



European Monitoring Centre
for Drugs and Drug Addiction

Session 5 – Workshop

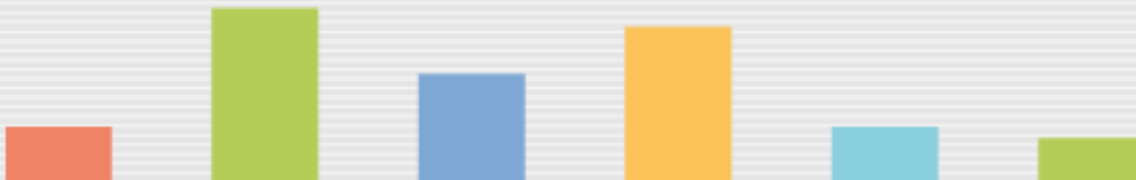
Improving DRD information

Multi-indicator coherence analysis

(Multi-country analysis)

2019 EMCDDA annual meeting on Drug-related Deaths
EMCDDA, Lisbon 21-22 October 2019

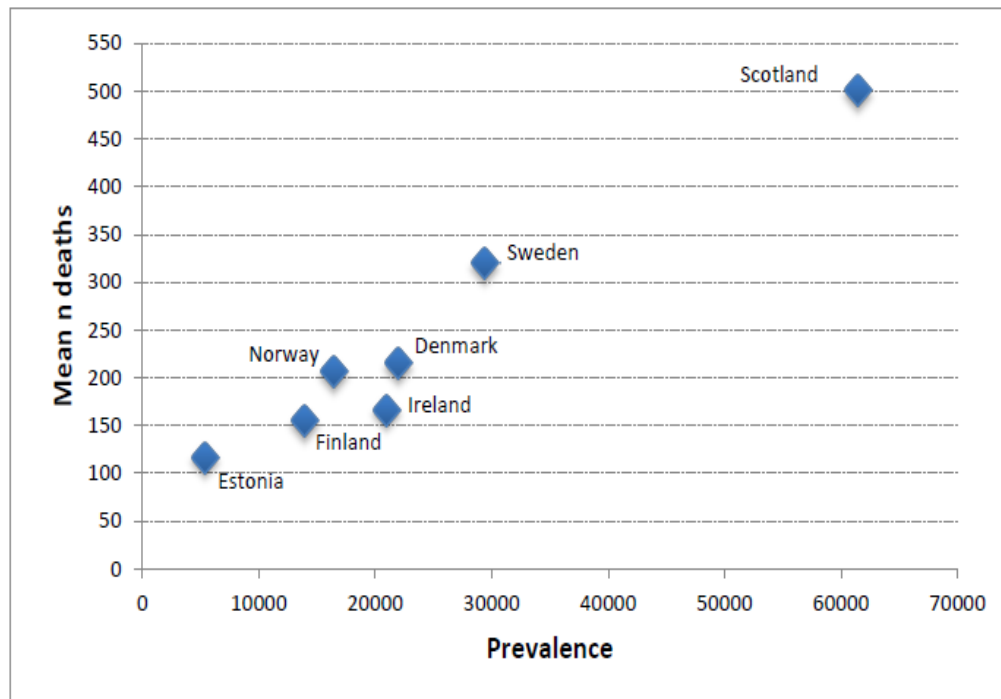
Julian Vicente & Isabelle Giraudon



Building in previous work

- Selected issue 2011 -> estimation overall mortality in EU
- Work by two groups on mortality coordinated by EMCDDA
- Work of EMCDDA and Tim Millar in 2016

