

Drug-related deaths – emerging issues

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Introduction

This report has been prepared by the National Programme on Substance Abuse Deaths to inform the Department of Health and the National Treatment Agency of emerging trends and issues – part of the early warning and alerting functions of the Programme. The document also provides coroners, and other data providers, with a brief overview of developments in UK drug-related deaths since the Programme's last Annual Report published in August 2009. The next annual report, looking at deaths in 2009, will be issued in the summer.

It is important to maintain surveillance programmes in order to provide up-to-date information on emerging trends and issues so that those monitoring developments locally and nationally, policy-makers and service providers can consider how they might wish to proceed.

The main trends and issues highlighted here are drawn from the submitted forms, communications from coroners, forensic toxicologists, police, the London Drug Dependence Consultants' Group, and other relevant sources, e.g. enquiries from Drug and Alcohol Action Teams (DAATs) and Primary Care Trusts (PCTs).

Indicative trends

A number of themes emerge from inquiries from PCTs, DAATs, police and coroners, authoritative research or sources, as well as "alerts" that have been brought to our attention since the last Annual Report. If these 'reports' result in actual fatalities, it would be expected that these deaths would be notified to the np-SAD about six months later, on average, i.e. at the conclusion of the relevant inquests. However, those investigating suspected drug-related deaths need to be forewarned; it is therefore essential that any "alerts" are based on sound and reliable reports from credible sources.

- Substantiated and authoritative reports of heroin (or its cutting agents) contaminated with anthrax, confirmed by laboratory investigations, have been issued by the Health Protection Agency, Health Protection Scotland, NHS Scotland, and the Department of Health. Since December 2009, 26 cases (including 10 fatalities from 12 December) have been reported in Scotland from 7 of its 14 Health Board areas. Three cases have been reported in England: two in London in February, and a fatality in Blackpool in early February. One fatality in North West Rhine-Westphalia was reported by German authorities in December.
- Two deaths reported to the Programme highlighted the range of modes of administration of psychoactive substances. One death involved the snorting of crushed ecstasy tablets using a rolled-up banknote, a common route of administration for powder cocaine. The other case concerned the drinking by a Welsh man of poppy-head tea, once a common practice in the Fens of East Anglia and one still followed in Poland.
- In recent months, np-SAD has seen a continuing rise in the mention of piperazines, especially BZP, in the toxicology reports received by the Programme. The number of mentions increased more than four-fold between 2006 and 2008; this rise appears to be continuing. Most mentions are for BZP (Benzylpiperazine) but also TFMPP-3 (3-Trifluoromethylphenylpiperazine monohydrochloride). Noticeable, too, are mentions of GBL. These substances, along with some anabolic steroids, became controlled as Class C drugs from 23rd December 2009. The synthetic cannabinoid "Spice" and related substances are now controlled as Class B drugs.

- The Forensic Science Service and other forensic toxicology agencies have reported the growing presence of levasimole and teramisole (a worming-agent) as a cutting agent in samples of cocaine submitted for analysis. These substances, which can cause severe neutropenia (low levels of an important white blood cell), have started to appear in the toxicology reports received from coroners.
- More seizures of fluoroamphetamine have been reported by the police. This synthetic stimulant with similar effects to amphetamine has recently appeared in the post-mortem toxicology of a case reported to the Programme, along with other drugs. There have been calls for more vigilance regarding diazepam (valium) being sold to schoolchildren in south Wales, and the availability of illicit supplies of zopiclone (“zimmers”) in the North-East of England.
- Forensic toxicologists have also reported increased seizures of ‘legal highs’ derived from methcathinone, particularly mephedrone (street names include “bubbles” and “meow-meow”). An increasing number of alerts has been issued by some drug treatment agencies. Reports of mephedrone first appeared in the UK during the early months of 2009, as well as across Europe via the EU early warning system. At the request of the EU, Europol and the European Monitoring Centre on Drugs and Drug Addiction are undertaking a rapid audit of information on this substance. The Advisory Council on the Misuse of Drugs is also undertaking a review and will report to the Home Secretary shortly. In December Jersey made mephedrone a Class C drug under their legislation and Guernsey is considering making it a Class A drug under their domestic laws. Suspected fatalities have been reported in the UK, chiefly Scotland and England, and are under further investigation. At the present time, there have been two confirmed deaths where mephedrone was implicated: one in Scotland (Dundee) and one in England (Brighton).
- Several instances of dosing errors in hospitals leading to death, particularly with opioid analgesics, have been reported again during the last year. The in-depth and on-site study of coroners’ records undertaken over the past year by the Programme suggests that not all such relevant cases are being notified to np-SAD. There are some other types of cases not being reported as they are considered not to be directly related to the use of drugs, although they meet the Programme’s case criteria. The study does show that the Programme is receiving the overwhelming majority of relevant cases, thereby confirming the representativeness of the findings reported in the Annual Report. We are grateful to all those coroners who have allowed us to access their files in order to carry out this survey.

Key points from coroner data

These findings are based on data submitted so far by coroners to the Programme. As further cases will continue to be submitted by coroners to be added to the database for analysis for the next Annual Report, the emerging patterns described below may therefore change by then. Comparisons between years are based on deaths occurring in those years.

- Cause(s) of death - The proportion for verdicts of accidental death fell from 43% to 40% whereas that for verdicts of dependence on drugs from 8% to 13%. However, there was an increase in the proportion of underlying cause of death codes regarded as being accidental from 58% to 67%; this reflects the shift in deaths being regarded as involving drug dependence.
- Drugs found at post-mortem – There have been falls in the proportions of deaths where the following drugs were recorded in the post mortem toxicology results: cocaine (from 23.6% to 18.3%); amphetamine (from 5.5% to 3.1%), ecstasy (from 2.3% to 0.0%). The proportion of diazepam mentions increased from 21.1% to 26.6%.
- Geographical changes – based on a comparison of deaths that occurred in the first quarters of 2008 and 2009, it appears the following 5 areas have experienced a significant increase in the relative number of deaths: Gateshead & South Tyneside (100%); West Yorkshire Western (125%); Central Hampshire (200%); North & West Cumbria (300%); Surrey (300%),

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