



Public Health
England

Protecting and improving the nation's health

The national inquiry into drug-related deaths in England

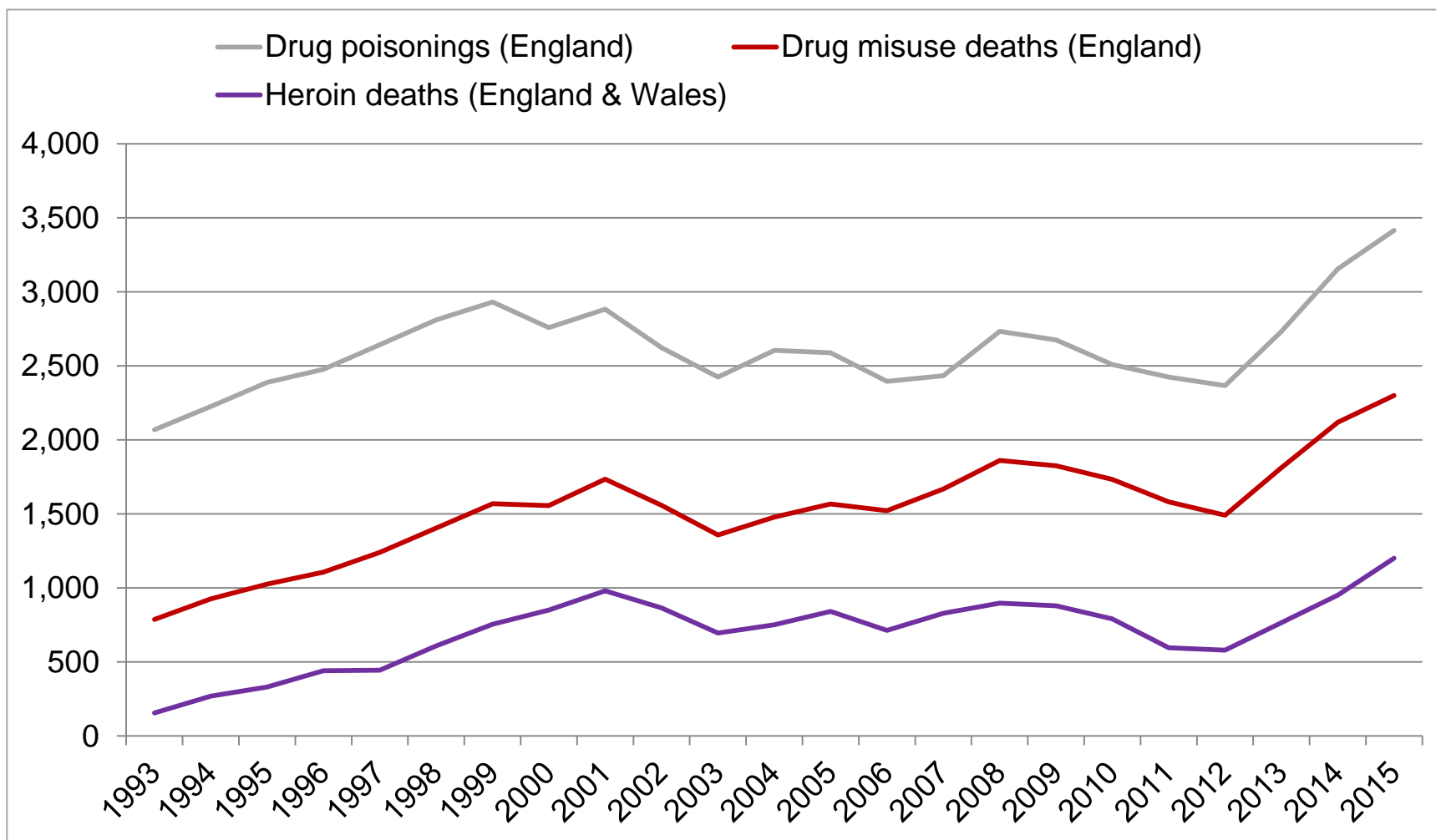
Martin White, Alcohol, Drugs and Tobacco Division, Public Health England
and UK Focal Point

