



Public Health  
England

Protecting and improving the nation's health

# Cheshire and Merseyside IMS – National and local picture from intelligence systems

July 2017

# Sources

- PHE Health Matters – Preventing Drug Misuse Deaths - <https://publichealthmatters.blog.gov.uk/2017/03/01/health-matters-preventing-drug-misuse-deaths/>
- Presentations from PHE's national intelligence network
- ONS Statistical Release Deaths Related to Drug Poisoning - <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/2015registrations#people-aged-30-to-49-have-the-highest-rate-of-drug-misuse-deaths>
- European Drug Report 2017 - <http://www.emcdda.europa.eu/edr2017>
- [PHE drug related death trend analysis](http://www.nta.nhs.uk/uploads/trendsdrugmisusedeaths1999to2014.pdf) - <http://www.nta.nhs.uk/uploads/trendsdrugmisusedeaths1999to2014.pdf>
- Report of National Drug Related Death Inquiry – Understanding and preventing drug related deaths



## Healthmatters Preventing drug misuse deaths

### 1. The scale of the problem

There were 2,300 drug misuse deaths registered in England in 2015, an increase of 8.5% on the year, and the highest figure on record.

Heroin and morphine account for the majority of the deaths and the increase. Heroin related deaths have doubled since 2012 in England and Wales. There were 1,989 deaths from opiates (heroin and methadone) in England and Wales in 2015.

Other substances frequently mentioned in drug misuse deaths registered in England and Wales in 2015 include:

- amphetamines (157)
- cocaine (320)
- benzodiazepines (366)
- anti-depressants (in combination) (447)

There were  
**2,300**  
drug misuse deaths  
in England in 2015...



**74%**  
of drug misuse  
deaths occur  
in men



...an **INCREASE** of  
**8.5%**

on the year before and  
the highest figures  
on record



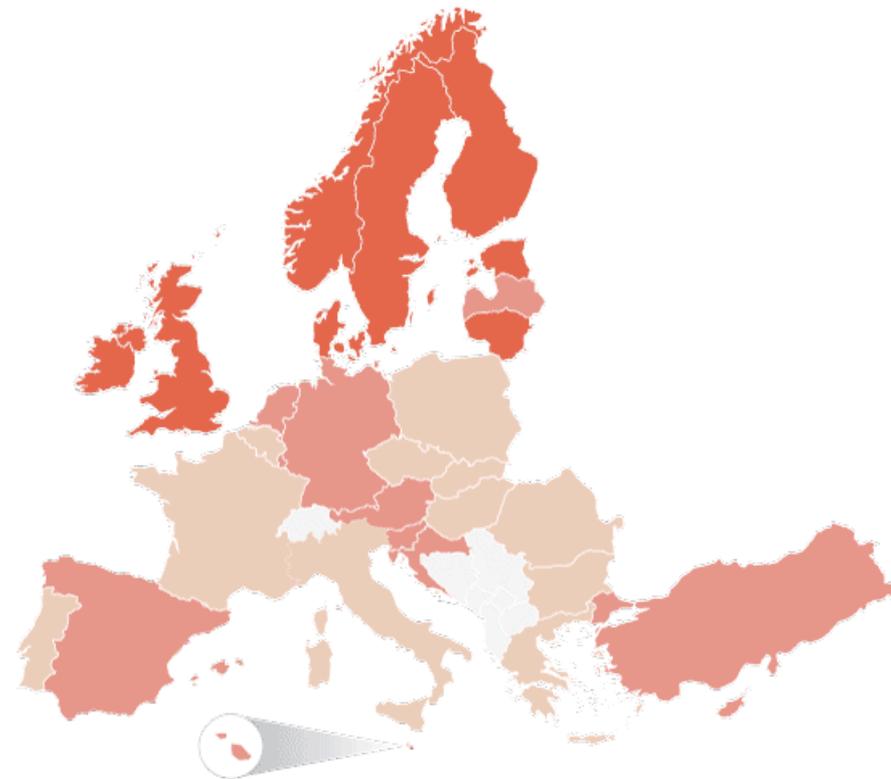
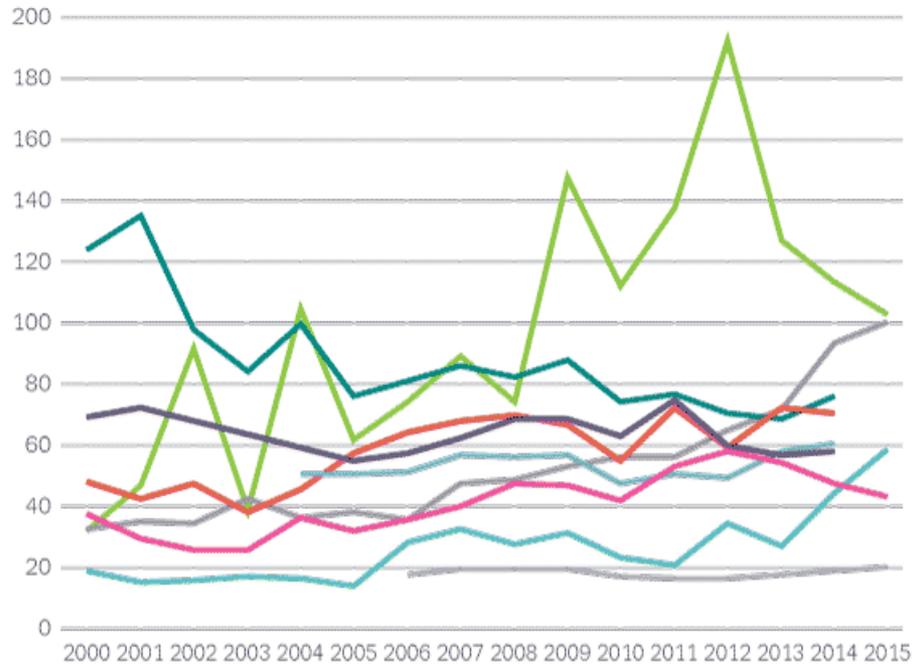
Drug misuse  
is the **third most**  
common cause of  
death for those aged

**15 to 49**  
in England



## Drug-induced mortality rates among adults (15–64): selected trends and most recent data

Cases per million population

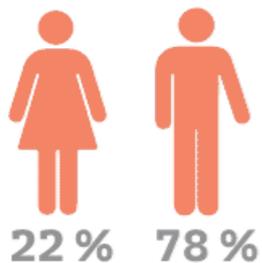


Cases per million population ■ <10 ■ 10–40 ■ >40

NB: Trends in the eight countries reporting the highest values in 2015 or 2014 and overall European trend.  
EU + 2 refers to EU Member States, Turkey and Norway.

