

Drug-related and drug misuse deaths in Northern Ireland, 2024

Frequency: Annual

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This report presents finalised statistics on Northern Ireland (NI) drug-related mortality in 2024. Figures are based on deaths registered in NI that are known to be drug-related or a direct consequence of drug misuse.

Drug death statistics and mortality statistics more generally are published as the number of deaths **registered** within a calendar year, rather than the number of deaths that **occurred** in that period. This method ensures annual data do not continuously change. However, it introduces a limitation to the statistics because registration-based figures build in delays from procedural systems and processes. These can drive annual fluctuations in the series and do not enable occurrence-based analyses which may be important in informing operational and policy responses.

Some occurrence-based analysis is presented in Section 11.

Annual comparisons should therefore be interpreted with caution. Three-year rolling averages have been provided to give a better indication of longer-term trends.

Key points

- There were 251 drug-related deaths registered in 2024, 219 (87.3 per cent) of which fell within the definition of drug misuse.
- Like previous years, males accounted for more than two-thirds (70.9 per cent) of drug-related deaths in 2024.
- The 35-44 age group had the highest age-specific drug-related and drug misuse mortality rates in 2024, at 30.1 and 27.0 per 100,000 population, respectively.
- Opioids was the most mentioned drug *group*. They appeared on the death certificates of 131 (52.2%) drug related deaths registered in 2024. Benzodiazepines (which include drugs such as temazepam and diazepam) were the next most common group (128 deaths or 51.0%).
- Pregabalin was the *specific* drug mentioned most often, appearing on the death certificates of 101 (40.2%) of the 251 drug related deaths registered in 2024.
- Cocaine was the most prominent drug in deaths that involved only *one* drug in 2024. It contributed to 22 (40.7%) of single-drug deaths (54).
- Multi-drug deaths have become more prevalent over time, with the proportion of deaths involving five or more drugs rising from 12.7% (2014) to 21.9% (2024).
- Alcohol was mentioned in approximately one-fifth (19.9%) of drug-related deaths in 2024, in line with previous years.
- Belfast Local Government District (LGD) had the highest number of drug-related deaths (80) and the highest age standardised mortality rate (ASMR) (21.6 per 100,000 population) in 2024.
- The most deprived areas experienced the highest number of drug-related deaths for the combined years of 2020 to 2024, accounting for 43.7 per cent of drug-related deaths and 44.4 per cent of drug misuse deaths. The least deprived areas in Northern Ireland accounted for 7.4 per cent of drug-related deaths and 6.9 per cent of drug misuse deaths in the same period.
- The three-year average for the number of registered [drug-related deaths](#) has shown a general rise over the past decade.

- The average rose from 111.7 deaths per year (2012-14) to 207.3 deaths per year (2019-21). It then fell to 178.7 deaths per year (2021-23) before rising to 191.3 deaths per year in 2022-24.
- The number of [drug misuse deaths](#) has similarly fluctuated over time, rising from a three-year average of 81.3 deaths per year (2012-14) to 164.7 deaths per year in 2022-24.

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What you need to know

Drug-related and drug misuse deaths statistics are derived from cause of death information recorded when a death is registered in Northern Ireland. Drug misuse in this context is based around a statistical definition and is a sub-set of drug-related deaths. More information including the definitions can be found in [Annex A](#). These statistics are published annually. They include counts and death rates for all drug-related deaths registered in Northern Ireland.

The report presents statistics on the most recent, official death registration data available on drug-related mortality across NI. These figures were first published in 2009 with a time series going back to 1997.

While drug-related deaths account for around one per cent of all deaths in NI, there has been a general upward trend in the number of such deaths. Given their preventable nature, there is considerable political, operational, media and public interest in these figures. In addition, drug-related information is used by academia to investigate trends and patterns and examine the effectiveness of public interventions.

The Department of Health, NI (DoH) use drug-related death statistics to inform policy and monitor the strategy: [Preventing Harm, Empowering Recovery](#), the aim of which is to reduce the level of alcohol and drug-related harm in Northern Ireland.

Due to errors in the classification of Pregabalin and Gabapentin in previous reports, which resulted in some deaths being excluded from drug misuse death counts, revisions have been made to the previously published numbers of drug misuse deaths for the years 2017 and 2018. In addition, due to an error in the classification of new psychoactive substances (NPS) in previous reports, revisions have been made to the previously published numbers of deaths mentioning new psychoactive substances for the years 2022 to 2023.

Section 1: Number of drug-related deaths

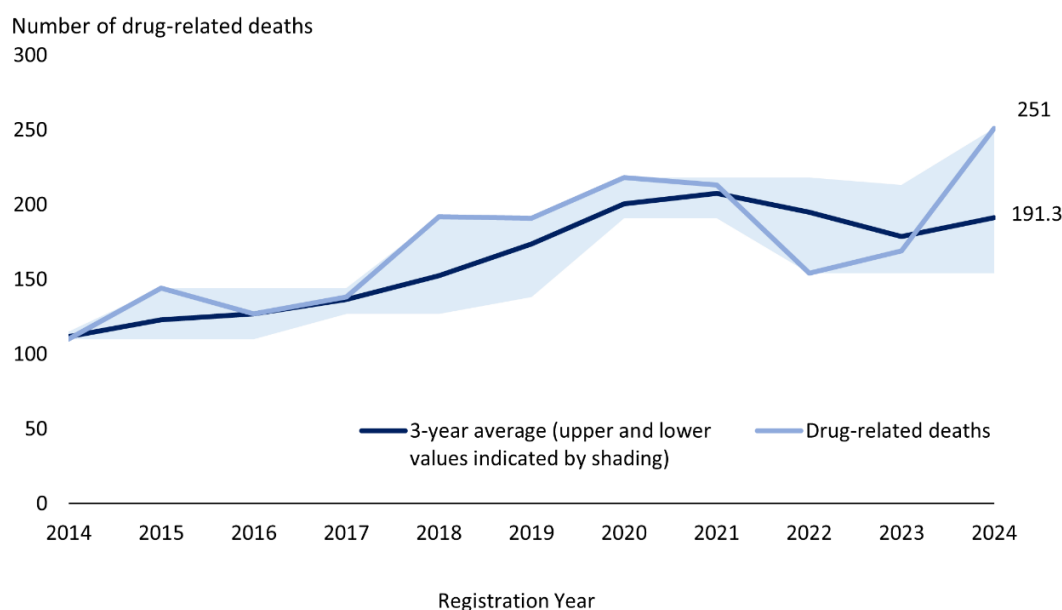
It should be noted that registration-based statistics (including both the single-year and the three-year average for registered deaths) will always be subject to fluctuations. This is due to the time which lapses between the date of death and the date the coroner can close the investigation (and thereafter be incorporated in the registration-based statistics).

Every death reported to the coroner is carefully considered and is influenced by several factors specific to each case. These include whether the coroner orders a postmortem, whether an inquest is required, the complexity of each case, and the number of cases being investigated by the coroner at any point in time. Such fluctuations are notably evident within the annual [drug-related death](#) figures. It is therefore important to look at the trend over a longer period.

When considering a three-year rolling average, the 2022-24 average of 191.3 represents an increase on the 2021-23 average (of 178.7). It is lower than the three-year rolling average for each of the three periods prior to 2021-23 (with an average of 200.3 deaths per year in 2018-20, 207.3 deaths per year in 2019-21 and 195.0 deaths per year in 2020-22).

Registered annual deaths from drug-related causes have risen from 110 in 2014 to a peak of 218 in 2020. Deaths then fell to 154 in 2022. The 2024 total of 251 represents a new single year high.

Figure 1: Number of drug-related deaths and three-year rolling average, by registration year 2014 to 2024.



What are Drug Misuse Deaths?

