



Office for Health
Improvement
& Disparities

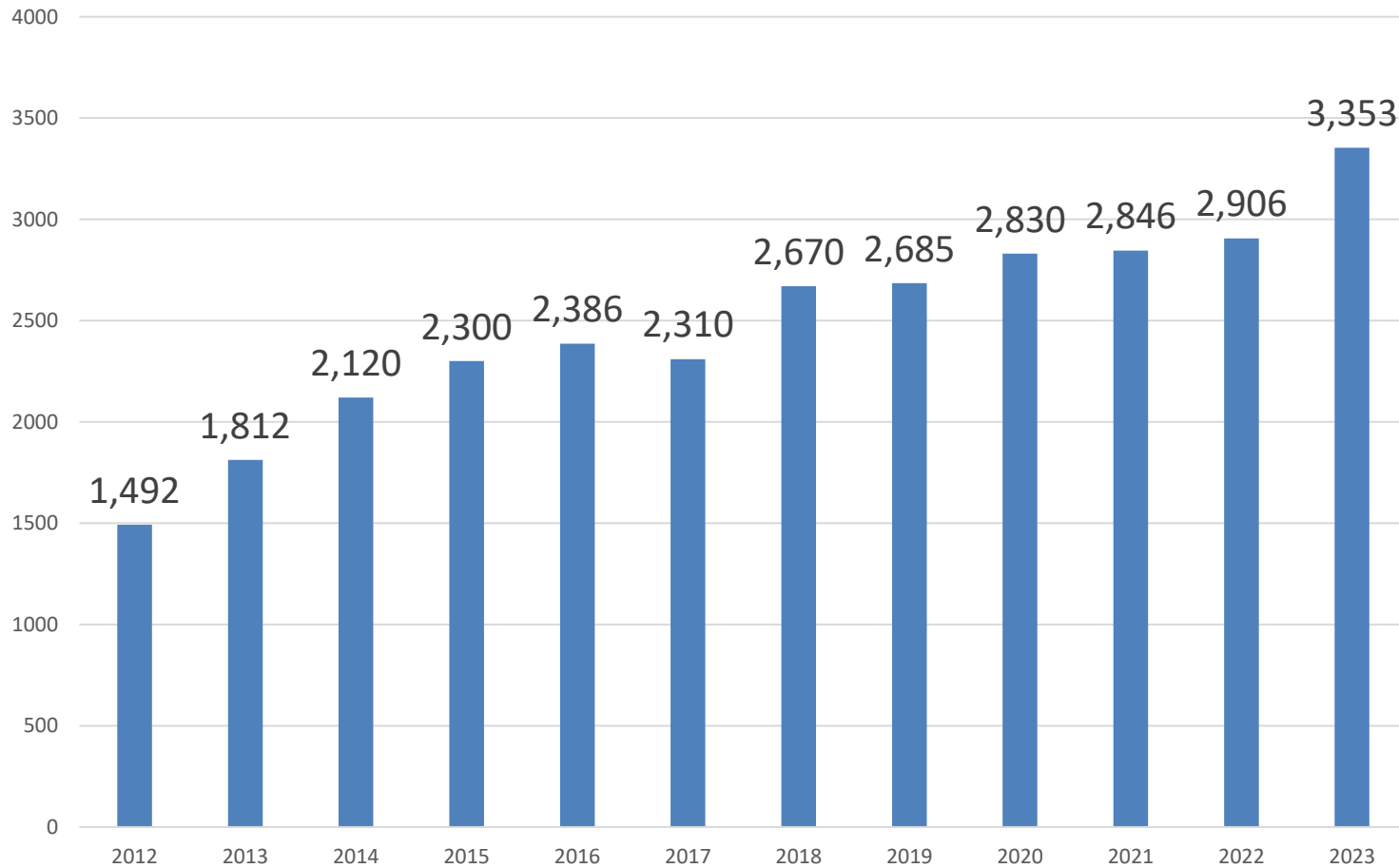
Preventing drug deaths in England: enhanced surveillance and action

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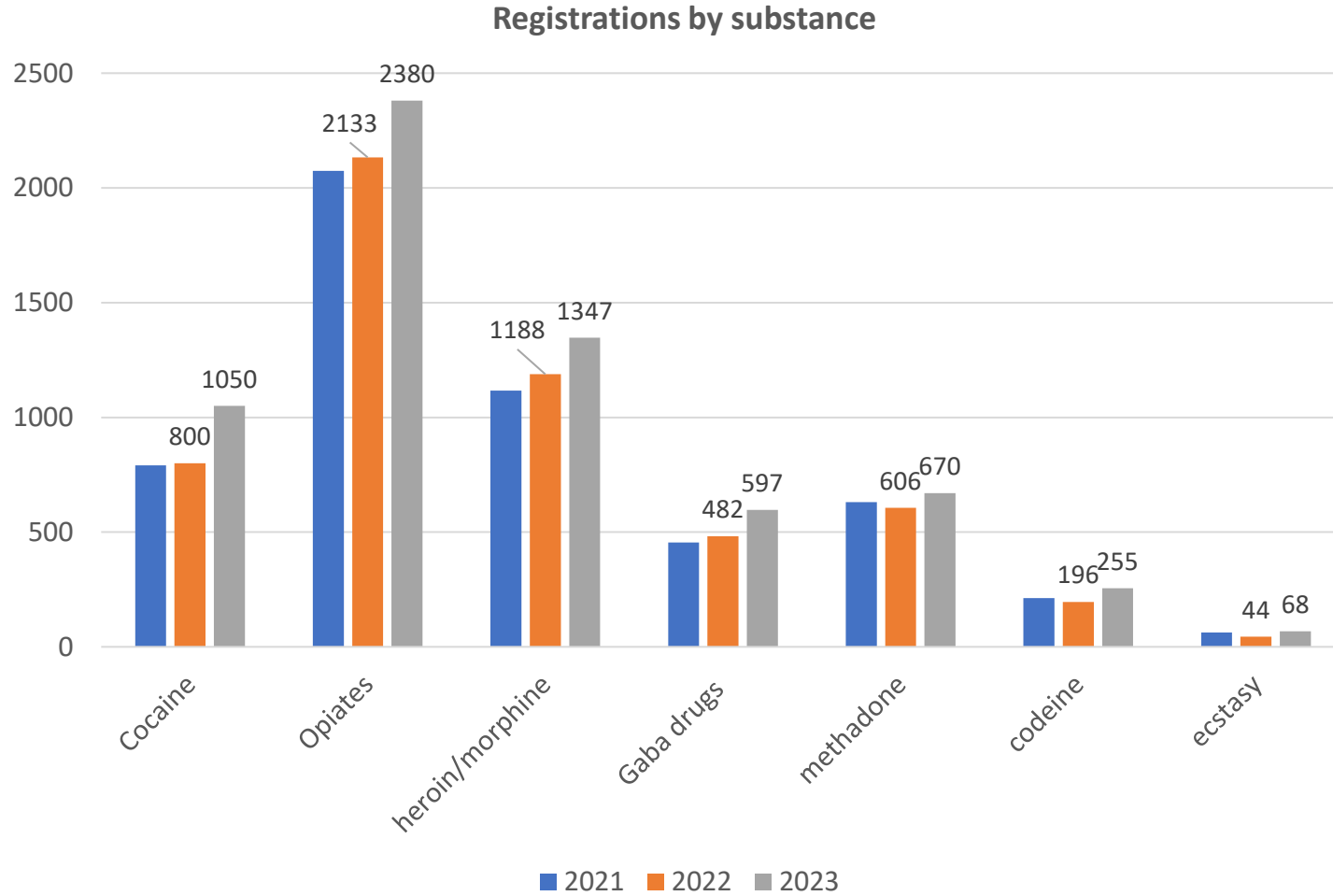
The number of drug misuse deaths (registrations) in England increased by 15% (447) between 2022 and 2023, the largest numerical increase on record

