Cheshire and Merseyside area-wide DRD meeting **October 2018**

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The Observer
Drugs

Drug fatalities highest where treatment cutbacks deepest

Advertisement

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

Matty Edwards

Sat 14 Oct 2017 20.14 BST

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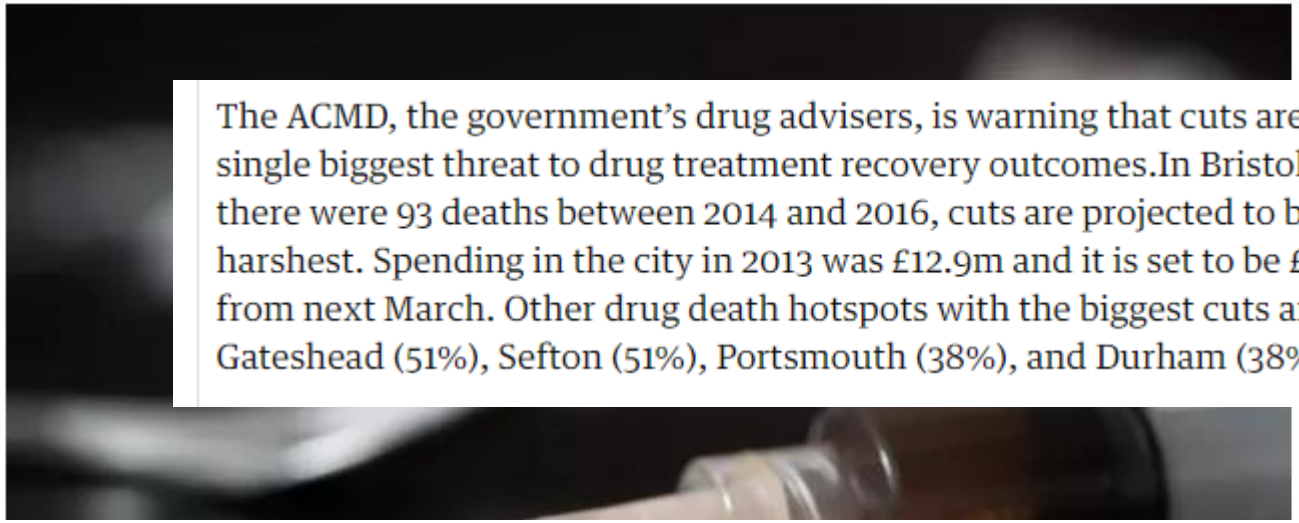
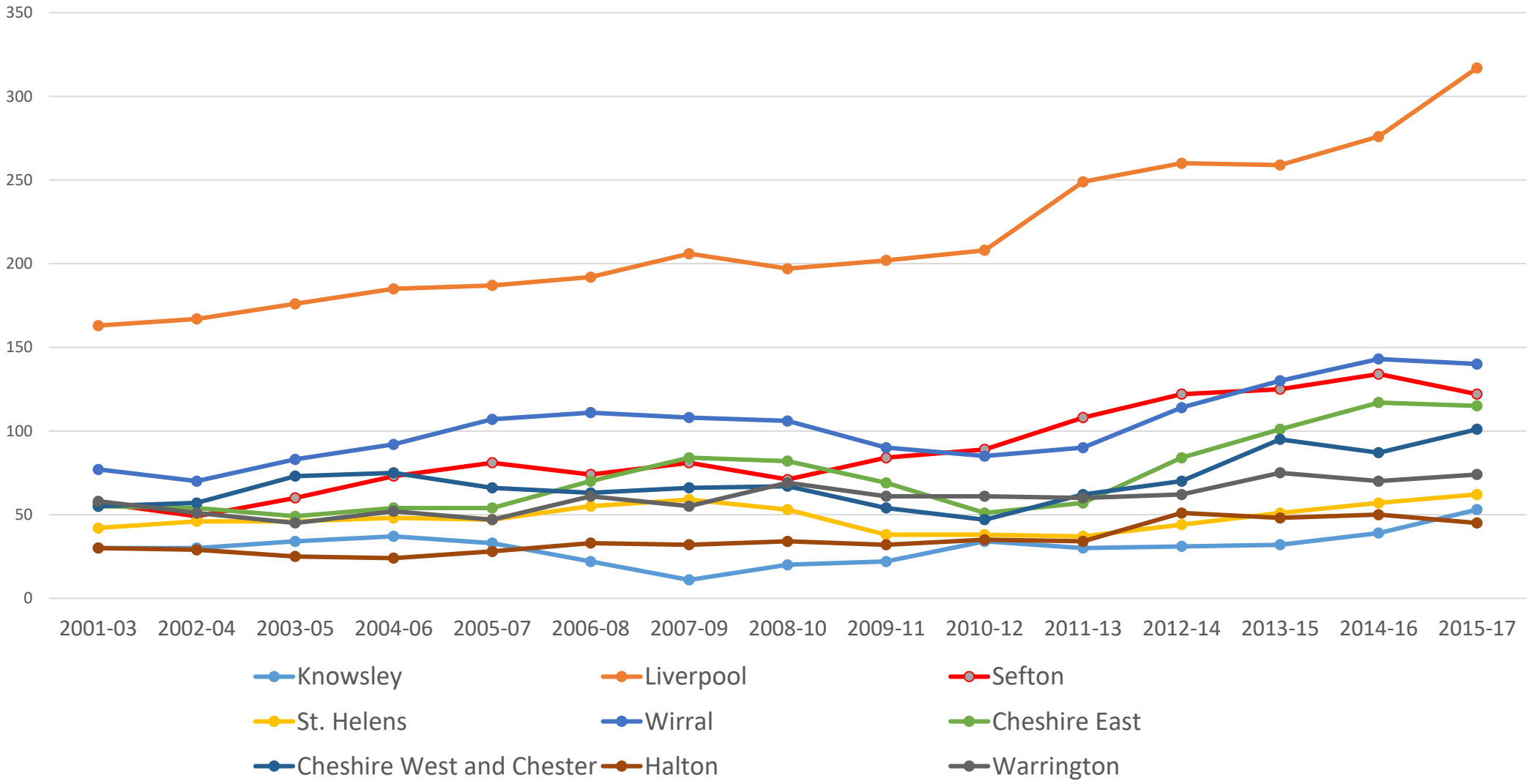
This article is over 11 months old



The ACMD, the government's drug advisers, is warning that cuts are the single biggest threat to drug treatment recovery outcomes.In Bristol, where there were 93 deaths between 2014 and 2016, cuts are projected to be the harshest. Spending in the city in 2013 was £12.9m and it is set to be £4.5m from next March. Other drug death hotspots with the biggest cuts are Gateshead (51%), Sefton (51%), Portsmouth (38%), and Durham (38%).

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



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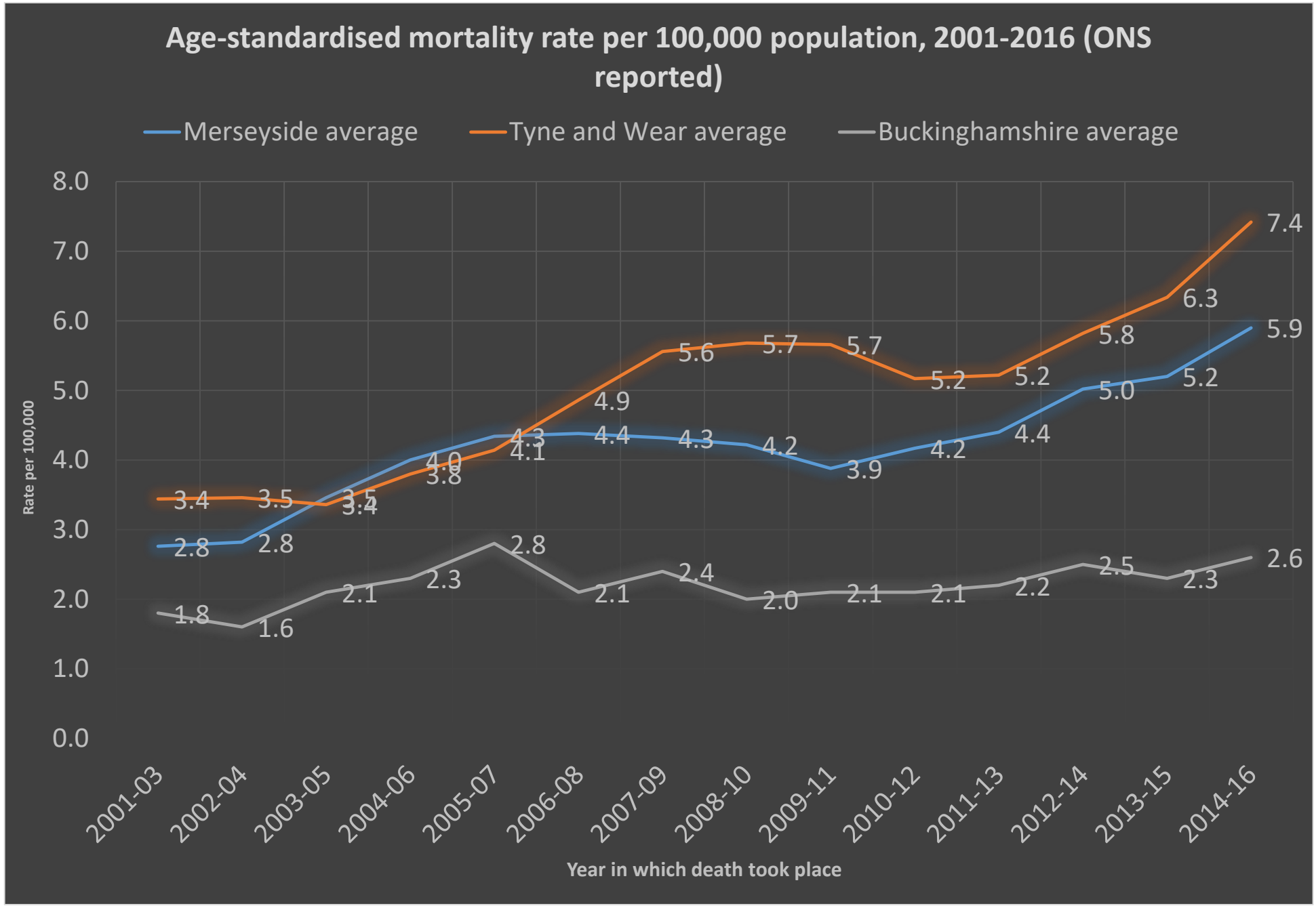

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History of DRD monitoring across C&M

- PHI (formerly Centre for Public Health) provided DRD monitoring to Drug & Alcohol Action Teams/PCTs within C&M from 2008-13
- Panels would meet regularly to examine deaths making use of various data sources including national National Drug Treatment Monitoring System (NDTMS) data and PCT held mortality file
- Data sharing ended in April 2013 and brought model to a standstill
- Sefton Council commissioned PHI in late 2014 to deliver report evaluating their processes around DRDs with view to establishing new system

Drug related death monitoring across C&M

- Sefton system implemented in 2015
- Liverpool commissioned system from 2016
- St Helens, Knowsley and Wirral commissioned system from 2017
- Halton and Cheshire West & Chester joined from 2018
- 461 cases recorded on the system to date. 31 panels have met.