Drug misuse deaths are a subset of the definition of drug-related deaths. They meet either one (or both) of: the underlying cause is drug abuse or drug dependence, defined by ICD-10 as mental and behavioural disorders due to use of specifically-defined drugs; and any of the substances controlled under the Misuse of Drugs Act 1971 are involved, this includes class A, B and C drugs. A more detailed definition of drug-related deaths and drug misuse deaths can be found in Annex A.

The three-year rolling average of [drug misuse deaths](#) (a subset of drug related deaths) shows that the 2022-24 average of 164.7 deaths per year represents an increase on the 2021-23 average (of 151.7 deaths per year). However, it is lower than the 2018-2020 and 2019-2 averages of 170.3 deaths per year and 176.7 deaths per year, respectively.

The number of annual drug misuse deaths has similarly increased from 88 in 2014 to 185 in 2020. It then fell to 129 in 2022. The total of 219 in 2024 is also a new series high.

Section 2: Sex and age

178 (70.9 per cent) of the total drug-related deaths in 2024 were males and 73 (29.1 per cent) were females. Figures 2 and 3 show that in 2024, the number of drug-related and drug misuse deaths was highest for men between the ages of 35 and 44. For women the highest number of both drug-related and drug misuse deaths was between the ages of 25 and 34.

Figure 2: Drug-related deaths by age and sex, 2024.

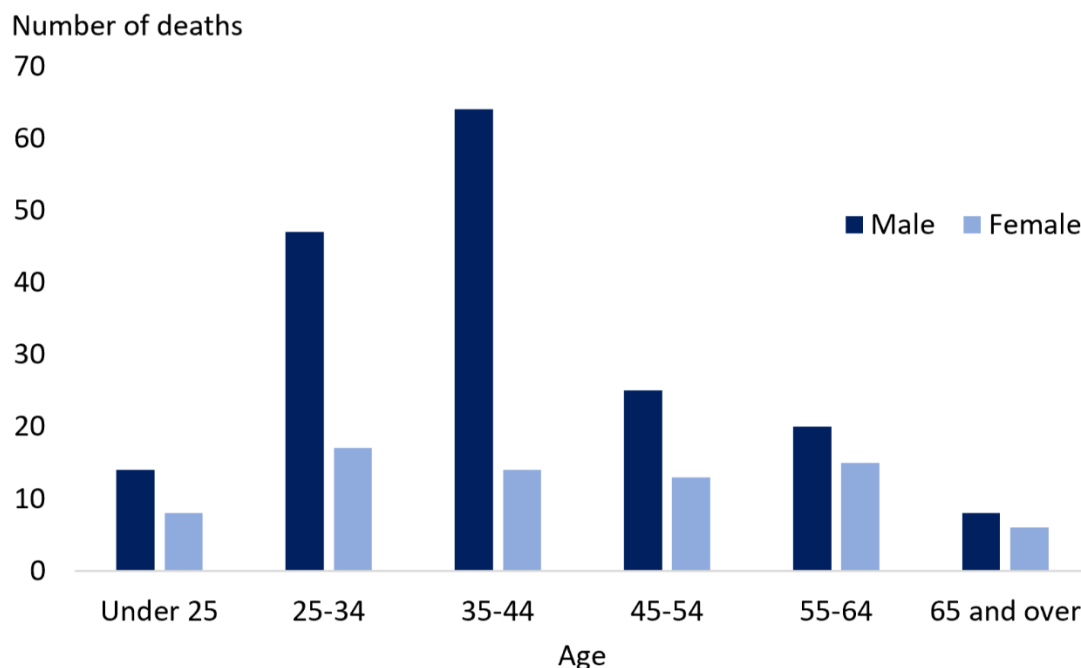
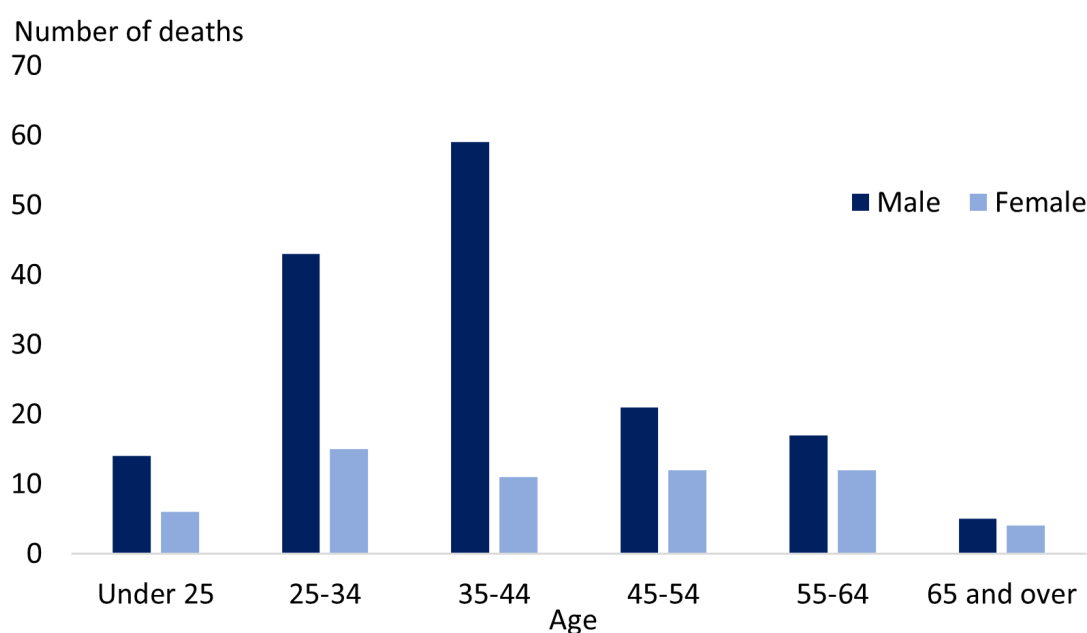


Figure 3: Drug misuse deaths by age and sex, 2024.



The 25-34 and 35-44 age groups together consistently account for most annual drug-related deaths (between 50.4 per cent and 64.1 per cent) and drug misuse deaths (between 52.1 per cent and 67.3 per cent).

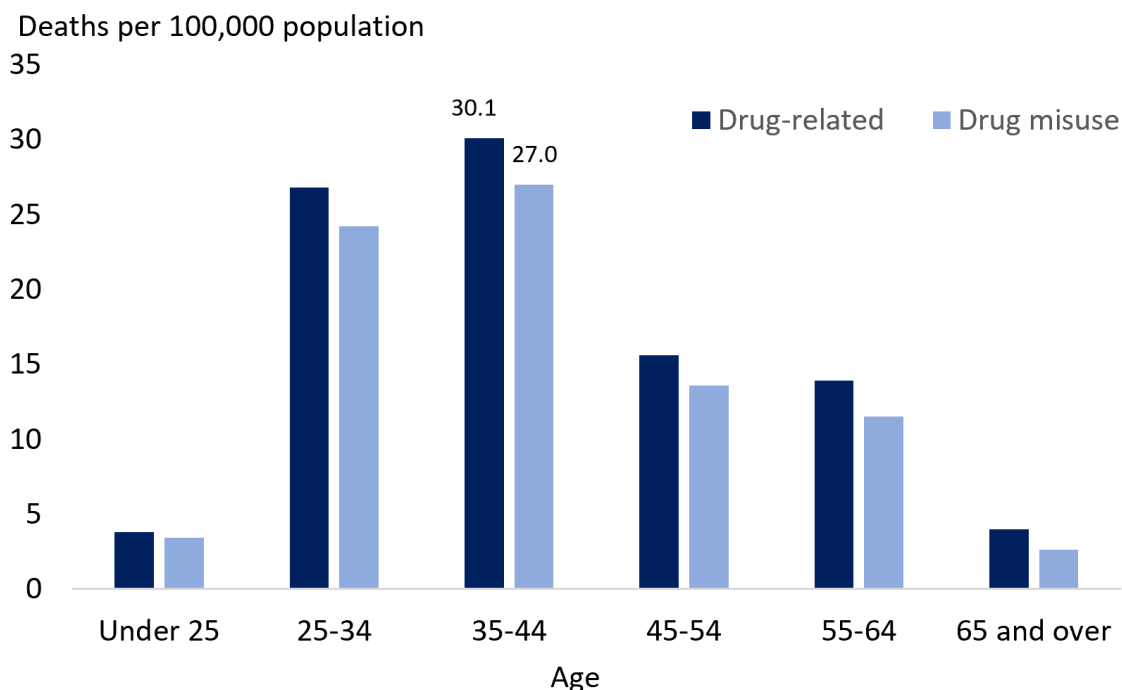
In 2024 these two age groups together accounted for 56.6 per cent of all drug-related deaths and 58.5 per cent of all drug misuse deaths.

