# Drug Related Deaths
# National and Local findings from 2018

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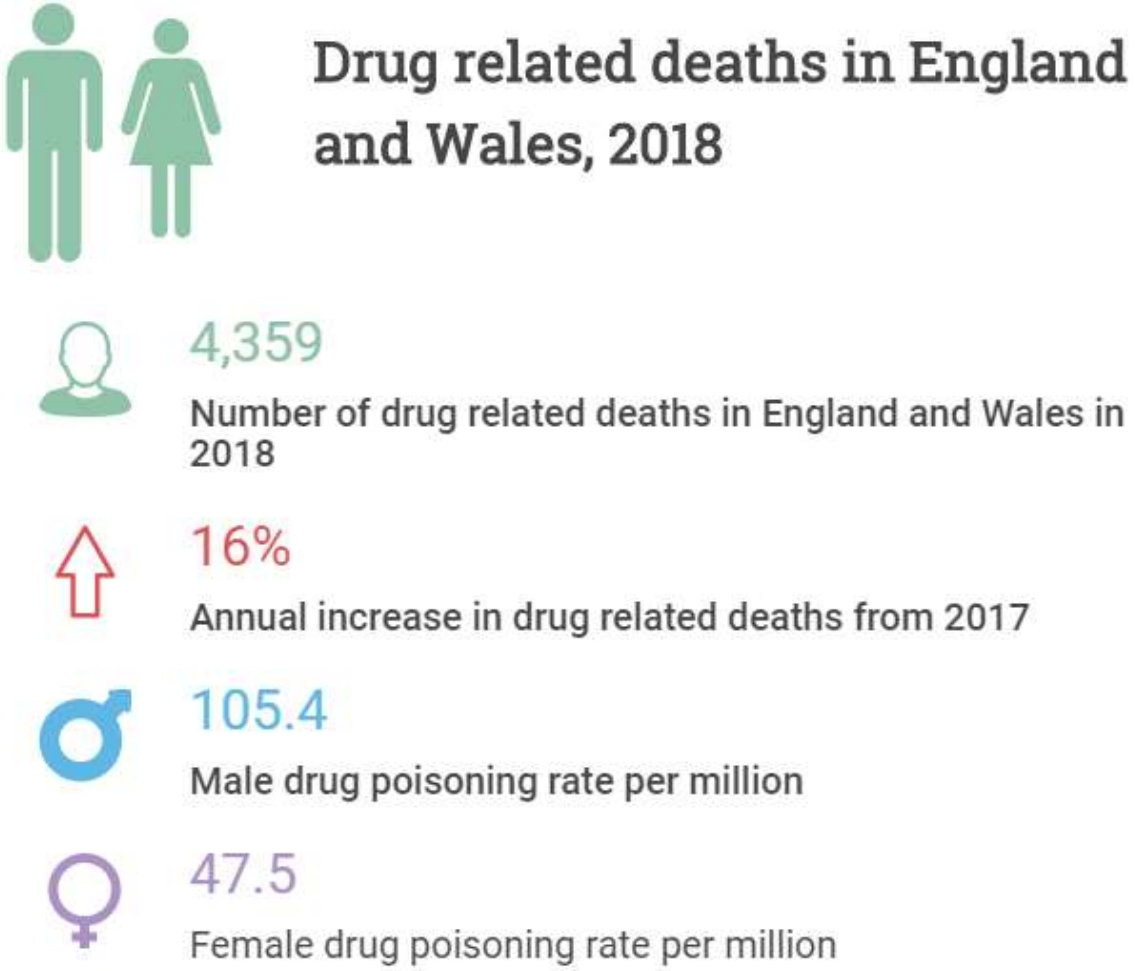
# Programme for the day

| | | |
|---|---|---|
| now | DRD figures from 2018 (national and local) | Mark Whitfield, PHI |
| 10.30am | An overview of work around DRD in Blackpool | Jonathan Clegg, Lancashire Constabulary/Emily Jane Davis, Blackpool Council |
| 11.00am | Break | |
| 11.15am | Sharing the evidence on DRD in Derbyshire over an 8 year period | Martin Smith, Derbyshire Healthcare NHS Foundation Trust |
| 11.40am | Drug-related deaths in the North East | Tom Le Ruez, Public Health South Tees |
| 12.05am | COPD in Heroin Users | Becky Nightingale, Liverpool School of Tropical Medicine |
| 12.30pm | Lunch | |
| 1.30pm | Drug-Related deaths in the NW of England | Sue Barton-Johal, PHE |
| 1.45pm | Discussion groups | |
| 2.45pm | Return to main group for wider discussion | Sue Barton-Johal/Mark Whitfield |
| 3.45pm | Closing remarks | Mark Whitfield |

# Drug related deaths across England and Wales, 2018

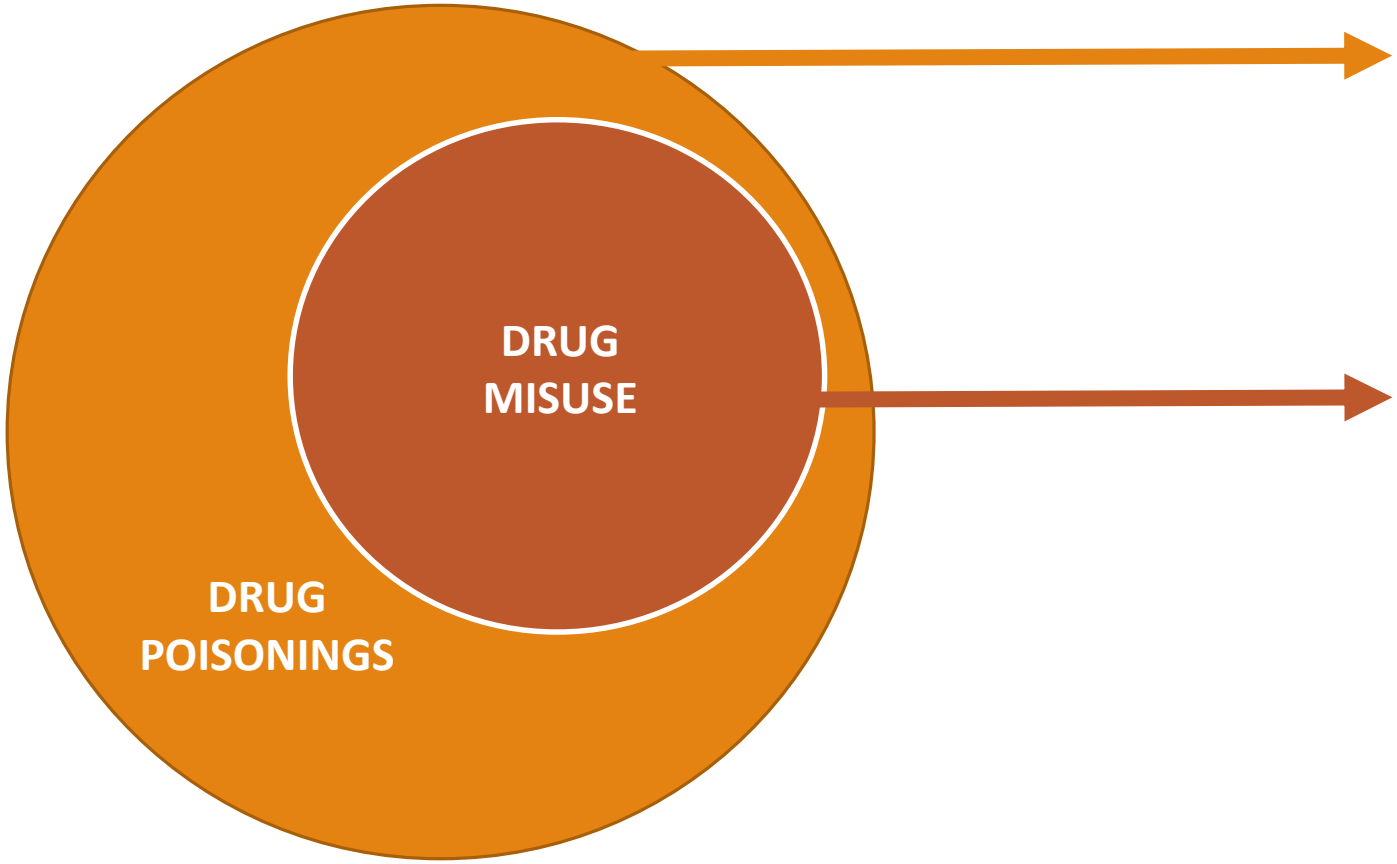



- **Between 2017 and 2018,** there were increases in the number of deaths involving a wide range of substances, though opiates continued to be the most frequently mentioned type of drug.
- **Deaths involving cocaine doubled between 2015 and 2018** to their highest ever level, while the numbers involving **new psychoactive substances (NPS)** returned to their previous levels after halving in 2017.

Deaths related to drug poisoning in England and Wales : 2018 registrations

Office for National Statistics

# Drug related deaths across England and Wales, 2018




## Drug Poisonings

Based on the ICD code assigned as the underlying cause of death –includes non-illicit substances

## Drug misuse

Where either the underlying cause is drug abuse or drug dependence, or the underlying cause is drug poisoning and any of the substances controlled under the Misuse of Drugs Act 1971 are involved.

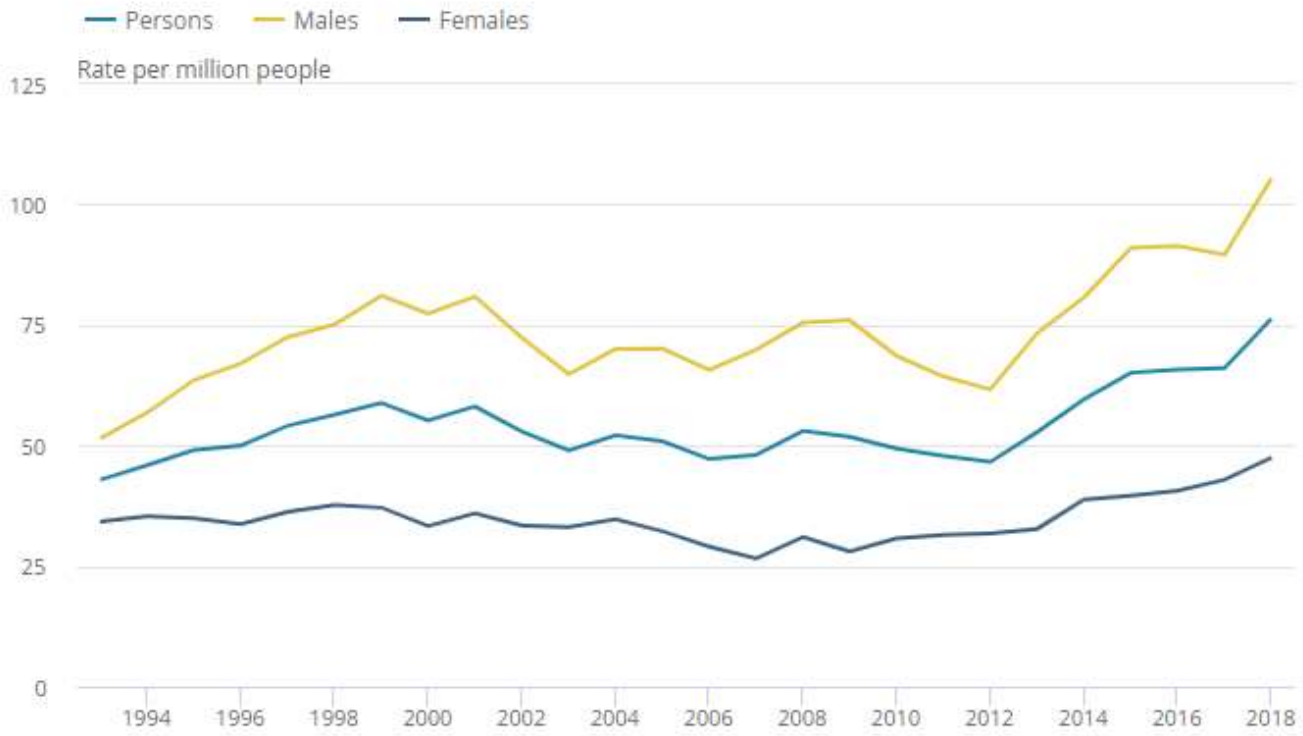
Deaths related to drug poisoning in England and Wales : 2018 registrations

Office for National Statistics

# Drug related deaths across England and Wales, 2018

**Figure 1: Rates of male deaths related to drug poisoning have doubled since 1993**

Age-standardised mortality rates for deaths related to drug poisoning, by sex, England and Wales, registered between 1993 to 2018



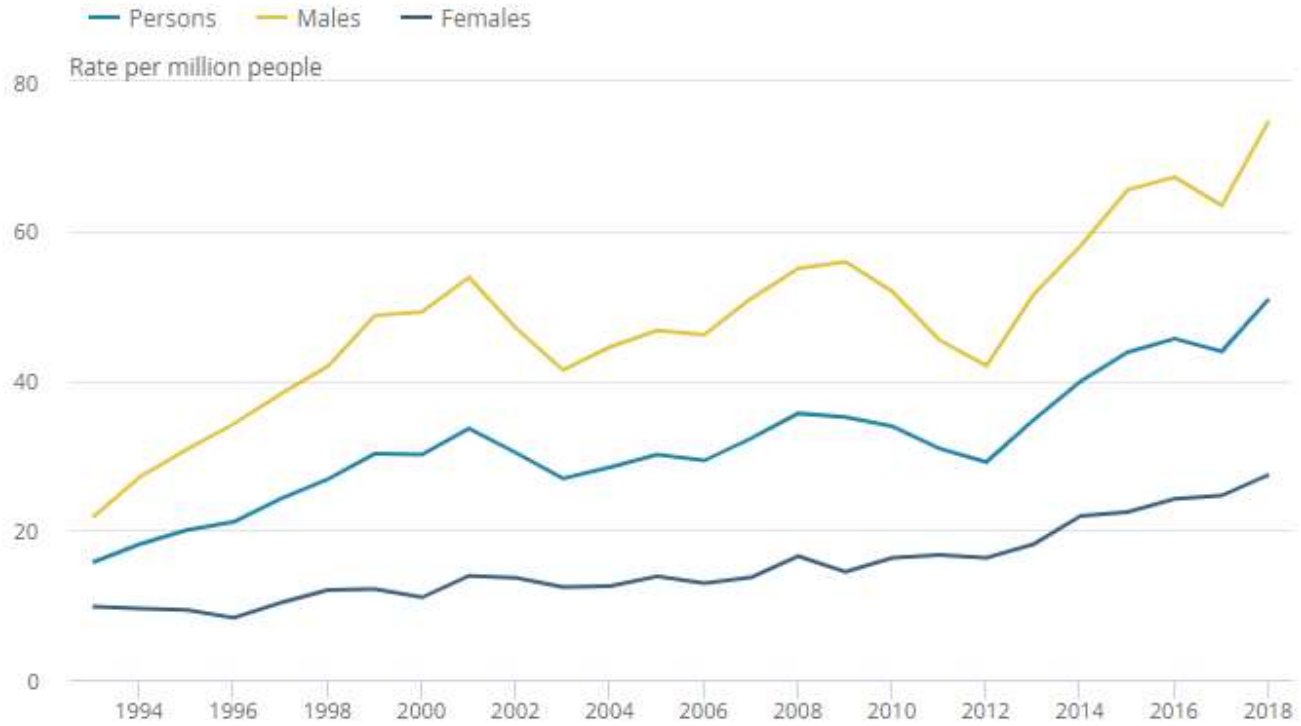

Deaths related to drug poisoning in England and Wales: 2018 registrations

Office for National Statistics

# Drug related deaths across England and Wales, 2018

**Figure 2: The rate of male drug misuse deaths is over two and a half times greater than the female rate**

Age-standardised mortality rates for deaths related to drug misuse, by sex, England and Wales, registered between 1993 to 2018



