

**National Programme on Substance Abuse Deaths, Annual Report 2013**  
**Drug-related deaths in the UK: January-December 2012**

John Corkery, Hugh Claridge, Barbara Loi, Christine Goodair, Fabrizio Schifano

## Key findings for the UK and Islands

A total of 1,613 notifications of drug-related deaths occurring in 2012 in the UK and Islands were submitted to the Programme prior to the publication of this Annual Report, whilst over 100 more deaths in the UK for 2012 have been reported since analysis began. The data presented here were provided by 87 of the 111 Coroners' jurisdictions in England & Wales; an overall response rate of 78.4%, giving very high coverage for an entirely voluntary reporting system, and for this we thank the Coroners for their support.

The highest rates of drug-related deaths per 100,000 population aged 16 and over in 2012 were in the following DAAT areas: Liverpool (12.57); Blackburn with Darwen (11.45); Hammersmith and Fulham (11.34); Sunderland (10.55); and Manchester (8.79).

The principal demographic characteristics of the decedents have remained consistent with previous reports, with the majority of cases male (72.2%); under the age of 45 years (67.5%); and where ethnicity was known, White (97.3%).

Accidental poisoning remained the primary underlying cause of death in cases reported to NPSAD, accounting for 67.9% of deaths, followed by poisoning of undetermined intent (11.2%) and intentional self-poisoning (11.0%). Across all age groups, accidental poisoning remained the most frequent underlying cause of death, whilst a greater proportion of older females died of intentional self-poisoning than males. This pattern has remained consistent across the years.

Heroin/morphine remained the principal substance implicated in death in the UK and Islands for 2012; however the proportion of deaths in which the drug was implicated rose from its lowest level in 2011 to 36.4% in 2012. This increase of 4.5% from last year contrasts with the steady decline that was seen between 2009 (52.5%) and 2011 (31.9%) for deaths involving this drug. Another change in the drug-related death trends witnessed in recent years was seen in the proportion of cases involving methadone: deaths in 2012 involving this substance fell to 27.6%, which is in contrast to the steady rise seen from 2008 to 2011 (from 22.4% to 30.8%). Deaths involving hypnotics/sedatives, such as benzodiazepines, continued the consistent rise seen in previous years from 21.8% in 2008 to 30.3% in 2012.

The slight increase in deaths noted in last year's report in which stimulants such as cocaine and ecstasy were implicated has continued into 2012 (accounting for 1.7% and 1.2% respectively, up from 1.2% and 0.7%), whilst deaths involving amphetamines stabilised. Of particular interest is that the number of deaths in which cocaine was implicated was higher in Liverpool than the whole of either the Midlands and East of England, London, or the South of England. Taking into account the population size of these regions compared to Liverpool highlights the importance of this figure.

As in 2011, 2012 saw a substantial number of deaths reported involving Novel Psychoactive Substances (NPS), again dominated by methcathinones such as mephedrone. Deaths involving other drugs of interest such as pregabalin and venlafaxine are discussed along with selected NPS in Chapter 8: Commentary and Emerging Themes.

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## Regional key findings

### England – NPSAD definition

A total of 1,147 deaths were reported to the Programme for 2012 (1,424 in 2011). Whilst the demographics and substances implicated in death remained relatively stable, there was a marked increase in the proportion of deaths involving heroin/morphine and a modest decrease in the proportion involving methadone. This is a reversal in the pattern seen in recent years. As seen in 2011, the most common prescribed medications implicated in death were anti-depressants and hypnotics/sedatives.

### England – Drug Strategy definition (“drug misuse”)

A total of 865 deaths were reported for 2012 (1,026 in 2011). After the substantial reduction in the proportion of deaths attributed to heroin/morphine in 2011 compared to 2010 noted in last year’s report (45.8% to 37.9%), the proportion in 2012 rose to pre-2011 levels of 42.8%. Heroin/morphine therefore remained the most frequently implicated substance in those deaths qualifying as “drug misuse” cases. Whilst deaths attributed to accidental poisoning remained at 2011 levels, a 3.5% decrease was seen in deaths attributed to intentional self-poisoning.

### Wales – NPSAD definition

A total of 58 deaths were reported to NPSAD for 2012 (81 in 2011). Similar to what was seen in England, there was a substantial rise of 5.5% in the percentage of deaths attributed to heroin/morphine in Wales for 2012. However, in contrast to England, there was a 3.5% rise in the proportion of deaths in which methadone was implicated. Since 2009 the percentage of Welsh deaths involving methadone has increased by 19.7%. Meanwhile, the proportion of deaths involving other opiates/opioid analgesics more than halved, from 30.4% in 2011 to 15.1% in 2012.

### Northern Ireland – NPSAD definition

The number of NPSAD deaths reported in 2012 was 78 (82 in 2011). As found in recent years, whilst heroin/morphine- and methadone-related deaths were much less prominent, other opiates/opioid analgesics played a much greater role in Northern Ireland (NI) than in the rest of the UK (60.8% in NI compared with 26.8% for the UK as a whole).

### Scotland – NPSAD definition

The number of deaths reported to police in Scotland fell in 2012 to 326 (from 339 in 2010). Consistent with previous years, opiates such as methadone play a larger role in Scottish deaths reported to the Programme than in other regions; this may be due in part to the different definition used by the police in Scotland when recording the deaths. Deaths involving hypnotics/sedatives and anti-depressants also increased between 2011 and 2012.

### The Islands – NPSAD definition

The Programme was notified of two deaths on the Isle of Man and two on Jersey during 2012. No NPSAD deaths were reported for Guernsey.