



STAFF REPORT INFORMATION ONLY

Toronto Overdose Action Plan – Toronto Public Library Response

Date:	September 25, 2017
To:	Toronto Public Library Board
From:	City Librarian

SUMMARY

In February 2017, Toronto Public Health engaged TPL to participate in the planned response by city services to the Toronto Overdose Action Plan. As a result, Toronto Public Library adopted mandatory information/awareness overdose basics training for all public service staff provided by Toronto Public Health that is currently underway. Further review of training needs for public service staff was recommended and TPL has sought to partner with Toronto Public Health on future public education and promotion initiatives in support of the plan.

As the year progressed, the city experienced further worsening of the opioid crisis. Previous barriers to accessing stock of naloxone, the medication that can temporarily reverse an opioid overdose, and the provision of in-person training in administration were removed, and the library system is preparing to offer expanded, voluntary training for staff if needed to respond to an overdose situation onsite.

FINANCIAL IMPACT

Online and in-person training is being provided for staff via Toronto Public Health at no cost.

Arrangements are being made to acquire intranasal naloxone kits via the City of Toronto's Material Management and Stores at the cost of \$145 per pack (each pack contains two units of intranasal naloxone). Stock will be purchased on an as-need basis and distributed once qualified staff have completed training. There is a possibility that in the future some naloxone kits may be acquired from Toronto Public Health at no cost, but will be dependent on provincial funding still being determined.

Purchase of surplus Personal Protective Equipment (PPE) stock is also being arranged and while this will require use of budget upfront, they are items that would be in need of purchasing regardless as part of ongoing required branch first aid inventory.

ISSUE BACKGROUND

Death from drug overdose is recognized as an urgent public health issue across Canada. Between 2004 and 2015, deaths in Toronto due to overdose increased by 73%. In 2015, opioids (alone or in combination with other drugs) accounted for 66% of all accidental deaths in Toronto. In response, Toronto Public Health has developed an action plan (Attachment 1) based on international research and best practices, and informed via community consultation with a wide variety of stakeholders.

Dr. Barbara Yaffe, Toronto's Acting Medical Officer of Health, contacted TPL on Feb. 7th, 2017 to request our support and involvement in responding to the action plan. TPL confirmed interest in staff training on overdose prevention and response, development and improvement of policies and protocols related to overdoses, and support and program space for public education and information sharing around overdose prevention. TPL's staff lead attended meetings of a table convened of city divisions, as well as a public forum, in order to learn more about the opioid crisis and communicate our organizational needs.

Toronto Overdose Action Plan: Prevention & Response was formally approved by the Board of Health on Mar. 20th, 2017. A training needs assessment questionnaire supplied by TPH was completed and submitted on Mar. 30th, 2017.

Training of staff for administration of naloxone and provision of naloxone to branch locations was not recommended at that time. This was in large part due to the limited availability of and barriers towards obtaining naloxone in bulk quantities, particularly the intranasal spray formula. As well, the requirement for written internal policies and procedures, an absence of confirmed training options, and need for greater clarity surrounding use of naloxone in work environments led to the recommendation that the possibility of stocking naloxone and staff training for administration be further reviewed and reconsidered at a later date.

Since that time, the situation has worsened, with the city experiencing several fatalities and many more non-fatal incidents due to suspected opioid overdoses. In response, city, public-safety and health officials have sought an intensification of efforts to combat the crisis. A pop-up safe injection site has been established in a city park with support of police, and the city is attempting to hasten the opening of three interim safe injection sites in lieu of waiting on the completion of permanent facilities which are under construction.

COMMENTS

The city is also seeking to support accelerated distribution of naloxone, and intranasal naloxone can now be purchased via the City's Material Management and Stores. In addition to increased options for acquiring naloxone, in-person staff training - that includes the administration of naloxone - is now available by Toronto Public Health. Sessions have been scheduled twice weekly, and participants receive a Certificate of Training Completion.

As a result, TPL is moving forward with expanded training for public service staff. Toronto

Public Health has provided a policy and procedure template document TPL is adapting for internal use. Having written policy and procedures in place is strongly advised by both Toronto Public Health and the Canadian Centre for Occupational Health and Safety.

Adoption of staff-administered naloxone will raise many questions and concerns. A key issue is the safety of staff in responding to overdoses. CUPE has issued fact sheets for their membership on this issue, which are included below for reference.

Toronto Public Health have provided two key documents (Attachments 2 and 3) – via British Columbia’s Provincial Health Officer and two prominent toxicological associations – that clarify misconceptions of the risk of accidental exposure to opioids and provide guidance towards use of Personal Protective Equipment. TPL is arranging purchase for a surplus of PPE’s (CPR masks, gloves and wipes) and will distribute accordingly to library branches. This will ensure all locations have adequate stock on hand, and will be more efficient and expeditious than individual locations conducting inventory and ordering separately.

Safety concerns and strategies are included in Toronto Public Health’s in-person training. In order to qualify for voluntary naloxone training, TPL staff will have to previously have completed and be currently certified in first aid, where use of PPE’s is reviewed. Further questions and concerns will need to be brought to JHSC for review and consideration.

Rollout of mandatory opioid overdose information/awareness training is currently underway, with all staff expected to complete by the end of 2017. Public education and promotion initiatives in partnership with Toronto Public Health have been discussed and are in planning for Fall 2017 and early 2018.

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ATTACHMENTS

- Attachment 1: Toronto Public Health. *Toronto Overdose Action Plan: Prevention & Response*. March 2017.
<https://www1.toronto.ca/City%20Of%20Toronto/Toronto%20Public%20Health/Strategic%20Support/TO%20Drug%20Strategy/Files/PDF/T/Toronto%20OD%20Action%20Plan.pdf>
- Attachment 2: Office of the Provincial Health Officer, Ministry of Health, British Columbia. [*Guidance Statement Regarding Personal Protective Equipment for Emergency Medical Services and Health Care Works Dealing With Overdose Victims*](#). January 13, 2017.
- Attachment 3: American College of Medical Toxicology & American Academy of Clinical Toxicology. [*ACMT and AACT Position Statement: Preventing Occupational Fentanyl and Fentanyl Analog Exposure to Emergency Responders*](#).

