

Meeting: Adult Social Care Health and Wellbeing Sub-committee

Date: 3 October 2019

Title: North Tyneside Drug Related Deaths Briefing

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

Service: Public Health

Wards affected: All

1. Purpose of Report

To present an overview of drug related deaths in North Tyneside and to provide an update on progress to prevent future drug related deaths.

2. Introduction

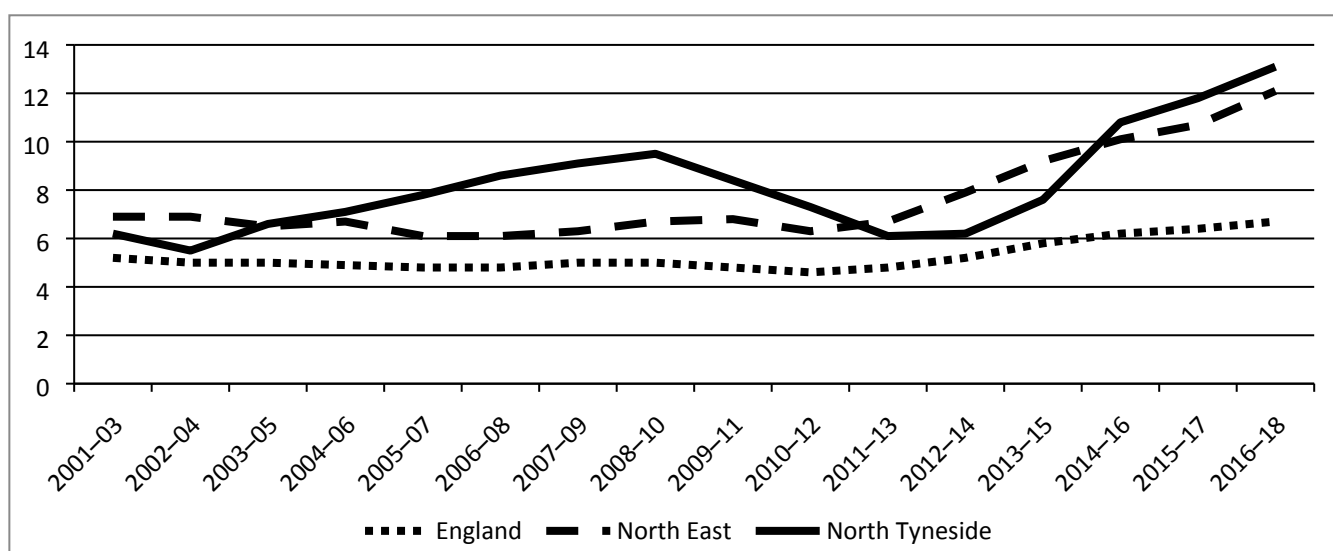
- 2.1** The terms 'drug related death', 'drug misuse death' and 'drug poisoning' are often used interchangeably so it is important to understand the definitions.
- 2.2** The data published by Office of National Statistic (ONS) includes deaths related to all 'drug poisonings'. Drug poisoning includes 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).
- 2.3** '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.
- 2.4** 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.
- 2.5** This Briefing will use the term drug related death to describe both drug poisonings and drug misuse deaths.

3. Details - Drug Related Deaths - ONS Data

Drug Poisoning Deaths

- 3.1** There were 4,359 deaths related to drug poisoning in England and Wales in 2018, the highest number and the highest annual increase (16%) since the time series began in 1993.
- 3.2** The number of drug poisonings in North Tyneside has fluctuated; since 2001-2003 there has been an increase from 36 in 2001-03 to 79 in 2016-18. The number of drug poisonings in North Tyneside is at its highest for the reporting period. Figure 1 below presents the rate of drug poisoning deaths from 2011-2018.

Figure 1: Drug Poisonings Deaths - Rate per 100,000 Population



Drug Misuse Deaths

- 3.3** Two-thirds (or 2,917) of drug-related deaths were related to drug misuse, accounting for 50.9 deaths per million people in 2018, an increase from 43.9 deaths per million people in 2017.
- 3.4** The North East has a significantly higher rate of deaths relating to drug misuse compared to all other English regions; London has the lowest rate. Over the last decade, the rate of drug misuse has more than doubled in the North East (46.3 deaths per million in 2008 increasing to 96.3 in 2018).
- 3.5** Table 1 presents ONS data relating to drug misuse 2016-18 for all of the North East Local Authorities.

