

# Reducing overdose and drug-related deaths

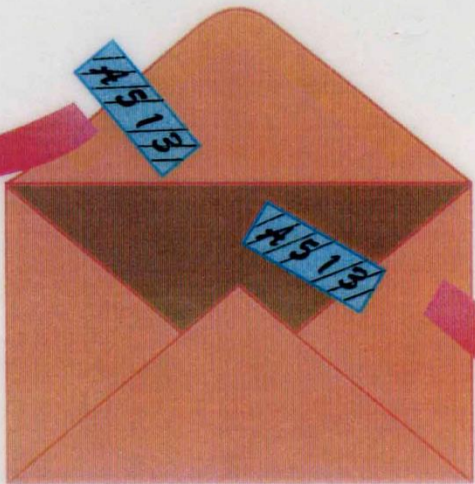
plus  
**Impact**

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Edinburgh University



### Anonymous HIV surveillance in HM Prison Glenochil

Thank you for your help in this study which will enable us to plan better HIV care in prisons. We do not need to know your name nor any other form of identification when you complete this questionnaire. It goes to the Medical Research Council for analysis. No results will be reported which relate to fewer than 50 prisoners.

Please tick (✓) the box beside the answer that applies to you

**1** How old are you? under 26 years   
26-30 years   
31-35 years   
36-40 years   
over 40

**2** Where did you live before coming into Glenochil Prison?  
 Glasgow: Springburn, Maryhill, Fossilpark.  Edinburgh   
Ruchill   
 Glasgow: Easthouse  Dunelm   
 Glasgow: Castlemilk  Fife   
 Glasgow: Gorbals, Govan, Nithhill, Pollock  elsewhere   
 rest of Glasgow

**3** How long is your present sentence?  
less than 1 year   
between 1 and 3 years   
more than 3 years

**4** When did your present sentence begin?  
in 1994   
in 1993   
in 1991 or 1992   
in 1990 or 1989 or 1988 or 1987   
in 1985 or 1983 or 1984 or 1983   
before 1983

**5** Were you in Glenochil Prison at any time during January to June last year (1993)? yes   
no

**6** How many times have you been inside before this sentence?  
never   
once   
2 or 3 or 4 times   
5 or more times

**7** Have you been in a borstal or young offenders' institution? yes   
no

**8** Have you ever been charged with a drug-related offence? yes   
no

**9** How much time have you done inside since January 1983?  
less than 6 months   
between 7 and 12 months   
between 1 and 3 years   
more than 3 years

A/S/13

Please fix sealed label here.



**10** In which year did you first inject drugs (excluding insulin)?

NEVER INJECTED

1982 or earlier

1983-1985

1986-1988

1989-1991

1992 or later

**11** In which year did you last inject?

NEVER INJECTED

1982 or earlier

1983-1985

1986-1988

1989-1991

1992 or later

**12** Have you ever injected while inside? yes   
no

**13** Did you start injecting while inside? yes   
no

**14** Did you inject in Glenochil Prison during January to June last year (1993)? yes   
no

**15** Have you ever taken the blood test for HIV? yes   
no

**16** Did you have an HIV blood test in Glenochil Prison during January to June last year (1993)? yes   
no

**17** Have you had an acute attack of hepatitis or yellow jaundice? yes   
no

**18** In the last year before this sentence, how many women did you have sex with?

none

1

2- 5

6- 10

11 or more

**19** In the last year before this sentence, how many men did you have sex with?

none

1

2- 5

6- 10

11 or more

**20** Have you ever accepted money (or goods) for sex? yes   
no

**21** Have you ever paid for sex? yes   
no

**22** Have you ever been treated for a sexually transmitted disease? yes   
no

**23** Have you ever had anal sex with another man in prison? yes   
no

Thank you for answering this confidential questionnaire.

MRC 4/93/1000/0000/0000

# “Bespoke questionnaire”

**Have you ever injected?      One third {still}**

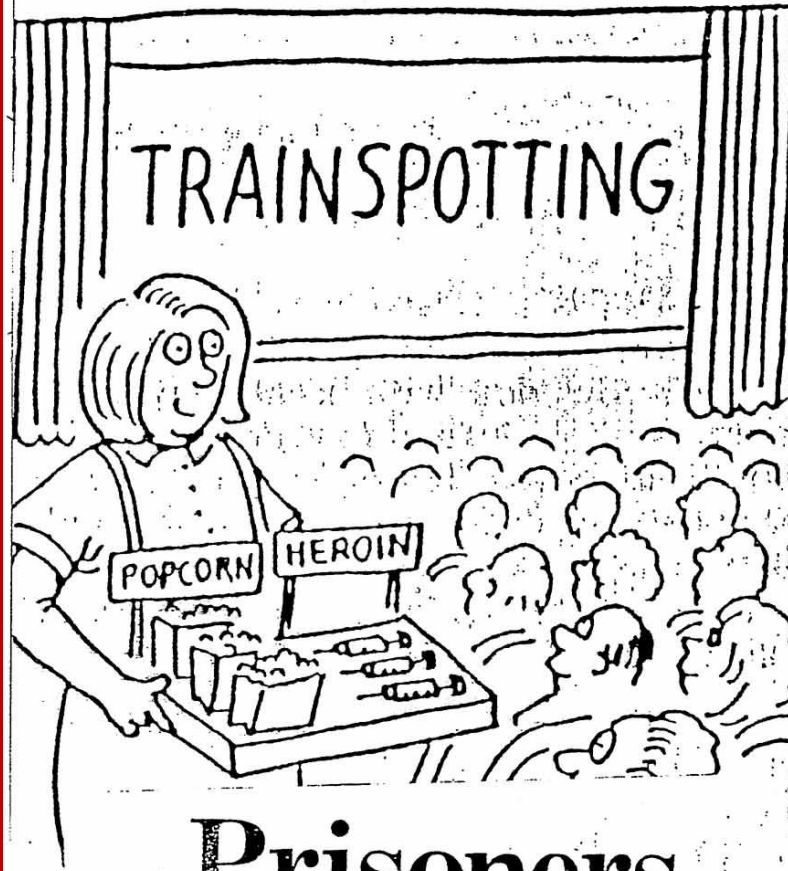
**When** did you start to inject?

