

IMS Drug Related Deaths Conference 2021

THURSDAY 2ND DECEMBER 2021



2021 IMS DRD Conference Agenda for the morning



Professor Raphaela Kane, Pro-Vice-Chancellor Faculty of Health, Liverpool John Moores University
Prof Raphaela Kane will give an opening address on behalf of the Public Health Institute and the University's Faculty of Health.

9:35



Professor Matthew Ashton, Director of Public Health, Liverpool City Council
Matt will be providing some opening remarks for the conference on the importance of the agenda around Drug Related Deaths to Liverpool and the wider region.

9:40



9:45 Video - Harm Reduction The Mersey Model



Mark Whitfield, Intelligence and Surveillance Manager, Public Health Institute
Mark will talk about the IMS Drug Related Deaths review model and present the 2020 data for Cheshire & Merseyside, and the wider region.

9:50



Peter Krykant, Project lead - Cranstoun, and Trustee - Release
Activist and campaigner Peter Krykant will be talking about the work in Glasgow with his pioneering drug consumption van alongside his new role with the charity Cranstoun.

10:10



Peter Krykant set up his Overdose Prevention Centre van in September 2020, now with a legacy of over 800 injections supervised, and no fatalities, Peter has passed on his lifesaving Overdose Prevention Service vehicle to [Transform Drugs Policy Foundation](#).



If you tweet about this event please include the tag [#DRDevent](#)



Ina Roll Spinnangr, and Dagfinn Hessen Paust, Safer Drug Policy Norway
Safer Drug Policies (Foreningen Tryggere Ruspolitikk) is one of the leading advocates for harm prevention and evidence-based drug policies in Norway and the Nordics. They promote drug policies that are grounded in science, compassion, health and human rights.

10:30



The [#Decriminalize](#) campaign is an initiative by Safer Drug Policies and several other Norwegian organizations that support the ongoing decriminalization reform in Norway, where all drug users will be offered help and treatment rather than being criminally charged.

10:30



Professor Pat Hudson, Anyone's Child
Anyone's Child, is the campaign by Transform Drug Policy Foundation to "end the war on drugs, better protect our children, and get drugs under control. *Pat from Anyone's Child* will be talking about her son's drug related death and "the need to see drug dependence as a medical issue rather than a moral failing."

10:50



11:10 Panel discussion - followed by break



Jonathan Bowden and Gemma Swan, South Tees Public Health
Jonathan and Gemma will present the local approaches from Middlesbrough to harm reduction through new initiatives funded by the government's ADDER (Addiction, Diversion, Disruption, Enforcement, and Recovery) programme.

11:30



Sid Willett, Drug Related Death Prevention Co-ordinator, Cornwall and Isles of Scilly
Sid will be talking about Cornwall's drug related deaths and their local response to the issue.

11:50



12:10 Panel discussion - followed by discussion on 2020 DRD panel themes



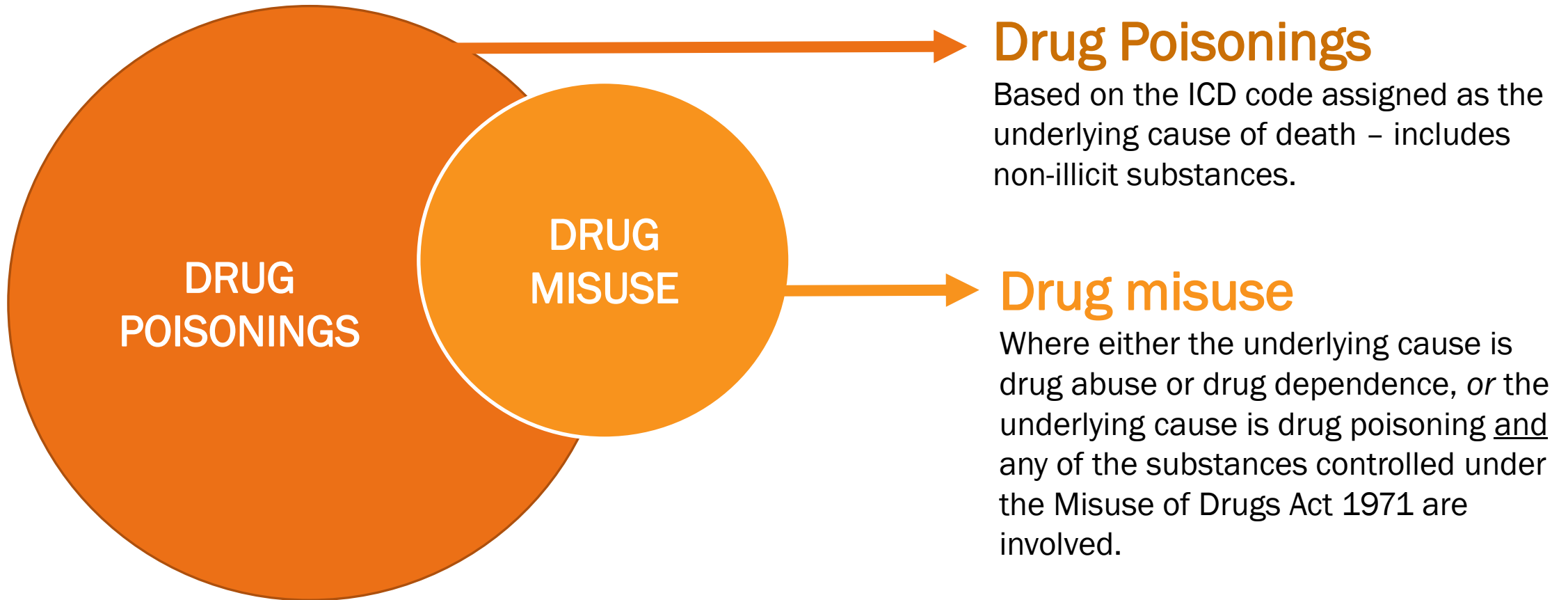
Professor Vivian Hope, Public Health Institute, Liverpool John Moores University
Viv will make some final remarks to bring the event to a close.

12:55



National and local data from 2020

ONS 2020 report on “deaths related to drug poisoning”



Source: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/2020>

Headline findings from ONS 2020 report on “deaths related to drug poisoning”

- In 2020, 4,561 deaths related to drug poisoning were registered in England and Wales; 3.8% higher than the number of deaths registered in 2019
- Among males, there were 109.7 drug poisoning deaths registered per million in 2020, compared with 49.8 deaths per million among females
- Rates of drug-m... the highest rate in
- those aged 45 t... 6 deaths per
- The North East of... (6%) 777 deaths
- million people);... recorded a decade
- Approximately h... ago (144 deaths

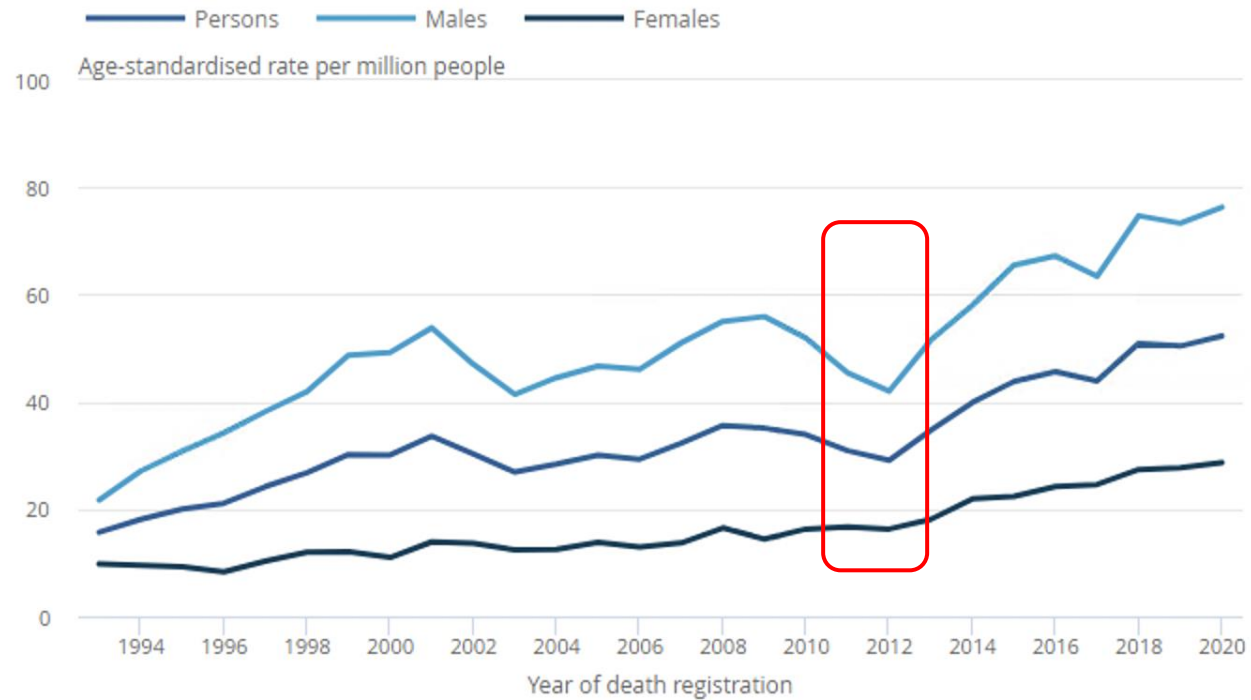


Statistics are based on the year of death registration - because of death registration delays, around half of these deaths will have occurred in the previous year (2019), and the majority will have occurred before the coronavirus (COVID-19) pandemic in the UK.

