



2023 Annual Report

Centre antipoison du Québec

Centre intégré
universitaire de santé
et de services sociaux
de la Capitale-Nationale

Québec 

2023 Annual Report

Centre antipoison du Québec

Dr. Maude St-Onge, Medical Director & Marylaine Bédard, head of service
Centre antipoison du Québec
Nursing Directorate
Centre intégré universitaire de santé et de services sociaux de la Capitale-Nationale

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PRESENTATION

Since 1986, the Centre antipoison du Québec (CAPQ) has provided bilingual 24/7 telephone consultation services to the public and health professionals on cases of acute exposure to potentially toxic substances. From 2008 to 2023, the CAPQ handled an average of 47,581 cases annually. This number has, however, increased in recent years – from 47,375 in 2016 to 52,091 in 2023 (in addition to 127 requests for information). Among the callers, 34% were health professionals. Over 87,6% of calls were answered within 30 seconds, and 2% of calls were dropped.

OUR MISSIONS

The CAPQ has been tasked with the following missions:

Clinical Mission

- ❖ Offer the public and health professionals in Québec 24/7 telephone access to poison control specialists in the event of real or potential acute poisonings.
- ❖ Provide a telephone consultation service by on-call medical toxicologists to assist health professionals in the diagnosis and treatment of complex poisonings.
- ❖ Offer toxicology analyses to support centres that do not have the necessary equipment to conduct their own testing. Two laboratories have been mandated by the Ministère de la Santé et des Services sociaux (MSSS) to carry out this task.
- ❖ Participate in activities aiming to prevent and monitor acute poisonings.

Teaching Mission

- ❖ Play a leadership role in the Québec medical community by educating physicians, residents, medical professionals and paramedics on matters related to acute poisonings.
- ❖ Evaluate and improve the management of poisoned patients.

Research Mission

- ❖ Contribute to the advancement of knowledge in toxicology by developing better tools for monitoring, prevention, prognosis and treatment.
- ❖ Using an evidence-based approach, contribute to the efficient organization and delivery of health care in cases of acute poisoning.
- ❖ Develop ways to promote the effective transfer of knowledge to the public and health professionals.

OUR TEAM

Our team currently includes approximately 24 nurses trained in toxicology. Eight toxicologists have been on second call 24/7. A pharmacist has been supporting the CAPQ for several years. The CAPQ also has three administrative professionals.

Since 2015, Dr. Maude St-Onge has served as Medical Director of the CAPQ. Marylaine Bédard was appointed department head of services in May 2021. Since 2018, Guillaume Bélair has worked as assistant to the immediate superior.

Co-management team: Marylaine Bédard (head of Service), Maude St-Onge (medical director)

Pharmacist: Audrée Elliott

Nurse clinician, Assistant to the immediate superior: Guillaume Bélair

Nursing team: (As of December 31, 2023)

Caroline Arsenault, Violaine Ayotte, Claudia Azua-Vasquez, Mickaël Blanchet, Sophie Courtemanche, Yoan De Grand'Maison, Annie Dufour, Lyne Hébert, Marie-Pier Ferland, Marianne Gaumond, Jean Hupé, Olivier Jacques Gagnon, Stéphanie Lachance, Joannie Leblanc, Jennyfer Leblanc, Jolène Moreau, Émilie Patterson St-Yves, Étienne Racine, Edeline Ravenel, Michel Renaud Therrien, Alexandre Richard, May St-Pierre, Renaud Tremblay.

Medical team:

Maude St-Onge (medical director), Sophie Gosselin, Guillaume Lacombe, Martin Laliberté, Alexandre Larocque, Maxime Nadeau, Anne-Ericka Vermette-Marcotte, Josh Wang.

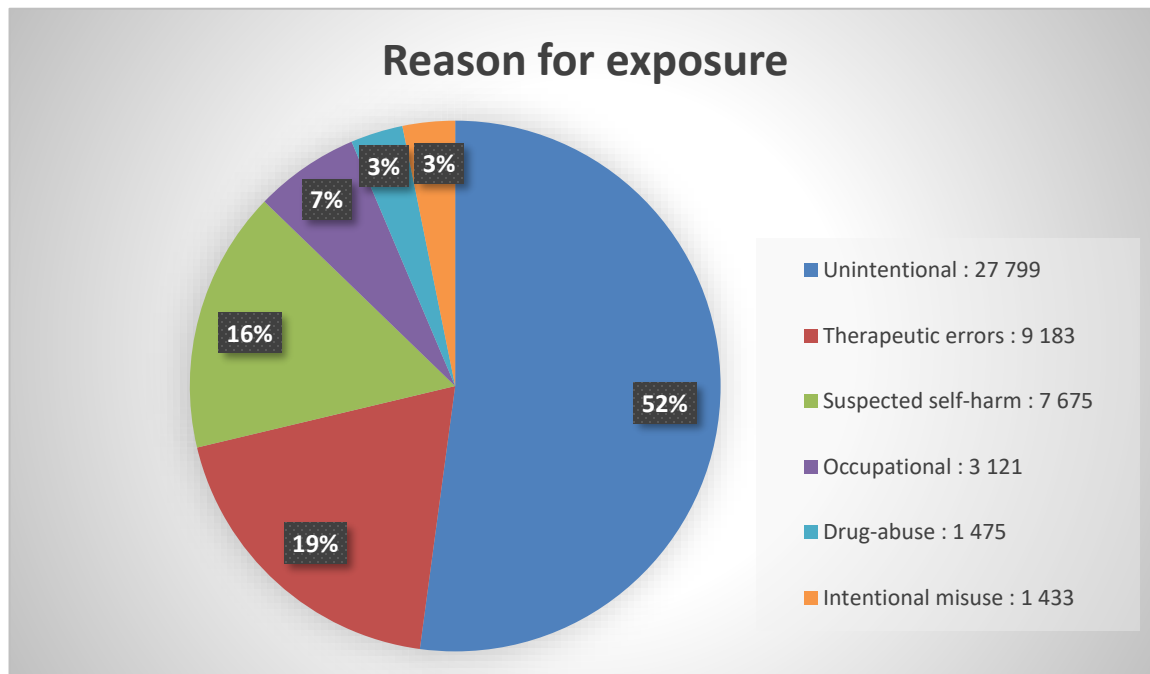
Administrative support team:

