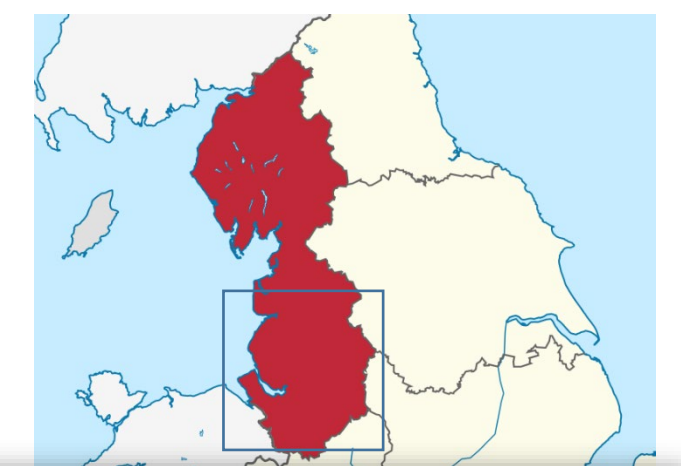
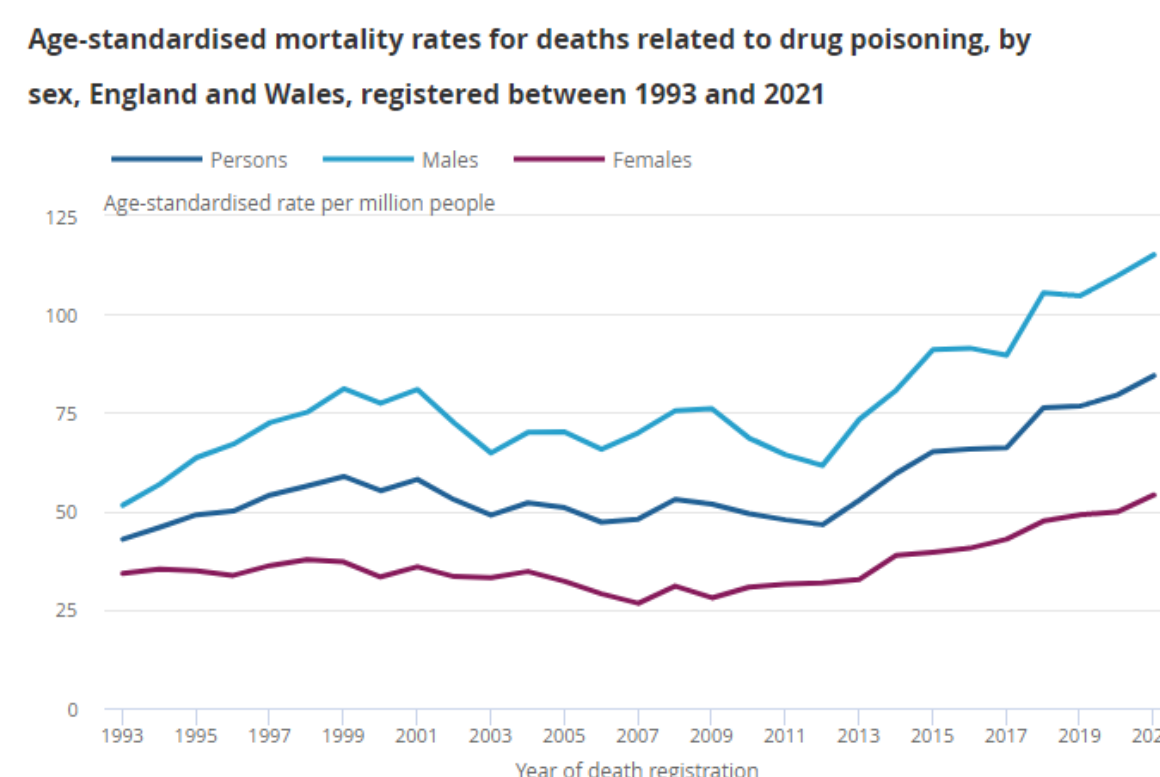


Insights from a multi-agency approach to reviewing drug related deaths in the North West of England

“Exploring findings from the Integrated Monitoring System Drug Related Death surveillance system for the Cheshire, Merseyside and Greater Manchester sub-regions of the UK.” Mark Whitfield, Howard Reed

Drug Related Deaths (DRD) across England and Wales from both illicit substances and controlled medications are at their highest level since records began in 1993, with deaths increasing sharply since around 2011. There may be many reasons for this including increased purity levels of street drugs, the ageing profile of people who use drugs, increasing levels of comorbidities, disengagement with treatment and service cuts due to austerity.

