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Harm Reduction Database Wales: Drug related mortality

Annual Report 2022-23



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Public Health Wales exists to protect and improve health and wellbeing and reduce health inequalities for people in Wales. We work locally, nationally and internationally, with our partners and communities.

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Glossary of key abbreviations



ABUHB	Aneurin Bevan University Health Board	NSP	Needle and Syringe Programme
APB	Area Planning Board	ONS	Office for National Statistics
BCUHB	Betsi Cadwaladr University Health Board	OST	Opioid substitution therapy
CRC	Case Review Coordinator	PTC	Over the counter medication
CTUHB	Cwm Taf University Health Board	POMs	Prescription-only medicines
CVUHB	Cardiff and Vale University Health Board	PTUHB	Powys Teaching University Health Board
EASR	European Age Standardised Rate	PWID	People who inject drugs
HDUHB	Hywel Dda University Health Board	SBUHB	Swansea Bay University Health Board
HRD	Harm Reduction Database Wales	SCRA	Synthetic Cannabinoid Receptor Agonist
ICD-10	International Classification of Disease codes	SMS	Substance misuse service
NPS	New Psychoactive Substances	THN	Take-home Naloxone
		WNDSM	Welsh National Database for Substance Misuse

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Section 1

Executive Summary



Executive Summary

Key findings and trends

Take-home Naloxone

- Since July 2013 THN has reportedly been used during 3,675 opioid drug poisoning events, each one a potential drug death – a fatal opioid poisoning was reported in only 1.3 per cent (n=46) events where THN was used.
- In the last year, THN was reportedly used in 303 drug poisoning events, with 2 deaths reported (1 percent). The frequency of follow-on care, including ambulance attendance and hospitalisations, remain broadly consistent with recent years.
- The number of supply events, new individuals supplied and kits provided have increased compared to the previous year, particularly amongst those supplied for the first time.
- Regional variation exists in the provision and coverage of THN to those at risk of experiencing or witnessing an opioid drug poisoning event.
- Among new individuals receiving THN, around half were listed as family / partner / carers or professionals working with people at risk of opioid poisoning.
- Amongst people injecting opioids and regularly accessing NSP services, 33% only attend Pharmacy-based NSP services, THN provision within these services remains limited.

Drug deaths in Wales – Office for National Statistics

- In 2022, 318 deaths due to drug poisoning were registered in Wales, remaining at high levels consistent with the previous calendar year. Of these, 205 were classified as drug misuse deaths, compared with 210 drug deaths registered in 2021.
- As in previous years, the most commonly reported substance group was opioids, reported in 125 deaths (61 per cent), of which 51 per cent involved heroin/morphine. Other substances reported were cocaine, methadone, pregabalin, etizolam and diazepam. Poly-drug use was reported in 61 per cent (n=126) of drug misuse deaths.
- In 2022, the ratio of deaths amongst males and females was around 3:1, consistent with previous years. Most deaths occurred in those in the over 50 year age group reported in 25 per cent of all drug deaths (n = 45) in 2022. There were 13 drug deaths in people under the age of 25.
- There remains considerable geographic variation in the age-standardised rates of drug misuse deaths across Wales, with rates ranging from 3.2 to 13.9 deaths per 100,000 population
- Drug misuse deaths were over 5 times higher amongst those living in the 20 per cent most deprived areas compared with the 20 per cent least deprived areas in Wales.

Fatal / non-fatal drug poisoning reviews – Harm Reduction Database

- Since implementation of the rapid review process on drug deaths in 2014, a total of 1,174 fatal and 1,095 non-fatal drug poisoning reviews have been conducted in Wales. The number of fatal drug poisoning reviews undertaken in 2022 represents 105.4 per cent of those deaths recorded by ONS.
- 216 Fatal Drug Poisoning cases were reviewed in 2022. In 62 per cent of cases, the drug poisoning incident occurred within a private residence, with 18 per cent of incidents occurring within a hostel facility or public place. 47 per cent were reported as living in non-secure housing or having no fixed abode (NFA) at the time of death. Where reported, 93 per cent (n=143) of cases, death was pronounced at scene.
- In 48 per cent of cases reviewed, 'no known contact' was reported between the deceased and any local services health, social care or criminal justice services in the 12 months prior to death.
- Where any service contact was reported within 12 months prior to death, 75 per cent had a history of mental illness or diagnosed psychiatric disorder.

Section 2

Preventing fatal opioid drug poisonings through distribution of Take Home Naloxone (THN)

- 2.1 THN distribution in Wales
- 2.2 THN used in fatal and non-fatal drug poisoning events
- 2.3 Individuals supplied with THN for the first time
- 2.4 Resupply of THN
- 2.5 THN distribution by health board

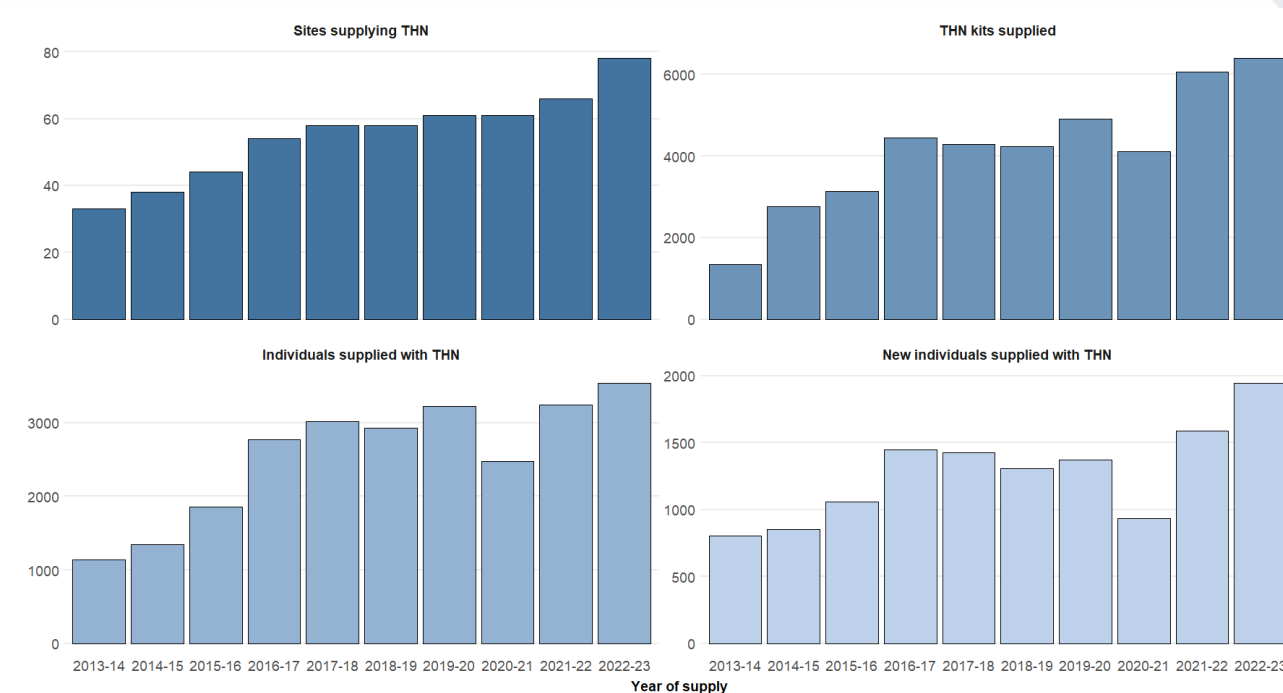
Preventing fatal opioid drug poisonings through distribution of Take Home Naloxone (THN)

2.1 THN distribution across Wales

The supply of take-home naloxone (THN), along with training on the identification and response to opioid poisonings remains a vital and cost-effective intervention in the prevention of fatal opioid poisonings. Since 2009, THN has been supplied to individuals identified 'at risk' of opioid poisoning by substance misuse services, Integrated Offender Services (IOS), prisons, and approved homelessness services / hostels. Amendments made to the Human Medicines Act Regulations (2015) have since provided opportunities for increased distribution and a wider range of individuals to carry THN including family, friends and carers of people at risk, professionals, and volunteer programmes.

Currently in Wales, THN is available from 78 registered sites. The number of sites supplying THN has increased year on year from 11 'pilot' sites participating in 2009 to 78 in 2022-23 (see Figure 1).

Figure 1: Time series of sites distributing THN, number of existing and 'new to service' individuals supplied with THN, and number of THN kits provided, 2013-14 to 2022-23, Wales



Source: Harm Reduction Database February 2024

Preventing fatal opioid drug poisonings through distribution of Take Home Naloxone (THN)

Individuals supplied with THN

Since the 1st July 2013, a total of 25,534 individuals have been supplied with 41,627 THN kits throughout Wales.

In 2022-23:

- 3,540 individuals supplied with THN (supply or re-supply), an increase of 9 per cent from the previous year.
- 1,947 new individuals supplied with THN, an increase of 23 per cent from the previous year
- 6,388 THN kits supplied, an increase of 6 per cent from the previous year

Table 1: Number of sites, individuals supplied and THN kits provided by year, 2013-14 to 2022-23.

Year	Number of Sites	Total individuals supplied	New individuals supplied	THN kits provided
2013-14	33	1,140	807	1,336
2014-15	38	1,345	855	2,754
2015-16	44	1,853	1,058	3,140
2016-17	54	2,771	1,449	4,437
2017-18	58	3,020	1,426	4,279
2018-19	58	2,931	1,308	4,224
2019-20	61	3,222	1,371	4,912
2020-21	61	2,471	932	4,105
2021-22	66	3,241	1,587	6,052
2022-23	78	3,540	1,947	6,388

Preventing fatal opioid drug poisonings through distribution of Take Home Naloxone (THN)

2.2 THN used in fatal and non-fatal drug poisoning events

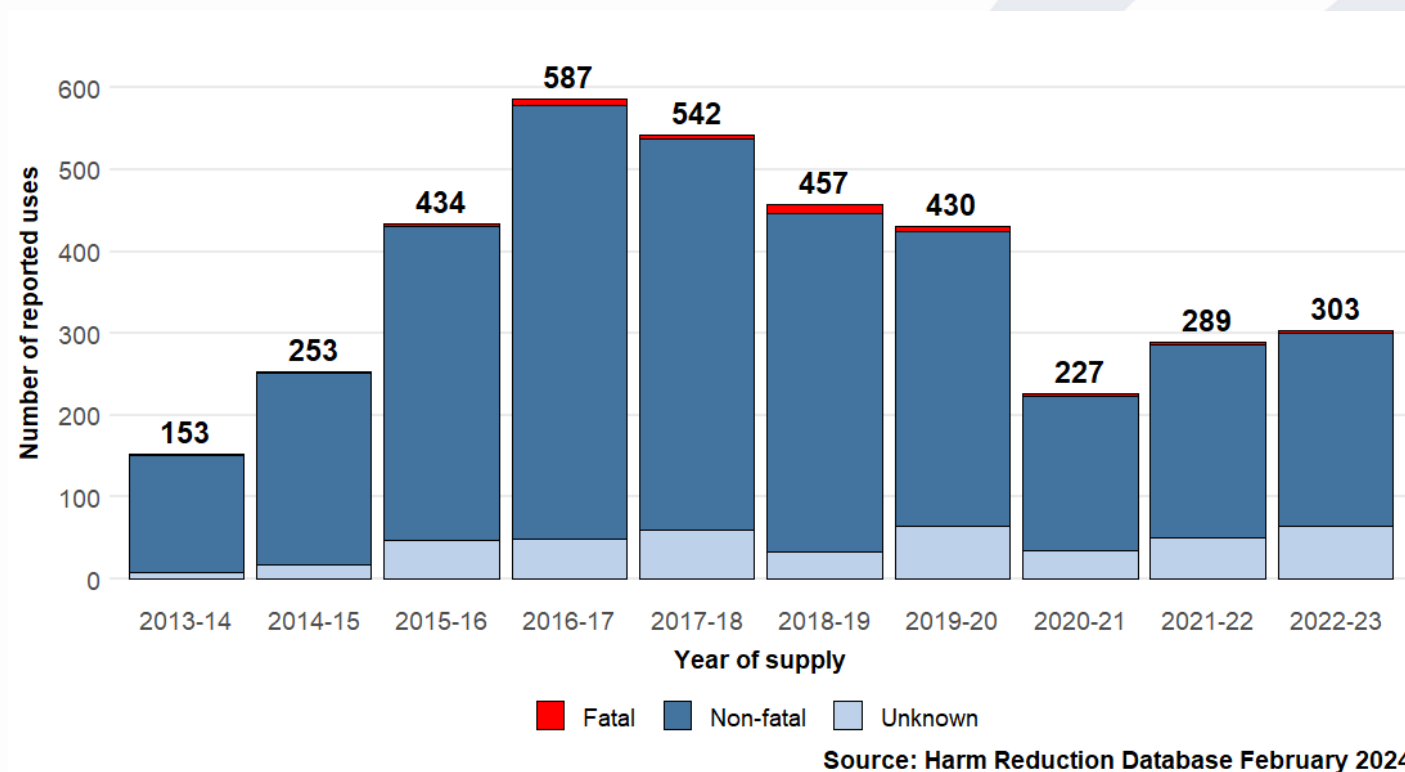


Figure 2: Number of reported uses of THN recorded at time of re-supply by outcome, 2013-14 to 2022-23

Since 2013-14, there have been 3,675 reported instances where THN was used during a suspected opioid poisoning event. The number of recorded uses of THN continues to increase from the previous year, following a decreasing trend between 2017-18 and 2020-21 (see Figure 2).

Preventing fatal opioid drug poisonings through distribution of Take Home Naloxone (THN)

Outcome, setting, recipient and administrator of THN

Outcome

Data on known outcome was recorded for the majority of suspected opioid poisonings where THN was reported to have been used (see Table 2). Of the 303 incidents reported in 2022-23:

- A fatal opioid poisoning was reported in 0.7 per cent (n=2) of incidents
- Non-fatal opioid poisoning reported in 78 per cent (n=236) of incidents
- No outcome was recorded in 21 per cent (n=65) of incidents

The proportion of reported fatal opioid poisonings remains low, and the proportion of incidents recorded in 2022-23 has increased from 2021-22.

Table 2: Outcome, setting, recipient, and administrator of THN at time of reported use, Wales 2013-14 to 2022-23

	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23
Reported incidents where THN was used	153	253	434	587	542	457	430	225	288	303
% Outcome was known	95%	93%	89%	92%	89%	93%	85%	85%	81%	94%
% Fatal opioid poisoning*	1.4%	<1%	1.0%	1.5%	<1%	2.6%	1.7%	1.8%	1.0%	<1%
Recipient of THN*										
% administered to 'THN kit holder'	8%	13%	14%	14%	13%	18%	18%	30%	22%	20%
% administered to third party	92%	87%	86%	86%	87%	82%	82%	70%	65%	64%
Person administering THN*†										
% administered by 'THN kit holder'	73%	76%	76%	76%	80%	80%	70%	56%	57%	57%
% administered by professional / hostel worker	15%	15%	16%	10%	6%	6%	10%	14%	14%	10%
% administered by peer / family member	12%	8%	7%	11%	11%	12%	20%	20%	21%	27%
Setting where THN was administered*										
% administered in private residence	66%	59%	62%	62%	63%	65%	67%	60%	58%	59%
% administered in hostel	11%	20%	16%	12%	9%	7%	8%	19%	16%	14%
% administered in public place	22%	22%	22%	25%	29%	28%	25%	21%	26%	27%

* Proportion of individuals where data has been recorded on HRD. See Appendix for summary of data completeness

† where THN kit was administered to a third party

Preventing fatal opioid drug poisonings through distribution of Take Home Naloxone (THN)

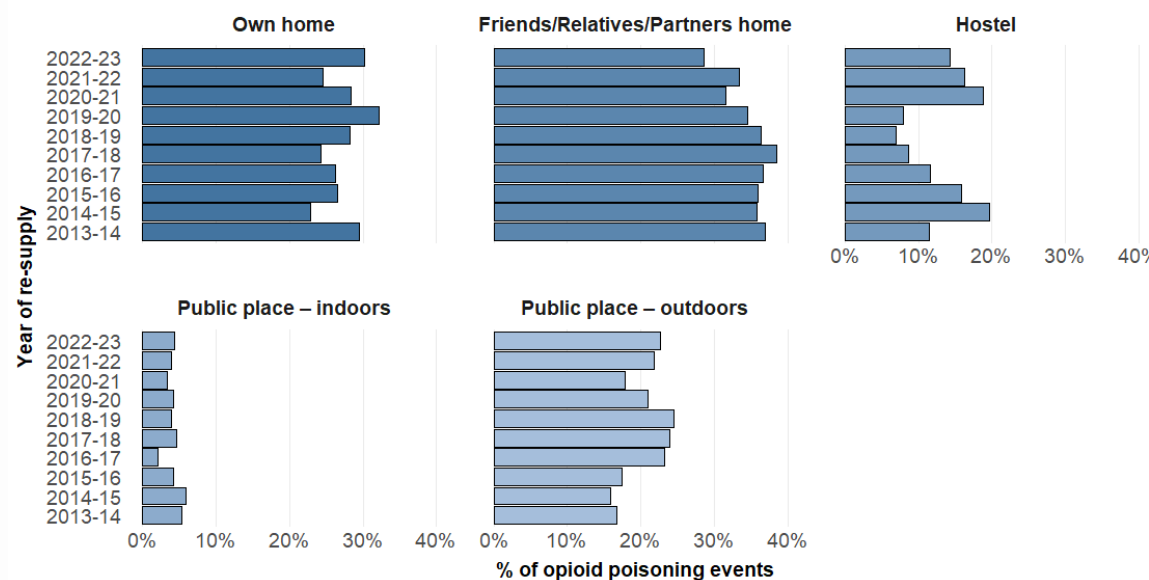
Outcome, setting, recipient and administrator of THN

Setting

To reduce future fatal and non-fatal poisonings it is important to recognise and identify the common settings of opioid poisoning events to better identify appropriate interventions and targeting of services.

In 2022-23 the setting in which THN was used was recorded for 83 per cent (n=252) of incidents.

- THN use within private residences remains the most common setting, reported in 58 per cent of incidents (Table 2 & Figure 3)
- THN use within hostel settings increased from 8% in 2019-20 to 19% in 2020-21. It remains high in 2022-23 although less than the previous year.
- THN use within public places is consistent with the previous year, accounting for 27 per cent of incidents in 2022-23 compared to 26 percent in 2021-22. This may be a result of ongoing training and supply to professionals and peer groups and increase in 'first responder' schemes available within some services in Wales.



Source: Harm Reduction Database February 2024

Recipient and administrator of THN

In 2022-23, the recipient of THN was reported for 100 per cent (n=303) of opioid poisoning incidents recorded on the HRD.

- THN was administered to a 'third party' (i.e. not the individual originally supplied with the kit) in 64 percent of incidents.
- Reports of kits being administered to the named 'THN kit holder' have increased over the last 6 years from 8 per cent in 2013-14 to 30 percent in 2020-21. This has decreased to 20 percent in 2022-23.
- Reports of THN being administered by the named 'THN kit holder' had increased between 2013-14 and 2018-19. This trend has been reversed starting in 2019-20, dropping to 70% and has declined further to 57% in 2022-23.

Figure 3: Recorded setting in which THN was reportedly used, Wales, 2013-14 to 2022-23

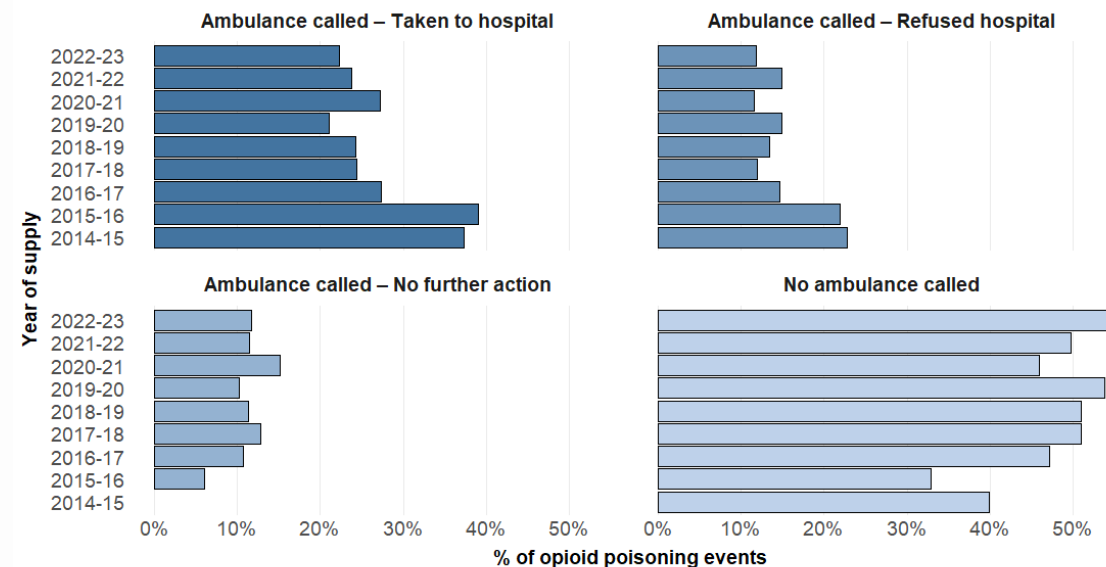
Preventing fatal opioid drug poisonings through distribution of Take Home Naloxone (THN)

Follow-on care

Whilst THN remains an effective intervention for reducing fatal opioid poisonings, the acute effect of THN is time limited. As such follow-on care, including paramedic/ambulance call is essential in every instance of THN administration to ensure an individual does not relapse into an opioid poisoning. Details surrounding the request for follow-on care was recorded for 81 per cent (n=246) of incidents where use of THN was reported in 2022-23. Summary of actions taken can be found in Table 3 & Figure 4.

Table 3: Recorded follow-on care following reported use of THN, 2015-16 to 2022-23.

	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23
Ambulance called	275	291	242	212	171	107	118	113
No further action	25	59	63	49	38	30	27	29
Person refused hospital	90	81	59	58	55	23	35	29
Person taken to hospital	160	151	120	105	78	54	56	55
No ambulance called	135	260	251	220	199	91	117	133
No follow on care recorded	24	36	49	25	60	29	54	57



Source: Harm Reduction Database February 2024

In 2022-23:

- Ambulance was called to attend 37 per cent of incidents (n=113) where THN use was reported.
- Where ambulance was called, the individual was taken to hospital in 47 per cent (n= 55) of incidents and individuals refused to go to hospital in 26 per cent (n=29) of incidents.

Figure 4: Proportion of reported uses of THN where follow on care was recorded, Wales, 2014-15 to 2022-23.

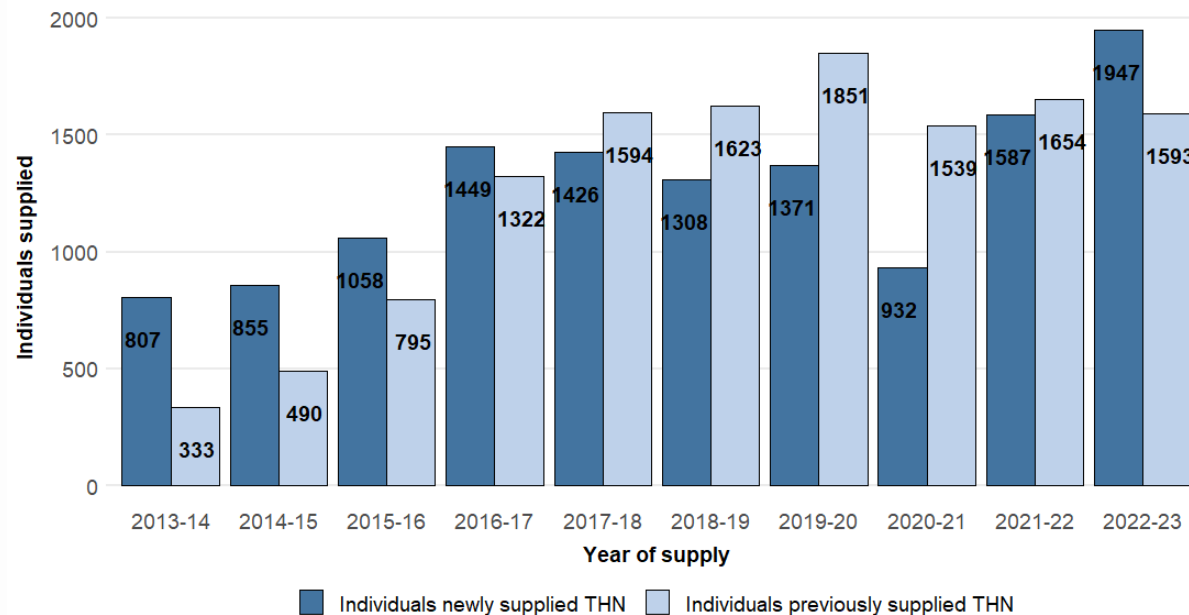
Preventing fatal opioid drug poisonings through distribution of Take Home Naloxone (THN)

2.3 Individuals supplied with THN for the first time

Number of individuals

A total of 25,534 individuals have been supplied THN since the program began. The number of new unique individuals supplied with THN in Wales increased by 23 percent, from 1,587 in the previous year to 1,947 in 2022-23. These observed patterns in supply rates to new individuals could indicate that decreases may occur overtime as THN becomes widespread amongst the 'at-risk' population.

Data from the Harm Reduction Database Wales: Needle and Syringe Programme (NSP) module indicates that in 2022-23, there were 3,264 people who inject drugs (PWID) in Wales reporting use of opioids and regularly accessing NSP services. Of these, 33 per cent only access Community Pharmacy based services, with rates even higher in rural regions. Although THN has been made available from all specialist substance misuse service NSPs in Wales, provision within Community Pharmacy based NSP services remains severely limited.