Other Related Materials:

Canadian Union of Public Employees. *Suspected Opioid Overdose Response: A Guide for CUPE Staff and Members*.
https://cupe.ca/sites/cupe/files/opioid_overdose_en.pdf

Toronto Overdose Action Plan: **Prevention & Response**

MARCH 2017

Acknowledgements

Toronto Public Health would like to thank members of the community who participated in the community consultation sessions and completed the online survey to provide input and ideas into this Action Plan. We would also like to thank the members of the Toronto Drug Strategy Implementation Panel for their input and suggestions. We would especially like to thank the members of the Overdose Coordinating Committee for their help in developing the draft Action Plan that was taken out for consultation, and for developing and implementing the community consultation plan. Toronto Public Health is committed to collaborating with our community and municipal partners as we move forward with implementing the *Toronto Overdose Action Plan*.

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Introduction

People dying from drug overdoses is an urgent public health crisis across Canada. People are losing their children, siblings, spouses, parents, friends and co-workers. The impact of these losses is devastating for the individuals involved and for the community, not least because these deaths are preventable. In British Columbia, the situation has become critical with unprecedented numbers of overdose deaths. There has also been a dramatic rise in overdose deaths in Toronto. Between 2004 and 2015, there was a 73% increase in the reported number of overall drug toxicity (overdose) deaths in Toronto (from 146 in 2004 to 253 in 2015).¹ Accidental deaths (i.e. not suicide/undetermined) represent the majority of these deaths, and increased 149%, from 82 deaths in 2004 to 204 deaths in 2015.¹ Opioids, alone or in combination with other drugs, accounted for 135 or 66% of all accidental deaths in 2015.¹ Between 2014 and 2015, the number of people dying from heroin/morphine dropped by 24% (from 76 to 58), but deaths from fentanyl almost doubled (from 22 to 42). More information about drug-related deaths in Toronto can be found in Appendix A.

We have a major crisis on our hands.

Consultation participant

Federal, provincial and local governments have taken some steps to address the overdose crisis, but more action is needed, and urgently. The *Toronto Overdose Action Plan* provides a comprehensive set of actions to prevent and respond to overdoses, building on the work that is already taking place in the community, and by governments and other institutions. A key focus is on actions that can be taken at the local level. The Action Plan combines the knowledge and expertise of people who use drugs, their family and friends, and people working in the field, with best practices and international research. The Plan is meant to be flexible. We cannot predict what new issues or situations may arise in Toronto, and further actions may need to be added in the future.

Who is at risk of an overdose?

There are many factors that put people at risk for overdose. Combining drugs such as opioids with other depressant drugs such as alcohol is a significant risk factor for overdose as these drugs reduce heart rate and respiratory rate.^{2 3 6} How people consume drugs can also play a role. The risk of overdose is higher for injection drug use than for smoking or other routes of drug use. In addition, people who have been released from prison^{4 5 6} or have finished treatment^{2 6} are at significant risk of overdose as their tolerance will have decreased and they may overestimate how much they can take.

Switching from one opioid to another is a risk factor. For example, risk can increase when switching from one pharmaceutical opioid (e.g. oxycodone) to a more potent pharmaceutical opioid (e.g. fentanyl), or from pharmaceutical opioids to illicit opioids such as heroin.^{6 7} Research has found that higher dose opioid prescriptions (200mg or more of morphine or equivalent daily) are associated with a three-fold increase in the risk of overdose death among patients being treated for pain.⁸

There are also broader factors that put people at risk for overdose. Drugs in the illicit market are not regulated, and as a result their contents and potency are unknown. Many drugs are cut with fillers, adulterants, contaminants, and other drugs. An individual may think they are buying heroin but it

may actually be fentanyl.⁹ This lack of knowledge about the contents and toxicity of illicit drugs creates a significant risk for overdose.

The criminalization of drug use has also forced people to hide their use and to use drugs in unsafe ways.⁵² Consuming drugs alone is a significant risk factor as no one is there to intervene in the event of an overdose. Overdose risk is also higher for people who are homeless and/or who are injecting in public places (e.g., alleyways, stairways).² In this situation individuals may fear exposure or arrest by police and inject their supply of drugs quickly and/or all at once.⁵²

The criminalization of certain types of drug use has also led to stigma and discrimination. People who consume illicit drugs are judged more harshly than people who consume other drugs such as alcohol.¹⁰ People who use illicit drugs face stigma and discrimination from society at large and from service providers, including in the health care system.^{11 12} People are treated poorly and even denied access to services. Over time, people stop reaching out for help, which can increase the risk of many harms, including overdose.

Many overdoses are not fatal, and people can experience serious health effects from non-fatal overdoses, including seizures, heart and kidney problems, physical injury,^{13 14 15} and brain injury.¹⁵ A non-fatal overdose also increases the likelihood of a having another overdose in the future.^{14 16}

Community consultations

Toronto Public Health worked with the Toronto Drug Strategy Implementation Panel and its Overdose Coordinating Committee (OCC) to prepare a draft Action Plan based on international research and best practices.^a The OCC also developed a community consultation plan to gather input on the draft Action Plan as well as ideas for additional action. Open-invitation consultation sessions were held in downtown Toronto, North York, Etobicoke and Scarborough in January and February 2017. In total, 160 people participated in these sessions.

Toronto Public Health also hosted an online survey, which was promoted broadly throughout the community. Paper copies of the survey were available at all community sessions. A total of 295 surveys were completed.

A wide variety of stakeholders participated in the consultations, including people who use drugs, their friends and family members, and community service providers from many sectors. Appendix B provides a summary of the main themes that were heard at the consultation sessions and through the online survey. Overall, there was strong community support for the proposed actions in the draft Action Plan and additional ideas were suggested. The main themes from the consultation are discussed throughout this report, and include the following:

- This is an urgent issue and action is needed now.
- Naloxone needs to be more widely available.

Ensuring that this is a collaborative process with input from people with lived experience is key to a successful strategy.

Consultation participant

^a The Toronto Drug Strategy is the City of Toronto's action plan for alcohol and other drugs based on the integrated components of prevention, harm reduction, treatment and enforcement. The Toronto Drug Strategy Implementation Panel is the multi-sectoral leadership group for the drug strategy. The Overdose Coordinating Committee is a subcommittee of the Panel.

- The meaningful involvement of people with lived experience in policy, planning and programming is necessary.
- More funding is needed for harm reduction and treatment services.
- More treatment services are needed.
- Police should generally not attend 911 overdose calls.
- Addressing social determinants of health is key.
- The legal status of drugs has a significant role in overdose.

Overdose prevention and response strategies

1. Comprehensive overdose plans

All governments should develop and implement a comprehensive, evidence-based overdose prevention and response plan. The plan should address overdoses resulting from all drugs with an initial focus on opioids (non-pharmaceutical and pharmaceutical).