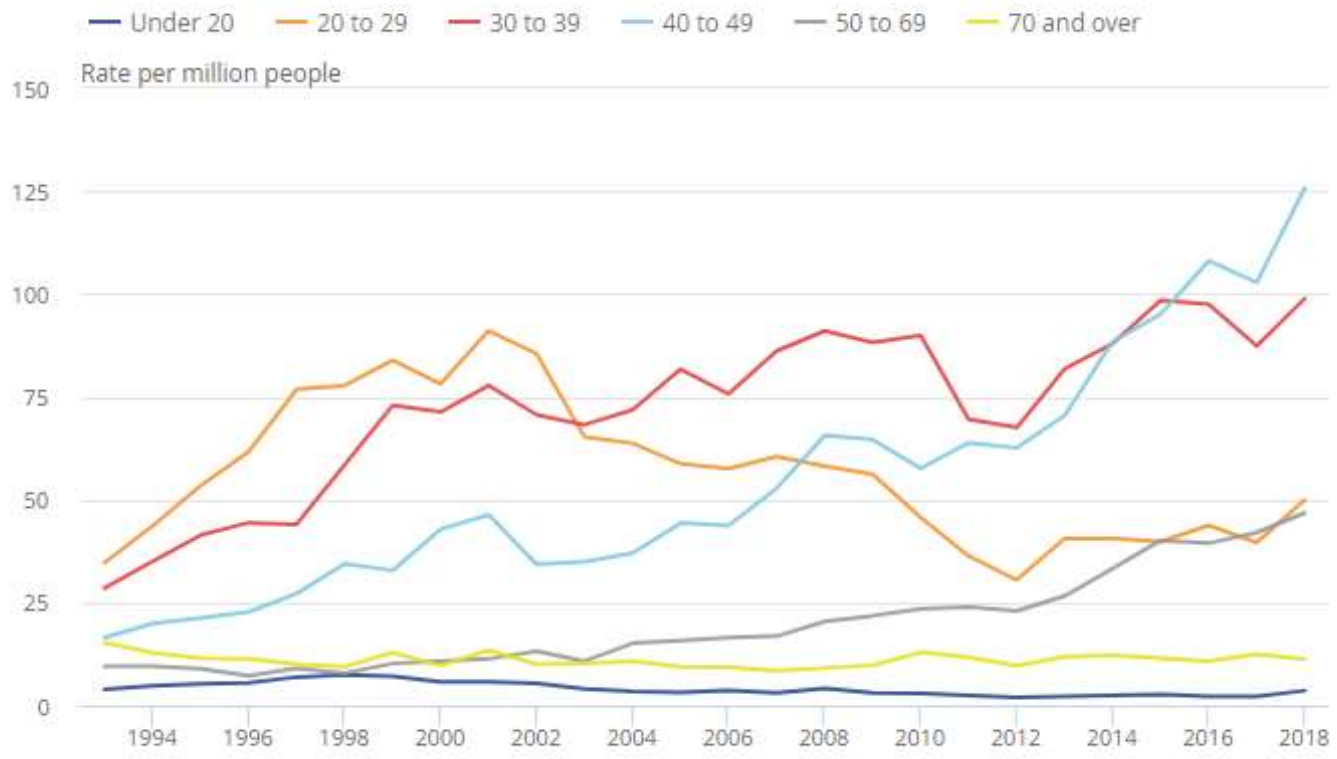

[Deaths related to drug poisoning in England and Wales: 2018 registrations]

Office for National Statistics

# Drug related deaths across England and Wales, 2018

**Figure 3: Over the past decade, those aged between 30 to 49 years have had the highest rate of drug misuse**

Age-specific mortality rates for deaths related to drug misuse, by age group, England and Wales, registered between 1993 to 2018




[Deaths related to drug poisoning in England and Wales: 2018 registrations]

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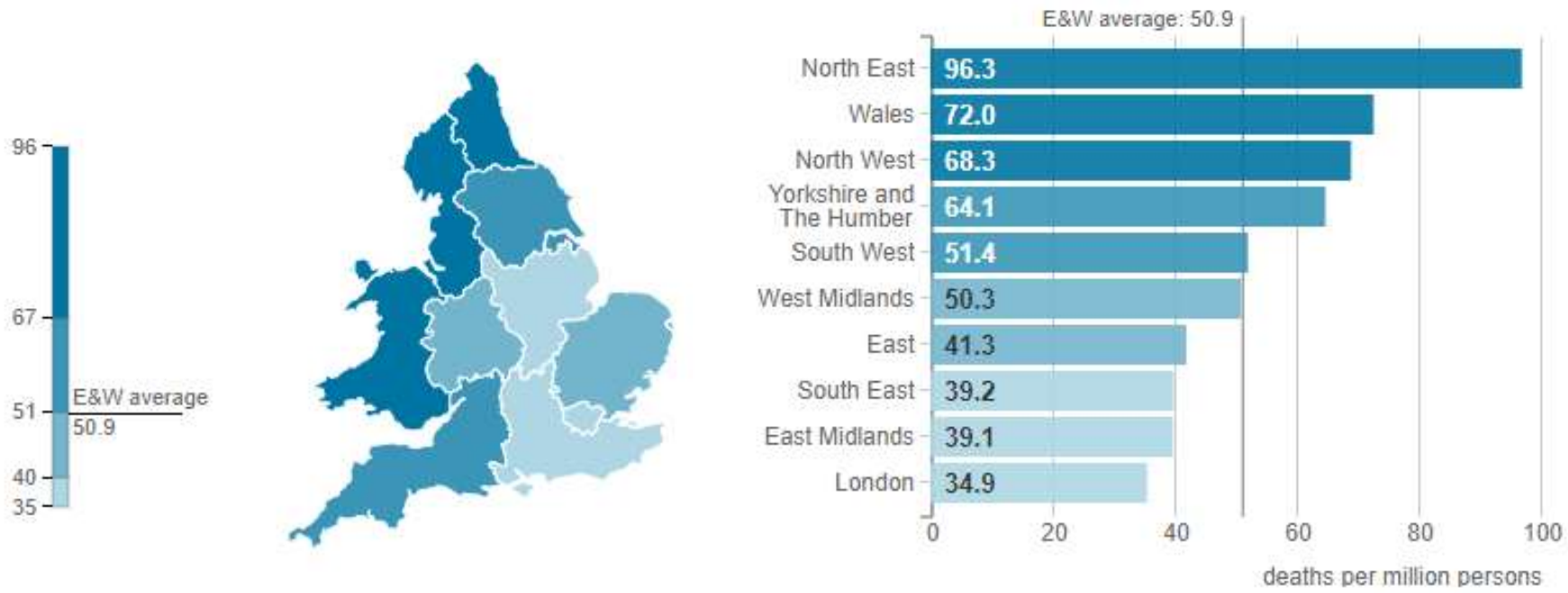
# Drug related deaths across England and Wales, 2018

**Figure 4: Drug misuse has a marked North-South divide**

Age-standardised mortality rate for deaths related to drug misuse, by country and region, registered in 2018



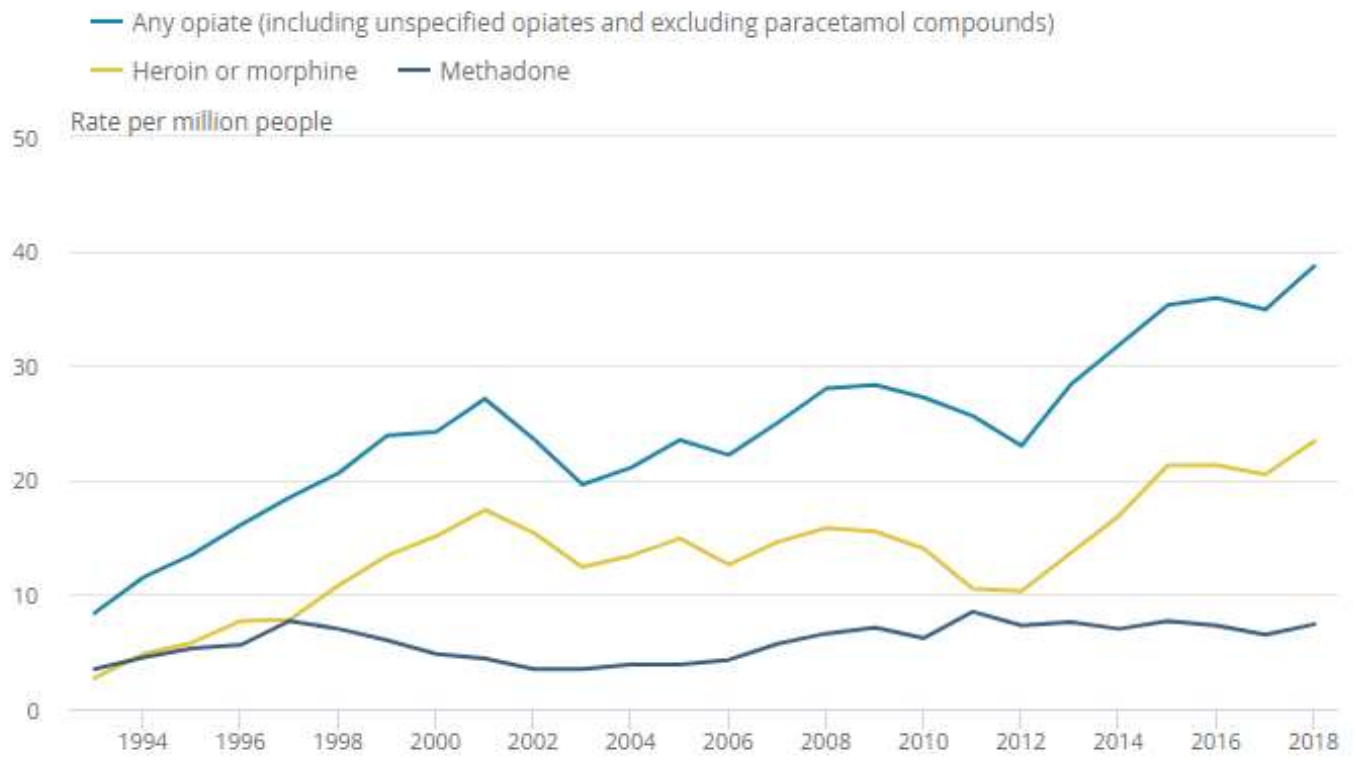

[Deaths related to drug poisoning in England and Wales: 2018 registrations]

Office for National Statistics

# Drug related deaths across England and Wales, 2018

**Figure 5: Deaths involving opiates increase to the highest ever rate**

Age-standardised mortality rates for deaths by all opiates, heroin or morphine, and methadone, England and Wales, registered 1993 to 2018



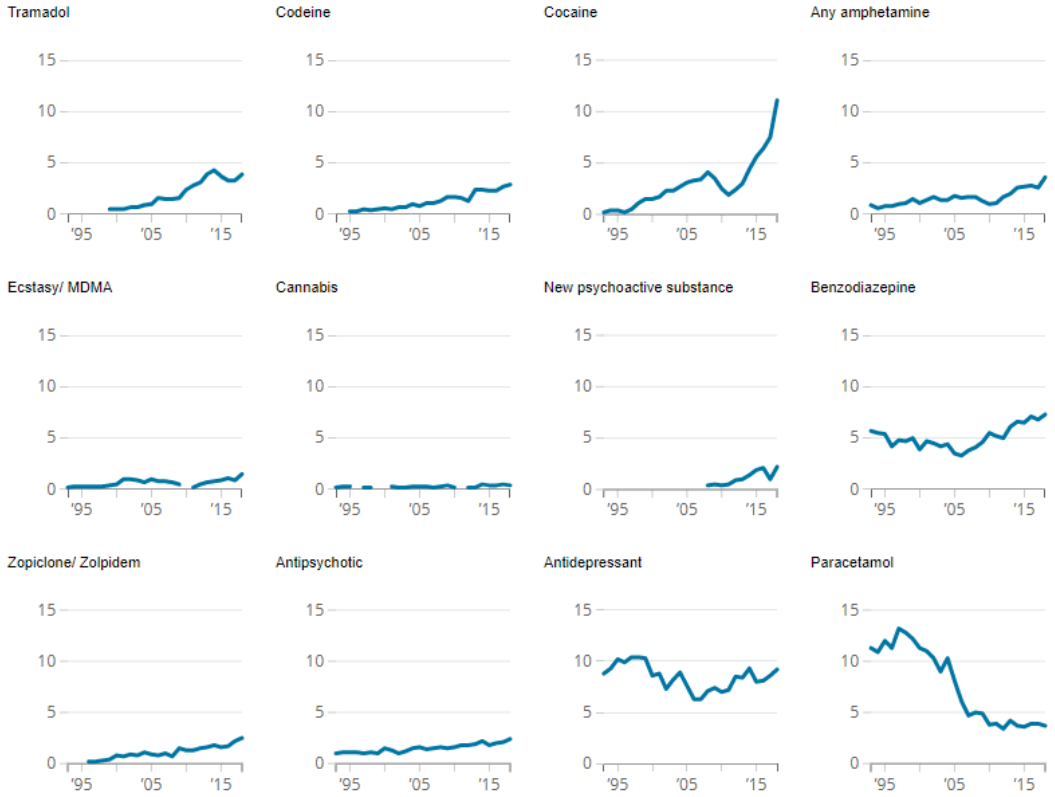

[Deaths related to drug poisoning in England and Wales: 2018 registrations]

Office for National Statistics

# Drug related deaths across England and Wales, 2018

**Figure 6: Trends in drug poisoning deaths involving selected substances**

Age-standardised mortality rates for selected substances, England and Wales, deaths registered between 1993 to 2018




[Deaths related to drug poisoning in England and Wales: 2018 registrations]

Office for National Statistics

# Drug related deaths – Cheshire and Merseyside system

- Drug related death monitoring – PHI commissioned to provide by LA public health.
- System began in Sefton in 2016.
- Operational in 8 of 9 Cheshire and Merseyside areas
- 14 panels met during 2019 so far
- Attendance at panels from housing, mental health services, hostels, hospices/palliative care, NHS England, Adult Social Care, Hospital Liaison Teams
- Annual summary reports for each area published in July 2019

# Drug related deaths – C&M system definition

A drug related death follows the ONS definition: *"A death where the underlying cause is poisoning, drug abuse or drug dependence and where any of the substances controlled under the Misuse of Drugs Act (1971) are involved"* – also includes toxicity from prescribed substances, NPS or alcohol.
**Reported by the Coroner.**

However for the purposes of the monitoring system, all deaths in treatment are examined in order to establish whether a death might be considered to be drug *related* in a more general sense (effect of substance on mental or general physical health for instance). Alcohol is also included.
**Reported by Treatment agencies (mainly).**

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# DRD reporting system

Coroner

Treatment provider

Online DRD system

Commissioner and relevant personnel from the area notified


Home Info About Contact

Drug Related Deaths | Update Record | Cancel | Requires action or updates | Delete Record

Main Details | Education & Housing | Details of Death | Health & Medical | Substance Misuse Service | Admin | Coroner Information

## Substance Misuse Service

| | |
|---|---|
| **Date of last contact with substance misuse service** | 25/01/2018 |
| **Nature of last contact** | Contact while on caseload |
| **Additional detail of last contact** | Last contact was with service nurse at an appoi |

**Substance/Alcohol use history (pre current NDTMS episode)**

illicit heroin use prior to stating treatment with Mersey care NHS drug service in Liverpool on 17.08.2015.

| | |
|---|---|
| **Most recent alcohol AUDIT score** | |
| **Drug detoxification in the past 12 months** | No |

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## Information from Drug and Alcohol Treatment Service

- Demographic information (age, postcode, etc.)
- Individual's occupation and employment status
- Any recent changes to accommodation
- Details of the death (if known)
- Mental health diagnosis at the time of death
- Contact with GP
- A&E admissions
- Details of contact with treatment service
- Overdoses or detoxes in recent years
- Care plan

## Information from Coroner

- Demographic information (age, postcode, etc.)
- Details of death including if ambulance attended, persons present, attempt to resuscitate
- Toxicology
- Drugs implicated in death
- Had any drugs recently increased in dose
- Naloxone
- Recent change in circumstances
- Verdict

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# OTHER DATA SOURCES

- ✓ NDTMS records including any Treatment Outcome profiles
- ✓ NSP (Needle Exchange Programme) contacts
- ✓ Brief interventions from low threshold services
- ✓ DIP (Drug Intervention Programme) or criminal justice record
- ✓ Adult social care
- ✓ Housing services
- ✓ Other services involved in individual's care

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## Client: JE

| Reporting Organisation | Drug Service, NDTMS, IMS, Coroner |
|---|---|

| Most recent episode start date | Most recent TOP date | Last contact with service | Date of Death |
|---|---|---|---|
| 01/10/2013 | 03/11/2015 | 14/03/2016 | 01/04/2016 |

### Main details

| | |
|---|---|
| **Sex:** | Male |
| **Age at death:** | 44 |
| **Residential postcode:** | L10 |
| **Date of death:** | 01/04/2016 |
| **Date of registration of death:** | Unknown |
| **Place of birth:** | Unknown |

### Demographic details

| | |
|---|---|
| **Relationship status:** | Separated |
| **Number of children:** | Three |
| **Living situation at time of death:** | Living alone |
| **Ethnicity:** | White Other |
| **Education level:** | Unknown |
| **Employment status at time of death:** | Long term sick or disabled |
| **Housing status at time of death:** | Council / housing association |