Number of drug misuse deaths – registrations



	Year on year change	
2013	320	21%
2014	308	17%
2015	180	8%
2016	86	4%
2017	-76	-3%
2018	360	16%
2019	15	1%
2020	145	5%
2021	16	1%
2022	60	2%
2023	447	15%

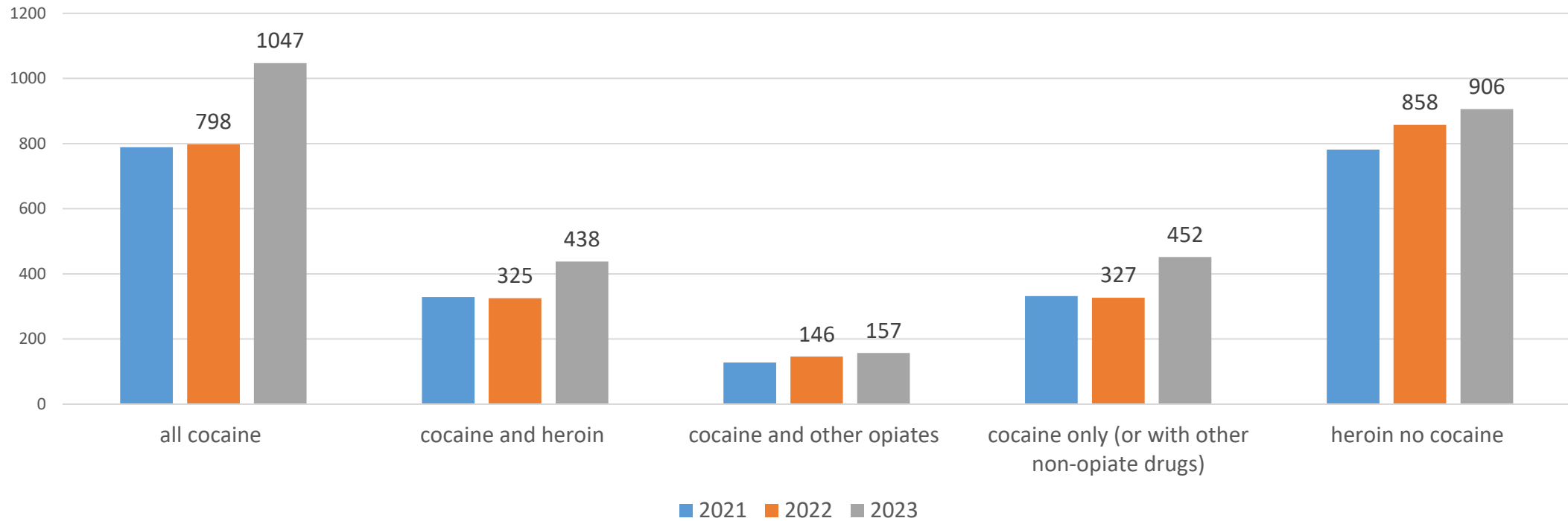
Cocaine, opiates and Gaba drugs make up most of the increases in 2023



Change between 2022-2023		
Cocaine	250	31%
Any opiate	247	12%
heroin/morphine	159	13%
Gaba drugs	115	24%
methadone	64	11%
codeine	59	30%
ecstasy	24	55%

