European Monitoring Centre for Drugs and Drug Addiction

Report ID:

STANDARD TABLE 5   DIRECT DRUG-RELATED DEATHS/DRUG-INDUCED DEATHS - version 1/2010

Please note:
This spreadsheet has been created to replicate a Fonte template to aid copying and pasting.
However there are some rules that have to be followed if the copy and paste is to work.
Matrices and text can be copied and pasted but the following rules should be followed.

1. Use a full stop "." for a decimal place, not a comma.   For example 11.22 NOT 11,22

2. Do not use any separators between 1000. For example 35000.25 NOT 35,000.25

3. If there is no data leave the cell empty. Do not use a 0 or n.a. or any other value.

In the Excel sheet a choice from a list of possibilities is indicated by placing a cross in the cell directly to the right of the selection.
For example

Yes	x
No	

This cannot be copied directly into Fonte, where a radio button or a check box is selected.

---

1. Notes:

1.1. This table can be submitted up to three times per country, according to the possible "case definition":

Case definitions for drug-related deaths (DRD):
EMCDDA DRD standard definition for the General Mortality Registries   - Selection B
EMCDDA DRD standard definition for the Special Registries (Forensic/Police)   - Selection D
Specific definition if different from either Selection B or Selection D - Selection Other
(Note that it is recommended that one of the EMCDDA standard definitions is used as national definition)

A general overview of drug-related deaths and mortality related to drug use is provided in the <a href="http://www.emcdda.europa.eu/stats09/drd/methods"
target="_blank">Methods section of the Statistical bulletin .
Information on definitions is provided in the <a href="http://www.emcdda.europa.eu/html.cfm/index58091EN.html"
target="_blank">drug-related death standard protocol .
Methodological details per country are available in <a href="http://www.emcdda.europa.eu/stats09/drdtab106"
target="_blank">Table 106 of the Statistical bulletin .

2. Core data - Quantitative part and methodology

2.1. Quantitative part

2.1.1 Country

2.1.2 EMCDDA data collection year

2.1.3 Data reported according to :

Selection B	
Selection D	
Other (specific definition)	

2.1.4 Is this your national definition?

Yes	
No	

IMPORTANT NOTE: The next question concerns only the United Kingdom. All other countries should choose the option "Non-UK"!

2.1.5 National definition used:

ONS	
DSD	
UK other	
Non-UK	

IMPORTANT NOTE: In the next question all countries should choose the option "National" or "Not national" (e.g. data refer only to some cities) , with the exception of the United Kingdom

2.1.6 Data coverage

National		
Not national		
UK (whole Member State)		
UK England and Wales		
UK Northern Ireland		
UK Scotland		

2.1.7 Year of reporting

NOTES:

* Please provide numbers when indicated

* If there are cases with gender "Unknown" include them in the Total and state it in the Remarks below

2.1.8 Number of cases

	Male	Female	Total
Number of cases			

2.1.9 Mean age

	Male	Female	Total
Mean age			

2.1.10 Age distribution (numbers)

	Male	Female	Total
<15			
15-19			
20-24			
25-29			
30-34			
35-39			
40-44			
45-49			
50-54			
55-59			
60-64			
>=65			
Not known			

TOXICOLOGY

Note:

- If case data come from a General Mortality Registry (GMR), the total number of cases with known toxicology should be equal to the sum of rows (a), (b) and (c) from question 2.1.12.

- If case data come from a Special Registry (SR), the total number of cases with known toxicology should be equal to the sum of rows (a) and (b) from question 2.1.12.

2.1.11 Number of cases with known toxicology

	Male	Female	Total
Number of cases with known toxicology			

2.1.12 Of which:

	Male	Female	Total
(a) number with opiates (+ any drug)			
(b) number with any drug without opiates			
(c) number with -- see below			

Toxicology notes:
The groups (a), (b) and (c) are mutually exclusive.

If the source is a General Mortality Registry (GMR), row c is for "other/mixed/unspecified"

If the source is a Special Registry (SR), row c is for "unknown/unspecified"

For further information, see section "3.Complementary guidelines for Standard Table 5 and Standard Table 6" below.

