

B&NES Drug related death, homeless death, and suicide report: 2021 executive summary

WRITTEN BY:

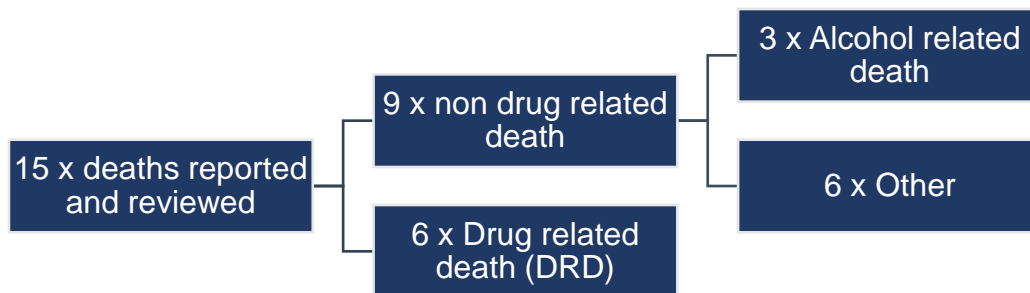
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The drug and alcohol related, and homeless death review process is a part of a whole-system response to reducing preventable deaths in B&NES.

Each individual presented in the full report was reviewed by the drug related death group following coroner examination with the aim of recognising good practice and identifying learning from internal reviews and partnership discussions. The learning and action development is critical in supporting harm reduction activities in preventing deaths.

Reviews were finalised by the end of 2022. This report was written in 2023 following the conclusions by the panel. Recommendations are currently being worked on.

15 deaths reported and reviewed, of which 9 were non drug related deaths and 6 were drug related deaths (DRD). Of the 9 non drug related deaths 3 were alcohol related and 6 were classed as "other".



Total homeless deaths: 7

Age Breakdown	Frequency
18-29	2
30-39	8
40-49	0
50-59	5
60-69	0
70-79	0
80-89	0
Total	15

Non drug related deaths (n=9)

- Average age of 43. Ages ranging from cases in their 30's to cases in their 50's.
- 89% male and 11% female.
- Varying causes of death (prescription medication overdoses, natural causes, alcohol related complications, drowning and suicide)

Drug related deaths (n=6):

- Average age of 33.6. Ages ranging from cases in their 20's to cases in their 50's.
- 66% male and 33% female
- Heroin was the substance which showed up most, followed by cocaine, cannabis and alcohol.

Risk factors found for drug related deaths:

- No contact with mental health services
- Being male
- Being homeless
- Previous overdoses
- Previous or current reports of self-neglect, suicide ideations, and financial insecurities
- High BMI
- Depression
- Poly-drug use
- Start of substance use under the age of 18

Homeless deaths (n=7):

- Average age of 32.5. Ages ranging from cases in their 20's to cases in their 30's.
- 100% male.
- 42.8% in contact with drug and alcohol treatment services at the time of death
- Housing status ranges from rough sleeping, supported housing and sofa surfing.

Suicides (n=7)

Data for suicides in B&NES were only provided for Q3-Q4 in 2021, where there were 7 deaths by suicide recorded. This is an addition to the 15 deaths reported and reviewed:

- 71% male and 29% female

Good practice and recommendations

Good Practice

- Sufficient evidence of attempts to engage clients with drug and alcohol services
- Evidence of medication and methadone reviews
- Quick flexible appointments were offered
- Good evidence of information sharing amongst partners
- Good evidence of record keeping
- Evidence of keeping access to support open for clients with extreme vulnerabilities
- Mental health services worked proactively with clients despite engagement challenges
- Good interagency communication between GP, pharmacy and treatment providers

Recommendations:

- Drug awareness training for housing residents
- Review guidelines around with partners and families in treatment
- Identify repeat referrals and those 'bouncing' between mental health services without engaging
- Review methods of offering naloxone to clients who would otherwise refuse
- Develop a non-fatal overdose sharing protocol within B&NES
- Review eligibility for accessing mental health services when using substances.
- Share learning with GP practices for wider system involvement
- Review detox support for individuals with medical conditions
- Identify obese clients and link them into wellness services
- Assess opportunities for individuals when they are evicted or banned from housing services
- Transfer of care between services when individuals move out of area