

Scotland's overdose crisis: a public health emergency

Annual meeting of the EMCDDA expert network on
Drug-related deaths, 2019

Dr Andrew McAuley
Principal Scientist, Health Protection Scotland
Senior Research Fellow, Glasgow Caledonian University

Context: Scotland

- Population ~ **5 million**
- 14 Health Boards
- ~ **15,000 - 20,000 PWID**
- **Widespread availability of harm reduction**
 - In 2017-18:
 - ~ 4.4 million needle/syringes distributed
 - ~ 78% current PWID received OST
 - ~ 61% of PWID supplied with naloxone
- **Devolved Scottish Government**
 - Drugs law is reserved for UK Parliament





Drug-related deaths in Scotland rise 27%

THE CONVERSATION

Academic rigour, journalistic flair

Scotland records huge rise in drug-related deaths

Record drug deaths in Scotland – a national scandal

July 16, 2019 11.46am BST

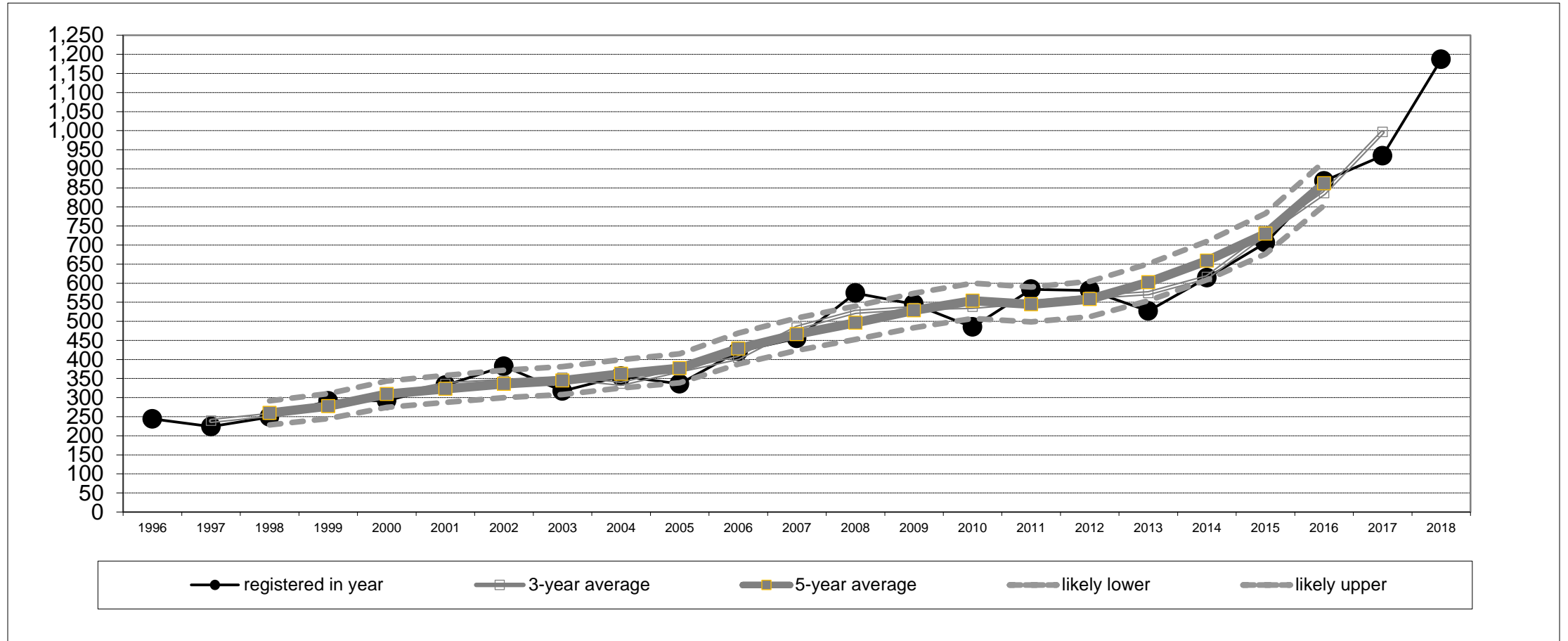
Drug-related deaths in Scotland reach highest level since current records began

