



Public Health
England

Protecting and improving the nation's health

Cheshire and Merseyside IMS – National Figures and Activity

October 2018

Death Definitions (ONS)

Drug Poisoning

- Includes:
 - Accidents and suicides involving drug poisonings
 - Drug abuse and drug dependence
- Excludes:
 - Adverse effects of drugs (for example, anaphylactic shock)
 - Other accidents where someone was under the influence of drugs (for example, car accident)

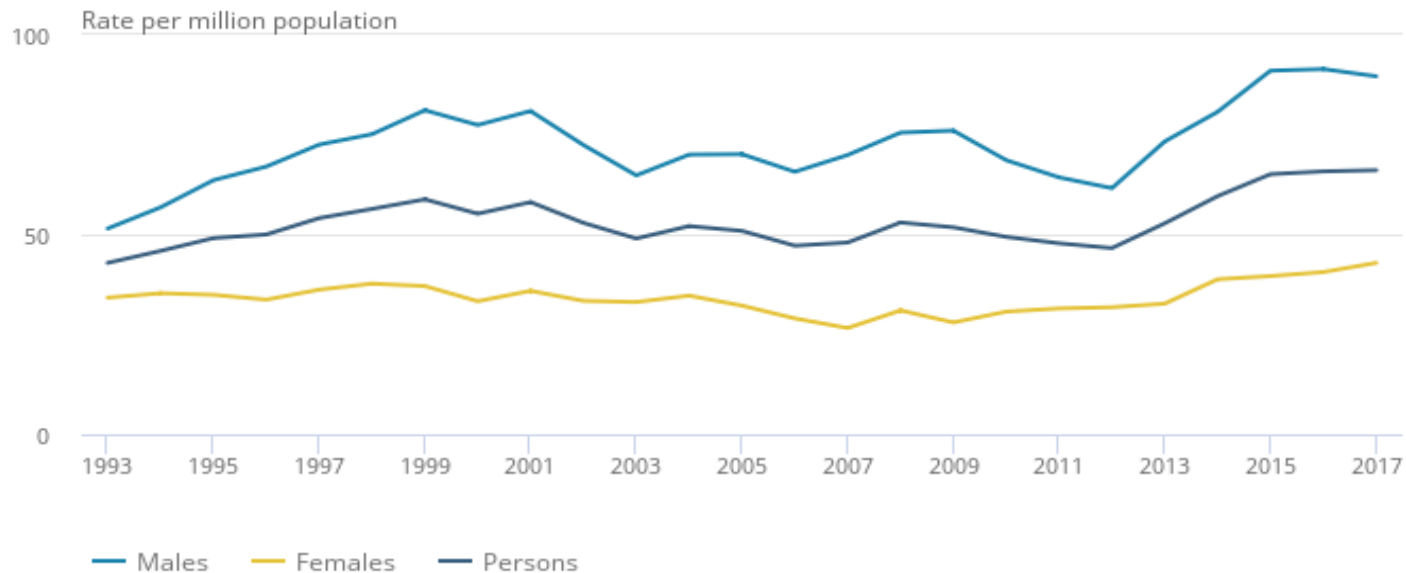
Drug Misuse deaths = the subset of these where:

- underlying cause is drug abuse or drug dependence,
- any of the substances controlled under the [Misuse of Drugs Act 1971](#) are involved

Deaths stabilising – still too high (3,756)

Figure 1: Age-standardised mortality rates for deaths related to drug poisoning, by sex, registered between 1993 to 2017