### Details of death

| | |
|---|---|
| **Place of death:** | Another person's home |
| **Cause of death:** | Bromchopneumonia and Hepatitis C Infection |
| **Post mortem or inquest:** | No |
| **Reported to:** | Drug Service/Delphi medical administrators and prescribers, Drug Service area manager |
| **History of prison/YOT in last 12 months:** | No |

### Medical/Health Service History

| | |
|---|---|
| **Medical conditions at time of death:** | COPD (date of diagnosis unknown) |
| **Mental Health diagnosis at time of death:** | Depression, anxiety/phobia/panic disorder/OCD, drug dependence, drug misuse |
| **GP details:** | Dr Smith, Concourse House, Kirkby |
| **Medications prescribed at time of death:** | Methadone oral solution 80mls daily, Zopiclone 5 tablets per month; Mirtazapine; Pregabalin 225mgBD; Ranitidine |

### Substance Misuse Service History

| | |
|---|---|
| **Date of last contact with service:** | 14/03/2016 |
| **Nature of last contact:** | Contact while on caseload |
| **Substance/Alcohol use history:** | Heroin (illicit), cocaine (freebase), methadone |
| **Most recent AUDIT score:** | AUDIT = 0 |
| **Drug detox in last 12 months:** | No |
| **Previous non-fatal overdose occurrence:** | Unknown |
| **In receipt of prescribed substitute?** | Yes (unsupervised) |
| **Date of last care plan review:** | 14/03/16 |
| **Other organisations involved in care:** | Referred by GP to Knowsley CMHT (Nov 2015) |
| **Past psychiatric status:** | One or more previous contacts with mental health services (community only services) within a psychiatric speciality but not subject to CPA |

### NDTMS details

| | |
|---|---|
| **Episode start date:** | 01/10/2013 |
| **Discharge date:** | 01/04/2016 |
| **Last TOP date:** | 03/11/2015 |
| **Main substance (at last TOP):** | Opiates |
| **Other substances (at last TOP):** | Crack cocaine |
| **Injecting status (at last assessment):** | Previous |

### Coroner details

| | |
|---|---|
| **Place where drugs(s) used prior to death** | Own home |
| **Persons present at scene of overdose** | No. Went to see his friend & told him he had recently injected heroin & crack cocaine. |
| **Ambulance attendance** | Yes |
| **Recent significant events** | Deceased & friend fell asleep when friend awoke deceased was unresponsive. Friend phoned for ambulance. Paramedics attended but could only verify that JE had passed away. |
| **Coroner verdict** | Narrative: 1a) Bromchopneumonia, 2) Hepatitis C Infection |
| **Other medical history** | Hepatitis C+, Anxiety with depression, chronic Gastritis Heroin & other street drug abuse. |

### IMS contact

| | |
|---|---|
| **First intervention date:** | 03/11/2015 |
| **Last intervention date:** | 24/03/2016 |
| **Total number of interventions:** | 8 |
| **Intervention details:** | Brief interventions - engaged with mental health, improved self-esteem, OD awareness; NSP transactions |
| **Agencies involved:** | Drug Service Knowsley South, Drug Service Knowsley North – SES, Goldbergs Pharmacy |
| **Primary substance on assessment:** | Heroin illicit |

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# DRD panel membership

Individual case level report generated quarterly for discussion around learning opportunities at panel

**Treatment provider representative**

**Clinician (consultant prescriber)**

**Local Authority Public Health commissioner**

**Social services and other relevant services**

**Relevant specialist guest(s)**

**PHI chairperson**

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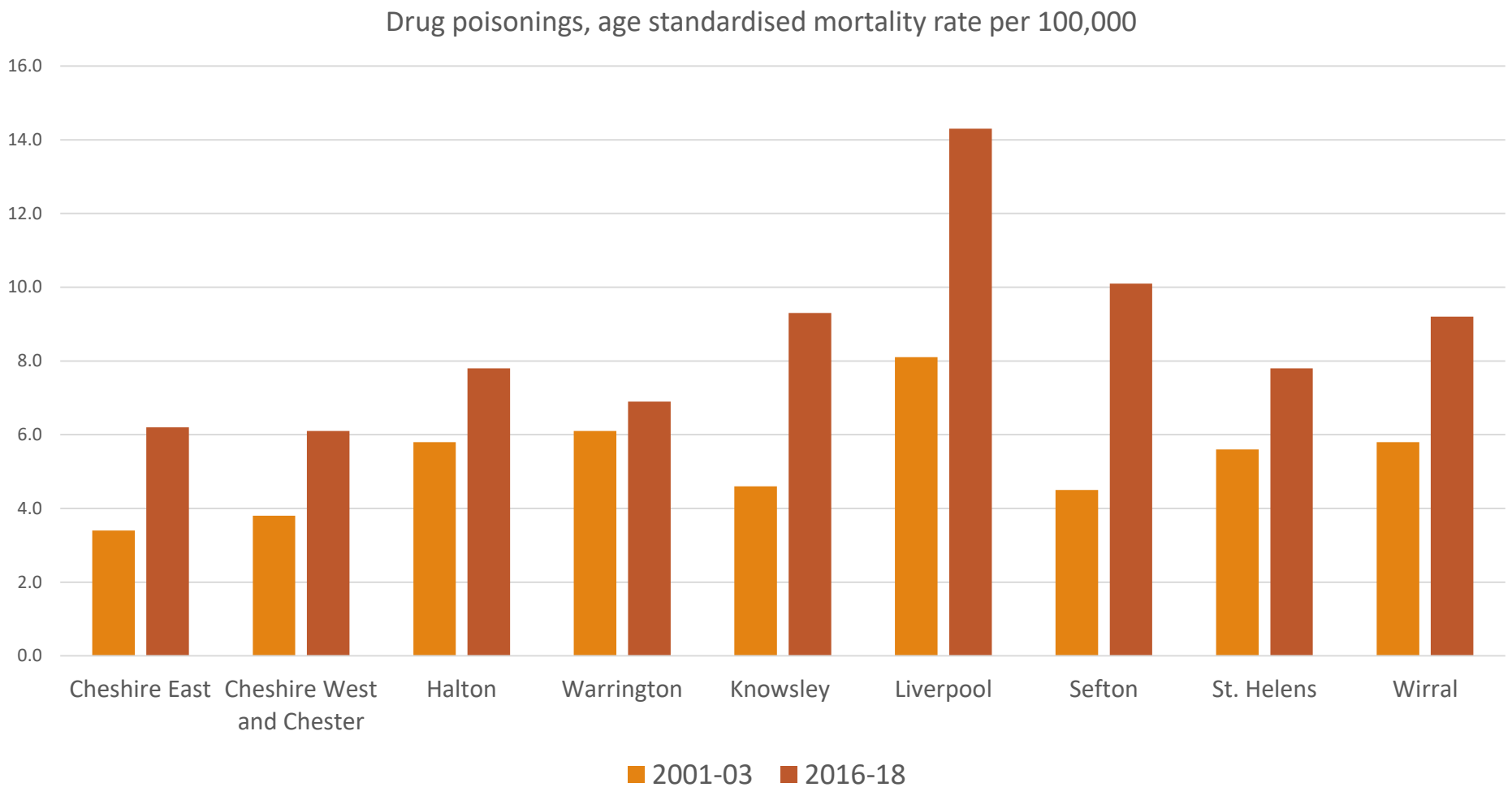
# Drug related deaths – Cheshire and Merseyside 2018

## Main findings from 2018's data

- 295 deaths occurring in 2018 reported to the system
- Deaths are at their highest level locally since records/local surveillance system started, although in treatment deaths have risen at a slower rate
- Most deaths are individuals in treatment
- Individuals are dying later in treatment than out of it (for some groups)
- Alcohol appears in a significant number of toxicologies
- The number of deaths from cocaine toxicity and from alcohol toxicity are rising
- People are increasingly dying alone
- Injecting and continued use of illicit drugs is common

# Drug related deaths – Cheshire and Merseyside 2018

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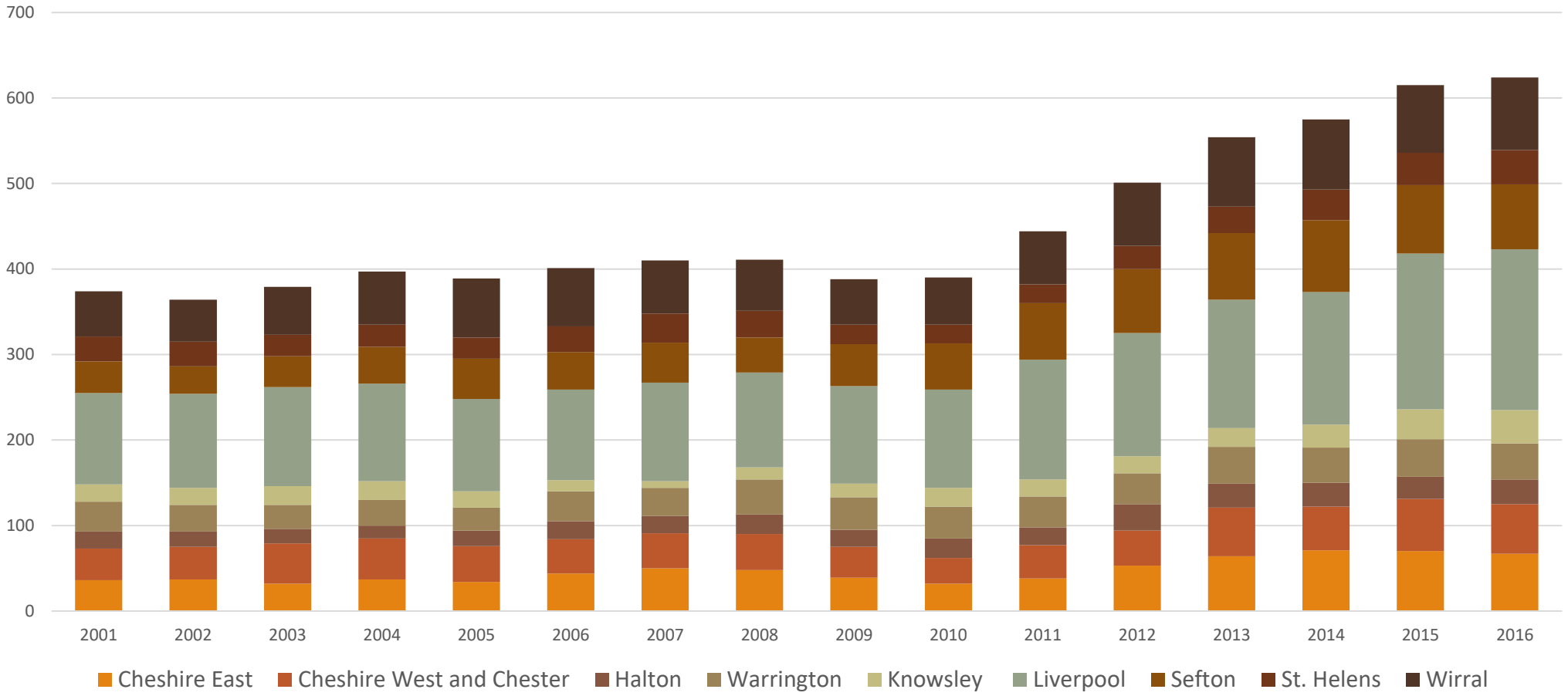
# Drug related deaths – Cheshire and Merseyside 2018

Number of deaths by local authority, Cheshire and Merseyside, 2001-2018

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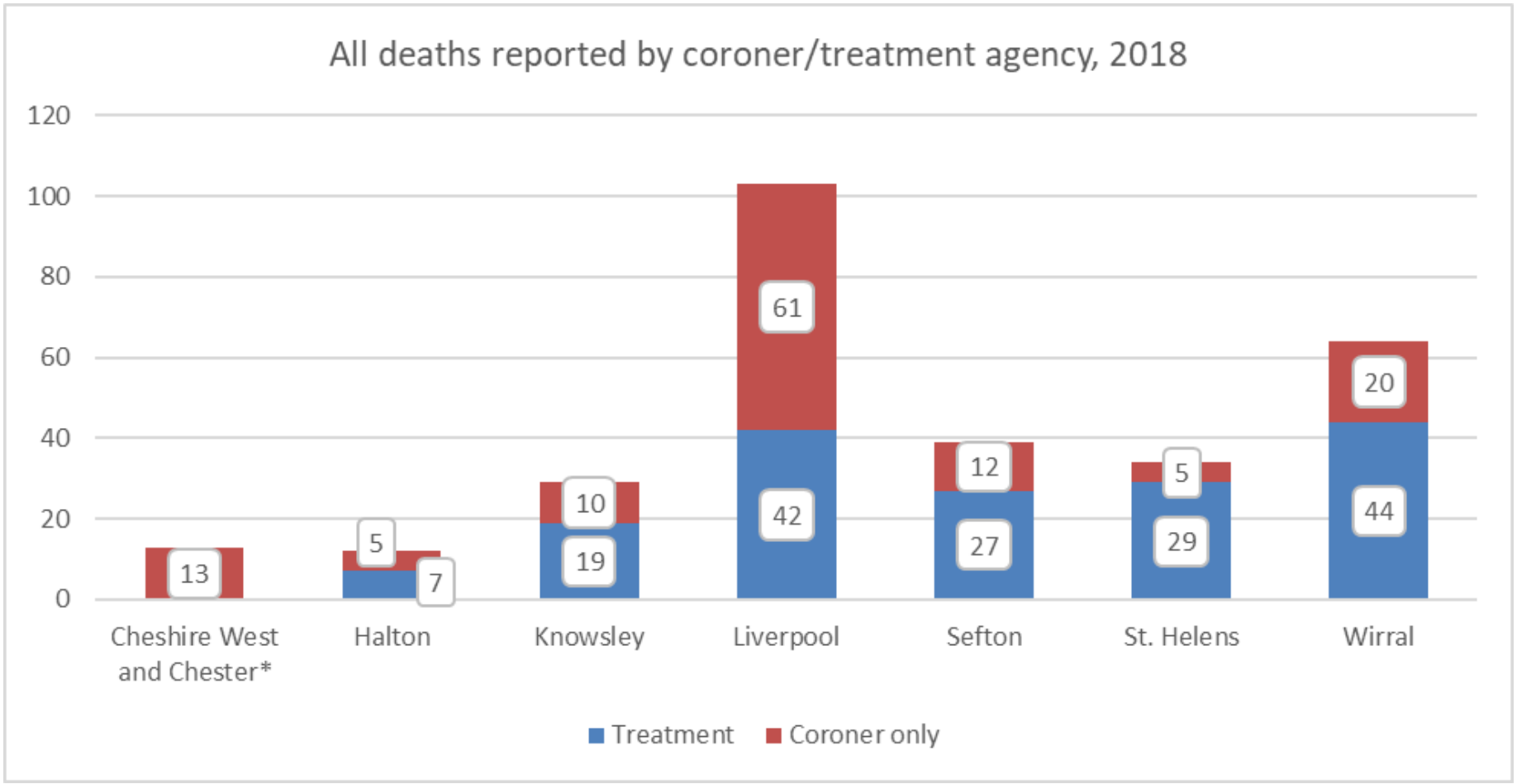
# Drug related deaths – Cheshire and Merseyside 2018

