Statistical bulletin

Deaths related to drug poisoning in England and Wales: 2025 registrations

Deaths related to drug poisoning in England and Wales from 1993 to 2025 by cause of death, sex, age and substances involved in the death.

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1 . Main points

Deaths related to drug poisoning, 2025 registrations

Statistics on deaths related to drug poisoning are mainly based on the year in which the death was registered. This is because of long delays between the date these deaths occur and the date they are registered and received by the Office for National Statistics (ONS). Registration data relate to the previous year, and occurrence data have a lag of an additional year to allow for inquest times. For example, in this release we have published 2025 registrations and 2024 occurrences.

- In England and Wales, 5,519 deaths related to drug poisoning were registered in 2025, the equivalent of 92.4 deaths per million people; overall, this was the first annual decrease in the age-standardised mortality rate since 2012, down from 93.9 deaths per million and 5,565 deaths in 2024.
- The drug-poisoning mortality rate increased among males to 130.0 deaths per million in 2025, while the rate among females decreased to 56.6 deaths per million; the difference between male and female mortality widened compared with 2024.
- There were 3,615 deaths related to drug misuse registered in 2025, equivalent to 60.6 deaths per million people and down from 63.1 deaths per million in 2024; people aged 40 to 49 years continued to have the highest death rate, at 141.4 deaths per million.
- Cocaine was the most frequently mentioned specific substance involved in drug-poisoning deaths registered in 2025, with 1,233 deaths, overtaking heroin or morphine (1,210 deaths); opiates and opioids remained the most frequently mentioned substance group and were involved in 2,324 deaths, 11.3% fewer than in 2024.
- The North East continued to have the highest drug-poisoning mortality rate, despite a decrease from 167.6 deaths per million people in 2024 to 135.2 in 2025 (the largest decrease among English regions); London had the lowest rate at 58.3 deaths per million.
- In Wales, there were 422 deaths related to drug poisoning registered in 2025, equivalent to 141.3 deaths per million people; this was higher than the rate in England (89.5 deaths per million people), and 0.6% higher than the rate of 140.4 deaths per million people in Wales in 2024.

Deaths related to drug poisoning, 2024 occurrences

Trends in registrations are influenced by how long it takes coroners to register deaths, as well as by changes in drug-poisoning deaths. It is, therefore, important to also consider deaths by year of occurrence. For the additional occurrence-based analysis in this bulletin, we use the same 18-month registration period for each year to allow fair comparisons; the 2024 figures include provisional registrations up to Quarter 2 (Apr to June) 2026.

In 2024:

- there were 5,203 drug-poisoning deaths in England and Wales, equivalent to a rate of 87.5 deaths per million people
- the rate was unchanged from 2023, following a general increase since 2010

It is important to consider the difference between drug-poisoning death occurrences and drug-poisoning death registrations to understand and use the statistics in this publication. Please read more in Section 10: Data sources and quality.

For future releases in this series, we will use improved statistical methods to produce timelier death occurrence estimates. These improved estimates will account for long registration delays for some deaths and allow for reliable comparisons between years.

2 . Drug poisoning in England and Wales

In England and Wales in 2025, 5,519 deaths related to drug poisoning were registered, 46 fewer than in 2024 (5,565 deaths). The age-standardised mortality rate was 92.4 deaths per million people, down from 93.9 deaths per million people in 2024. This was the first annual decrease in the rate since 2012, following 12 consecutive annual increases, although the rate remained close to the level recorded in 2024.

Statistics on drug-poisoning deaths are based on the date of death registration. Because of registration delays, 62.7% of deaths registered in 2025 occurred in previous years.

The age-standardised mortality rate for deaths related to drug poisoning remained higher among males than females in 2025.

When compared with 2024:

- the male rate increased by 1.0%, from 128.7 deaths per million people in 2024 to 130.0 deaths per million people in 2025
- the female rate decreased by 6.6%, from 60.6 deaths per million people in 2024 to 56.6 deaths per million people in 2025

The difference between male and female mortality rates has widened over time; the male rate was 2.3 times the female rate in 2025, compared with 1.5 times the female rate in 1993.

