



## **EMCDDA SCIENTIFIC REPORT**

**28-08-2002**

### **The DRD-Standard, version 3.0**

**EMCDDA standard protocol  
for the EU Member States  
to collect data and report figures for  
the Key Indicator Drug-Related Deaths  
by the Standard Reitox tables**

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## List of contents

<b>LIST OF CONTENTS</b> .....	<b>3</b>
<b>ABBREVIATIONS</b> .....	<b>4</b>
<b>1 INTRODUCTION</b> .....	<b>5</b>
<b>2 SUMMARY OF EMCDDA DEFINITION OF DRUG-RELATED DEATHS</b> .....	<b>6</b>
<b>3 LOGICAL TERMINOLOGY</b> .....	<b>9</b>
<b>4 PART IA: THE PROTOCOL FOR ICD-9 CODED GMRS</b> .....	<b>11</b>
4.1 INTRODUCTION .....	12
4.2 PROCEDURE .....	13
4.3 STEP 1: EXTRACT AND COLLECT DATA IN THE FORMAT OF THE EMCDDA DATABASE .....	13
4.4 STEP 2: SELECT THE DATA TO BE REPORTED IN THE KEY FIGURES FOR THE STANDARD REITOX TABLES .....	22
<b>5 PART IB: THE PROTOCOL FOR ICD-10 CODED GMRS</b> .....	<b>23</b>
5.1 PROCEDURE .....	24
5.2 STEP 1: EXTRACT AND COLLECT DATA IN THE FORMAT OF THE EMCDDA DATABASE .....	25
5.3 STEP 2: SELECT THE DATA TO BE REPORTED IN THE KEY FIGURES FOR THE STANDARD REITOX TABLES .....	32
<b>6 PART II: THE PROTOCOL FOR SRS</b> .....	<b>33</b>
6.1 PROCEDURE .....	34
6.2 STEP 1: EXTRACT AND COLLECT DATA IN THE FORMAT OF THE EMCDDA DATABASE .....	34
6.3 STEP 2: SELECT THE DATA TO BE REPORTED IN THE KEY FIGURES FOR THE STANDARD REITOX TABLES .....	40
<b>REFERENCES</b> .....	<b>41</b>
<b>ANNEX 1: SPSS SYNTAX COMMANDS TO INSTALL FILTERS</b> .....	<b>43</b>
<b>ANNEX 2: FORMER EXCEL SPREADSHEET TABLES</b> .....	<b>45</b>
<b>ANNEX 3: REITOX STANDARD TABLE 05</b> .....	<b>50</b>

## Abbreviations

### The Member States of the European Union

At	Austria
Be	Belgium
Dk	Denmark
Fi	Finland
Fr	France
Ge (De)	Germany
Gr (EL)	Greece
Ie	Ireland
It	Italy
Lu	Luxembourg
NL	the Netherlands
Pt	Portugal
Sp (Es)	Spain
Se	Sweden
UK (GB)	the United Kingdom

### Other abbreviations

DRD	Drug-Related Death
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
GMR	General Mortality Register
ICD	International Classification of Diseases
NFP	National Focal Point
SR	Special Register
WHO	World Health Organisation

# 1 Introduction

The DRD-Standard is the Drug-Related Deaths Standard for the Member States of the European Union. It is the standard protocol for extracting and collecting data, reporting key figures to the EMCDDA and sending data to the EMCDDA.

- Each year, data are to be extracted at national level and a selection of cases (the "EMCDDA definition") are to be reported as "key figures" to the EMCDDA in aggregated form by the Standard Reitox tables.
- Every two or three years, all extracted data are sent to the EMCDDA by direct data-delivery, that is directly in the format of the EMCDDA databases on drug-related deaths.

This version 3.0 of the DRD-Standard replaces the previous version 2.0. Compared to its predecessor, version 3.0 is presented as a self-contained document to be applied by National Focal Points, National experts, National working groups, and data-programmers. Moreover, version 3.0 applies direct data-delivery and has skipped data collection by spreadsheets. (The former spreadsheets, which can no longer be used to send data to the EMCDDA, are given in Annex 2.)

There are two main sources of information on drug-related deaths:

- I. General Mortality Registers (GMRs), which are present in all countries of the European Union.
- II. Special Registers (SRs) held by the police or forensic institutions, which are present in a subset of countries. Both registers have advantages and disadvantages. For comparative purposes, data are collected and reported from both types of registers.

The structure of the DRD-Standard is therefore as follows:

- Part I applies to GMRs.
  - Part IA applies to ICD-9 coded GMRs.
  - Part IB applies to ICD-10 coded GMRs.
- Part II applies to SRs.

## 2 Summary of EMCDDA definition of drug-related deaths

This section presents a brief synthesis of the EMCDDA definition of drug-related deaths. The concepts presented here are operationalised in the different sections of the protocol.

The EMCDDA definition of drug-related death in the Key Indicator “Drug-related deaths and mortality among drug users” refers to *those deaths that are caused directly by the consumption of drugs of abuse*. These deaths occur generally shortly after the consumption of the substance(s).

In operative terms the cases are selected as follows:

**(1) The preferred method** to estimate the number of deaths is to extract cases from existing General Mortality Registers.

Based on the WHO International Classification of Diseases, 9<sup>th</sup> edition (ICD-9) the criteria are as follows:

Cases will be counted when their underlying cause of death was drugs psychoses, drug dependence, nondependent drug abuse, accidental poisoning, suicide and self-inflicted poisoning, and poisoning with undetermined intent.

Cases will be included when the death was due to a standard list of specific drugs: opiates, cocaine, amphetamines and derivatives, cannabis, and hallucinogens.

The precise ICD-9 codes to be selected are the following:

Category of drug-related death	Selected ICD-9 code(s)
Drug psychoses	292
Drug dependence	304.0, 304.2-9
Nondependent drug abuse	305.2-3, 305.5-7, 305.9
Accidental drug poisoning	E850.0, E850.8 <sup>1)</sup> , E854.1-2, E855.2, and E858.8 <sup>1)</sup>
Suicide and self-inflicted drug poisoning	E950.0 <sup>1)</sup> , E950.4 <sup>1)</sup>
Drug poisoning undetermined intent	E980.0 <sup>1)</sup> , E980.4 <sup>1)</sup>

<sup>1)</sup>In combination with N-codes (N965.0, and/or N968.5, and/or N969.6, and/or N969.7.)

Note that in certain categories cases have to be selected combining E-codes and N-codes

This selection was agreed by the EMCDDA Expert Group on Drug-related deaths. It was called “**Selection B**”.

For the 10<sup>th</sup> edition of the International Classification of Diseases the equivalent “Selection B” was developed in consultation with Eurostat and the WHO, and adopted by the EMCDDA Expert Group on 24-25<sup>th</sup> June 2002.

The “Selection B” of ICD-10 codes (as underlying cause of death) to estimate the number of drug-related deaths are:

- Harmful use, dependence, and other mental and behavioural disorders due to:
  - opioids (F11)
  - cannabinoids (F12)
  - cocaine (F14)
  - other stimulants (F15)
  - hallucinogens (F16)
  - multiple drug use (F19).
  
- Accidental poisoning (X41, X42), intentional poisoning (X61, X62), or poisoning by undetermined intent (Y11, Y12) by:
  - opium (T40.0)
  - heroin (T40.1)
  - other opioids (T40.2)
  - methadone (T40.3)
  - other synthetic narcotics (T40.4)
  - cocaine (T40.5)
  - other and unspecified narcotics (T40.6)
  - cannabis (T40.7)
  - lysergide (T40.8)
  - other and unspecified psychodysleptics (T40.9)
  - psychostimulants (T43.6)

Note that in certain categories cases have to be selected by combining X-codes and Y-codes with T-codes.

A summarised form of presenting the same Selection B for ICD-10 is the following

Underlying cause of death	Selected ICD-10 code(s)
Disorders	F11-F12, F14-F16, and F19
Accidental poisoning	X42 <sup>1)</sup> , X41 <sup>1)</sup>
Intentional poisoning	X62 <sup>1)</sup> , X61 <sup>1)</sup>
Poisoning undetermined intent	Y12 <sup>1)</sup> , Y11 <sup>1)</sup>

<sup>1)</sup>In combination with the T-codes: T40.0-9, T43.6.

**(2) An alternative method** is to estimate the number of deaths by extracting cases from existing Special Registers (forensic or police registers). The method based on the Special Registers will be applied in countries where the preferred method cannot be implemented, but will also be used whenever possible as a backup estimate for the General Mortality Registers.

Cases will be counted when the death was due to poisoning by accident, suicide, homicide, or undetermined intent.

Cases will be included when the death was due to opioids, amphetamines, cocaine (or crack), cannabis, hallucinogens, solvents, or synthetic designer drugs like amphetamine derivatives.

The precise groups of deaths are the following:

Underlying cause of death	Further breakdown
Poisoning by: <ul style="list-style-type: none"> <li>• accident</li> <li>• suicide</li> <li>• homicide</li> <li>• undetermined intent</li> </ul>	Poisoning by the substances: <ul style="list-style-type: none"> <li>• opioids</li> <li>• methadone (only)</li> <li>• poly-substances including opioids</li> <li>• (poly)substances excluding opioids</li> <li>• unspecified substances.</li> </ul>

- “poly-substances” should include at least one of the above mentioned substances

- “unspecified/unknown” will be included when it is assumed to include one of the above mentioned substances

See also pages 37-39 of the Protocol

This selection was agreed by the EMCDDA group of experts. It was called “**Selection D**”.



### 3 Logical terminology

The DRD-Standard applies formal logical terminology, because logical terminology can be translated directly into computer languages. This counts especially for selections of cases that are defined by the terms 'AND' and 'OR'. Beware of the fact that in common language the words 'and' and 'or' have a different meaning compared to the logical meaning of 'AND' and 'OR'. Especially for the General Mortality Registers, it is recommended that professionals, who are trained to apply formal logic, extract the data on drug-related deaths.

