ANNEX III

Questionnaires on Special Registries on drug related death in Europe

Austria

Croatia

Cyprus

Czech Republic

Denmark

France

Germany

Hungary

Ireland

Latvia

Lithuania

Malta

Spain

Sweden

United Kingdom

Austria

Questionnaire on Special Registries on drug related death in Europe

Austrian Focal Point: Gesundheit Österreich GmbH

Contact: Charlotte Wirl, Martin Busch: wirl@goeg.at; busch@goeg.at

On behalf of EMCDDA

Contact: Isabelle Giraudon; Julian Vicente: Isabelle.giraudon@emcdda.europa.eu; Julian.Vicente@emcdda.europa.eu

Country: ……Austria Date: 17.April. 2009…….....……..

Questionnaire completed by:

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Background, rationale

Information for the Key Indicator on drug related death and Mortality among drug users (DRD indicator) of the EMCDDA can be based on data retrieved from the General Mortality Register (GMR) or Special Register(ries) (SR). The EMCDDA recommends that both sources are used, if possible.

The EMCDDA launched a call for tender for an inventory of existing mechanisms and structures of National Special Registries in Europe and a description of the core data available. This project should facilitate learning from different systems and find out which data are available across Europe. It should also give insight on the core data recorded for every DRD case. This inventory aims to

1) describe in details the SR, in order to consider ways to improve the level of information available on the DRD on a "project", or a "research" basis (e.g. characteristics of the victims, circumstances, toxicology,) in countries where SR allow for it, in order to better inform interventions to reduce the number of drug-related deaths.

2) to try, in a broader perspective, to find ways to improve the quality and comparability of DRD information across Europe, by exploring ways to improve the coordination between SRs and GMRs.

The Austrian Focal Point was awarded the contract for the project. To achieve the aim of this project, the Austrian Focal Point prepared this questionnaire in close cooperation with the EMCDDA and an advisory group. Special thanks to Henrik Saelan, Maria Savvidou, John Corkery and Isabelle Giraudon.The questionnaire includes issues of which systematic information is available, the core data recorded for each DRD case, the data flow and legal issues.

Instructions

- Please go through the entire questionnaire and make sure that all questions are answered as required.

- The success and potential use of the inventory will be determined by the quality of data gathered. We encourage you to consult other colleagues or experts in the field to obtain the relevant information you do not have at hand.

- In addition, please kindly take note that we are interested in information about your country as a whole and not just in obtaining information for one region or state. Therefore, please provide national data, if possible, and whenever possible provide a reference or source of information. If you are unable to obtain data for the whole country, please make sure that you indicate the section of the country to which the data apply. Another option is answering the questionnaire for different regions. We would be grateful to receive copies of any documents which were used as sources of information for completing this questionnaire or, at least, for relevant references and web-links.

- Some generic questions will be for all countries, and some may only be for some specific countries. If there are two or more Special Registries in your country we recommend you fill in two questionnaires, particularly for the sections specific to one register.

- If you have any questions do not hestiate to contact Charlotte Wirl: wirl@goeg.at, phone:+43151561154 fax: :+4315 1 513 84 72

Next steps

Contributors will be acknowledged on the report.

The report will be available to all contributors and on the EMCDDA web pages by the end of 2009 and results presented and discussed during the 2009 DRD expert meeting.

It is hoped that the results of this project will provide a basis for further improvement of the quality and comparability of the information that can be extracted from the Special Registries, fully taking into account national procedures and regulations. In a broader perspective, it is hoped that the results and lessons learnt from this project will help to improve overall DRD information in Europe.

Thank you very much for your help and cooperation!

1. Investigation of unnatural deaths.

1.1. Usually when there is an unnatural or violent death there is a police/forensic/coroner post-mortem investigation. Could you describe briefly how this investigation takes place in your country?

In case of unnatural death (e.g. no known illness) or where the cause of death is unclear to the doctor in charge of filling out the death certificates or the police file a request for an autopsy. The autopsy must be approved by the general attorney. The general attorney does not always approve autopsy. If no legal autopsy is conducted a medical autopsy (less detailed) is performed to detect the cause of death.

1.2. Who decides what to do (e.g. police, judge, doctor…)?

Attorney general approves autopsy. Doctor in charge requests autopsy. Police requests autopsy in unnatural or violent deaths.

1.3. Who does what (e.g. confirming the death, post-mortem exams (autopsy, toxicology), inquest into the circumstances of death – with family or witnesses – analyses)?

The inquest of circumstances is the responsibility of the police (and then send to the Ministry of Interior and the district attorney).

(Forensic) Autopsies are conducted in 4 forensic institutes in Austria and paid by the Ministry of Justice. The aim of this autopsy is to clarify involvement of other or possible illegal circumstances.

In cases where no illegal aspect is suspected (decision of the district attorney) no forensic autopsy is conducted but a “sanitätspolizeiliche Untersuchung” on the cause of death but not about legal aspects. These investigations can be undergone in the hospitals and are paid by the federal states.

1.4. Is the post-mortem investigation the overall responsibility of a single person/institute or could there be parallel and independent investigations (e.g. police and forensic)? Please mention any alternative source, even if it is not used in a systematic way or at national level and indicate them in the flow-chart (question 5).

The investigation is the sole responsibility of the police and forensic autopsies of the doctor. The Ministry of Health is in charge of data collection and the Austrian focal point is in charge of the data analysis.

1.5. Who pays for the post-mortem investigations? Is this different for autopsies and toxicological analyses?

Forensic autopsies including toxicology are paid by the Ministry of Justice (Via Attorney of district). Usually the attorney of district is contacted before a detailed toxicology is conducted.

Non-forensic autopsies (mainly Vienna) are paid by the municipality of the federal states.

2. The results (reports, documents) from post-mortem investigations

2.1. Who is in charge of these reports/documents? Where are they filed?

The forensic institutes are in charge of filing these reports and transferring them to the Ministry of Justice. Following a legal obligation forensic institutes have to transfer cases involving illegal substances to the Ministry of Health. Usually requests are needed for this transfer. The reports/documents are usually filed in different ways depending on the forensic institutes.

2.2. Who "owns" the data? Is there any legal authority/law relating to this, or is it based on custom/convention?

The forensic examinations are paid by the Ministry of Justice, therefore they are the "owner" of the data. The Ministry of Health and the analysis of the drug related death are a "by-product" of these data.

2.3. Is there any location (institute, unit, database) where the information resulting from these post-mortem investigations of unnatural or violent deaths are filed in an organised way ("system")?

No data base of unnatural or violent deaths. Only GMR (based on death certificate only) and SR on drug related death. Most of the federal states have their own way of collecting data on drug related death e.g. they are receiving the post-mortem investigation files from the forensic institutes (without any legal obligation).

2.4. Does this unit/database have a national coverage? If not, please specify (e.g regional or city level)?

Regional level for federal states.

2.5. How is this document filing organised? Does it receive information from different sources (e.g. police + forensic…) or only from one source?

Post-mortem investigation from forensic institutes.

2.6. Does this document filing system allow flagging/identifying and retrieving information about DRD cases?

Yes, less systematic than existing GMR.

2.7. Who has access to the filing system (e.g. only police, only forensic doctors, researchers …)? What are the regulations for accessing and/or sharing the data?

Only federal drug coordinator.

2.8. Is there the possibility of extracting data for DRD monitoring by the national Focal Point (or by somebody on its behalf – e.g. an appointed forensic doctor, researcher, etc.-)?

No use, as same data are send to the Focal point.

3. Inclusion/Exclusion Criteria

3.1. Which kind of population is included in your **Special Register**? All unnatural deaths (or suspected to be unnatural) or only drug-related deaths? What is the background population and which cases are extracted to the SR?

Suspicious cases of drug related deaths are:

1. Cases where the police suspects involvement of illegal substances.
2. Cases where illegal substances are found during the post-mortem investigations.
3. Cases where the substitution treatment was terminated due to death

Death directly related to illegal substances are extracted to the SR according to EMCDDA guidelines and cases of other deaths where illegal substances where found or the person was in substitution treatment at the time of death.

3.2. Please indicate in the inclusion criteria which cases are included in the SR.

	Yes	No	Unknown	Comment
Foreign nationals	x			
Foreign residents		x		
All age groups	x			
Deaths of citizen overseas		x		Should be, but no post-mortem information available
All unnatural deaths		x		
Poisoning: deaths directly related to illegal drugs	x			
Poisoning: deaths related to alcohol		x		
Poisoning: deaths related to psychoactive substances		x		
Suicide (all, with or without substances)		x		
Homicides (all, with or without substances)		x		
Accidents (all, with or without substances)		x		
Indirect drug related deaths (Accidents…)	x			
All death with positive toxicology to illegal drugs (whatever the cause of death)	x			In many indirect drug related deaths (e.g. suicide through strangulation) no autopsy is conducted.
Known drug users (whatever the cause of death)		x		

Other inclusion criteria:

All person resident in Austria.

Any exclusion criteria: Person where the only illegal substance found is Cannabis are not included in the SR (e.g. car accident under Cannabis influence).

4. Information recorded in SR as DRD

4.1. What information is collected and recorded for each DRD case? Please complete the table below

	Yes	No	Unknown	Comment
Name(s) of deceased	x			
Date of birth (or age at the time of death)	x			
Place of birth		x		
Nationality		x		
Ethnicity		x		
Educational level		x		
Employment status		x		
Living arrangements		x		
Marital status		x		
Usual address, including post code	x			
Sex	x			
Date of death	x			
Address of place of death	x			
Place of death (e.g. urban, rural…)	x			
Place of death (e.g. home, hospital, street…)	x			
Location of incident leading up to death	x			
Cause(s) of death (as given in death certificate)		x		
Intentionality (e.g. accidental, suicide, homicide, undetermined)	x			
Mechanism of death	x			
Manner of death (e.g. poisoning, injury, traffic accident, disease…)	x			
ICD codes		x		
Verdict/legal decision as to cause of death	x			
Date of verdict/legal decision		x		
Circumstances (e.g. death alone, with witnesses…)		x		
Witness statement(s) supplied		x		
Whether an autopsy was done	x			
Post-mortem supplied	x			
Toxicology report(s) supplied	x			
Substance(s) considered as the cause the death	x			
Route of administration (Injection or others) of the substance in cause	x			
List of all substances identified in the toxicology analysis (e.g. alcohol,	x			

prescription drugs, illicit psychoactive substances…)				
Level(s) of the substances found		x		
Other diseases of relevant finding in autopsy (e.g. cardiac problems, liver disease, HCV, HIV/AIDS,…)	x			
History of drug abuse		x		
History of drug treatment		x		
Whether the person was on opiate substitution treatment at the time of death	x			
Recent release from prison		x		
Recent release from detoxification unit		x		
Whether the person has been arrested or been in prison in the past		x		
History of overdose(s)		x		
History of suicide attempts/self-harm		x		
History of harmful or dependant alcohol drinking		x		
History of recreational drug use		x		
History of volatile substance abuse		x		
Patient prescription history (e.g. antidepressants, benzodiazepine, …)		x		
Patient co-morbidity, including mental health condition and physical		x		
Recent traumatic life events (e.g. divorce, death of significant other, redundancy)		x		
Other variables that you would find of interest for the monitoring of DRD:				

5. Information flow

5.1. How is the information flow regulated between different parties involved in the post-mortem investigation? Please draw a flow chart, indicating timeliness as in example given in the Annex. Show the path for a “natural” and for a “non natural death”.

5.2. Who provides the information to the SR? (e.g. coroner, coroner’s staff, hospital or treatment services, medico-legal institute, collected by SR staff; other researcher, etc.)

Data collected by the Ministry of Health from forensic-insitutes and sometimes from free lancer doctors conducting autopsies

5.3. How is the information stored?

Post-mortem investigations reports have no systematic form. They are usually send via pdf to the Ministry of Health and then send to the Focal Point.

5.4. Who pays for the data collection (gathering of information, analysis of data)

Ministry of Health.

5.5. Is the data flow you described above a systematic procedure (all or almost all cases investigated) or are there any substantial exceptions and why?

Decrease in post-mortem investigations due to budgetary restriction. Cases where no criminal circumstances (e.g. locked door) are suspected no autopsy is paid for. Until several years ago all these cases underwent a basic post-mortem investigation to clarify the cause of death. The federal state of Vienna changed the law in 2008 that only cases with important information for the general public have to undergo these investigations.

6. Procedures and legal background

6.1. What is the legal basis of the Special Register on DRD? Are there any issues/ problems/solutions concerning data protection?

The legal basis is an obligation of forensic institutes and hospitals to provide data on cases where illegal substances are found. The ministry of Health is obliged to collect data on drug related deaths according to the Suchtmittelgesetz. The linkage of drug related deaths and substation treatment register is not possible due to data protection. Therefore the linkage is very unsystematic (cases where the form of “end of substitution treatment” due to death is transferred to the Ministry of Health).

6.2. Is data collection is part of the national strategy? If yes, could you please attach the part of the national strategy referring to the data collection?

No national strategy in AT.

6.3. Are death certificates undergoing post-mortem investigation being clearly identified? And how? (e.g. is there a provisional certificate followed by a definitive death certificate?)

The death certificate indicates whether the cause of death is based on a post-mortem investigation. No provisional certificate in Austria.

6.4. How are these death certificates (under investigation) processed? Is there any legal regulation about them?

The death certificates have to be transferred to the Statistic institute.

6.5. How is the information generated during the post-mortem investigation used in the death registration process? (e.g. filing the definitive death certificate, or submitting an additional form to be transmitted to the GMR with the final results?)

No harmonized procedure. Usually the death certificate is send to the Statistic institute after an autopsy is conducted (in particular in places of Autria where an autopsy is conducted within days).

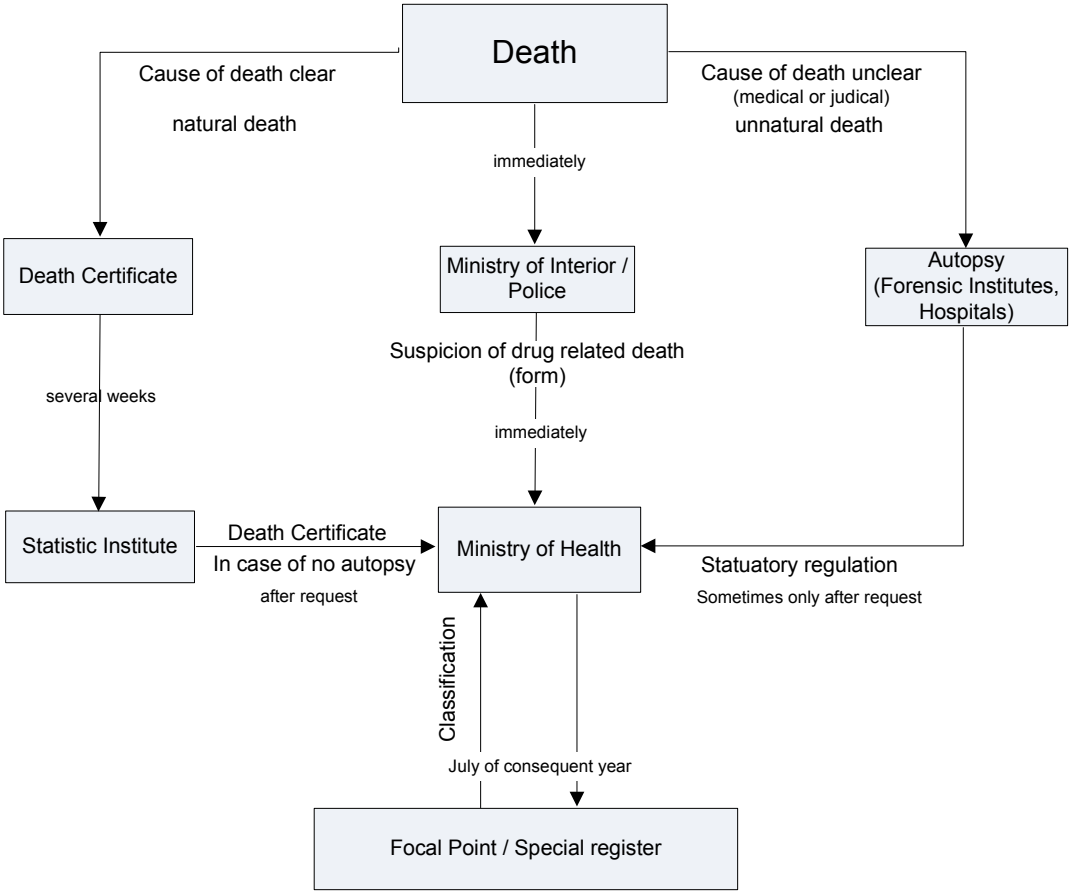
6.6. Are there any legal regulations regarding Death Certificates? Is it possible to have a temporary death certificate that can later be updated? In case there is any legal regulation, is it followed in all cases? In case it is not, why?

No known legal regulation on the information flow of death certificates.

6.7. Is it possible to identify in the outcomes of cause(s) of death produced by the GMR those cases that are/have been under investigation?

Yes. Extra code for death certificates based on post-mortem investigations.

Flow chart
Austria



Croatia

Questionnaire on Special Registries on drug related death in Europe

Austrian Focal Point: Gesundheit Österreich GmbH

Contact: Charlotte Wirl, Martin Busch: wirl@goeg.at; busch@goeg.at

On behalf of EMCDDA

Contact: Isabelle Giraudon; Julian Vicente: Isabelle.giraudon@emcdda.europa.eu; Julian.Vicente@emcdda.europa.eu

Country: CROATIA…… Date: 25/05/2009

Questionnaire completed by:

Name:

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Thank you very much for your help and cooperation!

1. Investigation of unnatural deaths.

1.1. Usually when there is an unnatural or violent death there is a police/forensic/coroner post-mortem investigation. Could you describe briefly how this investigation takes place in your country?

In case of violent death when the coroner (medical doctor, other medical professional, forensic doctor) suspects a crime, he/she informs the police and the investigating judge who then start an investigation into death circumstances. In case a death is a consequence of crime, the cause of death must be confirmed by forensic autopsy and DC shall be filled by a forensic doctor.

Even In the case of unnatural death which is a consequence of accident or if the investigating judge decided that a death is not connected with a crime, the autopsy is obligatory according to the national regulations.

1.2. Who decides what to do (e.g. police, judge, doctor…)?

In case of a violent death that is consequence of crime the judge decides what is to be done. In case of an unnatural death that is not a consequence of crime the coroner decided what to do.

1.3. Who does what (e.g. confirming the death, post-mortem exams (autopsy, toxicology), inquest into the circumstances of death – with family or witnesses – analyses)?

Death confirmation is done by coroner. The police and the investigating judge carry out the investigation and the forensic doctor confirms the cause of death (including results of toxicology).

1.4. Is the post-mortem investigation the overall responsibility of a single person/institute or could there be parallel and independent investigations (e.g. police and forensic)? Please mention any alternative source, even if it is not used in a systematic way or at national level and indicate them in the flow-chart (question 5).

The post-mortem investigation for a violent death connected with a crime is a responsibility of the police and investigating judge. Forensic and toxicological analyses are done by request of the judge – anyhow, the death circumstances investigation is in the case of suspicion carried out by the police.

1.5. Who pays for the post-mortem investigations? Is this different for autopsies and toxicological analyses?

The Ministry of Justice pays for legal autopsies and toxicological analysis (on request of a judge). For autopsies conducted on request of coroners finances are ensured from the state budget (Health system).

2. The results (reports, documents) from post-mortem investigations

2.1. Who is in charge of these reports/documents? Where are they filed?

The doctor who performed an autopsy is in charge of reports/documents.

2.2. Who "owns" the data? Is there any legal authority/law relating to this, or is it based on custom/convention?

The institutes where autopsies are performed own the data.

2.3. Is there any location (institute, unit, database) where the information resulting from these post-mortem investigations of unnatural or violent deaths are filed in an organised way ("system")?

No. In the regular mortality statistics in the process of clarification the unknown (or unclear) causes of death, CNIPH through the network of the IPH (Institutes of Public Health at the County level) try to collect as many post-mortem data as possible in any case of unnatural death.

2.4. Does this unit/database have a national coverage? If not, please specify (e.g regional or city level)?

2.5. How is this document filing organised? Does it receive information from different sources (e.g. police + forensic…) or only from one source?

2.6. Does this document filing system allow flagging/identifying and retrieving information about DRD cases?

2.7. Who has access to the filing system (e.g. only police, only forensic doctors, researchers …)? What are the regulations for accessing and/or sharing the data?

2.8. Is there the possibility of extracting data for DRD monitoring by the national Focal Point (or by somebody on its behalf – e.g. an appointed forensic doctor, researcher, etc.-)?

3. Inclusion/Exclusion Criteria

3.1. Which kind of population is included in your **Special Register**? All unnatural deaths (or suspected to be unnatural) or only drug-related deaths? What is the background population and which cases are extracted to the SR?

We have no official Special Register but the Treated Drug Addicts Registry kept by CNIPH also collects data on drug related deaths. The sources of data are: General Mortality Registry, Outpatient treatment centre from County Institutes of Public Health and Toxicological Laboratory of the Ministry of Interior.

The Treated Drug Addicts Registry collects most of the data included in tables 3.2 and 4.1. During the process of coding causes of death, each death suspicious to be related to drug abuse is checked with the Register (so to be sure whether this person has already been treated for drug abuse). All data on toxicology performed at the Toxicological laboratory in the Ministry of Interior are checked against the Register as well. The deaths confirmed as deaths from overdoses or intoxication with psychoactive substances (findings from forensics) are registered as DRD and these persons added to the Register as persons whose deaths were connected to drug abuse.

3.2. Please indicate in the inclusion criteria which cases are included in the SR.

	Yes	No	Unknown	Comment
Foreign nationals	x			
Foreign residents	x			
All age groups	x			
Deaths of citizen overseas	X			
All unnatural deaths		x		
Poisoning: deaths directly related to illegal drugs	x			
Poisoning: deaths related to alcohol		x		
Poisoning: deaths related to psychoactive substances	x			
Suicide (all, with or without substances)	x			Only related to illegal drugs or suicide committed by registered drug addicts
Homicides (all, with or without substances)		x		
Accidents (all, with or without substances)		x		
Indirect drug related deaths (Accidents…)	x			
All death with positive with positive toxicology to illegal drugs (whatever the cause of death)		x		
Known drug users (whatever the cause of death)	x			

Other inclusion criteria:

Any exclusion criteria:

4. Information recorded in SR as DRD

4.1. What information is collected and recorded for each DRD case?
Please complete the table below

	Yes	No	Unknown	Comment
Name(s) of deceased	x			protected
Date of birth (or age at the time of death)	X			
Place of birth	X			
Nationality	X			
Ethnicity	X			
Educational level	X			
Employment status	X			
Living arrangements	X			
Marital status	X			
Usual address, including post code	X			
Sex	X			
Date of death	X			
Address of place of death	X			
Place of death (e.g. urban, rural…)	X			
Place of death (e.g. home, hospital, street…)	X			
Location of incident leading up to death	X			
Cause(s) of death (as given in death certificate)	X			
Intentionality (e.g. accidental, suicide, homicide, undetermined)	X			
Mechanism of death		X		
Manner of death (e.g. poisoning, injury, traffic accident, disease…)	X			
ICD codes	X			
Verdict/legal decision as to cause of death				
Date of verdict/legal decision				
Circumstances (e.g. death alone, with witnesses…)		x		
Witness statement(s) supplied		x		
Whether an autopsy was done	x			
Post-mortem supplied	x			
Toxicology report(s) supplied	x			
Substance(s) considered as the cause the death	x			
Route of administration (Injection or others) of the substance in cause		x		

List of all substances identified in the toxicology analysis (e.g. alcohol, prescription drugs, illicit psychoactive substances…)		x		If available
Level(s) of the substances found		x		
Other diseases of relevant finding in autopsy (e.g. cardiac problems, liver disease, HCV, HIV/AIDS,…)	x			Only if registered earlier in Register
History of drug abuse	x			Only if registered earlier in Register
History of drug treatment	x			Only if registered earlier in Register
Whether the person was on opiate substitution treatment at the time of death	x			Only if registered earlier in Register
Recent release from prison	x			planned
Recent release from detoxification unit	x			Special survey annually
Whether the person has been arrested or been in prison in the past	x			Only if registered earlier in Register
History of overdose(s)	x			Only if registered earlier in Register
History of suicide attempts/self-harm	x			Only if registered earlier in Register
History of harmful or dependant alcohol drinking	x			Only if registered earlier in Register
History of recreational drug use	x			Only if registered earlier in Register
History of volatile substance abuse	x			Only if registered earlier in Register
Patient prescription history (e.g. antidepressants, benzodiazepine, …)	x			
Patient co-morbidity, including mental health condition and physical	x			Only if registered earlier in Register
Recent traumatic life events (e.g. divorce, death of significant other, redundancy)	x			
Other variables that you would find of interest for the monitoring of DRD:				

5. Information flow

5.1. How is the information flow regulated between different parties involved in the post-mortem investigation? Please draw a flow chart, indicating timeliness as in example given in the Annex. Show the path for a “natural” and for a “non natural death”.

Data flow is in Annex I

5.2. Who provides the information to the SR? (e.g. coroner, coroner’s staff, hospital or treatment services, medico-legal institute, collected by SR staff; other researcher, etc.)

The General Mortality Registry provides the information on post-mortem investigation to the Treated Drug Addicts Registry. The GMR codes causes of death according to the information which is the content of the Death Certificate (DC). If some data are missing (results of autopsies or toxicological analyses) or quality of data is poor, the GMR collects additional information through the network of County public health institutes, sending the copy of DC with a precise query.

5.3. How is the information stored?

Information is stored in the GMR and the Treated Drug Addicts Registry.

5.4. Who pays for the data collection (gathering of information, analysis of data)?

Data collection is part of National statistical research in accordance with the Act on Official Statistics and the Health Care Act.

5.5. Is the data flow you described above a systematic procedure (all or almost all cases investigated) or are there any substantial exceptions and why?

The data flow describes a systematic procedure which is used for collecting all causes of death.

6. Procedures and legal background

6.1. What is the legal basis of the Special Register on DRD? Are there any issues/problems/solutions concerning data protection?

6.2. If data collection is part of the national strategy? If yes, could you please attach the part of the national strategy referring to the data collection?

6.3. Are death certificates undergoing post-mortem investigation being clearly identified? And how? (e.g. is there a provisional certificate followed by a definitive death certificate?)

In the GMR we use provisional DC without the cause of death (in case of waiting on autopsies and toxicological analyses) and we correct the cause of death after we receive the final cause according to knew information in a copy of the DC (from county IPH or forensic doctors).

6.4. How are these death certificates (under investigation) processed? Is there any legal regulation about them?

According to the Ordinance on the Manner of Examining Deceased Person and Determining Time and Cause of Death, the doctor who performed the autopsy is responsible to inform the person who ordered the autopsy about cause of death.

6.5. How is the information generated during the post-mortem investigation used in the death registration process? (e.g. filing the definitive death certificate, or submitting an additional form to be transmitted to the GMR with the final results?)

The answer is in 6.3.

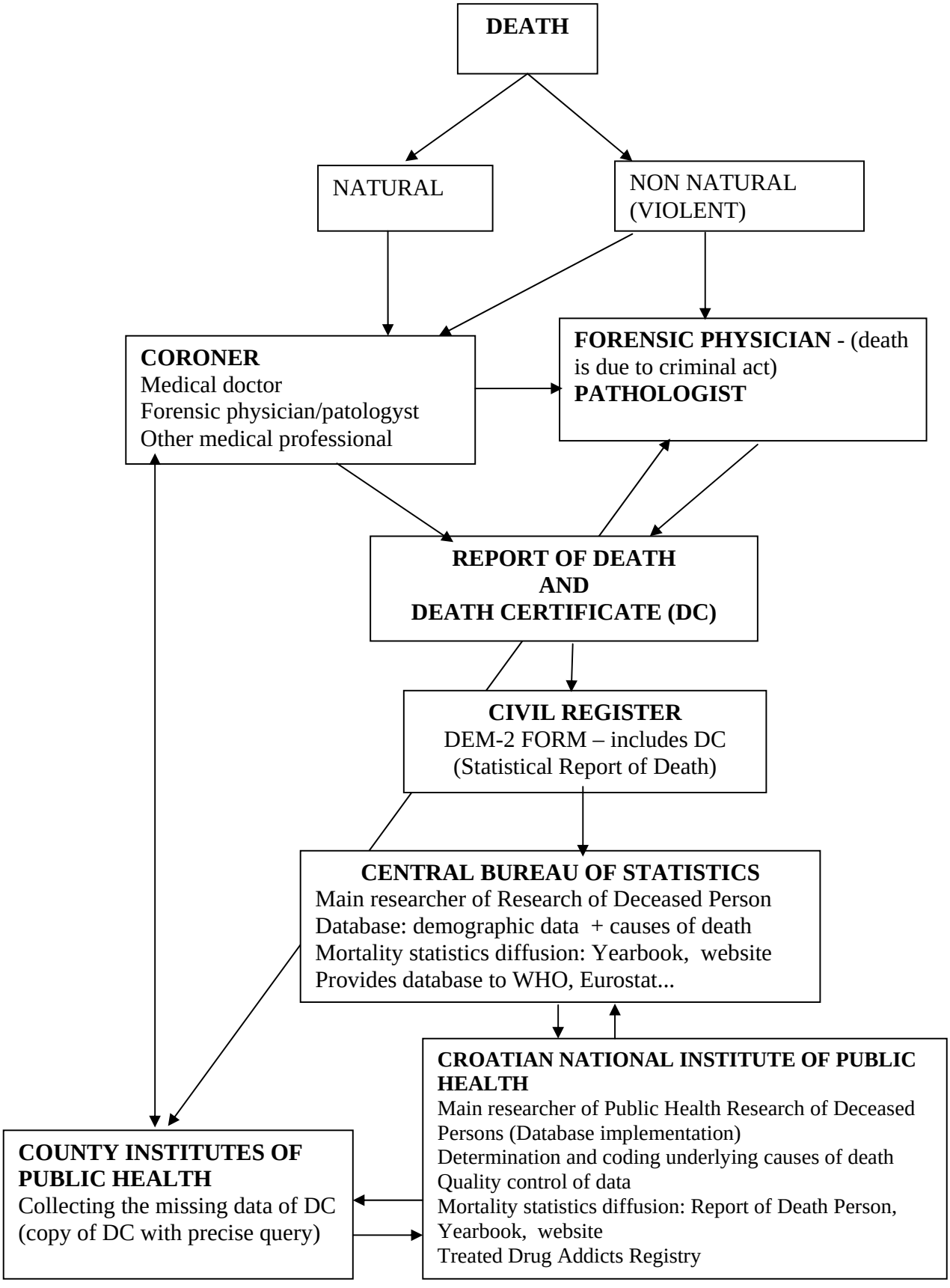
6.6. Are there any legal regulations regarding Death Certificates? Is it possible to have a temporary death certificate that can later be updated? In case there is any legal regulation, is it followed in all cases? In case it is not, why?

