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Training Guideline

To support national drug observatories in the implementation and coordination of early warning systems

OAS | CICAD

INTER-AMERICAN DRUG ABUSE CONTROL COMMISSION (CICAD)

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Abbreviations

CICAD	Inter-American Drug Abuse Control Commission
COPOLAD	Cooperation Programme between Latin America, the Caribbean, and the European Union on Drug Policies
DIN	Drug Information Network
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
EWS	National Drug Observatory
NDO	National Drug Observatory
NPS	New Psychoactive Substances
OAS	Organization of American States
OID	Inter-American Observatory on Drugs
NGO	Nongovernmental organization
U.N.	United Nations
SATA	Early Warning System for the Americas
SMART	Synthetics Monitoring: Analyses, Reporting and Trends
SWGDRUG	Scientific Working Group for the Analysis of Seized Drugs
UNODC	United Nations Office on Drugs and Crime

Training handbook to support national drug observatories in the implementation and coordination of early warning systems

Introduction

The Inter-American Observatory on Drugs (OID, by its Spanish acronym) of the Inter-American Drug Abuse Control Commission (CICAD, by its Spanish acronym), of the Secretariat for Multidimensional Security (SMS), Organization of American States (OAS) has drawn attention in its Reports on Drug Use in the Americas 2015 and 2019 to the challenges posed by new psychoactive substances (NPS), other emerging drugs, and new patterns in the use of psychoactive substances in the Americas. These new phenomena require innovative, rapid, and effective response systems to detect and react to new threats and mitigate their spread.

Early warning systems (EWS) have been identified as a key mechanism to organize this information for action by linking an interdisciplinary set of information sources facilitating the detection, evaluation, and release of early warnings designed to help countries develop quick responses to emerging threats. The OID, together with other international bodies and programs such as UNODC, EMCDDA, and COPOLAD, promotes the implementation of these systems within the framework of the national drug observatories.

Under the CICAD project entitled New Psychoactive Substances, Heroin, Fentanyl, and other Opioids and Support for Research in Latin America and the Caribbean, through the Inter-American Drug Use Data System (SIDUC), the OID has developed this training handbook to provide technical support to member states developing or strengthening early warning systems. This instrument is organized in five flexible modules emphasizing the central steps and topics involved in an EWS. The OID identified the modules in this handbook based on experiences working with member states as they developed EWS and feedback from member states that have already developed an EWS or contributed valuable information: Brazil, Chile, Colombia, Jamaica, Mexico, Peru, Trinidad and Tobago, and Uruguay.

The training handbook's primary references are the Early Warning System on NPS and Emerging Drug Phenomena, Implementation Manual, developed by the COPOLAD program, and the Operating guidelines for the European Union Early Warning System on new psychoactive substances of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). This document should be considered complementary to the Early Warning System on NPS and Emerging Drug Phenomena, Implementation Manual, developed by the COPOLAD program. We recommend reading the COPOLAD manual beforehand. See the bibliography for details and additional sources.

1. Cooperation Programme between Latin America, the Caribbean and the European Union on Drug Policies (2020). Early Warning System on NPS and Emerging Drug Phenomena, Implementation Manual, COPOLAD. Revised, September 2020. http://copolad.eu/es/areatematica/productos/1 Spanish and English version.

Purpose and scope

The purpose of this training handbook is to guide member states and their national drug observatories on the central aspects of an early warning system (EWS). Specifically, this handbook supports national drug observatories in the Hemisphere that plan to implement and strengthen their EWS.

This document is comprised of brief modules designed to emphasize the central aspects of an EWS:

- Introductory Module: General aspects
- Module 1: Detection
- Module 2: Identification and assessment
- Module 3: Issuing alerts
- Module 4: Actions taken, advice, and monitoring

The objectives of each module are:

» To focus on relevant actions in each stage: objective and methodology
» To identify the parties involved: agencies – sources of information – and responsibilities
» To specify the critical aspects of each stage in the process, focusing on the subject of the EWS
» To assemble a specific glossary of key terms and concepts

The separation into modules assumes that each module contains a relevant dimension, with internal logic. Although connected to the other modules, it can be approached as a unit by itself, with its specific characteristics and requirements.

2. Identified based on the countries' comments regarding their experience in the design and implementation of an EWS, included in the document Status of Early Warning Systems (EWS) in the countries of Latin America and the Caribbean, which is attached as an Annex

Application of the Handbook

» This handbook aims to cover training in two consecutive online sessions of approximately two hours each:

- Day 1: General aspects and Module 1: Detection
- Day 2: Modules 2, 3, and 4: Identification and assessment; Issuing the 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.

» Organization: training workshop, with time for sharing questions, opinions, and comments.

» Participants' profile: NDO professionals, EWS coordinators, points of contact for the information sources, EWS members, and other interested staffs.

INTRODUCTORY MODULE
GENERAL ASPECTS

1. Why is it important for a country, state, or region to have an early warning system on drugs?

» Early warning systems produce timely and reliable evidence on the most dynamic aspects of the drug phenomenon today, such as the constant production of NPS, the emergence of other drugs and problems associated with drug use, and the trafficking of psychoactive substances.

» EWS allow early detection of possible threats.

» EWS facilitate rapid assessment of risks and threats..

» EWS issue alerts in a timely and evidence-based fashion and deliver this information to at-risk populations, thereby preventing, mitigating, or counteracting such risks.

» EWS provide a useful framework for various institutions to combine efforts, increase communication, improve monitoring, and develop responses to emerging problems.

» EWS provide a mechanism to interact with international experts, share knowledge and experiences and benefit from regional training and development programs.

2. The relationship between an early warning system and a drug information network

In the majority of national drug commissions in the Americas and their respective national drug observatories (NDOs), research and monitoring of the drug problem is carried out in close coordination with a national drug information network (DIN). DINS are inter-institutional networks, comprised of a series of agencies that gather data and information on the drug problem at a national level. In this section, we will review the similarities and differences between this national information network and an early warning system on drugs and how these different systems work together.

Table 1: Drug Information Network and Early Warning System

Dimensions	National Drug Information Network - DIN	Early Warning System on Drugs - EWS
Organizational structure	**A network** coordinated by the NDO, defined as a group of relevant persons, agencies, or organizations that contribute to the generation, systematization, analysis, and dissemination of information on drugs. Each institution contributes its data and may or may not have a relationship with the others.	**A system**, i.e., a set of interconnected procedures in which different key institutions and agencies participate, as **sources of information**[3] coordinated by the NDO, with specific and complementary functions targeting a common goal.
Finalidad	*To monitor* drug phenomena in the country and evaluate changes over time. *To generate an up-to-date* and comprehensive analysis of the drug problem. *To prepare periodic reports,* typically on an annual basis. *In the long term,the development of evidence-based drug policies.*	*To identify* ***emerging drug phenomena early[4]: assess potential threats*** and adverse health events related to new or emerging substances. *To detect* NPS and other novel drugs. *To assess* ***risks and*** *To issue* ***alerts*** *rapidly.*
Scope of analysis	Long-term analysis: to identify regularities, patterns, associations. Broad assessments. Monitoring of all indicators. Input for evaluating policies and actions.	Short-term analysis: to identify novelties. Assess a specific phenomenon or event. Targeted monitoring. Input for defining specific actions.
Phenomena under study	*Tends to be stable.* *May be local, regional, or national in scope.*	*May be sudden, short-term, or localized.*
Organizational requirements	*NDO leadership in coordination.* Formal or informal inter-institutional *agreements.* Technical *resources* for analysis of information and issuance of reports (the participation of other parties is desirable but not an indispensable requirement).	NDO *leadership* in coordination. Legal-administrative *statute* creating the entity Formal inter-institutional agreements. *Protocols* for information flow, evaluation, and issuance of alerts: participants and responsibilities (multidisciplinary). Technical *resources* for analyzing information and conducting the evaluation process.
Outputs	National and/or regional *reports* on the status of the drug problem in the country or on specific topics.	*Alerts.* *Alerts* monitoring reports. *Reports* on specific related topics.
Role of the NDO	*Coordinate* between various participating organizations. *Define* the key indicators and identify the sources of information. *Define* a strategy for analysis. *Evaluate* the information: operational definitions, production methodology, validity and reliability conditions, frequency, scope (national or local), to guide relevant modifications. *Disseminate* the information.	

3. In this document, this will always include agencies, public or private institutions, user groups that are part of the DIN and the EWS. They are the members and principal participants in the network and the system.
4. Words in blue are defined in the Glossary

How are the DIN and EWS Linked??

» Ideally, the DIN is established before the EWS and can thereby provide the EWS with contacts, information sources and knowledge about indicators and methodologies.

» Many of the DIN's sources of information will also be part of the EWS.

» Both of them should operate concurrently and communicate on an ongoing basis.

» It is important not to confuse their purposes.

