DRUG & ALCOHOL ACTION TEAM
Cornwall and Isles of Scilly
Reducing Harm | Promoting Recovery

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CORNWALL COUNCIL
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DRUG RELATED DEATHS REPORT

CONCERNING THE MONITORING OF AND THE CONFIDENTIAL ENQUIRIES MADE INTO DRUG RELATED DEATHS WITHIN CORNWALL & THE ISLES OF SCILLY

1st January 2023 to 31st December 2023

Introduction to the 21st Drug-Related Death Report for Cornwall and the Isles of Scilly
by Simon Mould Chair Safer Cornwall Community Safety Partnership
Senior Responsible Officer, Cornwall & Isles of Scilly Community Drugs Partnership
Head of Resilient Communities, Cornwall Council

Despite the significant efforts made by the system across Cornwall and the Isles of Scilly to support those living with substance misuse, this 21st Drug-Related Death Report still highlights the profound challenges faced by individuals, families, and communities. In 2023, we tragically lost 42 people to drug and alcohol-related deaths—42 lives that we hoped could have been saved.

This report provides a detailed review of the drug-related deaths, comparing findings with previous years. It seeks to deepen our understanding, identify gaps in services, and offer insights to prevent future deaths. The report draws upon the expertise of partner agencies, data sharing, and collaborative working, with contributions from numerous organisations committed to this issue.

We recognize the difference our collective efforts have made, especially in supporting those affected by mental health issues and substance misuse. Many individuals have rebuilt their lives and regained a sense of purpose. However, the scale of the challenge remains vast and is growing.

We are acutely aware of the devastating impact of drug-related deaths, not only on the families of those lost but also on friends, peers, colleagues, and the wider community. This pain is often compounded by the stigma surrounding substance use, which marginalizes individuals and continues to affect grieving families. One of our key priorities within the Community Drugs Partnership is to better understand and address the stigma and discrimination faced by those affected by drug and alcohol use, particularly in the aftermath of a drug-related death.

Our commitment to improving the life chances of those at risk remains strong. The findings of this report will inform actions that aim to enhance our system's response to drug and alcohol-related harm. We are dedicated to fostering long-term change and are continually seeking ways to create more responsive, user-centred services. Our innovative approach to drug and alcohol treatment is evolving, and we remain focused on delivering the support that people need.

As we reflect on the lives lost, we are reminded of our responsibility to honour their memory by continuing to work tirelessly to prevent further tragedies. Each person lost to a drug-related death leaves behind a legacy that urges us to do better—for them, for their families, and for our community. We remain steadfast in our commitment to reducing harm, dismantling stigma, and improving the lives of those affected by substance misuse. Together, we will strive to create a future where fewer lives are lost, and where hope, recovery, and dignity are within reach for all.

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Executive Summary

- There were 42 **Drug and Alcohol Related Deaths** in 2023 (31 men and 11 women)
- **The average age** at which individuals are dying from drug related deaths has altered from the 2021 and 2022 reports from those in the 40-49 age range to those in the 30-39 & 50-59 age range.
- The **highest numbers of deaths for women** are those within the 40-49 & 50-59 age range.
- The **highest age range for men** dying from drug related deaths is in 30-39 age range.
- There were 2 drug related deaths involving **synthetic opioids**.
- **Cocaine** was involved in 17 deaths. **Diazepam** (both illicit and prescribed) in 15 deaths. **Methadone** (both illicit and prescribed) in 14 deaths and **Heroin** in 8.
- **Polydrug** use is prevalent and complex within the drug related deaths.
- One third of the deaths were people **using illicit drugs alone**.
- More than half (52%) had **dropped out of treatment** (23%) or had **never been known to treatment services** (23%).

Priority work streams for 2024-2025

- **Increased coverage of Naloxone-**You searched for naloxone - Safer Cornwall.
- **Non-Fatal overdose pathway** to prevent escalation to a fatal overdose.
- Improving **housing pathways** for those who use drugs and alcohol**.**

Findings and recommendations

- Domestic abuse continues to be a significant factor within drug related deaths. Embed implementation of the Drug and Alcohol and Domestic Abuse Sexual Violence protocol (**DAAT/DASV protocol**).

- Building upon the learning regarding implementation of the **dual diagnosis strategy,** by disseminating the guiding principles in placed based teams and testing in practice, to ensure that those dependent on drugs and alcohol do not continue to be refused mental health treatment.

- **Pain and physical health** are significant factors again this year. -pain cafes, training in the Ten Footsteps approach to Living Well with Pain including some trained to deliver the training. A Cornwall 'Live Well with Pain' training team which will be multi-disciplinary and is intended to increase awareness and improve implementation of drug screening across all relevant services, enabling earlier interventions for those experiencing pain. We will be piloting a training programme during 2024 looking at those with pain who have addiction issues and if successful will look to expand the roll out of this training to recovery workers.

- **Unemployment** features again in the 2023 report. In partnership with Torbay Council, we have implemented an Individual Placement and Support programme to help those in drug and alcohol treatment find employment, however, wider support into employment for this population is required, to help overcome the stigma they experience.

- **Review of screening processes for those not engaged in treatment** for all agencies to ensure staff are able to identify people earlier and refer, particularly health and social care, supported housing and homelessness accommodation. Building on the recommendations from the 2022 drug related death report, housing options/housing services, Adult Social Care and Probation are in the process of adopting and implementing screening tools to inform referrals.

- Those who have **dropped out of treatment**:
  -Increasing screening and referrals

  -Overcoming non-engagement through monitoring and reviewing cases that drop out and implementation of a more persistent and assertive approach (supported by outreach and housing support).

  -Increasing the co-working of complex cases where specialist treatment workers can support the non-specialist trusted worker to provide the harm reduction advice until the individual feels ready to be referred.

- In line with previous years, **bereavement** is a factor affecting many of those who have died drug and alcohol related deaths. We are working with Public Health colleagues to scope out a generic bereavement service including those affected by drug related deaths.

- Those using all their drugs, or one last blow out prior to rehab-**elevating risk prior to rehab.** The recommendation is the Tier 4 panel, the drug

related death review panel and the housing sub-group discuss how the issue is currently managed with a view to identifying gaps in preparation

for detox and working on a focused programme for those on the detox and rehab waiting list**.**

- **Fear and debt** due to violent assaults and threats due to drug debts affecting mental wellbeing. This can lead to exploitation and increased stigma. People present to Housing Options as Homeless if they are fleeing people, they owe money to, and it is difficult to place them in accommodation due to risk from others in some areas.

Awareness raising campaigns.

- Awareness raising of **available support** for those **not known or engaging** with **treatment service**s or involved with any other services.

- Awareness raising **of risk of overdose when using alone.**

- **Polydrug use** and the risks of **combining drugs and their potentiation effect.**

- There are specific drugs such as **cocaine and amphetamine**, and specific combinations such as **cocaine and alcohol**, which **damages the heart.** The majority of users are not aware of these specific risks, so the ambition is to introduce heart screening for those known to be using these substances regardless of age as well as wider education campaigns for people who do not necessarily experience dependence and therefore may not have access to this information.

1. Introduction

1.1 A priority in the National Drug Strategy is to rebuild drug treatment and recovery services and to reduce drug related deaths and harm.

1.1.1 The Office for Health Improvement and Disparities (OHID) has set out five priorities in a Drug and Alcohol Related Death (DARD) Action Plan, which are:

a) Safer and better drug and alcohol treatment practice

b) Better local systems for drug intelligence and for learning from drug and alcohol related deaths

c) Improved toxicology and surveillance

d) Tackling the stigma experienced by people using drugs and alcohol

e) Addressing poly-drug and alcohol use

1.2 All areas are recommended to have in place a system of recording and conducting confidential enquiries into all drug related deaths and to co-ordinate initiatives to deliver the Public Health Outcome: Reducing Drug Related Deaths.

1.3 The Drug & Alcohol Action Team in Cornwall has a dedicated role within the team to fulfil requirement. All notifications of potentially drug related deaths in Cornwall are logged and investigated to identify relevant findings and learning which will influence future prevention activities.

1.4 The definition of a drug related death used is 'deaths where the underlying cause is poisoning, drug abuse or drug dependence and where any of the substances listed in the Misuse of Drugs Act 1971, as amended, are involved'. This is the first year we have included those who die of an alcohol related death where they were in treatment at the time of their death, as recommended nationally.

1.5 Reducing drug related deaths is an issue which needs collaborative and informed action. At a local level, success is reliant on partners working together to understand their population and how drugs are causing harm in their area, any challenges in their local system and the changes that are needed to address them.

1.6 The Community Safety Partnership, Safer Cornwall has a responsibility to assess and respond to need around alcohol and drugs in the local community. This is aligned to the Safeguarding Adults and Children's Boards and the chair of the group is also the Senior Responsible Officer for the Drug Strategy.

1.7 This annual report examines issues that have arisen from the review of drug related deaths within 2023 and compares with the findings and learning from previous years, seeking to improve local understanding, identify gaps in the provision of service and prevent future drug related deaths.

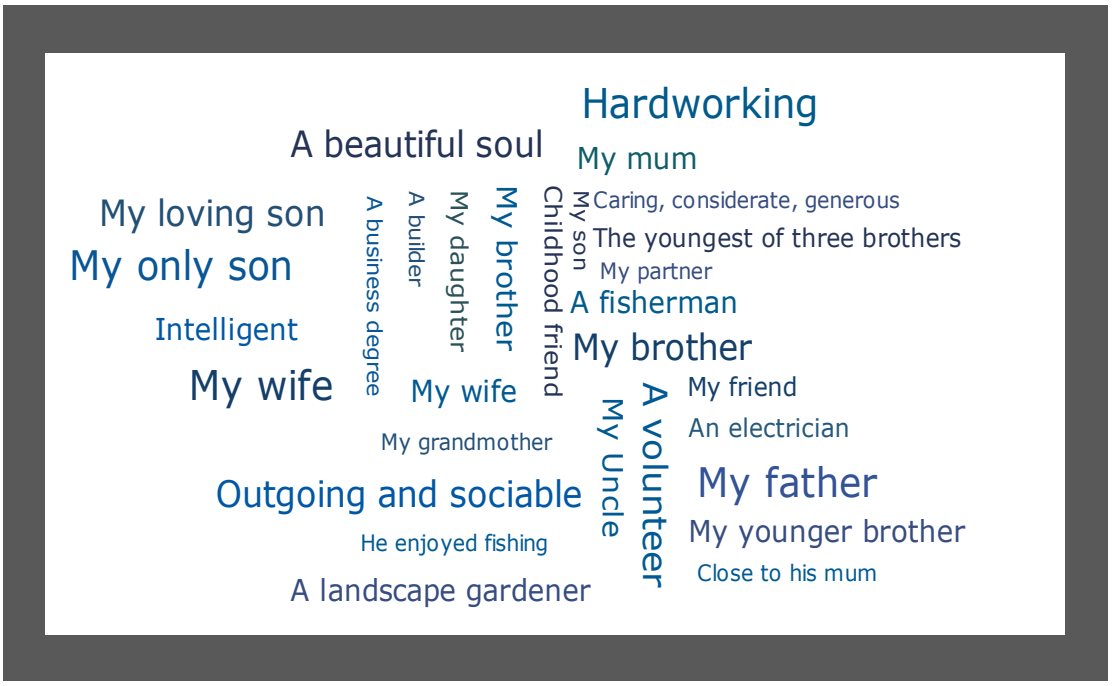
1.8 This report has been compiled by drawing upon the expertise of partner agencies, data sharing and joint working. Below is a non-exhaustive list of groups who have contributed to and reviewed this report.

- Cornwall and Isles of Scilly Drug Related Death Review Panel
- The Experts by Experience team
- With You Drug and Alcohol Service
- DAAT Clinical Governance Group
- Cornwall and the Isles of Scilly Controlled Drug Intelligence Network
- Devon and Cornwall Police
- Cornwall and the Isles of Scilly Suicide Surveillance Group
- HM Coroner's Office
- Multi-Agency Suicide Prevention Group

1.9 This report is the twenty first Cornwall and the Isles of Scilly Annual Drug Related Death report and covers the period 1st January 2023 to 31st December 2023. It analyses and reports on drug related deaths which occurred within the calendar year of 2023. At the time of writing the report 34 deaths have been confirmed as drug or alcohol related deaths at inquest. A further 8 deaths are still awaiting an inquest. A death cannot be registered until confirmed at an inquest. With regard to the deaths yet to be heard at inquest, there is sufficient evidence especially the toxicology reports to suggest there will be a conclusion of drug or alcohol related death at inquest. An addendum will be added in due course to confirm the final number of drug and alcohol related deaths.

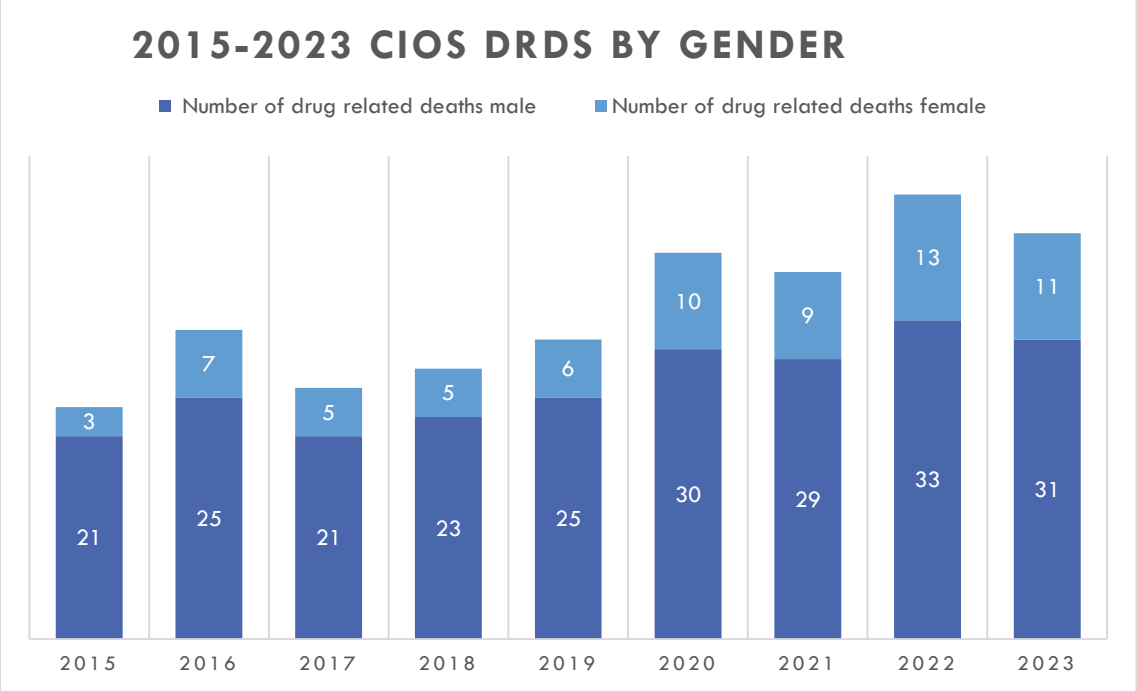
1.10 The cause of death is confirmed at inquest and these conclusions are analysed within the report. To clarify:
Manner of death refers to the intentionality of the death. Cause of death refers to the circumstances that lead to death, which are categorised on the death certificate issued by the coroner, as follows:
Cause 1a: The immediate cause of death (and underlying if no 1b or 1c cited)
Cause 1b: Any disease/circumstances underlying Cause 1a
Cause 1c: Any disease/circumstance underlying Cause 1b
Cause 2: Any disease/circumstance that did not cause the death but contributed in some way.
It is not a requirement for a Cause 1b, 1c or 2 to be cited for all deaths.

1.11 Within the report, the information relating to the types of drugs causing or contributing to the death are informed by the toxicology report undertaken following a suspected drug related death. They analyse the drugs that have been taken and where possible identify how much of a particular substance or what combination of substances has caused the death.



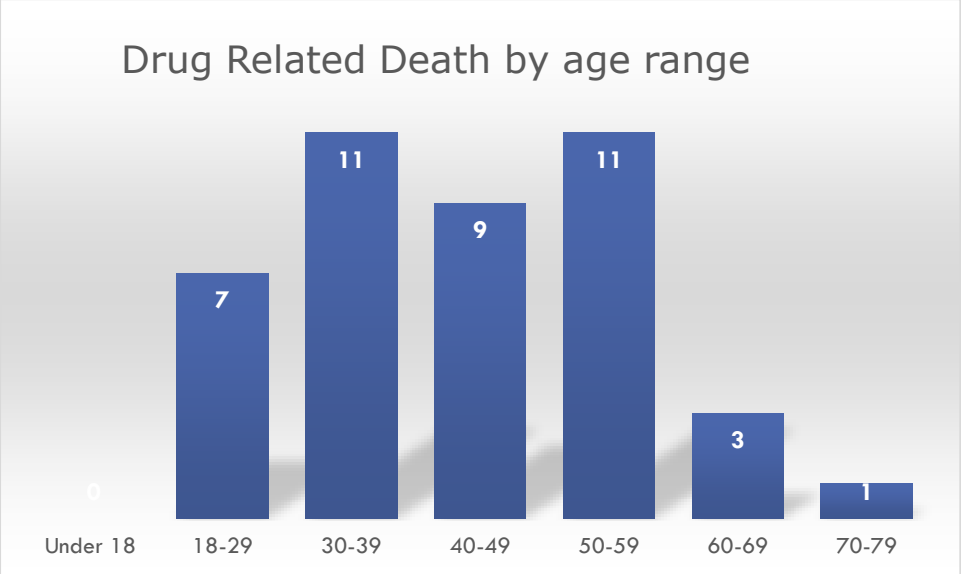
2. Demographics

2.1 The chart below illustrates the number of drug related deaths for both men and women since 2015:

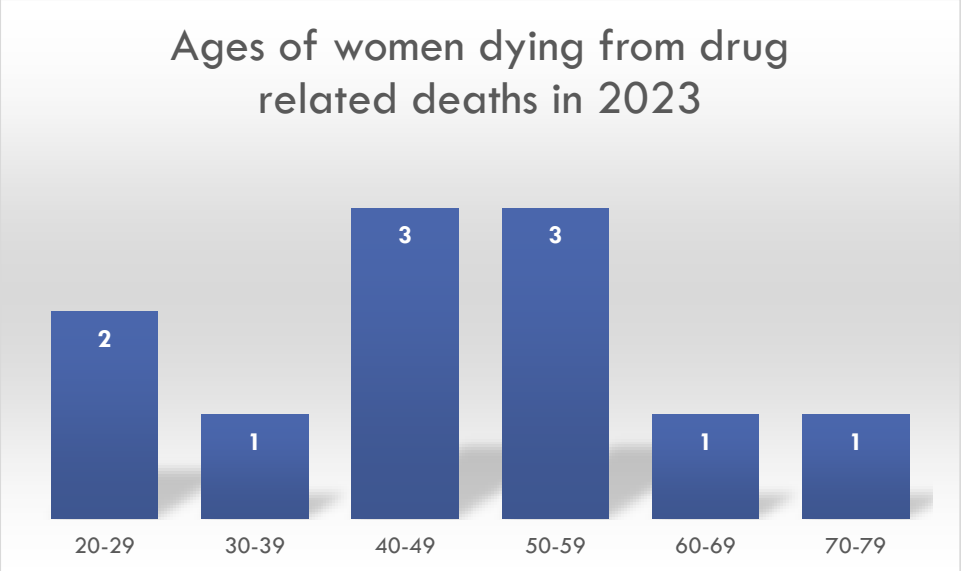


There is a slight decrease in the drug related deaths* from 2022 to 2023 from 46 to 42 (2 less men and 2 less woman) including 1 alcohol related death of a woman. *The conclusion of one of the male deaths was not a drug related death but recognised complications of prescription medication taken as treatment for heroin addiction.

