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Drug Related Deaths & Non-fatal Overdoses Blackpool Update 2019

DCI Jon Clegg / Emily Davis

HACAA – Purpose / Objective / Goal

Illicit Drugs – the cost:-

- **£20 Billion – estimated illicit drugs cost to society**
£0.7bn on treatment / £0.8bn on enforcement
£7.8bn on deaths and hospitalisation / £10.7bn on drug-related crime
50% of Serious Violence linked to drugs / 45% of Acquisitive Crime drugs influenced

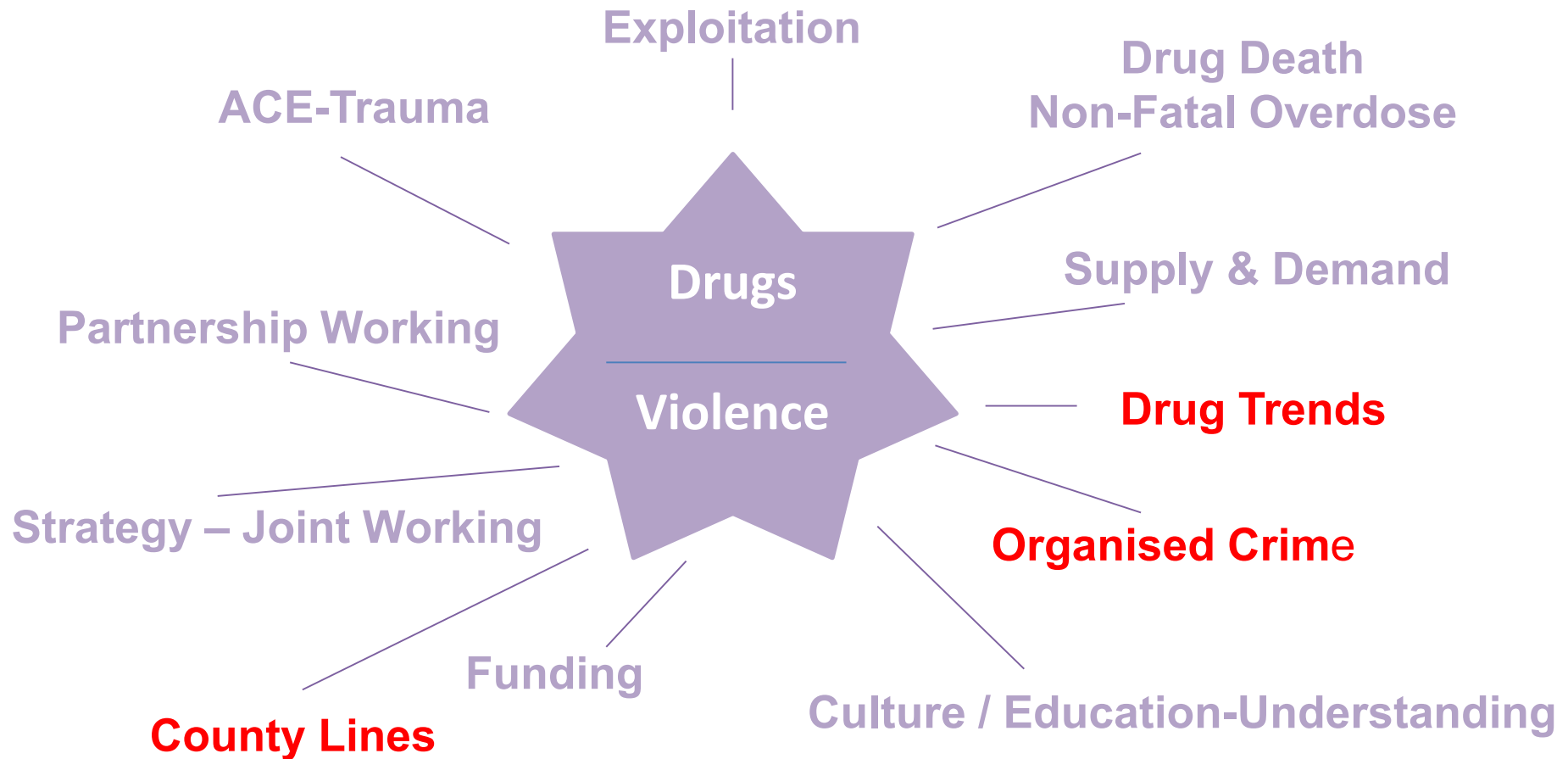
Funding Purpose:-

- H/O funding (Serious Violence Strategy 2018) bringing together local partners to look at ways to reduce heroin and crack use and offending.
- HACAA's would provide local partners and communities with the space to consider response to a variety of public health issues, **particularly around problematic heroin and crack use, links to serious violence and, increase in drug-related deaths.**

