

Drug-related Deaths

Derbyshire and Derby City

2012-2018 data

Deaths by year

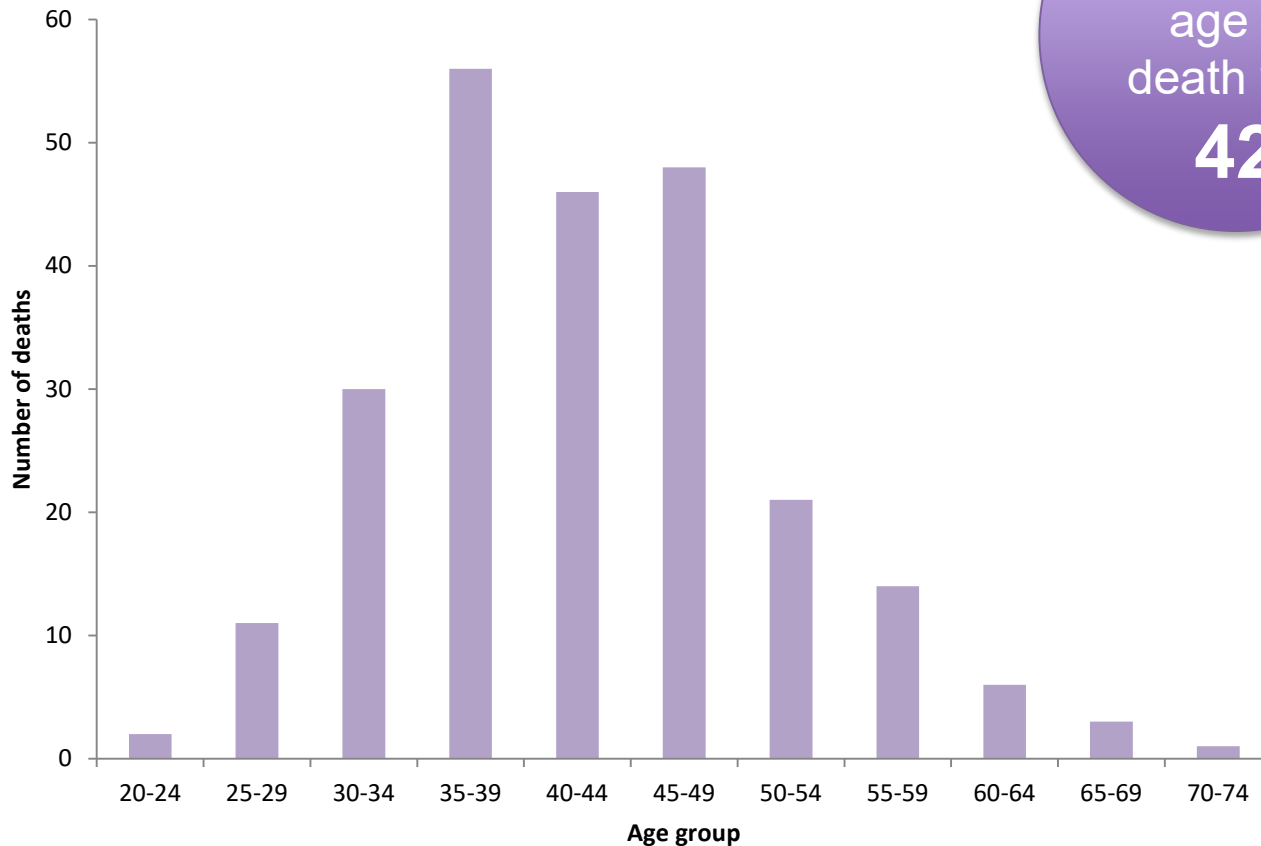


The number of drug-related deaths in the region have been increasing since 2012.

There was a total of 19 deaths in 2012, which rose to 42 by 2018.

This figure is set to be even higher in 2019, with 42 deaths having already been recorded by October.

