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Harm Reduction Database Wales: Drug Related Mortality

Annual report 2024 (data to end of 2023)

**Annual statistical report on drug related mortality in Wales
using national health statistics and the Harm Reduction
Database Wales**

About Public Health Wales

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. The Substance Misuse Programme works to address both the current and emerging public health threats in Wales and in line with the overarching strategic objective to 'reduce health inequalities and inequities, and prevent or reduce communicable and non-communicable disease, wider harms and premature death related to drugs and alcohol use and related risk behaviours.

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Glossary of key abbreviations

ABUHB	Aneurin Bevan University Health Board
APB	Area Planning Board
BCUHB	Betsi Cadwaladr University Health Board
CRC	Case Review Coordinator
CTUHB	Cwm Taf University Health Board
CVUHB	Cardiff and Vale University Health Board
EASR	European Age Standardised Rate
HDUHB	Hywel Dda University Health Board
HRD	Harm Reduction Database Wales
ICD-10	International Classification of Disease codes
ONS	Office for National Statistics
OST	Opioid substitution therapy
PTUHB	Powys Teaching University Health Board
PWID	People who inject drugs
SBUHB	Swansea Bay University Health Board
SCRA	Synthetic Cannabinoid Receptor Agonist
SMS	Substance misuse service

Data sources

The data found in this report has been compiled from two main sources:

1. **The Harm Reduction Database (HRD)**
 - a. Take Home Naloxone module
 - b. Fatal and Non-Fatal Drug Poisoning reviews
2. **Office for National Statistics (ONS)**

1 Executive summary

1.1 Key findings and trends

1.1.1 Take-home Naloxone (THN) - HRD

- Since July 2013 THN has reportedly been used during 3,893 opioid drug poisoning events, each one a potential drug death – a fatal opioid poisoning was reported in only 1.3 per cent (n=49) events where THN was used
- In the last year, THN was reportedly used in 292 drug poisoning events, with <5 deaths reported (<1.0 percent). The frequency of follow-on care, including ambulance attendance and hospitalisations, remain broadly consistent with recent years
- The number of supply events and new individuals supplied have increased compared to the previous year, particularly amongst those supplied for the first time, while the total number of kits provided has decreased in 2023
- 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, over 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, 34.8 per cent only attend Pharmacy-based NSP services, where THN provision remains limited
- While THN provision in the community continues to increase in 2023, supply within prison settings has declined to its lowest number since the start of the programme in 2014

1.1.2 Drug deaths in Wales - ONS

- In 2023, 377 deaths due to drug poisoning were registered in Wales, a substantial increase from the previous year. Of these, 253 were classified as drug misuse deaths, compared with 205 drug deaths registered in 2022
- As in previous years, the most commonly reported substance group was opioids, reported in 167 deaths (66.0 per cent), of which 61.1 per cent involved heroin/morphine. Other substances reported were cocaine, methadone, pregabalin, diazepam, and bromazolam. Poly-drug use was reported in 61.3 per cent (n=155) of drug misuse deaths. There has been a slight increase in the number and proportion of drug misuse deaths involving cocaine

- In the last decade, drug misuse deaths were over five times higher among those living in the 20 per cent most deprived areas compared with the 20 per cent least deprived areas in Wales
- In 2023, the ratio of drug misuse deaths amongst males was more than three times higher than females. Most deaths occurred in those in the over 50 age group making up 31.2 per cent of all drug deaths (n = 79) in 2023. There were seven 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 local authority rates ranging from 3.5 to 16.9 deaths per 100,000 population

1.1.3 Fatal / Non-fatal drug poisoning reviews - HRD

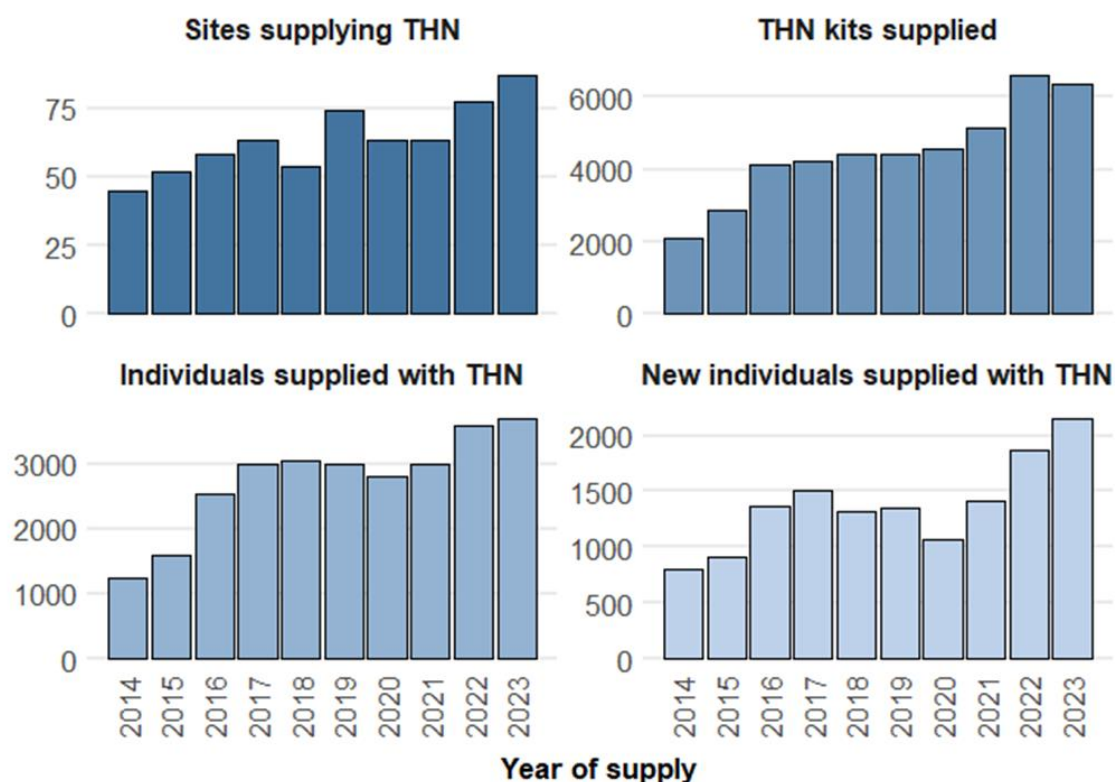
- Since implementation of the rapid review process on drug deaths in 2014, a total of 1,469 fatal and 1,494 non-fatal drug poisoning reviews have been conducted in Wales. The number of fatal drug poisoning reviews undertaken in 2023 represents 79.4 per cent of those deaths recorded by ONS
- 201 fatal drug poisoning cases were reviewed in 2023, a decrease from the previous year when 236 reviews were conducted
- In 86.4 per cent of cases with a known location of death, the drug poisoning incident occurred within a private residence, with the remaining 13.6 per cent of incidents occurring within a hostel facility or public place. 46.5 per cent were reported as living in non-secure housing or having no fixed abode (NFA) at the time of death. Where reported, 91.2 per cent (n=103) of deaths were pronounced at scene
- In 50.7 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 (n=102). Of these, 55.9 per cent (n=57) were not known to any services. Very little information is available for these individuals
- Where any service contact was reported within 12 months prior to death, 90.8 per cent (n=89) had a history of mental illness or diagnosed psychiatric disorder

2 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. *Note: this section was previously summarised by financial year, so THN figures will differ slightly from previous publications of this report.*

In 2023 in Wales, THN was available from 87 registered sites. The number of sites supplying THN has increased year on year from 11 'pilot' sites participating in 2009 to 87 in 2023 (Figure 1 and Table 1).



Source: Harm Reduction Database September 2024

Figure 1: Number of sites distributing THN, individuals existing and 'new to service', and number of THN kits provided, 2014 to 2023, Wales

2.1.1 Individuals supplied with THN

Since the 1st of July 2013, a total of 29,605 individuals have been supplied with 48,344 THN kits throughout Wales. The number of individuals and kits supplied has increased consistently in recent years. In 2023:

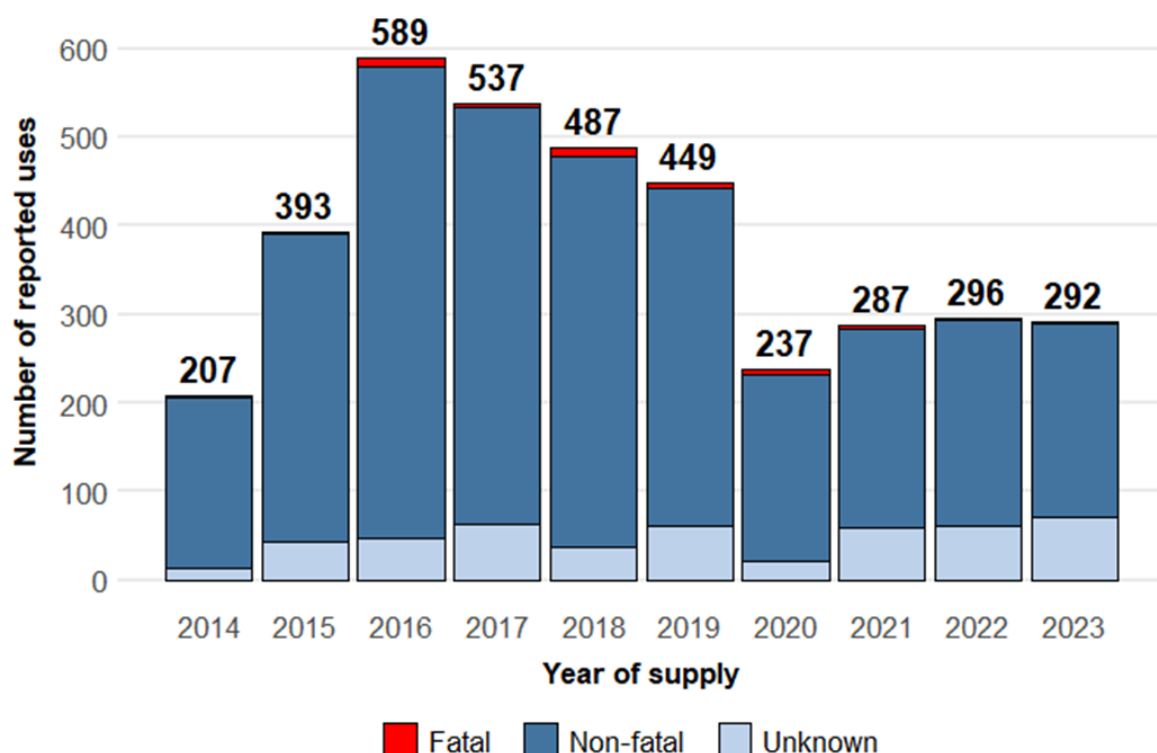
- 3,681 individuals were supplied with THN (supply or re-supply), an increase of 3.1 per cent from the previous year
- 2,145 new individuals were supplied with THN, an increase of 15.2 per cent from the previous year
- 6,350 THN kits supplied, a decrease of 3.9 per cent from the previous year

Table 1: Number of sites, individuals supplied and THN kits provided by year, 2014 to 2023

Year	Number of Sites	Total individuals supplied	New individuals supplied	THN kits provided
2014	45	1,232	800	2,107
2015	52	1,578	914	2,878
2016	58	2,545	1,370	4,131
2017	63	2,982	1,509	4,246
2018	54	3,042	1,326	4,441
2019	74	2,993	1,344	4,410
2020	63	2,809	1,062	4,584
2021	63	2,990	1,408	5,161
2022	77	3,572	1,862	6,610
2023	87	3,681	2,145	6,350

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

Since July 2013 when the programme began, there have been 3,893 reported instances where THN was used during a suspected opioid poisoning event. The number of recorded uses of THN is stable from the previous year, though the number with an unknown outcome continues to increase (see Figure 2).



Source: Harm Reduction Database September 2024

Figure 2: Number of reported uses of THN recorded at time of re-supply by outcome, 2014 to 2023

2.2.1 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 292 incidents reported in 2023:

- A fatal opioid poisoning was reported in <1.0 per cent (n<5) of incidents.
- Non-fatal opioid poisoning reported in 75.0 per cent (n=219) of incidents
- No outcome was recorded in 24.0 per cent (n=70) of incidents

The proportion of reported fatal opioid poisonings remains low, and the proportion of incidents recorded in 2023 remains stable from the previous year.

Table 2: Outcome, setting, recipient, and administrator of THN at time of reported use, Wales 2014 to 2023

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Reported incidents where THN was used	207	393	589	537	487	449	237	287	296	292
% Outcome was known	93%	89%	92%	88%	92%	86%	91%	79%	79%	76%
% Fatal opioid poisoning*	1.0%	<1.0%	1.5%	<1.0%	1.6%	1.3%	2.5%	1.4%	<1.0%	1.0%
Recipient of THN*										
% administered to 'THN kit holder'	12%	11%	15%	13%	16%	17%	29%	22%	21%	28%
% administered to third party	83%	85%	83%	82%	78%	73%	67%	63%	65%	55%
Person administering THN*†										
% administered by 'THN kit holder'	80%	72%	82%	80%	86%	79%	81%	76%	76%	78%
% administered by professional / hostel worker	14%	25%	12%	10%	11%	11%	17%	21%	14%	32%
% administered by peer / family member	20%	16%	21%	20%	21%	29%	34%	27%	33%	32%
Setting where THN was administered*										
% administered in private residence	-	59%	63%	65%	63%	66%	64%	58%	57%	53%
% administered in hostel	-	18%	11%	8%	8%	10%	12%	18%	15%	21%
% administered in public place	-	23%	25%	27%	29%	24%	23%	24%	28%	26%

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

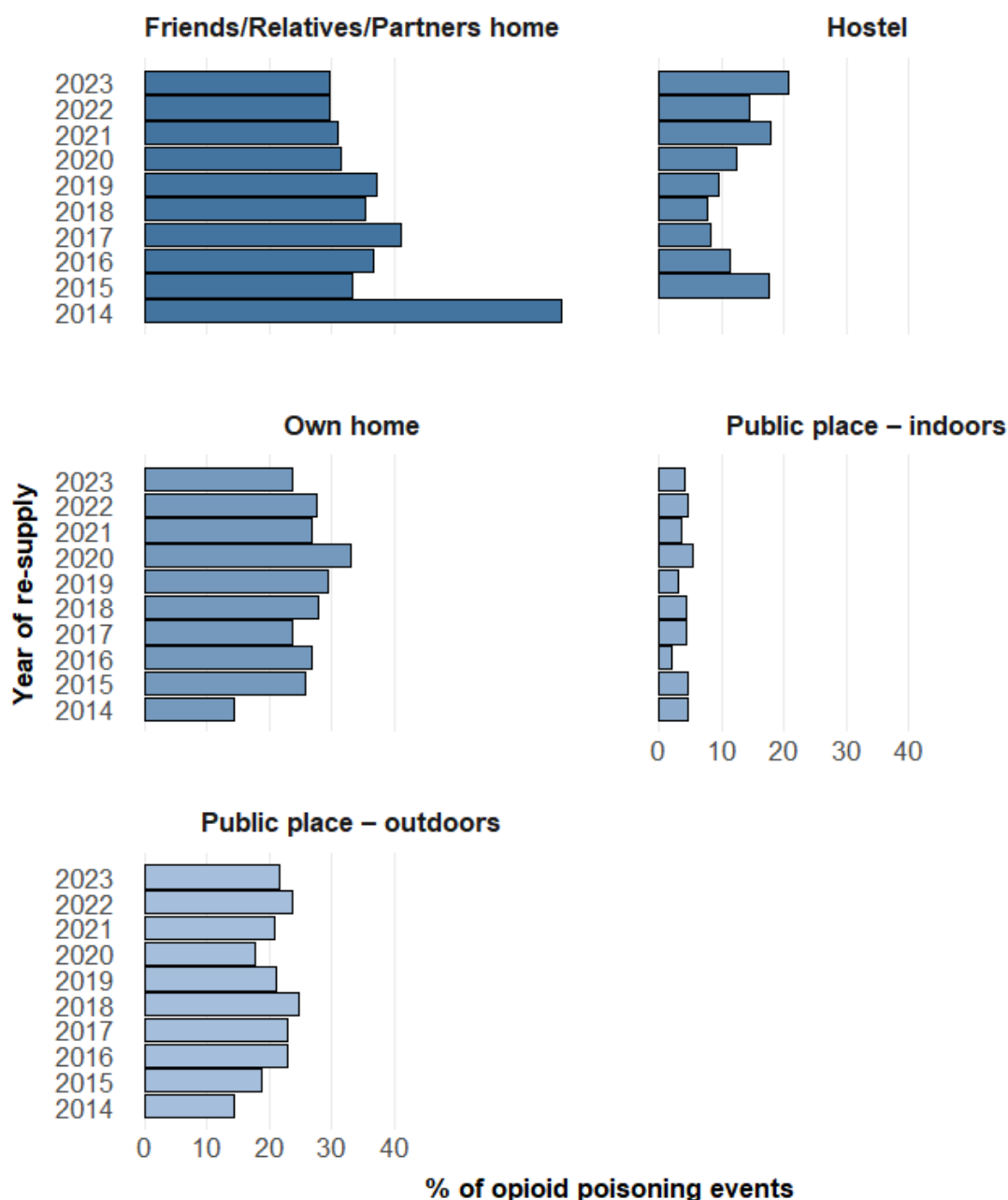
† where THN kit was administered to a third party

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 2023 the setting in which THN was used was recorded for 82.2 per cent (n=240) of incidents.

- THN use within private residences remains the most common setting, reported in 53 per cent of incidents (Table 2 & Figure 3)
- THN use within hostel settings has increased in the most recent year, reported in 21 per cent of incidents
- THN use within public places is consistent with the previous year, accounting for 26 per cent of incidents in 2023 compared to 28 percent in 2022. 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 September 2024

Figure 3: Recorded setting in which THN was reportedly used, 2014 to 2023

2.3 Recipient and administrator of THN

In 2023, the recipient of THN was reported for 82.2 per cent (n=240) of opioid poisoning incidents recorded on the HRD. Of these:

- THN was administered to a 'third party' (i.e. not the individual originally supplied with the kit) in 54.8 per cent of incidents
- Reports of kits being administered to the named 'THN kit holder' have generally increased over the years to 27.7 per cent of incidents in 2023

- Reports of THN being administered by the named 'THN kit holder' have remained generally stable at 78.1 per cent of incidents in 2023

2.4 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 80.1 per cent (n=234) of incidents where use of THN was reported in 2023. Summary of actions taken can be found in Table 3 & Figure 4. In 2023:

- Ambulance was called to attend 38.0 per cent of incidents (n=111) where THN use was reported
- Where ambulance was called, the individual was taken to hospital in 47.4 per cent (n= 53) of incidents and individuals refused to go to hospital in 28.8 per cent (n=32) of incidents.

Table 3: Recorded follow-on care following reported use of THN, 2015 to 2023

	2015	2016	2017	2018	2019	2020	2021	2022	2023
Ambulance called	256	314	232	224	178	116	124	118	111
No further action	10	65	61	49	38	37	27	29	26
Person refused hospital	96	87	55	62	58	24	36	32	32
Person taken to hospital	150	162	116	113	82	55	61	57	53
No ambulance called	114	245	254	232	217	100	100	129	123
No follow on care recorded	23	30	51	31	54	21	63	49	58

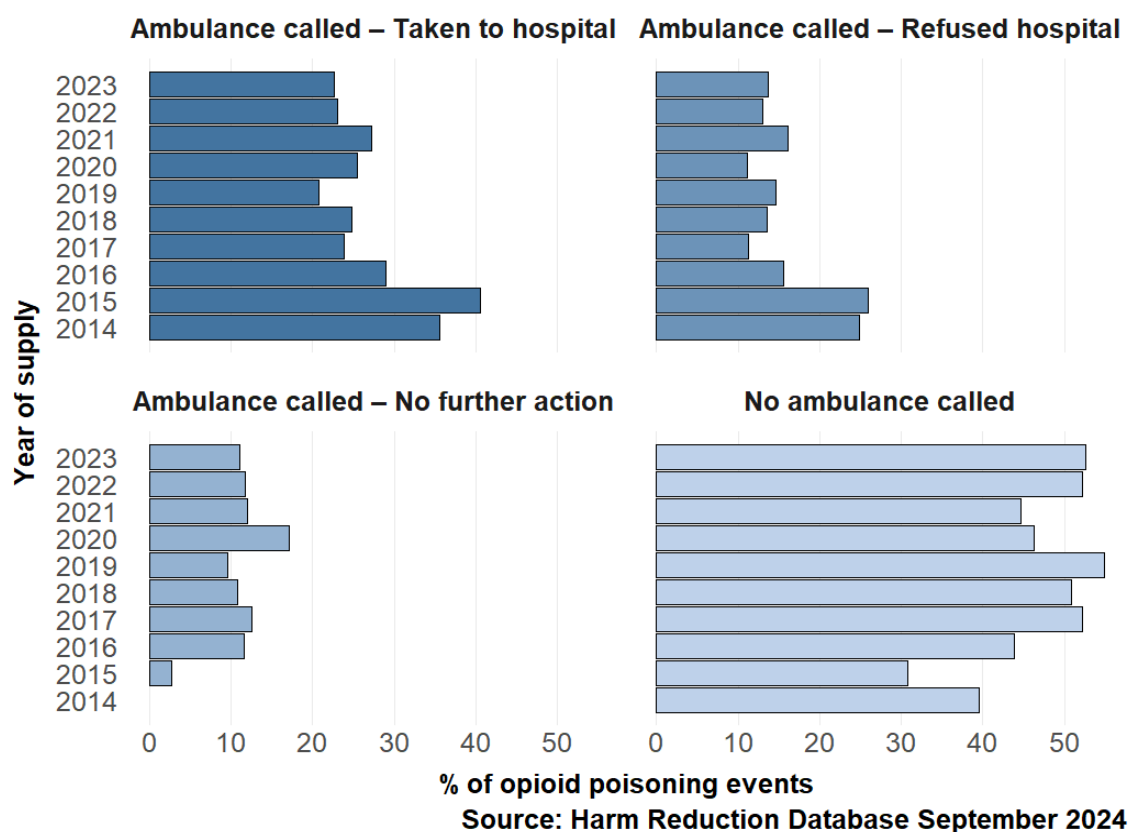
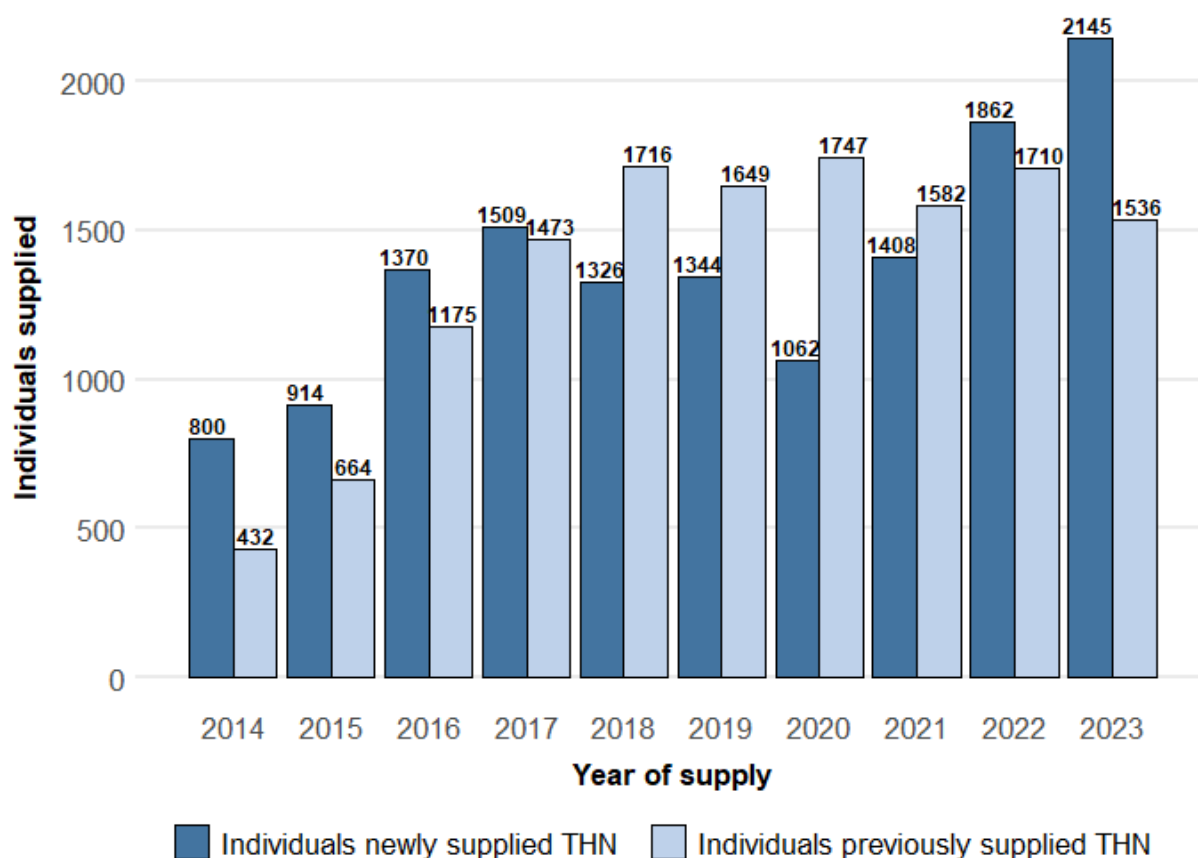


Figure 4: Proportion of reported uses of THN where follow on care was recorded, Wales, 2014 to 2023

2.5 Individuals supplied with THN for the first time

A total of 29,605 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 1,862 in the previous year to 2,142 in 2023. While this number continues to increase, supply rates to new individuals may decrease 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 2023-24, there were 3,275 people who inject drugs (PWID) in Wales reporting use of opioids and regularly accessing NSP services. Of these, 34.8 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.



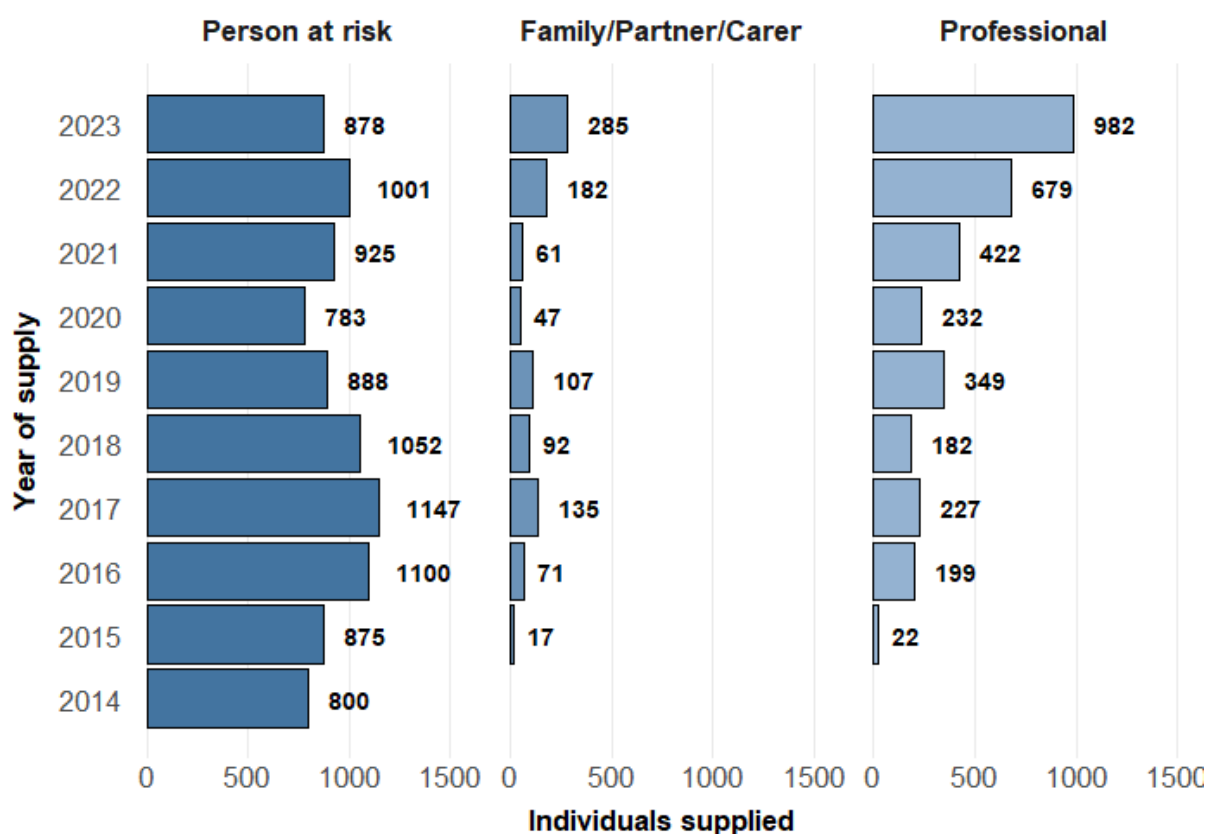
Source: Harm Reduction Database September 2024

Figure 5: Number of individuals supplied with THN by year, 2014 to 2023

2.5.1 Role of new individuals supplied with THN

Amendments 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 2023, 59.2 per cent (n=1,267) of new individuals supplied with THN were either family or carers of an 'at risk' individual (22.5 per cent) or professionals (77.5 per cent). This represents an increase in both the number and proportion of family and carers supplied with THN compared to previous years and surpassed the proportion of people 'at risk' being supplied with THN (41.0 per cent; 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 September 2024

Figure 6: Number of new individuals supplied THN by role, 2014 to 2023

2.5.2 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. The median age and range, proportion of individuals aged 50+ years, and length of injecting career have all increased since 2015 (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 decreasing in recent years down to 58.0 per cent in 2023.

The proportion of new 'at risk' individuals collecting THN and reporting non-secure housing / fixed address (NFA) has fluctuated over the years, with lowest rates observed in 2020 and 2022. However, this proportion has increased to 33.0 percent in 2023, up from 17.5 per cent in 2022. This is contrary to trends observed within NSP services, where non-secure / NFA housing within individuals reporting use of opioids increased between 2015/16 and 2020/21, but slightly decreased in most recent years.

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 has been trending upward in recent years and was 70.1 per cent in 2023.

