

Executive summary

This eleventh annual report presents information on drug-related deaths that occurred during 2009 and for which Coronial inquests and similar formal investigations have been completed. The main purpose of the Annual Report from the National Programme on Substance Abuse Deaths (np-SAD) is to inform the Government's monitoring of this important public health issue. The Programme's principal function is to provide high-quality and consistent surveillance, and to detect and identify emerging trends and issues in respect of this phenomenon. In this way, it contributes to the reduction and prevention of drug-related deaths in the UK due to the misuse of both licit and illicit drugs.

As in previous years, the data and analysis in this report is intended also to inform authorities at the local, regional, and national country 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.

Key findings for the UK and Islands

There were 2,182 notifications of drug-related deaths occurring in 2009 in the UK and Islands, this represents an increase of 230 (11.8%) over the same reporting period in 2008. Data were provided by 105 of the 115 coroners' jurisdictions in England & Wales; a response rate of about 92%.

The highest rates of drug-related deaths per 100,000 population aged 16 and over in 2009 were in the following areas: Brighton & Hove (23.6); East Lancashire (14.0); North Tyneside (13.0); Tayside (12.0); Liverpool (11.7); Swansea (11.7); and Strathclyde (11.1).

The principal demographic characteristics of those dying have remained consistent with previous reports. The majority of cases were males (78%), under the age of 45 years (74%), and White (95%). Most deaths (75%) occurred at a private residential address.

The main underlying cause(s) of death were: accidental poisoning (72%); intentional self-poisoning (9%); and poisoning of undetermined intent (9%). This pattern represents an increase in accidental overdoses in the previous year (64%) with consequent falls in other types of overdose deaths.

Accidental poisoning still remains the most frequent underlying cause of death amongst all age-groups, and older females are more likely to die of intentional self-poisoning than males.

The overall pattern in the types of psychoactive drugs implicated in death has remained similar to previous years. Heroin/morphine continues to be the principal substance implicated in death in the UK and Islands. The proportions of deaths involving this and methadone showed small increase, and the actual number of deaths in which they were implicated rose substantially.

The proportion of cases in which hypnotics/sedatives (mainly the benzodiazepines diazepam and temazepam) and alcohol-in-combination with other substances remained stable, but the actual number of deaths in which they were implicated increased.

The increasing involvement of multiple substances in death demonstrated in this report for England, a trend found across the UK as a whole, underlines the risks associated the co-ingestion of substances, especially central nervous system depressants such as opiates/opioids, alcohol and benzodiazepines.

There has been a decline in deaths reported in 2009 from stimulants (cocaine, amphetamines, and ecstasy-type drugs). This is true both in terms of the proportion of all deaths in which stimulants were implicated, as well as the actual number of deaths.

The number of deaths involving piperazines and GBL/GHB continued to increase during 2009. The first death involving mephedrone (a methcathinone) was also reported to np-SAD; this fatality happened towards the end of 2009. Others have occurred in 2010 and will be included in next year's report.

Regional key findings

England

A total of 1,524 deaths were reported for 2009 (1374 in 2008). The demographic and drug profiles remained stable. The most common prescribed medications implicated in death were anti-depressants (54%) followed by hypnotics/sedatives (41%). There was an increase in the number of deaths persons of Black ethnicity, from of 14 in 2008 to 31 in 2009.

Wales

Notifications of 102 deaths were reported for 2009 (62 in 2008); there was improved compliance during the past year. The demographic and drug profiles remained stable. There was a higher ratio of male to female drug-related deaths in Wales during 2009 than in other countries within the UK;

Scotland

The number of deaths reported to police in Scotland remained stable in 2009 (n = 479). Opiates play a larger role in Scottish deaths than in other regions. Alcohol-in-combination with other substances and hypnotics/sedatives (mostly diazepam and temazepam) also feature prominently.

Northern Ireland

The number of cases reported was 65 (30 in 2008); this increase is due mostly to improved case identification methods and reporting arrangements. The male to female ratio is more equal than in other parts of the UK. The drug profile remained similar to recent years; heroin/morphine and methadone are less prominent than elsewhere.

The Islands

Seven deaths occurred on the Isle of Man, 5 on Jersey, but none on Guernsey during 2009. The general demographic profile of cases in the Islands is in line with the pattern in the UK as a whole. There are proportionately fewer deaths involving cocaine and methadone; but there is a greater role played by other opiate/opioid analgesics; heroin/morphine; and anti-depressants.

Key messages

Whilst there have been no major changes during the past in the principal illicit drugs and prescribed medications implicated in drug-related deaths, some shifts in direction can be observed. Opiates and opioids continue to increase their role in causing premature mortality, but towards the end of 2009 there was a noticeable decline in the number and proportion of cases involving stimulants.

Substances such as piperazines, ketamine and GBL which at the time of last year's report were 'legal highs' but are now controlled drugs, continue to be present in post-mortem toxicology reports - although possibly stabilising. However, towards the end of 2009 new substances, chiefly methcathinones such as mephedrone started to appear in reports to np-SAD. The speed with which these and other new substances are replacing established recreational drugs appears to be accelerating. It is therefore important that surveillance and monitoring of the situation continues.