

**REDUCING DRUG-  
RELATED DEATHS IN  
NEWCASTLE UPON TYNE**

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A whole systems approach to  
reducing drug-related mortality

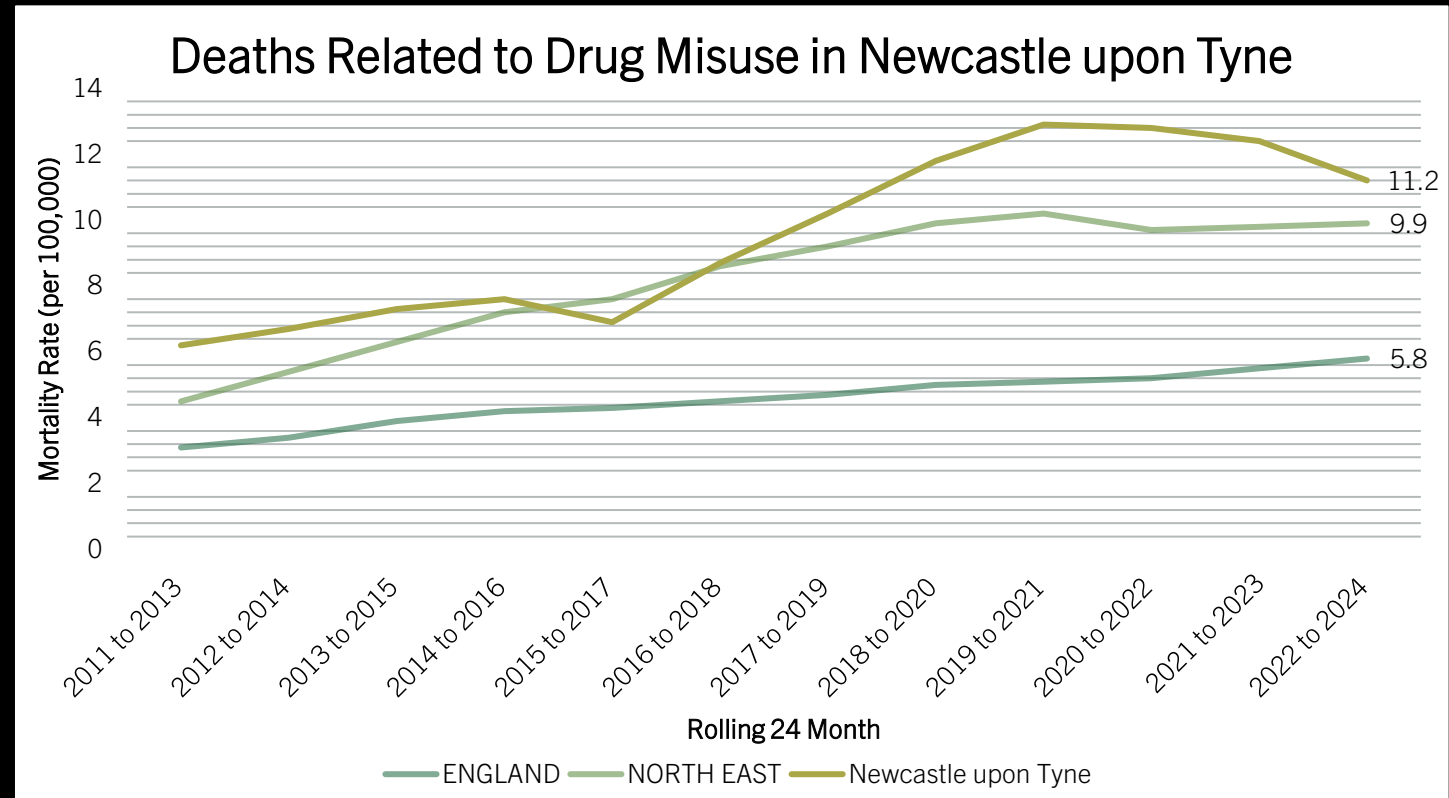


**NEWCASTLE'S SYSTEM-  
WIDE APPROACH TO  
REDUCING DRUG-  
RELATED DEATHS**

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# DEATHS RELATED TO DRUG MISUSE

