Date last modification documentation sheet: 16-04-2012

Compared to previous version documentation sheet (08-12-2011) the following issues were adapted:
- New section on relevant policy areas added to the documentation sheet

Compared to previous version documentation sheet (27-08-2010) the following issues were adapted:
- Preferred age groups adapted to better match data available at EMCDDA
- Data availability for Population mortality rates is described in more detail
- URLs updated according to EMCDAA statistical bulletin 2011

ECHIM Indicator name	**B) Health status** 14. Drug-related deaths
Relevant policy areas	- Health inequalities (including accessibility of care) - (Preventable) Burden of Disease (BoD) - Preventable health risks - Lifestyle, health behaviour - Mental health - Health in All Policies (HiAP)
Definition	Drug-related deaths per 100,000 population.

Calculation	Drug-related deaths (also called for the purpose of the EMCDDA indicator 'drug-induced deaths' or 'overdoses') are defined as deaths happening shortly after consumption of one or more illicit psychoactive drugs, and directly related to this consumption.
	
	EMCDDA recomends that the definition is operationalised as follows:
	
	1. When information is extracted from General Mortality Registers, deaths are included when the underlying cause of death is
	    • mental and behavioural disorders due to psychoactive substance use or
	    • poisoning (accidental, intentional or by undetermined intent), following the ICD-10 codes:
	    - 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 (X41, X42), intentional (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); Poisoning by unspecified drugs (X44, X64, Y14), if in combination with T codes T40.0-9 and T43.6.
	This is called "selection B" of the EMCDDA standard definitions.
	
	2. When the information is extracted from Special Registries (usually based on medico-legal files) cases are included when the death is due to poisoning by accident, suicide, homicide, or undetermined intent by a set of illegal drugs of abuse. This is called "selection D" of the EMCDDA standard definitions.
	
	3. The few EU countries that cannot apply exactly the above standard procedure ("Selection B" or "Selection D"), they provide the data extracted either from their GMR or SR with ad-hoc procedures ("ad-hoc national definitions") that are the closest approximations of selections B and D.
	
	EMCDDA presents national data (Table 2) with what is considered the best estimation in each country. In most cases it is one of the standard definitions (either Selection B or Selection D). See remarks for more information.

Relevant dimensions	- Calendar year - Country

and subgroups	- Sex - Age groups (aged 15-39 and aged 15-64 years)
Preferred data type and data source	Preferred data type: General mortality registers (see remarks) Preferred data source: The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA): Drug-related deaths based on standard EMCDDA definition
Data availability	EMCDDA has collected time series of mortality data according to national definitions since 1985. Tables with absolute numbers by sex and for people aged less than 25 are available at the EMCDDA website as of 1985. Mortality rates per million are published for the entire population, for the population aged 15 to 64, and for the population aged 15 to 39 years (total and males), but only for the latest available year. Data are published for the EU Member States, EU Candidate Countries and Norway. For some countries there are missing values for some specific years or specific break downs. EMCDDA and ECHIM will discuss to what extent EMCDDA can provide the rates required by ECHIM.
Data periodicity	Data are collected annually for drug related deaths.
Rationale	Important group of premature and preventable deaths.
Remarks	- Drug-related deaths often occur in combination with other substances such as alcohol or psychoactive medicines. - Numbers of drug-related deaths for selection B of drug-related deaths are extracted from general mortality registries. When possible, EMCDDA collects data from both general mortality registers and special registries (such as police, forensic) for cross-analysis and improvement of the quality and understanding of the data. - Codes and criteria for selection B and D were agreed by the EMCDDA Expert Group on drug-related deaths (see EMCDDA protocol). A selection of ICD-9 codes was available initially for countries who had not yet implemented ICD-10. - The EMCDDA standard protocol indicates practical codes to extract and report these cases in a similar way across countries, producing the closest possible set of cases to the conceptual definition. It is noted though that the numbers from different countries are not always directly comparable because, despite harmonization efforts by the EMCDDA, some differences remain in case definition and recording methods. Nevertheless, in recent years, quality, validity and therefore comparability have increased considerably. See references for full descriptions of the operationalisation of drug related deaths. - EMCDDA provides breakdowns by sex, age group (see data availability) and according to presence of opiates yes/no. For some countries data on numbers of drug-related deaths are available by region.
References	-EMCDDA: http://www.emcdda.europa.eu/ - Overview of EMCDDA data on drug-related deaths: http://www.emcdda.europa.eu/stats11/drd - Population mortality rates (DRD/million population rates for the entire populations, for adults aged 15 to 64, and for adults aged 15 to 39 years (total and males): http://www.emcdda.europa.eu/stats11/drdtab5a - DRD/million population are based on data for last available year in the following table: Numbers of drug-related deaths since 1995 (including sex and age breakdowns): http://www.emcdda.europa.eu/stats11/drdtab2 - Numbers of drug-related deaths since 1985: http://www.emcdda.europa.eu/stats11/drdtab107a - EMCDDA drug-related deaths protocol, definitions, and further references: http://www.emcdda.europa.eu/themes/key-indicators/drd
Work to do	- Discuss with EMCDDA to what extent it is possible for EMCDDA to provide required rates (trends for DRD per 100.000) to ECHIM/SANCO (←for uploading the data in the SANCO database/data presentation tool).