Breakdown of ICD codes
ICD breakdown will only apply to countries with Selection B
Codes X44, X64 and Y14 will apply only to countries that have implemented WHO ICD-10 updates (of 2006).
See 3.Complementary guidelines for Standard Table 5 and Standard Table 6

2.1.13 If General Mortality Registry is used, break down by ICD Codes (Numbers)

	M	F	Total
1 - F codes			
2 - X41 codes			
3 - X42 codes			
4 - X44 codes			
5 - X61 codes			
6 - X62 codes			
7 - X64 codes			
8 - Y11 codes			
9 - Y12 codes			
10 - Y14 codes			

2.1.14 If the General Mortality Registry is used, are T-codes applied in the extraction of DRD cases?

Yes	
No	

2.1.15 If not, please explain why

2.1.16 Were the ICD-10 updates implemented? (it does not refer to the implementation of ICD-10 itself but its updates of 2006)

Yes	
No	

2.1.17 Are non-residents dying in your country due to DRD included in the figures provided?

Yes	
No	

2.1.18 Could you please explain how this information is managed?

2.2. Methodology:

2.2.1 Complete bibliographic reference (or source of data):

Source:

2.2.2 General Mortality Registry

Yes	
No	

2.2.3 Special Registry

Yes	
No	

2.2.4 If yes, describe the Special Registry

2.2.5 Why did you select as source of information the General Mortality Registry / Special Registry?

(1)

 - If the national case definition is equal to the EMCDDA (Selection B or Selection D), please state this fact explicitly

 - If the national case definition is different from the EMCDDA definition, use as much as possible the terms of the <a href="http://www.emcdda.europa.eu/stats09/DRD/methods" target="_blank">"Methodological table"
 in the Statistical bulletin which presents an edited and harmonised compilation of the national definitions

2.2.6 Case definition used as national definition -- (1)

(2)

With "Selection B", if the national definition is based on General Mortality Registry, or

With "Selection D", if the national definition is based on Special Registry.

If there is no difference, please state it clearly.

2.2.7 Please explain the difference between "national definition" and EMCDDA standard definition?   --   (2)

2.2.8 Is double counting controlled?

Yes	
No	

2.2.9 Geographical coverage

2.2.10 Estimated level of under-reporting. How is the level of under-reporting assessed? By validation studies? Cross-comparison of different sources of information, locally or nationally? Use of cohort data? Please specify

2.2.11 Are there other relevant national sources of information in the country?

Yes	
No	

2.2.12 If yes, describe those relevant sources

2.2.13 Remarks

3. Complementary guidelines for Standard Table 5 and Standard Table 6

3.1. General notes

National case definition:

We recommend that "national case definition" of drug-related death becomes the same as the "EMCDDA definition" (Selection B or Selection D), in those countries where this has not yet being done.

A few countries have adopted new national definitions that produce (in practice) very similar results to the EMCDDA definition. Trends are very similar, and generally the absolute numbers are also quite close. In these cases again, it would be advisable to consider switching to the standard EMCDDA definitions.

    Changes in national case definition:

If it is decided to change the national case definition, it is necessary to recompute also the figures for previous years.

Specific comments on case definition:

If the national case definition is the same as the EMCDDA case definition (Selection B or Selection D), please state this fact explicitly in the methodological section.

If the national case definition is different from the EMCDDA case definition, please use the terms of the <a href="http://www.emcdda.europa.eu/stats09/DRD/methods" target="_blank">"DRD Methods section of the Statistical bulletin" when describing the changes. This note presents national definitions interpreted by the EMCDD/

Toxicology:

For computation of the toxicology section: See DRD Standard Protocol

* From 2006, "Number of cases" are requested instead of percentages.

* From 2006, the breakdown includes three groups: "with opiates", "without opiates", and a third group depending on the source of the information. For data from (

For data from Special Registries (SR) the third group is defined as "Unknown/Unspecified".

From 2009 (data collection year 2010), complementary information on substances is collected in section 4 below, to go beyond the with/without opiates simple brea

See DRD Standard Protocol, version 3.2.

Breakdown of ICD codes:

ICD codes used to extract cases from General Mortality Registries. Group the cases by relevant groups of ICD codes. Give the breakdown at least for the "Total"

If the "Selection B" for ICD-10 is used, a proposed breakdown of selected cases according the ICD code groups is:

1.- F codes
2.- X41 codes
3.- X42 codes
4.- X44 codes
5.- X61 codes
6.- X62 codes
7.- X64 codes
8.- Y11 codes
9.- Y12 codes
10.- Y14 codes

(NOTE: In Selection B the codes X44, X64 and Y14 are only included in countries that have implemented WHO ICD-10 updates)

4. Complementary information on substances

4.1. Toxicological information

NOTE: If you have less than 25 cases in total or would like to check if your data support the completion of this table, please contact the EMCDDA

To access the excel file used to collect this information, please open this <a href="http://www.emcdda.europa.eu/attachements.cfm/att_96578_EN_Field%20Trial_DRD_Sustances_Table.xls" target="_blank">table .

For detailed information on what to include in each table, please see the <a href="http://www.emcdda.europa.eu/attachements.cfm/att_96579_EN_PROPOSAL%20Toxicology_NFP_October%202007.doc " target="_blank">complementary notes .

