



European Monitoring Centre  
for Drugs and Drug Addiction

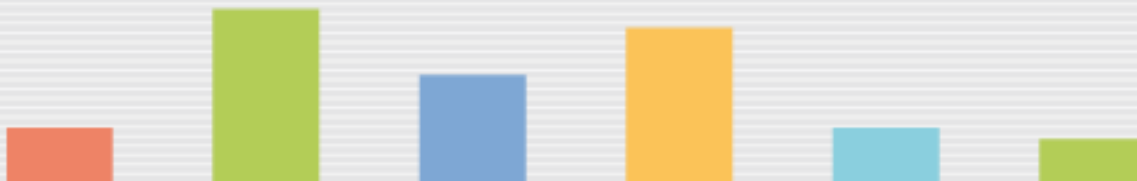
# Drug-related deaths and mortality among drug users – annual expert meeting 2016

**Introduction - setting the scene**

**Isabelle Giraudon**

Federica Mathis, Eleni Kalamara, Julian Vicente,  
Dagmar Hedrich, Roland Simon

**DRD annual expert meeting - Lisbon, 29-30 September 2016**



# Welcome

- Welcome to all experts, in particular the new nominated national experts, the invited experts and the non-EU experts
- Folders - Documents
  - Presentations (from 16 countries!)
  - “List of presence” - Premises – security – logistics



# Content of this presentation

- Objectives
- Topics covered
- Overview of your '2016 national updates'
- EMCDDA information on projects and products
- Questions to the national experts



# 1 - Objectives

- Strengthen the network
- Share and discuss new data and analysis, policy developments, research
- Some technical work around the indicator
- Produce useful outputs: presentations, report on the web pages, contribution to other products



## 2 – Topics

- Two '2016 DRD projects'
- Preliminary findings for discussion
- Responses to DRD
- What is in place? national updates, national inquiries and policy developments
- ICD coding, GMR/SR data flow, implications for the protocol
- Opioids/Medicine/tramadol – is there a problem?
- Implementation of the DRD key indicator
- strengths, weaknesses, utility of the assessment
- 2015 figures: some increases? Various contexts...
- Burden of disease, cohorts - overall mortality
- Ageing, liver related mortality, measure of the protective effect of treatment; prison post release mortality

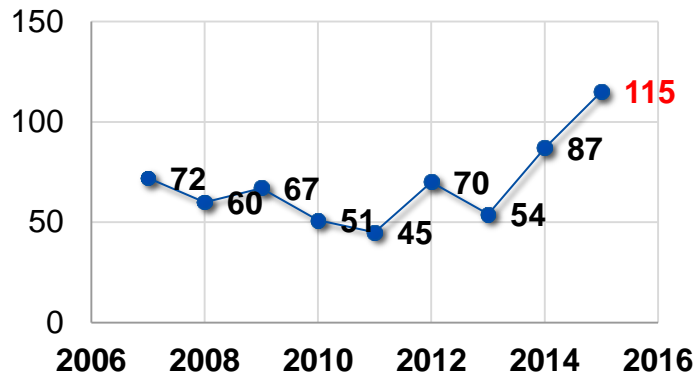


# 3 - New data from standard reporting and from the 'DRD updates'



# Several recent increases in OD deaths

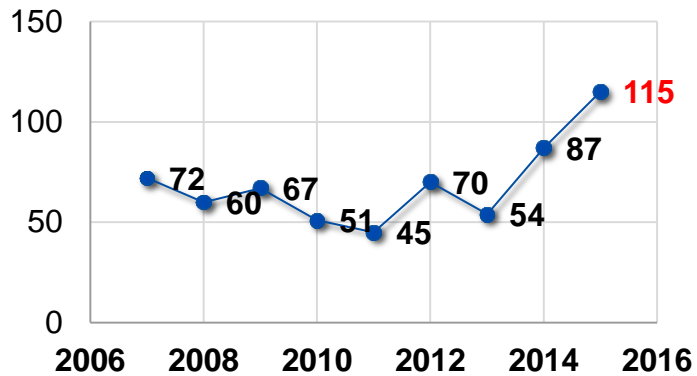
Lithuania – Evelina Pridotkiene



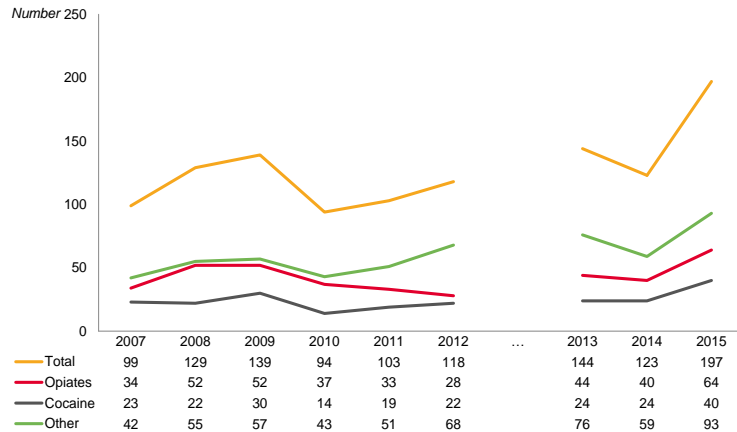
Data reported in september  
2016 - still under validation  
and confirmation

