



European Monitoring Centre
for Drugs and Drug Addiction

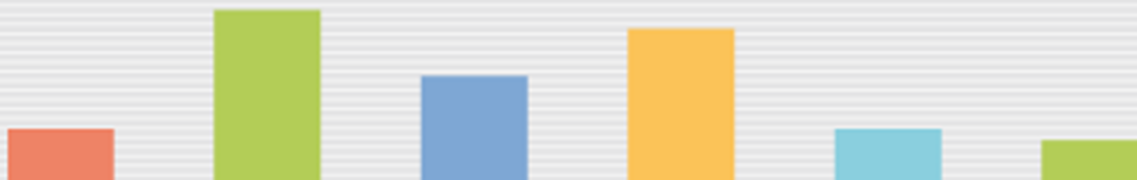
Drug-related deaths and mortality among drug users

Introduction to the annual expert meeting: Objectives and discussion of the preliminary analyses of data reported in 2019

Isabelle Giraudon

Federica Mathis, Julian Vicente, Dagmar Hedrich, André Noor

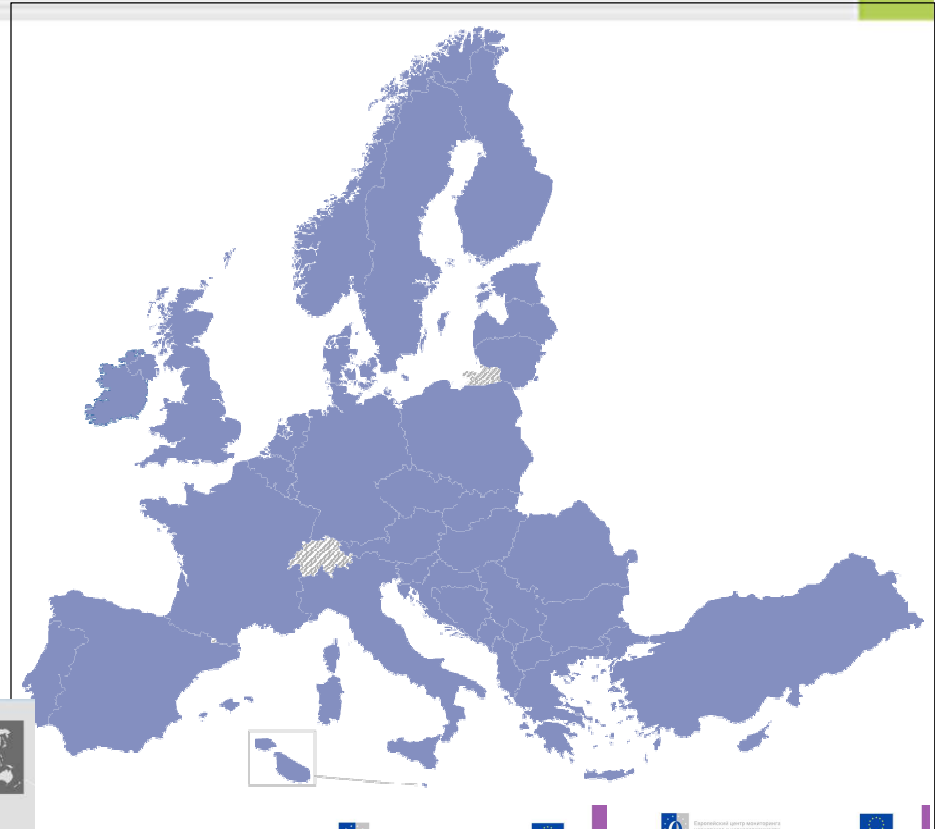
Expert meeting, Oct 21-21 2019



The DRD network

A European Network

- 30 members
- 6 IPA
- 5 European Neighbourhood Policy partners (EU4MD)
- External experts



Observatoire européen des drogues et des toxicomanies



Le projet est financé par l'Union européenne

EU4Monitoring Drugs

Etablir un lien entre les problèmes liés à la drogue et les menaces émergentes pour la sécurité et la santé dans l'Union européenne et les pays voisins

Dans le cadre de son engagement continu pour le renforcement de la coopération et le partage d'expertise, l'Observatoire européen des drogues et des toxicomanies (EMODT), basé à Lisbonne, a initié au sein du projet EU4Monitoring Drugs (EU4MD) financé par l'Union européenne, ce projet sans précédent de 2019 jusqu'en 2023 et s'adresse à des pays membres de la politique européenne de voisinage (PEV). Il vise à établir un lien national et régional d'identifier les menaces pour la sécurité et la santé liées à la drogue et à l'alcoolisme. Tout en renforçant la coopération régionale entre les pays de la PEV et l'UE, le projet EU4MD

- aide les pays bénéficiaires à mieux se préparer à faire face aux menaces existantes et futures liées à la drogue grâce au renforcement des capacités et des partenariats.
- facilite l'identification, la compréhension et la notification des menaces nouvelles et émergentes liées à la drogue, ainsi que l'analyse de leurs implications pour la sécurité et la santé;
- soutient une analyse stratégique de l'évolution du marché de la drogue et des incidences de cette évolution sur la sécurité et la santé.



Observatoire européen des drogues et des toxicomanies



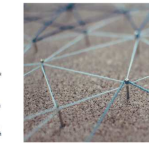
Le projet est financé par l'Union européenne

EU4Monitoring Drugs

установление связи между проблемами с наркотиками и угрозами безопасности и здоровью людей на территории Европейского союза и соседних стран

В рамках своего текущего обязательства по развитию сотрудничества и обмену опытом Европейского центра мониторинга наркотиков и наркомании (ЕММН) и Лиссабонского европейского центра «ЕС за пределами» наркотиков (EU4MD) Проект Европейский Европейский сервис, был осуществлен с 2019 года до июля 2023 года с участием стран из числа партнеров Европейской политики соседства (ЕПС). В рамках проекта будут налажены национальные и региональные партнерства и взаимосвязи с заинтересованными сторонами в сфере безопасности и здоровья людей, а также и взаимодействие на национальном и региональном уровнях. Службы будут развивать для максимального сотрудничества и сотрудничества между странами ЕС и ЕС, через EU4MD.

- поможет странам выдвигать приоритеты, лучше подготовиться и сотрудничать в будущем и решать, связанные с наркотиками, угрозы безопасности и общественную безопасность.
- поможет сотрудничать и выявлять и уведомлять новые и возникающие угрозы связанные с наркотиками, обеспечивая обмен и анализ угрозы и предоставляя знания на государственном и частном уровнях.
- обеспечит поддержку и проведение стратегических исследований ориентированных на анализ наркотиков и влияние этих изменений на безопасность и здоровье людей.



Objectives and main sources of the indicator

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Objectives and main sources of the indicator



- Monitoring/rapid information on drug overdose (drug-induced deaths)

Pillar 1 **General mortality registers (national statistics)**

Pillar 2 **Special registers (forensic toxicology, police)**

- Monitoring all causes of deaths among people who use drugs

Pillar 3 **Linkage or longitudinal cohorts studies**

→ Informing policies, responses, the implementation of what works, and assessment of the impact of responses



Objectives → Recent activities

1) Quantify

- Question and Answer on DRD - Summer 2019
- DRD Rapid Communication report – August 2019
- DRD dashboard project - 2019-20

2) Characterise

- European network of forensic toxicologists
- Special mortality registers

3) Validate

- Cross indicator-validation - underestimation exercise

4) Link with Responses

- EMCDDA initiative



Activities → Agenda

1. Introduction – some new data – International input
2. MDMA, with the ‘Drug checking network’
3. NPS deaths, first European overview
- 4 Prescription opioids - ‘DRD dashboard’
- 5 DRD cross indicator validation
6. Pilot forensic toxicology network
7. Responses
8. Cross indicator analysis
9. IPA countries workshop



New data – reported in October 2019

More data than presented here have been discussed during the meeting

They are still under validation with the experts and the Focal points.

More will be available in the expert meeting report, and in the reporting package around the European Drug report in 2020

