

Healthier Communities and Older People Overview and Scrutiny Panel

Date: 11 February 2020

Subject: Preventing and tackling Substance Misuse

Lead officer: Dr Dagmar Zeuner, Director of Public Health

Lead member: Cllr Tobin Byers, Cabinet Member for Adult Social Care, Health and the Environment.

Contact officer: Barry Causer, Head of Strategic Commissioning (Public Health); Linda Somerville, Interim Substance Misuse Commissioner; Mike Robinson, Interim Consultant in Public Health.

Recommendations:

- 1. To note the commissioning, governance and leadership arrangements for adult substance misuse services.**
 - 2. To discuss the approach to delivering a healthy place and good holistic services that supports Merton residents with substance misuse problems.**
 - 3. To discuss the priorities for preventing and tackling substance misuse over the next 12 months.**
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1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1. The agenda item for Preventing and Tackling Substance Misuse has two parts; the first is the showing of a short video (for panel members only, to protect the anonymity of service users), which shows five real-life examples of current service users and the second part is the presentation and discussion around this report.
- 1.2. This report explains the governance and leadership arrangement for substance misuse, provides an overview of the services that make up the adults substance misuse system and sets out the priorities for future action to prevent and tackle substance misuse in Merton. It provides some high level performance data of the adult's commissioned service but is not intended to be a detailed performance report and does not cover children and young people services.
- 1.3. In Merton there are good quality substance misuse services that are performing well, non-judgemental and are welcomed and valued by service users. Service user engagement, including 'you said, we did' reports and case study videos (shown to the panel prior to the meeting to protect the anonymity of service users) show that current service users are engaged, feel supported and report that they 'wouldn't have known where to turn', if substance misuse services had not been available.

- 1.4. There is no internationally agreed definition of a drug related death¹ (See Glossary for definitions). In this report both the Office of National statistics definitions of Drug Poisoning Deaths and Drug Related Deaths, and the Public Health England's review definition are used. It is clearly indicated which definition we are referring to in each section. There has been an increase in the number of drug poisoning and drug related deaths in recent years which resulted in a review by a PHE expert working group during 2016. The PHE review concluded that the causes of the deaths are multi-factorial and has in part been attributed to an increase in availability of heroin and an ageing group of substance misuse users who experienced chronic ill-health, as a complication of their long-term use of substances and late presentation. The approach in Merton to preventing drug related deaths is guided by the recommendations of Public Health England's (PHE) Expert Working Group (see 14.2).
- 1.5. Priorities for preventing and tackling substance misuse over the next 12 months include improving holistic care e.g. better pathways between mental health and substance misuse services and developing a healthy place e.g. delivering healthy workplaces across Merton.

2 DETAILS

Introduction

- 2.1. Substance Misuse (drugs and alcohol) affects many people and communities across Merton. It can negatively impact on individuals and communities from across Merton and all walks of life; it is not limited to areas of deprivation, those involved in criminal behaviour or vulnerable groups such as the homeless. It can lead to a range of harms for the user including poor physical and mental health, unemployment, homelessness, family breakdown and criminal activity. There is also a significant level of stigma attached to substance misuse, with society labelling individuals with substance misuse issues negatively which in turn makes individuals less likely to acknowledge that they need support and seek help.
- 2.2. Our strategic approach to preventing and tackling substance misuse problems is through a combination of delivering good holistic (person-centred) services, which is led by Merton Health and Care Together (MHCT) through the Health and Care Plan, and by creating the physical and social conditions for people to live a healthy life, which is led by the HWB and the Merton Health and Wellbeing Strategy; a Healthy Place for Healthy Lives.
- 2.3. Nationally the number of adults entering substance misuse treatment has increased by 4% from the previous year (127,307 to 132,210)². This is the first increase in the number of people accessing treatment since 2013 to 2014 and PHE suggests that this possibly reflects recent increases in the prevalence of illicit drug use.

