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# Alcohol-related deaths – a retrospective study from the region of northern Slovakia

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**SUMMARY**

The study of cases with post mortem blood ethanol concentration of 2.00 g/kg and higher was performed at the Institute of Forensic Medicine in Martin, covering the region of North Slovakia. The aim of the study was to quantify the fatal consequences of acute ethanol administration reflecting in the annual mortality range, establish the causes of death, age and gender distribution of the deceased population, place and time parameters of deaths. The analyzed period was throughout the years 1993-2012.

**Keywords:** alcohol – acute intoxication – cause of death – statistical analysis of deaths

## Úmrtia v súvislosti s alkoholom – retrospektívna analýza z regiónu severného Slovenska

**SOUHRN**

Súdne lekárstvo je neustále konfrontované s početnými úmrtiami v dôsledku intoxikácie alkoholom či chorobných komplikácii chronického alkoholizmu. Lekári Ústavu súdneho lekárstva a medicínskych expertíz v Martine vykonali retrospektívnu štúdiu týchto prípadov úmrtí v regióne severného Slovenska. Cieľom výskumu bolo kvantifikovať fatálne dôsledky nadmernej akútnej administrácie alkoholu stanovením jej štatistického podielu na úmrtnosti populácie v spádovom regióne; poskytnúť prehľad o príčinách smrti; stanoviť spoločné charakteristiky populácie zomrelých a okolnosti úmrtí v zmysle miestnych a časových parametrov. Predmetom skúmania boli úmrtia, pri ktorých bola po nariadenej pitve metódou plynovej chromatografie stanovená koncentrácia alkoholu v krvi 2,00 g/kg a viac. Analyzované obdobie tvoril 20-ročný časový diapazón rokov 1993 až 2012. Výsledky výskumu potvrdili dominanciu mužského pohlavia v 88 % prípadov. Každá 5. osoba zomrela na akútnu otravu alkoholom, ktorá bola najčastejšou príčinou smrti. Úrazy chodcov pri smrteľných dopravných nehodách tvorili druhú najpočetnejšiu skupinu úmrtí. Závery štúdie dokladujú aj schopnosť etanolu navodiť deliberáciu (auto)agresívnych tendencií jedinca, odrážajúc sa v samovražednom a homicidálnom konaní. Predložené výsledky nadobúdajú nielen súdnolekársky význam ale aj verejno-zdravotnícky význam pri smerovaní trendov preventívnej osvety.

**Kľúčové slová:** alkohol – akútna intoxikácia – príčina smrti – štatistická analýza úmrtí

*Soud Lek 2016; 61(3): 30–34*

Alcohol-related deaths represent more than 10 % of all European Union mortality and confirm the importance of national prevention strategies for problems related to excessive alcohol administration (1). Worldwide statistics of World Health Organization (WHO) say that alcohol consumption is responsible for more deaths than HIV or violent criminal acts, as around 25 000 people die annually due to acute alcohol consumption and more than 100 000 due to consequences of chronic alcoholism (2,3). Literature mentions that 6.2 % of deaths in males and 1.1 % of female deaths happen in relation with hard drinking, but amount of male deaths has decreased since 2010 (4,5). In the U.S. more people die due to fatal traffic accidents with heavily drunk drivers involved than die due to the shot wounds (6).

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## MATERIALS AND METHODS

The author made the intended research by evaluating available data about the deceased and death circumstances obtained from the death certificates, autopsy protocols and police investigation files in cases of deaths with *post mortem* blood alcohol concentration (BAC) of 2.00 g/kg or higher. All fatalities took place in the North Slovakia region. Continuous 20 years period of 1993-2012 was analyzed. BAC was estimated using gas chromatography - Head Space methodology.

