IMS DRUG RELATED DEATHS UPDATE

IMS integrated monitoring system

PHI Public Health Institute
LIVERPOOL JOHN MOORES UNIVERSITY

DRUG RELATED DEATH LOCAL MONITORING PROCESS

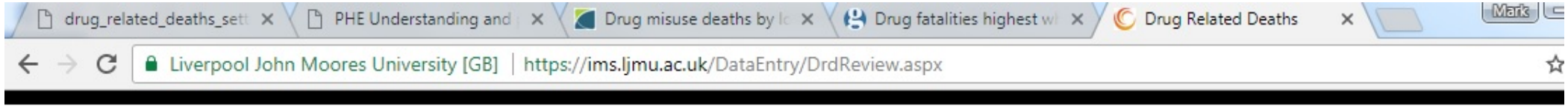
Individuals active in drug or alcohol treatment

When client in treatment dies, details are entered by drug/alcohol agencies into bespoke Drug Related Death (DRD) tool

Member of PHI staff attends coroner premises in each area to record details of DRDs once a quarter: Details are entered into DRD tool

Coroner reported drug or alcohol related death (not necessarily in treatment)

Local authority public health lead and other drug or alcohol team staff in area receive **automatic notification** new death has occurred



IMS
integrated monitoring system

Home Info About Contact

Drug Related Deaths | Save Record | Cancel

Main Details | Education & Housing | Details of Death | Health & Medical | Substance Misuse Service | Admin | Coroner Information

Details Of Death

Place of death

Cause of death

Persons present

Actions taken

Reported to

- [ ] Key Workers
- [ ] GP
- [ ] Pharmacy
- [ ] Coroner

DRUG RELATED DEATH LOCAL MONITORING PROCESS

Drug/alcohol treatment agency submits other details including client's NDTMS (National Drug Treatment Monitoring System) data and contact details for other agencies involved in their care

PHI links data with locally held datasets including any syringe exchange activity, brief interventions and criminal justice activity

Access to single client record is granted if they have additional information to contribute

Information entered onto online DRD tool

DRUG RELATED DEATH LOCAL MONITORING PROCESS

Quarterly individual level reports produced for each area collating all information on individual's death. Distributed to agencies and membership of local Drug and Alcohol Related Deaths groups.

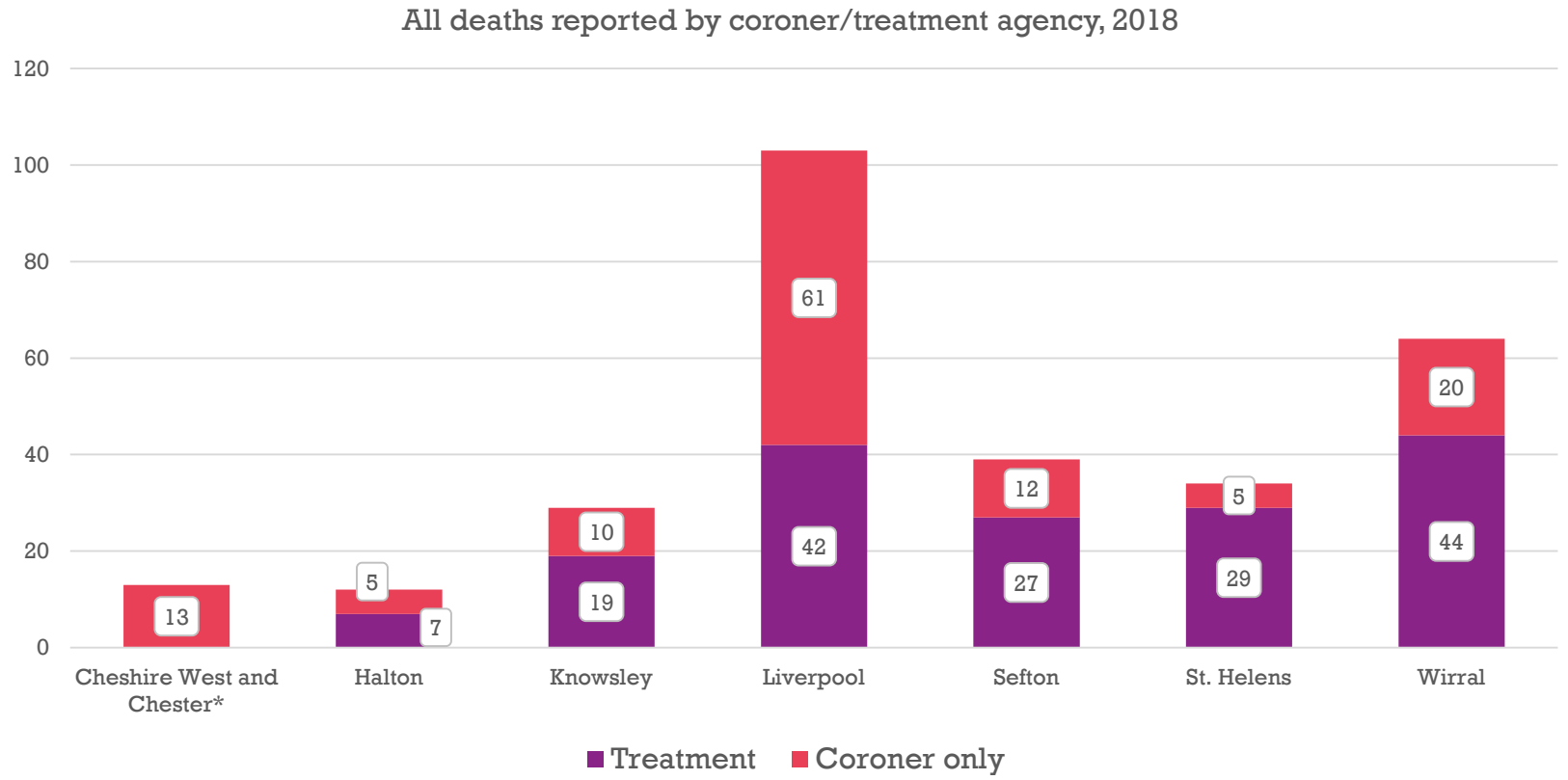
PHI co-ordinate quarterly **Drug and Alcohol Related Death Group** meetings with representative from services/LA/PHI to work through reports, identify issues and reflect on practice in order to help prevent further occurrence of drug and alcohol related death