Source: Harm Reduction Database February 2024

Figure 5: Number of individuals supplied with THN by year, 2013-14 to 2022-23, Wales

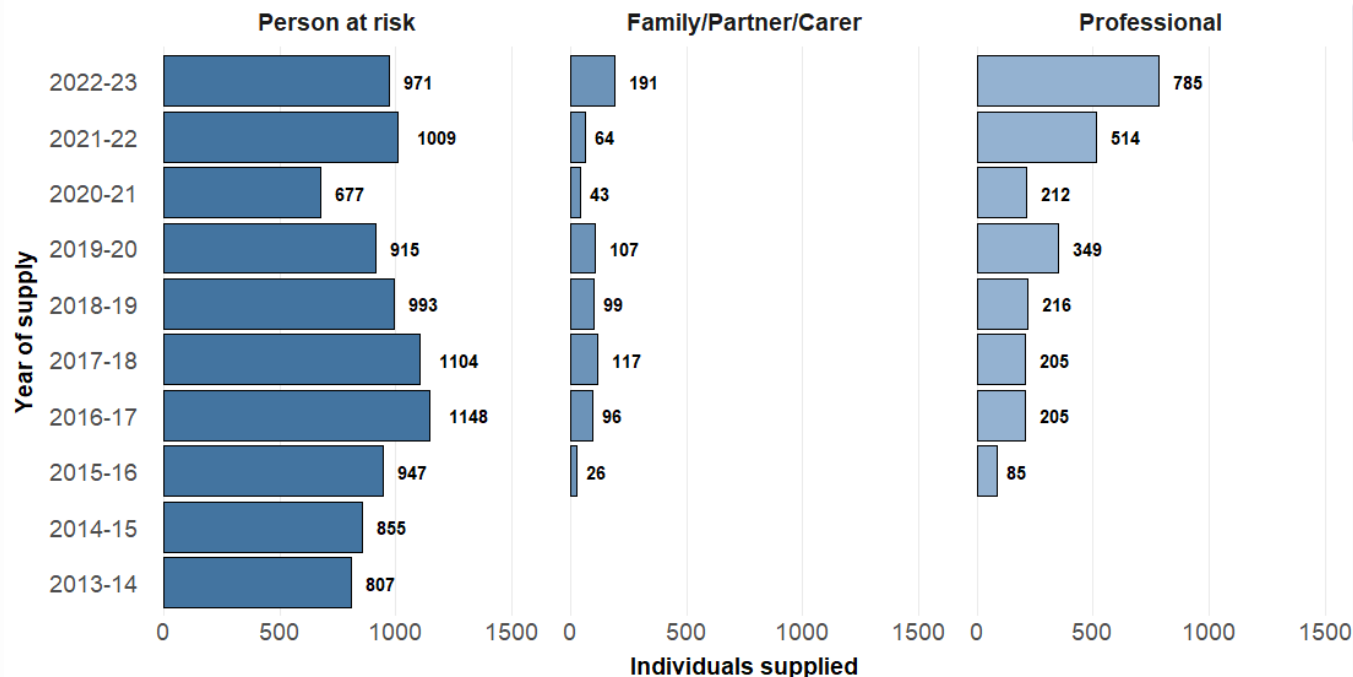
Preventing fatal opioid drug poisonings through distribution of Take Home Naloxone (THN)

Individuals supplied with THN for the first time

Role of new individuals supplied with THN

Amendment to the Human Medicines Act Regulations in 2015 provided opportunities for a wider range of individuals to be issued THN, including family, partners and carers of people considered 'at risk', and professionals who are in increased contact with individuals who use opioids. In 2022-23, 50 per cent (n=976) of new individuals supplied with THN were either family or carers of an 'at risk' individual (10 per cent) or professionals (40 per cent). This represents a large increase in both the number and proportion of family and carers supplied with THN compared to previous years. The number of new individuals considered 'at risk' supplied with THN in 2022-23 is 971 individuals (see Figure 6).

Additional amendments have been made to the Human Medicines Act Regulations introducing nasal THN as an alternative preparation method for supply. This amendment provides opportunity of widening distribution of THN to peer and professional groups, particularly in instances where an injectable preparation was viewed as a barrier to use.



Source: Harm Reduction Database February 2024

Figure 6: Number of new individuals supplied THN by role, 2013-14 to 2022-23.

Preventing fatal opioid drug poisonings through distribution of Take Home Naloxone (THN)

Individuals supplied with THN for the first time

Demographics of at-risk individuals newly supplied with THN

At risk individuals include those likely to experience or witness an opioid poisoning event and includes individuals injecting or using opioids including heroin and/or in receipt of opioid substitute treatment (OST) such as methadone or buprenorphine.

- Median age and range, proportion of individuals aged 50+ years, and length of injecting career have all increased since 2015-16 (see Table 8). This data is consistent with an older cohort of PWID using opioids accessing NSP services in Wales.
- Distribution by sex has varied over time, with the proportion of individuals receiving THN who are male increasing in recent years but decreasing to 64 percent in 2022-23.
- The proportion of clients reporting non-secure housing / fixed address (NFA) has decreased year on year from 38 percent in 2015-16 to 23 percent in 2021-22. However, this proportion has increased back to 38 percent in 2022-23. This is contrary to trends observed within NSP services, where non-secure / NFA housing within individuals reporting use of opioids has seen year on year increases between 2015-16 and 2021-22, with a decrease in 2022-23.

Table 4: Demographics of new individuals considered 'at risk' of an opioid poisoning event supplied THN, 2015-16 to 2022-23

	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23
New individuals supplied	947	1,148	1,104	993	915	677	1,009	971
Person "at risk" of opioid poisoning	90%	79%	77%	76%	100%	99%	66%	47%
% Male	71%	63%	62%	63%	72%	73%	72%	64%
% Under 25 years	8%	8%	8%	7%	8%	8%	9%	10%
% Over 50 years	8%	8%	9%	11%	12%	17%	16%	17%
Median age (years)	36	37	38	38	37	39	38	39
Primary risk factor*								
Poly-drug use	55%	63%	65%	63%	55%	56%	52%	68%
Recently left detox	11%	11%	11%	11%	10%	5%	3%	5%
Recently released from prison	19%	12%	13%	12%	21%	29%	30%	9%
New opiate user	15%	15%	11%	14%	15%	10%	15%	19%
% Living in non-secure housing / NFA*	38%	36%	35%	31%	26%	23%	23%	38%
% Reported history of opioid poisoning (ever)*	45%	43%	37%	39%	40%	40%	44%	33%

- The highest risk of opioid poisoning event is amongst those with poly-drug use, specifically those recently released from prison. The proportion of individuals issued with THN following recent release from prison was trending upward in recent years but has dropped to 9% in 2022-23.

*Due to a considerable decrease in data quality regarding employment and housing status, these statistics are likely to be substantially underreported.

Preventing fatal opioid drug poisonings through distribution of Take Home Naloxone (THN)

2.4 Re-supply of THN

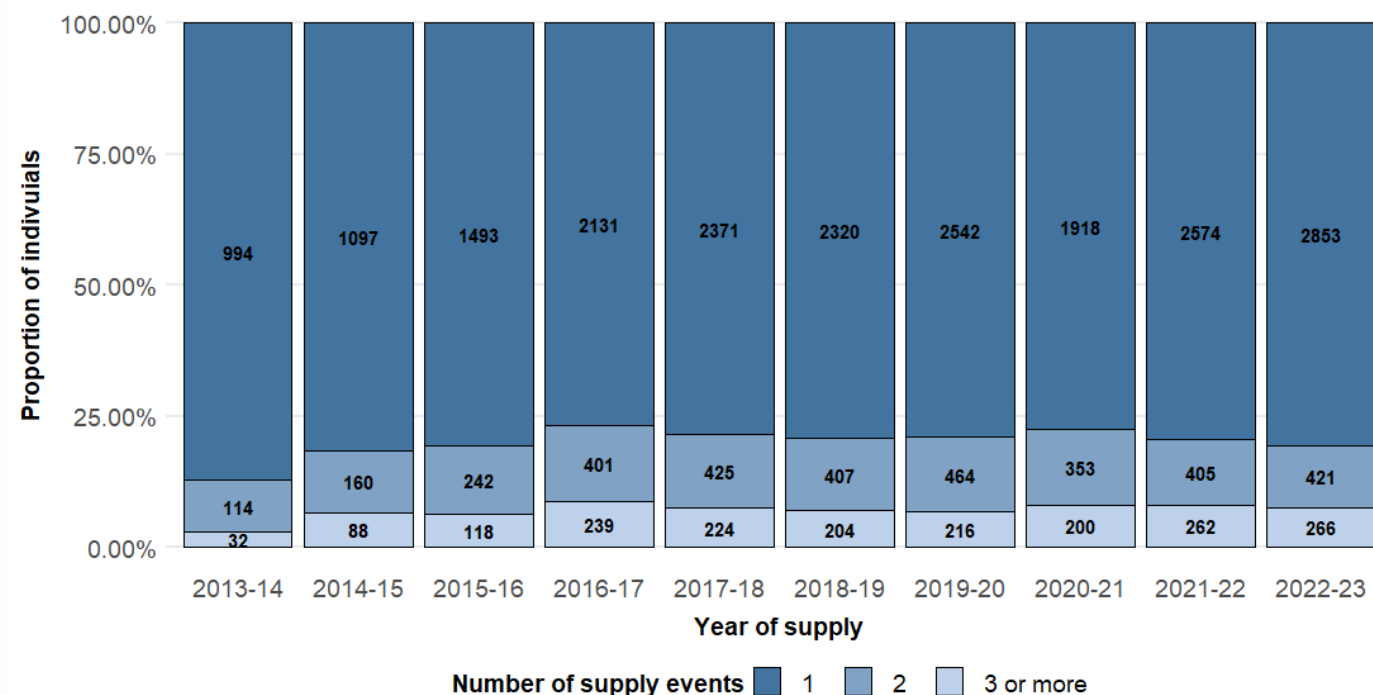
Individuals who carry THN are able to collect replacement or additional kits from SMS services. In 2022-23, there were a total of 2,970 re-supply events across Wales an increase of 10 per cent compared to the previous year.

Of all individuals supplied with THN in 2022-23:

- 81 per cent (n=2,853) were supplied with THN once
- 12 per cent (n=421) were supplied THN twice
- 8 per cent (n=266) were supplied three or more times

These figures are consistent with previous years as shown in Figure 7.

Figure 7: Proportion of individuals resupplied with THN multiple times during one year, 2013-14 to 2022-23



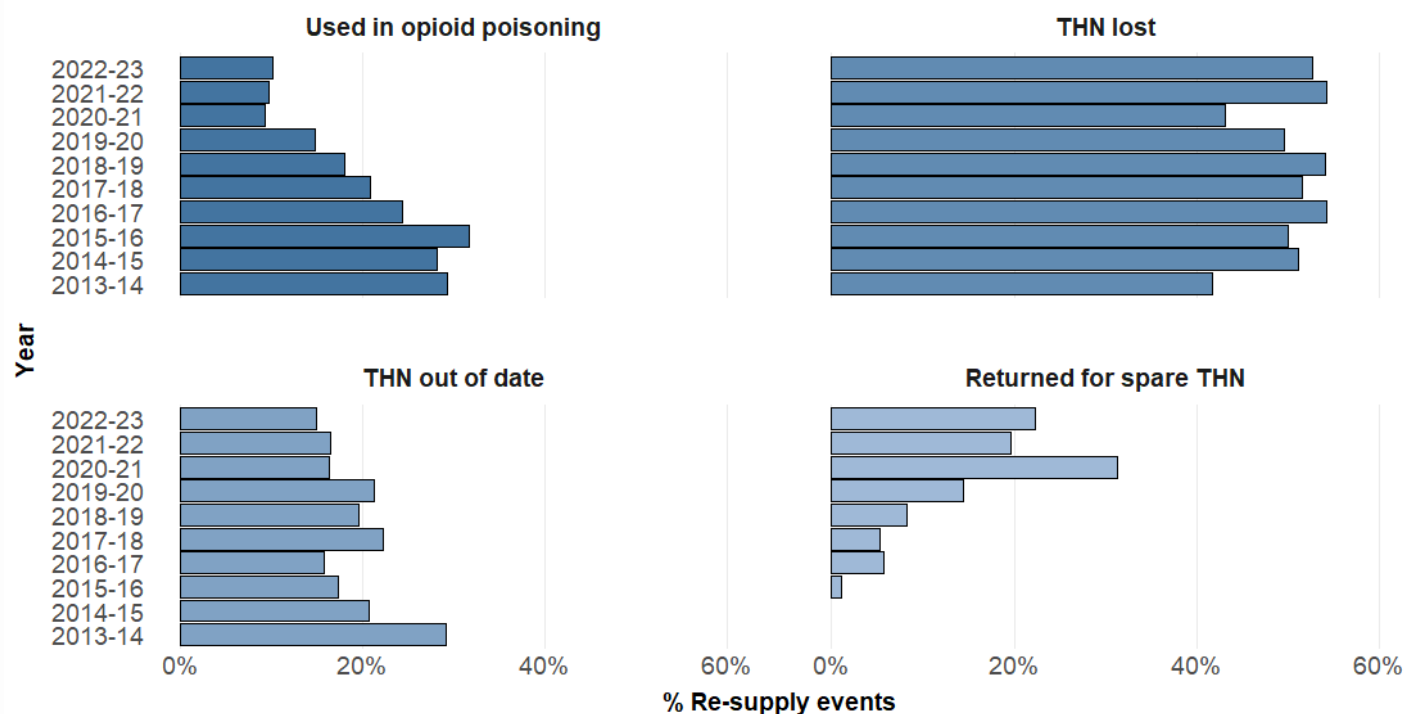
Source: Harm Reduction Database February 2024

Preventing fatal opioid drug poisonings through distribution of Take Home Naloxone (THN)

Re-supply of THN

Reason for Re-supply

A reason for re-supply was provided for all of re-supply events. As per previous years 'kit lost' represents the most common reason for re-supply, recorded for 53 per cent (n=1,565) of events in 2022-23. These rates have remained consistent since 2014-15. A further 10 per cent (n= 302) reported using their previous THN kit in a drug poisoning event. It is not possible to evidence how many kits supplied may have been used in opioid poisoning event if the individual does not return for resupply.



Source: Harm Reduction Database February 2024

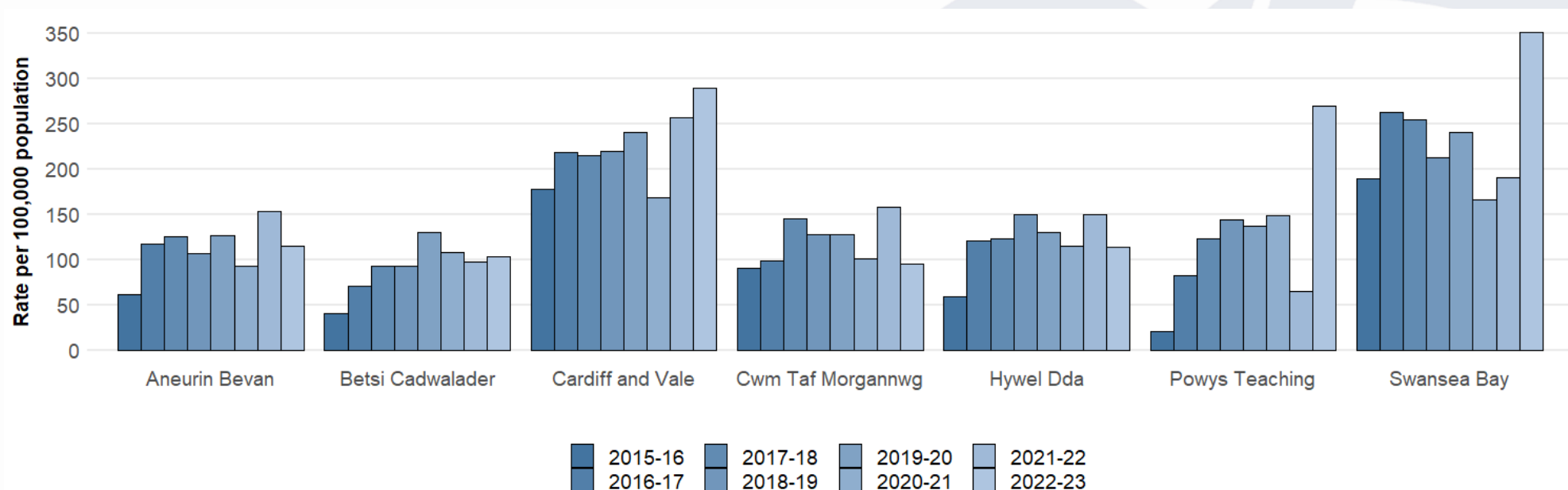
Individuals supplied with THN are encouraged to return for re-supply in line with the expiry date listed on the kit provided. In 2022-23, 15 per cent of individuals were re-supplied 'kit was out of date', broadly consistent with recent years.

The remaining 23 per cent of resupply events were to provide the individual with a spare kit to ensure available THN kit in all locations where they may be needed.

Figure 8: Reasons for re-supply as reported, 2013-14 to 2022-23

Preventing fatal opioid drug poisonings through distribution of Take Home Naloxone (THN)

2.5 THN distribution by Health Board



Source: Harm Reduction Database February 2024

Figure 9: European age-standardised rate (EASR) of unique individuals provided with THN by Health Board, 2015-16 to 2022-23

Table 5: Number of sites, individuals and THN kits supplied by Health Board area in Wales*, alongside EASR per 100,000 population - all individuals supplied with THN, 2015-16 to 2022-23

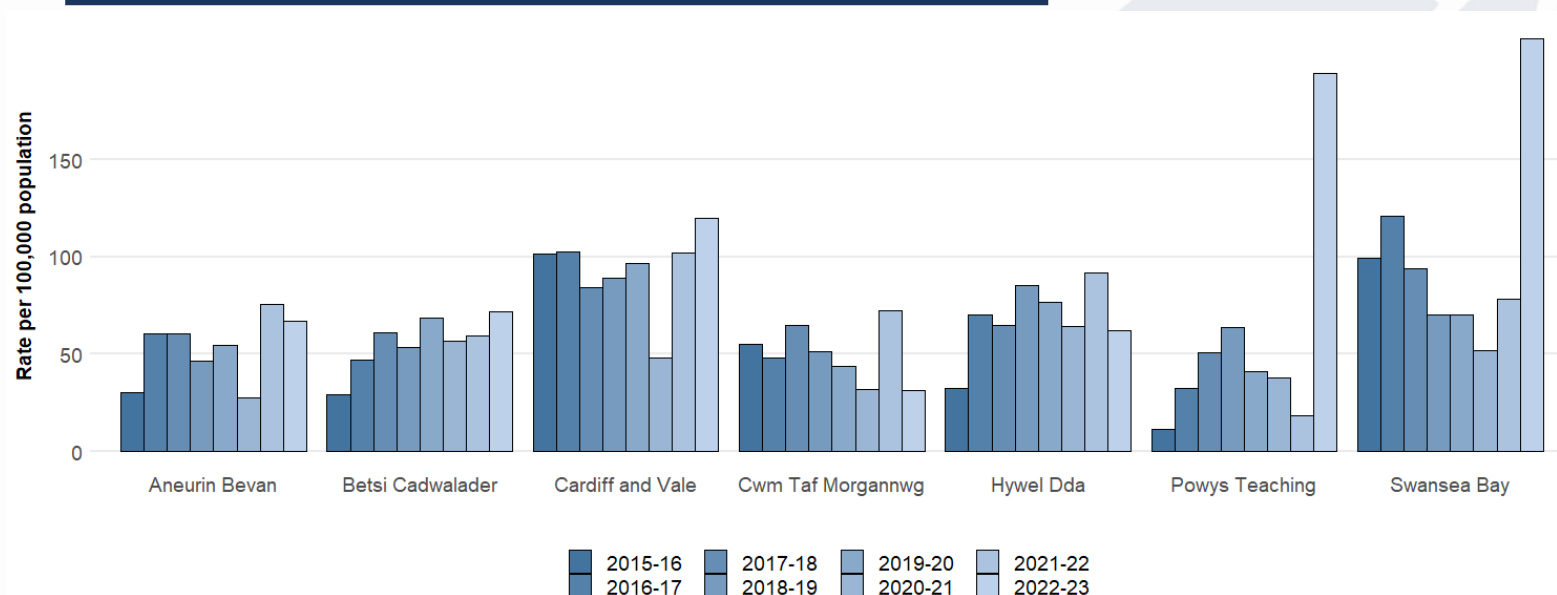
	Sites supplying THN 2022-23	Individuals supplied 2022-23	Number of kits issued 2022-23	EASR 2015-16	EASR 2016-17	EASR 2017-18	EASR 2018-19	EASR 2019-20	EASR 2020-21	EASR 2021-22	EASR 2022-23
Aneurin Bevan	12	441	764	61.4	117.5	124.9	106.7	126.1	92.5	153.0	114.1
Betsi Cadwalader	11	451	610	40.5	70.9	92.9	92.4	129.8	107.3	97.3	102.9
Cardiff and Vale	14	1003	1819	177.4	218.3	214.7	219.5	240.5	167.7	256.6	289.0
Cwm Taf Morgannwg	13	277	646	90.4	98.6	144.4	127.5	126.9	101.1	157.8	94.6
Hywel Dda	6	260	445	59.2	120.6	123.2	149.1	129.5	114.6	149.3	114.0
Powys Teaching	6	210	294	20.7	82.5	122.8	143.2	136.3	148.1	64.4	269.1
Swansea Bay	15	886	1681	188.7	262.9	254.0	212.4	240.7	165.4	189.6	350.9
Wales†	78	3624	6388	95.7	139.8	152.6	145.0	161.2	123.3	160.5	174.5

* Includes THN supplied by Prisons located within Health Board.

† Includes sites outside of Wales funded by the national THN programme reporting supply to Welsh residents

Preventing fatal opioid drug poisonings through distribution of Take Home Naloxone (THN)

THN distribution by Health Board



Source: Harm Reduction Database February 2024

Figure 10: European age standardised rate (EASR) of new individuals provided with THN by Health Board, 2015-16 to 2022-23

Table 6: European age standardised rate (EASR) per 100,000 population - new individuals supplied with THN by Health Board area in Wales*, 2015-16 to 2022-23

	New individuals supplied 2022-23	EASR 2015-16	EASR 2016-17	EASR 2017-18	EASR 2018-19	EASR 2019-20	EASR 2020-21	EASR 2021-22	EASR 2022-23
Aneurin Bevan	257	30.4	60.3	60.5	46.6	54.7	27.5	75.6	66.8
Betsi Cadwalader	309	29.0	47.0	61.2	53.5	68.4	56.8	59.5	71.8
Cardiff and Vale	425	101.5	102.6	84.4	89.3	96.7	47.9	101.8	119.8
Cwm Taf Morgannwg	92	55.0	48.3	65.0	51.4	43.6	31.8	72.3	31.2
Hywel Dda	143	32.3	70.4	64.6	85.3	76.5	64.4	91.5	62.1
Powys Teaching	152	11.2	32.3	50.8	63.5	41.2	37.7	18.4	194.0
Swansea Bay	538	99.6	120.7	94.0	70.4	70.4	52.0	78.2	211.9
Wales†	1,947	39.7	62.5	62.3	60.6	65.8	44.3	65.0	93.4

* Includes THN supplied by Prisons located within Health Board.

† Includes sites outside of Wales funded by the national THN programme reporting supply to Welsh residents

Preventing fatal opioid drug poisonings through distribution of Take Home Naloxone (THN)

THN distribution by Health Board

In 2022-23 the European Age Standardised Rate (EASR) for all individuals supplied with THN in Wales was 174.5 per 100,000 population, and 93.4 per 100,000 population for new individuals. Geographical comparisons between health boards (see Table 5, Figure 9, Table 6) highlights variation in individuals supplied with THN.

All individuals supplied with THN:

- The highest rates of THN supply in 2022-23 was recorded within Swansea Bay (350.9 per 100,000 population), Cardiff and Vale (289.0 per 100,000 population), and Powys (269.1 per 100,000 population) University Health Boards, with lowest rates observed in Cwm Taf Morgannwg (94.6 per 100,000 population) and Betsi Cadwaladr (102.9 per 100,000 population) University Health Boards.
- All health boards have seen an increase in rates of THN supply in 2022-23 other than Aneurin Bevan, Cwm Taf Morgannwg, and Hywel Dda University Health Boards.

New individuals supplied with THN:

- The highest rates of THN supply to new individuals in 2022-23 was observed within Swansea Bay (211.9 per 100,000 population) and Powys (194.0 per 100,000 population) University Health Boards, with lowest rates observed in Cwm Taf Morgannwg (31.2 per 100,000 population) and Hywel Dda (62.1 per 100,000 population) University Health Boards.

Preventing fatal opioid drug poisonings through distribution of Take Home Naloxone (THN)

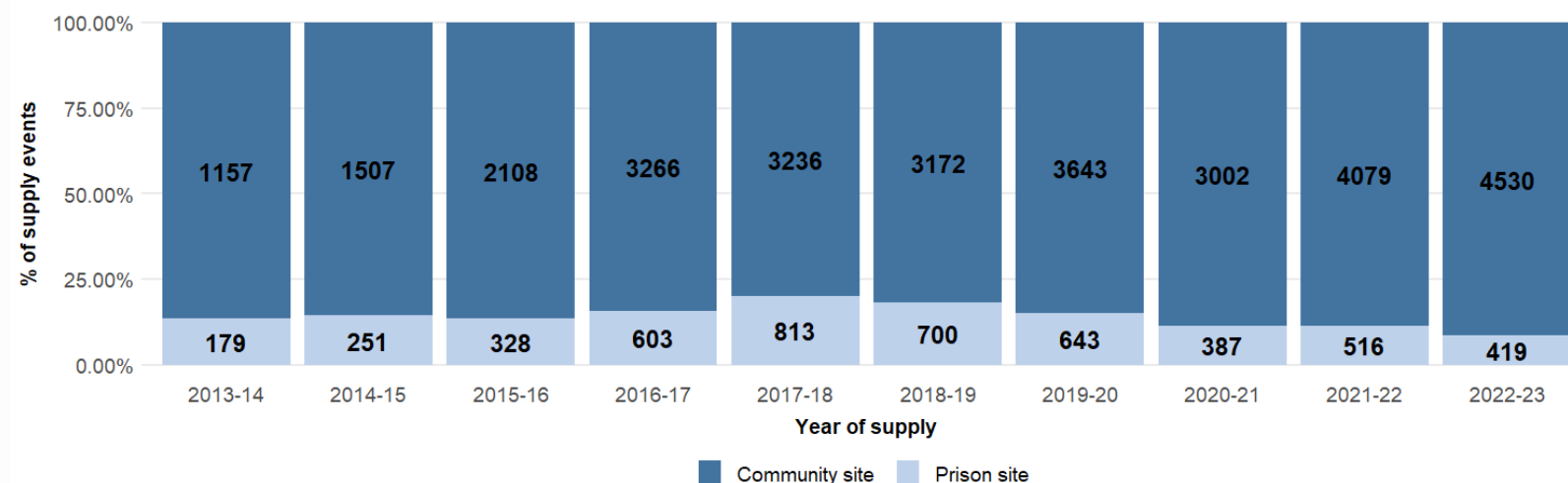
THN distribution – Prison vs Community

Following release from prison, opioid users are at increased risk of fatal and non-fatal drug poisoning. Currently THN is supplied on release within four of the six prisons located in Wales. Two further prisons located on the border of England and Wales housing Welsh residents, are also included within the THN programme and report via the HRD.