Figure 1: Mortality rates from drug poisoning increased for males and decreased for females in 2025

Age-standardised mortality rates for deaths related to drug poisoning, by sex, England and Wales, registered between 1993 and 2025

Notes

1. Age-standardised mortality rates per million people, standardised to the 2013 European Standard Population.
2. Cause of death was defined using the International Classification of Diseases, 9th Revision (ICD-9) for the years 1993 to 2000, and 10th Revision (ICD-10) from 2001 onwards. More details can be found in our Deaths related to drug poisoning in England and Wales Quality and Methodology Information (QMI).
3. Figures are for deaths registered, rather than deaths occurring, in each calendar year.
4. Figures for England and Wales include deaths of non-residents.

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3 . Drug-poisoning deaths in England, Wales and English regions

England

In 2025, 5,078 deaths related to drug poisoning were registered in England. This equated to a rate of 89.5 deaths per million people, 1.8% lower than the rate recorded in 2024 (91.1 deaths per million people, 5,129 deaths).

Wales

In 2025, 422 deaths related to drug poisoning were registered in Wales. This equated to a rate of 141.3 deaths per million people, 0.6% higher than in 2024 (140.4 deaths per million people, 417 deaths).

Regional drug-poisoning deaths in 2025

Drug-poisoning death rates varied across English regions in 2025. The highest rate was in the North East (135.2 deaths per million people; 349 registered deaths), which has had the highest rate among English regions since 2013. The lowest rate was in London (58.3 deaths per million people; 518 registered deaths). The rate in the North East was around 2.3 times higher than in London.

Between 2024 and 2025, changes in drug-poisoning death rates varied across English regions:

- the South West had the largest percentage increase, with the death rate increasing by 16.3%, from 83.0 to 96.5 deaths per million people (an increase of 13.5 deaths per million)
- London had the largest percentage decrease, with the death rate decreasing by 23.8%, from 76.5 to 58.3 deaths per million people (a decrease of 18.2 deaths per million)
- the North East death rate decreased by 19.3%, from 167.6 to 135.2 deaths per million people (a decrease of 32.4 deaths per million)
- among the remaining regions, death rates increased in the South East (13.4%), Yorkshire and The Humber (7.5%), and the East of England (5.4%); death rates decreased in the East Midlands (7.3%), West Midlands (4.5%), and the North West (2.7%)

Figure 2: Drug-poisoning death rates remained highest in the North East and Wales in 2025

Age-standardised mortality rates for deaths related to drug poisoning, by sex, for countries and regions of England and Wales, registered between 1993 and 2025

Notes

1. Age-standardised mortality rates per million people, standardised to the 2013 European Standard Population.
2. Cause of death was defined using the International Classification of Diseases, 9th Revision (ICD-9) for the years 1993 to 2000 and 10th Revision (ICD-10) from 2001 onwards. More details can be found in our Deaths related to drug poisoning in England and Wales Quality and Methodology Information (QMI).
3. Figures are for deaths registered, rather than deaths occurring in each calendar year.

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Further breakdowns of drug-poisoning deaths by local authority, using three-year periods, are available in our Deaths related to drug poisoning by local authority, England and Wales dataset.

4 . Drug misuse in England and Wales

Deaths classified as drug misuse must meet one or both of the following conditions:

- the underlying cause is a specified mental and behavioural disorder because of drug use
- any of the substances involved are controlled under the Misuse of Drugs Act 1971

This definition of a drug misuse death was established by the Advisory Council on the Misuse of Drugs (ACMD) cross-UK working group in 2000. It is used across UK statistics producers to distinguish these deaths from other categories, such as drug-poisoning or drug-induced deaths, although some producers now use different terminology for this definition.

Information on the specific drugs involved in a death is not always available from the death certificate. The Office for National Statistics (ONS) does not have access to post-mortem reports or toxicology results. Some records contain only general terms such as "drug overdose", "drug poisoning" or "multiple drug toxicity".

In 2025, 1,244 drug-poisoning deaths (22.5%) had no specific substance information recorded. Although this was slightly higher than in 2024 (21.4%), the proportion without specific substance information has fallen overall since it peaked at 25.2% in 2022.