EXERCISE 1

» **If a DIN already exists in your country, what information sources may also be part of the EWS?**

» **Do you believe some change should be made in how information is delivered or shared, taking into account the frequency, location, and details of the information?**

» **To put the EWS into operation, do you think it will be necessary to identify a new person or area to serve as the focal point for the EWS?**

» **Make a list of the sources of information available in your country or region. Identify which indicators the specific area of intervention develops and identifies. Do you know the person in charge? Could you invite them to become part of the EWS**

Example 1:
A DIN coordinated by the NDO exists in your country. The following organizations/institutions participate in it and provide the following information to the NDO each year:

Institutions	Information it delivers to the DIN each year	Is it of interest for the EWS?	Additional information that will have to be monitored by the organization to discover possible threats.
Ministry of the Interior or Security	Total number of seizures by type of drug (cocaine, marijuana, synthetic drugs, other drugs)	YES	Information disaggregated by province/region Disaggregate type of cocaine (base, HCL, etc.), identifies other substances present. Disaggregate street drugs vs. trafficked drugs (international or national in scale)
	Total number of drug production laboratories dismantled	YES	Type of drugs produced and intended users
	Total number of chemical precursors seized	YES	Type of precursors and what type of drugs are used to manufacture them
	Number of police officers and security force members assigned to drug trafficking control	NO	
Ministry of Health	Number of deaths due to drug overdose	YES	Specify drugs involved
	Number of treatment centers existing in the country for drug users	NO	
	Number of beds available for patients with drug problems	NO	
	Number of patients in treatment for drug use, according to drug and demand for treatment: cocaine, marijuana, alcohol, and other drugs	YES	Specify type of cocaine (base, HCL, etc.), Use profile and drugs used in the last 30 days
	Number of patients treated for intoxication or drug overdose in the country's emergency rooms	YES	Demographic profile of persons treated and where (cities, provinces) and type of substances involved in the episodes
Ministry of Justice	Number of persons deprived of freedom due to drug crimes	NO	Patterns of use of persons deprived of freedom
	Number of chemical characterization analysis procedures requested	YES	Description of the analytical results according to sample type Description of adulterants and diluents found and their relative weight, according to type of sample
NGO network for drug use prevention and treatment of users with drug use problems	Number of persons who sought treatment	YES	Drug requiring treatment
	Number of persons in treatment due to drug use, according to type of program	NO	Drug requiring treatment
	Number of persons who received prevention programs	NO	

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:

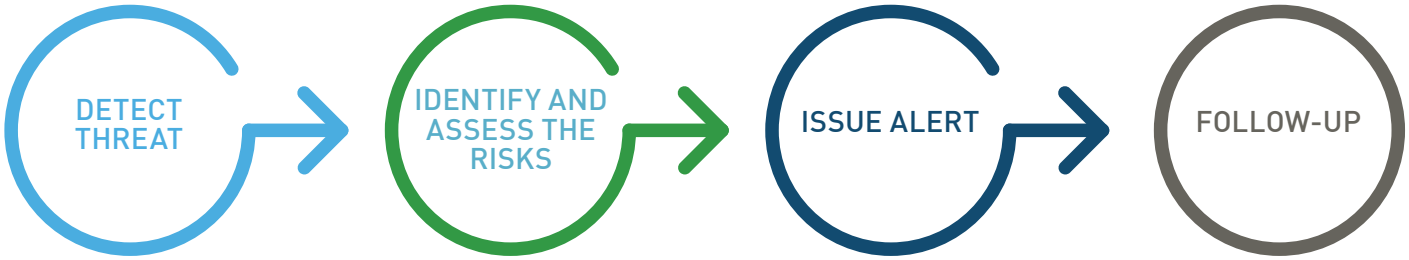
DETECT threats early (NPS and/or emerging drugs and/or emerging drug phenomena) ➜ Module 1: Detection

ASSESS the risks related to substance use and exposure ➜ Module 2: Identification and assessment

ISSUE early alerts ➜ Module 3: Definition/issuance of an alert

For the design of effective responses ➜ Módulo 4: Acciones implementadas: asesoramiento y seguimiento

Figure 1: Stages in the operation of the Early Warning System



The general objective of an EWS ➜ is to maintain **active monitoring** on NPS, emerging drugs and associated phenomena, in the area of:

➜ Epidemiology: use patterns

➜ Health: episodes of acute poisoning or health problems (morbidity and mortality)

➜ Production, trafficking, sale/samples seized

The **main functions** of the EWS ➜ are linked to achieving active monitoring to rapidly **detect, evaluate, and issue alert** for threats. The EWS must:

» Set up the network of agencies and key actors

» The sources of information

» Establish the methodological guidelines for improving detection capacity

» Establish the multidisciplinary group to identify and assess the possible threat (cases reported)

» Develop alert contents for dissemination

» Recommend possible responses and follow-up

Who is responsible for coordinating the EWS? ➜

While each country determines which agency will coordinate the EWS, the following is recommended:

> The national drug observatory would be the ideal agency, given its functions of coordinating a network of information, methodological knowledge, and capacity for analysis and the preparation of reports.

> The EWS should fall within an area or agency that has the technical capacity to lead the EWS (knowledge, stability in the position, track record, inter-institutional communication capacity, and time allotted to the function).

> The EWS should be coordinated by an individual with relevant experience who is positioned within the agency that leads the EWS.

EWS coordination functions:

- Identify key information sources – these may be agencies or individuals.

- Convene information sources. These agencies will participate in the EWS, establish the respective data each will contribute, and determine minimum requirements for identify and assess findings by establishing protocols and defining who will serve as points of contact (POC) with the EWS.

- Organize periodic meetings (at least one per month) among EWS members.

- **Ensure activation of, and lead, the phase of Identification and assessment of data reported.**

- **Should write and describe the alert..**

- **Identify any necessary follow-up actions.**

FREQUENTLY ASKED QUESTIONS:

Should there be a legal framework, regulation, or administrative act creating the EWS? ➜ YES. Legal frameworks, regulations, and administrative acts can concretize the commitments assumed by the EWS member. Such frameworks help ensure continuity over time and provide institutional support for the EWS's objectives and actions.

Should the EWS operations be subject to protocols, processes, parties responsible, and information transfer methods? ➜ YES. This guarantees that all processes will be carried out and executed professionally, provides transparency for actions taken, contributes to the quality of the results.

Suggestions:

• Review international standards urging countries to have an EWS, (https://www.unodc.org/LSS/Page/NPS/LegalResponses)
• Review documents on current EWS in the region (https://www.gub.uy/junta-nacional-drogas/comunicacion/calendario-actividades/sistema-alerta-temprana-drogas-satdrogas; http://www.odc.gov.co/SAT)
• The NDO should pay close attention to the preparation of regulations whereby the EWS will be created so as to ensure that roles are clear, the provision of basic information is guaranteed, and resources are committed to strengthen drug analysis laboratories.

This might be a good time to review EWS objectives and functions.

There is always time to make adjustments and changes.

In a well-functioning EWS, the coordination unit has time to:

- ➜ Monitoring information sources, comply with commitments, note problems, and think about solutions.
- ➜ Organize and coordinate meetings.
- ➜ Activate and direct the identification and assessment process.
- ➜ Establish contact with other countries' EWS and regional EWS.
- ➜ Be up to date on the international situation regarding NPS and other emerging drugs.
- ➜ Lead the process of issuing alerts and following up on actions taken.

Finally, EWS coordinators should always be thinking about best practices in EWS operations.

The EWS provides a method for knowing, researching, systematizing, analyzing, and reporting.

The EWS is a process with continually renewed challenges.

4. Sources of information: key actors and members of the EWS

The **objective** of the EWS is monitoring of NPS, other emerging drugs, and related phenomena based on areas of epidemiology, health, drug production, drug trafficking, and drug marketing. Given this fact, the main indicators that should be the subject of attention are:

Table 2: EWS areas of monitoring and main indicators

Epidemiology	Health	Production and marketing[5]
New patterns of use.	Poisoning events, usually tracked through emergency services	**NPS and other emerging drugs**
	Users with acute episodes of illness linked to psychoactive substances	Precursors, new adulterants, and/or diluents
	Overdose events[6].	International trafficking seizures
	Fatalities due to overdose or poisoning	Domestic trafficking seizures
		Samples taken from direct street distribution meant for consumption
		Samples delivered by drug users

In your country, which agencies, institutions, or civil society groups are able to provide information on these indicators?

Priority sources of information of an EWS

The following is a list of information sources that correspond to the indicators above (Table 3) and are considered priority sources; the list is not exhaustive.

5. **Production-manufacture:** Includes the processes of sowing and growing naturally sourced substances, and the processes of extraction, synthesis, preparation, refining, processing, adulteration, and packaging. This appears in Article 1, subsections n) and t) of the Single Convention on Narcotic Drugs of 1961.
Regarding commercialization, a distinction should be made between mass marketing and retail marketing. The following definitions, without legal basis, are proposed solely for the purpose of distinguishing the origin of the samples seized. Each country should review the relevance and utility of this proposal:
Mass marketing: includes supply, delivery, illegal trafficking of chemical precursors and adulterants, and any type of commercial operation involving substances on a national or international scale.
Retail marketing: includes supply, delivery, and any type of smaller-scale distribution to users.
These last two definitions have no basis in law but are useful for distinguishing the source of information.
6. An **overdose** occurs when a substance, often a drug, is taken in a quantity greater than is usual or recommended. The overdose may cause serious and harmful symptoms or death. If too much of a substance is ingested on purpose, this is called intentional or deliberate overdose. If the overdose happens by mistake, it is called an accidental overdose. For example, a child may accidentally take a heart medication that is used by adults. The term **poisoning** denotes the development of adverse reactions that arise with specific doses following exposure to chemical substances, pharmaceuticals, or drugs or other xenobiotics. Revision of September 2020:
https://medlineplus.gov/spanish/ency/article/007287.htm#:~:text=Su%20proveedor%20de%20atenci%C3%B3n%20m%C3%A9dica,efectos%20pueden%20ser%20los%20mismos.
http://accessmedicina.mhmedical.com/content.aspx?bookid=1717&sectionid=114944129

Table 3: List of sources of information of an EWS, according to indicators

Indicators	Sources of information
New patterns of use	Treatment centers for drug users Drug users Risk and harm reduction programs Drug assistance telephone networks Research programs (NDO, Universities, NGOs) Shelters for unhoused people Programs providing care to persons deprived of liberty Toxicological and general emergency services Specialized health services
Poisoned users	Toxicological and general emergency services
Users with acute episodes of illness linked to psychoactive substances	Specialized health services Programs (NDO, universities, NGOs)
Overdoses	
Results of toxicological analysis of biological samples in customary follow-ups	Research programs Control offices
Deaths from overdose or poisoning	Toxicological and general emergency services Forensic laboratories
NPS	Analytical laboratories performing chemical characterization of drugs Prosecutors' offices Specific research programs
New adulterants and/or diluents	
Domestic and international drug trafficking seizures	Security forces Customs
Local production of drugs	
Samples taken from direct street distribution for consumption	Police Security forces
Samples provided by users	Drug users

Main tasks to be performed related to sources of information include:

- Contact them and invite them to participate in the EWS.
- Identify how the source of information produces and systematizes the information that will be of interest to the EWS, assess whether adjustments should be made and whether this is possible.
- Establish the minimum factors for detecting possible threats (standard and shared criteria), which can be agreed upon by the different organizations involved, according to the experts' assessment.
- Identify other aspects of the source of information: legal limits, safeguards, etc.
- Identify the specific area or program of interest within the institution or organization and name the point of contact with the EWS.
- Provide training on the operation of the EWS, covering information flows, modality, and persons responsible.

