

Drug-Related Deaths Report 2025: Findings and Demographics

Analyzing trends and populations affected by drug mortality



Welsh DRD Review Panels - Background & Process

► Background:

- Established under Welsh Government guidance since 2014 as part of harm reduction strategy
- Aim: Identify learning opportunities and prevent future deaths

Process Steps:

- Trigger: Unexpected drug-related death
- Data Collection: Multi-agency information sharing
- Review: Panel evaluates circumstances and systemic issues
- Recommendations: Actions for prevention
- Dissemination & Monitoring: Share lessons and track implementation

Introduction and Context

Scope of Drug-Related Deaths

The report covers 28 cases across a wide age range, highlighting a complex public health issue in Gwent region.

Polydrug Use and Risks

Multiple substance use, especially heroin combined with cocaine and benzodiazepines, increases fatality risks significantly.

Social and Mental Health Factors

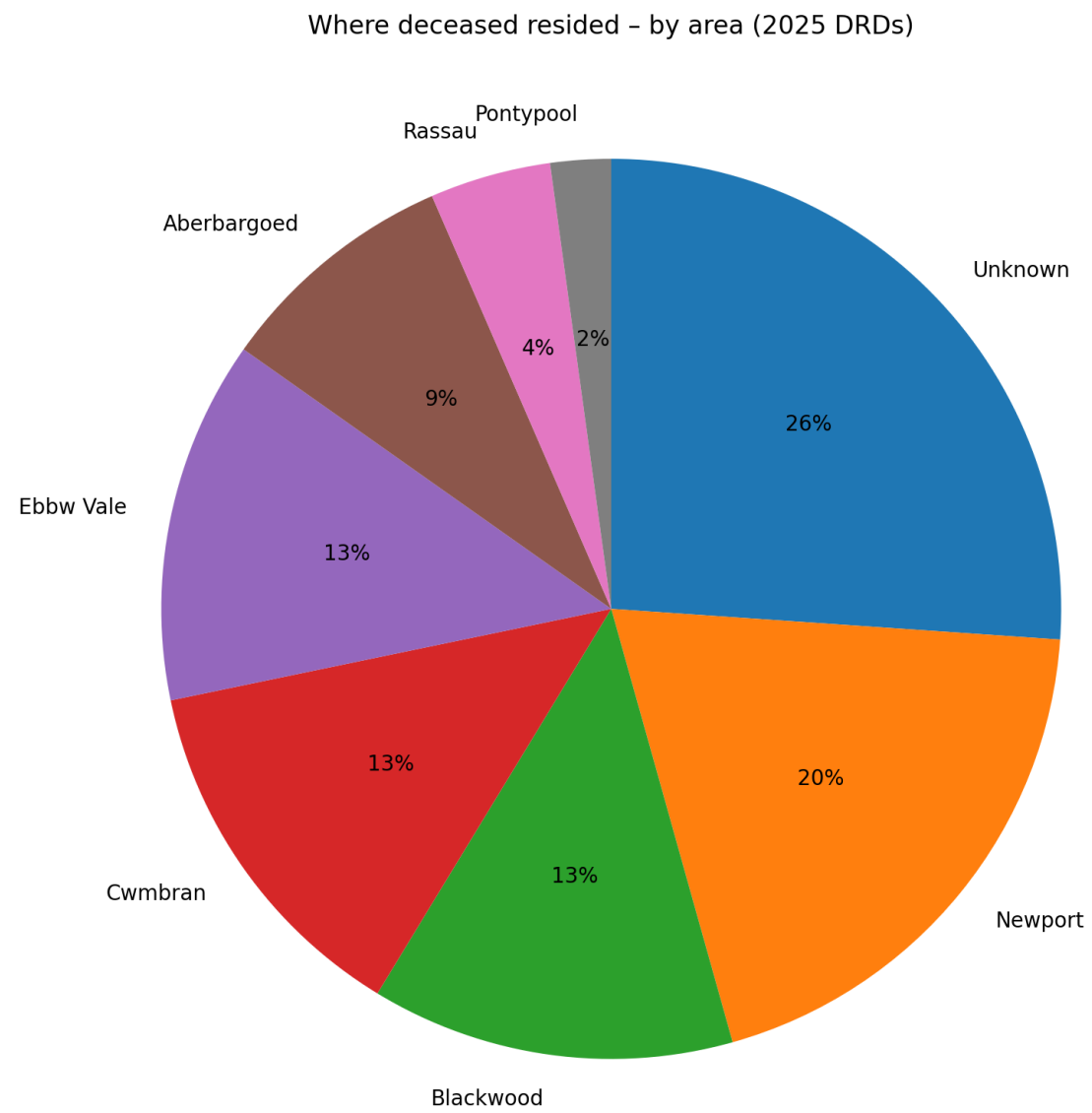
Mental health issues, housing instability, and non-engagement with treatment worsen drug-related death outcomes.



