Forth Valley Drug Death 2011

- Brief Report -

A report on the findings of the Forth Valley Alcohol and Drug Partnership Drug Related Critical Incidents Group

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1. Introduction

This report gives a brief overview of the circumstances surrounding the drug deaths that occurred in Forth Valley in 2011.

The review represents the data collected by the Forth Valley Alcohol and Drug partnership Drug Related Critical Incidents Group on drug deaths reported in the calendar year 2011. The deaths were collected in accordance with the definition of the National Forum on Drug Related Death, following their notification to the group by Central Scotland Police.

Information on the 14 deaths identified by this process was also sent securely to ISD Scotland for inclusion in the National Drug Related Death Project.

The National Records of Scotland (NRS) publication Drug-related Deaths in Scotland 2011 lists Forth Valley as having 26 drug related deaths in the year 2011. The reports use differing methodologies for defining drug deaths, but in previous years have not shown such a large difference in numbers. Fife and Tayside do not have this difference in their numbers. The Forth Valley and ISD Scotland reports use the definition adopted by ACPOS, NRS a wider definition that includes some suicides. The definition of what constitutes a drug death is acknowledged to be complex.

This has led the group, as a partnership, with senior police colleagues to re-examine the data for 2011 and also question our methodology. We plan to look at the additional cases and determine whether they should be included in our report. At the time of writing, of the 12 cases not included in our report:

- 2 died in the previous calendar year, these were included in our last years report
- 4 are classified as suicides, which currently fall outwith the definition of the Forth Valley report
- 2 were physically unwell/elderly; again it was felt they were out with criteria
- 4 cases, on initial examination would seem to fit criteria and will be considered for inclusion. We will examine why these were not notified to the group.

Consequently given the above we must form the conclusion that this report does not represent a full analysis of FV drug deaths for 2011. We have chosen to circulate this report as the findings are consistent with previous work in this area and we feel that there are important leaning points, which should be actioned. We have chosen to view the difference in figures as an opportunity to review and improve processes. It had always been our intention to have a shorter report this year; we plan to produce a 3-year report next year. This will use the data from all three years and the cumulative numbers will give greater power to our recommendations.

2. Findings

a) Location

Table 1: DD Victims Council Areas of Residency 2011 (n = 14)

Council Area	Number of DDs
Falkirk	6
Stirling	4
Clackmannanshire	4

By population, this indicates that the highest rate of drug deaths per 1000 occurs in Clackmannanshire.

Furthermore, all victims died within 3.1 miles of their home address; with most dying either at home or at a friend or relative's residence.

b) Demographic Characteristics

Of the 14 individuals considered in this report, 10 were male and 4 were female. All were white British and the average age was 33.57 years, with a range of 17 to 46 years.

c) Living Arrangements

Of the 14 individuals, half shared their primary residence with other people; usually family or friends. Seven victims (35.7%) experienced a change in their living situation in the 6 months prior to their deaths.

d) Relationships

The majority (78.6%) of drug death victims were single, separated, divorced or widowed at the time of their deaths. However, of these, at least two individuals (14.3%) were known to be in steady relationships. 21.4% of the DD victims were married/cohabitating.

Eight of the 14 drug death victims (or 57.1%) had children; however, this does not imply that the victims were directly responsible for their children's welfare. In all of these cases, the children were living elsewhere. Seven of these victims had children under the age of 16.

All together, the individuals who died of a drug death in Forth Valley in 2011 had 18 children, 13 of which were under the age of 16.

e) Employment

After leaving school, 35.7% of the eventual drug death victims were employed, 14.3% took up vocational training or apprenticeships, and one individual (or 7.1%) was in prison. The activity after leaving school was unknown for 6 individuals (42.9%); however, nobody was known to be unemployed.

At the time of their deaths, the majority of DD victims (71.4%) were known to be in receipt of state benefits. Only one victim (7.1%) was in stable employment at the time of death; two individuals (14.3%) were still in education at the time of their deaths and the remaining victims (78.6%) were unemployed.

f) Criminal Justice and Offending

Twelve of these individuals (85.7%) had a criminal history. In two of these cases (16.7%) the individual had been arrested, at least once, in the six months prior to their death.

Eight individuals (or 57.1%) were known to have served a prison sentence some point during their lives. Two of these individuals (25%) had been in prison in the two weeks prior to their deaths.

g) Physical and Psychological Health

The majority of DD victims (71.4%) experienced psychological or psychiatric difficulties, the most common of which was symptoms of depression. 57.1% of the DD victims were known to have suffered significant physical difficulties in the six months prior to death.

The majority of drug death victims (71.4%) were known to have experienced a significant adverse event in their adult lives and 42.9% had experienced adversity in childhood. Most common adverse life events included bereavements, serious relationship problems and assault/physical abuse

However, it is important to recognise the high levels of co-morbidity in these victims: the majority of DD victims (78.6%) had experienced a combination of psychological difficulties, physical difficulties and/or life events alongside their substance misuse problems *h) Substance Misuse Histories*

The vast majority of the drug death victims were known poly-drug users, and 78.6% were known to have used drugs intravenously at some point in their lives.

The average age at which drug misuse began was 15.6 years, and age at which individuals first injected was 25.4 years. By the time of their deaths, the victims had an average drug-using career of almost 17 years.

The majority (64.3%) were known to have overdosed at some point in their lives, often on multiple occasions.

i) Service Use Histories

All drug death victims were known to at least one service in the 5 years prior to their deaths and 71.4% of the victims had accessed at least one service in the 6 months prior to their deaths.

General Practitioners saw 71.4% of the eventual drug death victims in the 6 months prior to their deaths.

j) Pharmacological Interventions

A large proportion (71.4%) of DD victims did not seek and/or receive pharmacological treatment for their drug problem 6 months before they died.