It is possible to have a temporary DC and we can update the causes of death.

6.7. Is it possible to identify in the outcomes of cause(s) of death produced by the GMR those cases that are/have been under investigation?

In the GMR we keep evidence about the DC for which we are sending a query. After our request we can identify cases of legal investigation. Our DC has no special box for point information about the investigation.

Annex I: National mortality data flow



Cyprus

Questionnaire on Special Registries on drug related death in Europe

Austrian Focal Point: Gesundheit Österreich GmbH

Contact: Charlotte Wirl, Martin Busch: wirl@goeg.at; busch@goeg.at

On behalf of EMCDDA

Contact: Isabelle Giraudon; Julian Vicente: Isabelle.giraudon@emcdda.europa.eu; Julian.Vicente@emcdda.europa.eu

Country: CYPRUS Date: 22 MAY 2009

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Background, rationale

Information for the Key Indicator on drug related death and Mortality among drug users (DRD indicator) of the EMCDDA can be based on data retrieved from the General Mortality Register (GMR) or Special Register(ries) (SR). The EMCDDA recommends that both sources are used, if possible.

The EMCDDA launched a call for tender for an inventory of existing mechanisms and structures of National Special Registries in Europe and a description of the core data available. This project should facilitate learning from different systems and find out which data are available across Europe. It should also give insight on the core data recorded for every DRD case. This inventory aims to

1) describe in details the SR, in order to consider ways to improve the level of information available on the DRD on a “project”, or a “research” basis (e.g. characteristics of the victims, circumstances, toxicology,) in countries where SR allow for it, in order to better inform interventions to reduce the number of drug-related deaths.

2) to try, in a broader perspective, to find ways to improve the quality and comparability of DRD information across Europe, by exploring ways to improve the coordination between SRs and GMRs.

The Austrian Focal Point was awarded the contract for the project. To achieve the aim of this project, the Austrian Focal Point prepared this questionnaire in close cooperation with the EMCDDA and an advisory group. Special thanks to Henrik Saelan, Maria Savvidou, John Corkery and Isabelle Giraudon.The questionnaire includes issues of which systematic information is available, the core data recorded for each DRD case, the data flow and legal issues.

Instructions

- Please go through the entire questionnaire and make sure that all questions are answered as required.

- The success and potential use of the inventory will be determined by the quality of data gathered. We encourage you to consult other colleagues or experts in the field to obtain the relevant information you do not have at hand.

- In addition, please kindly take note that we are interested in information about your country as a whole and not just in obtaining information for one region or state. Therefore, please provide national data, if possible, and whenever possible provide a reference or source of information. If you are unable to obtain data for the whole country, please make sure that you indicate the section of the country to which the data apply. Another option is answering the questionnaire for different regions. We would be grateful to receive copies of any documents which were used as sources of information for completing this questionnaire or, at least, for relevant references and web-links.

- Some generic questions will be for all countries, and some may only be for some specific countries. If there are two or more Special Registries in your country we recommend you fill in two questionnaires, particularly for the sections specific to one register.

- If you have any questions do not hestiate to contact Charlotte Wirl: wirl@goeg.at, phone:+43151561154 fax: :+4315 1 513 84 72

Next steps

Contributors will be acknowledged on the report.

The report will be available to all contributors and on the EMCDDA web pages by the end of 2009 and results presented and discussed during the 2009 DRD expert meeting.

It is hoped that the results of this project will provide a basis for further improvement of the quality and comparability of the information that can be extracted from the Special Registries, fully taking into account national procedures and regulations. In a broader perspective, it is hoped that the results and lessons learnt from this project will help to improve overall DRD information in Europe.

Thank you very much for your help and cooperation!

1. Investigation of unnatural deaths.

1.1. Usually when there is an unnatural or violent death there is a police/forensic/coroner post-mortem investigation. Could you describe briefly how this investigation takes place in your country?
Usually, these deaths are first attended either by the police or by an attending physician. When an attending physician suspects an unnatural death he/she refers the case to the coroner by first informing the local police department.
Therefore, all unnatural or suspected unnatural deaths are eventually referred to the district coroner for assessment. The coroner conducts his/her initial investigation and decides if further investigation is necessary. He/she usually submits these deaths for forensic examination and toxicological analyses.
Some sudden deaths, judged by the coroner to be natural deaths, are not submitted for further investigation. In such cases the coroner allows the attending physician to issue a death certificate

1.2. Who decides what to do (e.g. police, judge, doctor…)?
According to the "Coroners Act" (ch. 153, 3036, 1996) **the coroner** decides what to do regarding further forensic investigations & toxicological analyses.

1.3. Who does what (e.g. confirming the death, post-mortem exams (autopsy, toxicology), inquest into the circumstances of death – with family or witnesses – analyses)?
1. **Confirmation** of death is done either by an ordinary physician attending the death or by the forensic physician appointed by the coroner to carry out further forensic examinations.
2. **Post-mortem exams** can, according to the law, be done by any physician appointed by the coroner. In practice, the coroner always appoints a forensic physician to do the post-mortem examinations. These include the autopsy and taking of blood, body fluids, tissues and other samples, as necessary.
3. **Toxicology** tests are done by the State General Laboratory.
4. The **Inquest** into the circumstances of death is done by the coroner with the assistance of the police.
5. The **Department of Labour Inspection** of the Ministry of Labour and Social Insurance investigate deaths due to accidents at work.

1.4. Is the post-mortem investigation the overall responsibility of a single person/institute or could there be parallel and independent investigations (e.g. police and forensic)? Please mention any alternative source, even if it is not used in a systematic way or at national level and indicate them in the flow-chart (question 5).
The coroner has overall responsibility for the post-mortem investigations. All other departments or services act in accordance with the directions of the coroner, while maintaining their professional independence.
The relatives of the deceased may request the presence of a privately appointed forensic physician, to represent their interests during the autopsy and other examinations.

1.5. Who pays for the post-mortem investigations? Is this different for autopsies and toxicological analyses?
The state pays for the post-mortem investigations.
The relatives pay any privately appointed forensic physician representing their own interests.

2. The results (reports, documents) from post-mortem investigations

2.1. Who is in charge of these reports/documents? Where are they filed?
Autopsy reports are prepared and kept by the forensic physicians. Their central office is at Nicosia Mortuary. The reports are filed there. These reports are submitted to the coroner via the police.
The forensic physicians also complete the **Death Certificate** for submission to the Civil Registration Office. These death certificates are not always completed. Usually, they do not contain sufficient information to accurately determine the causes of death. The exact external causes are habitually omitted for reasons of confidentiality. The death certificate is usually given to the relatives who take it to the Civil Registration Office in order to register the death.
Toxicology reports are produced and primarily owned by the State General Laboratory. These reports are submitted to the coroner via the police. They are filed at the State General Laboratory.
Other reports are collected by the police who submit them to the coroner

2.2. Who "owns" the data? Is there any legal authority/law relating to this, or is it based on custom/convention?
1. The data on **autopsy reports** are produced and owned, primarily, by the Department of Forensic Medicine. This department is under the Direction of the Medical and Public Health Services of the Ministry of Health. There is no clearly defined legal authority/law relating to this. It is based on custom/convention, established over the passage of time. In practice these reports are confidentially submitted, by the forensic physicians, to the coroner (via the police) without the intermediate involvement of the Ministry of Health. Eventually, the data are owned by the police and the coroner.
2. The data on **toxicology** tests are produced and primarily owned by the State General Laboratory.
3. **Other data** are owned by the police and the coroner.

2.3. Is there any location (institute, unit, database) where the information resulting from these post-mortem investigations of unnatural or violent deaths are filed in an organised way ("system")?

The police database contains all the information from post-mortem investigations. The database is being organized in a manual basis. The establishment of a documentation system is in progress.

2.4. Does this unit/database have a national coverage? If not, please specify (e.g regional or city level)?
The above database (see 2.3) has coverage of the Government controlled area of Cyprus. Information regarding deaths of people, who are not residents of the Government controlled area, occurring in the occupied area is not available.

2.5. How is this document filing organised? Does it receive information from different sources (e.g. police + forensic…) or only from one source?
The database receives information from 1. Forensic Physicians (autopsy reports), 2. The State General Laboratory (toxicology reports), and 3. The Histopathology Department of the General Hospital.

2.6. Does this document filing system allow flagging/identifying and retrieving information about DRD cases?
Yes it is possible to flag, identify and retrieve information about DRD cases. However, access to this information by other authorities is done under special arrangements between the departments.
Personal data protection is effected according to the specific national and Community law.

2.7. Who has access to the filing system (e.g. only police, only forensic doctors, researchers …)? What are the regulations for accessing and/or sharing the data?
The **Special Registry** has been granted access to limited and relevant information from this filing system.

Since 2007, the **Health Monitoring Unit** of the Ministry of Health is granted limited, relevant access to autopsy reports, toxicology reports and information on external circumstances surrounding deaths from the Police and the Department Of Labour Inspection. These arrangements have been agreed between the departments in order to enable the Health Monitoring Unit to accurately determine the causes of death and assign the proper ICD-10 codes. The HMU does multiple cause as well as underlying cause coding according to the relevant year's ICD-10 updates.
This type of cooperation has proved very useful in meeting the needs of the General Mortality Register. It has greatly improved the quality and reliability of causes of death statistics, particularly, with regard to external causes of death.

2.8. Is there the possibility of extracting data for DRD monitoring by the national Focal Point (or by somebody on its behalf – e.g. an appointed forensic doctor, researcher, etc.-)?
Yes, by the General Mortality Registry (Health Monitoring Unit and CYSTAT[1]) and the Special Registry itself.

[1] Statistical Service of the Republic of Cyprus

3. Inclusion/Exclusion Criteria

3.1. Which kind of population is included in your **Special Register**? All unnatural deaths (or suspected to be unnatural) or only drug-related deaths? What is the background population and which cases are extracted to the SR?

Indirect (all deaths that are “unusual” such as car accidents or deaths of young people that are connected to illicit drug use) and direct drug related deaths.

3.2. Please indicate in the inclusion criteria which cases are included in the SR.

	Yes	No	Unknown	Comment
Foreign nationals	√			
Foreign residents	√			
All age groups	√			
Deaths of citizen overseas		√		
All unnatural deaths		√		Only drug related
Poisoning: deaths directly related to illegal drugs	√			
Poisoning: deaths related to alcohol		√		
Poisoning: deaths related to psychoactive substances		√		
Suicide (all, with or without substances)		√		Only drug related
Homicides (all, with or without substances)		√		Only drug related
Accidents (all, with or without substances)		√		Only drug related
Indirect drug related deaths (Accidents…)	√			
All death with positive with positive toxicology to illegal drugs (whatever the cause of death)	√			
Known drug users (whatever the cause of death)		√		

Other inclusion criteria:

Any exclusion criteria:

4. Information recorded in SR as DRD

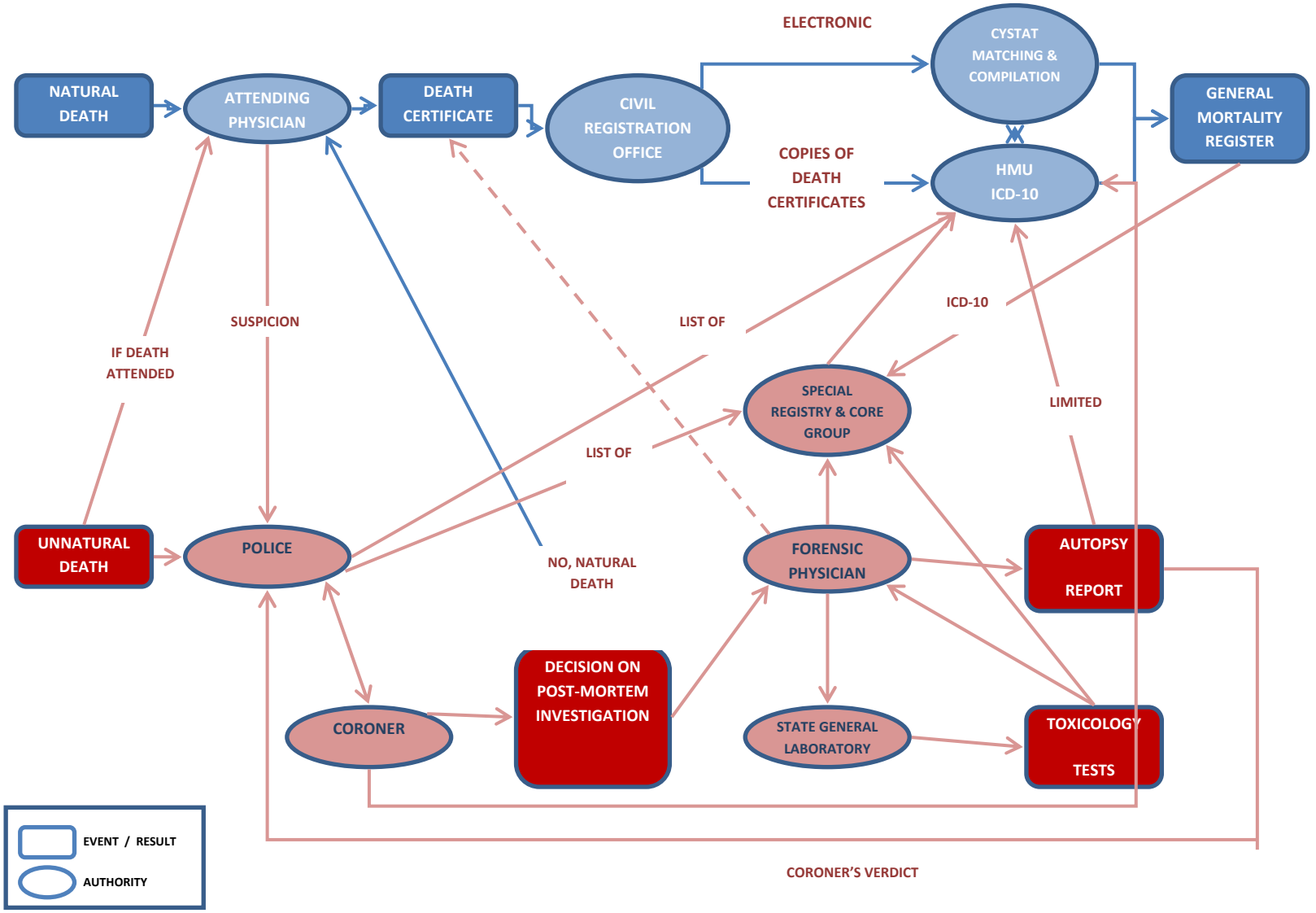
4.1. What information is collected and recorded for each DRD case?
Please complete the table below

	Yes	No	Unknown	Comment
Name(s) of deceased	√			During 2008 some cases were coded (whenever possible). The coding will be applied systematically
Date of birth (or age at the time of death)	√			
Place of birth		√		
Nationality		√		
Ethnicity	√			
Educational level		√		
Employment status		√		
Living arrangements		√		
Marital status		√		
Usual address, including post code	√			
Sex	√			
Date of death	√			
Address of place of death		√		
Place of death (e.g. urban, rural…)	√			
Place of death (e.g. home, hospital, street…)		√		
Location of incident leading up to death		√		
Cause(s) of death (as given in death certificate)	√			
Intentionality (e.g. accidental, suicide, homicide, undetermined)	√			For indirect drug-related deaths
Mechanism of death		√		
Manner of death (e.g. poisoning, injury, traffic accident, disease…)	√			
ICD codes		√		The HMU committed to producing a more detailed coding of DRDs and presenting these cases to the NFP
Verdict/legal decision as to cause of death		√		

Date of verdict/legal decision		√		
Circumstances (e.g. death alone, with witnesses…)		√		
Witness statement(s) supplied		√		
Whether an autopsy was done	√			It is mandatory to forensically examine an unusual death
Post-mortem supplied		√		
Toxicology report(s) supplied		√		Only toxicology results
Substance(s) considered as the cause the death	√			
Route of administration (Injection or others) of the substance in cause		√		
List of all substances identified in the toxicology analysis (e.g. alcohol, prescription drugs, illicit psychoactive substances…)	√			
Level(s) of the substances found		√		
Other diseases of relevant finding in autopsy (e.g. cardiac problems, liver disease, HCV, HIV/AIDS,…)		√		
History of drug abuse		√		
History of drug treatment		√		
Whether the person was on opiate substitution treatment at the time of death		√		
Recent release from prison		√		
Recent release from detoxification unit		√		
Whether the person has been arrested or been in prison in the past		√		
History of overdose(s)		√		
History of suicide attempts/self-harm		√		
History of harmful or dependant alcohol drinking		√		
History of recreational drug use		√		
History of volatile substance abuse		√		
Patient prescription history (e.g. antidepressants, benzodiazepine, …)		√		
Patient co-morbidity, including mental health condition and physical		√		
Recent traumatic life events (e.g. divorce, death of significant other, redundancy)		√		
Other variables that you would find of interest for the monitoring of DRD:				

5. Information flow

5.1. How is the information flow regulated between different parties involved in the post-mortem investigation? Please draw a flow chart, indicating timeliness as in example given in the Annex. Show the path for a “natural” and for a “non natural death”.


NATURAL DEATH
ATTENDING PHYSICIAN
DEATH CERTIFICATE
CIVIL REGISTRATION OFFICE
ELECTRONIC
CYSTAT MATCHING & COMPILATION
GENERAL MORTALITY REGISTER
COPIES OF DEATH CERTIFICATES
HMU ICD-10
IF DEATH ATTENDED
SUSPICION
LIST OF
ICD-10
LIMITED
SPECIAL REGISTRY & CORE GROUP
LIST OF
UNNATURAL DEATH
POLICE
NO, NATURAL DEATH
FORENSIC PHYSICIAN
AUTOPSY REPORT
DECISION ON POST-MORTEM INVESTIGATION
CORONER
STATE GENERAL LABORATORY
TOXICOLOGY TESTS
EVENT / RESULT
AUTHORITY
CORONER'S VERDICT

5.2. Who provides the information to the SR? (e.g. coroner, coroner's staff, hospital or treatment services, medico-legal institute, collected by SR staff; other researcher, etc.)

Participants of two working groups that include representatives from the Drug Law Enforcement Unit (DLEU) of the Police, the National Laboratory, the Statistical Services, Hospital Emergency Units, the Forensic Pathology Services and the Treatment Services.

5.3. How is the information stored?
Electronically

5.4. Who pays for the data collection (gathering of information, analysis of data)
The Focal Point is responsible for the data collection.

5.5. Is the data flow you described above a systematic procedure (all or almost all cases investigated) or are there any substantial exceptions and why?
A systematic procedure

6. Procedures and legal background

6.1. What is the legal basis of the Special Register on DRD? Are there any issues/problems/solutions concerning data protection?
Special register is being coordinated by the focal point. According to the "Prevention of the use and dissemination of drugs and other substances regulations of 2002" the Cyprus Focal Point is responsible for the collection and exchange of data and information

6.2. If data collection is part of the national strategy? If yes, could you please attach the part of the national strategy referring to the data collection?
Yes, data collection is part of the national strategy. National Strategy mentions that Cyprus Monitoring Centre for Drugs and Drug Addiction is responsible for the data collection.

6.3. Are death certificates undergoing post-mortem investigation being clearly identified? And how? (e.g. is there a provisional certificate followed by a definitive death certificate?)
There is no clear indication on the death certificate on whether there was a post-mortem investigation or not. However, staff of the HMU are able to identify the signatures of the certifiers. When a death certificate is signed by a forensic physician it is assumed that a post-mortem examination was done.

In some cases a provisional certificate is issued in order to allow the relatives to proceed with burial, before a definitive report on the causes of death is ready. Such reports do not contain sufficient information to determine the cause of death. In some of these cases, the results of definitive post-mortem investigations and a coroner's final verdict are delayed for many months or years.

6.4. How are these death certificates (under investigation) processed? Is there any legal regulation about them?
Staff of the Health Monitoring Unit identify these provisional death certificates and seek additional information from the forensic physicians and by reference to their autopsy filing system. Additional information may also be obtained from certifying physicians, police reports and the Department of Labor Inspection filing system.
When a definitive coroner's verdict is obtained, the General Mortality Register is updated to reflect the definitive verdict.

There is no legal regulation specifying the processing of death certificates for deaths under investigation.

6.5. How is the information generated during the post-mortem investigation used in the death registration process? (e.g. filing the definitive death certificate, or submitting an additional form to be transmitted to the GMR with the final results?)
The forensic physicians issue their detailed report and submit it to the police and coroner. They also complete the death certificate form and give it to the relatives. The relatives present the death certificate to the District Civil Registration Office for registration of the death. Copies of these certificates are given to the Health Monitoring Unit for codification.

These death certificates do not always contain sufficient information to enable the HMU to specify and code the causes of death accurately. Sometimes, they only confirm the fact of death without any reference to the causes of death. This is so, because of difficulties with writing confidential information on a death certificate that is handed over to the relatives. Because of this problem, the HMU staff seeks to obtain clarifications and additional information from forensic physicians by direct enquiry or by reference to the autopsy report from which they extract the relevant information.

6.6. Are there any legal regulations regarding Death Certificates? Is it possible to have a temporary death certificate that can later be updated? In case there is any legal regulation, is it followed in all cases? In case it is not, why?
The population registry law N141(I) 2002 specifies the procedures for issuing death certificates. According to the law, either a death certificate or a coroner's verdict is always necessary for the civil registration of death (article 20). Additional documents necessary for registration is the completed civil registration of death form and a permission or confirmation of burial.

For the purpose of burial, either a Death Certificate or an order by the Coroner or permission by the Civil Registrar is needed to allow the burial to proceed (article 26).

The law does not specify procedures for issuing temporary death certificates that can later be updated.

6.7. Is it possible to identify in the outcomes of cause(s) of death produced by the GMR those cases that are/have been under investigation?
The GMR contains information on whether an autopsy was performed (yes/no), whether autopsy findings were available when the death certificate was completed (yes/no) and the manner of death (whether the death was natural, accidental, suicide, homicide, pending investigation or could not be determined after investigation). In practice, nearly all unnatural or external causes of death are investigated

Czech Republic

Questionnaire on Special Registries on drug related death in Europe

Austrian Focal Point: Gesundheit Österreich GmbH
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On behalf of EMCDDA
Contact: Isabelle Giraudon; Julian Vicente: Isabelle.giraudon@emcdda.europa.eu; Julian.Vicente@emcdda.europa.eu

Country: Czech Republic…… Date:

Questionnaire completed by:

Name: prim. MUDr. Frantisek Vorel (1), MUDr. Viktor Mravcik (2)

Title/Position:

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2 – head of the Czech NFP

Organization: see above

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Phone: ……..Fax: …… E-mail: ……..…

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- If you have any questions do not hestiate to contact Charlotte Wirl: wirl@goeg.at, phone:+43151561154 fax: :+4315 1 513 84 72

Next steps

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Thank you very much for your help and cooperation!

1. Investigation of unnatural deaths.

1.1. Usually when there is an unnatural or violent death there is a police/forensic/coroner post-mortem investigation. Could you describe briefly how this investigation takes place in your country?

Procedures in the event of death:
Legal duty to invite the medical doctor (health rescue service or GP) in any case to diagnose the death.
Legal duty of medical doctor to invite police in suspicion of the unnatural or violent death.
The doctor is obliged to order the forensic autopsy in the case of sudden death when he/she can not establish the cause of death and/or in case of unnatural or violent death.
In suspicion of the crime the forensic autopsy is ordered by police.

1.2. Who decides what to do (e.g. police, judge, doctor…)?

Police.

1.3. Who does what (e.g. confirming the death, post-mortem exams (autopsy, toxicology), inquest into the circumstances of death – with family or witnesses – analyses)?

Confirming the death – medicine doctor (health rescue service or GP).
Post-mortem exams (autopsy, toxicology) – forensic medicine department
Inquest – police.

1.4. Is the post-mortem investigation the overall responsibility of a single person/institute or could there be parallel and independent investigations (e.g. police and forensic)? Please mention any alternative source, even if it is not used in a systematic way or at national level and indicate them in the flow-chart (question 5).

The overall responsibility has police.
The responsibility of the forensic medicine department is to determine the cause and the manner/mechanism of death.

1.5. Who pays for the post-mortem investigations? Is this different for autopsies and toxicological analyses?

In case of crime - police, in other cases - from the budget of the ministry of health (since 1.1.2010 forensic autopsies should be (partly) covered by health insurance)

2. The results (reports, documents) from post-mortem investigations

2.1. Who is in charge of these reports/documents? Where are they filed?

Forensic medicine department

2.2. Who "owns" the data? Is there any legal authority/law relating to this, or is it based on custom/convention?

Forensic medicine department

2.3. Is there any location (institute, unit, database) where the information resulting from these post-mortem investigations of unnatural or violent deaths are filed in an organised way ("system")?

Every forensic medicine department has its database and sends the data to the national Focal Point annually.

2.4. Does this unit/database have a national coverage? If not, please specify (e.g regional or city level)?

National coverage – all (13) forensic medicine departments in the Czech Rep. are included.

2.5. How is this document filing organised? Does it receive information from different sources (e.g. police + forensic…) or only from one source?

Only from one source – forensic medicine department

2.6. Does this document filing system allow flagging/identifying and retrieving information about DRD cases?

Yes.

2.7. Who has access to the filing system (e.g. only police, only forensic doctors, researchers …)? What are the regulations for accessing and/or sharing the data?

Only forensic doctors. Anonymous data on the previous year are sent to the NFP once a year.

2.8. Is there the possibility of extracting data for DRD monitoring by the national Focal Point (or by somebody on its behalf – e.g. an appointed forensic doctor, researcher, etc.-)?

The national Focal Point does the extraction.

3. Inclusion/Exclusion Criteria

3.1. Which kind of population is included in your **Special Register**? All unnatural deaths (or suspected to be unnatural) or only drug-related deaths? What is the background population and which cases are extracted to the SR?

All unnatural deaths.

3.2. Please indicate in the inclusion criteria which cases are included in the SR.

	Yes	No	Unknown	Comment
Foreign nationals	x			
Foreign residents	x			
All age groups	x			
Deaths of citizen overseas	x			
All unnatural deaths	x			
Poisoning: deaths directly related to illegal drugs	x			
Poisoning: deaths related to alcohol	x			
Poisoning: deaths related to psychoactive substances	x			
Suicide (all, with or without substances)	x			
Homicides (all, with or without substances)	x			
Accidents (all, with or without substances)	x			
Indirect drug related deaths (Accidents…)	x			
All death with positive with positive toxicology to illegal drugs (whatever the cause of death)	x			
Known drug users (whatever the cause of death)		x		

Other inclusion criteria:

All sudden deaths where the cause of death cannot be established without autopsy

Any exclusion criteria:

4. Information recorded in SR as DRD

4.1. What information is collected and recorded for each DRD case?
Please complete the table below

	Yes	No	Unknown	Comment
Name(s) of deceased		x		
Date of birth (or age at the time of death)	x			
Place of birth		x		
Nationality		x		
Ethnicity		x		
Educational level		x		
Employment status		x		
Living arrangements		x		
Marital status	x			
Usual address, including post code		x		
Sex	x			
Date of death	x			
Address of place of death		x		
Place of death (e.g. urban, rural…)		x		
Place of death (e.g. home, hospital, street…)	x			
Location of incident leading up to death		x		
Cause(s) of death (as given in death certificate)	x			
Intentionality (e.g. accidental, suicide, homicide, undetermined)	x			
Mechanism of death		x		
Manner of death (e.g. poisoning, injury, traffic accident, disease…)	x			
ICD codes	x			
Verdict/legal decision as to cause of death		x		
Date of verdict/legal decision		x		
Circumstances (e.g. death alone, with witnesses…)		x		
Witness statement(s) supplied		x		
Whether an autopsy was done	x			
Post-mortem supplied		x		
Toxicology report(s) supplied	x			
Substance(s) considered as the cause the death	x			
Route of administration (Injection or others) of the substance in cause		x		

List of all substances identified in the toxicology analysis (e.g. alcohol, prescription drugs, illicit psychoactive substances…)	x			
Level(s) of the substances found	x			in the most cases
Other diseases of relevant finding in autopsy (e.g. cardiac problems, liver disease, HCV, HIV/AIDS,…)	x			
History of drug abuse		x		
History of drug treatment		x		
Whether the person was on opiate substitution treatment at the time of death		x		
Recent release from prison		x		
Recent release from detoxification unit		x		
Whether the person has been arrested or been in prison in the past		x		
History of overdose(s)		x		
History of suicide attempts/self-harm		x		
History of harmful or dependant alcohol drinking		x		
History of recreational drug use		x		
History of volatile substance abuse		x		
Patient prescription history (e.g. antidepressants, benzodiazepine, …)		x		
Patient co-morbidity, including mental health condition and physical		x		
Recent traumatic life events (e.g. divorce, death of significant other, redundancy)		x		
Other variables that you would find of interest for the monitoring of DRD:				

5. Information flow

5.1. How is the information flow regulated between different parties involved in the post-mortem investigation? Please draw a flow chart, indicating timeliness as in example given in the Annex. Show the path for a “natural” and for a “non natural death”.

natural death medicine doctor on the place of the discover of the deceased – forensic medical

non natural death - medicine doctor on the place of the discover of the deceased – police - forensic medical

crime death - medicine doctor on the place of the discover of the deceased – police - forensic medical - police

5.2. Who provides the information to the SR? (e.g. coroner, coroner’s staff, hospital or treatment services, medico-legal institute, collected by SR staff; other researcher, etc.)

forensic medicine institute

5.3. How is the information stored?

In the database in each forensic medicine institute.

5.4. Who pays for the data collection (gathering of information, analysis of data)

Nobody.

5.5. Is the data flow you described above a systematic procedure (all or almost all cases investigated) or are there any substantial exceptions and why?

It is a systematic procedure.

6. Procedures and legal background

6.1. What is the legal basis of the Special Register on DRD? Are there any issues/problems/solutions concerning data protection?

There is no legal basis of the Special Register.

6.2. If data collection is part of the national strategy? If yes, could you please attach the part of the national strategy referring to the data collection?

It is a part of the National action plan on drug information system (NAPDIS) approved by the Government council for drug policy coordination.

6.3. Are death certificates undergoing post-mortem investigation being clearly identified? And how? (e.g. is there a provisional certificate followed by a definitive death certificate?)

There is a definitive death certificate only, which can be corrected additionally.

6.4. How are these death certificates (under investigation) processed? Is there any legal regulation about them?

There is a legal regulation. The forensic medicine department fills and sends the form about postmortem examination with name, personal code, address, occupation, status, place of death and cause and manner of death to the Register Office. The Register Office issues death certificates.