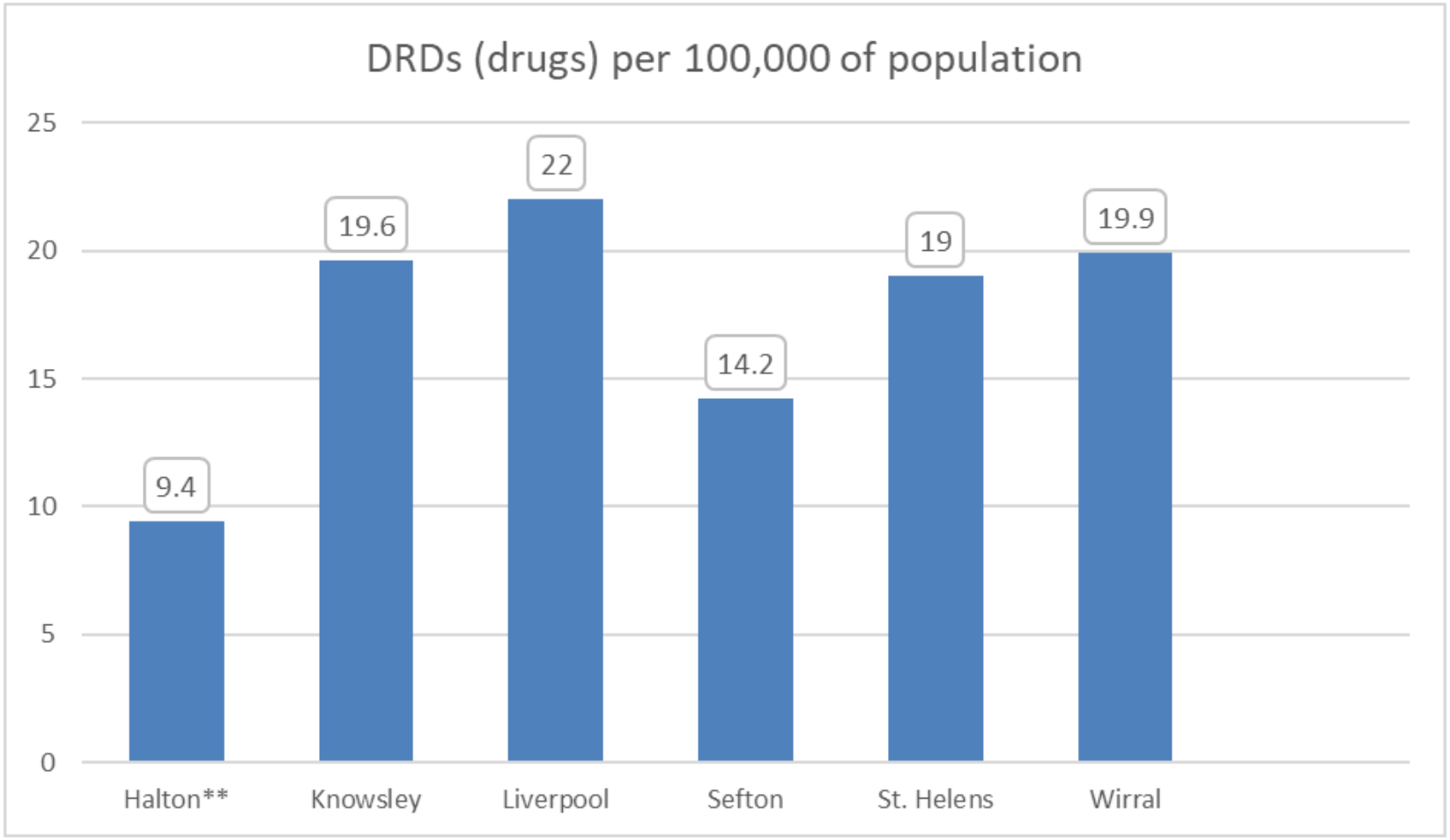
Number of deaths by local authority, coroner/treatment agency split, 2018




* Cheshire West and Chester data does not include in treatment deaths

# Drug related deaths – Cheshire and Merseyside 2018

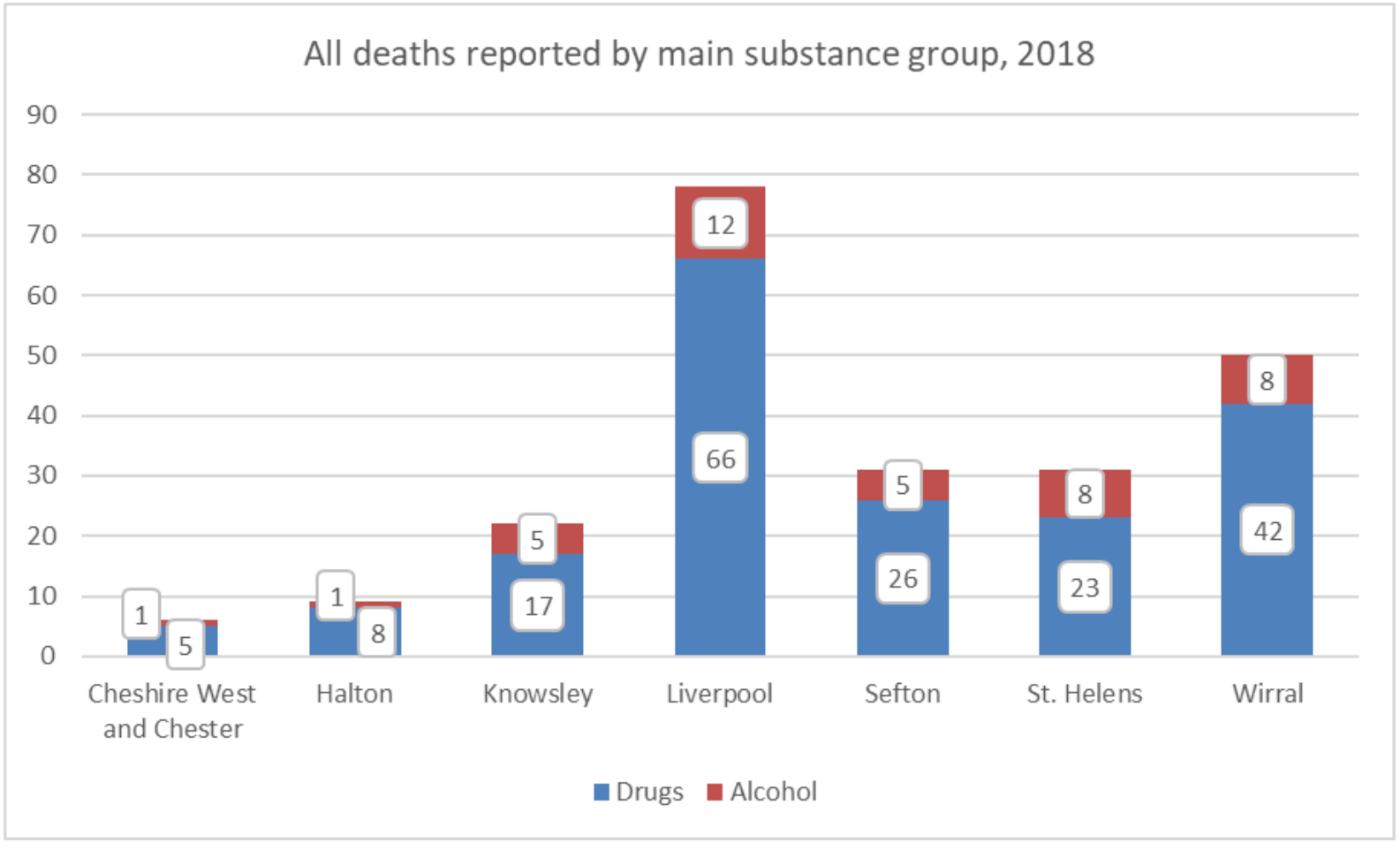
Number of deaths by local authority, per 100,000 of population, 2018




* Halton figure does not include coroner data for whole of 2018

# Drug related deaths – Cheshire and Merseyside 2018

Number of deaths by local authority, drugs/alcohol split, 2018




* Cheshire West and Chester data does not include in treatment deaths

# Drug related deaths – Cheshire and Merseyside 2018

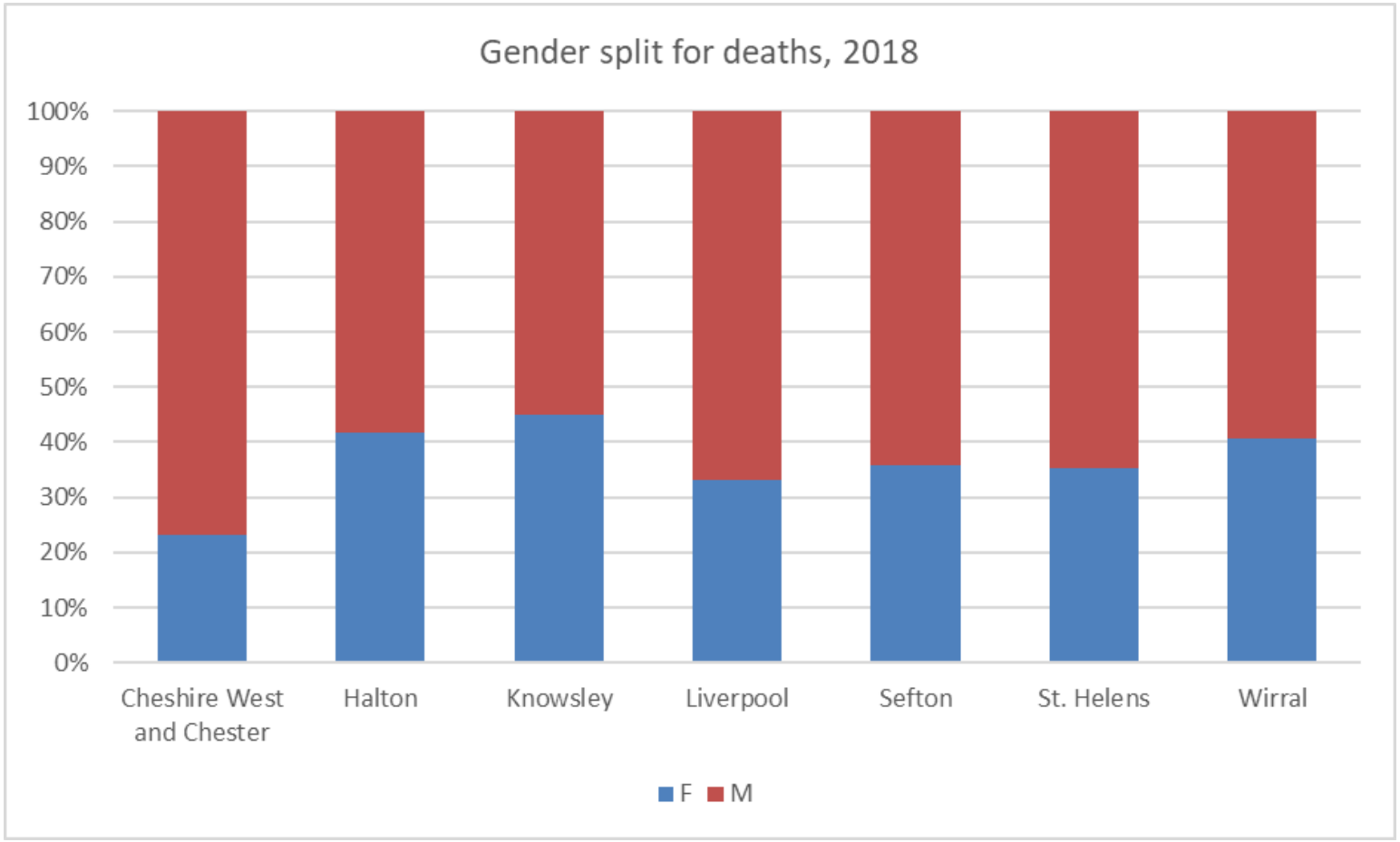
Average age of death by local authority, 2018

| | Average age of death | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | Coroner only drugs | | Coroner only alcohol | | In treatment drugs | | In treatment alcohol | |
| | **Men** | **Women** | **Men** | **Women** | **Men** | **Women** | **Men** | **Women** |
| Halton | 45 | 61* | | | 44 | 43 | 47* | 36 |
| Knowsley | 49 | 41 | 55 | | 51 | 48 | 52* | 51 |
| Liverpool | 42 | 52 | 54 | 53 | 49 | 49 | 54 | 53 |
| Sefton | 39 | 29* | 57* | 47* | 50 | 52 | 54 | 61 |
| St. Helens | 51 | 58 | | 70* | 50 | 48 | 48 | 55 |
| Wirral | 40 | 48 | 48 | 64* | 50 | 48 | 50 | 46 |
| Average | **42** | **50** | **54** | **56** | **50** | **49** | **51** | **52** |

* denotes single case

# Drug related deaths – Cheshire and Merseyside 2018

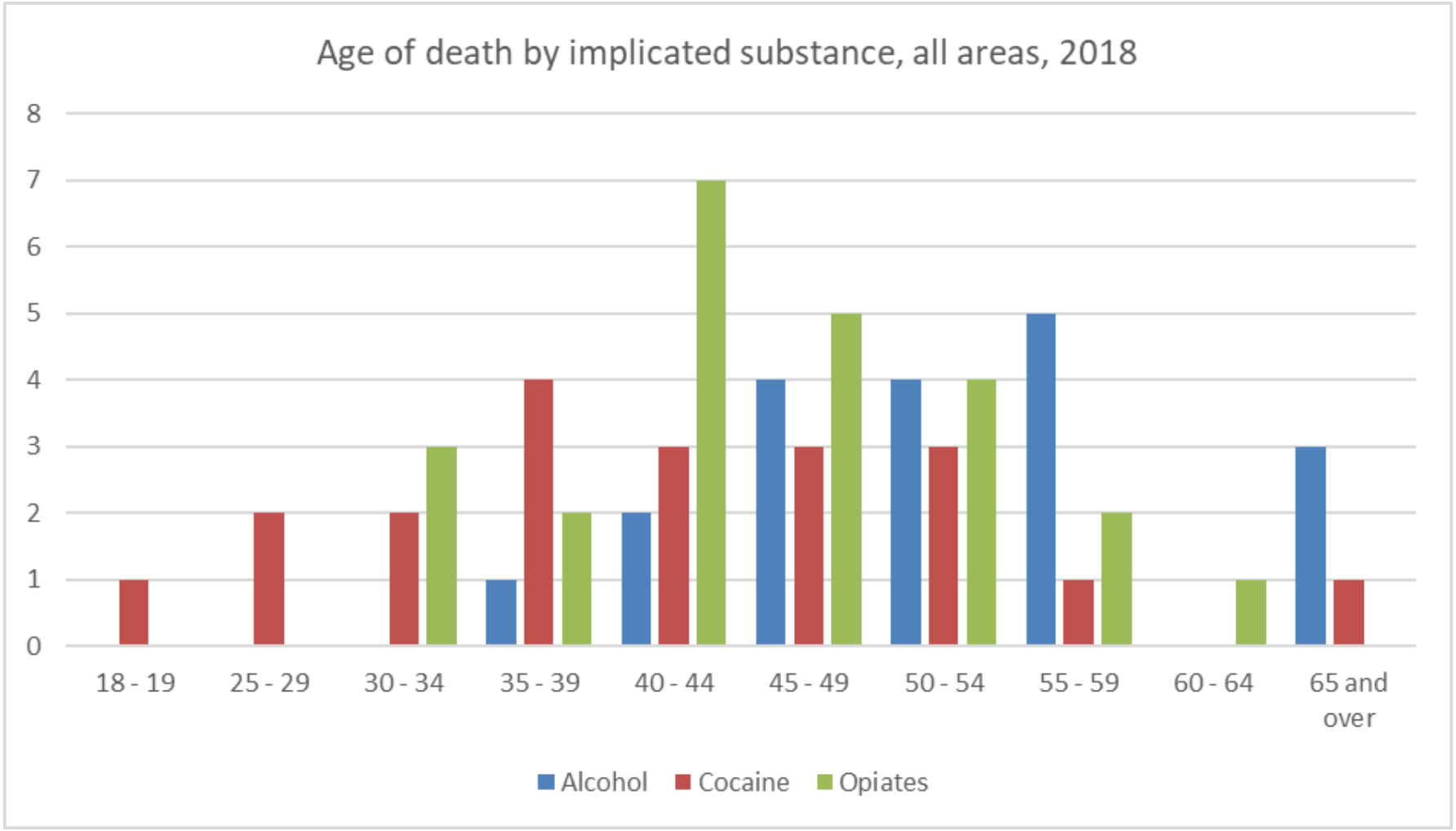
Gender split of deaths by local authority, 2018




