



Drug and Alcohol Related Deaths Strategy 2018-2020



What is the issue?

Drug related deaths

There were **3,756¹** deaths relating to drug poisoning in England and Wales in 2017 for both legal and illegal drugs. It is **the highest number since 1993**, when comparable data began to be collected.

In 2017, there were 1,164¹ deaths involving heroin and morphine, a decline of 4% (45 deaths) and the first decline since 2012. Despite deaths from most opiates declining or remaining steady, fentanyl deaths have increased by 29%, rising from 58 deaths in 2016 to 75 deaths.

There were 61¹ deaths from new psychoactive substances in 2017, a significant decrease from the 123 deaths in 2016.

Cocaine deaths have risen for the sixth consecutive year - there were 432¹ deaths related to cocaine in 2017, compared with 371 deaths in 2016.

A drug related death is registered as a drug misuse death where either: the death is attributed to 'drug abuse' or drug dependence or where the underlying cause of death is drug poisoning and any controlled substance, defined by the Misuse of Drugs Act 1971, is implicated¹.

¹ Office for National Statistics, Deaths related to drug poisoning in England and Wales: 2017 registrations, Release Date 6th August 2018.

What is the issue?

Alcohol related deaths

Public Health England (PHE) includes a wider range of diseases in their estimation of alcohol related death figures.

In 2016 7,327² alcohol specific deaths were registered in the UK. The age range most affected by specifically alcohol related deaths were those aged between 55 and 64. For the last fifteen years the alcohol related death rate for males has been, on average, 55% higher than for females. The alcohol related death rate for women and men, in 2016, was significantly higher in areas of deprivation.

7,327² alcohol related deaths were recorded in the UK in 2016 and this rate of death has been static since 2013.

² Office for National Statistics, Alcohol-specific deaths in the UK: registered in 2016, Release date 7th November 2017

What we want to achieve

In 2017 Blenheim formed a Drug and Alcohol Related Death working group. This group is tasked with looking at, learning from and disseminating the learning from drug and alcohol related deaths.

Blenheim's services are uniquely placed to gain further understanding into drug and alcohol related deaths which in turn can be disseminated throughout the organisation with the intention of preventing further unnecessary deaths.

Significant proportions of the deaths of people accessing Blenheim services have occurred in older age groups and were people who had multiple and chronic health conditions such as COPD.

Evidence suggests that engaging and retention in treatment has a protective factor³.

There is lots of excellent work already happening across Blenheim to reduce drug and alcohol deaths and we have identified the following areas where we want to continue to make improvements to our practice.

³ Health matters: preventing drug misuse deaths, Gov UK

What we want to achieve

Re-engagement, training and development

- Ensure that every service user has a re-engagement protocol which is followed if they drop out of treatment
- Review workforce development including the need for 'end of life' training for some practitioners and teams
- Continue to reflect on practice so that risk is understood and managed
- Continue to improve treatment interventions and service delivery across the organisation
- Inform workforce development and build competence through investigations and learning

Data analysis and collection

- Undertake an annual review of patterns, causes and practice and disseminate the findings to staff to inform practice and workforce competence
- Gain a clearer understanding of the causes of drug and alcohol related deaths across Blenheim

What we want to achieve

Naloxone

- Ensure that Naloxone is available via all services, where appropriate.
- Continue to campaign for the provision of Naloxone

Contact Us

info@blenheimcdp.org.uk
020 7582 2200

Blenheim Central Office
210 Wandsworth Road
London, SW8 2JU

www.blenheimcdp.org.uk

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