

Stockport JSNA

joint strategic needs assessment

2025 JSNA

2024 Mortality Trends

December 2025

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Introduction

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- Avoiding unnecessary deaths and reducing the inequalities in mortality trends are key objectives for all involved in the health and care of Stockport residents.
- Mortality rates give an effective assessment of the overall health of the population by:
  - highlighting the key health conditions leading to death
  - providing information about trends in the age and gender of those who have died
  - giving an insight into whether the population is getting healthier
- Mortality rates are easily defined and universal, meaning that comparison between areas and over time is relatively straightforward, standardising for gender and age means these comparisons are meaningful and control for differences in population size and structure.
- Mortality rates can also be used to compare areas within Stockport to assess the size and trends of inequalities in health.
- The main mortality trends for 2024 are analysed in this report, as an ongoing annual review of trends. Data includes overall life expectancy and inequalities between areas within Stockport, rates of death by cause and the underlying risk factors and trends for children and young people.

Life Expectancy at birth

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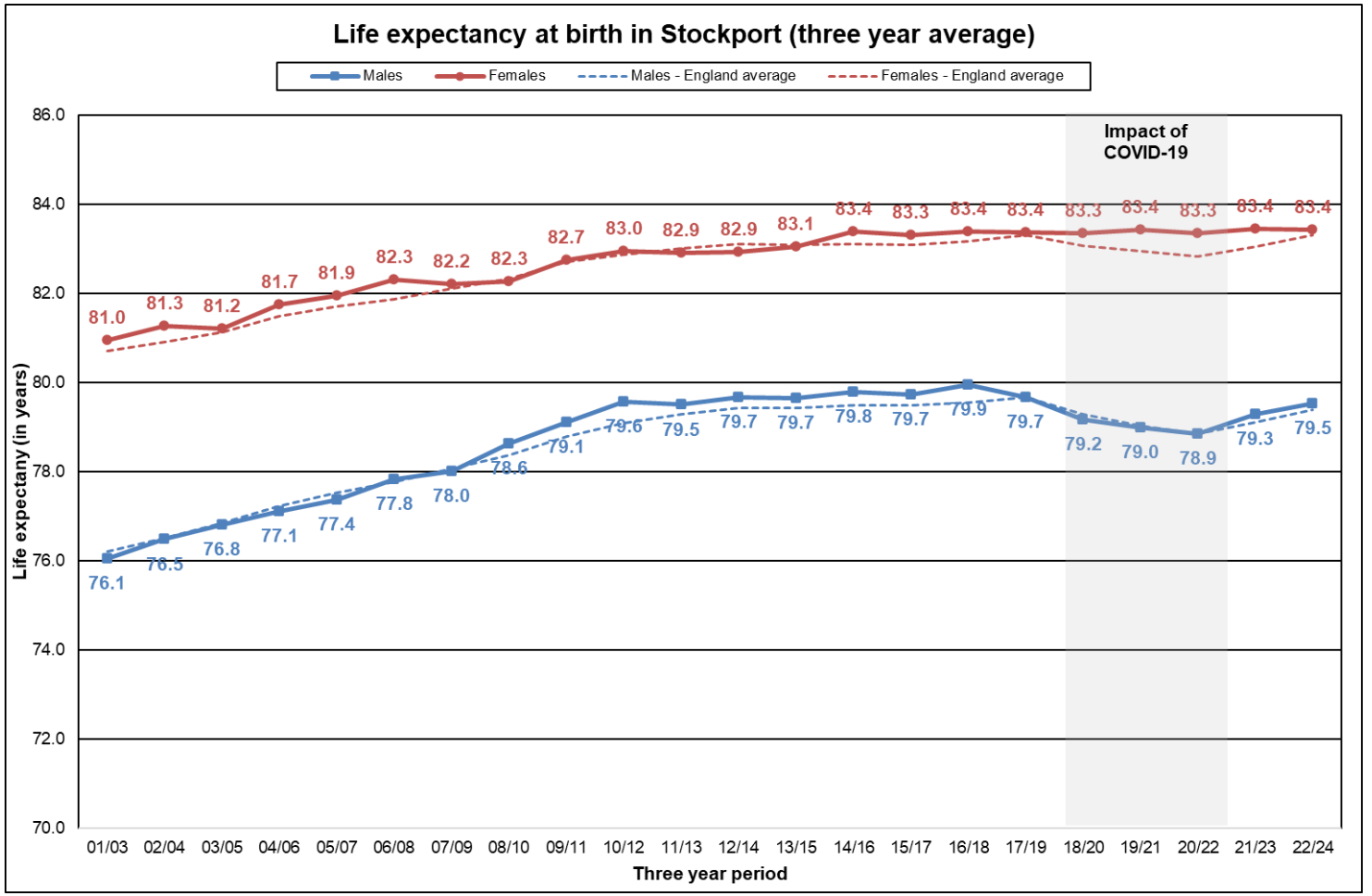
- Life expectancy in Stockport in 2022/24 is 79.5 years for males and 83.4 years for females; rates which are similar to the England average.
- Life expectancy has risen by 3.5 years (by 4.6%) for males and by 2.5 years (by 3.1%) for females since the millennium (2001/03).
- The gap between male and female life expectancy has narrowed from 4.9 to 3.9 years over this time.
- Stockport residents have experienced similar levels and similar changes in life expectancy as the England average over the last 20 years. Since 2011 there has been a significant slow down in the rate of improvement in life expectancy, this happened in Stockport and across England, and this is discussed further on page 6.
- COVID-19 had an impact on male life expectancy, which fell by 0.8 years from 2017/19 to 2020/22 however rates are now recovering and are 0.6 years higher than the pandemic low although still below their highest level.



- It is likely that next year (2023/25) we will see life expectancy for males recover back to 2017/19 levels as the last major pandemic impact year (2022) passes out of the three-year average data, we don't yet know whether the long-term trend of a slow rate of improvement in life expectancy for males and females will return.

Life Expectancy at ages 65 & 85

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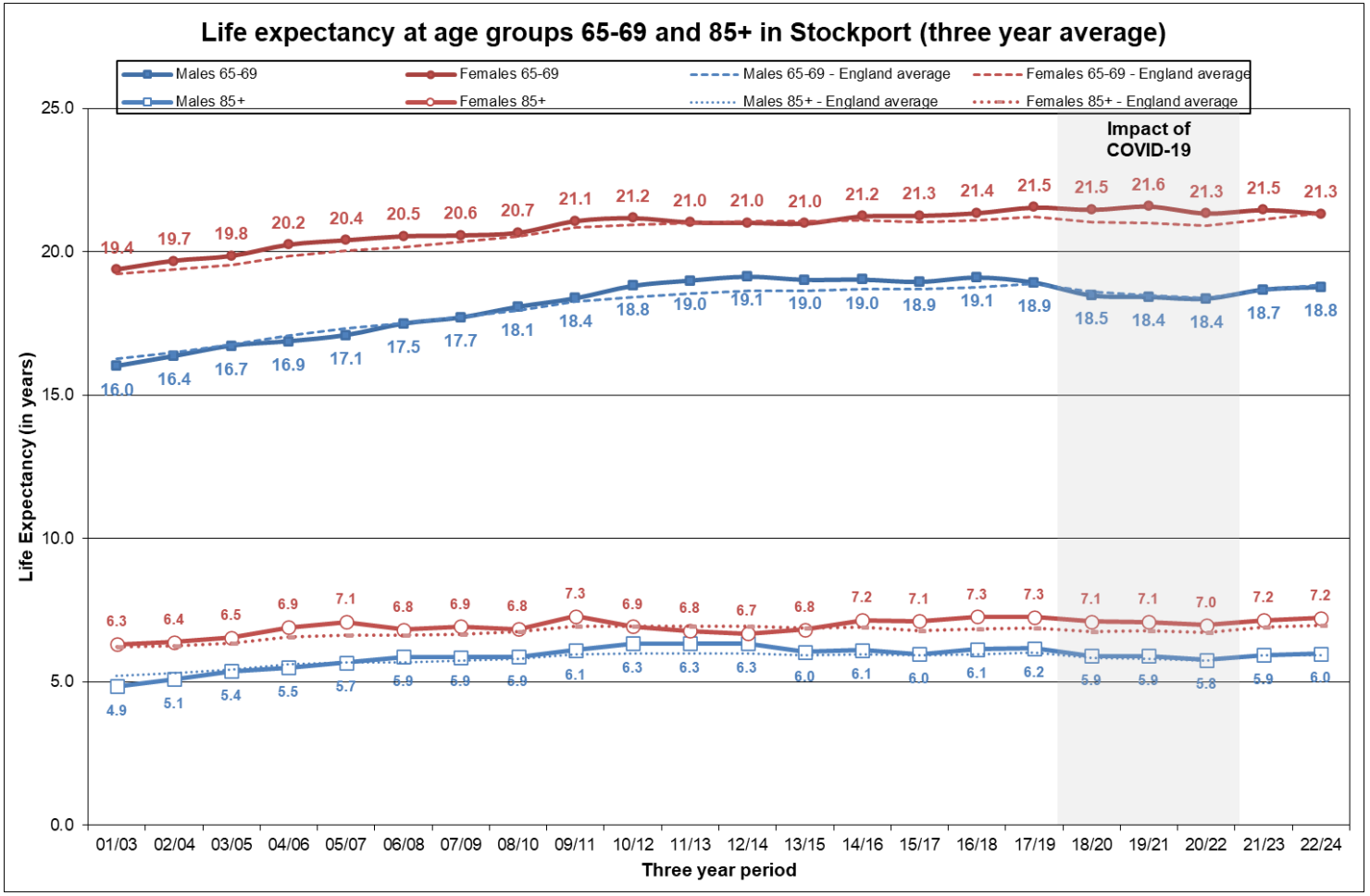
- At age 65 Stockport males are now expected to live 17.3% longer than they would have in 2001-2003 whereas females are expected to live 10.1% longer.
- At age 85 the increase in life expectancy has been 23.4% and 14.4% for male and female residents respectively.
- Stockport residents at 65 and 85 have experienced the same trends as the England average.
- The rate of improvement in life expectancy at these older ages has also slowed since 2011; the impact of the pandemic is evidence in the life expectancy for males aged 65-69 (which fall by 0.7 years) but was less impactful at age 85.



Changes in underlying trend since 2011

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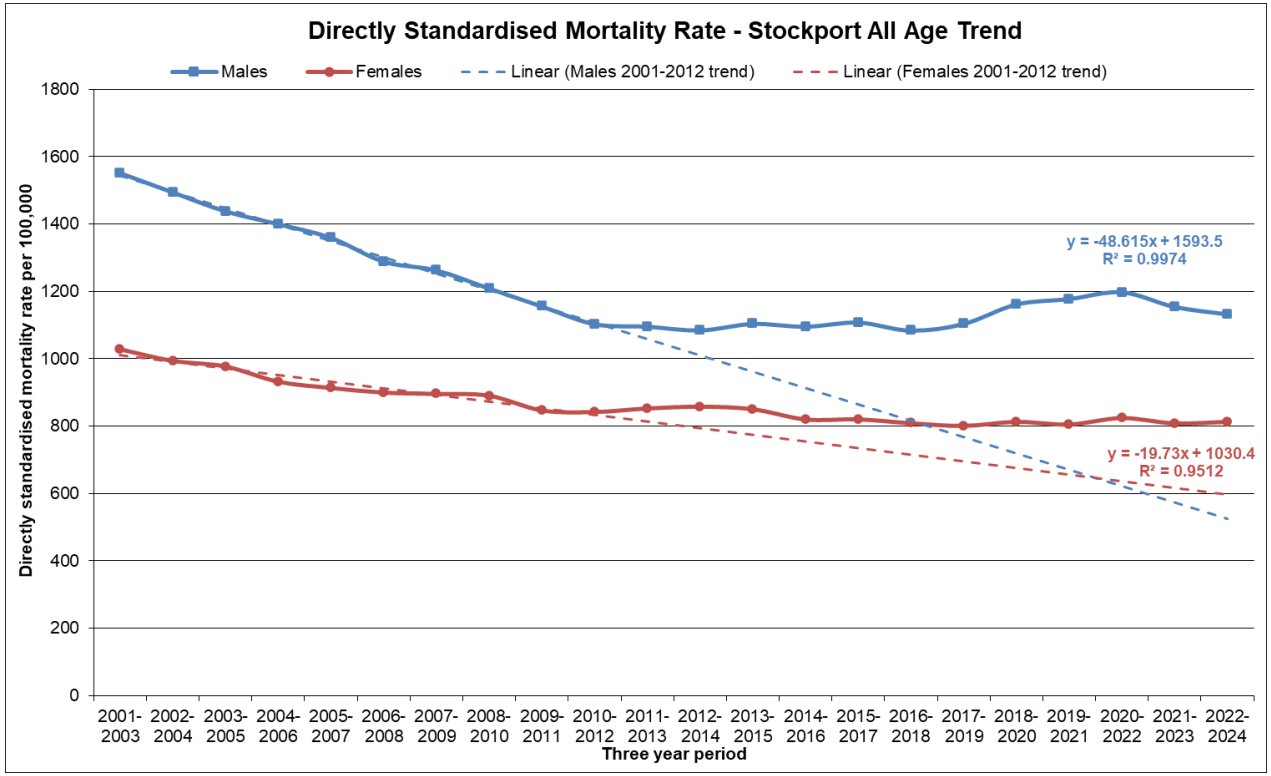
- The long-term trend for mortality rates in England has been a steady fall over time, experienced throughout the 20th century; however since 2011 the rate of decline (the improvement) significantly slowed, and life expectancy improvements stalled. The Office for National Statistics (ONS) concluded that a "statistically significant slowdown in the long-term improvement in age-standardised mortality rates for England and Wales took place around early 2010s".
- Local mortality rates in Stockport have followed this pattern, until 2010/12 the rate of decline for both male and female mortality was consistent, following a linear trend, since then rates have stopped falling and instead held steady, until the impact of COVID-19 led male mortality to rise.
- Pre COVID-19 these trends were being driven particularly by deaths for **older people, and especially for those over 90**, although mortality improvements were slowing down for younger age groups too. The changes were also being felt **most significantly in the deprived areas, particularly for female under 75 years**, reinforcing existing inequalities. These patterns were seen both locally and nationally.