England and Wales

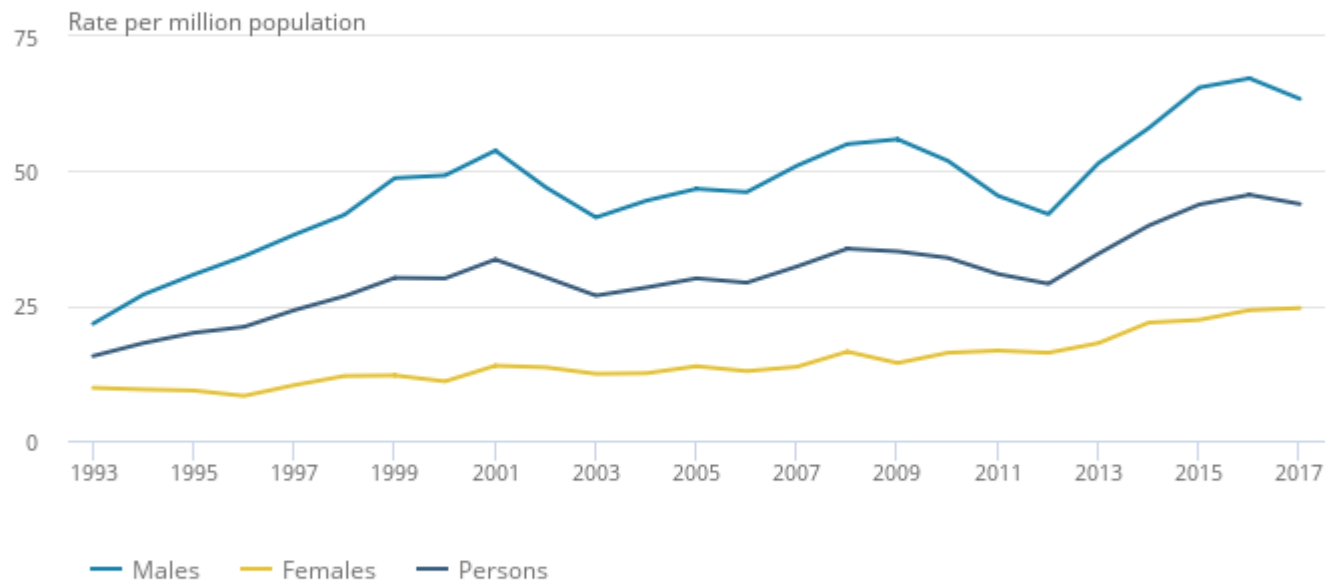


Source: Office for National Statistics

Majority are Drug Misuse Deaths (2,503)

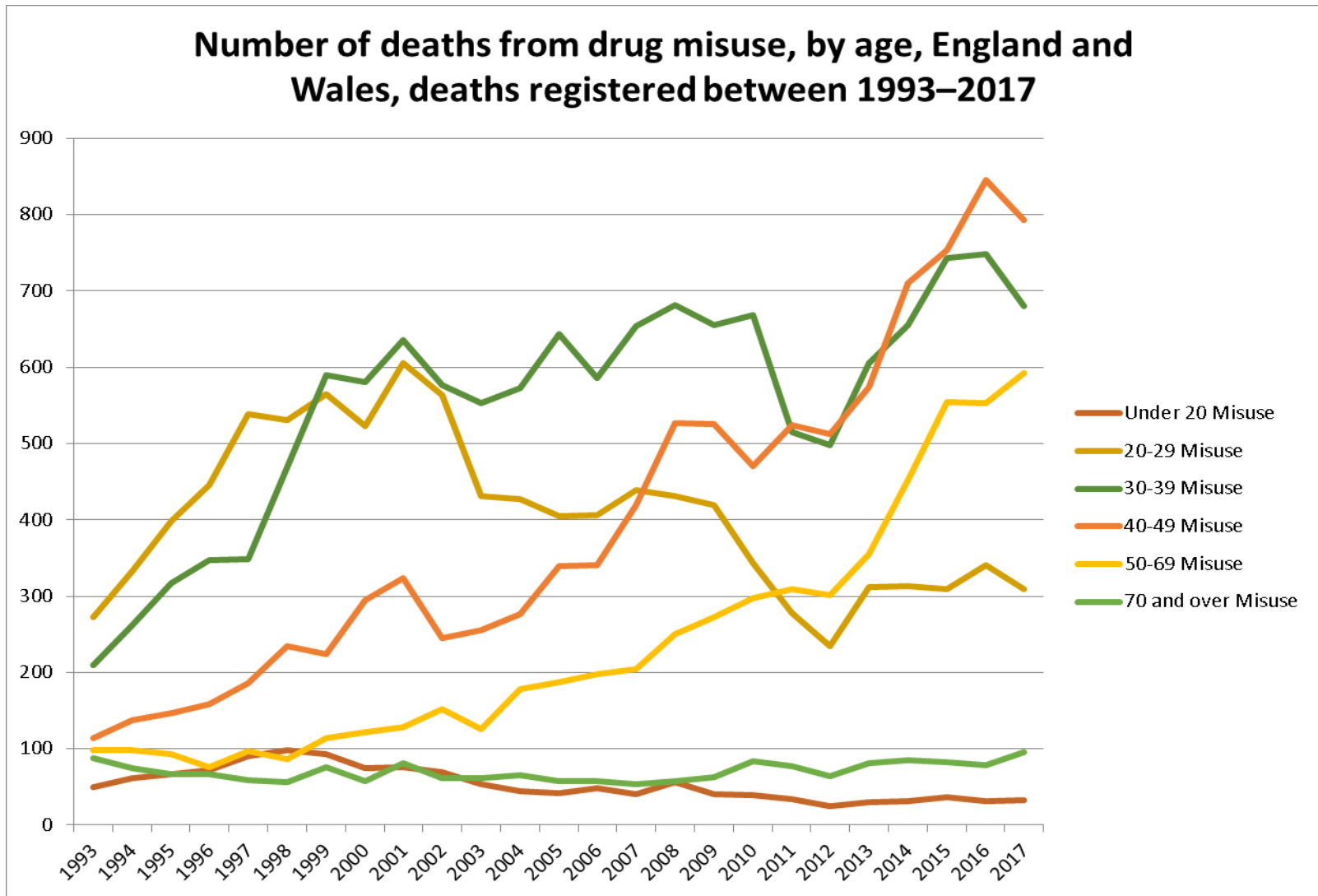
Figure 2: Age-standardised mortality rates for deaths related to drug misuse, by sex, registered between 1993 to 2017

