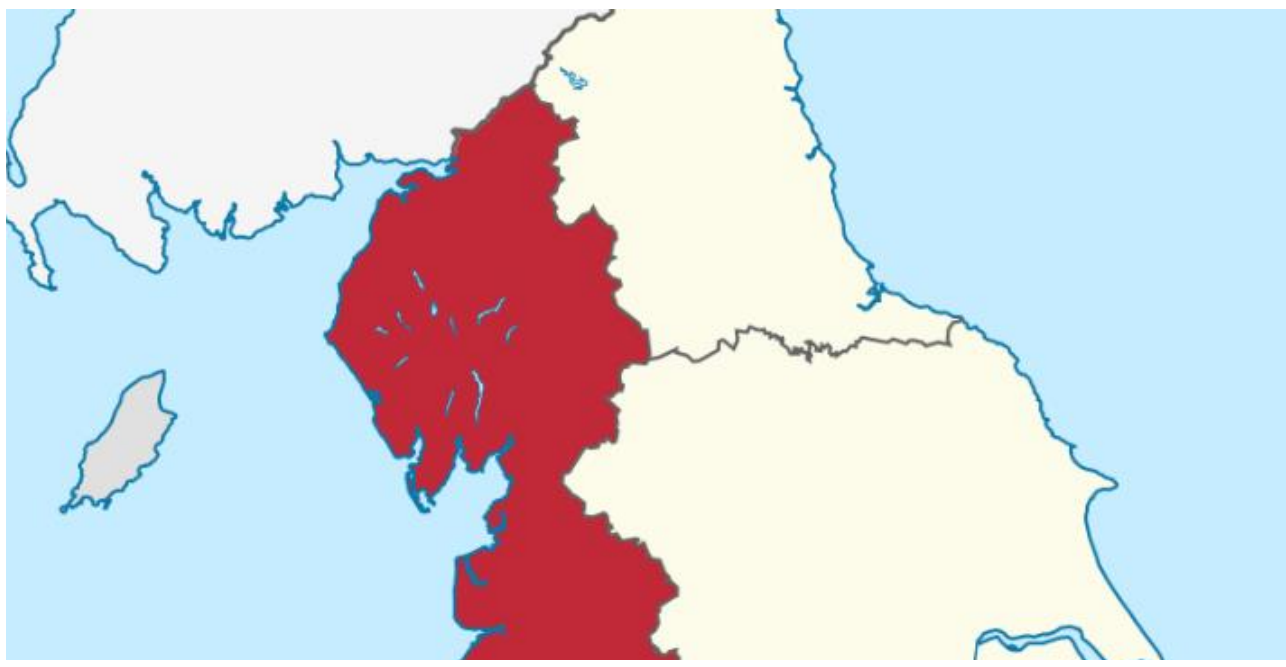
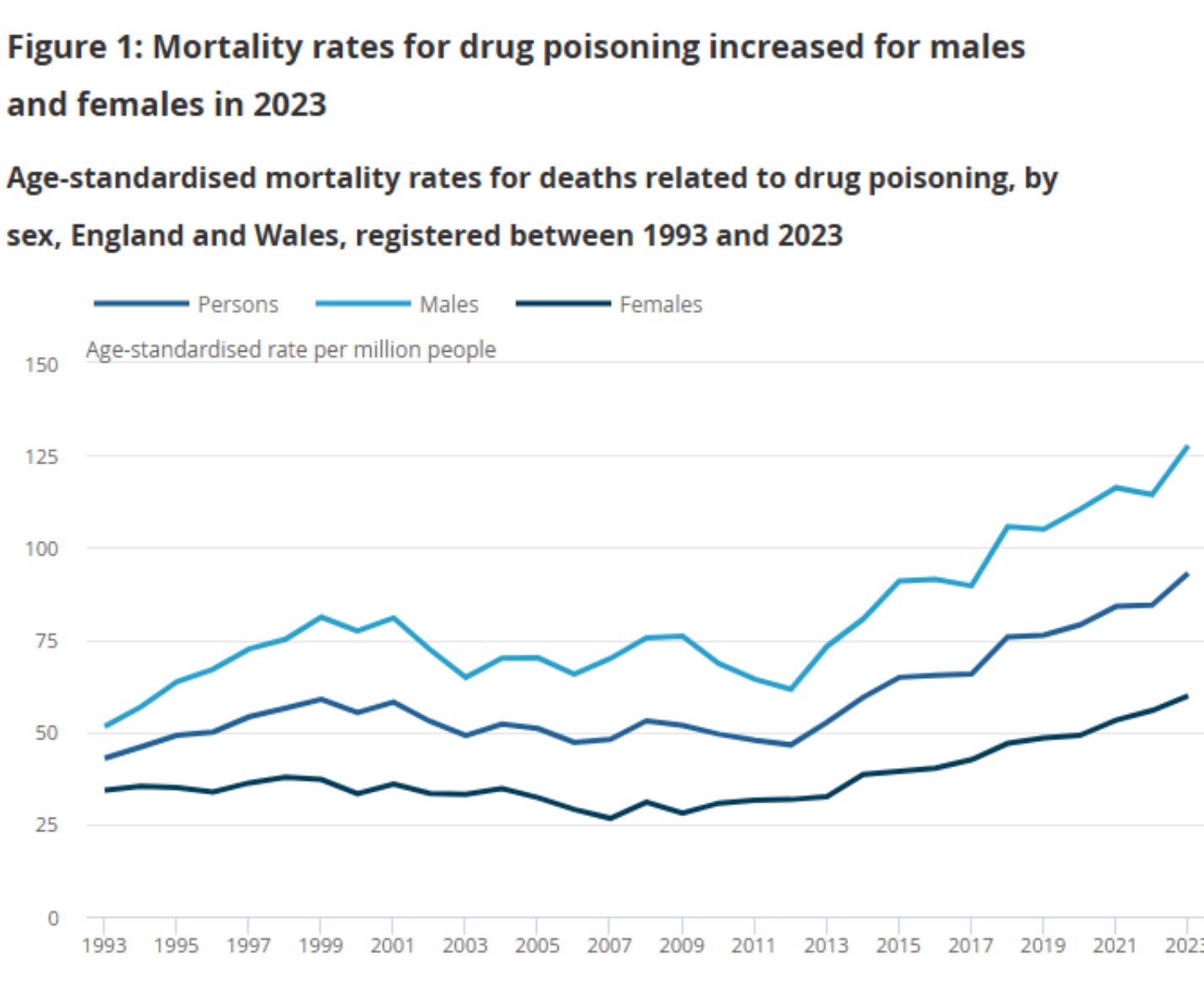