Establishing an EWS means developing inter-institutional relationships of trust, respect, and professionalism.

There is always a point of agreement between what information is initially required and information delivered or shared in practice.

The operation of an EWS is a process permanently under construction; thus, taking a long-term view and considering the overall objective is required.

In the operation of the EWS, not everything merits a notification and not everything merits an alert.

The following modules (1, 2, and 3) will focus on processes enabling us to identify:

➜ What type of information justifies making a notification .

➜ What type of information allows for the conclusion that a notification represents a definite threat and the system should therefore issue an alert.

On New Psychoactive Substances

Considering that new psychoactive substances are the principal subject of monitoring for detection, identification and assessment, the EWS coordination unit should be in constant contact with international programs, particularly the UNODC early warning system (EWA) on NPS, which compiles all information available globally and offers a platform to provide technical assistance to countries. The UNODC early warning system on NPS:

✔ Was created in 2013 under a resolution approved by the member states on the Commission on Narcotic Drugs in response to the global emergence of NPS.

7. To notify means "To formally or officially tell someone about something," according to the Oxford Learners Dictionary (https://www.oxfordlearnersdictionaries.com/us/definition/american_english/notify). In the EWS, it is the action whereby a source of information reports to the EWS coordination unit or the network regarding the discovery of a possible threat or risk event.
8. UNODC (2020). Current NPS Threats. Volume II. January 2020. Revision of September 2020::
https://www.unodc.org/documents/scientific/Current_NPS_Threats_Volume_II_Web.pdf

✔ Monitors and analyzes NPS trends and reports on them, providing evidence for the design of effective policies

✔ Provides access to various types of information on NPS:
- The emergence of NPS and global monitoring,
- Communication of risks,
- The identification and analysis of chemical substances,
- Toxicology and pharmacology,
- National legislative responses of the member states. Thus, the UNODC EWA serves as a repository of information on NPS, making it possible to better understand their distribution and use worldwide, and offers a platform for providing technical assistance to the member states.

As of January 2020, 950 individual NPS were recorded, according to information from 120 countries and territories that had reported to the UNODC EWA. These 950 NPS mainly belonged to six groups of substances grouped according to their mechanism of action: classic hallucinogens, dissociatives, sedatives/hypnotics, stimulants, synthetic cannabinoid receptor agonists, and synthetic opioids.

We suggest periodically reviewing the UNODC's website on "Early Warning Advisory on New Psychoactive Substances" and recommend that national forensic laboratories establish a link to the website program for continuous updates. The reference site provides a description of NPS categories by chemical structure: aminoindanes, phencyclidine-type substances, phenethylamines, piperazines, plant-based substances, synthetic cannabinoids, synthetic cathinones, and tryptamines, as well as a group of substances that do not correspond to any of the above, catalogued as "others." Substances such as opioids, classic hallucinogens, hypnotics and sedatives, and stimulants are categorized by their effects on the central nervous system.

Another suggestion is to review the documents prepared by the UNODC's Synthetics Monitoring: Analyses, Reporting and Trends (SMART) on significant trends and innovations with regard to chemical precursors and pre-precursors, an important aspect in monitoring synthetic drug markets and production .

9. UNODC (2020). Early Warning Advisory on New Psychoactive Substances. Revision of September 2020: https://www.unodc.org/LSS/SubstanceGroup/GroupsDashboard?testType=NPS
10. UNODC (2020). An expanding synthetic drugs market – Implications for precursor control. Revised in September 2020 at: https://www.unodc.org/documents/scientific/Global_SMART_23_web2.pdf

The role of laboratories in the EWS

Drug analysis laboratories--both those that analyze seized drugs and toxicology laboratories that report on adverse drug use events--are a fundamental component of the EWS.

The main functions of drug analysis laboratories in the EWS are to:

- Detect and identify new and known substances, as well as blends thereof, that represent a potential threat,
- Cooperate to improve the analytical chemical characterization of NPS and other drugs,
- Systematize and validate the information gathered in the system,
- Supply data drawn from drug analyses and intelligence information (when relevant) with a view to preparing reports and products for different audiences,
- Support the compilation of data at the national, regional, and international level,
- Identify adulterants,
- Determine purity.

Best practices indicate that::

- If laboratories participating in the EWS share information among themselves and establish multilateral communication with other sources of information, they will be better positioned to resolve difficulties related to analysis, confirm unusual findings, or add a new substance to customary screening assays to observe its persistence.
- The EWS's collaboration with other regional early warnings systems or EWS in other countries facilitates the laboratories' connection with their counterparts in other countries, allowing them to share risk analyses, warn of threat situations, and promote actions at the national level.

11. UNODC (2020). El papel de los laboratorios de análisis de drogas en los sistemas de alerta temprana de UNODC. Revisión septiembre 2020 en: https://www.unodc.org/documents/scientific/Drug-Analysis-Systems_EWS_SP.pdf

- It is very important for laboratories to be integrated in the EWS and for the mechanism for analyzing seized drugs to be established according to specific standards, in order to guarantee an ongoing flow of drug analysis data and thus ensure that surveillance is possible.

Experience in Latin America indicates that there is a complex legal aspect with regard to how chemical characterization procedures are performed. Laboratories generally conduct the type of analysis that the law allows. In the case of Colombia and other countries, only the presence or absence of a substance is analyzed. In this case, chemical characterizations should be performed using targeted efforts, for example, possible studies for specific substances. This is not routinely provided information.

UNODC has published a series of documents making recommendations for countries, particularly laboratory and control and oversight agency personnel, on the best drug analysis methods available, whether for preliminary analyses in the field or in the laboratory. These tools help to identify drugs and chemical precursors.

It is thus recommended that EWS members remain in constant contact with these organizations to access available technologies for chemical analysis of seized drugs.

Also detailed in the bibliography, listed below are links with information available for forensic laboratory analysis. The first is from 2006 and refers to the most important drugs; the second was completed in 2012 for the identification of seized cocaine; and the third is from 2016 and indicates the methods for identification of synthetic cathinones.

https://www.unodc.org/documents/scientific/Rapid_Testing_Methods_of_Drugs_of_Abuse_E.pdf
https://www.unodc.org/documents/scientific/Cocaine_S.pdf
https://www.unodc.org/documents/scientific/STNAR49_Synthetic_Cathinones_E.pdf

On the role of laboratories in the EWS:

https://www.unodc.org/documents/scientific/Drug-Analysis-Systems_EWS_EN.pdf
https://www.unodc.org/documents/scientific/Drug-Analysis-Systems_EWS_SP.pdf

For drug analysis laboratories, the following publications are relevant:
https://www.unodc.org/unodc/en/scientists/publications-drug-testing-laboratories.html

With regard to guides on the chemical characterization of drug samples, this publication from 2001 is still valid and can be read together with specific manuals on the group of substances cited above:
https://www.unodc.org/unodc/en/scientists/drug-characterization-and-impurity-profiling---background-and-concepts.html

To learn about staff skills and the infrastructure of forensic laboratories in general:
https://www.unodc.org/unodc/en/scientists/staff-skill-requirements-and-equipment-recommendations-for-forensic-science-laboratories.html
recommendations-for-forensic-science-laboratories.html

EXERCISE 2

» List the institutions, organizations, and groups that exist in your country or region according to the main EWS indicators.

» Evaluate jointly with the focal point how information that will be subject to monitoring for the EWS is currently being recorded.

» Are focal points and/or institutions up to date on what an EWS is? Do they understand EWS' importance and how they operate?

» Will it be necessary to hold a meeting to launch the EWS?

» Establish the frequency of and method for holding EWS meetings (in person, online, combination).

Example 2:
The EWS coordination unit has identified a ministry of health department as the agency that records information drug on poisoning and overdose cases treated in the country's emergency rooms. The EWS coordination unit has held a meeting with the person responsible for that department. That meeting addressed the following topics:

- ✓ A description of how data are systematized, the sociodemographic profile of people treated, description of conditions treated, description of the geographic coverage of each ER; for example, is the data sourced from all emergency rooms in the country, or only a fraction, and which ones? Is it broken down by provinces, cities or another geographic designation?
- ✓ How is the drug in question identified and what is the disaggregation level of the information? Detail on procedures used.
- ✓ Confidentiality and accessibility of patient information.
- ✓ If recorded information is limited, could the department or program commit to increasing the recording of information? How could it do this?
- ✓ Are program management or coordinators familiar with the EWS and what it is?
- ✓ Will it be necessary to organize a meeting with various area and emergency room professionals to raise awareness on the importance and operation of the EWS?

