

Executive summary

This thirteenth annual report from the national programme on Substance Abuse Deaths (*np-SAD*) presents information on drug-related deaths that occurred during 2011 and for which coronial inquests and similar formal investigations have been completed. The Programme's principal function is to provide high-quality and consistent surveillance, and to detect and identify emerging trends and issues in respect of this phenomenon. In this way, it contributes to the reduction and prevention of drug-related deaths in the UK due to the misuse of both licit and illicit drugs.

The data and analysis in this report is intended to inform government, and relevant bodies, such as the Advisory Council on the Misuse of Drugs, and authorities at the local, regional, and national country levels, as well as health professionals and the general public, about the serious consequences of drug abuse.

Key findings for the UK and Islands

There were 1,757 notifications of drug-related deaths occurring in 2011 in the UK and Islands. This represents a decrease of 126 (6.7%) over the same reporting period in 2010. Data were provided by 98 of the 114 Coroners' jurisdictions in England & Wales; a response rate of about 86%.

The highest rates of drug-related deaths per 100,000 population aged 16 and over in 2011 were in the following areas: City of Manchester (14.86); Blackburn, Hyndburn & Ribble Valley (13.35); Liverpool (11.37); and Blackpool & the Fylde (11.10).

The principal demographic characteristics of the decedents have remained consistent with previous reports. The majority of cases were males (72%), under the age of 45 years (66%), and White (97%). Most deaths (78%) occurred at a private residential address.

The main underlying cause(s) of death were: accidental poisoning (70%); intentional self-poisoning (13%); and poisoning of undetermined intent (9%). This pattern represents an increase in accidental overdoses compared to the previous year with consequent falls in other types of overdose deaths. Accidental poisoning still remains the most frequent underlying cause of death amongst all age-groups, and older females are more likely to die of intentional self-poisoning than males.

The overall pattern in the types of psychoactive drugs implicated in death has remained similar to previous years. Heroin/morphine continues to be the principal substance implicated in death in the UK and Islands. However, the proportion of deaths involving this substance has fallen from 53% in 2009 to 41% in 2010, and to 32% in 2011. The proportion of cases involving methadone rose by 4%, and that for other opiates/opioid analgesics rose by 6%. The proportion of cases in which hypnotics/sedatives (mainly the benzodiazepines diazepam and temazepam) remained stable, whilst cases involving alcohol-in-combination with other substances fell by 3%.

The involvement of multiple substances in death demonstrated in this report for England, a trend found across the UK as a whole, underlines the risks associated with the co-ingestion of substances, especially central nervous system depressants such as opiates/opioid analgesics, alcohol and benzodiazepines.

The decline in deaths reported in 2010 from stimulants appears to have reversed slightly for cocaine, amphetamines and ecstasy-type substances. The number of deaths involving piperazines appears to have declined further, whilst GBL/GHB cases fell compared to 2010.

As in 2010, there was a substantial number of deaths reported involving novel psychoactive substances such as mephedrone and other methcathinones, and the benzodiazepine phenazepam.

Regional key findings

England – np-SAD definition

A total of 1,263 deaths were reported for 2011 (1358 in 2010). The demographic and drug profiles remained stable. However, there was a significant fall in the proportion of deaths involving heroin/morphine and a modest increase in the proportion involving methadone. The most common prescribed medications implicated in death were anti-depressants followed by hypnotics/sedatives.

England – Drug Strategy definition (“drug misuse”)

A total of 904 deaths were reported for 2011 (968 in 2010). There was a substantial reduction in the proportion of deaths attributed to heroin/morphine in 2011 compared to 2010. Despite this, heroin/morphine remained the most frequently implicated substance in “drug misuse” cases. The number of deaths due to accidental poisoning rose from 75.1% in 2010 to 78.4% in 2011, whilst deaths attributed to intentional self-poisoning increased by 2.6%, from 10.1% to 12.6%.

Wales (np-SAD)

Notifications of 81 deaths were reported for 2011 (81 in 2010). There were increases in the proportions of males and those unemployed and those living with others. There were modest increases in the proportions of deaths involving methadone, other opiates/opioid analgesics, anti-depressants, and hypnotics/sedatives.

Scotland (np-SAD)

The number of deaths reported to police in Scotland fell in 2011 to 336 (365 in 2010). Opiates play a larger role in Scottish deaths than in other regions; this may be due in part to the different definition used by the police. Alcohol-in-combination with other substances and hypnotics/sedatives (mostly diazepam and temazepam) also featured prominently. There were falls in the proportions of deaths involving heroin/morphine and alcohol-in-combination, but increases for those involving methadone, other opiates/opioid analgesics and hypnotics/sedatives.

Northern Ireland (np-SAD)

The number of cases reported in 2011 was 70 (72 in 2010). The drug profile remained similar to recent years; heroin/morphine and methadone are less prominent than elsewhere. There was an increase in the proportion of female deaths.

The Islands (np-SAD)

Two deaths occurred on Jersey, two on the Isle of Man, and three on Guernsey during 2011. The general demographic profile of cases in the Islands is in line with the pattern in the UK as a whole. There were proportionately fewer deaths involving cocaine and methadone.

Key messages

The main changes noted in 2011 are a further overall fall in the proportion of deaths involving heroin/morphine but an increase in the contribution played by methadone. Whilst opiates and opioids continue to dominate, towards the end of 2009 there was a noticeable decline in the number and proportion of cases involving stimulants. To some extent these changes appear to have been reversed slightly for amphetamines, cocaine and ecstasy-type drugs.

Substances such as piperazines, ketamine and GBL which at the time of the 2009 report were ‘legal highs’ but became controlled drugs, continue to be present in post-mortem toxicology reports - although declining in the case of piperazines and GHB/GBL. Towards the end of 2009 new substances, chiefly methcathinones such as mephedrone started to appear in reports to np-SAD. These increased during 2010 and 2011. The speed with which these and other new substances are continuing to replace established recreational drugs means it is important that surveillance and monitoring of the situation continues.