Table 7: - Number of THN supply events conducted within prison setting, by prison and year

	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23
HMP Berwyn	NA	NA	NA	NA	10	19	128	201	166	39
HMP Cardiff	96	85	152	305	257	204	207	102	232	219
HMP Eastwood Park*	NA	NA	NA	116	201	238	127	65	92	129
HMP Parc	60	81	38	26	92	80	52	5	NA	NA
HMP Stoke Heath*	NA	NA	NA	NA	2	2	NA	NA	NA	NA
HMP Swansea	23	85	138	156	251	157	129	13	26	32
Total	179	251	328	603	813	700	643	386	516	419

* THN supplied to Welsh residents within Prison population



In 2022-23: THN was supplied in prison on 419 occasions (12 per cent of all supply events) to either new individuals or as a re-supply, an decrease of 19 per cent on the previous year. 419 individuals were supplied with THN whilst in prison, a decrease of 19 per cent compared to the 516 individuals supplied in 2021-22.

Source: Harm Reduction Database February 2024

Figure 11: - Proportion of THN supply events within prison compared to community sites, 2013-14 to 2022-23

Section 3

Drug Deaths in Wales

- 3.1 Drug Poisoning Deaths
- 3.2 Non-Drug Misuse Deaths
- 3.3 Drug Misuse Deaths – Overview
- 3.4 Drug Misuse Deaths – Demographics
- 3.5 Drug Misuse Deaths – Substances
- 3.6 Drug Misuse Deaths – Geography

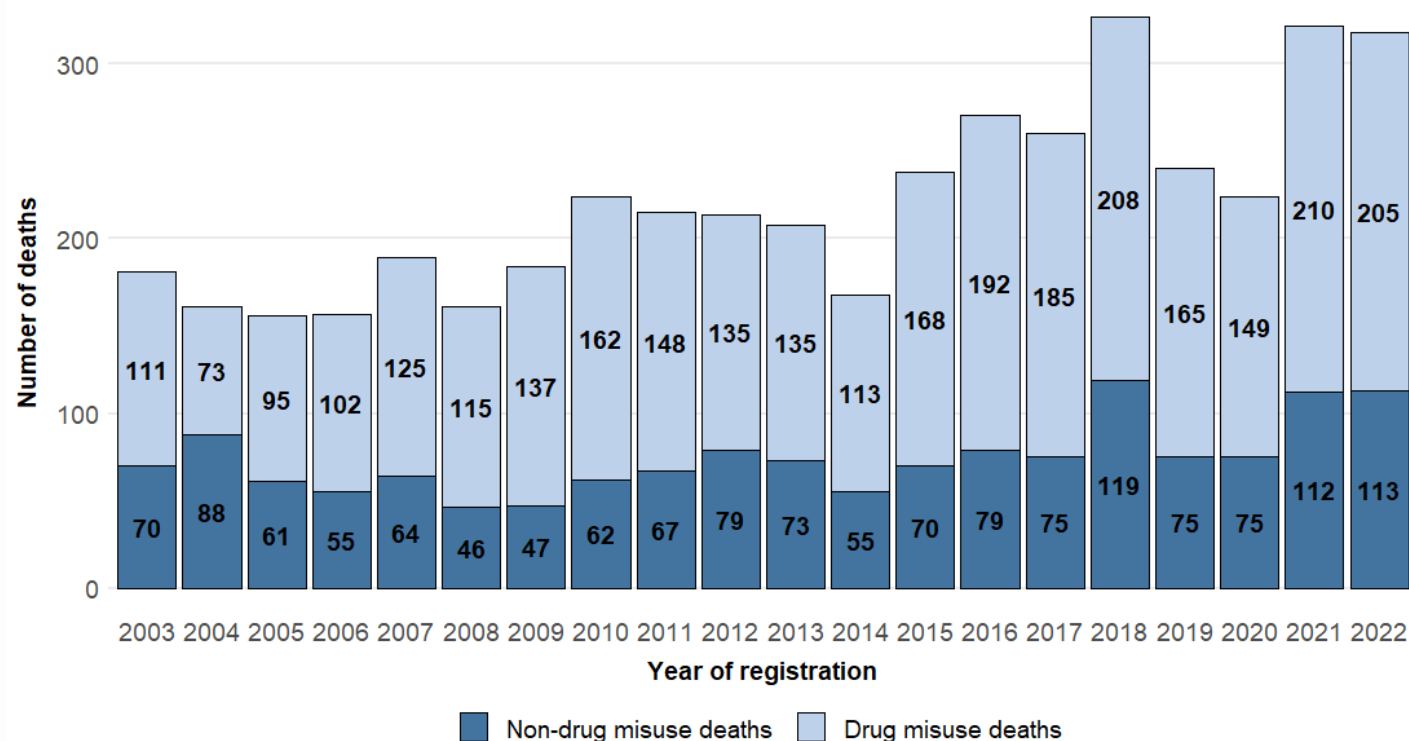


Drug Deaths in Wales

3.1 Drug poisoning deaths

In 2022, 318 deaths due to drug poisoning were registered in Wales, a decrease of 1 per cent from the previous calendar year. Of the drug-poisoning deaths, 64 per cent (205) were defined as a drug misuse deaths, specifically drug deaths involving illicit drugs controlled under the Misuse of Drugs Act 1971 and other related legislation.

The number of drug poisonings not classified as a drug misuse death (non-drug misuse deaths) also remains stable from the previous year, at 113 up from 112 in 2021. There was a 2 per cent decrease in drug misuse deaths, from 210 deaths in 2021 to 205 in 2022 (see Figure 12).



Source : ONS 2023

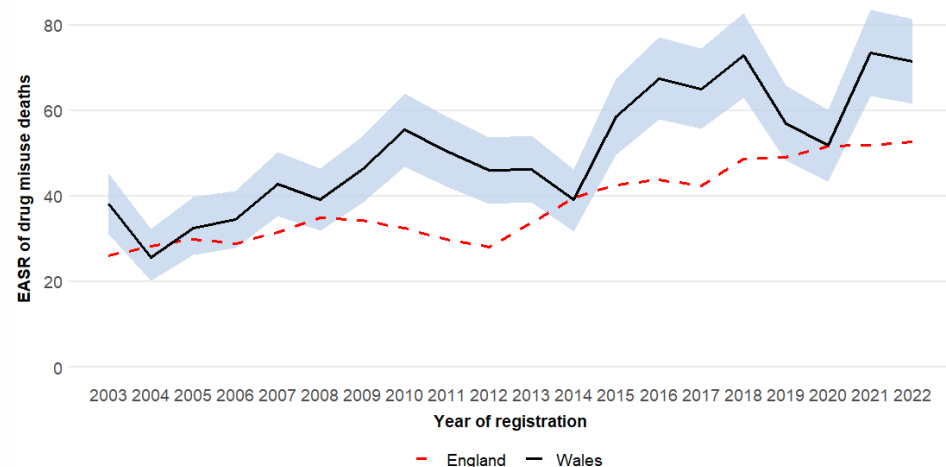
Figure 12: Drug poisoning deaths in Wales by year of registration and drug misuse status, 2003 to 2022.

Drug Deaths in Wales

Drug poisoning deaths

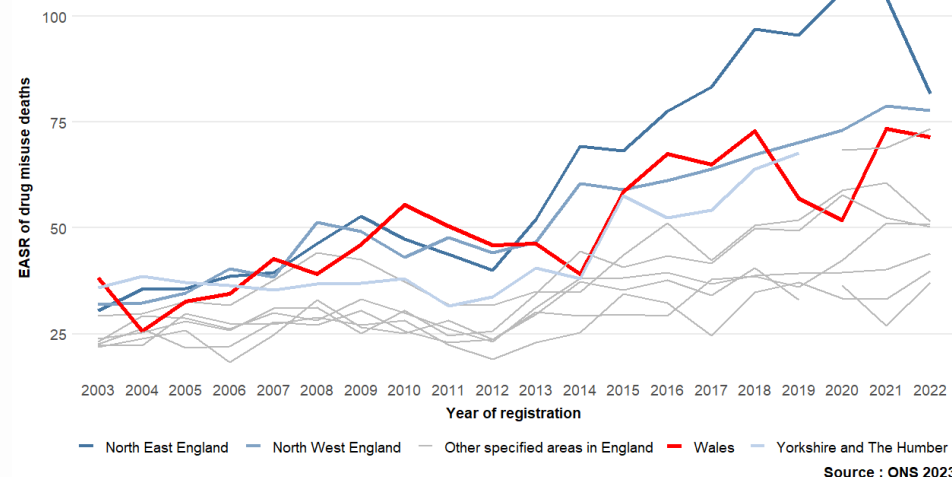
The European age standardise rate (EASR) per million population of drug misuse deaths in Wales has decreased from 73.5 deaths per million in 2021 to 71.4 deaths per million population in 2022. Since 2003, Wales has maintained a higher rate of drug misuse deaths than England, with the exception of two years, as shown in Figure 13. Rates in England in 2022 were 53 per million population with substantial regional variation. Rates of drug misuse deaths have increased in both countries over the past decades.

A direct comparison to drug misuse deaths in Scotland should be made with caution due to differences in both data collection methods and delays between date of deaths and death registrations. In 2022, the rate of drug misuse deaths in Scotland was higher than Wales at 198 deaths per million population. Comparisons between regions across England indicates that in 2022 Wales had the fourth highest rate per million population of drug misuse deaths, behind other regions in England.



Source : ONS 2023

Figure 13: Age standardised rates per million population of drug misuse deaths in England and Wales by registered year of death, with 95% confidence intervals, 2003 to 2022



Source : ONS 2023

Figure 14: Rate of drug misuse deaths per million population in Wales compared to specified regions in England, 2003 to 2022

Drug Deaths in Wales

3.2 Non-drug misuse deaths overview

In 2022, 113 drug poisonings were registered in Wales, representing a decrease of only 1 per cent on the previous year (see Table 8), with substantial geographic variation by health board of residence. Median age of death was 45 years (range 19 – 93), and 58 per cent were male. The most common single substance recorded was paracetamol, present in 14 per cent of drug poisonings deaths (n = 16) (see Figure 15). There have been decreases in deaths involving antidepressants, codeine, insulin and propranolol in the most recent year, however, a single year is not sufficient to allow confidence in describing new trends. During this period, 'no named substance' was recorded for 69 non-drug misuse deaths.

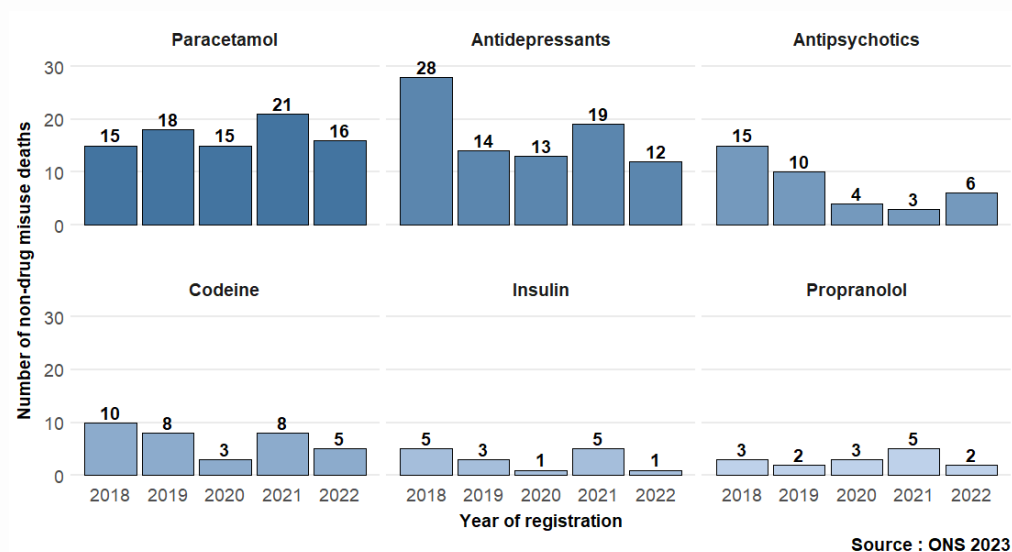


Figure 15: Number of non-drug misuse drug poisonings in Wales involving the top five substances recorded, 2018 to 2022

Table 8: Demographic data and rates for non-drug misuse drug poisonings, 2018 to 2022

	2018	2019	2020	2021	2022
Wales					
Number of non-drug misuse deaths	119	75	75	112	113
EASR per 100,000 population	4.0	2.5	2.5	3.8	3.8
Median age (years)	48	46	49	46	45
Age range (years)	18 - 89	19-90	20-94	21-87	19-93
% Male	51%	52%	56%	61%	58%
Health board EASR (n)					
Aneurin Bevan	4.7 (27)	1.4 (8)	1.7 (10)	3.4 (19)	7.8 (43)
BCU	4.4 (29)	4.3 (29)	3.8 (25)	2.5 (17)	2.2 (15)
Cwm Taf Morgannwg	5.9 (26)	3 (12)	1.8 (8)	3.2 (14)	0.9 (4)
Cardiff and Vale	2.3 (11)	0.7 (3)	0.9 (4)	3 (13)	0.8 (4)
Hywel Dda	2.9 (10)	3.4 (12)	4.6 (15)	4.6 (16)	3.3 (12)
Powys Teaching	1.3 (2)	2.6 (3)	3.4 (5)	0.5 (1)	2.5 (3)
Swansea Bay	3.8 (14)	2.2 (8)	2.2 (8)	8.8 (32)	8.7 (32)

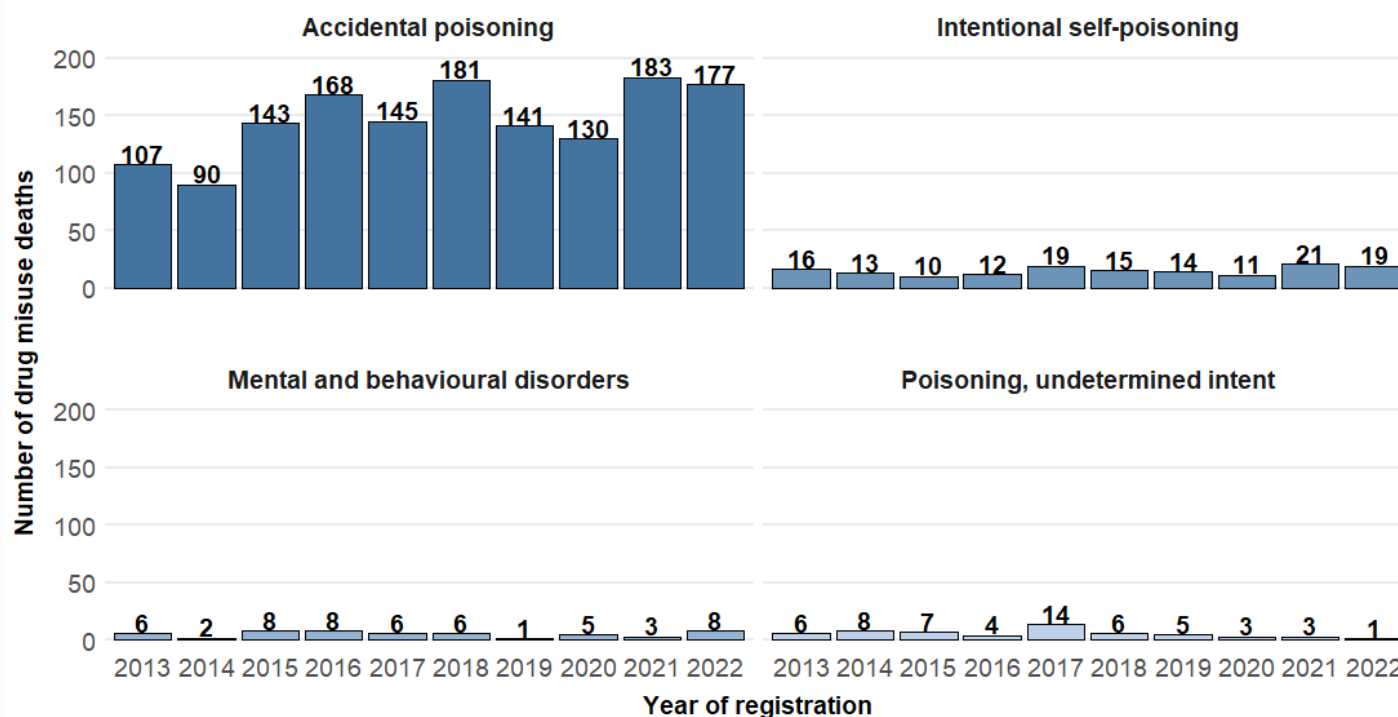
Drug Deaths in Wales

3.3 Drug misuse deaths overview

The remainder of this section will summarise only drug poisonings classified as a drug misuse death as defined by ONS.¹⁹ A drug misuse death is a drug poisoning where the underlying cause has been classified as:

- Drug abuse
- Drug dependence
- Drug poisoning and any of the substances controlled under the Misuse of Drugs Act 1971 are involved

The most common underlying cause of death registered in 2022 was accidental poisoning, representing 86 per cent (n = 177) of all deaths in the year (see Figure 16). All drug misuse deaths have been included in the analysis regardless of intent.



Source : ONS 2023

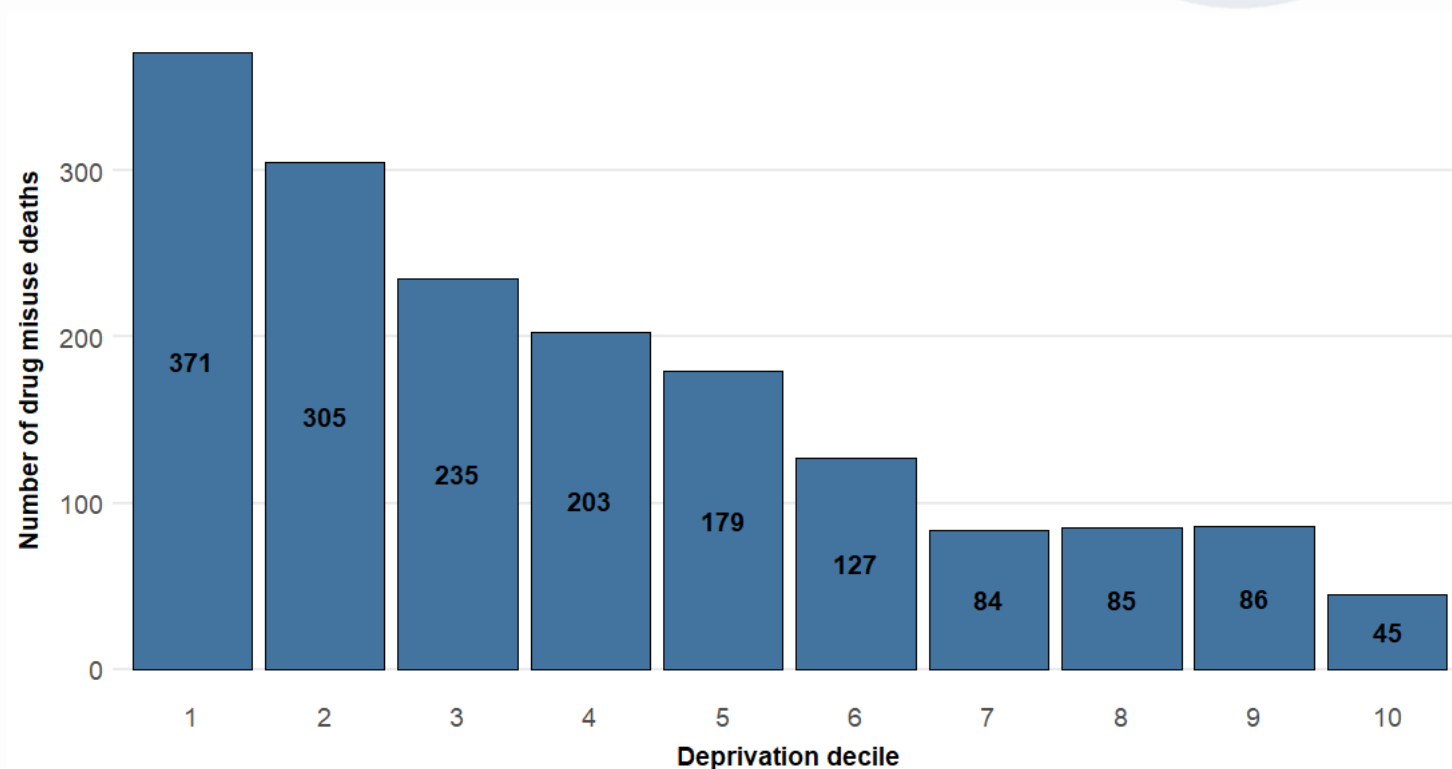
Figure 16: Underlying cause of death for drug misuse deaths in Wales by year of registration, 2013 to 2022

Drug Deaths in Wales

3.4 Drug misuse deaths demographics - inequalities

Welsh index for multiple deprivation

Drug harms are typically associated with social and economic deprivation. Taking all 1,730 drug misuse deaths in Wales occurring in the last ten years, 39 per cent occurred amongst those from the 20 per cent most deprived areas (deciles 1-2) (see Figure 17). As such, drug misuse deaths were five times higher in those living in the most deprived quintile compared with the least deprived quintile.



Source : ONS 2023

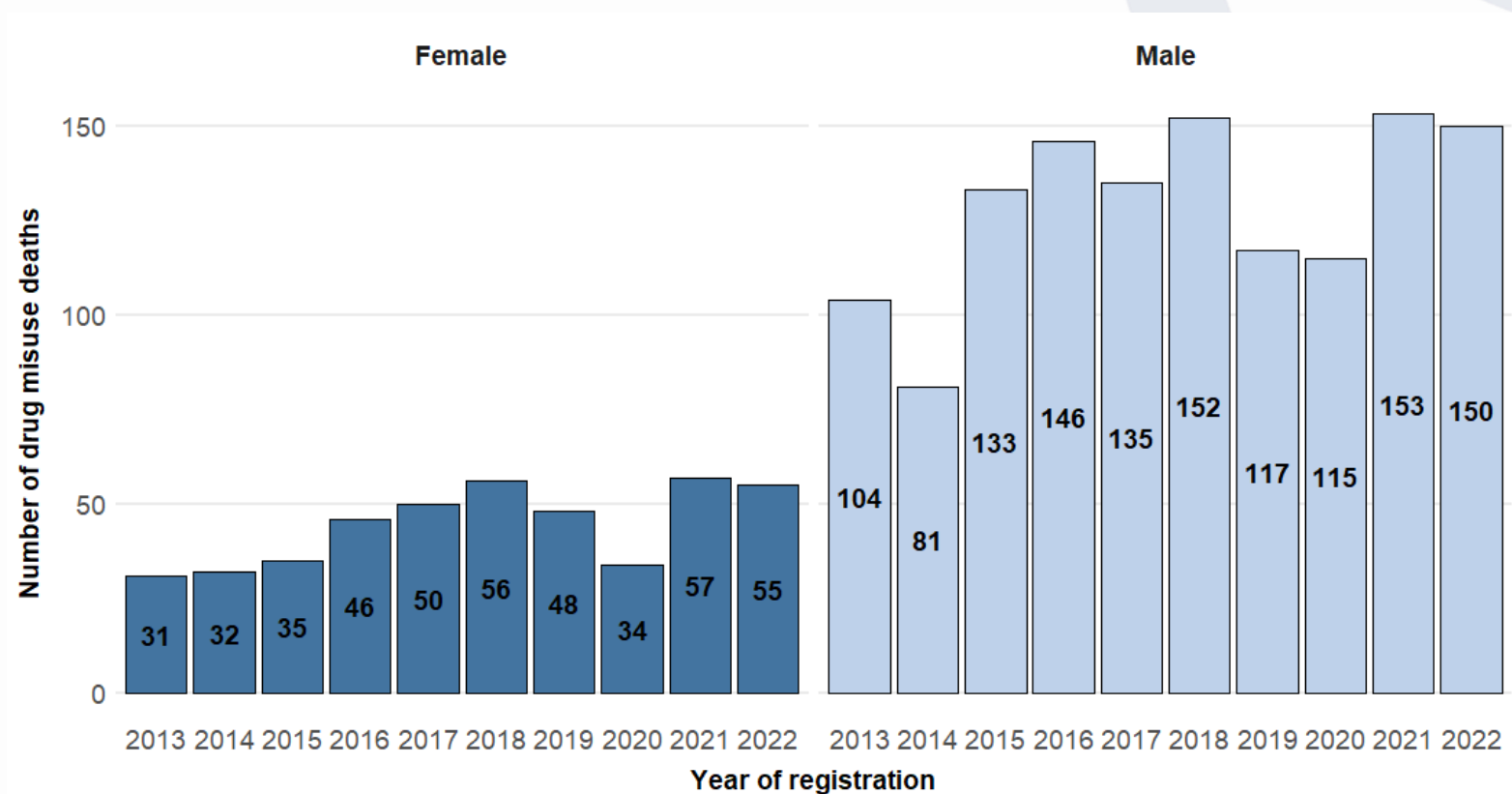
Figure 17: Number of drug misuse deaths by deprivation decile, 2013-22, 1 = highest rank of deprivation to 10 = lowest rank of deprivation)

Drug Deaths in Wales

Drug misuse deaths demographics

Sex and Age

Figure 18 indicates the number of drug misuse deaths stratified by sex. In 2022, the ratio of deaths amongst males and females was around 3:1. In 2022, the median age of drug misuse deaths was 42 years (range 18-94), a decrease of 0.5 years compared to 2021. The median age of death was very similar between males and females, 43 years (range 19-92) among females, compared to males, 42 years (range 19-94).