¹

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/methodologies/deathsrelatedtodrugpoisoninginenglandandwalesqmi#concepts-and-definitions>

² <https://www.gov.uk/government/publications/substance-misuse-treatment-for-adults-statistics-2018-to-2019/adult-substance-misuse-treatment-statistics-2018-to-2019-report#people-in-treatment-substance-sex-age>

- 2.4. The total number of people in currently being treated for opiates nationally remains stable compared to 2017/18, falling by 1% (141,189 to 139,845) with this group still making up the largest proportion in treatment (52%). Those in treatment for alcohol alone also remained stable (75,787 to 75,555), following large year-on-year declines from a peak of 91,651 in 2013 to 2014. There were increases in the other 2 substance groups recorded by PHE, (a 2% increase in the non-opiate group and 3% in the non-opiate and alcohol group).
- 2.5. The Merton Substance Misuse profile (Jan 2018) (see 14.1) reports that:
- Using national prevalence estimates, Merton has around 38,000 people who are likely to drink at increasing or higher risk levels.
 - The highest proportion drinking over the recommended amount of alcohol units are males in the 65-74 age group and females aged 55-64 years.
 - Males have much higher rates of admissions to hospital for alcohol specific conditions than females in Merton, however both male and female rates are lower than London and England.
 - Males have much higher rates of admissions to hospital for alcohol related conditions (broad definition) than females in Merton however both male and female rates are lower than London and England.
 - Males have a higher rate of mortality due to alcohol specific conditions compared to London and England. The overall rate for Merton is also higher than London but lower than England.
 - An estimated 3,871 adults aged 16 and over in Merton have taken class A drugs in the last year.
 - An estimated 4,258 adults aged 16 and over in Merton have taken stimulant drugs in the last year and altogether 10,839 adults aged 16 and over have taken any drug in the last year.
- 2.6. When looking at differences across Merton, alcohol misuse has considerable health harms and admission episodes for alcohol related conditions (narrow definition) shows higher admissions from the most deprived decile (741 admissions per 100,000 population), compared to wards in the least deprived decile (505 admissions per 100,000 population) and hospital stays for alcohol-related harm (broad definition) shows greater levels of harm in the wards in the most deprived decile (129.9), compared to wards in the least deprived decile (79.9). This has directly influenced the location of Substance Misuse Services, which are located in Mitcham Town Centre
- 2.7. Service provision
- 2.8. Substance Misuse services are funded by the ring-fenced public health grant and a number of component services are commissioned by the Merton Public Health Team. These services take an approach to work with those residents that want support and outreach to engage individuals, and include the following-
- 2.8.1 A fully integrated substance misuse service for adults, provided by a Voluntary and Community Sector (VSC) provider, Westminster Drug Project (WDP). This recovery focused service offers free and confidential treatment

and support for individuals and their families who are affected by drug and alcohol problems. WDP have a specialist workforce including substance misuse case workers, doctors, nurses, volunteers and peer mentors who are based at the main WDP Merton premises in Mitcham.

- 2.8.2 Inpatient detoxification, is provided by Equinox Care from their Brook Drive clinic. This is a Care Quality Commission (CQC) registered, residential community drug and alcohol detoxification unit and provides medically supervised alcohol and drug detoxification programmes for people aged 18 and over. There is a multidisciplinary staff team of 20, including nurses, recovery substance misuse/mental health workers, complimentary therapy workers and group workers. Completion rates are high with a benchmark of over 85% achieving their goals³.
- 2.8.3 A number of support services delivered by Community Pharmacies across Merton including Needle Exchange, where service users are provided with clean injecting equipment, and Supervised Consumption services, where service users attend a pharmacy to consume their prescription medication e.g. Methadone. In addition to the primary service, these services also provide an opportunity for community pharmacists to ensure that service users are well, provide harm reduction information and actively encourage service users to continue to access services as part of their recovery.
- 2.9. In addition to the Public Health commissioned services, there are a number of complementary services and activities that support residents with substance misuse problems, including:
- 2.9.1 A variety of VCS programmes that form part of the local recovery system e.g. Alcoholics Anonymous and Narcotics Anonymous.
- 2.9.2 Residential rehabilitation, which is a stay-in rehabilitation unit where in addition to managing detoxification with medication, service users participate in group work programmes and one to one key work sessions to assist them to recover and re-integrate into the community. Service users will be assessed by WDP Merton to ensure that they are suitable candidates and a separate funding assessment is completed by an adult social care social worker.

Leadership and Governance

- 2.10. Substance misuse is a complex problem that requires a wider focus than purely the provision and performance management of treatment services. Leadership for the system, across the life-course, is provided by the Substance Misuse Partnership Board (SMPB), which reports jointly to the Safer Stronger Executive (SSE) and the Merton Health and Wellbeing Board (HWB). Membership of the SMPB includes colleagues from across LBM (Children, Schools and Families, Public Health, Adult Social Care, Community Safety and Safeguarding), Merton Clinical Commissioning Group (MCCG), key providers (WDP, Catch 22 and South West London St Georges Mental Health Trust (SWLSG)), partners from Criminal Justice (the Police and Probation) and service user representatives.