What are Age-Specific Mortality Rates?

Age-specific mortality rates represent the number of deaths occurring in a particular age group relative to the population in that same group. They allow meaningful comparisons across different populations or time periods by controlling for age structure differences. In this bulletin, age-specific mortality rates are presented per 100,000 people.

The 35-44 age group had the highest age-specific mortality rate of drug-related deaths in 2024, at 30.1 per 100,000 population, and of drug misuse deaths, at 27.0 per 100,000 population.

Figure 4: Age-specific mortality rate of drug-related and drug misuse deaths (per 100,000 population) by age, 2024.



Section 3: Age-standardised drug-related death rates

Trends in drug-related deaths by sex can be compared by standardising for age.

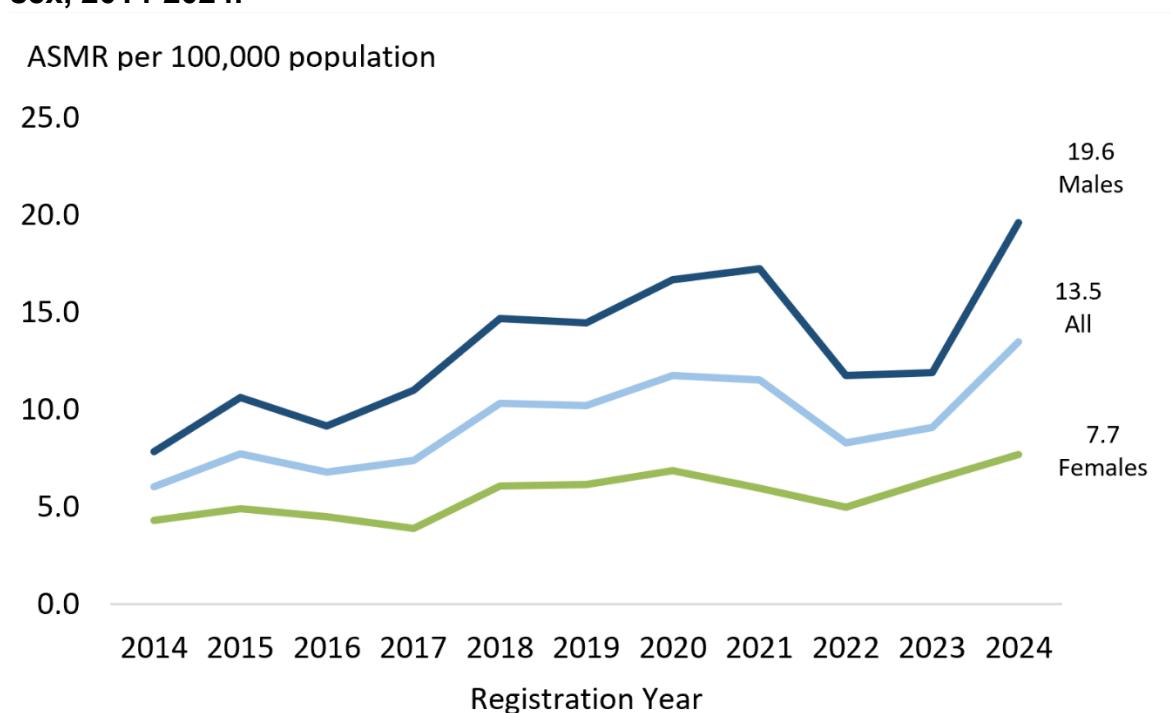
What are Age-Standardised Mortality Rates (ASMRs)?

Age-standardised mortality rates adjust for differences in the age structure of populations. They allow valid comparisons to be made between geographical areas, the sexes and over time. In this bulletin, age-standardised mortality rates are presented per 100,000 people, standardised to the 2013 European Standard Population.

The age-standardised mortality rate (ASMR) for drug-related deaths in Northern Ireland was 13.5 deaths per 100,000 in 2024. The corresponding figure for males was 19.6 deaths per 100,000 and 7.7 deaths per 100,000 for females.

For drug misuse deaths, the overall ASMR was 11.8 deaths per 100,000 in 2024. The corresponding ASMR for males was 17.4 deaths per 100,000, and 6.3 deaths per 100,000 for females.

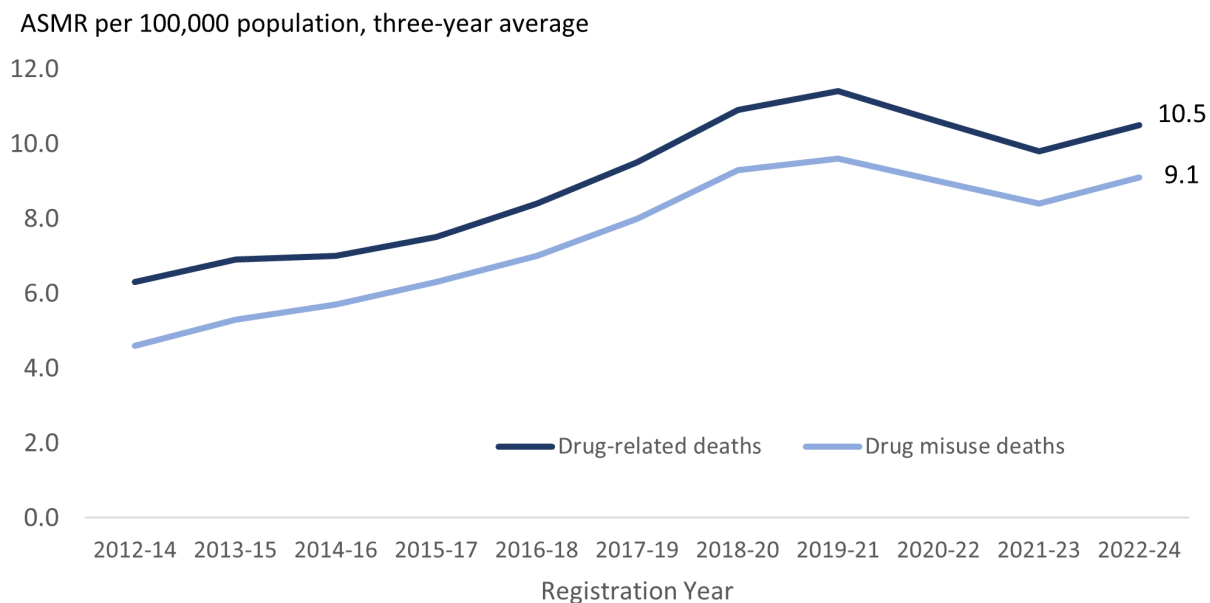
Figure 5: Age-Standardised Mortality Rate (ASMR) of drug-related deaths by sex, 2014-2024.