Source : ONS 2023

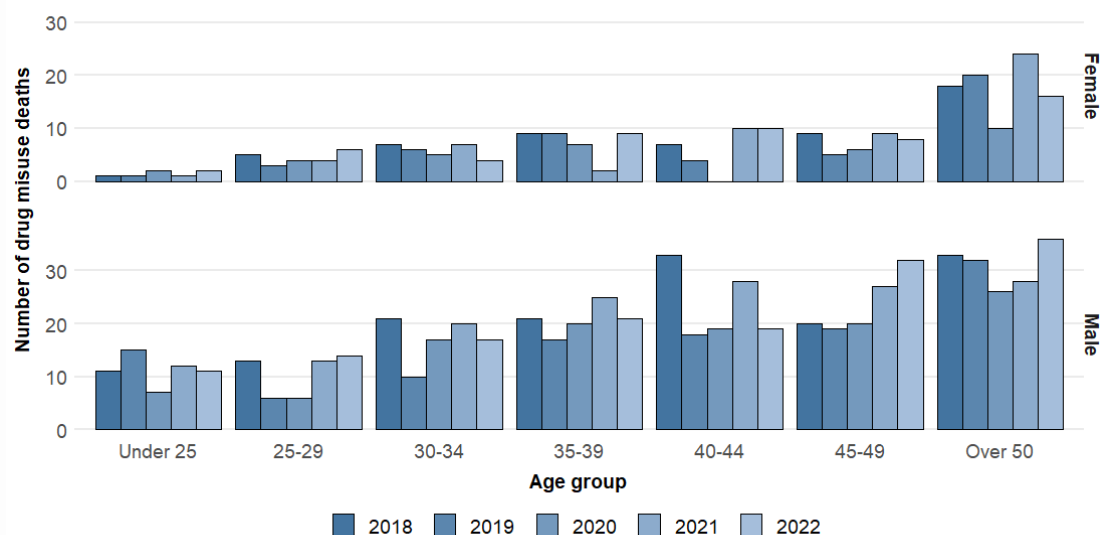
Figure 18: Drug misuse deaths by sex and year of registration, 2013 to 2022, Wales

Drug Deaths in Wales

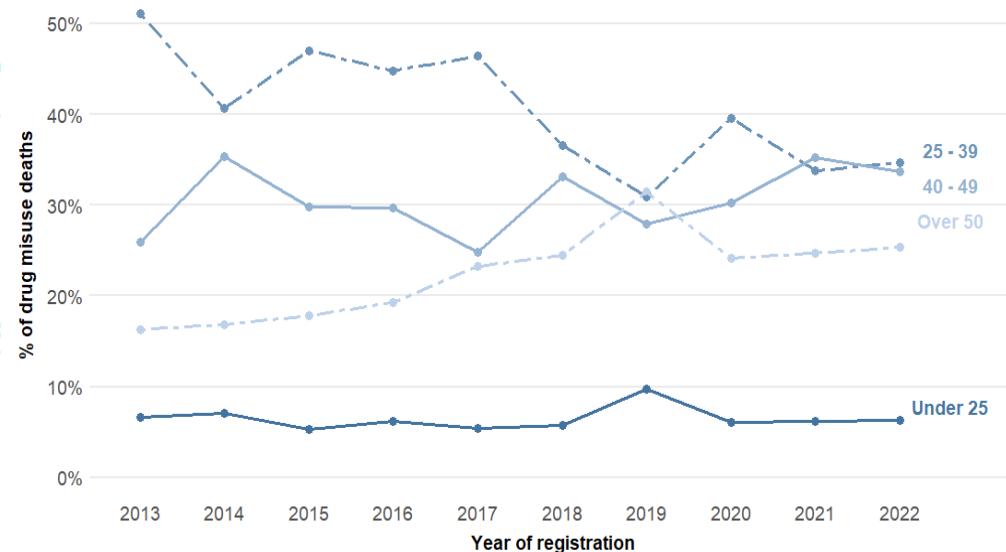
Drug misuse deaths demographics

Figure 19 and Figure 20 indicate the proportion and number of deaths by age group, sex and year of registration.

In 2022, the 45-49 year age group represents the most common age group, reported in 19 per cent of all drug deaths (n = 40). There were 13 deaths in people under the age of 25, accounting for 6 per cent of drug misuse deaths in 2022. Compared to 2021, there have been decreases in deaths amongst females aged over 45 and males aged between 30 and 44. However, deaths have increased amongst males aged over 45 and females aged between 35 and 39.



Source : ONS 2023



Source : ONS 2023

Figure 19: – Drug misuse deaths by age group, sex and year of registration, 2018 to 2022

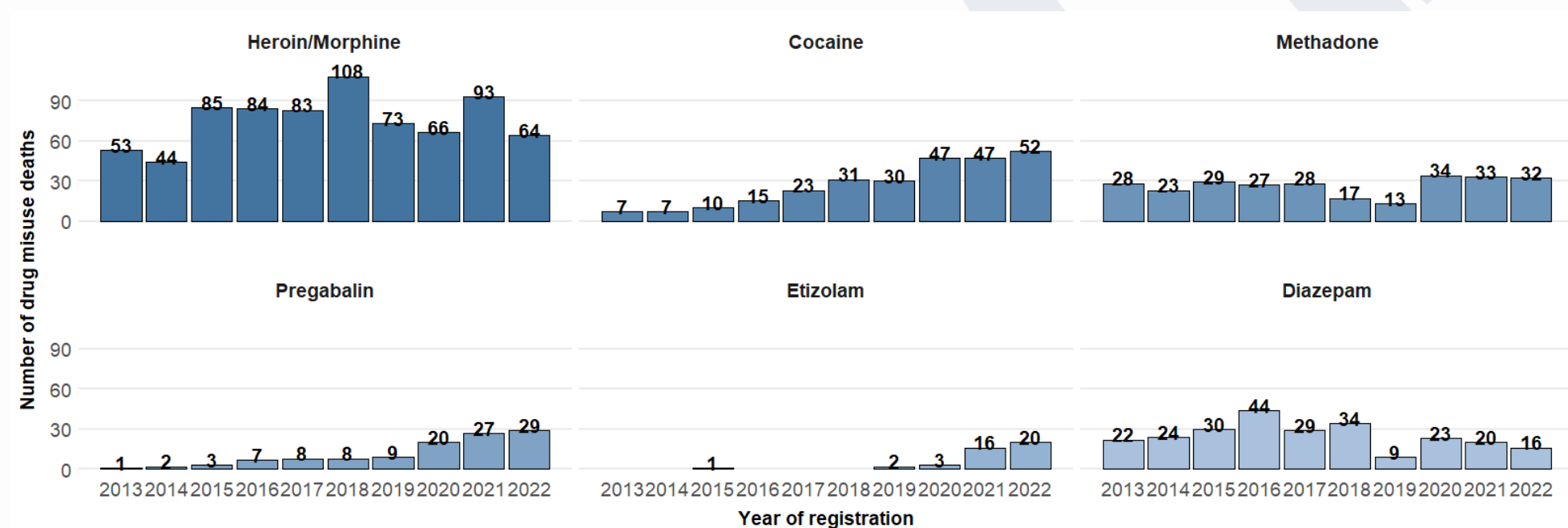
Figure 20: Drug misuse deaths by age group and year of registration, 2013 to 2022, Wales

Drug Deaths in Wales

3.5 Drug misuse deaths substances

In 2022 and consistent with previous years, the most common substance recorded for a drug misuse death in Wales was heroin/morphine, reported in 31 percent of deaths (n=64). Other substances commonly recorded were:

- Cocaine (25 percent n=52)
- Methadone (16 percent, n=32)
- Pregabalin (14 per cent, n=29)
- Etizolam (10 percent ,n=20)
- Diazepam (8 percent, n=16)



Source : ONS 2023

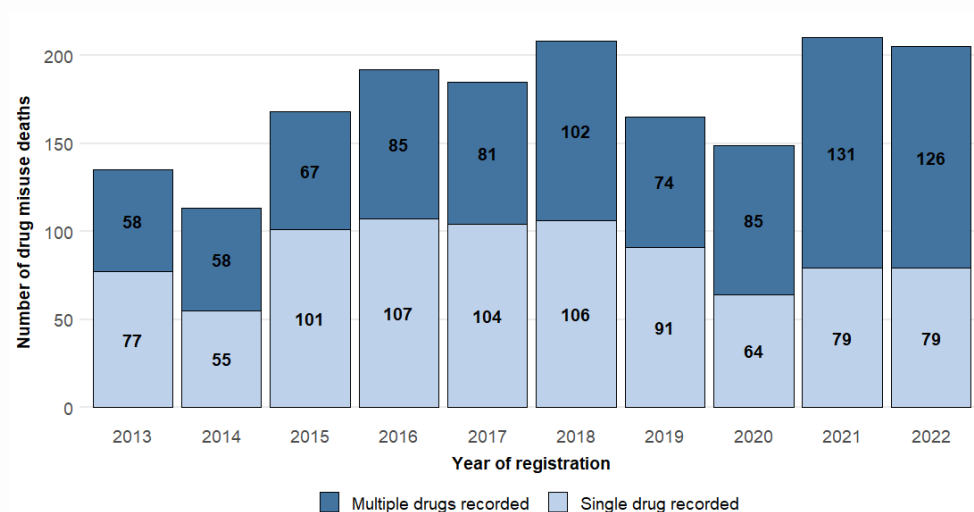
Figure 21: Top six substances recorded in drug misuse deaths in Wales, 2013 to 2022

Drug Deaths in Wales

Drug misuse deaths substances

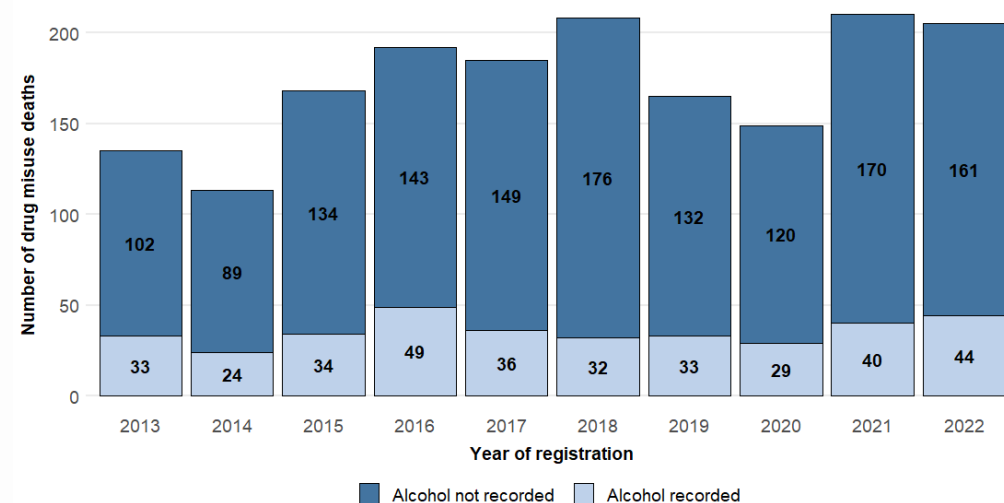
Drug misuse deaths often involve a combination of substances, including alcohol and prescription only medicines (POMs) or over the counter medicines (OTCs) referred to as poly-drug use. In 2022, 61 per cent (n=126) of drug misuse deaths had more than one substance recorded, a slight decrease compared to the previous year, as shown in Figures 22, 23 and 24.

Secondary substances are under-reported as not all substances identified though toxicological screening may be recorded on the death certificate.



Source : ONS 2023

Figure 22: Drug misuse deaths in Wales with multiple substances recorded, 2013 to 2022



Source : ONS 2023

Figure 23: Drug misuse deaths in Wales with multiple substances recorded, 2013 to 2022

Alcohol use may contribute to a drug misuse death due to the combined respiratory depressant effects particularly when consumed alongside opioids and/or benzodiazepines. In 2022, alcohol was toxicologically evidenced in 21 per cent (n = 44) of drug misuse deaths, a slight increase from the 19 per cent recorded in the previous year as shown in Figure 23.

Drug Deaths in Wales

Drug misuse deaths substances

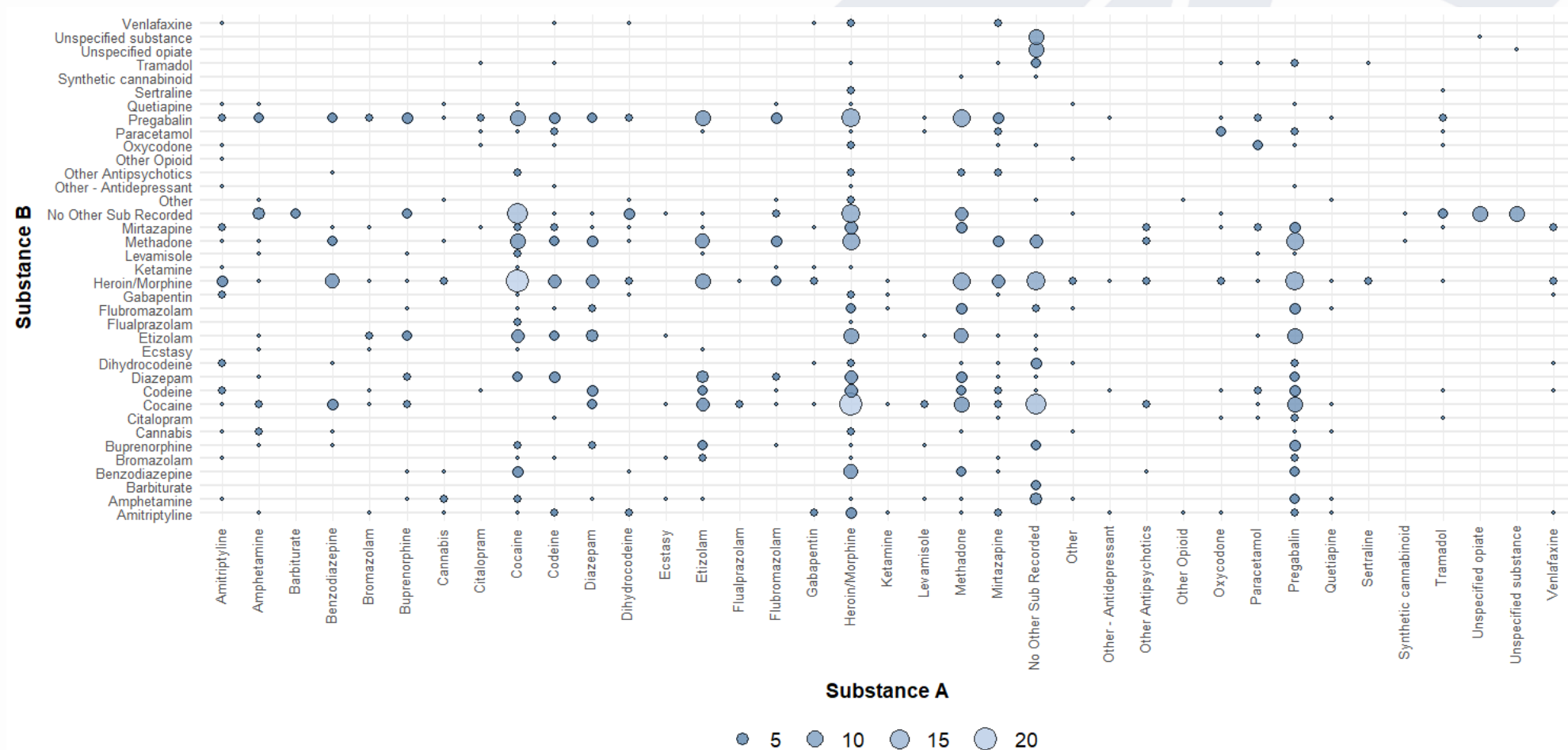


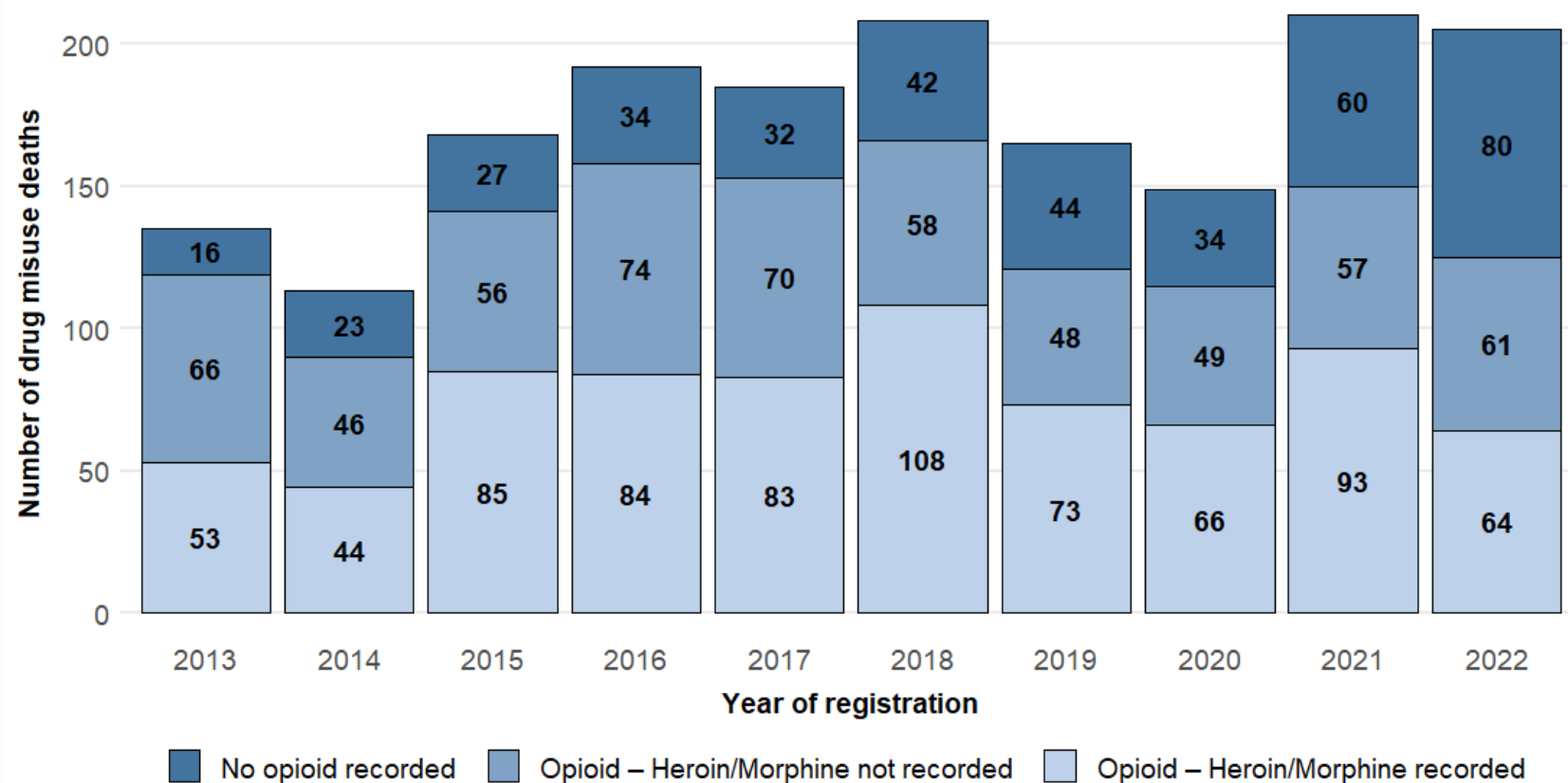
Figure 24: Relative number of drug misuse deaths involving single or combinations of drugs identified together on any position and recorded on the death certificate in Wales 2022.

Drug Deaths in Wales

Drug misuse deaths substances

Opioids – Heroin and Morphine

Opioids represent the most common substance group recorded in drug misuse deaths in Wales. In 2022, 61 per cent of deaths involved an opioid (n = 125), compared to 71 per cent in the previous year. Of the 125 opioid deaths, 64 involved heroin/morphine. The remaining 61 deaths involved at least one other opioid such as methadone, codeine or tramadol.



Source : ONS 2023

Figure 25: Drug misuse deaths in Wales, by substance group and year of death registration, 2013 to 2022.

Drug Deaths in Wales

Drug misuse deaths substances – heroin / morphine deaths

The median age of heroin/morphine deaths was 44 years and the proportion of deaths involving males was 67 per cent in 2022.

Demographic data for heroin/morphine deaths are shown in Table 9. Cwm Taf Morgannwg University Health Board accounted for 22 per cent of deaths involving heroin/morphine in Wales. The single year EASR per 100,000 population for this region decreased significantly compared with the previous year. The only region to observe an increase in the EASR per 100,000 population was Cardiff and Vale University Health Board, with a small increase from 2.1 in 2021 to 2.4 in 2022.

Table 9: Summary demographic data related to deaths involving heroin/morphine by Health Board, including European age standardised rates (EASR) per 100,000 population (number of deaths in brackets), 2018 to 2022

	2018	2019	2020	2021	2022
Wales					
Number of deaths	108	73	66	93	64
EASR per 100,000 population	3.8	2.5	2.3	3.2	2.3
Median age (years)	40.5	43	39.5	41	44
Age range (years)	21 - 84	17-77	20-74	17-73	22-70
% Male	77%	77%	70%	68%	67%
Health board EASR (n)					
Aneurin Bevan	1.7 (9)	1.2 (7)	0.5 (3)	1.9 (10)	1.7 (9)
BCU	2.3 (15)	1.8 (11)	2.1 (13)	1.2 (8)	1.1 (7)
Cwm Taf Morgannwg	4.9 (21)	4.6 (19)	2.2 (9)	6.6 (28)	3.3 (14)
Cardiff and Vale	3.5 (16)	2.3 (11)	2.2 (10)	2.1 (10)	2.4 (12)
Hywel Dda	5.4 (18)	2.5 (8)	1.8 (6)	4.9 (16)	3.2 (10)
Powys Teaching	2.2 (2)	1.8 (2)	1 (1)	4.8 (6)	0 (0)
Swansea Bay	7.3 (27)	4 (15)	6.6 (24)	4.2 (15)	3.6 (12)

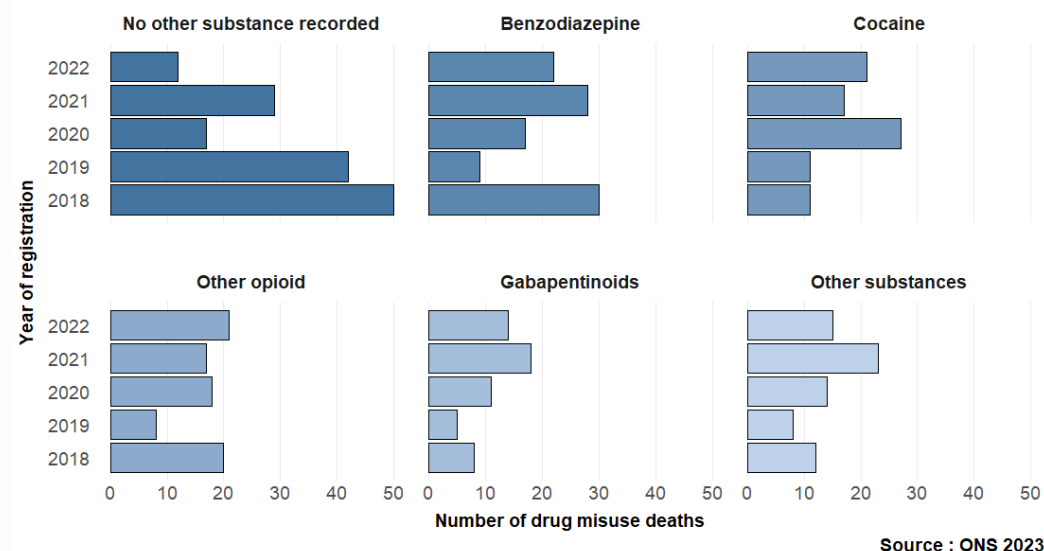


Figure 26: Heroin/morphine drug misuse deaths involving different substance groups by year of registration, 2018 to 2022

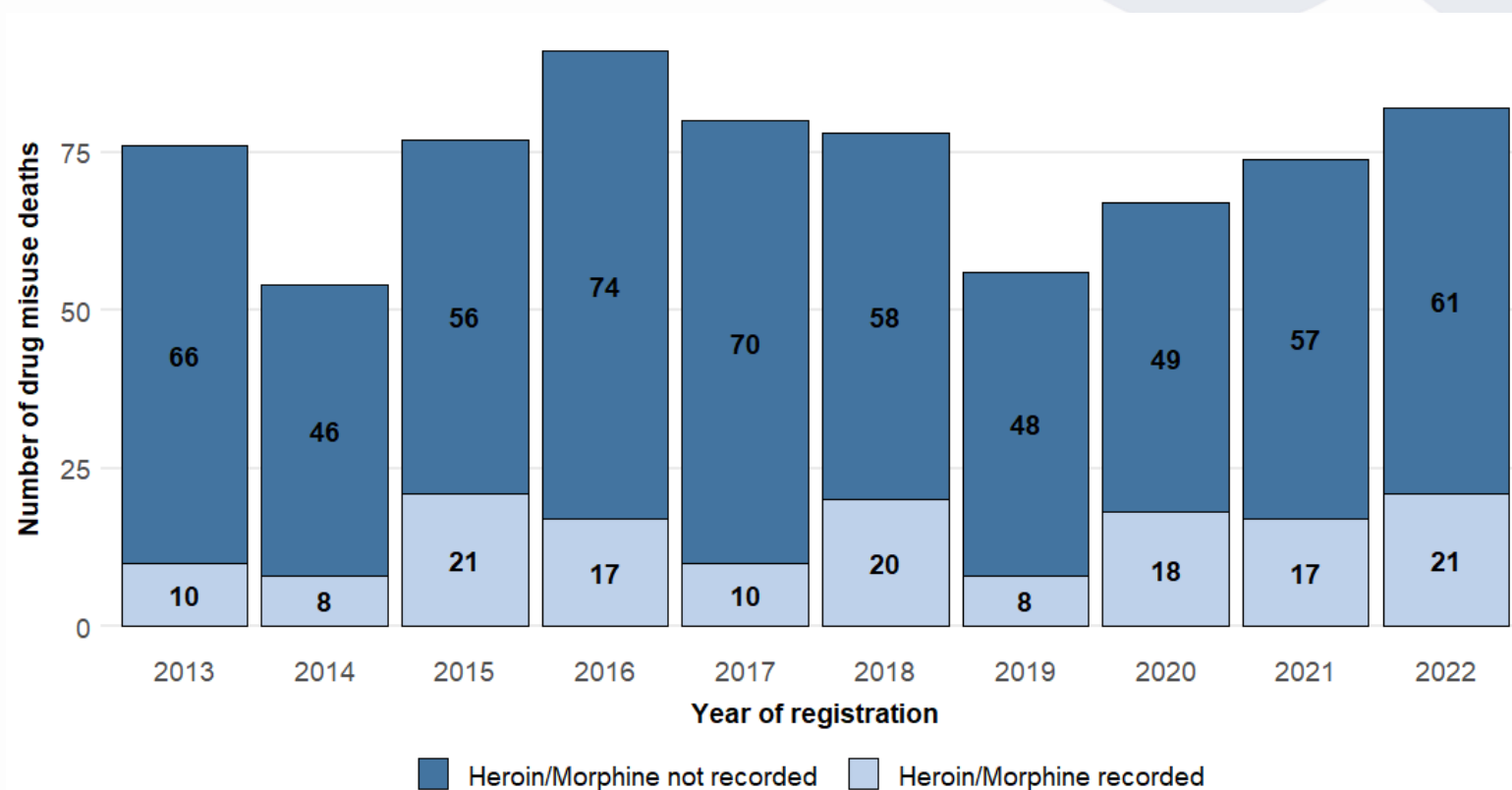
In 2022, 31% of heroin/morphine deaths (n=12) were recorded as not involving any other substance. This is a significant decrease from the previous year and is lower than recent years. The remaining 81% (n = 52) of deaths in Wales included at least one other substance (see Figure 25).

Drug Deaths in Wales

Drug misuse deaths substances – other opioids: non-heroin/morphine

Other opioids – non-heroin/morphine

There were 61 deaths in which at least one opioid, other than heroin/morphine, was recorded. Although a proportion of these deaths also involved heroin/morphine the majority did not (see Figure 27).



