



## ED ATTENDANCES

Across Greater Manchester, there were 82 A&E attendances due to drowning or immersion in water between January 2020-December 2025. Of this, 49% were male (n=40) and 51% were female (n=42). Between 2pm and midnight, drowning attendances appear to be at their highest (n=58) compared to what is seen earlier in the day (n=24), with a peak between 8pm-10pm (n=14).

**8PM-10PM**  
Peak attendance time

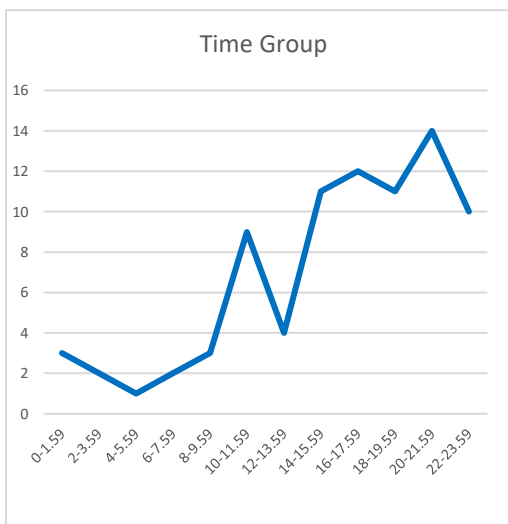


Figure 1: Number of attendances per time group

## INTRODUCTION

Drowning is the 3rd leading cause of unintentional injury death worldwide, accounting for 7% of all injury-related deaths (WHO, 2021). Drowning is still a significant yet under-recognised cause of preventable death and injury in urban areas. This newsletter explores patterns and characteristics of drowning incidents reported across Greater Manchester, drawing on three separate datasets covering ambulance response data (NWS), hospital attendance data (ED) and the Drug and Alcohol Related Death (DARD) data sets. While individuals across these datasets cannot be linked, their combined analysis offers a valuable opportunity to look at trends and identify consistent themes across sources. Qualitative analysis was undertaken to examine incident location, demographics, environmental context, and outcomes where available within each dataset. We then compared the information to see where the different sources agreed, where they differed, and what essential information might be missing from current monitoring. Attention was given to variations in reporting practices, data completeness, and the implications of fragmented data systems for understanding local drowning risk.

## DISCHARGE STATUS

The discharge status of these attendances show almost half are discharged (n=40, 49%), with one fifth being admitted (n=16, 20%) and the remaining left before being seen, were referred or transferred, or categorised as 'other' (n=25, 30%). Unfortunately, one individual died in the department following a drowning despite reported successful resuscitation at the scene.

## UNDER 5'S ATTENDANCES

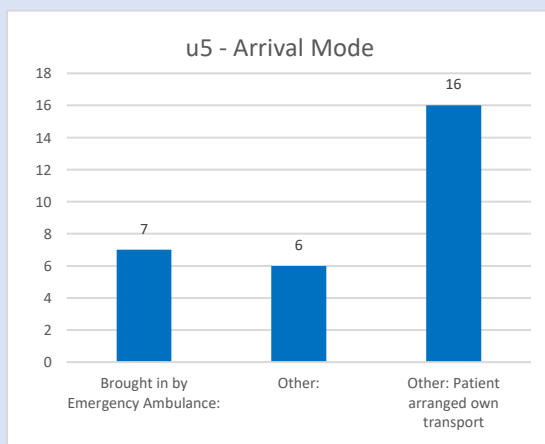


Figure 2: Under 5's arrival mode

Of the 82 attendances, there was a disproportionate number of infants attending Greater Manchester A&E's following a drowning. Almost half of the attendances were under 10 (n=40, 49%), and of these, 75% were under 5 (n=30). Attendances peaked in the evening, with the highest between 6pm-8pm. Over half of those under 5 were discharged (n=16, 53%), with one fifth being admitted (n=6, 20%) and the remaining either leaving the department, being referred or transferred, or categorised as 'other' (n=8, 27%). Interestingly, most of the infant attendances were female (n=20, 67%) which is a pattern not seen in the whole dataset. When looking at how the infants arrived at A&E, most were brought in themselves suggesting emergency services were not required (n=16, 53%). Just under one-quarter were brought in by an ambulance (n=7, 23%) and the remaining seven attendances were categorised as 'other' or 'unknown'.

