



North Tyneside Council

Quadrant, The Silverlink North, Cobalt Business Park,
North Tyneside, NE27 0BY
Tel: 0345 2000 101

Briefing note

To: Adult Social Care Health
and Wellbeing Sub-
committee on Drug related
deaths

Authors: Oonagh Mallon, Commissioning
Manager
Helen Maxwell, Commissioning
Analyst
Heidi Douglas, Public Health
Consultant

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Appendix 1: Drug Related Deaths – North Tyneside

1. Definition

The terms 'drug related death', 'drug misuse death' and 'drug poisoning' are often used interchangeably so it is important to understand the definitions.

The data published by Office of National Statistic (ONS) includes deaths related to all 'drug poisonings'. Drug poisoning includes both controlled and non-controlled drugs, prescription medication (either prescribed or obtained by other means) and over-the-counter medications i.e. any medicinal product (involving both legal and illegal drugs).

'Drug misuse' deaths are a sub-set of drug poisoning and include deaths where either the underlying cause is drug abuse or drug dependence, or the underlying cause is drug poisoning and any of the substances controlled under the Misuse of Drugs Act 1971 are involved.

The International Classification of Disease (ICD) classifies 'drug poisoning' deaths as deaths occurring by:

1. Accidental poisoning by drugs, medicaments and biological substances (X40–X44)
2. Intentional self-poisoning by drugs, medicaments and biological substances (X60–X64)
3. Poisoning by drugs, medicaments and biological substances, undetermined intent (Y10–Y14)
4. Assault by drugs, medicaments and biological substances (X85)

5. Mental and behaviour disorders due to drug use (excluding alcohol and tobacco) (F11-F16, F18-F19)

The ONS data includes deaths registered or concluded that year, rather than deaths occurring during that year. Some complex cases can take up to 3 years to conclude.

This Briefing will use the term drug related death to describe both drug poisonings and drug misuse deaths.

2. Drug Related Deaths in North Tyneside - ONS Data

Given that the data relates to very small numbers, there is year on year variation in both directions for drug poisonings and drug misuse deaths. Therefore the ONS publishes the data for three year – rolling periods. This gives an average over the three years.

