

Deaths related to drug poisoning in England and Wales, 2008



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The number of deaths related to drug poisoning, which includes deaths involving both legal and illegal drugs, for males was 2,075 in 2008, an increase of 8 per cent compared to 2007 and the highest number since 2001.

The number of female deaths rose to 853 in 2008, an increase of 17 per cent compared with 2007, after falling for the previous three years from 2005 to 2007.

There were 897 deaths involving heroin or morphine in 2008, an 8 per cent rise compared to 2007, and the highest number since 2001.

There were 235 deaths involving cocaine in 2008, an increase of 20 per cent compared with 2007 and a continuation of the upward trend.

The number of deaths involving antidepressants increased slightly from 335 in 2007 to 381 in 2008, but over the period 2004 to 2008 as a whole this figure has decreased by 19 per cent.

In 2008, the total number of drug misuse deaths rose to 1,738, the highest level recorded since 2001.

The figures presented here are the latest figures from the Office for National Statistics (ONS) database of deaths from drug-related poisoning, for the period 2004 to 2008. Provisional figures for 2008 (based on provisional death registrations for 2008) are

included with updated rates for 2007 (based on the mid-year population estimates for 2007). The database contains information on deaths from 1993; results based on registrations of deaths in each calendar year from 2003 to 2007 were published in 2008.¹ Provisional mortality rates for 2008 have been calculated using the population projections for 2008,² as population estimates are not yet available. Final figures and rates for 2008 will be presented in the next annual update.

Results

Number of deaths from drug-related poisoning by underlying cause

Table 1 gives the total number of deaths from drug-related poisoning registered in each year from 2004 to 2008, presented by their underlying 2001 cause. Each death is assigned an underlying cause of death that reflects the verdict of the coroner and the wording on the coroner's certificate. The number of deaths related to drug poisoning for males was 2,075 in 2008, an increase of 8 per cent compared with 2007 and the highest number since 2001. After three years of falling, the number of female deaths rose to 853 in 2008, an increase of 17 per cent compared with 2007.

Among males, in the period 2004 to 2008 there were broadly similar proportions of deaths due to 'mental and behavioural disorders due to drug use' (35 per cent), 'accidental poisoning by drugs' (34 per cent) and 'intentional self-poisonings and poisonings of undetermined intent' (30 per cent). However, over half of drug-related poisoning deaths among females in this period were 'intentional self-poisonings and poisonings of undetermined intent' (54 per cent).

Number of deaths from drug-related poisoning where selected substances were mentioned on the death certificate

Table 2 gives numbers of deaths where selected substances were mentioned on the death certificate for 2004 to 2008. These figures need to be interpreted with some caution for the following reasons:

- In around 10 per cent of deaths on the database only a general description, such as 'drug overdose', is recorded on the coroner's certificate of death. These deaths do not contribute to the count of specific substances

- Where more than one drug is mentioned on the death certificate, it is not always possible to tell which of them was primarily responsible for the death.
- Some deaths may be counted in more than one category in these tables. For example, if heroin and cannabis are recorded on the death certificate, the death will be recorded once under heroin and once under cannabis. Therefore the numbers in each column cannot be added together to give a total number of deaths.

As heroin (diamorphine) breaks down in the body into morphine, the latter may be detected at post mortem and recorded on the death certificate. Therefore a combined figure for deaths where heroin or morphine was mentioned on the death certificate is included in Table 2.

The figure for cocaine in Table 2 includes deaths where cocaine was taken in the form of crack cocaine. It is not possible to separately identify crack cocaine from other forms of cocaine at post mortem. Other evidence to distinguish the form of cocaine taken is rarely provided on death certificates.

The figure for GHB (gamma-hydroxybutyrate) in Table 2 includes deaths where GBL (gamma-butyrolactone) was taken. It is not possible to separately identify GBL and GHB at post mortem as GBL is rapidly converted to GHB when ingested into the human body.

In 2008, nearly a third (31 per cent) of drug-related poisoning deaths mentioned more than one drug or, for example, a 'multiple drug overdose'. The same proportion (31 per cent) of deaths contained a mention of alcohol in addition to a drug.

