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# Harm Reduction Database Wales: Drug related mortality

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Annual Report 2021-22



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

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# Glossary of key abbreviations

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

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Section 1  
Executive Summary

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# Executive Summary

## Key findings and trends

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### Take-home Naloxone

- Since July 2013 THN has reportedly been used during 3,371 opioid drug poisoning events, each one a potential drug death – a fatal opioid poisoning was reported in only 1.3 per cent (n=44) events where THN was used.
- In the last year, however, THN was reportedly used in 288 drug poisoning events resulting in 3 deaths (1 percent). Over the same period, increases in frequency of follow-on care including ambulance attendance and hospitalisations were recorded.
- The number of supply events, new individuals supplied and kits provided have increased compared to the previous year, particularly amongst those supplied for the first time.
- Regional variation exists in the provision and coverage of THN to those at risk of experiencing or witnessing an opioid drug poisoning event.
- Among new individuals receiving THN, around a third were listed as family / partner / carers or professionals working with people at risk of opioid poisoning.

### Drug deaths in Wales – Office for National Statistics

- In 2021, 322 deaths due to drug poisoning were registered in Wales, an increase of 44 per cent from the previous calendar year. Of these, 210 were classified as drug misuse deaths, an increase of 41 per cent from drug deaths registered in 2020.
- As in previous years, the most commonly reported substance group was opioids, reported in 150 deaths (71 per cent), of which 93 per cent involved heroin/morphine. Other substances reported were diazepam, cocaine and methadone. Poly-drug use was reported in 62 per cent (n=131) of drug misuse deaths.
- In 2021, the ratio of deaths amongst males and females was around 3:1. Drug misuse deaths amongst females was the highest recorded in 2021, with 57 deaths. Most deaths occurred in those in the 40-44 year age group reported in 18 per cent of all drug deaths (n = 38) in 2021. There were 13 drug deaths in people under the age of 25.
- There remains considerable geographic variation in the age-standardised rates of drug misuse deaths across Wales, with rates ranging from 1.4 to 13.5 deaths per 100,000 population
- Drug misuse deaths were over 5 times higher amongst those living in the 20 per cent most deprived areas compared with the 20 per cent least deprived areas in Wales.

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

- Since implementation of the rapid review process on drug deaths in 2014, a total of 937 fatal and 931 non-fatal drug poisoning reviews have been conducted in Wales. The number of fatal drug poisoning reviews undertaken in 2021 represents 91 per cent of those deaths recorded by ONS.
- 191 Fatal Drug Poisoning cases were reviewed in 2021. In 57 per cent of cases, the drug poisoning incident occurred within a private residence. with 20 per cent of incidents occurring within a hostel facility or public place. 46 per cent were reported as living in non-secure housing or having no fixed abode (NFA) at the time of death. Where reported, 97 per cent (n=31) of cases, death was pronounced at scene.
- In 40 per cent of cases reviewed ‘no known contact’ was reported between the deceased and any local services health, social care or criminal justice services in the 12 months prior to death.
- Where any service contact was reported within 12 months prior to death, 59 per cent had a history of mental illness or diagnosed psychiatric disorder.

## Section 2

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

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

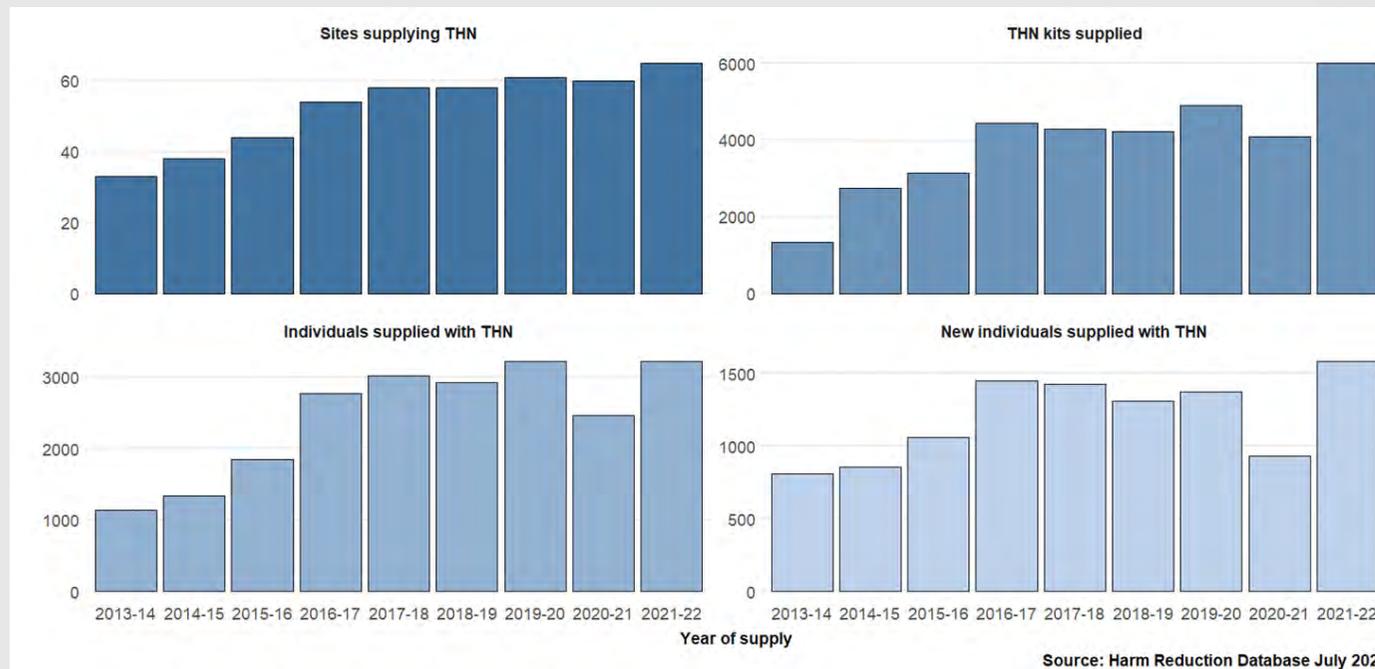
# Preventing fatal opioid drug poisonings through distribution of Take Home Naloxone (THN)

## 2.1 THN distribution across Wales

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

Currently in Wales, THN is available from 65 registered sites. The number of sites supplying THN has increased year on year from 11 'pilot' sites participating in 2009 to 65 in 2021-22 (see Figure 1).

Figure 1: Time series of sites distributing THN, number of existing and 'new to service' individuals supplied with THN, and number of THN kits provided, 2013-14 to 2021-22, Wales



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

## Individuals supplied with THN

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Since the 1st July 2013, a total of 21,978 individuals have been supplied with 35,175 THN kits throughout Wales.

In 2021-22:

- 3,226 individuals supplied with THN (supply or re-supply), an increase of 31 per cent from the previous year.
- 1,584 new individuals supplied with THN, an increase of 70 per cent from the previous year
- 6,003 THN kits supplied, an increase of 47 per cent from the previous year

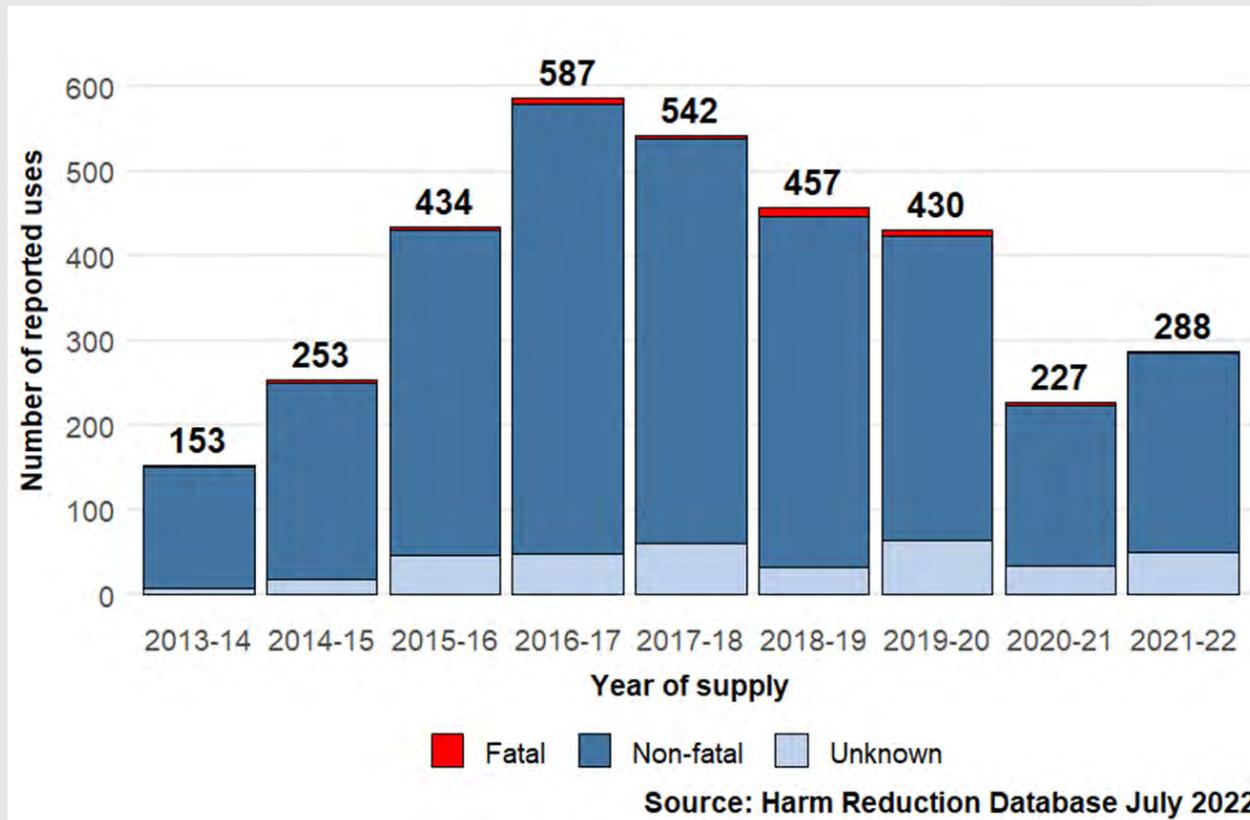
Table 1: Number of sites, individuals supplied and THN kits provided by year, 2013-14 to 2021-22.

<b>Year</b>	<b>Number of Sites</b>	<b>Total individuals supplied</b>	<b>New individuals supplied</b>	<b>THN kits provided</b>
<b>2013-14</b>	33	1,140	807	1,336
<b>2014-15</b>	38	1,345	855	2,754
<b>2015-16</b>	44	1,853	1,058	3,140
<b>2016-17</b>	54	2,771	1,449	4,437
<b>2017-18</b>	58	3,020	1,426	4,279
<b>2018-19</b>	58	2,931	1,308	4,224
<b>2019-20</b>	61	3,222	1,371	4,912
<b>2020-21</b>	60	2,470	931	4,090
<b>2021-22</b>	65	3,226	1,584	6,003

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

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

Figure 2: Number of reported uses of THN recorded at time of re-supply by outcome, 2013-14 to 2021-22



Since 2013-14, there have been 3,371 reported instances where THN was used during a suspected opioid poisoning event. The current reporting period represents the first time since 2016-17 where the number of recorded uses of THN has increased, albeit is still lower than the 2019-20 figure, increasing from 227 in 2020-21 to 288 in 2021-22 (see Figure 2).

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

## Outcome, setting, recipient and administrator of THN

### Outcome

Data on known outcome was recorded for the majority of suspected opioid poisonings where THN was reported to have been used (see Figure 2). Of the 288 incidents reported in 2021-22:

- A fatal opioid poisoning was reported in 1.0 per cent (n=3) of incidents
- Non-fatal opioid poisoning reported in 80 per cent (n=230) of incidents
- No outcome was recorded in 19 per cent (n=55) of incidents

The proportion of reported fatal opioid poisonings remains low, and the proportion of incidents recorded in 2021-22 has remained similar to 2020-21 figures (see Table 2).

Table 2: Outcome, setting, recipient, and administrator of THN at time of reported use, Wales 2013-14 to 2021-22

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

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

## Outcome, setting, recipient and administrator of THN

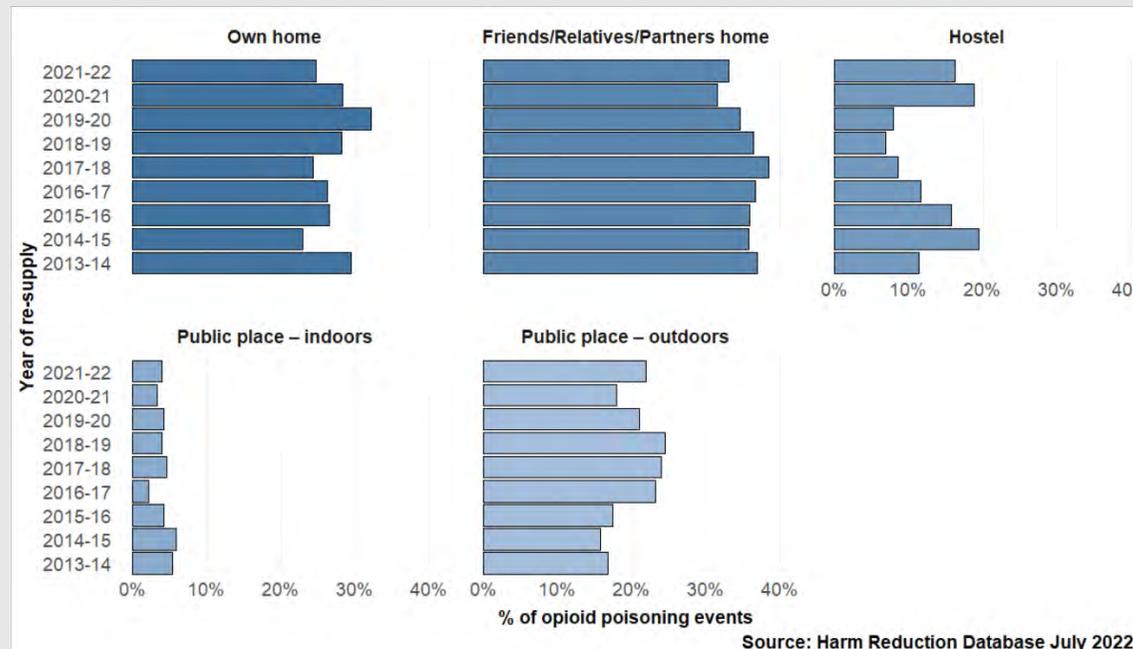
### Setting

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

In 2021-22 the setting in which THN was used was recorded for 87 per cent (n=251) of incidents.

- THN use within private residences remains the most common setting, reported in 50.3 per cent of incidents (Table 2 & Figure 3)
- THN use within hostel settings increased from 8% in 2019-20 to 19% in 2020-21. It remains high in 2021-22 although less than the previous year.
- THN use within public places is consistent with the previous year, accounting for 23 per cent of incidents in 2021-22 compared to 21% in 2020-21. 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.

Figure 3: Recorded setting in which THN was reportedly used, Wales, 2013-14 to 2021-22



### Recipient and administrator of THN

In 2021-22, the recipient of THN was reported for 100 per cent (n=288) of opioid poisoning incidents recorded on the HRD.

- THN was administered to a 'third party' (i.e. not the individual originally supplied with the kit) in 65 per cent of incidents.
- Reports of kits being administered to the named 'THN kit holder' have increased over the last 6 years from 8 per cent in 2013-14 to 30 per cent in 2020-21. In 2021-22 this decreased to 22%.
- Reports of THN being administered by the named 'THN kit holder' had increased between 2013-14 and 2018-19. This trend has been reversed starting in 2019-20, dropping to 70% and declining further to 56% in 2021-22.

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

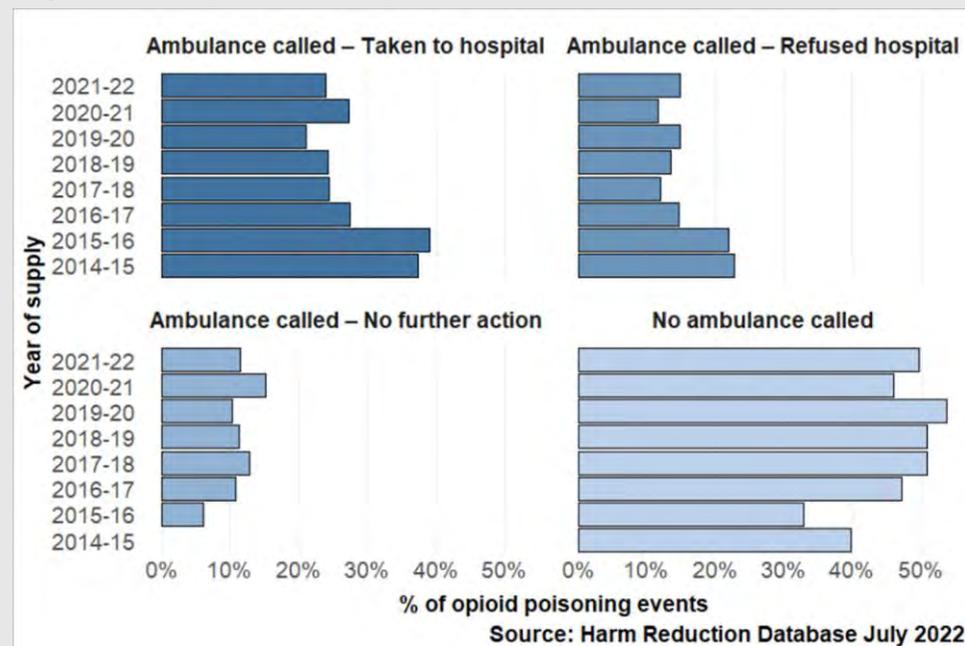
## Follow-on care

Whilst THN remains an effective intervention for reducing fatal opioid poisonings, the acute effect of THN is time limited. As such follow-on care, including paramedic/ambulance call is essential in every instance of THN administration to ensure an individual does not relapse into an opioid poisoning. Details surrounding the request for follow-on care was recorded for 82 per cent (n=235) of incidents where use of THN was reported in 2021-22. Summary of actions taken can be found in Table 3 & Figure 4.

Table 3: Recorded follow-on care following reported use of THN, 2014-15 to 2021-22.

	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22
<b>Ambulance called</b>	<b>145</b>	<b>275</b>	<b>291</b>	<b>242</b>	<b>212</b>	<b>171</b>	<b>106</b>	<b>118</b>
No further action	0	25	59	63	49	38	30	27
Person refused hospital	55	90	81	59	58	55	23	35
Person taken to hospital	90	160	151	120	105	78	53	56
<b>No ambulance called</b>	<b>96</b>	<b>135</b>	<b>260</b>	<b>251</b>	<b>220</b>	<b>199</b>	<b>91</b>	<b>117</b>
<b>No follow on care recorded</b>	<b>12</b>	<b>24</b>	<b>36</b>	<b>49</b>	<b>25</b>	<b>60</b>	<b>28</b>	<b>53</b>

Figure 4: Proportion of reported uses of THN where follow on care was recorded, Wales, 2014-15 to 2021-22.



In 2021-22:

- Ambulance was called to attend 41 per cent of incidents (n=118) where THN use was reported.
- Where ambulance was called, the individual was taken to hospital in 47 per cent (n= 56) of incidents and individuals refused to go to hospital in 30 per cent (n=35) of incidents.

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

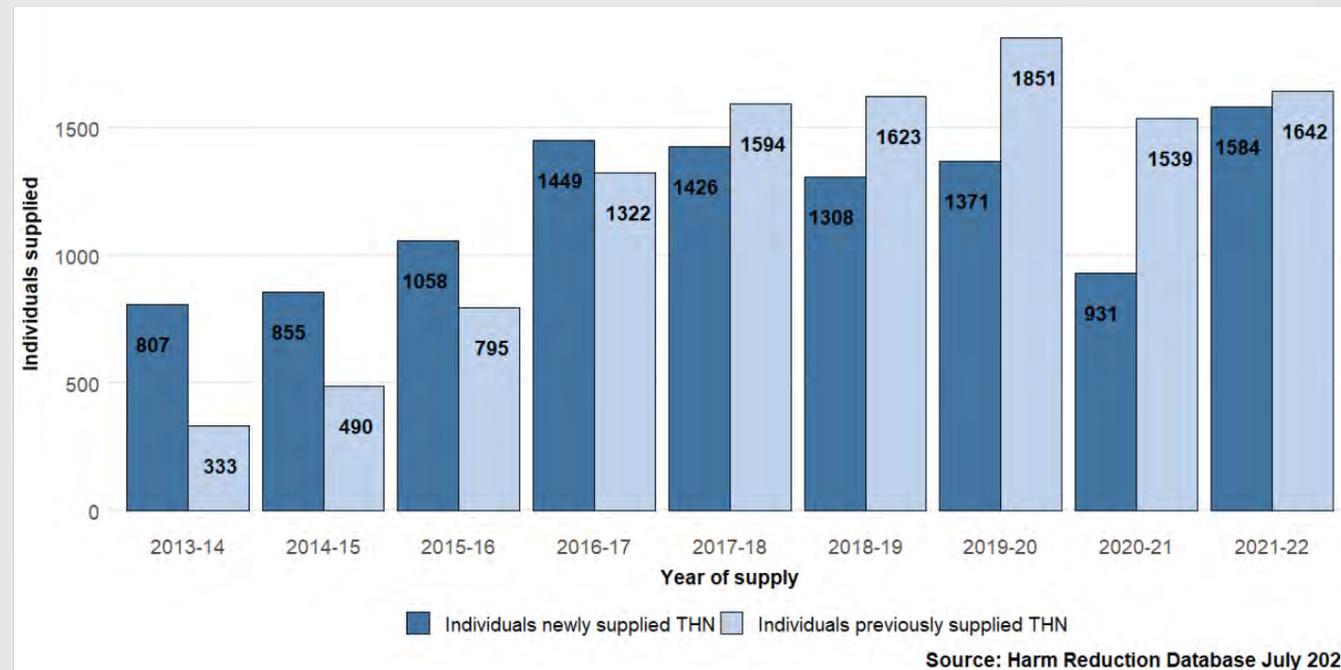
## 2.3 Individuals supplied with THN for the first time

Number of individuals

A total of 18,741 individuals have been supplied THN since the program began. The number of new unique individuals supplied with THN in Wales increased by 70%, from 931 in the previous year to 1,584 in 2021-22. These observed patterns in supply rates to new individuals could indicate that decreases may occur overtime as THN becomes wide spread amongst the 'at-risk' population.

Data from the Harm Reduction Database Wales : Needle and Syringe Programme (NSP) module indicates that in 2021-22, there were 5,466 people who inject drugs (PWID) in Wales reporting use of opioids and regularly accessing NSP services. Of these, 50 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.

Figure 5: Number of individuals supplied with THN by year, 2013-14 to 2020-21, Wales



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

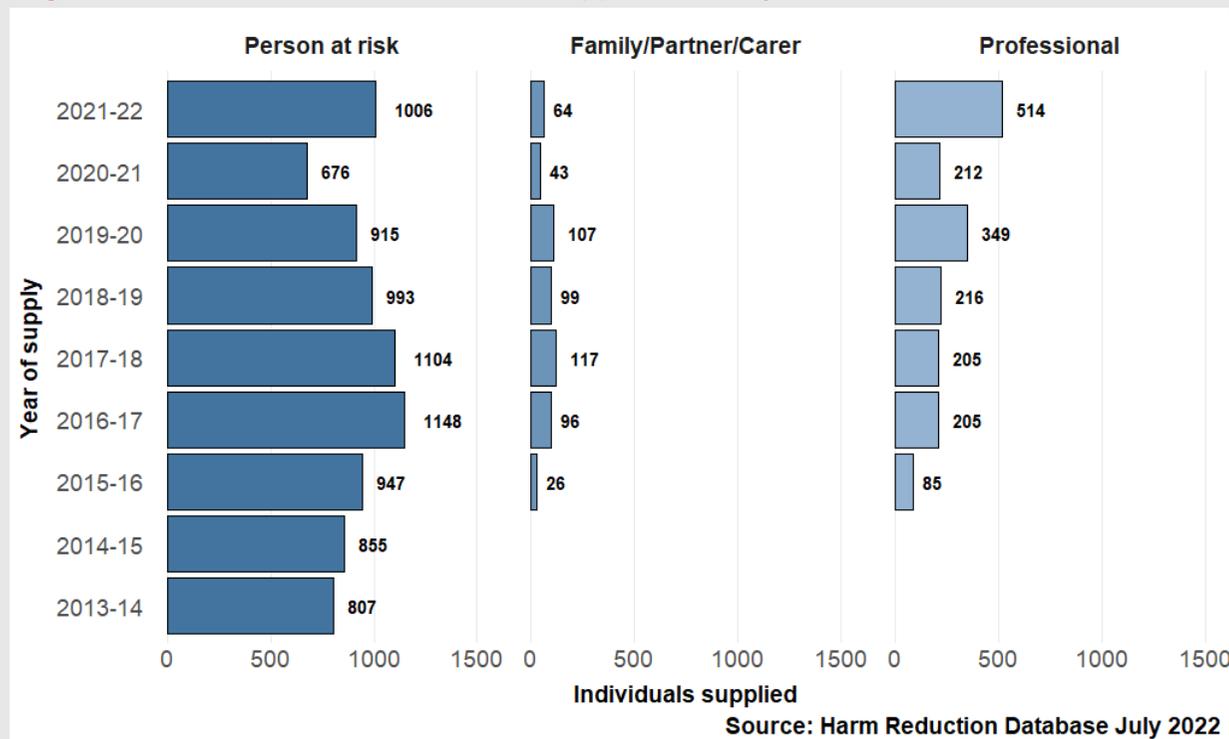
## Individuals supplied with THN for the first time

### Role of new individuals supplied with THN

Amendment to the Human Medicines Act Regulations in 2015 provided opportunities for a wider range of individuals to be issued THN, including family, partners and carers of people considered 'at risk', and professionals who are in increased contact with individuals who use opioids. In 2021-22, 36 per cent (n=578) of new individuals supplied with THN were either family or carers of an 'at risk' individual (4 per cent) or professionals (32.4 per cent). The number of new individuals considered 'at risk' supplied with THN in 2021-22 is 1006 individuals (see Figure 6).