The New York Times

sky news

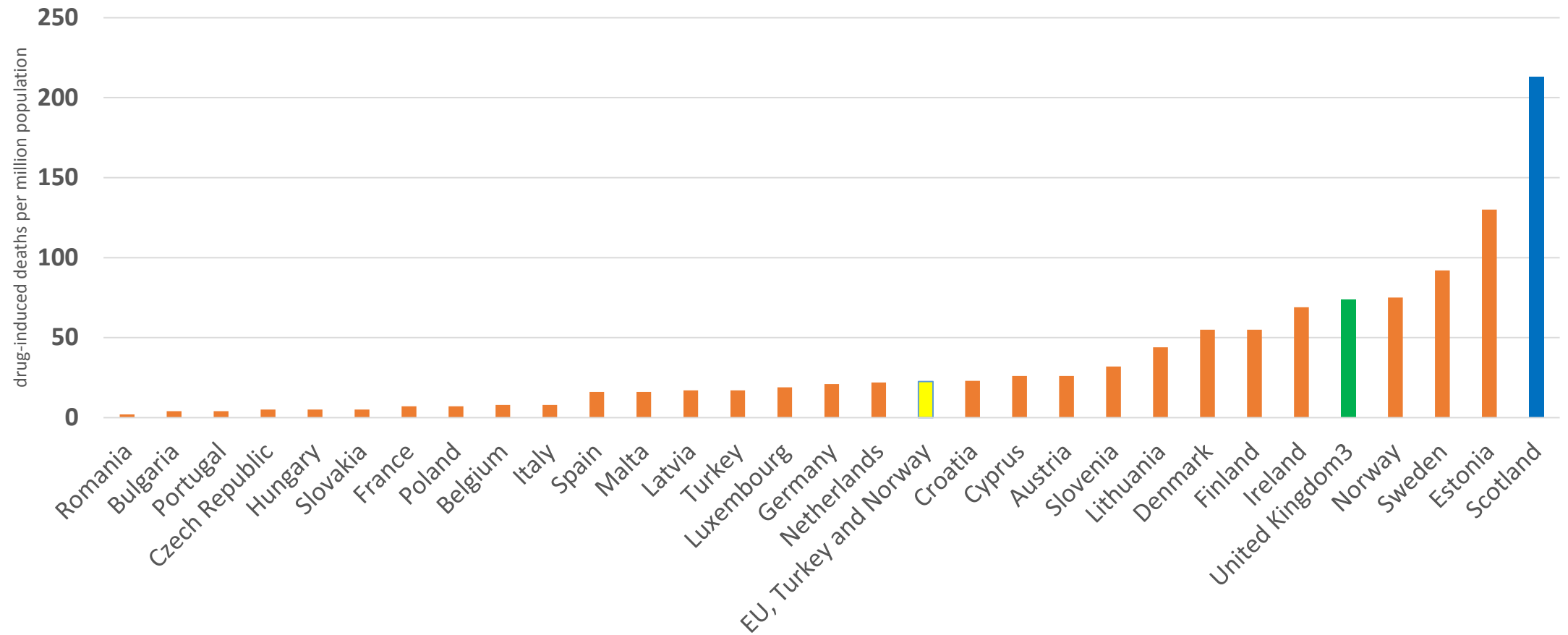
As Scotland's 'Trainspotting' Generation Ages, the Dead Pile Up

