

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

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REPORTED RISE IN DEATHS FROM ALCOHOL AND SUBSTANCE USE

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Summary

This report seeks to demonstrate the trends in Alcohol and Drug related deaths in Medway, report on current interventions to reduce them and recommend future actions.

In this report the term Substances is used when talking about any chemical compound that alters the mind. Where the data or comment refers to a specific substance or group of substances it will be made clear. The report makes no distinction between illicit and legal substances as the legal standing of a substance does not affect its impact on health, also poly drug use is common among people who use drugs.

1. Budget and policy framework
 - 1.1 Treatment and support for problematic use of substances is funded across the entire health, social care and wider community systems. This may be directly and explicitly, for example through the Public Health grant, or indirectly through health, social care and policing budgets. This creates a complex system of funding and service delivery.
 - 1.2 The 2017 Drug Strategy¹ emphasised the recovery / abstinence agenda and sought to tackle crime associated with the drugs trade. The 2012 Alcohol Strategy published under the Cameron Conservative administration sought to tackle binge drinking. There have been no significant alcohol strategies since

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https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/628148/Drug_strategy_2017.PDF

that time. In December 2021 a new drug strategy, “From harm to hope; A 10-year drugs plan to cut crime and save lives” was launched.

2. Background

- 2.1 Throughout history people have used substances to alter their state of mind, this ranges from a morning coffee or an evening ‘nightcap’, through to psychedelic drugs used in religious and spiritual ceremonies. All substances present some level of risk, but some carry more risk than others. Treatment for problematic substance use is often framed in one of two paradigms, firstly the abstinence agenda and secondly the harm reduction agenda. The former seeks to support or prevent people from using substances through things such as peer support (12 steps programmes), legislation (Misuse of Drugs Act 1971) and 2017 Drug Strategy. The latter acknowledges that, while in some cases unlawful, people use substances and the main aim is to prevent additional harms, this may be through interventions such as Opiate Substitution Therapy, Needle and Syringe Programmes, and education (Talk to FRANK). The emphasis between these approaches is not static, is generally politically driven and has changed throughout history.
- 2.2 Using substances can lead to death, this is particularly true for alcohol, opiates, cocaine and some Novel Psychoactive Substances (NPS). These deaths can take the form of poisoning or through long term health implications.
- 2.3 Recently published data² has increased the awareness of deaths linked to substance use and this report presents the situation in Medway.
- 2.4 There are services in Medway that are working to reduce harms and deaths that are attributable to problematic substance use. The impact of these services is measured and reported on.

3. Drug Poisoning

- 3.1 Drug poisonings in England and Wales have increased 3.8% at 2019/20. A rise from 76.7 deaths per million to 79.5 deaths per million. This represents 4561 people dying of drug poisoning in 2020; the large majority of these were males. Opiates and cocaine were the drugs most commonly recorded as the reason for the poisoning, (deaths due to alcohol are not included in these figures) and cocaine related deaths showed greatest increase.
- 3.2 There is a clear “north / south” divide in deaths through drug poisoning with the highest drug poisonings happening in the North East (104.6 deaths / million) and the lowest in London (33.1 deaths / million)³.

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<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/2020/pdf>

³

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/2020/pdf>

- 3.3 Drug poisonings are not spread evenly across all ages; the highest rates are among people in their 40's.
- 3.4 Among homeless people who died in England and Wales in 2020, 38% were related to drug poisoning.⁴
- 3.5 Drug poisoning deaths in Medway show variation but no consistent discernible trend (Table 1 below).

	2020	2019	2018	2017	2016	2015	2014	2013	2012	2011	2010
ENGLAND	4,312	4,115	3,983	3,482	3,450	3,416	3,156	2,734	2,367	2,425	2,509
Medway	25	16	27	14	22	24	27	21	16	8	11

Table 1: Number of deaths related to drug poisoning, persons by local authority and England, registered in each year between 2010 and 2020 (ONS 2021)

4. Deaths from Drug Misuse

- 4.1 Deaths from Drug Misuse is a broader category than drug poisoning. Poisoning relates to an overdose incident whereas deaths from drug misuse would include other deaths where health conditions (directly attributable to substance misuse) were recorded as the cause of death. Alcohol deaths are reported separately and are not included in deaths from drug misuse. Deaths from drug misuse are more complex to accurately capture, and data relies on how individual cases are coded by the coroner and elsewhere in the system. Data is reported on a three-year average. There has been an upward trend nationally in deaths from drug misuse and the reported spike that started in 2011-13 in Medway has settled back in line with the England average (Chart 1). Medway has a rate of 5.3 / 100,000 compared to an England average of 5.0/100,000.

