Training Tools on Early Warning Systems

Inter-American Drug Abuse Control Commission (CICAD)
Inter-American Observatory on Drugs (OID)
Objective and scope

• THE OBJECTIVE OF THIS TOOL is to have a training methodology on the central aspects of an early warning system on drugs (EWS), aimed at the national drug observatories (NDOs) of the OAS member states that need to implement and/or strengthen their EWS.

• Introductory module: General aspects
• Module 1: Detection
• Module 2: Characterization and evaluation
• Module 3: Emission of an alert
• Module 3: Actions taken, advice, and monitoring
Modules’ objectives

- Focus on the relevant actions of each stage: objective and methodologies
- Identify involved parties: agencies - sources of information - and responsibilities
- Specify the critical aspects* of each stage of the process, focusing on the object of the EWS
- Assemble a specific glossary of key terms and concepts

* Identified according to countries experience in the design and implementation of an EWS, included in the document Status of the EWS in Latin American and Caribbean Countries.
How will it be implemented?

- In two consecutive online training days - 2 hours each:
  - Day 1 - Introductory module and Module 1: Detection
  - Day 2 - Modules 2, 3 and 4: Characterization and evaluation; Emission of an alert; Actions taken, advice and monitoring
- At the end of each module there are exercises and guiding questions that will help in the training process
- Course organization: training workshop with time for questions and comments.
- Participant’s profile: NDO professionals, EWS coordinators, delegates of parties that will be the sources of information and/or EWS members, interested officials.
INTRODUCTORY MODULE

GENERAL ASPECTS
1) Why is it important for a country or region to have an early warning system on drugs?

- Because it is the appropriate methodological tool to produce timely and reliable evidence on the most dynamic aspects of the drug phenomenon today: the constant synthesis of new psychoactive substances (NPS), the emergence of drugs and problems associated with drug use and drug trafficking.
- Because it is the mechanism that allows early detection of possible threats.
- Because it is the mechanism that allows a quick risk characterization and assessment of threats.
- Because it is the mechanism that can emit alerts and timely messages based on evidence, to population groups that are at risk or to institutions that can prevent, mitigate or counteract such risks.
- Because it is the best way in which different institutions can join efforts to improve monitoring capacity of key indicators, agreeing on rapid communication mechanisms between them in order to identify threats early and provide the necessary information and advice to act quickly.
- Because it is an important way to participate in the international community of experts on the subject, benefiting from the latest technology and knowledge through exchange and participation in regional support and training programs on the subject.
2) Differences and similarities between a drug information network and an early warning system

- **Organization**: network of institutions // system with a common purpose
- **Objective**: diagnostic // fast detection to assess risks and issue alerts
- **Scope of analysis**: broad characterizations, inputs for evaluation // targeted monitoring, input for alerts
- **Phenomena under study**: stable, national scope // can be ephemeral and localized
- **Organizational requirements**: formal or informal inter-institutional agreements // formal agreements, operating protocols
- **Products**: national or regional reports // alerts and specific reports
NDO’s role in DINs and EWS

• Coordination
• Define key indicators and identify sources of information
• Define an analysis strategy
• Evaluate the condition of the information: operational definitions, production methodology, conditions of validity and reliability, periodicity, scope (national or local), to guide pertinent modifications.
• Disseminate information
How are DINs and EWS linked?

• In general, the DIN exists before the EWS, therefore, it PROVIDES the EWS with information sources and knowledge about indicators and methodologies
• Many SOURCES OF INFORMATION from the DIN will also be part of the EWS
• Ideally, BOTH of them work and increase the dialogue between stakeholders
• It is important NOT to CONFUSE their purposes
EXERCISE 1

• If your country already has a DIN, what information sources may also be part of the EWS?

• Should the way in which the information is delivered or shared be modified, taking into account the periodicity, the territorial reference, and the characteristics of the information?

• For the implementation of the EWS, will it be necessary to identify a new person or area to act as focal point for the EWS?

• Make a list of the sources of information available in your country or region, identify which indicators they develop and identify the specific area of intervention. Do you know the person in charge? Could you contact her to be part of the SAT?
As an example

There is a DIN in your country which is coordinated by the NDO. The DIN is formed by institutions that already share Information with the NDO.

Some of them will be useful for the EWS, some of them will not.

