

Drug Related Deaths IMS update

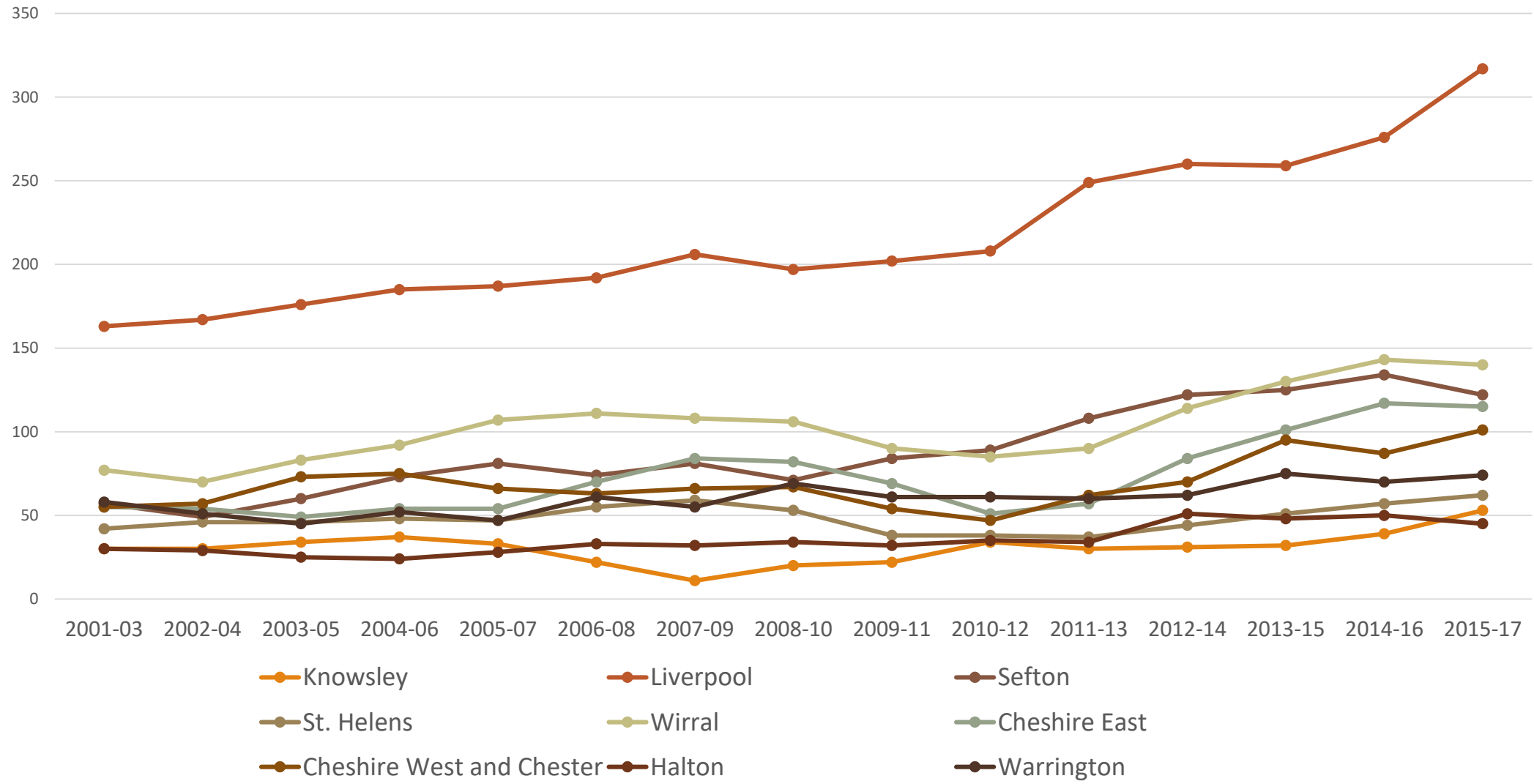
Cheshire and Merseyside

Drug related deaths in England and Wales

- Last national report published August for deaths which occurred in 2017.
- 3,756 drug poisoning deaths involving both legal and illegal drugs in England and Wales, stable with the previous year but highest number since comparable statistics began in 1993.
- Males' mortality rate decreased from 91.4 deaths per 1 million population in 2016 to 89.6 in 2017, while the female rate increased for the eighth consecutive year to 42.9 deaths per 1 million population.
- [North East had a significantly higher rate of deaths relating to drug-misuse than all other English regions;](#) London had a significantly lower rate.
- Deaths involving cocaine and fentanyl continued to rise while deaths related to new psychoactive substances halved in 2017.

[Source: ONS, 2017](#)

ONS reported Drug Related Deaths across Cheshire & Merseyside, 2001-2017



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Drug fatalities highest where treatment cutbacks deepest

Reducing funds for councils to spend on addiction services 'catalyst for disaster' warn academics