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

Figure 6: Number of new individuals supplied THN by role, 2013-14 to 2021-22.



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

## Individuals supplied with THN for the first time

### Demographics of at-risk individuals newly supplied with THN

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

- Median age and range, proportion of individuals aged 50+ years, and length of injecting career have both increased since 2015-16 (see Table 8). This data is consistent with an older cohort of PWID using opioids accessing NSP services in Wales.
- Distribution has increased slightly amongst males in the last three years, representing 72 per cent of individuals receiving THN in 2021-22.
- The proportion of clients reporting non-secure housing / fixed address (NFA) has decreased year on year, particularly in the last three years down from 31 per cent in 2018-19 to 23 per cent in 2021-22. This trend is contradictory to that observed within NSP services, where non-secure / NFA housing within individuals reporting use of opioids has seen year on year increases since 2015-16.

Table 4: Demographics of new individuals considered 'at risk' of an opioid poisoning event supplied THN, 2015-16 to 2021-22

	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22
<b>New individuals supplied</b>	1,058	1,449	1,426	1,308	1,371	931	1,548
Person "at risk" of opioid poisoning	90%	79%	77%	76%	67%	72%	43%
<b>% Male</b>	71%	63%	62%	63%	72%	73%	72%
<b>% Under 25 years</b>	8%	8%	8%	7%	8%	8%	9%
<b>% Over 50 years</b>	8%	8%	9%	11%	12%	17%	16%
<b>Median age (years)</b>	36	37	38	38	37	39	38
<b>Primary risk factor*</b>							
Poly-drug use	55%	63%	65%	63%	55%	56%	52%
Recently left detox	11%	11%	11%	11%	10%	5%	3%
Recently released from prison	19%	12%	13%	12%	21%	29%	30%
New opiate user	15%	15%	11%	14%	15%	10%	15%
<b>% Living in non-secure housing / NFA*</b>	38%	36%	35%	31%	26%	23%	23%
<b>% Reported history of opioid poisoning (ever)*</b>	45%	43%	37%	39%	40%	40%	44%

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

- 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 is a concerning trend, up to 30% in 2021-22.

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

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

## 2.4 Re-supply of THN

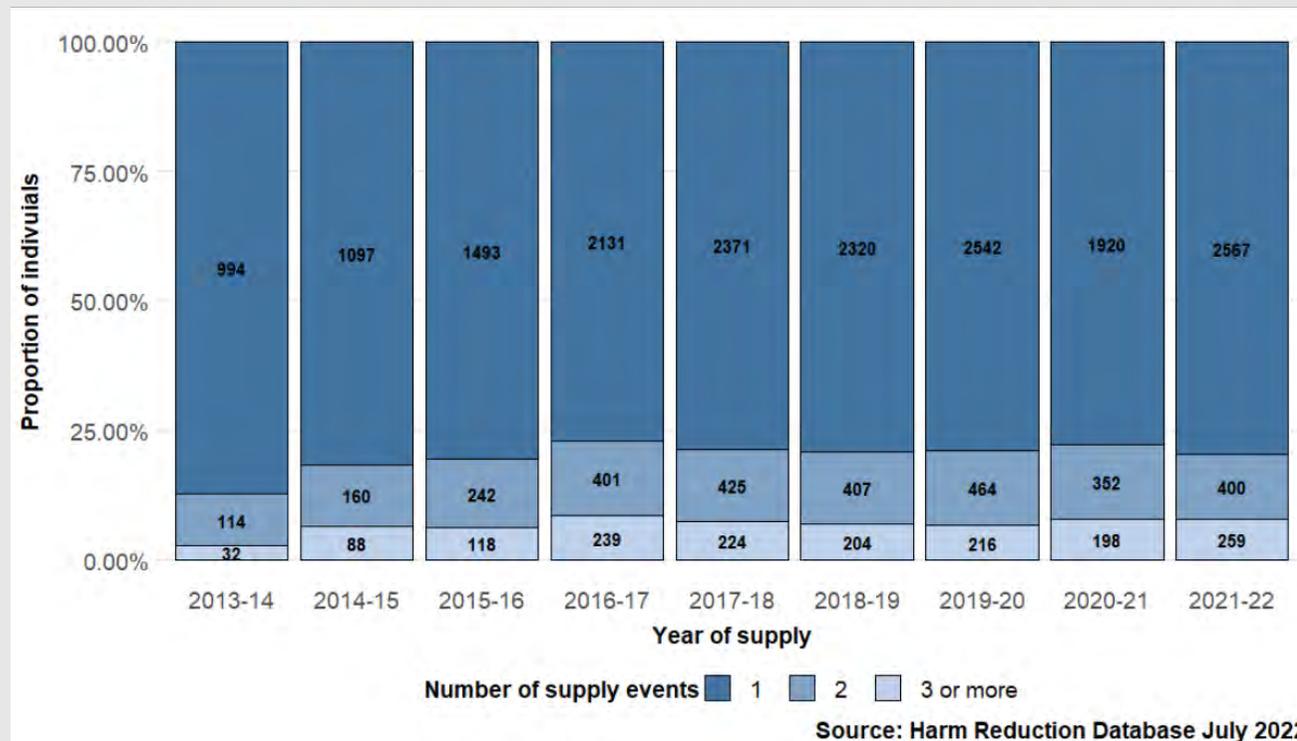
Individuals who carry THN are able to collect replacement or additional kits from SMS services. In 2021-22, there were a total of 3,226 re-supply events across Wales an increase of 30.6 per cent compared to the previous year.

Of all individuals supplied with THN in 2021-22:

- 80 per cent (n=2,567) were supplied with THN once
- 12 per cent (n=400) were supplied THN twice
- 8 per cent (n=259) were supplied three or more times

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

Figure 7: Proportion of individuals resupplied with THN multiple times during one year, 2013-14 to 2021-22.



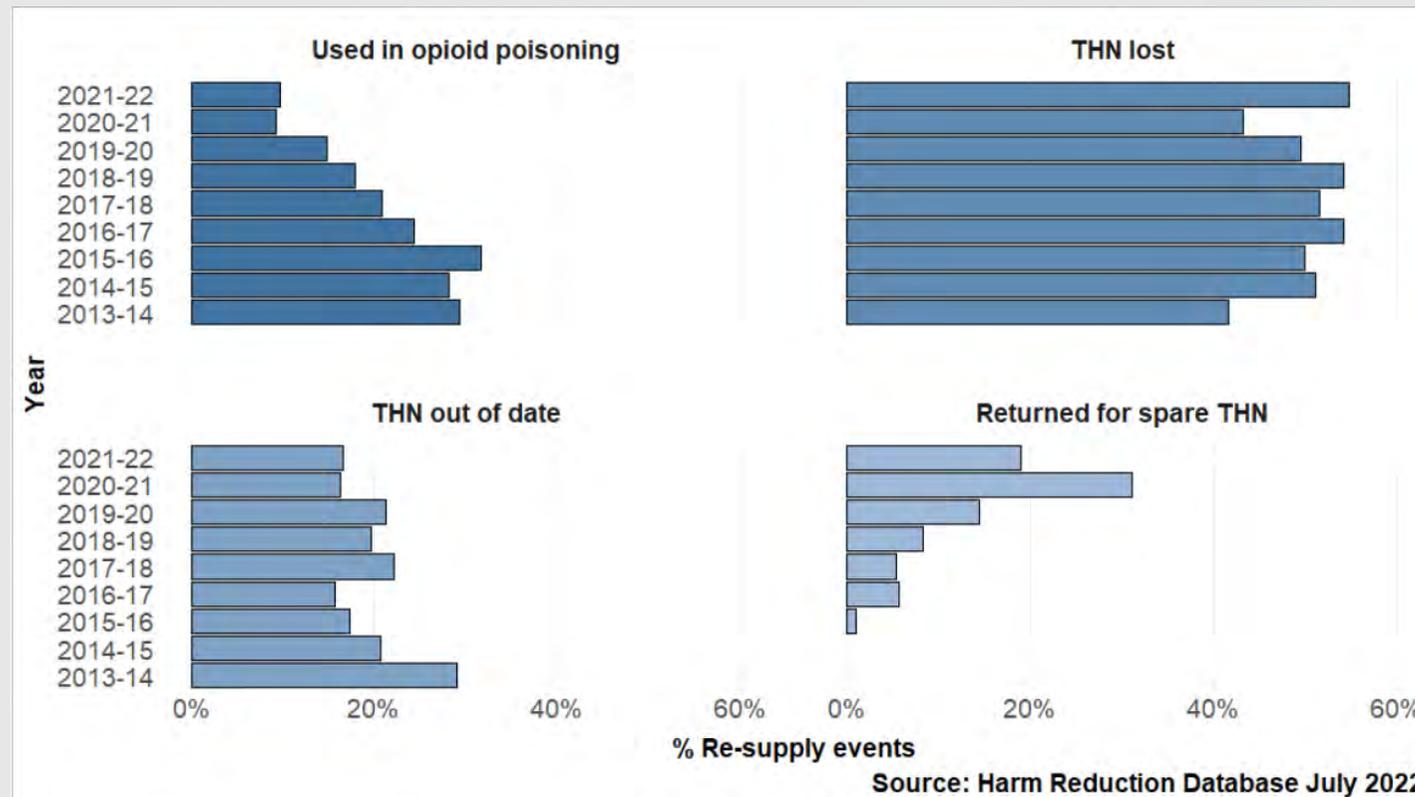
# Preventing fatal opioid drug poisonings through distribution of Take Home Naloxone (THN)

## Re-supply of THN

### Reason for Re-supply

A reason for re-supply was provided for all of re-supply events. As per previous years “kit lost” represents the most common reason for re-supply, recorded for 55 per cent (n=1,615) of events in 2021-22. These rates have remained consistent since 2014-15. A further 10 per cent (n= 287) 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.

Figure 8: Reasons for re-supply as reported, 2013-14 to 2021-22.



Individuals supplied with THN are encouraged to return for re-supply in line with the expiry date listed on the kit provided. In 2021-22, 17 per cent of individuals were re-supplied ‘kit was out of date’, broadly consistent with previous years.

The remaining 19 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.

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

## 2.5 THN distribution by Health Board

Figure 9: European age-standardised rate (EASR) of unique individuals provided with THN by Health Board, 2014-15 to 2021-22

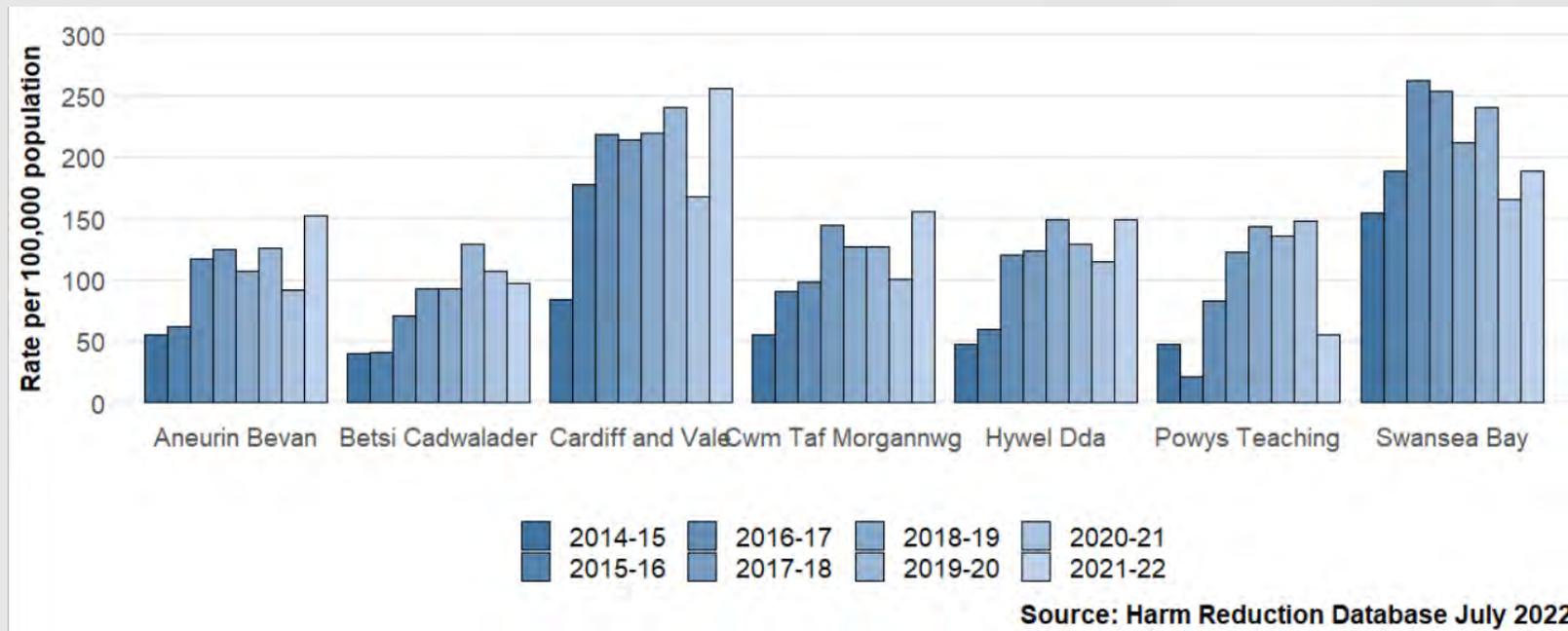


Table 5: Number of sites, individuals and THN kits supplied by Health Board area in Wales, alongside EASR per 100,000 population - all individuals supplied with THN, 2014-15 to 2021-22

	Sites supplying THN 2021-22	Individuals supplied 2021-22	Number of kits issued 2021-22	EASR 2014-15	EASR 2015-16	EASR 2016-17	EASR 2017-18	EASR 2018-19	EASR 2019-20	EASR 2020-21	EASR 2021-22
<b>Aneurin Bevan</b>	11	600	1193	55.0	61.4	117.5	124.9	106.7	126.1	92.2	153.0
<b>Betsi Cadwalader</b>	9	420	573	40.2	40.5	70.9	92.9	92.4	129.8	107.3	97.1
<b>Cardiff and Vale</b>	11	884	1743	84.5	177.4	218.3	214.7	219.5	240.5	167.7	256.6
<b>Cwm Taf Morgannwg</b>	10	465	843	54.8	90.4	98.6	144.4	127.5	126.9	101.1	155.5
<b>Hywel Dda</b>	6	343	544	48.0	59.2	120.6	123.2	149.1	129.5	114.6	149.3
<b>Powys Teaching</b>	4	42	59	47.2	20.7	82.5	122.8	143.2	136.3	148.1	55.6
<b>Swansea Bay</b>	13	496	956	154.2	188.7	262.9	254.0	212.4	240.7	165.4	189.2
<b>Wales†</b>	64	3250	5911	68.5	95.7	139.8	152.6	145.0	161.2	123.3	159.7

† Indicative of secondary distribution - collecting NSP equipment for self and another person(s)

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

## THN distribution by Health Board

Figure 10: European age standardised rate (EASR) of new individuals provided with THN by Health Board, 2014-15 to 2021-22

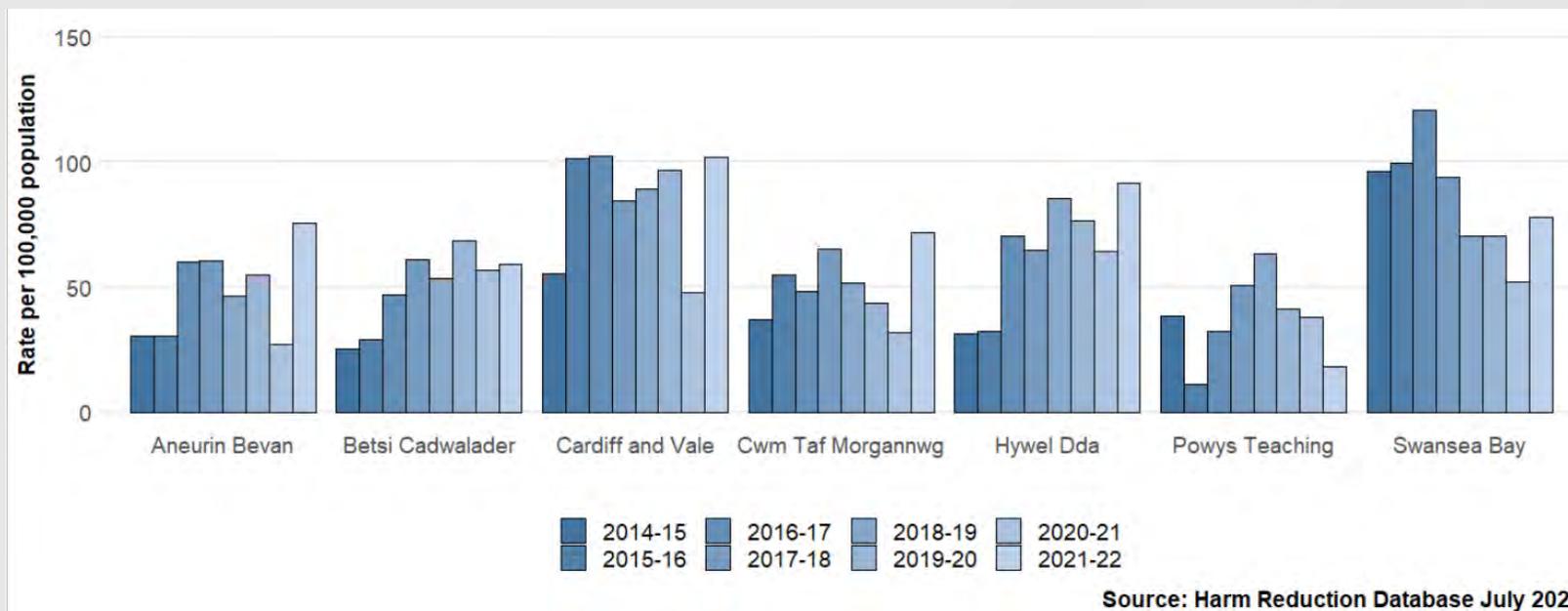


Table 6: European age standardised rate (EASR) per 100,000 population - new individuals supplied with THN by Health Board area in Wales, 2014-15 to 2021-22.

	New individuals supplied 2018-19	EASR 2014-15	EASR 2015-16	EASR 2016-17	EASR 2017-18	EASR 2018-19	EASR 2019-20	EASR 2020-21	EASR 2021-22
<b>Aneurin Bevan</b>	302	30.5	30.4	60.3	60.5	46.6	54.7	27.3	75.6
<b>Betsi Cadwalader</b>	254	25.4	29.0	47.0	61.2	53.5	68.4	56.8	59.3
<b>Cardiff and Vale</b>	367	55.2	101.5	102.6	84.4	89.3	96.7	47.9	101.8
<b>Cwm Taf Morgannwg</b>	219	37.0	55.0	48.3	65.0	51.4	43.6	31.8	72.0
<b>Hywel Dda</b>	211	31.5	32.3	70.4	64.6	85.3	76.5	64.4	91.5
<b>Powys Teaching</b>	15	38.3	11.2	32.3	50.8	63.5	41.2	37.7	18.4
<b>Swansea Bay</b>	204	96.4	99.6	120.7	94.0	70.4	70.4	52.0	77.7
<b>Wales†</b>	1,572	43.3	39.7	62.5	62.3	60.6	65.8	44.2	64.9

† Indicative of secondary distribution - collecting NSP equipment for self and another person(s)

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

## THN distribution by Health Board

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In 2021-22 the European Age Standardised Rate (EASR) for all individuals supplied with THN in Wales was 160 per 100,000 population, and 65 per 100,000 population for new individuals. Geographical comparisons between health boards (see Table 5, Figure 9, Table 6) highlights variation in individuals supplied with THN.

All individuals supplied with THN:

- The highest rates of THN supply in 2021-22 was recorded within Cardiff and Vale (257 per 100,000 population) and Swansea Bay (189 per 100,000 population) University Health Boards, with lowest rates observed in Powys (56 per 100,000 population) and Betsi Cadwaladr (97 per 100,000 population) University Health Boards.
- All health boards have seen an increase in rates of THN supply in 2021-22 other than Powys Teaching and Betsi Cadwaladr University Health Boards.

New individuals supplied with THN:

- The highest rates of THN supply to new individuals in 2021-22 was observed within Cardiff and Vale (101 per 100,000 population) and Hywel Dda (92 per 100,000 population) University Health Boards, with lowest rates observed in Powys (18 per 100,000 population) and Betsi Cadwaladr (59 per 100,000 population) University Health Board.

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

## THN distribution – Prison vs Community

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

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

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

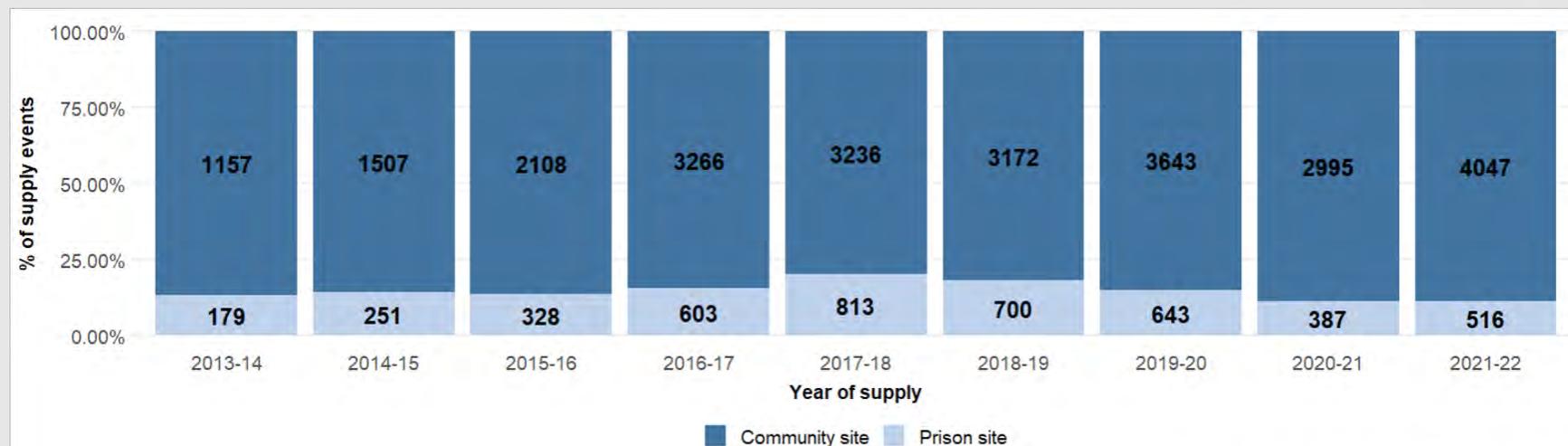
\* THN supplied to Welsh residents within Prison population

In 2021-22:

THN was supplied in prison on 516 occasions (11 per cent of all supply events) to either new individuals or as a re-supply, an increase of 34 per cent on the previous year.

409 individuals were supplied with THN whilst in prison, an increase of 25 per cent compared to the 328 individuals supplied in 2020-21.

Figure 11: - Proportion of THN supply events within prison compared to community sites, 2013-14 to 2021-22.