Why do we need this?

The Toronto Drug Strategy is Toronto's municipal action plan for alcohol and other drugs based on the integrated components of prevention, harm reduction, treatment and enforcement. Overdose prevention is a priority for the drug strategy, and action has been taken as part of implementing the drug strategy, and by Toronto Public Health. However, until now the City of Toronto has not had a plan specifically for overdose prevention and response.

At the federal level, Health Canada has an *Action on Opioid Misuse* plan that includes improved prescribing practices, prescription monitoring, providing better information about the risks of opioids, reducing access to pharmaceutical opioids, and supporting better treatment options. The Ontario Ministry of Health and Long-Term Care released *Ontario's Opioid Strategy* in October 2016, which includes improving prescribing practices for opioids, increasing access to opioid substitution treatment (e.g. Suboxone™), and developing better data monitoring and surveillance systems. In November 2016, Health Canada and the Ontario Ministry of Health and Long-Term Care also co-hosted an *Opioid Conference and Summit*. Additional government actions are highlighted throughout this report.

This action plan is long overdue.

We need to act quickly.

Consultation participant

These federal and provincial plans focus broadly on issues related to the non-medical use of opioids, but neither government has a comprehensive overdose prevention and response plan. These plans are also mainly focused on pharmaceutical opioids, which are important, but non-pharmaceutical opioids are also a serious issue for many communities, including Toronto. Most of the overdose deaths occurring now are opioid-related, but there are also other drugs of concern. Further, it is often a combination of drugs that is fatal (e.g. opioids and alcohol). Overdose prevention and response plans need to be flexible and include strategies for all drugs.

The process for developing these overdose plans is important. People who use drugs, their family and friends, and the community service sector, must have input into the plans. It is also critical

for governments to support a process for Indigenous communities to develop and lead discussions about overdose prevention and response strategies for Indigenous communities.

Action plans can only make a difference if they are implemented. Governments need to designate a lead to implement their plans to ensure they are coordinated across ministries and departments, as well as the diverse range of sectors involved in this issue (e.g. health care, criminal justice). Designating a lead department or team to be responsible for implementation and coordination of plan activities helps to ensure accountability and coordination, reduce duplication of effort, and improve the leveraging of limited resources. A designated lead will also help to ensure that all sectors and departments involved have consistent approaches and priorities.

What we heard from the community

Overall, people who participated in the consultation supported the need for comprehensive overdose action plans at the federal, provincial and local level, and for a separate and dedicated process led by and for Indigenous communities (93% of survey respondents rated this action as having a *very large* or *large* benefit). The draft Action Plan called for federal and provincial overdose plans to be developed within six months, but community participants said this timeline was too long. Participants stressed the need for governments to take immediate action to address the overdose crisis.

Actions for the City of Toronto:

Toronto Public Health will:

- Coordinate implementation of the Toronto Overdose Action Plan through the Toronto Drug Strategy Secretariat.
- Work with the Toronto Drug Strategy Implementation Panel and multi-sector partners, including people using drugs and their family/friends, to implement the Toronto Overdose Action Plan.
- Work with an Indigenous facilitator to develop and undertake a dedicated process to engage Indigenous communities in identifying overdose prevention and response strategies specific to Indigenous communities, in accordance with the operating principles of the Toronto Indigenous Health Strategy created by the Toronto Indigenous Health Advisory Circle.

Actions for the Province of Ontario:

The Ontario Ministry of Health and Long-Term Care should:

- Develop a provincial overdose strategy urgently, in consultation with multi-sector provincial, municipal, public health, and community stakeholders, and people who use drugs and their family/friends.
- Dedicate a coordinator and funding to support implementation of the provincial overdose strategy across ministries, municipalities, and sectors (e.g. hospitals, prisons), and to align it with implementation of the Ontario Opioid Strategy.
- Work with an Indigenous facilitator to develop and undertake a dedicated process to engage Indigenous communities to identify overdose prevention and response strategies specific to Indigenous communities across Ontario.

Actions for the Government of Canada:

Health Canada should:

- Develop a federal overdose strategy urgently, in consultation with multi-sector provincial, territorial, municipal, public health and community stakeholders, and people who use drugs and their family/friends.
- Dedicate a coordinator and funding to support implementation of the federal overdose strategy across ministries and sectors, and to align with the Action on Opioid Misuse Plan and provincial and territorial plans.
- Work with an Indigenous facilitator to develop and undertake a dedicated process to engage Indigenous communities to identify overdose prevention and response strategies specific to Indigenous communities across Canada.

2. Overdose protocols and naloxone

Services in the community should have an overdose prevention and response plan as part of their emergency first aid protocols, where appropriate.

Why do we need this?

There is a growing need for harm reduction services by people who use drugs in Toronto. Toronto Public Health and 46 community agencies provide harm reduction supplies at over 80 service locations across the city. In 2016, there were 139,000 client visits to these programs, and over 2.1 million needles were distributed along with other sterile injection supplies (*preliminary data*).¹⁷

Overdose prevention is a key part of harm reduction programs. Clients learn and share strategies to prevent an overdose (e.g. not consuming drugs alone, not mixing drugs). They also learn how to recognize the signs of an overdose (which vary with the drug used), and how to respond if they witness an overdose. This information is also important for family members and others who may be in a position to respond in a medical emergency.

Naloxone should be required as a first aid response.

Consultation participant

Service providers also need to know how to respond as overdoses occur in many settings. Community service providers have been reporting a growing number of clients that are experiencing overdoses, including onsite at their services. Service providers may find themselves in a situation where they can intervene in an overdose situation, whether at a drop-in, a shelter, a library or a transit station. The first step is being able to recognize an overdose and then knowing how to respond. During an opioid overdose, the administration of naloxone can be lifesaving. Naloxone reverses the effects of overdose immediately if used within a short period following an opioid overdose.

In 2012, following the rise in opioid deaths in the early 2010s, the Ontario Ministry of Health & Long-Term Care funded naloxone for distribution to people who use drugs through core needle exchange and hepatitis C programs. A year earlier, in 2011, Toronto Public Health became the first public health unit in Canada to deliver such a program. Access to naloxone was expanded in 2016 when the federal government changed the status of naloxone so that a prescription was no longer needed, and the Province supported distribution of free naloxone through pharmacies.