Background to the inquiry

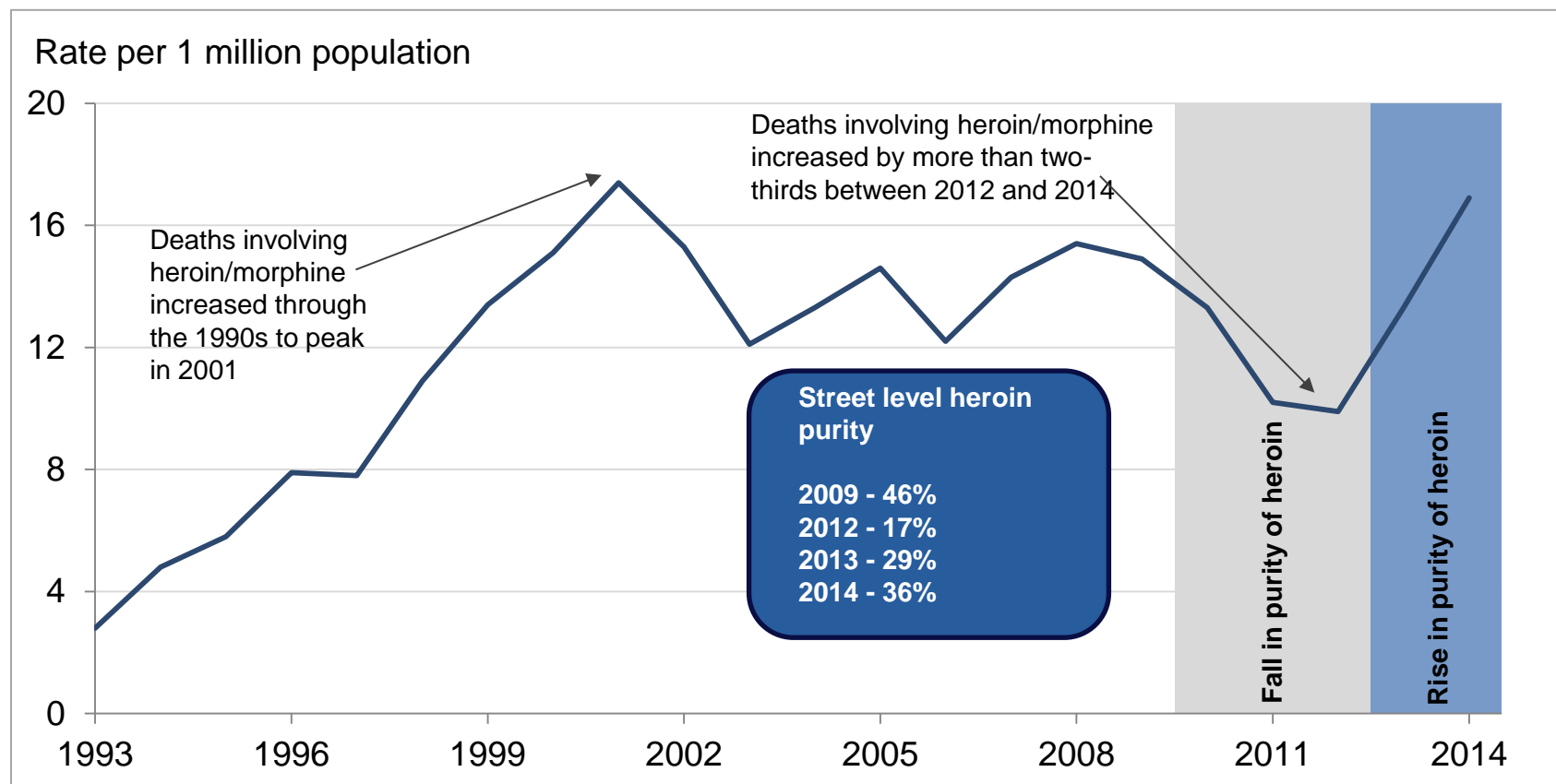
Year of registration	Increase in drug misuse deaths in England	Increase in heroin-related poisonings in England & Wales
2013	21%	32%
2014	17%	24%
2015	8.5%	26%

