



Chapter 7

Drug-related deaths

Methods and definitions

1. EMCDDA definition

'Drug-related death' is the term used by the EMCDDA to refer to deaths happening shortly after consumption of one or more psychoactive drugs, and directly related to this consumption. Often these deaths are referred as 'overdoses', although equivalent concepts are also 'deaths directly related to drug use', 'poisonings' or 'drug-induced deaths'.

Most national statistics refer to these deaths, which are usually recorded through general mortality registries or special registries (forensic or police).

The EMCDDA has developed a common definition, in agreement with national experts (see below summary definition and also the DRD-Standard protocol) focusing on those deaths directly related to consumption of illegal substances (although alcohol or psychoactive medicines are also found frequently in the toxicological analysis).

At present, national statistics are improving in most countries and their definitions are becoming the same, or relatively similar, to the common EMCDDA definition. Some countries still include cases due to psychoactive medicines or non-overdose deaths, generally as a limited proportion (Drug-related deaths: national definitions (page 7.3) specifies in detail the definition of drug-related death used in each Member State).

In addition, there are still differences between countries in procedures of recording cases, and in the frequency of post-mortem investigation (including autopsy rates). In some countries information exchange between general mortality registries and special registries (forensic or police) is insufficient or lacking, which compromise the quality of information.

Direct comparisons between countries in the numbers or rates of drug-related deaths should be made with caution; but if

methods are maintained consistently within a country, the trends observed can give valuable insight when interpreted together with other drug indicators.

In addition to deaths directly related to the use of drugs, also deaths indirectly related to drug use (e.g. AIDS, accidents, suicides, violence) should also be taken into account from a public health perspective, although their estimation requires different methodologies and data sources. The EMCDDA Report CT.00.RTX.22 presents an example of methodology to estimate the 'total burden of mortality' related to drug use that includes both deaths directly and indirectly related to drugs (Annex 1, pages 47 to 53).

The EMCDDA definition of drug-related deaths

The EMCDDA definition of drug-related death in the Key Indicator 'Drug-related deaths and mortality among drug users' refers to those deaths that are caused directly by the consumption of drugs of abuse. These deaths occur generally shortly after the consumption of the substance(s).

The cases are selected as follows:

1. The preferred method to estimate the number of deaths is to extract cases from existing general mortality registries according to the following criteria:

based on the WHO International Classification of Diseases, 9th edition -ICD-9-

Cases will be counted when their underlying cause of death was drugs psychoses, drug dependence, nondependent drug abuse, accidental poisoning, suicide and self-inflicted poisoning, and poisoning with undetermined intent.

Cases will be included when the death was due to a standard list of specific drugs: opiates, cocaine, amphetamines and derivatives, cannabis, and hallucinogens.

The precise ICD-9 codes to be selected are the following:

Category of drug-related death	Selected ICD-9 code(s)
Drug psychoses	292
Drug dependence	304.0, 304.2-9
Nondependent drug abuse	305.2-3, 305.5-7, 305.9
Accidental drug poisoning	E850.0, E850.8 (1), E854.1-2, E855.2, and E858.8 (1)
Suicide and self-inflicted drug poisoning	E950.0 (1), E950.4 (1)
Drug poisoning undetermined intent	E980.0 (1), E980.4 (1)

(1) In combination with N-codes (N965.0, and/or N968.5, and/or N969.6, and/or N969.7)

This selection was agreed by the EMCDDA expert group on drug-related deaths. It was called 'Selection B' for general mortality registries based on ICD-9.

based on the WHO International Classification of Diseases, 10th edition -ICD-10-

Case will be counted when their underlying cause of death was mental and behavioural disorders due to psychoactive substance use (see list of substances below) or poisoning accidental, intentional or undetermined intent (see list of substances below)

– Harmful use, dependence, and other mental and behavioural disorders due to:

- opioids (F11)
- cannabinoids (F12)
- cocaine (F14)
- other stimulants (F15)
- hallucinogens (F16)
- multiple drug use (F19)

– Accidental poisoning (X41, X42), intentional poisoning (X61, X62), or poisoning by undetermined intent (Y11, Y12) by:

- opium (T40.0)
- heroin (T40.1)
- other opioids (T40.2)
- methadone (T40.3)
- other synthetic narcotics (T40.4)
- cocaine (T40.5)
- other and unspecified narcotics (T40.6)

- cannabis (T40.7)
- lysergide (T40.8)
- other and unspecified psychodysleptics (T40.9)
- psychostimulants (T43.6)

The T-codes are to be selected in combination with the respective X-codes and Y-codes.

Underlying cause of death	Selected ICD-10 code(s)
Disorders	F11-F12, F14-F16, and F19
Accidental poisoning	X42 (1), X41 (2)
Intentional poisoning	X62 (1), X61 (2)
Poisoning undetermined intent	Y12 (1), Y11 (2)

(1) in combination with the T-codes: T40.0-9.

(2) in combination with T code: T43.6.

This selection was agreed by the EMCDDA expert group on drug-related deaths. It was called 'Selection B' for general mortality registries based on ICD-10.

2. An alternative method is to estimate the number of deaths by extracting cases from existing special registers (forensic or police registries). The method based on the special registries will be applied in countries where the preferred method cannot be implemented, but also will be used whenever possible as a backup estimate for the general mortality registries.

Cases will be counted when the death was due to poisoning by accident, suicide, homicide, or undetermined intent.

Cases will be included when the death was due to opiates, amphetamines, cocaine (or crack), cannabis, hallucinogens, solvents, or synthetic designer drugs like amphetamine derivatives.

The precise groups of deaths are the following:

Category of drug-related death	Selected groups
Poisoning by accident, suicide, homicide, or undetermined intent	Opiates only (excluding methadone only) Methadone only Poly-substances including opiates Poly-substances excluding opiates Unspecified/unknown

– ‘poly-substances’ should include at least one of the above mentioned substances.

– ‘unspecified/unknown’ will be included when it is assumed to include one of the above mentioned substances.

This selection was agreed by the EMCDDA group of experts. It was called ‘Selection D’ for special registries

For the EMCDDA protocol ‘DRD-Standard Protocol’ see:

For more information on EMCDDA work on drug-related deaths see:

<http://www.emcdda.eu.int/?nnodeid=1837>.

<http://www.emcdda.eu.int/?nnodeid=1419>.

2. Drug-related deaths: ‘National definitions’

Definitions of ‘acute drug-related death’ in EU Member States, as used to report cases for the EMCDDA annual report

(It is recommended that for reporting to the EMCDDA, the national definitions are in line with the EMCDDA definition)

Austria

Case definition	EMCDDA standard definition for special registries (‘Selection D’)
Technical information	‘Selection D’ is described in the protocol EMCDDA-DRD Standard, version 3.0 (for special registries)
Data collection procedure	Cases are reported by the police and hospitals to the Federal Ministry of Health and Women, which orders and checks the results of forensic examinations.
Reference	Suchtgiftbezogene Todesfälle-Statistik; Federal Ministry of Health and Women
Remarks	–

Belgium

Case definition	EMCDDA definition for general mortality registries(‘Selection B’ for ICD-9)
Technical information	‘Selection B’ is described in the protocol EMCDDA-DRD Standard, version 3.0 (for general mortality registries)
Data collection procedure	Cases are reported by health authorities of the French and Flemish Communities that collect death certificates filled by physicians. The National Institute of Statistics centralises the morbidity statistics of the two communities
Reference	National Institute of Statistics. General mortality registry: personal communication (ad-hoc data extraction for REITOX national focal point for the 2002 National Report).
Remarks	Since 1998, cases will be selected by ICD-10 codes

