

# Developing a collaborative approach to drug related deaths in Merseyside

Jane Harris, Centre for Public Health



# Why did we take this approach?



# Why did we take this approach?



# Drug related deaths in England and Wales

3,346

drug poisoning deaths in 2014

67%

Involved illegal drugs

17%

increase on previous year

1 in 8

deaths in 20-30 year olds

2.5x

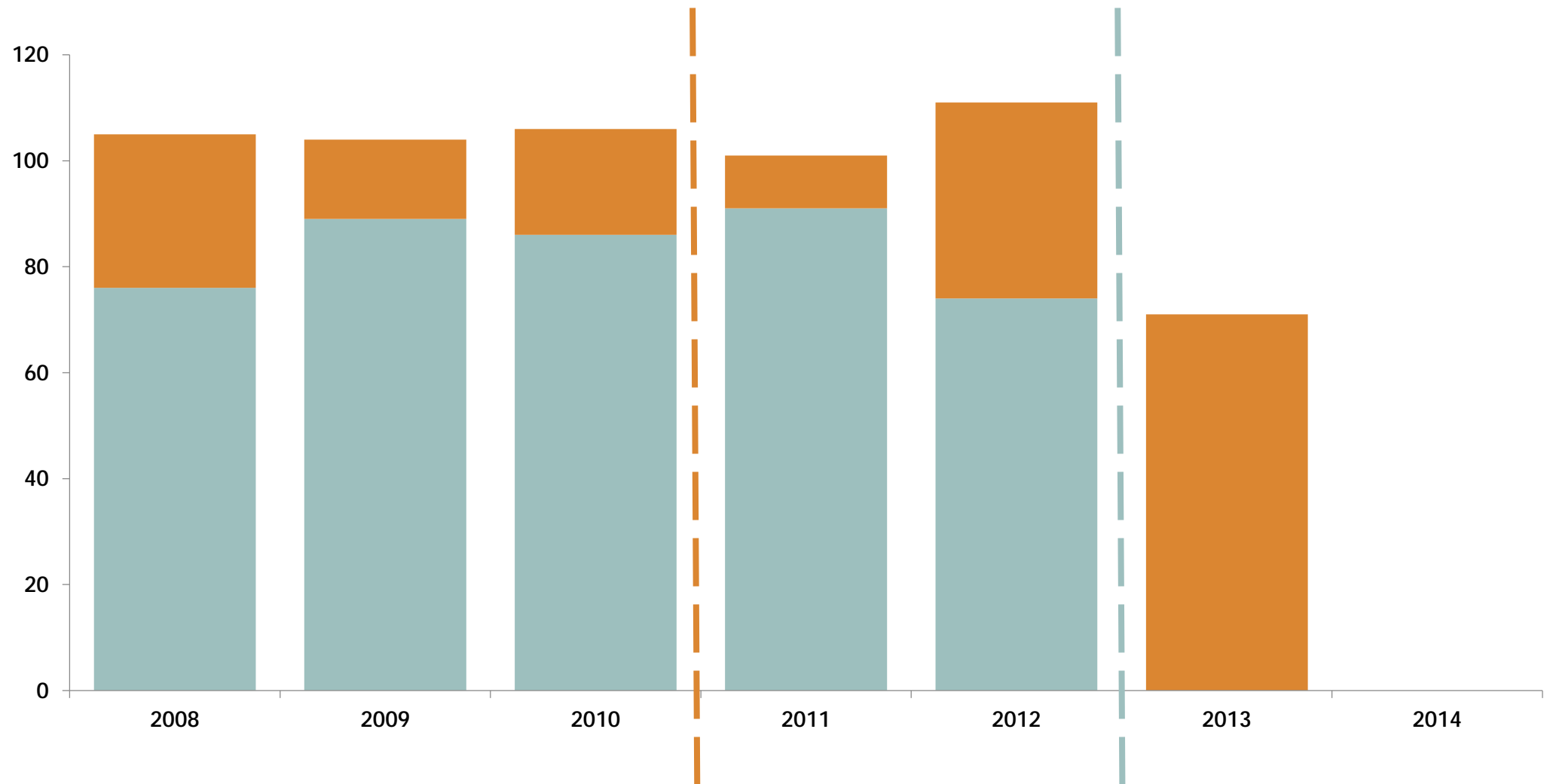
males compared with females

40-49

age group with highest rate



# Drug related deaths in Merseyside



# Drug related deaths in Merseyside

The screenshot shows a news article from ECHO Liverpool. The main headline is "Liverpool revealed as drug death capital of England". The article text states: "Report shows the city had more cocaine deaths than Greater London in 2012". It further details that there were 49 drug abuse deaths in 2012, with a rate of nearly 13 per 100,000 people, compared to 9.5 in 2011. It also notes that 20 deaths were directly connected to cocaine abuse in the same year, more than the 15 reported across the entire Greater London area. The article includes social media sharing icons for Facebook, Twitter, Google+, and LinkedIn, with 632 shares. A sidebar on the right contains a "Recommended in Liverpool News" section with several related articles, including "Liverpool transfer rumours: Mkhitarian interest revisited, Sissoko linked, Reds miss out on goalkeeper", "Liverpool Premier League fixtures 2016/17 - Reds make Burnley request but Anfield will be ready regardless", "Lancashire Police: CCTV released after shocking crowbar attack on ex-Liverpool FC owner David Moores", and "Facebook: Liverpool fans react to Premier League 2016/17 fixture list - 'There's a conspiracy to get us relegated'".

*“The highest rates of drug-related deaths per 100,000 population aged 16 and over in 2012 were in the following DAAT areas: **Liverpool (12.57)**; Blackburn with Darwen (11.45); Hammersmith and Fulham (11.34); Sunderland (10.55); and Manchester (8.79).”*