Drug-related deaths, Scotland, 1996-2019

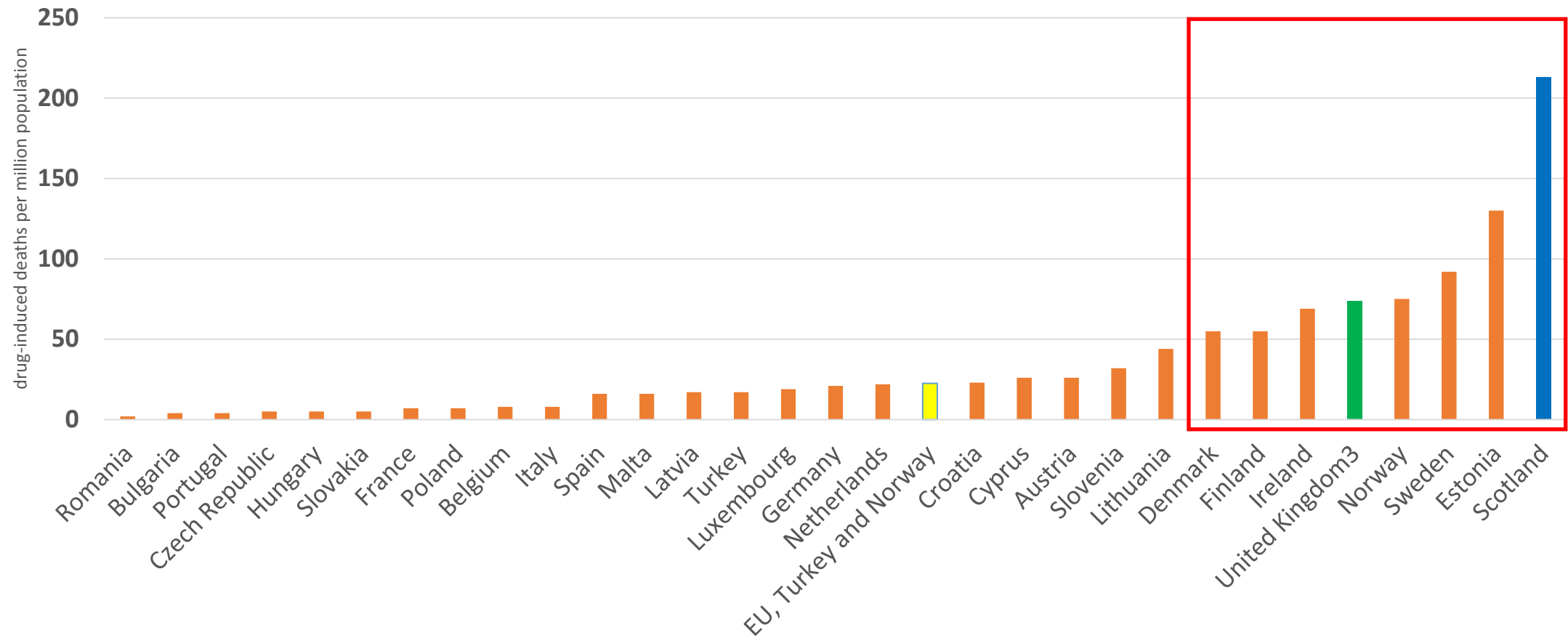


Source: National Records Scotland (2019)

EMCDDA: 'Drug-induced' deaths aged 15-64: reported number and rate per million population, latest year's figures



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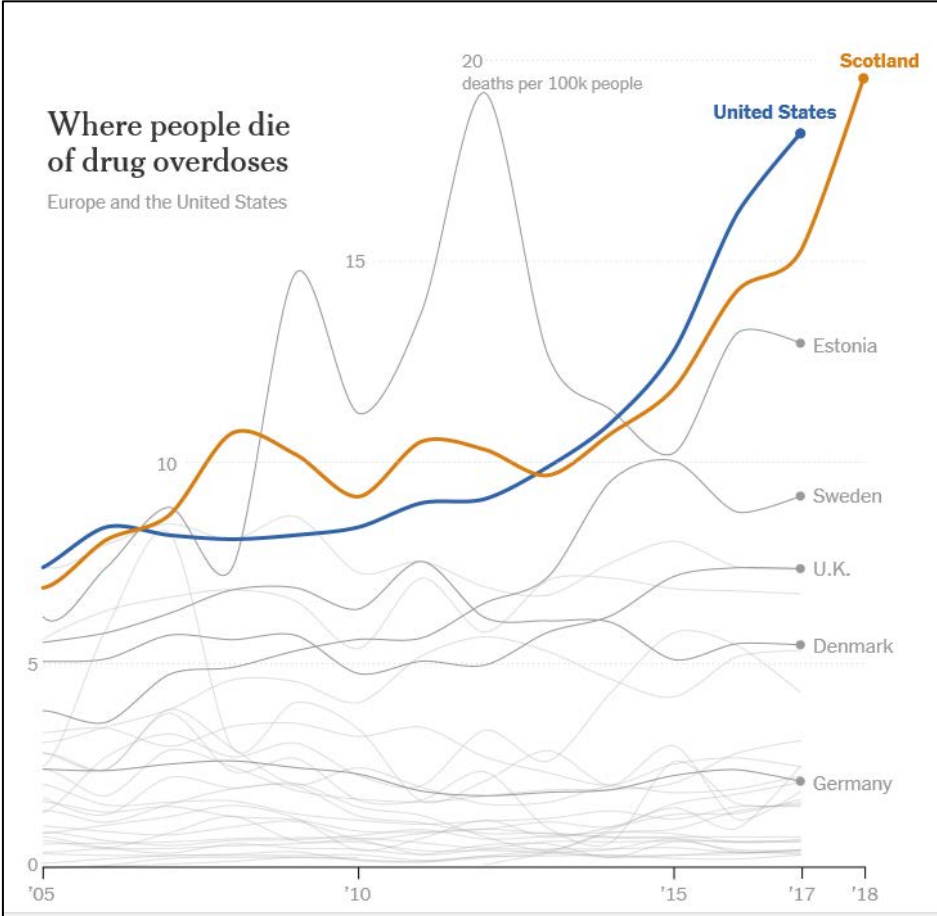


