The national inquiry into drug-related deaths in England

Martin White, Alcohol, Drugs and Tobacco Division, Public Health England and UK Focal Point
Background to the inquiry

Registrations of heroin-related deaths in England & Wales have more than doubled since 2012 (579 in 2012 to 1,201 in 2015)

<table>
<thead>
<tr>
<th>Year of registration</th>
<th>Increase in drug misuse deaths in England</th>
<th>Increase in heroin-related poisonings in England &amp; Wales</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>21%</td>
<td>32%</td>
</tr>
<tr>
<td>2014</td>
<td>17%</td>
<td>24%</td>
</tr>
<tr>
<td>2015</td>
<td>8.5%</td>
<td>26%</td>
</tr>
</tbody>
</table>
Headline figures from recent ONS report

Drug poisonings (England)
Drug misuse deaths (England)
Heroin deaths (England & Wales)
Age-standardised mortality rate for deaths involving heroin/morphine, England, 1993-2014 registrations

Deaths involving heroin/morphine increased through the 1990s to peak in 2001.

Deaths involving heroin/morphine increased by more than two-thirds between 2012 and 2014.

Street level heroin purity:
- 2009 - 46%
- 2012 - 17%
- 2013 - 29%
- 2014 - 36%

Fall in purity of heroin:
- 2011

Rise in purity of heroin:
- 2014
Age-standardised mortality rates for other selected substances, England and Wales, deaths registered between 1993–2015

![Graph showing age-standardised mortality rates for various substances in England and Wales from 1993 to 2015. The graph compares rates per million population for Amphetamines, Benzodiazepines, Cocaine, and NPS.](image)
Age-specific mortality rates for drug misuse deaths, England & Wales, registered 1993-2015
Gender-specific mortality rates for drug misuse deaths, England & Wales, registered 1993-2015
Underlying cause of deaths for drug misuse deaths, England & Wales, registered 1993-2015

**Males**

**Females**

![Pie chart for males showing proportions of accidental poisoning, suicide, and mental and behavioural disorders and assault by drugs.](chart1)

![Pie chart for females showing proportions of accidental poisoning, suicide, and mental and behavioural disorders and assault by drugs.](chart2)
Regional variation

Source: Office for National Statistics licensed under the Open Government Licence v.3.0.
Contains OS data © Crown copyright 2016
Match of drug poisoning data to treatment data

Opiate misuse deaths, 2013

- No treatment in period (2008-13)
- More than a year from last treatment
- 6-12 months after unplanned exit
- Within 6 months of unplanned exit
- 6-12 months from successful completion
- Within 6 months of successful completion
- In treatment
The inquiry

• Independent expert working group called to:
  • review evidence
  • request 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 (evidenced by association with purity as a proxy)
  - an ageing heroin using cohort 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 certain 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 at a local level

- **The entering and leaving drug treatment are times of heightened risk but receiving evidence based treatment offers significant protection**
Principles for action

• Ensure that complex needs are met through coordinated, whole-system approaches
• Maintain the provision of evidence-based, high-quality drug treatment and other effective interventions
• Maintain the personalised and balanced approach to drug treatment and recovery support
• Reflect on practice to ensure that risk is understood, and there is no poor practice to increase risk
Key recommendations - Commissioners and providers

- Access to treatment
- Retention in treatment
- Evidence-based harm reduction
- Clinical governance risk management
- Workforce competence
- Share learning and intelligence e.g. with homeless services
- Focus on individuals surviving overdoses
- Adequate opioid substitution dosing
- Co-ordinate access to physical and mental health care services (e.g. smoking)
Key recommendations - others

• Public Health England, who have responsibility for community drug treatment and needle exchange services
  • promote adequate opioid substitute dosing
  • map naloxone provision and support greater consistency
  • support guidelines for treating older people
  • promote effective approaches to active risk management
  • promote better links with coroners and consistency in investigations
• NHS England health and justice, and Ministry of Justice, who have responsibility for prison drug treatment
  • develop standard information on drug users being released from prison
• NHS England and clinical commissioning groups, who have responsibility for other health services
  • promote improved coding of hospital admissions
  • support improved access to physical and mental health care services including smoking
• Continuing research and national programme
Overall key messages

• Increasing concern about drug related deaths
• Drug treatment protects people from the harms of drug use, including early death
• Local areas need to ensure drug treatment is accessible, especially for those who may be harder to reach
• The older heroin users have increasingly complex health and social issues that need co-ordinated approaches