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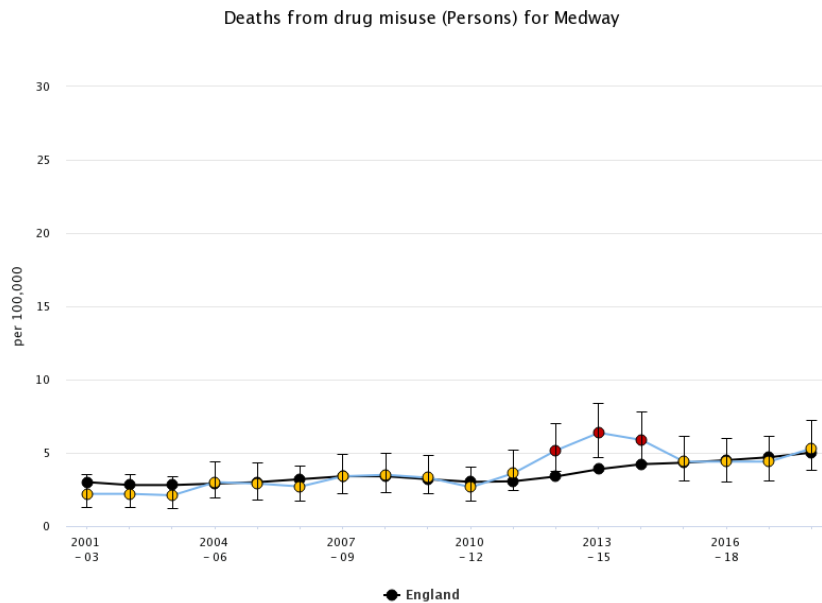


Chart 1: Deaths from drug misuse (Medway) up to 2018-20⁵

5. Alcohol Specific Deaths

- 5.1 Deaths specifically from alcohol use in Medway are below the England average however there is an increasing trend. The data is reported on a three-year basis and it is therefore anticipated that the next data to be released will continue that upward trend.
- 5.2 There is also emerging evidence of an increase in alcohol consumption during the pandemic and lockdowns which is likely to have an adverse impact on health. Alcohol specific mortality indicates deaths that are clearly linked to alcohol use; these are now reported on a one year rather than a 3-year basis. Medway is currently just above the England average and shows a rising trend⁶. Evidence indicates that during the pandemic unplanned hospital admissions for alcoholic liver disease increased between 2019 and 2020. Should this trend continue it can be presumed that alcohol attributable deaths will also continue to increase⁷.

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<https://fingertips.phe.org.uk/search/drug#page/4/gid/1/pat/15/par/E92000001/ati/402/are/E06000035/ii/d/92432/age/1/sex/4/cat/-1/ctp/-1/yr/3/cid/4/tbm/1/page-options/car-do-0>

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<https://fingertips.phe.org.uk/search/alcohol#page/4/gid/1/pat/6/par/E12000008/ati/402/are/E06000035/ii/d/91380/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0>

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https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1002627/Alcohol_and_COVID_report.pdf