6.5. How is the information generated during the post-mortem investigation used in the death registration process? (e.g. filing the definitive death certificate, or submitting an additional form to be transmitted to the GMR with the final results?)

The forensic medicine department fills and sends the form about postmortem examination after the autopsy and toxicology screening. If the additional examinations bring some changes, the forensic medicine department sends them to the Register Office.

6.6. Are there any legal regulations regarding Death Certificates? Is it possible to have a temporary death certificate that can later be updated? In case there is any legal regulation, is it followed in all cases? In case it is not, why?

There is legal regulation as mentioned above. But it is not followed in all cases, especially when the forensic doctor forgets.

6.7. Is it possible to identify in the outcomes of cause(s) of death produced by the GMR those cases that are/have been under investigation?

No.

Denmark

Questionnaire on Special Registries on drug related death in Europe

Austrian Focal Point: Gesundheit Österreich GmbH

Contact: Charlotte Wirl, Martin Busch: wirl@goeg.at; busch@goeg.at

On behalf of EMCDDA

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Country: DENMARK

Date: 24.06.09

Questionnaire completed by:

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Background, rationale

Information for the Key Indicator on drug related death and Mortality among drug users (DRD indicator) of the EMCDDA can be based on data retrieved from the General Mortality Register (GMR) or Special Register(ries) (SR). The EMCDDA recommends that both sources are used, if possible.

The EMCDDA launched a call for tender for an inventory of existing mechanisms and structures of National Special Registries in Europe and a description of the core data available. This project should facilitate learning from different systems and find out which data are available across Europe. It should also give insight on the core data recorded for every DRD case. This inventory aims to

1) describe in details the SR, in order to consider ways to improve the level of information available on the DRD on a "project", or a "research" basis (e.g. characteristics of the victims, circumstances, toxicology,) in countries where SR allow for it, in order to better inform interventions to reduce the number of drug-related deaths.

2) to try, in a broader perspective, to find ways to improve the quality and comparability of DRD information across Europe, by exploring ways to improve the coordination between SRs and GMRs.

The Austrian Focal Point was awarded the contract for the project. To achieve the aim of this project, the Austrian Focal Point prepared this questionnaire in close cooperation with the EMCDDA and an advisory group. Special thanks to Henrik Saelan, Maria Savvidou, John Corkery and Isabelle Giraudon.The questionnaire includes issues of which systematic information is available, the core data recorded for each DRD case, the data flow and legal issues.

Instructions

- Please go through the entire questionnaire and make sure that all questions are answered as required.

- The success and potential use of the inventory will be determined by the quality of data gathered. We encourage you to consult other colleagues or experts in the field to obtain the relevant information you do not have at hand.

- In addition, please kindly take note that we are interested in information about your country as a whole and not just in obtaining information for one region or state. Therefore, please provide national data, if possible, and whenever possible provide a reference or source of information. If you are unable to obtain data for the whole country, please make sure that you indicate the section of the country to which the data apply. Another option is answering the questionnaire for different regions. We would be grateful to receive copies of any documents which were used as sources of information for completing this questionnaire or, at least, for relevant references and web-links.

- Some generic questions will be for all countries, and some may only be for some specific countries. If there are two or more Special Registries in your country we recommend you fill in two questionnaires, particularly for the sections specific to one register.

- If you have any questions do not hestiate to contact Charlotte Wirl: wirl@goeg.at, phone:+43151561154 fax: :+4315 1 513 84 72

Next steps

Contributors will be acknowledged on the report.

The report will be available to all contributors and on the EMCDDA web pages by the end of 2009 and results presented and discussed during the 2009 DRD expert meeting.

It is hoped that the results of this project will provide a basis for further improvement of the quality and comparability of the information that can be extracted from the Special Registries, fully taking into account national procedures and regulations. In a broader perspective, it is hoped that the results and lessons learnt from this project will help to improve overall DRD information in Europe.

Thank you very much for your help and cooperation!

1. Investigation of unnatural deaths.

1.1. Usually when there is an unnatural or violent death there is a police/forensic/coroner post-mortem investigation. Could you describe briefly how this investigation takes place in your country?

According to statuary regulation any non-natural (including accidents; poisonings), suicidal or suspicious death shall, by the examining physician, be reported to the police. The police and a medical officer then decides in union, what further steps should be taken; a post mortem or not. The minister of justice (the police in Denmark is under the ministry of justice) has decided (in the late sixties), that all of those deaths brought to the police, and where former, actual or any drug abuse, intoxication is suspected, a post mortem (including toxicological analysis) shall be undertaken.

1.2. Who decides what to do (e.g. police, judge, doctor…)?

See 1.1 the police and a medical officer decide in union. The police has the last word when opinions differ.

1.3. Who does what (e.g. confirming the death, post-mortem exams (autopsy, toxicology), inquest into the circumstances of death – with family or witnesses – analyses)?

1. a physician ascertains the death, 2. the physician reports to the police, cf. 1.1. 3. the police and a medical officer decides whether or not a post mortem shal be undertaken. 4. A forensic doctor mortem. The toxicology is ascertained by a forensic toxicologist. 5. When the police enters the scene on request by the physician, the police then has the obligation to examine what happened (interwiev witnesses, take the medical record to the forensic institute etc.)

1.4. Is the post-mortem investigation the overall responsibility of a single person/institute or could there be parallel and independent investigations (e.g. police and forensic)? Please mention any alternative source, even if it is not used in a systematic way or at national level and indicate them in the flow-chart (question 5).

There are 3 foresnisic institutes in Denmark – all associated to corresponding universities. They do all forensic postmortems in Denmark.

1.5. Who pays for the post-mortem investigations? Is this different for autopsies and toxicological analyses?

The ministry of justice has a budget for forensic post mortems in the whole country (often the police believes that the money is taken from their local budget and they act restrictive to post mortemsperforms the post).

2. The results (reports, documents) from post-mortem investigations

2.1. Who is in charge of these reports/documents? Where are they filed?

The forensic institutes. The police has the ultimate file obligation to keep files, but the post mortem information is also sent to the general mortality register (GMR) for possible more precise cause of death diagnosis. The police report is not sent with the post mortem data.

2.2. Who "owns" the data? Is there any legal authority/law relating to this, or is it based on custom/convention?

The police. The bereaved (family members) must ask the police for information about the cause of death, not their usual physician)

2.3. Is there any location (institute, unit, database) where the information resulting from these post-mortem investigations of unnatural or violent deaths are filed in an organised way ("system")?

The postmortem information goes to the GMR. The police has by tradition from the late sixties kept a DRD-statistic, age and sex and where they were forund. The decision of whether the case (of all those cases brought to the forensic institute, but not other deaths) was a DRD or not was always taken by a forensic doctor. The DRD´s was the cases in the statistic.

2.4. Does this unit/database have a national coverage? If not, please specify (e.g regional or city level)?

Yes national.

2.5. How is this document filing organised? Does it receive information from different sources (e.g. police + forensic…) or only from one source?

The police has a annual meeting with the forensic institutes, where borderline cases are discussed. Other cases are sent electronically to the police, with agreed information. As mentioned the forensic data in toto goes to the personal with GMR at the National Board of Health (they keep health statistics in Denmark – not the National Bureau of Statistics). That is, the SR kept by the police only has data on DRD positives, personal data, and summary toxicological data..Not diagnoses and ICD codes – they are in the GMR.

2.6. Does this document filing system allow flagging/identifying and retrieving information about DRD cases?

The SR kept by the police has only DRD´s. Other deaths are just kept as ordinary files, and can by read as part of a scientific investigation after special permission. The forensic post mortem information is just kept as a medical record.

2.7. Who has access to the filing system (e.g. only police, only forensic doctors, researchers …)? What are the regulations for accessing and/or sharing the data?

The police has acces to all forensic material. All others have to have permission (prallell to medical records)

2.8. Is there the possibility of extracting data for DRD monitoring by the national Focal Point (or by somebody on its behalf – e.g. an appointed forensic doctor, researcher, etc.-)?

Only as a scientific investigation after special permission – not as rutine.

3. Inclusion/Exclusion Criteria

3.1. Which kind of population is included in your **Special Register**? All unnatural deaths (or suspected to be unnatural) or only drug-related deaths? What is the background population and which cases are extracted to the SR?

The background population is as earlier mentioned non-natural or susupicious deaths. Of those the death is considered drug-related only if there is a connection between the use of drugs and the cause of death. Then the death is included in the SR.

3.2. Please indicate in the inclusion criteria which cases are included in the SR.

	Yes	No	Unknown	Comment
Foreign nationals	y			But will be extracted soon
Foreign residents	y			As above
All age groups	y			
Deaths of citizen overseas		n		
All unnatural deaths	y			
Poisoning: deaths directly related to illegal drugs	y			
Poisoning: deaths related to alcohol	y			If the deceased was known to be an addict or if illegal drugs were detected an causal
Poisoning: deaths related to psychoactive substances	y			If the deceased was known to be an addict or if illegal drugs were detected
Suicide (all, with or without substances)	y			If the deceased was known to be an addict or if illegal drugs were detected
Homicides (all, with or without substances)	y			If the deceased was known to be an addict or if illegal drugs were detected
Accidents (all, with or without substances)	y			If the deceased was known to be an addict or if illegal drugs were detected
Indirect drug related deaths (Accidents…)	y			If the deceased was known to be an addict or if illegal drugs were detected
All death with positive with positive toxicology to illegal drugs (whatever the cause of death)	y			
Known drug users (whatever the cause of death)	y			See 3.1
Other inclusion criteria: Any exclusion criteria:				

4. Information recorded in SR as DRD

4.1. What information is collected and recorded for each DRD case? Please complete the table below

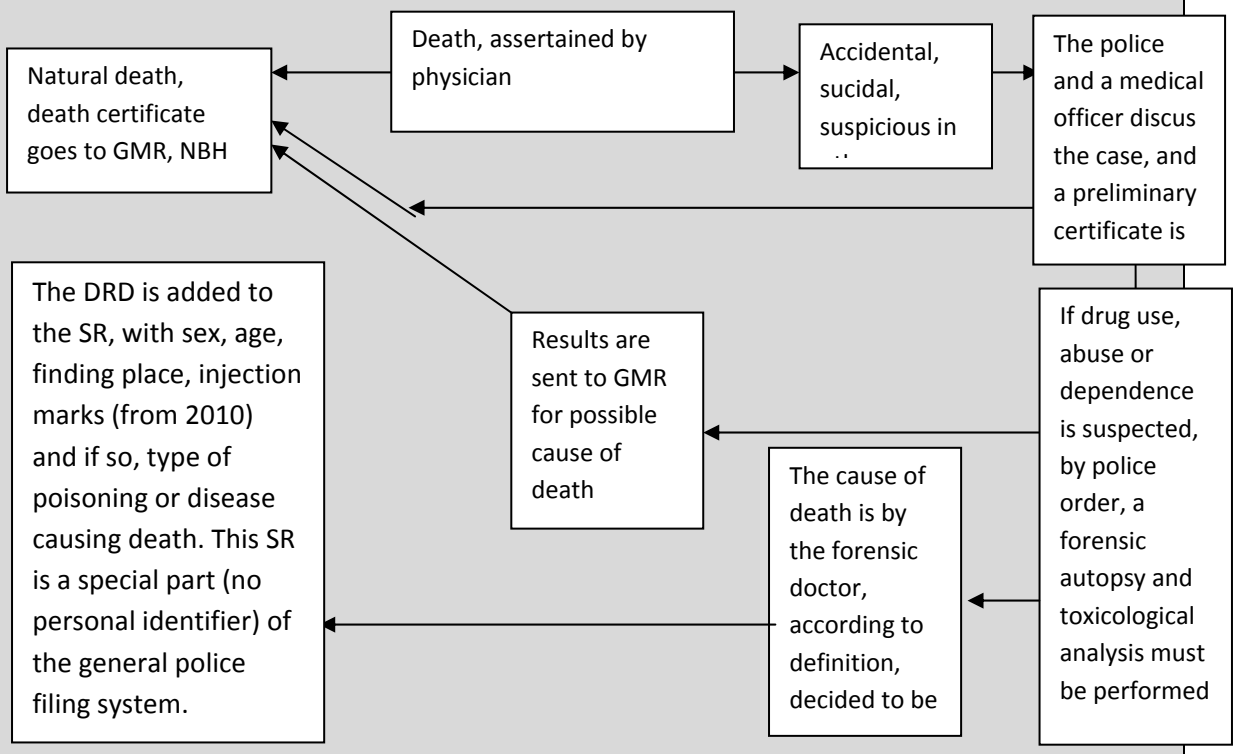
	Yes	No	Unknown	Comment
Name(s) of deceased		n		
Date of birth (or age at the time of death)	y			
Place of birth		n		
Nationality	y			
Ethnicity		n		
Educational level		n		
Employment status		n		
Living arrangements		n		
Marital status		n		
Usual address, including post code		n		
Sex	y			
Date of death	y			
Address of place of death	y			
Place of death (e.g. urban, rural…)		n		
Place of death (e.g. home, hospital, street…)	y			
Location of incident leading up to death		n		
Cause(s) of death (as given in death certificate)	y			With a view to the purpose of the registration
Intentionality (e.g. accidental, suicide, homicide, undetermined)		n		
Mechanism of death		n		
Manner of death (e.g. poisoning, injury, traffic accident, disease…)	y			
ICD codes		n		
Verdict/legal decision as to cause of death		n		
Date of verdict/legal decision		n		
Circumstances (e.g. death alone, with witnesses…)		n		
Witness statement(s) supplied		n		
Whether an autopsy was done	(y)			Postmorten is always performed
Post-mortem supplied		n		
Toxicology report(s) supplied		n		
Substance(s) considered as the cause the death	y			
Route of administration (Injection or others) of the substance in cause	y			Needlemarks present or not from 2009

List of all substances identified in the toxicology analysis (e.g. alcohol, prescription drugs, illicit psychoactive substances…)	y			Names are not given
Level(s) of the substances found		n		
Other diseases of relevant finding in autopsy (e.g. cardiac problems, liver disease, HCV, HIV/AIDS,…)		n		
History of drug abuse		n		
History of drug treatment		n		
Whether the person was on opiate substitution treatment at the time of death		n		
Recent release from prison		n		
Recent release from detoxification unit		n		
Whether the person has been arrested or been in prison in the past		n		
History of overdose(s)		n		
History of suicide attempts/self-harm		n		
History of harmful or dependant alcohol drinking		n		
History of recreational drug use		n		
History of volatile substance abuse		n		
Patient prescription history (e.g. antidepressants, benzodiazepine, …)		n		
Patient co-morbidity, including mental health condition and physical		n		
Recent traumatic life events (e.g. divorce, death of significant other, redundancy)		n		
Other variables that you would find of interest for the monitoring of DRD:				

5. Information flow

5.1. How is the information flow regulated between different parties involved in the post-mortem investigation? Please draw a flow chart, indicating timeliness as in example given in the Annex. Show the path for a “natural” and for a “non natural death”.

Flow chart Denmark



5.2. Who provides the information to the SR? (e.g. coroner, coroner’s staff, hospital or treatment services, medico-legal institute, collected by SR staff; other researcher, etc.)

The police on personal identification. All medical and toxicological data comes from forensic institutes.

5.3. How is the information stored?

As a statistic.

5.4. Who pays for the data collection (gathering of information, analysis of data)

Partly the Forencic Institutes, National Board of Health

5.5. Is the data flow you described above a systematic procedure (all or almost all cases investigated) or are there any substantial exceptions and why?

Systematic.

6. Procedures and legal background

6.1. What is the legal basis of the Special Register on DRD? Are there any issues/problems/solutions concerning data protection?

A political resolution. The law only regulates how death should be ascertained and the possible reporting to the police (see 1.1)

6.2. If data collection is part of the national strategy? If yes, could you please attach the part of the national strategy referring to the data collection?

6.3. Are death certificates undergoing post-mortem investigation being clearly identified? And how? (e.g. is there a provisional certificate followed by a definitive death certificate?)

yes

6.4. How are these death certificates (under investigation) processed? Is there any legal regulation about them?

The National Board of Health issues the cause of death (by law). The National Board of health decides on internal procedures how those preliminary certificates are handled by medical officers (electronically)

6.5. How is the information generated during the post-mortem investigation used in the death registration process? (e.g. filing the definitive death certificate, or submitting an additional form to be transmitted to the GMR with the final results?) Submitting results to the GMR

6.6. Are there any legal regulations regarding Death Certificates? Is it possible to have a temporary death certificate that can later be updated? In case there is any legal regulation, is it followed in all cases? In case it is not, why?

This is all internal procedures in the national board of health and mistakes happen. There has now for nearly 2 years been electronic certification and it is too early to say if the system is better. The new system is probably more resistant to personal ideas etc.

6.7. Is it possible to identify in the outcomes of cause(s) of death produced by the GMR those cases that are/have been under investigation?

That would be all deaths with a forensic post mortem, because they will all wait for definitve cause definition until results are present and be preliminary until then.

France

Questionnaire on Special Registries on drug related death in Europe

Austrian Focal Point: Gesundheit Österreich GmbH

Contact: Charlotte Wirl, Martin Busch: wirl@goeg.at; busch@goeg.at

On behalf of EMCDDA

Contact: Isabelle Giraudon; Julian Vicente: Isabelle.giraudon@emcdda.europa.eu; Julian.Vicente@emcdda.europa.eu

Country: …France…… Date: 27/4/2009…….....……..

Questionnaire completed by:

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Thank you very much for your help and cooperation!

1. Investigation of unnatural deaths.

1.1. Usually when there is an unnatural or violent death there is a police/forensic/coroner post-mortem investigation. Could you describe briefly how this investigation takes place in your country? All deaths are certificated by a general practitioner (GP), which must sign a death certificate in order to proceed to the administrative duties leading to the burial. When field evidences suggest death by drug use (or homicide), the GP does NOT fill the death certificate, and sends it back as it is to the National Statistical Institute, in charge of informing on the vital status of individuals i.e. alive or dead, and to the General Mortality Registry (GMR), in charge of coding the causes of decease (a temporal "unknown causes" is attributed when the death certificate comes with no information). Next, a criminal record is open by the police to reconstruct the final events (search for new evidences, witnesses). Based on the conclusions of the police report, assistants of the District Attorney (DA) will decide either to perform toxicological analysis to confirm the causes of death or to. When performed, the results of these analyses are supposed to be sent to the GMR. Nevertheless notice that 1. Forensic analysis may be canceled for external reason (budget constraints). 2. Some forensic laboratories do not transmit the results of their studies to the GMR, arguing medical secrecy to protect their data. In that case, the previous temporary "unknown or ill-defined causes of death" code will remain as such.

1.2. Who decides what to do (e.g. police, judge, doctor…)? The assistant of the DA is supposed to have the last word.

1.3. Who does what (e.g. confirming the death, post-mortem exams (autopsy, toxicology), inquest into the circumstances of death – with family or witnesses – analyses)? GP confirms the death; police is in charge of the investigation and may request autopsy; forensic laboratories are in charge of post-mortem exams by request of the DA.

1.4. Is the post-mortem investigation the overall responsibility of a single person/institute or could there be parallel and independent investigations (e.g. police and forensic)? Please mention any alternative source, even if it is not used in a systematic way or at national level and indicate them in the flow-chart (question 5). Police and forensic are supposed to work in synchronicity. The police begin the inquiry and refer to forensic analysis to confirm the evidences.

1.5. Who pays for the post-mortem investigations? Is this different for autopsies and toxicological analyses? Public funding. Forensic institutions do have a budget dedicated to toxicological analysis in suspected DRD; forensic laboratories included in hospitals benefit from hospital funding; private forensic laboratories are paid by the court in charge of the investigation.

2. The results (reports, documents) from post-mortem investigations

2.1. Who is in charge of these reports/documents? Where are they filed? Toxicological analyses are filled by authorized forensic analysts at the laboratory.

2.2. Who “owns” the data? Is there any legal authority/law relating to this, or is it based on custom/convention? Legally speaking, the forensic institution owns the detailed data. Note we are dealing with a very sensible legal debate here since medical secrecy may be invoked by these institutions in order to protect the victim and its acquaintances' privacy, and will allow transmission of the information only to the criminal court in charge of the case (the GMR is therefore excluded). The interpretation of secrecy varies greatly among each forensic practitioner. Next, when the toxicological results are part of the criminal record (i.e. transmitted to the police and the DA) they fall under the seal of instruction secrecy. They 'belong' to the criminal court in charge. This secrecy argument explains the delay of publication of results from the GMR (generally, a 2 year-lag).

2.3. Is there any location (institute, unit, database) where the information resulting from these post-mortem investigations of unnatural or violent deaths are filed in an organised way (“system”)? When exiting the forensic institute, the file is assigned to the criminal file, and theoretically to the GMR for codification and storage. Note the information on DRD is threefold: first, the GMR as previously quoted. Next, the National Agency for Health and Medicine Security (AFSSAPS ofr its French acronym) signed an agreement with toxicological laboratories to retrieve information on DRD: this is one of the SR. For legal reasons, strong information limitations are set up to prevent any individual recognition. Finally, the police database on DRD should be mentioned, although known for underreporting DRD. Due to this bias, police reports on DRD are not published anymore.

2.4. Does this unit/database have a national coverage? If not, please specify (e.g regional or city level)? The GMR does have a national coverage. The SR aims at a national coverage.

2.5. How is this document filing organised? Does it receive information from different sources (e.g. police + forensic…) or only from one source? The GMR retrieves the information annotated on the death certificate and awaits the results of complementary biological analysis. When received, these results are automatically coded (ICD 10). The GMR also gathers social information. The SR is based on a convention signed between the AFSSAPS and some forensic laboratories willing to participate. These laboratories transmit to the AFSSAPS a short sheet with basic information

2.6. Does this document filing system allow flagging/identifying and retrieving information about DRD cases? They both do.

2.7. Who has access to the filing system (e.g. only police, only forensic doctors, researchers …)? What are the regulations for accessing and/or sharing the data? In both case (GMR and SR) only manpower recruited for these tasks.

2.8. Is there the possibility of extracting data for DRD monitoring by the national Focal Point (or by somebody on its behalf – e.g. an appointed forensic doctor, researcher, etc.-)? It is possible and performed each year in case of the GMR on special request. Regarding the SR, a presentation of general results is made when data are available.

3. Inclusion/Exclusion Criteria

3.1. Which kind of population is included in your **Special Register**? All unnatural deaths (or suspected to be unnatural) or only drug-related deaths? What is the background population and which cases are extracted to the SR?

3.2. Please indicate in the inclusion criteria which cases are included in the SR.

	Yes	No	Unknown	Comment
Foreign nationals			x	
Foreign residents			x	
All age groups	x			
Deaths of citizen overseas		x		
All unnatural deaths		x		
Poisoning: deaths directly related to illegal drugs	x			
Poisoning: deaths related to alcohol				
Poisoning: deaths related to psychoactive substances	x			
Suicide (all, with or without substances)		x		Only with substances
Homicides (all, with or without substances)		x		
Accidents (all, with or without substances)		x		Only with substances
Indirect drug related deaths (Accidents…)	x			
All death with positive toxicology to illegal drugs (whatever the cause of death)	x			
Known drug users (whatever the cause of death)		x		

Other inclusion criteria:

Any exclusion criteria:

4. Information recorded in SR as DRD

4.1. What information is collected and recorded for each DRD case? Please complete the table below

	Yes	No	Unknown	Comment
Name(s) of deceased				
Date of birth (or age at the time of death)	x			
Place of birth		x		
Nationality		x		
Ethnicity		x		
Educational level		x		
Employment status		x		
Living arrangements		x		
Marital status		x		
Usual address, including post code		x		
Sex	x			
Date of death	x			
Address of place of death		x		
Place of death (e.g. urban, rural…)	x			
Place of death (e.g. home, hospital, street…)	x			
Location of incident leading up to death		x		
Cause(s) of death (as given in death certificate)	x			
Intentionality (e.g. accidental, suicide, homicide, undetermined)	x			
Mechanism of death	x			
Manner of death (e.g. poisoning, injury, traffic accident, disease…)	x			
ICD codes	x			
Verdict/legal decision as to cause of death		x		
Date of verdict/legal decision		x		
Circumstances (e.g. death alone, with witnesses…)		x		
Witness statement(s) supplied		x		Done through police record
Whether an autopsy was done	x			SR is based on autopsy records
Post-mortem supplied		x		
Toxicology report(s) supplied	x			
Substance(s) considered as the cause the death	x			
Route of administration (Injection or others) of the substance in cause	x			

List of all substances identified in the toxicology analysis (e.g. alcohol, prescription drugs, illicit psychoactive substances…)	x			
Level(s) of the substances found	x			
Other diseases of relevant finding in autopsy (e.g. cardiac problems, liver disease, HCV, HIV/AIDS,…)		x		
History of drug abuse	x			
History of drug treatment		x		
Whether the person was on opiate substitution treatment at the time of death		x		
Recent release from prison		x		
Recent release from detoxification unit		x		
Whether the person has been arrested or been in prison in the past		x		
History of overdose(s)		x		
History of suicide attempts/self-harm		x		
History of harmful or dependant alcohol drinking		x		
History of recreational drug use		x		
History of volatile substance abuse		x		
Patient prescription history (e.g. antidepressants, benzodiazepine, …)		x		
Patient co-morbidity, including mental health condition and physical		x		
Recent traumatic life events (e.g. divorce, death of significant other, redundancy)		x		
Other variables that you would find of interest for the monitoring of DRD:				

5. Information flow

5.1. How is the information flow regulated between different parties involved in the post-mortem investigation? Please draw a flow chart, indicating timeliness as in example given in the Annex. Show the path for a “natural” and for a “non natural death”.

See question 1 for general description.

5.2. Who provides the information to the SR? (e.g. coroner, coroner’s staff, hospital or treatment services, medico-legal institute, collected by SR staff; other researcher, etc.)

The information is provided by volunteer forensic practitioners, passed on to a designated head of study. A yearly report is presented to the AFSSAPS, institute acting as a go-between with other external interested institutions (focal points, public health and prevention authorities etc).

5.3. How is the information stored?

Database.

5.4. Who pays for the data collection (gathering of information, analysis of data)

As the SR is based on voluntary participation and is a simple, summed up extraction of pre-existing information, no expanses are to be considered. The above mentioned information is produced upon request in the general procedure of a criminal record. All expanses are included in the annual current budget of the participating forensic laboratories.

5.5. Is the data flow you described above a systematic procedure (all or almost all cases investigated) or are there any substantial exceptions and why?

It is the theoretical path. Still, exceptions occur such as death certificate including annotations from the GP suggesting a DRD (leading the GMR to a close follow-up of the case); posterior notification and classification of a death as a DRD following police investigations of judicial inquiry. On the other hand, due to certain difficulties to receive forensic analyses' results, the GMR may take informal contact directly with the forensic laboratories.

6. Procedures and legal background

6.1. What is the legal basis of the Special Register on DRD? Are there any issues/problems/solutions concerning data protection? The SR benefits from a legal basis, indispensable in order to gain support among the forensic laboratories. It was also submitted to the National Medicine Board, who stressed the need to preserve anonymity and imposed strong restrictions in the information to be passed on (see part 3 and 4).

6.2. If data collection is part of the national strategy? If yes, could you please attach the part of the national strategy referring to the data collection? The reduction of DRD is regularly quoted as a national public health objective, although in practice the counting of DRD is not linked to any particular strategy. Notice that the original goal of the SR was not a quantitative census of the DRD but the study of polydrug uses and associations of substances leading to death, and that not all existing forensic laboratories in France are included.

6.3. Are death certificates undergoing post-mortem investigation being clearly identified? And how? (e.g. is there a provisional certificate followed by a definitive death certificate?) A provisional death certificate is delivered to the family in order to proceed with the funerals. Meanwhile, police and judicial prosecutions are carried on. When the causes of death are known and confirmed, a final certificate is delivered and the causes of the decease are coded or updated accordingly.

6.4. How are these death certificates (under investigation) processed? Is there any legal regulation about them?

6.5. How is the information generated during the post-mortem investigation used in the death registration process? (e.g. filing the definitive death certificate, or submitting an additional form to be transmitted to the GMR with the final results?) The GMR is supposed to gather all results of biological analyses performed by any forensic laboratories. In practice, as previously mentioned,

6.6. Are there any legal regulations regarding Death Certificates? Is it possible to have a temporary death certificate that can later be updated? In case there is any legal regulation, is it followed in all cases? In case it is not, why? Indeed for all questions, see question 6.3. To my knowledge, there is no information of unapplied regulations.

6.7. Is it possible to identify in the outcomes of cause(s) of death produced by the GMR those cases that are/have been under investigation? All located DRD are object of a judicial prosecution. Any posterior findings of substance use leads to the opening of a prosecution.

Germany

Questionnaire on Special Registries on drug related death in Europe

Austrian Focal Point: Gesundheit Österreich GmbH

Contact: Charlotte Wirl, Martin Busch: wirl@goeg.at; busch@goeg.at

On behalf of EMCDDA

Contact: Isabelle Giraudon; Julian Vicente: Isabelle.giraudon@emcdda.europa.eu; Julian.Vicente@emcdda.europa.eu

Country: Germany…… Date: 11.7.09

Questionnaire completed by:

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Background, rationale

Information for the Key Indicator on drug related death and Mortality among drug users (DRD indicator) of the EMCDDA can be based on data retrieved from the General Mortality Register (GMR) or Special Register(ries) (SR). The EMCDDA recommends that both sources are used, if possible.

The EMCDDA launched a call for tender for an inventory of existing mechanisms and structures of National Special Registries in Europe and a description of the core data available. This project should facilitate learning from different systems and find out which data are available across Europe. It should also give insight on the core data recorded for every DRD case. This inventory aims to

1) describe in details the SR, in order to consider ways to improve the level of information available on the DRD on a "project", or a "research" basis (e.g. characteristics of the victims, circumstances, toxicology,) in countries where SR allow for it, in order to better inform interventions to reduce the number of drug-related deaths.

2) to try, in a broader perspective, to find ways to improve the quality and comparability of DRD information across Europe, by exploring ways to improve the coordination between SRs and GMRs.

The Austrian Focal Point was awarded the contract for the project. To achieve the aim of this project, the Austrian Focal Point prepared this questionnaire in close cooperation with the EMCDDA and an advisory group. Special thanks to Henrik Saelan, Maria Savvidou, John Corkery and Isabelle Giraudon.The questionnaire includes issues of which systematic information is available, the core data recorded for each DRD case, the data flow and legal issues.

Instructions

- Please go through the entire questionnaire and make sure that all questions are answered as required.

- The success and potential use of the inventory will be determined by the quality of data gathered. We encourage you to consult other colleagues or experts in the field to obtain the relevant information you do not have at hand.