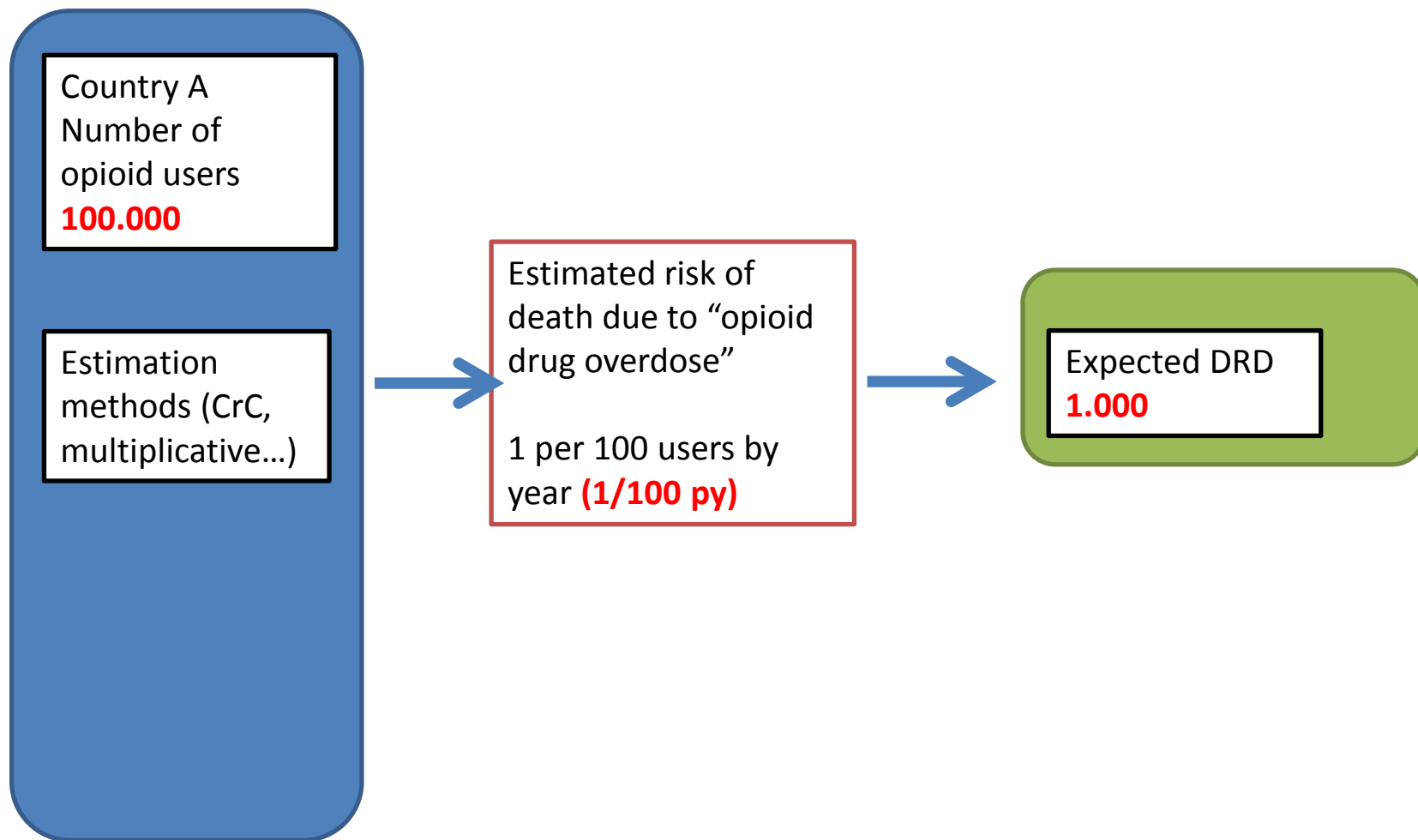
Figure 4: Mean annual number of opioid-related deaths (2009-2013) vs. best available estimates of problem opioid users (or a proxy thereof)



