

Drug-misuse deaths

Introduction

Drug misuse deaths are where the deceased took either an accidental or intentional overdose of drugs that are controlled by the misuse of drugs act.¹ 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 6.2 deaths per 100,000 people, compared to England average of 4.4 per 100,000.² There were 154 deaths from drug misuse in Norfolk in 2016-2018, approximately 51 per year.

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 a rate that was similar to the national average 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, and indeed above the 2007-09 peak. See figure 1 below.

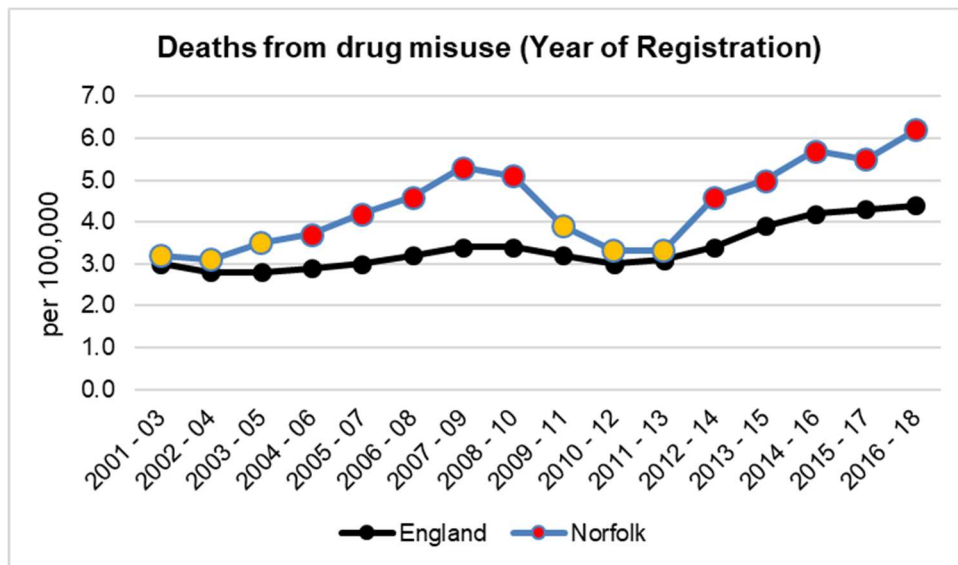


Figure 1: Deaths from Drug Misuse in Norfolk, rate per 100,000 of the population, 3-year rolling average, year of registration of death 2001-03 to 2016-18. Source: Office for National Statistics

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

¹ For more details on this definition see: ONS (2019) Deaths related to drug poisoning in England and Wales: 2018 registrations <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/drugmisusedeathsbylocalauthority>

² ONS (2019) Deaths related to drug poisoning in England and Wales: 2018 registrations. Office of National Statistics

The numbers and trend in drug misuse deaths varies across the county, the district with the highest number and rate of deaths from drug misuse is Norwich (52 deaths in 2016-18, a rate of 14 per 100,000), followed by Great Yarmouth (GY) with 25 deaths, 9 per 100,000 and King's Lynn and West Norfolk (KLWN) with 24 deaths, 6 per 100,000. While there are a similar number of deaths overall in KLWN and GY there is a higher *rate of deaths* in GY.³

The graph below shows that whereas GY has remained fairly steady over the last nine three-year periods, Norwich and KLWN saw reductions down to lowest levels in 2011-13 followed by sharp increases again in the last five three-year periods.