³ <http://www.equinoxcare.org.uk/eqservices/brook-drive/>

- 2.11. Approved by the HWB in June 2017, the SMPB has developed a Substance Misuse Strategic Framework (SMSF) that identifies areas of priority and to guide the work of the Board. The SMSF has actions around the key themes of: Leadership commitment through strategic governance; Increased focus on prevention and early intervention; Redesign and delivery of a recovery orientated drug and alcohol treatment service; Reducing the harm to families, children and young people and Tackling crime and anti-social behaviour related to substance misuse. The SMSF will be reviewed over the next 12 months and is due to be refreshed in early 2021.
- 2.12. Leadership on substance misuse is also being provided at a regional level, with a pan-London alcohol related Sector Level Improvement (SLI) programme. A recent alcohol-focussed SLI programme identified a number of commitments at regional level that can support borough level delivery including opportunities that's arise from the NHS Long term Plan e.g. the establishment of Alcohol Care Teams in a selection of hospitals, commitments within the London Health Inequalities Strategy and the active promotion of London wide evidence-based tools e.g. the www.good-thinking.uk website, that already provides support around mental health and has plans to include information and support around alcohol.

Criminal Justice

- 2.13. Public Health, and its commissioned services, work closely with the Community Safety Partnership focusing on the priorities identified by the Safer Stronger Executive. Current work relates to tackling the open drug markets in Mitcham Town Centre and enforcement work to combat street drinking in the east of the borough.
- 2.14. At a delivery level, WDP Merton work in partnership with criminal justice services such as police custody suites, local prisons and probation services (National Probation Services and Community Rehabilitation Companies) to ensure that service users within the criminal justice system have access to substance misuse treatment and opportunities to reduce offending relating to substance misuse.

Homelessness and Rough Sleeping

- 2.15. People who are homeless or rough sleep often have a range of complex needs including mental health and substance misuse issues. A review by Homeless Link⁴ in 2016 found that 70% of rough sleepers or ex-rough sleepers had experienced substance misuse issues. Substance misuse may be a contributing factor to a person's homelessness but can also be part of a person's response to homelessness, using substances as a mechanism to cope with life on the street. One study found 80% of rough sleepers had tried at least one new drug since becoming homeless⁵. The main substances used by homeless people include alcohol, cannabis, heroin, crack cocaine and psychoactive substances including synthetic cannabis e.g. 'spice'.

⁴ Support for single homeless people in England". Annual Review 2016. Homeless Link, 2016. Included surveys with 394 accommodation projects and 53 day centres; analysis of Homeless UK secondary data sources.

⁵ "Homelessness : a silent killer", (2011), Crisis Publication available at https://www.crisis.org.uk/media/237321/crisis_homelessness_a_silent_killer_2011.pdf

- 2.16. The average age of death for a homeless person is 47 for men and 43 for women. Drug and alcohol misuse are a particularly common cause of death with national research finding they are responsible for a third of rough sleeper deaths (drugs 21.7% and alcohol 14.4%)⁶. Drug and alcohol use may also be linked to suicide risk, with rough sleepers 3.5 times more likely to die by suicide compared to the general population⁷.
- 2.17. WDP Merton are working with Merton's Rough Sleeping team to increase referrals into the substance misuse service, attend individual rough sleeper case conferences and offer 'drop in' services at Faith in Action, a service for rough sleepers in the Borough.

Dual diagnosis

- 2.18. Dual Diagnosis is a 'co-existing mental illness and substance misuse difficulty' and individuals with dual diagnosis often have complex needs and are a group at high risk of self-harm, harm to others, harm from others and neglect. In 2018-19, 55% of Merton service users (122) who started substance misuse treatment (drugs) had a co-occurring mental health condition and 75% (91 service users) received mental health treatment.
- 2.19. A Dual Diagnosis Policy has been developed by South West London and St Georges Mental Health Trust, which aims to improve pathways and partnership working between substance misuse and mental health services. WDP Merton work closely with SWLSG and the MCCG commissioned Merton Uplift service which is accessible for service users who require assistance with common mental health disorders e.g. anxiety, low mood and depression.
- 2.20. Supporting residents with dual diagnosis has been identified as an area to priority for the next 12 months.