Some extra Information might be needed. Which information does it systematizes? Who is the person in charge?
<table>
<thead>
<tr>
<th>Instituciones</th>
<th>Información que entrega anualmente a la RID</th>
<th>¿Es de interés para el SAT?</th>
<th>Información adicional que deberá monitoreada por la organización para descubrir posibles amenazas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ministerio del Interior o de Seguridad</td>
<td>Cantidad total de incautaciones por tipo de drogas (cocaína, marihuana, drogas de síntesis, otras drogas).</td>
<td>SI</td>
<td>Diferenciado por provincias/regiones. Diferenciar qué tipo de cocaína y cuáles son las “otras drogas”. Diferenciar si son muestras callejeras o de tráfico (de escala internacional o nacional).</td>
</tr>
<tr>
<td></td>
<td>Cantidad total de laboratorios de fabricación de drogas desmantelados.</td>
<td>SI</td>
<td>Tipo de drogas de fabricación y destino.</td>
</tr>
<tr>
<td></td>
<td>Cantidad total de precursores químicos decomisados.</td>
<td>SI</td>
<td>Tipo de precursores y para la fabricación.</td>
</tr>
<tr>
<td></td>
<td>Cantidad de policías y miembros de las fuerzas de seguridad destinados al control del narcotráfico.</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>Ministerio de Salud</td>
<td>Cantidad de muertes por sobredosis de drogas.</td>
<td>SI</td>
<td>Especificar el tipo de drogas involucradas.</td>
</tr>
<tr>
<td></td>
<td>Cantidad de centros de tratamiento para usuarios de drogas existentes en el país.</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cantidad de camas disponibles para pacientes por problemas de drogas.</td>
<td>NO</td>
<td></td>
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<tr>
<td></td>
<td>Cantidad de pacientes en tratamiento por consumo de drogas, según droga de demanda de tratamiento: cocaína, marihuana, alcohol y otras drogas.</td>
<td>SI</td>
<td>Diferenciar qué tipo de cocaína. Conocer el perfil de consumo y las drogas consumidas en los últimos 30 días.</td>
</tr>
<tr>
<td></td>
<td>Cantidad de pacientes atendidos por intoxicación o sobredosis en las salas de emergencia del país.</td>
<td>SI</td>
<td>Descripción del perfil demográfico de las personas atendidas y dónde (ciudades, provincias) y tipo de sustancias involucradas en los episodios.</td>
</tr>
<tr>
<td>Ministerio de Justicia</td>
<td>Cantidad de personas privadas de libertad por delitos de drogas.</td>
<td>NO</td>
<td>Patrones de consumo de las personas privadas de libertad.</td>
</tr>
<tr>
<td></td>
<td>Cantidad de procedimientos de análisis de caracterización química solicitados.</td>
<td>SI</td>
<td>Descripción de los resultados analíticos según el tipo de muestras. Descripción de los adulterantes y diluyentes encontrados y su peso relativo según el tipo de muestras.</td>
</tr>
<tr>
<td>Red de ONG de prevención y atención de usuarios con problemas de consumo de drogas</td>
<td>Cantidad de personas que buscaron tratamiento.</td>
<td>SI</td>
<td>Droga de demanda de tratamiento.</td>
</tr>
<tr>
<td></td>
<td>Cantidad de personas en tratamiento por consumo de drogas, según tipo de programas.</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cantidad de personas que recibieron programas de prevención.</td>
<td>NO</td>
<td></td>
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</tbody>
</table>
3) Definition and main aspects of an early warning system on drugs.

**Early Warning System**
Consists of an inter-institutional network of key actors that generate and exchange information in order to:

1. **DETECT threats early** (NPS and/or emerging substances and/or emerging drug phenomena)
2. **ASSESS** the risks related to substance use and exposure
3. **ISSUE** alerts
4. **Design** effective responses
Index of included topics:

a) General objectives of EWS
   → Maintain active surveillance on NPS, emerging drugs and associated phenomena, in the area of:
     • Epidemiology: use patterns
     • Health: acute poisoning or health problems (morbidity and mortality)
     • Production and trafficking: seizures

b) Main activities to guarantee surveillance for detection of possible threats, to activate and coordinate the characterization and evaluation process, and to issue the alert.

c) Define the coordination and roles

d) Importance of a regulatory framework in the establishment

*The EWS is a way of knowing, investigating, systematizing, analyzing, and informing. It is a process with challenges and is permanently changing.*
4) Sources of Information ➔ stakeholders