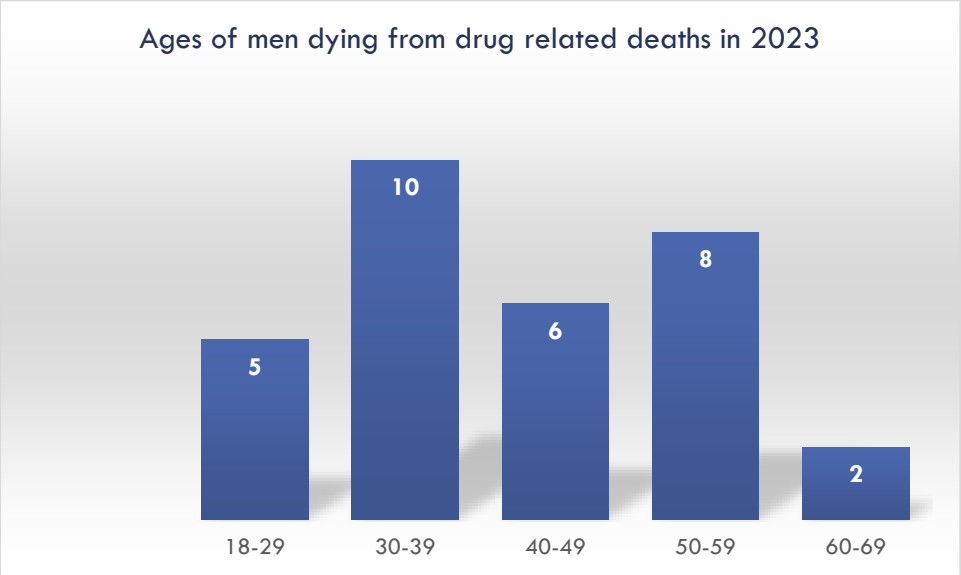
2.3 The **average age** at which individuals are dying from drug related deaths has altered from the 2021 and 2022 reports from those in the 40-49 age range to those in the 30-39 & 50-59 age range. Historically deaths have been higher for Generation X (those born in the mid-1960s-to late 1970s).



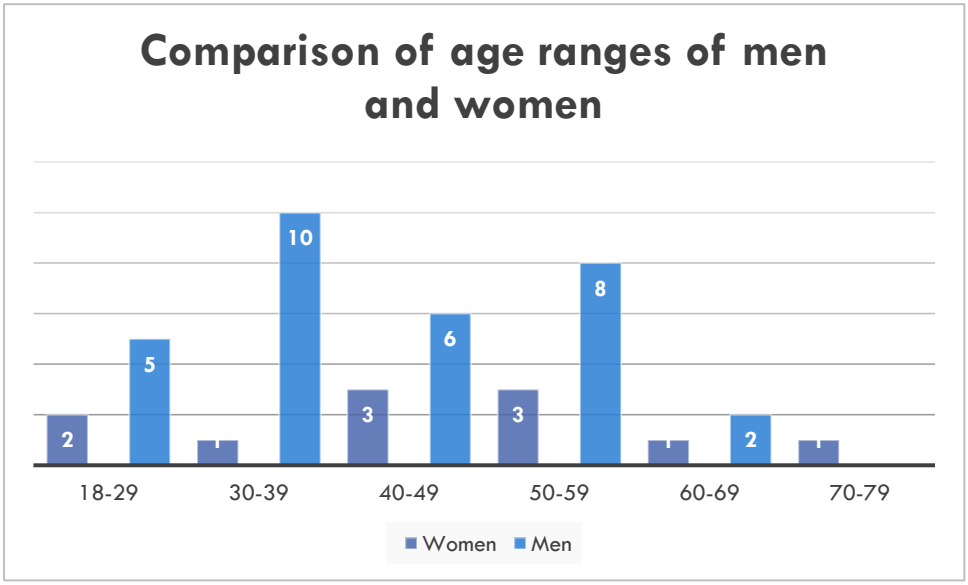
2.4 Thirteen women died in 2022 and eleven in 2023 which is almost double the number seen in 2019. The highest numbers of deaths are those within 40-49 & 50-59 age ranges.



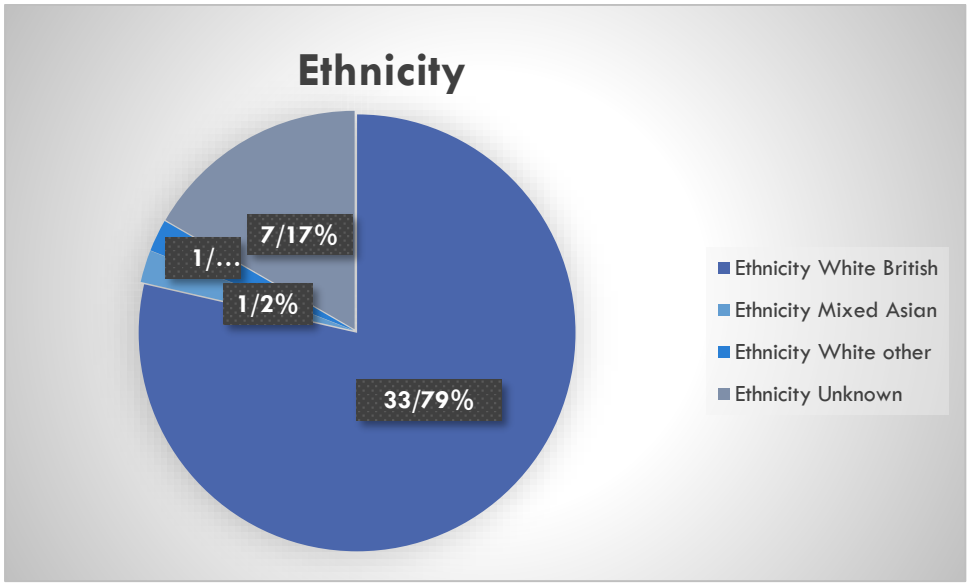
2.5 The highest age range for men dying from drug related deaths in 2023 is in 30-39 age range.



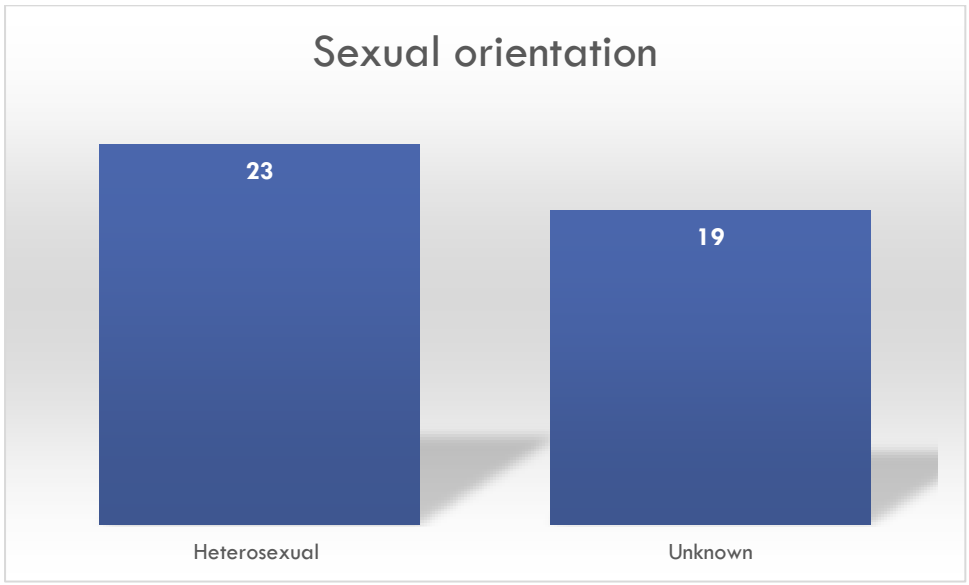
2.6 Comparison of the age ranges of men and women dying in 2023:



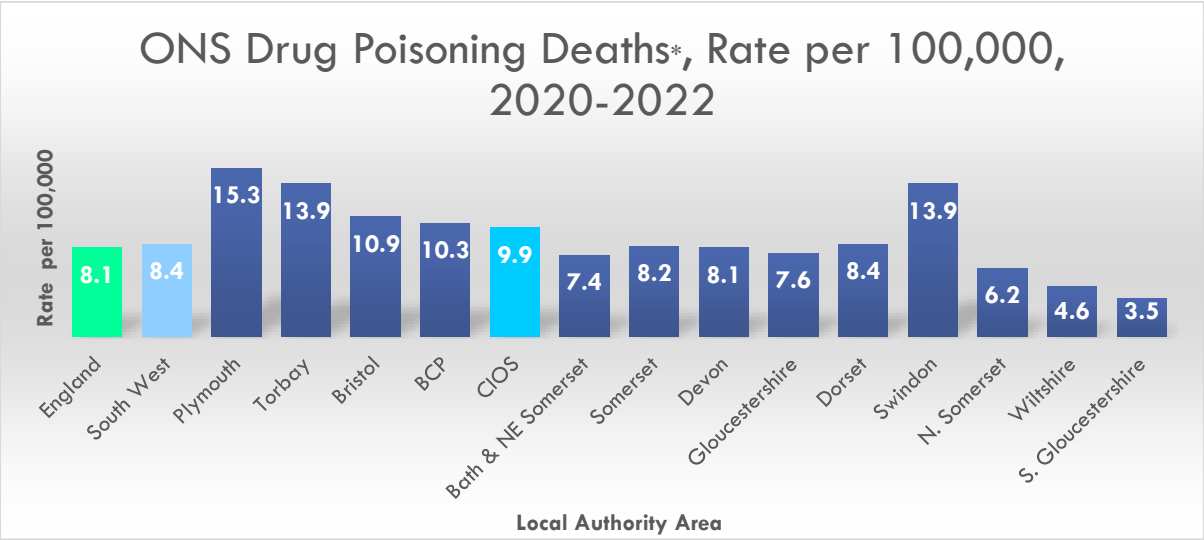
2.7 **Ethnicity**-most of those dying from drug related deaths are white British.



2.8 **Sexual Orientation** -the data is incomplete but the information we have confirms that 23 (55 %) out of 42 identified as heterosexual.



2.9 Local drug and alcohol related deaths compared against the National figures (ONS). The data for 2023 is currently unavailable so the chart shows the results for 2020-2022.



* The definition used by the ONS is that of drug poisoning. Drug poisoning deaths involve a broad range of substances, including controlled and non-controlled drugs, prescription medicines (both prescribed and obtained by other means) and the over-the-counter medications. As well as deaths from drug abuse and dependence, figures include accidents and suicides involving drug poisonings and complications from drug abuse such as deep vein thrombosis or septicaemia from intravenous drug use.

3. Drug Trends and toxicology results

3.1. Synthetic opioids

The most concerning trend is the risk of synthetic opioids. Synthetic opioids are manmade opioids including Fentanyls and a class of compounds called Nitazenes.

Nitazenes, technically known as 2-benzyl benzimidazole opioids, is a diverse group of synthetic opioids. Like the fentanyl analogues, many are far more toxic on a weight-for-weight basis than heroin. Even a small amount can be enough to kill, especially without immediate naloxone or medical attention.

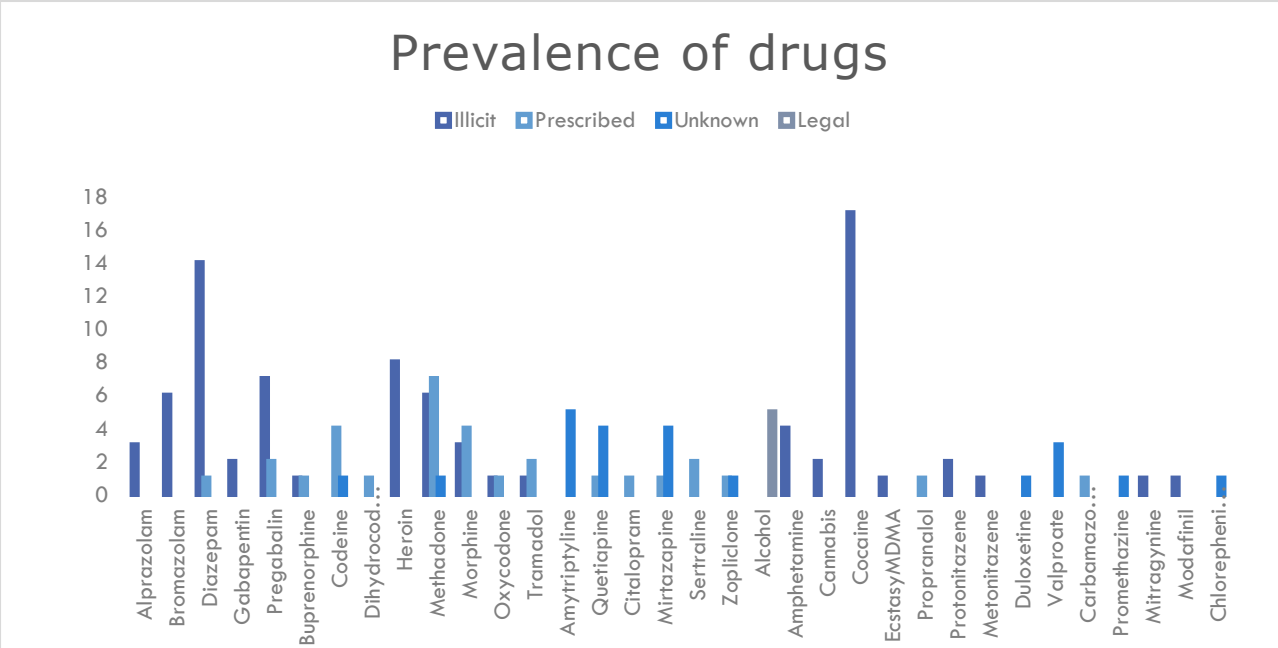
There were two drug related deaths where toxicology reports showed the presence of protonitazenes**.** One of these also involved bromazalam (only available illicitly in the UK), diazepam, methadone, and cocaine. The other involved MDMA, metonitazene, mitragynine and modafinil.

3.2 Effects of different drugs*

Stimulants (Uppers)	Increases your heart rate	MDMA, Cocaine, methamphetamine, speed, nicotine, caffeine
Depressants (Downers)	slows everything down in the central nervous system (CNS)-therefore highest risk of overdose	heroin, fentanyl, cannabis, diazepam, benzodiazepines, alcohol

*For more information on drugs [Drug information - Safer Cornwall]

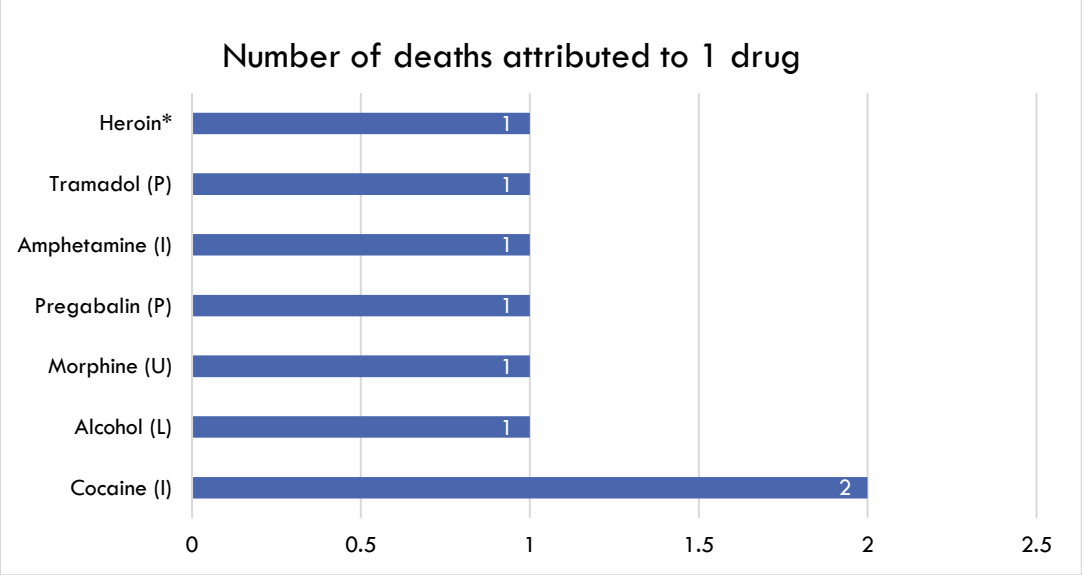
3.3 The chart below illustrates the prevalence of drugs in the 2023 CIOS drug and alcohol related deaths. Please note that toxicology reports for 4 of the deaths were not available at the time of writing this report.



Cocaine* was involved in 17 deaths. Diazepam (both illicit and prescribed) in 15 deaths. Methadone (both illicit and prescribed) in 14 deaths and Heroin in 8.

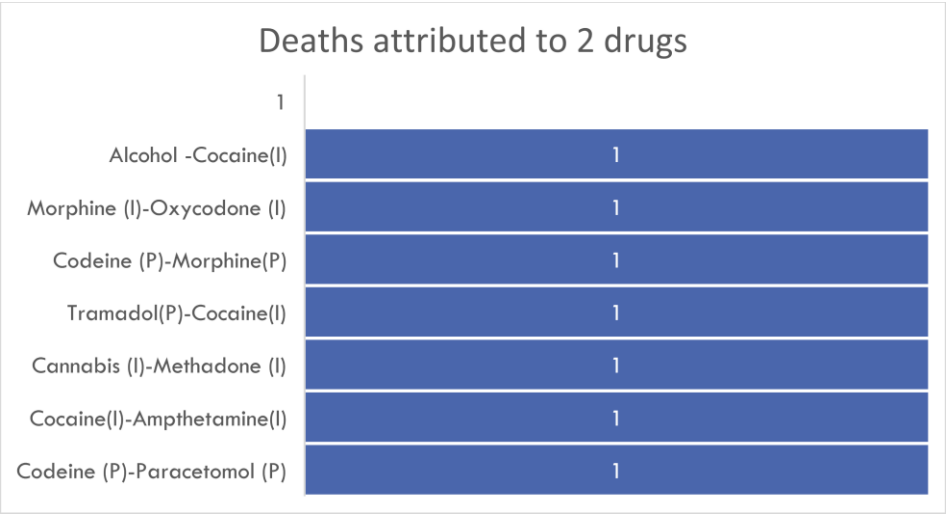
* Toxicology only indicates cocaine and its metabolites, so where a person has used crack cocaine, only cocaine metabolites are indicated.