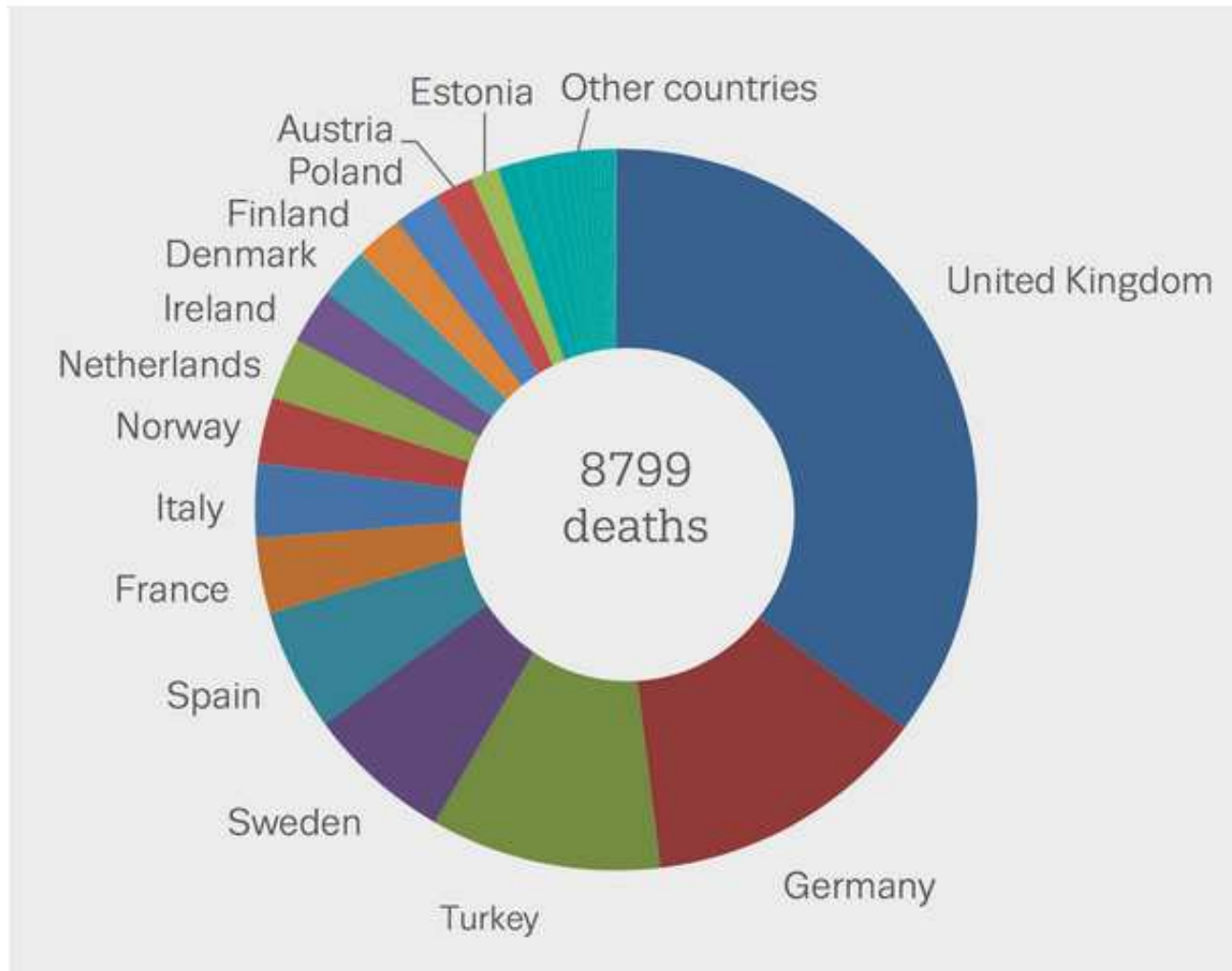
Some background information – also available on our web pages follow



Most recent European data and analysis is available from
<http://www.emcdda.europa.eu/publications/edr/trends-developments/2019>



Drug-induced deaths in the European Union, Norway and Turkey: total number among adults aged 15-64 years, 2017



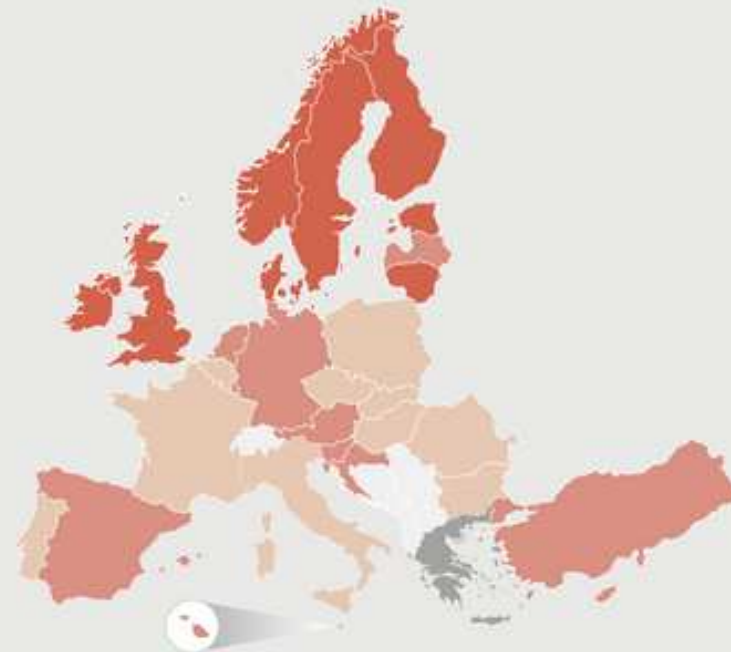
Comparisons should be made with caution though because of under-reporting in some countries (see more below in the section on methods).

Drug-induced mortality rates among adults (15-64): selected trends and most recent data

Cases per million population



- Estonia
- Sweden
- Norway
- United Kingdom
- Ireland
- Denmark
- Finland
- Lithuania
- EU + 2



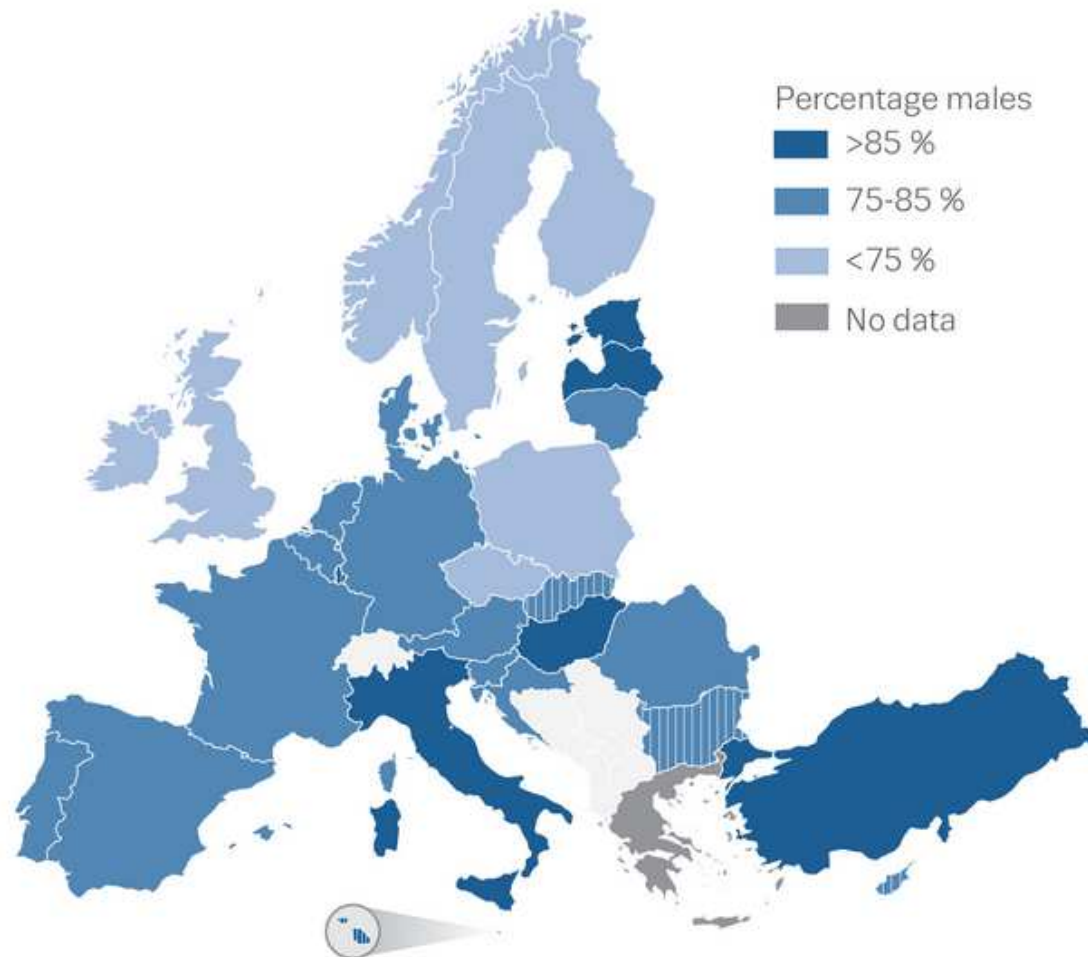
Cases per million population

- <10
- 10–40
- >40
- No data

NB: Trends in the eight countries reporting the highest rates in 2017 or 2016 and overall European trend. EU + 2 refers to EU Member States, Turkey and Norway.