844

134

Matty Edwards

Saturday 14 October 2017
20.14 BST

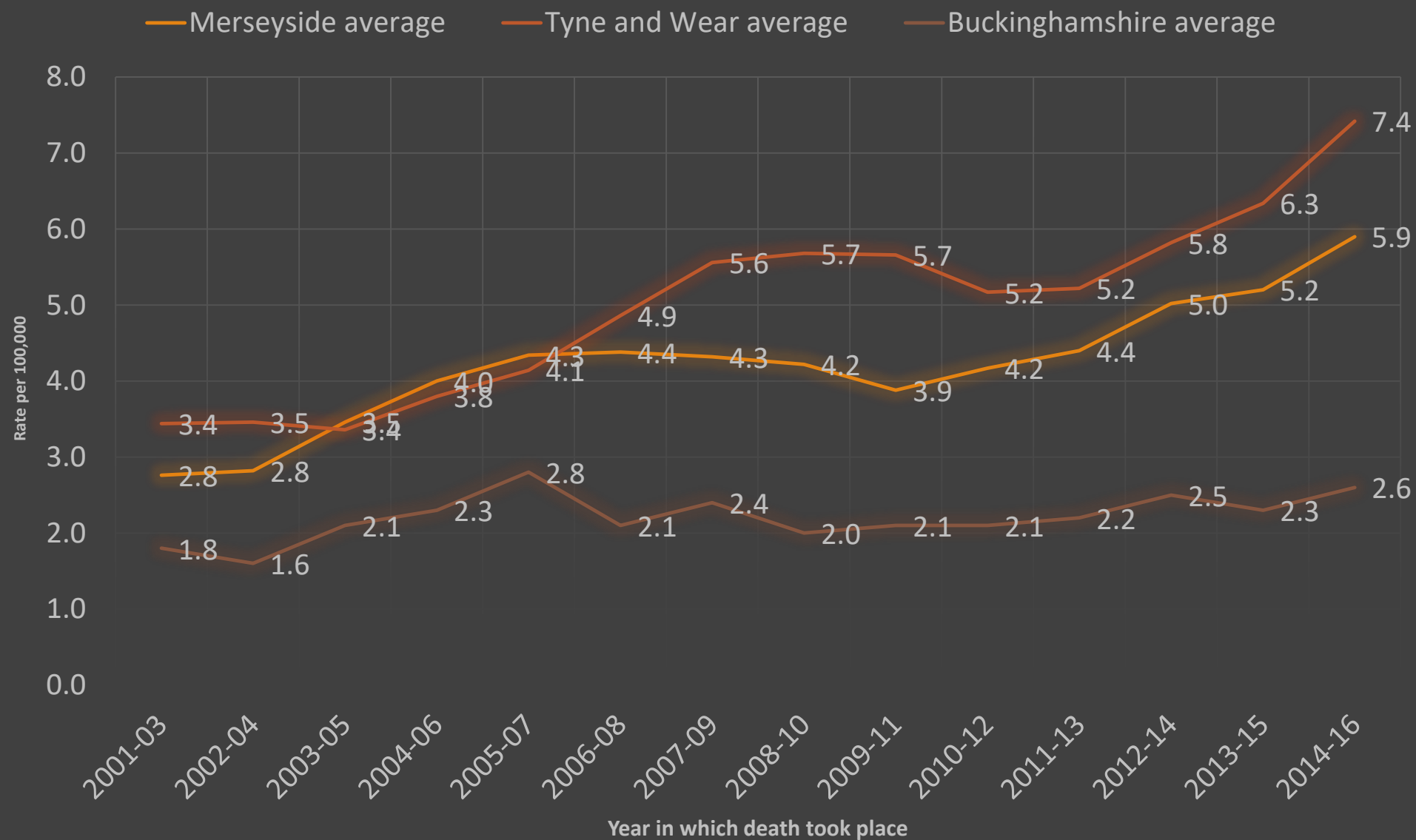


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At What Age Can

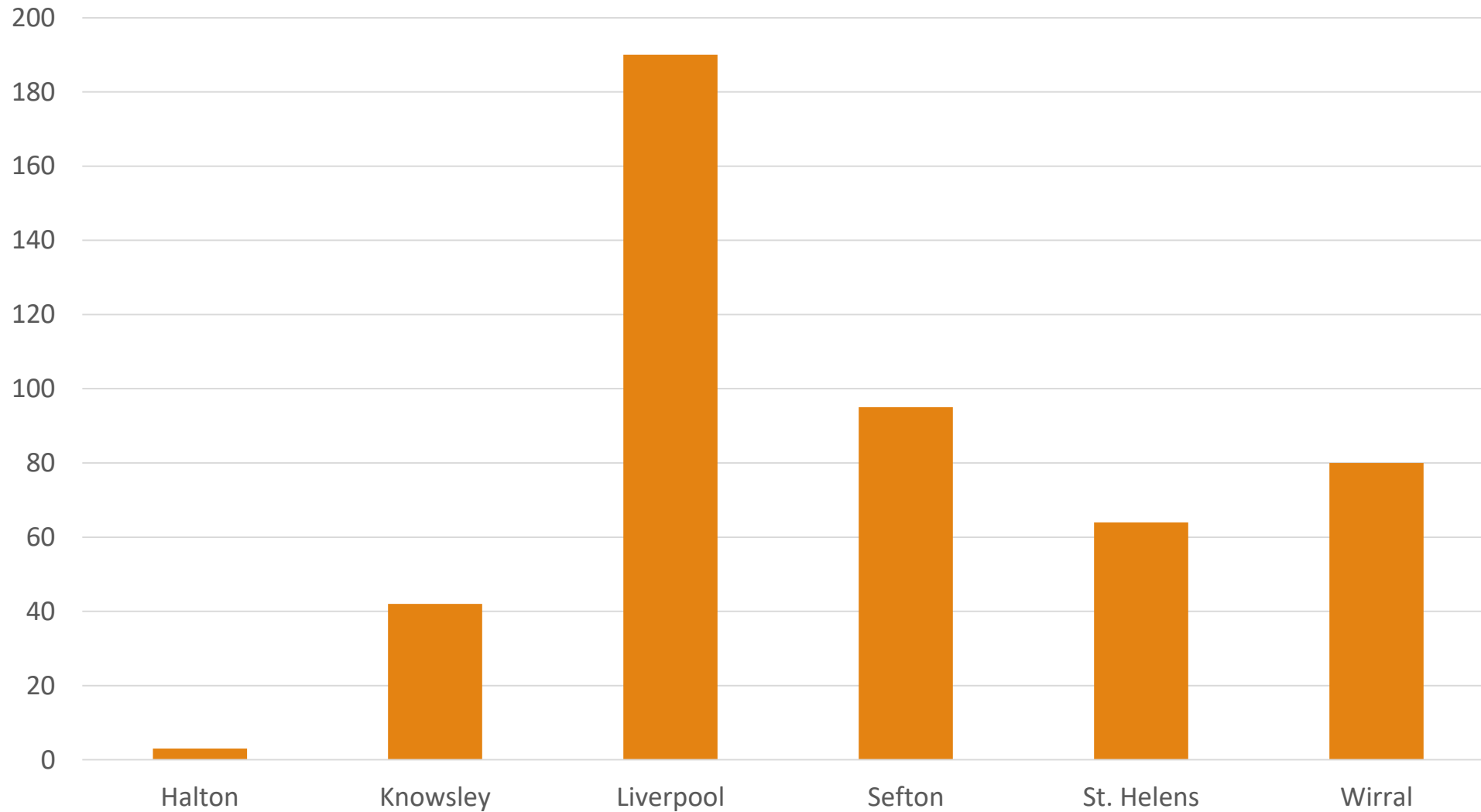
Age-standardised mortality rate per 100,000 population, 2001-2016 (ONS reported)