3.4 There were 8 deaths attributed to only 1 drug (although other drugs may have been taken at therapeutic levels):



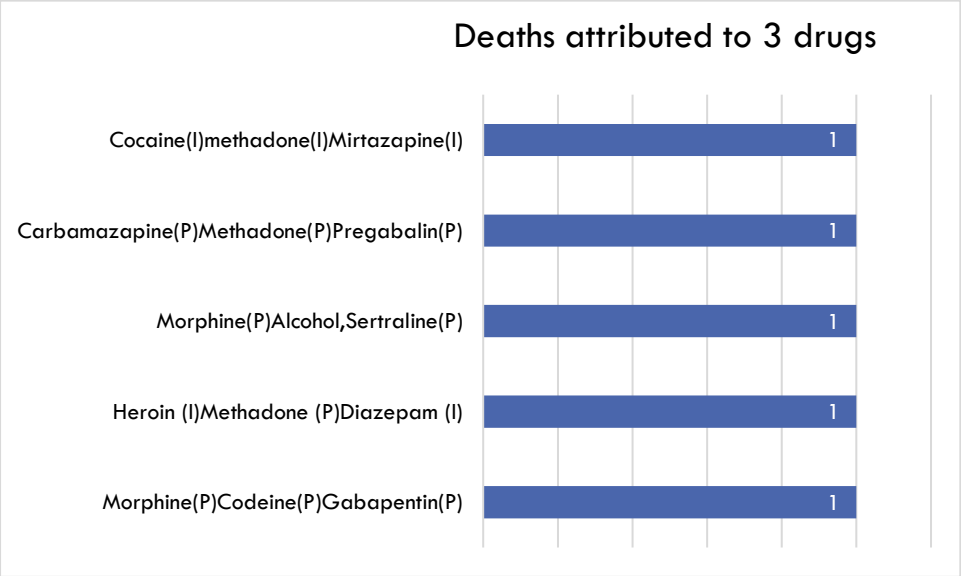
*Heroin use did not cause this death, but rather long-term Intravenous heroin use contributed to the death.

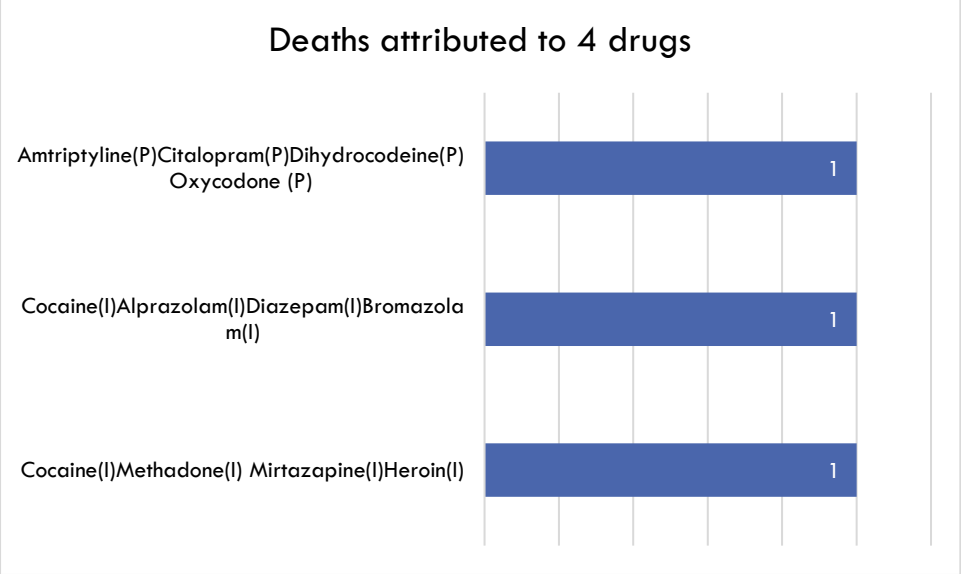
3.5 More often several drugs will be used hence the number of drug related deaths where the cause of death is multiple drug toxicity (the synergistic interaction between drugs). Although the deaths are attributed to particular drugs, other drugs may have also been consumed at therapeutic levels, but the toxicologist did not believe they contributed to the death. There were 7 deaths attributed to 2 drugs, 5 deaths attributed to 3 drugs, 3 deaths attributed to 4 drugs, 5 deaths attributed to 5 drugs and 10 deaths attributed to 6 drugs (the charts below detail the combination of drugs taken (often prescribed and illicit) and illustrate that polydrug use is complex and prevalent).

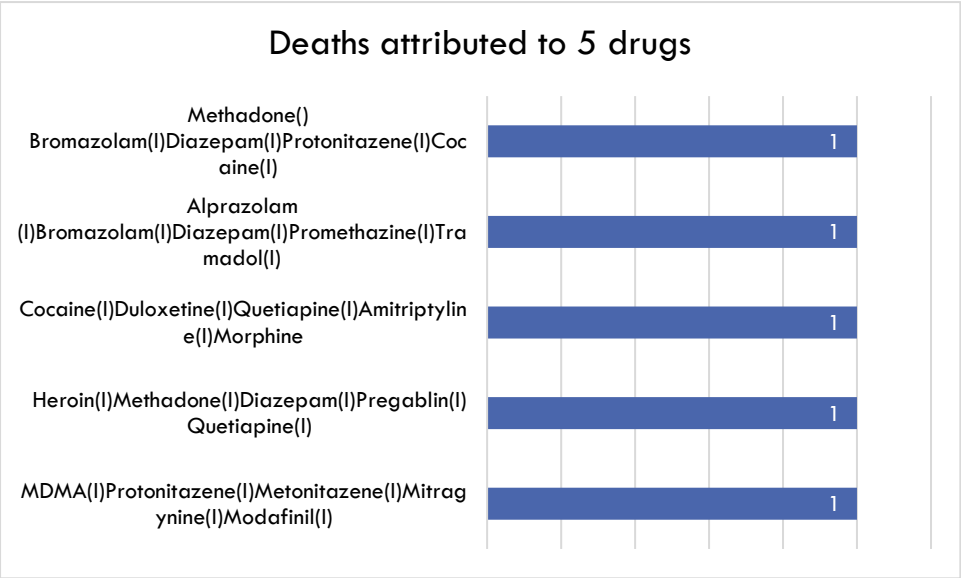


The use of Cocaine against a background of long-term heavy alcohol use either caused an acute toxic arrythmia or there was scarring of the heart leading to an arrythmia. The combination of morphine and oxycodone are central nervous system depressant drugs and may act synergistically to potentiate their depressant effects on the cardiorespiratory system. The same would be true of the combination of codeine/morphine. As identified in the 2022 DRD report, the need to review drug use on top of opioid substitution treatment at least every 3months is still vitally important.

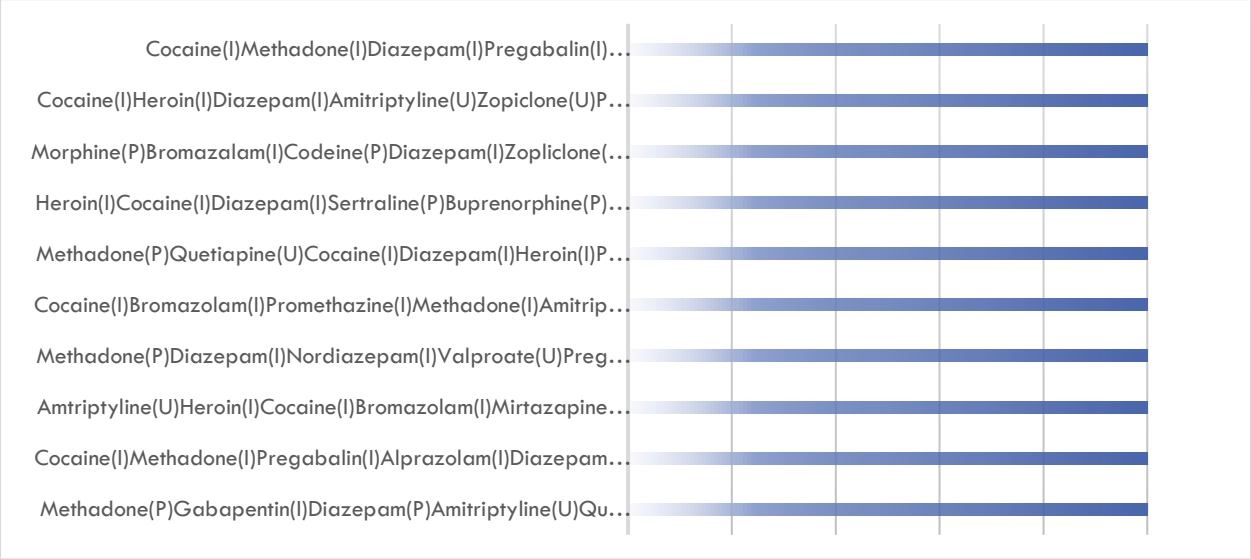
The combined effects of tramadol and cocaine can have an adverse effect on cardiac function and cardiac arrythmia.



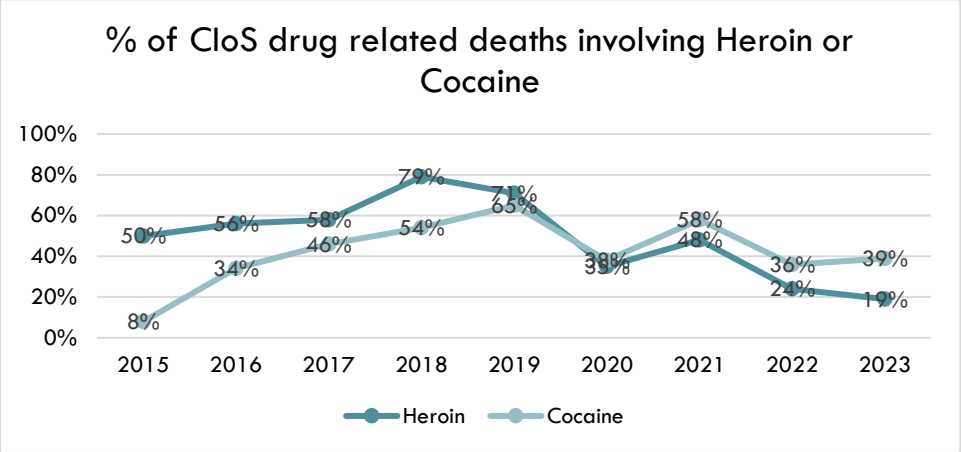




Deaths attributed to 6 drugs.



3.6 There were a greater number of deaths where Cocaine featured compared to Heroin which is a continuation of a trend first seen in 2020. Deaths featuring Heroin continue to decrease (8 deaths) whereas those featuring Cocaine are up slightly from 2022 (36% to 39%) (17 deaths).



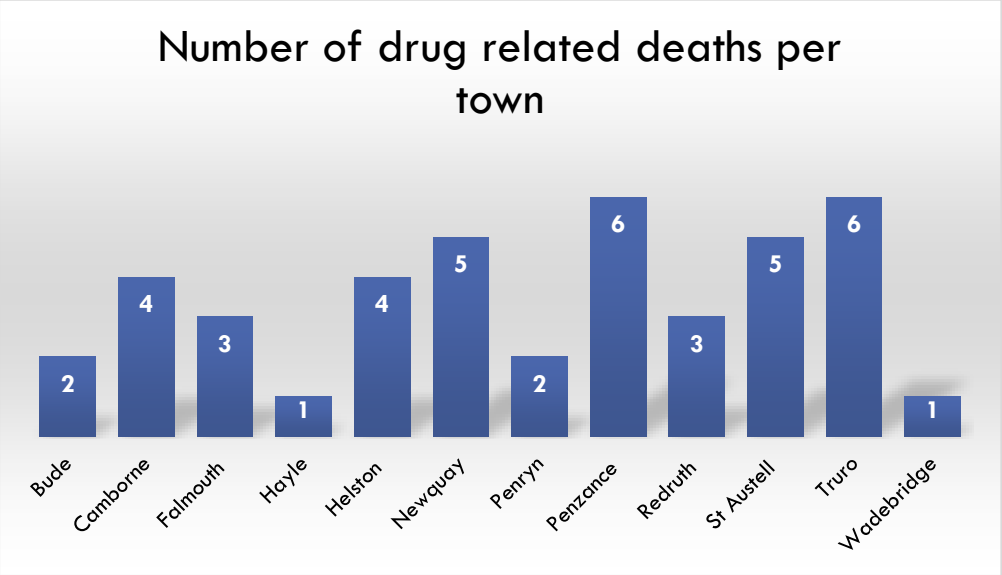
3.7 Not all the drug related deaths were the result of illicit drug use.

- One was the result of an overdose of prescribed drugs taken with excess alcohol.
- One was the use of prescribed drugs against a background of liver disease.
- One was the use of prescribed drugs against a background of long-term Heroin use.
- One was the use of prescribed drugs against a background of long-term alcohol use.
- One was due to the combined effects of prescribed medication on a background of heart disease.
- One was primarily the use of prescribed drugs which had caused an addiction to the extent the individual was sourcing illicit benzodiazepines.

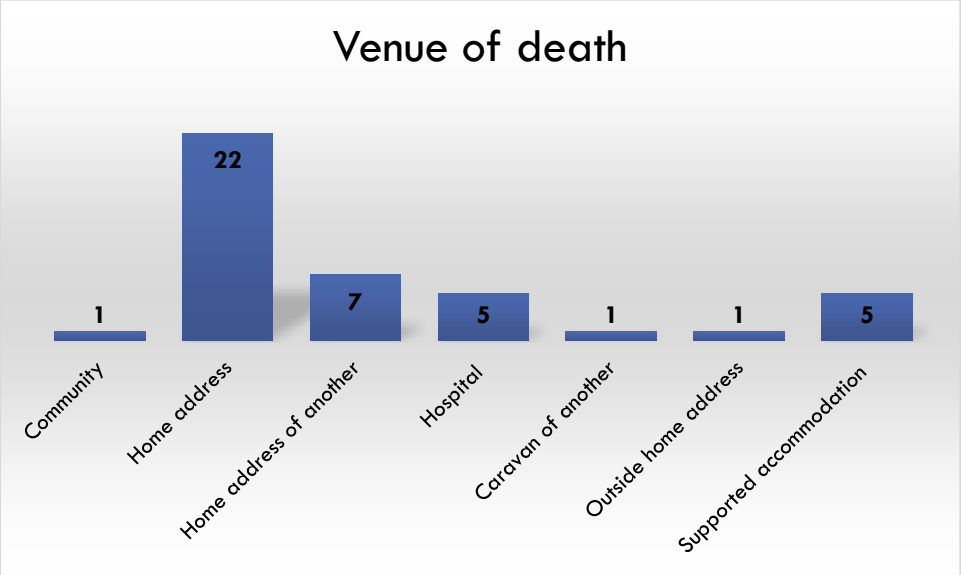
  The cause of death was 1 a) Respiratory depression and opiate drug use. 2 Obesity. This death triggered a Regulation 28 Report by the Coroner to the GP surgery. It highlighted the fact that the surgery was not adhering to NICE guidance as there was no strategy or plan to end the opiate treatment (the patient had been prescribed morphine for pain) and there was no policy in place regarding the prescribing of opioids for more than 3 months. Nor was there a warning system in place to indicate a patient had been on opioids for 3 months. There was no policy in place in relation to the co-prescription of opioids and benzodiazepines regarding the increased risk of respiratory depression and death.

4 Circumstances of death

4.1 The chart below illustrates the number of drug related deaths per town.

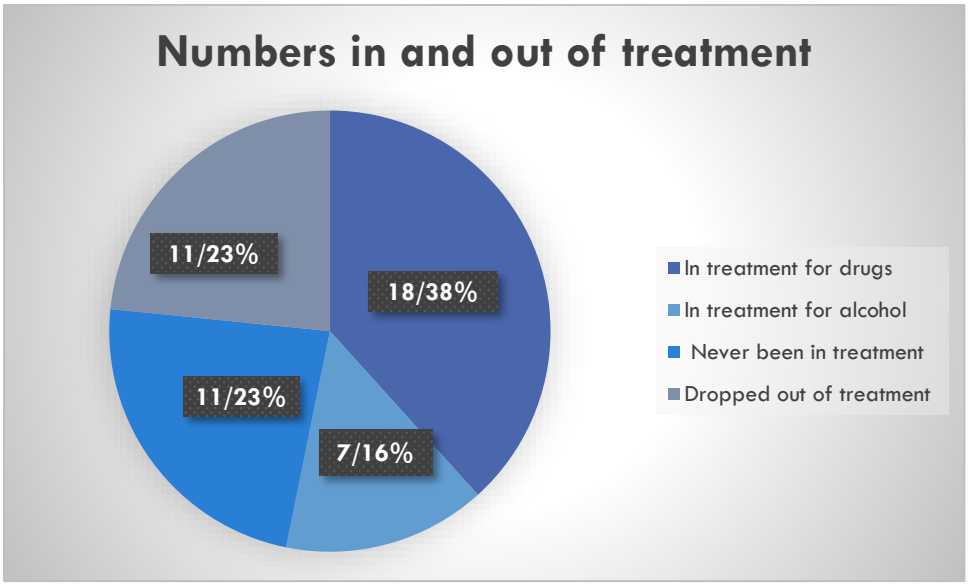


4.2 Where the deaths occurred.



4.3 A risk identified in previous years has been those who use alone and "at home". They are at much greater risk because there is no one to intervene and administer Naloxone or call for help when things go wrong. 37% of the deaths (16 out of 43) died whilst using illicit drugs alone. Both nationally and locally we are looking to raise awareness and exploring safeguarding measures to help counteract some of the risks involved for those who use alone such an example might be the bio wristband initiative (Evaluation of a Co-Produced Overdose Detection Wristband :: Midlands Partnership University NHS Foundation Trust (mpft.nhs.uk)
The risk of using alone will be highlighted in an overdose awareness campaign.

4.4 Another risk identified previously is those that are **not engaged with treatment and/or those that have dropped out of treatment**. The chart below illustrates the proportion of those in and out of treatment.



In line with the findings of the 2022 DRD report, we need to continue to improve screening and identification for those using drugs and alcohol who are not in or not engaging in treatment including:

4.4.1 Increasing screening and referrals from Health and Social Care, Probation and Housing - all services to screen, offer brief advice and support and refer to specialist treatment.