MODULEo 1
DETECTION

MONITORING → DETECTION and NOTIFICATION → IDENTIFICATION and ASSESSMENT → ISSUE ALERT

Detection of a possible **threat** and its internal communication within the EWS is referred to as a **NOTIFICATION**, Notification is an extremely important step, since what is not detected and not shared as a notification cannot be evaluated by the EWS and therefore cannot become an alert.

However, at the same time, it must be kept in mind that **not everything merits a notification.**

In this phase, the role of institutions and key actors – the information sources – is central since their customary process for recording and systematizing indicators will make it possible to **detect** a potential threat.

The role of the EWS coordination unit is to work with institutions to develop these processes through:

- training
- exchange of information and expert opinion
- defining the type of phenomena

Detecting or identifying a possible **threat or finding** (NPS, emerging drug, or related phenomenon) requires:

1) Defining what types of phenomena should be monitored.

2) Identifying which characteristics – qualitative or quantitative – of the phenomenon indicate an emerging risk or health hazard for the population, defining standards criteria shared by institutions.

12. The UNODC's global SMART program uses the term "finding" to refer to the following events: new substance identified for the first time in the country, region, or laboratory; unusually high concentration; new, different, or harmful adulterants; changes in or unusual drug use patterns, or new modes of administration; new or unusual form of presentation of a substance; substances sold under the name of another drug; particularly large seizures; serious fatal or non-fatal events or clusters of adverse health events; substances posing health risks to law enforcement and border control personnel. Source: The role of drug analysis laboratories in early warning systems, UNODC, 2020. Revision of September 2020:
https://www.unodc.org/documents/scientific/Drug-Analysis-Systems_EWS_EN.pdf

3) Determining methodological and technical conditions for monitoring, systematizing, and assess the necessary information.

The following should be kept in mind:

1) When defining the phenomenon ➜ , it is important to decide which variables will be monitored. Variables should be chosen based on the likelihood that an emerging threat in your country or community would first appear. Some examples are:

- **Seized drugs: the volume, type of drug, and destination (internal or external)**
- **Street or club drugs: street samples or samples provided by drug users (marketing)**
- **Results from chemical characterization of drugs**
- **Drug use patterns: substances involved**
- **Drug poisoning episodes**
- **Drug poisoning deaths**
- **Overdose episodes**
- **Overdose deaths**
- **Toxicology results from biological samples, e.g., regular drug tests in populations such as drivers, workers, etc.**
- **Chemical precursors: production and marketing by type and volume.**

2) Risk indicators are vital variables that point toward a potential public health threat. When we define these indicators, reference to time and place is central since it is linked to the novelty criterion or how new it is for the context (place and time). Ultimately, what will be considered a possible **Threat** and will lead to a **Notification**? Some examples are:

- **Seized drugs (national or international traffic):**
  - Unusual, unexpected increase in the volume of a particular drug.
  - Appearance of drugs in a new location (border, province, city, or transit route).
  - Appearance of novel substances heretofore unknown.
  - Appearance of substances that are known to authorities but heretofore had not been found in the country or region.

» Street or club drugs (marketing):

- Unusual increase in the volume of circulation of a particular drug.
- Unusual increase in the volume of circulation in a particular area.

» Chemical characterization analysis results:

- Detection, identification, or any unusual change in an NPS or substance subject to monitoring.
- Relevant changes in a drug's level of purity.
- New, different, or harmful adulterants.
- Significant changes in the proportion of an adulterant in drugs.
- Substances sold under the name of another drug.

» Patterns of use

- Introduction of new drugs or new combinations of drugs.
- Unusual increase in the use of some drug in specific social groups or geographic areas (neighborhoods, cities).

» Drug Poisonings:

- Appearance of a new drug or new combination of drugs in poisoning cases
- Changes in the demographic profiles of poisoning cases
- Changes in the health consequences associated with drugs already known
- Consider toxicology results from biological samples, e.g., regular drug tests in populations, such as trucks, buses, and other public transport drivers.

» xxxxxxxxxxxxxxxxxxx

- Appearance of new drugs or new combinations of drugs.

» Deaths from drug overdoses or poisonings:

- Appearance of new drugs or new combinations of drugs.
- Appearance of new demographic profiles in overdose or poisoning cases.

» Chemical precursors:

- Increase in the volume of production and diversion of known precursors.
- Inclusion of new precursor in the record (new production) or new record of entry (import).

Summary: When defining risk indicators, we refer to:

- Qualitative or quantitative changes in known phenomena.
- The changes in key variables – drugs, precursors, new combinations, acute episodes of illness, new or previously unknown routes in a specific time or place– meaning that they have not been identified or assessed yet, but could pose a threat.

3) When**defining the methodology** to record, systematize, and analyze the emerging phenomenon, it is important to:

» **Have a minimum coverage to represent the cases or events to be recorded: extent of the territory of reference for the information:**

- Seized drugs: National, provincial, or local territory?

- Where are drugs for direct use seized—in neighborhoods, cities, recreational areas in the country's largest cities? What areas have the most use?

- Results from chemical characterization of drugs: For all seizures? Only for those ordered by the judicial system? Only those that correspond to specific procedures?

- Patterns of use: Of the total number of patients being treated in the country? Or in the main treatment centers? Do epidemiological studies have national and local samples? Are all harm reduction programs considered as key informants?

- People poisoned by drugs: Is follow-up done on all those who arrive at all emergency centers? Or only the most important centers?

- Overdose episodes: Is follow-up done on all who arrive at all emergency centers? Or only the most important ones?

- Overdose or poisoning deaths: Is forensic analysis done in all cases of death from these causes or only in some cases? How is this determined?

- Chemical precursors: How is information recorded on production, export, or import of chemical precursors in the country? Which substances are recorded?

» **<u>Have sufficient technical resources:</u> technology and human resources trained to record the information subject to monitoring:**

- Facilities equipped with the technology needed so that laboratories can perform chemical characterization of drugs (see annex).

- Emergency rooms with technical and professional resources needed to report cases of drug use poisoning and overdoses.

- Security force personnel with technology and capacity for initial identification of drugs and possible changes in materials seized.

- .Health professionals who treat drug users with the ability to warn about new drugs used or new patterns of use.

- Professionals and specialists attending telephone lines with the ability to listen and investigate new drug use methods.

Recapping the **objective of the EWS → Monitoring** the NPS, emerging drugs, and related phenomena **in the epidemiological, health, drug production, trafficking, and marketing settings,** and considering what has been developed above, it is possible to summarize:

Monitoring in the epidemiological setting means:

→ That treatment centers for drug users and containment, telephone line, and harm reduction programs maintain a systematized record of drug use patterns among the population they serve.

→ That epidemiological studies in specific populations provide information that can sound the alert on new uses.

→ Maintaining stable and reliable links with drug user groups.

13. Equipment and/or analytical techniques used according to classification by the U.N. and the Scientific Working Group for the Analysis of Seized Drugs (SSWGDRUG): Gas chromatography with mass spectrometry detector and spectrophotometer or infrared FTIR and ATR (TYPE A Confirmatory Test); gas chromatograph with flame ionization detector (GC/FID), High performance thin layer chromatograph (HPTLC) with automatic sampler and densitometer photo, high performance liquid chromatography with ultraviolet diode array detector (HPLC- UV-DAD), Thin layer chromatography (TLC), capillary melting point meter (TYPE B separation test and confirmation with standards), and modified Scott's test, coloration tests for diluents (Lugol, Fehling, Phenolphthalein) (TYPE C screening test). CICAD-OAS (2016). "Subregional Compendium: Analysis of the Chemical Composition of Smokable Cocaine." Revision of September 2020: http://www.cicad.oas.org/oid/pubs/ChemicalCompositionofCFESP.pdf

Monitoring in the health setting means:

- ➜ Recording of drug use and collection of biological samples for chemical evaluation by toxicology emergency rooms.
- ➜ Questions on drug use in patient histories in general emergency rooms.
- ➜ nclusion of drug use findings in autopsies

Monitoring in the production and commercialization setting means:

- ➜ Systematic characterization of drugs, identifying concentration, adulterants, and diluents
- ➜ Systematic disaggregation of the type of drug and the destination market (local or external) from information on drug seizures
- ➜ Inclusion of information on the way given substances are presented and how they appear
- ➜ Monitoring of the production and circulation of chemical precursors

In the three settings, professionals and specialists must be **trained and sensitized** on observing and searching for NPS and other emerging drugs and related phenomena.

What is not looked for cannot be found.

In summary, the ability of an EWS to DETECT a possible threat will depend upon:

- ✔ The number of information sources that are incorporated in the system.
- ✔ The information sources' commitment to collecting the information that has been defined as having priority for the EWS.
- ✔ The methodological quality of the information source in terms of collecting, systematizing, and analyzing its information.

- ✔ The quality of training and sensitization of human resources in observing and searching for NPS, emerging drugs, and related phenomena.

- ✔ Rapid and accurate delivery of information (possible threats) to the EWS.

This phase concludes when a possible threat is **detected** and **NOTIFICATION,** is made to the EWS, or the EWS is informed regarding this event or finding so that it can be **ASSESSED**.

Who makes the communication? How is a possible threat communicated to the EWS?

The person who was designated as the EWS focal point and who represents the information source where DETECTION occurred.

The NOTIFICATION should be communicated as quickly as possible in order to guarantee its entry in the EVALUATION process as soon as possible, so that the ALERT satisfies the requirement of being issued **early** (in the event it is actually issued).

