

Special register on drug-related death

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Why a special register (SR)?

- Substances do not have specific codes (ICD10)
 - E.g. Opiate-related death: heroïne or medical opiates?
 - T43.6: Intox with psychostimulantia: amphetamine, ecstasy, cafeïne, khat, ephedrine.
- Yearly report on drug-related death – not timely to signal trends/‘bad drugs’
- Little-to-no information on context and medical history
- Insights on methods used to establish cause of death (e.g. post-mortem toxicological examination?)

Brief overview of the project

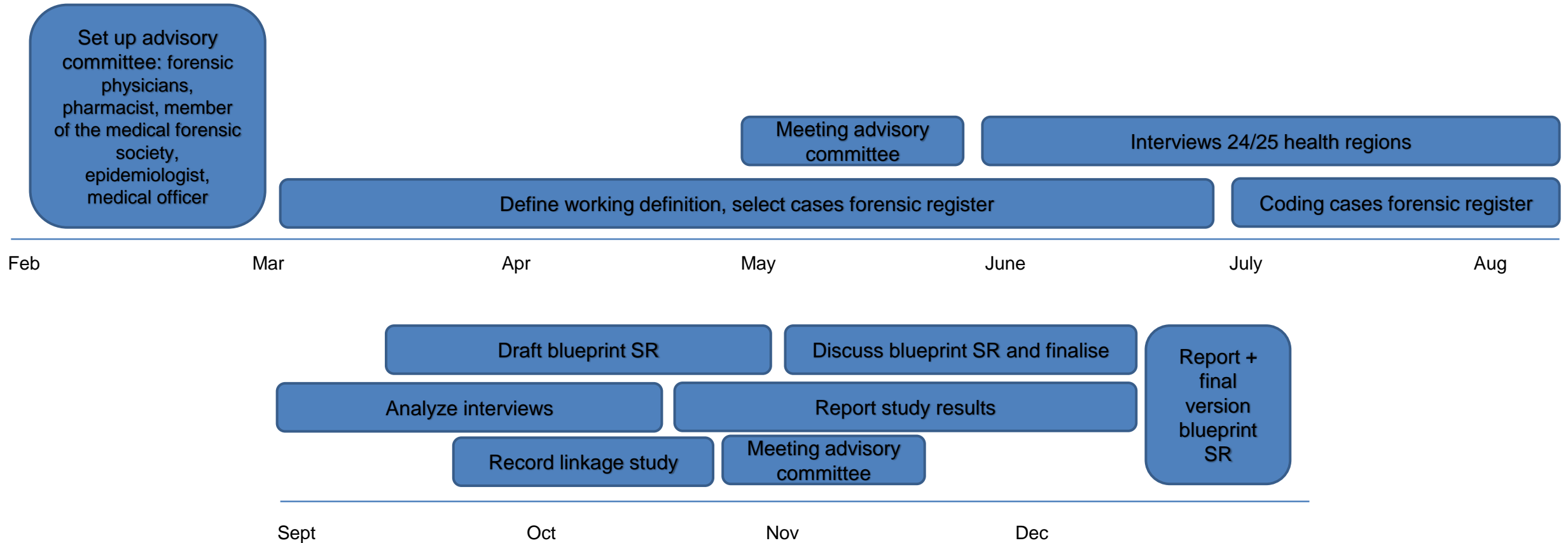
- Define in-/exclusion criteria
 - Substances
 - Cases that not perfectly fit DRD definition but are of importance for policy/prevention
- Interview: How do forensic physicians recognize DRD, what methods are used and how do they register DRD?
- Record linking study forensic register v.s. Statistics Netherlands (GMR)

Lessons learned so far

- Toxicological examination is crucial to confirm your hypothesis if death is drug-related or not
 - E.g. a 60-year old man was found in his house, known to be a drug user (cocaine and hasj) and to be a drug dealer. His medical history showed: severe asthma, TIA, cardiac problems. No urine or blood samples were taken.
- Resources are an issue
- By use of the SR it is possible to generate more specific numbers on DRD and to collect information for prevention purposes

Example cocaine-related death	N = 30
Only cocaine involved	N = 20
Combination with other substances	N = 10
Accidental overdose	N = 25
Intentional overdose	N = 5
Location of death	
At home	N = 20
On the street	N = 5
At the hospital	N = 5

Project timeline



Thank you

Feel free to contact

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