

Drug Deaths in Fife Scotland 2005-2007

A report on the findings of the Fife Drug Deaths Monitoring and Prevention Group (Fife Drug and Alcohol Action Team)

Executive Summary

Background

The Fife Drug Deaths Monitoring and Prevention Group evolved under the auspices of the Fife Drug and Alcohol Action Team, in order to identify a systematic approach to synthesising individual drug deaths, similarities, trends and patterns among them. This report summarises the findings of drug deaths in Fife over the past 3 years; 2005, 2006 and 2007.

Aims and Objectives

The principal aims of the report included data collection and analysis pertaining to the demographic, social, criminal offending, substance misuse, physical, psychiatric/psychological, service use characteristics and circumstances of drug deaths in the Fife area. Consequently, findings have enabled the committee to set forth recommendations, to facilitate the reduction of drug deaths and inform policy and practice at a local and national level.

Methods

The population of Fife drug deaths (DDs) consisted of 54 cases (2005-2007). Information was collected via dissemination of the Fife Drug Deaths (DD) Questionnaire (see Appendix B) and/or case notes held by social care services, specialist addiction services, general practice, prison and police services e.g. Scottish Criminal Records Office (SCRO). Data relating to the specific cause of death was obtained from the Procurator Fiscal.

Results

Demographic, Social Functioning and Life Context Trends

- The DD figure in Fife was higher in 2006 (19) and 2007 (20) than in 2005 (15) and the DD rate in Fife is below average for Scotland
- Most DDs occur in the large towns in Fife, although when population was taken into consideration these areas did not display elevated DD rates
- The majority (83%) of individuals' home town and town of death matched. The remaining individuals died within 10 miles of their home town

- DDs are more likely to occur in socially deprived areas and the number of DDs in the most socially deprived areas increased each year.
- DD rates in Fife towns provide an indication of other drug-related problems in these areas such as drug crime. East Wemyss and Benarty appear to be areas of concern with both elevated DD and drug-related crime rates.
- 100% of DD victims in Fife were white and 93% of DD victims between 2005 and 2007 in Fife were male.
- 29% of drug-related crime charges in Fife in this period were made against female individuals
- In 2006/2007, 34% of individuals seeking drug treatment in Fife were female and factors other than non-involvement in the drug culture are involved in protecting females from DD.
- The mean age of DD victims was 31 years old and DD victims were between 17 and 48 years of age Multiple morbidities were present in the youngest and oldest individuals, with the youngest tending to experience psychological conditions and the oldest to suffer from physical conditions.
- Most DDs occur during Spring time. This may be linked with victims' release from prison. Most DDs occur at the weekend. This is unlikely to be linked with prison release patterns
- DD victims were most likely to live alone and in council accommodation at the time of their death and had only one type of accommodation in the 6 months before death
- DD victims' living situation type and accommodation type did not differ greatly between the 6 months before death and the time of death
- The mean age that DD victims left school was 16
- Only 21% were unemployed following school, however directly before their death 81% were unemployed, providing an indication of the effect of substance misuse on their everyday lives
- 80% of DD victims were single at the time of their death, 39% had children although 85% did not live with their children. Individuals had close family members (72%) or friends (86%) indicating they were not socially isolated

Criminal Justice Issues and Offending Patterns

- 96% of DD victims had an arrest history and almost all DD victims had committed a crime linked to their drug abuse
- 46% of DD victims had served a prison sentence during their life and 17% of those who died had been in prison in the two weeks prior to their death
- Only a small minority of victims were subject to court enforced interventions in the six months before their death.

Pharmacology of Heroin in Fife

- Cutting agents contribute to an average of 55% of Heroin composition
- In the last 3 years in Fife the quantity of Heroin has doubled from 0.125 grammes to 0.2 grammes, therefore the concentration has increased
- Purity levels have remained relatively stable potentially leading to an increase in individuals overdosing and dying
- The supplies of drugs are temporarily displaced despite yearly increases in the number of drugs seizures in Fife