Denmark

Case definition	A death is included in the statistics, if the death is caused by poisoning and also non-overdose deaths, such as for example accidents and suicides. The definition includes deaths due to all forms of narcotic substances.
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	OR
	A death is included in the statistics, if
	(1) the death is caused by poisoning (or)
	(2) there is a strong causal relation between use of drugs and death
Technical information	If no report from autopsy is available, the case is decided on available information of the deceased and circumstances of death.
Data collection procedure	Cases are reported from forensic institutes to the National Commission of Police.
Reference	www.politi.dk
Remarks	–
Finland	
Case definition	From 1988 through 1995 (ICD-9, Finish adaptation), deaths due to identified drugs by: <ul style="list-style-type: none"> • diseases (dependence, harmful use, substance induced brain syndrome); • accidental poisoning; • events of undetermined intent. <p>From 1996 onwards, EMCDDA definition for general mortality registries ('Selection B' for ICD-10)</p>
Technical information	From 1988 through 1995 cases selected by ICD-9 (Finish adaptation. See Finish National Report 2003, Appendix 7)
	From 1996 onwards, 'Selection B' for ICD10, which is described in the protocol EMCDDA-DRD Standard, version 3.0 (for general mortality registries)
Data collection procedure	Collection and processing of causes of death statistics at Statistics Finland.
Reference	STAKES. General mortality registry. Personal communication (Ad-hoc data extraction for REITOX national focal point for the 2004 National Report)
Remarks	The Finish adaptation of ICD-9 did not allow the implementation of 'Selection B' of DRD standard protocol. For these reasons, Selection B is only available from 1996 onwards, where ICD-10 was implemented.
	The breach of trends observed between 1995 and 1996 could be in part due to change from ICD-9 to ICD-10 and to change from national definition to Selection B
France	
Case definition	<ul style="list-style-type: none"> • Deaths due to overdose in the strictest sense of the term. • Deaths occurring directly and immediately after consumption of drugs.
Technical information	–
Data collection procedure	After investigations following suspicious death, which generally include an autopsy and a toxicological analysis, cases are reported by the police and the Gendarmerie to the Office Central pour la Répression du Trafic Illicite de Stupéfiants (OCRTIS) at the Ministry of the Interior.
Reference	Office central pour la répression du trafic illicite des stupéfiants (2004) Usage et trafic des produits stupéfiants en France en 2003, OCRTIS, Nanterre
Remarks	Deaths due to poisoning by psychoactive medicines are included but, in practice, case definition is an approximation to 'Selection D' (only 10 cases of difference in 2003)

Germany

Case definition	<ul style="list-style-type: none"> • Deaths following intentional or unintentional overdose. • Deaths as a result of long-term abuse. • Deaths due to suicide resulting from despair about the circumstances of life or the effects of withdrawal symptoms. • Deaths due to fatal accidents suffered by people under the influence of drugs
Technical information	–
Data collection procedure	Cases are reported by local police units that are working jointly with the forensic physicians, to the National Police Department, the Federal Criminal Police Office (BKA) that records the information.
Reference	Bundeskriminalamt OA21 (2004). Bundeslagebild Rauschgift 2003. Wiesbaden: Bundeskriminalamt
Remarks	<ul style="list-style-type: none"> • From 1985 through 1990, the figures only refer to the former West Germany (the old Länder). • Since 1991, the figures refer to the reunited Germany, which includes the old and the new Länder.

Greece

Case definition	<p>EMCDDA standard definition for special registries ('Selection D')</p> <p>In national terms:</p> <ul style="list-style-type: none"> • Deaths caused by overdose. • Deaths caused by the synergic activity of different drugs.
Technical information	'Selection D' is described in the protocol EMCDDA-DRD Standard, version 3.0 (for special registries)
Data collection procedure	Cases of sudden death are notified to the police who refer the cases to the forensic department for autopsy and toxicology, which notifies the police of the results. Cases are then reported by local police units to Section C of the Directory of Public Security at the Ministry of Public Order (Hellenic Police). Statistics are reported by the National Anti-Drug Co-ordinative Unit, National Anti-Drug Intelligence Unit, Joint Secretariat.
Reference	Hellenic Police, 2004. Reference for 2003 data: www.ydt.gr
Remarks	–

Ireland

Case definition	<ul style="list-style-type: none"> • Deaths due to drug dependence. • Deaths due to poisoning by opiates and related narcotics.
Technical information	<p>Cases selected by ICD-9 codes</p> <p>– 304 (drug dependence)</p> <p>– 965.0 (poisoning by opiates and related narcotics)</p>
Data collection procedure	Cases are reported by regional registrars of births and deaths, who collect information from doctors, the police, and coroners, to the general mortality register at the Central Statistics Office (CSO).
Reference	Central Statistics Office, Vital Statistics Section

Remarks The increase between 1995 and 1997 is (partly) due to an increased awareness of the need for more accurate information and reporting.

Italy

Case definition EMCDDA standard definition for special registries ('Selection D')

In national terms:

Deaths directly attributed to drug misuse (acute intoxication, overdose) and reported by local and special police units to the Central Drugs Directorate.

Technical Information 'Selection D' is described in the protocol EMCDDA-DRD Standard, version 3.0 (for special registries)

Data collection procedure Cases are reported by local and special police units to the Central Drugs Directorate at the Ministry of the Interior.

Reference Relazione Annuale 2003. Direzione Centrale per i Servizi Antidroga (DCSA), Ministero dell'Interno

Remarks –

Luxembourg

Case definition Deaths caused by acute/direct reaction to the use of illegally acquired high risk consume (HRC) drugs.

Technical information Fatal (accidental, intentional or of undetermined intention) intoxication caused by the use of at least one illicitly acquired drug or other drug(s) in case the victim has been known as a persistent user of illicitly acquired drugs.

Death is due to the acute pharmacological and or toxicological effects(s) of the consumed substances(s)

Data collection procedure All suspected deaths require a judicial enquiry, and after forensic evidence from autopsy, cases are reported by the local police to the special drug section (SDU) of the judicial police.

Reference Origer, A. (in press). National report on the state of the drugs problem -RELIS 2003. NFP - CRP-Santé. Luxembourg

Remarks –

Netherlands

Case definition EMCDDA definition for general mortality registries('Selection B')

From 1985 through 1995, based on ICD-9

Since 1996, based on ICD-10

Technical information 'Selection B' is described in the protocol EMCDDA-DRD Standard, version 3.0 (for general mortality registries)

Data collection procedure Cases are reported by municipal registrars, who collect information from physicians and coroners, to the causes of death statistics at Statistics Netherlands.

Reference Causes of death statistics, Statistics Netherlands

Remarks Only persons retrievable in the Dutch population register are included

Norway

Case definition	Death due to misuse of illegal drugs (Drug dependence or poisoning). mental and behavioural disorders due to drug use accidental or undetermined poisoning by drugs of abuse
Technical information	<ul style="list-style-type: none"> • Up to 1996, cases were selected by ICD-8 and ICD-9 codes (304). • Since 1996, the ICD-10 codes used (underlying causes) are: F11-F12, F14-16, F19, X42 and Y12 in combination with T40.0-9 X41 and Y11 in combination with T43.6.
Data collection procedure	Registry of causes of death, from Statistics Norway. Data from Statistics Norway are mainly based on autopsy reports from the National Institute of Forensic medicine.
Reference	Statistics Norway
Remarks	National definition is an approximation to 'Selection B' for ICD-10 but excluding 'intentional poisoning' (X61 and X62)

Portugal

Case definition	A person whose post-mortem toxicological analysis is positive for any illicit drug of abuse (whatever was the cause of death).
Technical information	<ul style="list-style-type: none"> • The proportion of cases with positive toxicology and information on presumed cause of death suspected to be acute drug-related deaths were: 44 % (2003), 58 % (2002) and 73 % (2001) • The cases refer to Lisbon, Oporto and Coimbra regions
Data collection procedure	Cases are reported to the delegations at the three forensic institutes of the Ministry of Justice.
Reference 2003	Relatório Anual do IDT- 2003. Lisboa
Remarks	Due to under-reporting in previous annual reports, more cases are reported in the annual report since 1995.

Spain

Case definition	Deaths due to acute reaction following non-medical use of psychoactive substances
Technical information	<ul style="list-style-type: none"> • From 1985 through 1995: Deaths due to acute reactions following opiate or cocaine consumption. • Since 1996: Deaths due to acute reactions following consumption of any psychoactive drug. • The cases refer to five large cities Barcelona, Bilbao, Madrid, Valencia, and Zaragoza.
Data collection procedure	Cases are reported by medical pathologists for the Mortality Indicator at the Delegación del Gobierno para el Plan Nacional Sobre Drogas (DGPNSD).
Reference 2003	1990 to 1995 State Information System on Drug Abuse (SEIT) Reports. 1996 to 2002 Unpublished reports
Remarks	Deaths due to poisoning by psychoactive medicines are included, but in practice, case definition is an approximation to 'Selection D' (only 1 case of difference in 2002) A small breach of trend took place in 1996 due to a change from reporting only on opiate and cocaine cases to all psychoactive substances.