This does not affect the overall number of drug-poisoning deaths, which is based on the underlying cause of death. However, it can affect the identification of deaths related to drug misuse and specific substances. Figures for drug misuse and individual substances may, therefore, underestimate the true number of deaths involving a particular drug. As such, caution is advised when interpreting these statistics.

Rates of drug-misuse deaths decreased in 2025

Of the 5,519 registered drug-poisoning deaths in 2025, 3,615 were identified as drug misuse, accounting for 65.5% of all drug-poisoning deaths, compared with 67.1% in 2024. Excluding the 1,244 deaths where no information was available on the drugs involved, this proportion rises to 84.6%, compared with 85.4% in 2024.

The rate of deaths related to drug misuse was 60.6 deaths per million people in 2025, down from 63.1 deaths per million people in 2024.

For drug-misuse deaths in 2025:

- males accounted for 72.5% of deaths (2,622 deaths), with a rate of 90.0 deaths per million people, compared with 2,635 deaths and 91.2 deaths per million people in 2024
- females accounted for 27.5% of deaths (993 deaths), with a rate of 32.5 deaths per million people, compared with 1,101 deaths and 36.2 deaths per million people in 2024

Figure 3: Mortality rates for drug misuse decreased for males and females in 2025

Age-standardised mortality rates for deaths related to drug misuse, by sex, England and Wales, registered between 1993 and 2025

Notes

1. Age-standardised mortality rates per million people, standardised to the 2013 European Standard Population.
2. Cause of death was defined using the International Classification of Diseases, 9th Revision (ICD-9) for the years 1993 to 2000, and 10th Revision (ICD-10) from 2001 onwards. More details can be found in our Deaths related to drug poisoning in England and Wales Quality and Methodology Information (QMI).
3. Figures are for deaths registered, rather than deaths occurring, in each calendar year.
4. Figures for England and Wales include deaths of non-residents.

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Drug misuse deaths by age

In 2025, the highest rate of drug misuse deaths was among those aged 40 to 49 years (141.4 deaths per million people), although this was lower than the rate recorded in 2024 (146.6 deaths per million people).

Between 2024 and 2025:

- rates increased among those aged under 20 years (2.8 and 3.1 deaths per million people, respectively)
- rates increased among those aged 20 to 29 years (41.5 and 46.3 deaths per million people, respectively)
- rates decreased among those aged 30 to 39 years, 40 to 49 years, and 50 to 69 years, while the rate for those aged 70 years and over remained unchanged

The age group with the highest rate of drug misuse deaths has changed over time. Those aged 20 to 29 years during the late 1990s and early 2000s would largely have been born during the 1970s, and are often termed Generation X. As this generation aged, the age group with the highest rate of drug misuse deaths became progressively older:

- 20 to 29 years during the 1990s and early 2000s
- 30 to 39 years from 2003 to mid-2010s
- 40 to 49 years since 2016

This shift is also reflected in the average age at death for drug misuse deaths, which has increased over time.

In 2025, the average age at death was unchanged from 2024 for both males and females:

- 45.5 years for males
- 48.5 years for females

Since 2015, the average age at death increased by 3.9 years for males, and 2.0 years for females.

Figure 4: The highest rate of drug misuse deaths has shifted from those aged 20 to 29 years to those aged 40 to 49 years between 1993 and 2025

Age-specific mortality rates for deaths related to drug misuse, by age, England and Wales, registered between 1993 and 2025

1. Age-specific mortality rates per million population.
2. Cause of death was defined using the International Classification of Diseases, 9th Revision (ICD-9) for the years 1993 to 2000 and 10th Revision (ICD-10) from 2001 onwards. More details can be found in our Deaths related to drug poisoning in England and Wales Quality and Methodology Information (QMI).
3. Figures are for deaths registered, rather than deaths occurring in each calendar year.
4. Figures for England and Wales include deaths of non-residents.

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5 . Drug poisonings from selected substances

Information on individual substances is based on details recorded by coroners on the death certificate.

Where no specific substances are recorded, figures for drug misuse and individual substances may underestimate deaths involving these drugs. However, they cannot overestimate deaths involving a particular substance because cases are only included where that substance is specifically mentioned on the death certificate.