IMS DRUG RELATED DEATHS UPDATE

- System first implemented in Sefton in 2016
- DRD surveillance now in 7 C&M areas, most recently Cheshire West
- Cheshire East coming online by end of 2019
- IMS DRD module development ongoing
- Geographical mapping of deaths available for commissioning areas
- Annual summary reports for contributing areas published in July 2019

IMS integrated monitoring system
PHI Public Health Institute
LIVERPOOL JOHN MOORES UNIVERSITY

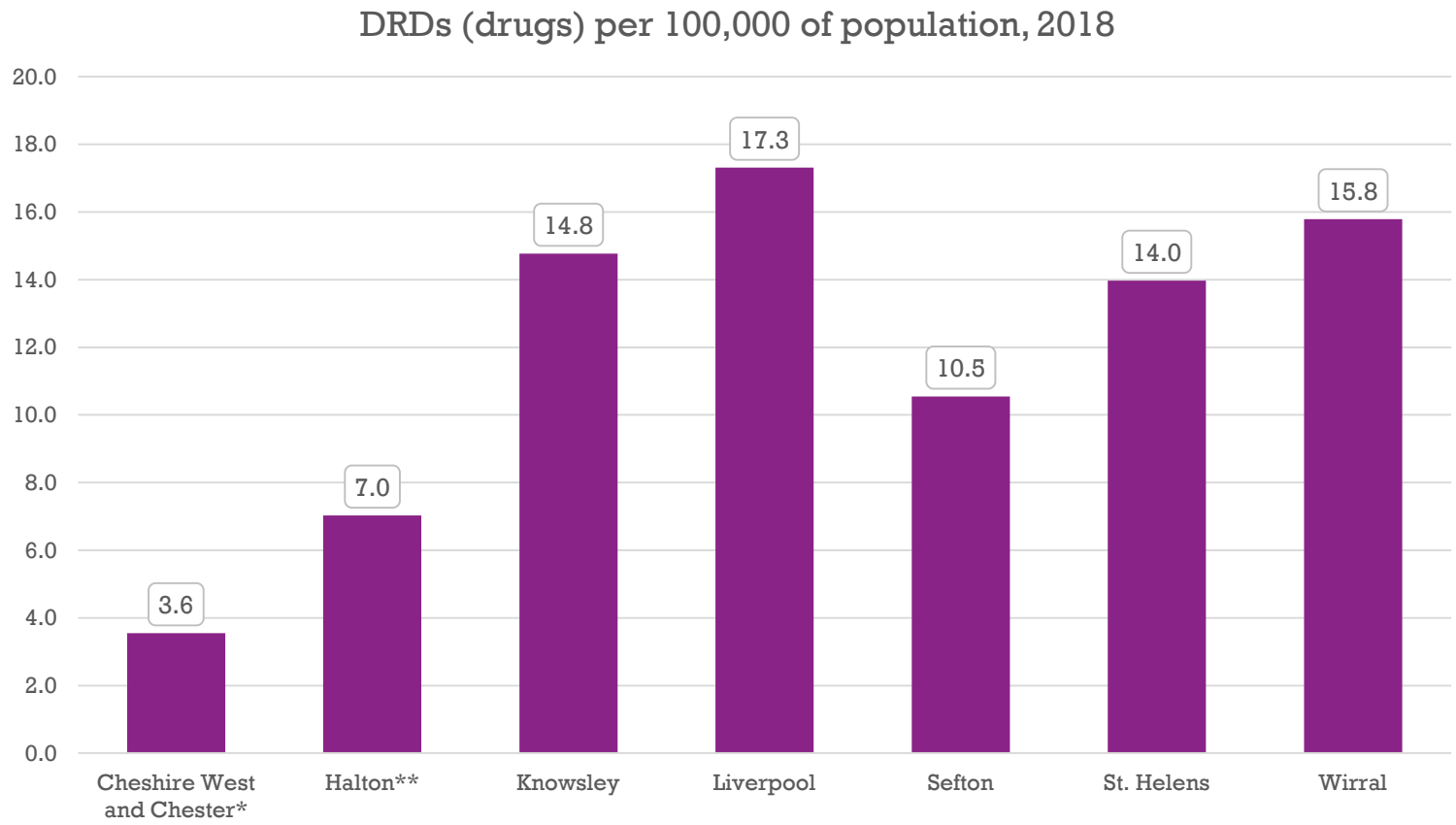
IMS DRUG RELATED DEATHS UPDATE



IMS integrated monitoring system

PHI Public Health Institute
LIVERPOOL JOHN MOORES UNIVERSITY