Drug-related deaths internationally



Trainspotting revisited

Scotland overtakes America as the world's drug-overdose capital



Source: New York Times, 2019

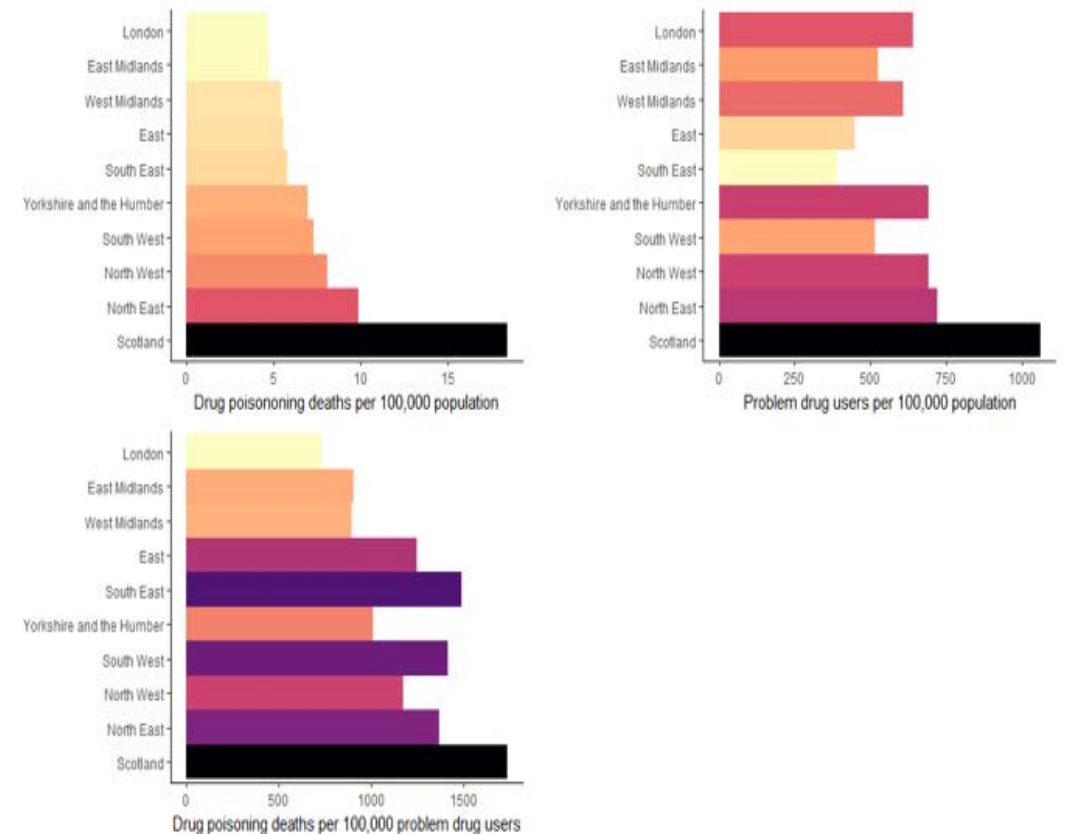
Why are drug-related deaths so high in Scotland?

Hypotheses...

- Large population at risk
- Ageing cohort
- Consumption patterns
- Treatment ineffectiveness
- Drug Policy