Sweden

Case definition	EMCDDA definition for general mortality registries ('Selection B' for ICD-10) Cases codified with T40.4 are excluded (in Sweden are mainly due to dextropropoxifen poisonings)
Technical information	'Selection B' is described in detail in the protocol EMCDDA-DRD Standard, version 3.0 (for general mortality registries)
Data collection procedure	Cases are reported by physicians to the cause of death register at Statistics Sweden and are reported and published by the Epidemiological Centre of the National Board of Health and Welfare (NBHW).
Reference	National Death Cause Registry (Run by the Epidemiological Centre, at the NBHW)
Remarks	In 2003 'national case definition' was adapted to the EMCDDA definition (Selection B) with the exception described

United Kingdom

Case definition	<ul style="list-style-type: none"> • Deaths due to drug dependence. • Deaths due to nondependent abuse. • Deaths due to accidental, suicidal, or undetermined poisonings.
Technical information	<ul style="list-style-type: none"> • England and Wales, Northern Ireland and Scotland ('ONS standard definition') Based on ICD-9 Classification: 292 (Drug psychoses), 304 (Drug dependence), 305.2 - 9 (Non-dependent abuse of drugs), E850 - E858 (Accidental poisoning by solid or liquid substances - drugs, medicaments, and biologicals), E950.0 - 5 (Suicide and self-inflicted poisoning by solid or liquid substances - drugs and medicaments), E980.0 - 5 (Poisoning by solid or liquid substances, undetermined whether accidentally or purposely inflicted - drugs and medicaments), E962.0 (Assault by poisoning - drugs and medicaments). • Scotland (From 2000) and England & Wales and N Ireland (From 2001) ('ONS standard definition') Based on ICD-10 Classification: F11-F16, F18, F19, X40-X44 (accidental poisoning), X60-X64 (intentional self poisoning), Y85 (assault by drugs, medicaments and biological substances), Y10-Y14 (poisoning undetermined intent).
Data collection procedure	Cases from England and Wales are reported to the Office for National Statistics (ONS), cases for Northern Ireland are reported to the General Register Office (Northern Ireland) and cases for Scotland are reported to the General Register Office (Scotland).
Reference 2003	See Health Statistics Quarterly, Nos 5, 7, 9, 11, 13, 17 & 21, ONS 2000, 2001, 2002, 2003 & 2004

Remarks

Drug Strategy Definition

Recently it has been developed an additional national definition that in this reports is referred as 'UK Drug Strategy Definition'.

The UK Drug Strategy Definition is a more restrictive extract from the ONS description that focuses on drugs controlled under the Misuse of Drugs Act of 1971. Drugs controlled by the Misuse of Drugs Act include class A, B and C drugs.

A description of this definition is given in the Annexed Box 1) 'UK Drug Strategy Definition'.

This definition produces estimates approximated to the EMCDDA Standard 'Selection B'.

Figures reported on the basis of this definition are presented separately in Table DRD-2 part (ii).

National Programme on Substance Abuse Deaths (np-SAD)

In addition, in the UK there is a special registry on drug-related deaths within the National Programme on Substance Abuse Deaths (np-SAD). This registry is based on data submitted voluntarily by coroners.

This registry can produce estimates for the EMCDDA Standard 'Selection D'.

A description of this special registry is given in the Annexed Box (2) 'UK np-SAD'.

Notes:

(1) ICD-9, ICD-10 = International Classification of Diseases, edition 9, edition 10, established by the World Health Organisation (WHO).

(2) In some countries, traditional definitions of 'drug-related deaths' used at national level are different from those presented here and may also include cases related to medicines, or some other deaths indirectly related to drug use (e.g. diseases, accidents).

(1) Annexed Box 'UK Drug Strategy Definition'

UK Drug Strategy definition **Extract from ONS description (based on ICD-9)**

(A) Deaths where the underlying cause of death has been coded to the following categories:

- Drug psychoses (292);
- Drug dependence (304.0 -.5 and 304.7-.9);
- Nondependent abuse (305.2 -.9)

(B) Deaths coded to the following categories and where a drug controlled under the Misuse of Drugs Act 1971 was mentioned on the death record:

- Accidental poisoning by drugs, medicaments and biologicals (E850-E858);
- Undetermined whether accidentally or purposely inflicted (E980.0-E980.5);
- Assault by poisoning – drugs and medicaments (E962.0)
- Dependence on other drugs (304.6).

Notes:

1. Deaths coded to opiate abuse which resulted from the injection of contaminated heroin have been included in the indicator. This is opposite to the approach taken in Scotland, where these deaths have been excluded for 2000.
2. Specific rules were adopted for dealing with compound analgesics which contain relatively small quantities of drugs listed under the Misuse of Drugs Act, the major ones being dextropropoxyphene, dihydrocodeine and codeine. Where these drugs are present on a death record, they have been ignored if they are part of a compound analgesic (such as

co-proxamol, co-dydramol or co-codamol) or cold remedy. Dextropropoxyphene has been ignored on all occasions. However, codeine or dihydrocodeine mentioned alone were included in the indicator.

3. Drugs controlled under the Misuse of Drugs Act 1971 include class A, B and C drugs.

Extract from ONS description (based on ICD-10)

(a) deaths where the underlying cause of death was

F11; F12; F13; F14; F15; F16; and F19.

(b) deaths coded to the following categories and where a drug listed under the Misuse of Drugs Act (1971) was known to be present in the body at the time of death:

- accidental poisoning (X40 - X44);
- intentional self-poisoning by drugs, medicaments and biological substances (X60 - X64);
- assault by drugs, medicaments and biological substances (X85); and
- event of undetermined intent, poisoning (Y10 - Y14)

Notes:

Deaths excluded:

- deaths coded to F10 (alcohol), F17 (tobacco) and F18 (volatile substances);
- deaths coded to drug abuse which were caused by secondary infections and related complications
- deaths from AIDS where the risk factor was believed to be the sharing of needles;
- deaths from road traffic and other accidents which occurred under the influence of drugs; and
- deaths where a drug listed under the Misuse of Drugs Act was present because it was part of a compound analgesic or cold remedy: examples are: Co-proxamol Co-dydramol and co-codamol. Dextropropoxyphene has been ignored on all occasions. However, deaths involving codeine or dihydrocodeine alone have been included.

(2) Annexed Box ‘National Programme Substance Abuse Deaths’

Special registry np-SAD

The National Programme on Substance Abuse Deaths (np-SAD), based in the Department of Addictive Behaviour and Psychological Medicine at St George’s Hospital Medical School in London, collects data from inquests held on drug-related deaths submitted voluntarily by coroners.

The electronic database’s current coverage is about four-fifths of all coroners’ jurisdictions in England and Wales. Recently coverage was extended to Scotland and Northern Ireland.

A ‘case’ is defined as a drug-related death where any of the following criteria are met at an inquest or fatal accident inquiry:

- one or more psychoactive substances directly implicated in death;
- history of dependence or abuse of psychoactive drugs; or
- presence of controlled drugs at post-mortem.

New Member States and candidate countries

Note: Reported separately in this edition of the statistical bulletin to highlight the developments of these countries.

Czech Republic

Case definition	Deaths due to poisoning caused by psychoactive substances (drugs of abuse and psychoactive medicines).
Technical information	Selection D of EMCDDA standard definition (drugs of abuse) PLUS deaths due to poisonings by psychoactive medicines
Data collection procedure.	Special semiautomated electronic registry run by national focal point and Society of Forensic Medicine and Toxicology.
Reference	Special mortality register - drug-related deaths in 2003. Prague: National Monitoring Centre for Drugs and Drug Addiction. Unpublished
Remarks	In 2003, according to the national definition, 167 cases out of a total of 222 were due to psychoactive medicines Since the practice in Czech Republic does not allow to include into the GMR any examination newer than 3 days after the death, this registry is not observed for the purposes of drug epidemiology as appropriate.

Estonia

Case definition	Cases according to the EMCDDA definition for general mortality registries('Selection B' for ICD-9 classification):
Technical information	'Selection B' is described in detail in the protocol EMCDDA-DRD Standard, version 3.0 (for general mortality registries)
Data collection procedure	–
Reference	Ad hoc data extraction by national focal point from general mortality registry for the 2004 Reitox National Report
Remarks	–

Cyprus

Case definition	The EMCDDA standard definition for special registries ('Selection D') will be used.
Technical information	–
Data collection procedure	–
Reference 2003	–
Remarks	Not information provided yet.