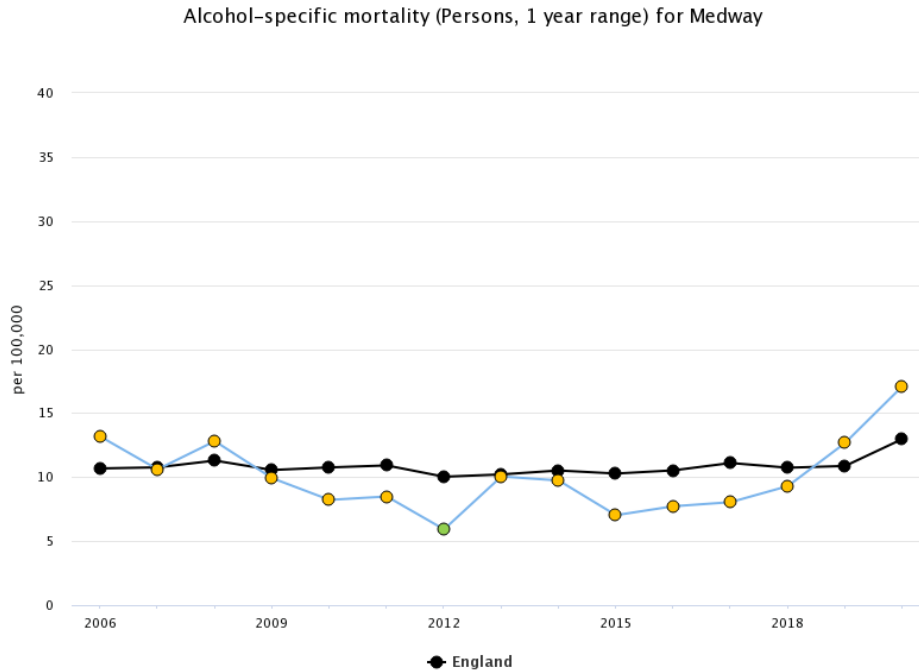


Chart 2: Alcohol Specific Mortality (Medway) up to 2020, presented annually.

6. Current interventions and impact

- 6.1 **Treatment services** are commissioned by Medway Council and managed by the Public Health Team. Evidence based interventions are recognised for their effectiveness in preventing drug and alcohol deaths. Current treatment service delivery is based on a recovery model, with harm reduction delivered as secondary and tertiary prevention. The main commissioned services are made up of two parts: the Engagement Assessment Stabilisation and Treatment service delivered by Turning Point and a smaller Wellbeing and Recovery contract delivered by Open Road. The commissioned services are due to be re-tendered in in 2022-23 and the new model will increase opportunities for preventative measures to reduce deaths where substance use is a significant factor.
- 6.2 Evidence indicates that engagement with treatment services is a protective factor. Pre-pandemic data indicates that treatment is equal to or better than the England average (Charts 3-5 below). Locally reported data indicates that this has continued throughout the pandemic but national data is yet to be published that corroborates this.

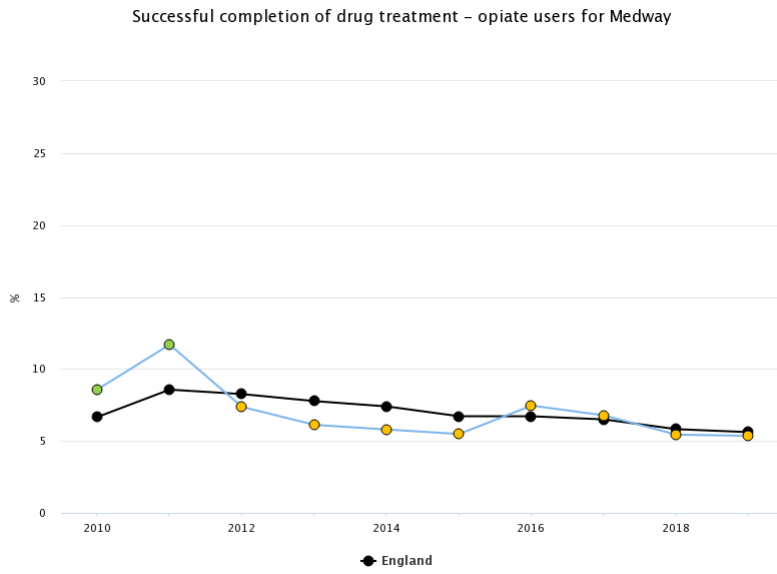


Chart3: Successful completion of Drug treatment for Opiate Users up to 2019 (Latest available data)