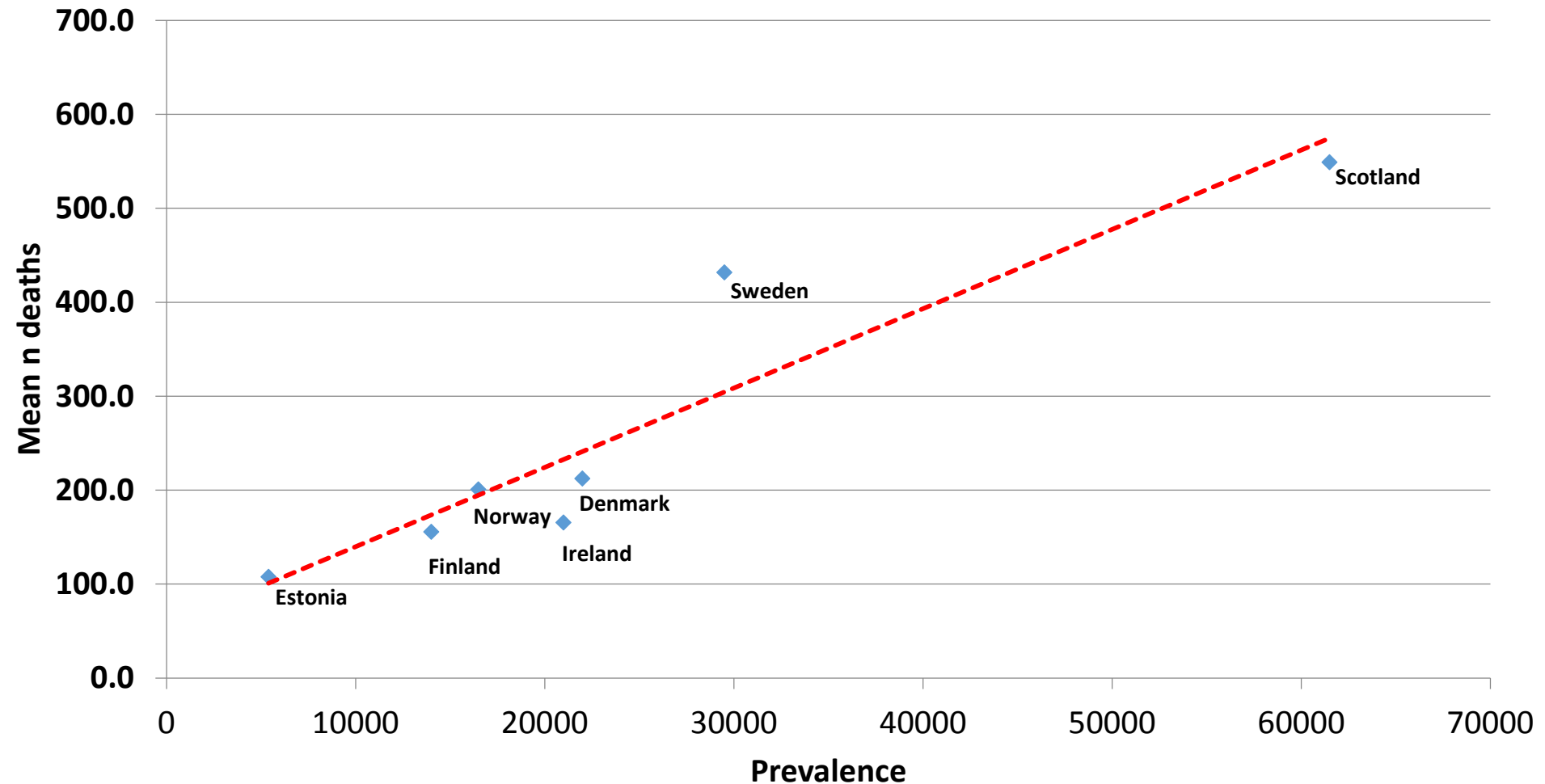
Size of population at risk

- Scotland has a greater rate of problem drug use than anywhere else in the UK (and much of Europe); and...
- Higher mortality rate among problem drug users than elsewhere in the UK (and much of Europe)
- Large 'at-risk' population = lots of deaths



Source: Dr Colin Angus, University of Sheffield

Mean annual number of opioid related deaths (most recent 5-year period) vs. 'best (gu)estimates' of problem opioid prevalence (or proxy):



RESEARCH ARTICLE

Open Access

Drug-related deaths in Scotland 1979–2013: evidence of a vulnerable cohort of young men living in deprived areas

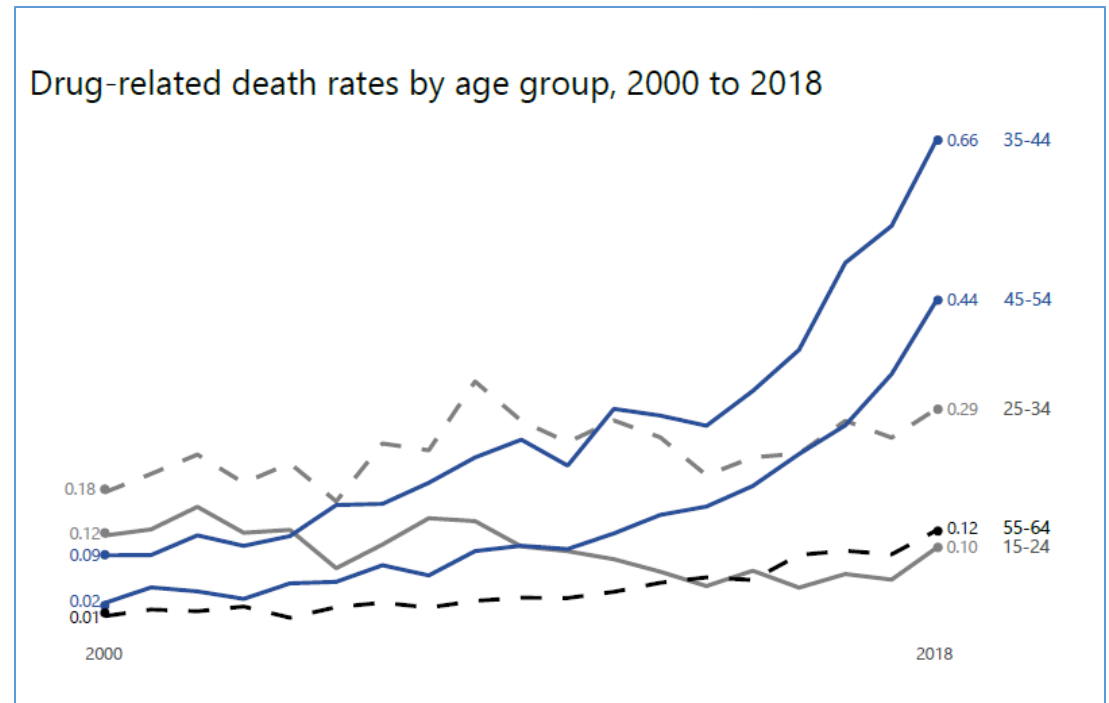


Jane Parkinson^{1*} , Jon Minton², James Lewsey³, Janet Bouttell³ and Gerry McCartney¹

“Age-standardised rates for DRDs among young adults rose during the 1990s in Scotland due to an increased risk of DRD for the cohort born between 1960 and 1980, especially for males living in the most deprived areas. This cohort effect is **consistent with the hypothesis that exposure to the changing social, economic and political contexts of the 1980s created a delayed negative health impact.**”

Ageing cohort

- Majority of the increase has occurred in the 35-44 and 45-54 year old age groups
- Average (median) age of DRD in Scotland increased from 28 years in 1996 to 42 years old in 2018
- Age a significant risk factor for DRD