Source : ONS 2023

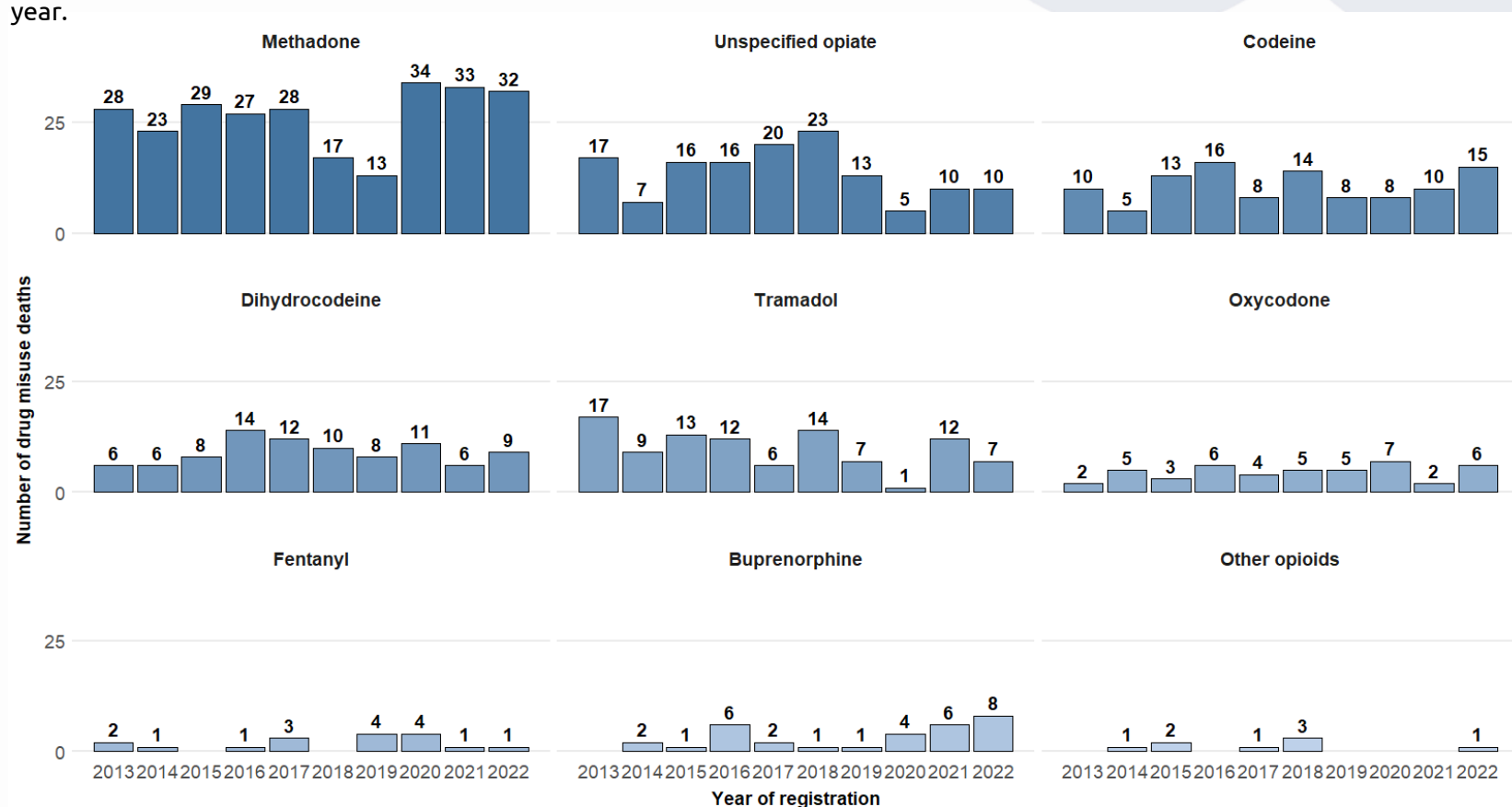
Figure 27: Drug misuse deaths in Wales, by substance group and year of death registration, 2013 to 2022.

Drug Deaths in Wales

Drug misuse deaths substances – other opioids: non-heroin/morphine

The most common opioid recorded, other than heroin/morphine, was Methadone (see Figure 28). The number of deaths involving methadone has remained as high as the previous two years, which itself was a significant increase from previous years.

Other commonly recorded opioids were Dihydrocodeine (n = 9), Codeine (n = 15) and Buprenorphine (n = 8), death from which have all increased from the previous year. In 2022, 1 death involving fentanyl was recorded. The number of deaths involving 'unspecified opiates' remains consistent with the previous year.



Source : ONS 2023

Figure 28: Drug misuse deaths involving other opioids (non-heroin/morphine) by year of death registration and substance, 2013 to 2022.

Drug Deaths in Wales

Drug misuse deaths substances – other opioids: non-heroin/morphine

The median age of deaths involving 'other opioids' was 46 years compared to 44 years for deaths involving heroin/morphine, and 72 per cent were male. The highest EASR of drug misuse deaths involving other opioids were recorded in Cwm Taf Morgannwg University Health Board with 3.1 deaths per 100,000 population (see Table 10). Amongst the 86 deaths involving other opioids, 30 per cent (n=26) had no other substance recorded. In the remaining 60 deaths, substances recorded alongside opioids include benzodiazepines, gabapentinoids, antidepressants and at least one other substance.

Table 10: Summary demographic data related to deaths involving other opioids (non-heroin/morphine), by Health Board, including EASR per 100,000 population (with number of deaths in brackets).

	2018	2019	2020	2021	2022
Wales					
Number of deaths	58	48	49	57	61
EASR per 100,000 population	2.0	1.6	1.7	1.9	2.1
Median age (years)	45	48.5	45	45	46
Age range (years)	24 -91	21-88	17-77	17-83	18-94
% Male	64%	63%	82%	67%	72%
Health board EASR (n)					
Aneurin Bevan	1.6 (9)	1.4 (8)	0.3 (2)	1.5 (9)	2.4 (13)
BCU	1.6 (11)	1.7 (11)	1.8 (12)	2.2 (15)	2.7 (17)
Cwm Taf Morgannwg	3 (13)	1.9 (8)	2.3 (10)	2.1 (9)	3.1 (13)
Cardiff and Vale	1.6 (7)	1.9 (8)	0.7 (3)	1.8 (8)	1.1 (5)
Hywel Dda	1 (3)	1.3 (5)	1.2 (4)	1.7 (6)	1.7 (6)
Powys Teaching	0.6 (1)	2.6 (3)	4.6 (4)	0 (0)	1.2 (2)
Swansea Bay	4.1 (14)	1.3 (5)	3.9 (14)	2.9 (10)	1.4 (5)

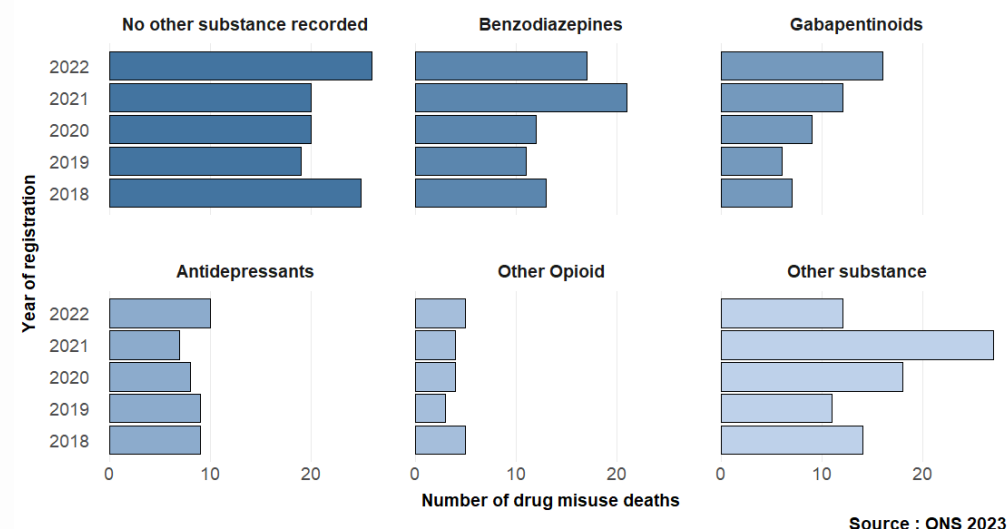


Figure 29: Other opioid deaths involving different substance groups by year of registration, 2018 to 2022

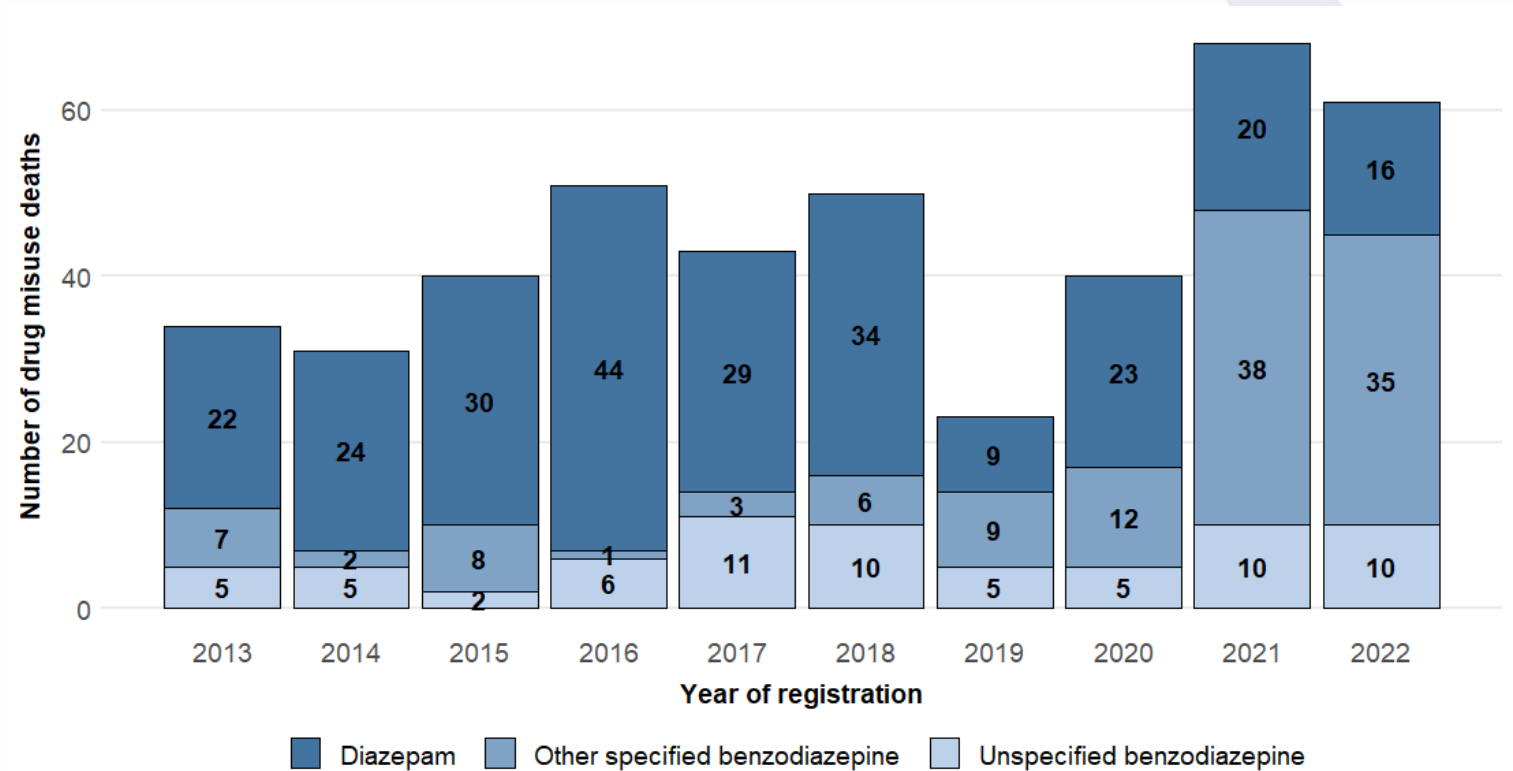
Drug Deaths in Wales

Drug misuse deaths substances - Benzodiazepines

Benzodiazepines

Benzodiazepines were reported in 30 per cent of drug misuse deaths registered in 2022 (n = 61), representing the second most common substance group reported after opioids, and consistent with the previous year.

The most commonly reported benzodiazepine was Etizolam, reported in 20 deaths in 2022, making it the one of the most common individual substance reported. Other benzodiazepines listed included Diazepam (16) and Flubromazolam (13), Flualprazolam and Nitrazepam. Recent reports have indicated increases in deaths involving benzodiazepines in other regions of the UK. Scotland have seen substantial increases since 2014, particularly in deaths involving Etizolam, though a rapid drop was observed in 2022 indicating a possible downward trend.



Source : ONS 2023

Figure 30: Deaths involving benzodiazepines by year of registration and substance, 2013 to 2022

Drug Deaths in Wales

Drug misuse deaths substances – Benzodiazepines

The median age of deaths involving benzodiazepines was 41 years, and 80 per cent were male (see Table 11). The highest EASR were reported in Swansea Bay University Health Board area, accounting for 22 percent of all deaths involving benzodiazepines.

Table 11: Summary demographic data related to deaths involving benzodiazepines, by Health Board, including European age standardised rates (EASR) per 100,000 population (with number of deaths in brackets), 2018 to 2022

	2018	2019	2020	2021	2022
Wales					
Number of deaths	50	22	35	61	54
EASR per 100,000 population	1.8	0.8	1.2	2.2	1.9
Median age (years)	38	41	40	42	41
Age range (years)	21 - 79	21-67	20-71	19-65	18-70
% Male	84%	82%	71%	82%	80%
Health board EASR (n)					
Aneurin Bevan	0.5 (3)	0.7 (4)	0 (0)	0.4 (2)	1.6 (8)
BCU	0.5 (3)	0.3 (2)	0.2 (1)	0.2 (1)	0.3 (2)
Cwm Taf Morgannwg	1 (4)	0.7 (3)	2.7 (11)	4.3 (18)	3.5 (15)
Cardiff and Vale	1.6 (7)	1.1 (5)	1.3 (6)	2.5 (11)	1.6 (7)
Hywel Dda	2.5 (8)	0.7 (2)	0.5 (2)	5 (16)	2.8 (9)
Powys Teaching	1.2 (1)	1 (1)	1.9 (2)	0.7 (1)	0.9 (1)
Swansea Bay	6.6 (24)	1.5 (5)	3.5 (13)	3.3 (12)	3.6 (12)

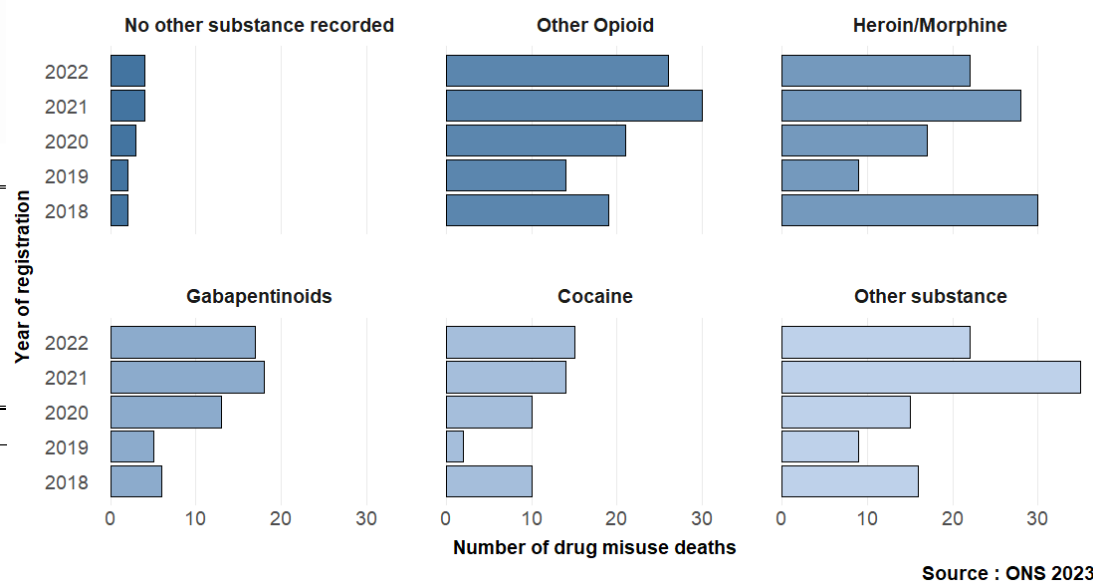


Figure 31: Deaths involving cocaine and additional different substance groups by year of registration, 2018 to 2022

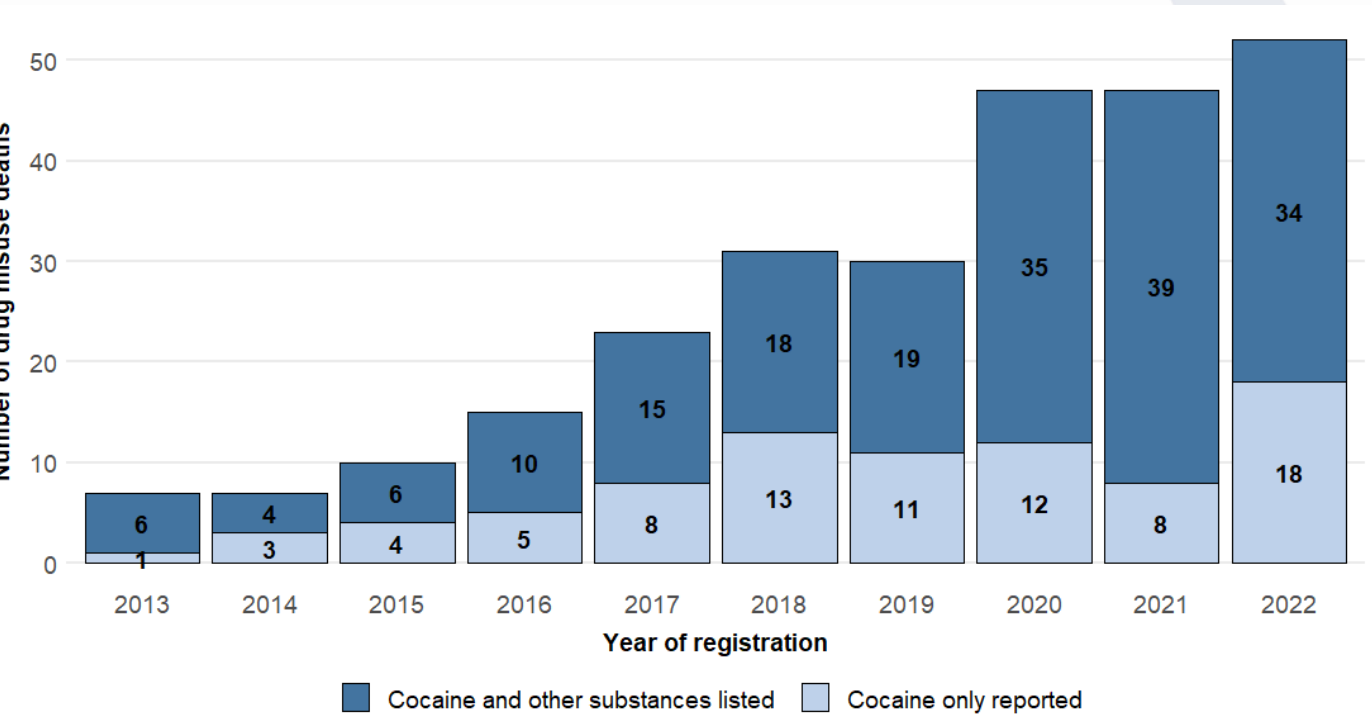
Nearly all (93 per cent) of deaths involving benzodiazepines involved other substances, particularly opioids. Of the 54 deaths involving benzodiazepines, 39 were listed alongside at least one opioid, 15 alongside only non-opioids (see Figure 33). There were 4 deaths with only one substance listed.

Drug Deaths in Wales

Drug misuse deaths substances - Cocaine

Cocaine

In 2022, cocaine was recorded in 52 deaths, representing 26 per cent of all drug misuse deaths, the third highest after opioids and Benzodiazepines. There has been a large increase in the number of deaths involving cocaine over the last three years. This trend co-occurs with increases observed in reported cocaine related hospitalisations and individuals presenting for treatment within substance misuse services. Due to current reporting mechanisms it is not possible to distinguish between deaths involving crack or powder cocaine. There has been a decrease in the number of deaths where cocaine was not the only substance listed (see Figure 32) and an increase where it was the only substance listed. Common substances listed alongside cocaine are heroin/morphine and other opioids (see Figure 33).



Source : ONS 2023

Figure 32: Drug misuse deaths involving cocaine as the only substance reported, and cocaine alongside at least one other substance, by year of death registration, 2013 to 2022.

Drug Deaths in Wales

Drug misuse deaths substances - Cocaine

The median age of deaths involving cocaine in 2022 was 36.5 years (Table 11). Further analysis indicates differences between median ages at death where cocaine was the only substance listed compared to deaths where cocaine was listed alongside other substances.

Table 12: Summary demographic data related to deaths involving cocaine, by Health Board, including European age standardised rates (EASR) per 100,000 population (with number of deaths in brackets), 2018 to 2022

	2018	2019	2020	2021	2022
Wales					
Number of deaths	31	30	47	47	52
EASR per 100,000 population	1.1	1.0	1.7	1.7	1.8
Median age (years)	35	36.5	39	41	36.5
Age range (years)	23 - 56	18-60	21-58	19-59	21-62
% Male	87%	73%	79%	81%	88%
Health board EASR (n)					
Aneurin Bevan	0.4 (2)	0.2 (1)	0.4 (2)	0.5 (3)	3.1 (16)
BCU	1.2 (7)	2 (12)	1.8 (11)	1.7 (10)	1.1 (7)
Cwm Taf Morgannwg	1.1 (5)	0.5 (2)	1.5 (6)	2.1 (9)	1.9 (8)
Cardiff and Vale	0.9 (4)	1.3 (6)	1.2 (5)	1.3 (6)	1 (5)
Hywel Dda	0.3 (1)	0.4 (1)	0 (0)	1.7 (5)	2 (6)
Powys Teaching	1.2 (1)	2.2 (2)	2.3 (2)	0 (0)	1.1 (1)
Swansea Bay	2.9 (11)	1.6 (6)	5.8 (21)	3.9 (14)	2.6 (9)

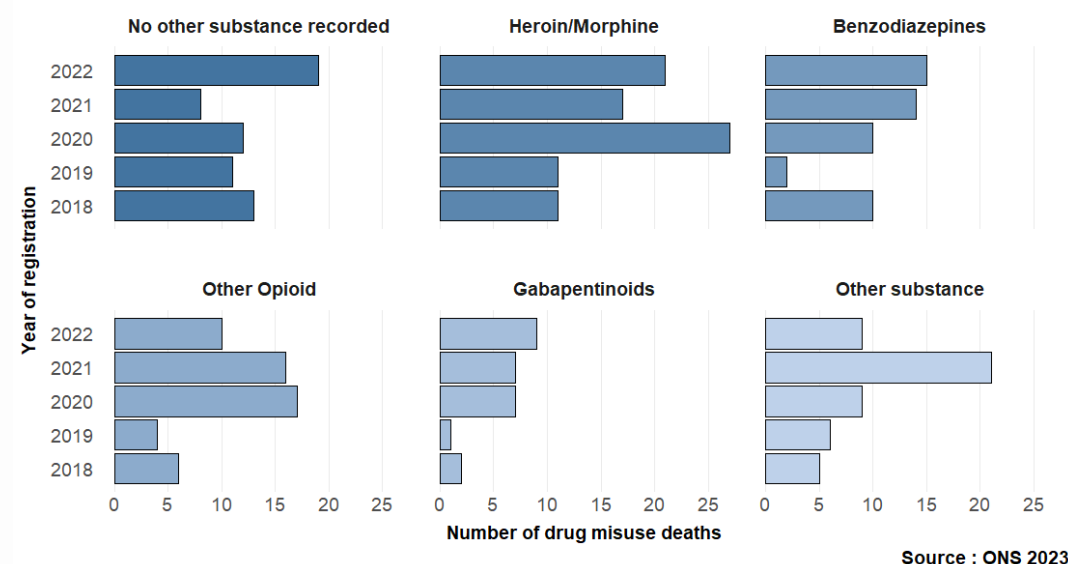
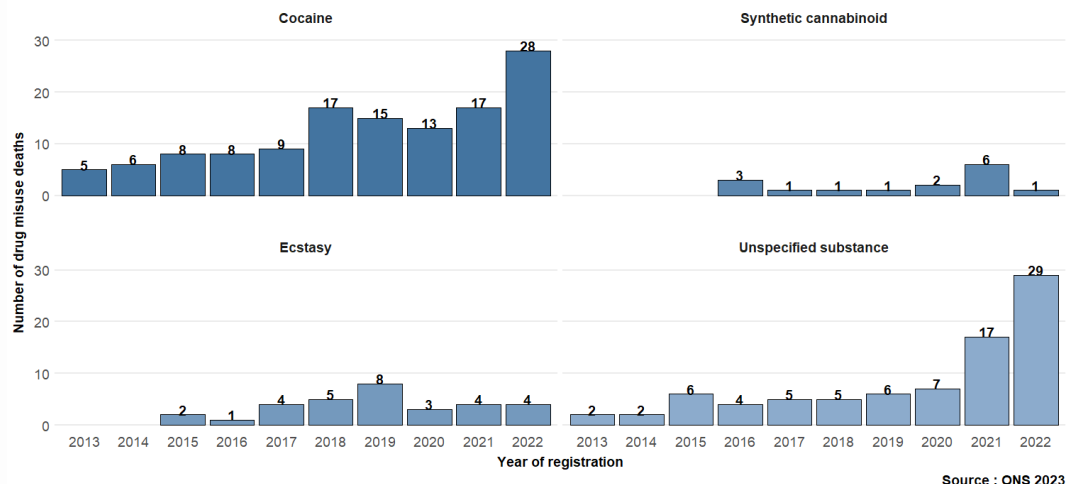


Figure 33: Deaths involving cocaine and additional different substance groups by year of registration, 2018 to 2022

Drug Deaths in Wales

Drug misuse deaths substances – Stimulants and other substances

Stimulants and other substances



In 2022, 36 per cent of drug misuse deaths involved non-opioid substances (n = 74), an increase of 7 percentage points compared to the previous year. The number of deaths involving non-opioids has generally increased since 2013, with the exception of 2017 and 2020.

Over the last decade, Ecstasy/MDMA was recorded in 36 drug misuse deaths, 28 of which have occurred since 2018 with the highest number seen in 2019.