The total number of drug-poisoning deaths is not affected by missing substance information. However, figures for drug misuse and individual substances may underestimate deaths involving a particular substance where no specific substances are recorded on the death certificate.

Opiates and opioids in drug-poisoning deaths

Opiates and opioids remained the most frequently mentioned substance group in drug-poisoning deaths registered in England and Wales in 2025, despite decreases in several of the most commonly mentioned substances within this group. Opiates and opioids were mentioned in 2,324 deaths, equivalent to 39.2 deaths per million people; this is down from 2,621 deaths and 44.5 deaths per million in 2024. Opiates and opioids were involved in 42.1% of all drug-poisoning deaths in 2025.

Excluding deaths where no specific substance information was recorded on the death certificate, opiates and opioids were mentioned in 54.4% of drug-poisoning deaths in 2025, compared with 59.9% in 2024.

The decline in death rates was seen across several of the most commonly mentioned opiates and opioids between 2024 and 2025:

- heroin and morphine: 1,415 to 1,210 deaths (24.1 to 20.4 deaths per million)
- methadone: 676 to 584 deaths (11.7 to 10.0 deaths per million)
- tramadol: 213 to 176 deaths (3.6 to 2.9 deaths per million)

Heroin and morphine, which are often indistinguishable in toxicology testing, continued to be the most frequently mentioned opiates and opioids in 2025.

Figure 5: Opiates and opioids remained the most frequently mentioned substance group, despite falling mortality rates in 2025

Age-standardised mortality rates for deaths by all opiates or opioids, heroin or morphine, and methadone, England and Wales, registered between 1993 and 2025

Notes

1. Age-standardised mortality rates per million people, standardised to the 2013 European Standard Population.
2. Cause of death was defined using the International Classification of Diseases, 9th Revision (ICD-9) for the years 1993 to 2000, and 10th Revision (ICD-10) from 2001 onwards. More details can be found in our Deaths related to drug poisoning in England and Wales Quality and Methodology Information (QMI).
3. Figures are for deaths registered, rather than deaths occurring, in each calendar year.
4. Figures for England and Wales include deaths of non-residents.

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Deaths involving selected new psychoactive substances in 2025

There were 308 deaths involving a new psychoactive substance (NPS) registered in England and Wales in 2025, compared with 312 in 2024.

Synthetic cannabinoids

Deaths involving synthetic cannabinoids more than doubled, from 44 in 2024 to 95 in 2025. This was the highest number of deaths recorded since synthetic cannabinoids first appeared in the deaths data in 2012, exceeding the previous peak of 69 deaths in 2021.

Nitazenes

Deaths involving nitazenes decreased from 195 in 2024 to 150 in 2025. However, the number remained almost 3 times higher than in 2023 (52 deaths). Protonitazene was the most frequently mentioned nitazene in 2025, appearing in 94 deaths.

Cocaine was the most frequently mentioned specific substance in 2025

In 2025, cocaine overtook heroin or morphine as the most frequently mentioned specific substance in drug-poisoning deaths for the first time since the series began in 1993.

There were 1,233 deaths involving cocaine registered in England and Wales in 2025, equivalent to 20.7 deaths per million people. This was down from 1,279 deaths (21.5 deaths per million) in 2024. Despite the decrease in 2025, deaths involving cocaine remained historically high and were more than 8 times higher than in 2010 (144 deaths).

Of those whose deaths involved cocaine in 2025:

- 984 were male (79.8%), equivalent to 33.6 deaths per million
- 249 were female (20.2%), equivalent to 8.3 deaths per million

There were 1,210 deaths involving heroin or morphine in 2025 (20.4 deaths per million), compared with 1,201 deaths in 2015. The number of deaths involving heroin or morphine in 2015 was almost 4 times higher than for cocaine (320 deaths).

