

Data on drug use II (mortality
and morbidity, drug prevention,
access to pain medication)

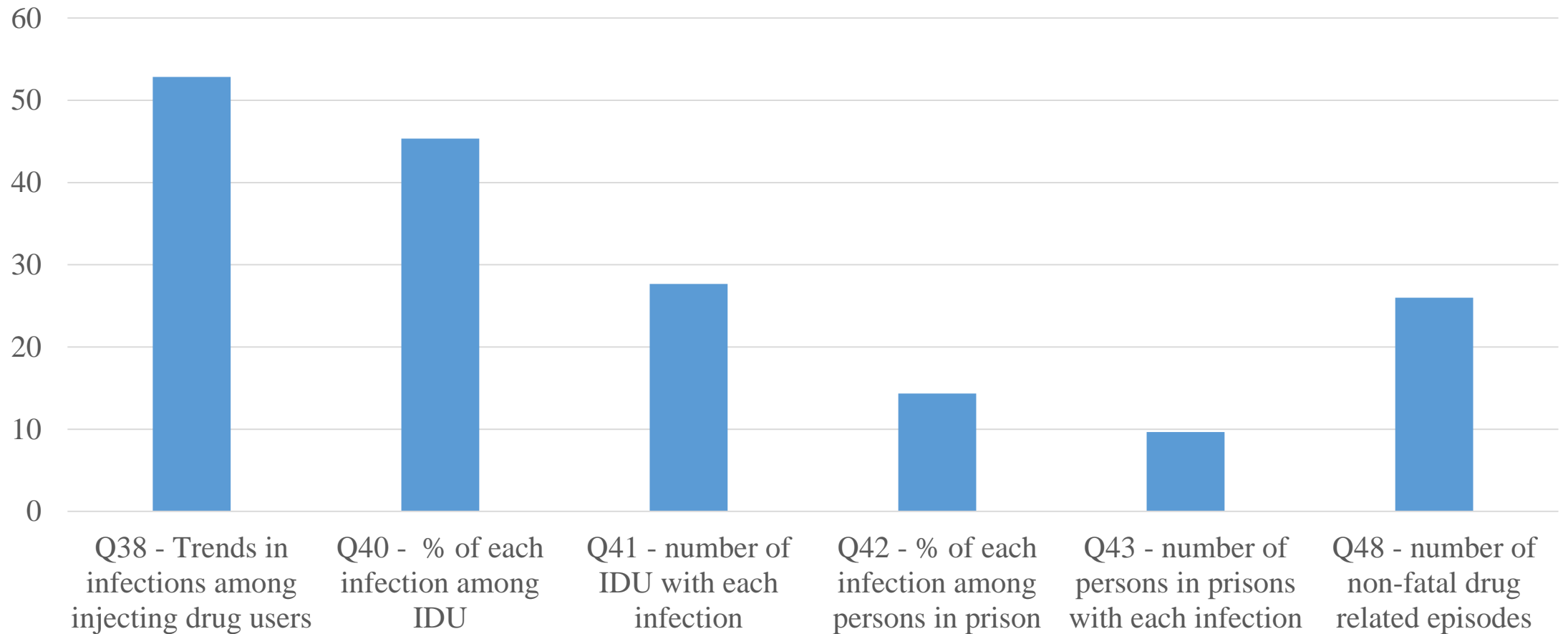
Introduction (morbidity)

- 6 key aspects are covered on morbidity
- Trends in infections among PWID - **Q38**
- Prevalence and number of infections among PWID (Hepatitis B, Hepatitis C, HIV, Tuberculosis) - **Q40 – 41**
- Prevalence and number of persons held in prisons with these infections (Hepatitis B, Hepatitis C, HIV, Tuberculosis) **Q 42 – 43**
- Number of non-fatal drug-related episodes recorded - **Q48**

Introduction (morbidity)

- 45 countries on average provided data on at least one infection.
- The response rates for questions, particularly in relation to morbidity among persons in prisons, were substantially lower
- ARQ defines overdose "as the use of any drug in such quantities as to produce acute adverse physical or mental effects.
- Overdoses may have transient or lasting (**non-fatal**) effects or result in **death** (based on WHO Lexicon)
- Drug related hospital emergency room visits – are considered those that are made in cases of overdoses, for detoxification, to address withdrawal symptoms, drug-related accidents and trauma, and to treat any related mental health conditions that a drug user may present (SAMHSA)

Average number of countries that provided data on drug-related morbidity over the period 2010-2015



Challenges

- Reporting of prison data remains low
- Reporting of HIV more than Hepatitis B, C and TB
- information on morbidity among persons held in prison relates to the whole prison population and not people who use or inject drugs in prison.
- Reporting of data on non-fatal overdose and drug related emergency room visits is limited
- Gender relevant and disaggregation is not provided