## RESULTS AND DISCUSSION

**A) Mortality rate of the analyzed subjects** (Chart No. 1)

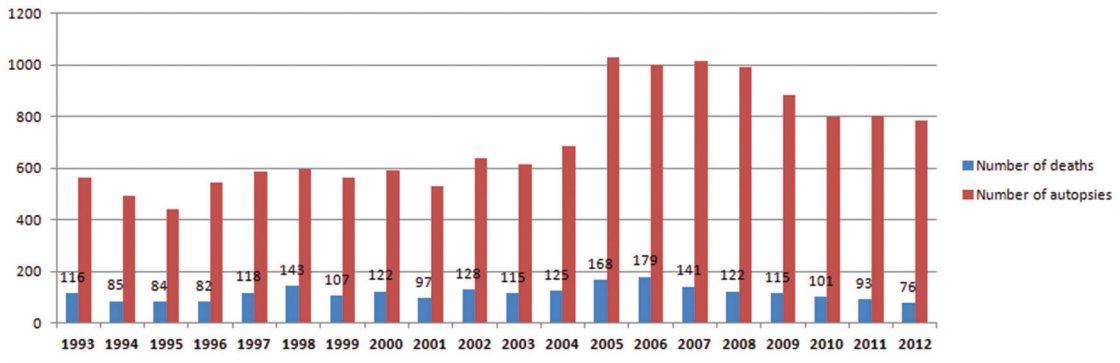
2317 forensic expertizes were done in the cases of death due to consequences related to previous "binge" drinking episode. The mortality rate doesn´t show any specific trend throughout the 20 years of the analyzed period. Decrease of the mortality during the last 7 years can be explained by the decreased amount of ordered autopsies.

**B) Cause of death** (Chart No. 2)

Acute ethanol poisoning included the biggest amount of deaths accounting for 22.74 % of all cases. Every fifth person died after an excessive episode of hard drinking (3.7 % of all

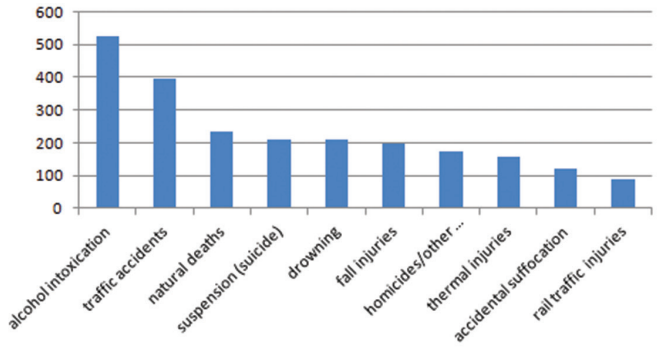
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| | 1993 | 1994 | 1995 | 1996 | 1997 | 1998 | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | Sum |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Number of deaths | 116 | 85 | 84 | 82 | 118 | 143 | 107 | 122 | 97 | 128 | 115 | 125 | 168 | 179 | 141 | 122 | 115 | 101 | 93 | 76 | 2317 |
| Number of autopsies | 564 | 494 | 440 | 544 | 585 | 594 | 564 | 593 | 532 | 640 | 614 | 686 | 1031 | 1003 | 1015 | 991 | 884 | 801 | 803 | 783 | 14161 |