- In addition, please kindly take note that we are interested in information about your country as a whole and not just in obtaining information for one region or state. Therefore, please provide national data, if possible, and whenever possible provide a reference or source of information. If you are unable to obtain data for the whole country, please make sure that you indicate the section of the country to which the data apply. Another option is answering the questionnaire for different regions. We would be grateful to receive copies of any documents which were used as sources of information for completing this questionnaire or, at least, for relevant references and web-links.

- Some generic questions will be for all countries, and some may only be for some specific countries. If there are two or more Special Registries in your country we recommend you fill in two questionnaires, particularly for the sections specific to one register.

- If you have any questions do not hestiate to contact Charlotte Wirl: wirl@goeg.at, phone:+43151561154 fax: :+4315 1 513 84 72

Next steps

Contributors will be acknowledged on the report.

The report will be available to all contributors and on the EMCDDA web pages by the end of 2009 and results presented and discussed during the 2009 DRD expert meeting.

It is hoped that the results of this project will provide a basis for further improvement of the quality and comparability of the information that can be extracted from the Special Registries, fully taking into account national procedures and regulations. In a broader perspective, it is hoped that the results and lessons learnt from this project will help to improve overall DRD information in Europe.

Thank you very much for your help and cooperation!

1. Investigation of unnatural deaths.

1.1. Usually when there is an unnatural or violent death there is a police/forensic/coroner post-mortem investigation. Could you describe briefly how this investigation takes place in your country?

Any general practitioner or emergency doctor on call is responsible for external postmortem examination. If his/her decision on death certificate is “unnatural cause of death” or “unclear cause of death” it is up to him to call the police. Police may decide to call specialized officers who are experienced in postmortem police examinations. Police report on circumstances of death goes to public prosecution. Public prosecutor decides if autopsy is performed or not.

1.2. Who decides what to do (e.g. police, judge, doctor…)?

Police: decides how much information is collected on circumstances of death before giving report to public prosecution. Police may advise the doctor which of so- called unclear deaths should be defined as natural. Judge: in Germany the first steps to be taken for postmortem investigations are predominantly decided by public prosecution, following the law that prosecution is entitled to do so in urgent cases. In general, a judge should decide is autopsy is taken or not. The non- specialized doctor, who has been called for certifying death, decides if a case will go to the cemetery without any further investigations Forensic pathologists and toxicologists give recommendations to public prosecution how to proceed with in- depth investigations but do not decide

1.3. Who does what (e.g. confirming the death, post-mortem exams (autopsy, toxicology), inquest into the circumstances of death – with family or witnesses – analyses)?

Confirming: any medical doctor (having treated the person who died as g.p. or as a rescue doctor. Post mortem exams are done by forensic pathologists in institutes for forensic medicine, which are in general affiliated to university medical centers. Inquests are done by police. In some cases, if public prosecution is not interested in autopsy and unblocks it, forensic pathologists make an inquest with family and are doing an autopsy.

1.4. Is the post-mortem investigation the overall responsibility of a single person/institute or could there be parallel and independent investigations (e.g. police and forensic)? Please mention any alternative source, even if it is not used in a systematic way or at national level and indicate them in the flow-chart (question 5).

The legal autopsy is the standard way – alternative source see 1.3.

1.5. Who pays for the post-mortem investigations? Is this different for autopsies and toxicological analyses?

Justice. No difference. If justice unblocks a case, denying legal autopsy, some cases may be paid by university hospital budget or by the family.

2. The results (reports, documents) from post-mortem investigations

2.1. Who is in charge of these reports/documents? Where are they filed?

Police investigations on circumstances: Police, Justice. Autopsy, toxic. Reports: Instiutes for Legal Medicine, public prosecution, police (Often, police gets autopsy reports and toxicology reports not on a regular basis, but is entitled to get it from prosecution) .

2.2. Who "owns" the data? Is there any legal authority/law relating to this, or is it based on custom/convention?

A very general question. Police data/ death certification data?/ Medico- Legal data? There is no general "owner".

2.3. Is there any location (institute, unit, database) where the information resulting from these post-mortem investigations of unnatural or violent deaths are filed in an organised way ("system")

No system in regional Police departments /public prosecution. Autopsy registries in institutes of Legal Medicine. Information resulting from post- mortem investigations is also filed in federal bureaus of statistics where death certificates and autopsy certificates are collected in order to define Causes of death in General Mortality Registry.

2.4. Does this unit/database have a national coverage? If not, please specify (e.g regional or city level)?

Since about 5 years, the German society for Legal Medicine tries to establish a national autopsy registry. It does not have a national coverage yet, but a majority of institutes is participating

2.5. How is this document filing organised? Does it receive information from different sources (e.g. police + forensic…) or only from one source? German Autopsy registry: Only one source:

Legal medicine. General Mortality registry : Medical/ forensic source but also (limited) police as regards manner of death

2.6. Does this document filing system allow flagging/identifying and retrieving information about DRD cases?

Autopsy registry: In theory yes, following registered causes of death.GMR: see EMCDDA standard

2.7. Who has access to the filing system (e.g. only police, only forensic doctors, researchers …)? What are the regulations for accessing and/or sharing the data?

Autopsy registry: Researchers, Forensic doctors

2.8. Is there the possibility of extracting data for DRD monitoring by the national Focal Point (or by somebody on its behalf – e.g. an appointed forensic doctor, researcher, etc.-)?

Autopsy registry: yes, by researcher

3. Inclusion/Exclusion Criteria

3.1. Which kind of population is included in your **Special Register**? All unnatural deaths (or suspected to be unnatural) or only drug-related deaths? What is the background population and which cases are extracted to the SR? drug- related cases such as poisonings, drug- related accidents, suicides and long-term diseases. Background population: Everybody staying in Germany , being a risk to die in Germany

3.2. Please indicate in the inclusion criteria which cases are included in the SR.

	Yes	No	Unknown	Comment
Foreign nationals	X			
Foreign residents	X			
All age groups	X			
Deaths of citizen overseas		X		
All unnatural deaths		X		
Poisoning: deaths directly related to illegal drugs	X			
Poisoning: deaths related to alcohol		x		No mono- intox. With alcohol
Poisoning: deaths related to psychoactive substances	x			May be if it is a substitute for illegal drugs
Suicide (all, with or without substances)	x			All if related to drug abuse/ despair on personal situation which should be dominated by drug use problem
Homicides (all, with or without substances)		X		
Accidents (all, with or without substances)	X			With substances
Indirect drug related deaths (Accidents…)	x			Longterm disease following drug use
All death with positive with positive toxicology to illegal drugs (whatever the cause of death)		X		
Known drug users (whatever the cause of death)		X		

Other inclusion criteria:

Any exclusion criteria:

4. Information recorded in SR as DRD

4.1. What information is collected and recorded for each DRD case?
Please complete the table below SR is defined for Germany being the register at the national police department BKA in Wiesbaden which gets data only on an aggregated level.from the regional police departments in each Bundesland

	Yes	No	Unknown	Comment
Name(s) of deceased		X		
Date of birth (or age at the time of death)	x			Age
Place of birth		X		
Nationality	X			
Ethnicity		X		
Educational level		X		
Employment status		X		
Living arrangements		X		
Marital status		X		
Usual address, including post code		X		
Sex	X			
Date of death	X			
Address of place of death		X		
Place of death (e.g. urban, rural…)	X			Bundesland
Place of death (e.g. home, hospital, street…)		X		
Location of incident leading up to death		X		
Cause(s) of death (as given in death certificate)		X		
Intentionality (e.g. accidental, suicide, homicide, undetermined)	X			
Mechanism of death		X		
Manner of death (e.g. poisoning, injury, traffic accident, disease…)	X			
ICD codes		X		
Verdict/legal decision as to cause of death		X		
Date of verdict/legal decision		X		
Circumstances (e.g. death alone, with witnesses…)		X		
Witness statement(s) supplied		X		
Whether an autopsy was done	X			
Post-mortem supplied		X		
Toxicology report(s) supplied		X		
Substance(s) considered as the cause the death	X			
Route of administration (Injection or others) of the substance in cause		X		

List of all substances identified in the toxicology analysis (e.g. alcohol, prescription drugs, illicit psychoactive substances…)		X		Not for the individual case
Level(s) of the substances found		X		
Other diseases of relevant finding in autopsy (e.g. cardiac problems, liver disease, HCV, HIV/AIDS,…)	X			HIV rate, aggregated level
History of drug abuse		X		
History of drug treatment		X		
Whether the person was on opiate substitution treatment at the time of death		X		
Recent release from prison		X		
Recent release from detoxification unit		X		
Whether the person has been arrested or been in prison in the past		X		
History of overdose(s)		X		
History of suicide attempts/self-harm		X		
History of harmful or dependant alcohol drinking		X		
History of recreational drug use		X		
History of volatile substance abuse		X		
Patient prescription history (e.g. antidepressants, benzodiazepine, …)		X		
Patient co-morbidity, including mental health condition and physical		X		
Recent traumatic life events (e.g. divorce, death of significant other, redundancy)		X		
Other variables that you would find of interest for the monitoring of DRD:				

5. Information flow

5.1. How is the information flow regulated between different parties involved in the post-mortem investigation? Please draw a flow chart, indicating timeliness as in example given in the Annex. Show the path for a “natural” and for a “non natural death”.

5.2. Who provides the information to the SR? (e.g. coroner, coroner’s staff, hospital or treatment services, medico-legal institute, collected by SR staff; other researcher, etc.)

Police departments, forensic institutes

5.3. How is the information stored?

Data file

5.4. Who pays for the data collection (gathering of information, analysis of data)

This is in the responsibility of the police; police does not pay third party

5.5. Is the data flow you described above a systematic procedure (all or almost all cases investigated) or are there any substantial exceptions and why?

Systematic procedure. There are heterogenities in collecting data on natural death being long- term disases. Often it is not clear which of these cases get to the knowledge of police and which do not.

6. Procedures and legal background

6.1. What is the legal basis of the Special Register on DRD? Are there any issues/problems/solutions concerning data protection?

Internal police codification from 1978

6.2. If data collection is part of the national strategy? If yes, could you please attach the part of the national strategy referring to the data collection?

The data collection of the SR is independent from a national strategy

6.3. Are death certificates undergoing post-mortem investigation being clearly identified? And how? (e.g. is there a provisional certificate followed by a definitive death certificate?)

Autopsy certificate follows original death certificate.

6.4. How are these death certificates (under investigation) processed? Is there any legal regulation about them?

There is no legal regulation on death certificates under investigation

6.5. How is the information generated during the post-mortem investigation used in the death registration process? (e.g. filing the definitive death certificate, or submitting an additional form to be transmitted to the GMR with the final results?)

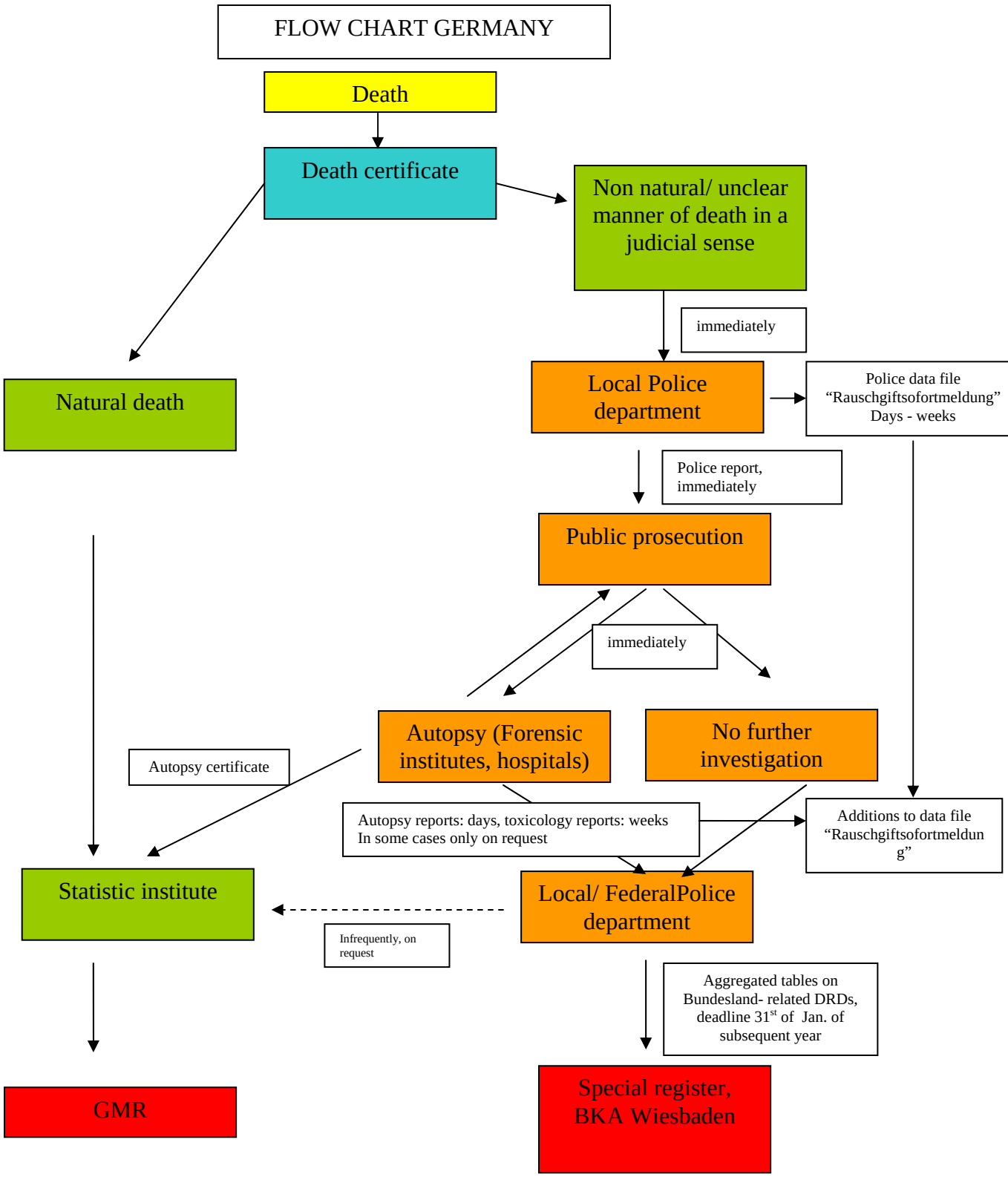
No additional form

6.6. Are there any legal regulations regarding Death Certificates? Is it possible to have a temporary death certificate that can later be updated? In case there is any legal regulation, is it followed in all cases? In case it is not, why?

It depends from the Bundesland (Law of Bundesland). Some Bundesländer have a provisional death certificate, where every non natural/ unclear death is brought to institutes for legal medicine. After postmortem examination the death certificate is filed.

6.7. Is it possible to identify in the outcomes of cause(s) of death produced by the GMR those cases that are/have been under investigation?

No, not in a routine process.


FLOW CHART GERMANY
Death
Death certificate
Non natural/ unclear manner of death in a judicial sense
immediately
Natural death
Local Police department
Police data file "Rauschgiftsofortmeldung" Days - weeks
Police report, immediately
Public prosecution
immediately
Autopsy (Forensic institutes, hospitals)
No further investigation
Autopsy certificate
Autopsy reports: days, toxicology reports: weeks In some cases only on request
Additions to data file "Rauschgiftsofortmeldung"
Statistic institute
Local/ FederalPolice department
Infrequently, on request
Aggregated tables on Bundesland- related DRDs, deadline 31st of Jan. of subsequent year
GMR
Special register, BKA Wiesbaden

Hungary

Questionnaire on Special Registries on drug related death in Europe

Austrian Focal Point: Gesundheit Österreich GmbH

Contact: Charlotte Wirl, Martin Busch: wirl@goeg.at; busch@goeg.at

On behalf of EMCDDA

Contact: Isabelle Giraudon; Julian Vicente: Isabelle.giraudon@emcdda.europa.eu; Julian.Vicente@emcdda.europa.eu

Country: Hungary Date: ……22/05/2009…….....……..

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Background, rationale

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1) describe in details the SR, in order to consider ways to improve the level of information available on the DRD on a "project", or a "research" basis (e.g. characteristics of the victims, circumstances, toxicology,) in countries where SR allow for it, in order to better inform interventions to reduce the number of drug-related deaths.

2) to try, in a broader perspective, to find ways to improve the quality and comparability of DRD information across Europe, by exploring ways to improve the coordination between SRs and GMRs.

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- Please go through the entire questionnaire and make sure that all questions are answered as required.

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Next steps

Contributors will be acknowledged on the report.

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It is hoped that the results of this project will provide a basis for further improvement of the quality and comparability of the information that can be extracted from the Special Registries, fully taking into account national procedures and regulations. In a broader perspective, it is hoped that the results and lessons learnt from this project will help to improve overall DRD information in Europe.

Thank you very much for your help and cooperation!

1. Investigation of unnatural deaths.

1.1. Usually when there is an unnatural or violent death there is a police/forensic/coroner post-mortem investigation. Could you describe briefly how this investigation takes place in your country?

It is the General Practitioner (or ambulance doctor) who determines death and decides what to do. In case of natural death cases the deceased is taken to pathological anatomy, in cases of unnatural/violent/drug related death cases a forensic investigation takes place. In these cases autopsy is performed by forensic pathologists.

1.2. Who decides what to do (e.g. police, judge, doctor…)?

In unnatural/violent/drug related death cases the police/scene investigation start the forensic investigation, they send the deceased to a forensic institution.

1.3. Who does what (e.g. confirming the death, post-mortem exams (autopsy, toxicology), inquest into the circumstances of death – with family or witnesses – analyses)?

- death is confirmed by a General Practitioner/ambulance doctor
- post-mortem exams are performed by forensic pathologists at the forensic institutes
- analysis of the circumstances of death is done by police/scene investigators

1.4. Is the post-mortem investigation the overall responsibility of a single person/institute or could there be parallel and independent investigations (e.g. police and forensic)? Please mention any alternative source, even if it is not used in a systematic way or at national level and indicate them in the flow-chart (question 5).

In cases of unnatural/violent/drug related death cases post-mortem investigation can only be performed at Forensic Institutes and the Departments of Forensic Medicine

1.5. Who pays for the post-mortem investigations? Is this different for autopsies and toxicological analyses?

The police pay for the autopsies and the toxicological analyses as well.

2. The results (reports, documents) from post-mortem investigations

2.1. Who is in charge of these reports/documents? Where are they filed?

The autopsy reports prepared by the Forensic institutes are sent to the Police.

2.2. Who "owns" the data? Is there any legal authority/law relating to this, or is it based on custom/convention?

The data is owned by the Police. It is based on a regulation of the Ministry of Interior, the Ministry of Health and the Ministry of Justice.

2.3. Is there any location (institute, unit, database) where the information resulting from these post-mortem investigations of unnatural or violent deaths are filed in an organised way ("system")?

No. Each institution keeps a record of their cases but there is no national database of the results of port-mortem investigations.

2.4. Does this unit/database have a national coverage? If not, please specify (e.g regional or city level)?

-

2.5. How is this document filing organised? Does it receive information from different sources (e.g. police + forensic…) or only from one source?

Does this document filing system allow flagging/identifying and retrieving information about DRD cases?

-

2.6. Who has access to the filing system (e.g. only police, only forensic doctors, researchers …)? What are the regulations for accessing and/or sharing the data?

The National Institute of Forensic Medicine has the right to ask for post-mortem reports from the Police. The reports sent by the Police cannot contain the name of the deceased.

2.7. Is there the possibility of extracting data for DRD monitoring by the national Focal Point (or by somebody on its behalf – e.g. an appointed forensic doctor, researcher, etc.-)?

There could be a possibility through the National Institute of Forensic Medicine.

3. Inclusion/Exclusion Criteria

3.1. Which kind of population is included in your **Special Register**? All unnatural deaths (or suspected to be unnatural) or only drug-related deaths? What is the background population and which cases are extracted to the SR?

At the moment the SR is still based on the so called Statistical Data Collection Programme (OSAP). Each institution sends a paper template to the National Institute of Forensic Medicine with aggregated data. The template is in a table format (see attachment, OSAP_EN_Hungary.xls). Data are summarized at the National Institute of Forensic Medicine, institutes are contacted if clarification is needed.

3.2. Please indicate in the inclusion criteria which cases are included in the SR.

	Yes	No	Unknown	Comment
Foreign nationals	x			
Foreign residents	x			
All age groups	x			
Deaths of citizen overseas		x		
All unnatural deaths		x		
Poisoning: deaths directly related to illegal drugs	x			
Poisoning: deaths related to alcohol	x			
Poisoning: deaths related to psychoactive substances	x			
Suicide (all, with or without substances)	x			with substances
Homicides (all, with or without substances)	x			with substances
Accidents (all, with or without substances)	x			with substances
Indirect drug related deaths (Accidents…)	x			only in Budapest
All death with positive with positive toxicology to illegal drugs (whatever the cause of death)	x			
Known drug users (whatever the cause of death)		x		

Other inclusion criteria:

Any exclusion criteria:

4. Information recorded in SR as DRD

4.1. What information is collected and recorded for each DRD case?
Please complete the table below

The OSAP data collection contains only the substance, gender, age group and cause of death (see attachment, OSAP_EN_Hungary.xls).

In the following table we indicated what information is recorded in the autopsy records.

We added an extra column that indicates what data will be recorded for each death case in our new system of data collection that will be launched in the next couple months.

	Yes	No	Unknown	Comment	New system
Name(s) of deceased		x		because of data protection	TDI code
Date of birth (or age at the time of death)	x				x
Place of birth	x				
Nationality	x				x
Ethnicity		x			
Educational level	x				
Employment status	x				
Living arrangements		x			
Marital status	x				
Usual address, including post code	x				
Sex	x				x
Date of death	x				x
Address of place of death	x				
Place of death (e.g. urban, rural…)	x				
Place of death (e.g. home, hospital, street…)	x				x
Location of incident leading up to death	x				
Cause(s) of death (as given in death certificate)	x				x
Intentionality (e.g. accidental, suicide, homicide, undetermined)	x				x
Mechanism of death	x				
Manner of death (e.g. poisoning, injury, traffic accident, disease…)	x				
ICD codes	x				x
Verdict/legal decision as to cause of death	x				
Date of verdict/legal decision	x				
Circumstances (e.g. death alone, with witnesses…)	x				
Witness statement(s) supplied		x			
Whether an autopsy was done	x				
Post-mortem supplied	x				

Toxicology report(s) supplied	x				
Substance(s) considered as the cause the death	x				
Route of administration (Injection or others) of the substance in cause	x				
List of all substances identified in the toxicology analysis (e.g. alcohol, prescription drugs, illicit psychoactive substances…)	x				x
Level(s) of the substances found	x				
Other diseases of relevant finding in autopsy (e.g. cardiac problems, liver disease, HCV, HIV/AIDS,…)	x			only if test was per-formed (these testing are supported by inter-national research grants)	x
History of drug abuse		x			x
History of drug treatment		x			
Whether the person was on opiate substitution treatment at the time of death		x			
Recent release from prison		x			
Recent release from detoxification unit		x			
Whether the person has been arrested or been in prison in the past		x			
History of overdose(s)		x			
History of suicide attempts/self-harm		x			x
History of harmful or dependant alcohol drinking		x			
History of recreational drug use		x			
History of volatile substance abuse		x			
Patient prescription history (e.g. antidepressants, benzodiazepine, …)		x			
Patient co-morbidity, including mental health condition and physical		x			
Recent traumatic life events (e.g. divorce, death of significant other, redundancy)		x			
Other variables that you would find of interest for the monitoring of DRD: Not included in the table but the new system contains them: place of residence (Budapest, town, village, homeless, etc.), tattoo, piercing, sign of intravenous use, level of blood alcohol, level of urine alcohol, histology					

5. Information flow

5.1. How is the information flow regulated between different parties involved in the post-mortem investigation? Please draw a flow chart, indicating timeliness as in example given in the Annex. Show the path for a “natural” and for a “non natural death”.

See attachment Flow_chart_HUN.doc

5.2. Who provides the information to the SR? (e.g. coroner, coroner’s staff, hospital or treatment services, medico-legal institute, collected by SR staff; other researcher, etc.)

Forensic Institutes and the Departments of Forensic Medicine

5.3. How is the information stored?

Paper templates are collected and summarized (with Excel) by National Institute of Forensic Medicine.

5.4. Who pays for the data collection (gathering of information, analysis of data)

The institutions are obliged to report data.

The National Focal Point contracts the person responsible for the DRD data at the National Institute of Forensic Medicine.

5.5. Is the data flow you described above a systematic procedure (all or almost all cases investigated) or are there any substantial exceptions and why?

There are no exceptions.

6. Procedures and legal background

6.1. What is the legal basis of the Special Register on DRD? Are there any issues/problems/solutions concerning data protection?

The OSAP data collection is determined by a governmental decree.

6.2. If data collection is part of the national strategy? If yes, could you please attach the part of the national strategy referring to the data collection?

The Statistical Data Collection Programme (OSAP) is a national system including data collection in many various fields.

6.3. Are death certificates undergoing post-mortem investigation being clearly identified? And how? (e.g. is there a provisional certificate followed by a definitive death certificate?)

Yes. Port-mortem investigation is indicated on the death certificate.

6.4. How are these death certificates (under investigation) processed? Is there any legal regulation about them?

The death certificates are processed by the Hungarian Central Statistical Office. The process is determined by the Law on Health.

6.5. How is the information generated during the post-mortem investigation used in the death registration process? (e.g. filing the definitive death certificate, or submitting an additional form to be transmitted to the GMR with the final results?)

Death certificate is filled in after autopsy was performed and it is sent to the Hungarian Central Statistical Office. If results of examinations (e.g. toxicology) are missing, there is a checkbox on the death certificate to indicate that a modification of the death certificate with the final results will be sent to the Statistical Office.

6.6. Are there any legal regulations regarding Death Certificates? Is it possible to have a temporary death certificate that can later be updated? In case there is any legal regulation, is it followed in all cases? In case it is not, why?

Yes, it is regulated by the Law on Health.
See 6.5
The form for the Modification of the death certificate is actually used by doctors. If they indicated that results are missing, and they do not send the modification on time then they are contacted by the Statistical Office.

6.7. Is it possible to identify in the outcomes of cause(s) of death produced by the GMR those cases that are/have been under investigation?

No, because of data protection it is not possible.

Flow chart of post-mortem investigation in Hungary

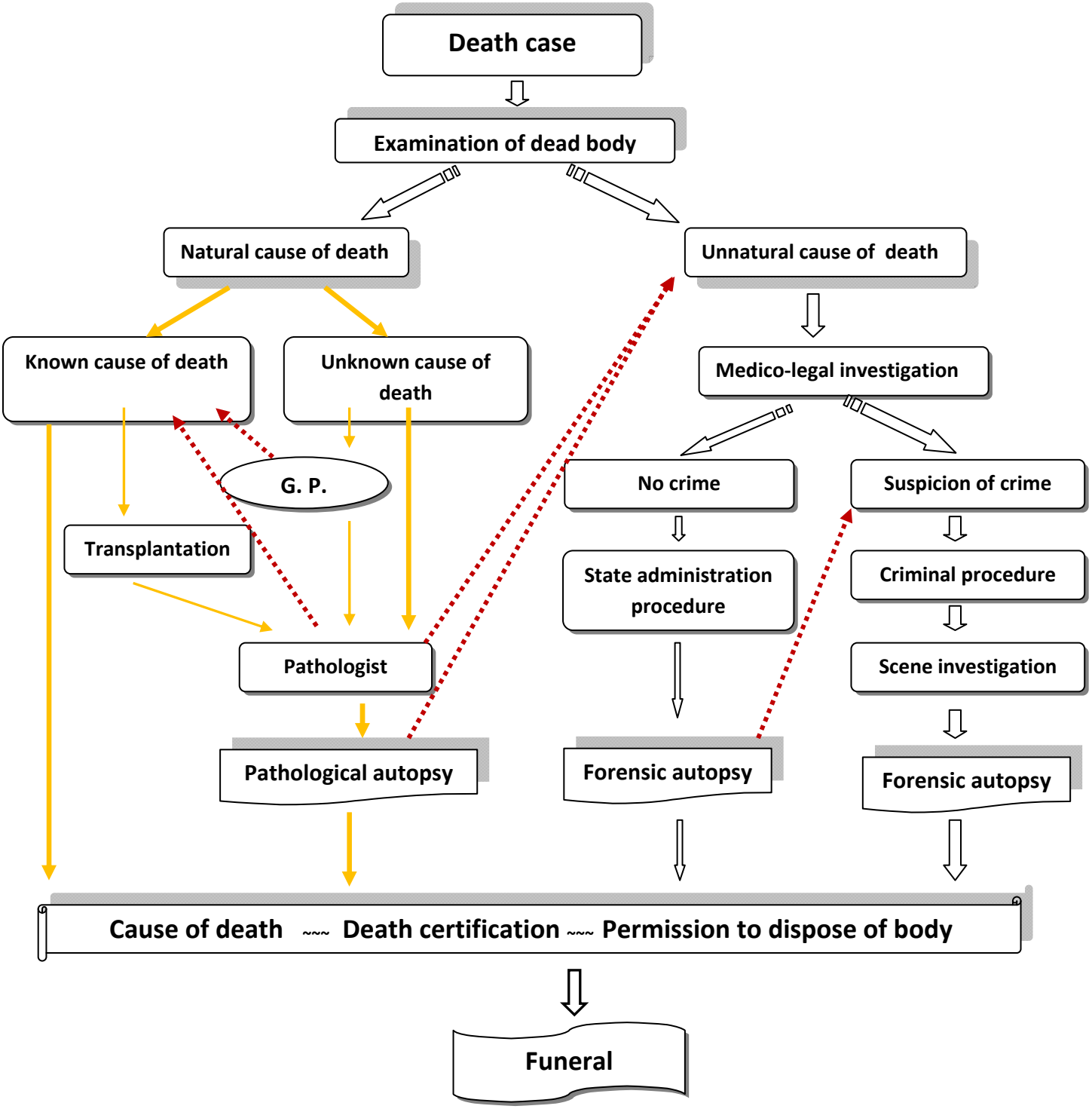

Table 5/a.
Drug related death cases of MALES
according to age groups
in 2007

DRUG TYPE		< 13 years old	13-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55 - X	Age unknown	Total
			year old											
1.	**OPIATE TYPE TOTAL**													
1.1	Opium													
1.2	Heroin													
1.3	Morphine													
1.4	Other opiates (home made products as well, e.g. poppy tea, poppy milk)													
1.5	Synthetic analgetics													
1.6	Methadone													
1.7	Unspecified													
2.	**COCAIN TYPE TOTAL**													
2.1	Cocaine (salt)													
2.2	Cocaine base ("crack")													
2.3	Unspecified													
3.	**CANNABIS TYPE TOTAL**													
3.1	Marijuana													
3.2	Hashish													
3.3	Unspecified													
4.	**HALLUCINOGENS TOTAL**													
4.1	LSD													
4.2	Unspecified													
5.	**AMPHETAMINE TYPE TOTAL**													
5.1	Amphetamine													
5.2	Metamphetamine													
5.3	Other amphetamine type, ecstasy (MDA, MDMA, MDE, MBDB, 4-MTA)													
5.4	Unspecified													
6.	**TRANQUILISERS**													
6.1	Barbiturates													
6.2	Benzodiazepines													
6.3	Unspecified													
7.	**POLYDRUG USE** (not the above categories)													
8.	**SOLVENTS** (inhalants)													
9.	**ALCOHOL**													
10.	**OTHER ILLICIT DRUGS**													
TOTAL														

Table 5/b.
Drug related death cases of FEMALES
according to age groups
in 2007

DRUG TYPE		< 13 years old	13-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55 - X	Age unknown	Total
			year old											
1.	**OPIATE TYPE TOTAL**													
1.1	Opium													
1.2	Heroin													
1.3	Morphine													
1.4	Other opiates (home made products as well, e.g. poppy tea, poppy milk)													
1.5	Synthetic analgetics													
1.6	Methadone													
1.7	Unspecified													
2.	**COCAIN TYPE TOTAL**													
2.1	Cocaine (salt)													
2.2	Cocaine base ("crack")													
2.3	Unspecified													
3.	**CANNABIS TYPE TOTAL**													
3.1	Marijuana													
3.2	Hashish													
3.3	Unspecified													
4.	**HALLUCINOGENS TOTAL**													
4.1	LSD													
4.2	Unspecified													
5.	**AMPHETAMINE TYPE TOTAL**													
5.1	Amphetamine													
5.2	Metamphetamine													
5.3	Other amphetamine type, ecstasy (MDA, MDMA, MDE, MBDB, 4-MTA)													
5.4	Unspecified													
6.	**TRANQUILISERS**													
6.1	Barbiturates													
6.2	Benzodiazepines													
6.3	Unspecified													
7.	**POLYDRUG USE** (not the above categories)													
8.	**SOLVENTS** (inhalants)													
9.	**ALCOHOL**													
10.	**OTHER ILLICIT DRUGS**													
TOTAL														

Table 5/c.
Drug related death cases
according to cause of death
in 2007

DRUG TYPE		Suicide or homicide		Accidental poisoning		Polydrug use		Indirect violent death		Indirect former drug use		Total
		male	female	male	female	male	female	male	female	male	female	
1.	**OPIATE TYPE TOTAL**											
1.1	Opium											
1.2	Heroin											
1.3	Morphine											
1.4	Other opiates (home made products as well, e.g. poppy tea, poppy milk)											
1.5	Synthetic analgetics											
1.6	Methadone											
1.7	Unspecified											
2.	**COCAIN TYPE TOTAL**											
2.1	Cocaine (salt)											
2.2	Cocaine base ("crack")											
2.3	Unspecified											
3.	**CANNABIS TYPE TOTAL**											
3.1	Marijuana											
3.2	Hashish											
3.3	Unspecified											
4.	**HALLUCINOGENS TOTAL**											
4.1	LSD											
4.2	Unspecified											
5.	**AMPHETAMINE TYPE TOTAL**											
5.1	Amphetamine											
5.2	Metamphetamine											
5.3	Other amphetamine type, ecstasy (MDA, MDMA, MDE, MBDB, 4-MTA)											
5.4	Unspecified											
6.	**TRANQUILISERS**											
6.1	Barbiturates											
6.2	Benzodiazepines											
6.3	Unspecified											
7.	**POLYDRUG USE** (not the above categories)											
8.	**SOLVENTS** (inhalants)											
9.	**ALCOHOL**											
10.	**OTHER ILLICIT DRUGS**											
TOTAL												

Ireland

Questionnaire on Special Registries on drug related death in Europe

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On behalf of EMCDDA

Contact: Isabelle Giraudon; Julian Vicente: Isabelle.giraudon@emcdda.europa.eu; Julian.Vicente@emcdda.europa.eu

Country: Ireland……. Date: 22nd May 2009

Questionnaire completed by:

Name:

Dr Suzi Lyons and Ena Lynn…….....