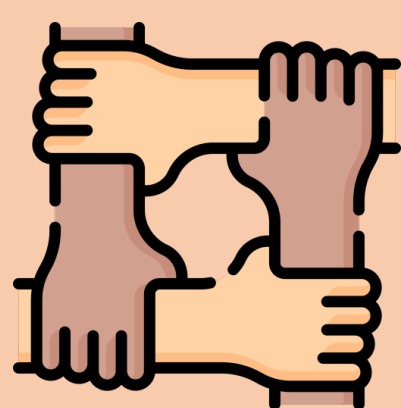
(Source for chart: Office for National Statistics, 2022)



Opiates drive drug deaths to record level in England and Wales

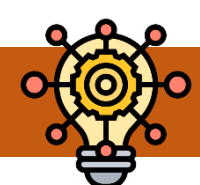
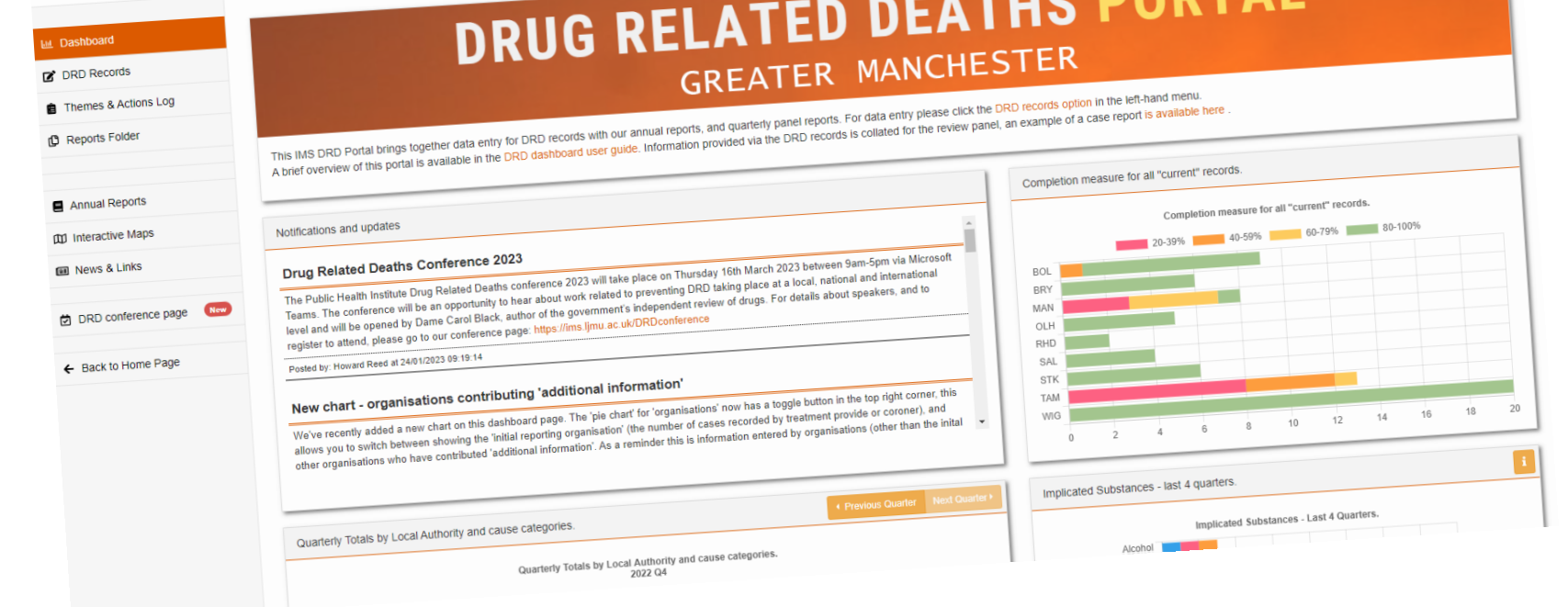
Death rate rises for ninth year in a row as cocaine-related deaths increase sevenfold since 2011

The Guardian, 3rd August 2022



Nineteen local authorities across the North West of England commission a review process to examine DRDs and wider mortality in drug treatment in order to explore common themes, identify recurring issues and to share findings. The monitoring system was developed by Liverpool John Moores University's Public Health Institute (PHI) who collate information from various sources through a bespoke online portal (pictured) and who convene regular panels. The process is based on recommendations from the Local Government Association⁽¹⁾ and Public Health England⁽²⁾.

⁽¹⁾ "Preventing drug related deaths" Local Government Association, 2017, ⁽²⁾ "Understanding and Preventing Drug Related Deaths", PHE, 2016



Insights from the system



Opiate Substitute Therapies (OST) such as methadone are often prescribed at levels below that which is considered therapeutic (60mls for methadone) which means that individuals in treatment continue to use street drugs.



A substantial proportion of people (57% regionally in 2021) live alone and often use alone – meaning that Naloxone is not useful since there is often no one to administer it in a timely manner.



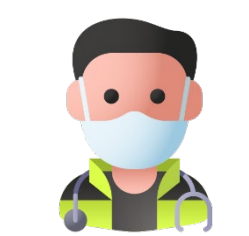
Different systems are in place for pharmacies to notify drug treatment providers when someone has missed a pickup for their OST prescription, which might indicate disengagement.