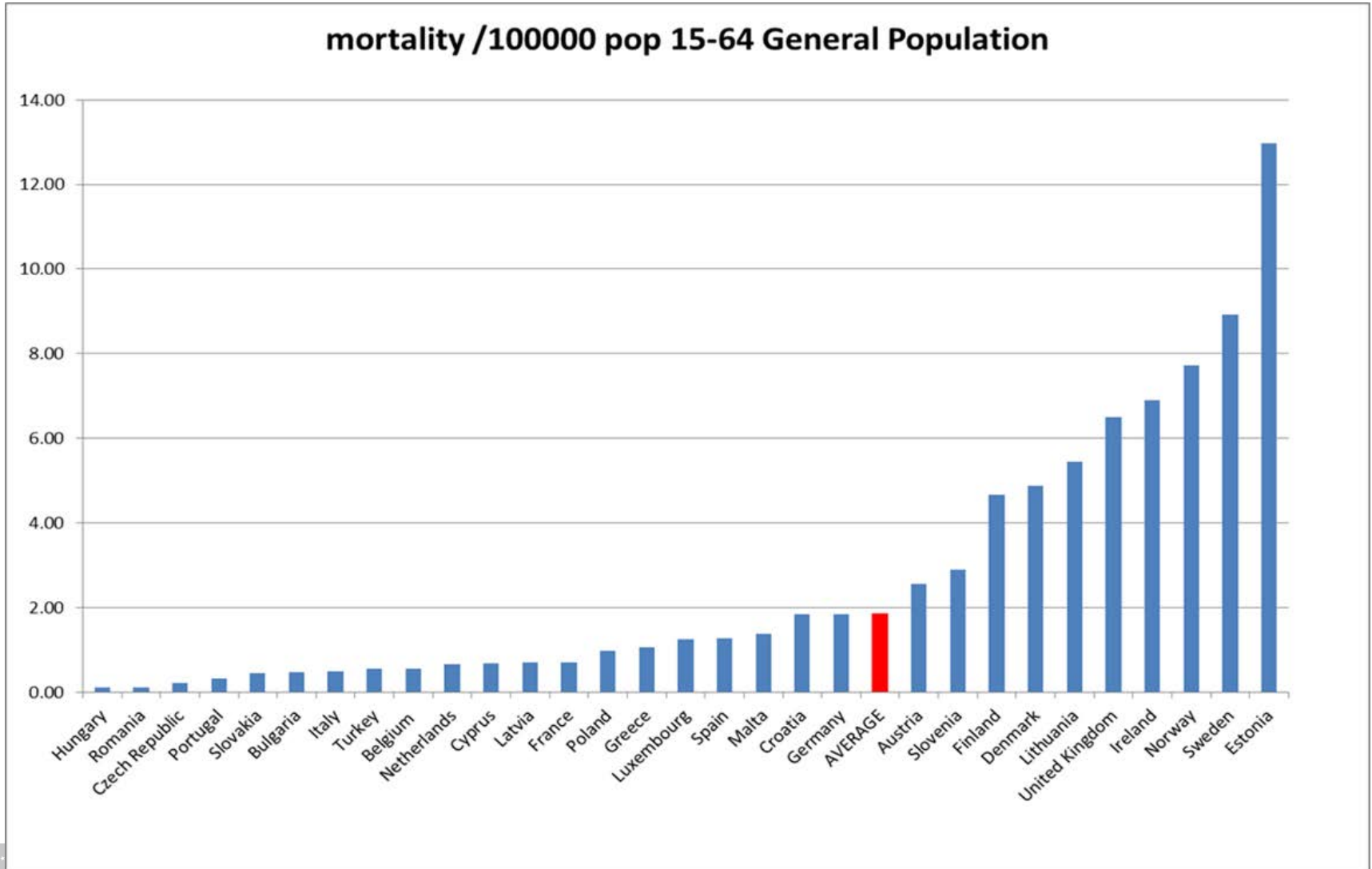
- Basic assumption
- All other factors being equal – opioid overdoses will be related to number of HROU



