



Office for Health
Improvement
& Disparities

Drug and alcohol deaths: an action plan for England

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What the issue is

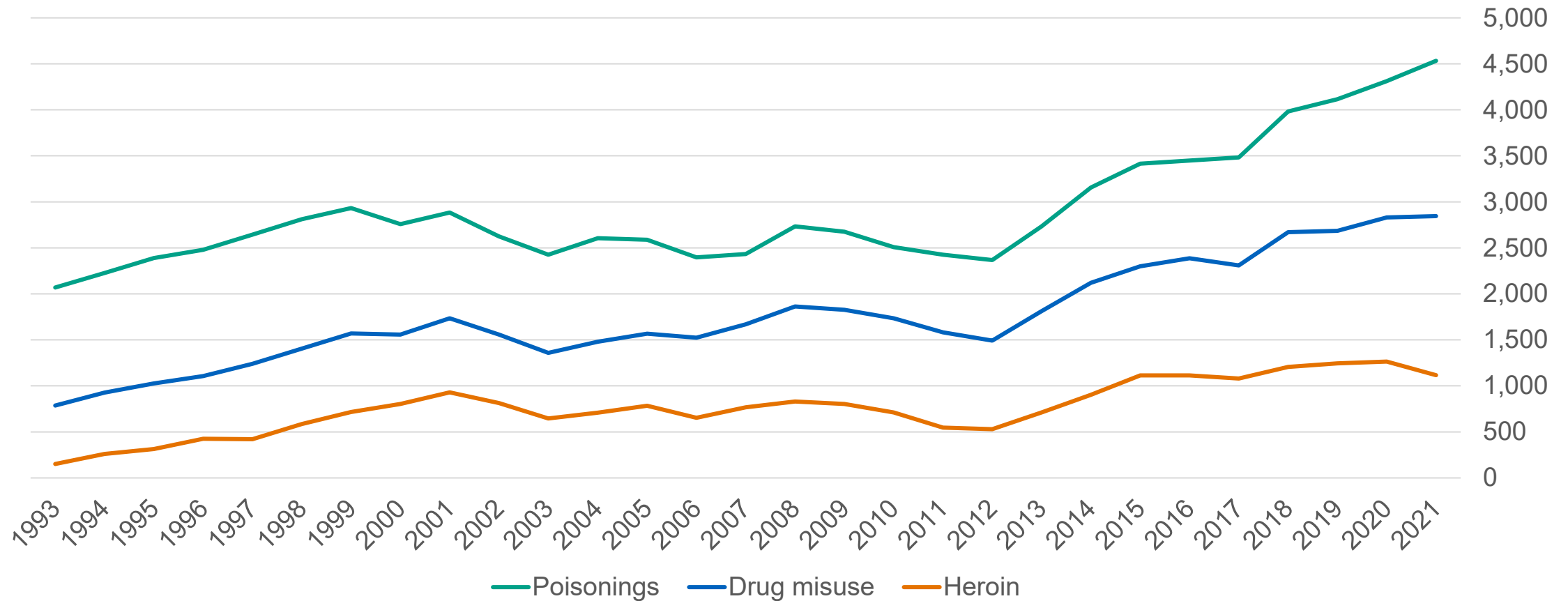
- The drug strategy commits us to preventing 1000 deaths
- Drug poisoning and drug misuse deaths are at record highs in England having almost doubled since 2012. These deaths predominantly involve opioids
- There has also been a long-term upward trend in alcohol-specific deaths (ASDs)
- Those in drug and alcohol treatment experience severe health inequalities and often have higher mortality rates than the general population
- On top of the long-term increases, there was a shorter-term 'surge' in in-treatment deaths among opiate users and alcohol users during the pandemic restrictions but continuing since restrictions were lifted

An investigation in 2016 of increases in drug deaths identified a range of factors: primarily an ageing cohort of heroin users experiencing cumulative physical and mental health conditions, plus (then) increasing availability of heroin following a lull in supply, as well as increasing suicides, increasing deaths among women, improved reporting, an increase in polydrug and alcohol use, and an increase in the prescribing of some medicines

Deaths from alcohol liver diseases (mainly cirrhosis), which account for the majority of ASDs, are at record highs following a sharp increase in 2020. ASDs affect a broader population of less heavy drinkers, but dependent users are at an eightfold higher risk than non-dependent drinkers of developing cirrhosis

As well as their high risk of drug and alcohol death, they are also at far higher risk of death from other causes than the general population. The high Standardised Mortality Ratios (SMR) among the treatment population for these causes of death are likely to be driven in part by high rates of smoking as well as drinking – 4.1% of all diagnosed cancers in 2020 in the UK were attributed to alcohol. There was a large increase in diseases of the circulatory system and a larger increase in neoplasms in 2020/21

Drug poisoning and drug misuse deaths in England continue to rise, with heroin deaths doubled since 2012



ONS 2022. Deaths related to drug poisoning in England and Wales: 2021 registrations

Headline figures from ONS report

England and Wales

- 4,859 deaths related to drug poisoning were registered in 2021 E&W (rate of 84.4 deaths per million);
- 6.2% higher than the rate recorded in 2020 (79.5 deaths per million)