IMS DRUG RELATED DEATHS UPDATE



IMS integrated monitoring system

PHI Public Health Institute
LIVERPOOL JOHN MOORES UNIVERSITY

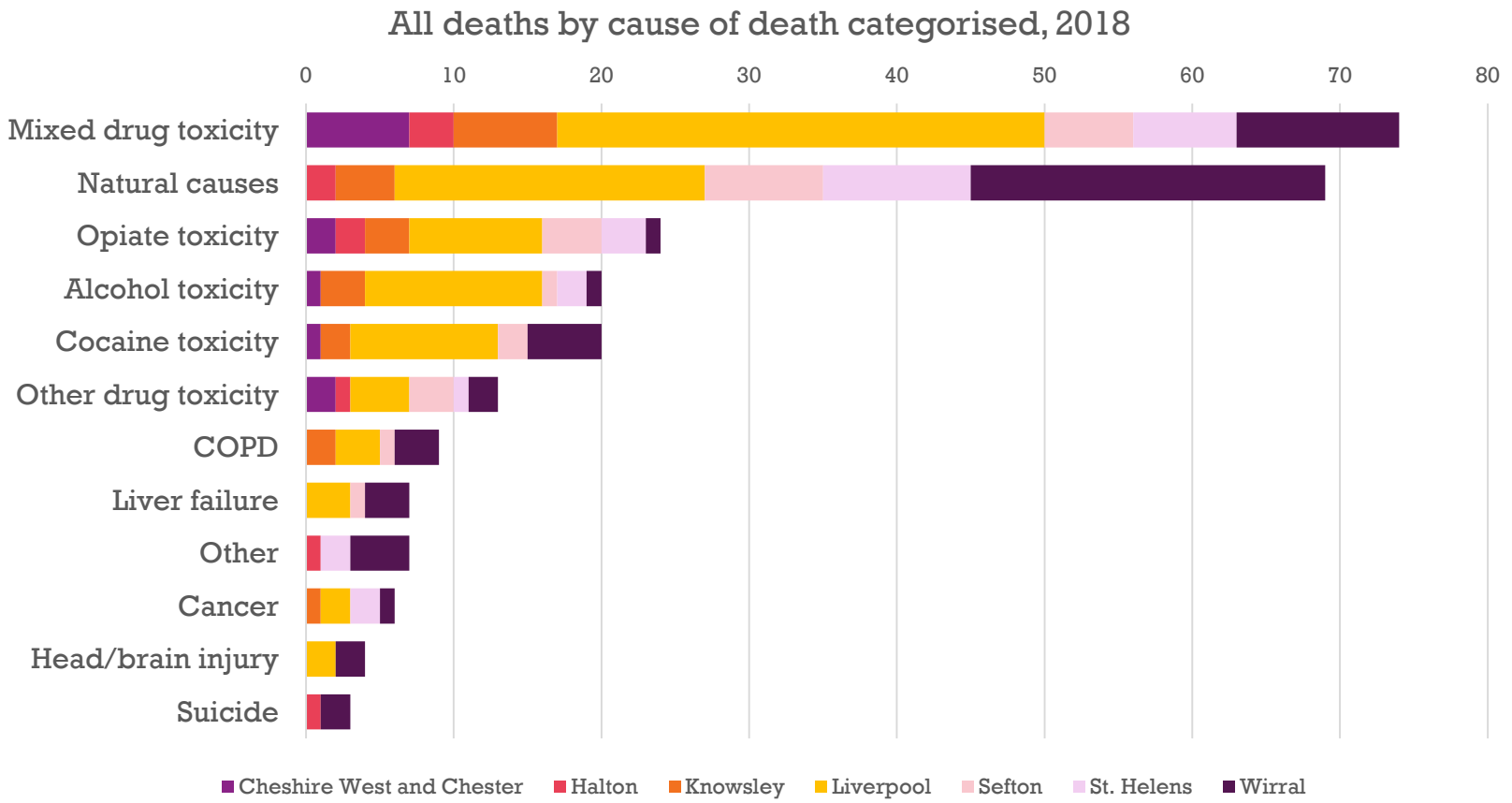
IMS DRUG RELATED DEATHS UPDATE

	Average age of death							
	Coroner only drugs		Coroner only alcohol		In treatment drugs		In treatment alcohol	
	Men	**Women**	**Men**	**Women**	**Men**	**Women**	**Men**	**Women**
Halton	45	61*			44	43	47*	36
Knowsley	49	41	55		51	48	52*	51
Liverpool	42	52	54	53	49	49	54	53
Sefton	39	29*	57*	47*	50	52	54	61
St. Helens	51	58		70*	50	48	48	55
Wirral	40	48	48	64*	50	48	50	46
Average	**42**	**50**	**54**	**56**	**50**	**49**	**51**	**52**

