



# Drug-related deaths (DRD) in Europe: updates from the annual meeting of the EMCDDA DRD expert network 30 September – 1 October 2021

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Date           **25/11/2021**

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## Introduction, welcome and updates

On 30 September and 1 October 2021, the EMCDDA brought together more than 60 European and international experts for the [annual meeting on the key indicator Drug-related deaths](#). The online meeting provided a space for sharing and discussing new data, studies and experiences at regional, national and European level. This meeting report provides an overview of presentations and discussion and is focused on the following topics.

1. The 2020-21 update on the activities of the EMCDDA and the DRD network
2. Preliminary analysis of the 2021 reports on drug-related deaths
3. The COVID-19 pandemic, its impact on drug-related deaths data and trends
4. Responses to overdoses
5. Mortality cohort studies to answer key policy questions
6. Drug-related deaths coding and assessment of the quality of the data

The DRD network meeting brings together invited experts and experts nominated by the Reitox national focal points from the EU Member States, Norway and Turkey, the Western Balkans (through the [IPA7 project](#)), and the European Neighbourhood Policy countries ([EU4MD project](#)). Participating experts come from ministries of health, public health institutes, drugs agencies, universities, research institutes and civil society. This year, invited experts from **Austria**, **Canada** and **France** joined the expert meeting, and several new national experts attended the meeting.

In the welcome and opening address, the EMCDDA stressed the importance of the national focal points and of the network of national experts, to contribute, through its support to the work of the agency to a healthier and safer Europe. Sound epidemiological monitoring based on robust sources and methods is now coupled with new more rapid methods. This information system contributes to the production of action-oriented information that can help the agency to answer key policy questions on fatal drug overdoses, other causes of deaths among drug users and responses to drug problems. In the current pandemic context, the network is, even more than usual, instrumental in documenting changes in the drug situation, conducting risk assessments and supporting evidence-based and informed policy-making.

## Trends 2020: preliminary findings and insights from selected countries

Preliminary results and trends are discussed: it appears that most countries with data already available report stable numbers of drug-induced deaths in 2020 compared with 2019. This contrasts with the dramatic increases in the number of drug-induced deaths in 2020, compared with 2019, reported in both Canada and the United States (see [Responses to overdoses: updates from the field](#)).

Consolidated analysis at a European level will only be available in 2022. In the meantime, national experts from selected countries presented their data and analysis.

- **Guus Cruts (the Netherlands):** an ongoing increase is reported, driven mainly by opioids, among which heroin and methadone account for only a minority of the cases for which registration data are available to date. More data on the type of opioids involved are expected in the coming months, when the special register will provide more information. Many harm reduction facilities closed in the early phase of epidemic but opened again.
- **Patrizia Coda (Italy):** provisional data suggest an overall lower number of deaths in 2020 compared with 2019. In particular, the number of heroin-related deaths declined from 168 in 2019 to 126 in 2020.

- Pirkko Kriikku (**Finland**): the number of drug-induced cases has increased over the past several years, with a notable year-on-year increase in 2020. As in previous years, opioids, buprenorphine in particular, dominate. The high proportion and the increase in the number of deaths among young males (under-25-year-olds) is a reason of concern (Rönkä et al., 2020) <sup>(1)</sup>. In term of responses, in 2020, the Finnish Institute of Health and Welfare (THL) established an expert group (experts, staff from university, people who work with drug users etc.) to discuss and develop practical tools to counter the increase in drug-induced deaths.

**Caveats and limitations:** Only about two thirds of the countries can report data for the year 2020. Large countries such as France, Germany, and Spain have still to report 2020 data, while they usually account for a large proportion of all reported drug-induced deaths in Europe. Most of the remaining countries have reported data for 2019. In Belgium, France and Ireland, only data older than 2019 will be available from the main data source. At the time of writing, not all data are received, and data are under validation with the national focal points and their drug-related deaths experts.

### Perceived impact of COVID-19 on drug-related deaths data and trends

An interactive poll and discussion with the national experts followed, the results of which need to be cross-checked with the reported data over the coming weeks. A brief summary of the answers to the main questions is given below.