## NWAS CALL OUT ATTENDANCES

From April 2022 to March 2026, there were 94 ambulance call-outs to individuals in Greater Manchester who had experienced a drowning or immersion in water. Of the 94 individuals, there is an increase in callouts to those aged 15-34 (n=46, 49%), with a particular peak for individuals within the 15-19 age range (n=28, 30%). Interestingly, there was a disproportionate number of males being attended to by an ambulance. Of the 33 individuals, over three quarters (71, 76%) were male. This differs to what we saw from A&E data where more females are attending emergency departments following a drowning. Ambulance callouts show little trends in terms of common times when drownings occur. As is seen in Table 2, callouts fluctuate throughout the day and night. The most common time for an ambulance to be called due to a drowning or immersion is 2pm-4pm (n=14, 15%), and 8pm-10pm (n=14, 15%)

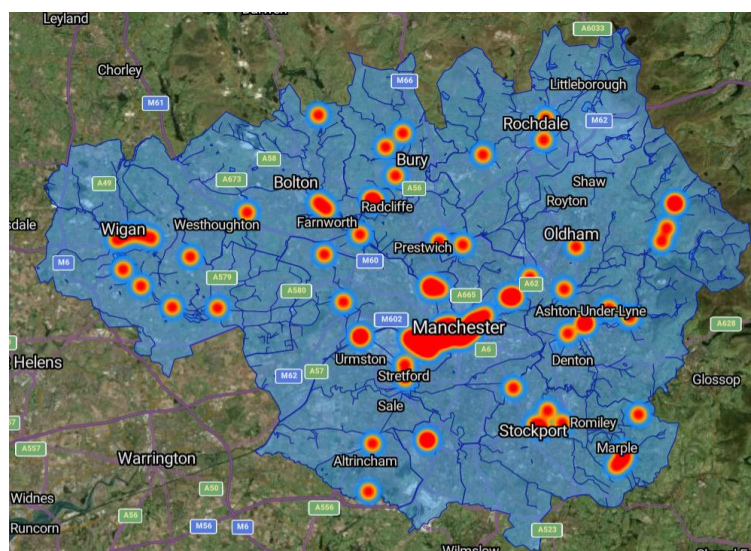


Figure 3: Locations of ambulance call outs

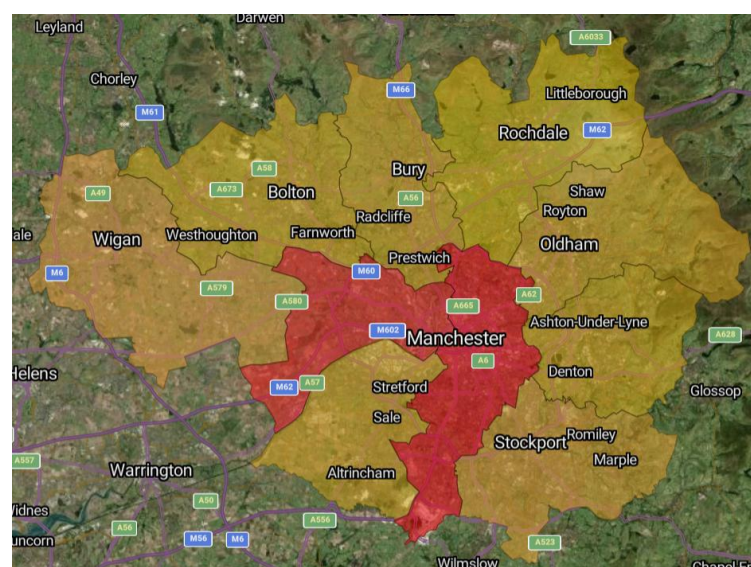


Figure 4: Heat map of ambulance call outs per local area

Table 1: Locations an ambulance has been called to

Many rivers and lakes were never formally recorded, named or considered significant enough to enter official maps making the proportion of unnamed lakes and rivers high. Occurrences under 5 are suppressed for confidentiality reasons

Name	Count
Unnamed Lake	43
River Irwell	7
Castlefield Basin	6
Leeds and Liverpool Canal	5
River Tame	***
River Goyt	***
River Croal	***
St Peter Basin	***
Huddersfield Narrow Canal	***
Jumbles Reservoir	***
Elton Reservoir	***
Heaton Park Reservoir	***
Bluebell Pond	***
Dukes Tunnel	***
River Irk	***
River Medlock	***
Rochdale Canal	***
Boating Lake	***
Hollinwood Canal	***
River Roch	***
Blackleach Reservoir	***
Erie Basin	***
Huron Basin	***
Manchester Bolton and Bury Canal	***
South Bay	***
River Etherow	***
River Mersey	***
River Bollin	***
Clay Hole (Westlake)	***
River Douglas	***



