

**Form**

19-09-2024-private

**Company Name**

Wing Drake

**Email if public**

NA

**Reason for Report**

Adverse effects (on mental or physical health)

Overdose

**Reason for Report other**

NA

**Date of incident**

1970-03-25 00:00:00

**Area of incident**

meath

**Town Name**

sdgvdf

**Street Name**

NA

**Setting of incident**

event

**Setting of incident other**

festival

## **Number of people affected**

46

## **Adverse effects**

Aggression/violence, Chest pain, Death, Suicidal thoughts/ideation

## **Adverse effects other**

NA

## **Suspected drugs involveds**

Benzodiazepines (diazepam/Valium), Benzodiazepines (alprazolam/Xanax), Benzodiazepines (other), Buprenorphine, Cannabis, Cocaine (crack), Cocaine (powder), Ketamine, MDMA (ecstasy pills), Methadone, Methamphetamine (crystal meth), Synthetic cannabinoids, Synthetic opioids, Other (specify)

## **Suspected drugs involveds other**

Autem sapiente nisi

## **Amount and pattern**

Molestias eaque est

## **Route of administration**

Snorted

## **Route of administration other**

NA

## **Drug appearance**

Herbal (plant matter), Pills (sold loose or in bags), Powder

## **Drug appearance other**

NA

**Colour**

Brown, Green, Orange, White/off-white, Colourless, Other (specify)

**Colour other**

Blanditiis molestias

**Naloxone administered**

NA

**Other relevant information**

Et ut esse culpa vo

**Drug Source**

NA

**Unusual side effects**

NA

**Why submission New Trend or other**

NA

**Created At**

2024-09-23 06:57:20