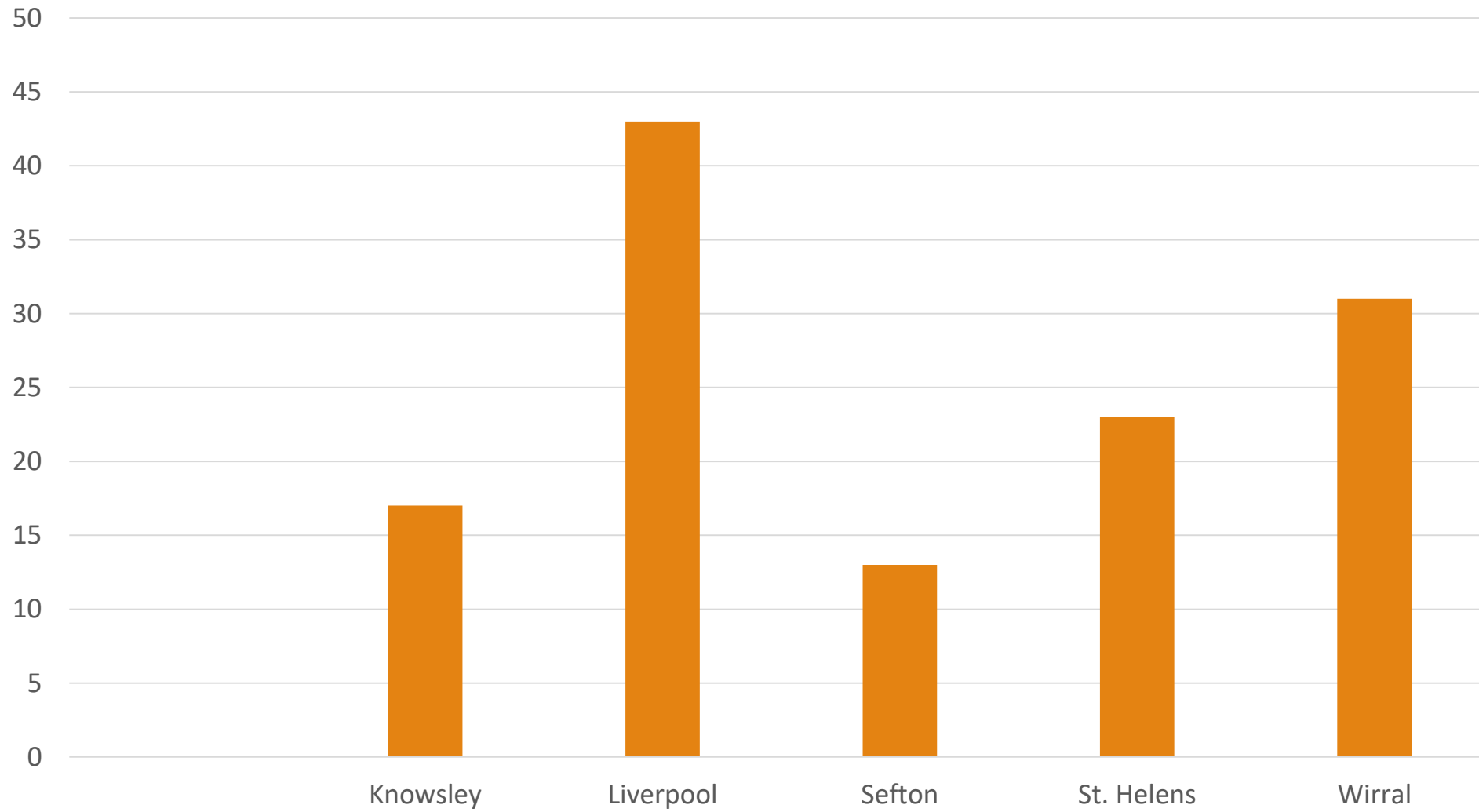
DRD panels across Cheshire & Merseyside

- Locally developed system uses IMS module to record drug related deaths from treatment services and local coroners. Panels meet quarterly to discuss individual cases.
- System has now been implemented in 7 local authority areas across C&M: Halton and Cheshire West & Chester has come on board in 2018.
- Panels operate differently from area to area to reflect local need/practicalities.
- Specialists/other services have attended panels including representatives from social services, palliative care, respiratory care and hostels.

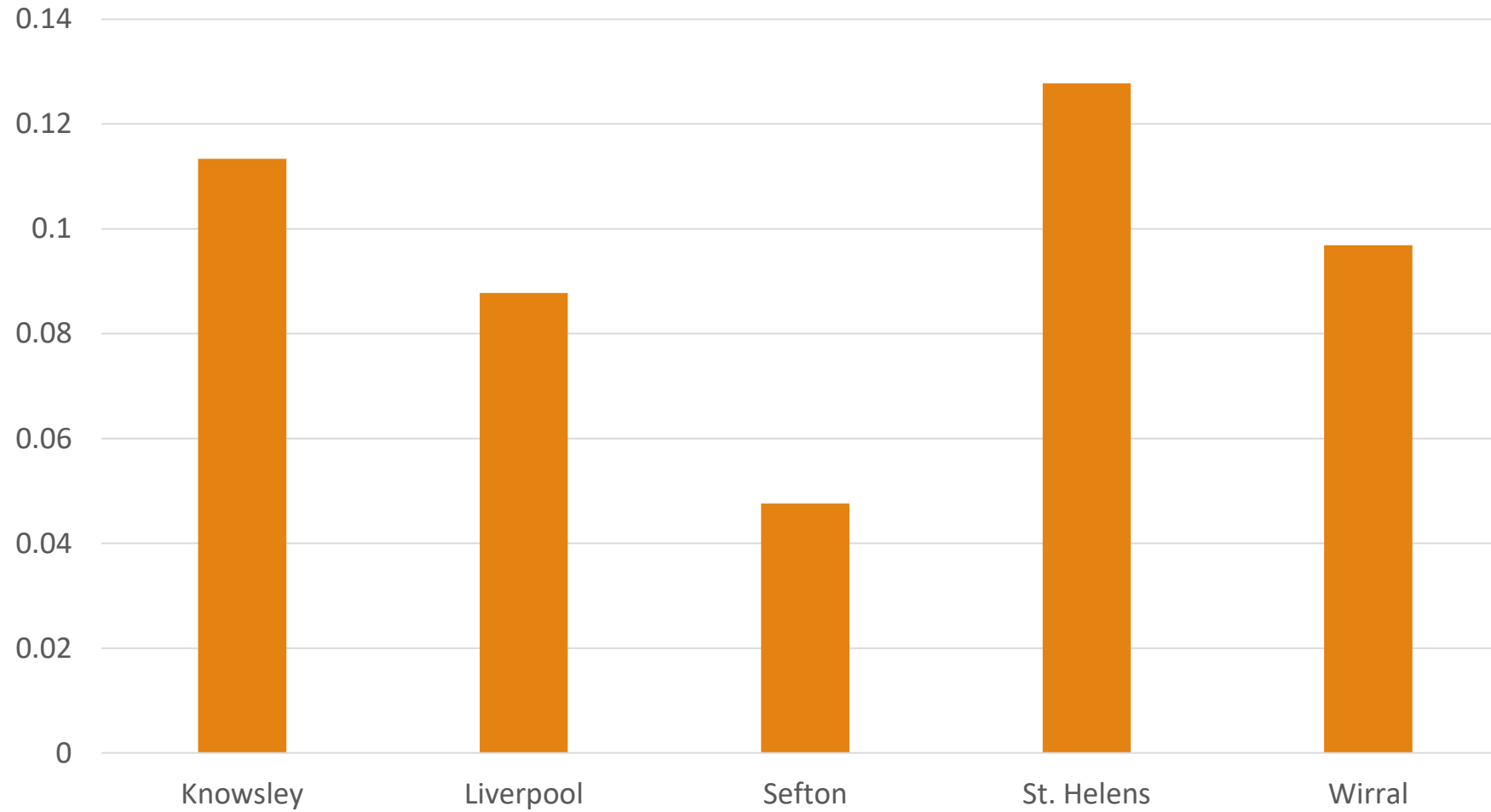
Deaths recorded via system 2015-present



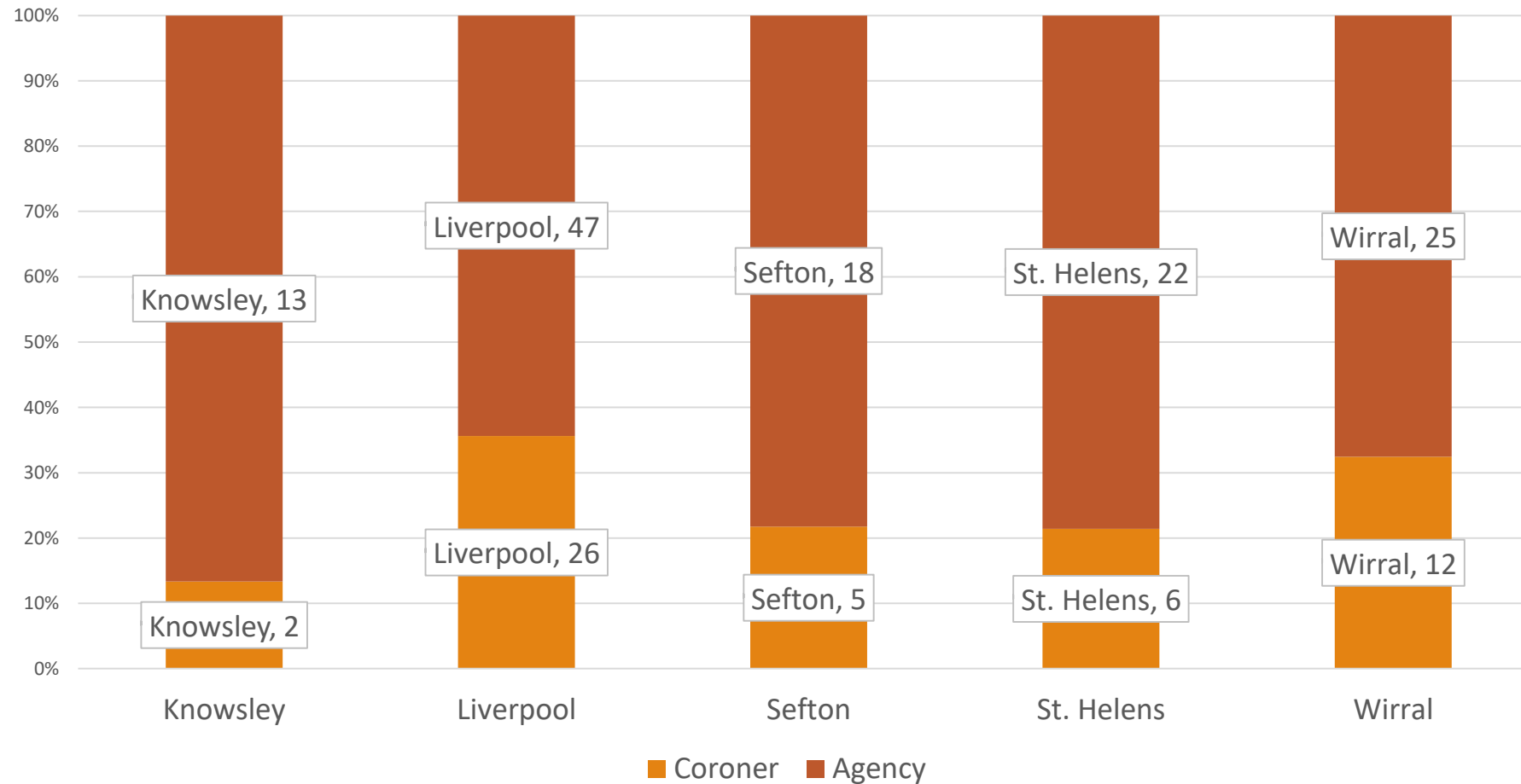
Deaths recorded via system (2018 only)