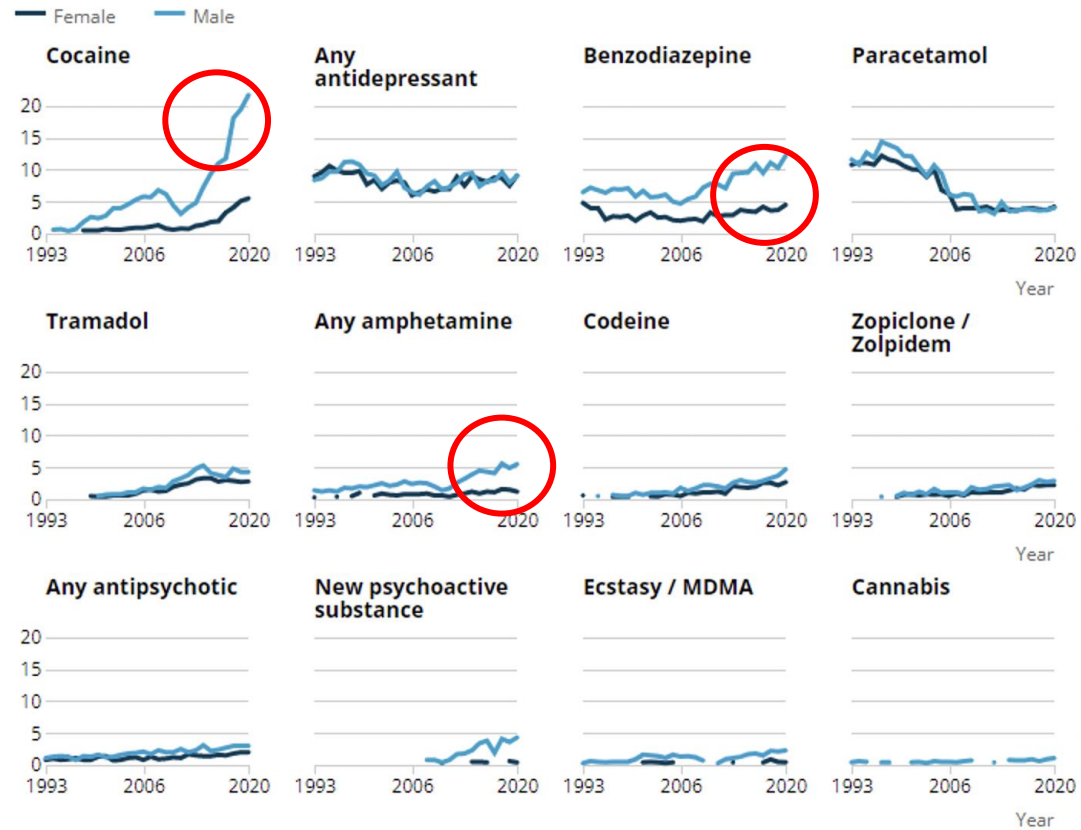
ONS Data from 2020

Figure 2: Rates of drug misuse deaths increased in 2020

Age-standardised mortality rates for deaths related to drug misuse, by sex, England and Wales, registered between 1993 and 2020

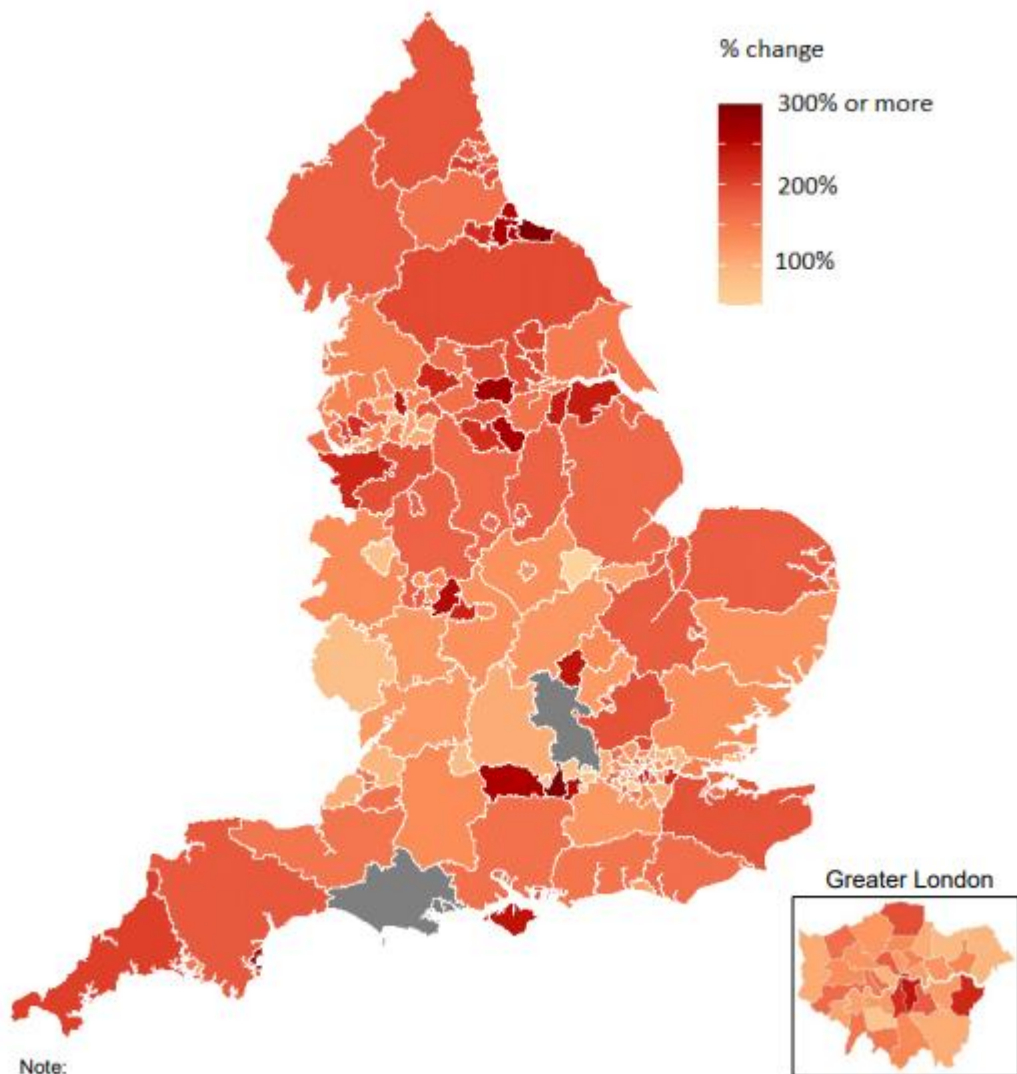


ONS Data from 2020



Source: Office for National Statistics - Deaths related to drug poisoning in England and Wales

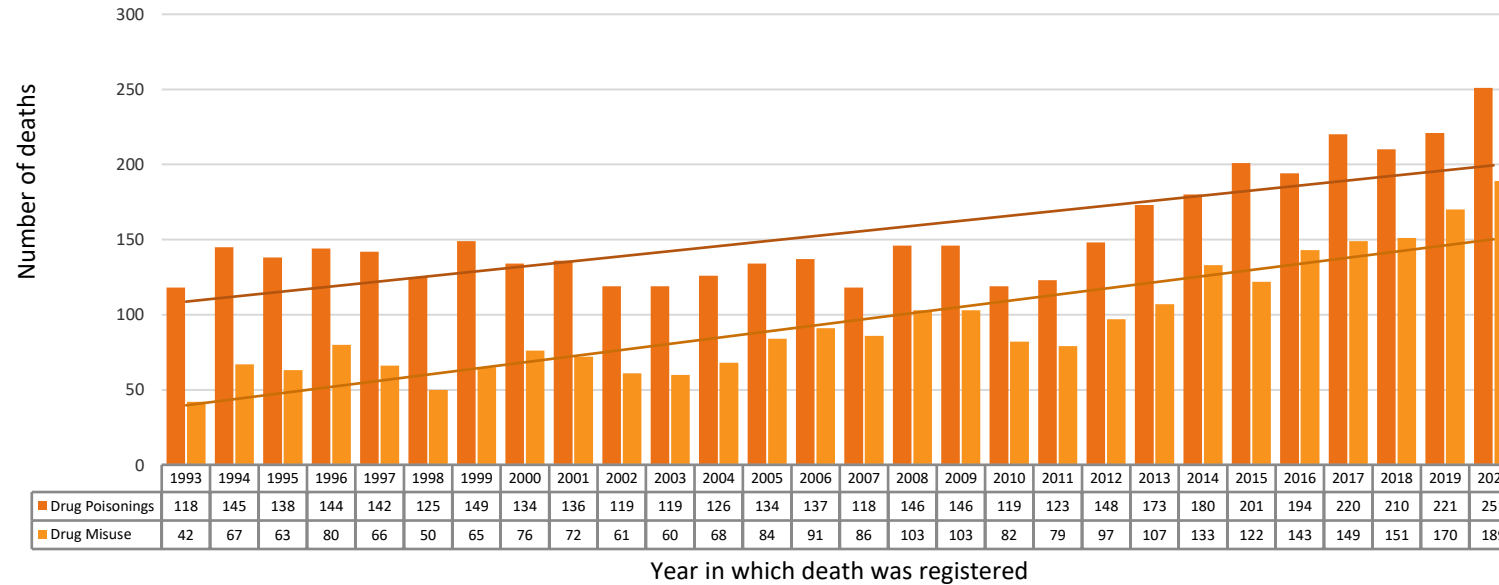
Figure A3: map showing the change in number of drug misuse poisoning deaths between 2010 to 2012 and 2017 to 2019 (% change)



