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GREATER MANCHESTER DRUG & ALCOHOL RELATED DEATHS SURVEILLANCE SYSTEM

ANNUAL EVENT 2023

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Liverpool John Moores University

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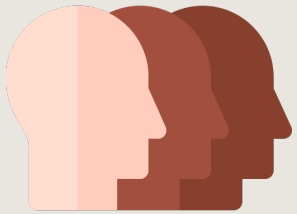
NEW DATA ITEMS FOR 2024

IMS DARD SURVEILLANCE, CORE DATASET B



Gender identity

- Handful of cases where the deceased individual identified as Transgender/non-binary
- Impact of mental health on gender identity
- Sexualised drug use among sex workers

"Transgender Ontarians were more likely to use both cocaine... and amphetamines... as compared to the age-standardized non-transgender population. History of transphobic assault, homelessness or underhousing, and sex work were associated with greater drug use among transgender persons." **Scheim, Ayden et al, 2017: Drug use among transgender people in Ontario, Canada: Disparities and associations with social exclusion**

"Relative to cisgender women, nonbinary/other participants reported greater odds of last 12-month use of all substances... and greater odds of dependence on cannabis, methamphetamine and alcohol adjusting only for age" **Connolly, Dean et al, 2018**:
Differences in Alcohol and Other Drug Use and Dependence Between Transgender and Cisgender Participants from the 2018 Global Drug Survey

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Bereavement

- Substantial number of cases where bereavement or anniversary of a significant bereavement has been a factor
- Potential barriers to PWUD accessing bereavement services

"Just under half of young UK adults who experience sudden bereavement increase their alcohol use afterwards, People bereaved by suicide or non-suicide unnatural deaths may be more likely than people bereaved by sudden natural causes to use substances as part of the grieving process, and may have a greater need for monitoring of potential harms." **Pitman et al, 2020 : Self-Reported Patterns of Use of Alcohol and Drugs After Suicide Bereavement and Other Sudden Losses: A Mixed Methods Study of 1,854 Young Bereaved Adults in the UK**

"There are ways in which bereavement following an overdose differs from bereavement following other deaths associated with alcohol or drugs. Understanding the experiences and needs of this marginalised group can help improve support for them" **Templeton et al, 2016: Bereavement following a fatal overdose: The experiences of adults in England and Scotland.**

Weight

- Cases where the deceased has been significantly underweight (malnourished) or overweight have been a recurring theme
- Evidence currently limited for this but paper published in 2020 discussed challenges of dose optimisation for methadone:

"Subtherapeutic doses can result in withdrawal symptoms while supratherapeutic doses can result in overdose and death.... Body mass index (BMI) significantly affected (R)-methadone metabolism (p = 0.034). Methadone metabolism appeared to be lower in males, in individuals with LOF alleles, and elevated BMI.... BMI should be incorporated into multivariate models to create methadone dosing algorithms." **Talal, Andrew et al, 2020 - Toward precision prescribing for methadone: Determinants of methadone deposition.**

NDTMS substance cohort

- Better identify what substance someone has come into treatment for
- Assist in highlighting naloxone coverage and gaps
- Exploring harm reduction around (crack) cocaine use