- There are many theories about the possible causes of this change, including infections, cold weather, the impact of austerity and cohort effects; and it is possible that a number of these factors are contributing to the trend.
- We cannot yet say what will happen to the trend in the mortality rate in the future, as there is not enough evidence to help predict whether it will return to its earlier trends or continue with current patterns; and the pandemic has further disturbed trends making future predictions more challenging.

Life Expectancy by Deprivation

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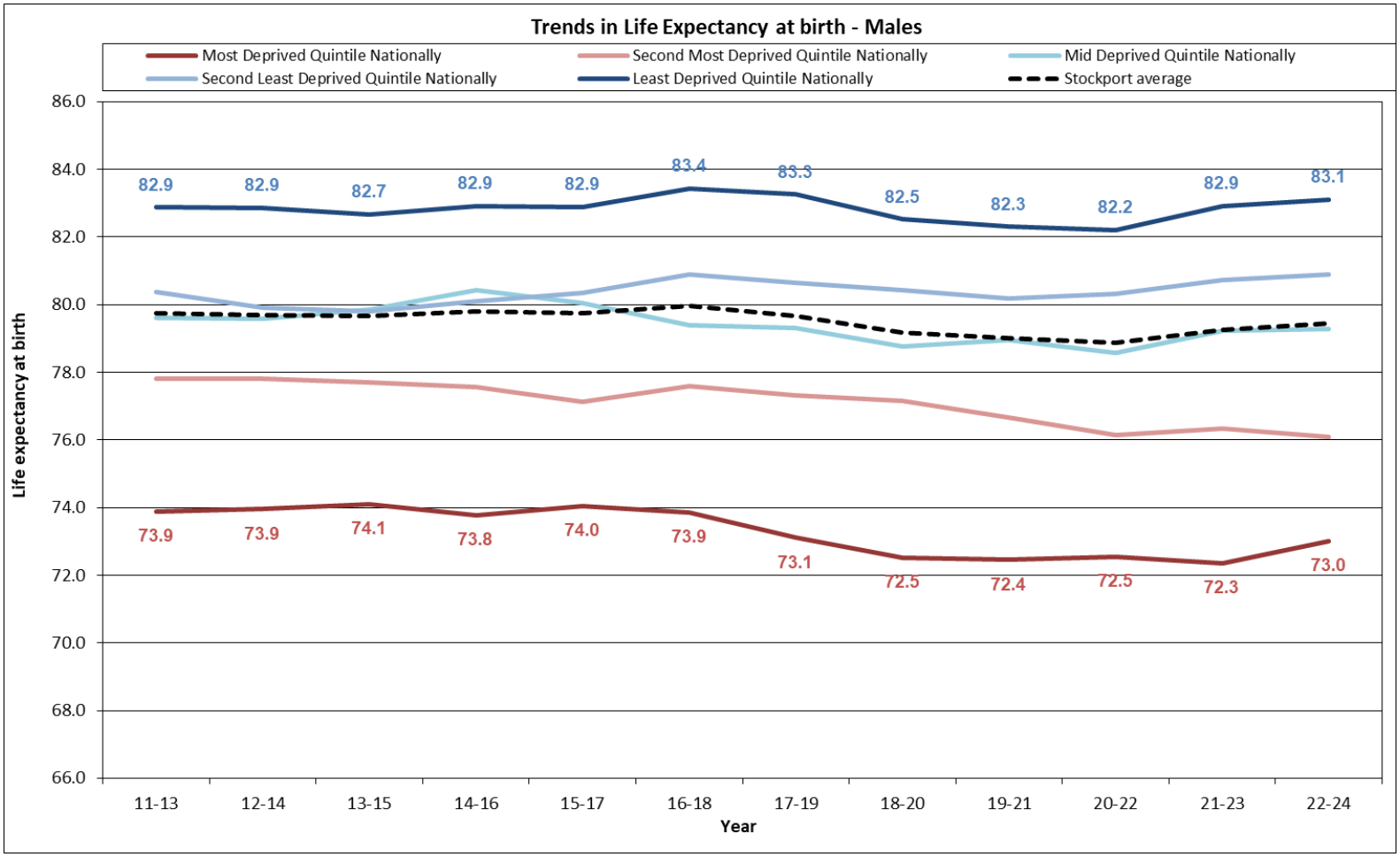
Males

- This data has been updated to reflect the 2025 Index of Deprivation.
- Over the last 12 years the life expectancy for males in least quintiles of deprivation in Stockport have followed the national pattern of little improvement and holding steady.
- In the two more deprived areas, life expectancy has fallen over the period.*
- In the most deprived areas this fall was from a from a high of 74.1 years in 2013/15 to 73.0 years in 2022/24. This a recovery from the previous pandemic impacted years when life expectancy for males in the most deprived areas was as low as 72.3 years. The gap from current levels to the pre-pandemic levels is higher in the most deprived areas



* It should be noted however that the confidence intervals are wide and that this fall is not yet statistically significant at the 95% level.

Life Expectancy by Deprivation

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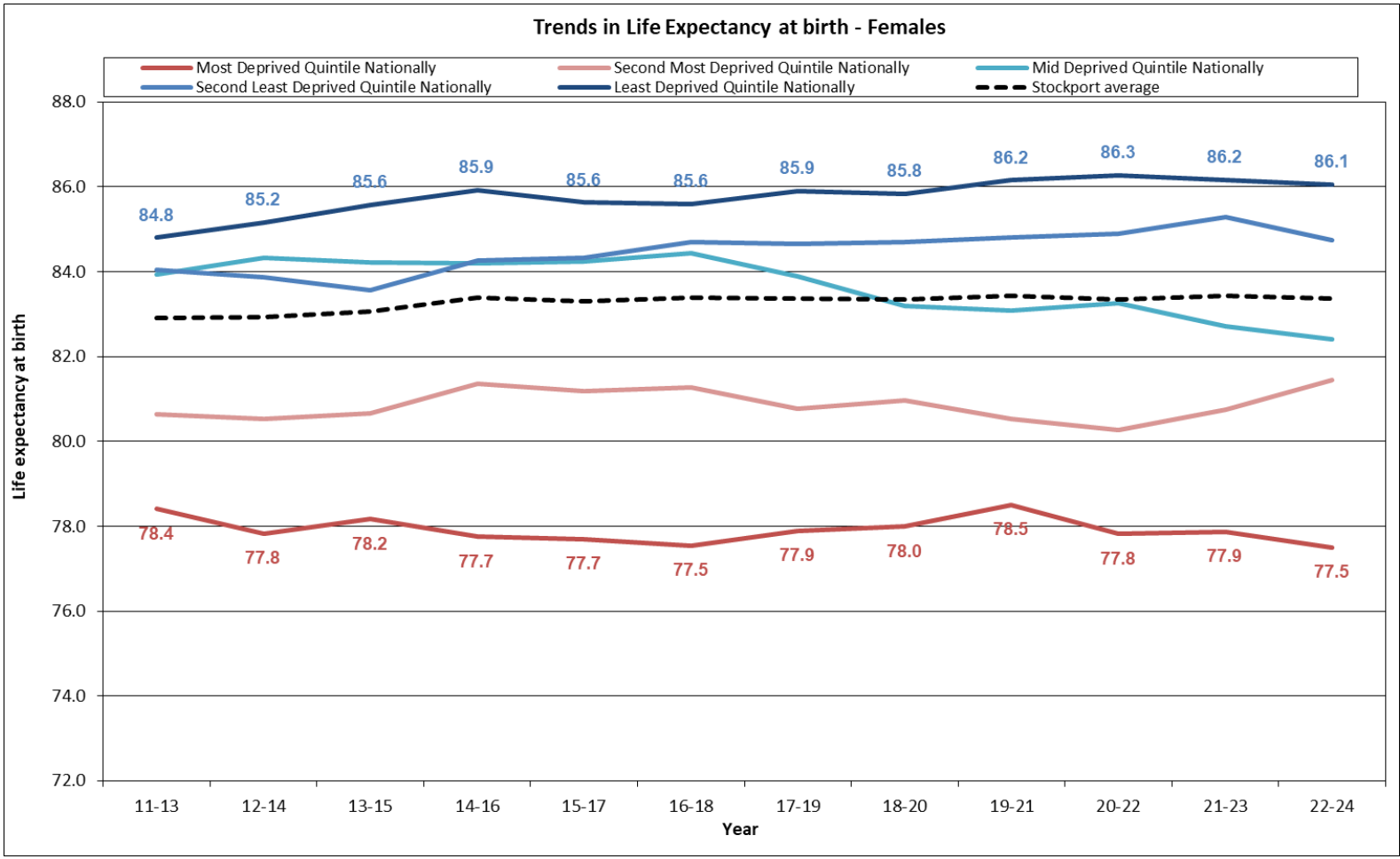
Females

- This data has been updated to reflect the 2025 Index of Deprivation.
- Over the last 12 years the life expectancy for females in less deprived areas have continued to improve slightly.
- In the most deprived areas however, life expectancy has fallen from a high of 78.4 years in 2011/13, to 77.5 years in 2022/24.



Inequality gap

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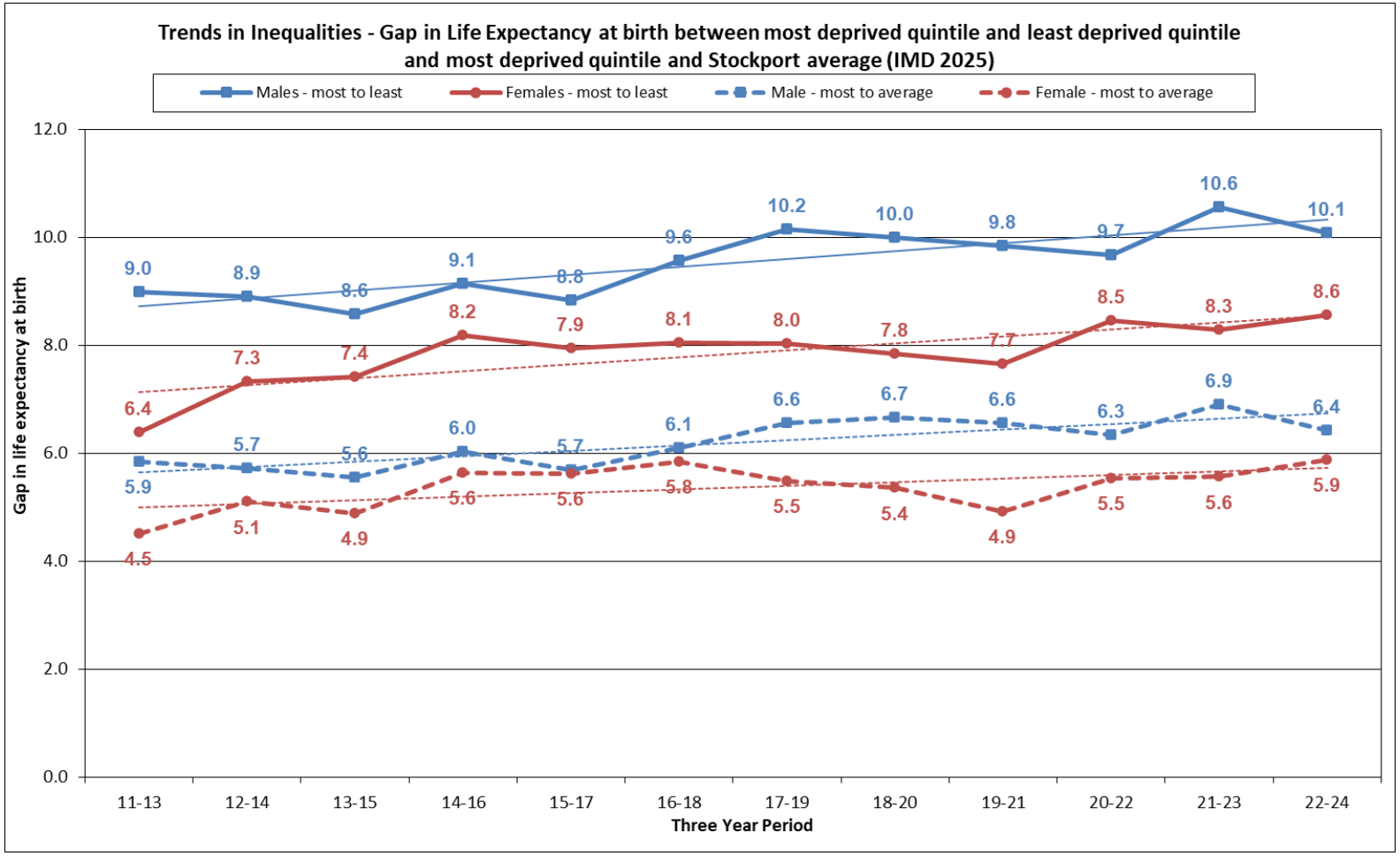
Males

- The gap between the **most and least** deprived quintile areas in 2022/24 is now 10.1 years, a year greater than it was in 2011/13.
- The gap between the **most deprived and Stockport average** has increased from 5.9 years in 2011/13 to 6.4 years.

Females

- The gap between the **most and least** deprived areas has increased from 6.4 to 8.6 years over the last twelve years. This is the largest gap in the last 12 years.
- The gap has also increased between the **most deprived area and Stockport average** from 4.5 to 5.9 years over the period, again the largest gap there has been in the last 12 years.