Note:
The areas were capped at 300%.
Grey areas show low numbers or missing data

ONS Cheshire and Mersey data 2020

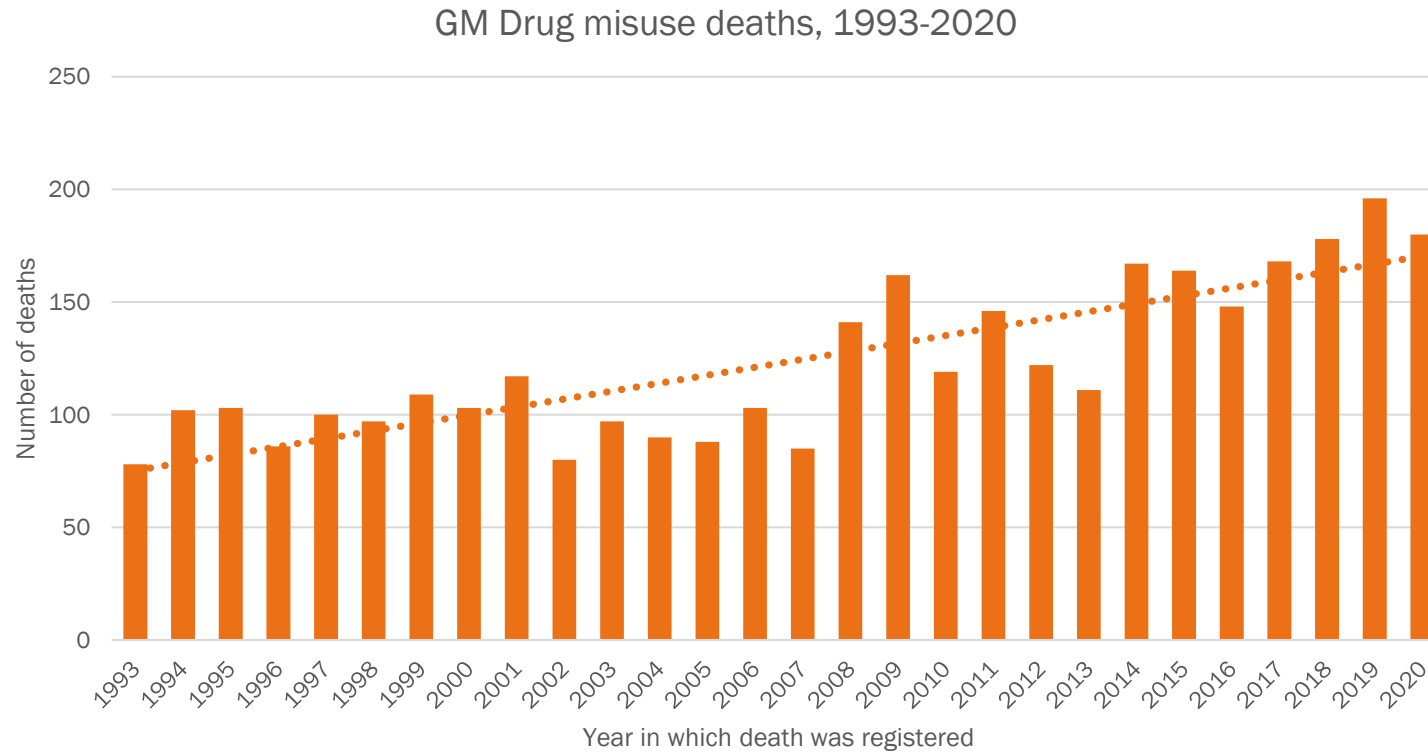
Cheshire and Merseyside Drug Related Deaths reported by ONS, 1993 - 2020 registrations



■ Drug Poisonings
 ■ Drug Misuse
 — Linear (Drug Poisonings)
 — Linear (Drug Misuse)

Source: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/2020>

ONS Greater Manchester data 2020




Source: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/2020>

Potential reasons for increase in DRDs


- Ageing cohort – people who have b now in their 50s or 60s
- Rise in the use of some substances
- Increase in strength of some substa
- New trends in taking specific drugs,
- Disengagement or non-compliance
- Austerity and cuts to services

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2021, AHEAD-OF-PRINT, 1-19
<https://doi.org/10.1080/19491247.2021.2002660>

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Assessing the impact of funding cuts to local housing services on drug and alcohol related mortality: a longitudinal study using area-level data in England



Alexandros Alexiou , Kate Mason, Katie Fahy, David Taylor-Robinson, and Benjamin Barr

Department of Public Health, Policy and Systems, University of Liverpool, Liverpool, United Kingdom

ABSTRACT

Since 2010 there have been large reductions in funding for local government services in England. This has led to reduced income to fund services, such as housing services, that potentially promote health. Housing services expenditure includes spending on housing advice services, homelessness relief and provision of temporary accommodation. During the same period there has been an increase in homelessness and drug related mortality. We carried out an ecological study by linking data on housing services expenditure to deaths from drug and alcohol abuse by local authority in England between 2013 and 2018, to assess whether those areas that experienced a greater decline in spending, also experienced more adverse trends in mortality rates. Our results demonstrate that spending cuts were associated with increased mortality rates due to drug misuse, however, we found no strong evidence of an association with alcohol-specific mortality. This study suggests that reduced fiscal support alongside the introduction of policies that changed how funds are spent may in part explain the recent adverse trends in drug-related mortality. Since housing services are more available in the most deprived areas of England compared to less deprived areas, such spending cuts may have contributed to the widening of health inequalities.

KEYWORDS Housing services; spending; drug; alcohol; mortality

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en areas may in part explain the recent adverse trends in drug-related mortality. Since housing services are more available in the most deprived areas of England compared to less deprived areas, such spending cuts may have contributed to the widening of health inequalities.

Dame Carol Black Review of Drugs, 2020/21

“Drug use and premature deaths occur disproportionately more in deprived areas and the north of the country... the public provision we currently have for prevention, treatment and recovery is not fit for purpose, and urgently needs repair”

“Areas of the country with the highest rates of drug deaths or the poorest treatment services are the very same areas where the need to level up is greatest”

“Suggestion that funding to local authorities should take into account the level of DRD”

The IMS model of DRD surveillance

- Qualitative and quantitative system aims to share intelligence and learning
- Operational in all nine Cheshire and Merseyside local authorities by March 2020.
- Commissioned through Greater Manchester Combined Authority for 10 GM LAs from September 2021.
- Liverpool commissioned panel specifically looking at homelessness related deaths from April 2020.
- System proposed changes next year to refocus on potentially preventable overdose deaths in and out of treatment. Potential use of police data.

The IMS model of DRD surveillance

Includes:

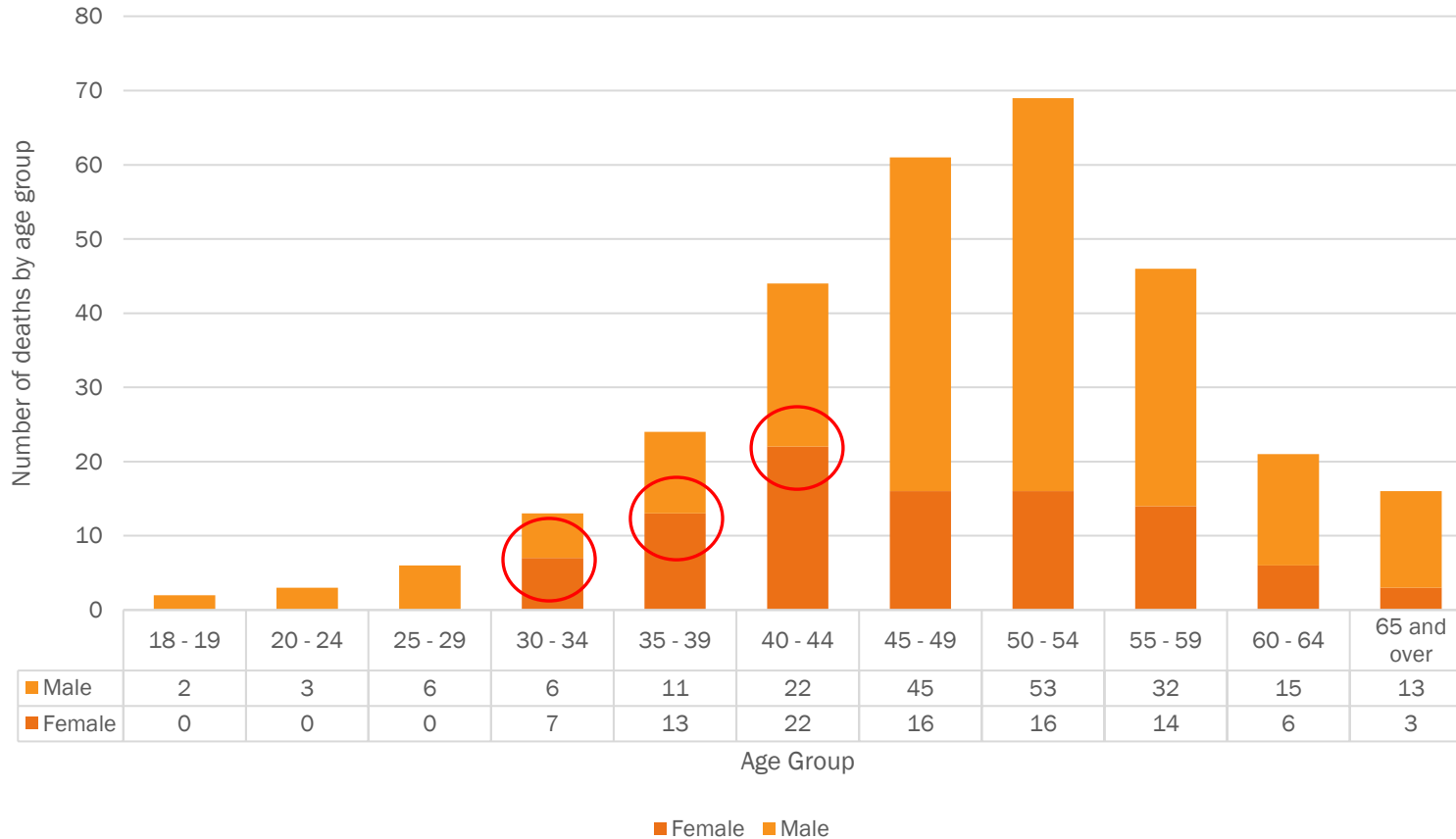
- All drug related deaths where a substance was named under the Misuse of Drugs Act 1971
- All drug poisoning deaths including poisoning from controlled medications
- All alcohol toxicity deaths
- All deaths from Novel Psychoactive Substances
- All deaths in treatment, including those in treatment for their alcohol use, which can include those from “natural causes”/poor physical health