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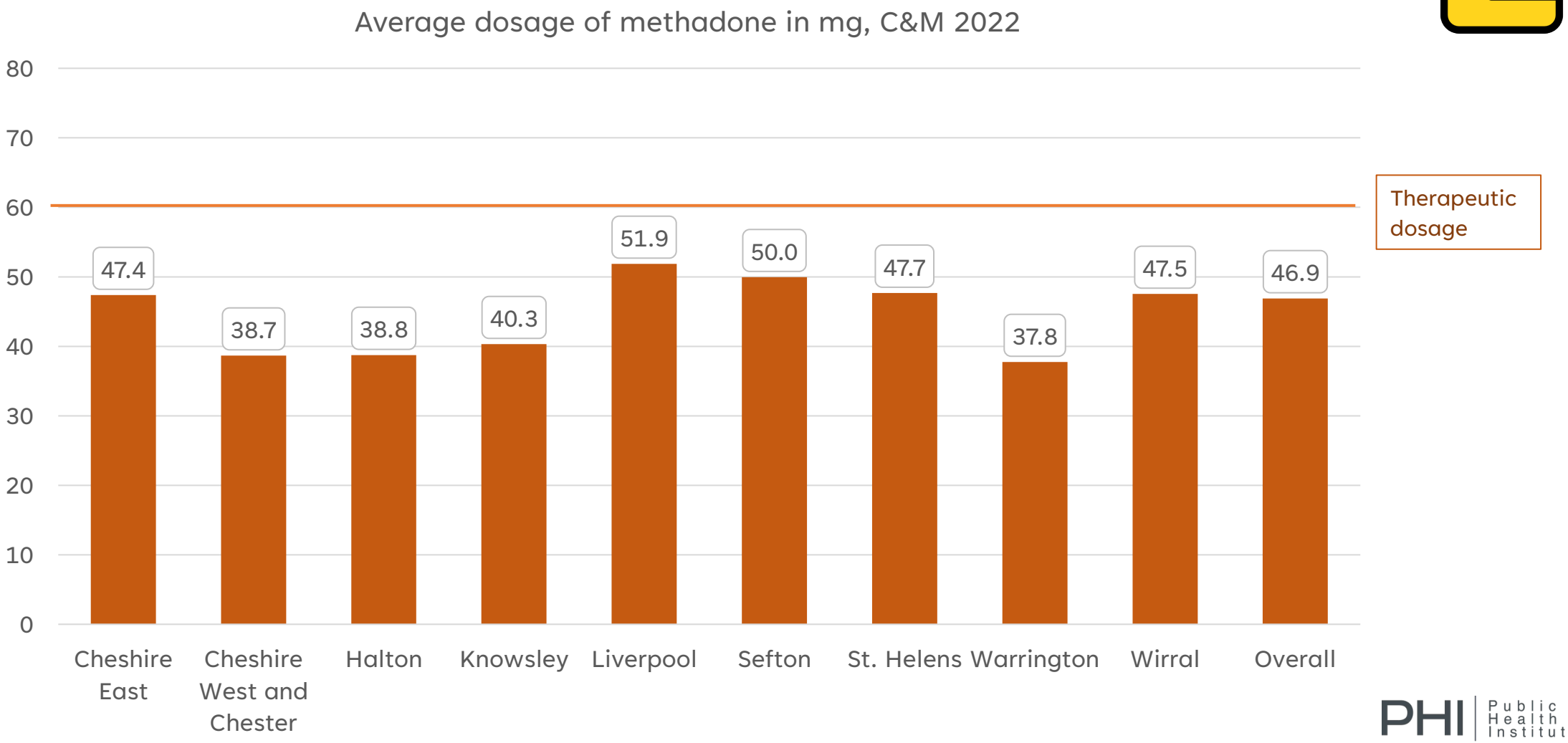
OST titration

Better identify when someone's dosage is sub-therapeutic for a reason



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Pain management

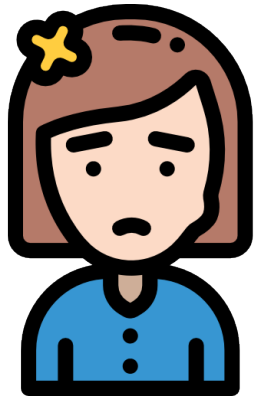
- Numerous cases within panels with individuals experiencing chronic pain.
- Economically disadvantaged populations are more likely to experience injuries in the workplace, lower quality of life years.
- Significant issue in US with oxycodone prescribing.