4.1.1 Year of reporting

4.1.2 Total number of cases

4.1.3 Complementary information on substances involved in acute drug-induced deaths - TOTAL

	Total number of cases where the substance has been found (alone or in combination)
1. All mentions of any opiate / opioid	
1.1 Mentions of heroin / morphine (or metabolites)	
1.2 Mentions of methadone (or metabolites)	
1.3 Mentions of buprenorphine (or metabolites)	
1.4 Mentions of dextropropoxyphene (or metabolites)	
2. Mentions of cocaine (or metabolites)	
3. All mentions of any amphetamine type stimulant	

3.1 Mentions of amphetamine / methamphetamine (or metabolites)	
3.2 Mentions of MDMA (or metabolites)	
4. All mentions of any hallucinogen	
4.1 Mentions of LSD (or metabolites)	
5. Mentions of cannabis / THC (or metabolites)	
6. Mentions of volatile substances	
7. Substance unspecified (but assumed to be a drug of abuse)	

4.1.4 Complementary information on substances involved in acute drug-induced deaths - BREAKDOWN OF THE ABOVE REPORTED TOTAL

	Alone	With alcohol only	With other opioids only (with or without alcohol)	With other opioids and other substances (with or without alcohol)	With other substances but not opioids (with or without alcohol)
1. All mentions of any opiate / opioid					
1.1 Mentions of heroin / morphine (or metabolites)					
1.2 Mentions of methadone (or metabolites)					
1.3 Mentions of buprenorphine (or metabolites)					
1.4 Mentions of dextropropoxyphene (or metabolites)					
2. Mentions of cocaine (or metabolites)					

3. All mentions of any amphetamine type stimulant				
3.1 Mentions of amphetamine / methamphetamine (or metabolites)				
3.2 Mentions of MDMA (or metabolites)				
4. All mentions of any hallucinogen				
4.1 Mentions of LSD (or metabolites)				
5. Mentions of cannabis / THC (or metabolites)				
6. Mentions of volatile substances				
7. Substance unspecified (but assumed to be a drug of abuse)				

4.1.5 Complementary information on substances involved in acute drug-induced deaths - BREAKDOWN OF COLUMN 'WITH OTHER SUBSTANCES BUT NOT OPIOIDS' FROM THE PREVIOUS QUESTION (LAST COLUMN)

	ugs of abu	active me	e and psyc	Not known
1. All mentions of any opiate / opioid				
1.1 Mentions of heroin / morphine (or metabolites)				
1.2 Mentions of methadone (or metabolites)				
1.3 Mentions of buprenorphine (or metabolites)				
1.4 Mentions of dextropropoxyphene (or metabolites)				
2. Mentions of cocaine (or metabolites)				
3. All mentions of any amphetamine type stimulant				

3.1 Mentions of amphetamine / methamphetamine (or metabolites)			
3.2 Mentions of MDMA (or metabolites)			
4. All mentions of any hallucinogen			
4.1 Mentions of LSD (or metabolites)			
5. Mentions of cannabis / THC (or metabolites)			
6. Mentions of volatile substances			
7. Substance unspecified (but assumed to be a drug of abuse)			

4.1.6 Complementary information on substances involved in acute drug-induced deaths - ALCOHOL

	With presence of alcohol (independently of the presence of any other substance)	
1. All mentions of any opiate / opioid		
1.1 Mentions of heroin / morphine (or metabolites)		
1.2 Mentions of methadone (or metabolites)		
1.3 Mentions of buprenorphine (or metabolites)		
1.4 Mentions of dextropropoxyphene (or metabolites)		
2. Mentions of cocaine (or metabolites)		
3. All mentions of any amphetamine type stimulant		

3.1 Mentions of amphetamine / methamphetamine (or metabolites)	
3.2 Mentions of MDMA (or metabolites)	
4. All mentions of any hallucinogen	
4.1 Mentions of LSD (or metabolites)	
5. Mentions of cannabis / THC (or metabolites)	
6. Mentions of volatile substances	
7. Substance unspecified (but assumed to be a drug of abuse)	

4.1.7 Case definition used to complete Section 4 (complementary information on substances)

Selection B	
Selection D	
Other (specific definition)	

4.1.8 If other, please describe the case definition used

4.1.9 Is the data for this complementary table (section 4) based on the same source and same cases than for the DRD core information (section 2)?

Yes	
No	

If no, please answer the following questions

4.1.10 Could you please state the reason(s) why the same source cannot be used?

4.1.11 Could you please describe the data source used and the case definition?

4.1.12 Could you please specify the geographical coverage?

4.1.13 Which institution(s) perform the toxicological analysis used to complete the information on this complementary table?

4.1.14 Could you explain briefly the procedures for conducting toxicological examinations (e.g. is a screening procedure first conducted - how and in which cases - and afterwards a confirmation analysis?)?

4.1.15 Can you estimate the proportion of cases of post-mortem forensic investigations that undergo a standard general unknown screening for drugs?

4.1.16 How is the toxicological information used to complete this table transfered from the laboratory to the source / mortality registry?

Report Comments: