

Drug Related Death Inquiry

The Office for National Statistics¹ noted that there were 3,346 drug poisoning deaths registered in England and Wales in 2014, the highest since comparable records began in 1993. Of these, 2,248 (67%) were drug misuse deaths involving illegal drugs.

Since the last inquiry was conducted, we have received notification of 30 drug related deaths from the Coroner's Office. 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 George's since 2005.

Year	CONFIDENTIAL INQUIRY		np-SAD DATA ²	
	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 ³	12	2.75	16	3.67
2012	10	2.29	6	1.37
2013	18	4.13	21	4.75
2014	28	6.42	-	-
2015	7	1.60	-	-

However, please note that unlike previous inquiries, where we would only consider those deaths that fit within the ONS definition, this year we will be looking at all deaths received from the Coroner's Office. We will also look to include a brief 'reflection' on each death to consider whether there are any indications of opportunities for earlier intervention and whether there are lessons to be learnt that would enable the DAAT to focus resources on areas of work that could reduce the frequency and underlying causes of drug related deaths within the county.

The ONS statistical bulletin highlights that males are over 2.5 times more likely to die from drug misuse than females, which is reflected in our local inquiry as we have only been notified of 9 drug related deaths involving females since the last inquiry compared to 21 involving men. The bulletin also identifies people aged 40 to 49 having the highest mortality rate from drug misuse, followed by people aged 30 to 39. However, this does not appear to be a trend that is currently replicated in East Sussex as just over a third (36.7%) of all deaths reviewed for this inquiry were aged 30 to 39. A further 6 (20%) were aged 40 to 49 and another 6 were aged 60+.

As per the most recent inquiry, the majority of deaths reviewed this year 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. Nationally, deaths involving heroin and/or morphine increased by almost two-thirds between 2012 and 2014, from 579 deaths to 952. Locally, 40% of deaths reviewed involved heroin, and these largely recorded a verdict of dependence on drugs. Alcohol was consumed alongside controlled substances in 13 (43%) of the deaths, with all but two of the deaths involving opiates. A form of pain relief was detected in 9 deaths.

¹ Statistical Bulletin: Deaths related to drug poisoning in England and Wales. 2014 registrations (<http://www.ons.gov.uk/ons/rel/subnational-health3/deaths-related-to-drug-poisoning/england-and-wales---2014/deaths-related-to-drug-poisoning-in-england-and-wales--2014-registrations.html>)

² St George's National Programme on Substance Abuse Deaths: <http://www.sgul.ac.uk/research/population-health/our-projects/national-programme-on-substance-abuse-deaths>

³ Data from 2011 onwards is based on the revised census population (435,515)

Concluding Thoughts and Actions

It is important to educate on the risks of multiple drug toxicity, especially the risks associated with the concurrent consumption of alcohol and opiates. It is also important to educate on the risks of overdose after detox programmes where users relapse.

Further education / signposting to the support that is available in the community i.e. recovery communities, peer support etc... would be beneficial.

The importance of early intervention and ensuring joined up working with other agencies, especially in relation to YP and families, is clear. The transition from YP services into adult services is also a potentially risky group.

There is apparent overlap with the work being undertaken with street communities. Often, this group includes people that may have dropped out of structured treatment which increases their risk of OD if they are still actively using. Thought should therefore be given to outreach at the day centres (which happens in Hastings) as it would provide an opportunity to re-engage clients and provide harm minimisation advice.

Reflections

There were 11 deaths with a verdict of 'Dependence on Drugs' recorded:

Case Study 1

This 36 year old male had a chaotic childhood and an unhappy family upbringing with unstable relationships. He left home aged 14 and started misusing alcohol and later trying illicit drugs. He drank excessively from the age of 18 and became a heroin user. His chaotic lifestyle continued into adulthood with his flatmate and girlfriend both misusing drugs.

He had been diagnosed with mental health illness and displayed biological symptoms of depression. He had previously engaged with the local Adult Community Mental Health Team and was engaged in treatment with STAR until death.