28.6% were prescribed an opium substitute in the 6 months prior to their deaths. All of these were still prescribed the substitute medication at the time of their deaths

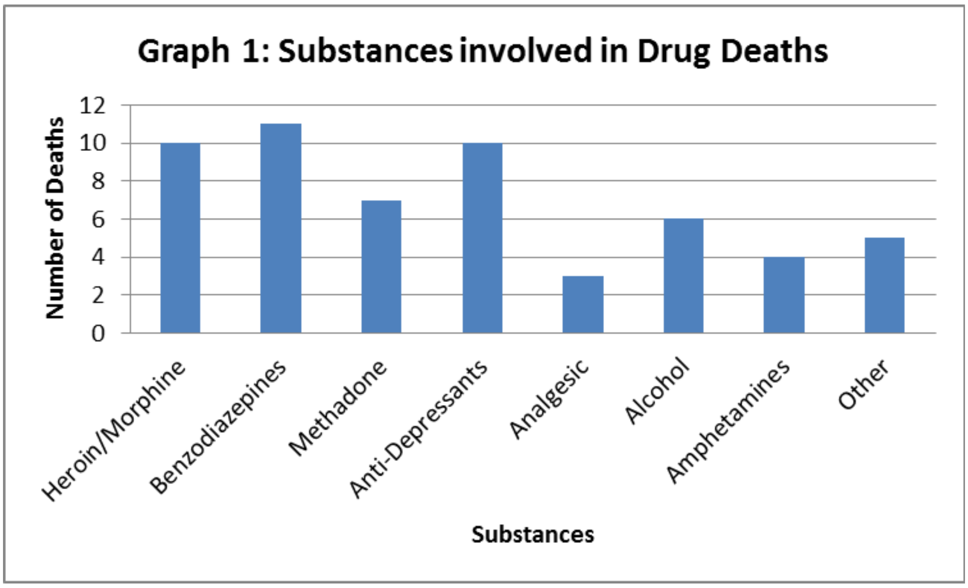
k) Circumstances of Death

Drug deaths in 2011 in Forth Valley occurred at a relatively even rate over the course of the year and days of the week. Deaths which occurred over the weekend were perhaps more likely to involve alcohol than deaths which occurred during the week, but not methadone.

Just over half of the DDs (57.1%) occurred in the presence of others, which were in all cases known to the victim. In many cases where others were present, the victim was simply believed to be sleeping at the time of their death, thus delaying any possible interventions. CPR was attempted by bystanders in three-quarters of the cases (75%) where bystanders were present; however, this was often partial and had to be instructed by the ambulance crew over the telephone.

Five of the 15 deaths involved opiates and bystanders were present; in these cases it is possible that the effects of the opiates could have been reversed if take-home-Naloxone had been available at the scene *l) Toxicology Findings*

The graph below shows the substances, which were found in the toxicology results of the dug death victims in Forth Valley in 2011:



Virtually all drug death victims died as a result of the consumption of a combination of drugs. On average, 4.14 substances were discovered in the toxicology of a Forth Valley drug death victim. No victim died as the result of consumption of a single substance; the number of substances consumed ranged from 2-7. 4 people were noted to have amphetamine in their toxicology.

m) The Role of Prescribed Medication

There were a number of cases where prescription substances were found in the toxicology that had not been prescribed to the individuals.

Methadone was involved in 50% of DDs in Forth Valley in 2011. Three (or 42.9%) of the individuals who died with methadone in their system had actually been prescribed the medication at the time of their deaths. These finding suggest that the remaining four victims had obtained their methadone illicitly.

Benzodiazepines were found in 11 cases, but were only prescribed to three of these individuals.

Of the 14 antidepressants found in 10 individuals, six had been prescribed. Furthermore, two additional individuals who had been prescribed anti-depressants did not take them prior to their deaths (according to toxicology findings, where the prescribed substances were not found).

Dihydrocodeine was prescribed to two individuals, but was only found in one of their toxicology samples. A further individual had dihydrocodeine detected in their toxicology but had not been prescribed the medication. Similarly, one individual had taken tramadol who had not been prescribed the substance.

Pregabalin was prescribed to one victim; however, it was not detected in their toxicology results.

3. Conclusion and Recommendations

1. There is a need to examine the Forth Valley processes around identification of drug deaths to ensure no cases are missed. All partners will review the Guideline and Information Sharing Processes. Any cases subsequently identified for inclusion after this brief report will be included in next year's cumulative 3-year report.

2. Four people have amphetamine in their toxicology. This is a surprising finding and the group felt that further work should be undertaken to look at the prevalence of amphetamine use in Forth Valley. This will include data from all partners to look at Police seizures and availability.

3. A notable finding is the widespread misuse of prescribed medication and the non-adherence to prescribing regimes. It is planned to highlight this to prescribers and to revise the General Practice information handbook that is available to all General Practitioners. Again, we observe the pattern that people who are victims of drug deaths consult their General Practitioners; we will consult with Clinical Leads and the Medical Director.

4. It is noted that 2 of the cases included died a short time after release from prison. It should also be noted that one of the cases included in the National Records of Scotland's report, but not notified to the group died in prison. It was agreed to look at the Fatal Accident Inquiries for these cases to see if further points from these should be considered. Additionally it has been agreed that the group can examine drug deaths in the prison setting.

5. It was noted that a number of the cases died whilst others were present. Naloxone was not given or present at any of the deaths considered. The Forth Valley Naloxone Programme was launched midway through 2011, the group will continue to promote and disseminate this work around overdose awareness and Naloxone administration, including a pilot in the police setting.