**Ever injected inside prison?      50% {now 25%}**

Did you **start** to inject **inside prison?**      **10%**

**Have you ever had an HIV test?      75%**

**Ever had anal sex with another man inside prison?**



# Prisoners use heroin to thwart drug tests

JASON BENNETTO  
Crime Correspondent

country said they were finding  
a similar trend." He added that



# HMP Edinburgh

Quantified  
mortality of  
**HIV-infected**  
injectors soon **after**  
release from  
Edinburgh Prison in  
1983-94.

**Seaman et al, BMJ 1998**



# Bird & Hutchinson: Method

**BH set eligibility criteria:** male, 15-35 @ release, served 14+ days, 1<sup>st</sup> release in July-Dec of 1996-1999.

## SPS applied the criteria

- ↔ **RGS** file had prisoners' name, date of birth, full postcode, release date & **prisoner number**
- ↔ **BH** file had birth-year, 1<sup>st</sup> part postcode, reception and release date & **prisoner number** + alive/dead on release.

Using **prisoner number**, **RGS** informed **BH** about deaths in 12 weeks after prison-release.

# Drugs-related deaths in fortnight

**after prison:** *19 486 male ex-prisoners, aged 15-35 years, released after 14+days' incarceration*

| <b>DEATHS</b> | 1 <sup>st</sup> 2 weeks | subsequent 5 fortnights  | <b>RELATIVE RISK</b> (95% CI) |
|---------------|-------------------------|--|-------------------------------|
| Drugs-related | <b>34*</b>              | <b>23</b><br>(11 in 2 <sup>nd</sup> fortnight +12 in next 8 wks) | <b>7</b> (3 to 16)            |
| Other causes  | <b>3</b>                | <b>18</b>  | <b>0.8</b> (0.2 to 2.4)       |

**WASH:** 1 in 200 adult injectors  
dead within 2 weeks after prison

***Judges  
aware?***





# Prison-based interventions



**a) Information leaflet:** how to avoid overdose risk after release

**b) Naloxone on release RCT:** heroin antidote.

**Addiction** 2003; 98: 185-190

# Pilot N-ALIVE Trial: RCT on effectiveness of Naloxone-on-release for reducing **opiate-overdose deaths** soon after release of prisoners who ever injected heroin

## **Three musketeers**

Drugs-related death soon after release from prison + **HMP Edinburgh (Bird)**

Peers' willingness to intervene & Naloxone-training of users (**Strang**)

RCT-challenge (**Parmar**)

# Design assumptions: N-ALIVE Trial

**Eligibility:** 18+ years, history of heroin injection, 7+ days incarceration.

- 1. Some-one else present: @ 80% overdoses.**
- 2. Naloxone carriage: 75% in 1<sup>st</sup> 4-weeks, 50% in next 8 weeks.**
- 3. 50% chance: that Naloxone is administered by present other.**

## ↔ Effectiveness

in 1<sup>st</sup> 4-weeks @ **30%**; in weeks 5-12 @ **20%**

- 4. One overdose death in 1<sup>st</sup> 4-weeks per 200 controls.**

# Prison-based, with-consent **RCT** for 56,000 pre-release adult IDUs

| Expected drugs deaths            | 1 <sup>st</sup> 4 weeks after release | Next 8 weeks after release |
|----------------------------------|---------------------------------------|----------------------------|
| Controls<br>[28,000 IDUs]        | 140                                   | 35                         |
| <b>Naloxone</b><br>[28,000 IDUs] | <b>98</b>                             | <b>28</b>                  |

# MHRN Networks & N-ALIVE Sites

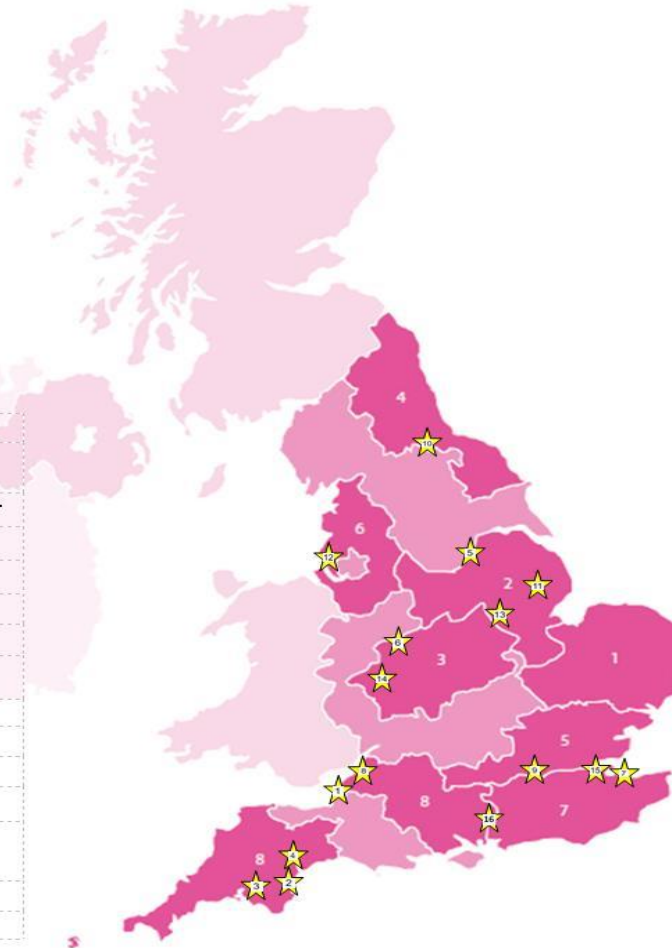
## NIHR Mental Health Research Network (MHRN)

