Drug induced deaths (NHC) − *deaths per 100 000 persons, age standardised*

Geography	Nordland		Troms og Finnmark	
Age	15 years +	15-64 years	15 years +	15-64 years
Year				
1996	:	3	:	:
1997	:	4	:	:
1998	:	3	:	:
1999	:	4	:	:
2000	:	5	:	:
2001	:	8	:	:
2002	:	3	:	:
2003	:	:	:	:
2004	:	5	:	:
2005	:	3	:	:
2006	:	4	:	:
2007	:	7	:	:
2008	:	3	:	:
2009	:	5	:	:
2010	:	3	:	:
2011	:	7	:	:
2012	:	12	:	:
2013	:	10	:	:
2014	:	4	:	:
2015	:	7	:	:
2016	:	5	:	:
2017	:	4	:	:
2018	:	9	:	:

CellMark Legend

..   Missing data
.   Not possible to calculate
:   Hidden value

Description

Number of drug induced deaths and deaths per 100 000 inhabitants 15+ per year, age standardised. The numbers are shown by counties per 1.1.2020, to see numbers by counties per 1.1.2018 see "Discontinued time series".

The statistics include all persons registered as a resident of Norway/the county at the time of death, regardless of whether the death occurred in their home county, a different county or abroad.

Rates are age standardized to reduce the effect of differing age distributions when groups are compared over time and between geographical regions. Annual figures are standardized according to 5-year age groups in the Norwegian population per 1 January 2012.

To change the table, open "change selection of...".
Four measures are available. Use the Measure button to select:
1. Number of deaths
2. Deaths per 100 000 persons = Number per 100 000 inhabitants* per year (rate)
3. Deaths per 100 000, standardized = Number per 100 000 inhabitants* per year (rate). Standardised for age composition.
4. Standardised ratio (Norway = 100) = Ratio between the county's rate and the national rate for a given year. Examples; ratio = 130 means that the county's rate is 30% higher than the national level. A ratio of 87 means that the county's rate is 13% lower than the national level.

*Includes residents in the relevant age and gender segment.

Standardized figures are recommended when comparing geographical areas, and when looking at trends over time. The purpose of standardization is to reduce the influence of varying age compositions when comparing groups in time and space.

The following editions of the ICD system have been used: 1970-1985: ICD-8, 1986-1995: ICD-9, 1996 onwards: ICD-10.

Drugt induced deaths includes:

F11-F12, F14-F16, F19
or
X41, X44, X61, X64, Y11, Y14 in combination with T43.6
or
X42, X44, X62, X64, Y12, Y14 in combination with T40

Rationale for indicator

Suicides and overdoses are the most important causes of death among adolescents and adults aged 15-49 in Norway (Burden of Disease in Norway 2015). Those who die of drug overdoses have usually used drugs for many years, which has health and social consequences. Drug-related deaths in a county mean that there is a user environment there, which makes it easier to access drugs even for people outside such environments. Therefore, in order to avoid recruitment and increases in drug use in the population, it is important to ensure that people in existing user environments get help and thus reduce the size of the user environment.

Source

Cause of Death Registry, Norwegian Institute of Public Health

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Collection

Statistics are based on information from the Cause of Death Registry and include all residents in Norway. Statistics include residents in Norway, including those who die abroad. Tourists and non-residents who die in Norway are not included.

Cause of death statistics are collated from death reports completed by public physicians.
In addition, information and results are obtained from autopsies from hospital and forensic investigations. When coding for causes of death, the underlying cause of death stated by the issuing physician should be selected. Underlying cause of death is defined as the disease or injury which, in the opinion of the physician, started the chain of conditions that led directly to death. Causes of death are otherwise coded in accordance with the principles and guidelines established by the WHO, using ICD (International Statistical Classification of Diseases and Related Health Problems).

Interpretation and sources of error

When the NIPH took over the Cause of Death Registry, a decision was made to publish updated numbers, even when new information arrived after the year officially ended.
This will usually cause the updated number to be slightly higher, but it can also cause it to be lower (in some subgroups), for example if the CDR receives information that a person who has been considered a resident nevertheless was not (but had emigrated). Efforts have been made to create a population base of as good quality as possible.

Major changes in the statistics involving the years 1995-1996 may be due to the transition from ICD-9 to ICD-10. As of 2003, the WHO introduced a change in coding for overdoses (poisoning) that led to a change in the definition of drug-related deaths. This contributed to an increase in figures from earlier years.

This will usually cause the updated number to be slightly higher, but it can also cause it to be lower (in some subgroups). For example if the Registry receives information that a person who has been considered a resident nevertheless was not (i.e., had emigrated). It has been a lot of effort to create a population base of as good quality as possible. Major changes in the statistics involving the years 1995-1996 may be due to the transition from codecs ICD-9 to ICD-10. As of 2003, the WHO introduced a change in coding for overdoses (poisoning) that led to a change in the definition of drug-fatal deaths. This helped to make the figures somewhat higher than before.

Data quality

Data quality is considered to be essentially good. However, fewer autopsies are performed, so quality assurance of diagnosis is difficult.

Diagnosis statements from the actual cause of death investigation and the physician's report of information on death reports are the biggest sources of uncertainty linked to cause of death statistics. The errors for certain diseases may be significant. One problem is that for about 20% of the deaths, an unspecific or information-poor diagnosis is given as the underlying cause of death.

It can be difficult to determine if drug intake is the direct underlying cause of death for people with a complex and complicated diagnosis.

When numbers are missing

Statistics based on fewer than four cases are hidden for privacy reasons. Where the population segment from which the cases are derived is less than 10, the numbers are also hidden for privacy reasons. In addition, statistics for a subgroup are hidden if the number for this subgroup, along with the size of the population, could be used to derive a number that is hidden for privacy reasons.

If more than 20 percent of the numbers in a time series are hidden for privacy reasons, the entire time series is hidden in order not to create a skewed impression of the situation.

Time periods

1996-2018

Geographical level

Country, health region, counties

Gender

Both genders

Age groups

15-64 and 15 years +

Frequency of updates

Annually

Last updated

11/28/19

Keywords

Click on a keyword to search for similar indicators.

- Cause of death
- Dead
- Death
- Drug induced
- Drug

Fact sheets

Below are links to relevant fact sheets, articles and reports. These may describe trends over time in the Norwegian population or differences by sex, age group, geographical region or socioeconomic status:

- Substance use disorders in Norway