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

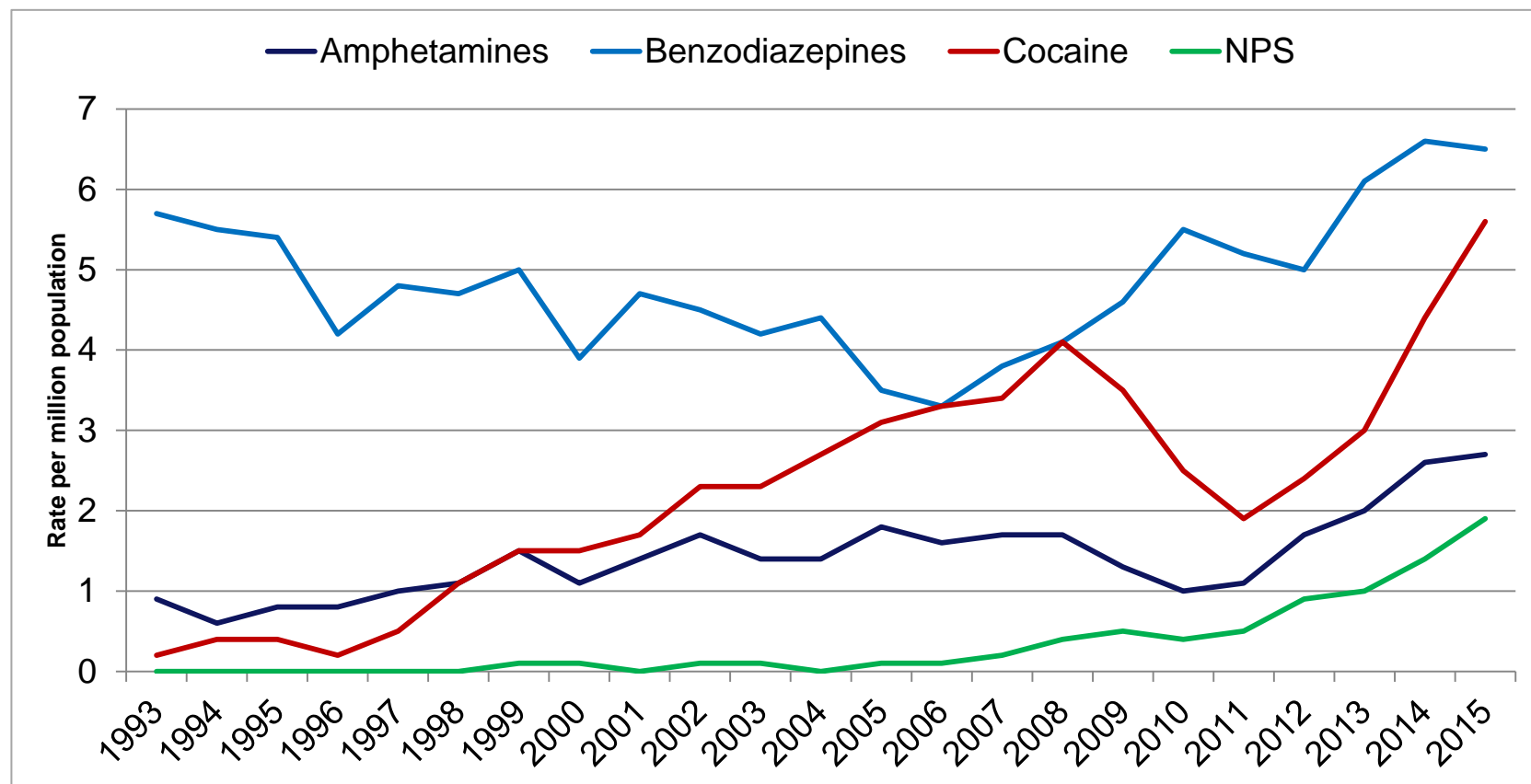
Headline figures from recent ONS report