Life Expectancy by Ward

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Wards	Male Life Expectancy at birth (2022/2024)	Female Life Expectancy at birth (2022/2024)
Bramhall North	82.6	85.8
Bramhall South & Woodford	84.6	87.3
Bredbury & Woodley	77.3	81.5
Bredbury Green & Romiley	79.5	83.8
Brinnington & Stockport Central	72.0	76.6
Cheadle East & Cheadle Hulme North	79.5	81.4
Cheadle Hulme South	82.8	86.1
Cheadle West & Gatley	80.2	85.7
Davenport & Cale Green	76.9	80.5
Edgeley	74.6	79.7
Hazel Grove	82.0	85.9
Heald Green	81.4	84.7
Heatons North	80.6	83.9
Heatons South	82.4	85.2
Manor (Stockport)	78.4	81.8
Marple North	83.1	84.9
Marple South & High Lane	77.2	83.0
Norbury & Woodsmoor	83.3	87.2
Offerton	78.7	82.2
Reddish North	77.3	81.8
Reddish South	75.9	80.8
Stockport	79.5	83.4
Gap between highest and lowest	12.5	10.7

- There are significant inequality gaps in life expectancy between electoral wards in Stockport. The gap between the lowest and highest life expectancy in 2022/24 was:
  - around 12.5 years for males
  - around 10.7 years for females
- Brinnington & Stockport Central ward has the lowest life expectancy in Stockport at 72.0 years for males and 76.6 years for females.
- The inequality gap has increased since 2011/13 when the gap between the lowest and highest life expectancy was:
  - around 10.1 years for males
  - around 8.6 years for females

Age Groups Driving Inequalities in Life Expectancy

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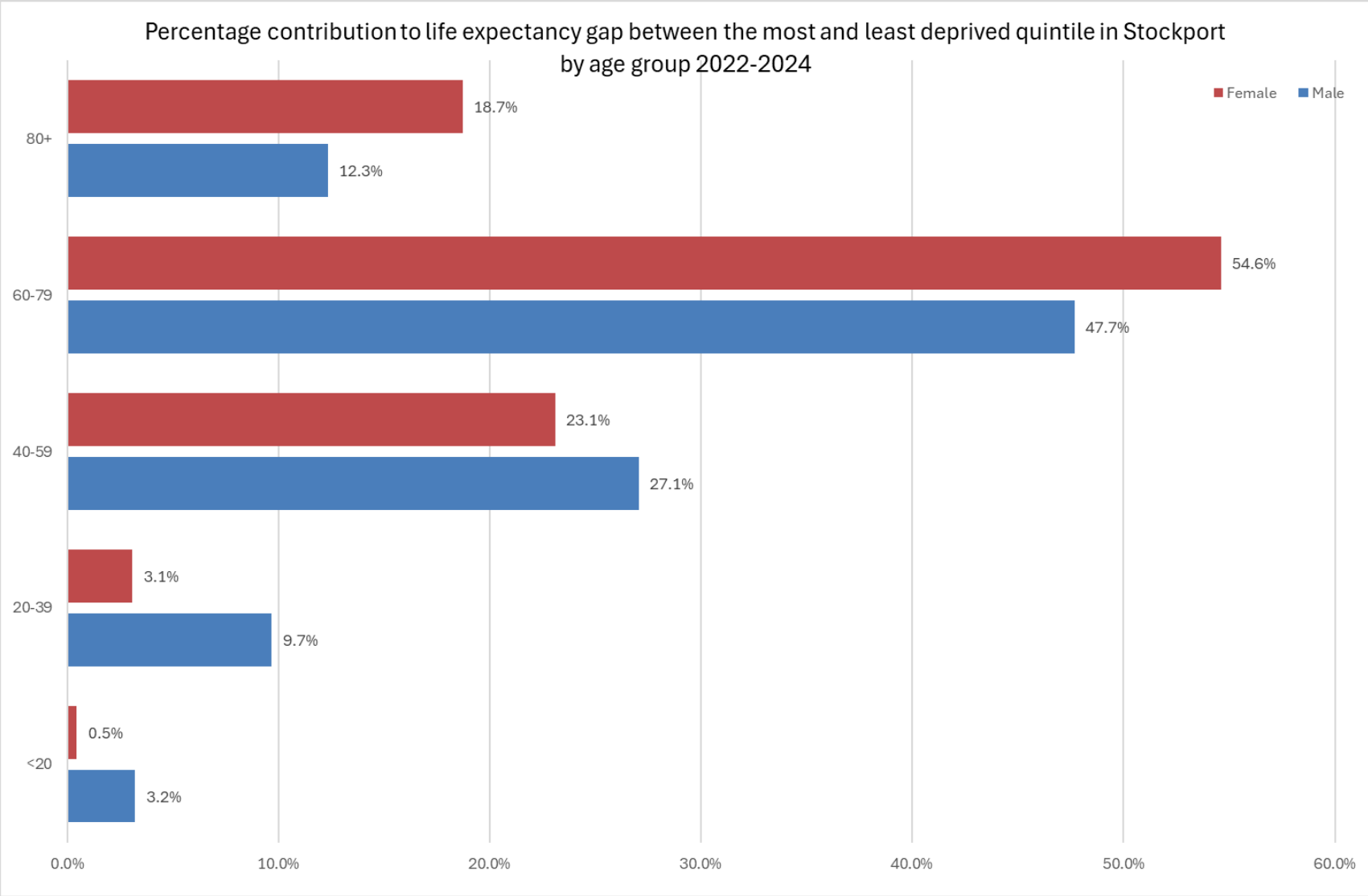

- People dying between the **ages of 60 and 79 are the main contributor to life expectancy inequalities** in both genders, with approximately 50% of the gap in life expectancy
- Those dying between ages 40 and 59 are the second largest contributor to the gap in life expectancy.

Age Groups Driving Inequalities in Life Expectancy

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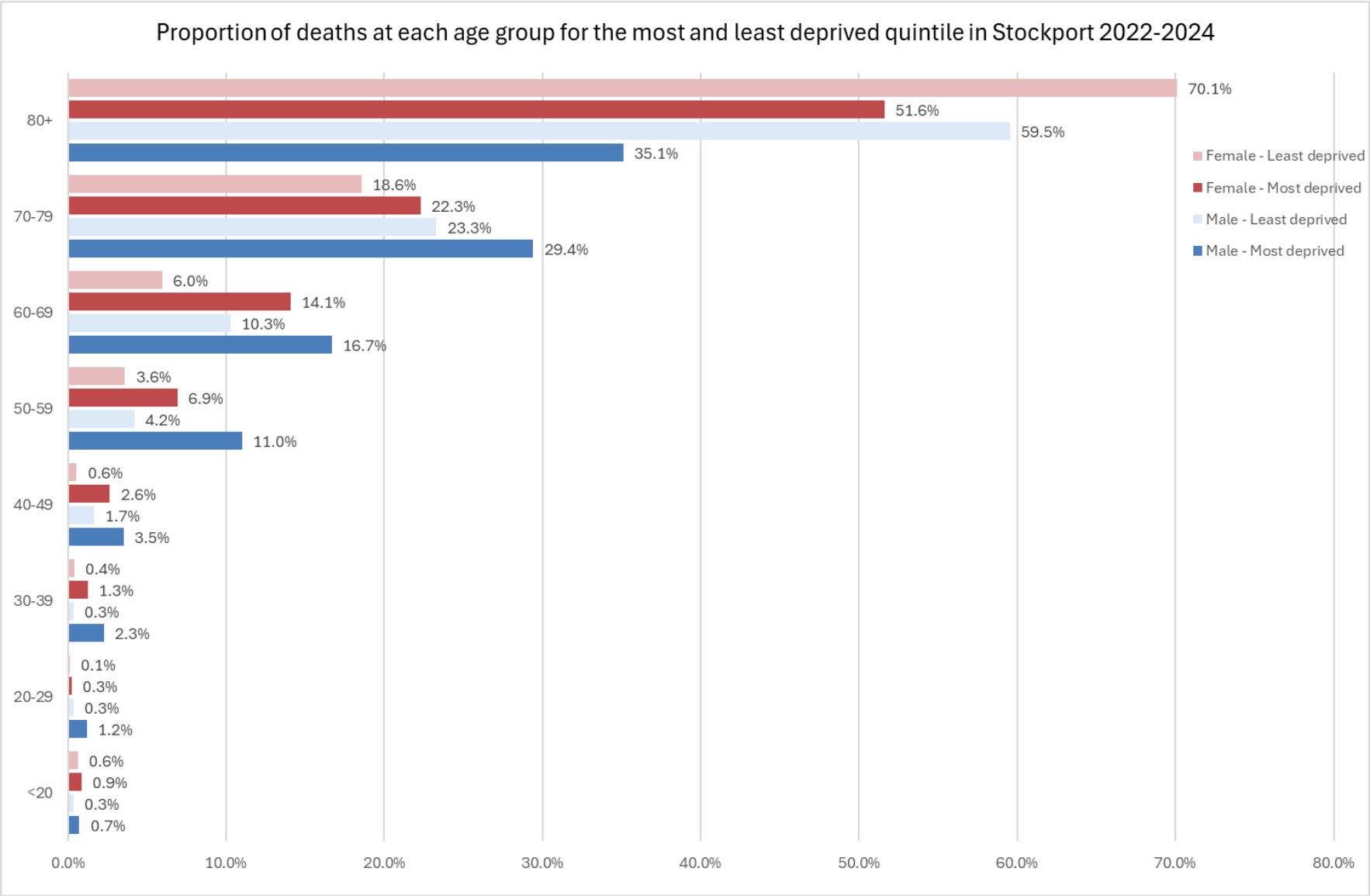

- In all areas the most frequent age group of death is aged 80+ years, however for females in the least deprived areas 70% of deaths occur in this age group compared to 52% of females in the most deprived areas. For males the equivalent data is 60% and 35%.
- 36% of deaths occur before the age of 70 year for males in the most deprived areas, compared to 17% in the least deprived.
- 26% of deaths occur before the age of 70 year for females in the most deprived areas, compared to 11% in the least deprived.

Causes of Death Driving Inequalities in Life Expectancy

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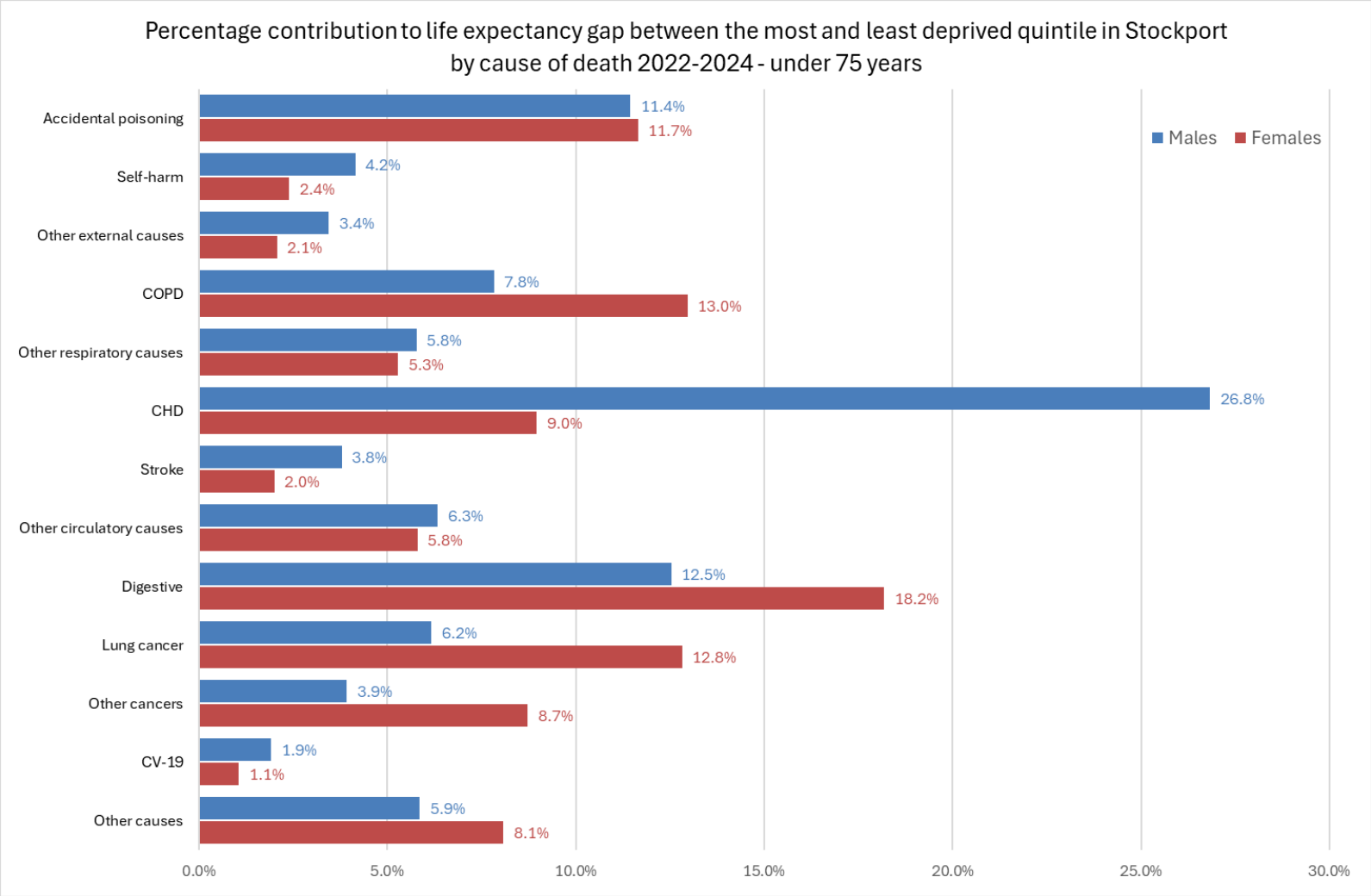

- In 2022/24 the main drivers of male life expectancy inequality were **coronary heart disease (27%), digestive disease (13%) and accidental poisoning (11%)**.
- For females it is primarily **digestive disease (18%), COPD(13%), lung cancer (13%), and accidental poisoning (12%)** contributing to life expectancy inequalities.

