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▶ The National Drug Related Deaths Database (Scotland) report 2009.

Graham L., Matthews S., Dunbar J.K. et al.
Information Services Division Scotland, 2010.

New database offering in-depth information on drug deaths in Scotland reveals that 60% of cases had been in contact with drug treatment services, nearly 40% in the past six months, suggesting that there had been chances to intervene which for these patients had been insufficient to avoid death.

Original abstract This is the first report from the National Drug Related Death Database (NDRDD) for the calendar year 2009. Against a background of a continuing rise in the number of drug-related deaths in recent years in Scotland, the NDRDD was established to collect in-depth information on the nature and circumstances of individuals who had died a drug-related death. Drawing from a wide range of local data sources, the report provides a comprehensive picture of the majority of nationally reported drug-related deaths. It sets these 432 deaths in a wider context including the individual's social circumstances and their previous contact with health and criminal justice services.

The majority of those who had died a drug-related death were male, white and from a deprived area. Almost 9 out of 10 were under the age of 45 representing a considerable loss of life. Three quarters were unemployed, with a similar proportion being single or not in a long term relationship and nearly half were living alone, suggesting a high degree of social exclusion. By contrast, nearly half were living with family and nearly 9 out of 10 were living either at their own home or with relatives or friends. One third were parents or a parental figure of children (under 16 years) and almost 1 in 10 were living with a child, theirs or otherwise, at the time of death. In 2009, a total of 254 children lost a parent or parental figure from a drug-related death and 59 children were living with someone (who had died a drug-related death) at the time of death.

Those who had died a drug-related death were not an unknown group with the vast majority known to services or others. Nor were these novice drug users. Nearly two thirds had been long term users for five or more years and over half had used drugs intravenously, a known risk factor for drug-related deaths. Where known, heroin was the

most frequently reported drug of use. The majority had not undergone a drug detoxification within the previous 12 months and almost half had experienced a drug overdose with many having had multiple episodes.

The group is one with multiple physical and mental health problems. Overall, in the six months prior to death, 2 out of 5 had problem alcohol use; over 1 in 10 had hepatitis C and 1 in 20 had liver disease. For the cohort as a whole, in the six months prior to death, two fifths were reported as having a psychiatric condition with a quarter having depression and 1 in 20 having schizophrenia. The high prevalence of mental ill health is also illustrated by the fact that 1 in 4 of all cases had attempted suicide and that 1 in 5 overall had a history of self-harm at some point in their lives, the latter being more likely for women. Over half had a report of a recent significant event, the most common being ill health or the breakdown of a significant relationship. Just under 1 in 10 were reported as having been sexually abused at some point in their lives, markedly more so for women than men. A similar proportion of all cases had been a victim of domestic violence.

Three quarters of deaths overall occurred in a home setting and a person was in the vicinity for two thirds of deaths. Resuscitation was attempted in nearly half of deaths and for a quarter of deaths, this had been attempted by someone in the vicinity. This suggests that there are opportunities to intervene to save lives. Although an ambulance attended in 4 out of 5 cases, there were still a sizeable number where one did not.

The toxicology results reported the presence of a given drug in the body with no attribution as to whether it caused the death or not. The two most common drugs present were diazepam and heroin, each found in three quarters of cases overall. Methadone was present in 2 out of 5 cases and polydrug use was the norm. Only one fifth of the cohort was receiving a substitute prescription with the majority of these receiving a prescription for methadone. Two thirds of substitute prescribing had been supervised. Of the 2 out of 5 of all cases who had methadone present in their body at the time of death, less than half of those had been prescribed it. This does indicate that methadone use occurs in those who have not been prescribed it, likely from illicit sources. However, it is important to note that methadone may not have directly caused these deaths as attribution was not determined from the toxicology reporting.

The group had an inconsistent pattern of contact with services. Overall, over a third had no record of any contact with a drug treatment service at any point in their life. By contrast, over a third overall had been in contact with drug treatment services within six months prior to their death. Most of those who were in contact with their GP had been so in the past year. This reiterates the importance of primary care as a point of initial contact with drug treatment services. The fact that two thirds of all cases had been in contact with either a drug treatment service or a GP within the 12 weeks prior to death demonstrates that these individuals have not all disconnected from service use and therefore there is the potential to intervene.

Many of those who died had been in contact with the criminal justice services with over half having been in prison at some point in their lives and over a third having been in police custody within the six months prior to death. Of all those who had been released from prison, less than 1 in 5 died within 4 weeks of their release. Although a relatively small proportion, these deaths may have been preventable with prison potentially a good opportunity for intervention.

The report illuminates that this group is not a uniform one. Although many have multiple physical and mental health problems, evidence of polydrug use and are likely to have had contact with the criminal system, there is no one single story. The combination of addiction over many years, severe co-morbidity and social isolation paints a picture of extreme difficulty and indeed peril. Whilst some lead isolated lives, others are in close contact with family and friends, some of whom did make attempts to resuscitate them. There are clear indicators in support of better delivery of evidence-based interventions such as substitute prescribing and the roll out of a national naloxone programme. The report also underlines the importance of person centred, holistic, integrated care services underpinned by the principles of recovery. This provides hope for what may seem an impossible challenge, to reduce drug-related deaths.

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