Table 4: Demographics of new individuals considered 'at risk' of an opioid poisoning event supplied THN, 2015 to 2023

	2015	2016	2017	2018	2019	2020	2021	2022	2023
New individuals supplied	640	1,100	1,147	1,052	888	783	925	1,001	878
Person "at risk" of opioid poisoning	78.4%	79.5%	78.2%	76.8%	75.5%	74.8%	53.3%	48.7%	50.1%
% Male	75.3%	70.5%	69.9%	68.4%	69.6%	76.4%	73.9%	67.6%	58.0%
% Under 25 years	8.0%	7.7%	7.5%	8.3%	7.2%	8.0%	9.2%	9.5%	9.7%
% Over 50 years	8.6%	8.1%	9.2%	9.8%	12.8%	14.6%	16.8%	16.0%	18.9%
Median age (years)	36	36	37	37	38	38	38	39	39
Primary risk factor*									
Poly-drug use	55.2%	60.2%	64.5%	62.4%	58.9%	55.3%	49.9%	64.8%	70.1%
Recently left detox	10.6%	11.6%	11.3%	11.3%	10.3%	4.7%	3.3%	5.3%	7.0%
Recently released from prison	18.9%	13.1%	11.8%	12.2%	17.5%	29.2%	30.3%	14.7%	5.6%
New opiate user	15.3%	15.1%	12.3%	14.1%	13.3%	10.9%	16.6%	15.1%	17.3%
% Living in non-secure housing / NFA*	29.9%	33.2%	28.6%	27.9%	28.2%	14.7%	30.0%	17.5%	33.0%
% Reported history of opioid poisoning (ever)	45.4%	43.4%	41.8%	37.6%	41.6%	44.0%	44.0%	39.8%	33.0%

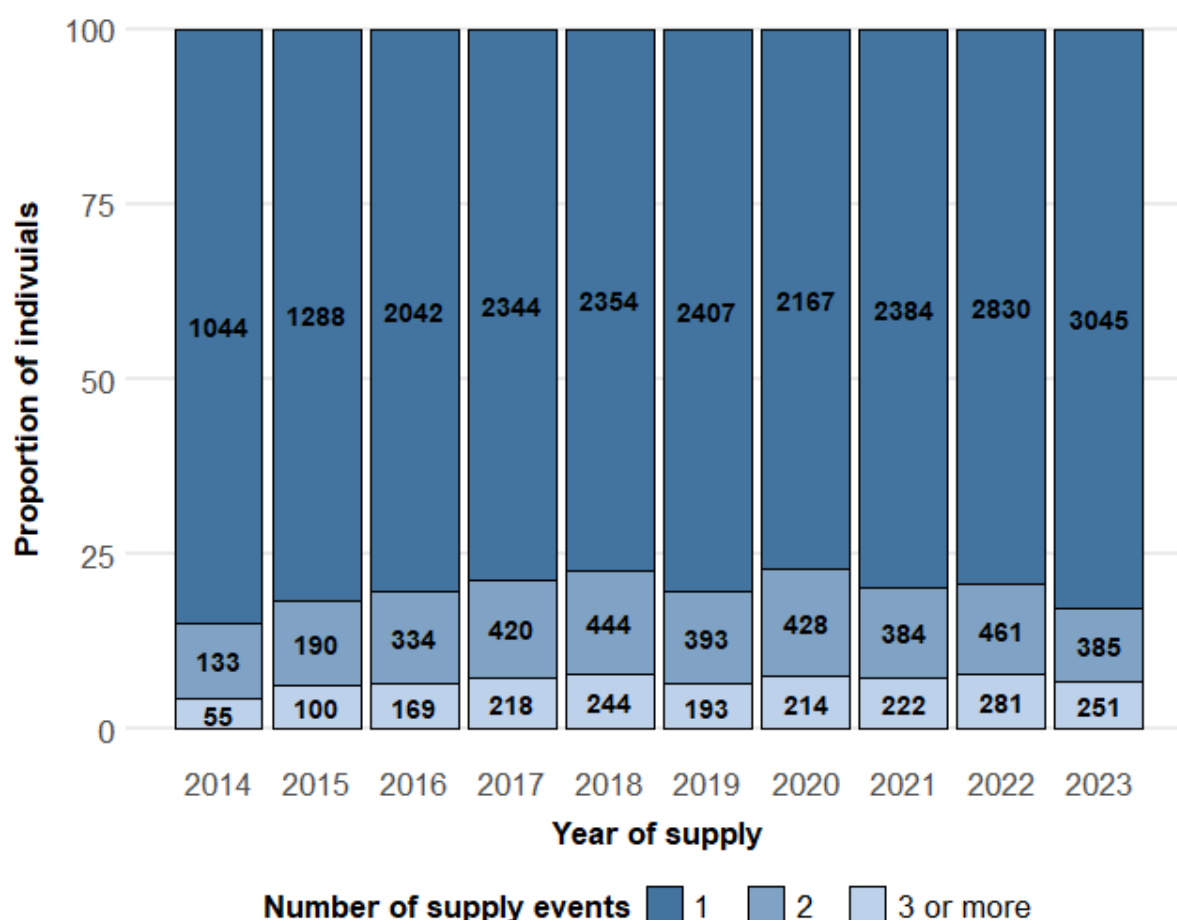
* Proportion of individuals where data has been recorded on HRD. See Appendix for summary of data completeness

2.6 Resupply of THN

Individuals who carry THN are able to collect replacement or additional kits from SMS services. In 2023, there were a total of 3,681 supply events across Wales. Of these, 2,884 were re-supply events, a decrease of 7.5 per cent compared to the previous year. Of all individuals supplied with THN in 2023:

- 82.7 per cent (n=3,045) were supplied with THN once
- 10.5 per cent (n=385) were supplied THN twice
- 6.8 per cent (n=251) were supplied three or more times

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

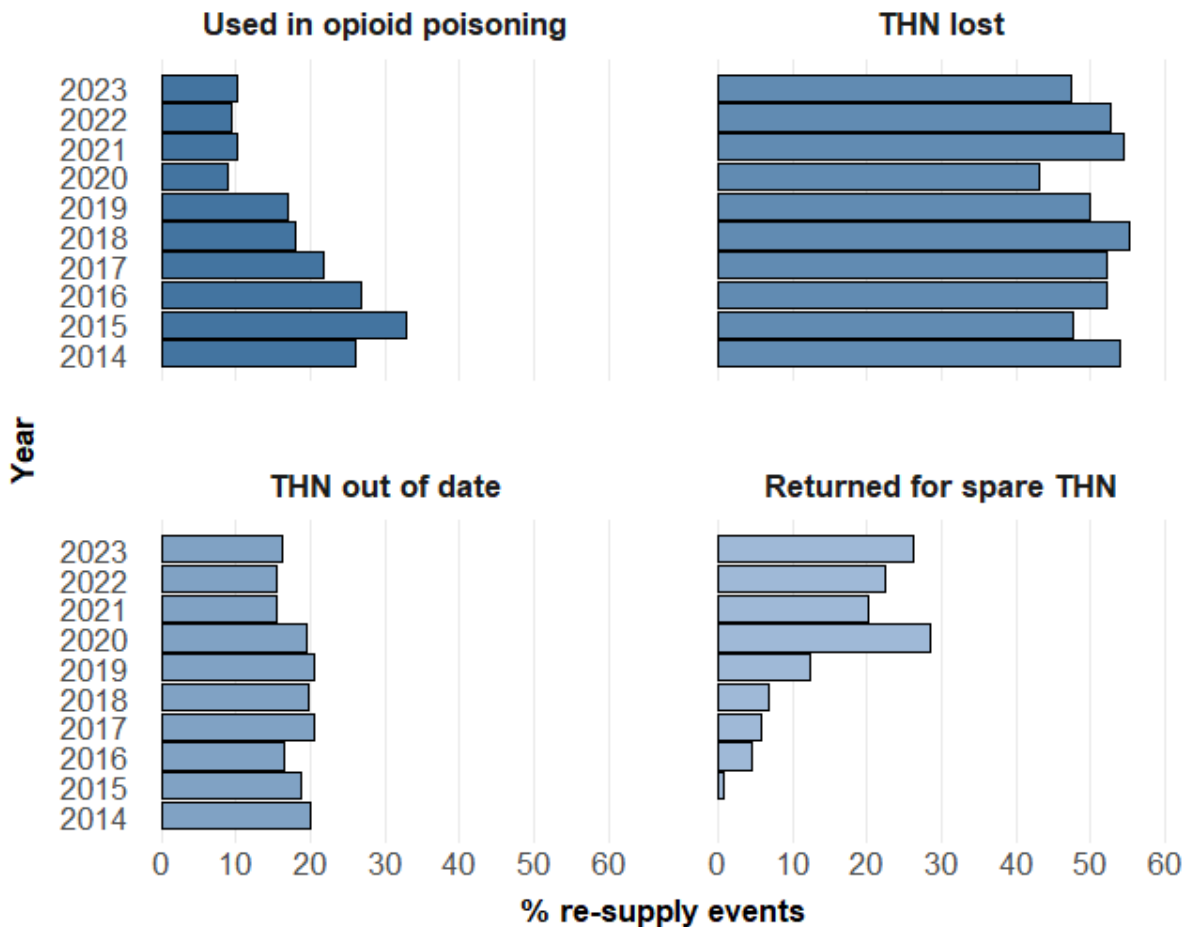


Source: Harm Reduction Database September 2024

Figure 7: Proportion of individuals supplied with THN multiple times during one year, 2014 to 2023

2.6.1 Reason for re-supply

A reason for re-supply was provided for all re-supply events. As per previous years 'kit lost' represents the most common reason for re-supply, recorded for 47.3 per cent (n=1,365) of events in 2023. These rates have remained consistent since 2014 with small amounts of fluctuation. A further 10.1 per cent (n= 291) 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.



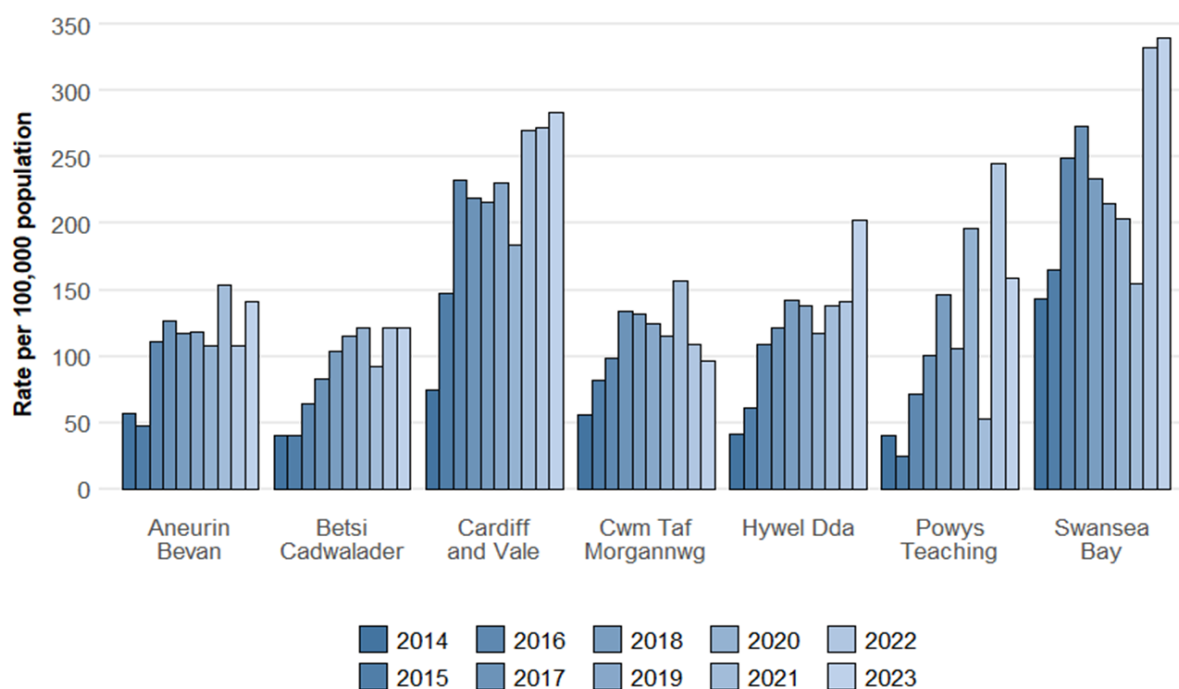
Source: Harm Reduction Database September 2024

Figure 8: Reasons for re-supply as reported, 2014 to 2023

Individuals supplied with THN are encouraged to return for re-supply in line with the expiry date listed on the kit provided. In 2023, 16.3 per cent of individuals were re-supplied because 'kit was out of date', broadly consistent with recent years. The remaining 26.3 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, a rate that has been on an increasing trend since 2014.

2.7 THN distribution by Health Board

In 2023 the European Age Standardised Rate (EASR) for all individuals supplied with THN in Wales was 186.9 per 100,000 population, and 103.4 per 100,000 population for new individuals. Geographical comparisons between health boards (see Table 5, Figure 9, Table 6, Figure 10) highlights variation in individuals supplied with THN.



Source: Harm Reduction Database September 2024

Figure 9: European age-standardised rate (EASR) of all unique individuals provided with THN by Health Board, 2014 to 2023

Table 5: Current 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, 2019 to 2023

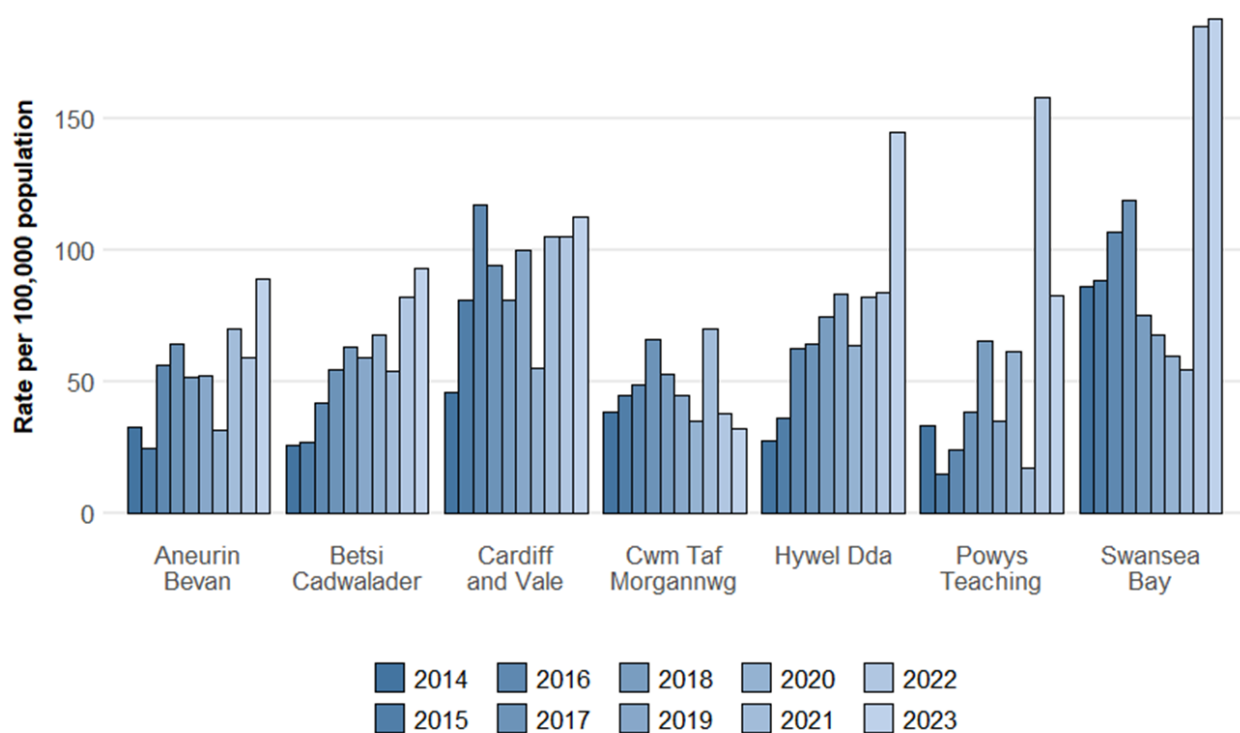
	Sites supplying THN 2023	Individuals supplied 2023	Number of kits issued 2023	EASR 2019	EASR 2020	EASR 2021	EASR 2022	EASR 2023
Aneurin Bevan	13	549	857	118.1	107.8	153.5	108.0	141.6
Betsi Cadwalader	14	526	688	115.7	121.9	92.1	121.2	121.9
Cardiff and Vale	12	985	1835	230.9	184.0	270.4	271.8	283.7
Cwm Taf Morgannwg	17	281	724	124.6	115.0	156.9	109.4	97.1
Hywel Dda	10	468	529	138.2	117.7	137.8	141.4	203.0
Powys Teaching	7	119	211	106.4	196.4	53.4	244.7	159.2
Swansea Bay	13	866	1509	215.0	203.7	154.8	332.9	339.3
Wales†	87	3835	6397	151.4	141.2	155.6	176.2	186.9

* 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 (n=1)

† Includes sites outside of Wales funded by the national THN programme reporting supply to Welsh residents (n=1)

Among all individuals supplied with THN, the highest rates of THN supply in 2023 was recorded within Swansea Bay (339.3 per 100,000 population) and Cardiff and Vale (283.7 per 100,000 population) University Health Boards, with lowest rates observed in Cwm Taf Morgannwg (97.1 per 100,000 population) and Betsi Cadwaladr (121.9 per 100,000 population) University Health Boards. All health boards have seen an increase in rates of THN supply in 2023 apart from Cwm Taf Morgannwg University Health Board and Powys Teaching Health Board.



Source: Harm Reduction Database September 2024

Figure 10: European age standardised rate (EASR) of new individuals provided with THN by Health Board, 2014 to 2023

Table 6: European age standardised rate (EASR) per 100,000 population - new individuals supplied with THN by Health Board area in Wales*, 2019 to 2023

	New individuals supplied 2023	EASR 2019	EASR 2020	EASR 2021	EASR 2022	EASR 2023
Aneurin Bevan	344	52.4	31.4	69.8	59.1	88.9
Betsi Cadwalader	400	59.2	67.6	53.8	82.0	93.2
Cardiff and Vale	412	99.8	54.9	105.0	104.8	112.5
Cwm Taf Morgannwg	96	44.7	35.2	70.0	37.6	32.2
Hywel Dda	335	83.3	63.9	82.3	83.5	144.8
Powys Teaching	62	35.1	61.7	17.0	157.9	82.6
Swansea Bay	493	67.8	59.6	54.7	184.8	187.4
Wales†	1,947	64.1	50.9	47.6	89.9	103.4

* 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 (n=1)

† Includes sites outside of Wales funded by the national THN programme reporting supply to Welsh residents (n=1)

Among new individuals supplied with THN, the highest rates of THN supply to new individuals in 2023 was observed within Swansea Bay (187.4 per 100,000 population) and Hywel Dda (144.8 per 100,000 population) University Health Boards, with the lowest rate observed in Cwm Taf Morgannwg University Health Board (32.2 per 100,000 population).

2.7.1 Prison vs. community

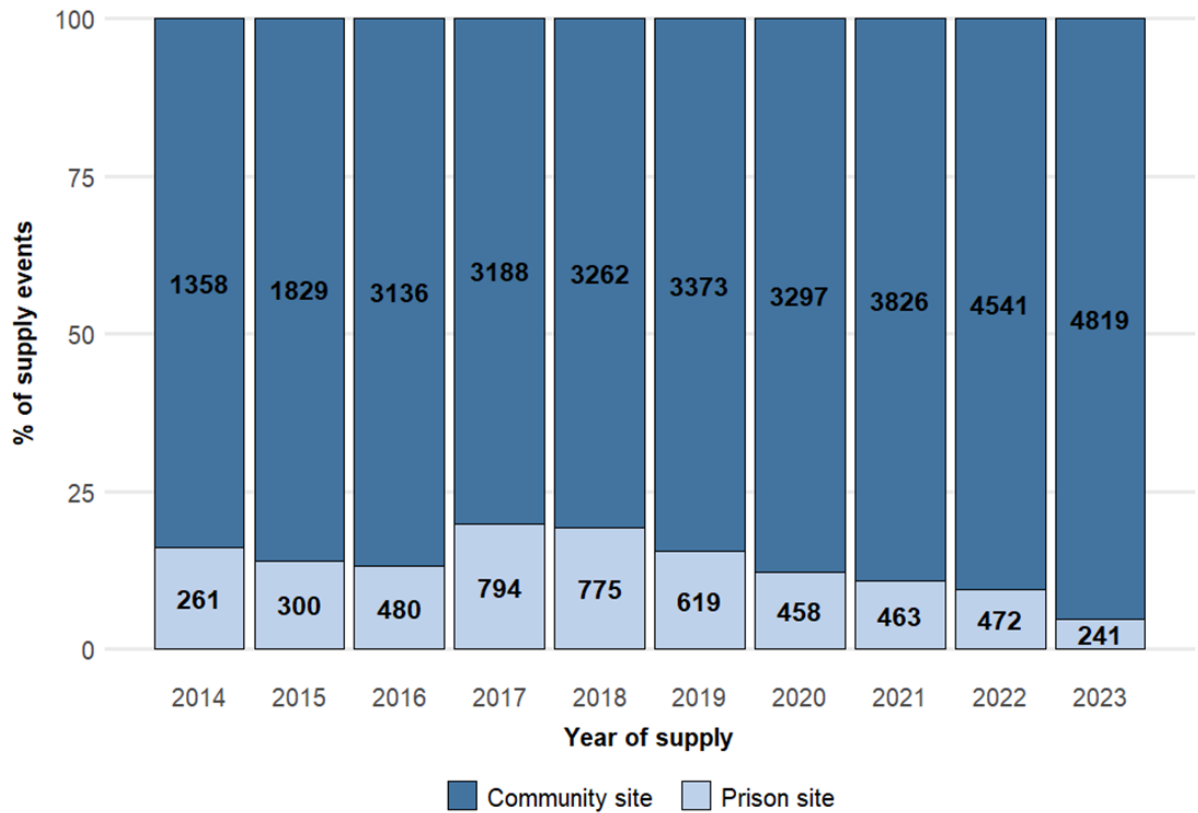
Following release from prison, opioid users are at increased risk of fatal and non-fatal drug poisoning. Currently THN is supplied on release within four of the six prisons located in Wales. Two further prisons located on the border of England and Wales housing Welsh residents, are also included within the THN programme and report via the Harm Reduction Database. In 2023:

- THN was supplied in prison on 241 occasions (4.8 per cent of all supply events) to either new individuals or as a re-supply, a decrease of 48.9 per cent on the previous year
- 189 individuals were supplied with THN whilst in prison, a decrease of 49.5 per cent compared to the 374 individuals supplied in 2022
- Overall, THN supply in prison settings was at its lowest since the start of the programme

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

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
HMP Berwyn	-	-	-	3	22	97	186	181	79	-
HMP Cardiff	83	146	256	270	233	163	151	198	230	144
HMP Eastwood Park*	-	-	43	223	229	184	57	73	122	44
HMP Parc	87	38	32	59	98	50	22	-	-	3
HMP Stoke Heath*	-	-	-	2	2	-	-	-	-	-
HMP Swansea	91	116	149	237	191	125	42	11	41	50
Total	261	300	480	794	775	619	458	463	472	241

* THN supplied to Welsh residents within Prison population



Ffynhonnell: Bas Data Lleihau Niwed Chwefror 2024

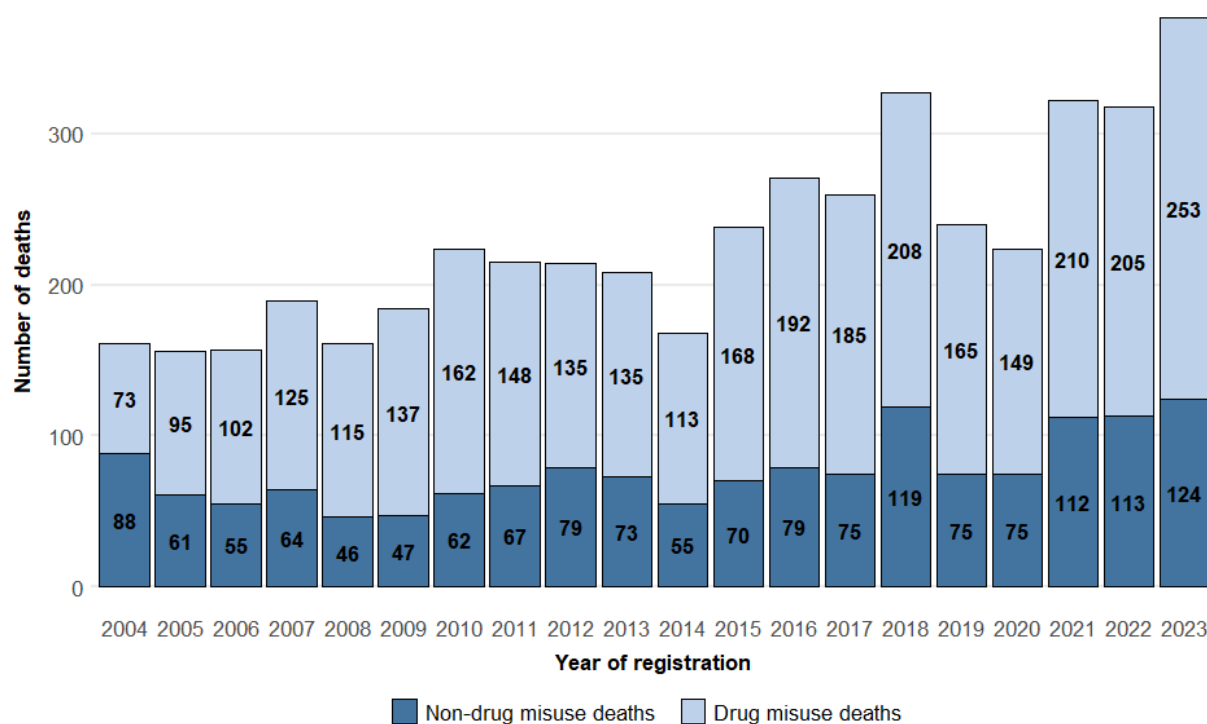
Figure 11: Proportion of THN supply events within prison compared to community sites, 2014 to 2023

3 Drug Deaths in Wales

3.1 Drug Poisoning Deaths

In 2023, 377 deaths due to drug poisoning were registered in Wales, an increase of 18.9 per cent from the previous calendar year. Of the drug-poisoning deaths, 67.1 per cent (253) were defined as drug misuse deaths, specifically drug deaths involving illicit drugs controlled under the Misuse of Drugs Act 1971 and other related legislation.

There was a 23.4 per cent increase in drug misuse deaths, from 205 deaths in 2022 to 253 in 2023 (see Figure 12). The number of drug poisonings not classified as a drug misuse death (non-drug misuse deaths) has also increased from the previous year at 124 up from 113 in 2022, however this represents a slight decrease in the proportion from 35.5 per cent to 32.9 per cent.

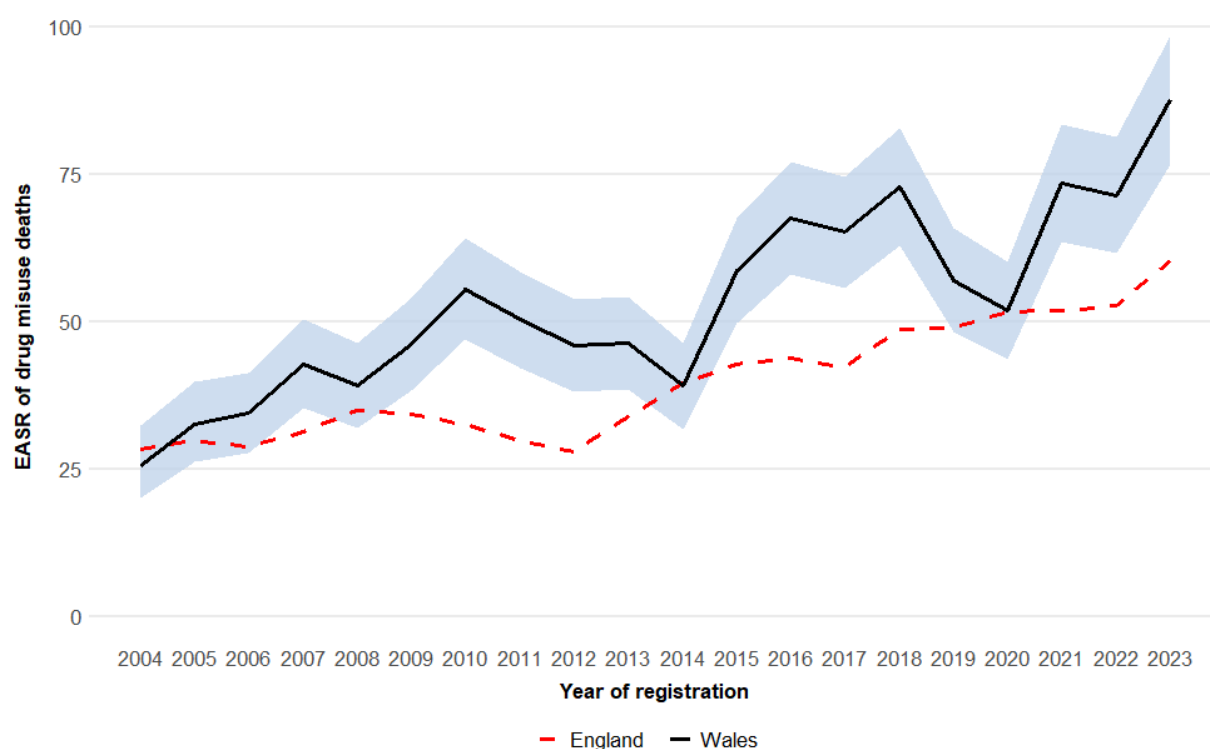


Source : ONS 2024

Figure 12: Drug poisoning deaths in Wales by year of registration and drug misuse status, 2004 to 2023.

The European age standardise rate (EASR) per million population of drug misuse deaths in Wales has increased from 71.4 deaths per million in 2022 to 87.6 deaths per million population in 2023. Since 2005, Wales has maintained a higher rate of drug misuse deaths than England, apart from two years, as shown in Figure 13. Rates in England in 2023 were 60.3 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 2023, there were 1,172 drug misuse deaths registered in Scotland. The rate of drug misuse deaths in Scotland was higher than Wales at 224 deaths per million population. Comparisons between regions across England indicate that in 2023 Wales had the second highest rate per million population of drug misuse deaths, behind only North East England (see Figure 14).