IMS integrated monitoring system

PHI Public Health Institute LIVERPOOL JOHN MOORES UNIVERSITY

IMS DRUG RELATED DEATHS UPDATE



IMS integrated monitoring system

PHI Public Health Institute
LIVERPOOL JOHN MOORES UNIVERSITY

IMS DRUG RELATED DEATHS UPDATE

In treatment cause of death, Liverpool, 2018

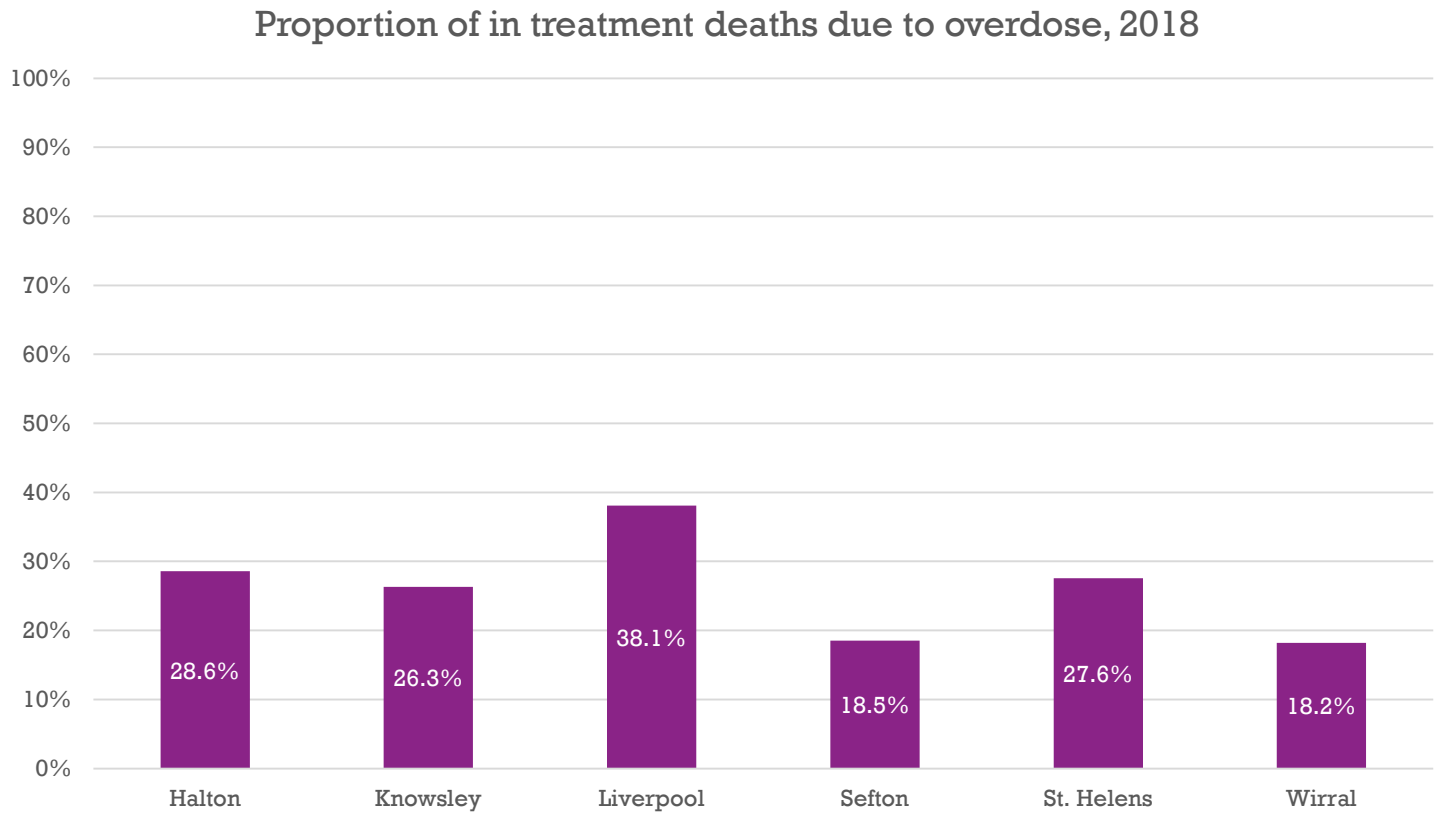
Cause of death	Count
Natural causes	18
Mixed drug toxicity	12
Unknown	3
Opiate toxicity	2
COPD	2
Cancer	2
Alcohol toxicity	2
Head/brain injury	1