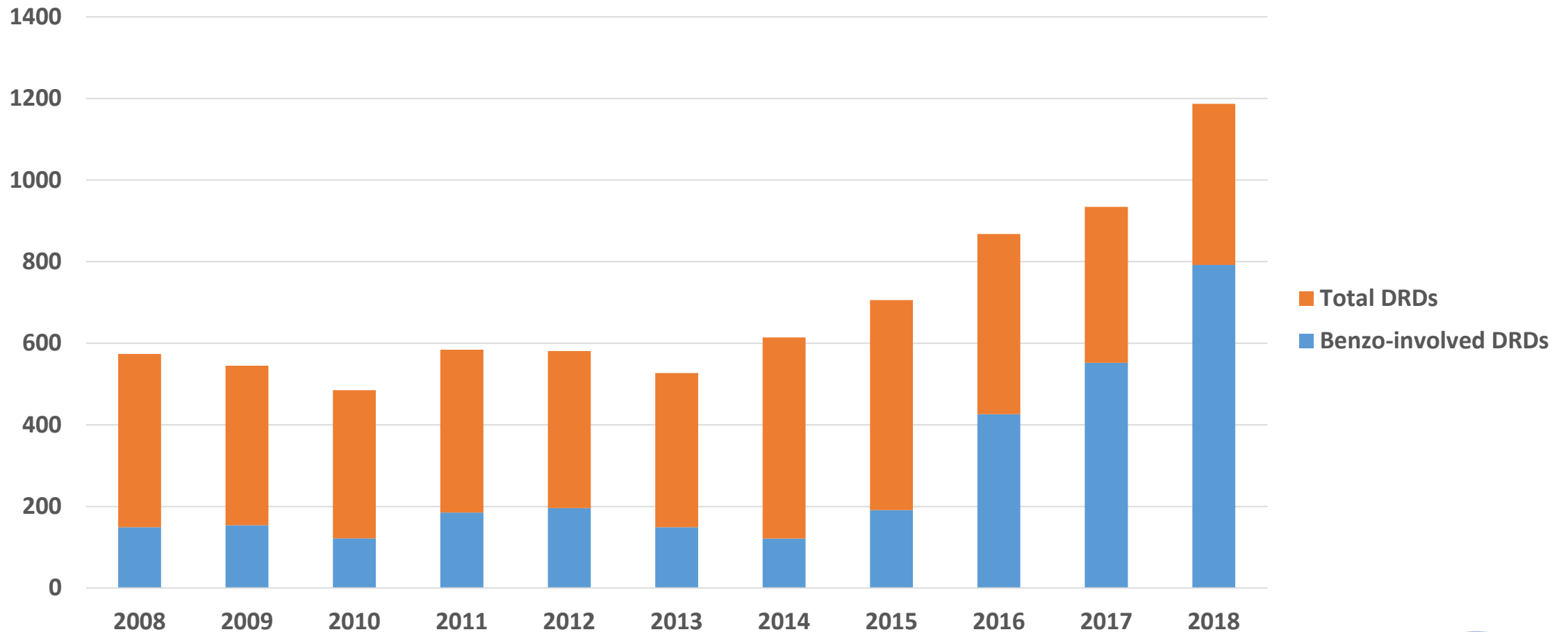
Source: National Records Scotland (2019)

Consumption patterns

- Polydrug use is the norm;
 - Only 178/1187 (15%) of drug-related deaths in 2018 involved a single substance
- Heroin, benzodiazepines and alcohol are typical combination
- Increasing role of stimulants (powder cocaine) and prescription drugs (e.g.) gabapentinoids

