

Drug Deaths in Dumfries and Galloway

2018 Annual Report

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Executive Summary

1. Introduction

Drug related deaths in Dumfries and Galloway remains an area of concern as the underlying trend over the last few years has shown a rapid and sustained increase in the number of deaths. This report provides an update of the number of drug related deaths that occurred in 2018 in Dumfries and Galloway and the actions that are being taken in an attempt to reduce the number of deaths that are occurring.

2. Overview of the Dumfries and Galloway Drug Death Group

2.1 Definition of a drug death

The National Records of Scotland uses the following ICD 10 classification system to identify cases of drug-related death once a death certificate has been issued. The relevant ICD10 codes are given in brackets:

1. deaths where the underlying cause of death has been coded to the following sub-categories of 'mental and behavioural disorders due to psychoactive substance use':
 - opioids (F11);
 - cannabinoids (F12);
 - sedatives or hypnotics (F13);
 - cocaine (F14);
 - other stimulants, including caffeine (F15);
 - hallucinogens (F16); and
 - multiple drug use and use of other psychoactive substances (F19).
2. deaths coded to the following categories and where a drug listed under the Misuse of Drugs Act (1971) was known to be present in the body at the time of death (even if the pathologist did not consider the drug to have had any direct contribution to the death):
 - accidental poisoning (X40 – X44);
 - intentional self-poisoning by drugs, medicaments and biological substances (X60 – X64);
 - assault by drugs, medicaments and biological substances (X85); and
 - event of undetermined intent, poisoning (Y10 – Y14).

Note:

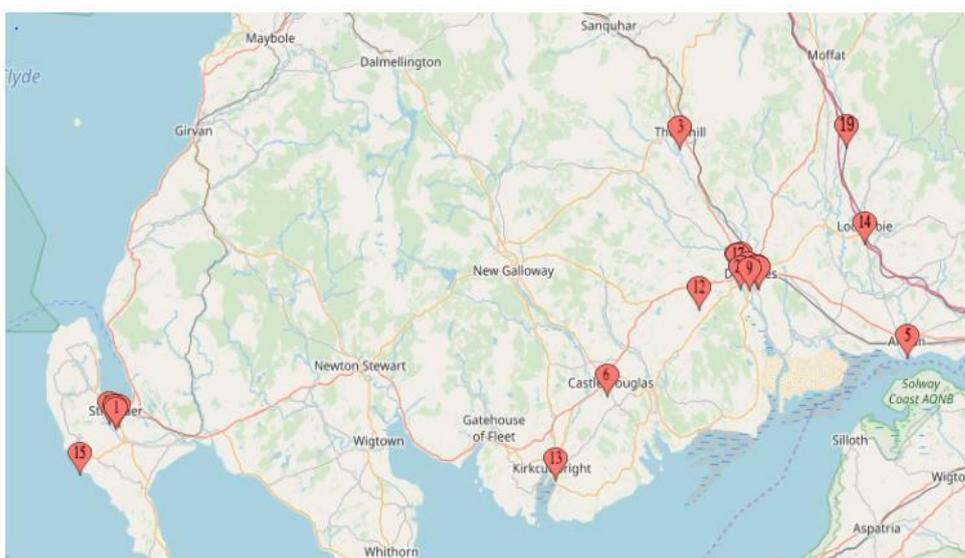
If a drug's legal status changes, NRS aims to count it on the basis of its classification on the day the person died (as NRS does not know when the drug was taken). A number of categories of what may be regarded as 'drug-related' deaths are excluded from the definition because the underlying cause of death was not coded to one of the ICD10 codes listed above

3. General Findings

3.1 Incidents of drug deaths

In 2018 there were a total of 20 confirmed drug deaths in Dumfries and Galloway, compared to 22 in 2017. This represents a decrease of 9%. There were 8 deaths in Dumfries and 4 in Stranraer. The remaining 8 deaths were spread around Dumfries and Galloway with Annan, Lockerbie, Thornhill, Castle Douglas, and Kirkcudbright all recording 1 death. The remaining 3 deaths were in smaller, more rural, localities. figure 1.