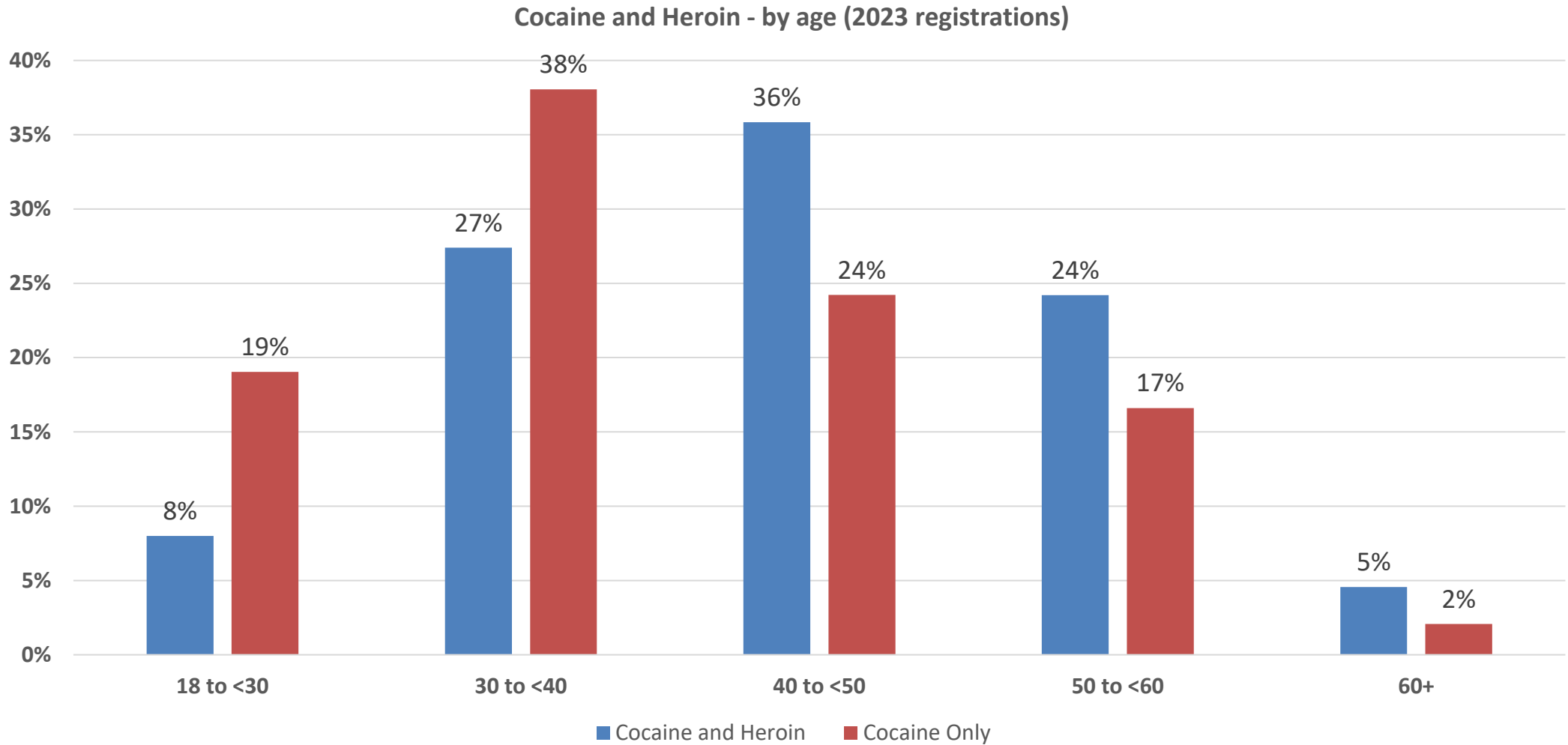
The largest increases in registrations have been seen in people using cocaine and heroin as well as those using cocaine only (cocaine likely to be crack in many cases)

Change in cocaine and heroin deaths



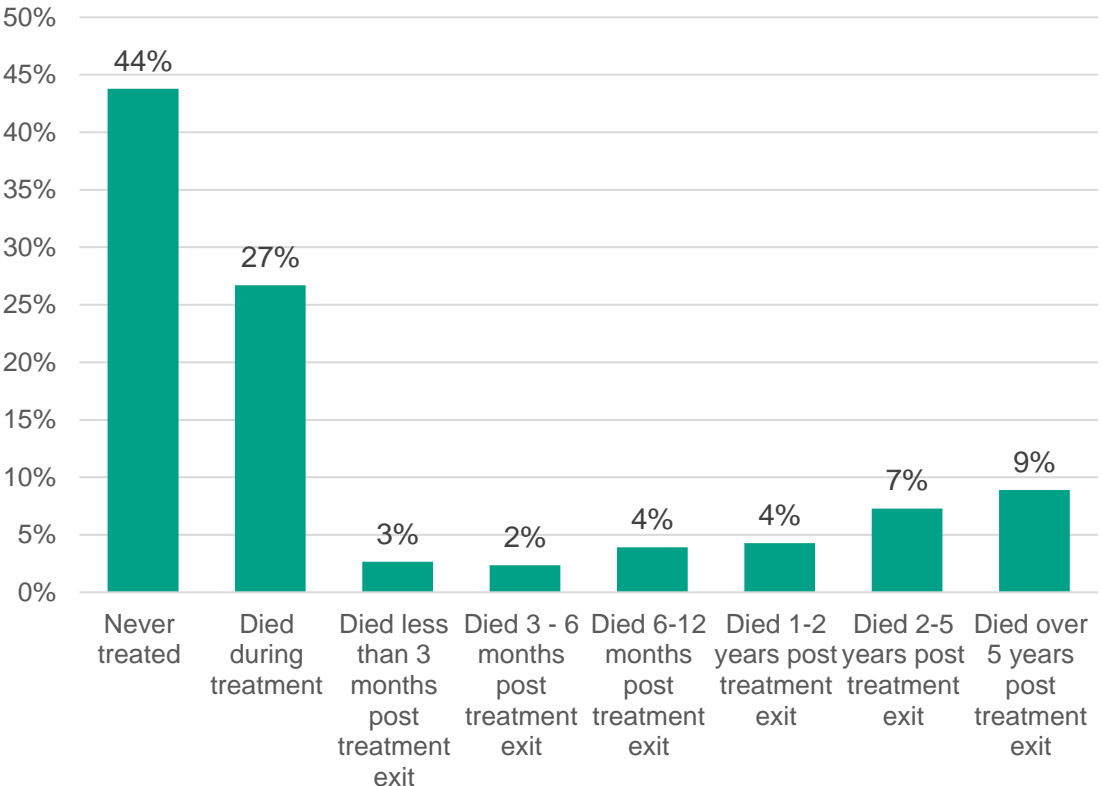
	all cocaine	cocaine and heroin	cocaine and other opiates	cocaine only (or with other non-opiate drugs)	heroin no cocaine
change 2022 to 2023	249	113	11	125	48
	31%	35%	8%	38%	6%

