

ScottishdrugsForum

Drug-related Deaths in Scotland

SDF Occasional Paper 1

AUGUST 2010

Background

Death is not an inevitable consequence of drug use. Each death is the result of a series of factors. Many of these factors are subject to influence by public authorities, services, communities and wider society in Scotland. Appropriate responses can help prevent drug deaths in Scotland.

The extent of drug-related deaths in Scotland

General Register Office for Scotland (GROS) releases figures in August of each year. In 2009 there were 545 drug-related deaths in Scotland – almost double the number recorded in 2000. There were drug deaths in all but two of Scotland's 32 local authority areas.

Definition of drug-related death

GROS defines drug-related deaths as deaths where the underlying cause of death is due to the use of opioids, cannabinoids, sedatives, cocaine and other stimulants including caffeine, hallucinogens or multiple drug use. The definition also includes deaths where a drug listed under the Misuse of Drugs Act (1971) was known to be present in the body at the time of death through accidental or intentional poisoning, assault by drugs poisoning and events of undetermined intent.

The definition does **not** include:

- deaths that are due to accidents while intoxicated
- deaths from blood-borne viruses
- deaths where the direct cause was secondary infection or later complications of drug use where drug use was not the direct and immediate cause of death
- deaths involving volatile substances.

Vulnerable groups

While deaths occur in a wide range of drug users, there is clear evidence that certain sub-groups of drug users are at particular risk:

People who inject drugs

Injecting heroin or cocaine is far more likely to result in death through overdose than smoking heroin or snorting cocaine. Studies have shown that **injecting drug users are 15 times more likely to overdose than non-injectors.**

People who are involved in public injecting

The illicit nature of drug use means that consuming drugs in public or semi-public places carries the risk of being caught and arrested. As a consequence injection can be rushed and risks taken which means there is an increased risk of death.

People who take alcohol with other drugs

Alcohol, another depressant, is implicated in drug deaths. Even moderate alcohol use has been linked to deaths of people using drugs and alcohol in combination. **Alcohol was involved in more than half of drug deaths in 2009.**

People who take benzodiazepines with other drugs

Benzodiazepines are a group of depressant drugs commonly prescribed to treat insomnia, anxiety and panic attacks. They include diazepam, nitrazepam and temazepam. Studies have shown that benzodiazepine use, combined with alcohol and opiate use is a major factor in drug-related overdose and death. There is a greatly increased risk of overdose.

Benzodiazepines were implicated in over two thirds of Scotland's drug deaths in 2009.

People with reduced tolerance to drugs

Drug users who have had a period of not using drugs or of using less or fewer drugs, whether this is enforced on them or through choice, have a reduced tolerance to drugs. This makes them more vulnerable to overdose and to death. People who may be thus at risk include people who have been in **prison** or **hospital, residential treatment**, people who have taken part in **detoxification programmes** or **been abstinent** or **tried to reduce their drug use** or **people who use drugs irregularly**.

People who have been using drugs for a long period of time

There are an increasing number of drug deaths in the older drug using population – in 2009 54% were over 35 years of age. Long-term drug use has direct and indirect impacts on physical and mental health. Most of these impacts are indirect and are avoidable – blood-borne virus infection, particularly hepatitis C, circulatory problems due to poor injecting practice and infection. It should be noted that **the length of problematic drug use is more significant than actual age**.

People who have experienced recent life problems/psychological factors

In Scotland very strong evidence is required before a death is recorded as a suicide. However, there is evidence from many survivors of drug overdose that there had been suicidal ideation or at least there was an ambivalence over whether they survived or not. There is also evidence that people who died of drug overdoses had often recently experienced trauma or significant negative life events. **Suicide is therefore likely to be under-recorded among those who die from a drug overdose**.

People who use opiates and are not on Opiate Replacement Therapy

Opiate replacement therapy (ORT), such as methadone treatment, reduces drug deaths. There is strong evidence for methadone maintenance reducing deaths by 75%. There is also strong evidence that people who drop out of treatment or have the treatment withdrawn are at a greatly increased risk of death. **Limiting dosages, the enforced reduction of dosage, time-limited methadone programmes and discharge for non-compliance all raise the risk of death significantly**.