Suggested points for discussion

- What should be the focus of the information on morbidity among persons held in prison relates to the whole prison population vs. people who use or inject drugs in prison.
- How to reflect limited information (geographical coverage, sub-national data) in the absence of national level information
 - What are the sources of information on drug morbidity among PWID and for persons held in prison (if included) -
- Need for and sources of information on non-fatal overdose cases and emergency room visits by drug types including NPS
- Accessibility and availability of naloxone for overdose prevention

Guide for discussion

For the data topics that will be discussed, focus on:

- ± improvements (definitions, classifications, re-organisation of questions, etc.)
- + data/information to add
- data/information to drop

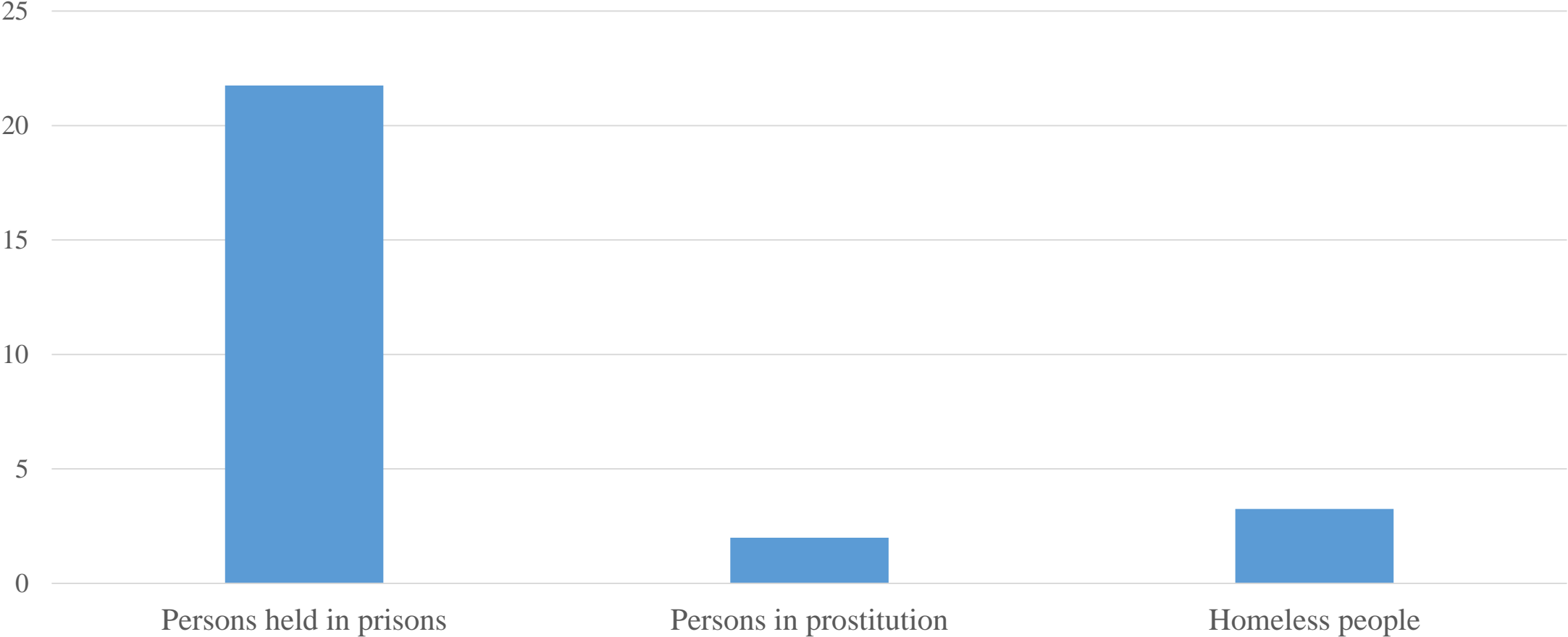
When relevant, distinguish between core and non core data:

- Core: data that are key to understand trends and patterns of the drug problem, they may change at fast pace (on yearly basis) and/or are available for the majority of countries
- Non-core: data, usually not subject to rapid fluctuations, requiring more in depth/detailed questions and/or are available in a limited number of countries

Introduction (mortality)

