

# Drug Related Deaths



## Definitions

Each year the Office for National Statistics (ONS) publish the number of **drug poisoning deaths**, sometimes referred to as drug related deaths. These are identified according to the code\* used to describe the underlying cause of death; data are related to the year in which a death is registered.

Some drug poisoning deaths are further grouped as **“drug misuse deaths”**. These are deaths due to drug abuse or drug dependence or where the underlying cause of drug poisoning relates to a substance controlled under the Misuse of Drugs Act 1971. The majority of drug poisoning deaths are classified as drug misuse.

Locally **deaths of people who are known to treatment services**, as a current or recent service user, are monitored. These deaths may be due to any cause, including causes related to drugs and drug misuse but also cancer, accidents etc. Individual reviews are undertaken by the provider

\*Codes as defined in the International Classification of Diseases (ICD).

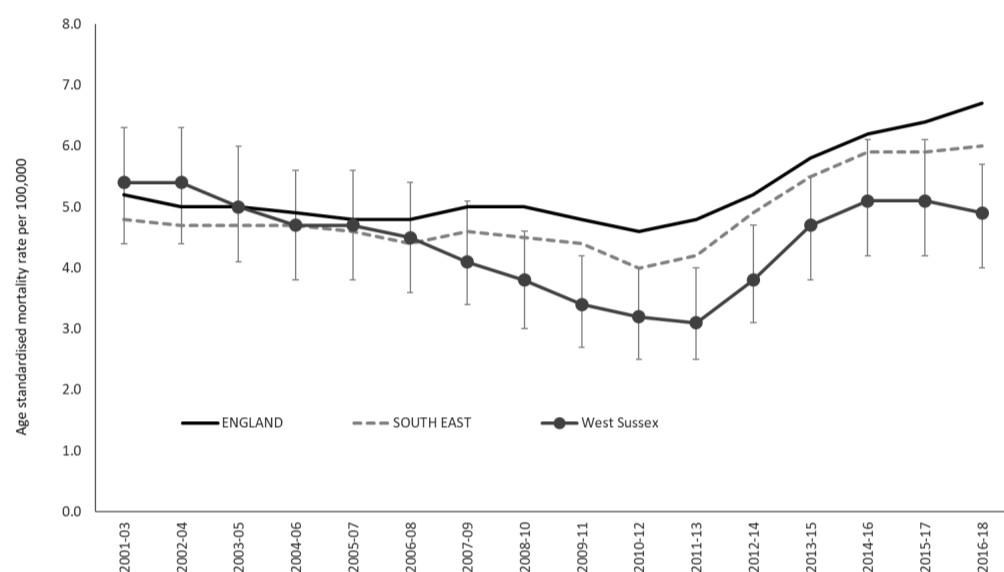
## In West Sussex....

In the period of 2016–2018 there were **119 deaths with an underlying cause of drug poisoning**. Of these 119 deaths **82 were further classified as “drug misuse deaths”**. The age standardised rate (per 100,000 population) has declined slightly in recent years against the national continuing upward trend. The West Sussex rate is below the national rate.

### Age-standardised mortality rate for deaths related to drug poisoning

Rate per 100,000 Population

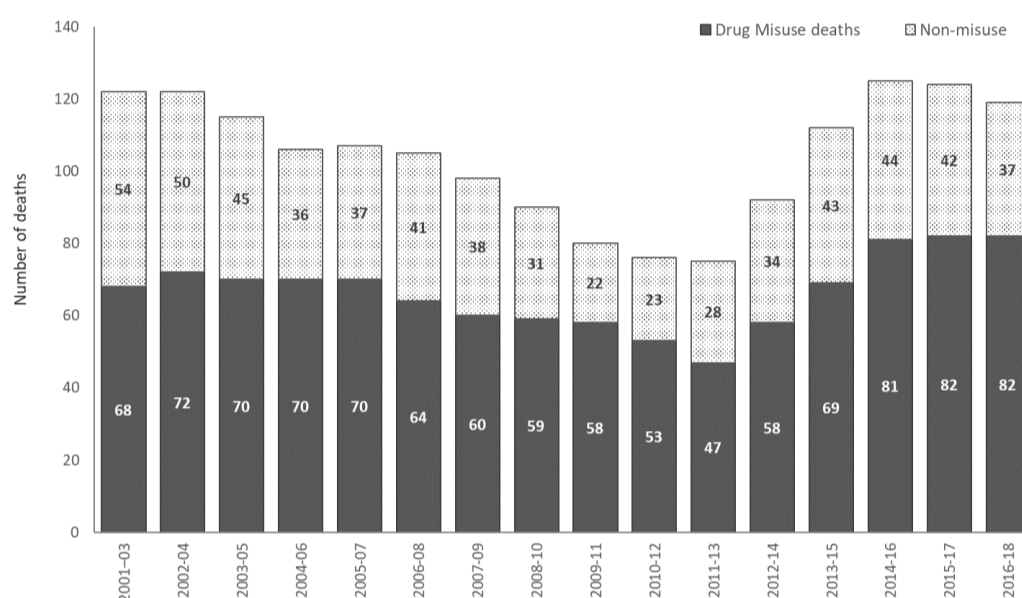
West Sussex, South East and England 2001–2003 to 2016–2018