Drug related death local definition

A drug related death follows the ONS definition: *"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 (1971) are involved."*

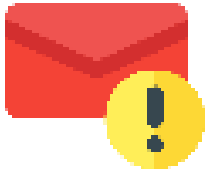
However for the purposes of the monitoring system, all deaths in treatment are examined in order to establish whether a death might be considered to be drug *related* in a more general sense (effect of substance on mental or general physical health for instance). Alcohol is also included.

DRD reporting system

Coroner

Treatment provider

Online DRD system



Commissioner and relevant personnel from the area notified

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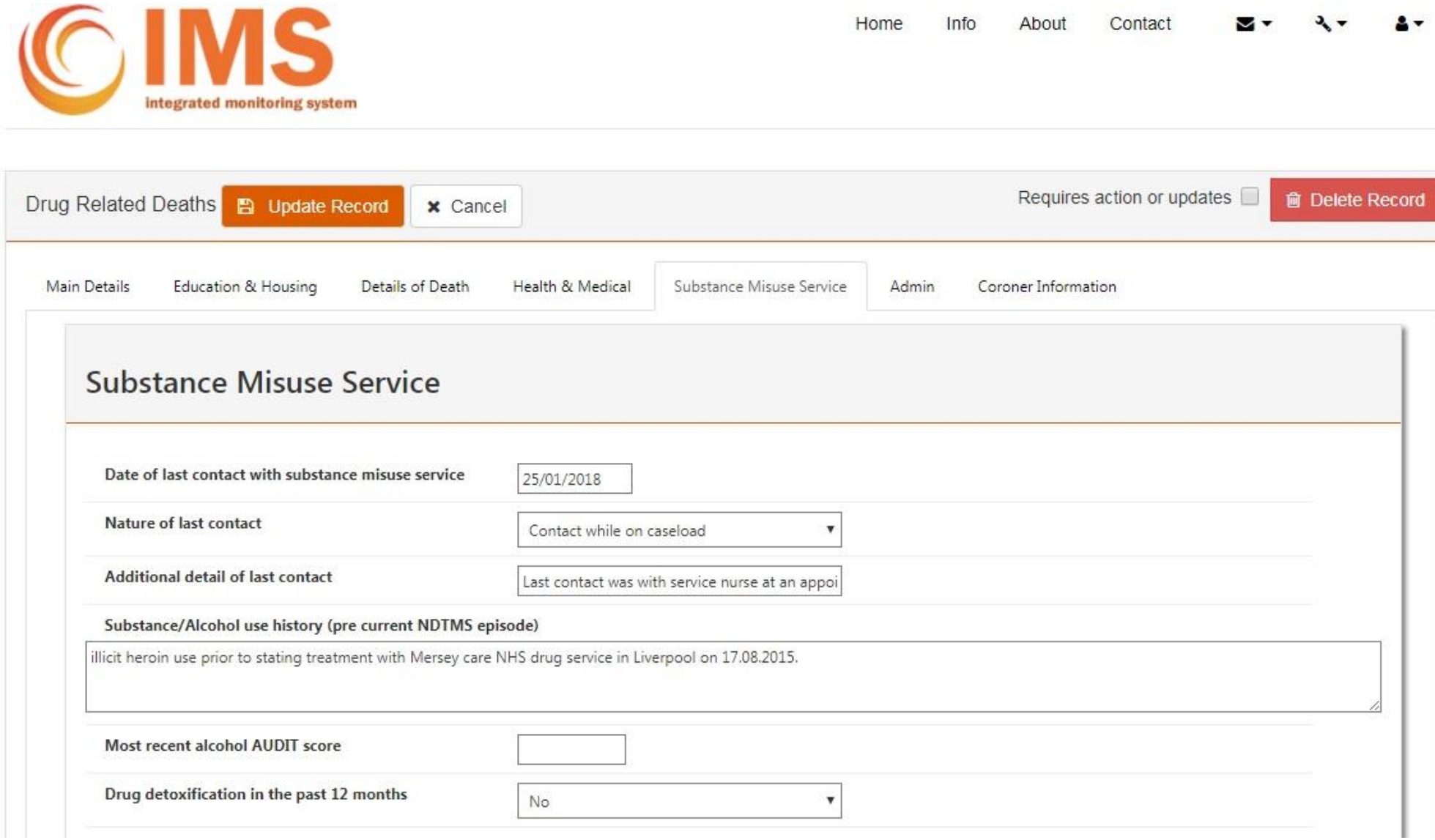

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Drug related death local monitoring process

Information from Drug and Alcohol Treatment Service

- Demographic information (Age, Post code, etc)
- Individual's occupation and employment status
- Any recent changes to accommodation
- Details of the death (if known)
- Mental health diagnosis at the time of death
- Contact with GP
- A&E admissions
- Details of contact with treatment service
- Overdoses or detoxes in recent years
- Care plan

Information from Coroner

- Demographic information (Age, Post code, etc)
- Details of death including if ambulance attended, persons present, attempt to resuscitate
- Toxicology
- Drugs implicated in death
- Had any drugs recently increased in dose
- Naloxone
- Recent change in circumstances
- Verdict

Drug related death local monitoring process

Other data sources

- NSP (Needle Exchange Programme) contacts
- Brief interventions from low threshold services
- DIP (Drug Intervention Programme) record
- Social services contact

Substance Misuse Service History

Date of last contact with service:	14/03/2016
Nature of last contact:	Contact while on caseload
Substance/Alcohol use history:	Heroin (illicit), cocaine (freebase), methadone
Most recent AUDIT score:	AUDIT = 0
Drug detox in last 12 months:	No
Previous non-fatal overdose occurrence:	Unknown
In receipt of prescribed substitute?	Yes (unsupervised)
Date of last care plan review:	14/03/16
Other organisations involved in care:	Referred by GP to Knowsley CMHT (Nov 2015)
Past psychiatric status:	One or more previous contacts with mental health services (community only services) within a psychiatric speciality but not subject to CPA

NDTMS details

Episode start date:	01/10/2013
Discharge date:	01/04/2016
Last TOP date:	03/11/2015
Main substance (at last TOP):	Opiates
Other substances (at last TOP):	Crack cocaine
Injecting status (at last assessment):	Previous

Coroner details

Place where drugs(s) used prior to death	Own home
Persons present at scene of overdose	No. Went to see his friend & told him he had recently injected heroin & crack cocaine.
Ambulance attendance	Yes
Recent significant events	Deceased & friend fell asleep when friend awoke deceased was unresponsive. Friend phoned for ambulance. Paramedics attended but could only verify that JE had passed away.

Client: JE

Reporting Organisation	Drug Service, NDTMS, IMS, Coroner

Most recent episode start date	Most recent TOP date	Last contact with service	Date of Death
01/10/2013	03/11/2015	14/03/2016	01/04/2016

Main details

Sex:	Male
Age at death:	44
Residential postcode:	L10
Date of death:	01/04/2016
Date of registration of death:	Unknown
Place of birth:	Unknown

Demographic details

Relationship status:	Separated
Number of children:	Three
Living situation at time of death:	Living alone
Ethnicity:	White Other
Education level:	Unknown
Employment status at time of death:	Long term sick or disabled
Housing status at time of death:	Council / housing association

Details of death

Place of death:	Another person's home
Cause of death:	Bromchopneumonia and Hepatitis C Infection
Post mortem or inquest:	No
Reported to:	Drug Service/Delphi medical administrators and prescribers, Drug Service area manager
History of prison/YOT in last 12 months:	No

Medical/Health Service History

Medical conditions at time of death:	COPD (date of diagnosis unknown)
Mental Health diagnosis at time of death:	Depression, anxiety/phobia/panic disorder/OCD, drug dependence, drug misuse
GP details:	Dr Smith, Concourse House, Kirkby
Medications prescribed at time of death:	Methadone oral solution 80mls daily, Zopiclone 5 tablets per month; Mirtazapine; Pregabalin 225mgBD; Ranitidine

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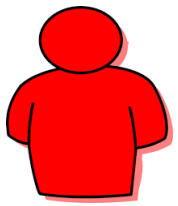
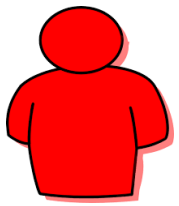
Drug related death local monitoring process

Individual case level report generated quarterly for discussion around learning opportunities at panel

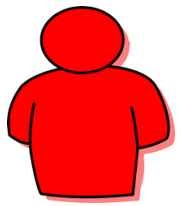
Treatment provider representative



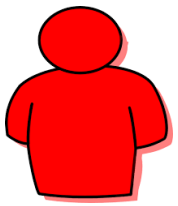
Clinician (consultant prescriber)



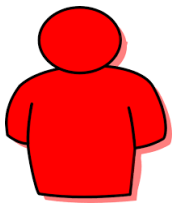
Local Authority Public Health commissioner



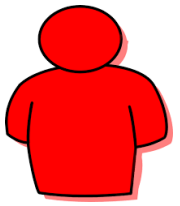
Social services and other relevant services



Relevant specialist guest



LJMU chairperson



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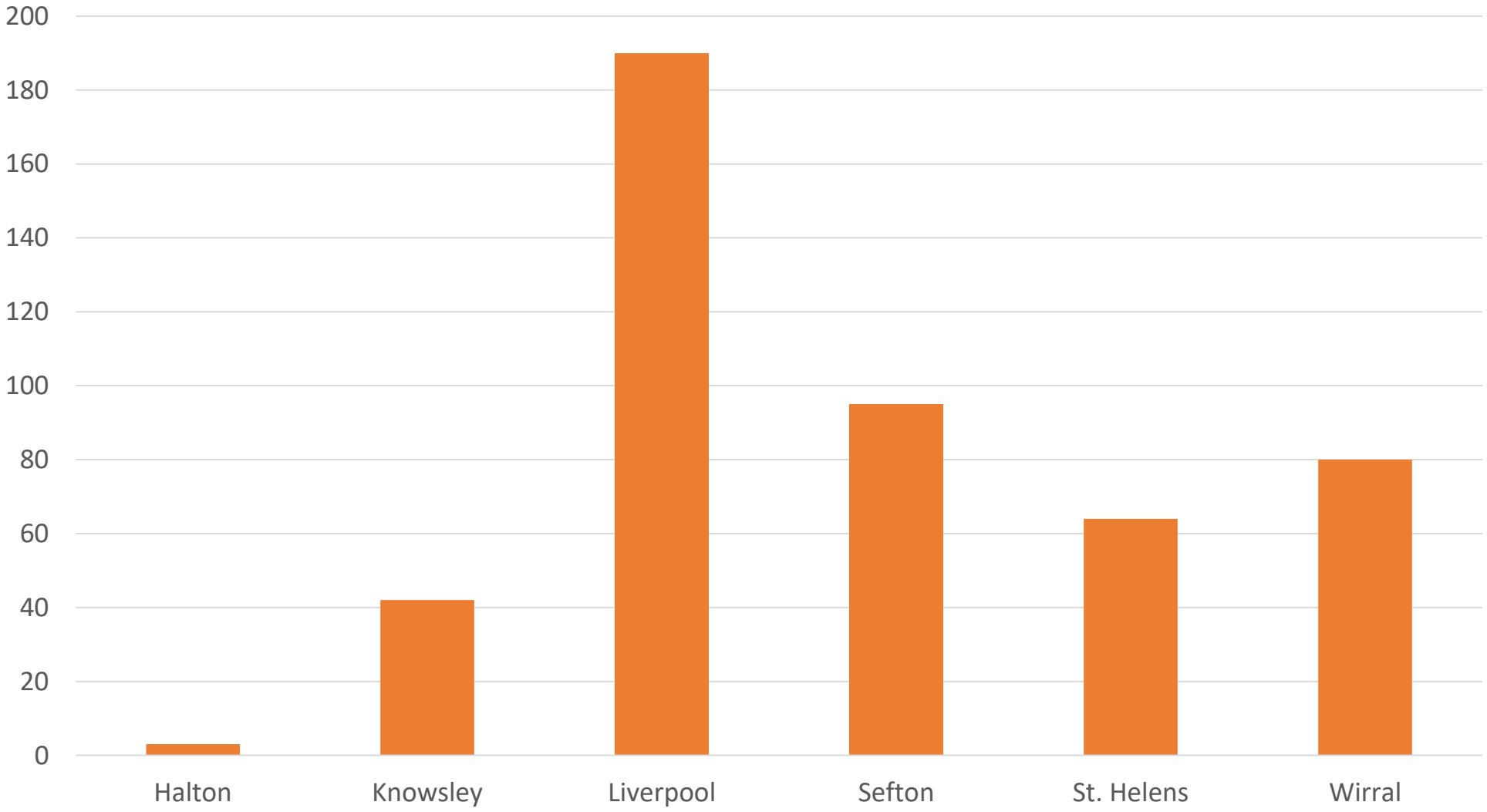
Deaths recorded via system 2015-present (by local authority)