The information should be communicated to the EWS Coordination Unit according to the mechanism established, which may be through:

- A web platform

- Preset periodic meetings

- Spontaneous communications

For more information, see reporting protocols (Annex 5 and 6 of the COPOLOAD Manual).

Possible Threat → potentially risky event → finding
In the EWS → when the possible threat or event is reported to the EWS coordination unit and/or the entire network, this is called NOTIFICATION → At this point, the possible threat must be identified and assessed and its risks must be evaluated.

EXERCISE 3

» According to the information sources incorporated in the EWS and their monitoring systems, conduct a hypothetical exercise on what type of threat could be detected and what its indicators would be.

» Conduct a pilot exercise with each information source; evaluate together the indicators of the possible threat.

Example 3:
Continuing with example 2, once the relationship is established with the ministry of health department or program that records the information on drug use poisoning and overdose cases, and the quality and scope of the information (for example, exercise 2) has been reviewed with them, a hypothetical exercise could be conducted on cases to be defined as possible threats and that should be reported to the EWS:

- ✓ When the results of laboratory analysis of patient biological samples uncover a new unknown substance or an adulterant of the used drug (cocaine, base paste, crack, benzodiazepines, marijuana, alcohol, tobacco, ecstasy, or other known drugs).

- ✓ When a sudden increase is recorded in the number of patients seeking emergency room treatment with similar symptomology and coming from the same place (parties, mass events, etc.), where the use of drug X has been recorded.

- ✓ When a slow but sustained-over-time increase has been noted in patients coming in with symptoms caused by ingesting a known and regularly used substance (for example: cocaine, marijuana, alcohol, etc.).

MODULE 2
IDENTIFICATION AND ASSESSMENT

IDENTIFICATION AND ASSESSMENT refers to when a possible **threat** ohas been pinpointed and should be analyzed, to assess the threat level and determine whether an **alert** should be issued.

MONITORING → DETECTION and NOTIFICATION → IDENTIFICATION and ASSESSMENT → ISSUE ALERT

One of the functions of the EWS coordination unit is to:

- Establish a multidisciplinary group to review and evaluate of the possible threat (case notified) → **EWS CONSULTATIVE GROUP.**

Who are the members of this EWS Consultative Group?

- The group should be comprised of experts representing information sources that form part of the EWS or are members of the EWS Consultative Group.
- Additional experts, who are convened and consulted on specific topics.

How does it work?

- The EWS Consultative Group is activated when a notification is issued, with preference given to specific disciplines according to the nature of the notification: experts in the chemical composition of drugs, health experts, experts in drug production and trafficking, experts in social behavior, etc.

- Other external experts may be included as necessary.

- The group is activated when it is deemed necessary to review and describe a possible threat and assess the risk and decide if an alert is merited.

» The EWS coordinator or coordinating agency is responsible for convening the group of experts, compiling, and systematizing the information produced or found, ensuring the exchange of information, and defining meeting places (virtual or in-person) for joint analysis of the risk and decision-making on issuing an alert.

IDENTIFICATION AND ASSESSMENT OF THE POSSIBLE THREAT → to expand and deepen the initial knowledge

» If an NPS or emerging drug is involved, characterization must include:

- How it was detected
- Chemical identification
- Use and patterns of use
- Manufacture or extraction of the drug
- Distribution and marketing
- Linkage to other crimes
- Commercial, medical, and scientific use
- Potential and identified risks
- History in other countries
- Other possible topics.

» If there is a new pattern of use:

- Identification of the sociodemographic group involved.
- Psychoactive substances involved.
- History of this method of use: start and continuity.
- Identification of risk factors present: personal, familial, and social.
- Long-term of pattern of use.
- History in other countries.
- Other possible topics.

» If there is a new route or increase in traffic:

- Time of occurrence of the phenomenon detected.
- Associated factors: economics, logistical, and institutional.
- Linkage to other crimes.
- History in other countries.
- Other possible topics.

Evaluation of the risk

- Health risk for drug users, with risk of death or serious harm: pharmacological and toxicological action, psychological and behavioral effects, possible undesired consequences, etc.

- Risk for those who may be exposed to these substances (e.g., security force personnel when performing monitoring and drug seizure tasks).

- Risk for groups with specific vulnerabilities, for example based on place of residence, in case of new trafficking routes or method; based on probability of use, in case of a new pattern of use; based on health conditions, such as if the harm from using a given drug is greater in persons with underlying diseases, etc.

Criteria for evaluating the risk of the threat:

- More than a kilogram of material seized;
- Evidence of international trafficking;
- Evidence of participation of organized crime groups;
- Toxicological/pharmacological properties of the new psychoactive substance or analogue with already known compounds;
- Evidence of the possibility of wider (rapid) spread;
- Evidence of poisoning/overdose requiring medical assistance or hospitalization;
- Evidence of deaths

It is important to:

➜ Identify the specific population at risk so as to be able to guide the issuance of an alert.

➜ Identify the risk – e.g., whether it is related to drug use or a form of drug use; whether it represents a risk of exposure, and its form – in order to develop the content of the alert.

➜ The identification and assessment of a possible threat must be done quickly; given a potential risk to the population's health the alert must be issued as soon as possible ➜

> Consideration must be given to the variables of time and place. For example: the appearance of a new pill on the retail drug market occurred in month X in the year X and in neighborhood, city, or region X.

14. Page 88 in the Spanish version and page 84 in the English version of Early Warning System on NPS and Emerging Drug Phenomena, Implementation Manual, COPOLAD (2020), op. cit.

Assumes the use of scientific evidence, expert opinion, and the knowledge of similar experiences at the international level on the potential damage that they may cause.

Even if information sent by a laboratory is not complete, indication of the presence of an NPS or other emerging drug, the use of which presents a high risk, will be sufficient to allow the EWS to issue an alert – at least to the group at risk.

Thus, the result of the characterization and evaluation of the possible threat may be:

1) 1A threat is posed, i.e., the finding (NPS and/or other emerging drug and/or associated phenomenon) may bring harm to the population ➜ decision is made whether to issue an alert.

2) No threat is posed ➜ the process is closed on this possible threat, but personnel should:

• Keep all the information collected by the EWS coordination unit and by the participating information sources ➜ it has surely contributed to overall understanding and has raised new questions.

• Continue with and expand on the monitoring of this possible threat ➜ an important change may occur that would change its status.

• Report the event to the early warning system of the Americas (SATA) and to other countries of the region.

When does the identification and assessment process end?

- The process is complete when the information gained **is sufficient to provide certainty regarding the presence or absence of risk of the possible threat.** In some cases, it may not be necessary to have complete information; partial information may be sufficient to determine that risk is present and quick action is needed.

- The results of the assessment (positive or negative) are clear, have a time and place of reference, and thus monitoring needs to continue.

EXERCISE 4

» **Identify the professionals who will be part of the EWS Consultative Group and initiate a dialogue on the group's objectives.**

» **Identify national and international experts who do not belong to the EWS member institutions, but who could be part of an advisory group; establish contact to facilitate dialogue when a threat arises.**

Example 4:
The EWS coordination unit has identified expert professionals for each relevant monitoring indicator corresponding to institutions or organizations that are part of the EWS: experts in drug trafficking, chemical precursors, chemical characterization analysis of drugs, toxicology, patient care, prevention, drug research methodology, etc. On each topic, a dialogue has also been established with other national and international experts so as to have their support and collaboration should it be needed.

Continuing with example 3 and taking the second case of notification: When a sudden increase is recorded in the number of patients seeking emergency room treatment with similar symptomology and coming from the same place (parties, mass events, etc.), where the use of drug X has been recorded, the group of experts should be convened to:

» Carry out a deeper examination of the event: analyze biological samples to identify the substance; seek samples of drug X in users; expand the inquiry to experts in drug trafficking and chemical precursors; review existing international evidence.

» Assess the risk of using drug X and of possible exposure only (e.g., police personnel who are exposed to poisoning solely by coming into contact with doses of fentanyl).

MODULE 3
ISSUING THE ALERT

MONITORING → DETECTION and NOTIFICATION → IDENTIFICATION and ASSESSMENT → ISSUING ALERT

Issuing the alert

→ Substantive EWS event, reason for its existence and decisive moment.

- Define who will make the decision about the alert.
- At this time, the EWS coordinator becomes relevant.

→ Central role of coordination unit:

- Organize and triangulate all the information collected.
- Ensure that the EWS Consultative Group assesses the information.
- Optimize resources and time.
- Provide institutional and political coverage for EWS operations.
- Safeguard the confidentiality of information as applicable.
- Promote consensus among EWS members and avoid harmful disruptions.
- Always bear in mind that the EWS is a process that needs daily support.

→ Relevance of scientific evidence in decision-making and in designing the alert:

- Consider the time and place of the threat.
- Ensure that all points of view (multidisciplinary nature of characterization and evaluation) have been considered in the search for and production of evidence.

➜ Importance of political-institutional support for the EWS:

- To ensure the human and financial resources for actions that will be promoted.
- Capacity to respond to requests for attention and information that will increase in response to the alert.
- To achieve a consistent official stance with regard to the communication and related actions to be implemented.

➜ How the alert will be designed as a communication:

- Seek support from experts for design of the communication.
- Ensure that the message reaches the target audience.

Thus...

Characterization of the possible threat will provide information that will be critical when deciding to issue an alert on the threat:

» **The type of threat in question:** NPS, other emerging drugs or a related phenomenon (new pattern of use, new adulterant, a significant change in purity level, a new drug route or trafficking method, serious fatal and non-fatal events or sets of events from a health perspective).

» **Where** (in what neighborhood, city, region) the threat appears.

» **How broad** is the threat.