As outlined on page one, it is also important to consider that annual fluctuations in registration-based figures build in procedural delays. Three-year rolling average ASMRs have been presented in Figure 6. These provide a better indication of change over time.

The three-year rolling average ASMR for drug-related deaths for 2022-24 was 10.5 deaths per 100,000. The three-year average rate for drug misuse deaths in 2022-24 was 9.1 deaths per 100,000. Prior to 2022-24, the three-year rolling average ASMR for both drug-related deaths and drug misuse peaked in 2019-21 at 11.4 and 9.6 per 100,000 respectively.

Figure 6: Age-Standardised Mortality Rate (ASMR) of drug-related and drug misuse deaths by sex, 2012-2014 to 2022-2024 (three-year rolling average).



Section 4: Drug-related deaths by mentions of drug types

Annual fluctuations in relatively small numbers of drug-related deaths are not necessarily an indication of a 'true' change. It is important to look at trends over a longer period. Figure 7 examines these trends using a three-year rolling average number of deaths by selected drugs and drug groups.

Drug Groups

The drug group mentioned most often on the death certificates of drug-related deaths was opioids. This group appeared on 108.7 death certificates on average in 2022-24 (contributing to 131 deaths in 2024, compared to a series high of 135 in 2020). Opioids were mentioned on the death certificates of 52.2 per cent of drug-related deaths in this year. Heroin/Morphine was the opioid mentioned most often.

The second most frequently mentioned group of drugs in 2024 was benzodiazepines. There has been an increase in the number of drug-related deaths where benzodiazepines were mentioned on the death certificate in recent years, from 58.0 deaths per year in 2014-16 to 99.3 deaths per year in 2022-24 (contributing to 128 deaths in 2024, a series high).

Benzodiazepines were mentioned on the death certificates of 51.0 per cent of drug-related deaths in 2024. This increase has been driven more recently by mentions of bromazolam (mentioned in 41 drug-related deaths in 2023 and 51 drug-related deaths in 2024). Also within this category, diazepam has been mentioned on average 56 times per year between 2014 and 2024.

Deaths involving anti-depressants have been steadily increasing over the last decade. The average number of drug-related deaths involving anti-depressants increased from 36.0 deaths per year in 2014-16, to 59.3 deaths per year in 2022-24. This increase has been partly driven more recently by mentions of selective serotonin re-uptake inhibitors (SSRIs) (mentioned in 7 drug-related deaths in 2014 and 27 drug-related deaths in 2024).

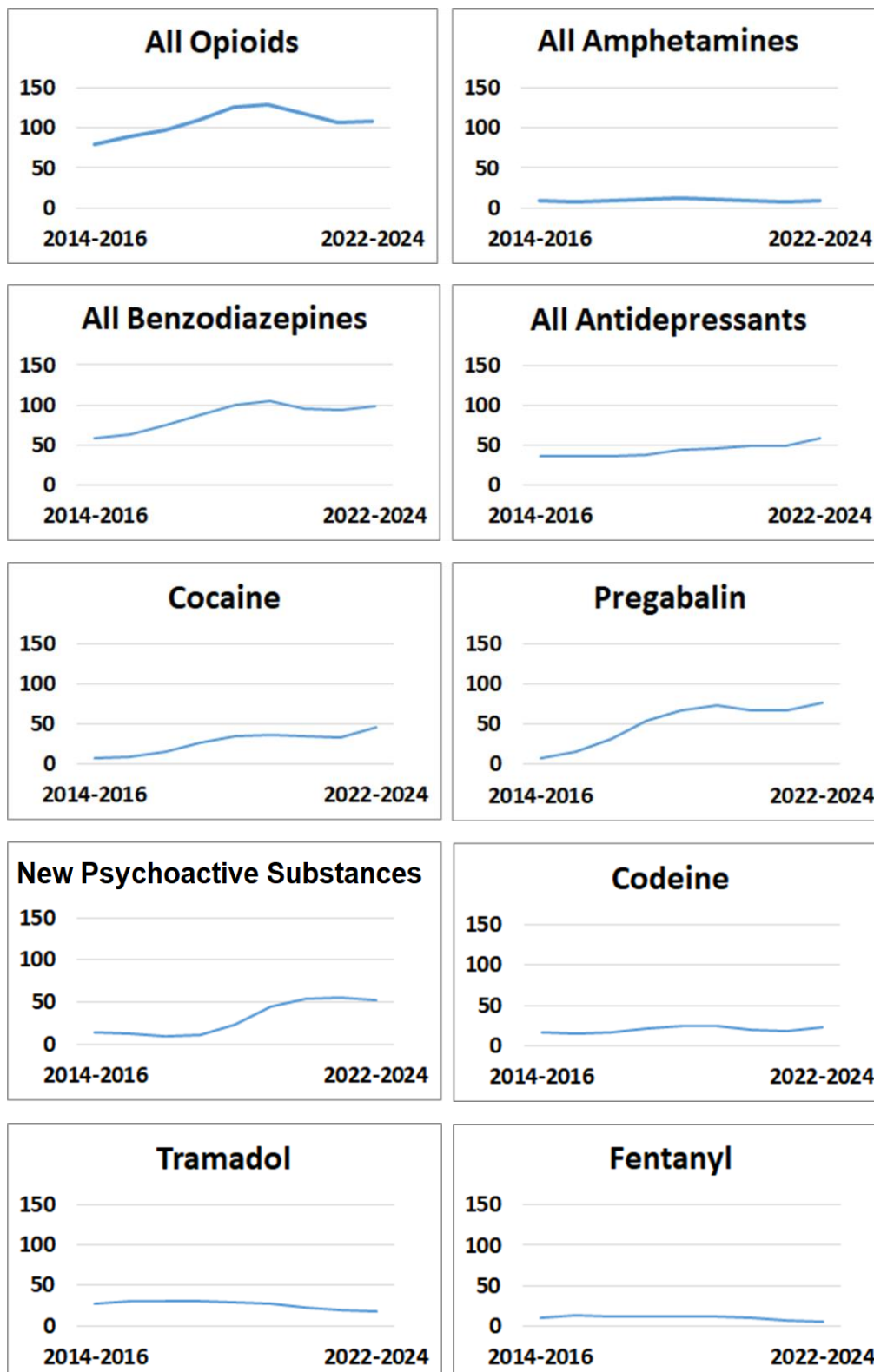
Specific Drugs

The number of deaths where cocaine was mentioned saw a sharp increase between 2023 (34) and 2024 (71). The three-year average number of deaths mentioning this drug has more than tripled since 2016-18 from 14.7 deaths per year to 45.7 deaths per year in 2022-24.

Similarly, the number of deaths where pregabalin was mentioned saw a sharp increase from five in 2014 to 67 in 2023 and 101 in 2024. The three-year average for this drug has risen from 7.0 deaths per year in 2014-16 to 76.3 deaths per year in 2022-24.

In contrast, mentions of drugs such as codeine have remained relatively stable over the last decade.

Figure 7: Number of drug-related deaths in which selected substances were mentioned on the death certificate by registration year, 2014-2016 to 2022-2024 (three-year rolling average).

