Appendix A

Report on the increase in deaths of people in contact with the Wirral Drug and Alcohol Treatment Service

October 2016

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1. Introduction

In 2015, the local drug and alcohol treatment service was re-procured against a background of the need to ensure a clinical and cost effective service and to respond to the National Drug and Alcohol Strategies.

The contract was let to Change, Grow, Live (previously CRI) for an initial period of three years from the 1st February 2015. Change, Grow, Live known locally as Wirral Ways to Recovery are required to deliver a recovery focused service for drug and alcohol misusers.

The cohort of patients receiving treatment at Wirral Ways to Recovery are ageing and present with complex medical and social problems. The number of deaths of people in contact with the service has been increasing; we have been aware of this situation and working with the provider to ensure we have a safe and effective service. However this increase has also given rise to heightened concern and it was this that led to a member of staff from Wirral Ways to Recovery contacting both an elected member and the national BBC news team to highlight this trend. The Public Health team have responded to both expressions of concern, and have linked with the regional Public Health England team, and both the local Wirral Ways to Recovery team and officers from the national parent organisation, to examine and seek a better understanding of the cause of the continuing rise in the number of deaths.

This report is focusing on the 72 reported deaths of people in contact with the service over the period, 1st February 2015 to 31st August 2016. The 72 deaths are the result of a wide range of causes, with a significant percentage being associated with long term health conditions.

The report will comment on the following two distinct population groups:

- Deaths related to drug misuse
- Deaths of people in contact with the Wirral Ways to Recovery

It is evident from both national and local data, that there is an increase in both drug related deaths and deaths of people in contact with drug and alcohol services. This report is predominantly focussed on the latter group. The Public Health Team has reviewed these issues, and Wirral Ways to Recovery have co-operated and provided information to enable us to understand the trends being reported. This report details the investigation of the causes of deaths of people in contact with the service and outlines our proposed next steps in ensuring we support people with drug and alcohol addiction to maintain their general health and wellbeing.

2. The development of drug and alcohol treatment services on Wirral

Harm reduction, treatment and recovery services have been in place across Wirral for a long time, working with problematic drug users. They were established as a result of the heroin epidemic that Wirral experienced in the 1980s. A research report commissioned by the Home Office and published in 2014[1], identified Merseyside (including Wirral) to be one of the first areas in the country to be hit by this epidemic. The report also notes that Wirral was one of the first areas to mount a concerted treatment response in response to the rapid growth of heroin users in Wirral and reports that they were found to be largely unemployed (87% unemployed in a 1984/85 sample

[1] Home Office, 2014: The heroin epidemic of the 1980s and 1990s and its effects on crime trends – then and now: Research Report 79

group), with an average age of 19. It was also reported that 72% of the sample group became daily heroin users within 6 months of first use.

From that time Wirral acquired a reputation for providing strong drug treatment services. These were accessible, non-punitive in terms of their prescribing regimes and had a degree of flexibility that was intended to allow drug users to move on with their lives. One outcome of this approach was that a high number of heroin users were effectively engaged with treatment at that time, and a large proportion of these have been sustained in treatment for a number of years (up to 2,300 a year, at its highest point, probably representing at the time between 75 and 80% of the local opiate using population). This response successfully contained the spread of blood borne viruses e.g. H.I.V., Hepatitis B & C, and played a major role in bringing about a considerable reduction in levels of acquisitive crime, making Wirral a safer and more secure place to live.

Wirral came to be seen as an area that had dealt with a difficult health, social and criminal justice issue in an effective way and this was highlighted nationally as an example of good practice. However, the initial treatment model meant that little thought was given to how service users would move on. One consequence of this is that Wirral has a relatively large population of very long term opiate users who have been in treatment for over 15 years (probably in the region of between 600 and 700 people), with some having been in treatment for 20+ years.

The 2010 National Drug Strategy introduced a much greater emphasis on supporting drug users to begin a recovery journey and come off their prescribed medication. This new emphasis has required a fundamental change in the culture and focus of the local drug and alcohol treatment service. A great deal of work has taken place in Wirral with service users and providers to re-model the local system to maintain a harm reduction offer but also to provide the right level of encouragement and motivational support to give service users the confidence to pursue and achieve their recovery goals.