### Mental Health Local Research Networks:

1. East Anglia
2. East Midlands
3. Heart of England
4. North East
5. North London
6. North West
7. South London and South East
8. West

For more information contact [mhrn@iop.kcl.ac.uk](mailto:mhrn@iop.kcl.ac.uk)

- ### N-ALIVE Sites
- 1 HMP Bristol
  - 2 HMP Devon: Channings Wood
  - 3 HMP Devon: Dartmoor
  - 4 HMP Devon: Exeter
  - 5 HMP Doncaster
  - 6 HMP Dovegate
  - 7 HMP Elmley
  - 8 HMP Gloucester (Now Closed)
  - 9 HMP Holloway
  - 10 HMP Leeds
  - 11 HMP Lincoln
  - 12 HMP Liverpool
  - 13 HMP Nottingham
  - 14 HMP Oakwood
  - 15 HMP Rochester
  - 16 HMP Winchester







# Scotland's Ministerial Decision National Naloxone Policy: 2011

?

**Primary outcome**  
**Secondary outcome**

**NOT** number of opioid-related deaths. **WHY?**

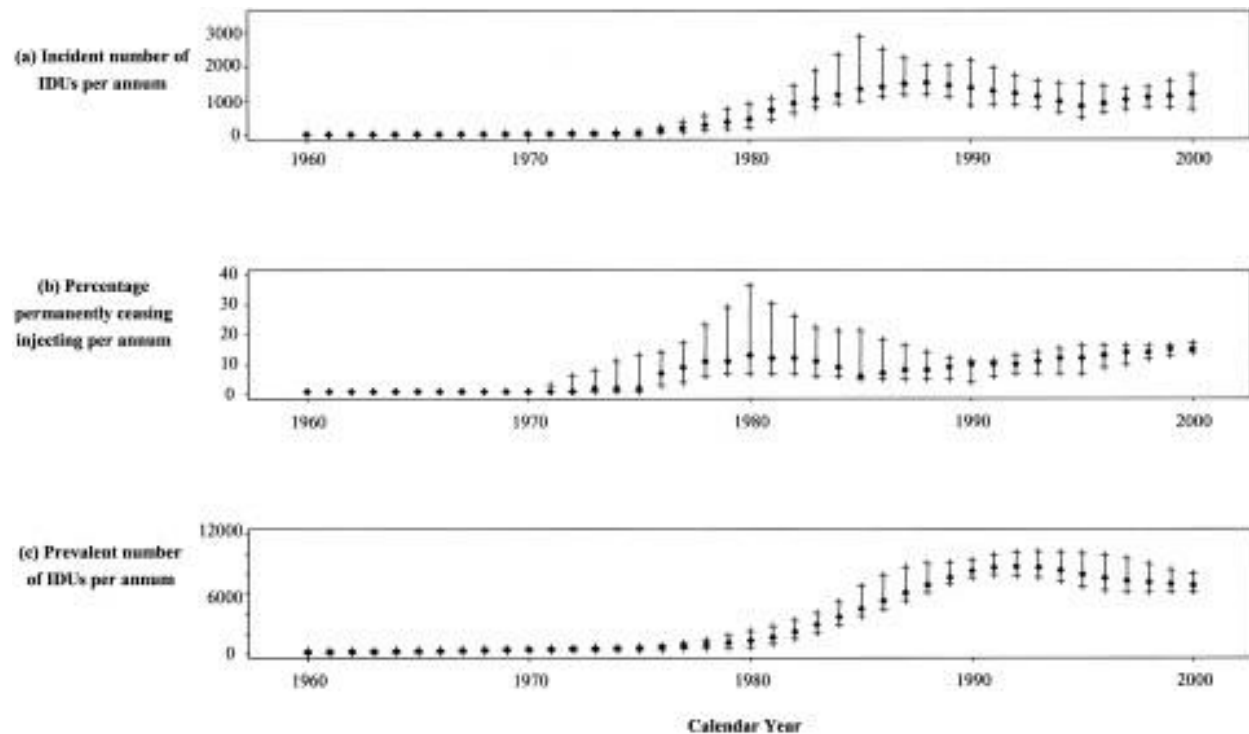
# Scotland's rising tide of opioid-related DRDs: demography

| Subgroup  | female    | MALES      | MALES ONLY: by age at death |            |            |           |
|---|-----------|------------|-----------------------------|------------|------------|-----------|
|   |           |            | <25                         | 25-34      | 35-44      | 45+years  |
| <b>4 years of 2006-09: 1,994 DRDs (1,571 opioids)</b> |           |            |                             |            |            |           |
| <i>Opioid-DRDs per annum</i>                          | <b>70</b> | <b>323</b> | <b>53</b>                   | <b>123</b> | <b>104</b> | <b>43</b> |
| <b>6 years of 2000-05: 2,018 DRDs (1,554 opioids)</b> |           |            |                             |            |            |           |
| <i>Opioid-DRDs per annum</i>                          | <b>40</b> | <b>219</b> | <b>51</b>                   | <b>93</b>  | <b>59</b>  | <b>17</b> |

# Modelling the current and future disease burden of hepatitis C among injection drug users in Scotland.

Hutchinson SJ, Bird SM, Goldberg DJ. *Hepatology* 2005; 42: 711-23

4-fold (incident) or 8-fold (prevalent) increase from 1980 to 1990?