Latvia

Case definition	Cases according to the EMCDDA definition for general mortality registries('Selection B' for ICD-9 classification)
Technical information	'Selection B' is described in detail in the protocol EMCDDA-DRD Standard, version 3.0 (for general mortality registries)
Data collection procedure	–
Reference	Ad hoc data extraction from Forensic Medical Institute 2003
Remarks	–

Lithuania

Case definition	Cases according to the EMCDDA definition for general mortality registries ('Selection B' for ICD-9 classification):
Technical information	'Selection B' is described in detail in the protocol EMCDDA-DRD Standard, version 3.0 (for general mortality registries)
Data collection procedure	–
Reference	Ad hoc data extraction by national focal point from general mortality registry for the 2004 Reitox National Report
Remarks	–

Hungary

Case definition	Cases according to the EMCDDA definition for general mortality registries ('Selection B' for ICD-9 classification)
Technical information	'Selection B' is described in detail in the protocol EMCDDA-DRD Standard, version 3.0 (for General Mortality Registries)
Data collection procedure	–
Reference	Ad hoc data extraction by national focal point from general mortality registry for the 2004 Reitox National Report
Remarks	–

Malta

Case definition	Cases according to the EMCDDA definition for general mortality registries ('Selection B' for ICD-10 classification)
Technical information	'Selection B' is described in detail in the protocol EMCDDA-DRD Standard, version 3.0 (for general mortality registries)
Data collection procedure	–
Reference	Dept. of Health Information. Malta National Mortality Registry
Remarks	–

Poland

Case definition	–
Technical information	–
Data collection procedure	–
Reference	–
Remarks	–

Slovenia

Case definition	Deaths due to drug abuse; that means deaths happening during the time drugs is affecting the organism (accidental poisonings, intentional poisonings, poisonings of undetermined intent)
Technical Information	National definition takes into account the ICD-10 codes of the EMCDDA definition, but without exact implementation of Selection B or selection D
Data collection procedure	From 2002 onwards cases were obtained by linkage of four different databases: (i) general

	mortality registry, (ii) police database, (iii) first treatment demand database, and (iv) toxicology department at the Institute of forensic medicine
Reference	Ad hoc data extraction by national focal point from general mortality registry for the 2004 Reitox National Report
Remarks	Information of the GMR is completed with forensic and toxicology data, with police data and with first treatment demand data

Slovakia

Case definition	–
Technical information	–
Data collection procedure	–
Reference 2003	–
Remarks	–

Bulgaria

Case definition	Cases of death which underlying cause of death is drug psychosis, drug addiction, drug abuse, accidental poisoning
Technical information	The cases are selected according to the ICD-9 codes: <ul style="list-style-type: none"> – 292, drug psychosis – 304, drug dependence – 305, drug abuse – E854, accidental poisoning with other psychotropic substances – E939, psychotropic substances
Data collection procedure	Death certificates filled in by family doctors do not specify the substance even if they have reasonable doubts. Deaths occurring in hospitals are followed by toxicological examination.
Reference	Ad hoc data extraction by national focal point from general mortality registry for the 2004 Reitox National Report
Remarks	<ul style="list-style-type: none"> – ICD-10 will be implemented in 2003 – There are difference in number of cases obtained from the general mortality registry (15) and from police reports (56) in 2003

Romania

Case definition	Drug-related deaths refers to those deaths that are caused directly by the consumption of drugs of abuse
Technical information	Cases extracted according to codes X62 in combination to T40.1
Data collection procedure	–
Reference	Ad hoc data extraction by national focal point from general mortality registry for the 2004 Reitox National Report
Remarks	–

Overview of the data

Listed below are the tables in the bulletin, the supplementary downloadable tables and the associated graphics dealing with drug-related deaths, along with a brief overview. Please note that figures and the supplementary tables are available only on the statistical bulletin website (<http://stats05.emcdda.eu.int>).

These tables report the number and characteristics of drug-related deaths recorded in the EU countries according to national definitions of 'drug-related deaths'. In this report, the term 'drug-related death' refers to those deaths caused directly by the consumption of one or more drugs and that occur, generally, shortly after the consumption of the substance(s). These deaths are known as 'overdoses', 'poisonings' or 'drug-induced deaths'. Opiate overdose is one of the leading causes of death among young people in Europe, particularly among males, and, as National reports suggest, also in urban areas. It should be borne in mind that drug use is related to other causes of mortality, such as infectious diseases, accidents, etc. See the section on [Methods and definitions](#) for more detail on this matter.

[Tables DRD-1 to DRD-4](#) deal with data supplied by each of the Member States that made information available.

The recorded characteristics of the deceased, reported in [Table DRD-1 part \(i\)](#), are the mean age at death and the percentages of those aged less than 15, 25, aged 35 or more and aged 65 or more. Opiates reported in the toxicology and population rates are represented in [Table DRD-1 part \(ii\)](#). The information is presented for the most recent year available and, as comparison, for 1990 or nearest reported year.

[Table DRD-2](#) reports the total number of drug-related deaths recorded in each country in each year from 1985 onwards, with an indexed time series, and also the numbers of drug-related deaths from 1990 onwards by gender and the total number of drug-related deaths under the age of 25 years old from 1990 onwards.

[Table DRD-3](#) reports the total number of drug-related deaths recorded in each country in each year from 1990 onwards according to EMCDDA standard definition 'Selection B' (for General Mortality Registries), and [Table DRD-4](#) according to EMCDDA standard definition 'Selection D' (for special registries).

[Table DRD-0](#) gives the references and sources relevant to the tables.

Summary points

- Opiates are present in most cases of 'drug-related deaths' due to illegal substances reported in the EU ([Figure DRD-1](#), [Table DRD-1 part \(i\)](#), [Table DRD-1 part \(ii\)](#)).
- The majority of overdose victims are men, accounting for 60 to 100 % of cases depending on the country, with most countries ranging between 75 and 90 %. Most victims are in their twenties or thirties, with a mean age in the mid thirties (range between 22 and 45 years) ([Figure DRD-6](#), [Table DRD-1 part \(i\)](#), [Table DRD-2 part \(ii\)](#), [Table DRD-2 part \(iv\)](#)).
- Since 2000, many EU countries have reported decreases in the numbers of drug-related deaths, although figures are still high from a longer term perspective. Only 10 countries reported information for 2003, and inferences for the EU should be made with caution. On this basis, some decrease is suggested in 2003 but the picture is much less clear than the decrease observed from 2000 until 2002 ([Table DRD-2 part \(i\)](#), [Table DRD-2 part \(ii\)](#), [Table DRD-3](#), [Table DRD-4](#)).
- Drug-related deaths among people younger than 25 years have been decreasing almost steadily since 1996 in the old Member States, indicating a possible decrease in the number of young injectors in those countries ([Table DRD-2 part \(v\)](#), [Figure DRD-9](#)).
- Opiate users (mainly those who inject) have an overall mortality that is up to 20 times higher than the general population of the same age due to overdose, violence, diseases (AIDS and others), etc. ([Table DRD-1 part \(ii\)](#)).
- For the time being, deaths involving ecstasy remain relatively unusual compared with opiate deaths, but in some countries they are not negligible and monitoring of these deaths needs improvement. Reporting of ecstasy deaths is not harmonised, and sometimes the exact role that ecstasy played in the fatal outcome is not clear.
- Despite the limitations of the information, in the countries that were able to make the differentiation, cocaine seemed to have played a determinant role in between 1 % and 15 % of the reported drug-related deaths, which could account for several hundreds of deaths per year in Europe.