Source: Harm Reduction Database July 2022

## Section 3

# Drug Deaths in Wales

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



# Drug Deaths in Wales

## 3.1 Drug poisoning deaths

In 2021, 322 deaths due to drug poisoning were registered in Wales, an increase of 44 per cent from the previous calendar year. Of the drug-poisoning deaths, 65 per cent (210) were defined as a drug misuse deaths, specifically drug deaths involving illicit drugs controlled under the Misuse of Drugs Act 1971 and other related legislation.

The number of drug poisonings not classified as a drug misuse death (non-drug misuse deaths) also increased significantly from the previous year, at 112 (49 per cent increase). There was a 41 per cent increase in drug misuse deaths from 149 deaths in 2020 to 210 in 2021 (see Figure 12).

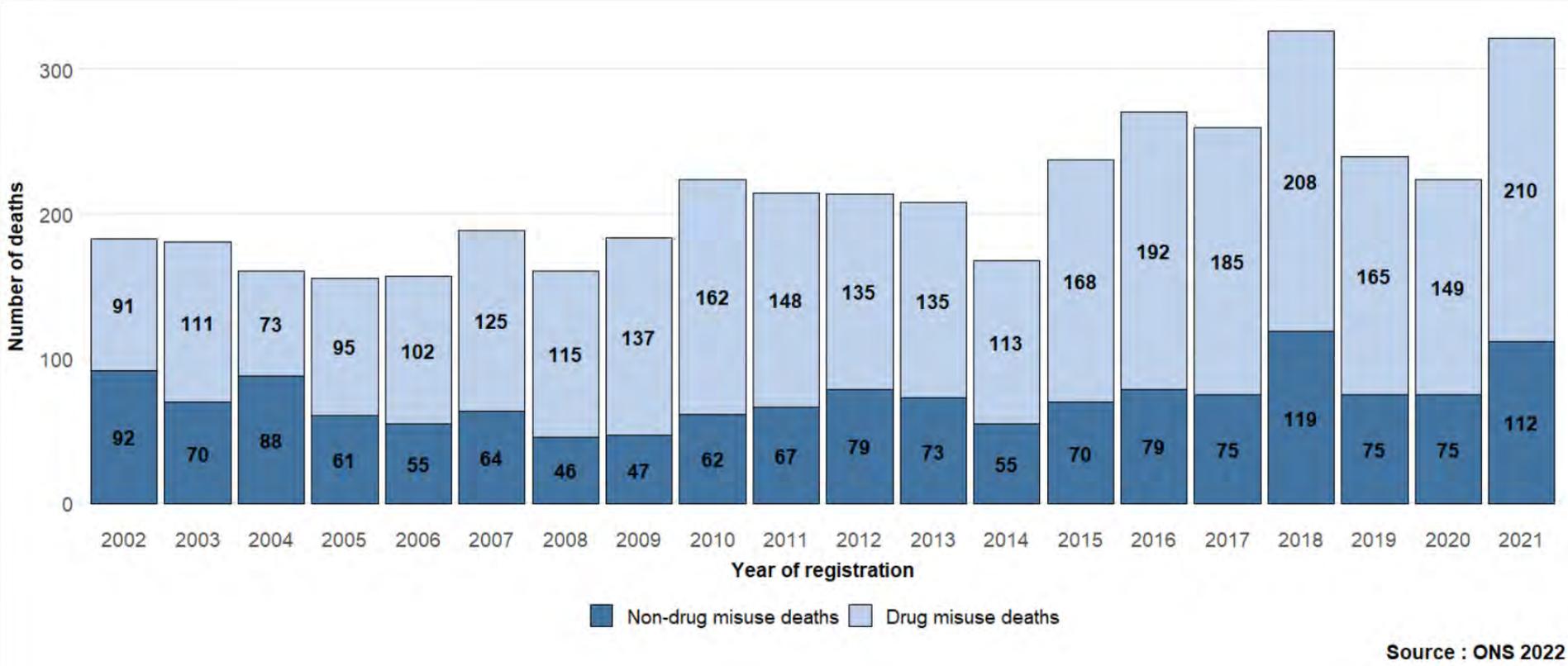


Figure 12: Drug poisoning deaths in Wales by year of registration and drug misuse status, 2001 to 2021.

# Drug Deaths in Wales

## Drug poisoning deaths

The European age standardise rate (EASR) per million population of drug misuse deaths in Wales has increased from 51.1 deaths per million in 2020 to 72.4 deaths per million population in 2021. With the exception of three years, Wales has historically maintained a higher rate of drug misuse deaths than England, as shown in figure 13. Rates in England in 2020 were 52 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. At the time of writing, rates of drug deaths in Scotland for 2019 have not been published. However, in 2018 the rate of drug misuse deaths in Scotland was higher than Wales at 231 deaths per million population. Comparisons between regions across England indicates that in 2020 Wales had the sixth highest rate per million population of drug misuse deaths, behind other regions in England.

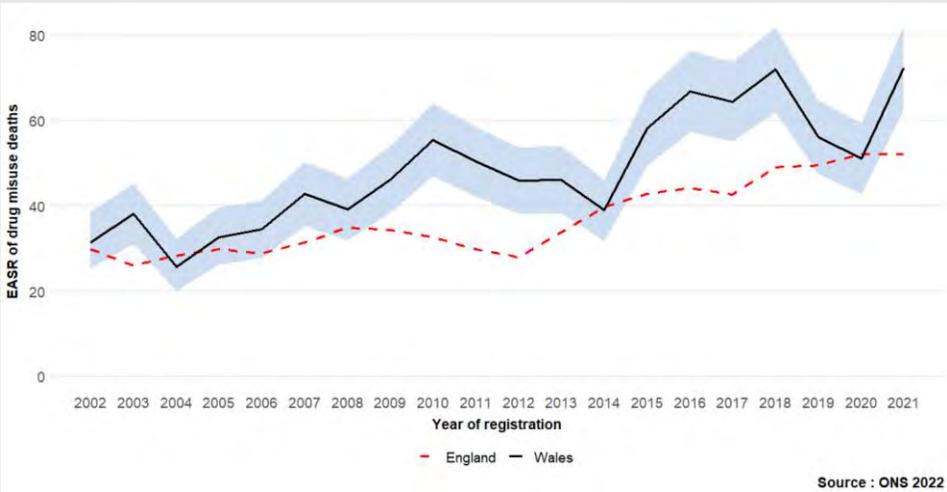


Figure 13: Age standardised rates per million population of drug misuse deaths in England and Wales by registered year of death, with 95% confidence intervals, 2000 to 2021

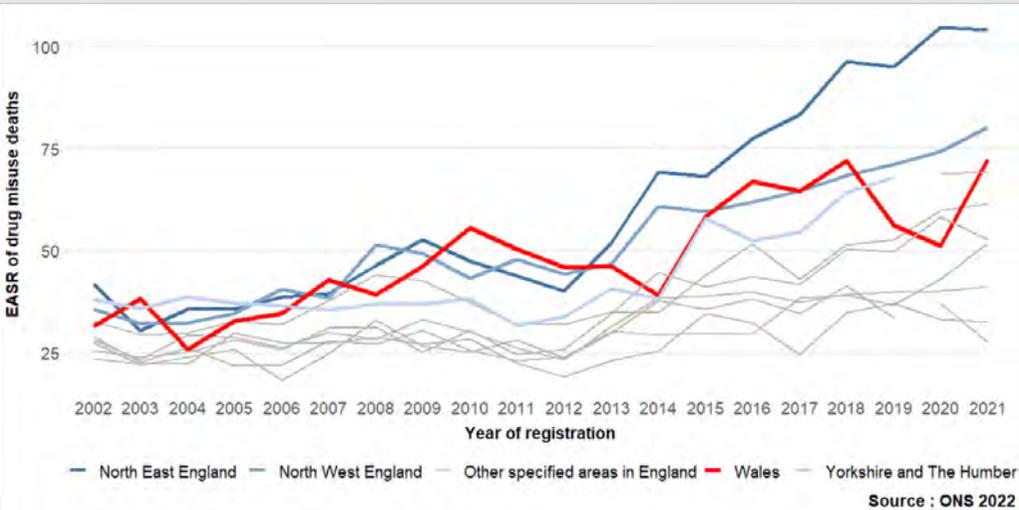


Figure 14: Rate of drug misuse deaths per million population in Wales compared to specified regions in England, 2000 to 2021

# Drug Deaths in Wales

## 3.2 Non-drug misuse deaths overview

In 2021, 112 drug poisonings were registered in Wales, representing an increase of almost 50 per cent on the previous year (see Table 8), with substantial geographic variation by health board of residence. Median age of death was 46 years (range 21 – 87), and 61 per cent were male. The most common single substance recorded was paracetamol, present in 19 per cent of drug poisonings deaths (n = 21) (see Figure 15). There have been increases in deaths involving antidepressants, codeine, insulin and propranolol, however, a single year increase is not sufficient to allow confidence in describing new trends. During this period, 'no named substance' was recorded for 56 non-drug misuse deaths.

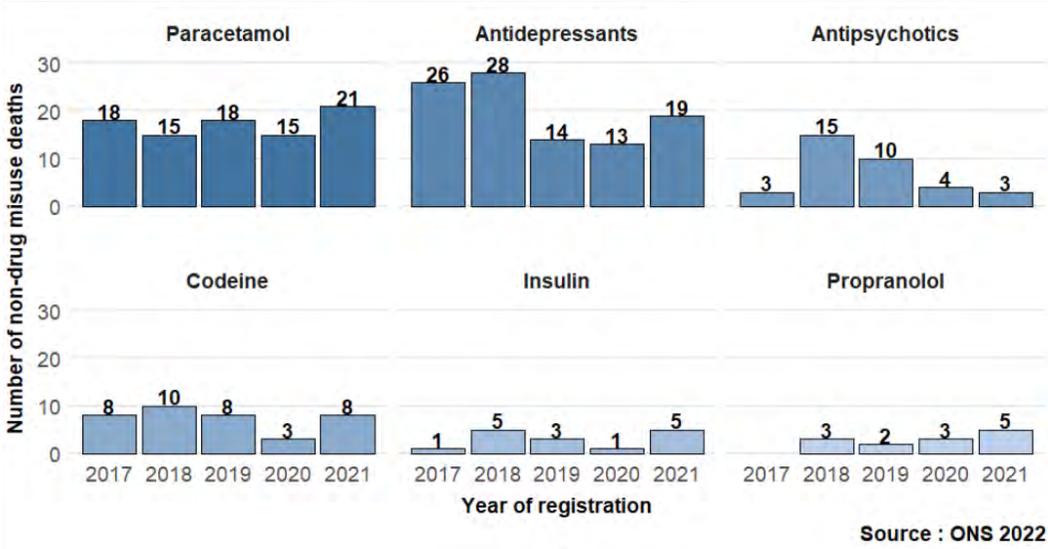


Figure 15: Number of non-drug misuse drug poisonings in Wales involving the top five substances recorded, 2015 to 2020

	2017	2018	2019	2020	2021
<b>Wales</b>					
Number of non-drug misuse deaths	75	119	75	75	112
EASR per 100,000 population	2.5	4.0	2.5	2.5	3.8
Median age (years)	49	48	46	49	46
Age range (years)	19 - 97	18 - 89	19-90	20-94	21-87
% Male	53%	51%	52%	56%	61%
<b>Health board EASR (n)</b>					
Aneurin Bevan	2.9 (17)	4.7 (27)	1.4 (8)	1.7 (10)	3.4 (19)
BCU	2.1 (15)	4.4 (29)	4.3 (29)	3.8 (25)	2.5 (17)
Cwm Taf Morgannwg	3 (12)	5.9 (26)	3 (12)	1.8 (8)	3.2 (14)
Cardiff and Vale	1 (5)	2.3 (11)	0.7 (3)	0.9 (4)	3 (13)
Hywel Dda	3.3 (11)	2.9 (10)	3.4 (12)	4.6 (15)	4.6 (16)
Powys Teaching	1.7 (2)	1.3 (2)	2.6 (3)	3.4 (5)	0.5 (1)
Swansea Bay	3.4 (13)	3.8 (14)	2.2 (8)	2.2 (8)	8.8 (32)

Table 8: Demographic data and rates for non-drug misuse drug poisonings, 2017 to 2021.

# Drug Deaths in Wales

## 3.3 Drug misuse deaths overview

The remainder of this section will summarise only drug poisonings classified as a drug misuse death as defined by ONS.<sup>19</sup> 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 2021 was accidental poisoning, representing 87 per cent (n = 183) of all deaths in 2021 (see Figure 16). All drug misuse deaths have been included in the analysis regardless of intent.

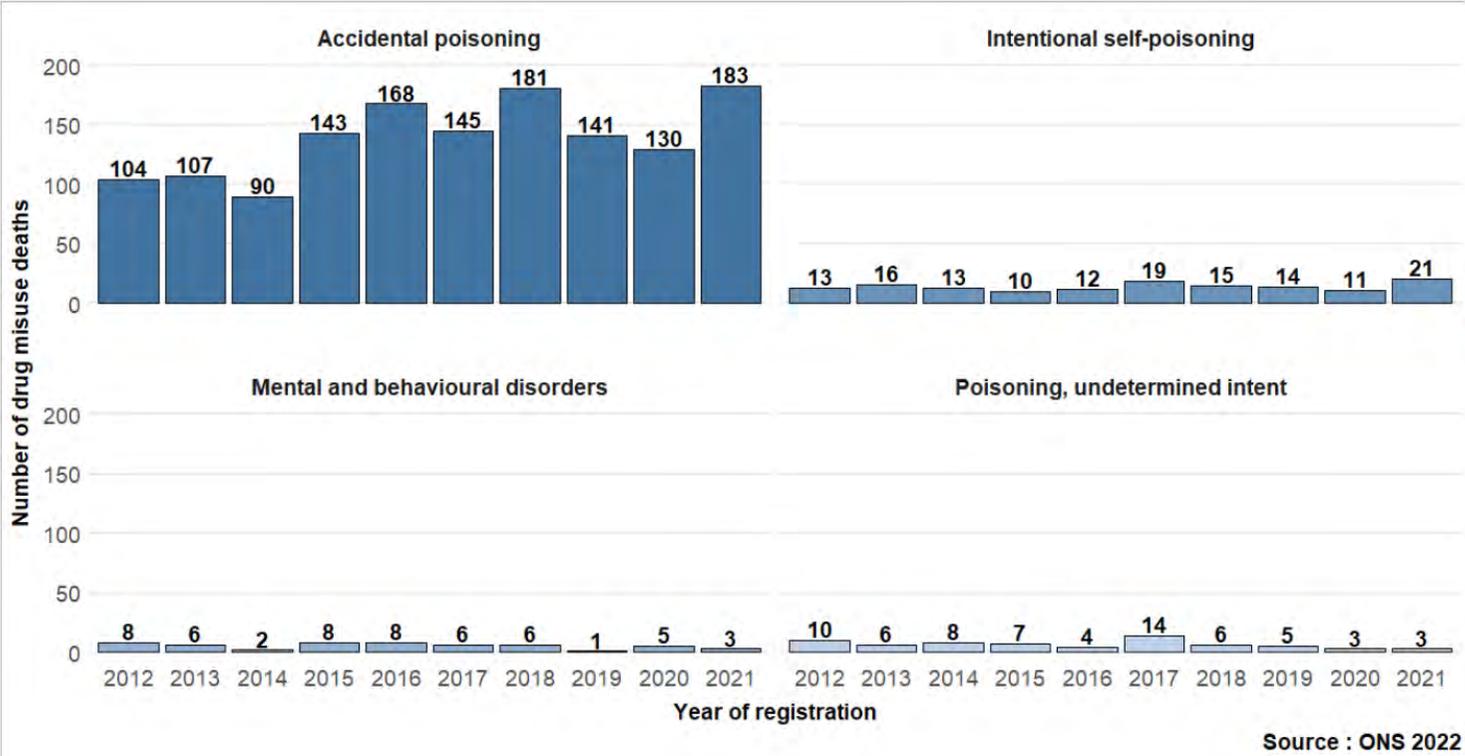


Figure 16: Underlying cause of death for drug misuse deaths in Wales by year of registration, 2012 to 2021.

# Drug Deaths in Wales

## 3.4 Drug misuse deaths demographics - inequalities

Welsh index for multiple deprivation

Drug harms are typically associated with social and economic deprivation. Taking all 1,660 drug misuse deaths in Wales occurring in the last ten years, 41 per cent occurred amongst those from the 20 per cent most deprived areas (deciles 1-2) (see Figure 17). As such, drug misuse deaths were five times higher in those living in the most deprived quintile compared with the least deprived quintile.

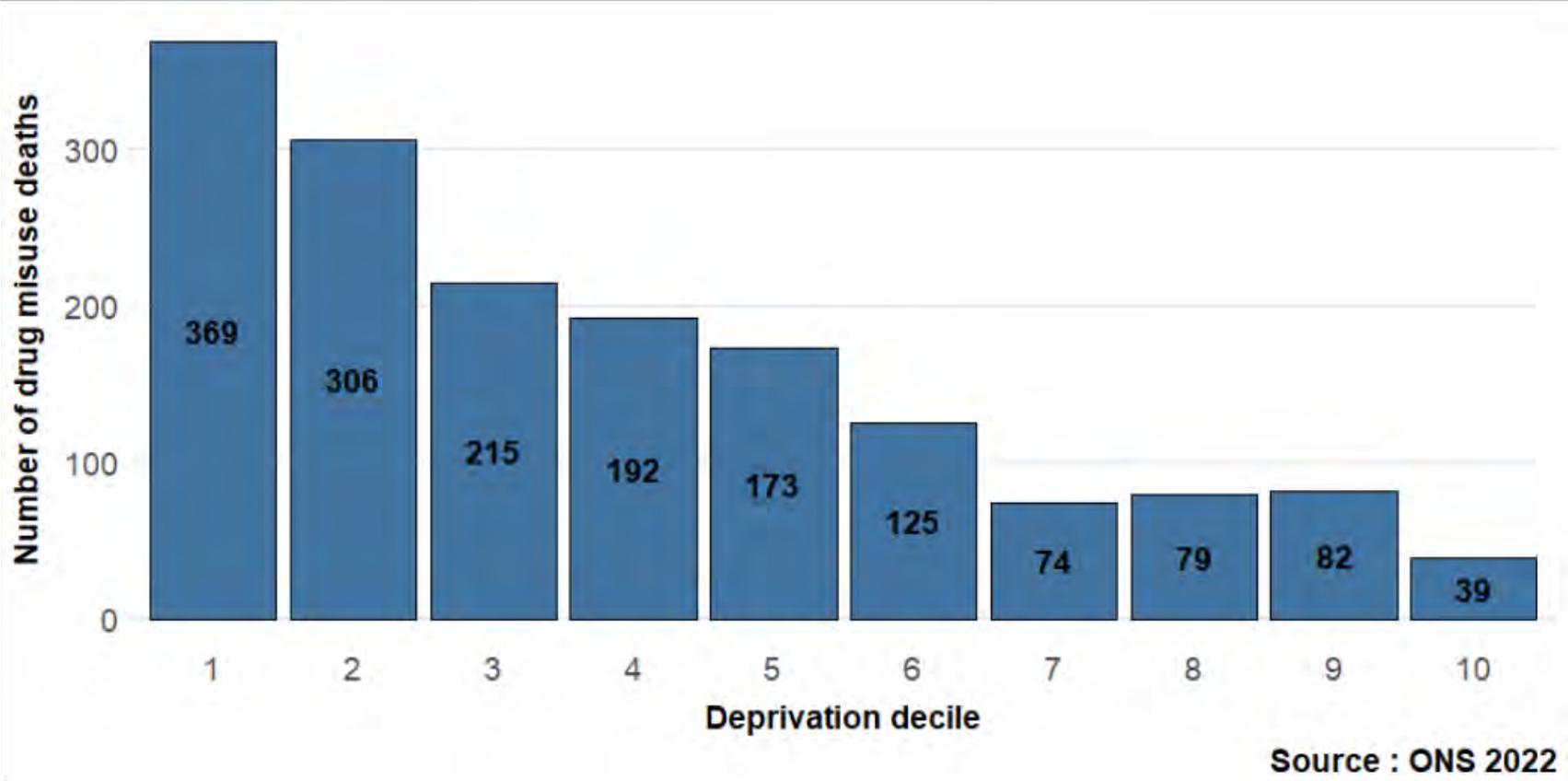


Figure 17: Number of drug misuse deaths by deprivation decile, 2012-21, 1 = highest rank of deprivation to 10 = lowest rank of deprivation)

# Drug Deaths in Wales

## Drug misuse deaths demographics

### Sex and Age

Figure 18 indicates the number of drug misuse deaths stratified by sex. In 2021, the ratio of deaths amongst males and females was around 3:1. Drug misuse deaths amongst females have increased for the first time in 4 years. In 2021, the median age of drug misuse deaths was 42.5 years (range 17-83), an increase of 1.5 years compared to 2020. The median age of death was highest amongst females, 47 years (range 19-83), compared to males, 41 years (range 17-83).

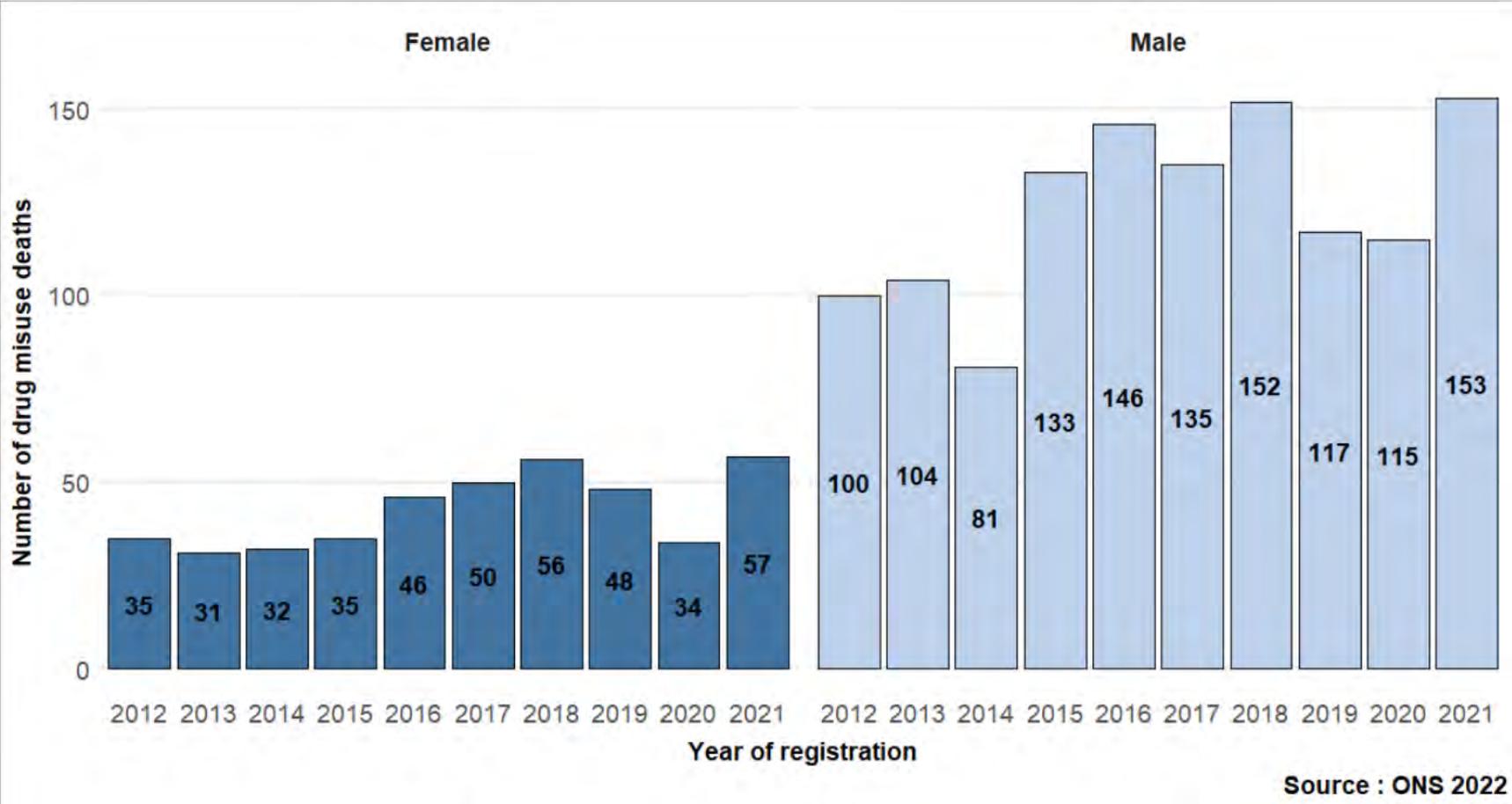


Figure 18: Drug misuse deaths by sex and year of registration, 2012 to 2021, Wales

# Drug Deaths in Wales

## Drug misuse deaths demographics

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

In 2021, the 40-44 year age group represents the most common age group, reported in 18 per cent of all drug deaths (n = 38). There were 13 deaths in people under the age of 25, accounting for 6 per cent of drug misuse deaths in 2021. Compared to 2020, there have been increases in deaths amongst all age groups with the exception of females aged 35-39 years.

