

Drug related deaths and dependency to prescribed medicines

Tom Le Ruez

Tees Preventing Drug Related Deaths Co-ordinator



North East Drug Related Deaths (ONS, 2019)

Number of deaths from drug misuse across North East from 2011-13 to 2016-18

	2011-13	2012-14	2013-15	2014-16	2015-17	2016-18
NORTH EAST	346	407	473	532	565	637
Middlesbrough	23	33	39	43	41	48
Redcar and Cleveland	6	9	19	24	37	35
Hartlepool	17	13	25	26	39	34
Stockton-on-Tees	26	26	36	41	57	56
Gateshead	32	34	37	51	49	60
Newcastle upon Tyne	51	56	63	65	59	73
North Tyneside	17	24	33	47	45	48
South Tyneside	26	28	29	28	24	29
Sunderland	46	49	47	52	58	66
Northumberland	21	35	39	46	39	52
County Durham	71	86	93	96	103	117
Darlington	10	14	13	13	14	19

Numbers of drug deaths from misuse in Middlesbrough have risen from 23 in 2011-13 up to 48 in 2016-18.

Numbers of drug deaths from misuse in the North East have risen from 346 in 2011-13 to 637 in 2016-18.

National perspective on prescribing of medicines

PHE Prescribed medicines review, Sept 2019

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 rate of prescribing for antidepressants 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 has slightly decreased since 2016.

Prescription rates of prescribing were higher for women (1.5 times those of men) and the rates generally increased with age.

Continued longer-term fall in prescription numbers for benzodiazepines. A longer term increase in annual prescription numbers for z-drugs started to reverse in 2015.

Prescribed medicines review, Sept 2019

Opioid pain medicines and gabapentinoids had a strong association with deprivation. Antidepressant prescribing had weaker association with deprivation. For all classes who had at least a year of prescriptions increased with higher deprivation.

Proportion of length of time receiving prescriptions continuously varied. The data suggested that most people who started prescriptions received them for a short time, but each month there is a group of patients who continue to receive a prescription for longer.

Benzodiazepines, Z-drugs, opioid pain medicines and gabapentinoids are associated with a risk of dependence and withdrawal. Antidepressants are associated with withdrawal.

Patients have reported harmful effects with stopping these medicines, which affected their well-being, personal, social and occupational functioning. This could last several months.

Prescribed medicines review, Sept 2019

Higher initial opioid doses and prior mental health problems were associated with long term use of opioids and opioid dependence.

Low income and use of shorter-acting benzodiazepines are associated with long term benzo use.

Patients experienced barriers to accessing and engaging in treatment services. They felt there was a lack of information on the risks of medication and that doctors did not acknowledge or recognise withdrawal symptoms.

Patients described not being offered any non-medicinal treatment options, their treatment not being reviewed sufficiently and a lack of access to effective management and NHS support services.

Local area prescribing of medicines and ranking

PHU Prescribed Medicines Data

These next slides highlight the ranking that South Tees and North Tees CCG's prescribe certain medications compared to other CCG's across the country.

The ranking is highlighted in red, with "1" being the highest indicating higher prescribing rates per population.

The second graph on slide 10 indicates the same, but looking at repeat prescriptions of the drugs over 12 months, again with ranking relative to other CCG's.

PHU Prescribed Medicines Data

name	Antidepressants		Opioid pain		Gabapentinoids		Benzodiazepines		Z-drugs	
	Number with at least one dispensed prescription (2017/18) *	Rank within CCGs (1=highest ISR, 195=lowest ISR)***	Number with at least one dispensed prescription (2017/18) *	Rank within CCGs (1=highest ISR, 195=lowest ISR)***	Number with at least one dispensed prescription (2017/18) *	Rank within CCGs (1=highest ISR, 195=lowest ISR)***	Number with at least one dispensed prescription (2017/18) *	Rank within CCGs (1=highest ISR, 195=lowest ISR)***	Number with at least one dispensed prescription (2017/18) *	Rank within CCGs (1=highest ISR, 195=lowest ISR)***
TLEPOOL AND STOCKTON-TEES CCG	46,657	15	37,819	21	11,402	15	5,304	170	2,078	19
TH TEES CCG	49,884	2	41,326	4	13,228	2	7,228	67	4,208	14