Source : ONS 2024

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, 2004 to 2023

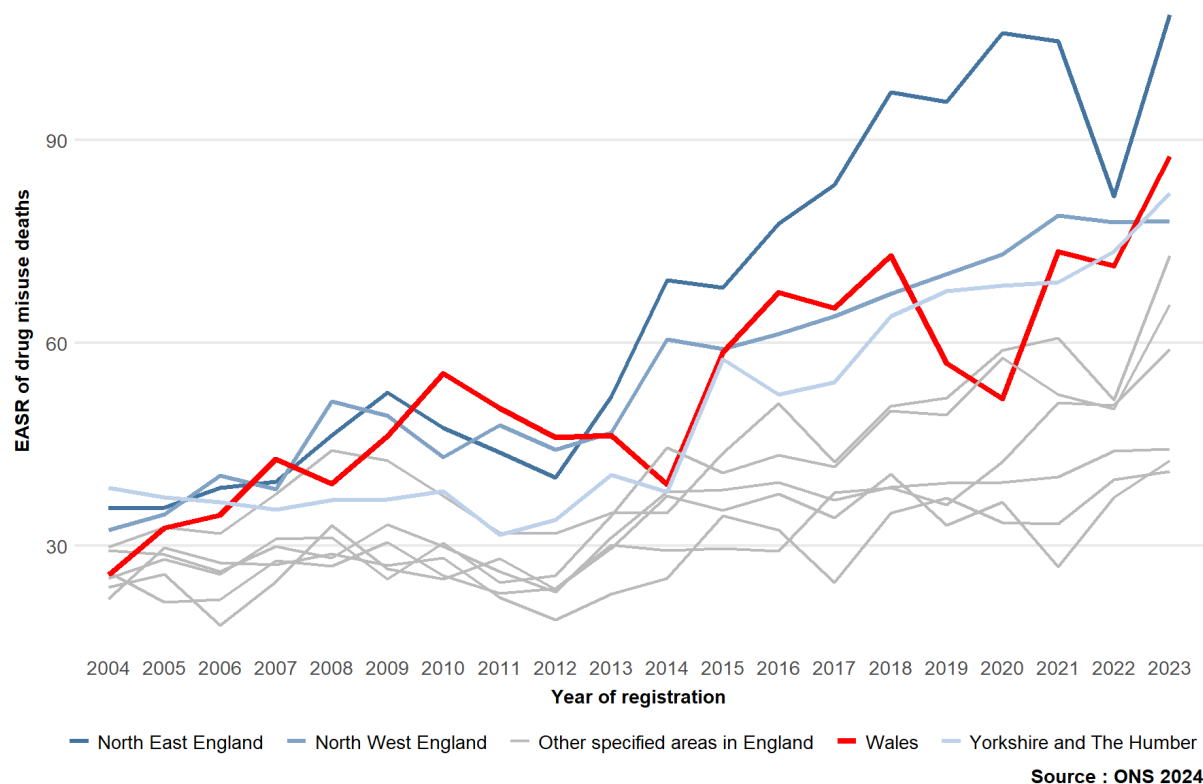
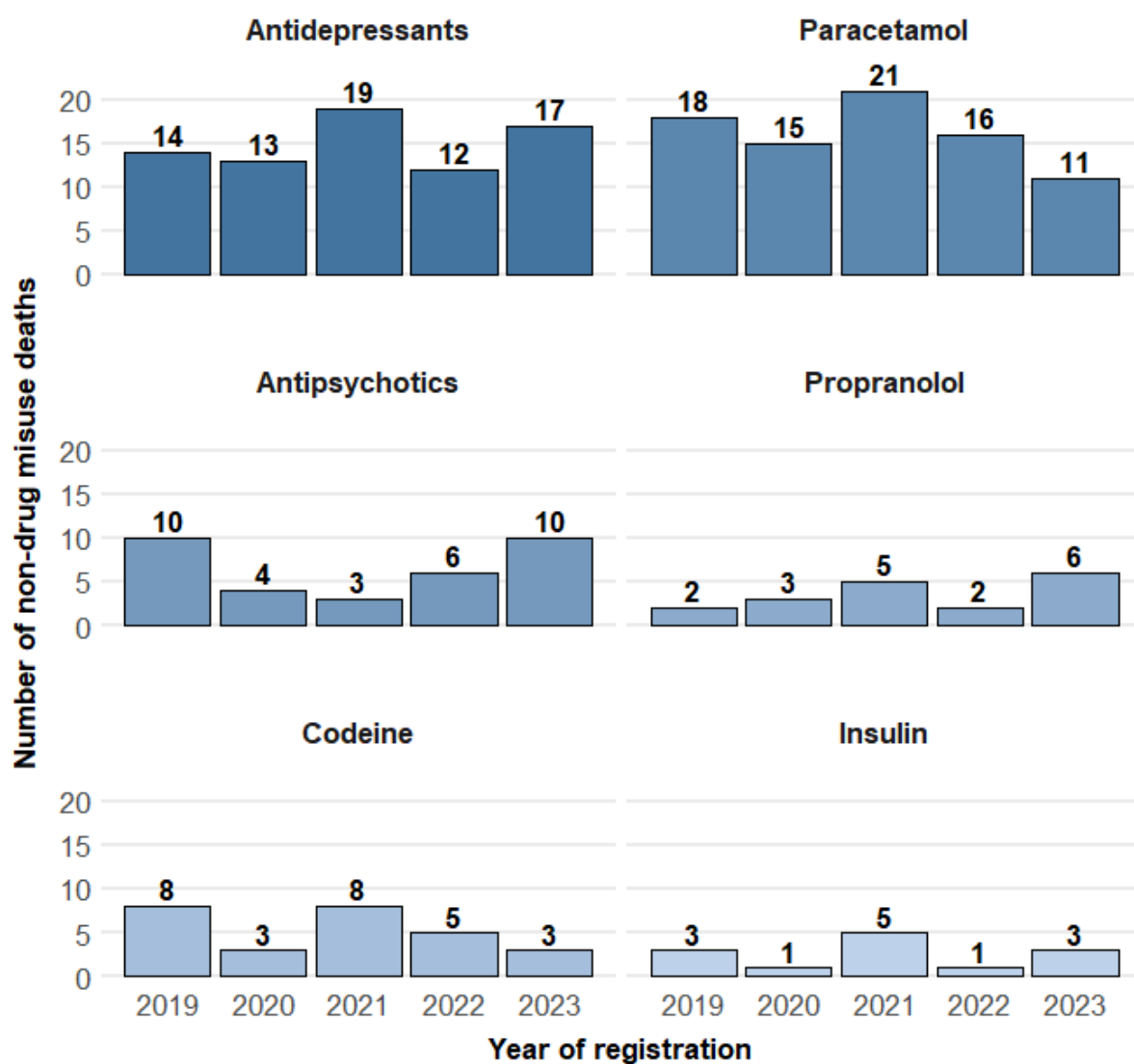


Figure 14: Rate of drug misuse deaths per million population in Wales compared to specified regions in England, 2004 to 2023

3.2 Non-Drug Misuse Deaths

In 2023, 124 drug poisonings were registered in Wales, representing an increase of 9.7 per cent on the previous year (see Table 8), with substantial geographic variation by health board of residence. The median age of death in this category was 48 years (range 14 – 87), and 58.1 per cent were male. The most common substance recorded was antidepressants, present in 13.7 per cent of drug poisonings deaths (n = 17) (see Figure 15). There have been increases in deaths involving antidepressants, antipsychotics, propranolol, and insulin in the most recent year while a decrease in deaths involving paracetamol and codeine was observed. However, a single year is not sufficient to allow confidence in describing new trends. During this period, 'no named substance' was recorded for 77 non-drug misuse deaths.



Source : ONS 2024

Figure 15: Number of non-drug misuse drug poisonings in Wales involving the top five substances recorded, 2019 to 2023

Table 8: Demographic data and rates for non-drug misuse drug poisonings, 2019 to 2023

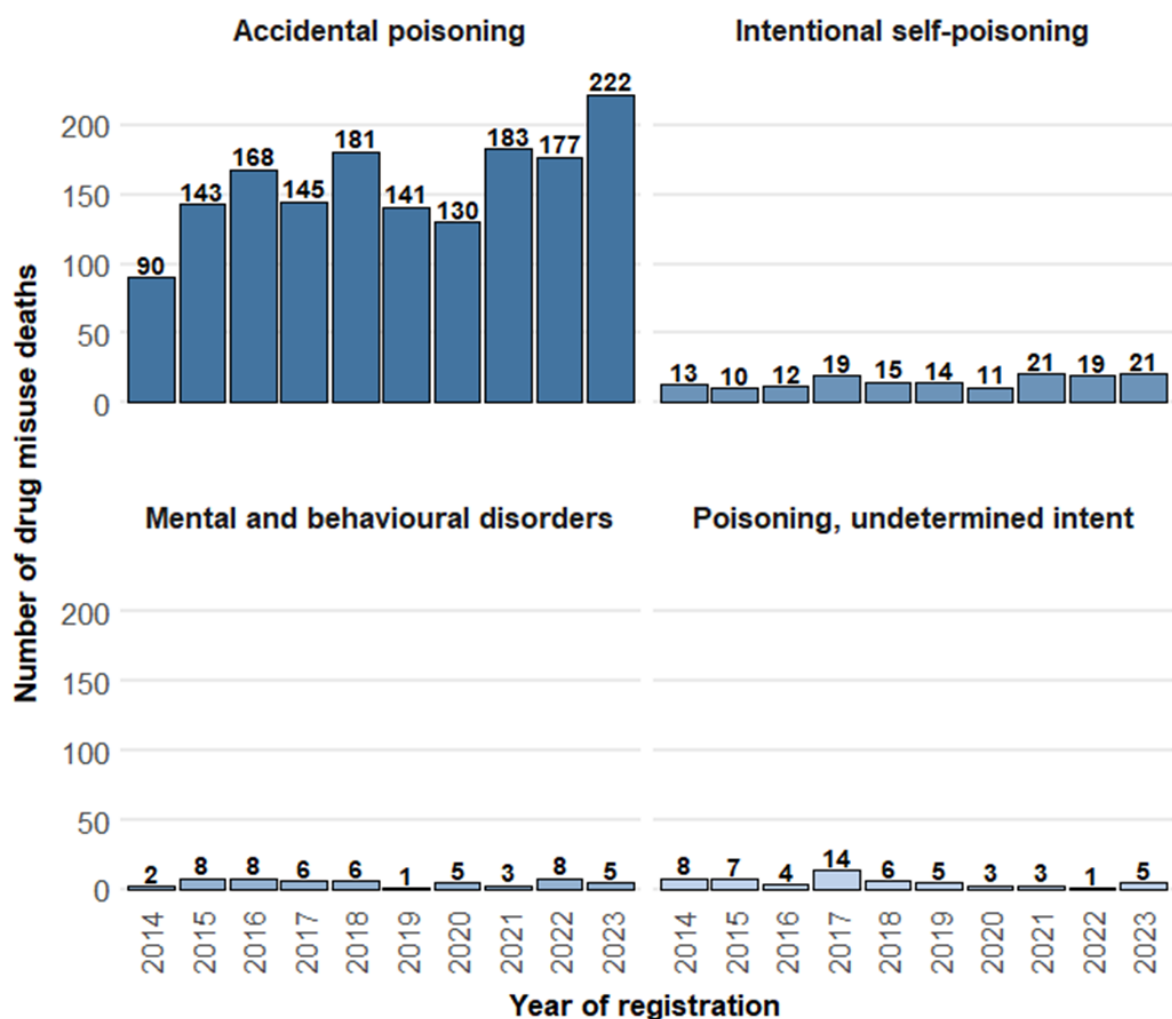
	2019	2020	2021	2022	2023
Wales					
Number of non-drug misuse deaths	75	75	112	113	124
EASR per 100,000 population	2.5	2.5	3.8	3.8	4.2
Median age (years)	46	49	46	45	48
Age range (years)	19-90	20-94	21-87	19-93	14-87
% Male	52.0%	56.0%	60.7%	58.4%	58.1%
Health board EASR (n)					
Aneurin Bevan	1.4 (8)	1.7 (10)	3.4 (19)	7.8 (43)	6.8 (38)
Betsi Cadwaladr	4.3 (29)	3.8 (25)	2.5 (17)	2.2 (15)	2.6 (18)
Cwm Taf Morgannwg	3 (12)	1.8 (8)	3.3 (14)	0.9 (4)	1.9 (8)
Cardiff and Vale	0.7 (3)	0.9 (4)	3 (13)	0.8 (4)	4.3 (20)
Hywel Dda	3.4 (12)	4.6 (15)	4.6 (16)	3.3 (12)	4.9 (18)
Powys Teaching	2.6 (3)	3.4 (5)	0.5 (1)	2.5 (3)	3.1 (3)
Swansea Bay	2.2 (8)	2.2 (8)	9.1 (32)	8.7 (32)	5.2 (19)

3.3 Drug Misuse Deaths

The remainder of this section will summarise only drug poisonings classified as a drug misuse death as defined by ONS (see 5.1 Appendix A). 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 2023 was accidental poisoning, representing 87.7 per cent (n = 222) of all deaths in the year (see Figure 16). While other categories have remained relatively stable, the number of drug misuse deaths from accidental poisoning has continued to increase. All drug misuse deaths have been included in the analysis regardless of intent.



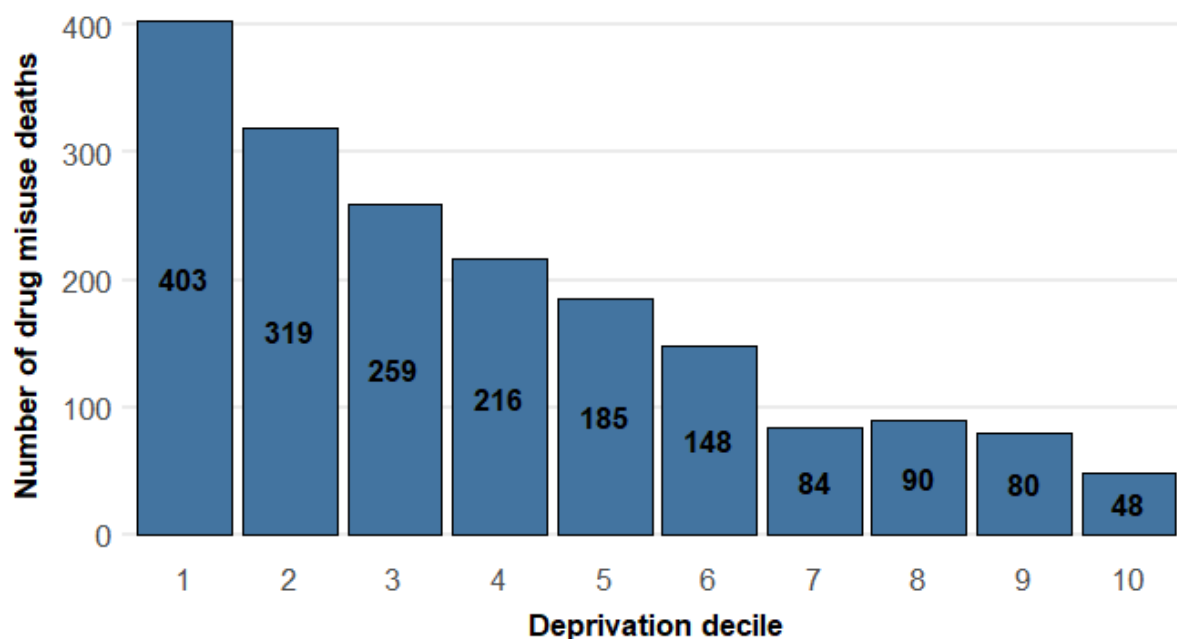
Source : ONS 2024

Figure 16: Underlying cause of death for drug misuse deaths in Wales by year of registration, 2014 to 2023

3.4 Demographics

3.4.1 Welsh index for multiple deprivation

Drug harms are typically associated with social and economic deprivation. Taking all 1,848 drug misuse deaths in Wales occurring in the last ten years, 39.1 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 over eight times higher in those living in the most deprived quintile compared with the least deprived quintile.

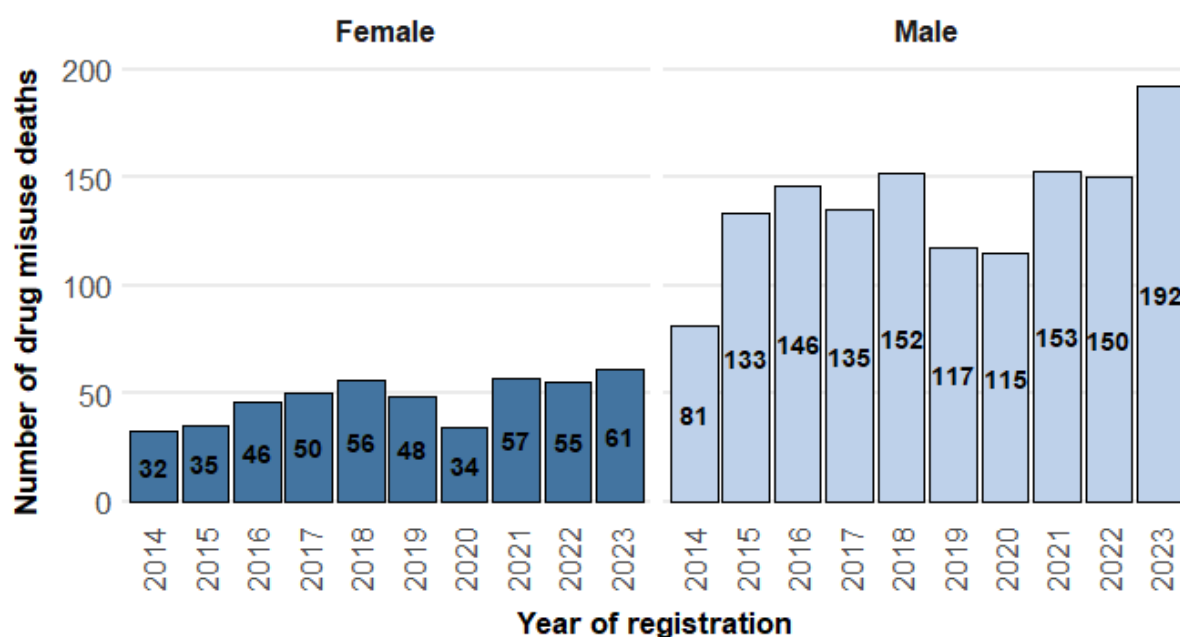


Source : ONS 2024

Figure 17: Cumulative number of drug misuse deaths by deprivation decile, 2014 to 2023 (1 = highest rank of deprivation to 10 = lowest rank of deprivation)

3.4.2 Sex and age

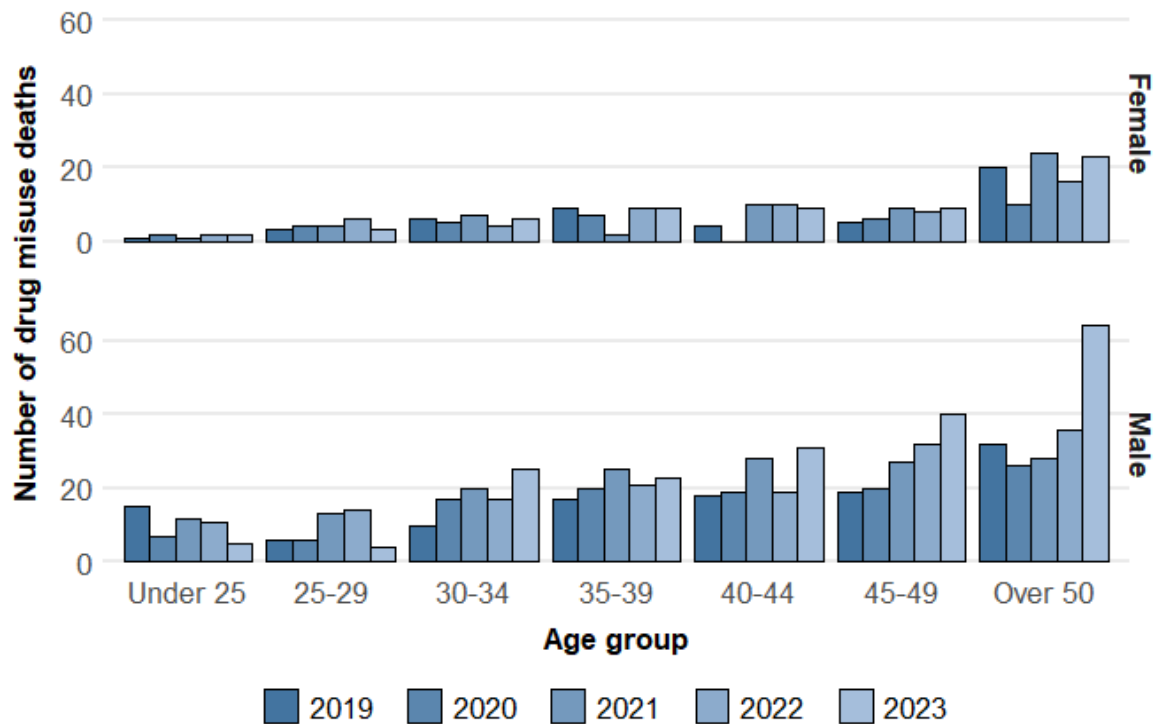
Figure 18 indicates the number of drug misuse deaths stratified by sex. In 2023, the rate of deaths among males was over 3 times higher than females. The number of drug misuse deaths increased much more dramatically in males than in females in the most recent year. The median age of drug misuse deaths was 46 years (range 19-73), an increase of 2 years compared to 2022. The median age of death was the same for both males (46 years; range 21-76) and females (46 years; range 19-92).



Source : ONS 2024

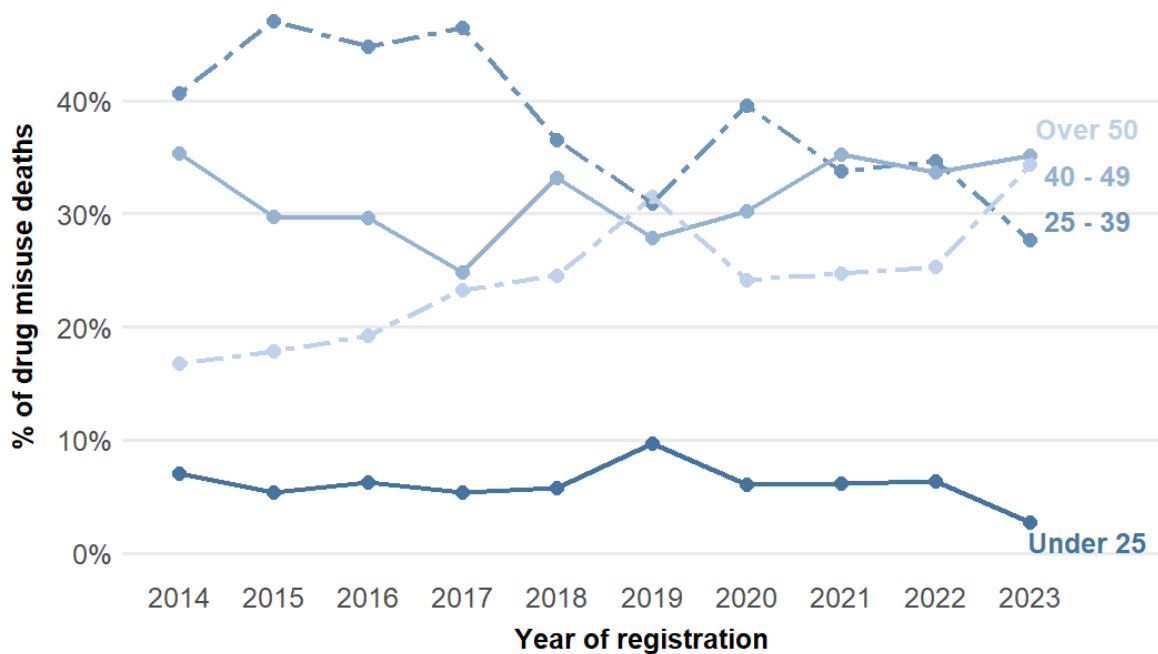
Figure 18: Drug misuse deaths by sex and year of registration, 2014 to 2023, Wales

Figure 19 and Figure 20 indicate the proportion and number of deaths by age group, sex, and year of registration. In 2023, the 45-49 year age group represents the most common five-year age group, reported in 19.4 per cent of all drug deaths ($n = 49$). There were 7 deaths in people under the age of 25, accounting for 2.8 per cent of drug misuse deaths in 2023. Compared to 2022, there have been notable increases in the number of deaths in males over 30, particularly those over 50. An increase was also observed in the number of deaths in females over 50. A notable decrease was seen in individuals under 30, particularly among males.



Source : ONS 2024

Figure 19: Drug misuse deaths by age group, sex and year of registration, 2019 to 2023



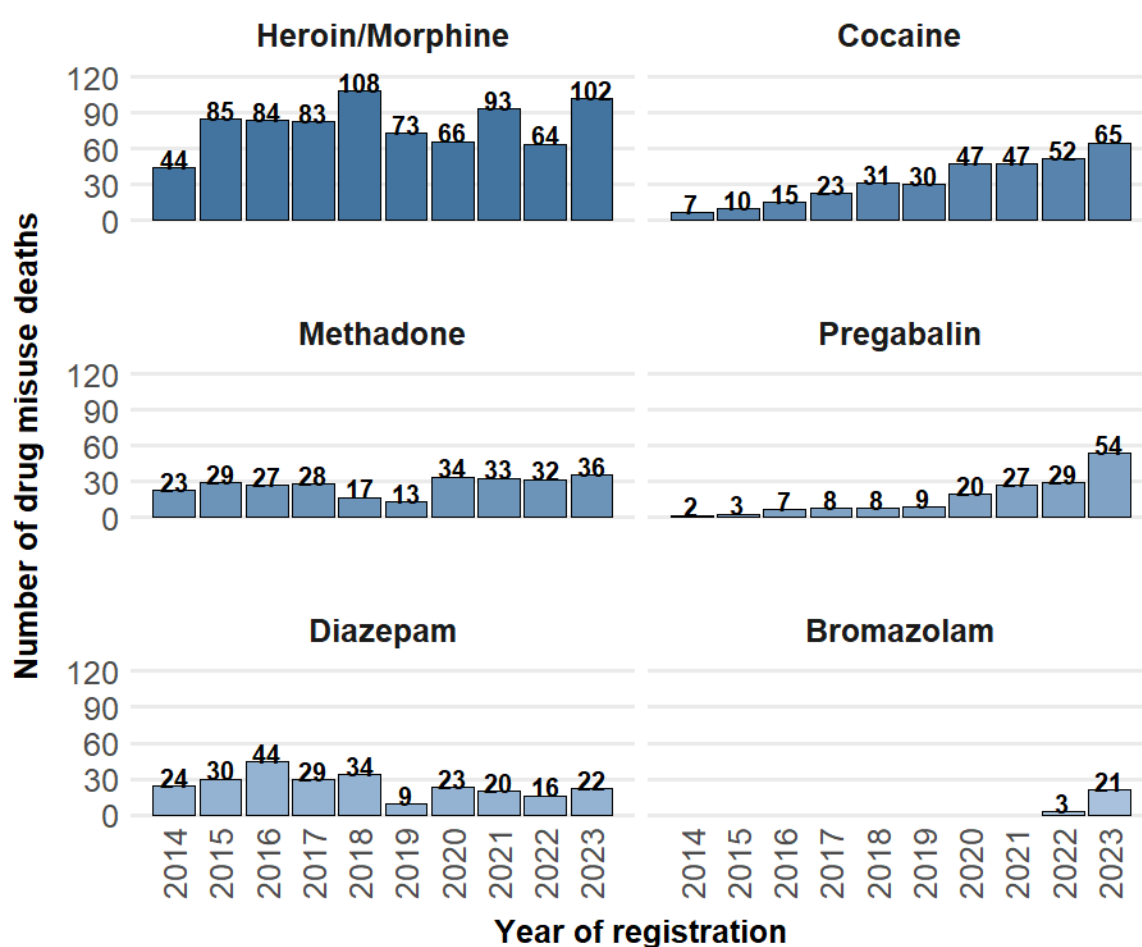
Source : ONS 2024

Figure 20: Drug misuse deaths by age group and year of registration, 2014 to 2023

3.5 Substances

In 2023, and consistent with previous years, the most common substance recorded for a drug misuse death in Wales was heroin/morphine, reported in 40.3 percent of deaths (n=102). Both the number and proportion of heroin/morphine deaths have increased in the most recent year. Other substances commonly recorded were:

- Cocaine (25.7 percent n=65)
- Pregabalin (21.3 per cent, n=54)
- Methadone (14.2 percent, n=36)
- Diazepam (8.7 percent, n=22)
- Bromazepam (8.3 percent, n=21)

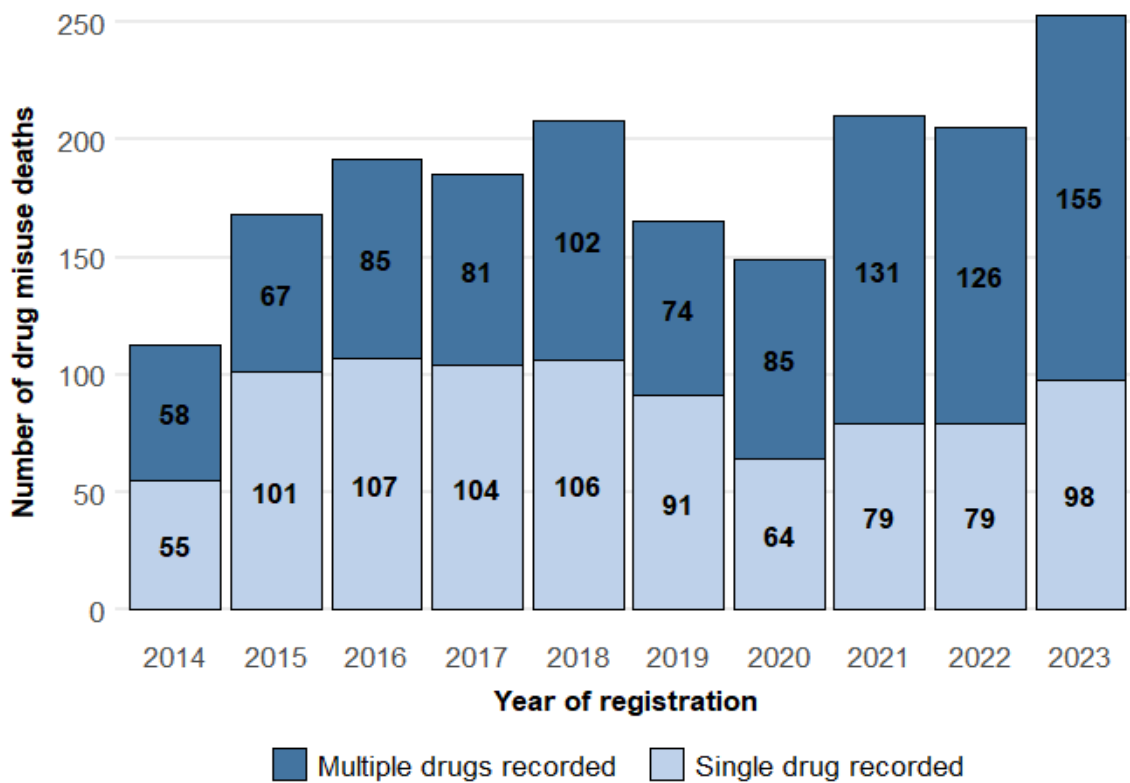


Source : ONS 2024

Figure 21: Top six substances recorded in drug misuse deaths in Wales, 2014 to 2023

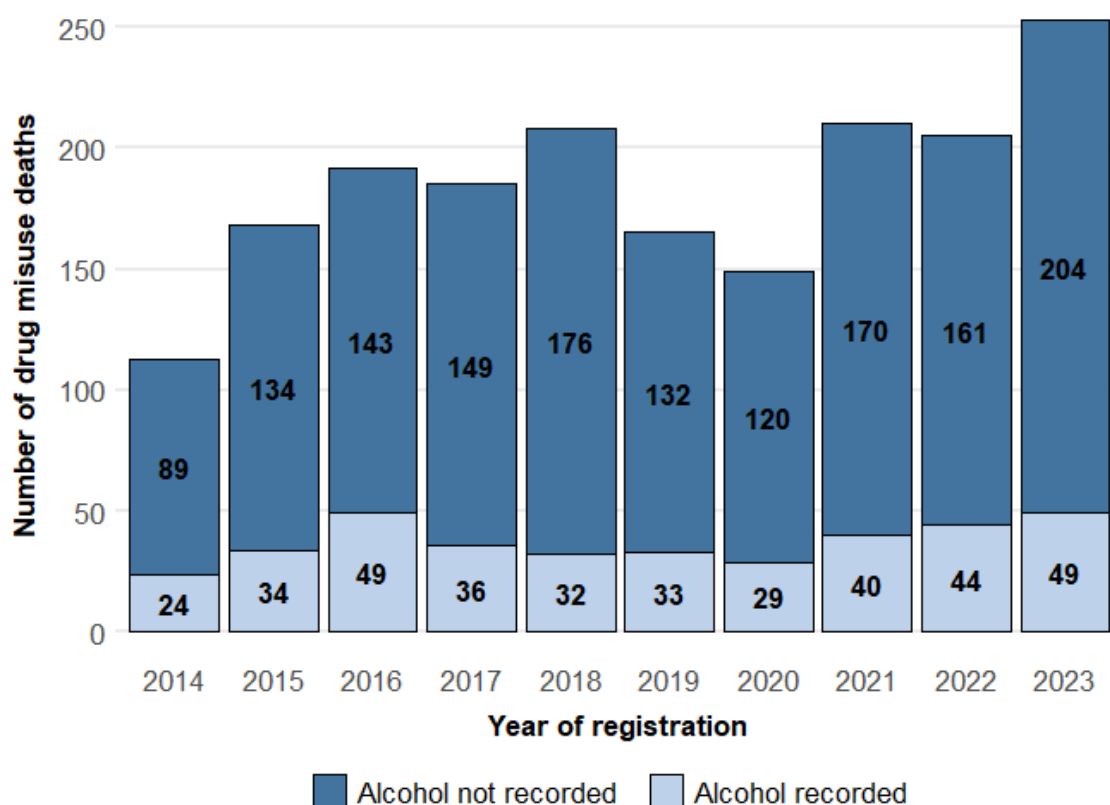
Drug misuse deaths often involve a combination of substances, including alcohol and prescription only medicines (POMs) or over the counter medicines (OTCs) referred to as poly-drug use. In 2023, 61.3 per cent (n=155) of drug misuse deaths had more than one substance recorded, consistent with the previous year, as

shown in Figures 22, 23 and 24. Secondary substances are under-reported as not all substances identified through toxicological screening may be recorded on the death certificate.