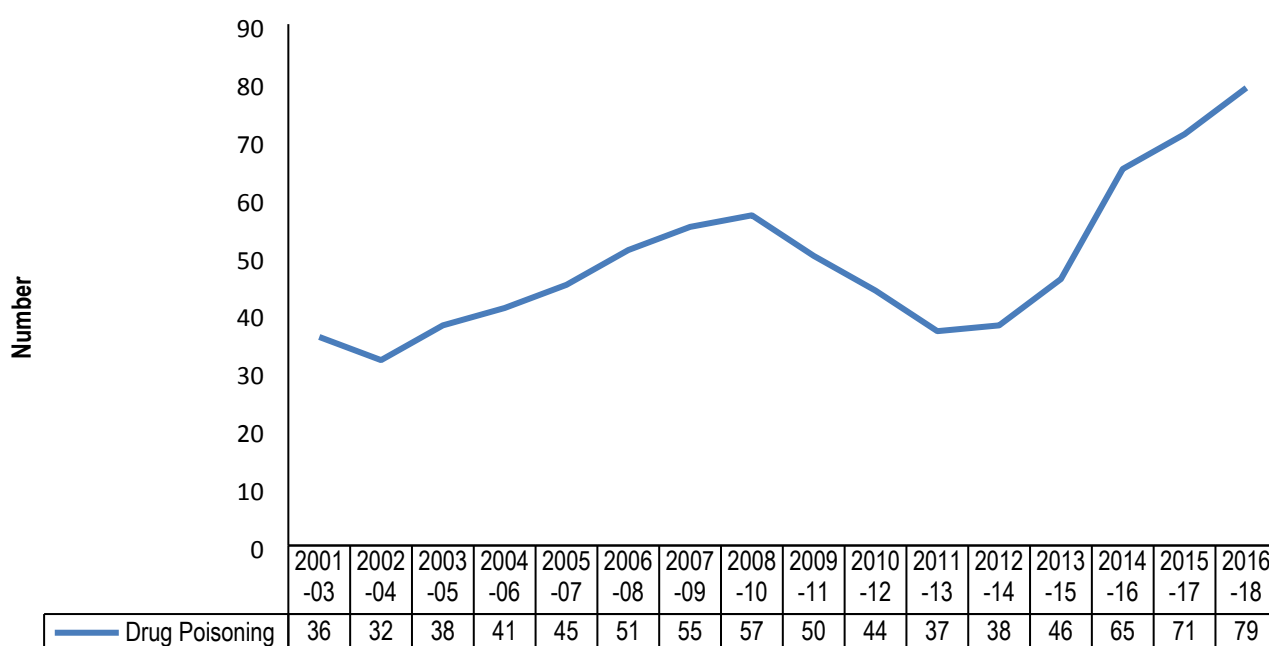
Drug Poisoning

The number of drug poisonings in North Tyneside has fluctuated over the three-year reporting periods since 2001-2003 increasing from 36 in 2001-03 to 79 in 2016-18.

Figure 1 shows that the number of drug poisonings increased steadily until 2008-10, after which there was a decline and a return to the 2003-05 numbers in 2012-14. However since 2012-14 the numbers of deaths increased and are now at an all-time high.

The rise in numbers in these three-year periods represents a 97% increase comparing 2001-03 to 2016-18. The North East has seen a 70% increase and England has seen a 38% increase over this same period.

Figure 1 Drug Poisoning 2001 - 2018

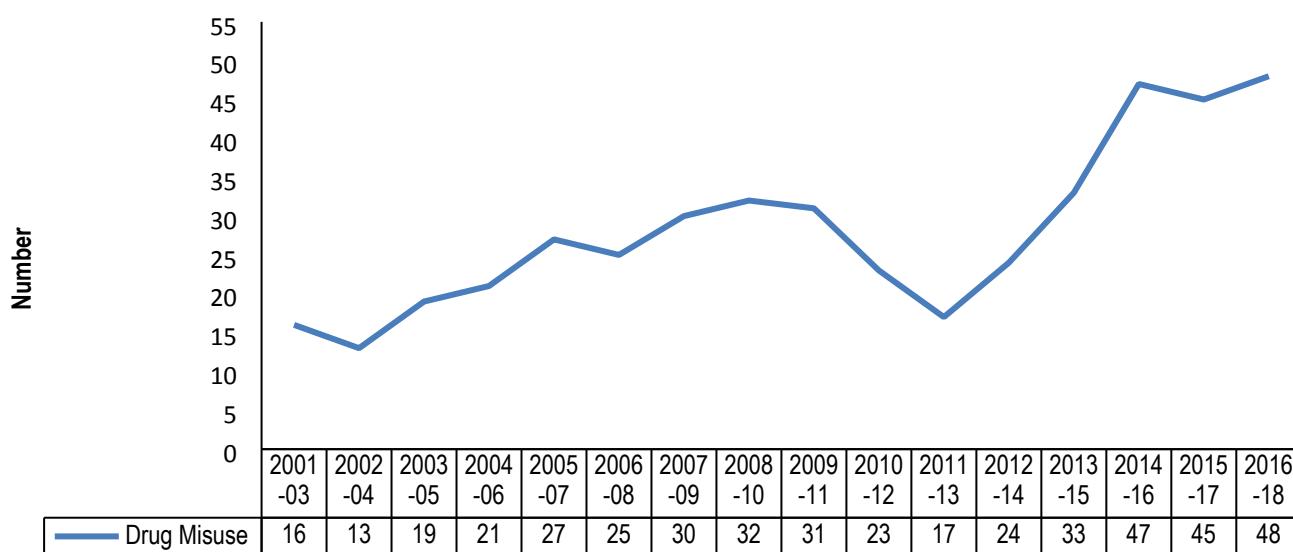


Drug Misuse

The number of drug misuse deaths (a sub-set of drug poisonings) has risen from 16 in 2001-03 to 48 in 2016-18. Similar to drug poisoning deaths the most recent data shows that this too is at an all-time high in North Tyneside (Figure 2).