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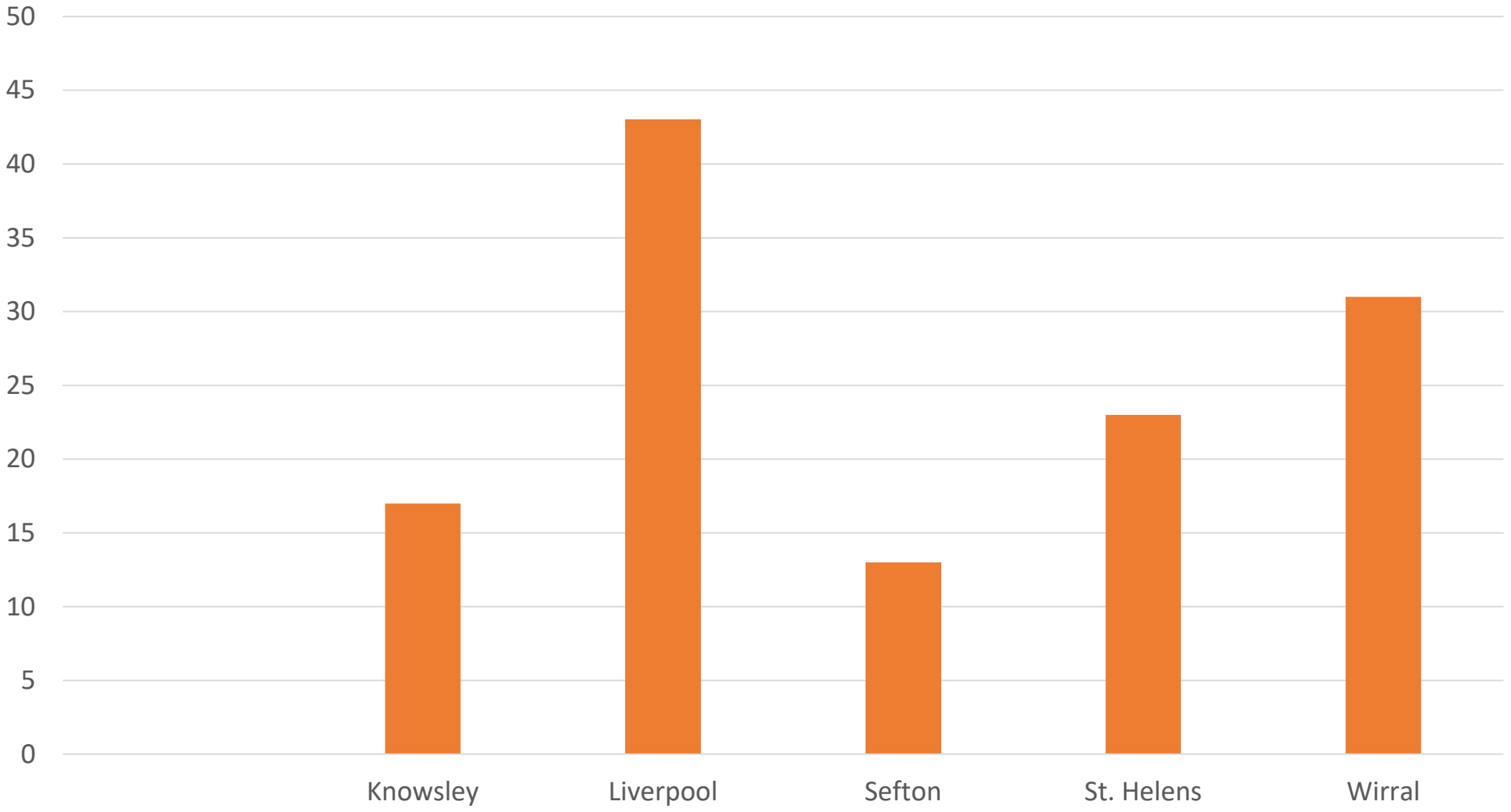
Deaths recorded via system (2018 only – by local authority)



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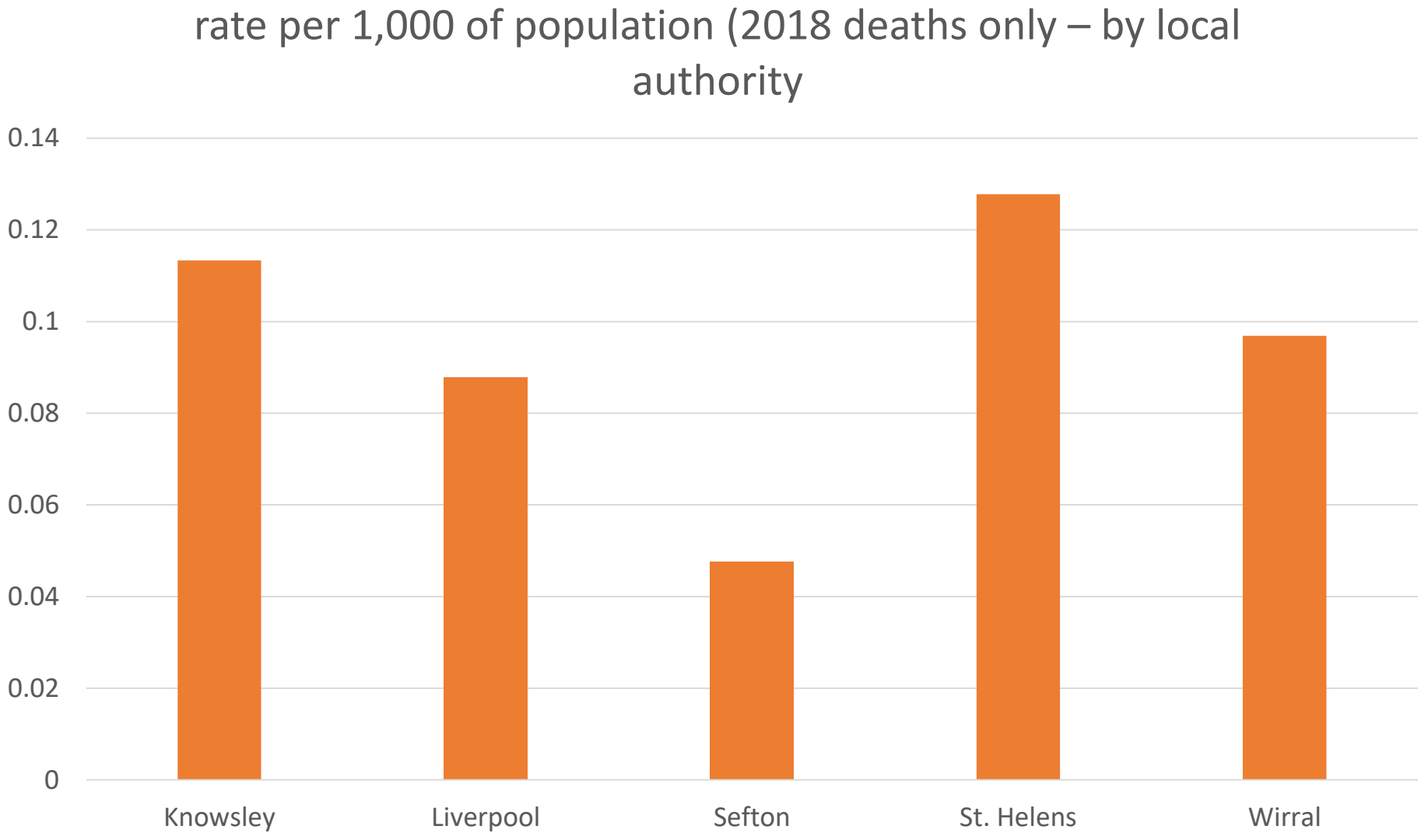

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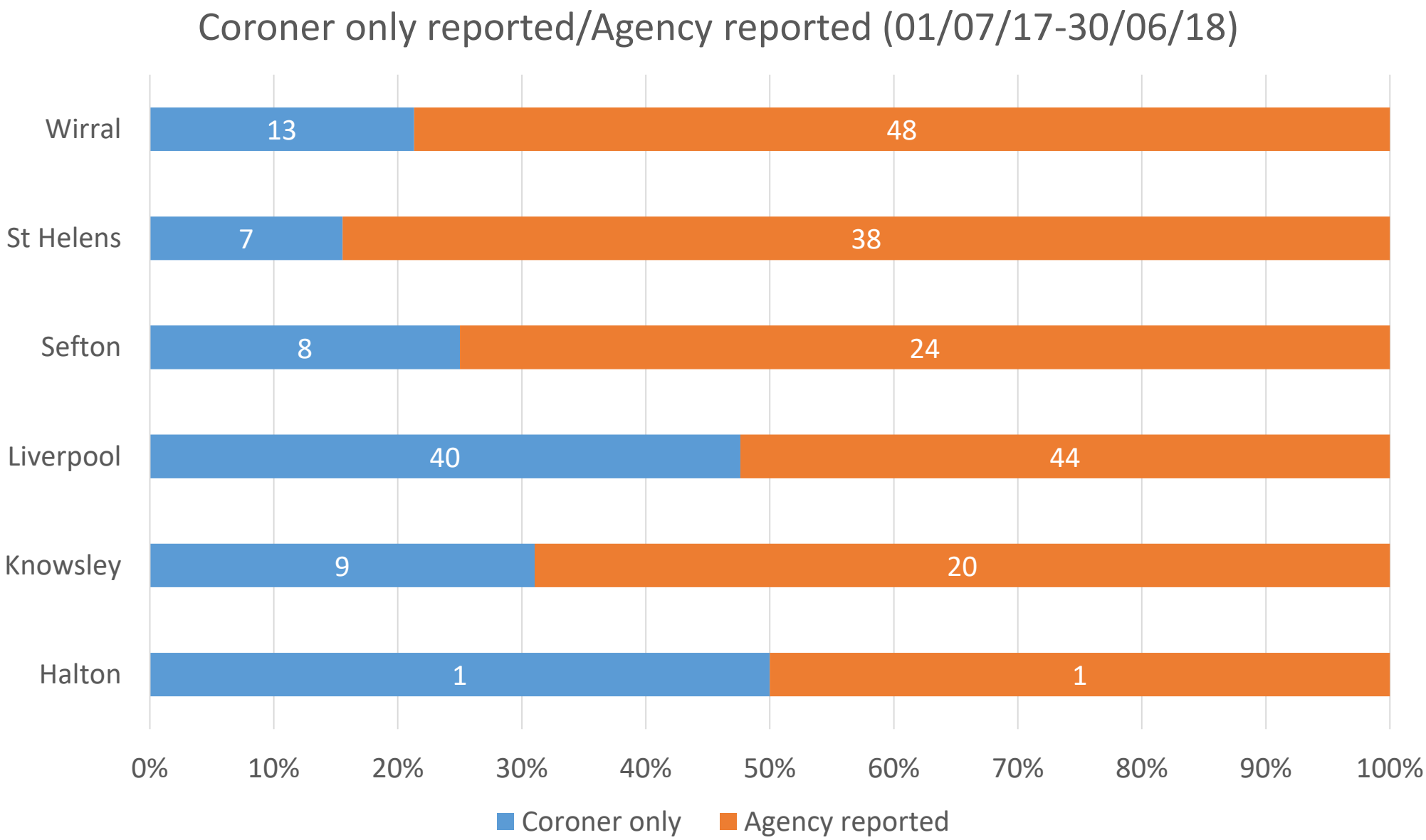

