



## Drug-related deaths (DRD) in Europe: updates from the annual meeting of the EMCDDA DRD expert network, 13-15 October 2020

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### Introduction

On 13-15 October 2020, the EMCDDA brought together more than seventy 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:

- (1) Update on DRD activities (core and development)
- (2) Preliminary analysis of the 2020 country reports on DRD
- (3) The COVID-19 pandemic, its impact on DRD and lessons learned so far
- (4) Responses to overdoses through take home naloxone programmes
- (5) Mortality cohort studies to answer key policy questions
- (6) The insight of a network of forensic toxicologists on COVID-19 and recent changes in DRD
- (7) EU4MD countries – DRD and drug-related emergencies.

The DRD network meeting brings together invited experts and experts nominated by the Reitox national focal points from the European Union 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 the civil society.

## Welcome and update on DRD activities (core and development)

### Welcome address from the Director

In his welcome and opening address, the EMCDDA Director Alexis Goosdeel 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. The Director highlighted that sound epidemiological monitoring based on robust sources and methods was now coupled with new more rapid methods. This information system contributes to produce action oriented information, to answer key policy questions with regards to fatal drug overdose, to other causes of deaths among drug users, and to responses to the drug problems. In the current pandemic context, the network is, even more than usual, instrumental to document changes in the drug situation, to conduct risk assessments and to support evidence based and informed policy making.

### Recent EMCDDA activities on DRD

The [Agency's activities of the DRD indicator](#) have continued and developed over the last months, and are structured along the following axes and priorities:

- 1) **Quantify:** Document how many drug-related deaths occur, where and when. The new [Statistical Bulletin](#) has been available since the autumn and the template for standard reporting of DRD from the countries to the EMCDDA is under revision;
- 2) **Characterise:** Document the substances detected in DRD cases. Relying on data from Special Mortality Registers and input from forensic toxicologists, this builds on a [previous project](#) (see ad hoc network later in the report);
- 3) **Validate:** Assess the quality of the DRD data, by triangulation with other opioid indicators such as estimations of prevalence of High-Risk Opioid Use (HROU), number of people in Opioid Substitution Treatment (OST) and estimation of the proportion of injectors among HROU, based on Treatment Demand Indicator data (TDI);
- 4) Link with **responses** and inform policy making. Updates on [take home naloxone](#) and the prevention of overdose generally are available on the [website](#);
- 5) **Assess health threats.** The DRD experts, together with emergency clinicians, drug treatment clinicians, public health specialists and representative of the FP have contributed to two 'Trendspotter' studies on the impact of the COVID-19 pandemic on [services](#) published in May 2020 and on [drug use and harms](#) published in September 2020.

### New activities in the countries

[Why and how to set up a special mortality registry?](#) A blueprint of a new mortality register is being set up in **the Netherlands**, which is planned to be introduced in 2021. The preparatory steps were presented, including interviews with stakeholders, the case definition (inclusion and exclusion criteria for the DRD cases); the background record linking study between forensic registers and Statistics Netherlands (GMR). The timeline of the project and the lessons learned so far were discussed.



Meanwhile, in **Poland** work is ongoing between the Focal Point and the Forensic Medicine Department in the Warsaw area, in order to share information on post mortem toxicology findings of the reported DRD cases.

In **Spain**, enhanced surveillance of opioid analgesics has been put in place and no rising trend has been detected so far.

## Preliminary analysis of the 2020 country reports on DRD

At the time of the meeting, 19 out of 30 countries had provided data for the year 2019. Based on the data received, the situation appeared stable in most countries with the exception of Turkey where the decrease observed in the number of DRD cases from 2017 to 2018 continued. Provisional data suggested that there could be around 8500 deaths in 2019 for the EU Member States (still including the UK for this report) and above 9100 deaths when including Norway and Turkey.

Concerns were raised by some countries: in **Slovenia**, more deaths are reported overall, with more cocaine and heroin involved, and more suicidal poisonings. In **Italy**, there is an increase in the number of deaths in 2019 (+11% compared to 2018), with most cases being males (9/10) in their forties. In **Finland** the proportion of young cases has been increasing and the mean age of the DRD cases has decreased. In **Lithuania**, people, including adolescents, contact outpatient and inpatient treatment centres several times per year, while there was a decrease in the number of DRD in 2019 compared to 2018.

In **Estonia**, there is a decrease in the number of deaths related to fentanyl. Similar to Estonia, in **Sweden**, the decrease in the number of deaths associated with fentanyl and fentanyl analogues over the last couple of years has continued and the number of deaths with cocaine and with amphetamines had also decreased.