Alcohol services have in the past not attracted anywhere near the same level of national policy attention, or funding. However the national level of alcohol consumption is now recognised as having an increasingly detrimental effect on the long term health of a significant proportion of the population, which in turn is presenting major and growing costs to health and social care systems and to the wider economy. This has led to the focus on alcohol harm greatly increasing and it is now probably higher in most lists of strategic priorities than is problematic drug use. A National Alcohol Harm Reduction Strategy is now in place, with a new one due for publication in the coming months, this is supported by the Wirral Plan's pledge to promote healthier lifestyles and the development of a local alcohol strategy.

3. Wirral Drug and Alcohol Treatment Service

In 2015, the local drug and alcohol treatment service was re-procured and the contract was let to Change, Grow, Live (previously CRI) for an initial three year period from the 1st February 2015. They are required to deliver a recovery focused service for drug and alcohol users covering all classifications of drugs, poly-substance misuse, alcohol misuse, those using new psychoactive substances (legal highs), those dependent on prescription and over the counter medicines, those with mental health problems, pregnant women and those who are in contact with the Criminal Justice System.

Since the new service began on the 1st February 2015 until the end of August 2016 there have been 73 deaths of clients in contact with them from a wide range of causes.

4. Deaths related to drug misuse

The Office of National Statistics published its latest annual report on deaths related to drug misuse in England and Wales on 9th September 2016[2]. The national data reports that drug related deaths in 2015 were the highest since comparable records began in 1993, at 43.8 deaths per million population. Males were found to be almost 3 times more likely to die from drug misuse than females. Over the 3 years leading up to 2015 deaths involving heroin and/or morphine doubled, up to 1,201 in 2015, and are now the highest on record. Deaths involving cocaine also reached an all-time high in 2015 when there were 320 deaths – up from 247 in 2014. People aged 30 to 39 had the highest mortality rate from drug misuse, followed by people aged 40 to 49. The ONS data relates specifically to *Drug Related Deaths* (DRD), these are deaths directly attributed to drug use e.g. overdose, self-poisonings, both accidental and intentional.

Wirral had 49 drug related deaths registered in the three years from 2013-2015. This figure will include people who have overdosed on over the counter medication, and other GP prescribed drugs that would not generally bring them into contact with substance misuse services. The Wirral figure is lower than the rate for the North West, and for some neighbouring areas e.g. Liverpool and Sefton. The highest rate in the country was for Blackpool which had 76 deaths over the three year period. Comparison data is reported in table 1 below:

Table 1: Number of deaths, age-standardised mortality rate and median registration delay for deaths related to drug misuse, by local authority, all persons, Wirral, England, Merseyside and North West, deaths registered between 2013-2015.

Area	Number of Deaths	Rate per 100,000	Rate (Lower Confidence Limit)	Rate (Upper Confidence Limit)
ENGLAND	**6,232**	**3.9**	**3.8**	**4.0**
NORTH WEST	**1,146**	**5.6**	**5.2**	**5.9**
Merseyside (Met County)	235	5.9	5.1	6.6
Knowsley*	10	2.4	1.1	4.4
Liverpool	109	8.0	6.5	9.5
Sefton	47	6.3	4.6	8.4
St. Helens	20	3.9	2.4	6.0
Wirral	49	5.4	4.0	7.2

* Rates based on fewer than 20 deaths are considered to have low reliability.

This data gives us confidence that the number of deaths from drug overdoses in Wirral is not an outlier, and is lower than the average.

Some drug related deaths will be from recreational drug use, these users are not likely to access treatment; and many drug related deaths are for prescription drug use, who are also less likely to access treatment (although there are some prescription drug users in treatment).

[2] http://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/2015registrations

5. Deaths of people in contact with Wirral Ways to Recovery

The current in treatment population group with Wirral Ways to Recovery can be considered as three distinct groups;

- A sizeable proportion embracing the offer of supported recovery, taking the opportunity to change their lives and be drug and alcohol free
- A number who have used the harm reduction offer in a positive way, are stable and functioning reasonably well on their prescribed maintenance medication, but are anxious about letting go of an aspect of their life that they believe to have been a critical support to them over a prolonged period of years.
- A significant number who have stayed in treatment but have not fully complied with the treatment regime, have carried on using illicit drugs with varying degrees of regularity, and have in many cases added drinking large quantities of alcohol to this mix. This has in many cases been in the context of generally unhealthy life styles, so although the original treatment engagement did deliver the initial objectives of reducing crime and containing the spread of blood borne viruses, the benefits beyond that have been more limited, and the overall health of this group has gradually deteriorated. Although the majority of this cohort are still engaged with specialist services many of them are now presenting with the problems and challenges that come from many years of health damaging behaviour e.g. deteriorating physical and mental health

Against this backdrop we have been noting an increasing number of deaths of people in contact with the drug and alcohol treatment services. For example, during the three year period 2006-09 there were 30, 40 and 34 deaths reported respectively for each year. This was at a time when the alcohol service was significantly smaller and, not integrated with the drug service, and therefore reported less deaths of people accessing the service.