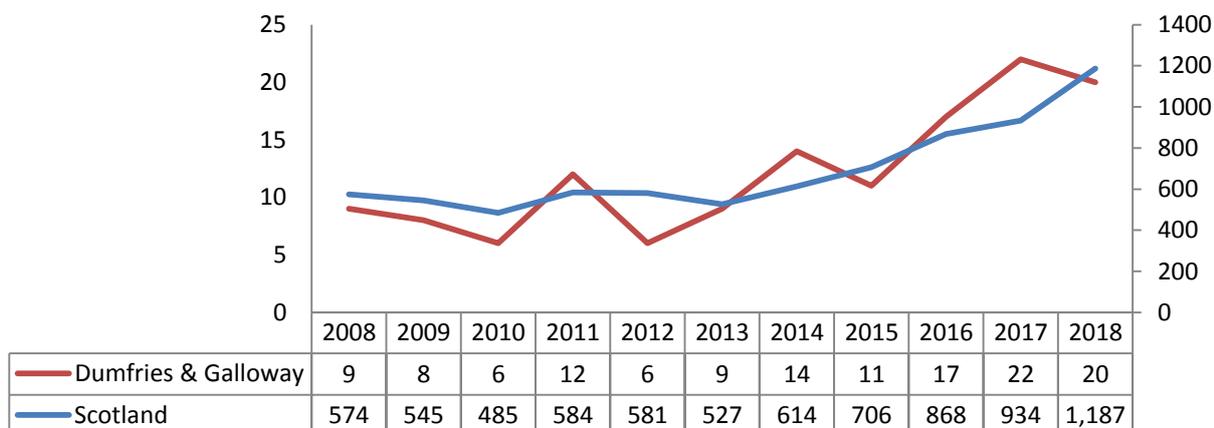
Figure 1: 2018 drug deaths



3.2 Drug death trends

Over the last ten years the numbers of drug deaths in Dumfries and Galloway have over doubled (122% increase). This increase is slightly higher than the national increase over the same period (107%). While the total deaths in 2018 were lower than in 2017, it was still the second highest level of drug deaths experienced in Dumfries and Galloway. Figure 2 shows that the upward trend of drug deaths in Dumfries and Galloway is broadly similar to the trend nationally.

Figure 2 Drug death trends

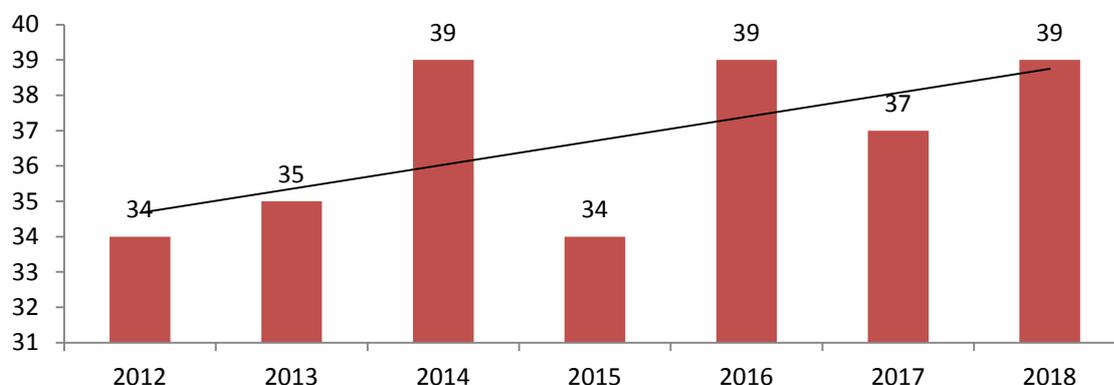


3.3 Demographics

Age

The average of deaths in Dumfries and Galloway in 2018 was 39. This continues an overall trend of increasing age (figure 3).