Vicky Girard-Schuld, Hélène Soucy.

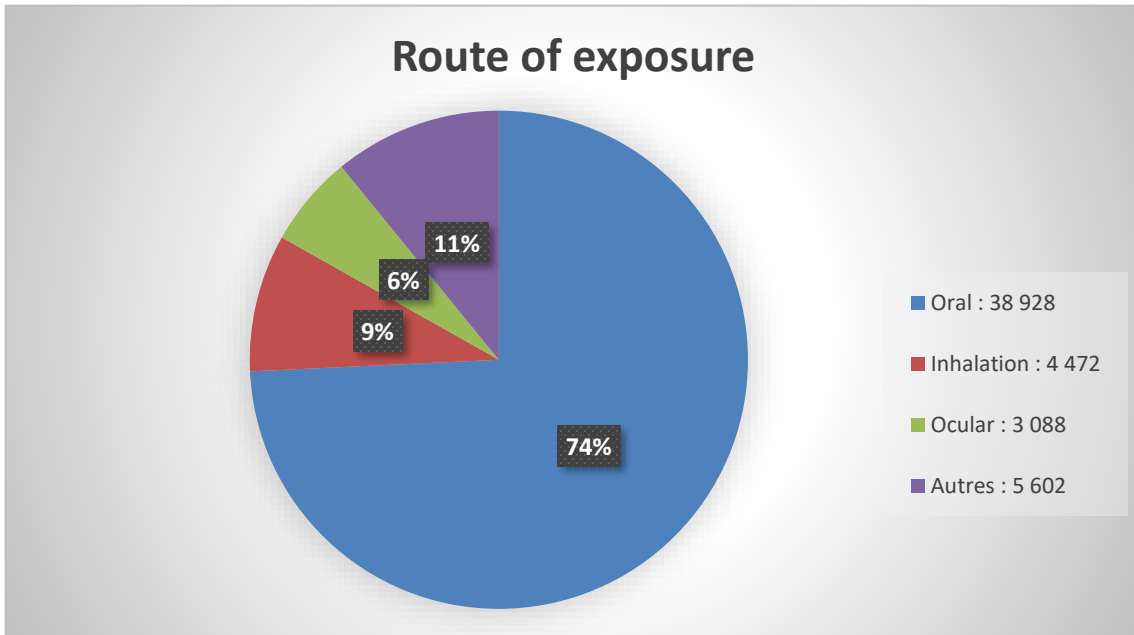
OUR SERVICES AND ACTIVITIES

With respect to the clinical services provided in response to the 52,091 actual or potential cases of acute poisoning assessed and managed in 2023, just under one third of patients were 0-5 years old (29%), 14% were 6 to 19 years old, 22% were over 20 to 39 years old, 15% were 40 to 59 and 15% were over 60 years old.