Title/Position:

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Background, rationale

Information for the Key Indicator on drug related death and Mortality among drug users (DRD indicator) of the EMCDDA can be based on data retrieved from the General Mortality Register (GMR) or Special Register(ries) (SR). The EMCDDA recommends that both sources are used, if possible.

The EMCDDA launched a call for tender for an inventory of existing mechanisms and structures of National Special Registries in Europe and a description of the core data available. This project should facilitate learning from different systems and find out which data are available across Europe. It should also give insight on the core data recorded for every DRD case. This inventory aims to

1) describe in details the SR, in order to consider ways to improve the level of information available on the DRD on a "project", or a "research" basis (e.g. characteristics of the victims, circumstances, toxicology,) in countries where SR allow for it, in order to better inform interventions to reduce the number of drug-related deaths.

2) to try, in a broader perspective, to find ways to improve the quality and comparability of DRD information across Europe, by exploring ways to improve the coordination between SRs and GMRs.

The Austrian Focal Point was awarded the contract for the project. To achieve the aim of this project, the Austrian Focal Point prepared this questionnaire in close cooperation with the EMCDDA and an advisory group. Special thanks to Henrik Saelan, Maria Savvidou, John Corkery and Isabelle Giraudon.The questionnaire includes issues of which systematic information is available, the core data recorded for each DRD case, the data flow and legal issues.

Instructions

- Please go through the entire questionnaire and make sure that all questions are answered as required.

- The success and potential use of the inventory will be determined by the quality of data gathered. We encourage you to consult other colleagues or experts in the field to obtain the relevant information you do not have at hand.

- In addition, please kindly take note that we are interested in information about your country as a whole and not just in obtaining information for one region or state. Therefore, please provide national data, if possible, and whenever possible provide a reference or source of information. If you are unable to obtain data for the whole country, please make sure that you indicate the section of the country to which the data apply. Another option is answering the questionnaire for different regions. We would be grateful to receive copies of any documents which were used as sources of information for completing this questionnaire or, at least, for relevant references and web-links.

- Some generic questions will be for all countries, and some may only be for some specific countries. If there are two or more Special Registries in your country we recommend you fill in two questionnaires, particularly for the sections specific to one register.

- If you have any questions do not hestiate to contact Charlotte Wirl: wirl@goeg.at, phone:+43151561154 fax: :+4315 1 513 84 72

Next steps

Contributors will be acknowledged on the report.

The report will be available to all contributors and on the EMCDDA web pages by the end of 2009 and results presented and discussed during the 2009 DRD expert meeting.

It is hoped that the results of this project will provide a basis for further improvement of the quality and comparability of the information that can be extracted from the Special Registries, fully taking into account national procedures and regulations. In a broader perspective, it is hoped that the results and lessons learnt from this project will help to improve overall DRD information in Europe.

Thank you very much for your help and cooperation!

1. Investigation of unnatural deaths.

1.1. Usually when there is an unnatural or violent death there is a police/forensic/coroner post-mortem investigation. Could you describe briefly how this investigation takes place in your country*?*

A coroner must inquire into the circumstances of sudden, unexplained, violent and unnatural deaths. This may require a postmortem examination, sometimes followed by an inquest. The coroner's inquiry will establish whether death was due to natural or unnatural causes. If death is due to unnatural causes then an inquest must be held by law.

1.2. Who decides what to do (e.g. police, judge, doctor…)?

In the case of sudden, unnatural or violent death there is a legal responsibility on the doctor, registrar of deaths, funeral undertaker, householder and every person in charge of any institution or premises in which the deceased person was residing at the time of death, to inform the coroner. The coroner will arrange for a postmortem examination of the body. If the death is due to unnatural causes an inquest must be held. The death will be registered by means of a Coroner's Certificate when the inquest is concluded (or adjourned in some cases). The Coroner may request specific investigations such as drug toxicology.

1.3. Who does what (e.g. confirming the death, post-mortem exams (autopsy, toxicology), inquest into the circumstances of death – with family or witnesses – analyses)?

Doctor at the scene of the death confirms the death, police interview family members and/or witnesses, death is reported to the coroner usually by police. Formal identification of the deceased person by a spouse or next-or-kin is required. A member of the police will act for the coroner in such cases. The coroner requests PM if it is necessary. Toxicology analyses is completed by the State laboratory or regional hospital laboratories or both.

1.4. Is the post-mortem investigation the overall responsibility of a single person/institute or could there be parallel and independent investigations (e.g. police and forensic)? Please mention any alternative source, even if it is not used in a systematic way or at national level and indicate them in the flow-chart (question 5*).*

It is the overall responsibility of the coroner to request a post-mortem. The post-mortem investigation is complete by a regional pathologist, usually attached to a regional hospital and the final report is submitted to the coroner. A family may request a second postmortem if unhappy with results.

1.5. Who pays for the post-mortem investigations? Is this *different for autopsies and toxicological analyses? The coroner pays for all PM investigations*

2. The results (reports, documents) from post-mortem investigations

2.1. Who is in charge of these reports/documents? Where are they filed?

The coroner is in charge of these reports and they are filed in the deceases file in the coroners office

2.2. Who "owns" the data? Is there any legal authority/law relating to this, or is it based on custom/convention?

Coroner - once an inquest is closed is becomes a public record and copies of postmortem reports are available from the coroner's office on payment of a statutory fee

2.3. Is there any location (institute, unit, database) where the information resulting from these post-mortem investigations of unnatural or violent deaths are filed in an organised way ("system")?

No there is no database or national archive. Individual pathologists may file results of PMs they completed. PM's requested by Coroners are filed in individual case files by each coroner in they offices

2.4. Does this unit/database have a national coverage? If not, please specify (e.g regional or city level)?

There is no national unit/database where PM investigations are filed

2.5. How is this document filing organised? Does it receive information from different sources (e.g. police + forensic…) or only from one source?

N/A

2.6. Does this document filing system allow flagging/identifying and retrieving information about DRD cases?

N/A

2.7. Who has access to the filing system (e.g. only police, only forensic doctors, researchers …)? What are the regulations for accessing and/or sharing the data?

In Ireland, once an inquest is closed is becomes a public record and copies of postmortem reports are available from the coroner's office on payment of a statutory fee.

2.8. Is there the possibility of extracting data for DRD monitoring by the national Focal Point (or by somebody on its behalf – e.g. an appointed forensic doctor, researcher, etc.-)?

Yes, currently personnel from the national focal point go through every file/record maintained by the 48 coroner districts in the Republic of Ireland and extract data for DRD

3. Inclusion/Exclusion Criteria

3.1. Which kind of population is included in your **Special Register**? All unnatural deaths (or suspected to be unnatural) or only drug-related deaths? What is the background population and which cases are extracted to the SR? *The Special Register in Ireland (National Drug-Related Deaths Index(NDRDI)) collects data on all deaths among substance users, all drug-related deaths and all alcohol-related deaths. Drug-related deaths due to medical errors are excluded.*

3.2. Please indicate in the inclusion criteria which cases are included in the SR.

	Yes	No	Unknown	Comment
Foreign nationals	x			
Foreign residents	X			
All age groups	X			
Deaths of citizen overseas	X			
All unnatural deaths	X			Only unnatural deaths which meet inclusion criteria
Poisoning: deaths directly related to illegal drugs	X			
Poisoning: deaths related to alcohol	X			
Poisoning: deaths related to psychoactive substances	X			
Suicide (all, with or without substances)	x			Only suicide which meet inclusion criteria
Homicides (all, with or without substances)	x			Only suicide which meet inclusion criteria
Accidents (all, with or without substances)	x			Only suicide which meet inclusion criteria
Indirect drug related deaths (Accidents…)	x			
All death with positive with positive toxicology to illegal drugs (whatever the cause of death)	x			
Known drug users (whatever the cause of death)	x			

Other inclusion criteria:

Any exclusion criteria: Drug-related deaths due to medical errors

4. Information recorded in SR as DRD

4.1. What information is collected and recorded for each DRD case? Please complete the table below

	Yes	No	Unknown	Comment
Name(s) of deceased	x			
Date of birth (or age at the time of death)	X			
Place of birth	X			
Nationality	X			
Ethnicity	X			
Educational level		x		
Employment status	X			
Living arrangements	X			
Marital status		X		
Usual address, including post code	X			
Sex	X			
Date of death	X			
Address of place of death		X		
Place of death (e.g. urban, rural…)		X		
Place of death (e.g. home, hospital, street…)	X			
Location of incident leading up to death		x		
Cause(s) of death (as given in death certificate)	X			
Intentionality (e.g. accidental, suicide, homicide, undetermined)	X			
Mechanism of death	X			
Manner of death (e.g. poisoning, injury, traffic accident, disease…)	X			
ICD codes	X			
Verdict/legal decision as to cause of death	x			
Date of verdict/legal decision		X		
Circumstances (e.g. death alone, with witnesses…)	X			
Witness statement(s) supplied		x		Witness statements reviewed by NDRDI personnel
Whether an autopsy was done		X		
Post-mortem supplied		X		
Toxicology report(s) supplied	X			
Substance(s) considered as the cause the death	X			
Route of administration (Injection or others) of the substance in cause	X			

List of all substances identified in the toxicology analysis (e.g. alcohol, prescription drugs, illicit psychoactive substances…)	X			
Level(s) of the substances found	x			Record Blood and urine alcohol levels
Other diseases of relevant finding in autopsy (e.g. cardiac problems, liver disease, HCV, HIV/AIDS,…)	X			
History of drug abuse	X			
History of drug treatment	X			
Whether the person was on opiate substitution treatment at the time of death	X			
Recent release from prison	X			
Recent release from detoxification unit		X		
Whether the person has been arrested or been in prison in the past	x			Record if in prison in the past not if arrested
History of overdose(s)		X		
History of suicide attempts/self-harm		X		
History of harmful or dependant alcohol drinking	X			
History of recreational drug use	X			
History of volatile substance abuse	X			
Patient prescription history (e.g. antidepressants, benzodiazepine, …)	X			
Patient co-morbidity, including mental health condition and physical		X		
Recent traumatic life events (e.g. divorce, death of significant other, redundancy)		x		

Other variables that you would find of interest for the monitoring of DRD:

How many children they had?

If previously treated for dependency what treatment they received?

Where the substances found on toxicology implicated in the death?

Type of accommodation at time of deaths?

Use of substances in month prior to death?

Was deceased in hospital at time of death?

Antemortem toxicology?

Does the case fulfill EMCDDA requirements?

5. Information flow

5.1. How is the information flow regulated between different parties involved in the post-mortem investigation? Please draw a flow chart, indicating timeliness as in example given in the Annex. Show the path for a “natural” and for a “non natural death”.

See attached document

5.2. Who provides the information to the SR? (e.g. coroner, coroner’s staff, hospital or treatment services, medico-legal institute, collected by SR staff; other researcher, etc.)

Data is collected by NDRDI staff onsite from each coroner and entered onto an access database

An electronic download of data is downloaded by NDRDI staff from each acute hospital in the Republic of Ireland

An electronic download of data is received from the Central Treatment List, this is a database of clients receiving methadone treatment in the Republic of Ireland

An electronic download of data is received from the General Mortality Register

Data on cases from the various sources are matched

5.3. How is the information stored?

Data is stored on a specific drive of the Health Research Board’s (HRB) computer system, which only staff in the Alcohol and Drug Research Unit has access to. The data is stored within this drive in a folder that only NDRDI staff have access to. All computers and backed up tapes are encrypted.

5.4. Who pays for the data collection (gathering of information, analysis of data)

The maintenance of the NDRDI is co-funded by the Department of Health and Children and the Department of Justice, Equality and Law Reform in Ireland

5.5. Is the data flow you described above a systematic procedure (all or almost all cases investigated) or are there any substantial exceptions and why?

There are 48 different coroner districts in the country. Currently there is no national co-ordinating or supervising body.

NDRDI has a strict protocol and case definitions for recording data.

6. Procedures and legal background

6.1. What is the legal basis of the Special Register on DRD? Are there any issues/problems/solutions concerning data protection?

Currently in Ireland deceased persons are not covered under the Irish Data Protection Act. Ethical approval for the Index was obtained from the Health Research Board's Ethics committee and each of the ethics committees attached to the acute hospitals in the Republic of Ireland from which data is obtained.

6.2. If data collection is part of the national strategy? If yes, could you please attach the part of the national strategy referring to the data collection?

Yes the setting up of the NDRDI fulfils Action 67 of the National Drug Strategy

6.3. Are death certificates undergoing post-mortem investigation being clearly identified? And how? (e.g. is there a provisional certificate followed by a definitive death certificate?)

A death certificate is only issued after the death has been entered into the Register of Deaths. In the case where a post-mortem has/is occurring, this is only entered into the Register of Deaths on foot of a Coroner's Certificate which is issued after the port-mortem has occurred. Where a death has been registered on foot of such a Coroner's Certificate, it is clearly reported that a Post-Mortem occurred. In addition, when requested, a coroner may provide an interim certificate to a family, however this only states the fact that the deceased died and does not mean the death has been registered in the Register of Deaths.

6.4. How are these death certificates (under investigation) processed? Is there any legal regulation about them?

Deaths in Ireland are covered by the Civil Registration Act 2004 and the Coroners Act 1962. A Coroner investigates all unnatural deaths. Following his/her investigations the Coroner will submit a 'Coroner's Certificate' to the local Civil Registration Service office which gives details pertaining to the deceased including the main cause of death and up to three underlying conditions. The District Registrars Office will record the death on the death register. Where there is an error in this Coroner's certificate the Coroner may give a certificate correcting the error to the registrar concerned and the error will be corrected on the register.

6.5. How is the information generated during the post-mortem investigation used in the death registration process? (e.g. filing the definitive death certificate, or submitting an additional form to be transmitted to the GMR with the final results?)

No preliminary information is sent to the GMR. Only the final coroners death certificate is sent to the local Civil Registration Service Office and then on to the GMR. The GMR may also receive a specific form from the An Garda (Irish police service) giving details pertaining to the death.

6.6. Are there any legal regulations regarding Death Certificates? Is it possible to have a temporary death certificate that can later be updated? In case there is any legal regulation, is it followed in all cases? In case it is not, why?

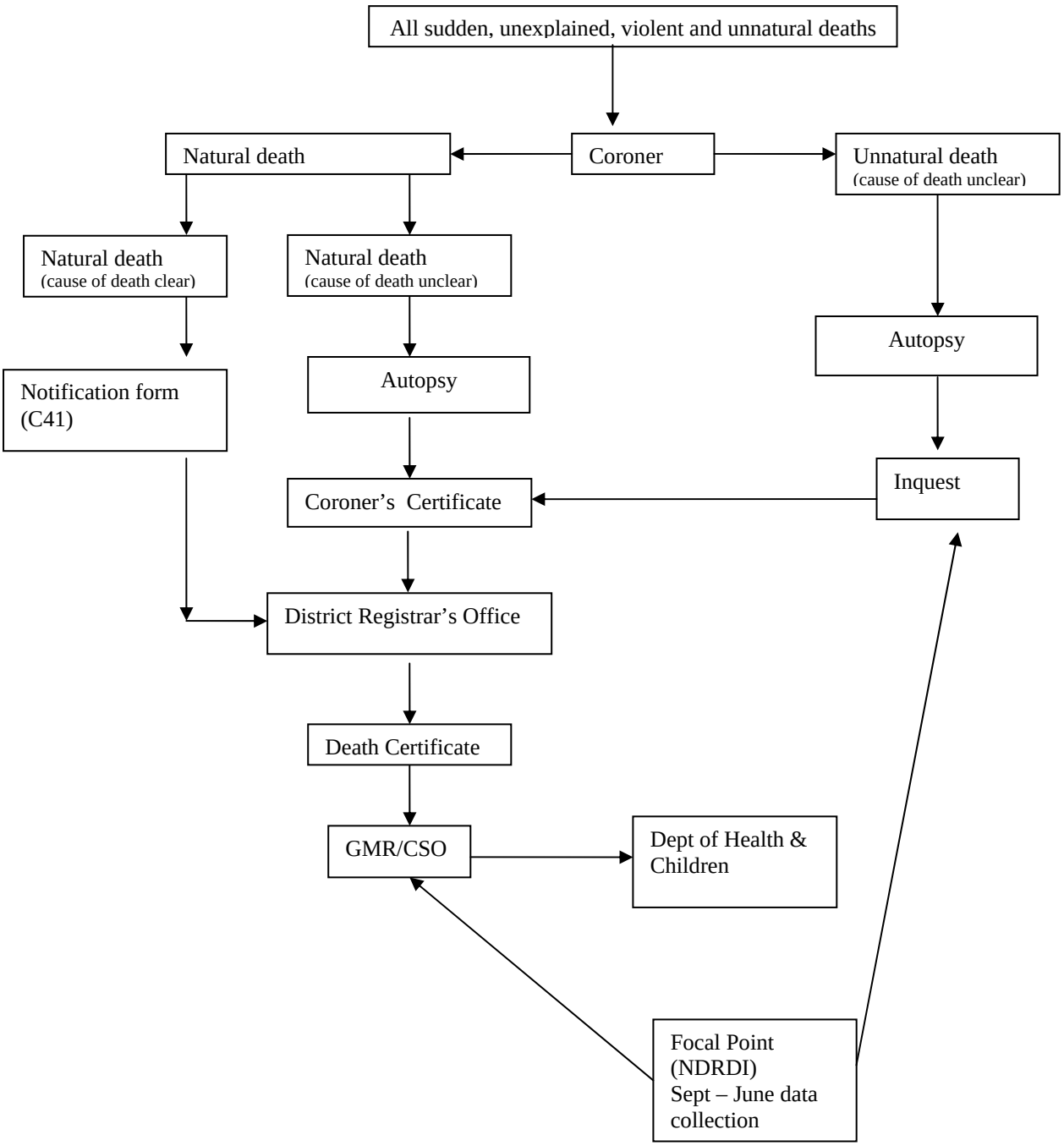
The registration of deaths in Ireland is covered by legislation, in particular the Civil Registration Act 2004 and the Coroners Act 1962. Where a death occurs and the Coroner is not immediately involved, a death notification form is given to the next-of-kin who can use this to register in any Civil Registration Service office. The registration of deaths is governed by a Superintendent Registrar who holds the authority to ensure the administration of these regulations within his/her region.

While there is no 'temporary death certificate', in certain cases, depending on the death, the Coroner can become involved prior to registration. In these cases, when requested, a coroner may provide an interim death certificate to a family, however this only states the fact that the deceased died and does not mean the death has been registered in the Register of Deaths

6.7. Is it possible to identify in the outcomes of cause(s) of death produced by the GMR those cases that are/have been under investigation?

This question is not clear! The GMR record the main cause of death and one underlying cause of death.

Ireland


All sudden, unexplained, violent and unnatural deaths
Natural death
Coroner
Unnatural death
(cause of death unclear)
Natural death
(cause of death clear)
Natural death
(cause of death unclear)
Autopsy
Notification form
(C41)
Autopsy
Inquest
Coroner's Certificate
District Registrar's Office
Death Certificate
GMR/CSO
Dept of Health &
Children
Focal Point
(NDRDI)
Sept – June data
collection

Latvia

Questionnaire on Special Registries on drug related death in Europe

Austrian Focal Point: Gesundheit Österreich GmbH
Contact: Charlotte Wirl, Martin Busch: wirl@goeg.at; busch@goeg.at

On behalf of EMCDDA
Contact: Isabelle Giraudon; Julian Vicente: Isabelle.giraudon@emcdda.europa.eu; Julian.Vicente@emcdda.europa.eu

Country: Latvia…… Date: 25.05.2009

Questionnaire completed by:

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Background, rationale

Information for the Key Indicator on drug related death and Mortality among drug users (DRD indicator) of the EMCDDA can be based on data retrieved from the General Mortality Register (GMR) or Special Register(ries) (SR). The EMCDDA recommends that both sources are used, if possible.

The EMCDDA launched a call for tender for an inventory of existing mechanisms and structures of National Special Registries in Europe and a description of the core data available. This project should facilitate learning from different systems and find out which data are available across Europe. It should also give insight on the core data recorded for every DRD case. This inventory aims to

1) describe in details the SR, in order to consider ways to improve the level of information available on the DRD on a "project", or a "research" basis (e.g. characteristics of the victims, circumstances, toxicology,) in countries where SR allow for it, in order to better inform interventions to reduce the number of drug-related deaths.

2) to try, in a broader perspective, to find ways to improve the quality and comparability of DRD information across Europe, by exploring ways to improve the coordination between SRs and GMRs.

The Austrian Focal Point was awarded the contract for the project. To achieve the aim of this project, the Austrian Focal Point prepared this questionnaire in close cooperation with the EMCDDA and an advisory group. Special thanks to Henrik Saelan, Maria Savvidou, John Corkery and Isabelle Giraudon.The questionnaire includes issues of which systematic information is available, the core data recorded for each DRD case, the data flow and legal issues.

Instructions

- Please go through the entire questionnaire and make sure that all questions are answered as required.

- The success and potential use of the inventory will be determined by the quality of data gathered. We encourage you to consult other colleagues or experts in the field to obtain the relevant information you do not have at hand.

- In addition, please kindly take note that we are interested in information about your country as a whole and not just in obtaining information for one region or state. Therefore, please provide national data, if possible, and whenever possible provide a reference or source of information. If you are unable to obtain data for the whole country, please make sure that you indicate the section of the country to which the data apply. Another option is answering the questionnaire for different regions. We would be grateful to receive copies of any documents which were used as sources of information for completing this questionnaire or, at least, for relevant references and web-links.

- Some generic questions will be for all countries, and some may only be for some specific countries. If there are two or more Special Registries in your country we recommend you fill in two questionnaires, particularly for the sections specific to one register.

- If you have any questions do not hestiate to contact Charlotte Wirl: wirl@goeg.at, phone:+43151561154 fax: :+4315 1 513 84 72

Next steps

Contributors will be acknowledged on the report.

The report will be available to all contributors and on the EMCDDA web pages by the end of 2009 and results presented and discussed during the 2009 DRD expert meeting.

It is hoped that the results of this project will provide a basis for further improvement of the quality and comparability of the information that can be extracted from the Special Registries, fully taking into account national procedures and regulations. In a broader perspective, it is hoped that the results and lessons learnt from this project will help to improve overall DRD information in Europe.

Thank you very much for your help and cooperation!

1. Investigation of unnatural deaths.

1.1. Usually when there is an unnatural or violent death there is a police/forensic/coroner post-mortem investigation. Could you describe briefly how this investigation takes place in your country?

The post mortem investigation is done in the State Centre of Forensic Medical Examination (SCFME) for the deceased in unnatural and violent deaths. The data of the SCFME shows that in 2006 were investigated of such a kind, in 2007 – 1060 cases and in 2008 – 846 cases.

1.2. Who decides what to do (e.g. police, judge, doctor…)?

The forensic medical examinations of the dead is carried out on the police resolution basis.

1.3. Who does what (e.g. confirming the death, post-mortem exams (autopsy, toxicology), inquest into the circumstances of death – with family or witnesses – analyses)?

The family doctor states a fact of death and fills in the Death Certificate in the case of natural death or sends the body to the Patologists autopsy. If the death in unnatural or violent, the police complete the resolution of the Forensic medical examination which is carried out by the SCFME. The police assess the circumstances of the case.

1.4. Is the post-mortem investigation the overall responsibility of a single person/institute or could there be parallel and independent investigations (e.g. police and forensic)? Please mention any alternative source, even if it is not used in a systematic way or at national level and indicate them in the flow-chart (question 5).

Post mortem investigations of unnatural or violent deaths are carried out by one institution – SCFME.

1.5. Who pays for the post-mortem investigations? Is this different for autopsies and toxicological analyses?

Post mortem investigations of unnatural or violent deaths are paid by state.

2. The results (reports, documents) from post-mortem investigations

2.1. Who is in charge of these reports/documents? Where are they filed?

The documents of post mortem investigation are kept in SCFME Archives, the data is recorded into the system of the Deceased registration of Latvia (SCFME). The conclusion of experts is passed to the police. The Death Certificates what the experts fill in after post mortem investigation finally come to the Health Statistics and Medical technologies State Agency (GR).

2.2. Who "owns" the data? Is there any legal authority/law relating to this, or is it based on custom/convention?

The order of the documents` circulation is prescribed by the legislation of the Republic of Latvia. The data owners are State Centre of Forensic Medical Examination (SR) and Health Statistics and Medical Technologies State Agency (GMR).

2.3. Is there any location (institute, unit, database) where the information resulting from these post-mortem investigations of unnatural or violent deaths are filed in an organised way ("system")?

The information is kept by the State Centre of Forensic Medical Examination (SCFME) and by the Health Statistics and Medical technologies State Agency.

2.4. Does this unit/database have a national coverage? If not, please specify (e.g regional or city level)?

Yes, it has a national coverage.

2.5. How is this document filing organised? Does it receive information from different sources (e.g. police + forensic…) or only from one source?

2.6. The information is received both from the police and forensic experts.Does this document filing system allow flagging/identifying and retrieving information about DRD cases?

Yes.

2.7. Who has access to the filing system (e.g. only police, only forensic doctors, researchers …)? What are the regulations for accessing and/or sharing the data?

The access to the filling system is permitted to a responsible person. The access is regulated by special rules.

2.8. Is there the possibility of extracting data for DRD monitoring by the national Focal Point (or by somebody on its behalf – e.g. an appointed forensic doctor, researcher, etc.-)?

Yes, it is possible.

3. Inclusion/Exclusion Criteria

3.1. Which kind of population is included in your **Special Register**? All unnatural deaths (or suspected to be unnatural) or only drug-related deaths? What is the background population and which cases are extracted to the SR?

In our Special Register is included all unnatural and suspected to be unnatural deaths.

