The National Drug Related Deaths Database (Scotland) Report: Analysis of Deaths occurring in 2013

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About this Release
This is the fifth report from the National Drug Related Deaths Database (NDRDD) for Scotland, presenting information on deaths which occurred in 2013, and trends since 2009. This report analyses a specific cohort of drug-related deaths (on which National Statistics have already been published by National Records of Scotland (NRS)) 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
- The 448 cases analysed in this report are largely a subset of the 526 drug-related deaths already published by National Records Scotland (NRS) in August 2014.
- As in previous years, three quarters (76%) of those who died were male and half (50%) lived in the most deprived areas of Scotland. The percentage of deaths among individuals aged 35 and over has increased from half of deaths (50%) in 2009 to two-thirds (66%) of deaths in 2013.
- Over a third (36%) of those who died, were a parent or parental figure. 273 Children lost a parent or parental figure to a drug-related death in 2013.
- In the six months prior to death, almost three quarters, (72%) of the 2013 cohort had a medical condition recorded. Almost two thirds (63%) of the cohort had a psychiatric condition recorded (higher than in any previous cohort).
- Over half (53%) had been in contact with a drug treatment service and one quarter (28%) had been admitted to hospital for an acute or psychiatric inpatient stay in the six months before death. Collectively, seven in ten individuals (71%) who died a drug-related death in 2013 had been in contact with a service (drug treatment, hospital, police or prison) which may have identified them as being at risk of drug-related death.
- Almost two-thirds (64%) of those who were known to have used drugs also had a history of intravenous (IV) drug use. Almost one third (31%) were prescribed an Opioid Replacement Therapy (ORT) drug at the time of death.
- In almost all cases (97%) multiple drugs were present in the body at death and in 68% of cases multiple drugs were deemed to be implicated in death, indicating polydrug use.
- In 2013, diazepam was the drug most frequently found to be present in the body at death (66%). Heroin was the drug most frequently implicated in death (44%). Opioids (methadone, heroin, morphine or buprenorphine) were implicated in 76% of cases.
The percentage of deaths with heroin present was similar to the past two years, while the percentage with methadone present decreased from 56% in 2011 to 47% in 2013.

Between 2009 and 2013, there were 203 cases with a ‘new’ or ‘novel’ psychoactive substance (NPS) present in the body at time of death (108 deaths in 2013).

Deaths with NPS present could be broadly categorised into two types: those featuring Benzodiazepine-type NPS (e.g. Phenazepam) and to a lesser extent Stimulant-type NPS (e.g. PMA/PMMA, Mephedrone). Almost all deaths with NPS present had other drugs co-present; typically combinations of NPS, opioids, alcohol and benzodiazepines.

In addition to the 448 non-intentional drug-related deaths in the 2013 cohort, 37 deaths by suicide were analysed (a further subset of the 526 drug-related deaths (including suicide statistics) published by NRS in 2014). Almost two-thirds (65%) were among males and the mean age of deaths by suicide was six years higher than the main NDRDD cohort.

**Background**

Against the recent background of rising numbers of drug related deaths, the NDRDD was established at ISD to collect in-depth information on the demographics 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 has included confirmed suicides since 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.