Headline findings from IMS DRD Surveillance 2020 annual report

- There were 436 deaths across Cheshire and Merseyside reported to IMS in 2020, a rise of 3.6% from 2019.
- There was a rise of 15.8% of in treatment deaths from 2019 to 2020.
- The proportion of deaths in treatment from overdose rose from 16% in 2019 to 25% in 2020.
- Opiates were implicated in around a two-fifths (41%) of deaths, while cocaine and controlled medications were both implicated in around a fifth of deaths each (20%).
- The proportion of deaths for which methadone on its own was implicated rose by 44%.
- While the number of deaths in which cocaine was implicated rose from the previous year, the number of deaths where cocaine was implicated as the only substance (other than alcohol) decreased.
- Codeine/co-codamol was implicated in 12 deaths in 2020, a rise from 2019 where it was only implicated in 5 deaths.

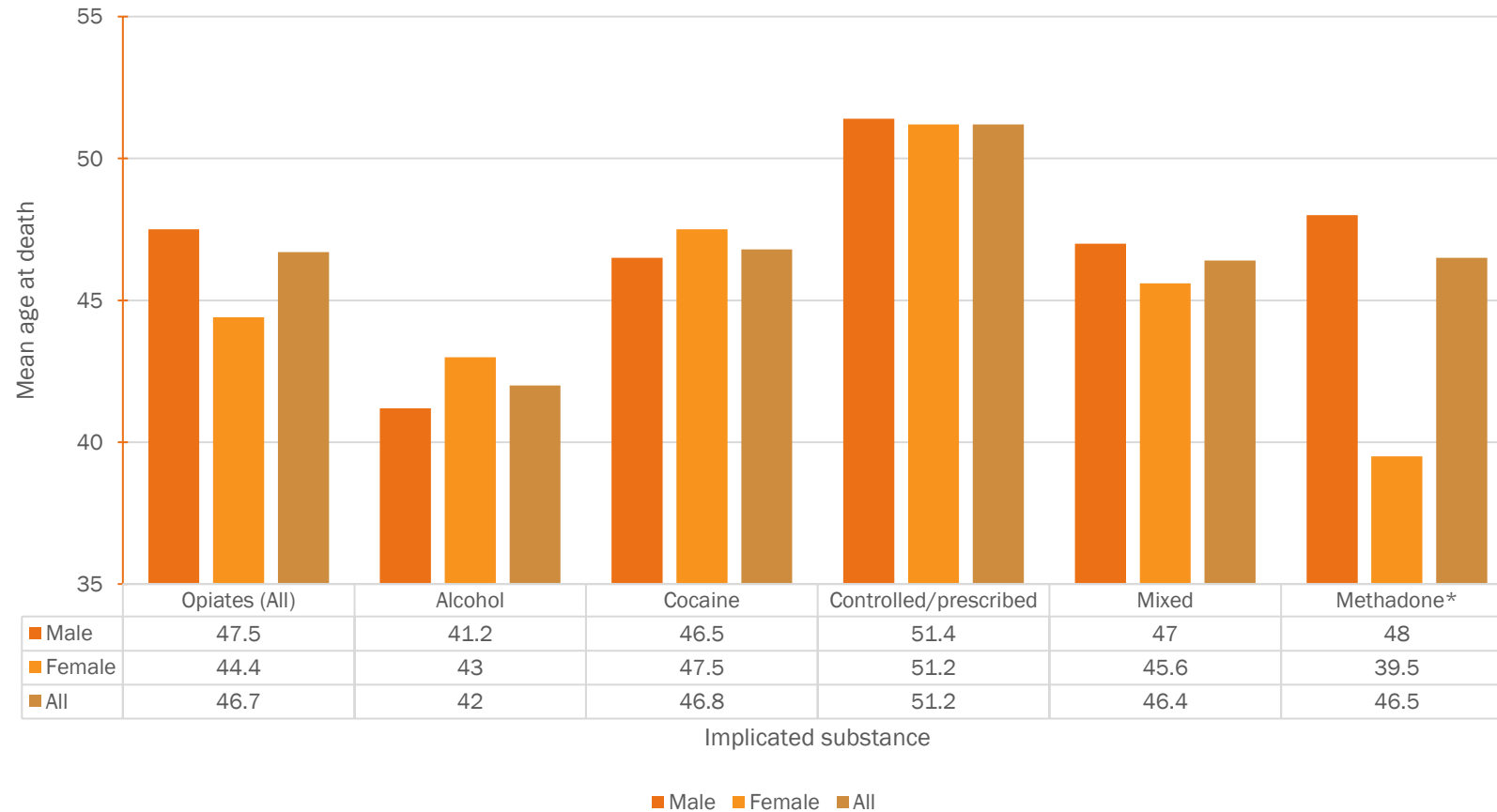
Key findings from IMS DRD Surveillance 2020 annual report

Deaths In treatment by age and gender, 2020



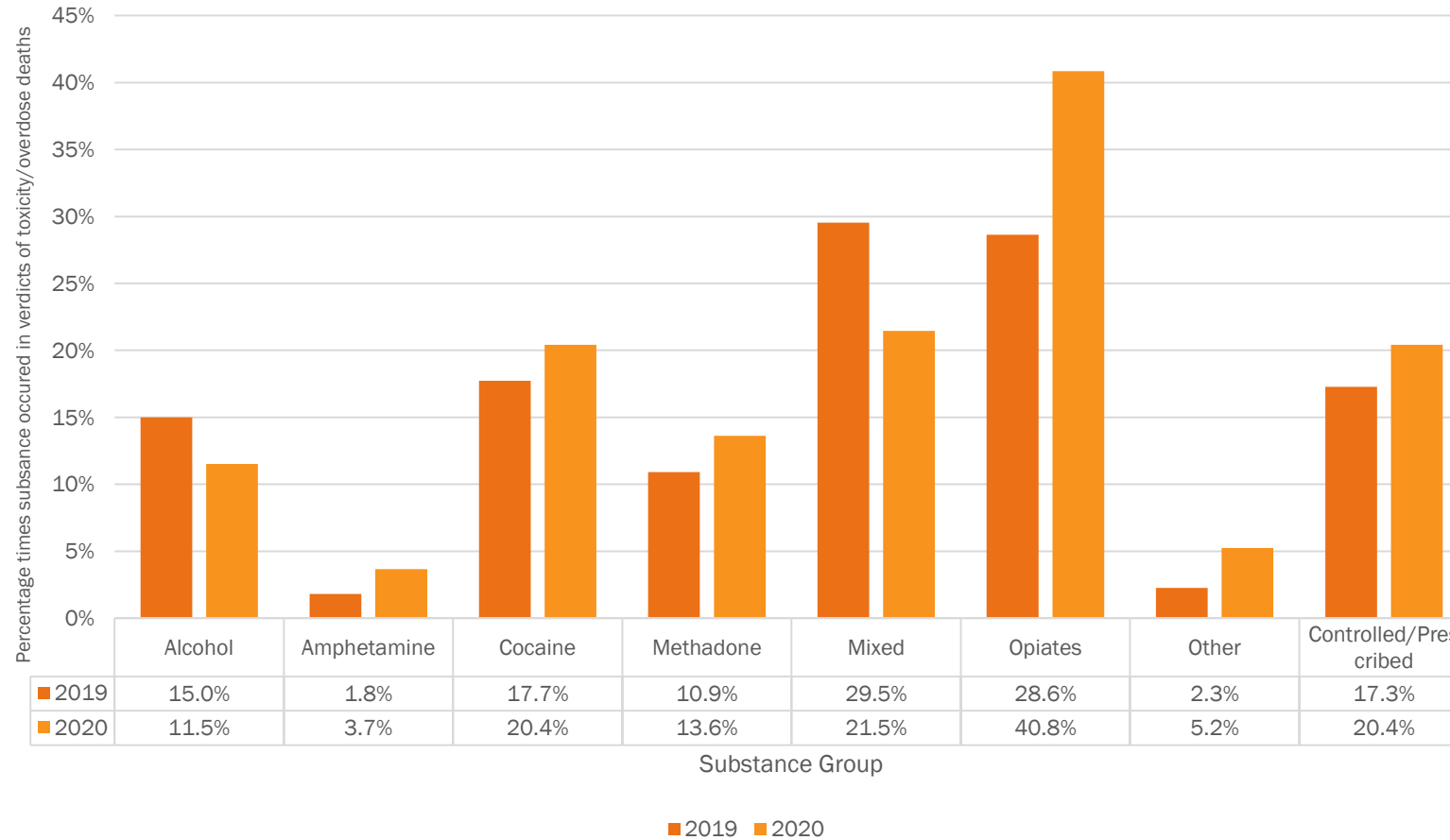
Key findings from IMS DRD Surveillance 2020 annual report

