



# **Drug Related Deaths in Scotland: Findings from the National Drug Related Death Database**

Dr Roy Robertson  
Edinburgh University and  
Chairman of the National Forum on Drug Related Deaths  
for the Scottish Government

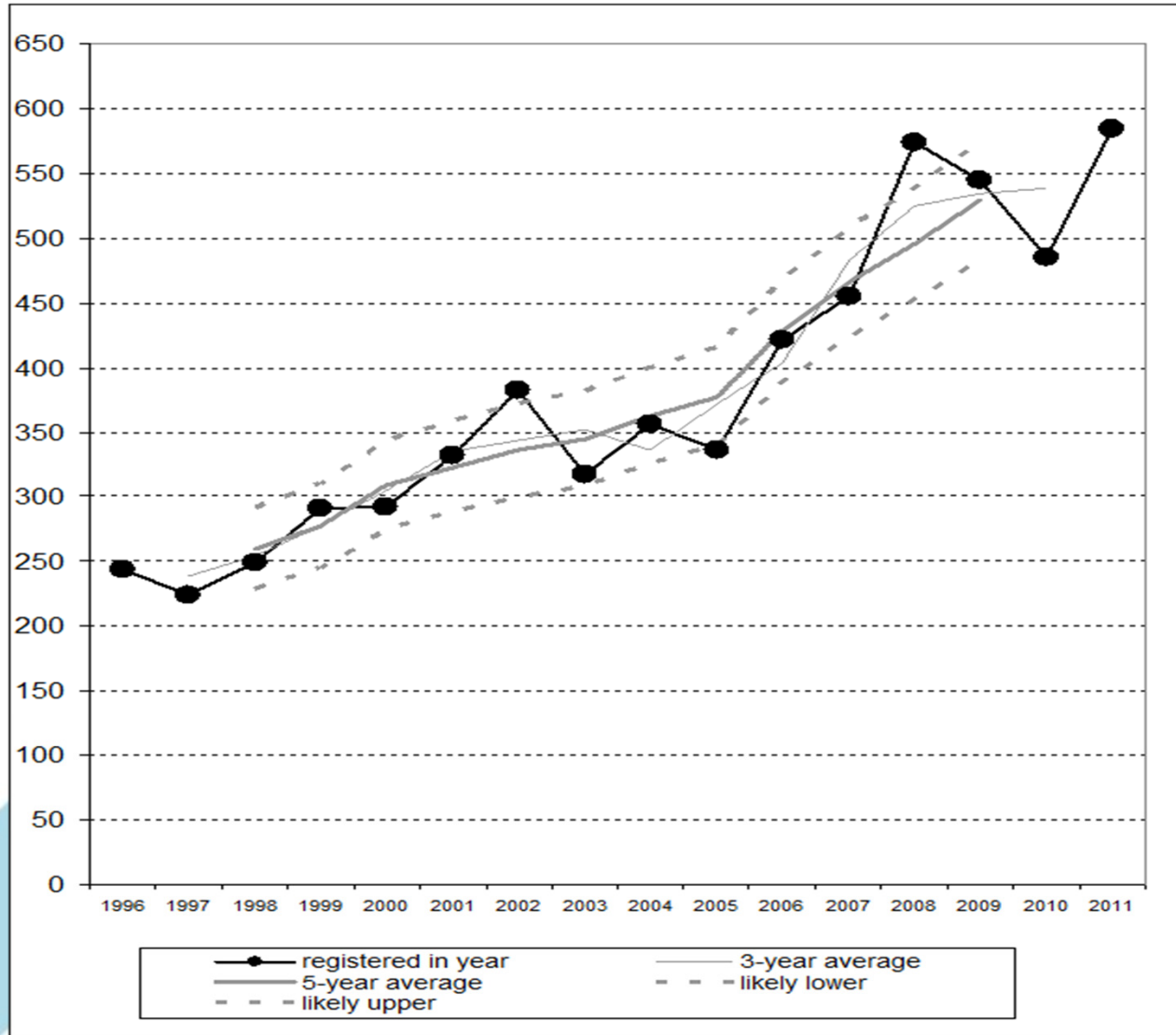


# Acknowledgments



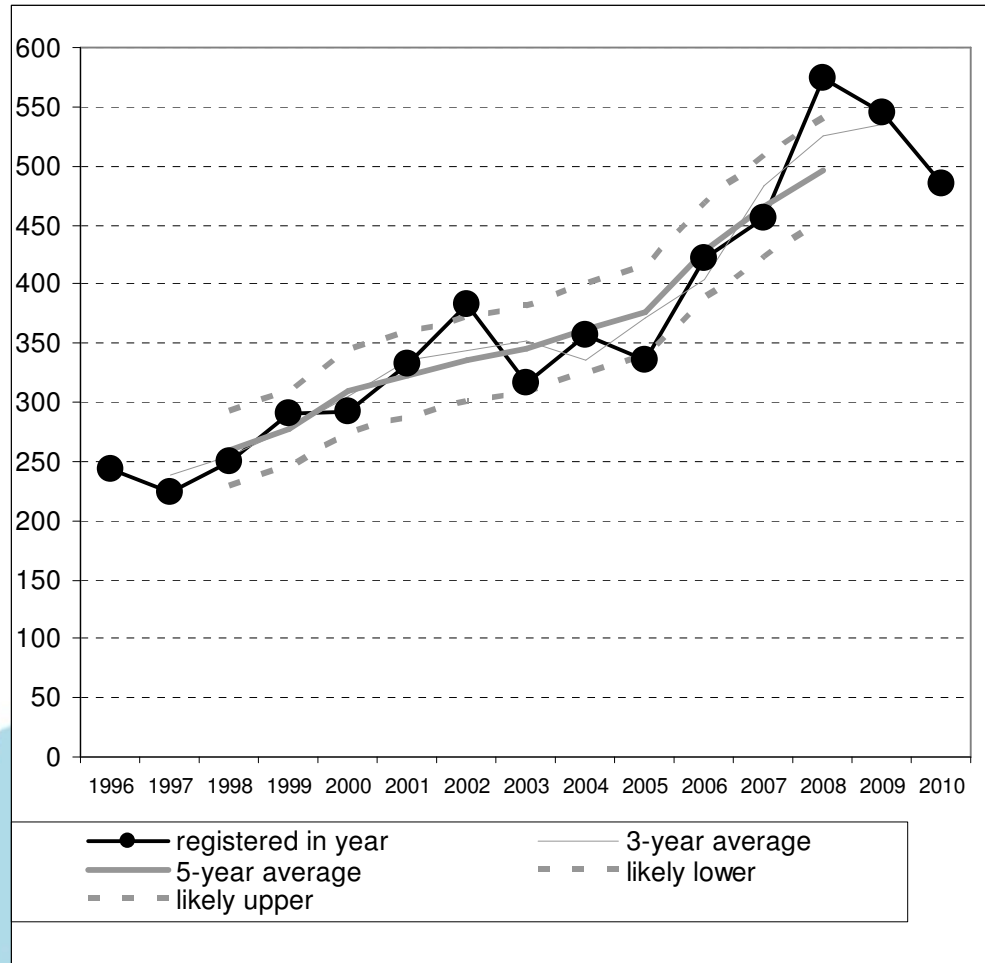
- Dr Lesley Graham Public Health Lead for Substance Misuse Information Services Division  
NHS National Services Scotland
- Tony Martin, Glasgow Addiction Services
- Natalie Stoner, Information Analyst, ISD
- Gordon Bruce, NDRDD Database Manager, ISD
- Data Collection Co-ordinators and Local Partners

# Drug related deaths in scotland 2011





# Drug-related deaths in Scotland, 3- and 5-year moving averages, with likely upper and lower limits for the 5-year moving average.



Source: Drug Related Deaths in Scotland in 2010, NRS 2011



## The National Drug Related Death Database

- Set up in 2008 following commitment in the national drug strategy, The Road to Recovery.
- Maintained by ISD and overseen by the National Drug Death Forum.
- Describes a comprehensive picture of DRDs setting them into a wider context of the individual's social circumstances and previous service contact.

