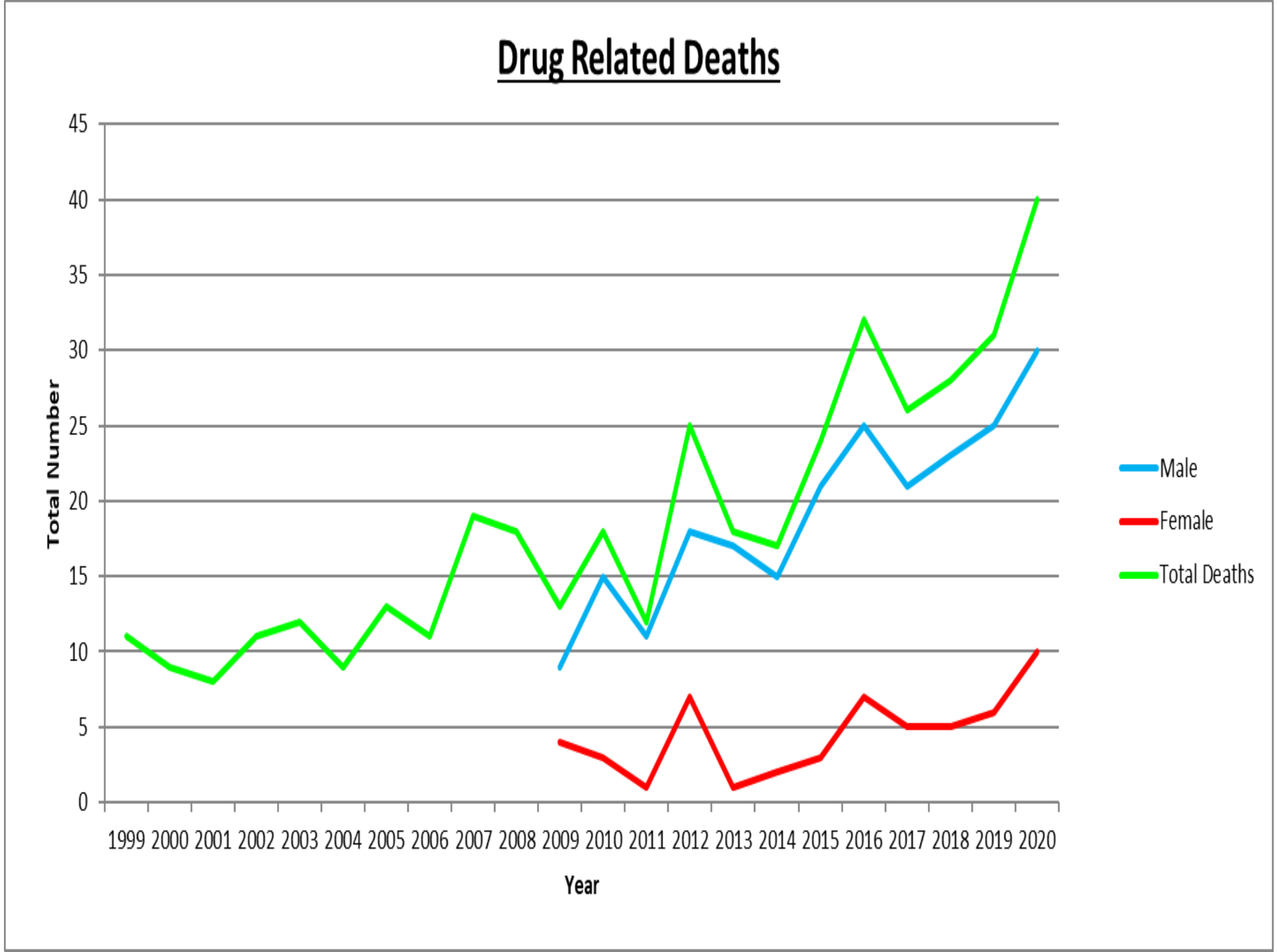
Presentation for IMS Drug Related Deaths Annual Conference 2nd December 2021