Average age at death by implicated substance, Cheshire and Merseyside, 2020



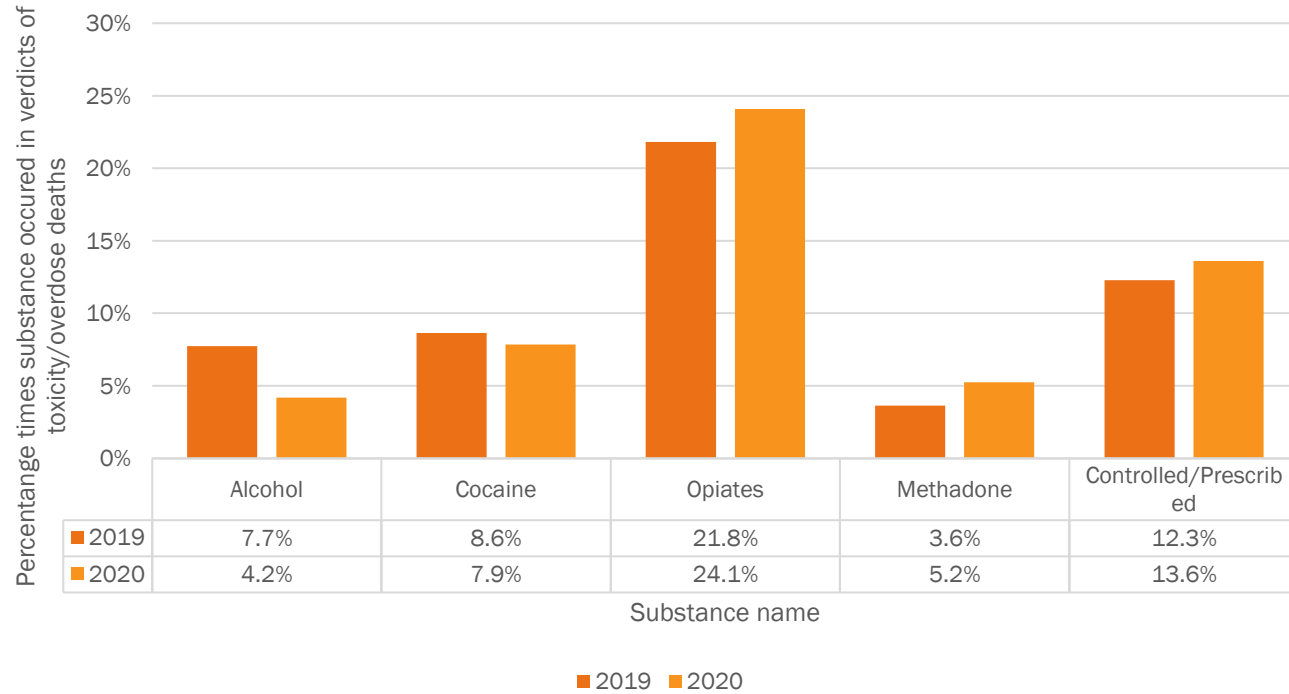
Key findings from IMS DRD Surveillance 2020 annual report

Implicated substance in DRD verdicts, Cheshire and Merseyside 2019-20



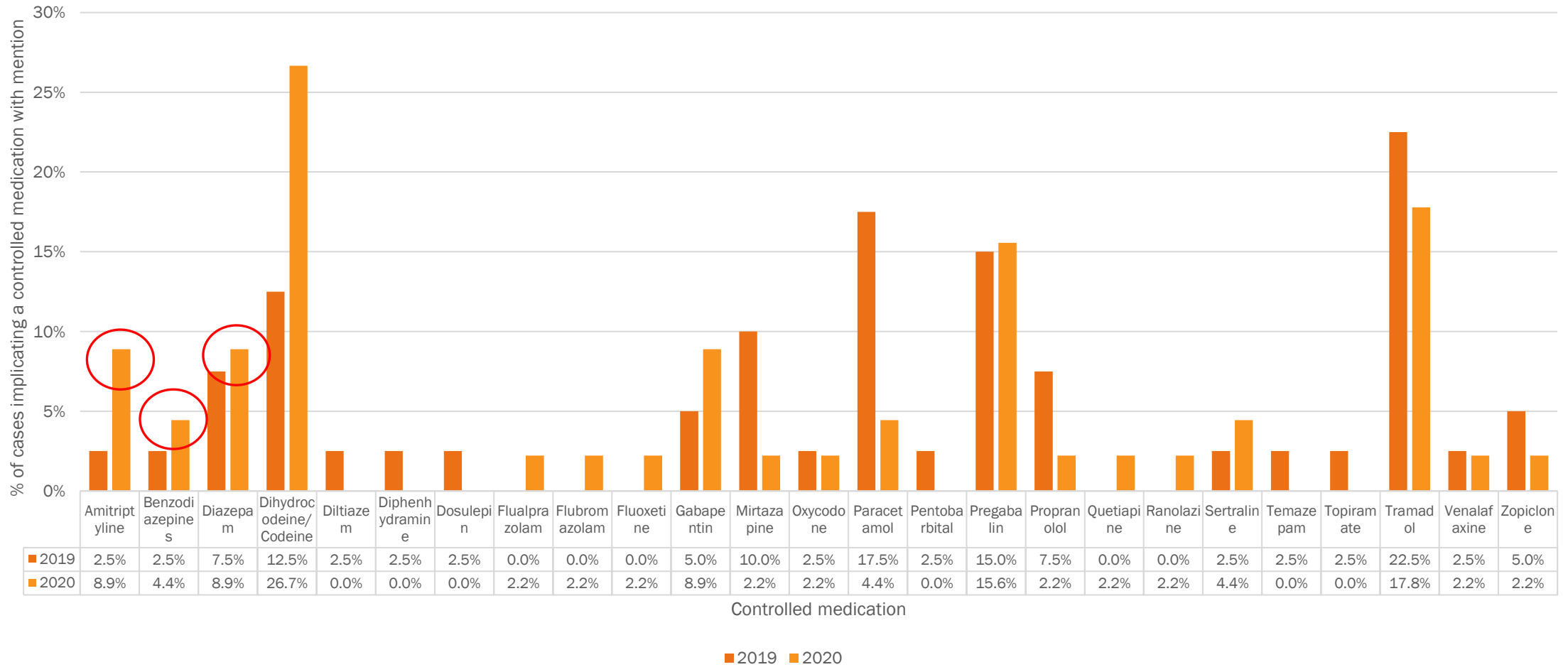
Key findings from IMS DRD Surveillance 2020 annual report

Implicated substance in DRD verdicts where just one substance was named, Cheshire and Merseyside 2019-20