# Before/after evaluation of Effectiveness for Scotland's National Naloxone Policy (NNP)

## Pre-NNP outcomes (ie during 2006-2010)

**Primary:** 10% of 1970 ORDs with 4-week antecedent of prison-release

**Secondary:** 20% of 1970 ORDs with 4-week antecedent of prison-release **or hospital-discharge.**

## Power for NNP-evaluation: outcome, target & duration

**Primary:** 80% power for **30%** target (10% to 7%) in 3-years

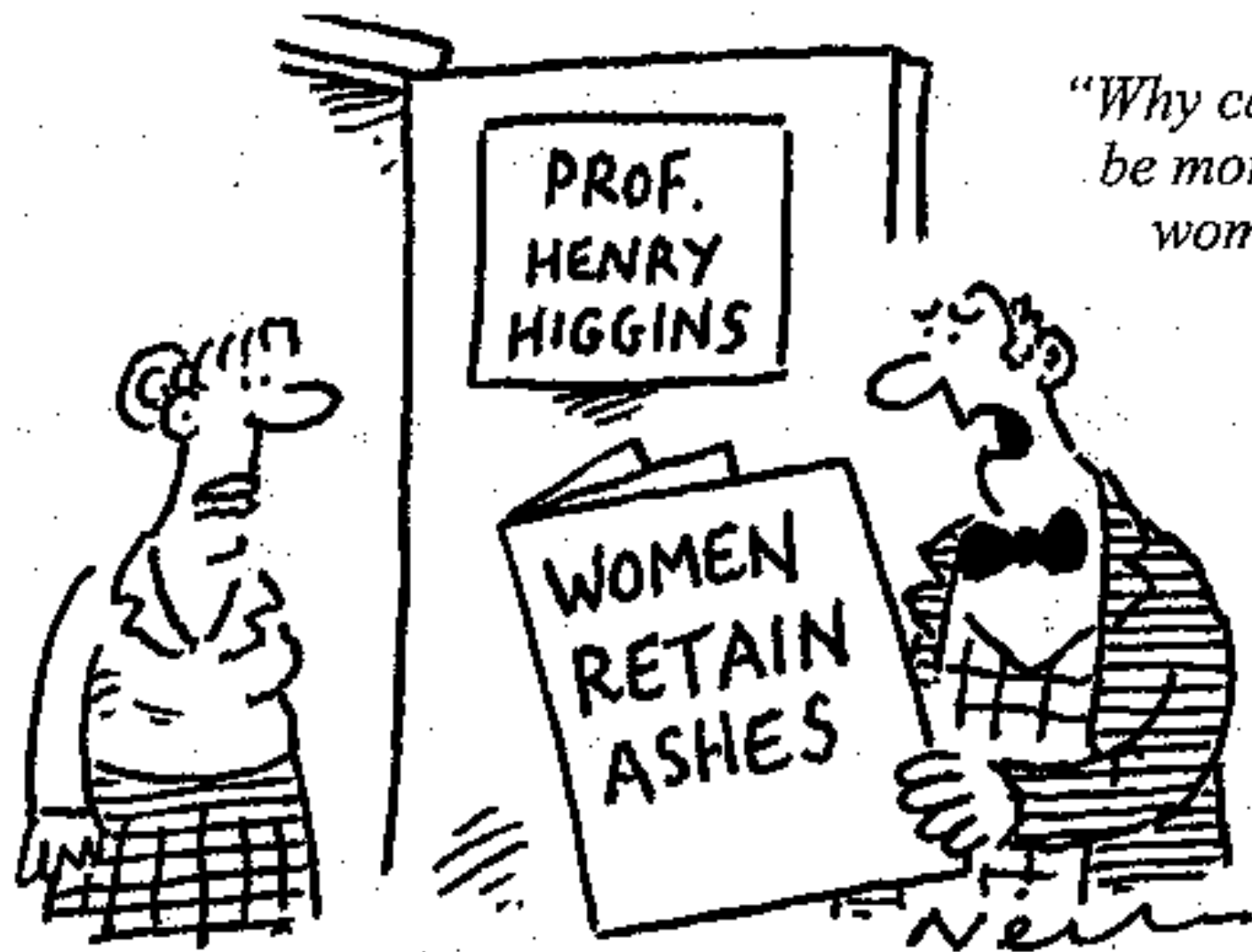
**Secondary:** 80% power for **20%** target (20% to 16%) in 3-years (ie 2011-2013).

