EMCDDA SCIENTIFIC REPORT

Co-ordination of the implementation of the EMCDDA standard guidelines on the drug-related deaths indicator in the EU Member States, and the collection and analysis of information on drug-related deaths

SUMMARY
Key-indicator drug-related deaths

Data on drug-related deaths count as one of the five epidemiological key-indicators of the EMCDDA to be implemented in the Member States of the European Union. Therefore the EMCDDA’s ultimate goal is to establish objective and reliable figures on drug-related death that are comparable between Member States. Comparability will be reached if in all Member States a similar procedure will be followed to estimate the number of drug-related deaths.

In order to set realistic goals for the coming years, priorities have been set at the endpoint of procedures by harmonising data extraction and classification from different registers. Estimations further focus on deaths directly related to drugs. To estimate the total burden of direct and indirect deaths, four methodological options have been established.

Version 2.0 of the DRD-Standard

For the 2001 field trial on drug-related deaths version 2.0 of the DRD-Standard was developed. In addition to version 1.0 that applied to Special Registers (SRs) and ICD-9 coded General Mortality Registers (GMRs), version 2.0 also applies to ICD-10 coded GMRs.

A main purpose of the 2001 field trial was to test the DRD-Standard for ICD-10 data. To avoid laborious spreadsheets it was recommended to send the data directly in the format of the general EMCDDA databases. Therefore guidelines were established for direct data delivery.

During the 2001 field trial, four Member States have proven indeed that this more efficient procedure of direct data delivery is feasible.

Analysis of ICD-10 data from GMRs

It appeared feasible to analyse ICD-10 data from the GMRs of Denmark, Finland, Germany, Luxembourg, the Netherlands, and Sweden. Three possible selections of ICD-10 codes were investigated:

- Selection A, the Restrictive estimate, which included deaths due to mental and behavioral disorders (harmful use, dependence) and accidental poisoning by drugs typical of abuse.
- Selection B, the Broad estimate, which included selection A as well as deaths due to intentional poisoning and poisoning by undetermined intent by drugs typical of abuse.
- Selection C, the All-Inclusive estimate, which included selection B (and thus A) as well as deaths due to medicines.

Ten versions of selection A, ten versions of selection B, and ten versions of selection C were investigated, resulting in a total of 30 possible selections.
Recommendations

Selection of ICD-10 codes

1) For ICD-10 coded General Mortality Registers (GMRs), it is recommended to select the following codes to estimate the number of drug-related deaths:
   - Harmful use, dependence, and other mental and behavioral disorders due to:
     - opioids (F11)
     - cannabinoids (F12)
     - cocaine (F14)
     - other stimulants (F15)
     - hallucinogens (F16)
     - multiple drug use (F19).
   - Accidental poisoning (X41, X42), intentional poisoning (X61, X62), or poisoning by undetermined intent (Y11, Y12) by:
     - opium (T40.0)
     - heroin (T40.1)
     - other opioids (T40.2)
     - methadone (T40.3)
     - other synthetic narcotics (T40.4)
     - cocaine (T40.5)
     - other and unspecified narcotics (T40.6)
     - cannabis (T40.7)
     - lysergide (T40.8)
     - other and unspecified psychodysleptics (T40.9)
     - psychostimulants (T43.6)

   The T-codes are to be selected in combination with the respective X-codes and Y-codes.

2) It is recommended that the proposed selection be discussed among national experts, Eurostat, and the WHO.

Continuation of research

3) It is recommended that, by continuation of research, it be investigated in the countries already coding to ICD-10 which cases are coded to T40.4 (other synthetic narcotics), T40.6 (other and unspecified narcotics), T40.9 (other and unspecified psychodysleptics), and the remaining T-codes.

4) It is recommended that in further research it be investigated which factors may have caused a breach of trend when changing from ICD-8/9 coding to ICD-10 coding in Denmark (1994-1996) and Finland (1996-1997).
Selection on age group

5) It is recommended that for the estimation of the number of drug-related deaths, the selection of ICD-10 codes proposed above will be further selected on an appropriate age group. It is recommended to investigate in continued research, for example, the age group 15 through 64 years.

Guidelines for ICD-10 coding

6) It is recommended that the WHO Mortality Reference Group will establish a new priority list for substances and will recommend to the WHO Update Reference Committee the following guideline: "As far as current guidelines for multiple substances lead to other ICD-10 groups than T50.9, apply these guidelines. When existing guidelines would lead to T50.9, apply the new priority list."

7) It is recommended that it be recommended to Eurostat that for the ICD-10 code T50.9 (other and unspecified drugs, medicaments and chemicals) special queries will be conducted.

8) It is further recommended that the WHO Mortality Reference Group will recommend to the WHO Update Reference Committee the following new guideline for ICD-10 coding: "Code lethal poisonings to Txx.x and not to "acute intoxication" (Fxx.0)."

9) It is recommended that the WHO Mortality Reference Group will recommend to the WHO Update Reference Committee the following new guideline for ICD-10 coding: "Instead of giving dependence (Fxx.2) priority over poisoning (Txx.x), give poisoning (Txx.x) priority over dependence (Fxx.2)."

Direct data-delivery

10) It is recommended that for future data collection all Member States deliver data on drug-related deaths more efficiently in the direct format of the EMCDDA databases.

Total burden of drug-related deaths

11) It is recommended that the national experts apply those methodological options that are feasible for their country to estimate the total burden of drug-related deaths.

Forensic issues

12) With regard to forensic issues, it is recommended that the EMCDDA continues collaboration with Eurostat and initiates collaboration with the European Council of Legal Medicine (ECLM).