- Did COVID-19 impact on the quality and or the completeness of the drug-related deaths data? Most experts reported that there was no such impact.
- Did COVID-19 impact on the number of overdose deaths in 2020-2021? Most experts answered no.
- Are there more overdoses with methadone or other opioid agonist medications implicated in 2020-2021 compared with pre-COVID-19? Most experts answered no. **Finland** noted though that part of the increase in the overall number was related to substances mainly used for opioid agonist treatment (OAT), primarily buprenorphine (assumed to consist mostly of Subutex tablets that are smuggled to Finland from abroad rather than diverted from treatment) but also methadone <sup>(2)</sup>. **Ukraine** reported an increase in the number of drug-induced deaths in 2020, in particular those deaths with methadone implicated. Adults aged 20-49 were those most affected by this increase.
- Are there more overdoses with cocaine (powder/crack) implicated? Most countries answered no or that they do not know yet. **Spain**, where cocaine is commonly identified in half of the deaths, reported that no data were yet available for 2020.
- Are there more overdoses with synthetic cannabinoids? Most countries reported no or that they did not know yet. **Turkey** reported that the number of deaths overall, and the deaths with these drugs, has continued to decrease after the peak observed in 2017. In 2020, heroin was implicated in about 4 out of 10 drug-induced deaths, while amphetamine and methamphetamine were implicated in 3 out of 10 deaths.

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<sup>(1)</sup> For reference, there were 31 100-44 300 problem users of amphetamines and opioids in Finland in 2017, which is 0.91-1.29 % of Finns aged 15-64. The number of high-risk drug users has nearly doubled from a previous study in 2012 and there was a particular increase in the age group 15-24 years.

<sup>(2)</sup> Of note, the study [Concomitant drugs with buprenorphine user deaths in Finland](#) (Mariottini et al., 2021) showed that most poisoning deaths with buprenorphine implicated without other opioids ( $n = 271$  over the 2016-19 period) involved other drugs: benzodiazepines (94 %), illicit drugs (63 %), gabapentinoids (50 %), alcohol (41 %), antidepressants (32 %) and antipsychotics (28 %). Between 2016 and 2019, the annual number of these poisonings almost doubled (from 47 to 89 deaths) among those aged 15-64 years and more than tripled (from 9 to 33 deaths) among those aged 15-24. Concomitant use of benzodiazepines, illicit and new psychoactive substances was significantly more common in the age-group 15-24 years than in the age-group 25-64 years. The results suggest particularly unsafe drug-use patterns in the younger age group, which requires rapid intervention.

- Other reasons for concern reported with regard to overdoses:
  - alcohol (i.e., an increase in alcohol-related mortality, reports from the services of an increase in the use of alcohol; association of alcohol and benzodiazepines);
  - most cases were mixed intoxications with illicit drugs and benzodiazepines;
  - an increase in the prescription of opioids (oxycodone and tramadol in particular); heroin and codeine were mentioned as well by several countries
  - deeper poverty;
  - an increase in mental health issues;
  - an increase in the number of young high-risk drug users;
  - some clients of the harm reduction facilities have been lost to follow-up and more outreach work is needed;
  - drug services reported some drug shortages but this varied by area, and most services reported that there was no disruptive effect of the pandemic on the local drug markets.

### Research papers from the drug-related deaths experts

#### Trends in drug poisoning deaths, by sex, Ireland: a repeated cross-sectional study 2004-17

Presentation by Ena Lynn, Ireland (Lynn et al., 2021)