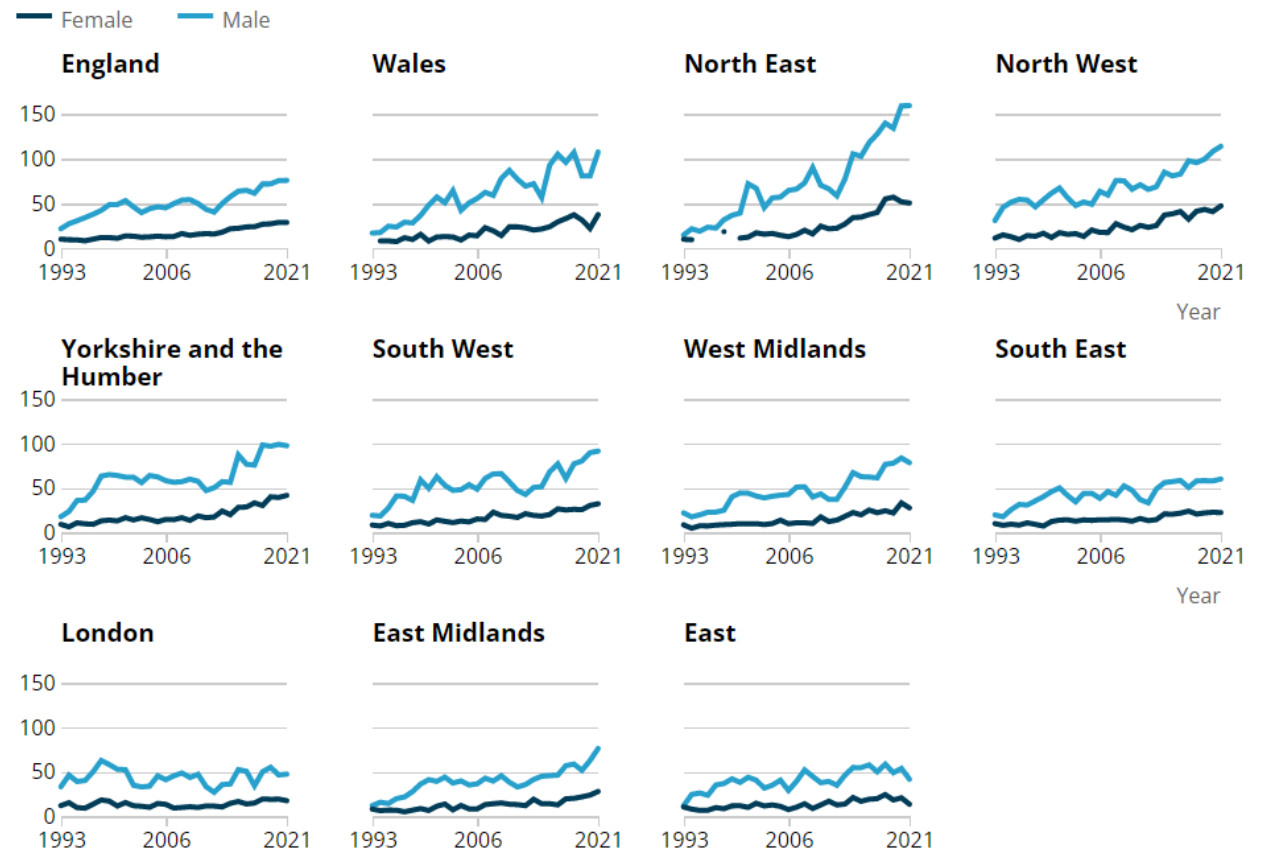
England

- 93% (4,532) in England
- Near two-thirds (2,846) drug poisoning deaths registered in England in 2021 were identified as drug misuse, accounting for 52.2 deaths per million people
- Similar to 2020 (52.1)

Drug misuse deaths by region

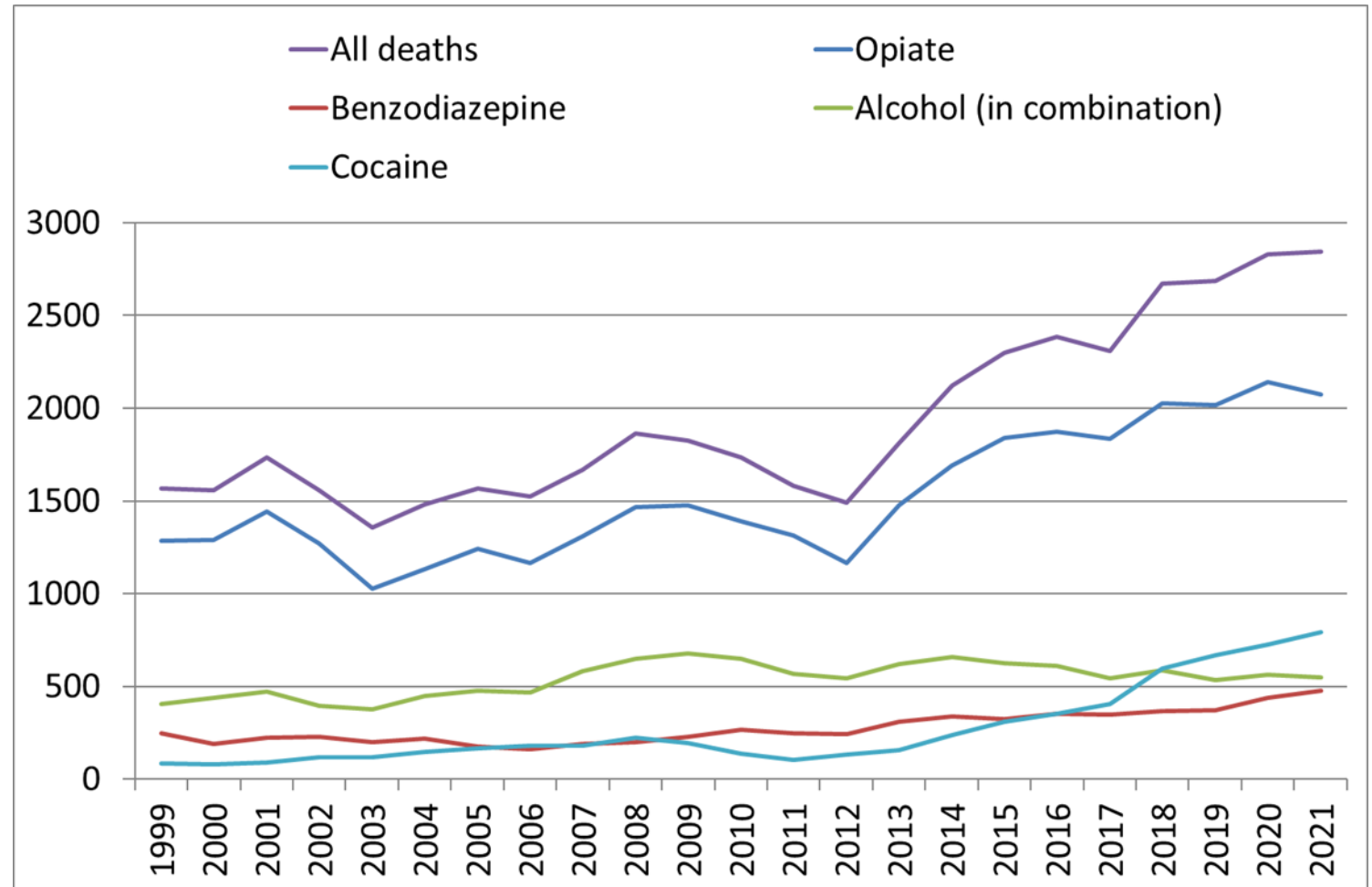
- North-South divide persists
- North East rate (104 deaths per million) is almost four times higher than East of England

