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Swansea Bay University  
Health Board



<b>Meeting Date</b>	<b>30 January 2020</b>	<b>Agenda Item</b>	<b>2.5</b>
<b>Report Title</b>	<b>Harm Reduction Database Wales: Drug related mortality Annual Report 2018/19 -</b>		
<b>Report Author</b>	Keith Reid, Interim Director of Public Health and Judith Tomlinson, Consultant in Public Health		
<b>Report Sponsor</b>	Keith Reid, Interim Director of Public Health		
<b>Presented by</b>	Keith Reid, Interim Director of Public Health		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	This briefing report informs the Board of the findings and recommendations from the Public Health Wales publication: <i>Harm Reduction Database Wales: Drug Related Mortality Annual Report 2018-19</i> and considers their implications for the Swansea Bay area. This Report was considered by the Quality & Safety Committee in December 2019.		
<b>Key Issues</b>	<p>Key findings are that:</p> <ul style="list-style-type: none"> <li>• drug poisoning deaths are the highest on record</li> <li>• Swansea and Neath Port Talbot Local Authority areas have the second and third highest rates of drug misuse deaths of all LAs across England and Wales</li> <li>• drug poisoning deaths are amenable to interventions</li> <li>• they are 4 times more likely in people who live in deprived areas</li> <li>• The Swansea Bay Area Planning Board (SB APB) has the responsibility for commissioning substance misuse (drug and alcohol) services for the APB area. SB APB operates the national Take Home Naloxone programme and access to specialist substance misuse treatment</li> </ul> <p>ABMU HB (and now SBU HB) regularly undertakes fatal and non-fatal drug poisoning reviews to disseminate learning.</p>		
<b>Specific Action Required</b>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<b>Approval</b>
			<input type="checkbox"/>

<i>(please choose one only)</i>				
<b>Recommendations</b>	Members are asked to: <ul style="list-style-type: none"> <li>• <b>NOTE</b> the contents of this report</li> </ul>			

# **HARM REDUCTION DATABASE WALES:**

## **DRUG RELATED MORTALITY ANNUAL REPORT 2018-19**

### **1. INTRODUCTION**

Public Health Wales (PHW) has historically published separate reports on aspects of drug related harms and the effectiveness of some harm reduction responses. In 2019, PHW published a single combined report on Drug Misuse harms in Wales.

This paper considers the report's findings on drug related harms as they relate to the Swansea Bay (or previous ABMU) Health Board areas.

### **2. BACKGROUND**

In 2018 drug related deaths reached the highest recorded levels in Wales reflecting a similar trend across the UK. Drug poisoning deaths have increased by 78% over the last 10 years.

'Drug Misuse deaths' is a subset of drug poisoning deaths. Drug Misuse Deaths are defined as deaths "where the underlying cause is either drug abuse or drug dependence, or the underlying cause is drug poisoning and any substances controlled under the Misuse of Drugs Act 1971 are involved". These deaths represent an aggregate of deaths from chronic drug dependence and its consequences and from acute poisoning or overdose as a result of illegal drug misuse.

Premature deaths from drug use are 'preventable' – that means that there are risk factors for these deaths that are amenable to interventions. There is a strong social gradient in drug related deaths and they are four times more likely in people living in the most deprived areas of Wales.

The Swansea Bay Area Planning Board is a multi-agency group that is responsible for co-ordinating the local response to substance misuse and which commissions local substance misuse services. The Swansea Bay University Health Board is both a member of the APB and a provider of substance misuse services. Locally a range of initiatives are in place to prevent or reduce drug deaths including the national Take-Home Naloxone programme, a range of harm reduction approaches (including needle exchange) and access to specialist substance misuse (drug and alcohol) treatment services.

The APB also conduct fatal and non-fatal drug poisoning reviews in order to identify and apply any lessons applicable to the local situation.

All figures and diagrams in this briefing are drawn from the report without additional referencing. A link to the report is contained in the appendix to this paper.

### **3. KEY FINDINGS FROM THE REPORT FOR SBU HB**

#### **Take Home Naloxone (THN)**

Naloxone is a drug that counteracts opioids (an opioid antagonist). When given after an opioid overdose it can be an effective treatment that prevents death. Naloxone has a short duration of action and so ideally anyone who has required naloxone administration should be clinically assessed and remain in a supervised environment until the risk associated with overdose has subsided.