Social isolation, using alone and the impact on drug related deaths

Exploring findings from the Integrated Monitoring System Drug Related Death surveillance system for the Northwest/Midland regions of England. 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 are many reasons for this including changing drug markets, the impact of austerity and ageing cohorts with a high number of co-morbidities, but a commonly identified theme within DRD review panels taking place in various parts of England in recent years has been the impact of both intentional and involuntary social isolation and people using their drugs alone.

(Source for chart: Office for National Statistics, 2024)

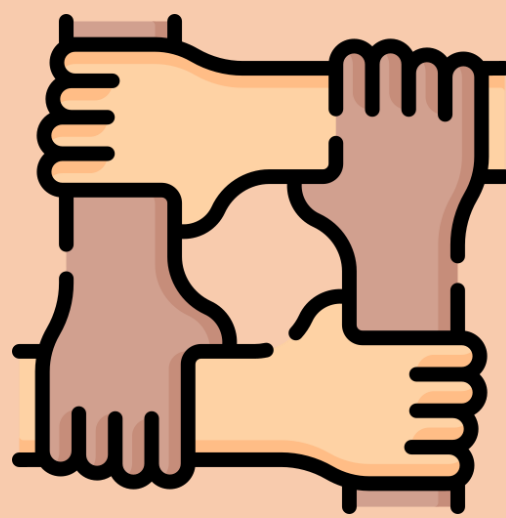


Change drug policy or risk more poisoning deaths, UK government warned

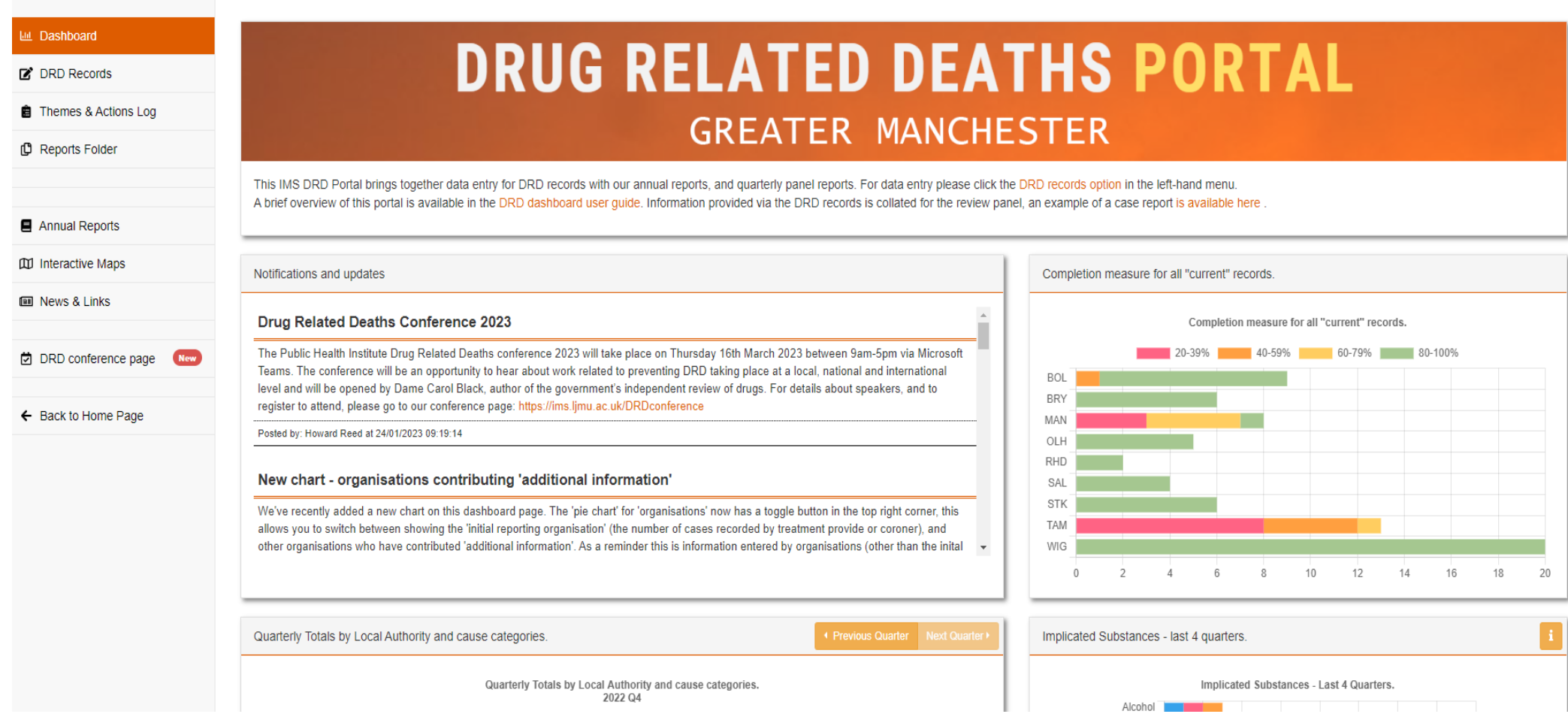
Experts call for consumption rooms and wider testing of substances, as number of people dying hits new high