# Some recent increases

## Lithuania – Evelina Pridotkiene



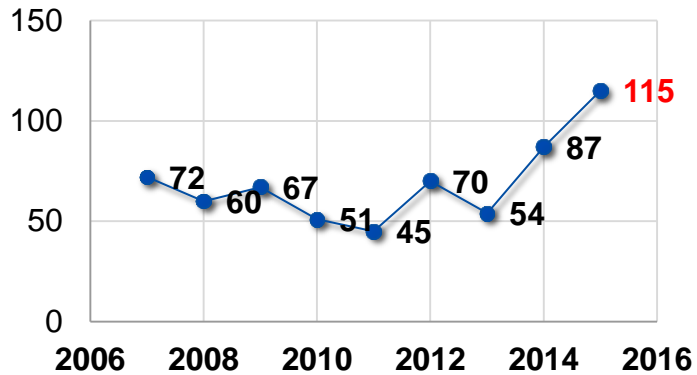
## The Netherlands - Guus Crust



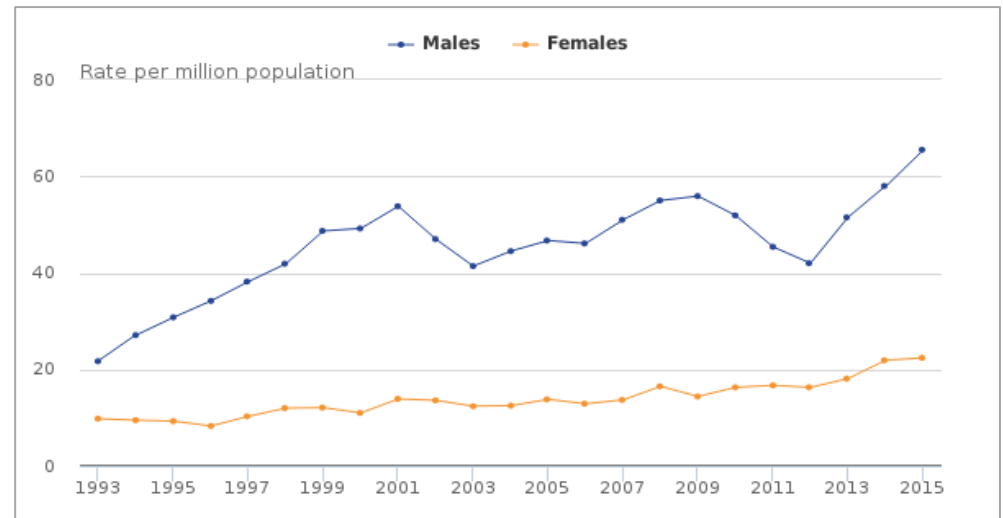


# Several reports of recently increasing DRD

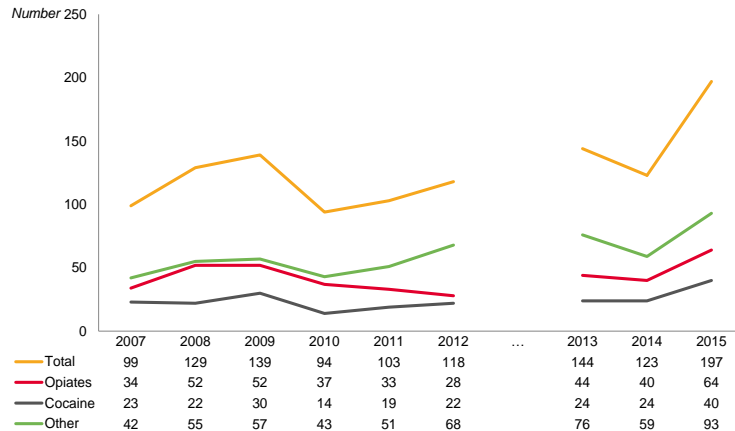
Lithuania – Evelina Pridotkiene



England and Wales. 1201 heroin and 2300 Drug misuse - ONS – Martin White

