**Drug-Related Deaths in NHS Greater Glasgow & Clyde -2021 NRS Briefing**

**1. Introduction**

The National Records of Scotland (NRS) today published the “Drug related deaths in Scotland in 2021” report which provides some of the details of those vulnerable individuals who sadly lose their lives to drug-related deaths (DRDs) registered within that year.

This briefing summarises some of that key information along with locally held information gathered for the purposes of DRD monitoring as part of the local ADP strategy and National reporting requirements about those who died in 2021.

**2a. Results (Summary)**

* In Scotland in 2021 there were 1,330 drug-related deaths, a decrease of 0.7% and a slight reduction on the previous number of deaths ever recorded. This was still the second highest number ever recorded across Scotland.
* In NHS Greater Glasgow and Clyde (NHS GG&C) there were 427 drug-related deaths, a decrease of 3.8% on 2020. Whilst this number is still too large it should be noted that this is the first time since 2013 that there has been a decrease in the number of DRDs from one year to the next.
* In Glasgow City there were 311 drug-related deaths, an increase of 6.9% on 2020. This continues the increasing trend within Glasgow City and is the highest number of deaths ever recorded in the city.
* Across NHS GG&C they were:-
* Male (68.4%), Aged between 45-54 (37.7%; Median = 45)
* In 2021, there was an overall 9% decrease in male deaths whilst there was a 10% increase in female deaths. This means that the ratio of M:F deaths was 2:1.
* Across NHS GG&C there were decreases in nearly all Alcohol and Drug Partnership areas except Glasgow City (6.9% increase) and East Dunbartonshire (14.3% increase).
* Glasgow City has the highest measure of mortality rate whether comparison of population mortality rate (42.8 per 100,000), prevalence mortality rate (22.8 per 1000 drug users) or age standardised mortality rate figure (44.4 per 100,000) within the board. It should be noted that Dundee City (45.2 per 100,000) with respect to age standardised population mortality rate has a rate higher than Glasgow City.
* Living in the poorest communities of NHS GG&C (67.4%; SIMD Quintile 1).
* Opiates or Opioids continue to be present in 82% of all DRDs in NHS GG&C, with Heroin/ Morphine implicated in 33%. Codeine (3%) and Dihydrocodeine (9%) were implicated to a much lesser degree.
* Methadone was implicated in 51% of all deaths, a decrease of 5% compared with 2020.
* In 2021 there was a slight fall in the incidence of benzodiazepines implicated but it is still one of the most commonly found family of drugs implicated in drug-related deaths (70.0%), which is usually due to the drug Etizolam (67.0%).
* Across NHS GG&C there were decreases in Gabapentinoids (28%%) use and Cocaine (22%) use compared with 2020 such that they are now both implicated in one in every four deaths.
* There were small or no changes in the incidence of Ecstasy (1%), and Amphetamine (2%) in those involving Alcohol (10%).
* Across NHS GG&C 42.9% of all DRDs were in MAT at the time of their death, which is a slight rise on 39.0% in 2020.

**2b) Results (Details)**

1. **Number of Drug-related deaths and Trend over time**

Figure 1 Drug-related deaths in NHS GG&C 2001-2021.

Figure 1 above indicates for the first time since 2013 a decrease from one year to the next. It should be noted that this is still the second highest figure ever for NHS GG&C recorded. This overall decrease is not uniform across NHS GG&C and is due to slight year to year differences across each of the Alcohol and Drug Partnership areas as shown in Figure 2 below.

Figure 2 Year on year percentage change within NHS GG&C

|  |  |  |  |
| --- | --- | --- | --- |
| **Area** | **2020** | **2021** | **%age change** |
| E DUN | 14 | 16 | 14.3 inc |
| E REN | 10 | 6 | 40.0 dec |
| North East | 108 | 110 | 1.9 inc |
| North West | 91 | 118 | 29.7 inc |
| South | 92 | 83 | 9.8 dec |
| GLA | 291 | 311 | 6.9 inc |
| INV | 33 | 16 | 51.5 dec |
| REN | 67 | 50 | 25.4 dec |
| W DUN | 29 | 28 | 3.4 dec |
| NHS GG&C | 444 | 427 | 3.8 dec |
| DUN | 57 | 52 | 8.8 dec |
| SCO | 1339 | 1,330 | 0.7 dec |

Figure 2 above indicates that whilst Scotland as a whole showed a slight decrease, other ADP areas also experienced a decrease to differing extents. Glasgow City and East Dunbartonshire in contrast had an increase in total numbers. In addition, it should be noted that the increase in Glasgow City was not uniform with the South sector showing a decrease in contrast to the other two sectors. (As noted earlier care should be applied when looking at smaller numbers and percentage changes year to year) (Dundee City is also included here as it has similar levels of deprivation according to the Scottish Index of Multiple Deprivation; SIMD).