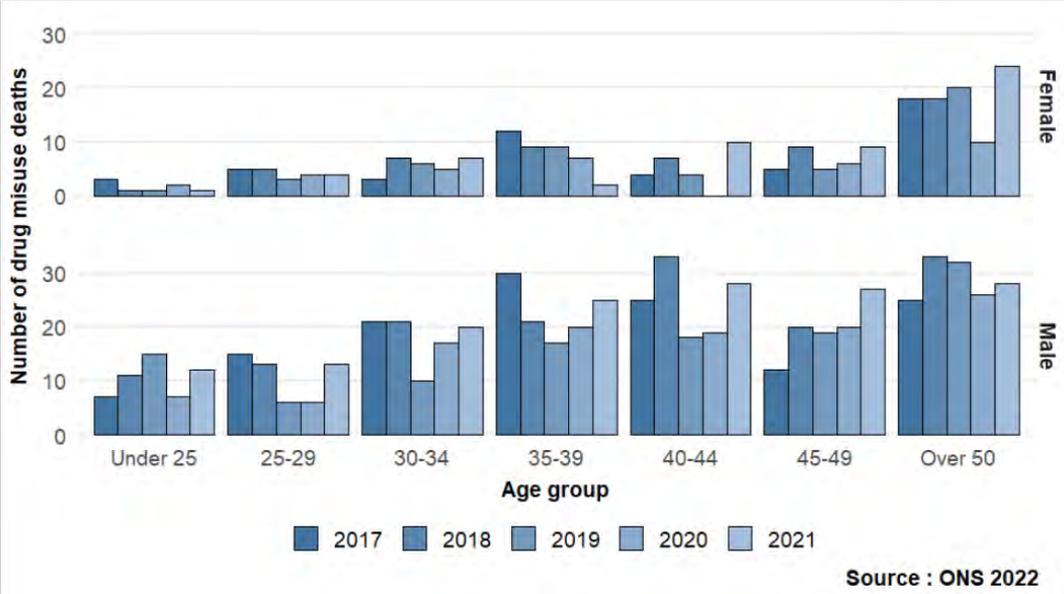


Figure 19: – Drug misuse deaths by age group, sex and year of registration, 2017 to 2021

Figure 20: Drug misuse deaths by age group and year of registration, 2012 to 2021, Wales

# Drug Deaths in Wales

## 3.5 Drug misuse deaths substances

In 2021 and consistent with previous years, the most common substance recorded for a drug misuse death in Wales was heroin/morphine, reported in 44 per cent of deaths (n=93). Other substances commonly recorded were:

- Cocaine (22 per cent n=47)
- Methadone (16 per cent, n= 33)
- Diazepam (10 per cent, n= 20)
- Pregabalin (13 per cent, n= 27)
- Flubromazolam (10 per cent, n = 21)

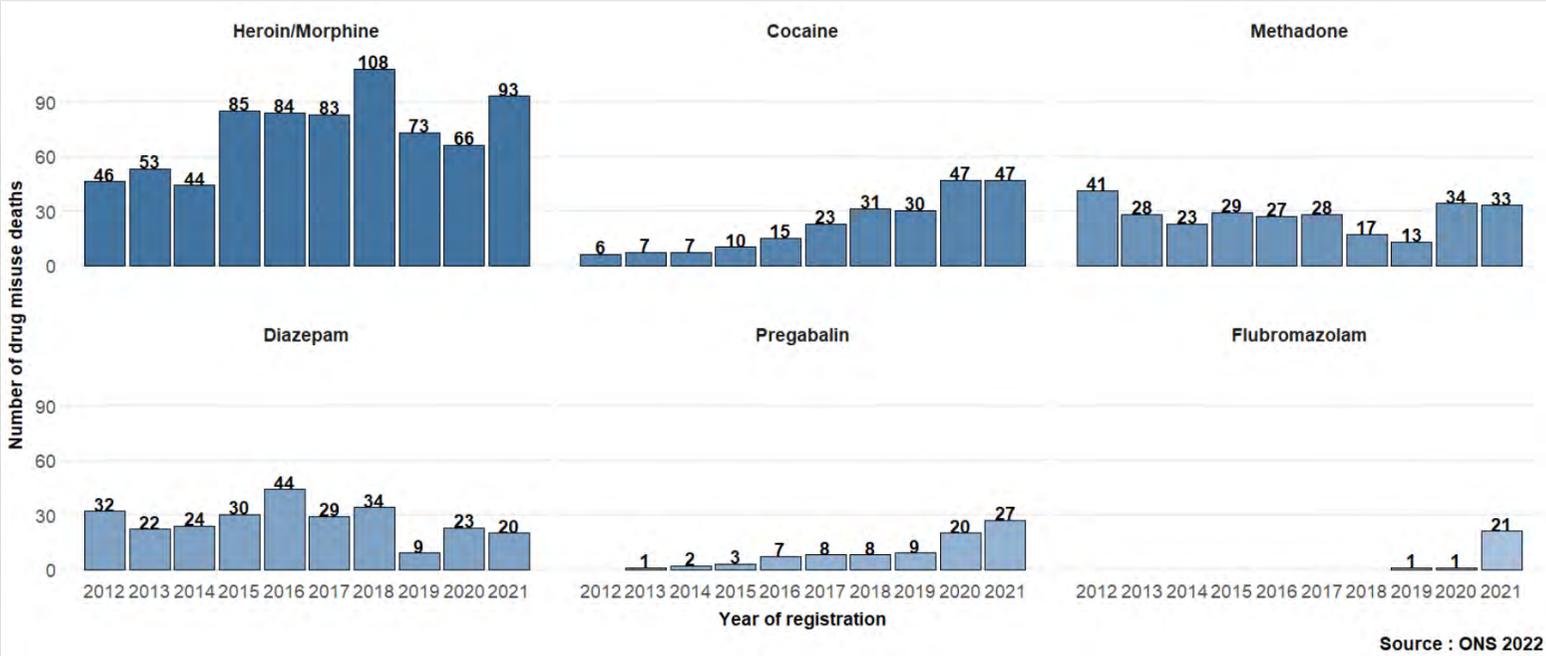


Figure 21: Top six substances recorded in drug misuse deaths in Wales, 2012 to 2021

# Drug Deaths in Wales

## Drug misuse deaths substances

Drug misuse deaths often involve a combination of substances, including alcohol and prescription only medicines (POMs) or over the counter medicines (OTCs) referred to as poly-drug use. In 2021, 62 per cent (n=131) of drug misuse deaths had more than one substance recorded, a slight decrease compared to the previous year, as shown in Figures 22, 23 and 24.

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

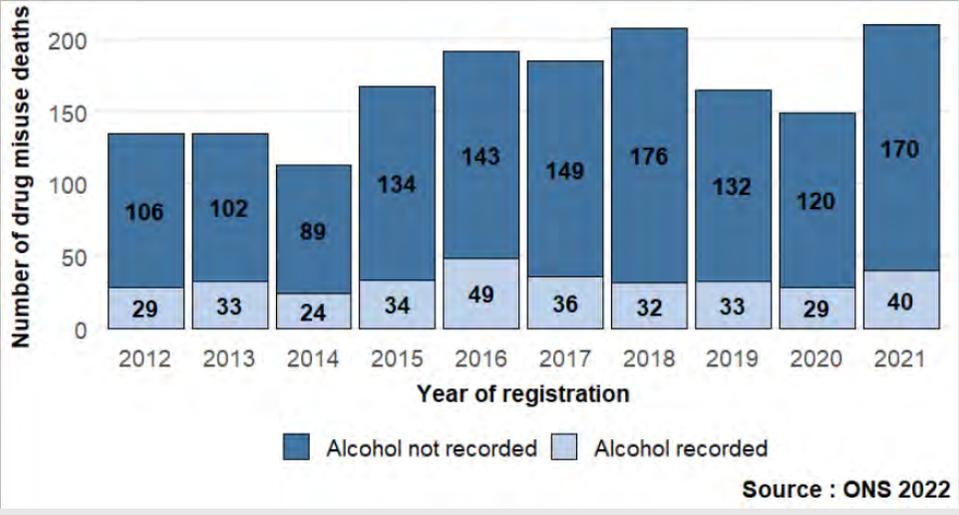
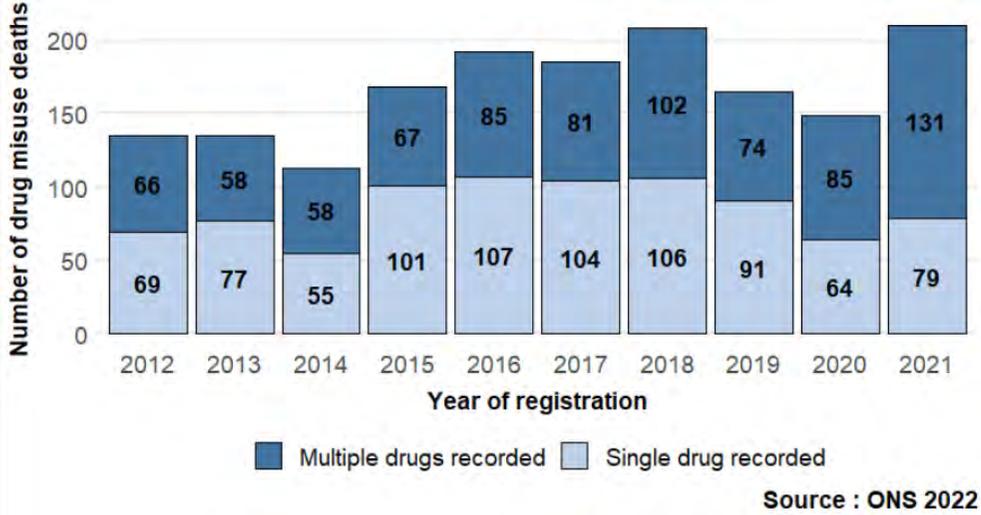


Figure 22: Drug misuse deaths in Wales with multiple substances recorded, 2021 to 2010

Figure 23: Drug misuse deaths in Wales with multiple substances recorded, 2021 to 2010

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 2021, alcohol was toxicologically evidenced in 19 per cent (n = 40) of drug misuse deaths, which is consistent with the 20 per cent recorded in the previous year as shown in figure 23.

# Drug Deaths in Wales

## Drug misuse deaths substances

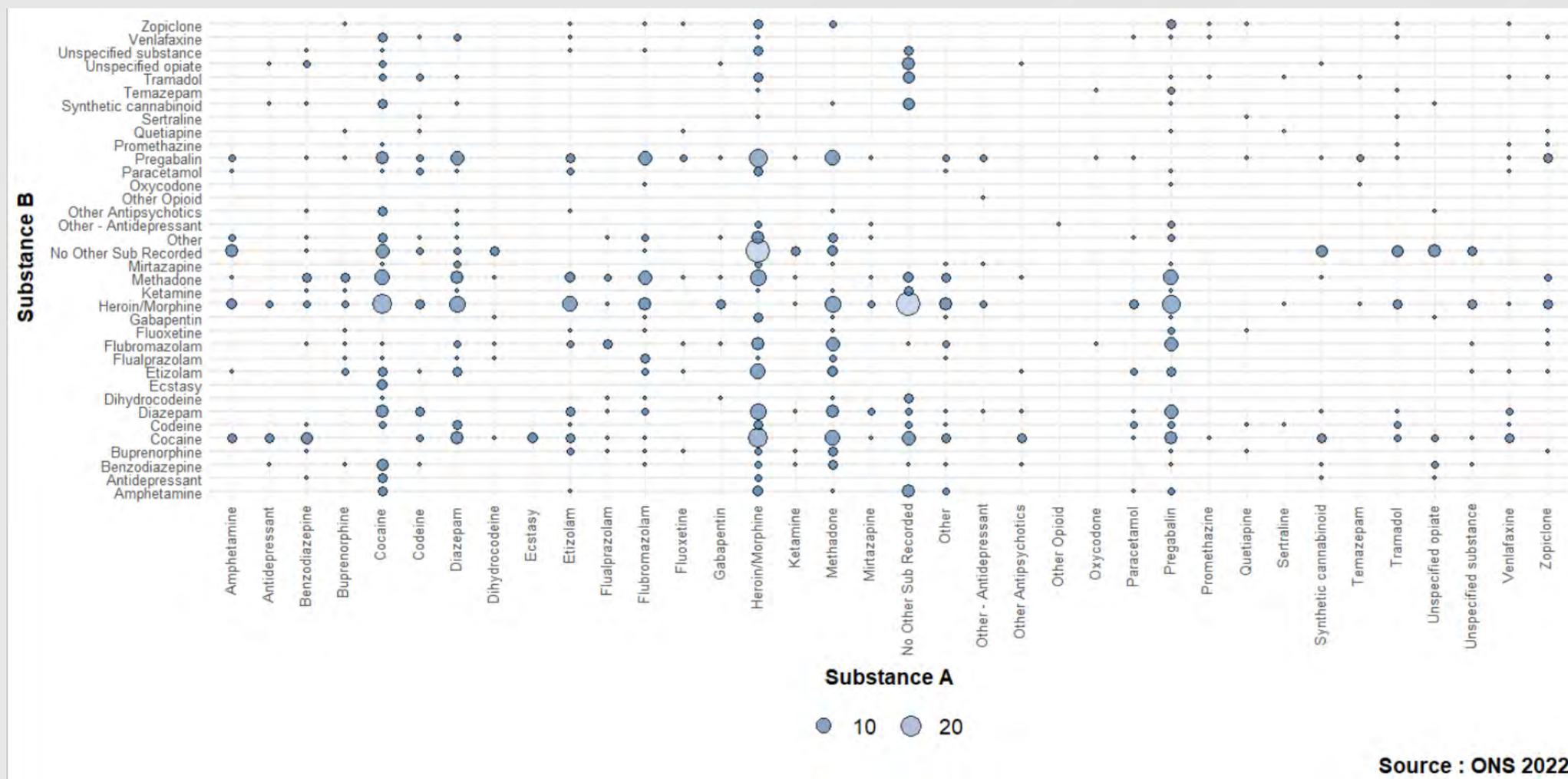


Figure 24: Relative number of drug misuse deaths involving single or combinations of drugs identified together on any position and recorded on the death certificate in Wales 2021.

# Drug Deaths in Wales

## Drug misuse deaths substances

### Opioids – Heroin and Morphine

Opioids represent the most common substance group recorded in drug misuse deaths in Wales. In 2021, 71 per cent of deaths involved an opioid (n = 150), compared to 77 per cent in the previous year. Of the 150 opioid deaths, 93 involved heroin/morphine. The remaining 57 deaths involved at least one other opioid such as methadone, codeine or tramadol.

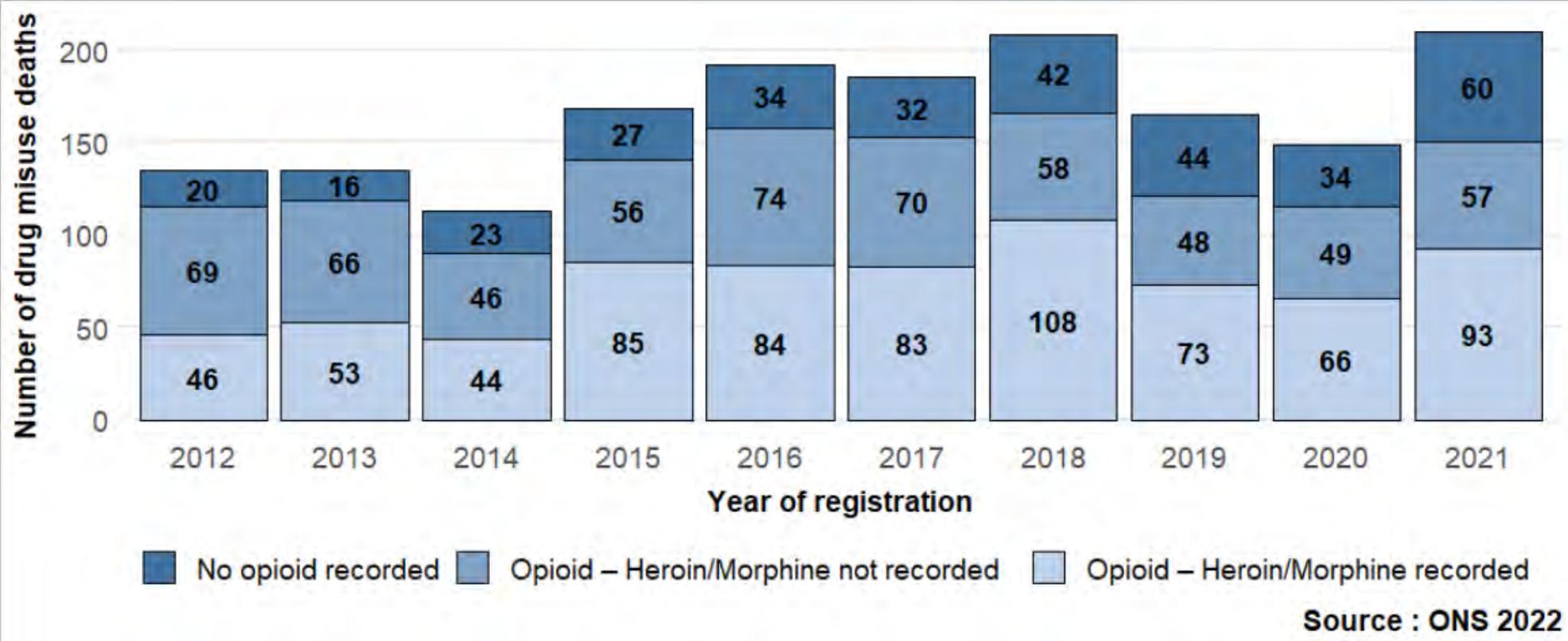


Figure 25: Drug misuse deaths in Wales, by substance group and year of death registration, 2012 to 2021.

# Drug Deaths in Wales

## Drug misuse deaths substances – heroin / morphine deaths

The median age of heroin/morphine deaths was 41 years and the proportion of deaths involving males was 68 per cent in 2021.

Demographic data for heroin/morphine deaths are shown in Table 9. Cwm Taf Morgannwg University Health Board accounted for 30 per cent of deaths involving heroin/morphine in Wales. The single year EASR per 100,000 population for this region also increased significantly compared with the previous year. The largest increase in EASR per 100,000 population was also observed in this region.

	2017	2018	2019	2020	2021
<b>Wales</b>					
Number of deaths	83	108	73	66	93
EASR per 100,000 population	2.9	3.8	2.5	2.3	3.2
Median age (years)	39	40.5	43	39.5	41
Age range (years)	14 - 69	21 - 84	17-77	20-74	17-73
% Male	66%	77%	77%	70%	68%
<b>Health board EASR (n)</b>					
Aneurin Bevan	1.2 (6)	1.7 (9)	1.2 (7)	0.5 (3)	1.9 (10)
BCU	2 (12)	2.3 (15)	1.8 (11)	2.1 (13)	1.2 (8)
Cwm Taf Morgannwg	1.6 (7)	4.9 (21)	4.6 (19)	2.2 (9)	6.6 (28)
Cardiff and Vale	1.7 (8)	3.5 (16)	2.3 (11)	2.2 (10)	2.1 (10)
Hywel Dda	4.1 (13)	5.4 (18)	2.5 (8)	1.8 (6)	4.9 (16)
Powys Teaching	0 (0)	2.2 (2)	1.8 (2)	1 (1)	4.8 (6)
Swansea Bay	10.3 (37)	7.3 (27)	4 (15)	6.6 (24)	4.2 (15)

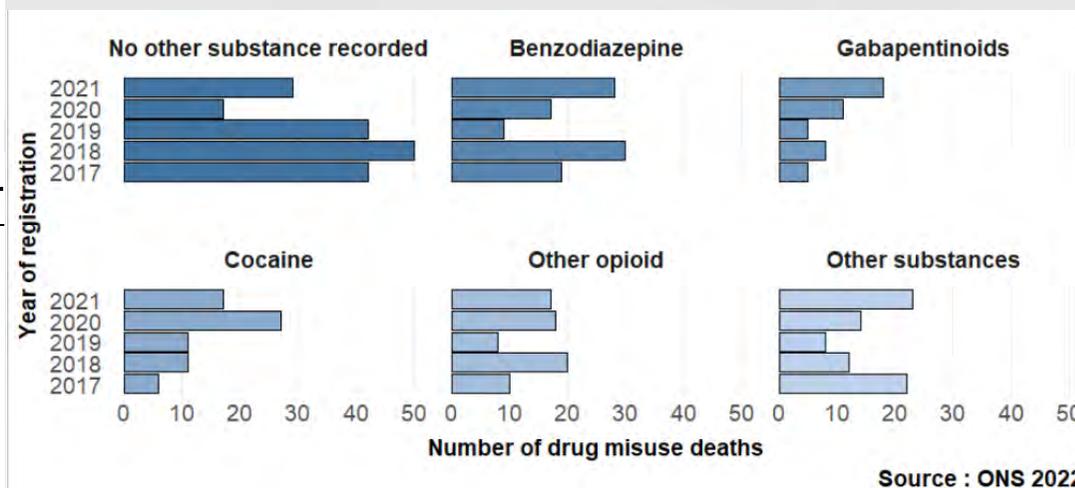


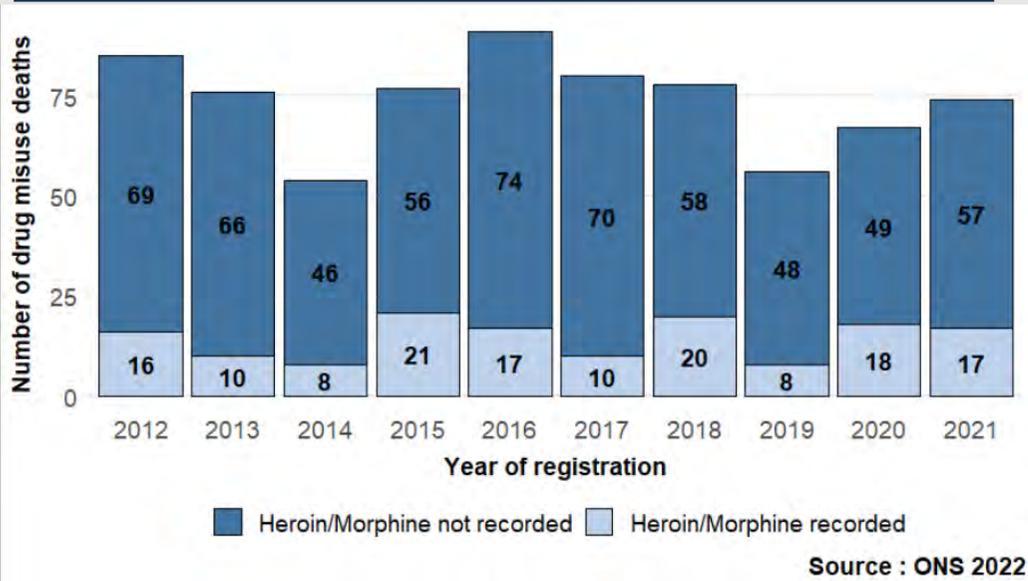
Table 9: Summary demographic data related to deaths involving heroin/morphine by Health Board, including European age standardised rates (EASR) per 100,000 population (number of deaths in brackets), 2017 to 2021.

Figure 26: Heroin/morphine drug misuse deaths involving different substance groups by year of registration, 2017 to 2021.

In 2021, 31% of heroin/morphine deaths (n=29) were recorded as not involving any other substance. This is a significant increase from the previous year, but more consistent with previous years. The remaining 69% (n = 64) of deaths in Wales included at least one other substance (see Figure 25).

# Drug Deaths in Wales

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



Other opioids – non-heroin/morphine  
 There were 57 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).

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

Other commonly recorded opioids were Dihydrocodeine (n = 5), Codeine (n = 10) and Buprenorphine (n = 5). In 2021, 1 death involving fentanyl was recorded. There has been an increase in the number of deaths involving 'unspecified opiates', from 5 in 2020 to 10 in 2021.

Figure 27: Drug misuse deaths in Wales, by substance group and year of death registration, 2012 to 2021.