#### The logical definition of 'AND'

In logical terminology, the prescription 'A AND B' means that a case is only selected if the case satisfies condition A *as well as* condition B. If the case does not satisfy condition A, the case is not selected. If the case does not satisfy condition B, it is selected neither. Of course, the case is also not selected if it does not satisfy condition A and does not satisfy condition B as well.

#### The logical definition of 'OR'

In logical terminology, the prescription 'A OR B' means that a case is selected if condition A is satisfied, if condition B is satisfied, or if both conditions A and B are satisfied. The case is not selected if both conditions A and B are not satisfied.

#### The mutual definitions of 'AND' and 'OR'

From the logical definitions of 'AND' and 'OR' given above, it follows that (A AND B) equals NOT (NOT A OR NOT B). Conversely, (A OR B) equals NOT (NOT A AND NOT B). This way, 'AND' and 'OR' are mutually defined by one another.

#### The definition of 'through'

For the DRD-Standard the term 'through' means 'up to and including'. For example '1 through 10' means: '1, 2, 3, 4, 5, 6, 7, 8, 9, and 10'. Furthermore, '1-10' means '1 through 10', which equals '1 up to and including 10' as defined above.



## **4 Part IA: The protocol for ICD-9 coded GMRs**

## 4.1 Introduction

The standard for GMRs comprises a series of *underlying causes of deaths* as coded under the International Classification of Diseases (ICD), 9th and 10th edition. These codes are specified at three- or four-digit level. Broad categories include: drug psychoses, drug dependence, nondependent drug abuse, accidental poisoning, suicide and self-inflicted poisoning, and poisoning with intent undetermined.

The substances causing death need to be specified. For ICD-9 coded GMRs this requires that a number of defined E-codes (poisoning deaths) must be extracted in combination with *nature of injury* codes (N-codes). For ICD-10 coded GMRs this respectively requires that X-codes and Y-codes be extracted in combination with T-codes.

As one E-code may have multiple N-codes, a specific procedure must be followed to exclude double counting of persons.

In general the DRD-Standard requires that double counting be avoided. One case must only be coded to one category.

*Contributing causes of death* are not included because a significant number of countries are not able to provide the corresponding data. There are also difficulties related to the interpretation of the data.

The defined standard for *data extraction and collection* does not automatically imply that all causes of death will be used for calculating the "key figure" (the EMCDDA definition, "selection B") of the overall number of drug-related deaths in the EU Member States.

A consensus has been reached among EU experts to include in the EMCDDA definition, and therefore to report as "key figures" for the Standard Reitox tables the following categories: deaths by drugs psychoses, drug dependence, nondependent drug abuse, accidental poisoning, suicide and self-inflicted poisoning, and poisoning with undetermined intent.

Only deaths due to drugs typical of abuse like opiates, cocaine, amphetamines, cannabis, and hallucinogens will be included. Psychoactive medicines will be excluded from the calculation of the overall number of drug-related deaths. Causes of death related to unspecified drugs are only collected to obtain insight into the accuracy of coding.

For ICD-9 coded GMRs, the EMCDDA definition ("Selection B") focuses on the following categories of underlying causes of death:

Underlying cause of death	Selected ICD-9 code(s)
Drug psychoses	292
Drug dependence	304.0, 304.2-9
Nondependent drug abuse	305.2-3, 305.5-7, 305.9
Accidental drug poisoning	E850.0, E850.8 <sup>1)</sup> , E854.1-2, E855.2, and E858.8 <sup>1)</sup>
Suicide and self-inflicted drug poisoning	E950.0 <sup>1)</sup> , E950.4 <sup>1)</sup>
Drug poisoning undetermined intent	E980.0 <sup>1)</sup> , E980.4 <sup>1)</sup>

<sup>1)</sup>In combination with N-codes (N965.0, and/or N968.5, and/or N969.6, and/or N969.7), as explained below.

However, for purposes of data validation, more data are extracted and collected than reported in the key figures for the Standard Reitox tables.

## 4.2 Procedure

In general, the procedure to be applied by the national experts and the data programmers is as follows:

Step 1: Extract and collect data in the format of the EMCDDA database.

Step 2: Select the data to be reported in the key figures for the Standard Reitox tables.

The two steps are now further explained.

### 4.3 Step 1: Extract and collect data in the format of the EMCDDA database

Every two years, the EMCDDA will request data from ICD-9 coded GMRs in the following format:

Country	Year	Gender	Age	DRD	Number	Filter_B
008-826	1985 ff.	1-3	6-18	1-55	1 ff.	0-1

The format shows that the EMCDDA database for ICD-9 coded GMRs consists of the variables "Country" (values 008-826), "Year" (values 1985 ff.), "Gender" (values 1-3), "Age" (values 6-18), "DRD" (values 1-55), "Number" (values 1 ff.), and "Filter\_B" (values 0-1).

Each variable is allocated to a separate column.

Each year, however, key figures are to be reported to the EMCDDA. National experts therefore need to calculate the key figures on their own database. Therefore it is required to extract and collect data in this format each year. The key figures will be calculated by means of the variable "Filter\_B" at step 2 of the procedure below.

It is preferred that the data are collected in a SPSS database, or in another database program that can easily apply filters. Data can be collected in spreadsheets like Excel, but this will make the application of filters more difficult for the national experts.

The different variables and the values they can take are now explained further.

## **Country**

The variable "Country" complies with the ISO 3166 standard for country codes (RIPE Network Coordination Centre, 1994).

Please notice that the variable "Country" is an alphanumeric variable. This implies that in case a value on this variable starts with a zero, that zero has a meaning and must be included. For example, Austria must be coded alphanumerically to "040", and not numerically as the mere figure "40".

In SPSS databases, alphanumeric variables are defined as the type "string". In Excel spreadsheets, alphanumeric variables are defined as "text".

The country codes (including some of the candidate countries) are as follows:

- 008 for Albania
- 040 for Austria
- 056 for Belgium
- 070 for Bosnia and Herzegovina
- 100 for Bulgaria
- 196 for Cyprus
- 203 for Czech Republic
- 208 for Denmark
- 233 for Estonia
- 246 for Finland
- 807 for Former Yugoslav Republic of Macedonia
- 250 for France
- 276 for Germany
- 300 for Greece
- 348 for Hungary
- 372 for Ireland
- 380 for Italy
- 428 for Latvia
- 440 for Lithuania
- 442 for Luxembourg
- 470 for Malta
- 528 for Netherlands
- 578 for Norway
- 616 for Poland
- 620 for Portugal
- 642 for Romania

- 703 for Slovak Republic
- 705 for Slovenia
- 724 for Spain
- 752 for Sweden
- 792 for Turkey
- 826 for United Kingdom

### **Year**

For the variable "Year" the respective year is filled in.

### **Gender**

The variable "Gender" runs from 1 through 3.

The following codes are used:

- 1 for male
- 2 for female
- 3 for gender unknown.

### **Age**

The variable "Age" runs from 6 through 18.

The following codes are used:

- 6 for <15 years
- 7 for 15-19 years
- 8 for 20-24 years
- 9 for 25-29 years
- 10 for 30-34 years
- 11 for 35-39 years
- 12 for 40-44 years
- 13 for 45-49 years
- 14 for 50-54 years
- 15 for 55-59 years
- 16 for 60-64 years
- 17 for  $\geq 65$  years
- 18 for age unknown.

### **DRD**

The variable "DRD" runs from 1 through 55. The codes 1, 2, 3, etc. are used for the ICD9-Codes as described in table 1 below.

## Number

The variable "Number" stands for the number of drug-related deaths. Zero cases need not be delivered. Therefore "Number" runs from 1 through the maximum number found in a category.

## Filter\_B

As already explained above, not all extracted data count for the "key figures" (EMCDDA definition). Only cases included in selection B count for the key figures for the Standard Reitox tables. Selection B is the selection on which consensus was found among the national experts of the EU. The variable "Filter\_B" defines this selection B. A category included in selection B, receives the value "1". A category not included in selection B receives the value "0".

In SPSS, Filter\_B can be installed easily each year on updated databases by running a syntax command. The syntax command for Filter\_B is therefore given in Annex 1.

**Table 1: Coding of values for the variables "DRD" and "Filter\_B"**

<b>DRD</b>	<b>ICD9-Code(s)</b>	<b>Drug psychoses</b>	<b>Filter_B</b>
1	292	Drug psychoses	1
<b>DRD</b>	<b>ICD9-Code(s)</b>	<b>Drug dependence</b>	<b>Filter_B</b>
2	304.0	Morphine type	1
3	304.1	Barbiturate type	0
4	304.2	Cocaine	1
5	304.3	Cannabis	1
6	304.4	Amphetamine type and other psychostimulants	1
7	304.5	Hallucinogens	1
8	304.6	Other	1
9	304.7	Combination of morphine-type drug with any other	1
10	304.8	Combination excluding morphine-type drug	1
11	304.9	Unspecified	1
<b>DRD</b>	<b>ICD9-Code(s)</b>	<b>Nondependent abuse of drugs</b>	<b>Filter_B</b>
12	305.2	Cannabis	1
13	305.3	Hallucinogens	1
14	305.4	Barbiturates and tranquillisers	0
15	305.5	Morphine type	1
16	305.6	Cocaine type	1
17	305.7	Amphetamine type	1
18	305.8	Antidepressants	0
19	305.9	Other, mixed, or unspecified	1

(continued)