“Reductions in prescribing have been associated with patients reporting uncontrolled pain, psychological distress, and transition to illicit substances… Participants often reported attempts to replicate their prior OPR prescription by seeking out the same medication and dose from illicit sources and reported transitioning to heroin after exhausting other options” **Emily, B et all, 2020: "Chasing the pain relief, not the high": Experiences managing pain after opioid reductions among patients with HIV and a history of substance use”**

Pain management

“Chronic noncancer pain (CNCP) is highly prevalent among people who use illicit drugs... Participants described patterns of substance use with several interlaced purposes: recreational, CNCP relief, “emotional” pain relief, and withdrawal symptom control. In several cases, participants’ awareness of their CNCP was delayed by the relieving effects of the substances they used for recreational purposes.

Self-medication for CNCP was seldom the primary purpose of the participants’ substance use. Many participants were reluctant to self-manage CNCP with street drugs, but some did so when experiencing recurrent problems accessing healthcare services for CNCP.” **Dassieu, L et al, 2019: Understanding the link between substance use and chronic pain: A qualitative study among people who use illicit drugs in Montreal, Canada**



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Neurodiversity

- Focus on neurodiverse conditions such as ADHD, greater awareness in general population
- Some evidence heroin dependence more prevalent in people with autism **(Dang, Wei et al, 2016)**
- Those with autism have higher rates of anxiety and depression, including social problems and compulsive behaviour, creating the desire to drink or use drugs.

- Late diagnosis can lead to substance use as a coping mechanism.
- Behavioural connections between autism and addiction
- Genetic predispositions and connections between autism and substance use

Drinking, Drug Use, and Addiction in the Autism Community, Elizabeth Kunreuther & Ann Palmer, London: Jessica Kingsley Publishers, 2017

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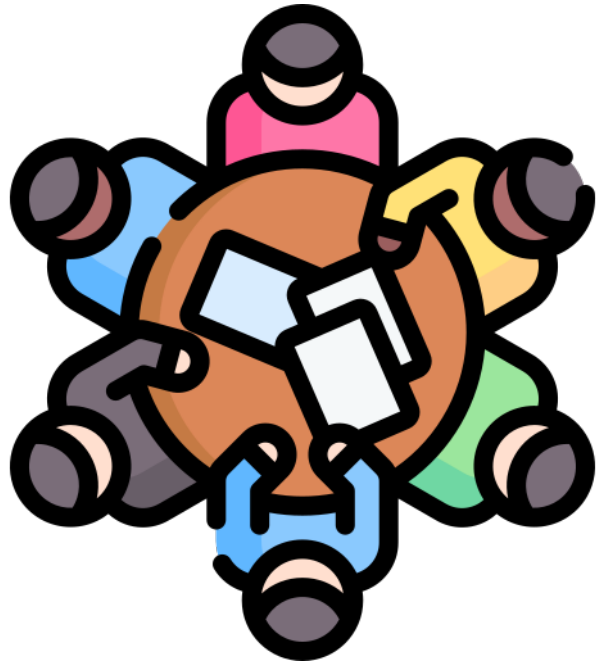
Method of contact

- Better document where contact has not been face to face.
- Impact of Covid on people who use drugs (PWUD)
- Less supervised consumption
- Increased social isolation
- Fewer points of contact

- **Bragard, Elise et al, 2023: Daily diary study of loneliness, alcohol, and drug use during the COVID-19 Pandemic**
- **Dietze, Paul M. et al, 2020: Illicit drug use and harms in Australia in the context of COVID-19 and associated restrictions: Anticipated consequences and initial responses**
- **Hillis, A et al, 2022: Internet sourcing and unsafe use of controlled medicines (opioids, sedatives and GABA drugs) in the UK: An in-depth case study of consumer dynamics during COVID-19**

Case summary – learnings from internal review

- Not a new data item as such but opportunity to flag where reviews are pending, and ensure provider learnings are not missed



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Change to process: individuals out of treatment

- Previously we asked for anyone in contact with services up to 6 months prior to their death to be entered onto the system.
- Varied practice across different teams.
- Going forward, you only need to enter cases onto the system for individuals who have been in treatment at any point up to 6 months prior to their death
- But! If a coroner notification comes through for the individual in the future, **please continue to append any relevant details to that record.**