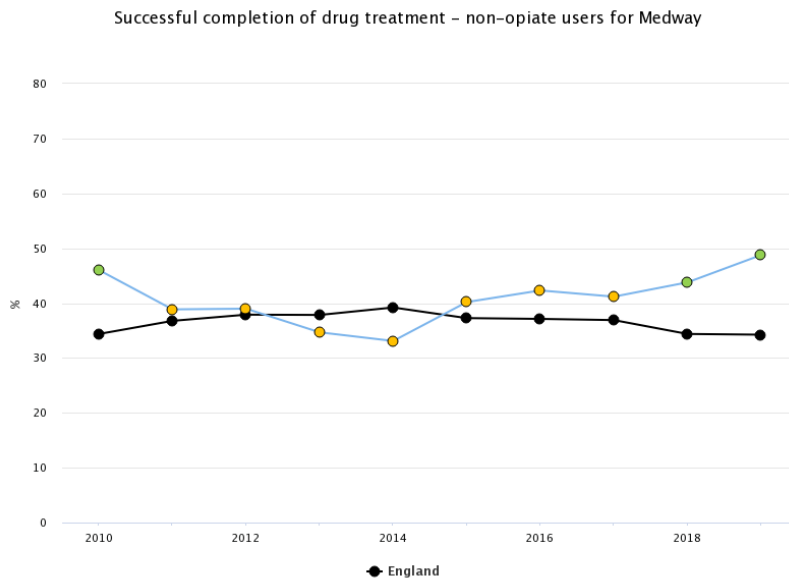


Chart4: Successful completion of Drug treatment for Non-Opiate Users up to 2019 (Latest available data)

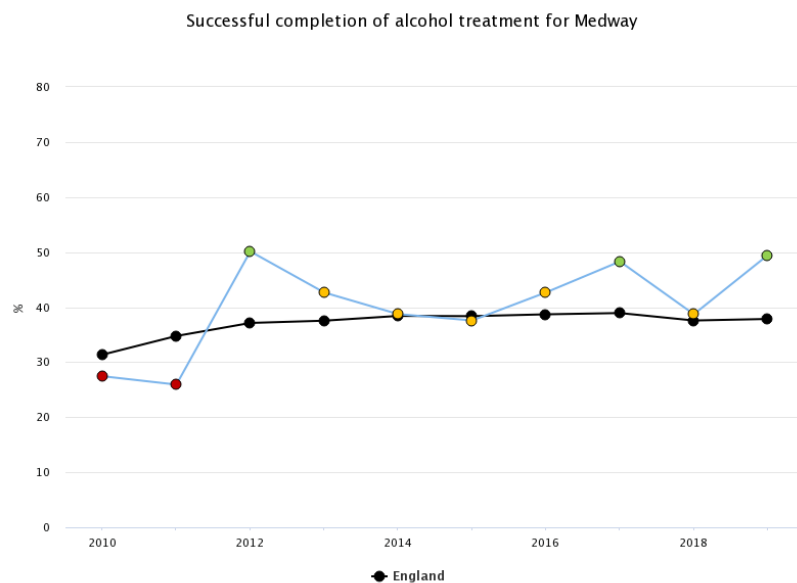


Chart5: Successful completion of Alcohol treatment up to 2019 (Latest available data)

- 6.3 Whilst **Naloxone** (an opiate overdose antidote) has been provided in Medway for many years, this year access has been increased by using non-recurrent grant funding from Public Health England. Medway Public Health have set up a peer-to-peer Naloxone distribution outreach scheme. Peers have been trained and mobilized by an expert in the field, they can then train people who use drugs, friends and professionals how to use Naloxone. This includes supported accommodation, street-based communities, and late-night fast-food outlets. The peers have reported several accounts of how the naloxone they have distributed has been used to reverse an overdose. This project not only saves lives but will also reduce ambulance call out and Emergency Department attendances. The project will be developed to include other health improvement activities, for example Hep C testing, Needle and Syringe programme, clearing up drug litter from public areas, and basic sexual health advice and condoms.
- 6.4 The **Blue Light Project** (BLP) is a multi-disciplinary team that support people who face severe and multiple disadvantages (SMD) of problematic substance use, insecure housing or homelessness, and a frequent user of blue light services (for most clients this is criminal activity). The over-arching aim is to prevent people from falling between the gaps in services. Representatives include people from Public Health, Social Care, Police, Probation, Housing Providers, Rough Sleepers initiative, Third sector organisations and mental health. A referral path has also been established into primary care support. The team discuss the needs of clients and write an action plan intended to minimize risks and maximise opportunity for engagement with services.
- 6.5 Building on the work of the BLP, Medway Public Health established a **Sudden and Unexpected Drug Related Death Panel**. The aim was to review and disseminate the learning from the circumstances leading up to a death where drugs were a significant factor. Data were received from the Coroner's Office, Kent Police, treatment providers and other agencies. The review highlighted

the following as factors in the lives of those who had died and therefore may be indicators that someone is at risk of dying through substance use:

- Opiate use and previous overdoses
- Mental ill-health, adverse childhood experiences or trauma
- Liver disease through alcohol use
- Barriers to services that have occurred due to the persons chaotic or disruptive behaviours
- Transitions between agencies (e.g. prison and community, hospital and community, and a reliance on signposting between agencies rather than a supported referral and transition.

6.6 These factors now form regular lines of enquiry and suggested areas for support at the BLP. The panel is due to be reformed to look at the perceived increase in alcohol related deaths

6.7 Public Health England, now United Kingdom Health Security Agency (UKHSA) and Office for Health Improvement and Disparities (OHID), advocate the use of a **Drug Alerts and local drug information system (LDIS)**.⁸ Due to Medway's historically co-terminus health and social care system an informal and more streamlined process was managed through the Health Improvement Programme Manager of substance misuse. Information is analysed and disseminated through all relevant partners in an effective way as necessary. The process was used for the Isotonitazene contaminated Heroin alert and fact-finding meetings to investigate the impact of synthetic cannabinoid receptor antagonists (aka SPICE) on hospital admissions and ambulance call outs. The South-East region Drugs and Alcohol Network, of which Medway is part, have set up a task and finish group to investigate the feasibility of a regional or joint local LDIS

6.8 Alcoholic Liver Disease (ALD) has been a key factor in alcohol deaths and it appears that early identification opportunities have been missed. To rectify this, Medway Public Health purchased a Fibroscan machine that measures the elasticity of a person's liver and can identify damage sooner than a liver function test. The Fibroscan is loaned to the treatment provider who use it as a screening tool to then give health improvement advice. Where ALD is identified a referral is made into the Hepatology department at Medway hospital. Pathways are also being investigated between the Health Checks delivery team and fibroscanning opportunities.

7. Emerging risks / opportunities

Strategy and Policy Changes

- 7.1 “From harm to hope; A 10-year drugs plan to cut crime and save lives” was released on 07 December 2021. The stated strategic priorities are:
- Break drug supply chains
 - Deliver a world-class treatment and recovery system
 - Achieve a generational shift in demand for drugs
- 7.2 The high-level strategy provides an opportunity as it comes with additional funding, allocations have yet to be finalised, but there is a commitment to continue the additional funding first announced in 2021 through PHE for three subsequent years. The financial value is yet to be confirmed but it will include funding to support additional bed capacity in a new inpatient detox unit in Fareham through the South Central Coast Consortium. Additional money has also been pledged and will be rolled out to areas facing the highest levels of drug harm and then on to all areas; it is unlikely that Medway will be allocated any additional money before year 3 and the amount is currently unknown. The Public Health team will be reviewing the strategy and the announcements for funding before completing a new service specification and recommissioning treatment services to begin in April 2023.
- 7.3 Subject to relevant governance, Medway Council intend to commission an integrated substance treatment service that supports people who:
- Are at increasing risk of having health needs due to their increasing substance use
 - Have health and/or social issues due to their substance use
 - Face severe and multiple disadvantages, and a significant part of that disadvantage is attributable to their use of substances.
- 7.4 The service will also develop and strengthen the support structures for people who use drugs by:
- equipping their friends and family through relevant training
 - recruiting, training and mobilising people with lived and living experience to support their peers
 - training and upskilling new staff, existing staff and the wider workforce (outside the commissioned service)
 - working closely with the criminal justice system
- 7.5 Recommissioning the service will enable commissioners to place additional emphasis on reducing deaths related to substance use through innovation and addressing emerging risks such as NPS.