Opioid deaths largely dominate, representing 4 out of 5 deaths. While the number of heroin deaths increased in 2019 in several countries including **Portugal, Italy, France, Slovenia and the Netherlands**, heroin is not the main concern in several countries, where other opioids such as methadone, buprenorphine, tramadol and other prescription or illicit opioids play an important role. Similar to previous years, buprenorphine was the primary finding in about half of the cases in **Finland**. In **Norway** a gradual increase in deaths related to prescription opioids and a reduction in the number of deaths with heroin as the main opioid as cause of death are noted; 'other opioids' including oxycodone was the most prevalent category as primary cause of death in Norway, followed by heroin, other synthetic opioids and methadone.

Deaths with presence of cocaine have largely contributed to the increase in the total number of deaths in **Portugal** in 2019 and the number of DRD cases with cocaine involved has increased in several other countries, including **Spain** and **France**.

Overall though, the total number of deaths remains quite stable in 2019 there are some discernible trends. There is a diversification of type of opioid in some countries, with the emergence of deaths related to a range of medicine opioids, which might be prescribed or diverted and illicit, and either used or misused. Deaths associated with these drugs occur in older users as reported by most countries in Western Europe. The mean age at death is still increasing in most countries.

## Impact of the COVID-19 pandemic on people who use drugs

To introduce the session, key elements on the methods used and on the highlights of the two previous '[TrendSpotter](#)' studies on COVID-19 were presented.

This overview was completed by a presentation of a [survey conducted among people who use drugs in three cities in Norway](#) published in 2020 ([open access](#)). This study looked at knowledge of/and present COVID-19 symptoms, willingness to take a COVID-19 test if experiencing symptoms, knowledge of services available for COVID-19 positive people who use drugs (PWUD), drug availability and prices of drugs. The study showed that two third (66%) of the PWUD were familiar with COVID-19 symptoms and that the majority (92%) reported willingness to test if they experienced COVID-19 related symptoms. Two thirds (64%) were not aware of specially designed COVID-19 services available for PWUDs. Those in OMT had higher odds of being familiar with COVID-19 symptoms and of being aware of services available. The researchers concluded that a special effort was needed to reach PWUDs not in treatment and that there was a need for tailored messaging specifically towards vulnerable groups.

Insights from the 'Addictovigilance' system in **France** on the impact of the COVID-19 epidemic and lockdown were presented. Although it is too early to assess whether deaths will increase as a results of the pandemic there are concerns about deaths associated with diverted methadone which warrant further investigation.

Countries reported on the adaptation of services: **Denmark** organized home delivery medications, and produced guidelines to facilitate telephone and video consultations. The **Netherlands** set up new facilities for homeless, socially marginalized high risk drug users. Some of these service facilities were terminated after the lockdown and the impact of this still has to be evaluated.

The changes in the drug market and in the access to services (harm reduction and treatment in particular) might have disproportionally impacted on the most vulnerable among people who are using drugs. The immediate and longer term impact of the pandemic on DRD is yet to be fully understood and measured. It appears too early to measure the impact of the COVID-19 and lockdown/measures taken in response so far to the pandemic. In **Ireland**, there is no new data for most recent year (2018) because of issues related to Covid-19. In **Austria, Portugal, Spain** and **Serbia** delays are foreseen as well.

## Responses to overdoses: take home naloxone

With regard to responses to Covid-19, some countries reported a scaling up of the provision of OST, the simplification of its delivery, and provision for longer periods of time. Meanwhile there have been some disruptions in some services. For example in **Norway**, both safe consumption rooms were closed for several months during the lockdown, partly as the staff were relocated to newly established COVID-19 isolation/treatment units. Other DCR facilities continued to function in other countries. For example in **Portugal**, the first mobile supervised drug consumption unit in Lisbon which was established in April 2019 was functioning during the lockdown. In addition, in response to the COVID-19 pandemic, the provision of naloxone to treatment centres and harm reduction services was reinforced in April 2020 in Portugal.

More generally, in **Cyprus**, training on THN was provided to all stakeholders and the distribution of naloxone began in 2020. In March 2020, the **Swedish** National Board of Health and Welfare published a report aiming at increasing the knowledge on opioid substitution therapy as well as increasing access to take home naloxone (THN) programmes. The **Czech Republic** initiated THN in 2020 as well.

Health policy planners responded to a [knowledge questionnaire](#) on THN that consisted of 36 true statements on heroin and other opioids; overdose; overdose risk and myths and facts about overdose and THN. The preliminary analysis of the responses suggested that health policy planners

may need more information about overdoses, vulnerabilities among people who use opioids, cost effectiveness and feasibility/simplicity of THN programmes.