Age



The average age at death was **42**

76% of those that died were **male**

Those in substance misuse services seem to be dying from a multitude of complications at a younger age than would be typically expected of the general population

The most common age group was 35-39 year olds

Causes of death

Various causes of death have been noted. To name a few:

- Overdose (98)
- Suicide
- Hepatitis C
- Cancer
- COPD
- Liver disease
- Sepsis
- Multiple organ failure
- Endocarditis
- Pneumonia
- Heart disease
- Internal bleeding
- Respiratory failure
- Murder

Overdose deaths

Younger age groups seem to be more at risk of death due to overdose than older age groups. Those 45+ show comparatively lower overdose deaths than younger service users, suggesting that these individuals are dying of other causes.

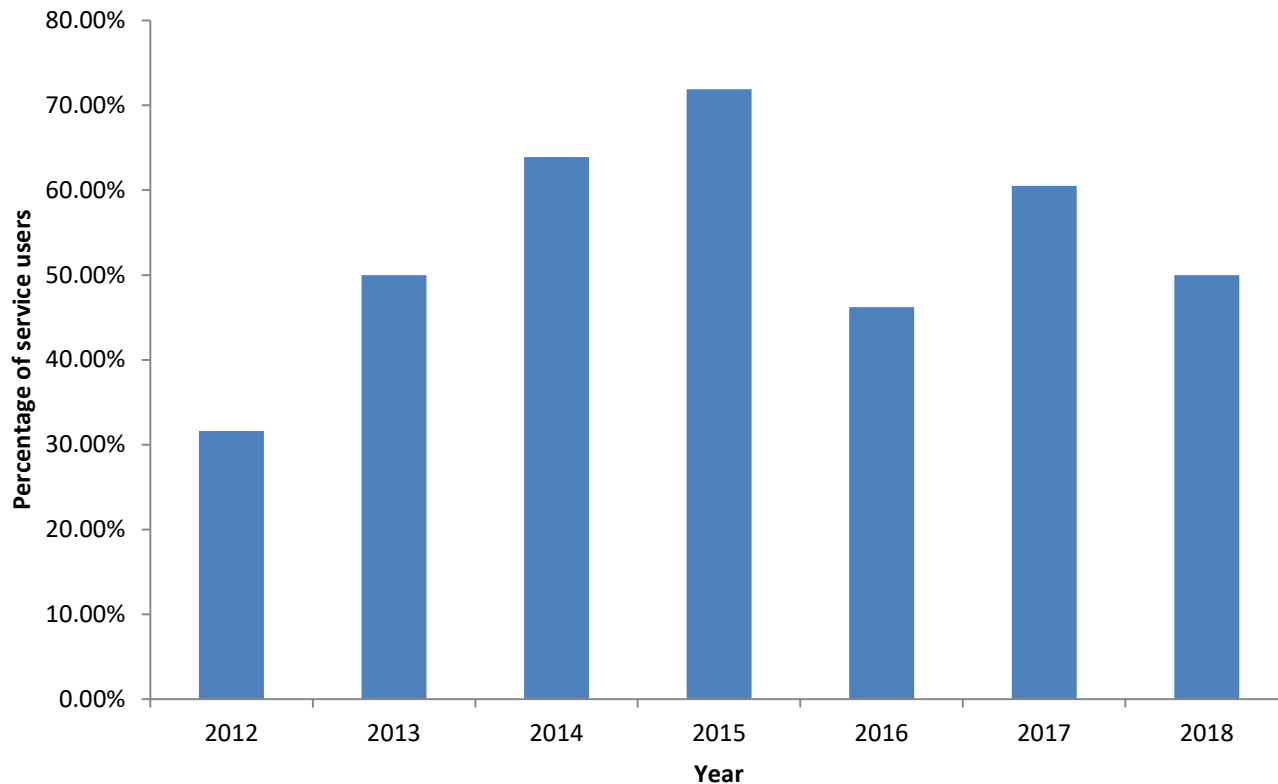


Physical Health

Service users suffered from numerous physical health conditions.