Coroner only cause of death, Liverpool, 2018

Cause of death	Count
Mixed drug toxicity	21
Cocaine toxicity	10
Alcohol toxicity	10
Opiate toxicity	7
Other drug toxicity	4
Natural causes	3
Liver failure	3
Head/brain injury	1
COPD	1
Other	1

IMS integrated monitoring system
PHI Public Health Institute
LIVERPOOL JOHN MOORES UNIVERSITY

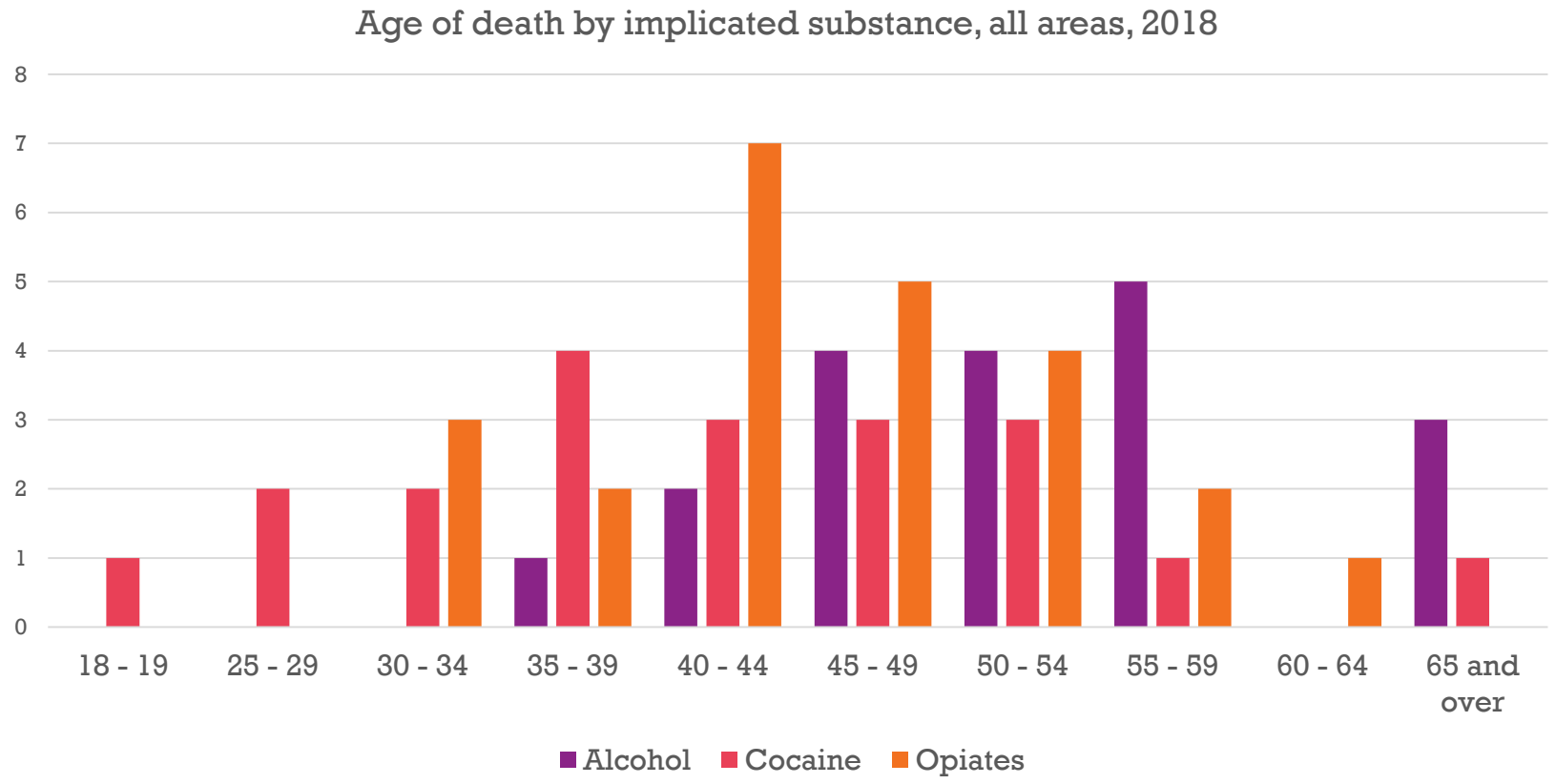
IMS DRUG RELATED DEATHS UPDATE



IMS integrated monitoring system

PHI Public Health Institute
LIVERPOOL JOHN MOORES UNIVERSITY

