DRUG link
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FACTSHEET

INFORMATION FOR DRUG WORKERS FROM ISDD

19 DRUG DEATHS

In relation to the whole range of problems which can accrue from using drugs, death is by far the least likely outcome, but one which, not surprisingly, attracts most attention and causes most concern.

Like all data about illegal drug use, information about deaths comes from a variety of sources which combine to present a patchy and incomplete picture. Hence this is a highly simplifed overview of what we know about deaths from drug use and how these compare to deaths caused by alcohol and tobacco.

Sources of data

The main published source for drug deaths is the annual Home Office statistical bulletin of notified drug addicts. This contains information not only about notified addict deaths, but also those caused by non-dependent drug use such as the use of ecstasy.

The Home Office data are incomplete or misleading for a variety of reasons. For example:
– suicide by taking an overdose will be counted as a drug death even if there is no history of drug use
– drug-related road deaths are excluded.

This situation is likely to worsen, as from 1996, there will be no more published data about notified addicts for the foreseeable future (see below).

The Home Office collates its data from The Office of Population Censuses and Surveys (OPCS) for England and Wales (recently merged with the Central Statistical Office to form the Office of National Statistics) and the General Register Offices (GRO) for Scotland and Northern Ireland.

OPCS and GRO provide data of two types:

a. Specifically they inform the Home Office of any death of a notified addict. However as from mid 1994, OPCS has not been collecting notified addict death data because the Home Office was unwilling to pay for it.

b. More generally, they supply overall mortality data on all drug deaths

There is also the annual survey of solvent deaths collated by St George's Hospital Medical School. The Home Office only include solvent deaths where the user was deemed to be dependent on solvents at the time of death.

Individual researchers and/or agencies may also collect data on an ad hoc basis, eg, ISDD has been informally tracking ecstasy deaths since 1989.

Coding and collation of data

Drug deaths are coded by OPCS and GRO according to the International Classification of Diseases (ICD) where the underlying cause of death is used, ie, the disease or injury that led up to the death. In the case of drug deaths, the categories used are:

ICD 304 (drug dependence)
ICD 305 (non-dependent abuse of drugs)

There are also a list of numbers suffixed by the letter E (for external cause) which can be used to cover suicides and various types of accident such as poisoning.

In this factsheet, deaths due to accidental poisonings and ICD 304/5 will be used. Suicides and undetermined poisonings are excluded.

Information about drug deaths are collated from a variety of different sources, but primarily
– death certificates;
– coroner's inquests (covering final verdict, toxicology reports, pathology reports and evidence given during proceedings);
– media reports.

The final coding for any death will ultimately depend on the amount of information available to the coder and the judgment made on the information itself.

Drug mortality

The following represent the best estimates of the total number of deaths from drug use involving the following drugs from 1985 to the most recent date (excluding suicides and 'undetermined' poisonings), which vary as indicated. No differentiation is made as to whether the underlying cause of death was drug dependence, accidental poisoning/ overdose or (as with most ecstasy deaths) simply related to the drug use.

Cocaine	67 (to 1994)
Amphetamine	97 (to 1994)
Ecstasy	60 (1989 to date) approx.
Solvents	1070 (to 1994)
Opiates (primarily heroin & methadone)	2395 (to 1994)
Alcohol	200,000 – 400,000 approx.
Tobacco	one million plus approx.

Drugs, alcohol and tobacco

The claim is often made in 'defence' of drug use that far fewer people die from it than drinking or smoking. This is hardly surprising given that there are many more users of alcohol and tobacco and that the effects often result from a lifetime of use. What is more significant is the percentage of deaths in relation to the estimated total population of users. Below are calculations mainly based on heaviest use within the three categories on the assumption that these people are most at risk of dying.

Opiate deaths

The most recent figure we have for opiate deaths is 542 (1994).
If we use the latest notification figure of 37,000, as the base population, we have a percentage of **1.5 per cent** bearing in mind that not all those notified will be in the high risk category for overdose, ie, those who inject. If all the deaths are confined to the (roughly) 50 per cent of notified addicts who say they inject their drugs, the percentage figure rises to **3 per cent**.

One could base the percentage figure on the estimated total population of perhaps 100,000, but an unknown number (possibly the majority) will be heroin smokers and so less likely to fall victim of opiate overdose.

Tobacco deaths

From information supplied by ASH, mortality from smoking is around 110,000 people per annum out of an estimated total adult smoking population (16 plus) of 12 million. It is not possible to sift out the heavy and upward category from the available OPCS stats and in any case, no safe level for smoking has been established – hence all smokers are included. This gives a percentage rate of **0.9 per cent**.

Alcohol deaths

Estimates for alcohol deaths vary widely from 5000 – 40,000 per annum. OPCS figures for England and Wales cite only 3679 deaths from "alcohol-related causes" (excluding road traffic accidents which would add another 500 fatalities). But using a methodology for calculating excess mortality as applied to cigarette smoking, one study has calculated the figure at 28,000 while the highest by the Royal College of General Practitioners estimates the figure at 40,000 (1986).

For consumption, OPCS estimates a total drinking population in Great Britain from "fairly high" to "very high" as around 8.4 million. Thus the mortality percentage even at the highest calculation of 40,000 would be **0.5 per cent**.

As a final comparison the percentage rate for ecstasy would be about **0.0002 per cent** on the basis of:
– around 1.5 deaths every two months since 1989;
– a rough estimate of 500,000 users per weekend or around four million drug use episodes per two month period. This would obviously involve many of the same people, but deaths have occurred among experienced as well as naive users.

But however calculated, it is clear that related to the user-base, deaths associated with ecstasy are rare.

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 Written by Harry Shapiro with thanks to John Henry, Roy Johnson and Amanda Sandford. Sources: ASH, Home Office, ISDD, OPCS.