The majority of cocaine only deaths are in the younger age groups (<40) whereas for the cocaine and heroin deaths the majority are in the over 40s, with a third over 50

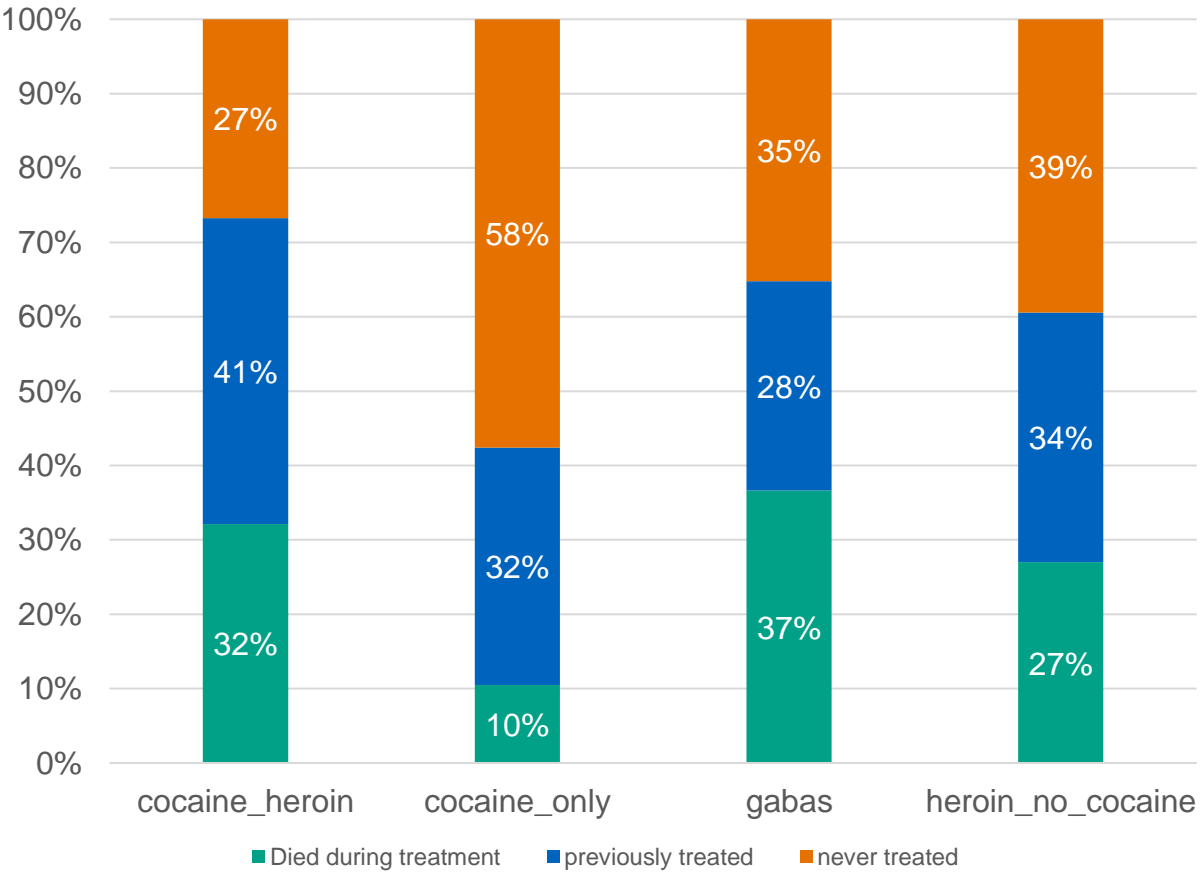


Nearly half of drug misuse deaths occur in people never treated and just over a quarter in people treated previously, with significant variation depending on substance