» **Demographics of the at-risk population:** groups of drug users in general or one group in particular, drug users who obtain their supply from a particular point of sale (urban area, via the internet); general population; health professionals in primary care, general or toxicology emergency rooms, treatment centers, and ambulatory treatment programs; chemical industries; control and oversight agencies in border or internal areas; security forces; marketing and merchandise transfer agencies; organizers of electronic parties; alcohol vendors, etc.

Evaluation of the risks of these threats or findings will provide details regarding serious adverse effects on health (risk of death or serious injury) that consumption or exposure would produce.

Types of alerts:

1) Restricted to specific institutions or individuals (which may be EWS members and/or others):

» Security forces and customs agencies: when seeking to expand monitoring of a drug or drug trafficking method or route.

» Other laboratories and forensic experts: when needing to continue monitoring a drug or situation.

» Ministries of health, health professionals: so they can provide specific care to users with problems due to the use of a given drug.

» Treatment centers and places providing care and shelter to drug users: to enable recording of specific drugs or drug use methods and provision of the appropriate care.

» To drug users: so they can avoid using specific drugs or take the necessary precautions to reduce harm.

2) Public: Directed to the entire population when seeking to raise awareness regarding the presence of a toxic substance and provide information on symptoms or indicators of risk, or where to submit notifications, seek support, or seek assistance.

Issuing the alert as a communication event follows a structure:

SENDER → MESSAGE → RECEIVER → CHANNEL

15. Communication is an ongoing social phenomenon that recognizes different modes of action (words, gestures, physical space, intonations, etc.), in which the meaning only makes sense as a function of the context in which the action takes place. Communication is an extremely complex phenomenon that should be understood in relation to other processes as "multiple contexts," "circular processes" and "levels of increasing complexity." Bateson, Birdwhistell et al., 1990.

✔ In the operation of an EWS, the only thing that is constant is the SENDER. All alerts are emitted by the EWS coordination unit (with other agencies or alone, depending on each EWS).

✔ The alert is the MESSAGE, the content, which will vary according to the case.

✔ The MESSAGE is transmitted through a CHANNEL, which is the physical medium through which a communicative act is carried out (may be verbal or written and take various forms).

✔ The RECEIVER of the message may also be referred to as the TARGET AUDIENCE.

✔ The function of communication in the EWS may be:

- **Informative:** the sender seeks to provide information about an event.
- **Exhortative:** the sender intends to influence the target audience to take action or behave in a certain way.

Although the above scheme is linear, in that the receiver is not a passive subject but active in the communication, it is useful to consider the structure when issuing the alert. **It is important not to lose sight of the fact that for the message to be effective, it must be clear to the audience.**

We can differentiate two types of alerts issued, considering the function and the receiver (target audience):

➜ **PRIMARILY INFORMATIVE FUNCTION:** Preparation of the report on the threat (NPS and/or emerging drug and/or related phenomenon) for the national EWS, the SATA, the EWA, and other international agencies:

- Has a standardized format (COPOLAD, 2020).
- Is intended to inform other experts regarding a particular situation.
- Details physical, chemical, toxicological, or health characteristics.
- Employs technical and scientific language.

16.**Source**: https://concepto.de/canal-de-comunicacion/#ixzz6SGkDJvYl. Reviewing this link is suggested, where detailed development of the topic can be found. Revision of September 2020.

➜ **PRIMARILY EXHORTATIVE FUNCTION:** Messages aimed at the target population, whether specific groups (including institutions) or the general population:

- The message is adapted and tailored to the audience; there is no standardization.

- A single message may contain different forms and content according to the target audience and the intended response (prevention, care, and harm reduction).

- Contains the information necessary for the target audience to respond or take action: assumes attitudes of prevention, care, and/or harm reduction in drug use, and/or exposure to the threat.

The CHANNEL used to communicate the ALERT is selected depending on the content of each ALERT and the target audience:

- Scientific reports are intended ➜ for laboratories and other EWS.
- Detailed communications on harm from use, exposure, and action protocol ➜ are intended for physicians and toxicologists in emergency rooms.
- Communication on symptoms and harm produced by use ➜ are intended for health personnel in treatment centers, shelter programs, etc.
- Informative pamphlets or flyers on the threat, principal harm and methods of presentation ➜ are intended for drug users.
- Informative pamphlets or flyers on the threat and ways it appears on the market ➜ are intended for security forces.

It is essential to have experts in communication to ensure that alerts are clear and effective.

EXERCISE 5

» **Develop a list of employees according to their levels of responsibility and/or position in the hierarchy in the areas of health, education, and security, among others in your country, and prepare a communiqué to establish and strengthen dialogue with them as well as to inform them about the objective of the EWS and the importance of issuing alerts.**

» **Identify public employees or specialists who could help design the communication of alerts. Establish partnerships with them, in addition to universities, NGOs, and other civil society organizations you feel could also contribute.**

Example 5:
Continuing with example 4, the result of characterization and evaluation by the group of experts was that drug X is an emerging substance (new version of a known synthetic drug but one that is adulterated with another substance highly harmful to health) and thus a public alert is needed. The alert should focus on young users of synthetic drugs who attend mass events such as parties. It will focus on the harm produced by using these substances in the forms (color, appearance, and commercial name) in which such substances are sold. The target audience will be urged not to use them and to report on places where they are sold.

MODULE 4
ACTIONS TAKEN: CONSULTATION AND FOLLOW-UPO

The EWS ➜ Should have a system for recording threats identified and alerts emitted, and should follow-up with the relevant agencies to determine what actions, if any, were taken.

For example, if an NPS is identified in the market ➜ An action taken might be that the security agencies took actions to incorporate it in the country's lists of controlled substances.

To follow-up ➜ Establish a communication among the various agencies involved, so that all institutions can access updated information on new threats.

In addition,

ALERTS are issued so the population (social groups and institutions)can take prevention, healthcare, and harm reduction actions.

For example:

- ➜ A threat, an NPS, has been detected.
- ➜ Alerts have been issued to different audiences (receivers of the message).
- ➜ It is hoped that the audience will assume certain attitudes and behave in certain ways.
- ➜ To achieve this desired outcome, it is necessary for that the alerts to provide specific information and/or be accompanied by specific actions or policies by the relevant authorities.

Table 4: Target audiences of the alert, expected attitudes and actions

Receivers	Expected attitudes	Information/possible actions[17]
Synthetic drug users	Avoiding use of the reported drug	Details of harm that use could produce
	Consulting health services early in case of adverse consequences of use	
	Reporting on where they are being sold	Secure channels for making report: telephone, e-mail, social networks, etc.
	Handing in samples of the reported drug that they may possess	Secure channels for making the delivery: to whom, where, and with protection of one's identity and guarantees of not being penalized for the act
Users of illicit drugs other than synthetic drugs	Avoiding use of the reported drug	Detail of the harm that would be produced by use
	Consulting health services early in case of adverse consequences from using the drugs	
Event organizers of "raves" and similar parties	Increasing control and supervision of drugs circulating in these locations	Information on possible drug presentations
	Denouncing the appearance of the reported drug	Secure channels for making the report: telephone, e-mail, social networks, etc.
	Considering health care actions in response to possible use of drug X in these locations	Training on rapid assistance measures and risk reduction conditions: availability of water, presence of physicians, ambulances, etc.
Medical professionals in toxicology emergency rooms	Developing a protocol for detection and treatment for poisoning or overdose caused by the drug in question	Consideration of this as a priority task of professionals and not an extra activity (and sometimes voluntary and not considered in salary payments)
	Distributing the detection and treatment protocol to their colleagues in general hospital emergency rooms	
Medical professionals in general hospital emergency rooms	Making contact with the detection and care protocol	Training events on the topic
Hospital Directors/ Ministry of Health	Providing technological and human resources needed to respond to specific consultation cases	Availability of specific budget
Professionals in treatment and care centers for drug users	Inclusion in the patient history of recording of the drug reported or a similar drug	Generate guidelines on how to ask about new drugs. Train staff in the use of such guidelines.
	Disseminating information among patients in treatment and their families	Preparation of adequate information for distribution to patients and their families
Forensic laboratories	Including information on the new drug in the protocol and defining mechanisms for identifying it in autopsies	Connecting laboratories in a flexible sharing network. This may be the EWS

17. It is the responsibility of the EWS to provide the necessary information so that certain actions can be carried out to prevent use and to reduce harm from the use of traditional drugs and NPS. However, it will be the competent agencies that will have to design and carry out the actions. It would be desirable for the EWS to monitor these actions.

What the EWS can do:

- ✔ Advise the respective authorities on the content of the alerts that will be disseminated.

- ✔ Advise the authorities on actions that may accompany the issuance of alerts according to the different target audiences.

- ✔ Propose a monitoring scheme on the impact of these measures and actions.

What does the EWS need to monitor the impact of the measures and actions after the alerts are issued?

- ✔ The technical capacity and human resources available to do so: ➜ build alliances with universities that can lead this process.

- ✔ Creating a stable, reliable, multidisciplinary system with a clear strategic objective.

EXERCISE 6

» If the alert relates to a new drug trafficking route that has been consolidated and supplies drugs to various cities, who would be the target audience for this alert? What actions is the targeted audience expected to take? What other measures should be adopted to ensure that the alert has the expected impact?

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

» How could the NDO follow up on actions taken related to the alert issued?

Example 5:
The EWS has issued an alert on a new pattern of use that consists of smoking marijuana mixed with a substance X that, due to its toxicity, notably increases harm to the respiratory tract, even causing apnea or halted breathing.

Prolonged apnea means that a person stops breathing. If the heart is still active, the ailment is known as respiratory arrest. It is a potentially fatal event that requires first aid and immediate medical attention.