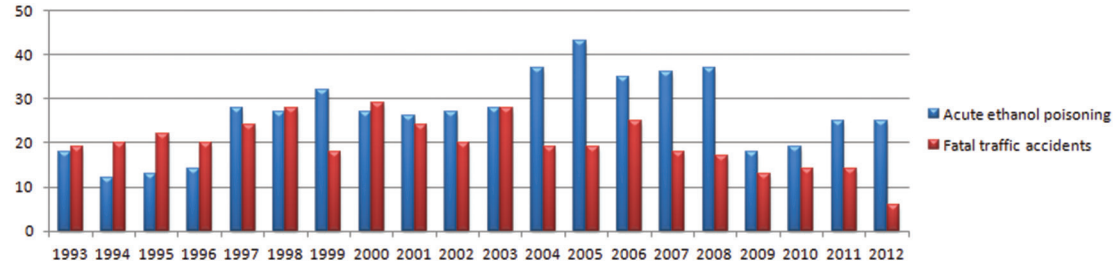

**Graph 1**

| | 1993 | 1994 | 1995 | 1996 | 1997 | 1998 | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | Sum |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| alcohol intoxication | 18 | 12 | 13 | 14 | 28 | 27 | 32 | 27 | 26 | 27 | 28 | 37 | 43 | 35 | 36 | 37 | 18 | 19 | 25 | 25 | 527 |
| traffic accidents | 19 | 20 | 22 | 20 | 24 | 28 | 18 | 29 | 24 | 20 | 28 | 19 | 19 | 25 | 18 | 17 | 13 | 14 | 14 | 6 | 397 |
| natural deaths | 17 | 8 | 10 | 8 | 9 | 18 | 8 | 10 | 7 | 14 | 13 | 14 | 22 | 15 | 12 | 11 | 13 | 11 | 8 | 7 | 235 |
| suspension (suicide) | 10 | 6 | 8 | 11 | 6 | 13 | 10 | 8 | 9 | 10 | 11 | 5 | 21 | 11 | 5 | 16 | 14 | 19 | 8 | 10 | 211 |
| drowning | 7 | 8 | 5 | 7 | 7 | 14 | 9 | 9 | 6 | 14 | 4 | 16 | 17 | 23 | 18 | 9 | 14 | 10 | 8 | 3 | 208 |
| fall injuries | 12 | 9 | 6 | 4 | 7 | 10 | 7 | 8 | 8 | 11 | 10 | 9 | 16 | 20 | 18 | 15 | 10 | 5 | 8 | 5 | 198 |
| homicides/other suicides | 13 | 8 | 6 | 3 | 18 | 12 | 10 | 14 | 6 | 9 | 12 | 7 | 6 | 10 | 7 | 4 | 7 | 4 | 11 | 5 | 172 |
| thermal injuries | 8 | 3 | 2 | 6 | 11 | 6 | 3 | 7 | 4 | 13 | 5 | 7 | 8 | 22 | 12 | 4 | 19 | 6 | 3 | 9 | 158 |
| accidental suffocation | 10 | 7 | 3 | 5 | 4 | 8 | 8 | 5 | 4 | 3 | 3 | 5 | 10 | 12 | 11 | 5 | 3 | 9 | 4 | 3 | 122 |
| rail traffic injuries | 2 | 4 | 9 | 4 | 4 | 7 | 2 | 5 | 3 | 7 | 1 | 6 | 6 | 6 | 4 | 4 | 4 | 4 | 4 | 3 | 89 |
| Sum | 116 | 81 | 75 | 78 | 114 | 136 | 105 | 117 | 94 | 121 | 114 | 119 | 162 | 179 | 141 | 122 | 115 | 101 | 93 | 76 | 2317 |




**Graph 2**

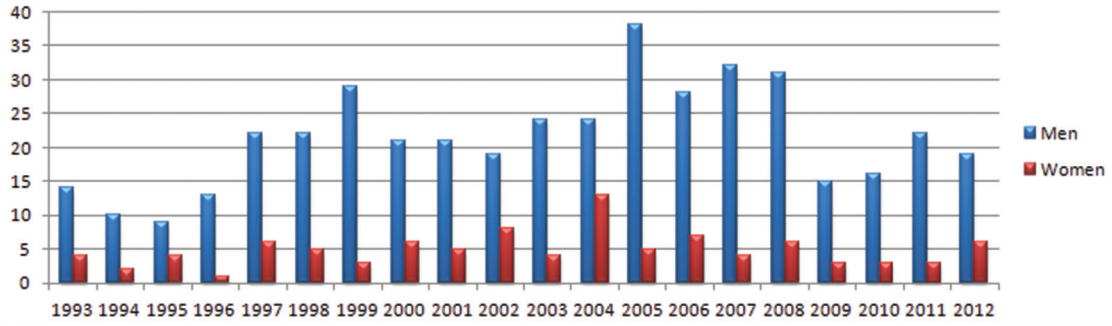
| | 1993 | 1994 | 1995 | 1996 | 1997 | 1998 | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Acute ethanol poisoning | 18 | 12 | 13 | 14 | 28 | 27 | 32 | 27 | 26 | 27 | 28 | 37 | 43 | 35 | 36 | 37 | 18 | 19 | 25 | 25 |
| Fatal traffic accidents | 19 | 20 | 22 | 20 | 24 | 28 | 18 | 29 | 24 | 20 | 28 | 19 | 19 | 25 | 18 | 17 | 13 | 14 | 14 | 6 |