The Province also piloted a program at two prisons in Ontario where people who are identified to be at risk for overdose are given naloxone when they are discharged. This program is expected to be rolled out to all prisons in the province. Within prisons in Ontario naloxone is available on prison ranges for use by onsite health care staff. In British Columbia, prison staff are also being trained to use naloxone so they can respond if prison health care staff are not available,¹⁸ and this action should be implemented in Ontario.

The Province is also expected to expand naloxone distribution to people who use drugs through a broader range of community services (beyond core needle exchange and hepatitis C programs)¹⁹. Harm reduction services are well-placed to quickly implement these programs. In addition, naloxone should be offered to people with a history of opioid use through emergency departments and other health services, drug treatment and mental health services. Efforts to expand access to naloxone in the community and the correctional system are urgently needed to get this life saving medicine into the hands of people who can use it. Further, naloxone must be made available to staff working in community services, such as harm reduction services, shelters and drop-ins, so they can administer it, if necessary. Naloxone must be used quickly during an opioid overdose; it may be too late by the time the ambulance arrives.

Health Canada has approved the nasal formulation of naloxone in Canada (previously naloxone was only available in an injectable form). Provincially-funded naloxone programs will have access to the nasal formulation in 2017, and this should be done as quickly as possible. Nasal naloxone is easier to administer, making it more feasible for service providers and first responders to administer (paramedics already carry and administer naloxone).

Staff are already maxed out in harm reduction programs, and taking on naloxone requires more funding and resources.

Consultation participant

Many community services have already taken action on overdose prevention and response. However, agencies are stretched to their limit, and there is no surge capacity if the overdose situation worsens in Toronto. Harm reduction services are on the front lines of the overdose crisis, and are best placed to support people who use drugs. More funding is needed for these programs to provide comprehensive and effective overdose prevention and response measures. Workers with lived experience are key to this effort as they play an important role in outreaching and connecting with people who use drugs.

Many City of Toronto and community organizations are asking Toronto Public Health for support with training and to develop overdose policies and protocols. Some City of Toronto divisions and agencies have overdose prevention and response measures in place, and others have requested support to do so. Toronto Public Health will have staff dedicated to helping City and community services with overdose policy and protocol development, and training as of spring 2017.

People responding to drug overdoses in the community are facing escalating stress and trauma. In British Columbia, the Coroner Service provides supports for family members, and plans are underway through the Health Emergency Management office to provide psychosocial support for community organizations and front line responders.¹⁸ Similar programs are needed in Ontario.

While the issue of overdose has received a lot of media attention, more information is needed to raise awareness about this issue among the general public. For example, parents do not know a lot about this issue or signs of concern to look for with their children. Information is needed on where to go for help for a substance use issue, as well as information about the risk of overdose and how to prevent and respond to an overdose. Public education materials are needed in different formats, and tailored to different audiences (e.g., youth, young adults, parents) and settings (e.g., schools, entertainment venues). The Ontario Pharmacists Association has developed new materials (e.g. posters) to improve promotion of the free naloxone program at participating pharmacies.

What we heard from the community

The need to get naloxone into the hands of people who use drugs and their family/friends was a strong theme in the consultations (93% of survey respondents rated this action as having a *very large* or *large* benefit). Overdose prevention and response policies, protocols and training at municipal and community services were also strongly supported (over 93% rated these actions as having a *very large* or *large* benefit). There was general agreement that naloxone needs to be available in services used by the public, from libraries to colleges, and even fast food restaurants. Some also suggested that all harm reduction programs should be naloxone distribution points.

Participants focused on housing programs as key locations where naloxone should be available, for example, in Toronto Community Housing Corporation buildings. Some participants also suggested that naloxone should be available to prisoners while they are in custody as well as when they are released, as drug use happens in prison.

Some participants commented on the pharmacy naloxone program in Ontario, noting that people should not have to show a health card to receive a naloxone kit. This requirement is seen as a barrier as people fear that having naloxone on their health record could have consequences because of the stigma of opioid use.

A common theme in the consultations was the need to recognize the important role that people who use drugs have in reaching others who are at risk of overdose, including outreach, and education and training on measures such as administering naloxone. Some of the larger harm reduction services employ people who use drugs, but it is often on a part-time basis and wages tend to be low. Some participants stressed that people with lived experience could make a substantial impact on the overdose crisis if they could play a stronger role. Suggestions for roles included more outreach, working in supervised injection services, working in hospital emergency departments, and other service settings. The need for full-time, adequate wages was highlighted.

Actions for the City of Toronto:

Toronto Public Health will:

- Provide overdose prevention and response training for staff in City of Toronto divisions, agencies, boards and commissions, appropriate to mandate and staff role.
- Provide overdose prevention and response training for staff in community services.
- Work with City of Toronto divisions, agencies, boards and commissions, and community service providers to develop organizational overdose policies and protocols, as appropriate.

- Continue to distribute naloxone to people who use drugs, and their friends and family, through the Preventing Overdose in Toronto (POINT) program delivered by The Works.
- Through the Toronto Urban Health Fund, prioritize funding and support for community services working on evidence-based, peer-led programming for overdose prevention and response, and other harm reduction initiatives. Funding will aim to increase the number of trained peers and sustain community capacity to assist in overdose prevention and response.
- Work with City of Toronto and community service providers, and people with lived experience, to develop and promote evidence-based public education resources about overdose prevention and response, for a wide range of audiences and settings.

The Shelter, Support & Housing Administration Division will:

- Continue to work with City and community partners to implement the division's Harm Reduction Framework across shelters, social housing providers and agencies that provide homeless services and supports, which includes overdose prevention and response measures.

Actions for the Province of Ontario:

The Ministry of Health and Long-Term Care should:

- Provide free naloxone to community services for distribution to clients, including agencies distributing harm reduction supplies.
- Provide free naloxone to community service providers (e.g. housing programs, shelter providers, drop-in services) to include in their onsite first aid kits.
- Provide nasal naloxone to community service providers, first responders and correctional facilities.
- Expand funding to harm reduction programs to increase their capacity to respond to the current overdose crisis and future program needs.
- Increase funding for full-time, appropriately paid positions for workers with lived experience to assist with overdose prevention and response and other harm reduction initiatives.
- Direct the Local Health Integration Networks to develop overdose policies and protocols, including the availability of naloxone, in provincially-funded health care services, as appropriate, with an initial focus on the substance use treatment sector.
- Work with the Local Health Integration Networks to ensure naloxone kits are provided to people in opioid substitution treatment, and people with a history of opioid use at discharge from mental health and substance use treatment services, and hospital emergency departments.
- Consult with people who have been impacted by overdose to determine what supports and services are needed to help them cope with the trauma of these experiences. Groups to consult include people who have experienced a non-fatal overdose and their family and friends, and people working in health and social services sectors.