EWS surveillance and main indicators

<table>
<thead>
<tr>
<th>Epidemiology</th>
<th>Health</th>
<th>Productions and trafficking</th>
</tr>
</thead>
<tbody>
<tr>
<td>New use patterns</td>
<td>Poisonings</td>
<td>NPS</td>
</tr>
<tr>
<td></td>
<td>Users with acute episodes of illness linked to psychoactive substances (PAS)</td>
<td>New adulterants and / or diluents</td>
</tr>
<tr>
<td></td>
<td>Overdoses</td>
<td>International trafficking seizures</td>
</tr>
<tr>
<td></td>
<td>Deaths from overdose or poisoning</td>
<td>Local trafficking seizures</td>
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<tr>
<td></td>
<td></td>
<td>Samples taken from the streets, ready for consumption</td>
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<tr>
<td></td>
<td></td>
<td>Samples submitted by users</td>
</tr>
</tbody>
</table>

**Synthesis-production:** It includes the processes of sowing and cultivation of substances of natural origin, and the processes of extraction, synthesis, preparation, refining, transformation, adulteration and packaging. This is in article 1 subsections n) and t) of the Single Convention on Narcotic Drugs of 1961.

**Large-scale commercialization:** includes supply, delivery, illicit trafficking of chemical precursors and adulterants and any type of commercial operation involving substances on a national or international level.

**Retail commercialization:** includes supply, delivery and any type of smaller-scale operation, and distribution to users.
## Main sources of information of an EWS

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Sources of information</th>
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</thead>
<tbody>
<tr>
<td><strong>New use patterns</strong></td>
<td>- Treatment centers</td>
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<tr>
<td></td>
<td>- Drug users</td>
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<tr>
<td></td>
<td>- Damage and risk reduction programs</td>
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<tr>
<td></td>
<td>- Assistance telephone networks</td>
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<tr>
<td></td>
<td>- Research programs (NDO, Universities, NGO)</td>
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<td></td>
<td>- Shelters</td>
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<td></td>
<td>- Attention programs for persons deprived of liberty</td>
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<tr>
<td></td>
<td>- Toxicological and general emergency services AND specialized health services</td>
</tr>
<tr>
<td><strong>Poisoned users</strong></td>
<td>- Toxicological and general emergency services</td>
</tr>
<tr>
<td><strong>Users with acute episodes of illness linked to PAS</strong></td>
<td>- Specialized health services</td>
</tr>
<tr>
<td></td>
<td>- Research programs (NDO, Universities, NGO)</td>
</tr>
<tr>
<td><strong>Overdoses</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Toxicological analysis of biological samples in usual follow-ups</strong></td>
<td>- Research programs</td>
</tr>
<tr>
<td></td>
<td>- Public offices responsible for toxicological analysis</td>
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<tr>
<td></td>
<td>- Forensic laboratories</td>
</tr>
<tr>
<td><strong>Deaths from overdose or poisoning</strong></td>
<td>- General emergency services</td>
</tr>
<tr>
<td></td>
<td>- Forensic laboratories</td>
</tr>
<tr>
<td><strong>NPS</strong></td>
<td>- Forensic laboratories that perform drug analysis</td>
</tr>
<tr>
<td><strong>New adulterants and / or diluents</strong></td>
<td>- Prosecutor’s Office</td>
</tr>
<tr>
<td></td>
<td>- Specific research programs</td>
</tr>
<tr>
<td><strong>International and local traffic seizures</strong></td>
<td>- Police / Security forces</td>
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<tr>
<td></td>
<td>- Customs</td>
</tr>
<tr>
<td><strong>Local production of drugs</strong></td>
<td></td>
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<tr>
<td><strong>Samples taken from the streets, ready for consumption</strong></td>
<td>- Police / Security forces</td>
</tr>
<tr>
<td><strong>Samples submitted by users</strong></td>
<td>- Drug users</td>
</tr>
</tbody>
</table>
Main tasks to perform related to sources of information:

• Reach out and invite them to participate in the EWS.
• Characterize the way in which the stakeholder produces and systematizes the information that will be of interest to the EWS, assess whether adjustments need to be made, and assess whether it is possible to do so.
• Establish the minimum elements for the detection of possible threats (standard and shared criteria), which can be discussed by the different organizations involved, according to experts’ evaluation.
• Characterize other aspects of the stakeholder: legal limits, safeguards, etc.
• Identify the specific area or program of interest within the institution or organization and define who will be the point of contact for the EWS.
• Attend training on the operation of an EWS: information flows, modality, point of contact.
In summary....