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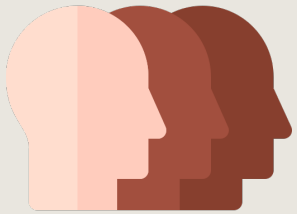
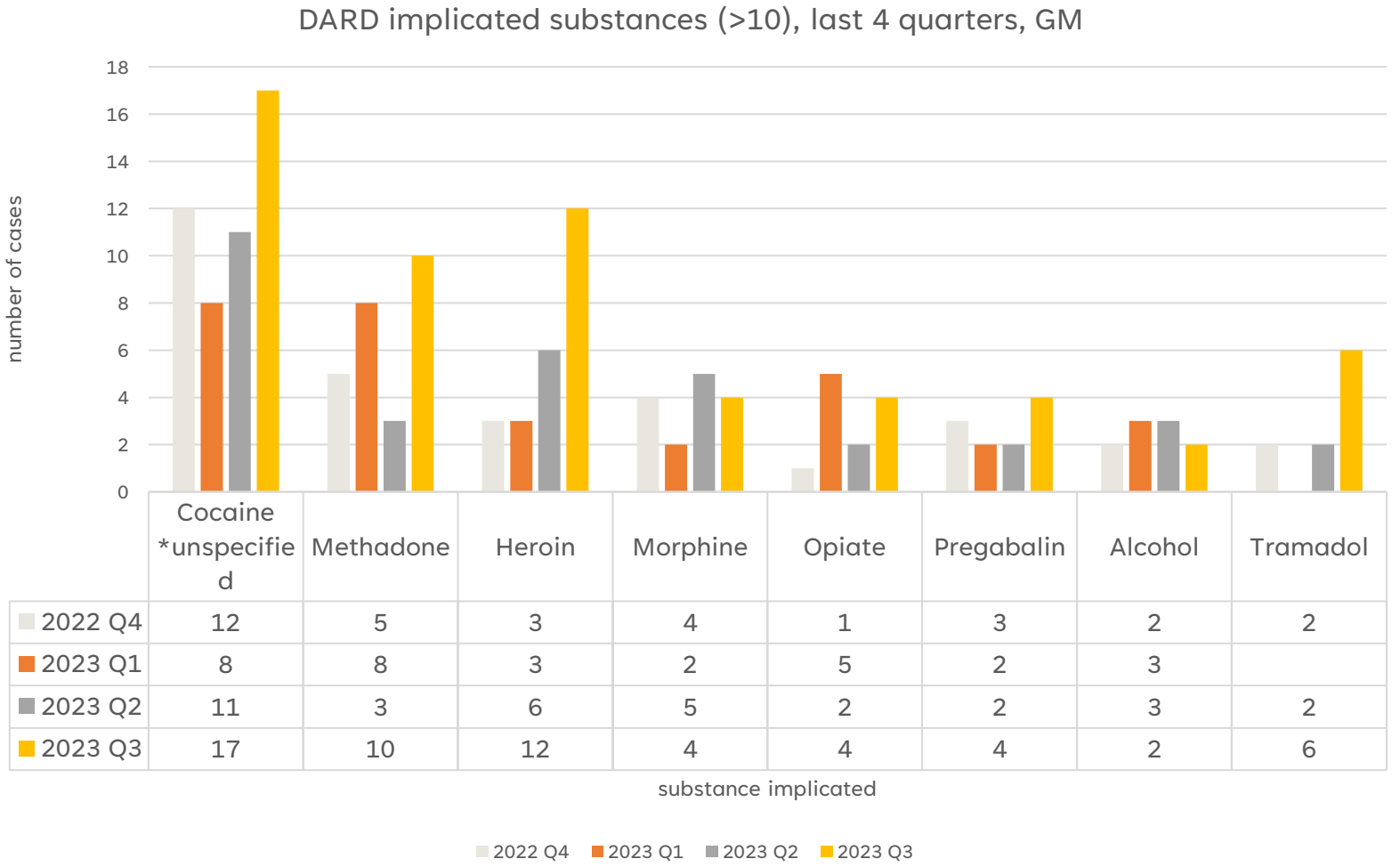
COCAINE RELATED DEATHS



