About this Release
This is the fourth report from the National Drug Related Deaths Database (NDRDD) for Scotland, presenting information on deaths which occurred in 2012, and trends since 2009. This report analyses a cohort of deaths already published by the National Records of Scotland (NRS) in August 2013 in greater depth, exploring their context (e.g. social circumstances and previous contact with health and criminal justice services) more widely. This provides insights to inform the development of preventive, harm reduction and therapeutic interventions to reduce drug-related deaths.

Key Points
- This report provides information on the nature and social circumstances of individuals who died a drug related death in Scotland in 2012.
- The 479 cases analysed in this report are a subset of the 581 drug related deaths already published by National Records Scotland (NRS) in August 2013.
- As in previous years, over three quarters (75%) of those who died were male, over half (57%) lived in the most deprived areas of Scotland and the 25-44 years age group accounted for around two-thirds (67%) of deaths.
- Drug-related deaths in those aged 45 and over were higher in 2012 (26%) than in 2011 (14%). Deaths in those aged under 25 were lower in 2012 (8%) than in 2011 (12%).
- Nearly three-fifths (59%) of those who were known to have used drugs also had a history of intravenous (IV) drug use. Six in ten individuals (60%) had been in contact with a drug treatment service in the six months before death. More than one quarter of individuals (28%) were prescribed an opioid substitute therapy drug at the time of death.
- In the six months prior to death, over four-fifths (85%) of the 2012 cohort had a medical condition recorded and over half (56%) had a psychiatric condition recorded.
- Over a third (37%) of those who died, were a parent or parental figure. 286 Children lost a parent or parental figure to a drug-related death in 2012 (less than in 2011: 331).
- In the six months prior to death, over one quarter of the cohort (27%) had been in police custody and around one in ten (12%) had spent time in prison.
- As in previous years, in almost all cases (97%) there was more than one drug present in the body at death and in 69% of cases more than one drug was deemed to be implicated in death, indicating the presence of polydrug use amongst this cohort.
In 2012, diazepam was the drug most frequently found to be present in the body at death (79%) but methadone was most frequently implicated in the death (46%). In only three cases was methadone identified as the only drug implicated in the death. The percentage of deaths with heroin/morphine present fell between 2009 and 2012. The percentage of deaths with methadone present fell in 2012 compared with 2011. There were 36 cases where ‘new’ or ‘novel’ psychoactive substances (NPS) were present in the body at death. They were categorised into two types: Benzodiazepine-type drugs (mainly Phenazepam) and Stimulant-type drugs (e.g. BZP, Mephedrone).

In addition to the 479 non-intentional drug-related deaths in the 2012 NDRDD, 52 deaths by suicide were analysed (a further subset of the 581 drug-related deaths (including suicide statistics) published by NRS in 2013). Half were among males and the mean age of deaths by suicide was ten years higher than the main NDRDD cohort.

Background
Against a background of an ongoing rise in the number of drug related deaths in recent years, the NDRDD was established at ISD to collect in-depth information on the nature and circumstances of individuals who have died a drug-related death in Scotland. The NDRDD case definition of a drug-related death is based on the UK wide definition as reported by the NRS for national reporting and included confirmed suicides for the first time in 2012.

Surveillance of drug-related deaths in a locality is commonly undertaken by local critical incident monitoring groups. The process for identification of a drug-related death varies but will normally include collaboration between members of the critical incident monitoring group, the police and the local Procurator Fiscal. Each area has a Data Collection Coordinator who works closely with local critical incident monitoring groups and key partners. Their role is to collate the information on each drug-related death from data sources including police sudden death reports, pathology reports, GP and other clinical notes.

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Further Information
Further information can be found in the Full Publication Report or on the ISD website

About ISD
Scotland has some of the best health service data in the world combining high quality, consistency, national coverage and the ability to link data to allow patient based analysis and follow up. Information Services Division (ISD) is a business operating unit of NHS National Services Scotland - and has been in existence for over 40 years. We are an essential support service to NHSScotland and the Scottish Government Health Department and others, responsive to the needs of NHSScotland as the delivery of health and social care evolves.

Official Statistics
Information Services Division (ISD) is the principal and authoritative source of statistics on health and care services in Scotland. ISD is designated by legislation as a producer of ‘Official Statistics’. Our official statistics publications are produced to a high professional standard and comply with the Code of Practice for Official Statistics. The Code of Practice is produced and monitored by the UK Statistics Authority which is independent of Government. Under the Code of Practice, the format, content and timing of statistics publications are the responsibility of professional staff working within ISD.

Further information on ISD’s statistics, including compliance with the Code of Practice for Official Statistics, and on the UK Statistics Authority, is available on the ISD website www.isdscotland.org/About-ISD/About-Our-Statistics/