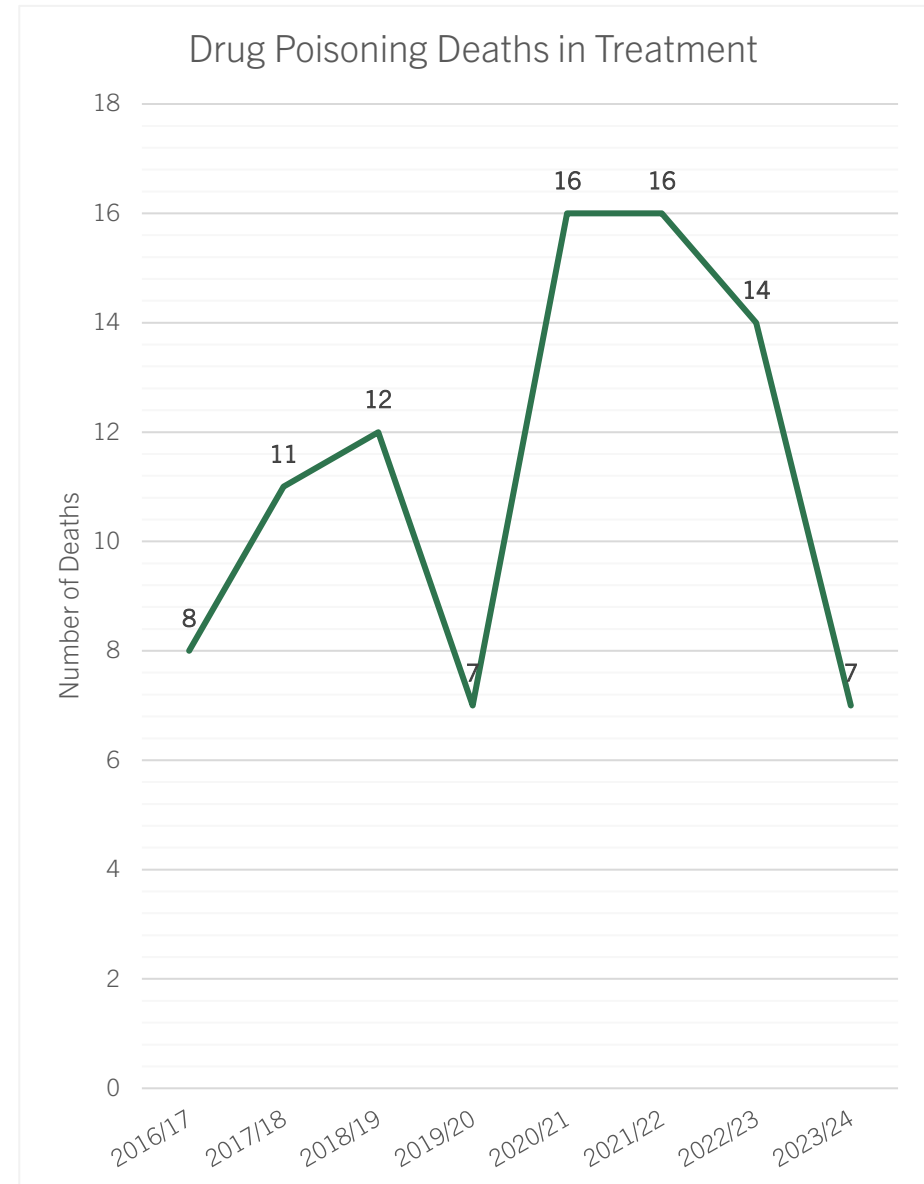
- Drug misuse mortality in Newcastle upon Tyne has declined since peaking between 2019 to 21.
- The most recent rate remains high at 11.2 deaths per 100,000 population (2022 to 24).
- This is above both the North East rate (9.9 per 100,000) and the England average (5.8 per 100,000), meaning drug-related mortality in Newcastle remains almost twice the national rate despite recent improvements.



# DRUG POISONING DEATHS IN TREATMENT

Drug-related deaths among people in structured treatment have fluctuated over time, rather than showing a consistent trend.

Drug poisoning deaths increased sharply between 2019/20 to 2020/21 before a plateau and remaining elevated. In 2023/24, drug poisoning deaths fell to 7, representing the lowest point since before the COVID-19 pandemic.