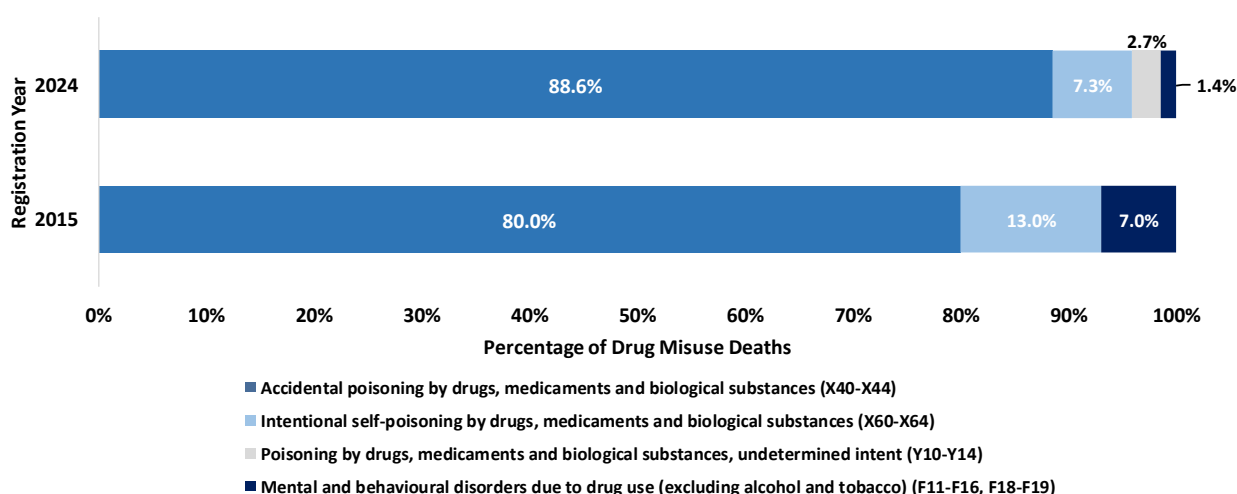


Section 5: Drug-related deaths by underlying cause of death

Most drug-related deaths are consistently accounted for by accidental poisonings, as decided by the Coroners' Service for NI (CSNI). This cause accounted for 211 (approximately 84.1 per cent) of the drug-related deaths in 2024. The second most common cause of death is intentional self-poisoning which accounted for 29, or 11.6 per cent, of the 251 drug-related deaths registered in 2024.

Similar can be said for drug misuse deaths (Figure 8). In 2024, 88.6 per cent of the 219 drug misuse deaths were accounted for by accidental poisoning. A further 7.3 per cent were accounted for by intentional self-poisoning.

Figure 8: Percentage of drug-misuse deaths by underlying cause of death, 2015 and 2024



Section 6: Drug-related deaths by number of drugs mentioned

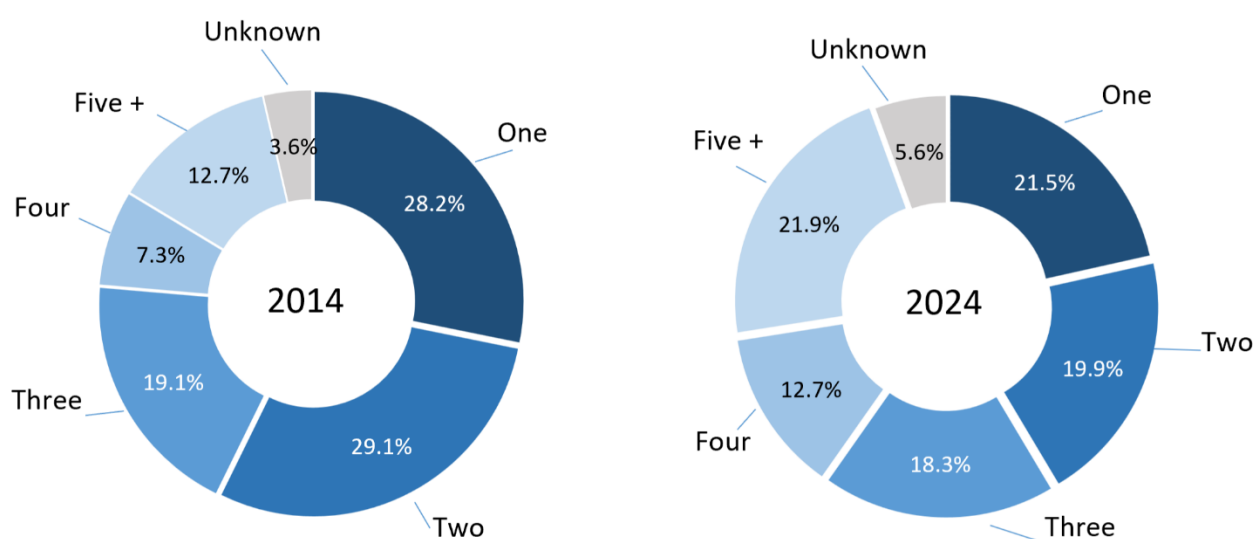
Compared with 2014, drug-related deaths in more recent years were more likely to be caused by several drugs, rather than one specific drug. In 2024, almost three-quarters (72.8 per cent) of drug-related deaths had two or more drugs listed on the death certificate. In 2014 it was 68.2 per cent.

In 2014, 12.7% of all drug-related deaths had five or more drugs listed on the death certificate. This compares with 21.9% in 2024.

Just over one fifth (21.5 per cent) of all drug-related deaths registered in 2024 had a single drug mentioned on the death certificate. This compares with 28.2 per cent in 2014.

Cocaine emerged as the predominant substance mentioned in deaths involving only one drug in 2024. The 22 such deaths involving only cocaine contributed to 8.8 per cent of total drug-related deaths and 40.7 per cent of single-drug deaths.

Figure 9: Proportion of drug-related deaths by the number of drugs mentioned on the death certificate by registration year, 2014 and 2024.



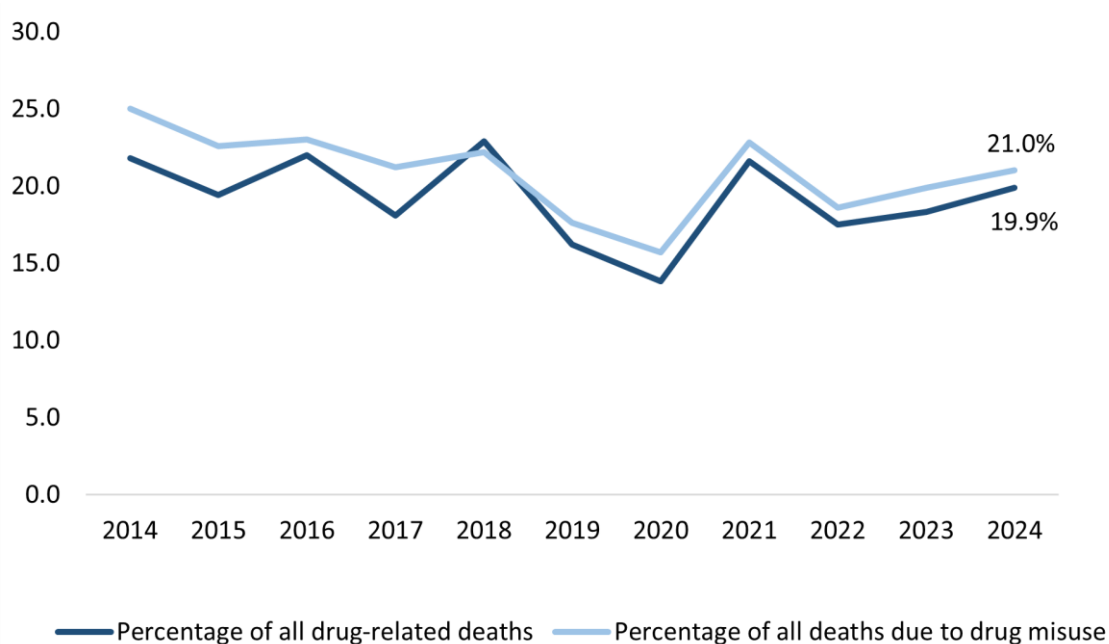
Note: totals may not add due to rounding

Section 7: Drug-related deaths and mention of alcohol

There were 50 drug-related deaths registered in 2024 where alcohol was also mentioned on the death certificate. This equates to 19.9 per cent of drug-related deaths mentioning alcohol. Whilst this represents a slight increase on the 2023 proportion of 18.3 per cent, it is lower in comparison to 2014 (21.8 per cent).

