DRUG-RELATED DEATHS:- AN ANALYSIS OF DRUG-RELATED DEATHS IN DUBLIN CITY AND COUNTY IN 1992

INTRODUCTION

This study was established to examine Coroners' records in which toxicological analysis showed the presence of drugs in body fluids at the time of death. Also case records of deceased drug-abusers were examined. The study was necessary because statistics regarding deaths directly due to the toxic effects of drugs, or deaths where drug dependence was cited as the underlying cause, are the only figures available concerning drug deaths. This information is available from the Central Statistics Office (CSO) in Cork. This study was designed to include those deaths where the presence of drugs was masked by the cause of death, also.

MATERIALS AND METHODS

Entry criteria for analysis required the subjects to fulfil the following:
1.   Death to have occurred on or after the 1/1/1992 and up to and including the 31/12/1992.
2.   Positive toxicological analysis of body fluid3 of the deceased.

Coroners files for Dublin City and County were examined. Several years of files were inspected in the City as there was no information available as to the date of death of an individual, only the date of inquest was listed. In the County a listing of date of death was available from the counterfoil of the death certificates. Over 1,700 were examined, which yielded 68 cases that fulfilled the entry criteria.

Due to the inability to procure the date of death in the City files without access to the entire file, there remained a small number of files that were not located, and of which the significance was not known. These unattainable files may or may not be significant because the date of death of the deceased persons is unknown.

A summary of each case was made in which the following Information was recorded; age; sex, status; date of death; cause of death; verdict of Coroner's Court: location in which the death had occurred, when available; results of toxicological analysis; relevant past medical or social history and circumstances relating to the death, where this information was available.

A record was made of the substance or substances relevant for the classification of the fatality as a drug-related death. Each record was given an identification number. A note was made of the Coroner's district and a code of the pathologist was made.

The information collected was that recorded in the Coroners' Courts, and if accessed again should allow for the same information to be collected, unless: -
1.	the unattainable files would fulfil the entry criteria, or
2.	an inquest held subsequent to the collection of the data would fulfil the entry criteria (that is, that there were no further drug-related deaths in 1992 that were inquested after August 1997).

COMPARISON WITH CSO STATISTICS

One of the initial aims of this study was to compare the cases fulfilling the entry criteria with the data available from the CSO. I he information regarding deaths in 1992 was being prepared for publication by the CSO, when the study was initiated. Thus the year 1992 was chosen for analysis. An attempt was made classify each drug-related death using the I CD 9 classification system. The task proved to be unachievable and so was abandoned. Thus the approach to the study was altered to analyse the information available from each of the case records,

In total 68 cases were analysed all of which were positive for drugs. Of this number, 22 were found to be known as drug abusers (17 male, 5 female) and 46 were found to be not known as drug abusers (30 male, 16 female).

Note: "Known as a drug abuser" suggests that information was available from the file to show that the deceased was known to have been a drug abuser.
"Not known as a drug abuser" suggests that there was no information available from the file to suggest a history of drug abuse.

Of note, three of those known as drug abusers died in a manner that was not drug-related and toxicological analysis was negative for drugs at post mortem screening.

Each case was categorised into cause of death, for example; suicide; homicide or intoxication. Overall, intoxication was the most common case of death. It accounted for 72.73% of deaths, in the study. This was followed by suicide and one being the victim of an accident.

Toxicological analysis screened for a number of drugs. The number of drugs detected in each case varied from one to six. In the majority of cases two drugs were detected (including alcohol).

The drugs most commonly detected were tranquillisers. The presence of tranquillisers was recorded in 48 out of 65 cases (73.85%). Alcohol also proved to be a commonly detected substance. It was found in 28 of the cases (43.08%). Tricyclic antidepressants and morphine proved to be quite popular behind tranquillisers and alcohol. In 1992 no cocaine, designer drugs or barbiturates were detected at the lime of death.

Interestingly, but not surprisingly, the average age at the time of death for those known as drug abusers was 28.7 years, in comparison to 43.4 years, for those not known as drug abusers. On average, females known as drug abusers lived for approximately 5 years longer than their male counterparts. Those not known as drug abusers also showed greater longevity IT female, In this group, females lived on average 12 years longer than their male counterparts. The average age at time of death, for females in this group was 52.3 years, and for males was 40.0 years.

DISCUSSION

The results obtained from this study proved to be rather interesting. It has long been argued that tranquillisers and anti-depressants are commonly associated with unnatural death, especially suicide and intoxication. This association can be clearly seen to be present here. It is a warning that greater care may be needed in the prescribing of such drugs. Although these drugs are only available on prescription there still appears to be an obvious problem

Alcohol detected in so many of these deaths may be a reflection of the depressed state of mind of the victims before their fatality. It appears to have been used both intentionally (for example, in combination with various drugs) and accidentally (for example, causing death through inhalation of vomit), to contribute to deaths.

Intoxication, being found as the most common cause of death, reflects the problems both with prescribed and illicit drug use in society in Dublin in 1992.

CONCLUSION

Clearly, drugs have an alarming degree of involvement in unnatural deaths. Ireland has a growing problem with abuse of illicit drugs. Of note is the greater problem of abuse of licit drugs, both prescribed and unprescribed, in unnatural deaths. Further analysis of the pattern of involvement of the various categories of drugs for the years subsequent to 1992 would undoubtedly prove to be interesting.