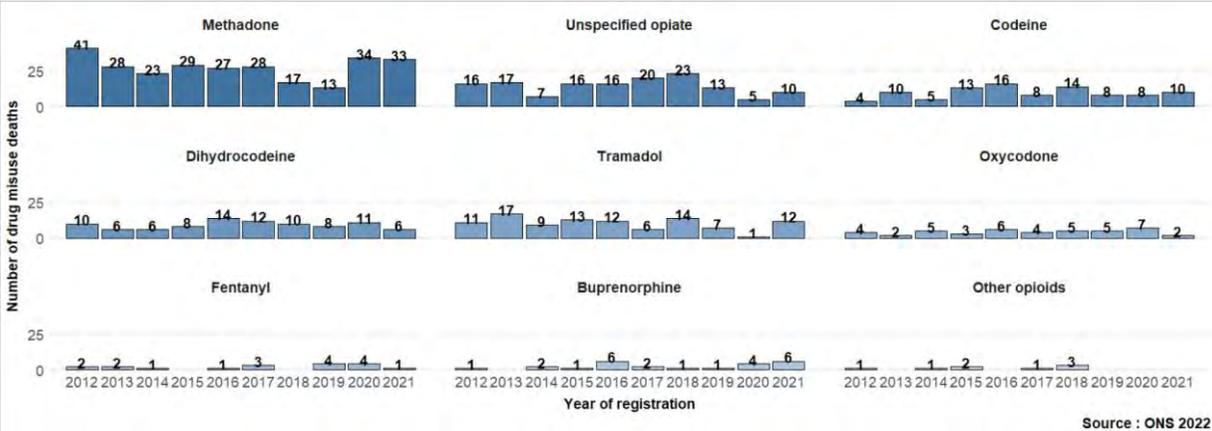


Figure 28: Drug misuse deaths involving other opioids (non-heroin/morphine) by year of death registration and substance, 2012 to 2021.

# Drug Deaths in Wales

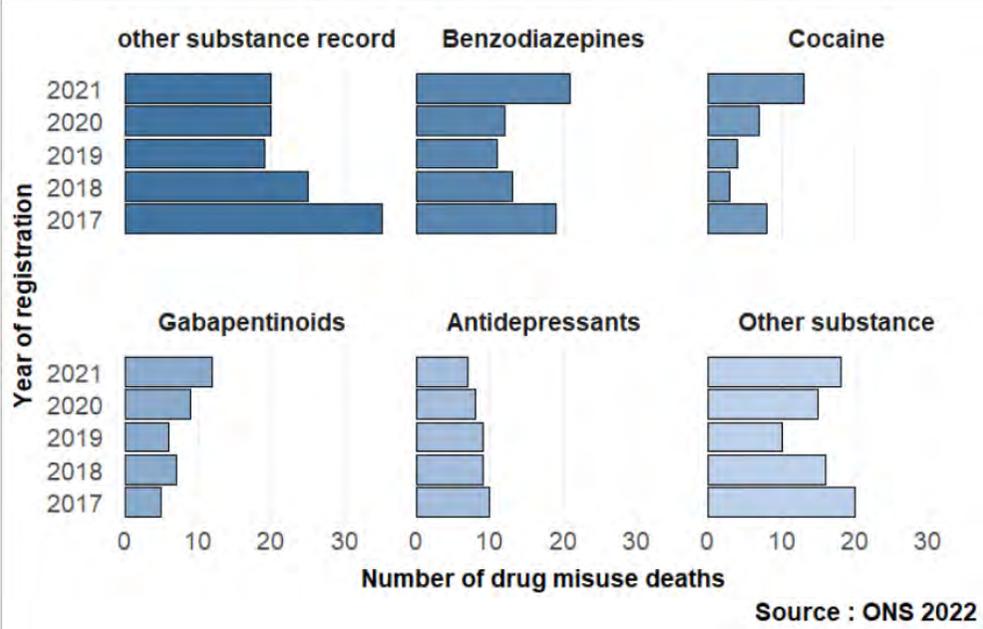
## Drug misuse deaths substances – other opioids: non-heroin/morphine

The median age of deaths involving 'other opioids' was 45 years compared to 41 years for deaths involving heroin/morphine, and 67 per cent were male. The highest EASR of drug misuse deaths involving other opioids were recorded in Swansea Bay with 2.9 deaths per 100,000 population (see Table 10). Amongst the 57 deaths involving other opioids, 35 per cent (n=20) had no other substance recorded. In the remaining 37 deaths, substances recorded alongside opioids include benzodiazepines, cocaine, gabapentinoids and at least one other substance.

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

	2017	2018	2019	2020	2021
<b>Wales</b>					
Number of deaths	70	58	48	49	57
EASR per 100,000 population	2.4	2.0	1.6	1.7	1.9
Median age (years)	39.5	45	48.5	45	45
Age range (years)	19 -91	24 -91	21-88	17-77	17-83
% Male	77%	64%	63%	82%	67%
<b>Health board EASR (n)</b>					
Aneurin Bevan	1.4 (8)	1.6 (9)	1.4 (8)	0.3 (2)	1.5 (9)
BCU	1.8 (12)	1.6 (11)	1.7 (11)	1.8 (12)	2.2 (15)
Cwm Taf Morgannwg	3.8 (16)	3 (13)	1.9 (8)	2.3 (10)	2.1 (9)
Cardiff and Vale	1.8 (9)	1.6 (7)	1.9 (8)	0.7 (3)	1.8 (8)
Hywel Dda	1.7 (5)	1 (3)	1.3 (5)	1.2 (4)	1.7 (6)
Powys Teaching	1.2 (1)	0.6 (1)	2.6 (3)	4.6 (4)	0 (0)
Swansea Bay	5.2 (19)	4.1 (14)	1.3 (5)	3.9 (14)	2.9 (10)

Figure 29: Other opioid deaths involving different substance groups by year of registration, 2017 to 2021



# Drug Deaths in Wales

## Drug misuse deaths substances - Benzodiazepines

### Benzodiazepines

Benzodiazepines were reported in 32 per cent of drug misuse deaths registered in 2021 (n = 68), representing the second most common substance group reported after opioids, and an increase compared to last year.

The most commonly reported benzodiazepine was Flubromazolam, reported in 21 deaths in 2021, making it the one of the most common individual substance reported. Other benzodiazepines listed included Diazepam (20) and Etizolam, Flualprazolam and Temazepam. Recent reports have indicated increases in deaths involving benzodiazepines in other regions of the UK. Scotland have seen substantial increases since 2014, in particular deaths involving Etizolam.

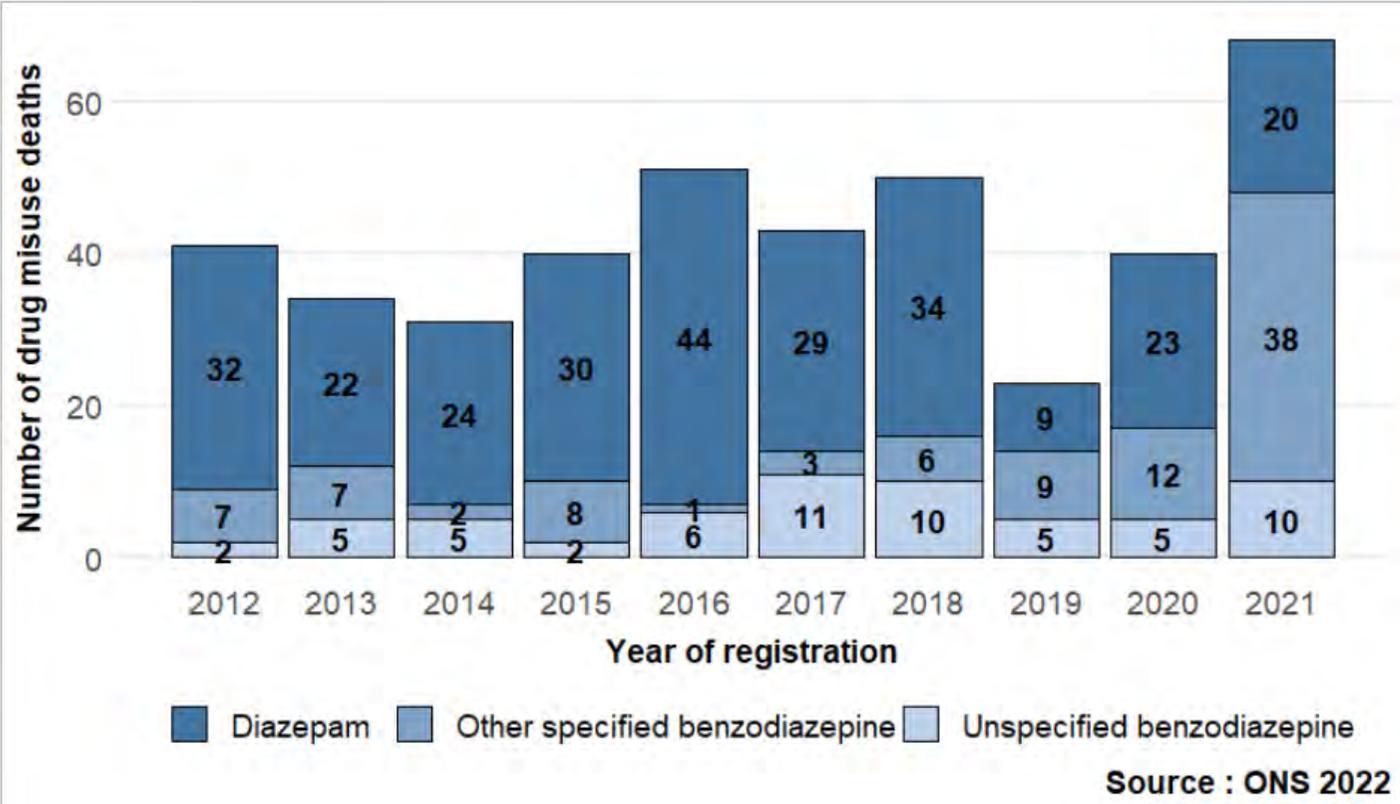


Figure 32: Deaths involving benzodiazepines by year of registration and substance, 2012 to 2021.

# Drug Deaths in Wales

## Drug misuse deaths substances – Benzodiazepines

The median age of deaths involving benzodiazepines was 42 years, and 82 per cent were male (see Table 12). The highest EASR were reported in Cwm Taf University Health Board area, accounting for 30 percent of all deaths involving benzodiazepines.

	2017	2018	2019	2020	2021
<b>Wales</b>					
Number of deaths	42	50	22	35	68
EASR per 100,000 population	1.5	1.8	0.8	1.2	2.2
Median age (years)	37	38	41	40	42
Age range (years)	21 - 80	21 - 79	21-67	20-71	19-65
% Male	81%	84%	82%	71%	82%
<b>Health board EASR (n)</b>					
Aneurin Bevan	1.5 (8)	0.5 (3)	0.7 (4)	0 (0)	0.4 (2)
BCU	0 (0)	0.5 (3)	0.3 (2)	0.2 (1)	0.2 (1)
Cwm Taf Morgannwg	0.9 (4)	1 (4)	0.7 (3)	2.7 (11)	4.3 (18)
Cardiff and Vale	0.8 (4)	1.6 (7)	1.1 (5)	1.3 (6)	2.5 (11)
Hywel Dda	3.2 (10)	2.5 (8)	0.7 (2)	0.5 (2)	5 (16)
Powys Teaching	0 (0)	1.2 (1)	1 (1)	1.9 (2)	0.7 (1)
Swansea Bay	4.4 (16)	6.6 (24)	1.5 (5)	3.5 (13)	3.3 (12)

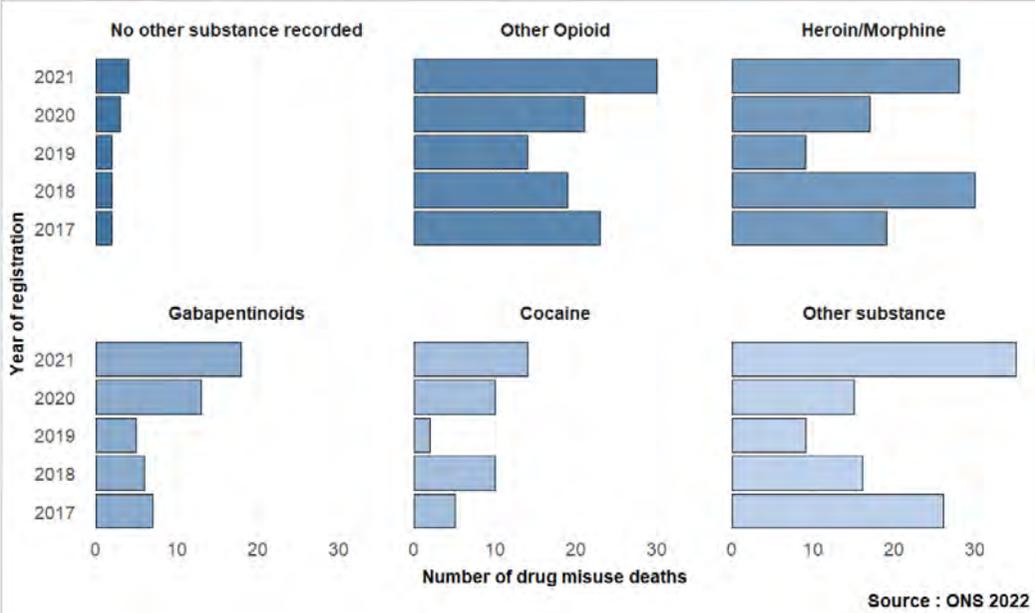


Table 12: Summary demographic data related to deaths involving benzodiazepines, by Health Board, including European age standardised rates (EASR) per 100,000 population (with number of deaths in brackets), 2017-21.

Figure 33: Deaths involving cocaine and additional different substance groups by year of registration, 2017 to 2021

Almost all (94 per cent) of deaths involving benzodiazepines involved other substances, particularly opioids. Of the 68 deaths involving benzodiazepines, 58 were listed alongside at least one opioid, 6 alongside only non-opioids (see Figure 33). There were 4 deaths with only one substance listed.

# Drug Deaths in Wales

## Drug misuse deaths substances - Cocaine

### Cocaine

In 2021, cocaine was recorded in 47 deaths, representing 22 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 two 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 number of deaths where cocaine was not the only substance listed (see Figure 30) and a slight decrease where it was the only substance listed. Common substances listed alongside cocaine are heroin/morphine and other

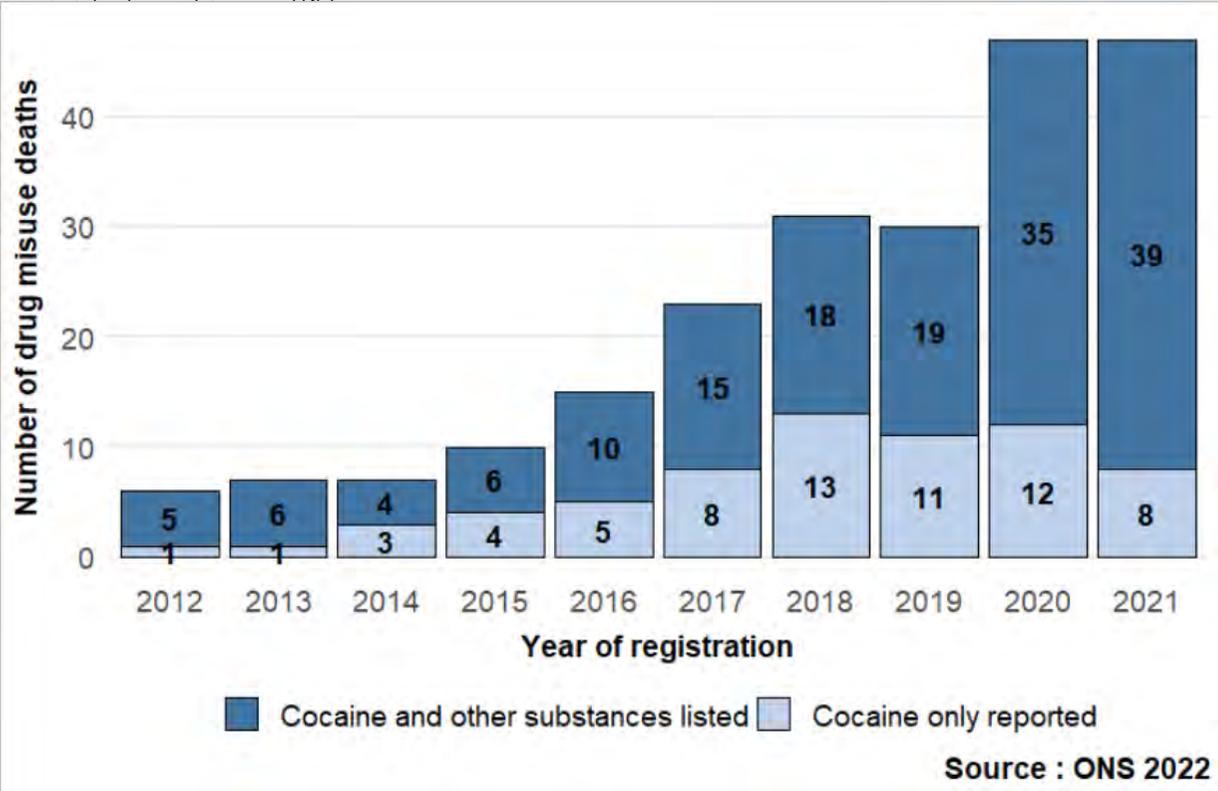


Figure 30: Drug misuse deaths involving cocaine as the only substance reported, and cocaine alongside at least one other substance, by year of death registration, 2012 to 2021.

# Drug Deaths in Wales

## Drug misuse deaths substances - Cocaine

The median age of deaths involving cocaine in 2021 was 41 years (Table 11). Further analysis indicates, differences between median ages at death where cocaine was the only substance listed compared to deaths where cocaine was listed alongside other substances.

	2017	2018	2019	2020	2021
<b>Wales</b>					
Number of deaths	23	31	30	47	47
EASR per 100,000 population	0.8	1.1	1.0	1.7	1.7
Median age (years)	38	35	36.5	39	41
Age range (years)	24 - 57	23 - 56	18-60	21-58	19-59
% Male	87%	87%	73%	79%	81%
<b>Health board EASR (n)</b>					
Aneurin Bevan	0.2 (1)	0.4 (2)	0.2 (1)	0.4 (2)	0.5 (3)
BCU	1.2 (7)	1.2 (7)	2 (12)	1.8 (11)	1.7 (10)
Cwm Taf Morgannwg	0.5 (2)	1.1 (5)	0.5 (2)	1.5 (6)	2.1 (9)
Cardiff and Vale	1.4 (6)	0.9 (4)	1.3 (6)	1.2 (5)	1.3 (6)
Hywel Dda	1 (3)	0.3 (1)	0.4 (1)	0 (0)	1.7 (5)
Powys Teaching	1 (1)	1.2 (1)	2.2 (2)	2.3 (2)	0 (0)
Swansea Bay	0.9 (3)	2.9 (11)	1.6 (6)	5.8 (21)	3.9 (14)

Table 11: 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), 2017-21.

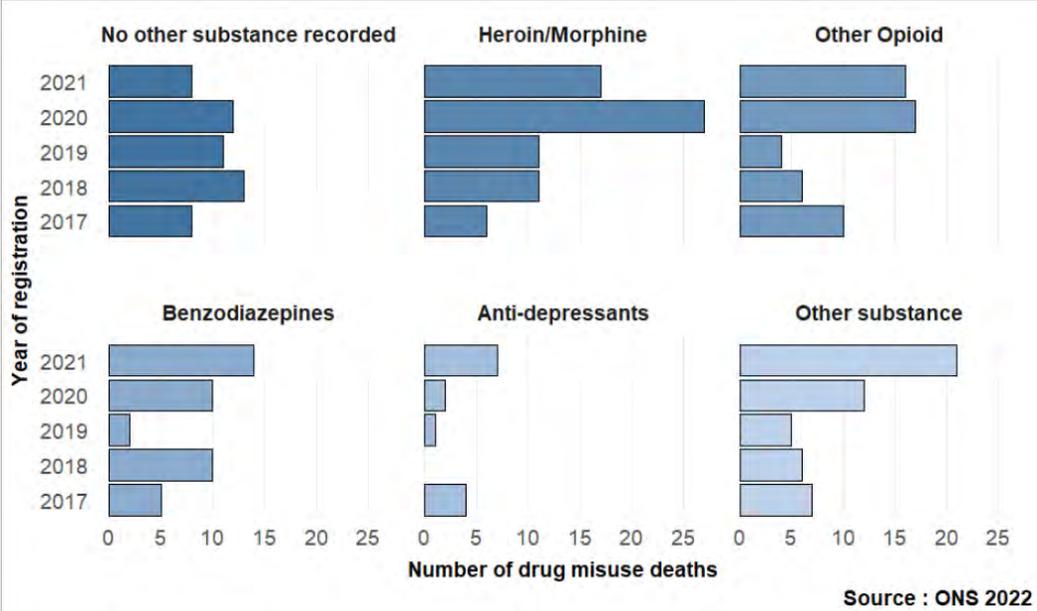
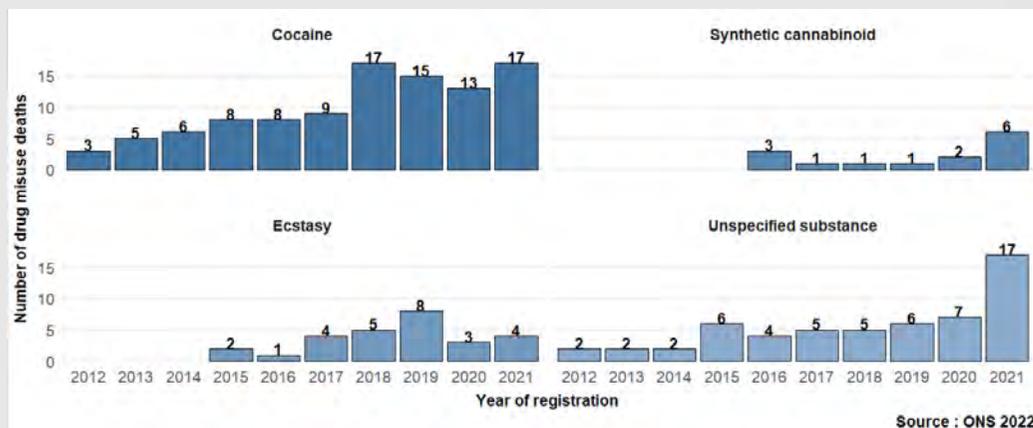


Figure 31: Deaths involving cocaine and additional different substance groups by year of registration, 2017 to 2021.

# Drug Deaths in Wales

## Drug misuse deaths substances – Stimulants and other substances

Stimulants and other substances



In 2021, 29 per cent of drug misuse deaths involved non-opioid substances (n = 60), an increase of 6 percentage points compared to the previous year. The number of deaths involving non-opioids has generally increased since 2013, with the exception of 2017 and 2020.

Over the last decade, Ecstasy/MDMA was recorded in 24 drug misuse deaths, 21 of which have occurred since 2015 with the highest number seen in 2019.

Figure 34: Deaths involving stimulants and non-specified substances, by selected substance and year of registration of death, 2017 – 2021

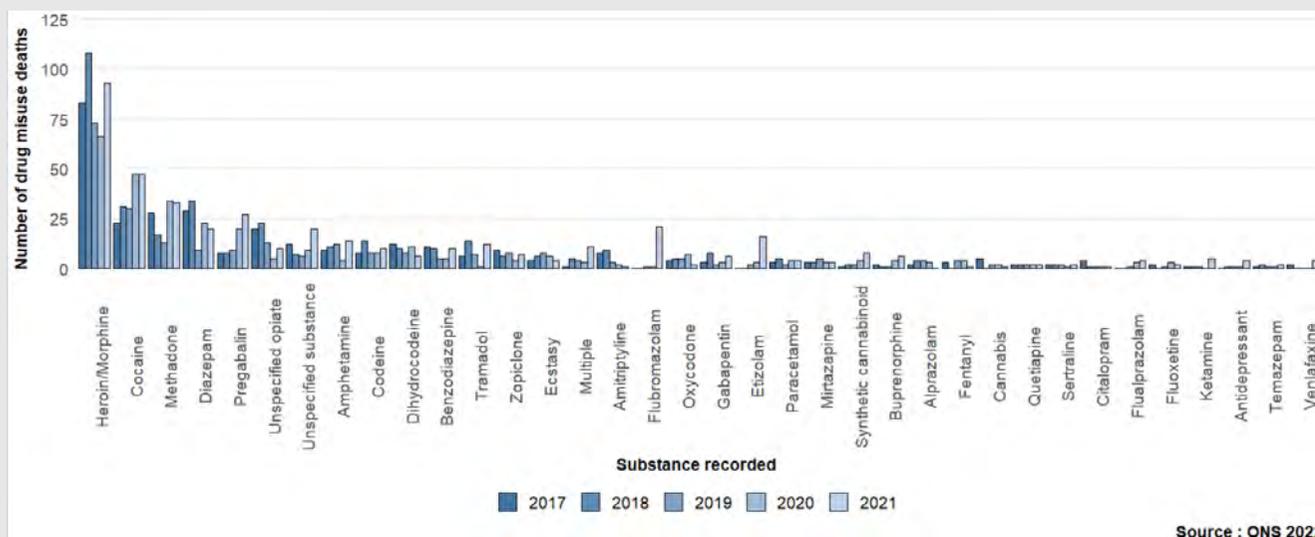


Figure 35: Number of drug misuse deaths in Wales by substance 2017 to 2021

# Drug Deaths in Wales

## 3.6 Geographical analysis

All rates of deaths within this section have been calculated as EASR per 100,000 population. In 2021, the EASR for drug misuse deaths in Wales was 7.24 deaths per 100,000 population. During this period the highest rates were observed in Swansea Bay Health Board, with a rate of 11 deaths per 100,000 population (see Figure 36 and Table 13). This has been a consistent trend since 2017, apart from during 2019 (7 per 100,000). The lowest rate of deaths were observed in Aneurin Bevan University Health Board (ABUHB) with 4 deaths per 100,000 population, and Powys Teaching Health Board (PTHB) at 5 deaths per 100,000 population.