**Graph 3**

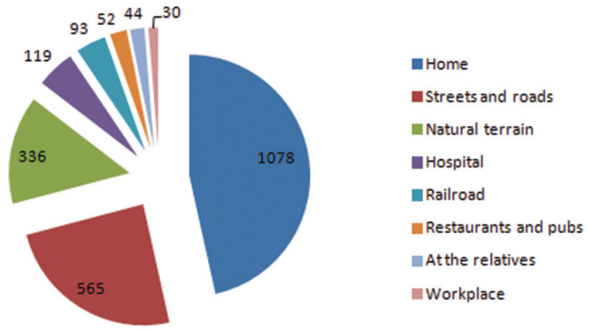
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| | 1993 | 1994 | 1995 | 1996 | 1997 | 1998 | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | Sum |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Men | 14 | 10 | 9 | 13 | 22 | 22 | 29 | 21 | 21 | 19 | 24 | 24 | 38 | 28 | 32 | 31 | 15 | 16 | 22 | 19 | 429 |
| Women | 4 | 2 | 4 | 1 | 6 | 5 | 3 | 6 | 5 | 8 | 4 | 13 | 5 | 7 | 4 | 6 | 3 | 3 | 3 | 6 | 98 |
| Sum | 18 | 12 | 13 | 14 | 28 | 27 | 32 | 27 | 26 | 27 | 28 | 37 | 43 | 35 | 36 | 37 | 18 | 19 | 25 | 25 | 527 |

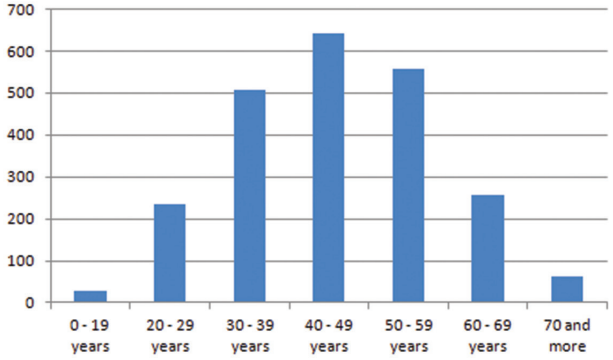



**Graph 4**

| | 1993 | 1994 | 1995 | 1996 | 1997 | 1998 | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | Sum |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Home | 57 | 29 | 28 | 31 | 54 | 65 | 51 | 58 | 48 | 65 | 58 | 59 | 93 | 71 | 64 | 66 | 60 | 41 | 38 | 42 | 1078 |
| Streets and roads | 28 | 20 | 26 | 22 | 35 | 33 | 27 | 32 | 23 | 25 | 36 | 28 | 32 | 54 | 32 | 25 | 24 | 28 | 21 | 14 | 565 |
| Natural terrain | 14 | 15 | 9 | 12 | 15 | 21 | 14 | 15 | 12 | 17 | 5 | 25 | 23 | 26 | 23 | 21 | 23 | 19 | 19 | 8 | 336 |
| Hospital | 10 | 9 | 6 | 5 | 5 | 5 | 6 | 3 | 4 | 6 | 4 | 3 | 9 | 17 | 10 | 4 | 3 | 1 | 5 | 4 | 119 |
| Railroad | 2 | 4 | 8 | 4 | 3 | 7 | 3 | 5 | 3 | 8 | 1 | 6 | 6 | 5 | 6 | 5 | 4 | 6 | 4 | 3 | 93 |
| Restaurants and pubs | 2 | 5 | 2 | 1 | 5 | 4 | 2 | 4 | 2 | 2 | 5 | 2 | 3 | 2 | 3 | 0 | 1 | 2 | 2 | 3 | 52 |
| At the relatives | 2 | 3 | 4 | 2 | 1 | 3 | 1 | 2 | 2 | 4 | 3 | 1 | 1 | 4 | 3 | 1 | 0 | 3 | 4 | 0 | 44 |
| Workplace | 1 | 0 | 1 | 5 | 0 | 5 | 3 | 3 | 3 | 1 | 3 | 1 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 2 | 30 |
| Sum | 116 | 85 | 84 | 82 | 118 | 143 | 107 | 122 | 97 | 128 | 115 | 125 | 168 | 179 | 141 | 122 | 115 | 101 | 93 | 76 | 2317 |