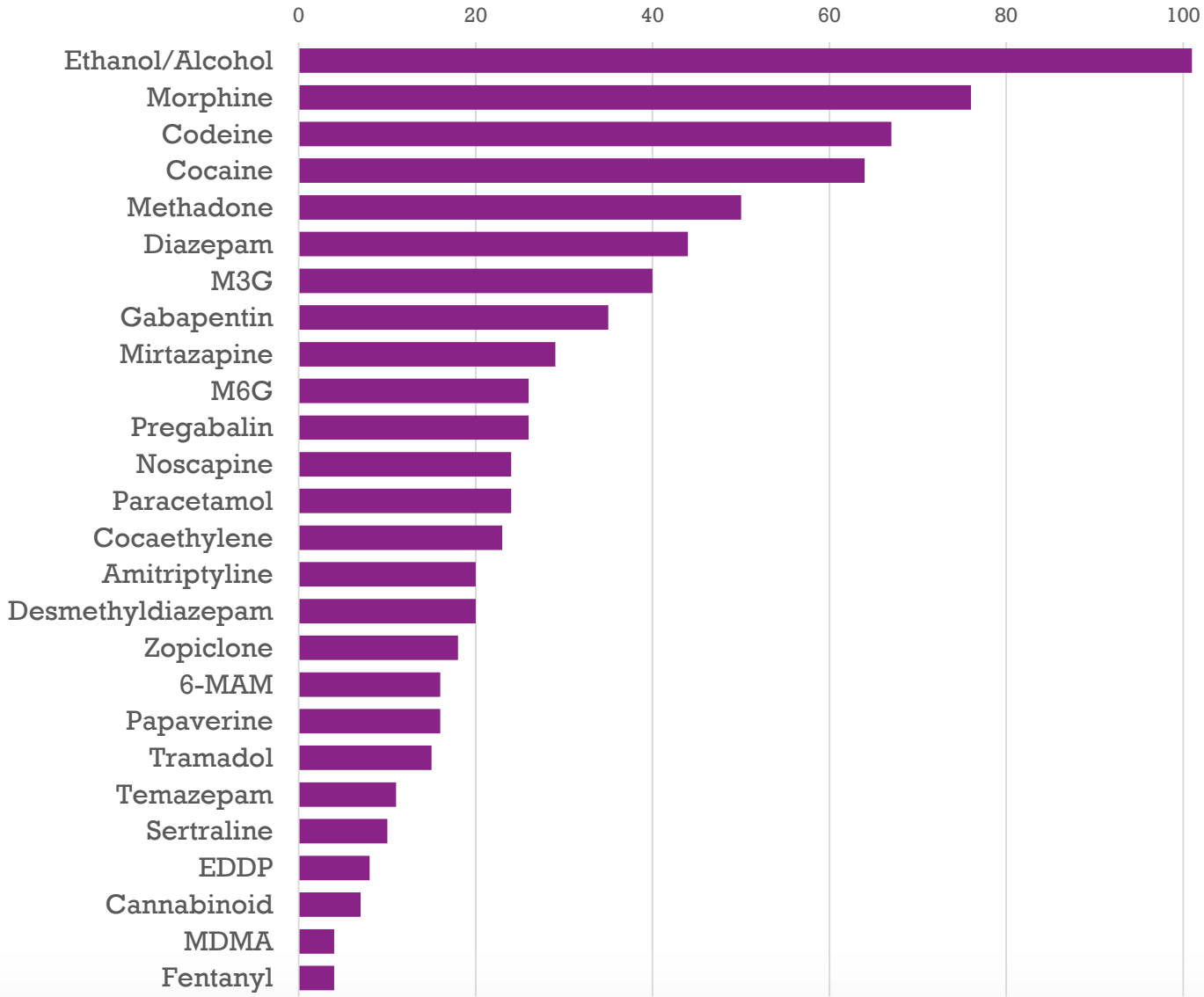
IMS DRUG RELATED DEATHS UPDATE



IMS integrated monitoring system

PHI Public Health Institute
LIVERPOOL JOHN MOORES UNIVERSITY

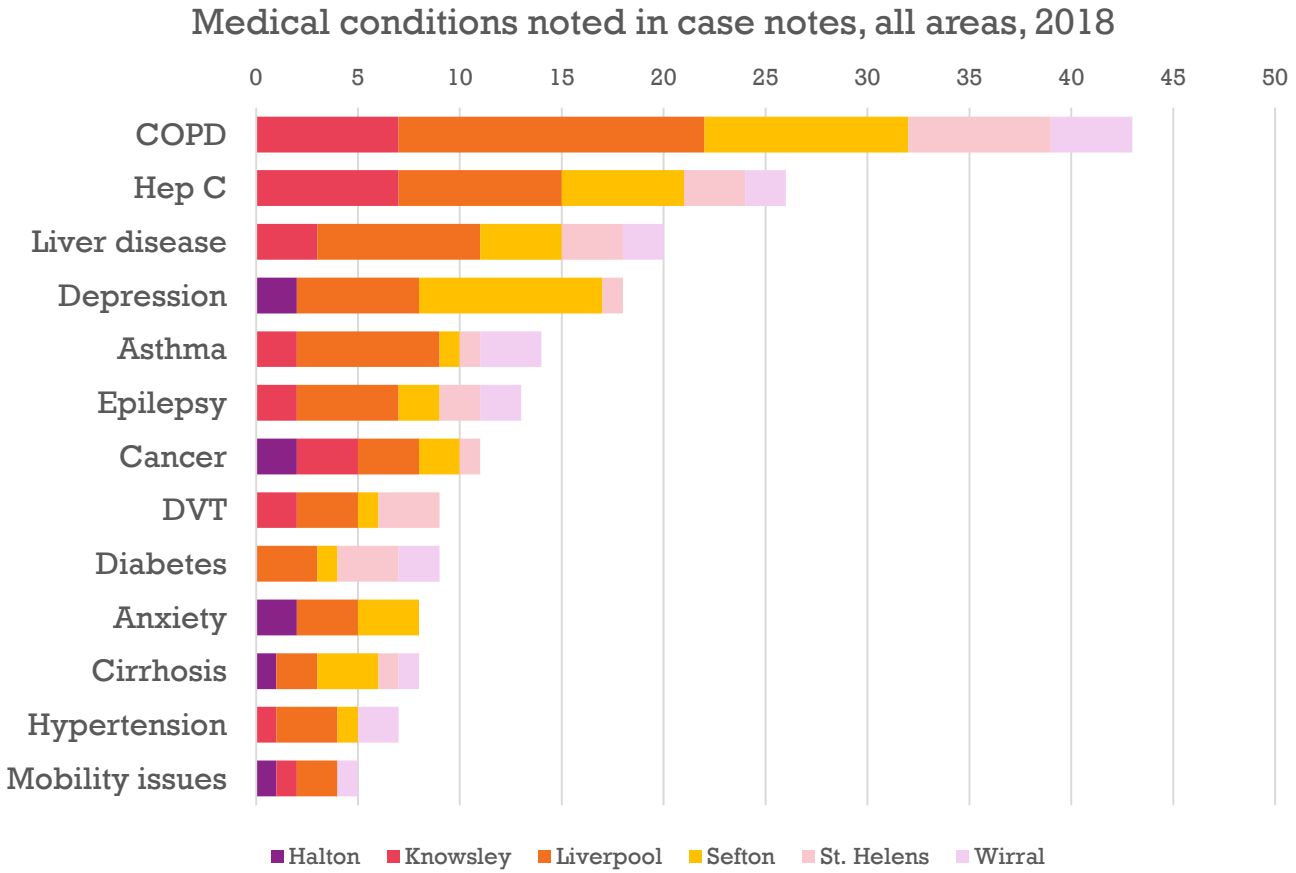
Substances identified in toxicology, 2018