Age-standardised mortality rate for deaths related to drug misuse, by sex, for countries and regions of England and Wales, registered between 1993 and 2021



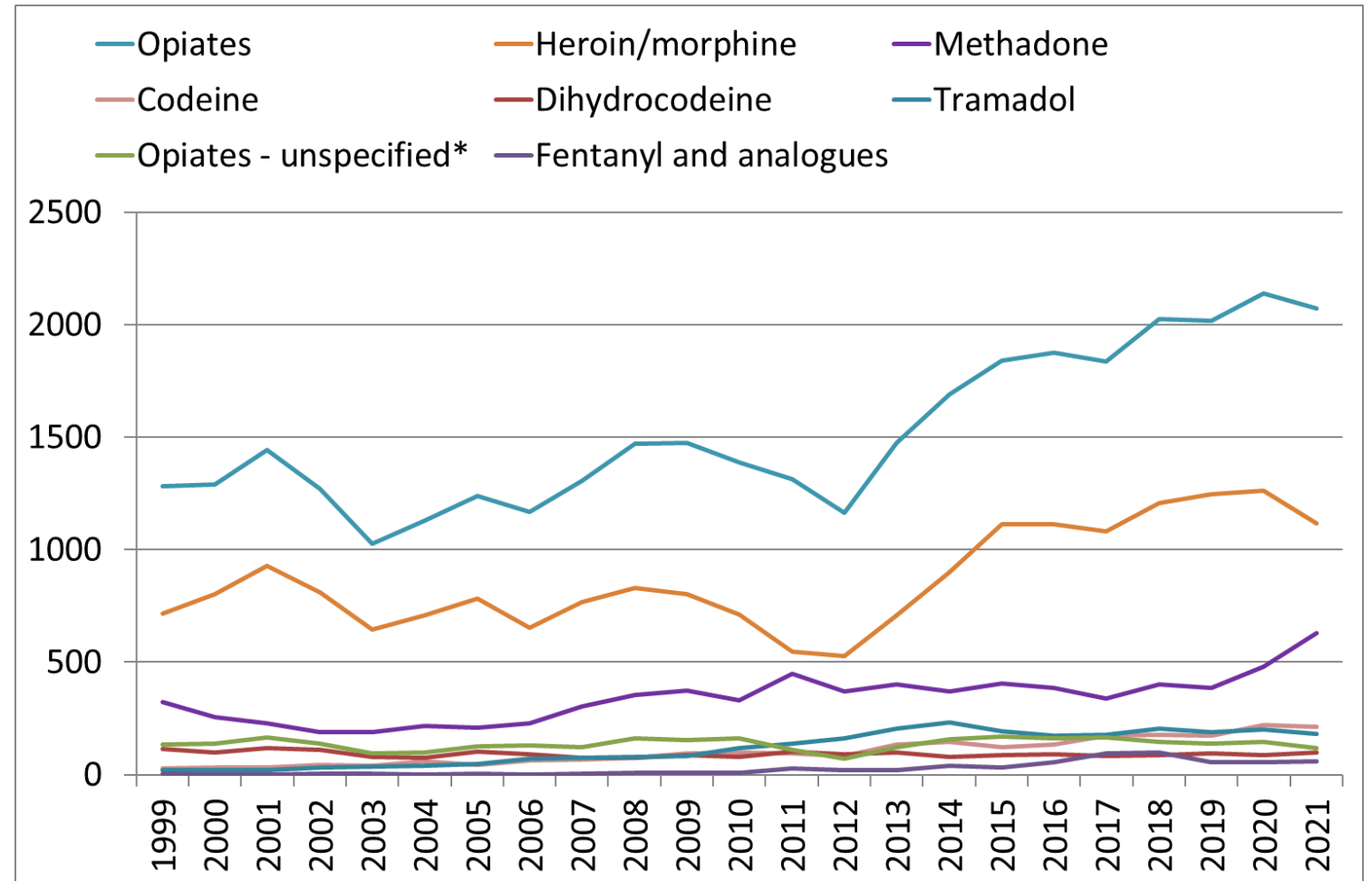
Drug misuse deaths by drug

- Opioids slightly decreased (73% of deaths):
 - 39% heroin, 22% methadone
- Cocaine kept increasing (28% of deaths)
- Benzos also increased (17% of deaths)