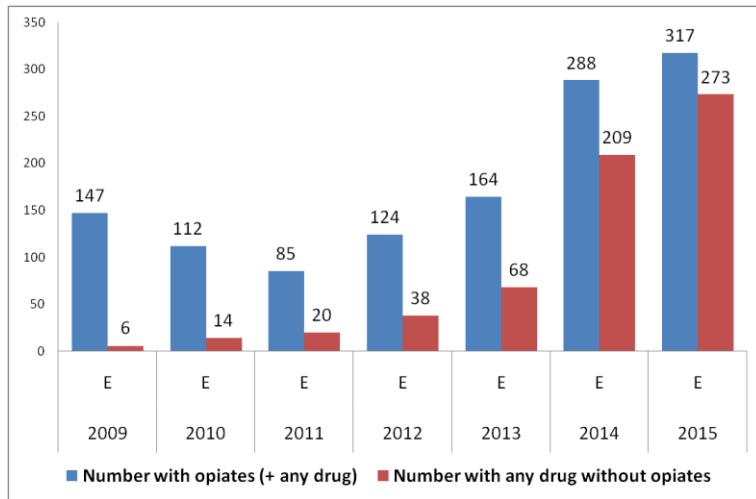


The Netherlands - Guus Crust



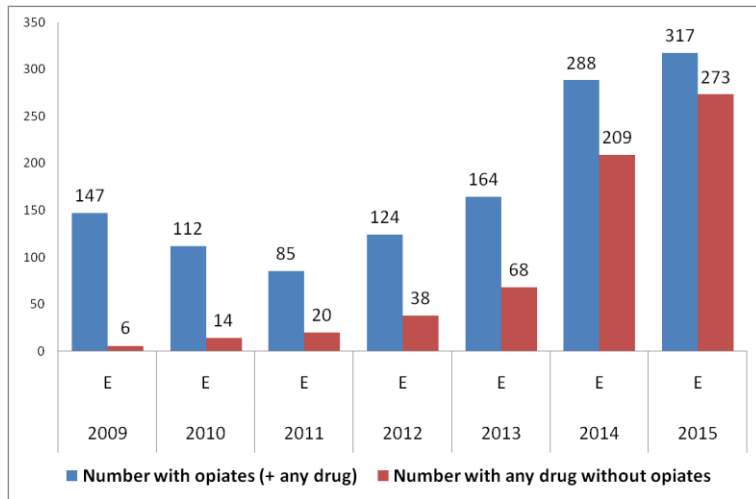
# Some more

## Turkey – Bulent Sam

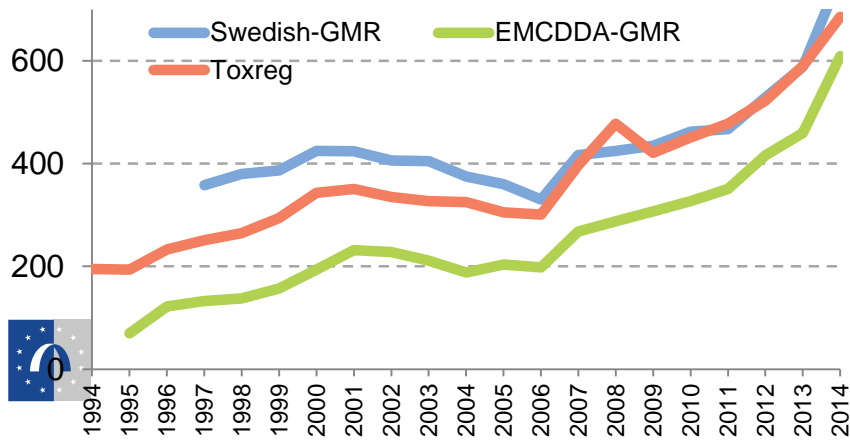


# Some more

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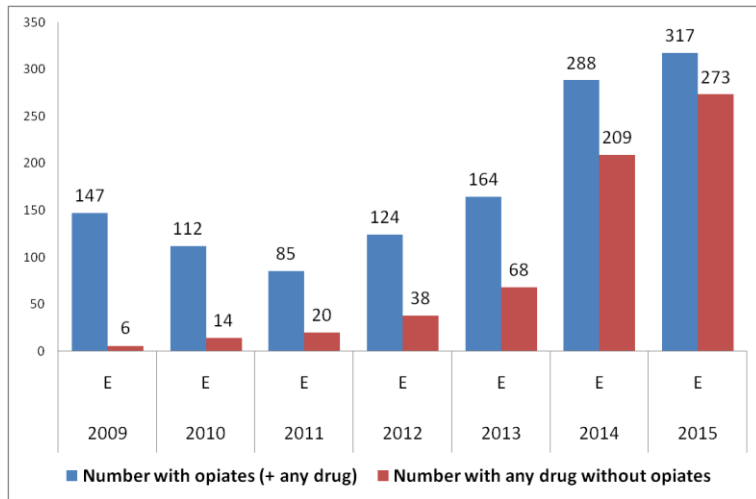


