

## First national database statistics show 80% unemployed

Scotland has published the first national statistics based on the new health authority drug misuse databases introduced in 1990. The *Scottish Drug Misuse Database Bulletin 1991* collates returns for new drug misuse clients seen by a range of services in Scotland from October 1990 to March 1991, the first official national statistics to reach beyond opiate/cocaine addiction notifications from doctors.

In these six months 1231 'new' clients were recorded, defined as people not seen by the service for at least six months. This compares with 521 'new' opiate/cocaine addicts notified for the first time by doctors in Scotland during the whole of 1990.

Nearly 80 per cent of the drug misusers not in prison were unemployed. Just six out of the 1231 total were in employment training and 13 were students.

Buprenorphine (Temgesic) was the main drug used by over a quarter of the people seen, closely followed by heroin. Although a

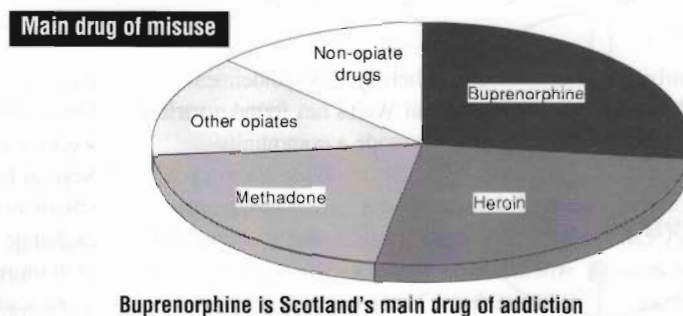
drug with opiate-like effects, buprenorphine is not one of the 14 notifiable drugs, so many of these misusers will have been missed by the addiction statistics even if they had been seen by doctors.

Although down the list of *main* drugs misused, benzodiazepines

were by far the most frequently misused type of drug overall. Nearly two-thirds of the misusers reported using benzodiazepines, though for only a tenth of these were benzodiazepines their main drug of addiction.

Where injecting behaviour was known, 60 per cent of new clients had injected in the previous month and nearly a fifth of these had shared injecting equipment.

Well over half – 56 per cent of the clients were below 25 years of age, compared to 45 per cent of the UK's newly notified addicts in 1990. If this trend is replicated UK-wide, the databases will draw back the curtains on a significantly younger population than is represented in addiction statistics.



## Drug user deaths up tenfold in Glasgow 'Virtual unavailability' of methadone blamed for deaths

A tenfold increase in drug misuse overdose deaths in Glasgow over the new year is being linked to the unavailability of methadone treatment in the city. The deaths have sparked a series of major reports in the Scottish press focusing on a change in the purity of heroin.

On 24 January Strathclyde police revealed that in the eight weeks from 1 December 1991, 20 drug users had died from overdose in the Greater Glasgow area, a death rate averaging 2.5 a week. Over the whole of the previous 11 months just 11 such deaths had been recorded.

By the first week of February the deaths' total since December had risen to 24. Dr Laurence Gruer, Greater Glasgow Health Board's HIV and Addictions Coordinator, says all were known injectors who had died suddenly shortly after injecting and usually alone.

At the time of writing there is no conclusive forensic evidence on the mechanism of the deaths, but the effects of higher doses of purer heroin aggravated by concurrent use of other depressant drugs may prove to have been the major cause.

Around the time of the deaths a batch of 20-25 per cent pure heroin appeared in Glasgow. Normally heroin in the city is scarce and when available averages just 10 per cent purity. The theory is that drug injectors unused to heroin suddenly found themselves with a relatively pure supply that for some proved fatal. Scotland's favourite opiate –

buprenorphine – is less likely to cause respiratory arrest or potentially fatal vomiting than an equivalent dose of heroin.

Another theory links the deaths to the use of drugs such as alcohol, temazepam and buprenorphine at the same time as heroin. Injectors who'd begun to top up their relatively ineffective heroin injections with pharmaceutical drugs may have been caught out by the influx of purer heroin. Taking other depressant drugs at the same time would increase the risk of respiratory arrest from a given dose of heroin and of choking on heroin-induced vomit while unconscious – the defensive cough reflex, already depressed by heroin, would be further depressed by drugs such as temazepam or buprenorphine.

Scottish Drug Misuse Database returns for October 1990 to March 1991 confirm that on average each new drug misuse client used two drugs and one in eight used four drugs or more, with benzodiazepines such as temazepam being the favourite 'mixer' among opiate users.

Underlying the deaths may be Glasgow's notorious lack of prescribing services. Edinburgh's revamped drug services have helped reduce injecting levels to the point where just 20 per cent of new clients seen in the six months from October had injected in the previous month. In Glasgow the figure was 75 per cent.

Methadone prescribing by GPs

and hospital clinics in Edinburgh has given opiate users the option of moving from injecting to a legal and pure supply of oral medication, but for most of Glasgow's opiate users the only alternative to injecting is abstinence.

Laurence Gruer admits that "until recently methadone prescriptions were virtually unobtainable" in the city. Even now just two psychiatric clinics and two GPs offer a limited and sporadic methadone prescribing service. The impact is clearly seen in the Drug Misuse Database returns for Scotland which show 40 per cent of Lothian's new clients receiving methadone but just 2 per cent of those in Greater Glasgow.

Dr Gruer places the blame on the stubborn opposition of the city's doctors to methadone prescribing. The fact that most psychiatrists are wedded to abstinence-based treatment aiming at 'cure' rather than harm reduction means GPs in turn are unwilling to fill the gap without the security of hospital back-up.

Four years ago in its first *AIDS and Drug Misuse* report the Advisory Council on the Misuse of Drugs spotlighted the need for "urgent action" in Scotland including recognition of the "value of substitute prescribing", but until recently Glasgow's doctors have refused to move. The recent spate of deaths is leading to a belated reassessment which may see the emergence of new psychiatric posts

specifically geared to offering a methadone prescribing service.

But this may not be a magic bullet solution, warns Willy Slavin of the Scottish Drugs Forum, the umbrella organisation representing Scotland's drug services. Cultural differences between the drug scene in the cosmopolitan capital Edinburgh and Glasgow's crime-drugs-poverty nexus mean similar interventions in the two cities have different outcomes.

He points to the dramatically different HIV rates in Glasgow and Edinburgh – 1-2 per cent versus up to 50 per cent – as an illustration of how cultural differences moderated the impact of HIV infection.

Willy Slavin doesn't doubt that there has been an increase in drug user deaths in Glasgow, but points out that until recently the city's Procurator Fiscal was unwilling to add to family distress by publicly recording deaths as drug misuse-related. In the late '80s similar runs of deaths occurred in Glasgow, including one of five deaths in 24 hours, while in August 1990 12 drug users died in a month shortly after injecting.

Whether Glasgow's unenviable drug user death rate has really increased or simply been publicly acknowledged for the first time makes no difference to the need for a range of drug services in the city – and to the need to understand why Glasgow's drug users are dying from drugs while Edinburgh's are dying from HIV.