Table 2: Callouts per time group

00:00-02:00	***
02:00-04:00	6
04:00-06:00	7
06:00-08:00	***
08:00-10:00	5
10:00-12:00	11
12:00-14:00	9
14:00-16:00	14
16:00-18:00	***
18:00-20:00	8
20:00-22:00	14
22:00-00:00	9

## DRUG AND ALCOHOL RELATED DEATHS

This section will focus on Drug and Alcohol Related Deaths (DARD) recorded in 2020-2025 across Greater Manchester, using the Integrated Monitoring System (IMS) where a mention of drowning or immersion was found in the case notes. The data set was compiled from deaths recorded by drug and alcohol services across Greater Manchester as well as any coroner reported deaths for people who have died outside of the treatment pathway. There were 22 deaths recorded as drowning being the primary cause of death however this data set also has identified where substances were also implicated either illicit or non-illicit. 86% (n=19) were male and 14% (n = 3) were female. As shown in Figure 5 the highest proportion of DARD reported cases were in the 20-29 age group, 32% (n = 8) followed by the 40-49 age group 32% (n = 8). All recorded deaths involved one or more substances identified by the coroner as contributing factors, even though the primary cause of death was drowning.

## IMPLICATED SUBSTANCES

There were several different substances recorded across the 22 deaths as shown in Figure 6. All reported deaths involved one or more substances detected in toxicology, which the coroner indicated played a contributory role in the fatal outcome. The highest number of deaths were attributed to alcohol (n = 5, 23%) and cocaine (n=5, 23%)

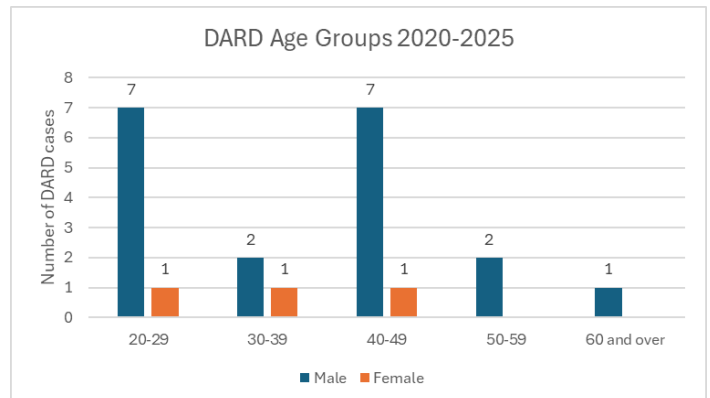


Figure 5: Cases of DARD drownings per age group and gender

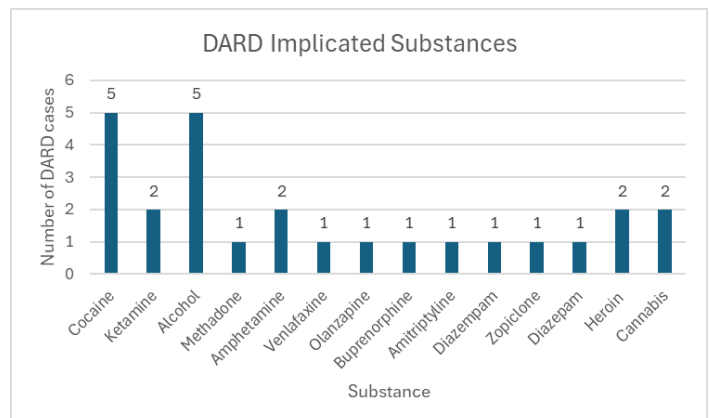


Figure 6: Count of implicated substances across DARD drownings

## LOCATION



Of the 22 deaths, 77% (n = 17) were recorded as occurring outdoors, 9% (n = 2) in hospital and 14% (n = 3) recorded as in the home/hotel. For deaths recorded outside, the information provided in the location of field lacks sufficient detail to identify the exact place of death.

## COMMENTARY

Following a review of the 22 DARD cases, 36% (n = 8) had referenced mental health issue(s) in their case notes. These ranged from the reporting of ADHD, PTSD, anxiety, and depression however, there was limited context around these diagnoses and whether people had been prescribed medication to support them. Males accounted for 88% (n = 7) and the average age was 35 years old. The youngest recorded death was a 24-year-old female who had drowned in the bath, the toxicology report showed the presence of both ketamine and diazepam. The coroner verdict was recorded as a 'drug related' death with the following cause recorded: 1a. Drowning, 1b. Intoxication due to use of ketamine and diazepam. Due to previously limited reporting, it is not possible to find out further information on this case, the death happened in July 2021.

## MEET THE TEAM



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