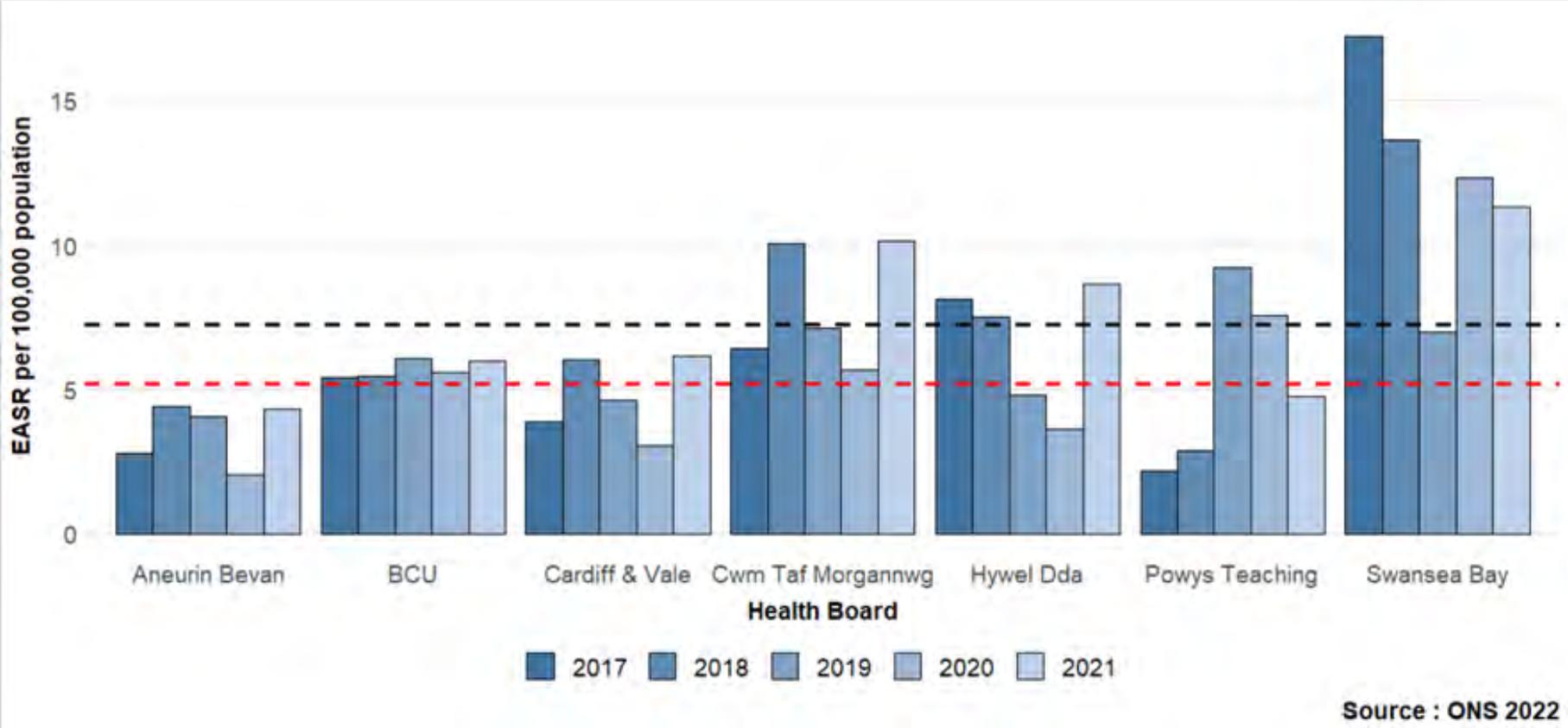


Figure 36: EASR of drug misuse deaths per 100,000 population by health board, 2017 to 2021, with national rates for Wales (black) and England (red).

# Drug Deaths in Wales

## Geographical analysis

The local authority with the highest rates in 2021 were Merthyr Tydfil (13.5 deaths per 100,000 population) and Swansea (12.4 deaths per 100,000 population) (see Figure 37). The lowest rates were observed in Monmouthshire (0 deaths per 100,000 population), Torfaen (1.4 deaths per 100,000 population) and Anglesey (1.7 deaths per 100,000 population). ONS publish a three year rolling average for each local authority as part of annual reporting. This combines the EASR of the last three years in order to identify longer term trends and account for annual fluctuations in deaths. Using this measure, Swansea and Wrexham were recorded as having the highest EASR per 100,000 population of drug misuse deaths in Wales (see Figure 38).

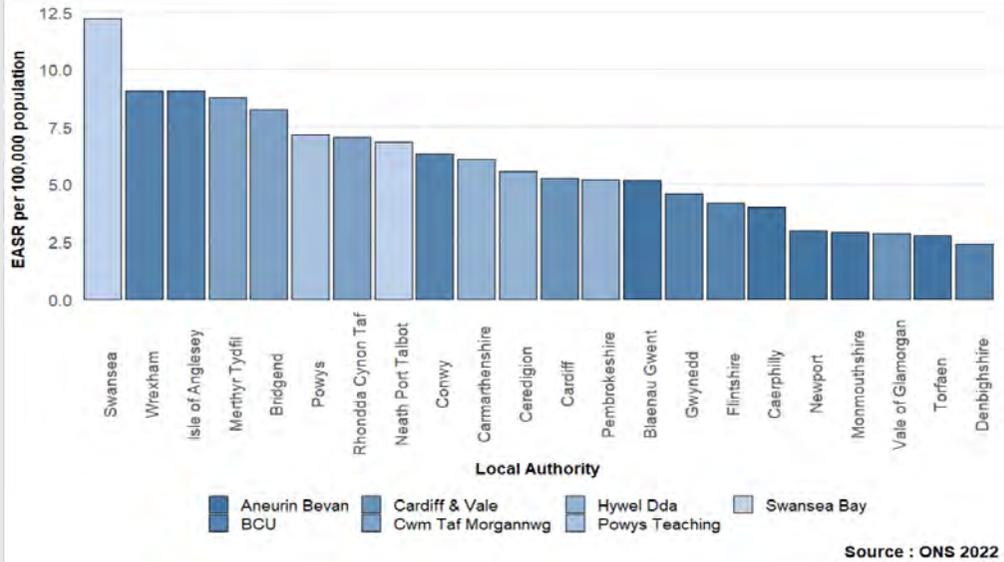
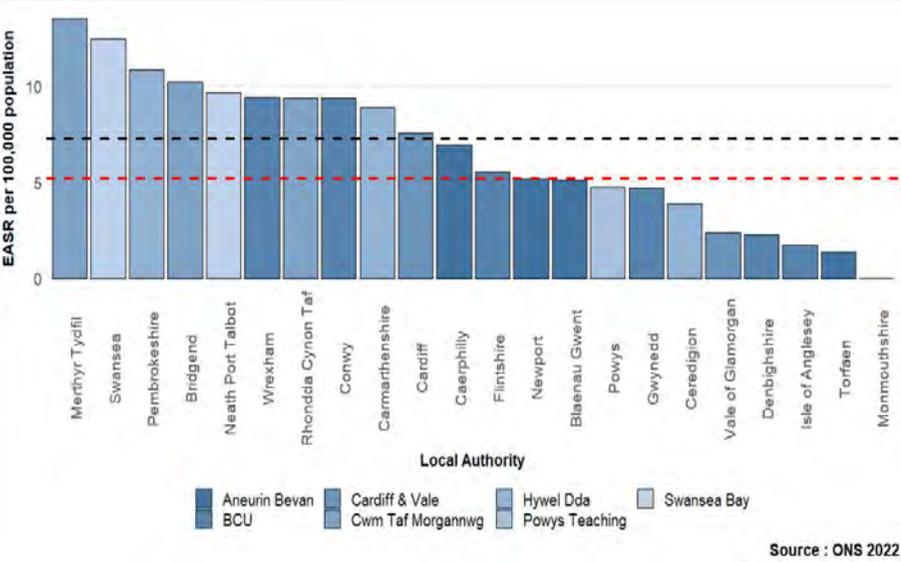


Figure 37 – EASR of drug misuse deaths per 100,000 population in Wales by local authority, 2021, with the national rate for Wales (black) and England (red)

Figure 38: Three year rolling average EASR per 100,000 drug misuse deaths in Wales, by local authority, 2019-21.

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

# Drug Deaths in Wales

## Aneurin Bevan University Health Board

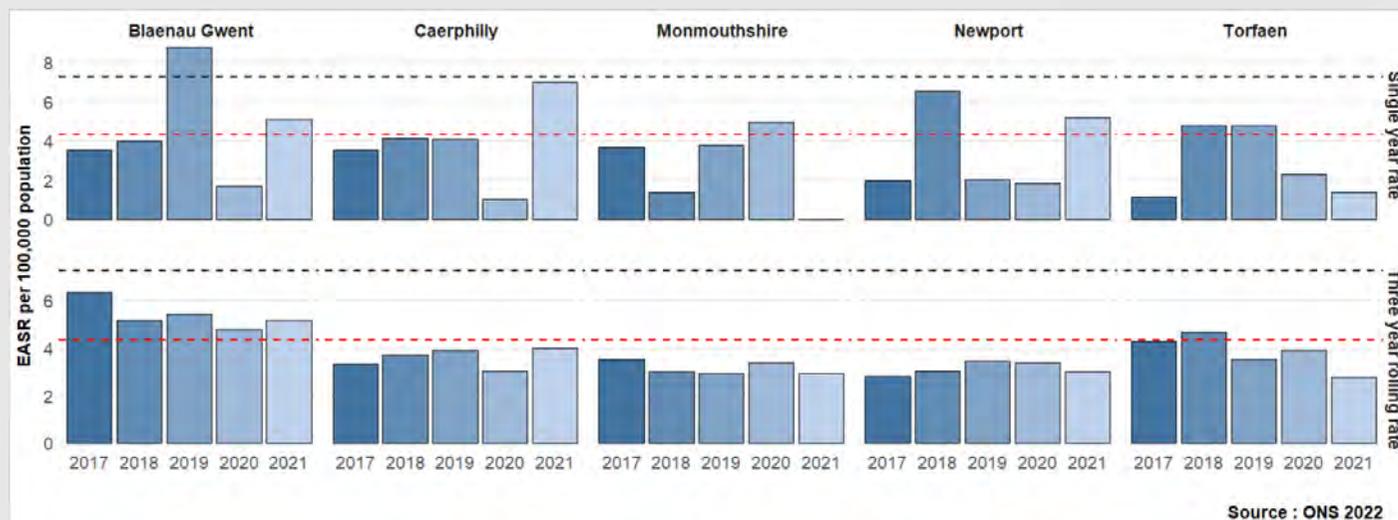


Figure 39 – EASR per 100,000 population of drug misuse deaths in local authorities in ABUHB, by year, calculated using one and three years of data, 2019 to 2021. The lines show the single year EASR for the health board (red) and Wales (black).

The rate of drug misuse deaths in ABUHB was 4.3 deaths per 100,000 population in 2021, below the national average.

This rate has decreased compared to the previous year, and is lower than the rates of the last four years. In 2021, only Torfaen local authority was below the national average (see Figure 39).

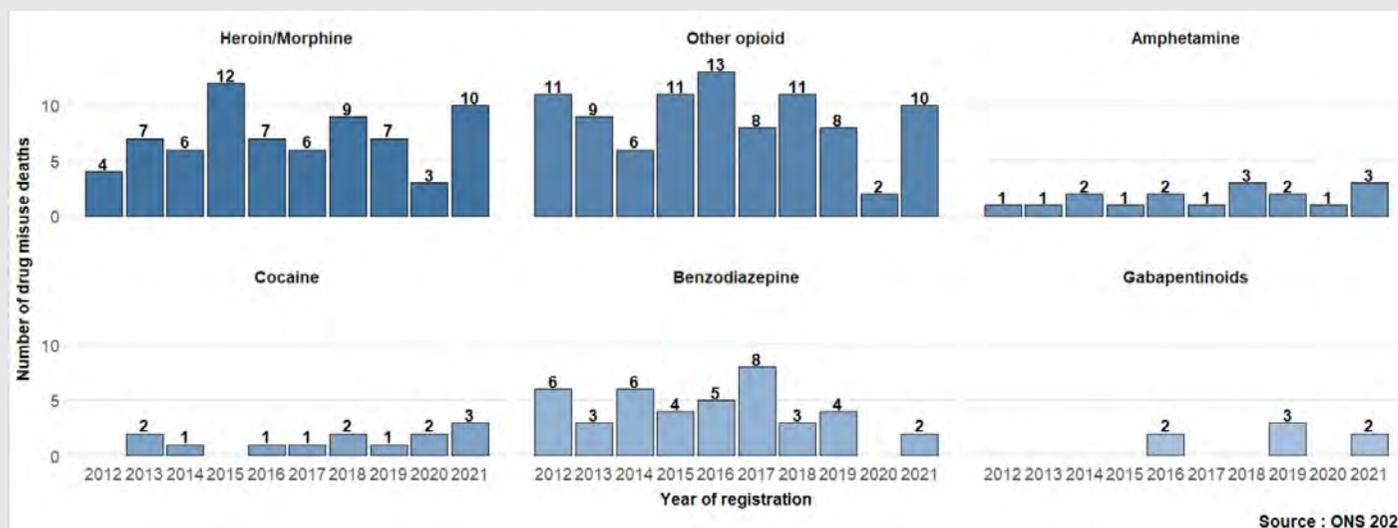
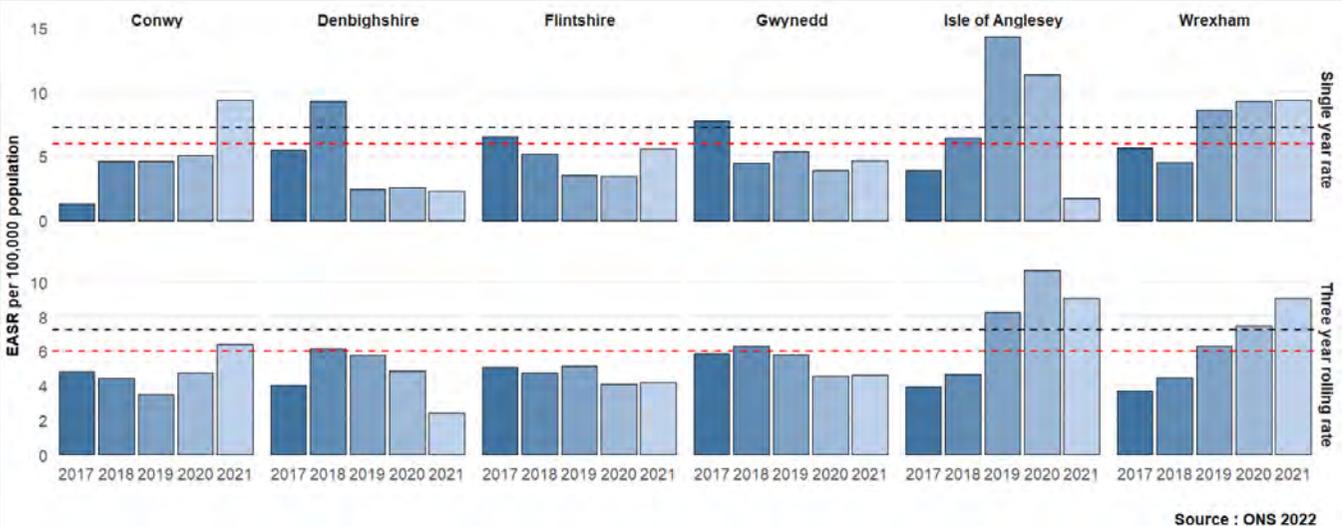


Figure 40: Number of drug misuse deaths involving the 6 most reported substance groups in ABUHB, by year, 2012 to 2021.

# Drug Deaths in Wales

## Betsi Cadwaladr University Health Board



In 2021, a rate of 6 drug misuse deaths per 100,000 population was recorded in BCUHB, a slight increase on the previous year (5.6).

The rate of deaths in Isle of Anglesey and Wrexham were above the Welsh national average. The EASR three year rolling averages show increasing rates in all local authorities in BCU other than Denbighshire (see Figure 41).

Figure 41 – EASR per 100,000 population of drug misuse deaths in local authorities in BCUHB, by year, calculated using one and three years of data, 2019 to 2021. The lines show the single year EASR for the health board (red) and Wales (black).

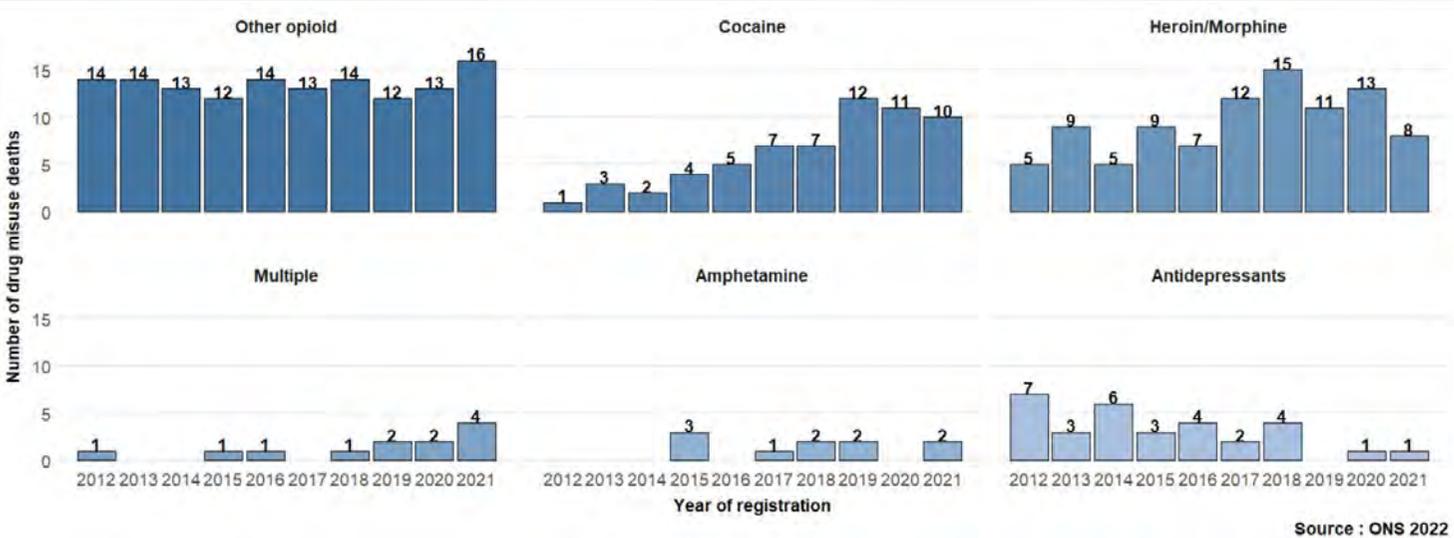
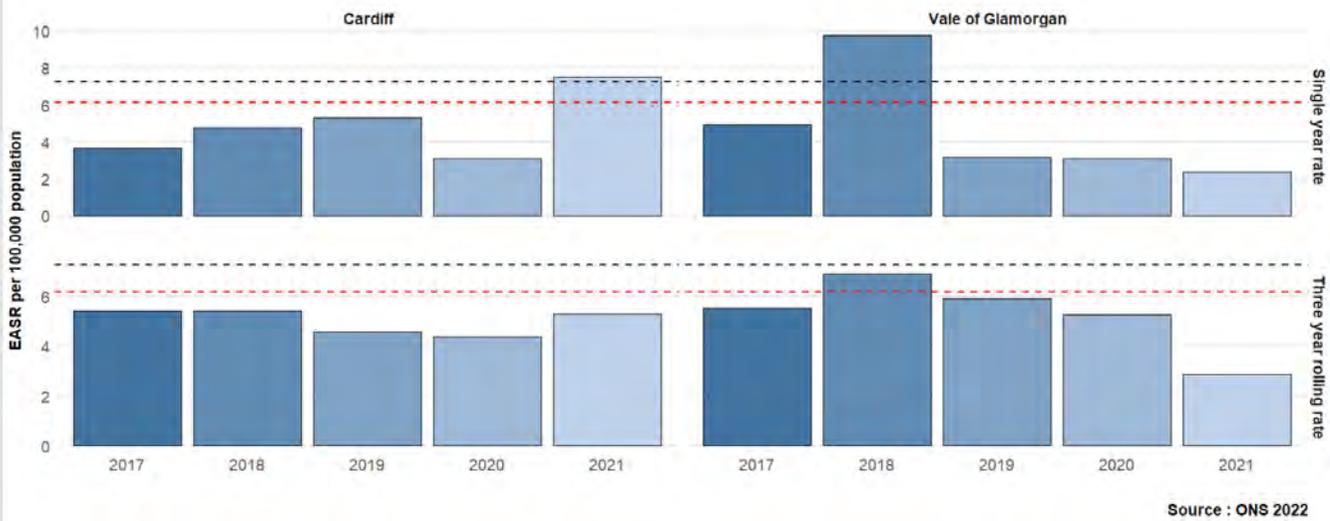


Figure 42: Number of drug misuse deaths involving the 6 most reported substance groups in BCUHB, by year, 2012 to 2021.

# Drug Deaths in Wales

## Cardiff and Vale University Health Board



In 2021, there were 6.2 deaths per 100,000 population recorded in Cardiff and the Vale University Health Board, a significant increase on the previous year (3.1).

Rates of deaths recorded in Cardiff were above the Welsh average in 2021 (see Figure 43). The three year rolling average shows that the rate of death in the Vale of Glamorgan is lower than that in Cardiff.

Figure 43 – EASR per 100,000 population of drug misuse deaths in local authorities in CVUHB, by year, calculated using one and three years of data, 2019 to 2021. The lines show the single year EASR for the health board (red) and Wales (black).

