

## Drug-related deaths

### Introduction

Drug misuse deaths are where the deceased took an accidental overdose, or an overdose with the intention of committing suicide, of drugs that are controlled by the misuse of drugs act.<sup>1</sup> This briefing focuses on drug-misuse deaths as opposed to deaths resulting from poisoning by other drugs, such as paracetamol (which commonly features in poisoning suicides).

### Summary

There are more drug misuse deaths in Norfolk than would be expected given the size of the population. Norfolk has the highest rate of drug misuse deaths in the eastern region with 4.6 deaths per 100,000 people, compared to England average of 3.4 per 100,000.<sup>2</sup> There were 110 deaths from drug misuse in Norfolk in 2013-2015.

### Headlines

The rate of drug misuse deaths in Norfolk increased from 2004/06 to a peak in 2007/09, which was well above the England average, but then dropped between 2009/11 and 2011/13 to a much more normal rate for five years. However, the rate has since increased, in line with the national trend, but at a faster rate and in the most recent period Norfolk is once again above the National average. See figure 1 below.

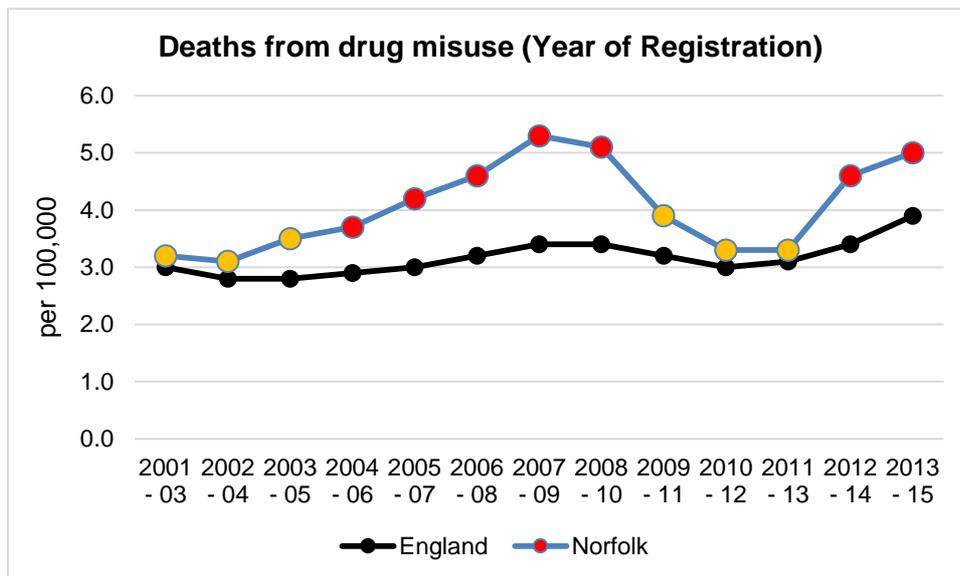


Figure 1: Deaths from Drug Misuse in Norfolk, rate per 100,000 of the population, 3-year rolling average, 2001-03 to 2012-15. Source: Office for National Statistics

Note: Where points are coloured red they are significantly worse than National average, yellow is no difference and green is significantly better.

The numbers and trend in drug misuse deaths varies across the county, historically the majority of drug misuse deaths occurred in Norwich - however, numbers in Norwich have reduced and in the last period the most deaths were actually seen in Great Yarmouth. Between 2011/13 and 2012/14 most districts saw an increase in the number of deaths from drug-misuse (except Breckland), although these represent small numbers at district level and therefore must be treated with caution (see Figure 2).