WDP – Service details

- 2.21. Following a competitive procurement exercise WDP were awarded a contract, valued at around £1.275m per annum, to deliver the adult substance misuse service in Merton for up to five years from 1st April 2018.
- 2.22. As mentioned in 2.8.1, WDP provide an integrated, recovery focused service that offers free and confidential treatment. Clinically led, the service is available to all Merton residents aged 18 and over (support for young people with substance misuse concerns is provided by the LBM Children's, Schools and Families commissioned Risk and Resilience Service (provided by 'Catch 22')) as well as their families and friends and includes:
- a) Information, advice, assessments and drop-in
 - b) One-to-one key working and counselling
 - c) Group work and a day programme
 - d) Needle exchange and harm reduction services
 - e) Substitute prescribing

⁶ Ibid

⁷ Homelessness Kills, an analysis of the mortality of homeless people in early twenty first century England (2012) available at https://www.crisis.org.uk/media/236799/crisis_homelessness_kills_es2012.pdf

- f) Specialist service for alcohol users
- g) Assessment for a in-patient detox and rehabilitation placements
- h) Health assessments and blood-borne virus screening and vaccination
- i) Self-help and mutual aid groups
- j) A health and wellbeing service for people who use substances at lower levels (including alcohol, club drugs, cannabis and cocaine)
- k) Reintegration and Aftercare, including education, training and employment support
- l) Family and friends support and advice
- m) Support for individuals in the criminal justice system.

2.23. In November 2019, the Care Quality Commission (CQC) conducted an inspection of the WDP Merton service. This expert-led inspection checks that services are likely to be safe, effective, caring, responsive and well-led and provides an overall rating for the service as well as a rating for each of the five domains. Post-inspection feedback was positive, but at the time of writing the formal feedback of the inspection has not yet been received.

2.24. WDP, like all local substance misuse services, are required to participate in the National Drug Treatment Monitoring System (NDTMS) which provides anonymised reports to commissioners to support the monitoring and benchmarking of local services, as well as providing a level of insight into local patterns of substance misuse.

2.25. As reported by NDTMS the number of adults in substance misuse services in 2018-19 in Merton was as follows:

<i>Primary Substance Used</i>	<i>Number of service users</i>
Opiate only	217
Non-Opiate only	52
Alcohol only	213
Non-Opiate and alcohol	121

2.26. Successful completion of treatment⁸ figures, are outlined below. **Substance misuse services in Merton slightly out performed national average figures:**

<i>Primary substance used</i>	<i>Merton %</i>	<i>National %</i>
Opiates	6.5%	6.1%
Non-Opiates	40%	34.4%
Alcohol	40%	38%

⁸ defined in the Public Health Outcomes Framework as successfully completed treatment and did not re-present within 6 months (PHOF 2.15i/ii)

- 2.27. Service users can access substance misuse treatment quickly in Merton, **with almost all service users waiting under three weeks to start treatment in 2018-19.**
- 2.28. **60% of service users in treatment for opiates in 2018-19 were issued with Naloxone** (a medication to reverse the effects of opiates) **and provided with overdose training; significantly higher than the national rate of 19%.**
- 2.29. Treatment services in Merton **perform better than national figures on Blood-borne virus testing (Hepatitis B & C).**
- 2.30. NDTMS also estimates the number of people who are outside of the treatment system, yet to enter treatment services, sometimes referred to as 'treatment naïve' or the hidden harm population. NDTMS lists service users according to their primary substance(s) of misuse. In Merton, NDTMS returns estimate⁹ there are:

Primary substance/s	Number of individuals not in treatment ¹⁰	%clients not in treatment ¹¹	Unmet need % nationally
Opiate and/or Crack	746	68%	54%
Opiate	591	65%	47%
Crack	561	72%	60%
Alcohol only and alcohol & non-opiates	1,695	80%	82%

For Opiate users and Crack users the estimated % of unmet need in Merton is higher than the national average, which could indicate that this is an area that requires further attention to encourage individuals into treatment but as this group are hidden, it can be difficult to identify and engage them. As part of the on-going management of services, we are also exploring the methodology of these estimates in more detail to ensure that it is accurate and how it can be improved.

- 2.31. In relation to ethnicity, nearly two thirds of service users (alcohol and drugs) identified as White British. In the JSNA (2018) in West Merton 1 in 4 residents identified as BAME and in East Merton 1 in 2 residents identified ethnically as BAME. WDP Merton are pro-active and responsive to local needs and seek to develop their programme to ensure that it is representative e.g. they have recently established a Tamil group which is progressing well to support residents from this community. Further work on

⁹ Adults-Drug commissioning support pack 2020-2021: key data, planning for drug prevention, treatment and recovery in adults.