Greater Manchester data



	Cocaine *unspecified	Methadone	Heroin	Morphine	Opiate	Pregabalin	Alcohol	Tramadol
2022 Q4	12	5	3	4	1	3	2	2
2023 Q1	8	8	3	2	5	2	3	
2023 Q2	11	3	6	5	2	2	3	2
2023 Q3	17	10	12	4	4	4	2	6

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Cause of death for cocaine implications

- Heart failure, chronic cocaine use (55M in treatment)
- Myocardial infarction, cocaine use (47M in treatment)
- Ischaemic heart disease, cocaine (45M in treatment)
- Ischaemic heart disease, cardiotoxicity associated with cocaine (60M out of treatment)
- Toxicity due to heroin and cocaine use (33M out of treatment)
- Toxicity of cocaine (28M out of treatment)
- Toxicity due to quetiapine and cocaine (56M out of treatment)
- Toxicity due to cocaine and MDMA use (58M out of treatment)

Cocaine Related Deaths

- Why are crack/ cocaine related deaths on the rise?
- How can we reduce crack/cocaine related deaths for people in treatment?
- How can we reduce cocaine (primarily powder) related deaths for people outside of the treatment system?
- What other sectors might we need to engage?

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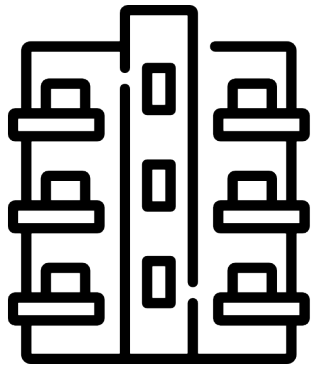
SOCIAL ISOLATION AND PEOPLE USING ALONE

Social isolation, GM deaths in treatment, 2022

66.5% single

70.0% live alone

47.9% in council/housing association



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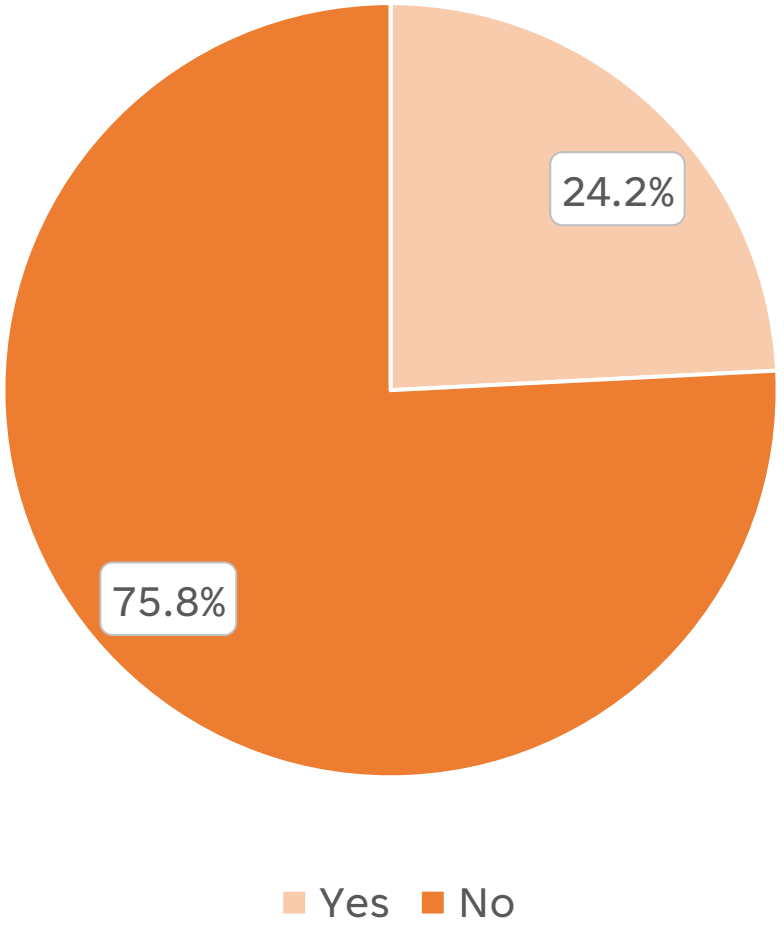
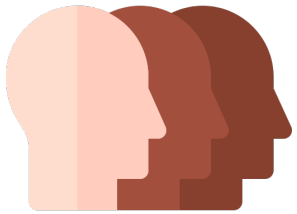
Others present at scene of death, GM, 2022