<sup>1</sup> For more details on this definition see: ONS (2016) Deaths related to drug poisoning in England and Wales: 2015 registrations: <http://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/2015registrations>

<sup>2</sup> ONS (2016) Deaths related to drug poisoning in England and Wales: 2015 registrations. Office of National Statistics

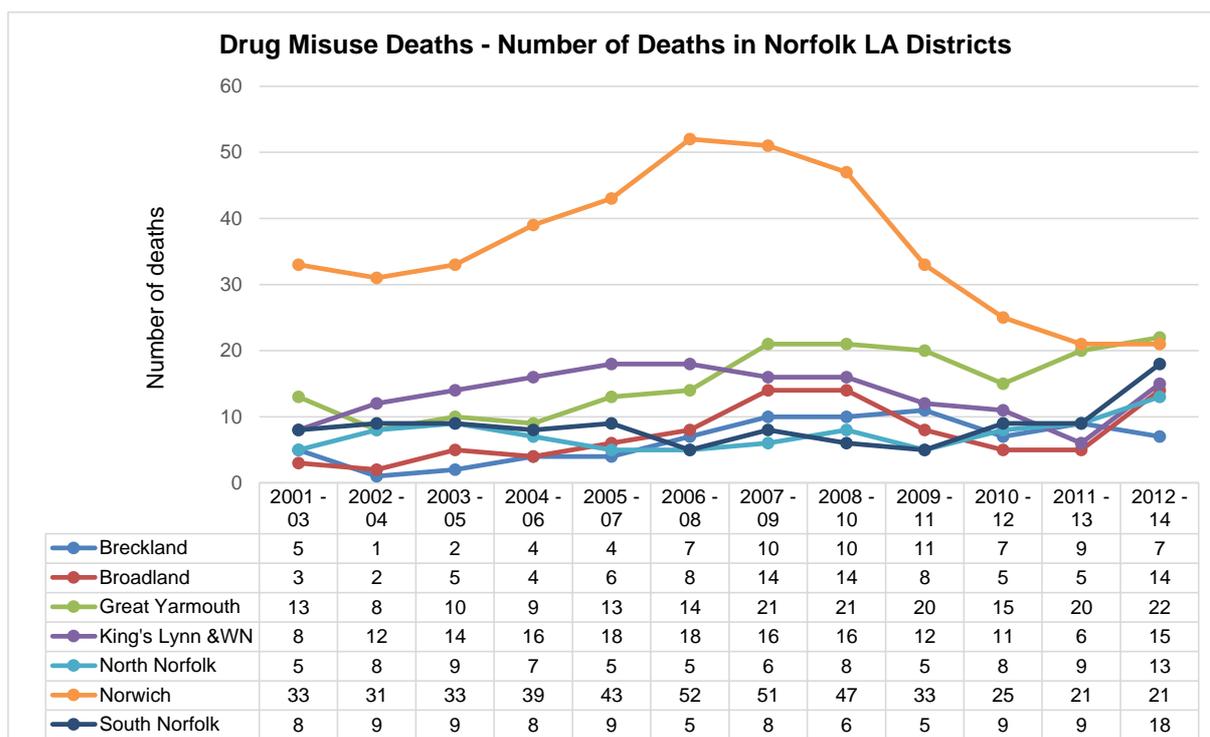


Figure 2: Number of deaths from Drug Misuse in Norfolk LA Districts, 3-year rolling average, 2001-03 to 2012-15. Source: Office for National Statistics

Note: Numbers of deaths are presented, as opposed to rates, as Public Health England have suppressed rates at this geography because of the small numbers.

### Substances contributing to death

Four out of five drug-misuse deaths recorded between 2012 and 2015 involved opiates (119 deaths or 80%) such as heroin, methadone, buprenorphine and codeine. This is a greater proportion than is seen nationally where just over half of drug misuse deaths involve opiates (54%).