Figure 6: Deaths involving cocaine fell in 2025 after more than a decade of increases

Age-standardised mortality rates for selected substances, by sex, England and Wales, deaths registered between 1993 to 2025

Notes

1. Age-standardised mortality rates per million people, standardised to the 2013 European Standard Population.

2. Cause of death was defined using the International Classification of Diseases, 9th Revision (ICD-9) for the years 1993 to 2000 and 10th Revision (ICD-10) from 2001 onwards. More details can be found in our Deaths related to drug poisoning in England and Wales Quality and Methodology Information (QMI).

3. Figures are for deaths registered, rather than deaths occurring in each calendar year.

4. Figures for England and Wales include deaths of non-residents.

5. Rates are not calculated when the number of deaths is fewer than 10.

6. Codeine is not from compound formulation such as co-codamol; paracetamol includes compounds and dextropropoxyphene mentioned without paracetamol (as dextropropoxyphene is very rarely ingested except in combination with paracetamol).

7. Substances shown were mentioned on the death certificate and are not necessarily the underlying cause of death. More than one substance may be recorded for a death.

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Emerging and longer-term trends in selected substances

Several other substances showed notable trends over the latest 5 or 10 years:

- bromazolam first appeared in these figures in 2022, when it was mentioned in 18 deaths; this increased to 77 deaths in 2023, 169 in 2024, and 177 in 2025
- ketamine was mentioned in 115 deaths in 2025, compared with 27 in 2020, and 7 in 2015
- pregabalin was mentioned in 581 deaths in 2025; although this was lower than the 617 deaths recorded in 2024, it was more than 6 times the 90 deaths recorded in 2015
- gabapentin was mentioned in 162 deaths in 2025, more than 3 times the 49 deaths recorded in 2015
- propranolol was mentioned in 124 deaths in 2025, compared with 64 in 2020, and 55 in 2015
- promethazine was mentioned in 63 deaths in 2025, almost 5 times the 13 deaths recorded in 2015

Further breakdowns for a wider range of substances are available in our Deaths related to drug poisoning by selected substances, England and Wales dataset.

6 . Drug-poisoning deaths occurring in England and Wales

Many drug-poisoning deaths are not registered in the same year that they occur. Most drug-poisoning deaths are certified by a coroner, usually following an inquest, which can result in a delay between the date the death occurred and the date it was registered. In 2025, the median registration delay was 209 days in England, and 253 days in Wales.

This means that registration data include drug-poisoning deaths that occurred in previous years. It also means that statistics based on the year of occurrence are updated over time as additional deaths are registered, so occurrence figures for a given year may not match those previously published.

Further information on occurrence-based mortality statistics can be found in our Suicides in England and Wales: 1981 to 2025 bulletin.

Figure 7 shows the percentage of drug-poisoning deaths registered each year, broken down by the actual year in which the death occurred. The proportion of deaths registered in the same year as the death occurred has generally fallen over time, from 61.7% in 2001 to 37.3% in 2025. Of drug-poisoning deaths registered in 2025, 51.7% occurred in the previous year, and 10.9% occurred 2 or more years earlier.

Figure 7: Percentage of drug-poisoning deaths registered by year and time taken to register, England and Wales, 2001 to 2025

Percentage of drug-poisoning deaths, England and Wales, registered between 2001 and 2025

Notes

1. Includes deaths of non-residents.
2. Percentages may not sum to 100 because of rounding.

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Drug-poisoning death occurrences over time

To compare drug-poisoning deaths by year of occurrence, we allowed the same amount of time for deaths to be registered for each year, including registrations up to 18 months after the end of the occurrence year. This extends the 15-month registration window used in previous publications, and reflects the availability of additional registration data.

For deaths occurring in 2024, we included registrations up to the end of June 2026, using provisional registration data from Quarter 1 (Jan to Mar) and Quarter 2 (Apr to June) 2026. The same approach was applied to earlier years, for example, deaths occurring in 2023 included registrations up to the end of June 2025.

Using this approach, 5,203 drug-poisoning deaths occurred in England and Wales in 2024, equivalent to a rate of 87.5 deaths per million people. The rate was also 87.5 deaths per million people in 2023.

Table 1 shows drug-poisoning deaths by year of occurrence using two measures. Figures based on all available finalised death registrations can be higher because earlier occurrence years have had more time for deaths to be registered. For comparison over time, we also show figures using the same 18-month registration period for each occurrence year, giving each year the same amount of time for registrations to be included.