England and Wales



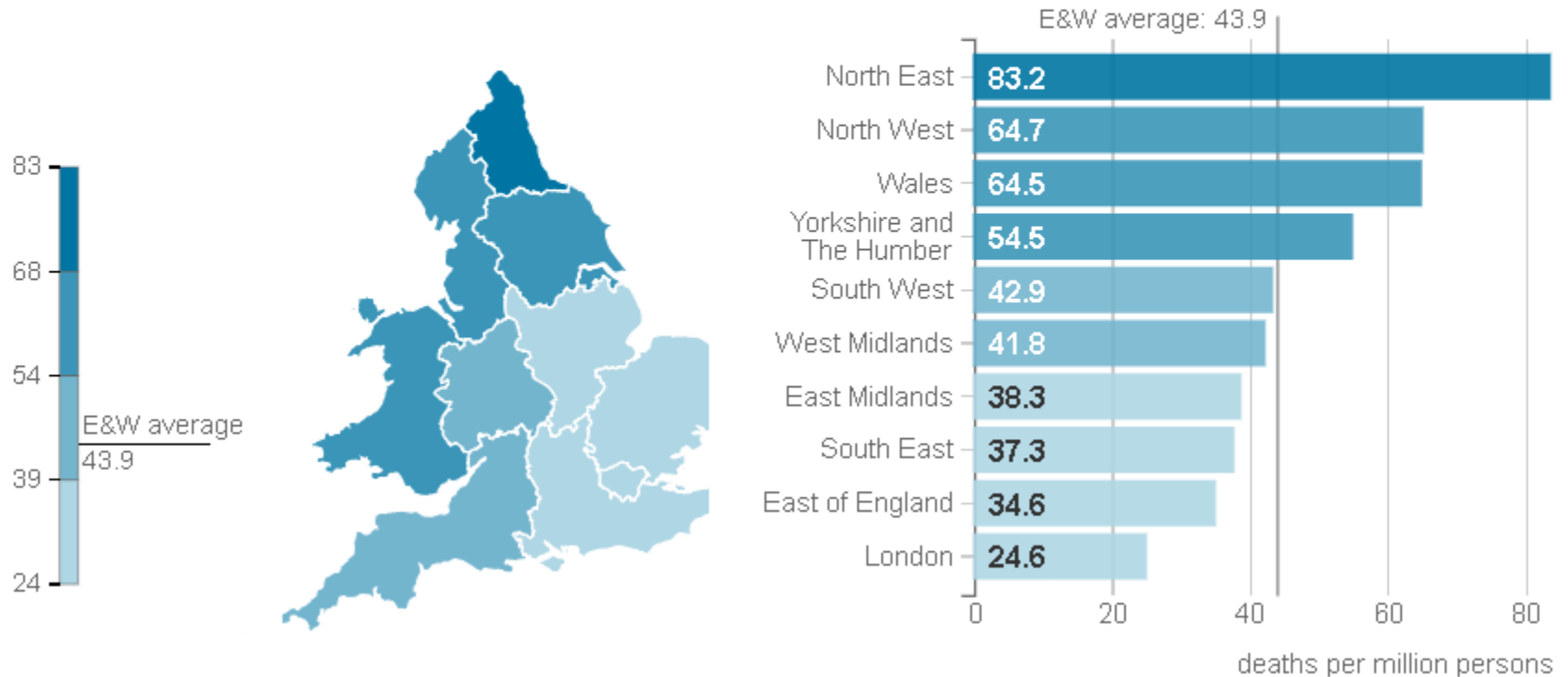
Source: Office for National Statistics

Age reflects the opiate using cohort

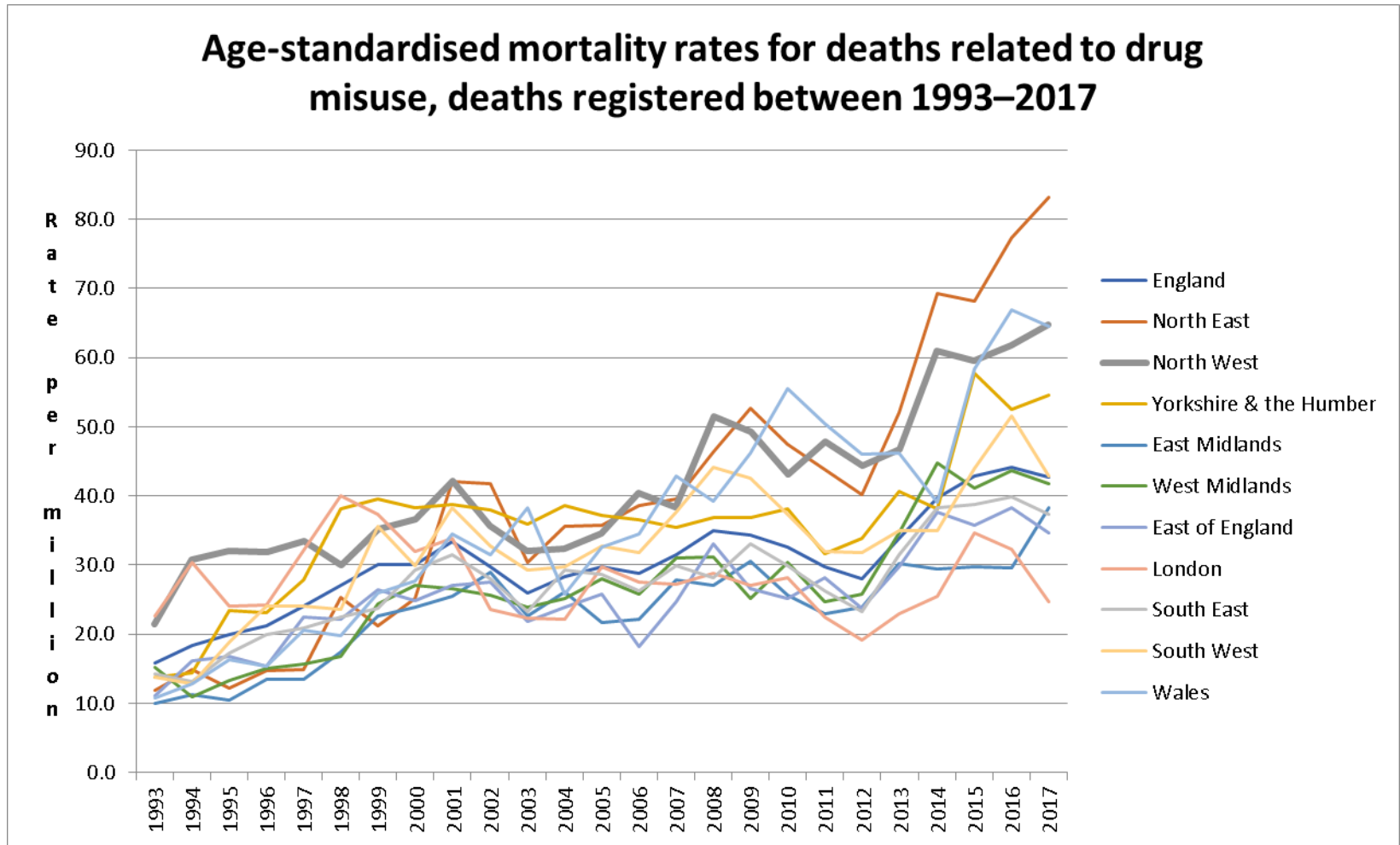


Regional Variation

Figure 3: Age-standardised mortality rate for deaths related to drug misuse, by country and region, registered in 2017