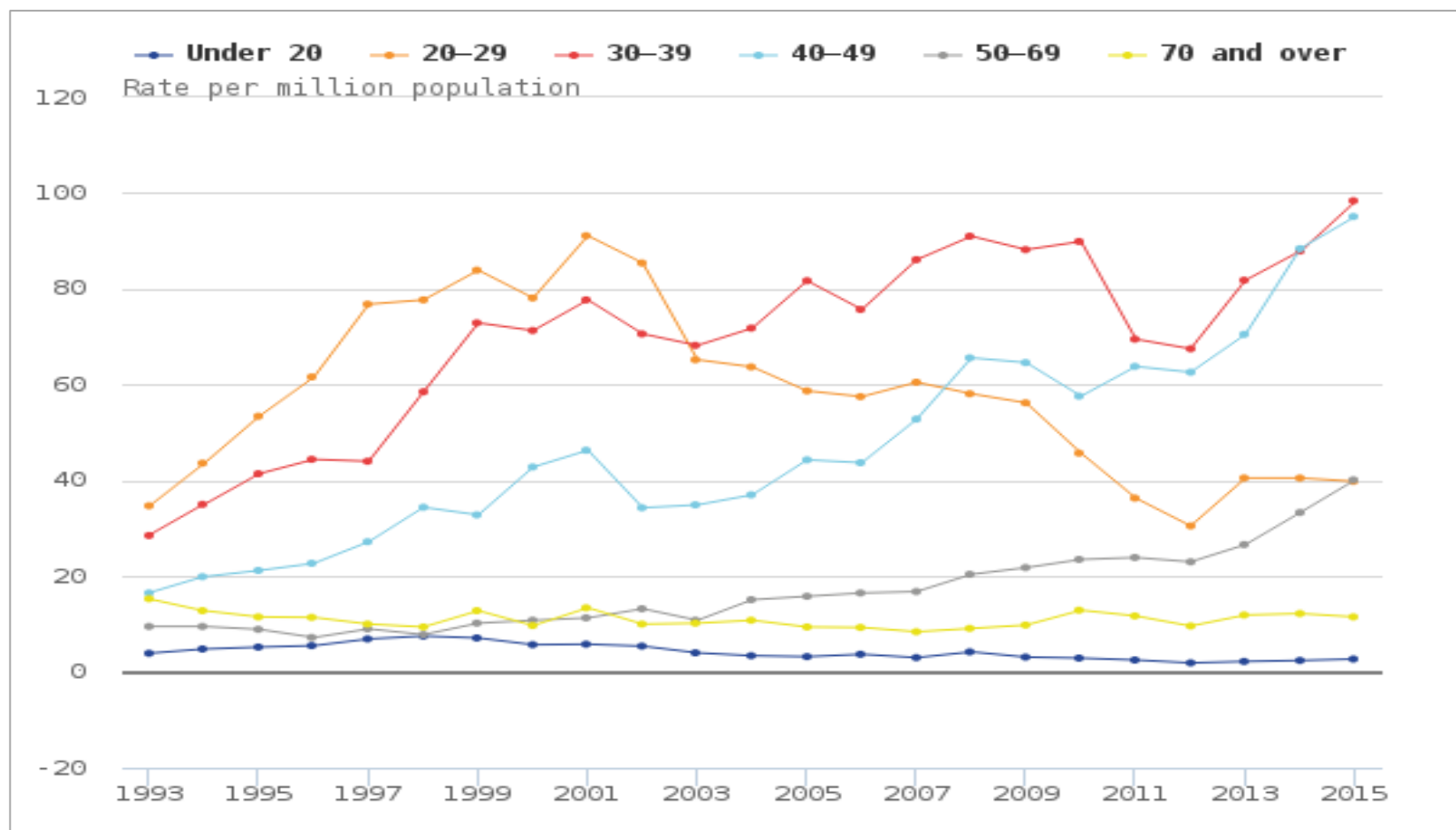
Age-standardised mortality rate for deaths involving heroin/morphine, England, 1993-2014 registrations