Objective / Goal:-

- Improved understanding by forces of the drivers behind local Heroin/Crack use and offending;
- Locally agreed initiatives for tackling heroin/crack use and offending.
- Implementation of the initiatives by local services, and a resulting reduction in health and crime harms from heroin/crack use.

HACAA – Key Health & Crime Harm Challenges



HACAA - Opportunities

- Adopt Harm Reduction over Enforcement approach
- Whole system approach with Public Health focus (Preventable Harm strategic approach)
- Understanding / addressing need
 - ACE – Trauma
 - Vulnerability
 - DRD / NFO
 - Best practise (HAT – Middlesbrough, Glasgow – Courts)
 - Collaboration (Partnerships)

Partnership Working

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Definition's – What are we talking about

- **Drug misuse death** is, “(a) deaths where the underlying cause is drug abuse or drug dependence and (b) deaths where the underlying cause is drug poisoning and where any of the substances controlled under the Misuse of Drugs Act 1971 are involved.” (Office National Statistics 1993).
- **Drug Overdose** is, *the ingestion, accidentally or intentionally, of sufficient drug or drugs to cause injury or death” (Medical Dictionary for the Health Professions and Nursing Farlex 2012)*

Deaths from Drug Misuse (2015-17)

Source: ONS

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	--	-	6,996	4.3	4.2	4.4
North West region	--	-	1,281	6.2	5.9	6.5
Blackpool	--	-	73	18.5	14.4	23.3
Liverpool	--	-	135	10.0	8.3	11.7
Blackburn with Darwen	--	-	37	8.7	6.1	12.0
Manchester	--	-	113	8.3	6.7	9.9
Rochdale	--	-	46	7.6	5.5	10.1
Salford	--	-	51	7.3	5.4	9.6
Oldham	--	-	45	7.0	5.1	9.3
Wigan	--	-	64	6.7	5.2	8.6
Wirral	--	-	61	6.6	5.0	8.5
Bolton	--	-	51	6.2	4.6	8.2
Lancashire	--	-	200	6.0	5.2	6.9
Sefton	--	-	42	5.9	4.2	8.0
Cumbria	--	-	77	5.8	4.6	7.3
Bury	--	-	29	5.3	3.5	7.6
Halton	--	-	19	5.2	3.1	8.1
Tameside	--	-	32	5.1	3.5	7.2
Warrington	--	-	30	4.8	3.2	6.9
St. Helens	--	-	24	4.7	3.0	7.0
Cheshire East	--	-	45	4.2	3.1	5.7
Knowsley	--	-	18	4.2	2.5	6.7
Cheshire West and Chester	--	-	40	4.1	2.9	5.6
Stockport	--	-	33	3.9	2.7	5.5
Trafford	--	-	16	2.4	1.4	4.0

Drug Death Overview

- **1,187** drug-related deaths registered in Scotland in 2018, 27% rise on 2017. (99dpm / 22dpw).
- In the same year there were **4,359** deaths registered relating to drug poisoning in England and Wales. (363dpm / 83dpw).
- 2,917 drug misuse deaths resisted in 2018 in E&W (67%) relate to drug poisoning.
- Cost of a DRD approx. £962,077 (PHE estimation).

North West DRD increase by 59% (+159) (2007 (268) / 2016 (427) (PHE March 2019)