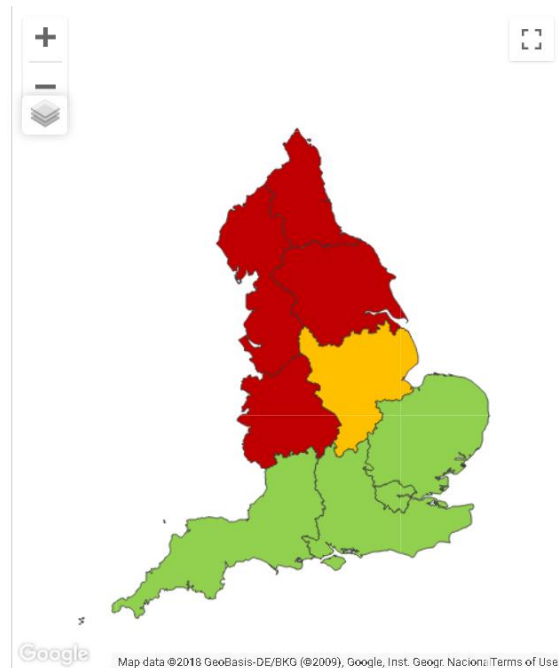


Regional Variation

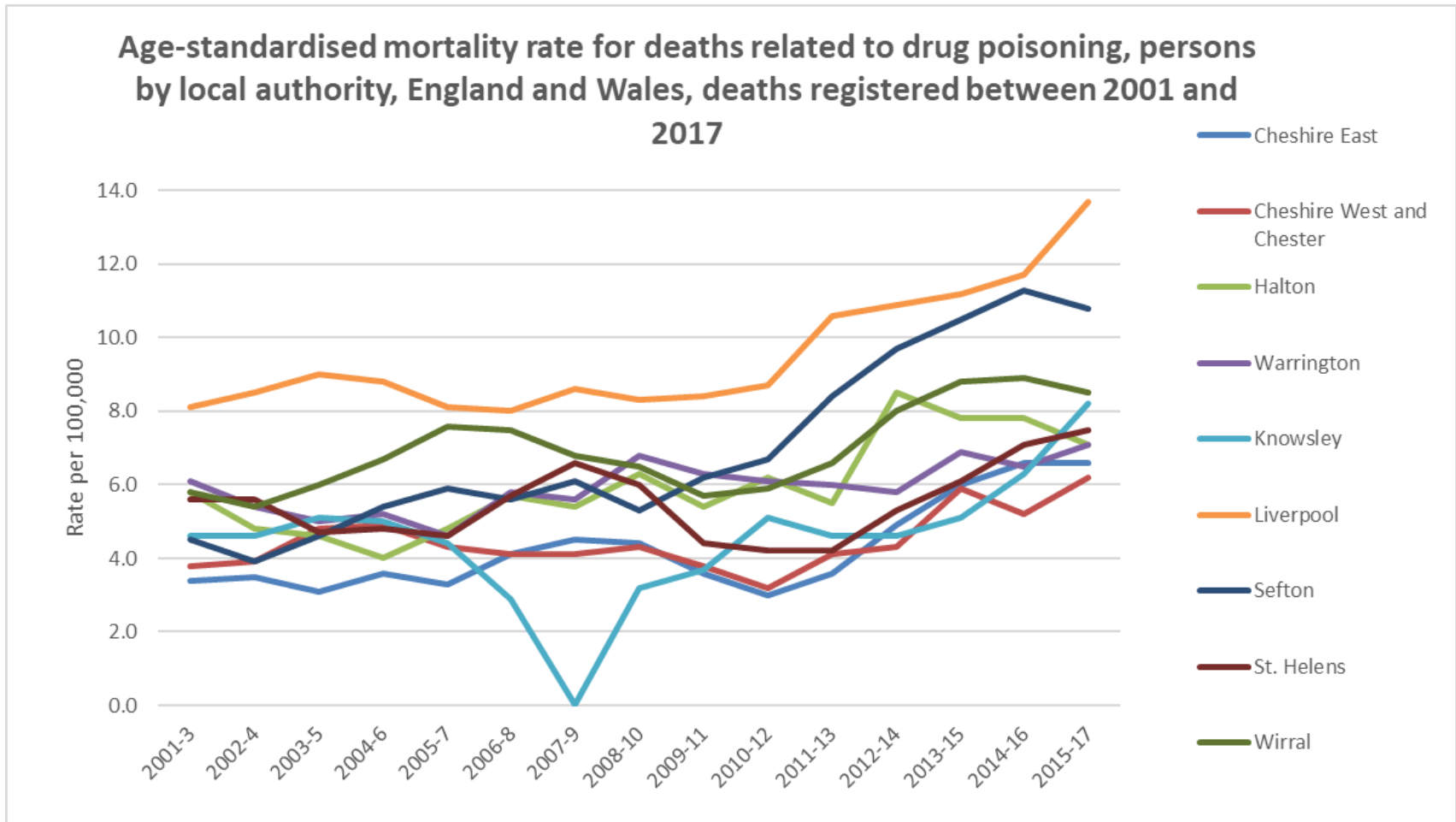


Preventable mortality

Mortality rate from causes considered preventable (2014-16)