Figure 34: Deaths involving stimulants and non-specified substances, by selected substance and year of registration of death, 2013 – 2022

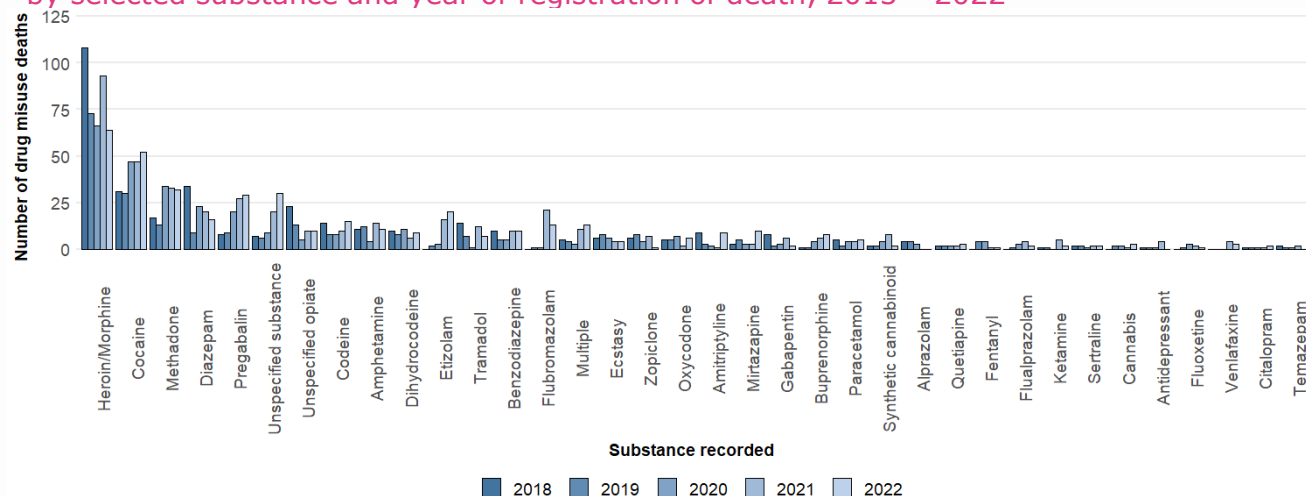
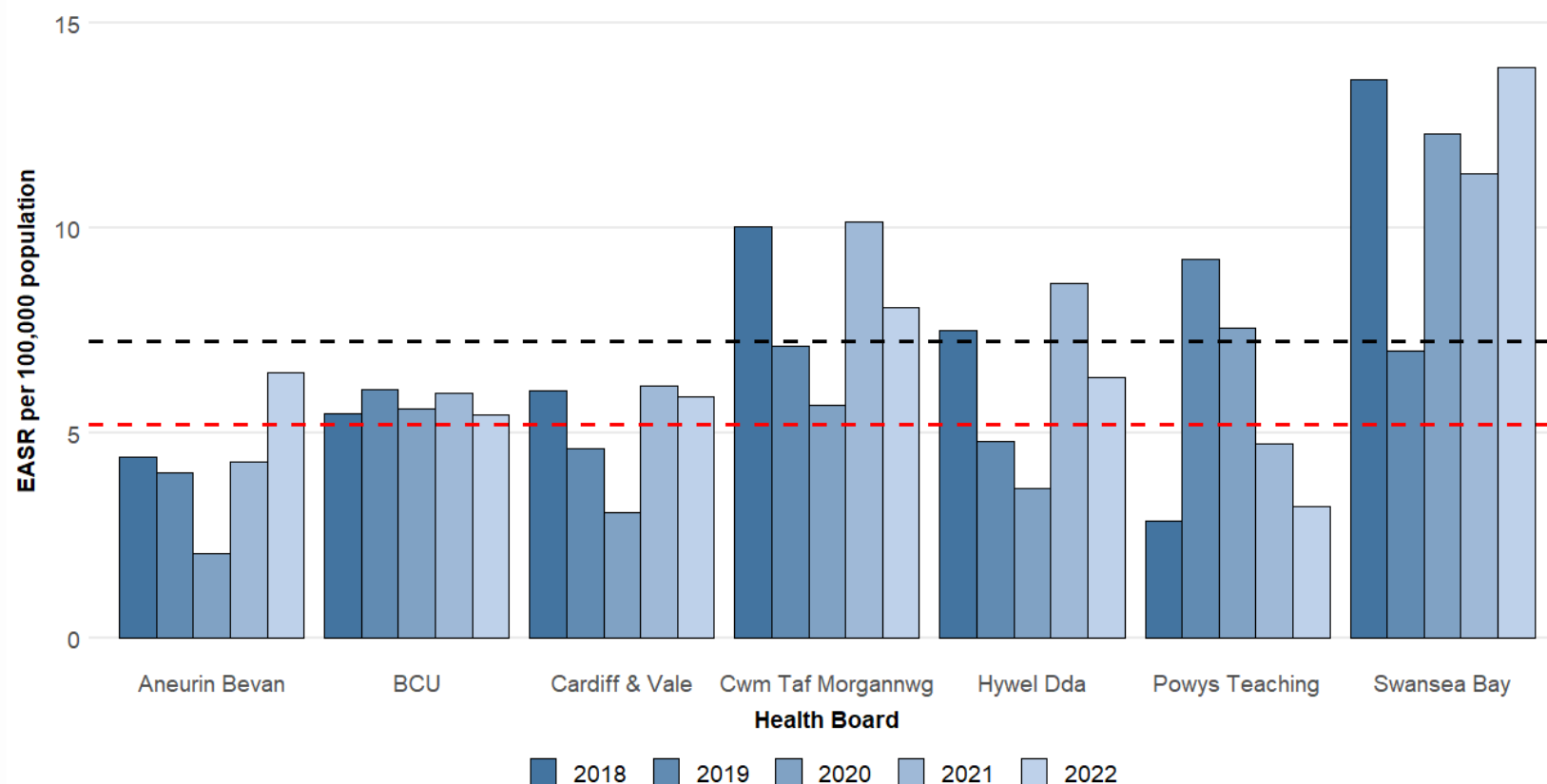


Figure 35: Number of drug misuse deaths in Wales by substance 2018 to 2022

Drug Deaths in Wales

3.6 Geographical analysis

All rates of deaths within this section have been calculated as EASR per 100,000 population. In 2022, the EASR for drug misuse deaths in Wales was 7.1 deaths per 100,000 population. During this period the highest rates were observed in Swansea Bay Health Board, with a rate of 13.9 deaths per 100,000 population (see Figure 36 and Table 13). This has been a consistent trend since 2017, apart from during 2019 (7 per 100,000). The lowest rate of deaths were observed in Powys Teaching Health Board (PTHB) with 3.2 deaths per 100,000 population, and Betsi Cadwaladr University Health Board (BCUHB) at 5.4 deaths per 100,000 population.



Source : ONS 2023

Figure 36: EASR of drug misuse deaths per 100,000 population by health board, 2018 to 2022, with national rates for Wales (black) and England (red).

Drug Deaths in Wales

Geographical analysis

The local authority with the highest rates in 2022 were Swansea (14.3 deaths per 100,000 population) and Neath Port Talbot (13.3 deaths per 100,000 population) (see Figure 37). The lowest rates were observed in Monmouthshire (2.3 deaths per 100,000 population), Flintshire (2.8 deaths per 100,000 population) and Carmarthenshire (3.1 deaths per 100,000 population). ONS publish a three year rolling average for each local authority as part of annual reporting. This combines the EASR of the last three years in order to identify longer term trends and account for annual fluctuations in deaths. Using this measure, Swansea and Neath Port Talbot were recorded as having the highest EASR per 100,000 population of drug misuse deaths in Wales (see Figure 38).

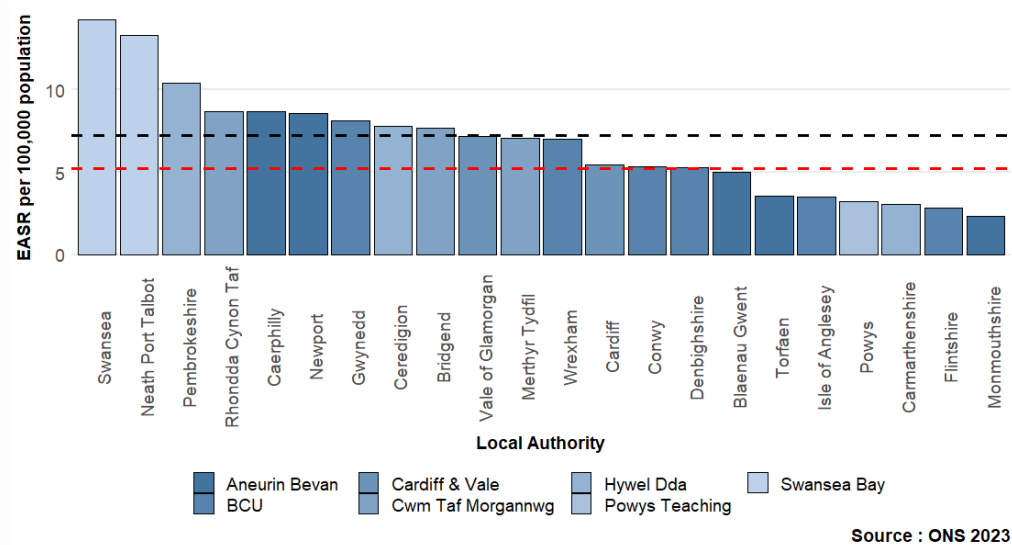


Figure 37 – EASR of drug misuse deaths per 100,000 population in Wales by local authority, 2022, with the national rate for Wales (black) and England (red)

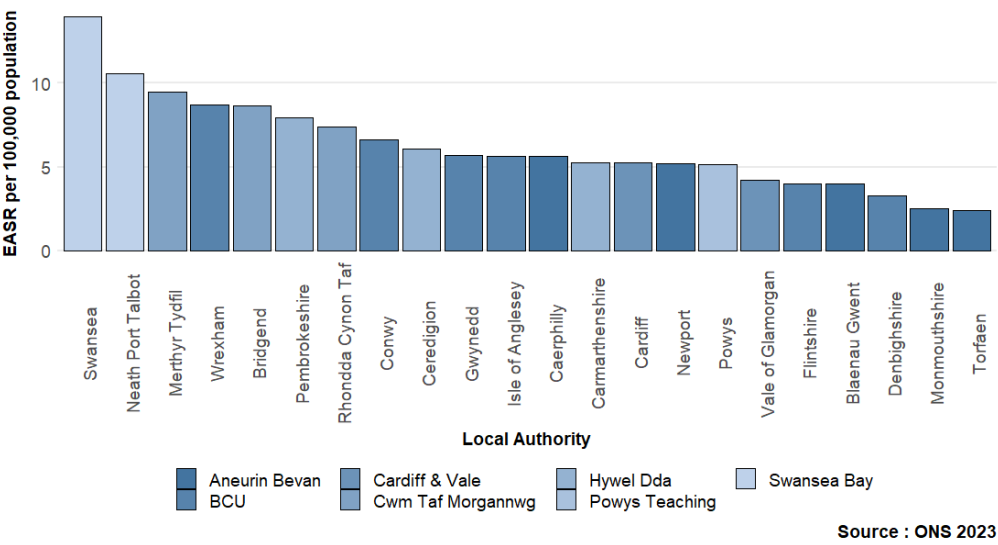
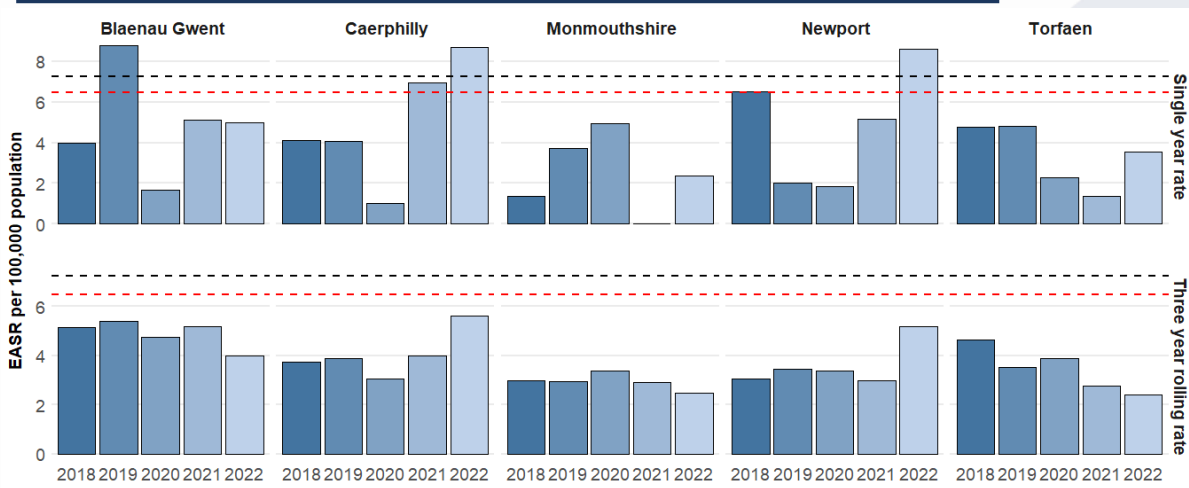


Figure 38: Three year rolling average EASR per 100,000 drug misuse deaths in Wales, by local authority, 2020-22

It should be noted that a three year rolling average take time to adjust to any new trend. This, alongside the reporting delay for drug misuse deaths, mean that any effect of recent interventions since the last publication will not be evident in the data.

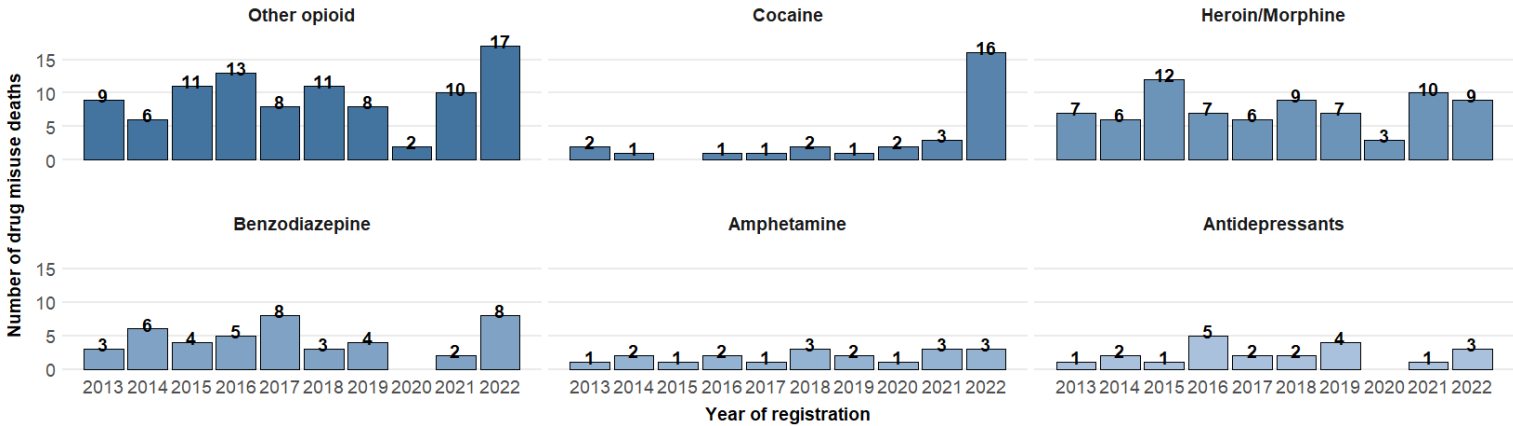
Drug Deaths in Wales

Aneurin Bevan University Health Board



Source : ONS 2023

Figure 39 – EASR per 100,000 population of drug misuse deaths in local authorities in ABUHB, by year, calculated using one and three years of data, 2018 to 2022. The lines show the single year EASR for the health board (red) and Wales (black)

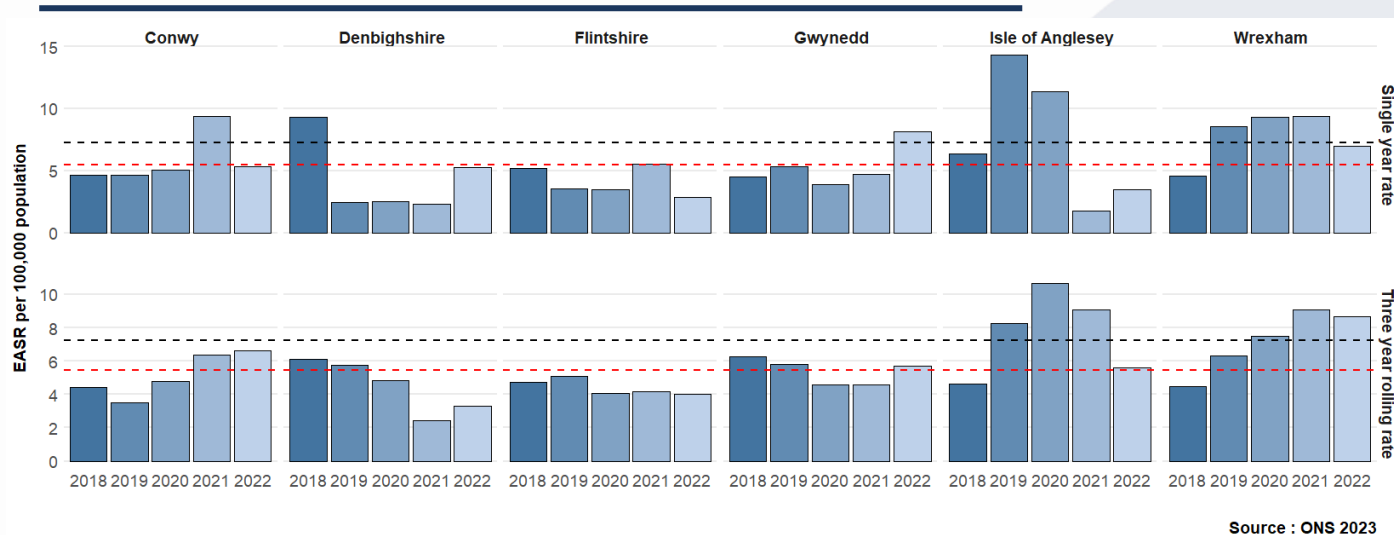


Source : ONS 2023

Figure 40: Number of drug misuse deaths involving the 6 most reported substance groups in ABUHB, by year, 2013 to 2022.

Drug Deaths in Wales

Betsi Cadwaladr University Health Board



In 2022, a rate of 5.4 drug misuse deaths per 100,000 population was recorded in BCUHB, a slight increase on the previous year (6.0).

The only local authority with a rate of deaths higher than the Welsh national average was Gwynedd. The EASR three year rolling averages show increasing rates in Conwy, Denbighshire and Gwynedd, with all other local authorities in BCU decreasing (see Figure 41).

Figure 41 – EASR per 100,000 population of drug misuse deaths in local authorities in BCUHB, by year, calculated using one and three years of data, 2018 to 2022. The lines show the single year EASR for the health board (red) and Wales (black)

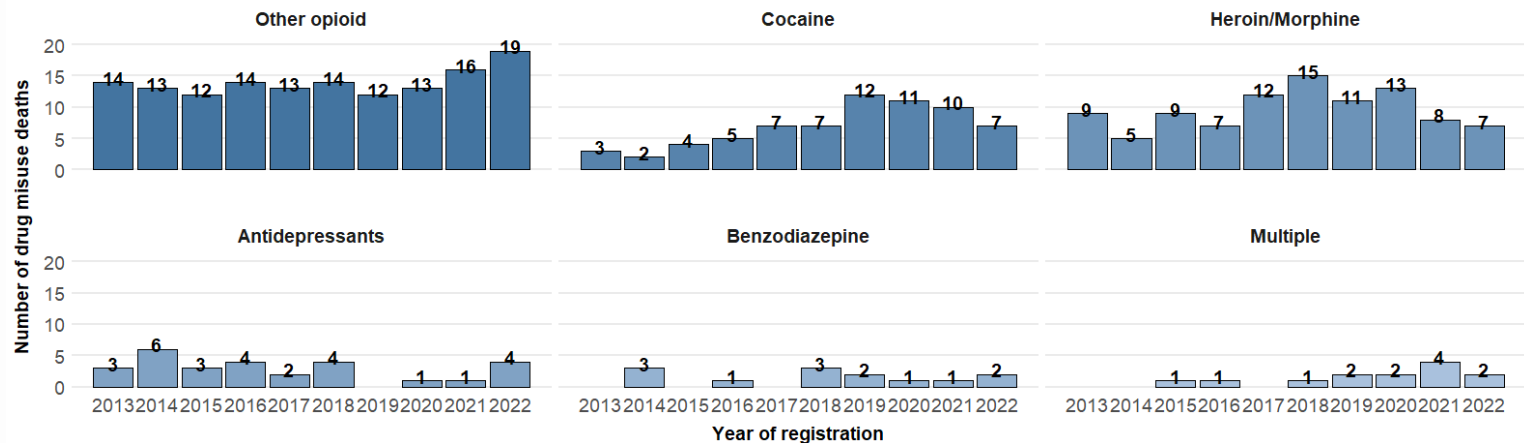
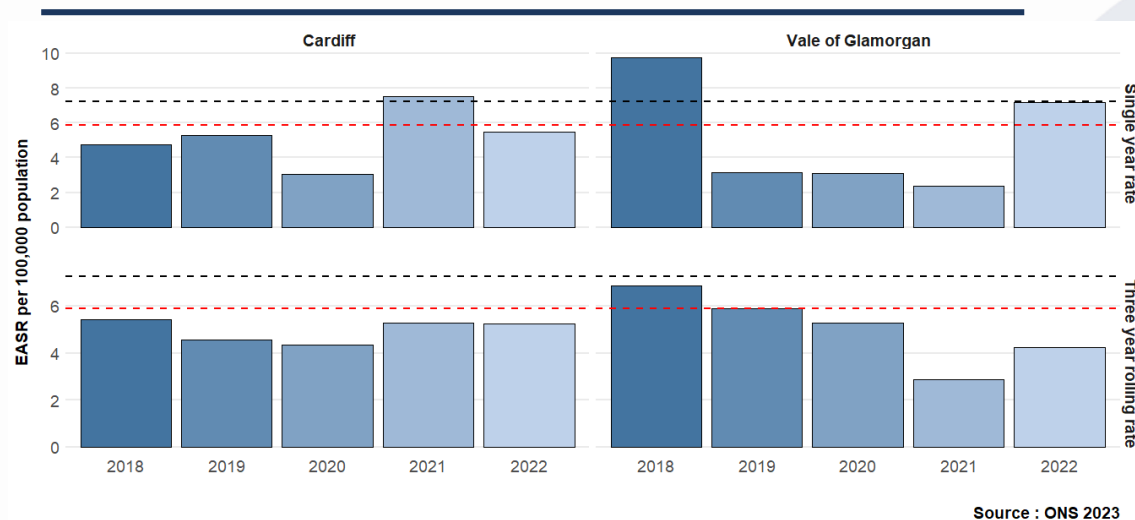


Figure 42: Number of drug misuse deaths involving the 6 most reported substance groups in BCUHB, by year, 2013 to 2022

Drug Deaths in Wales

Cardiff and Vale University Health Board



In 2022, there were 5.9 deaths per 100,000 population recorded in Cardiff and the Vale University Health Board, a slight decrease on the previous year (6.2).

Rates of deaths recorded in Cardiff and Vale University Health Board were below the Welsh average in 2022 (see Figure 43). The three year rolling average shows that the rate of death in the Vale of Glamorgan is lower than that in Cardiff.

Figure 43 – EASR per 100,000 population of drug misuse deaths in local authorities in CVUHB, by year, calculated using one and three years of data, 2018 to 2022. The lines show the single year EASR for the health board (red) and Wales (black).

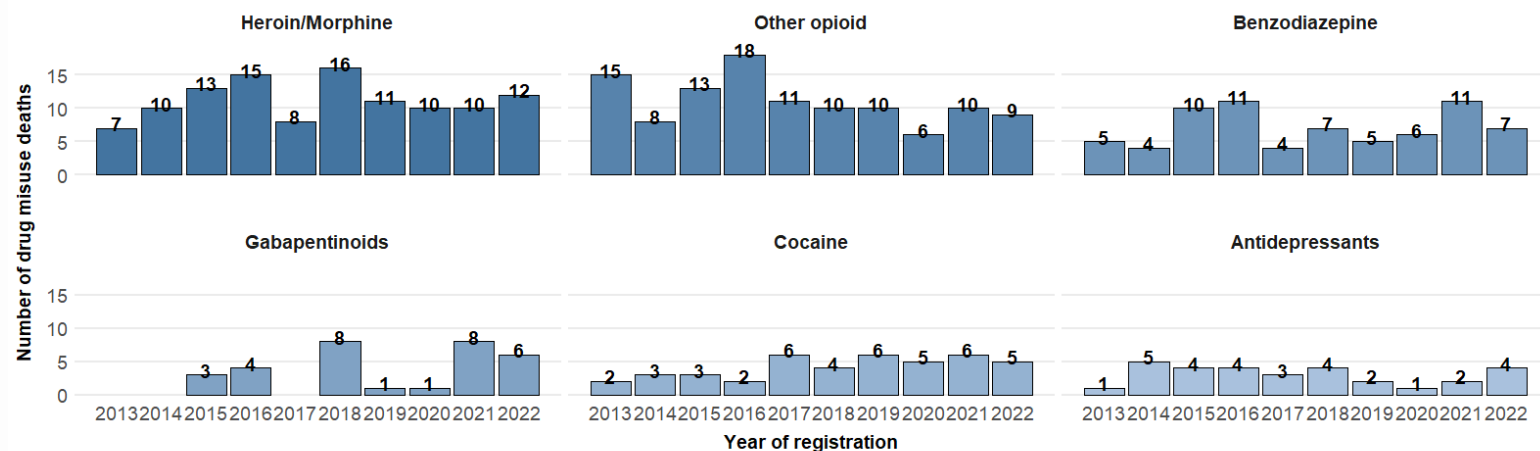
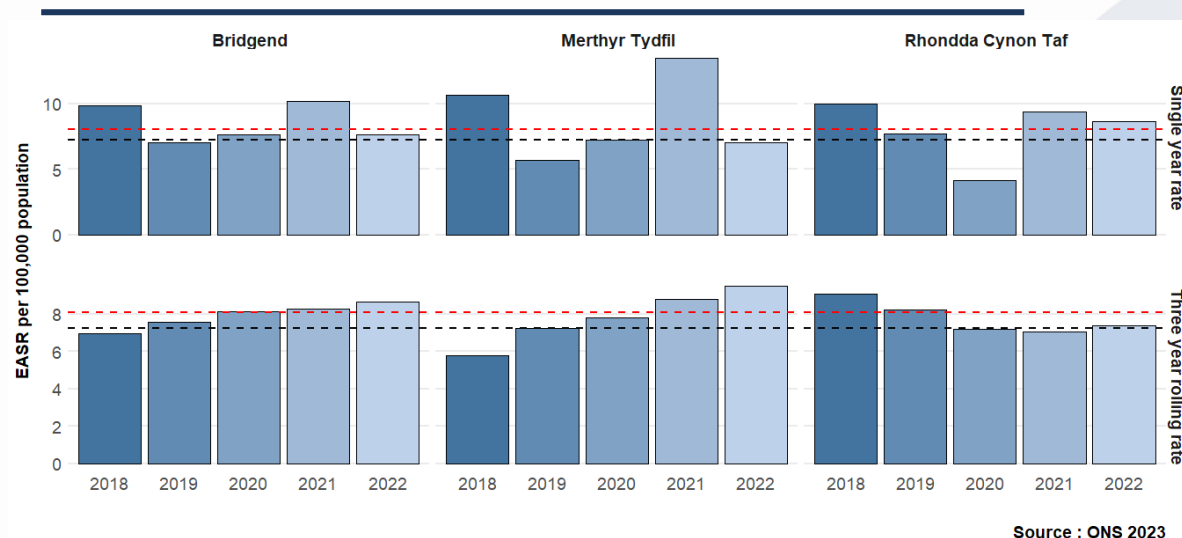


Figure 44: Number of drug misuse deaths involving the 6 most reported substance groups in CVUHB, by year, 2013 to 2022.