Age, Gender, and Geographic Distribution

Demographic Factor	Details
Age Range	19-67 years
Gender	Predominantly male
Geographic Spread	Newport, Cwmbran, Blackwood, Ebbw Vale, Monmouth
Patterns	Younger cases linked to prescription misuse; older cases linked to chronic heroin use

Geographical breakdown





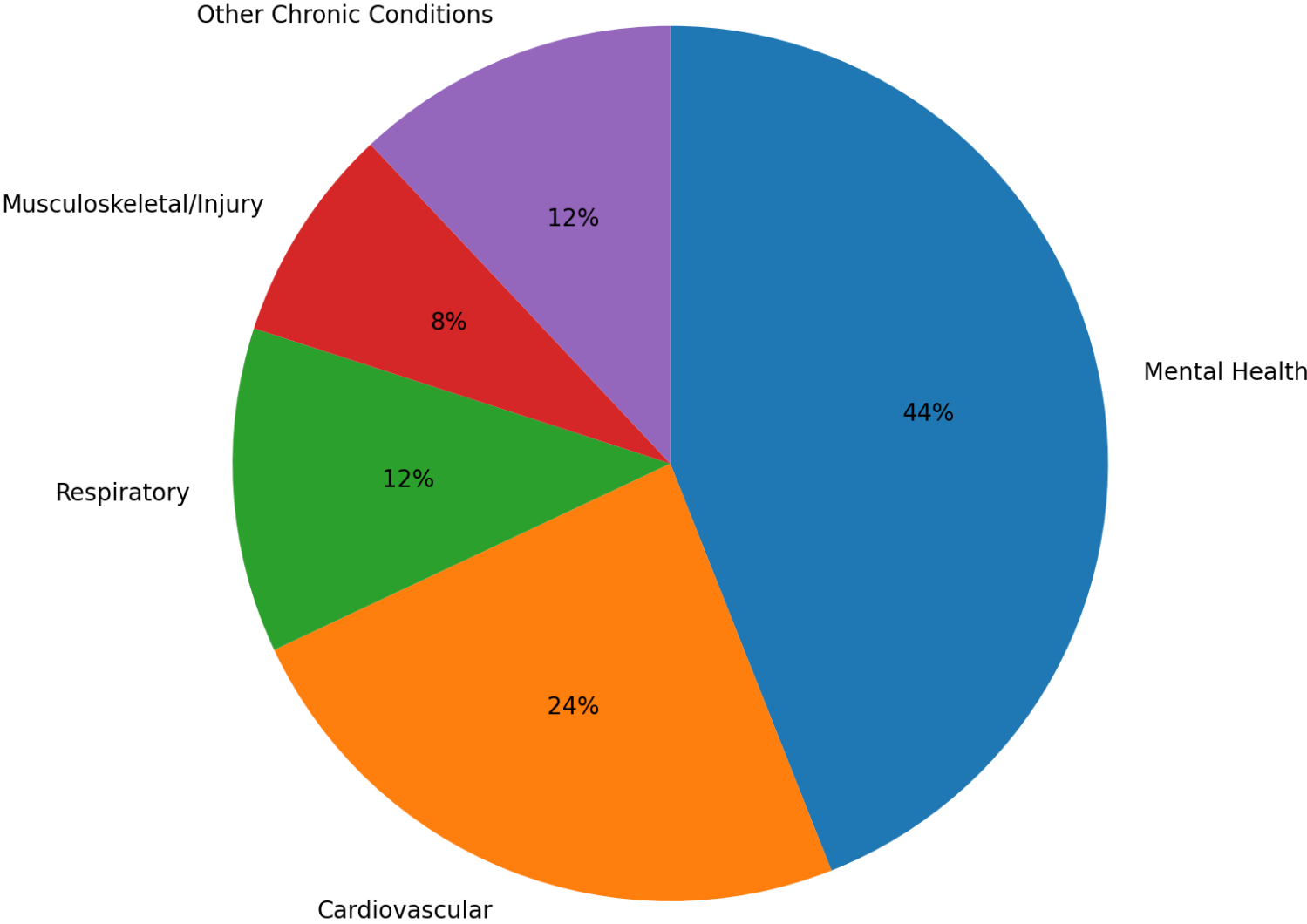
Frequency and Emerging Concerns

SUBSTANCE	FREQUENCY
Heroin	15 cases
Cocaine	10 cases
Ketamine	8 cases
Pregabalin	6 cases
Tapentadol	4 cases
Diazepam	3 cases
Nitrous Oxide	2 cases

Co morbidity Physical Health Concerns



Comorbidity Health Issues among Deceased (2025 DRDs)



Key Trends and Observations



Dominant Substances in Fatalities

Heroin remains the leading substance in over half of fatalities, often combined with cocaine increasing risks.