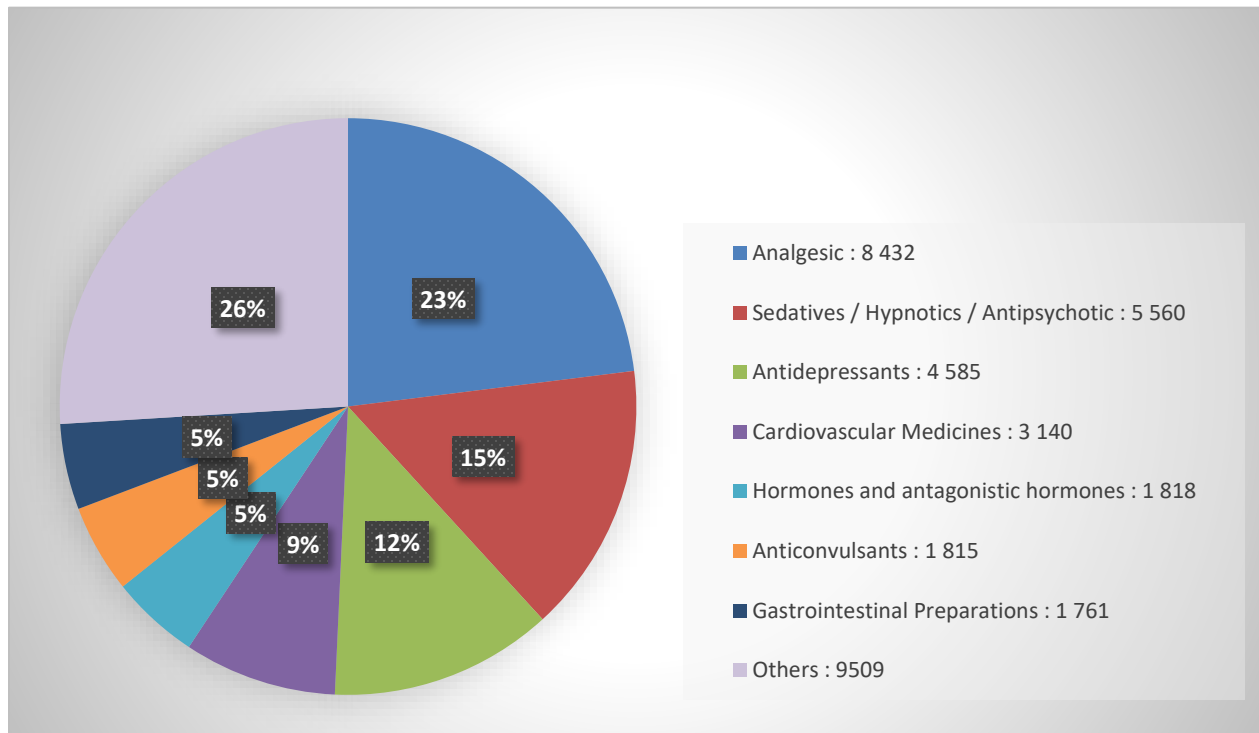
Most poisoning cases were unintentional (general or unintentional exposures, 49%), followed by therapeutic errors (18%), suspected self-harm (15%), unintentional occupational (6%), drug-abuse related (3%), this one being almost equal to intentional misuse (3%). For further information regarding the reasons of exposure and their definitions, consult the glossary on page 19.



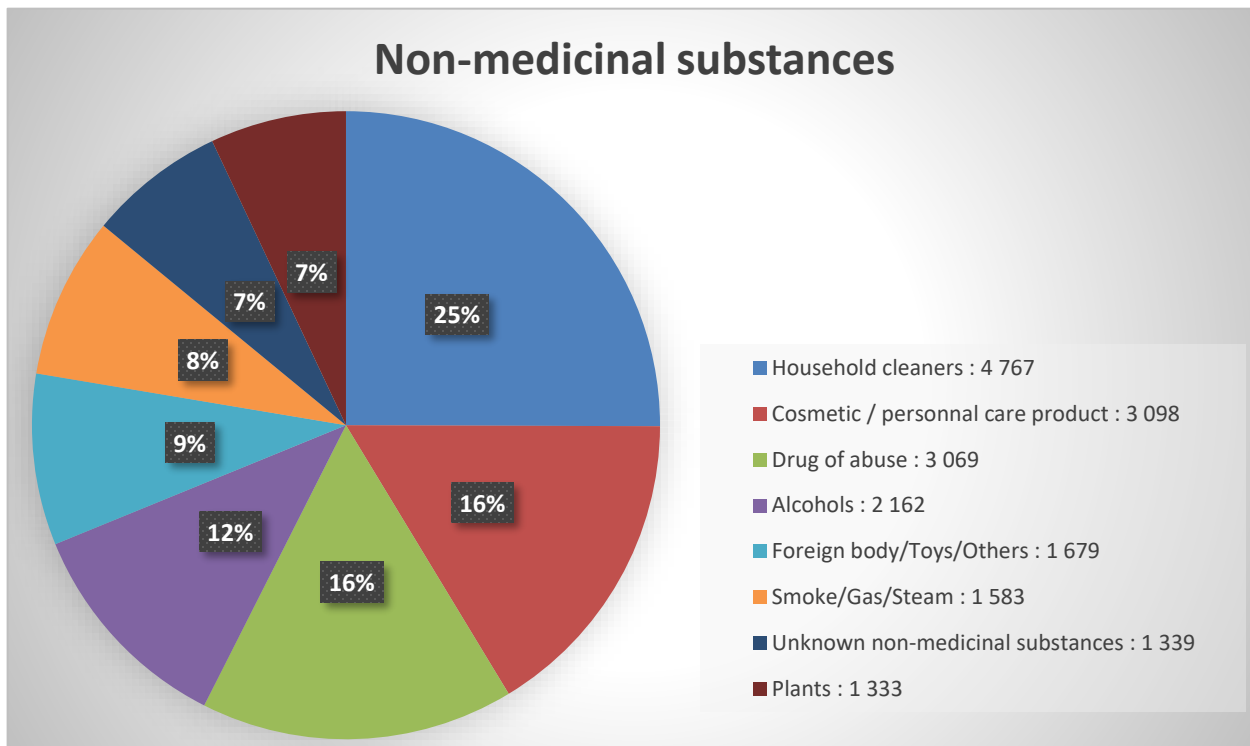
The most common route of exposure was oral (75%), followed by inhalation (9%) and ocular (6%).