Toxicology Findings

- Heroin/Morphine (80%), Diazepam (43%) and Alcohol (35%) were the 3 main substances of misuse detected in cases of drug deaths in Fife
- Benzodiazepines as a class, are the substances most commonly implicated in drug deaths in Fife (89%)
- Psychostimulants (e.g. MDMA) involved in 10% of deaths, however there is a recent emergence of deaths involving cocaine (2007)
- These findings are consistent with Scotland-wide research (Zador et al 2005; GROS,2007) but not reflected in UK national research where Morphine, Alcohol and other Opioids are the most frequently detected substances of misuse (Ghodse et al 2007)
- The majority of DD cases were positive for 2 or more combinations of drugs in toxicology reports; Morphine appeared in 7/10 combinations, Benzodiazepines featured in 5/10 and Alcohol in 3/10
- Benzodiazepines and Morphine combined were most frequently misused substances in 41% of DD cases in Fife, followed by Alcohol and Morphine (19%) & few overdoses on Heroin alone
- Overall Morphine/Heroin was the most heavily implicated drug in drug combinations of Benzodiazepines and Alcohol
- Fife DD victims consume within or below the toxic range, but the cocktail of drugs (namely, Heroin, Benzodiazepines and Alcohol) potentially results in lowered tolerance levels

Substance Misuse Histories

- Majority of DD victims (89%) were intravenous (IV) polydrug users, typically with a 10 year history of IV drug use
- Almost half of all DD victims (46%) had overdosed at least once before in their lifetime
- Majority of DD victims (56%) were in the presence of others at point of death
- Persons present were often family/friends of the DD victim

Physical, Psychological/Psychiatric Health and Significant Life Events of DD Victims

- 63% of DD victims (n=34) had experienced significant life events including instances of overdose and self harm, physical and psychiatric health problems
- Of this population a large proportion (55%) had experienced complex psychiatric/psychological, substance misuse morbidities with or without overdose/self harm issues
- 18% a range of physical health problems with or without overdose
- 15% a range of psychiatric/psychological problems with or without overdose
- 12% had solely encountered drug overdoses exclusive of any co morbidities
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Service Use Histories

- 85% of DD victims in Fife were known to services 5 years prior to death
- Specialist services were the most accessed during this time period
- Majority (55%) of DD victims were known to services in the 6 months prior to their death
- GP services were the most accessed service in this time period
- An overwhelming majority (72%) of DD victims did not seek/receive pharmacological treatment for their drug problem 6 months prior to death
- 22% were receiving pharmacological treatment, most were prescribed methadone (18%)
- Of these DD victims 16% were still on a methadone programme at point of death

Recommendations

Demographic Characteristics

- As a number of deaths occurred within a short period of prison release, recommendations are made towards an integrated care approach.

Life Context and Social Functioning

- A review of education inputs relating to lifestyle education/drug and alcohol misuse to individuals aged 15 and 16 to ascertain whether those inputs presently delivered are sufficient.
- As individuals had others close to them at the time of their death, this provides the opportunity for overdose training for these individuals.

Criminal Justice Issues and Offending

- The fact that 96% of individuals had been involved in the criminal justice system suggests there should be consideration for an arrest referral scheme within Fife so early intervention can occur in terms of referring these individuals to drug and alcohol agencies.

Pharmacology of Heroin

- The composition of Heroin should be analysed at a local level for a breakdown of the composition of cutting agents as well as purity levels
- Purity levels, composition and quantity of Heroin need to be taken into consideration in formulating overdose strategies

Toxicology Findings

- The therapeutic range should be reconsidered when a cocktail of drugs are consumed
- The role of Benzodiazepines should be incorporated into overdose training
- Consolidate the good links with toxicologists to produce detailed and accurate reports

Substance Misuse Histories

- Family members of drug users should be provided with overdose training so they can recognise signs of overdose such as snoring
- Family members ought to be provided with CPR training, this would also allow them to intervene and perhaps prevent the death.
- Wider training and implementation of Naloxone
- Individuals with a history of overdose should be considered on a case by case basis and proactive discussion necessary regarding using the Child Protection
- Better exchange of information and recording of near misses

Physical, Psychiatric/Psychological Health and Significant Life Events

- Complex cases should be prioritised enabling specialist services, with the relevant competencies to be able to provide an integrated care approach
- Physical and psychological health must be incorporated into the core assessment process in any agency
- Sharing of information between agencies should be encouraged
- Awareness of cardiac pathology in some cases and to investigate adequately e.g. ECG

Service Use Histories

- Further inform on the dosage of pharmacological interventions prescribed and their relation with drug deaths
- To encourage services to include the age at which individuals begin using drugs IV
- A more integrated approach to identify a high risk drug taking population released from prison who tend to access a multitude of services in short space of time