rate per 1,000 of population (2018 deaths only)

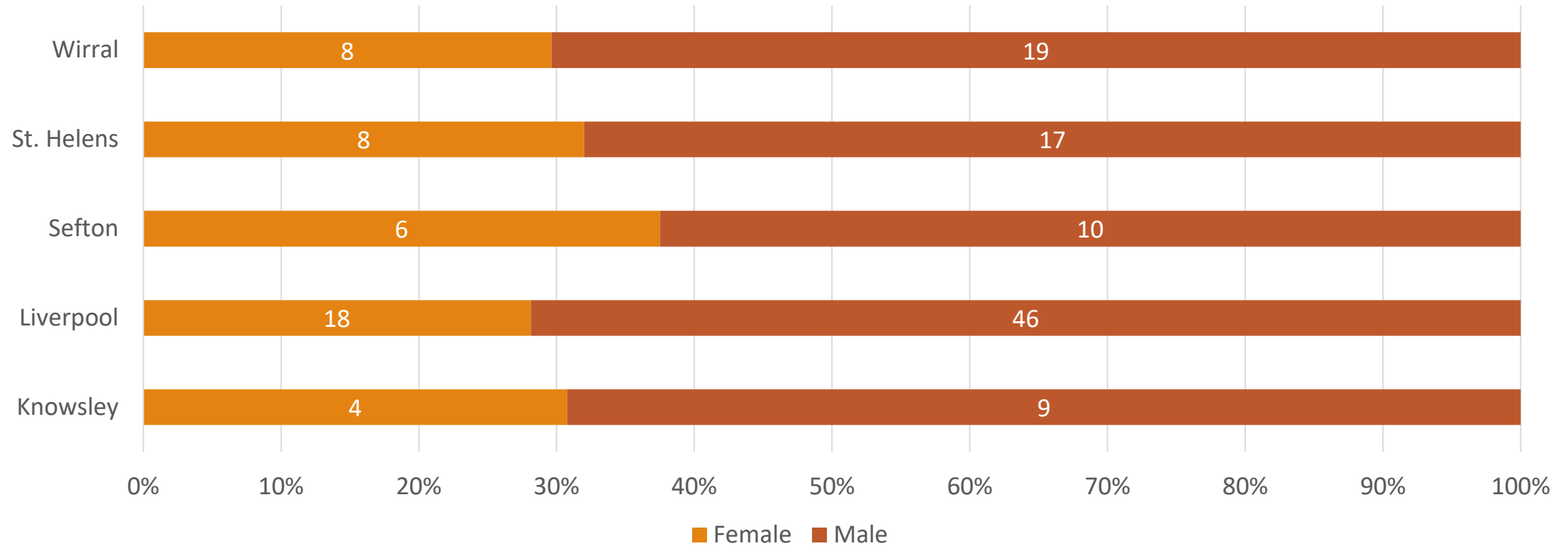


Coroner/Treatment service reported, 2017



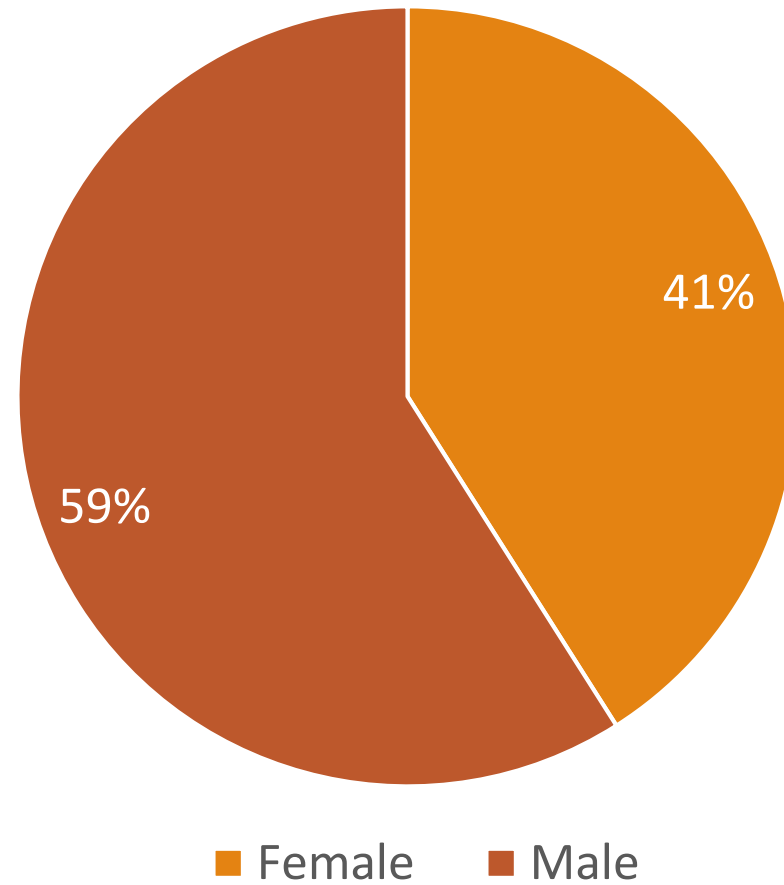
coroner/agency split for reporting, all cases, all local authorities, 2017