The proportion of deaths defined as drug misuse and mentioning alcohol has also followed a similar pattern to that of all drug-related deaths (Figure 9).

Figure 10: Proportion of drug-related deaths and drug misuse deaths where alcohol was also mentioned on the death certificate by registration year, 2014-2024.



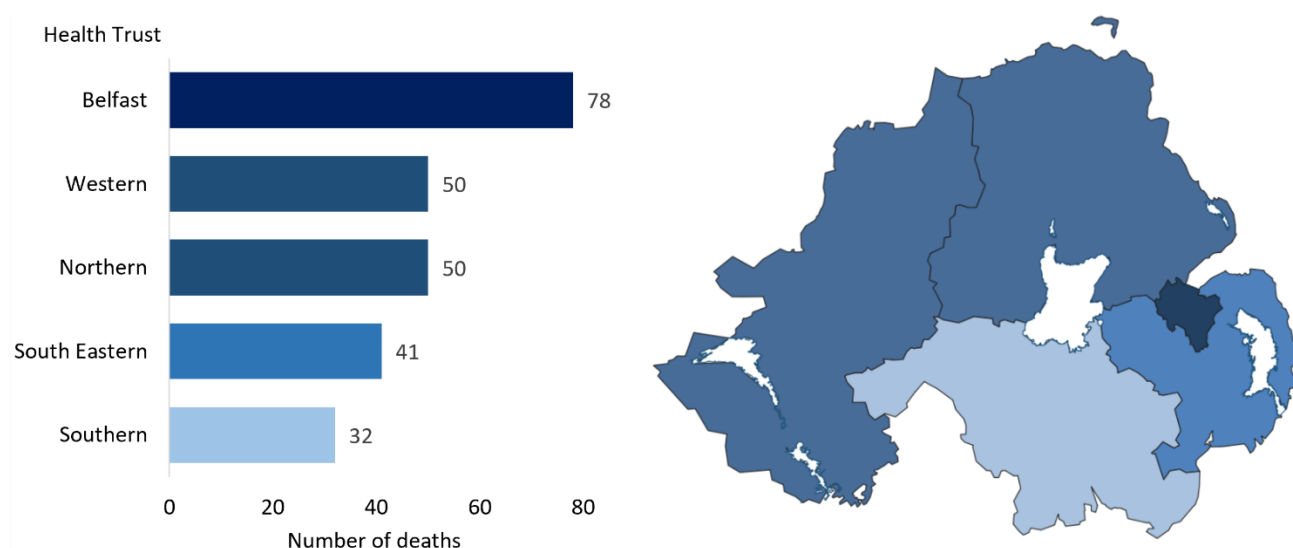
Section 8: Health and Social Care Trust (HSCT)

Belfast HSCT had the highest number (78) of drug-related deaths in Northern Ireland in 2024 (Figure 11). Belfast HSCT has consistently had the highest number of drug-related deaths, and of drug misuse deaths.

Over the last two years, the Southern HSCT and South Eastern HSCT have had the lowest number of drug-related and drug misuse deaths. This is a slight shift. Until 2022, the Western HSCT tended to have lower deaths than the South Eastern HSCT.

These trends could be expected given the relevant population of each Trust area. Comparisons across HSCT areas by age-standardised mortality rates would allow valid comparisons to be made between geographical areas. These are not possible for 2024 as HSCT populations are not available at the time of publication.

Figure 11 Number of drug-related deaths in NI by health trust, 2024.



Section 9: Local Government District (LGD)

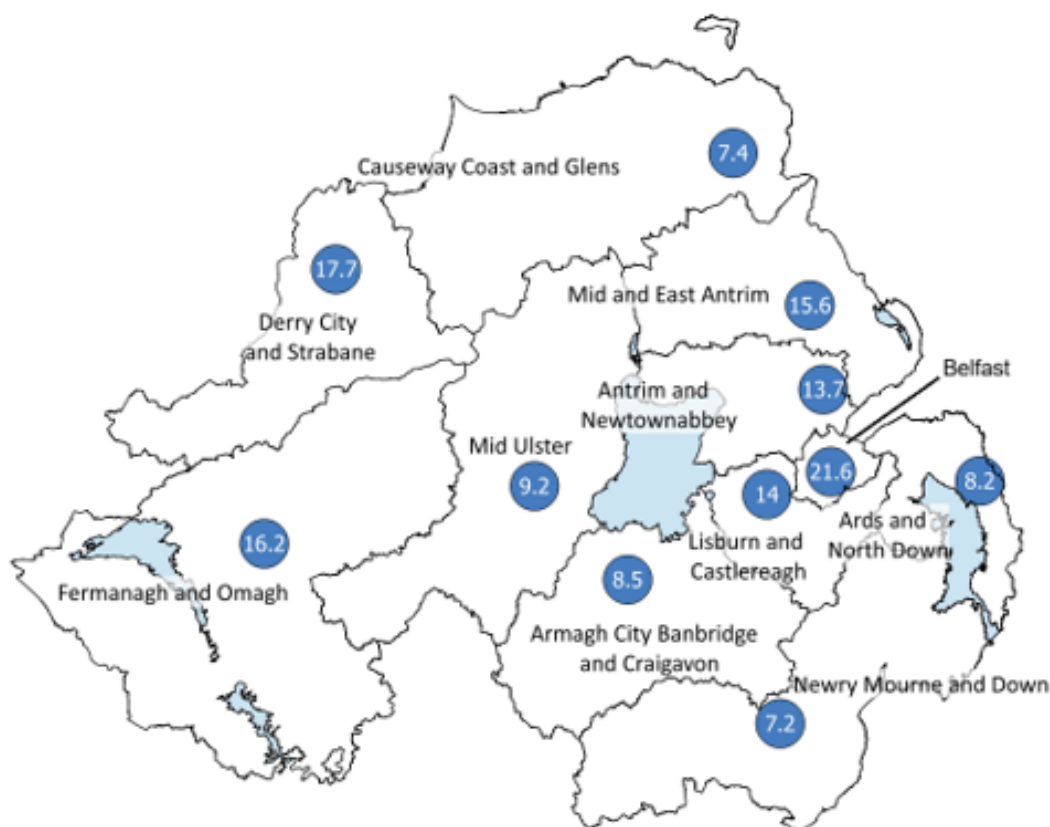
Belfast LGD has consistently had the highest number of drug-related deaths. However, all LGDs have seen an increase in the number of drug-related deaths since 2023.

In 2024, Belfast LGD again had the highest number of drug-related deaths registered at 80 (31.9 per cent of all drug-related deaths). This compares to ten drug-related deaths registered in Causeway Coast & Glen LGD (4 per cent).

The age-standardised mortality rate (ASMR) for drug-related deaths in Northern Ireland was highest in Belfast (21.6 deaths per 100,000) in 2024. The ASMR was lowest in Newry, Mourne & Down (7.2).

For drug misuse deaths, the ASMR was also highest in Belfast (20.3 deaths per 100,000) in 2024, lowest in Causeway Coast & Glens (5.9).

Figure 12: Map of NI showing the age-standardised mortality rates of drug-related deaths by Local Government District, 2024.



95.0 per cent of drug-related deaths in Antrim & Newtownabbey LGD, and in Lisburn & Castlereagh LGD were defined as drug misuse. This compares to 69.2 per cent in Mid Ulster LGD, 71.4 per cent in Ards & North Down, and 72.2 per cent in Armagh City, Banbridge & Craigavon.