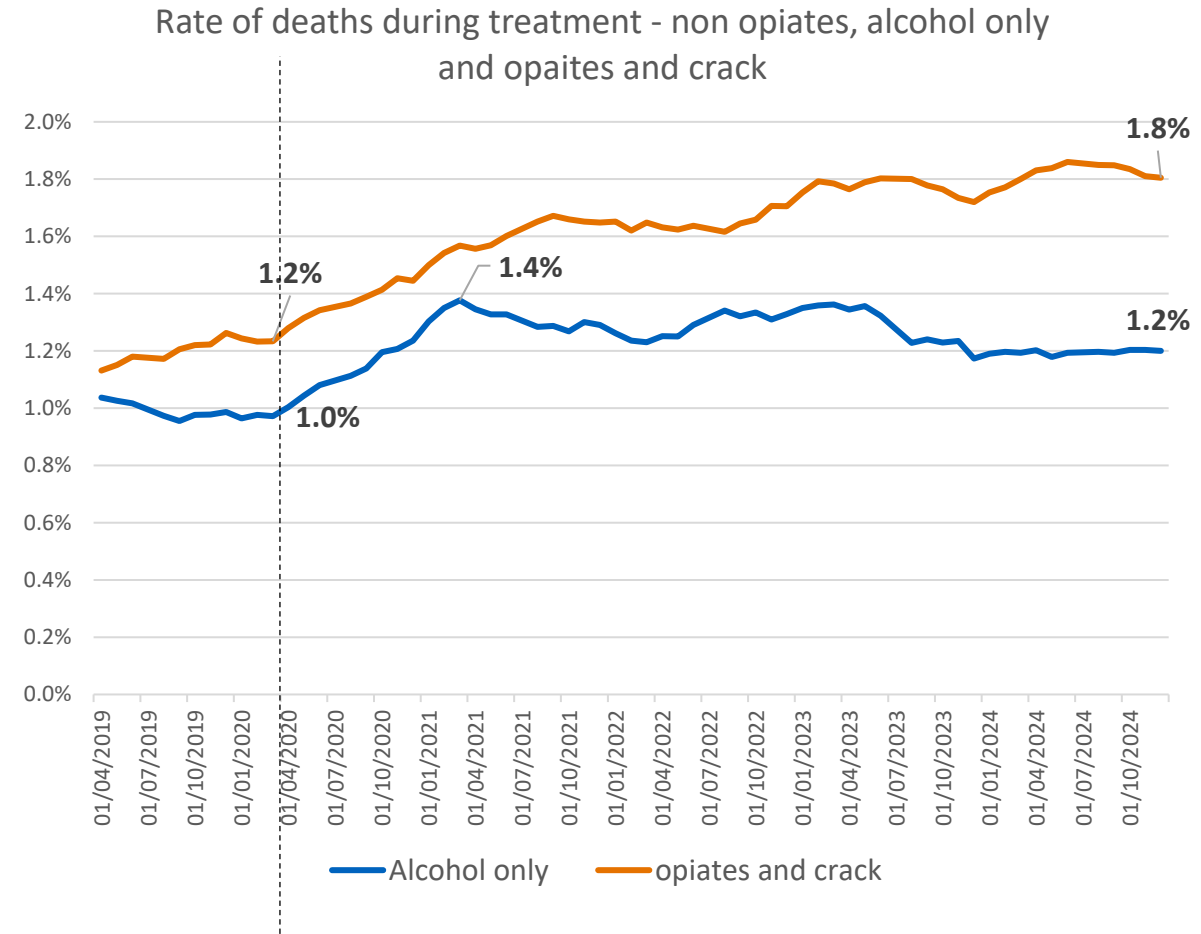
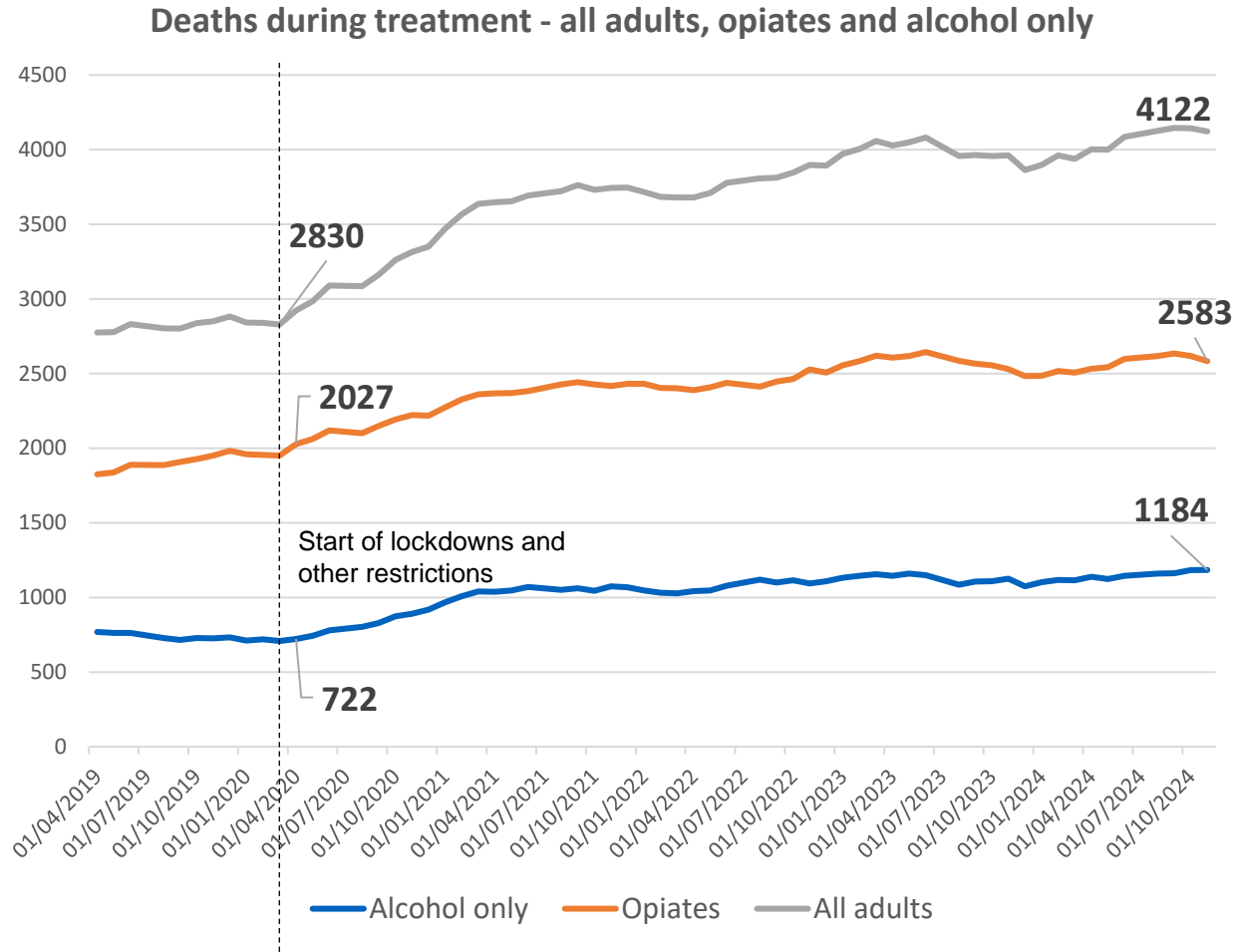
Treatment status and length of time after leaving treatment (2021-2023 registrations)