## Sweden – Hakan Leifman



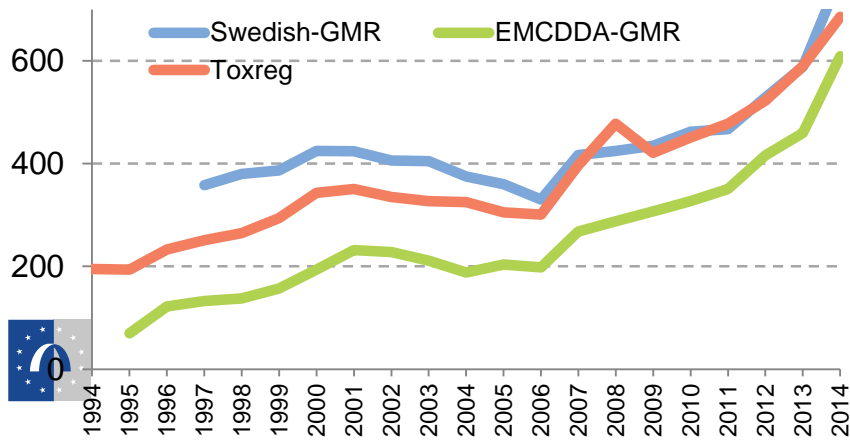
# Some more

## Turkey – Bulent Sam



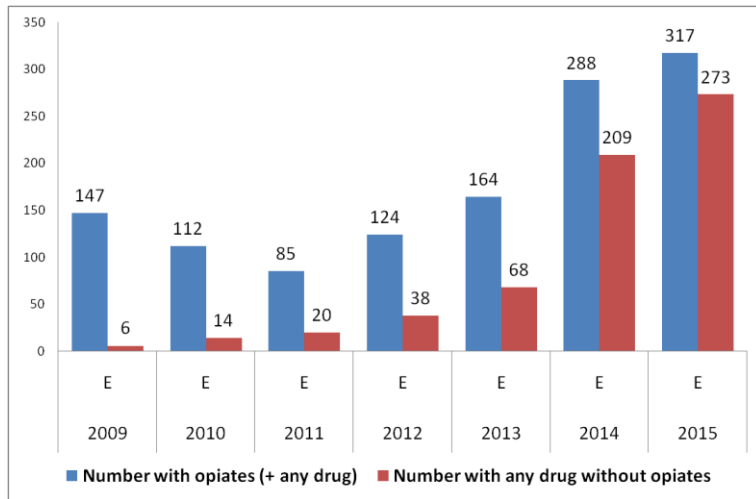
- Portugal: increase from both sources (but changes /improvements in the systems)
- Ireland: increase in heroin deaths
- Czech republic: 'a significant almost twofold increase ..in fatal poisoning by opioids – from 14 cases in 2014 to 27 cases in 2015. Problem use of opioid analgesics

## Sweden – Hakan Leifman



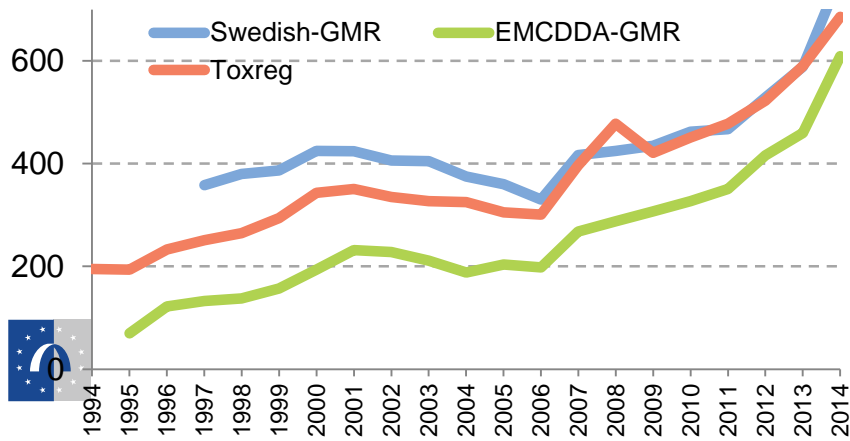
# Some more

## Turkey – Bulent Sam



For discussion  
with the national  
experts

## Sweden – Hakan Leifman



## Other 'DRD updates'

CZ	data from special register are available again after a 2 years gap. National register on forensic autopsies operational since 2015
RO	clear underreporting according to the experts. Need of training for forensic specialists and of legal framework
IT	ageing phenomenon. Limitations of both sources GMR and SR with regards to the substances involved
PT	medical certificate online completed throughout the country
NO	34% of deaths related to heroin (increasing during past 2 years). New injection room about to open in Bergen – now in Oslo only
EE	Capture-recapture planned to estimate IDU prevalence

FI	New opioid causing 3 deaths U-47700
FR	Special registers show OST implicated in 55% of overdose deaths and heroin in 26%. Vital status of cohort study re checked in Dec 2015. Paris and Strasbourg drug consumption room opening this autumn
HU	Synthetic cannabinoids seem on the rise
IE	Safe injection rooms - legislation expected soon
LV	Increase in Fentanyl seizures. Increase in emergency calls
LT	Increase from 87 cases in 2014 to 115 in 2015. 70% related to opioids
LU	Emergence of NPS injection in various risk groups. Second consumption room planned in 2018