# Drug-induced deaths

## Characteristics



Mean age at death

38

Deaths with opioids present



## Age at death

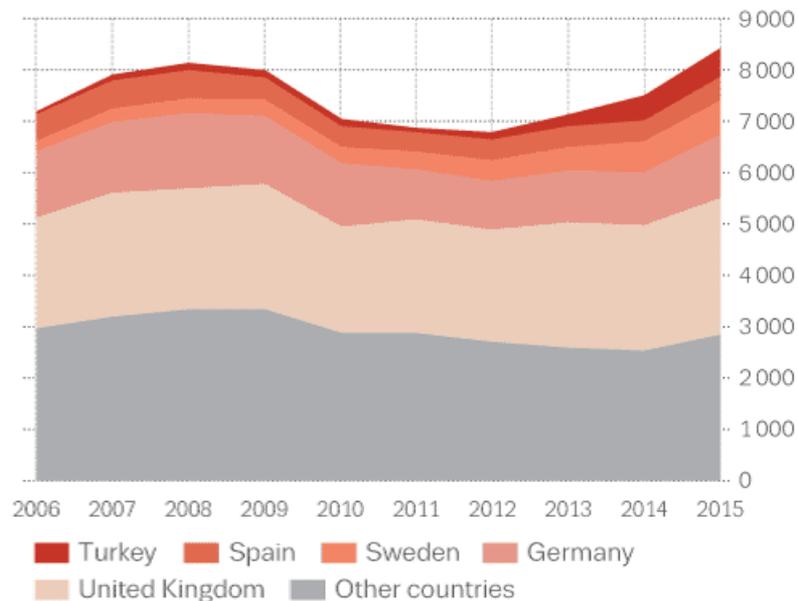


## Number of deaths

7 585 EU

8 441 EU + 2

## Trends in overdose deaths





## Healthmatters Preventing drug misuse deaths

### 2. Drug misuse harms society

Drug misuse and dependency can lead to a range of harms for the user including:

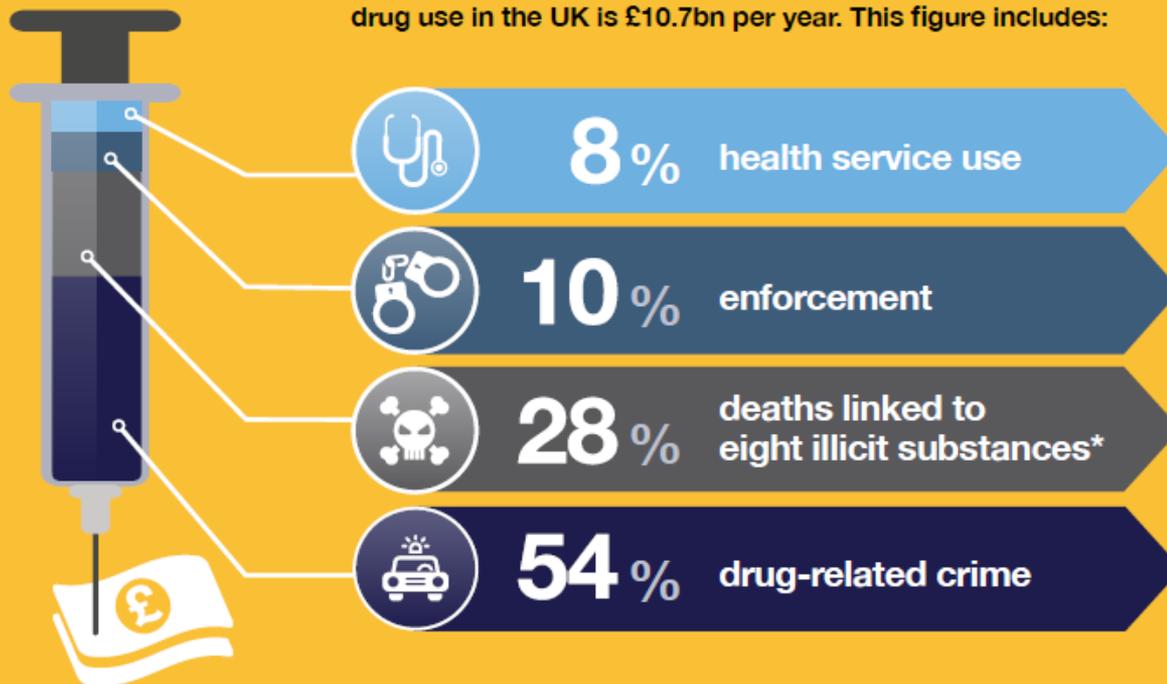
- poor physical and mental health
- unemployment
- homelessness
- family breakdown
- criminal activity

But drug misuse also impacts on all those around the user and the wider society.

The annual cost to the family members and carers of heroin and/or crack cocaine users is estimated to be £2bn.

The public value drug treatment because it makes their communities safer and reduces crime. 82% said treatment's greatest benefit was improved community safety.

The Home Office estimated in 2010/11 that the cost of illicit drug use in the UK is £10.7bn per year. This figure includes:

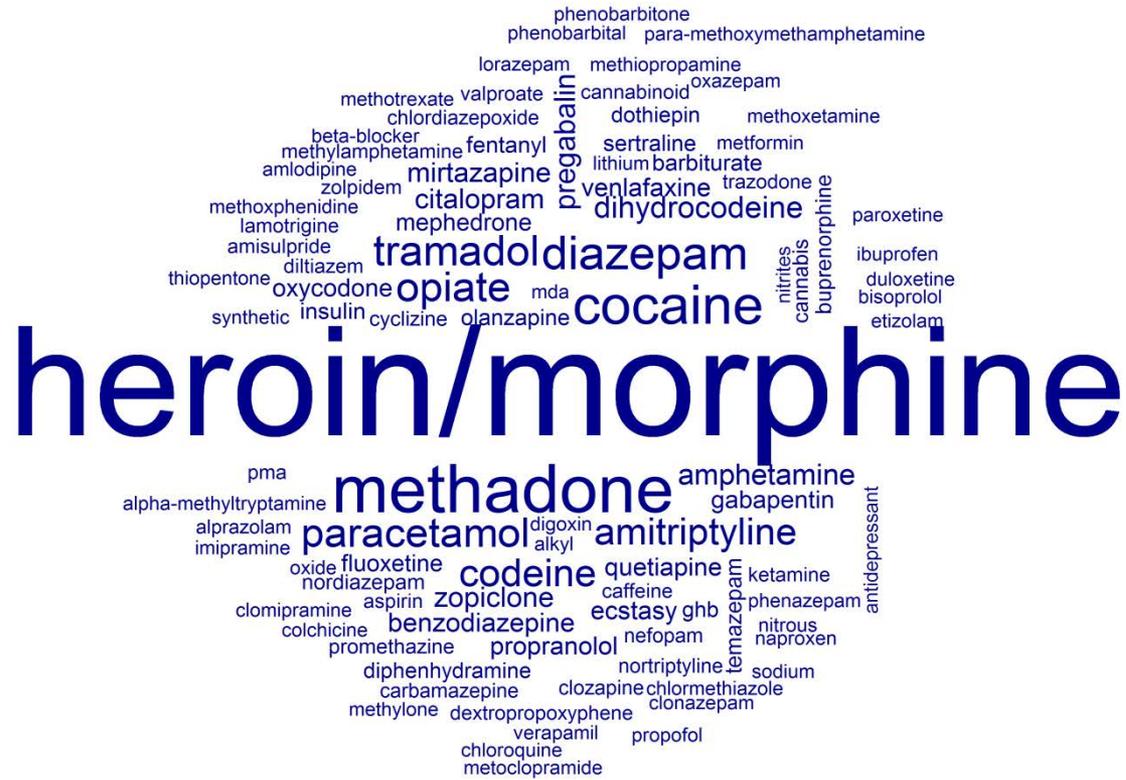


\*amphetamines, cannabis, crack, ecstasy, heroin, LSD, 'magic mushrooms' and powder cocaine