**Table 1 (continued)**

<b>DRD</b>	<b>ICD9-Code(s)</b>	<b>Accidental poisoning</b>	<b>Filter_B</b>
20	E850.0	Opiates and related narcotics	1
21	E850.8 AND N965.0 AND N968.5	Mixed including opiates AND cocaine	1
22	E850.8 AND N965.0 AND NOT N968.5	Mixed including opiates AND NO cocaine	1
23	E850.8 AND (N968.5 OR N969.7 OR N969.6) AND NOT N965.0	Cocaine OR stimulants OR hallucinogens and NO opiates	1
24	E850.8 AND NOT N965.0 AND NOT (N968.5 OR N969.7 OR N969.6)	Other, NO opiates, NO cocaine, NO stimulants, NO hallucinogens	0
25	E850.9	Unspecified analgesics, antipyretics, antirheumatics	0
26	E851	Barbiturates	0
27	E852	Other sedatives and hypnotics	0
28	E853.2	Benzodiazepines	0
29	E854.1	Psychodysleptics (including cannabis and hallucinogens)	1
30	E854.2	Psychostimulants (including amphetamines)	1
31	E855.2	Local anaesthetics (including cocaine)	1
32	E855.9	Unspecified other drugs acting on the nervous system	0
33	E858.8 AND N965.0 AND N968.5	Mixed including opiates AND cocaine	1
34	E858.8 AND N965.0 AND NOT N968.5	Mixed including opiates AND NO cocaine	1
35	E858.8 AND (N968.5 OR N969.7 OR N969.6) AND NOT N965.0	Cocaine OR stimulants OR hallucinogens and NO opiates	1
36	E858.8 AND NOT N965.0 AND NOT (N968.5 OR N969.7 OR N969.6)	Other, NO opiates, NO cocaine, NO stimulants, NO hallucinogens	0
37	E858.9	Unspecified other drugs	0
<b>DRD</b>	<b>ICD9-Code(s)</b>	<b>Suicide and self-inflicted poisoning</b>	<b>Filter_B</b>
38	E950.0 AND N965.0	Opiates	1
39	E950.1	Barbiturates	0
40	E950.2	Other sedatives and hypnotics	0
41	E950.3 AND N969.4	Benzodiazepines	0
42	E950.4 AND N965.0 AND N968.5	Mixed including opiates AND cocaine	1
43	E950.4 AND N965.0 AND NOT N968.5	Mixed including opiates AND NO cocaine	1
44	E950.4 AND (N968.5 OR N969.7 OR N969.6) AND NOT N965.0	Cocaine OR stimulants OR hallucinogens and NO opiates	1
45	E950.4 AND NOT N965.0 AND NOT (N968.5 OR N969.7 OR N969.6)	Other, NO opiates, NO cocaine, NO stimulants, NO hallucinogens	0
46	E950.5	Other unspecified drugs or medicaments	0

(continued)

**Table 1 (continued)**

DRD	ICD9-Code(s)	Poisoning undetermined intent	Filter_B
47	E980.0 AND N965.0	Opiates	1
48	E980.1	Barbiturates	0
49	E980.2	Other sedatives and hypnotics	0
50	E980.3 AND N969.4	Benzodiazepines	0
51	E980.4 AND N965.0 AND N968.5	Mixed including opiates AND cocaine	1
52	E980.4 AND N965.0 AND NOT N968.5	Mixed including opiates AND NO cocaine	1
53	E980.4 AND (N968.5 OR N969.7 OR N969.6) AND NOT N965.0	Cocaine OR stimulants OR hallucinogens and NO opiates	1
54	E980.4 AND NOT N965.0 AND NOT (N968.5 OR N969.7 OR N969.6)	Other, NO opiates, NO cocaine, NO stimulants, NO hallucinogens	0
55	E980.5	Other unspecified drugs or medicaments	0

### Explanation to single ICD-9 codes

Some DRD-codes are defined by just one ICD-9 code. Other DRD-codes are defined by combinations of ICD-9 codes. If a DRD-code is defined by only one ICD-9 code, only select a case if the *underlying* cause of death is coded to the respective ICD-9 code. This means that in case of one ICD-9 code, *contributing* causes of death are *not* taken into account and are *not* selected. The DRD-codes that are defined by only one ICD-9 code are: DRD1 through DRD20, DRD25 through DRD32, DRD37, DRD39, DRD40, DRD46, DRD48, DRD49, and DRD55.

### Explanation to combinations of ICD-9 codes

It is preferred that E-codes can be combined with at least two N-codes. In case only one N-code is available, see below for an alternative procedure.

The DRD-codes that are defined by combinations of E- and N-codes are: DRD21 through DRD24, DRD33 through DRD36, DRD38, DRD41 through DRD45, DRD47, and DRD50 through DRD54. The selection criterion for these DRD-codes always starts with an E-code. These are E850.8, E858.8, E950.0, E950.3, E950.4, E980.0, E980.3, and E980.4. These E-codes refer to the underlying cause of death. Of these, codes E950.0 and E980.0 must be extracted in combination with N-code 965.0 to obtain cases related to opiates. Similarly, codes E950.3 and E980.3 must be extracted in combination with N-code 969.4 to extract cases related to benzodiazepines.

The remaining four codes (E850.8, E858.8, E950.4, E980.4) are known to be associated with multiple N-codes, at least in some countries. In order to avoid double counting, cases should be assigned into one of four mutually exclusive categories.

At a descriptive level these categories are:

- opiates AND cocaine (regardless of other substances);
- opiates AND NO cocaine (regardless of other substances);
- mixed, including one or more of the following: cocaine OR stimulants OR hallucinogens AND NO opiates (regardless of other substances);
- other, NO opiates, NO cocaine, NO stimulants, NO hallucinogens.

The corresponding definitions can be found in Table 1 above under DRD21-DRD24, DRD33-DRD36, DRD42-DRD45 and DRD51-DRD54.

#### **Alternative procedure: N-codes by exception from contributing causes**

In some countries, codes E850.8, E858.8, E950.4 or E980.4 may have one additional N-code that is non-specific, for example, code N977.8 (other drugs and medicaments) or N977.9 (unspecified drug or medicament). Information on the specific substances involved (e.g. opiates) may be contained in a series of N-codes recorded as contributing causes. In this specific situation, the N-codes recorded as *contributing* causes of death, and all other information pertaining to a case, must also be taken into account. For example, if the underlying cause of death is coded to E850.8 in combination with N965.0 and in combination with N968.5, the case counts as a DRD21. The case counts as a DRD21 if in *all* information about the case, including the contributing causes, E850.8 is found in combination somewhere with N965.0 AND somewhere with N968.5. The same logic applies to the other DRD-codes that are defined by combinations of E-codes and N-codes.

#### **Alternative procedure: Combinations with only one N-code**

To apply the DRD-Standard completely, it is required that ICD-9 E-codes can be combined with at least two ICD-9 N-codes. However, for the General Mortality Registers of some countries, E-codes can only be combined with one N-code. The following guidelines describe how to act if E-codes can only be combined with one N-code.

Table 2 below shows how to compute DRD1 through DRD55 in case E-codes can only be combined with one N-code.

**Table 2: Combinations of E-codes with only one N-code**

DRD-number(s)	Computation prescription
DRD1 through DRD20	Compute as already prescribed in Table 1.
DRD21	E850.8 AND N965.0
DRD22	Do not compute but leave empty.
DRD23	E850.8 AND N968.5 E850.8 AND N969.7 E850.8 AND N969.6
DRD24 through DRD32	Compute as already prescribed in Table 1.
DRD33	E858.8 AND N965.0
DRD34	Do not compute but leave empty.
DRD35	E858.8 AND N968.5 E858.8 AND N969.7 E858.8 AND N969.6
DRD36 through DRD41	Compute as already prescribed in Table 1.
DRD42	E950.4 AND N965.0
DRD43	Do not compute but leave empty.
DRD44	E950.4 AND N968.5 E950.4 AND N969.7 E950.4 AND N969.6
DRD45 through DRD50	Compute as already prescribed in Table 1.
DRD51	E980.4 AND N965.0
DRD52	Do not compute but leave empty.
DRD53	E980.4 AND N968.5 E980.4 AND N969.7 E980.4 AND N969.6
DRD54 through DRD55	Compute as already prescribed in Table 1.

**Explanation to Table 2**

Table 2 above prescribes the following:

Compute DRD1 through DRD20 as prescribed by the DRD-Standard.

Compute DRD21 as “E850.8 AND N965.0”, meaning “accidental poisoning, mixed including opiates”.

Do not compute DRD22, because these cases are merged with DRD21.

Compute DRD23 as “E850.8 AND (N968.5 OR N969.7 OR N969.6)”, meaning “accidental poisoning, including cocaine OR stimulants OR hallucinogens”.

Compute DRD24 through DRD32 as prescribed by the DRD-Standard.

Compute DRD33 as “E858.8 AND N965.0”, meaning “accidental poisoning, mixed including opiates”.

Do not compute DRD34, because these cases are merged with DRD33.

Compute DRD35 as “E858.8 AND (N968.5 OR N969.7 OR N969.6)”, meaning “accidental poisoning, including cocaine OR stimulants OR hallucinogens”.

Compute DRD36 through DRD41 as prescribed by the DRD-Standard.

Compute DRD42 as “E950.4 AND N965.0”, meaning “suicide and self-inflicted poisoning, mixed including opiates”.

Do not compute DRD43, because these cases are merged with DRD42.

Compute DRD44 as “E950.4 AND (N968.5 OR N969.7 OR N969.6)”, meaning “suicide and self-inflicted poisoning, including cocaine OR stimulants OR hallucinogens”.

Compute DRD45 through DRD50 as prescribed by the DRD-Standard.

Compute DRD51 as “E980.4 AND N965.0”, meaning “poisoning undetermined intent, mixed including opiates”.

Do not compute DRD52, because these cases are merged with DRD51.

Compute DRD53 as “E980.4 AND (N968.5 OR N969.7 OR N969.6)”, meaning “poisoning undetermined intent, including cocaine OR stimulants OR hallucinogens”.

Compute DRD54 through DRD55 as prescribed by the DRD-Standard.

## Consequences

Following the 17 guidelines above will have the following consequences for data delivery:

DRD21 merges with DRD22 into DRD21.

DRD33 merges with DRD34 into DRD33.

DRD42 merges with DRD43 into DRD42.

DRD51 merges with DRD52 into DRD51.

Table 1 above shows that DRD21, DRD33, DRD42, and DRD51 are included in Filter\_B. In case of only one N-code, the same Filter\_B is applied to report the key figures for the Standard Reitox tables.

#### 4.4 Step 2: Select the data to be reported in the key figures for the Standard Reitox tables

Each year, the key figures on drug-related deaths are reported to the EMCDDA in the following format of the Standard Reitox table 05:

COUNTRY:				
Year of reporting:				
		Male	Female	Total
Number of cases				
Mean age				
Age distribution (number)	<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				

The full Standard Reitox table 05 is given in Annex 3.