Treatment status by substance group

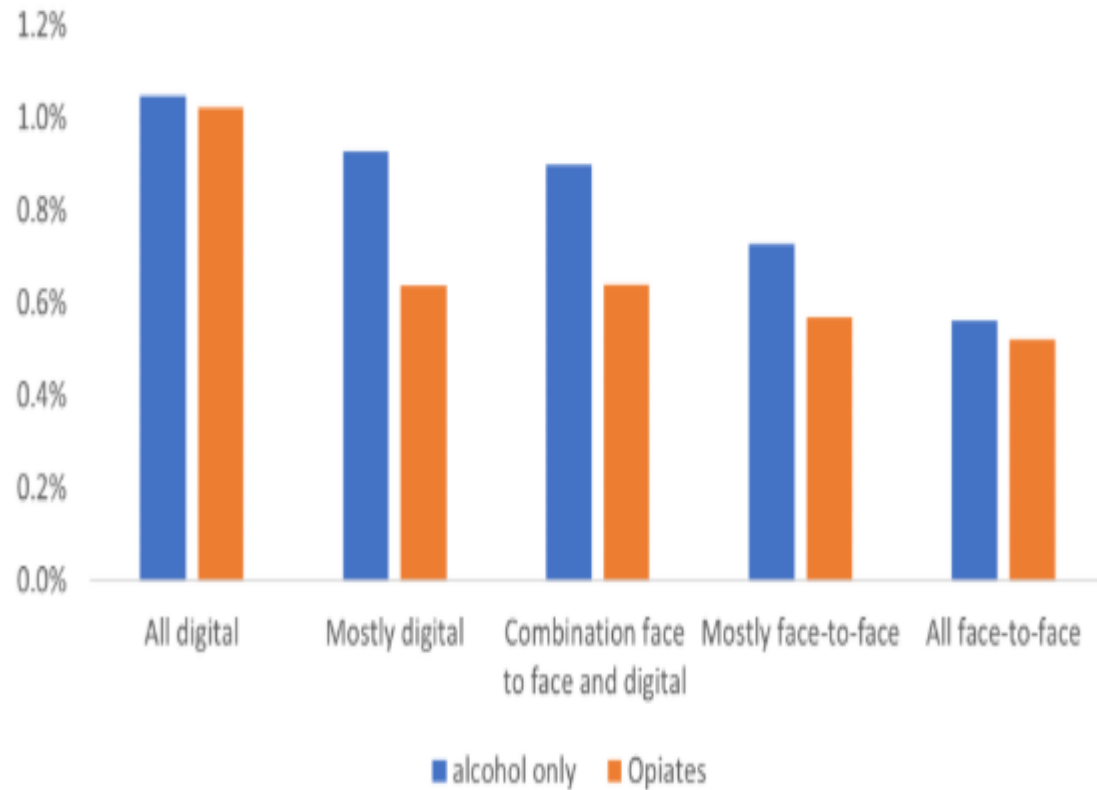


The number of deaths in treatment has increased substantially for all substance groups since 2020, in part due to increases in numbers in treatment. However, the rate of deaths also increased and remains higher than four years ago

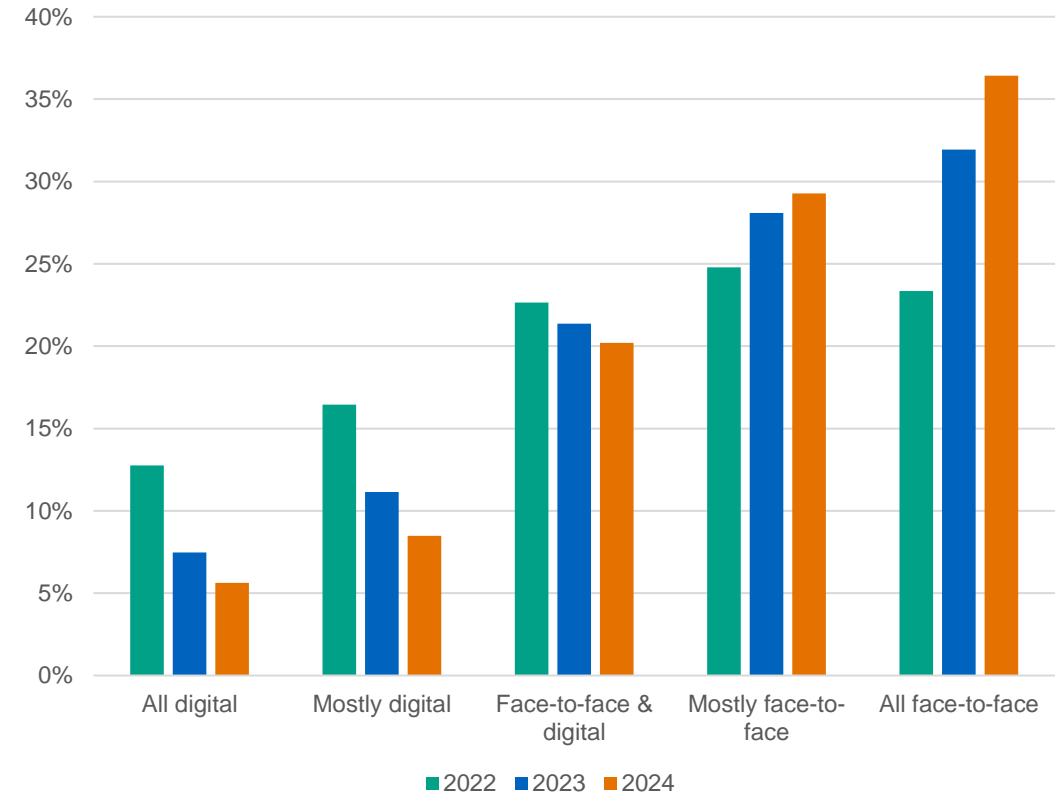


Opiate and alcohol users were twice as likely to die if they have all digital contacts compared to all face to face, with risk decreasing the more in person contacts they had. Overall, the use of digital appointments have fallen with now about 14% of people having all or mostly digital contact