Gender breakdown, 2017

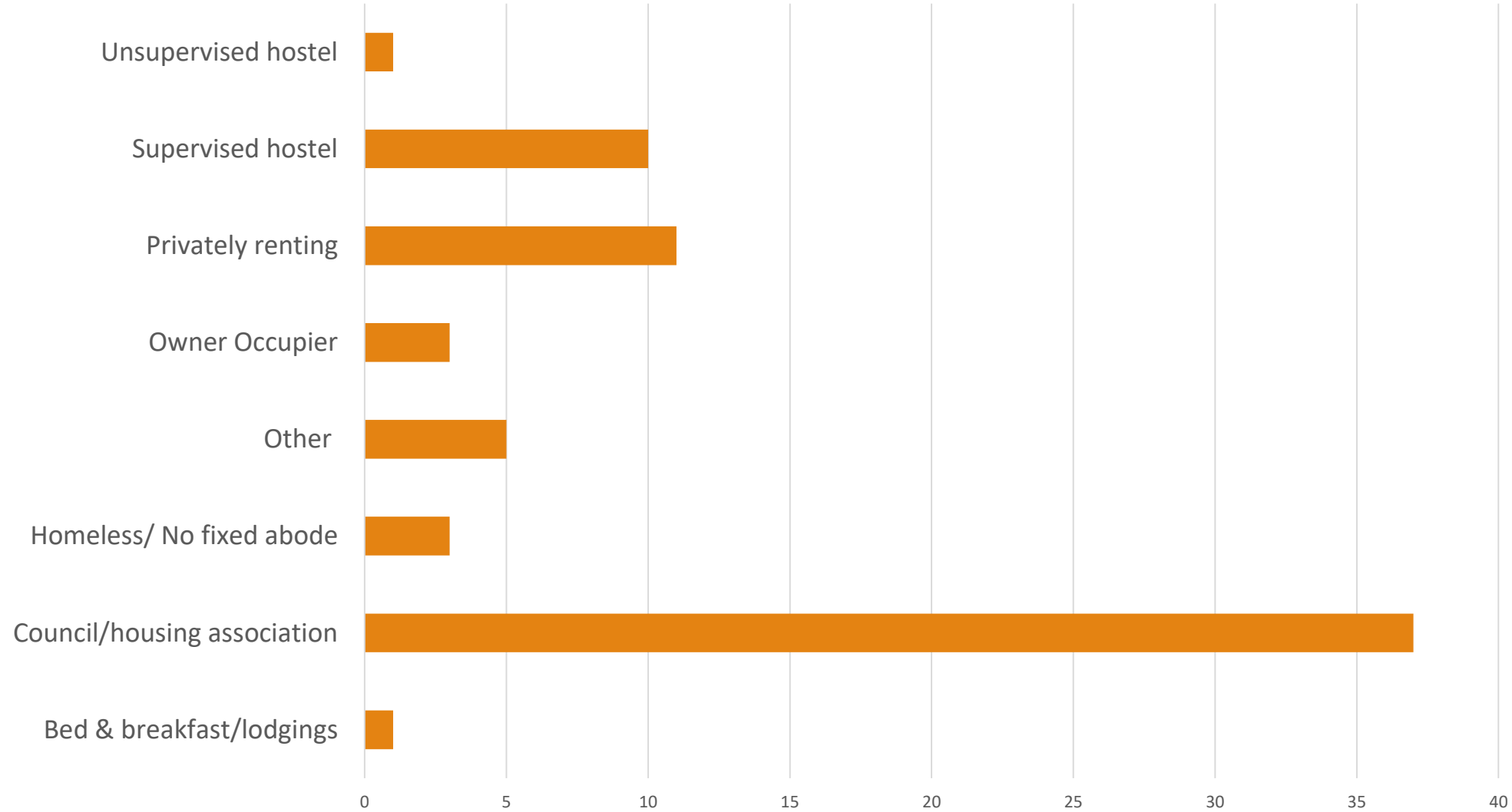


Gender split of DRD (drugs) cases by local authority, 2017

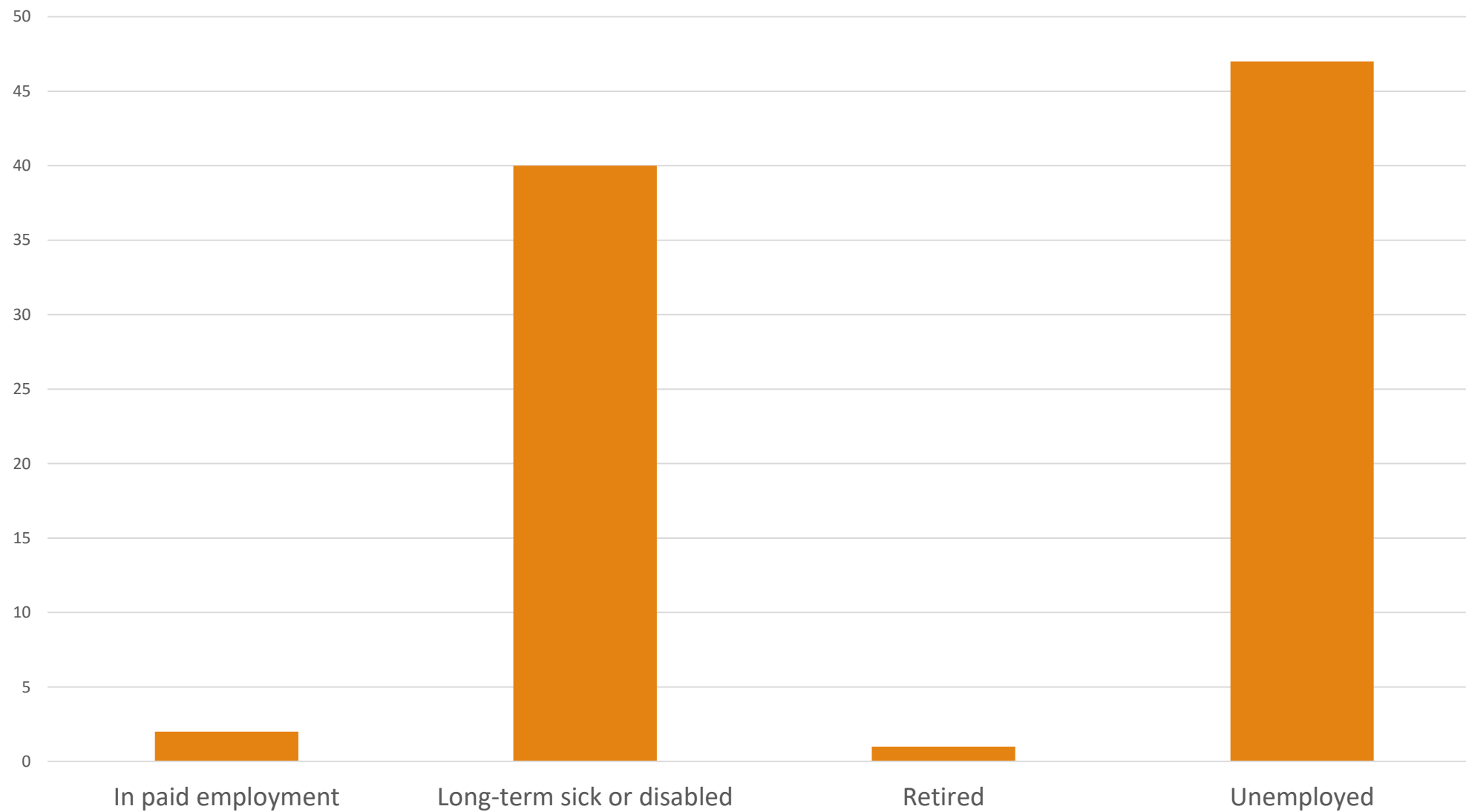
Gender split, deaths in 2018 (all areas)