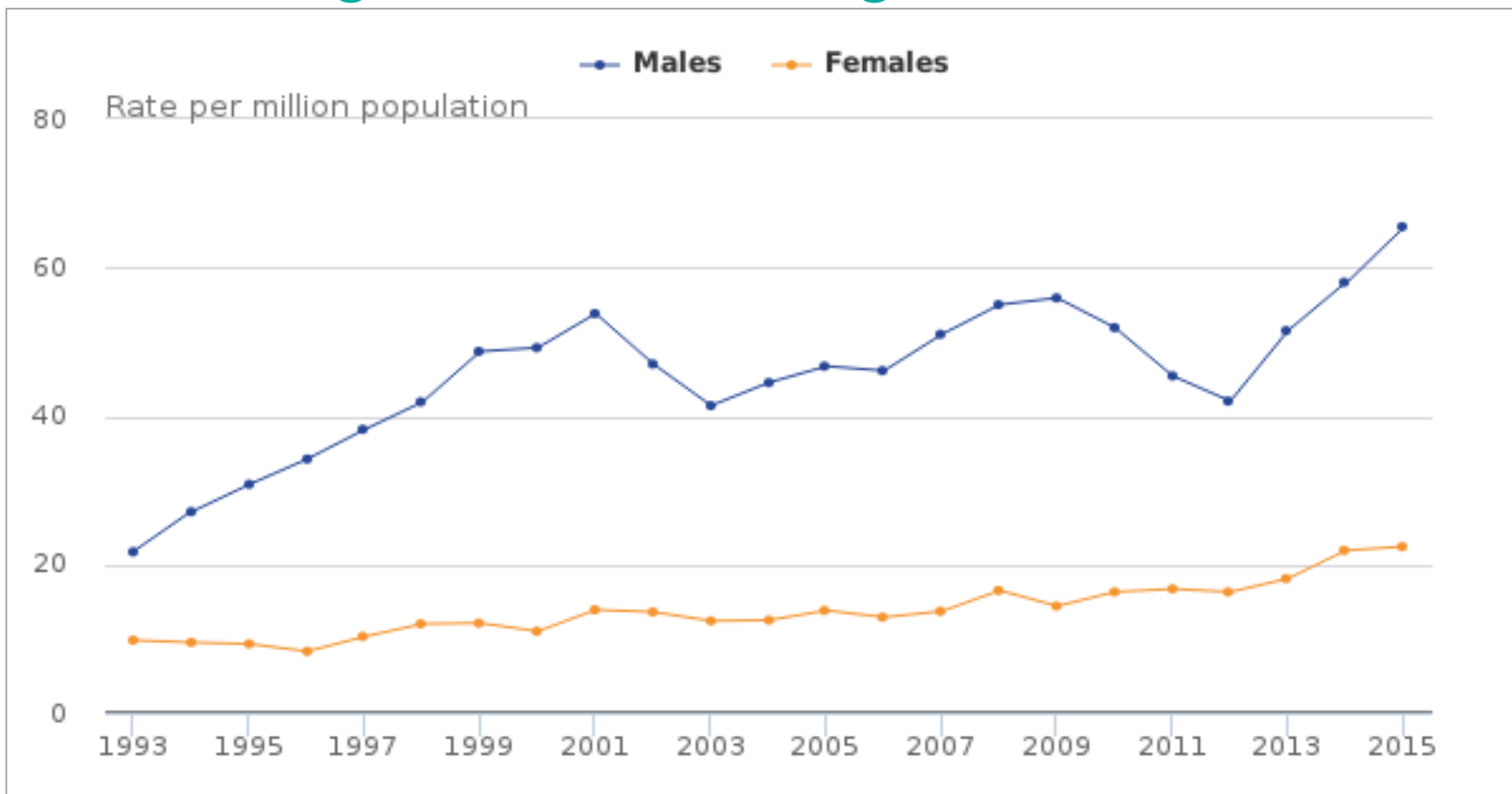
Age-standardised mortality rates for other selected substances, England and Wales, deaths registered between 1993–2015



Age-specific mortality rates for drug misuse deaths, England & Wales, registered 1993-2015