There were 897 deaths involving heroin or morphine in 2008, an 8 per cent rise compared with 2007 and the highest number since 2001. The number of deaths involving methadone rose throughout 2004 to 2008, to 378 in the latest year, an increase of 16 per cent compared with 2007 (and 73 per cent higher than in 2004). There were 235 deaths involving cocaine in 2008, continuing the long-term upward trend.

There were 99 deaths involving amphetamines in 2008, with nearly half of these being accounted for by deaths mentioning ecstasy. Cannabis was mentioned in 19 deaths in 2008, while the number of deaths mentioning GHB rose to 20 in 2008 from 9 in 2007. The number of deaths that mentioned benzodiazepines rose to 230 in 2008, an increase of 11

per cent compared with 2007. The biggest impact on this rise was from diazepam, where the number of deaths rose by 8 per cent to 133 in 2008. Deaths involving zopiclone/zolpidem decreased to 36 in 2008, whereas deaths involving barbiturates rose to 13.

In 2008, the number of deaths involving antidepressants increased to 381 from 335 in 2007, although over the period from 2004 to 2008 as a whole there was a 19 per cent decrease in these deaths. There was a 27 per cent decrease in deaths involving tricyclic antidepressants over this period, although again there was an increase in the number of deaths between 2007 and 2008, from 203 to 227. The number of deaths mentioning dothiepin continued a downward trend, and more than halved between 2004 and 2008 from 134 to 61. The number of deaths involving amitriptyline, selective serotonin re-uptake inhibitors (SSRIs) and other antidepressants remained relatively stable over the period 2004 to 2008.

Deaths involving paracetamol and its compounds increased slightly between 2007 and 2008 to 260, but this was still almost half the number of 517 in 2004. The overall figure for paracetamol includes those deaths where dextropropoxyphene was mentioned alone on the death certificate, as this substance is very rarely ingested except in combination with paracetamol. The biggest impact on this decline was from deaths involving co-proxamol (paracetamol and dextropropoxyphene compound formulation), where the number fell by 83 per cent between 2004 and 2008, from 287 to 48.

Deaths related to drug misuse

The definition of this indicator is 'deaths where the underlying cause is poisoning, drug abuse or drug dependence and where any of the substances controlled under the *Misuse of Drugs Act (1971)* are involved'. This definition has been adopted across the UK. Table 3 shows the numbers of deaths related to drug misuse, using this definition and the current list of drugs controlled under the *Misuse of Drugs Act*, for 2004 to 2008. The indicator is based on the current list of drugs controlled under the *Misuse of Drugs Act*, therefore data from earlier years have been updated to reflect additional substances.

In 2008, the total number of drug misuse deaths rose to 1,738, the highest number since 2001 and 8 per cent higher than in 2007. In 2008, 59 per cent of all drug poisoning deaths

were drug misuse deaths. Sixty-six per cent of male deaths were related to drug misuse, a much higher proportion than for females (44 per cent).

In 2008, 'accidental poisoning by drugs, medicaments and biological substances' was the most common underlying cause of deaths related to drug misuse in both males and females, at 44 per cent (Table 4). Over the period 2004 to 2008, the highest numbers of drug misuse deaths occurred in the 30–39 age group for both males and females, although female deaths were more evenly distributed across this and older age groups.

The mortality rate for deaths related to drug misuse was highest among men aged 30–39 throughout 2004 to 2008. However, the fastest rise over the period occurred in the 40–49 age group, which increased by nearly two thirds (65 per cent) (Figure 1). In 2008, rates for females were lower than for males in every age group but, as with men, the highest rate was among those aged 30–39. However, the fastest rise in mortality rates for deaths from drug misuse among females over the period 2004 to 2008 was seen in the 30–39 age group (57 per cent).

Age-standardised death rates for all drug related poisoning, and drug misuse

The mortality rates in males for deaths related to drug poisoning and for deaths related to drug misuse increased over the period 2004 to 2008, although there was a slight decrease in rates in 2006 (Figure 2). The female mortality rate for all drug-related poisoning declined between 2004 and 2007, then increased slightly in 2008, whereas the rate for drug misuse remained relatively stable over this period.