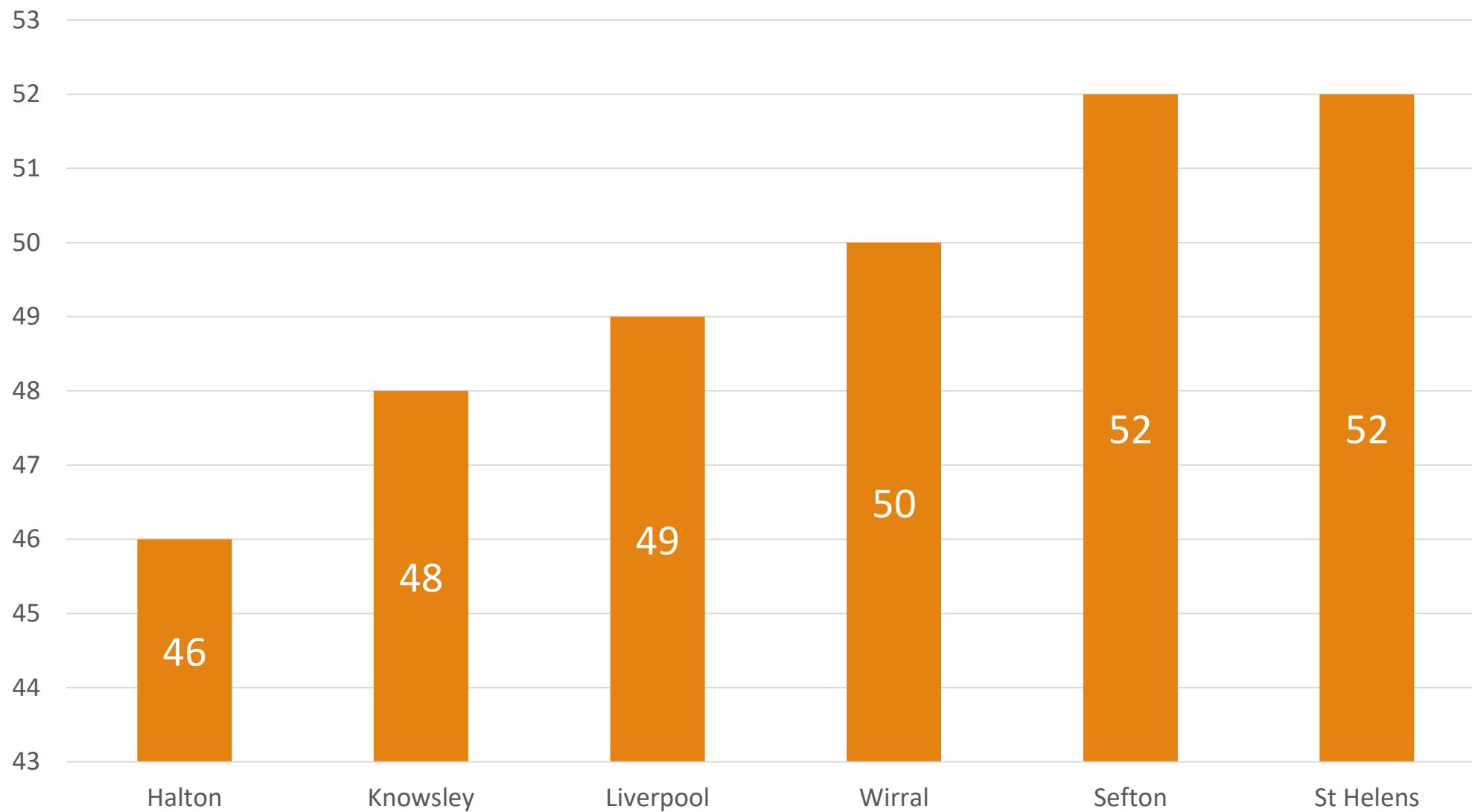
Housing status where identified, 2018



Employment status where identified, 2018



Average age of deaths by Local Authority, 2018



Deaths across Cheshire and Merseyside

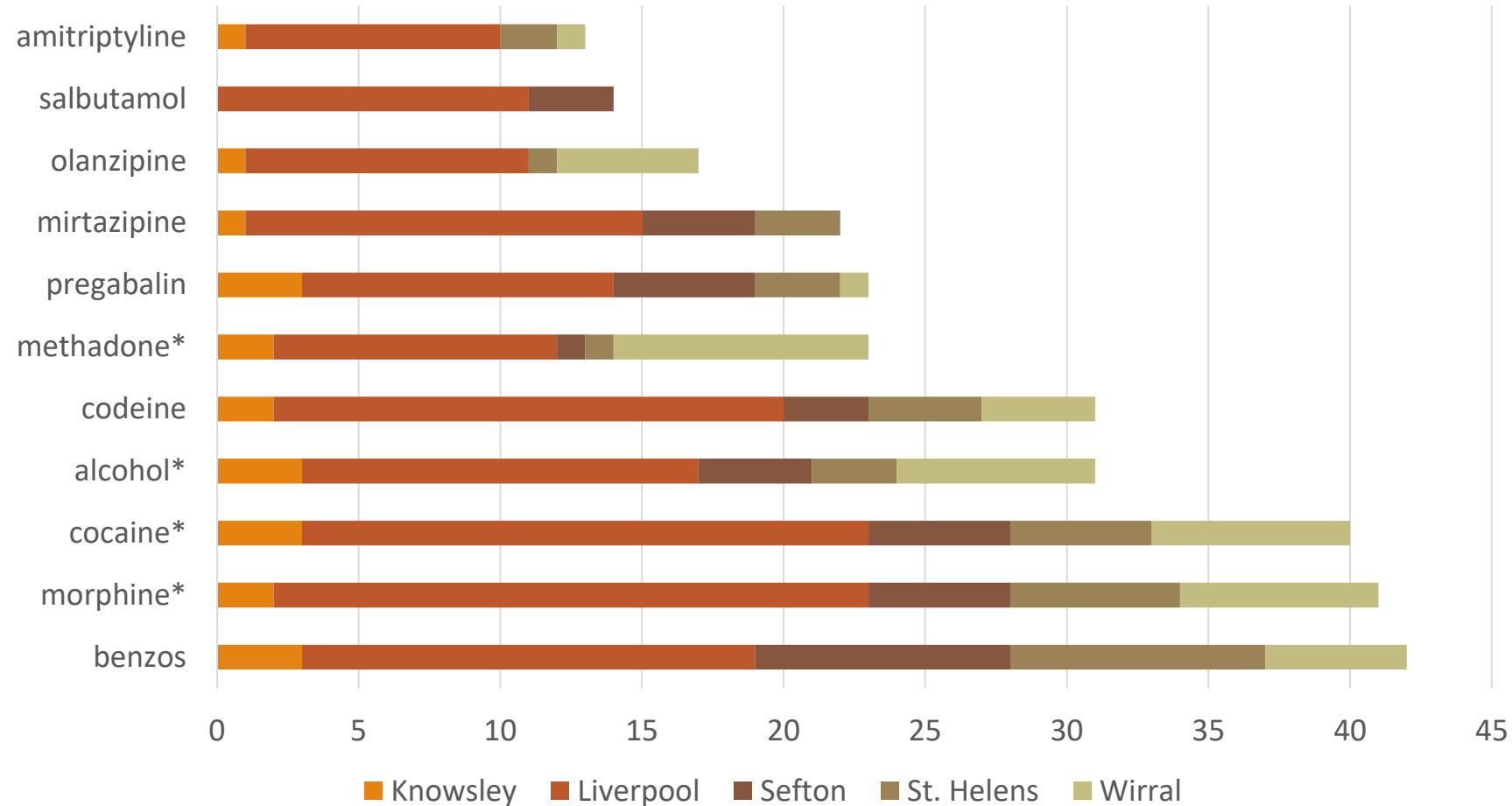


Table 7 - Medication prescribed/toxicology of DRD (all) cases by local authority, 2017