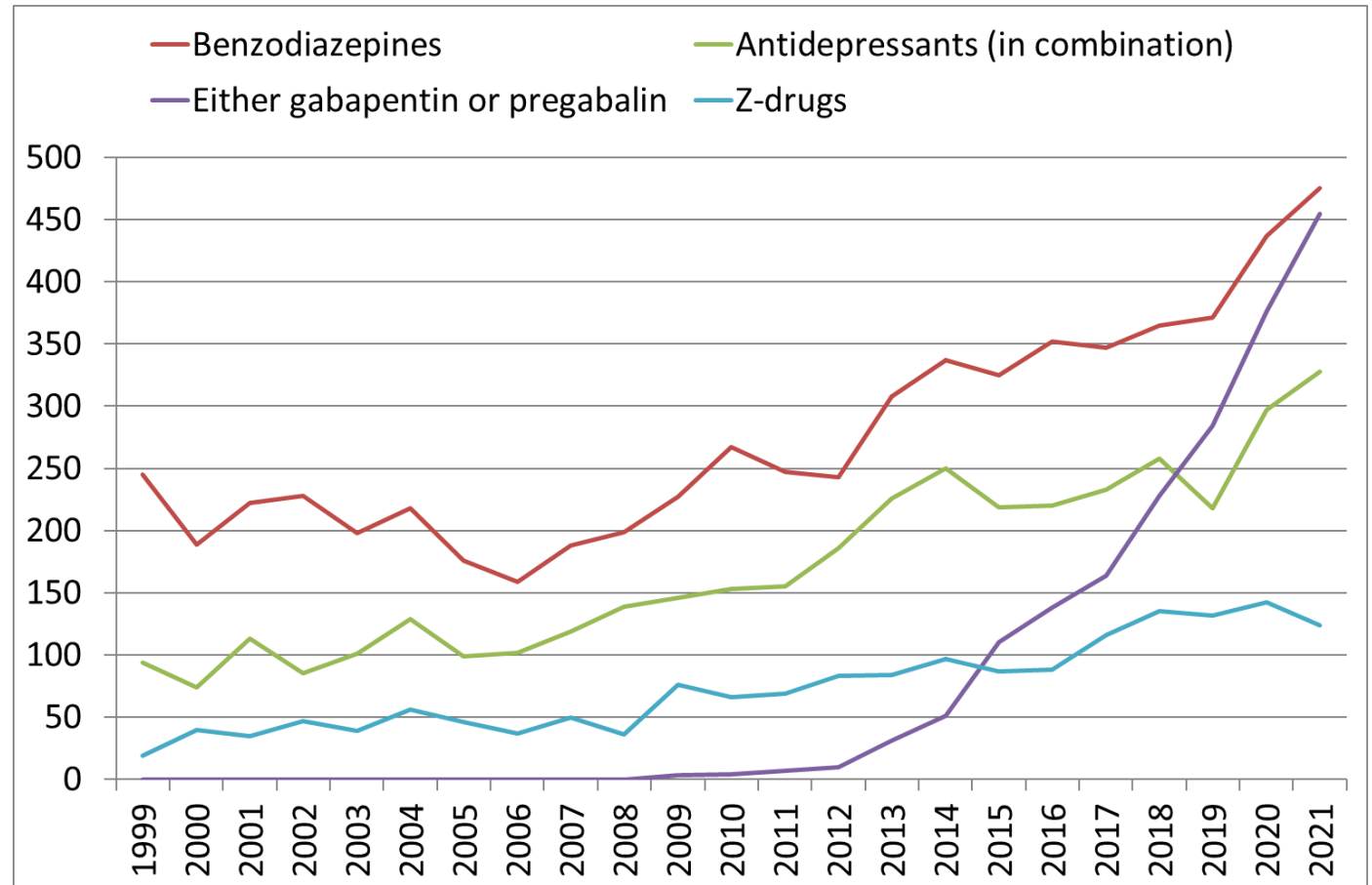
Opioid deaths

- Marked decrease in heroin (44% to 39% of deaths)
- Marked increase in methadone (17% to 22%)



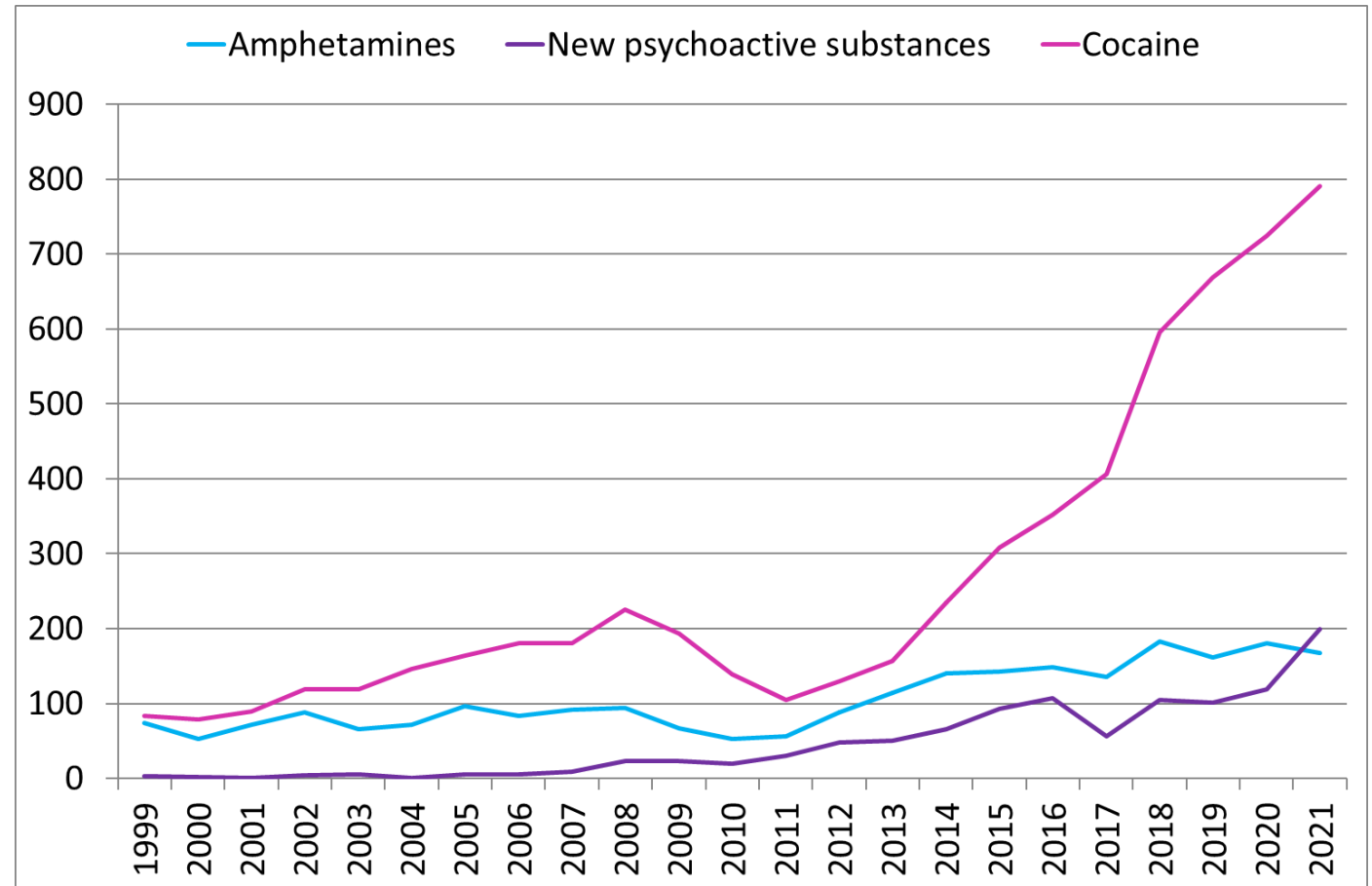
Anti-depressants, sedatives and hypnotics