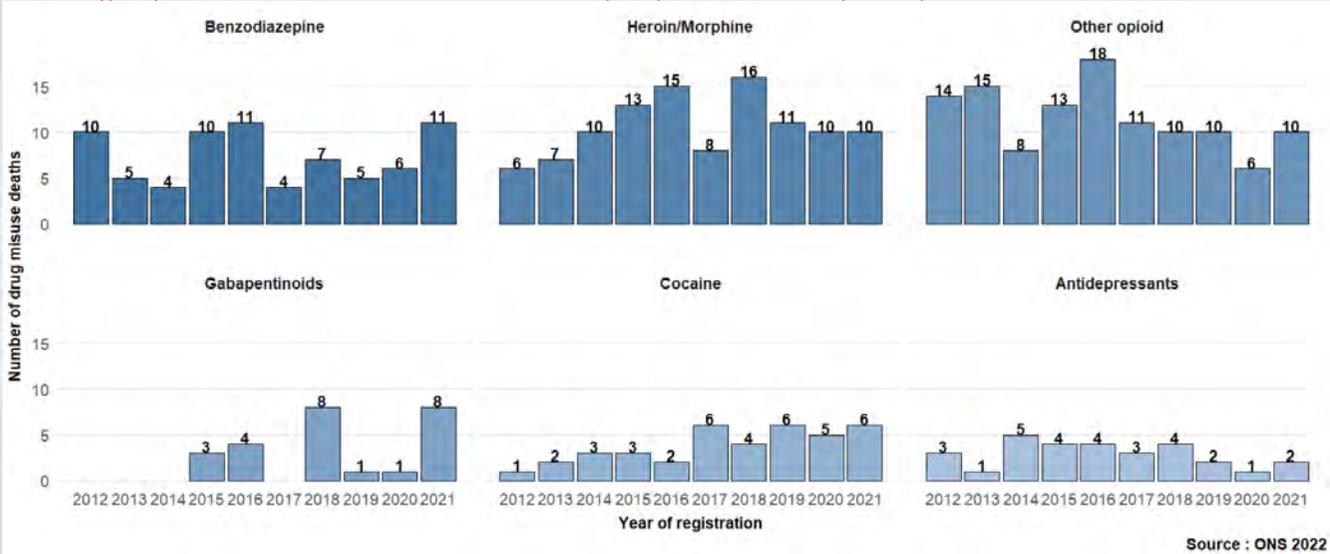
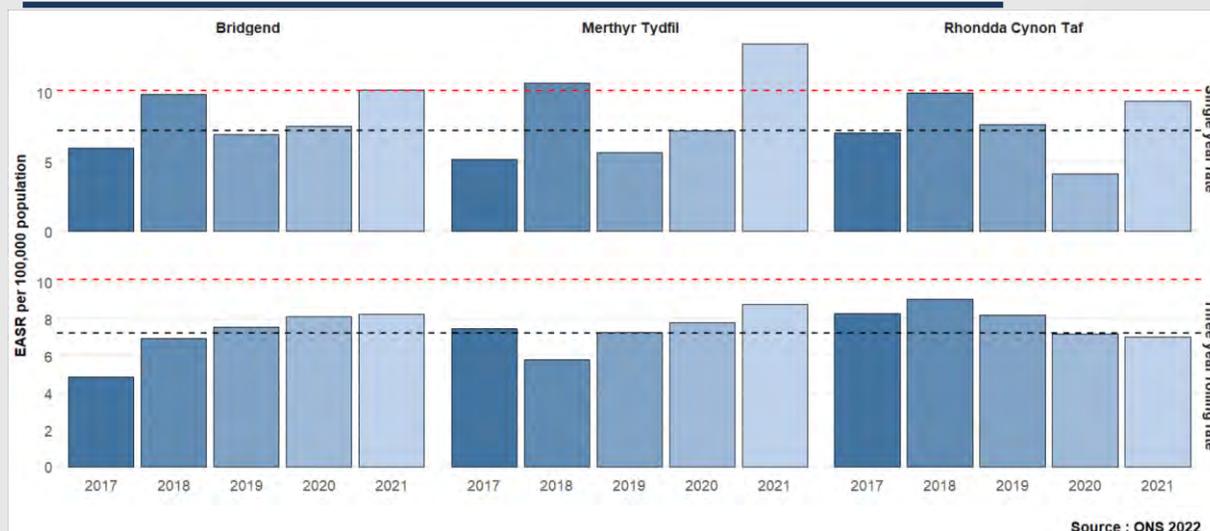


Figure 44: Number of drug misuse deaths involving the 6 most reported substance groups in CVUHB, by year, 2012 to 2021.

# Drug Deaths in Wales

## Cwm Taf Morgannwg University Health Board



In 2021, the rate of drug misuse deaths was 10.2 per 100,000 population in Cwm Taf Morgannwg University Health Board, higher than the Welsh average and a significant increase on the previous 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 Rhondda Cynon Taf have been slowly decreasing in recent years, and increasing in both Bridgend and Merthyr Tydfil.

Figure 45 – EASR per 100,000 population of drug misuse deaths in local authorities in CTMUHB, by year, calculated using one and three years of data, 2019 to 2021. The lines show the single year EASR for the health board (red) and Wales (black).

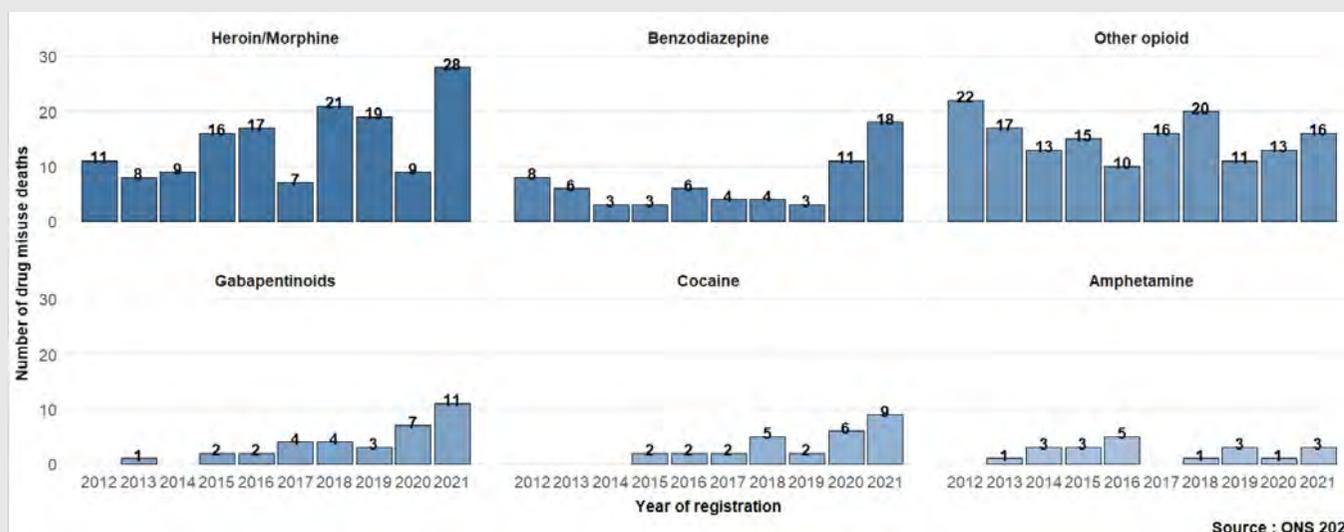
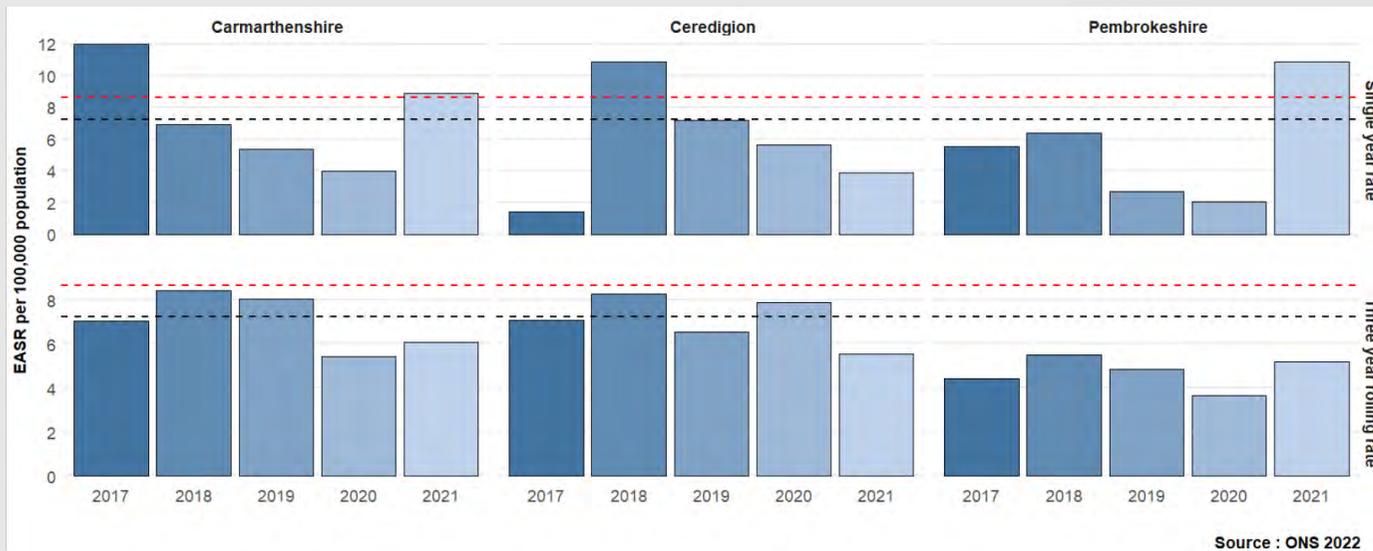


Figure 46: Number of drug misuse deaths involving the 6 most reported substance groups in CTMUHB, by year, 2012 to 2021.

# Drug Deaths in Wales

## Hywel Dda University Health Board



In 2021, a rate of 8.6 per 100,000 population drug misuse deaths were recorded in Hywel Dda University Health Board, above the Welsh national average and more than double the previous year's rate.

The rolling average of the rate of deaths in Carmarthenshire and Pembrokeshire have increased (see Figure 47). Rates in both Pembrokeshire and Carmarthenshire have increased significantly compared with the previous year.

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 2021. The lines show the single year EASR for the health board (red) and Wales (black).

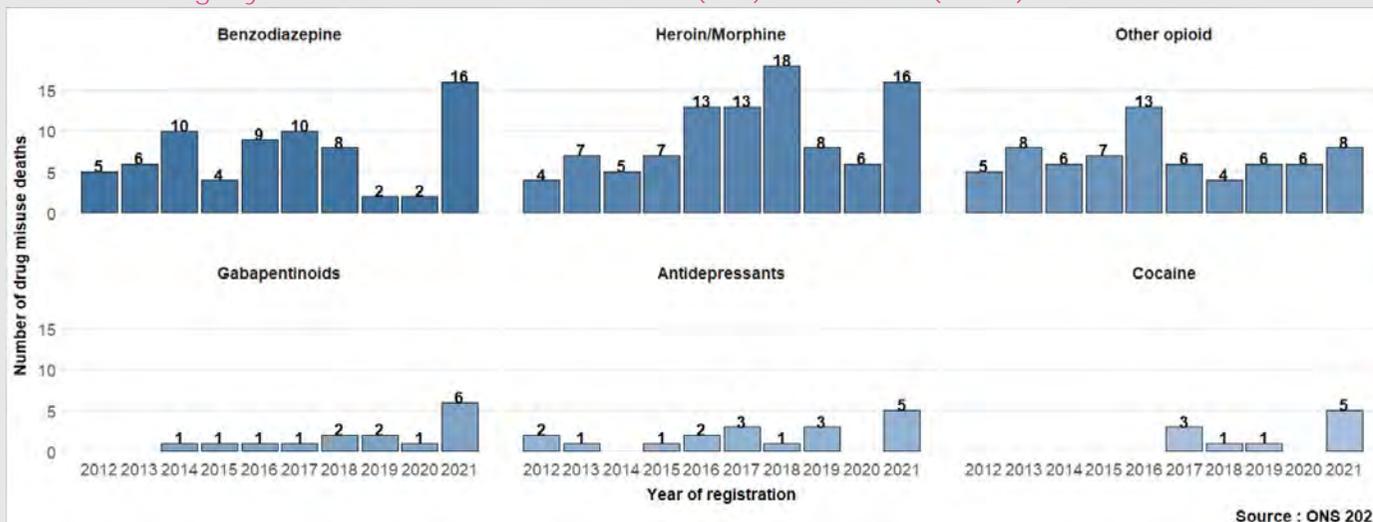


Figure 48: Number of drug misuse deaths involving the 6 most reported substance groups in HDUHB, by year, 2012 to 2021.

# Drug Deaths in Wales

## Powys Teaching Health Board

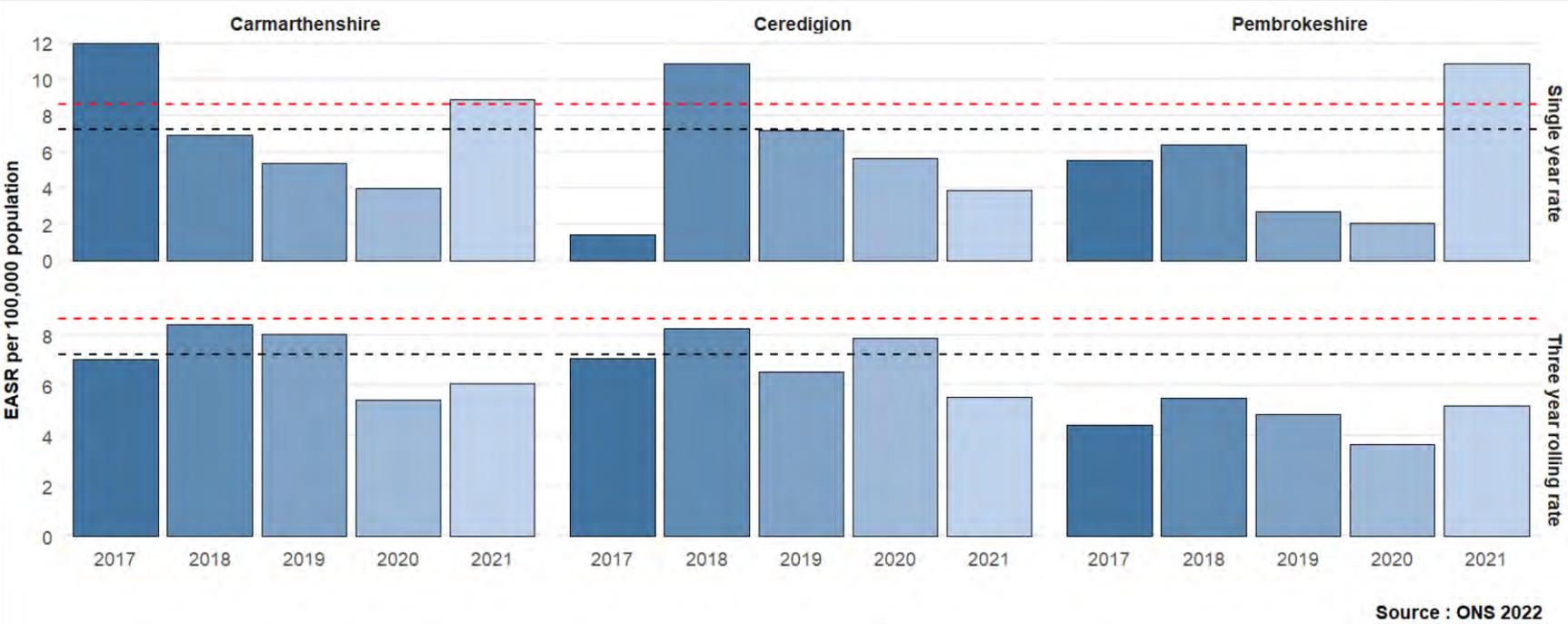


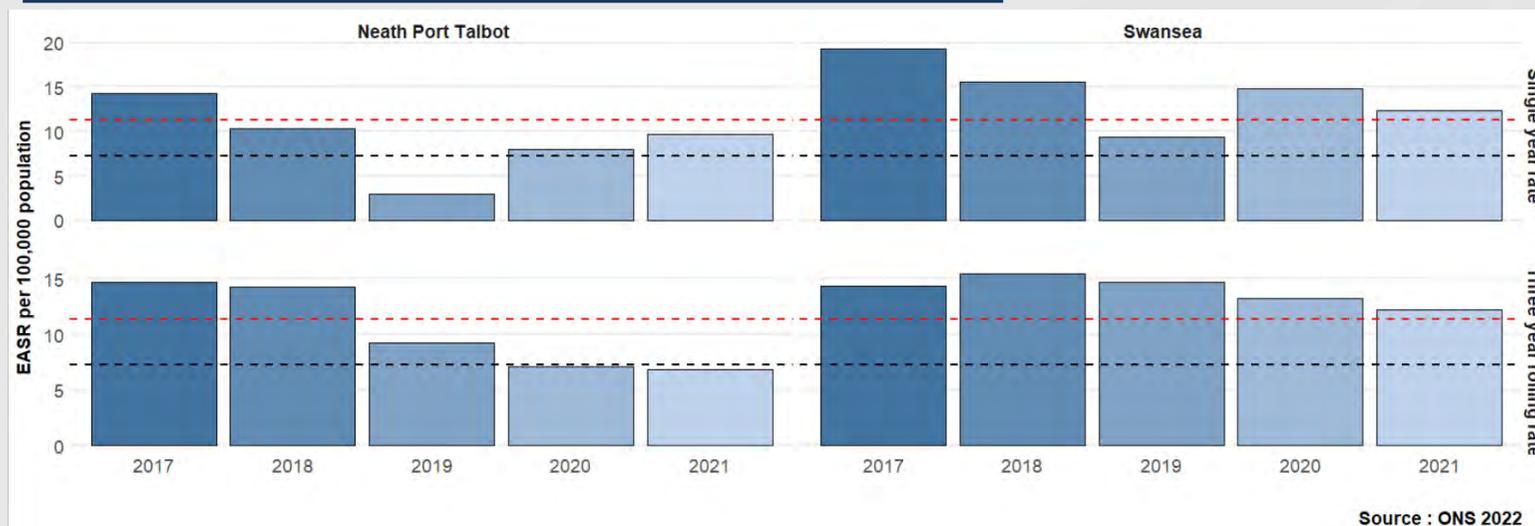
Figure 49 – EASR per 100,000 population of drug misuse deaths in local authorities in PTHB, by year, calculated using one and three years of data, 2019 to 2021. The lines show the single year EASR for the health board (red) and Wales (black).

In 2021, 4.8 drug misuse deaths per 100,000 population were recorded in Powys, lower than the national average and a decrease on the previous year (see Figure 49). Due to the lower number of deaths reported in Powys compared to other health boards the number of deaths by substance has not been shown. In 2021 there were:

- Six deaths involving Heroine/Morphine
- Three deaths involving Gabapentinoids.
- No deaths involving opioids other than Heroin/Morphine.

# Drug Deaths in Wales

## Swansea Bay University Health Board



In 2021, 11.3 drug misuse deaths per 100,000 population were recorded in Swansea Bay, above the Welsh national average.

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

Rates in Swansea remain the highest in Wales.

Figure 50 – EASR per 100,000 population of drug misuse deaths in local authorities in SBUHB, by year, calculated using one and three years of data, 2019 to 2021. The lines show the single year EASR for the health board (red) and Wales (black).

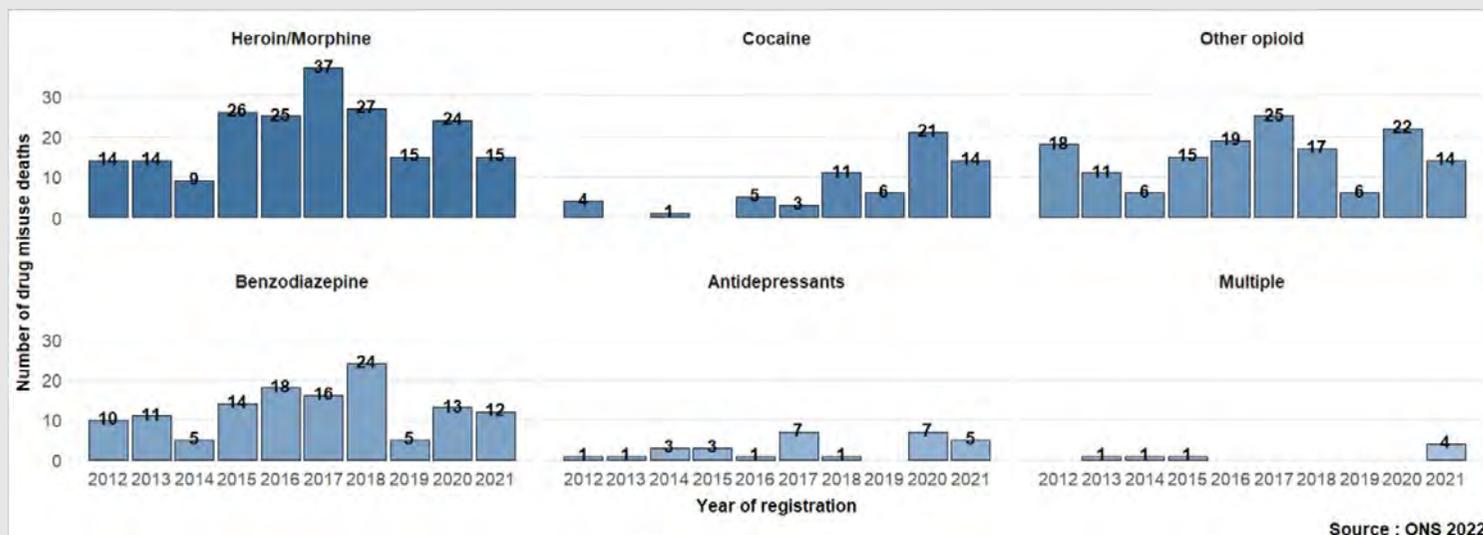


Figure 51: Number of drug misuse deaths involving the 6 most reported substance groups in SBUHB, by year, 2012 to 2021.

# Drug Deaths in Wales

## Geographical Analysis – numbers and EASR drug misuse deaths by year

	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
<b>Aneurin Bevan</b>	<b>2.8 (15)</b>	<b>4.4 (24)</b>	<b>4.1 (23)</b>	<b>2.1 (12)</b>	<b>4.3 (24)</b>
Blaenau Gwent	3.5 (2)	4 (3)	8.7 (6)	1.7 (1)	5.1 (3)
Caerphilly	3.5 (6)	4.1 (7)	4.1 (7)	1 (2)	6.9 (12)
Monmouthshire	3.7 (3)	1.4 (1)	3.7 (3)	4.9 (4)	0 (0)
Newport	2 (3)	6.5 (9)	2 (3)	1.8 (3)	5.2 (8)
Torfaen	1.1 (1)	4.8 (4)	4.8 (4)	2.3 (2)	1.4 (1)
<b>BCU</b>	<b>5.4 (34)</b>	<b>5.5 (36)</b>	<b>6.1 (39)</b>	<b>5.6 (35)</b>	<b>6 (38)</b>
Conwy	1.3 (2)	4.6 (5)	4.6 (5)	5 (5)	9.4 (9)
Denbighshire	5.5 (5)	9.3 (8)	2.4 (2)	2.5 (2)	2.3 (2)
Flintshire	6.5 (9)	5.2 (8)	3.5 (5)	3.5 (5)	5.5 (8)
Gwynedd	7.7 (9)	4.5 (5)	5.4 (6)	3.9 (4)	4.7 (6)
Isle of Anglesey	3.9 (2)	6.4 (4)	14.3 (10)	11.4 (7)	1.7 (1)
Wrexham	5.6 (7)	4.6 (6)	8.6 (11)	9.3 (12)	9.4 (12)
<b>Cardiff &amp; Vale</b>	<b>3.9 (19)</b>	<b>6 (27)</b>	<b>4.6 (21)</b>	<b>3.1 (14)</b>	<b>6.2 (29)</b>
Cardiff	3.7 (13)	4.8 (15)	5.3 (17)	3.1 (10)	7.5 (26)
Vale of Glamorgan	4.9 (6)	9.8 (12)	3.2 (4)	3.1 (4)	2.4 (3)
<b>Cwm Taf</b>	<b>6.4 (27)</b>	<b>10 (43)</b>	<b>7.1 (30)</b>	<b>5.7 (24)</b>	<b>10.2 (43)</b>
Merthyr Tydfil	5.2 (3)	10.7 (6)	5.7 (3)	7.2 (4)	13.5 (8)
Rhondda Cynon Taf	7.1 (16)	10 (23)	7.7 (17)	4.2 (9)	9.4 (21)
Bridgend	6 (8)	9.9 (14)	7 (10)	7.6 (11)	10.2 (14)
<b>Hywel Dda</b>	<b>8.1 (26)</b>	<b>7.5 (25)</b>	<b>4.8 (16)</b>	<b>3.6 (12)</b>	<b>8.6 (29)</b>
Carmarthenshire	12 (19)	6.9 (11)	5.4 (9)	4 (7)	8.9 (15)
Ceredigion	1.4 (1)	10.9 (7)	7.2 (4)	5.6 (3)	3.9 (3)
Pembrokeshire	5.5 (6)	6.4 (7)	2.7 (3)	2.1 (2)	10.9 (11)
<b>Powys Teaching</b>	<b>2.2 (2)</b>	<b>2.9 (3)</b>	<b>9.2 (10)</b>	<b>7.6 (7)</b>	<b>4.8 (6)</b>
Powys	2.2 (2)	2.9 (3)	9.2 (10)	7.6 (7)	4.8 (6)
<b>Swansea Bay</b>	<b>17.2 (62)</b>	<b>13.6 (50)</b>	<b>7 (26)</b>	<b>12.3 (45)</b>	<b>11.3 (41)</b>
Neath Port Talbot	14.3 (19)	10.4 (14)	2.9 (4)	8 (11)	9.7 (13)
Swansea	19.4 (43)	15.6 (36)	9.4 (22)	14.8 (34)	12.4 (28)
<b>Wales</b>	<b>6.4 (185)</b>	<b>7.2 (208)</b>	<b>5.6 (165)</b>	<b>5.1 (149)</b>	<b>7.2 (210)</b>

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



## Section 4

# Fatal and Non-Fatal drug poisoning reviews in Wales

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

# Fatal and non-fatal poisoning reviews

## 4.1 Fatal drug poisoning reviews

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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 6.2 Appendix B - Guidance on fatal and non-fatal drug poisoning reviews). To date, a total of 937 fatal and 931 non-fatal drug poisoning reviews have been conducted since implementation (see Table 14).