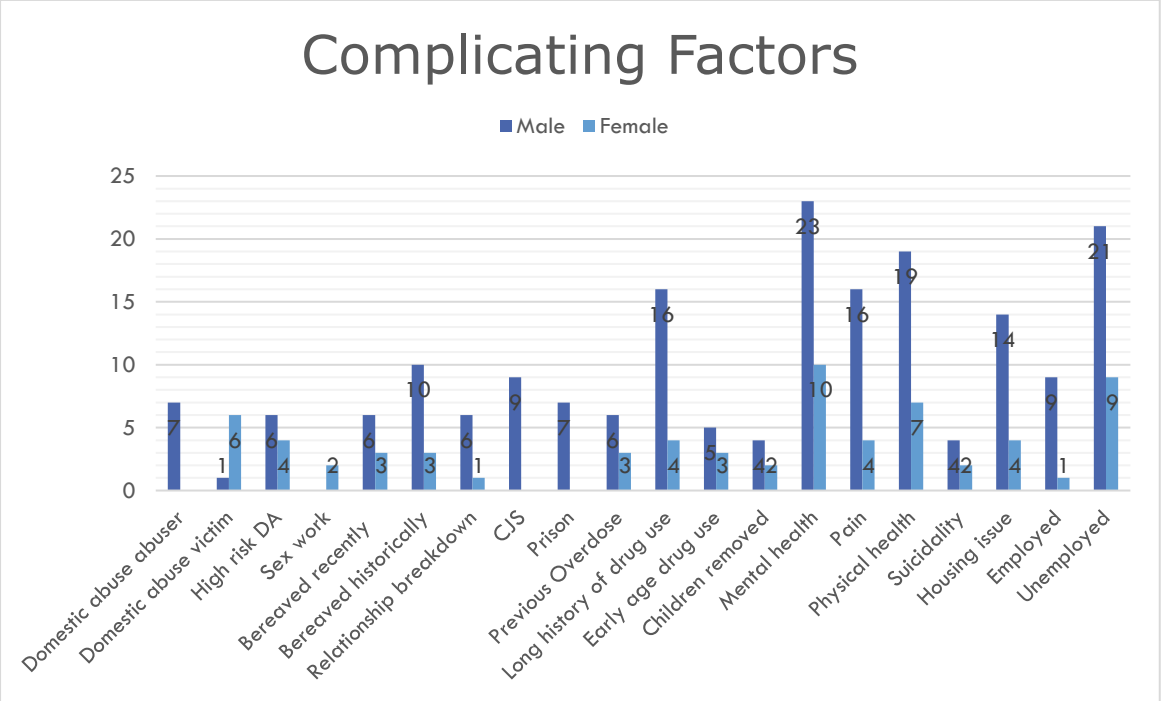
4.4.2 Overcoming non-engagement through monitoring and reviewing cases that drop out and implementation of a more persistent and assertive approach (supported by outreach and housing support).

4.4.3 Increasing the co-working of complex cases where specialist treatment workers can support the non-specialist trusted worker to provide the harm reduction advice until the individual feels ready to be referred.

5. Complicating Factors

5.1 Drugs and alcohol are often taken as a way of coping with the emotional trauma of adverse childhood experiences such as neglect, living with a parent who uses drugs and alcohol, or a parent in prison, being in the care system, and sexual or domestic abuse. In other cases, the use of alcohol and drugs suddenly becomes problematic when an individual experiences adverse life events such as a bereavement or relationship breakdown. It is difficult to say to what extent these factors contributed to the drug and alcohol use of those who have died but it is helpful to inform preventative work moving forwards.

The chart below details some of the information we have ascertained about the lives of those who died from drug and alcohol related deaths in 2023. The picture is incomplete because we tend to have more information on those who engaged with treatment and/or if a detailed background statement was obtained for the inquest.



5.2 Some points of note are that 6 out of the 11 women were victims of **domestic abuse** and 4 were **high risk***. Of the men 7 were abusers and 6 of these were high risk. We are implementing a **Drug and Alcohol and Domestic Abuse Sexual Violence protocol** to assist drug and alcohol workers and domestic abuse workers to promote screening for early identification of co-occurring conditions and to encourage co-working to better understand all of the risks to individuals.

*High risk domestic abuse victim refers to those at risk of death or serious injury. In the case of a high-risk abuser, they are at risk of causing death or serious injury to another.

5.3 In line with previous years, **bereavement** is a factor affecting many of those who have died drug and alcohol related deaths. We have been working with our colleagues in Public Health to scope out the possibility of implementing

a generic bereavement support service for those impacted by grief, including drug related deaths.

5.4 In relation to offending, 9 of the men (no women) had long histories of involvement with the **criminal justice system** and 7 spent time in **prison** making criminal justice interventions key opportunities to engage in prevention and harm reduction. Work to improve the integrated care pathway from prison to the community which is crucial for supporting recovery from substance use and reducing reoffending among people leaving custody.

5.5 Twenty of the deaths (16 men (52%) and 4 women (57%) had a **long history of drug or alcohol use**.

5.6 The data we have (6 men and 3 women) for **previous overdose** may not be a true reflection of the situation as this information may not be known to services or raised during the inquest. It is likely to be higher. We are currently working with SWAST (Southwest Ambulance Service Trust) to gather the data on those who overdose and set up a Non-Fatal Overdose pathway. This accurate data will provide an opportunity to intervene with support earlier. This is discussed further in the next section of the report.

5.7 From the information collated, 3 men and 2 women had their **children removed from their care or were estranged from their children**.

- 1 of the men had his child (age 4) removed as both he and his partner were opiate drug users.
- 1 of the men had lost touch with his daughter and her mother but cited resuming the relationship with his daughter as a motivator.
- 1 of the men was a high-risk domestic abuser and had his daughter removed from his care several years previously.
- 1 woman had experienced the death of a child when she was only 17 years old and subsequently had 3 children removed into care 9 months before her death.
- 1 woman had four children. The eldest lived with his maternal grandmother, her twin daughters lived with their father and her youngest daughter was removed from her care a year before she died which caused her to relapse into drug taking.

People with children may fear seeking help for their drug and alcohol use in case it triggers a referral to children's social care and removal of children from their care. It may work for the children, in giving individuals the incentive to work to combat their drug and alcohol use in order to have their children returned. However, equally, the child(ren) may lose a parent or both parents through drug and alcohol use increasing as a means of coping with the emotional trauma.

5.3 **Mental health** problems continue to be a significant factor, as in previous years. 22 men (71%) and 9 women (82 %) had mental health issues including inter alia anxiety and depression, PTSD (post-traumatic stress disorder), panic attacks, Bipolar, and schizophrenia. We continue to persevere with embedding

the dual diagnosis guiding principles to ensure that those dependent on drugs and alcohol are not refused mental health treatment and support.

5.4 **Pain and physical health** are significant factors again this year. In response to previous reviews, Cornwall now has several pain cafes and professionals have been trained in the Ten Footsteps approach to Living Well with Pain including some trained to deliver the training. We are in the process of creating a Cornwall 'Live Well with Pain' training team which will be multi-disciplinary and is intended to increase awareness and improve implementation of drug screening across all relevant services, enabling earlier interventions for those experiencing pain. We will be piloting a training programme during 2024 looking at those with pain who have addiction issues and if successful will look to expand the role out of this training to recovery workers.

5.5 **Suicidality** has been found to be a factor for 7 deaths (4 men and 3 women). This may be recorded because of previous suicide attempts, histories of self-harm or chronic mental health. However, for a suicide conclusion, the coroner must establish that the deceased carried out an act that resulted in their death and, importantly, that they intended that act to result in their death. Suicide cannot be presumed and since 2018 must be established on the balance of probabilities.

5.6 In 2022 we saw that **housing and homeless** was a factor for 15 of the drug related deaths. The figure is slightly higher for 2023 at 18 (14 men and 4 women). This is discussed further in the next section of the report.

5.7 Thirty of those dying from a drug and alcohol related death were **unemployed**. "To achieve and sustain recovery people need, alongside treatment, somewhere safe to live and something meaningful to do (a job, education or training)". * Whilst we have implemented an Individual Placement and Support programme to help those in drug and alcohol treatment find employment, wider support into employment for this population is required, to help overcome the stigma they experience.
*Independent review of drugs by Professor Dame Carol Black - GOV.UK (www.gov.uk)

6. Review and Learning from 2023 and Priorities for 2024/2025

6.1 Increased coverage of Naloxone. In May 2024 the government announced proposals to expand access to take home Naloxone. Naloxone is a life-saving drug that reverses the effects of an opioid overdose and can help to prevent overdose deaths. Anyone can administer naloxone in an emergency, but current legislation allows only drug and alcohol treatment services to supply it to individuals for future use. The government consulted with charities, NHS trusts, public health, social care, local authorities, housing organisations and individuals and following that consultation have agreed to widen access to Naloxone and these changes will be implemented throughout 2024. As the government announce these changes, we will seek to implement the widening access of Naloxone across Cornwall. Current provision can be found here: You searched for naloxone - Safer Cornwall.

Naloxone in Cornwall is used within the supported accommodation setting, treatment services including outreach workers. Since July 2024 Devon and Cornwall police carry nasal Naloxone within the first aid kits in the force vehicles. It is hoped that it will help to reduce the stigma of drug taking and place it on a footing with any other first aid intervention.

Cornwall Council have implemented a Naloxone policy to encourage the supply and use of Naloxone by appropriately trained volunteers, as part of Cornwall Council's wider commitment to supporting efforts to reduce harm from substance use. It sets the terms by which Cornwall Council employees, who volunteer, are supported to be trained and to use Naloxone.

We will be looking for opportunities to increase the access to and availability of Naloxone during 2024/2025 such as expanding coverage to include shops (as has been successfully implemented in Wales) and exploring the possible implementation of Naloxone boxes alongside defibrillators.

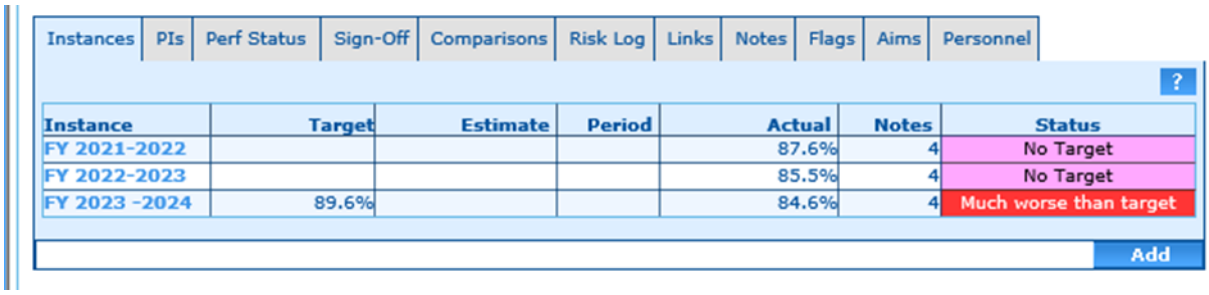
6.2 **Non-Fatal Overdose Pathway**. Research indicates that a previous overdose elevates the risk of a fatal overdose*. Together with colleagues across the Southwest Peninsula, we are working with SWAST to establish a non-fatal overdose pathway. In the first instance, where an ambulance is called for someone experiencing an overdose (whether or not they attend hospital) a referral will be sent to the drug and alcohol support service. In Cornwall this is With You Drug and Alcohol Support for Adults in Cornwall | WithYou (wearewithyou.org.uk). The service will then contact the individual and offer support. The ambulance service is only part of the picture and once this pathway is established, we will be seeking to replicate it with the hospitals in Cornwall and local services.

* NON-FATAL OVERDOSE AS A RISK FACTOR FOR SUBSEQUENT FATAL OVERDOSE AMONG PEOPLE WHO INJECT DRUGS - PMC (nih.gov)

6.3 Housing related issues continue to be experienced by many of those dying from drug or alcohol related deaths whether it be eviction for drug and alcohol use (anti-social behaviour), the housing provider's lack of tolerance for drugs and alcohol and a lack of suitable move on accommodation. Others may have moved around the county because of temporary accommodation placements, making it challenging to maintain their treatment support and continuity of care. Many of the people in this report have experienced periods of homelessness. It is widely recognised that rough sleepers are at more risk of dying earlier and that they are more likely to have multiple vulnerabilities (Rough sleeping | Crisis UK | Together we will end homelessness).

People in treatment for opiate and/or crack dependency and younger people (aged 18-29), especially women, are more likely to report housing problems. Historically this group has had much lower housing outcomes in Cornwall, when compared with the national cohort.
The trend shows a very slight decline over the last two years, reflecting the housing challenges that we have experienced in Cornwall, particularly during and following the pandemic. This includes a higher rate than nationally of households owed a statutory housing duty citing an alcohol/drug dependency and a high number of rough sleepers with multiple and complex needs.

Cornwall is one of 28 Local Authorities in the country who were provided with a Housing Support Grant for people in drug and alcohol treatment. One of the aims of the grant is to help people who are in drug and alcohol treatment to find and keep suitable accommodation. We are trying a range of different ways to this so that we can learn how best to support people with multiple vulnerabilities who persistently fall between the gaps in services. This includes a specific partnership between providers to support young vulnerable women who have extensive histories of trauma and abuse. Being in stable housing is a key part of engaging with treatment and sustaining recovery. This measure shows the percentage of people in treatment that had no housing problems or issues in the last 28 days, reported at the time of their last review.



6.3.1 **Supported housing**-There are a range of supported housing providers in Cornwall commissioned by Cornwall Council, Adult Social Care and Housing for people with multiple vulnerabilities. Historically, we had high rates of Overdose in these premises. The providers have worked very hard (and successfully) to reduce the rates of overdose and deaths in these projects whilst, at the same time, continuing to accommodate. Cornwall pioneered making naloxone available, mounted on the walls in these premises, as well as through staff and the individuals who resided there. This significantly and positively impacted the number of deaths on these premises.
These services continue to house people with high levels of need and rates of overdose and require increased levels of specialist support to both staff and residents.

6.4 **Women who have experienced multiple traumas.**

The number of women who have experienced multiple and complex trauma from child through to adulthood has been identified for a number of years within our drug and alcohol related deaths. There were several women in 2023 who had experienced multiple traumas from childhood, two of whom died in their early 20s. These women are often described by professionals as "unwilling to engage", and very few services see a victim whereas the reality is that their life experience often has such a profound effect on them that turning to drugs and alcohol is a solution, a way of coping with complex emotions and partaking in risky behaviour seems quite normal. The illustration below effectively shows the impact of trauma from a young age and the need for early intervention together with statutory services; adult social care, children's social care, mental health services linking in with the voluntary sector- drug and alcohol services and domestic abuse and sexual violence services. All working together in a joined up, co-ordinated multi-agency way with a trusted worker navigating the plethora of services for the vulnerable woman.

JOURNEY PROGRESSION

HOPES
ASPIRATIONS
DREAMS

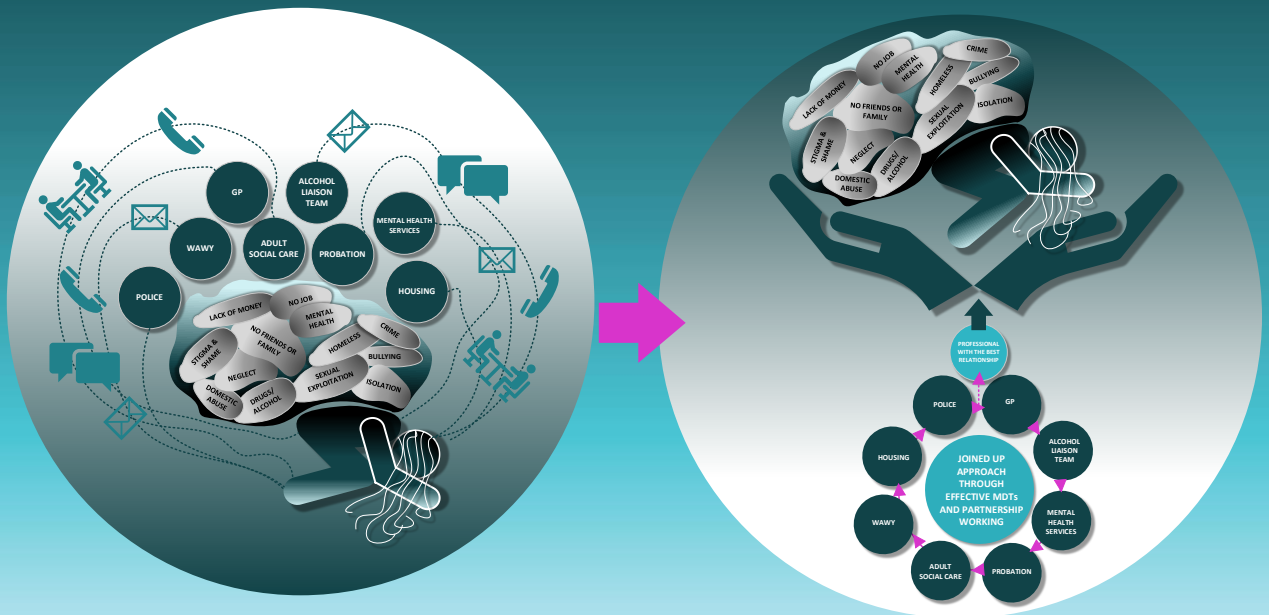
We are not born with complex needs

How do we identify need early?
(e.g. when a parent goes into prison)
How do we help young people understand what neglect, abuse and exploitation mean?
How do we explain what healthy relationships of all kinds look like?
How do we disrupt intergenerational trauma and cyclical patterns of behaviour?

How do we address stigma, guilt, shame and bias?
How do we build a new support infrastructure to facilitate a different type of belonging?
Building on current improvements in corporate parenting, what else is needed to deliver the principles effectively for children in care?
How do we manage the transition from child to adult service for vulnerable young people?

What is within our gift as services to join up our practise and processes to prevent people from falling through the gaps/ disengaging?
How are we able to fill in the knowledge gaps without people having to repeat their stories?
How are we able to navigate thresholds and constraints for specific services?

SUPPORTING EFFECTIVELY



Moving from:
an overwhelming approach, that adds pressure and additional weight as a result of silo working with restrictive process protocols,
to:
an approach that provides a unified, agile support system around the person which is channelled through a trusted professional

Drug Related Death 1

- 33-year-old man whose partner informed paramedics that he had drank alcohol and that he may have had more of his diazepam than he should have. She did not witness him take this. He then went to bed and partner believed him to be asleep. When she woke up the following morning, she found him to be unresponsive. She administered Naloxone, called for an ambulance and commenced CPR. The Naloxone was in the house due to the deceased's previous opioid drug use. It was not possible for the ambulance crew to save his life.
- Cause of death 1a) Multiple drug toxicity.
- He suffered with poor mental health and had a number of diagnoses including Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder, Conduct Disorder, Post Traumatic Stress Disorder and Emotionally Unstable Personality Disorder, high levels of anxiety, panic attacks and associated difficulties in sleeping. At times this led to feelings of suicidality, acts of self-harm and actions that risked his life.
- A motorbike accident at the age of 16 had left him with ongoing back pain and he experienced significant dental pain due to negligent dentistry when he was a child.
- He had successfully stopped using illicit drugs for a period of his life and ran a successful business.
- He adopted the child of his first wife, but this child passed away in 2016 which understandably had an adverse effect on his mental health.
- Prior to his death, he was facing bankruptcy proceedings and bereavement following the death of his grandfather.
- He was engaged with drug and alcohol support at the time of this death and mental health services and there was evidence of joint working.