Just over 70% of the cases involved medications (36,619). Analgesics (8,432 cases) were the most common medications encountered, followed by sedatives/hypnotics/antipsychotics (5,560 cases), antidepressants (4,585 cases) and cardiovascular drugs (3,140 cases).



Regarding non-medicinal substances reported, household cleaners ranked first (4,767 cases), followed by cosmetics/personal-care products (3,098 cases) and drugs of abuse (3,069 cases).



Data on the *surveillance of cannabis use* revealed 836 cases, including 248 unintentional exposures. 101 mostly unintentional cases were observed with children aged 5 or less (65 in 2022), 36 with children aged 6-12 years old (42 in 2022), 200 with teenagers aged 13-19 years old (244 in 2022) and 309 with adults between 20-39 years old (308 in 2022). No deaths have been reported, but 43 patients suffered moderate to severe effects. The data on *surveillance of opioid use* found 1,447 cases, including 1,318 with adults. Among the exposures, 879 were intentional exposures (597 with suicidal intents). The data reveal that 189 moderate to severe cases were observed and fewer than 5 deaths were recorded.¹ Those deaths cases were not single exposures; therefore, we cannot conclude these deaths were directly related to opioids.

¹ To protect client confidentiality, small cells with fewer than five cases are hidden

Regarding suicidal intents, a constant increase in cases has been observed (6 282 cases in 2020, 7 108 in 2021, 7 484 in 2022, 7 675 in 2023). The heaviest increase occurred between 2020 and 2021 (increase of 826 cases). Among youth ages 6 to 12, the majority were girls with an average age of 11,6 years old who ingested primarily over-



Source: Image de vecstock sur Freepik

the-counter medications. The five substances most frequently involved in this age group were analgesic, non-steroidal anti-inflammatories, antidepressants, natural health product and stimulants.

This information as well as data from *the opioid and cannabis surveillance use* has been shared with Health Canada and the National Institute of Public Health. The Quebec Association for the Suicide Prevention has also been informed. A study is currently underway in collaboration with the Institut national de santé publique du Québec (INSPQ), on intentional self-harm gesture.

STATISTICS ON POISONINGS

Number of Cases of Exposure by Type

TYPES	0 à 5	6 à 12	13 à 19	20 à 29	30 à 39	40 à 49	50 à 59	60 à 69	70 à 79	80 à 89	>=90	Unknown	Unknown <=19	Unknown >=20	Total
Accidental															
Public health accident	4	8	3	6	4	3	1	6	0	0	0	3	0	4	42
Workplace accident	4	2	272	850	727	528	379	149	8	1	0	38	1	163	3 121
Adverse effect: food	23	2	14	22	30	21	10	10	5	2	1	13	4	30	187
Adverse effect: other product	9	7	12	31	35	21	12	10	10	0	0	1	1	18	167
Adverse effect: medication	10	6	26	53	48	35	24	35	42	19	6	6	1	22	333
Adverse effect: natural health product	7	2	5	9	7	5	10	4	1	0	1	0	0	5	56
Therapeutic error	1 375	750	532	676	764	731	736	995	1 052	917	409	23	9	214	9 183
General	13 771	1 595	835	1 738	1 796	1 319	948	922	737	482	183	133	122	1 114	25 695
Food poisoning	61	14	12	29	24	27	15	16	5	4	1	4	6	71	289
Misuse	16	28	76	106	102	71	74	69	55	21	3	7	0	20	648
Bite or sting	9	7	3	7	12	9	8	3	5	0	0	4	0	17	84
Unknown	17	8	37	28	33	30	27	36	21	22	7	8	0	24	298
Voluntary															
Suicidal intent	16	98	1 852	1 719	1 145	1 031	779	523	256	71	18	46	3	118	7 675
Misuse	3	41	322	286	210	158	146	110	41	15	4	14	4	79	1 433
Drug abuse	2	5	298	380	299	156	84	49	9	2	1	38	0	152	1 475
Unknown	7	18	87	83	72	82	61	47	26	11	4	13	1	27	539
Other															
Other	12	3	17	18	18	10	18	11	15	18	3	1	1	19	164
Contamination / Alteration	2	0	1	4	0	2	1	2	1	0	0	1	0	7	21
Malicious act	4	13	30	27	28	30	15	6	7	2	1	7	0	37	207
Unknown	15	13	52	64	66	43	51	60	38	22	4	14	3	29	474
Total	15 367	2 620	4 486	6 136	5 419	4 312	3 399	3 063	2 334	1 609	646	374	156	2 170	52 091

*It is possible that the reported numbers reached a margin of error lesser than 5%