# Deaths related to drug poisoning

- Includes:
  - Accidents and suicides involving drug poisonings
  - Drug abuse and drug dependence
- Excludes:
  - Adverse effects of drugs (for example, anaphylactic shock)
  - Other accidents where someone was under the influence of drugs (for example, car accident)

# Drug poisoning deaths in 2015



# Percentage of deaths caused by drug misuse

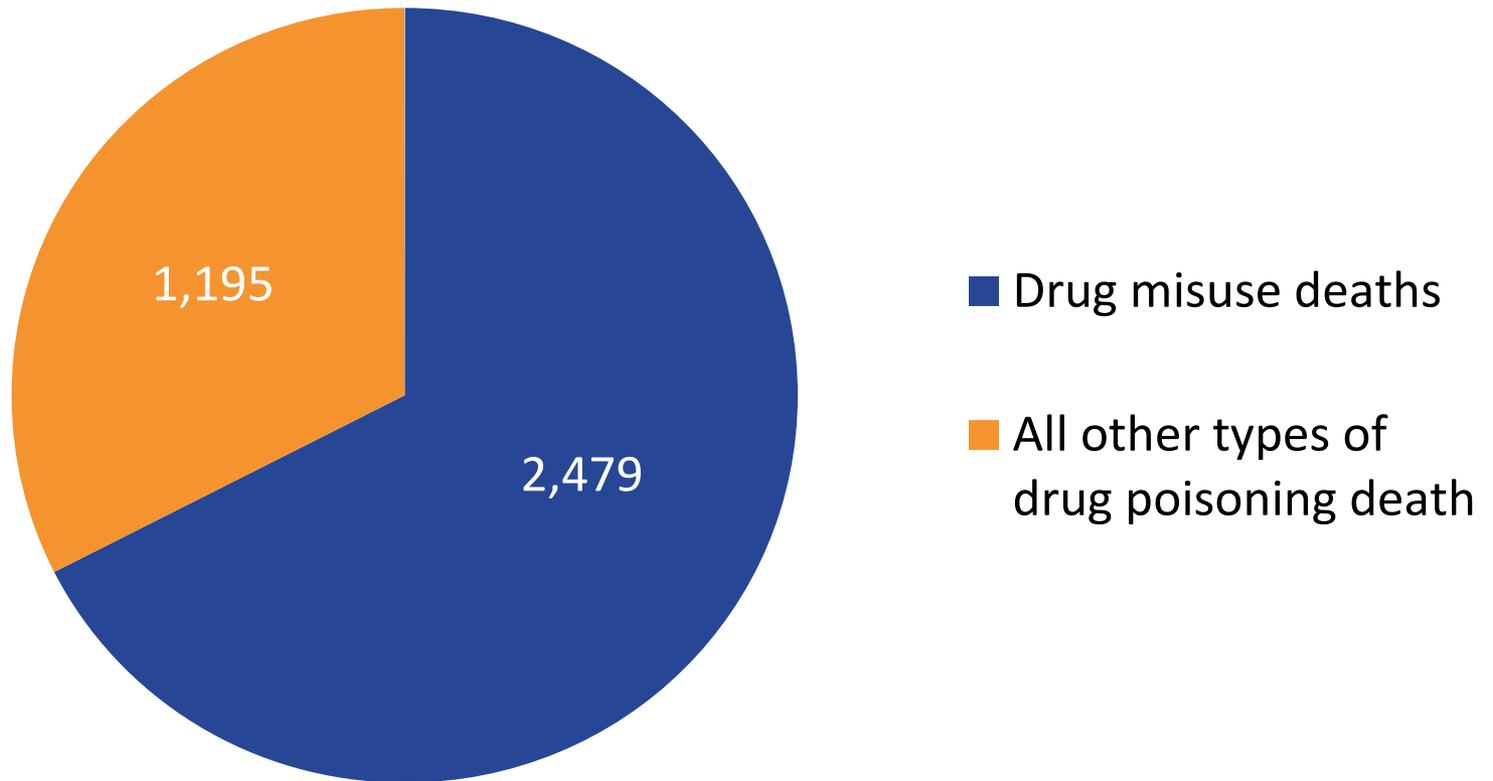
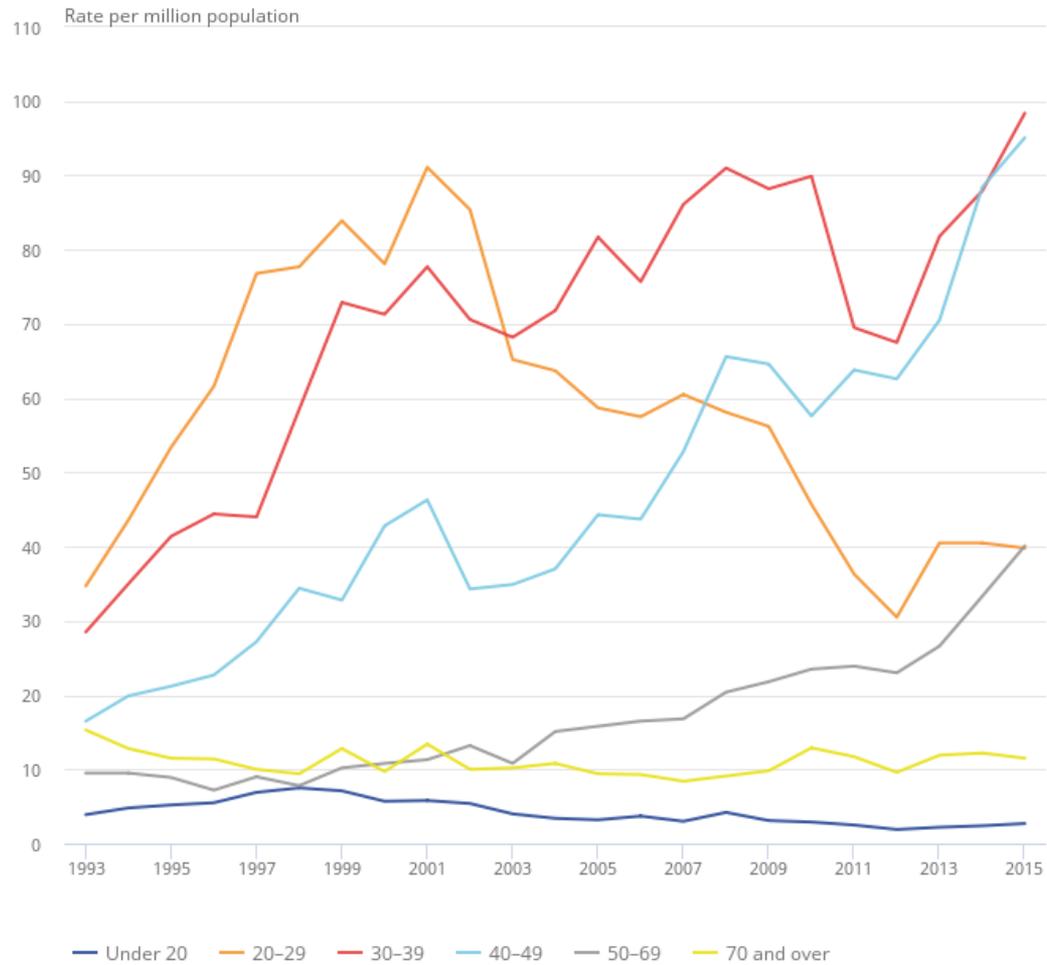