**Objective:** To examine sex differences in age-standardised rates (ASR) of overall and drug-specific drug poisoning deaths in Ireland between 2004 and 2017. **Design:** Repeated cross-sectional study. **Participants:** National Drug-Related Deaths Index (NDRDI) and pharmacy claims database (Primary Care Reimbursement Service-General Medical Services) data from 2004 to 2017. **Outcome measures:** Trends in drug poisoning death rates by sex; trends in death rates involving any CNS depressants;  $\geq 2$  CNS depressants; and specific drugs/drug classes (e.g., prescription opioids, benzodiazepines, antidepressants, alcohol, cocaine and heroin) by sex. **Results:** Increased ASR for all deaths from 2004 to 2017 was mainly driven by increasing deaths among men, with no significant change observed among women. Deaths involving  $\geq 2$  CNS depressants increased for both sexes. Drugs with the highest significant average annual percent change (AAPC) increases for men were cocaine, benzodiazepines, antidepressants and prescription opioids; and for women were antidepressants, benzodiazepines and prescription opioids. **Conclusion:** Drugs implicated vary by sex. Policy response should include prescription monitoring programmes and practical harm reduction information on polydrug use, especially CNS depressant drugs. The presence of pregabalin in drug poisoning deaths increased in Ireland from 15 cases (4.5 % of all drug poisoning deaths in 2013 to 94 (26 %) in 2016 (Lynn et al., 2020). Opioid misuse and having a history of treatment for substance misuse was associated with an increased risk of presence of pregabalin. Other CNS depressant drugs were found almost systematically. Women were 3 times more likely to have two or more other CNS depressant drugs in toxicology than men.

#### Pregabalin and gabapentin in non-opioid poisoning deaths in Finland

Presentation by Pirkko Kriikku, Finland (Kriikku and Ojanpera, 2021)

**Background:** a) Gabapentinoids are often connected to abuse of opioids (potentiate the effects of opioids; desired effects euphoria and relaxation; self-medication of opioid withdrawal symptoms); b) Medicinal use: 6 % increase for pregabalin and 4 % for gabapentin in Finland. **Research questions:** a) Is there abuse/misuse/overuse of gabapentinoids that is not connected to opioids? b) Have gabapentinoids been implicated in fatal poisonings without the contribution of opioids? **Results:**

Pregabalin implicated in non-opioid fatalities in 2016-2018: 51 cases (8.6 %) (out of 594 findings – of which 309 poisoning, of which 210 with pregabalin implicated). For gabapentin: 14 cases (4.5 % out of 313 findings – of which 121 poisoning, of which 70 with gabapentin implicated). Most cases also involve opioids. A minority of pregabalin poisonings (24 %) and gabapentin poisonings (20 %) involved no opioids. In most of these cases, other psychoactive substances were implicated in addition to the gabapentinoids. Still, some individuals (quite heterogeneous profiles) may be at risk of overdose by gabapentinoids even if no opioids are involved.

### Framework of the EMCDDA drug-related deaths and responses activities

A summary of the five key activities of drug-related deaths monitoring in Europe was presented for reference, in particular for the new experts from EU and other countries.

1. **Quantify:** Document how many drug-induced deaths occur, where and when. The current [Statistical Bulletin](#) is available since June 2021. The template for standard reporting of drug-related deaths from the countries to the EMCDDA through FONTE has been revised, after consultation with the focal points and the national experts. This will facilitate, in particular, the collection of data on substances mentioned in the post-mortem investigation.
2. **Characterise:** Document the substances detected in drug-induced deaths cases, but also the age and sex of the fatalities. More data and breakdowns are presented (e.g. in maps) in the [FAQ DRD pages](#) published in August 2021.
3. **Validate:** Assess the quality of the drug-induced deaths data, by triangulation with other indicators such as estimations of prevalence of high-risk opioid use (HROU), number of people in opioid agonist treatment (OAT) and results from mortality cohort studies.
4. Link with **responses** and inform policy-making. Updates on [take-home naloxone](#) and the prevention of overdose are available on the [website](#); the 2017 European guide to health and social responses to drug use are being updated by a series of [miniguides](#) launched on a rolling basis from October 2021.
5. **Assess health threats:** The drug-related deaths experts, together with emergency clinicians, drug treatment clinicians, public health specialists and representatives of the focal points have contributed to three 'trendspotter' studies: on the impact of the COVID-19 pandemic on [services](#), published in May 2020; on [drug use and harms](#), published in September 2020; and on drug [markets, use and harm](#), published in May 2021.

### Responses to overdoses: updates from the field

It was noted that based on the provisional data, there has not been a major change in the numbers of drug-induced deaths across Europe since the beginning of the COVID-19 pandemic. However, the intra-European differences in drug-induced deaths during the pandemic and the broad differences between North America and Europe are likely areas that merit further research and analysis.