**Graph 5**




**Graph 6**

| | 1993 | 1994 | 1995 | 1996 | 1997 | 1998 | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | Sum |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 0 - 19 years | 0 | 0 | 1 | 4 | 3 | 3 | 0 | 2 | 1 | 4 | 2 | 3 | 0 | 1 | 0 | 4 | 0 | 0 | 1 | 0 | 29 |
| 20 - 29 years | 13 | 7 | 13 | 9 | 13 | 15 | 11 | 14 | 8 | 17 | 9 | 10 | 12 | 25 | 9 | 9 | 10 | 14 | 12 | 4 | 234 |
| 30 - 39 years | 29 | 25 | 26 | 18 | 25 | 30 | 23 | 39 | 38 | 52 | 24 | 27 | 33 | 22 | 13 | 16 | 15 | 18 | 18 | 15 | 506 |
| 40 - 49 years | 41 | 24 | 21 | 21 | 28 | 52 | 40 | 25 | 22 | 40 | 39 | 32 | 57 | 51 | 38 | 32 | 23 | 19 | 20 | 18 | 643 |
| 50 - 59 years | 22 | 15 | 9 | 15 | 28 | 24 | 22 | 24 | 20 | 12 | 32 | 34 | 54 | 49 | 52 | 34 | 29 | 32 | 24 | 25 | 556 |
| 60 - 69 years | 5 | 10 | 10 | 11 | 18 | 15 | 9 | 16 | 7 | 3 | 8 | 16 | 10 | 23 | 22 | 15 | 17 | 17 | 15 | 10 | 257 |
| 70 and more | 2 | 4 | 4 | 4 | 3 | 4 | 2 | 2 | 1 | 0 | 1 | 3 | 2 | 8 | 7 | 1 | 7 | 1 | 2 | 4 | 62 |
| Sum | 112 | 85 | 84 | 82 | 118 | 143 | 107 | 122 | 97 | 128 | 115 | 125 | 168 | 179 | 141 | 111 | 101 | 101 | 92 | 76 | 2287 |

performed autopsies), what makes acute alcoholism still more alarming social problem (7,8).

The most of the 397 deceased involved in the traffic accidents were pedestrians. Comparing previous two groups shows a "positive" mortality trend reflecting in continuous decrease in both the traffic fatalities and acute ethanol poisoning related deaths, even though, at the beginning, traffic accidents accounted for more fatalities than alcohol intoxication itself. Noticed continuous prevalence of the fatal alcohol intoxications over traffic fatalities at the end of the analyzed period is especially important for the police organs which have been trying to accept repressive safety measures, so as to lower their annual amounts – see Table No. 1. Consumption of alcoholic beverages before driving is considered to be the most risk factor in road traffic accidents in North Slovakia region (7). Published experiences obtained by the international research indicate that the role of alcohol in fatal accidents tends to be understated in public media reports. This evidence suggests that public support for alcohol harm reduction policies could be increased if public awareness about the lethal potential of alcohol was more presented through the media (10).

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**Tabl. 1:** Annual evaluation of the fatal traffic accidents rate in the Slovak Republic – up to the Ministry of Internal affairs of SR

| Year | Number of traffic accidents | Deceased | Positive ethanol | Pedestrians | Cyclists |
|---|---|---|---|---|---|
| 2004 | 61 233 | 603 | 2851 | 196 | 66 |
| 2005 | 59 991 | 560 | 2632 | 157 | 46 |
| 2006 | 62 040 | 579 | 2887 | 194 | 45 |
| 2007 | 61 071 | 627 | 3110 | 208 | 53 |
| 2008 | 59 008 | 558 | 3122 | 184 | 40 |
| 2009 | 25 989 | 347 | 2524 | 104 | 14 |
| 2010 | 21 611 | 345 | 2126 | 113 | 21 |
| 2011 | 15 001 | 324 | 1903 | 75 | 18 |
| 2012 | 13 936 | 296 | 1726 | 66 | 25 |

Natural deaths accounted for 10.1% of the 20-years´ mortality rate with absolute dominance of cardiovascular chronic diseases including alcoholic dilated cardiomyopathy, followed by pathological entities involving the gastrointestinal tract - death due to rupture of the oesophageal varices and alcoholic liver disease.