The Guardian, 27th October 2024



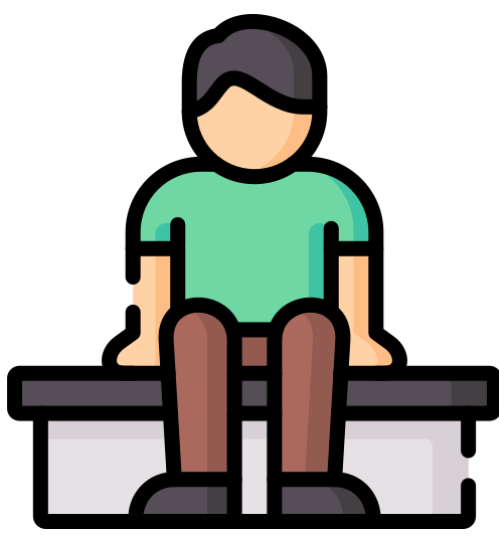
Twenty-five local authorities across the North-West and Midlands regions of England commission Liverpool John Moores University's Public Health Institute to investigate both DRDs and wider mortality in drug treatment in order to explore common themes, identify recurring issues and to share findings. The monitoring system collates information from various organisations such as mental health services, social care, pharmacy and housing through a bespoke online portal (pictured) which then feeds into regular DRD review panels. The model contributed to newly published guidance in 2024 from England's Office for Health Improvement and Disparities *"Preventing drug and alcohol deaths: partnership review process"*



Front end of IMS DRD review portal for the Greater Manchester region. The portal is used by around 200 organisations in England.