- Continued increase in benzodiazepines (9%) and pregabalin and gabapentin (21%)
- Decreases in diazepam and alprazolam but large increases in:
 - flualprazolam (192%)
 - etizolam (105%)
 - 'other specified' (77%)
 - temazepam (33%)
 - 'unspecified' (20%)



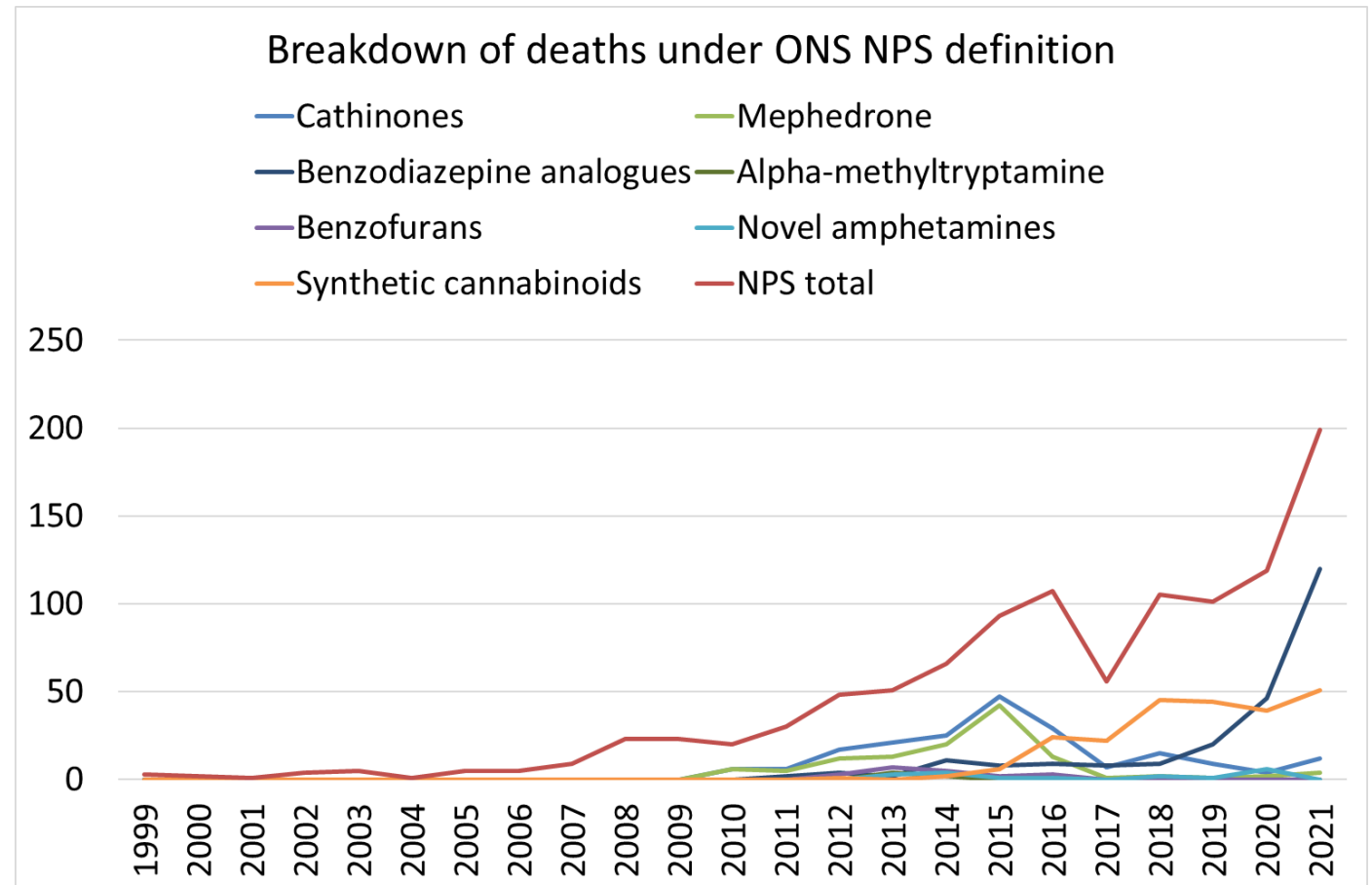
Stimulants and NPS

- Continued increase in cocaine
- Almost 8x in a decade