¹⁰ These figures are mid-range estimates and have wide confidence intervals surrounding them when the lower and upper Confidence intervals are included.

¹¹ the proportion of the estimated substance misuse clients who are not in treatment

engagement of BAME groups into treatment services is underway and a priority for the next 12 months (see 3.1.1 d).

- 2.32. As mentioned previously (see 2.6), there is greater alcohol related harm seen in east Merton, which has directly influenced the location of Substance Misuse Services to be located in Mitcham Town Centre.
- 2.33. Nationally in substance misuse treatment services, 69% of service users were male and 31% were female during 2018-19. In Merton, **69% of service users were male (408 people) and 31% were female (185 people).**

Substance Misuse related deaths.

- 2.34. The Office National Statistics (ONS) report that there were 4,359 deaths related to drug poisoning registered in England and Wales in 2018, the highest number and the highest annual increase (16%) since the time series began in 1993 (See Glossary for definitions). Deaths involving opioids (such as heroin) account for the majority of these, with heroin related deaths in England and Wales more than doubling since 2012 to the highest number since records began 20 years ago. There are also a small but rising number of deaths involving new psychoactive substances and prescription and over-the-counter medicines e.g. tramadol.
- 2.35. Public Health England, with the Local Government Association, convened a national review in 2016 to better understand the causes of the rise in drug related deaths and two important factors were identified; the increase in availability and purity of heroin and the ageing of heroin users who were now experiencing cumulative physical and mental health conditions, with older heroin users seeming to be more susceptible to overdose.
- 2.36. During the 12 months from October 2018 to September 2019, there were 10 drug related deaths (using the PHE definition, see Glossary) of Merton residents who had been, or were currently, in contact with WDP¹². A case review by WDP is undertaken on each drug misuse death, which looks at extent of engagement in services, initial cause of death, lessons learnt and actions to be take by the service and system as a whole. Identified causes for the 10 deaths in Merton included long-term liver disease, cardiac arrest, cancers, one suspected overdose and one death by suicide. Strictly applying the ONS definition of a drug poisoning and/or a drug related death would have meant that only 2 of the above deaths would have been classed as drug related (See Glossary). In Merton a wider approach was adopted to review deaths using the PHEs definition of drug related deaths which includes deaths caused by the long-term consequences of drug misuse and related ill-health.
- 2.37. A brief review of these deaths was completed by a Merton Drug and Alcohol Related Death (DARD) panel in November 2019, which found that they were related to system failures and not ineffective commissioned services. This review identified the following key themes for further consideration:

¹² Any client who died during this period who was a current or a previous service user of the WDP Merton service were included in this review.

- a) Deaths were characterised by a high level of need including physical and mental comorbidities which are further compounded by social isolation and temporary accommodation.
 - b) The deceased were likely to have high rates of unplanned hospital admission.
 - c) There are difficulties assessing the capacity to understand or effectively engage in risk interventions.
 - d) Despite high levels of poor mental health there was limited engagement with mental health services.
 - e) End of life care for this service user group are not well developed.
 - f) Post bereavement support should be made available to all families.
- 2.38. The approach in Merton to preventing drug related deaths is guided by the recommendations of Public Health England's Expert Working Group on drug-related deaths in England (see 14.2), and includes better access to supportive physical and mental services; commissioning recovery focused substance misuse services that provide wider support e.g. housing and employment; offering effective interventions for all people who use drugs, including those not currently being reached.
- 2.39. These findings are being reported to the Safeguarding Adults Board, the MCCG Quality Sub-committee and are being actioned as priorities by Commissioners.
- 2.40. Due to potential overlaps in procedures between the DARD panel and the Safeguarding Adult Reviews completed by Adult Social Care, a task and finish group has been established to review processes and decide if a separate DARD panel is necessary.
- Service user experience
- 2.41. Merton Public Health uses a Quality Assurance Framework to systematically monitor different aspects of commissioned services to detect and ensure that quality standards are being met. This framework has six domains; Safety; Clinical effectiveness; Service user experience/engagement; Resource effectiveness; Access and equity and Leadership, learning and quality improvement. All domains are of equal importance and Service user experience/engagement is critical to the success of substance misuse services, where a visible recovery capital can help other service users access and stay in treatment.
- 2.42. WDP Merton regularly engage with their service users and have service user representatives that attend the Substance Misuse Partnership Board (see 2.10). Feedback on areas for service improvement is acted upon; an example of a WDP 'You said, we did' report can be found in appendix one.
- 2.43. The panel have also been shown a short video, prior to the meeting to protect the anonymity of service users, which shows five real-life examples of current service users.