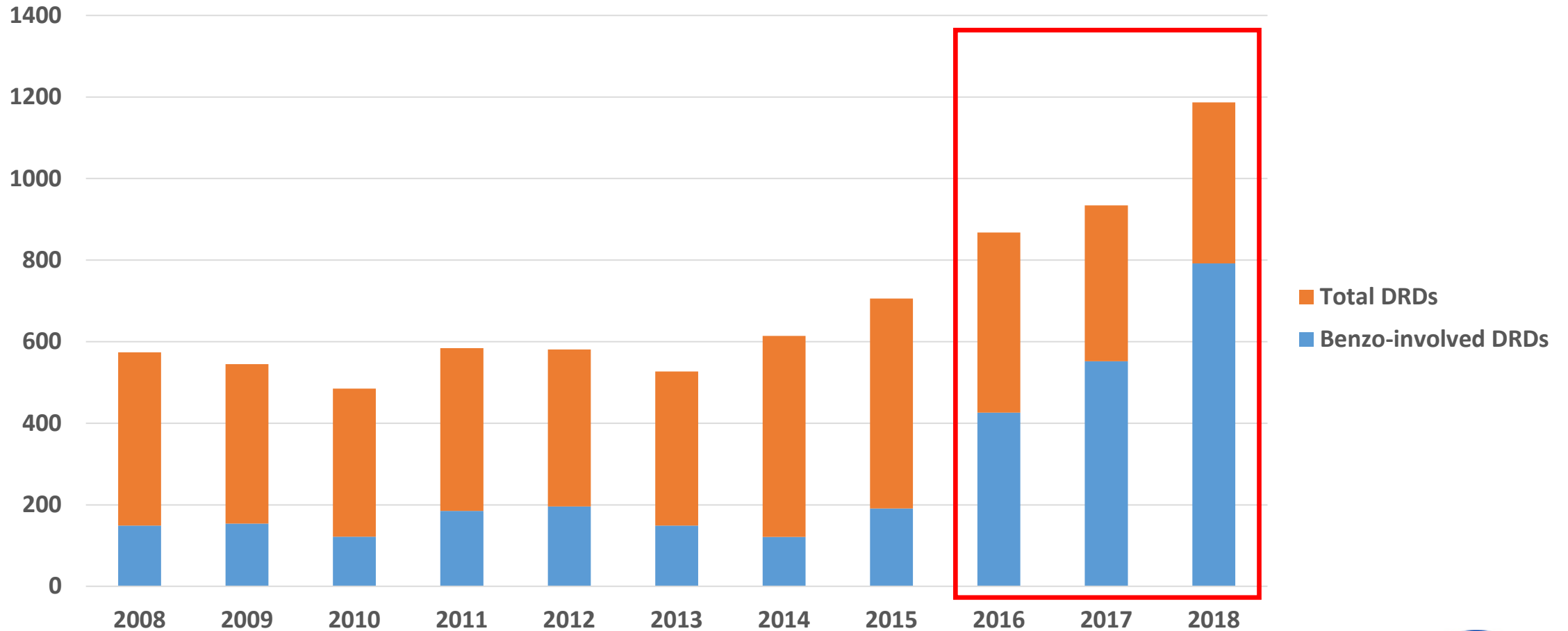


Benzodiazepine-related deaths, Scotland, 2008-2018



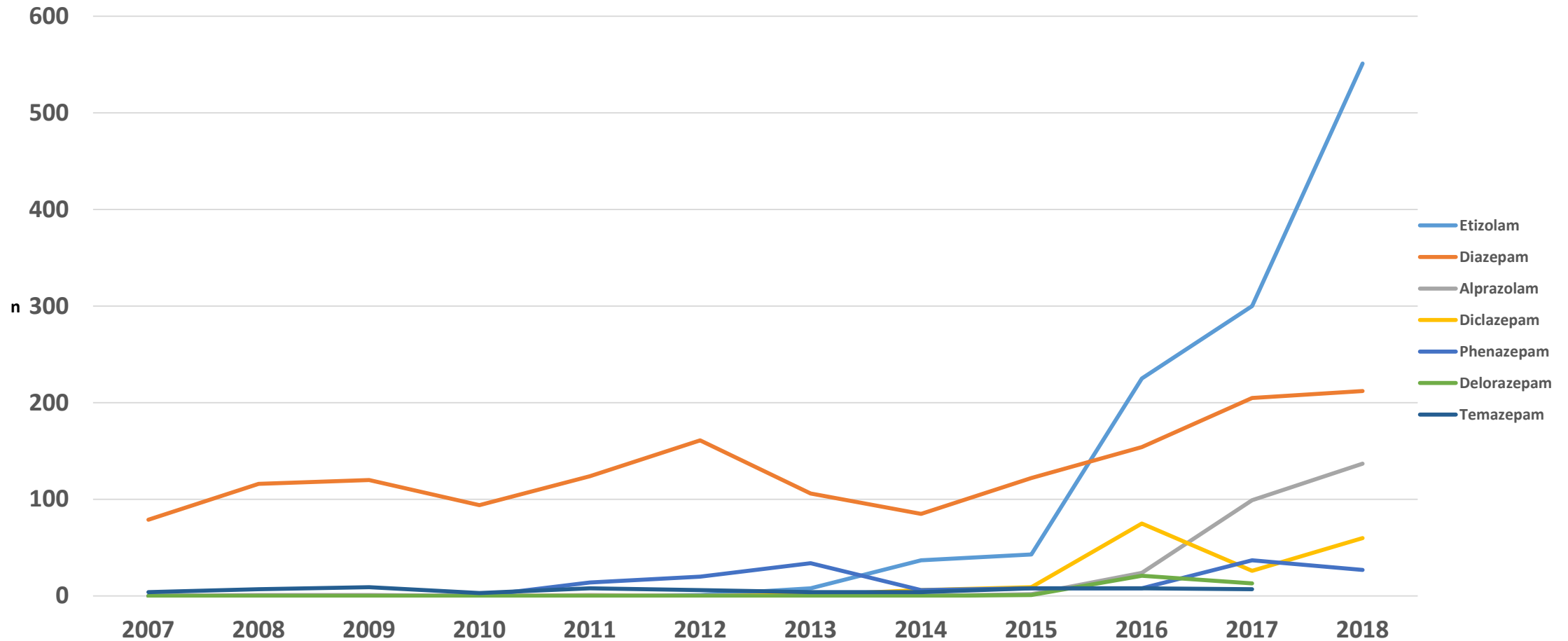
Source: National Records of Scotland (NRS)