SI	New cohort in preparation
SP	Most common profile ‘ a man over 40, single with no prior pathology , who has recently used some psychoactive substances and shows no sign of suicide’ Cohort studies opioids and cocaine
TR	Increase from 497 cases in 2014 to 590 in 2015. Heroin, ecstasy, synthetic cannabinoids
UK	Large increase in OD in Scotland in 2015 mainly driven by increasing opioids overdoses particularly from heroin although there are also increases across other substances group. More cohorts confirming that treatment was highly protective against overdose risk



# Comments and discussion



# On-going work

- Full assessment of the Key indicators in 2015
- Emergency 'indicator'
- An expert meeting in April 2016 and a publication 'EMCDDA Rapid Communication' August 2016
- Drug-related infectious diseases
- *Insights* on hepatitis C among PWID July 2016
- *Naloxone Insights*
- European Drug report and Statistical Bulletin 2016
- Feed back to the focal points on the workbooks
- 2 large DRD projects
  - 7 countries on 'high or increasing' OD mortality
  - 10 countries on ICD coding and data flow between OD sources



# On monitoring acute drug toxicity

**More information if needed – for discussion**



# Acute drug toxicity presentations at hospital emergency departments: an other tool in our EU 'drug monitoring' tool box



## Introduction



The EMCDDA has been working on drug-related emergencies since it started monitoring drug-related harms twenty years ago.

### Purpose and value of monitoring non-fatal acute emergencies

A unique insight into acute health harms is provided by hospital emergency data, which widen the scope of monitoring health consequences of drug use, beyond other more established indicators. Emergency data can serve as an indicator of high-risk drug use trends, as a source to characterise some sub-populations of drug users, for detecting and monitoring new patterns of use or abuse of substances (such as new synthetic drugs), or new trends regarding traditional drugs, for example new epidemics in heroin use. Emergency data can also assess the risk

factors for some serious consequences of drug use (i.e. fatal overdoses) and monitor how prescribed drugs impact on emergency room attendance for drug problems. Data from emergency settings contribute to early warning systems, as they often capture signals earlier than other monitoring systems based on mortality or treatment data.

Few countries in Europe have set up monitoring systems, and are able to report trends, numbers, and characteristics of acute non-fatal drug-related intoxications. These systems mirror to a certain extent other systems, such as the Drug Abuse Warning Network (DAWN) in the United States which ran for many years until its closure in 2011. <http://www.emcdda.europa.eu/activities/emergencies>

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- New webpage in 2015, with references to recent work (Euro-DEN mainly) but also previous work of the EMCDDA, the National Focal points and national experts
- Lisbon Addiction 2015 - Euro-DEN symposium



First European conference on addictive behaviours and dependencies

14:30 – 16:00 Symposium sessions

**Symposium session H - The European Drug Emergencies Network (Euro-DEN): insights into acute drug emergencies in Europe**

Chair: *Isabelle Giraudon, EMCDDA*

► auditorium I

General overview of the Euro-DEN dataset: 5529 Emergency room presentations with acute drug toxicity over one year in 16 sentinel centres in Europe. *Paul Dargan, United Kingdom*

New Psychoactive Substances (NPS) in Euro-DEN: epidemiology and patterns of toxicity associated with NPS. *David Wood, United Kingdom*

Cannabis presentations in Euro-DEN: An overview of the Euro-DEN data on cannabis-related presentations and cannabis cardiotoxicity. *Alison Dines, United Kingdom*

Implications of benzodiazepines: geographical patterns in the benzodiazepines responsible for toxicity around Europe and the pattern of toxicity seen in individuals with acute benzodiazepine toxicity resulting from non-medical misuse. *Christopher Yates, Spain*

Emergency health consequences of cannabis use in Europe: a need for more unified approach in data collection? *Marcis Trapenciers, Latvia*

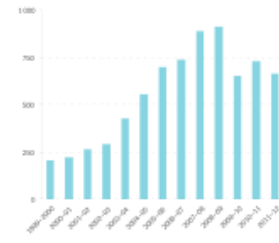
# Monitoring acute drug toxicity: previous work done in this area and limitations of the data

Figure 1: Emergency cases due to an acute reaction following the use of psychoactive substances with a direct relation to cocaine in Spain, 1999–2011



Sources: National report 2011 and National focal point 2013, Spain.