Take Home Naloxone is now widely available across Wales. Since 1st July 2009 THN has reportedly been used during 2,641 opioid drug poisoning events, each one a potential drug death – a fatal opioid poisoning was reported in only 1.4 per cent (n=34) events where THN was used.

However, the report highlights changes in the use of THN and in the distribution of THN kits. For example in 2018-19, THN was reportedly used in 457 drug poisoning events resulting in 11 deaths (2.6% of those with known outcomes). Over the same period, declines in the frequency of follow-on care including ambulance attendance and hospitalisations were recorded. This is important because naloxone is relatively short acting and after an initial response there remains a risk of serious harm unless appropriate medical assistance is sought. Nearly two-thirds of THN administration occurs in the setting of a private home and most THN is administered to someone other than the person to whom the kit was issued. The reasons for the decline in seeking support after THN administration are not known but might include fear of consequences of illegal drug use becoming known, or greater familiarity with the use of THN leading to over-confidence in self-management of overdose.

There is regional variation in the provision and coverage of THN to those at risk of experiencing or witnessing an opioid drug poisoning event. However, in 2018-19 the ABMU HB had 13 sites issuing THN (the highest number of sites of any HB in Wales) and issued 983 kits to 678 individuals. While this is a comparable performance to that of Cardiff and Vale UHB it does include a decline in the number of kits issued through the two prisons in the ABMU area (HMP Parc and HMP Swansea). This may be important because release from prison is identified as a risk factor for opioid poisoning in people who inject drugs. However, the report is not able to assess the rates of issue of THN against the rates of history of drug misuse in prisoners released in 2018-19.

The report mentions 2018-19 was the first year since implementation that declines in both provision of kits to new individuals and resupply of THN to existing kit holders was recorded. Among new individuals receiving THN, a quarter were listed as family / partner / carers or professionals working with people at risk of opioid poisoning. The most common reason for issue of a new THN kit was 'loss of previously issued kit'.

### **Drug Misuse Deaths in Wales**

In 2018, 327 deaths due to drug poisoning were registered in Wales, an increase of 26 per cent from the previous calendar year. Within that number 208 (64%) were defined as a drug misuse death, specifically drug deaths involving illicit drugs controlled under the Misuse of Drugs Act 1971 and other related legislation.

The number of drug poisonings not classified as a drug misuse death (non-drug misuse deaths) increased by 60 per cent on the previous year, from 75 in 2017 to 119 in 2018. There was no change in the definition of drug related death to account for this observed change.

During this reporting period, both the number of registered drug misuse deaths and non-drug misuse deaths are at the highest ever levels recorded by ONS.

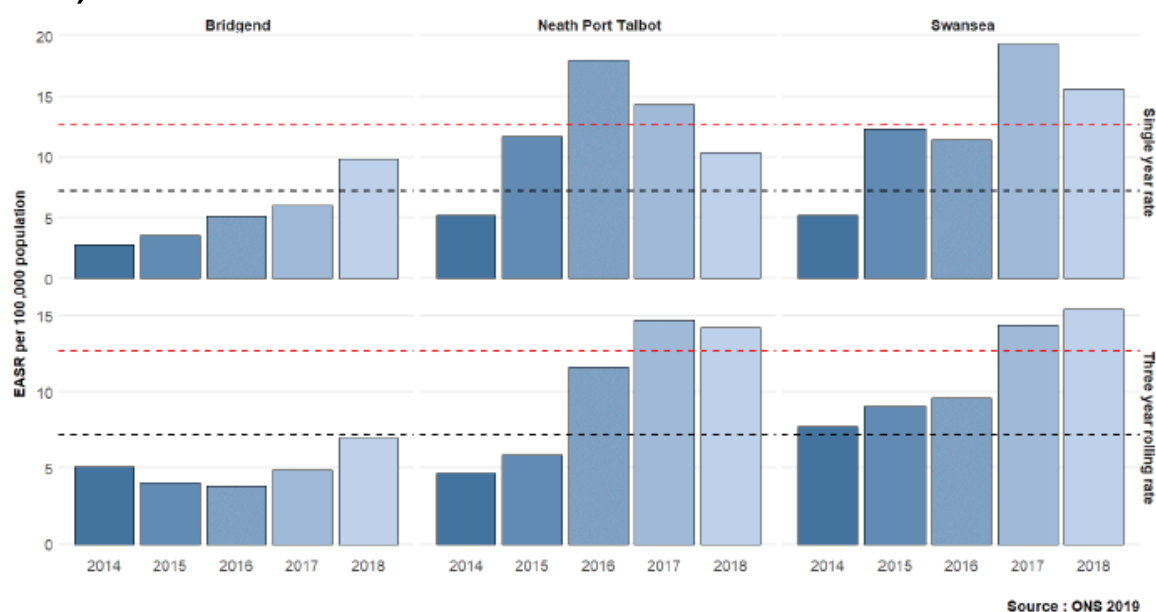
The most common cause of drug misuse death registered in 2018 was accidental poisoning, representing 87 per cent (n = 181) of all deaths in 2018. There has been a rising trend in accidental poisoning drug misuse deaths since 2009.