Deaths across Cheshire and Merseyside

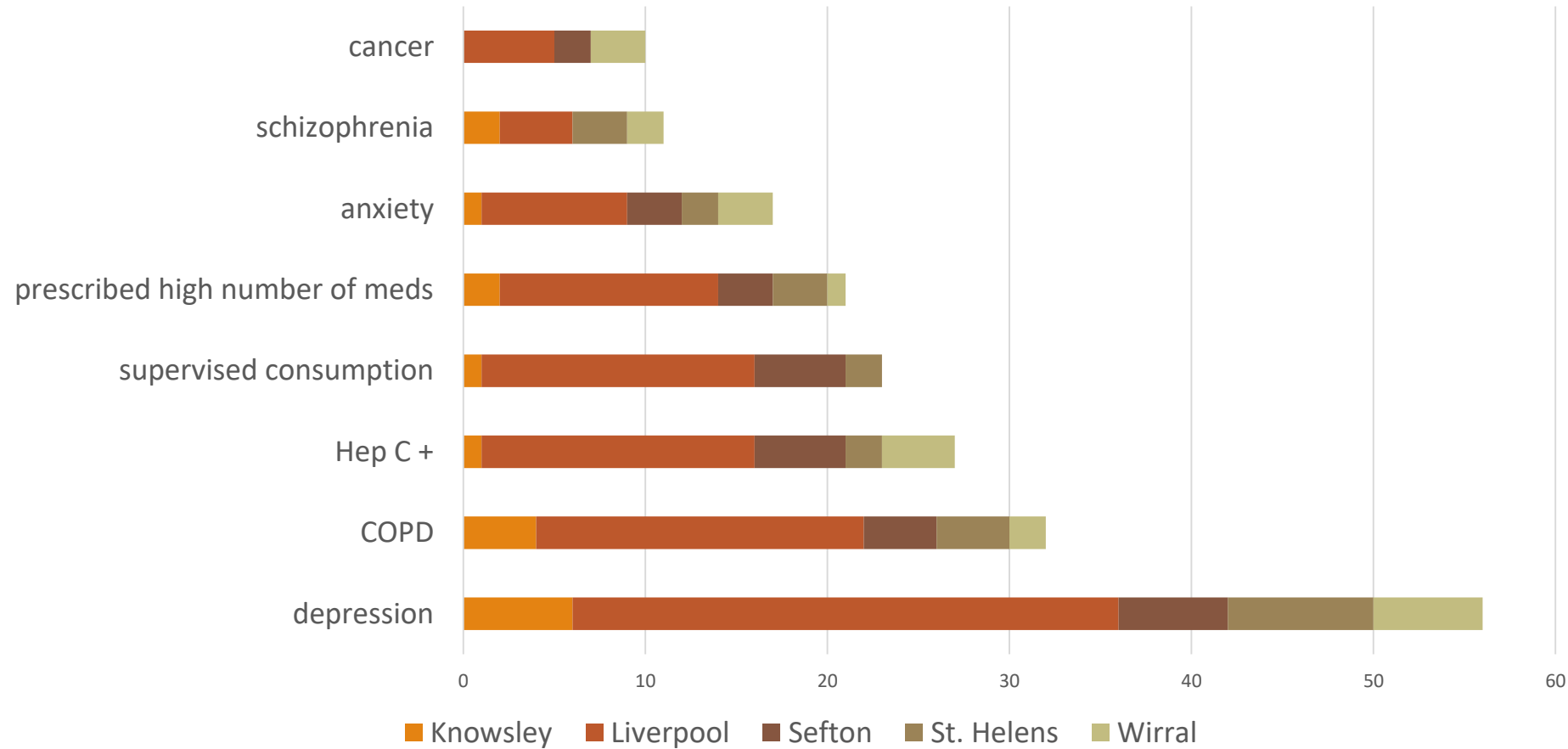
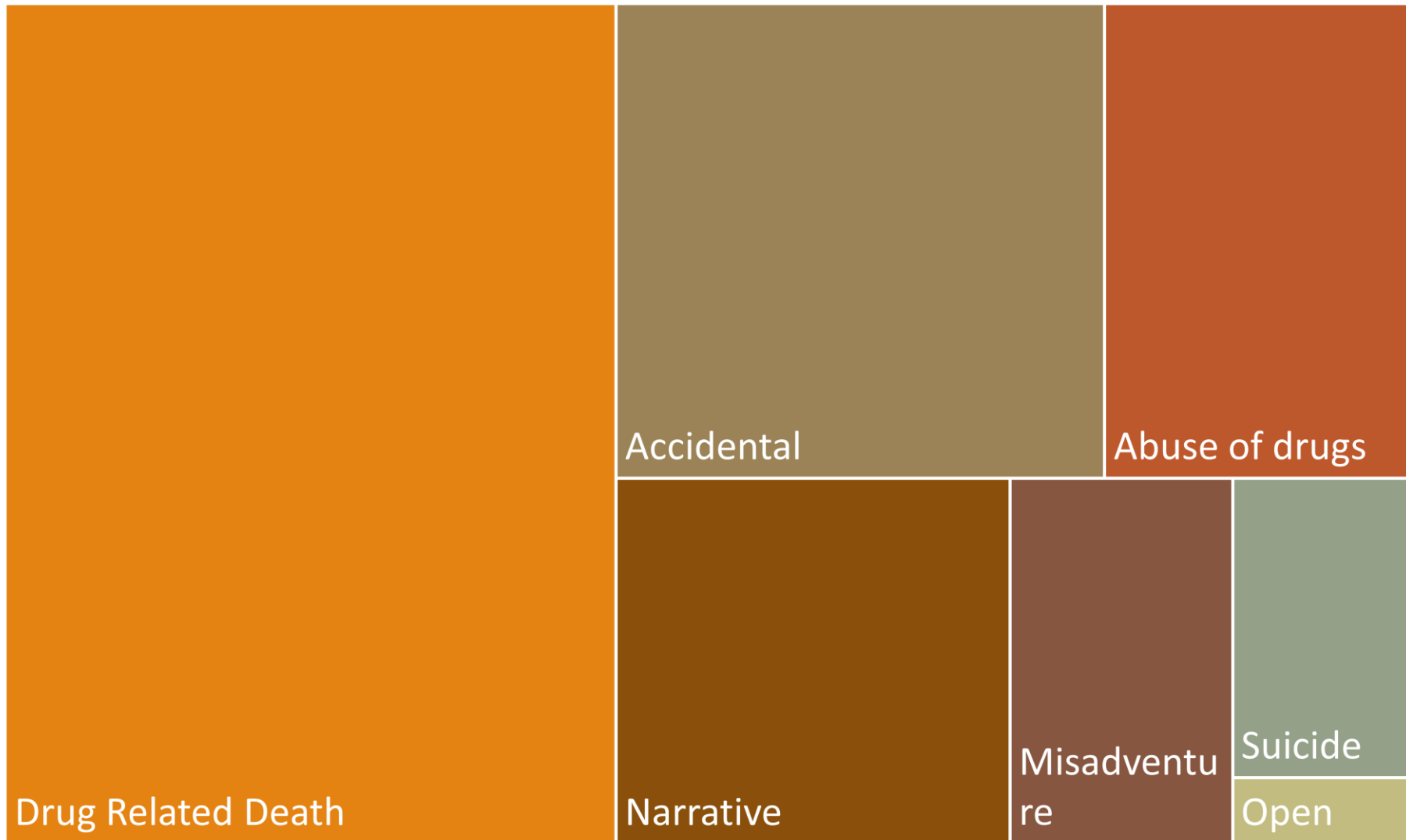