Summary – Life Expectancy

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- **Males in Stockport are now expected to live to 79.5 and females to 83.4 years.**
- Life expectancy for males and females in Stockport is similar to the national average
- The rate in improvement in life expectancy has slowed since 2011 and male life expectancy fell as a result of COVID-19 although levels are now recovering. It is not known whether the long-term slower rate of improvement will continue.
- There are **clear deprivation profiles in life expectancy** with males in the most deprived quintile expected to live 10.1 years less, and females 8.6 years less, than people in the least deprived areas.
- Trends fluctuate, but the inequality gap in both male and female life expectancies have increased over the last twelve years. In 2022-2024 the gap is the largest it has been for females, and third largest for males.
- Ward level inequalities show similar patterns, and the gaps in life expectancy between the highest and lowest wards are now at 12.5 years for males and 10.7 years for females.
- The main contributing age group to life expectancy inequality is those dying between the ages of 60 and 79, 36% of deaths in for male and 26% of deaths for females in the most deprived areas occur before the age of 70 years, the equivalent in the least deprived areas is 17% and 11%.
- The main causes of death responsible for the inequality in life expectancy are currently **coronary heart disease, digestive disease and accidental poisoning** for males and **digestive disease, COPD, lung cancer and accidental poisoning,** for females.

All Age Causes of Death 2024

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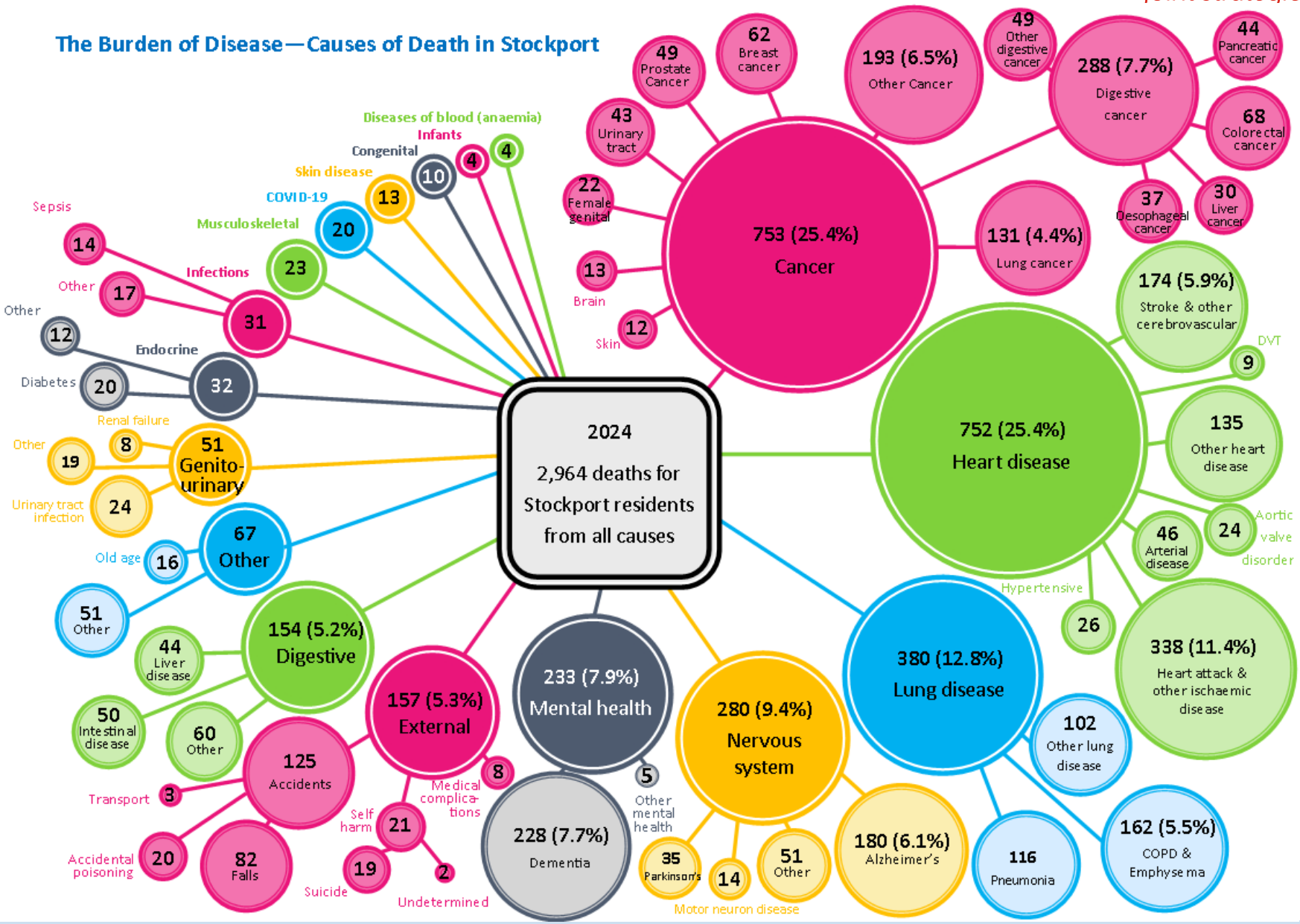

- Cancer (25%), Heart Disease (25%), and Lung Disease (13%) are the most significant causes of death in Stockport at all ages in 2024.
- Dementia (7.7%) and Alzheimer's (6.1%) also cause a large number of deaths in older age groups.

Under 75 Causes of Death 2024

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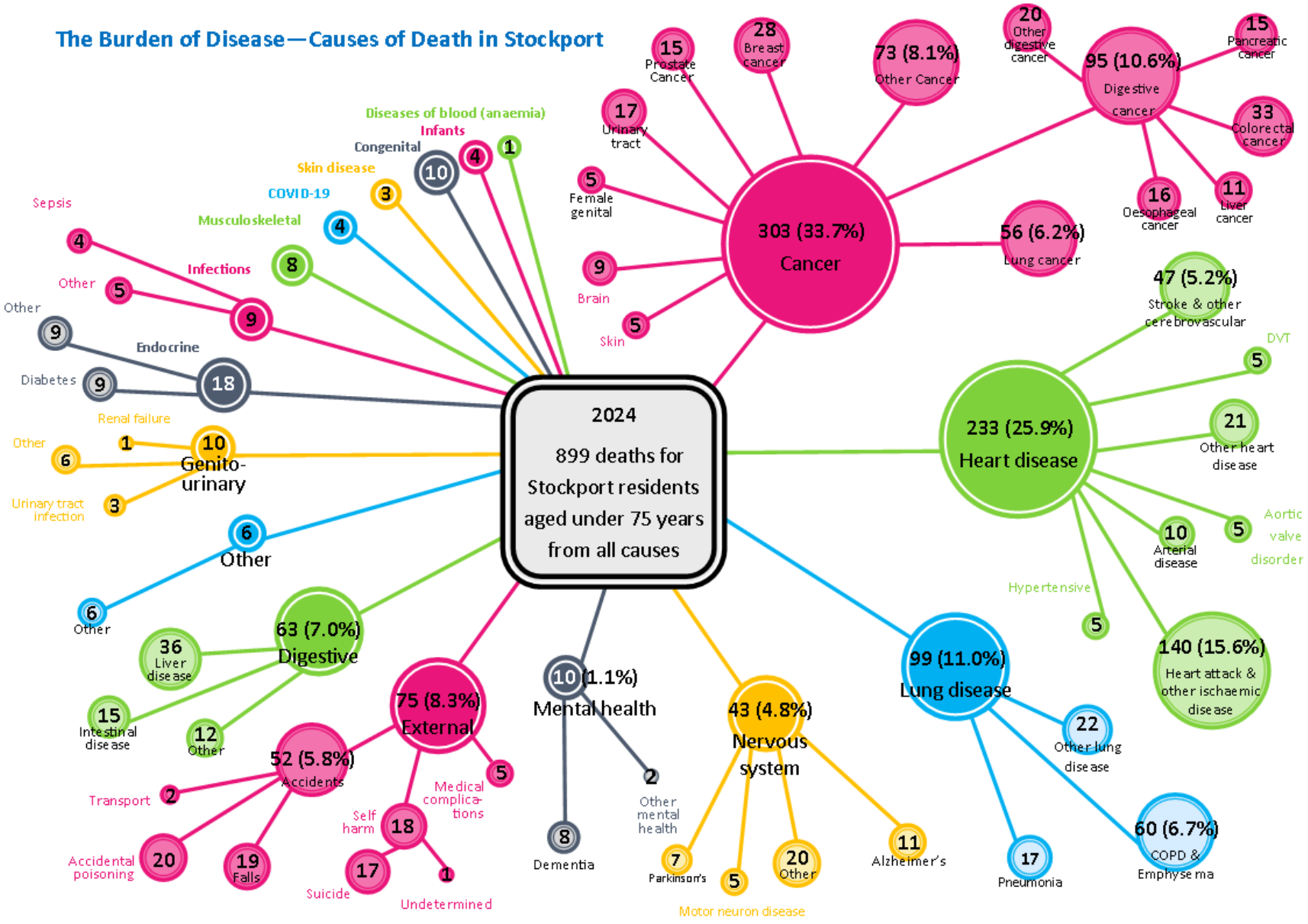

- Cancer (34%) and Heart Disease (26%) are the most significant causes of death in Stockport for early deaths.
- Cancer accounts for a far bigger share of early deaths than deaths at all ages.
- The portion of deaths from external causes (8%) is also higher than the all-age proportion with accidental deaths being the largest sub cause.

Causes of Death by age group

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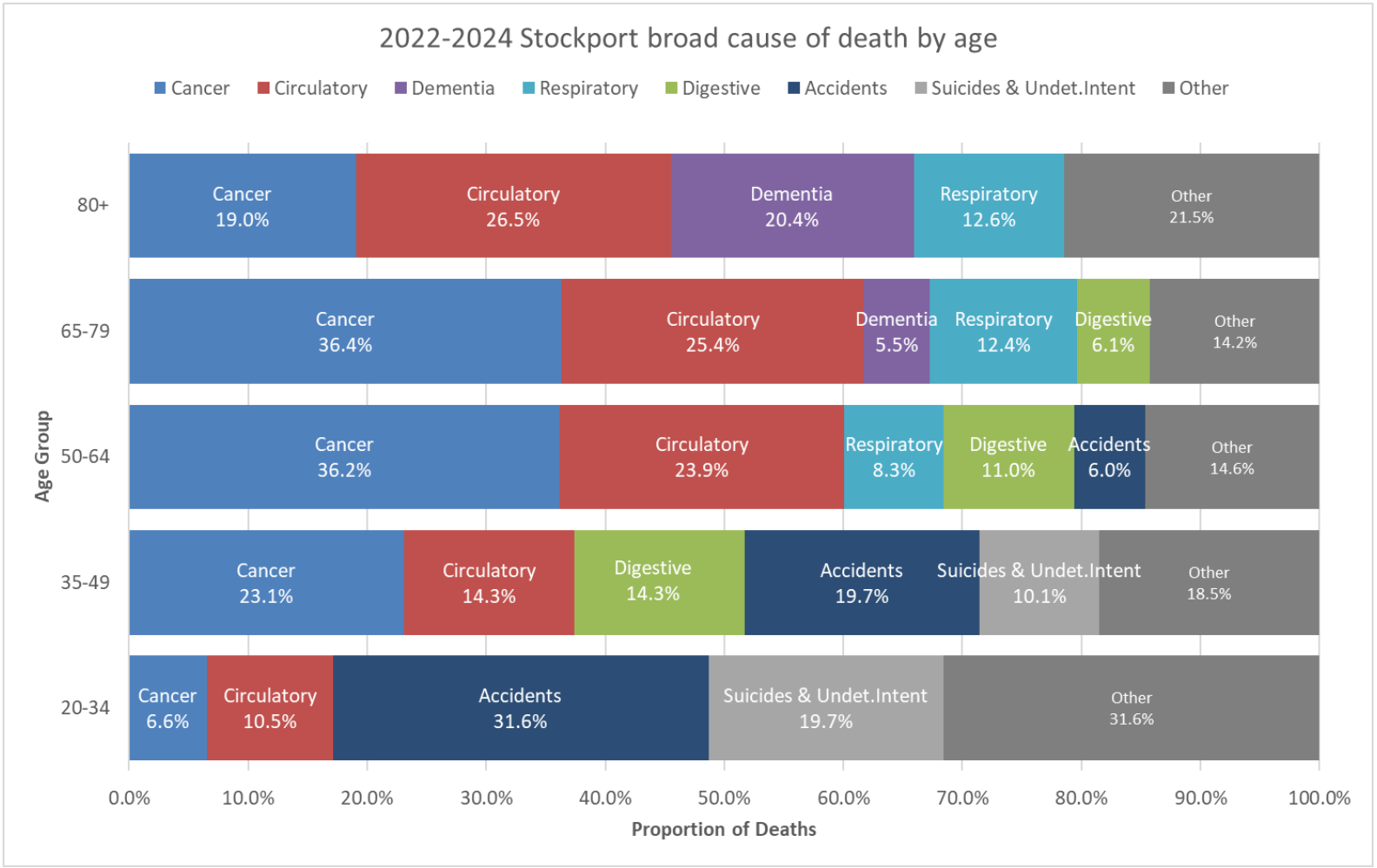
- The main causes of death change over the life course
- External causes (accidents and deaths from suicide & undetermined intent) cause a larger proportion of deaths in younger ages
- Though cancer and heart disease cause similar numbers of deaths overall, cancer is the most significant cause for those aged 50-79 years while heart disease increases in significance and is the larges cause of death over 80 years.