Figure 2: Cocaine related poisonings: inpatient admissions in England (\*), 1999/2000–2011/12

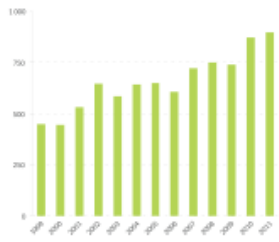


(\* Data from England are shown instead of data for the whole UK as they provide the longest trend data. They refer to 'Finished Consultant Episodes' with a primary diagnosis of cocaine poisoning. The figure does not include those who are discharged directly from the emergency department, nor those with a primary diagnosis of mental and behavioural disorders due to the use of cocaine. Sources: UK National focal point. Based on the National Health Service Information Centre <http://www.hsc.nhs.gov.uk/information-centre/health-data/2012/hospital-and-general-practitioner-consultations-patient-cases> -> England/KCC/Sour=Referrals/col=2012page=1#top

In term of monitoring national data (trends and volumes for 'main' drugs'), several countries report data (cf review on cocaine emergencies)..... Some potential to follow trends and cross-check other indicators, but **many limitations** to the data (coding issues++, underestimation++)

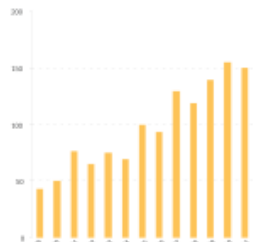
## PERSPECTIVES ON DRUGS: Emergency health consequences of cocaine use in Europe

Figure 3: Hospital admissions due to emergencies related to cocaine use or dependence (primary or secondary diagnosis) in the Netherlands, 1999–2011

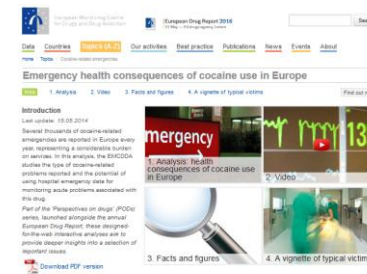
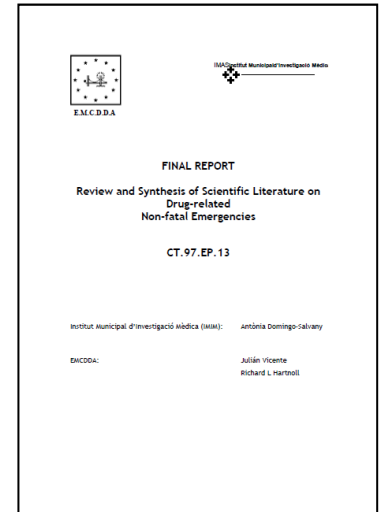


Sources: National Drug Monitor, Trimbos-instituut (the Netherlands Institute of Mental Health and Addiction), Utrecht, 2011. National report 2011, Netherlands.

Figure 4: Patients registered at emergency departments in Denmark due to intoxications and poisonings caused by cocaine, 1999–2011



Sources: National report 2011, Denmark.



Isabelle Girardin, Galferme Mera, Julia Metten, Julian Vicente April 2014



# The Euro-DEN project

The Euro-DEN network was established in 2013 as a European Commission DG Justice funded project

**Aim: improve knowledge at a European level on acute established illicit/recreational drug and new psychoactive substance (NPS) toxicity**

The project has continued as the 'Euro-DEN Plus' project since the European Commission funding ended in April 2015

Geographical location of the Euro-DEN Plus centres



Euro-DEN Plus 20 sentinel sites in 14 countries



# Some questions to the network - for discussion

- Timing of the DRD meeting
- Workbooks
- Country profiles
- Others .....



# More on the Emergency/Euro-DEN projects

## Highlights of the report





# Results

10 956 presentations  
to the 16 original sentinel  
Euro-DEN Plus centres  
over the two-year period  
October 2013 to September 2015



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for Drugs and Drug Addiction