Whilst the fatal drug poisoning review process has been fully implemented across all health board regions, currently only one region, Swansea Bay, is routinely reviewing non-fatal drug poisoning cases. This following section provides data in relation to the fatal and non-fatal drug poisoning reviews conducted across Wales as recorded on the Harm Reduction Database Wales (HRD) during the period 1st January to 31st December 2021, in line with the calendar year reporting period for the Office for National Statistics (ONS)..

Table 14: Total fatal and non-fatal drug poisoning reviews conducted by Health Board (2014 – 2021)

	<b>Fatal DP Reviews</b>	<b>Non-fatal DP reviews</b>
<b>Aneurin Bevan</b>	126	22
<b>BCU*</b>	111	0
<b>Cardiff &amp; Vale</b>	132	11
<b>Cwm Taf</b>	245	116
<b>Hywel Dda</b>	115	0
<b>Powys Teaching</b>	22	0
<b>Swansea Bay</b>	186	782
<b>Wales</b>	<b>937</b>	<b>931</b>

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

# Fatal and non-fatal poisoning reviews

## Fatal drug poisoning reviews

In 2021, 191 fatal drug poisoning reviews were conducted across the seven health board areas in Wales (see Table 15). This represents a 30 per cent increase from the previous year, and the sixth year since implementation in which the number of fatal drug poisoning reviews undertaken has increased.

Comparisons with Drug Misuse Death (ONS, 2019) data detailed earlier in this report indicate that the proportion of Fatal Drug Poisoning Cases being reviewed across Wales in 2021 is comparable (91 per cent) with those reported by the ONS (see table 16) – as was the case last year.

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

	2014/15*	2016	2017	2018	2019	2020	2021	Total
<b>Aneurin Bevan</b>	21	16	17	26	13	13	20	126
<b>BCU</b>	-	7	17	16	27	28	16	111
<b>Cardiff &amp; Vale</b>	11	15	11	28	19	20	28	132
<b>Cwm Taf Morgannwg</b>	38	29	30	34	34	34	46	245
<b>Hywel Dda</b>	11	19	16	17	20	16	16	115
<b>Powys Teaching</b>	1	0	0	3	8	5	5	22
<b>Swansea Bay</b>	1	28	29	11	26	31	60	186
<b>Wales</b>	83	114	120	135	147	147	191	937

Table 16: Fatal Drug Poisoning Reviews and ONS Drug Misuse Deaths, 2014-21

	2014	2015	2016	2017	2018	2019	2020	2021
Fatal drug poisoning case reviews	29	54	114	120	135	146	147	191
Drug Misuse Deaths reported by ONS (year of registration)†	113	168	192	185	208	165	149	210
Drug Misuse Deaths reported by ONS (actual year of death)†	153	186	183	175	224	186	191	
<b>% case reviews vs. reported by ONS (year of registration)</b>	<b>25.6%</b>	<b>32.1%</b>	<b>59.4%</b>	<b>64.9%</b>	<b>64.9%</b>	<b>88.5%</b>	<b>99%</b>	<b>91%</b>
<b>% case reviews vs. reported by ONS (actual year of death)</b>	<b>19.0%</b>	<b>29.0%</b>	<b>62.3%</b>	<b>68.6%</b>	<b>60.3%</b>	<b>78.5%</b>	<b>77.0%</b>	

†Office for National Statistics. (2022) Deaths related to drug poisoning in England and Wales: 2021 registrations

# Fatal and non-fatal poisoning reviews

## Demographics

The most common age band reported overall was the 45-49 years age group, representing 23 per cent (n=43) of cases reviewed. In 2021, the median age is similar to the previous year at 42 (41 in 2020). There was a decrease in the proportion of deaths reviewed under the age of 25 and over 50 in females, but increases in both these age groups in males. Comparisons of median ages and age group distribution (see Figure 52) between male and female cases were similar, with median age of 42 years being reported for males and 41 for females.

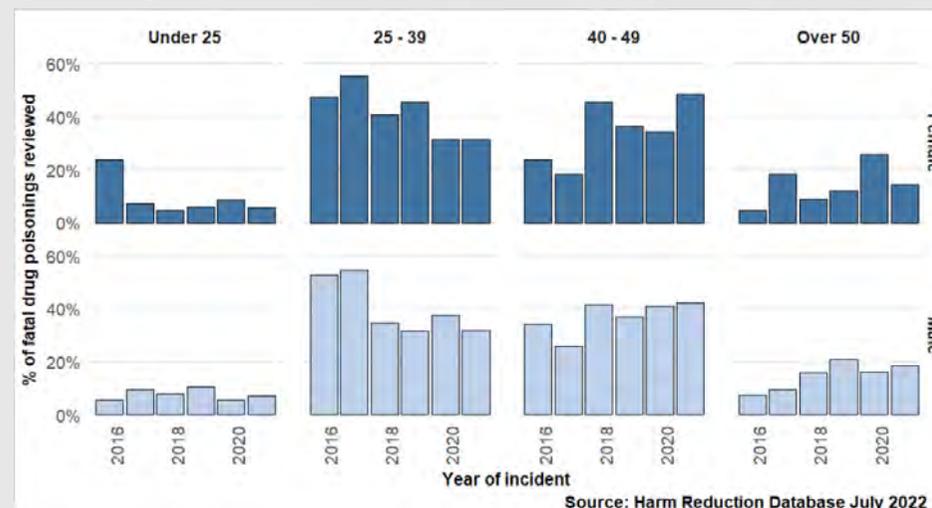
Housing status information was sought for all cases reviewed in 2021. Where known to services 46% of cases were listed as living in non-secure housing (e.g. hostel accommodation) or having no fixed abode (e.g. street homeless, 'sofa surfing') (see Table 17). The proportion of cases listed as living in non-secure housing or NFA has increased over the last four years since 2017. Experimental statistics published by the ONS suggests that deaths amongst the homeless are increasing across England and Wales.

Table 17: Fatal drug poisoning review demographics: All Wales, 2016-21

	2016	2017	2018	2019	2020	2021
<b>Fatal drug poisonings reviewed</b>	114	120	135	147	147	191
<b>% Male</b>	82%	78%	84%	78%	76%	82%
<b>Median age (years)</b>	37.5	36.5	41	40	41	42
<b>Minimum age (years)</b>	19	16	15	13	17	10
<b>Maximum age (years)</b>	56	78	65	69	67	63
<b>% Under 25 years</b>	9%	9%	7%	10%	6%	7%
<b>% Over 50 years</b>	7%	12%	15%	19%	18%	18%
<b>% in non Stable housing /NFA</b>	41%	27%	33%	33%	42%	46%

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

Figure 52: sex and age range at time of death for fatal drug poisoning cases reviewed in Wales (2016 – 2021)



# Fatal and non-fatal poisoning reviews

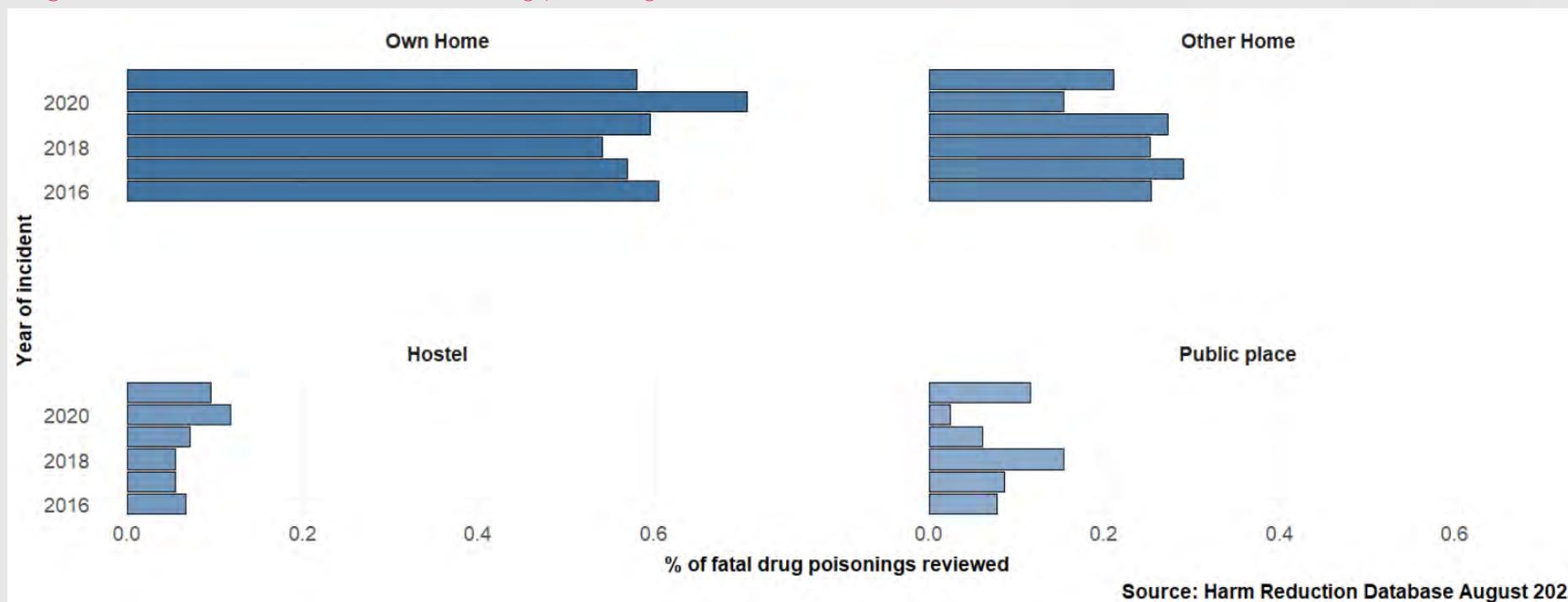
## Circumstances and nature of death 2021

### Location of fatal drug poisoning

Location of death was recorded for 72 per cent (n=138) of all fatal drug poisonings reviewed during 2021. Private residences remain the most common location of fatal drug poisonings, representing 57 per cent of cases reviewed across Wales. Compared to previous years, the occurrence of fatal drug poisonings within private residence (own home) and hostel settings has decreased slightly, with increases being reported in public spaces and private residence (other home), which may indicate an emerging trend.

Where reported, 97 per cent (n=31) of fatal drug poisoning cases were pronounced dead at the scene. The remaining 3 per cent of cases were pronounced dead in a secondary location such as A&E or in hospital. This is largely consistent with data from the Naloxone programme suggesting that secondary care (for example, an ambulance call out) is becoming less frequent.

Figure 53: Location of death for fatal poisoning cases reviewed (2016-2021)



# Fatal and non-fatal poisoning reviews

## Circumstances and nature of death

### Resuscitation attempts

During 2021, data in relation to resuscitation attempts was available for 56.5 per cent of cases (n=108), see Table 18. Of which:

- Resuscitation was attempted in 46 per cent (n=50) of the fatal drug poisoning cases reviewed, consistent with that reported last year.
- Where resuscitation was provided, Take-home Naloxone (THN) use was reported in 20 per cent (n=10) of cases.
- Where details of resuscitation were not reported (either 'not known' or 'no resuscitation attempted') 63 per cent were pronounced dead at scene, indicating that resuscitation attempts may have been ineffective at time of discovery.

Table 18: Proportion of fatal drug poisoning cases where resuscitation was attempted, 2016-21

	2016	2017	2018	2019	2020	2021
Fatal drug poisonings reviewed	114	120	135	147	147	191
<b>% cases where resuscitation attempts was reported</b>	<b>49.1%</b>	<b>47.5%</b>	<b>56.3%</b>	<b>42.5%</b>	<b>36.7%</b>	<b>56.0%</b>
% where resuscitation was attempted	64.3%	66.7%	44.7%	51.6%	17.0%	26.2%
% THN was used (where resuscitation provided)	22.2%	21.1%	35.3%	25.0%	22.7%	20.0%

### 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 2021, this information was recorded for 72 per cent of cases (n = 138) (see Table 19). Of these:

- Substances were found at scene of death in 52 per cent of deaths reviewed.
- Paraphernalia (e.g. needles, syringes, spoons, and filters) were found at the scene in 46 per cent of deaths.

Table 19: Fatal drug poisoning review cases where substances and/or paraphernalia were found at the scene, 2016-21

	2016	2017	2018	2019	2020	2021
Fatal drug poisonings reviewed	114	120	135	147	147	191
<b>% cases where presence of substances was recorded</b>	<b>81.6%</b>	<b>77.5%</b>	<b>83.0%</b>	<b>68.5%</b>	<b>67%</b>	<b>72%</b>
% where substances were found at scene	44.1%	51.6%	46.4%	62%	43%	52.3%
<b>% cases where presence of paraphernalia was recorded</b>	<b>81.6%</b>	<b>77.5%</b>	<b>83.0%</b>	<b>68.5%</b>	<b>67%</b>	<b>73%</b>
% where paraphernalia was found at scene	53.8%	48.4%	41.1%	59.0%	40.4%	46%

# Fatal and non-fatal poisoning reviews

## Feedback from services

As part of the fatal drug poisoning review process, information requests are sent to local services by the Case Review Coordinator (CRC) in order to establish history of contact and engagement history, and information that aids in the undertaking of the review (see 6.3.2 HRD: Drug poisoning database module). For those fatal drug poisonings reviewed in 2021, the median number of services contacted by CRCs to provide information was 7 services per case, a slight decrease on the previous year. However, the number of services contacted for information continues to vary across APB regions (see Table 20).

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

Table 20: Median number of services contacted via the HRD for information per case by APB region, 2016-21

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

# Fatal and non-fatal poisoning reviews

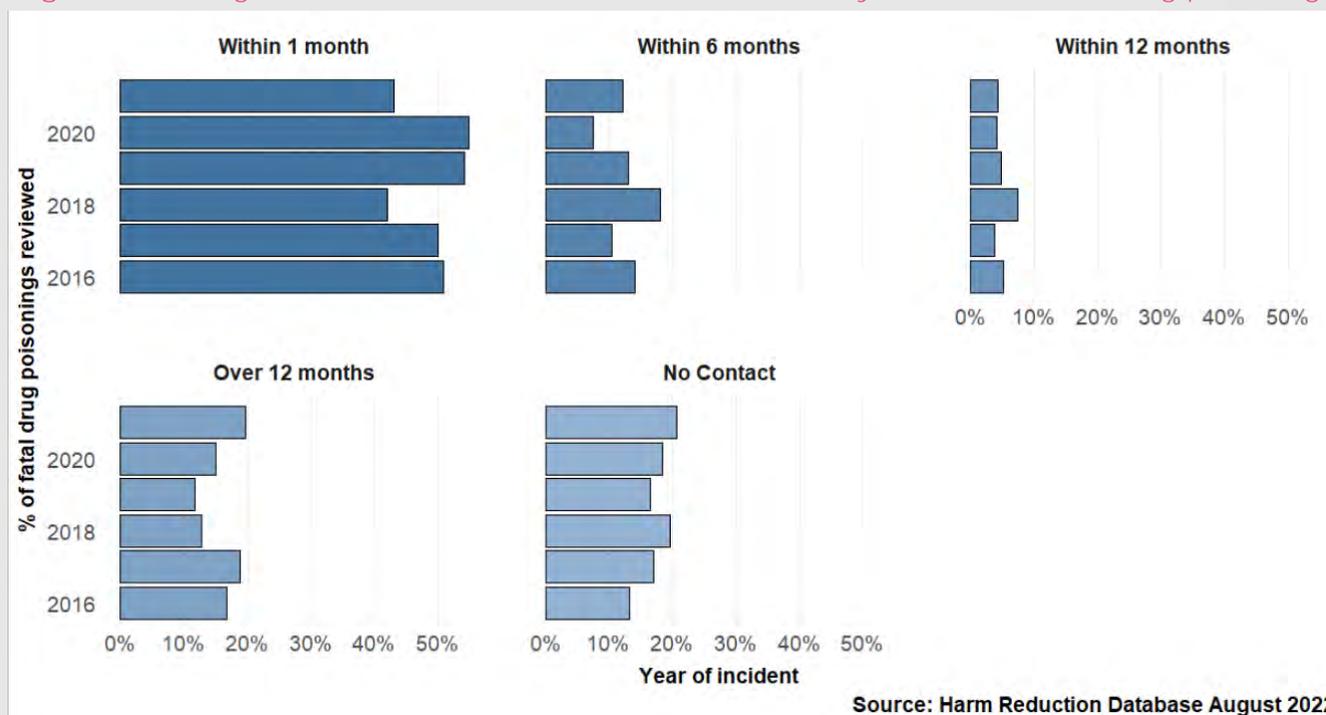
## Feedback from services

### Known services contact

For those 191 fatal drug poisoning cases reviewed in 2021:

- Individuals were known to have been in contact with any service within 12 months prior to death in 60 per cent of cases (n= 112), a slight decrease on the previous year.
- Individuals were known to have been in contact with any services within 1 month prior to death in 42 per cent of cases (n=81).
- 'No known **contact**' or no contact with services within 12 months prior to death was reported in 40 per cent of cases.
- Where known to local services, 41 per cent (n=79) 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, 2016-21



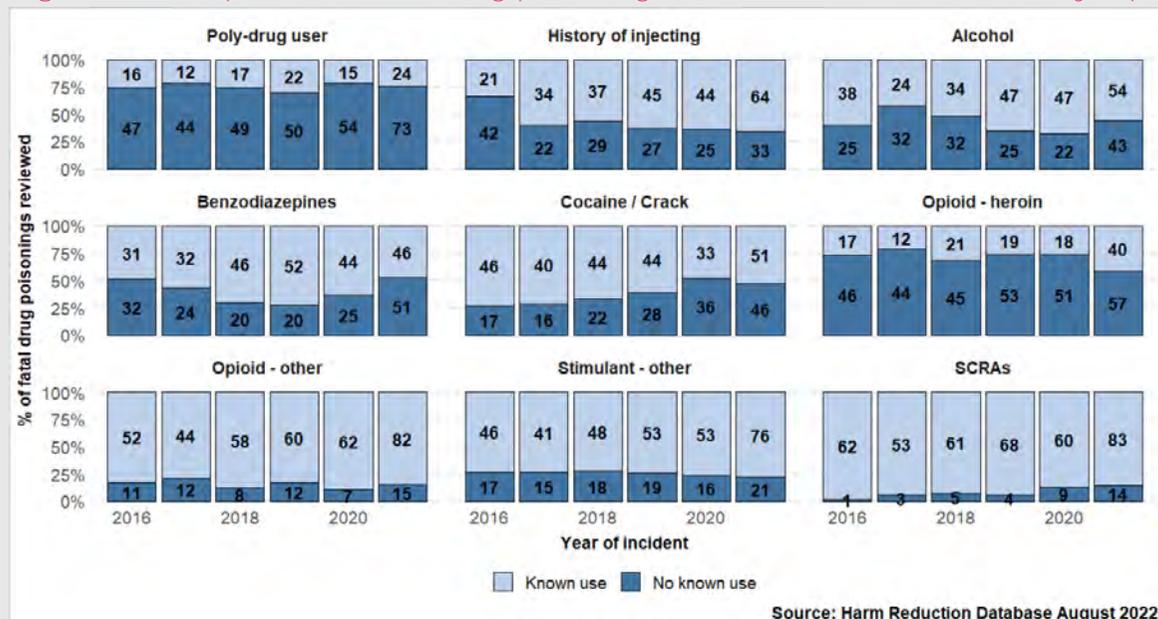
# Fatal and non-fatal poisoning reviews

## Feedback from services

### Known substance history

History of substance use was known and reported for 97 (87%) of the fatal drug poisoning review cases in contact with services in the 12 months prior to death (see Figure 55). Similarly to previous years, histories of poly-drug use was frequently reported, with synthetic cannabinoids being recorded as the most commonly used substance. Known history of injecting drug use was reported in two thirds of cases reviewed (64 per cent).

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



### Mental health

In 2021, histories of mental health and psychiatric disorder were reported in 59 per cent (n=113) of fatal cases in contact with services 12 months prior to death. Of which 58 per cent (n=66) were reported as having had a history of mental illness or diagnosed psychiatric disorder. Due to the structure and qualitative nature of reporting via the HRD currently no further information can be provided within this report in relation to the nature and recency of reported mental illness / reported self-harming behaviour, however, this information is used to aid in the review of fatal drug poisonings and development of recommendations at a local and regional level in Wales on a case by case basis.

# Fatal and non-fatal poisoning reviews

## Coroner's conclusion and findings

In line with the Fatal / Non-Fatal Drug Poisoning Review guidance, the HRD: Drug Poisoning Database provides functionality for recording final **coroner's** findings for each fatal drug poisoning review. The rapid nature of the drug poisoning review process (i.e. initiated prior to notification of any toxicological or coroners verdict) 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, 34 per cent (n=288) of fatal drug poisoning cases had a record of **coroner's** findings recorded on the HRD (see Table 21). The previous two reporting periods has seen a decline in these records being entered onto the HRD both as an absolute number and as a proportion of all fatal drug poisoning reviews, however this year the number has increased to a higher proportion of the total deaths.

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

	2016	2017	2018	2019	2020	2021	Total
Fatal drug poisonings reviewed	114	120	135	147	147	191	854
Cases with coroner's findings recorded	47	48	82	28	20	63	288
<b>% of cases with coroner's findings recorded</b>	<b>41.2%</b>	<b>40.0%</b>	<b>60.7%</b>	<b>19.2%</b>	<b>13.6%</b>	<b>33.0%</b>	<b>33.7%</b>

Where **coroner's** findings were listed on the HRD, a '**drug related**' conclusion was confirmed in 84 per cent (n=53) of cases (see Table 22). Natural causes, accidents/misadventure, suicide, and unclassified conclusions made up the remaining 16 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 2020.

	Fatal Drug Poisoning Cases reviewed (2020)	% with record of coroner's findings	% confirmed 'drug related' conclusion
<b>Aneurin Bevan</b>	20	70.0%	50.0%
<b>BCU</b>	16	-	-
<b>Cardiff &amp; Vale</b>	28	-	-
<b>Cwm Taf Morgannwg</b>	46	-	-
<b>Hywel Dda</b>	16	-	-
<b>Powys Teaching</b>	5	-	-
<b>Swansea Bay</b>	60	81.7%	71.7%
<b>Wales</b>	<b>191</b>	<b>33.0%</b>	<b>84.1%</b>

# Fatal and non-fatal poisoning reviews

## 4.2 Non-fatal drug poisonings

Prior non-fatal drug poisonings / drug overdoses are predictive of subsequent fatal drug poisonings. Rapid non-fatal drug poisoning multidisciplinary reviews provide a mechanism to those who have experienced a non-fatal poisoning and support offered to engage in drug treatment services. In 2021, 164 non-fatal drug poisoning reviews were conducted across participating health boards in Wales (see Table 23), representing an 5 per cent decrease from the previous year.

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

	2014/15*	2016	2017	2018	2019	2020	2021	Total
<b>Aneurin Bevan</b>	0	3	3	1	4	11	0	22
<b>BCU</b>	0	0	0	0	0	0	0	0
<b>Cardiff &amp; Vale</b>	0	7	0	0	0	4	0	11
<b>Cwm Taf</b>	3	35	9	18	46	5	0	116
<b>Hywel Dda</b>	0	0	0	0	0	0	0	0
<b>Powys</b>	0	0	0	0	0	0	0	0
<b>Swansea Bay</b>	10	123	114	125	94	152	164	782
<b>Wales</b>	<b>13</b>	<b>168</b>	<b>126</b>	<b>144</b>	<b>144</b>	<b>172</b>	<b>164</b>	<b>931</b>

### Demographics

The demographic profiles for the 164 non-fatal drug poisoning reviews in 2021 are shown in Table 24.

Demographic comparisons indicate that non-fatal drug poisoning cases reviewed were consistently younger than fatal drug poisoning cases (median age 36.5 years compared to 42 years respectively).

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

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

Housing status information was sought for all cases reviewed and where known to services, one third 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 from the previous year.

Table 24: - Non-fatal drug poisoning review demographics: All Wales, 2016-21

	2016	2017	2018	2019	2020	2021
<b>Non-Fatal drug poisonings reviewed</b>	168	126	144	144	172	164
<b>% Male</b>	74%	77%	82%	72%	74%	70%
<b>Median age (years)</b>	35	33	35	35	33.5	36.5
<b>Minimum age (years)</b>	18	18	19	16	15	16
<b>Maximum age (years)</b>	57	56	118	56	78	67
<b>% Under 25 years</b>	11%	9%	6%	16%	22%	13%
<b>% Over 50 years</b>	5%	6%	12%	7%	6%	10%
<b>% in non Stable housing /NFA</b>	57	48	35	56	45	55

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

# Section 5

## Appendices

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### 5.1 Appendix A - Definitions and notes on data interpretation



# Appendix A

## Definitions and notes on data interpretation

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

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

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

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

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

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

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