Source : ONS 2024

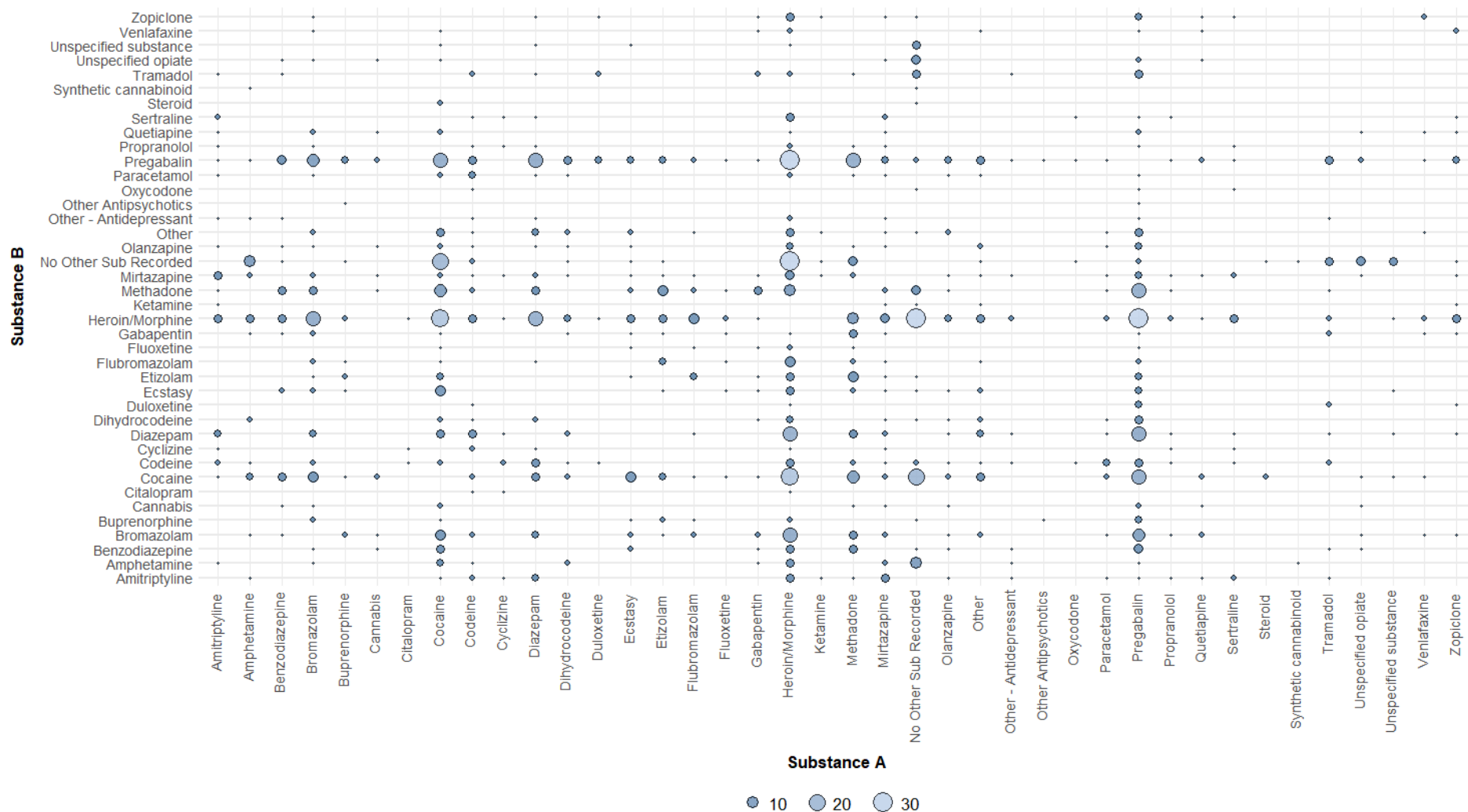
Figure 22: Drug misuse deaths in Wales with multiple substances recorded, 2014 to 2023



Source : ONS 2024

Figure 23: Drug misuse deaths in Wales with multiple substances recorded, 2014 to 2023

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 2023, alcohol was toxicologically evidenced in 19.4 per cent ($n = 49$) of drug misuse deaths, a slight decrease from the 21.5 per cent recorded in the previous year, as shown in Figure 23.



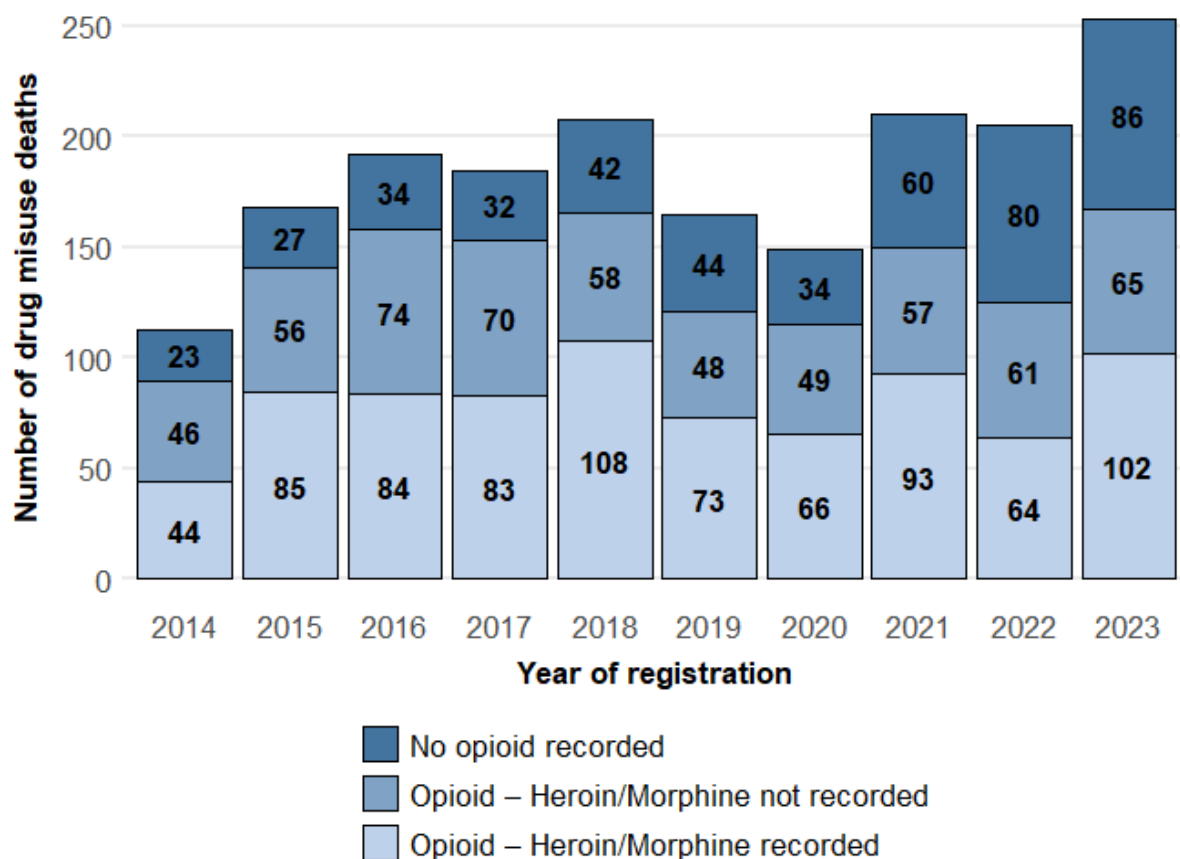
Source : ONS 2024

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 2023

3.5.1 Opioids

Heroin and Morphine

Opioids represent the most common substance group recorded in drug misuse deaths in Wales. In 2023, 66.0 per cent of deaths involved an opioid (n = 167), compared to 61.0 per cent in the previous year. Of the 167 opioid deaths, 102 involved heroin/morphine. The remaining 65 deaths involved at least one other opioid such as methadone, codeine, or tramadol.



Source : ONS 2024

Figure 25: Drug misuse deaths in Wales, by substance group and year of death registration, 2014 to 2023

The median age of heroin/morphine deaths was 46 years and the proportion of deaths involving males was 77 per cent in 2023. Demographic data for heroin/morphine deaths are shown in Table 9. Hywel Dda University Health Board had the highest number of deaths involving heroin/morphine, accounting for 23.5 per cent of heroin/morphine deaths in Wales in 2023. The single year EASR per 100,000 population for this region increased significantly compared with the previous year, from 3.2 in 2022 to 7.3 in 2023. The only region to observe a decrease in the EASR per 100,000 population was Swansea Bay University Health Board, with a small decrease from 3.6 in 2022 to 3.1 in 2023.

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), 2019 to 2023

	2019	2020	2021	2022	2023
Wales					
Number of deaths	73	66	93	64	102
EASR per 100,000 population	2.5	2.5	3.8	3.8	4.2
Median age (years)	43	39.5	41	44	46
Age range (years)	17-77	20-74	17-73	22-70	19-73
% Male	76.7%	69.7%	67.7%	67.2%	77.5%
Health board EASR (n)					
Aneurin Bevan	1.2 (7)	0.5 (3)	1.9 (10)	1.7 (9)	4 (23)
Betsi Cadwaladr	1.8 (11)	2.1 (13)	1.3 (8)	1.1 (7)	1.3 (8)
Cwm Taf Morgannwg	4.6 (19)	2.2 (9)	6.8 (28)	3.3 (14)	5.7 (23)
Cardiff and Vale	2.3 (11)	2.2 (10)	2.1 (10)	2.4 (12)	2.5 (12)
Hywel Dda	2.5 (8)	1.8 (6)	4.9 (16)	3.2 (10)	7.3 (24)
Powys Teaching	1.8 (2)	1 (1)	4.8 (6)	0 (0)	0.5 (1)
Swansea Bay	4 (15)	6.6 (24)	4.3 (15)	3.6 (12)	3.1 (11)

In 2023, 30.4 per cent of heroin/morphine deaths (n=31) were recorded as not involving any other substance. This is a significant increase from the previous year (n=12). The remaining 69.6 per cent (n = 71) of deaths involving heroin/morphine included at least one other substance (see Figure 26).

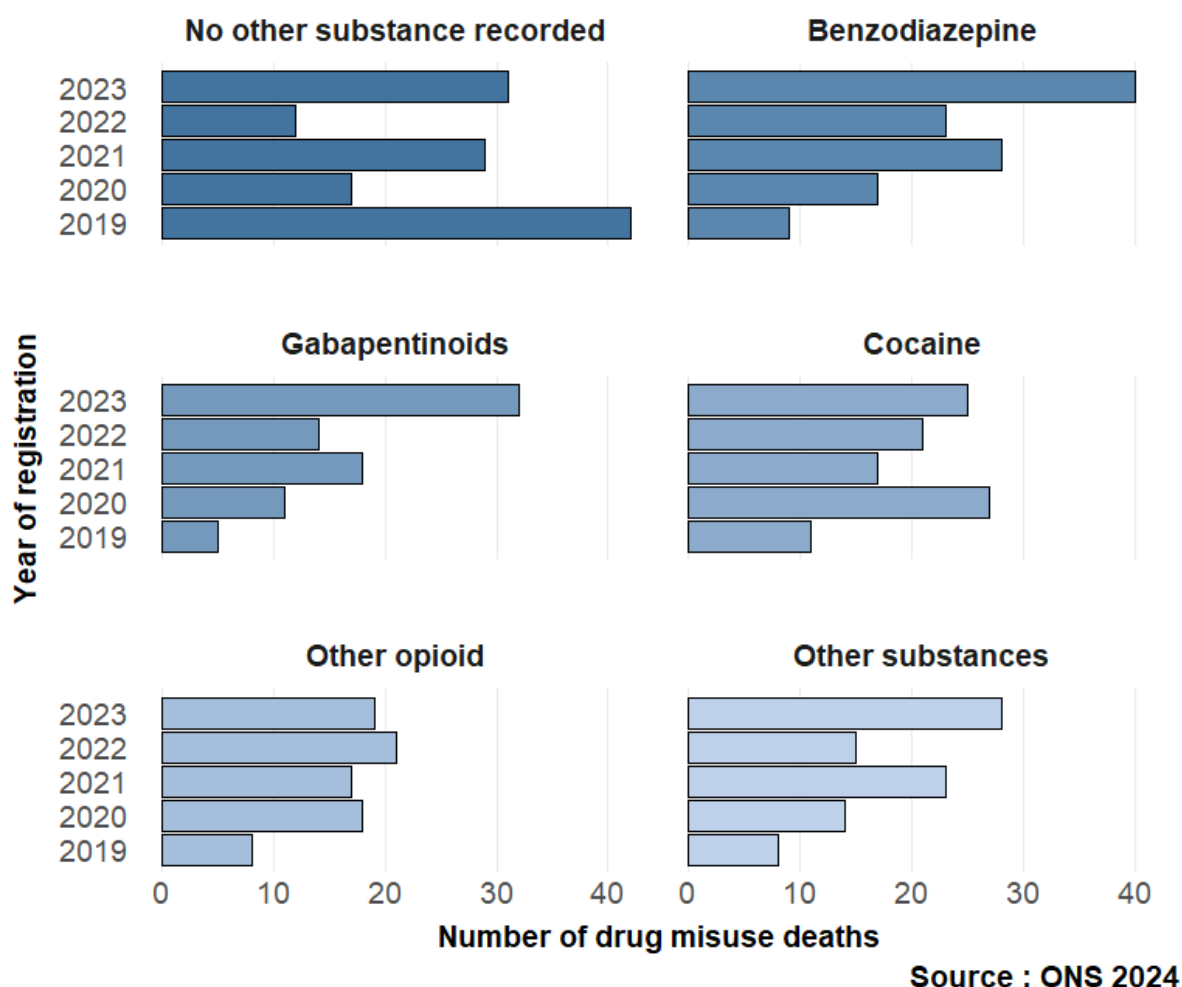
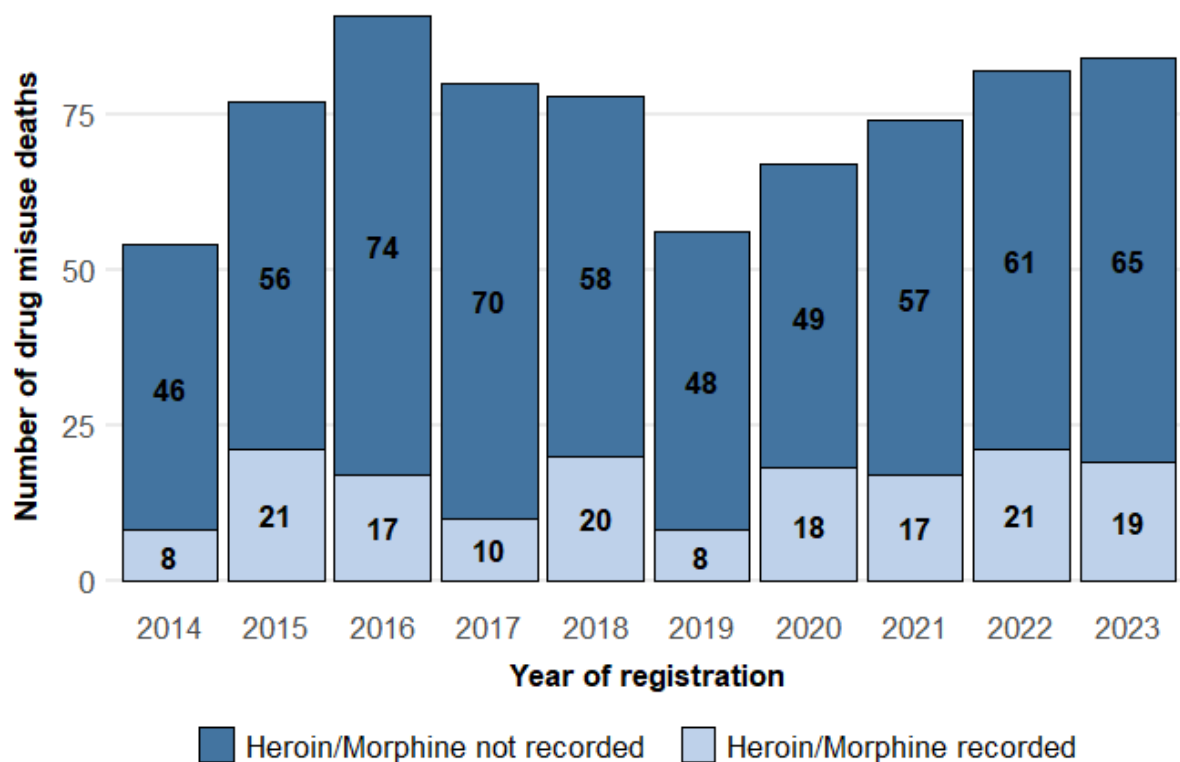


Figure 26: Heroin/morphine drug misuse deaths involving different substance groups by year of registration, 2019 to 2023

Other opioids – non-heroin/morphine

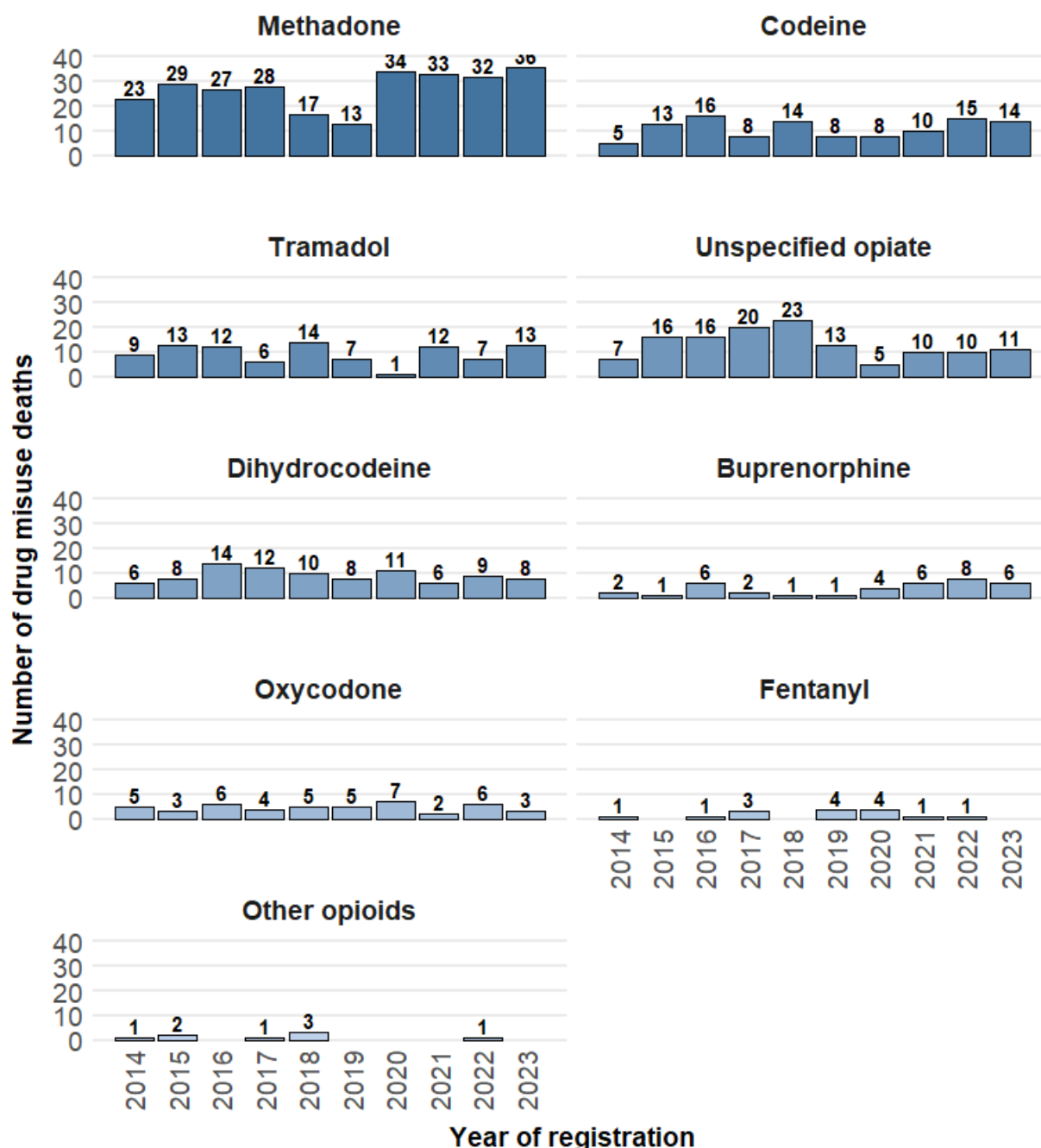
There were 65 deaths in which at least one opioid, other than heroin/morphine, was recorded. Although a proportion of these deaths also involved heroin/morphine, the majority did not (see Figure 27).



Source : ONS 2024

Figure 27: Drug misuse deaths in Wales, by substance group and year of death registration, 2014 to 2023

The most common opioid recorded, other than heroin/morphine, was methadone (see Figure 28). The number of deaths involving methadone has remained high with a slight increase in the most recent year. Other commonly recorded opioids were codeine (n = 14), tramadol (n = 13) and dihydrocodeine (n = 8). In 2023, 1 death involving fentanyl was recorded. The number of deaths involving 'unspecified opiates' remains consistent with recent years.



Source : ONS 2024

Figure 28: Drug misuse deaths involving other opioids (non-heroin/morphine) by year of death registration and substance, 2014 to 2023

The median age of deaths involving 'other opioids' was 48 years compared to 46 years for deaths involving heroin/morphine, and 63 per cent were male. The highest EASRs of drug misuse deaths involving other opioids were recorded in Cwm Taf Morgannwg and Cardiff and Vale University Health Board with 2.9 deaths per 100,000 population (see Table 10). Amongst the 65 deaths involving other opioids, 33.9 per cent (n=22) had no other substance recorded. In the remaining 43 deaths, substances recorded alongside opioids include benzodiazepines, gabapentinoids, antidepressants, and at least one other substance (see Figure 29).

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)

	2019	2020	2021	2022	2023
Wales					
Number of deaths	48	49	57	61	65
EASR per 100,000 populatio	1.6	1.7	2.0	2.1	2.2
Median age (years)	48.5	45	45	46	48
Age range (years)	21-88	17-77	17-83	18-94	27-92
% Male	63%	82%	67%	72%	63%
Health board EASR (n)					
Aneurin Bevan	1.4 (8)	0.3 (2)	1.6 (9)	2.4 (13)	2.4 (13)
Betsi Cadwaladr	1.7 (11)	1.8 (12)	2.3 (15)	2.7 (17)	1.9 (12)
Cwm Taf Morgannwg	1.9 (8)	2.3 (10)	2.2 (9)	3.1 (13)	2.9 (12)
Cardiff and Vale	1.9 (8)	0.7 (3)	1.8 (8)	1.1 (5)	2.9 (13)
Hywel Dda	1.3 (5)	1.2 (4)	1.7 (6)	1.7 (6)	2.3 (8)
Powys Teaching	2.6 (3)	4.6 (4)	0 (0)	1.2 (2)	0 (0)
Swansea Bay	1.3 (5)	3.9 (14)	3 (10)	1.4 (5)	1.8 (7)

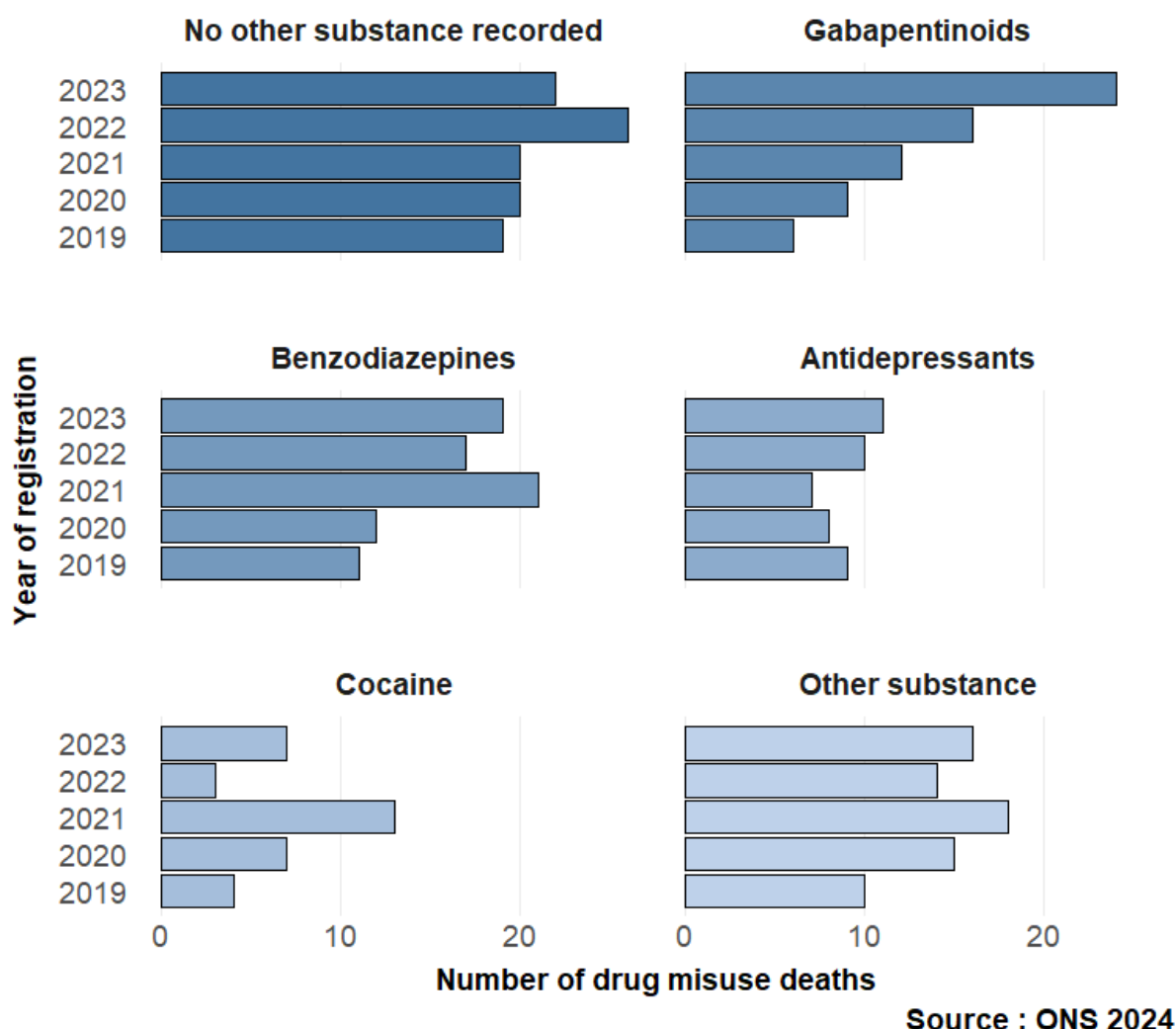


Figure 29: Other opioid deaths involving different substance groups by year of registration, 2019 to 2023

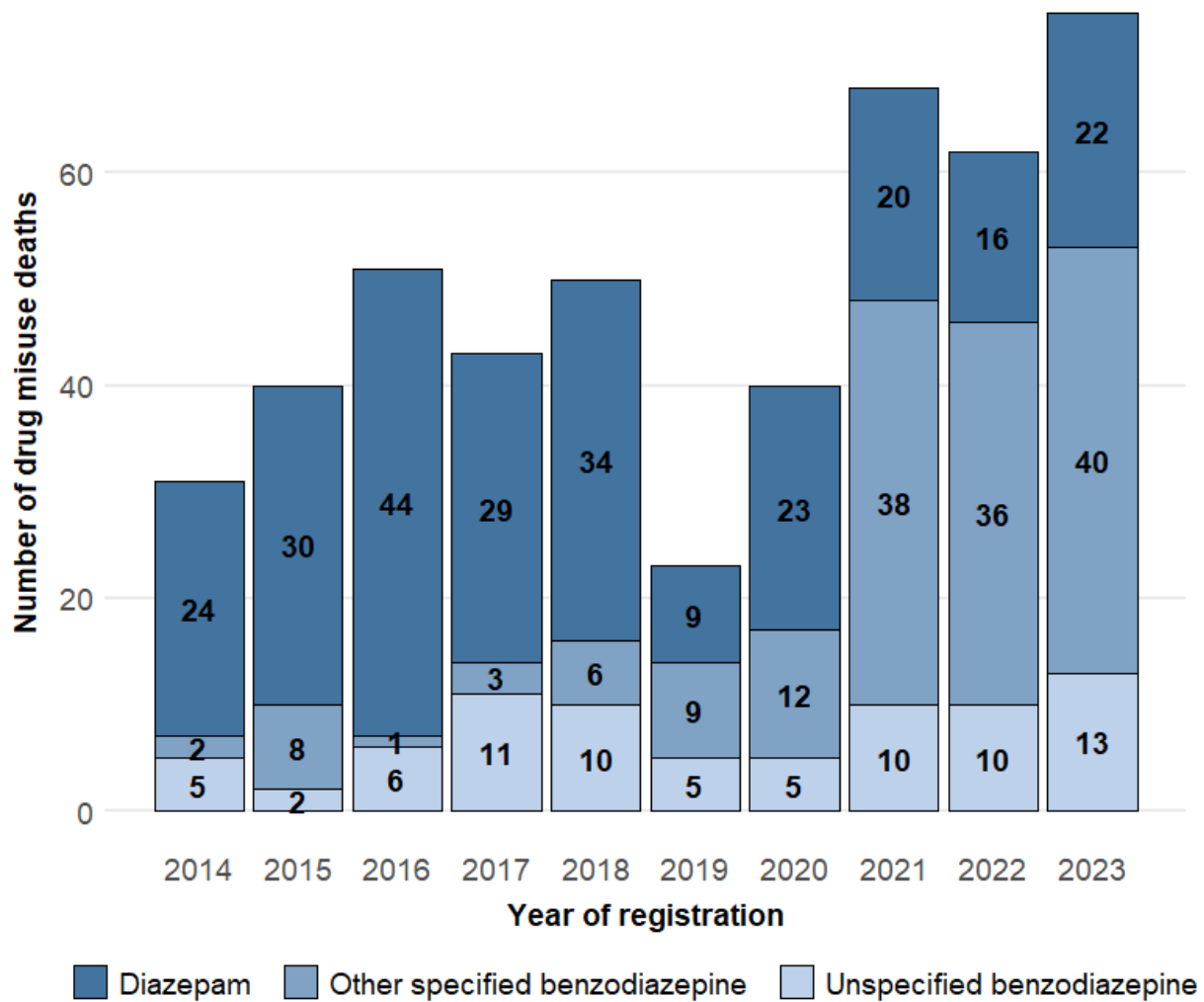
3.5.2 Benzodiazepines

Benzodiazepines were reported in 29.2 per cent of drug misuse deaths registered in 2023 ($n = 74$), representing the second most common substance group reported after opioids. Figure 30 illustrates the number of deaths involving different categories of benzodiazepines. *Please note that an individual may be counted more than once if different benzodiazepines were involved.* The most commonly reported benzodiazepine was Diazepam, reported in 22 deaths in 2023, making it the one of the most common individual substances reported. Other benzodiazepines listed included Bromazolam ($n = 21$), Etizolam ($n = 14$), and Flubromazolam ($n = 8$).