% of all deaths by age groups	
80+	56%
65-79	29%
50-64	10%
35-49	3%
20-34	2%



Cancer & Circulatory Mortality Trends

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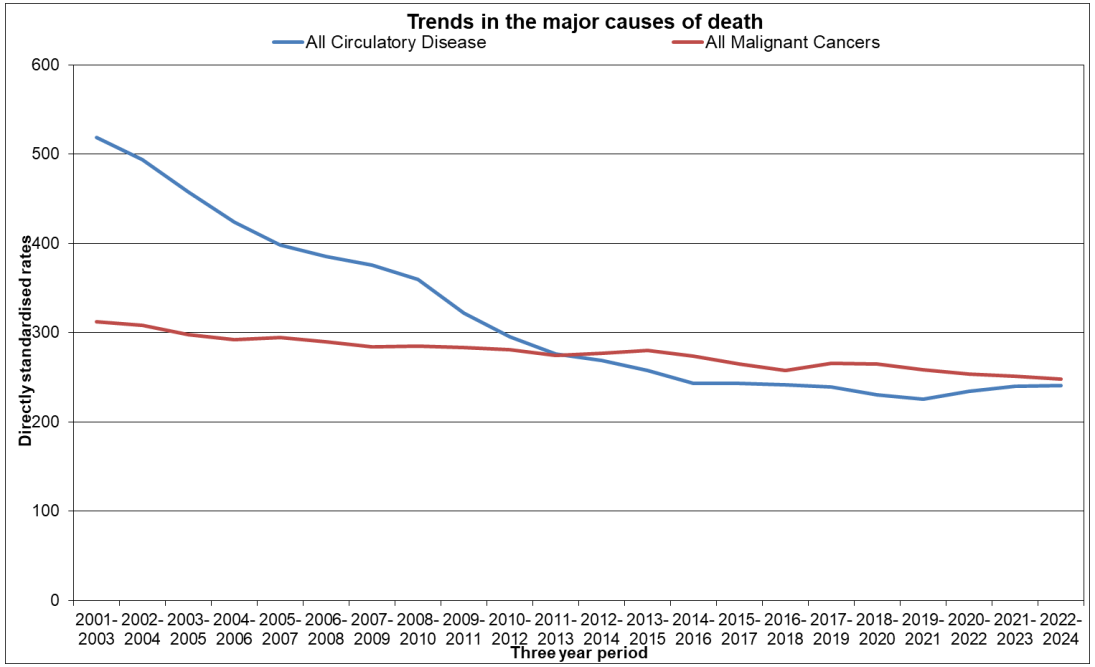
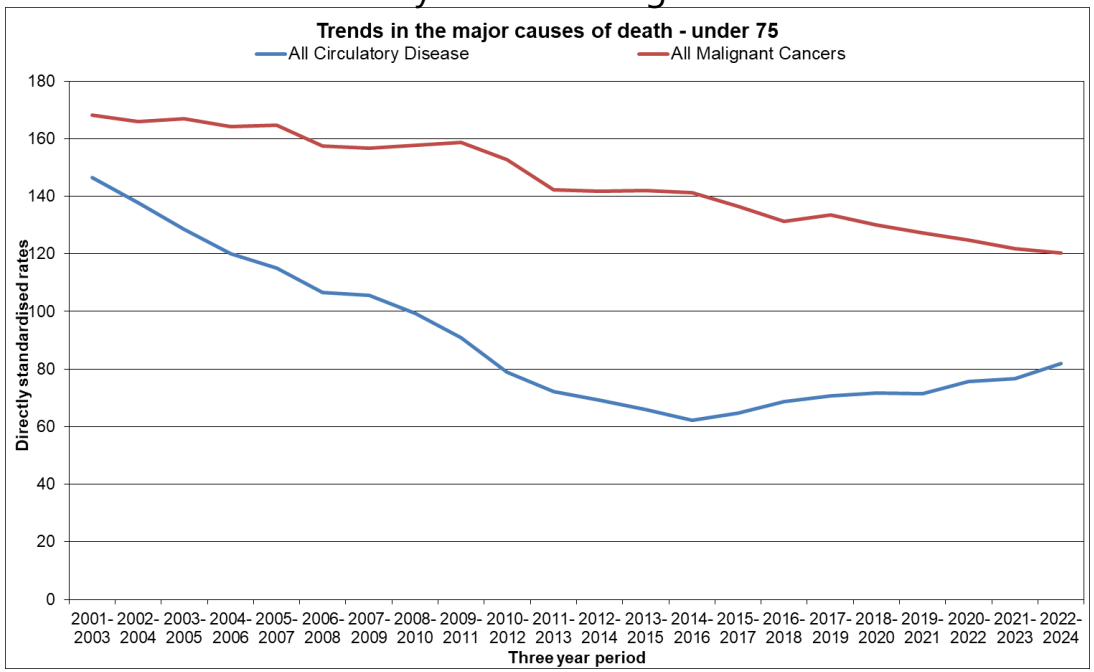


All Ages

- Since 2011/14 cancer has been the biggest cause of death for all ages
- Circulatory mortality has decreased by 54% between 2001/03 and 2022/24, while cancer mortality has fallen by 21%.
- Cancer mortality has fallen steadily over the 20 year period; circulatory mortality fell rapidly to 2014/16 and has since stabilised.
- Stockport's all age mortality for both cancer and circulatory disease are statistically similar to England's.

Under 75

- Cancer has continued as the biggest cause of death for those under 75, and although circulatory rates are lower, they are still roughly double any other cause of death.
- Circulatory mortality has fallen by 44% and cancer by 29% since 2001/03.
- Cancer mortality has fallen steadily over the 20 year period; **circulatory mortality fell rapidly to a low in 2014/16 and has since risen and continues to rise.**
- Stockport's under 75s mortality for both cancer and circulatory disease are statistically similar to England's.



Cancer & Circulatory Mortality Trends by Deprivation

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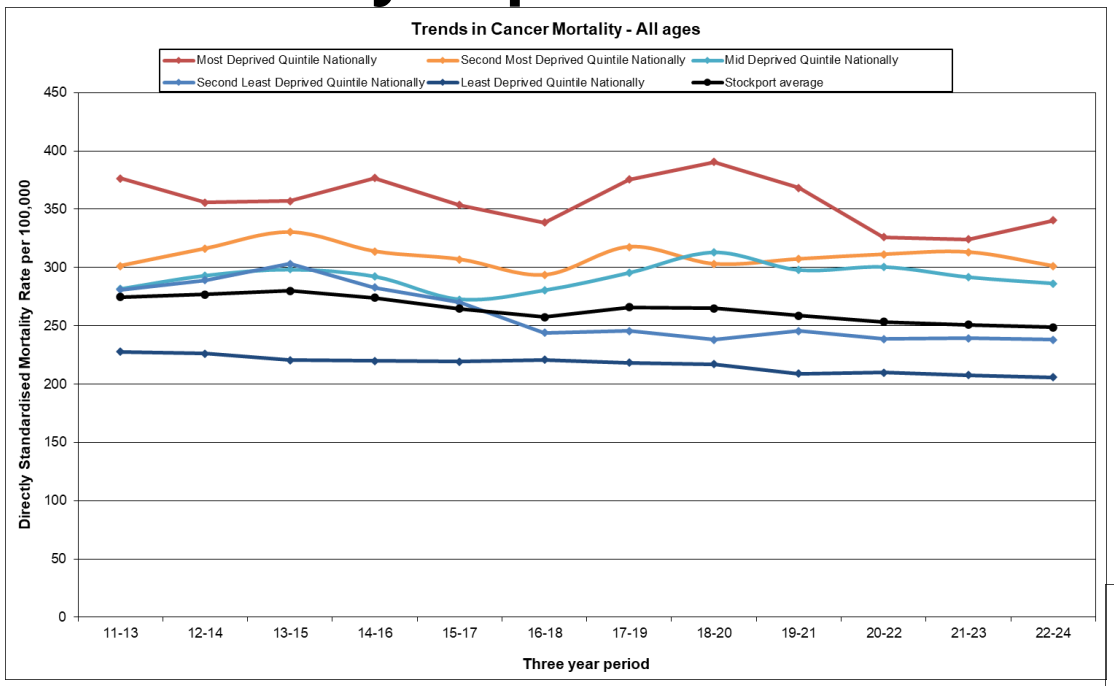
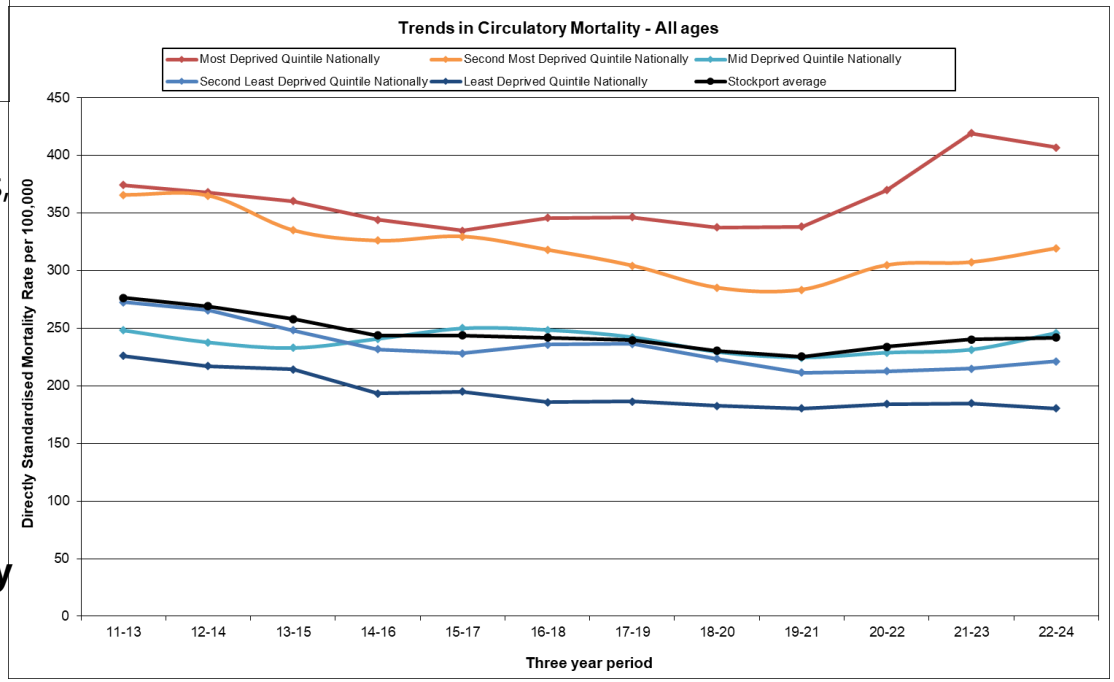


Cancer

- There is a clear deprivation profile in cancer mortality rates
- The most deprived cancer mortality rate is 65% higher than the least deprived rate in 2022/24.
- For under 75s the deprivation profile is steeper, as the most deprived rate is 82% higher than the least deprived rate in 2022/24.
- Cancer mortality rates have decreased in all quintiles of deprivation in Stockport over the last twelve years, and at similar rates meaning the deprivation profile has not narrowed.

Circulatory

- There is a clear deprivation profile in circulatory mortality rates, and this is steeper than for cancer.
- For all ages, the most deprived mortality rate is 126% higher than the least deprived rate in 2022/24.
- For under 75s the deprivation profile is even greater as the most deprived rate is 335% higher than the least deprived
- Circulatory mortality rates have decreased in the two least deprived quintiles of deprivation in Stockport over the last twelve years, but **since 2017/19 circulatory disease mortality in the most deprived areas has increased by 17%, being especially high in 2022 and 2023.**



Mortality Trends of Stockport's Other Major Causes of Death

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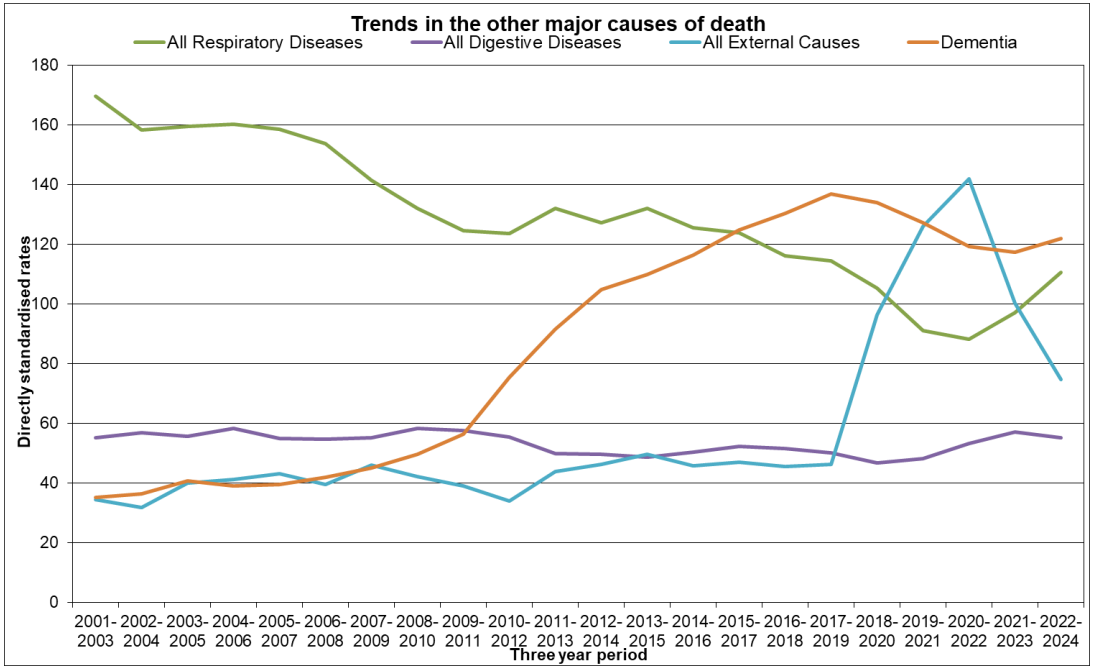
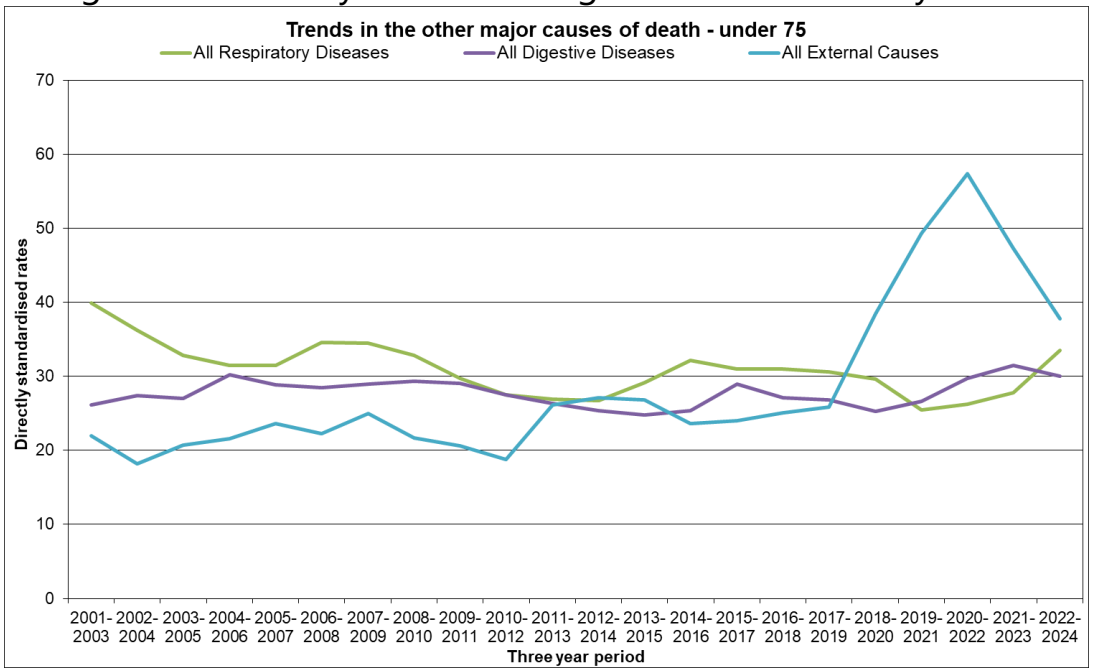