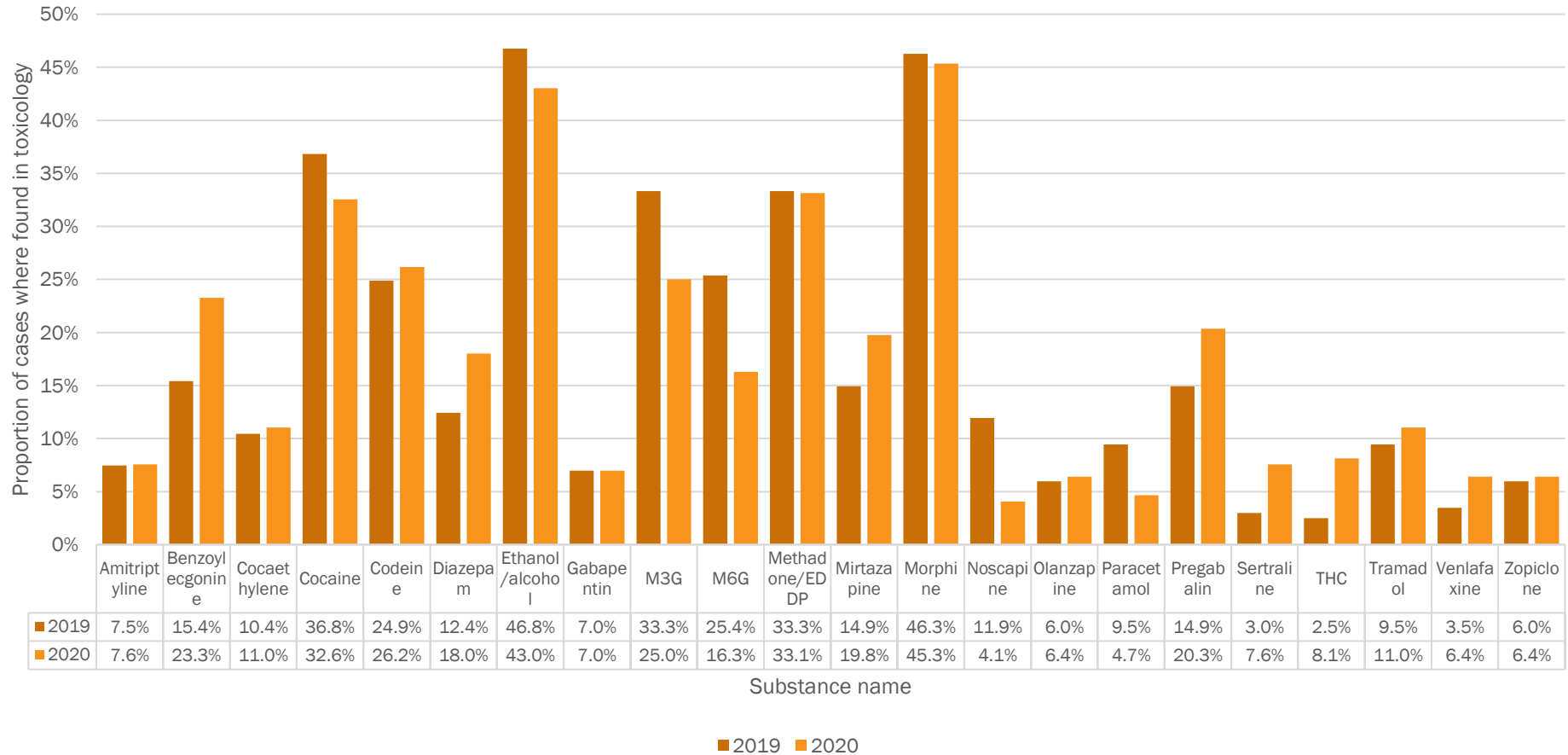
Key findings from IMS DRD Surveillance 2020 annual report

Controlled medication implicated in deaths, Cheshire and Merseyside, 2019 and 2020

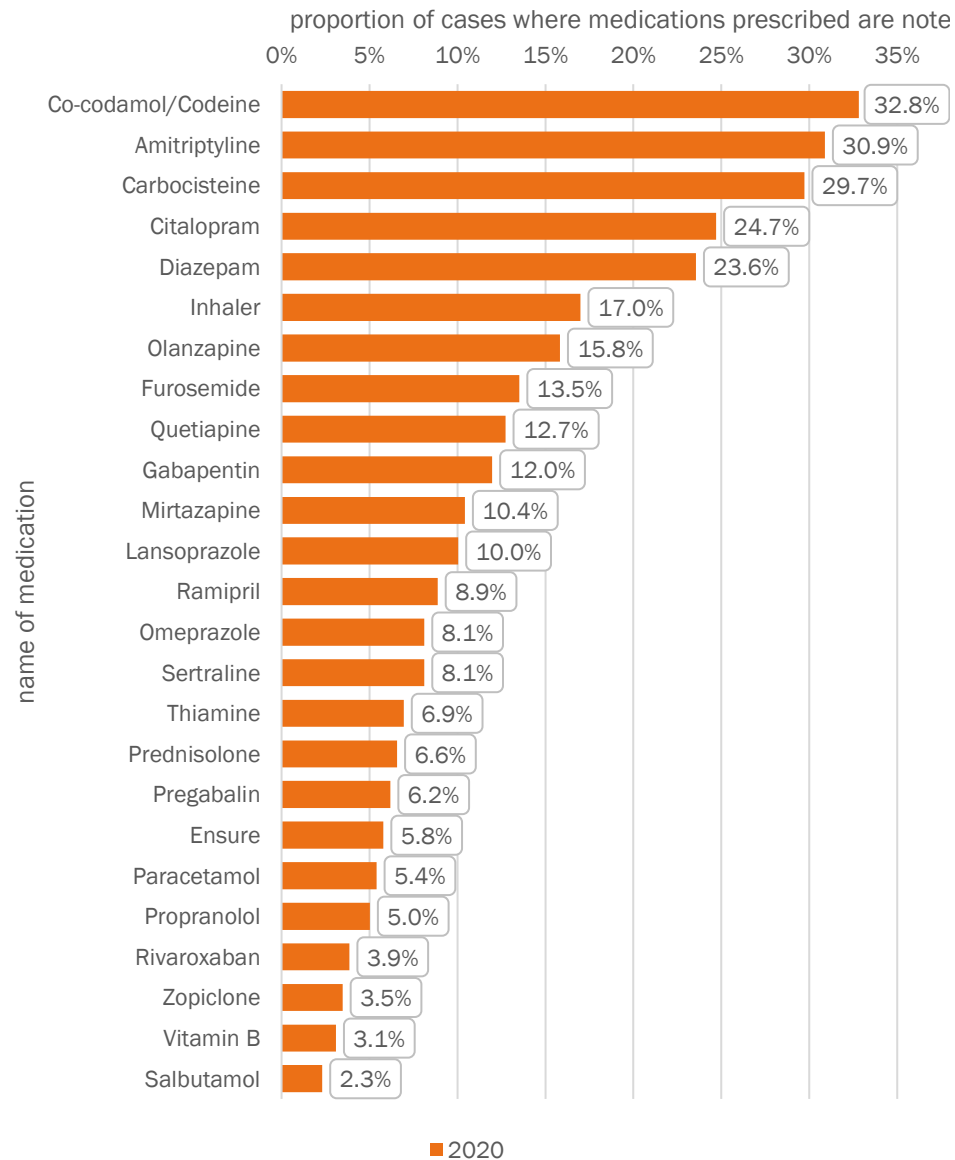


Key findings from IMS DRD Surveillance 2020 annual report

Substances found in coroner toxicology results (not necessarily implicated), Cheshire and Merseyside, 2019 and 2020

