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

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Questionnaire completed by:

Name: Cristina Cordeiro and Beatriz Simões da Silva

Title/Position: Forensic Pathologists

Organization: National Institute of Forensic Medicine - Portugal

Mailing Address: Largo da Sé Nova, 3000-213 Coimbra, Portugal

Phone: +351 239854230 Fax: +351 239852516

E-mail: cristina.cordeiro@dcinml.mj.pt; beatriz.silva@dcinml.mj.pt

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, in an unnatural or violent death, the corpse is brought into the forensic services. The forensic doctor makes an external exam that is send to the public prosecutor, who decides if the autopsy is performed. In some cases the police contact the forensic doctor who makes the death scene investigation, usually with a police investigator. His report is also communicated to the public prosecutor.
In Portugal the law concerns that the autopsy is always mandatory in deaths caused by traffic or labour accidents with immediate death or in cases of intentional crime.

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

The public prosecutor

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 death could be confirmed by any doctor who arrives at the scene death, usually those from the emergency team, health delegate or the forensic doctor.

The autopsy is performed by forensic pathologists, in official forensic services, who have total freedom to demand the analysis and other exams scientifically adequate to the situation.
The inquest into the circumstances of death could be done by the police or the forensic doctor.

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 what concerns to the conclusions of the autopsy the forensic doctor is independent, but he uses all available information obtain (from the death scene, police investigation, clinic information and under obtain by posterior contact with the family).

Excluding the forensic report, the post-mortem investigation is the responsibility of the police and the public prosecutor.

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

The autopsy and analyses are paid to the National Institute of Legal (Forensic) Medicine, in a preliminary time, by the services of the prosecutor or the court. However, as these expenses are considered court costs, who is condemned must pay them to the State. In cases like traffic accidents the assurances pay the costs to the State. The victim's family never pays the autopsy

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

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

From the forensic point of view, the forensic services. They are filed in the autopsy file.

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

The forensic data is in the custody of the National Institute of Legal (Forensic) Medicine but the public prosecutor is the "owner" of the data. Is based on an opinion the Supreme Council of Magistracy.

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, the forensic services of the National Institute of Legal (Forensic) Medicine.

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?

In a data base. Yes, from the police, the hospitals, the family, the court, …

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. The researchers need authorization to have access.

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?

All kind of deaths submitted to forensic autopsy

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: None

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			If known
Recent release from detoxification unit	x			If known
Whether the person has been arrested or been in prison in the past		x		
History of overdose(s)	x			If known
History of suicide attempts/self-harm	x			If known
History of harmful or dependant alcohol drinking	x			If known
History of recreational drug use	x			If known
History of volatile substance abuse	x			If known
Patient prescription history (e.g. antidepressants, benzodiazepine, …)	x			If known
Patient co-morbidity, including mental health condition and physical	x			If known
Recent traumatic life events (e.g. divorce, death of significant other, redundancy)	x			If known
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 Annex 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.)

All the above mentioned

5.3. How is the information stored?

In a data base in the services of the National Institute of Legal (Forensic) Medicine

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

The National Institute of Legal (Forensic) Medicine supports the expenses of the data collection

5.4. 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’s 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. 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?)

No

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

No

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 an 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?

In Portugal the Death Certificates will be change by the end of the year 2010, and all the information will be registered in a digital application. All the entities involved (police, prosecutor, National Institute of Legal (Forensic) Medicine, hospitals, doctors, Civil Registry Office and Statistic Institute) have access (sometimes restricted) to this database. After the autopsy's report is completed, the cause and manner of death may be changed in the death certificate in those cases where it was registered as "unknown 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?

See 6.6

FLOW CHART

PORTUGAL