3.2. Please indicate in the inclusion criteria which cases are included in the SR.

	Yes	No	Unknown	Comment
Foreign nationals	X			
Foreign residents	X			
All age groups	X			
Deaths of citizen overseas		X		
All unnatural deaths	X			
Poisoning: deaths directly related to illegal drugs	X			
Poisoning: deaths related to alcohol	X			
Poisoning: deaths related to psychoactive substances	X			
Suicide (all, with or without substances)	X			
Homicides (all, with or without substances)	X			
Accidents (all, with or without substances)	X			
Indirect drug related deaths (Accidents…)	X			
All death with positive with positive toxicology to illegal drugs (whatever the cause of death)		X		
Known drug users (whatever the cause of death)		X		

Other inclusion criteria:

Any exclusion criteria:

4. Information recorded in SR as DRD

4.1. What information is collected and recorded for each DRD case? Please complete the table below

	Yes	No	Unknown	Comment
Name(s) of deceased	X			
Date of birth (or age at the time of death)	X			
Place of birth	X			
Nationality	X			
Ethnicity	X			
Educational level		X		
Employment status		X		
Living arrangements		X		
Marital status		X		
Usual address, including post code		X		
Sex	X			
Date of death	X			
Address of place of death	X			
Place of death (e.g. urban, rural…)	X			
Place of death (e.g. home, hospital, street…)	X			
Location of incident leading up to death	X			
Cause(s) of death (as given in death certificate)	X			
Intentionality (e.g. accidental, suicide, homicide, undetermined)	X			
Mechanism of death	X			
Manner of death (e.g. poisoning, injury, traffic accident, disease…)	X			
ICD codes	X			
Verdict/legal decision as to cause of death	X			
Date of verdict/legal decision	X			
Circumstances (e.g. death alone, with witnesses…)		X		
Witness statement(s) supplied		X		
Whether an autopsy was done		X		
Post-mortem supplied	X			
Toxicology report(s) supplied	X			
Substance(s) considered as the cause the death	X			
Route of administration (Injection or others) of the substance in cause		X		

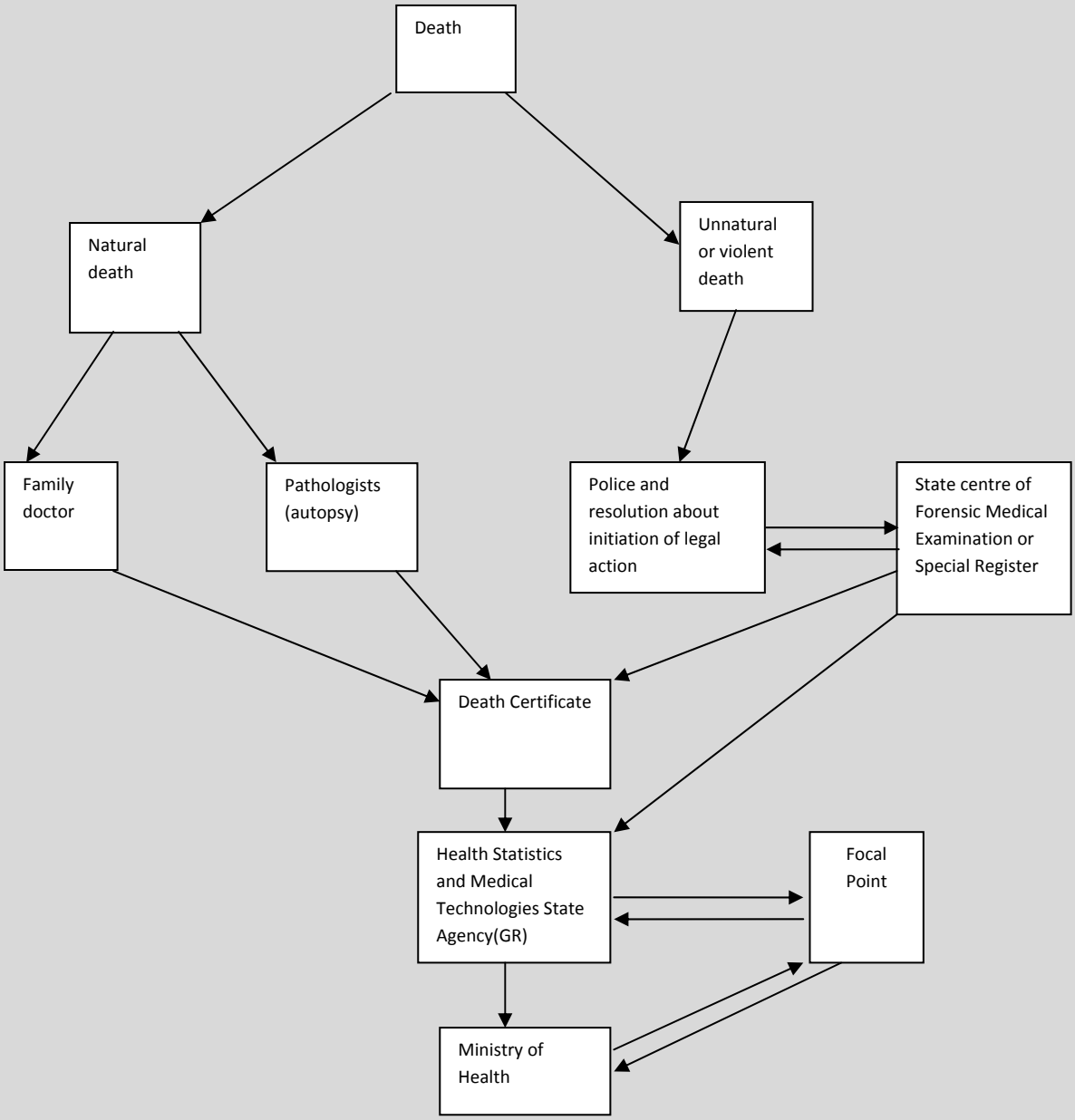
List of all substances identified in the toxicology analysis (e.g. alcohol, prescription drugs, illicit psychoactive substances…)	X			
Level(s) of the substances found		X		
Other diseases of relevant finding in autopsy (e.g. cardiac problems, liver disease, HCV, HIV/AIDS,…)		X		
History of drug abuse		X		
History of drug treatment		X		
Whether the person was on opiate substitution treatment at the time of death		X		
Recent release from prison		X		
Recent release from detoxification unit		X		
Whether the person has been arrested or been in prison in the past		X		
History of overdose(s)		X		
History of suicide attempts/self-harm		X		
History of harmful or dependant alcohol drinking		X		
History of recreational drug use		X		
History of volatile substance abuse		X		
Patient prescription history (e.g. antidepressants, benzodiazepine, …)		X		
Patient co-morbidity, including mental health condition and physical		X		
Recent traumatic life events (e.g. divorce, death of significant other, redundancy)		X		
Other variables that you would find of interest for the monitoring of DRD:				

5. Information flow

5.1. How is the information flow regulated between different parties involved in the post-mortem investigation? Please draw a flow chart, indicating timeliness as in example given in the Annex. Show the path for a "natural" and for a "non natural death".

Flow chart

Latvia



5.2. Who provides the information to the SR? (e.g. coroner, coroner's staff, hospital or treatment services, medico-legal institute, collected by SR staff; other researcher, etc.)

The information is provided by the police, forensic examination and toxicological laboratory.

5.3. How is the information stored?

The information is stored in the data base (SR) in the State Centre of Forensic Medical Examination (SCFME)

5.4. Who pays for the data collection (gathering of information, analysis of data)

Data collection is the state function.

5.5. Is the data flow you described above a systematic procedure (all or almost all cases investigated) or are there any substantial exceptions and why?

The above mentioned is a systematic procedure.

6. Procedures and legal background

6.1. What is the legal basis of the Special Register on DRD? Are there any issues/problems/solutions concerning data protection?

The State Centre of Forensic Medical Examination (SCFME) manage System of Deceased Registration of Latvia since 2002. All data collection process follows the rules on data protection.

6.2. If data collection is part of the national strategy? If yes, could you please attach the part of the national strategy referring to the data collection?

The data collection is part of national strategy. Every year the Cabinet of Ministers adopt the Regulations on program for state statistical information. Statistics of death causes is part of information in the chapter Demographic statistics and population census. The actual regulations are Regulations on program for state statistical information in 2009 (No 908) adopted by the Cabinet of Ministers in 28 October 2008.

6.3. Are death certificates undergoing post-mortem investigation being clearly identified? And how? (e.g. is there a provisional certificate followed by a definitive death certificate?)

My opinion is that the death certificates are clearly identified. All certificates have definite unique number. The certificate's form gives possibility for doctor to choose what kind of certificate it will be – temporary (provisional) or final (definitive).

6.4. How are these death certificates (under investigation) processed? Is there any legal regulation about them?

The death certificates have legal regulations. By the regulations no.265 The order for recordkeeping of medical and accounting documentation adopted by the Cabinet of Ministers in 4 April 2006 is defined what kind of information have to be collected and in what way. The samples of forms are attached as addendum no.40 (medical death certificate) and no.41 (perinatal death certificate).

6.5. How is the information generated during the post-mortem investigation used in the death registration process? (e.g. filing the definitive death certificate, or submitting an additional form to be transmitted to the GMR with the final results?)

The information on death cases (in this case DRD) is collected by SR. In the same time at that moment existing information is filled in the death certificate and submitted to Health Statistics and Medical Technologies State Agency (GMR). According to the existing information the certificate could be temporary (provisional) or final (definitive). If during the investigation any new information is found the physician submit a new definitive certificate that replaces the provisional information, indicating the death certificate that will be replaced by its unique number.

6.6. Are there any legal regulations regarding Death Certificates? Is it possible to have a temporary death certificate that can later be updated? In case there is any legal regulation, is it followed in all cases? In case it is not, why?

Yes, there are legal regulations regarding death certificates. Yes, it is possible (this is normal situation) to have at first a temporary death certificate that could be later updated. The issue of death certificates should be always followed by the existing legal regulations. The known cases are that sometimes the information's updates don't follow to the primary submitted temporary information on cause of death.

6.7. Is it possible to identify in the outcomes of cause(s) of death produced by the GMR those cases that are/have been under investigation?

Yes. There is a field in the death certificate that gives information that death case is currently under investigation.

Lithuania

Questionnaire on Special Registries on drug related death in Europe

Austrian Focal Point: Gesundheit Österreich GmbH
Contact: Charlotte Wirl, Martin Busch: wirl@goeg.at; busch@goeg.at

On behalf of EMCDDA
Contact: Isabelle Giraudon; Julian Vicente: Isabelle.giraudon@emcdda.europa.eu; Julian.Vicente@emcdda.europa.eu

Country: Lithuania Date: 2009/05/20

Questionnaire completed by:

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Title/Position: Deputy director / Lithuanian National Focal Point coordinator

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Background, rationale

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1) describe in details the SR, in order to consider ways to improve the level of information available on the DRD on a "project", or a "research" basis (e.g. characteristics of the victims, circumstances, toxicology,) in countries where SR allow for it, in order to better inform interventions to reduce the number of drug-related deaths.

2) to try, in a broader perspective, to find ways to improve the quality and comparability of DRD information across Europe, by exploring ways to improve the coordination between SRs and GMRs.

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Instructions

- Please go through the entire questionnaire and make sure that all questions are answered as required.

- The success and potential use of the inventory will be determined by the quality of data gathered. We encourage you to consult other colleagues or experts in the field to obtain the relevant information you do not have at hand.

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It is hoped that the results of this project will provide a basis for further improvement of the quality and comparability of the information that can be extracted from the Special Registries, fully taking into account national procedures and regulations. In a broader perspective, it is hoped that the results and lessons learnt from this project will help to improve overall DRD information in Europe.

Thank you very much for your help and cooperation!

1. Investigation of unnatural deaths.

1.1. Usually when there is an unnatural or violent death there is a police/forensic/coroner post-mortem investigation. Could you describe briefly how this investigation takes place in your country?

When there is an unnatural or violent death there is a criminal police post-mortem investigation. Public prosecutor or forensic doctor must come to criminal act place where fills the criminal act investigation form and orders if necessary laboratory forensic investigation (post-mortem exams) In form is stated what should be investigated in lab. (expl. search in body fluids for alcohol or drugs)

1.2. Who decides what to do (e.g. police, judge, doctor…)?

Public prosecutor together with forensic doctor.

1.3. Who does what (e.g. confirming the death, post-mortem exams (autopsy, toxicology), inquest into the circumstances of death – with family or witnesses – analyses)?

Forensic doctor confirms the death. Public prosecutor could start investigation proccess if suspects an unnatural or violent death. Criminal police could also be involved in investigation.

1.4. Is the post-mortem investigation the overall responsibility of a single person/institute or could there be parallel and independent investigations (e.g. police and forensic)? Please mention any alternative source, even if it is not used in a systematic way or at national level and indicate them in the flow-chart (question 5).

The post-mortem investigation overall responsibility is only Institute of Forensic Medicine of the Mykolas Romeris University. There are no parallel investigations.

1.5. Who pays for the post-mortem investigations? Is this different for autopsies and toxicological analyses?

Institute of Forensic Medicine of the Mykolas Romeris University and Police Office are government institutions, so generally post-mortem investigations cost are covered from the national budget.

2. The results (reports, documents) from post-mortem investigations

2.1. Who is in charge of these reports/documents? Where are they filed?

Institute of Forensic Medicine of the Mykolas Romeris University experts.

2.2. Who "owns" the data? Is there any legal authority/law relating to this, or is it based on custom/convention?

Institute of Forensic Medicine of the Mykolas Romeris University

2.3. Is there any location (institute, unit, database) where the information resulting from these post-mortem investigations of unnatural or violent deaths are filed in an organised way ("system")?

Yes, Institute of Forensic Medicine of the Mykolas Romeris University.

2.4. Does this unit/database have a national coverage? If not, please specify (e.g regional or city level)?

National coverage.

2.5. How is this document filing organised? Does it receive information from different sources (e.g. police + forensic…) or only from one source?

Institute of Forensic Medicine of the Mykolas Romeris University fills the documents and sents copy to Police department sents copy of the results from post-mortem investigation.

2.6. Does this document filing system allow flagging/identifying and retrieving information about DRD cases?

Yes, because after post-mortem investigations Institute of Forensic Medicine of the Mykolas Romeris University writes final person death certificate where is stated unique personal code.

2.7. Who has access to the filing system (e.g. only police, only forensic doctors, researchers …)? What are the regulations for accessing and/or sharing the data?

Forensic doctors could acces the data. Data included in death certificate (expl. Couse of death code by ICD10) also could access Department of Statistics under the Government of the Republic of Lithuania – who owns national general mortality register.

2.8. Is there the possibility of extracting data for DRD monitoring by the national Focal Point (or by somebody on its behalf – e.g. an appointed forensic doctor, researcher, etc.-)?

YES. NFP receives necessary data every year.

3. Inclusion/Exclusion Criteria

3.1. Which kind of population is included in your **Special Register**? All unnatural deaths (or suspected to be unnatural) or only drug-related deaths? What is the background population and which cases are extracted to the SR?

Threre are no Special Register for DRD in Lithuania. Institute of Forensic Medicine of the Mykolas Romeris University is main data provider for DRD, but covers not all cases. Some DRD cases (F codes) to general mortality register (GMR) provides also hospitals. NFP extracts for DRD data from GMR, but also receives additional and more detail data from Institute of Forensic Medicine, if case was registered by Institute.

3.2. Please indicate in the inclusion criteria which cases are included in the SR.

	Yes	No	Unknown	Comment
Foreign nationals	x			
Foreign residents	x			
All age groups	x			
Deaths of citizen overseas	x			
All unnatural deaths	x			
Poisoning: deaths directly related to illegal drugs	x			
Poisoning: deaths related to alcohol	x			
Poisoning: deaths related to psychoactive substances	x			
Suicide (all, with or without substances)				
Homicides (all, with or without substances)				
Accidents (all, with or without substances)				
Indirect drug related deaths (Accidents…)				
All death with positive toxicology to illegal drugs (whatever the cause of death)	x			
Known drug users (whatever the cause of death)		x		

Other inclusion criteria:

Any exclusion criteria:

4. Information recorded in SR as DRD

4.1. What information is collected and recorded for each DRD case? Please complete the table below

	Yes	No	Unknown	Comment
Name(s) of deceased	x			
Date of birth (or age at the time of death)	x			
Place of birth		x		
Nationality		x		
Ethnicity		x		
Educational level		x		
Employment status		x		
Living arrangements		x		
Marital status		x		
Usual address, including post code	x			
Sex	x			
Date of death	x			
Address of place of death		x		
Place of death (e.g. urban, rural…)	x			
Place of death (e.g. home, hospital, street…)	x			
Location of incident leading up to death	x			
Cause(s) of death (as given in death certificate)	x			
Intentionality (e.g. accidental, suicide, homicide, undetermined)	x			
Mechanism of death	x			
Manner of death (e.g. poisoning, injury, traffic accident, disease…)	x			
ICD codes	x			ICD-10 system
Verdict/legal decision as to cause of death	x			
Date of verdict/legal decision	x			
Circumstances (e.g. death alone, with witnesses…)	x			
Witness statement(s) supplied		x		
Whether an autopsy was done	x			
Post-mortem supplied	x			
Toxicology report(s) supplied	x			If toxicology investigation applied
Substance(s) considered as the cause the death	x			If toxicology investigation applied
Route of administration (Injection or others) of the substance in cause		x		

List of all substances identified in the toxicology analysis (e.g. alcohol, prescription drugs, illicit psychoactive substances…)	x			
Level(s) of the substances found	x			Not always, depends from lab equipment
Other diseases of relevant finding in autopsy (e.g. cardiac problems, liver disease, HCV, HIV/AIDS,…)	x			
History of drug abuse		x		
History of drug treatment		x		
Whether the person was on opiate substitution treatment at the time of death		x		
Recent release from prison		x		
Recent release from detoxification unit		x		
Whether the person has been arrested or been in prison in the past		x		
History of overdose(s)		x		
History of suicide attempts/self-harm		x		
History of harmful or dependant alcohol drinking		x		
History of recreational drug use		x		
History of volatile substance abuse		x		
Patient prescription history (e.g. antidepressants, benzodiazepine, …)		x		
Patient co-morbidity, including mental health condition and physical		x		
Recent traumatic life events (e.g. divorce, death of significant other, redundancy)		x		
Other variables that you would find of interest for the monitoring of DRD: no				

5. Information flow

5.1. How is the information flow regulated between different parties involved in the post-mortem investigation? Please draw a flow chart, indicating timeliness as in example given in the Annex. Show the path for a “natural” and for a “non natural death”.

Institute of Forensic Medicine of the Mykolas Romeris University sents a copy of incestigation protocol to Public prosecutor, which senters data later to Criminal acts register owned by Mo Interior.

Institute of Forensic Medicine of the Mykolas Romeris University sents death certificate copy to GMR.

NFP agregated information about DRD receives annualy from GMR and Institute of Forensic Medicine of the Mykolas Romeris University.

5.2. Who provides the information to the SR? (e.g. coroner, coroner’s staff, hospital or treatment services, medico-legal institute, collected by SR staff; other researcher, etc.)

Lithuania do not have SR.

5.3. How is the information stored?

GMR stores data in computer database.

5.4. Who pays for the data collection (gathering of information, analysis of data)

National budget.

5.5. Is the data flow you described above a systematic procedure (all or almost all cases investigated) or are there any substantial exceptions and why?

systematic procedure

6. Procedures and legal background

6.1. What is the legal basis of the Special Register on DRD? Are there any issues/problems/solutions concerning data protection?

Written legal acts (orders, lows, procedures, rules and etc.) regulates procedures related with issue of death certificate, post-modern investigation and data flow.

6.2. Is the data collection part of the national strategy? If yes, could you please attach the part of the national strategy referring to the data collection?

Yes. One of the National Programme for Control of Drugs and Prevention of Drug Addiction 2004–2008objectives was „to develop the system for collection and analysis of objective information on drug addiction prevention and drug control complying with the requirements of the European Union".

6.3. Are death certificates undergoing post-mortem investigation being clearly identified? And how? (e.g. is there a provisional certificate followed by a definitive death certificate?)

Yes at first family/ relatives gets provisional death certificate and in later stage, when post-modern" investigation is finished, forensic expert writes definitive death certificate which replace provisional certificate.

6.4. How are these death certificates (under investigation) processed? Is there any legal regulation about them?

Low on deaths regulates, what in 3 days provisional or definitive death certificate should be issued. The certificate forms contain part where person who writes the certificate states what kind of certificate is provisional or final. This helps GMR keep control on deaths records.

6.5. How is the information generated during the post-mortem investigation used in the death registration process? (e.g. filing the definitive death certificate, or submitting an additional form to be transmitted to the GMR with the final results?)

Copy of death certificate goes to GMR. . If there are two certificates (provisional and final after post modern investigation) GMR receives both. When GMR receives final certificate, then updates records in database.

6.6. Are there any legal regulations regarding Death Certificates? Is it possible to have a temporary death certificate that can later be updated? In case there is any legal regulation, is it followed in all cases? In case it is not, why?

Law Amending the Law on the Registration of Death of a Human Being, and on Critical Conditions Full text is here:
(http://www3.lrs.lt/pls/inter3/dokpaieska.showdoc_l?p_id=326187)

6.7. Is it possible to identify in the outcomes of cause(s) of death produced by the GMR those cases that are/have been under investigation?

Yes.

Malta

Questionnaire on Special Registries on drug related death in Europe

Austrian Focal Point: Gesundheit Österreich GmbH

Contact: Charlotte Wirl, Martin Busch: wirl@goeg.at; busch@goeg.at

On behalf of EMCDDA

Contact: Isabelle Giraudon; Julian Vicente: Isabelle.giraudon@emcdda.europa.eu; Julian.Vicente@emcdda.europa.eu

Country: Malta…… Date: 16th July 2009.....……..

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Background, rationale

Information for the Key Indicator on drug related death and Mortality among drug users (DRD indicator) of the EMCDDA can be based on data retrieved from the General Mortality Register (GMR) or Special Register(ries) (SR). The EMCDDA recommends that both sources are used, if possible.

The EMCDDA launched a call for tender for an inventory of existing mechanisms and structures of National Special Registries in Europe and a description of the core data available. This project should facilitate learning from different systems and find out which data are available across Europe. It should also give insight on the core data recorded for every DRD case. This inventory aims to

1) describe in details the SR, in order to consider ways to improve the level of information available on the DRD on a "project", or a "research" basis (e.g. characteristics of the victims, circumstances, toxicology,) in countries where SR allow for it, in order to better inform interventions to reduce the number of drug-related deaths.

2) to try, in a broader perspective, to find ways to improve the quality and comparability of DRD information across Europe, by exploring ways to improve the coordination between SRs and GMRs.

The Austrian Focal Point was awarded the contract for the project. To achieve the aim of this project, the Austrian Focal Point prepared this questionnaire in close cooperation with the EMCDDA and an advisory group. Special thanks to Henrik Saelan, Maria Savvidou, John Corkery and Isabelle Giraudon.The questionnaire includes issues of which systematic information is available, the core data recorded for each DRD case, the data flow and legal issues.

Instructions

- Please go through the entire questionnaire and make sure that all questions are answered as required.

- The success and potential use of the inventory will be determined by the quality of data gathered. We encourage you to consult other colleagues or experts in the field to obtain the relevant information you do not have at hand.

- In addition, please kindly take note that we are interested in information about your country as a whole and not just in obtaining information for one region or state. Therefore, please provide national data, if possible, and whenever possible provide a reference or source of information. If you are unable to obtain data for the whole country, please make sure that you indicate the section of the country to which the data apply. Another option is answering the questionnaire for different regions. We would be grateful to receive copies of any documents which were used as sources of information for completing this questionnaire or, at least, for relevant references and web-links.

- Some generic questions will be for all countries, and some may only be for some specific countries. If there are two or more Special Registries in your country we recommend you fill in two questionnaires, particularly for the sections specific to one register.

- If you have any questions do not hestiate to contact Charlotte Wirl: wirl@goeg.at, phone:+43151561154 fax: :+4315 1 513 84 72

Next steps

Contributors will be acknowledged on the report.

The report will be available to all contributors and on the EMCDDA web pages by the end of 2009 and results presented and discussed during the 2009 DRD expert meeting.

It is hoped that the results of this project will provide a basis for further improvement of the quality and comparability of the information that can be extracted from the Special Registries, fully taking into account national procedures and regulations. In a broader perspective, it is hoped that the results and lessons learnt from this project will help to improve overall DRD information in Europe.

Thank you very much for your help and cooperation!

1. Investigation of unnatural deaths.

1.1. Usually when there is an unnatural or violent death there is a police/forensic/coroner post-mortem investigation. Could you describe briefly how this investigation takes place in your country?

When there is an unnatural or violent death the police are called to the scene and they inform the inquiring Magistrate (an on call rota system is in place), who is legally authorised to hold an inquest to ascertain the cause of death. However the Magistrate may instead appoint a Police Inspector to establish the relevant facts. The dead person is certified dead by a doctor, called by the police. An investigation takes place with the police investigating the circumstances. The Magistrate appoints court experts to gather scientific and medical evidence, as well as to collect evidence from witnesses, including the appointment of two pathologists to carry out a post-mortem. The experts give the reports of their findings directly to the Magistrate.

1.2. Who decides what to do (e.g. police, judge, doctor…)?

The Magistrate

1.3. Who does what (e.g. confirming the death, post-mortem exams (autopsy, toxicology), inquest into the circumstances of death – with family or witnesses – analyses)?

A doctor confirms the death, without giving a cause; police investigate circumstances; a pathologists carry out the autopsy and a toxicologist carries out toxicology tests. A forensic physician may be appointed by the Magistrate to visit the scene of death. Magistrate is responsible for the case.

Experts, according to Maltese law should be in odd numbers. So used to have three pathologists for each autopsy but this has become impossible due to workload and at present two doctor postmortems are the norm. However occasionally the Magistrate appoints only one pathologist

1.4. Is the post-mortem investigation the overall responsibility of a single person/institute or could there be parallel and independent investigations (e.g. police and forensic)? Please mention any alternative source, even if it is not used in a systematic way or at national level and indicate them in the flow-chart (question 5).

Post mortem is the overall responsibility of the pathologists, however in all unnatural/violent deaths they would be working on the authorization of the magistrate who ordered the investigations, to help him/her ascertain the cause of death. The manner of death is established by the Magistrate from evidence provided by the court experts.

1.5. Who pays for the post-mortem investigations? Is this different for autopsies and toxicological analyses?

All the court experts, including pathologists, toxicologists, technical staff, are paid by the Courts of Justice, the fees being established by the Ministry. The autopsies and toxicology are carried out in the state healthcare laboratories but there is no fee for the use of the mortuary or the laboratories.

2. The results (reports, documents) from post-mortem investigations

2.1. Who is in charge of these reports/documents? Where are they filed?

Autopsy reports are completed by pathologists. The toxicology report is completed by the toxicologist. They are submitted to the Magistrate as evidence and become part of a *procès-verbal* which will finally be presented to the Attorney General, who will decide whether to indict an accused.

2.2. Who "owns" the data? Is there any legal authority/law relating to this, or is it based on custom/convention?

The magistrate responsible for the case owns this data. The Court has a Data Protection officer, in keeping with the Data protection Act. Article 17 relates to processing concerning legal offences, where 'data relating to offences, criminal convinctions or security measures may only be processed under the control of a public authority'. A complete register of criminal convictions may only be kept under the control of a public authority.

2.3. Is there any location (institute, unit, database) where the information resulting from these post-mortem investigations of unnatural or violent deaths are filed in an organised way ("system")?

These form part of the processus verbatim which would be filed in the court of law

2.4. Does this unit/database have a national coverage? If not, please specify (e.g regional or city level)?

Yes

2.5. How is this document filing organised? Does it receive information from different sources (e.g. police + forensic…) or only from one source?

The court receives information from different sources: police, pathologists, toxicologists

2.6. Does this document filing system allow flagging/identifying and retrieving information about DRD cases?

No

2.7. Who has access to the filing system (e.g. only police, only forensic doctors, researchers …)? What are the regulations for accessing and/or sharing the data?

During the inquiry, police and court experts may view data from other experts, with the Magistrate's permission. Once a case is being heard in court, the police, prosecution and defense have access to the data. Once a case is archived, data is available on application to the Attorney General's office or the law courts.

2.8. Is there the possibility of extracting data for DRD monitoring by the national Focal Point (or by somebody on its behalf – e.g. an appointed forensic doctor, researcher, etc.-)?

No at present.

3. Inclusion/Exclusion Criteria

3.1. Which kind of population is included in your **Special Register**? All unnatural deaths (or suspected to be unnatural) or only drug-related deaths? What is the background population and which cases are extracted to the SR? The Special Register which is kept by the Police Drug Unit collects any case of suspected DRD or overdose.

3.2. Please indicate in the inclusion criteria which cases are included in the SR.

	Yes	No	Unknown	Comment
Foreign nationals				
Foreign residents				
All age groups	√			
Deaths of citizen overseas				
All unnatural deaths				
Poisoning: deaths directly related to illegal drugs	√			
Poisoning: deaths related to alcohol				
Poisoning: deaths related to psychoactive substances	√			
Suicide (all, with or without substances)				
Homicides (all, with or without substances)				
Accidents (all, with or without substances)				
Indirect drug related deaths (Accidents…)				
All death with positive with positive toxicology to illegal drugs (whatever the cause of death)				
Known drug users (whatever the cause of death)				

Other inclusion criteria:

Any exclusion criteria:

4. Information recorded in SR as DRD

4.1. What information is collected and recorded for each DRD case? Please complete the table below

	Yes	No	Unknown	Comment
Name(s) of deceased	√			
Date of birth (or age at the time of death)	√			
Place of birth		√		Manually collected
Nationality	√			
Ethnicity		√		
Educational level		√		
Employment status		√		Manually collected
Living arrangements		√		
Marital status		√		
Usual address, including post code	√			
Sex	√			
Date of death	√			
Address of place of death	√			Town of death is collected
Place of death (e.g. urban, rural…)	√			
Place of death (e.g. home, hospital, street…)		√		Manually collected
Location of incident leading up to death		√		Manually collected
Cause(s) of death (as given in death certificate)	√			First obtained from circumstances of death, then later on may be updated with information from death certificate if available
Intentionality (e.g. accidental, suicide, homicide, undetermined)	√			According to circumstances of scene of incident
Mechanism of death		√		
Manner of death (e.g. poisoning, injury, traffic accident, disease…)	√			Only direct drug related deaths are collected
ICD codes		√		
Verdict/legal decision as to cause of death		√		Manually collected
Date of verdict/legal decision		√		Manually collected
Circumstances (e.g. death alone, with witnesses…)		√		Manually collected
Witness statement(s) supplied		√		Manually collected
Whether an autopsy was done		√		Manually collected
Post-mortem supplied		√		Manually collected
Toxicology report(s) supplied		√		Manually collected
Substance(s) considered as the cause the death	√			

Route of administration (Injection or others) of the substance in cause		√		Manually collected
List of all substances identified in the toxicology analysis (e.g. alcohol, prescription drugs, illicit psychoactive substances…)		√		Manually collected, may take some time
Level(s) of the substances found		√		Manually collected
Other diseases of relevant finding in autopsy (e.g. cardiac problems, liver disease, HCV, HIV/AIDS,…)		√		May be available manually in the course of investigation
History of drug abuse	√			
History of drug treatment		√		May be available manually in course of investigation
Whether the person was on opiate substitution treatment at the time of death		√		May be available manually in course of investigation
Recent release from prison		√		Manually collected
Recent release from detoxification unit		√		May be available manually in course of investigation
Whether the person has been arrested or been in prison in the past	√	√		If arrested on drugs will be found electronically otherwise manually
History of overdose(s)	√			
History of suicide attempts/self-harm		√		May be available manually in course of investigation
History of harmful or dependant alcohol drinking		√		May be available manually in course of investigation
History of recreational drug use		√		May be available manually in course of investigation
History of volatile substance abuse		√		May be available manually in course of investigation
Patient prescription history (e.g. antidepressants, benzodiazepine, …)		√		May be available manually in course of investigation
Patient co-morbidity, including mental health condition and physical		√		May be available manually in course of investigation
Recent traumatic life events (e.g. divorce, death of significant other, redundancy)		√		
Other variables that you would find of interest for the monitoring of DRD: The Police collect a lot of information manually as part of the investigation, however this is often not captured electronically and therefore not readily available for statistical purposes.				