Drug misuse deaths are more common in those living in more deprived areas, in males than females (ratio 3:1), and in those over 40 years of age. Within those figures are trends of an increase in the number of deaths in females since 2013 and a small but significant increase in deaths in under 25s.

ONS publish a three year rolling average of drug misuse deaths for each local authority as part of annual reporting. These are reported as age standardised rates to allow for comparisons between different populations. This approach combines the standardised death rate of the last three years in order to identify longer term trends and to smooth any annual fluctuations in deaths. Using this measure, Swansea and Neath Port Talbot were recorded as having the highest rate of drug misuse deaths in Wales, and listed as having the second and third highest rates when compared across all local authorities in England and Wales.

These figures mask the underlying trends somewhat. Deaths in Neath Port Talbot, while above the Welsh average have declined year on year from a peak in 2016 and in 2018 were at a level similar to that seen in 2015. Deaths in Swansea appear to be more variable and although there was a decline between 2017 and 2018 the underlying rates remain high. These are illustrated graphically below:

**Figure: EASR per 100,000 population of drug misuse deaths in local authorities in ABMUHB, by year, calculated using one and three years of data, 2014 to 2018. The lines show the single year EASR for the health board (red) and Wales (black).**

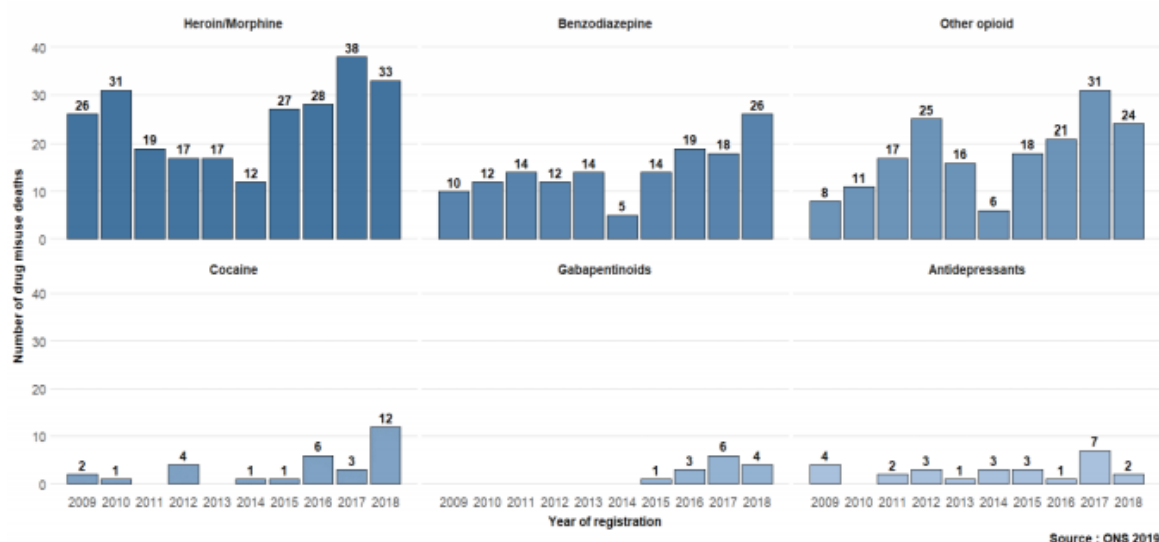


These data illustrate the difficulty in understanding the effectiveness of interventions aimed at tackling drug misuse deaths – the lag between implementation and outcome reporting makes attribution difficult and there will be a range of factors that influence the death rate in addition to the availability of interventions.