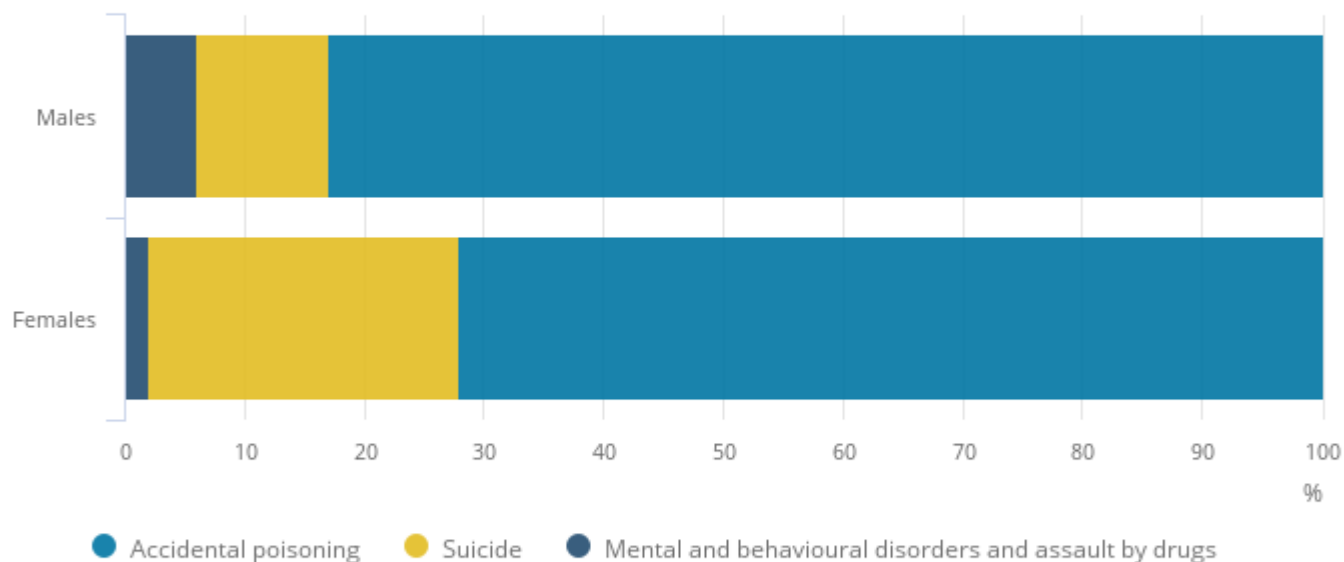
LA level data



Suicide in women

Figure 4: Percentage of drug misuse deaths, by underlying cause and sex, deaths registered in 2017