### Situation and responses to the fentanyl crisis in British Columbia, Canada

Presentation by Jean N. Westenberg, Canada

In 2021, the number of overdose deaths in British Columbia are expected to surpass 2 000. This is being primarily driven by highly potent synthetic opioids such as fentanyl, reported in 85 % of the deaths. Safe consumption sites, recording 60 000+ visits per month, have been effective at reducing harms relating to substance use, but much more is needed. Guidelines allowing the provision of psychotropic substances ('safe supply') were implemented as a response to the COVID-19 pandemic, but the necessary data to concretely determine its effectiveness are not yet available. A large-scale

effective system response is needed, with fentanyl-assisted treatment being discussed as a potential approach (Krausz et al., 2021).

Discussions: It was suggested that places with fairly strong institutions and access to services that are stable might have experienced fewer problems than places where these are less well-equipped. North America experienced multiple crises during 2020, and with the opioid crisis getting buried under the pandemic, more problems emerged and mortality skyrocketed. Those who are the most vulnerable, such as those with addictions, are most likely to suffer, and this is compounded by an absence of services and treatments for the most vulnerable.

### **Crack cocaine: users' trajectories, spatial mobility, needs and expectations, Paris region, France**

Presentation by Marie Jauffret-Roustide, France

There were an estimated 44 000 people who use crack in 2019 in France (Janssen et al., 2020) including an estimated 13 000 in Paris region, other in French overseas territories, and signals of diffusion in cities like Bordeaux and Lille. Between half and a third of cocaine crack users are living in very precarious conditions; visibility in public spaces; major needs are safe consumption rooms, stable housing and psychiatric care; residents protests (NIMBY phenomenon).

In September 2021, the French government (Ministry of Health) announced that new safe consumption rooms (four) will be implemented in Paris for people who use crack. The French Prefecture (Ministry of Interior at the Parisian level) decided to evacuate one of the major drug scenes that was located inside Paris to the suburbs (in a poorer area). The police built a wall to impede people who use crack to move <sup>(3)</sup>.

### **Mortality cohort studies**

#### **EMCDDA project: European overview and mortality profiles**

Presentation by Martin Busch, Austria

The EMCDDA initiated a project on mortality cohort studies in Europe, aiming to answer key policy questions about the overall mortality of people who use drugs in Europe, including the excess risk compared with the general population, the causes of deaths, and the impact of some interventions such as OAT. There is expertise and experience in many countries, but studies are sometimes not comparable, and their visibility could be improved. In this context, the project aims to produce a European overview and country profiles – for selected countries – of the most recent findings from cohort studies among people who use drugs. Although there are limitations in these studies (sub-national coverage, findings not generalisable to all drug users, variety of settings, different populations and inclusion criteria), the project should facilitate the comparisons across studies and countries and the interpretation and use of the data.

The methods used by the researchers (Tanja Schwarz and Martin Busch from the Austrian focal point) included a literature review, questionnaires and contacts with the drug-related deaths experts and focal points. The first results of the work are a) a draft '**European overview**' or mapping of the existing studies, which was presented for discussion and feedback, and b) three draft '**Mortality**

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<sup>(3)</sup> The speaker suggested more references to ongoing research, including publications from Cadet-Taïrou et al. (2018), Jauffret-Roustide and Cailbault (2018) and Jangal et al. (2021). These references are available in the reference list.



**Country profiles** for **Austria, Denmark** and **Latvia**. The experts from **Denmark** and **Latvia** shared their views on the profiles and discussed the identified priorities for action.

Preliminary analysis showed an increased risk of death for people who use drugs compared with the general population. This was verified in the overall literature review and questionnaires returned by all participating countries. This was illustrated in the selected countries. The scale of the excess risk and the cause-specific mortality rates varied. Highlighting these differences and the specific risk (for example related to HIV death in Latvia) should inform policy-making. **ACTION:** interested countries to ask for support from the EMCDDA to prepare their 'country drug mortality profiles'; **EMCDDA/contractors** to take comments into account and revise the European overview and the profiles.

