CUMBRIA HEALTH AND WELLBEING BOARD

Meeting date: 29 November 2017

From: Director of Public Health

STRATEGIC APPROACH TO DRUG HARM

1.0 EXECUTIVE SUMMARY

1.1 This report provides the Health and Wellbeing Board with an overview of the current situation regarding drug harm in Cumbria and describes existing council and multiagency work in this area. It then summarises the new national Drug Strategy and the future strategic approach to this issue.

2.0 LINKS TO THE HEALTH AND WELLBEING STRATEGY

2.1 A strategic approach to drug harm is in keeping with the following priority areas of the Cumbria Health and Wellbeing Strategy 2016-19:

- Tackling health issues where Cumbria is performing poorly
- Tackling health inequalities
- Improving the quality of health and care provision
- Creating a health and wellbeing system fit for the future

2.2 In addition, this strategic approach will contribute to the delivery of the following key activity areas in the Health and Wellbeing Strategy:

- Improve mental wellbeing of children and young people
- Improving the mental health and wellbeing of adults

3.0 RECOMMENDATION

3.1 That the Board notes this paper from the Cumbria Multiagency Drug Harm Prevention Group, endorses the work of this group, and confirms that proposals to rebalance local opiate treatment models towards greater flexibility around longer term substitute prescribing, as set out in Paragraph 4.8, remain in line with the ambitions described in the Health and Wellbeing Strategy.
4.0 BACKGROUND

4.1 Definition of drug-related harm

The Cumbria Multiagency Drug Harm Prevention Group defines drug-related harm as:

*physical, mental or social harm arising from legally prescribed or purchased drugs, or from illegal drugs.*

This broad definition allows the consideration of more than just illicit drug use. It encompasses suicides, intentional and accidental overdoses; the harm (such as addiction) that can arise from legal drugs; and the wider societal harm from drugs that goes beyond the individual who takes a particular substance.

4.2 Drug-related harm in Cumbria

The following are examples of some of the current drug harms seen in Cumbria.

**Drug poisoning deaths** can be due to legal or illegal drugs and can be accidental poisonings or suicides. Nationally at present such deaths are at the highest level ever recorded, with 69% of them involving illegal drugs. 77% of drug poisoning deaths nationally are accidental. The latest information on drug poisoning deaths in England and Wales is produced by the Office for National Statistics (see background papers).

At present only data on those drug poisoning deaths that involve illegal drugs (also known as drug misuse deaths) is available publically. As the council does not have access to the public health mortality file at the current time, we are not able to ascertain the total number of all drug poisoning deaths for Cumbria, or the proportion of these deaths that are accidental as opposed to suicide.

Deaths in Cumbria involving illegal drugs have shown a sustained increase since 2010. While death rates are rising at a similar rate across England as a whole, this rise started slightly earlier in Cumbria meaning that the local death rate is currently significantly higher than the national average.
Across the last five years the districts with the highest death rates have been Carlisle and Barrow.

**Ambulance call outs**: over the three years between April 2013 and March 2015 overdose and poisoning accounted for 10 % of all injury related ambulance call outs in Cumbria (4257 call outs).

**Hospital admissions**: there were 153 admissions to hospital for poisoning by illicit drugs for Cumbrian residents in 2014/15, and 688 admissions for drug-related mental health and behavioural disorders. Cumbria has a higher than national average rate for both these causes of hospital attendance.

**Mental health**: Suicides due to drug poisoning are another type of drug harm. Based on the most recent in depth suicide review, one in five male suicides and just less than one in two female suicides in Cumbria are due to poisoning. Dual diagnosis refers to the situation where an individual has a serious mental health diagnosis and also misuses drugs or alcohol. People in Cumbria with a dual diagnosis often have complex needs and this group tends to have high service use.

**Crime** There were 881 drug offences recorded in Cumbria in 2016/17. Barrow and Eden are the districts with the joint highest rates for these offences currently, with Carlisle third. The number of these offences has reduced by over a third since 2014-15. The government estimate that between a third and half of all acquisitive crime is committed by people who use drugs.

**Impact on children and young people**: approximately 36 children a year lose a parent to drug poisoning death in Cumbria. One in five of those who use Cumbria’s substance misuse service lives in a household with children. Cumbria’s Child Death Overview Panel has recognised that a disproportionate number of the cases they review happen in families with parental substance misuse.

### 4.3 Current council commissioned services and responsibilities

Under the Health and Social Care 2012 Cumbria County Council has a duty to take such steps as it considers appropriate for improving the health of its population. In addition, it has responsibility for commissioning alcohol and drug misuse services. The relevant services currently commissioned by the council are described below.
The council commissions a recovery (or becoming substance-free) oriented integrated treatment system which is delivered by Greater Manchester Mental Health Foundation Trust under the ‘Unity’ brand.