Male

Female

# Drug related deaths – Cheshire and Merseyside 2018




Age of death by implicated substance, all C&M areas, 2018

# Drug related deaths – Cheshire and Merseyside 2018

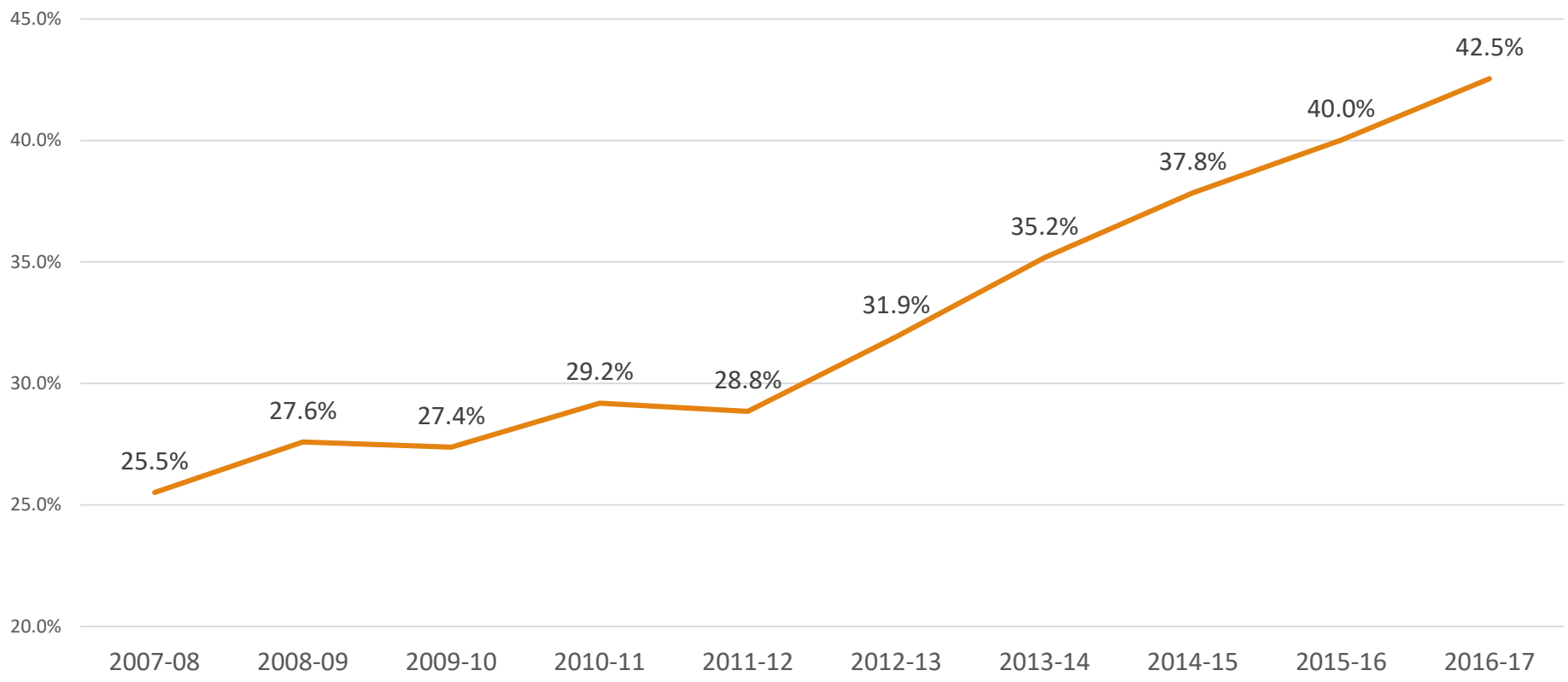
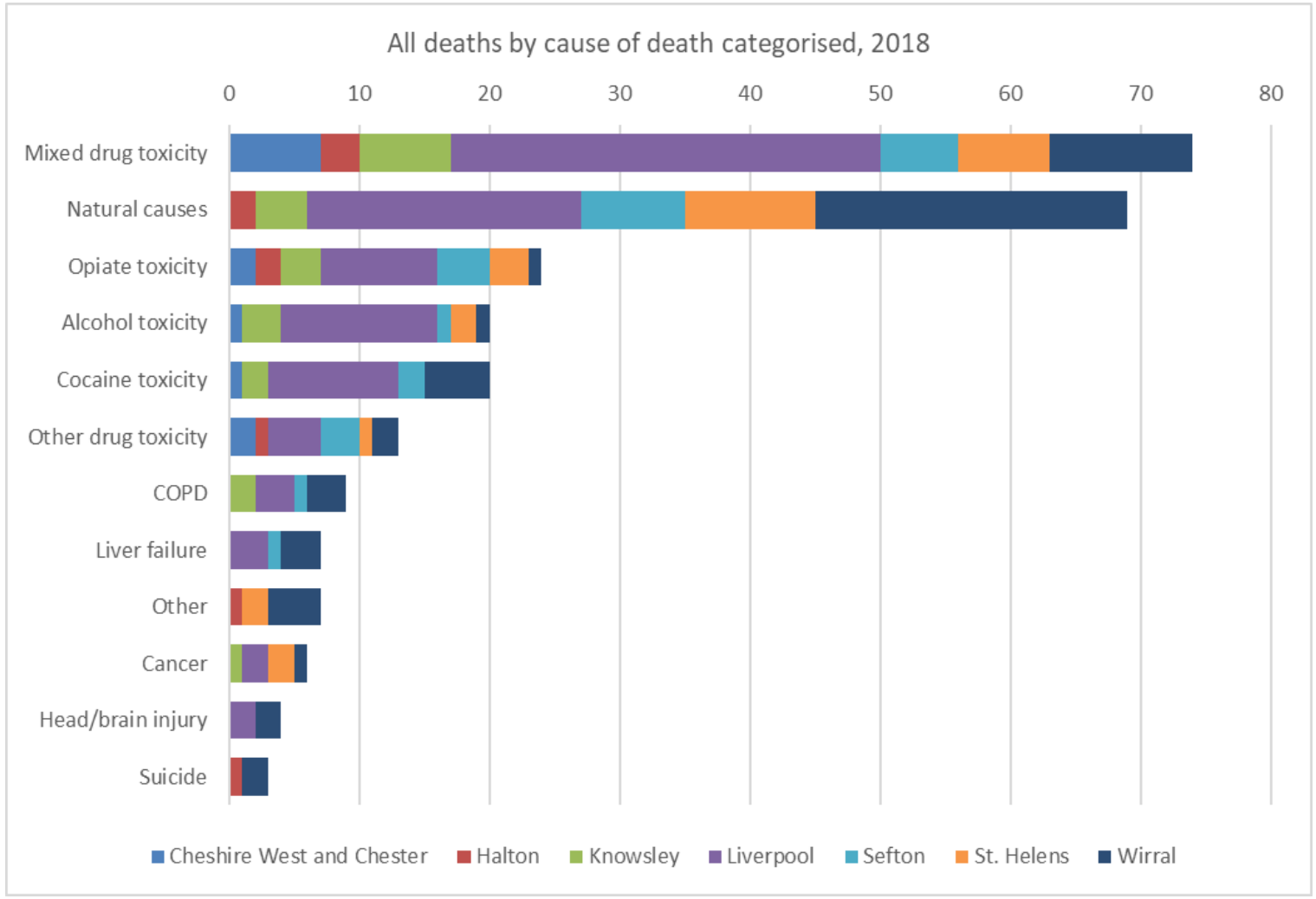



**Figure 49 - Proportion of individuals in NSP cohorts aged 40 years or over**

# Drug related deaths – Cheshire and Merseyside 2018




All deaths by cause of death, 2018

# Drug related deaths – Cheshire and Merseyside 2018

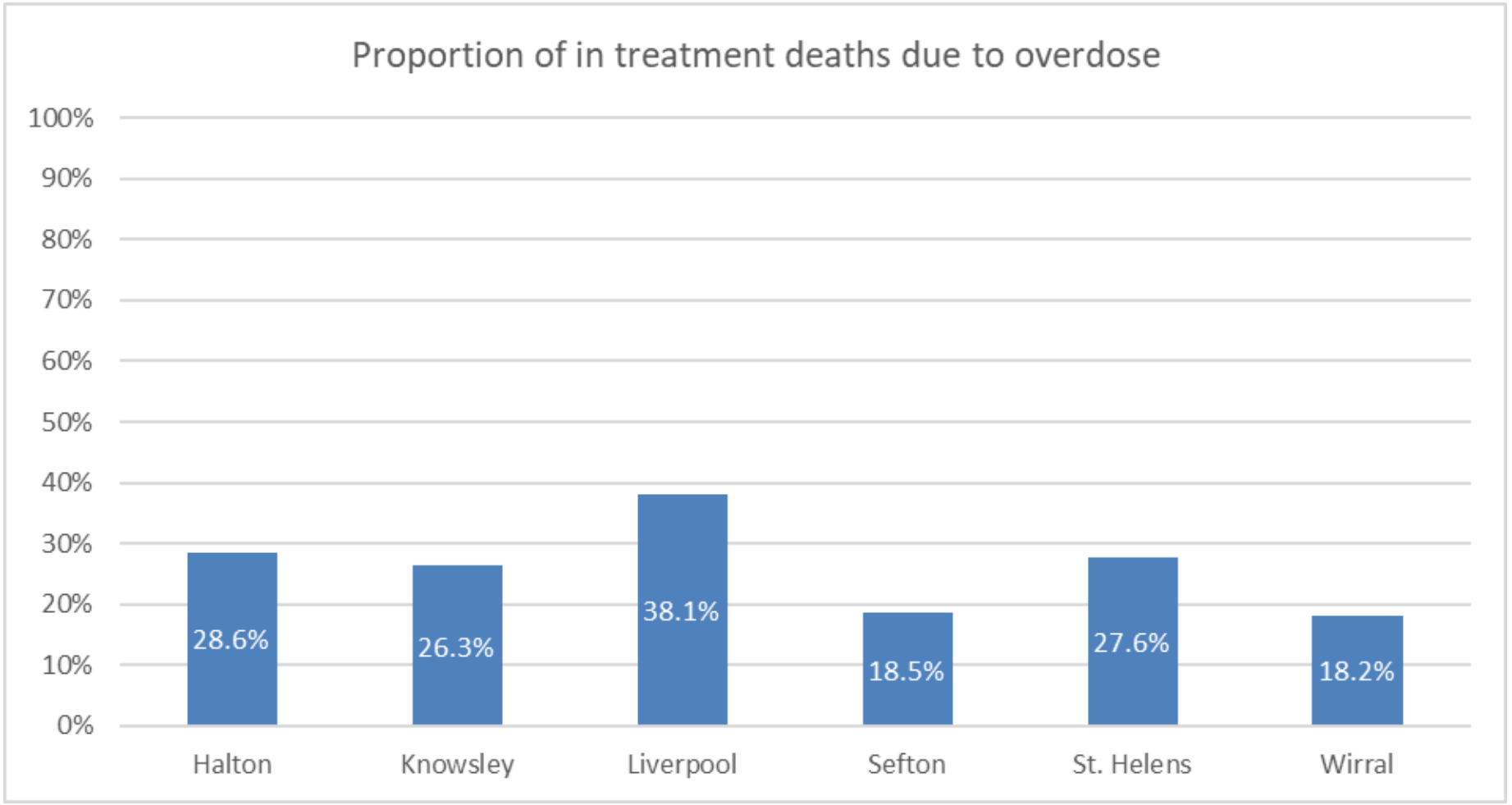
**In treatment cause of death, Liverpool, 2018**

| Cause of death | Count |
|---|---|
| Natural causes | 18 |
| Mixed drug toxicity | 12 |
| Unknown | 3 |
| Opiate toxicity | 2 |
| COPD | 2 |
| Cancer | 2 |
| Alcohol toxicity | 2 |
| Head/brain injury | 1 |

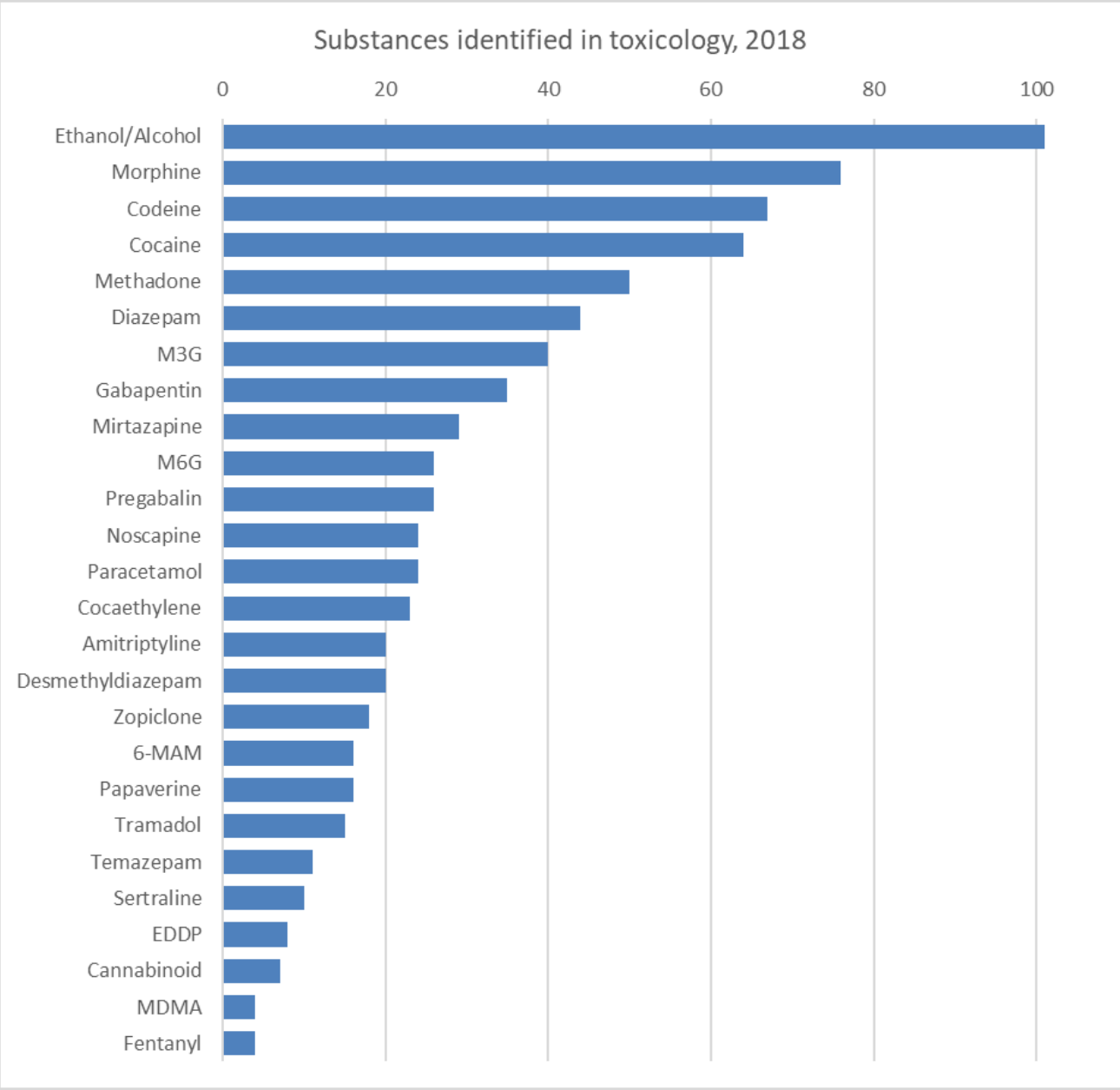
**Coroner only cause of death, Liverpool, 2018**

| Cause of death | Count |
|---|---|
| Mixed drug toxicity | 21 |
| Cocaine toxicity | 10 |
| Alcohol toxicity | 10 |
| Opiate toxicity | 7 |
| Other drug toxicity | 4 |
| Natural causes | 3 |
| Liver failure | 3 |
| Head/brain injury | 1 |
| COPD | 1 |
| Other | 1 |