Age-standardised death rates for selected substances

The mortality rate for paracetamol and its compounds decreased in males by almost half (46 per cent) between 2004 and 2006 and then stabilised (Figure 3). There was a larger decrease in the mortality rate for female deaths involving paracetamol of 64 per cent between 2004 and 2007, when it stabilised. For both males and females, the mortality rate for deaths involving antidepressants decreased between 2004 and 2007, by 37 and 22 per cent respectively, before increasing by 20 and 6 per cent respectively in 2008.

Paracetamol and antidepressants are the substances most commonly used in suicides (which make up the majority of drug-related poisoning deaths among females).

The mortality rate for deaths involving methadone for males was 10.6 per million population in 2008, an increase of 58 per cent since 2004. Over the same period the mortality rate for methadone in females more than doubled, to 3.4 per million population in 2008. The mortality rate for heroin/morphine for both males and females continued to rise in 2008, and this was by far the highest rate of any selected substance for males throughout the period 2004 to 2008.

Methods

The database

The database of deaths related to drug poisoning has been developed to facilitate research into these deaths and to aid the identification of specific substances involved. The database is extracted from the national deaths database for England and Wales. Deaths are included if the underlying cause of death is regarded as resulting from drug-related poisoning, according to the current National Statistics definition.³ The *International Statistical Classification of Diseases and Related Health Problems*, Tenth Revision (ICD-10) codes used to define these deaths are listed in Box One.

The database covers accidents and suicides involving drug poisoning, as well as poisonings due to drug abuse and drug dependence, but not other adverse effects of drugs. The range of substances it contains is wide, including legal and illegal drugs, prescription drugs and over-the-counter medications. It does not include poisoning with non-medicinal substances such as household, agricultural or industrial chemicals. For each death, the database includes every mention of a substance recorded on the death certificate or mentioned by the coroner. Almost all deaths on the database had a coroner's inquest. The underlying cause of death is recorded in addition to other information about the deceased, as described in Box Two.

In 2000 the Advisory Council on the Misuse of Drugs published a report, *Reducing Drug Related Deaths*.⁴ In response to this report's recommendations on improving the present system for collecting data on drug-related deaths, a technical working group was set up. This group, consisting of experts across government, the devolved administrations, coroners, toxicologists and drugs agencies, proposed a headline indicator for drug-misuse-related deaths as part of the Government's Action Plan⁵ to reduce the number of these deaths. This indicator also takes into account the information needs of the European

Monitoring Centre for Drugs and Drug Addiction. The baseline year for monitoring deaths related to drug misuse was set as 1999.

The definition of the headline indicator using ICD–10 is shown in Box Three. The definition using ICD–9 was published in a previous annual report.⁶

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Table 1 Numbers of deaths from drug-related poisoning by sex and underlying cause of death, 2004–08¹

England and Wales								
Underlying cause (ICD-10 ² codes)	Sex	2004	2005	2006	2007	2008	Total 2004–08	Percentage of total
All deaths from drug-related poisoning	Males	1,856	1,887	1,782	1,914	2,075	9,514	100
	Females	931	875	788	726	853	4,173	100
Mental and behavioural disorders due to drug use (excluding alcohol and tobacco) (F11–F16, F18–F19)	Males	648	700	639	662	705	3,354	35
	Females	124	127	100	119	139	609	15
Accidental poisoning by drugs, medicaments and biological substances (X40–X44)	Males	523	534	598	725	861	3,241	34
	Females	237	239	245	239	327	1,287	31
Intentional self-poisoning by drugs, medicaments and biological substances (X60–X64), and poisoning by drugs, medicaments and biological substances, undetermined intent (Y10–Y14)	Males	679	648	540	520	500	2,887	30
	Females	568	506	439	368	385	2,266	54
Assault by drugs, medicaments and biological substances (X85)	Males	6	5	5	7	9	32	–
	Females	2	3	4	–	2	11	–

1 Figures for deaths registered in 2008 are provisional.
2 International Classification of Diseases, Tenth Revision.

Table 2 Numbers of deaths where selected substances were mentioned on the death certificate, 2004–08¹