# Before/after evaluation of Scotland's National Naloxone Programme (NNP)

| PERIOD                              | Naloxone-kits issued in Scotland (including by prisons) | % (CI) of Scotland's opioid-related deaths (ORDs) with 4-week antecedent: |  |
|-------------------------------------|---|---|--|
|                                     |   | Prison-release<br><b>PRIMARY OUTCOME</b>                                  | Prison or hospital discharge<br><b>SECONDARY OUTCOME</b> |
| <b>2006-10: baseline Before NNP</b> |   | <b>193/1970:<br/>9.8% (8.5- 11)</b>                                       | <b>374/1970:<br/>19% (17.2-21)</b>                       |
| <b>NNP</b><br>2011-13               | <b>11 900</b><br>(2 300)                                | <b>76/1212:<br/>6.3% (4.9-7.6)</b>  | <b>181/1212:<br/>15% (12.9-17)</b>                       |

**Implications for England: Naloxone-kits annually** should be 20 times England's annual number of opioid-related deaths: ie **over 40,000**





*"Why can't a man  
be more like a  
woman?"*

# Scotland's DRD-rate in 2009-2013 per 1000 problem drug users: gender \* age-group

| Demography            | CaptureRC central estimate for PDUs in 2009/10 | 2009-2013 Scotland's DRDs | DRDs per annum per 1000 PDUs (95% CI) |
|-----------------------|--|---------------------------|---------------------------------------|
| <b>Male: 15-24</b>    | 7 900  | 209                       | <b>5.3</b> ( 4.6 to 6.0)              |
| <b>Male: 25-34</b>    | 16 000   | 647                       | <b>8.1</b> ( 7.4 to 8.7)              |
| <b>Male: 35+ yrs</b>  | 18 200   | 1158                      | <b>12.7</b> (12.0 to 13.5)            |
| <b>Female: 15-24</b>  | 3 200  | 63                        | <b>3.9</b> ( 3.0 to 4.9)              |
| <b>Female: 25-34</b>  | 7 100  | 184                       | <b>5.2</b> ( 4.4 to 5.9)              |
| <b>Female: 35+yrs</b> | 7 000  | 460                       | <b>13.1</b> ( 11.9 to 14.3)           |

# E&W Drug Data Warehouse, 2005-09: opiate users, Pierce et al. DAD 2015; 146: 17-23.

| Age-group<br>time-<br>updated | Person-<br>years in<br>'000s<br>[DRDs] | DRD-<br>rate per<br>1000 pys<br>(95% CI) | Male<br>DRD-rate<br>per 1000 pys<br>(95% CI) | Female<br>DRD-rate<br>per 1000 pys<br>(95% CI) |
|-------------------------------|--|--|--|--|
| 18 - 24                       | 63K<br>[119]                           | <b>1.9</b><br>(1.6, 2.3)                 | <b>2.9</b><br>(2.6, 3.1)<br>[580 DRDs]       | <b>1.5</b><br>(1.3, 1.8)<br>[141 DRDs]         |
| 25 - 34                       | 236K<br>[602]                          | <b>2.6</b><br>(2.4, 2.8)                 |  |  |
| 35 - 44                       | 175K<br>[686]                          | <b>3.9</b><br>(3.6, 4.2)                 | <b>4.2</b><br>(3.8, 4.5)                     | <b>3.2</b><br>(2.8, 3.8)                       |
| 45 - 64                       | 68K<br>[308]                           | <b>4.5</b><br>(4.0, 5.0)                 | <b>4.7</b><br>(4.1, 5.3)                     | <b>4.0</b><br>(3.2, 5.1)                       |

# “Methadone deaths”



# Scotland's CHI-identified methadone-prescription cohort for 2009-15: 36,347 clients.

**26,533 (73%)** clients with actual or recovered  
daily-dose at 1st CHI-identified prescription:  
**2 342 deaths,**  
**include 995 DRDs (42%),**  
**include 420 methadone-specific DRDs (42%)**



# Impact Summary

**WASH design: acceptable to prisoners** (> 80% volunteered)

+ Record-linkage for injector-prisoners' benefit

**N-ALIVE's plausible effect-size . . .**

Ministerial decision in Scotland (& Wales) . . .

**Before/after evaluation-design: science-led**

Late sequelae of UK's heroin injector epidemics:  
**methadone-specific DRDs** (sex=f; dose; co-morbidities; SAE)

# Scotland's ageing epidemic injector-wave, 2006-2018

## ORDs (ERA mean)

| ERA         | Under 25 years    | 25-34 years        | 35-44 years        | 45+ years          |
|-------------|-------------------|--------------------|--------------------|--------------------|
| 2006-2008   | 207 ( <b>69</b> ) | 432 ( <b>144</b> ) | 359 ( <b>120</b> ) | 145 ( <b>48</b> )  |
| 2009-2011   | 154 ( <b>51</b> ) | 432 ( <b>144</b> ) | 451 ( <b>150</b> ) | 220 ( <b>73</b> )  |
| 2012-2014   | 72 ( <b>24</b> )  | 362 ( <b>121</b> ) | 459 ( <b>153</b> ) | 338 ( <b>113</b> ) |
| 2015-2017   | 58 ( <b>19</b> )  | 422 ( <b>141</b> ) | 750 ( <b>250</b> ) | 622 ( <b>207</b> ) |
| <b>2018</b> | <b>32</b>         | <b>165</b>         | <b>365</b>         | <b>334</b>         |

