

Drug Related Deaths – Update on recommendations

Background

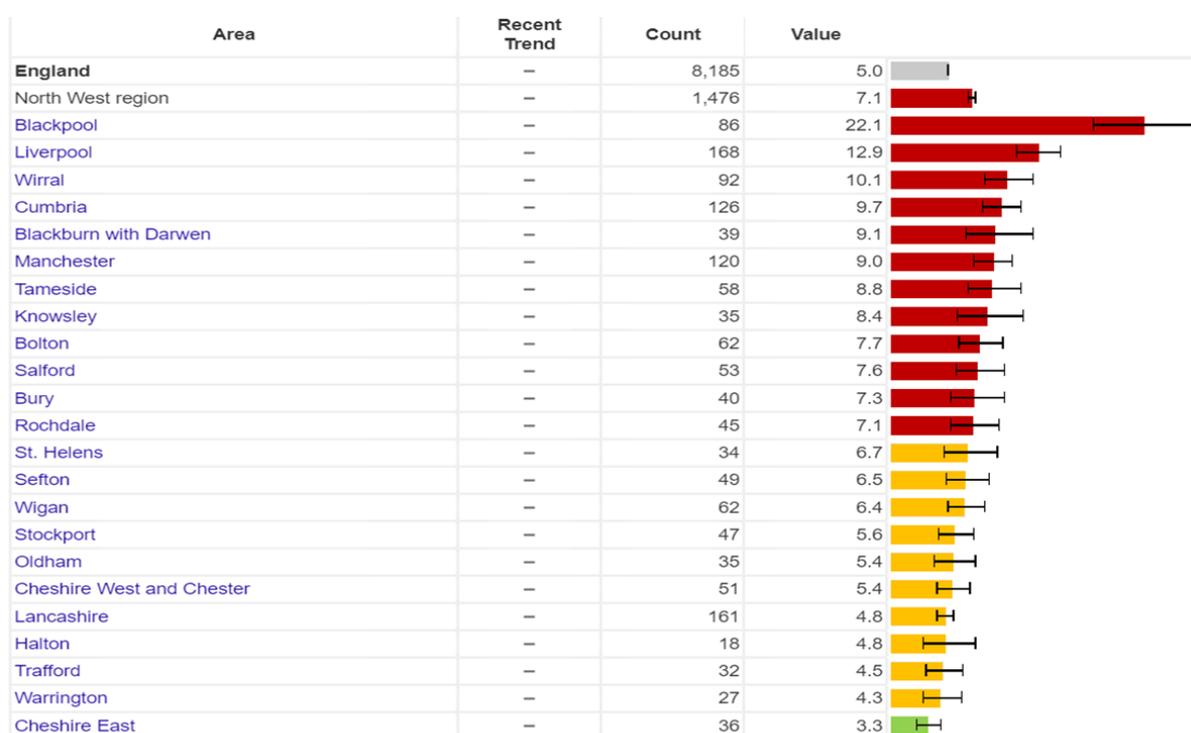
Drug and alcohol misuse are complicated, cross-cutting issues that continue to present significant challenges both locally and nationally. Drug-related harm varies according to the different types of drugs being used and also the way a drug is used, particularly if it is used in combination with other substances

A recent Public Health report (Published March 2019 - Preventing drug-related deaths) highlighted Lancashire as a key area in the North West region for drug related death incidents, summarising the following:

- Drug misuse is a major contributor to premature mortality.
- People who use drugs are up to ten times more likely to die suddenly or from chronic diseases than people who do not use drugs.
- Many of these deaths are preventable.

