

R02: Drug-related acute intoxication

Purpose of collecting these data:

This module focuses on the prevention and treatment of acute intoxication, its adverse health consequences and the risk of fatal overdose.

To this end, it aims to provide information on the number of acute intoxication cases, related hospitalizations and emergency visits, and information on emerging trends and interventions aimed at preventing overdose deaths. Given the importance of monitoring if some population groups are more susceptible to acute intoxication, this module also collects data on socio-demographic characteristics including age, sex, and the living and working conditions of the people who use drugs that have experienced acute intoxication.

Items	Type	Description	Response options	Definitions / Specific instructions	Disaggregation	Metadata	Justification
Ranking and trends in drug-related morbidity	I	Ranking of drug groups/types based on their contribution to acute intoxication cases.	1,2,3,...	Glossary	<ul style="list-style-type: none"> • Drug type (<i>same list as module A04</i>) • Sex • Intervention type: <ul style="list-style-type: none"> - Emergency visits (EV) - Hospitalization (H) 	Information on the procedure used for the qualitative assessment: specify number of experts, affiliation, method (e.g. Delphi). Primary sources used for the qualitative assessment: <ul style="list-style-type: none"> • national data (specify collection method) 	UNGASS: Para 1 m "Promote the inclusion in national drug policies, in accordance with national legislation and as appropriate, of elements for the prevention and treatment of drug overdose, in particular opioid overdose..." <i>Vulnerable groups:</i> Proportionate and effective policies and responses, as well as legal
		Trends in acute intoxication cases	Large increase, Some increase, Stable, Some decrease, Large decrease, Unknown				

<p>New developments in drug-related acute intoxication cases</p>	<p>I</p>	<p>Changes that might have occurred in terms of non-fatal overdoses, e.g.:</p> <ul style="list-style-type: none"> - specific new programs aimed at prevention of overdose fatalities - major increase or decrease of non-fatal overdoses caused by a specific drug, - any structural shocks (e.g. significant emerging combinations of drugs causing significant changes), - any changes in policies targeting acute intoxication incl. new programs aimed at developments in antagonist treatment (e.g. training, change in regulation on access) - any changes to hospitalization and emergency responses (e.g. standard operating procedures, increase or decrease) 	<p>Free text</p>		<ul style="list-style-type: none"> • Intervention type: <ul style="list-style-type: none"> -Emergency visits (EV) -Hospitalization (H) 	<ul style="list-style-type: none"> • periodic government report (link) • specific study (link) • expert assessment • other (specify) <p>Geographical coverage: national vs subnational, # provinces / states</p>	<p>guarantees and safeguards pertaining to criminal justice proceedings and the justice sector: Para 4 a,d,g (gender),i (indigenous people)</p> <p>PoA: Para 2.</p> <p>EWG:</p> <ul style="list-style-type: none"> - strengthen the current questions on non-fatal overdose and emergency rooms visits, while making them part of the rotating part of the ARQ. - Disaggregate data on morbidity and mortality by gender. - ARQ should adopt a flexible approach in order to improve the response rate across indicators and measures, so that every country can at least report some basic information on drug morbidity and mortality. - Selected drugs to be chosen (F10-19): EGM 2018: Opioids, cannabinoids, sedatives and hypnotics, cocaine, stimulants, hallucinogens, solvents and inhalants, Other psychoactive substances (including NPS)
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<p>Qualitative assessment of polydrug use</p>	<p>I</p>	<p>Specification of the most common combinations of drugs causing acute intoxication</p>	<p>List of primary and secondary drug types (<i>adapted version of list L1 on drug classes and types for prevalence related questions</i>)</p>		<p><i>Not applicable</i></p>		
<p>Availability and access to antagonist drugs registered in the country</p>	<p>I</p>	<p>Specification of the registered antagonists most often used in the country for the three primary drugs which mostly cause acute intoxication.</p>	<p>Naloxone, Neltraxone, Other (specify)</p>	<p>Antagonist: A substance that counteracts the effects of another agent. Pharmacologically, an antagonist interacts with a receptor to inhibit the action of agents (agonists) that produce specific physiological or behavioural effects mediated by that receptor. (<i>Source: WHO lexicon</i>). Antagonist drugs are used in cases of acute intoxication to reverse the negative effects of the drug that the patient has taken, and which has led to intoxication, to avoid fatality.</p> <p>Registered drugs: drugs that are monitored and have a system of monitoring and defining access to different population groups (it may include drugs for which standard operational procedures have been developed at a national level and implemented throughout the country or in parts of the country.</p> <p>Emergency visits in cases of overdose, drug-related accidents and trauma. These include visits for treatment of acute intoxication, withdrawal symptoms, detoxification treatment and</p>	<ul style="list-style-type: none"> • Primary drug type (<i>same list as module A04</i>) 	<ul style="list-style-type: none"> • Geographical coverage: national vs subnational, # provinces / states 	