RAPID COMMUNICATION

## Hospital emergency presentations and acute drug toxicity in Europe

Update from the Euro-DEN Plus research group  
and the EMCDDA  
August 2016

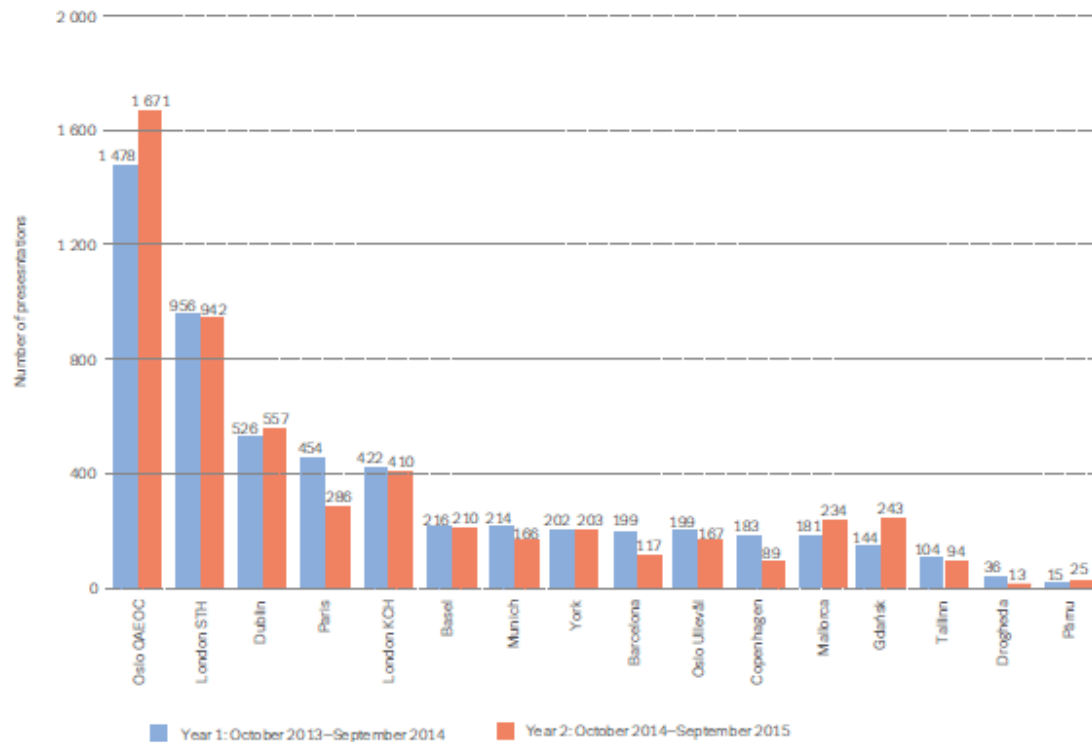


[http://www.emcdda.europa.eu/system/files/publications/2973/TD0216713ENN-1\\_Final%20pdf.pdf](http://www.emcdda.europa.eu/system/files/publications/2973/TD0216713ENN-1_Final%20pdf.pdf)

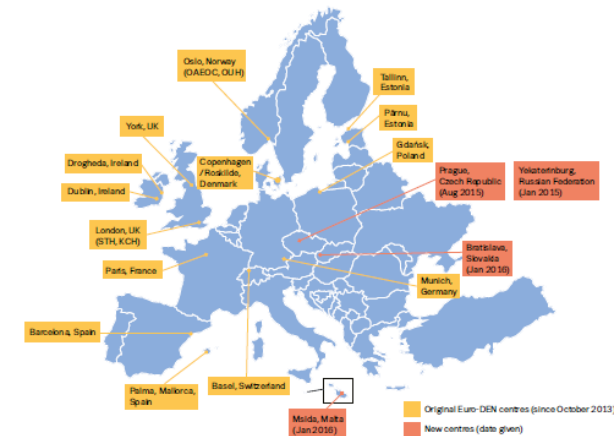


# Results - centres

Number of Euro-DEN presentations per centre for year 1 and year 2



Geographical location of the Euro-DEN Plus centres

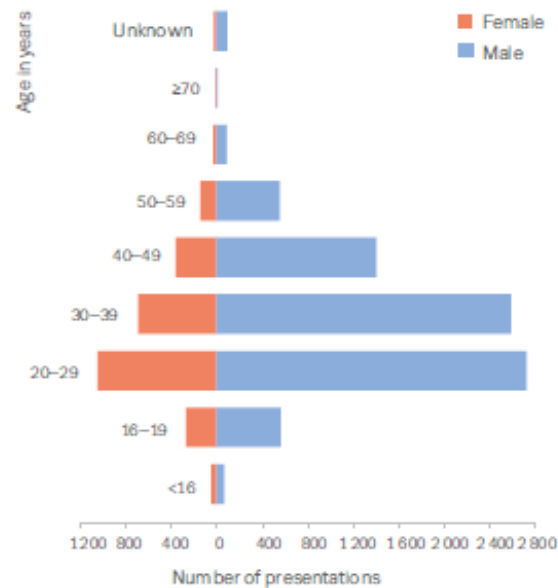


- Oslo and London centres 'largest' contributors
- Populations served are diverse – as reflected in the drugs identified (heroin in Oslo, Dublin...GHB in London depending on catchment area)
- added value of the sentinel network approach