## NDRDD Definition of a Drug Related Death

Drug Abuse (ICD 10 codes)	Accidental poisoning	Assault by drugs	Undetermined intent, poisoning
opioids (F11)	X40-X44	X85	Y10-Y14
cannabinoids (F12)			
sedatives or hypnotics (F13)			
cocaine (F14)			
other stimulants, including caffeine (F15)			
hallucinogens (F16)			
multiple drug use and use of other psychoactive substances (F19)			

- NDRDD definition is based on NRS DRD definition except has **excluded** confirmed suicides (X60 – X64)



# Data Collection Process




- National DRDD Data Collection Coordinators assigned to each area.
- Data collected from multiple sources (including GP records; police reports; drug treatment services; pathology reports).
- Coordinators collate information for each case into single record (over 90 questions).
- NDRDD records securely transferred to ISD.
- Data entered and quality checked.
- Cross matched to NRS records.



## The 2009 and 2010 cohorts



- 365 cases eligible for inclusion in 2010 (18.3% missing).
  - 432 cases eligible for inclusion in 2009 (17.6% missing).
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# Socio-demographic Details I



- Over three quarters were male (79.2%), similar to 2009 (78.9%).
- Highest frequency of deaths in 25-34 and 35-44 age groups (35.9% and 32.3%) with similar patterns for males and females.
- 17.0% were over 45, a rise from 13.5% in 2009.
- Where known, 54.8% were from the least affluent neighbourhoods in Scotland.

## Socio-demographic Details II

- 61.2% lived in their own home, a further 30.2% lived with friends or relatives and 10.1% were homeless or in temporary accommodation (similar patterns to 2009)
- 53.5% lived alone (slight increase from 46.7% in 2009)
- 39.0% were parents or a parental figure of children (under 16 years)
- 8.5% were parents or a parental figure and were living with the children at the time of death
- 238 children lost a parent or parental figure and 45 were living with them at the time of death



# Drug Use History



- Vast majority (86.1%) were known drug users.
- Where status was known, 70.8% had been an IV user at some point in their life, a similar proportion to 2009 (69.5%).
- Where known, 14.1% had undergone a detoxification within the previous year (13.6% in 2009) with 68.8 % having died within 3 months (a 16% rise compared to 2009 (52.0%)).
- Over a third (45.8%) had experienced a non-fatal overdose, with many having had multiple episodes.



# Medical/Psychiatric History and Adverse Life Events



- 74.2% had a previous medical condition within 6 months prior to death (84.7% in 2009).
- 55.4% had a psychiatric condition (46.7% in 2009).
- 47.6% had problematic alcohol use (49.2% in 2009).
- 26.6% had Hepatitis C (16.1% in 2009).
- 25.1% had a respiratory condition (19.1% in 2009).
- 60.3% had experienced a significant life event in the 6 months prior to death (55.1% in 2009).

## The Death

- 70.3% of deaths occurred in a home setting.
- Someone was in the vicinity for almost two thirds (62.4%) of deaths but, where known, less than half (42.8%) were in the same room.
- Resuscitation was attempted in just under half (46.9%) of deaths with many attempts made by those in the vicinity.
- Although an ambulance attended the majority of cases (83.8%) cases, one did not for 9.3% cases. For the remainder, it was clear the deceased was beyond medical intervention.
- Community prescribed ('Take Home') naloxone was recorded as being available in 21 cases but only administered in 13 cases.
- Slightly more deaths occurred on a Sunday (18.1%).
- Broadly similar findings compared to 2009.