Figure 5: Age-specific mortality rates for deaths related to drug misuse, deaths registered in 1993 to 2015

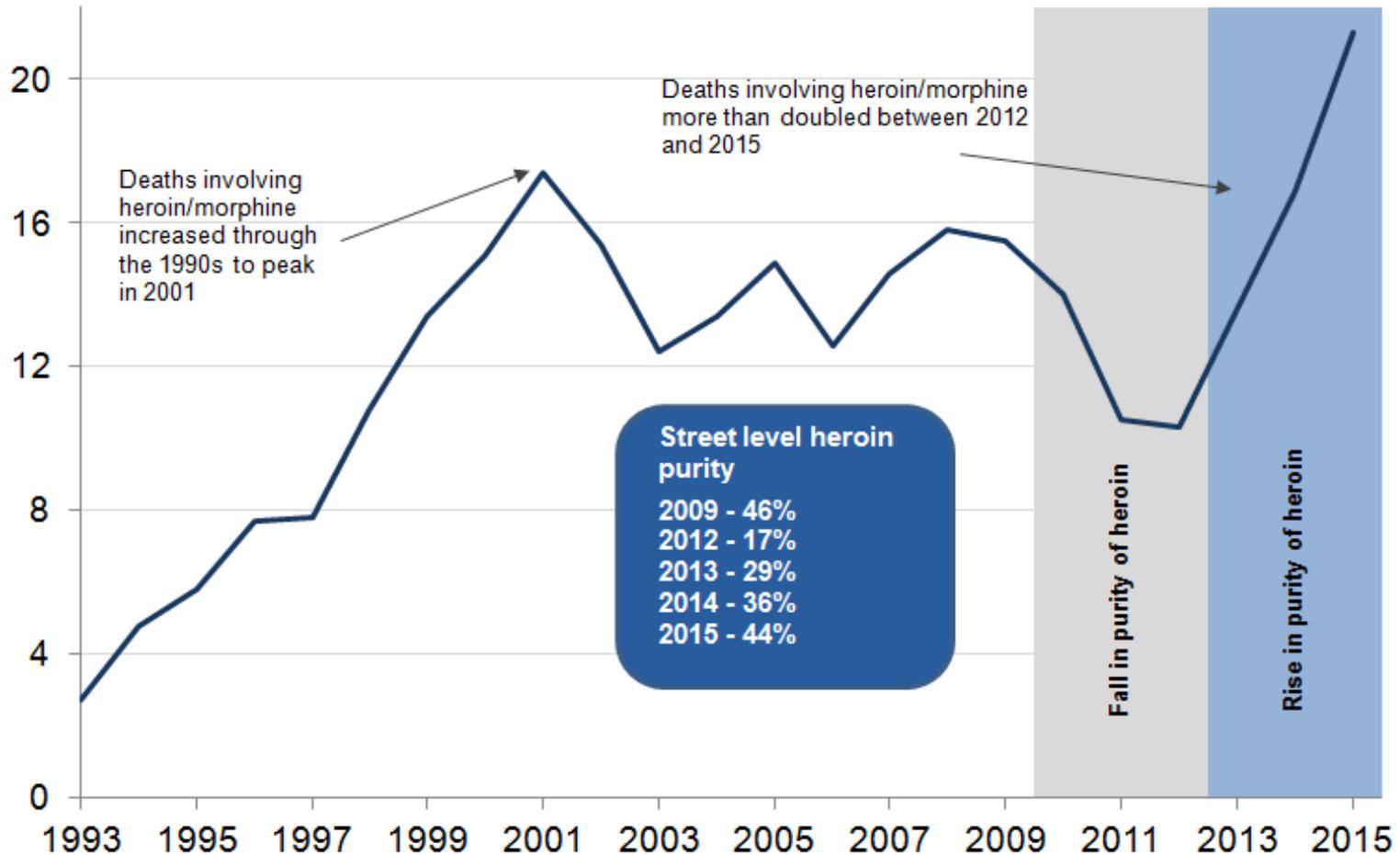
England and Wales



Source: Office for National Statistics

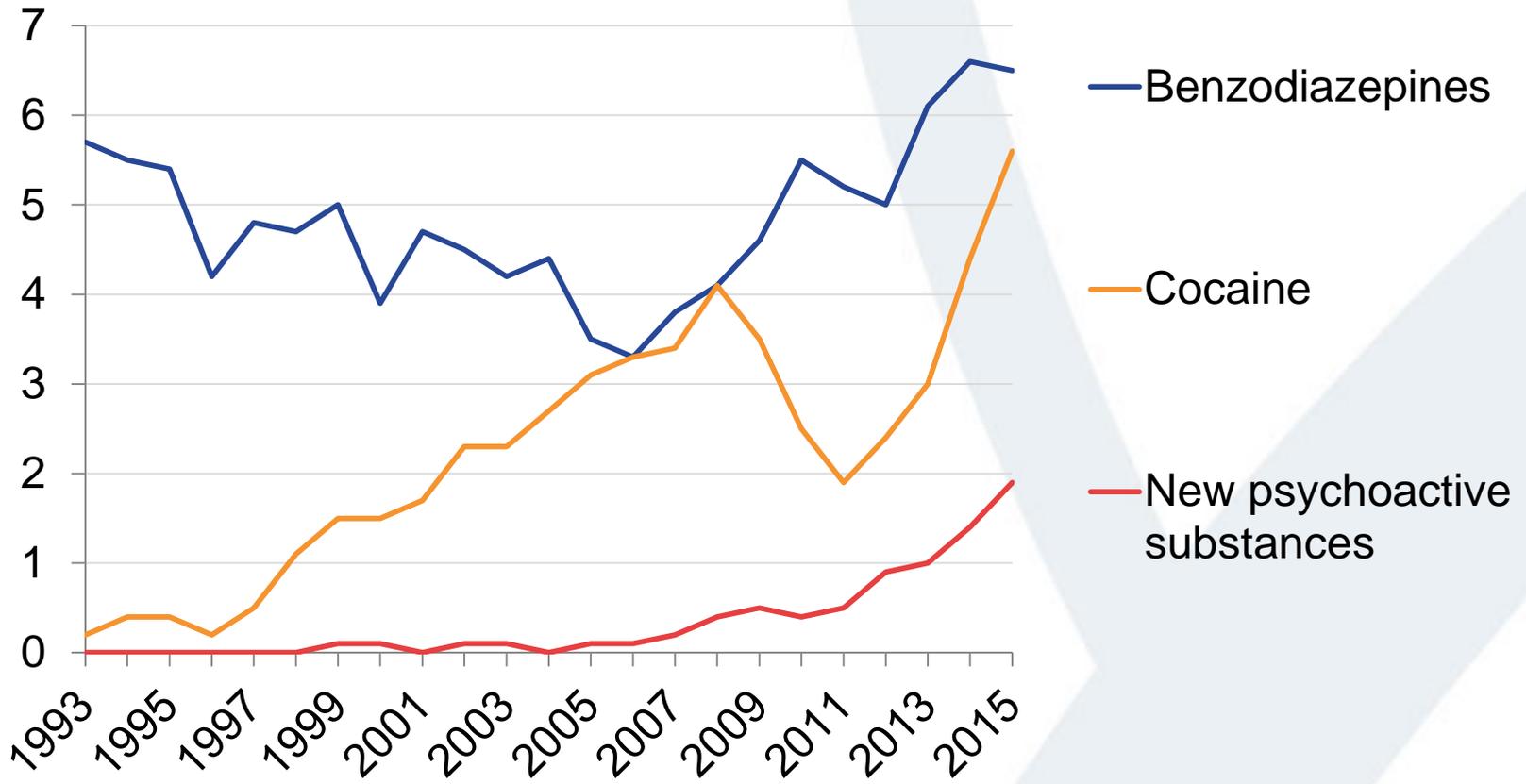
# Deaths involving heroin and/or morphine