Using alone poster campaign, summer 2023

Naloxone

Over 60% of people who died from drug overdoses were using **alone**.

Naloxone is only useful if there's someone there to administer it.

Complete an overdose safety & rescue plan today.

LOGO

Credit: North West Fatal and Non-Fatal Overdose Prevention Task & Finish Group

DO YOU USE HEROIN ALONE?

Evidence suggests that 60%+ of fatal heroin overdoses occur when people have been using alone.

Please complete an Overdose Safety & Rescue plan today!

LOGO

With thanks to North West Overdose Prevention Task & Finish Group, 2023

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Using alone poster campaign, summer 2023

People Using Heroin Alone: Safety & Rescue Plan

Key messages:

- Evidence suggests that 60%+ of fatal heroin overdoses occur when people have been using alone
- Naloxone is only effective if there is someone there to administer it.

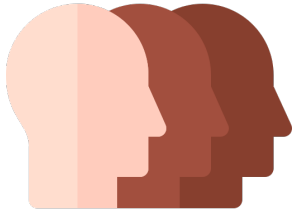
Name / Initials: Date:

Do you ever use alone?	Y / N
Do you know some who does use alone?	Y / N
Why do you / do you think that someone you know uses alone?	Please describe:
How could you better protect your safety when using Heroin, especially when doing it alone? (To ensure that if needed, Naloxone can be administered?)	Please describe:
Have you thought of how realistic the ways you could protect yourself are? Is there anything anyone else can do to make them more realistic?	Please describe:
Do you have any non-using networks that might support you? Think about how this might work in practice.	Please describe:

With thanks to the North West Fatal & Non-Fatal Overdose Task & Finish Group for developing this resource

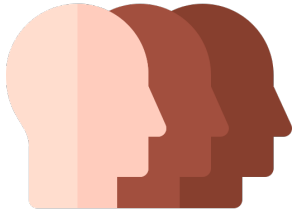
Social isolation and people using alone

- What are the opportunities to reduce social isolation?
- What can we do to make people aware of the risks of using drugs alone?
- How realistic are personal safety plans, apps, telephone lines?
- Are telehealth solutions such as falls monitors feasible in certain settings?
- What role do wider sectors have in addressing the issue?