There has been a 200% increase in drug misuse deaths comparing 2001-03 to 2016-18. The North East has seen a 115% increase and England has seen a 60% increase over this same period.

Figure 2 Drug Misuse 2001 - 2018



The Gap

Drug misuse deaths in North Tyneside make up 61% of drug poisonings compared to 68% and 71% in England and the North East respectively

Table 1 shows the number of drug poisonings and drug misuse and the difference between the numbers in North Tyneside.

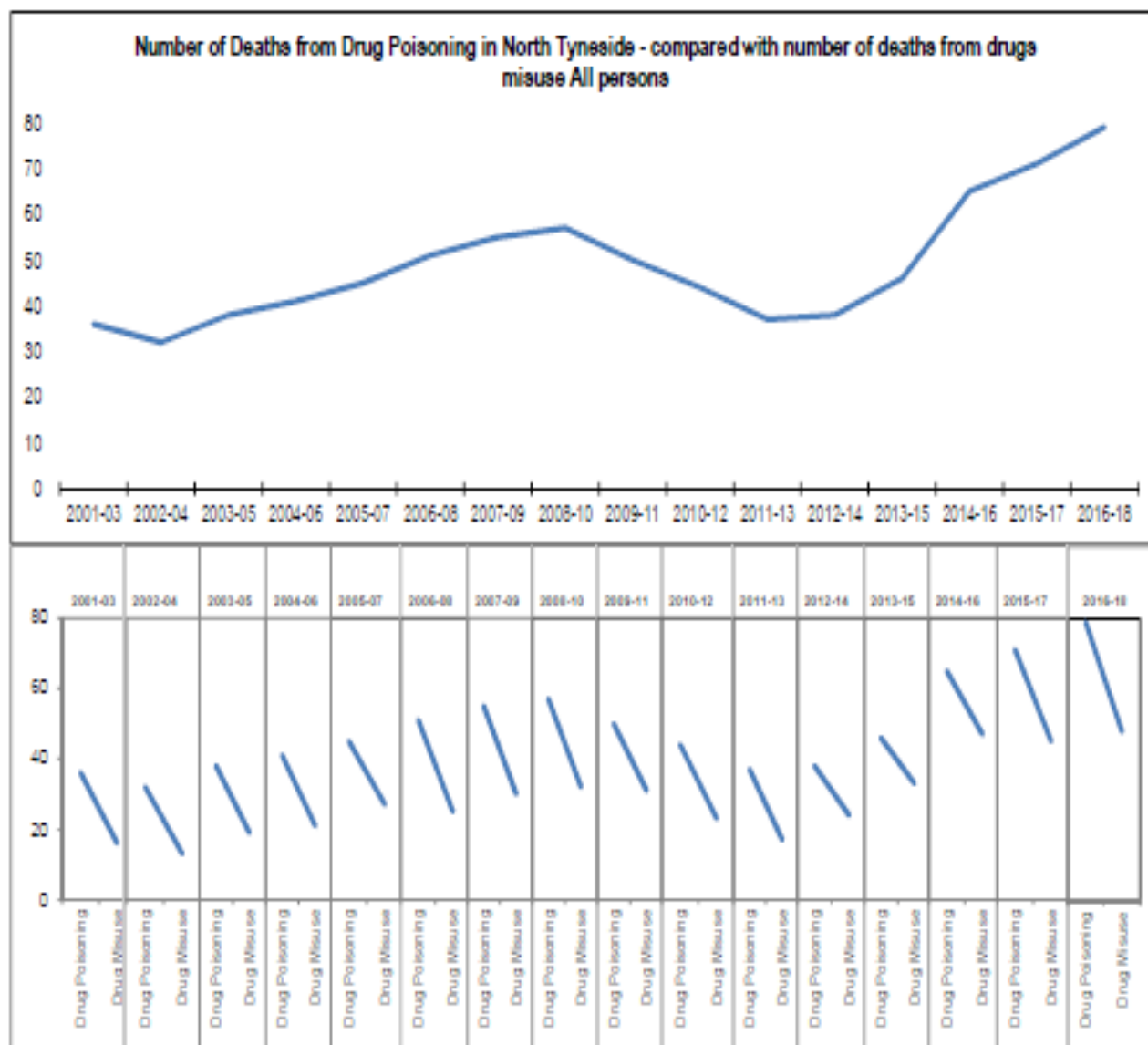
3 year period	North Tyneside		
	Drug Poisoning	Drug Misuse	Difference
2001-03	36	16	20
2002-04	32	13	19
2003-05	38	19	19
2004-06	41	21	20
2005-07	45	27	18
2006-08	51	25	26
2007-09	55	30	25
2008-10	57	32	25
2009-11	50	31	19
2010-12	44	23	21
2011-13	37	17	20