Nationally it is reported that deaths involving heroin have doubled between 2012 and 2015 and are now the highest on record.<sup>3</sup> This trend has also been seen locally, in 2012 there were only five heroin deaths (80% also involving methadone), which increase in 2013 and peaked in 2014 with 29 deaths (34% also involving methadone) (See figure 3)

<sup>3</sup> ONS (2016) Deaths related to drug poisoning in England and Wales: 2015 registrations:

<http://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/2015registrations>

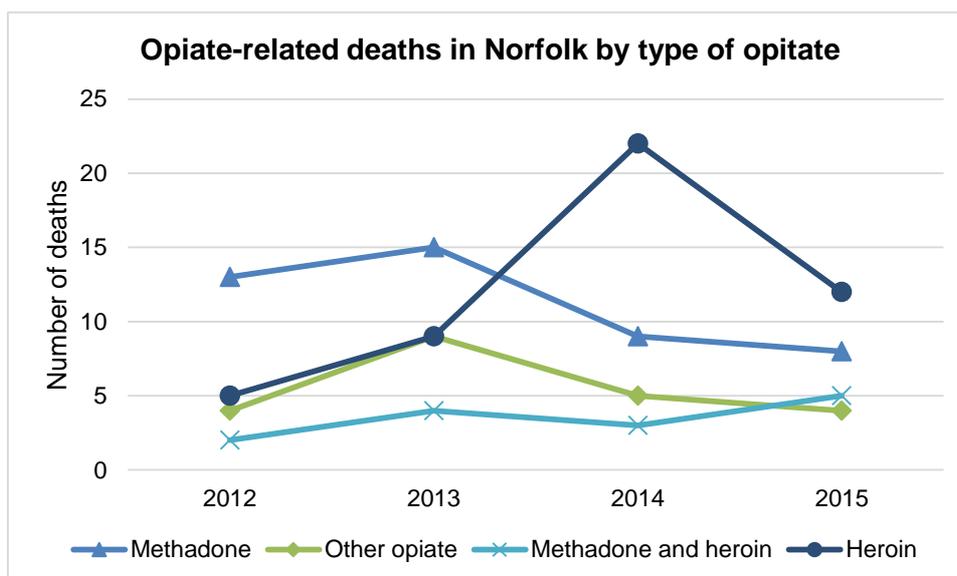


Figure 3: Opiate-related deaths by type of opiate, Norfolk 2012-2015. Source: Drug misuse deaths from NP-SAD data collection

One of the explanations for this is an increase in heroin purity following a 'drought' in 2010/11. Prices of heroin also appear to have fallen at the same time as purity increased (as better quality drugs flood the market), suggesting people are able to buy stronger heroin for the same price, which could contribute to an increase in overdose.<sup>4</sup> The proportion of opiate deaths involving methadone concurrently dropped, but it is not known whether this relates to a change practice of drug treatment services, or some other factor.

Drug misuse deaths, and particularly those involving opiates, are often the result of people using multiple substances that suppress the central nervous system, such as opiates, alcohol and benzodiazepines. These are also known as 'poly-substance' deaths. Between 2012 and 2015 in Norfolk:

- 77% of opiate deaths involved multiple substances (53% of non-opiate deaths).
- Alcohol was a factor in half of the poly-substance deaths (45% of opiate deaths and 44% of non-opiate deaths).
- Prescription drugs (other than methadone) were implicated in two thirds of poly-substance deaths (67% of opiate deaths and 62% of non-opiate deaths).

This is why it is so important to provide harm reduction advice about using multiple substances, particularly highlighting to drug users that dangers of drinking while on methadone, or of using prescribed benzodiazepines while injecting heroin etc.

Some prescription drugs are included in the 'drug-misuse deaths' statistics because despite being prescribed to the individual, they still have an abuse potential and are therefore controlled by the misuse of drug act. Overall, over half of drug misuse deaths involve prescription drugs (65%). These drugs are most commonly painkillers, anti-anxiety drugs like benzodiazepines and antidepressants. This is relevant because any strategy aimed at reducing drug-related deaths needs to consider prescribing practices by medical professionals, as well as access to illegal drugs.

Seven deaths between 2012 and 2015 have been linked to known new psychoactive substances (NPS) also known as 'legal highs'. These are substances that mimic the effects of illegal drugs but use chemical compositions that are not yet covered by the law. There was a further death where the chemical compound found at post mortem was unknown (see table 1 below). All but one of these people were male, they were aged between 25 and 52. Three were from Great Yarmouth, two from Norwich and two from Breckland. At the time of writing (October 2016) there have been no NPS-related deaths registered in Norfolk so far in 2016.