Figure 3 Dumfries and Galloway Average of Deaths



Ethnicity

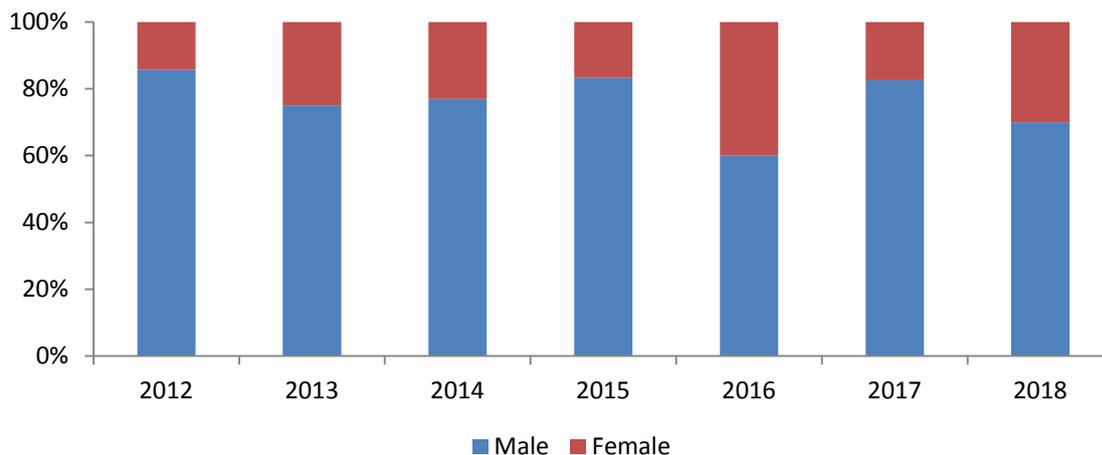
19 of the drug deaths in 2018 were ‘White Scottish’ or ‘White British’. There was 1 ‘White Other’.

Gender

14 (70%) of the drug deaths in 2018 were Male, 6 (30%) were female.

Figure 4 shows the percentage of deaths for males and females since 2012. While the percentage of female deaths fluctuates, there is a trend towards an increasing percentage of female drug deaths.

Figure 4 Percentage of Deaths by Gender



Deprivation

There is a clear inequality gradient associated with drug deaths in Dumfries and Galloway with 90% of drug deaths in 2018 occurring in areas of greatest socioeconomic deprivation (figure 5)

Figure 5 Dumfries and Galloway drug deaths by deprivation

Deprivation Quintile	Number	%
1 most deprived	7	35%
2	5	25%
3	6	30%
4	2	10%
5 least deprived	0	0%
Total	20	

3.4 Location of death

The majority of deaths occurred in a dwelling house. Of the 20 individuals who died 13 died in their own home, 4 in others' home, 2 in A&E and one was homeless (other) (Figure 6).

Figure 6 Dumfries and Galloway drug deaths by location

Location	Deaths	%
Own home	13	65%
Others' home	4	20%
Hospital/A&E	2	10%
Other (please specify)	1	5%
Total	20	

3.5 Negative life experiences

Negative life experiences can have a significant impact on the future health and health harming behaviours. 9 of the 20 drug deaths in 2018 are recorded as having one or more negative life experience. Figure 7 gives a breakdown of the number of the life experiences recorded.

Figure 7 count of life experiences

	sexual abuse	victim of domestic violence	perpetrator of domestic violence	physical abuse as a child
No known incidence	18	15	19	16
Other (>6 months prior to death)	2	5	1	4

Life events experienced can often be a trigger for relapse or increased drug consumption. 9 of the cases recorded current issues that were of concern to the individual. These included: relationship issues / breakdown; relapse; recent medical diagnosis; bereavement; an upcoming court case and loss of child custody.

3.5.1 Impact on Children

Losing a parent to a drug death represents a significant adverse life event for a child and places them at increased risk themselves for harm and substance misuse in later life. In 2018:

- 11 of drug death casualties were known to have children under the age of 16.
- 19 children under the age of 16 lost a parent to a drug death. 2 of these children were living with the individual at the time of death.

3.6 Concurrent mental health problems

At the time of death 14 (70%) of individuals had current mental health conditions. One further individual had a past mental health condition. The most common mental health conditions reported are listed in figure 8. Other psychiatric conditions include post traumatic stress disorder and drug induced epileptic fits/seizures.

Figure 8 - known mental health conditions

Mental Health Condition	Count
Anxiety	2
No known psychiatric conditions	4
Depression	9
Personality Disorder	4

3.7 Criminal justice and offending

Information collected as part of the drug death review for each case shows that 12 individuals (60%) had previously been in prison. 5 of these had been in prison in the 12 months before their death.

3.8 Contact with services

At the time of death 10 (50%) individuals were engaged with services. 9 of these individuals had been seen within the 4 weeks prior to their death.

3.9 Employment

At the time of death 2 individuals were known to be in employment, 17 individuals were known to be unemployed and 1 individual's employment status was unknown.

4. Substance-specific findings

4.1 Substances found in toxicology

An average number of 7 substances were found in toxicology (range 1 – 12). The most common groups of drugs found in toxicology were Benzodiazepines, Opioids and Gabapentinoids (figure 9).