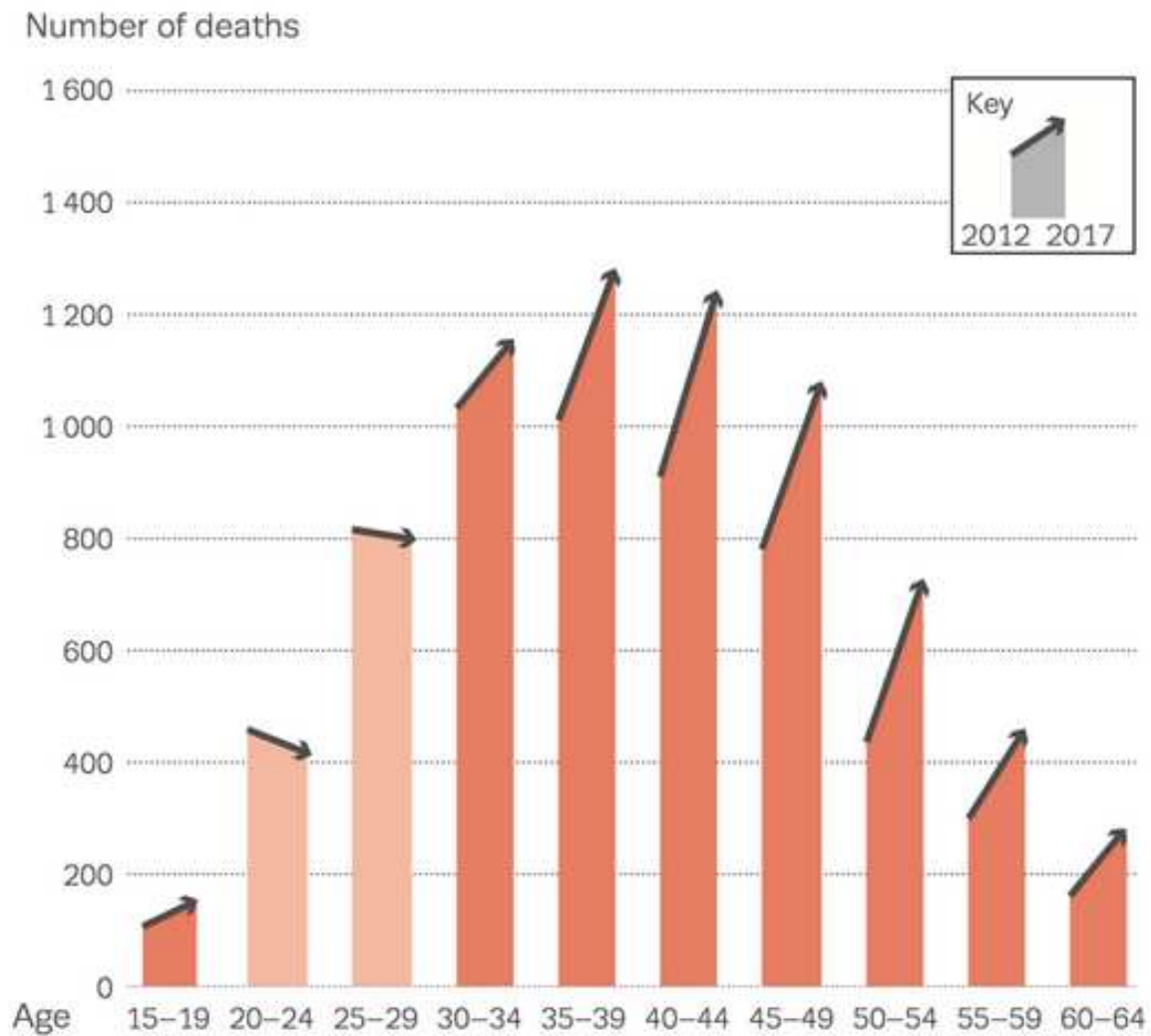


Proportion of males among drug-related deaths in the European Union, Norway and Turkey, 2017

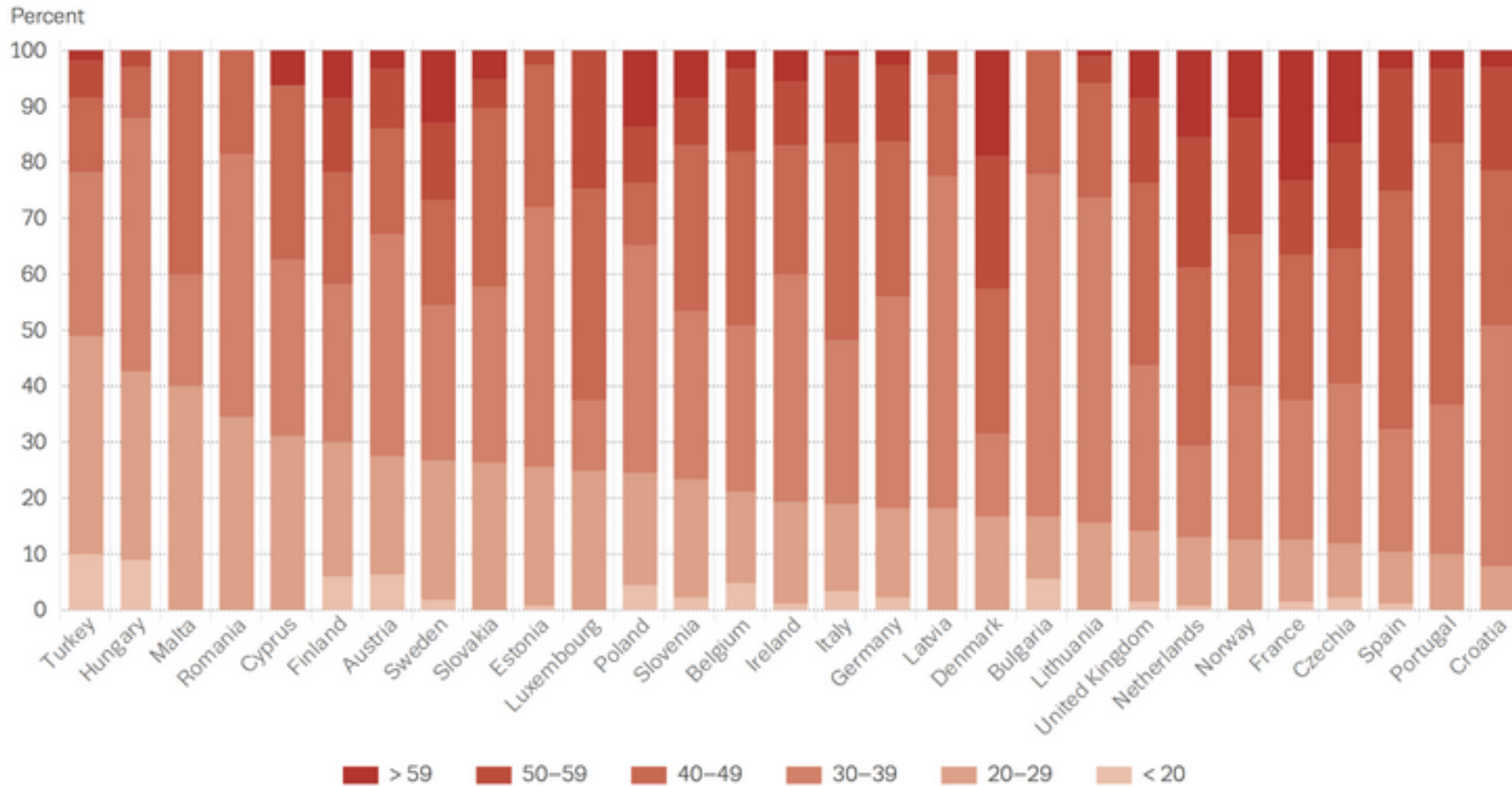


Note: it is important to note that the number of cases is low in some countries (less than 20 cases reported in Bulgaria, Cyprus, Luxembourg, Malta and Slovakia). No age and gender break down was reported from Greece.

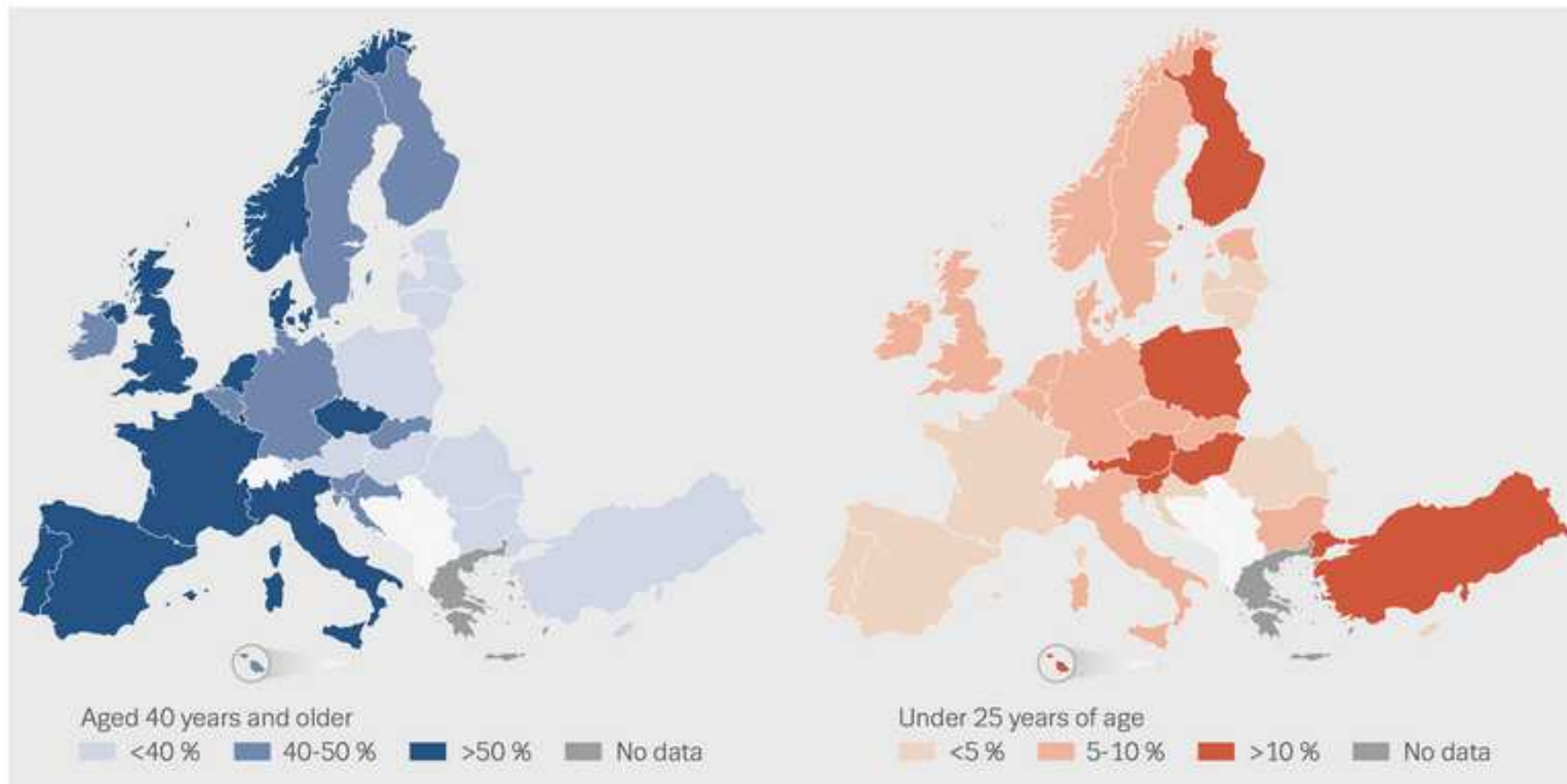
Number of drug-induced deaths reported in the European Union in 2012 and 2017, or most recent year, by age band