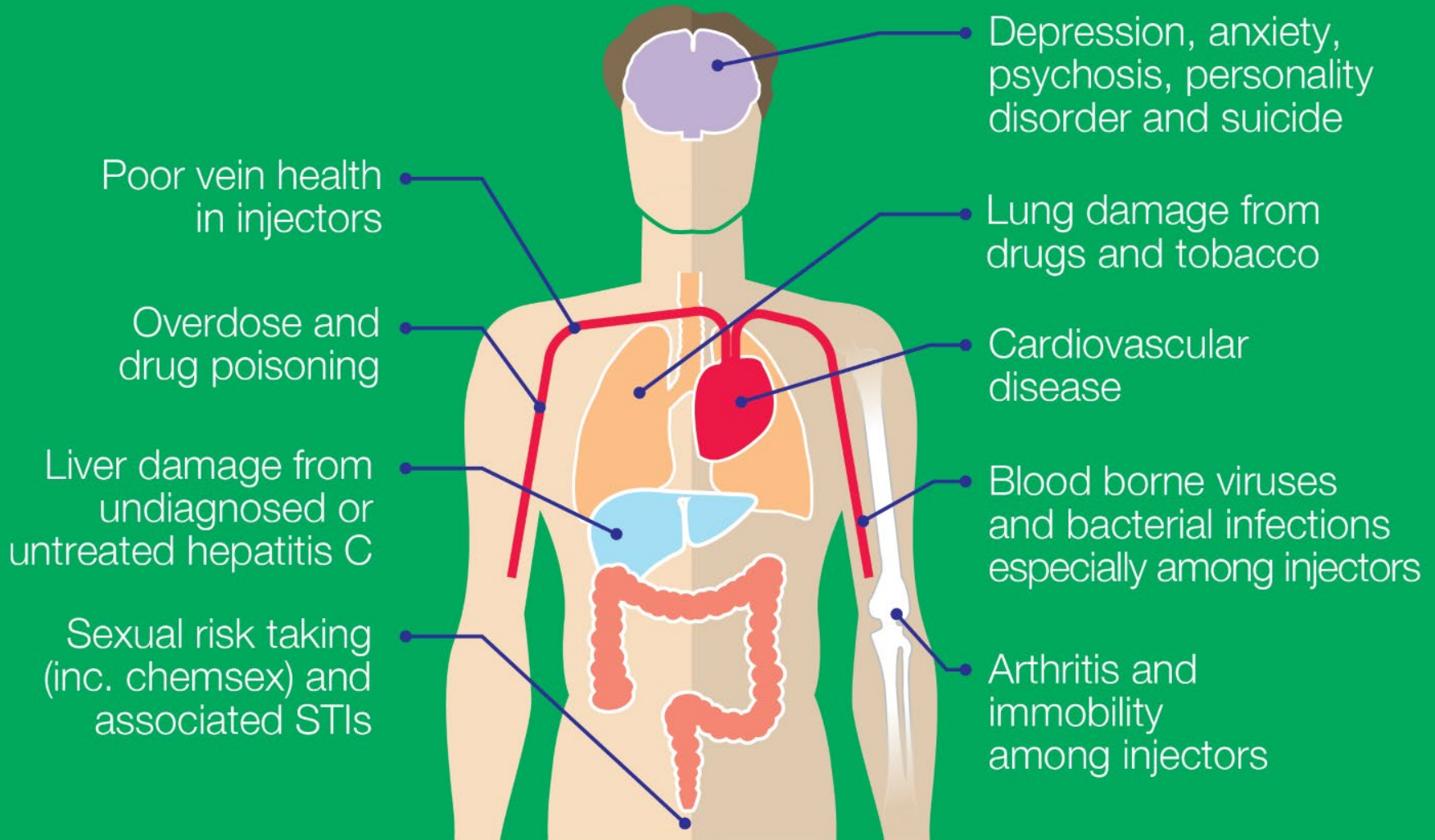
- Lancashire is an outlier due to large population size relative to other local authorities, **highlighting Blackpool's drug deaths at 20.1 deaths per 100.000.**
- The overall drug misuse mortality rate for Blackpool was almost five times England's rate (2015-2017), and **over 3.5 times the North West's.**

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- **Has the highest mortality rate for deaths mentioning heroin & morphine** of any Local Authority in the country (2015-2017) - 8x England's rate.
- 100% increase in deaths from 2010-2017
- 2017 - 26 drug deaths
- 2018 – 38 drug deaths



Drug misuse damages health



Real Time - Drug Related Death / NFO Panel

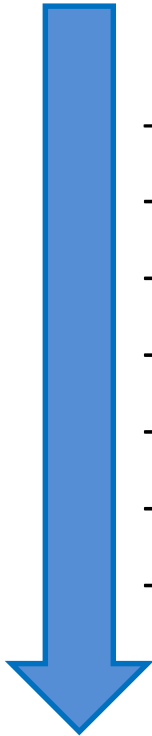
- Designated DRD lead PH & HACAA lead
- Support – Coroner’s Office, Partnership Analytical, Police,
- Supported by CCG Clinical Director and NWAS, Police, Horizon, Fulfilling Lives etc.
- DRD Protocol (Membership)

Membership / Protocol

“The purpose of the review is to identify what lessons can be learned to influence future practice, address potential gaps in service provision and prevent future deaths through a multi-agency whole-system approach”.

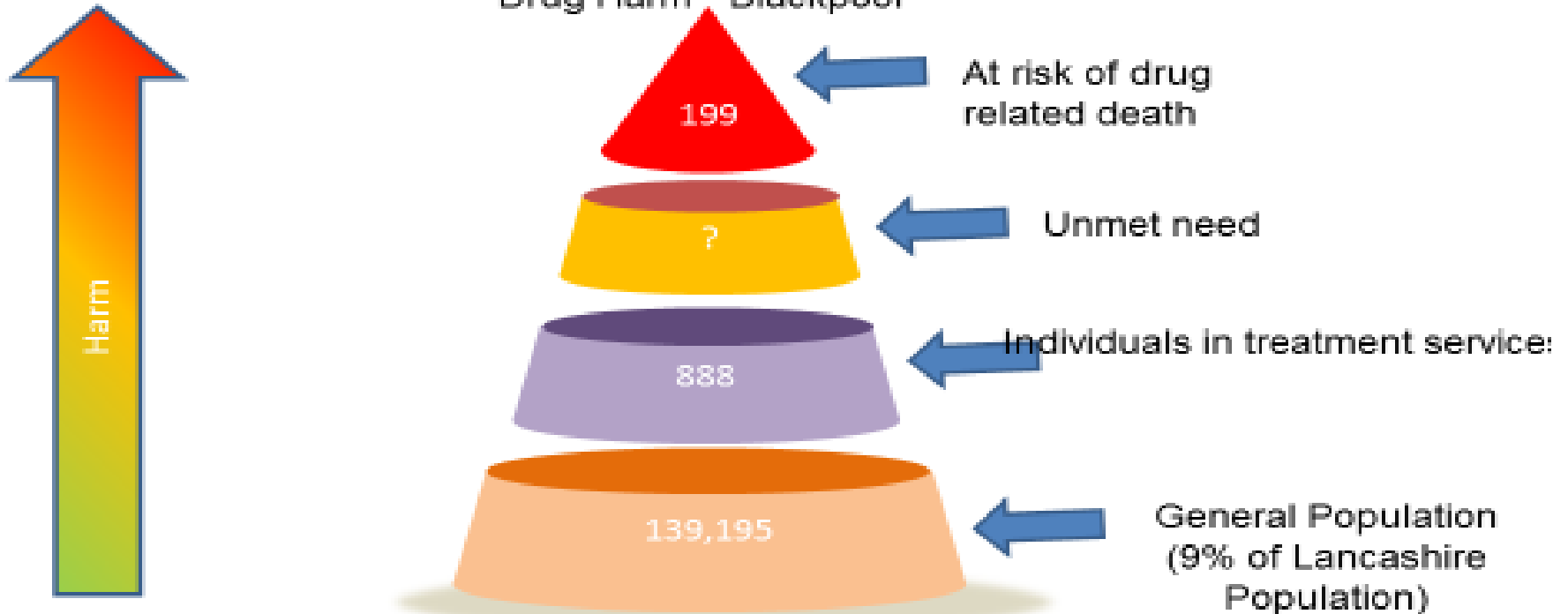


Panel Process



- G72 / SUI (48hrs)
- Questionnaire (DRD / NFO)
- Questionnaire sent out to service providers (return asap)
- Collated information is provided monthly to panel members
- PAM
- Review DRD / NFO / Risk Cohort
- Identify actions / best practise / learning

Needs Analysis Triangle
Drug Harm - Blackpool



So What!!!

- Identified most vulnerable cohort at risk of NFO (Mapping)
- Flagging system (NWS, Police, A&E, MH, PCN's)
- Opiate medication review in Primary Care
- Lancashire Drug Information System
- Drug Testing pilot
- Process evaluation (UCLan)

Next Steps

- Peer to Peer Naloxone programme
- THN Prison release
- 1 Stop Shop (Health, OST & CJ)
- 999 Naloxone provision
- Heroin Assisted Treatment
- Safer Injecting Facility



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Question's

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