5. Information flow

5.1. How is the information flow regulated between different parties involved in the post-mortem investigation? Please draw a flow chart, indicating timeliness as in example given in the Annex. Show the path for a “natural” and for a “non natural death”.

5.2. **when a person dies naturally a death certificate is issued by doctor. The death certificate then goes to police and a burial permit is issued. This same certificate then goes to Department of Health Information were a copy is kept for statistical purposes and original goes to public registry. Department of Health Information supplies yearly aggregate data on DRDs to focal point. In case of unnatural death an autopsy is carried out. If no further investigation is necessary an original death certificate follows same path as previous. Otherwise a provisional death certificate is first issued without cause of death, which follows same path. When investigations have been finalised (weeks-months) a final death certificate is drawn up by pathologist which is passed on to Department of Health Information and Research and then Public Registry.**

5.2. Who provides the information to the SR? (e.g. coroner, coroner’s staff, hospital or treatment services, medico-legal institute, collected by SR staff; other researcher, etc.)

All information is gathered by the Police during its investigations into the case. It is obtained through the relevant sources.

5.3. How is the information stored?

Stored both electronically and in hardcopy

5.4. Who pays for the data collection (gathering of information, analysis of data)Some data is gathered by the court appointed experts during the enquiry and therefore their fees are paid by the Court Registrar. Otherwise expenses incurred during police investigations are paid through the police budget.

5.3. Is the data flow you described above a systematic procedure (all or almost all cases investigated) or are there any substantial exceptions and why?

5.4. It is a systematic procedure

6. Procedures and legal background

6.1. What is the legal basis of the Special Register on DRD? Are there any issues/problems/solutions concerning data protection?

6.2. This special register is kept by the police as part of its data and statistics and on behalf of the National Focal Point.

6.2. If data collection is part of the national strategy? If yes, could you please attach the part of the national strategy referring to the data collection?

6.3. Are death certificates undergoing post-mortem investigation being clearly identified? And how? (e.g. is there a provisional certificate followed by a definitive death certificate?)

Death certificates undergoing post-mortem examination are signed by a pathologist and if it is a legal case on the death certificate there is a signed declaration by the police inspector in charge of the case, confirming that the magistrate has authorised disposal of the body.

There is a provisional death certificate when there is still some pending investigations e.g. toxicology. This provisional death certificate is sufficient for a burial permit. However it cannot be used for formal registration of a death. Once results of toxicology and e.g. histology are finalized, a final death certificate is written.

6.4. How are these death certificates (under investigation) processed? Is there any legal regulation about them?

No legal regulation. For the purpose of the law the person is not dead till the Act of Death is filed in the Civil Registry.

6.5. How is the information generated during the post-mortem investigation used in the death registration process? (e.g. filing the definitive death certificate, or submitting an additional form to be transmitted to the GMR with the final results?)

The GMR receives both the provisional and final death certificate. Information generated from post mortem is put down on death certificate, however manner of death (eg suicide,homicide etc) are not because this is the remit of the Magistrate.

6.6. Are there any legal regulations regarding Death Certificates? Is it possible to have a temporary death certificate that can later be updated? In case there is any legal regulation, is it followed in all cases? In case it is not, why?

Civil Code regulates the Act of Death, that is the actual entry into the Civil Register.

It is the duty of a doctor to notify the Police of a Death and the formal Death Certificate used to be part of Maltese legislation, the Medical and Kindred Professions Ordinance. The new version of the Death Certificate, since 2008, is now available through the Ministry of Health as part of the Public Health Act. There has never been legislation on Provisional Certificates. – these rules are followed.

Burials are regulated by the Code of Police Laws and Burials Ordinance.

6.7. Is it possible to identify in the outcomes of cause(s) of death produced by the GMR those cases that are/have been under investigation?

YES – however GMR does not have access to records of the court

Spain

Questionnaire on Special Registries on drug related death in Europe

Austrian Focal Point: Gesundheit Österreich GmbH

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On behalf of EMCDDA

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Country: Spain Date: …08/07/2009

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Background, rationale

Information for the Key Indicator on drug related death and Mortality among drug users (DRD indicator) of the EMCDDA can be based on data retrieved from the General Mortality Register (GMR) or Special Register(ries) (SR). The EMCDDA recommends that both sources are used, if possible.

The EMCDDA launched a call for tender for an inventory of existing mechanisms and structures of National Special Registries in Europe and a description of the core data available. This project should facilitate learning from different systems and find out which data are available across Europe. It should also give insight on the core data recorded for every DRD case. This inventory aims to

1) describe in details the SR, in order to consider ways to improve the level of information available on the DRD on a "project", or a "research" basis (e.g. characteristics of the victims, circumstances, toxicology,) in countries where SR allow for it, in order to better inform interventions to reduce the number of drug-related deaths.

2) to try, in a broader perspective, to find ways to improve the quality and comparability of DRD information across Europe, by exploring ways to improve the coordination between SRs and GMRs.

The Austrian Focal Point was awarded the contract for the project. To achieve the aim of this project, the Austrian Focal Point prepared this questionnaire in close cooperation with the EMCDDA and an advisory group. Special thanks to Henrik Saelan, Maria Savvidou, John Corkery and Isabelle Giraudon.The questionnaire includes issues of which systematic information is available, the core data recorded for each DRD case, the data flow and legal issues.

Instructions

- Please go through the entire questionnaire and make sure that all questions are answered as required.

- The success and potential use of the inventory will be determined by the quality of data gathered. We encourage you to consult other colleagues or experts in the field to obtain the relevant information you do not have at hand.

- In addition, please kindly take note that we are interested in information about your country as a whole and not just in obtaining information for one region or state. Therefore, please provide national data, if possible, and whenever possible provide a reference or source of information. If you are unable to obtain data for the whole country, please make sure that you indicate the section of the country to which the data apply. Another option is answering the questionnaire for different regions. We would be grateful to receive copies of any documents which were used as sources of information for completing this questionnaire or, at least, for relevant references and web-links.

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Next steps

Contributors will be acknowledged on the report.

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It is hoped that the results of this project will provide a basis for further improvement of the quality and comparability of the information that can be extracted from the Special Registries, fully taking into account national procedures and regulations. In a broader perspective, it is hoped that the results and lessons learnt from this project will help to improve overall DRD information in Europe.

Thank you very much for your help and cooperation!

1. Investigation of unnatural deaths.

1.1. Usually when there is an unnatural or violent death there is a police/forensic/coroner post-mortem investigation. Could you describe briefly how this investigation takes place in your country?

Procedures in the event of death:
Legal duty of medical doctors to invite judge and forensic to investigate cause of death in cases of sudden deaths in which an intervention of drugs is suspected. In that cases is compulsory the autopsy and a detailed investigation of cause of death (toxicology, etc.)

1.2. Who decides what to do (e.g. police, judge, doctor…)?

Judge

1.3. Who does what (e.g. confirming the death, post-mortem exams (autopsy, toxicology), inquest into the circumstances of death – with family or witnesses – analyses)?

Confirming the death: Doctor who assist the deceaded (health rescue service, GP, etc.).
Post-mortem exams (autopsy, toxicology) : Forensic
Inquest – police.

1.4. Is the post-mortem investigation the overall responsibility of a single person/institute or could there be parallel and independent investigations (e.g. police and forensic)? Please mention any alternative source, even if it is not used in a systematic way or at national level and indicate them in the flow-chart (question 5).

The overall responsibility and process coordination is in the hand of the judge.

1.5. Who pays for the post-mortem investigations? Is this different for autopsies and toxicological analyses?

The postmortem investigation is public founded, unless the criminal responsibility of another person can be proved.

2. The results (reports, documents) from post-mortem investigations

2.1. Who is in charge of these reports/documents? Where are they filed?

Judge and forensic

2.2. Who "owns" the data? Is there any legal authority/law relating to this, or is it based on custom/convention?

Judge, forensic

2.3. Is there any location (institute, unit, database) where the information resulting from these post-mortem investigations of unnatural or violent deaths are filed in an organised way ("system")?

Every forensic medicine department has its own database or file system and sends the data to the autonomous government or it allows an authorized person to access the files.

2.4. Does this unit/database have a national coverage? If not, please specify (e.g regional or city level)?

Regional level for some autonomous communities (4 of 17 in 2008) and city level (various big and medium cities). Global geographical coverage about 45% of the Spanish population.

2.5. How is this document filing organised? Does it receive information from different sources (e.g. police + forensic…) or only from one source?

From two sources: forensic and toxicology departments

2.6. Does this document filing system allow flagging/identifying and retrieving information about DRD cases?

Yes, with an identification code (two first letters of each of the two names, date of birth, sex, and province of birth)

2.7. Who has access to the filing system (e.g. only police, only forensic doctors, researchers …)? What are the regulations for accessing and/or sharing the data?

Judge and forensic. Individual data with an identification code are sent to autonomous government and after to central level (in this last case after removing the identification code).

2.8. Is there the possibility of extracting data for DRD monitoring by the national Focal Point (or by somebody on its behalf – e.g. an appointed forensic doctor, researcher, etc.-)?

No, only is there that possibility for the autonomous governments

3. Inclusion/Exclusion Criteria

3.1. Which kind of population is included in your **Special Register**? All unnatural deaths (or suspected to be unnatural) or only drug-related deaths? What is the background population and which cases are extracted to the SR?

Only drug-related death for persons aged 10-64 years

3.2. Please indicate in the inclusion criteria which cases are included in the SR.

	Yes	No	Unknown	Comment
Foreign nationals	x			
Foreign residents	x			
All age groups		X		15-64 years old
Deaths of citizen overseas		X		
All unnatural deaths		X		
Poisoning: deaths directly related to illegal drugs	x			
Poisoning: deaths related to alcohol		X		
Poisoning: deaths related to psychoactive substances		X		Deaths induced only by sedatives/ sleeping pills or other psycho-active medicines are excluded in analysis phase. Before it can be included if it could be proved that there was a non-medical use
Suicide (all, with or without substances)		X		Only if it was executed only with illegal drugs (intentional poisoning)
Homicides (all, with or without substances)		X		Only if it was executed with illegal drugs or sedatives/sleeping pills
Accidents (all, with or without substances)		X		Only if the accident is a poisoning by illegal drugs or volatile substance abuse
Indirect drug related deaths (Accidents…)		X		
All death with positive with positive toxicology to illegal drugs (whatever the cause of death)		X		
Known drug users (whatever the cause of death)		x		

Other inclusion criteria:

All sudden deaths where the cause of death cannot be established without autopsy

Any exclusion criteria: Deaths by medical use of psychoactive substances

4. Information recorded in SR as DRD

4.1. What information is collected and recorded for each DRD case? Please complete the table below

	Yes	No	Unknown	Comment
Name(s) of deceased		x		
Date of birth (or age at the time of death)	x			
Place of birth	X			
Nationality	X			
Ethnicity		x		
Educational level		x		
Employment status		x		
Living arrangements		x		
Marital status	x			
Usual address, including post code	X			Province and municipality of residence
Sex	x			
Date of death	x			
Address of place of death	X			Province and municipality of residence
Place of death (e.g. urban, rural…)	X			It can be derived from municipality
Place of death (e.g. home, hospital, street…)	x			
Location of incident leading up to death		x		
Cause(s) of death (as given in death certificate)		X		
Intentionality (e.g. accidental, suicide, homicide, undetermined)	x			Only suicide evidences (Yes/no)
Mechanism of death		x		
Manner of death (e.g. poisoning, injury, traffic accident, disease…)		X		
ICD codes		X		
Verdict/legal decision as to cause of death		x		
Date of verdict/legal decision		x		
Circumstances (e.g. death alone, with witnesses…)		x		
Witness statement(s) supplied		x		
Whether an autopsy was done	x			
Post-mortem supplied	X			
Toxicology report(s) supplied	x			
Substance(s) considered as the cause the death	x			
Route of administration (Injection or others) of the substance in cause		x		Only punctures

List of all substances identified in the toxicology analysis (e.g. alcohol, prescription drugs, illicit psychoactive substances…)	x			
Level(s) of the substances found	X			Reported in many cases but not analyzed
Other diseases of relevant finding in autopsy (e.g. cardiac problems, liver disease, HCV, HIV/AIDS,…)	x			
History of drug abuse		x		
History of drug treatment		x		
Whether the person was on opiate substitution treatment at the time of death		x		
Recent release from prison		x		
Recent release from detoxification unit		x		
Whether the person has been arrested or been in prison in the past		x		
History of overdose(s)		x		
History of suicide attempts/self-harm		x		
History of harmful or dependant alcohol drinking		x		
History of recreational drug use		x		Only evidences of recent use of illegal drugs or volatile substance abuse
History of volatile substance abuse		x		
Patient prescription history (e.g. antidepressants, benzodiazepine, …)		x		
Patient co-morbidity, including mental health condition and physical		X		Only if a previous pathology have contributed to death
Recent traumatic life events (e.g. divorce, death of significant other, redundancy)		x		
Other variables that you would find of interest for the monitoring of DRD: HIV serology				

5. Information flow

5.1. How is the information flow regulated between different parties involved in the post-mortem investigation? Please draw a flow chart, indicating timeliness as in example given in the Annex. Show the path for a “natural” and for a “non natural death”.

Natural death: 1. A physician confirm the death 2. The same physician fills the death certificate and sends a copy to civil register and another copy to department of vital statistics of autonomous communities 3.The department of vital statistics of autonomous communities enter data, it codify the cause of death an sends files to National Institute of Statistics.

Non natural death (violent or suspicious of violent, including drugs): 1. Medicine doctor confirms the death and he informs the judge. 2. The judge invites forensic to investigate the cause of death. 3. Forensic investigates the cause of death (autopsy, toxicology, enquiry), he informs the judge, he fills the death certificate, and he sends a copy to civil register and another copy to department of vital statistics of autonomous communities. 4.The department of vital statistics of autonomous communities enter data, it codify the cause of death an sends files to National Institute of Statistics. 5. After have sent death certificate with “provisional” cause of death, forensic “would have to improve or complete the reported provisional cause of death” in a standard form, but there is not legal duty for doing that, at rarely it is done.

5.2. Who provides the information to the SR? (e.g. coroner, coroner’s staff, hospital or treatment services, medico-legal institute, collected by SR staff; other researcher, etc.)

It depends of the monitored area. Generally is the forensics who collect and send the data to autonomous communities. Sometimes data are collected by SR staff from autonomous communities.

5.3. How is the information stored?

In each database of autonomous communities or monitored areas (for example, Barcelona city). After, files are sent to central level.

5.4. Who pays for the data collection (gathering of information, analysis of data)

Generally, Autonomous communities pay for that, but there is not an unique system

5.5. Is the data flow you described above a systematic procedure (all or almost all cases investigated) or are there any substantial exceptions and why?

It may have exceptions in some autonomous communities

6. Procedures and legal background

6.1. What is the legal basis of the Special Register on DRD? Are there any issues/problems/solutions concerning data protection?

There is not legal basis. It is a consensus between autonomous communities

6.2. If data collection is part of the national strategy? If yes, could you please attach the part of the national strategy referring to the data collection?

I think, yes, but the mortality indicator was not mentioned in National Drugs Strategy, 2000-2008

6.3. Are death certificates undergoing post-mortem investigation being clearly identified? And how? (e.g. is there a provisional certificate followed by a definitive death certificate?)

There is not a provisional death certificate.

6.4. How are these death certificates (under investigation) processed? Is there any legal regulation about them?

6.5. How is the information generated during the post-mortem investigation used in the death registration process? (e.g. filing the definitive death certificate, or submitting an additional form to be transmitted to the GMR with the final results?)

As I mentioned before, after have sent death certificate with “provisional” cause of death, forensic “would have to improve or complete the reported provisional cause of death” in a standard form, but there is not legal duty for doing that, at rarely it is done. Some autonomous communities actively search and link SR and GMR to complete and correct cause of death in cases of unnatural deaths.

6.6. Are there any legal regulations regarding Death Certificates? Is it possible to have a temporary death certificate that can later be updated? In case there is any legal regulation, is it followed in all cases? In case it is not, why?

There is and old legal regulation. In the next years perhaps it will be changed and the process can improve.

6.7. Is it possible to identify in the outcomes of cause(s) of death produced by the GMR those cases that are/have been under investigation?

No.

Sweden

Questionnaire on Special Registries on drug related death in Europe

Austrian Focal Point: Gesundheit Österreich GmbH
Contact: Charlotte Wirl, Martin Busch: wirl@goeg.at; busch@goeg.at

On behalf of EMCDDA
Contact: Isabelle Giraudon; Julian Vicente: Isabelle.giraudon@emcdda.europa.eu; Julian.Vicente@emcdda.europa.eu

Country: Sweden Date: 2009-07-20

Questionnaire completed by:

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Background, rationale

Information for the Key Indicator on drug related death and Mortality among drug users (DRD indicator) of the EMCDDA can be based on data retrieved from the General Mortality Register (GMR) or Special Register(ries) (SR). The EMCDDA recommends that both sources are used, if possible.

The EMCDDA launched a call for tender for an inventory of existing mechanisms and structures of National Special Registries in Europe and a description of the core data available. This project should facilitate learning from different systems and find out which data are available across Europe. It should also give insight on the core data recorded for every DRD case. This inventory aims to

1) describe in details the SR, in order to consider ways to improve the level of information available on the DRD on a "project", or a "research" basis (e.g. characteristics of the victims, circumstances, toxicology,) in countries where SR allow for it, in order to better inform interventions to reduce the number of drug-related deaths.

2) to try, in a broader perspective, to find ways to improve the quality and comparability of DRD information across Europe, by exploring ways to improve the coordination between SRs and GMRs.

The Austrian Focal Point was awarded the contract for the project. To achieve the aim of this project, the Austrian Focal Point prepared this questionnaire in close cooperation with the EMCDDA and an advisory group. Special thanks to Henrik Saelan, Maria Savvidou, John Corkery and Isabelle Giraudon.The questionnaire includes issues of which systematic information is available, the core data recorded for each DRD case, the data flow and legal issues.

Instructions

- Please go through the entire questionnaire and make sure that all questions are answered as required.

- The success and potential use of the inventory will be determined by the quality of data gathered. We encourage you to consult other colleagues or experts in the field to obtain the relevant information you do not have at hand.

- In addition, please kindly take note that we are interested in information about your country as a whole and not just in obtaining information for one region or state. Therefore, please provide national data, if possible, and whenever possible provide a reference or source of information. If you are unable to obtain data for the whole country, please make sure that you indicate the section of the country to which the data apply. Another option is answering the questionnaire for different regions. We would be grateful to receive copies of any documents which were used as sources of information for completing this questionnaire or, at least, for relevant references and web-links.

- Some generic questions will be for all countries, and some may only be for some specific countries. If there are two or more Special Registries in your country we recommend you fill in two questionnaires, particularly for the sections specific to one register.

- If you have any questions do not hestiate to contact Charlotte Wirl: wirl@goeg.at, phone:+43151561154 fax: :+4315 1 513 84 72

Next steps

Contributors will be acknowledged on the report.

The report will be available to all contributors and on the EMCDDA web pages by the end of 2009 and results presented and discussed during the 2009 DRD expert meeting.

It is hoped that the results of this project will provide a basis for further improvement of the quality and comparability of the information that can be extracted from the Special Registries, fully taking into account national procedures and regulations. In a broader perspective, it is hoped that the results and lessons learnt from this project will help to improve overall DRD information in Europe.

Thank you very much for your help and cooperation!

1. Investigation of unnatural deaths.

1.1. Usually when there is an unnatural or violent death there is a police/forensic/coroner post-mortem investigation. Could you describe briefly how this investigation takes place in your country?

The police is responsible for the investigation at the scene of death and to gather circumstantial data. If the police makes the conclusion that the death could be unnatural a medico-legal death investigation can initiated. This is usually, but not always, the case. For instance, old people who die from complications of a femur fracture after a fall are usually not subjected to medico-legal death investigation. The forensic pathologist sums up the autopsy findings, relevant circumstantial data, toxicological results etc. and makes a statement concerning the cause and manner of death.

1.2. Who decides what to do (e.g. police, judge, doctor…)? The police.

1.3. Who does what (e.g. confirming the death, post-mortem exams (autopsy, toxicology), inquest into the circumstances of death – with family or witnesses – analyses)?

Confirming death: Any physician who examines the body at place of death.

Post mortem exams: A forensic pathologist employed by the National Board of Forensic Medicine (NBFM).

Toxicology: The Dept of Forensic Toxicology in Linköping serves all six depts. of forensic medicine in Sweden.

Inquest of circumstances: The police and, occasionally, medical examiners, which are nurses employed by the depts of forensic medicine for the sole purpose of collecting additional circumstantial data, especially hospital data, in non-homicide cases.

1.4. Is the post-mortem investigation the overall responsibility of a single person/institute or could there be parallel and independent investigations (e.g. police and forensic)? Please mention any alternative source, even if it is not used in a systematic way or at national level and indicate them in the flow-chart (question 5).

The investigation is done in cooperation between the NBFM and the police. Different parallel investigations never take place.

1.5. Who pays for the post-mortem investigations? Is this different for autopsies and toxicological analyses? NBFM pays both. The police pays the transports of the bodies to and from the depts. of forensic medicine.

2. The results (reports, documents) from post-mortem investigations

2.1. Who is in charge of these reports/documents? Where are they filed?

NBFM is in charge. The documents are stored in paper form at each department and electronically in a central server.

2.2. Who “owns” the data? Is there any legal authority/law relating to this, or is it based on custom/convention?

I don´t know.

2.3. Is there any location (institute, unit, database) where the information resulting from these post-mortem investigations of unnatural or violent deaths are filed in an organised way (“system”)?

NBFM stores the data in a “semi-organized” way. A new well organized registry managed by the National board of Social Welfare has recently been completed. This registry is based on forensic data.

2.4. Does this unit/database have a national coverage? If not, please specify (e.g regional or city level)?

Yes, it covers the entire nation.

2.5. How is this document filing organised? Does it receive information from different sources (e.g. police + forensic…) or only from one source?

From the NBFM case registry and the NBFM toxicological analyses data base.

2.6. Does this document filing system allow flagging/identifying and retrieving information about DRD cases?

Yes.

2.7. Who has access to the filing system (e.g. only police, only forensic doctors, researchers …)? What are the regulations for accessing and/or sharing the data?

Forensic doctors and researchers can get permission from the NBFM to extract data from the data base. Each application is considered individually.

2.8. Is there the possibility of extracting data for DRD monitoring by the national Focal Point (or by somebody on its behalf – e.g. an appointed forensic doctor, researcher, etc.-)?

Yes.

3. Inclusion/Exclusion Criteria

3.1. Which kind of population is included in your **Special Register**? All unnatural deaths (or suspected to be unnatural) or only drug-related deaths? What is the background population and which cases are extracted to the SR? Most unnatural deaths. Approximately 95 % of all DRDs.

3.2. Please indicate in the inclusion criteria which cases are included in the SR.

	Yes	No	Unknown	Comment
Foreign nationals	x			
Foreign residents		x		
All age groups	x			
Deaths of citizen overseas	x			
All unnatural deaths		x		Some deaths in older persons and many death from late complication of trauma are missing.
Poisoning: deaths directly related to illegal drugs	x			
Poisoning: deaths related to alcohol	x			
Poisoning: deaths related to psychoactive substances	x			
Suicide (all, with or without substances)	x			
Homicides (all, with or without substances)	x			
Accidents (all, with or without substances)		x		
Indirect drug related deaths (Accidents…)	x			
All death with positive toxicology to illegal drugs (whatever the cause of death)	x			
Known drug users (whatever the cause of death)	x			

Other inclusion criteria:

Any exclusion criteria:

4. Information recorded in SR as DRD

4.1. What information is collected and recorded for each DRD case?
Please complete the table below

	Yes	No	Unknown	Comment
Name(s) of deceased	x			
Date of birth (or age at the time of death)	x			
Place of birth		x		
Nationality	x			
Ethnicity		x		
Educational level		x		
Employment status		x		
Living arrangements		x		
Marital status		x		
Usual address, including post code	x			
Sex	x			
Date of death	x			
Address of place of death	x			
Place of death (e.g. urban, rural…)		x		
Place of death (e.g. home, hospital, street…)		x		
Location of incident leading up to death		x		
Cause(s) of death (as given in death certificate)	x			
Intentionality (e.g. accidental, suicide, homicide, undetermined)	x			
Mechanism of death		x		
Manner of death (e.g. poisoning, injury, traffic accident, disease…)	x			
ICD codes	x			
Verdict/legal decision as to cause of death		x		
Date of verdict/legal decision		x		
Circumstances (e.g. death alone, with witnesses…)		x		
Witness statement(s) supplied		x		
Whether an autopsy was done	x			
Post-mortem supplied		x		
Toxicology report(s) supplied		x		
Substance(s) considered as the cause the death		x		
Route of administration (Injection or others) of the substance in cause		x		
List of all substances identified in the toxicology analysis (e.g. alcohol, prescription drugs, illicit psychoactive substances…)	x			
Level(s) of the substances found	x			
Other diseases of relevant finding in autopsy (e.g. cardiac problems, liver		x		

disease, HCV, HIV/AIDS,…)				
History of drug abuse		x		
History of drug treatment		x		
Whether the person was on opiate substitution treatment at the time of death		x		
Recent release from prison		x		
Recent release from detoxification unit		x		
Whether the person has been arrested or been in prison in the past		x		
History of overdose(s)		x		
History of suicide attempts/self-harm		x		
History of harmful or dependant alcohol drinking		x		
History of recreational drug use		x		
History of volatile substance abuse		x		
Patient prescription history (e.g. antidepressants, benzodiazepine, …)		x		
Patient co-morbidity, including mental health condition and physical		x		
Recent traumatic life events (e.g. divorce, death of significant other, redundancy)		x		
Other variables that you would find of interest for the monitoring of DRD:				

5. Information flow

5.1. How is the information flow regulated between different parties involved in the post-mortem investigation? Please draw a flow chart, indicating timeliness as in example given in the Annex. Show the path for a “natural” and for a “non natural death”.

5.2. Who provides the information to the SR? (e.g. coroner, coroner’s staff, hospital or treatment services, medico-legal institute, collected by SR staff; other researcher, etc.)

5.3. How is the information stored?

5.4. Who pays for the data collection (gathering of information, analysis of data)

5.5. Is the data flow you described above a systematic procedure (all or almost all cases investigated) or are there any substantial exceptions and why?

6. Procedures and legal background

6.1. What is the legal basis of the Special Register on DRD? Are there any issues/problems/solutions concerning data protection?

6.2. Is the data collection part of the national strategy? If yes, could you please attach the part of the national strategy referring to the data collection?

6.3. Are death certificates undergoing post-mortem investigation being clearly identified? And how? (e.g. is there a provisional certificate followed by a definitive death certificate?) All case documents are linked to the unique social security number through the process.

6.4. How are these death certificates (under investigation) processed? Is there any legal regulation about them?

6.5. How is the information generated during the post-mortem investigation used in the death registration process? (e.g. filing the definitive death certificate, or submitting an additional form to be transmitted to the GMR with the final results?)

6.6. Are there any legal regulations regarding Death Certificates? Is it possible to have a temporary death certificate that can later be updated? In case there is any legal regulation, is it followed in all cases? In case it is not, why?

6.7. Is it possible to identify in the outcomes of cause(s) of death produced by the GMR those cases that are/have been under investigation?

United Kingdom

Questionnaire on Special Registries on drug related death in Europe

Austrian Focal Point: Gesundheit Österreich GmbH
Contact: Charlotte Wirl, Martin Busch: wirl@goeg.at; busch@goeg.at

On behalf of EMCDDA
Contact: Isabelle Giraudon; Julian Vicente: Isabelle.giraudon@emcdda.europa.eu; Julian.Vicente@emcdda.europa.eu

Country: UNITED KINGDOM Date: May 2009

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1) describe in details the SR, in order to consider ways to improve the level of information available on the DRD on a "project", or a "research" basis (e.g. characteristics of the victims, circumstances, toxicology,) in countries where SR allow for it, in order to better inform interventions to reduce the number of drug-related deaths.

2) to try, in a broader perspective, to find ways to improve the quality and comparability of DRD information across Europe, by exploring ways to improve the coordination between SRs and GMRs.

The Austrian Focal Point was awarded the contract for the project. To achieve the aim of this project, the Austrian Focal Point prepared this questionnaire in close cooperation with the EMCDDA and an advisory group. Special thanks to Henrik Saelan, Maria Savvidou, John Corkery and Isabelle Giraudon.The questionnaire includes issues of which systematic information is available, the core data recorded for each DRD case, the data flow and legal issues.

Instructions

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- The success and potential use of the inventory will be determined by the quality of data gathered. We encourage you to consult other colleagues or experts in the field to obtain the relevant information you do not have at hand.

- In addition, please kindly take note that we are interested in information about your country as a whole and not just in obtaining information for one region or state. Therefore, please provide national data, if possible, and whenever possible provide a reference or source of information. If you are unable to obtain data for the whole country, please make sure that you indicate the section of the country to which the data apply. Another option is answering the questionnaire for different regions. We would be grateful to receive copies of any documents which were used as sources of information for completing this questionnaire or, at least, for relevant references and web-links.

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It is hoped that the results of this project will provide a basis for further improvement of the quality and comparability of the information that can be extracted from the Special Registries, fully taking into account national procedures and regulations. In a broader perspective, it is hoped that the results and lessons learnt from this project will help to improve overall DRD information in Europe.

Thank you very much for your help and cooperation!

1. Investigation of unnatural deaths.

1.1. Usually when there is an unnatural or violent death there is a police/forensic/coroner post-mortem investigation. Could you describe briefly how this investigation takes place in your country?

A death will be reported to the coroner (in Scotland the procurator fiscal) in a number of scenarios:

(1) no doctor has treated the deceased during his/her last illness;
(2) the death is sudden or unexpected or unnatural;
(3) death occurred during a surgical procedure/operation;
(4) death due to industrial disease;
(5) death due to violence, or other suspicious circumstances;
(6) death in prison, police custody or in contact with the police.