The alert's target audience is people who smoke marijuana, health professionals in health centers and professionals in the area of prevention and treatment.
The goal is that:

- Marijuana users will not mix marijuana with substance X or other unknown substances, for which detailed consumption risk information is provided.

- Professionals in health centers should learn about this drug use pattern so they can establish a protocol for rapid treatment and first aid.

- Professionals dedicated to prevention and healthcare should incorporate messages and information on this new method of use, in order to prevent it.

- NDO professionals, and particularly those in the EWS, should constantly monitor actions taken in response to the alert.

GLOSSARY

Alert:
According EWS-Colombia, an alert is an announcement or piece of information that warns about a new drug phenomenon that poses a risk to public health. Alerts may be issued regarding potential or existing threats.

The COPOLAD Manual defines an alert as "A summary of structured information based on a threat in the public health arena, associated with New Psychoactive Substances or the phenomenon of emerging drugs, prepared and sent by the EWS to specific recipients to prevent negative impacts on public health".

In the case of the OID-CICAD SATA, alerts may refer to NPS or to other new-drug related phenomena as defined by the national EWS. Summaries of alerts are issued with the goal of sharing information across member states, preventing the expansion of new threats and mitigating their impact at the hemispheric level.

EMCDDA defines as an alerts a vital and time-sensitive information on a specific event or situation associated with a new psychoactive substance or substance of interest that may pose a serious public health or social risk within Europe. An alert conveys the highest level of importance and requires immediate attention by the Network.

Assessment:
Assessment is defined as an organized way of acquiring, reviewing, and using information about someone or something to make improvements where necessary. The term is interpreted in various ways, i.e., educational, psychological, financial, taxation, human resource, etc.

In general, assessment is an ongoing interactive process involving two parties (assessor and assessee). The assessor assesses the performance based on the defined standards, while the assessee is someone who is being assessed. The process aims at determining the effectiveness of the overall performance of the assessee and the areas of improvement. The process involves setting up goals, collecting information (qualitative and quantitative), and using the information for increasing quality.
(https://keydifferences.com/difference-between-assessment-and-evaluation.html)

Early:
A warning must be issued with enough time for preventive measures to be implemented, escalation avoided, or mitigation measures activated; thus, the threat must also be identified early (COPOLAD Manual).

Emerging drug:
Refers to both natural and synthetic substances, whether controlled or not, that are introduced on the market, as well as new ways drugs are presented or even the adulteration of drugs already known. Also considered are changes in the patterns of use, such as a resurgence and increase in the use of drugs with historically low use (EWS Colombia).

Emerging drug phenomena:
Events linked to known substances in a country that demonstrate disruptive patterns in regular consumption, changes in the current chemical composition (e.g., new adulterants, contaminants, or diluents detected), behavioral changes, or changing consumption context that could potentially lead to new risks for public health (COPOLAD Manual).

Event of potential high public health impact:
An event associated with a new psychoactive substance or any other substance of interest that may have a high public health impact. They are subject to expedited reporting by the member states. Examples include cases of severe acute poisoning, overdose, deaths subject to forensic investigation, outbreaks, cross-border threats, and events involving substances under intense monitoring (EMCDDA).

Hazard:
Something that has a potential to cause harm. The hazard is intrinsic to the new psychoactive substances or other substance of interest (EMCDDA).

New Psychoactive Substance (NPS):
Substances of abuse, either in pure form or a preparation, that are not controlled by the 1961 Single Convention on Narcotic Drugs or the 1971 Convention on Psychotropic Substances, but which may pose a public health threat (UNODC, 2014).

Risk:
The likelihood that, under particular conditions of exposure, an intrinsic hazard of a new psychoactive substance, other substance of interest, or other type of hazard, will represent a health or social threat (EMCDDA).

Threat:
NPS and/or emerging drug and/or event or phenomenon associated with the use of psychoactive substances and/or a significant change in the magnitude of drug trafficking or internal production, which may entail harm for the population (COPOLAD Manual and EWS Colombia).

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ANNEX 1

SMS Project 1707: New psychoactive substances, heroin, fentanyl, and other opioids, and support for research in Latin America and the Caribbean, through the SIDUC Program

STATUS OF EARLY WARNING SYSTEMS IN THE COUNTRIES PARTICIPATING IN THE PROJECT

Introduction

The purpose of this document is to describe the current status of the early warning systems (EWS) of the countries participating in the specific project to develop a training tool for implementing and coordinating an EWS, in order to identify the aspects that are most important for the design thereof.

This characterization was constructed on the basis of the responses provided by Brazil, Chile, Colombia, Jamaica, Mexico, Paraguay, Peru, Trinidad and Tobago, and Uruguay to the questionnaire distributed that sought to focus on information, considering the following aspects:

- Whether there is currently an EWS operating in the country, and since when.
- What is the subject of the EWS: NPS and/or other new and emerging drugs, and/or phenomena associated with drug use or trafficking.
- The current level of operation: whether the EWS is fully or partially implemented, or in the process of being installed.
- Critical points in the initial phase (case/event detection), phase 2 (characterization and evaluation of the case/event) and the institutional actors participating in the characterization and evaluation.
- Aspects related to issuance of the alert by countries: who issues it, whether there are different types of alerts, and the main difficulties in this process.
- Scope of the issuance of the alert: participation of the EWS in the development of recommendations on actions and policies and their follow-up, including whether there is an evaluation unit; and the main critical points in this process.

18. Prepared by Graciela Ahumada in the context of the consulting assignment on the indicated project.

Analysis of the information

In summary and as shown in Table 1, seven of the nine countries have an EWS, implemented between 2013 and 2019. Some of them even make a distinction between formal existence or informal or real existence. The characterization and identification of NPS and other emerging drugs is the subject of the EWS in all the countries, but in some of them this extends to use-related phenomena (pattern of use or poisoning) and drug trafficking. Three countries have their EWS fully implemented (Chile, Colombia, and Uruguay); three countries have partially implemented their EWS, but have not incorporated important sources of information and have not yet issued alerts (Jamaica, Paraguay, and Peru). Mexico is in a similar situation, in that it has only reported on increases in use, which is not an alert strictly speaking. And one country, Trinidad and Tobago, has its EWS partially implemented, although it has not yet incorporated relevant sources of information, but has issued at least one alert. Regarding this last point, some confusion is seen in the definition of the subject of EWS follow-up and its purpose (which is not to monitor or compile and systematize information).

Thus, in the training tool to be developed, emphasis should be placed on the differences between an information system and an EWS, so as to delimit the knowledge subjects of each of them.

Brazil set up a group of experts to be a reference in this project and thus developed the responses to the questionnaire. The group has divergent opinions on some aspects, but all agree that Brazil does not have an EWS. In contrast, it does have procedures and mechanisms that could be considered "parts" or "components" of a warning system, but they are not interconnected and do not operate as an "early" warning system. It has the National Health Monitoring Agency (ANVISA), which has a mechanism set up to report the discovery of NPS. Forensic laboratories may access the online form in Portuguese, available at http://formsus.datasus.gov.br/site/formulario.php?id_aplicacao=28129. However, the form was not created to operate as an EWS and resulting information is not treated or issued as a notification and/or an alert. Currently, the information related to NPS circulates through informal channels, among the forensic laboratories and the health experts sector, via email groups, WhatsApp groups, and other informal communication channels.

19. On NPS identified in Chile, the reports of the National NPS Board can be reviewed at www.interior.gob.cl; the alerts issued by Colombia's EWS can be reviewed at http://www.odc.gov.co/SAT and the public alerts issued by Uruguay's EWS can be accessed at https://sat.presidencia.gub.uy/

Table 1: Subject and level of operation of the EWS, by country

Country	Has EWS?	Year	EWS Subject	Level of operation
BRAZIL	NO			
CHILE	YES	2014	Identify drugs that should be included in the country's current control regulations	Fully implemented
COLOMBIA	YES	2013 2016	Identify or monitor NPS and other emerging drugs	Fully implemented
JAMAICA	YES	2019	Identify NPS, emerging drugs, phenomena associated with drug use and trafficking, and new ways of using traditional drugs	Has been partially implemented, has not incorporated important sources of information, and has not yet issued alerts
MEXICO	NO		Give notice regarding emergence on the market of NPS and other emerging drugs. Disclose the characteristics of psychoactive substances, target markets, effects and consequences of their use	In process of being implemented, establishing contact with main sources of information and in process of training
PARAGUAY	YES	2017	Compile, systematize, and manage reliable information on NPS, other emerging drugs, new patterns of use, and marketing	Has been partially implemented, has not incorporated important sources of information, and has not yet issued alerts
PERU	YES	2019	Identifies and chemically characterizes those NPS that have been seized by law enforcement	Has been partially implemented, has not incorporated important sources of information, and has not yet issued alerts
TRINIDAD AND TOBAGO	YES	2018	Prevent the spread and reduce the impact of any medication that is new and emerging on the market, through early detection, evaluation of threats, and generation of reliable information, to notify and warn authorities and relevant interested parties	Partially implemented, relevant sources of information must still be incorporated. Has issued at least one alert
URUGUAY	YES	2014	Monitor marketing and use of NPS and other emerging drug phenomena. The analysis or chemical characterization of substances, as well as the analysis of clinical cases. Phenomena considered: drug use and trafficking	Fully implemented

With regard to the initial phase, identification of the case/event/finding that will be the subject of the first report and that initiates the EWS as a system and puts it into operation, there is a wide diversity of responses from the countries that responded to the interviews.

According to the information presented in Table 2, and surely due to the fact that in most countries the EWS is in the process of being implemented, a certain weakness is noted in the definitions regarding who will coordinate and who will participate in the EWS.