Rate per million population



# Mortality rate for deaths involving other commonly abused drugs

Rate per million population



# Exploratory cocaine analysis

Analysis carried out for PHE's drug-related deaths trends report.

More than half of those who died where cocaine was reported on the death certificate had a history of drug treatment, and had more commonly been treated for crack, rather than powder cocaine, as well as heroin.

London has the highest estimated rate of crack cocaine use in England. PHE analysis found that the proportion of drug deaths in London that involved cocaine was nearly double that of England.

In 2015 a higher proportion of cocaine deaths also featured another substance compared to the previous peak in cocaine-related deaths in 2007.

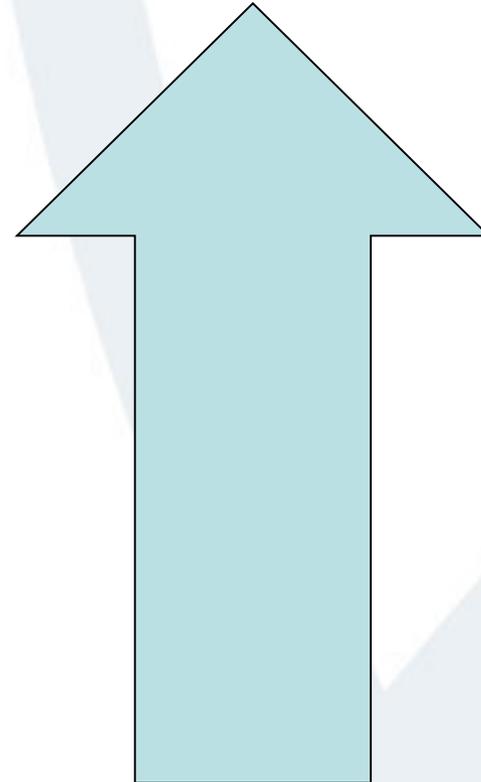
# Deaths involving new psychoactive substances

Substance	2011	2012	2013	2014	2015
<b>New psychoactive substances</b>	31	55	63	82	114
Cathinones	6	18	26	27	49
GHB	20	13	18	20	26
Benzodiazepine analogues	2	4	3	14	11
Methiopropamine	0	2	4	7	6
Alpha-methyltryptamine	0	4	7	6	5
Synthetic cannabinoids	0	1	0	2	8
"Legal highs"	4	14	17	31	25

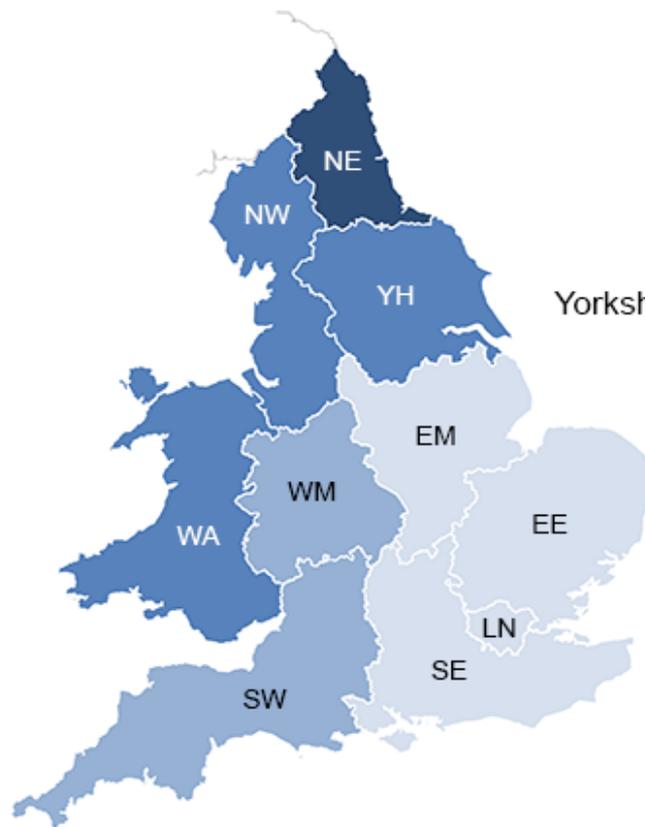
# Trends in other substances

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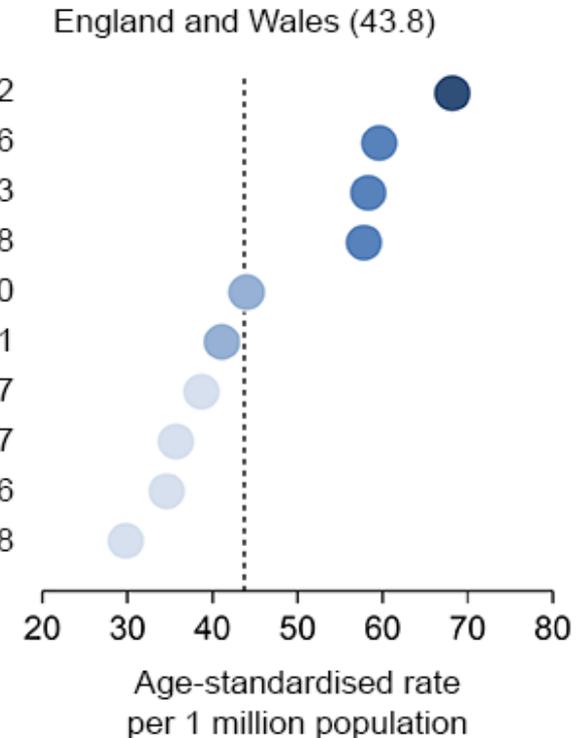
- Methadone
- Amphetamine
- Quetiapine
- Pregabalin
- Gabapentin



# Drug misuse mortality rate by country and region, 2015



North East (NE)	68.2
North West (NW)	59.6
Wales (WA)	58.3
Yorkshire and The Humber (YH)	57.8
South West (SW)	44.0
West Midlands (WM)	41.1
East Midlands (EM)	29.8
South East (SE)	38.7
East (EE)	35.7
London (LN)	34.6