2012-14	38	24	14
2013-15	46	33	13
2014-16	65	47	18
2015-17	71	45	26
2016-18	79	48	31

Figure 3 plots the difference between the two numbers with the upper point representing drug poisoning deaths and the lower point representing drug misuse deaths. A wide gap indicates that drug misuse deaths account for a smaller proportion of the overall drug poisoning deaths.

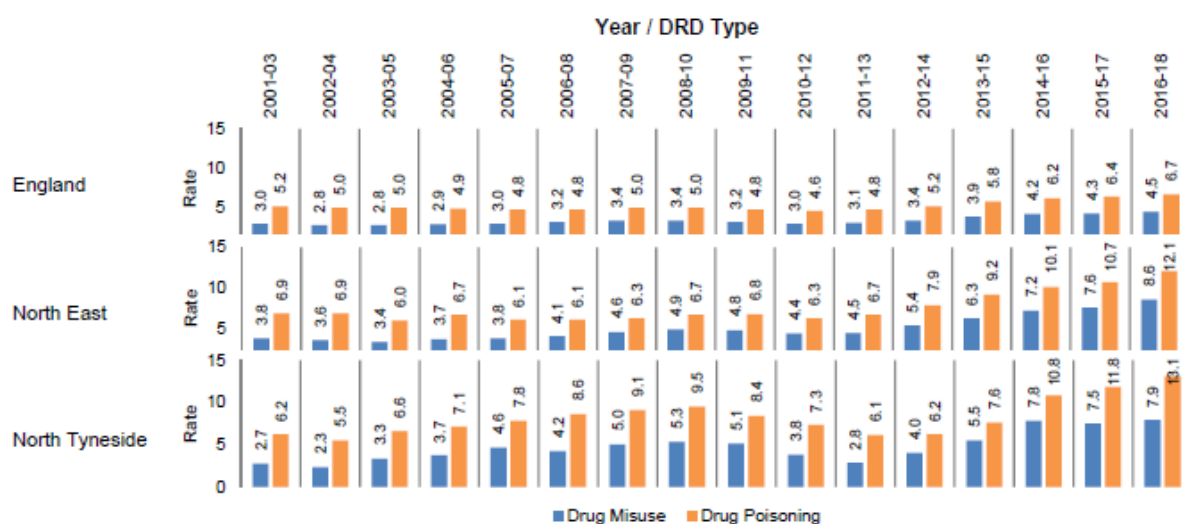
The gap between the number of drug poisoning deaths and drug misuse deaths has widened during the periods of 2015 – 17 and 2016-18 and is similar to the three-year periods for 2006 –10.

Figure 3: Number of Deaths from Drug Poisoning in North Tyneside – compared with number of deaths from drugs misuse (All Persons)



Comparisons with North East and England by All Persons, Males and Females

Figure 6 compares North Tyneside's rate of drug related deaths with the North East and England. North Tyneside's rate of **drug poisonings** is higher when compared with England and the North East.