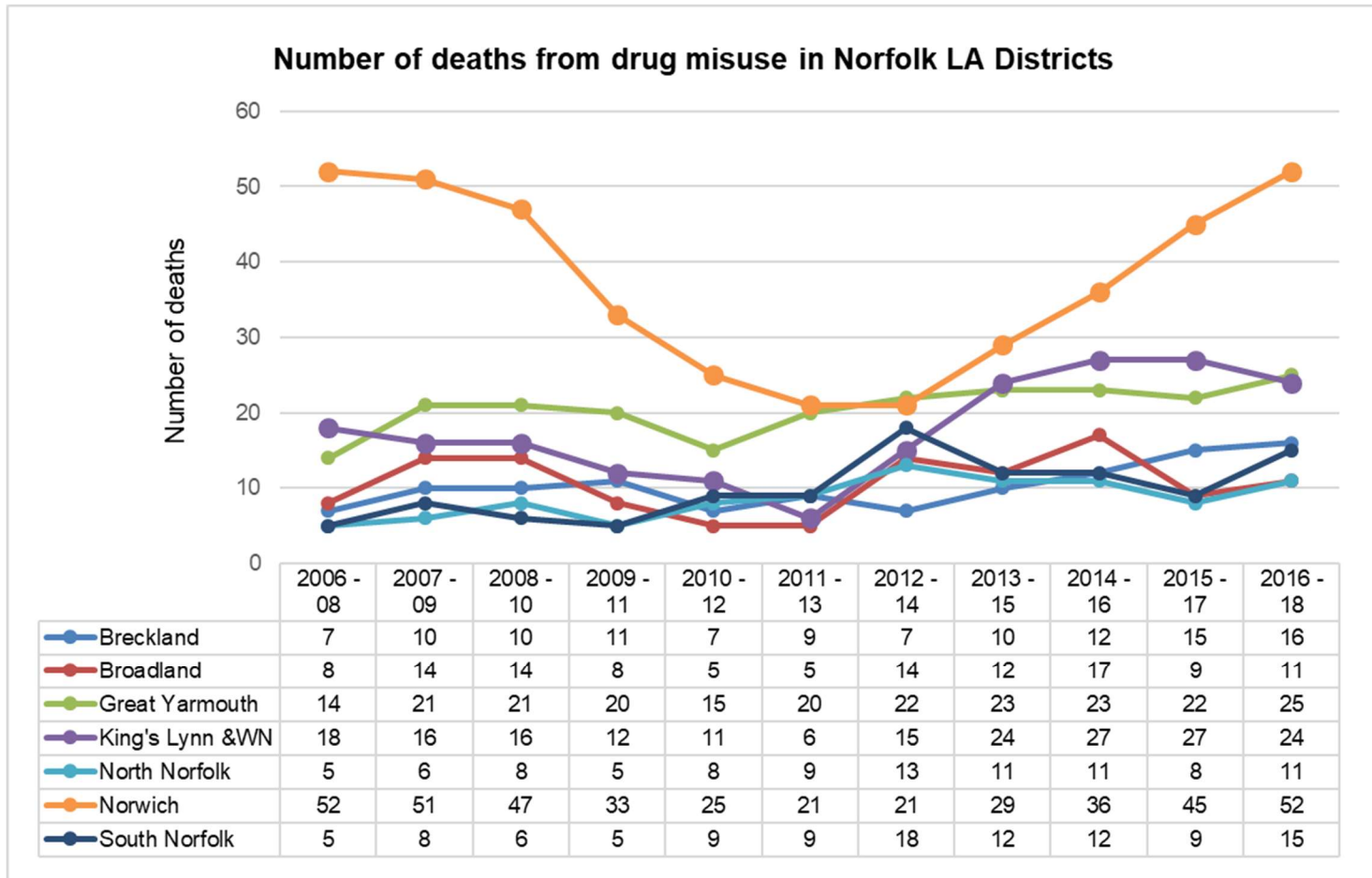


Figure 2: Number of deaths from Drug Misuse in Norfolk LA Districts, 3-year rolling average, 2006-08 to 2016-18. Source: Office for National Statistics

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

More than three quarters of drug-misuse deaths recorded between 2015 and 2017 involved opiates (81%) such as heroin, methadone, buprenorphine and codeine.

Nationally it is reported that deaths from most opiates are declining or remaining steady, but deaths from fentanyl continued to rise, as did cocaine deaths (which increased for the sixth consecutive year, 2011-17).⁴ Locally the number are too small to determine any statistically significant trend, there were three cocaine related deaths in 2015, two in 2016 and one in 2017. There has been only one fentanyl related death in Norfolk and this was in 2016.⁵

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

³ ONS (2017) Deaths related to drug misuse in England and Wales: 2015-2017 registrations

⁴ ONS (2017) Deaths related to drug misuse in England and Wales: 2015-2017 registrations

⁵ Data from the ONS Civil Registration Dataset

are also known as ‘poly-substance’ deaths. Between 2015 and 2017 in Norfolk 78% of opiate deaths involved multiple substances (21% of non-opiate deaths). Prescription drugs (other than methadone) were implicated in nearly three-quarters of poly-substance deaths (74%) and alcohol was implicated in just over a quarter (27%).⁶ This demonstrates the importance of providing 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 (54%).⁷ 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.

There were three deaths related to new psychoactive substances (NPS) also known as ‘legal highs’ in 2015-17 (compared to five in 2012-14). Two died after taking Alpha-methyl-tryptamine (AMT) in 2015 and one died after taking mephedrone (also known as M-Cat) in combination with cocaine in 2017.⁸ NPS mimic the effects of illegal drugs but use chemical compositions that were not yet covered by the law, however both substances have since become illegal.