# SYSTEM CO-ORDINATION AND COMMISSIONING



## Multi-Agency Leadership

Strong leadership coordinates public health, justice, housing, and social care to prioritize reducing drug-related deaths.

## Intelligence-Led Commissioning

Data-driven needs assessments and trend analysis target resources to high-risk populations effectively, including how we manage the additional grants

## Co-Production with Lived Experience

Involvement of people with lived experience enhances trust, relevance, and service design.

## Quality Monitoring and Improvement

Robust contract management and appreciative inquiry improve pathways and close service gaps.

# PREVENTION AND EARLY INTERVENTION



## **Citywide Prevention Strategy**

Newcastle's Alcohol Action Group coordinates prevention via licensing and Safety Advisory Group meetings for medium to high-risk events (incl festivals and dance themed events). This includes advocacy and public health campaigns citywide.

## **Early Intervention in Healthcare**

Expanded drug and alcohol provision into primary care and maternity services provide early identification and intervention to reduce substance use risks.

## **Community-Based Prevention**

Schools, universities, and youth programs address risk factors through targeted initiatives supporting vulnerable groups.

## **Workforce Training and Development**

Training across partner organizations enhances ability to recognize risks and make timely referrals for support.

## **Dedicated family and carer support**

Our specialist drug and alcohol carers service supports families and carers (including children) affected by a loved ones use.

# ENHANCED DETOXIFICATION OPTIONS AND REHAB OPTIONS



## Stepped Detoxification Model

Newcastle provides a stepped detox model ensuring clinical support matches individual risk and complexity. 3 approaches to detoxification depend on clinical need.

## Day unit and Inpatient Services

Day unit detox is supported by skilled staff and open 7 days per week - while inpatient beds (both hospital based and detox ward bed) offer higher medical oversight through a consortium.

## Pre- and Post-Detox Support

Emphasis on screening, stabilisation, and aftercare reduces relapse and improves detox outcomes.

Community (12-week intensive abstinence-based programme) and residential rehabilitation are available.

# EXERCISE AND PHYSICAL HEALTH CARE



## Integrated Physical Healthcare

Newcastle incorporates physical healthcare and exercise into drug treatment to reduce overdose risks and improve health outcomes.

## Exercise Therapy Benefits

Exercise therapy enhances lung function, mobility, mental well-being, and supports recovery capital for patients.

## Physical Health Nursing Services

Physical health nurses provide wound care, vaccinations, testing, and early injury interventions to reduce complications.

## Focus on Liver and Respiratory Health

Efforts target liver health, smoking cessation, and screening to lower medical risks leading to drug-related deaths. Respiratory in-reach into treatment services provides place-based assessment and treatment of respiratory illness.

# LONG-ACTING BUPRENORPHINE AND RAPID ACCESS TO PRESCRIBING



## Fast-Track Prescribing Model

Newcastle's model allows same-day opioid substitution treatment for high-risk groups to reduce overdose risk (7 days a week).

## Long-Acting Injectable Buprenorphine

LAIB offers extended stable medication levels, reducing missed doses, diversion, and overdose risk.

## Community Partnerships and Support

Collaboration with pharmacies enables flexible supervision, naloxone distribution, and early risk identification.

## Sustainable Funding and Improved Outcomes

Protected public health funding ensures sustained LAIB access, improving treatment engagement and safety.

# HARM REDUCTION



## Comprehensive Harm Reduction Services

Newcastle offers a broad harm reduction system and bespoke, standalone service including needle programmes, pharmacies, and outreach to maximize access.

## Naloxone and Overdose Training

Naloxone distribution and overdose awareness training equip users, families, and workers to respond effectively. Expansion includes local authority, police

## Drug Checking and Early Alerts

Mandrake testing and Early Alert System quickly identify dangerous substances for timely warnings and actions under our LDIS process.

## Health Services Access

BBV testing, vaccinations, wound care, and health advice are provided in low-threshold, non-judgemental settings.

# LEROS AND WORKING WITH MARGINALISED GROUPS



## Role of LEROs

LEROs unite people with lived experience and community partners to co-produce recovery solutions and combat stigma.

## Targeted Outreach Groups

Outreach prioritizes homeless, ethnic minorities, LGBTQ+ people, and those in criminal justice for tailored support.