England and Wales					
	2004	2005	2006	2007	2008
Total mentions					
All deaths from drug-related poisoning	2,787	2,762	2,570	2,640	2,928
Heroin and morphine	751	842	713	829	897
Methadone	219	220	241	325	378
Cocaine	154	176	190	196	235
All amphetamines	80	103	92	97	99
MDMA/ecstasy	43	58	48	47	44
Cannabis	19	19	17	12	19
Gamma-hydroxybutyrate (GHB)	1	4	7	9	20
All benzodiazepines	233	190	177	207	230
Temazepam	78	45	42	45	37
Diazepam	94	101	89	123	133
Nitrazepam	13	11	8	10	–
Zopiclone/zolpidem	57	48	39	51	36
Barbiturates	16	14	17	6	13
All antidepressants	469	401	336	335	381
Tricyclic antidepressants (BNF 4.3.1)	313	272	212	203	227
Dothiepin	134	107	74	71	61
Amitriptyline	148	127	108	113	144
Monoamine-oxidase inhibitors (BNF 4.3.2)	3	2	–	1	1
Selective serotonin re-uptake inhibitors (BNF 4.3.3)	105	81	76	80	116
Other antidepressants (BNF 4.3.4)	65	56	46	62	47
Paracetamol (includes dextropropoxyphene mentioned without paracetamol) ²	517	410	309	242	260
Paracetamol	448	362	287	224	242
Paracetamol and dextropropoxyphene compound formulation (includes dextropropoxyphene mentioned without paracetamol) ²	287	202	97	72	48
Paracetamol and codeine compound formulation	52	42	42	48	56
Paracetamol and dihydrocodeine compound formulation	15	19	18	9	12
Paracetamol not from compound formulation	174	153	154	116	147
Codeine not from compound formulation	50	44	60	60	70
Dihydrocodeine not from compound formulation	82	106	96	85	79
Aspirin	27	19	22	12	15
Tramadol	43	53	81	79	83

1 Figures for deaths registered in 2008 are provisional.
2 Dextropropoxyphene is very rarely ingested except in combination with paracetamol.

Table 2 cont. Numbers of deaths where selected substances were mentioned on the death certificate, 2004–08¹

England and Wales	2004	2005	2006	2007	2008
Mentions without other drugs					
All deaths mentioning only one drug	1,783	1,834	1,778	1,825	2,010
Heroin and morphine	491	558	496	587	587
Methadone	105	98	125	167	193
Cocaine	48	53	68	84	86
All amphetamines	45	59	47	56	44
MDMA/ecstasy	24	33	27	28	15
Cannabis	1	2	2	1	2
Gamma-hydroxybutyrate (GHB)	–	2	4	3	13
All benzodiazepines	43	31	36	36	35
Temazepam	20	16	16	17	14
Diazepam	5	6	8	9	8
Nitrazepam	7	4	2	6	–
Zopiclone/zolpidem	12	15	10	15	10
Barbiturates	13	11	10	3	10
All antidepressants	246	215	177	159	185
Tricyclic antidepressants (BNF 4.3.1)	186	167	129	108	131
Dothiepin	87	75	56	45	39
Amitriptyline	83	68	55	52	75
Monoamine-oxidase inhibitors (BNF 4.3.2)	1	1	–	1	–
Selective serotonin re-uptake inhibitors (BNF 4.3.3)	30	27	25	24	30
Other antidepressants (BNF 4.3.4)	24	19	18	24	16
Paracetamol	128	129	131	90	108
Codeine	17	19	22	26	33
Dihydrocodeine	31	43	46	33	37
Aspirin	9	6	8	5	12
Tramadol	21	26	42	26	29
Mentions with alcohol					
All deaths mentioning one or more drugs and alcohol	756	744	692	806	908
Heroin and morphine	250	283	252	303	353
Methadone	70	87	78	125	155
Cocaine	38	37	50	52	75
All amphetamines	18	17	15	29	25
MDMA/ecstasy	13	14	9	17	11
Cannabis	7	9	9	6	9
Gamma-hydroxybutyrate (GHB)	1	1	2	2	6
All benzodiazepines	93	88	71	82	122
Temazepam	32	20	9	15	15
Diazepam	36	50	41	52	77
Nitrazepam	4	5	–	2	–
Zopiclone/zolpidem	24	18	13	15	12
Barbiturates	2	1	5	1	2
All antidepressants	129	100	99	114	123
Tricyclic antidepressants (BNF 4.3.1)	75	65	56	58	62
Dothiepin	24	32	16	21	17
Amitriptyline	40	25	32	29	36
Monoamine-oxidase inhibitors (BNF 4.3.2)	–	–	–	–	1
Selective serotonin re-uptake inhibitors (BNF 4.3.3)	40	30	24	35	44
Other antidepressants (BNF 4.3.4)	17	9	18	21	19
Paracetamol (includes dextropropoxyphene mentioned without paracetamol) ²	135	92	70	58	77
Paracetamol	112	70	64	53	74
Paracetamol and dextropropoxyphene compound formulation (includes dextropropoxyphene mentioned without paracetamol) ²	96	48	33	21	12
Paracetamol and codeine compound formulation	9	14	7	11	18
Paracetamol and dihydrocodeine compound formulation	3	5	1	1	5
Paracetamol not from compound formulation	28	26	29	26	42
Codeine not from compound formulation	21	14	22	23	21
Dihydrocodeine not from compound formulation	18	31	33	19	17
Aspirin	3	3	2	2	3
Tramadol	9	6	20	12	17