Table 1: Drug-poisoning deaths occurring in England and Wales, 2010 to 2024

Year of death occurrence	Number of drug-poisoning deaths (finalised 2025 death registrations)	Rate of drug-poisoning deaths per million (finalised 2025 death registrations)	Number of drug-poisoning deaths (registered within 18 months of the end of occurrence year)	Rate of drug-poisoning deaths per million (registered within 18 months of the end of occurrence year)
2024	4,928	82.9	5,203	87.5
2023	5,289	89.5	5,170	87.5
2022	5,243	89.8	4,987	85.5
2021	5,205	90.1	4,935	85.4
2020	4,998	86.6	4,796	83.2
2019	4,807	83.3	4,549	78.9
2018	4,629	80.4	4,462	77.6
2017	4,059	70.8	3,982	69.5
2016	3,975	69.6	3,892	68.2
2015	3,751	66.1	3,695	65.1
2014	3,310	58.7	3,251	57.7
2013	3,116	55.6	3,057	54.5
2012	2,734	49.0	2,659	47.6
2011	2,691	48.4	2,633	47.4
2010	2,574	46.5	2,510	45.4

Source: Deaths related to drug poisoning in England and Wales from the Office for National Statistics

Notes

1. Age-standardised mortality rates per million people standardised to the 2013 European Standard Population.
2. Includes deaths of non-residents.
3. Figures are for deaths occurring in each calendar year. With the numbers subject to change as more deaths are registered.
4. Figures for 2024 include provisional death registrations up to the end of June 2026.

Figure 8 shows why a consistent registration period is important when considering trends in drug-poisoning deaths by year of occurrence. Using finalised death registrations up to the end of 2025, the rate of deaths occurring in 2024 appears lower than in previous years. However, some deaths that occurred in 2024 will be registered in 2026 or later, meaning that the latest occurrence figures are incomplete when based only on finalised registrations to the end of 2025.

To help demonstrate the trend, Figure 8 also shows drug-poisoning death occurrence rates using the same 18-month registration period for each occurrence year. Using this comparable period, the death rate was 87.5 deaths per million people in both 2023 and 2024; rates have generally increased since 2010.

Figure 8: The rate of drug-poisoning death occurrences in 2024 was the same as seen in 2023

Age-standardised drug-poisoning death rate (occurrences), England and Wales, 2010 to 2024

Notes

1. Age-standardised mortality rates per million people, standardised to the 2013 European Standard Population.
2. Includes deaths of non-residents.
3. Figures are for deaths occurring in each calendar year, with the numbers subject to change as more deaths are registered.
4. Figures for 2024 include provisional death registrations up to the end of June 2026.

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7 . Death registration delays

Most deaths related to drug poisoning in England and Wales are certified by coroners. The time taken to complete an inquest results in a delay between the date a death occurred and the date it was registered. This means that more than half of the deaths reported in this bulletin occurred in previous years.

England

- The median registration delay for drug-poisoning deaths was 209 days in 2025, compared with 214 days in 2024.
- The median registration delay for drug misuse deaths was 206 days in 2025, compared with 208 days in 2024.

Wales

- The median registration delay for drug-poisoning deaths was 253 days in 2025, compared with 279 days in 2024.
- The median registration delay for drug misuse deaths was 253 days in 2025, compared with 289.5 days in 2024.

Registration delays have generally increased over time. However, delays decreased in both England and Wales in 2025, compared with the previous year.

8 . Data on deaths related to drug poisoning in England and Wales

Deaths related to drug poisoning, England and Wales
Dataset | Released 4 November 2026
Deaths related to drug poisoning in England and Wales by cause of death, sex, age, substances involved in the death, geography and registration delay.

Deaths related to drug poisoning by selected substances, England and Wales
Dataset | Released 4 November 2026
Annual number of deaths registered related to drug poisoning in England and Wales by sex, region and whether selected substances were mentioned anywhere on the death certificate, with or without other drugs or alcohol, and involvement in suicides.