5.1 National vs local death rates

Of the 72 deaths reported, 37 deaths occurred between the 1st February and 31st December 2015, with 35 deaths recorded between January and August 2016. Where cause of death is known, 9 died as a result of suicide or drug toxicity: the remainder died of natural causes often related to long term conditions associated with substance misuse, specifically cardio respiratory problems, chronic obstructive pulmonary disease or liver disease. Appendix 1 details the primary cause of death as currently recorded for the 72 cases.

In July (2016) ONS released its latest statistical bulletin on their analysis of death registrations in England and Wales in 2015. The report identified that there was an increase in deaths of 5.6% when comparing 2015 with 2014. This represents the largest annual percentage increase since 1968. Cancer was the most common cause of death (28% of all deaths registered) followed by circulatory diseases, such as heart disease and strokes (26%). However the mortality rate for respiratory diseases (including flu) increased notably.

This increase was against a background where mortality rates have generally been decreasing over the last 20 years, but there was a significant increase for the period between 2014 and 2015 for all persons and both sexes[3].

It is apparent that the deaths reported of people in contact with Wirral Ways to Recovery include a significant number that were due to respiratory disease and that there is a direct correlation between where people lived and areas of high levels of deprivation. Any increase in deaths

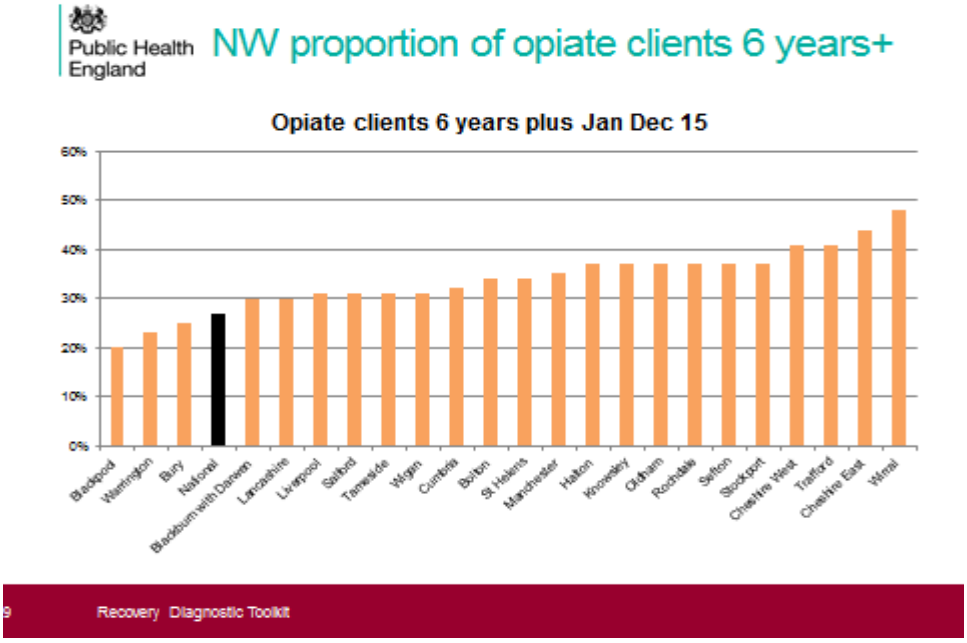
[3] https://www.ons.gov.uk/peoplepopulationcommunity/birthsdeathsandmarriages/deaths/deathsregisteredinenglandandwales

recorded nationally for specific conditions is likely to have a more significant impact on areas of high deprivation and people with unhealthy lifestyles.

5.2 Service user profile and demographics

As referred to previously the majority of Wirral drug users who are in treatment have been in treatment for at least 6 years (approximately 48%, the highest proportion in the Northwest, see Figure 1).