¹ Figures for deaths registered in 2008 are provisional.

² Dextropropoxyphene is very rarely ingested except in combination with paracetamol.

Table 3 Numbers of deaths related to drug misuse¹ by sex and country,² 2004–08³

England and Wales	2004	2005	2006	2007	2008
England and Wales ²	1,495	1,608	1,573	1,604	1,738
Males	1,177	1,260	1,250	1,287	1,364
Females	318	348	323	317	374
England	1,415	1,506	1,469	1,479	1,617
Males	1,110	1,182	1,161	1,194	1,267
Females	305	324	308	285	350
Wales	68	89	92	110	96
Males	55	70	78	80	72
Females	13	19	14	30	24
Drug misuse deaths as a percentage of all deaths on the database	54	58	61	61	59

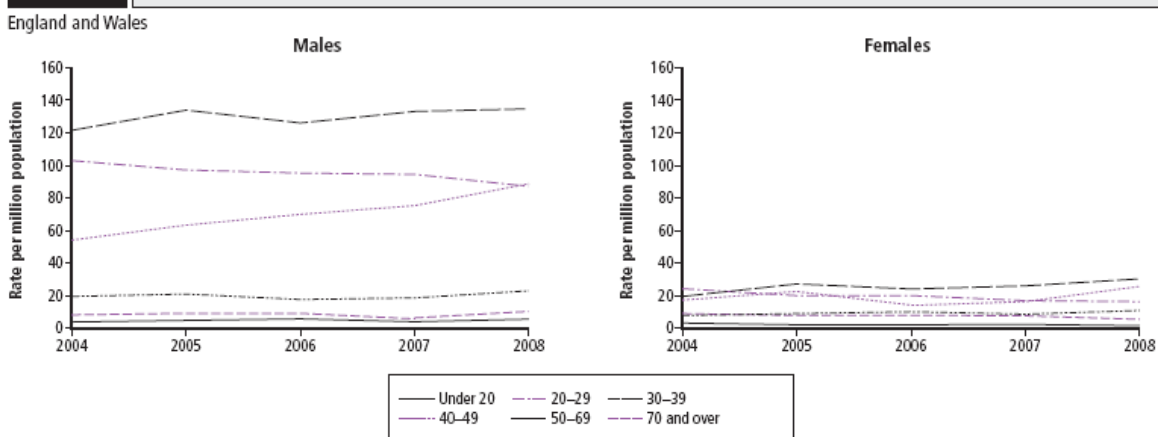
- 1 As defined by the current headline indicator on drug misuse (Box Three).
- 2 Figures for England and Wales include deaths to non-residents. The separate figures for England and for Wales include only deaths to residents of those countries.
- 3 Figures for deaths registered in 2008 are provisional.