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Table DRD-0. Drug-related deaths recorded in EU Member States (25 members and candidates) according to national definitions, 2003: sources and bibliographic references

Country	Reference
Belgium	National Institute of Statistics. General mortality registry: Personal communication (Ad-hoc data extraction for REITOX national focal point for the 2002 national report).
Czech Republic	Národní monitorovací středisko pro drogy a drogové závislosti and SSLST CLS JEP (2004) Speciální registr úmrtí spojených s užíváním drog v r. 2003. Praha: NMS. (Special mortality register-drug-related deaths in 2003. Prague: National Monitoring Centre for Drugs and Drug Addiction) Notes: unpublished.
Denmark	www.politi.dk
Germany	Bundeskriminalamt OA21 (2004). Bundeslagebild Rauschgift 2003. Wiesbaden: Bundeskriminalamt
Estonia	Ad hoc data extraction by national focal point from general mortality registry for the 2004 Reitox national report.
Greece	Hellenic Police, 2004. Reference for 2003 data: www.ydt.gr.
Spain	1990 to 1995 State Information System on Drug Abuse Reports. 1996 to 2002 Unpublished reports.
France	Office central pour la répression du trafic illicite des stupéfiants (2004) Usage et trafic des produits stupéfiants en France en 2003, OCRTIS, Nanterre.
Ireland	Central Statistics Office, Vital Statistics Section.
Italy	Relazione Annuale 2003. Direzione Centrale per i Servizi Antidroga (DCSA), Ministero dell'Interno
Latvia	Ad hoc data extraction by national focal point from general mortality registry for the 2004 Reitox national report.
Lithuania	Ad hoc data extraction by national focal point from general mortality registry for the 2004 Reitox national report.
Luxembourg	Origer, A. (in press). National report on the state of the drugs problem -RELIS 2003. NFP - CRP-Santé. Luxembourg.
Hungary	Ad hoc data extraction by national focal point from general mortality registry for the 2004 Reitox national report.
Malta	Dept of Health Information. Malta national mortality registry.
Netherlands	Causes of death statistics, Statistics Netherlands.
Austria	Suchtgiftbezogene Todesfälle-Statistik; Federal Ministry of Health and Women
Poland	Central Statistical Office.
Portugal	Relatório Anual do IDT- 2003.
Slovenia	Ad hoc data extraction by national focal point from general mortality registry for the 2004 Reitox national report.
Finland	STAKES. General mortality registry. Personal communication (Ad-hoc data extraction for Reitox national focal point for the 2004 national report).
Sweden	National death cause registry (run by the Epidemiological Centre, at the NBHW).
United Kingdom (ONS)	See Health Statistics Quarterly, Nos 5, 7, 9, 11, 13, 17 & 21, ONS 2000, 2001, 2002, 2003 & 2004.
Bulgaria	Ad hoc data extraction by national focal point from general mortality registry for the 2004 Reitox national report.
Romania	Ad hoc data extraction by national focal point from general mortality registry for the 2004 Reitox national report.
Norway	Statistics Norway.

Table DRD-1 part (i). Summary of characteristics of the deceased in drug-related deaths according to national definitions. 2003 or last year with available information (demographic characteristics)

Country	Year	EMCDDA standard definition	No. of DRD	% Male	% Female	Mean age	% aged <15 (1)	% aged <25 (2)	% aged >35 (3)	% aged >=65
Belgium	1997	Selection B	123	79	21	34.2	1	28	34	8
Czech Republic	2003		222	60	40	45.4	1	14	69	14
Denmark	2003		245	80	20	37.6	0	8	63	0.4
Germany	2003		1477	83	17	34.0	0	17	64	
Estonia	2002	Selection B	86	94	6	24.0	0	66	6	0
Greece	2003	Selection D	202	92	8			6	37	
Spain	2002	Aprox Selection D	232	88	12	35.5	0	8	56	0
France	2003	Aprox Selection D	89	84	16	32.0	2	21	36	1
Ireland	2001		88	75	25	37.2	0	14	45	6
Italy	2003	Selection D	429	86	14	33.3	0	12	43	0
Latvia	2003	Selection B	12	92	8	29.0	0	17	17	0
Lithuania	2003	Selection B	40	83	17	29.3	0	40	18	0
Luxembourg	2003		14	86	14	36.6	0	0	57	0
Hungary	2003	Selection B	32	81	19		0	38	9	0
Netherlands	2003	Selection B	104	76	24	37.1	0	6	63	3
Malta	2003	Selection B	5	100	0	38.0	0	40	60	0
Austria	2003	Selection D	163	82	18	29.5	0	35	33	0
Portugal	2003		152	93	7	32.8	0	14	32	
Slovenia	2003		32	72	28	34.2	0	28	31	0
Finland	2003	Selection B	101	75	25		0	26	53	11
Sweden	2002	Aprox Selection B	160	85	15	36.2	0	18	51	1
United Kingdom (ONS)	(4) 2002		3297	69	31	39.3	0.4	15	55	9
United Kingdom (DSD)	(4) 2002	Aprox Selection B	1972	79	21	34.9	0.1	19	42	4
Bulgaria	2003		15	87	13	34.4	0	20	47	7
Romania	2003		7	86	14	22.4	0	86	0	0

Notes:

The information refers to the last year for which information on the deceased's characteristics was available.

Number of deaths per country per year are presented in Table DRD-2 part (i) (page 7.21).

"EMCDDA Standard definition" refers if the National definition matches with the agreed case definition established in the EMCDDA DRD Protocol: Selection B for General Mortality Registries and Selection D for Special Registries. In some countries equivalence is not total but it is, in practice, relatively similar (see Methods and definitions).

Figures for EMCDDA Standard definitions (Selection B and Selection D) for all countries with available information, see Table DRD-3 (page 7.26) and Table DRD-4 (page 7.27) and Definitions and methodological issues.

(1) For Germany 2003 the data refer to age <14.

(2) For Greece 2003 the data refer to age <=20.

(3) For Germany 2003 the data refer to age >30. For Greece 2003 the data refer to >=31.

(4) United Kingdom: (ONS); based on standard definition of Office for National Statistics (DSD); based on definition developed for the Drug Strategy. See Methods and definitions.

Sources:

Reitox national reports 2004, taken from national mortality registries or special registries (forensic or police). Based on "National definitions" as presented in Methods and definitions.

Table DRD-1 part (ii). Summary of characteristics of the deceased in drug-related deaths according to national definitions. 2003 or last year with available information (toxicology and population rates)

Country	Year	No. of DRD	% known toxicology	% opiate	% without opiates	Total population (millions) (2)	Rate DRD/million population (3)
Belgium	1997	123	75.0	99.0	1.0	10.3	12.0
Czech Republic	2003	222	87.8	9.7	90.3	10.3	21.6
Denmark	2003	245	78.4	89.1	10.9	5.3	45.8
Germany	2003	1477	77.0			82.3	18.0
Estonia	2002	86	16.0	100.0	0.0	1.4	62.9
Greece	2003	202	100.0	94.6	5.4	10.9	18.5
Spain	2002	232	97.8	83.7	16.3	6.1	37.8
France	2003	89	96.6	62.8	37.2	59.0	1.5
Ireland	2001	88				3.8	23.0
Italy	2003	429	40.3	83.2	16.8	57.0	7.5
Latvia	2003	12	50.0	50.0	50.0	2.4	5.1
Lithuania	2003	40				3.5	11.5
Luxembourg	2003	14	100.0	93.0	7.0	0.4	31.9
Hungary	2003	32	100.0	75.0	25.0	10.2	3.1
Netherlands	2003	104		67.9	32.1	16.0	6.5
Malta	2003	5	100.0	100.0	0.0	0.4	12.8
Austria	2003	163	99.0	96.0	4.0	8.0	20.3
Portugal	2003	152	100.0	66.4	33.6	10.3	14.8
Slovenia	2003	32	77.4			2.0	16.1
Finland	2003	101				5.2	19.5
Sweden	2002	160		53.0	47.0	8.9	18.0
United Kingdom (ONS)	(1)	2002	3297			59.9	55.1
United Kingdom (DSD)	(1)	2002	1972			59.9	32.9
Bulgaria	2003	15				7.9	1.9
Romania	2003	7	100.0	100.0	0.0	22.4	0.3
Norway	2002	291				4.5	64.7

Notes:

The information refers to the last year for which information on the deceased's characteristics was available.

Number of deaths per country per year are presented in Table DRD-2 part (i) (page 7.21).

Toxicology is computed as valid percentages, over the cases with known toxicology. The computation basis for toxicology should be obtained by (No. of DRD) × (% known toxicology).

(1) United Kingdom: (ONS); based on standard definition of Office for National Statistics (DSD); based on definition developed for the Drug Strategy. See Methods and definitions).

(2) In Spain the population included is that corresponding to the coverage of information on drug-related deaths (five cities).

(3) It is important to underline that comparisons of population rates should be made with extreme caution since there are still some differences in case definitions and quality of reporting may be different.

Sources:

Reitox national reports 2004, taken from national mortality registries or special registries (forensic or police). Based on "National definitions" as presented in Methods and definitions.