People newly started on Opiate Replacement Therapy

When people enter treatment, there can be an increased risk of overdose as the prescribed medicine will have a cumulative effect with any other substances taken licitly or illicitly. Generally this risk is controlled by a prescriber starting patients on relatively low doses and stepping the dosage up, reaching an 'optimum' dose, and by the patient being given information on dangers of overdose. Accurate initial assessment and drug testing also help control risk. This problem is not unique to methadone but occurs, to varying degrees, with other replacement therapies.

Outstanding issues – reducing drug related deaths in Scotland

There are many outstanding issues to be addressed to improve our response to drug related deaths. These have been highlighted recently in the **2009 National Forum on Drug Related Deaths in Scotland Annual Report** and in recent research undertaken by SDF and Figure 8 Consultancy.

The Forum recommendations included:

- GROS drug related death figures should include deaths from 'some causes which may be associated with present or past drug misuse' e.g. deaths caused by Hepatitis C, HIV and violence, trauma and road traffic accidents
- Throughcare Addiction Service (TAS) should be developed in all areas to allow "seamless" transition to community services
- Pathology departments should arrive at common standards of sampling, laboratory testing and interpretation of results and testing in forensic laboratories should be standardised
- Prescribing services should focus on increasing uptake of prevention interventions, including the use of buprenorphine in chronic opiate dependent patients. Services should also focus on engaging with hard to reach groups within the drug using population
- The Scottish Government should respond to recent publications on the subjects of heroin prescribing and the provision of consumption rooms to allow the forum to proceed with investigating these possibilities in Scotland

- Agencies should collaborate to develop comprehensive care packages for older drug users coming into contact with services, taking specific account of issues of isolation when planning and delivering services for this group
- Co-operation, liaison and joint working between drug and alcohol services should be enhanced. Alcohol and Drug Partnerships should lead the development of appropriate multiagency interventions, including strategies for joint working and joint funding of projects
- All services in contact with people with substance misuse problems should consider how best they can support the families and carers of people with substance misuse problems. Special consideration should be given to supporting the families and carers following bereavement from a drug related death.

Recommendations from the Scottish Government commissioned research included:

- Emergency services should regularly review their policy of police presence at overdose scenes. Such reviews should acknowledge negative effect that fear of prosecution has on people's decision to dial 999
- Patients admitted to hospital following an opiate overdose should be routinely provided with written information on overdose prevention and details of local treatment services
- Services should be able to provide a rapid response to those seeking support following an overdose incident
- Long-term drug users should be offered regular medical examinations and liver function test
- Regular screening for harmful or dependent drinkers should form part of regular reviews for drug users in treatment programmes
- Structured suicide-risk assessments should be carried out as part of routine assessments of drug users in treatment

- GPs and other prescribers should be made aware of the risks of polypharmacy in drug users
- Services should recognise the psychological impact that can be caused by witnessing or experiencing an opiate overdose and offer support and counselling when required.

Scottish Drugs Forum and Drug Deaths

Since 2004 SDF has had a National Critical Incidents Training Officer funded through the Scottish Government. This provides overdose awareness training to services, service users, families and community-based services, organisations and groups. SDF produced the manual ***Overdose Prevention and Intervention – A Training Resource***. The manual is an aid to training for workers in contact with high risk groups including those in supported accommodation, in needle exchanges and in prisons.

Scottish Drugs Forum (SDF) has been represented on the National Forum on Drug-related Deaths since its establishment in 2006. SDF facilitates user participation on the forum, and facilitates a service user subgroup.

SDF chaired the Glasgow's overdose prevention campaign sub-group.

In 2008 Scottish Drugs Forum carried out research and produced the report *Reducing Drug Users' Risk of Overdose* on behalf of the Scottish Government.

Further information

If you have any need for further information about drug deaths in Scotland or related issues you should contact: Scottish Drugs Forum, 91 Mitchell Street, Glasgow G1 3LN.

Tel: 0141 221 1175

Email: enquiries@sdf.org.uk

See also:

- Rome A, Shaw A, Boyle K *Reducing Drug Users' Risk of Overdose* Scottish Government Social Research 2008
- General Register Office for Scotland *Drug Related Deaths in Scotland in 2008* GROS 2009
- *National Forum on Drug Related Deaths in Scotland: Annual Report 2009-10* Scottish Government
- Gossop (et al.) *Frequency of non-fatal heroin overdose: survey of heroin users recruited in non-clinical settings* BMJ 1996;313:402
- Caplehorn (et al.) *Methadone maintenance and addicts' risk of fatal heroin overdose* Substance Use and Misuse 31, 177–196.

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