Only include those cases (DRD-numbers) that have a "1" on Filter\_B. Do not count cases that have a "0" on Filter\_B. These cases are only collected for validation purposes.

In SPSS, the key figures can easily be calculated by means of custom tables by the sum of values of the variable "Number".

## **5 Part IB: The protocol for ICD-10 coded GMRs**

For an introduction to ICD-coded GMRs, see the introduction in § 3.1 above. The rationale behind ICD-9 coded GMRs also counts for ICD-10 coded GMRs.

For ICD-10, the EMCDDA definition ("Selection B") focuses on the following categories of underlying causes of death:

Underlying cause of death	Selected ICD-10 code(s)
Disorders	F11-F12, F14-F16, and F19
Accidental poisoning	X42 <sup>1)</sup> , X41 <sup>1)</sup>
Intentional poisoning	X62 <sup>1)</sup> , X61 <sup>1)</sup>
Poisoning undetermined intent	Y12 <sup>1)</sup> , Y11 <sup>1)</sup>

<sup>1)</sup>In combination with the T-codes: T40.0-9, T43.6.

This "Selection B" of ICD-10 codes to estimate the number of drug-related deaths can be presented also as follows:

- Harmful use, dependence, and other mental and behavioural disorders due to:
  - opioids (F11)
  - cannabinoids (F12)
  - cocaine (F14)
  - other stimulants (F15)
  - hallucinogens (F16)
  - multiple drug use (F19).
- Accidental poisoning (X41, X42), intentional poisoning (X61, X62), or poisoning by undetermined intent (Y11, Y12) by:
  - opium (T40.0)
  - heroin (T40.1)
  - other opioids (T40.2)
  - methadone (T40.3)
  - other synthetic narcotics (T40.4)
  - cocaine (T40.5)
  - other and unspecified narcotics (T40.6)
  - cannabis (T40.7)
  - lysergide (T40.8)
  - other and unspecified psychodysleptics (T40.9)
  - psychostimulants (T43.6)

## 5.1 Procedure

In general, the procedure to be applied by the national experts and the data programmers is as follows:

Step 1: Extract and collect data in the format of the EMCDDA database.

Step 2: Select the data to be reported in the key figures for the Standard Reitox tables.

The two steps are now further explained.



## 5.2 Step 1: Extract and collect data in the format of the EMCDDA database

Every two years, the EMCDDA will request data from ICD-10 coded GMRs in the following format:

Country	Year	Gender	Age	DRD	Number	Filter_B
008-826	1985 ff.	1-3	6-18	56-151	1 ff.	0-1

The format shows that the EMCDDA database for ICD-10 coded GMRs consists of the variables "Country" (values 008-826), "Year" (values 1985 ff.), "Gender" (values 1-3), "Age" (values 6-18), "DRD" (values 56-151), "Number" (values 1 ff.), and "Filter\_B" (values 0-1).

Each variable is allocated to a separate column.

Each year, however, aggregated "key figures" (the EMCDDA definition, Selection B) are to be reported to the EMCDDA by means of the Standard Reitox tables. National experts therefore need to calculate the key figures on their own database. Therefore it is required to extract and collect data in this format each year. The key figures will be calculated by means of the variable "Filter\_B" at step 2 of the procedure below.

It is preferred that the data are collected in a SPSS database, or in another database program that can easily apply filters. Data can be collected in spreadsheets like Excel, but this will make the application of filters more difficult for the national experts.

The different variables and the values they can take are now explained further.

### Country

The variable "Country" complies with the ISO 3166 standard for country codes (RIPE Network Coordination Centre, 1994).

Please notice that the variable "Country" is an alphanumeric variable. This implies that in case a value on this variable starts with a zero, that zero has a meaning and must be included. For example, Austria must be coded alphanumerically to "040", and not numerically as the mere figure "40".

In SPSS databases, alphanumeric variables are defined as the type "string". In Excel spreadsheets, alphanumeric variables are defined as "text".

The country codes (including some of the candidate countries) are as follows:

- 008 for Albania
- 040 for Austria
- 056 for Belgium
- 070 for Bosnia and Herzegovina
- 100 for Bulgaria
- 196 for Cyprus

- 203 for Czech Republic
- 208 for Denmark
- 233 for Estonia
- 246 for Finland
- 807 for Former Yugoslav Republic of Macedonia
- 250 for France
- 276 for Germany
- 300 for Greece
- 348 for Hungary
- 372 for Ireland
- 380 for Italy
- 428 for Latvia
- 440 for Lithuania
- 442 for Luxembourg
- 470 for Malta
- 528 for Netherlands
- 578 for Norway
- 616 for Poland
- 620 for Portugal
- 642 for Romania
- 703 for Slovak Republic
- 705 for Slovenia
- 724 for Spain
- 752 for Sweden
- 792 for Turkey
- 826 for United Kingdom

### **Year**

For the variable "Year" the respective year is filled in.

### **Gender**

The variable "Gender" runs from 1 through 3.

The following codes are used:

- 1 for male
- 2 for female
- 3 for gender unknown.

## **Age**

The variable "Age" runs from 6 through 18.

The following codes are used:

- 6 for <15 years
- 7 for 15-19 years
- 8 for 20-24 years
- 9 for 25-29 years
- 10 for 30-34 years
- 11 for 35-39 years
- 12 for 40-44 years
- 13 for 45-49 years
- 14 for 50-54 years
- 15 for 55-59 years
- 16 for 60-64 years
- 17 for >=65 years
- 18 for age unknown.

## **DRD**

The variable "DRD" runs from 56 through 151. The codes 56, 57, 58, etc. are used for the ICD10-Codes as described in Table 3 below.

## **Number**

The variable "Number" stands for the number of drug-related deaths. Zero cases need not be delivered. Therefore "Number" runs from 1 through the maximum number found in a category.

## **Filter\_B**

As already explained above, not all extracted data count for the "key figures" (the EMCDDA definition). Only cases included in selection B count for the key figures for the Standard Reitox tables. Selection B is the selection on which consensus was found among the national experts of the EU. The variable "Filter\_B" defines this selection B. A category included in selection B, receives the value "1". A category not included in selection B receives the value "0".

In SPSS, Filter\_B can be installed easily each year on updated databases by running a syntax command. The syntax command for Filter\_B is therefore given in Annex 1.

**Table 3: Coding of values for the variables "DRD" and "Filter\_B"**

<b>DRD</b>	<b>ICD10-Code(s)</b>	<b>Disorders: Acute intoxication</b>	<b>Filter_B</b>
56	F11.0	Opioids	1
57	F12.0	Cannabinoids	1
58	F13.0	Sedatives	0
59	F14.0	Cocaine	1
60	F15.0	Other stimulants	1
61	F16.0	Hallucinogens	1
62	F18.0	Volatile solvents	0
63	F19.0	Multiple/other	1
<b>DRD</b>	<b>ICD10-Code(s)</b>	<b>Disorders: Harmful use</b>	<b>Filter_B</b>
64	F11.1	Opioids	1
65	F12.1	Cannabinoids	1
66	F13.1	Sedatives	0
67	F14.1	Cocaine	1
68	F15.1	Other stimulants	1
69	F16.1	Hallucinogens	1
70	F18.1	Volatile solvents	0
71	F19.1	Multiple/other	1
<b>DRD</b>	<b>ICD10-Code(s)</b>	<b>Disorders: Dependence</b>	<b>Filter_B</b>
72	F11.2	Opioids	1
73	F12.2	Cannabinoids	1
74	F13.2	Sedatives	0
75	F14.2	Cocaine	1
76	F15.2	Other stimulants	1
77	F16.2	Hallucinogens	1
78	F18.2	Volatile solvents	0
79	F19.2	Multiple/other	1
<b>DRD</b>	<b>ICD10-Code(s)</b>	<b>Disorders: Other</b>	<b>Filter_B</b>
80	F11.3-9	Opioids	1
81	F12.3-9	Cannabinoids	1
82	F13.3-9	Sedatives	0
83	F14.3-9	Cocaine	1
84	F15.3-9	Other stimulants	1
85	F16.3-9	Hallucinogens	1
86	F18.3-9	Volatile solvents	0
87	F19.3-9	Multiple/other	1

*(continued)*

**Table 3 (continued)**

<b>DRD</b>	<b>ICD10-Code(s)</b>	<b>Accidental poisoning</b>	<b>Filter_B</b>
88	X42 AND T40.0	Opium	1
89	X42 AND T40.1	Heroin	1
90	X42 AND T40.2	Other opioids	1
91	X42 AND T40.3	Methadone	1
92	X42 AND T40.4	Other synthetic narcotics	1
93	X42 AND T40.5	Cocaine	1
94	X42 AND T40.6	Other and unspecified narcotics	1
95	X42 AND T40.7	Cannabis	1
96	X42 AND T40.8	Lysergide [LSD]	1
97	X42 AND T40.9	Other/unspec. psychodysleptics	1
98	X42*	Narcotics and psychodysleptics	0
99	X41 AND T42.3	Barbiturates	0
100	X41 AND T42.4	Benzodiazepines	0
101	X41 AND T42.6	Other antiepileptic and sedative	0
102	X41 AND T42.7	Antiepileptic and sedative unspec.	0
103	X41 AND T43.6	Psychostimulants	1
104	X4* AND T43.8	Other psychotropic	0
105	X4* AND T43.9	Psychotropic unspecified	0
106	X44 AND T50.9	Other and unspecified drugs	0
107	X49 AND T50.9	Other and unspecified chemicals	0
<b>DRD</b>	<b>ICD10-Code(s)</b>	<b>Intentional poisoning</b>	<b>Filter_B</b>
108	X62 AND T40.0	Opium	1
109	X62 AND T40.1	Heroin	1
110	X62 AND T40.2	Other opioids	1
111	X62 AND T40.3	Methadone	1
112	X62 AND T40.4	Other synthetic narcotics	1
113	X62 AND T40.5	Cocaine	1
114	X62 AND T40.6	Other and unspecified narcotics	1
115	X62 AND T40.7	Cannabis	1
116	X62 AND T40.8	Lysergide [LSD]	1
117	X62 AND T40.9	Other/unspec. psychodysleptics	1
118	X62*	Narcotics and psychodysleptics	0
119	X61 AND T42.3	Barbiturates	0
120	X61 AND T42.4	Benzodiazepines	0
121	X61 AND T42.6	Other antiepileptic and sedative	0
122	X61 AND T42.7	Antiepileptic and sedative unspec.	0
123	X61 AND T43.6	Psychostimulants	1
124	X6* AND T43.8	Other psychotropic	0
125	X6* AND T43.9	Psychotropic unspecified	0
126	X64 AND T50.9	Other and unspecified drugs	0
127	X69 AND T50.9	Other and unspecified chemicals	0