*“Of particular interest is that the number of deaths in which cocaine was implicated was higher in Liverpool than the whole of either the Midlands and East of England, London, or the South of England.”*



ONS  
Mortality  
File

NDTMS

Coroner  
reports



X

X

X



# A collaborative definition of Drug Related Deaths

- “deaths happening shortly after consumption of one or more psychoactive drugs and **directly related to this consumption**” (European Monitoring Centre for Drugs and Addiction, 2005)
- “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 are used** (1971)” (Advisory Council for Drug Misuse, 2000)
- **Drug associated deaths**: impact of drug use on premature death. Deaths indirectly related to drug use (such as violence and accidents; EMCDA, 2005), viral infections (such as HIV and hepatitis C), bacterial infections (such as tetanus) or conditions related to long-term drug use (such as cardiomyopathy) (Beynon and McVeigh, 2007).





# A collaborative definition of Drug Related Deaths

*“your first statement was drug related deaths, well for us, they’re just deaths...And actually the none drug related death is just as interesting to us because obviously they’ve got specific disease processes going on because of their history of use so all of the aspects of their death are of interest to us, in terms of what we can learn from it but two; also looking at*

*“in some ways is it a drug related death is not terribly helpful in looking at what these people need, what’s their journey in life and what are their health needs because you know really truthfully most of them are related to their lifestyle choices that they’ve made in substance misuse.” (p2)*

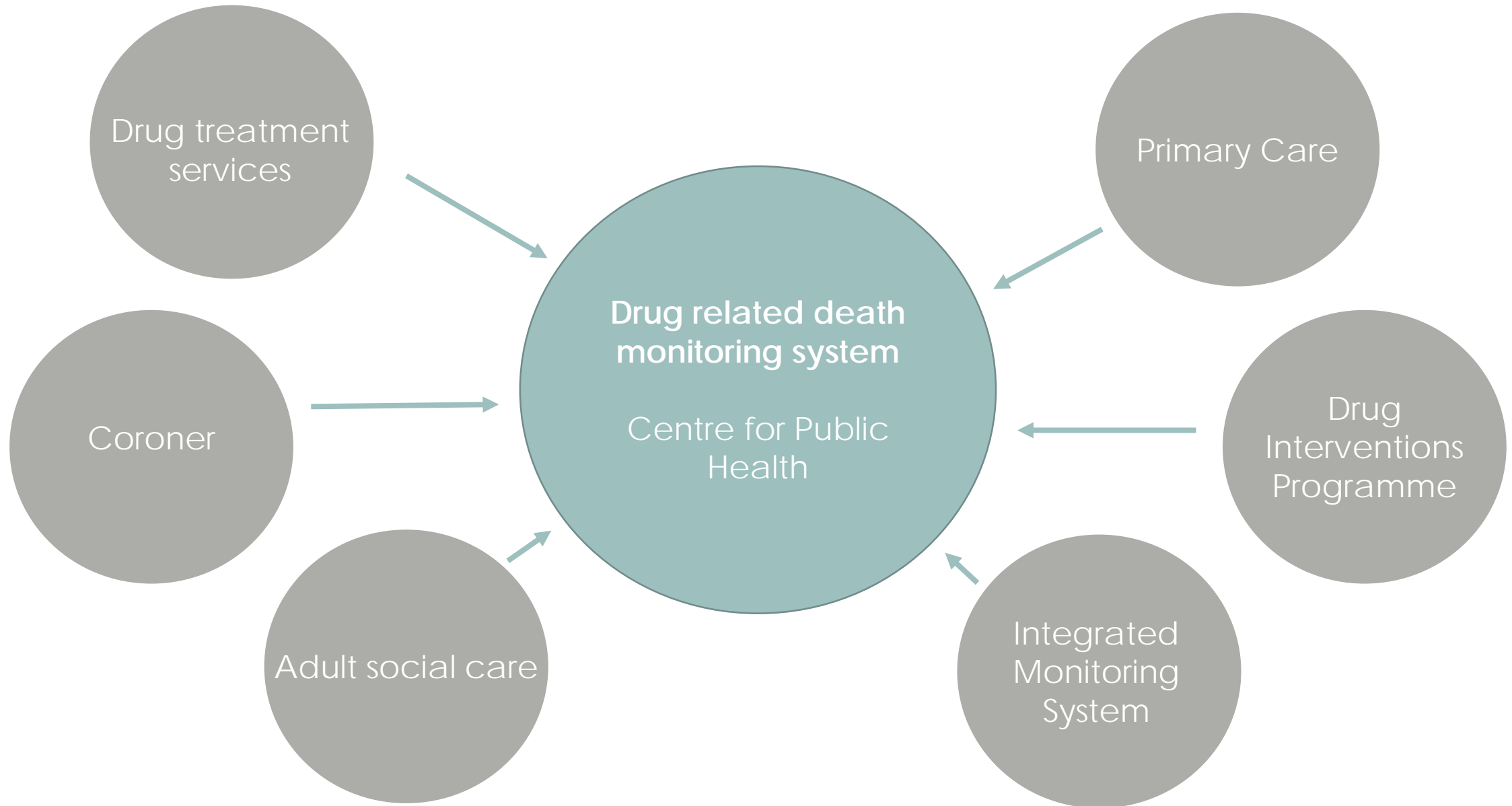
Any death where the cause of death is recorded as Drug Related or where the client was in Structured Drug Treatment at the time of their death