Figure 1

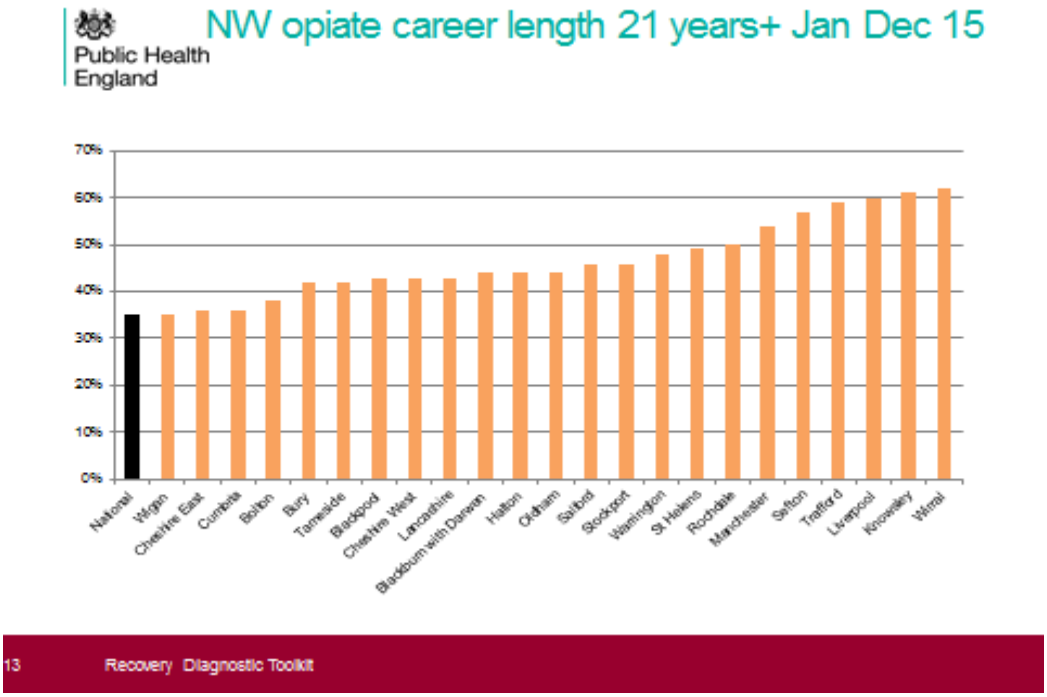


The treatment population have a long established drug using journey with 60% of drug users in treatment in Wirral having a 21yr + drug using career [See Figure 2]

Linked with this, Wirral has the lowest rate of churn in the northwest, where churn refers to service users moving regularly in and out of treatment. These factors support the conclusion that Wirral has a substantial in-treatment population, who entered treatment many years ago and in most cases have never left.

National research suggests that those with a long drug using career have the lowest levels of completion rates. Those whose career length is less than 6 years are more likely to succeed.

Figure 2



5.3 Current Service Delivery

Wirral Ways to Recovery offers a service that focuses on motivating hard to reach groups to engage with services and, at the other end of the spectrum, provide continuing additional support post treatment to reduce the risk of relapse. Consequently, alcohol service users in particular can remain on the caseload for a longer period of time than in previous years as attempts are made to re-engage people who fail to attend appointments with services because of their physical health complaint – it is believed that this has resulted in a number of deaths being recorded of people still in treatment whereas in the past they would have been discharged at an earlier date. Anecdotal comparison of practice by Wirral Ways to Recovery staff between the new and previous service has suggested that a number of those that died would probably have been discharged/left the service before the point of death. This relates to a tighter discharge protocol than previously practiced, with alcohol service users previously being discharged after two missed appointments, compared to an extended period of attempted re-engagement put in place by the new service.

In the first year of operation the service reviewed prescribing policies and protocols and carried out 2,390 medical reviews, involving 1,356 people. The reviews have focused particularly on “off licence” prescriptions that were passed across from the previous service (Off Licence prescriptions involve the provision of substitute medications that have not been licensed for this specific use/condition). This has included the review of over 120 prescriptions involving methadone tablets, and prescriptions for benzodiazepines (diazepam, nitrazepam) as well as prescriptions for diamorphine powder and reefers, among others. The preference is to move people from off licensed treatment onto licensed options (methadone mixture, Buprenorphine) but these decisions have needed to be made in a framework of assessing whether the greater risk/benefit comes from moving the service users from one treatment to another, or from leaving them where they are, at least for the time being. A big factor in these assessments and reviews has been the recognition of the strong psychological dependence that some of these service users have developed towards their particular prescribed medication, coming from 20 years and more of receiving this prescription.