Didn't appear to be breathing properly throughout the night and started foaming at the mouth. Resuscitation was started by mother and paramedics administered naloxone upon arrival.

Cause of death: multiple drug toxicity

Case Study 2

This 39 year old male had a chaotic childhood. He was taken in the care of the local authorities at 11, where he remained until he was 18. He started using cannabis and LSD at 13 and had a long history of poly-substance misuse including amphetamines and heroin. He had been in and out of young offender's institutes and prison in late teens and early 20s and had a long PNC record.

Diagnosed with mental health illness including paranoid schizophrenia and had a history of accidental overdoses. Had previously engaged with a local Community Mental Health Nurse and been admitted to Woodlands.

Found dead in flat with drug paraphernalia present.

Cause of death: heroin toxicity

Case Study 3

This 36 year old female had a chaotic childhood, with a history of substance misuse from 15, which included heroin, crack and benzodiazepines. This extended into her adult life where she lived with another drug user who was using drugs regularly. Also noted to have considered herself an alcoholic and had a history of overdosing.

History of self-harm – Sussex Police had a history marker on the address due to being vulnerable due to substance misuse and mental health illness. She engaged in therapeutic services at Mount Lodge, where support is provided for those with mental health and emotional needs, and was also engaged in treatment with STAR.

Brought and smoked heroin night before death. Found by friend in the morning. Ambulance called and resuscitation attempted although no mention of naloxone being administered.

Cause of death: multiple drug toxicity

Case Study 4

This 31 year old male had a chaotic upbringing and was kicked out of family home when he was a teenager due to substance misuse. He started smoking cannabis at 12 and crack / heroin at 16. Well known to police and had a lengthy PNC print.

In adulthood he worked to turn his life around and had been a resident within Kenward Trust, supported accommodation project, addressing his substance misuse issues for year prior to death. He developed a new positive substance free life, built on recovery focussed friendships, and secured the role of Service User Involvement Rep at Kenward Trust in the May before his death.

Had friends in Eastbourne who were also drug addicts, and previous concerns had been raised in relation to the negative influence they might have on him. When he returned to Eastbourne to visit his mother, he stayed in an HMO and reverted back to substance misuse.

He was found in the communal lounge by his mother. Ambulance called but paramedics confirmed death. Drugs paraphernalia was found at the scene.

Cause of death: heroin toxicity

Case Study 5

This 47 year old male was a long term drug user and heroin addict who would use heroin daily and cocaine weekly. It is also noted that he was also dependent on alcohol and would often buy and take drugs with 'friends'.

He had contact with the mental health services and was diagnosed with depression. Long term on/off engagement with STAR is noted, alongside outreach work as he often failed to engage as he found the requirements of treatment difficult. It is noted that he was given a naloxone pen to take home.

Injected heroin with a friend and was found dead in the bathroom. Ambulance called and naloxone administered upon arrival by paramedics.

Cause of death: heroin toxicity

Case Study 6

This 44 year old male had a history of substance abuse including heroin addiction and alcoholism. He had a chaotic lifestyle and associated with other drug users and alcoholics.

He suffered with anxiety and depression and had previously overdosed, although no mental health involvement noted. He did engage in treatment with STAR.

Found in kitchen by partner who attempted resuscitation using naloxone. Ambulance called and resuscitation continued by paramedics. Drugs paraphernalia present.

Cause of death: multiple drug and alcohol toxicity

Case Study 7

This 36 year old male was a known heroin addict with a long history of drug abuse. He was also noted to misuse alcohol.

Noted mental health illness and had previously been an in-patient at Woodlands where he was treated for a drug induced psychotic episode. He was also known to substance misuse services although it is noted that it was difficult getting him to attend appointments.

Went into toilets in Alexandra Park to inject drugs and collapsed. Ambulance called and naloxone administered upon arrival by paramedics.