The Ministry of Community Safety and Correctional Services should:

- Expedite the provision of naloxone kits to people at risk of overdose upon discharge from correctional institutions, and expand the criteria to include anyone with a history of opioid use.

- Ensure people inside the correctional institutions who are known to be using opioids have access to overdose prevention and response measures, including naloxone.
- Ensure all staff on the ranges in correctional facilities have access to and are trained in overdose prevention and response, including administering naloxone.
- Provide overdose prevention and response training, including administering naloxone, to staff at probation and parole offices.

3. Emergency medical care

Address barriers to calling 911 for medical assistance during an overdose.

Why do we need this?

Evidence from Toronto and elsewhere has shown that witnesses at the scene of an overdose often do not call 911.^{20 21} People hesitate to call for help initially because they hope the person will recover on their own. However, they also do not call 911 because they fear police involvement.^{20 22 23} For women, there is also a fear of child welfare services becoming involved. 'Good Samaritan 911 Overdose' laws have been enacted in at least 37 U.S. states protecting callers from drug possession charges,²⁴ and similar legislation is in process in Canada. A local solution already implemented in Vancouver is a policy that police do not automatically attend overdose incidents.

Naloxone programs in Toronto train people who use drugs on actions to take at an overdose scene, including how to administer naloxone. The training stresses the importance of calling 911 after the naloxone is administered to ensure proper medical follow up. It is possible for someone to slip back into an overdose after naloxone use. Witnesses at the scene of an overdose often try other strategies to help, however, the best response is professional medical care.

Good Samaritan legislation is pending at the federal level in Canada, which will protect individuals from arrest for drug possession at the scene of an overdose. This bill is expected to pass, and will help address a key barrier to people calling 911 during an overdose.

What we heard from the community

Of the survey respondents, 89% rated police not attending overdose events as having a *very large* or *large* benefit to the overdose crisis. Further, 92% rated the pending Good Samaritan bill as having the same effect. Many consultation participants noted that because overdose is a health issue police should not be attending 911 emergency calls.

People don't want to call for help when the police are involved.

Consultation participant

Some participants noted that there are occasions when police are needed, but that police should not ask for names or personal information from witnesses at the scene. Police recording names and running them through a database was viewed as a key reason that witnesses do not call for help at overdose scenes. Another perspective was that police and fire services should carry naloxone if they are attending an overdose as they may arrive before paramedics and could save a life.

Actions for the City of Toronto:

Toronto Public Health will:

- Work with the Toronto Police Service and the Toronto Paramedic Service to develop options that would increase the likelihood that bystanders will call 911 in the event of a drug overdose.

Actions for the Government of Canada:

- The House of Commons should urgently pass Bill C-224, the *Good Samaritan Drug Overdose Act*.
- The Ministry of Justice should develop a clear, broad-based awareness campaign about the Good Samaritan Drug Overdose Act for promotion with police departments and the general public, pending passage of the bill.

4. Supervised injection services

Supervised injection services should be available to provide a safe and hygienic place to inject drugs with onsite medical intervention in case of overdose.

Why do we need this?

Supervised injection services (SIS) are health services that provide a safe and hygienic environment where people can inject pre-obtained drugs under the supervision of trained staff. One of the main goals of SISs is to reduce overdose deaths.²⁵ There are over 90 SISs worldwide and there have been no deaths recorded at any of these services. Rather, there have been fewer overdose deaths reported following the implementation of these services.

In July 2016, the Board of Health and City Council supported implementation of small-scale, integrated SISs in Toronto, at TPH/The Works, Queen West-Central Toronto Community Health Centre and South Riverdale Community Health Centre. Funding for these health services was requested from the Ontario Ministry of Health & Long-Term Care. On January 9, 2017, the Minister of Health & Long-Term Care announced that the ministry would provide funding for the three SISs in Toronto, but details on the amount and timing of the funding have not been confirmed. Applications have also been sent to Health Canada to obtain exemptions from the *Controlled Drugs & Substances Act*, which is a legal requirement.

Supervised injection services are incredibly important to reduce overdose considering the numbers of overdoses which occur alone...

Consultation participant

The current requirements to operate SISs are excessive and onerous, and the federal government has introduced new legislation (Bill C-37), which will make it easier to implement these health services. This bill is making its way through Parliament, and quick passage is needed so that more SISs can be implemented as part of overdose prevention and response efforts.

Implementing SISs in Toronto as quickly as possible is critical, and all three organizations are working hard to achieve this goal. In British Columbia, the provincial health minister issued an order that allowed overdose prevention services to open quickly in Vancouver and other cities. In British Columbia, these programs were developed "*for the purpose of monitoring people who*

have used illegal drugs for signs of an overdose, intervening to maintain consciousness, and providing rapid intervention to prevent catastrophic brain injury and death."²⁶ The Ontario Ministry of Health & Long-Term Care should put measures in place to allow overdose prevention services or mobile medical facilities to open quickly in communities as required in an emergency.¹

What we heard from the community

A strong theme in the community consultations was an urgent need for implementation of supervised injection and overdose prevention services in Toronto (93-96% of survey respondents rated these actions as having a very large or large benefit). Many people remarked that these services need dedicated funding so they can be opened immediately, and that there is no time to wait for government approvals. Some participants commented that more than the three planned SISs are needed in Toronto, including in areas outside the downtown core of the city. Some participants wanted these services to be open on 24/7 basis. Others suggested that the SISs should be linked to withdrawal management services (detox) to ensure people have access when they want it. References were made to InSite in Vancouver, which operates a in the same facility as the SIS.

Actions for the City of Toronto:

Toronto Public Health will:

- Open the planned supervised injection service at Toronto Public Health/The Works as soon as possible after receiving provincial funding and federal approval.
- Explore options to improve access to withdrawal management services and other treatment services for people using the supervised injection service.

Actions for the Province of Ontario:

The Ministry of Health and Long-Term Care should:

- Confirm adequate funding for Toronto Public Health/The Works, Queen West-Central Toronto Community Health Centre and South Riverdale Community Health Centre to facilitate opening of the supervised injection services as soon as possible.
- As part of the provincial overdose plan, identify and fund overdose prevention and response measures for the community, such as overdose prevention services and mobile medical facilities, as may be required in an emergency.