# Drug related deaths – Cheshire and Merseyside 2018

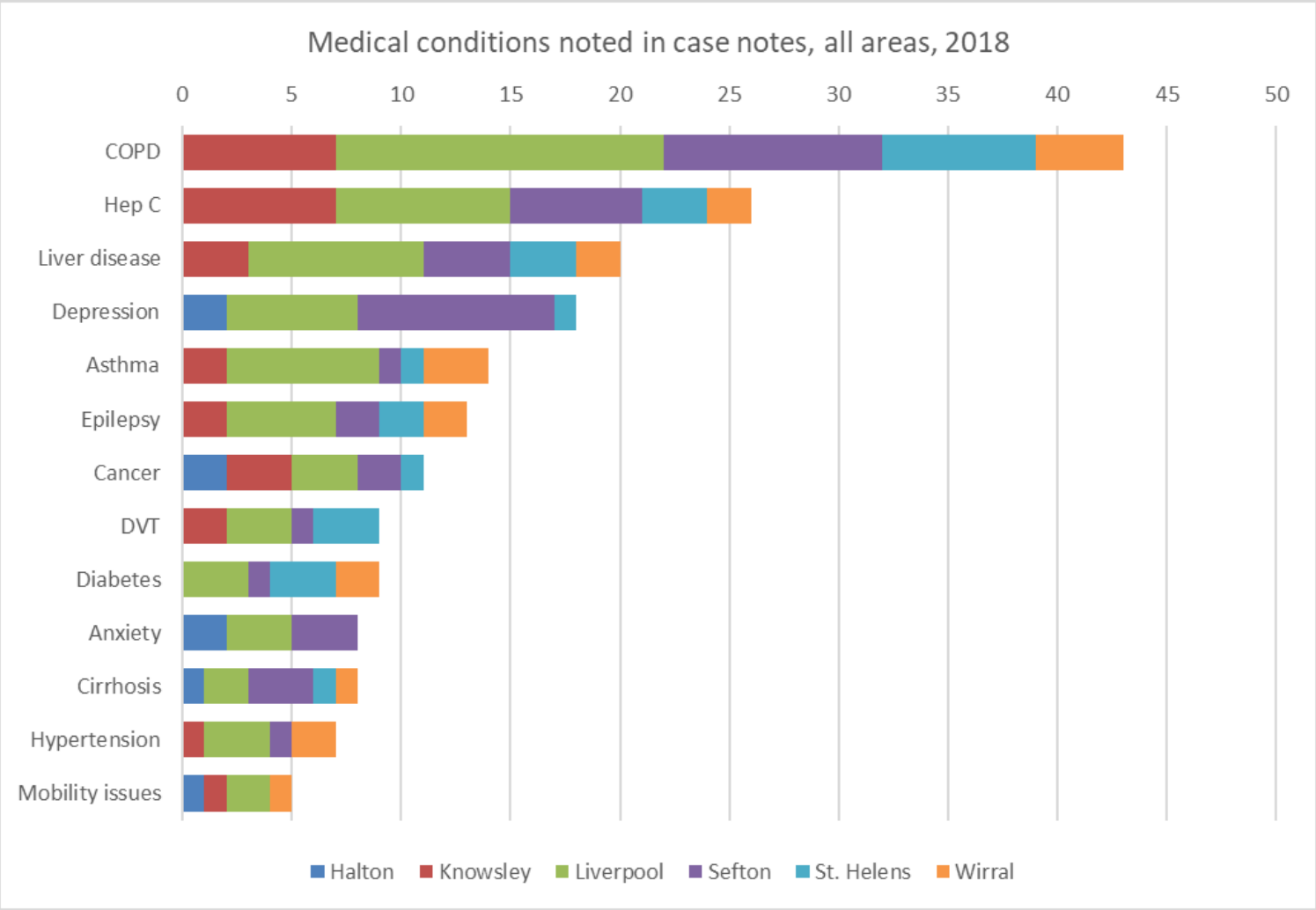



Proportion of deaths in treatment due to overdose, by local authority, 2018



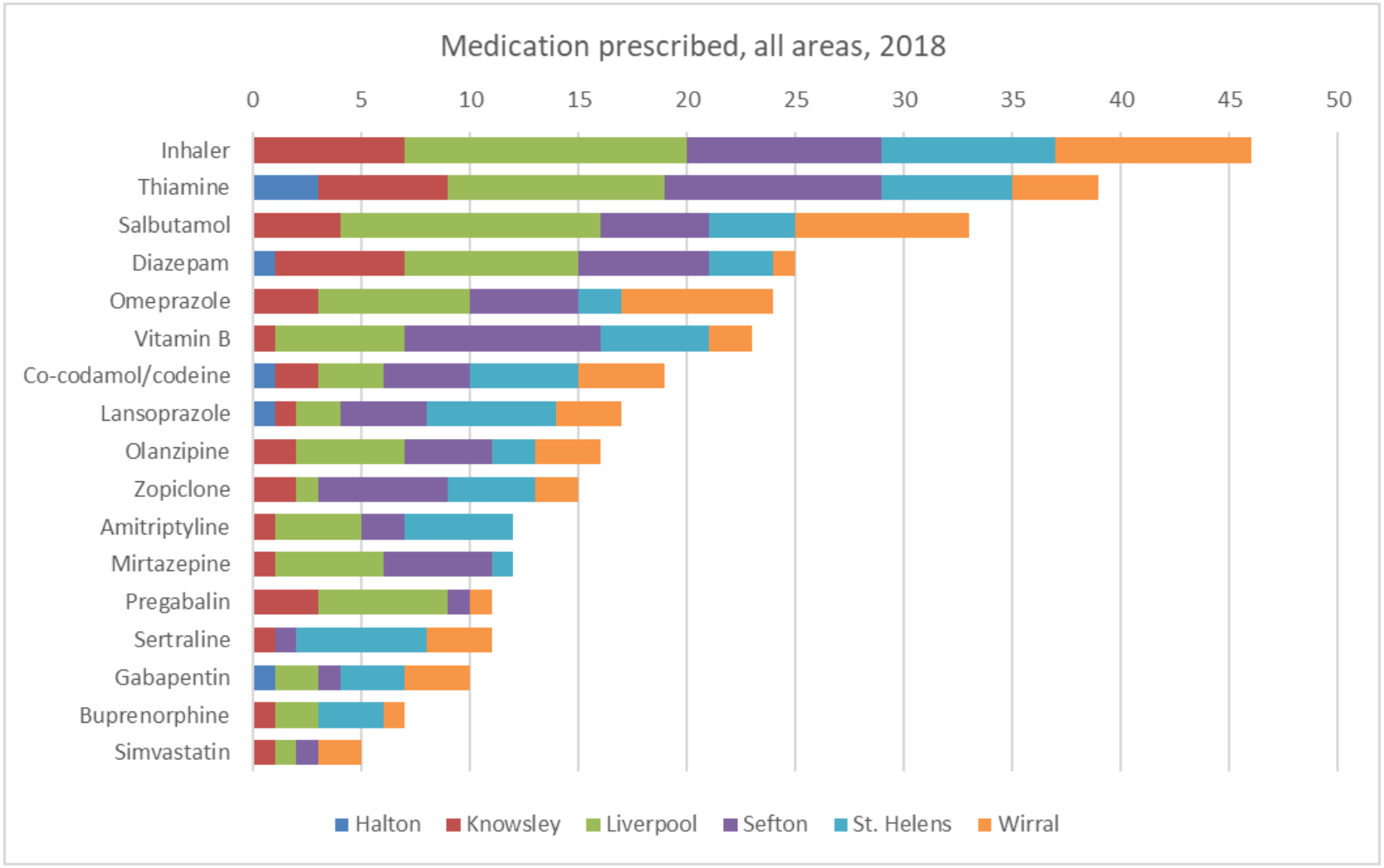

# Substances identified in toxicology, all areas, 2018

# Drug related deaths – Cheshire and Merseyside 2018




Medical conditions of deceased, by local authority, 2018

# Drug related deaths – Cheshire and Merseyside 2018



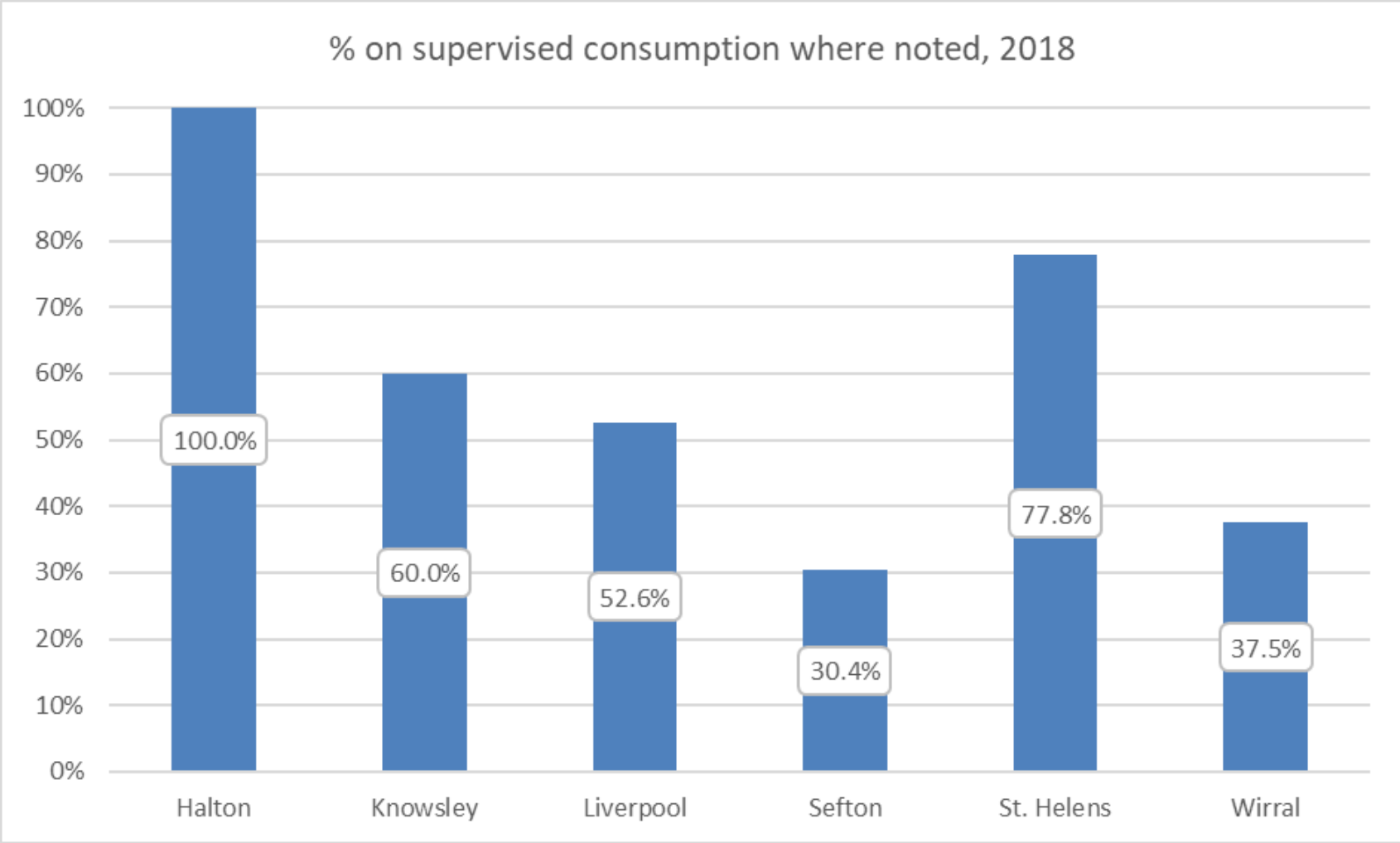

Medications prescribed prior to death for deceased, by local authority, 2018

# Drug related deaths – Cheshire and Merseyside 2018

Number of medications prescribed, by local authority, 2018

| Number of meds prescribed | Average | Low | High | % with 6 or more meds prescribed |
|---|---|---|---|---|
| Halton | 4.2 | 2 | 8 | 40.0% |
| Knowsley | 5.2 | 2 | 13 | 31.6% |
| Liverpool | 6.5 | 1 | 17 | 52.9% |
| Sefton | 6.3 | 1 | 12 | 45.8% |
| St. Helens | 4.7 | 1 | 10 | 39.1% |
| Wirral | 6 | 1 | 21 | 48.0% |

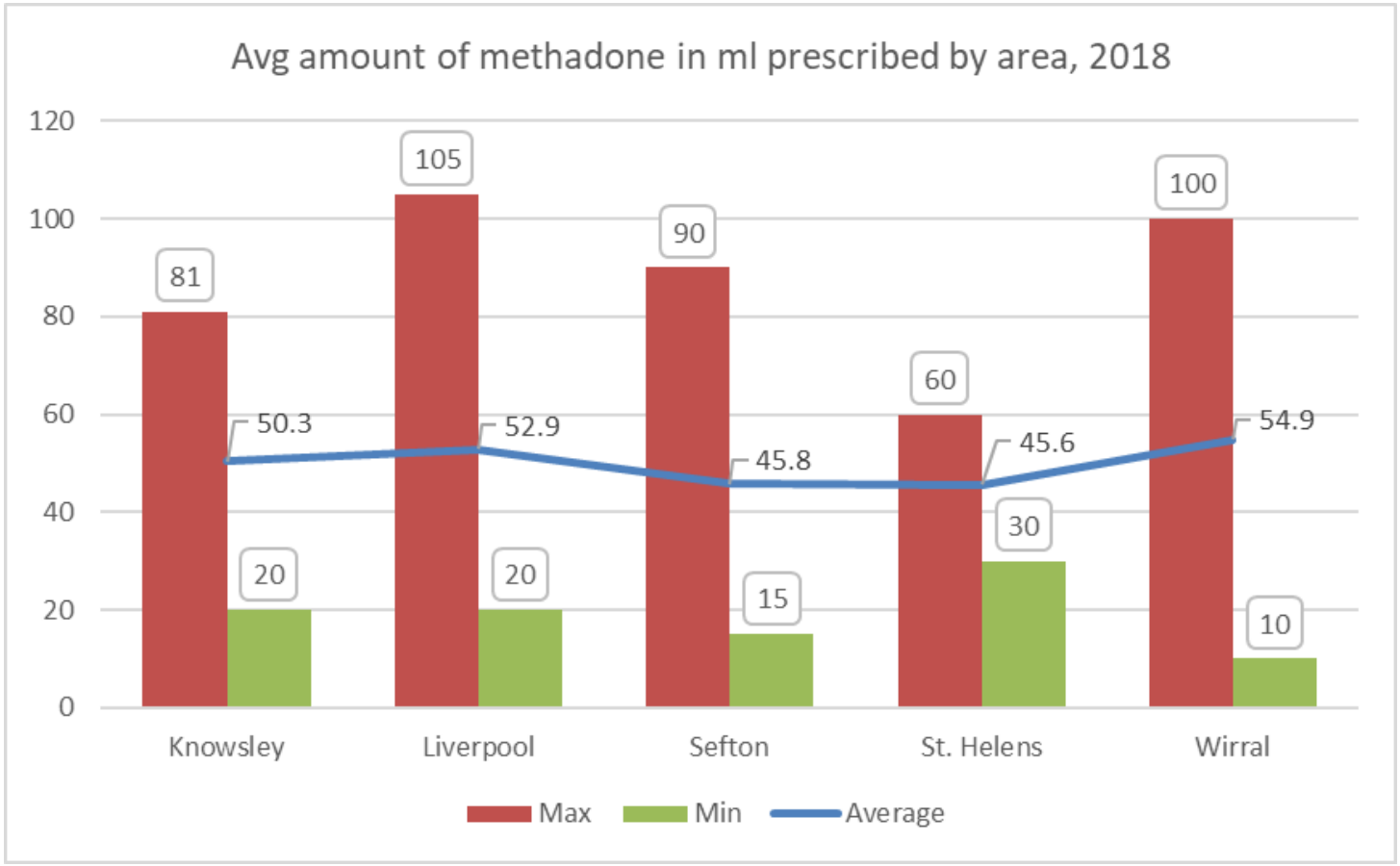
# Drug related deaths – Cheshire and Merseyside 2018