3 PRIORITIES

- 3.1. There are a number of priorities, led by the SMPB, to prevent and tackle substance misuse over the next 12 months, as follows

- 3.1.1 Delivery of holistic (person-centred) services
- a) Review of dual diagnosis pathways
 - b) A task and finish group to identify ways to better support complex cases, including those receiving care from Adult Social Care, and those that are unwilling to engage with treatment services.
 - c) Exploring an approach to shared care, including working with local GPs and Community Pharmacists.
 - d) Developing a communications plan to increase the number of residents entering treatment and potentially reducing unmet need.
- 3.1.2 Development of a healthy place
- a) Supporting the Health and Wellbeing Board's priority to deliver healthy workplaces across Merton. For substance misuse, this will include the promotion of mental health tools e.g. www.good-thinking.uk and the Merton Drinkchecker which helps individuals understand how much they are drinking and how to get help to cut down <https://oneyoumerton.drinkchecker.org.uk/>
 - b) Working in partnership with the Merton Licensing team, who are completing a review of the Cumulative Impact Zone's (CIZ) and the Statement of Licensing Policy (SLP) during 2020 and with Merton Regulatory Services to work on wider place based initiatives e.g. Healthier High streets

4 SECURING IMPROVEMENTS ACROSS THE SYSTEM

- 4.1. We would welcome a discussion on preventing and tackling Substance Misuse led by the panel, and would like this to consider
- (i) How can the system best support the promotion of tools that support good mental health and wellbeing e.g. good thinking and the drinkchecker?
 - (ii) How can the system tackle the stigma associated with substance misuse?
 - (iii) How can the system contribute to the development of a healthy place e.g. delivery of healthy workplaces?

5 ALTERNATIVE OPTIONS

- 5.1. NA

6 CONSULTATION UNDERTAKEN OR PROPOSED

- 6.1. Service users are engaged by the commissioned WDP Merton service through regular feedback sessions and through service user representatives.

7 TIMETABLE

- 7.1. NA

8 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

- 8.1. NA

9 LEGAL AND STATUTORY IMPLICATIONS

9.1. NA

10 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

10.1. Substance Misuse has an impact of community cohesion and a priority for the next 12 months is the development of a communication plan to help tackle the stigma associated with substance misuse.

11 CRIME AND DISORDER IMPLICATIONS

11.1. Substance Misuse has an impact of crime and disorder. The Substance Misuse Partnership Board reports jointly to the Health and Wellbeing Board and the Safer Stronger Executive, where it takes regular update reports.

12 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

12.1. NA

13 APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT

13.1. Appendix One – WDP Service ‘You said, we did’ report.

14 BACKGROUND PAPERS

14.1. Merton Substance Misuse profile (Jan 2018), available at <https://www.merton.gov.uk/assets/Documents/www2/MertonSubstanceMisuseProfile.pdf>

14.2. Public Health England (2016). Understanding and preventing drug-related deaths
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/669308/Understanding_and_preventing_drug_related_deaths_report.pdf

14.3. Merton Health and Wellbeing Strategy; a Healthy Place for Healthy Lives
<https://www.merton.gov.uk/healthy-living/publichealth/strategies>

14.4. Merton Health and Care Plan.
<https://www.mertonccg.nhs.uk/about-us/Our-Plans/Pages/Merton-Health-and-Care-Plan.aspx>

14.5. The Adult Substance Misuse Needs Assessment:
https://www.merton.gov.uk/assets/Documents/www2/merton_substance_misuse_health_needs_assessment.pdf

14.6. The Merton Story?: <https://www.merton.gov.uk/healthy-living/publichealth/jsna/the-merton-story>

14.7. Public Health Outcomes Framework:
<https://fingertips.phe.org.uk/profile/public-health-outcomes-framework>

15. GLOSSARY

Drug-related death (PHE definition) – definition used in the PHE national inquiry was to cover both *drug misuse deaths* and broader deaths arising as a

consequence of current or past drug misuse (Compared with *Office of National Statistics*, which uses drug-related death interchangeably with *drug poisoning death*).

Drug misuse death (ONS definition) – a death where the underlying cause is drug abuse or drug dependence, or is drug poisoning involving one or more substances controlled under the Misuse of Drugs Act 1971

Drug poisoning death (ONS definition) – an accidental death or suicide involving poisoning by one or more legal or illegal drugs, also called a drug related death by ONS

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