<sup>4</sup> ONS (2016) Deaths related to drug poisoning in England and Wales: 2015 registrations:

<http://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/2015registrations>

Name of New Psychoactive Substance (NPS)		Effects	Legal?	Number of deaths (2012-2015)
MPA	Methiopropamine	Stimulant similar to speed	Now illegal	2
AMT	Alpha-methyl-tryptamine	Hallucinogen with some stimulant effects	Now illegal	2
4-MEC	4-Methylethcathinone	Cathinone stimulant related to mephedrone	Now illegal	1
PMA	Para-methoxyamphetamine	Stimulant similar to MDMA	Now illegal	1
AH-7921		Opioid analgesic	Now illegal	1

Table 1 New Psychoactive Substance Deaths in Norfolk 2012-15

## Social, environmental, population context

Between 2012 and 2015 there were 145 drug misuse deaths in Norfolk, of these three quarters were male (77%), one quarter female (23%). Males are more likely to die from overdosing on heroin than women (40% of male drug-misuse deaths involved heroin compared to 18% of female). Female's drug-misuse deaths are more likely to involve prescription drugs (73% of female drug-misuse deaths involved prescription drugs, 53% of males).

The youngest person dying from drug-misuse was aged 20, the oldest 73. The majority of deaths are in the 35-44 age group (36%). There are as many deaths in the 45-54 age group as the 25-34 group (26% and 27% respectively). See Figure 4.

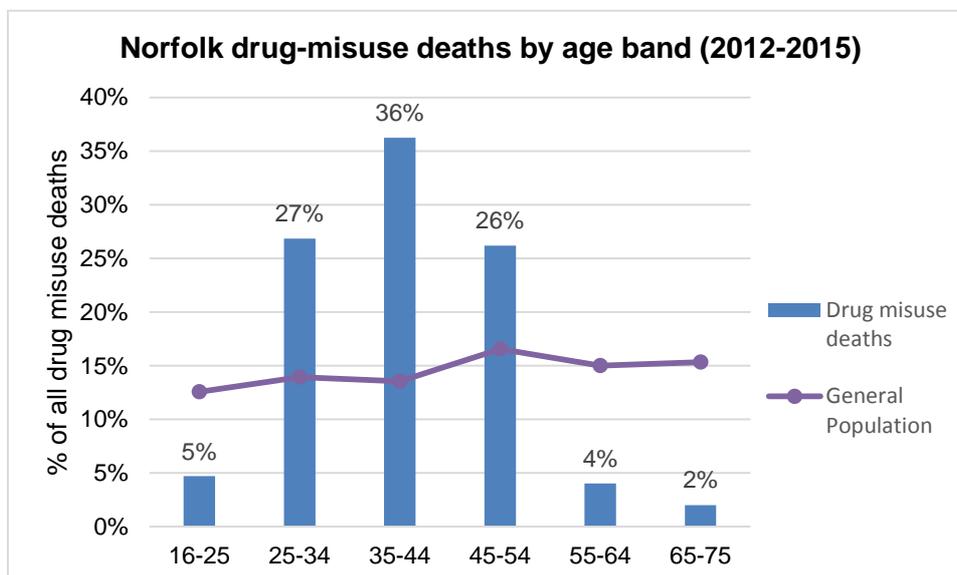


Figure 4: Drug misuse deaths by age group, Norfolk 2012-2015. Source: Drug misuse deaths from NP-SAD data collection

Generally drug-misuse deaths occur in private residences - two thirds died in their own home (62%) and a further 15% in the home of another person. The remaining deaths occurred in hospital (6%), streets (3%), cars (2%), woods (1%), hotels (1%) and other locations (businesses, prison, beach, river, station). Overall three quarters of drug misuse deaths occur in people living in urban areas and just a quarter in rural areas (25% rural). There is no obvious relationship between drug-related deaths and the location of treatment services.