## Mortality cohort studies

The EMCDDA is starting [a new project on mortality cohort studies](#) in Europe, aiming to answer key policy questions. Several countries (**Austria, Bulgaria, Cyprus, Croatia, Finland, Italy, Lithuania, Romania, Spain and Norway**) provided updates on their work in this area. 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 a country breakdown of the most recent findings from cohort studies among PWUD such as overall and cause specific mortality rates and excess mortality risk among people who are using drugs compared to the general population, and measure of the impact of some interventions such as OST. Although there are limitations in these studies (sub national coverage, findings not generalizable to all drug users, variety of settings, populations and inclusion criteria), the project should facilitate the comparisons across studies and countries, and ease the interpretation, presentation and use of the data. The outcome of the mapping and analysis will be presented in a way that could be useful to national policy makers. The next steps of the project include questionnaires and interviews with the national DRD experts, Focal Point, or alternatively the institutes/universities who conduct studies and who will be indicated by the Focal points and experts. The participation to the project does not imply bringing together the raw data (although a joint analysis could be considered on a voluntary basis) and it will be sufficient to provide the results of the studies in a harmonised way.

A [national register study](#) among patients with opioid use disorder receiving OMT was conducted in **Norway**. The study showed that 200 patients died during OMT in 2014/2015 (an all-cause CMR of 1.4/100 person-years during OMT). Mortality was increasing with age. The mean age was 49 years at time of death, and three quarters (74%) were men. There were high levels of somatic comorbidity (liver disease 62%, cardiovascular disease 19%, COPD 19%). Over the past 5 years there were frequent psychiatric admissions (28%) and non-fatal overdoses (30%) and over the past year frequent prescribed BZD/z-hypnotics (43%) and psychotropic medication (28%). Both somatic and drug-induced deaths were common, calling for improved treatment and follow-up of chronic diseases.

## Forensic toxicologists: insights on changes in DRD and on the impact of COVID-19

A pilot study conducted in 2019-20, to assess the feasibility and utility of a [network of forensic toxicologists](#) concluded that a network of toxicologist can provide local timely data on DRD, complementary to the established reporting through special mortality registers. As for other complementary methods such as monitoring through sentinel hospital emergency services, drug checking facilities or monitoring of syringe residues, the data from this source might not be representative but they are timelier and illustrate local situations. Furthermore the system is agile and can answer to ad hoc requests (for example 'Trendspotter' studies or risk assessments), which proves useful, when considered along other information and reports coordinated by the national points. Participating toxicologists from **Bulgaria, Germany, Greece, Finland, Luxemburg, Portugal, Norway, Switzerland, Serbia and Montenegro**, together with representatives of several interested focal points discussed the recent DRD trends. More information on the preliminary findings will be available from the [DRD area](#).

The session focussed also on an outbreak of deaths related to synthetic cannabinoids in **Hungary**, where, between June and October 2020, at least 21 fatal overdoses (of which 20 males, mostly in



their early twenties) have been associated with use of 4F-MDMB-BICA. Synthetic cannabinoids appear in an increasing number of deaths in the last years. The newest generation of the SCRA's caused much non-fatal intoxication and contributed to several fatal intoxications with a marked increase seen from 2019. The NPS and especially SCRA's are used particularly by the poorest and most vulnerable people.

Finally there was a substantial drop in deaths related to synthetic cannabinoids in **Turkey** in 2019. More information on the epidemiology and on the responses will be available in the next statistical bulletin and EDR.

## EU4MD countries – Drug-related deaths and drug-related emergencies

The session was organized in the framework of the EU4 Monitoring Drugs (EU4MD) project and all national experts from the European Neighborhood Policy (ENP) area countries, who attended the Annual DRD expert meeting, were invited to the side-event.

In addition to presentations on DRD by select countries, the EMCDDA experts introduced the [Euro-DEN Network](#). More information on the discussions will be available for the countries participating in the [EU4MD project](#).

## Conclusions, references and next steps

In the context of the COVID-19 pandemic, the EMCDDA's DRD network is sharing up to date information on drug-related deaths. While there is uncertainty with regards to the impact of the pandemic situation on the multifaceted problem of drug related deaths, continuous robust action-oriented monitoring is needed across Europe.

Most recent published DRD data is available from this [page](#) and a Q&A on drug-related deaths is available [here](#). Experts from the DRD network can access the restricted [DRD area](#) where additional material can be available.

Next steps: The EMCDDA cohort project will start in January 2021 with interested countries. The outcome will be an overview of current studies and responses to key policy questions (for publication in 2021). The [DRD web page](#) is continuously updated. Suggestions from the participating experts for upload of additional material are welcome.