Source: Office for National Statistics

### Number of Drug Deaths broken down by Drug Misuse/Non-drug misuse

West Sussex 2001–2003 to 2016–2018



Source: Office for National Statistics

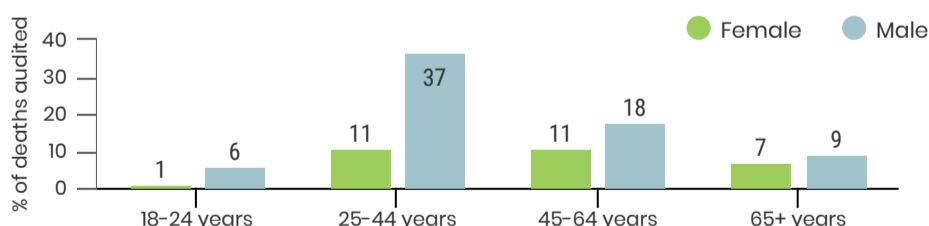
## Local Drug Related Deaths Audit....

Following a rise in drug related deaths, staff in the West Sussex Public Health and Social Research Unit worked with the local Coroner's office to undertake an audit of drug related deaths. This involved reviewing individual files of 123 deaths registered in 2015, 2016 and 2017.

A range of factors were noted including the circumstances of death, toxicology data, mental health, service history; over eighty columns of variables, including twelve free-text columns were generated. 39 cases reviewed (32%) were of people who had been known to the local treatment provider.

For further information on this work please contact [Robert.whitehead@westsussex.gov.uk](mailto:Robert.whitehead@westsussex.gov.uk)

**Drug poisoning deaths in West Sussex, by age and sex**, as a percentage of all registered deaths (n=123).



	Female (n=37)	Male (n=86)	All deaths (n=123)
<b>Verdict from Coroner's records</b>			
Accidental overdose	43%	58%	54%
Self-administered overdose of drugs	19%	12%	14%
Suicide	35%	26%	28%
Other	3%	5%	4%
<b>ONS classification</b>			
Drug Misuse Death	24%	64%	52%
Other drug poisoning death	76%	36%	48%
<b>Access to substance</b>			
Controlled (illegal)	16%	51%	41%
Purchased in store or online	14%	14%	14%
Prescribed, but not to the deceased	5%	5%	5%
Prescribed, own medication	65%	29%	40%
Unknown	0%	1%	1%

A report of this audit is being drafted and will be disseminated later this year, **headline findings** have already been shared with service managers and commissioners, with **a series of questions for further discussion**.

Available on the West Sussex JSNA website

<https://jsna.westsussex.gov.uk/updates/drug-related-deaths-audit-2019/>

### Initial Headline Findings

- Dual diagnosis, that is people with a mental health and a substance misuse problem, was identified as a considerable issue.
- Messages around dangers of alcohol mixed with other substances may need to be reconsidered/refocused.
- The importance of assessing people for alcohol risks before prescribing strong medications. The dangers of alcohol mix might be rare, but are heightened when a subject is in period of low resilience, for which alcohol is a self-medicated relief.
- Opiates are the primary group, in both misuse and other poisonings, but multiple substances (3 or more) were found in more than half of all deaths
- Many of the deaths were of people who needed some focused help to get their lives together.
- The step-down between tier 4 and tier 3 services may be too steep, for substance addiction and for mental health.
- Most of these cases were highly complex and person-specific and were not driven by a single solvable/targetable issue.
- Questions about whether services dealing with substance misuse had the expertise and/or capacity to work with people with complex mental health issues, and communication between services was seen to be unreliable in a number of cases.

### Questions Raised By Audit...

- Are services too quick to reduce risk? – Or discharge when not safe?
- When advised of the dangers of taking medications, how can we improve chances of messages taking hold?
- Can people receiving ongoing pain medications be assessed for alcohol risks?
- Can people be too unstable to engage with offered services? What then?
- What to do when people are addicted to/have an increased tolerance of pain medications (requires research into how to get people to come to terms with lifelong pain with no relief).