Cause of death: heroin toxicity

Case Study 8

This 50 year old male had a long history of injecting heroin, although sporadic use of cocaine and amphetamine was also reported. He was dependent on alcohol and was a known member of the street drinking community.

He was assessed by a psychologist but it was established that he did not present with symptoms of mental illness.

While incarcerated, he was started on methadone and then admitted to rehab following completion of his sentence. A period of abstinence is noted between March 2010 and October 2013 when he relapsed. He later engaged with STAR, seeking support for heroin and alcohol use up until his death. It is noted he was given a naloxone pen to take home.

He was found by his nephew in his flat with a syringe in one of his hands. Drugs paraphernalia was present.

Cause of death: mixed alcohol and opiate overdose

Case Study 9

This 47 year old male had a long history of drug and alcohol abuse. He was well known within Hastings Town Centre and to police as a local street drinker and drug user. He had approached Eastbourne Borough Council in 2009 as homeless although was found to be 'not in priority need'. He had been living within a converted HMO near to Hastings Town Centre.

He had a history of anxiety and depression although no mental health involvement is noted. He had previously been in treatment with the substance misuse services, although had shifted to GP prescribing after expressing that he did not wish to continue engaging with the service.

His body was found inside his room by friends who called an ambulance. His flat was clean and tidy although there were obvious signs of alcohol and illegal drug use both in the kitchen and front room.

Cause of death: heroin overdose

Case Study 10

This 25 year old male suffered a back injury at work and was thereafter prescribed medication for pain relief. This led to an addiction of prescribed medication and would take mother's prescription pills as well as own.

He suffered from recurring depression resulting from constant back pain although no mental health involvement noted. He was referred to STAR and contact was attempted but he refused to engage with the service.

He was found on the floor by his mother having taken a huge overdose of prescription medication. An ambulance was called and resuscitation was attempted.

Cause of death: drugs overdose

Case Study 11

This 32 year old female had a chaotic childhood which continued later into life. She was a long term heroin user and had a history of poly-substance abuse and alcohol abuse. Her children were taken into care due to her chaotic lifestyle and witnessing of drug use and behaviour. She had previously detoxed but relapsed once in the community.

She had a history of domestic and sexual abuse from a young age and moved to a shelter at 19.

Had previously attempted suicide and self-harm, and was diagnosed with mental health illness. She had engaged with the local Mental Health Team and although was referred to STAR, declined treatment with the service.

Due to welfare concerns, police entered the flat and found her in the bedroom. Drugs paraphernalia was found at the scene.

Cause of death: heroin toxicity

There were 5 deaths with a verdict of 'Suicide' recorded

Case Study 12

This 33 year old male appears to have had a difficult childhood as his father had a history of manic depression and had a breakdown. He used cannabis from the age of 13 and noted the onset of drug use from 16 when his life became more chaotic. However, this appeared to have lessened as he got older.

Although supported by his mother, he was unable to engage in university life and started showing signs of depression and self-harm when a relationships ended.

After a failed suicide attempted he was diagnosed with mental health illness and engaged with a local Mental Health Team, although it is noted that the turnover in staff was so high that there wasn't a consistent care pathway. Prior to death he was engaging with a psychologist and attending therapeutic sessions. It is noted that there were no warning signs of suicidality and he had good engagement with the Early Intervention Service.

He was found by his flatmate with a belt around his neck. Drugs paraphernalia was present.

Cause of death: asphyxiation

Case Study 13

This 36 year old male had loving and supportive family network, although was a very quiet and reserved individual who spent most of his time on his own as he did not have any friends.

He had suffered with depression since the breakdown of his relationship with his fiancé and although had previously been referred to local mental health services, details indicate that he did not meet the threshold for engagement. It is also noted that he presented with parkinsonian features in his hands and was prescribed medication to dampen the frequency of the tremor.

He had travelled from Middlesex to Beachy Head where he was found sitting on a bench.