- Increase in NPS



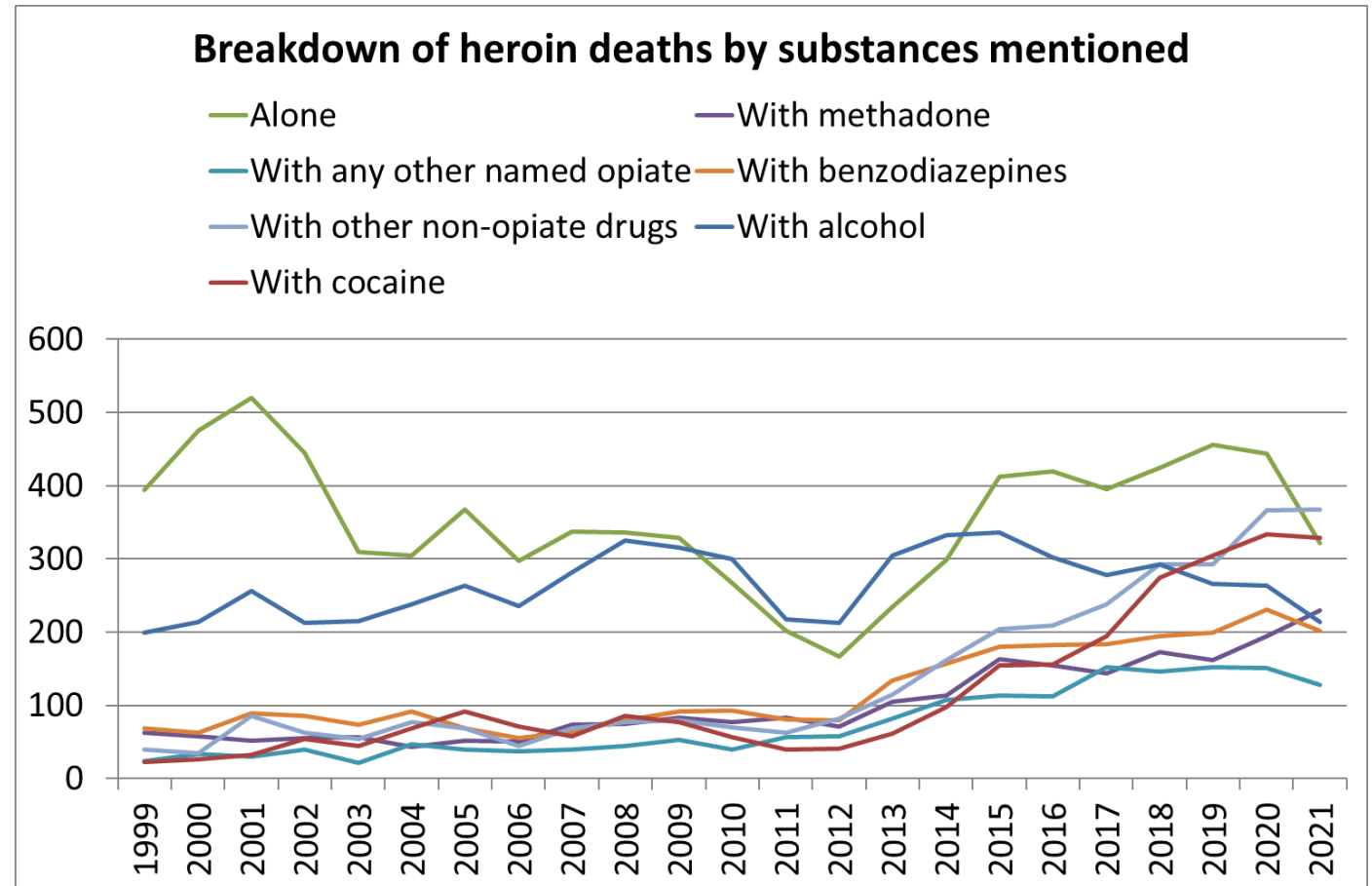
NPS by chemical substance/group

- Mainly driven by benzodiazepine analogues
- SCRAs also at highest level



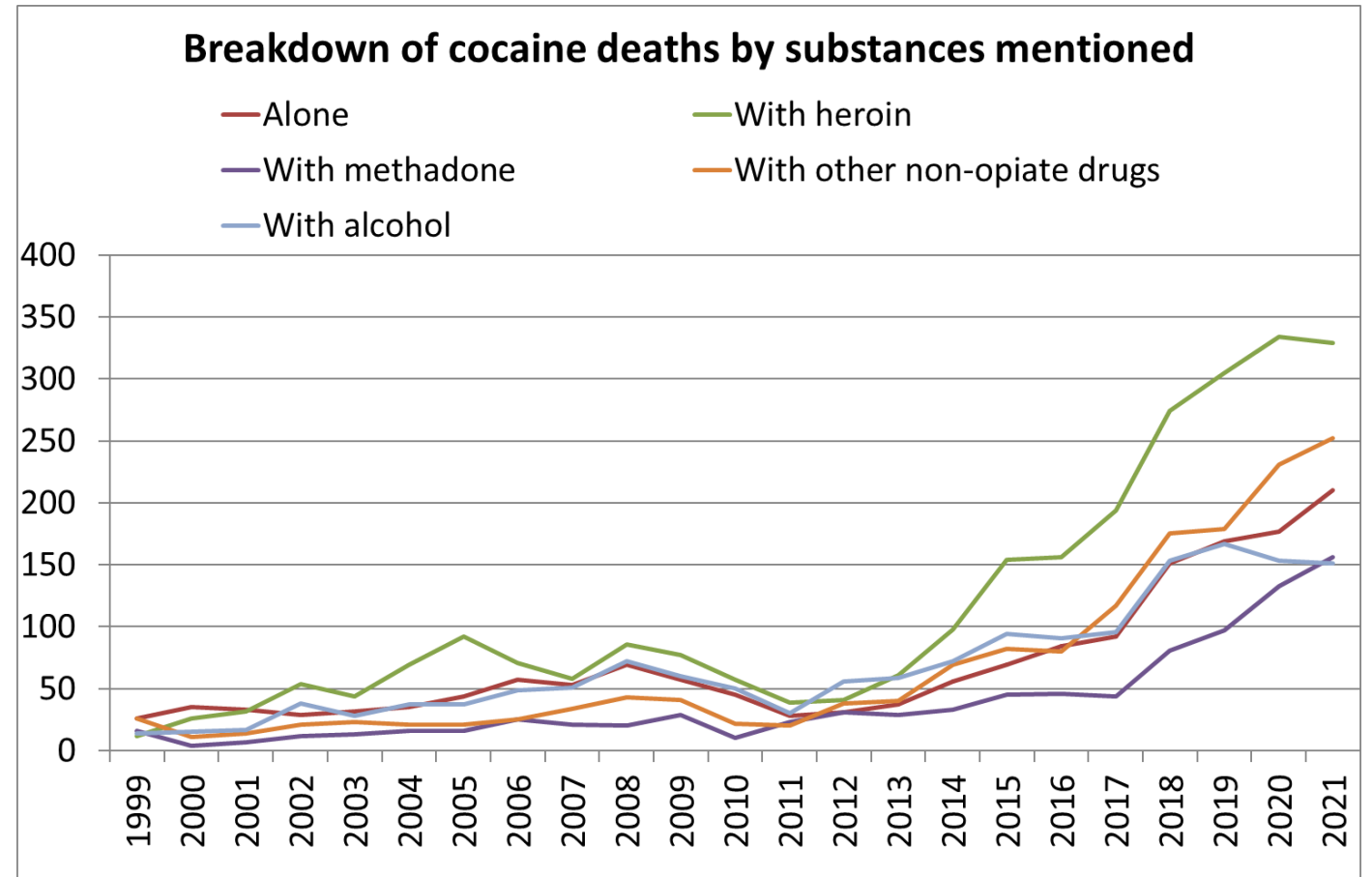
Poly-substance deaths – heroin

- Marked decrease in heroin alone (35% to 29%)
- Increase with methadone (15% to 21%)
- With cocaine remains high
- With benzos small decrease