*(continued)*

**Table 3 (continued)**

DRD	ICD10-Code(s)	Poisoning undetermined intent	Filter_B
128	Y12 AND T40.0	Opium	1
129	Y12 AND T40.1	Heroin	1
130	Y12 AND T40.2	Other opioids	1
131	Y12 AND T40.3	Methadone	1
132	Y12 AND T40.4	Other synthetic narcotics	1
133	Y12 AND T40.5	Cocaine	1
134	Y12 AND T40.6	Other and unspecified narcotics	1
135	Y12 AND T40.7	Cannabis	1
136	Y12 AND T40.8	Lysergide [LSD]	1
137	Y12 AND T40.9	Other/unspec. psychodysleptics	1
138	Y12*	Narcotics and psychodysleptics	0
139	Y11 AND T42.3	Barbiturates	0
140	Y11 AND T42.4	Benzodiazepines	0
141	Y11 AND T42.6	Other antiepileptic and sedative	0
142	Y11 AND T42.7	Antiepileptic and sedative unspec.	0
143	Y11 AND T43.6	Psychostimulants	1
144	Y1* AND T43.8	Other psychotropic	0
145	Y1* AND T43.9	Psychotropic unspecified	0
146	Y14 AND T50.9	Other and unspecified drugs	0
147	Y19 AND T50.9	Other and unspecified chemicals	0
DRD	ICD10-Code(s)	ILL defined	Filter_B
148	R96.0	Instantaneous death	0
149	R96.1	Death not otherwise explained	0
150	R98	Unattended death	0
151	R99	Other ill-defined and unspecified	0

### Explanation to single ICD-10 codes

Some DRD-codes are defined by just one ICD-10 code. Other DRD-codes are defined by combinations of ICD-10 codes. If a DRD-code is defined by only one ICD-10 code, only select a case if the *underlying* cause of death is coded to the respective ICD-10 code. This means that in case of one ICD-10 code, *contributing* causes of death are *not* taken into account and are *not* selected. The DRD-codes that are defined by only one ICD-10 code are: DRD56 through DRD87, DRD98 (for some countries), DRD118 (for some countries), DRD138 (for some countries), and DRD148 through DRD151.

### Explanation to combinations of ICD-10 codes

It is preferred that X- and Y-codes can be combined with at least one T-code that specifies the underlying cause of death. In case no T-code is available as a specification of the underlying cause of death, see below at the alternative procedure.

The DRD-codes that are defined by combinations of X- and Y-codes with T-codes are: DRD88 through DRD97, DRD99 through DRD117, DRD119 through DRD137, and DRD139 through DRD147. The selection criterion for these DRD-codes always starts with an X- or

Y-code. These are primarily X42, X41, X62, X61, Y12, and Y11. These X- and Y-codes refer to the underlying cause of death. At DRD88, for example, "X42 AND T40.0" represents accidental poisoning by opium.

### **Alternative procedure: T-codes by exception from contributing causes**

In some countries, information on the specific substances involved (e.g. opiates) may be contained in a series of T-codes recorded as contributing causes. In this specific situation, the T-codes recorded as *contributing* causes of death, and all other information pertaining to a case, must also be taken into account. For example, if the underlying cause of death is coded to X42 in combination with T40.0, the case counts as a DRD88. The case counts as a DRD88 if in *all* information about the case, including the contributing causes, X42 is found in combination somewhere with T40.0. The same logic applies to the other DRD-codes that are defined by combinations of X- and Y-codes with T-codes.

### **Alternative procedure: X- and Y-codes without T-codes**

To apply the DRD-Standard completely, it is required that ICD-10 X- and Y-codes can be combined with at least one ICD-10 T-code. However, for the General Mortality Registers of some countries, X- and Y-codes cannot be combined with any T-code. The following guidelines describe how to act if X- and Y-codes cannot be combined with any T-code.

In case X-codes and Y-codes cannot be combined with any specifying T-code, please deviate from the prescriptions above as follows:

Do not compute DRD88 through DRD97, but only compute DRD98, that is X42.

Do not compute DRD99 through DRD105.

For DRD106, instead of "X44 AND T50.9", only compute X44.

For DRD107, instead of "X49 AND T50.9", only compute X49.

Do not compute DRD108 through DRD117, but only compute DRD118, that is X62.

Do not compute DRD119 through DRD125.

For DRD126, instead of "X64 AND T50.9", only compute X64.

For DRD127, instead of "X69 AND T50.9", only compute X69.

Do not compute DRD128 through DRD137, but only compute DRD138, that is Y12.

Do not compute DRD139 through DRD145.

For DRD146, instead of "Y14 AND T50.9", only compute Y14.

For DRD147, instead of "Y19 AND T50.9", only compute Y19.

However, in case no T-codes are available, selection B for the key figures cannot be made. Only overinclusive data can then be extracted.

### 5.3 Step 2: Select the data to be reported in the key figures for the Standard Reitox tables

Each year, the key figures on drug-related deaths are reported to the EMCDDA by the Standard Reitox table 05 in the following format:

COUNTRY:				
Year of reporting:				
		Male	Female	Total
Number of cases				
Mean age				
Age distribution (number)	<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				

The full Standard Reitox table 05 is given in Annex 3.

Only include those cases (DRD-numbers) that have a 1 on Filter\_B. Do not count cases that have a 0 on Filter\_B. These cases are only collected for validation purposes.

In SPSS, the key figures for the Standard Reitox tables can easily be calculated by means of custom tables by the sum of values of the variable "Number".



## **6 Part II: The protocol for SRs**

As already mentioned above, there are two main sources of information on drug-related deaths: General Mortality Registers (GMRs), which are present in all countries of the European Union, and Special Registers (SRs) held by the police or forensic institutions. SRs are only present in a subset of countries. Both registers have advantages and disadvantages. For comparative purposes, data are collected and reported from both types of registers. Of course, this protocol for the SRs only applies to those Member States that actually hold a SR.

For the Special Registers, the DRD-Standard focuses on the following categories of underlying causes of death:

Underlying cause of death	Further breakdown
Poisoning by: <ul style="list-style-type: none"> <li>• accident</li> <li>• suicide</li> <li>• homicide</li> <li>• undetermined intent</li> </ul>	Poisoning by the substances: <ul style="list-style-type: none"> <li>• opioids</li> <li>• methadone (only)</li> <li>• poly-substances including opioids</li> <li>• (poly)substances excluding opioids</li> <li>• unspecified substances.</li> </ul>

For validation purposes, data are also collected for poisoning by medicines and deaths by other causes than poisoning. However, only the cases of poisoning by drugs of abuse are considered as part of the EMCDDA definition (Selection D) and will therefore be reported in the "key figures", as will be further explained below.

See also pages 37-39 of the Protocol.

## 6.1 Procedure

In general, the procedure to be applied by the national experts and the data programmers is as follows:

Step 1: Extract and collect data in the format of the EMCDDA database.

Step 2: Select the data to be reported in the key figures for the Standard Reitox tables.

The two steps are now further explained.

## 6.2 Step 1: Extract and collect data in the format of the EMCDDA database

Every two years, the EMCDDA will request data from the available SRs in the following format:

Country	Year	Gender	Age	Cause	Number	Filter_D
008-826	1985 ff.	1-3	6-18	18-28	1 ff.	0-1

## Country

The variable "Country" complies with the ISO 3166 standard for country codes (RIPE Network Coordination Centre, 1994).

Please notice that the variable "Country" is an alphanumeric variable. This implies that in case a value on this variable starts with a zero, that zero has a meaning and must be included. For example, Austria must be coded alphanumerically to "040", and not numerically as the mere figure "40". In SPSS databases, alphanumeric variables are defined as the type "string". In Excel spreadsheets, alphanumeric variables are defined as "text".

The country codes (including some of the candidate countries) are as follows:

- 008 for Albania
- 040 for Austria
- 056 for Belgium
- 070 for Bosnia and Herzegovina
- 100 for Bulgaria
- 196 for Cyprus
- 203 for Czech Republic
- 208 for Denmark
- 233 for Estonia
- 246 for Finland
- 807 for Former Yugoslav Republic of Macedonia
- 250 for France
- 276 for Germany
- 300 for Greece
- 348 for Hungary
- 372 for Ireland
- 380 for Italy
- 428 for Latvia
- 440 for Lithuania
- 442 for Luxembourg
- 470 for Malta
- 528 for Netherlands
- 578 for Norway
- 616 for Poland
- 620 for Portugal
- 642 for Romania
- 703 for Slovak Republic
- 705 for Slovenia
- 724 for Spain
- 752 for Sweden
- 792 for Turkey
- 826 for United Kingdom

## **Year**

For the variable "Year" the respective year is filled in.

## **Gender**

The variable "Gender" runs from 1 through 3.

The following codes are used:

- 1 for male
- 2 for female
- 3 for gender unknown.

## **Age**

The variable "Age" runs from 6 through 18.

The following codes are used:

- 6 for <15 years
- 7 for 15-19 years
- 8 for 20-24 years
- 9 for 25-29 years
- 10 for 30-34 years
- 11 for 35-39 years
- 12 for 40-44 years
- 13 for 45-49 years
- 14 for 50-54 years
- 15 for 55-59 years
- 16 for 60-64 years
- 17 for  $\geq 65$  years
- 18 for age unknown.

## **Cause**

The variable "Cause" runs from 18 through 28. The codes are given in Table 4 below.

## **Number**

The variable "Number" stands for the number of drug-related deaths. Zero cases need not be delivered. Therefore "Number" runs from 1 through the maximum number found in a category.