Table 4 Numbers of deaths related to drug misuse¹ by sex, underlying cause of death and age group, 2004–08²

England and Wales		Sex	2004	2005	2006	2007	2008
Underlying cause of death (ICD-10³ codes)							
All deaths related to drug misuse		Males	1,000	1,076	1,070	1,287	1,364
		Females	372	411	396	317	374
Mental and behavioural disorders due to drug use (excluding alcohol and tobacco) (F11–F16, F18–F19)		Males	631	682	639	552	578
		Females	117	122	100	96	107
Accidental poisoning by drugs, medicaments and biological substances (X40–X44)		Males	364	389	426	528	597
		Females	78	103	114	124	166
Intentional self-poisoning by drugs, medicaments and biological substances (X60–X64), and poisoning by drugs, medicaments and biological substances, undetermined intent (Y10–Y14)		Males	177	184	180	200	182
		Females	123	121	107	97	99
Assault by drugs, medicaments and biological substances (X85)		Males	5	5	5	7	7
		Females	–	2	2	–	2
Age group							
All ages		Males	1,177	1,260	1,250	1,287	1,364
		Females	318	348	323	317	374
Under 20		Males	26	29	36	25	39
		Females	18	12	14	13	12
20–29		Males	346	336	338	343	328
		Females	80	66	70	60	60
30–39		Males	480	521	481	498	490
		Females	77	107	92	98	112
40–49		Males	197	239	270	296	350
		Females	64	83	56	65	102
50–69		Males	108	114	103	110	131
		Females	47	53	63	53	68
70 and over		Males	20	21	22	15	26
		Females	32	27	28	28	20

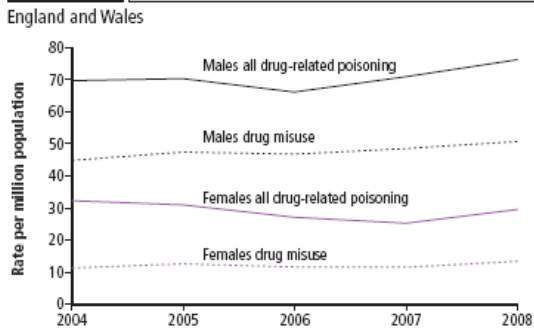
1 As defined by the current headline indicator on drug misuse (Box Three).
 2 Figures for deaths registered in 2008 are provisional.
 3 International Classification of Diseases, Tenth Revision.

Figure 1 Age-specific mortality rates for deaths relating to drug misuse, males and females, 2004–08¹



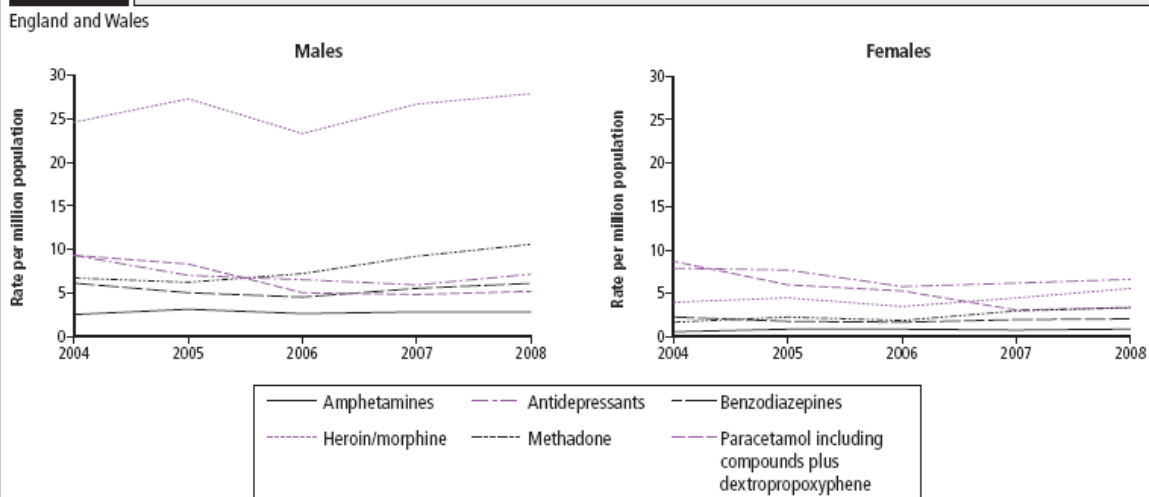
1 Mortality rates for 2008 have been calculated using provisional death registrations figures for 2008 and population projections for 2008 as estimates are not yet available. These rates are therefore provisional.

Figure 2 Mortality rates¹ for all drug-related poisoning, and drug misuse, by sex, 2004–08²



1 Directly age-standardised using the European standard population.
 2 Mortality rates for 2008 have been calculated using provisional death registrations figures for 2008 and population projections for 2008 as estimates are not yet available. These rates are therefore provisional.