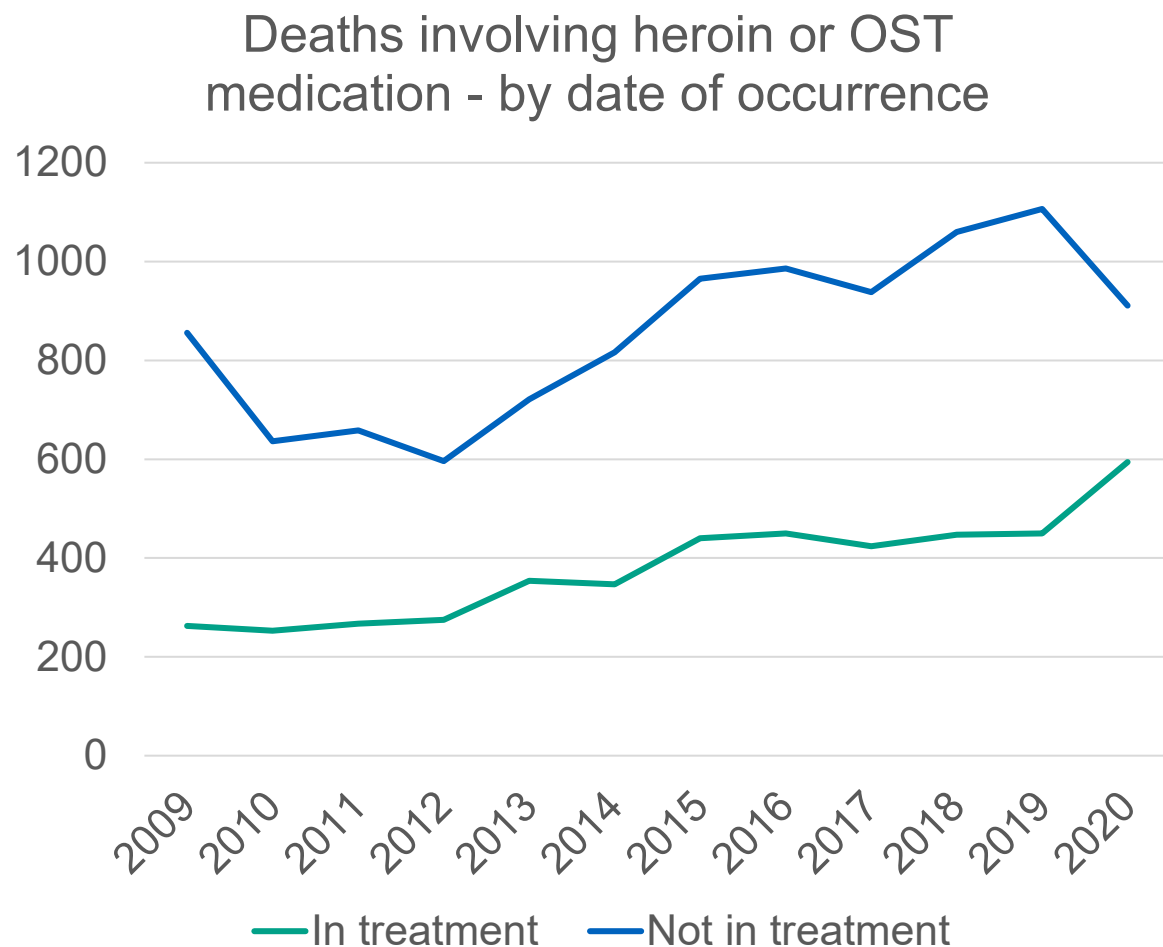


Poly-substance deaths – cocaine

- Cocaine-alone kept increasing (27% of deaths)
- Small decrease in with heroin and with alcohol
- Increase with other non-opiate



Provisional data match – ONS/NDTMS shows heroin/OST-related deaths diverged between the in and out of treatment populations in 2020



- To identify if deaths occurred in or out of treatment, we use date of occurrence rather than date of registration and report up to 2020 (when most deaths registered in 2021 occurred)
- Deaths involving heroin and/or OST drugs rose by 144 (32%) from 2019 to 2020 among the in treatment population. Heroin, methadone and buprenorphine deaths all increased individually among this group
- By contrast, heroin deaths fell among those out of treatment by 262 (25%). Methadone went up by 63 (48%) among those out of treatment indicating more diversion
- Several indicators suggest the bump in methadone-related deaths was most pronounced at the start of the pandemic but remains high (as would be expected from patterns of supervised consumption)

Probable factors behind recent increases in deaths

- When the COVID-19 pandemic struck, in-person appointments for drug and alcohol treatment (including supervised consumption of OST) reduced, possibly reducing quality of support and safety
- Inpatient and community detoxes were also reduced
- Unplanned hospital admissions decreased sharply at the start of the pandemic and remained significantly lower. Elective admissions were also cancelled, resulting in substantial waiting lists (perhaps with a lasting impact on deaths)
- The impact of the pandemic and subsequent financial problems on mental health and people's willingness and need to use more drugs or drink more alcohol, sometimes with little concern for the possible outcome
- Increasing polydrug use, especially with benzodiazepines and gabapentinoids alongside opioids
- Changing drug markets: more "street benzos", low heroin supply, some synthetic opioids

All these factors demand that we do more and do some things better
but also that we do some things differently

Action on drug and alcohol related deaths already underway

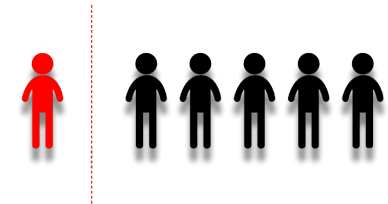
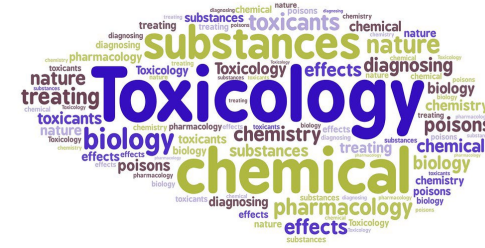
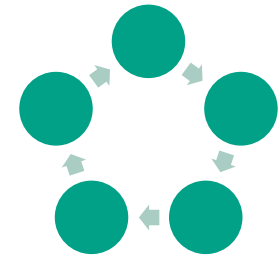
- England's Chief Medical Officer, Professor Sir Chris Whitty, attended an OHID-convened roundtable of health system leaders in September 2022
- The roundtable saw clear evidence on the long-term rise in deaths and the more recent surge, and links here to changes in practice
- The roundtable was successful, with positive engagement from all partners and support for OHID proposals to reverse the increases and meet the drug strategy target to prevent 1000 deaths
- On the back of Dame Carol Black's review and the drug strategy and its associated funding OHID is already working nationally and supporting local areas to:
 - expand drug and alcohol treatment capacity and quality (another £421m in the next 2 years)
 - extend naloxone provision, supported by a planned expansion in the groups able to supply naloxone without prescription
 - improve continuity of care between the community, prisons and hospitals, addressing coexisting mental and physical health problems
 - and much, much more ...