Actions for the Government of Canada:

Health Canada should:

- Approve the supervised injection service exemption applications for Toronto Public Health/The Works, Queen West-Central Toronto Community Health Centre, and South Riverdale Community Health Centre as soon as possible to enable these services to open.

5. Drug checking programs

Drug checking programs should be available to allow people to test illicit drugs for the presence of toxic contaminants, adulterants or unexpected drugs (e.g. bootleg fentanyl).

Why do we need this?

Drug checking or testing services have been available in Europe for the last 25 years.²⁷ At these services, often located at music festivals or other entertainment events, people can have their drugs tested to determine their contents. In an unregulated illicit drug market the potency and

composition of drugs are unknown. Many illicit drugs contain substances other than what they are marketed as and may also contain harmful contaminants or adulterants. Someone may purchase what they believe to be ecstasy (or MDMA), but it may actually be PMMA, which is a more potent and dangerous stimulant.

Drug checking results are used to inform an individual's decision to use drugs, and when offered as part of a broader harm reduction program includes counselling on safer drug use and overdose prevention, access to harm reduction supplies, and referrals to other health services.²⁸ Drug checking results also provide helpful information to onsite medical staff so they can be better prepared to respond if someone does overdose at the event. There is also the potential to disrupt the drug market as adulterated products are publically exposed. Results from drug checking programs have been used to issue public health alerts.²⁸ The British Columbia Centre for Disease Control is reviewing evidence on drug checking and will be providing recommendations for how this intervention can be used.⁴¹

Plans for a drug checking program in Toronto are underway with lead support from the International Centre for Science in Drug Policy. The program would involve drug checking at the three proposed SISs and the TRIP! Project, which provides harm reduction services in the nightlife and music festival community. The project involves a partnership between these agencies and hospital laboratories that have advanced drug testing equipment (e.g., gas chromatography/mass spectrometry). There are other testing methods such as reagent testing, where solvents are added to drug samples and colour matched to charts that identify specific drugs. This form of testing is not as comprehensive but it is quick and inexpensive and does provide people with useful information (presence or absence of certain drugs).

Uncertainty of dose is a major cause of overdose.

Consultation participant

There is not a lot of research on the effectiveness of drug checking services on drug use behaviour or health outcomes.²⁸ The Toronto project provides an opportunity to evaluate this harm reduction intervention and contribute to research in this area. The federal government has shown interest in this intervention, and Bill C-37 (new bill for supervised injection services) includes a section that supports implementation of other harm reduction services such as drug checking/testing programs.

What we heard from the community

The survey results indicate strong support for drug checking services (88% of survey respondents rated them as having a *very large* or *large* benefit). Suggested locations for these services included SISs, harm reduction programs, and music festivals. There were many questions about how drug checking services work, and a clear need for more information about this intervention, which is still relatively new in Canada. Some participants were unsure if people would wait to have their drugs tested or would give up part of their drug supply for testing. Others highlighted the need for more research on the effectiveness of drug checking.

Actions for the City of Toronto:

Toronto Public Health will:

- Continue to work with community partners to develop and implement drug checking programs and research at supervised injection services and with harm reduction programs working at music events.

Actions by the Province of Ontario:

Ministry of Health and Long-Term Care should:

- Fund community drug checking programs and research.

Actions by the Government of Canada:

Health Canada should:

- Work with communities across Canada, including Toronto, to facilitate approval of *Controlled Drugs and Substances Act* Section 56 exemptions required to implement drug checking programs; and,
- Clarify requirements for the use of reagent testing programs in community settings (i.e. are Section 56 exemptions necessary).

6. Treatment on-demand

Substance use treatment options should be available on-demand, and include a range of options to suit individual needs.

Why do we need this?

Substance use treatment services in Toronto have limited capacity and are often not well integrated with other health services. People can access opioid substitution treatment (OST) fairly quickly, but there are long wait times for other treatment services. Wait times for an initial assessment ranges from one to three weeks and can be two months or longer for residential treatment. Day programs are more accessible, and the demand is high for these services. Few individual support options are available, which is a barrier for people who do not want group work. Ongoing support after someone completes treatment is limited. To help address lengthy wait times for treatment in British Columbia, 400 beds have been added across the province since 2013 and another 100 beds will be added early in 2017.⁴¹

Different models are important, but so is individual choice. Ensuring that no one ever feels forced to access treatment goes hand-in-hand with reducing stigma.

Consultation participant

The withdrawal management (detox) system is particularly stretched. Other community

service providers consistently stress the high demand and difficulty accessing residential withdrawal management services (WMS), in particular. There is often a need for medical support when someone is going through withdrawal; however, only one nurse practitioner serves the entire non-medical WMS in Toronto. For people who need medical WMS, access is limited and the process is complex, requiring advance referrals and appointments.

In opioid substitution treatment (OST), physicians prescribe long-acting opioid medications (e.g., methadone, Suboxone™) that are taken orally. These medications prevent withdrawal symptoms, which can be severe and even life threatening, and reduce the effects of other opioid use. Opioid

substitution treatment is the most effective treatment available for opioid dependency.²⁹ Research has found that OST reduces overdose deaths, the transmission of HIV, hepatitis B and C, and other public health risks associated with drug use.³⁰ Research has found that OST reduces the risk of overdose by almost 90%.³¹

Opioid substitution treatment has improved the health and well-being of many people, but there are barriers that prevent people from participating. People often must go to a pharmacy or clinic every day to get their medication, and provide weekly urine screens. They may also have to see their doctor every few days without a clear medical reason. These program requirements are invasive and time-consuming and can make it difficult for people to hold down jobs and deal with other responsibilities. Further, most OST programs require patients to prove abstinence (by urine screens). More low-barrier programs without these restrictions are needed to support people through a harm reduction approach. People receiving OST must also be allowed to benefit from other treatment services. Currently, many people are refused entry into other treatment programs because they are receiving OST or other prescribed medications.

The withdrawal from opiates is so awful and dangerous – this is why we need prescriptions. If the government provides it, I won't have to resort to sex trade.

Consultation participant

As part of *Ontario's Opioid Strategy*, the Ontario Ministry of Health and Long-Term Care has committed to expanding access to

OST. This action is urgently needed along with reducing the barriers for participation in OST and expanding access to other treatment options. A promising approach to OST and health service integration is the META:PHI model funded by the Toronto-Central Local Health Integration Network. Individuals who arrive at a participating hospital emergency department with an opioid- or alcohol-related issue are referred to a 'Rapid Access Addiction Medicine' (RAAM) clinic if they are interested, and people using opioids can be given an initial dose of Suboxone™. The RAAM Clinics are walk-in and provide treatment, including OST, counselling and referrals to community programs. The clinics also provide ongoing support and help people engage with their family physician for long-term health care needs.