• Stablishing an EWS means developing inter-institutional relationships of trust, respect, and professionalism.
• There is always an agreement, between what is needed originally and what can be provided and shared.
• The functioning of the EWS is a process in permanent construction, and because of this, it requires a long term overview, towards the general objetive.

NOT EVERYTHING IS A NOTIFICATION (POSSIBLE THREAT) AND NOT EVERYTHING IS A THREAT
EXERCISE 2

- Make a list of the institutions, organizations, and groups from your country or region according to the EWS principal indicators.
- With your focal point, evaluate how the information is being recorded, which will be the object for surveillance in the EWS.
- Does the focal points and/or institutions know about the EWS? Do they know the importance of EWS and how it functions?
- Will it be necessary to convene a meeting to present the EWS?
- Establish the periodicity of the EWS meetings and methods.
For example...

EWS coordinators identified an area of the Ministry of Health that registers information on cases of poisoning and overdose from the toxicological emergency rooms of the country and, therefore, held a meeting with them.

The following topics were addressed at this meeting:
Topics addressed at the meeting between EWS coordinators and Information source

• A description of the procedure of how data is systematized, sociodemographic profile of patients, geographical references: All emergency rooms in the country, broken down by province, city? Some emergency rooms? Which ones?

• How was the substance identified and what level of information disaggregation is there? Detail so of the procedures.

• Information management: confidentiality and accessibility.

• If the information recorded is scarce, is it possible that the management could expand the record of the information? How can they do it?

• Does the management know about the EWS?

• Will it be necessary to organize an awareness meeting on the importance and function of the EWS?
DETECTION

MODULE 1
The detection of a possible threat and the internal communication to the EWS is defined as notification, is a step of extreme importance, what is NOT notified, what is NOT detected, will NOT be evaluated and there won’t be an alert for the case.

At the same time, it has to be considered that NOT EVERYTHING SHOULD BE NOTIFIED.

In these phase the role of the institutions and key actors is central – information sources – because in their registry process and systematization of indicators, it will be possible to detect a potential threat.

The role of the EWS coordination is to work with the institutions to achieve these processes:

- Training
- Exchange of information and criteria
- Formalization of the warning process
To detect or identify a possible threat or finding (NPS, emerging drugs or associated trend) it’s necessary to:

1. **Define** what type of trend (simple or complex) must be monitored.
2. **Determine** the characteristics – qualitative and quantitative - of that trend is an indicator of a new risk or hazard for public health, which means to define standard criteria that will be shared by the institutions.
3. **Provide** apropiate methodological and technical conditions to monitor, systematize, and evaluate the necessary information.
1) In the definition of the trend → it is important to define what is going to be monitored to find possible threats and being able to notify:

- **Seized drugs:** the volume by type of drug and destination (internal or external).
- **Drugs for direct consumption:** Street samples or samples provided by drug users (commercialization).
- **Data form chemical characterization analysis of drugs.**
- **Drug use patterns:** involved substances.
- **People with drug intoxication.**
- **Users with overdose episodes.**
- **Results from toxicological analysis of biological samples from regular checks in different populations:** drivers, workers, etc.
- **Deaths by overdose and/or drug intoxications.**
- **Chemical precursors:** production and commercialization by type and volume.
2) In the definition of the **indicator of risk or hazard** for public health, the reference to time and place is central, because it relates to the **novel criteria, or new** for the context (place and time). Ultimately, what is considered as a possible **threat** and will give rise to a notification:

- **To qualitative and quantitative changes in known trends;**
- **To the appearance of several events – drugs, precursors, new combinations, acute episodes of a disease, new paths – not known – in that particular time and place-, that is to say, events that have not been evaluated or characterized yet, but could result as a possible threat.**