*“there’s a dependence on the ‘abuse of drugs’, in other words, people who are dependent on cocaine and it’s far too much for them and they die. But on occasion...we don’t record it as a drug death we might just say it’s accidental death. It depends on not so much your humour for the day but you know, you take all the circumstances into account and some of them are the families’ feelings; obviously people don’t like it on the death certificate...it also depends on the Coroner concerned. I’ve got an assistant and if he works slightly different to me; he’s an independent judicial officer like I am, I am not going to question his decisions.” (p6)*

*...e dying in  
...kes us into the  
...e even in a  
...e proportion of  
...true drug  
related deaths or whether they are kind of drug associated in the broader sense, or whether in fact they are as a result of illness and conditions that are actually nothing to do with drug use. That person just happened to be in the drug service treatment at the time he or she dies so I think there is a lot of work to go on around there as well.”(P9)*



# A collaborative approach: data collection



# A collaborative approach: Quarterly review panel



**Quarterly review panel:** commissioners, drug treatment providers, clinicians, adult social care, researcher

Not just about each death but building up a picture of a life

## Actions:

- Smoking cessation
- Re-engaging clients with chaotic lifestyles
- Harm reduction for COPD clients
- Oxygen tank safety
  
- Best practice: advocate for palliative care, bucket list, restoring family relationships



# Case Study:

~~Male~~ Female

**Age:** 44

**Cause of death:** Morphine (heroin) and cocaine toxicity

**Substance use:** heroin since age 22. Previous alcohol dependence

**Health Conditions:** depression, arthritis, heart valve infection, asthma, nerve damage, pneumonia

**Criminal Justice contact:** Served three prison sentences in 2 years preceding death. released from HMP Liverpool 4 months prior to death.



# Acknowledgements

- Mark Whitfield, Howard Reed, Kev Cuddy, Jane Oyston and Hannah Timpson, Centre for Public Health
- Alan McGee and Jan Herrity at Sefton Borough Council
- Chris Williamson, Sue O’Looney and Ritchie Humphreys, Liverpool City Council
- Gary Rickwood and Steve Gavin, Wirral Borough Council
- Katie Taylor, Leigh Tindsley and Janine McGregor at Mersey Care
- Stephen Purcell and colleagues at Addaction
- Jo Spencer, Audrey Hinds, Eileen Streets at Lifeline
- Andrew Cass and David Holmes at CRI
- Collette Walsh and Kimberley Woodward, St Helens Council
- Christine Owens, Knowsley Council
- Ambra, Jane and Diane at Sefton Coroner’s Office
- Linda Quilliam at Liverpool Coroner’s Office