Recent reports have indicated increases in deaths involving benzodiazepines in other regions of the UK. Scotland have seen increases in deaths involving benzodiazepines since 2014.¹ Though a rapid drop was observed in 2022, numbers

¹Drug-related deaths in Scotland, 2023. <https://www.nrscotland.gov.uk/files/statistics/drug-related-deaths/23/drug-related-deaths-23-report.pdf>

have increased in the most recent year. While Etizolam was previously the most common benzodiazepine recorded, this number has dropped off in recent years while deaths involving Bromazolam rapidly increased in 2023, similar to what is being seen in Wales.



Source : ONS 2024

Figure 30: Deaths involving benzodiazepines by year of registration and substance, 2014 to 2023

The median age of deaths involving benzodiazepines was 43.5 years, and 82 per cent were male (see Table 11). The highest EASR was reported in Hywel Dda University Health Board area, accounting for 23.0 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), 2019 to 2023

	2019	2020	2021	2022	2023
Wales					
Number of deaths	22	35	61	57	74
EASR per 100,000 population	0.8	1.2	2.2	2	2.6
Median age (years)	41	40	42	41	43.5
Age range (years)	21-67	20-71	19-65	18-70	24-58
% Male	82%	71%	82%	77%	82%
Health board EASR (n)					
Aneurin Bevan	0.7 (4)	0 (0)	0.4 (2)	1.6 (8)	2.5 (14)
Betsi Cadwaladr	0.3 (2)	0.2 (1)	0.2 (1)	0.3 (2)	0.2 (1)
Cwm Taf Morgannwg	0.7 (3)	2.7 (11)	4.4 (18)	3.5 (15)	4.1 (17)
Cardiff and Vale	1.1 (5)	1.3 (6)	2.5 (11)	1.6 (7)	2.8 (13)
Hywel Dda	0.7 (2)	0.5 (2)	5.1 (16)	3 (10)	5.4 (17)
Powys Teaching	1 (1)	1.9 (2)	0.7 (1)	0.9 (1)	0 (0)
Swansea Bay	1.5 (5)	3.5 (13)	3.4 (12)	4.2 (14)	3.4 (12)

Nearly all deaths involving benzodiazepines involved other substances, particularly opioids. Of the 74 deaths involving benzodiazepines, 59 were listed alongside at least one opioid, 8 alongside only non-opioids (see Figure 31). There were <5 deaths with no other substance recorded.

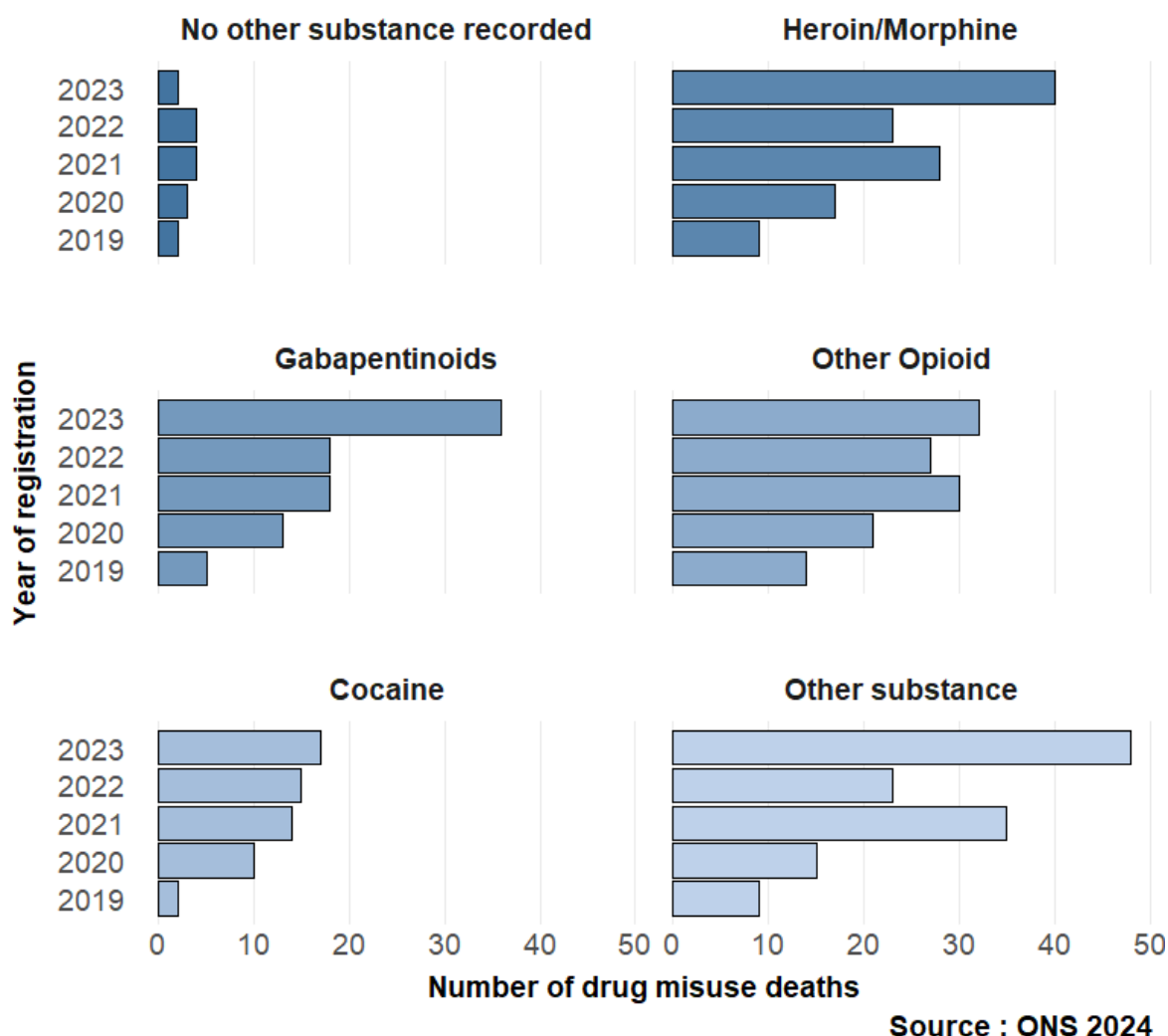
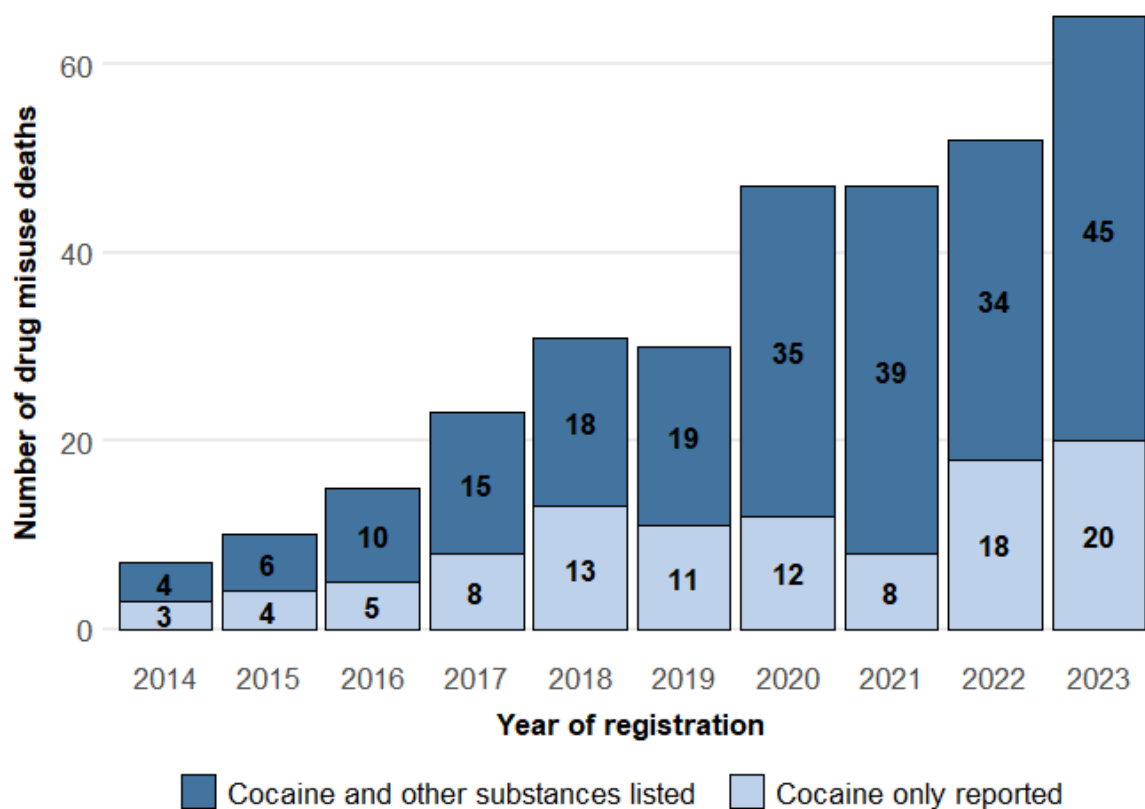


Figure 31: Deaths involving benzodiazepines and additional different substance groups by year of registration, 2019 to 2023

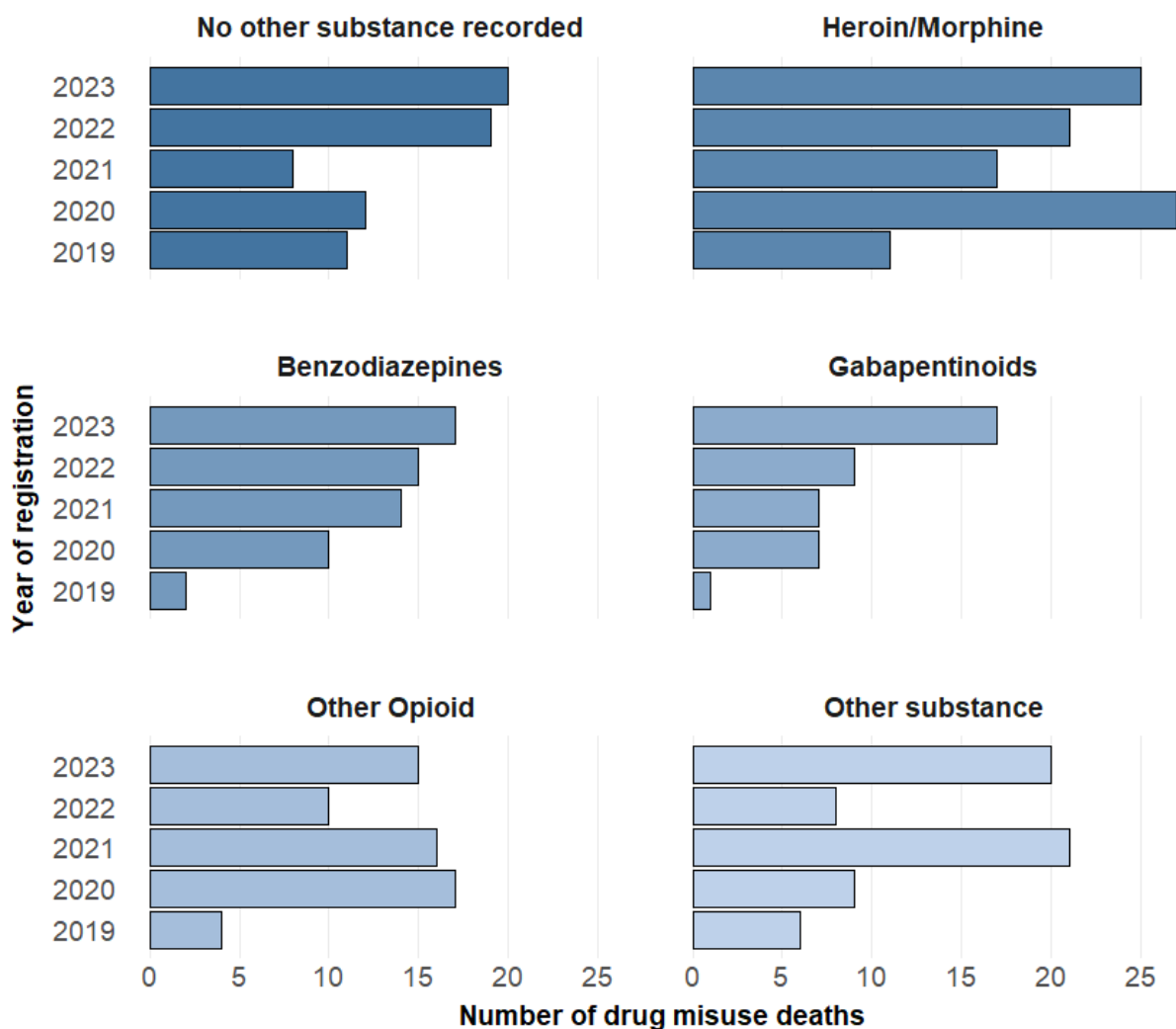
3.5.3 Cocaine

In 2023, cocaine was recorded in 65 deaths, representing 25.7 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 four 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 an increase in the proportion of deaths where cocaine was the only substance listed (see Figure 32). Common substances listed alongside cocaine are heroin/morphine, other opioids, and benzodiazepines, and there has been an increase in 'other substances' (see Figure 33).



Source : ONS 2024

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, 2014 to 2023



Source : ONS 2024

Figure 33: Deaths involving cocaine and additional different substance groups by year of registration, 2019 to 2023

The median age of deaths involving cocaine in 2023 was 41 years (Table 12). 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.

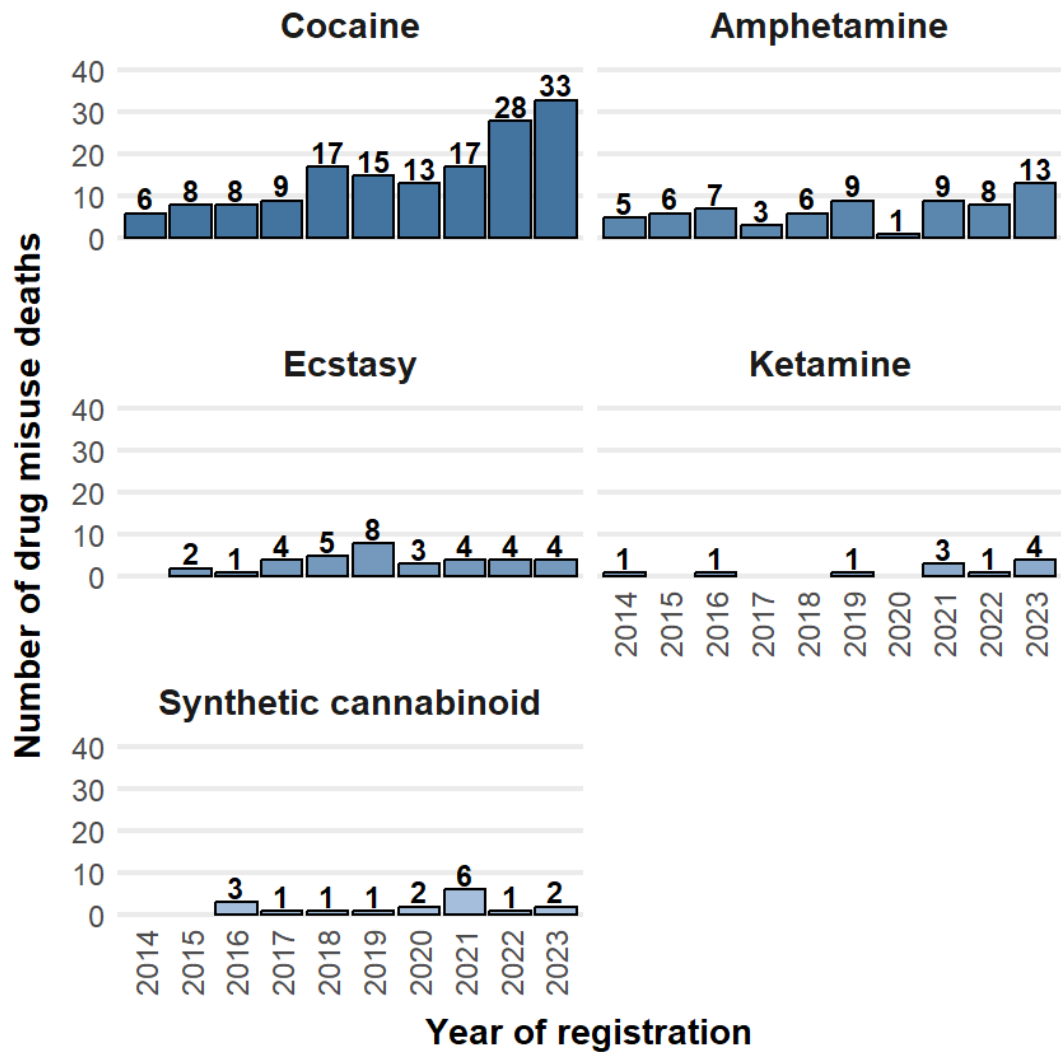
Table 12: Summary demographic data related to deaths involving cocaine, by Health Board, including European age standardised rates (EASR) per 100,000 population (with number of deaths in brackets), 2019 to 2023

	2019	2020	2021	2022	2023
Wales					
Number of deaths	30	47	47	52	65
EASR per 100,000 population	1.0	1.7	1.7	1.8	2.3
Median age (years)	36.5	39	41	36.5	41
Age range (years)	18-60	21-58	19-59	21-62	21-57
% Male	73%	79%	81%	88%	91%
Health board EASR (n)					
Aneurin Bevan	0.2 (1)	0.4 (2)	0.5 (3)	3.1 (16)	3.8 (21)
Betsi Cadwaladr	2 (12)	1.8 (11)	1.7 (10)	1.1 (7)	1.8 (11)
Cwm Taf Morgannwg	0.5 (2)	1.5 (6)	2.1 (9)	1.9 (8)	1.9 (8)
Cardiff and Vale	1.3 (6)	1.2 (5)	1.3 (6)	1 (5)	0.9 (5)
Hywel Dda	0.4 (1)	0 (0)	1.7 (5)	2 (6)	2.9 (9)
Powys Teaching	2.2 (2)	2.3 (2)	0 (0)	1.1 (1)	0 (0)
Swansea Bay	1.6 (6)	5.8 (21)	4 (14)	2.6 (9)	2.9 (11)

3.5.4 Other stimulants and substances

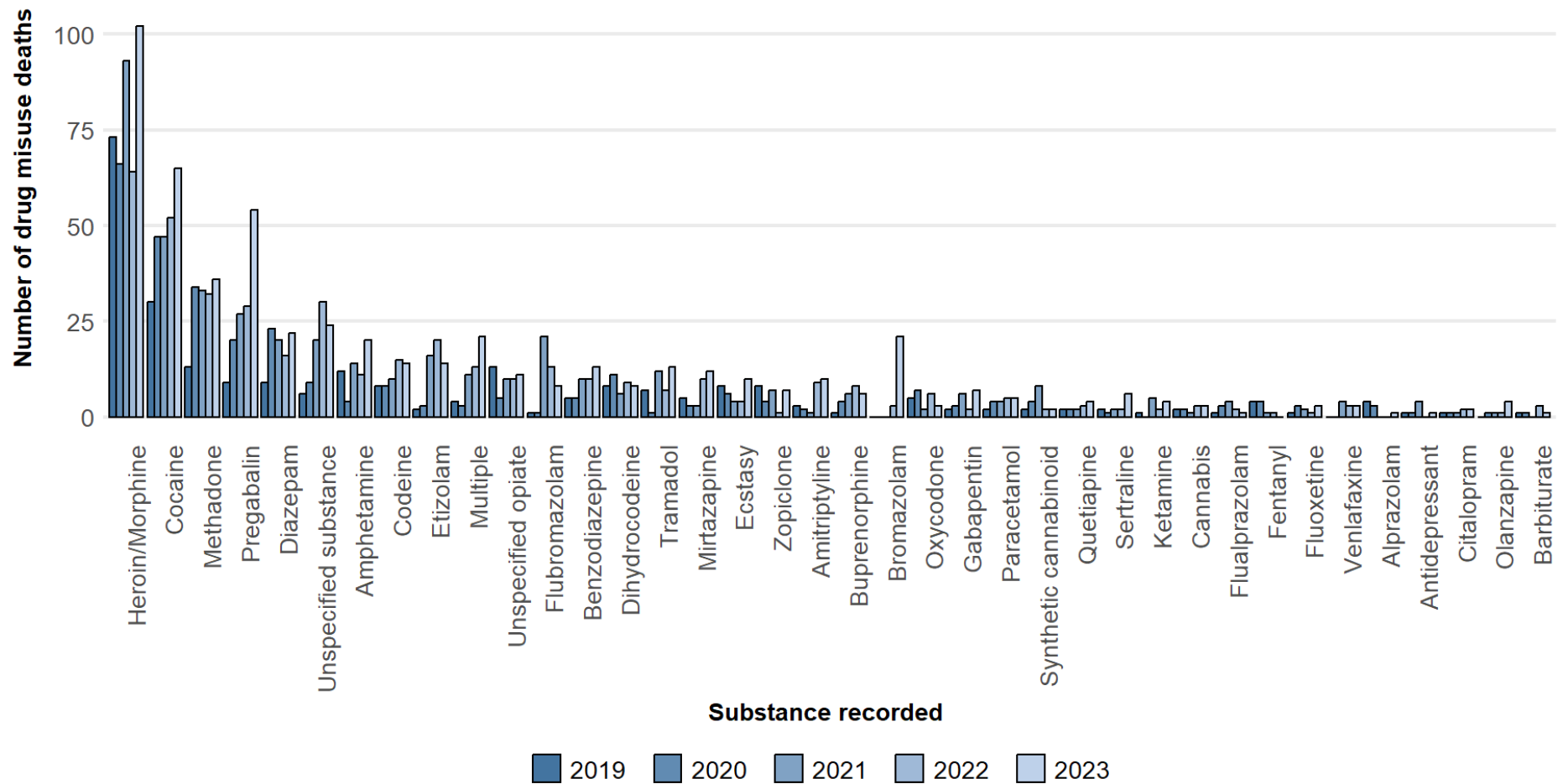
In 2023, 34.0 per cent of drug misuse deaths involved non-opioid substances (n = 86), a decrease of 5 percentage points compared to the previous year. The number of deaths involving non-opioids has generally increased since 2014, excluding 2017 and 2020. The number of non-opioid deaths involving cocaine has consistently increased since 2020 and was the most commonly recorded substance in non-opioid deaths in 2023 (38.4 per cent).

Over the last decade, Ecstasy/MDMA was recorded in 46 drug misuse deaths including deaths that also involved opioids, 32 of which have occurred since 2019 with the highest number seen in 2023. Of these, 35 non-opioid deaths involved Ecstasy/MDMA in the last 10 years and 23 in the last five years, with the highest number in 2019 (See Figure 34).



Source : ONS 2024

Figure 34: Non-opioid deaths involving stimulants and non-specified substances by selected substance and year of registration of death, 2014 to 2023



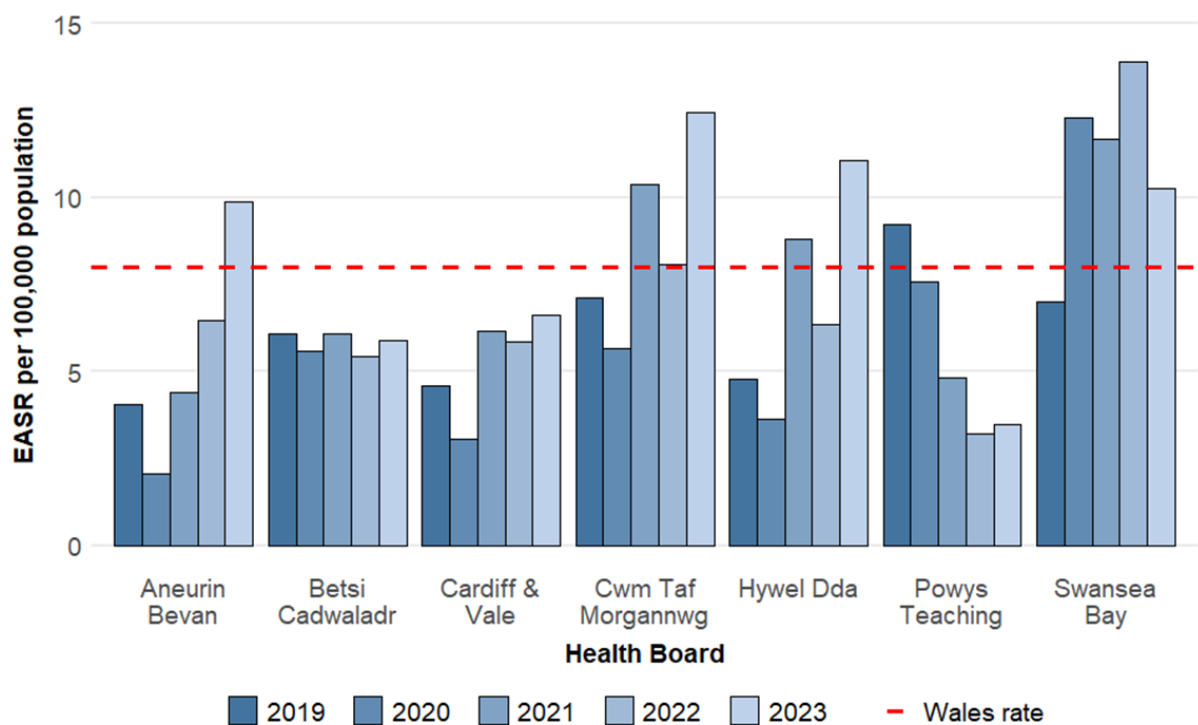
Source : ONS 2024

Figure 35: Number of drug misuse deaths in Wales by substance 2019 to 2023

3.6 Geography

3.6.1 Wales overview

All rates of deaths within this section have been calculated as EASR per 100,000 population. In 2023, the EASR for drug misuse deaths in Wales was 8.8 deaths per 100,000 population. During this period the highest rates were observed in Cwm Taf Morgannwg University Health Board, with a rate of 12.4 deaths per 100,000 population (see Figure 36 and Table 13). The lowest rate of deaths was observed in Powys Teaching Health Board with 3.5 deaths per 100,000 population.