# Ageing epidemic injector-wave: **England & Wales**

## *Any opiate mentioned-DRM<sub>isuses</sub> (ERA mean): E&W*

| ERA                           | Under 25 years      | 25-34 years         | 35-44 years         | 45+ years                |
|-------------------------------|---------------------|---------------------|---------------------|--------------------------|
| 2006-2008                     | 498 <b>(166)</b>    | 1441 <b>(480)</b>   | 1480 <b>(493)</b>   | 1075 <b>(358)</b>        |
| 2009-2011                     | 327 <b>(109)</b>    | 1181 <b>(394)</b>   | 1568 <b>(523)</b>   | 1439 <b>(480)</b>        |
| 2012-2014                     | 237 <b>( 79)</b>    | 1047 <b>(349)</b>   | 1695 <b>(565)</b>   | 1846 <b>(615)</b>        |
| 2015-2017                     | 269 <b>( 90)</b>    | 1169 <b>(390)</b>   | 2124 <b>(708)</b>   | 2633 <b>(878)</b>        |
| <b>2018</b>                   |                     |                     |                     |                          |
| <b>Change</b> since 2006-2008 | <b>46% decrease</b> | <b>19% decrease</b> | <b>44% increase</b> | <b>More than doubled</b> |
| Scotland's ORD-change         | 72% decrease        | 2% decrease         | At least doubled    | At least quadrupled      |



# Ageing epidemic injector-wave: **England & Wales**

## **DRP<sub>oisoning</sub>-DRM<sub>isuse</sub>s (ERA mean) by death-year: E&W**

| <b>ERA</b>                    | Under 25 years     | 25-34 years         | 35-44 years         | 45+ years           |
|-------------------------------|--------------------|---------------------|---------------------|---------------------|
| 2006-2008                     | 205 ( <b>68</b> )  | 396 ( <b>132</b> )  | 659 ( <b>220</b> )  | 1496 ( <b>499</b> ) |
| 2009-2011                     | 189 ( <b>63</b> )  | 389 ( <b>130</b> )  | 656 ( <b>219</b> )  | 1460 ( <b>487</b> ) |
| 2012-2014                     | 171 ( <b>57</b> )  | 445 ( <b>148</b> )  | 782 ( <b>391</b> )  | 1711 ( <b>570</b> ) |
| 2015-2017                     | 195 ( <b>65</b> )  | 536 ( <b>179</b> )  | 911 ( <b>304</b> )  | 2086 ( <b>695</b> ) |
| <b>Change since 2006-2008</b> | <b>5% decrease</b> | <b>35% increase</b> | <b>38% increase</b> | <b>39% increase</b> |

# Ageing epidemic injector-wave: **England & Wales**

## **ORD-mentions as % of DRM<sub>isuses</sub> in E&W (95% confidence interval)**

| <b>ERA</b> | Under 25 years                       | 25-34 years                                | 35-44 years                                | 45+ years                                  |
|------------|--------------------------------------|--|--|--|
| 2006-2008  | <b>65%</b> [420/650]<br>(61% to 68%) | <b>66%</b> [1208/1817]<br>(64.3% to 68.7%) | <b>62%</b> [1150/1851]<br>(59.9% to 64.3%) | <b>44%</b> [ 624/1414]<br>(41.5% to 46.7%) |
| 2009-2011  | <b>63%</b> [258/410]                 | <b>67%</b> [ 958/1434]                     | <b>62%</b> [1183/1897]                     | <b>45%</b> [ 805/1787]                     |
| 2012-2014  | <b>44%</b> [170/390]                 | <b>58%</b> [ 799/1389]                     | <b>64%</b> [1292/2014]                     | <b>49%</b> [1093/2248]                     |
| 2015-2017  | <b>40%</b> [175/439]<br>(35% to 44%) | <b>56%</b> [ 882/1570]<br>(53.7% to 58.6%) | <b>64%</b> [1667/2617]<br>(61.8% to 65.5%) | <b>55%</b> [1754/3201]<br>(53.1% to 56.5%) |

# Scotland's National Naloxone Programme

| Calendar Period: naloxone kits issued, including by prisons   | Number of opioid-related deaths, ORDs | PRIMARY: ORDs within 4-weeks of Prison-release | TERTIARY: ORDs within 4-weeks of Hospital-discharge | SECONDARY: ORDs within 4-weeks of Prison-release and/or Hospital-discharge |
|---|---------------------------------------|--|---|--|
| <b>2006-10</b><br>(5 years)                                   | 1970                                  | 193<br>( <b>9.8%</b> ; 8.5 - 11.1)             | 191<br>( <b>9.7%</b> ; 8.4 - 11.0)                  | 374<br>( <b>19%</b> ; 17.2 - 20.7)   |
| <b>2011-13</b><br>(1 <sup>st</sup> 3 years): <b>12,000</b>    | <b>1212</b>                           | 76<br>( <b>6.3%</b> ; 4.9 - 7.6)               | 111<br>( <b>9.2%</b> ; 7.5 - 10.8)                  | 181<br>( <b>15%</b> ; 12.9 - 16.9)   |
| <b>2014-16</b><br>(2 <sup>nd</sup> 3 years):<br><b>24,000</b> | <b>1592</b>                           | 60<br>( <b>3.8%</b> ; 2.8 - 4.7)               | 151<br>( <b>9.5%</b> ; 7.7 - 11.4)                  | 204<br>( <b>13%</b> ; 11.2 - 14.5)   |
| <b>2011-16</b><br>(6 years):<br><b>36,000</b>                 | 2804                                  | 136<br>( <b>4.9%</b> ; 4.1 - 5.6)              | 262<br>( <b>9.3%</b> ; 8.2 - 10.4)                  | 385<br>( <b>14%</b> ; 12.4 - 15.0)   |