Sid Willett- DRD Prevention Lead

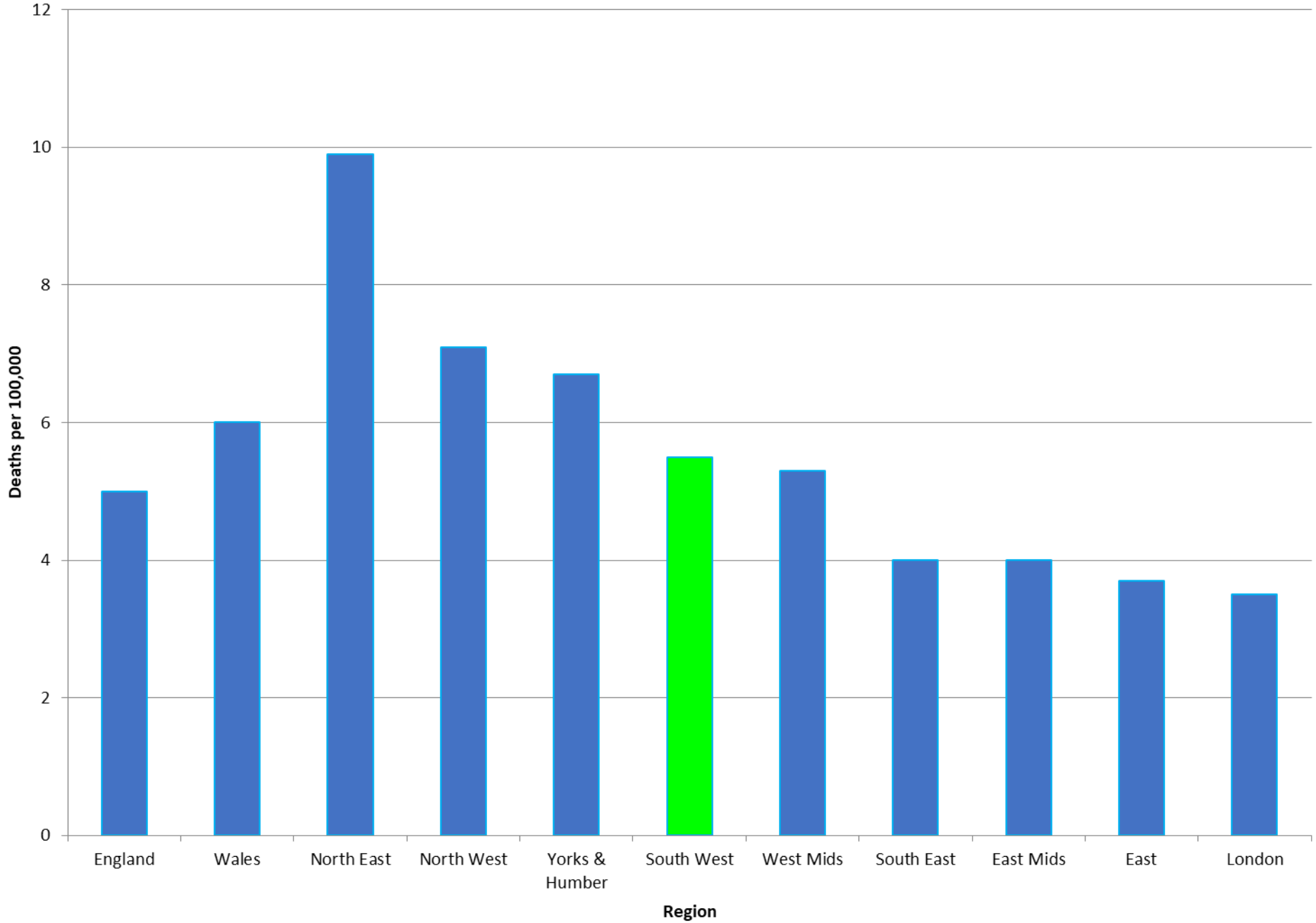
Informed by the lives and deaths of;