Deaths related to drug poisoning by local authority, England and Wales
Dataset | Released 4 November 2026
Annual number of deaths registered related to drug poisoning, by local authority, England and Wales.

Deaths related to drug poisoning by date of occurrence, England and Wales
Dataset | Released 4 November 2026
Annual number of deaths related to drug poisoning occurring in England and Wales. Data are given by cause of death, sex, age, substances involved, and country and region.

9 . Glossary

Drug poisoning

A death classified as a drug poisoning must have an applicable International Classification of Diseases (ICD) code assigned as the underlying cause of death. This is determined by international coding rules from the condition or conditions reported by the certifier, as recorded on the death certificate. Further information on this definition can be found in Section 10: Data sources and quality.

Drug misuse

Deaths classified as drug misuse must be a drug poisoning and meet one or both of the following conditions:

- the underlying cause is a specified mental and behavioural disorder because of drug use
- any of the substances controlled under the Misuse of Drugs Act 1971 are involved

Further information on this definition can be found in Section 10: Data sources and quality.

Opiates and opioids

Opiates and opioids are drugs that relieve pain by acting on the body's opioid receptors. Opiates are naturally derived from the opium poppy (such as morphine and codeine), while opioids include both natural and synthetic substances (such as heroin, fentanyl, and methadone).

New psychoactive substances (NPS)

New psychoactive substances (NPS) are drugs designed to mimic the effects of existing controlled drugs, such as cannabis, cocaine, ecstasy or opiates and opioids. They include a wide range of substances, such as synthetic cannabinoids, synthetic stimulants and synthetic opioids (including nitazenes), and are often referred to as "designer drugs".

Age-standardised mortality rate

In this article, age-standardised mortality rate refers to a weighted average of the age-specific mortality rates per million people that is standardised to the 2013 European Standard Population. Age-standardised mortality rates allow for differences in the age structure of populations and, therefore, enable valid comparisons to be made between geographical areas, the sexes, and over time.

Age-specific mortality rate

Age-specific mortality rate is the total number of deaths per million people of a particular age group, used to allow comparisons between specified age groups.

10 . Data sources and quality

Statistics on mortality are derived from the information provided when deaths are certified and registered. Quality and methodology information (QMI) is available in our:

- Mortality statistics in England and Wales quality and methodology information (QMI)
- Deaths related to drug poisoning in England and Wales quality and methodology information (QMI)
- User guide to mortality statistics

Death registrations and occurrences

Most deaths related to drug poisoning in England and Wales are certified by a coroner and cannot be registered until an inquest is complete. This results in a delay between the date the death occurred and the date it is registered and received by the Office for National Statistics (ONS). For example, in 2025, of the deaths related to drug poisoning registered, only 37.3% of the deaths actually occurred in that year.

Currently, we publish deaths related to drug-poisoning statistics on a registration basis, that is, the year in which the death was registered. Death registration records also include the actual date of death; we use this to produce numbers by year of occurrence, which we currently publish separately in our Deaths related to drug poisoning by date of occurrence, England and Wales dataset. Registration data relate to the previous year, and the occurrence data have a lag of an additional year to allow for inquest times. For example, we have published 2025 registrations and 2024 occurrences in this release.

Because of the additional time lag of occurrence data, we are continuing to focus the majority of our commentary on registration data. However, in response to a recent engagement exercise on ONS suicide statistics, we are presenting some commentary on occurrence-based statistics, with a view to broadening this in future.

How we define a drug-poisoning death

Drug-poisoning deaths involve a broad spectrum of substances, including controlled and non-controlled drugs, prescription medicines (either prescribed to the individual or obtained by other means) and over-the-counter medications.

As well as deaths from mental and behavioural disorders because of drug use, figures include accidents and suicides involving drug poisoning and complications of drug use, such as deep vein thrombosis or septicaemia from intravenous drug use. They do not include other adverse effects of drugs, for example, anaphylactic shock or accidents caused by an individual being under the influence of drugs.

More details of the drug poisoning definition, including the International Classification of Diseases (ICD) codes used, can be found in our Deaths related to drug poisoning in England and Wales quality and methodology information (QMI).

A death classified as drug misuse must be a drug poisoning and meet at least one of the following conditions.