This involves a range of recovery services to individuals affected by a range of substances, including alcohol, illicit drugs and over the counter and prescribed medication. Clients can self-refer or referrals can be made through GPs or other agencies such as Adult Social Care, Children’s Social Care where parental substance misuse is found or through criminal justice routes.

Upon first contact or referral, clients attend a ‘Your Choice’ meeting where they meet staff and people already in recovery. These meetings include the formation of an individual assessment and recovery plan which may involve working together with others, options for detoxification and community rehabilitation/recovery where appropriate, links with local recovery networks and other relevant help. This approach puts the client in control of the options and ensures they have a significant stake in their recovery journey.

**Community Rehabilitation**

The service is focused on clients getting well in their local community and in partnership with three Cumbrian recovery-focused organisations (Cumbria Gateway, Turning Point and The Well). There are opportunities to be a part of a full local rehabilitation program where the client still lives at home whilst attending a day programme wholly focused on abstinence based recovery.

**Detoxification**

Becoming drug and/or alcohol free is an important recovery option and will bring many ongoing health and wellbeing benefits. The Unity team works to prepare and manage a client's detoxification either in the community or, where necessary, as an inpatient with an NHS partner service.

**Opiate Replacement Therapy**

As part of the recovery focused service, Unity explores putting in place substitute prescribing for a period of time agreed in the client’s recovery Plan, with a view towards planned reduction and/ or detoxification. This is overseen in the recovery centres in Carlisle, Barrow, Kendal, Workington and Whitehaven. Clients with limited access to recovery centres can be seen in Primary Care in what is known as Shared Recovery.

Unity is committed to supporting people to volunteer as Peer Mentors. The service encourages people with lived experience of the challenges related to problematic alcohol and drug use to train and get involved in supporting others as they progress in to their recovery.

**Harm Reduction**

A significant element of the service is focused on harm reduction. This service is offered to those who may be still using illicit substances and is designed to limit the harm that may occur through sharing needles, injecting inappropriately, mismanaging wounds and engaging in other high risk behaviours.

Clients are offered clean injecting equipment through needle exchange facilities. These exist in the recovery centres and in a number of participating community pharmacies. Used needles are taken in and safely disposed of and clean needles given in return. In the recovery centres this is also accompanied by regular wound clinics, alongside information, advice and guidance on other matters such as sexual
health. Clients are also offered HIV and Hepatitis C testing and onward referral as appropriate into secondary care. This work is especially important as the county has a significantly higher than average rate of injecting drug use, the highest risk group for drug-related harm.

There are currently over 1400 adults in specialist drug treatment in Cumbria and over 800 in specialist alcohol treatment. The most recent public data suggests that the county’s drug treatment rates are in line with the average rate for England. In contrast Cumbria has a greater than average rate of adults in specialist treatment for alcohol misuse.

In the Public Health Outcomes Framework, successful completion of drug or alcohol treatment is defined as leaving treatment drug-free, and not returning within six months. On this basis Cumbria is the most successful local authority of 23 in the North West in terms of treating ‘opiate users’ (people addicted to heroin and similar drugs). In 2015 13 % of people in treatment for opiate use completed it successfully. It is the third most successful local authority in the North West in treating people addicted to other drugs, and the sixth most successful in treating people with alcohol misuse. On all these measures Cumbria is performing significantly better than the national average.

4.4 Multiagency initiatives in place on drug related harm

Due to concern about rising numbers of drug poisoning deaths in the county, a multiagency group convened in 2014 to oversee the production of an in-depth review into drug poisoning death in the county. This review is available on request from the director of public health. Key findings include:

- around one third of drug poisoning deaths only involved legal drugs
- the majority of those who died were not in touch with either substance misuse or mental health services at the time of death
- alcohol was involved in almost half of the drug poisoning deaths where drug toxicology was carried out
- around half of those who died had experienced a previous non-fatal overdose
- a clear link was observed between drug poisoning death and both deprivation and male gender

Following completion of the review, the group decided it should continue as the Cumbria Multiagency Drug Harm Prevention Group with the following key functions:

1. To implement the recommendations of the 2015 Review of Deaths Related to Drug Poisoning in Cumbria
2. To instigate a quarterly review of drug poisoning deaths in Cumbria from January 2018 in order to identify system-level learning from these deaths and reduce them in the future
3. To facilitate and oversee the development of a Local Drug Intelligence System for Cumbria, in line with guidance from Public Health England, in order to ensure consistent and efficient processes for sharing and assessing information on immediate drug risks, and issuing warnings where needed.
The organisations represented on this group to date include: Cumbria County Council, Morecambe Bay and North Cumbria Clinical Commissioning Groups, Cumbria Constabulary, Cumbria Probation Service, Unity (part of Greater Manchester Mental Health NHS Trust), Cumbria Partnership Foundation Trust, University Hospitals of Morecambe Bay NHS Trust, North Cumbria NHS Trust, the North West Ambulance Service, the Local Pharmaceutical Committee and HM Coroner.