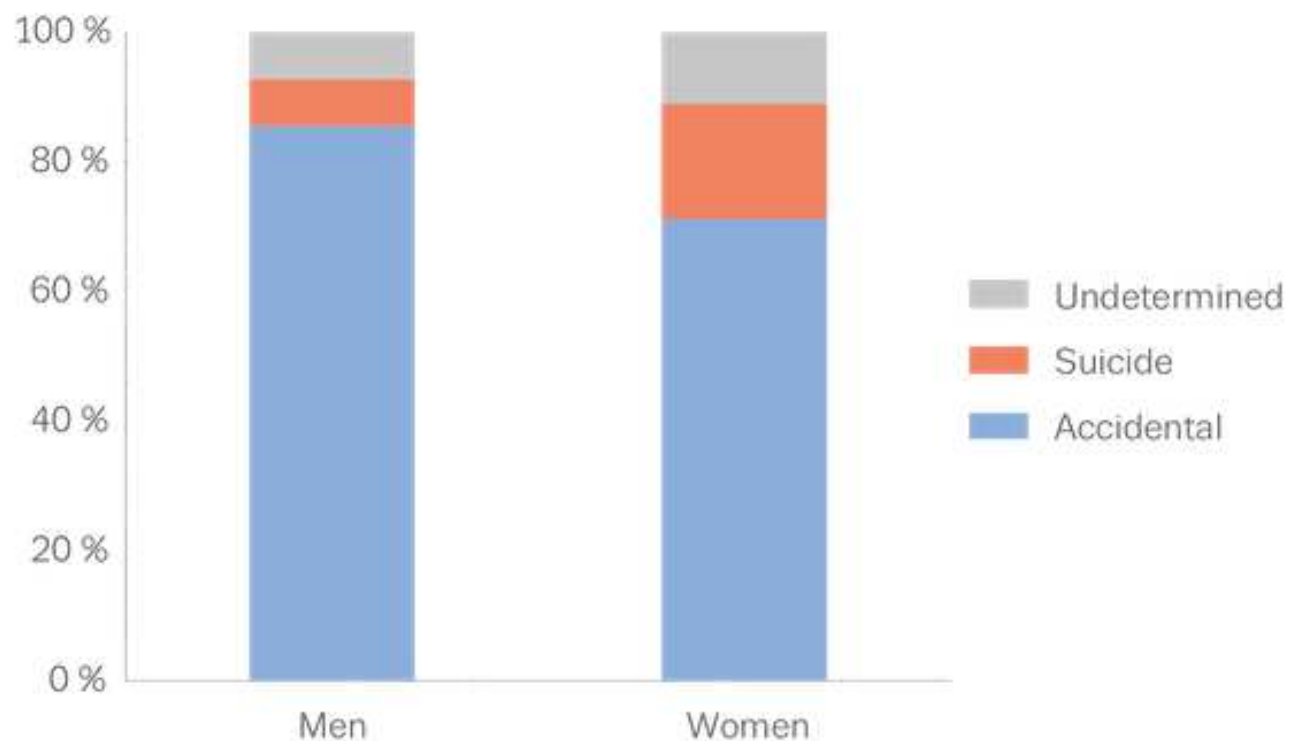
Distribution of drug-induced deaths reported in 2017, or most recent year, by 10-year age band



Proportion of drug-induced deaths among people aged 40 years or older in the European Union, Norway and Turkey, 2017 (or most recent data available)



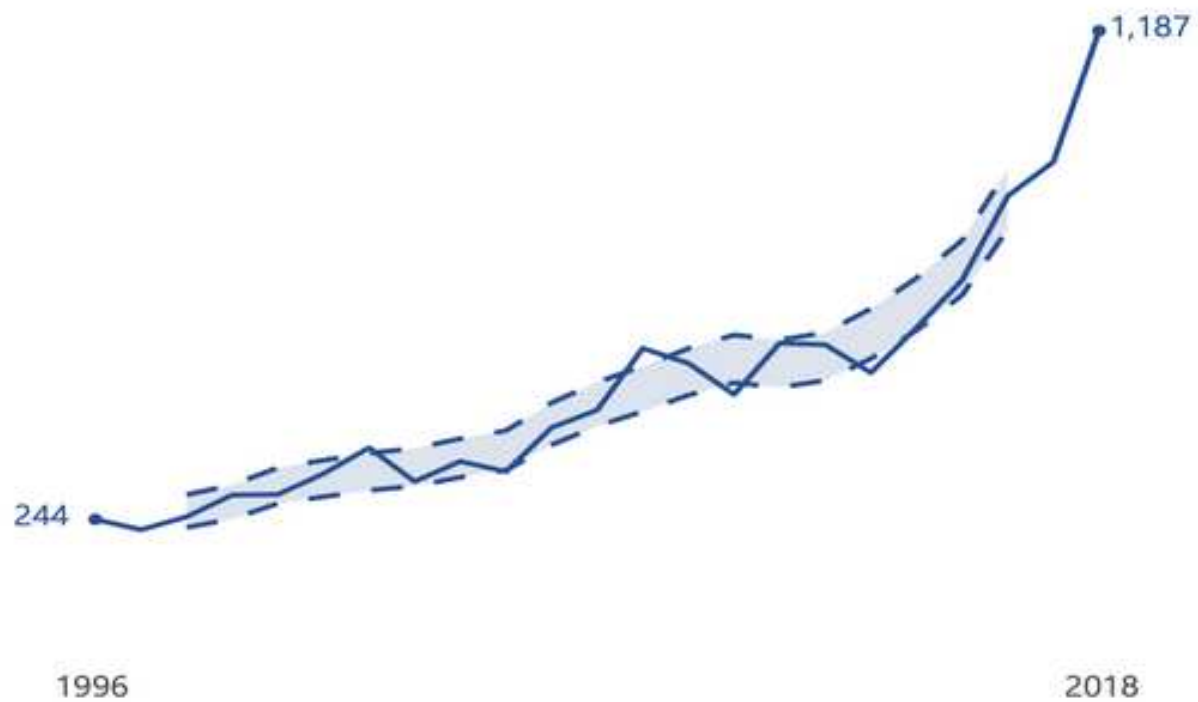
Proportion of drug-related deaths classified as accidental, suicidal or having an undetermined intent in men and women in the 21 countries with available information, 2017 (or most recent data available)



Note: '21 countries reporting ICD breakdown based on General mortality register, for a total of 5531 cases (67.1%)'.



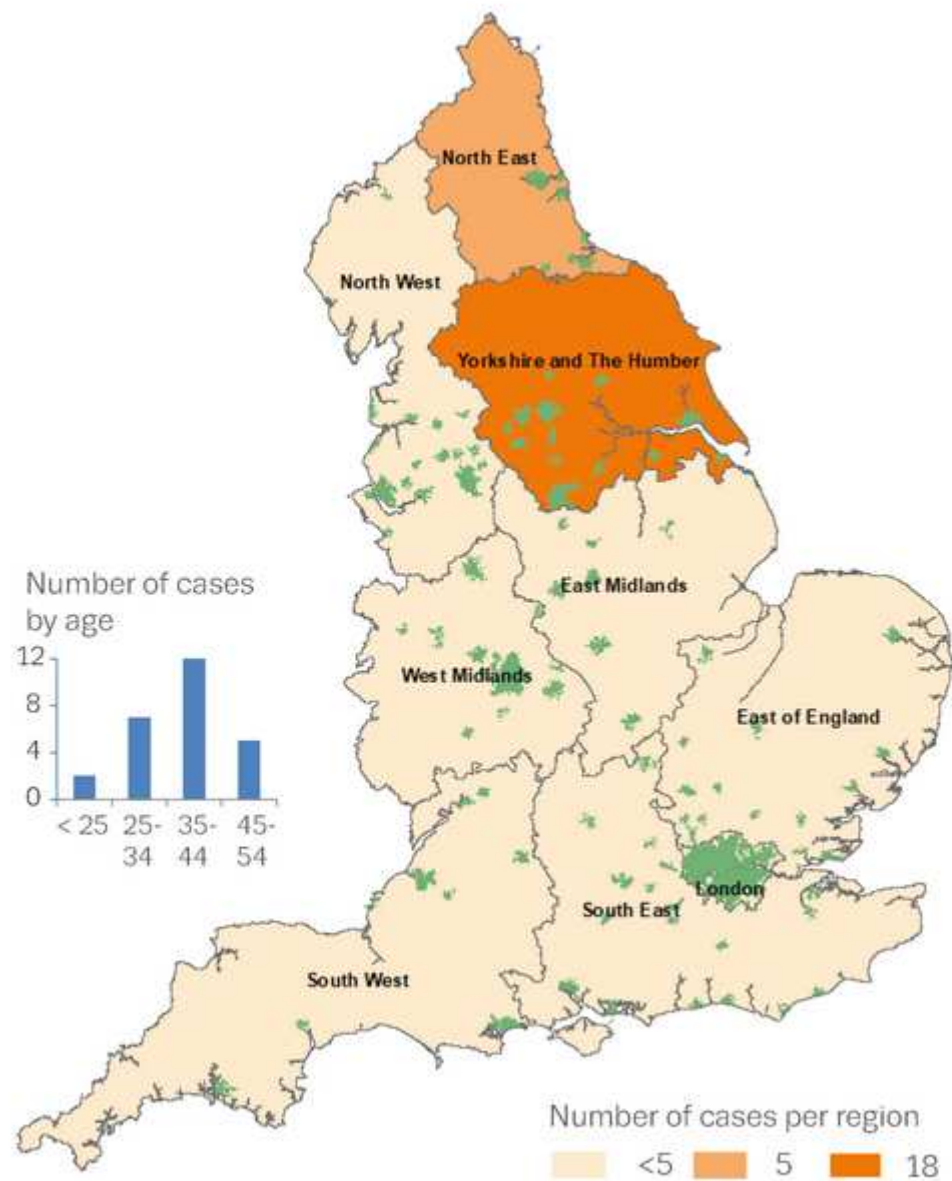
Trend in drug-related deaths, 1996-2018 (Scotland)