Learning and actions

- Bereavement support. We have been working with our colleagues in Public Health to scope out the possibility of implementing a generic bereavement support service for those impacted by grief, including drug related deaths.
- Pain management- there has been extensive pain management training across Cornwall including the implementation of pain cafes enabling those experiencing long term pain to look at alternatives to prescription medication or illicit drug use.
- Dentistry-there is a significant lack of dentists in Cornwall, and we need dentists to link in with treatment providers. People turning to pain to manage dental issues.

Drug Related Death 2

- 29-year-old male was discovered by the police when concerns for his welfare were raised.
- Cause of death 1a) Multiple drug toxicity.
- He was engaged with the drug and alcohol treatment for both drugs and alcohol and reported using drugs from a very young age and progressing to heroin and subsequent intravenous use in his early 20s.

- His GP and an ADHD specialist service supported him with his mental health difficulties.
- He described a difficult childhood.
- He suffered from anxiety and depression and was diagnosed with adult attention deficit hyperactivity disorder.
- He experienced long term back pain and chronic pelvic pain and it is not clear from the information if he was prescribed medication for this.

Learning and actions

- Pain management- there has been extensive pain management training across Cornwall including the implementation of pain cafes enabling those experiencing long term pain to look at alternatives to prescription medication or illicit drug use.
- Awareness raising campaign around the risks of using alone.
- It is not clear whether there was a joint care plan, but this would have been best practice.

Drug Related Death 3

- 43-year-old male who was sofa surfing at a friend's house. He went to use the bathroom and collapsed. His friends discovered him and commenced CPR and called for an ambulance.
- Cause of death 1a) Acute and Chronic Mixed drug use.
- His brother informed the inquest that he had a history of heroin dependency. He was from Northern Europe and had worked as a paramedic in his home country prior to his drug dependency.
- He came to the UK 10 years prior to his death.
- He was not known to drug and alcohol treatment.

Learning and actions

- He was not known to GP or any other services in the UK.
- Continue awareness raising for those not known or engaging with treatment services or involved with any other services.

Drug Related Death 4

- 44-year-old woman who lost consciousness at a friend's house, having drunk alcohol, injected heroin and taken pregabalin. Her friends administered Naloxone and called for an ambulance, but she was pronounced dead at the scene.
- Cause of death Mixed drug toxicity.
- She was estranged from her immediate family, having not spoken to them for around 4years, following an incident where she arrived at her parents' home intoxicated for her son's 16th birthday. She had a daughter who lived with her father. Her sister died a few years prior to her own death which was noted to have a significant detrimental effect on her mental health.
- She had used drugs and alcohol since aged 16 but was not known to treatment services.
- She had a diagnosis of borderline personality disorder and emotionally unstable personality disorder in 1995, with ongoing concerns around self-harm, poor

sleep and had attended hospital in 2017 and twice in 2018 for alcohol intoxication and a non-fatal opiate overdose. Several safeguarding referrals were submitted, and she became a frequent caller to the ambulance service.
- There were numerous attempts to engage her by mental health support services.
- She was known to DASV services, wanting support around domestic abuse and sexual violence but had not engaged with the service since July 2020. She told the GP receptionist that her partner had stolen her phone and as a result struggled with contact for appointments.

Learning and actions

- Difficult personal relationships including breakdown of family unit, children removed and turbulent romantic relationships and a likely negative impact on mental health.
- Mental health diagnosis but no clear treatment pathway or symptoms management, would have benefitted from a dual diagnosis approach.
- No evidence of harm reduction-improved screening and referral to treatment services.
- Impact of bereavement
- Non-fatal overdose pathway may have helped her engage with or access treatment.

Drug Related Death 5

- 52-year-old male who had fallen asleep on the sofa with his partner who later woke and went to bed. She discovered him the following morning and paramedics on arrival, confirmed his death.
- Cause of death 1a) Sudden Cardiac Death 1b) Peritherapeutic Complication of Methadone Maintenance, Carbamazepine and Pregabalin.
- He was a long-time heroin user but had recently stopped and was taking only prescription medication in the form of Methadone (prescribed by WAWY), Pregabalin and Carbamazepine (prescribed by the GP).
- He was engaged with drug and alcohol treatment.
- He lost both of his parents, and his son was adopted shortly after. Understandably this had a devastating impact on his mental health and impacted his relationship with his long-term partner.
- He had a history of high-risk domestic abuse against his partner with whom he been in a relationship for 11 1/2 years and was the mother of his son.
- He spent time in prison.
- He suffered from fibromyalgia and pain in his foot from untreated broken bones. The pregabalin was prescribed for his pain.

Learning and actions

- The deceased was addressing his substance use and making good progress, so it is particularly sad that the combination of prescription medication he was taking against a background of long-term drug use led to a cardiac arrest.
- The continuity of care pathway which is now in place for prison leavers may have enabled him to address his substance use earlier.
- The impact of bereavement.

- The impact on parents of having their children removed.
- DAAT/DASV protocol
- Heart screening for long term drug users regardless of age.

Drug Related Death 6

- 55-year-old man who was staying with friends. He ordered a takeaway around 11 pm and was discovered on the sofa the next morning by his friends.
- Cause of death 1 a) Mixed drug overdose.
- He was in structured treatment at the time of death and was provided opiate substitute prescriptions through 'shared care' (GP and recovery worker). He'd also been trained in harm reduction and provided with Naloxone.
- The GP report confirmed previous intravenous drug use, and that he had been treated for an infected groin wound in hospital December 2019. Diagnosis of Asthma, Opioid dependency, prone to blood clots, depression, previous pulmonary embolism, back ache, previous fractured hip and was prescribed various medication but was switched from warfarin due to poor compliance to prescription instructions.
- At times he experienced anxiety and depression, exacerbated by loss of or inappropriate housing and the death of his ex-partner. His friend reported that he had been using Valium obtained illicitly on top of his prescribed medication in the lead up to his death.
- He had a supportive family.
- Housing was an issue for him for several years leading up to his death. He had been evicted from St Petrocs charity accommodation due to drug and alcohol use which was not disclosed on his application form. Prior to his death, he had been housed in a bed and breakfast which closed during the winter and was due to move to temporary accommodation and was staying with a friend whilst waiting to move. He had previously enjoyed volunteering but had to stop due to his lack of stable housing.

Learning and actions

- He had not disclosed to St Petrocs, the accommodation provider that he was in drug or alcohol treatment, most likely because they were a zero-tolerance accommodation provider, and there does not appear to have been a screening process in place to check or support this.
- More information relating to the homelessness and the support provided by Housing Options may provide a greater insight to lessons that could be learned; this would include the pathway into accommodation via St Petrocs or other accommodation options.
- To be made subject of the joint treatment/housing protocol.

Drug Related Death 7

- 52-year-old man who was discovered by police in a caravan (which he was looking after for a friend) when concerns were raised by friends for his welfare.
- Cause of death 1a) Alcohol-induced dilated cardiomyopathy and infected Exacerbation (Rhinovirus) of Emphysematous Lung Disease.
  2) Cocaine use. The use of cocaine against a background of alcohol related heart disease and lung disease proved fatal. The inquest concluded the use of the recreational drug more than minimally contributed to his death.
- He was a builder by trade with no significant medical history and was not known to treatment services.
- Friends knew him to be a heavy drinker but were not aware of his drug use.
- Prior to his death he wasn't feeling well and thought that it might be Covid.

Learning and actions

- Awareness raising campaign around the risks of using alone.
- This reinforces the need for Improved screening within healthcare services for those not known to or engaging with treatment services.

Drug Related Death 8

- 33-year-old male who was discovered by his mother when she attended his property because he failed to respond to her messages. Emergency services were called and pronounced him dead.
- Cause of death 1 a) Drug Toxicity 1b 1c II Aspiration Pneumonia and Subacute Bacterial Endocarditis
- He was very close to his mother who informed the inquest that despite being disruptive at school, he managed to gain 10 GSCEs and went on to gain a business and computer studies degree.
- She described a change in his behaviour in his 20s when he would go missing and not remember where he had been and developed a twitch. She suspected he had started using drugs.
- He did access support from treatment services but dropped out of service in 2021. His mother felt the service failed to take into account the support available to him by his family.
- Since 2011 there were various drug induced incidents including damaging his mother's property and hospital admissions. He was remorseful after the incidents and wanted to change.
- In 2018 he consumed a bottle of GBL (Gamma butyrolactone) and ended up in intensive care. He had another near-death experience in 2019.
- He managed to hold down jobs to fund his drug and alcohol use.
- His Father died by suicide in 2019, his grandmother died in 2020 and his grandfather died 2021.
- Bereavements had a significant impact on him not only in terms of the grief he experienced but because he inherited money. He bought a flat and had approximately £36,000 left which he asked his mother to look after but periodically he would request money and she suspected it was for drugs.

Learning and actions

- Awareness campaign for those who use alone.
- Bereavement support
- Non-fatal overdose pathway.
- Review involvement of families in drug treatment.

Drug Related Death 9

- 47-year-old man who was sofa surfing at a friend's house. The friend was also a drug user and in treatment with With You. They had taken drugs on the Friday evening. The friend saw him alive on the Saturday but had gone about her day and saw him face down in the living area on Sunday morning. This was often how he slept so she didn't find it unusual. She returned later that afternoon to find him in the same position and tried to wake him finding him cold and unresponsive at which point an ambulance was called.
- Cause of death 1a) Mixed drug overdose.
- He died as a result of the combined effects of illicit and prescribed drugs on a background of known and long-term drug use.
- His family reported that he had used drugs since he was a teenager.
- He experienced pain in his stomach and shoulder and used prescribed and illicit drugs to manage the pain, which exacerbated his anxiety levels.
- He had 3 episodes of treatment with With You Cornwall between July 2014 and the time of his death. He was in structured treatment when he died, in addition to his prescribed Methadone, his substance use varied but included at times beer or cider, benzodiazepines, street Valium, pregabalin, heroin, tobacco. Harm reduction had been discussed in relation to his drinking and poly-drug use and his use of illicit drugs and alcohol varied over time and this was connected to life events. In particular he struggled with the death of his grandmother, a day on which he was also attacked.
- He was a qualified labourer. He also expressed an interest in working with people who were homeless and setting up a dog behaviour training business.
- He was referred for housing advice in January 2022 by the Department of Work and Pensions. He had a tenancy but had been sleeping in a tent with his dog after being attacked by a neighbour. The location of the tent was not known by housing workers and the case was closed due to not being able to contact him and no reason to believe he was technically homeless. He had asked his With You worker to help him register to bid for properties via Cornwall Homechoice but this had not happened at the time of his death.

Learning and actions

- The Department of Work and Pensions had a duty to refer him into Housing Options, the referral was completed but it was not possible for the Housing Outreach Team to make contact with him to give housing related advice and support. He was engaging with treatment services at this time so multi-agency working could have helped to overcome this barrier.

- Increased awareness of housing processes and pathways and promotion of multi-agency communication to be made the subject of a joint housing/treatment protocol.

Drug Related Death 10

- 36-year-old man residing in supported accommodation was discovered unconscious by his support worker who called an ambulance and commenced CPR.
- Cause of death 1a Aspiration Pneumonia 1b Drug Use.
- He had been living in Short Term Accommodation and Resettlement (STAR) accommodation in Camborne since 2021. Prior to this, he had been street homeless.
- The supported housing provider were aware through key worker sessions that he used drugs and alcohol recreationally, including buying other people's prescriptions from them since being refused diazepam prescription by his GP and to top up his own prescribed medication and help treat his symptoms of depression. Support Workers had highlighted the risks associated to this and discussed the benefits of accessing drug and alcohol treatment services, but he had not wanted to be referred for treatment. They had also recorded that his support needs related to physical health and gambling.
- Workers Housing had completed a Housing Opiate Overdose Risk Assessment (HOORAT) with him when he moved in and determined him to be a moderate risk based on the fact that although he claimed opiates were not his drugs of choice, he was a polydrug user with low mood, who tended to use alone. This risk was monitored by workers and recorded to have increased to high risk in October 2022 following a ban from driving for using a mobile phone whilst driving. The risk often moved between high and moderate and was considered high at the time of death.
- He had disclosed to Support Workers that he had experienced childhood trauma and that his ex-partner had told his children that he was a bad parent which he also found distressing. Despite this, he was in contact with his two children.
- He had a history of depression and had reported that his mood was low due to failing financial assessments when being considered for alternative accommodation – it was felt that due to his Income and Expenditure which included costs associated to drug and alcohol use, gambling and repaying loans, that he could not afford higher rents or service charges.
- He was described as having a dual diagnosis as well as experiencing homelessness, he was more focused on addressing his mental health than his substance use. For this reason, he had sought help through the Next Steps Programme which is a grant funded project delivered by Housing Options Rough Sleeper Service to enable mental health interventions for people experiencing homelessness.
- His family reported that he had a long history of drug use since his mother died, he was better when he was spending time with his children, and he had been

impacted by the death of a friend who had died a drug related death at the same accommodation.

Learning and actions

- Where services are aware of residents with drug and alcohol-related problems who do not wish to engage, the service should ensure a presence in the service from the treatment provider, to build relationships and assist with a more assertive engagement.
- Similarly, Next Steps Homeless Vulnerability Service, as funded through drug strategy funding, to involve treatment provider in assertive engagement in treatment, through dual diagnosis approach.
- It is apparent that he was focused on accessing social housing but was feeling disheartened by being put forward for properties and then not being offered a tenancy due to his financial circumstances. Helping people to understand how treatment can assist in making these goals more possible specifically through the Personal Budgets element of the Housing support Grant.
- A review of risk assessment processes across services.

Drug Related Death 11

- 29-year-old male had a disagreement at work due to concerns about him being in an unfit state to work. He left his job and caught a train home to his mother's house where he was living. He was angry he had insufficient funds to withdraw money and was seen banging his head against the wall.
- He was found unresponsive the following morning. His mother was not aware he had taken drugs the evening before. Toxicology showed high levels of cocaine and amphetamine in his system, as well as opiates and evidence of alcohol misuse.
- Cause of death Cocaine and Amphetamine toxicity
- He had happy childhood in a single parent family in Cornwall and attended mainstream schooling, leaving at an appropriate age with no concerning factor other than being deeply affected by his grandmother's death during this time.
- After school he gained employment as a fisherman working on fishing boats but struggled with fluctuating symptoms of his mental health through his adult life.
- In 2021 he was taken to Treliske Hospital with a non-fatal overdose of heroin and a seizure in a public place, 3 days later he was signposted by his GP for support for his drug use. He received support but had not been in treatment with With You for up to a year before his death. He reported his binge pattern of alcohol and illegal drugs was under control and no longer needed support. There was no evidence of physical drug dependency, he was described as a habitual drug user and using a variety of substance throughout his life.
- Soon after this, he presented to his GP with concerns for his mental health including self-harm, he referenced a break down in relationship with the mother of his 3-year-old child. He was referred to the Early Intervention team but was not given a diagnosis or treatment plan at this time, but it was felt his symptoms were as a result of his drug misuse and he was discharged. He was also seen by CJLDS (criminal justice liaison and diversion service), but again they felt his symptoms were as a result of his substance use and once, he stopped using

drugs in a problematic way, there would be an improvement in his symptoms and was again signposted to With You for support.
- He was being prescribed pain relief from his GP.

Learning and actions

- His fluctuating mental health and substance misuse impacted on his ability to maintain key elements of this life, including relationships and employment.
- A joined-up approach of mental health and treatment service may have created a supportive plan for him.
- He was in treatment for a year then dropped out because he felt he had stopped using alcohol and drugs problematically. He was signposted to treatment but did not re-attend. Routes for referral and exploration of a more assertive approach is required.

Drug Related Death 12

- 35-year-old male was found by family in his bedroom with a carrier bag on his head, after he had gone to his room to 'sniff glue' with the intention of becoming high.
- Cause of death 1a) Asphyxiation and Morphine toxicity
- He spent his childhood in Cornwall living with his family. No concerning events in childhood, until his parents observed an escalation in his mental health aged 18. He married and had 2 sons. He separated from his partner 2 years before his death but maintained good contact with his children.
- He had regular contact with his GP and first started being prescribed pain relief due to a prolapsed disc in his back in 2015 and was prescribed morphine. In 2018, a number of drug overdoses were noted as well as a subdural head injury.
- He was referred to the chronic pain team at Royal Cornwall Hospital Trust but died before he was seen in clinic. He was on weekly collections for his pain medication, a request was made for monthly collection, but due to a recent overdose this was refused and remained on his current collection schedule.
- His back pain increased when he fell from a window in Feb 2022, after he was stopped leaving the house due to him being intoxicated. He spent a period of time in hospital and his injuries impacted this life thereafter.
- He took significant overdoses of medication in 2022 and 2023, he was referred for a range of support on both occasions via community mental health teams but did not attend or cancelled the appointments. Further contact was made to offer a referral back in but did not respond. Overdoses were related to managing his pain alongside long-standing low mood and suicidal ideation.
- He had not received support for alcohol and substance misuse since 2019.

Learning and actions

- Chronic pain had been a feature throughout his adult life which he struggled to control. Whilst primary care acted well to control levels of abuse of this, it is clear he did not take the medication as prescribed which may have had a detrimental effect on his overall wellbeing. He was appropriately referred to the chronic pain team for intervention.

- He was referred to community mental health services including talking therapies and CAP services but did not take up this offer. His mental health played a key part in the deterioration in his quality of life leading up to his death. A dual diagnosis approach could have been explored in this case.
- Treatment staff operate out of a number of surgeries and could have attended a joint appointment with the GP to facilitate engagement.
- Similarly, a process for assertively following up on non-fatal overdoses may have helped to engage.

Drug Related Death 13

- 39-year-old man living in supported accommodation was found unresponsive in his room by his support worker. Naloxone was administered and CPR given until the ambulance arrived. Paramedics' attempts to resuscitate him were unsuccessful.
- Cause of death 1a) Ischaemic Heart Disease with Cardiomegaly and Myocardial Fibrosis 1b) Coronary Artery Atherosclerosis 1c II) Illicit Drug Use. It was noted that if he hadn't taken drugs, the conclusion at inquest would have been natural causes due to the poor condition of his heart.
- He was the father of two boys but his relationship with the mother of his children ended following his diagnosis of schizophrenia. He had worked as a landscape gardener but had to stop because of his poor mental health. His schizophrenia was treated by depot injection and the inquest found there was nothing to indicate he was experiencing a mental health crisis at the time of his death.
- He had a heart condition (heart attack in 2014 and cardiovascular disease) and was a Type 2 Diabetic and had Hypothyroidism.
- At the time of his death, he wasn't engaged with treatment services and hadn't been for several years. He was known to have been treated in 2014 and 2020 for accidental opiate overdoses.
- He had recently moved from Housing Options Cold Weather Provision (CWP) to Short Term Accommodation and Resettlement (STAR) accommodation in Camborne. He had found it difficult to maintain tenancies and had been involved with the Criminal Justice System (CJS) and spent time in prison.

Learning and actions

- Multi-agency working may have led to more effective harm reduction advice.
- Awareness raising campaign around the risks of using alone.
- Improved screening for those not known to or engaging with treatment services.
- A non-fatal overdose pathway may have enabled him to access treatment.
- Cold weather provision is a crisis provision during certain weather conditions, and as a result his primary needs at the time of getting him off the streets, engaging with CMHT so he could be administered with DEPOT injection and supporting him to move closer to his family connections in Hayle area hence taking the opportunity to move to STAR Roskear in Camborne to build longer-term therapeutic relationship with support worker to help achieve his goals for move-on were given priority over the use of any drugs or alcohol.