### Mortality cohort study in Lithuania

Presentation by Aušra Želvienė, Lithuania

A comprehensive cohort study is being conducted for the first time in **Lithuania**, in accordance with the EMCDDA recommendations. The study aims to collect data of deaths of persons who used drugs and psychotropic substances; to obtain comparable data using a standardised data collection methodology adapted to Lithuania; to report standard data to the EMCDDA. The study compared mortality, life expectancy and other indicators of drug and psychotropic substance users (study group) with those of the general European population. The study population includes national citizens who in 2017 accessed Lithuanian health care institutions for mental and behavioural disorders when using narcotic and psychotropic substances. The enrolment ( $n = 263$  patients) started in January 2017 and the follow-up ended in December 2020. Fourteen deaths were recorded (9 males and 5 females). Eight deaths occurred during the first year of follow-up. The main causes of death were opioid use (9 cases) and HIV (3 cases). HCV was mentioned in four death certificates. The standardised mortality ratio (SMR) was 12.7/1 000 person-years (PY) (43.2/1 000 PY among females compared with 9.1/1 000 PY among males). Study participants had a 21.9 times higher risk of death compared with the general European population. The excess risk was higher among females (SMR 30.5) compared with males (13.3).

### OAT in Czechia, Denmark and Norway: adherence, trajectories and outcomes

Presentation by Viktor Mravcik, Czechia

An update was provided on the project initiated last year (Gabrhelik et al., 2021a). The project aims to study OAT adherence trajectories and to identify factors associated with improved outcomes for OAT patients across **Czechia, Denmark** and **Norway**. It aims to further improve OAT and the understanding of the key elements of treatment process and outcome. The data were collected from several nationwide health and population registers. A total of approximately 20 000 OAT patients over the last two decades in all three countries are included in the study. The [full paper](#) describes the sources, settings and expected outcomes on the study. Besides overall mortality and overdose-specific mortality, somatic and psychiatric morbidity will be explored. Country-based analysis will be followed by combined analysis. First analysis is focused on the comparison of mortality of OAT patients in Czechia and Denmark. Preliminary analysis shows differences between crude mortality (higher in Denmark) as well as a different effect of OAT. Adjusted/stratified analysis is planned to control for possible confounders. The differences in the treatment systems and settings will be discussed.

### Prenatal illicit drugs and OAT exposure and adverse neonatal outcomes

This international Czech-Scandinavian study builds on a previous joint research project based on **Czech** and **Norwegian** registers. It aimed to explore the consequences in children prenatally exposed

to illicit drugs and opioid agonist treatment (Gabrhelik et al., 2016). Analysis showed a substantial impact of socioeconomic characteristics and prenatal care on pregnancy and neonatal outcomes (Mravcik et al., 2020). A series of analyses focusing on prenatal exposure to OAT showed negative outcomes comparable to a control group of pregnant women with substance use disorders not being in OAT, higher as compared to general population of pregnant women (Handal et al., 2019; Nechanska et al., 2018; Skurtveit et al., 2019).

The most recent published paper from the collaboration explored prenatal methamphetamine exposure and adverse neonatal outcomes in Czechia (Gabrhelik et al., 2021b). The study explored the predictors for deliveries and the morbidity of children up to 3 years of age. The study again showed that although the observed negative outcomes were large in the maternal methamphetamine-exposed new-borns, the adjustment had a profound effect on the comparison with the general population, indicating the large influence of lifestyle and socio-economic factors in these high-risk pregnancies. Maternal methamphetamine-exposed new-borns had better neonatal outcomes compared with new-borns exposed to opioids.

## **Drug-related deaths data to inform policy-making**

### **A new selection of cases for drug-related deaths reporting from Belgium**

Presentation by Jérôme Antoine, Belgium

Over the last years, the Belgian drug-related deaths data have experienced delays and probable underestimation, in part due to the specific administrative organisation of the country, and also to the national ICD-coding practices. A new set of ICD-10 codes extracted from the general mortality register (GMR) is now explored by the national experts, to better capture the true scale of drug-related deaths in the country and to facilitate comparisons with the other countries. The set of codes is completed by the codes T43.8 and T43.9 codes, i.e. 'other psychotropic drugs, not elsewhere classified/psychotropic drug, unspecified'. The use of the new selection results in an increase of 48 % in the number of drug-induced deaths reported over the period 2000-2017 (and a 114 % increase in Wallonia in particular) compared with the definition previously used. The mortality rates among adults aged 15-64 increases from 14 to 19 deaths per million population in 2017 (latest year with available data). This new selection is thought to be more sensitive, not at the cost of less specificity. However, it is noted that more than 6 in 10 cases are coded as unspecified drugs, versus less than 5 in 10 with the previous selection. Discussion followed on the best way to report and to communicate these revised numbers.