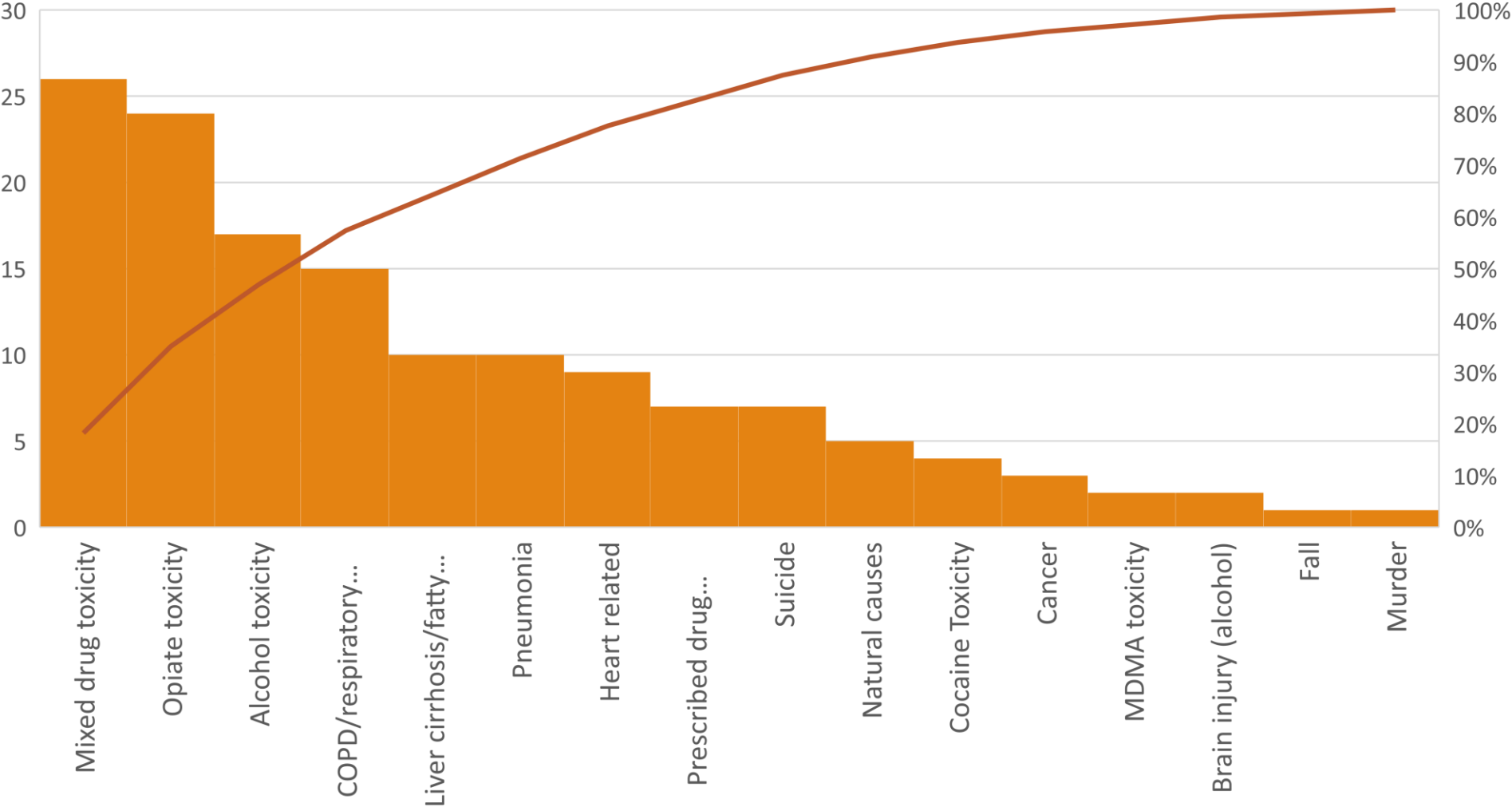
Table 8 – recurring/themes factors (all) cases by local authority, 2017

Cause of death – coroner verdict, 2015-18 (all areas)



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2		1 (a) Cocaine Toxicity				1													
3		1(a) Alcohol and mixed drug toxicity				1													
4		1(a) Cocaine Toxicity				1													
5		1(a) Combination of intestinal obstruction due to femoral hernia and heroin toxicity				1													
6		1(a) Heroin Toxicity in association with prone position																	
6		11 Viral and alcoholic liver cirrhosis				1													
7		1(a) heroin toxicity with alcohol and multiple drug use; emphysema, coronary artery disease, gastrointestinal bleed and oesophageal ulceration				1													
8		1(a) Ischaemic heart disease, myocarditis and chronic related heart changes																	
8		(b) Calcified coronary artery atheroma and chronic alcohol and cocaine consumption; emphysema. Methadone use.				1													
9		1(a) Methadone and Amitriptyline Toxicity				1													
10		1(a) Mixed drug toxicity and chronic obstructive pulmonary disease				1													
11		1(a) Multiple drug toxicity				1													
12		1(a) Pneumonia and drug toxicity																	
12		ii Chronic obstructive pulmonary disease, diabetes, Hep C with cirrhosis				1													
13		1(a) Poisoning by alcohol, heroin, methadone, diazepam and mirtazapine				1													

Coroner verdicts (Liverpool and Sefton DRDs 2015-2018)



Example actions from panels

- PHE and police contacted around Levamisole
- Protocols shared between MCT and Addaction on DRD internal reviews
- **Discussions with GP Liaison practitioners around education for GPs**
- Marie Curie, Respiratory Care and other specialists have attended panels to discuss pathways
- **Local protocols reviewed around bridging prescriptions**
- Day programme in signing skills for staff
- CCG reps invited to future meetings re: meds management
- Awareness package for staff in COPD symptoms to give them greater confidence
- Investigation of deaths related to pharmacy issues, and those living alone
- **Development of pathway for transfers from prison services**
- Delivery of recovery position advice to staff
- **Liaison with sheltered accommodation and nursing homes around older people who drink**
- Audit of how many individuals are prescribed SSRI medications

Example actions from panels

Physeptone 60mg

Prednisolone 5mg - 6 Tablets To Be Taken Daily

Doxycycline 100mg - 2 To Be Taken On First Day Of Prescription, Then 1 To Be Taken Daily

Temazepam 20mg - 1 To 2 To Be Taken At Night PRN

Lamotrigine 50mg - 1 To Be Taken Twice A Day

Fultium-D3 20,000 Unit Capsules - 1 A Month

Risperidone 2mg - Twice A Day

Braltus 10microgram Capsules For Zonda Inhaler - Inhale Contents Of 1 Capsule Via Zonda Inhaler Once Daily

Pregablin 300mg - 1 To Be Taken Twice A Day

Quinine Sulfate 200mg - 1 To Be Taken At Night

Seretide 500 Accuhaler - One Dose To Be Inhaled Twice A Day

Folic Acid 5mg - 1 To Be Taken Daily

Levetiracetam 1g Tablet - 1 To Be Taken At Night

Levetiracetam 500mg Tablets - 1 To Be Taken In The Morning

Esomeprazole 40mg Tablet - 1 To Be Taken Each Day

Salbutamol 100micrograms/Dose Inhaler - 2 Puffs PRN

Key recurring themes

- High number of prescribed medications from GPs
- High number of individuals with COPD/respiratory problems
- Deaths in hostels or where individual has recently been a hostel resident
- End of life care for individuals with long term illnesses

Area-wide event takes place here on October 11th. Please ask me for more details.