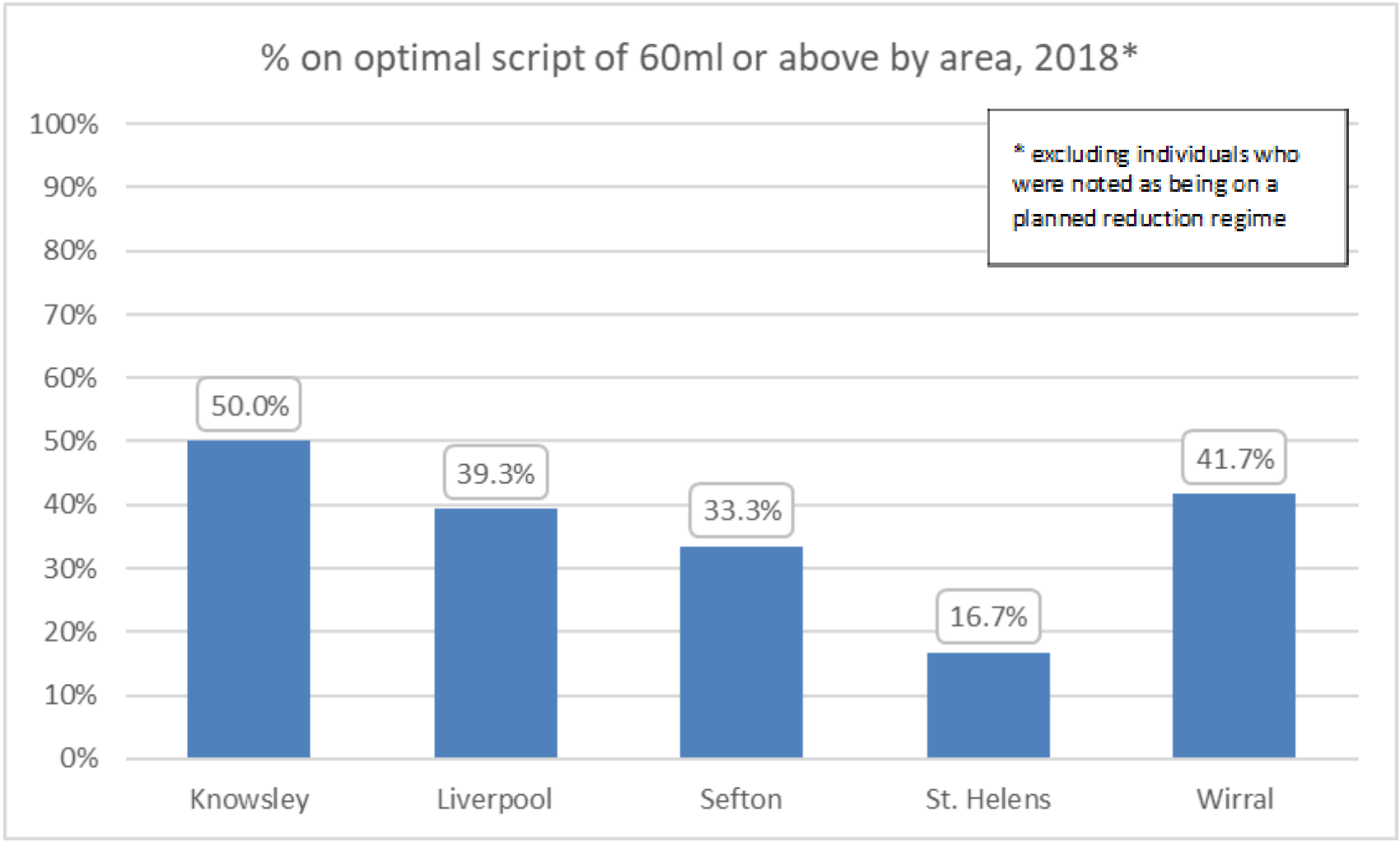

Percentage on supervised consumption, by local authority, 2018

# Drug related deaths – Cheshire and Merseyside 2018

Average amount of methadone prescribed in ml, by local authority, 2018

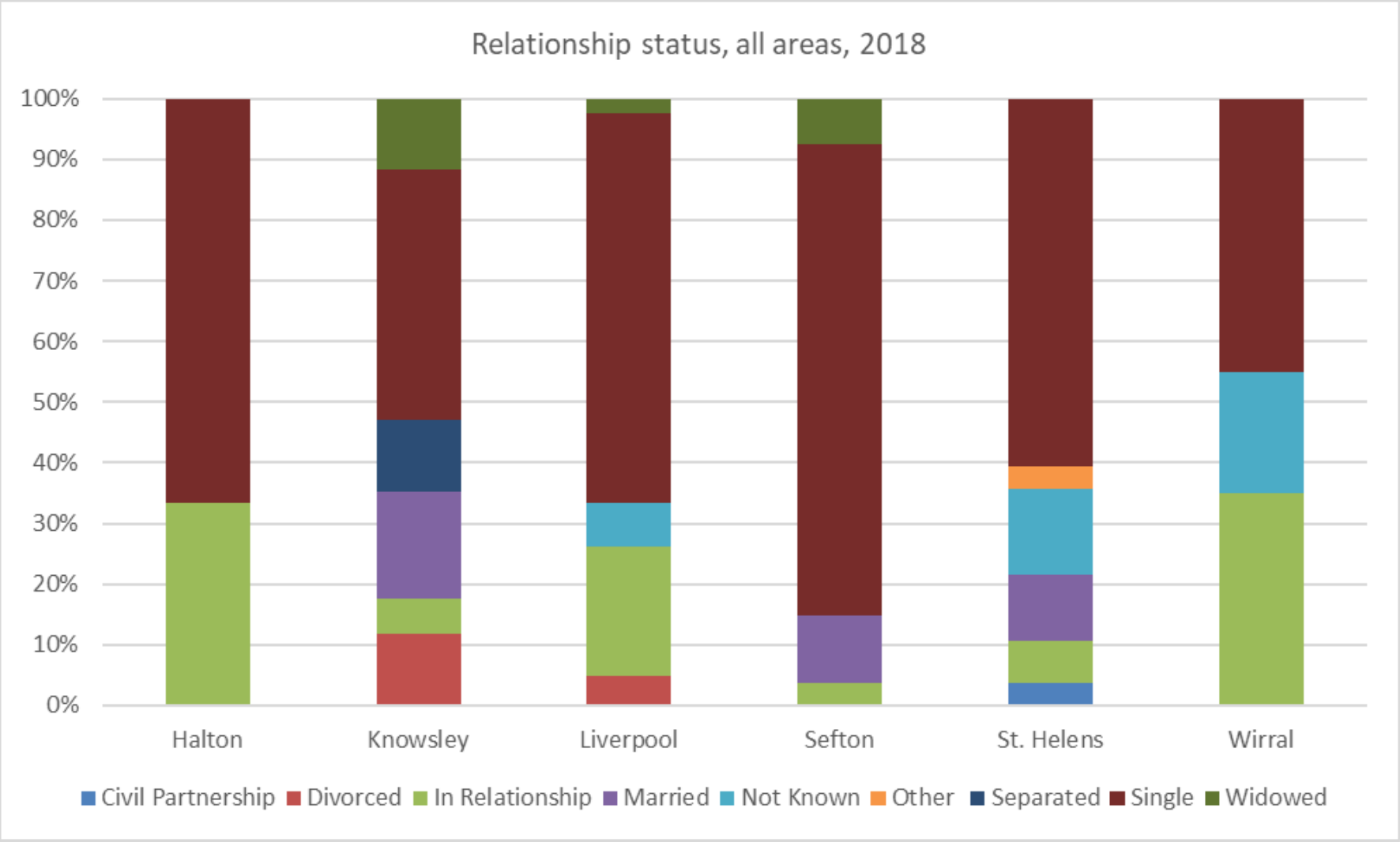


# Drug related deaths – Cheshire and Merseyside 2018



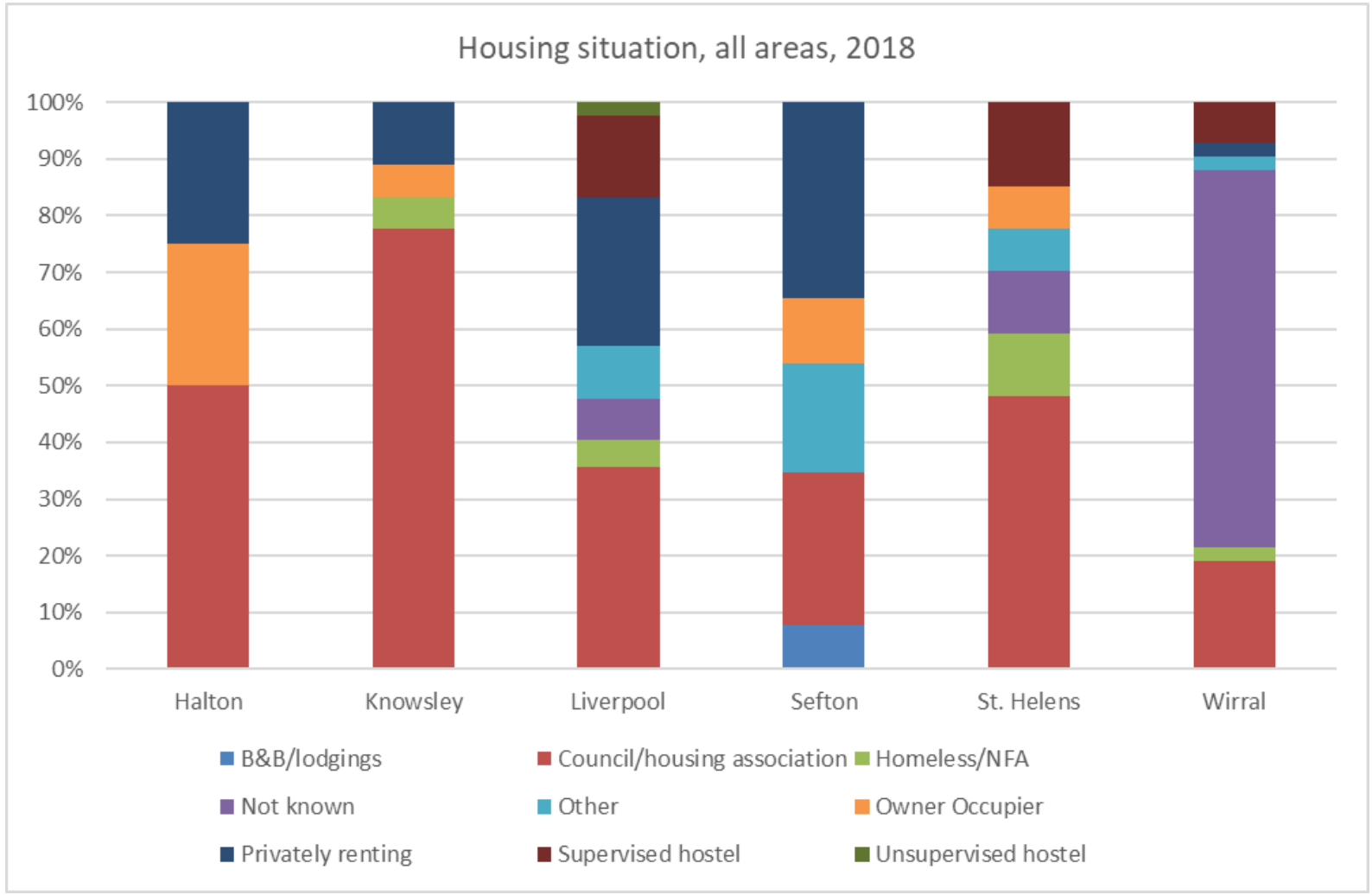

Percentage on optimal script of 60ml-120ml, by local authority, 2018

# Drug related deaths – Cheshire and Merseyside 2018



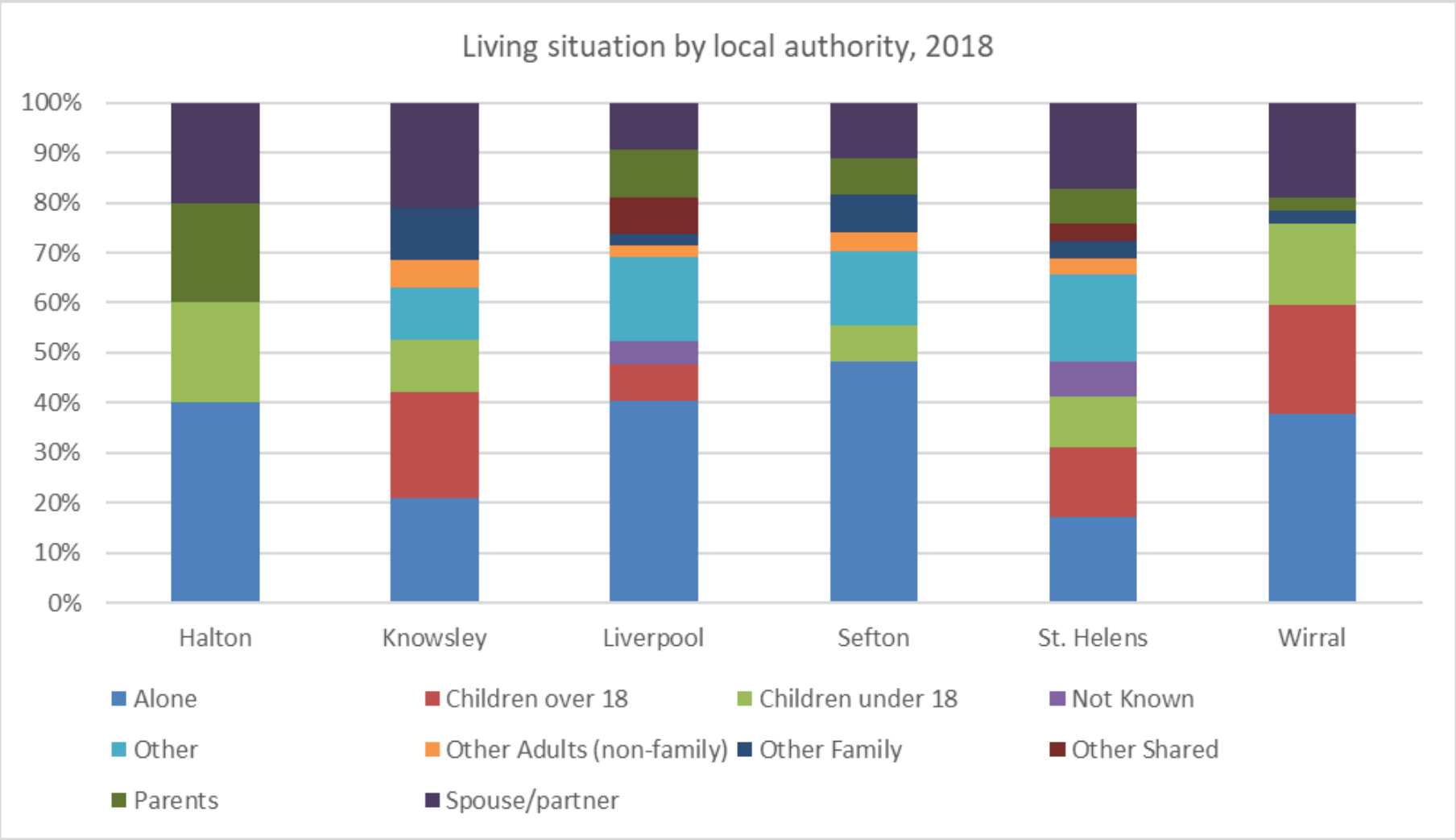

Relationship status of deceased, by local authority, 2018

# Drug related deaths – Cheshire and Merseyside 2018




Housing situation of deceased, by local authority, 2018

# Drug related deaths – Cheshire and Merseyside 2018




Living situation of deceased, by local authority, 2018

# Drug related deaths – Cheshire and Merseyside

## Case Study 1: BV - 29 year old male, homeless

Upon entry into treatment service following prison release, BV was in a relationship and often stayed between his mother and girlfriend's address.

Heroin, 6 x £10 bags daily, 3 x £10 bags of Crack cocaine every 2 days both injected. Drinking 4 cans of 8% lager and 2 cans of 7.5% cider daily. Occasionally used Pregabalin.

Low mood following bereavement. Client withdrew from services and reported moving out of area but would not engage in telephone conversations to check on wellbeing.

Safety concerns following a physical attack by a group of youths. Mr V was found by the grounds keeper of a local Church. Emergency services were called. Police commenced CPR, carried on by paramedics. Mr V was taken to hospital but was dead on arrival. A tent was located in the church grounds as well as personal effects, blood stained jeans & a drugs wrap.

**Verdict:** Drug related death / Cerebral thrombosis / Complications of Heroin use

# Drug related deaths – Cheshire and Merseyside

## Case Study 2: JA - 44 year old male, lived in hostel

Had long history of polysubstance use and was seen in the YMCA treatment clinic to assist with methadone treatment. Client socially isolated and staff reported he spent long periods of time in his room - was challenging to engage with at times and would often miss his methadone doses as he was reluctant to take this when he had used heroin, which he had started to smoke heroin daily. Reduced IV use due to lack of access to IV sites.

Three way discussions between GP practice team and treatment provider's nurse prescriber as how best to support his engagement with treatment and declining health.

Had severely ulcerated legs and breathing difficulties from COPD in the months prior to his death - was given advice and information around the effects of smoking heroin on COPD. Prescribed 30mls of methadone but stopped presenting to treatment provider.

On day of death JA had taken crack cocaine earlier but a resident contacted YMCA staff to say that JA was struggling to breathe.