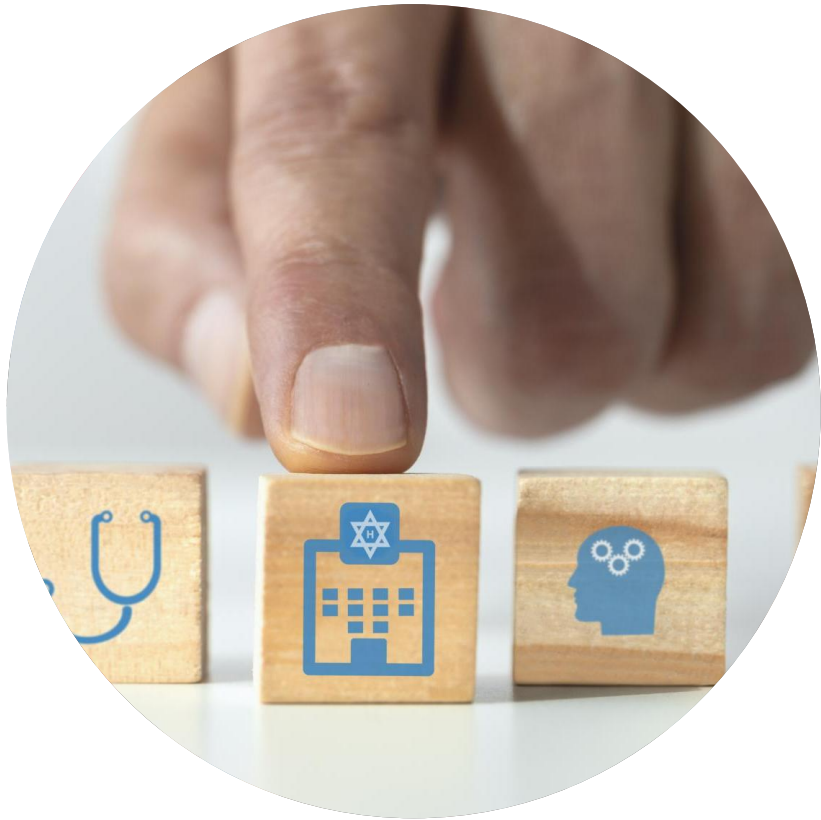
## Culturally Responsive Engagement

Faith partnerships and specialized outreach workers improve engagement and reduce care barriers for marginalized groups.

## Building Trust and Inclusion

Embedding lived experience leadership fosters trust, improves engagement, and ensures recovery support reaches those at risk.

# CO-OCCURRING POOR MENTAL HEALTH



## Trauma-Informed Approach

Newcastle uses a trauma-informed, no wrong door approach ensuring access to mental health and substance use support without exclusion.

## Integrated Multidisciplinary Support

Integrated services include psychiatry, psychology, speech therapy, mental health clinics (incl ADHD, SLT) and neurodiversity support within drug and alcohol treatment programs.

## High Intensity Use Pathways

Specialized pathways support frequent crisis presentations, improving care for individuals using emergency and high-intensity services.

## Training and Early Identification

Training across frontline services enhances early detection of co-occurring needs and confidence in effective responses.

# PREVENTION FOR CHILDREN AND YOUNG PEOPLE



## Early Intervention and Education

Dedicated link workers provide drug and alcohol education and early risk identification in schools and youth settings.

## Assertive Outreach and Family Support

Outreach targets at-risk youth and supports families affected by substance use with safeguarding measures.

## Positive Alternatives and Resilience

Sports and physical activities provide constructive alternatives to substance use for young people aged 16 and over. Physical activity programmes run on evening and at weekends to act as both a diversionary activity and improve physical and mental wellbeing.

## Transition Support for Young Adults

Personalised transition planning ensures safe support from children's to adult services for ages 16–24.

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## NEXT STEPS.....

Exploring emerging patterns of use and unmet need, including **chemsex and ketamine**, to ensure our response remains relevant and evidence-informed.

Strengthening our approach to the **night-time economy and events settings**, using research and intelligence to inform targeted prevention and harm reduction activity.

Reviewing gaps in the current harm reduction offer, including **safer smoking provision (e.g. crack pipes)** and other practical interventions that reflect how people are using substances.

Addressing **stigma** as a key barrier to engagement, both within services and across wider systems, to improve access and outcomes.

A focus on women with multiple and complex needs, including those with complex motherhood.

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