# Toxicology & Substitute Prescribing

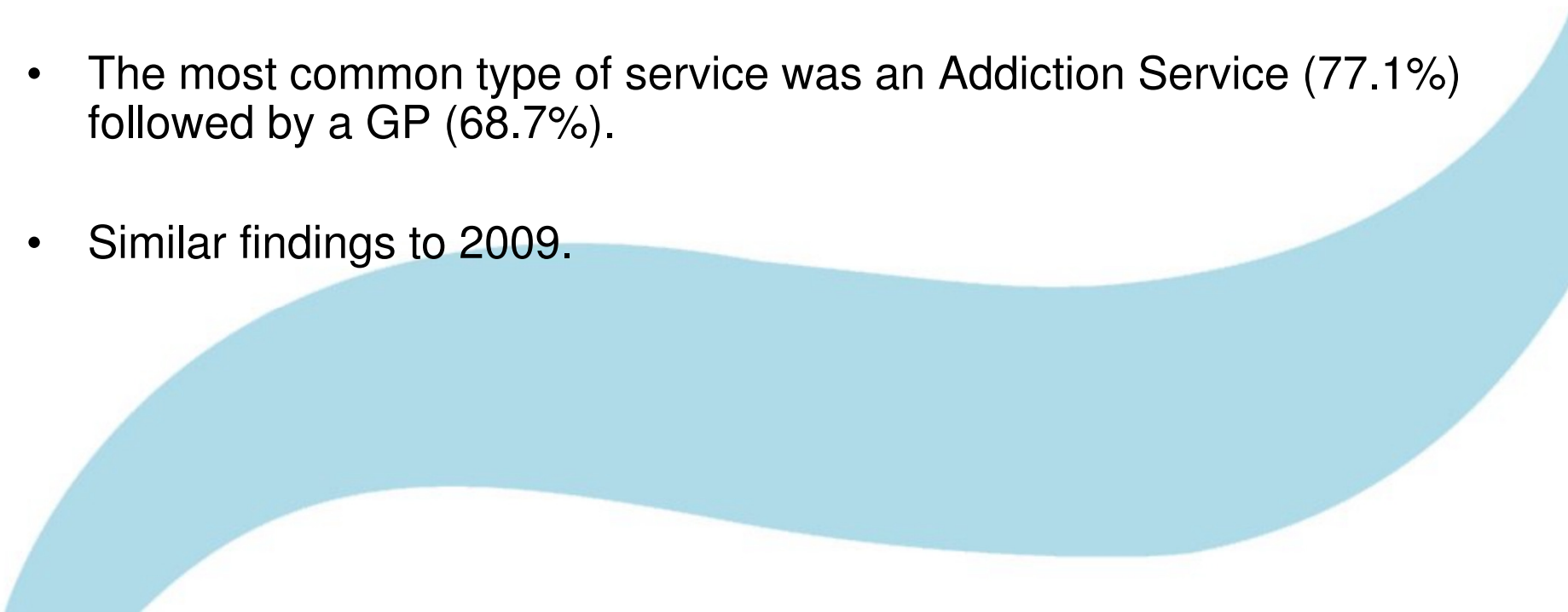


- The two most common drugs present were Diazepam (78.4%) and Heroin (63.7%). This compared with 78.5% and 73.3% respectively in 2009.
- Alcohol was present in over half (51.8%) of cases, a slight fall from 58.1% in 2009.
- Methadone was present in 44.9% of cases, a slight rise compared to 2009 (39.3%).
- Nearly a quarter (24.4%) of the cohort was receiving a substitute prescription with the majority of these (83.1%) receiving a prescription for methadone.
- Over three quarters (76.2%) of substitute prescribing had been supervised.
- Just over half (53.1%) of those with Methadone present had *not* been on a substitute prescription.
- Polydrug use the norm.



## Contact with Services



- Nearly two thirds (62.4%) had been in contact with a service for drug treatment at some point prior to their death.
  - Where known, nearly two thirds of these (62.9%) had been in contact within a month prior to death
  - The most common type of service was an Addiction Service (77.1%) followed by a GP (68.7%).
  - Similar findings to 2009.
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## Summary of Key Findings

- Considerable loss of young life.
- Ageing cohort?
- Not a uniform group or unknown group.
- High degree of social exclusion (although many living with others).
- High prevalence of known risk factors: male gender; older age; IV use; recent detoxification; multiple ODs; mental health problems; ?living alone.
- High prevalence of co-morbidity (especially alcohol and mental health problems).
- Many had someone present at time of death.
- Broadly similar to 2009 (consolidation of findings).





## Key Messages



Raise awareness of known risk factors

Promote opportunities for intervention

- Enhance engagement through contacts with health (esp. GPs) and other services
- Post non fatal overdose
- User groups
- Increase entry into specialist treatment (including substitute prescribing)
- Support for families
- Detection and treatment of co-morbidities
- National naloxone programme

Further research e.g. living alone; older users; case control study



# Useful



## The Report

<http://www.isdscotland.org/Health-Topics/Drugs-and-alcohol-misuse/Publications/2012-02-28/2012-02-28-NationalDrugRelatedDeathsDatabase2010-Report.pdf>

[roy.robertson@ed.ac.uk](mailto:roy.robertson@ed.ac.uk)

[lesley.graham@nhs.net](mailto:lesley.graham@nhs.net)