Just 15% of people dying from drug misuse deaths are in employment (compared to 76% of the adult population of Norfolk).<sup>5</sup> Over half were unemployed (56%) 13% were long-term sick or disabled and the remainder were retired (2%), homemakers (2%) or students (1%). Employment status was not known for 8%.

## Current services, local plans and strategies

Norfolk County Council commissions the Norfolk Recovery Partnership (NRP) to provide drug and alcohol treatment to adults in Norfolk. NRP is a collaboration between Norfolk and Suffolk NHS Foundation Trust and The Matthew Project (a voluntary organisation) and in the prisons Rehabilitation of Addicted Prisoners Trust (RAPt) and Virgin Healthcare. The aim of these services is to provide counselling and pharmacological interventions so that people can get their substance use under control, address the issues in their lives that cause them to misuse substances and ultimately support them to move on from their problems with drugs and alcohol and into recovery.

Other services for people who misuse drugs in Norfolk including mutual aid groups like Narcotics Anonymous. Also, health services such as GPs, nurses and pharmacists all have a role to identify people with substance misuse problems and to provide brief interventions, both in hospitals and in the community.

Obviously the overall aim of drug treatment is to reduce problematic drug use and this thereby reduces deaths. Specific elements of treatment that impact on drug-related deaths include:

- Opiate substitution therapy (offering people a safer alternative to buying illegal drugs)
- Naloxone (a drug that reverses the effects of an opiate overdose)
- Offering good continuity of care in and out of prison (leaving prison is a high risk time for drug users whose tolerance will have reduced in prison and are therefore susceptible to overdose in the community)

Since April 2014 NRP have distributed 450 take home Naloxone kits, which allow people to react quickly if someone overdoses on opiates. The amount of people being able to access the treatment increased significantly after a change in legislation in October 2015 which means that there is no longer a need for a formal prescription or Patient Group Directions/Patient Specific Directions. A pilot will be running in 2017/18 to increase availability of Naloxone by offering it in community pharmacies.

## Considerations for Health and Wellbeing Board and Commissioners

It is essential to maintain a high quality drug treatment system that caters for a wide range of substance misuse problems, offering preventative advice and information and a range of recovery focused treatments. There is a need to continue to foster good communication and transfer of care from prison to community treatment.

Given the number of deaths that involve methadone (the substance most commonly used in opiate substitution therapy) consideration must continue to be given to ensuring safe prescribing practices, titration, supervised consumption and other actions to reduce prescribed methadone being diverted into the illegal market.

Many drug-misuse deaths also involve other prescription drugs (particularly antidepressants and benzodiazepines) and therefore there is a wider action for GPs, CCGs and primary care to consider the need for medication reviews and ensuring safe prescribing.

Harm minimisation advice is crucial and there may be a need to review guidelines, information and advice for GPs, drug treatment services and drug users about the risks of overdose and death following the use of alcohol, benzodiazepines and opiates in combination and the heightened risk for users with physical health and respiratory problems.

Drug users will come into contact with many services and all professionals working with people should feel fully equipped with up-to-date information and confident to identify substance misuse problems in their service users. They should feel comfortable to discuss their concerns and signpost or refer to specialist services. Drug support services cannot work in isolation and must work closely with partners including: mental health

<sup>5</sup> General employment in 16-64 year olds (2015/16) Annual Population Survey - Labour Force Survey

services, NCC social services, criminal justice agencies, probation, employment support and housing support services. Commissioners should consider how to support treatment providers to foster these relationships and ensure joint working is promoted through service planning.

## References and information

ONS (2016) Deaths related to drug poisoning in England and Wales: 2015 registrations:

<http://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/2015registrations>

National Programme on Substance Abuse Deaths

<http://www.sgul.ac.uk/research/population-health/our-projects/national-programme-on-substance-abuse-deaths>

Norfolk Recovery Partnership website:

<http://www.norfolkrecoverypartnership.org.uk/Pages/default.aspx>

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