead Recovery Partnership, with input from service users. If any areas of development are identified these will be addressed.

22. A Members Seminar on Drug Related Deaths was held in December 2019 where further information was shared on local DRDs and the actions we are taking to address them.

RECOMMENDATIONS

23. The committee is asked to note the contents of this report and consider the progress to date in tackling drug-related deaths in Gateshead.

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