STATISTICS - SUICIDAL INTENTS

2021													
Age	6 à 12	13 à 19	20 à 29	30 à 39	40 à 49	50 à 59	60 à 69	70 à 79	80 à 89	>=90	Unknown <19	Unknown >=19	Unknown
Sex													
Men	8	270	433	349	316	307	159	88	29	10	2	41	-
Women	99	1 604	1 137	647	596	518	227	115	38	7	2	940	-
Unknown	0	6	3	1	0	0	0	0	0	0	0	2	-
Total	107	1 880	1 573	997	912	825	386	203	67	17	4	137	7 108
2022													
Age	6 à 12	13 à 19	20 à 29	30 à 39	40 à 49	50 à 59	60 à 69	70 à 79	80 à 89	>=90	Unknown <19	Unknown >=19	Unknown
Sex													
Men	13	269	472	373	329	266	200	103	29	2	1	49	-
Women	105	1 585	1 324	740	590	459	278	146	36	8	6	80	-
Unknown	0	11	4	1	1	1	1	0	0	0	0	2	-
Total	118	1 865	1 800	1 114	920	726	479	249	65	10	7	131	- 7 484
2023													
Age	6 à 12	13 à 19	20 à 29	30 à 39	40 à 49	50 à 59	60 à 69	70 à 79	80 à 89	>=90	Unknown <19	Unknown >=19	Unknown
Sex													
Men	13	256	473	399	381	287	227	90	30	10	1	26	12
Women	85	1 593	1 241	745	648	489	296	166	41	8	2	92	28
Other	0	3	4	1	2	1	0	0	0	0	0	0	-
Unknown	0	0	1	0	0	2	0	0	0	0	0	0	6
Total	98	1 852	1 719	1 145	1 031	779	523	256	71	18	3	118	46 7 613

*It is possible that the reported numbers reached a margin of error lesser than 5%

NUMBER OF CASES OF EXPOSURE BASED ON FINAL EVALUATION

EFFECTS	AGE GROUPS											Unknown <19	Unknown ≥19	Unknown	Total
	0 - 5	6 -12	13 - 19	20 - 29	30 - 39	40 - 49	50 - 59	60 - 69	70 - 79	80 - 89	≥90				
Unrelated effect															
Confirmed: no exposure	74	6	11	6	7	11	8	8	7	2	2	1	1	2	146
Unrelated symptoms	211	51	85	193	196	140	143	140	107	37	6	6	3	118	1,436
Potentially toxic or lost call															
Lost call	28	5	7	12	3	7	7	4	1	1	5	15	1	24	120
Potentially toxic - Refusal of treatment	1	1	3	7	10	12	13	6	3	1				6	63
Potentially toxic - Unable to follow up	391	109	343	412	359	261	220	211	191	165	71	106	21	335	3,195
No effect or minor effect															
No effect	709	121	225	267	253	173	153	131	110	72	21	3	0	60	2,298
Possibility of minor clinical effect	5 794	745	826	1 506	1 428	1 078	808	698	565	428	198	91	41	671	14,877
Nontoxic or mild effect															
Mild effect	591	236	965	1 431	1 148	959	709	529	306	124	40	24	4	236	7,302
Nontoxic, no follow-up	7 311	1 248	1 321	1 351	1 227	966	765	837	708	574	239	96	81	623	17,347
Unknown															
Potentially toxic - No follow-up criteria	201	84	566	709	559	462	372	313	222	151	54	31	3	88	3,815
End-of-life care	1	0	1	1	1	3	3	4	5	3	2	0	0	0	24
Death															
Death	1	1	2	5	6	6	5	9	4	3	1	0	0	0	43
Death ±related (indirect)	8	0	0	1	4	2	0	2	4	1	0	0	0	2	24
Moderate or severe effect															
Moderate effect	31	9	110	190	152	181	144	129	83	38	7	0	1	5	1,080
Severe effect	15	4	21	45	66	51	49	42	18	9	0	1	0	0	321
Total	15 367	2 620	4 486	6 136	5 419	4 312	3 399	3 063	2 334	1 609	646	374	156	2 170	52,091

*Reported numbers may have a margin of error lesser than 5%

SUMMARY

While a majority of cases were assessed as nontoxic or associated with only minimal or mild clinical effect, 45% of patients were symptomatic. In fact, 88 % (31,208/35,303) of the total cases were monitored at home with the advice of CAPQ, thus avoiding a visit to the hospital. There were 14,921 cases originating from hospitals requesting assistance.

Among the most symptomatic patients,

- ❖ 1,080 experienced moderate effects (1037 in 2022)
- ❖ 321 experienced a severe effect (303 in 2022)
- ❖ 67 patients died (71 in 2022)
- ❖ 24 patients were oriented toward comfort care
- ❖ And among the death, 24 were not related to intoxication (23 in 2022)

Despite the increase in the number of cases over the years, the number of deaths has remained relatively stable.

Of the 43 patients who died from poisoning and including those who were referred to comfort care, the majority were adults, with the exception of three children who died at or under the age of twelve and three teenagers.

More precisely, by age category, there were:

- ❖ Fewer than five comfort care cases and 11 deaths among the adults between the age of 20 and 39 years old.
- ❖ Six comfort care cases and 11 deaths among the adults between the age of 40 and 59 years old.
- ❖ Nine comfort care cases and 13 deaths among the adults between the age of 60 and 79 years old
- ❖ Five comfort care cases and 4 deaths among the adults aged of 80 and over.

Over half of the related death (n=43) or palliative care cases (n=24) were intentional exposure (38/67) including 31 suicidal acts. Analgesics were involved in 25 cases (18 acetaminophen cases), antidepressants in 20 cases, sedative/hypnotics/antipsychotics in 16 cases and cardiovascular drugs in 11 cases.