  - Seized drugs (national and international trafficking): increases in volume or new drugs...
  - Drugs for direct consumption (commercialization): increases, new drugs, new zones...
  - Results of the analysis of chemical characterization of drugs: NPS, new adulterants or changes in those adulterants, purity levels...
  - Drug use patterns: new drugs or new combinations, unusual increase in certain zones...
  - People intoxicated with drugs: new drugs, new combinations, new demographic profiles, new health effects...
  - Drug users with overdose episodes: appearance of new drugs and/or new combinations in case follow-ups...
  - Results from toxicological analysis of biological samples from regular checks in different populations: drivers, workers, etc.
  - Deaths by overdose and/or drug intoxications.
3) **In methodological conditions:** meaning, the conditions in which the trend is registered, sistematized, and analized, it is important to:

- **Have an acceptable coverage of the cases and events to record:** extent of the territory of reference for the information.
- **Have the appropriate technical resources:** technology and human resources trained to record the information that responds to the object of monitoring.
For the three phases, it is important to **train and sensibilize** the professionals and technicians in the observation and search of NPS, emergent drugs and associated trends... **You cannot find what is not looked-out for!**

All in all, the capacity of an EWS to detect a possible threat will depend on:

- The quantity of information sources that are incorporated to the system,
- The commitment from the information sources to perform surveillance of the information that has been prioritized for the EWS,
- The quality of the methodology that the information sources have to collect, sistematize, and analyze the information,
- The quality of the trained and sensitized human resources in observation and search of NPS, emerging drugs and associated trends,
- How fast and accurate is the delivery of information (possible threat) to the EWS.

This phase concludes with the **detection** of a possible threat and **notification**, or communicated to the EWS about this event or finding, so it could be **evaluated**.
Who makes the communication? How to communicate a possible threat to the EWS?

- The designated person as a EWS focal point, and representative of the information source where the **detection** was produced.
- The **notification** must be communicated as soon as possible, to guarantee the evaluation process in short time, so that the **alert** fulfils the requirements to be **early** (in the case that it should be issued).
- The communication is made to the **Coordination of the EWS**, according to an established mechanism:
  - Web platform
  - Periodical meetings
  - Spontaneous communications
  - Refer to report protocols (Anex 5 y 6 COPOLAD Manual)

**Possible Threat = potentially risky event = finding**

In the EWS when the possible threat or event are communicated to the Coordination of the EWS and/or the entire network, it is considered a **notification** there must be a risk assessment and characterization.
EXERCISE 3

- According to the information sources incorporated by the EWS and its surveillance systems, perform a hypothetical exercise about the type of threat that could be detected and its indicators.

- Conduct a pilot exercise with each information source, evaluate it according to the indicators of possible threats.
For example

Continuing with example 2, once the relationship with the area of the Ministry of Health that records cases of poisoning and overdose is established, and the quality and scope of the information has been reviewed with them (for example, exercise 2), a hypothetical exercise could be carried out to define possible threats that must be notified to the EWS.

→ → →
Exercise with the source of information to define indicators on possible threats...

• *When a sample of a patient is found with a new or unknown substance, a known drug adulterant (cocaine, base paste, crack, benzodiazepines, marijuana, alcohol, tobacco, ecstasy, or other known drugs).*

• *When there is a sudden increase in patients with similar symptoms and who come from common places (parties, mass events, etc.), where the consumption of a drug X has been recorded.*

• *When there is a gradual but sustained increase over time in patients who present symptoms caused by the use of a known substance (for example: cocaine, marijuana, alcohol, etc.).*
CHARACTERIZATION AND EVALUATION

MODULE 2
One of the functions of the Coordination of the EWS is:

Establish the multidisciplinary group for characterization and evaluation of possible threats (notified case) →

**Expert Group**

**Who are the members of the Expert Group?**

- The experts from the information sources of the EWS are members of the Expert Group,
- Other experts, that are convened and consulted for specific topics.

**How does it work?**

- When a notification is produced the **Expert Group** is activated and certain disciplines are considered for participation, according to the nature of the notification: experts in the chemical composition of drugs, health experts, production experts, drug trafficking experts, social behavior experts, etc.
- Other external experts can be incorporated.
- The expert group is activated when it is necessary to know and **characterize** the possible threat and **evaluate** the risk to take a decision about issuing an alert.
- The coordination or the EWS is responsible for summoning the expert group, collecting and sistematizing the information that is produced or found; ensuring the information exchange and defining the common spaces (virtual or in person), for the joint analysis of the risk and decision making towards the issuing of an alert.
Characterization of a possible threat ➔ extend and deepen the initial information ➔ Risk assessment

• Risk for the user’s health, with death risk or severe harm: pharmacological and toxicological action, psychological effects and behavioral effects, possible undesirable consequences, etc.