Rate of deaths during treatment by contact type

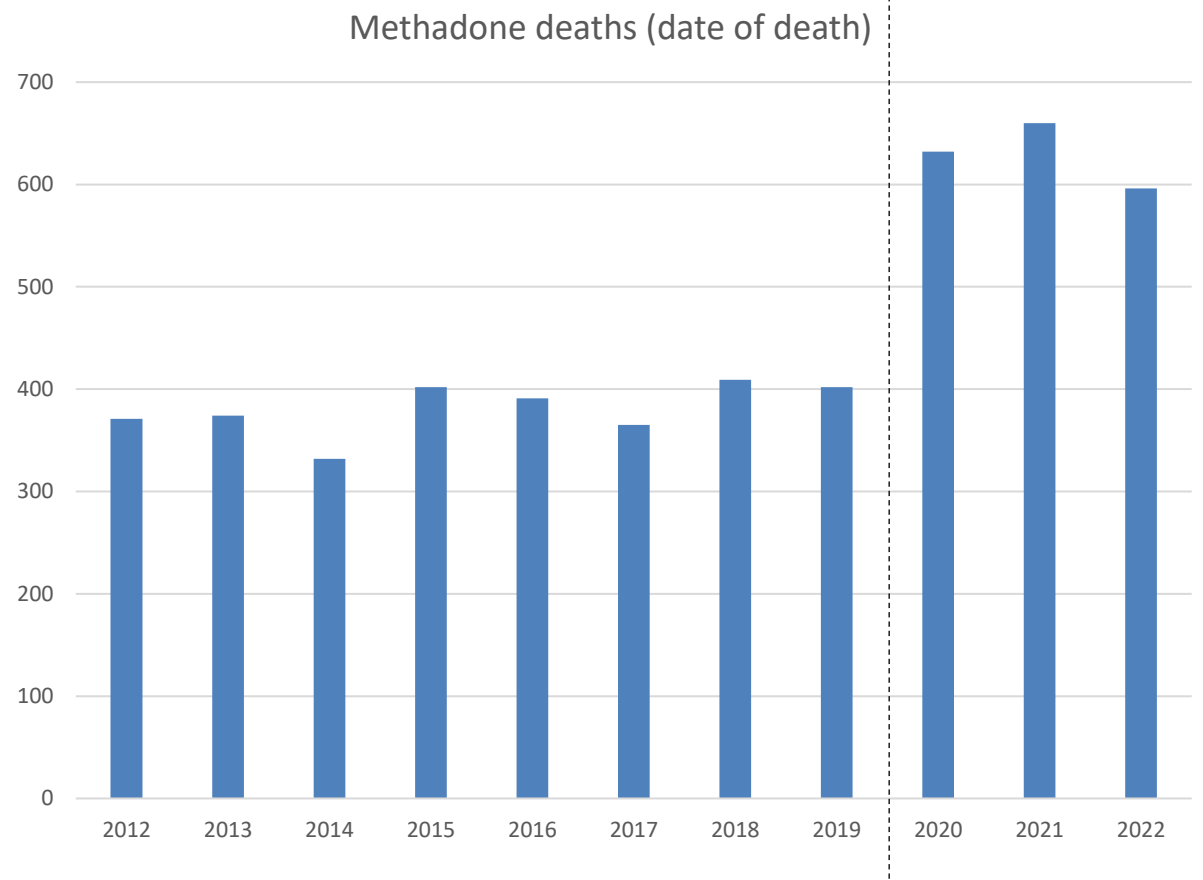
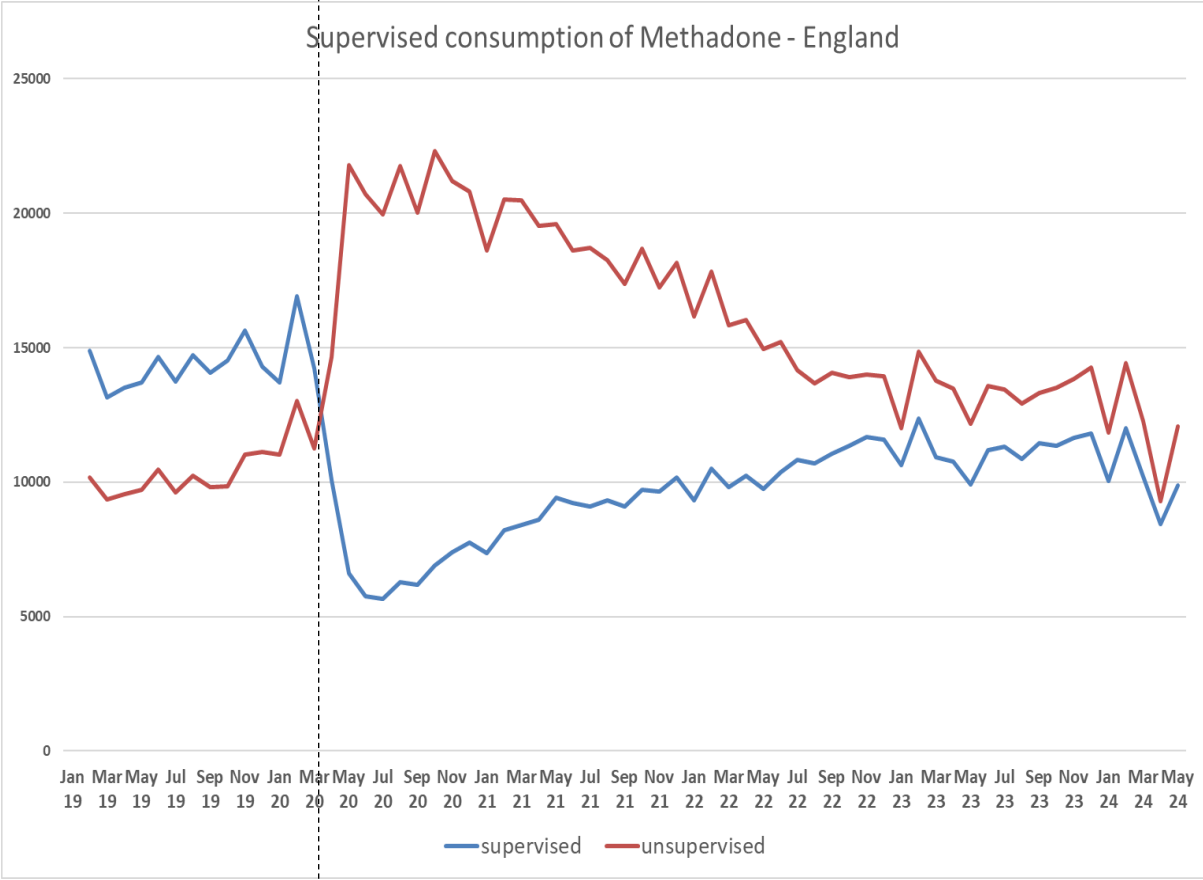


Contact types over time



We only started collecting contact type data in 2022

The use of unsupervised OST consumption (USC) increased substantially in 2020 but has slowly fallen over time. Regionally there are some obvious examples where increases in USC correlate with increases in opiate misuse in treatment deaths, such as the East Midlands.