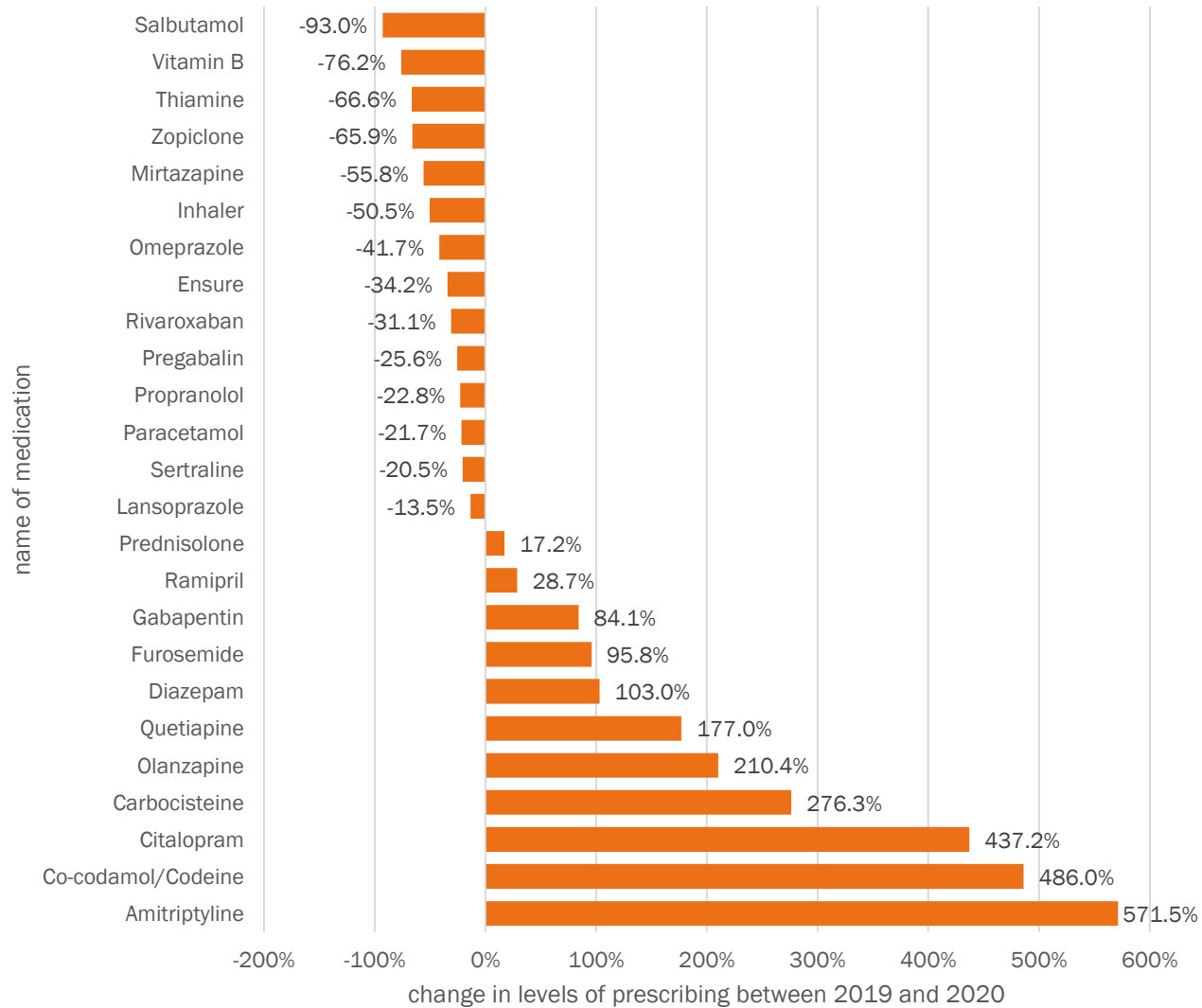


Medications prescribed, deaths in treatment, Cheshire and Merseyside 2020



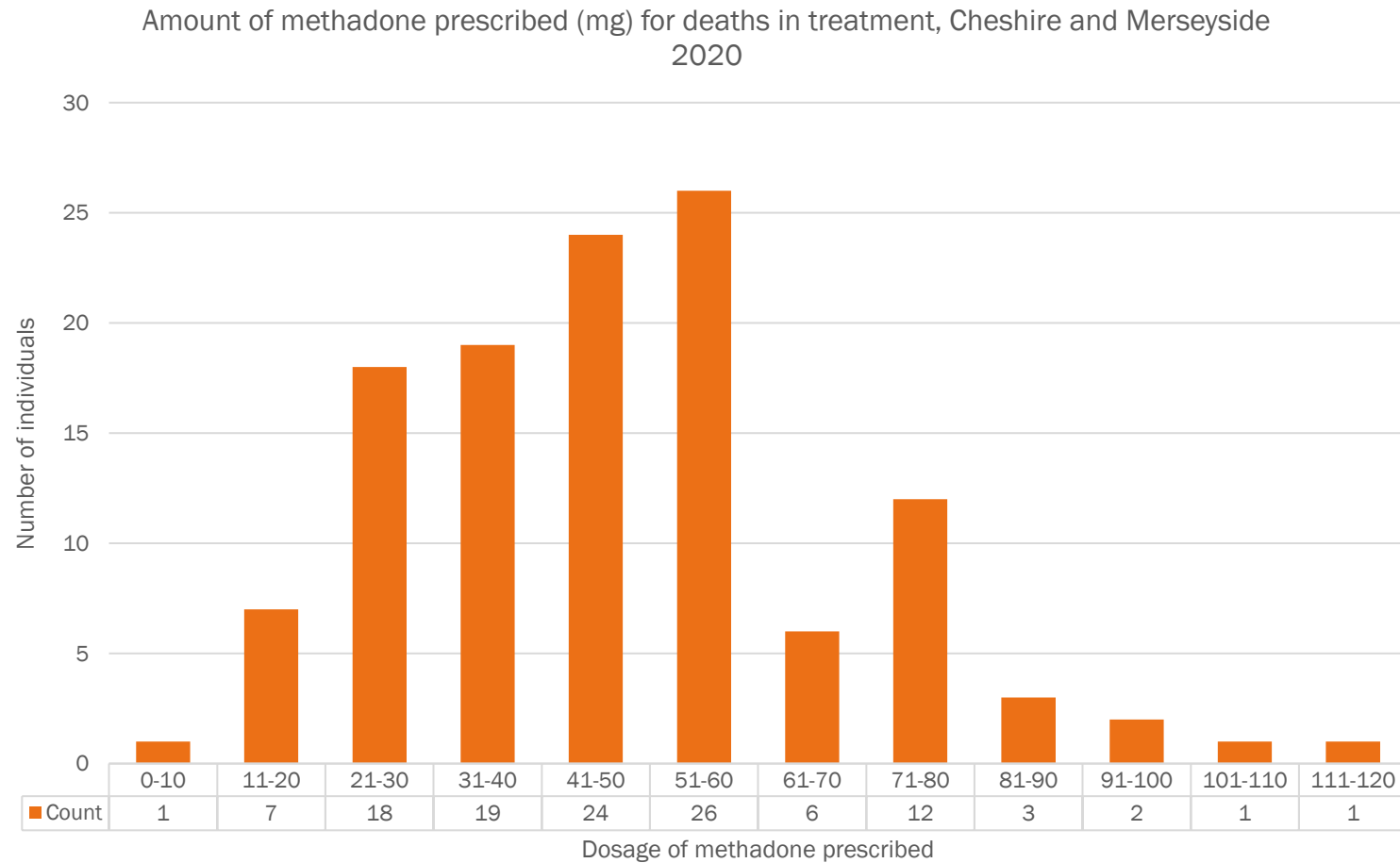
Key findings from IMS DRD Surveillance 2020 annual report

change in medications prescribed between 2019-2020, deaths in treatment deaths, Cheshire and Merseyside 2020



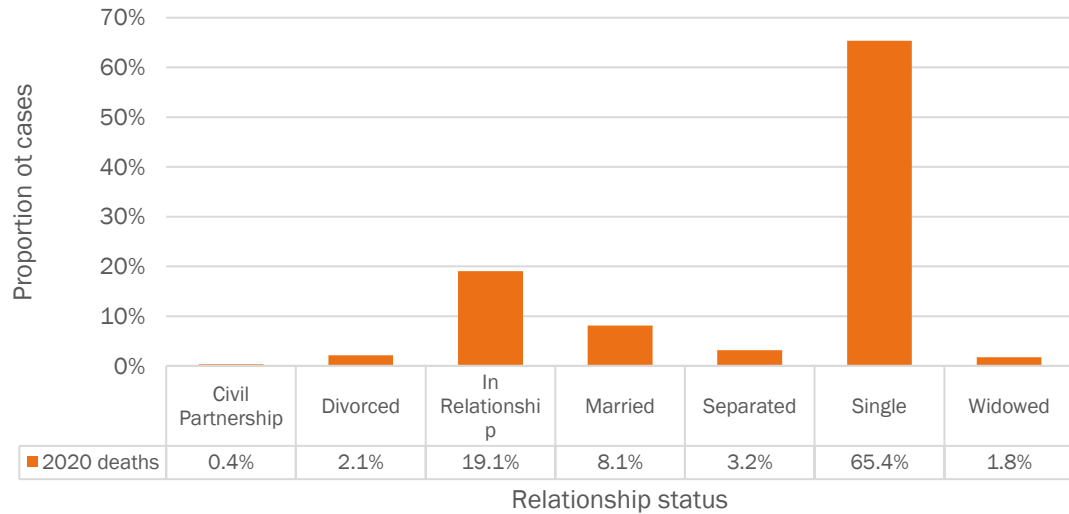
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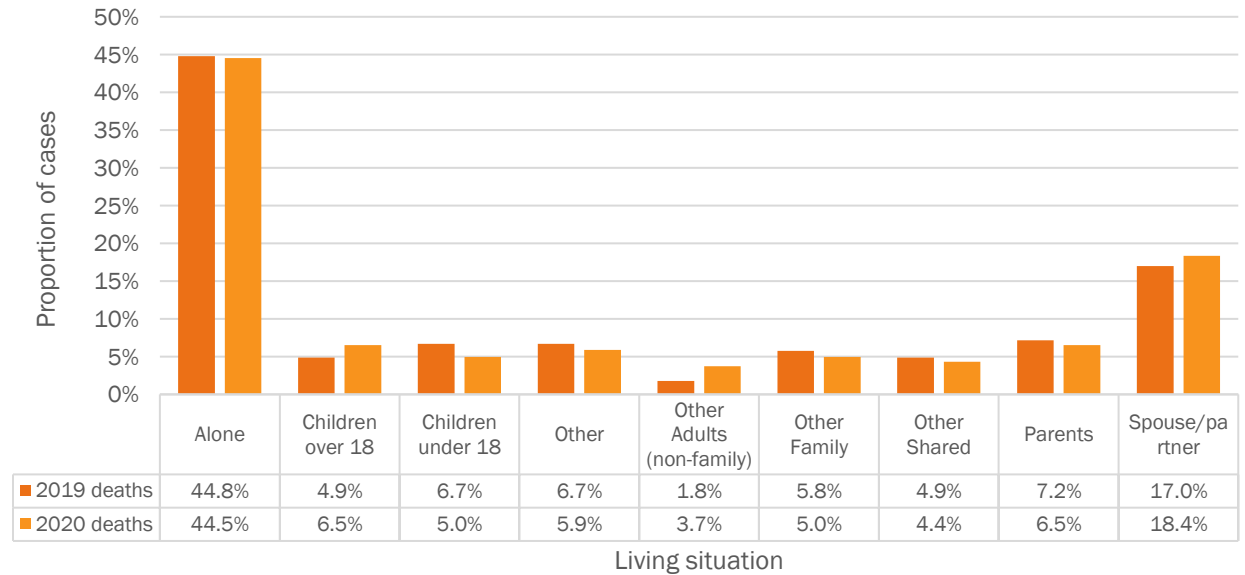