Kevin Irving-Andrews, Michael Fletcher, Fiona Champion, Shaun Adams, Jonathan Calder-Jones, Jake Dunn, Joseph Hook, Charlene Ellis, Rebecca Catterall, Joanna Thomas, Ashley Blackmore, Robert Johnson, David Jones, Anthony Bennett, Stephen Glover, Louise Hill, Eric Cullen, Michael Wilson, Dean Jenkin, Noel Alexander, Luke Winkworth, Anthony Powell, Breeze Sefton, Graham Towse, Lisa Mahoney, Matthew Vale, Katie Taylor, Terry Powell, Jolyon Jones, Michael Napier, Zak Carroll, Jasmine Cowlin, Stephen Collingridge, Corey Clark, Gordon Matthews, Amanda Fox, Lee Murray, Darren Nicholls, Philip Allen and Kim Daynes

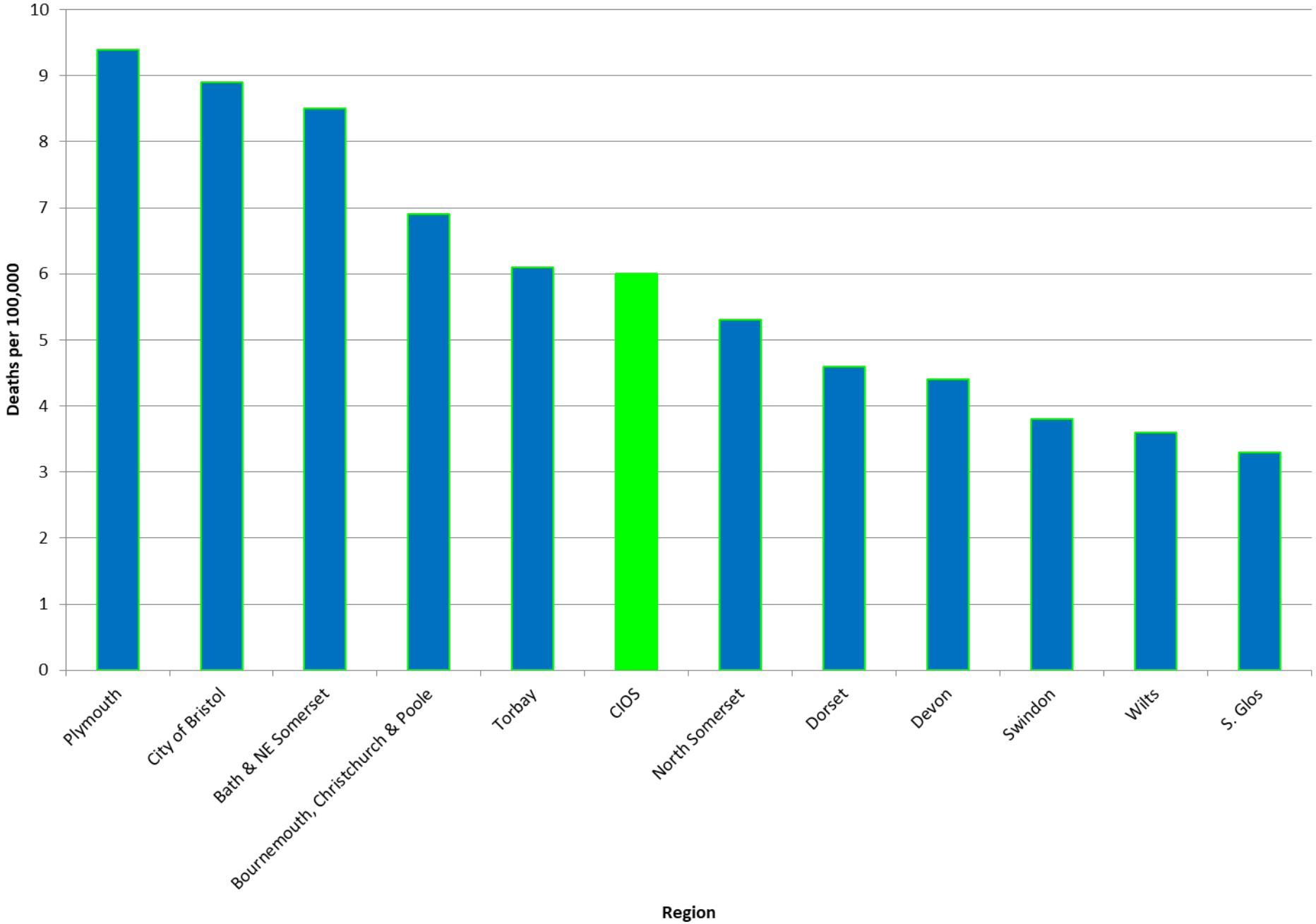
Drug Related Deaths



ONS Drug Misuse Rates of Death per 100,000 By Region 2018- 2020



ONS Drug Misuse Deaths per 100,000 by Local Authority Area 2018- 2020



DRD Review Panel

- To establish a formal intelligence network between strategy leads, commissioners, and treatment providers and support agencies working with people with alcohol and/or drug problems.
- To develop a system of monitoring and surveillance of all suspected DRD’s.
- To collate all intelligence concerning DRD’s and formally review the circumstances surrounding each individual death having regard to sub-judice rules and rules of disclosure.
- To correlate with any findings through DHR and Suicide Reviews.
- To make recommendations and disseminate learning points identified at DRD reviews to prevent similar fatalities.

DRD Review Panel

- To maintain a library of evidence for actions taken as a result of reviews.
- To prepare reports for the information of HM Coroner for Cornwall.