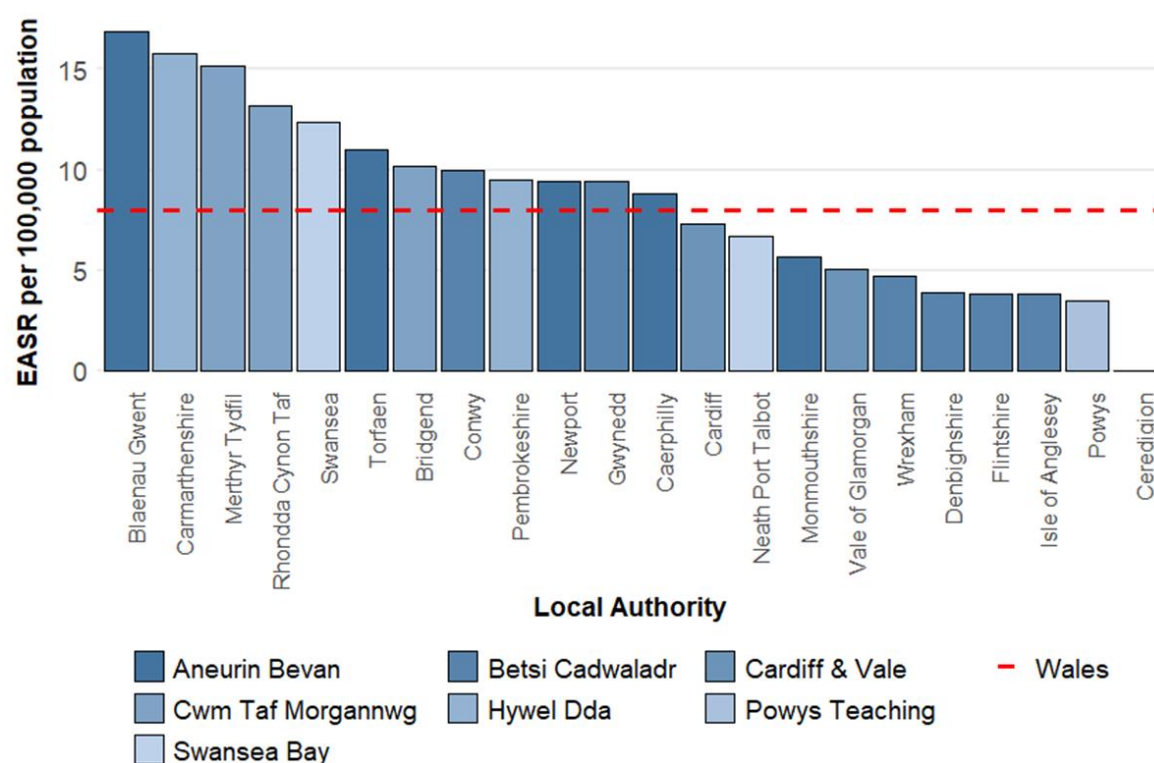
Source : ONS 2024

Figure 36: EASR of drug misuse deaths per 100,000 population by health board, 2019 to 2023

Table 13: EASR per 100,000 population and number of drug misuse deaths by health board, local authority, and year of registration of death, 2019 to 2023 (number of deaths displayed in brackets)

	2019	2020	2021	2022	2023
Aneurin Bevan	4.1 (23)	2.1 (12)	4.4 (24)	6.5 (35)	9.9 (56)
Blaenau Gwent	8.7 (6)	1.7 (1)	5.3 (3)	5 (3)	16.9 (11)
Caerphilly	4.1 (7)	1 (2)	7.1 (12)	8.7 (14)	8.8 (15)
Monmouthshire	3.7 (3)	4.9 (4)	0 (0)	2.3 (2)	5.7 (5)
Newport	2 (3)	1.8 (3)	5.2 (8)	8.6 (13)	9.4 (15)
Torfaen	4.8 (4)	2.3 (2)	1.3 (1)	3.6 (3)	11 (10)
Betsi Cadwaladr	6.1 (39)	5.6 (35)	6.1 (38)	5.4 (35)	5.9 (37)
Conwy	4.6 (5)	5 (5)	9.4 (9)	5.3 (6)	10 (10)
Denbighshire	2.4 (2)	2.5 (2)	2.2 (2)	5.3 (5)	3.9 (4)
Flintshire	3.5 (5)	3.5 (5)	5.7 (8)	2.8 (4)	3.8 (6)
Gwynedd	5.4 (6)	3.9 (4)	5 (6)	8.1 (9)	9.4 (9)
Isle of Anglesey	14.3 (10)	11.4 (7)	1.8 (1)	3.5 (2)	3.8 (2)
Wrexham	8.6 (11)	9.3 (12)	9.4 (12)	7 (9)	4.7 (6)
Cardiff & Vale	4.6 (21)	3.1 (14)	6.2 (29)	5.9 (28)	6.6 (31)
Cardiff	5.3 (17)	3.1 (10)	7.4 (26)	5.5 (19)	7.3 (25)
Vale of Glamorgan	3.2 (4)	3.1 (4)	2.4 (3)	7.2 (9)	5.1 (6)
Cwm Taf	7.1 (30)	5.7 (24)	10.4 (43)	8.1 (34)	12.4 (51)
Merthyr Tydfil	5.7 (3)	7.2 (4)	13.9 (8)	7 (4)	15.2 (8)
Rhondda Cynon Taf	7.7 (17)	4.2 (9)	9.4 (21)	8.7 (19)	13.2 (29)
Bridgend	7 (10)	7.6 (11)	10.6 (14)	7.7 (11)	10.2 (14)
Hywel Dda	4.8 (16)	3.6 (12)	8.8 (29)	6.4 (21)	11.1 (37)
Carmarthenshire	5.4 (9)	4 (7)	8.9 (15)	3.1 (5)	15.8 (27)
Ceredigion	7.2 (4)	5.6 (3)	4.4 (3)	7.8 (5)	0 (0)
Pembrokeshire	2.7 (3)	2.1 (2)	11.2 (11)	10.4 (11)	9.5 (10)
Powys Teaching	9.2 (10)	7.6 (7)	4.8 (6)	3.2 (4)	3.5 (4)
Powys	9.2 (10)	7.6 (7)	4.8 (6)	3.2 (4)	3.5 (4)
Swansea Bay	7 (26)	12.3 (45)	11.7 (41)	13.9 (48)	10.2 (37)
Neath Port Talbot	2.9 (4)	8 (11)	10.1 (13)	13.3 (17)	6.7 (9)
Swansea	9.4 (22)	14.8 (34)	12.7 (28)	14.3 (31)	12.3 (28)
Wales	5.6 (165)	5.1 (149)	7.3 (210)	7.1 (205)	8.8 (253)

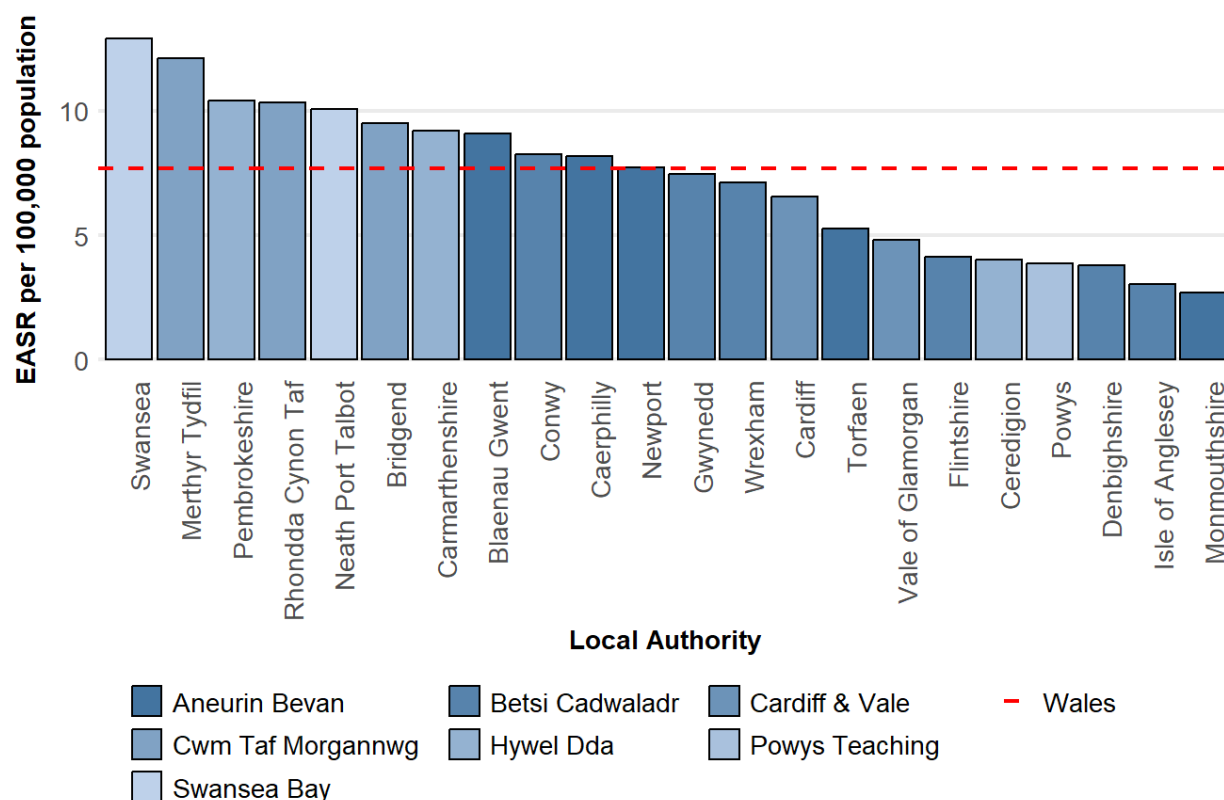
The local authority with the highest rates in 2023 were Blaenau Gwent (16.9 deaths per 100,000 population) and Carmarthenshire (15.8 deaths per 100,000 population) (see Figure 37 and Table 13). The lowest rates were observed in Powys (3.5 deaths per 100,000 population).



Source : ONS 2024

Figure 37: EASR of drug misuse deaths per 100,000 population in Wales by local authority, 2023

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 Merthyr Tydfil were recorded as having the highest EASR per 100,000 population of drug misuse deaths in Wales (see Figure 38). 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.

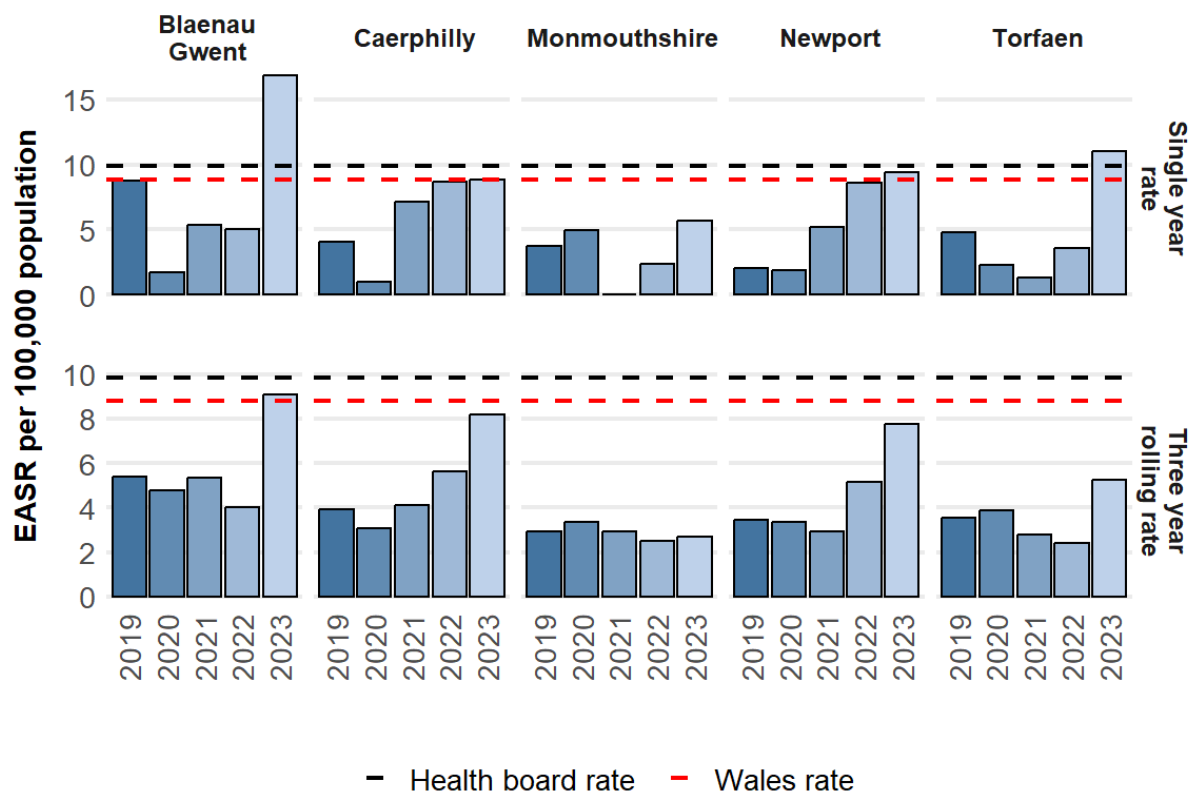


Source : ONS 2024

Figure 38: Three-year rolling average EASR per 100,000 drug misuse deaths in Wales, by local authority, 2021-23

3.6.2 Aneurin Bevan University Health Board (ABUHB)

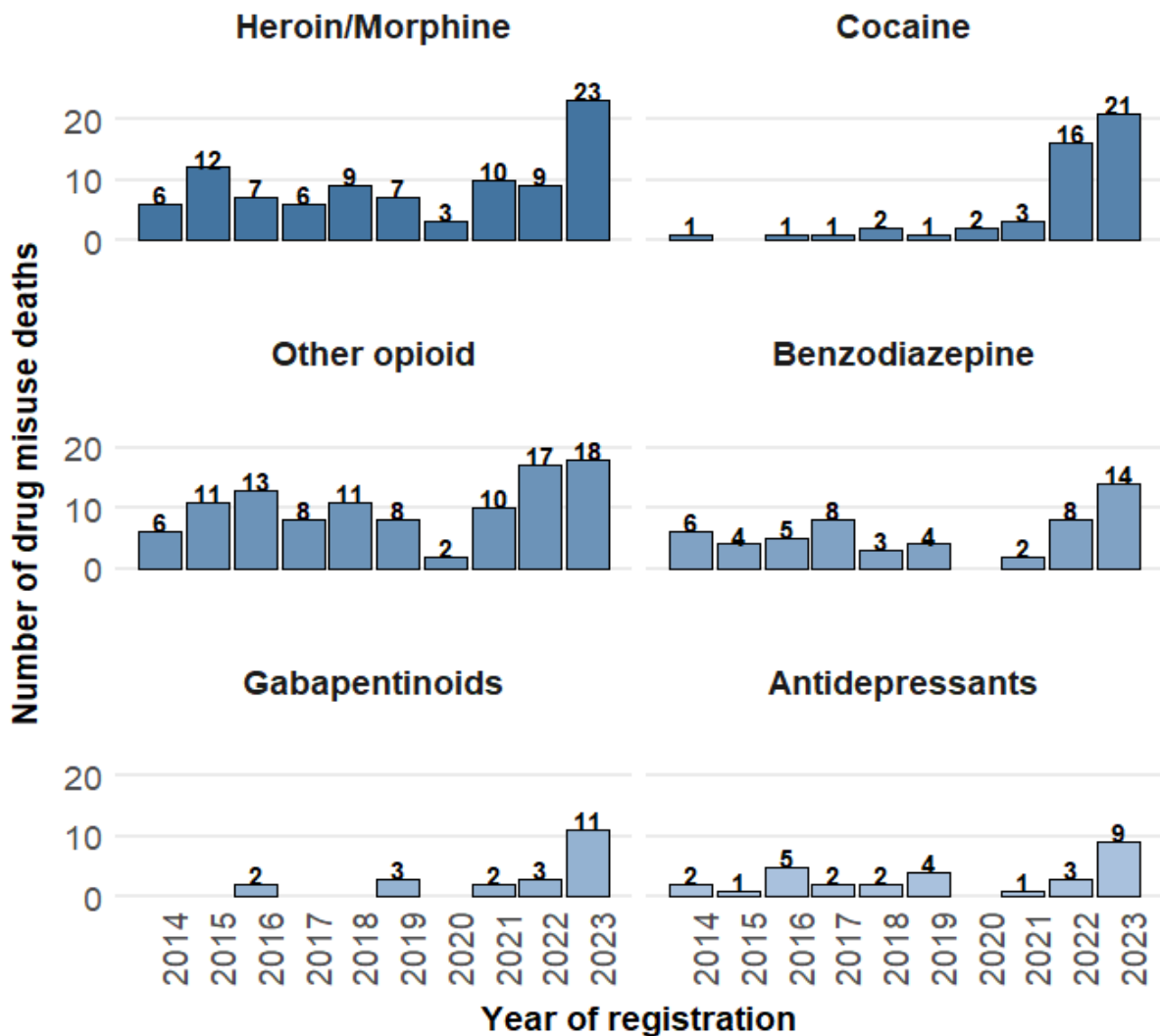
The rate of drug misuse deaths in ABUHB was 9.9 deaths per 100,000 population in 2023, above the national average. This rate has increased compared to the previous year and is higher than the rates of the previous four years. In 2023, Blaenau Gwent, Newport, and Torfaen local authorities were above the national average (see Figure 39). Blaenau Gwent had a higher EASR (16.8) than any other local authority in Wales in 2023 following a large increase from the previous year's rate (5.0).



Source : ONS 2024

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, 2019 to 2023 (the lines show the single-year EASR for 2023)

Opioids were the most commonly recorded substance type in ABUHB recorded in 64.3 per cent of drug misuse deaths in the health board in 2023, of which heroin/morphine were involved in the majority. Cocaine was the second most common substance, recorded in 37.5 per cent of deaths (see Figure 40).

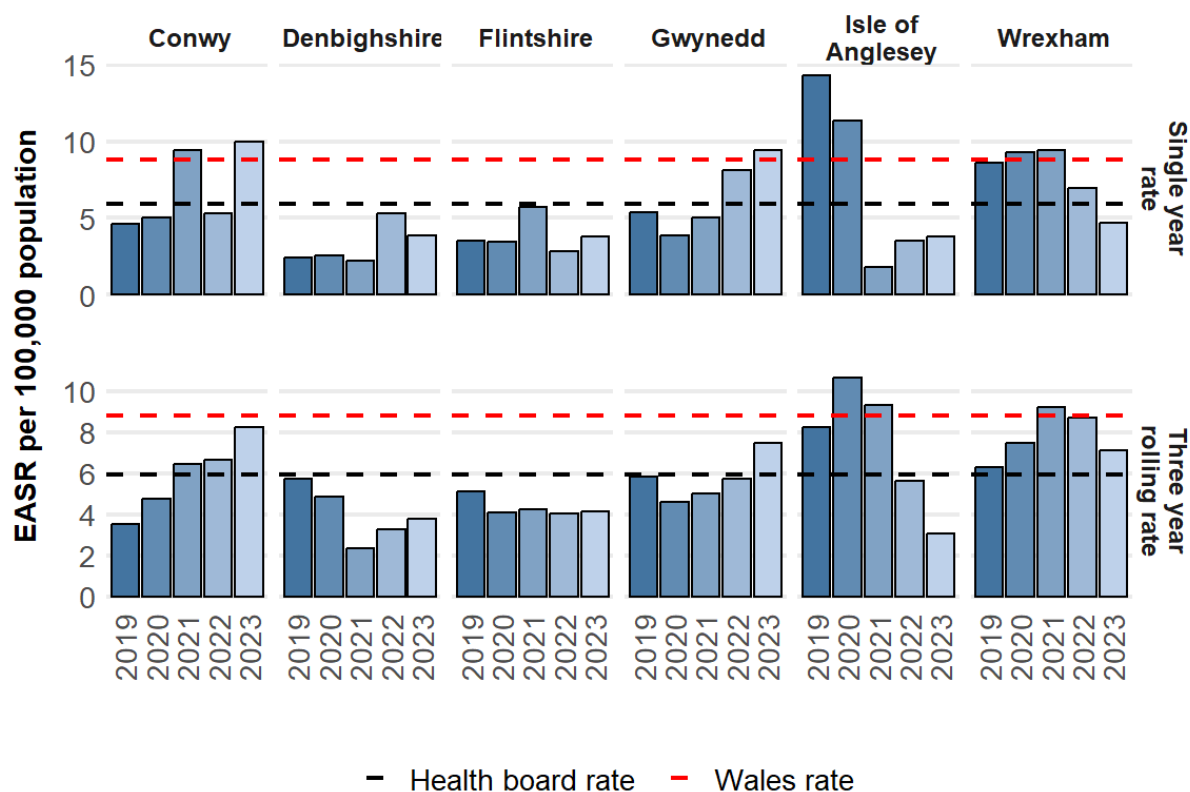


Source : ONS 2024

Figure 40: Number of drug misuse deaths involving the six most reported substance groups in ABUHB, by year, 2014 to 2023

3.6.3 Betsi Cadwaladr University Health Board (BCUHB)

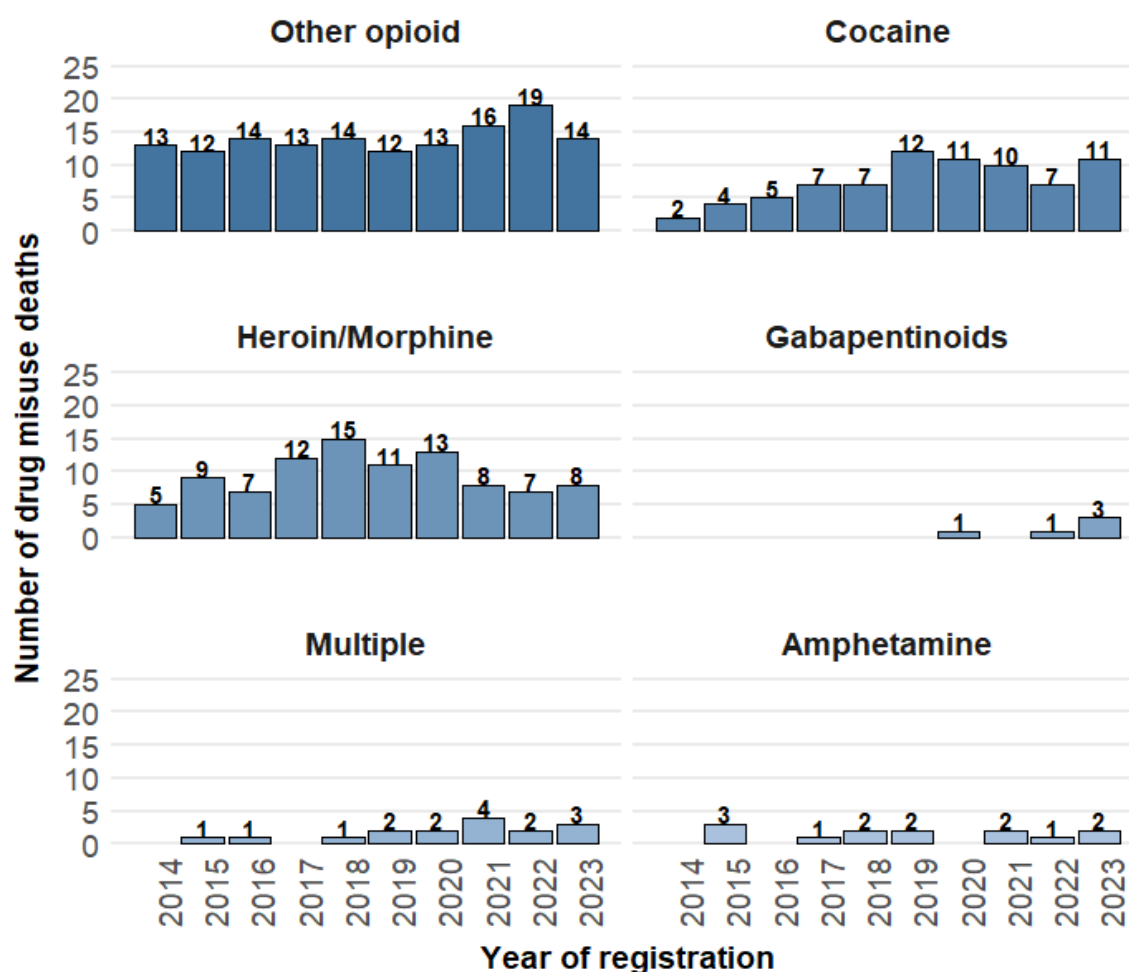
In 2023, a rate of 5.9 drug misuse deaths per 100,000 population was recorded in BCUHB, a slight increase on the previous year (5.4). The only local authorities in this health board area with a rate of deaths higher than the Welsh national average were Conwy and Gwynedd. The EASR three year rolling averages show increasing rates in Conwy and Gwynedd, with all other local authorities in BCUHB generally decreasing (see Figure 41).



Source : ONS 2024

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, 2019 to 2023 (the lines show the single-year EASR for 2023)

In BCUHB, opioids other than heroin/morphine were the most common substance in 2023, recorded in 37.8 per cent of drug misuse deaths. Other opioids included methadone, codeine, and tramadol. Including heroin/morphine, opioids were recorded in 54.1 per cent of deaths in the health board. Other substances included cocaine, gabapentinoids, and amphetamines (see Figure 42).

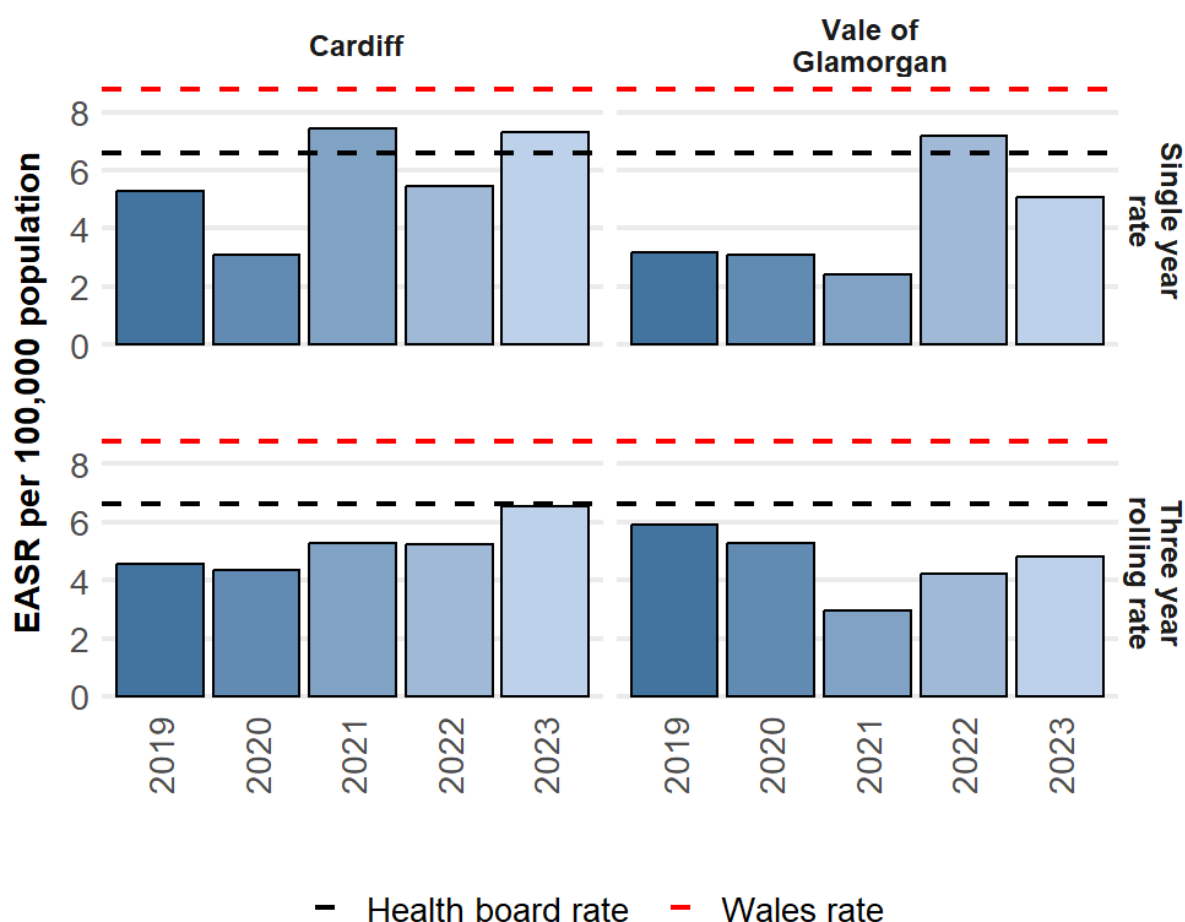


Source : ONS 2024

Figure 42: Number of drug misuse deaths involving the six most reported substance groups in BCUHB, by year, 2014 to 2023

3.6.4 Cardiff and Vale University Health Board

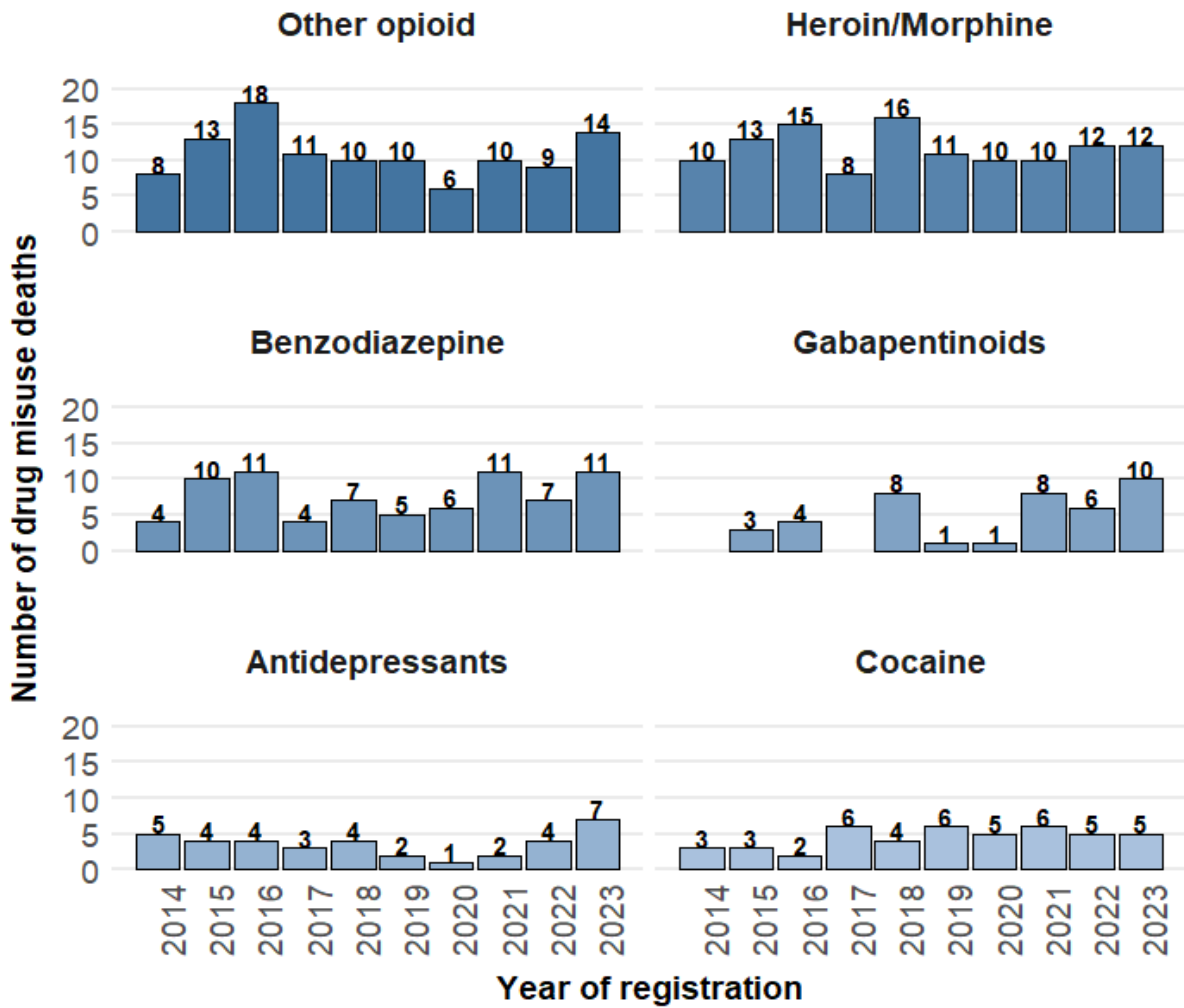
In 2023, there were 6.6 deaths per 100,000 population recorded in Cardiff and the Vale University Health Board, a slight increase on the previous year (5.9). Rates of deaths recorded in Cardiff and Vale University Health Board were below the Welsh average in 2023 (see Figure 43). The three-year rolling average shows that the rate of death in the Vale of Glamorgan is lower than that in Cardiff.