The first condition is that the underlying cause is a specified mental and behavioural disorder resulting from psychoactive substance use. This includes disorders resulting from the use of:

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

The second condition is if any of the substances controlled under the Misuse of Drugs Act 1971 are involved; this includes Class A, B and C drugs.

Accredited official statistics

The Office for Statistics Regulation (OSR) independently reviewed these accredited official statistics in February 2013. They comply with the standards of trustworthiness, quality and value in the Code of Practice for Statistics and should be labelled "accredited official statistics".

Populations

Mortality rates are calculated using the number of deaths and mid-year population estimates from our Population estimates for the UK, England, Wales, Scotland and Northern Ireland: mid-2025 bulletin.

Comparing with other statistics

Scotland and Northern Ireland each produce their own statistics for deaths related to drug poisoning. These statistics are compiled by the National Records of Scotland (NRS) and the Northern Ireland Statistics and Research Agency (NISRA).

Our drug-poisoning statistics can be used for comparisons across the UK, as our measure offers complete population coverage. Figures for drug misuse and individual substances are not comparable because of differences in data collection methods, and in the death registration system. For more information, please see our Comparability of drug-related death statistics across the UK blog post.

User-requested data

Special extracts and tabulations of drug-related deaths data (and other causes of mortality) are available to order for a charge (subject to legal frameworks, disclosure control, and resources and agreement of costs, where appropriate).

You can enquire by sending an email to health.data@ons.gov.uk. You can also view our Charging rates.

Strengths

- Deaths related to drug poisonings are compiled using information supplied when deaths are registered, which provides complete population coverage.
- Age-standardised mortality rates allow for differences in the age structure of populations and, therefore, allow valid comparisons to be made between geographical areas, the sexes, and over time.
- Quality assurance procedures have been undertaken throughout all stages of the analysis to minimise the risk of error; in particular, researchers quality assure the automated coding of the coroner's text for each record.

Limitations

- Statistics are based on the year of death registration; because of death registration delays, over half of these deaths will have occurred in previous years.
- The ONS does not have access to post-mortem reports or toxicology results, so the accuracy of figures depends on the information provided by the coroner on the death certificate; because of incomplete information, figures for drug misuse and for specific substances may be lower than the true number of deaths.
- More than half of all drug-poisoning deaths involve more than one drug, and it is not possible in those cases to tell which substance was primarily responsible for an individual's death.
- There is no internationally agreed definition of what constitutes a drug-related death; figures cannot be compared with those produced by other organisations.
- The number of deaths involving new psychoactive substances (NPSs) should be treated with caution because these types of drugs are constantly evolving, and it may not always be possible to identify new substances during post-mortem investigations.
- Local-authority level rates are aggregated to rolling three-year periods in line with our Policy on protecting confidentiality in tables of birth and deaths statistics methodology, and to ensure the robustness of estimates.

11 . Related links

Drug-related deaths in Scotland, 2025
Web page | Released 23 September 2026
Official statistics on drug-related deaths in Scotland, broken down by age, sex, substances implicated in the death, underlying cause of death, and NHS Board and council areas.

Drug-related and drug-misuse deaths in Northern Ireland, 2014-2024
Web page | Released 13 May 2026
Official statistics on drug-related and drug-misuse deaths in Northern Ireland, broken down by cause of death, selected drugs reported, age, and sex.

Drug-related deaths and suicide in prison custody in England and Wales: 2008 to 2019
Article | Released 26 January 2023
The risk of suicide and drug-related deaths among prisoners, based on confidential matching of data from HM Prison and Probation Service and Office for National Statistics (ONS) mortality records.

Deaths related to volatile substances, helium and nitrogen in England and Wales: 2001 to 2020 registrations
Article | Released 28 February 2022
Deaths related to volatile substances, helium and nitrogen in England and Wales from 2001 to 2020, by cause of death, sex, age, region and substances involved in the death.

Preventing drug and alcohol deaths: partnership review process
Web page | Released 26 September 2024
Guidance for local partnerships on how to review adult drug and alcohol related deaths and near-fatal overdoses to prevent future deaths.

12 . Cite this statistical bulletin

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