Key findings from IMS DRD Surveillance 2020 annual report

Relationship status, deaths in treatment, Cheshire and Merseyside 2020



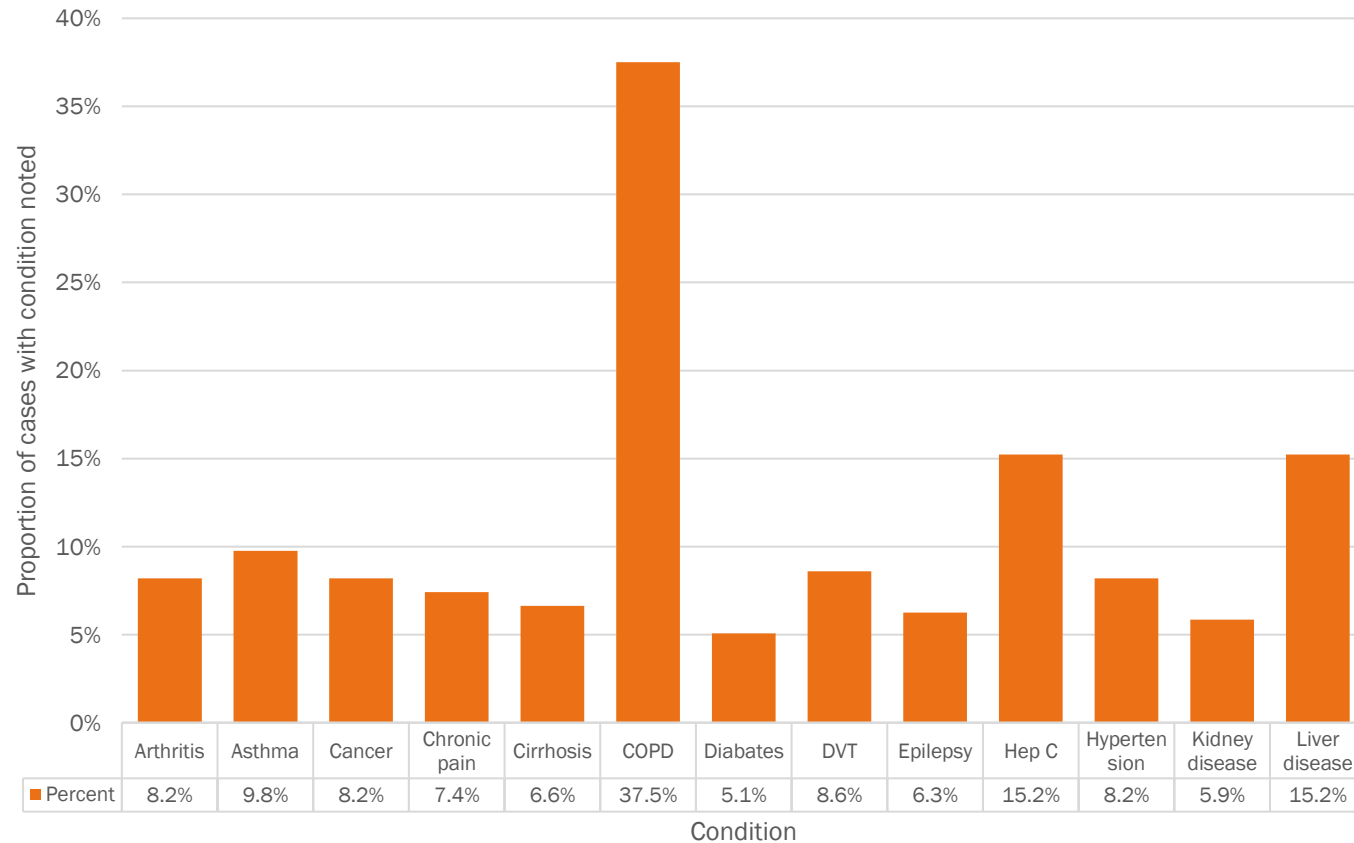
Living situation, deaths in treatment, Cheshire and Merseyside 2020



■ 2019 deaths ■ 2020 deaths

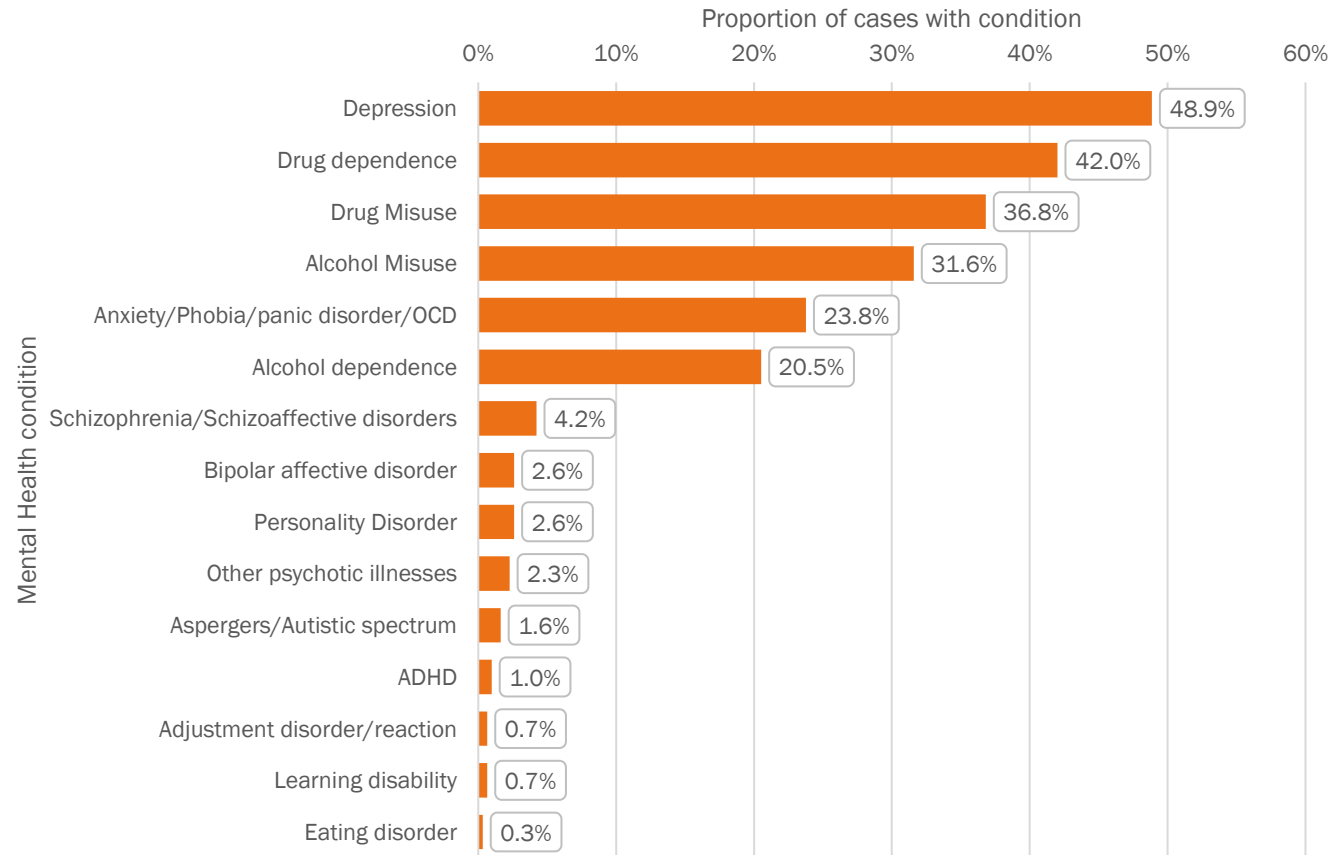
Key findings from IMS DRD Surveillance 2020 annual report

Physical health conditions noted, deaths in treatment, Cheshire and Merseyside, 2020



Key findings from IMS DRD Surveillance 2020 annual report

Mental Health conditions noted, deaths in treatment, Cheshire and Merseyside, 2020



Key findings from IMS DRD Surveillance 2020 annual report

IMS - NSP Needle and Syringe Transaction data	Treatment provider - NDTMS record injecting status				No NDTMS record or not in structured treatment	Total
	Currently Injecting	Previously Injected	Never Injected	Not stated		
Currently Injecting	25	31	14		8	78
Previously Injecting	8	50	28	1	21	108
No match to NSP activity recorded in IMS	4	13	122	2	109	250
Total	37	94	164	3	138	436

Cheshire & Merseyside Drug Related Deaths Annual Report 2020

Mark Whitfield and Howard Reed



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Report available within the IMS DRD Portal
with individual area appendices at
<https://ims.ljmu.ac.uk/PublicHealth/reports/dr/Drug-Related-Deaths-report-2020-Cheshire-and-Merseyside.pdf>

Some key issues to come from panels in 2021

- Barriers to people who use drugs and alcohol accessing mental health services.
- High value back payments of universal credit and other benefits leading to overdose.
- Lack of bereavement support for both service users and their families/loved ones.
- Significant increase in people accessing support for alcohol use.
- Lack of discharge summaries from hospitals.
- Deaths from powder cocaine from individuals not in treatment.
- Substantial numbers living alone.
- Increasing deaths from individuals using controlled medication.
- Barriers to people out of treatment receiving Naloxone.

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Discussion

- What are the barriers to people who use substances including alcohol from accessing treatment for their mental health and how can we tackle them?
- In what ways has the pandemic changed the way we treat people using drugs and alcohol, and how might it help us to save lives?

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