England and Wales

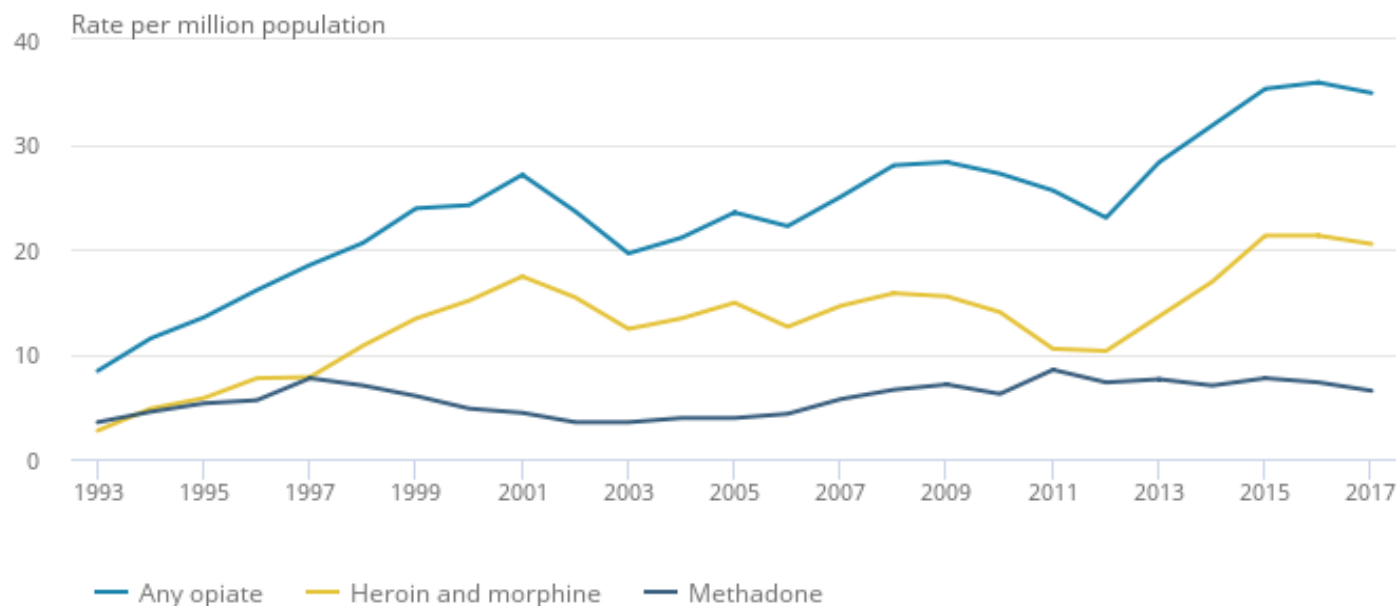


Source: Office for National Statistics

Reductions in heroin and methadone deaths

Figure 5: Age-standardised mortality rates for deaths by all opiates, heroin and morphine, and methadone, registered 1993 to 2017