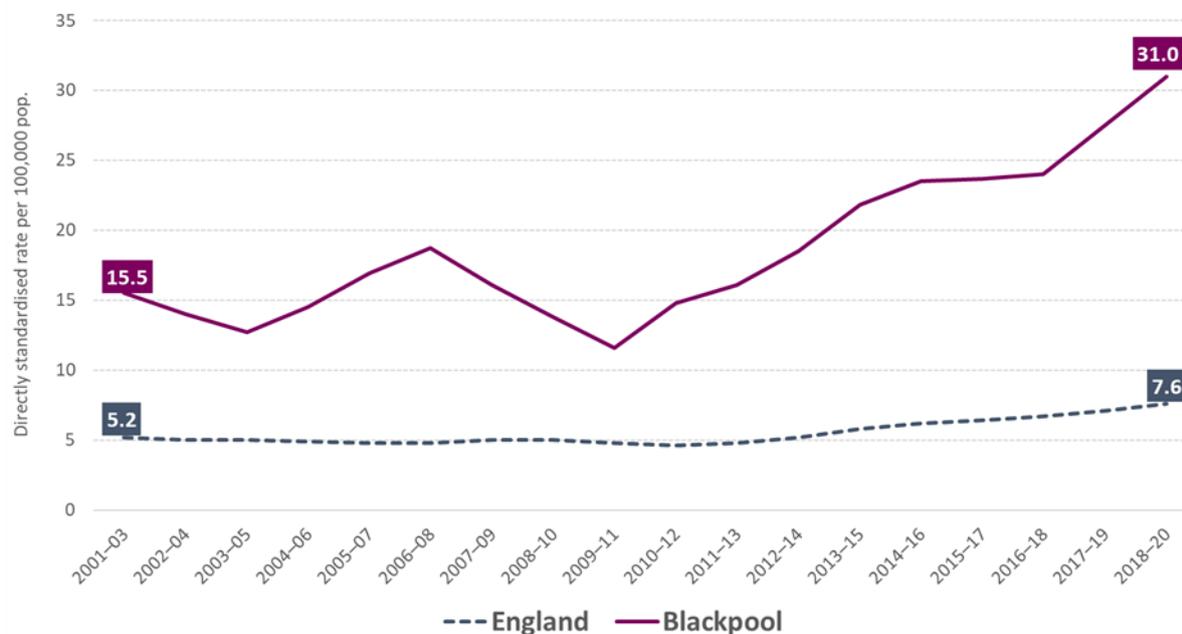
Blackpool has the highest rate of drug related deaths in England, with a rate of 22.1 per 100,000 which is four times higher than the England average of 5.0 per 100,000. Figure 1 shows we compare to other areas in the North West. There were 122 drug poisoning deaths in Blackpool in 2018-20, 86 of these were categorised as drug misuse, with males account for almost two thirds of these cases.

Figure 1: Deaths from Drug Misuse – North West Region 2018-20



As seen in Figure 2 below, there has been a 167% rise in rates since the low of 2009-11 and the number of deaths has increased from 48 in that period.

Figure 2: Trend in deaths related to drug poisoning: 2001-03 to 2018-20, England and Blackpool



A key recommendation arising from the PHE report refers to the need for continued research and investigation to better understand drug-related deaths and their prevention.

Drug Related Death Panel

This panel was developed in May 2019 to provide a preventable harm reduction approach to drug deaths and non-fatal overdoses, through a process of research and evaluation, learning, sharing information, and the examination of related cases.

The panel is led by both a member of the Public Health team and Detective Superintendent Jon Clegg. Detective Superintendent Clegg was originally seconded by the Home Office to work on the National Heroin and Crack Action Areas; a role developed after the publication of the Serious Violence Strategy in April 2018 by Home Secretary. Part of Detective Superintendent Clegg's role is to support the implementation of initiatives that aim to reduce the health and crime harms caused by heroin and crack use. This role was supported by the Home Office and the recent discussion paper, Public Health Approaches in Policing (2019).

The panel has a number of member stakeholders from various organisations including the Coroner, CCG representatives, drug and alcohol treatment and harm reduction services, the Lived Experience Team, Primary & Secondary Health Services, Housing, Probation, Prisons and the Police. Membership is continuously reviewed as roles change and the panel processes evolve.

As a result of the panel process and continuous analysis of cases, many actions have been developed that aim to improve the lives of people who use drugs and to prevent further deaths. The aim of the action plan is to scope out and understand the drivers behind problematic heroin, crack and related drug misuse to gain a better understanding of why there have been increases in drug related deaths

(DRDs) and non-fatal overdoses (NFOs). This learning can then be used to help develop interventions that reduce the harms associated with drug misuse and prevent further deaths.

Partnership working (e.g. local authority, health, policing and treatment providers) is a key aspect to the success of this action plan, together with the development of data, information and intelligence by all partners, agencies and third sector groups connected to the action plan. Members of the panel will be committed to actions and held to account in developing best practice processes to support interventions in reducing DRD's and NFO's.

