

Drug-Related Deaths in the UK - Annual Report 2007

Increase in the number of Drug-Related Deaths

The Annual Report

The National Programme on Substance Abuse Deaths (np-SAD) has published its latest annual report on drug-related deaths in the UK. As in previous years, the data and analysis in this report is intended to inform authorities at the local, regional and national levels, as well as health professionals and the general public, about the serious consequences of drug abuse. The report provides also a number of indicators of drug abuse patterns, trends and early warnings on emerging drug problems so that appropriate and timely action can be taken.

The National Programme on Substance Abuse Deaths (np-SAD) is managed within the overall structure of the International Centre for Drug Policy within the Division of Mental Health, St. George's, University of London.

The Programme's principal aim is to contribute to the reduction and prevention of drug-related deaths in the UK due to the misuse of drugs, both licit and illicit, by collecting, analysing and disseminating information on the extent and nature of death.

This report was commissioned by the Department of Health.

Key points

The main findings reported in this year's Annual Report are:

- ◆ Notifications of 1,366 drug-related deaths occurring in 2006 were received by the Programme. A total of 104 coroners from 117 jurisdictions in England & Wales, as well as from the Channel Islands and Isle of Man, together with one Procurator Fiscal from Scotland, submitted information. The total number of drug-related deaths (DRDs) reported in 2006 indicates a decrease of about one per cent over the number reported for 2005 (1,382) in the previous Annual Report.
- ◆ When the figures derived from information provided by the Scottish Crime and Drug Enforcement Agency and the Northern Ireland Statistics & Research Agency are included, the total number of drug-related deaths (DRDs) reported in 2006 for the UK is 1,752. This represents an increase of about 7% over the number recorded by the same sources for 2005 (1,644).
- ◆ The demographic profile of fatalities reported to the np-SAD remains consistent with previous reports. The majority of cases were males (76%), under the age of 45 years (71%), and White (96%).
- ◆ The principal underlying cause(s) of death were: accidental poisoning (61%); intentional self-poisoning (13%); and poisoning of undetermined intent (16%).
- ◆ Opiates/opioids (i.e. heroin/morphine; methadone; other opiates/opioid analgesics), alone or in combination with other drugs, accounted for the majority (68%) of all np-SAD cases.

- ◆ Heroin/morphine alone or in combination with other drugs, accounted for the highest proportion (46%) of fatalities, a slight increase over the 2005 level of 44%.
- ◆ The highest rates of DRDs per 100,000 population aged 16 and over in 2006 were in Blackpool & the Fylde (19.4); Brighton & Hove (17.8); Western Cumbria (17.3); Jersey (12.3); Dumbarton (11.3); and Newcastle-upon-Tyne (10.1). Of these six areas, four (Western Cumbria; Jersey, Newcastle-upon-Tyne, and Blackpool & the Fylde) showed a significant increase over 2005, whilst one (Brighton & Hove) showed a significant decrease.
- ◆ The following jurisdictions reported significantly lower rates per 100,000 population aged 16 and over than in the previous year: Exeter & Greater Devon (8.8 to 4.5; from 42 to 22 cases); Northern London (4.7 to 2.7; from 49 to 29 cases); Norwich & Central Norfolk (5.2 to 2.9; from 25 to 10 cases); Northamptonshire (3.9 to 0.6; from 20 to 3 cases); West Yorkshire Eastern (6.3 to 4.7; from 53 to 40); Brighton & Hove (24.2 to 17.8; from 51 to 38 cases); Hertfordshire (3.5 to 2.3; from 29 to 19 cases; and East Riding & Hull (5.2 to 2.8; from 24 to 13 cases).
- ◆ The following jurisdictions reported significantly higher rates per 100,000 population aged 16 & over than in the previous year: Avon (1.3 to 2.3; from 11 to 19 cases); Western Cumbria (5.2 to 17.3; from 5 to 17 cases); Bournemouth, Poole & Eastern Dorset (3.8 to 7.6; from 15 to 30 cases); West Manchester (0.5 to 2.2; from 3 to 14 cases); Birmingham (1.9 to 4.4; from 18 to 41 cases); Blackpool & the Fylde (12.8 to 19.4; from 23 to 35 cases); Surrey (1.4 to 2.7; from 12 to 23 cases); Teesside (2.7 to 5.4; from 10 to 20 cases); and Newcastle-upon-Tyne (2.7 to 10.1; from 6 to 23 cases).
- ◆ The following perceptible changes were also observed:
 - The proportion of cases involving methadone increased from 12% to 17%; the number of such cases increased from 198 to 217 cases.
 - The proportion of cases involving alcohol-in-combination increased from 26% to 32%.
 - The proportion of cases involving heroin/morphine increased from 44% to 46%.

In commenting on the above data, Professor Hamid Ghodse, Director of the International Centre for Drug Policy, St George's, University of London, said: "The findings of this report indicate an overall increase in drug-related deaths in the UK in 2006. Record figures for 2006 recently published by the General Register Office for Scotland underline this movement. There is the need for continued vigilance and constant monitoring of the drug-related deaths situation to ensure that the reasons for such trends are understood so that appropriate measures and interventions can be put in place to prevent avoidable deaths and save lives. I would like to thank the Department of Health for their support for this very important Programme".

Ordering copies

Printed copies of the report "Drug-Related Deaths in the UK - Annual Report 2007" are available from:

National Programme on Substance Abuse Deaths,
International Centre for Drug Policy,
St George's, University of London,
Cranmer Terrace
London SW17 0RE.

Copies of the report are £15. (£12.50 for early orders) including postage and packaging (within the UK).

Copies of earlier Annual Reports as well as six-monthly surveillance reports are still available for purchase.

Contacts

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