England and Wales



Source: Office for National Statistics

NW - In treatment death trend

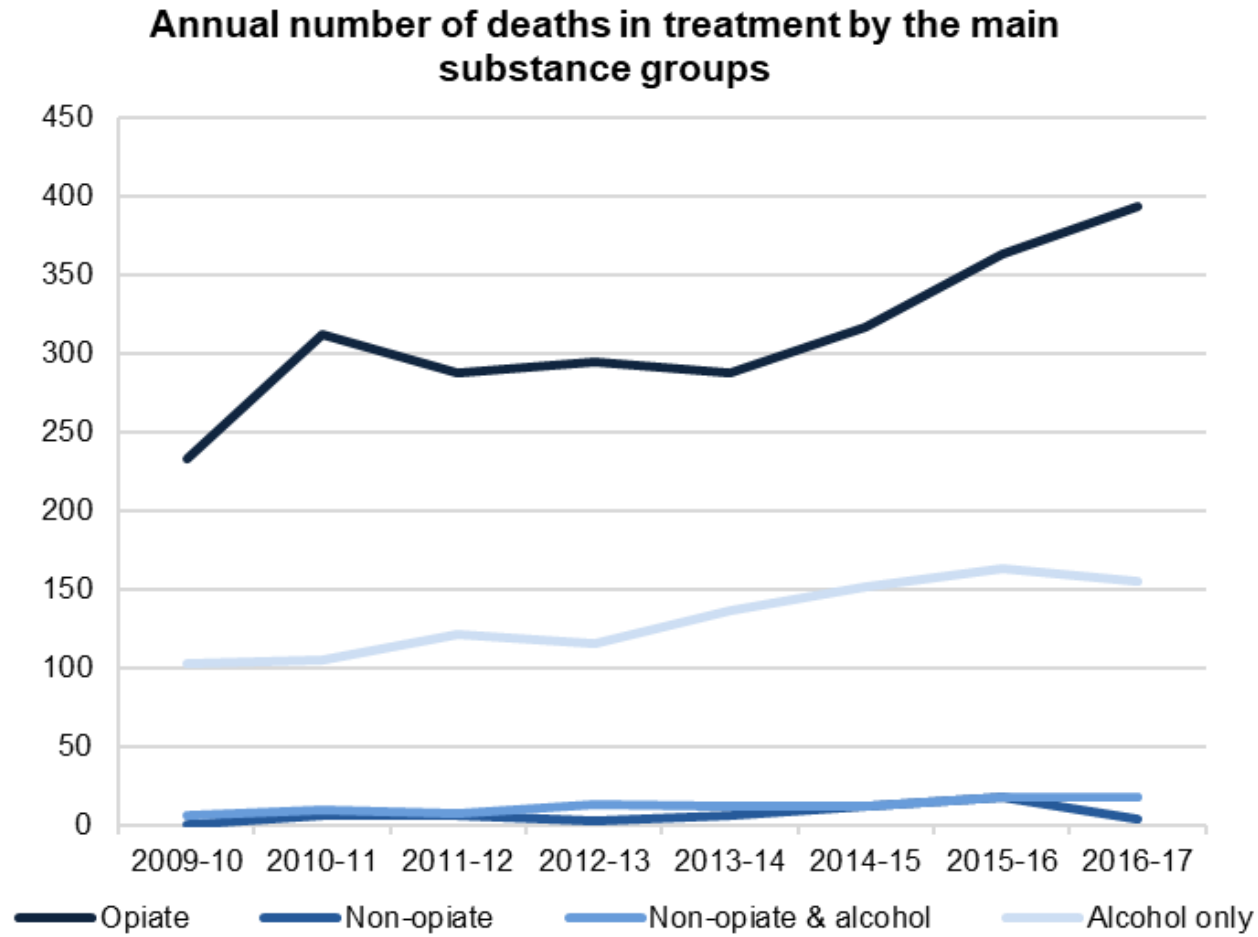
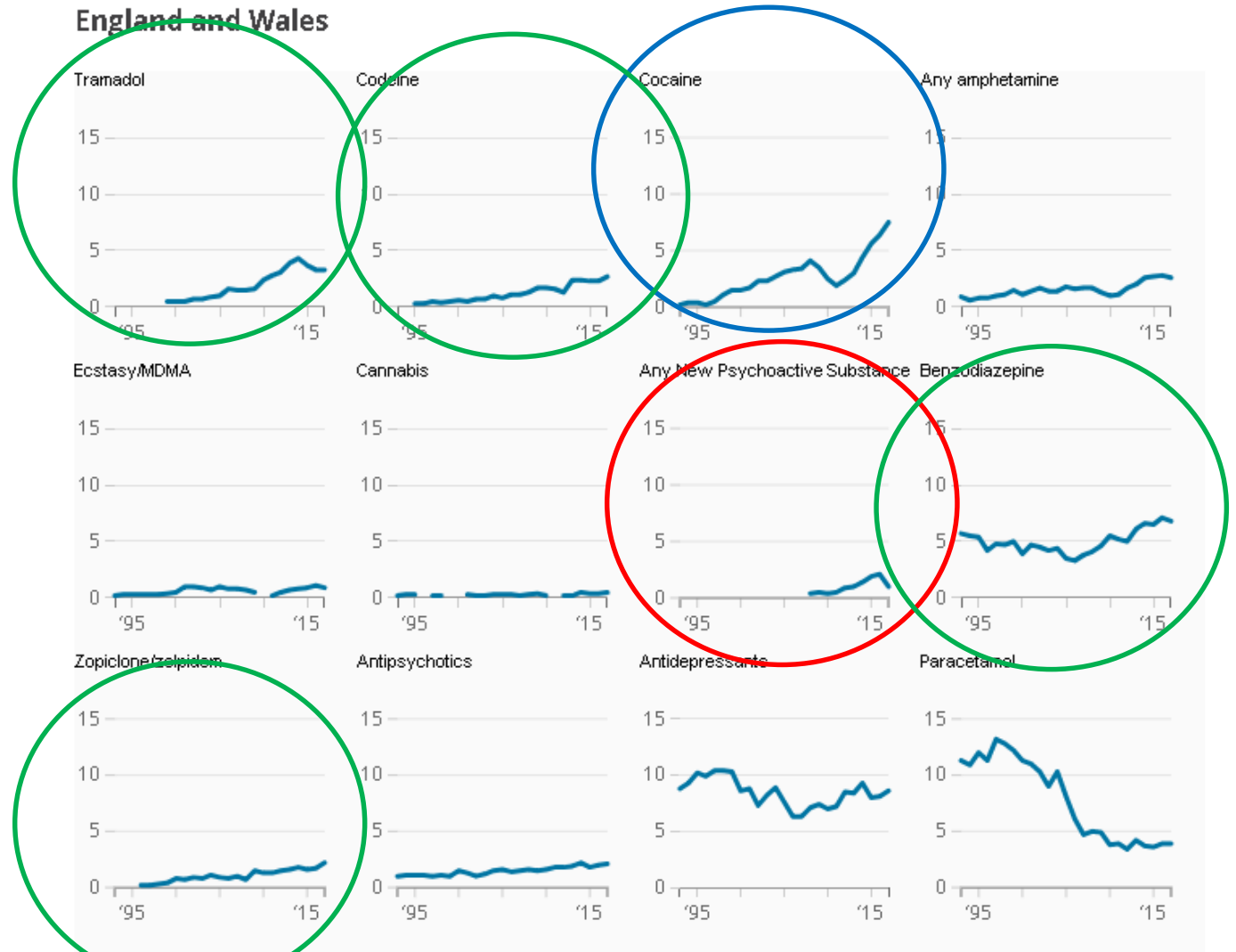