1. **Mortality rates**

Figure 3 Mortality rates per general population (2019) and per prevalence of problem drug use in Scotland 2015/16

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Area** | **2017-2021 average deaths** | **Mid 2019 pop estimate** | **2017-2021 average deaths per 100,000 population (2019)** | **Prevalence of Problem Drug Use in Scotland: 2015/16 Estimates** | **Annual average drug-deaths: 2017-2021** |
| **per 1,000 problem drug users in 2015/16** |
| E DUN | 11 | 108,640 | 10.1 | 710 | 15.5 |
| E REN | 9 | 95,530 | 9.4 | 800 | 11.3 |
| GLA CITY | 271 | 633,120 | 42.8 | 11,900 | 22.8 |
| INV | 26 | 77,800 | 33.4 | 1,500 | 17.3 |
| REN | 50 | 179,100 | 27.9 | 2,700 | 18.5 |
| W DUN | 25 | 88,930 | 27.9 | 1,100 | 22.5 |
| NHS GG&C | 390 | 1,183,120 | 33.0 | 18,700 | 20.9 |
| SCO | 1214 | 5,463,300 | 22.2 | 57,300 | 21.2 |

Figure 3 continues to highlight that as in past years only East Dun and East Ren have a general population mortality rate lower than that of Scotland. In contrast, all other areas of the board are greater whilst Glasgow and Inverclyde continue to have a rate greater than the NHS GG&C. Glasgow City and West Dunbartonshire continue to have a mortality rate higher than NHS GG&C and Scotland when the last prevalence estimate is taken into consideration.

Age-standardised mortality rates take account of the size of the population and its age structure, in order to provide more reliable comparisons of mortality over time and/or between areas or between sub-groups of the population. For example, as the probability of death tends to increase with age, changes in the age distribution of the population could have an effect on any apparent trend shown by the numbers of deaths. Similarly, if the populations of two areas or sub-groups have different age distributions, using age-standardised rates will remove the effect of those differences and show which area or sub-group has the higher underlying mortality rate. Therefore age-standardised rates are more reliable for comparing mortality over time and between different areas therefore Figure 4 indicates Glasgow City has the greatest age standardised mortality rate above that of Scotland in 2021.

Figure 4 DRDs by admin area - EASR-MR for 5-year periods, 2001-2005 to 2017-2021

1. **Gender and Age**

Figure 5 Breakdown of DRDs in NHS GG&C by Sex 2011-2021

Whilst male deaths continue to outnumber female deaths 2:1, in 2021 there were several changes to the sub-populations. There was a decrease in deaths in males over 35 for the first time since 2013 (1.6%), however as is also evident from Figure 5 above, male deaths under 35 have decreased by 35.0%. There was a year to year increase of 18.5% in females over 35 which is the highest rate since 2015. In contrast there was a decrease in female deaths under 35 (35%).

1. **Scottish Index of Multiple Deprivation (SIMD)**

Figure 6: Drug-related death in NHS GG&C by SIMD Quintile

Similar to Scotland as a whole and as in previous years the majority of those who died lived in the poorest communities within NHS GG&C (67.4%; SIMD Quintile 1) with over one third (34.9%) living in the poorest 5% communities across Scotland.

1. **Toxicology**

Figure 7: Multidrug toxicity in drug-related deaths in NHS GG&C

In 2021, there has been a continued rise in the number of deaths with 1 drug and/ or alcohol present at toxicology (12.6%). This means that similar to Scotland and in previous years a majority of cases had more than one drug present at toxicology or had an underlying health condition also present.

Figure 8: Underlying Health Conditions as part of causes of death

For the first time since 2017 there was a decrease in the number of cases which also had an underlying health condition recorded as part of the cause of death in addition to a drug and or alcohol present at toxicology. This was still a considerable burden of disease in addition to the presence of drugs and or alcohol at death. Typically the conditions were respiratory or cardiac in nature.

**Specific drugs**

**Opiates**

Consistent with previous years over four-fifths of deaths (82%) in NHS GG&C in 2021 contained any opiate or opioid. In contrast to previous years, there was a sharp fall in the presence of heroin/ morphine (33%) present at time of death, whilst methadone was implicated in 51% of cases, which is a slight fall compared to 2020 but similar to previous years. Similar to previous years there were much lower numbers of deaths that contained codeine or a codeine-containing compound (3%) whilst there was also similar number of cases containing dihydrocodeine (9%)

**Benzodiazepines**

In 2021, in NHS GG&C there was a small reduction (3% decrease) in the number of cases that contained any benzodiazepine, but slightly under three quarters (70%) contained at least one. In the vast majority of cases this was an atypical benzodiazepine or “street” benzodiazepine (69%) many of which were etizolam (67%). These were all similarly slight reductions on 2019. Notably, there was very small increases in prescribe-able benzodiazepines of 2% or diazepam (1%) respectively.

**Gabapentinoids,** **Stimulants & Alcohol**

In contrast to 2020, there has now been a 5% decrease in the incidence of gabapentinoids across NHS GG&C, which returns this back to a 2019 level (28%). There has also been a 14% reduction in the presence of cocaine, which has reduced to 22%. There was also small decreases in the number of deaths where ecstasy was implicated (2%) and amphetamines (1%) were present across NHS GG&C. Finally, alcohol was implicated in 10% of all deaths across NHS GG&C.

Figure 9a) Opiates implied in the cause of death

Figure 9b) Benzodiazepines implied in the cause of death

Figure 9c) Gabapentinoids, Stimulants & Alcohol implied in the cause of death.

Figure 10 DRDs in Medication Assisted Therapy

Figure 10 indicates that similar to previous years just over two fifths of individuals 42.9% were in MAT at the time of their deaths. This was a slight rise compared with 2020, though it is similar to the trend of previous years. This is despite low threshold access to services.