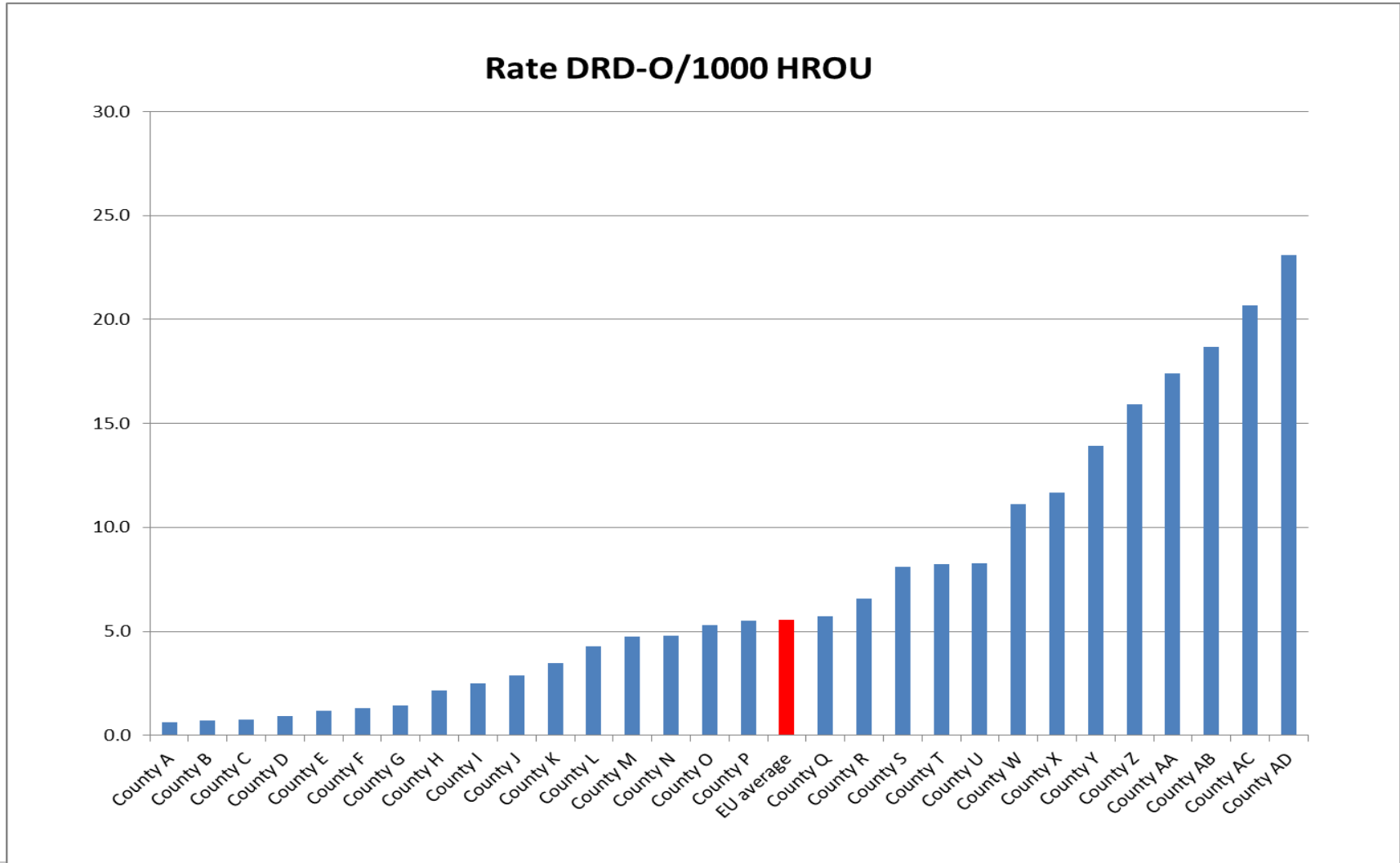
Basic model



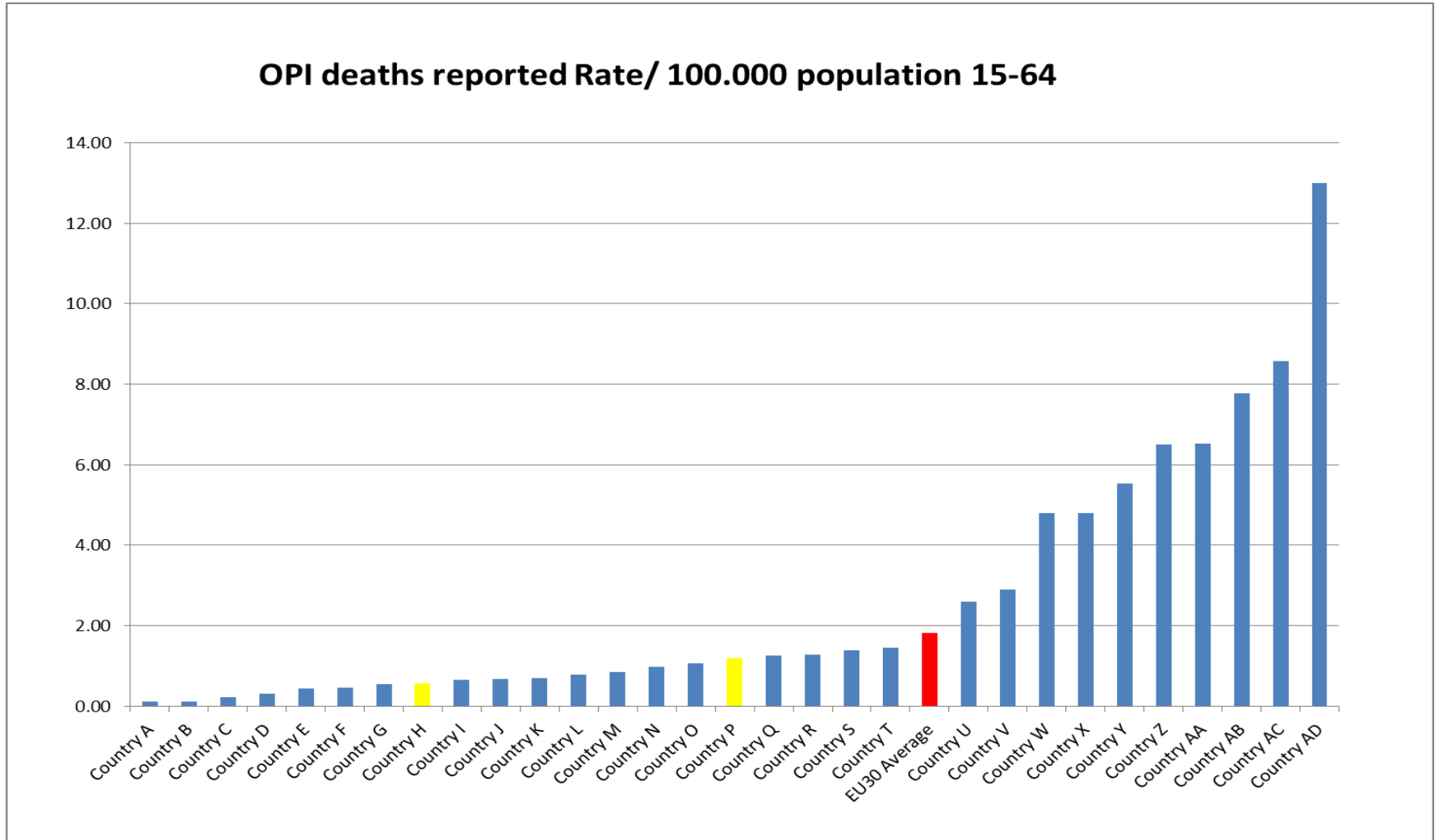
E.g. similar to **lung cancer** deaths among the whole population of countries



E.g. similar to **lung cancer** deaths among the daily smokers of countries
– this is surprising