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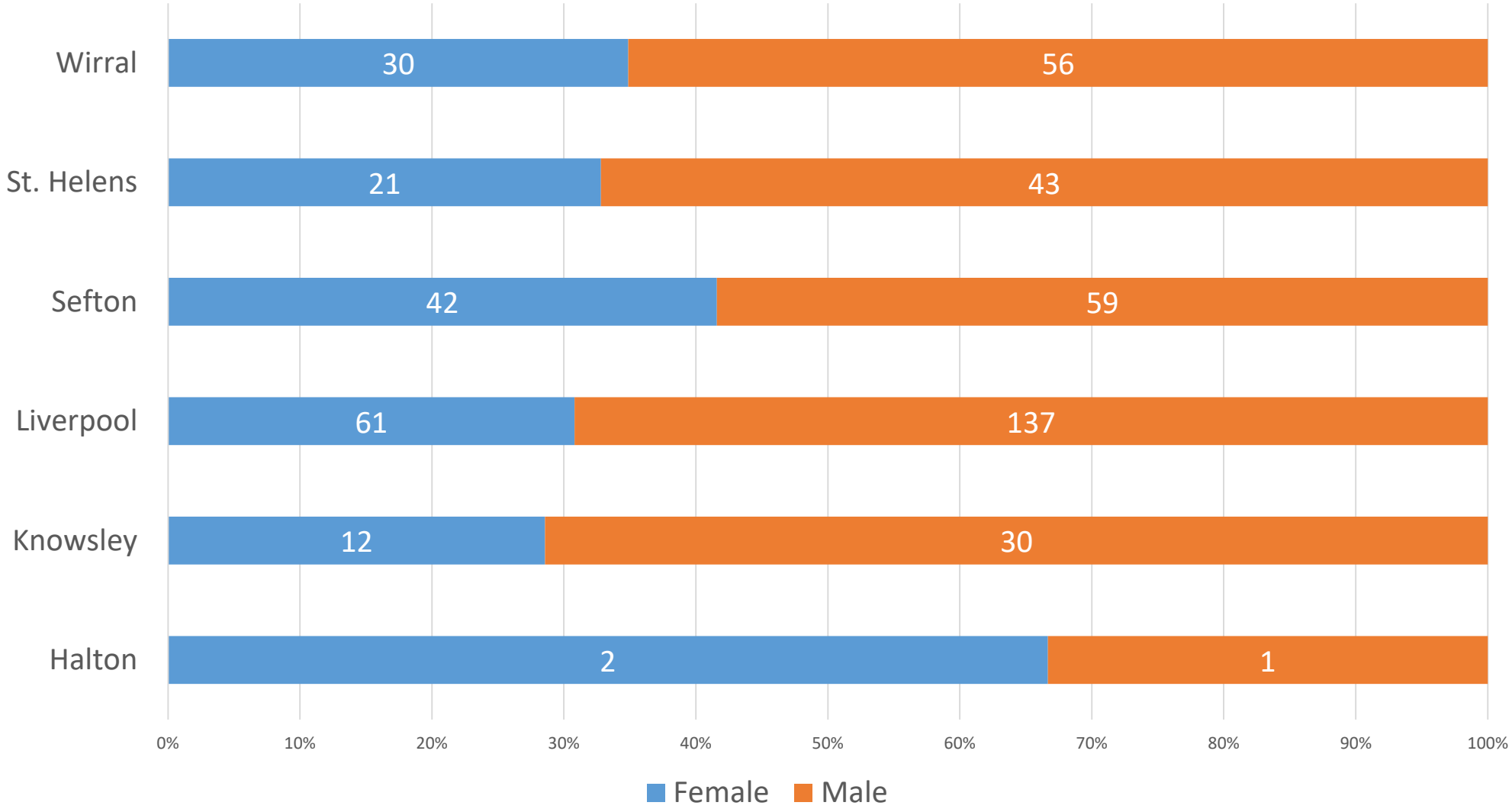
Male/Female split, deaths reported 2015-2018



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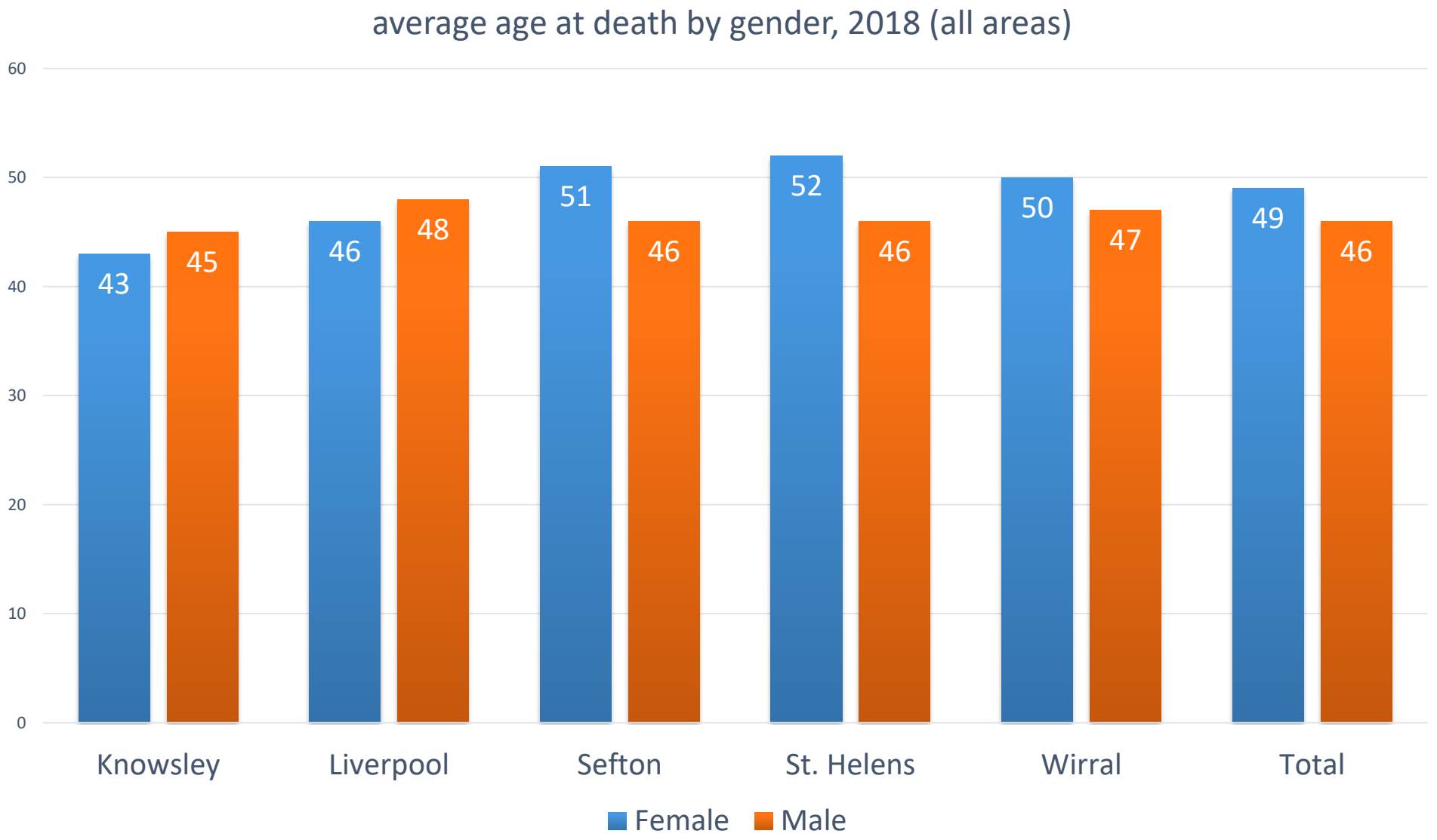