Table DRD-1 part (iii). Summary of characteristics of the deceased in drug-related deaths according to national definitions. 1990 or closest year with available information

Country	Year	No. of DRD	% male	% female	Mean age	% aged < 15 (1)	% aged < 25 (2)	% aged > 35 (3)	% aged > = 65	% known toxicology	% opiate	% without opiates
Belgium	1990	50	76	24	34.4	0	30	24	14	56.0	93.0	7.0
Czech Republic	2001	167	66	34		0	25	52	6	100.0	32.0	68.0
Denmark	1996	268	83	17		0	9	50	0			
Germany	1990	1491	82	18		0	27	41	0			
Estonia	1997	4	75	25	28.3	0	25	25	0	0.0	0.0	0.0
Greece	1990	66	89	11		0	3	45	0	100.0	100.0	0.0
Spain	1990	444	85	15		0	28	9	0	65.1	62.2	37.8
France	1998	143	87	13		0	17	22	0	100.0	76.0	24.0
Ireland	1990	7	86	14		0	71	0	0			
Italy	1990	1161	90	10	27.2	0	29	12	0	34.6	96.8	3.2
Latvia	1996	1	100	0	32.0	0	0	0	0	100.0	100.0	0.0
Lithuania	1995	9	78	22	34.7	0	0	56	0			
Luxembourg	1992	17	82	18	28.2	0	35	12	0	82.0	79.0	21.0
Hungary	1996	52	63	37		0	30	60	0		98.0	2.0
Netherlands	1996	108	77	23	31.8	0	6	44	4		86.2	13.8
Malta	1991	3	100	0	24.0	0	67	0	0	100.0	100.0	0.0
Austria	1990	43	86	14	27.9	0	35	14	0	95.0	93.0	7.0
Portugal	1998	337	88	12	31.1	0	11	21	0	100.0	95.5	4.5
Slovenia	1990	1	100	0	57.9	0	0	100	0		0.0	100.0
Finland	1990	41	85	15		2	17	61	0	100.0	90.0	10.0
Sweden	1990	62	89	11	34.0	0	13	44	0			
United Kingdom (ONS)	1990	2356	56	44	44.4	1	17	62	20			
United Kingdom (DSD)	1994	1253	75	25	35.8	0.4	27	40	8			
Bulgaria	1990	24	83	17	47.3	0	4	79	13			
Romania	2002	3	100	0	22.0	0	100	0	0	100.0	100.0	0.0
Norway	1990	70	74	26		0	16	17	0			

Notes:

The information refers 1990 or the closest year for which information on the deceased's characteristics was available.

Toxicology is computed as valid percentages, over the cases with known toxicology. The computation basis for toxicology should be obtained by (No. of DRD) × (% known toxicology).

(1) For Germany the data refer to age < 14.

(2) For Greece the data refer to age < = 20.

(3) For Germany the data refer to age > 30. For Greece the data refer to > = 31.

(4) United Kingdom: (ONS); based on standard definition of Office for National Statistics (DSD); based on definition developed for the Drug Strategy. See Methods and definitions.

Sources:

Reitox national reports 2004, taken from national mortality registries or special registries (forensic or police). Based on "national definitions" as presented in Methods and definitions.

Table DRD-2 part (i). Number of acute drug-related deaths recorded in EU Member States (25 members and candidates) according to national definitions, 1985 to 2003. Total drug-related deaths 1985 to 2003: EU-15 Member States

Country	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Belgium	150	109	17	33	26	50	63	64	123	122	132	137	123	251	239	247	258	252	245
Denmark	324	348	140	135	123	115	188	208	210	271	274	268	278	1674	1812	2030	1835	1513	1477
Germany	10	28	56	62	72	66	79	79	78	146	176	222	232	245	265	304	321	259	202
Greece	140	151	226	327	426	451	577	554	439	383	392	418	319	270	258	251	266	231	
Spain	172	185	228	236	318	350	411	499	454	564	465	393	228	143	118	119	107	97	89
France	19	6	4	8	8	7	8	14	18	19	43	53	81	97	114	119	88		
Ireland	242	292	543	809	974	1161	1383	1217	888	867	1195	1566	1160	1080	1002	1016	825	516	429
Italy	1	3	5	4	8	11	17	17	15	29	22	17	9	16	17	26	18	11	14
Luxembourg	57	68	54	51	56	70	80	75	75	87	70	108	108	110	115	131	144	103	104
Netherlands					40	43	71	129	156	173	170	191	136	109	128	167	139	139	163
Austria	18	22	33	33	52	82	121	156	115	143	198	232	235	337	369	318	280	156	152
Portugal			16	11	23	41	34	27	26	35	51	107	98	84	119	134	110	97	101
Finland			70	55	56	62	62	66	83	86	70	122	133	138	153	191	162	160	
Sweden			2316	2342	2238	2356	2374	2628	2654	2861	3035	3221	3344	3411	3485	3517	3473	3297	
United Kingdom (ONS)	(1)	2260	2341	2316	2342	2238	2374	2628	2654	2861	3035	3221	3344	3411	3485	3517	3473	3297	
United Kingdom (DSD)	(2)								1253	1353	1531	1566	1748	1912	2011	1983	1972		
Norway	45	44	43	48	45	70	88	104	93	124	143	195	185	274	237	360	368	291	
Total EU-15 and Norway	3420	3593	4182	4824	5456	6426	7681	7936	7165	7534	8001	8962	8170	8239	8431	8930	8394	7122	
EU-15 Member States	(3)	100	104.5	118.7	136.9	153.7	181.0	216.4	223.5	201.8	212.2	225.4	230.1	235.6	241.1	255.4	240.1	205.8	(194.9)
Corrected index																			

Notes:

Absolute numbers from different countries are not directly comparable since differences remain in case definition and recording methods.

The national definitions used to report to the EMCDDA and the methods used are described in Methods and definitions.

National definitions usually refer to acute deaths directly related to drug consumption ("overdoses", "poisonings" or "drug-induced"). Note that, in a few countries, the figures include also a limited number of cases of deaths indirectly related to drug use (e.g. AIDS, accidents with positive toxicology). See Methods and definitions. Note in addition that in some countries, statistics published at national level may differ of those presented here for differences of case definition used at national level.

(1) United Kingdom (ONS): Definition used by Office for National Statistics (ONS).

(2) United Kingdom (DSD): In addition are presented figures from the recently developed Drug Strategy Definition (DSD) of drug-related deaths: it is an extract from the ONS definition that includes cases with drugs controlled by the Misuse of Drugs Act of 1971. For details refer to Methods and definitions. The DSD definition is relatively similar to the EMCDDA definition for General Mortality Registries ("Selection B"); in 2001 for UK the DSD computes 1983 cases and EMCDDA Selection B 1827 cases; for 2002 DSD computes 1972 cases and the Selection B 1815.

(3) Corrected Index: 1985 = 100.

A few countries did not provide data for some years (see table). To correct this situation, the computation method used is defined in the report ["European Monitoring Centre for Drugs and Drug Addiction (2001). Coordination of the implementation of the EMCDDA standard guidelines on the drug-related deaths in the EU Member States, and the collection and analysis of information on drug-related deaths"], Project CT.99.RTX.04, Coordinated by the Trimbos Institute, Lisbon: EMCDDA.

For 2003 the index is provisional, computed on the basis of the countries that provided data both for 2002 and 2003.

Table DRD-2 part (ii). Number of acute drug-related deaths recorded in EU Member States (25 members and candidates) according to national definitions, 1985 to 2003. Total drug-related deaths 1985 to 2003: New Member States

Country	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Czech Republic									117	135	145	167	115	222
Estonia								4	7	22	31	45	86	
Latvia						1		5	3	32	42	36	35	12
Lithuania					9	23		34	32	37	45	35	33	40
Hungary						52		47	31	42	38	40		32
Malta		3	6	1	9	1	2	5	5	5	6	7	8	5
Poland								117	105	118	123			
Slovenia	1	5	6	5	3	7	13	15	21	24	21	22	38	32
Bulgaria	24	10	8	9	8	19	11	16	21	28	41	24	13	15
Romania												12	3	7
Totals	25	18	20	15	20	36	102	243	342	443	492	388	331	
New Member States corrected index							100.0	119.6	113.9	166.1	191.3	184.4	187.3	(174.2)

Notes:

Absolute numbers from different countries are not directly comparable since differences remain in case definition and recording methods.

The national definitions used to report to the EMCDDA and the methods used are described in Methods and definitions.