Males

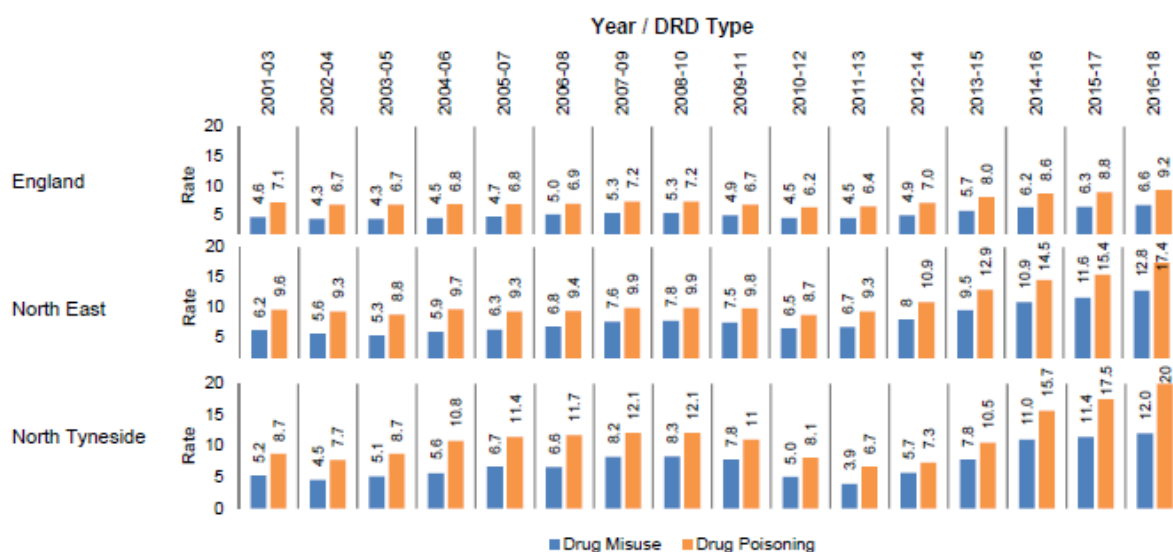
73.4% of **drug poisoning** deaths during 2016-18 occurred in males in North Tyneside. The number of male **drug poisoning** deaths has seen a 130% increase when comparing 2016-18 to 2001-03.

The number of male **drug misuse** deaths in North Tyneside has also seen an increase from 15 in 2001-03 to 35 in 2015-17, which is a 200% increase.

In North Tyneside, male drug misuse deaths accounted for 60% of the male **drug poisoning** deaths in 2016-18, compared with 75% and 71% in the North East and England respectively.

Figure 7

Rate of drug poisoning deaths compared with drug misuse deaths - compared with number of deaths from drugs misuse - Males



Females

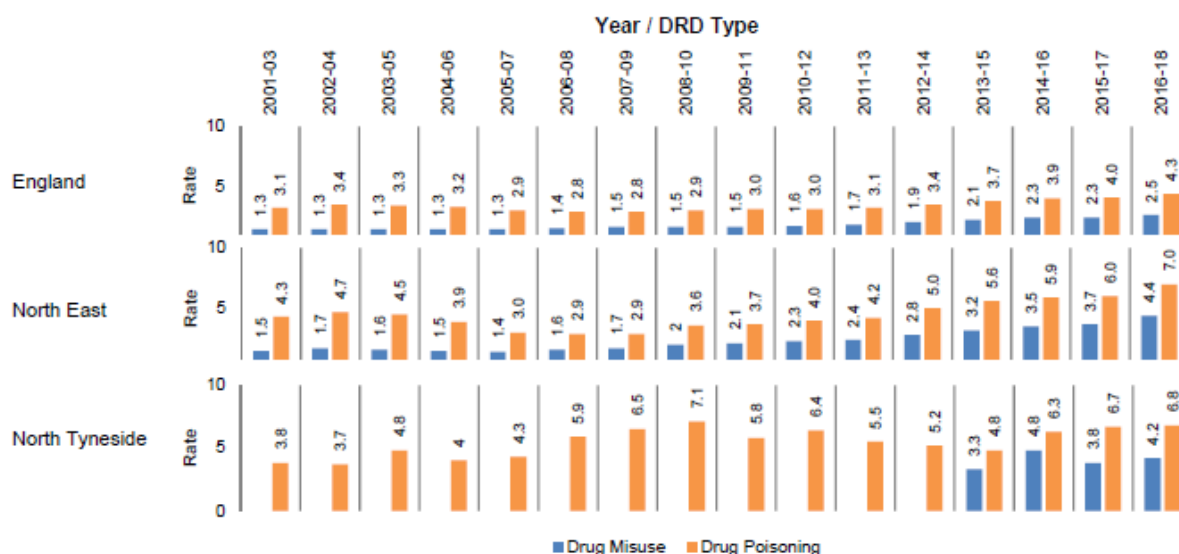
Females accounted for 26.6% of all **drug poisoning** deaths during 2016-18. As the number of **drug poisoning** deaths for females is lower, relatively small changes in the numbers can present with a large percentage change. There were 21 **drug poisoning** deaths in females during 2016-18 (this was the same as the previous three year data set), which is the second highest recorded since 2001-03 (the highest being in 2008-10, when 22 **drug poisoning** deaths were recorded in females).