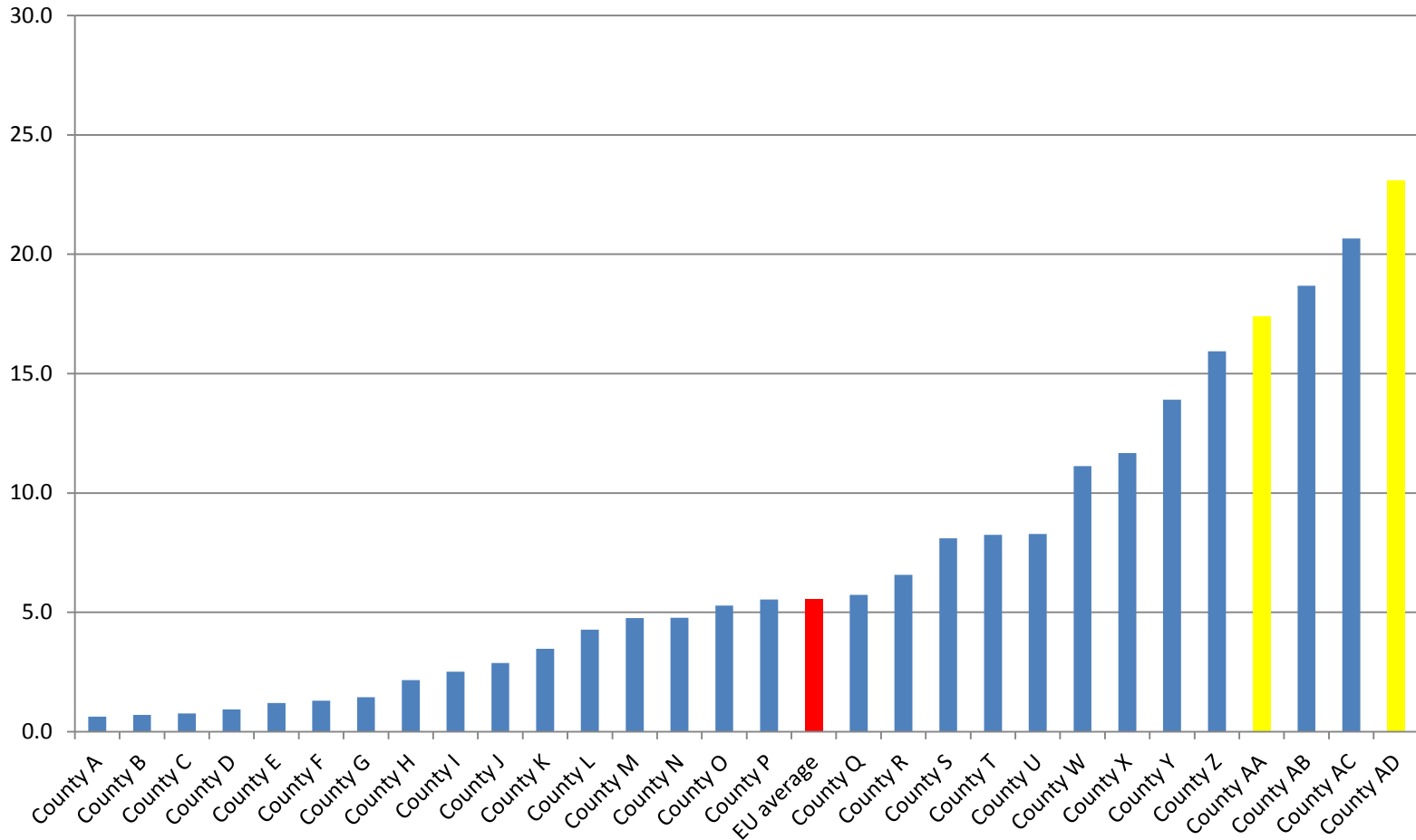
Example of reasoning



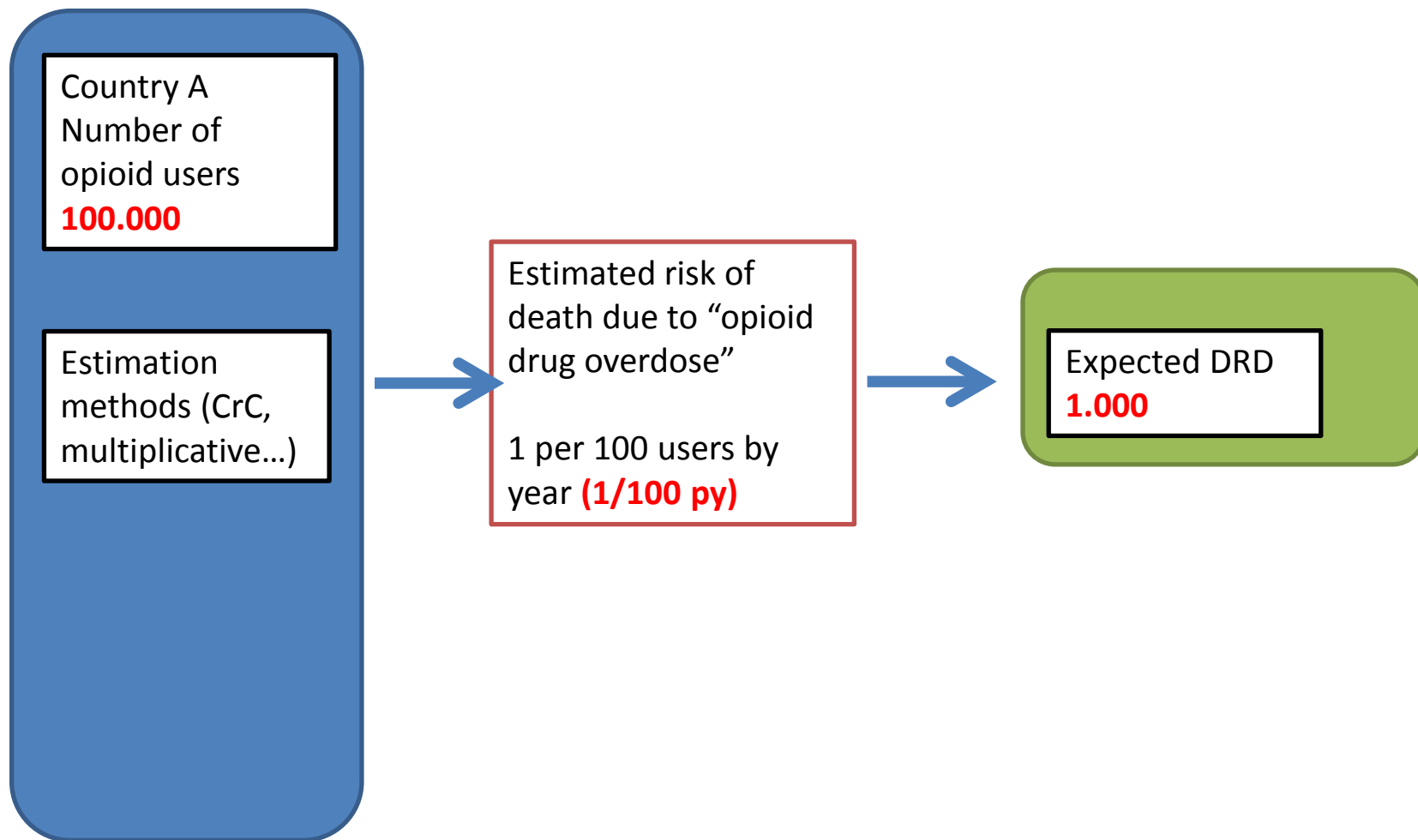
Example:

Estimated a normal/low DRD reporting (numerator) → the denominator should be small – yes, they have **very low** prevalence of HROU [0.55/1000 and 0.26/1000 - EU30 average 3.38/1000] → **8-12 times**