				<p>of any related mental and physical health condition/s that a drug user may experience. They include paramedic help/aid outside hospitals and exclude stay overnight.</p> <p>Hospitalization includes treatment on an in-patient basis, i.e. hospital admission that usually involves overnight stay. <i>Source: Drug Abuse Warning Network.</i></p>			
	II	Mode of access to antagonists in institutional and non-institutional settings	Prescription, Without prescription, Other (specify)	<p>Persons with access to antagonists in non-institutional settings include social, community workers, members of society involved in assisting people with drug use disorders outside of treatment centres, hospitals and other facilities providing services to people who use drugs. It may include people who administer home visits, organize community groups and training involving people with drug use disorders.</p>	<i>Not applicable</i>	<i>Not applicable</i>	
		Population groups that can have access to antagonists as prevention of acute intoxication	<ul style="list-style-type: none"> - family members - drug users - people working with drug users in non-institutional settings - law enforcement - Other (to be specified) 				
		<ul style="list-style-type: none"> • Medical facilities and population groups that typically have stocks of antagonist drugs 	<ul style="list-style-type: none"> - Pharmacies - Hospitals - General (primary) health care units - Drug treatment centres - Mental health care facilities providing drug treatment services - Police - Community workers - Other (to be specified) 				

Non-fatal overdoses: Availability of quantitative data	I	Existence of information/data on acute intoxication episodes/persons who experienced acute intoxication	Yes, No, Unknown	If the answer to the question is NO, the respondent skips the next part.	<i>Not applicable</i>	<ul style="list-style-type: none"> • Geographical coverage: national vs subnational, # provinces / states • Reference period • Response type <ul style="list-style-type: none"> - Emergency visits - Hospitalization • Data source • Episodes or persons 	
Number of episodes	II	Total episodes of non-fatal overdoses and acute intoxication recorded during the last 5 years.	Statistical data	<p>ICD (10th revision or revision used) definitions to be used. For countries in which ICD* has not yet been implemented, national definitions are to be specified and used. If no data on episodes is available.</p> <p>ICD 10 codes: Chapter V: F10-19-4th level 0 (Flx.0) used in combination with T codes (Chapter XX) T 40.0-9 (poisoning by narcotics and psychodysleptics) and T 43 (poisoning by psychotropic drugs, not elsewhere classifies (e.g. ATS)</p> <p>Non-fatal overdose The use of any drug in such an amount that acute adverse physical or mental effects are produced. Overdose may produce transient or lasting effects, or death; the lethal dose of a particular drug varies with the individual and with circumstances.</p> <p>Acute intoxication Intoxication is a <u>transient</u> condition that follows the administration of a psychoactive substance and results in disturbances in the level of consciousness, cognition, perception,</p>	<ul style="list-style-type: none"> • Primary drug type (<i>same list as module A04</i>) • Age: <18, 18-24, 25-64, >65 • Sex • Year: last 5 years • Intervention type: <ul style="list-style-type: none"> - Emergency visits (EV) - Hospitalization (H) 	<p>Expert opinion: Evaluation of the reported figures relative to the total number of people that have experienced intoxication (both by emergency visits and by hospitalization)</p> <p>Low <=25% Medium 25-75% High =>75 % <i>Disaggregation: EMCDDA</i></p>	

				<p>judgement, affect, or behaviour, or other psychophysiological functions and responses. The disturbances are related to the acute pharmacological effects of, and learned responses to, the substance and resolve with time, with complete recovery, except where tissue damage or other complications have arisen...Complications may include trauma, inhalation of vomitus, delirium, coma, and convulsions, depending on the substance and method of administration.</p> <p>Source: https://www.who.int/substance_abuse/terminology/who_lexicon/en/</p> <p>Instructions: Data on episodes is to be provided. If this is not available, data on persons is to be provided.</p>			
Polydrug use	II	Cases where drugs other than the primary drug are counted in the reported figures.	Statistical Data	<p>Polydrug use: The use of a main drug in combination with additional drug/s.</p> <p>Instruction Specification of whether percentages or absolute figures are provided (dropdown menu)</p>	<ul style="list-style-type: none"> • Drug group (<i>same list as module A04</i>) • Intervention type: <ul style="list-style-type: none"> -Emergency visits (EV) -Hospitalization (H) 		
		Proportion of reported figures that capture polydrug use-% or numbers (tick box)-to be provided					
Information on drug-related acute intoxication among specific groups of the population	III	Total number of non-fatal overdoses. If no quantitative data is available, qualitative data to be provided.	Statistical Data	<p>Instruction: If no quantitative data is available, an assessment of the coverage of treatment for the mentioned groups is to be provided (approximate</p>	<p>Specific groups:</p> <ul style="list-style-type: none"> • Persons with disabilities • People living in rural areas • Indigenous people 	<i>Not applicable</i>	<p>PoA: 6a 8b</p>

				proportion of treatment coverage)	<ul style="list-style-type: none"> • Migrants/internally displaced persons • Homeless people • Sex workers • Other (specify) • Sex • Intervention type: <ul style="list-style-type: none"> -Emergency visits (EV) -Hospitalization (H) 		
Availability of studies / research / surveys	III	Link to any studies, reports, surveys or other research on drug use (including poly-drug use) in the general and/or youth population, and/or within specific groups of people in vulnerable situations in your country	Provide link		<i>Not applicable</i>	<i>Not applicable</i>	

* International Statistical Classification of Diseases and Related Health Problems 10th Revision (ICD-10)-WHO Version for; 2016: <https://icd.who.int/browse10/2016/en#/>