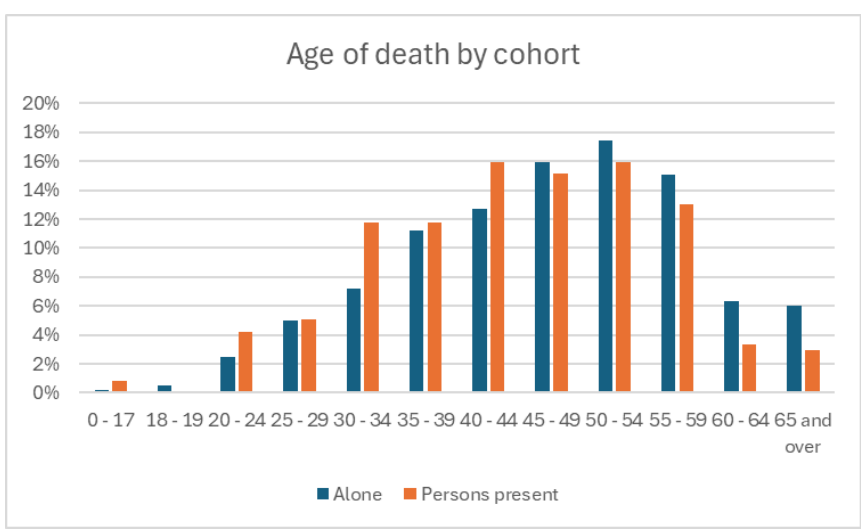
What does the data tell us?

On analysis of 2,116 cases of drug related deaths recorded between 01/01/2022 and 31/12/2024 across local authorities in the north-west and midlands areas of England:



73.2%

of individuals died with no persons present at the scene of overdose – in all these cases there was nobody present to administer naloxone even if it had been available.



2.8 years

The difference between the average age of those who die alone (47.1 years) compared to when people are present (44.3 years). Social isolation can increase with age.



61%

The proportion of deaths in which the individual died alone and had not had any recent contact with drug treatment services, a broad characteristic of drug related deaths.



497

The number of children under the age of 18 years* who lost a parent to overdose in noted areas between 2022-2024 where the parent used their drugs alone.

*not necessarily living with their parent

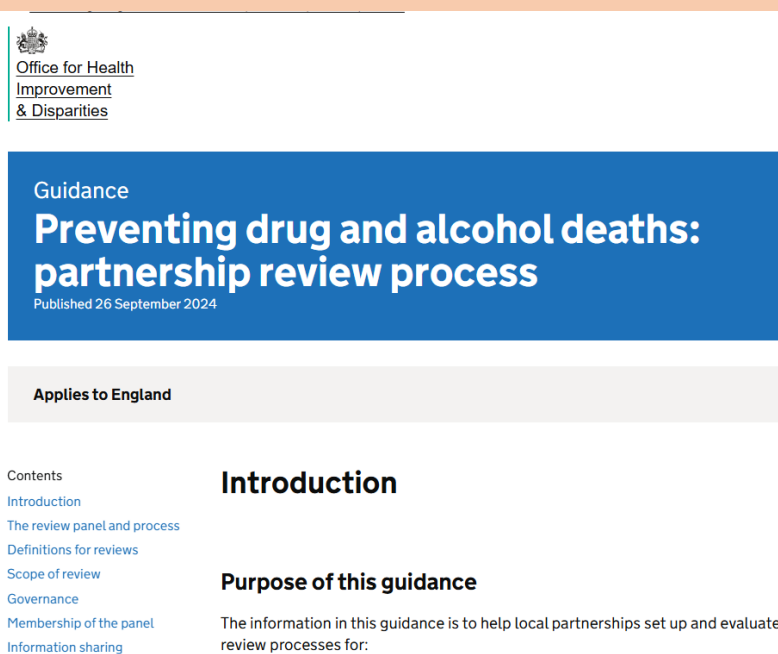
What does England's Office for Health Improvement and Disparities say about using alone?