Comparison with other NE CCG's and Blackpool

name	Antidepressants		Opioid pain medicines		Gabapentinoids		Benzodiazepines		Z-drugs	
	Indirectly age-sex standardised prescribing proportion (2017/18)**	Rank within CCGs (1=highest ISR, 195=lowest ISR)***	Indirectly age-sex standardised prescribing proportion (2017/18)**	Rank within CCGs (1=highest ISR, 195=lowest ISR)***	Indirectly age-sex standardised prescribing proportion (2017/18)**	Rank within CCGs (1=highest ISR, 195=lowest ISR)***	Indirectly age-sex standardised prescribing proportion (2017/18)**	Rank within CCGs (1=highest ISR, 195=lowest ISR)***	Indirectly age-sex standardised prescribing proportion (2017/18)**	Rank within CCGs (1=highest ISR, 195=lowest ISR)**
LINGTON CCG	1.20	32	1.12	60	1.36	28	0.98	102	1.03	79
HAM DALES,EASINGTON & GEFIELD CCG	1.37	2	1.44	5	1.64	8	0.94	115	0.65	186
RTH DURHAM CCG	1.25	17	1.20	41	1.48	18	0.89	137	0.66	185
TLEPOOL AND STOCKTON-TEES CCG	1.26	15	1.31	21	1.51	15	0.78	170	0.41	195
RTHUMBERLAND CCG	1.17	47	1.09	66	1.33	34	0.83	155	0.65	186
RTH TEES CCG	1.37	2	1.45	4	1.77	2	1.07	67	0.84	143
RTH TYNESIDE CCG	1.28	10	1.27	29	1.33	34	0.72	187	0.50	194
DERLAND CCG	1.31	9	1.34	14	1.40	26	0.82	159	0.67	182
CKPOOL CCG	1.41	1	1.61	1	1.51	15	0.99	91	0.75	167

Repeated prescriptions

CCG name	Antidepressants		Opioid pain		Gabapentinoids		Benzodiazepines		Z-drugs	
	Estimated proportion in receipt of a prescription for at least 12 months (%)	Rank within CCGs (1=highest proportion, 195=lowest proportion)***	Estimated proportion in receipt of a prescription for at least 12 months (%)	Rank within CCGs (1=highest proportion, 195=lowest proportion)***	Estimated proportion in receipt of a prescription for at least 12 months (%)	Rank within CCGs (1=highest proportion, 195=lowest proportion)***	Estimated proportion in receipt of a prescription for at least 12 months (%)	Rank within CCGs (1=highest proportion, 195=lowest proportion)***	Estimated proportion in receipt of a prescription for at least 12 months (%)	Rank within CCGs (1=highest proportion, 195=lowest proportion)***
HARTLEPOOL AND STOCKTON-ON-TEES CCG	59.5	34	57.7	11	61.3	7	58.5	27	62.5	16
SOUTH TEES CCG	59.3	35	56.6	21	59.0	23	62.6	9	68.6	1

Repeat presc. Comparison with other NE CCG's and Blackp

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ARLINGTON CCG	50.7	105	50.1	87	55.7	66	54.3	56	61.9	19
DURHAM DALES, EASINGTON & WEDGEFIELD CCG	60.3	31	57.7	12	60.6	11	59.5	19	65.6	4
NORTH DURHAM CCG	56.3	57	56.8	16	58.9	24	60.0	18	56.3	71
HARTLEPOOL AND STOCKTON-ON-TEES CCG	59.5	34	57.7	11	61.3	7	58.5	27	62.5	16
NORTHUMBERLAND CCG	57.6	45	55.6	29	56.0	62	59.4	20	54.2	89
SOUTH TEES CCG	59.3	35	56.6	21	59.0	23	62.6	9	68.6	1
SOUTH TYNESIDE CCG	54.1	78	55.5	31	57.6	40	63.2	6	48.2	155
SUNDERLAND CCG	57.6	45	56.8	17	58.7	32	63.5	5	66.7	3
BLACKPOOL CCG	62.9	9	58.0	10	59.6	15	56.3	41	60.9	27

Reducing dependency to
medicines

Local authority recommendations from PHE report

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

Thank you for listening

Tom Le Ruez

Tom_leruez@Middlesbrough.gov.uk