- Looking at his health conditions, rough sleeping and him being closed to drug treatment service since 2017, perhaps his perception was that he was not using a lot of substances or was fearful that disclosing his use of substances would prevent him being accepted into supported accommodation.

Drug Related Death 14

- 19-year-old male who collapsed outside his home address**.** He was found by his father and transferred into the home and placed on their sofa to sleep believing he was drunk. The following morning his mother found him unresponsive and commenced CPR and called for an ambulance. He was found to be in possession of a Methadone prescription in another person's name.
- He had no previous medical history and no mental health issues.
- His brother informed the inquest that he took drugs daily and was in a lot of debt because of his drug taking. He was reckless to the drugs he took.
- He hid his drug use from his parents and his friends were unaware there was any risk to him when they dropped him off the evening before he died.
- The amount of methadone he consumed was between the therapeutic and potentially toxic range which overlap due to the development of tolerance. The methadone prescription was not his and he had no opioid tolerance.

Learning and action

- Improved screening and referral into treatment services.
- Awareness campaign on the risk of overdose.

Drug Related Death 15

- 52-year-old woman who was discovered in her room in Supported safe Accommodation for women with complex needs fleeing domestic abuse by Housing Management worker and support worker, wherein an ambulance was called, and CPR administered.
- Cause of death 1a) Multiple Drug Toxicity.
- She relocated to Cornwall as a result of high-risk domestic abuse in her hometown and was residing in specialist supported domestic abuse accommodation.
- She was engaged with drug and alcohol services and reported a long history of drug use and had lost a brother and a son to drug overdoses which understandably had a profound effect on her.
- In terms of mental health, she was diagnosed with a borderline personality disorder.
- She disclosed to her housing worker and her With You worker that she felt under pressure to take illicit substances whilst residing in the supported accommodation and risk assessments carried out in relation to her drug use assessed her as a moderate risk.
- She had a family network in her hometown so frequently returned because she felt lonely and isolated in Cornwall.

Learning and actions

- The primary reason for accessing this setting is to escape domestic abuse and traditional refuge models present barriers to access for someone in active addiction, with offending history and mental health issues. When a drug user relocates, their primary need may be to source drugs and equipment, and this means the likelihood of forming unhealthy relationships is high. Isolation is factored in at assessment, risk and support.
- She engaged well with With you and recovery worker engaged with support workers
- She was desperate for some prescribed medication and / or other therapy from her GP to help with her sleeping since she was not sleeping or eating much as she was not coping well with pressure from her family. She was supported to make and keep GP appointment and reminded to attend but nothing offered. She was referred her to Waves for counselling and she was engaging well with support both 1-2-1 and groupwork.
- Blame and conflicting information between people who use drugs around who is buying / offering / owing / instigating is common. We work to create an environment of honesty and respect among all residents and individual safety planning and co-produced group work to address needs arising.

Drug Related Death 16

- 60-year-old woman who had fallen asleep on the sofa downstairs at her home address after drinking wine and taking Oramorph (prescription morphine). Her husband slept downstairs to check on her. He awoke to find her unresponsive whereupon he called an ambulance and paramedics later pronounced her dead.
- Cause of death 1 a) opiate toxicity 2) Chronic Obstructive Pulmonary Disease with pulmonary hypertension and acute airway mucous plugging.
- She had been experiencing overwhelming grief since the death of her mother a few years earlier and often drank wine and listened to her mother's favourite music and looked at her mother's photograph.
- She was prescribed the morphine for several physical health conditions including osteoporosis, fibromyalgia, high cholesterol and hip ache and in terms of her mental health she was suffering from depression for which she was prescribed sertraline. She had stockpiled a large amount of Oramorph.
- In the last 12-18 months prior to her death, she had experienced 2 non-fatal overdoses and attempted to cut her wrists which her husband felt were cries for help. On these occasions, she was seen by the psychiatric liaison team and referred to her GP for support.
- Long term alcohol use.

Learning and actions

- Improved screening for those not known to or engaging with treatment services.
- Bereavement support.

Drug Related Death 17

- 48-year-old man discovered by support workers in his supported accommodation.
- Cause of death 1a) Aspiration 1b) Mixed drug toxicity.

- He had an offending history including serving a prison sentence historically. He worked in a local foodbank prior to the Pandemic. He had a brother and two sisters with whom he had little contact with but was in regular contact with his mother who lived in Oldham, and he stated this stopped him from contemplating suicide.
- He reported having a good childhood, but a lack of motivation led to poor education opportunities, and he had used illicit drugs since he was a teenager.
- He was in structured treatment and had been supported to attend residential treatment on at least 12 occasions without success. Most recently his methadone prescriptions were provided by Health for Homeless rather than With You.
- He was street homeless and of no fixed abode for a period of time. In the recent past, he was accommodated in Short Term Accommodation and Resettlement (STAR) accommodation in Camborne. He left this address to enter in-patient detox and residential rehabilitation treatment at Bosence Farm, Hayle but he left early.
- He had various health complications as a result of intravenous drug use including deep vein thrombosis in both legs. He reported experiencing shortness of breath upon exertion, heart palpitations, dental concerns, and poor eating and sleeping patterns, often prioritising illicit drug use over food. As a result, he was under weight. He also reported chronic obstructive pulmonary disease and that a head injury several months ago had affected his memory. He also experienced anxiety and panic attacks and had been referred by Health for Homeless for support from mental health specialists and there is evidence of multi-agency working and risk mitigations.
- When he left Bosence Farm, the only accommodation available to him at that time was Crisis Accommodation. This accommodation is typically made available for no longer than six weeks for people who are rough sleeping and/or homeless, often with complex support needs related to alcohol and/or drugs, mental health, offending behaviour or other support needs. This includes people with dual diagnosis related to both substance use and poor mental health. He was found deceased at this accommodation and it was concluded that this was a drug related death by accidental overdose.

Learning and actions

- There were known risks which had been mitigated by providing harm reduction advice, and multi-disciplinary working. He indicated that he wished to stabilise his drug use and secure stable accommodation but there were challenges associated to this.
- A review of housing pathways and housing contingency plans in relation to residential treatment to be undertaken.

Drug Related Death 18

- 44-year-old male who had visited a friend's house where they had taken drugs and alcohol. He was discovered unresponsive by his friend the following day. His

friend reported he had wanted "a big session" before he went in for detox and rehabilitation.

- Cause of death 1a) Pregabalin toxicity
- His sister informed the inquest that he was an intelligent child and had been a talented football player who had been scouted for Liverpool. At 15, he broke his leg and began using alcohol. His alcohol use caused problems within the family as he would be abusive to them when intoxicated. He was placed in a hostel aged 15. Approximately 12 years ago, his mother ceased contact with him. He had occasional contact with their Nan. His sister was surprised to learn he had died of a pregabalin overdose.
- At the time of his death, he was of no fixed abode. He had moved to Cornwall impulsively because he was evicted from his property in his hometown. Cornwall housing felt they did not owe him a homeless duty but that the duty was owed by his hometown.
- His GP reported he had an emotionally unstable personality disorder and alcoholism. There had been previous incidents of self-harm. He reported drinking 3-4 cans lager but denied using illicit substances. He was referred to the homeless vulnerability liaison service and agreed he would self-refer to WAWY (which he did). He was not taking any prescription medication.
- He was engaged with treatment services and his worker was concerned he may have been experiencing cognitive impairment due to his alcohol use, but this was not diagnosed.
- He was involved in the criminal justice system during his life for offences of violence and shoplifting and spent time in prison.
- He was residing in supported accommodation at the time of his death, and it was noted that the accommodation housed those using illicit drugs.

Learning and actions

- Separate accommodation pathways for drug users and alcohol users.
- Continuity of care pathway
- Alcohol Related brain damage pathway required.

Drug Related Death 19

- 57-year-old woman who collapsed at a festival having taken speed (amphetamine sulphate). Paramedics attended and transferred her to hospital. She suffered a cerebral haemorrhage. Due to her worsening condition, she was transferred to the specialist neurology department in Derriford hospital, Plymouth where she subsequently died.
- Cause of death 1a) Bronchopneumonia 1 b) Intracerebral haemorrhage 2 Drug misuse.
- There was very little background information available for the inquest.
- She was not known to treatment services.
- The GP confirmed that there was no evidence to suggest she was likely to suffer the haemorrhage.
- With regard to the bronchopneumonia, the pathologist explained that she may have been experiencing this before her haemorrhage or as she was unconscious for a long time, it may have developed post haemorrhage. Her friend confirmed

she had been suffering from a cough for the past six weeks, so the former is more likely.
- The pathologist felt that whilst the drug taking may not have caused the death, it contributed to her being unable to survive it particularly as amphetamine use causes cardiotoxicity and she would have required her heart to be fully functioning to withstand the haemorrhage.

Learning and action

- Awareness campaign around the risks associated with stimulants.

Drug Related Death 20

- 46-year-old man with a long history of drug use was living in his parents' annexe. He was discovered by his father when he failed to appear the following morning.
- Cause of death 1a) Myocardial Fibrosis 1b) Chronic Drug Toxicity II Alcoholic Liver Disease
- He was in treatment for his drug and alcohol use. He had been prescribed Espranor instead of methadone the week prior to his death, blood thinners for the clots in his legs and Sertraline for depression.
- His parents reported he was taking illicit drugs on top of those prescribed and also drinking up to half a bottle of whisky per day.
- He was unwell the days prior to his death.
- His mother told the inquest that he had a regular childhood but struggled in school due to his dyslexia and was unable to play sports because of problems with his eye. He wanted to join the army and was part of the army cadets until 18 around the time he started using cannabis recreationally.
- In his early 20s he had started using heroin. He returned to live with his parents and his mother helped him to stop for a period of time.
- At 26 he met his partner, who was also a heroin user. Together they stopped using heroin, had two children and moved to Cornwall.
- He began working with those with learning difficulties where he met another woman and left his partner and children for her. This woman later returned to her partner. As a result, he became depressed and relapsed into drug taking. His parents had bought him a cottage, but he was cuckooed (where drug dealers move in and take over a property) at this address.
- He moved into his parents' annexe, but his parents describe living in fear as drug dealers were threatening to burn their house down. He had suffered a violent assault too. He was planning to move to Spain with his parents and working towards this with treatment services. He was afraid to go out but would go for walks with his parents at certain times of the day.
- A safeguarding referral to adult social care had been made prior to his death but he died before they could make contact with him.
- He had worked all his life and was described as a good father to his children.

Learning and actions

- Chronic fear due to drug debts has come up in suicides as well as drug related deaths. The impact on the mental health of individuals can be profound leading to a fear of going out and, in this case, it also impacted his parents. It can often

be overlooked with professionals taking the view it has been brought about by the individual's actions. Often individuals will have been subjected to violent assaults too.
- Using alone
- Routine heart scanning for drug users of any age.

Drug Related Death 21

- 21-year-old female who had taken drugs with her partner and fallen asleep. When he awoke, he was unable to wake her and called for an ambulance. Paramedics attempted CPR but she was pronounced dead.
- The cause of death: 1a) Cocaine toxicity
- The deceased had been a care leaver and had a child at 16 (2018). This child died when 1 year old. She then had 3 more children who were all taken into care together in November 2022. The inquest heard she started using Class A drugs (Cocaine) after her children were removed in November 2022. When her children were removed, her mental health deteriorated, and her drug use increased to daily use of cocaine.
- She was experiencing chest and abdominal pain prior to her death.
- She was not engaged with drug and alcohol services although she was known to access the needle exchange.
- Shortly before her death, her partner had experienced a near fatal overdose.

Learning and actions

- Bereavement support. We have been working with our colleagues in Public Health to scope out the possibility of implementing a generic bereavement support service for those impacted by grief, including drug related deaths.
- A non-fatal overdose pathway and sub-group is being implemented.
- The impact of having her children- multiple child removal programme.

Drug Related Death 22

- 51-year-old male who was coughing and wheezing prior to collapsing was heard by his partner who rushed into the room, called an ambulance and commenced CPR. Paramedics continued with resuscitation but were unsuccessful.
- Cause of death 1a) Cocaine use and Cardiomegaly. He died due to the toxic effects of cocaine use on the background of an enlarged heart and chronic recreational use of the drug.
- He had taken cocaine the previous evening, but his partner claimed this was the first time in 6 weeks.
- He was not known to treatment services.
- He had attended the Drs 6 weeks prior to his death due to a lung infection and had been prescribed Clarithromycin a few days before his death.
- He met his partner in 2009 whilst working as a mechanic and moved in shortly after to become her Carer. He changed careers to become a taxi driver.

Learning and action

- Awareness campaign on the damage to the heart caused by long term cocaine use.

Drug Related Death 23

- 50-year-old male who was discovered by his neighbour who was concerned for his welfare as he had not seen him all day which was unusual.
- Cause of death 1a Heroin Overdose 1b 1c II) Cholelithiasis Complicated by Empyema of the Gallbladder.
- His neighbours confirmed he had lived in his current accommodation for 2 years and that he was a lovely man. However, in January and February 2023 his partner left him, and his best friend took his own life. This marked a turning point for him, and he had people visiting his flat night and day and he would smell strongly of alcohol. Consequently, his daughter who lived with him was taken into care aged 16.
- His daughter lived with him from the age of 7-16 after his relationship with her mother broke down. He managed to maintain significant periods of stability. He had good support from family and friends and ran his own gardening business.
- He had been known to treatment services since 2013 and was highly thought of by the staff. He reported to them that he had a historic back injury and sciatica, deep vein thrombosis and cellulitis. He had issues with his respiration and had asthma due to smoking heroin, crack and tobacco. He was prescribed Sertraline by his GP for depression.
- In the weeks prior to his death, he attempted a self-detox in a country club which was unsuccessful and then approached the treatment service for assistance with detox and rehabilitation. The recovery worker completed the referral very quickly and his application went before the tier 4 panel, and he was accepted.
  He died before he was able to enter the programme. His stepfather reported that he would have used up all his drugs prior to going to rehab as this is what he had done previously.

Learning and actions

- Pain management pathway
- Bereavement support
- Heightened risk of using prior to rehab
- Awareness campaign around using alone.
- Child removal

Drug Related Death 24

- 59-year-old man who was discovered by his wife collapsed by his bed when she had briefly left the room. CPR administered and an ambulance called.
- The cause of death is: 1a Mixed Drug Toxicity (Amitriptyline, Citalopram, Dihydrocodeine, Oxycodone) against a background of Advanced Alcoholic Liver Disease with Cirrhosis.

- He was a long-term heavy drinker and his health deteriorated from 2007 when his liver began to fail, and he spent 13 months in hospital. He had a slight degree of cardiac failure in 2009 and chronic obstructive pulmonary disease (COPD). He had a knee replacement which became infected causing sepsis, and this alongside back problems caused him chronic pain.
- He was not engaged with treatment services.
- The diminished functionality of his liver meant his body did not process drugs effectively leading to a build-up which may have caused the excess sedation.

Learning and action

- Improved screening for those not known to or engaging with treatment services (he continued to use alcohol after his liver began to fail).
- The GP had recently increased his prescription of amitriptyline, so the surgery is reviewing processes to ensure this is discussed with hepatology and the renal team prior to any increase in prescription medication in the future.

Drug Related Death 25

- 40-year-old woman who was discovered by her parents. They were concerned for her welfare when she failed to respond to phone calls and messages.
- Cause of death 1a) Respiratory Depression and Opiate Drug Use 1b 1c II) Obesity
- She had a history of chronic pain and in October 2022 she had experienced painful swelling in her legs. She was hospitalised in January 2023 for this pain and prescribed morphine. Her mother told the inquest that she believed her daughter became addicted to the morphine and was using illicit benzodiazepines on top of her prescription medication of diazepam for anxiety, zopiclone to help her sleep, Quitapine-anti psychotic medicine which she was using for depression and anxiety. She also had asthma and fibromyalgia. She had undergone bariatric surgery so this limited the medication she could be prescribed. Investigations as to what was causing her leg pain were proving unsuccessful.
- She was a high-risk victim of domestic abuse, and her case was heard at the MARAC in December 2018.
- She had engaged with treatment services but as an affected other as her ex-partner had been using substances. She disclosed to her worker that she had experienced coercive control, physical and sexual abuse from her partner for 16 years. She was referred to WAWY when professionals witnessed him being abusive to her during a prison visit (he was in prison). She further disclosed a history of depression, self-harm and historic physical abuse from a family member. She had two previous suicide attempts wherein she took an overdose of a combination of illicit and prescription drugs.

Learning and actions

- DAAT/DASV protocol
- Regulation 28 report issued by the coroner to the GP surgery (3.7 above)

Drug Related Death 26

- 63-year-old male who lived alone in a block of flats. He was found deceased following a concern for welfare from a neighbour whom he had a friendship with.
- Cause of death 1a) Mixed drug overdose.
- He was estranged from his family and was not known to services who could have raised the alarm for not being able to contact him.
- He moved into his accommodation 6 months prior to his death.
- Reports of a happy childhood in a loving home, parents separated at a young age, but he had a good relationship with step-father. Attended mainstream schooling and left education at an appropriate age.
- Age 16 first came into contact with the criminal justice system, after a few offences and records of deteriorating behaviour in the family home, he spent time in Borstal, of which from there repeat short term prison sentences became a theme throughout his life. Family noted a shift in behaviour and physical appearance following his initial release, and from this point distancing himself from the family unit.
- Drug and alcohol use became a feature in his life from his early 20s, with notes of violent behaviour with excessive use. Particular use of amphetamine and alcohol was noted, which ties in with GP evidence of possible ADHD.
- Major life event of his mother becoming ill and subsequently dying showed a shift in behaviours and rebuilding relationships with his family, obtaining employment and less disruptive behaviour. He was able to maintain his employment for short periods of time, due to rapid cycles of disruptive and criminal behaviours.
- Evidence of a long period of stability during a romantic relationship which resulted in 2 children but broke down following returning to chaotic behaviour and past detrimental friendships. Was last in prison 10 years before his death, found stability in a positive friendship which provided accommodation, work and routine.
- Evidence of undiagnosed and untreated ADHD and mental health conditions which GP has contributed to his chaotic lifestyle and drug of choice.
- Whilst he was engaged with treatment services after a period of imprisonment, detoxes were completed in prisons and received limited support for this after release.
- In 2004 he was a victim of an assault which caused fractures and a subdural haematoma, which caused his permeant hearing loss for the remainder of his life. He also suffered from osteoarthritis and cardiac issues. His extensive IV drug use made him a difficult candidate for surgery due to concerns of healing times, so pain and symptom management became his treatment plan.
- In 2017 he moved away from amphetamine use and began consuming large quantities of alcohol which had a detrimental effect on his health including legosis. This paired with previous ailments, lead to him being given steroid injections for his knee pain and slow-release tramadol 200 ml twice daily being prescribed by GP.