ACTIVITIES INVOLVING THE CLINICAL MISSION

- ❖ The CAPQ is equipped with the latest technology, including its electronic patient file and, since 2023, continuous access to its aggregated data using the “Microsoft Power BI” software.
- ❖ The CAPQ has had a new telephone system that has improved reporting on wait times and the number of lost calls. A special line dedicated to hospitals has been available since July 2020, allowing health care professionals to skip part of the welcome message, while giving priority to patients deemed unstable based on a triage and acuity scale for emergency departments.
- ❖ The CAPQ regularly reports incidents that might involve more than one person to public health authorities and helps prepare for large-scale events.
- ❖ CAPQ has answered to 35 media requests on a variety of topics (ex: cannabis, plants, weight-loss products, organization of toxicological services, etc.). The CAPQ has also appeared on some of the TV show’s Enquête and La Fracture, and on various news programs.
- ❖ The CAPQ offers expertise and information on a regular basis to media on various subjects
- ❖ The CAPQ holds scientific meetings four times a year, where, among other things, cases of morbidity and mortality are reviewed and protocols are discussed as are ways to improve the care provided. Toxicologists, nurses, pharmacist and, consulting pharmacists, residents on internships or in toxicological subspecialization, partners such as the toxicology laboratories of the Centre hospitalier Sainte-Justine and the Centre de toxicologie du Québec are invited to attend.
- ❖ Telephone response staff receive 15 to 30 minutes of ongoing training every two weeks to ensure their level of expertise is always up to date. Two nurses recently obtained their American Certification of Specialist in Poison Information, attended a North American Conference in toxicology shared their newfound insight with their colleagues and team members.
- ❖ The CAPQ works with other Canadian poison centres to maintain and improve the Canadian Emergency Toxicology Antidote Guide (<https://www.ciussc-capitalnationale.gouv.qc.ca/antidotes>). The bilingual guide is available on the Web and as a free mobile application. It is updated on a regular

basis following the orientations of the scientific committee meeting led by Audrée Elliott, a pharmacist.

- ❖ The CAPQ has also produced a bilingual poster providing guidance on resuscitation in toxicological emergencies [for health professionals](#).
- ❖ In 2022, the section of the website intended for health professionals was enhanced with examples of toxicological data collection forms, podcasts intended for community pharmacists, and information on the procedure to follow for antidotes shortages.
- ❖ In 2023, the section of the website intended for the public was revisited and many available resources were added. A poster on preventing poisoning in children has been made in partnership with INSPQ and will be distributed in 2024.

ACTIVITIES INVOLVING THE TEACHING MISSION

- ❖ In 2023, the CAPQ welcomed 37 resident physicians for a one-month internship in clinical toxicology. They came from universities across the province, whether in specialized emergency medicine, complementary emergency medicine training, intensive care (adult or pediatric), pediatrics, internal medicine, family medicine or public health.
- ❖ The CAPQ welcomed 3 residents in hospital pharmacy and a resident in community pharmacy for a one-month internship in clinical toxicology in 2023.
- ❖ The CAPQ welcomed 2 nursing interns from Laval University for an internship in community health. One of the nurses of the CAPQ received the prize “Infirmière Mentor de l’Ordre régional des infirmières et infirmiers de Québec”.
- ❖ The medical toxicologists and pharmacist of the CAPQ gave lectures on a regular basis at provincial professional conferences such as the Association des spécialistes en médecine d’urgence du Québec, the Association des Médecins d’urgence du Québec and the Association des pharmaciens en établissement de santé. Presentations are also made at various national and international conferences.
- ❖ In 2023, the province of Québec has hosted and participated in the planning of the North American Congress of clinical toxicology (NACCT). A few representatives from the CAPQ were there as presentators.
- ❖ Most medical toxicologists as well as the CAPQ pharmacist contribute to the writing of scientific articles and book chapters in toxicology. They are responsible for the majority of toxicology courses at their respective universities.
- ❖ For the general public, [the CAPQ website](#) offers relevant information on first aid and prevention. CAPQ takes an active part in poisoning prevention weeks every year. CAPQ distributes stickers bearing its new logo and phone number through a partnership with Familiprix pharmacies. In addition, messages have been posted on Facebook to promote our services, including sharing fictitious calls.

- ❖ As part of the health and safety course in the “Cégep de Sainte-Foy's Techniques de l'éducation à l'enfance” program, the Nurse clinician, Assistant to the immediate superior gave a presentation on CAPQ, including its mission, mandate, prevention and management of exposures in childcare settings.
- ❖ In 2023, the CAPQ developed universal visual tools for the general public to prevent accidental poisoning in children and unintentional exposure to carbon monoxide. Similar tools will be developed in 2024 for the prevention of unintentional exposure among workers, for intoxication by plants and mushrooms, for unintentional drug exposure among children and for intoxication by drugs.