- To respond to any directions and orders from HM Coroner regarding drug related deaths.
- To prepare an Annual Report https://safercornwall.co.uk/wp-content/uploads/dlm_uploads/2021/10/DRD-Annual-Report-2020-FINAL.pdf
- To coordinate and implement drug related deaths prevention campaigns and overdose prevention initiatives.

DRD Review Panel Membership

- Police Drug Liaison Officers (DEWVA/ CDLO etc)
- WAWY Medical Lead, Clinical Lead, Service Manager and Lead Pharmacist
- Mental Health consultant Cornwall Foundation Trust (NHS)
- RCHT Psychiatric Liaison Service lead nurse or manager
- RCHT Pain Consultant
- Rehab and detox centre managers
- RCHT Emergency Department rep
- Complex Needs Strategy Co-Ordinator (CC)
- Alcohol and Drugs Strategy manager (CC)
- Others co-opted as required (E.g. Supported housing reps, Homeless services, Medicines Safety, Children's services and Community Pharmacists)

Costs and Affected Others Numbers

- £1.67 million per suicide/ DRD
- *Knapp,M., McDaid, D. & Parsonage, M. (2011). Mental health promotion and mental illness prevention: The economic case*
- 135 people affected on average by every suicide/ DRD
- 27 (20%) affected to such a degree that serious harm can befall them and others as well as other negative impacts
- *McDonnell S, Hunt IM, Flynn S, Smith S, McGale B, Shaw J. From Grief to Hope: The Collective Voice of those Bereaved or Affected by Suicide in the UK. Manchester: University of Manchester 2020*

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Costs and Affected Others Numbers