Benzodiazepine-related deaths, Scotland, 2008-2018



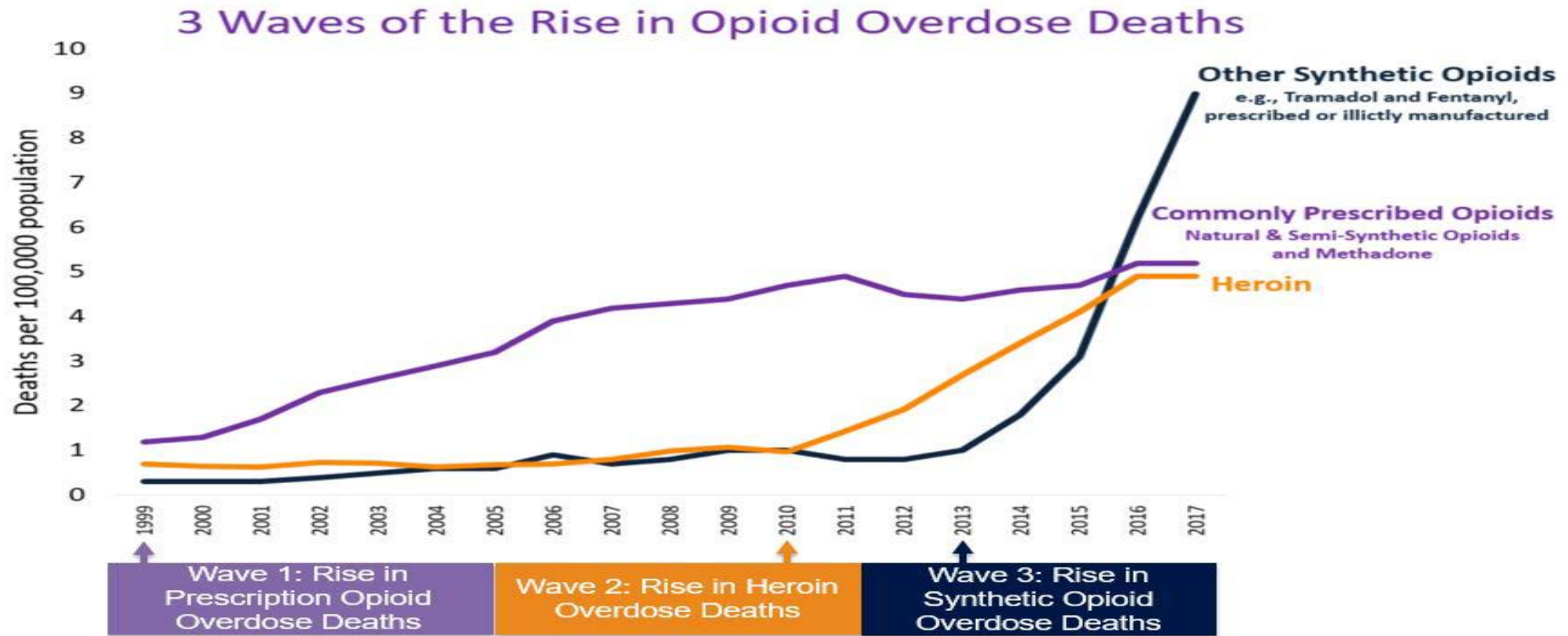
Source: National Records of Scotland (NRS)

Benzodiazepine-related deaths by substance, Scotland, 2008-2018



Source: National Records of Scotland (NRS)

Opioid-related deaths by substance, USA, 1999-2017



SOURCE: National Vital Statistics System Mortality File.

Treatment ineffectiveness

- Specialist drug treatment (i.e. Opioid substitution therapy (OST)) effective at reducing risk of mortality
- Low % of Scotland's opioid users engaged with Treatment;
 - Scotland <50%
 - England 60%
 - Norway >80%
- Poor compliance among those engaged with OST;
 - 'Cycle in and out'
 - High numbers of 'unplanned discharges'
- Funding for drug treatment cut in 2016
 - Austerity





Addictive Behaviors

Volume 90, March 2019, Pages 444-450



‘Being human’ and the ‘moral sidestep’ in drug policy: Explaining government inaction on opioid-related deaths in the UK

Alex Stevens  

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<https://doi.org/10.1016/j.addbeh.2018.08.036>

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“Conservative politicians dismiss ‘evidence-based’ ideas on the reduction of drug-related death through a ‘moral sidestep’. **They defend policy on the basis of its relevance to conservative moral principles, not effectiveness.** This is consistent with the broader moral and political pursuit of partial state shrinkage which Conservative politicians and the social groups they represent have pursued since the 1970s.”

Summary

- Scotland in the midst of a drug death public health emergency
- Combination of historical, political and environmental drivers of mortality
- Trends will continue until radical action is taken
- Drug-related deaths are preventable not inevitable

Thank you for listening

andrew.mcauley@nhs.net

@arjmcauley