All Ages

- Dementia is now the third biggest cause of death for Stockport residents, and rates have risen by 347% since 2001/03 to 2022/24 as diagnosis and identification rates have increased.
- External causes have risen by 217%, mostly due to COVID-19, and as expected levels are now falling as the pandemic impact passes; other deaths from external causes are predominantly accidental poisoning, falls and self-harm (see next page).
- Respiratory disease mortality has fallen by 35% over the last twenty years, these rates fell during the pandemic and are now returning to previous levels.
- Digestive mortality has not changed over the last 20 years.

Under 75

- Dementia is not a major cause of death in under 75s.
- Mortality from external cause mortality has risen by 217% due to the COVID-19 pandemic but, as with the trend at all ages, this impact is now passing and rates are beginning to fall.
- Respiratory and digestive mortality rates for the under 75s are similar. Over the last twenty years respiratory morality in this age group has fallen by 16%, while digestive mortality has risen by 15%.



External Causes of Death

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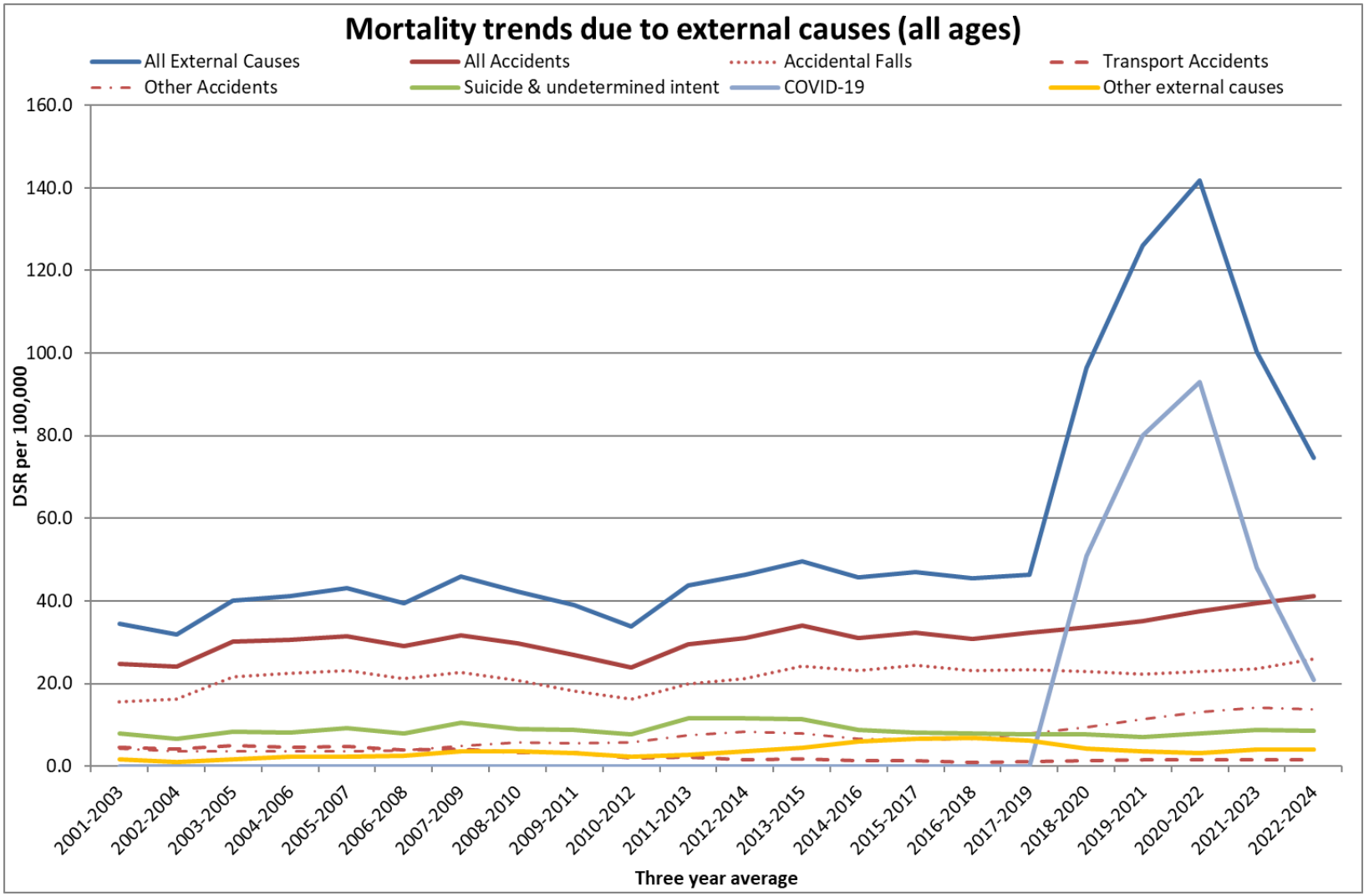

- COVID-19 led to a large increase in mortality due to external causes of death, however the underlying trend for these causes are also increasing.
- This increase is particularly being driven by increases in "other accidental causes" and further analysis shows this is primarily accidently poisoning (see next page) and rates in Stockport are higher than the national average.
- In terms of national benchmarking Stockport also has higher rates of deaths from accidental falls and rates are also increasing slowly.

Accidental poisoning / drug related

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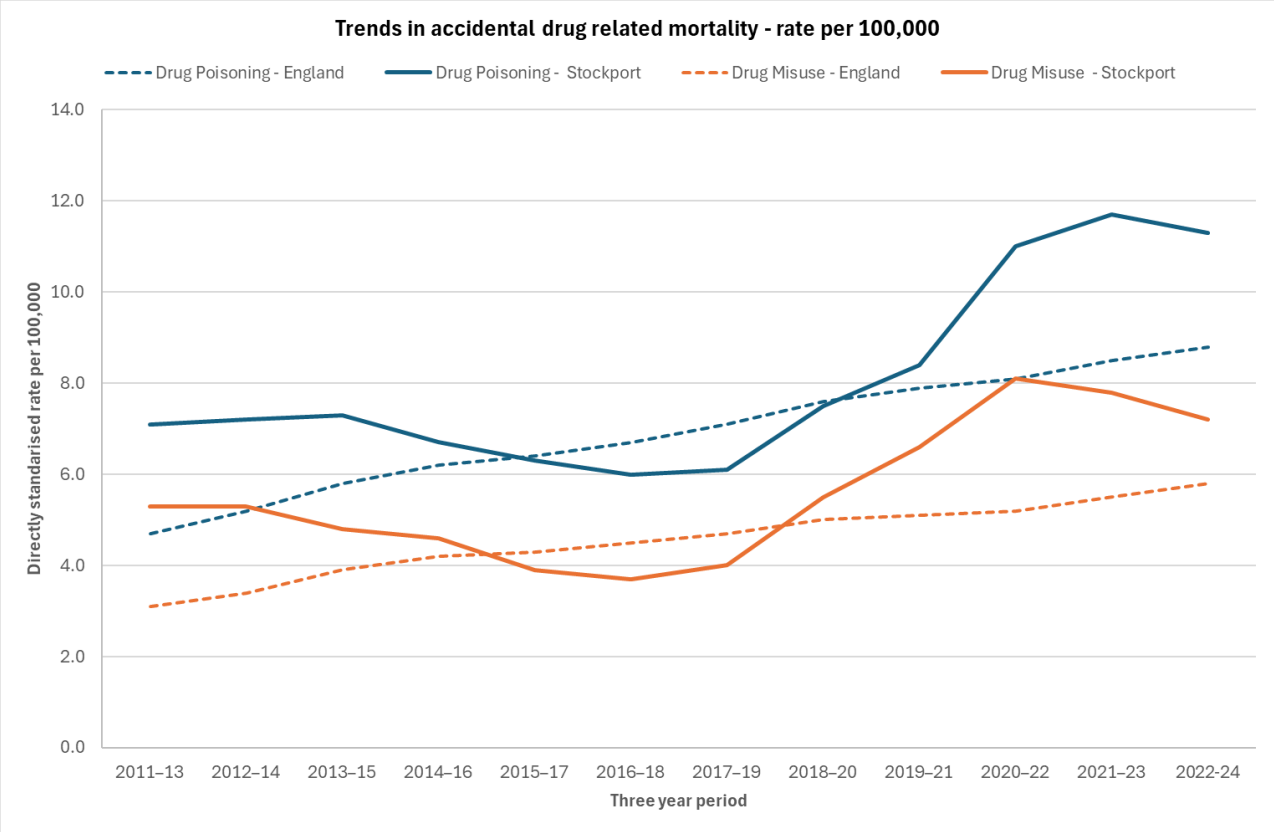
- Nationally the rate of drug poisoning deaths continues to increase: 5,565 deaths related to drug poisoning were registered in England and Wales in 2024. The rate of drug poisoning deaths registered in 2022-24 (8.8 deaths per 100,000) is 168% higher than the rate in 2018-2020. Stockport is exceeding this trend with 1,020 deaths due to drug poisoning registered in the three years 2023-243: a rate of 11.3 per 100,000, up by 51% from 2018-20.
- Mortality rates are higher for males and deaths are most common for those aged 35 to 49 years.
- Over half of all drug poisoning deaths involve more than one drug, and it is not always possible in those cases to tell which substance was primarily responsible for the death. It is also important to note that drug poisoning deaths can be as a result of both legal and illegal substances; the most common substances nationally are cocaine, benzodiazepine, anti-depressants and paracetamol, almost half of all drug poisonings involve an opiate.
- National analysis from the ONS shows that people born in the 1970s continue to have the highest rates of drug misuse deaths. ONS have also concluded that the overall trend is driven primarily by deaths involving opiates but also by an increase in deaths involving other substances like cocaine.



Mortality risk factors

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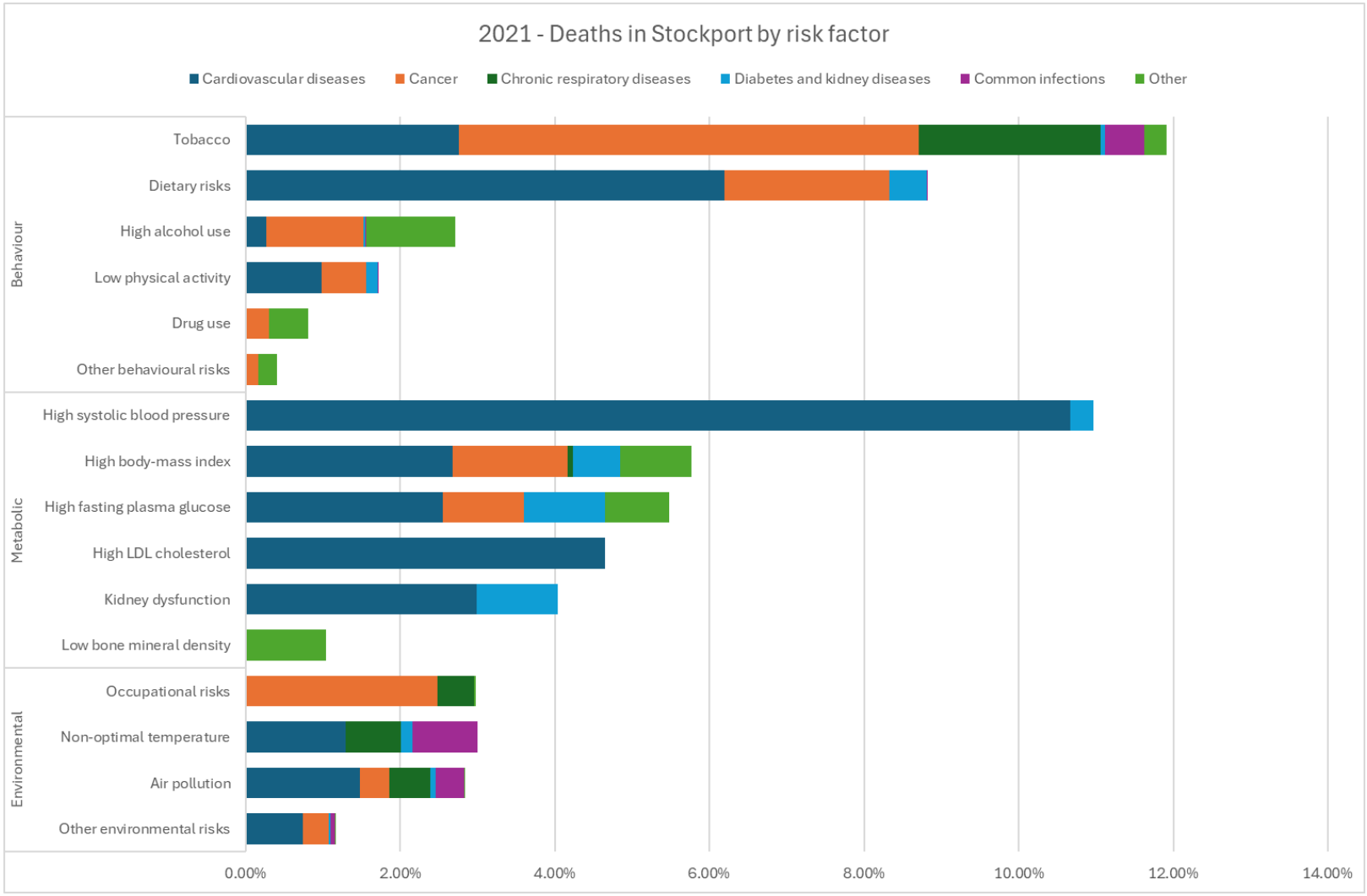
Underlying Risk Factors for Death in Stockport

- Analysis from the Global Burden of Disease Study 2021* shows that we can identify around **68% of the underlying risk factors for deaths in Stockport.**
- 32% of deaths in Stockport can be attributed to metabolic risks, the main risks being:
  - High blood pressure (11.0%)
  - High body mass index (5.8%)
  - High blood glucose (5.5%)
- 26% of deaths in Stockport can be attributed to behavioural risks, the main risks being:
  - Smoking (11.9%)
  - Dietary risks^ (8.8%)
- 10% of deaths in Stockport can be attributed to environmental risks.
- Many of these risk factors are preventable.