Our new DARDs action plan will support the continuation of these activities, add more and focus on some clear priorities

Action plan priorities

1. Safer drug and alcohol treatment practice
2. Better local systems for drug intelligence and for learning from drug and alcohol deaths*
3. Improved toxicology and surveillance
4. Tackling the stigma experienced by people using drugs and alcohol*
5. Addressing poly-drug use*

*These priorities, or elements of them, are also a likely priority for UK-wide work to reduce D(A)RDs



1. Safer treatment practice

Priorities we have identified include:

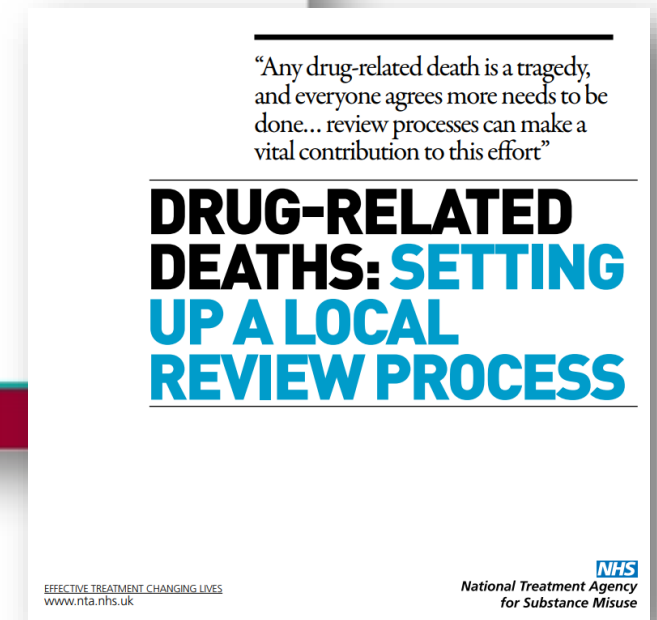
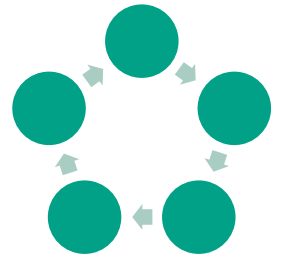
- Getting the balance right between remote and in-person interventions:
 - In-person appointments including healthcare assessment
 - Dispensing frequency and supervised consumption
- Ensuring there is access to safe community detoxification
- Using drug testing appropriately to check on drug use
- Providing rapid access, same-day prescribing
- Maintaining and expanding medicine choice (methadone vs buprenorphine, oral vs depot)
- Improving workforce professionalism/competence
- Supporting community pharmacy capacity
- Working with the NHS on introducing electronic prescribing for instalments
- Agreeing who pays for long-term, post-treatment relapse prevention medicines (nalmefene, naltrexone and acamprosate)



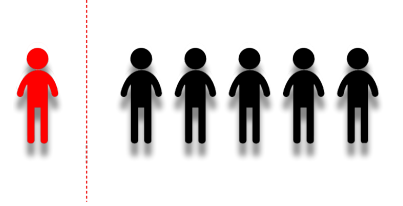
The screenshot shows the GOV.UK website interface. At the top, there is a navigation bar with the GOV.UK logo, a menu icon, and a search icon. Below the navigation bar, there is a breadcrumb trail: Home > Health and social care > Public health > Health improvement > Drug misuse and dependency > Substance misuse: providing remote and in-person interventions. The main content area features a blue header with the text 'Guidance' and 'Substance misuse: providing remote and in-person interventions' in white. Below the header, it says 'Published 7 March 2022'. A grey box below the header indicates 'Applies to England'. On the left side, there is a 'Contents' section with links to 'Introduction', 'Assessment, keyworking and review', 'OST and supervised consumption', and 'Medically assisted withdrawal for alcohol'. On the right side, there is an 'Introduction' section with the heading 'Introduction' and a sub-section 'Pandemic-related restrictions' with the text 'Alcohol and drug treatment services were subject to restrictions and limitations early in'.

2. Better local systems

- OHID assessed local drug information (alert) system development and support needs, and devised a programme of support and products to help them improve:
 - Less than half of LAs with an LDIS (80% response)
 - National webinars (done) and NPCC events (done)
 - Direct support (ongoing)
 - Guidance update (coming)
- OHID is now assessing local drug and alcohol related death (and non-fatal overdose) review systems and will be devising strategies for support later this year, including writing new guidance for local partnership DARD reviews to replace old NTA guidance



4. Tackling stigma



- Piloting in England an Australian programme to measure and reduce drug and alcohol stigma in healthcare settings
- Scale-up findings from the above that work and identify what else we can do to reduce stigma against those who use drugs and alcohol, in drug and alcohol treatment, in wider healthcare, in criminal justice and social care
- Supporting others' anti-stigma work:
 - Anti-Stigma Network
 - NHS Addictions Provider Alliance's 'Stigma Kills' campaign
 - Action on Addiction's 'Taking Action on Addiction' campaign
- Cross-UK work tbc

5. Polydrug use



- Researching treatment for those dependent on benzodiazepines as well as opioids
- Working with NCA and police on the availability of 'street' benzos and synthetic opioids
- Cross-UK work on cocaine and benzos tbc
- Increasing the focus of treatment services on supporting smoking cessation

Some other things in our action plan

While these are our 5 priorities – and there is much other work already underway – our action plan also covers:

- Innovation, including in preventing overdose deaths, especially for people dying alone
 - As part of the Addiction Mission, a [£5m Reducing Drug Deaths Innovation Challenge](#) was announced at the end of January to test and demonstrate innovation in drug overdose detection, response and intervention
- Research and publications (to demonstrate the evidence and support the plan)
 - Analysis of in-treatment deaths and their causes
 - And more to come ...



Thank you