Deaths are usually reported to coroners by doctors, the police, or registrars of deaths where they are unable to accept a doctor's certificate as to cause of death. Deaths are occasionally referred by family members or undertakers. There is also a common law duty on all citizens to report such deaths to the coroner.

1.2. Who decides what to do (e.g. police, judge, doctor…)?

The coroner's officer, usually a retired or serving police officer, obtains details of the circumstances surrounding the death, medical cause of death, etc or gets police colleagues to do this. This information is then presented to the coroner/procurator fiscal who decides the next course of action.

1.3. Who does what (e.g. confirming the death, post-mortem exams (autopsy, toxicology), inquest into the circumstances of death – with family or witnesses – analyses)?

A medical doctor certifies medical cause of death in straightforward referrals.

The coroner can order a post mortem (PM) or special examination to determine if a natural cause of death can be established. The PM is done by a pathologist of the coroner's choice. The consent of next-of-kin is not required but they are entitled to be represented at the examination by a doctor of their choice. A second PM can be requested by next-of-kin at their own expense and by a pathologist of their own choosing. The pathologist will decide on whether toxicology, histology, etc is required and who should do it and what to look for can be specified. Sometimes a PM will not be conducted because the body is too badly decomposed or if there is risk of contracting a disease e.g. HIV/AIDS.

The coroner's officer or police are responsible for collecting witness statements, medical records, etc.

1.4. Is the post-mortem investigation the overall responsibility of a single person/institute or could there be parallel and independent investigations (e.g. police and forensic)? Please mention any alternative source, even if it is not used in a systematic way or at national level and indicate them in the flow-chart (question 5).

The PM is usually the responsibility of the pathologist, but further examinations can be requested by the next-of-kin, the police, or prosecution authorities (e.g. in a potential criminal case).

1.5. Who pays for the post-mortem investigations? Is this different for autopsies and toxicological analyses?

The coroner/procurator fiscal pays for the PM and examinations. If an additional PM or other examinations are requested by other parties, the coroner can make a financial contribution to a second PM (but not a third) under the Coroners Rules.

2. The results (reports, documents) from post-mortem investigations

2.1. Who is in charge of these reports/documents? Where are they filed?

The reports are stored in the coroner's office. The period after which they are archived varies and depends on the space available. The coroner has to maintain papers of certain reported deaths for a minimum of 15 years – deaths dealt with by inquest or PM. The records are usually transferred to the local authority's archive. However, there are restrictions placed on who can access them.

After the 15 year period, the coroner is responsible for selection and safe-keeping of any records which ought to be permanently preserved. This duty is exercised under the guidance of the Chief executive of the National Archives. Categories of records currently recommended for retention are:

(1) registers of reported deaths;

(2) all files on deaths not going to inquest can be destroyed after 15 years or sampled by the local records office;

(3) all inquest files should be preserved permanently. If space does not permit then the key documents for each case should be kept, i.e. inquest form and police reports.

See – http://www.nationalarchives.gov.uk/documents/osp6.pdf

(4) when sampling is used, additional files should be kept if they are potentially of national interest because they (a0 set a precedent in law or practice; (b) relate to an individual, accident or crime subject to prolonged or repeated interest from national media.

Files in a local repository or archive are only open to public inspection 75 years after their creation; until that time they are only open to those whom the coroner permits access.

In some areas, the coroner's keep the records indefinitely.

2.2. Who "owns" the data? Is there any legal authority/law relating to this, or is it based on custom/convention?

Coroners own the files/records (and presumably the data also). Records are passed on to their successors. This is based on custom/convention rather than by law. It is assumed that the records/files of Procurators Fiscal are owned by the Crown Office and therefore subject to the provisions of the Public Records Acts.

2.3. Is there any location (institute, unit, database) where the information resulting from these post-mortem investigations of unnatural or violent deaths are filed in an organised way ("system")?

Yes. Institutions undertaking PM, toxicology etc. file them systematically; as well as forming part of the records of the coroner/procurator fiscal. There do not appear to be any national guidelines on how long these records are kept. For example, the toxicology department at St George's, University of London, keeps their records for at least 6 years. It is understood that most pathologists keep their records for at 30 years – if not indefinitely.

In addition, the UK SMR (np-SAD) receives toxicological information (including quite often a copy of the toxicology report and the PM report).

2.4. Does this unit/database have a national coverage? If not, please specify (e.g regional or city level)?

The SMR has UK coverage of drug-related death cases.

2.5. How is this document filing organised? Does it receive information from different sources (e.g. police + forensic…) or only from one source?

The documents are stored in the order of receipt from data suppliers. The information for each case can include: the np-Sad data collection form, inquest form, toxicology report, PM report, witness statements, press reports. These documents (apart from media reports) are submitted by a single source for each case. Each case is logged as it arrives, once added to the electronic database it is allocated a unique identifier; the paper records are then stored sequentially by this identifier.

2.6. Does this document filing system allow flagging/identifying and retrieving information about DRD cases?

The electronic database contains most of the information recorded in the paper documents, and is usually searched in preference to the latter. The electronic database allows flagging for different parameters.

2.7. Who has access to the filing system (e.g. only police, only forensic doctors, researchers …)? What are the regulations for accessing and/or sharing the data?

Only members of the SMR staff, or those working directly under their supervision e.g. research students/Academic Visitors, have access to the electronic database and/or paper records. Data on named individuals are only shared with third parties with the prior written consent of the data provider. The third parties involved are usually local Drug and Alcohol Action teams, Primary Care Trusts, or police officers responsible for monitoring substance-related deaths (no intelligence is provided).

2.8. Is there the possibility of extracting data for DRD monitoring by the national Focal Point (or by somebody on its behalf – e.g. an appointed forensic doctor, researcher, etc.-)?

Yes. This has been done in the past by the current SMR Programme Manager who is also the UKFP expert. There would have to be a formal arrangement with the FP (based at the Department of Health), and that part of the Department of Health which funds the Programme, and the Programme itself.

3. Inclusion/Exclusion Criteria

3.1. Which kind of population is included in your **Special Register**? All unnatural deaths (or suspected to be unnatural) or only drug-related deaths? What is the background population and which cases are extracted to the SR?

The background population is the general population resident in or visiting the UK, Channel Islands or Isle of Man. Cases reported to the SMR that meet the following case criteria.

An np-SAD case is defined as a relevant death where any of the following criteria are met at a completed inquest, fatal accident inquiry or similar investigation:

- One or more psychoactive substances* directly** implicated in death;
- History of dependence or abuse of psychoactive drugs;
- Presence of Controlled Drugs*** at post mortem; or
- Cases of deaths directly due to drugs but with no inquest.

Deaths where solvents and other volatile substances are implicated alone are NOT included. Information on this is collected by the Department of Community Health Sciences at St. George's, University of London; further information can be seen at http://www.vsareport.org. Alcohol is included only when implicated in combination with other qualifying drugs.

* 'Psychoactive' substances are those having a direct effect on perception, mood, cognition, behaviour or motor function. Typically these include opiates and opioid analgesics, hypnotics, sedatives, anti-depressants, anti-epileptics, anti-psychotics, hallucinogens and stimulants such as amphetamines and cocaine.

** 'Directly implicated' means that drugs were considered by the coroner or other person investigating the death to have been instrumental in the coming about of the deceased's death (e.g. through poisoning or intoxication), or causing their powers of reasoning and/or perception to be so affected as to induce them to take risks which they would not have done had they been sober (e.g. thinking they could fly).

*** 'Controlled Drugs' are those drugs specifically classified by the Misuse of Drugs Act 1971 as amended by subsequent legislation. Controlled drugs include opioids, cocaine, amphetamines, cannabis, GHB, hallucinogens and most benzodiazepines.

Who is a drug abuser/dependent?

A drug abuser/dependent case is defined as one with a history of substance abuse where one or more of the following criteria are met:

- Reported as a known illicit drug user by the coroner, based on evidence obtained at inquest;
- Prescribed substitute medication for drug dependence;
- Presence of an illicit drug at post mortem, where not prescribed; or
- Presence of any additional information on the coroner's report suggestive of a history of drug abuse, and where such a history fulfils ICD-10 criteria: (F11-F16 and F19, using the 4-code subdivisions of .0 (acute intoxication), .1 (harmful use), and .2 (dependence syndrome).

3.2. Please indicate in the inclusion criteria which cases are included in the SR.

	Yes	No	Unknown	Comment
Foreign nationals	✓			
Foreign residents	✓			
All age groups	✓			
Deaths of citizen overseas		✓		
All unnatural deaths			✓	Only DRD cases
Poisoning: deaths directly related to illegal drugs	✓			
Poisoning: deaths related to alcohol	✓			If meet certain case criteria, but separate database is being set up.
Poisoning: deaths related to psychoactive substances	✓			Recently taken over responsibility for UK Volatile substance Abuse mortality database
Suicide (all, with or without substances)	✓			Without substances only for addicts/drug dependent
Homicides (all, with or without substances)	✓			Without substances only for addicts/drug dependent
Accidents (all, with or without substances)	✓			Without substances only for addicts/drug dependent
Indirect drug related deaths (Accidents…)	✓			
All death with positive with positive toxicology to illegal drugs (whatever the cause of death)	✓			
Known drug users (whatever the cause of death)	✓			

Other inclusion criteria: If deaths of neonate/infant due to mother's drug use, e.g. premature developments of lungs/organs

Any exclusion criteria: deaths overseas

4. Information recorded in SR as DRD

4.1. What information is collected and recorded for each DRD case?
Please complete the table below – see attached data collection form

	Yes	No	Unknown	Comment
Name(s) of deceased	✓			
Date of birth (or age at the time of death)	✓			
Place of birth	✓			
Nationality	✓			
Ethnicity	✓			
Educational level		✓		Not usually given
Employment status	✓			
Living arrangements	✓			
Marital status		✓		Not at present, but form under review
Usual address, including post code	✓			
Sex	✓			
Date of death	✓			
Address of place of death	✓			
Place of death (e.g. urban, rural…)	✓			
Place of death (e.g. home, hospital, street…)	✓			
Location of incident leading up to death	✓			
Cause(s) of death (as given in death certificate)	✓			
Intentionality (e.g. accidental, suicide, homicide, undetermined)	✓			
Mechanism of death	✓			
Manner of death (e.g. poisoning, injury, traffic accident, disease…)	✓			
ICD codes	✓			
Verdict/legal decision as to cause of death	✓			
Date of verdict/legal decision	✓			
Circumstances (e.g. death alone, with witnesses…)	✓			
Witness statement(s) supplied		✓		Yes, if supplied
Whether an autopsy was done		✓		Yes, if supplied
Post-mortem supplied	✓			If supplied
Toxicology report(s) supplied	✓			If supplied
Substance(s) considered as the cause the death	✓			
Route of administration (Injection or others) of the substance in cause	✓			If known
List of all substances identified in the toxicology analysis (e.g. alcohol, prescription drugs, illicit psychoactive substances…)	✓			
Level(s) of the substances found	✓			
Other diseases of relevant finding in autopsy (e.g. cardiac problems, liver disease, HCV, HIV/AIDS,…)	✓			
History of drug abuse	✓			

History of drug treatment	✓			
Whether the person was on opiate substitution treatment at the time of death	✓			
Recent release from prison	✓			
Recent release from detoxification unit	✓			
Whether the person has been arrested or been in prison in the past	✓			
History of overdose(s)	✓			
History of suicide attempts/self-harm	✓			
History of harmful or dependant alcohol drinking	✓			
History of recreational drug use	✓			
History of volatile substance abuse	✓			
Patient prescription history (e.g. antidepressants, benzodiazepine, …)	✓			
Patient co-morbidity, including mental health condition and physical	✓			
Recent traumatic life events (e.g. divorce, death of significant other, redundancy)	✓			
Other variables that you would find of interest for the monitoring of DRD: All items ticked are completed if information is supplied				

5. Information flow

5.1. How is the information flow regulated between different parties involved in the post-mortem investigation? Please draw a flow chart, indicating timeliness as in example given in the Annex. Show the path for a “natural” and for a “non natural death”.

See attached flow chart

5.2. Who provides the information to the SR? (e.g. coroner, coroner’s staff, hospital or treatment services, medico-legal institute, collected by SR staff; other researcher, etc.)

Coroner or staff usually; sometimes police, researchers at the Drug and Alcohol Action Team or Primary Care Trust; np-SAD staff collect data in person in some areas close to London; General Register Office for Northern Ireland/Northern Ireland Statistics and Research Agency; Scottish Crime & Drug Enforcement Agency,

5.3. How is the information stored? Password-protected SPSS database; paper forms etc kept in locked filing cabinets in order of unique identifier.

5.4. Who pays for the data collection (gathering of information, analysis of data)

Coroners etc pay for submission of their own data (coroners are paid by local authorities, coroners’ officers by police forces); Freepost available; SMR staff etc paid for by Department of Health (England) since beginning of 2004.

5.5. Is the data flow you described above a systematic procedure (all or almost all cases investigated) or are there any substantial exceptions and why?

Data submission is voluntary. Coverage is 95+% of coroners in England & Wales, whole of Northern Ireland, Channel Islands, Isle of Man. Currently undertaking research to establish extent of non-identification of cases, the type of such cases, and why they are not being identified. Some of this may be due to information not being passed on to new staff in coroners’ offices. SCDEA submit data collated on behalf of Scottish police, using a definition that is basically focussed on overdoses of illicit drugs.

6. Procedures and legal background

6.1. What is the legal basis of the Special Register on DRD? Are there any issues/problems/solutions concerning data protection?

Data are provided on a voluntary basis by coroners. Memorandum of Understanding with SCDEA. Written confidentiality agreement with SCDEA and GMR for Northern Ireland. Only nominated SMR staff can access database directly, on a network that is pass-word protected. Theoretically subject to the Freedom of Information Act but could rebut this by saying they are only collected for statistical purposes. Subject to the provisions of the Data Protection Act. No ethical approval required for research since the subjects are dead.

6.2. If data collection is part of the national strategy? If yes, could you please attach the part of the national strategy referring to the data collection?

Yes - UK

http://drugs.homeoffice.gov.uk/publication-search/drug-strategy/drug-strategy-2008?view=Binary

There is nothing specific on DRDs though. This is contained in the Department of Health's Action Plan (for England).

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_074850

Surveillance

Through surveillance-related activity, we will:
• ensure that the quality of available data on drug-related deaths and blood-borne virus infections is improved, to assist commissioning partnerships in their annual needs assessments and in prioritisation and allocation of local resources;
• explore mechanisms for routine collection of needle exchange data;
• deliver increased analysis of information from coroners' reports [this is the np-SAD];
• ensure, through the NTA/Healthcare Commission Improvement Review process, benchmarking of local partnerships in terms of the commissioning and provision of harm reduction; and
• include routine assessment and recording of relevant health and injecting behaviour outcomes through implementation of the new Treatment Outcome Profile.

Wales

Extract from Welsh Drug Strategy 2008-2018:-
http://wales.gov.uk/dsjlg/publications/commmunitysafety/strategy/strategye.pdf;jsessionid=zLZNKYrRFPlh5tshFknKFG9nMs6CLF1T7qCNgkG2HZDQ61sSGV2b!-845036832?lang=en

Reducing drug related deaths

Under the previous strategy we published guidance in 2005 on conducting local confidential reviews into drug related deaths38. Four regional panels are now established to carry out joint analysis of a sample of drug related deaths. All such reviews are undertaken in a transparent and supportive manner whilst ensuring that a no blame culture prevails. This approach is providing a better understanding of the risks individuals take and is also identifying strengths and weaknesses in the support provided by a range of organisations including substance misuse treatment service providers. In particular, trends are beginning to emerge which should help partners to inform the shape of future service provision. To support this, a National Monitoring Group for Drug Related Deaths in Wales has been established to ensure knowledge and best practice is widely disseminated across Wales. Under this strategy we intend to take forward actions which focus on reducing the number of deaths and near fatal drug poisonings.

Scotland

http://www.scotland.gov.uk/Publications/2008/05/27154627/0

Recommendation 4: Research

The Forum believes that in addition to accurate data collection there is a need to continue to investigate the circumstances and settings of drug-related deaths and how such factors contribute to them.

The Forum also recommends that research should be commissioned into other treatments that may assist addicts to become drug free, e.g., the use of naltrexone highlighted in this report, and the effects of the introduction of Subutex and Suboxone in drug treatment.

Scottish Government Response

The National Evidence Group being set up under the auspices of the Scottish Advisory Committee on Drug Misuse (SACDM) will, as an early action, consider the adequacy of the overall evidence base in Scotland, and deliver a more systematic and co-ordinated approach for feeding evidence into national and local policy-making and practice.

Dissemination of the evidence will be key to ensuring that the research and good practice that flows from the evidence group is used to its best advantage. While not wanting to pre-empt the group's deliberations, the Government will be proposing improving the evidence base on reducing drug-related deaths as an early priority.

http://www.scotland.gov.uk/News/Releases/2008/12/30110039

The first annual report of the National Forum on Drug-related Deaths, published in December 2007, included a recommendation that a new system for collecting data on drug-related deaths should be set up. Since then local pilots have been run in Lanarkshire, Ayrshire & Arran and in Dumfries & Galloway.

Details of the social and medical history of every person whose life is lost to drugs in Scotland will be recorded and centrally collected from the start of 2009, in a bid to help prevent future deaths. Minister for Community Safety Fergus Ewing said the drug-related deaths database - the first of its kind in the UK - would help inform service providers and policy-makers working to reduce the toll of drugs, which directly claimed 455 lives in 2007.

The national database is hosted by ISD, with information collected locally by Alcohol & Drug Action Teams (ADATs) or other nominated individuals. Personal details gathered about the drug user will include information on: their drug taking history; where they were living and who with (including children); whether they were known to services or were on waiting lists; involvement with the criminal justice system; what drugs were found at the scene and in the their toxicology; and whether they were taking methadone or other drugs and whether the drugs were prescribed to them or not. ISD will analyse the data on a regular basis to give a national picture and local ADATs will be able to receive reports to help them identify any trends or patterns in their area. Once the database is well-established, it will be cross-referenced with other ISD data sources such as those for hospital discharges, psychiatric discharges and the Scottish Drug Misuse Database - providing a unique opportunity to examine all hospital, psychiatric and treatment incidents prior to death.

Northern Ireland

In Northern Ireland a combined strategy – *New Strategic Direction for Alcohol and Drugs 2006-2011* – was launched on 8 May 2006 (DHSSPS, 2006). The document can be viewed at: http://www.dhsspsni.gov.uk/nsdad-finalversion-may06.pdf. In order to measure the extent to which the overall aim of reducing alcohol and drug-related harm has been met, a set of indicators, including drug-related deaths, has been established (see section 3.3).

6.3. Are death certificates undergoing post-mortem investigation being clearly identified? And how? (e.g. is there a provisional certificate followed by a definitive death certificate?)

If death was due to natural causes, coroners will inform registrars of deaths that the death can be registered and a death certificate issued. But if there is to be an inquest, an Interim Certificate of the Fact of Death (see attached specimen) can be issued to assist in the administration of the estate of the deceased person, etc. Once an inquest is completed, the coroner will inform the registrar of deaths and a death certificate can then be issued. When an inquest is adjourned after someone has been charged with causing the death, a death certificate can be issued.

6.4. How are these death certificates (under investigation) processed? Is there any legal regulation about them?

The GMRs do not receive the Interim Certificates as to the Fact of Death.

6.5. How is the information generated during the post-mortem investigation used in the death registration process? (e.g. filing the definitive death certificate, or submitting an additional form to be transmitted to the GMR with the final results?)

Deaths are not normally registered in England & Wales until investigations are complete, so the only certificate of cause of death that is issued is the final one. The exception to this is the very small number that are registered when a coroner adjourns his inquest because someone is liable to be prosecuted in a higher court in relation to the death. These are the so called 'accelerated registrations'. They used to be coded by ONS to E988 in ICD-9, then a Y code in ICD-10 and now to U50.9. There are laws about these things - currently the Registration of Births and deaths ACT 1953, and the Coroners act 1988, plus regulations associated with each. Obviously, there cannot be a verdict before the legal proceedings are completed. Coroners give a variable amount of information about the injury/ies or poisoning on form 120 which they send to the registrar. Details are in the front of ONS mortality publications, and copies of all the forms involved in the back eg DH2, DH1, DH4 and the more recent Deaths registered in England and Wales volumes available on the ONS website. http://www.statistics.gov.uk/statbase/Product.asp?vlnk=15096

The registrar records what kind of death certificate was used to register the death and ONS published tables of underlying cause by how the death was certified - doctor, coroner with inquest, coroner PM only, uncertified, until 2005. The routine table was dropped, following consultation, because it appeared that no one used or wanted it. All 'unnatural deaths, incldluing all deaths due to any kind of poisoning, drug overdose or contaminated/ illicit drug use, have to be referred to the coroner, and are subject to inquest.

When ONS get updated information, including verdict/intent, the underlying cause of death is recoded. The majority will be re-coded to the assault range in ICD-10, and some to land transport accidents (eg when someone was prosecuted for causing death by dangerous driving). Tables of deaths by updated cause were published each year in series DH4. There are a tiny number of deaths for which someone was prosecuted for supplying controlled drugs to the deceased. These are coded to an assault code. This is described in the annual drug poisoning reports in *Health Statistics Quarterly*, where the full code ranges are given.

6.6. Are there any legal regulations regarding Death Certificates? Is it possible to have a temporary death certificate that can later be updated? In case there is any legal regulation, is it followed in all cases? In case it is not, why?

It is not possible to have a temporary death certificate (but see 6.3 – 6.5 above).

6.7. Is it possible to identify in the outcomes of cause(s) of death produced by the GMR those cases that are/have been under investigation?

See 6.5 above.

Appendix: np-SAD data collection form

The National Programme on Substance Abuse Deaths (np-SAD)

NOTIFICATION OF DRUG-RELATED DEATHS

Section I Demographic information

Deceased forename(s): _____ Gender: ☐ Male ☐ Female
Family name: _____Other names known by: _____
Date of birth: _____/_____/_____ Place of birth: _____
Usual address:_____
_____Postcode: _____

Ethnicity (tick one only)

☐ White ☐ Pakistani ☐ Black African ☐ Other, specify_____
☐ Chinese ☐ Bangladeshi ☐ Black Caribbean ☐ Not known
☐ Indian ☐ Black other, specify _____

Occupational status (tick one only)

☐ Employed (manual) ☐ Unemployed ☐ Retired
☐ Employed (non-manual) ☐ Childcare/houseperson ☐ Student/pupil
☐ Self employed ☐ Invalidity/sickness ☐ Other, specify_____
☐ Not known

Living arrangements (tick one only)

☐ Alone ☐ Self and children ☐ No fixed abode
☐ With partner ☐ With parent(s) ☐ Other, specify_____
☐ With partner & children ☐ With friend(s) ☐ Not known

Section II Details of death

Date of death: _____/_____/_____

Place of death: (tick one only)

☐ Home ☐ Residential premises (.e. hotel) ☐ In custody
☐ Place of work ☐ Street or highway ☐ Place of recreation/sport
☐ Treatment centre ☐ Educational establishment ☐ Hospital
☐ Other place, specify_____

Cause(s) of death (as given on the death certificate)

1(a)_____
(b) _____
(c) _____
2 _____

The National Programme on Substance Abuse Deaths (np-SAD)

Toxicology
Please list drugs and alcohol present at post mortem (in order of importance, if known)

	Drug/alcohol	Level				Drug/alcohol	Level		
		B	T	U			*B*	*T*	*U*
1					4				
2					5				
3					6				

B = Blood; T = Tissues; U = Urine

Section III Coroner's verdict

Section IV Background information

Recent history of drug use and other relevant information: e.g. evidence of injecting drug use; evidence of 'crack' use; recently released from prison or discharged from treatment programme; psychiatric history; known to alcohol/drug services; length of use; poly-substance user; known health problems associated with substance misuse; last 24 hours of life (if known), time police summoned, any drugs paraphernalia, etc.:

Was the deceased on prescribed psychoactive medication? □ Yes □ No □ Not known
If yes, please list drugs:
1 _____ 2 _____
3 _____ 4 _____
5 _____ 6 _____

Was the deceased a drug addict or known drug abuser? □ Yes □ No □ Not known

Section V Coroner's details

Coroner's name: _____Date inquest completed: ____/_____/_____
Jurisdiction: _____Office: _____
Signature: _____Date: _____/_____/_____

Please send completed form to:

National Programme on Substance Abuse Deaths (np-SAD)
International Centre for Drug Policy
St George's, University of London
FREEPOST LON 10141,
London SW17 0BR

For general enquiries: Tel 020 8725 2623 or Fax 020 8266 6494

This form is available electronically

Data flow of information regarding drug-related deaths for the UK Special Register (np-SAD)

Key: → Black arrow - flow within a country

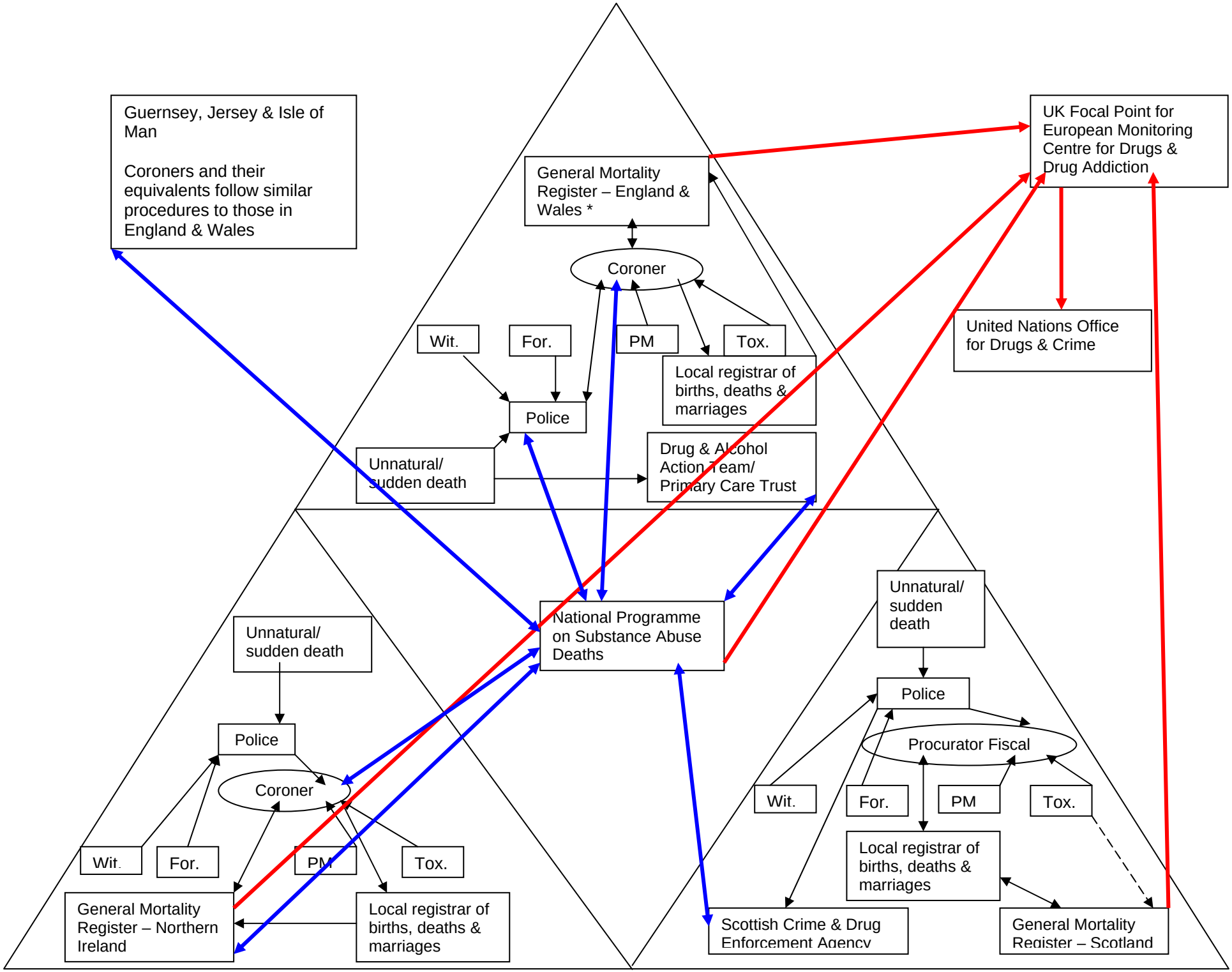
→ Blue arrow - flow between key data suppliers and np-SAD

→ Red arrow - formal reporting flow for EMCDDA

Abbreviations:
Wit = Witnesses
For = Forensic investigation
PM = Post Mortem
Tox = Toxicology

John M Corkery

14 December 2008


Guernsey, Jersey & Isle of Man
Coroners and their equivalents follow similar procedures to those in England & Wales
General Mortality Register – England & Wales *
Coroner
Wit.
For.
PM
Tox.
Police
Local registrar of births, deaths & marriages
Unnatural/ sudden death
Drug & Alcohol Action Team/ Primary Care Trust
UK Focal Point for European Monitoring Centre for Drugs & Drug Addiction
United Nations Office for Drugs & Crime
National Programme on Substance Abuse Deaths
Unnatural/ sudden death
Police
Coroner
Wit.
For.
PM
Tox.
General Mortality Register – Northern Ireland
Local registrar of births, deaths & marriages
Unnatural/ sudden death
Police
Procurator Fiscal
Wit.
For.
PM
Tox.
Local registrar of births, deaths & marriages
Scottish Crime & Drug Enforcement Agency
General Mortality Register – Scotland

SAMPLE

West London Coroner's Court
25 Bagley's Lane
Fulham
London
SW6 2QA
Tel: 020-8753-6804/09
Fax: 020-7384-2762

CORONER'S INTERIM CERTIFICATE OF THE FACT OF DEATH

Pursuant to the Coroner's Act 1988 and Rule 30 of the Coroner's Rules 1984 (Statutory Instrument No.552)

DEATH

Date and Place of Death

Name and Surname

Sex

Maiden Name

Date and Place of Birth

Occupation and Usual Address

Date Inquest Opened

The precise medical cause of death was as follows:
(subject to confirmation at Inquest)

Ia

Ib

Ic

II

I certify that in accordance with my statutory duty, I have opened an Inquest into the death of the above-named, and taken evidence of the facts set out, which stands adjourned for the completion of my enquiries.

Signed Date

Miss Alison M. Thompson

Her Majesty's Coroner for the Western District of London

The Registrar of Deaths Cannot issue a Death Certificate until the Inquest has been completed.