Aberdeenshire Drug Related Deaths 2016

Scotland Wide patterns of DRD

National Records of Scotland published the national drug related deaths stats on 15th August 2017. The main findings show that there is a continuation of the rise in the Scottish drug related death rate to 867 in 2016; this is an increase on the number of deaths recorded in 2015 and above what would be expected as a result of normal year to year fluctuation.

Rates of DRD in Scotland are well above any other EU country (although comparison is difficult). Scotland DRD rates are 2.5 times higher than the UK as a whole.

Most deaths occur in males; people aged 35-54 and are accidental overdoses.

Intentional self-poisioning is more common in those aged over 55 and women where drugs like codeine and dihydrocholandine more commonly feature compared to other age groups.

Opiates (Including codeine, dihydrocodeine) cocaine, benzodiazepines, gabapentin and pregabalin are all featuring more commonly in DRD’s.

Aberdeenshire ADP patterns of DRD

Aberdeenshire has seen a decrease from 14 deaths in 2015 to 12 in 2016. In 2015 there was a 50-50 gender split; in 2016 there were 8 male deaths and 4 female deaths giving a 66-33 percentage split. Of the 12 deaths recorded 10 were Aberdeenshire residents and 2 were not Shire residents.

In Grampian there has been an upward trend when the annual average number of DRD’s in the five years period 2002-2006 are compared with the five year period 2012-2016. The number of Aberdeenshire deaths in 2016 is around the annual average.

<table>
<thead>
<tr>
<th></th>
<th>Annual Average 2002-2006</th>
<th>Annual Average 2012-2016</th>
<th>Number of DRD registered 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grampian</td>
<td>39</td>
<td>51</td>
<td>68</td>
</tr>
<tr>
<td>Aberdeenshire</td>
<td>11</td>
<td>13</td>
<td>12</td>
</tr>
</tbody>
</table>
In the 2016 National figures males accounted for 68 per cent of the drug related deaths and there were 327 drug related deaths of people aged 35-44, 213 in the 45-54 age group and 199 deaths of 25-34 year olds.

In Aberdeenshire in 2016 in the under 25 age group there was 1 death a reduction of one compared to 2015. Similarly to 2015 there were again no deaths in the 25-34 age group and there was even numbers for the age groups of 35-44 and 45-54 with 5 deaths each. There was one death recorded as suicide or with undetermined intent.
- Under 25 - 1
- 35-44 – 5 deaths
- 45-54 – 5 deaths
- 55+ – 1 deaths

In 2015 4 female deaths were in the 55+ category. In 2016 in the 4 female deaths recorded only 1 was in the older category.

2016 Aberdeenshire DRD’s

<table>
<thead>
<tr>
<th></th>
<th>Under 25</th>
<th>25-34</th>
<th>35-44</th>
<th>45-54</th>
<th>55 and over</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>1</td>
<td>0</td>
<td>4</td>
<td>3</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>Female</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Total</td>
<td>1</td>
<td>0</td>
<td>5</td>
<td>5</td>
<td>1</td>
<td>12</td>
</tr>
</tbody>
</table>

The lower quartile age at death rose from 18 years in 2015 to 19 years in 2016.
The median age at death decreased from 46 years in 2015 to 44.5 years in 2016.
The upper quartile age at death decreased from 68 years in 2015 to 59 years in 2016.
The median is used (rather than the average) because it should be affected less by any unusually high (or low) values.