Polydrug Use and Risks

Multiple substances, including pregabalin and benzodiazepines, amplify sedation and respiratory depression dangers.

Emerging Threats and Patterns

Tapentadol presence signals an emerging risk; ketamine and nitrous oxide show diverse recreational use.

Psychosocial and Social Factors

Mental health challenges, missed treatments, and housing instability increase vulnerability to overdoses.

Emerging Drug Threats

Tapentadol and Ketamine are emerging substances posing new challenges in the illicit drug market and harm reduction efforts.

Poly-Drug Use Risks

Poly-drug use is prevalent and significantly increases overdose risk, complicating treatment and prevention.

Service Engagement Gaps

Many individuals lacked contact with support services before death, highlighting gaps in outreach and prevention strategies.

Key Trends and Observations

Inconsistent Service Engagement

Many individuals show sporadic or no contact with mental health and addiction services before critical incidents.

Barriers to Engagement

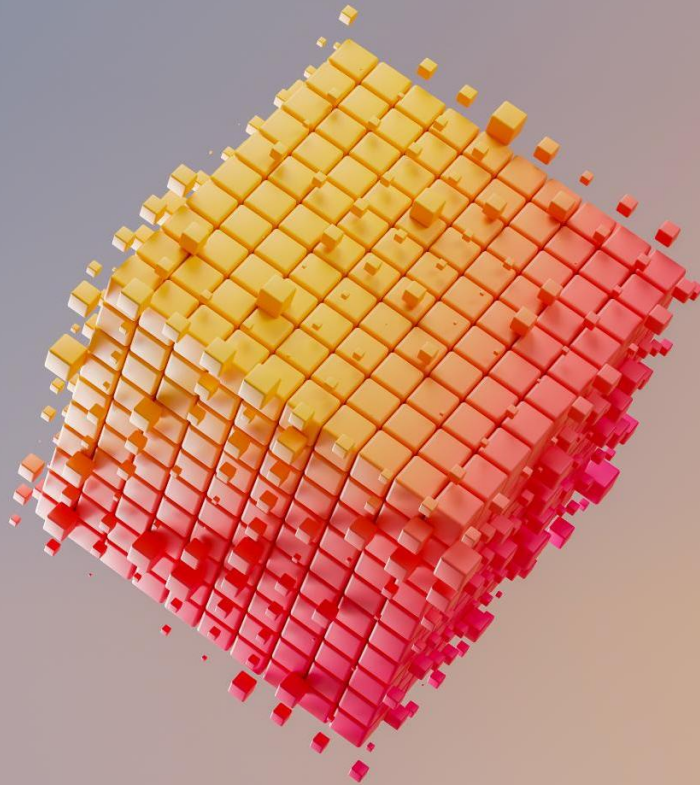
Stigma, logistical challenges, and lack of personalized care hinder sustained service engagement among high-risk groups.

Importance of Outreach

Enhanced outreach and improved accessibility are essential to support continuity of care and reduce mortality from substance misuse.



Heatmap of Correlated Risk Factors



Correlated Risk Factors

Key risk factors such as service non-engagement, poly-drug use, and housing instability often overlap and increase vulnerability.

Compounded Vulnerabilities

The combination of these risk factors creates compounded vulnerabilities, increasing the likelihood of fatal outcomes.

Integrated Interventions Needed

Recognizing intersections is crucial for designing integrated interventions targeting multiple risks to prevent overdose and death.

Narrative Insights from Cases



Contextual Case Details

Narratives reveal settings like residences and hostels with drug paraphernalia presence informing risk factors.

Emergency Response Variability

Ambulances were often called and CPR sometimes administered, yet outcomes were often fatal due to delayed discovery.

Community Role in Discovery

Friends, family, and staff commonly discovered cases, emphasizing community awareness and timely intervention importance.

Need for Proactive Measures

Overdose response training and improved surveillance in high-risk areas are critical to prevention efforts.

Action Points for Stakeholders



Monitoring Tapentadol Trends

Urgent monitoring of Tapentadol is needed due to its rising presence in illicit drug markets.