• Risk for the **people that could be exposed** to the substances (for example: people involved in the tasks of surveillance and drug seizures).

• Risk for **specific vulnerable population**: place of residency – in case of new trafficking routes -, probability of consumption – in case of a new consumption pattern -, health conditions – if the damage due to the use of an X drug is higher in people with pre-existing conditions of diseases-, etc.

Criteria (7) to evaluate the risk of a threat or finding.
It is important to...

• Identify specific population at risk to guide the issuing of an alert.

• Identify the risk – if it is about drug use, or a new form of use; if it is risk of exposure and in what way it is presented – to elaborate the content of the alert.

• The characterization and evaluation of a possible threat must be done immediately, considering that if there is a health risk for the population, the alert must be issued as soon as possible ➔

  ❖ You must consider **variables of time and place**, the possible threat or finding to analyze, must be situated in the time and place and if the risk has as reference or time limit. For example: the appearance of a new pill in the micro drug market, occurred in the X month of the X year in the neighborhood, city, region X.

  ❖ Implies the use of **scientific evidence, expert opinion, international experience** about similar situations and the potential harm that can result.

  ❖ The **information sent by a laboratory may not be complete**, but it will be enough to state the presence of a NPS or emerging drug, which presents a high risk if consumed – at least for the group that is at risk.

**Results from this phase:** If there is a threat ➔ issue alert

  No threat ➔ record it, and continue monitoring
EXERCISE 4

• Identify the professionals who will be part of the Expert Group, establish a dialogue with them on the objectives of the Group.

• Identify national and international experts who do not belong to the EWS member institutions, but who may be consulted; establish contact to expedite the dialogue when a threat arises.
For example...

The EWS coordination has identified the professional experts on each relevant surveillance indicator who belong to the institutions or organizations that are part of the EWS: expert in drug trafficking, in chemical precursors, in analysis of chemical characterization of drugs, in toxicology, in patient care, in prevention, in drug research methodology, etc. On each topic, a dialogue has also been established with other national and international experts for their support and collaboration if necessary.
Continuing with example 3 and taking the second notification case: When there is a sudden increase in ER patients with similar symptoms that come from a common place - parties, mass events, etc. - , where the consumption of drug X was registered. The group of experts must be convened to:

- **Expand the characterization of the event:** perform analysis of biological samples to identify the substance; look for samples of drug X; share the investigation to experts in drug trafficking and chemical precursors; review existing international evidence;

- **Assess the risk of using drug X or being exposed to drug X** (for example, police personnel exposed to poisoning just from coming into contact with doses of fentanyl).
ISSUE ALERT

MODULE 3
SURVEILLANCE → DETECTION and NOTIFICATION → CHARACTERIZATION and EVALUATION → ISSUE ALERT

SUBSTANTIVE FACT OF THE EWS, REASON OF ITS EXISTENCE AND DECISIVE MOMENT.

• Define who will make the decision
• Relevance of EWS coordination at this time

CENTRAL ROLE OF COORDINATION

• Articulate and triangulate all information collected
• Ensure the expert group evaluation instances
• Optimize resources and time
• Provide institutional and political coverage to the operation of EWS
• Safeguard the confidentiality of information when necessary
• Promote consensus among EWS members and avoid harmful disruptions
• Always keep in mind that the EWS is a long-term process of daily maintenance.

RELEVANCE OF SCIENTIFIC EVIDENCE IN DECISION MAKING AND WARNING DESIGN

• Consider the time and space reference of the threat
• Ensure that all points of view (multidisciplinary) have been considered in the search for and production of evidence

IMPORTANCE OF POLITICAL-INSTITUTIONAL SUPPORT FOR THE EWS

• to have the human and financial resources for the actions that will be promoted
• to answer the demands for attention, information and other demands that will increase in response to the alert
• To achieve a seamless official discourse regarding communication and the actions to be implemented in relation to it.

RELEVANCE OF HOW THE ALERT WILL BE DESIGNED AS A COMMUNICATION EVENT.