# 1991 WASH

**W**illing *[ethical]*

**A**nonymous  
*[no deductive disclosure]*

**S**aliva & linked self-Q  
*[high volunteer rate]*

**H**IV surveillance

Linked to self-Q on risks  
*[frank answers]*



# 1996: new WASH questions

**Injected inside in past 4 weeks?**

**(mean  $\sim$  6 times, also sd = 6)**

**Used sterilization tablets to clean needles/works in past 4 weeks?**

**(mean  $\sim$  6 times)**

# Random Mandatory Drugs Testing

*BMJ 1997; 315: 21-24.*

**I'm  
gonna  
WASH  
that  
wo(e)-man  
right  
outta  
my  
hair**

# Design assumptions by BH

1. ~ 20,000 eligible releases
2. **WASH: 40%** adult male & **20%** young offender index releases would be injectors [IDUs]
3. **Drugs-related deaths [DRDs] mainly in IDUs**
4. **One DRD per 3000 recently-released IDU-days, not 1 per 1000, as in Seaman.**
5. **DRD Relative Risk in 1<sup>st</sup> fortnight of 4, not 8.**

# Scottish Drug Misuse Database Cohort, 1996-2010

**Ever-injectors' DRD risk in 1<sup>st</sup> 4-weeks after hospital-discharge {White et al.}**

**2.4 DRDs per 1,000 hospital-discharges**

## Hospital-doctors

FAX to GP/drug tx.  
team

CONSIDER  
take-home Naloxone

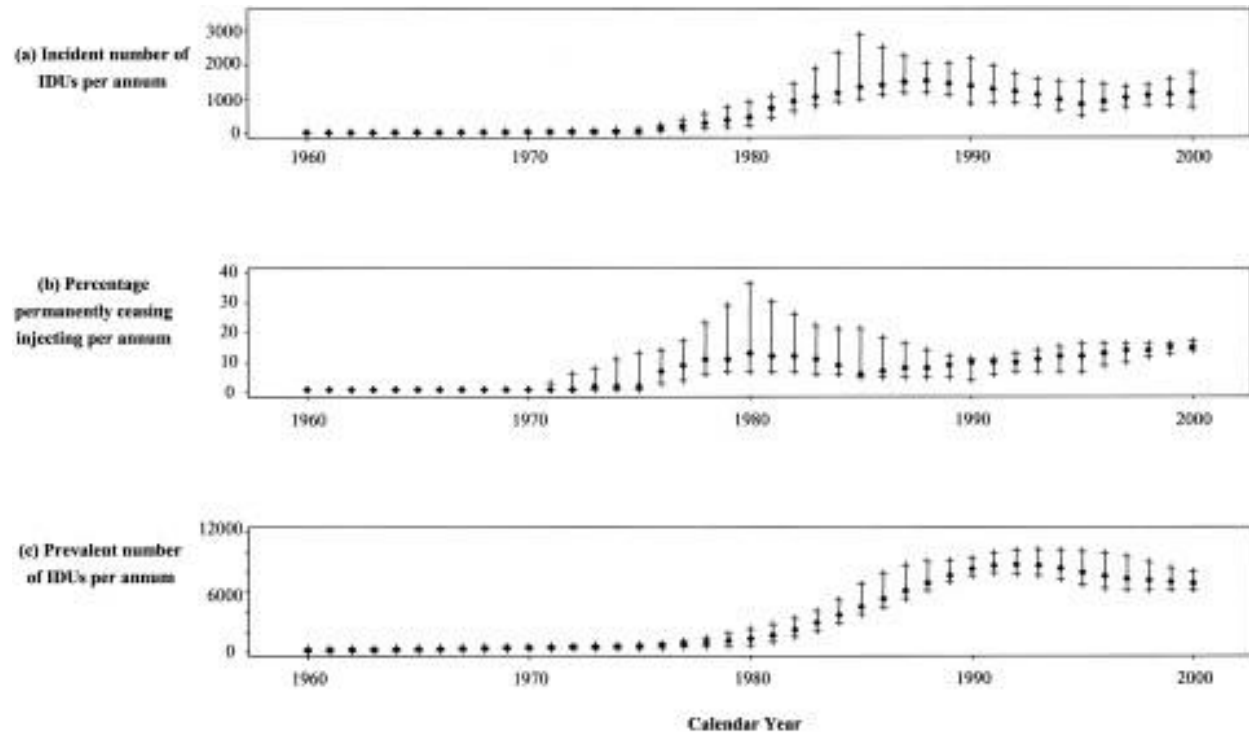
**Public health policy  
in Scotland &  
Wales**



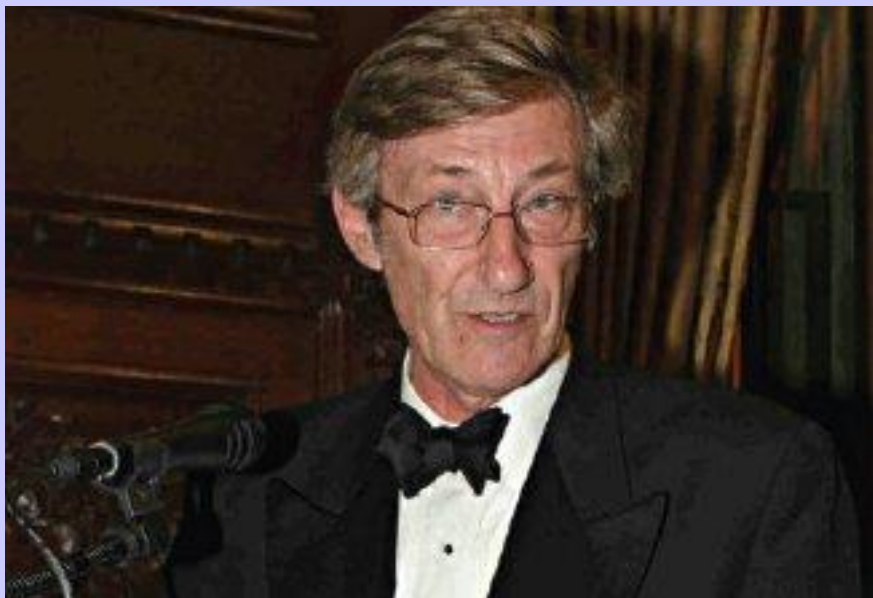
# 3. Modelling the current and future disease burden of hepatitis C among injection drug users in Scotland.