* https://www.healthdata.org/data-tools-practices/interactive-visuals/gbd-compare
^ Low in whole gains, nuts & seeds, fruits and vegetables, high in processed and red meats

Causes of Death - Summary

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- Stockport tends to have similar mortality rates to the national average but better than those in the North West for the major causes of death
- Cancer and circulatory disease are the biggest causes of death amongst Stockport residents in all ages and aged under 75; for all age groups these two major disease groups combined are the underlying cause of 50.8% of all deaths in Stockport in 2024. Mortality rates for cancer are falling following a long-term trends, for all ages circulatory mortality rates are stable, but rates for early deaths (under 75) are starting to rise.
- Dementia is increasingly becoming a major cause of death in all ages; and rates of mortality for this cause are rising, particularly for people over the age of 80 years. This is in part due to a change in coding leading to better identification of dementia.
- In under 75s, external causes and digestive disease are a larger cause of death than for older ages. External causes are primarily due to accidental deaths (most commonly from falls or accidental poisoning) and self-harm whilst digestive disease is most commonly chronic liver disease. The rates of both external causes of mortality and digestive disease are increasing. COVID-19 has led to a large increase in mortality due to external causes of death, however the underlying trend for these causes are also increasing. This increase is particularly being driven by increases accidently poisoning and rates in Stockport are higher than the national average. In terms of national benchmarking Stockport also has higher rates of deaths from accidental falls although trends are stable.
- There are inequalities in all causes of death between the most deprived and least deprived areas, **these are most significant for circulatory disease, and mortality for these causes in the most deprived areas has recently risen; marking a change in a significant long-term trend.**
- The underlying risk factors for many of these causes of death are preventable.

Infant Mortality

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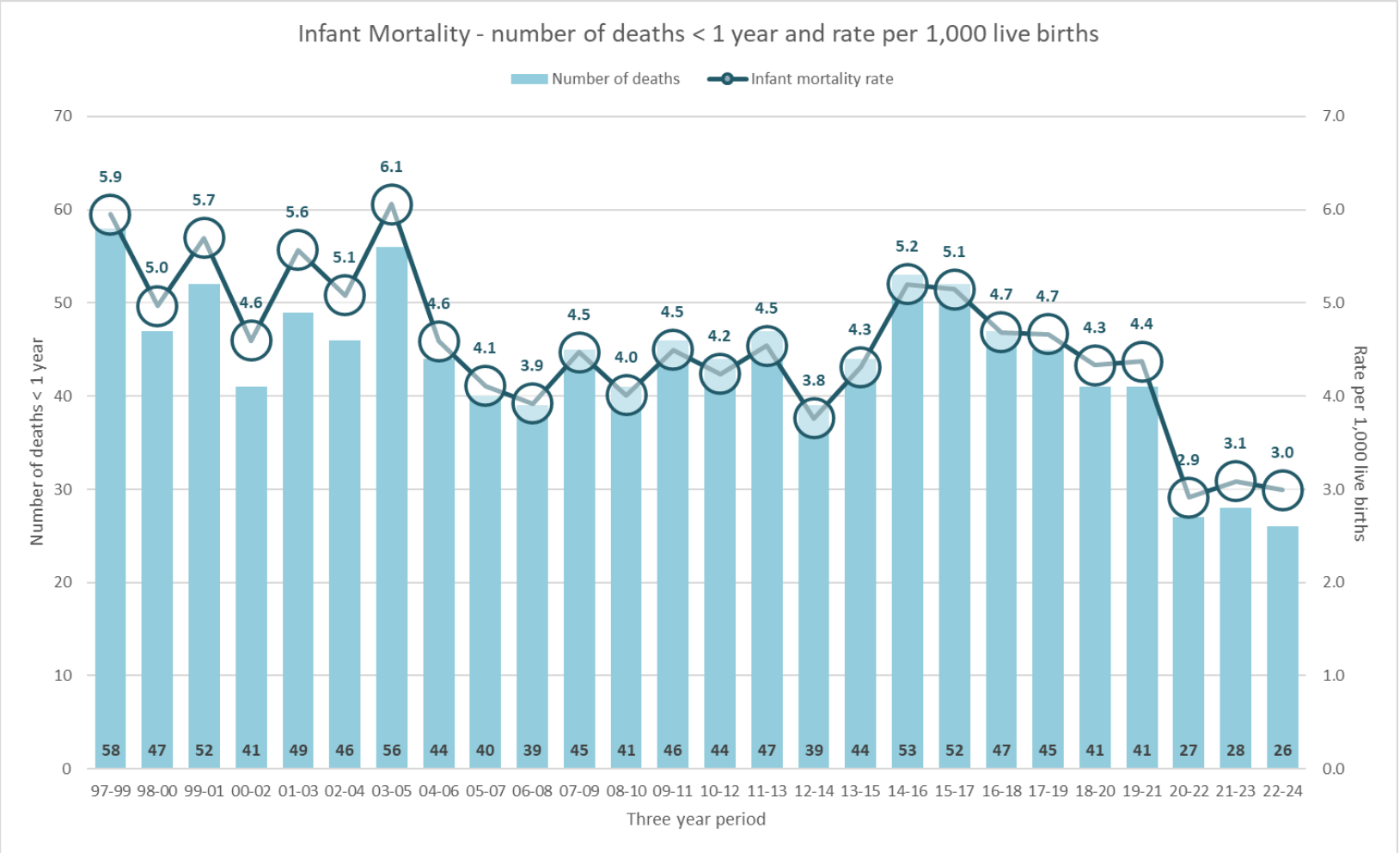
- On average there are around 15 infant (under 1 year) deaths in Stockport each year.
- Infant mortality rates are currently 3.0 per 1,000 live births in 2022/24, which is the second lowest rate Stockport has seen.
- Infant mortality rates in Stockport are similar to the national average.
- All infant deaths are investigated by the multi-disciplinary Child Overview Death Panel, as part of the safeguarding duties of local areas, to understand how and why children in Stockport die and to identify whether there are any factors which could have been modified to prevent or reduce the chances of a similar death in future.



Infant Mortality by Deprivation

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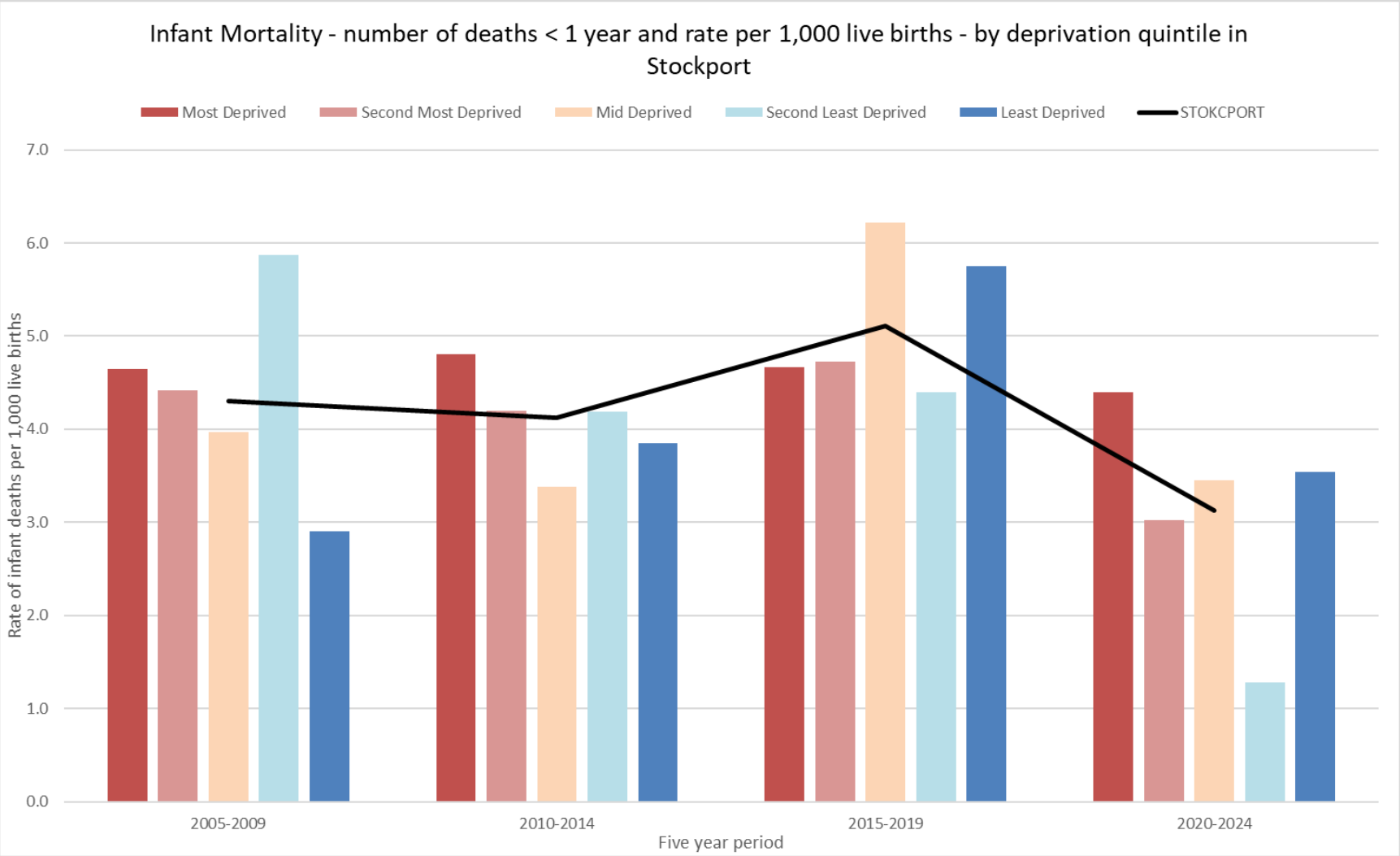
- Due to the low numbers of infant deaths the deprivation patterns evident in other mortality statistics are not apparent.
- Currently, rates in most areas are similar to the Stockport average and rates vary by time period meaning trends are difficult to identify.



Child & Young Adult Mortality

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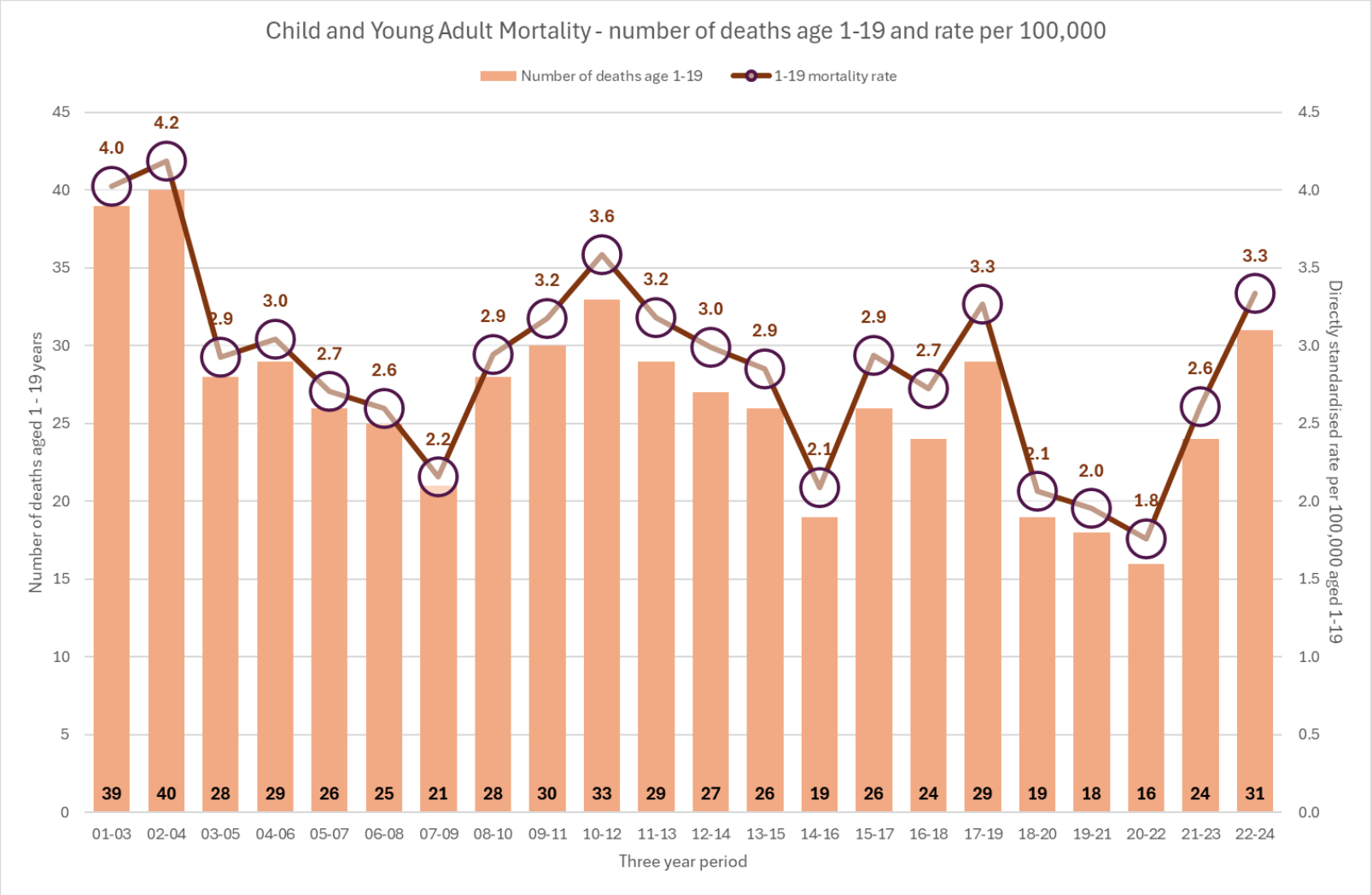
- On average there are around 9 child and young adult (aged 1 to 19 years) deaths in Stockport each year.
- Child & Young Adult mortality has generally fallen since the millennium; however the rate of decline has not been consistent and due to small numbers there can be variation.
- As for infant death, deaths are investigated by the multi-disciplinary Child Overview Death Panel, as part of the safeguarding duties of local areas, to understand how and why children in Stockport die and to identify whether there are any factors which could have been modified to prevent or reduce the chances of a similar death in future.