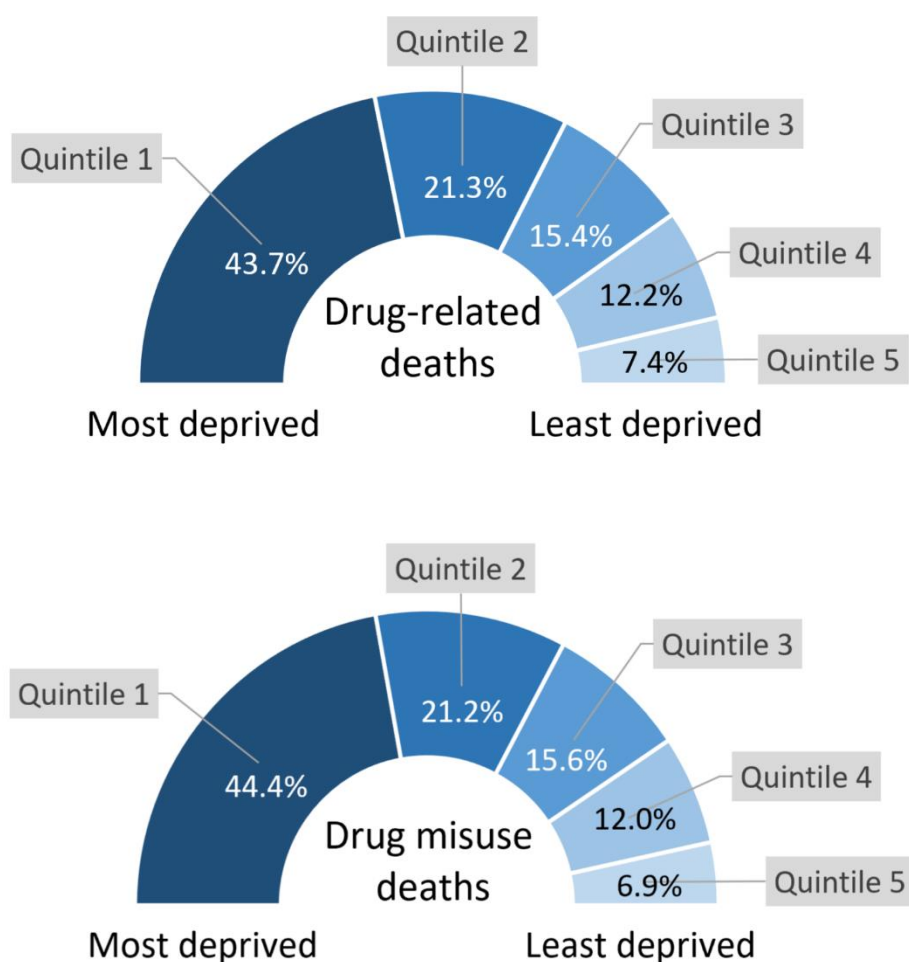
Section 10: Multiple Deprivation Measure (MDM)

The most deprived 20 per cent of areas (quintile) in Northern Ireland experienced the highest number of drug-related deaths for the combined years of 2020 to 2024. These areas accounted for 43.7 per cent of drug-related deaths and 44.4 per cent of drug misuse deaths in the last 5 years.

The least deprived areas in Northern Ireland accounted for 7.4 per cent of drug-related deaths and 6.9 per cent of drug misuse deaths in the same five-year period.

However, it is important to remember that more deprived areas generally have younger populations. Less deprived areas have older populations. Drug-related deaths are more likely in the under 45 age groups.

Figure 13: Percentage of drug-related and drug misuse deaths by NI Multiple Deprivation Measure (2017), 2020-2024.



Section 11: Occurrence year analysis

A death which is accidental, unexpected or suspicious, such as a drug-related death, must be referred to the coroner. It can only be registered after the coroner has completed their investigation. Registration of a drug-related death can therefore take months or even years.

NISRA is only notified that a death has occurred once it is registered with the GRO. Therefore, a significant number of drug-related deaths registered in any year will have occurred in earlier years. For example, of the 251 such deaths **registered** in 2024, 85 **occurred** in 2024, 128 in 2023, 29 in 2022, with the remaining 9 having occurred in 2021 or earlier.

For this reason, data based on year of occurrence cannot be classed as final. Users are therefore cautioned against drawing inferences based on one-year changes in occurrences. Those figures may change as more deaths are registered and should instead refer to occurrence trends based on a 'three-year rolling average'.

For the most recent years, 2021 to 2023 in particular, the number of deaths are subject to revision upwards. Findings have not been drawn from occurrence data for 2024 deaths as it is subject to greater change.

Drug-related death statistics and mortality statistics more generally are published by NISRA as the number of deaths registered within a calendar year, as opposed to the number of deaths that occurred in that period. This method ensures timely and unchanging data over time.

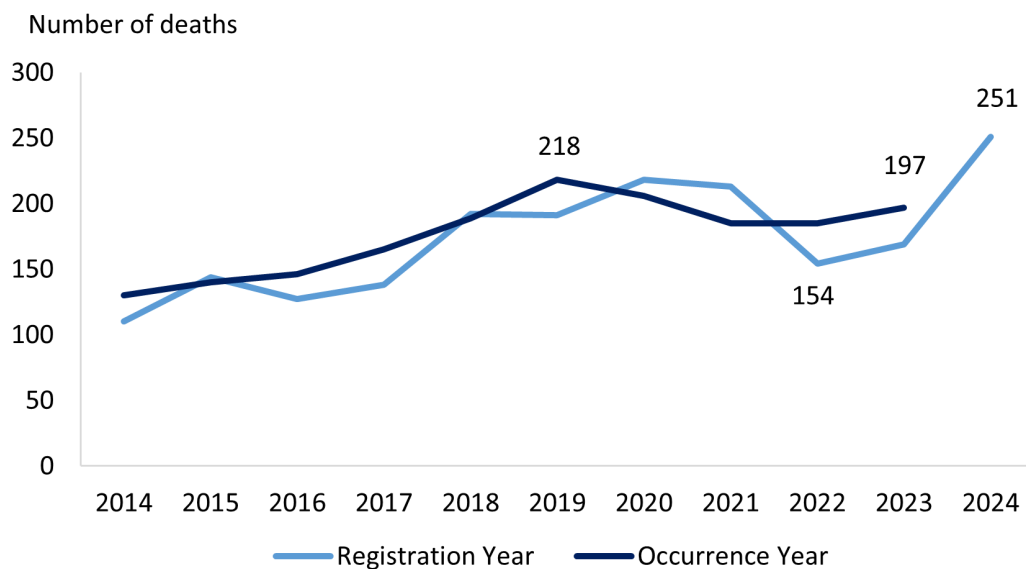
However, it also introduces some limitations to the statistics. They can be impacted by delays in procedural systems and do not enable occurrence-based analyses. This may be important in informing operational and policy responses.

Annual data based on the date of occurrence are accurate if enough time has lapsed. For more recent years they will be incomplete as more registrations will follow. Ninety-four per cent of drug-related deaths are registered within three years of the death occurring.

Figure 14 presents a comparison of the number of drug-related deaths by year registered along with the number by year of occurrence. Annual fluctuations are expected between these two series, given the median time from death occurrence to registration is constantly changing.