The most common substance associated with drug misuse deaths was heroin or morphine (33/ deaths) and 'other opioids' (which includes methadone, codeine and tramadol) were also prominent (24/ deaths). While there is a small number of deaths attributed to cocaine use this represents a significant increase over those recorded in previous years. It is not yet clear if this represents an emerging trend associated with potential increase in the supply and use of cocaine in our communities. Across Wales

there has been a four-fold increase in deaths due to cocaine since 2014. There is no distinction between crack and powder cocaine in these figures.

**Figure: Number of drug misuse deaths involving the 6 most reported substance groups in ABMU Health Board, by year, 2009 to 2018**



In order to understand the harms associated with illegal substance use in our local communities ABMU HB (and now Swansea Bay UHB) regularly conducts reviews of people with non-fatal and fatal drug poisonings. It is the only Health Board in Wales to undertake this practice. Reviews are conducted in line with Welsh Government 2014 guidance, which is directed to all Welsh stakeholders who have the remit for reducing fatal and non-fatal poisonings.

ABMU was the only HB in Wales routinely reviewing non-fatal poisoning cases and developed a pilot project with information sharing protocols and reporting mechanisms. However since the introduction of the General Data Protection regulation 2018 data sharing arrangements have had to be reviewed and work is still ongoing.

**Table: Total fatal and non-fatal drug poisoning reviews conducted by Health Board (2014 – 2018)**

	Fatal DP Reviews	Non-fatal DP reviews
<b>ABMU</b>	79	541
<b>Aneurin Bevan†</b>	80	7
<b>BCU*</b>	40	-
<b>Cardiff &amp; Vale†</b>	65	7
<b>Cwm Taf</b>	121	56
<b>Hywel Dda</b>	63	-
<b>Powys Teaching</b>	4	-
<b>Wales</b>	<b>452</b>	<b>611</b>

\* Fatal drug poisoning review process implemented in 2016

† Non-fatal drug poisoning review pilot to test reporting and response mechanisms

The outcomes of the reviews are not published by originating Health Board in the mortality report and so the characteristics for these poisonings are drawn from across Wales.

Around 80% of fatalities are in males with a median age of 41 (range 15-65), most have their own accommodation (around 65%) with around a third in 'non-secure accommodation' (hostels, sofa surfing or rough sleeping). Most poisoning deaths occur in private residences. There has been a recent trend to an increase of poisonings and poisoning deaths in public spaces; the proportion of deaths occurring in public during 2018 was reported as around 1 in 6 of all drug misuse deaths.

Those dying from drug misuse are frequently in contact with services and in 2018 4 out of every 5 who died and were known to services had been in contact with substance misuse services in the 12 months prior to their death. There has been an increase in the number of services that cases have been in contact with (ABMU HB median no 18, range 10-19 (2018)). These figures reflect both the high needs of many substance misusers and that relapse after recent drug treatment is a known risk factor for drug misuse death.

Non-fatal drug poisoning reviews are undertaken on every overdose identified within the SBU HB area (continuing the approach undertaken in the ABMU HB). Within the former ABMU HB area there was a 17% increase in non-fatal poisonings between 2017 and 2018 (increase from 121 to 143 events). These reviews represented 143/144 of reviews reported nationally for Wales.

Non-fatal poisonings occur predominantly in males (82%) but with a trend to a younger age than fatal poisonings (median age 35 (range 19 – 65 years)). However, there is a trend to increasing age of non-fatal poisonings with a decline in occurrence in the under 25s and an increase in the rate in the over 50s. About half of those who have a non-fatal poisoning event live in non-secure accommodation, although this proportion is declining. On average those who have a non-fatal drug poisoning have such an average of 2 such events each year. The occurrence of such an event indicates that the individual is at risk of drug misuse death.