Excess Winter Deaths

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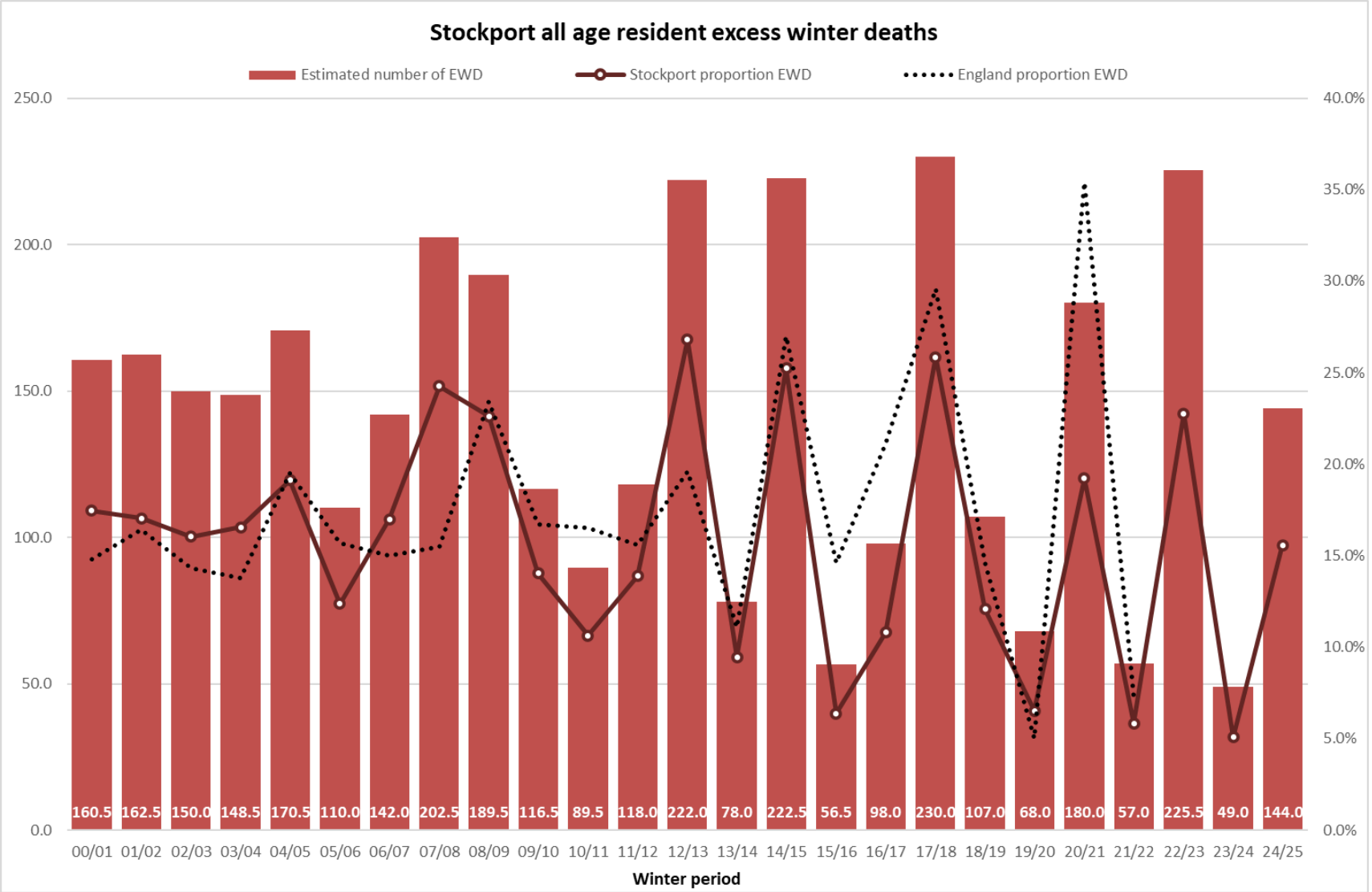
- Excess winter deaths show an almost cyclical trend as periods of low numbers are followed by periods of peaks with a regression to the mean
- Stockport follows the England and Wales index relatively closely
- There is a weak correlation with average temperatures, and nationally it is recognised that winter mortality is not solely a reflection of average temperature, but of particular cold 'snaps', respiratory diseases and pressure on care services.



Appendix

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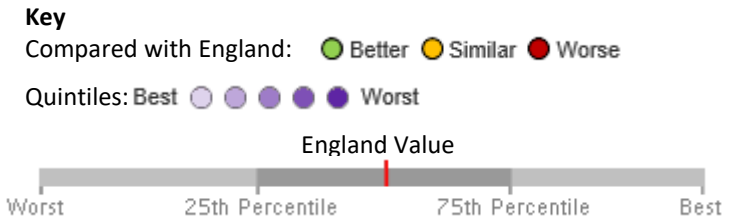
Benchmarking from OHID (Office for Health Improvement & Disparities)

Selected mortality indicators from the Public Health Profiles presenting Stockport compared to England.
Data extracted January 2026.



Indicator	Period	Stockport			England			
		Recent Trend	Count	Value	Value	Worst	Range	Best
A01b - Life expectancy at birth (Male, 3 year range)	2021 - 23	–	-	79.3	79.1	73.1		82.5
A01b - Life expectancy at birth (Female, 3 year range)	2021 - 23	–	-	83.4	83.1	78.9		86.5
A02a - Inequality in life expectancy at birth (Male)	2021 - 23	–	-	12.9*	10.5*	17.2		3.6
A02a - Inequality in life expectancy at birth (Female)	2021 - 23	–	-	10.4*	8.3*	14.9		1.3
A01b - Life expectancy at 65 (Male, 3 year range)	2021 - 23	–	-	18.7	18.7	16.1		20.5
A01b - Life expectancy at 65 (Female, 3 year range)	2021 - 23	–	-	21.5	21.1	18.7		23.2

Stockport's male **life expectancy** measures in 2021-23 are similar to the England average, female rates are slightly better than average.

Inequalities in life expectancy are wider in Stockport than the national average

Selected mortality indicators from the [Public Health Profiles](#) presenting Stockport compared to England.
Data extracted January 2026.

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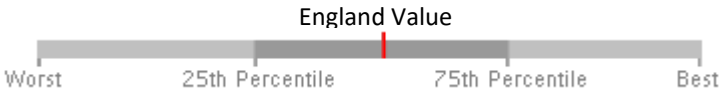
Key

Compared with England: Better Similar Worse

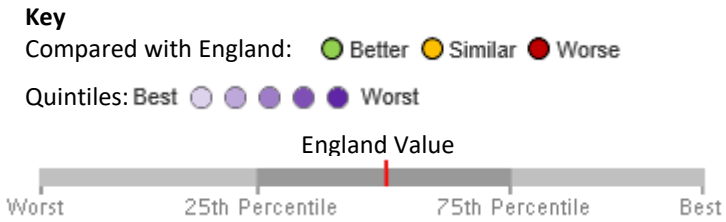
Quintiles: Best Worst



Indicator	Period	Stockport			England			
		Recent Trend	Count	Value	Value	Worst	Range	Best
E04a - Under 75 mortality rate from cardiovascular disease (3 year range) New data	2022 - 24	–	650	81.8	76.5	136.1		43.5
E05a - Under 75 mortality rate from cancer (3 year range) New data	2022 - 24	–	958	120.3	120.3	170.4		81.6
E06a - Under 75 mortality rate from liver disease (3 year range) New data	2022 - 24	–	181	22.5	21.1	43.4		10.1
E07a - Under 75 mortality rate from respiratory disease (3 year range) New data	2022 - 24	–	265	33.5	32.4	77.9		14.5
E14 - Winter mortality index	Aug 2021 - Jul 2022	→	70	6.9%	8.1%	30.1%		-6.8%
E14 - Winter mortality index (age 85 plus)	Aug 2021 - Jul 2022	→	10	3.0%	11.3%	49.3%		-11.3%

Stockport's premature mortality rate from the major causes of death are comparable to the national average, as are excess winter deaths.

Selected mortality indicators from the Public Health Profiles presenting Stockport compared to England.
Data extracted January 2026.



Indicator	Period	Stockport			England			
		Recent Trend	Count	Value	Value	Worst	Range	Best
Stillbirth rate								
Stillbirth rate	2022 - 24	–	30	3.4	3.9	6.9		1.5
Infant mortality rate								
Infant mortality rate	2022 - 24	–	26	3.0	4.2	8.7		1.2
Neonatal mortality rate								
Neonatal mortality rate	2022 - 24	–	20	2.3	3.1	7.0		0.7
Post-neonatal mortality rate								
Post-neonatal mortality rate	2022 - 24	–	6	0.7*	1.1	3.0		0.4
Child mortality rate								
Child mortality rate (1 to 17 years)	2022 - 24	–	19	10.4	11.6	22.4		5.8

Stockport's **infant mortality and child mortality rates** are similar to the England average.

Selected mortality indicators from the Public Health Profiles presenting Stockport compared to England.
Data extracted January 2026.

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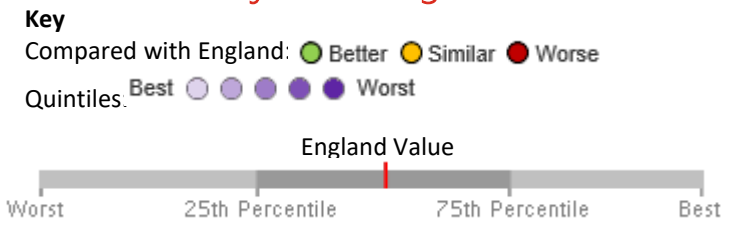
Stockport's mortality rate for **accidents and drug misuse are significantly higher than the national average**. Rates for suicide and infectious disease are similar to average.



Indicator	Period	Stockport			England			
		Recent Trend	Count	Value	Value	Worst/ Lowest	Range	Best/ Highest
Accidents								
Mortality rate from accidents, all ages (Persons)	2022 - 24	–	394	41.4	30.9	59.2		18.3
Mortality rate from accidents, all ages (Male)	2022 - 24	–	213	51.9	40.7	85.6		19.4
Mortality rate from accidents, all ages (Female)	2022 - 24	–	181	32.8	22.5	42.9		11.7
Under 75 mortality rate from accidents (Persons)	2022 - 24	–	164	20.7	16.1	46.2		6.7
Under 75 mortality rate from accidents (Male)	2022 - 24	–	105	27.0	22.9	63.2		10.2
Under 75 mortality rate from accidents (Female)	2022 - 24	–	59	14.6	9.5	29.1		3.3
Mortality rate from accidental falls, all ages (Persons)	2022 - 24	–	233	23.7	14.8	32.5		5.6
Mortality rate from accidental falls, all ages (Male)	2022 - 24	–	113	28.4	18.4	38.2		6.2
Mortality rate from accidental falls, all ages (Female)	2022 - 24	–	120	19.8	12.2	29.0		4.7
Infectious and parasitic diseases								
Mortality rate from infectious and parasitic diseases, all ages (Persons)	2022 - 24	–	121	12.2	12.4	24.5		7.2
Mortality rate from infectious and parasitic diseases, all ages (Male)	2022 - 24	–	53	12.7	13.3	27.3		6.2
Mortality rate from infectious and parasitic diseases, all ages (Female)	2022 - 24	–	68	11.5	11.6	23.0		6.3
Suicide								
Suicide rate (Persons)	2022 - 24	–	76	9.6	10.9	20.2		4.6
Suicide rate (Male)	2022 - 24	–	49	13.1	16.8	33.2		6.2
Suicide rate (Female)	2022 - 24	–	27	6.4	5.5	11.2		2.5
Deaths from drug misuse								
Deaths from drug misuse (Persons)	2021 - 23	–	68	7.8	5.5	20.5		1.6
Deaths from drug misuse (Male)	2021 - 23	–	41	9.6	8.0	31.4		2.3
Deaths from drug misuse (Female)	2021 - 23	–	27	6.1	3.1	-	*Insufficient number of values for a spine chart*	-