The medical reviews have also resulted in the proportion of service users on supervised consumption doubling, from approximately 10% to almost 20% of those on prescriptions. This requires the dispensing chemist to supervise the service user to take their medication when they collect it from the pharmacy and is a device employed to manage risk when there is concern about how reliable and safe the service user is in their taking of their substitute medication.

The service has worked to optimise treatment, increasing doses of opiate replacement therapy where necessary, and has promoted the use of Naloxone to respond to and help prevent overdoses.

Appendix 2 provides details of an assessment by the service against the recommendations produced in the Public Health England report "Understanding and Preventing Drug Related Deaths: The Report of a national expert working group to investigate drug related Deaths in England"[4]. This report outlines best practice with regard to drug treatment services and illustrates that local practice is congruent with best practice.

6. Conclusion and next steps

It is evident from both national and local data, that there is an increase in both drug related deaths and deaths of people in contact with drug and alcohol services. This report is focussed on the latter group and has illustrated that the increase in the number of deaths seen locally has been predominantly due to causes of death that are typically associated with an ageing cohort.

The Public Health Team has reviewed the local deaths to understand the trends being reported, this report details the investigation of the causes of deaths of people in contact with the service and outlines next steps in ensuring a safe and effective service.

From the evidence we have reviewed and presented in this report we do not believe that CGL are operating an unsafe service. However nationally and locally there is a growing recognition of the need for a greater focus on the general health and wellbeing of service users, we will therefore take action to:

- ensure that the complex needs of people who use drugs and alcohol are met through a co-ordinated, whole-system approach that address health inequalities and provides better access to physical healthcare and psychiatric care, along with other support which could include housing and employment
- ensure a balanced approach in the treatment service to ensure those that need treatment receive it and those who wish to embrace the recovery model get the help and support they need.

These actions will be progressed via both scheduled contract meetings with Wirral Ways to Recovery and the development of local pathways to meet the needs of a complex group of patients, specifically to ensure that service users engage with wider health and social care services e.g. smoking cessation services, to address long term health issues associated poor lifestyle choices.

[4] http://www.nta.nhs.uk/uploads/phe-understanding-preventing-drds.pdf

Appendix 1

Cause of death of people in contact with Wirral Ways to Recovery for the period 1st February 2015 – 31st August

Cause of death (*with many cases having a combination of causes*)	**Primary reported causes**
Cirrhosis of the liver	
Liver Cancer	
Liver Disease (e.g. Hep C)	
Alcohol related Liver disease	
Total	**14**
Pneumonia	
Acute Asthma	
Influenza	
Respiratory disease	
Chronic obstructive pulmonary disease	
Total	**15**
Cancer	
Lung Cancer	
Brain Tumour	
Mouth Cancer	
Oesophageal Cancer	
Testicular Cancer	
Total	**7**
Gastric bleed	
Haemorrhage (head and facial injuries)	
Heart Disease	
Hypoglycaemia	
Multiple organ failure	
Oesophageal varices bleed	
Septicaemia	
Total	**10**
Prescribed medication overdose	
Combined drug toxicity	
Heroin overdose	
Methadone and cocaine toxicity	
Mixed drug toxicity	
Total	**5**
Suicide	**4**
There are 17 cases for which cause of death is unknown at time of this report for the period under review. These cases are classed as unknown for various reasons *e.g. case still awaiting coroner's report (8), or G.P unable to provide any further information at time of reporting (9).*	