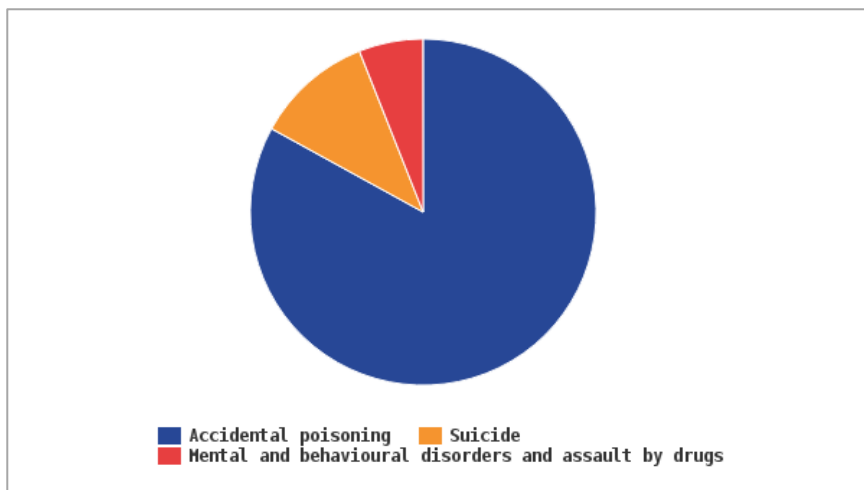


Gender-specific mortality rates for drug misuse deaths, England & Wales, registered 1993-2015

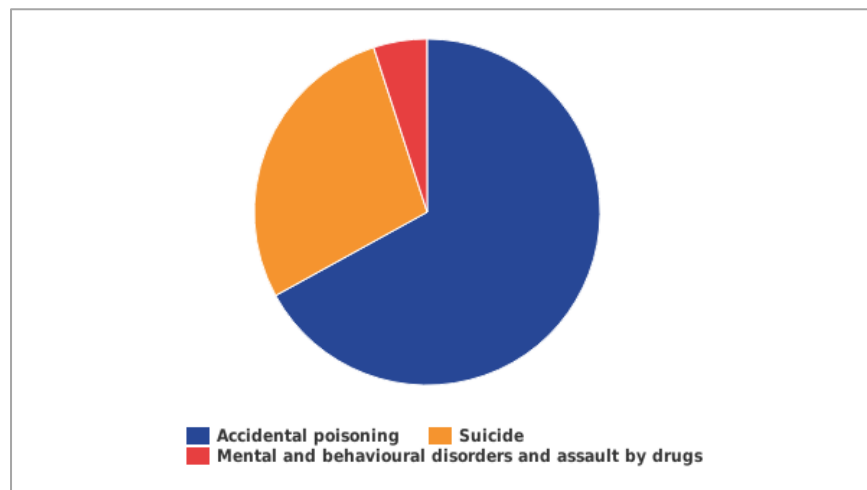


Underlying cause of deaths for drug misuse deaths, England & Wales, registered 1993-2015