National definitions usually refer to acute deaths directly related to drug consumption ("overdoses", "poisonings" or "drug-induced"). Note that, in a few countries, the figures include also a limited number of cases of deaths indirectly related to drug use (e.g. AIDS, accidents with positive toxicology). See Methods and definitions. Note in addition that in some countries, statistics published at national level may differ of those presented here for differences of case definition used at national level.

(1) Corrected Index: 1996 = 100 (Countries included: Bulgaria, Czech Republic, Estonia, Latvia, Lithuania, Hungary, Malta and Slovenia).

A few countries did not provide data for some years (see table). To correct this situation, the computation method used is defined in the report ["European Monitoring Centre for Drugs and Drug Addiction (2001). Coordination of the implementation of the EMCDDA standard guidelines on the drug-related deaths in the EU Member States, and the collection and analysis of information on drug-related deaths"], Project CT.99.RTX.04, Coordinated by the Trimbos Institute. Lisbon: EMCDDA.

For 2003 the index is provisional, computed on the basis of the countries that provided data both for 2002 and 2003.

Table DRD-2 part (iii). Number of acute drug-related deaths recorded in EU Member States (25 members and candidates) according to national definitions, 1985 to 2003. Male drug-related deaths 1990 to 2003

Country	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Belgium	38	44	50	84	92	95	108	97						
Denmark		153	162	166	227	226	222	227	211	201	197	211	216	197
Germany	1227	1770	1750	1419	1346	1293	1447	1223	1401	1513	1712	1537	1263	1231
Greece	59	74	70	70	135	162	202	209	216	245	285	300	242	186
Spain	382	506	485	393	328	332	356	270	233	220	213	219	203	
France	288	339	413	363	473	395	336	185	125	94	99	96	76	75
Ireland	6	8	11	16	18	37	44	67	70	92	90	66		
Italy	1041	1247	1117	781	806	1082	1428	1072	984	897	931	737	475	371
Luxembourg	9	16	14	12	24	17	13	6	15	15	19	15	9	12
Netherlands	60	70	60	60	67	51	83	88	94	95	104	112	79	79
Austria	37	60	108	134	148	141	165	113	94	94	132	117	114	133
Portugal	73	na	134	89	124	177	214	101	298	333	280	253	135	141
Finland	35	30	17	17	27	37	62	68	61	87	109	78	69	76
Sweden	55	52	55	66	73	56	98	116	114	130	160	140	136	
United Kingdom (ONS)	(1)	1323	1400	1561	1605	1809	2146	2241	2274	2420	2443	2400	2272	
Norway							168	155	224	180	297	302	231	
Total (EU-15)	4633	5769	6007	5275	5697	6041	7092	6238	6414	6616	7071	6583	5520	
Corrected index for EU-15 Member States	(2)	100.0	121.2	123.4	108.4	117.0	142.2	125.1	130.7	134.8	144.1	134.1	113.6	(106.1)
Bulgaria	20	9	6	9	7	17	11	14	15	22	38	18	11	13
Czech Republic									79	84	91	110	65	133
Estonia								3	6	18	25	39	81	
Latvia							1	5	3	31	39	34	28	11
Lithuania					7	7	17	26	24	32	39	30	29	33
Hungary							33	39	23	36	31	35	26	26
Malta		3	6	1	9	1	2	5	5	4	5	7	6	5
Poland								96	82	93	104			
Romania												10	3	6
Slovenia	1	4	5	5	3	6	11	12	17	22	16	21	31	23
Total (New Member States and candidate countries)	21	16	17	15	19	31	75	200	254	342	388	304	189	

Notes:

Absolute numbers from different countries are not directly comparable since differences remain in case definition and recording methods.

The national definitions used to report to the EMCDDA and the methods used are described in Methods and definitions.

National definitions usually refer to acute deaths directly related to drug consumption ("overdoses", "poisonings" or "drug-induced"). Note that, in a few countries, the figures include also a limited number of cases of deaths indirectly related to drug use (e.g. AIDS, accidents with positive toxicology). See Methods and definitions with national definitions. Note in addition that in some countries, statistics published at national level may differ of those presented here for differences of case definition used at national level.

(1) United Kingdom (ONS): Definition used by Office for National Statistics (ONS) as data allow completion of the whole series.

(2) Corrected Index: 1990=100.

A few countries did not provide data for some years (see table). To correct this situation, the computation method used is defined in the report "[European Monitoring Centre for Drugs and Drug Addiction (2001). Co-ordination of the implementation of the EMCDDA standard guidelines on the drug-related deaths in the EU Member States, and the collection and analysis of information on drug-related deaths]", Project CT.99.RTX.04, Coordinated by the Trimbos Institute, Lisbon: EMCDDA.

For 2003 the index is provisional, computed on the basis of the countries that provided data both for 2002 and 2003.

Table DRD-2 part (iv). Number of acute drug-related deaths recorded in EU Member States (25 members and candidates) according to national definitions, 1985 to 2003. Female drug-related deaths 1990 to 2003

Country	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Belgium	12	19	14	39	30	37	29	26	40	38	50	47	36	48
Denmark		35	46	44	44	48	46	51	258	294	318	289	237	231
Germany	264	329	332	298	264	254	238	250	29	20	19	21	17	16
Greece	7	5	9	8	11	14	20	23	37	38	37	47	28	
Spain	69	71	69	46	55	60	60	48	18	24	20	11	21	14
France	62	72	86	91	91	70	57	43	27	22	29	22		
Ireland	1	0	3	2	1	6	9	14	96	105	85	88	41	58
Italy	120	136	100	107	61	113	138	88	1	2	7	3	2	2
Luxembourg	2	1	3	3	5	5	4	3	16	20	27	32	24	25
Netherlands	10	10	15	15	20	19	25	20	15	34	35	22	25	30
Austria	6	11	21	22	25	29	26	23	39	36	38	27	21	11
Portugal	9	na	21	11	18	19	18	8	23	32	25	32	28	25
Finland	6	4	10	9	8	14	45	30	24	23	31	22	24	
Sweden	7	10	11	17	13	14	24	17	1137	1065	1074	1073	1025	
United Kingdom (ONS)	(1)	1033	974	1067	1052	1095	1075	1103	50	57	63	66	60	
Norway							27	30	1810	1810	1858	1802	1589	
Total (EU-15)	1608	1677	1807	1761	1698	1797	1841	1777	108.9	108.9	111.8	108.4	96.8	(98.5)
Corrected index for EU-15 Member States	(2)	100.0	102.1	108.8	102.2	108.1	109.2	105.4	6	6	3	6	2	2
Bulgaria	4	1	2	0	1	2	0	2	38	51	54	57	50	89
Czech Republic								1	1	4	6	6	5	
Estonia								0	0	1	3	2	7	1
Latvia						2	6	8	8	5	6	5	4	7
Lithuania							19	8	8	6	7	5	6	6
Hungary		0	0	0	0	0	0	0	0	1	1	0	2	0
Malta								21	23	25	19			
Poland									4	2	5	1	7	8
Romania	0	1	1	0	0	1	2	3	88	101	104	84	27	
Slovenia	4	2	3	0	1	5	27	43						
Total (New Member States and candidate countries)														

Notes:

Absolute numbers from different countries are not directly comparable since differences remain in case definition and recording methods.

The national definitions used to report to the EMCDDA and the methods used are described in Methods and definitions.

National definitions usually refer to acute deaths directly related to drug consumption ("overdoses", "poisonings" or "drug-induced"). Note that, in a few countries, the figures include also a limited number of cases of deaths indirectly related to drug use (e.g. AIDS, accidents with positive toxicology). See Methods and definitions with national definitions. Note in addition that in some countries, statistics published at national level may differ of those presented here for differences of case definition used at national level.

(1) United Kingdom (ONS): Definition used by Office for National Statistics (ONS) as data allow completion of the whole series.

(2) Corrected Index: 1990=100.

A few countries did not provide data for some years (see table). To correct this situation, the computation method used is defined in the report "[European Monitoring Centre for Drugs and Drug Addiction (2001). Co-ordination of the EMCDDA standard guidelines on the drug-related deaths in the EU Member States, and the collection and analysis of information on drug-related deaths]", Project CT.99.RTX.04, Coordinated by the Trimbos Institute, Lisbon: EMCDDA.

For 2003 the index is provisional, computed on the basis of the countries that provided data both for 2002 and 2003.