The period immediately after leaving prison is a time of heightened risk for overdose, particularly if the release date falls on a Friday or prior to a public holiday.



There is variation in the levels of end of life support between different local authority areas, with potential barriers to individuals accessing appropriate palliative care in specific settings such as hospices or hospitals.



A substantial minority of individuals who have refused receipt of Naloxone then go on to die from an opiate-related overdose.



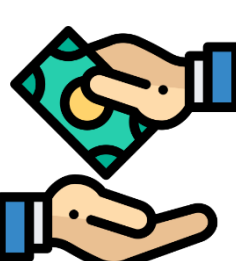
There are an increasing number of cocaine-related deaths for individuals who have had no contact with drug treatment services and whose substance use was unknown prior to their death.



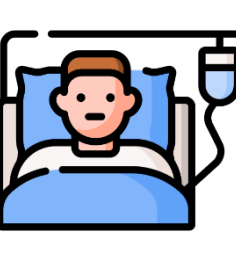
Access to mental health care is difficult for people who use drugs and alcohol, with barriers hindering access due to perceived inability for meaningful engagement if "intoxicated".



There are high levels of prescribing by GPs of medications such as Pregabalin and Gabapentin which might make someone more vulnerable to opiate overdoses.



People in receipt of high value back payments of benefits they have accrued potentially over a substantial period of time are susceptible to overdose. Cases from the panels have fed into policy development in this area by the UK's Department of Work and Pensions.

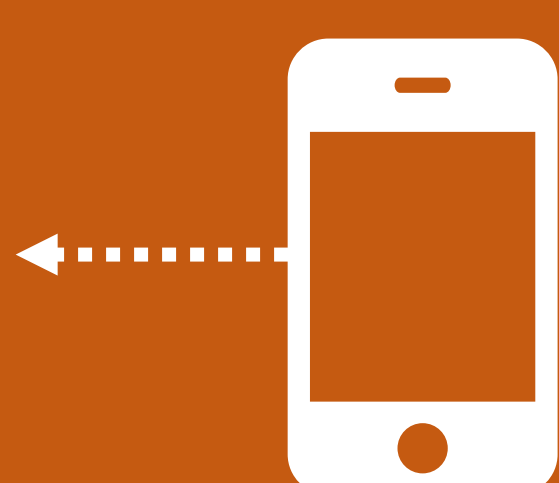
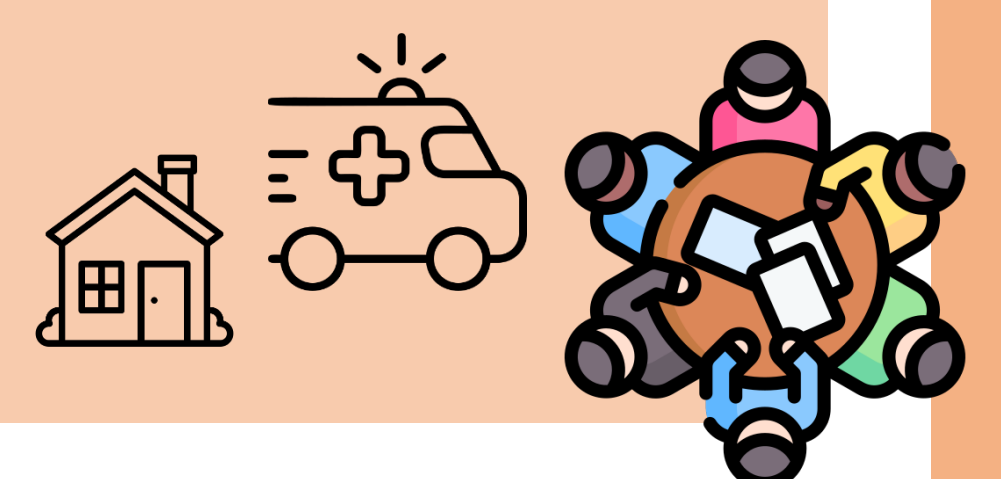


Individuals in drug treatment are more likely to die from physical health related issues such as COPD but these comorbidities in turn make individuals more susceptible to fatal overdose.

Who contributes to the system?



- ❖ Ambulance Service
- ❖ Children's Services
- ❖ Consultant prescribers
- ❖ COPD Respiratory Care
- ❖ Department of Work and Pensions
- ❖ Domestic Abuse services
- ❖ Drug and Alcohol Treatment Providers
- ❖ End of Life Care
- ❖ Health Protection
- ❖ Hospitals
- ❖ Hostels
- ❖ Housing
- ❖ Integrated Care Board
- ❖ Local Authority Public Health
- ❖ Medicines Management
- ❖ Mental Health
- ❖ Prisons
- ❖ Probation
- ❖ Social services



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