### **Recommendations within the Report**

- The report makes five broad recommendations:
- It calls for an expansion of the Take Home Naloxone service with increased availability of THN, THN provision in public places (alongside Automatic Defibrillators) and consideration of reclassification of naloxone as an over the counter medicine.
- It calls for better information sharing arrangements to allow drug poisoning reviews to access all information about each affected individual, subject to appropriate safeguards.
- A centralised specialised resource to support local drug poisoning reviews through the provision of technical support (toxicology and pathology) and the dissemination of review findings.
- Advocacy to the UK Government in support of legislative changes that may make it easier for those affected by substance misuse to seek assistance without fear of criminalisation.

- Reviews which formally gather evidence on sources of prescription drugs which are subject to misuse and the prescribing and supply patterns which contribute to their misuse.

These recommendations, apart from the expansion of naloxone availability, are aimed at policy makers and national sector leaders.

#### **4. GOVERNANCE AND RISK ISSUES**

The Swansea Bay Area Planning Board (APB) has the responsibility for commissioning and monitoring of substance misuse services for an area that is coterminous with the SBU HB area. The outcomes contained within the Report will be considered by the APB. The APB already receives reports from the reviews conducted into drug misuse deaths and non-fatal drug poisonings. This allows for the lessons from these reviews to inform the approach of partners within the APB and the commissioning of services by the APB.

The APB regularly reports on Key Performance Indicators to Welsh Government (WG) and representatives from WG sit on the APB Board. Senior members of the HB and Swansea and Neath Port Talbot PSBs are also members of the APB Board.

Within this financial year the APB has commissioned a Needs Assessment for Tiers 2 and 3 substance misuse (drug and alcohol) services together with service users' views. Subsequently a new commissioning strategy was developed for Tiers 2 and 3 which has been widely consulted on.

There are plans to conduct a similar process for Tiers 1 and 4 drug and alcohol services in the next financial year.

#### **5. FINANCIAL IMPLICATIONS**

There are no financial implications considered in this report.

#### **6. RECOMMENDATION**

Members are asked to:

- **NOTE** the contents of this report

Governance and Assurance		
Link to Enabling Objectives (please choose)	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input checked="" type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>
Health and Care Standards		
(please choose)	Staying Healthy	<input checked="" type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input type="checkbox"/>
	Timely Care	<input type="checkbox"/>
	Individual Care	<input type="checkbox"/>
	Staff and Resources	<input type="checkbox"/>
Quality, Safety and Patient Experience		
<p>There is variation in drug misuse deaths across the SB APB area.</p> <p>Reviews into all non-fatal drug poisonings are undertaken within the SBU HB area and this is considered best practice. Outputs from these reviews inform local services and the commissioning process.</p> <p>There has been a recent Needs Assessment undertaken by SB APB leading to a revised commissioning strategy developed for Tiers 2 and 3 substance misuse services.</p> <p>This has been widely consulted on with new monitoring processes and governance structures put in place.</p> <p>There are plans for a similar process for Tier 1 and 4 in the next financial year.</p>		
Financial Implications		
There are none discussed in the report.		
Legal Implications (including equality and diversity assessment)		
There are none discussed in the report.		
Staffing Implications		
There are none discussed in the report.		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
<p>This report considers issues that impact on a healthier, more equal Wales and which need to be addressed in relation to those Goals and also impact on the cohesion of communities.</p> <p>Responses to the issues highlighted involve an integrated approach across multi-sectors; collaboration between agencies and the delivery of a range of interventions aimed at preventing drug misuse deaths and reducing the level of drug misuse in our communities.</p>		
Report History	N/A	

<b>Appendices</b>	<a href="https://phw.nhs.wales/news1/news/drug-deaths-at-their-highest-ever-levels-in-wales/harm-reduction-database-wales-drug-related-mortality-annual-report-2018-19/">https://phw.nhs.wales/news1/news/drug-deaths-at-their-highest-ever-levels-in-wales/harm-reduction-database-wales-drug-related-mortality-annual-report-2018-19/</a>