# Results - demographics

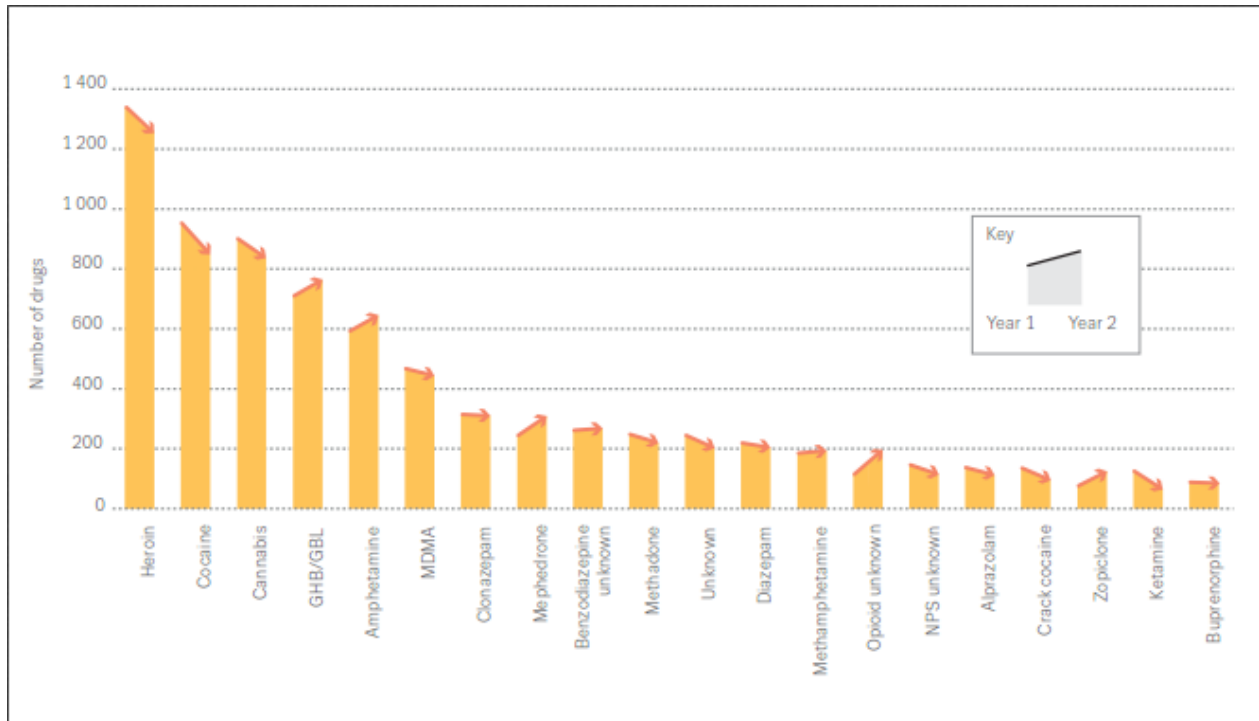
Age and gender profile of the presentations to the Euro-DEN centres from October 2013 to September 2015 (n=10 953 cases with information)



76.0 % males

median (inter-quartile range (IQR)) age 31 (24–39)

# Results – main substances involved in drug acute toxicity presentations

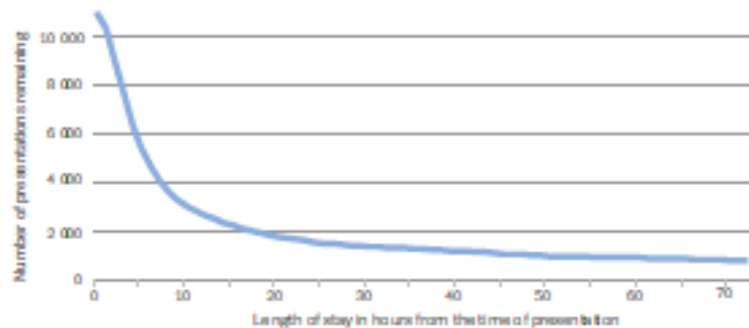


Opioids and heroin involved in 2 604 (24 %) of the presentations

Cocaine and cannabis respectively, 1 806 (16 %) and 1 741 (16 %)

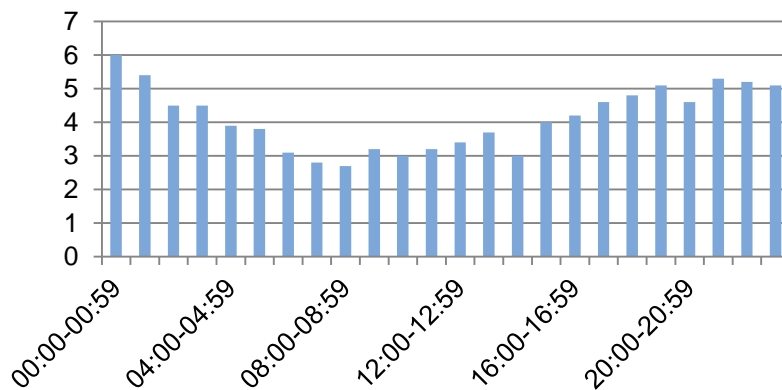
# Result - outcome

Length of stay of the presentations to the Euro-DEN network from October 2013 to September 2015



45% of the presentations were discharged from hospital within four hours of their presentation to the emergency department  
only 10.6 % of presentations had a hospital stay of more than 24 hours.

Percentage of presentations per time of day



Cases with acute drug toxicity can constitute a burden on emergency health services. Agitation and aggression are common features, and presentations are more common at weekends, late evenings or night.



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for Drugs and Drug Addiction

# Thank you!

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Julian Vicente, Dagmar Hedrich, Eleni Kalamara, Federica Mathis, Roland Simon

**DRD Key Indicator annual expert meeting**