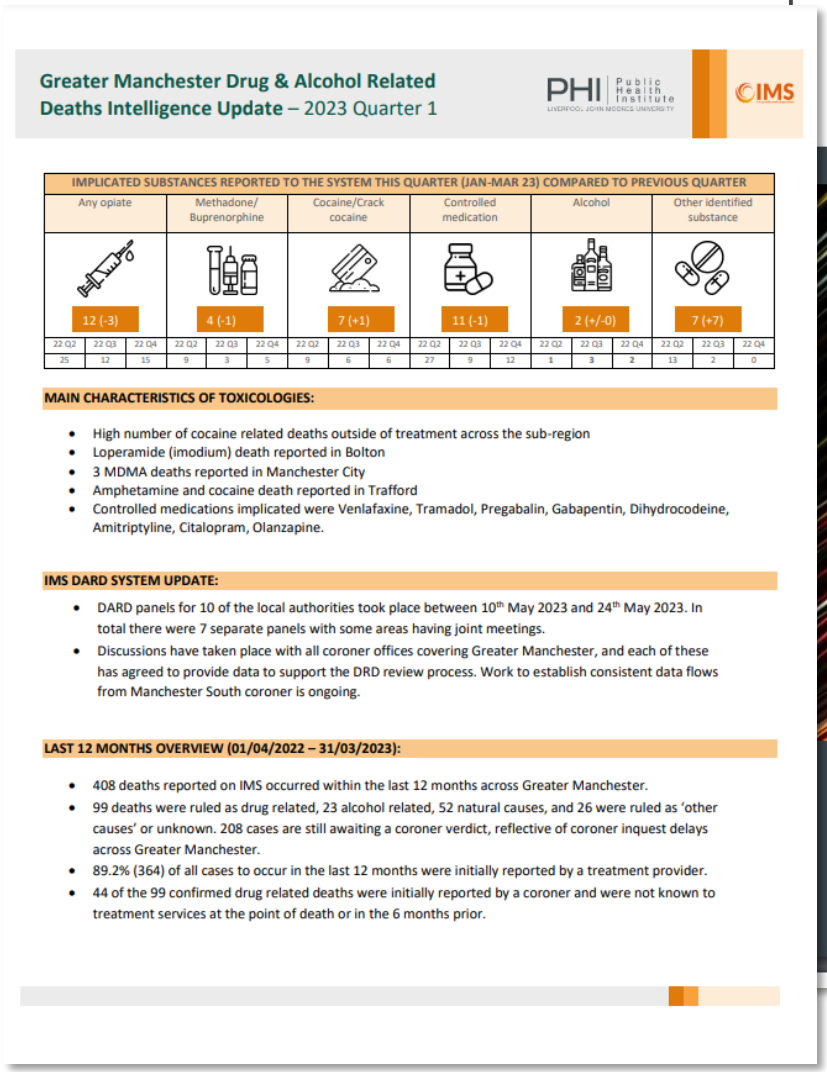


Other themes from GM panels in 2023

- Non-fatal overdoses and NWAS response
- Prescribing from primary care around pain management
- Individuals refusing naloxone
- Bereavement support
- Physical health conditions including respiratory care
- Communication with pharmacies on missed pick-ups
- Communication with hospitals on discharges
- Difficulties in accessing appropriate mental health support



Regular outputs



Greater Manchester Drug & Alcohol Related Deaths Intelligence Update – 2023 Quarter 1

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IMPLICATED SUBSTANCES REPORTED TO THE SYSTEM THIS QUARTER (JAN-MAR 23) COMPARED TO PREVIOUS QUARTER

Any opiate			Methadone/ Buprenorphine			Cocaine/Crack cocaine			Controlled medication			Alcohol			Other identified substance		
12 (-3)			4 (-1)			7 (+1)			11 (-1)			2 (+/-0)			7 (+7)		
22 Q2	22 Q3	22 Q4	22 Q2	22 Q3	22 Q4	22 Q2	22 Q3	22 Q4	22 Q2	22 Q3	22 Q4	22 Q2	22 Q3	22 Q4	22 Q2	22 Q3	22 Q4
25	12	15	9	3	5	9	6	6	27	9	12	1	3	2	13	2	0

MAIN CHARACTERISTICS OF TOXICOLOGIES:

- High number of cocaine related deaths outside of treatment across the sub-region
- Loperamide (imodium) death reported in Bolton
- 3 MDMA deaths reported in Manchester City
- Amphetamine and cocaine death reported in Trafford
- Controlled medications implicated were Venlafaxine, Tramadol, Pregabalin, Gabapentin, Dihydrocodeine, Amitriptyline, Citalopram, Olanzapine.

IMS DARD SYSTEM UPDATE:

- DARD panels for 10 of the local authorities took place between 10th May 2023 and 24th May 2023. In total there were 7 separate panels with some areas having joint meetings.
- Discussions have taken place with all coroner offices covering Greater Manchester, and each of these has agreed to provide data to support the DRD review process. Work to establish consistent data flows from Manchester South coroner is ongoing.