Source: [Statistics of drug-related deaths in 2018 and earlier, broken down by cause of death, selected drugs reported, age and sex](#)



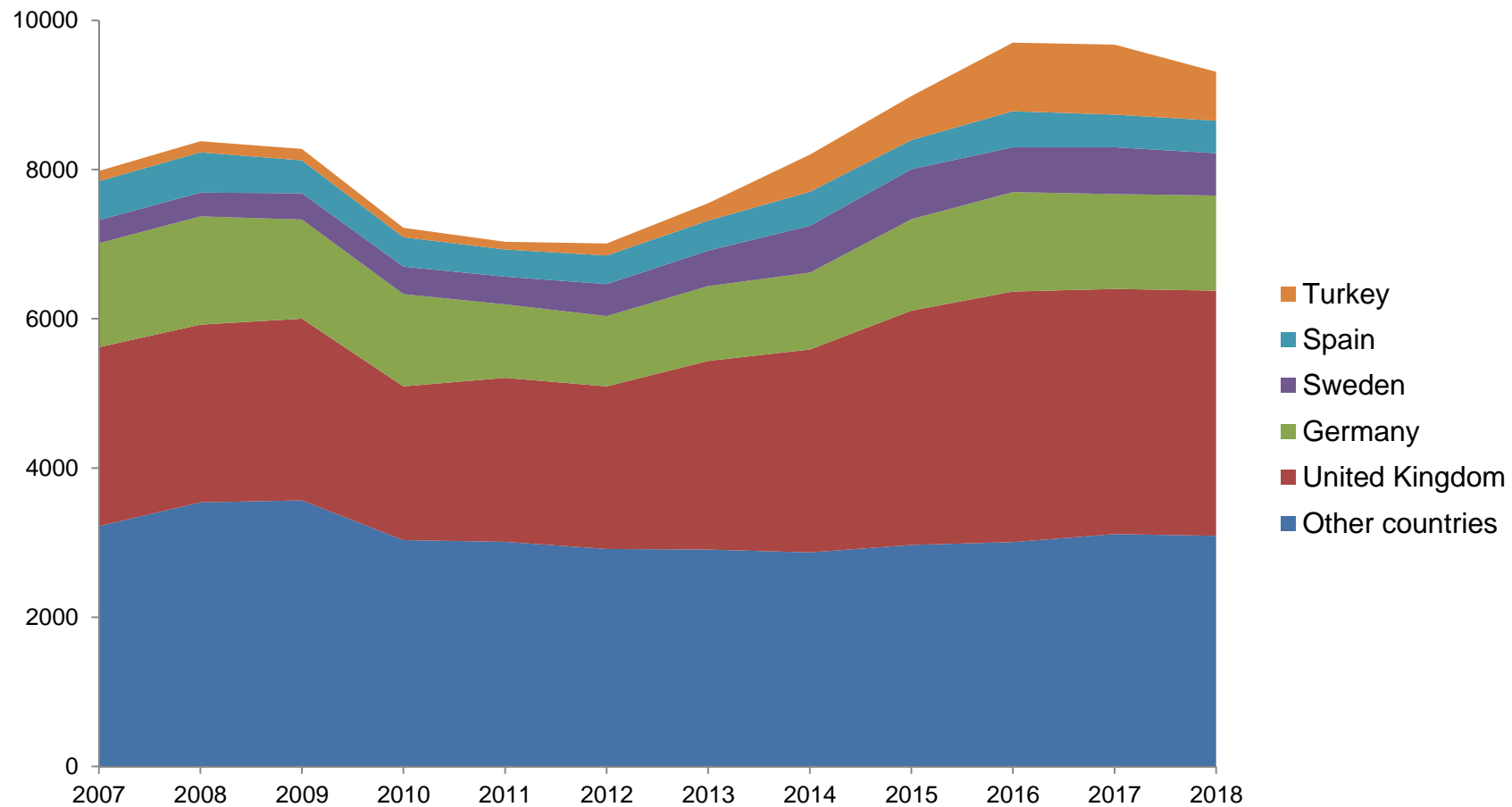
Fentanyl-related incidents in England (UK) in 2017: locations of the deaths



Source: Martin White, for the [DRD Rapid Communication report](#), July 2019. Note: large urban centres are shown in green.

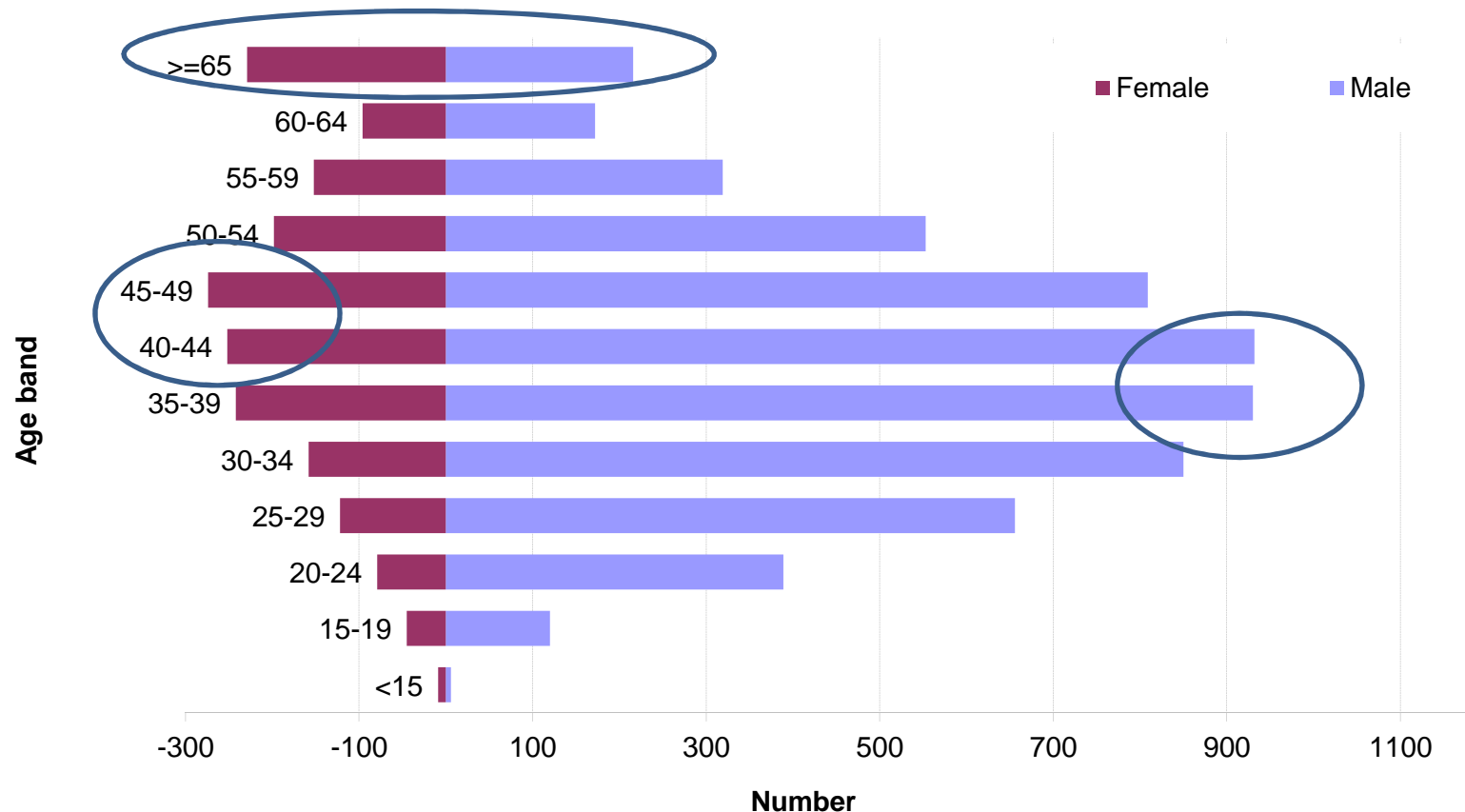
Drug-related deaths reported from 2007 to 2018