Drug Related Deaths				
Year	Number of DRD's	Cost £ million	Affected Others Total	Affected Others 20%
2018	28	46.76	3,780	756
2019	31	51.77	4,185	837
2020	40	66.8	5,400	1,080
2021 (up until 11th November)	41	68.47	5,535	1,107
A) Sub-total	**140**	**233.8**	**18,900**	**3,780**
Suicides				
2018	72	120.24	9,720	1,944
2019	77	128.59	10,395	2,079
2020	96	160.32	12,960	2,592
2021 (up until 11th November)	68	113.56	9,180	1,836
A) Sub-total	**313**	**522.71**	**42,255**	**8,451**
A + B GRAND TOTAL	**453**	**756.51**	**61,155**	**12,231**

Main points

- Drug related deaths **increased by 9 deaths to 40 (+22.5% from 2019**). This is the highest ever recorded number of drug related deaths for Cornwall and is the third successive annual increase. In the same period **nationally, the increase is 3.8%**

- **Thirty-three** people (82.5%) died from a death that involved an **opiate drug**, 5 more lives lost than the previous year.

- Deaths involving **heroin decreased by 36%;** 22 deaths in 2019 to 14 in 2020.

- **Cocaine** featured in 15 of the deaths (37.5% of the total**, -27%** from 2019) after three successive annual increases since 2016.

- 17.5% of cases involved the presence of **heroin and cocaine** compared to 52% in 2019 (a **reduction of 34.5%).**

Main points cont….

- Deaths related to **methadone have increased from 9 (29%) in 2019 to 15 (37.5%)**.The deaths where the methadone has not been prescribed have risen from 3 (9.7%) in 2019 to 7 (17.5%)

- **9 deaths (22.5%) involve previously unseen benzodiazepine drugs** which are much more potent than prescribed benzodiazepines and are all illicit. 22 cases involve diazepam and 27 (67.5%) feature any benzodiazepine being present.

- The **highest rate of drug related deaths occurred in the 50-59 age group** (11 deaths/ 27.5%).

- **72.5% of deaths do not have any alcohol present** within toxicology and, although slightly down from 77% in 2019, tends to continue the downward trend since 2017.

Main points cont…

- **Thirty-eight (95%) feature more than one drug being present** . 2 deaths (5%) feature only one drug in toxicology and these drugs were cocaine and morphine. Alcohol included here as a drug.

- **Deaths involving Pregabalin have reduced from 45% to 27.5%.**

- **Twenty-two people died whilst engaged in drug treatment (55%) or within 6 months of leaving treatment**. 18 had no link to drug or alcohol treatment or had been out of treatment for over 6 months.

- **Two deaths involved a synthetic cannabinoid receptor agonist** (SCRA). This has not been seen in Cornish drug related deaths to date.

Contributing Factors Of Note

- Mental ill health (present in >75% of the deaths)
- Physical ill health/ Illness leading up to death (65%)
- Covid-19 (the collateral effects of the pandemic and not the actual infection by the virus).
- Pain (50%)
- Suicidality (>32%)
- Bereavement (22.5%)
- Family and relationship breakdown (>33%)
- Long history of drug use (>25%), early drug use by young persons (>22%) and adverse childhood experiences where a range of issues appear to have led to drug use (>30%)
- Criminal justice issues including imprisonment (>32%)
- Parental status/ children living elsewhere (>30%)

Priorities

- Reducing the harm related to illicit benzodiazepine use

- **Continue to improve joint working arrangements between drug and alcohol treatment and pain management**, including pathways, communications between agencies involved and a drive to involve the patient in a multi-agency approach. Further, to **identify those at risk of turning to the illicit market** for help

- **Continue to improve our understanding of the interrelationship between domestic abuse, drugs and alcohol**. Secure adequate understanding of the role of coercion and abuse in drug related deaths, domestic homicide reviews and suicide ensuring this information is included in the inquest process, and that services are aware of, confident and competent to address.

Priorities

- To co-produce our approach to Prevention with Experts by Experience, to see if we can identify ways of further improving our collective approach and understanding

- Increase the outlets and availability of naloxone in areas identified which could play and greater role in prevention

- Suicide Prevention-Increasing suicide prevention within alcohol and drug treatment and postvention support for those impacted

- Improve support for affected others