Social, environmental, population context

Of the 135 deaths from drug misuse between 2015 and 2017 in Norfolk three quarters were male (73%), one quarter female (27%). Males are more likely to die from overdosing on heroin than women (43% of male drug-misuse deaths involved heroin compared to 24% of female). Female’s drug-misuse deaths are more likely to involve prescription drugs (65% of female drug-misuse deaths involved prescription drugs, 50% of males).

The youngest person dying from drug-misuse was aged 18, the oldest 91. There are more drug-misuse deaths among middle age people than young people – two thirds are aged between 35 and 54. See Figure 4.

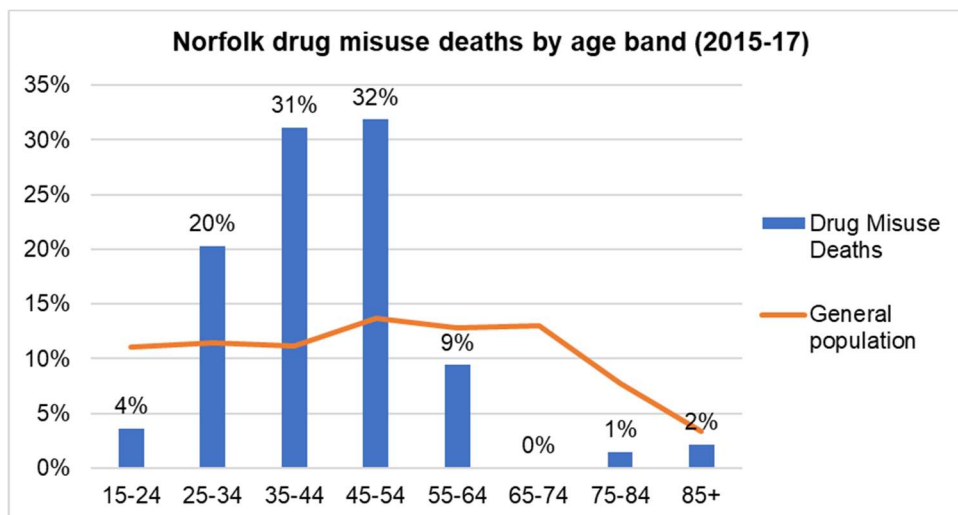


Figure 4: Drug misuse deaths by age group, Norfolk 2015-2017. Source: CRDS

Generally, drug-misuse deaths occur in private residences – just over half died in their own home (55%) and a further 12% in another residential address. In a quarter of deaths, the individual was taken to hospital and died there (27%). The remaining deaths occurred under a bridge, a public toilet, a graveyard, a mental hospital, a hotel, the street, and in woodland. Overall two thirds of drug misuse deaths occur in people living in urban areas and just a third in rural areas (35% rural). There is no obvious relationship between drug-related deaths and the location of treatment services.

⁶ Data from the ONS Civil Registration Dataset

⁷ Data from the ONS Civil Registration Dataset

⁸ Data from the ONS Civil Registration Dataset

Just 8% of people dying from drug misuse deaths are in employment (compared to 76% of the adult population of Norfolk).⁹ Three quarters were unemployed (73%) and the remainder were long-term sick or disabled (3%) and retired (3%). Employment status was not known for 14%.

Current services, local plans and strategies

Norfolk County Council commissions Change, Grow Live (CGL) to provide drug and alcohol treatment to adults in Norfolk. 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 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). The distribution of naloxone to individuals at risk of an opiate overdose, and their family and friends, is continuing to be driven through the community provider, in addition to the availability of naloxone at the point of release from each of the Norfolk prisons.
- 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)

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 medications 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 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.

⁹ General employment in 16-64 year olds (2015/16) Annual Population Survey - Labour Force Survey

Reducing drug related deaths is a priority for local commissioners and in response a multiagency group formed in 2019 (consisting of Public Health, the local drug and alcohol treatment provider (Change, Grow, Live), the local mental health trust (Norfolk and Suffolk Foundation Trust), and representatives from Ambulance, Police, Coroners, Housing and Acute hospitals) to take a strategic look at the issue with an aim to prevent further deaths.

References and information

ONS (2018) Deaths related to drug poisoning in England and Wales: 2017 registrations:

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/2017registrations>

National Programme on Substance Abuse Deaths

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

Change Grow Live (CGL)

<https://www.changegrowlive.org/>

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