ACTIVITIES INVOLVING THE RESEARCH MISSION

- ❖ The CAPQ works with several public health authorities (regional and provincial) on studies involving opioids, cannabis and the surveillance of new synthetic drugs being introduced on the street.
- ❖ The CAPQ works with Health Canada and other Canadian poison centres on a national toxicovigilance initiative. In this context, a number of staff members sit on various development committees. Work is in progress to harmonize the data from the five Canadian centres. CAPQ has also been called upon for nine large-scale data extraction requests.
- ❖ Several research projects of the medical residents and the graduate students are supervised by the CAPQ (e.g., factors predicting adverse outcomes in teenagers' suicide attempts, systematic review of digoxin intoxication, factors affecting acute care staff in the management of aboriginal intoxication patients, etc.).
- ❖ The CAPQ participates in several other "ad hoc" projects such as assessment of the toxicity related to the ingestion of red-coated acetaminophen tablets or the analysis of drug-induced suicide attempts among young people in collaboration with the INSPQ.
- ❖ Some of its toxicologists are also involved in international collaborative projects such as the Clinical Toxicology Recommendations Collaborative, which issues evidence-based toxicology management recommendations (Dr Sophie Gosselin is the chair of the Collaborative) or the updated recommendation of the American Heart Association.
- ❖ Two research programs endorsed by the CAPQ are currently underway: (1) "activated CHARcoal in Poisoned Patients" and (2) "CARE for Indigenous Poisoned Patients" with the contribution of a master's student in epidemiology now graduated, a master's student in public health currently in training and a PhD from Laval University who graduated in 2022 with honours. CAPQ also recently received 100,000\$ in funding from CIHR to initiate a randomized controlled clinical trial on the use of activated charcoal (CHAPP research program) for which the recruitment will start in 2024.

ACTIVITIES RELATED TO THE THREE MISSIONS

- ❖ Passionate about toxicology, many CAPQ members are actively involved in the executive committees of associations such as the Canadian Association of Poison Centres and Clinical Toxicology, ministerial bodies such as the Cannabis Vigilance Committee or the cannabis regulations committee, as well as the “Comité exécutif du conseil des infirmières et infirmiers (CECII)”.
- ❖ To ensure a dynamic approach to its missions, CAPQ collaborates with a number of partners, including police departments and paramedical services, the Commission des normes, de l'équité, de la santé et de la sécurité du travail and various ministerial bodies.

CONCLUSION

CAPQ is actively working to fulfill its three missions: clinical, teaching and research. For the general public, in 2024 the CAPQ will focus on promoting its services and strengthening its ties in particular :

- ❖ By integrating patient partners into its clinical mission and various research projects.
- ❖ By distributing a province-wide survey aimed at the general public, to better understand the use and appreciation of our services, while identifying areas for improvement.
- ❖ By finalizing the production of six visual tools to prevent intoxication (unintentional exposure to substances in children, drugs in children, carbon monoxide, various substances in workers, toxic plants or mushrooms, unintentional overdoses in drug users), first in the form of vignettes, then in the form of short videos.

For healthcare professionals, in 2024, the CAPQ plans to:

- ❖ Welcome additional nurses, a toxicology physician and an additional pharmacist to better support the teams.
- ❖ Continue to offer training courses, internships and participation in various congresses and conferences. In particular, a webinar on the various forensic aspects of toxicology is currently under development.
- ❖ Develop telehealth services, notably for monitoring acute, perinatal and certain chronic exposures, in collaboration with the IMAGE centre and the CHUM's Occupational and Environmental Medicine Clinic.

For all non-urgent questions not involving patient care, please contact us on our administrative line: 418 654-2731.