Drugs market changes

- 7.6 A police review of the drug market covering the period May 2020- May 21 indicates that changes to the market are unclear. However, supply and use have continued through the lockdowns in Kent and Medway. There is an additional risk to vulnerable people who use drugs who may now be in more financial debt to dealers as some methods of income have been interrupted e.g., acquisitive crime or begging. Supply chains for drugs did adapt during the first lockdown but appear to have returned to tried and tested models as society reopened.
- 7.7 In general purity of drugs remains high with only Heroin singled out as having low purity percentage in relation to the price. Any sudden changes in purity can have an increased likelihood of fatal and non-fatal overdoses.
- 7.8 Adulteration of heroin with Isotonitazene (Iso) led to deaths and overdoses in the southeast during August 2021. Public Health England issued a drug alert in response⁹. Since the alert overdoses appear to have returned to previous levels.
- 7.9 In recent years there has been an increase in internet purchase of substances as the drug markets follow the same trend as legitimate retail. There appears to have been an increase in substances, particularly New Psychoactive Substances (NPS), and counterfeit prescription medications, posted directly to people's houses from the sellers. This may have broken the bond between people who use drugs and their 'trusted dealer', which may in turn lead to overdoses where quality and purity of substances are no longer monitored.
- 7.10 Providers and people who use drugs report that there has been a significant increase in the use of NPS, and in particular synthetic cannabinoid receptor antagonists (SCRAs). Although originally a brand name from when they were sold as 'legal highs' SCRAs are often referred to as Spice. Effects include rapid loss of consciousness and collapse. There does not appear to be accurate data captured for ED attendances or Ambulance call outs to identify any increase in illness through SCRA use; this may obscure the true impact. The recommissioning of services provides an opportunity to build in these changes in drug use.

8. Risk management

Risk	Description	Action to avoid or mitigate risk
Workforce	Providers from the substance misuse treatment sector are reporting difficulties in	Additional money and efforts to increase workforce have been promised as part of the 2021 Strategy. Local needs to be

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https://www.cas.mhra.gov.uk/ViewAndAcknowledgment/viewAttachment.aspx?Attachment_id=103825

Risk	Description	Action to avoid or mitigate risk
	recruiting suitable staff. This may be due to higher wages available from different providers or jobs; less people training; and challenging work.	monitored and partnership developed with Health Education England.
Stigmatisation of people who use drugs and the services available to them	Stigmatisation can lead to barriers to services as people will not want to be associated with them. People who used drugs are often viewed solely as offenders rather than people with unmet health needs.	Increase the visibility of the recovery community. Promote 'good news stories' and successes involving people who use drugs. Challenge negative stereotypes with peers and the community.
Weak referral pathways and early identification from acute care into community services	Despite several attempts there is not a robust pathway from acute care into community treatment services	Requests to be made to Medway Foundation Trust leadership to address at trust wide level rather than through each department.
Influx of cheap high strength opioids	Political unrest may lead to an increase in Opium harvest in the main producing country Afghanistan. Alternatively a clamp down on production by the Taliban may result in a 'gap in the market' which is likely to be filled by synthetic opioids from the Far East. Either scenario is likely to increase the number of opioid overdoses	Partnership working with police and providers to identify any changes in quality or quantity of supply.
Collaborative working with Mental Health provision	The diverse nature of mental health provision means that it can be difficult to navigate the system to ensure that appropriate mental	Public Health Manager to sit on the Mental Health Transformation Project to ensure that the needs of people who use drugs are considered.

Risk	Description	Action to avoid or mitigate risk
	health support is accessed	

9. Financial implications

9.1 There are no financial implications to Medway Council arising directly from the recommendations of this report

10. Legal implications

10.1 There are no legal implications to Medway Council arising directly from the recommendations of this report

11. Recommendations

11.1 To note the progress made at reducing deaths from Drug Misuse in Medway and that successful completion of treatment for drugs and alcohol in Medway are above the England average.

11.2 To note that in order to effectively meet the needs of people who use drugs a whole system approach is needed, including early identification of people whose health is affected by substance misuse becomes “everyone’s responsibility” and robust pathways developed into treatment services.

11.3 To note that a local response to the 2021 drug strategy will be developed and agreed by all relevant partners across health, social care, criminal justice and community led organisations.

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Appendices:

None

Background papers:

None