OHID published new guidance for partnerships in September 2024 which recognised the issue:

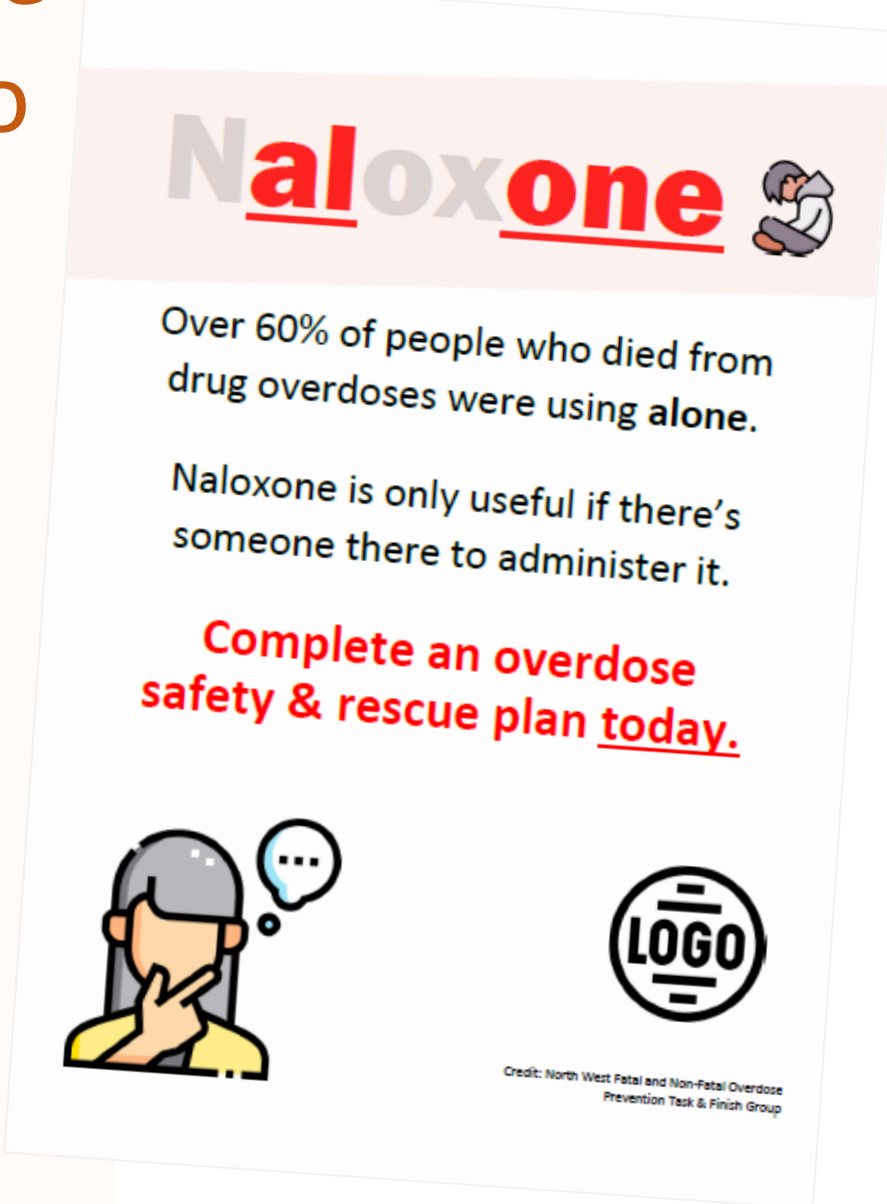
"People living alone and using drugs alone are at increased risk of overdose and death. Promote awareness about overdose risks among local groups you know to be at most risk. Encourage them not to be alone when they use drugs and develop a safety plan if they are going to use drugs alone, including asking someone to check on them and that they have naloxone available if needed."

Source: Preventing drug and alcohol deaths: partnership review process, OHID, 2024



Learnings – Naloxone is only useful if there is someone there to administer it! It's important therefore to ensure:

- **Naloxone distribution and training** is rolled out extensively among family and friends of PWUD.
- **People who use drugs in isolation** are encouraged to have **personal safety plans** to consider what might happen if they overdose.
- **Buddy Up and similar apps** or phone lines are made available to connect people using drugs alone to someone else trained in responding to overdoses, and who will be able to send for emergency support should the person become unresponsive.
- **The use of technologies** within supported settings such as hostels is explored which can raise an alarm should someone collapse or stop breathing.
- **Widening access to safe injecting spaces** for people who use alone with no fixed abode.
- **The messaging around "start low, go slow"** is reinforced, along with advice to not change usual dosage when using alone.



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