Attenuating the self-preservation instincts by alcohol reflected in high amount of committed suicides (11), where hanging was the most common manner of performing the suicidal act. Excess mortality due to affective psychiatric diseases is established for various causes of death, but the results of many studies highlight the major role of alcohol in depression mortality (12). Very risky group of alcohol influenced persons, who are more threatened by death of hypothermia, drowning due to fall to the water environment, or accidental head injury is defined among those returning home from pubs (13). Finally, excessive alcohol consumption may potentially lead even to involuntary manslaughter - without the intent to harm or cause death. Janík et al. reported amateur – "iatrogenically" induced unusual fatal injury of the back, initially suggestive of homicidal origin, where the victim and his two acquaintances were under heavy alcohol influence during performing "the surgical act" (14).

**C) Sex of the deceased in the analysed group** (Chart No. 4)

Predictably, up to the expectations based on the historical social conventions, the analysis confirmed predominance of male acute alcoholism. Male to female ratio in the number of deaths reached 7,5 : 1. Previously mentioned certifies that women tend to drink "more carefully" and seem to handle "binge" drinking with higher control. Even though male population seems to be more risky for alcohol-related deaths, female deaths are more often related to chronic alcoholism than to the acute ethanol administration and still tend to exceed.

Up to the information coming from our "neighbour" countries, alcohol-related deaths were particularly high in men in the Eastern Europe, where the rates for women were also higher in comparison with other European countries (15).

**D) Place of death** (Chart No. 5)

The most common cause of death at people´s homes, where the most of deaths took place, was acute alcohol poisoning. Phenomenon of "home drinking" is more common in the female part of population as women are aware of the critical public view on female alcoholism even by the recent modern society. Many of the deceased died during their way home from the pubs in the city environment including mainly streets and roads due to variable multiple injuries inflicted in road traffic accidents, especially in pedestrians but even in car drivers, solitary cranial trauma following the fall directly at the site of the inflicted injury or due to complications leading to cardio-respiratory failure during the short-time surviving period.

**E) Time factors analysis**

The biggest amount of deaths happened in October and the lowest in August. Tendencies to consume alcoholic beverages are most intense during the weekends with the Friday at the 1st place and Saturday at the 2nd. The 3rd place in number of deaths goes to Mondays, what can be explained by the rest of alcohol from the previous night binge drinking episode.

**F) Age structure of the deceased** (Chart No. 6)

The youngest deceased was 16-years old boy who died due to severe multiple injuries in the road traffic accident with 2.26 pro mille of alcohol in blood. Alarming finding is that 4 teenagers died due to acute alcohol poisoning without any coincidental trauma or acute illness. On the other hand, population of elderly adults experience a "disadvantage" caused by the age-related physiological changes that lead to the increased sensitivity and decreased tolerance to alcohol. Therefore it is not surprising that there is a number of age-related harms such as falls, social isolation and abuse, which are compounded by alcohol misuse (16). Most recently, the net burden caused by alcohol consumption in the European Union among the population aged 15-84 years was estimated to be one of 7 deaths in males and one of 14 deaths in women (17).

## CONCLUSION

As consumption of alcoholic beverages became a part of everyday social life among the male as well as female population from the earliest "teen-aged" to the elderly ones, uncovering the causes of deaths related to acute ethanol administration or chronic ethanol abuse complications is still an important part of forensic practise. We are headed with a number of cases where alcohol played a crucial role in the deaths due to acute intoxication, which still is more common in men, as well as in cases where it accompanies death – suicides, accidental injuries, hypothermia, submersion etc. Up to the results of the presented research we can notice also some positives – decreasing trends in fatal road traffic accidents under alcohol influence. However, up to the reports from the "surrounding" countries, as well as from the Western part of the European Union we are still heading the problem of adolescent alcohol abuse and alcohol-related comorbidity in the higher age groups. Although public

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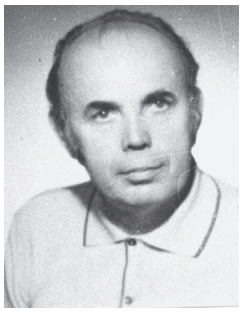
health policies include the information sharing about ethanol's lethal potential, it seems not to be enough. In the field of drug and alcohol addictions, forensic medicine cannot be excluded from the attitude building process as it is the examination of the circumstances of death and body itself what brings us the major part of knowledge what ethanol is capable to cause.