• Seek expert support for the design of the communication
• Ensure that the message reaches the recipient
The characterization of the possible threat will provide information that will be of great importance when deciding to issue an alert on it:

- **What the threat is about:** NSP, emerging drug or a related phenomenon (new consumption pattern, new adulterant, significant change in purity level, new route or modality of traffic, serious fatal and non-fatal events or set of adverse events from a health viewpoint).

- **In which place** (neighborhood, city, region) it is manifested.

- **With what magnitude and extension** it manifests itself.

- **What is the population at risk:** group of drug users in general or of one in particular, drug users who get their supplies from a particular point of sale (area, internet/dark web), general population, health professionals from primary care, general or toxicological emergency rooms, treatment centers and outpatient treatment programs, chemical industries, control and enforcement agencies in border or internal areas, law enforcement, marketing and merchandise transfer agencies, electronic party organizers, alcohol sellers, etc.

- The risk **assessment** of these threats or findings will provide specifications of the serious adverse health effects (risk of death or serious injury) that consumption or exposure would produce.

- **Types of ALERTS:** Restricted to some institutions or actors (which may be EWS members and/or others) or Public.
In the functioning of the EWS, the only thing that is invariable is the sender, because it is the coordination of the SAT (with other agencies or alone, it will depend on each EWS).

The **Alert** is the message, the content and therefore will be different according to the case.

The **message** is transmitted through a **channel**, which is the physical medium through which a communicative act is carried out (it can be oral or written and its different forms). The **receiver** of the message is also variable and we will be denominating them the **recipient**.

The function of communication in the EWS can be:

- **Informative**: the sender seeks to provide information about an event,
- **Influencial**: the sender intends to influence the receiver to do something or act in a certain way

Although the previous scheme is linear, since the receiver is not a passive subject, but active in the communication, the structure is useful to think about the emission of the alert. **It is important not to lose sight of the fact that for the recipient to be a receiver, the message must be effective.**

**It is important to have the support of experts in communication design for the product to be effective and of quality.**

For the recipient to be truly receiver of the message
EXERCISE 5

• Establish and strengthen dialogue with senior policy officials in the areas of health, education, security, and others, to inform them about the objective of EWS and the importance of issuing alerts.

• Identify the professionals or technicians who can help in the design of the communication of the alerts, establish alliances with universities.
Continuing with example 4, the conclusion of the characterization and evaluation by the group of experts was that drug X is an emerging substance (a new version of a known synthetic drug, but adulterated with another substance highly harmful to health) and, therefore, a public alert must be issued.

The alert should focus on young people who use synthetic drugs and who attend events such as parties or other types of mass events.

The alert will focus on the damage caused by using drug X and its characteristics (color, appearance and trade name).

People will be urged not to consume it and to report the sellers.
IMPLEMENTED ACTIONS: CONSULTATION AND FOLLOW-UP

MODULE 4
The **alert** has been issued with the objective of appealing to the population (social groups and institutions) to carry out prevention, care and harm-reduction actions.

- The main action of the EWS → generation of a registration system for identified threats, which will be monitored, supervised and controlled by the competent bodies.

- If it is a EWS → must be controlled by law enforcement agencies and incorporated into the lists of controlled substances.