**Gender breakdown, according to locality**

As in 2015 most deaths occurred in the North of Aberdeenshire with Banff and Buchan having 34% of the total deaths recorded a rise of 6%. Buchan deaths rose from 21% in 2015 to 25% in 2016 and were all male deaths. The highest increase in locality deaths was seen in Formartine with a total of 25% deaths in 2016 a rise of 18% from the 7% recorded on 2015. Garioch deaths reduced from 21% in 2015 to 8% in 2016, Marr reduced from 14% to 8% and Kincardine and Mearns had no recorded deaths.
Drug related death by underlying cause in Aberdeenshire

The definition of what causes a DRD is not straightforward. The statistics are based on the death certificate and include deaths where the problematic drug use or drug dependence was an underlying factor in the person’s death or where an overdose of an illegal substance caused the person’s death. The statistics do not include deaths due to other reasons where drugs may have been in the persons system at the time (fires, road traffic accidents etc)

The number of deaths involving dihydrocodeine was higher in Grampian (17) than we would expect using Scottish rates. This difference was statistically significant. Most of the deaths involving dihydrocodeine were registered in Aberdeen City residents. In Aberdeenshire there were 3 deaths involving dihydrocodeine. Heroin and other opioids and benzodiazepines were prevalent in most deaths. All but three of the 2016 deaths in Aberdeenshire were due to polydrug use and this is the case in the majority of DRD’s registered in all three ADP areas.

In Grampian 3 deaths were classed as drug abuse, 56 (82%) were accidental overdoses. In Aberdeenshire 1 death was classed as drug abuse and 11 were accidental overdoses. The drugs found in the toxicology reports which were implicated in death can be seen below.

In Aberdeenshire in 2015, only one drug death was caused by single drug use, all other thirteen deaths were as a result of poly drug use. Notably, in 2016 there were three drug deaths in Aberdeenshire which were caused by single drug use, all the other eleven deaths were as a result of poly-substance drug misuse.
**Known Drug user**

Of the DRD’s recorded in the Aberdeenshire 2016 deaths, 66% (8) were known drug users but only 2 of the 8 were in contact with specialist services at the time of death and 6 were either not attending or waiting or had not been referred.

![Known drug user - contact with services](chart)

**Previous Adverse History and mental ill health**

Of the known drug users some previous adverse history was recorded including; domestic violence; physical abuse as a child; self harm and previous suicide attempts. Previous problematic alcohol use and previous OD’s were the highest adverse history instances recorded.

![Known drug user: Previous adverse history](chart)

The statistics on psychiatric conditions continue to show that complex mental health issues among service users and drug related deaths mean that some people are falling through the net in relation to mental health needs and ill health. Recent years have seen an increase in recording of psychiatric problems, particularly anxiety and depression and an increase in anti-depressant prescribing.
Medical conditions

The information from the National Drug Related Death Database for Scotland paints a picture of an ageing cohort of long term drug users with multiple complex health and social care needs.

Increasingly chronic and complex physical health issues are also identified within the Aberdeenshire ageing drug deaths cohort in 2016.

*Osteoarthritis; multiple myeloma; diverticular disease; tennis elbow; erectile dysfunction; pulmonary tuberculosis; pancreatitis; alcohol gastritis; tubo-ovarian abscess; gallstones; primary total knee replacements (both knees)
The following chart shows the known illicit drug use and the types of drugs used recently and in the past.

**Illicit Drug Use History**

Risk factors for DRD include a history of injecting drug use, a history of multiple overdoses and living alone. In the 2016 Aberdeenshire DRD’s the majority of the deceased were recorded as single, widowed, divorced or separated and were either living alone or with parents/relatives and friends and only one person was recorded as living with a partner or spouse.

**Living and relationship status**

- **Recent (< 6 months)**
- **Past (> 6 months)**

---

The chart illustrates the distribution of illicit drug use over a period of time and the type of drugs used. It also highlights the living and relationship statuses, showing the percentage of individuals in each category.
The ADP is invited to note the findings of the Drug Related Deaths in Scotland 2016 report in relation to Aberdeenshire. More importantly it is recommended the ADP take note that although Aberdeenshire is not facing the same rise in DRD’s as in other areas of Scotland, DRD is an avoidable cause of premature death which contributes to inequalities and the ADP should seek assurance that all partner agencies are working together to reduce the number of deaths in Aberdeenshire.

Sarah Grant
PHO for Substance Misuse
4Th September 2017

Carol Muir
HIO (Alcohol & Drugs)