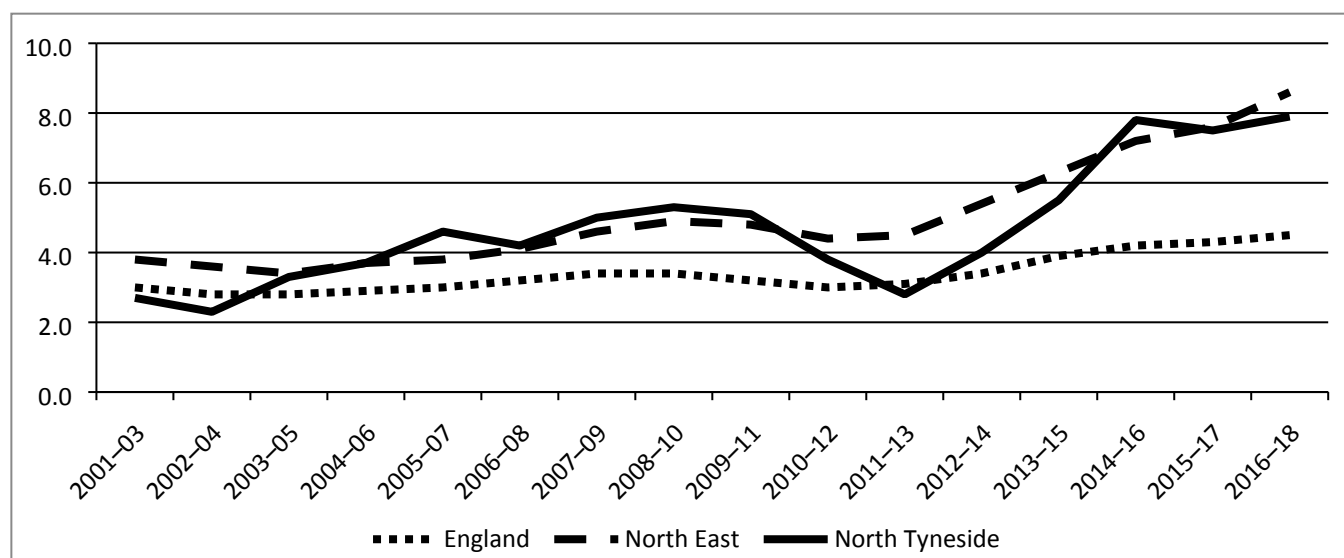
Table 1: Deaths related to drug misuse, by Local Authority, 2016 – 2018.

Area	Number Deaths	Rate (per 100,000 pop.)
England	7,366	4.5
North East	637	8.6
Darlington	19	6.2
Durham	117	8.2
Gateshead	60	10.1
Hartlepool	34	13.1
Middlesbrough	48	12.8
Newcastle upon Tyne	73	8.8
North Tyneside	48	7.9
Northumberland	52	6.0
Redcar and Cleveland	35	9.4
South Tyneside	29	6.8
Stockton-on-Tees	56	10.0
Sunderland	66	8.4

3.6 In the North East; Middlesbrough, Hartlepool and Gateshead have the highest rates of drug misuse deaths in the North East.

3.7 The trend data for drug misuse deaths is similar to that for drug poisonings. There was a decline in 2011-13 with an increase observed up to 2014-16, followed by a period of stable but high rates. Figure 2 below presents this data.

Figure 2: Drug Misuse Deaths - Rate per 100,000 Population



4. Key Drivers for Increased Drug Related Deaths

4.1 A major national review of drug related deaths concluded that the factors responsible for the increase in drug-related deaths are multiple and complex. Availability and purity of drugs particularly heroin, the age, immune system and respiratory health of some cohorts of opiate and opioid users are also important factors.

- 4.2 There is an ageing cohort of heroin users, many of whom started to use heroin in the 1980s and 90s, who are now experiencing cumulative physical and mental health conditions that make them more susceptible to overdose. A majority of these users appear not to be engaging in drug treatment where they could be protected.
- 4.3 Access to a range of drug treatment interventions and supply of illicit/controlled drugs are key factors. We know that overdosing becomes more likely if treatment is not properly calibrated and drugs (illicit and controlled) are used on top of what is prescribed.
- 4.4 Other important issues include the fact that we have improved the reporting of drug related deaths, there has been an increase in poly-drug and alcohol use, and an also an increase in the prescribing of some medicines.
- 4.5 There have been reports within the media that associate the increase in drug related deaths and the changes in the commissioning for drug treatment services, in particular to move from public health commissioning from the NHS to Local Authorities. This is a very simplistic view and is easily challenged.
- 4.6 Scotland has had no changes in commissioning of drug treatment and has seen numbers of deaths rise far beyond England rates, and these continue to rise, year on year. Similarly, the rise in England started in 2011, well before transfer of commissioning responsibility for drug treatment services from the NHS to Local Authorities.

5. Reducing Drug Related Deaths – National Context

- 5.1 We can reduce drug-related deaths, but there are two vital ingredients required. The first is ensuring that there is adequate funding for drug and alcohol treatment services. There has been a reduction in public health funding and the impact of harms to health caused by both alcohol and drugs is not addressed in the NHS Long Term Plan, in relation to how the NHS will invest in both treatment and prevention.
- 5.2 The second element concerns the lack of national policy regarding drugs. Drug treatment remains almost absent from the health policy debate and it is telling that the recently published Green Paper on prevention didn't include drugs. National policy does not seem to be focused on the burden of disease to people and society. If it was, we would see drugs much higher up the agenda.

6. Taking Drug Related Deaths Seriously in North Tyneside

- 6.1 Preventing drug related deaths is something we are taking seriously in North Tyneside. 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 and the Consultant in Public Health are notified of any deaths in treatment and invited to attend the LAAR panel to share learning and to participate in any shared actions.
- 6.2 Key learning to date from the LAAR process and subsequent actions include:
 - Developing a multi-disciplinary team 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
 - Training staff in supported housing to assess drug and alcohol issues

- 6.3** Whilst the LAAR 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.
- 6.4** 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.

7. Next steps

- 7.1** 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.
- 7.2** With the agreement of Northumbria Police and the Coroner's office the proposed review process includes the following steps:
- North ICP suicide and drug related death 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

8. Background Information

The following documents have been used in the compilation of this report and may be inspected at the offices of the author.

ONS Data related to Deaths related to drug poisoning in England and Wales: 2018 registrations

9. Appendices

Appendix 1: Drug Related Deaths: Data Set and Findings from the Coroner Audit