

**HEALTH SCRUTINY PANEL**

A meeting of the Health Scrutiny Panel was held on 8 October 2019.

**PRESENT:** Councillors J McTigue (Chair), D P Coupe (Vice Chair), A Hellaoui, D Rooney, R M Sands and M Storey and P Storey

**PRESENT BY INVITATION:** Councillor Antony High (Deputy Mayor and Thematic Lead for Drugs)

**ALSO IN ATTENDANCE:** Caroline Breheny - Democratic Services Officer  
Edward Kunonga - Director of Public Health - South Tees  
Tom Le Ruez - Tees Preventing Drug Related Deaths Co-ordinator

19/18 **MINUTES - HEALTH SCRUTINY PANEL - 10 SEPTEMBER 2019**

The minutes of the Health Scrutiny Panel meeting held on 10 September 2019 were approved as a correct record.

19/19 **INTRODUCTION - OPIOID DEPENDENCY**

The Director of Public Health South Tees and the Tees Preventing Deaths and Drug Co-ordinator were in attendance at the meeting to provide the panel with a setting the scene presentation in respect of opioid dependency in Middlesbrough.

The Chair made reference to the We Talk, They Die: A Call for Action conference which been held at the Jury's Inn in Middlesbrough on 9 October 2019, as organised by Foundations (the first GP specialist addiction service in the country). A range of international and national harm reduction experts had been in attendance at the event to share their knowledge and expertise as part of a call for action to reduce drug related harms. Attendees included:-

- Ricardo Baptista Leite, Medical Doctor and Member of the Portuguese Parliament - For better or worse - decriminalisation of drug use: outcomes from Parliament.
- Jason Harwin, Deputy Chief Constable of Lincolnshire Police and National Police Chief Councils (NPCC) lead for Drugs - Harm reduction policing and the need for evidence based practice.
- Dr Magdalena Harris, London School of Hygiene Tropical Medicine - Harm Reduction: Listening to the experts to inform harm reduction.

The Tees Preventing Deaths and Drug Co-ordinator provided an overview of the presentations that had been given throughout the day and the following points were highlighted:-

- Portugal's decriminalisation of drugs demonstrated the significant impact that could be made if legislative changes were to be introduced in the UK.
- Foundations Medical Practice in Middlesbrough was to launch a Heroin Assisted Treatment (HAT) Project, where people would be given diamorphine twice a day under medical supervision. The scheme had been part funded by the Police and Crime Commissioner for Cleveland and aimed at those for whom all other current methods had failed.
- Naloxone kits (opioid overdose drug) were being distributed by volunteers, who had all battled addiction as part of a Middlesbrough Peer Project. .
- Checkpoint had been established in Durham Constabulary's force area and was an offender management programme that offered those eligible an alternative to prosecution. It provided an opportunity for individuals to tackle the underlying issues such as their mental health, alcohol and drug misuse and aimed to improve the life chances of the participants. A similar scheme was to be launched in Cleveland.

The Director of Health for South Tees advised that it was evident that there was significant interest in the work being undertaken locally and some fantastic work was being undertaken

by Foundations. Speakers from all over the world had been in attendance at the event and there was a lot of key learning to be taken from the day.

One of the most interesting aspects had been in relation to the differences in legislation in Portugal. However, it had taken a point of crisis in Portugal to break the mould and bring about legislative changes. In terms of decriminalising drug use there it had taken a period of 12 years from the point of proposal to the point of delivery and therefore there was a need to acknowledge that it would be unrealistic to expect change to happen anytime soon. However, Middlesbrough's Health Scrutiny Panel had previously put forward recommendations, which had been taken up at a national level, including by NICE in respect of FASD guidance. Time, intention and policy changes could in the future assist in taking away the stigma associated with drug use, as well as increasing drug related recovery.

The North East drug related deaths figures from the Office for National Statistics (ONS) for 2019 were presented to the panel and it was highlighted that:-

- The number of drug deaths from misuse in the North East had risen from 346 in 2011-13 to 637 in 2016-18.
- The number of drug deaths from misuse in Middlesbrough had risen from 23 in 2011-13 up to 48 in 2016-18.

In September 2019 Public Health England had published the Prescribed Medicine Review, which highlighted that in the period 2017 to 2018, 11.5 million adults in England (26% of adult pop) received, and had dispensed, one or more prescriptions for any of the medicines within the scope of the review. The review included:-

- Antidepressants
- Opioids
- Gabapentinoids
- Benzodiazepines
- Z-drugs

The report highlighted that in the period 2017-2018 the rate of prescribing for antidepressants had increased from 15.8% of the adult population to 16.6% and for gabapentinoids from 2.9% to 3.3%. Annual prescriptions for opioid pain medicines had decreased slightly since 2016. It was noted that opioid pain medicines and gabapentinoids had a strong association with deprivation. Antidepressant prescribing had a weaker association with deprivation. For all classes who had at least a year of prescriptions the figures increased with higher deprivation.

The proportion of length of time of people receiving prescriptions continuously varied. The data suggested that most people who started prescriptions received them for a short time, but each month there was a group of patients who continued to receive a prescription for longer. Benzodiazepines, Z-drugs, opioid pain medicines and gabapentinoids were associated with a risk of dependence and withdrawal. Antidepressants were associated with withdrawal. Patients reported harmful effects with stopping these medicines, which affected their well-being, personal, social and occupational functioning. These effects could last several months.

The report also highlighted that the rates of prescribing were higher for women (1.5 times those of men) and the rates generally increased with age. Nationally there had been a longer-term fall in prescription numbers for benzodiazepines. A longer term increase in annual prescription numbers for z-drugs had started to reverse in 2015.

Information was presented in respect of prescribed medicine data, which highlighted South Tees CCG and Hartlepool and Stockton (HaST) CCG's ranking compared to other CCG's across the country. The ranking was highlighted in red, with "1" being the highest indicating higher prescribing rates per population and "195" being the lowest.

For South Tees CCG prescribing rankings were as follows:-

- Antidepressants - 2

- Opioid pain - 4
- Gabapentinoids - 2
- Benzodiazepines - 67
- Z-drugs - 143

Blackpool CCG was the only CCG with a lower ranking for the prescribing of opioid pain medicines and antidepressants.

In terms of the data for repeat prescriptions of the drugs over 12 months, again with ranking relative to other CCG's the figures for South Tees CCG were as follows:-

- Antidepressants - 35
- Opioid pain - 21
- Gabapentinoids - 23
- Benzodiazepines - 9
- Z-drugs - 1

The key local authority recommendation from the PHE report was as follows:-

That NHS trusts, third sector drug treatment service providers, local authority drug treatment commissioners and Health Education England local offices needed to work together to provide training places for addiction psychiatrists, who had a role in supporting local areas with their expertise and, dependent on local arrangements, could work with people with the most complex needs in relation to dependence on, and withdrawal from, prescribed medicines.

**AGREED** that draft terms of reference for the review in respect of the topic of opioid dependency be prepared for consideration at the panel's next meeting and information provided at today's meeting be included as part of the review.

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#### **EU EXIT PREPARATIONS**

The Democratic Services Officer provided an update in respect of the information that was currently available from the Department of Health in respect of EU exit preparations. A number of concerns were highlighted by Members in relation to reports from residents of difficulties in accessing certain medications and medical equipment.

**AGREED** that an invite be extended to a representative from NHS England / Tees Valley CCG to respond to concerns from Members and advise on local arrangements.

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#### **OVERVIEW AND SCRUTINY BOARD - UPDATE**

The Chair provided a verbal update in relation to matters considered by the Overview and Scrutiny Board on 16 September and 3 October 2019.