### **So-Prep project: preparedness for a rise in synthetic opioids use**

Presentation by Katri Abel-Ollo, Estonia

The project aims to explore and define how the EU countries can be prepared and equipped facing a continued rise in synthetic opioids prevalence, use and incidents. So-Prep aims to produce evidence-based recommendations for Europe on how to prepare for a potential SO (synthetic opioids) crisis. The partners of the project include Ghent University (Belgium), THL (Finland), TAI (Estonia), Correlation – European Harm Reduction Network, Frankfurt University (Germany) and the Trimbos Institute (The Netherlands). The specific objectives of the projects are:

- gaining a better insight and understanding of the current use and trends of SO and related health needs in Europe;
- strengthening the national health system SO preparedness;
- developing an evidence-based toolkit with implementation guides describing good practice monitoring and responses to SO in Europe.



## Discussion

### GMR data and comparability of the DRD data

In some countries, T-codes are not or little used in the coding of the cause of deaths in the general mortality register (GMR). This limits the possibility to fully apply the European DRD protocol (i.e. associating a range of poisoning codes – X41, 61, 42, 62, 44, 64, Y11, 12, 14; with T-codes for external causes, namely selected drugs). The unsystematic use of T-codes is a limitation, for example in Belgium, France, Spain and Poland, where 'proxies' of the European definition are used, which include the broader X44 definition, despite the absence of T-codes that are required for compatibility with the European definition.

Furthermore, there are other differences across countries that limit the comparability of the overdose data. The other differences include, but are not limited to, the autopsy rates for suspected drug-induced deaths cases, the extent of the toxicological investigations, and how their results are reported and used for the certification of the cause of death. This information should be reflected as much as possible in the presentation of the national data.

Suggestions in the light of this discussion.

- Alongside the usual European comparisons across countries, more emphasis could be placed in describing trends over time within countries; and also, the limitations or specificities of the available data.
- Some groups of countries could be shown together, based on the 'quality' or completeness of the data; groups could also be formed based on the general characteristics of the high-risk drug use problem in the country.
- Trends in the number of young drug-induced deaths cases (e.g. those younger than 30 years) should be highlighted.
- Overall, discussion should continue with the EMCDDA and the interested focal points and experts on the best ways to present the European situation, alongside the national specificities.
- GMR data should be reported by all countries, independent of the quality issues identified so far. This will help to understand their possible limitations and to improve this data resource.
- Many drug-induced deaths are coded with unspecified or 'unknown' substances in some countries. That relates in part to the limitation of the current ICD-coding. The focal points should complement as much as possible their GMR data with data from the special mortality registers, in order to provide information of the substances identified in post-mortem toxicology.
- Alternatively, when no data are available directly from a forensic source, the focal points are encouraged to report the number of cases found with heroin, methadone or cocaine, based on the respective ICD codes of the cases extracted from the GMR.

### Complexity and diversification of the opioids landscape

Discussion followed on the different opioids identified as sources of concern across the countries. In **Estonia**, fentanyl-related deaths have decreased from a record of 114 deaths in 2016 to fewer than 30 deaths in 2019 (most recent data available) – still under validation. In this context, high-risk drug use now involves more alpha-PVP and amphetamines. In **Czechia**, the opioid problem is now characterised by a combination of fentanyl, morphine, hydromorphone and tramadol, in a context of rather low coverage of OAT.

Suggestions: It was noted that the new template ST6 allows specific reporting for more drugs mentioned in the post-mortem findings, compared with the previous template. The drugs newly added include opioids (fentanyl and tramadol), pregabalin and benzodiazepines. The EMCDDA encourages the focal points to report drug-specific data as much as possible, in order to describe trends and inform policy-making.