Drug Deaths in Wales

Cwm Taf Morgannwg University Health Board



In 2022, the rate of drug misuse deaths was 8.1 per 100,000 population in Cwm Taf Morgannwg University Health Board, higher than the Welsh average but a decrease from the previous year (10.2).

All local authorities in the health board had a higher rate of death than the national average in Wales, except Merthyr Tydfil (see Figure 45). The three year rolling average shows that deaths in Rhondda Cynon Taf have been generally decreasing in recent years, and consistently increasing in both Bridgend and Merthyr Tydfil.

Figure 45 – EASR per 100,000 population of drug misuse deaths in local authorities in CTMUHB, by year, calculated using one and three years of data, 2018 to 2022. The lines show the single year EASR for the health board (red) and Wales (black).

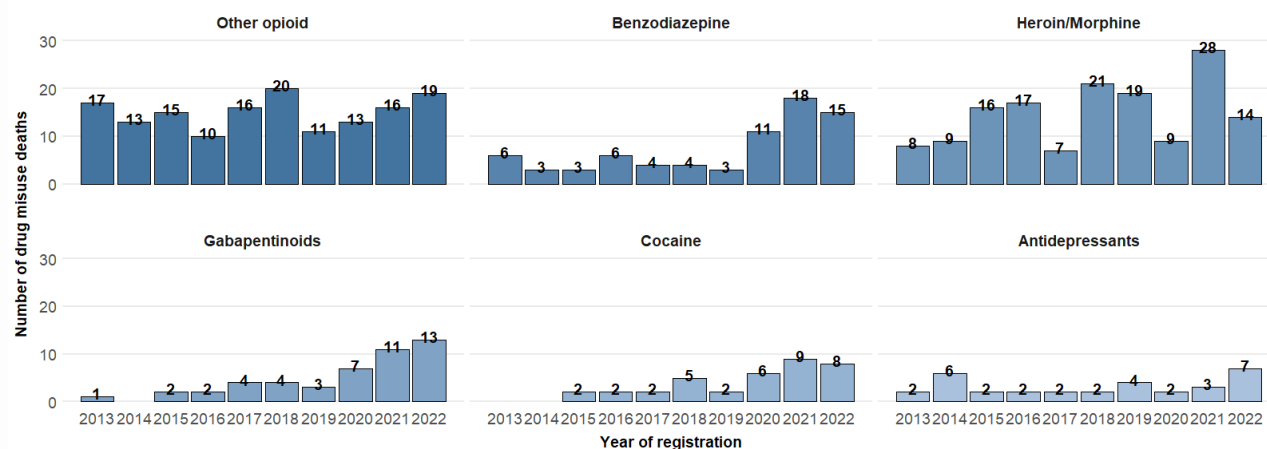
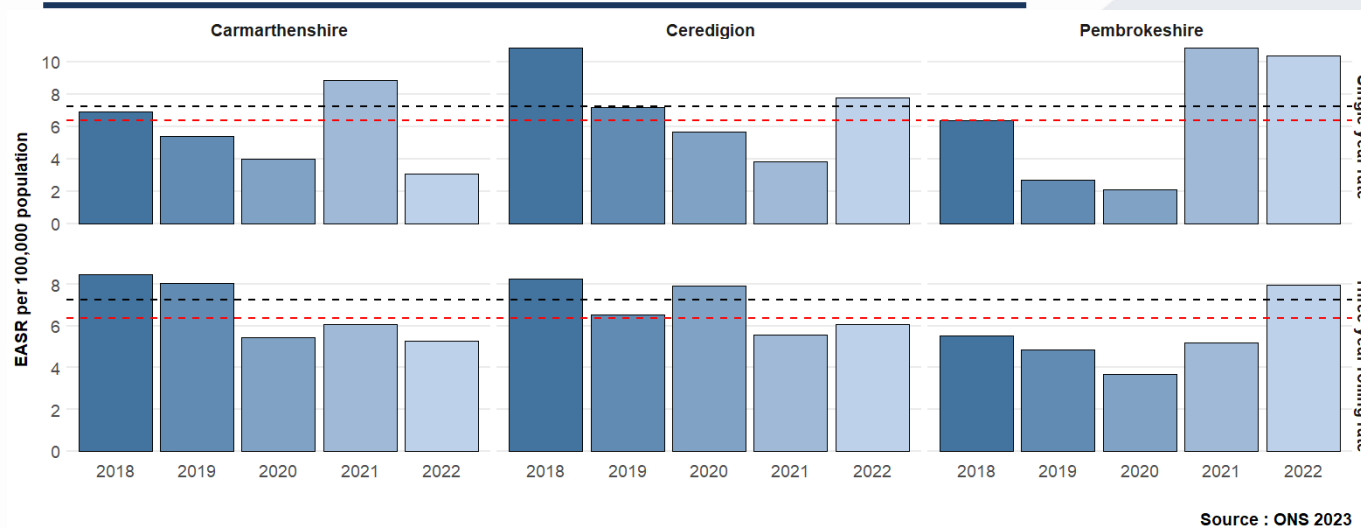


Figure 46: Number of drug misuse deaths involving the 6 most reported substance groups in CTMUHB, by year, 2013 to 2022.

Drug Deaths in Wales

Hywel Dda University Health Board



In 2022, a rate of 6.4 per 100,000 population drug misuse deaths were recorded in Hywel Dda University Health Board, below the Welsh national average a decrease from the previous year's rate (8.6).

The three year rolling average of the rate of deaths in Ceredigion and Pembrokeshire have increased, while the rate of deaths in Carmarthenshire has decreased (see Figure 47).

Figure 47 – EASR per 100,000 population of drug misuse deaths in local authorities in HDUHB, by year, calculated using one and three years of data, 2018 to 2022. The lines show the single year EASR for the health board (red) and Wales (black).

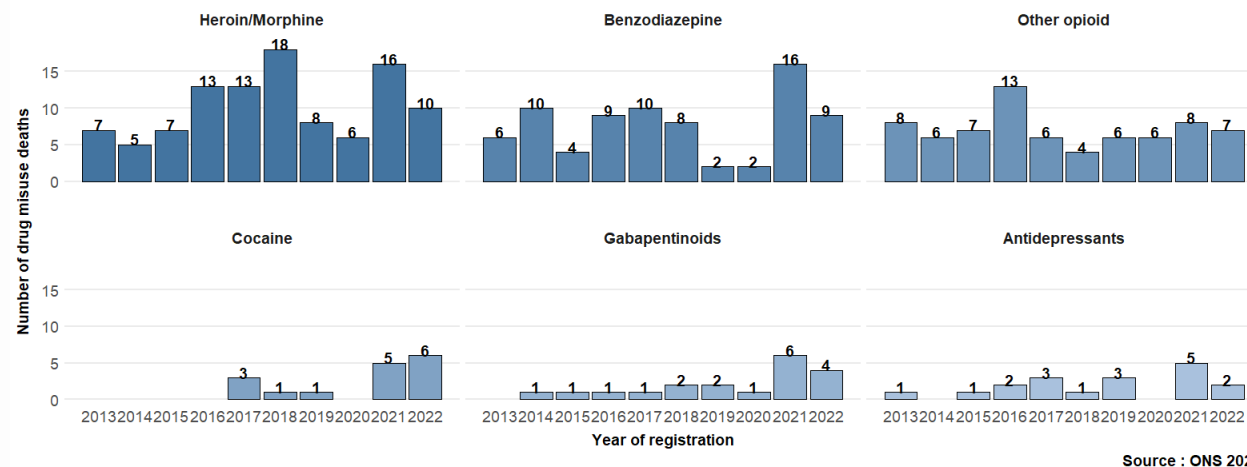
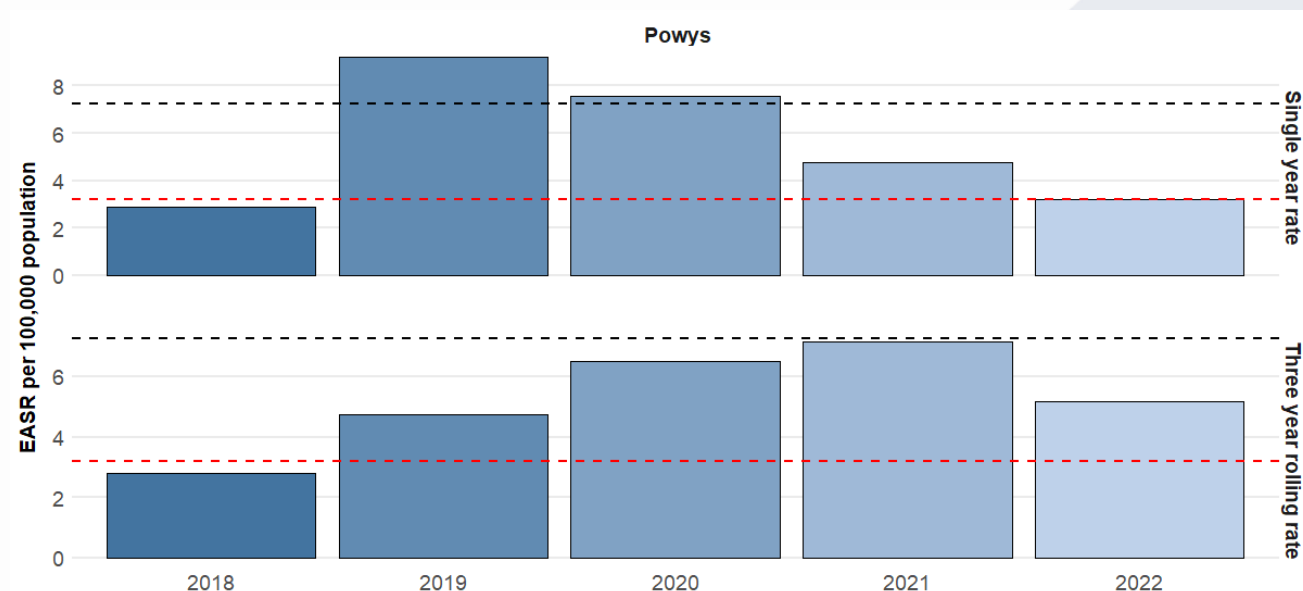


Figure 48: Number of drug misuse deaths involving the 6 most reported substance groups in HDUHB, by year, 2013 to 2022

Drug Deaths in Wales

Powys Teaching Health Board



Source : ONS 2023

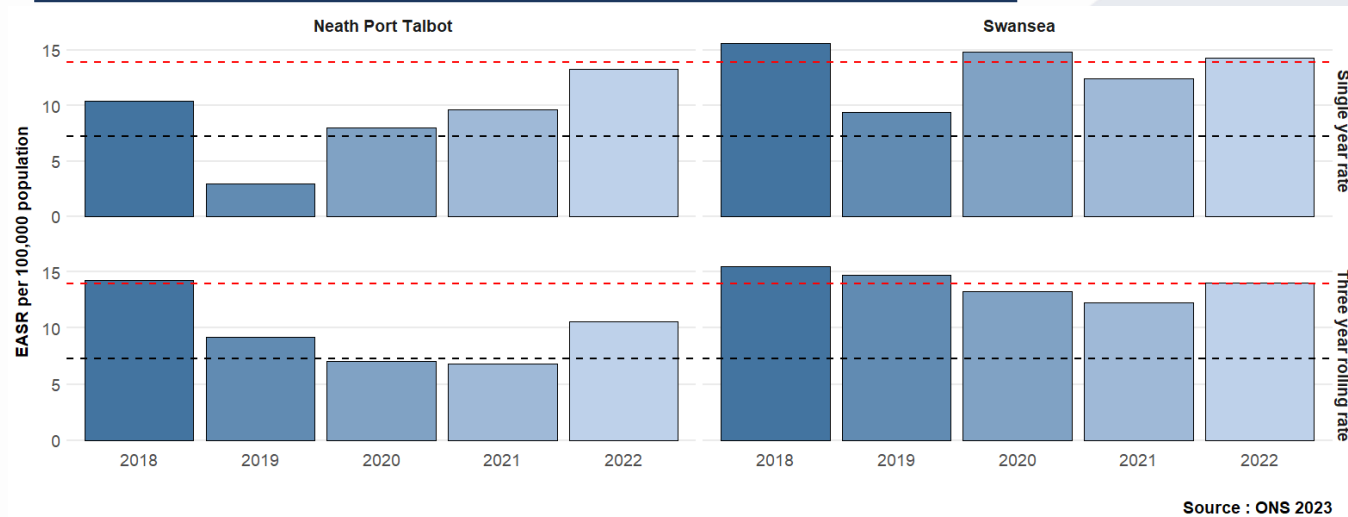
Figure 49 – EASR per 100,000 population of drug misuse deaths in local authorities in PTHB, by year, calculated using one and three years of data, 2018 to 2022. The lines show the single year EASR for the health board (red) and Wales (black).

In 2022, 3.2 drug misuse deaths per 100,000 population were recorded in Powys, lower than the national average and a decrease on the previous year (see Figure 49). Due to the lower number of deaths reported in Powys compared to other health boards the number of deaths by substance has not been shown. In 2022 there were:

- Two deaths involving opioids other than Heroin/Morphine.
- One death involving Benzodiazepines.
- One death involving Gabapentinoids.
- One death involving Cocaine.
- No deaths involving Heroine/Morphine.

Drug Deaths in Wales

Swansea Bay University Health Board



In 2022, 13.9 drug misuse deaths per 100,000 population were recorded in Swansea Bay, above the Welsh national average and an increase from the previous year.

The rolling average of the rate of deaths in both local authorities in the health board have increased compared to the previous year year (see Figure 50).

Rates in Swansea remain the highest in Wales.

Figure 50 – EASR per 100,000 population of drug misuse deaths in local authorities in SBUHB, by year, calculated using one and three years of data, 2018 to 2022. The lines show the single year EASR for the health board (red) and Wales (black).

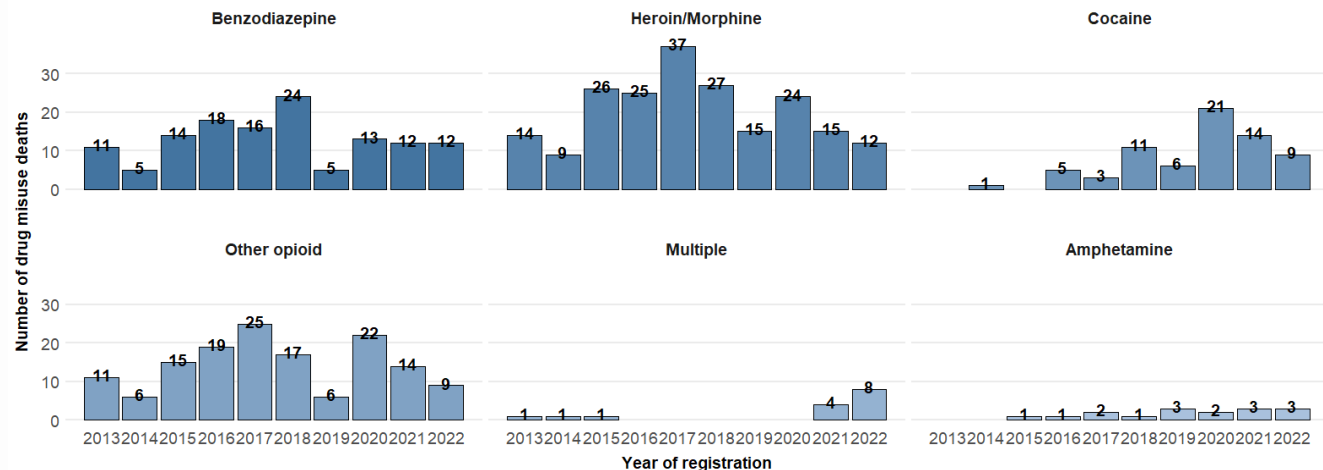


Figure 51: Number of drug misuse deaths involving the 6 most reported substance groups in SBUHB, by year, 2013 to 2022

Drug Deaths in Wales

Geographical Analysis – numbers and EASR drug misuse deaths by year

Table 13: EASR per 100,000 population and number of drug misuse deaths by health board, local authority and year of registration of death. Number of deaths are displayed in brackets.

	2018	2019	2020	2021	2022
Aneurin Bevan	4.4 (24)	4.1 (23)	2.1 (12)	4.3 (24)	6.5 (35)
Blaenau Gwent	4 (3)	8.7 (6)	1.7 (1)	5.1 (3)	5 (3)
Caerphilly	4.1 (7)	4.1 (7)	1 (2)	6.9 (12)	8.7 (14)
Monmouthshire	1.4 (1)	3.7 (3)	4.9 (4)	0 (0)	2.3 (2)
Newport	6.5 (9)	2 (3)	1.8 (3)	5.2 (8)	8.6 (13)
Torfaen	4.8 (4)	4.8 (4)	2.3 (2)	1.4 (1)	3.6 (3)
BCU	5.5 (36)	6.1 (39)	5.6 (35)	6 (38)	5.4 (35)
Conwy	4.6 (5)	4.6 (5)	5 (5)	9.4 (9)	5.3 (6)
Denbighshire	9.3 (8)	2.4 (2)	2.5 (2)	2.3 (2)	5.3 (5)
Flintshire	5.2 (8)	3.5 (5)	3.5 (5)	5.5 (8)	2.8 (4)
Gwynedd	4.5 (5)	5.4 (6)	3.9 (4)	4.7 (6)	8.1 (9)
Isle of Anglesey	6.4 (4)	14.3 (10)	11.4 (7)	1.7 (1)	3.5 (2)
Wrexham	4.6 (6)	8.6 (11)	9.3 (12)	9.4 (12)	7 (9)
Cardiff & Vale	6 (27)	4.6 (21)	3.1 (14)	6.2 (29)	5.9 (28)
Cardiff	4.8 (15)	5.3 (17)	3.1 (10)	7.5 (26)	5.5 (19)
Vale of Glamorgan	9.8 (12)	3.2 (4)	3.1 (4)	2.4 (3)	7.2 (9)
Cwm Taf	10 (43)	7.1 (30)	5.7 (24)	10.2 (43)	8.1 (34)
Merthyr Tydfil	10.7 (6)	5.7 (3)	7.2 (4)	13.5 (8)	7 (4)
Rhondda Cynon Taf	10 (23)	7.7 (17)	4.2 (9)	9.4 (21)	8.7 (19)
Bridgend	9.9 (14)	7 (10)	7.6 (11)	10.2 (14)	7.7 (11)
Hywel Dda	7.5 (25)	4.8 (16)	3.6 (12)	8.6 (29)	6.4 (21)
Carmarthenshire	6.9 (11)	5.4 (9)	4 (7)	8.9 (15)	3.1 (5)
Ceredigion	10.9 (7)	7.2 (4)	5.6 (3)	3.9 (3)	7.8 (5)
Pembrokeshire	6.4 (7)	2.7 (3)	2.1 (2)	10.9 (11)	10.4 (11)
Powys Teaching	2.9 (3)	9.2 (10)	7.6 (7)	4.8 (6)	3.2 (4)
Powys	2.9 (3)	9.2 (10)	7.6 (7)	4.8 (6)	3.2 (4)
Swansea Bay	13.6 (50)	7 (26)	12.3 (45)	11.3 (41)	13.9 (48)
Neath Port Talbot	10.4 (14)	2.9 (4)	8 (11)	9.7 (13)	13.3 (17)
Swansea	15.6 (36)	9.4 (22)	14.8 (34)	12.4 (28)	14.3 (31)
Wales	7.2 (208)	5.6 (165)	5.1 (149)	7.2 (210)	7.1 (205)



Section 4 **Fatal and Non-Fatal drug poisoning reviews in Wales**

- 4.1 Fatal Drug Poisoning Reviews
- 4.2 Non-Fatal Drug Poisoning Reviews

Fatal and non-fatal poisoning reviews

4.1 Fatal drug poisoning reviews

Fatal and non-fatal drug poisoning reviews have been undertaken in Wales since June 2014 in line with publication of guidance by Welsh Government (see 5.2 Appendix B - Guidance on fatal and non-fatal drug poisoning reviews). To date, a total of 1,096 fatal and 1,095 non-fatal drug poisoning reviews have been conducted since implementation (see Table 14).

Whilst the fatal drug poisoning review process has been fully implemented across all health board regions, currently only one region, Swansea Bay, is routinely reviewing non-fatal drug poisoning cases. This following section provides data in relation to the fatal and non-fatal drug poisoning reviews conducted across Wales as recorded on the Harm Reduction Database Wales (HRD) during the period 1st January to 31st December 2022, in line with the calendar year reporting period for the Office for National Statistics (ONS).

Table 14: Total fatal and non-fatal drug poisoning reviews conducted by Health Board (2015 – 2022)

	Fatal DP Reviews	Non-fatal DP reviews
Aneurin Bevan	153	22
BCU*	126	0
Cardiff & Vale	167	11
Cwm Taf	313	116
Hywel Dda	134	0
Powys Teaching	24	0
Swansea Bay	257	946
Wales	1174	1095

* Fatal drug poisoning review process implemented in 2016

Note: Due to changes in health board boundaries in 2019, all historic fatal and non-fatal drug poisonings in Bridgend have been assigned to Cwm Taf Morgannwg rather than Swansea Bay. This was done to be able to compare between years and highlight any trends

Fatal and non-fatal poisoning reviews

Fatal drug poisoning reviews

In 2022, 216 fatal drug poisoning reviews were conducted across the seven health board areas in Wales (see Table 15). This is consistent with the previous year (2 percent increase) and represents the seventh year since implementation in which the number of fatal drug poisoning reviews undertaken has increased.

Comparisons with Drug Misuse Death data (ONS, 2023) detailed earlier in this report indicate that the proportion of fatal drug poisoning cases being reviewed across Wales in 2022 is now higher (105 per cent) than those reported by the ONS (see Table 16). Due to the rapid nature of fatal drug poisoning reviews (i.e. initiated prior to notification of any toxicological or coroner's verdict), not all fatal drug poisoning cases reviewed end up being confirmed Drug Misuse Deaths.

Table 15: Fatal drug poisoning reviews conducted by Health Board, by year

	2014/15*	2016	2017	2018	2019	2020	2021	2022	Total
Aneurin Bevan	21	16	17	26	13	14	22	24	153
BCU	-	7	17	16	27	28	20	11	126
Cardiff & Vale	11	15	11	28	19	20	29	34	167
Cwm Taf Morgannwg	38	29	30	34	34	34	46	68	313
Hywel Dda	11	19	16	17	20	16	17	18	134
Powys Teaching	1	0	0	3	8	5	7	0	24
Swansea Bay	1	28	29	11	26	31	70	61	257
Wales	83	114	120	135	147	148	211	216	1174

Table 16: Fatal Drug Poisoning Reviews and ONS Drug Misuse Deaths, 2014-2022

	2014	2015	2016	2017	2018	2019	2020	2021	2022
Fatal drug poisoning case reviews	29	54	114	120	135	147	148	211	216
Drug Misuse Deaths reported by ONS (year of registration)†	113	168	192	185	208	165	149	210	205
Drug Misuse Deaths reported by ONS (actual year of death)†	153	186	183	176	224	192	217	165	
% case reviews vs. reported by ONS (year of registration)	25.7%	32.1%	59.4%	64.9%	64.9%	89.1%	99.3%	100.5%	105.4%
% case reviews vs. reported by ONS (actual year of death)	19.0%	29.0%	62.3%	68.2%	60.3%	76.6%	68.2%	127.9%	

†Office for National Statistics. (2023) Deaths related to drug poisoning in England and Wales: 2022 registrations

Fatal and non-fatal poisoning reviews

Demographics

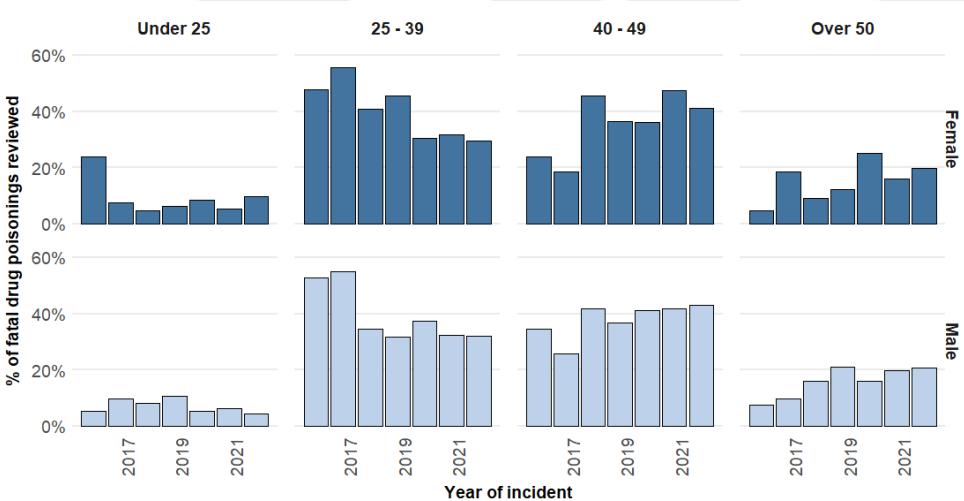
The most common age band reported overall was the 45-49 years age group, representing 19 per cent (n=42) of fatal poisoning reviews. In 2022, the median age is similar to the previous year at 44 (42 in 2021). In females, there was an increase in the proportion of deaths reviewed under the age of 25 and over 50, but a decrease in those aged 25-49. Among males, the proportion of deaths reviewed remained relatively consistent with previous years across all age groups, with a slight increase in those aged over 40 and a decrease in those aged under 25. Comparisons of median ages and age group distribution (see Figure 51) between male and female cases were similar, with median age of 43 years being reported for males and 41 for females.

Housing status information was sought for all cases reviewed in 2022 and 50 percent responded (n=108). Where known to services 47% of cases were listed as living in non-secure housing (e.g. hostel accommodation) or having no fixed abode (e.g. street homeless, 'sofa surfing') (see Table 17). The proportion of cases listed as living in non-secure housing or NFA has increased over the last six years since 2016. Experimental statistics published by the ONS suggests that deaths amongst the homeless are increasing across England and Wales.