LAST 12 MONTHS OVERVIEW (01/04/2022 – 31/03/2023):

- 408 deaths reported on IMS occurred within the last 12 months across Greater Manchester.
- 99 deaths were ruled as drug related, 23 alcohol related, 52 natural causes, and 26 were ruled as 'other causes' or unknown. 208 cases are still awaiting a coroner verdict, reflective of coroner inquest delays across Greater Manchester.
- 89.2% (364) of all cases to occur in the last 12 months were initially reported by a treatment provider.
- 44 of the 99 confirmed drug related deaths were initially reported by a coroner and were not known to treatment services at the point of death or in the 6 months prior.

IMS

Greater Manchester
Drug Related Deaths & in-treatment mortality
Interim annual report 2022

Updated March 2023

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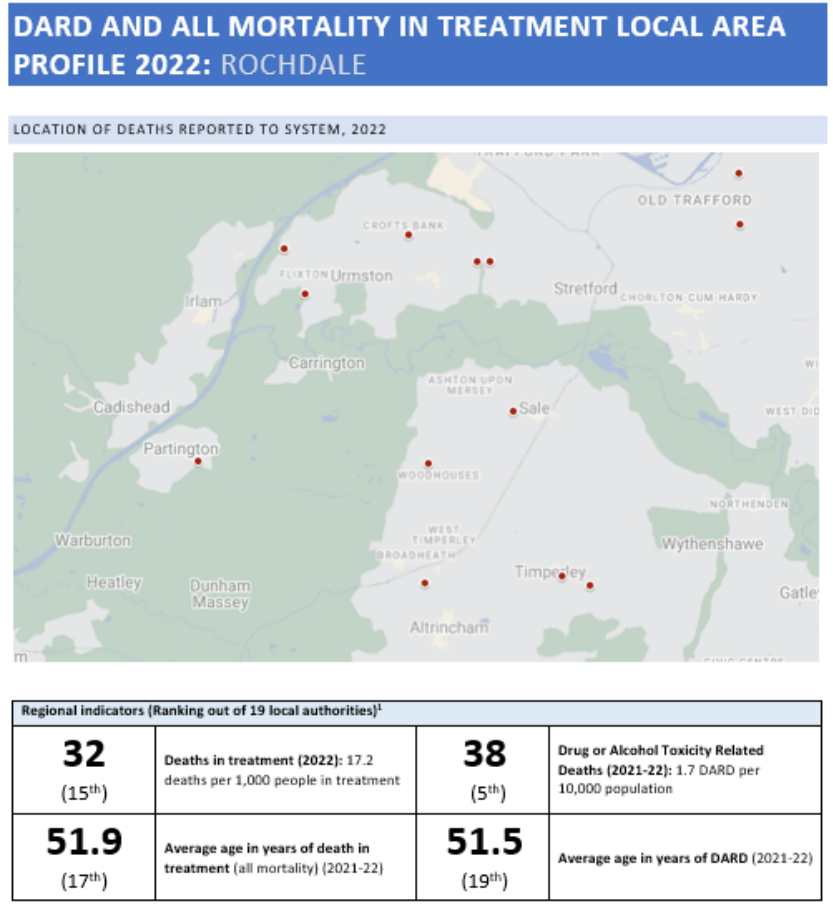

DARD AND ALL MORTALITY IN TREATMENT LOCAL AREA PROFILE 2022: ROCHDALE

LOCATION OF DEATHS REPORTED TO SYSTEM, 2022

Regional indicators (Ranking out of 19 local authorities)[1]			
32 (15th)	**Deaths in treatment (2022):** 17.2 deaths per 1,000 people in treatment	**38** (5th)	**Drug or Alcohol Toxicity Related Deaths (2021-22):** 1.7 DARD per 10,000 population
51.9 (17th)	**Average age in years of death in treatment** (all mortality) (2021-22)	**51.5** (19th)	**Average age in years of DARD** (2021-22)

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THANK YOU

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