Cause of death: zopiclone and propranolol toxicity

Case Study 14

This 52 year old male had a dependence on alcohol and was taking prescription medication. He was in poor physical health and was living on benefits. Although he believed that his mental and physical health difficulties were such that he could not sustain paid employment, following a medical review he was recently told that he must look for work and claim Job Seekers Allowance rather than Employment and Support Allowance.

Although he was receiving support from his parents he felt socially isolated as he had no friends. Depression is noted alongside a referral to Health in Mind, where counselling was undertaken.

He had previously undertaken an alcohol detox and engaged with STAR but explained that he would rather 'go it alone'.

His mother found him in his flat and paramedics were called to the scene. Evidence of alcohol misuse and empty medication packets were present.

Cause of death: multi-drug toxicity

Case Study 15

This 80 year old female was in poor health and had tried to commit suicide when her husband had passed away in 2000s. She suffered from recurrent depression and anxiety and had previously been under the care of the local community psychiatric team. However, for the past few years she had been stable on her medication and had not required any psychiatric input.

She lived alone in supported housing and was found in her bed, having taken a huge overdose of paracetamol and codeine. A suicide note was left. Her daughter stated that she missed her husband terribly and had enough of being old.

Cause of death: paracetamol toxicity

Case Study 16

The husband of his 85 year old female had recently been diagnosed with a terminal illness and had been admitted into hospital. The hospital had called on the 29th June to say that her husband had taken a turn for the worse and was unlikely to make it through the day.

She was found later that day by police having taken a huge overdose as well as alcohol. She was taken to hospital but died the following day. A suicide note was left stating that she didn't want to live alone or be a burden to anyone.

Cause of death: drug overdose and ethanol intoxication

There were 3 deaths with an 'Open' verdict

Case Study 17

This 57 year old female had complex relationships and family dynamics. She had 10 children but all were raised by their fathers and most chose not to have regular contact because of lifestyle and relationship choices.

She had a dependency on alcohol and suffered from past trauma and constant exposure to social stressors. She was diagnosed with mental health illness and over the years had numerous admissions to psychiatric wards. She developed a strong relationship with her Community Psychiatric Nurse care worker and in recent years had a comparatively stable presentation with strong recovery features.

She had previous contact with the substance misuse service, and although was aware of the service they could offer in relation to alcohol dependence, did not wish to engage in treatment.

Her daughter had been unable to make contact for several days and found her in bed. Empty vodka bottles and mixed medication were present.

Cause of death: quetiapine overdose

Case Study 18

This 60 year old male had a long history of alcohol abuse, and as such had chronic liver problems.

He suffered from depression, and had previously been referred to a counsellor for alcohol consumption and stress. His mental and physical health had been in decline and it is noted that he had become a recluse. In the days leading up to his death he had attempted to overdose on paracetamol and alcohol.

He was found at home by his ex-wife and taken to EDGH, where he was diagnosed with liver failure second to a paracetamol overdose and chronic alcohol abuse. He started deteriorating in hospital and was moved to Kings Liver Unit where he died.

Cause of death: multi-organ failure

Case Study 19

This 60 year old male had a history of self-harm and overdosing, and had intermittent contact with mental health services. He had suffered with low moods and self-isolation for many years.

Although attempts were made to engage him with the mental health service, he had a history of not attending appointments. It is noted that he did not want to meet with a Community Mental Health Nurse but would meet with a psychiatrist to look at his medication, which he was prescribed for depression and pain. Little more is known about his medical conditions as he did not give consent to share his information, even with his wife.

After seeming unwell all evening, he did not want to take his medication and subsequently collapsed. The wife attempted resuscitation until paramedics arrived and took over. Large amounts of alcohol containers were present in the room.

Cause of death: tramadol overdose

There were 3 deaths with a verdict of 'Non Dependent Abuse of Drugs' recorded

Case Study 20

This 50 year old male appears to have had a stable family background including a good education, until his father committed suicide when he was 18. His father was an alcoholic and following his father's death the family unit broke down and drinking became a bigger part of his life.

