Reducing Drug Related Death

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

...an increase of 8.5% on the year before and the highest figures on record

74% of drug misuse deaths occur in men

Drug misuse is the third most common cause of death for those aged 15 to 49 in England
Over the same period

Fatalities by road user type (compared with 2014)

<table>
<thead>
<tr>
<th>Fatalities</th>
<th>% share</th>
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</thead>
<tbody>
<tr>
<td>755</td>
<td>5%</td>
</tr>
<tr>
<td>409</td>
<td>8%</td>
</tr>
<tr>
<td>365</td>
<td>8%</td>
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<tr>
<td>100</td>
<td>12%</td>
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<tr>
<td>103</td>
<td>29%</td>
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</tbody>
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Fatalities by region (compared with 2014)

- Scotland: 162 (19%)
- North East: 62 (9%)
- Yorkshire and the Humber: 149 (6%)
- East Midlands: 174 (3%)
- East of England: 195 (4%)
- London: 136 (5%)
- South East: 236 (4%)
- Wales: 105 (2%)
- West Midlands: 162 (4%)
- South West: 173 (6%)
All drug poisoning deaths registered in England and Wales in 2015:
3,674 (3,416 of which were in England)

- Opiates (including heroin, methadone): 1,989
- Benzodiazepines: 366
- Amphetamines: 157
- Anti-depressants (in combination): 447
- Cocaine: 320

1/3 of drug misuse deaths involve alcohol.
Figure 3: Age-standardised mortality rate for deaths related to drug misuse, by sex, deaths registered in 1993 to 2015

England and Wales

Source: Office for National Statistics
60% of all opioid users are in treatment - among the highest reported internationally

97% of all users start treatment within three weeks, which compares favourably with other countries

There is a very low rate of HIV infection among injecting drug users (1%) in England

The two areas where treatment in England is not doing so well are:

- The rate of illicit opiate abstinence after three and also six months of treatment in England (46% and 48%, respectively) points to relatively poorer performance in comparison with the literature (56% on average)

- The drug-related death rate in England (34 per million in 2013) is substantially lower than in the USA but considerably higher than elsewhere in Europe
The evidence shows that drug treatment alone is often not enough.

Social factors are important influences on treatment effectiveness.

Those in decent housing, employment and with good social networks are more likely to recover and remain drug-free.

Effective integrated services are important to success.
What drives DRD?

- Biology
- Environment
- Behaviour
Mean average purity of 'street level' brown heroin reported by EU countries to the EMCDDA indexed to 2009

- Austria
- Bulgaria
- Croatia
- Czech Republic
- Denmark
- France
- Luxembourg
- Portugal
- Slovenia
- Spain
- United Kingdom

Years: 2009 to 2014
Local Pressures – the environmental context

- Availability is changing as the supply chain adapts – crack and purity of heroin, very few but worrying reports of fentanyls
- Ageing cohort with increasingly poor general health
- Homelessness and disengagement with services
- Increases in deaths in treatment
- Rates of continued use in treatment
- Vigilance on evidence led optimisation
- Unplanned discharges represent risk
- Homeless and complex
- Injecting site infections on the rise – health suffers increasing vulnerability in a population not seeking health services
- Naloxone – as widely available as humanly possible - more to do
What can you do?

- be relentless in our pursuit of reducing risk at every point of system and service contact
- advocate for deployment of naloxone at scale
- more to do on risk management in services – both A&D and other services where contact is made
- commitment to embedding routine enquiry for ACEs in services
- improved healthcare for comorbidities and complexities
- trauma informed/appropriate care pathways
- adherence to guidelines and evidence based treatment
- many elements concurrently, consistently, continuously