- Questions on drug mortality are **49, 54, 55 and 56**
 - Total number of drug related deaths
 - Number of fatal drug overdoses
 - Number of drug related HIV/AIDS deaths
- “Drug-related mortality” refers to deaths directly or indirectly caused by the intake of illicit drugs and psychotropic substances. The use of illicit drugs and psychotropic substances can lead indirectly to deaths in cases of drug-induced violence and traffic accidents.
- Standards used for recording drug-related deaths or mortality may include ICD 10 or a country’s own definitions and practices.” The ICD 10 codes as the global standard include the following
 - harmful use, dependence, and other mental and behavioural disorders due to: opioids (F11), cannabinoids (F12), cocaine (F14), other stimulants (F15), hallucinogens (F16), multiple drug use (F19);
 - accidental poisoning (X41, X44), intentional poisoning (X60, X64 and X58), or poisoning by undetermined intent (Y10, Y14) by: drug type

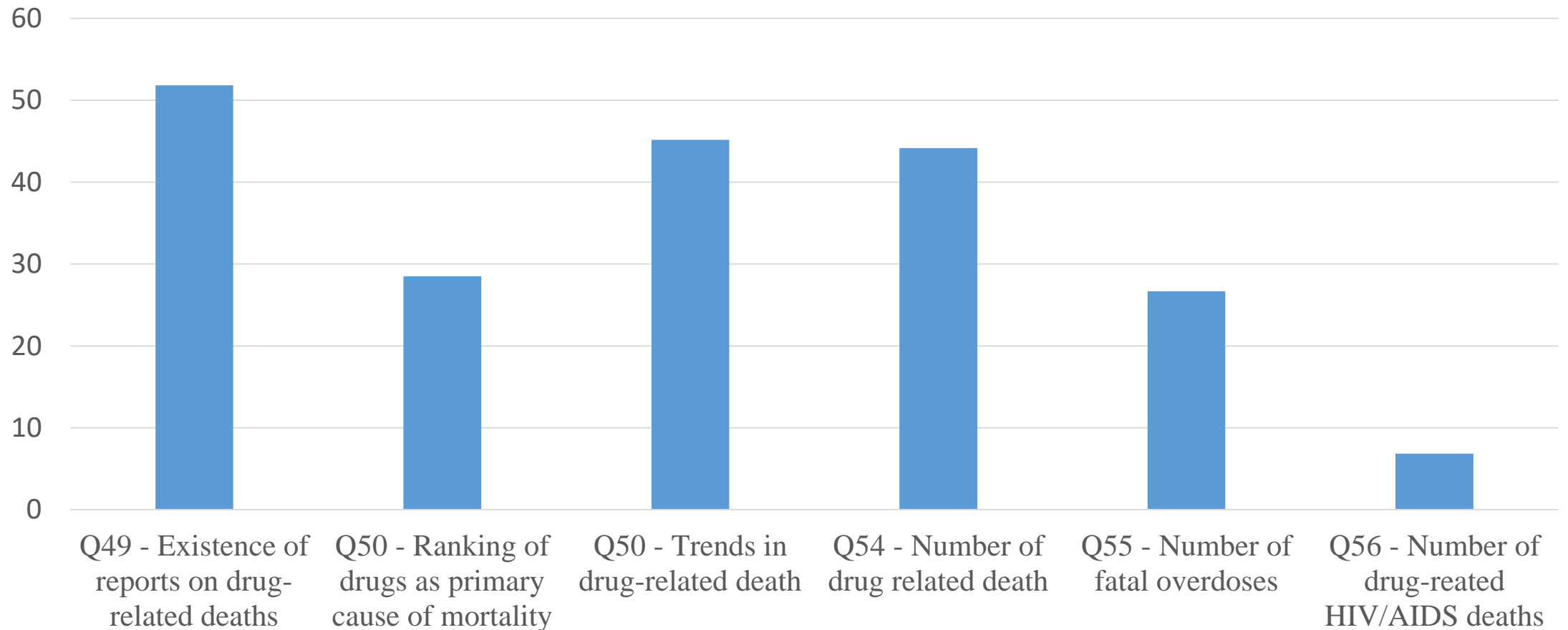
Average number of countries that submitted data on each high-risk group



Challenges:

- Most of the countries that report cover deaths directly attributable to drug use – using the ICD 10 codes
- In many instances it's not clear what is exactly being reported and what codes are included
- Indirect deaths are hardly reported
- Comparability among countries on the use of underlying causes of deaths vs. multiple causes of death
- Measuring indirect causes of deaths such as:
 - motor vehicle accidents, violence under the influence of, AIDS related deaths, HCV, among people who use/inject drugs etc.

Average number of countries that provided data on drug-related mortality over the period 2010-2015



Suggested topics for discussion

- What is the scope of collecting and reporting data on deaths both directly and indirectly attributed to drug use (especially specifying the codes for these)
 - What criteria will be used for collecting and reporting of indirect deaths
 - Aspects of poly drug use e.g., opioids and NPS in mortality reports
- Gender relevant and disaggregated data