Provisional – with missing data – still in validation with national Focal Points and experts



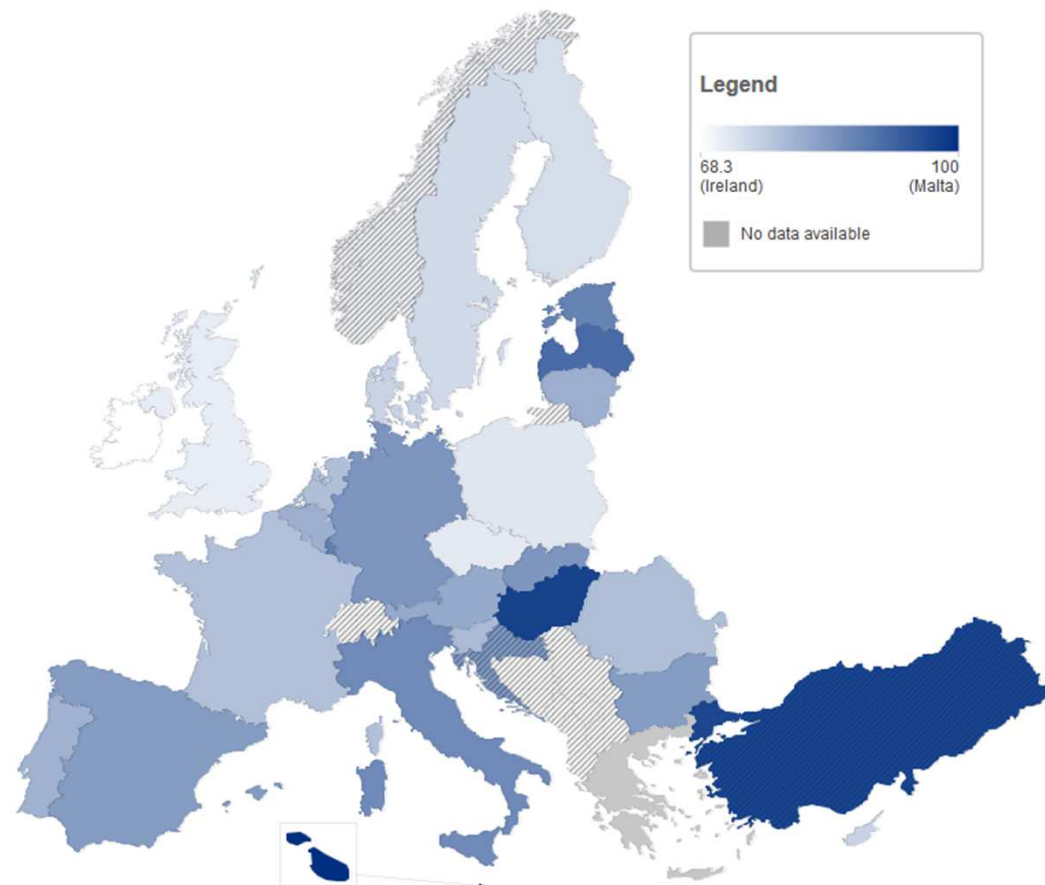
Age distribution – drug-related reported in 2019

Provisional – with missing data – still in validation with national Focal Points and experts

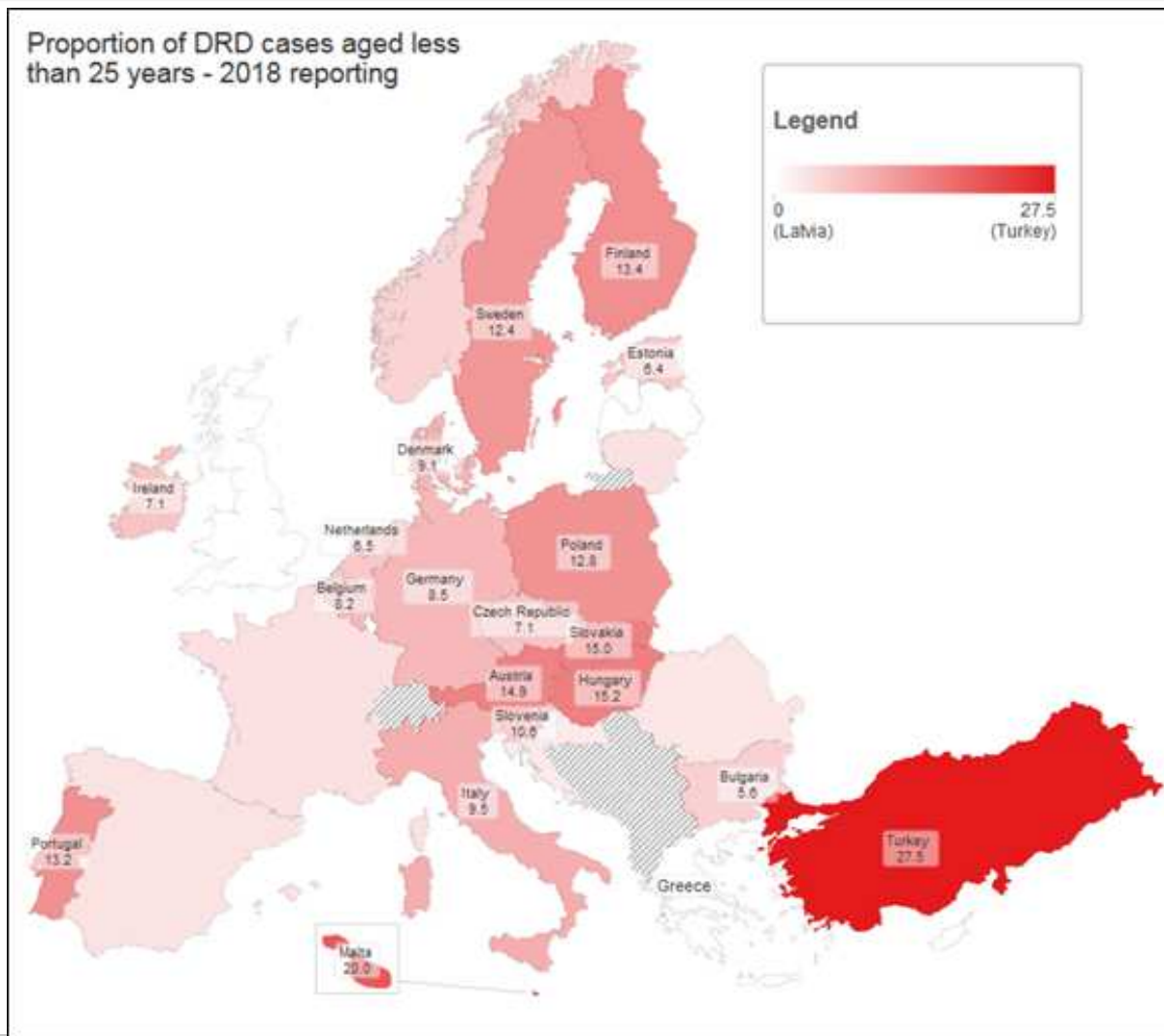


Proportion of males - 2019 reports

Provisional – with missing data – still in validation with national Focal Points and experts



Drug-induced deaths and proportion of cases aged less than 25 years



More on young drug users and OD in next session (NPS, stimulants, cocaine)



Source 2018 reporting from the EU 28 MS, Norway and Turkey

Ageing: proportion of DRD cases aged 40 years of more

DRD % aged 40 or more

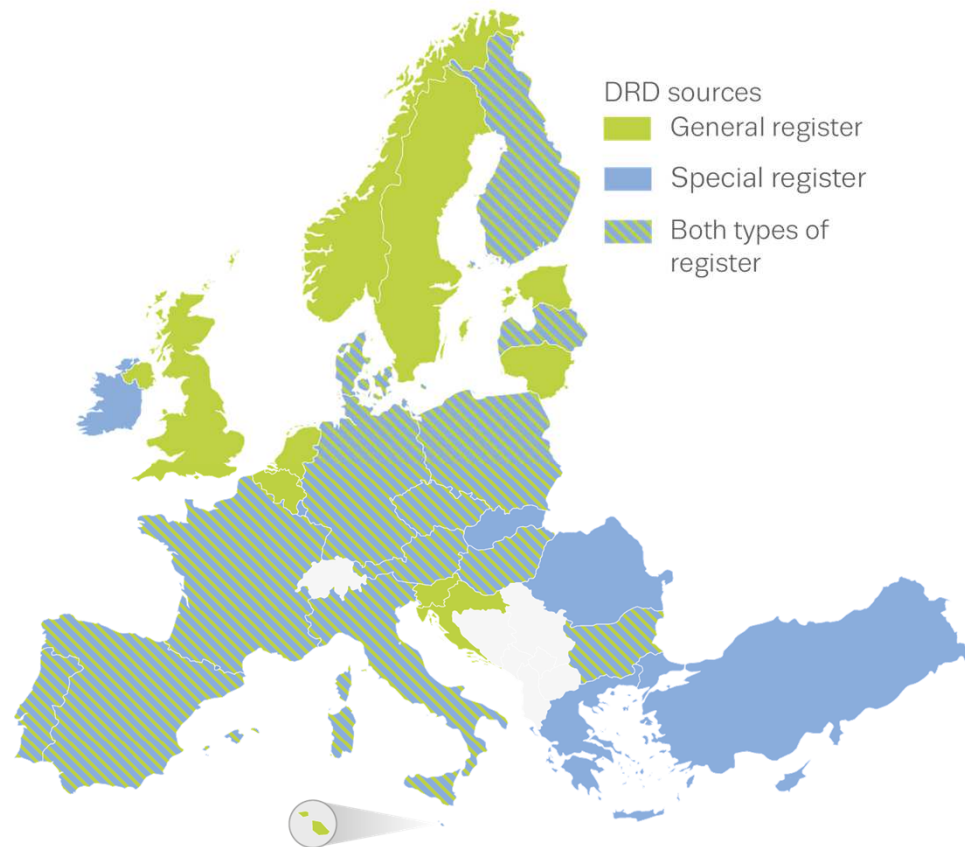


More on ageing and their implications tomorrow



Source 2018 reporting from the EU 28 MS, Norway and Turkey

Sources used by the countries to report drug-related deaths to the EMCDDA



- All countries report DRD data every year
- Most countries rely on 2 sources, as recommended by EMCDDA
- GMR: needs institutional support ++
- Work is on-going in several countries to work with special registries