The action plan incorporates a problem solving approach to identify the nature and extent of problems, as well as consider the interventions that could deliver more sustainable solutions in DRD's and NFO's in Blackpool. The following interventions have been identified as part of the process:

- North West Ambulance Service Data – We currently receive real time information on NFOs from the Police. Police attend a fraction of the NFOs with the majority attended to by NWAS. We are working with partners across the North West to implement a patient identifiable NFO alert system to ensure we target those at risk and prevent further deaths
- Overdose awareness campaign – to raise awareness of signs of overdose, how to prevent them and what bystanders can do in the event of an overdose.
- Update harm reduction materials for dissemination across all services – e.g. information on safer injecting, advice on new emerging drugs.
- Naloxone Campaign with local businesses – to encourage more people to carry Naloxone and use it if they encounter someone overdosing.
- Community Naloxone Distribution – In areas of high prevalence of DRDs/NFOs
- Round Table Discussion led by Transform Drugs Policy Foundation
- Harm reduction training for people who use drugs (PWUD)
- Warrior Down initiative – PWUD supporting one another to prevent DRDs
- Assertive Outreach - ensuring support and services are taken out to people, especially if they have disengaged from treatment.
- ADDER Interim Evaluation – Action plan highlighting areas of improvement for stakeholders
- Evaluation of Buvidal - a long acting form of opiate substitute treatment
- Training analysis and training offer
- Provider serious untoward incident process (SUI) and action plan – The treatment provider as part of the SUI process must complete an investigation into each death to highlight any areas for improvement and share learning with wider partners.
- Work with microbiology/Health Protection to develop pathways into treatment for people identified as having bacterial infections.
- Explore the use of onsite drug safety testing within community services.
- Explore Blackpool becoming a pilot area for an overdose prevention centre.

Comorbidities

Through real time analysis of suspected drug deaths (pre inquest), the panel has identified a number of areas of concern including the poor health of PWUD. In response to this we have a designated homeless health care team who work with all PWUD. The offer includes a full health check, wound management, D-Dimer cassettes to identify DVTs and all blood borne virus screens. We are exploring spirometry due to high number of PWUD with chronic obstructive pulmonary disease (COPD), as well as other preventative health measures such as FibroScan, for assessing liver fibrosis/cirrhosis.

We now have robust pathways in place between the emergency department (ED) at Blackpool Teaching Hospitals NHS Trust, treatment services and the Homeless Health Service in an attempt to prevent drug related deaths and further admissions to hospital.

The Lead pharmacist within the ED has developed a protocol to issue Naloxone kits to PWUD accessing their service.

The clinical lead within the ED chairs regular drug and alcohol meetings and now has a designated drug and alcohol team. The Lived Experience Team will be delivering trauma informed approaches/reducing stigma training to all ED staff to help improve the care people receive.

Criminal Justice

Since the introduction of the Home Office ADDER pilot, Public Health and criminal justice partners have been working closely to establish robust pathways for PWUD within the criminal justice system.

With the introduction of the prison leavers' project led by the Lived Experience Team, a Prison Inclusion Meeting has been established. The meeting will involve prison drug and health teams, prison in reach/prison leavers' projects, probation and treatment providers with the aim of reducing any gaps in care pathways between prison and the community for PWUD and/or alcohol, reducing the risk of relapse and drug related deaths.

Custody out of court disposal and diversion pathways and referral processes have been developed. Training is available for all custody staff and designated community workers/Lived Experience Team have now been through Police clearance and can access and support people within the custody suite, with the following in development:

- Introduce a custody needle exchange and training in using naloxone for all custody staff
- Police naloxone pilot
- Test on Arrest – Reintroduce drug testing in custody to see whether more people are identified and to support care pathways into treatment.
- Probation have been in integral part of the ADDER MDT and will attend Prison Inclusion meetings to ensure continuity of care.

Update on Recommendations from the Committee

Recommendation One:

That services, led by Emily Davis and Jon Clegg, work together to map the location of death, place of residence, and location of non-fatal overdoses and related organised crime in order to identify where to target joint resources and to share the intelligence as appropriate, reporting back to Committee in six months on progress.