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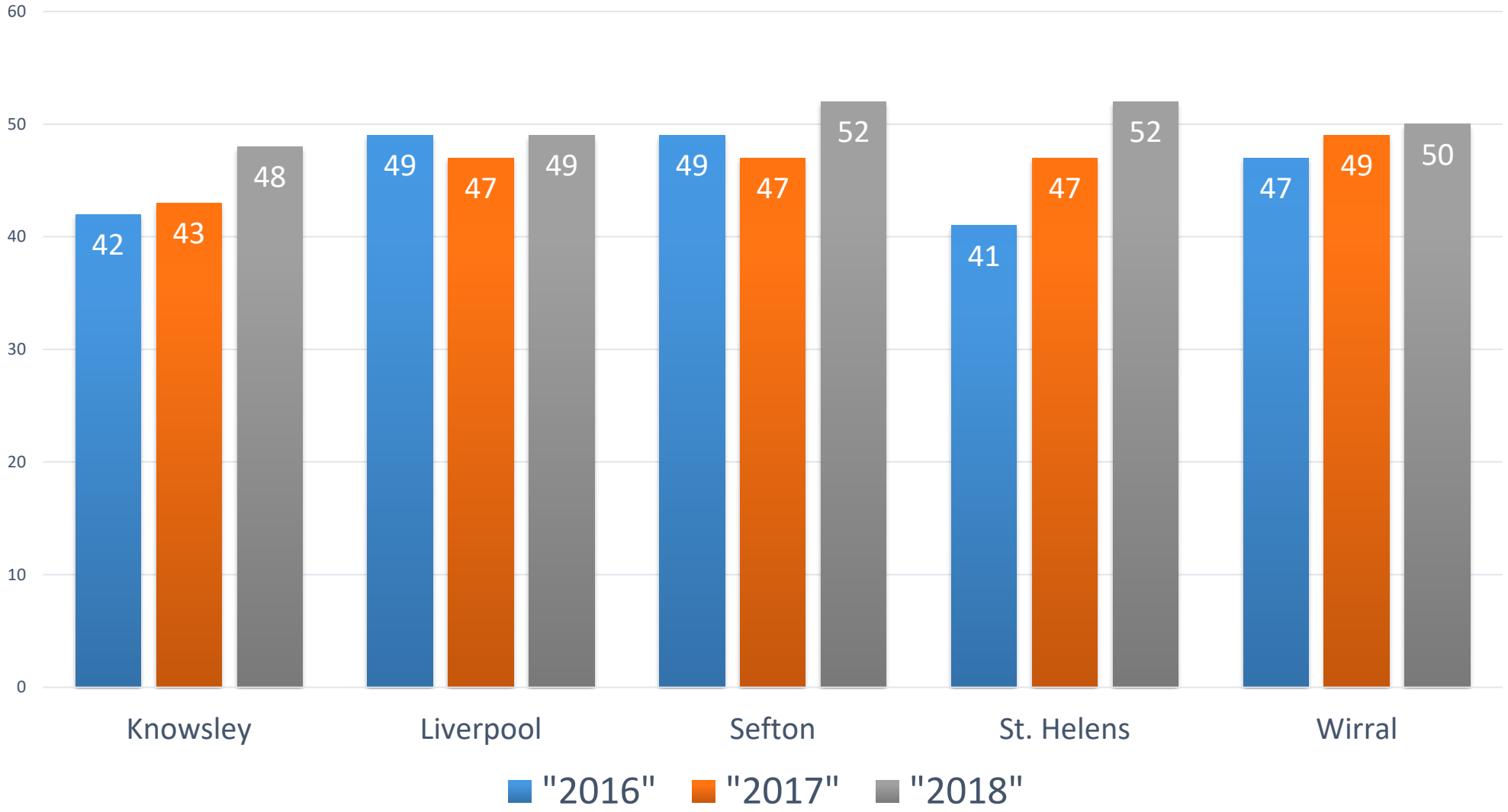
average age at death 2016, 2017, 2018 (all areas)



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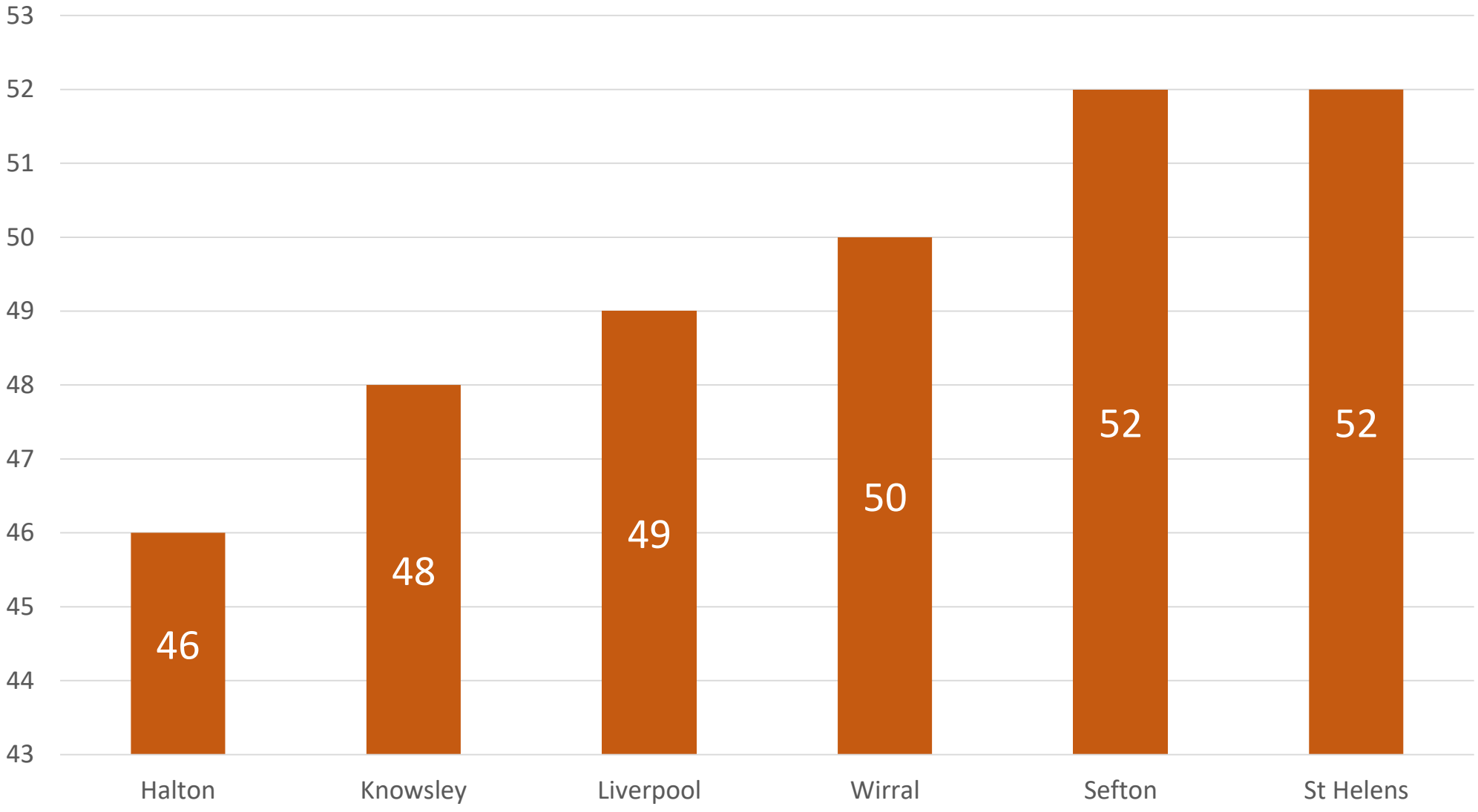
average age of deaths by Local Authority, 2018



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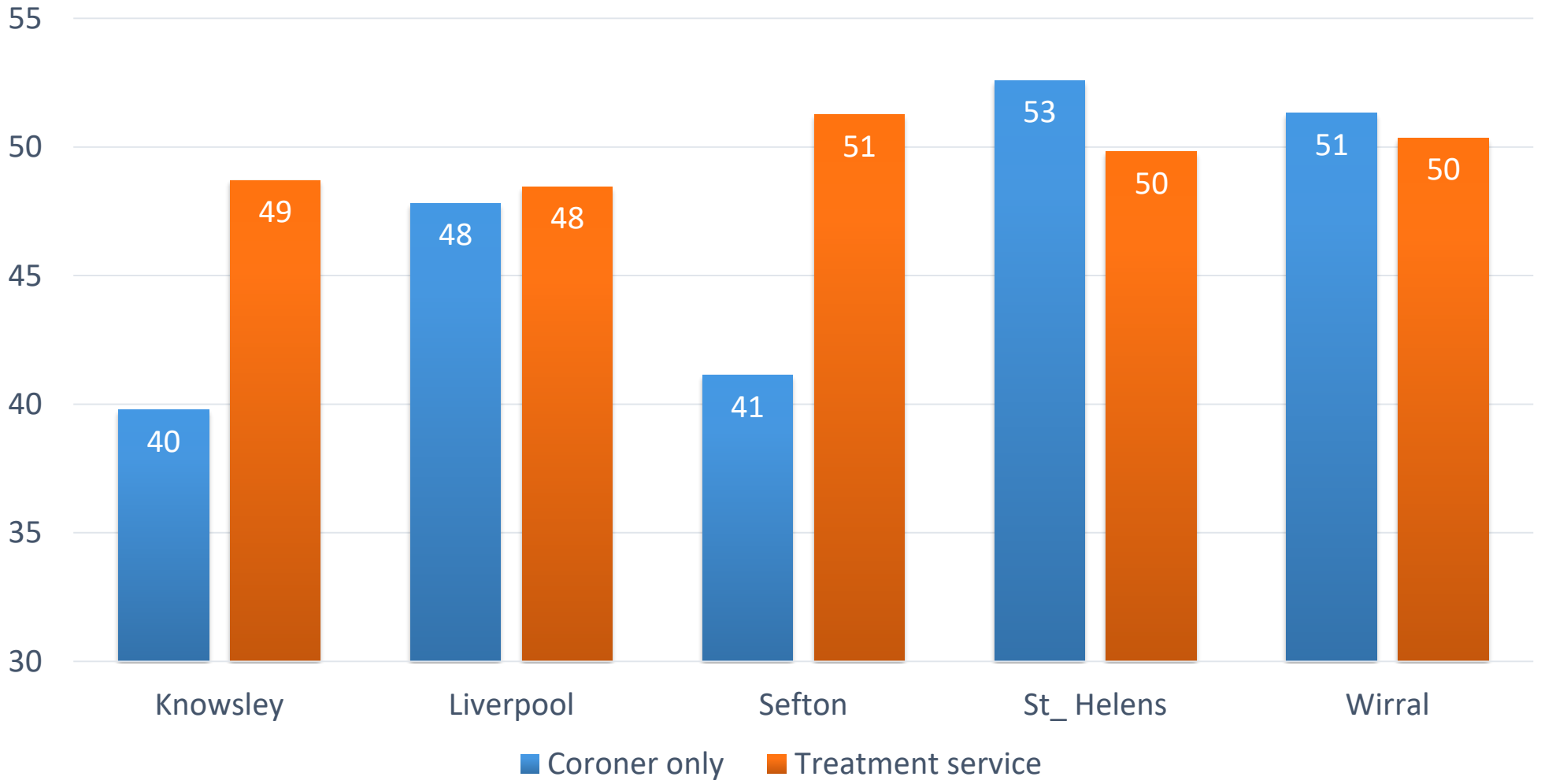
average age of deaths by local authority (coroner vs agency, 01/07/17 - 30/06/18)