Monitoring Emerging Substances

Intensify surveillance of new drugs like Nitazine and Ketamine to identify and address risks promptly.

Targeted Poly-Drug Interventions

Develop specialized programs for individuals using multiple substances to enhance treatment effectiveness.

Service Engagement and Outreach

Use outreach and flexible treatment models to improve engagement with at-risk populations in varied settings.

Multi-Agency Collaboration

Collaboration with social services like DWP ensures preventative measures and support for financially vulnerable individuals.

Action Points for Stakeholders



Harm Reduction and Training

Implement overdose response training and expand harm reduction like naloxone distribution and supervised spaces.

Improving Clinical Pathways

Enhancing clinical pathways for ketamine-related complications, especially in urology, addresses emerging health risks.

Empowering Law Enforcement

Law enforcement should administer naloxone during long ambulance delays to ensure timely overdose intervention.

Targeted Poly-Drug Interventions

Develop specialized programs for individuals using multiple substances to enhance treatment effectiveness.

Service Engagement and Outreach

Use outreach and flexible treatment models to improve engagement with at-risk populations in varied settings.

SERVICES

GDAS

- ▶ Consortium of providers:- Kaleidoscope, , Drugaid, G4S
- ▶ Integrated adult service for drugs and alcohol for open access and criminal justice

ABSDAS

- ▶ Adult Drug and Alcohol Service for complex service users with severe or enduring mental health issues and/or complex physical health issues

Ngage

- ▶ Drug and alcohol support to young people under the age of 18 years across Gwent (and for 18-21 year olds for transitions support). Integrated support for open access CYP and CAMHS provision for co-occurring complex mental and physical health (pregnancy, access to Tier 4 etc)

Gwent Drug & Alcohol Family Support

- ▶ Provides support to concerned others of any age that are affected by someone else's drug or alcohol use.

Police Investigation:

- ▶ Who am I?
- ▶ What is a Drug Related Death?
- ▶ Definition of a suspected Drug Related Death (DRD):
 - ▶ *A death is defined as ‘drug-related’, where it is probable that as a **direct consequence** of the non-therapeutic taking or administration of any drug or volatile substance (excluding alcohol) to a person, was a **causative or contributory factor** in his or her death.*
 - ▶ *If there is drugs commodity or paraphernalia **on the deceased person or at the scene** of an unexplained death, then it should be treated as suspected drugs death.*

Policing Reponse to DRD's

- ▶ Initial attendance by Uniform Officers & a Supervisor (PS)
- ▶ Detective Resources notified to attend - DS & DI (if relevant)
- ▶ Scenes of Crime Officers attend - photograph, evidence recovery
- ▶ Investigative parameters set by DS (in line with forces Sudden Death Policy)
- ▶ (Golden Hour Enquiries, H to H, CCTV, witnesses, seizure of evidential exhibits (drugs, paraphernalia, mobile phones etc)
- ▶ Coroners form completed and submitted with NOK
- ▶ Close liaison with Coroners office through coronial process and Inquest
- ▶ Investigation managed within CID and allocated to Detective to progress
- ▶ Included on the Daily handover Document to ensure tasks are expedited

Op Adder:

- ▶ Op Adder implemented in all DRD's
- ▶ Set up to expedite the examination of drugs and commodity recovered from the scene of DRD's
- ▶ Officers complete application for examination of drugs recovered from the scene
- ▶ This is prioritised by our JSIU (Joint Scientific Investigation Unit) and results are generally provided to OIC (Officer in Case) within 7-10 days.
- ▶ DRD Lead also notified and shares details of the results with partners - Harm Reduction Alerts to service users.
- ▶ Regular Partnership meetings to discuss cases - share information, make improvements and target emerging trends (Tapentadol, Medetomidine, S/O's)
- ▶ Partners are notified of the DRD and information shared about the subject / individual to assist the investigation

Operation Housebuilder:

- ▶ Implemented by National Crime Agency 2023 in response to growing number of DRD's involving Synthetic Opioids (Nitazene / Xylazine, Medetomidine etc)
- ▶ All forces in UK involved along with Border Force and Forensic Providers
- ▶ DRD Leads for each force will review all DRD's to ensure that commodity testing is expedited (Op Adder).
- ▶ If results indicate Synthetic Opioids (Nitazene, Xylazine etc). Referral made to Housebuilder National Forum for discussion, identification of themes, assistance, best practice etc.
- ▶ If S/O present - Investigation prioritised - Analytical support implemented to identify upscale supply - potential suspects, stash houses, production sites etc.
- ▶ Targetted response - Sharing of resources, common themes / subjects, crossovers, OCG links etc

Any Questions?