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# PHOF – England Benchmark

2.15iv - Deaths from drug misuse 2013 - 15

Directly standardised rate - per 100,000

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	–	6,232	3.9		3.8 4.0
North West region	–	1,146	5.6		5.2 5.9
Blackburn with Darwen	–	29	7.2		4.8 10.3
Blackpool	–	76	19.0		14.9 23.8
Bolton	–	50	6.2		4.6 8.2
Bury	–	22	*	–	–
Cheshire East	–	37	3.6		2.5 4.9
Cheshire West and Chester	–	38	3.9		2.8 5.4
Cumbria	–	70	5.1		4.0 6.5
Halton	–	20	*	–	–
Knowsley	–	10	*	–	–
Lancashire	–	167	5.0		4.3 5.8
Liverpool	–	109	8.0		6.5 9.5
Manchester	–	106	8.1		6.5 9.8
Oldham	–	37	5.8		4.1 8.0
Rochdale	–	42	7.0		5.0 9.5
Salford	–	32	4.6		3.2 6.6
Sefton	–	47	6.3		4.6 8.4
St. Helens	–	20	*	–	–
Stockport	–	40	4.8		3.4 6.5
Tameside	–	33	5.2		3.6 7.3
Trafford	–	28	4.0		2.7 5.8
Warrington	–	32	5.2		3.5 7.3
Wigan	–	52	5.6		4.1 7.3
Wirral	–	49	5.4		4.0 7.2

Source: Office for National Statistics (ONS)

# PHOF – NW Benchmark

2.15iv - Deaths from drug misuse 2013 - 15

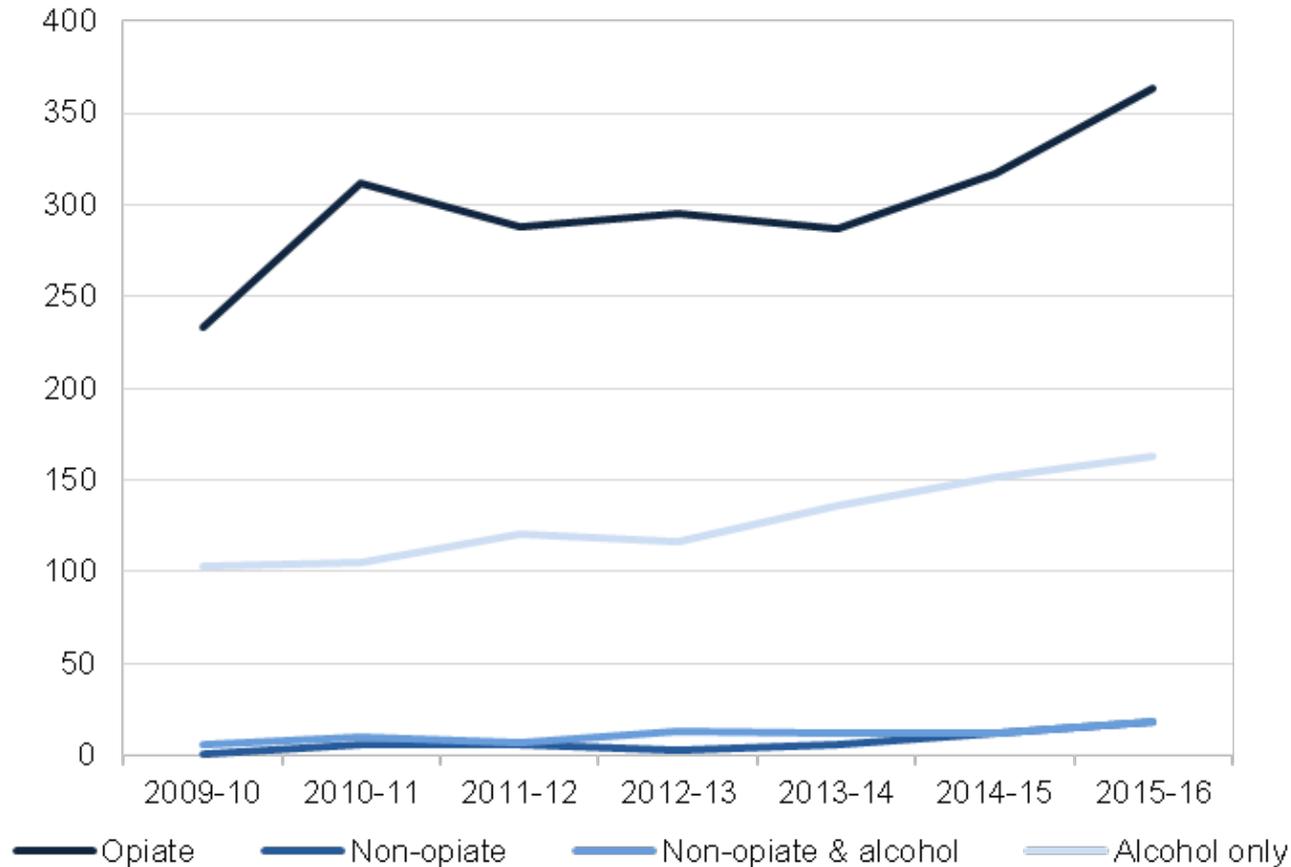
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Bolton	–	50	6.2		4.6 8.2
Bury	–	22	*		- -
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Halton	–	20	*		- -
Knowsley	–	10	*		- -
Lancashire	–	167	5.0		4.3 5.8
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Source: Office for National Statistics (ONS)