With regard to the training handbook and based on the responses given, CICAD recommends that the following should be strengthened:

- Differentiation of case/event/finding/report/pre-alert with an alert.
- Training process for institutions that are part of the EWS on case detection and flow of information.
- Clarity on how phase 2 is organized and who leads and coordinates it.
- Evaluation of each institution's capacities in initial detection.

Table 2: Critical points of the initial phase and the characterization and evaluation phase, by country.

Country	Difficult points in event or case identification or detection process Phase 1	Organization of event or case characterization and evaluation process Phase 2	Which actors or who participates in phase 2?
CHILE	The process or case is identified with laboratory confirmation	The drug characterization process has an established format, wherein each of the institutions that participate in the EWS delivers information within its jurisdiction. In the case of SENDA, the institution delivers information on drug use so that it can be analyzed.	The laboratories that characterize the substances
COLOMBIA	Called "finding." The most difficult point is having information from the different sources on a timely basis.	Laboratory analysis to identify the substance and document with information on the case and bibliographic review or review of international sources. Evaluation consists of a meeting of the EWS committee in which the information collected is evaluated to issue an alert.	Technical network of the EWS, laboratories, scientific community, Ministry of Health, National Prosecutor's Office, Drug Observatory of Colombia (ODC)
JAMAICA	Although national alerts have not been issued, interested parties in the EWS (narcotics agents, forensic scientists, NCDA, and other arms of the Police Force of Jamaica) have initiated (pre) internal alerts and have worked together to describe situations related to the detection of NPS in Jamaica. There is a mechanism existing between the narcotics and forensic divisions that currently evaluates cases/events that have not yet been incorporated formally in the EWS notification mechanism.	This process has not been formally organized with administrative/reporting, etc. systems within the EWS.	No information
MEXICO	Raise awareness of healthcare personnel treating substance abusers to detect cases of possible use of NPS and other emerging drugs and encourage reporting as pre-alert.	Has been through telephone calls to the State Anti-Addiction Councils (CECA) or therapists in Primary Care Centers for Addictions (CAPA). Another strategy has been through the treatment demand information sources, concentrated under CONADIC, reviewing data and seeing increases in the use of certain substances.	CAPA psychologists and/or physicians, CECA liaisons (not necessarily health personnel)
PARAGUAY	Deficiency at the legal level in terms of ensuring that samples reach the laboratories early.	A protocol is being developed.	Chemists and biochemists in laboratories that make up the inter-institutional technical group and toxicology physicians will be incorporated in a second phase.

Country	Difficult points in event or case identification or detection process Phase 1	Organization of event or case characterization and evaluation process Phase 2	Which actors or who participates in phase 2?
PERU	No information.	The chemical analysis of drugs is contingent upon levels of seizures by the police, generally cocaine and marijuana.	Anti-drug Directorate of the National Police, Ministry of the Interior, and DEVIDA, through the Peruvian Drug Observatory (OPD)
TRINIDAD AND TOBAGO	The leading institutions working on the subject of drugs often discard potentially suspect pills/packages of NPS as legitimate medications and thus there are not enough seizures. The turnover of trained personnel in first-line positions, without knowledge transfer, leaves gaps in detection capacities. Articles seized by detection agencies are often not sent to the forensic laboratory for confirmation and are sometimes stored or destroyed.	(Pre) Alerts from detection agencies to the forensic center: the detection/ first-line agencies send alerts on seized substances to the forensic center to trigger confirmation protocols. Pre-Alert from the Forensic Center to the Integrated Threat Assessment Centre (ITAC): the Forensic Center laboratory sends an alert (report format) to ITAC after confirming the seized drug, for entry in the EWS-TT database. Direct (pre) Alerts: First-line institutions working on the subject of drugs issue alerts to specific members of the EWS-TT Working Group team for action needed.	Forensic center laboratory
URUGUAY	The definition of "report" is worked on with partners at the time of introduction and training to become part of the EWS network. Clarity in definition and rapid communication is crucial for ensuring that partners make contributions. Key elements: clarification of roles (partners and OUD), flow and content of information in the network.	Laboratories are responsible for the chemical characterization of drugs (Technical Forensic Institute, National Scientific Police Directorate, and School of Chemistry -UDELAR); clinical cases are reported by the CIAT (Information and Assessment Toxicology Center, of the University Hospital where all poisonings are reported), health centers, and drug treatment centers. The OUD concerns itself with promoting the generation of another type of information (studies and other sources, such as universities).	The three laboratories: Technical Forensic Institute, National Scientific Police Directorate, and School of Chemistry -UDELAR. Analysis based on field tests is also provided by the organization "Imaginario 9," CIAT, health centers, and drug user treatment centers, OUD, researchers, and universities.

With regard to phase 3, or issuance of the alert, this is an aspect to be strengthened in training, not only because it is an objective of the EWS but also because of limited experience in most of the countries. Greater detail is needed regarding:

- Which agency/institution is responsible for releasing (issuing) an alert and establishing differences between the EWS network or EWS team, coordinated by the NDO, in most cases, because the technical roles and political roles are always in play.
- Clarification of the different types of alerts based on content, scope, possible impact, etc.
- Communication aspects and policy recommendation aspects: relevant differences between these two topics.

Table 3: Aspects related to issuance of the alert, by country.

Country	Who issues the alert?	Are there different types of alerts? What are they?	What is most complicated at this time?
CHILE	The Under-Secretariat of the Interior, of the Ministry of the Interior	NO	No information
COLOMBIA	The EWS issues the alert.	Types of alerts have not been defined. However, there have been alerts clarifying incorrect information and other more documented alerts on seized substances.	No information
JAMAICA	The warning system is still not developed.	No information	No information
MEXICO	CONADIC, through the Mexican Drug Observatory.	NO	No information
PARAGUAY	The inter-institutional technical group, through the Paraguayan Drug Observatory.	No information	No information
PERU	Anti-drug Directorate of the National Police of Peru	No information	No information
TRINIDAD AND TOBAGO	No information	National level alerts are issued to the public by the National Ministry of Security, after confirmation of the forensic analysis and agreement of the EWS-TT Working Group.	No information
URUGUAY	The OUD communicates to the entire network of partners that there is an alert and urges the issuance of a warning to referents at the primary healthcare level: the information leaves the network and is distributed not as an "alert" but rather as information to the primary healthcare level reference points. "Public alerts" are based on consensus between specialists and political decision-makers (Secretaries of State, Ministries, etc.)	Yes. Special communications (to specific groups) Public alerts (through communications media)	The communication aspects of these alerts and warnings: content, communication routes, and the format they use are decisive and should be specifically evaluated for the purpose of achieving the desired impact and avoid creating public alarm or producing other secondary effects. Alerts must prepare the system to respond and provide technical advice to those seeking it. The interdisciplinary nature of the network's evaluation team guarantees this.

On the responses provided regarding whether policy or action recommendations are made when the EWS issues an alert, four countries answered yes. However, regarding actions to follow up and evaluate the impact of the alerts, more technical and financial resources are needed to do so, necessitating a higher requirement.

It is felt that the training tool should emphasize the need to keep these requests in mind, provide the arguments for it, and suggest strategies, even in a context wherein most of the countries are in the process of implementing the EWS.

Country	Do you define or provide recommendations on policies or actions that should be taken regarding the alert issued?	Can you do follow-up? Do you do any type of follow-up or evaluation of the impact that issuance of the alert has had?	What are the three most complex aspects at this point?
CHILE	The EWS reports contain recommendations on drugs to be included in drug control regulations in Chile and are the foundation for legal changes that have been made in this area. To date, more than 100 new drugs have been incorporated in the control regulations.	No information	No information
COLOMBIA	Yes; recommendations are made for different sectors or for users of psychoactive substances. The Ministry of Justice has a strategy for strengthening justice operators in order to prosecute NPS cases. The Ministry of Health issues bulletins for the health sector and the emergency network, and other entities commit to actions to respond to the presence of a psychoactive substance.	General reports have been prepared to compile actions being developed by different institutions to improve the country's response to NPS. The action's follow-up mechanism, to which the entities that made up the EWS are committed, is being organized. There is no follow-up of discernible impact.	When the alert is general, it is made through mass media, which may produce effects that are difficult to assess. Another critical aspect is knowing the impact of the alert on substance abusers. It is difficult to detect the adverse effect of using psychoactive substances, given that it is difficult to detect substances in biological samples.
JAMAICA	No information	No information	No information
MEXICO	To date only information on the increase in substances, their characteristics, effects, and consequences has been disclosed.	Yes, through the same medium in which increased use was detected. There is no follow-up of discernible impact.	The way to provide recommendations.
PARAGUAY	No recommendations are made, only according to the authorities' requirement.	There is no mechanism to follow up or evaluate the impact that the different alerts could have.	No information
PERU	No information	No information	No information
TRINIDAD AND TOBAGO	Yes; after assembling a database, between November 2018 and February 2019, the Public Prosecutor reported on legislative changes: proposals to add NPS to the national list of controlled substances were made and accepted, and drug possession and trafficking charges were added to the Dangerous Drugs Law. Internal changes in the process, specifically for information flows for agencies making up the EWS-TT Working Group, have been recommended and accepted/adapted to various degrees.	Yes, with the participation of the agencies responsible on the subject of drugs. Evidence of the recommendations is observable. No structured monitoring or measured system of evaluation.	No information
URUGUAY	Based on specific technical knowledge on the alert, there are specific recommendations.	No information	Inconsistencies or different points of view between specialists and politicians

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INTER-AMERICAN DRUG ABUSE CONTROL COMMISSION (CICAD)

Training Guideline

To support national drug observatories in the implementation and coordination of early warning systems