Drug misuse deaths in females are generally low in number; however they have seen an increase from 1 in 2002-04 to 15 in 2014-16. In contrast to **drug poisoning**, figures for 2016-18 show that drug misuse deaths in females has decreased slightly to 13.

In North Tyneside, female drug misuse deaths accounted for 59% of the female **drug poisoning** deaths in 2016-18, compared with 62% and 58% in the North East and England respectively.

Figure 8

Rate of drug poisoning deaths compared with drug misuse deaths - compared with number of deaths from drugs misuse - Females

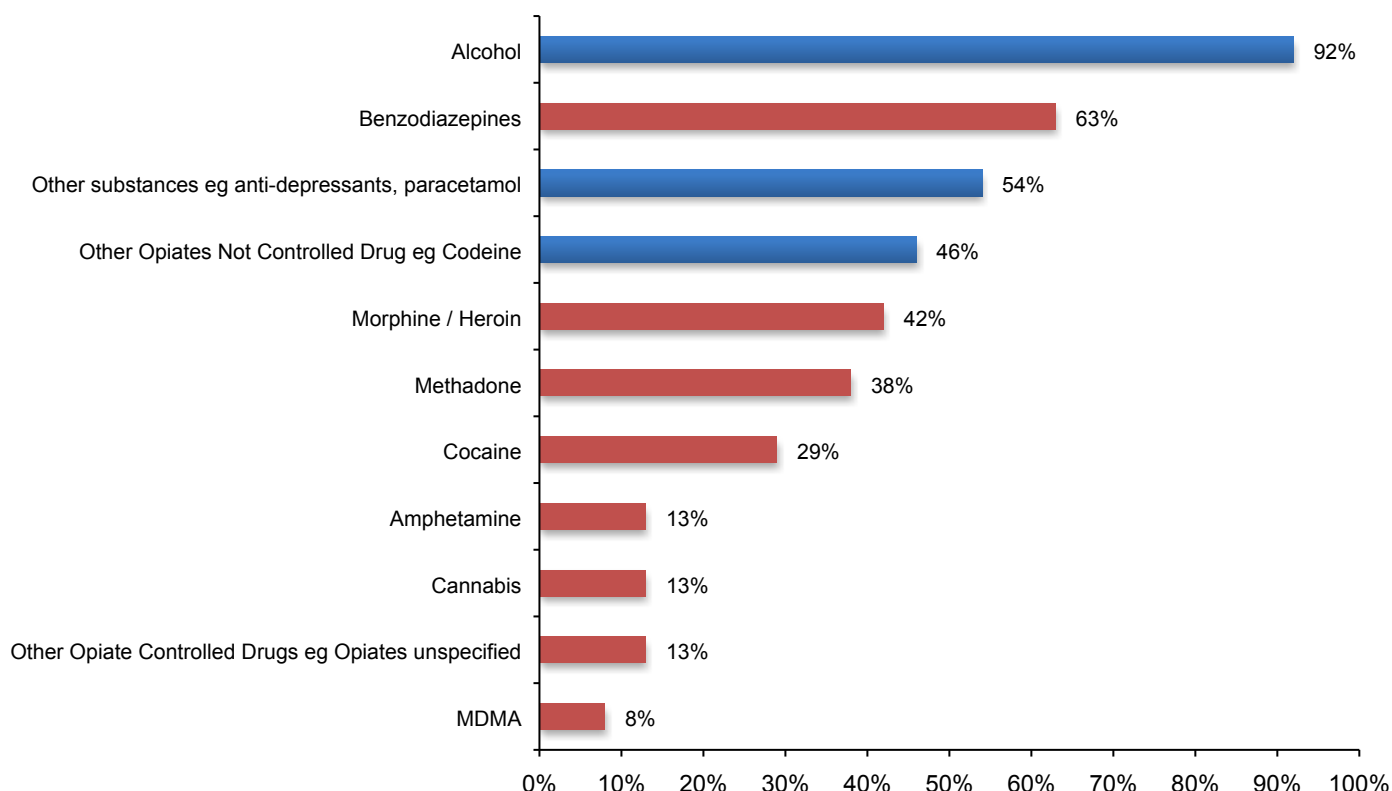


3. Drug Related Deaths - Review of Coroners Files

North Tyneside has not reviewed the Coroners files since 2012; however data analysed between 2007 and 2012 showed there were a total of 24 suspected drug related deaths. The analysis showed that:

- 67% of the suspected drug related deaths were male and 33% were female
- 67% were aged between 25 and 44 years of age.
- 71% were unemployed and seeking work
- 46% lived alone.
- 67% were discovered in another person's home
- 79% had a verdict of Accidental or Misadventure, with 4% having a verdict of Effects of Chronic Drug Abuse
- 25% lived in the North Shields area.

Figure 9 below shows the substances that were stated on the inquest toxicology reports. The substances which are red on the chart are controlled drugs and the substances which are blue are not a controlled drug.

Figure 9: Substances stated on toxicology report

4. Drug Related Death – Review Process

Currently any deaths in treatment (drug related, alcohol related and suicides) are reviewed through the Northumberland, Tyne and Wear NHS Foundation Trust's Serious Incident Review or the Local Area Action Review (LAAR) process. Commissioners are notified of any deaths in treatment and invited to attend the LAAR panel to share learning and to participate in any shared actions.