98/238 deaths were overdose deaths, meaning 58.8% of deaths were attributable to other causes – many of these being a direct result of physical health complications linked to drug use.

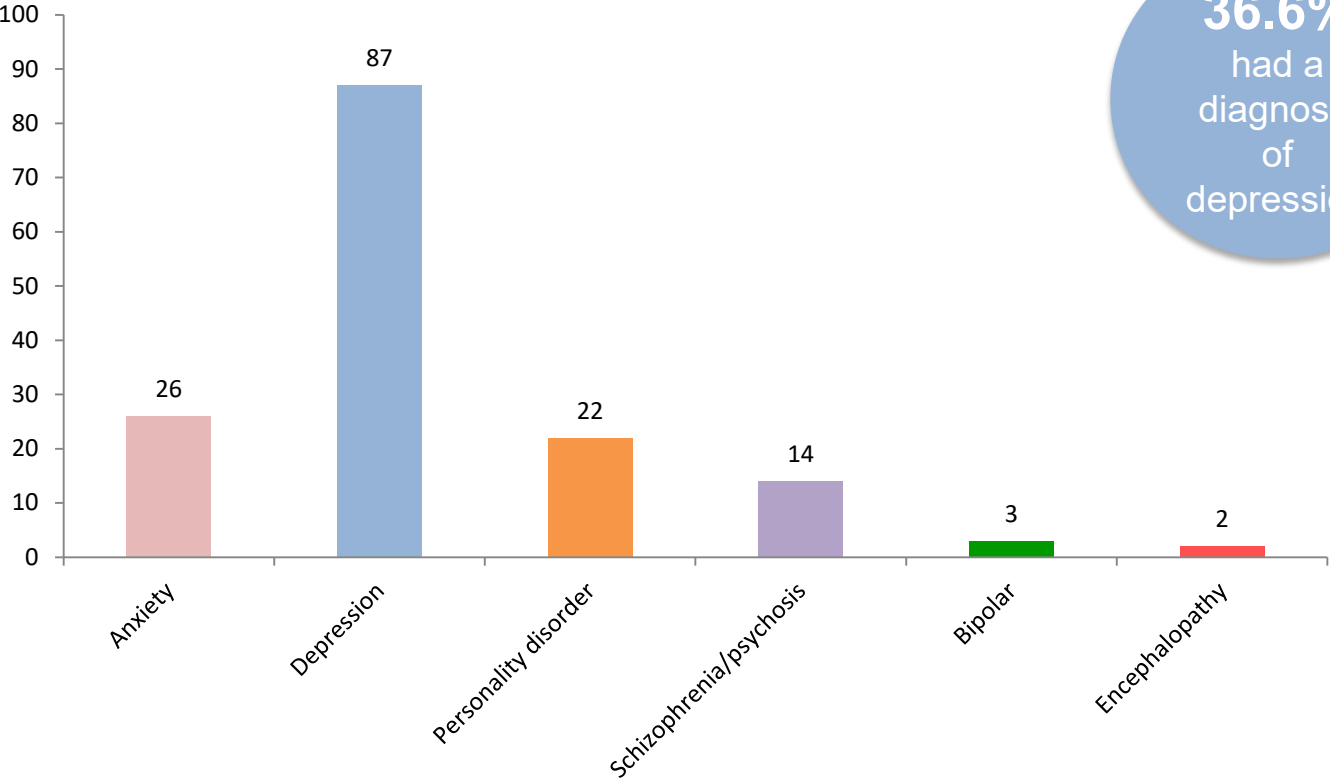
Many had more than 2 serious health conditions, as shown below:



Mental Health

145 of those that died had a formal mental health diagnosis, of which the most common were:

Only 39
Individuals
had contact
with MH
services



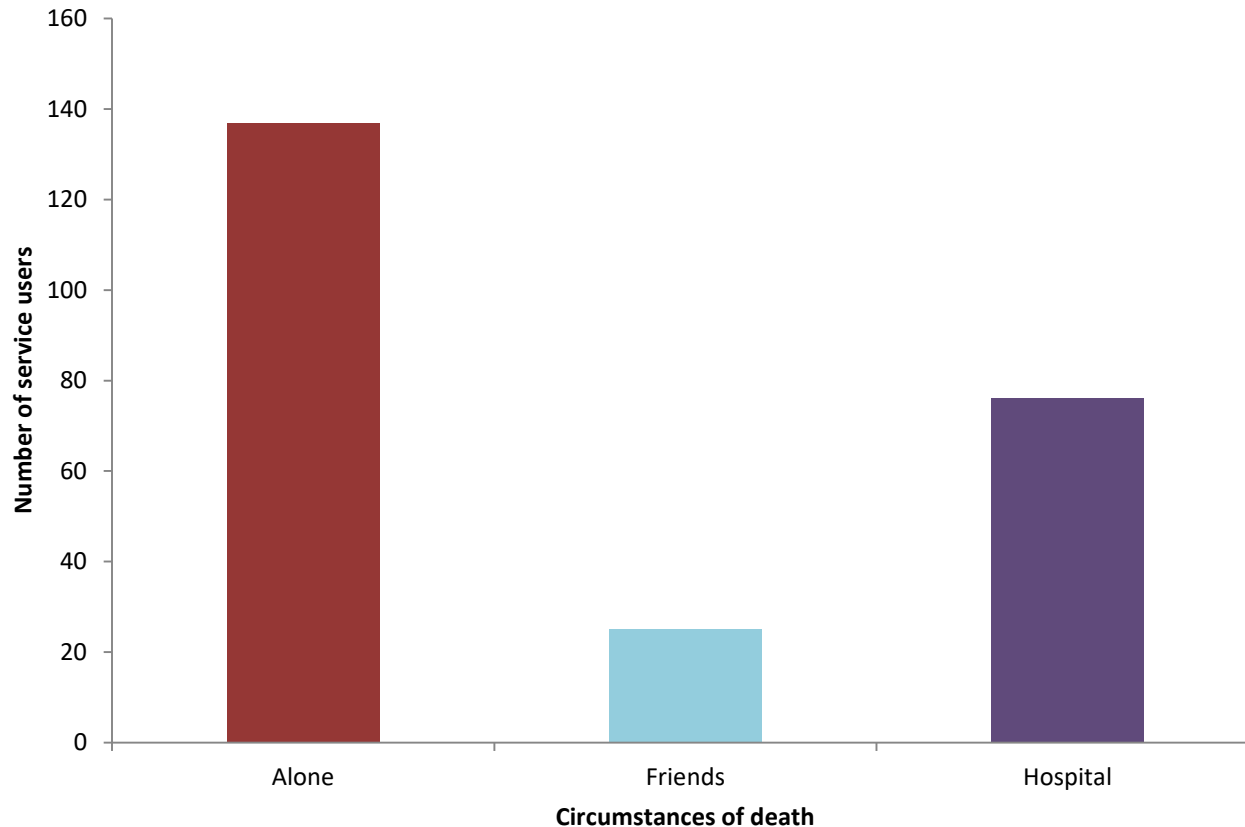
36.6%
had a
diagnosis
of
depression

Circumstances

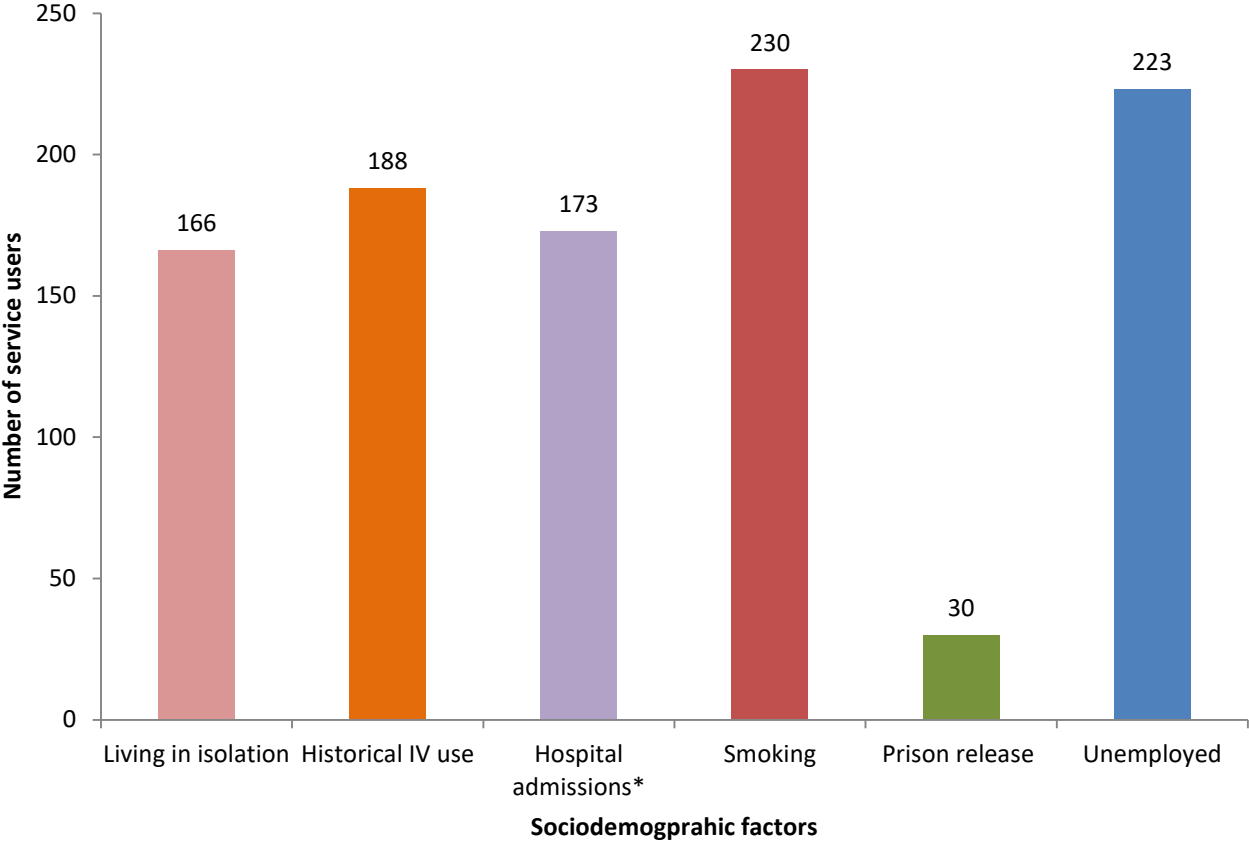
57.6% of service users died alone

31.9% died in hospital

10.5% died in the presence of friends



Sociodemographic characteristics



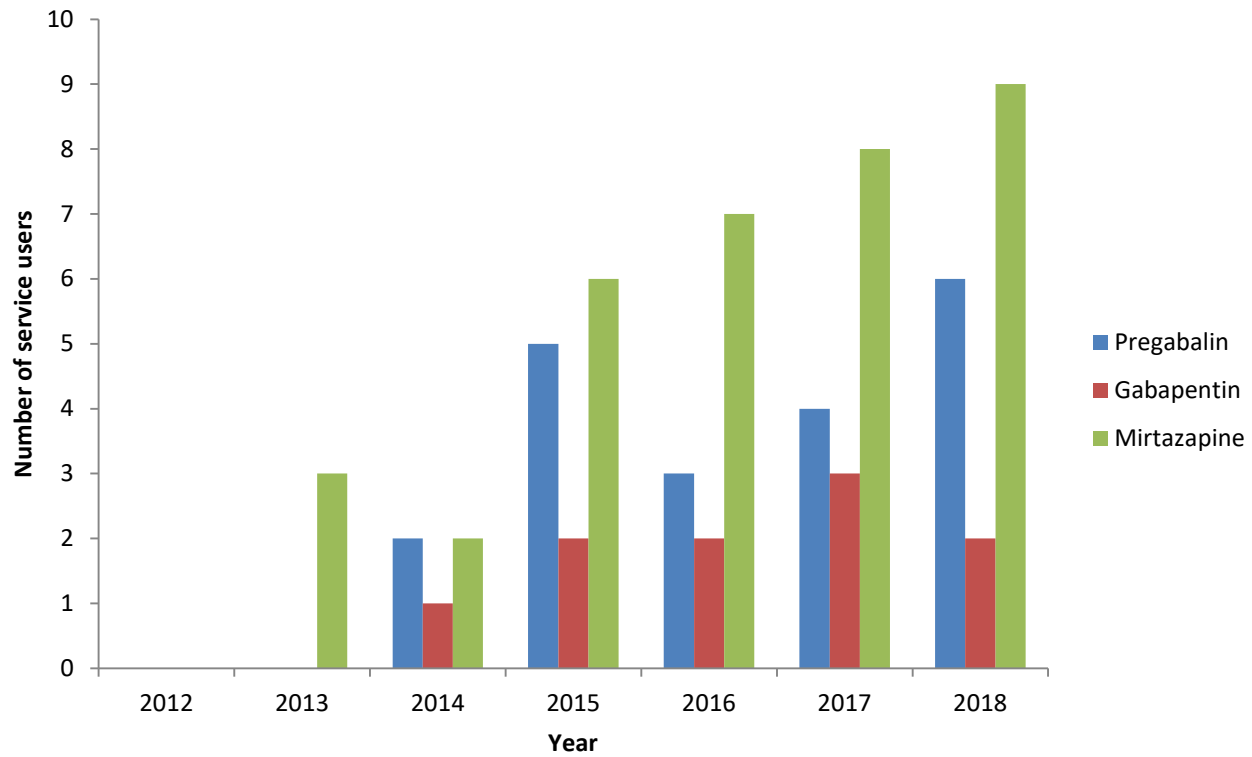
93.7%
were
unemployed

72.7%
had hospital
admissions
in last 12
months

79%
had a
history of
IV drug
use

*hospital admissions in last 12 months





Attending Factors

- 81 had a diagnosis of COPD
- 82 had a diagnosis of Hepatitis C
- 40 End of Life Care
- 201 receiving other medication from their GPs, Pregabalin/Gabs, Anti Depressants, pain medication.
- Sepsis/Endocarditis-Is there a correlation?

End of Life Care