In the late 90s he was stabbed on a night out, which was a trigger for significant changes in his life. He became frustrated at his temporary inability to work and his drinking increased excessively. Another injury in late 00s left him with epilepsy and an inability to work. He was later diagnosed with liver cirrhosis as a result of alcohol problems and Hepatic Encephalopathy, which is the occurrence of confusing, altered level of consciousness and coma as a result of liver failure. He did not maintain his prescribed medication and suffered epileptic fits.

Due to his inability to work he was evicted from his house and started to live in social housing. He made new 'friends', one of whom became his carer. However, he had been sleeping rough in the weeks prior to his death due to a troubled and difficult relationship with his carer. He engaged with the Sussex Police Hastings Homeless/Rough Sleeper Engagement Officer who had been endeavouring to find him suitable accommodation. A history of social decline and the inability to look after himself was noted, as well as being vulnerable to financial abuse and exploitation from others. Involvement and engagement with the Adult Safeguarding Team and other relevant agencies is also evidenced.

He was found collapsed on the pavement outside his residential placement having suffered a seizure. An ambulance was called and naloxone was administered. He was admitted to the Conquest but continued to have seizures and his liver and renal function deteriorated significantly. He was found to have methadone, amphetamines and cannabinoids in his system.

Cause of death: multi-organ failure and multi-drug toxicity

Case Study 21

This 28 year old came from a supportive family, although over the past 10 years had become involved in the use of controlled drugs and getting in with the wrong crowd. She frequented various pubs and drank alcohol on a regular basis. She had previously lived with friends but following family concerns she had recently returned to the family home, started a new job and had re-engaged with her old friends.

Having been sick for a couple of days she collapsed and a friend started resuscitation. Paramedics continued this upon arrival and took her to the Conquest where her urine tested positive for cocaine. She died following a short spell in hospital and it was deduced that cocaine could have been a contributory factor in a massive heart attack causing hypoxic brain damage.

Cause of death: hypoxic ischaemic brain injury and cardiac arrest

Case Study 22

This 40 year old male had a history of heroin use, cocaine use and alcohol abuse. He had a history of depression, which was said to be episodic and self-harm was also noted. There is evidence of an overdose earlier in the year when he was seen in A&E and then later by liaison psychiatry, otherwise very little is contained for him within the medical system.

Found by a friend in his flat having snorted heroin the night before. Police attended and confirmed death.

Cause of death: heroin and alcohol toxicity

There were 3 deaths with a verdict of 'Misadventure' recorded

Case Study 23

This 32 year old male had taken legal highs on previous occasions and in one instance, after taking a substance called 'Bonsai Fury' had ended up in ICU. It is believed that he purchased the substances over the internet.

A white powder called Gogaine was found in his room, which has been labelled 'legal cocaine' or 'the new mephedrone'. The label on the powder stated that it was 'not for human consumption'. Notes in the coroner's file included the Operation Deter information letter.

His dad found him rocking backwards and forwards in his room and tried to calm him down. As this had happened previously the dad left the room to make a drink and when he returned he was lying on his back on the bed. Resuscitation was commenced by his father and continued by paramedics upon arrival, who also administered naloxone.

Cause of death: fatal toxicity from a combination of lidocaine and methiopropamine

Case Study 24

This 64 year old female was a chronic abuser of prescription medication. She was in constant pain from rheumatoid arthritis and was later diagnosed with recurrent depressive disorder. It is noted that she had previously been admitted to Millview Hospital and was in contact with the Crisis Resolution Home Treatment Team who referred her to the Community Mental Health Team for management of depression with anxiety, overdosing and binge drinking. However, an assessment from the CMHT stated that she was not suffering from a mental illness but was affected by her social isolation and potential emotional abuse at home. She had previously been referred to ASC and the IDVA service for advice.

She was prescribed a strong analgesia which she had overdosed on numerous occasions in the past and her husband explained that she had been abusing her medication. She had a history of overdose that the family categorised as cries for help rather than serious suicide attempts.

She had been 'asleep' in bed all day and was found by her son on his return from work having taken a huge overdose of dihydrocodeine as well as other drugs.