IMS integrated monitoring system

PHI Public Health Institute
LIVERPOOL JOHN MOORES UNIVERSITY

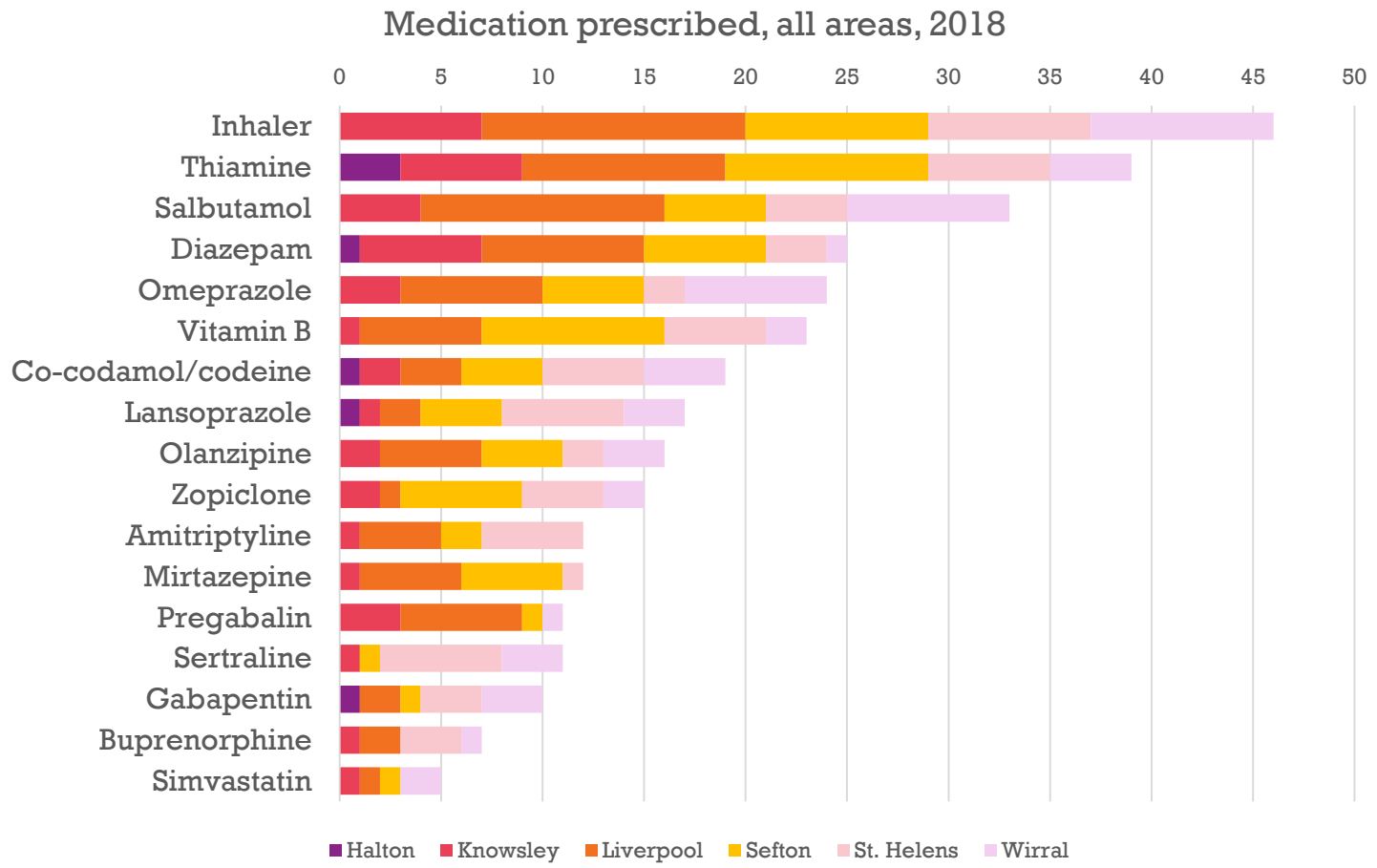
IMS DRUG RELATED DEATHS UPDATE



IMS integrated monitoring system

PHI Public Health Institute
LIVERPOOL JOHN MOORES UNIVERSITY

IMS DRUG RELATED DEATHS UPDATE



IMS integrated monitoring system

PHI Public Health Institute
LIVERPOOL JOHN MOORES UNIVERSITY

IMS DRUG RELATED DEATHS UPDATE

	Total DRDs	Proportion with IMS	*IMS current / last year*	Proportion with NDTMS	Proportion with Both	*Match*	*Don't match*
Cheshire West & Chester	**14**	36%	*21%*	0%	0%		
Halton	**12**	33%	*8%*	33%	8%	100%	0%
Knowsley	**29**	24%	*10%*	69%	21%	67%	33%
Liverpool	**103**	39%	*12%*	41%	25%	69%	31%
Sefton	**39**	31%	*8%*	67%	23%	56%	44%
St. Helens	**34**	35%	*12%*	71%	35%	67%	33%
Wirral	**64**	41%	*8%*	66%	28%	56%	44%
Total	**295**	36%	*11%*	54%	24%	64%	36%

IMS integrated monitoring system

PHI Public Health Institute
LIVERPOOL JOHN MOORES UNIVERSITY

Themes/Action/Discussion	Topic/Area
To hinder diversion of methadone, pharmacies could report cases where client has not consumed whole amount and/or do supervision on pick up day	**Pharmacies**
Development of pathway from prison services	**Development of pathways**
Review local protocols around bridging scripts and responsibility for overall care in cases of failed transfers	**Prescribing practice**
Day programme in signing skills for staff	**Staff development**
Awareness package for staff in COPD symptoms and solutions to give them greater confidence	**COPD/Staff development**
Interrogation of DRD cases to examine how many deaths are related to pharmacy issues	**Pharmacies**
QT should not be summarised but sent in full to allow staff to see where it is raised, even when presented as "normal"	**Treatment provider practice**
Veterans and naloxone fields/options to be added to IMS DRD Online module	**DRD surveillance system**
Send information out on BEAD project for people bereaved through drugs and alcohol	**Bereavement**
Circulate list of toxic dosage for medication to group, to allow for better interpretation of coroner toxicology	**Toxicology reports**
Discussion with staff and ensure Naloxone kit isn't just being given out on perceived injecting practice	**Naloxone**
Liaison with senior support worker at Ambition Sefton, around joint discharge plans with HALT where appropriate.	**Relationship with other providers**
Delivery of recovery position advice to MCT staff	**Staff development**
MCT to look at more innovative strategies may need to be developed for engaging long term clients	**Engagement**

IMS DRUG RELATED DEATHS UPDATE

Themes:

- Increase in alcohol and cocaine related deaths
- People are increasingly dying alone
- Deaths due to overdose/toxicity still represent high number of cases
- Many service users are still using substances "on top" of their script
- A substantial proportion of service users are still actively injecting

- Maps

IMS integrated monitoring system PHI Public Health Institute LIVERPOOL JOHN MOORES UNIVERSITY

IMS DRUG RELATED DEATHS CHESHIRE AND MERSEY EVENT

PHI Public Health Institute
LIVERPOOL JOHN MOORES UNIVERSITY

Public Health England

24th October 2019 9am-4pm
Quaker Meeting House, Liverpool

To attend please email me at m.whitfield@ljmu.ac.uk