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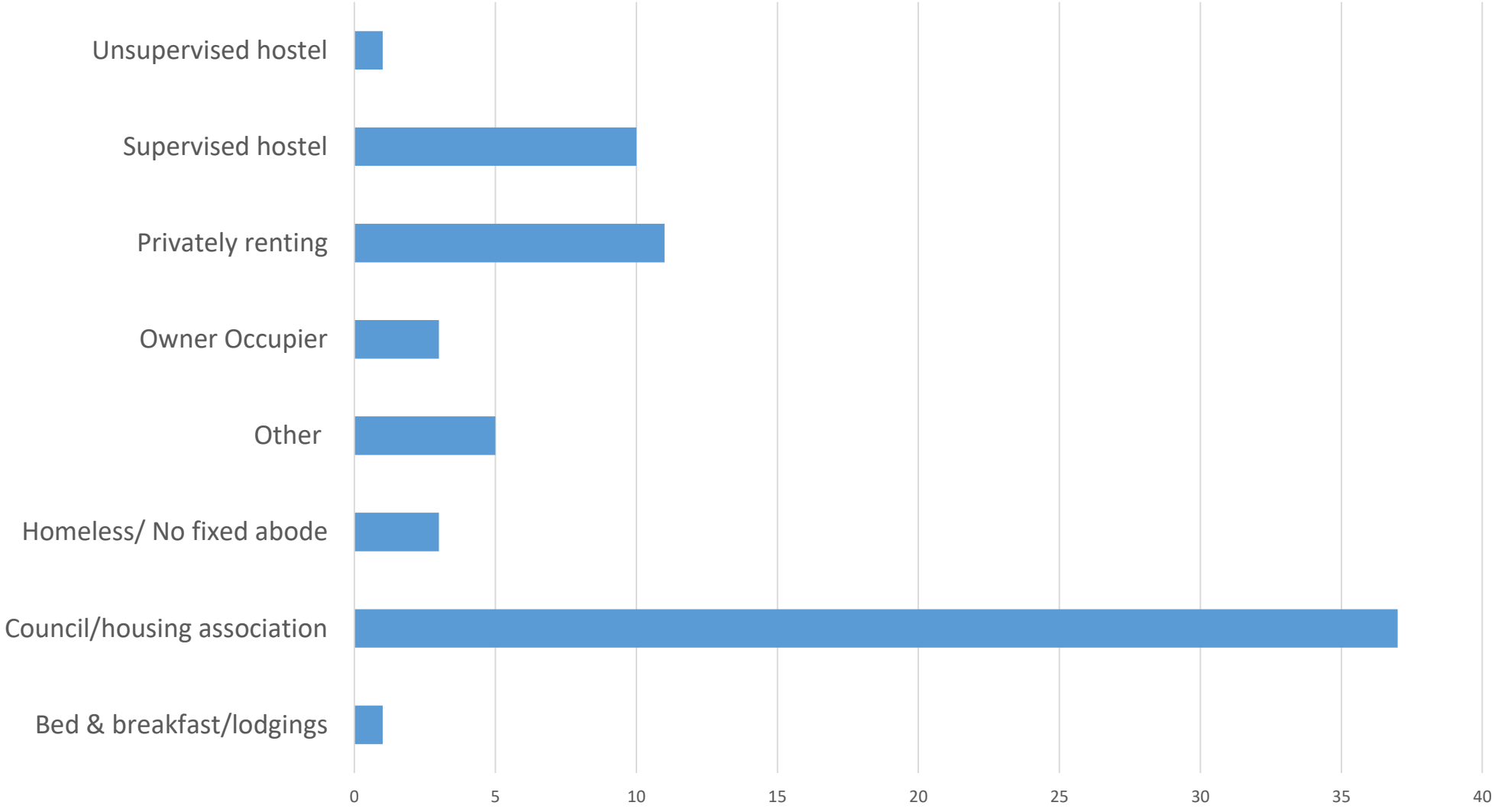
Housing status where identified, 2018 (all areas)



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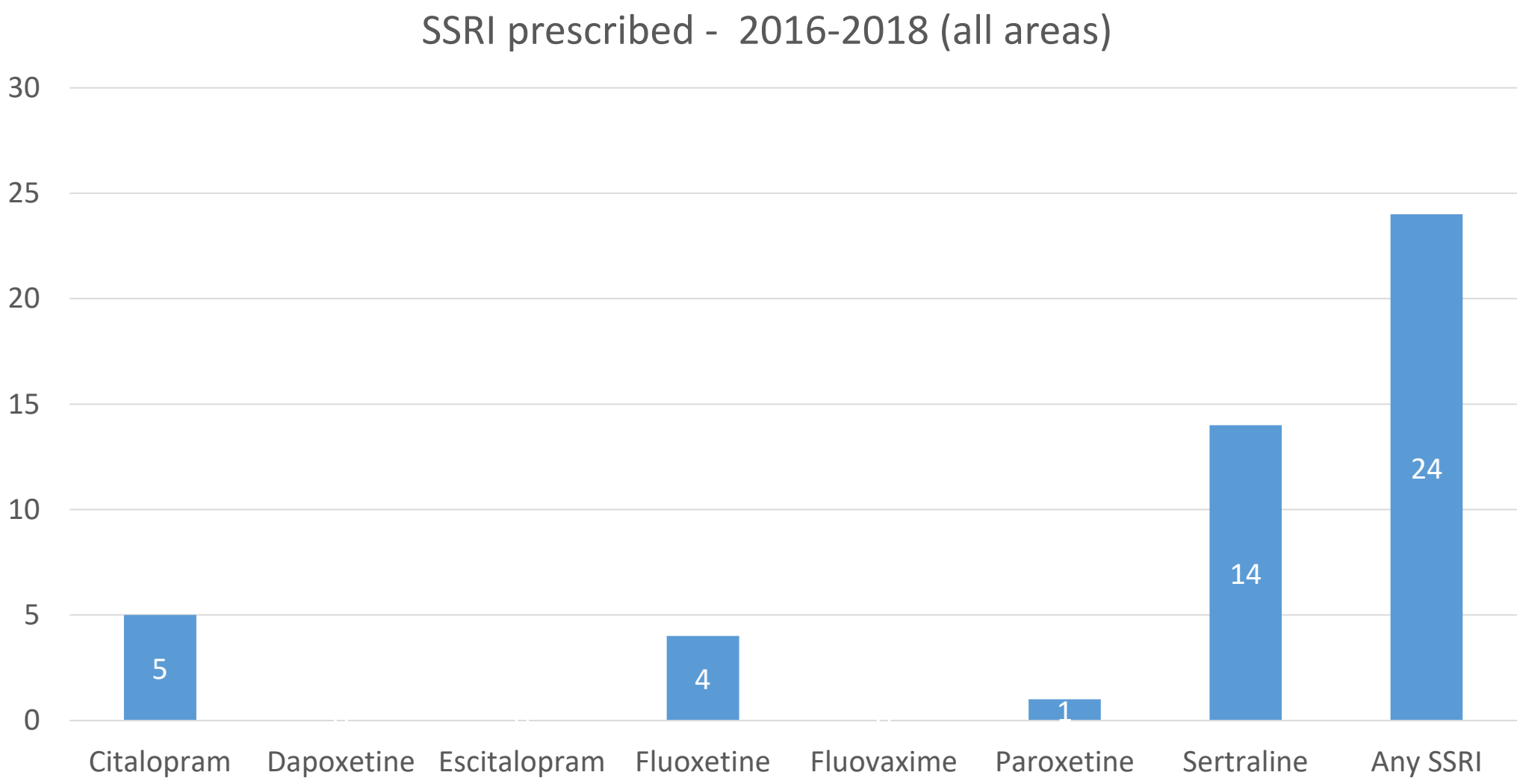

(SSRIs are a widely used type of anti-depressant)

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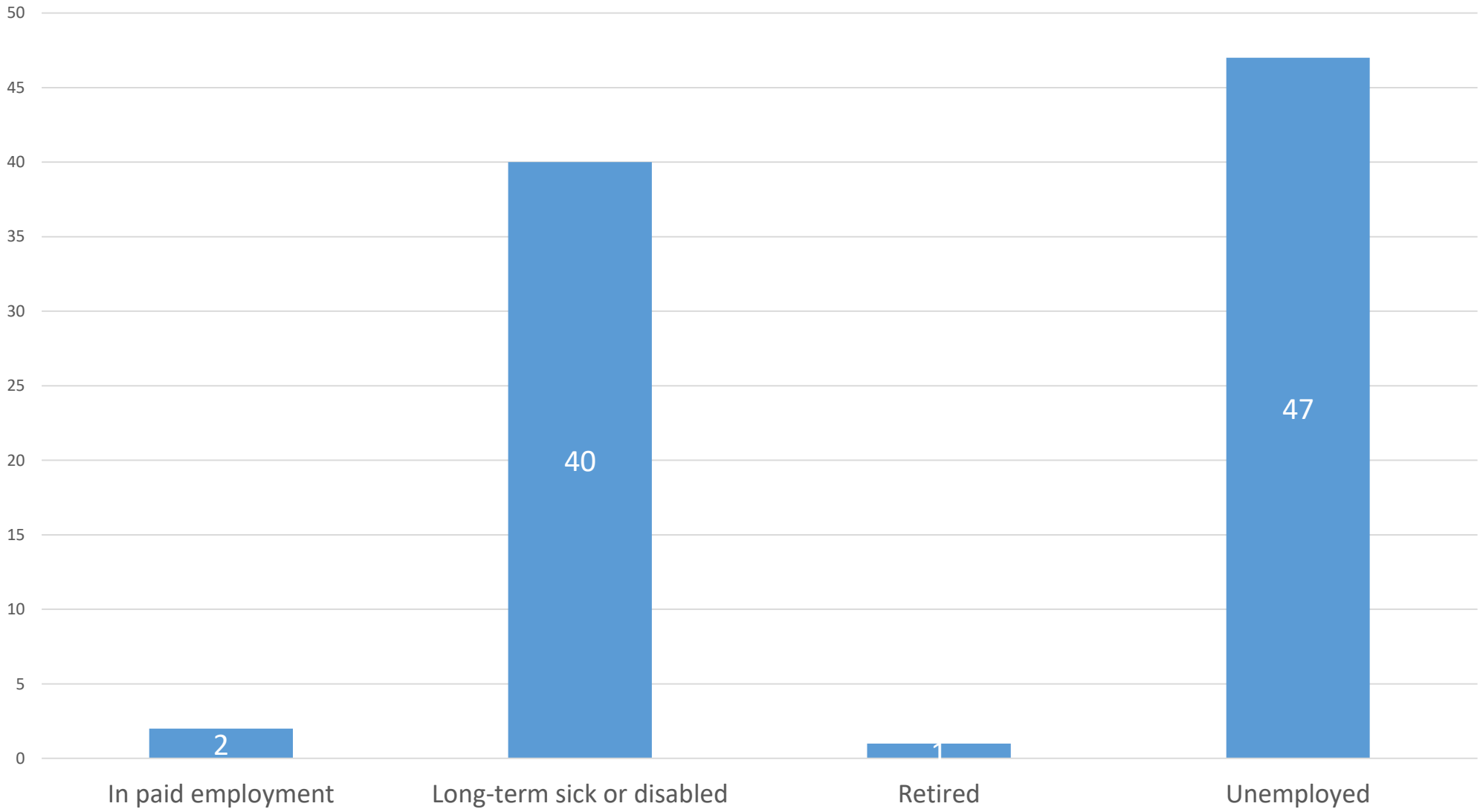
Employment status where identified, 2018 (all areas)