Finally, the question was raised on how the national estimated populations of opioid users capture the different possible 'sub groups' of opioid users, or patterns of opioid use, and how these estimates can help understand the needs for interventions.

## Conclusions and next steps

### Most recent developments and concerns

- In the context of the continuing COVID-19 pandemic, the DRD expert network is sharing up to date information on drug-related deaths. While there is uncertainty about the impact of the pandemic on the multifaceted problem of drug-related harms and deaths, continuous robust action-oriented monitoring is needed.
- Preliminary data for 2020 do not suggest that the European Union has experienced a crisis of drug-related deaths, in contrast to the crisis observed in North America. However, a few countries – including some of the largest countries – do not have 2020 data yet (e.g. France, Germany, Spain) and caution is required in interpreting the European-level data currently available.
- The opioids landscape (prevalence, use and harm) is complex and rapidly evolving across Europe. There are some differences between countries in the populations using opioids, and in the market for and use of opioids including heroin, methadone, buprenorphine, fentanyl, tramadol, new opioids and a range of prescription opioids. Preparedness needs to be based on sound data analysis. Signals of increases in the number of deaths related to opioids are confirmed in some countries.

### Progress with the quality and utility of the data to inform policy-making

- All countries – with one or two exceptions in 2021 – report annual data from one, and often two, complementary sources as recommended.
- New special registers – typically based on forensic laboratories – are developing in 2020-21 and will provide more timely and complete information on the drugs implicated in the deaths, e.g. in the Netherlands.
- Several countries have refined their extraction of data from their general mortality registers in 2020-21, e.g. Belgium and Greece.
- Several countries have recently initiated new studies on the overall mortality of drug users (e.g. Croatia) and some European joint analyses are conducted (e.g. in Czechia, Denmark and Norway).
- The cross-validation of all these will provide more robust and useful data to inform policy-making.

### Rolling out of responses across Europe; Canadian overdose crisis; crack in France

- The rolling out of evidence-based responses, including take-home naloxone programmes, is progressing in many countries. However, although OAT is a cornerstone of the evidence-based

prevention of deaths among people who use opioids, there is a gap in estimating the coverage of OAT among eligible opioid users in Europe.

- The overdose crisis in Canada since the beginning of the pandemic is developing – overdose mortality rates are 15 times higher in British Columbia compared with the average in Europe. The crisis is mainly driven by fentanyl, in a context of a suboptimal access to care and treatment.
- Crack cocaine use has been increasing in Paris region since the 2000s and it is estimated that 13 000 users have complex unmet health and social needs. Despite stigma and opposition, additional health services with safe consumption facilities have been suggested to support and complement the currently insufficient healthcare provision.

### **Mortality studies: beyond overdose, excess risk of deaths from all causes**

- Most countries have conducted studies to measure the overall mortality among people who are using drugs in Europe. All studies point to an excess mortality risk among those using drugs compared with the risk observed in the general population of people of the same sex and age.
- Beyond overdose deaths, the risk of death increases for deaths due to HIV/AIDS, other infections, liver disease including viral hepatitis, suicide, cancer and violence. Users in some countries or some settings or circumstances are at particularly high risk of death. A ‘European overview’ and several ‘Mortality country profiles’ are in preparation.

### **Next steps**

- An ad hoc online DRD meeting can be organised over the next few weeks, in particular for some DRD experts to present their new data or specific research.
- As was done for the [trendspotter](#) report published in May 2021, some countries volunteered to report monthly data for the year 2020 if the exercise is carried out again. This will be followed up with the interested countries as necessary.
- The date of the next DRD expert meeting will be confirmed in due course. An option would be back to back with the Addictions conference, to be held in Lisbon, Portugal in November 2022.

### **Resources**

- The most recently published DRD data are available in the [Statistical Bulletin](#). Also available online is a [‘questions and answers’ page on drug-related deaths](#), updated in August 2021. Experts from the DRD network can access the restricted [DRD area](#), where additional material can be available.

The DRD meeting [web page](#) is continuously updated. Participating experts and speakers are invited to suggest papers/resources for upload where possible, or links to be added on the meeting page.

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