

# **DRUG RELATED DEATHS: ALL CAUSES MORTALITY**

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## **SOME BACKGROUND...**

- Work done in 2015-2016
- Contributed to PHE enquiry
- Included in the joint Collective Voice and NHS Provider Alliance publication

## Findings:

- 198 cases examined.
- All drug cases
- (103 alcohol cases also examined – not in scope for the PHE work)

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Overdose or possible overdose: 17%

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Accidents (inc. RTAs): 6%

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Suicides (12 of which 11 were hangings-all men)

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Homicides: 2%

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Unclear CoD / Narrative verdicts: 28%

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Physical Health: 48%



# CURRENT SITUATION

In 2022  
(so far)  
..... 32

- End of life pathway
- Physical Health / Natural Causes ( including alcohol)
- Suicided
- Accidents ( some related to alcohol)
- Multi-drug Toxicity (Rx Medicines, bought medicines)
- Drug Related Deaths – with and without additional causes (mostly with).

## **SO, WHAT ARE WE GOING TO DO ABOUT IT?**

What can we do about it ?

**Transactional vs Compassionate,  
Humanitarian Services**

# TRANSACTIONAL SERVICES

Naloxone  
Distribution

Supervised  
Consumption

Needle Exchange  
Home Delivery

Long-arm  
Prescribing/Reviews

# COMPASSIONATE & HUMANITARIAN APPROACH

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Who are we talking about ?

- Aging
- Compromised Health ( Mental and Physical Health)
- Isolation and stigma
- Complexity (including concurrent alcohol use)
- Stretched and reduced wider services
- Disproportionately represented in areas of deprivation

# SO WHAT ARE WE GOING TO DO ?

Direct face to face provision wherever possible (1:1 and Groups)

A workforce equipped for the circumstances

Physical and Mental Health literate and competent workforce

Psychologically equipped to deal with (e.g., trauma, complexity and loss)

Specialist training (e.g., Mental Health First Aid, Blue Light)

Flagging System or Zoning System (right intervention/ right time)

Risk awareness and escalation ( including Peers, Volunteers and Partners)

Engage with the experts – Acute Health , GPs , A & E etc

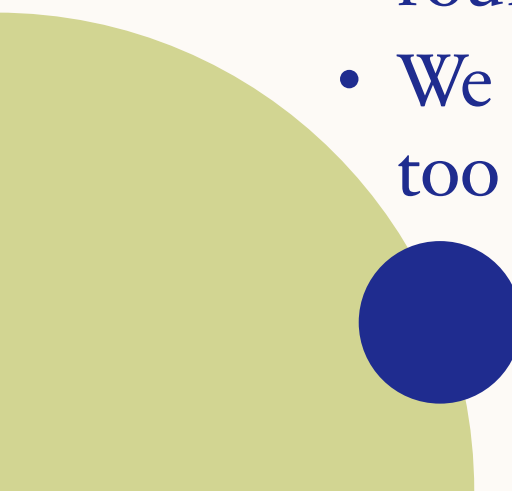
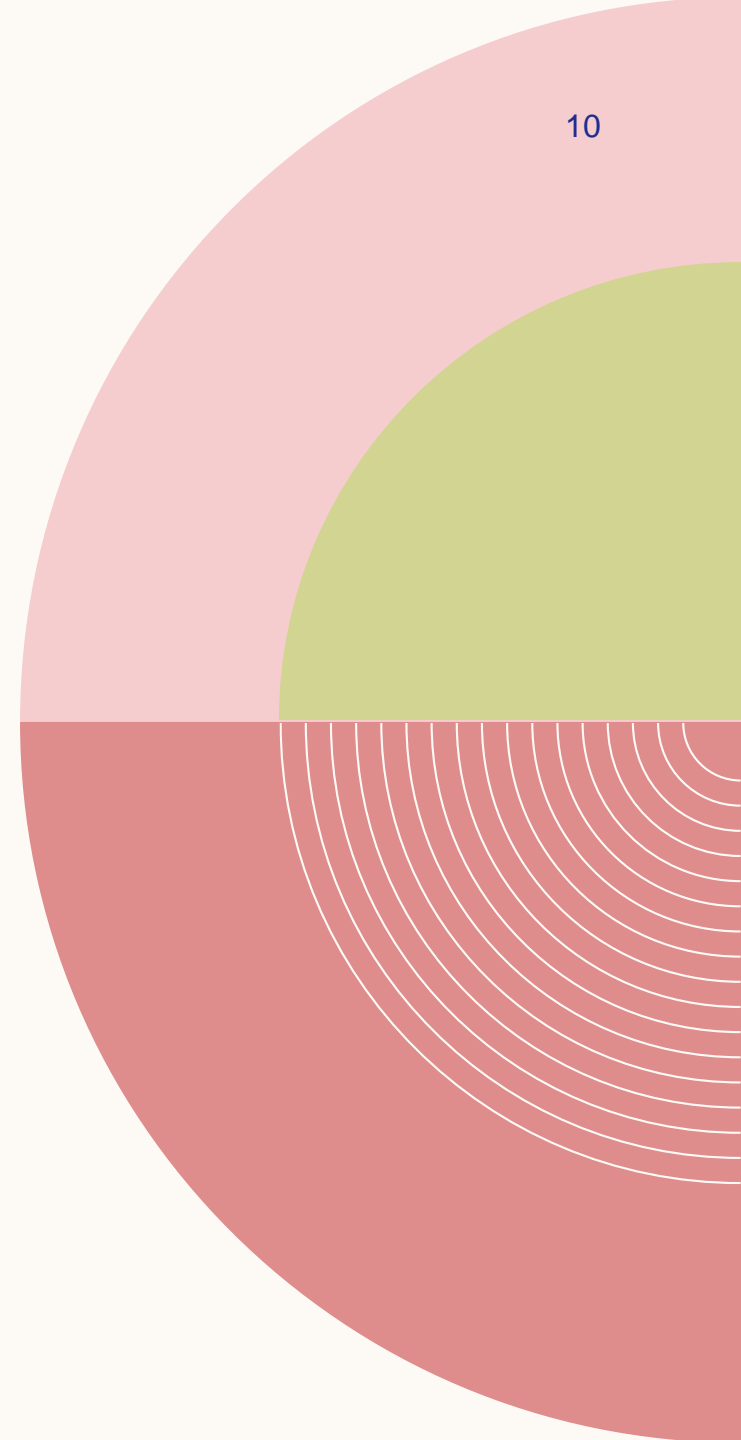


# CONSIDERATIONS

- We are mitigating deprivation and wider societal factors
- We are mitigating Long Term Conditions and lifetimes of ill health and related behaviours
- I have considered the In-Treatment population (as that is my sphere of influence)
- We are not the experts in all the things our people need
- We can better equip our workforce
- Smoking !
- Caseloads.

# SUMMARY

- Don't stop doing the transactional interventions
- But,... on their own, they do not seem to be enough
- Need to look to a wider, more rounded approach
- We can't do this on our own –it's too big.



The background features a large white circle on the left and a large light pink circle on the right, both overlapping a dark blue background. The pink circle contains several thin, white, concentric circular lines.

**THANK YOU**

Questions,  
comments and  
discussion  
welcome.