- Inequalities in palliative and end of life care have been recognised among some groups, including people with conditions other than cancer, those with dementia people from black and minority ethnic groups, people with mental ill health, learning disabilities or homeless people to name a few (Care Quality Commission, 2016). However those with problematic substance use are not among them.
- No current National Guidance
- NDTMS- Should end of life patients remain within the NDTMS?

Treatment is Changing

To let all those know who we had identified at higher risk and the clinical reasons. Segment

Set up (SMET) Substance Misuse Engagement

(PEEP) The Partnership Engagement and Enforcement Team (Multi Agency)

Female Outreach

Assertive outreach for those that drop of scripts in order to re engage

ECG Testing 30mins return on result-recent audit showed 33% needed follow up referral – Fully integrated with SystemOne

- On site Fybro scanning
- Health Improvement Team supporting keyworkers
- (Health Checks BP, weight,pulse active liaison with GP
- 3 day miss of prescription protocol
- Naloxone
- COPD in reach case finding and pulmonary rehabilitation March 2020

Protecting the most Vulnerable

- Wearables- watches for DRD prevention and detection
- Appreciation from other Public Sector budget holders on the costs incurred from chaotic drug use.
- COPD care delivered in communities
- End of Life-putting dignity before beaurocratic systems
- HAT Middlesbrough Glasgow
- DCRs
- Maintenance for those that require it
- Integration of care, primary care mental health, housing.
- Segmentation and know your community

- Thankyou