Table DRD-2 part (v). Number of acute drug-related deaths recorded in EU Member States (25 members and candidates) according to national definitions, 1985 to 2003. Total drug-related deaths under the age of 25 years old (1990 to 2003). EU-15 Member States

Country	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Belgium	15	18	23	34	28	42	37	34			23	11	19	20
Denmark														
Germany	87	130	126	102	89	110	97	115	114	139	124	90	89	66
Greece	36	46	48	53	79	97	112	126	145	169	119	110	96	127
Spain	122	151	119	90	67	51	34	34	32	28	20	19	18	
France									25	17	29	26	40	19
Ireland	5	3	3	6	7	15	19	36	32	35	33	12		
Italy	334	402	322	206	203	224	270	199	136	124	132	101	58	51
Luxembourg	2	6	6	9	9	5	6	2	1	3	8	3	4	0
Netherlands														
Austria	15	21	55	83	74	64	69	50	13	9	16	14	5	6
Portugal									40	38	52	41	38	57
Finland	7	6	5	3	7	12	15	13	38	37	49	30	13	21
Sweden	8	4	4	7	13	5	10	12	20	39	49	28	23	26
United Kingdom (ONS)	393	405	432	477	552	542	620	623	598	568	516	542	508	
Norway							17	16	27	29	52	69	38	
Total EU-15 and Norway	1024	1192	1143	1070	1128	1167	1312	1266	1235	1256	1260	1125	977	
EU-15 Member States	(3)	100	116.4	111.6	110.2	114.0	125.9	121.5	115.5	117.5	115.7	103.3	90.8	(92.7)
Corrected index														

Notes:

Absolute numbers from different countries are not directly comparable since differences remain in case definition and recording methods.

The national definitions used to report to the EMCDDA and the methods used are described in Methods and definitions.

National definitions usually refer to acute deaths directly related to drug consumption ("overdoses", "poisonings" or "drug-induced"). Note that, in a few countries, the figures include also a limited number of cases of deaths indirectly related to drug use (e.g. AIDS, accidents with positive toxicology). See Methods and definitions with national definitions. Note in addition that in some countries, statistics published at national level may differ of those presented here for differences of case definition used at national level.

(1) Data from Greece refers to deaths under the age of 31. Only for years 2000-2002 these numbers refer to deaths under the age of 25 years old.

(2) United Kingdom (ONS): Definition used by Office for National Statistics (ONS) as data allow completion of the whole series.

(3) Corrected Index: 1990 = 100.

A few countries did not provide data for some years (see table). To correct this situation, the computation method used is defined in the report ["European Monitoring Centre for Drugs and Drug Addiction (2001). Co-ordination of the implementation of the EMCDDA standard guidelines on the drug-related deaths in the EU Member States, and the collection and analysis of information on drug-related deaths"], Project CT.99.RTX.04, Co-ordinated by the Trimbos Institute. Lisbon: EMCDDA.

For 2003 the index is provisional, computed on the basis of the countries that provided data both for 2002 and 2003.

Table DRD-3. Number of acute drug-related deaths recorded in EU Member States (25 members and candidates) according to EMCDDA standard definition 'Selection B', 1990 to 2003

Country	National definition	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Belgium	Selection B	50	63	64	123	122	132	137	123						
Denmark		123	169	166	187	284	214	242	257	241	217	240	240		
Germany		1077	1582	1619	1347	1308	1227	1305	1088	1280	1337	1487	1239		
Estonia	Selection B								4	7	22	31	45	86	
France		271	316	413	430	451	445	377	204	184	193	139			
Ireland		7	9	15	20	19	36	44	78	82	122	113	93		
Italy		1327	1460	1319	967	1033	1231	1369	1097	1068	950	851	698		
Latvia	Selection B							9	14	17	41	50	43	43	12
Lithuania	Selection B						9	23	34	32	37	45	35	33	40
Luxembourg										22	14	21	16	10	
Hungary	Selection B							52	47	31	42	38	40		32
Netherlands	Selection B	70	80	75	75	87	70	108	108	110	115	131	144	103	104
Malta	Selection B		3	6	1	9	1	2	5	5	5	6	7	8	5
Austria	(1)														
Portugal		31	46	95	89	131	129	109	90	85	59	52	51	10	
Slovenia		1	3	4	5	3	7	12	14	20	12	17	27	31	23
Finland	(2)							107	98	84	119	134	110	97	101
Sweden	(3)	62	62	66	83	86	70	122	132	138	153	191	162	160	
United Kingdom	(4)							1370	1428	1640	1780	1945	1827	1815	
Bulgaria		24	10	8	9	8	19	11	16	21	28	41	24	13	15
Romania														3	7
Norway	(5)							204	194	282	256	374	405	307	
Total		3043	3803	3850	3336	3541	3590	5399	4837	5067	5246	5532	4813	2412	

Notes:

See: Definitions and methodological issues in Methods and definitions, see the EMCDDA definitions.

Absolute numbers from different countries are not directly comparable since differences remain in quality of recording methods.

(1) Data for Austria is under review.

(2) From 2002, the full Selection B has been used.

(3) T40.4 code (other synthetic narcotics) is not included in the Swedish extraction.

(4) Selection B is approximate to the national definition Drug Strategy Definition, that includes similar drugs to Selection B, except dextropropoxyphene, dihydrocodeine and codeine.

(5) Selection B is approximate to the national definition, which does not include "intentional poisoning" (ICD - 10 codes: X61, X62).

Table DRD-4. Number of acute drug-related deaths recorded in EU Member States (25 members and candidates) according to EMCDDA standard definition 'Selection D', 1990 to 2003

Country	National definition	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Czech Republic	(1)									61	79	80	84	44	55
Denmark														201	198
Greece	Selection D	66	79	79	78	146	176	222	232	245	265	304	321	259	202
Spain	Approx Selection D	278	181	222	235	287	304	311	246	233	232	240	224	231	
France	Approx Selection D							351	184	113	85	98	101	82	79
Italy	Selection D	1161	1383	1217	888	867	1195	1566	1160	1080	1002	1016	825	516	429
Latvia												52	51	54	
Lithuania											23	23	23	19	31
Luxembourg		11	17	17	15	29	22	17	9	16	17	26	18	11	
Malta			3	8	1	9	2	3	5	6	4	5	8	5	5
Austria	Selection D	43	71	129	156	173	170	191	136	109	128	167	139	139	163
Portugal		82	121	156	115	143	198	232	235	337	369	318	280	156	
Slovenia												8	20	18	21
Finland		18	25	23	13	23	30	31	42	51	87	96	60	66	67
Bulgaria							132	184	177	270	220	327	338	210	172
Norway							2229	3108	2426	2521	2511	2760	2571	2044	
Total		1659	1880	1851	1501	1677									

Notes:

See: Definitions and methodological issues, see the EMCDDA definitions.

Absolute numbers from different countries are not directly comparable since differences remain in quality of recording methods.

(1) National definition includes also poisoning by psychoactive medicines, which accounts for most cases (167 cases out of 222).

(2) National definition includes also poisoning by psychoactive medicines but this accounts only for 1 case in 2002.

(3) National definition includes also poisoning by psychoactive medicines but this accounts only for 10 cases in 2003.

List of supplementary material

The figures and supplementary tables listed here are available on the statistical bulletin website (<http://stats05.emcdda.eu.int>).

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Figure DRD-2. Proportion of acute drug-related deaths occurring under the age of 25 years in 2001

Figure DRD-3. Trends in mean age of acute drug-related deaths in some of the EU-15 Member States, 1990 to 2001/03

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Figure DRD-5. Trends in the proportion of acute drug-related deaths occurring under 25 years of age in the EU, 1990 to 2003

- Figure DRD-5 part (i). Overall trend in acute drug-related deaths in the EU-15 Member States and trend in the proportion of drug-related victims under 25 years old, 1990 to 2003
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Figure DRD-6. Indexed overall trends for males and females in acute drug-related deaths in the EU-15 member states and Norway, 1990 to 2003

Figure DRD-7. Indexed time series of acute drug-related deaths in different countries and in the EU as a whole

Figure DRD-8. Long term trend in acute drug-related deaths in the EU, 1985 to 2003

Figure DRD-9. Trends in the proportion of drug-related deaths occurring under the age of 25 years old in the new Member States and candidate countries 1990 to 2003

Tables

Table DRD-5. Methodological features of drug-related deaths reported by national Reitox focal points (Based on national definitions - Reitox Standard Table 5 part 1)

Table DRD-6. Drug-related deaths: national definitions