Programs in Vancouver and in European cities also provide injectable opioid maintenance with diacetylmorphine (prescription heroin) or hydromorphone for people for whom other forms of OST were not effective. Research has found this OST treatment to be effective as people reduce or stop their use of illicit drugs, and their physical and mental health improve.³² ³³ Long-term studies have also found that participants in this treatment had high rates of retention with improved social benefits such as maintaining stable housing and employment.³⁴ The federal government has approved the use of prescription heroin and hydromorphone in Canada through the Special Access Program, and action is needed to broaden the implementation of this treatment option to help move people off of dangerous illicit opioids.

What we heard from the community

The need to expand access to treatment services, including OST, was strongly supported in the consultations. Among survey respondents 90% or more rated this action as having a *very large* or *large* benefit. Participants also stressed the need for treatment to be low-barrier, available quickly, and to be flexible and comprehensive in nature. Some commented on the need for a broader range of approaches, from harm reduction to abstinence-based, depending on individual need. The need for more 'aftercare' supports once people have completed treatment was also identified. The lack of WMS was noted frequently. Some participants called for increased funding for WMS to ensure these services are available when people need them.

Consultation participants commented on the need to ensure people with an OST or other prescription are not refused entry into other treatment services. Barriers to participating in OST programs were also noted such as the demand by many methadone clinicians for ongoing urine drug screens. This requirement was seen as stigmatizing and demeaning, and a key reason why people leave treatment. Urine screens can help determine the correct OST dosage initially, but there are successful low-barrier models that do not require urine screens without a medical need or client request. Other barriers to OST were the need for daily pharmacy visits and frequent physician visits for people who are already stable on their medication.

Actions for the City of Toronto:

Toronto Public Health will:

- Explore the feasibility of providing injectable diacetylmorphine (prescription heroin) and/or hydromorphone as opioid substitution treatment options through the Methadone Works program, and according to federal requirements.

Actions for the Province of Ontario:

The Ministry of Health and Long-Term Care should:

- Work with Local Health Integration Networks to increase funding to expand the capacity of the substance use treatment system, and to expand the models of treatment, from harm reduction to abstinence, to ensure people can access appropriate services when they need them.
- Work with the Local Health Integration Networks on improving the integration of substance use treatment services with primary and mental health services, including harm reduction services.
- Work with relevant professional associations, Local Health Integration Networks, hospitals and community health centres to expand the availability of on-demand opioid substitution treatment options, including:
 - Expanding access to Suboxone™ in emergency departments, community health centres, and physician offices.
 - Enabling Nurse Practitioners to prescribe and administer OST.
 - Providing more low-threshold opioid substitution treatment options.
 - Supporting the provision of injectable diacetylmorphine (prescription heroin) and/or hydromorphone, according to best practice, at appropriate health settings.
 - Expanding the provision of comprehensive and integrated supports for people receiving OST, including counselling and access to primary and mental health services.

- Address medical regulatory and practice issues so that opioid substitution treatment is provided on a barrier-free, non-stigmatizing basis.
- Ensure that no one is refused entry into a provincially-funded substance use treatment program because they have an opioid substitution treatment or any other prescription.

Actions for the Government of Canada:

- Facilitate rapid access to injectable diacetylmorphine (prescription heroin) and/or hydromorphone as an opioid substitution treatment option.

7. Pharmaceutical drug access

Governments should identify and prevent potential adverse health consequences such as overdose before changing access to pharmaceutical drugs.

Why do we need this?

Federal and provincial governments have begun restricting access to pharmaceutical opioids. Health Canada's *Action on Opioid Misuse* plan includes prescription monitoring programs and examining pharmacy records, requiring a prescription for low-dose codeine products, and mandatory risk management plans for certain opioids. The *Ontario Opioid Strategy* also includes actions to restrict access to pharmaceutical opioids. For example, high-dose opioids have been delisted from the Ontario Drug Benefit Formulary (except for cancer pain).

The overprescribing of opioids in Ontario is a serious issue and other pain management strategies need to be used, including non-pharmaceutical options, to reduce the risk of people becoming dependent on opioid medications in the first place. The Ministry of Health and Long-Term Care has committed to establishing pain management clinics to support these efforts.

However, regulators need to recognize that restricting access to pharmaceutical drugs has the potential to increase the incidence of overdose for people who are already dependent on these opioids. Open conversations between physicians and patients become difficult due to regulatory pressures and opioid-related stigma. Further, people who need opioids to manage pain or physical dependency must find alternate sources of opioids. As with other commodities, where gaps exist in the legal market, the illegal market will respond to the demand.

This crisis has been caused by short-sighted measures that restricted access to pharmaceutical opioids, leading people...to rely on the black market.

Consultation participant

Many in the community attribute the current overdose crisis to unregulated, illicit fentanyl sold in powder or pills or mixed in with other substances. While there is no way of knowing the number of deaths that have been caused by pharmaceutical drug restrictions, there is evidence that people turn to the illicit market when regulated drugs are no longer available. For example, a U.S. study of prescription opioid users found that following the change of OxyContin™ to a 'tamper-resistant' formulation, 66% switched to another opioid, most frequently heroin.³⁵ Several studies have shown an independent association between non-medical prescription opioid use and heroin initiation.^{7 36 37} People who use pharmaceutical opioids for non-medical reasons are 19 times more likely to start using heroin than people who use pharmaceutical

opioids for medical reasons.³ The increase in heroin use has been associated with changes in the availability of pharmaceutical opioids.^{38 39} Changes in access to pharmaceutical drugs can also mean more overdoses. Evidence from the United States found an increase in deaths caused by heroin in areas that previously had high rates of pharmaceutical opioid (i.e. OxyContin™) use.⁴⁰

Drug markets need regulation. However, it is important for regulators and policy makers to consult with community experts, in particular people who use drugs, for help in designing system changes that do not create unintended consequences such as driving people to the illicit market.

What we heard from the community

The need to consult and put prevention measures in place before changing the availability of high-dose opioids was strongly supported by consultation participants (92% of survey respondents rated this action as having a *very large* or *large* benefit, with 97% supporting consultation with people who use drugs and other stakeholders before taking this action). The most frequent remark from participants was that pharmaceutical drugs are safer than street drugs, and that reduced access and availability will result in more overdoses. The "balloon effect" was mentioned in which squeezing one part of the market results in a worse expansion elsewhere.