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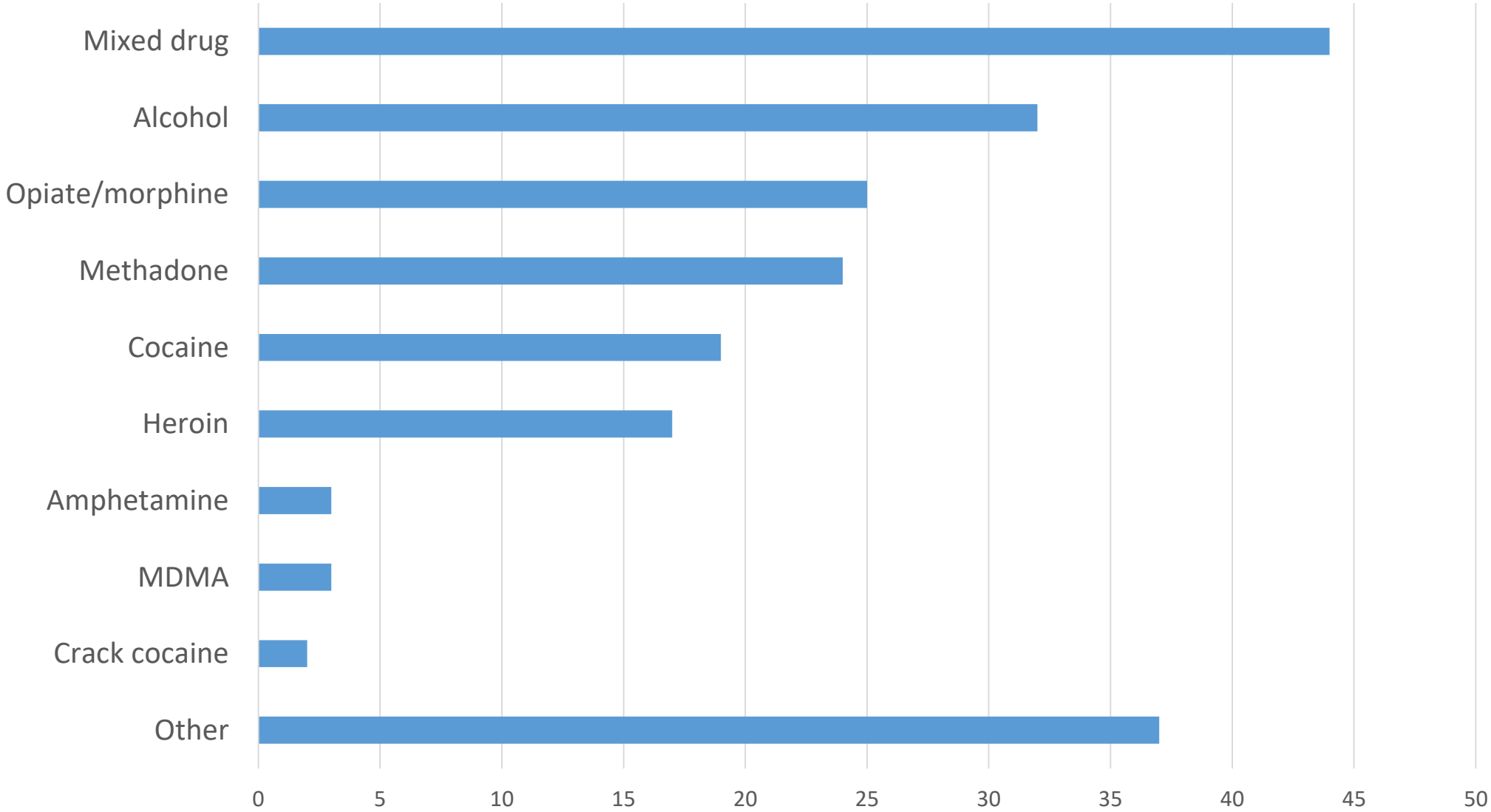
Implicated substances from coroner toxicologies (01/07/17-30/06/18)



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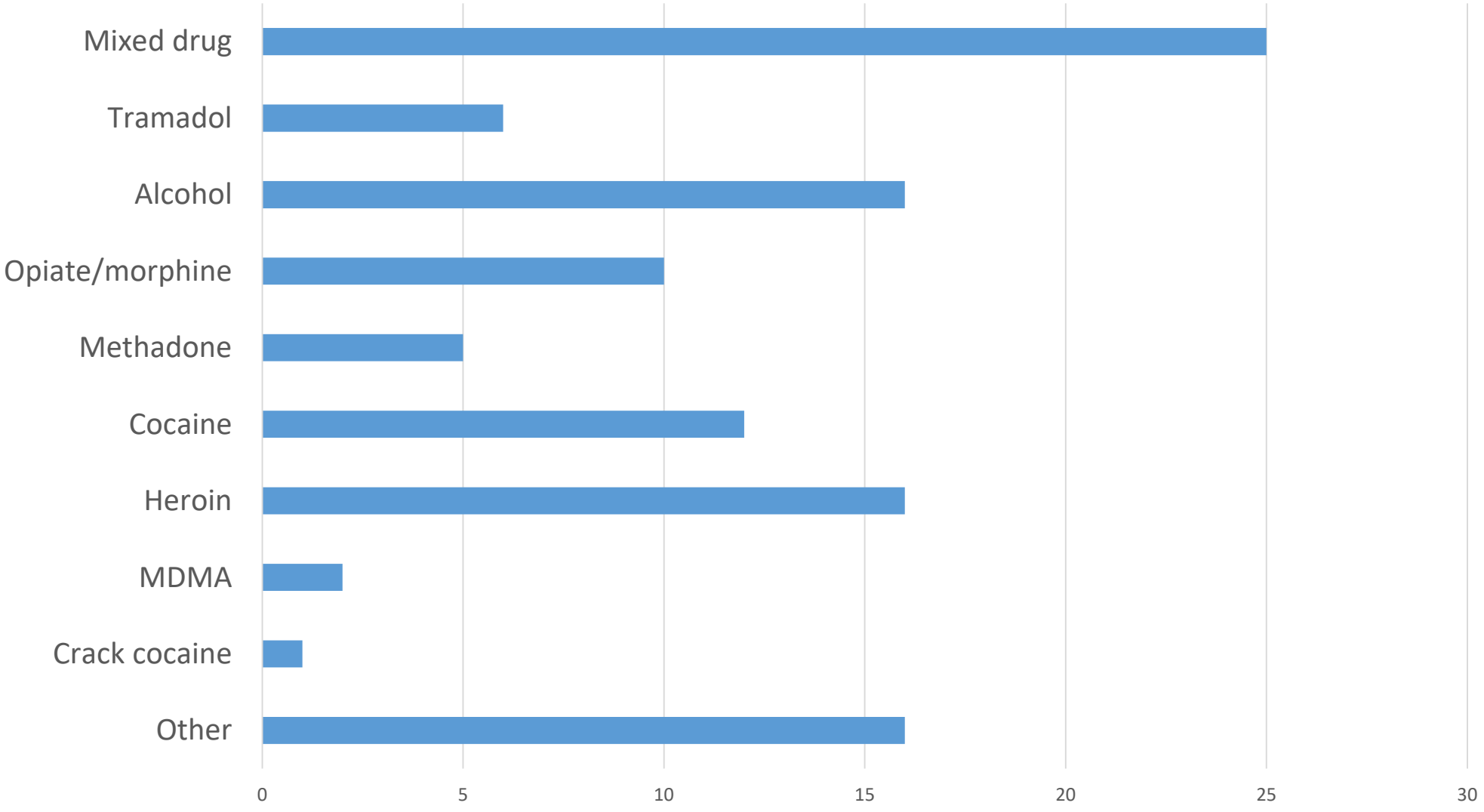
Implicated substances from coroner toxicologies (01/07/16-30/06/17)



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Implicated substances from Coroner toxicologies, 01/07/17-30/06/18

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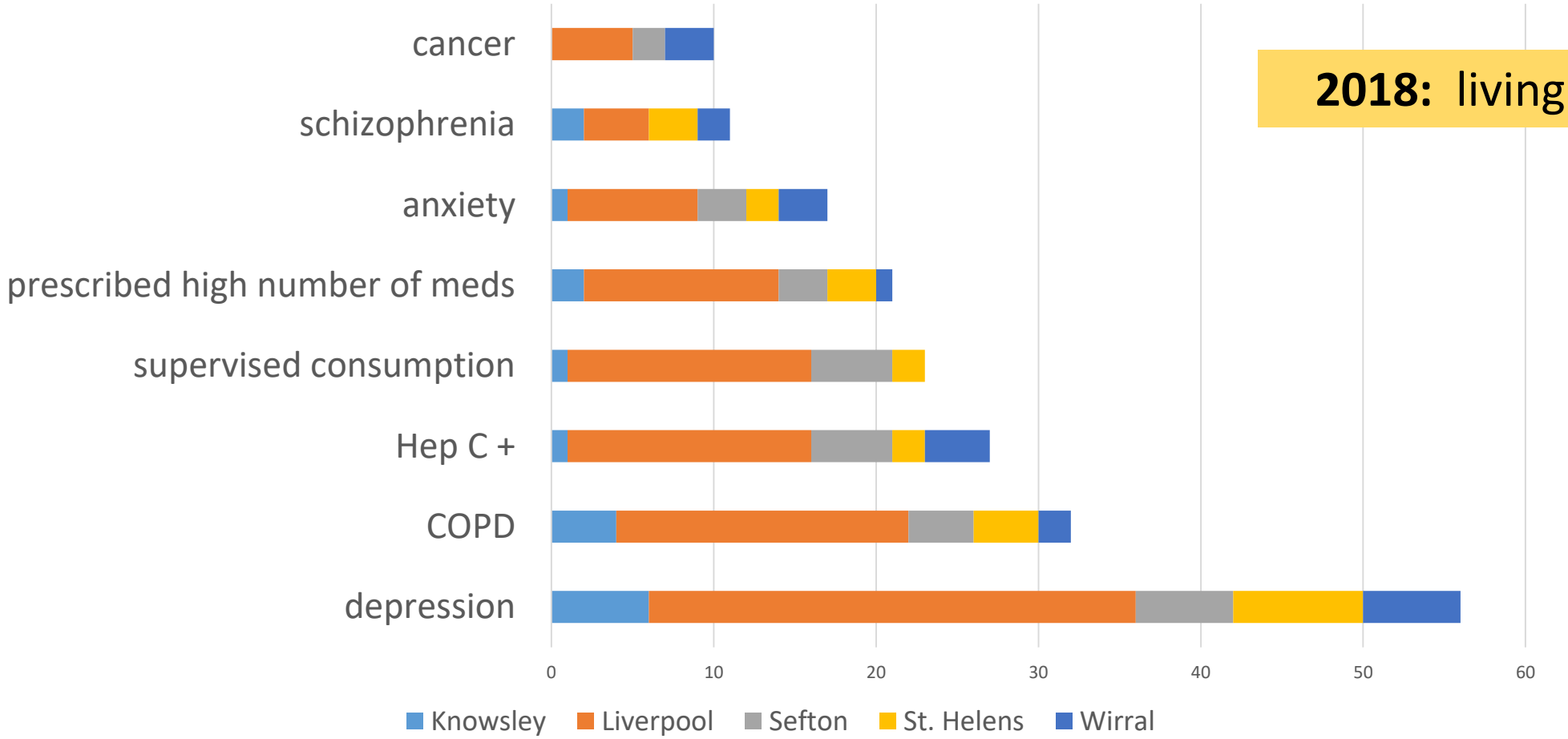
Recurring themes/factors, deaths in 2017 (by local authority)