Wirral Ways to Recovery (WWTR) self-assessment **Appendix 2**

Recommendation	Wirral Ways to Recovery commentary
Ensuring drug treatment is easy to access and attractive, especially to those currently not being reached	WWTR is an open access service with hubs located in communities where there are recognised substance misuse problems (Birkenhead, Wallasey, Moreton). The service includes an outreach team whose role is to identify hard to reach groups and ensure that any blocks to entering treatment are removed.
Rapidly optimising interventions for people coming into treatment	The WWTR service ensures that people are assessed by the clinical team at the point of contact with the service, receiving a medical assessment and prescribed medication via a safe titration process. Service users are allocated a Recovery Co-ordinator and introduced to a range of psycho-social interventions to maintain/improve motivation levels and ensure that the person is fully supported to address their addiction.
Keeping people in treatment for as long as they benefit	The service policy is to work with people for as long as possible – this includes a 'Did Not Attend' policy that ensures that failure to attend appointments is followed up by a home visit, sometimes on multiple occasions, to work at removing any potential blockages to accessing treatment, but also ensuring that the service user is safe and well. Ultimately, this means that people are retained in treatment, improving the stability of medical interventions, and reducing the treatment 'revolving door' principle that can sometimes blight treatment. As explained earlier in this report, this results in service users remaining on caseloads longer incorporating staff are concerns about the wellbeing of any service user, especially when supporting end of life pathways.
Strengthening governance and competence in treatment services:	All staff receive mandatory training regarding adult and child safeguarding, mental capacity act, and data protection. This is supplemented by a full core training schedule addressing issues such as equality, diversity and inclusion, and motivational interviewing. Clinical staff are subject to a full 5 year validation processes in line with professional practice requirements. WWtR Doctors work under General Medical Council (GMC) good medical practice, and are registered with the GMC. They are also registered for continuous professional development with the Royal College of Psychiatry, submitting continuous professional development activity for which they are certified as delivering good practice. Clinical staff receive appropriate training, and complete in-house training modules to update practice. All staff receive monthly supervision and yearly appraisals. WWTR practice is based upon evidence-based interventions, as recommended by

	national guidelines and best practice. This includes reference to NICE, the 'Orange Book' (National Clinical Guidelines for substance Misuse services), and recognised operational guidance (Kings College London, National Addiction Centre: evidence for effective interventions).
Sharing learning between services that have contact with those at high risk:	WWTR is a key member of the re-established Local Authority Death Surveillance group, sharing intelligence regarding factors that have led to service user deaths, and working with key stakeholders to improve services on the Wirral.
Promoting effective risk management	Daily risk management meetings are conducted following team briefings, and there is a strong risk identification tool (see appendices) / case management framework to ensure that service users receive interventions that are appropriate to the risks that they present. WWTR also employs robust risk management processes with regard to the prescribing of medication, especially in relation to families with children. This includes provision of safe storage containers for medication, and the prescribing of buprenorphine instead of methadone to parents with young children (the risk of overdose from taking buprenorphine is much less than from taking methadone).
Intervening following non-fatal overdoses:	WWTR actively encourages service users and their families to take up the option of Naloxone – a full training schedule has been completed with staff, and service users are advised of how and when to administer safely.
Promoting adequate dosing of opioid substitution treatment and supervised consumption	WWTR recognises the importance of prescribing licenced medication at optimum levels, and implements a policy of safe practice regarding supervised consumption – since service transition this has increased from 10% of the prescribed caseload to over 20%.
Support improved access for people who use drugs to broader physical and mental health care services:	WWTR has engaged with mental health services on the Wirral, supporting the introduction of a professional dual diagnosis working group that has developed and implemented a Joint Working Protocol, which aims to review service provision and improve practice. The service is also developing joint work with the local respiratory service, has close working links with the smoking cessation service and is now in the process of establishing a working partnership with the local Alcohol Acquired Brain Injury team.
Promoting stop smoking services in drug treatment	WWTR is actively involved with the smoking cessation provider, ABL Wirral. Staff have been trained in smoking cessation interventions, and the plan is that the services will shortly introduce co-

	working at WWtR's service delivery hubs.
Supporting the provision of naloxone:	WWTR is an active supporter and promoter of the use of Naloxone – it is available in all the service hubs, staff have been trained in how to use Naloxone and it is distributed to service users and their families. WWTR have also trained hostel staff in how to use naloxone, and the service is supporting its distribution within Wirral hostels.
Supporting the use of naltrexone for relapse prevention	Naltrexone is usually prescribed after an individual has detoxed from substances – CGL is currently preparing guidance for shared care clinics regarding relapse prevention medication to support GPs to continue prescribing medication after detox.
Promoting better links with coroners:	WWTR has an excellent relationship with Merseyside Coroners Court: the service engages with the coroner to review the standard of reports, and there is a regular flow of information.
Improving information recorded and transferred between agencies	WWTR has authorised information sharing with a range of services and groups across the Wirral, and has been responsible for developing specific Information Sharing Agreements with partners, such as mental health services. Staff receive mandatory training regarding information governance.
Understanding and preventing drug-related deaths	WWTR has engaged openly and positively in work with the Local Authority, PHE and key local partners, such as CWP, to understand the changing picture of drug related deaths, providing intelligence and implementing best practice identified at local and national levels.