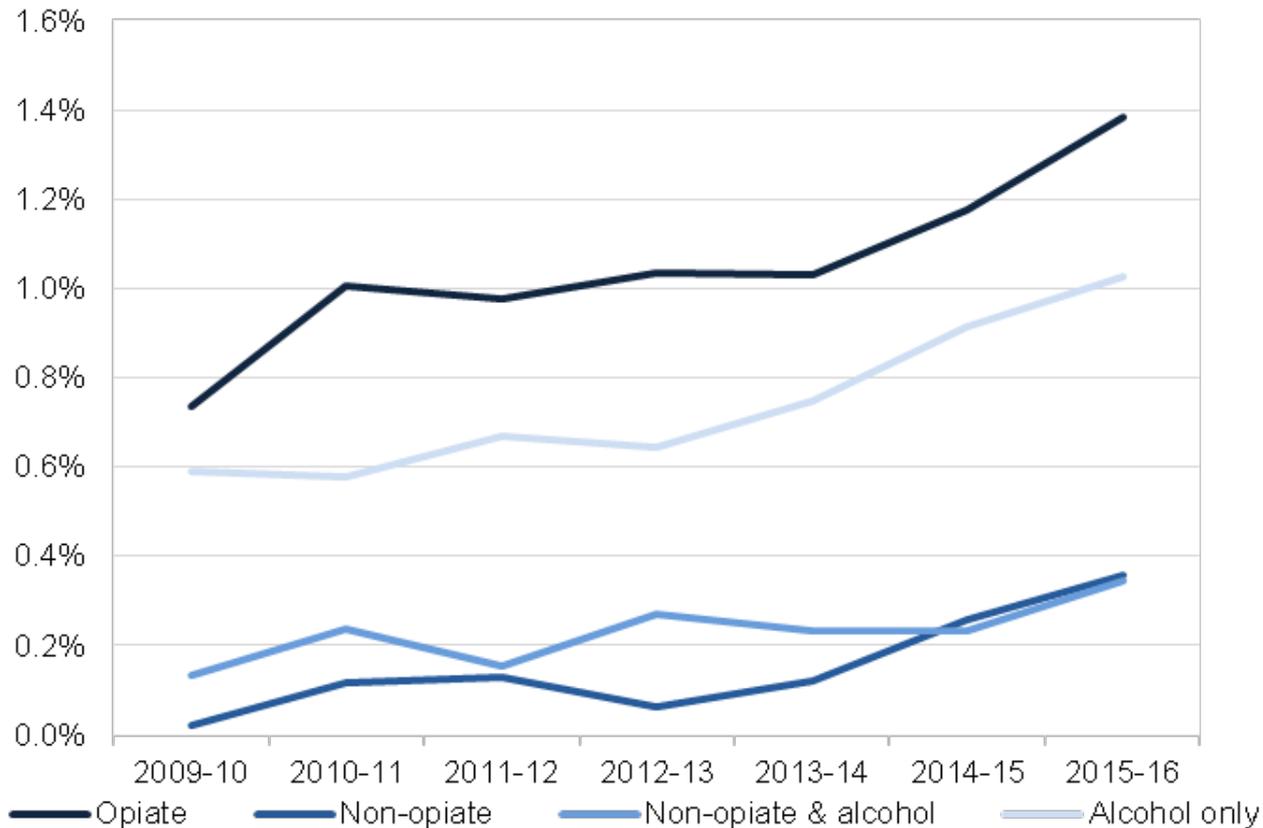
# NW - In treatment death trend

Annual number of deaths in treatment by the main substance groups

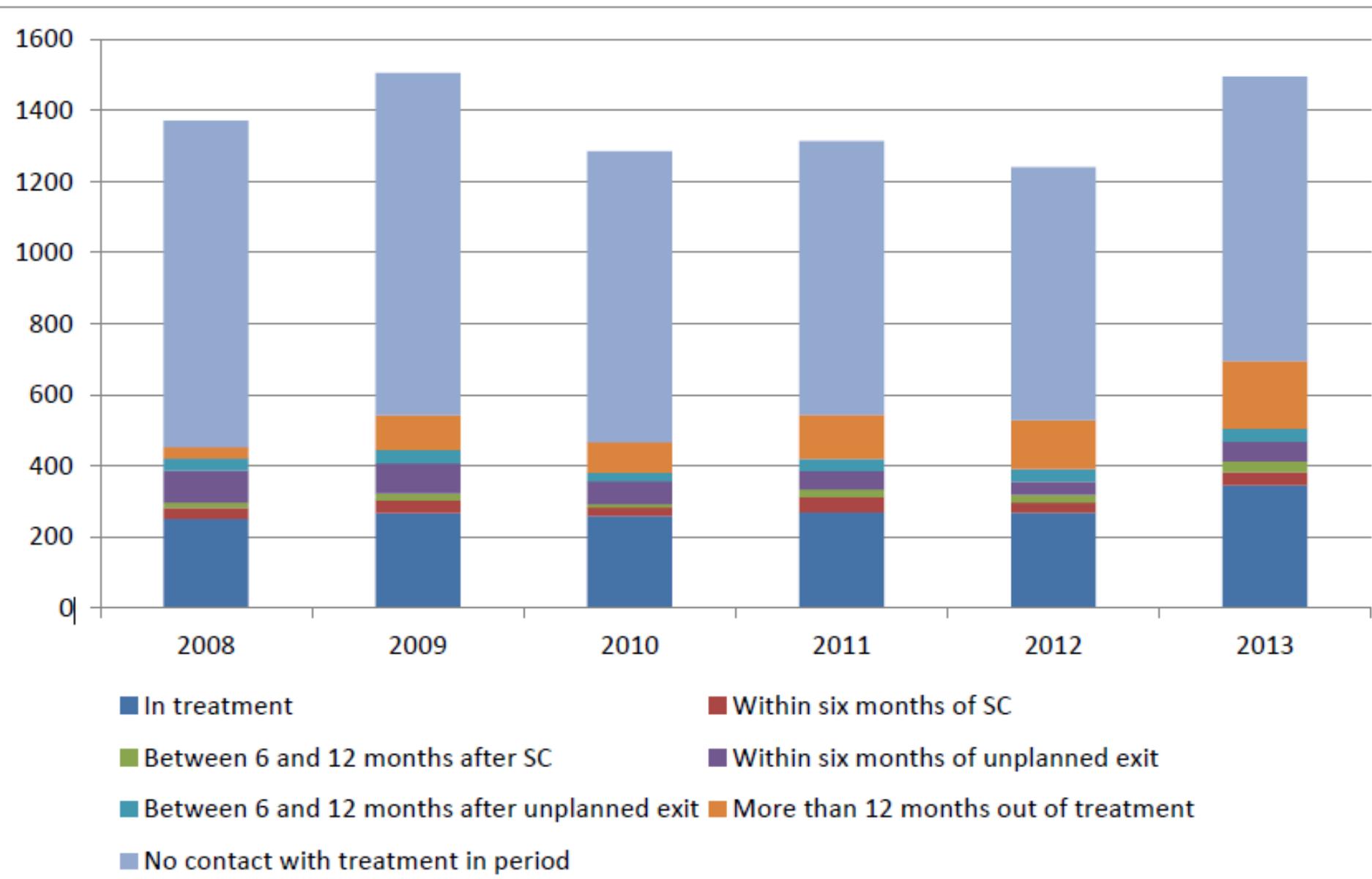


# Deaths as a proportion of in treatment pop.

Annual proportion of deaths in treatment by the main substance groups



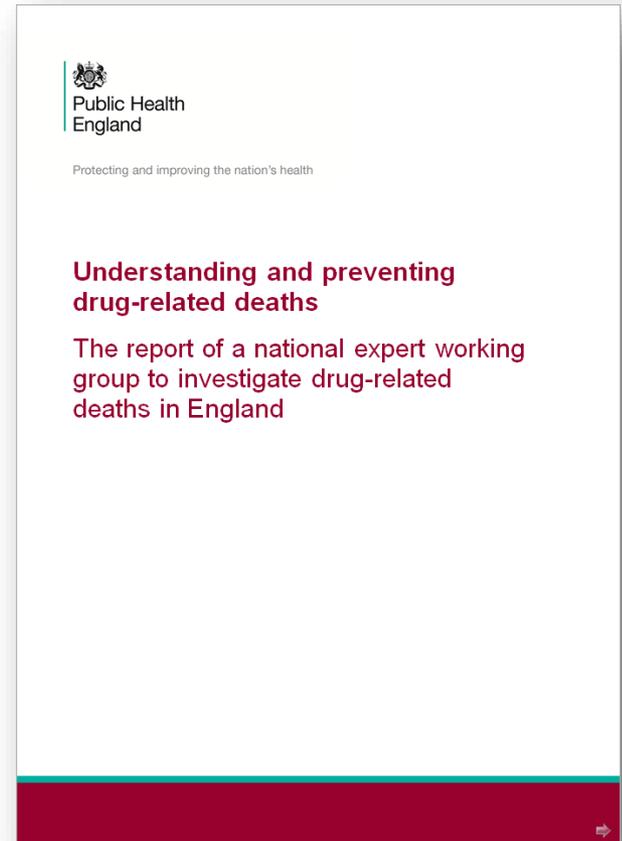
**Figure 11. Breakdown of opiate misuse deaths by treatment status, 2008–2013**