Several initiatives are currently in place alongside the work of this group. These include:

- Distribution of naloxone pens (which are similar to the “epi-pens” carried by people at risk of serious anaphylactic shock, but contain a chemical to neutralise opiates) to people at risk of overdose from heroin and similar drugs. To date, 723 pens have been given out to at-risk individuals.
- Improving care for people with ‘dual diagnosis’ of a mental health and a substance misuse problem through liaison between Cumbria Partnership Foundation Trust and Unity
- Development of a local pilot responding to non-fatal drug overdose in Carlisle, aiming to reduce recurrent overdose and death

4.5 New psychoactive substances

New psychoactive substances (such as ‘spice’) contain chemicals that produce similar effects to “traditional” illegal drugs like cocaine, cannabis and ecstasy. These drugs used to be referred to as “legal highs”, but the majority are no longer legal. They are causing small but increasing numbers of drug-related deaths nationally, and are a source of significant challenge to traditional substance misuse services which were set up before these drugs were widely available.

4.6 Overlap with alcohol related harm

There is a significant overlap between drug and alcohol related harm. For example, as stated above, almost half of drug poisoning deaths in Cumbria have been found to involve alcohol as well when a drug screen is carried out at post-mortem. As well as the provision of specialist alcohol treatment services, there are other initiatives in place to address this harm. Work to improve the pathway for people who are admitted to University Hospitals of Morecambe Bay NHS Foundation Trust with alcohol dependence is one example of multiagency collaboration to reduce alcohol related harm.

4.7 2017 Drug Strategy

In July 2017 the government released a new national drug strategy (see background papers), superseding that released in 2010. The stated aim of this strategy is to “reduce all illicit and harmful drug use and increase the rate of individuals recovering from their dependence”. This section is a very brief summary of key areas for local action within the strategy.

- Reducing demand

  A life-course approach is encouraged in particular referencing confidence and resilience building in the 0-19s.

  Local action is to be taken to identify high priority groups such as vulnerable young people, offenders, sex workers and veterans.
A targeted approach is recommended to evolving and emerging threats such as new psychoactive substances and misuse of and dependence on medicines.

- **Restricting supply**
  
  Tackling the production and distribution of drugs is highlighted. In particular work should be undertaken to understand the ways in which drugs get to rural areas and market and coastal towns and whether or not this involves the exploitation of young people.

  Focusing on early intervention for offenders with mental health and substance misuse problems is encouraged, mentioning liaison services with police and the courts.

- **Building recovery**
  
  The strategy encourages local partnerships to deliver whole system approaches and provide a full range of end to end support for those with drug and alcohol problems. There is an emphasis on personalised approaches to treatment and recovery and on reaching out to those not currently in the treatment system. Improved access to physical and mental healthcare, particularly for older users is a priority, and services are expected to provide for rapid re-entry to treatment should it be needed.

Public Heath England is developing a range of measures which will deliver greater transparency on local performance, outcomes and spend on substance misuse.

Health and Well Being Board oversight of local commissioning and delivery is encouraged and service user involvement emphasised.

### 4.8 Cumbria’s response to the 2017 Drug Strategy and existing drug harms

It can be seen that there are a range of drug-related harms requiring a public health response in Cumbria. The rising rate of drug poisoning deaths in particular is of significant concern. It is notable that this rise has to an extent happened at the same time as national and local opiate treatment services have moved away from long-term methadone maintenance models and have emphasised recovery and abstinence instead. In many ways this move has been very positive as it has undoubtedly supported more people to come off opiates altogether. However it is possible that taking a strict approach to recovery models, such as ending treatment if clients relapse, might mean that people who are not ready to become drug free are left without access to support and are put at higher risk as a result.

The recently published drug strategy has a changed emphasis from its predecessor and encourages a more balanced approach to treatment and recovery. The public health team is therefore now working with Unity to identify ways of adjusting the local treatment model in line with this more balanced approach, with some people being supported on a maintenance programme for longer and a more flexible approach to responding to relapses. While there is a possibility that this will slightly negatively impact on Cumbria’s high “successful drug treatment outcomes” indicator, this is felt to be a risk worth taking in order to try to bring down the high rate of drug related mortality in the County.

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None

1. National Drug Strategy 2017
2. Deaths related to drug poisoning in England and Wales: 2016 registrations

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