Learning and action

- Treatment is protective. Referrals and contact with treatment services may have provided harm reduction advice around dangers of using illicit drugs and facilitated diagnosis.
- Early contact with criminal justice system led to a revolving door theme throughout his life, but limited evidence of service intervention to provide behaviour change support.
- Earlier identification and treatment of ADHD and mental health need may have hindered self-medication through IV amphetamine use and other stimulants and alcohol.
- He found stability in positive relationships and when having focus in life.
- Pain and health management played a significant factor in later life, resulting in being unable to live independently without pain relief.

Drug Related Death 27

- 30-year-old male with a long history of drug dependence. He had recently been accepted for residential rehabilitation. He was last seen well by his girlfriend around 1 am on the evening before his death. Her father then discovered him slumped in a chair downstairs around 7 am. An ambulance was called but despite intensive efforts, they were not able to save him.
- Cause of death 1a) Pneumonia 1b) Mixed Drug Toxicity and Cardiomegaly.
- His mother told the inquest that he was a confident man with a great sense of humour. He began experimenting with drugs at 14 years old and became dependent at 19. He was a polydrug user with cocaine and benzodiazepines being his drugs of choice. He suffered with anxiety but tried to maintain a good lifestyle by going to the gym and keeping in contact with his family. He had previously made attempts on his life, most recently in September 2022. He moved back to Cornwall in June 2023 following the breakdown of a four-year relationship and moved in with his grandparents. The relationship with his grandparents was strained so he moved in with his new girlfriend prior to his death. He secured a job in a recycling centre and hurt his foot but wouldn't seek medical attention because he didn't want time off work. His mother confirmed he was excited about his upcoming detox and rehabilitation.
- He was engaged with treatment services and had recently been accepted for detox and rehabilitation and was waiting for a space to become available. He reported to his recovery worker that historically he had been involved in a serious car crash, had been kidnapped and assaulted and had spent time homeless.

Learning and actions

- Pain management
- His poor mental health and drug use may have benefitted from a dual diagnosis approach.
- Review the process for managing risks and preparing for residential treatment.
- The effect of kidnapping, assault and car crash on his mental health.

Drug Related Death 28

- 59-year-old male who was in bed with a bottle of Oramorph in his hand. His partner attempted to help him sit up at which point he collapsed, and she called for a friend who commenced CPR until the ambulance crew arrived. They were not able to save him.
- Cause of death 1a) Mixed Drug Overdose 2) Coronary Artery Atherosclerosis. He died at due to the combined effects of prescribed medication on a background of heart disease.
- He had Crohns disease, COPD, Pancreatis, PTSD trauma and depression and had undergone bowel surgery during Covid. He was prescribed several medications including amitriptyline, gabapentin, sertraline, an inhaler, and vitamin D.
- His partner of 24 years told the inquest that before his health failed, he worked in car restoration. Approximately 8-9 years ago he cut through his leg with an angle grinder and was experiencing back pain. For the past 5 years he had extremely poor health including sepsis, pancreatitis and Crohns. He had lung and heart disease and had suffered two strokes.
- He used to smoke cannabis regularly but stopped recently. He had been a previous heavy drinker but stopped 15 years ago.

Learning and actions

- The surgery conducted regular reviews of his medication and he was compliant in terms of ordering his prescription (if a little late).
- Increased awareness of the risks of overdose from prescription medication particularly opiates.

Drug Related Death 29

- 41-year-old female who was discovered by her partner in the bathroom of his address. There was drug paraphernalia found nearby.
- Cause of death 1a) Mixed drug toxicity.
- She was known to treatment services and was open to them at the time of her death.
- She had four children, one lived with her sister, two with their father and one lived with her.
- She successfully completed detox and rehabilitation in 2011 and remained abstinent for 3 years following this. She self-referred back into service in 2015 when she had started smoking heroin at weekends when her daughter was with her father.
- She reported using heroin since the age of 19 due to childhood trauma. She was in the process of being diagnosed in November 2023 with complex PTSD and Unstable Emotional Dysregulation Disorder but she was only seen once by the Psychiatrist. She had disclosed to her worker previous suicide ideation. She was a victim of domestic abuse and sexual violence.
- A few months prior to her death her children were removed from her care, and she reported sleeping in doorways and on the street because she found it difficult to stay at her home address. A referral was made to adult social care at this time due to her vulnerability.

Learning and actions

- Child removal work

- Pathway for complex women
- Dual diagnosis pathway
- DAAT/DASV protocol

Drug Related Death 30

- 78-year-old woman who lived alone with a number of dogs and chickens. She was found deceased by paramedics when neighbours were concerned for her welfare.
- Cause of death 1a) Tramadol overdose. 2 Cerebrovascular Atherosclerosis and Hypertensive Cardiomyopathy, Cognitive Impairment and Cold Exposure. Her sister informed the inquest that she was a hoarder and struggled to manage her home and garden. She thought she might have had Munchausen syndrome because she would tell people she had a brain tumour when she didn't. Her sister described her taking a lot of tablets and drinking large amounts of alcohol on most days.
- She was taking the Tramadol for pain and was prone to falling over. Her sister said she had lost a lot of weight. A referral to adult social care was made but she didn't follow this up because she believed she couldn't afford any help.

Learning and actions

- Awareness campaign on the risks of mixing prescription medication with alcohol.
- Review of referral to Adult social care.
- GP screening processes and referrals to treatment services.

Drug Related Death 31

- 66-year-old male who was discovered by his brother collapsed on the floor by his bed. Later pronounced dead by paramedics.
- Cause of death 1 a) Paracetamol and codeine toxicity.
- He was living in a converted building on his family's farm. His siblings lived in other buildings on the same land. He had worked as a builder for a period of time which had left him with long term back pain which in turn affected his mental wellbeing.
- His brother informed the inquest that he would drink alcohol daily, never to excess but he became alcohol dependent. He was prescribed codeine for his pain.
- He was extremely underweight and struggled to eat and despite his declining health, he refused offers from his siblings to move in and be cared for by them.
- He was visited by his GP two days prior to his death but refused hospital admission so community nurses were arranged for the following day. He postponed this to the following day but died that night.

Learning and action

- Pain management – his reliance on alcohol and prescription medication to manage his pain contributed to his poor health.
- Screening and referral pathways for those dependent on alcohol.

Drug Related Death 32

- 52-Year-old female who was found unresponsive outside her property by her neighbour. The neighbour called for an ambulance, and it was categorised as a category 2. The female began to have seizures so a further 999 call was made, and the call upgraded to category 1. CPR administered by the neighbour and ambulance crew, but attempts were unsuccessful.
- The death has not as yet been heard at inquest.
- She had a past medical history of drug use, hypertension, arthritis of the spine and previous transient ischemic attack (temporary disruption of blood flow to the brain).
- She had engaged with treatment services in December 2018. She was closed in March 2019 due to non-engagement. She approached the service again in October 2019 for support with heroin and crack use. At the time of her death, she was closed to treatment services.
- She reported to services that she had moved to Cornwall from Nottingham in 2018 and that she had been using heroin and crack since she was 15 years old. There was no alcohol use reported. She lived alone in a rented property, had no children and was not in contact with her family. There were concerns that she was a victim of sexual exploitation due to the number of men visiting her address.
- She had fibromyalgia, sciatica, and emphysema for which she used inhalers. She used a mobility scooter for transport.
- In November 2021 she experienced a heart attack and had a stent fitted.
- She had been diagnosed with severe emotionally unstable personality disorder and received extensive treatment for this in the past but didn't engage with mental health services during her time in Cornwall.
- She exhibited behavioural challenges which resulted in her being banned from two pharmacies.
- She had experienced a previous overdose. She disengaged from treatment support and said she would seek mental health support, but she did not do so.

Learning and actions

- A dual diagnosis approach would have benefitted this individual and would have been able to take a whole person approach to her needs.
- Non-fatal overdose pathway.
- Trauma informed support.
- DAAT/DASV protocol -she would have benefitted from support from DASV services.
- Pain management
- A review of the categorising of ambulance call outs of potential drug related deaths against best practice.

Drug Related Death 33

- 39-year-old male and his partner had gone into Penzance during the day to collect some drugs. Having taken the drugs, he and his partner fell asleep. When she awoke the following morning, he was unresponsive, so she started CPR and called

for an ambulance. He was known to be on an opiate substitute therapy (OST – methadone).
- The inquest into this death has not yet taken place.
- He had been engaged with drug and alcohol support since 2015 when he transferred from Torquay drug and alcohol support. He reported having secure accommodation and working as a fisherman. During his life, he had experienced periods of homelessness and challenges around sustaining employment.
- In terms of his mental health, he reported being diagnosed with Post traumatic stress disorder following the death of his mother 10 years ago.
- He had spent time in prison mainly due to acquisitive theft to fund his drugs.
- In October 2023 during a consultation with his support worker, he confirmed that he had not used illicit drugs for 2 years due to being in stable employment as a fisherman and in April 2023 his drug testing confirmed this. Subsequent meetings and testing were not possible due to his busy work schedule.

Learning and actions

- This death highlights the need for treatment services to review drug use on top of opioid substitution treatment at least every 3months.
- The impact of bereavement.

Drug Related Death 34

- 30-year-old man who was hospitalised due to intravenous cocaine use. He suffered a seizure in hospital causing his brain to be starved of oxygen. He was transferred to a brain injury rehabilitation unit in Bristol, but it was not possible to save him, so the decision was taken to move him to a hospice for end-of-life care prior to death.
- The inquest into this death has not yet taken place.
- He was engaged with drug and alcohol support services and reported being in care from the age of 4 having experienced childhood trauma.
- He was estranged from his mother and had witnessed the death of his father due to a drug overdose. Shortly after this, his stepmother died by suicide.
- He had a history of high-risk domestic abuse against his first partner and the mother of his child who was removed into care.
- Housing was problematic with tenancies lost due to anti-social behaviour and he spent time street homeless.
- He had a history of crime, including theft, motoring offences and violence against others and spent time in prison and was managed under MAPPA (Multi-agency public protection arrangements). He too was vulnerable to exploitation by others.
- He had physical health issues due to polydrug use and a lack of self-care and did not attend the Drs.
- Mental health was a challenge with periods of paranoia, polydrug use and suicide attempts.

Learning and actions

- Given the trauma he experienced from a very young age, it is unsurprising that he grew up to have many challenges in his life. There were many multi agency discussions surrounding the deceased in attempt to safeguard him.

- Bereavement support for people in treatment who are impacted.
- Assertive follow up on overdose.
- Child removal.
- DAAT/DASV protocol
- Include in MDT improvement plan.
- Feedback into national prisons review and continuity of care working group.

Drug Related Death 35

- 36-year-old woman who was found unresponsive in her flat by her landlady.
- The inquest into this death has not yet taken place.
- She suffered from pancreatitis and had frequent hospital admissions due to her heavy use of alcohol. She had bariatric surgery.
- She engaged with treatment services and reported that she used alcohol as a way of coping with the emotional pain of a traumatic childhood. She did engage with counselling services and domestic abuse support at various stages.
- She experienced domestic abuse in a number of her relationships.
- She was at high risk of harm to herself when intoxicated and was heard at the high-risk behaviour panel and at multi agency meetings including the ambulance service who often attended upon her when she was intoxicated.
- Housing was a challenge for her due to evictions and financial challenges and she had experienced street homelessness.
- She suffered from depression.

Learning and actions

- Safe, secure housing and more intensive support for women with significant experience of trauma.
- DAAT/DASV protocol

Drug Related Death 36

- 20-year-old female who had been escorted to a friend's mother's house due to being extremely intoxicated. Her friend put her to sleep on their sofa. The friend went to work at 8 am the following day and shortly after the friend's mother discovered she wasn't breathing and called an ambulance.
- The inquest into this death has not yet taken place.
- She was a care leaver who had experienced a difficult childhood and who started using drugs at a young age. She was vulnerable and often exploited by others.
- Although she was housed by social care, her housing was at risk because she often failed to stay in her placements.
- She had a brain tumour removed in 2021 and had frequent attendances at the emergency department due to overdoses, falls and assaults.
- She was engaged with treatment services as a teenager and transferred over for support with the adult service when she turned 18.
- She was a high-risk victim of domestic abuse and was discussed at the multi-agency risk assessment conference on several occasions.

Learning and actions

- This should inform our work to improve the life chance of care leavers.

- Safe, secure and suitable housing for young women with trauma.
- Non-fatal overdose pathway**.**
- DAAT/DASV protocol

Drug Related Death 37

- 41-year-old male was discovered by police officers slumped against a wall in a local car park cold to the touch and unresponsive. An ambulance was called and pronounced him dead.
- The inquest into this death has not yet taken place.
- He had been released from prison a month prior to his death and was street homeless at the time of his death.
- He had previously engaged with treatment services but was closed at the time of his death. He reported to workers that he had started using heroin 15 years ago aged 27. He first engaged with treatment in Cornwall in 2017 when he moved from Torquay to Cornwall. He had a son who lived with his paternal grandmother. He had been in a long-term relationship, and both were street homeless.
- He reported spending periods of time in psychiatric wards when he was younger. He had been attacked with an iron bar prior to 2022 which resulted in flashbacks. He experienced high levels of anxiety and depression and self-reported being diagnosed with ADHD and Aspergers. He was offered many mental health assessments but would often not attend the appointments.
- He was a high-risk domestic abuser and was heard at Marac several times.
- He had police warning markers for suicide attempts, weapons, and various offences including drugs, burglaries, driving offences, and violence. He was a prolific shoplifter in order to fund his drug habit. However, he recognised that the shoplifting was also a result of his compulsive tendencies.
- He had experienced both accidental and non-accidental opiate and polydrug overdoses.
- He was not referred into treatment following his last release from prison and as a polydrug user would have been at greater risk of overdose not having an opiate substitute prescription in place.

Learning and actions

- Non-fatal overdose pathway.
- Whole person approach by housing support.
- A dual diagnosis approach may have benefitted this individual.
- Diversionary pathway and continuity of care.
- DAAT/DASV protocol.

Drug Related Death 38

- 56-year-old male whose partner called for an ambulance and reported he was fitting, and she had to collect children from school. The ambulance arrived to find the male deceased.
- The death has not been heard at inquest as yet although the toxicology indicates a morphine overdose.

- He was known to treatment services. He had been referred by his GP in 2015 due to his alcohol use. He reported being a long-term binge drinker.
- He had back pain and together with isolation were triggers for his drinking.
- He reported that his daughter was a motivator for him not drinking and they spent a lot of time together.
- He was referred back into treatment in March 2023 by the mental health crisis team having relapsed over the Christmas period after a long period of abstinence. He reported suffering from stomach pains, delirium tremens, and sore legs. He was closed in August 2023 following continued nonattendance at appointments and unsuccessful attempts to contact him.

Learning and actions

- WY recognise the need to consult with patient's GP prior to closing a record.
- Pain management
- It is not clear at the moment whether the morphine was prescribed or illicit. If prescribed, enquiry into the suitability due to his previous alcohol addiction.

Drug Related Death 39

- 31-year-old male who was discovered by his partner when she attended his home due to welfare concerns. Neighbours heard her cries and began CPR until the ambulance crew pronounced death. There were mushroom capsules, fitness enhancing sachets and a small pack of brown powder found on the coffee table along with an empty beer bottle found at the scene.
- The death has not been heard at inquest, but the toxicology indicates that this is one of the deaths involving synthetic opioids.
- He was in the process of being discharged from the RAF following a diagnosis of bi-polar Disorder (BPD). He had planned to visit his mother in Australia at the beginning of December but prior to his departure his passport and belongings were stolen in London. He was apparently admitted to Luton hospital at this time due to being intoxicated.
- He returned to Cornwall and stayed with his partner for a few days before returning to his home address which was RAF accommodation.
- He was not known to treatment services.

Learning and actions

- Improved screening and referral and thereafter a dual diagnosis approach may have helped this individual.
- Improved intelligence around the use of synthetic opioids.
- Review of the RAF discharge process/drug and alcohol/mental health support.

Drug Related Death 40

- 34-year-old man who died in hospital.
- He was known to treatment services and had three treatment episodes but was closed at the time of his death. The initial referral was made with the help of his partner and was for cocaine use. He had noted a change in his behaviour with feelings of paranoia and talking to inanimate objects. He disengaged with support until March 2022 when he approached the service in relation to his cocaine and alcohol use. He reported that he had been experiencing heart

palpitations, anxiety, depression, paranoia and psychosis. He was finding sleep difficult and was using illicit prescribed medication to combat this. He recognised the link between his drug use and the negative effects on his mental health. He engaged with the service and successfully addressed his cocaine use. Following 3 months of abstinence the record was closed in September 2022.

- In November 2022 he self-referred back into the service stating he had relapsed several times with increasing levels and as a result of relationship issues. Workers struggled to contact him but in January 2023 he reported he was doing well, feeling positive and finding attendance at 12 step fellowship meetings beneficial.
- The death has not been heard at inquest and we do not have any toxicology information at the time of writing this report. Any learning and actions will be picked up in an addendum following the inquest.

Drug Related Death 41

- 29-year-old man who was admitted to hospital with severe respiratory failure. It transpired he had a rare and untreated fatal infection of the inner lining of the heart (the endocardium). It is most commonly caused by bacteria entering the blood and travelling to the heart.
- He was engaged with treatment services and reported that he had used drugs from a very young age, progressing to intravenous heroin use by the age of 18 and subsequently using a range of substances.
- He had a son who was removed from his care.
- He had a prolific history of offending mainly theft to fund his drug habit and spent time in and out of prison. He was a high-risk domestic abuser.
- He was evicted from several properties due to his drug use and spent time street homeless. This impacted on his ability to engage with support.
- He had multiple physical and mental health concerns including anxiety and depression, abscesses from his IV drug use, endocarditis, septic emboli, acute kidney injury and tricuspid valve regurgitation. (All caused by his IV drug use). He struggled to engage with medical intervention and would often abscond from hospital. Plans were made for him to have heart valve surgery but because it was felt he would not be compliant with the recovery; he would be at more risk.

Learning and actions

- Medical staff and recovery workers despite best efforts and consideration of an inherent jurisdiction application were not able to force the deceased to undergo the vital medical treatment he needed. It might be worthwhile to review the law in relation to inherent jurisdiction to consider those case where it has been successfully used for safeguarding.
- The impact of child removal.
- Joint mental health and treatment plans.

Drug Related Death 42

- 29-year-old male who called for an ambulance saying he had "done too much". The ambulance arrived and the crew had to gain access to the property as there were items of furniture blocking the entrance. Attempts at resuscitation were made but were unsuccessful.
- The inquest into this death has not yet taken place.
- At the time of death, he was open to treatment services. He was in structured treatment for drug dependency (including Opiate Substitute therapy – methadone and benzodiazepines). He had been engaged with the service since 2010. He reported that he had taken illicit drugs and alcohol since the age of 10-12. He developed a dependency during his teenage years whilst trying to cope with life events. He started using heroin and crack cocaine around the age of 18. His father died in 2016 having a significant effect on him. He had a number of siblings and a daughter whom he didn't see but who was a motivator for addressing his drug use.
- He had spent time homeless but even when he secured accommodation, he did not feel safe staying there due to threats from others and so spent more time staying with friends and family.
- He had a number of health issues mainly related to his intravenous drug use including deep vein thrombosis and infections from broken needles. He contracted Hepatitis C but was successfully treated for this and cleared the virus.
- He experienced high levels of anxiety and depression, panic attacks and PTSD from childhood trauma. He received treatment from his GP for his poor mental health and at times from the mental health team. At times, he displayed concerning behaviours and described levels of paranoia.
- He was a vulnerable adult and received support from adult social care. He had been a victim of cuckooing (where drug dealers take over someone's property) leading to general disrepair of his accommodation putting his tenancies at risk.
- He could present as aggressive to professionals.
- Prior to his death, he had a renewed incentive to address his drug use so that he could rebuild positive relationships with his family.
- He was referred to residential detoxification on 7 occasions and attended 6 times. He completed the treatment in 2015 and progressed to secondary residential treatment but left after a few weeks.