## Filter\_D

As already explained above, not all extracted data count for the "EMCDDA definition" and therefore for the "key figures" of the Standard Reitox tables. Only cases included in selection D count for the key figures. Just like Selection B for the GMRs, Selection D from the SRs is the selection on which consensus was found among the national experts of the EU. The variable "Filter\_D" defines this selection D. A category included in selection D, receives the value "1". A category not included in selection D receives the value "0".

In SPSS, Filter\_D can be installed easily each year on updated databases by running a syntax command. The syntax command for Filter\_D is given in Annex 1.

**Table 4: Coding of values for the variables "Cause" and "Filter\_D"**

<b>Cause</b>	<b>Poisoning</b>	<b>Filter_D</b>
18	Poisoning by opioids only (excluding methadone)	1
19	Poisoning by methadone only	1
20	Poisoning by poly-substances including opioids	1
21	Poisoning by (poly)substances excluding opioids	1
22	Poisoning by psychoactive medicines	0
23	Poisoning by unspecified/unknown substances	1
<b>Cause</b>	<b>Other than poisoning</b>	<b>Filter_D</b>
24	Natural/internal causes	0
25	Accidents other than by poisoning	0
26	Suicide other than by poisoning	0
27	Homicide other than by poisoning	0
28	Undetermined causes other than by poisoning	0

### Explanation to the substance breakdown for poisoning cases

The causes of death are divided into poisoning and other than poisoning. The poisoning cases are further divided by the substances implicated in death.

Beware of the fact that not all substances detected or mentioned in a case are taken into account. Only those substances are taken into account that are considered an underlying or a contributing cause of death. Substances that are *not* considered an underlying or contributing cause of death are thus *not* taken into account to assign a case to a category of substances.

Each poisoning case is coded to only one of the six mutually exclusive causes 18 through 23 as explained below.

#### Cause 18: Opioids only (excluding methadone)

A case is coded to cause 18 if only opioids, but not "methadone only", are registered as a cause of death, and no other substances are registered as a cause of death. If, for example, alcohol is also registered as a cause of death besides opioids, the case is assigned to cause 20 as further explained below.

### **Cause 19: Methadone only**

A case is coded to cause 19 if only methadone is registered as a cause of death, and no other substances are registered as a cause of death. If, for example, alcohol is also registered as a cause of death besides methadone, the case is assigned to cause 20 as further explained below.

### **Cause 20: Poly-substances including opioids**

A case is coded to cause 20, if opioids are registered as a cause of death and one or more of the following substances are also registered as a cause of death:

- amphetamines
- cocaine/crack
- cannabis
- hallucinogens (e.g. LSD, mescaline, PCP, psilocybine)
- solvents
- 'synthetic designer drugs' (e.g. MDMA, 2C-B, GHB and derivatives)
- barbiturates
- tranquillisers and other nonbarbiturate sedatives (e.g. benzodiazepines)
- alcohol
- other substances

### **Cause 21: (Poly)substances excluding opioids**

A case is coded to cause 21 if one or more of the following substances are registered as a cause of death, but no opioids are registered as a cause of death:

- amphetamines
- cocaine/crack
- cannabis
- hallucinogens (e.g. LSD, mescaline, PCP, psilocybine)
- solvents
- 'synthetic designer drugs' (e.g. MDMA, 2C-B, GHB and derivatives)

If in addition to the aforementioned substances, alcohol, barbiturates, tranquillisers or nonbarbiturate sedatives are also registered as a cause of death, the case is still coded to cause 21.

If on the other hand psychoactive medicines are registered as a cause of death, and none of the above substances, and no opioids are registered as a cause of death, the case is coded to cause 22 as further explained below.

### **Cause 22: Psychoactive medicines**

To be coded to cause 22, no opioids, no amphetamines, no cocaine/crack, no cannabis, no hallucinogens, no solvents, and no 'synthetic designer drugs' may be registered as a cause

of death. A case is coded to cause 22 if one or more of the following psychoactive medicines are registered as a cause of death:

barbiturates  
benzodiazepines  
other sedatives and minor tranquillizers

Antidepressants, neuroleptics and other psychoactive medicines are not taken into account. A case is also coded to cause 22 if death is due to the combined use of alcohol and one or more of the psychoactive medicines listed above.

### **Cause 23: Unspecified/unknown**

A case is coded to cause 23 if it is unspecified or unknown which substances have caused death.

### **Explanation to other causes than poisoning**

The five other causes of death 24 through 28, which are other causes than poisoning, are as follows:

Cause 24: natural/internal (e.g. disease).  
Cause 25: accidents other than by poisoning.  
Cause 26: suicide other than by poisoning.  
Cause 27: homicide other than by poisoning.  
Cause 28: undetermined other than poisoning.

These other causes are also mutually exclusive. One case may only be coded to one cause category.

### 6.3 Step 2: Select the data to be reported in the key figures for the Standard Reitox tables

Each year, the key figures on drug-related deaths are reported to the EMCDDA by the Standard Reitox table 05 in the following format:

COUNTRY:				
Year of reporting:				
		Male	Female	Total
Number of cases				
Mean age				
Age distribution (number)	<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				

The full Standard Reitox table 05 is given in Annex 3.

Only include those cases (DRD-numbers) that have a "1" on Filter\_D. Do not count cases that have a "0" on Filter\_D. These cases are only collected for validation purposes.

In SPSS, the key figures for the Standard Reitox tables can easily be calculated by means of custom tables by the sum of values of the variable "Number".



## References

- Caces, M.F. (1999). *Method for Counting Drug-Induced and Drug-Related Deaths*. (Unpublished report. Draft version send by fax to the EMCDDA on 09-17-99.) Washington: Executive Office of the President, Office of National Drug Control Policy.
- De la Fuente, L., Barrio, G., Vicente, J., Bravo, M.J., and Santacreu, J. (1995). The Impact of Drug-Related Deaths on Mortality among Young Adults in Madrid. *American Journal of Public Health*, 85: 102-105.
- Degenhardt, L., Hall, W., Warner-Smith, M., and Lynskey, M. (in press). *Comparative risk assessment; Illicit Drug Use*. National Drug and Alcohol Research Centre, University of New South Wales/WHO Collaborating Centre for Research into the Treatment and Prevention of Drug and Alcohol Problems.
- EMCDDA (July 1997). *Drug-related death in Europe: Quality and comparability of data on drug-related deaths. Final report of the Working Group for Subtask 3.3 of the EMCDDA programme 1996/97*. Lisbon: EMCDDA.
- EMCDDA (July 1998). *Feasibility study of the implementation of the proposals given in the final report of REITOX subtask 3.3 to improve the quality and comparability of data on drug-related deaths. Final report*. Lisbon: EMCDDA.
- EMCDDA (May 1999). *Feasibility of implementing standards for collecting data on drug-related deaths in the EU Member States: Results of the Questionnaire Drug-Related Deaths<sup>R</sup>. Intermediary progress report*. Lisbon: EMCDDA.
- EMCDDA (2000). *Co-ordination of implementation, follow-up and analysis of cohort studies on mortality among drug users in European Union Member States; EMCDDA project CT.98.EP.12*. Lisbon: European Monitoring Centre for Drugs and Drug Addiction.
- EMCDDA (2001a). *Co-ordination of the implementation of the EMCDDA standard guidelines on the drug-related deaths in the EU Member States, and the collection and analysis of information on drug-related deaths; EMCDDA project CT.99.RTX.04*. Lisbon: European Monitoring Centre for Drugs and Drug Addiction.
- EMCDDA (2001b). *Health impact of problematic drug use (opiate use) in the European Union: mortality among cohorts of drug users; Summarised overview of work being done in project "Mortality of drug users in the European Union: co-ordination of implementation of cohort studies, follow-up and analysis of existing cohorts and development of new methods and outputs (CT.99.EP.07 and CT.00.EP.13)*. Lisbon: European Monitoring Centre for Drugs and Drug Addiction.
- EMCDDA (2002). *Co-ordination of the implementation of the EMCDDA standard guidelines on the drug-related deaths indicator in the EU Member States, and the collection and analysis of information on drug-related deaths; EMCDDA project CT.00.RTX.22*. Lisbon: European Monitoring Centre for Drugs and Drug Addiction.

English, D.R., D'Arcy, C., Holman, J., Milne, E., Hulse, G., and Winter, M.G. (1995). *The quantification of morbidity and mortality caused by substance abuse; Paper presented at the Second International Symposium on the Social and Economic Costs of Substance Abuse, 2-5 October 1995.*

English, D.R., Holman, C.D.J., Milne, E., Winter, M.G., Hulse, G.K., Godde, J.P., Bower, C.I., Corti, B., De Klerk, N., Knuiman, M.W., Kurinczuk, J.J., Lewin, G.F., and Ryan, G.A. (1995). *The quantification of drug caused morbidity and mortality in Australia; 1995 Edition.* Canberra: Commonwealth Department of Human Services and Health.

Hall, W.D., Degenhardt, L.J., and Lynskey, M.T. (1999). Opioid overdose mortality in Australia, 1964-1997: birth-cohort trends. *Medical Journal of Australia, 171:* 34-37.

Hulse, G.K., English, D.R., Milne, E., and Holman, D.J. (1999). The quantification of mortality resulting from the regular use of illicit opiates. *Addiction, 94:* 221-229.

ONDCP (2000). *Fact Sheet; Derivation of ONDCP Estimate of Drug-Related Deaths.* Washington: Executive Office of the President, Office of National Drug Control Policy.

Perucci, C.A., Forastiere, F., Rapiti, E., Davoli, M., and Abeni, D.D. (1992). The impact of intravenous drug use on mortality of young adults in Rome, Italy. *British Journal of Addiction, 87:* 1637-1641.

Ridolfo, B., and Stevenson, C. (2001). *The quantification of drug-caused mortality and morbidity in Australia, 1998; AIHW cat. no. PHE 29; Drug Statistics Series no. 7.* Canberra: Australian Institute of Health and Welfare (AIHW).