Key learning to date and subsequent actions include:

- Developing a multi-disciplinary team review process to coordinate care plans for clients that require treatment for addiction alongside access to mental health services
- Widening out the provision of naloxone into supported housing providers

Whilst this is a robust process for reviewing deaths in treatment, the learning from this process is limited to treatment providers and does not include the wider system that a client may have been in contact with prior to their death.

Another important factor is that it is estimated that only half of all drug related deaths are known to treatment; therefore the current review process is limited to only those who were engaged in treatment.

5. Next steps

In partnership with Newcastle and Northumberland we are developing an agreed North Tyne approach to learn from drug related deaths, alcohol related deaths and suicides.

With the agreement of Northumbria Police and the Coroner's office the proposed review process includes the following steps:

- North ICP Suicide and DRD coordinator will notify the nominated Local Authority officer of any death that is suspected to be drug and/or alcohol related and suicides. This information will be similar to the information currently provided to coroners
- The Local Authority officer will keep a record of all deaths and will use the information to map out any reoccurring themes
- Reviews of cases where there is significant learning will be done on an as needs basis and will take the form of an appreciative enquiry process
- This review process will be multi-agency
- The above process aims to ensure that the wider system can learning from, and prevent future drug related deaths in North Tyneside
- The newly established Northumbria Northern Command Area Intelligence Sharing Network will receive an annual report on drug related deaths for both North Tyneside and Northumberland