Table 17: Fatal drug poisoning review demographics: All Wales, 2016 – 2022

	2016	2017	2018	2019	2020	2021	2022
Fatal drug poisonings reviewed	114	120	135	147	148	211	216
% Male	82%	78%	84%	78%	76%	82%	76%
Median age (years)	37.5	36.5	41	40	41	42	43
Minimum age (years)	19	16	15	13	17	10	12
Maximum age (years)	56	78	65	69	67	63	84
% Under 25 years	9%	9%	7%	10%	6%	6%	6%
% Over 50 years	7%	12%	15%	19%	18%	19%	20%
% in non Stable housing /NFA	41%	26%	32%	33%	39%	43%	47%

* Proportion of individuals where data has been provided by services and recorded on HRD



Source: Harm Reduction Database March 2024

Figure 52: sex and age range at time of death for fatal drug poisoning cases reviewed in Wales (2016 – 2022)

Fatal and non-fatal poisoning reviews

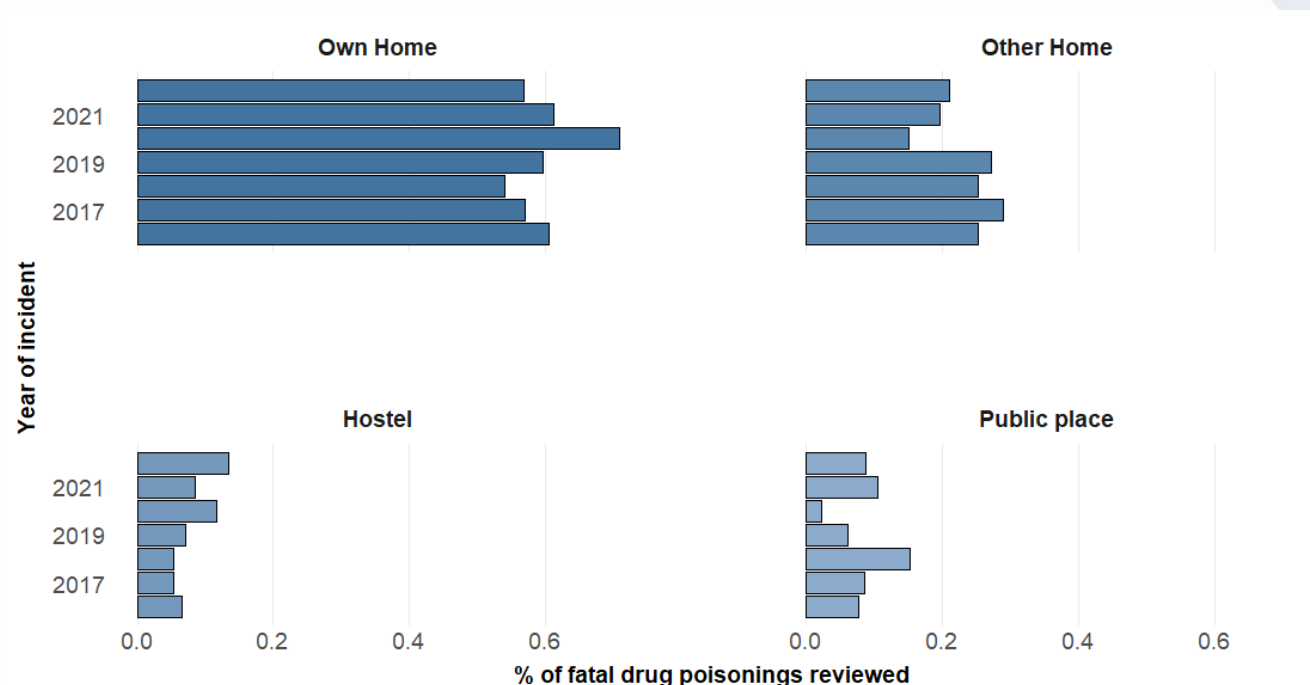
Circumstances and nature of death 2022

Location of fatal drug poisoning

Location of death was recorded for 81 per cent (n=176) of all fatal drug poisonings reviewed during 2022. Private residences remain the most common location of fatal drug poisonings, representing 62 per cent of cases reviewed across Wales. Compared to previous years, the occurrence of fatal drug poisonings within private residence (own home) and public spaces has decreased slightly, with increases being reported hostels and private residence (other home), which may indicate an emerging trend.

Where reported, 93 per cent (n=143) of fatal drug poisoning cases were pronounced dead at the scene. The remaining 7 per cent of cases were pronounced dead in a secondary location such as A&E or in hospital. This is largely consistent with data from the Naloxone programme suggesting that secondary care (for example, an ambulance call out) is becoming less frequent.

Figure 53: Location of death for fatal drug poisoning cases reviewed (2016-2022)



Source: Harm Reduction Database March 2024

Fatal and non-fatal poisoning reviews

Circumstances and nature of death

Resuscitation attempts

During 2022, data in relation to resuscitation attempts was available for 83 per cent of cases (n=180) (see Table 18). Of these:

- Resuscitation was attempted in 21 per cent (n=46) of the fatal drug poisoning cases reviewed, slightly lower than last year.
- Where resuscitation was provided, Take-home Naloxone (THN) use was reported in 29 per cent (n=13) of cases.
- Where details of resuscitation were not reported (either 'not known' or 'no resuscitation attempted') 97 per cent were pronounced dead at scene, indicating that resuscitation attempts may have been ineffective at time of discovery.

Table 18: Proportion of fatal drug poisoning cases where resuscitation was attempted, 2016-2022

	2016	2017	2018	2019	2020	2021	2022
Fatal drug poisonings reviewed	114	120	135	147	148	211	216
% cases where resuscitation attempts was reported	49.1%	47.5%	56.3%	42.2%	36.5%	59.2%	83.3%
% where resuscitation was attempted	31.6%	31.7%	25.2%	21.8%	16.9%	24.6%	20.8%
% THN was used (where resuscitation attempt made)	22.2%	21.1%	35.3%	25.0%	40.0%	19.2%	28.9%

Substances found at scene

As part of the review process information in relation to suspected substances and paraphernalia found at scene is collected at time of initial reporting. During 2022, this information was recorded for 81.5 per cent of cases (n = 176) (see Table 19). Of these:

- Substances were found at scene of death in 62 per cent of deaths reviewed.
- Paraphernalia (e.g. needles, syringes, spoons, and filters) were found at the scene in 53 per cent of deaths.

Table 19: Fatal drug poisoning review cases where substances and/or paraphernalia were found at the scene, 2016-2022

	2016	2017	2018	2019	2020	2021	2022
Fatal drug poisonings reviewed	114	120	135	147	148	211	216
% cases where presence of substances was recorded	81.6%	77.5%	83.0%	68.0%	58.8%	72.5%	81.5%
% where substances were found at scene	40.9%	48.4%	43.8%	62.0%	59.8%	69.9%	61.9%
% cases where presence of paraphernalia was recorded	81.6%	77.5%	83.0%	68.0%	58.8%	72.5%	81.5%
% where paraphernalia was found at scene	57.0%	50.5%	41.1%	59.0%	51.7%	59.5%	53.4%

Fatal and non-fatal poisoning reviews

Feedback from services

As part of the fatal drug poisoning review process, information requests are sent to local services by the Case Review Coordinator (CRC) in order to establish history of contact and engagement history, and information that aids in the undertaking of the review (see 6.3.2 HRD: Drug poisoning database module). For those fatal drug poisonings reviewed in 2022, the median number of services contacted by CRCs to provide information was 2 services per case, a decrease on the previous year. However, the number of services contacted for information continues to vary across APB regions (see Table 20).

The ability to undertake meaningful and robust drug poisoning reviews is dependent upon the quality of information provided surrounding both the circumstances surrounding the incident and individual's personal history that may have influenced a drug poisoning event from occurring. As such, the maintenance of well-structured service networks as part of each review panel is essential in ensuring the return of timely and accurate information.

Table 20: Median number of services contacted via the HRD for information per case by APB region, 2016-22

	2016	2017	2018	2019	2020	2021	2022
	<i>Median</i>	<i>Median</i>	<i>Median</i>	<i>Median</i>	<i>Median</i>	<i>Median</i>	<i>Median</i>
	<i>(range)</i>	<i>(range)</i>	<i>(range)</i>	<i>(range)</i>	<i>(range)</i>	<i>(range)</i>	<i>(range)</i>
Aneurin Bevan	22 (20-24)	19 (16-22)	17 (16-19)	16 (2-19)	13.5 (10-20)	12.5 (7-15)	10.5 (10-20)
BCU	9 (8-12)	11 (7-14)	8 (6-13)	8 (6-9)	8 (7-8)	8 (7-9)	9 (8-9)
Cardiff and Vale	19 (16-20)	21 (18-21)	23 (1-27)	22 (1-26)	21 (16-27)	17 (15-20)	14 (12-15)
Cwm Taf Morgannwg	7 (4-8)	7 (5-8)	7 (4-8)	6 (4-13)	6 (4-9)	6 (4-8)	6 (4-10)
Hywel Dda	5 (4-6)	5 (5-10)	6 (5-7)	5 (5-7)	5 (4-6)	5 (5-6)	6 (5-6)
Powys Teaching	-	-	33 (33-34)	34 (18-34)	34 (31-34)	34 (19-34)	-
Swansea Bay	11 (7-14)	13 (8-16)	18 (10-19)	12 (10-17)	11 (7-12)	7 (3-9)	2 (1-7)
Wales	9 (4-24)	12 (5-22)	16 (1 - 34)	8 (1 - 34)	8 (4 - 34)	7 (3-34)	6 (1-20)

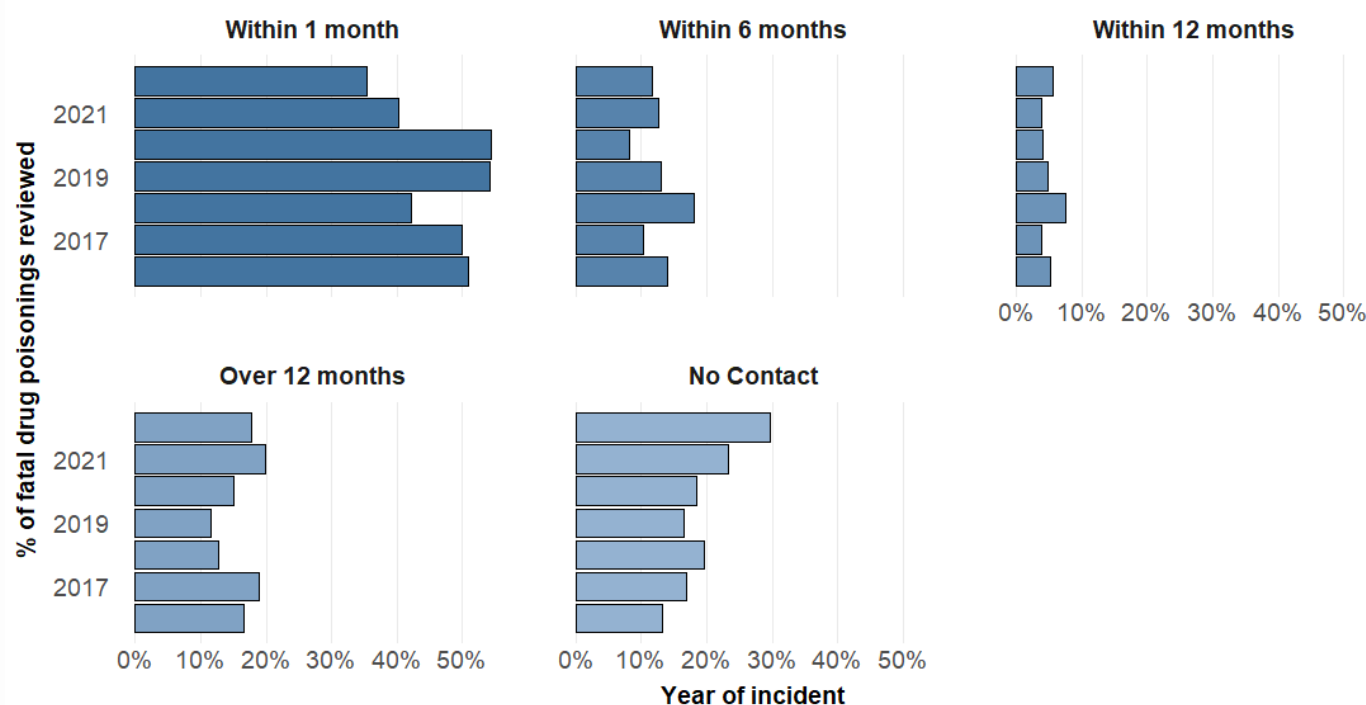
Fatal and non-fatal poisoning reviews

Feedback from services

Known services contact

For those 216 fatal drug poisoning cases reviewed in 2022:

- Individuals were known to have been in contact with any service within 12 months prior to death in 52 per cent of cases (n= 113), a slight decrease on the previous year.
- Individuals were known to have been in contact with any services within 1 month prior to death in 35 per cent of cases (n=76).
- 'No known contact' or no contact with services within 12 months prior to death was reported in 47 per cent of cases.
- Where known to local services, 41 per cent (n=62) had received contact with a substance misuse service (including Integrated Offender Service (IOS) in the 12 months prior to death.



Source: Harm Reduction Database March 2024

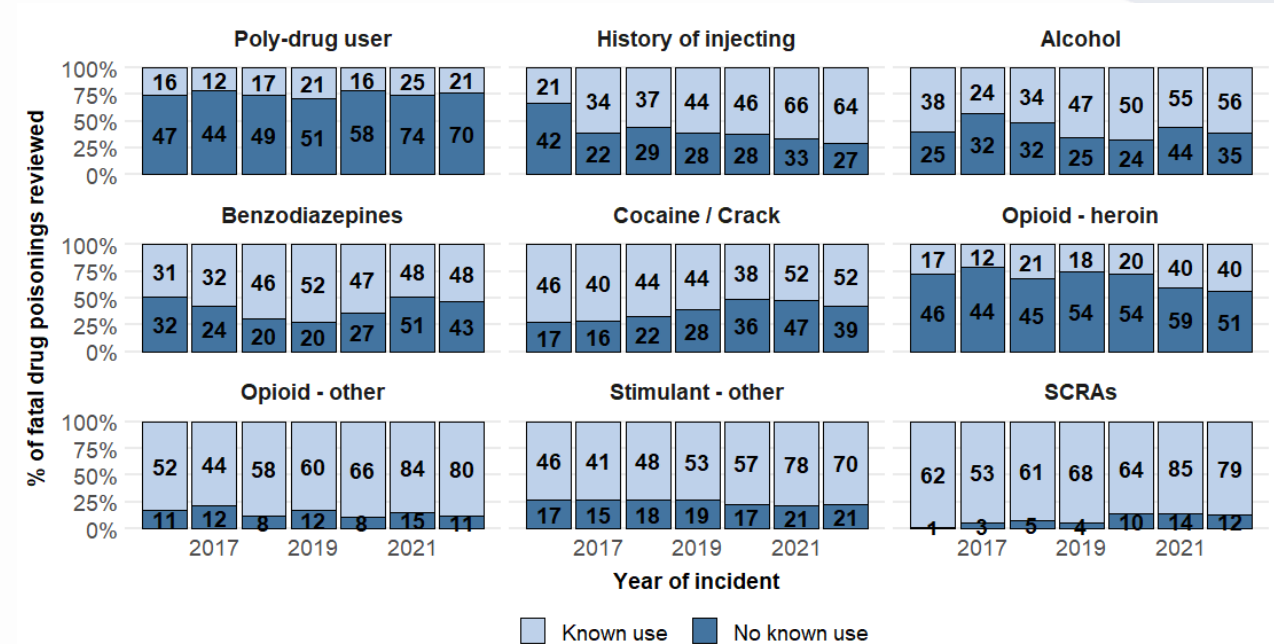
Figure 54: Length of time since last known contact with any service for fatal drug poisoning cases, 2016-2022

Fatal and non-fatal poisoning reviews

Feedback from services

Known substance history

History of substance use was known and reported for 91 (80 per cent) of the fatal drug poisoning review cases in contact with services in the 12 months prior to death (see Figure 55). Similarly to previous years, histories of poly-drug use was frequently reported, with synthetic cannabinoids being recorded as the most commonly used substance. Known history of injecting drug use was reported in two thirds of cases reviewed (64 per cent), and this has been on a gradual decreasing trend in recent years.



Source: Harm Reduction Database March 2024

Figure 55: Proportion of fatal drug poisoning cases where substance history reported, by substance

Mental health

In 2022, histories of mental health and psychiatric disorder were reported in 75 per cent (n=114) of fatal cases in contact with services 12 months prior to death. Of these, 39 per cent (n=44) were reported as having had a history of mental illness or diagnosed psychiatric disorder, a decline from the previous year. Due to the structure and qualitative nature of reporting via the HRD currently no further information can be provided within this report in relation to the nature and recency of reported mental illness / reported self-harming behaviour, however, this information is used to aid in the review of fatal drug poisonings and development of recommendations at a local and regional level in Wales on a case by case basis.

Fatal and non-fatal poisoning reviews

Coroner's conclusion and findings

In line with the Fatal / Non-Fatal Drug Poisoning Review guidance, the HRD: Drug Poisoning Database provides functionality for recording final coroner's findings for each fatal drug poisoning review. The rapid nature of the drug poisoning review process requires each case to be treated as a 'suspected drug poisonings' until otherwise confirmed. As such the process of pairing review findings alongside coroners conclusions are an integral part of developing robust recommendations, and better understanding the nature of drug poisonings in Wales.

Since 2016, 35 per cent (n=381) of fatal drug poisoning cases had a record of coroner's findings recorded on the HRD (see Table 21). Both the absolute number and proportion of all fatal drug poisoning reviews has increased further from the previous year, following low numbers in 2019 and 2020.

Table 21: Number of fatal drug poisoning review cases with record of coroner's findings recorded on HRD, by year

	2016	2017	2018	2019	2020	2021	2022	Total
Fatal drug poisonings reviewed	114	120	135	147	148	211	216	1091
Cases with coroner's findings recorded	47	48	82	27	21	73	83	381
% of cases with coroner's findings recorded	41.2%	40.0%	60.7%	18.4%	14.2%	34.6%	38.4%	34.9%

Where coroner's findings were listed on the HRD, a 'drug related' conclusion was confirmed in 89 per cent (n=74) of cases (see Table 22). Natural causes, accidents/misadventure, suicide, and unclassified conclusions made up the remaining 11 per cent of cases.

Table 22: - Proportion of fatal drug poisoning review cases with record of coroner's findings, and proportion where 'drug related' conclusion confirmed, by health board in 2022.

	Fatal Drug Poisoning Cases reviewed (2022)	% with record of coroner's findings	% confirmed 'drug related' conclusion
Aneurin Bevan	24	95.8%	87.5%
Betsi Cadwaladr	11	-	-
Cardiff & Vale	34	-	-
Cwm Taf Morgannwg	68	-	-
Hywel Dda	18	-	-
Powys Teaching	0	-	-
Swansea Bay	61	98.4%	-
Wales	216	38.4%	89.2%

Fatal and non-fatal poisoning reviews

4.2 Non-fatal drug poisonings

Prior non-fatal drug poisonings / drug overdoses are predictive of subsequent fatal drug poisonings. Rapid non-fatal drug poisoning multidisciplinary reviews provide a mechanism to those who have experienced a non-fatal poisoning and support offered to engage in drug treatment services. In 2022, 157 non-fatal drug poisoning reviews were conducted across participating health boards in Wales (see Table 23), representing an eight per cent decrease from the previous year.

Table 23: Non-fatal drug poisoning reviews conducted by Health Board, by year

	2014/15*	2016	2017	2018	2019	2020	2021	2022	Total
Aneurin Bevan	0	3	3	1	4	11	0	0	22
BCU	0	0	0	0	0	0	0	0	0
Cardiff & Vale	0	7	0	0	0	4	0	0	11
Cwm Taf	3	35	9	18	46	5	0	0	116
Hywel Dda	0	0	0	0	0	0	0	0	0
Powys	0	0	0	0	0	0	0	0	0
Swansea Bay	10	123	114	125	94	153	170	157	946
Wales	13	168	126	144	144	173	170	157	1095

Demographics

The demographic profiles for the 157 non-fatal drug poisoning reviews in 2022 are shown in Table 24.

Demographic comparisons indicate that non-fatal drug poisoning cases reviewed were consistently younger than fatal drug poisoning cases (median age 36 years compared to 43 years respectively).

Research indicates that on average, the rate of non-fatal drug poisonings amongst individuals who had a lifetime history of drug poisoning events was 2 survived events per year.¹⁰ As such fatal drug poisoning cases would likely have a preceding history of non-fatal drug poisoning events.

Table 24: - Non-fatal drug poisoning review demographics: All Wales, 2016-2022

	2016	2017	2018	2019	2020	2021	2022
Non-Fatal drug poisonings reviewed	168	126	144	144	173	170	157
% Male	74%	77%	82%	72%	75%	68%	76%
Median age (years)	38	35	33	35	35	33	36
Minimum age (years)	18	18	19	16	15	16	12
Maximum age (years)	57	56	118	56	78	67	58
% Under 25 years	11%	9%	6%	16%	21%	13%	15%
% Over 50 years	5%	6%	12%	7%	6%	9%	8%
% in non Stable housing /NFA	59%	57%	52%	64%	52%	53%	68%

The median age of non-fatal drug poisoning cases has remained relatively consistent over the last five years, while the proportion of cases under the age of 25 years has slightly increased alongside relative decreases in the over 50 years age category (see Table 24).

Housing status information was sought for all cases reviewed and, where known to services, two thirds of cases were listed as living in non-secure housing (e.g. hostel accommodation) or having no fixed abode (e.g. street homeless, 'sofa surfing'). The proportion of cases listed as living in non-secure housing or NFA was the highest on record in 2022.

* Proportion of individuals where data has been provided by services and recorded on HRD

Section 5

Appendices

- 5.1 Appendix A - Definitions and notes on data interpretation
- 5.2 Appendix B – Guidance on fatal and non-fatal drug poisoning reviews



Appendix A

5.1 Definitions and notes on data interpretation

'Drug related deaths' typically encompasses two measures. Deaths related to both licit and illicit drugs are typically described as 'drug poisoning deaths.' 'Drug misuse deaths', which is the preferred measure for analysis of drug related deaths in the context of substance misuse strategies, include only illicit drugs (i.e. those controlled under the 1971 Misuse of Drugs Act and not prescribed to the individual). Drug misuse deaths are therefore a subset of both 'drug poisoning deaths' and 'drug related deaths. All figures in this document refer to drug misuse deaths unless otherwise indicated.

Drug poisoning and drug misuse deaths are identified using the 10th edition of the International Classification of Disease codes (ICD-10 codes). Where the underlying cause of death is classified by a code indicating:

- Mental and behavioural disorders due to drug use (excluding alcohol and tobacco)
- Accidental poisoning by drugs, medicaments and biological substance
- Intentional self-poisoning by drugs, medicaments and biological substances
- Poisoning by drugs, medicaments and biological substances, undetermined intent
- Assault by drugs, medicaments and biological substances

The Office for National Statistics (ONS) classifies the death as 'drug related'. 'Drug poisoning deaths' include all deaths so classified; 'drug misuse deaths' include those deaths in which a substance controlled under the Misuse of Drugs Act 1971 (MDA) is identified. Note that since substances can be added to the definitions included in the MDA via secondary legislation, previously published numbers of deaths are subject to revision. Further, it is not typically possible to distinguish between heroin and morphine in toxicology tests on deceased persons, and therefore deaths involving these substances are conventionally described as 'heroin/morphine'. Note also that intentional poisoning and poisoning of undetermined intent are categorised by the ONS as 'suicides'.

Figures for drug related deaths are typically reported by year of registration of the death. All deaths where use of illicit drugs is considered a possible factor are referred to a Coroner, leading to a delay between death and registration. This delay in turn means that a substantial number of deaths are registered in a different year to that in which they occurred. Whilst reporting by year of registration enables a comprehensive list of deaths to be analysed and allows comparison between UK countries, changes in the length of time taken to register drug misuse deaths may suppress or enhance annual trends in the data.

Further details of the methods used by the ONS to identify drug related deaths can be found at:

<http://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/2015registrations#quality-and-methodology>

Appendix B

5.2 Guidance on fatal and non-fatal drug poisoning reviews

In June 2014 Welsh Government published guidance outlining the framework and procedures in relation to the review of fatal and non-fatal drug poisonings in Wales. The guidance, developed in line with the key aims of the Welsh Government Substance Misuse Strategy Delivery Plan 2013-15 (Outcome 3.1), provides guidance for all stakeholders within Wales who have a remit for reducing fatal and non-fatal drug poisonings related to substance misuse. This encompasses all stages for effective review including: initiation, multidisciplinary working and data collection, and the identification, implementation and dissemination of recommendations and lessons learned.

Implementation of the guidance supersedes the previous confidential review process where fatal drug poisonings were reviewed post coroner's inquest. Under the new guidance 'case reviews' are undertaken locally and initiated as soon after the fatal drug poisoning as possible. Thus providing more timely information in relation to circumstances related to death and where best evidence indicates lessons could be learned. The confidential review process highlighted the requirement for Drug Related Death Review Panels, where community and partnership working can support the identification of recommendations aimed at reducing both fatal and non-fatal drug poisonings locally and nationally.

Unlike the historic guidance, the latest guidance stipulates not only the review of fatal drug poisonings but also the addition of non-fatal drug poisonings (case definitions of which are defined within the guidance). Responsibility for the review of both poisoning types sits with a nominated Case Review Co-ordinator (CRC) as identified by the local Area Planning Board's (APB) Harm Reduction Group. The CRC co-ordinates partnership and collaborative working, between the Coroners service and support services within the locality in order to underpin circumstances related to death and ensuring accurate information is available for analysis. This includes the dissemination and collation of information requests, and establishment of multi-agency review meetings to assess evidence, and establish lessons learned.

In order to monitor progression of the guidance across Wales the National Implementation Board for Drug Poisoning Prevention (NIBDPP) was established and provided with responsibility for ensuring that Health Boards / APBs and all other stakeholders progress to full implementation of both existing and emerging recommendations as per the reviews. Furthermore it is the NIBDPP's role to work alongside professional membership bodies e.g. Royal College of General Practitioners Wales, and liaise with other relevant UK and European bodies with a remit for reducing drug related deaths and non-fatal poisonings.

To ensure both timely and accurate collection of data in relation to fatal and non-fatal drug poisoning reviews, both Welsh Government and Public Health Wales have supported the development of a robust database via the Harm Reduction Database (HRD). The HRD provides a central system for the secure storage and collation of data, along with a mechanism in which information can be requested by the CRC from all stakeholders involved in the review of a drug poisoning event.