Learning and actions

- He engaged well with community treatment and had the additional support of a social worker.
- A dual diagnosis approach may have helped this individual.
- Bereavement support
- The need to review drug use on top of opioid substitution treatment at least every 3months.
- Awareness campaign on using alone.
- There may be additional learning once the death has been heard at inquest.

Appendix B

Progress against the priorities identified in the 2022 Drug Related Death report.

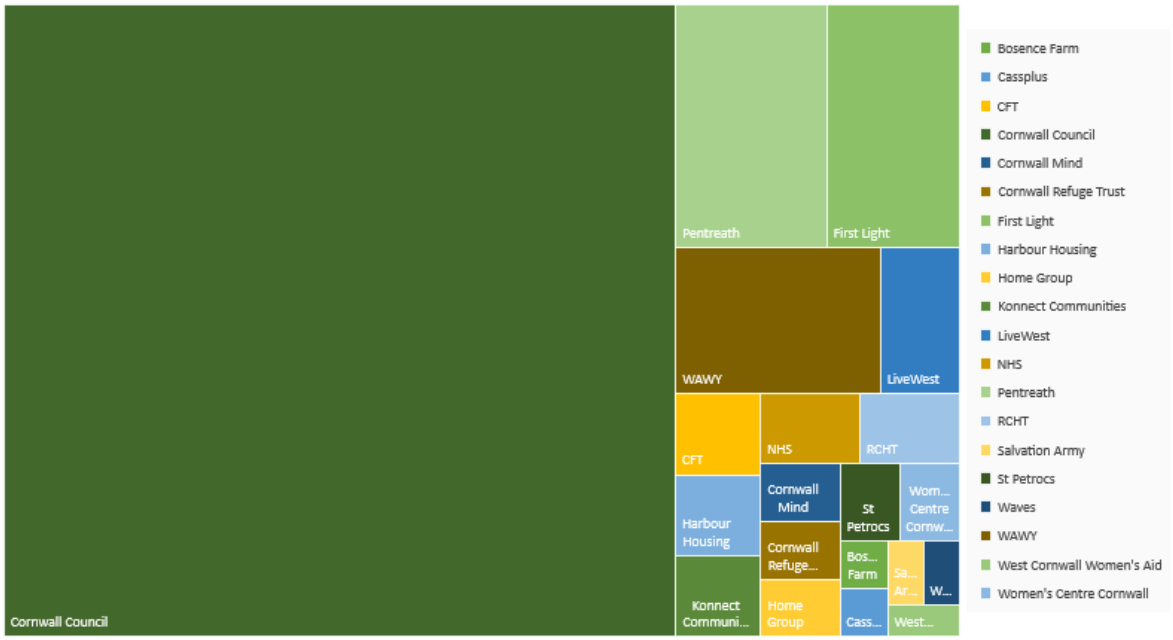
7.1 Workforce development

7.1.1 Improved drug awareness, identification and screening.

The DAAT standard training programme includes Basic Drug Awareness (BDA), Alcohol Intervention and Brief Advice (Alcohol IBA) and Young People's Substance Awareness and Screening (SUST) training which are available to all relevant frontline services to book on via the Safer Cornwall website and a flyer is sent out via email quarterly or more frequently if appropriate. The number of people trained for 2023-24 financial year and Q1 of the current financial year are below.

Course	Alcohol IBA	BDA	SUST
2023-24	10 courses 93 people trained	10 courses 106 people trained	12 courses 96 people trained
Q1 2024-25	3 courses 31 people trained	3 courses 28 people trained	2 courses 26 people trained

Participants have come from the following organisations:



7.1.2 Drug and Alcohol training for housing staff and supported housing staff and Adult social care staff.

Dedicated training was provided to Adult Social Care Teams to support implementation of screening and referrals, but this has yet to be embedded in systems and be reflected in referrals.

7.1.3 Drug and Alcohol team to lead Learning sessions through all programmes being delivered (In Patient, Tier 4, Grant schemes, joint commissioning, trauma framework and implementation and contract reviews) with regard to findings from 2022 drug related deaths.

The findings from the 2022 Review and report were presented to and informed the following:

- Tier 4 panel
- Housing Support Grant
- Outreach Systems Day for all outreach staff
- Joint Commissioning System Optimisation Group

And resulted in the development of new, public facing treatment pathways, which are in process.

7.1.4 Continue to roll out Live Well With Pain training and focus on pain management. Initial evaluation of impact.

Pain cafes, training in the Ten Footsteps approach to Living Well with Pain including some trained to deliver the training.

A Cornwall 'Live Well with Pain' training team which will be multi-disciplinary and is intended to increase awareness and improve implementation of drug screening across all relevant services, enabling earlier interventions for those experiencing pain. We will be piloting a training programme during 2024 looking at those with pain who have addiction issues and if successful will look to expand the roll out of this training to recovery workers.

7.1.5 Dynamic risk assessment training and support to be delivered for people working with multiple vulnerabilities.

7.2 Increased access to and engagement in treatment.

7.2.1 Increasing screening and referrals from Health and Social Care, Probation and Housing - all services to screen, offer brief advice and support and actually refer to specialist treatment.

Housing, Adult Social Care and Probation are in the process of adopting and implementing screening tools to inform referrals.

7.2.2 Overcoming non-engagement through monitoring and reviewing cases that drop out and implementation of a more persistent and assertive approach (supported by outreach and housing support).

As part of the test and learn project funded by the Housing Support Grant, a more persistent and assertive approach is being taken with cases that don't want to be referred or drop out of services.

7.2.3 Extend the remit of the Hospital Outreach Team to include drugs as well as alcohol-related frequent attenders.

The remit of the With You Hospital Outreach Team (HOT) has been extended and they now link in with both alcohol and drug related frequent attenders. A

monthly Alcohol MDT is held which now covers both alcohol and drugs presentations to the hospital, which is chaired by DAAT. The inclusion of drugs in this meeting is in its early days and provides new routes for improving our prevention work.

7.3 Specialist Treatment

7.3.1 A more intensive focus on the first 6 months of treatment (cessation of use on top and injecting at 6-month point).

7.3.2 Ensuring 3-month reviews include DRD factors – including health review and prescribing review with GP. Audit in year of those in treatment 4 years+ for longer term health review.

7.3.3 Epilepsy and drugs awareness campaign

7.3.4 Longer Term Aftercare and Recovery Support - 3-6 months Aftercare via Structured Treatment provider which includes ongoing assessment of risk factors. Thereafter via Recovery Communities.

Over the past six months, the highest priority of the above has been developing the Recovery Communities in Truro, Falmouth, Penzance, Pool and St Austell.

7.4 Support for families and affected others.

7.4.1 Information about support available for families where a family member will not seek help.

7.4.2 Specifying the offer for people in treatment suffering bereavement as well as those bereaved through a drug related death.

7.4.3 Offer of naloxone to be extended for affected others.

Work has been done in schools to identify children affected by people using substances in the family home. Where appropriate, referrals are made to the drug treatment family team and the children and adult teams work closely with each other and other relevant partner agencies.

Both YZUP and With You Adult treatment services take a trauma informed approach which includes bereavement. The distinct offer for Affected Others in Adult and Young peoples' services is clear. However, the biggest priority from 2023-24 was in relation to households where member(s) of the family are using substances and working with adults who have experienced adverse childhood experiences and acknowledging the developmental effects of childhood trauma that stay with individuals when they are adults and how this affects their families as well as focusing on the building blocks for healthy relationships. This is being addressed by Adult services learning from the developmental approach to treatment adopted by Young peoples' treatment.

We are working with Public Health colleagues to scope out a generic bereavement service including those affected by drug related deaths. To date a soft market test has been completed and a public survey with the aim of informing the potential final service specification.

The With You Outreach Team Managers have been prioritising the delivery of Naloxone training across Cornwall, to frontline workers, but where requested it has also been made available to friends and family.

7.5 Domestic Abuse and Sexual Violence (DASV)

7.5.1 Review implementation of the joint DASV/drug and alcohol protocol for reducing risk.

7.5.2 Review referral rates to and from the SARC, and joint working arrangements.

7.5.3 Introduction of Healthy Relationships programme into treatment service.

Healthy Relationships programme has been delivered into treatment service.

The treatment service has access to the DASV training and DASV services have access to basic drug awareness training.

7.6 Dual Diagnosis

7.6.1 Rollout implementation via place-based workshops.

7.6.2 Joint review of drug related deaths which feature exclusion from help due to alcohol and/or drug use.

7.6.3 Staff in specialist treatment and recovery communities to be able to support common mental health problems such as anxiety, depression and sleep problems.

The DRD Prevention Co-Ordinator is part of the Dual Diagnosis Strategy Implementation Steering Group. Rollout is in progress through place-based workshops. Dual Diagnosis Awareness Workshops are planned for the remainder of the year with the first three sessions scheduled during September 2024 being fully booked.

7.7 Housing pathways

7.7.1 Review the use of non-commissioned supported accommodation for this population.

7.7.2 Increase in-reach into supported accommodation by drug and alcohol staff, through the Housing Support Grant, to support sustained engagement and joint working.

7.7.3 Joint review with Housing Options of pathways and processes for this population to improve sustained accommodation and reduce risk.

Work with Adult Social Care and Housing Options in relation to housing pathways is in progress with a target to complete by the end of this year.

7.8 Introduction of Non-Fatal Overdose (NFO) Review process to ensure information about non-fatal overdoses (NFO) is systematically kept under review.

7.8.1 That all NFOs of people in treatment are reported to treatment by the next available day.

7.8.2 That the Hospital Outreach Team attend all NFOs in hospital to seek to increase engagement and harm reduction.

The With You Hospital Outreach Team (WYHOT) currently support individuals who attend hospital due to an overdose or problems with alcohol. However, the team does not work 24/7 so some individuals will discharge themselves before the WY HOT team have the opportunity of linking in with them. The team check admissions and if currently in treatment will check in with the individual.

Together with colleagues across the Southwest Peninsula, we are working with SWAST to establish a non-fatal overdose pathway. In the first instance, where an ambulance is called for someone experiencing an overdose (whether or not they attend hospital) a referral will be sent to the treatment service.

7.9 Adult Safeguarding

7.9.1 Joint Adult Safeguarding review of emerging issues.
7.9.2 Implementation of the Blue Light programme for increasing engagement of people experiencing alcohol problems who do not engage with help/experience fluctuating capacity.

7.10 Students / University

7.10.1 Review support arrangement and guidance through Drugs Partnership Young People Education, Prevention and treatment Subgroup

The University has moved away from a disciplinary approach towards drugs and alcohol to a more compassionate harm reduction approach. With You now run a drop-in service at Falmouth University to support students who are concerned about their drug and alcohol use.

In addition to this, SMART (Substance Misuse in Retail Training) has been delivered to the bar staff operating on university premises. Training for university staff on basic drug awareness and risk management is currently being arranged with delivery expected to be over the next few months.

7.11 Communications and Awareness Campaigns

7.11.1 It is clear that both experienced drug users and the wider population are often unaware of the potentiating risks of multiple depressant use and of illicitly sourced drugs, specifically benzodiazepines and pain medication.
7.11.2 Further that a significant number of people died whilst using alone.

7.11.3 Communication and awareness campaigns should include a focus upon these issues in 2023-24.

As part of the pathway work, DAAT has commenced work with With You related to social media comms, posters and leaflets/z-cards. With you have delivered a number of excellent social media communications about these issues.
As part of the Local Drug Information System (LDIS), briefings and alerts have been issued as considered appropriate.

Overdose Awareness Day was prioritised for social media comms and the DAAT will reflect on learning from the campaigns in 2023-24 to inform planning for next year which will start in quarter 4 of the current financial year to enable more significant comms in the lead up to the day and joint work with other agencies and local authorities within the southwest

Appendix C

Glossary of terms

Acute -severe and sudden onset.

Amphetamine- are central nervous system stimulants.

Arrythmia-an irregular heartbeat.

Benzodiazepines- have a sedative effect and are usually prescribed to treat anxiety. 'Street benzoes' are illicitly supplied and can be similar in effect but may vary enormously in strength and content.

Bromazalam-is a benzodiazepine only available illicitly in the UK.

Cardiac arrythmia-an irregular heartbeat

Cardiac function-how well or not the heart is functioning**.**

Cardiorespiratory system-consists of the heart, lungs and blood vessels. The purpose of this system is the delivery of oxygen and nutrients to the cells, as well as the removal of metabolic waste products to maintain the internal equilibrium.

Cocaine- is a short acting central nervous system stimulant and local anaesthetic, derived from the naturally occurring Coca bush.

Codeine- is an opiate painkiller.

CPR-Cardiopulmonary resuscitation (CPR) is an emergency procedure consisting of chest compressions and mouth to mouth in order to restore blood circulation and breathing in a person who is in cardiac arrest (their heart has stopped).

Crack cocaine- Crack is produced by mixing ammonia/baking soda and water with the cocaine solution. This mixed solution is then heated and forms rocks that are usually smoked. Crack can be thought of as a concentrated form of cocaine, with a shorter and more intense effect.

Cuckooing is a practice where people take over a person's home and use the property to facilitate exploitation. It takes the name from cuckoos who take over the nests of other birds.

Demographics- Demography is the study of populations and the groups that make them up. Demographics is the resultant information.

Detoxification- the withdrawal from drugs and/or alcohol for someone dependent upon them

Diazepam belongs to a group of medicines known as benzodiazepines. It is used to treat anxiety, muscle spasms and seizures or fits. Brand names include 'Valium'.

Dual diagnosis is the term which describes someone who has coexisting mental health problems and problematic substance use.

Exploitation-the act of using something or someone unfairly for your own advantage.

Fentanyl is a potent synthetic opioid drug used as an analgesic (pain relief) and anaesthetic. It is also used illicitly.

Heroin is manufactured from the sap of the Opium Poppy. Pharmaceutical name Diamorphine.

Illicit-illegal**,** against the law**.**

MDMA is the shortened chemical name for the synthetic psychoactive drug 3, 4-methylenedioxy-methamphetamine. It can come in powder or crystal form and is also the active ingredient expected to be found in 'ecstasy' pills. MDMA is a stimulant drug that may increase feelings of empathy and is usually swallowed.

Metabolite within the report refers to the product that remains after a medicine is broken down (metabolized) by the body.

Methadone is a synthetic opioid used to help an individual stop taking heroin. It is also used illicitly.

Metonitazene is a synthetic opioid. It was one of the 15 nitazenes made a Class A drug under the Misuse of Drugs Act (1971) in March 2024.

Mitragynine also known as Kratom, is a herbal product, extracted from leaves which, in small doses, acts as a stimulant similar to caffeine, but in larger doses exhibits opioid-like effects.

Modafinil is a non-amphetamine central nervous system stimulant which promotes wakefulness.

Multiple vulnerabilities refer to someone who has several reasons for requiring special care, support, or protection because of age, disability, or risk of abuse or neglect.

Naloxone is a life-saving drug that reverses the effects of an opioid overdoes and can help to prevent overdose deaths.

NICE guidance- The National Institute for Health and Care Excellence (**NICE**) provides national guidance and advice to improve health and social care.

Nitazenes technically known as 2-benzyl benzimidazole opioids, is a diverse group of synthetic opioids. Like the fentanyl analogues, many are far more toxic on a weight-for-weight basis than heroin. Even a small amount can be enough to kill, especially without immediate naloxone or medical attention.

Non-fatal overdose occurs when someone takes too much of a drug or medication leading to dangerous and potentially life-threatening side effects. **A fatal overdose** is when someone takes too much of a drug or medication and dies as a result.

Opiate substitution Treatment- A key element of structured treatment for opiate dependency. People who become dependent on heroin or other illicit opioids often benefit from opioid substitution treatment (OST). The same is true, but much less common, for people who become dependent on opioids prescribed for pain. The pharmacological element involves replacing illicit opioids with a prescribed replacement opioid, such as methadone or buprenorphine. This is most effective when accompanied by structured psychosocial interventions to improve social functioning.

Opioids are a class of drugs that derive from, or mimic, natural substances found in the opium poppy plant. Opioids work in the brain to produce a variety of effects, including pain relief. Opioid drugs include prescription pain medicine and illegal drugs.

Oxycodone is an opioid painkiller. It is used to treat severe pain, for example, after an operation or a serious injury, or pain from cancer.

Polydrug use or polysubstance use is a term for the use of more than one drug or type of drug at the same time or one after another. Polydrug use can involve both illicit drugs and legal substances, such as alcohol and prescribed medications.

Potentiate- to make effective or active or more effective or more active or to augment the activity of (something, such as a drug) synergistically.

Prescribed means (a medical practitioner) advises and authorises the use of (a medicine or treatment) for someone, especially in writing.

Protonitazene is a synthetic opioid. It was one of the 15 nitazenes made a Class A drug under the Misuse of Drugs Act (1971) in March 2024.

Regulation 28 Report also referred to as a prevention of future deaths report are made pursuant to section 7(1) of Schedule 5 of the Coroners and Justice Act 2009 and Regulation 28 of the coroners (Investigations)Regulations 2013. A coroner has a duty to take action to prevent future deaths where: (1) a coroner has been conducting an investigation into a person's death. (2) anything revealed by the investigation gives risk to a concern that circumstances creating a risk of other deaths will occur or will continue to exist in the future; and (3) in the coroner's opinion, action is required to prevent the continuation of such circumstances or eliminate or reduce the risk of future death created by such circumstances.

Rehabilitation-the action of restoring someone to health through training and therapy after addiction.

Stigma is a set of negative and unfair beliefs that society or a group of people have about something.

Synergistically used in the context of drugs to describe drugs that work together so the total effect is greater than the sum of two (or more).

Synthetic Opioids- are manmade opioids including Fentanyls and a class of compounds called Nitazenes.

Supported housing- In supported housing, accommodation is provided alongside support, supervision or care to help people live as independently as possible in the community.

Ten Footsteps approach- The Ten Footsteps to Living Well with Pain is an evidence-based step-by-step guide to living well with persistent pain.

Therapeutic level- The therapeutic range of a drug is the dosage range usually expected to achieve the desired therapeutic (relating to the curing of a disease or medical condition) effect.

Toxicology- the measurement and analysis of potential toxins, intoxicating or banned substances, and prescription medications present in a person's body.

Tramadol is a strong painkiller from the group of medicines called opiates. It is used to treat moderate to severe pain.