- In the follow-up → establish a system of communication between the various bodies involved so that all institutions can access up-to-date information on new threats.
<table>
<thead>
<tr>
<th>Receivers</th>
<th>Expected attitudes</th>
<th>Information/possible actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Synthetic drug users</td>
<td>To avoid consuming the informed drug</td>
<td>Details of the damage that would be caused by its consumption</td>
</tr>
<tr>
<td></td>
<td>To consult health services early in case of adverse consequences of consumption</td>
<td>Secure channels to make the report: phones, emails, social networks, etc.</td>
</tr>
<tr>
<td></td>
<td>To report where they are being sold.</td>
<td>Secure channels to make the delivery: to whom, where and with identity protection and guarantees of not being penalized for the act</td>
</tr>
<tr>
<td></td>
<td>To hand in samples of the reported drug if they have them</td>
<td></td>
</tr>
<tr>
<td>Illicit drug users other than synthetic drug users</td>
<td>To avoid consuming the informed drug</td>
<td>Details of the damage that would be caused by its consumption</td>
</tr>
<tr>
<td>Responsibilities of youth entertainment venues and</td>
<td>To consult health services early in the event of adverse consequences of</td>
<td>Information on possible drug presentations</td>
</tr>
<tr>
<td>electronic parties or similar</td>
<td>consumption</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Increase control and supervision of drugs circulating in the spaces</td>
<td></td>
</tr>
<tr>
<td></td>
<td>To denounce the appearance of the reported drug</td>
<td>Secure channels to make the report: phones, emails, social networks, etc.</td>
</tr>
<tr>
<td></td>
<td>To contemplate health care actions against the possible consumption of drug x in</td>
<td>Training on rapid assistance measures and risk reduction conditions: availability of water, presence of doctors or health personnel, ambulances, etc.</td>
</tr>
<tr>
<td></td>
<td>these spaces</td>
<td></td>
</tr>
<tr>
<td>Medical professionals of toxicology emergency</td>
<td>To develop a protocol for detection and assistance for intoxication or</td>
<td>That this is contemplated as a priority task for professionals and not as an extra activity (and sometimes voluntary and not contemplated in salary payments)</td>
</tr>
<tr>
<td>rooms</td>
<td>overdose caused by the drug x</td>
<td></td>
</tr>
<tr>
<td></td>
<td>To distribute the screening and assistance protocol to your general hospital</td>
<td></td>
</tr>
<tr>
<td></td>
<td>emergency room colleagues</td>
<td></td>
</tr>
<tr>
<td>Medical professionals of general hospitals'</td>
<td>To make contact with the protocol of detection and assistance</td>
<td>Training instances on the subject</td>
</tr>
<tr>
<td>emergency room</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital Directors / Ministry of Health</td>
<td>To provide the technological and human resources necessary to respond to specific</td>
<td>Availability of specific budget</td>
</tr>
<tr>
<td></td>
<td>consultation cases</td>
<td></td>
</tr>
<tr>
<td>Professionals from drug treatment and care centers.</td>
<td>To incorporate the registry of the informed drug or similar in the anamnesis</td>
<td>Detailed information on how to ask</td>
</tr>
<tr>
<td></td>
<td>To disseminate information to patients in treatment and their families</td>
<td>Staff training</td>
</tr>
<tr>
<td></td>
<td>To incorporate the information of the new drug in the protocol and define the</td>
<td>Adequate information to be distributed to patients and their families</td>
</tr>
<tr>
<td></td>
<td>mechanisms for its identification in necropsies</td>
<td>That the laboratories are connected in an agile network for the exchange. This could be the EWS.</td>
</tr>
</tbody>
</table>
What can the EWS do?

• Advise the corresponding authorities on the differential contents of the alerts in their diffusion.
• Advise the authorities on the actions that should accompany the emission of the alerts according to the different addressees.
• Propose a monitoring scheme on the impact of these measures and actions.

What does the EWS need to establish a monitoring scheme on the impact of the measures and actions that accompany the issuance of the alerts?

• Have the technical capacity and human resources available to do so → build alliances with universities that can lead this process.
• To strengthen itself as a stable, reliable, multidisciplinary system with a clear strategic objective.
EXERCISE 6

• If the alert was that a new drug trafficking route has been identified and that it supplies drugs to several cities, who would be the recipients of that alert? What actions are recipients expected to take? What other measures should be taken to ensure that the alert has the expected impact?

• Identify the officials of the agencies or institutions that should be involved in carrying out these actions.

• How will the NDO monitor the actions implemented in relation to the alert?
For example...

- The EWS has issued an alert about a new consumption pattern, which consists of smoking marijuana mixed with a substance X that, due to its toxicity, significantly increases harm to the respiratory tract, even causing apnea (cessation of breathing).

- Prolonged apnea means that a person stops breathing. If the heart is still active, the condition is known as respiratory arrest. This is a life-threatening event that requires immediate medical attention and first aid.

- The alert is aimed at people who smoke marijuana, health professionals who work at health centers and professionals in the areas of prevention and treatment.
The issuance of the alert seeks:

• Marijuana users do not mix marijuana with substance X or other unknown substances. Detailed information is provided on the harm that this ingestion produces.

• Health center professionals become aware of this pattern of drug use, and they have a protocol for rapid care and first aid.

• Professionals dedicated to prevention and healthcare should incorporate messages and information about this new mode of consumption, in order to disencourage it.

• Professionals at NDOs and particularly of the EWS, must carry out permanent monitoring of the actions implemented in relation to the alert.
THANK YOU FOR YOUR ATTENTION

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