Figure 3: Heat map of suspected drug deaths and non-fatal overdoses across Blackpool, including locations of organised crime groups 2019-2021

Figure 4: Map of suspected drug deaths and non-fatal overdoses across Blackpool, including locations of organised crime groups 2019-2021

Figure 5: Council Ward Map of suspected drug deaths and non-fatal overdose across Blackpool including locations of organised crime groups 2019-2021

**Three maps detailed above have been developed but due to information governance we are unable to share this information in the public domain.*

The policing focus on County Lines and Organised Crime Groups comes through the Serious Crime Tasking Meeting. This is a fortnightly meeting chaired by the Detective Chief Inspector, the known County Lines are each allocated to a team for disruption and all of the work is documented under Operation Warrior. The Teams feedback what progress has been made towards disrupting and dismantling the lines and priorities are agreed as to how the work should be progressed. This allows the close monitoring of the drug supply picture in Blackpool and the risk associated with each line, allowing the most appropriate resources to be allocated to those with the most risk.

The Project ADDER policing team is focussed on County Lines and Middle Market Drug Supply, they are tasked through the Serious Crime Tasking Meeting. As well as the Inspector, Sergeant and four Police Constables the team has a Local Intelligence Officer, an Intelligence Analyst and a Financial Investigator. This means the team can quickly develop any intelligence into an actionable intelligence product, allowing a real focus on current patterns.

Operation Fosston was implemented in Blackpool providing a multi-agency approach to cuckooing (where a person's home is taken over by others who are exploiting them), a common tactic for county lines. This provides a real wrap-around for the individual and increases the safeguarding around them. The partners involved include Blackpool Council, NHS and the Project ADDER multi-agency team. The operation has been adapted and implemented across the other areas of West Division.

We work closely with Operation Medusa, which is the Merseyside Police County Lines Team. They work in Blackpool approximately every two months and are a plain clothes team who will target street dealers. They have had real success in identifying previously unidentified groups and supporting targeted work around existing groups and hot spot areas.

As part of the multi-agency work, an ADDER emergency response worker has been employed. They are vetted to allow them to access and work in the custody suite at Blackpool, allowing people who use drugs immediate access into drug treatment services, as well as being able to signpost to other support services. The worker liaises closely with the Police ADDER team and has been heavily involved in the safeguarding and outreach work carried out by the police. This has meant that people who were unwilling to engage with the police have had the opportunity to engage with someone outside of the enforcement community, which has proven particularly useful in breaking down the barriers some people feel when speaking to the police.

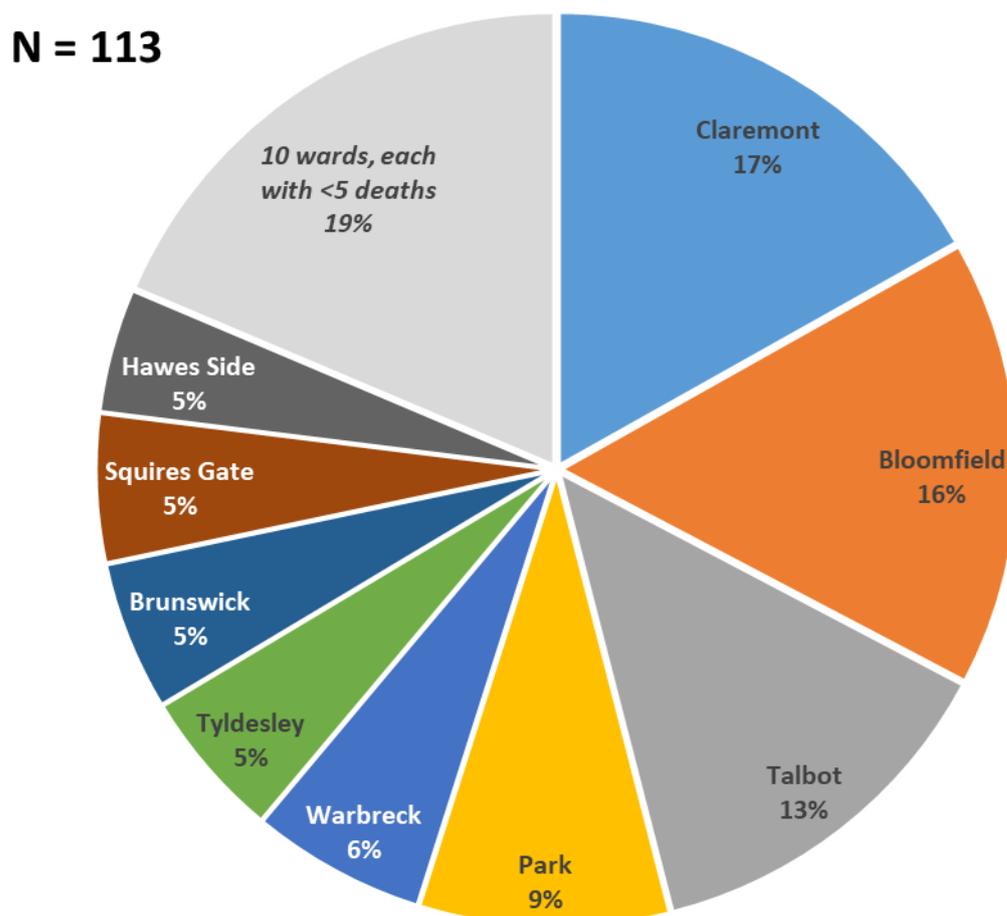
As part of the DRD/NFO Panel, we have been able to access the Lancashire Constabulary Forensic Testing Laboratory. This has meant that as well rapid testing samples from drug related deaths, we have been able to get items tested from non-fatal overdoses or instances where we believe the drugs are the same as those from an NFO. This has provided an informed picture of what drugs are in circulation in a much quicker timeframe than has previously been the case.