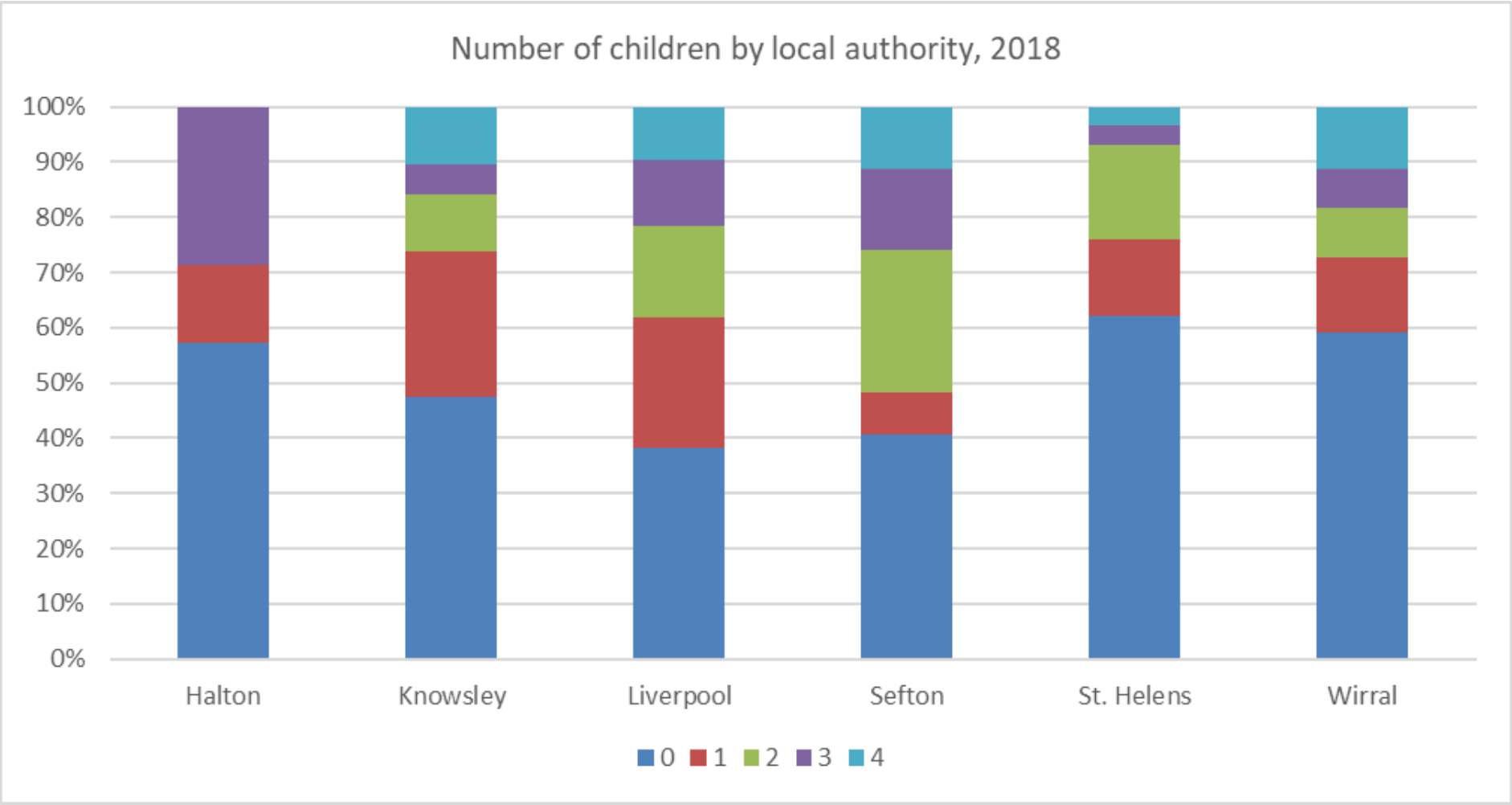
**Verdict:** Drug Related Death / Serious infection (SAB)/ injecting drug use/COPD

# Drug related deaths – Cheshire and Merseyside 2018

Proportion with non-matching injecting status IMS/ NDTMS records, by local authority, 2018

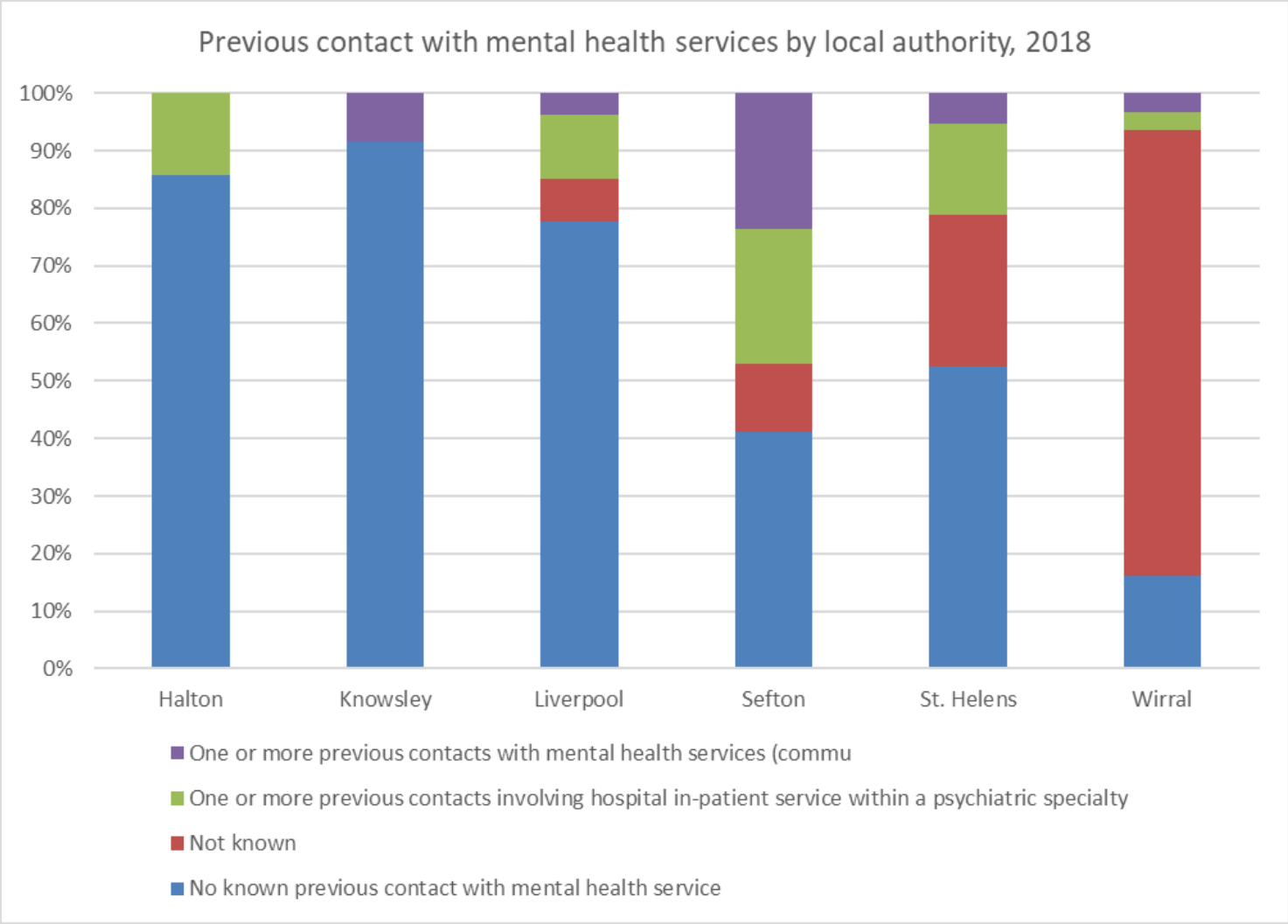
| | Total DRDs | Proportion with IMS | *IMS current / last year* | Proportion with NDTMS | Proportion with Both | *Match* | *Don't match* |
|---|---|---|---|---|---|---|---|
| **Cheshire West & Chester** | **14** | 36% | *21%* | 0% | 0% | | |
| **Halton** | **12** | 33% | *8%* | 33% | 8% | 100% | 0% |
| **Knowsley** | **29** | 24% | *10%* | 69% | 21% | 67% | 33% |
| **Liverpool** | **103** | 39% | *12%* | 41% | 25% | 69% | 31% |
| **Sefton** | **39** | 31% | *8%* | 67% | 23% | 56% | 44% |
| **St. Helens** | **34** | 35% | *12%* | 71% | 35% | 67% | 33% |
| **Wirral** | **64** | 41% | *8%* | 66% | 28% | 56% | 44% |
| **Total** | **295** | 36% | *11%* | 54% | 24% | 64% | 36% |

# Drug related deaths – Cheshire and Merseyside, 2018



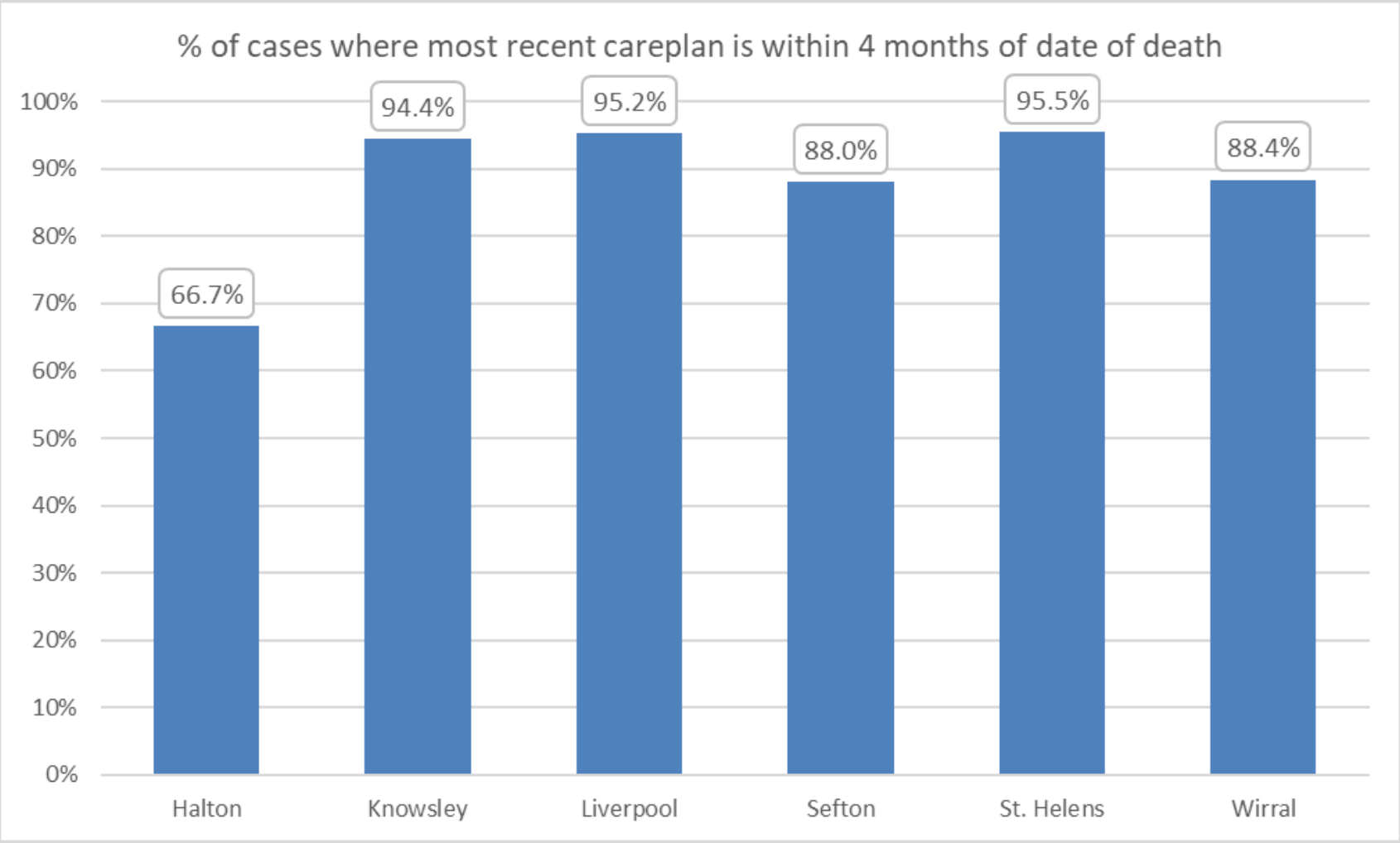

Number of children under 18 of deceased, by local authority, 2018

# Drug related deaths – Cheshire and Merseyside 2018



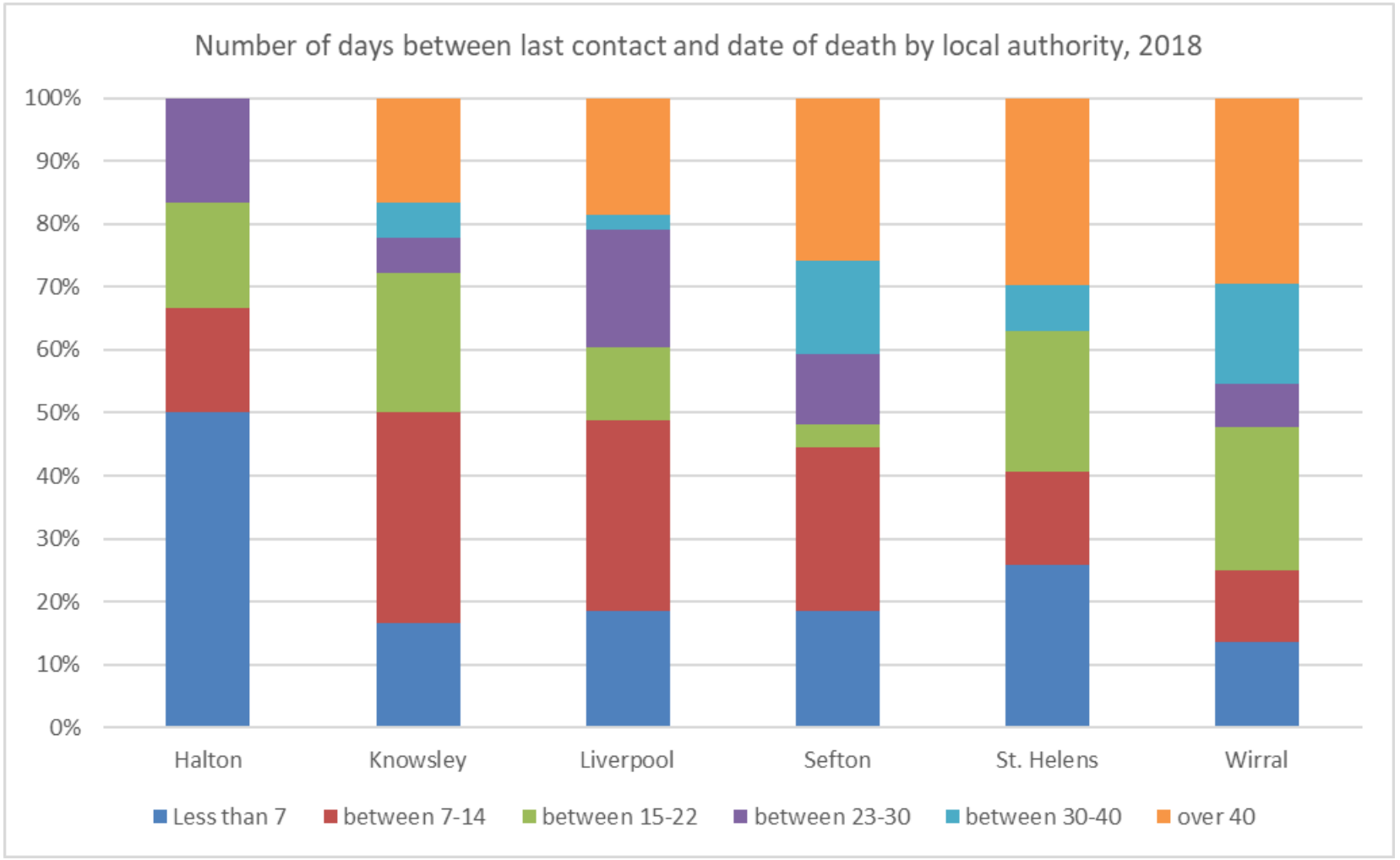

Previous contact with mental health services, by local authority, 2018

# Drug related deaths – Cheshire and Merseyside 2018




Percentage of cases where most recent care-plan is within 4 months of date of death, by local authority, 2018

# Drug related deaths – Cheshire and Merseyside 2018




Number of days between last contact and date of death, by local authority, 2018

# Drug related deaths – Cheshire and Merseyside 2018

Previous overdose, and A&E admissions within last 2 years, by local authority, 2018

| Overdose | % of people with previous overdo | Average number of OD | Highest number of OD |
|---|---|---|---|
| Halton | 28.6% | 2 | 2 |
| Knowsley | 31.6% | 2.3 | 4 |
| Liverpool | 16.7% | 2.1 | 5 |
| Sefton | 51.9% | 6.3 | 38 |
| St. Helens | 34.5% | 1.6 | 6 |
| Wirral | 9.1% | 1 | 1 |

| A&E admissions | % of people with A&E attendance | Average number of admissions | Highest number of admissions |
|---|---|---|---|
| Halton | 28.6% | 1 | 1 |
| Knowsley | 47.4% | 4 | 17 |
| Liverpool | 40.5% | 1.6 | 5 |
| Sefton | 48.1% | 4.7 | 19 |
| St. Helens | 65.5% | 2.1 | 12 |
| Wirral | 36.4% | 1.1 | 2 |

maps

# Drug related deaths – Cheshire and Merseyside 2018

**Data collection is good but some challenges with the system:**

- Number of deaths sometimes difficult to cover in time available in panels
- Turning actions into evidenced change
- Coroners difficult to engage for panels
- Ability to link in other agencies is currently not utilised well
- Delay in inquest detail means sometimes deaths are reviewed twice

maps

# Drug related deaths – Cheshire and Merseyside 2018

## Main findings from 2018's data

- 295 deaths occurring in 2018 reported to the system
- Deaths are at their highest level locally since records/local surveillance system started, although in treatment deaths have risen at a slower rate
- Most deaths are individuals in treatment
- Individuals are dying later in treatment than out of it (for some groups)
- Alcohol appears in a significant number of toxicologies
- The number of deaths from cocaine toxicity and from alcohol toxicity are rising
- People are increasingly dying alone
- Injecting and continued use of illicit drugs is common