*Note: figures for 2013 should be regarded as partially incomplete.*

# The inquiry

- 2013 rise reported in 2014 led to national summit
- Further rise reported in 2015 led to PHE convening inquiry with LGA
- Independent expert working group to:
  - review evidence
  - scope further investigation
  - develop findings
  - publish conclusions and recommendations
- Five 'regional' events gathered current practice from 400 people
- Data analysis by PHE and others



# Conclusions 1 - causes

- Factors for the increase in DRDs are multiple and complex
- Increase 2013 -2015 caused mainly by:
  - increased availability of heroin (using purity as proxy)
  - an ageing cohort, many not in treatment, with health conditions making them susceptible to overdose
- Other factors contribute smaller numbers but may become more significant:
  - increasing suicides
  - increasing deaths among women
  - increasing deaths from drugs other than heroin
  - more people dying with multiple drugs in their systems
  - an increase in the prescription of medicines
  - improved coroner identification and reporting of drug deaths
- **Until needs of the ageing cohort are met, and other factors above addressed, drug misuse deaths may continue to rise**

# Conclusions 2 - factors

- Evidence-based interventions already reduce the number of deaths
- Correlation between health inequalities and drug-related deaths
- People who move between services and have complex needs are at particular risk
- PHE analysis did not establish a relationship between recovery and DRDs but poor practice at all levels could put people at greater risk
- DRDs are not always sufficiently investigated
- **Entering and leaving drug treatment are times of heightened risk but receiving evidence based treatment offers significant protection**



# Healthmatters Preventing drug misuse deaths

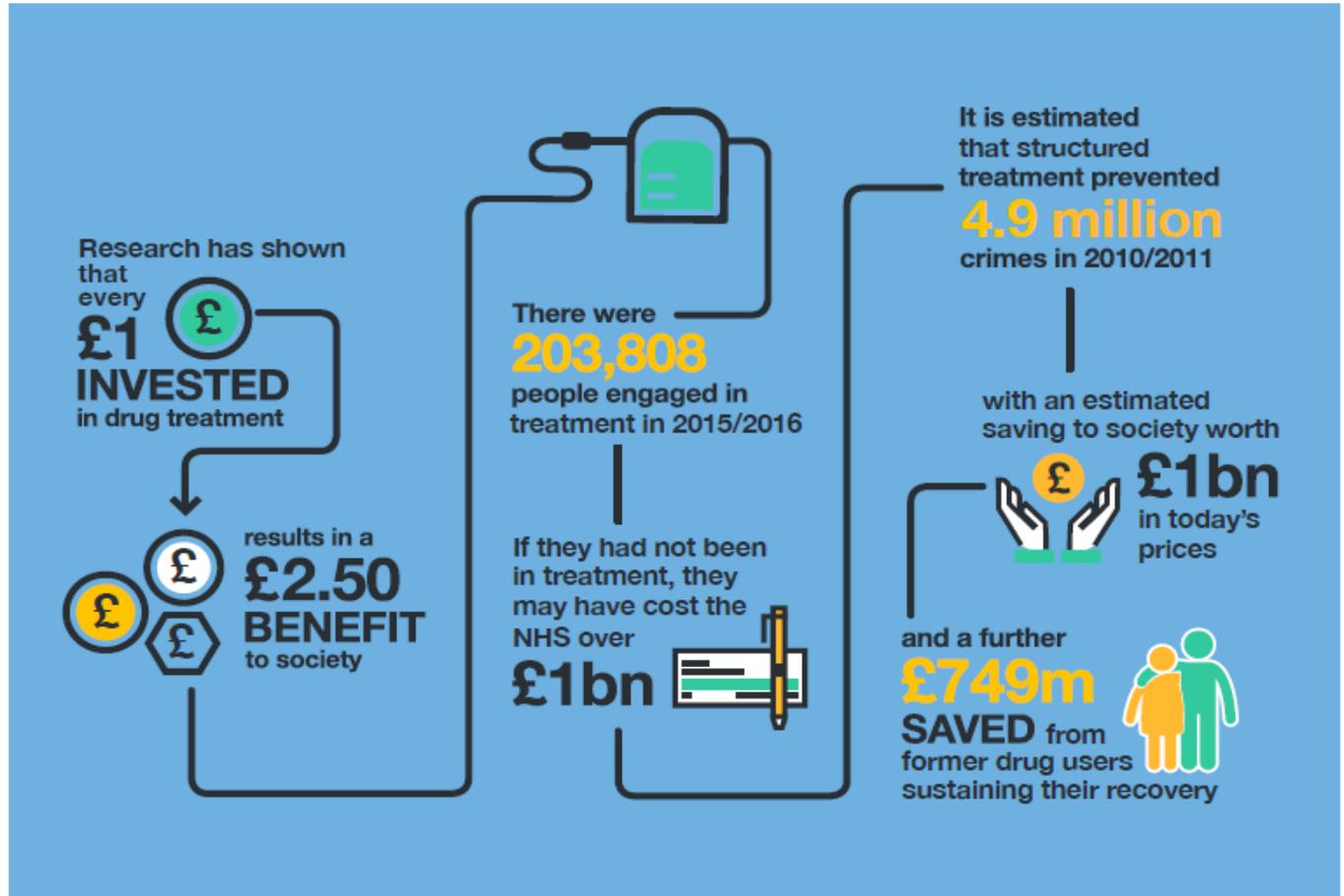
## 4. Why invest in treatment services?

Investing in treatment services to reduce drug misuse and dependency will not only help to save lives but will also substantially reduce the economic and social costs of drug-related harm.

Research has shown that every £1 invested in drug treatment results in a £2.50 benefit to society.

For many drug users, engaging in treatment can be the catalyst for getting the medical help they need to address their physical and mental health problems.

It is estimated that the cost of healthcare alone for adult drug users not in structured treatment is £5,380 per annum. Getting drug users into treatment can save the NHS £1 billion.





# Healthmatters Preventing drug misuse deaths

## 5. Collaborative action

Drug treatment can help people control and, eventually, overcome their addiction. Treatment is supported by a well-established body of evidence based guidelines, which should guide both clinical practice and the commissioning of services.

Services need to be easily accessible and attractive to encourage drug users to make contact.

PHE's drugs evidence review makes clear that drug treatment systems should continue to address a broad range of outcomes including:

- harm reduction
- reduced drug use
- social integration and recovery



# My perceptions

Poor health most important aspect to address

People might not want to know - one more piece of bad news

Majority of the solution lies outside our treatment services

Inconsistent contact with health services needs to red flag

Review processes are not well enough established across the

NW (in terms of partnerships particularly)

Opportunities to link with suicide prevention work

# NW Audit

Based on the inquiry recommendations

Request to all Directors of Public Health to respond

Within next month

On-line survey with potential follow-up

Event later in the year to share findings and best practice



Public Health  
England

Protecting and improving the nation's health

# Thank you

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