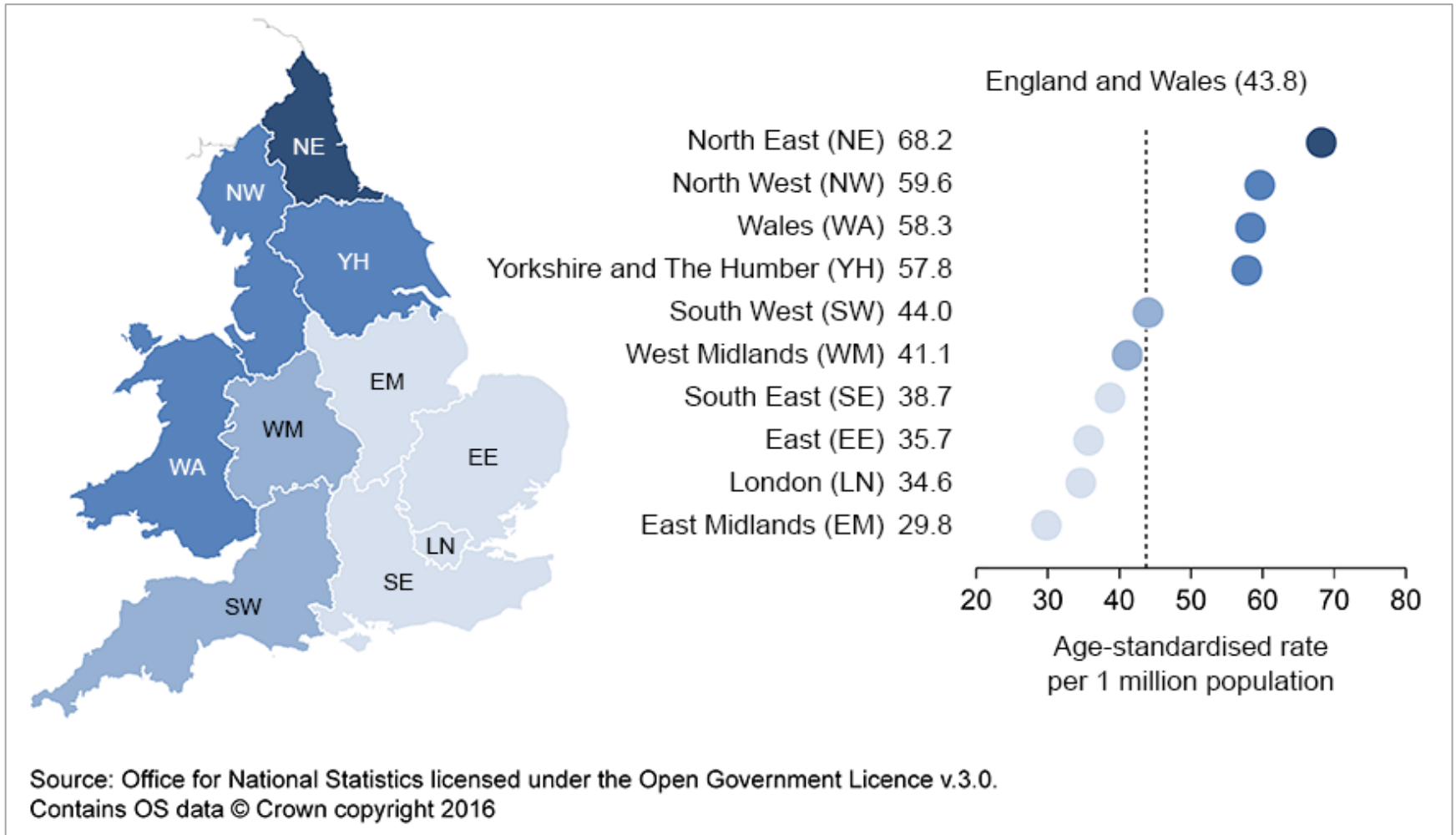
Males



Females

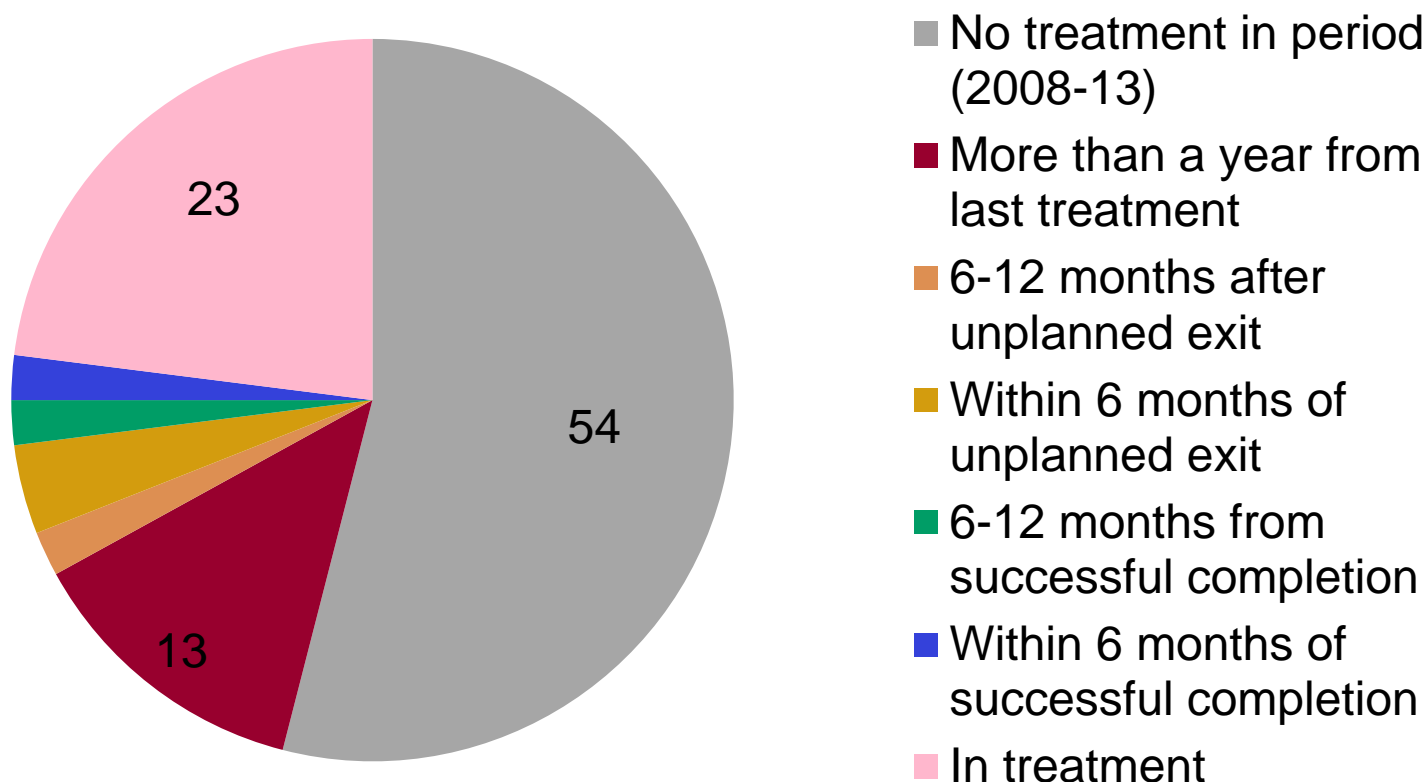


Regional variation



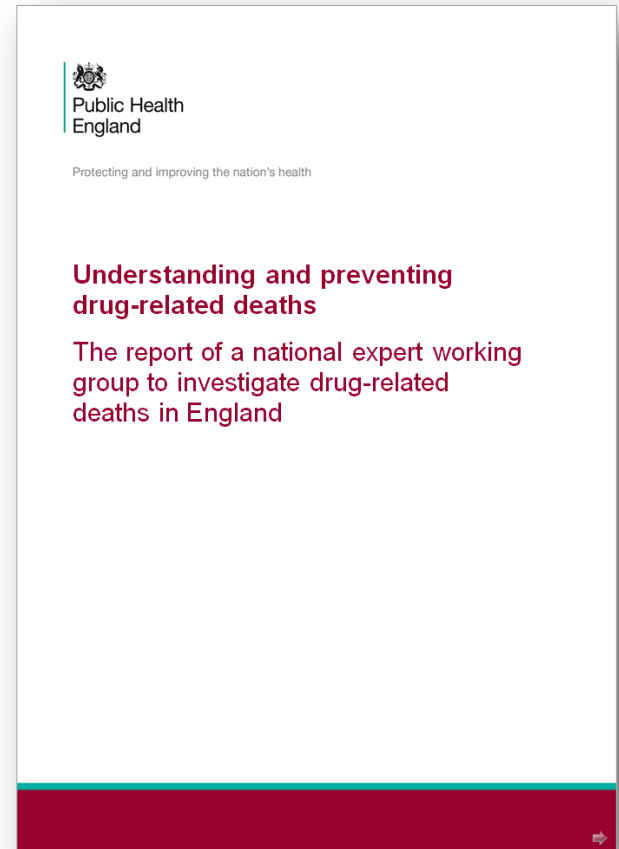
Match of drug poisoning data to treatment data

Opiate misuse deaths, 2013



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
- **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