Hutchinson SJ, Bird SM, Goldberg DJ. *Hepatology* 2005; 42: 711-23

4-fold (incident) or 8-fold (prevalent) increase from 1980 to 1990?



# Advisory Council on Misuse of Drugs



**2005**

**Naloxone**  
was added to  
exempt list of  
**Prescription Only  
Medicines**  
for administration by  
anyone  
in an emergency to  
save life



**Use of Naloxone for overdose**

I gave Naloxone, but overdose patient survived

I gave Naloxone, but overdose victim died

No Naloxone given

No Naloxone available

Naloxone caused serious withdrawals

**Problems with Naloxone**

I gave Naloxone

I gave Naloxone

**ACTIONS**

call ambulance

**MRC** | Trials | unit

This card is to notify that

is authorized to carry in emergency dose of Naloxone as an antidote to heroin overdose. They have been given this by the N-Alive trial.

For further details on the trial, contact Freephone: 0800 XXX XXXX



# What did N-ALIVE pilot Trial's Data Monitoring Committee decide?

## **1. Cease randomization on 8 Dec. 2014.**

N-ALIVE & Scotland's data show that naloxone-on-release is twice as likely to be administered to someone other than the ex-prisoner.  
***Individually-randomized trial now infeasible: ie wrong design.***

## **2. Offer naloxone-on-release to those already-randomized but not released by 8 Dec. 2014.**

Based on Scotland's strong before/after comparisons.  
***As judged by Hill's criteria for causality.***

## **3. Mortality follow-up continues to 8 March 2015.**

But will be incomplete before March 2017.  
***Due to late-registration of deaths in England . . .***

See Bird et al. *DEPP* 2014; Parmar et al. *Addiction* 2017; Bird et al. *Contemporary Clin. Trials Communications*, 2017; Meade et al. *Drug & Alcohol Review* 2017 (eprint).

Advocate for evaluated Naloxone Policy in England!

# Hill's criteria for appraising causality

strength, consistency, **specificity**, temporality;  
biological gradient, plausibility, **coherence**;  
**experiment**, **analogy**.



# Scotland's methadone-DRD-rate per 1000 client-years had risen. **Why?**

**Age-related [1]:** DRD-rate increases with age.

*Should we expect **methadone-DRD rate to increase as methadone-clients age?***

**Age-related or gender-related daily-dose [2]:**

Does prescribed daily-dose of methadone increase with clients' age; or differ by gender? **Find out!**

**Methadone-DRD [3]:** Does **not** imply that the deceased had been prescribed methadone . . .

***Scotland has toxicology protocol @ forensic autopsy***

# Scotland's ageing epidemic injector-wave, 1997-2018

## DRDs (ERA mean)

| <b>ERA</b> | Under 25 years | 25-34 years | 35-44 years | 45+ years |
|------------|----------------|-------------|-------------|-----------|
| 1997-1999  | 258 ( 86)      | 310 (103)   | 130 ( 43)   | 66 ( 22)  |
| 2000-2002  | 253 ( 84)      | 419 (140)   | 231 ( 77)   | 104 ( 35) |
| 2003-2005  | 207 ( 69)      | 365 (122)   | 299 (100)   | 140 ( 47) |
| 2006-2008  | 255 ( 85)      | 514 (171)   | 450 (150)   | 230 ( 77) |
| 2009-2011  | 194 ( 65)      | 523 (174)   | 559 (186)   | 338 (103) |
| 2012-2014  | 125 ( 42)      | 465 (155)   | 596 (199)   | 534 (178) |
| 2015-2017  | 111 ( 37)      | 547 (182)   | 936 (312)   | 913 (304) |
| 2018       | 65             | 217         | 442         | 463       |

# Ageing epidemic injector-wave: **England & Wales**

## **DRM<sub>isuse</sub>s (ERA mean) by death-year: E&W**

| <b>ERA</b>                       | Under 25 years      | 25-34 years         | 35-44 years             | 45+ years               |
|----------------------------------|---------------------|---------------------|-------------------------|-------------------------|
| 2006-2008                        | 650 <b>(217)</b>    | 1817 <b>(606)</b>   | 1851 <b>( 617)</b>      | 1414 <b>( 471)</b>      |
| 2009-2011                        | 410 <b>(137)</b>    | 1434 <b>(478)</b>   | 1897 <b>( 632)</b>      | 1787 <b>( 596)</b>      |
| 2012-2014                        | 390 <b>(130)</b>    | 1389 <b>(463)</b>   | 2014 <b>( 671)</b>      | 2248 <b>( 749)</b>      |
| 2015-2017                        | 439 <b>(146)</b>    | 1570 <b>(523)</b>   | 2617 <b>( 872)</b>      | 3201 <b>(1067)</b>      |
| <b>2018</b>                      |                     |                     |                         |                         |
| <b>Change</b> since<br>2006-2008 | <b>32% decrease</b> | <b>14% decrease</b> | <b>41% increase</b>     | <b>At least doubled</b> |
| <b>Scotland's DRD-change</b>     | <b>56% decrease</b> | <b>6% increase</b>  | <b>At least doubled</b> | <b>Quadrupled</b>       |