

To: DAAT Board
Report by: Performance Manager: Safer East Sussex Team
Subject: Confidential Inquiry into Drug Related Deaths
Date: 8th December 2014

1. Recommendation

The DAAT Board is recommended to:

- (i) proactively target and identify white male dependent drug users aged 35-44, the group statistically at the highest risk of drug related death, and develop and improve interventions for this group to attempt to improve the survivability of the cohort.
 - (ii) seek to reduce the numbers of deaths due to accidental overdose associated with the use of opiates and opioids and maintain simple and quick access to effective treatment that includes teaching opioid overdose aid and a naloxone distribution programme.
 - (iii) educate on the risks of multiple drug toxicity which is on the increase, especially the risks associated with the concurrent consumption of alcohol and opiates.
 - (iv) educate on the risk of overdose after detox programmes where users relapse, including the risks associated with illicit methadone use without professional titration.
 - (v) continue to monitor the number and rate of drug related deaths, using information supplied by the East Sussex coroner and the np-SAD report to produce an annual review.
 - (vi) ensure that all deaths in treatment are treated as Serious Incidents, that a root cause analysis is completed and that lessons learned influence practice.
 - (vii) continue to improve the utilisation of the care pathway from emergency care to drug and alcohol recovery services.
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2. Background

Since 2004, annual confidential inquiries have considered local drug related deaths that fit within the Office of National Statistics (ONS) definition 'deaths where the underlying cause is poisoning, drug abuse, or drug dependence and where any of the substances are controlled under the Misuse of Drugs Act (1971)'. This definition excludes deaths involving alcohol, tobacco, volatile substances and drugs listed under the Misuse of Drugs Act which form part of an analgesic or cold remedy (e.g. co-proxamol); those deaths caused by secondary infections and deaths from road traffic accidents and other accidents which occurred under the influence of drugs.

The ONS definition is used for national statistics. Another definition is used by the National Programme of Substance Abuse Deaths (np-SAD), published by the International Centre for Drug Policy at St Georges, University of London. The np-SAD includes deaths caused by overdoses of antidepressants, anti-psychotics and anticonvulsants in individuals who do not have a history of drug abuse or dependency. This report includes np-SAD data as it is a source that the media has used to report a local rate of 'drug related deaths'.

3. Confidential Inquiry 2014

The table below shows the number of drug related deaths included in the local DRD inquiries by year of death, as well as the number of deaths per 100,000 East Sussex population reported to St Georges since 2005.

Year	CONFIDENTIAL INQUIRY		np-SAD DATA	
	Number	Rate per 100,000 aged 16+	Number	Rate per 100,000 aged 16+
2005	12	2.95	23	5.66
2006	17	4.18	20	4.92
2007	17	4.08	17	4.08
2008	7	1.68	9	2.16
2009	21	4.98	26	6.17
2010	17	4.01	25	5.89
2011 ¹	12	2.75	16	3.67
2012	10	2.3	-	-
2013	17	3.91	-	-
2014	2	0.46	-	-

Personal data about drug related deaths received from the Coroner's Office since October 2013 has been reviewed to consider whether there are any indications of opportunities for earlier intervention. However, there is nothing to suggest there might have been. This review concludes that there is no additional information to inform a confidential inquiry, although there were a number of observations noted; which in turn support the recommendations below.

3.1 Observations

The npSAD 2013 data identifies 35-44 year old white males as a category at particular risk of drug related death with 36% (314) of all substance abuse deaths in England reported to npSAD fitting this criterion. The statistics for East Sussex reflect these findings with 43% (10) of the reported drug related deaths investigated fitting this criterion.

All the drug related deaths recorded and analysed by the Safer East Sussex Team this year (with the exception of two suicides) have involved the concurrent consumption of more than one controlled substance. In a number of cases the presence of three or four controlled substances were detected at post mortem. This observation would appear to support evidence offered by npSAD that over recent years there has been a trend towards concurrent multiple substance abuse; including the use of alcohol, being implicated in deaths. This has been evidenced by fall in the proportion of monovalent deaths in 2012 from 34% to 30% according to the npSAD figures.

There were three incidents in this year's data relating to people dying as a result of over dosing on methadone. In one instance this was a young man naïve to the dangers of self medicating and the other two cases related to seasoned opiate users that had been illicit drug free for a while but had the gained access to illicit methadone and had misjudged their dose leading to respiratory failure.

¹ Data from 2011 onwards is based on the revised census population (435,515)

Opiate, opioid, and/or benzodiazepine abuse were common to almost all cases of drug related death that were investigated by the Safer East Sussex Team in 2014.