RIPE Network Coordination Centre, ISO 3166 Maintenance Agency (1994). *ISO 3166 Country Codes* [Online]. Available: [http://stiwww.epfl.ch/utile/iso\\_3166.html](http://stiwww.epfl.ch/utile/iso_3166.html) [2002, August 05].

SAMHSA, Office of Applied Studies. (2002). *Mortality Data from the Drug Abuse Warning Network, 2000; DAWN Series D-19, DHHS Publication No. (SMA) 02-3633.* Rockville, MD: Substance Abuse and Mental Health Services Administration.

Shai, D. (1994). Problems of accuracy in official statistics on drug-related deaths. *International Journal of the Addictions, 29* (14): 1801-1811.

Single, E., Rehm, J., Robson, L., and Van Truong, M. (2000). The relative risks and etiologic fractions of different causes of death and disease attributable to alcohol, tobacco and illicit drug use in Canada. *Canadian Medical Association Journal, 162:* 1669-1675.

Single, E., Robson, L., Rehm, J., and Xie, X. (1999). Morbidity and Mortality Attributable to Alcohol, Tobacco, and Illicit Drug Use in Canada. *American Journal of Public Health, 89:* 385-390.

Single, E., Robson, L., Xie, X., and Rehm, J. (1998). The economic costs of alcohol, tobacco and illicit drugs in Canada, 1992. *Addiction, 93:* 991-1006.

## Annex 1: SPSS syntax commands to install filters

### SPSS syntax command for Filter\_B for ICD-9 as well as ICD-10 coded GMRs

Explanation: Since the DRD-numbers for ICD-9 (1-55) and ICD-10 (56-151) are mutually exclusive, the same syntax command installs Filter\_B for ICD-9 as well as ICD-10 coded GMRs. However, this requires that for the same year data are not included twice, that is once for ICD-9 and once for ICD-10.

Run the following command in SPSS to install Filter\_B:

```
USE ALL.
COMPUTE Filter_B=(
(drdr >= 1 & drdr <= 2) |
(drdr >= 4 & drdr <= 13) |
(drdr >= 15 & drdr <= 17) |
(drdr >= 19 & drdr <= 23) |
(drdr >= 29 & drdr <= 31) |
(drdr >= 33 & drdr <= 35) |
(drdr = 38) |
(drdr >= 42 & drdr <= 44 |
(drdr = 47) |
(drdr >= 51 & drdr <= 53) |
(drdr >= 56 & drdr <= 57) |
(drdr >= 59 & drdr <= 61) |
(drdr >= 63 & drdr <= 65) |
(drdr >= 67 & drdr <= 69) |
(drdr >= 71 & drdr <= 73) |
(drdr >= 75 & drdr <= 77) |
(drdr >= 79 & drdr <= 81) |
(drdr >= 83 & drdr <= 85) |
(drdr >= 87 & drdr <= 97) |
(drdr = 103) |
(drdr >=108 & drdr<= 117) |
(drdr = 123) |
(drdr >=128 & drdr<= 137) |
(drdr = 143)
).
VARIABLE LABEL Filter_B '(drdr >= 1 & drdr <= 2) | '+
'(drdr >= 4 & drdr <= 13) | '+
'(drdr >= 15 & drdr <= 17) | '+
'(drdr >... (FILTER)'.
VALUE LABELS Filter_B 0 'Not Selected' 1 'Selected'.
FORMAT Filter_B (f1.0).
FILTER BY Filter_B.
EXECUTE .
```

**SPSS syntax command for Filter\_D for SRs**

Run the following command in SPSS to install Filter\_D:

```
USE ALL.
COMPUTE Filter_D=(
cause = 18 |
cause = 19 |
cause = 20 |
cause = 21 |
cause = 23
).
VARIABLE LABEL Filter_D 'cause = 18 | cause = 19 | cause = 20 | cause = 21
|'+
' cause = 23 (FILTER)'.
VALUE LABELS Filter_D 0 'Not Selected' 1 'Selected'.
FORMAT Filter_D (f1.0).
FILTER BY Filter_D.
EXECUTE .
```

## **Annex 2: Former Excel spreadsheet tables**

Please notice that these former Excel spreadsheets can no longer be used to send data to the EMCDDA. In these former spreadsheets the age categories were still placed beside one another. In the format of the EMCDDA database, the age categories are now placed above one another.

Selections B and D are marked in the spreadsheets.

**Part IA: Former spreadsheet for ICD-9 coded GMRS**

DRD	ICD9-Code(s)	Age group <sup>1)</sup>													T		
		1	2	3	4	5	6	7	8	9	10	11	12	13			
1	292																0
2	304.0																0
3	304.1																0
4	304.2																0
5	304.3																0
6	304.4																0
7	304.5																0
8	304.6																0
9	304.7																0
10	304.8																0
11	304.9																0
12	305.2																0
13	305.3																0
14	305.4																0
15	305.5																0
16	305.6																0
17	305.7																0
18	305.8																0
19	305.9																0
20	E850.0																0
21	E850.8 AND N965.0 AND N968.5																0
22	E850.8 AND N965.0 AND NOT N968.5																0
23	E850.8 AND (N968.5 OR N969.7 OR N969.6) AND NOT N965.0																0
24	E850.8 AND NOT N965.0 AND NOT (N968.5 OR N969.7 OR N969.6)																0
25	E850.9																0
26	E851																0
27	E852																0
28	E853.2																0
29	E854.1																0
30	E854.2																0
31	E855.2																0
32	E855.9																0
33	E858.8 AND N965.0 AND N968.5																0
34	E858.8 AND N965.0 AND NOT N968.5																0
35	E858.8 AND (N968.5 OR N969.7 OR N969.6) AND NOT N965.0																0
36	E858.8 AND NOT N965.0 AND NOT (N968.5 OR N969.7 OR N969.6)																0
37	E858.9																0
38	E950.0 AND N965.0																0
39	E950.1																0
40	E950.2																0
41	E950.3 AND N969.4																0
42	E950.4 AND N965.0 AND N968.5																0
43	E950.4 AND N965.0 AND NOT N968.5																0
44	E950.4 AND (N968.5 OR N969.7 OR N969.6) AND NOT N965.0																0
45	E950.4 AND NOT N965.0 AND NOT (N968.5 OR N969.7 OR N969.6)																0
46	E950.5																0
47	E980.0 AND N965.0																0
48	E980.1																0
49	E980.2																0
50	E980.3 AND N969.4																0
51	E980.4 AND N965.0 AND N968.5																0
52	E980.4 AND N965.0 AND NOT N968.5																0
53	E980.4 AND (N968.5 OR N969.7 OR N969.6) AND NOT N965.0																0
54	E980.4 AND NOT N965.0 AND NOT (N968.5 OR N969.7 OR N969.6)																0
55	E980.5																0
<b>Total males</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total males for DRD-Standard (selection B)</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

<sup>1)</sup>Age groups: 1 = <15, 2 = 15-19, 3 = 20-24, 4 = 25-29, 5 = 30-34, 6 = 35-39, 7 = 40-44, 8= 45-49, 9 = 50-54, 10 = 55-59, 11 = 64, 12 = >=65, 13 = age unknown.

Selection B is marked.

## Part IB: Former spreadsheet for ICD-10 coded GMRs

DRD	Underlying cause of death Substances	ICD10-Code(s)	Age group <sup>1</sup>													T	
			1	2	3	4	5	6	7	8	9	10	11	12	13		
	<b>Disorders: Acute intoxication</b>	<b>ICD10-Code(s)</b>															
56	Opioids	F11.0															0
57	Cannabinoids	F12.0															0
58	Sedatives	F13.0															0
59	Cocaine	F14.0															0
60	Other stimulants	F15.0															0
61	Hallucinogens	F16.0															0
62	Volatile solvents	F18.0															0
63	Multiple/other	F19.0															0
	<b>Disorders: Harmful use</b>	<b>ICD10-Code(s)</b>															T
64	Opioids	F11.1															0
65	Cannabinoids	F12.1															0
66	Sedatives	F13.1															0
67	Cocaine	F14.1															0
68	Other stimulants	F15.1															0
69	Hallucinogens	F16.1															0
70	Volatile solvents	F18.1															0
71	Multiple/other	F19.1															0
	<b>Disorders: Dependence</b>	<b>ICD10-Code(s)</b>															T
72	Opioids	F11.2															0
73	Cannabinoids	F12.2															0
74	Sedatives	F13.2															0
75	Cocaine	F14.2															0
76	Other stimulants	F15.2															0
77	Hallucinogens	F16.2															0
78	Volatile solvents	F18.2															0
79	Multiple/other	F19.2															0
	<b>Disorders: Other</b>	<b>ICD10-Code(s)</b>															T
80	Opioids	F11.3-9															0
81	Cannabinoids	F12.3-9															0
82	Sedatives	F13.3-9															0
83	Cocaine	F14.3-9															0
84	Other stimulants	F15.3-9															0
85	Hallucinogens	F16.3-9															0
86	Volatile solvents	F18.3-9															0
87	Multiple/other	F19.3-9															0

(continued)

Selection B is marked.