Work is ongoing to put a needle exchange in to Blackpool Custody Suite in order that any intravenous drug user would not be released from custody without access to sterile needles and associated paraphernalia, thus preventing them from dangerously going into withdrawal or putting their health at risk by having to share used needles.

Similarly Take Home Naloxone from the custody suite is being explored as a way of providing additional safeguarding.

Intelligence is shared across numerous agencies through various formats such as the non-fatal overdose work (where any overdoses that have been reported to the police are researched and details shared with partners to address safeguarding), the young and adult ADDER multi-disciplinary team meetings, Changing Futures meetings, Drug Related Death Panel, Council Risk Management Meeting, the Community Safety Partnership, GENGA meeting, plus the strong working relationship between Public Health and the Police. This close working ensures that problems are quickly identified and shared, the correct lead agency identified and a multi-agency response coordinated and delivered.

Table 6: Suspected Drug Related Deaths by ward: 2019-2021



The above graph shows the number of suspected drug deaths by ward during the reporting period 2019-2021. These notifications are received in real time from both Police and drug treatment services and are classed as suspected until an inquest has been carried out by the local Coroner.

- Over 80% (92) of DRDs are from 9 wards
- 10 deaths were from the four hostels in town (situated in Brunswick, Claremont and Warbreck)
- The 10 wards with <5 DRDs over the period are Anchorsholme, Bispham, Clifton, Greenlands, Highfield, Ingthorpe, Marton, Stanley, Victoria and Waterloo

Recommendation Two

That Public Health continue to work in order to increase messaging about Naloxone use and the importance of not being alone when using drugs and report back to Committee on the interventions put in place in approximately 6 months.

The ADDER and Lived Experience team have distributed a total of 257 Naloxone kits this year whilst on outreach. In addition to that, Horizon Treatment Services have distributed a further 321 Naloxone kits to people in treatment.

Public health are planning a communications campaign to coincide with overdose awareness day. The campaign will incorporate posters, outreach activities and information sessions through needle exchanges, pharmacies and community centres. The information will focus on reducing stigma, overdose awareness, not using alone and harm reduction advice.

The original ADDER brief highlighted a desire for the local Police force to carry naloxone. This has been piloted in other forces including the West Midlands back in 2018. Many Police forces across the United Kingdom now carry Nasal naloxone routinely. A strategic paper has been submitted to the Chief Officer Team proposing that a pilot is run with the Police ADDER team to carry Naloxone, should the pilot prove successful this will be rolled out across the force area. The Chief Officer Team are keen for this to go ahead however the legalities of how this will work are still being worked through, it is expected that the policing team will be trained and carrying Naloxone in the next few months.

Recommendation Three

That Karon Brown and Emily Davis commence work on a comparative costing of Heroin Assisted Treatment and Overdose Prevention Centre's to share with all partners and identify what aspects could be legally introduced into services already being provided in order to make an immediate impact, reporting back to Committee in approximately 6 months.

Recommendation Four

That the Council led by the Cabinet Member for Adult Social Care and Health continues to lobby Government to change the legislation to allow the local authority to introduce a drug consumption room including the lobbying of local MPs.

Despite Karon Brown retiring, Public health are still exploring the feasibility of both Heroin Assisted Treatment and Overdose Prevention Centres.

Heroin Assisted Treatment (HAT) involves the provision of medical-grade heroin - also called Diamorphine - to registered patients as part of a treatment programme. Patients attend a clinic once or twice a day, and use their prescriptions on site, under medical supervision. It is normally for

people who have not had success with other treatments. HAT reduces health problems and stops the risk of overdose, as patients are given a carefully measured dose to use. People can also access safer injecting advice and onsite healthcare to treat injecting wounds and other health issues. The use of sterile injecting equipment means no infections from needle sharing, including HIV and hepatitis C, occur.

Overdose Prevention Centres (OPCs) are hygienic, safe spaces where people are able to take drugs safely under the supervision of trained staff. They have access to sterile equipment and staff can respond immediately to overdose. OPCs also provide an opportunity for brief interventions and advice, or for people to be referred to drug treatment, mental health services, wound care, blood testing and other support

Whilst the Government will allow a HAT; we are still yet to see an OPC in this country whilst these have been in operation since the 1980s and there are nearly 200 across Europe, Australia and North America.

Public Health along, with colleagues from the Police and drug treatment services are involved in National sub-groups and currently speaking with various academics supportive of OPCs about Blackpool piloting an OPC. Public Health will update scrutiny members with progress in this area.

Recommendation Five

That the CCG's medication optimisation team work with GPs to ensure safe prescribing methods were embedded within practices with an update on progress provided in approximately 6 months.

Recommendation Six

To request that the CCG and Integrated Care Partnership work collaboratively with all partners to reduce the long term negative health effects of prescribed controlled medication with an update to be provided on the interventions put in place in approximately 6 months.

Blackpool, Fylde and Wyre CCG has started to develop a process for practices to focus on opioid prescribing and have put out a statement from the CCG recommending a maximum 'morphine-equivalent' dose. The CCG are now looking at progressing things again across Lancashire and South Cumbria.

It is worth noting that since the original drug related death scrutiny meeting in 2021, the landscape within the community has changed when discussing Gabapentin and Benzodiazepines. We are now seeing large numbers of illicit medications within Blackpool. Many of these medications claim to be one thing but when tested are often something else entirely. With the introduction of the drug testing pathway developed by Lancashire Constabulary, we can now have pills and other illicit drugs tested within a very short time frame. The tablets/drugs are tested for purity and adulterants and results are reported back to the ADDER and Lived Experience Team in order that they give their clients harm reduction advice and information.

Recommendation Seven

That the Council and Blackpool Clinical Commissioning Group be requested to continue the outreach homeless provision continue post pandemic and that the Committee receive an update on the provision and impact in approximately 12 months' time.

The need for a homeless health service was identified following a Health Protection led outbreak control response to Invasive Group Strep A (iGAS) which is a notifiable infection. The initial pilot

aimed to deliver a physical health offer to people who are homeless and/or in unsuitable accommodation, people who inject drugs and people with multiple disadvantage. The physical health offer includes wound management, screens for blood borne viruses, vaccine status and vaccines, management/review of long term conditions, sexual health screens, minor ailments and minor injuries, support accessing treatment for Hepatitis C and full holistic health assessments.

The service is delivered from both a static clinical space within the Bridge Project, a local homeless shelter providing food, clothing, showers and support/advice and from other services. The service also includes a mobile offer delivered from the harm reduction bus. This is parked in a variety of areas dependent on need e.g. outside busy pharmacies offering needle exchange. During January and November 2021, 36 ADDER clients were referred to the Physical Health Outreach Team via the ADDER team. The most common reason for referral was for assessment and/or treatment of an acute illness, followed by wound care.

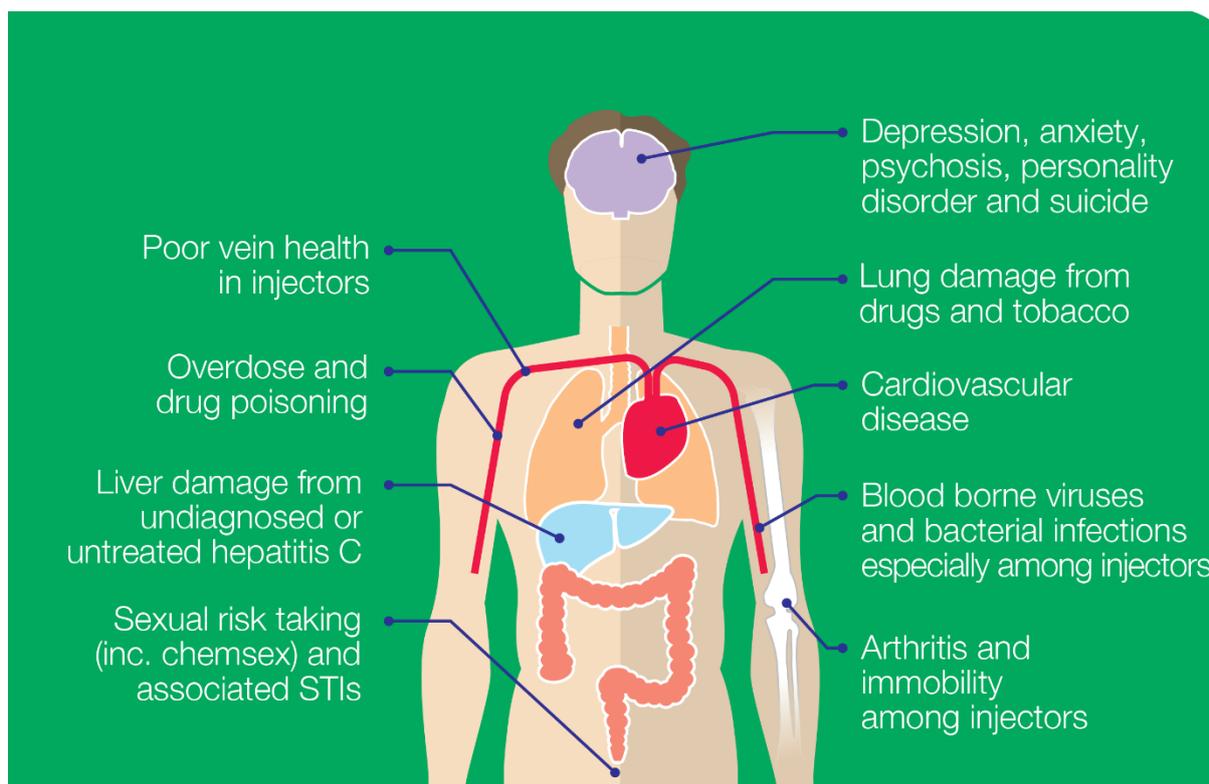
The CCG have now confirmed funding and are continuing to evaluate the service going forward.

Recently the homeless health team responded to an outbreak of PVL-MRSA within a local HMO. The team responded by liaising with public health and health protection and swabbing everyone within the property. Marketing materials were developed highlighting safe injecting practices and wound management. Take home wound packs were also made available by the team.

The homeless health team have developed other areas of health support alongside their physical health and wound management clinics:

- Podiatry clinics
- Cancer screening sessions – Initial session's involved cervical screens for women. Exploring other sessions for men.
- D-Dimer Kits are now available to the team – These kits identify deep vein thrombosis (DVT) in injecting drug users.
- A mobile Broomwell Electro Cardio Graph (ECG) mobile kits now available within the service
- The team have conducted a dental scoping exercise with a view to offering dentistry to the client group
- In discussions with CCG regarding a respiratory pathway
- Health screening for ADDER & Changing Futures clients
- The team are involved in an End of Life pathway for people with multiple disadvantage
- Signposting/Hand holding into secondary care (support care navigator to link primary and secondary care for hard to reach patients)
- Strong links with both NWAS and the Emergency Village at Blackpool Teaching Hospitals to ensure people with multiple disadvantage do not slip through the net

The following figure shows the physical and mental health risks associated with drug misuse.

Figure 7: Drug Misuse Damages Health**Summary**

The DRD/NFO panel has made positive connections with many partners over the last three years and continued to develop relationships and pathways during the pandemic. The way in which both the ADDER and Lived Experience Team work has had a positive impact on the lives of many people at risk of a drug related death and we will continue to evaluate this way of working over the coming months.

The panel will continue to evolve and we will include dependent drinkers and the prevention of early deaths in this cohort during 2022-23.

Public Health are in the process of developing a three year harm reduction communications strategy taking the learning and actions from the panel process. The strategy will focus on early prevention of comorbidities, updated harm reduction messages in line with current drug trends and an increase in the distribution of Naloxone and overdose awareness campaigns.