Rate DRD-O/1000 HROU



Basic model



Levels of risk

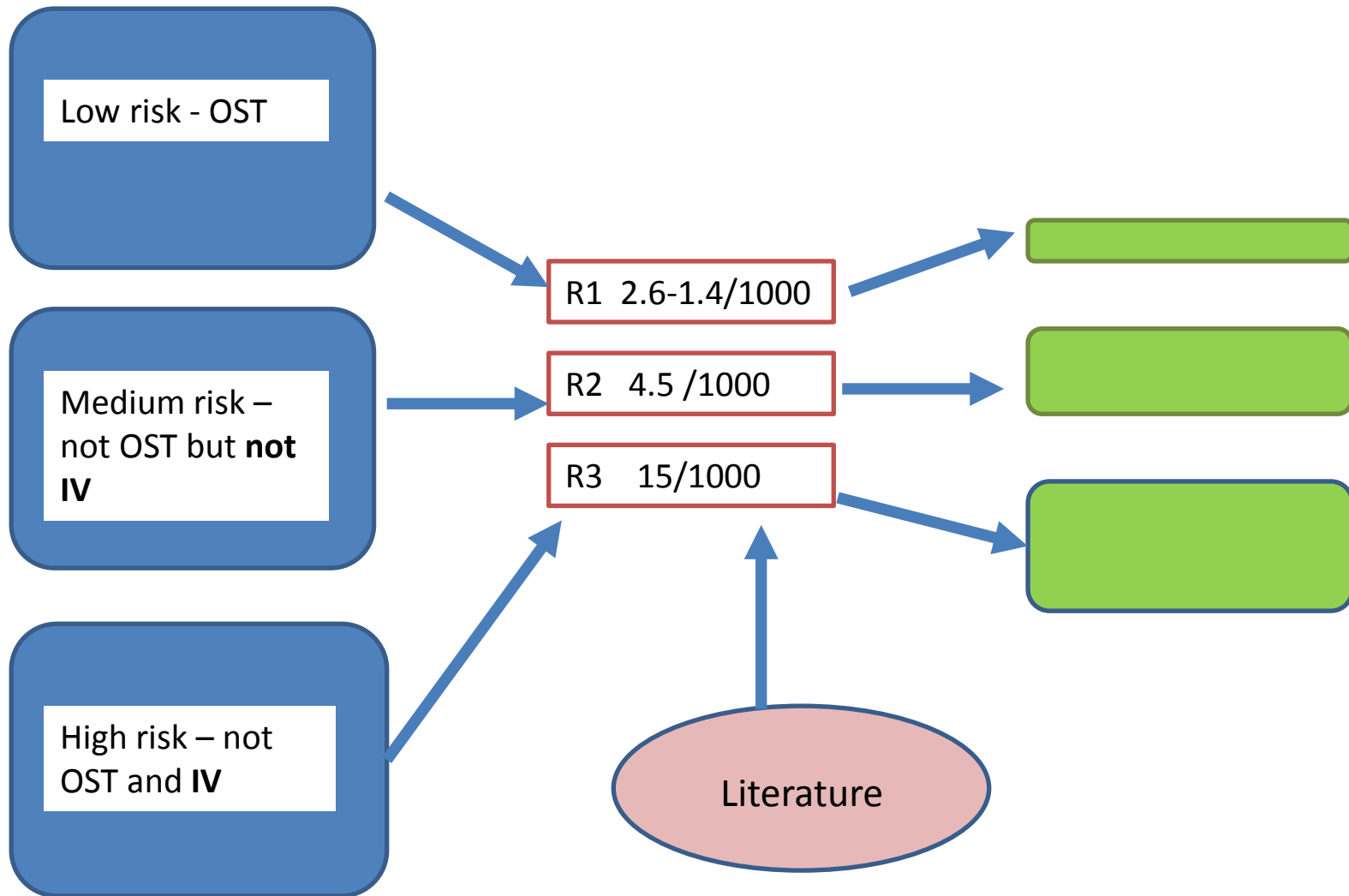
Low risk - OST

Medium risk –
not OST but **not**
IV

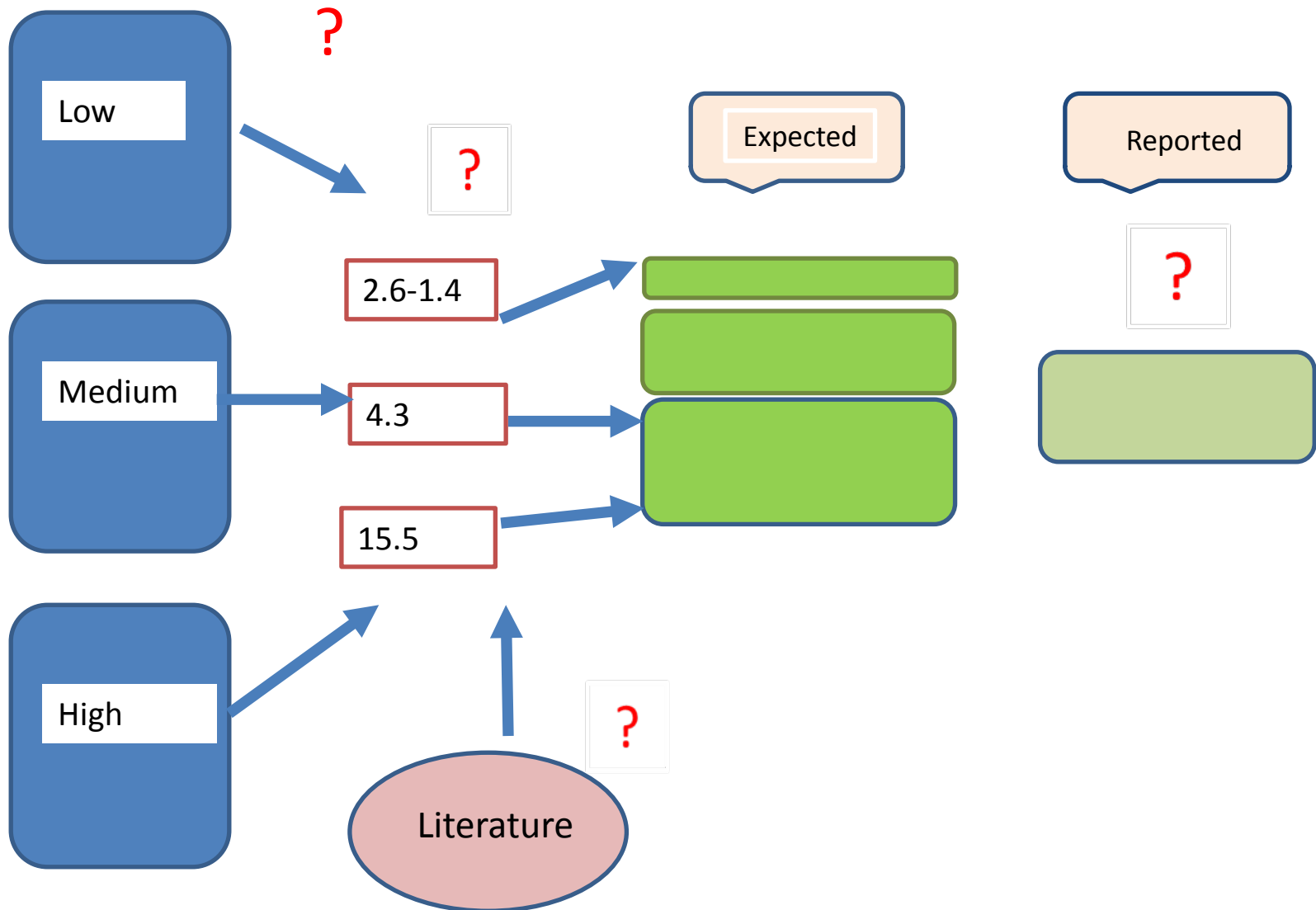
High risk – not
OST and **IV**



Levels of risk – Mortality – Estimated DRD per level



Levels of risk – Mortality – Estimated DRD per level



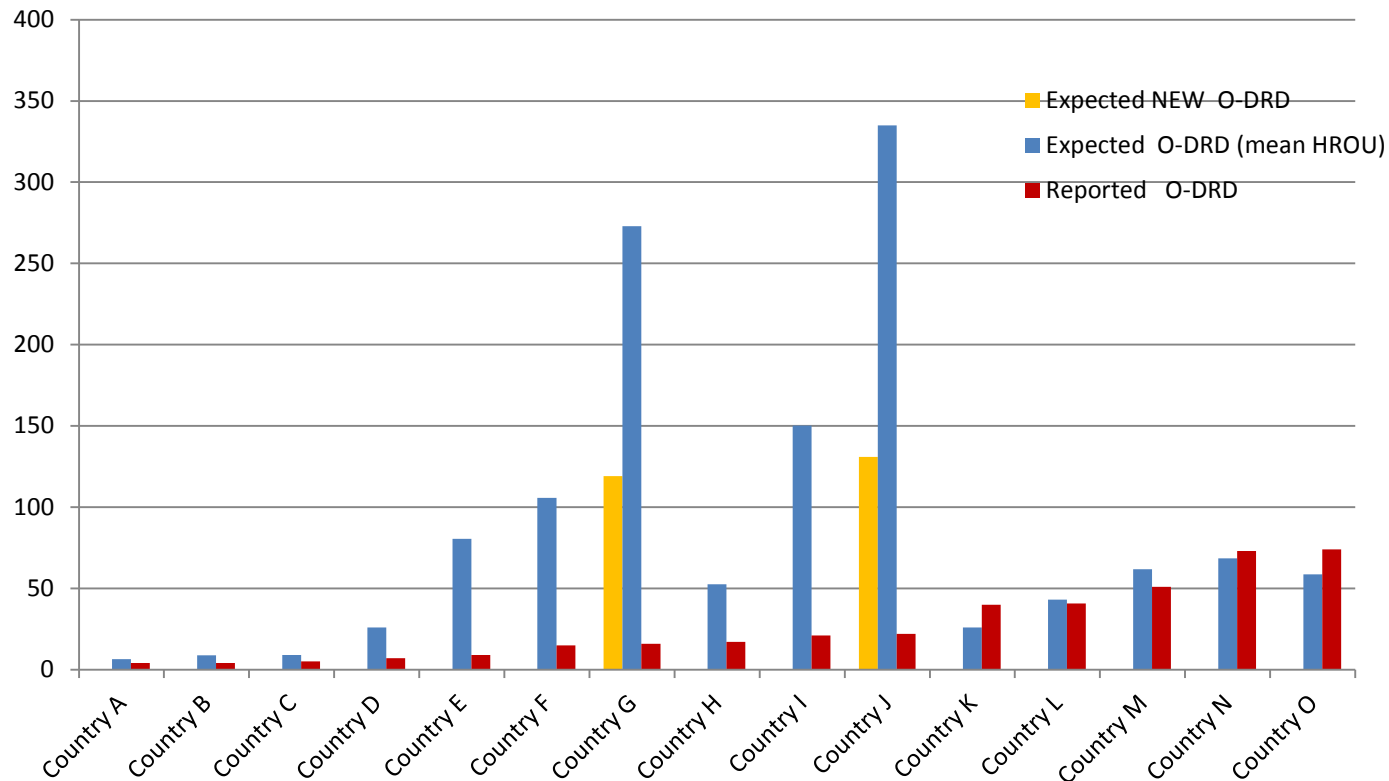
Method detailed in “Technical Appendix” of project description to Heads NFP

	HROU	Overdose mortality	'Expected' deaths	Reported deaths
Low risk (OST) Methadone	10.000	2.6/1.000	26	--
Medium risk	5.000	4.6/1000	23	--
High risk	5.000	15.7/1000	78	--
TOTALS	20.000	--	127	e.g. 90



With more updated information

Lower HROU estimate -- National cohort, lower mortality



With further adjustments (HROU – lower bound)