DRD	Accidental poisoning	ICD10-Code(s)																		T
88	Opium	X42 AND T40.0																		0
89	Heroin	X42 AND T40.1																		0
90	Other opioids	X42 AND T40.2																		0
91	Methadone	X42 AND T40.3																		0
92	Other synthetic narcotics	X42 AND T40.4																		0
93	Cocaine	X42 AND T40.5																		0
94	Other and unspecified narcotics	X42 AND T40.6																		0
95	Cannabis	X42 AND T40.7																		0
96	Lysergide [LSD]	X42 AND T40.8																		0
97	Other/unspec. psychodysleptics	X42 AND T40.9																		0
98	Narcotics and psychodysleptics	X42*																		0
99	Barbiturates	X41 AND T42.3																		0
100	Benzodiazepines	X41 AND T42.4																		0
101	Other antiepileptic and sedative	X41 AND T42.6																		0
102	Antiepileptic and sedative unspec.	X41 AND T42.7																		0
103	Psychostimulants	X41 AND T43.6																		0
104	Other psychotropic	X4* AND T43.8																		0
105	Psychotropic unspecified	X4* AND T43.9																		0
106	Other and unspecified drugs	X44 AND T50.9																		0
107	Other and unspecified chemicals	X49 AND T50.9																		0
DRD	Intentional poisoning	ICD10-Code(s)																		T
108	Opium	X62 AND T40.0																		0
109	Heroin	X62 AND T40.1																		0
110	Other opioids	X62 AND T40.2																		0
111	Methadone	X62 AND T40.3																		0
112	Other synthetic narcotics	X62 AND T40.4																		0
113	Cocaine	X62 AND T40.5																		0
114	Other and unspecified narcotics	X62 AND T40.6																		0
115	Cannabis	X62 AND T40.7																		0
116	Lysergide [LSD]	X62 AND T40.8																		0
117	Other/unspec. psychodysleptics	X62 AND T40.9																		0
118	Narcotics and psychodysleptics	X62*																		0
119	Barbiturates	X61 AND T42.3																		0
120	Benzodiazepines	X61 AND T42.4																		0
121	Other antiepileptic and sedative	X61 AND T42.6																		0
122	Antiepileptic and sedative unspec.	X61 AND T42.7																		0
123	Psychostimulants	X61 AND T43.6																		0
124	Other psychotropic	X6* AND T43.8																		0
125	Psychotropic unspecified	X6* AND T43.9																		0
126	Other and unspecified drugs	X64 AND T50.9																		0
127	Other and unspecified chemicals	X69 AND T50.9																		0
DRD	Poisoning undetermined intent	ICD10-Code(s)																		T
128	Opium	Y12 AND T40.0																		0
129	Heroin	Y12 AND T40.1																		0
130	Other opioids	Y12 AND T40.2																		0
131	Methadone	Y12 AND T40.3																		0
132	Other synthetic narcotics	Y12 AND T40.4																		0
133	Cocaine	Y12 AND T40.5																		0
134	Other and unspecified narcotics	Y12 AND T40.6																		0
135	Cannabis	Y12 AND T40.7																		0
136	Lysergide [LSD]	Y12 AND T40.8																		0
137	Other/unspec. psychodysleptics	Y12 AND T40.9																		0
138	Narcotics and psychodysleptics	Y12*																		0
139	Barbiturates	Y11 AND T42.3																		0
140	Benzodiazepines	Y11 AND T42.4																		0
141	Other antiepileptic and sedative	Y11 AND T42.6																		0
142	Antiepileptic and sedative unspec.	Y11 AND T42.7																		0
143	Psychostimulants	Y11 AND T43.6																		0
144	Other psychotropic	Y1* AND T43.8																		0
145	Psychotropic unspecified	Y1* AND T43.9																		0
146	Other and unspecified drugs	Y14 AND T50.9																		0
147	Other and unspecified chemicals	Y19 AND T50.9																		0
DRD	ILL defined	ICD10-Code(s)																		T
148	Instantaneous death	R96.0																		0
149	Death not otherwise explained	R96.1																		0
150	Unattended death	R98																		0
151	Other ill-defined and unspecified	R99																		0
		<b>Total males</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>



## Part II: Former spreadsheet for SRs

M	Cause of death	Age group												Total	
		<15	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	>=65		?y
A	<b>A. Poisoning by accident, suicide, homicide, or undetermined intent</b>														
E	A1. Opiates only (excluding methadone)														0
L	A2. Methadone only														0
E	A3. Poly-substances including opiates														0
	A4. (Poly)substances excluding opiates														0
	A5. Psychoactive medicines														0
	A6. Unspecified/unknown														0
	<b>Subtotal A: poisoning</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	<b>B. Other than poisoning</b>	<15	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	>=65	?y	Total
	B1. Natural/internal														0
	B2. Accidents other than by poisoning														0
	B3. Suicide other than by poisoning														0
	B4. Homicide other than by poisoning														0
	B5. Undetermined other than poisoning														0
	<b>Subtotal B: other than poisoning</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	<b>Total males</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	<b>Total males DRD-Standard (sel. D)</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0
F	<b>Cause of death</b>	Age group												Total	
		<15	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	>=65		?y
E	<b>A. Poisoning by accident, suicide, homicide, or undetermined intent</b>														
M	A1. Opiates only (excluding methadone)														0
L	A2. Methadone only														0
E	A3. Poly-substances including opiates														0
	A4. (Poly)substances excluding opiates														0
	A5. Psychoactive medicines														0
	A6. Unspecified/unknown														0
	<b>Subtotal A: poisoning</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	<b>B. Other than poisoning</b>	<15	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	>=65	?y	Total
	B1. Natural/internal														0
	B2. Accidents other than by poisoning														0
	B3. Suicide other than by poisoning														0
	B4. Homicide other than by poisoning														0
	B5. Undetermined other than poisoning														0
	<b>Subtotal B: other than poisoning</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	<b>Total females</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	<b>Total females DRD-Standard (sel. D)</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	<b>Total males and females</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	<b>Total m. and f. DRD-Standard (sel. D)</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Selection D is marked.

## Annex 3: Reitox standard table 05

### (Guidelines for 2003 Reitox National Reports)

**STANDARD TABLE 05:**

**ACUTE / DIRECT Drug-Related Deaths,**

This table contains three subsections:

- Part 1:** Traditional national definition (as included in previous National Reports and EMCDDA Annual Reports)
- Part 2 A:** EMCDDA DRD Standard definition for the General Mortality Registries
- Part 2 B:** EMCDDA DRD Standard definition for the Special Registries (Forensic/Police)

**Part 1: Traditional national definition** (as included in your previous National Reports).

COUNTRY:				
Year of reporting:		Male	Female	Total
Number of cases				
Mean age				
Detailed age distribution	<15			
	15-19			
(numbers)	20-24			
	25-29			
	30-34			
	35-39			
	40-44			
	45-49			
	50-54			
	55-59			
	60-64			
	>=65			
	Not known			
Toxicology				
% of cases with known toxicology				
of which (1)				
a) total % with opiates (+any drug)				
b) total % any drug without opiates				
If General Mortality Registry is used, break down by the ICD codes used (Numbers)				
1				
2				
3				
4				
Add others if necessary				

(1) The groups (a) and (b) are mutually exclusive

**NOTES**

- \* Provide numbers or percentages as indicated
- \* Percentages should be provided as VALID PERCENTAGES (computed over the number of cases with known information)
- \* If there are cases with gender "Unknown" include them in the Total, and state in the Remarks below

METHODOLOGY (Related to the section "National Definition")	
Complete bibliographic reference ----->	
The source is:	General Mortality Registry (Yes/No) Special Registry (Yes/No) Describe
Case definition used as National Definition	
Explain difference between "National Definition" and EMCDDA standard definition? (Selection B or Selection D) (1)	
Is double counting controlled? (Yes/No)	
Geographical coverage	
Estimated level of underreporting	
Are there other relevant national sources of information in the country (Yes/No) Describe	
REMARKS	

(1) With "Selection B", if National Definition is based on General Mortality Registry --OR-- with "Selection D", if National Definition is based on Special Registry,

**Part 2 A: EMCDDA DRD Standard definition for the General Mortality Registries**

**SELECTION B** was agreed as the best estimate by the EMCDDA group of experts (for ICD-9 or ICD-10 coded GMR).

(See EMCDDA standard protocol "DRD-Standard, version 3.0" of 28-08-2002).

NOTES:

(1) This part will apply to those countries that can comply with this DRD Standard Definition. See reports CT.99.RTX.04 and CT.00.RTX.22

***Last year with available information***

COUNTRY:				
Year of reporting:				
ICD version used:				
		Male	Female	Total
Number of cases				
Mean age				
Age distribution (number)	<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				
% of cases with known toxicology				
of which (1)				
a) total % with opiates (+any drug)				
b) total % any drug without opiates				

Common criteria to compute cases will be developed

(1) The groups (a) and (b) are mutually exclusive

***Evolution of cases based on Selection B by year***

(Check consistency with numbers presented for your country in reports CT.99.RTX.04 and CT.00.RTX.22)

Year	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
ICD version													
Number cases													

Geographical coverage	
Estimated level of underreporting	
Remarks	

**ICD-10 implementation**

Is ICD-10 already implemented in your country? (Yes/No) -->	
If Yes, from which year? ----->	
<p><b>IF ICD-10 is already implemented in your country</b></p> <p>For the "Last year with available information" use already available ICD 10 data</p> <p>In the "Evolution of cases based on Selection B by year"</p> <p>Indicate years based on ICD-9 and years based on ICD-10, and the possible explanation for the breaks in trends in the box "Remarks"</p> <p>Use <b>Selection B for ICD-10</b> presented in EMCDDA standard protocol (DRD-Standard Version 3.0)</p>	

**Part 2 B: EMCDDA DRD Standard definition for the Special Registries (Forensic/Police)**

**SELECTION D** was agreed as the best estimate by the EMCDDA group of experts (for Special Registries)

It includes deaths due to poisoning by opiates, amphetamines, cocaine or crack, cannabis, hallucinogens, solvents or synthetic designer drugs (and according to age, gender and substance breakdown established in the EMCDDA protocol).

(See EMCDDA standard protocol "DRD-Standard, version 3.0" of 28-08-2002)

NOTES:

(1) This part apply to those countries that can comply with this DRD Standard Definition. See report CT.99.RTX.04

**Last year with available information.**

COUNTRY				
Year of reporting:				
		Male	Female	Total
Number of cases				
Mean age				
Age distribution (number)	<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				
% of cases with known toxicology				
of which (1)				
a) total % with opiates (+any drug)				
b) total % any drug without opiates				

(1) The groups (a) and (b) are mutually exclusive

NOTES

\* Provide numbers or percentages as indicated

\* Percentages should be provided as VALID PERCENTAGES (computed over the number of cases with known information)

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

**Evolution of cases based on Selection D by year.**

(Check consistency with numbers presented for your country in report CT.99.RTX.04)

Year	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
Number													

Geographical coverage	
Estimated level of underreporting	
Remarks	

POPULATION DATA, to compute rates (For Part 1, Part 2A and Part 2B)

Population	Total	Males	Females
Total population of the country			
Of which (15-64 years)			
Total population of area covered			
Of which (15-64 years)			