Cause of death: dihydrocodeine toxicity

Case Study 25

Not a lot is known about the history of this 30 year old male although cocaine, cannabis and heavy drinking is noted. He was also known to police and had a lengthy PNC print.

He arrived at a caravan warming party severely intoxicated where he continued to drink and take cocaine. He caused a disturbance in the clubhouse and would not leave the premises so police were called. An altercation took place with the police and he ran into the lake where he got into difficulty and drowned.

Cause of death: drowning while intoxicated with alcohol and cocaine

There were 3 deaths which were recorded as 'Accidental' deaths

Case Study 26

This 53 year old female appeared to have a close family network, although stresses at home were noted including internal relationship stress. She had a history of depressive episodes and was prescribed medication for a number of medical conditions including neuralgia. Her doctor noted in September 2014 that she was 'psychologically and pharmaceutically dependent on drugs' and discussed this with her although no further action is noted. No mental health involvement was noted.

She drank an excessive amount of alcohol and although was offered a referral to the alcohol team did not want to engage with the service.

She was found by her husband who could not rouse her so commenced resuscitation until paramedics arrived.

Cause of death: multi-drug toxicity

Case Study 27

This 74 year old female had been in poor health including suffering from kidney malfunction. She was living in residential care at Margaret House and had a history of depression caused by chronic ill health and the death of her husband. After revealing suicidal thoughts to her doctor she was seen by the local mental health team in the April prior to her death. However, it was felt that admission was not required. Her doctor was trying to see her on a weekly basis to provide support.

An alarm was raised by friends when they were unable to make contact with her. She was found in bed by her health care assistant.

Cause of death: drug toxicity

Case Study 28

This 34 year old male struggled with his personal life and his finances. He had a history of being a 'recreational' user of cocaine and although it is noted he accessed support from the substance misuse services, details cannot be found on the case management system. His mother was aware that he used 'substances' from time to time and his doctor noted that he had drug and alcohol related problems and had demonstrated persistent alcohol misuse.

It is noted that he previously tried to overdose on alcohol and recreational 'street drugs'. It is also noted that he suffered from mild to moderate anxiety and depressive illness and mood instability associated with anxiety symptoms. He was referred to the Psychological Wellbeing Practitioners (Health in Mind) for face to face CBT work around managing low mood and anxiety.

He had been referred to Occupational Health on many occasions due to sickness record and general health, and had previously been suspended from work following allegations regarding the use of medication at work and being unfit for duty.

He was found by his mother and was unresponsive so started resuscitation until paramedics arrived.

Cause of death: drug overdose

There was 1 death with a verdict of 'Road Traffic Collision'

Case Study 29

This 46 year old male had an unstable family life and was taken into care when he was 11. He was split up from his siblings and they were taken to separate care homes. His mother died when he was 19 and he had just resumed a relationship with her. His father died when he was 25.

He was dependent on alcohol and referred to the local substance misuse service. Depression is noted, as is using alcohol as a coping mechanism.

A 'rough' period is noted prior to his death in which he had gone through a break up and was also made homeless. He had been going to the Seaview Project and also had received support from Homeworks.

He ran out onto the A259 into the path of a police car using sirens and blue lights. Investigations determined that the emergency response was appropriate and justified at the time. He was found to have alcohol and cannabinoids in his system post mortem.

Cause of death: multiple injuries

There was 1 death with a verdict of 'drug related myocarditis' recorded

Case Study 30

This 46 year old male was a long term cocaine user. Earlier in life he had a bleed on the brain, and although was treated in hospital, had head pain from that point forwards. Little more information is known other than prior to his death he was virtually house-bound, and there is potential evidence that as well as being a drug user he was a drug supplier.

He was found by his mother and brother who had been unable to contact him on the phone. There was no evidence of drug misuse at the property and the hypothesis is that he had suffered a severe medical episode due to brain injury.

Cause of death: acute myocarditis and use of cocaine