Source : ONS 2024

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, 2019 to 2023 (the lines show the single-year EASR for 2023)

Opioids were recorded in 80.6 per cent of drug misuse deaths in CVUHB in 2023. Of these, heroin/morphine was recorded in 48 per cent of opioid deaths, with more deaths recording opioids other than heroin/morphine. Methadone made up the majority of 'other opioids' recorded in CVUHB deaths in 2023. Benzodiazepines and gabapentinoids were also commonly recorded in the health board (see Figure 44).



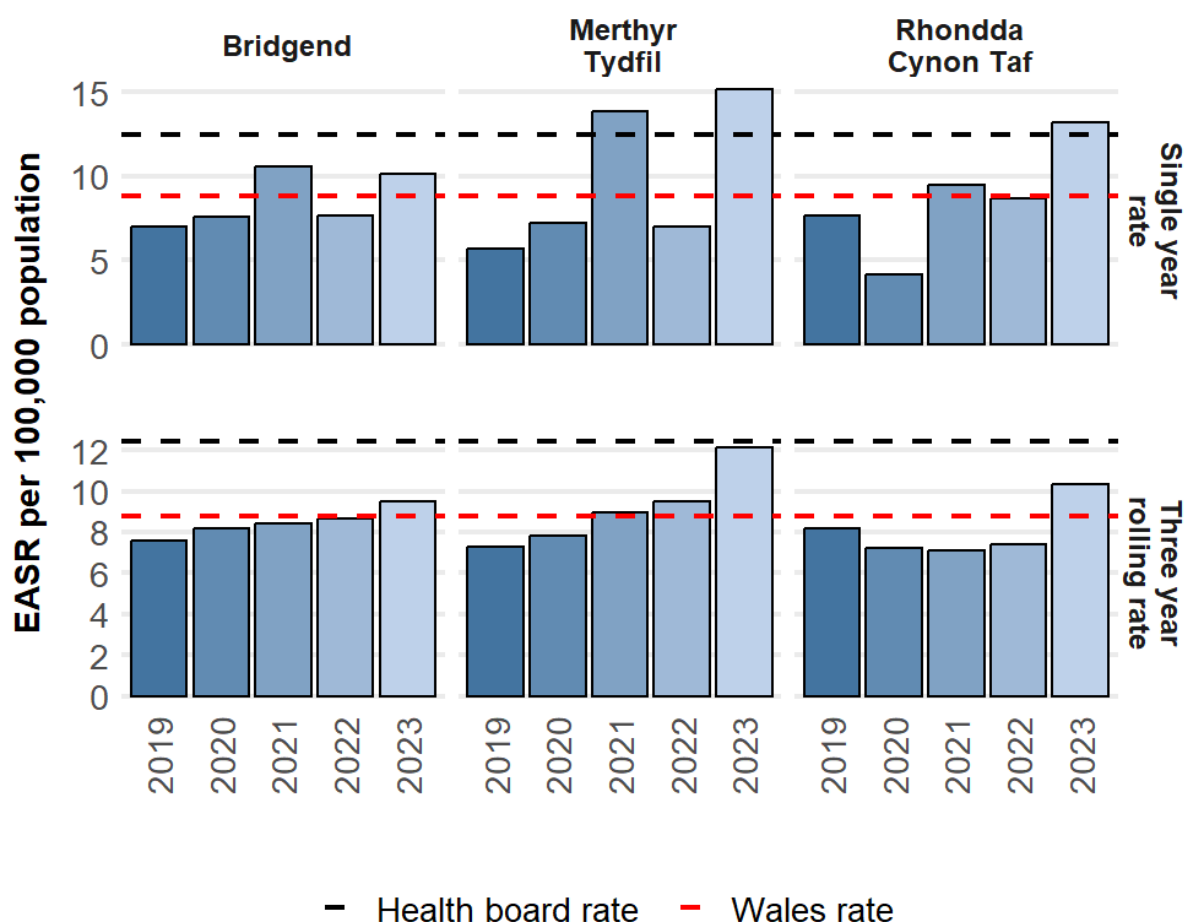
Source : ONS 2024

Figure 44: Number of drug misuse deaths involving the six most reported substance groups in CVUHB, by year, 2014 to 2023

3.6.5 Cwm Taf Morgannwg University Health Board (CTMUHB)

In 2023, the rate of drug misuse deaths was 12.4 per 100,000 population in CTMUHB higher than the Welsh average and a marked increase from the previous year (8.1). CTMUHB had the highest rate of drug misuse deaths in Wales in the most recent year.

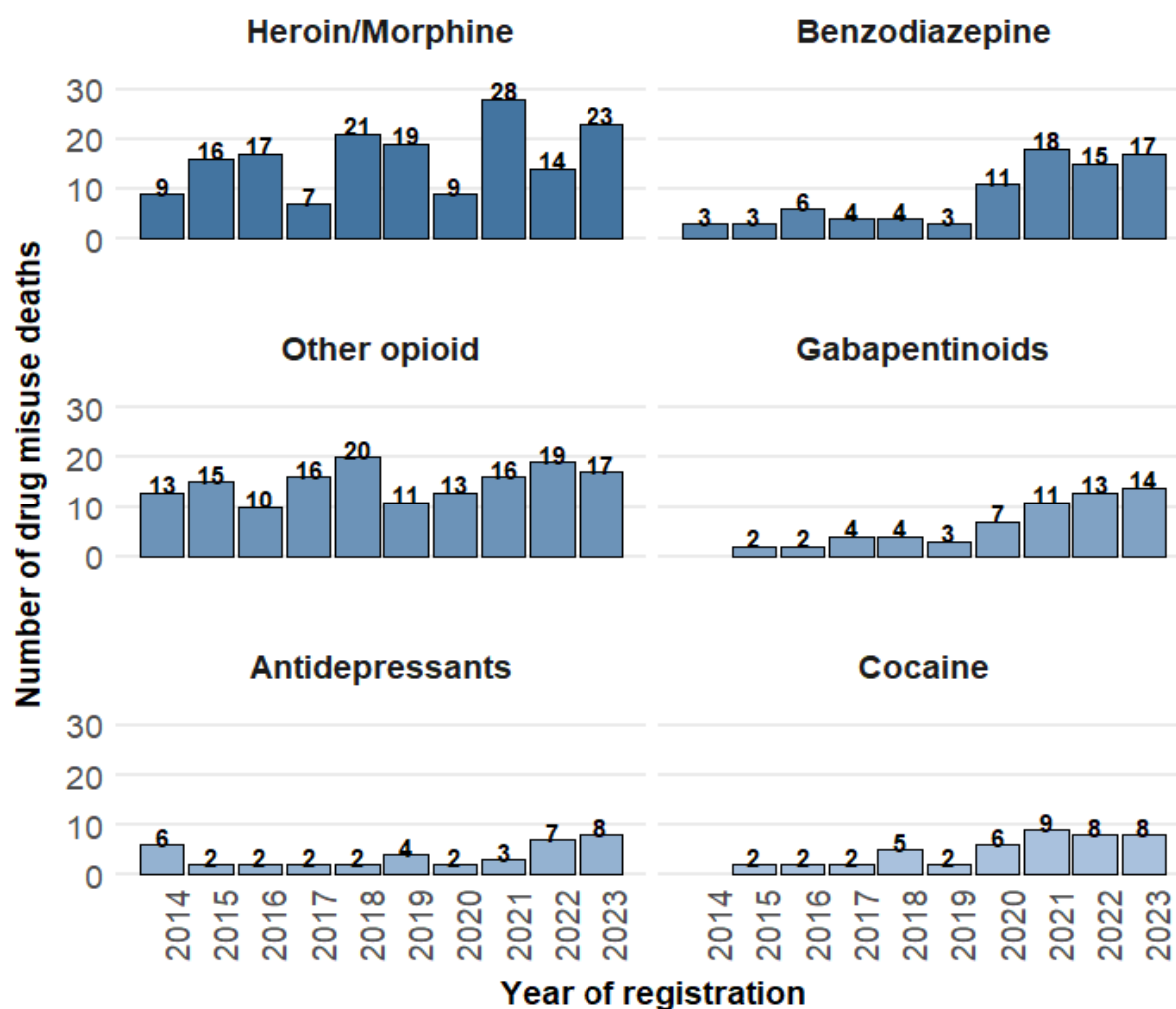
All local authorities in the health board had a higher rate of death than the national average in Wales (see Figure 45). The three-year rolling average shows that deaths in Bridgend and Merthyr Tydfil have been increasing in recent years, and Rhondda Cynon Taf is now increasing following a previous declining trend.



Source : ONS 2024

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, 2019 to 2023 (the lines show the single year EASR for 2023)

In CTMUHB, heroin/morphine was recorded in 45.1 per cent of drug misuse deaths in 2023, followed by benzodiazepines and 'other opioids' which were each recorded in 33.3 per cent of deaths (see Figure 46). Any opioid was recorded in 68.6 per cent of deaths and most commonly included heroin/morphine, methadone, and tramadol.

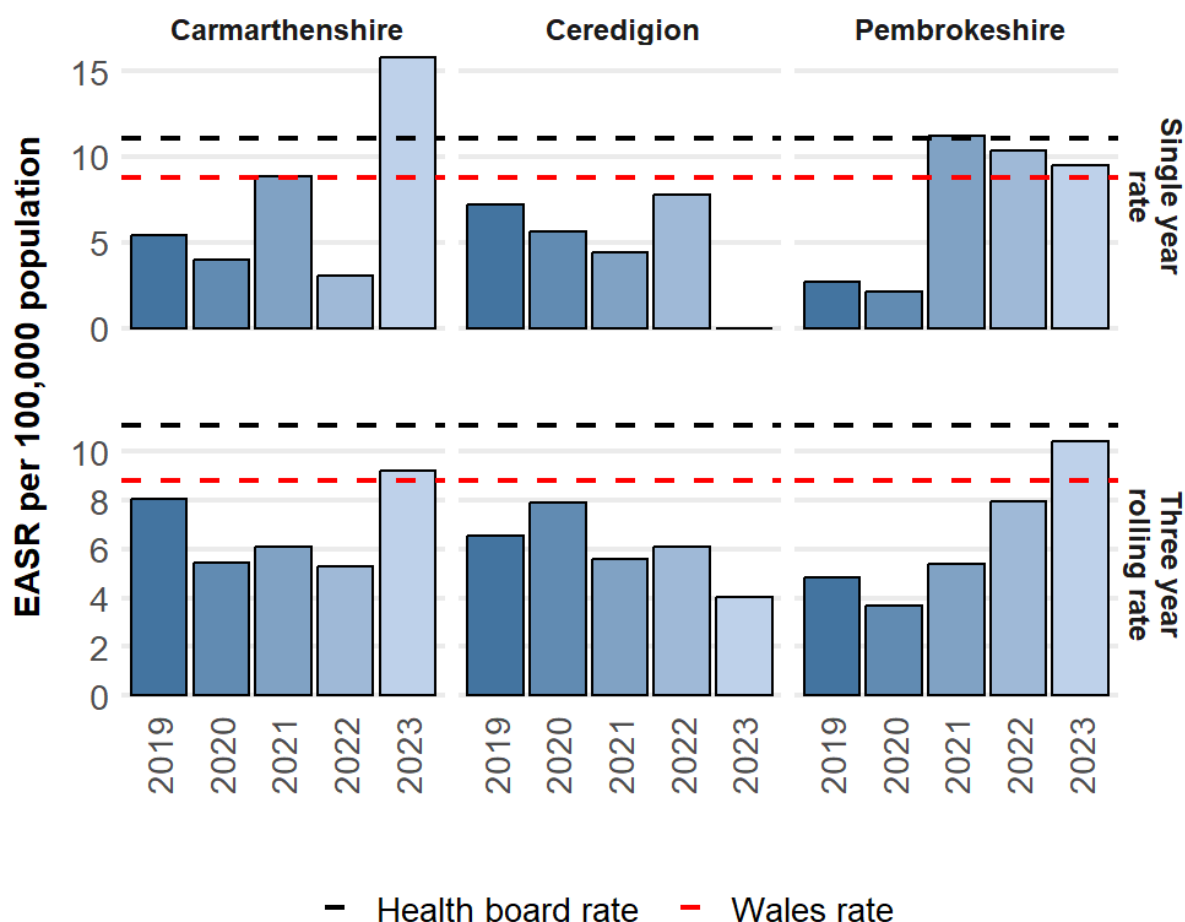


Source : ONS 2024

Figure 46: Number of drug misuse deaths involving the six most reported substance groups in CTMUHB, by year, 2014 to 2023

3.6.6 Hywel Dda University Health Board (H DUHB)

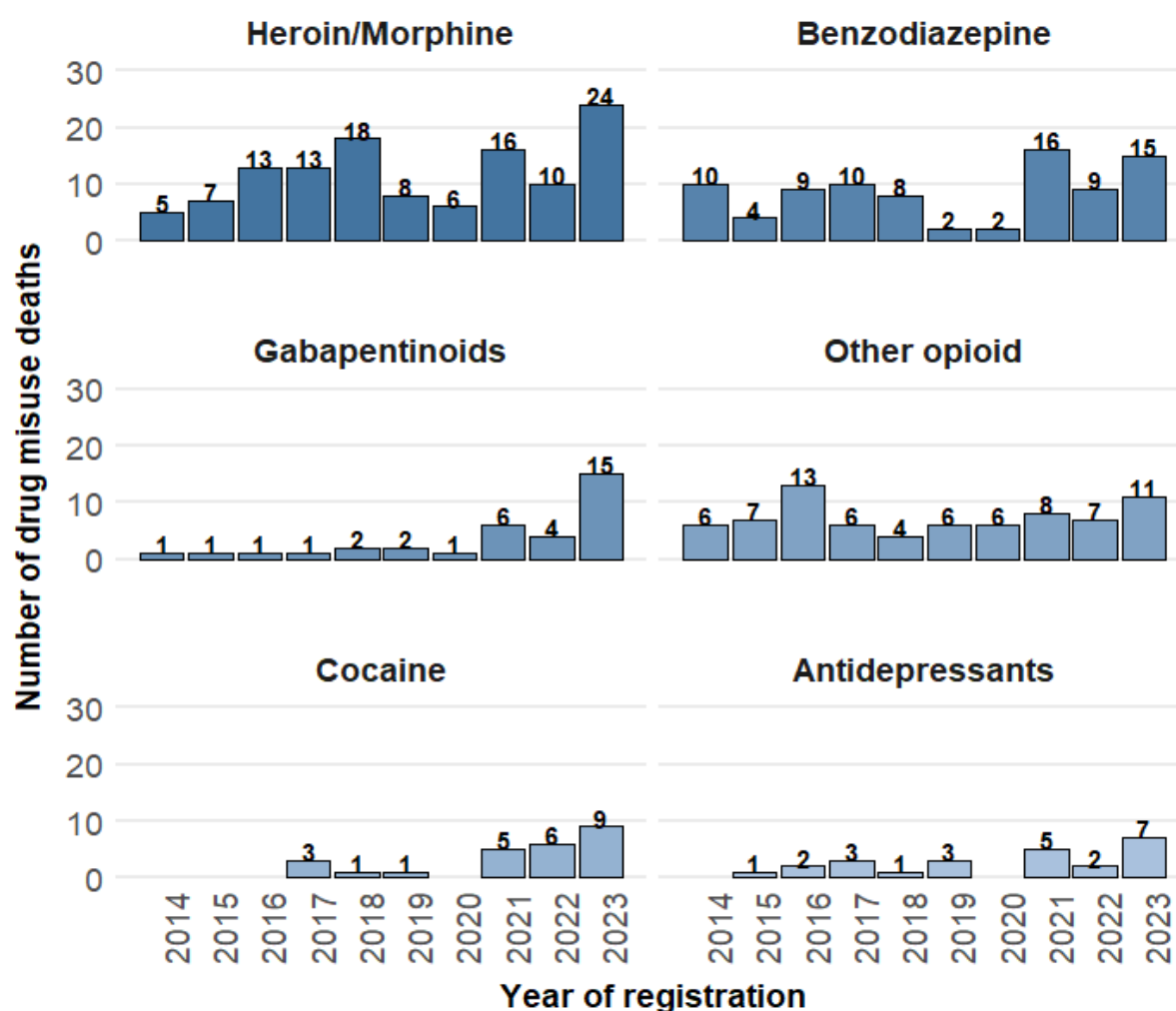
In 2023, a rate of 11.1 per 100,000 population drug misuse deaths were recorded in H DUHB, above the Welsh national average and a substantial increase from the previous year's rate (6.4). Carmarthenshire saw a large increase in the rate of deaths from 3.1 in 2022 to 15.8 in 2023. No deaths were registered in Ceredigion in 2023. The three-year rolling average of the rate of deaths in Carmarthenshire and Pembrokeshire have increased substantially, while the rate of deaths in Ceredigion has decreased (see Figure 47).



Source : ONS 2024

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, 2019 to 2023 (the lines show the single-year EASR for 2023)

In 2023, opioids were recorded in 86.5 per cent of drug misuse deaths in HDUHB, of which 75 per cent recorded heroin/morphine. Other substances included benzodiazepines, gabapentinoids, and cocaine (see Figure 48).

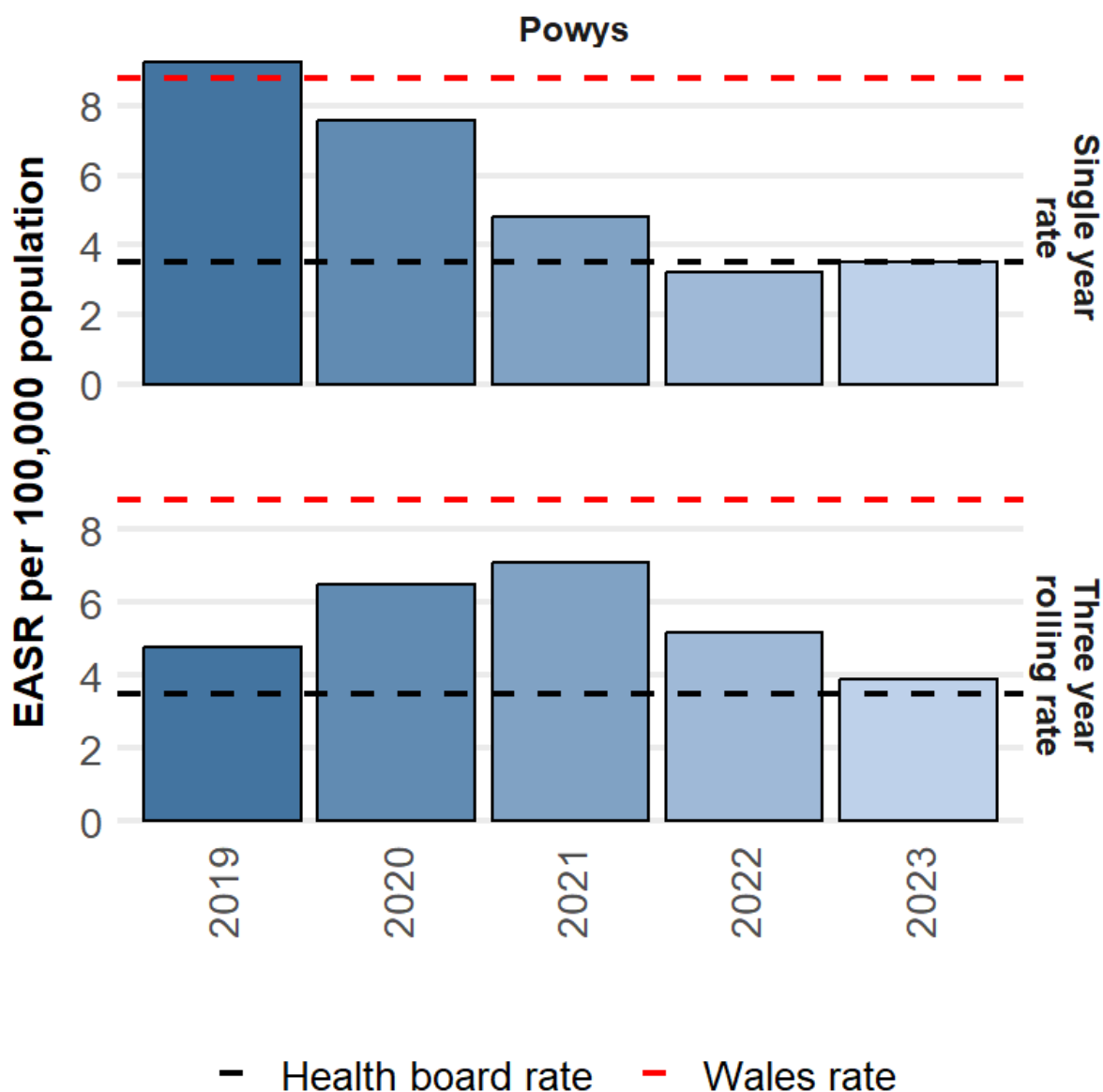


Source : ONS 2024

Figure 48: Number of drug misuse deaths involving the six most reported substance groups in HDUHB, by year, 2014 to 2023

3.6.7 Powys Teaching Health Board

In 2023, 3.5 drug misuse deaths per 100,000 population were recorded in Powys, lower than the national average and a slight increase from the previous year (3.2). Powys was therefore below the Welsh average and the three-year rolling average indicates a decreasing trend in recent years (see Figure 49). Numbers and trends in Powys should be interpreted with caution due to consistently low numbers.



Source : ONS 2024

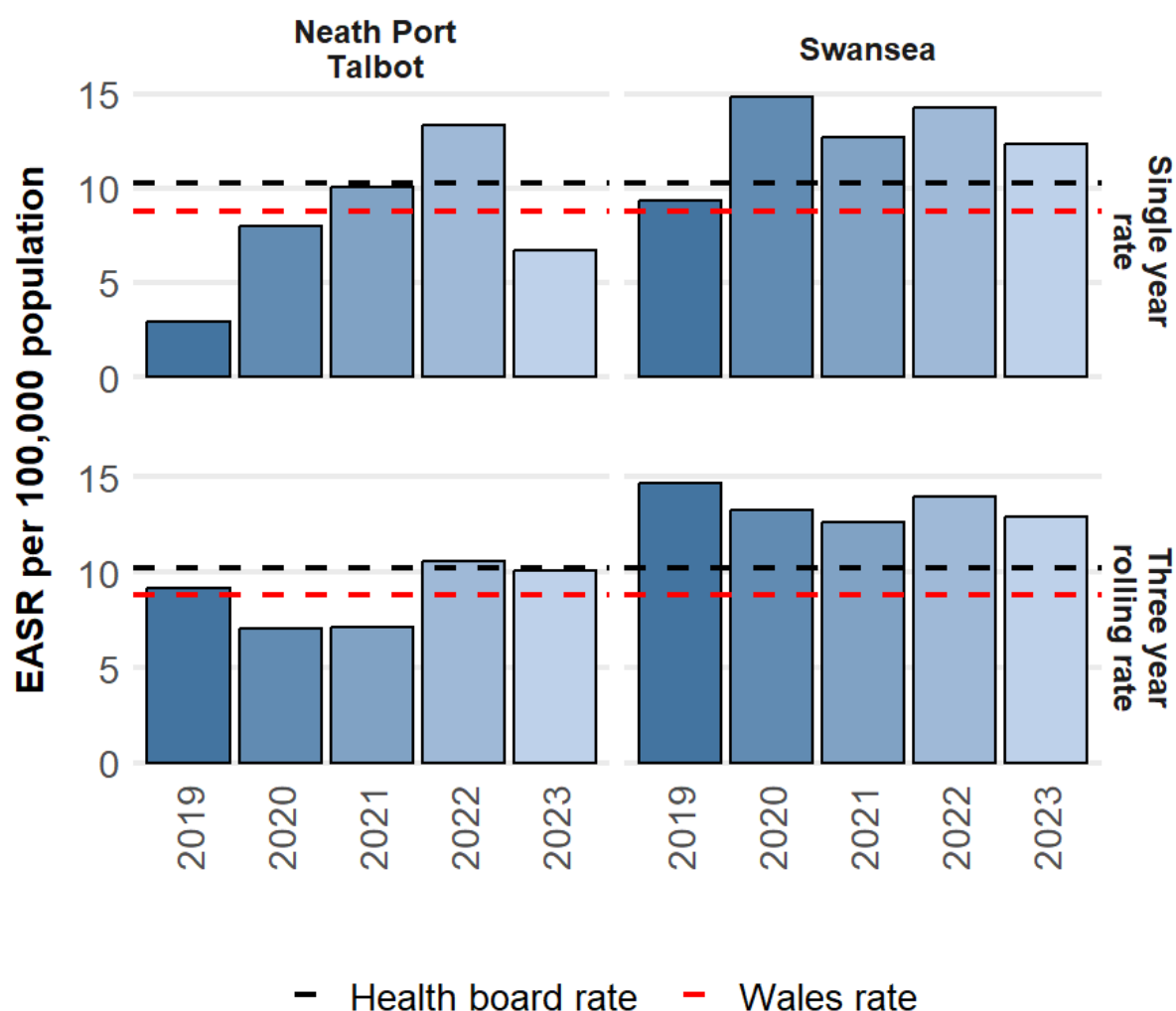
Figure 49: EASR per 100,000 population of drug misuse deaths in local authorities in PTHB, by year, calculated using one and three years of data, 2019 to 2023 (the lines show the single-year EASR for 2023)

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 2023 there was:

- One death involving heroin/morphine
- One death involving amphetamines
- One death involving antidepressants
- One death involving paracetamol

3.6.8 Swansea Bay University Health Board (SBUHB)

In 2023, 10.2 drug misuse deaths per 100,000 population were recorded in SBUHB, above the Welsh national average but a decrease from the previous year (13.9). SBUHB was the only health board with a decreasing rate in 2023. Both local authorities in the health board decreased in the previous year, with Neath Port Talbot declining below the Welsh rate. The rolling average of the rate of deaths in both local authorities in the health board have decreased slightly compared to the previous year (see Figure 50).

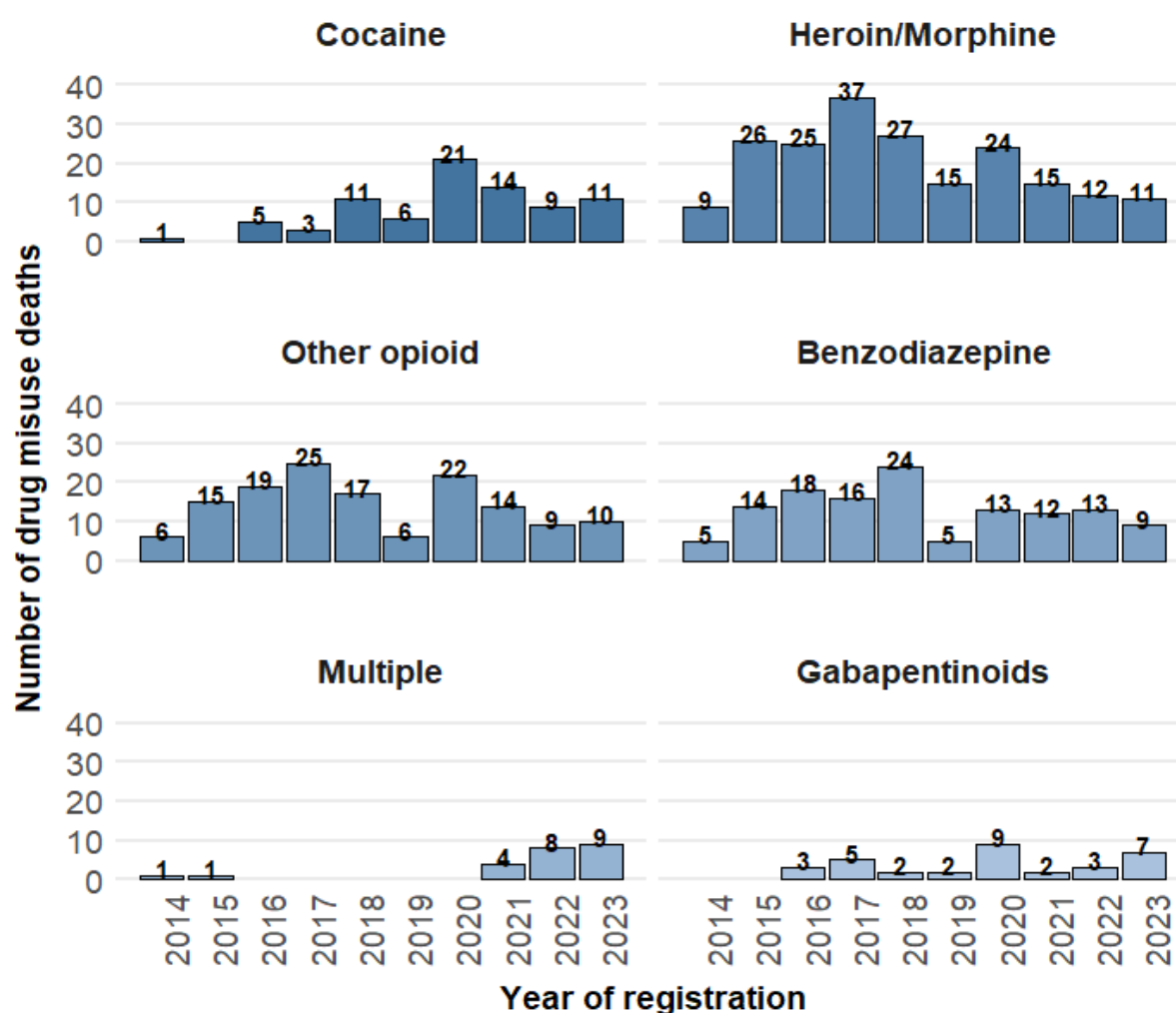


Source : ONS 2024

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, 2019 to 2023 (the lines show the single year EASR for 2023)

In SBUHB, cocaine was recorded in the same number of deaths as heroin/morphine, making these the two most commonly reported substances in the health board in 2023, each recorded in 29.7 per cent of drug misuse deaths. Any opioid was

recorded in 48.6 per cent of deaths and most commonly included heroin/morphine and methadone. Benzodiazepines were also recorded in 24.3 per cent of deaths (see Figure 50).