Conclusion - discussion

- **Progresses with our monitoring**
 - More data - more completeness, special registers set up
- **A range of challenges ahead**
 - Fentanyl and fentanyl analogues - although positive developments are reported in some countries with a decrease in the number of deaths
 - Ageing
 - Prescription opioids – BZD – other medicines,
 - NPS, cocaine, MDMA
- **Preparedness?**
 - Need enhanced descriptive epidemiology - time place persons
 - Need better contextual and forensic data of drug-related deaths



Monitoring drug-induced deaths: resources on our web pages: methods, limitations, data, analysis

Drug-related deaths and mortality in Europe
I. Graudon, F. Mathis, L. Montanari, T. Seyler, J. Matias, D. Hedrich, J. Vicente

Introduction
High risk drug use is one of the major causes of avoidable mortality in Europe with steadily rising numbers and incidence through drug-related deaths, accidents, violence and suicides.

Objective
The primary purpose of the OECD indicator is to improve the understanding of the recent increase of drug-related deaths and mortality in Europe and to provide a common framework for the development and comparison of policies aimed at drug use.

Methods
The information is collected in the EU Member States, Norway and Turkey. The indicator is not comparable with other drug-related mortality indicators.

Statistical Bulletin 2018

Prevalence of drug use
Overdose deaths
Drug-related infectious diseases
Problem drug use
Treatment demand
Seizures of drugs
Price, purity and potency
Drug use in prison
Drug law offences
Health and social responses
Wastewater data
Country search
Methods and definitions
Archive

Drug-related mortality is a concern among young people in many EU countries, an epidemiological indicator (drug-induced deaths) and more public health objectives, notably of this impact, identify particular definitions for the data on this

Data tables
Use the menu below to find data

Current situation

- Gender
- Age
- Toxicology
- ICD codes

Trends

- National definition
- EMCDDA 'Selection B'
- EMCDDA 'Selection D'

Methodology

Methodology

Country	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006
Austria	122	150	139	194	221	237	207	223	221	186	202
Belgium			61	74	72	94	106	155	146	118	86
Bulgaria	22	17	15	21	24	25	41	38	74	82	29
Croatia	56	54	59	45	45	59	73	61	87	115	72
Cyprus											
Czech Republic	41	53	35	39	32	22	29	33	24	19	19
Denmark		201	250	247	249	301	254	277	267	246	227
Estonia	114	88	98	111	170	123	101	133	67	81	68
Finland	194	168	176	201	213	197	186	178	169	143	138
France			370	349	264	340	392	365	374	333	305
Germany		1306	1195	1179	1079	1076	1205	1276	1326	1284	1169
Greece											
Hungary	32	56	42	39	44	17	20	33	30	38	36
Ireland											
Italy			263	244	288	254	270	358	391	473	443

Future perspectives
The EMCDDA continues to contribute to the development of drug policies, to the availability and quality of data, to the investigation and clarification of practices, to the comparability of the drug-related indicators among other factors, on the harmonisation of data practices and on the collection of information to assist for death certification and on the identification of new areas of research.



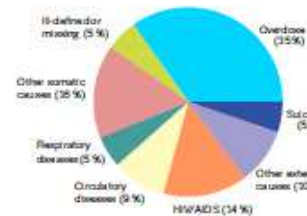
http://www.emcdda.europa.eu/publications/topic-overviews/content/faq-drug-overdose-deaths-in-europe_en

Monitoring mortality among drug users

EMCDDA PAPERS | Mortality among drug users in Europe: new and old challenges for public health

FIGURE 6

Main causes of death among the pooled cohort, where the cause of death is reported



All data for IS-defector missing covering 5 043 events.

Causes of death

The cause of death was reported for 7 045 (71%) of all

more likely to be reported for somatic deaths (Clausen et al., 2009). This raises another caveat, as each death is classified by only one cause. This approach may fail to account for the complexity of the interlinked causes and determinants of deaths.

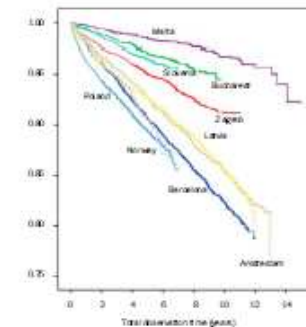
Survival

Survival analysis provides an insight into how the risk of death accumulates over time (Figure 7). The cohorts in Amsterdam, Barcelona, Latvia, Norway and Poland show the lowest survival rates, with up to one-fifth of the participants dying within the first 5 to 8 years of follow-up and one-fifth within 12 to 13 years of follow-up. In contrast, the cohorts in Bucharest, Malta, Slovenia and Zagreb showed higher survival rates.

In these studies, the mortality risk was quite constant over time, within locations, following the enrollment of participants in a study. This is in part explained by a sustained level of risk, and by the aging cohort, over the years. With regard to the effect of a cohort growing older on the risk of mortality among the participants, an initial analysis indicates that the risk associated with external causes remains at a similar level for the different age bands, but mortality due to somatic causes increases with age.

FIGURE 7

Cumulative survival curves in cohorts of regular or dependent opioid users, aged 15 to 64 years old in nine European sites



12/21



European Monitoring Centre for Drugs and Drug Addiction

Prevalence, Consequences and Data Management Unit

Mortality among drug users: Guidelines for carrying out, analysing and reporting key figures 2011–12

EMCDDA standard protocol to collect data and report figures for the mortality component of the Key indicator 'Drug-Related Deaths (DRD) and mortality among drug users' by the Standard Table 16

EMCDDA CT.99.EP.07/CT.00.EP.13/ CT.10:EPI.003

October 2012



European Monitoring Centre for Drugs and Drug Addiction

CONTENTS MENU

EMCDDA PAPERS

Mortality among drug users in Europe: new and old challenges for public health

Content: Introduction (p. 2) | Methods and data sources (p. 3) | Key findings from recent mortality cohorts in Europe (p. 6) | Public health perspectives and implications (p. 13) | Conclusion (p. 15) | Glossary (p. 17) | References (p. 18)

Abstract: More than 6 000 drug users die of overdose each year in the European Union, and most of these deaths occur among problem drug users and involve opioids. In addition, many deaths related indirectly to drug use occur each year. To gain a clearer picture of the overall number of lives lost due to drug use in Europe, this paper builds on the results of an earlier work that looked at all-cause mortality among problem drug users. By linking data on entrants to drug treatment programmes with information from death registries, mortality cohort studies can determine death rates from all causes within the study population. The study presents data from nine European countries, including seven not previously studied using EMCDDA methodology. Among over 31 000 participants (22 % female), covering 203 000 person-years of follow-up, 2 886 deaths were recorded, 18 % among females. Overall crude mortality rate per 1 000 person-years follow-up was 14.2, but varied

geographically from 3.5 to 22.7. Cause of death was reported in 71 % of all deaths, half of which was accounted for by external causes: overdose (35 %), suicide (5 %) and other external causes (30 %). Somatic causes accounted for about 45 % of the known-cause deaths: HIV/AIDS (14 %), circulatory diseases (9 %), respiratory diseases (5 %) and other somatic causes (15 %). Risk of death among problem drug users was typically 10 or more times that among their peers in the general population. The analysis shows that the deaths of problem drug users are overwhelmingly premature and preventable.

Keywords: drug-related deaths
cohort study | drug overdose
opioid use

Recommended citation: European Monitoring Centre for Drugs and Drug Addiction (2012). Mortality among drug users in Europe: new and old challenges for public health. Publications Office of the European Union, Luxembourg.

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Promoting best practices and responses for reducing drug related deaths

Health and social responses to drug problems

A EUROPEAN GUIDE

European Monitoring Centre for Drugs and Drug Addiction

INSIGHTS EN

Preventing opioid overdose deaths with take-home naloxone

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Preventing overdose deaths in Europe

1. Analysis 2. Interactive 3. Facts and figures 4. Take-home naloxone programmes

Find out more

Introduction

More than 9 000 lives were reported to be lost to drug overdoses in Europe (28 EU Member States, Turkey and Norway) in 2016, the latest reporting year, and this is an underestimate.

Drug-related deaths therefore remain a major challenge for public policy. This analysis describes the factors that increase the fatal and non-fatal overdoses and the number of interventions needed to prevent these events.