2018: living alone

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

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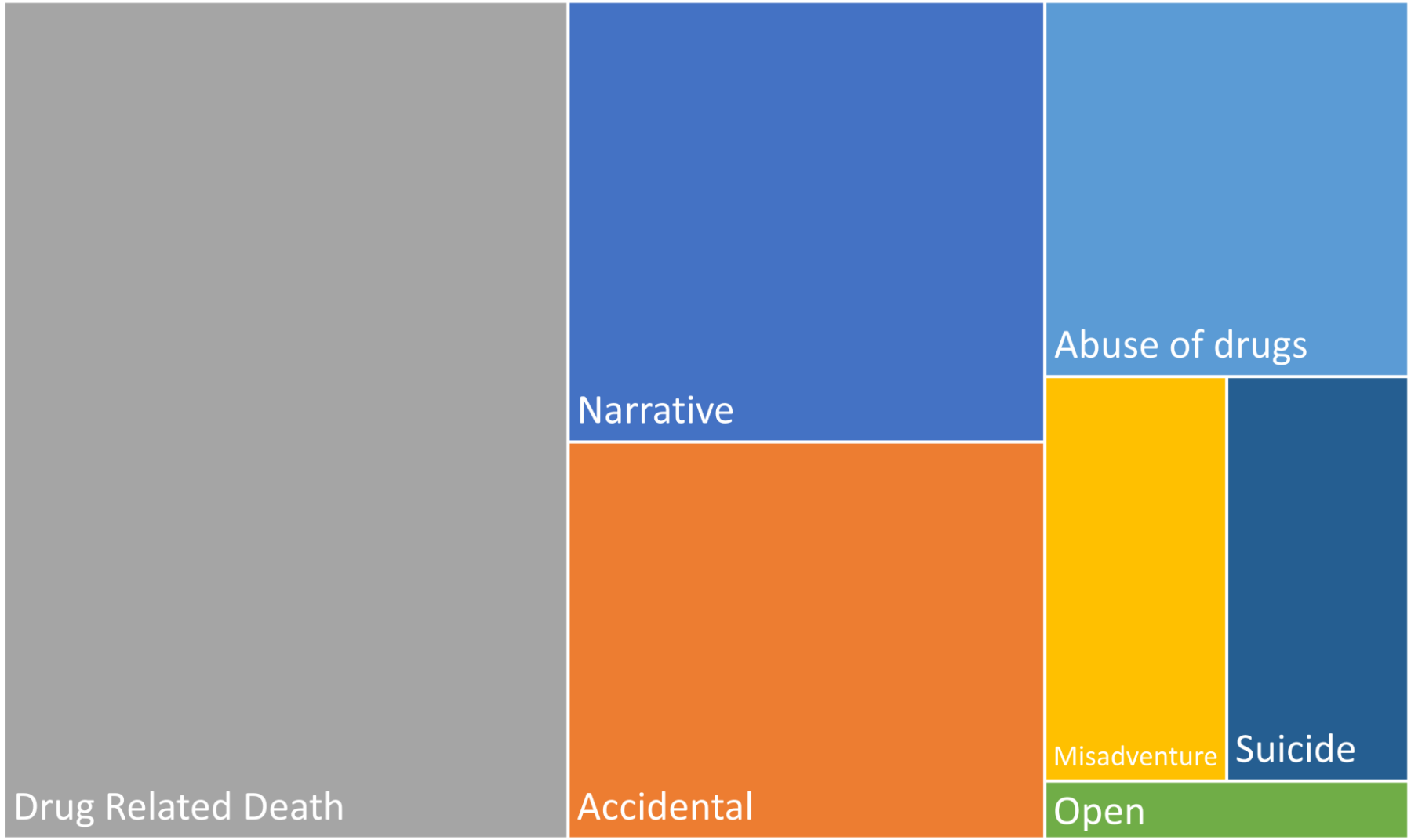
Physeptone 60mg
Prednisolone 5mg - 6 Tablets To Be Taken Daily
Doxycycline 100mg - 2 To Be Taken On First Day Of Prescription, Then 1 To Be Taken Daily
Temazepam 20mg - 1 To 2 To Be Taken At Night PRN
Lamotrigine 50mg - 1 To Be Taken Twice A Day
Fultium-D3 20,000 Unit Capsules - 1 A Month
Risperidone 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

Cause of death from coroner verdict, 2015-2018



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“Deceased was with friends drinking & taking drugs throughout the night. He was found with vomit & unresponsive at 4.45pm. Paramedics were called. Friends think he had taken 1-4 bags of heroin”

Verdict: Heroin toxicity

Drug related death

Drug Related Death | Abuse of drugs | Accidental | Misadventure

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“Deceased had been drinking and taking drugs with a friend in his room. Following morning Mum finds him lying on the floor. In her opinion he was already dead, advised to commence CPR by ambulance control room”

Verdict: Acute cardio-respiratory failure; Opiate toxicity exacerbated by alcohol and diazepam

Abuse of drugs

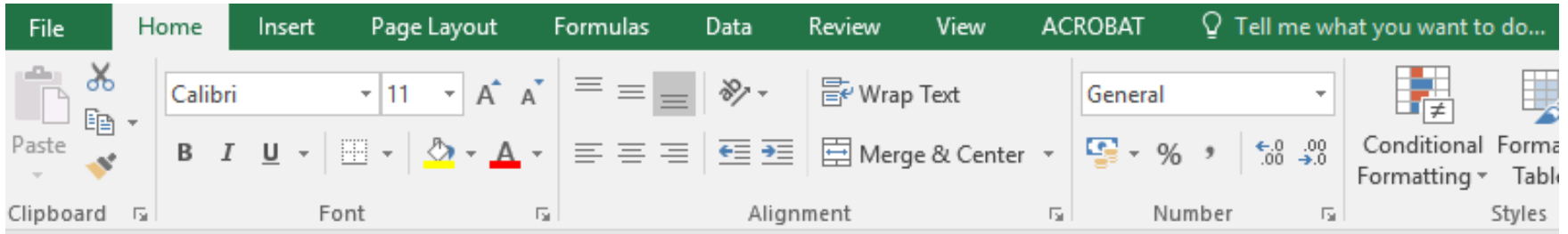
Drug Related Death | Abuse of drugs | Accidental | Misadventure

“Friend/carer of the deceased saw him take his prescribed Oramorph - some time later she found him slumped to one side in his chair and unresponsive. Ambulance and GP were called but he was pronounced dead on their arrival.”

Verdict: Combined drug toxicity; Cardiomegaly; COPD & Cirrhosis

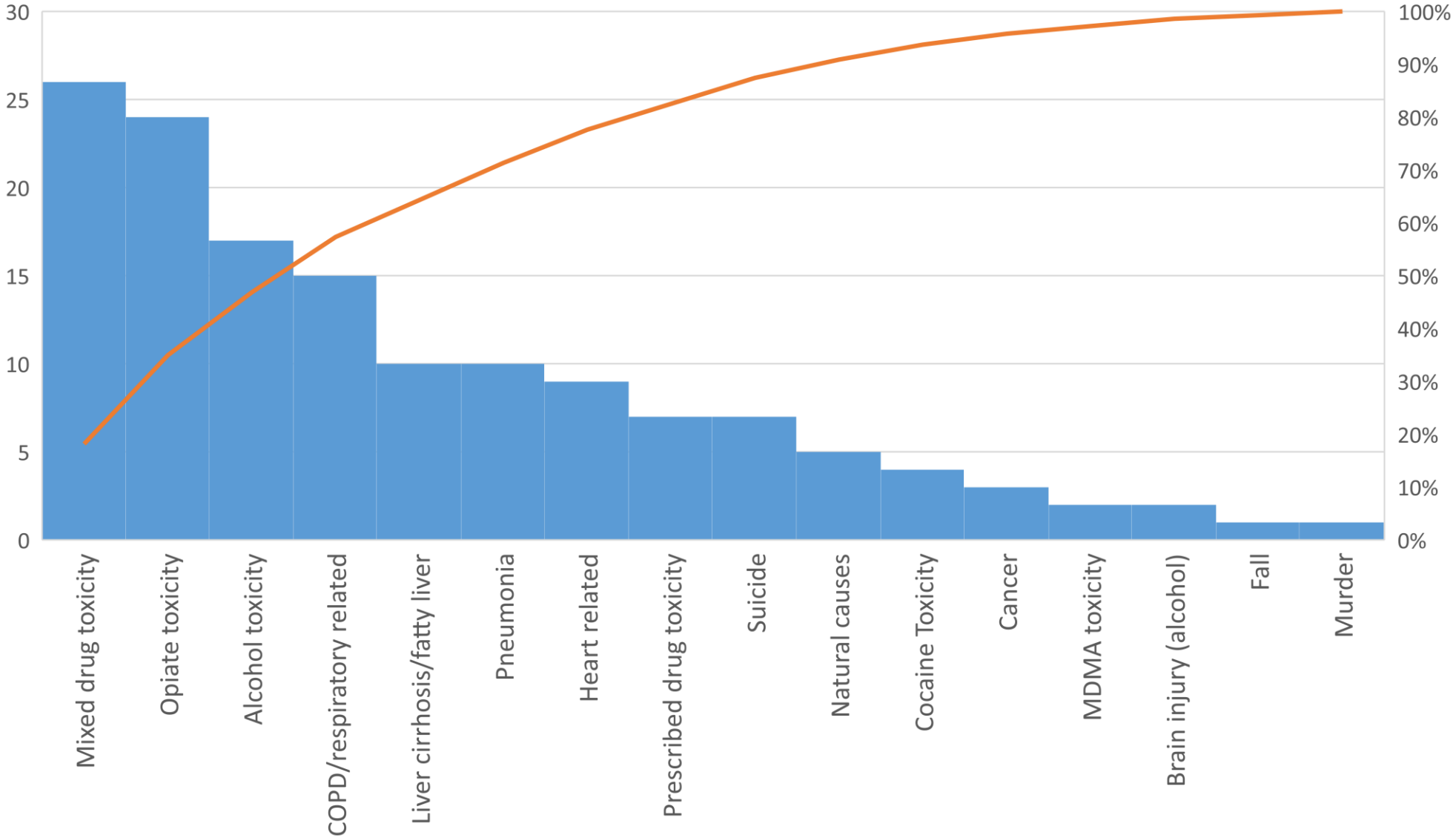
Misadventure

Drug Related Death | Abuse of drugs | Accidental | Misadventure



	A	B
1	corVerdictDetail	CountOfID
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 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 (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 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 (DRDs 2015-2018)



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How is the local system working?

- What is working well with the system?
- What could be improved on?
- Should we use a "structured judgement review" system?*
- Is it better to wait for coroner verdict before examining death?
- Are the right people attending the panels?
- Are there other services which should be reporting to the system?
- Are we collecting the right type of information?

* 'Preventable Incidents, Survival and Mortality' (PRISM) methodology for example.

Breakout groups

Palliative Care	COPD	Hostels	Meds management
Jane Webster	**Jen Germain**	**Howard Reed**	**Karen Critchley**
Dr Jo Roberts	Dr Judith Yates	Jackie Darlington	Paul Gunson
Dr Penny Shepherd	Dr Hassan Burhan	Hayley Jones	Ali Edwards
Katy Taylor	Lyndsey Davies	John Gerrard	Andrew Cass
Kate Clarke	Alan McGee	David Neale	Christine Owens
Gary Grier	Kelly Miller	Anne-Marie Markey	Dr Yasir Abbasi
Kimberley Woodward	Donald Read	Sandra Dutton	Shelley Brough
Dr Alex Cockburn	Dr Aadil Shah	Jan Herrity	Colleen Homan
Simon Bell	Paul Duffy	Ann Lincoln	Lisa Mawdsley
Rachel Fance	Helen Stott	Chana Michels	Jessica Smith
Rachael Holdcroft	Sandra Dutton	Zac McMaster	