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## **Drug-Related Deaths in the UK - Annual Report 2009**

### **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 1,490 drug-related deaths (DRDs) reported by coroners in England and Wales, Northern Ireland, the Channel Islands and the Isle of Man occurring in 2008 were received by the Programme.
- ◆ The total number of DRDs reported in 2008 indicates a decrease of 3.2% over the number reported (1,539) in the previous Annual Report.
- ◆ If the figures from the Scottish Crime & Drug Enforcement Agency are added, the total number of DRDs reported in 2008 for the UK as a whole would be 1,952. This represents an increase of 2.7% reported during the same period for 2007 (1,900).
- ◆ A total of 109 coroners from 115 jurisdictions in England & Wales (about 95%) provided data.
- ◆ The demographic profile of fatalities reported by coroners to the np-SAD remains consistent with previous reports. The majority of cases were males (74%), under the age of 45 years (71%), and White (95%).
- ◆ The principal underlying cause(s) of death were: accidental poisoning (64%); intentional self-poisoning (13%); and poisoning of undetermined intent (12%).
- ◆ Opiates/opioids (i.e. heroin/morphine; methadone; other opiates/opioid analgesics), alone or in combination with other drugs, accounted for the majority (69%) of all np-SAD cases.

- ◆ Heroin/morphine alone or in combination with other drugs, accounted for the highest proportion (45%) of fatalities, a slight decrease over the 2007 level of 46%.
- ◆ The highest rates of DRDs per 100,000 population aged 16 and over in 2008 were in the following jurisdictions: Brighton & Hove (20.7); Dumbarton (15.4); City of Manchester (11.0). Of these three areas, Brighton & Hove remained the same; the City of Manchester showed a small fall, whilst there was a significant decline in Dumbarton.
- ◆ Over the past decade, alcohol has contributed on average to one-third (32.3%) of all drug-related deaths notified to the np-SAD that meet the Programme's case criteria. In 2008, half (51%) of the deaths where both alcohol and a psychoactive drug were implicated, heroin was the drug mainly involved.
- ◆ On average, between 1999 and 2008, the 16-24 years age-group (designated as young people in the Government's drug strategy) accounted for 7.3% of all deaths notified to Programme. This proportion increased from 1.5% in 1999 to 9.1% in 2008. Where known, 66% of those aged 16-24 years had a history of drug abuse or dependence, including 'recreational' use. Twelve of the 135 who died in 2008 were known to inject. The principal drugs implicated in deaths of 16-24 year olds were heroin/morphine (38%), alcohol-in-combination (32%), and methadone (27%). Stimulants also accounted for a large proportion of cases: cocaine (16%), ecstasy-type drugs (8%); and amphetamine (7%).
- ◆ The proportion of deaths of drug users aged 50 years or more at the time of death with a known history of drug abuse or dependence notified to the np-SAD over the past decade rose from less than 0.1% in 1999 to 4.2%. The median age at death of those with a history of drug abuse was 29.7 years in 1999; by 2008 this had risen to 36.4 years. Two-thirds (65%) of older drug users died from accidental poisoning; mainly opiates, anti-depressants and hypnotics/sedatives. Suicides accounted for 14% of cases, chiefly intentional overdoses involving anti-depressants and/or hypnotics/sedatives or hanging. A further 11% were poisonings of undetermined intent.
- ◆ Methylamphetamine is being increasingly reported in both post mortem toxicology reports and recorded in the cause of death, typically with other stimulants. However, numbers remain small.
- ◆ The presence of piperazines in post mortem toxicology analysis was detected in only 3 cases in 2006; this number rose to 9 in 2007 and 13 in 2008; piperazines have been implicated in 16 of these deaths, usually in combination with stimulants and alcohol.
- ◆ Seven cases have been reported in the last 5 years where the death may be attributable to GBL. However, there does not appear to be an increase in these small numbers as a result of GHB having been made a Class C drug.

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 increase in drug-related deaths across the United Kingdom in 2008 compared to 2007. These findings are consistent with the significant increases recorded in the registration of such deaths during 2008 by the General Register Office for Scotland and the Office for National Statistics relating to England & Wales. These reports reinforce the need for continued vigilance and constant monitoring of the drug-related deaths situation across the UK 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. It is also important to be alert to any new developments in the use of drugs, including 'legal highs'. Prevention of the loss of life at any age, especially of the young, due to the scourge of substance abuse has to be a top priority for any government."

### **Ordering copies**

Electronic copies of the report "Drug-Related Deaths in the UK - Annual Report 2009" are available from:

<http://www.sgul.ac.uk/about-st-georges/divisions/faculty-of-medicine-and-biomedical-sciences/mental-health/icdp/news-and-publications>

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Copies of the two previous Annual Reports are also available on-line at:

<http://www.sgul.ac.uk/about-st-georges/divisions/faculty-of-medicine-and-biomedical-sciences/mental-health/icdp/our-work-programmes/national-programme-on-substance-abuse-deaths>

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