Perspectives on drugs (PODs) series, alongside the annual European Drug Use designed-for-the-web interactive aim to provide deeper insights into a range of important issues.

October 3, 2016

1. Analysis: preventing overdose deaths in Europe

2. Video showcase: overdose prevention and take-home naloxone

3. Facts and figures

4. Take-home naloxone programmes



Frequently asked questions (FAQ): drug overdose deaths in Europe

[Introduction](#) [Overdose situation](#) [Risk factors for overdose](#) [Points of concern](#) [Methodology](#) [Resources](#)

Introduction

Date of last update: 30 August 2019

This page provides an update on drug-related deaths in Europe, presenting and analysing the latest data on and trends in drug-induced deaths in the European Union, Norway and Turkey. It draws on contributions from specialists from these countries, as well as on information provided by European countries in the annual reporting exercise to the agency.

The latest European Drug Report showed that over 8 200 deaths involving one or more illicit drugs were reported in 2017 in the European Union. This estimate exceeds 9 400 deaths when Norway and Turkey are included. Men account for four fifths of drug-induced deaths. Most of the deaths were premature, affecting people in their thirties and forties.

An update from the EMCDDA expert network, published in July 2019, also highlighted that opioids, often heroin, are involved in between 8 and 9 out of every 10 drug-induced deaths reported in Europe, although this is not true for all countries. Opioids used in substitution treatment can also be found in post-mortem analyses in some countries. Deaths related to medications, such as oxycodone and tramadol, are also reported. Deaths associated with fentanyl and its analogues are probably underestimated, and outbreaks of deaths related to these substances have been reported.

Aim and objectives

This page aims to raise awareness on the nature and scale of the drug overdose deaths problem in Europe. This topic does not receive sufficient attention, despite the high number of lives lost in Europe, the dramatic consequences for families and communities and the fact that all deaths are, in principle, preventable and avoidable.

This page provides an update on the current situation of drug overdose and highlights other analyses recently published in this field by the agency.

Finally, we are publishing this page to mark International Overdose Awareness Day on 31 August 2019, thereby contributing to the agency's broader public health initiatives.

What this page contains

This page contains up-to-date information on where we are with overdose death in Europe (who is dying, where and how this has been changing over time). It also summarises the common situations that increase the risk of overdose (risk factors for overdose) and highlights current main concerns. Finally, background information is given on the methodology, the sources of information and their limitations, together with references and links to resources.

Questions

Pick a question below to jump straight to its answer.

Questions

Pick a question below to jump straight to its answer.

Overdose situation

- What is a drug-related death?
- How many people die every year in Europe?
- Are the numbers of drug-related deaths similar across different countries?
- Is the drug-related deaths rate (deaths/population) similar across countries?
- Are women and men equally affected? What are the trends in the gender distribution of deaths?
- Are there differences between the genders across countries?
- Who are the people most at risk?
- How has the distribution of drug-related deaths among age groups changed in the last 5 years?
- Is the age distribution of drug-related deaths similar across different countries?
- Are there differences between men and women in the distribution of intentional and accidental drug-related deaths?
- What substances are involved in drug-related deaths?
- Where have numbers of drug-related deaths increased or decreased most over the last 10 years?

Risk factors for overdose

- What are the common situations that increase the risk of overdose?

Points of concern

- Scotland: almost 1 200 deaths in 2017
- Deaths related to fentanyl and fentanyl analogues

Methodology

- Where do the data come from?
- Which cases are included?
- What sources of information are used in different countries?
- What is the preferred source of data chosen by the countries to show the details of the cases in EMCDDA publications?
- Are the data comparable among countries?
- Are there cohort or longitudinal studies among drug users to measure the overall and the cause-specific mortality rates?



Resources on responses to drug-related deaths



Introduction Overdose deaths in Europe Risk factors Reducing risks Preventing deaths References

Introduction

Worldwide, overdose is the leading cause of avoidable death among people who inject drugs. It accounts for nearly half of all deaths among people who inject heroin, exceeding HIV and other disease-related deaths (UNODC, 2017).

More than 9 000 lives were reported to be lost to drug overdoses in Europe (28 EU Member States, Norway and Turkey) in 2017, the latest reporting year, and this is an underestimate. The number of drug-related deaths in Europe has been rising for 5 years (EMCDDA, 2019a). Reducing drug-related deaths therefore remains a major challenge for European public health policy.

The groups most likely to experience an overdose are people with an opioid dependency and those who inject them. It has been found that overdose deaths are more likely to occur in specific situations, for example the period shortly after prison release, hospital discharge or completing a course of residential detoxification or recovery treatment. Other risk factors for opioid overdose include using opioids in combination with other central nervous system depressants, such as alcohol or benzodiazepines, and using them unaccompanied. The type of opioid used also plays a role. In some countries (in particular the United States and Canada), overdose risks have substantially increased because of the circulation of fentanyl-laced drugs. The high potency of even small amounts of fentanyl, a synthetic opioid, in combination with its unknown concentration in drug mixtures, presents an elevated risk of overdose (see Spotlight: Fentanyl).

In recent years, several documents addressing the prevention of drug-related deaths have been issued by international organisations, and reducing premature mortality is a target under Sustainable Development Goal 3.

Table 1 presents an overview of the main documents and the key issues mentioned in each one.

Table 1: Overview of the main documents on drug-related deaths issued by the United Nations system since 2012

Year	Document	Overview
2012	Commission on Narcotic Drugs (CND) Resolution 55/7: Promoting measures to prevent drug overdose, in particular opioid overdose	'Encourages all Member States to include effective elements for the prevention and treatment of drug overdose, in particular opioid overdose, in national drug policies, where appropriate, and to share best practices and information on the prevention and treatment of drug overdose, in particular opioid overdose, including the use of opioid receptor antagonists such as naloxone'
2013	United Nations Office on Drugs and Crime (UNODC)/World Health Organization (WHO) Discussion Paper: Opioid overdose: preventing and reducing opioid overdose mortality	Contribution of the UNODC and WHO to improving responses by Member States to the increasing problem of opioid overdose deaths

Introduction Overview Evidence State of play Country profiles Resources and references

Introduction

What is naloxone and why is it important?

Drug overdose continues to be the main cause of death among problem drug users. Heroin or other opioids — often consumed alongside other central nervous system depressants such as benzodiazepines and alcohol — are present in the majority of reported fatal overdoses ⁽¹⁾. Overdose is common among opioid users: many of them have experienced a non-fatal overdose and most have witnessed one. Death from opioid overdose is caused primarily by respiratory depression leading to cardiac arrest.

Opioid overdose deaths can be prevented through timely administration of naloxone, a potent opioid antagonist drug that rapidly reverses the effects of opioid analgesics by binding to the opioid receptors in the central nervous system (see Spotlight: Naloxone). Because of its effectiveness, naloxone is used by emergency personnel worldwide ⁽²⁾.

Spotlight: Naloxone

Substance name: naloxone hydrochloride. Molecular formula: C₁₉H₂₁NO₄

Naloxone is a competitive opioid antagonist that can rapidly reverse the respiratory depression induced by heroin and other opioids. It competes for space at the μ 2 opioid receptors, temporarily removing opioids from the receptors and preventing opioids from re-attaching to the receptors. Therefore, it may be used as an antagonist drug to reverse opioid effects and opioid-related overdose. Naloxone is used worldwide in medical emergencies to reverse respiratory depression caused by opioid overdose. It has no effect on non-opioid drug overdoses, no dependency potential and a high safety margin. Discovered and patented at the beginning of the 1960s, the US Food and Drug Administration (FDA) approved the first naloxone solution for intravenous, intramuscular and subcutaneous injection in 1971. The World Health Organization (WHO) added naloxone to its model list of essential medicines in 1983, and injectable naloxone formulations have been off-patent since 1985. The use of naloxone by laypeople in emergency situations can be facilitated by formulations for nasal administration. France piloted a nasal naloxone spray in 2016 and later introduced it for distribution through low-threshold agencies. A nasal spray was approved in 2017 by the European Commission for EU-wide marketing and this medication has been introduced in several European countries since early 2018.

⁽¹⁾ The protocol for the EMCDDA key indicator 'drug-related deaths and mortality' defines deaths directly due to the use of illegal substances as 'drug-induced deaths'. These deaths generally occur shortly after the consumption of the substance and are commonly referred to as overdoses or poisonings.

⁽²⁾ For further information on emergency naloxone in regular clinical practice, see Reed (2016) in EMCDDA Insights No 20, pp. 29-36.

→ Overview

Overview



http://www.emcdda.europa.eu/publications/topic-overviews/take-home-naloxone_en

http://www.emcdda.europa.eu/publications/topic-overviews/catalogue/prevention-drug-related-deaths_en

See also the latest publication from the EMCDDA expert network on Drug-related deaths and mortality in Europe

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More information and updates on the annual expert meeting:

<http://www.emcdda.europa.eu/meetings/2019/drd>



RAPID COMMUNICATION

Drug-related deaths and mortality in Europe

Update from the EMCDDA expert network
July 2019



http://www.emcdda.europa.eu/system/files/publications/11485/20193286_TD0319444ENN_PDF.pdf

EMCDDA recent publications in the field

http://www.emcdda.europa.eu/publications-database?search_api_views_fulltext=death

Topic overviews
Frequently asked questions (FAQ): drug overdose deaths in Europe (topic overview)
August 2019

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Perspectives on Drugs (PODs)
Preventing overdose deaths in Europe (Perspectives on drugs)
October 2018

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Poster
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Technical reports
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March 2017

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