Figure 6: Age-standardised mortality rates for selected substances, deaths registered between 1993 to 2017

Other drugs



Source: Office for National Statistics

Crack Deep Dive

Prompted by rising numbers of cocaine deaths in past two years, prevalence estimates pointing to increased numbers of crack users in some areas and increases presentations to treatment (NDTMS)

Also concerns around potential links to serious violent crime (Home Office)

6 areas - Bury and Salford in the North West

Focus groups with service users, health and criminal justice locally

Fentanyl

View Alert Home Help Login < Go Back

Originator: CMO Messaging
From: Professor Paul Costford Director for Health Protection & Medical Director
Issue date: 27-Apr-2017 11:01:36

Action by recipients:

- NHS Trusts (England) - Medical Director
- MHRA (Medicines) Drug Alerts (Various Recipients)
- NHS Foundation Trusts (England) - Medical Director

Information to recipients:

- Territorial CMOs in Northern Ireland, Scotland & Wales
- Regional Directors of Public Health
- Consultants in Communicable Diseases
- Director of Public Health
- Clinical Commissioning Groups

Action category: Class 1: Immediate
Title: EVIDENCE OF HARM FROM FENTANYL-CONTAMINATED HEROIN
Broadcast content:

This alert advises of the availability of, and harms from, heroin that has been mixed with fentanyl or carfentanyl, both unusually potent synthetic opioids.

There is significant evidence from a small number of post-mortem results of recent drug user deaths and from police seizures that some heroin may contain fentanyl or carfentanyl added by dealers. These are highly potent synthetic opioids and very small amounts can cause severe or even fatal toxicity.

Those of you in contact with heroin users should be alert to the increased possibility of overdose arising from heroin cut with these synthetic opioids, be able to recognise possible symptoms of overdose and respond appropriately.

Fentanyl/s

The fentanyl/s are a group of synthetic opioids; some have legitimate uses while others are illicit drugs. Fentanyl is about 100 times more potent than morphine and is a licensed medicine used to treat severe and terminal pain. Carfentanyl is 4,000 - 10,000 times more potent than morphine and principally used as an animal tranquiliser.

Actions advised

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2016 - 58, 2017 – 75

Fentanyl analogues 1→31 (27 carfentanyl)

Most deaths felt to be associated with one incident of adulterated heroin in late 2016 early 2017

No major incidents reported in 2018

Testing by services not showing up any significant presence

Fentanyl preparedness

Develop multi-agency plan potentially embedded in Local Resilience Partnership

Have a local drug information system in place

Have drug related deaths reviews that fit with national guidance

Have sufficient naloxone distribution

Scope ways to increase drug testing



The screenshot shows the top portion of a document from Public Health England. It features the organization's logo and name in the top left. The main title is 'Guidance for local areas on planning to deal with fentanyl or another potent opioid', published on 8 May 2018. Below the title, there is a 'Contents' section with two items: '1. Plan and prepare for a future threat' and '2. Resources'. The 'Resources' section includes a link to a document titled 'How local commissioners and service providers can prepare for and respond to incidents involving potent opioids like fentanyl.' The text below this link states that illicit fentanyl (strong opioids, more potent than heroin, and most likely mixed into heroin) caused a spike in drug-related deaths in England in 2017, and that more information is available in appendix A.

<https://www.gov.uk/government/publications/fentanyl-preparing-for-a-future-threat>

Naloxone

LGA Survey – 90% of respondents provided THN

Predominantly to in-treatment population but around 2/3rd to out of treatment (hostels most often)

No quantities

Release FOI – Highlighted gaps in provision more clearly but also highlighted progress made in increasing provision

Naloxone now NDTMS item and reported on DOMES

Modelling of naloxone coverage -

<https://www.gov.uk/government/publications/fentanyl-preparing-for-a-future-threat>



NW DRD Audit

- Many but not all areas have outreach
- Very few areas have calculated NSP coverage
- While all areas assessed OD risk on treatment entry not clear whether tools were evidence based.
- Split dosing not employed in every area
- Time limited prescribing in ¼ of areas
- Naloxone provision in almost every area BUT variation in practice was marked.
- Links with homelessness services in most areas but often informal
- Non-fatal overdose response patchy
- Smoking cessation not integrated in around 1/3rd areas.

Understanding and preventing drug-related deaths

The report of a national expert working group to investigate drug-related deaths in England

Summary

- Still an area of significant concern for PHE nationally
- Concern more heightened still in NW
- Some emerging 'threats' – cocaine, prescription meds
- Fentanyl 'outbreak' not emerging but vigilance critical.
- Naloxone distribution increasing but needs to be much broader
- Key to minimising drug related deaths is whole system, no silver bullet
- Potential for further collaboration across Cheshire and Merseyside and making sure DRDs profile are higher.



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Thank you

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Oct 18