OHID's DARDs action plan priorities 2023 and 2025

2023 plan:



1. Safer and better 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 and alcohol use

In 2025 we plan to:

1. Retain, with additional focus on alternative models of supervised consumption, better stimulant treatment offer, more depot buprenorphine. Add new separate priority on improving physical healthcare.

2. Retain, with additional focus on actionable insights from data, data/info sharing on non-fatal overdoses, use of DARD checklist and monitoring of system maturity.

3. Consolidate and build on progress made through Early Warning System but no longer specific priority here.

4. Retain but as core underpinning principle of plan and pursuing wider issues, such as language and mainstream media reporting

5. Replace and reframe with NEW priority on targeted harm reduction for particular cohorts and patterns of use

Add NEW underpinning input/output process measures for monitoring, with deep dive on what is working well and revised DARD checklist

National guidance, local action

Preventing drug and alcohol deaths: partnership review process

- Updated and republished in 2024
- All areas expected to have processes in place
- Coroner involvement hugely variable and we (and CMO) are talking to Chief Coroner

Potent synthetic opioids: preparing for a future threat

- All areas advised to develop preparedness plans back in 2018 to respond to fentanyl threat
- Updated for nitazenes and other synthetic opioids in 2023
- JCDU collected and assessed CDP plans, ran a tabletop exercise to test preparedness, and will publish further guidance soon

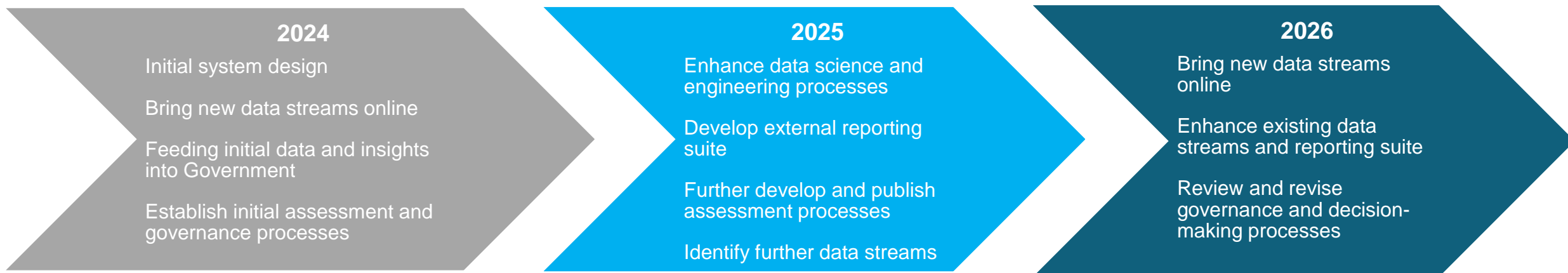
Drug alerts and local drug information systems

- All areas now report having an LDIS
- Guidance is being updated and expanded

Rolling out our Early Warning System (EWS)

The Early Warning System (EWS) is central to bolstering the cross-Government response to Synthetic Opioids. OHID is leading work to enhance surveillance through a phased delivery of the EWS

- OHID is serving as the central hub for collection, analysis and assessment of data and intelligence within central Government. The EWS will include:
 - an OHID surveillance function analysing a range of new and existing sources;
 - data and intelligence contributed by (or monitored from) other organisations;
 - a governance and decision-making framework for assessing and responding to threats identified; and
 - a reporting suite including LA and public-facing data dashboards and quarterly risk assessment publications.



We have been standing up new data systems and collecting a wide range of information from different sources mainly for national surveillance

OHID surveillance function

- post-mortem toxicology (new)
- ambulance call outs (new)
- sentinel testing (new)
- drug-checking
- seizures analysis
- local intelligence (LDIS)
- hospital admissions
- treatment presentations

Data also fed-in/monitored from:

- Home Office
- National Crime Agency
- Prison and probation
- Devolved Administrations
- International partners



Some general findings from the early warning system

- Deaths involving nitazenes are widespread across England (and UK) and are do not seem to be concentrated in regions with traditionally largest heroin/opiate death rates
- Nitazenes have probably resulted in net increases in overall opioid deaths – but worst fears have not yet materialised
- Prevalence and harms of nitazenes among people who use heroin/potent opioids appear to have fallen since last summer
- There is limited data to base assessments of risk among wider recreational/medicinal cohorts but we are concerned about fake medicines containing nitazenes

Developing our reporting suite including a public-facing dashboard is a priority for 2025. We have begun sharing ambulance data with local authorities and are working towards early summer for our first regular publication

Practice and other changes to consider

- Review the current offer for stimulant users
- Look again at supervised consumption and face to face / digital balance
- Consider how you can increase depot buprenorphine offer and how to ensure all opiate users have at least one naloxone kit
- Review levels of illicit opiate use and alcohol consumption of people in treatment
- Improve the alcohol offer, including referrals for people for testing for fibrosis (fibrosan) to support earlier intervention for alcohol related liver disease
- Build a focus on physical health: regular health care assessments, linking with acute care and supporting service users into and through testing and treatments. Links to smoking cessation services
- Ensure links with primary care / pharmacy to identify joint prescribing particularly with gaba drugs
- Attend the national DARDs online event on 1 May!