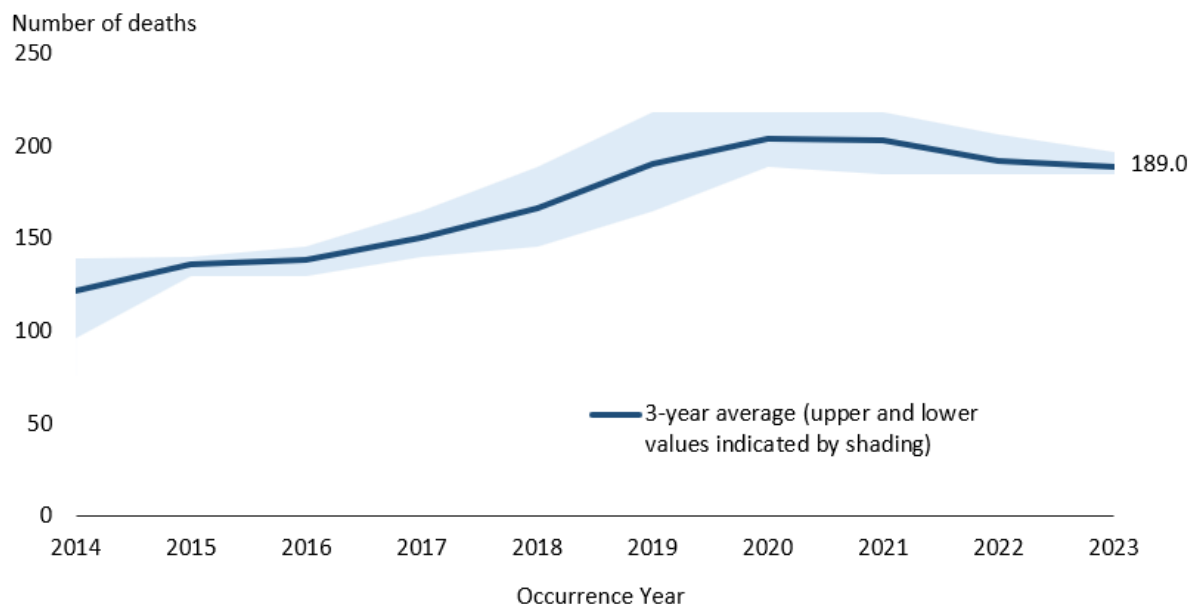
Looking at when drug-related deaths occurred rather than were registered, the graph shows that the number of drug-related deaths currently peaked at 218 in 2019. However, figures after that year are more likely to be subject to further change as more cases are registered.

Figure 14: Number of drug-related deaths by registration and occurrence year, 2014-2024.



As noted above, annual figures are likely to change as more deaths are registered. Figure 15 shows the trend for drug-related deaths by year of occurrence based on a 'three-year rolling average' approach. The three-year average for 2021-23 was 189.0 deaths per year.

Figure 15: Number of drug-related deaths (three-year rolling average) in NI by Occurrence Year, 2014-2023.



Annex A

Definitions and further information

Drug Deaths

There are two standard definitions associated with drug-related mortality:

Drug-related deaths

A death is drug-related when the underlying cause of death recorded on the death certificate is drug poisoning, drug abuse or drug dependence. These deaths can be identified solely through the [International Classification of Diseases \(ICD\)](#). The current National Statistics definition and the ICD ninth (ICD-09) and ICD tenth (ICD-10) revision codes used to define drug-related deaths are given in Table 1.

Table 1: ICD9 and ICD10 codes relating to Drug-Related Deaths

ICD-10 Underlying Cause Code	ICD-09 Underlying Cause Code	Description
F11–F16, F18–F19	292, 304, 305.2–305.9	Mental and behavioural disorders due to drug use (excluding alcohol and tobacco)
X40–X44	E850–E858	Accidental poisoning by drugs, medicaments and biological substances
X60–X64	E950.0–E950.5	Intentional self-poisoning by drugs, medicaments and biological substances
X85	E962.0	Assault by drugs, medicaments and biological substances
Y10–Y14	E980.0–E980.5	Poisoning by drugs, medicaments and biological substances, undetermined intent

The second definition is a subset of the definition above and relates to deaths due to;

Drug misuse – Deaths classified as drug misuse must be a drug poisoning and meet either one (or both) of the following conditions:

- the underlying cause is drug abuse or drug dependence, defined by ICD-10 as mental and behavioural disorders due to use of: opioids (F11), cannabinoids (F12), sedatives or hypnotics (F13), cocaine (F14), other stimulants, including caffeine (F15), hallucinogens (F16) and multiple drug use and use of other psychoactive substances (F19); or
- any of the substances controlled under the Misuse of Drugs Act 1971 are involved, this includes class A, B and C drugs.

Table 2: ICD10 codes relating to drug misuse

ICD-10 Underlying Cause Code	Controlled drug mentioned on death record	Description
F11-F16*		Opioids, Cannabinoids, Sedatives or Hypnotics, Cocaine, Other stimulants, including caffeine, Hallucinogens
F19*		Multiple drug use and use of other Psychoactive Substances
X40–X44	✓	Accidental poisoning by drugs, medicaments and biological substances
X60–X64	✓	Intentional self-poisoning by drugs, medicaments and biological substances
Y10–Y14	✓	Poisoning by drugs, medicaments and biological substances, undetermined intent
X85	✓	Assault by drugs, medicaments and biological substances
F18	✓	Mental and behavioural disorders due to use of volatile substances

* excluding alcohol, tobacco and volatile substances

This release is based on an update to the definition of drug misuse deaths to make Northern Ireland data comparable with England and Wales data. Please see the [Drug-Related Deaths Information Paper](#), which contains more details on the change.

It is important to note:

1. This definition does **not** include every death which involved drugs, for example, transport accidents where the driver was under the influence of drugs are excluded.
2. Only deaths related to poisonings by drugs, medicaments and biological substances are included. Poisonings by other types of chemicals are excluded.

A list of controlled drugs mentioned on death certificates in Northern Ireland is available on the NISRA website at: <https://www.nisra.gov.uk/publications/controlled-drugs-mentioned-death-certificates-ni>

Underlying cause: underlying cause of death is the disease or injury that initiated the chain of morbid events leading directly to death, or the circumstances of the accident or violence that produced the fatal injury.

MDM: The Measure of Multiple Deprivation in Northern Ireland (MDMNI) for 2017. Northern Ireland is split into 890 spatial areas known as Super Output Areas (SOAs), with an average population of around 2,100 people. Distinct types, or domains, of deprivation are made up from one or more indicators.

The seven domains of deprivation are:

- Income Deprivation Domain
- Employment Deprivation Domain
- Health Deprivation & Disability Domain
- Education, Skills & Training Deprivation Domain
- Access to Services Domain
- Living Environment Domain
- Crime & Disorder Domain

The indicators in each domain were analysed to produce a domain specific deprivation ranking of the 890 SOAs in Northern Ireland, from one (most deprived) to 890 (least deprived). The ranks of the seven domains were weighted and combined, to provide a ranking of multiple deprivation (MDM) for the 890 SOAs.

More information on the 2017 MDMNI is available from the [NISRA website](#).

Quintile: The 890 SOAs have been divided into five even groups, or quintiles, according to their MDM ranks, with quintile one representing the most deprived areas in Northern Ireland.

Rebased Mid-Year Population Estimates for Northern Ireland

The death rates in this report for sex and age groupings are based on the updated mid-year population estimates for 2024, published on 11 September 2025. Rebased population data for the years 2014 onwards is not yet available at Health and Social Care Trust.

Age-specific Mortality Rate:

Age-specific mortality rates represent the number of deaths occurring in a particular age group relative to the population in that same group. They allow meaningful comparisons across different populations or time periods by controlling for age structure differences. In this bulletin, age-specific mortality rates are presented per 100,000 people.

Age-standardised mortality rates (ASMRs) Age-standardised mortality rates adjust for differences in the age structure of populations and therefore allow valid comparisons to be made between geographical areas, the sexes and over time. In this bulletin, age-standardised mortality rates are presented per 100,000 people and standardised to the 2013 European Standard Population.

Links to relevant publications

[Drug deaths registered in England and Wales](#)

[Drug deaths registered in Scotland](#)

[Deaths in Ireland \(including cause\)](#)

List of tables

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