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OSOBNÍ SDĚLENÍ

# Prof. MUDr. Josef Korbička, CSc. – smutná zpráva



Nepíše se dobře informace pro kolegy, že odešel jeden z nás, i když v obdivuhodném věku 89 let. Narodil se 24. 2. 1927 do chudé, neúplné rodiny v obci Rodkov na Vysočině. Již v základní škole byl pro velmi dobrý prospěch doporučen v r. 1939 svým učitelem k dalšímu studiu ze státní podpory. Reálné státní gymnázium v Tišnově dokončil v r. 1947 úspěšnou maturitou a tentýž rok nastoupil na Lékařskou fakultu Masarykovy univerzity v Brně, kde promoval v r. 1952. Jeho životním snem byla práce praktického lékaře na rodné Vysočině, ale osud chtěl jinak a 3 týdny před promocí, kdy měl dokonce již umístěnku na přidělený obor interního lékařství v tehdejším kraji Gottwaldov, byl kádrovým oddělením LF víceméně proti své vůli vybrán, i když nestraník, jako člověk proletářského původu, aby se stal odborným asistentem na anatomii u dodnes uznávaného, a nejen studenty obávaného prof. Žlábka, kde byl tehdy kritický nedostatek pedagogických sil. I když o tento teoretický směr neměl nikdy zájem, místo, především na přání své budoucí ženy, přijal. Po 6 letech tvrdé práce, kdy se mu dostalo i prvního uznání od prof. Žlábka, se politická situace ve 2. polovině 50. let přiostřovala a v důsledku nové vlny prověřování a upevňování kádrů k posílení KSČ byl jako stále nestraník přeřazen ze škatulky dělnického původu do škatulky intelektuál. V září 1958 mu bylo kádrovým oddělením děkanátu oznámeno, že svými postoji nedává záruky správné socialistické výchovy budoucí lékařské generace a hrozilo rozvázání pracovního poměru s fakultou. Rychle si proto sehnal místo sekundáře na chirurgii v nemocnici Boskovice. Začal s přípravami na přestěhování, ale dle doporučení a na přímou přímluvu prof. Žlábka nakonec přestoupil na právě uvolněné místo asistenta na I. patologicko anatomickém ústavu FN u sv. Anny v Brně, kde pracoval od r. 1958 do r. 1972. Tehdy jsem jej poprvé potkal i já, tenkrát na tomto ústavu jako pomocný demonstrátor, a to shodou okolností na jeho „farewell-party". Dva roky po přechodu na soudní lékařství habilitoval. Jistou dobu zastával funkci školského zástupce přednosty, posléze se sám v r. 1991 stal přednostou, od r. 1992 jako profesor. Po odchodu do důchodu v r. 1994 ještě pracovně navštěvoval svůj ústav, a to až do r. 2000.

Je až pozoruhodné, jak byl prof. Korbička na svou dobu odborně zcestovalý. Desetiměsíční pobyt v r. 1965 v Patologickém a neuropatologickém ústavu Univerzity v Zagrebu. V r. 1966 dva měsíce v Ústavu patologie v Rijece. Studijní pobyt v Ústavu soudní medicíny v Debrecénu a v r. 1983 procestoval Ústavy soudního lékařství v Düsseldorfu, Basileji a Vídni.

Do posledních chvil svého života byl plně orientován, projevoval intenzivní zájem o dění v medicíně i celkově ve společnosti. Byl to člověk silně věřící, což mu dle jeho slov, dávalo sílu si uchovat svoji osobnost a názory a nepodlehnout tlakům okolí, i když by mu to jistě život v mnohém usnadnilo, ovšem zcela určitě nenaplnilo. Zemřel po půlročním pobytu ve Fakultní nemocnici Brno na bronchopneumonii dne 3. 4. 2016 v ranních hodinách.

*Čest jeho památce.*
*Miroslav Hirt*