GLOSSARY

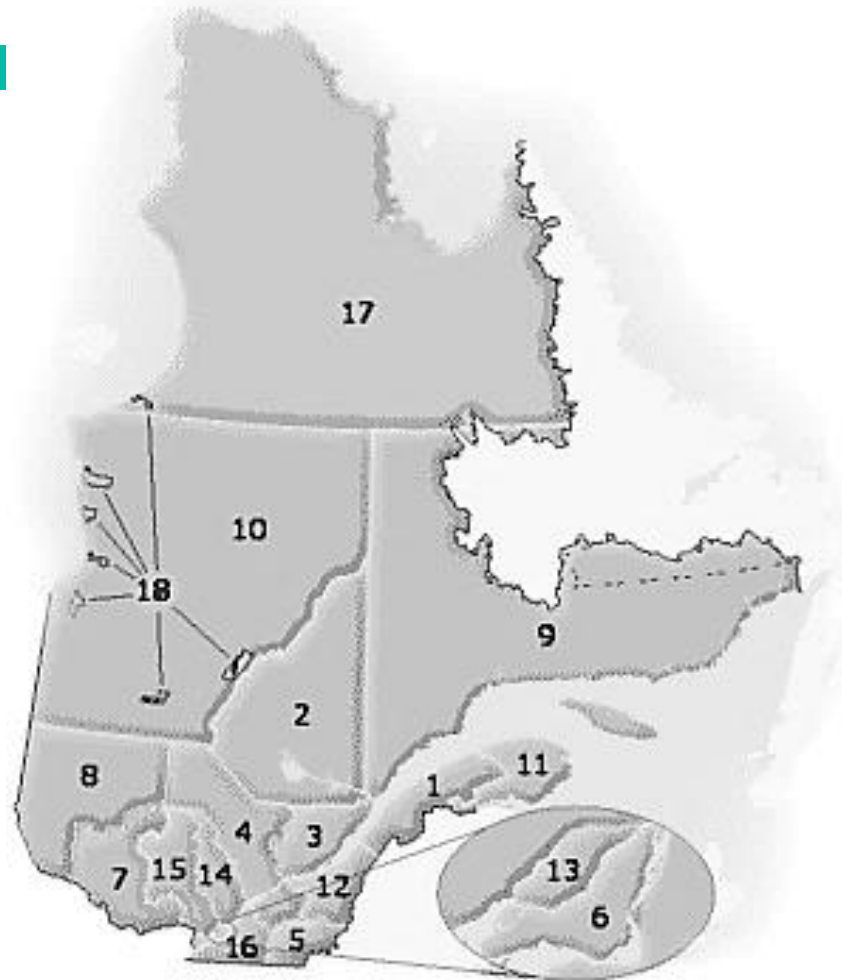
Definition of Exposure Types

ACCIDENTAL	
Workplace accident	Any exposure occurring in the workplace or while performing one's work duties.
Public health accident	Any environmental accident, including those related to public health. Excludes workplace accidents.
Adverse effect: Medication	No overdose or contamination. The medication causes an adverse effect at therapeutic dosage.
Adverse effect: Natural health product	No overdose or contamination. The natural health product causes an adverse effect at therapeutic dosage.
Adverse effect: Food	No overdose or contamination. The product causes an adverse effect. E.g., sulfites, monosodium glutamate (MSG), food colouring.
Adverse effect: Other products	No overdose or contamination. The product causes an adverse effect with normal use. E.g., dermatitis after using a cosmetic or detergent.
Therapeutic error	Any error in the administration of a medication; error in the dosage, medication, administration route or person.
General	Any accident excluding those not listed below.
Food poisoning	Suspected food poisoning.
Misuse	Improper use of product: dosage, usage and/or administration route, without suicidal intent. (e.g., F-10 used indoors, mixing bleach and Drano, siphoning fuel, etc.).
INTENTIONAL	
Suicidal intent	Any action aiming to harm or kill oneself.
Drug abuse	Exposure involved in the use or abuse of alcohol, street drugs, medication for the purpose of producing a euphoric or psychotropic effect. Recreational use of a substance to induce any type of effect.
Misuse	Improper use of a product, medication or other: dosage, usage and/or administration route without suicidal intent but with knowledge of the consequences. The abuse of substances to induce psychotropic effects is not included. (E.g., drinking methylene blue to pass blue urine, taking large quantities of caffeine to study for exams, mixing or using more pesticides for more effective results).
OTHER	
Malicious act	Suspected malicious or criminal act: attempt to cause harm to another person by exposing them to a toxic product or an overdose. E.g., patient thinks he was poisoned by someone even if his mental state is in doubt. E.g., narcotics added to a baby's bottle to make him or her stop crying. E.g., patient exposed to a substance used for crowd control (capsicum or pepper spray).
Unknown	Type of exposure unknown
Contamination / Alteration	Patient exposed to a substance that is contaminated or altered whether in a malicious or unintentional manner by adding to it a harmful substance. E.g., exposure to cocaine contaminated with levamisole. E.g., exposure to arsenic added to coffee machines. E.g., exposure to fragments of glass or metal that end up in products during manufacturing.
Other	Type of poisoning that does not fall into any of the above categories.

APPENDIX A

Number of Cases of Exposure by Population Group

Regions	Population 2023	Cases	%
01 - Bas-Saint-Laurent	200 507	1 353	0.67
02 - Saguenay-Lac-Saint-Jean	282 330	2 173	0.77
03 - Capitale-Nationale	771 611	5 337	0.69
04 - Mauricie et Centre-du-Québec	540 196	3 764	0.70
05 - Estrie	507 208	3 440	0.68
06 - Montréal	2 038 845	8 111	0.40
07 - Outaouais	408 979	2 098	0.51
8 - Abitibi-Témiscamingue	148 493	1 077	0.72
9 - Côte-Nord	90 405	834	0.92
10 - Nord-du-Québec	15 726	144	0.92
11 - Gaspésie-Îles-de-la-Madeleine	92 403	507	0.55
12 - Chaudière-Appalaches	444 072	2 669	0.60
13 - Laval	446 476	1 758	0.39
14 - Lanaudière	544 265	3 040	0.56
15 - Laurentides	657 375	3 853	0.59
16 - Montérégie	1 475 578	7 242	0.49
17 - Nunavik	14 000	289	2.06
18 - Terres-Cries-de-la-Baie-James	17 190	330	1.47
Unknown region	-	193	-
Canada - other provinces	-	77	-
Other country	-	38	-
Unknown provinces	-	1	-
Unknown	-	3759	-
Total	8 695 659¹	52 197	0.76



*It is possible that the reported numbers reached a margin of error lesser than 5%.

**The data was taken on the "[Institut de la statistique du Québec](https://www.institut-statistique-quebec.ca/)".

The CAPQ remains available 24/7 for both the public and the private sector for health professionals at 1 800 463-5060.



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