Figure 9 Substances found in Toxicology

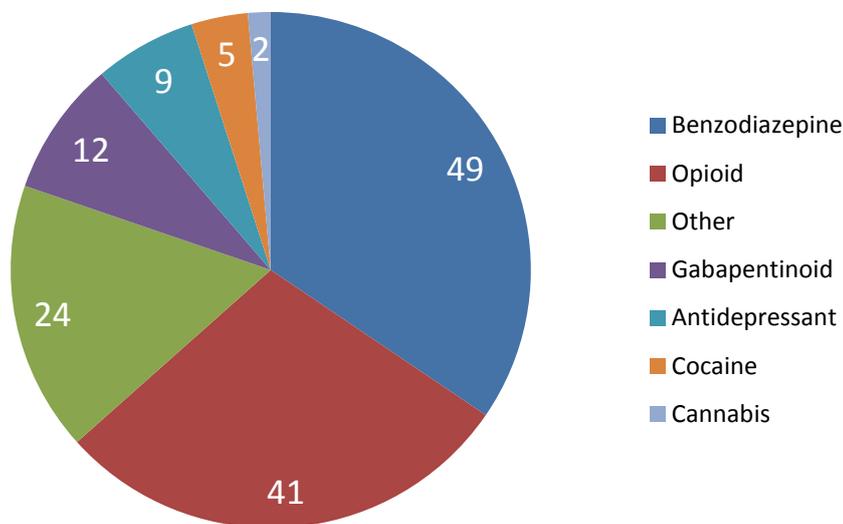
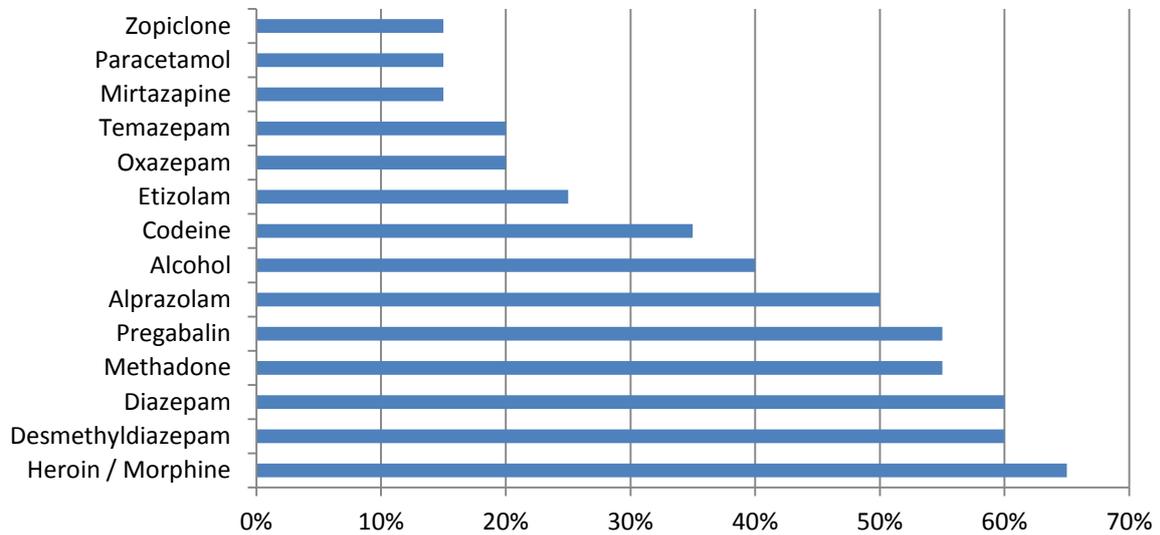


Figure 10 shows the percentage of drug death casualties that toxicology found the main individual substances. The most common substances were Heroin/Morphine (65% deaths), Desmethyldiazepam and Diazepam (60% deaths each substance) and Methadone and Pregabalin (55% deaths each substance).

Figure 10 Main substances found in toxicology as a percentage of deaths



5. Naloxone and prior non-fatal overdoses

5.1 Naloxone

In 9 of the cases the individual had previously been supplied with a Naloxone kit. In 4 of these cases someone else was present at the time of death. However, a kit was definitely available for use in only 1 case. This kit was administered to the individual.

5.2 Non fatal overdoses

A previous non-fatal overdose had been recorded 10 (50%) of the cases. The average number of non-fatal overdoses for these 10 cases was 7 (Range 2-17).