

Participation in Data Collection Programs

Figures 3 and 4 summarize TLs' and MECs' participation in data collection programs. Respondents were asked if they participate in a selection of drug-related data collection programs or none of them. Overall, a higher percentage of MECs (49%) than TLs (28%) reported participating in a drug-related data collection program. Of private and public TLs, 7% and 45%, respectively, participate in a drug-related data collection program. MECs and TLs most frequently participate in State-based programs (26% and 17%, respectively; data not shown). Slightly more medical examiner offices participate in data collection programs than coroner offices. More MECs serving large jurisdictions participate in these programs than those serving small or medium jurisdictions.

Figure 3 Participation in Drug-Related Data Collection Programs by Responding TLs, by TL Ownership and Caseload Size

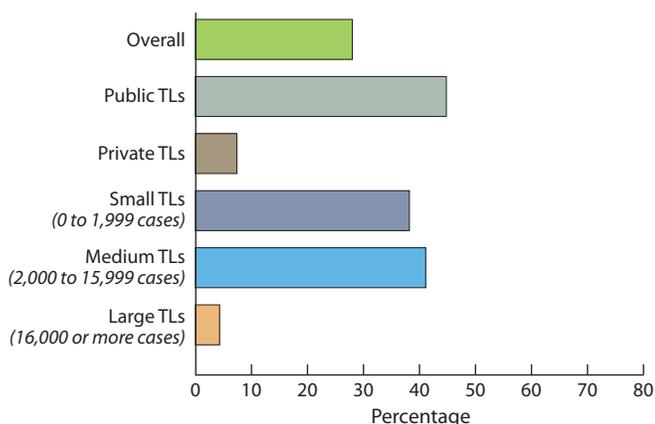
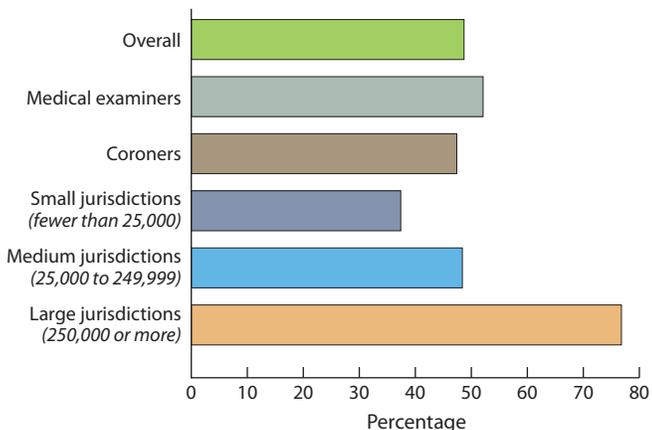


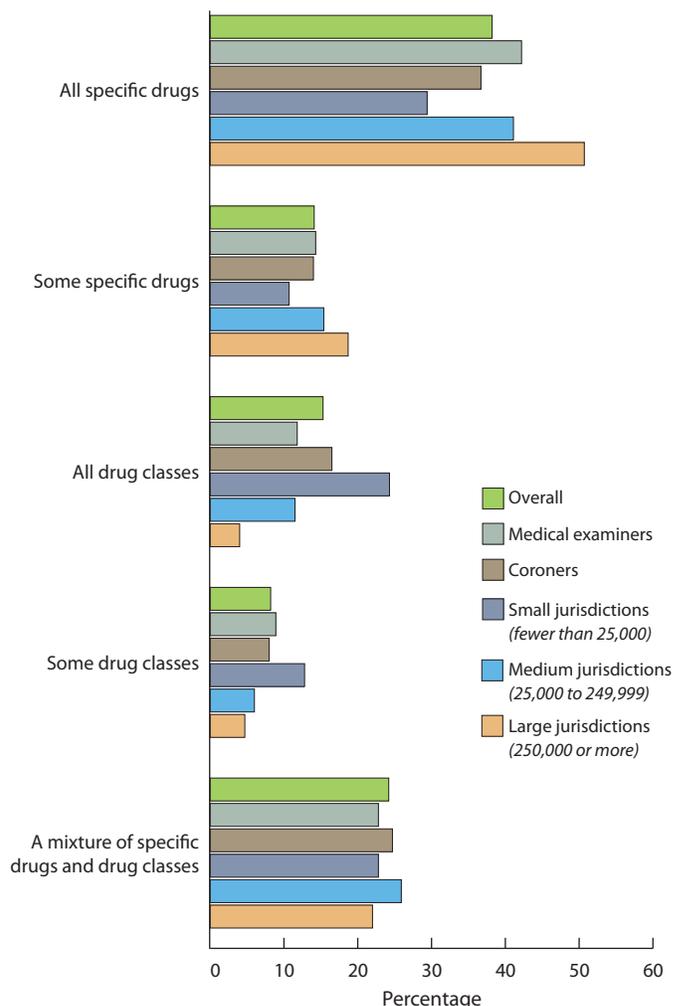
Figure 4 Participation in Drug-Related Data Collection Programs by Responding MECs, by MEC Type and Jurisdiction Size



Death Certificate Listing Practices of MECs

Figure 5 summarizes MECs' practices related to listing drugs found to be a cause or to contribute to a cause of death on a decedent's death certificate. Practices are generally similar between medical examiner and coroner offices. Larger differences were seen between offices based on jurisdiction size than on office type. The most common practice among all MECs is to list all specific drugs on the death certificate (38%). Offices serving large jurisdictions are more likely to do this (51%) than offices serving small jurisdictions (29%). The next most common practice is to list a mixture of specific drugs and drug classes (24%). More MECs serving small jurisdictions reported listing all drug classes on the death certificate (24%) than MECs serving large jurisdictions (4%).

Figure 5 Drugs and Drug Classes Listed on Death Certificates When Drugs Are Found to Be a Cause or to Contribute to a Cause of Death, by MEC Type and Jurisdiction Size



Note: In Figures 3–5, respondents with unknown information are excluded.

¹U.S. Drug Enforcement Administration, Diversion Control Division. (2018). *2017 Toxicology Laboratory Survey Report*. Springfield, VA: U.S. Drug Enforcement Administration.

²U.S. Drug Enforcement Administration, Diversion Control Division. (2018). *2017 Medical Examiner/Coroner Office Survey Report*. Springfield, VA: U.S. Drug Enforcement Administration.