Source : ONS 2024

Figure 51: Number of drug misuse deaths involving the six most reported substance groups in SBUHB, by year, 2014 to 2023

4 Fatal and Non-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). To date, a total of 1,469 fatal and 1,494 non-fatal drug poisoning reviews have been conducted since implementation (see Table 14).

Table 14: Total cumulative number of fatal and non-fatal drug poisoning reviews conducted by Health Board, 2014 to 2023

	Fatal DP Reviews	Non-fatal DP reviews
Aneurin Bevan	175	23
Betsi Cadwaladr	156	0
Cardiff & Vale	220	11
Cwm Taf	382	141
Hywel Dda	162	0
Powys Teaching	34	2
Swansea Bay	340	1317
Wales	1469	1494

* Fatal drug poisoning review process implemented in 2016

**With the exception of data from 2014/15, individuals residing in Bridgend have been assigned to Cwm Taf Morgannwg rather than Swansea Bay. Figures may be different to those previously published.

Whilst the fatal drug poisoning review process has been fully implemented across all health board regions, currently only one region, SBUHB, 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 2023, in line with the calendar year reporting period for the Office for National Statistics (ONS).

4.1 Fatal Drug Poisoning Reviews

In 2023, 201 fatal drug poisoning reviews were conducted across the seven health board areas in Wales (see Table 15). This is lower than the previous year (14.8 percent decrease) when the number of reviews peaked, and therefore represents the first year since implementation in which the number of fatal drug poisoning reviews undertaken has decreased, excluding 2020.

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

	2014/15*	2016	2017	2018	2019	2020	2021	2022	2023	Total
Aneurin Bevan	21	16	17	26	13	22	22	24	14	175
Betsi Cadwaladr	-	7	17	16	27	32	20	11	26	156
Cardiff & Vale	11	15	11	28	19	30	29	37	39	219
Cwm Taf Morgannwg	38	29	30	34	34	52	46	69	47	379
Hywel Dda	11	19	16	17	20	28	17	23	11	162
Powys	1	0	0	3	8	7	7	6	2	34
Swansea Bay	1	28	29	11	26	47	70	66	62	340
Wales	83	114	120	135	147	218	211	236	201	1465

Comparisons with Drug Misuse Death data (ONS, 2024) detailed earlier in this report indicate that the proportion of fatal drug poisoning cases being reviewed across Wales in 2023 is lower (79.4 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 16: Fatal Drug Poisoning Reviews and ONS Drug Misuse Deaths, 2014 to 2023

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Fatal drug poisoning case reviews	29	54	114	120	135	147	218	211	236	201
Drug Misuse Deaths reported by ONS (year of registration)†	113	168	192	185	208	165	149	210	205	253
Drug Misuse Deaths reported by ONS (actual year of death)†	153	186	183	176	224	193	222	204	215	-
% case reviews vs. reported by ONS (year of registration)	25.7%	32.1%	59.4%	64.9%	64.9%	89.1%	146.3%	100.5%	115.1%	79.4%
% case reviews vs. reported by ONS (actual year of death)	19.0%	29.0%	62.3%	68.2%	60.3%	76.2%	98.2%	103.4%	109.8%	-

†Office for National Statistics (2024) Deaths related to drug poisoning in England and Wales: 2023 registrations

4.1.1 Demographics

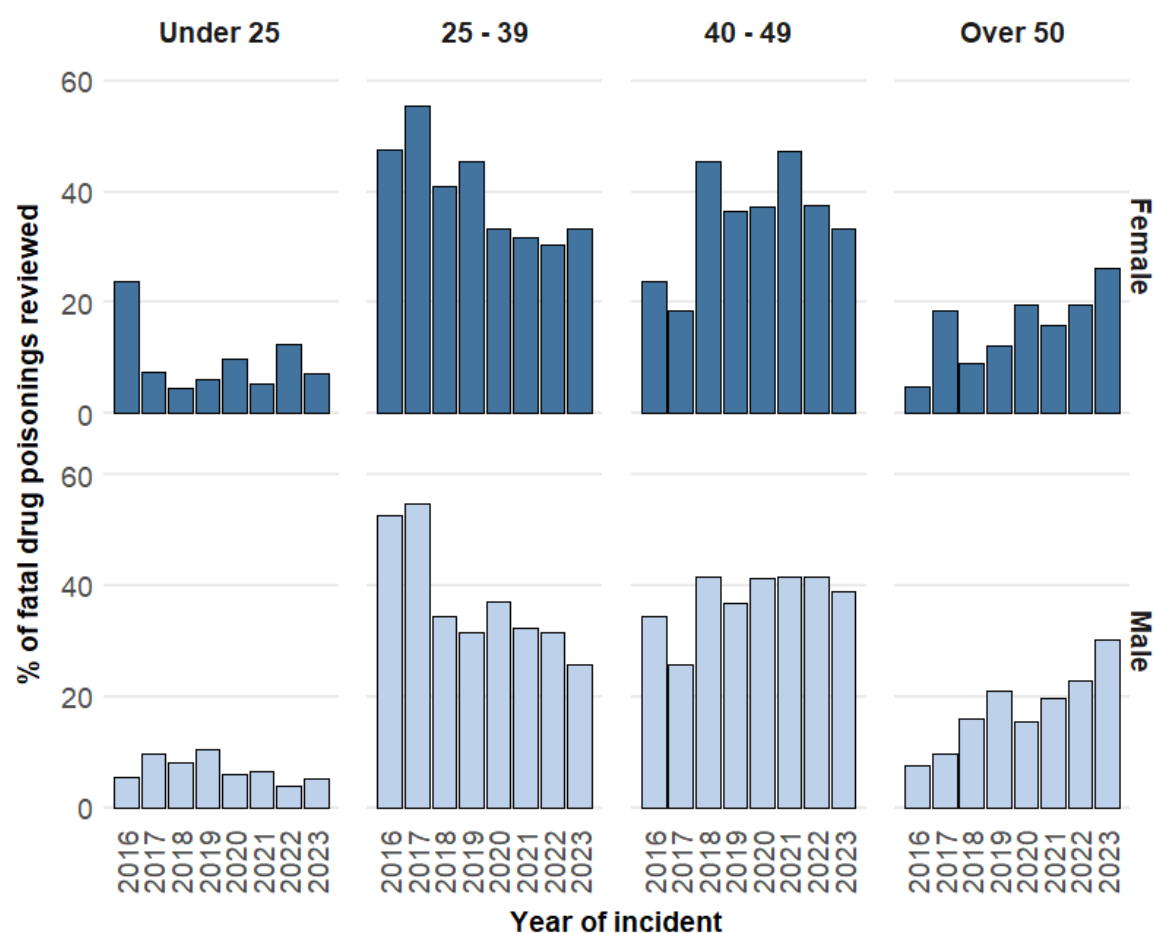
The most common age band reported overall was the 40-44 years age group, representing 21.4 per cent (n=43) of fatal poisoning reviews. In 2023, the median age is 44, slightly higher than 2022. In females, there was an increase in the proportion of deaths reviewed for those aged over 50 but a decrease in those between 40 and 49. Among males, the proportion of deaths reviewed in those

aged over 50 continue to increase, but a decrease in those aged between 25 and 39 was observed. Comparisons of median ages and age group distribution (see Table 17 and Figure 51) between male and female cases were similar, with median age of 44 years being reported for males and 41.5 for females.

Table 17: Fatal drug poisoning review demographics in Wales, 2016 to 2023

	2016	2017	2018	2019	2020	2021	2022	2023
Fatal drug poisonings reviewed	114	120	135	147	218	211	236	201
% Male	81.6%	77.5%	83.7%	77.6%	76.6%	82.0%	76.3%	79.1%
Median age (years)	37.5	36.5	41	40	41	42	43	44
Minimum age (years)	19	16	15	13	17	10	12	15
Maximum age (years)	56	78	65	69	67	63	84	71
% Under 25 years	8.8%	9.2%	7.4%	9.5%	6.9%	6.2%	5.9%	5.5%
% Over 50 years	7.0%	11.7%	14.8%	19.0%	16.5%	19.0%	22.0%	29.4%
% in non Stable housing /NFA	40.8%	26.3%	32.5%	33.0%	41.5%	43.2%	46.4%	46.5%

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



Source: Harm Reduction Database November 2024

Figure 52: Sex and age range at time of death for fatal drug poisoning cases reviewed in Wales, 2016 to 2023

Housing status information is sought for all cases reviewed, and 42.8 percent responded (n=86) in 2023, a decrease from the previous year. Where known to

services 46.5 per cent 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 has increased over the last seven years since 2017. Experimental statistics published by the ONS suggests that deaths relating to drug poisoning amongst the homeless may be decreasing across England and Wales in recent years.²

4.1.2 Circumstances and nature of death

Location of fatal drug poisoning

Location of death was recorded for 54.7 per cent (n=110) of all fatal drug poisonings reviewed during 2023. Private residences remain the most common location of fatal drug poisonings, where recorded, representing 86.4 per cent of cases reviewed across Wales (n=95). Compared to previous years, the occurrence of fatal drug poisonings within private residence, specifically within own home, with decreases being reported hostels, other home, and public places which may indicate an emerging trend (see Figure 53).

Where reported (n=114), 90.4 per cent (n=103) of fatal drug poisoning cases were pronounced dead at the scene. The remaining 9.6 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.

² Deaths of homeless people in England and Wales: 2021 registrations. 2022. Office for National Statistics.

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsofhomelesspeopleinenglandandwales/2021registrations#causes-of-death-among-homeless-people>

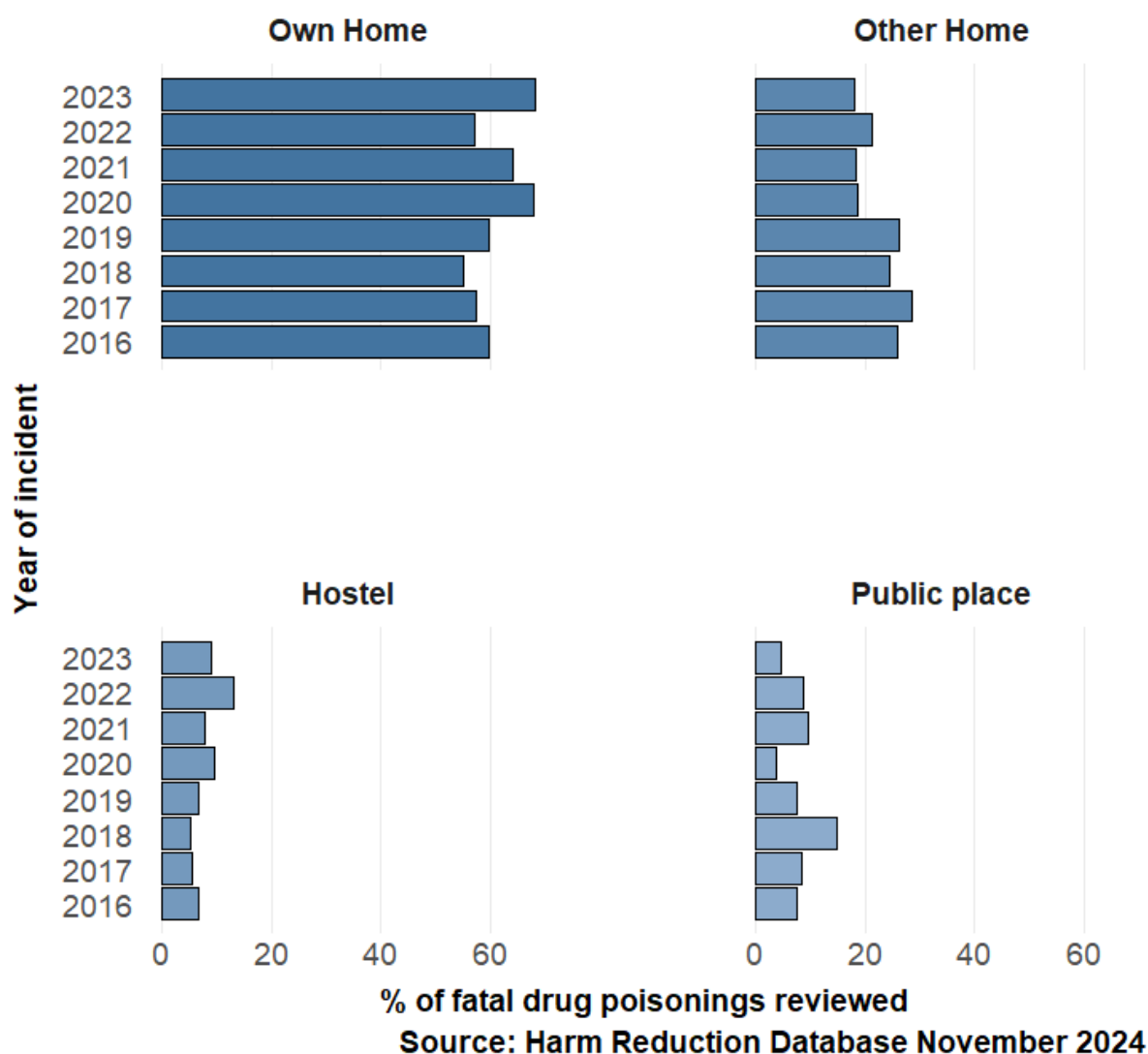


Figure 53: Location of death for fatal drug poisoning cases reviewed, 2016 to 2023

Resuscitation attempts

During 2023, data in relation to resuscitation attempts was available for 50.2 per cent of cases (n=101; see Table 18). Of these:

- Resuscitation was attempted in 37.6 per cent (n=38) of the fatal drug poisoning cases reviewed, a lower number but higher proportion than the previous year
- Where resuscitation was provided, Take-home Naloxone (THN) use was reported in 26.3 per cent (n=10) of cases
- Where details of resuscitation were not reported (either 'not known' or 'no resuscitation attempted') and location where death was pronounced was recorded (n=76), 94.7 per cent (n=72) 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 to 2023

	2016	2017	2018	2019	2020	2021	2022	2023
Fatal drug poisonings reviewed	114	120	135	147	218	211	236	201
% cases where resuscitation attempts was reported	49.1%	45.8%	55.6%	43.5%	50.0%	62.1%	63.1%	50.2%
% where resuscitation was attempted	64.3%	67.3%	44.0%	50.0%	50.5%	42.7%	32.2%	37.6%
% THN was used (where resuscitation attempt made)	22.2%	18.9%	36.4%	25.0%	29.1%	21.4%	29.2%	26.3%

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 2023, this information was recorded for 56.2 per cent of cases (n = 113; see Table 19). Of these:

- Substances were found at scene of death in 60.2 per cent of deaths reviewed
- Paraphernalia (e.g. needles, syringes, spoons, and filters) were found at the scene in 50.4 per cent of deaths

Table 19: Fatal drug poisoning review cases where substances and/or paraphernalia were found at the scene, 2016 to 2023

	2016	2017	2018	2019	2020	2021	2022	2023
Fatal drug poisonings reviewed	114	120	135	147	218	211	236	201
% cases where presence of substances was recorded	82.5%	78.3%	85.2%	74.1%	73.4%	80.1%	80.1%	56.2%
% where substances were found at scene	40.4%	47.9%	42.6%	57.8%	59.4%	69.2%	59.3%	60.2%
% cases where presence of paraphernalia was recorded	82.5%	78.3%	85.2%	74.1%	73.4%	80.1%	80.1%	56.2%
% where paraphernalia was found at scene	56.4%	50.0%	40.0%	55.0%	51.9%	58.0%	51.9%	50.4%

4.1.3 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 5.2 Appendix B). For those fatal drug poisonings reviewed in

2023, the median number of services contacted by CRCs to provide information was 6 services per case, consistent with 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 fatal drug poisoning case by APB region, 2016 to 2023

	2016	2017	2018	2019	2020	2021	2022	2023
	<i>Median</i>	<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>	<i>(range)</i>
Aneurin Bevan	22 (20-24)	19 (16-22)	17 (16-19)	16 (2-19)	14 (10-20)	12 (7-15)	10.5 (10-20)	12 (8-24)
Betsi Cadwaladr	9 (8-12)	11 (7-15)	8 (6-14)	8 (6-9)	8 (6-8)	8 (7-11)	9 (8-9)	9 (8-11)
Cardiff and Vale	19 (16-20)	21 (18-21)	23 (1-27)	22 (1-26)	21 (16-27)	17 (14-20)	14 (12-15)	13 (12-14)
Cwm Taf Morgannwg	7 (4-14)	7 (5-8)	7 (4-19)	6 (4-13)	6 (4-9)	6 (4-8)	6 (4-10)	6 (4-8)
Hywel Dda	5 (4-6)	5 (5-10)	6 (5-7)	5 (5-7)	5 (4-6)	5 (5-6)	6 (5-6)	5 (5-6)
Powys Teaching	-	-	32 (32-33)	33 (17-33)	33 (30-33)	33 (1-33)	3 (1-24)	6.5 (1-12)
Swansea Bay	11 (7-13)	13 (10-16)	17 (10-19)	12 (10-17)	10 (6-12)	7 (1-9)	2 (1-7)	1 (1-4)
Wales	9 (4-24)	12 (5-22)	16 (1-33)	8 (1-33)	8 (4-33)	7 (1-33)	6 (1-24)	6 (1-24)

Known services contact

Among all 201 fatal drug poisoning cases reviewed in 2023:

- Individuals were known to have been in contact with any service within 12 months prior to death in 48.8 per cent of cases (n= 98), similar to recent years
- Individuals were known to have been in contact with any services within 1 month prior to death in 30.8 per cent of cases (n=62)
- 'No known contact' or no contact with services within 12 months prior to death was reported in 50.7 per cent of cases (n=102)
- Where known to local substance misuse services (n=78), 56.4 per cent (n=44) had received contact with a substance misuse service, including Integrated Offender Service (IOS), in the 12 months prior to death

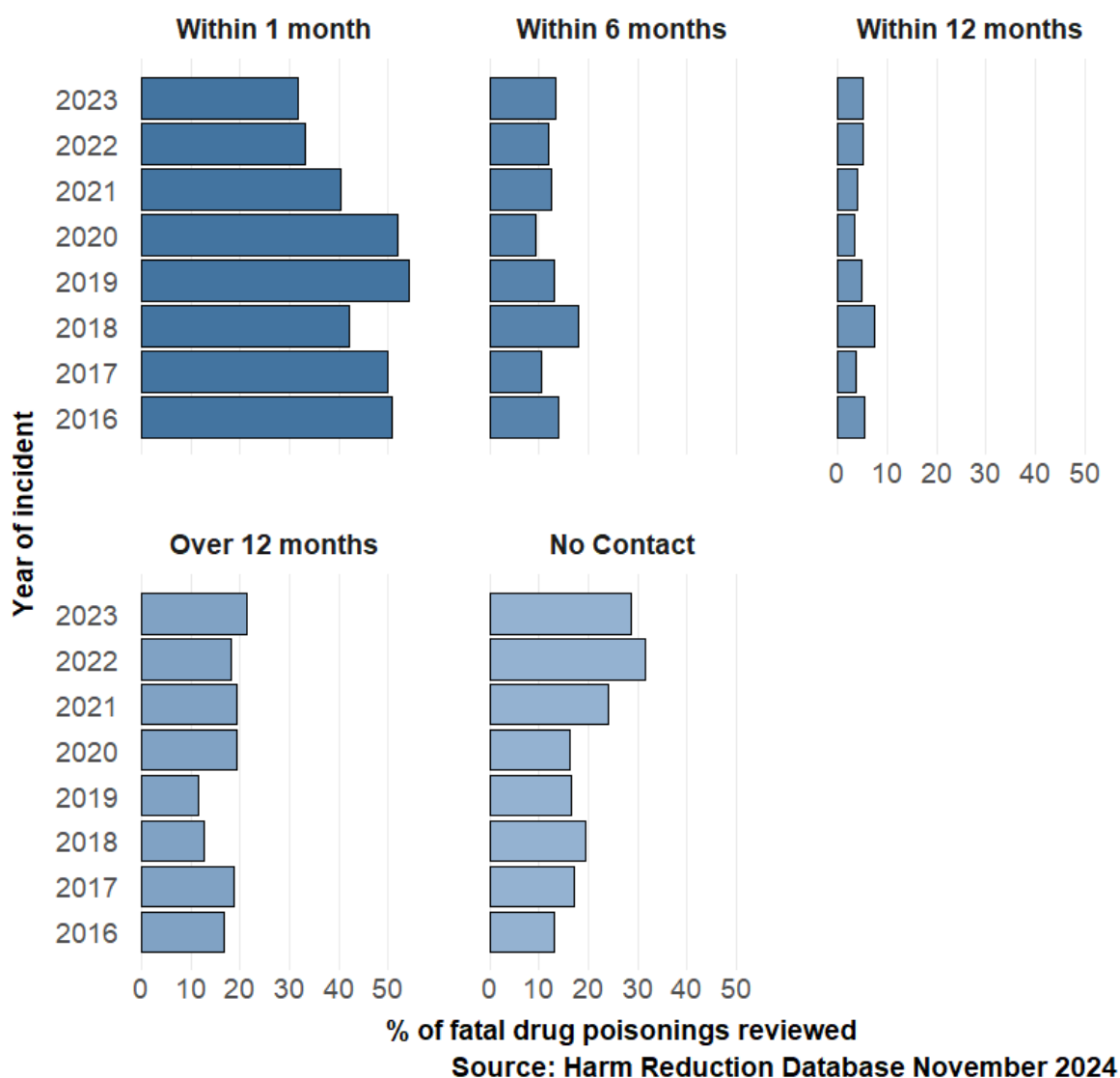
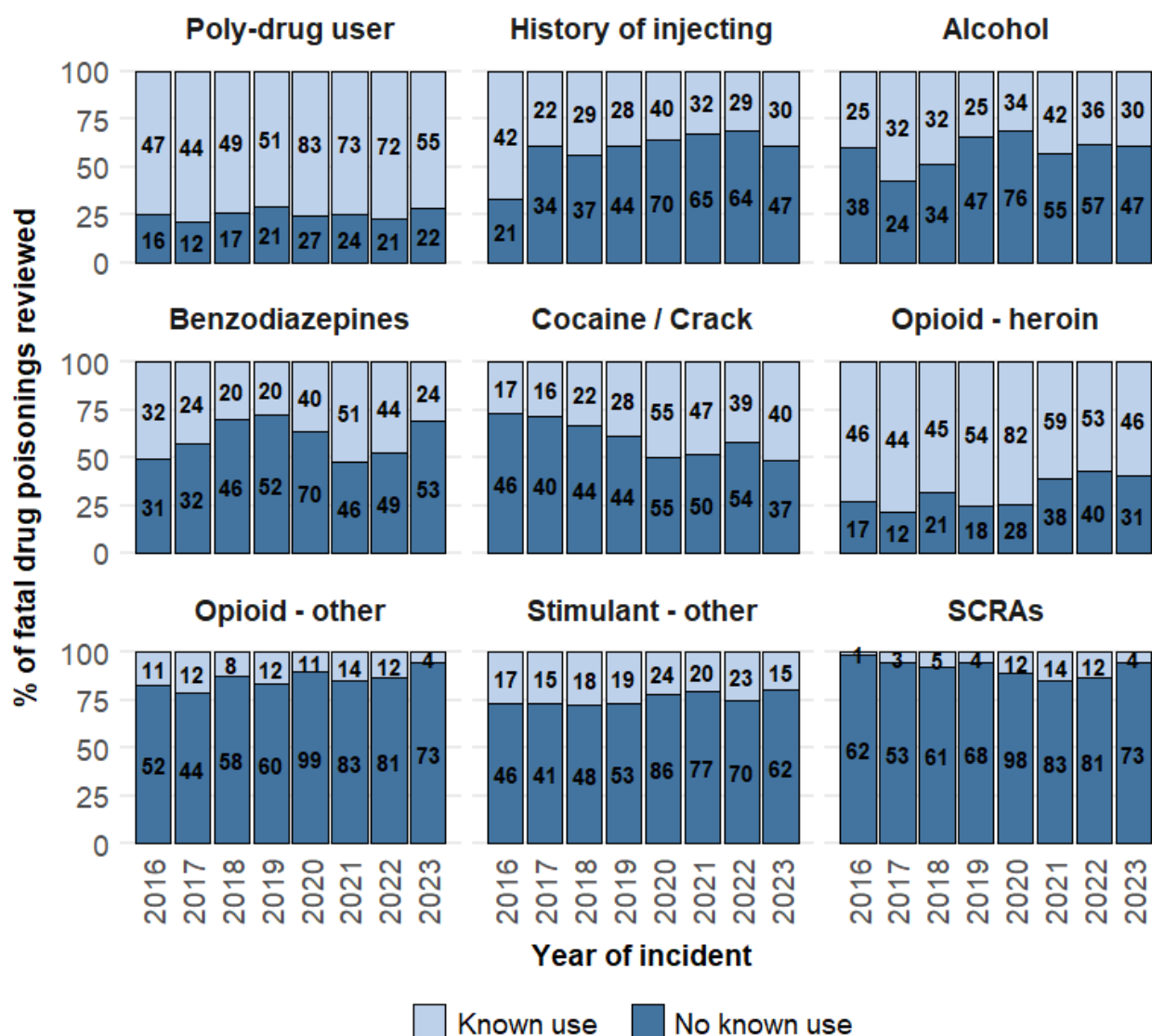


Figure 54: Length of time since last known contact with any service for fatal drug poisoning cases, 2016 to 2023

Known substance history

History of substance use was known and reported for 78 (38.8 per cent) of the fatal drug poisoning review cases in contact with services in the 12 months prior to death (see Figure 55). Of these, histories of poly-drug use were recorded in over two thirds of cases reviewed (70.5 per cent), consistent with previous years. While proportions remain relatively stable across most categories, there has been a steady increase in the proportion of fatal drug poisoning cases with a known history of cocaine / crack use since 2016. A decreasing trend in the proportion with a history of heroin, other opioids, and benzodiazepines has also been observed in recent years.



Source: Harm Reduction Database November 2024

Figure 55: Proportion of fatal drug poisoning cases where substance history reported in last 12 months, by substance, 2016 to 2023

Mental health

In 2023, 45.3 per cent (n=91) of fatal cases reviewed had a history of mental illness or diagnosed psychiatric disorder recorded.³ Due to the structure and qualitative nature of reporting via the HRD, no further information can currently 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.

³ Numbers related to mental health have been summarised based on free-text comments and should be interpreted with caution and treated as in approximation.

4.1.4 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, 35.4 per cent (n=489) 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 decreased from the previous year and is generally lower than recent years.

Table 21: Number of fatal drug poisoning review cases with record of coroner's findings recorded on HRD, 2016 to 2023

	2016	2017	2018	2019	2020	2021	2022	2023	Total
Fatal drug poisonings reviewed	114	120	135	147	218	211	236	201	1382
Cases with coroner's findings recorded	33	50	60	36	71	89	95	55	489
% of cases with coroner's findings recorded	28.9%	41.7%	44.4%	24.5%	32.6%	42.2%	40.3%	27.4%	35.4%

Where coroner's findings were listed on the HRD, a 'drug related' conclusion was confirmed in 81.8 per cent (n=45) of cases (see Table 22). Natural causes, accidents/misadventure, suicide, and unclassified conclusions made up the remaining 18.2 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 2023

	Fatal Drug Poisoning Cases	% with record of coroner's	% confirmed 'drug related'
Aneurin Bevan	14	-	-
Betsi Cadwaladr	26	-	-
Cardiff & Vale	39	-	-
Cwm Taf Morgannwg	47	-	-
Hywel Dda	11	-	-
Powys Teaching	2	50.0%	100.0%
Swansea Bay	62	87.1%	81.5%
Wales	201	27.4%	81.8%

4.2 Non-Fatal Drug Poisoning Reviews

Prior non-fatal drug poisonings / drug overdoses may be 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 2023, 169 non-fatal drug poisoning reviews were conducted across participating health boards in Wales (see Table 23), representing a 3.0 per cent increase from the previous year.

Table 23: Non-fatal drug poisoning reviews conducted by Health Board, 2016 to 2023

	2016	2017	2018	2019	2020	2021	2022	2023	Total
Aneurin Bevan	3	3	1	4	12	0	0	0	23
Betsi Cadwaladr	0	0	0	0	0	0	0	0	0
Cardiff & Vale	7	0	0	0	4	0	0	0	11
Cwm Taf Morgannwg	35	9	18	46	5	0	0	0	113
Hywel Dda	0	0	0	0	0	0	0	0	0
Powys	0	0	0	0	0	0	0	2	2
Swansea Bay	123	114	125	94	214	170	164	167	1171
Wales	168	126	144	144	235	170	164	169	1320

4.2.1 Demographics

The demographic profiles for the 169 non-fatal drug poisoning reviews in 2023 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 37 years compared to 43 years respectively).

The median age of non-fatal drug poisoning cases has remained relatively consistent over the last eight years, while both the proportion of cases under the age of 25 and over 50 years age categories have increased in 2023.

Housing status information was sought for all cases reviewed and, where known to services, about half (51.4 per cent) 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 non-fatal drug poisoning cases listed as living in non-secure housing or NFA was the lowest on record in 2023, following the highest in 2022.

Table 24: Non-fatal drug poisoning review demographics: All Wales, 2016 to 2023

	2016	2017	2018	2019	2020	2021	2022	2023
Non-Fatal drug poisonings reviewed	168	126	144	144	235	170	164	169
% Male	73.8%	77.0%	81.9%	72.2%	73.2%	68.2%	76.2%	76.9%
Median age (years)	35	33	35	35	34	36	37	37
Minimum age (years)	18	18	19	16	15	16	12	14
Maximum age (years)	57	56	118	56	78	67	58	63
% Under 25 years	10.7%	8.7%	5.6%	16.0%	20.4%	12.9%	14.6%	22.5%
% Over 50 years	5.4%	5.6%	11.8%	6.9%	7.7%	9.4%	7.3%	14.2%
% in non Stable housing /NFA	59.4%	57.1%	52.2%	64.4%	52.7%	53.3%	67.7%	51.4%

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

Research indicates that on average, the rate of non-fatal drug poisonings among individuals who had a lifetime history of drug poisoning events was 2 survived events per year.⁴ As such fatal drug poisoning cases would likely have a preceding history of non-fatal drug poisoning events.

⁴ Holloway K R, Bennett T H, & Hills R (2016). Non-fatal overdose among opiate users in Wales: A national survey. *Journal of Substance Use*; Available at: <https://www.tandfonline.com/doi/abs/10.3109/14659891.2015.1063718>

5 Appendices

5.1 Appendix A - 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 poisoning and drug misuse deaths are identified using the 10th edition of the International Classification of Disease codes (ICD-10 codes). The 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. Office for National Statistics (ONS) classifies the death as 'drug related' 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

'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>

5.2 Appendix B - 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 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.

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 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.