Figure 3 Mortality rates¹ for selected substances, by sex, England and Wales, 2004–08²



1 Directly age-standardised using the European standard population
 2 Mortality rates for 2008 have been calculated using provisional death registrations figures for 2008 and population projections for 2008 as estimates are not yet available. These rates are therefore provisional.

Box one

ICD-10 Underlying cause code	Description
F11–F16, F18–F19	Mental and behavioural disorders due to drug use (excluding alcohol and tobacco)
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

Box two

For each death the database of drug-related poisonings includes:

- the underlying cause of death
- every mention of a substance recorded by the coroner in the cause of death section or elsewhere on the Coroner's certificate after inquest (Form 99(REV))
- an indicator to show if alcohol is mentioned
- other information recorded at death registration such as age, sex, marital status, occupation and place of usual residence

Box three

Cause of death categories included in the headline indicator of drug misuse deaths (the relevant codes from ICD-10 are given in brackets):

a) deaths where the underlying cause of death has been coded to the following categories of mental and behavioural disorders due to psychoactive substance use (excluding alcohol, tobacco and volatile solvents):

- (i) opioids (F11)
- (ii) cannabinoids (F12)
- (iii) sedatives or hypnotics (F13)
- (iv) cocaine (F14)
- (v) other stimulants, including caffeine (F15)
- (vi) hallucinogens (F16) and
- (vii) multiple drug use and use of other psychoactive substances (F19)

b) deaths coded to the following categories **and** where a drug controlled under the *Misuse of Drugs Act 1971* was mentioned on the death record:

- (i) accidental poisoning by drugs, medicaments and biological substances (X40–X44)
- (ii) intentional self-poisoning by drugs, medicaments and biological substances (X60–X64)
- (iii) poisoning by drugs, medicaments and biological substances, undetermined intent (Y10–Y14)
- (iv) assault by drugs, medicaments and biological substances (X85) and
- (v) mental and behavioural disorders due to use of volatile solvents (F18)

Notes

1. Deaths coded to opiate abuse which resulted from the injection of contaminated heroin have been **included** in the indicator. This differs from the approach taken in Scotland, where these deaths have been **excluded**. This is because the General Register Office for Scotland (GROS) is able to identify deaths which occurred as a result of the use of contaminated heroin, whereas in England and Wales these deaths cannot be readily identified. In practice, in England and Wales, they will only be included where the drug was mentioned on the death record and the death was coded to one of the ICD codes on the ONS database of drug-related poisonings and not to an infection code.
2. Specific rules were adopted for dealing with compound analgesics which contain relatively small quantities of drugs listed under the *Misuse of Drugs Act 1971*, the major ones being dextropropoxyphene, dihydrocodeine and codeine. Where these drugs are mentioned on a death record, they have been excluded if they are part of a compound analgesic (such as *co-proxamol*, *co-dydramol* or *co-codamol*) or cold remedy.
Dextropropoxyphene has been excluded on all occasions, whether or not paracetamol or a compound analgesic was mentioned. This is because dextropropoxyphene is rarely, if ever, available other than as part of a paracetamol compound. However, codeine or dihydrocodeine mentioned **alone** were included in the indicator. This is because they are routinely available and known to be abused in this form. This approach is the same as that taken by GROS.
3. Drugs controlled under the *Misuse of Drugs Act 1971* include class A, B and C drugs.
4. Information on the cause of death categories used to define the indicator in ICD-10 can be found in the report in *Health Statistics Quarterly* 39.¹

Background Notes

1. Provisional figures for 2008 death registrations were published on 21 May 2009. Deaths related to drug poisoning for 2008 have therefore been marked as provisional to allow further quality assurance before the release of final figures in the next annual report. The

quality of the provisional figures is comparable with final death registration figures released in previous years.

2. Mortality rates are presented as deaths per million population, directly age-standardised to the European standard population.

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Issued by: Office for National Statistics, Government Buildings, Cardiff Road, Newport NP10 8XG

Media contact:

Tel **Media Relations Office 0845 6041858**
 Emergency on-call 07867 906553
E-mail **press.office@ons.gsi.gov.uk**

Statistical contact:

Tel **Emma Gordon 01633 455866**
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