Some participants commented that removing high-dose opioids from the Ontario Drug Benefit Formulary effectively created two tiers where low-income people may be driven to street markets while those with economic means would still have access to these drugs. Suggestions were made that pharmaceutical companies should be accountable for harms resulting from their products, and they should fund programs such as overdose prevention and response. Education for prescribers and alternative holistic therapies were also suggested.

Actions for the Province of Ontario:

The Ministry of Health and Long-Term Care should:

- Consult with people who use drugs and other experts before changes are made to the availability of pharmaceutical drugs, such as delisting opioids from provincial drug plans, to ensure new regulations do not force people into illicit markets.
- In consultation with people who use drugs, create protocols for health care providers for prescribing and tapering patients off of opioids that allow for a range of patient needs (e.g. develop individual transition plans).

Actions for the Government of Canada:

Health Canada should:

- Consult with people who use drugs and other experts before changes are made to the availability of pharmaceutical drugs, such as delisting opioids from federal drug plans, to ensure new regulations do not force people into illicit markets.
- Restrict pharmaceutical advertising to health care providers to help reduce overprescribing.
- Require pharmaceutical manufacturers to contribute funding to overdose prevention and response initiatives.

8 Information about overdose incidents

All governments should have “real-time” overdose surveillance and monitoring systems in place.

Why do we need this?

We do not have good data about the overdoses happening in our community or illicit drug use in general. The illegal nature of drug use makes it hard to collect this information. People do not feel safe sharing information about illegal behaviour, and the deep stigma and discrimination associated with drug use mean that people often hide their substance use.

There is limited and inconsistent reporting of overdose incidents in the health care system, and data on drug-related deaths is slow to be released. Information that could be used to prevent future overdoses is therefore limited. Overdose surveillance and monitoring systems help identify trends quickly, including the presence of potentially toxic substances in the drug market, and this information needs to be shared with communities on an urgent basis. This need has been recognized in British Columbia and the capacity of provincial toxicology labs has been increased to test blood samples for opioids and other new substances.⁴¹ Information is needed about the contents of drugs seized by police, number of deaths caused by particular drugs, number of hospital emergency department visits and admissions resulting from particular drugs, and the uptake of naloxone and other harm reduction interventions.

Care should be taken in developing real-time monitoring to ensure confidentiality and human rights are preserved, especially around privacy issues.

Consultation participant

In Ontario, the sole role for the Provincial Overdose Coordinator (the Chief Medical Officer of Health) is to develop a provincial surveillance and monitoring system. This work is underway, but should also be linked into and support local and national overdose surveillance efforts. Ontario hospitals with emergency rooms are now required to report opioid overdose incidents to the Canadian Institute for Health Information within one week of the occurrence. This information should be shared with public health units as soon as possible to inform local surveillance efforts.

In January 2017, TPH convened the Toronto Overdose Early Warning & Alert Partnership with representatives from the Coroner’s Office, the Poison Centre, emergency departments, the Centre for Addiction & Mental Health, Toronto Paramedic and Police Services, harm reduction services, people who use drugs, and others with access to appropriate data. This group is developing an overdose information and reporting system for Toronto that will be used to help inform overdose prevention and response actions.

Evidence-based, systematic alerts are also needed for people using drugs and agency staff working with them. Toronto Public Health issues alerts to the community about key drug supply issues that come to our attention (e.g. contaminated heroin found in the local drug supply), and the Toronto Police Service occasionally issues alerts. However, more action is needed to coordinate the issuing of alerts, and to ensure information is provided in a way that is useful in the community.

What we heard from the community

Consultation participants supported the need for governments to develop real-time overdose surveillance and monitoring systems (83-85% of survey respondents rated this action as having a *very large* or *large* benefit). The lack of good quality and timely data was highlighted, as was the need to share that information with the community. Participants wanted information about what is being found in the drug supply in Toronto as well as data about overdoses. Some concerns were raised about the language of "surveillance," which has negative associations for people who are criminalized for the use of illicit drugs.

Participants also highlighted concerns about the confidentiality of information collected about people experiencing overdose, and the need for anonymity. Participants wanted assurances that government would also act on the information that was collected. There were a range of suggestions for how information about overdoses (non-fatal and fatal) could be reported and shared, including websites and mobile applications.

Among survey respondents, 94% rated issuing alerts about contaminated or toxic drugs as having a *very large* or *large* benefit. Participants commented on the need for meaningful and specific alerts that are not "alarmist."

Actions for the City of Toronto:

Toronto Public Health will:

- Provide leadership to the Toronto Overdose Early Warning and Alert Partnership to develop an overdose information and reporting system.
- Dedicate epidemiology resource to develop and maintain appropriate public health surveillance mechanisms that will support the work of the Toronto Overdose Early Warning and Alert Partnership.
- Provide clear and practical messages and alerts about toxins or contaminants found in the illicit drug supply for people who use drugs and the agencies working with them.

Actions for the Province of Ontario:

- The Chief Medical Officer of Health should expedite development of the provincial overdose surveillance and monitoring system, and align it with national and municipal efforts.
- Resource and mandate institutions with key roles in generating data related to overdose to compile and share data in a timely manner, as close to 'real time' as possible, including:
 - The Office of the Chief Coroner for Ontario and the Centre of Forensic Sciences should be resourced to report quickly on the early results of toxicology tests.
 - Hospital emergency departments should be required to record data in a consistent and accurate way to provide systematic reporting on overdose incidents.
- The Ministry of Health and Long-Term Care should share weekly hospital overdose data reported to the Canadian Institute for Health Information with public health units as soon as possible to inform local surveillance efforts.

Actions for the Government of Canada:

The Public Health Agency of Canada should:

- Create a national overdose surveillance and monitoring system, in conjunction with the Canadian Institute for Health Information, Drug Analysis Service laboratories, the Canadian Association of Poison Control Centres, and provincial and local health authorities, to ensure monitoring and sharing of information related to overdose.

Health Canada should:

- Mandate and fund institutions with data related to substance use and overdose to compile and share data in a timely manner, ideally on a real-time basis. For example, Health Canada Drug Analysis Service laboratories should conduct and report out on drug analysis tests for the community as well as for police.

9. Social factors

All governments should address systemic social factors that can lead to overdose and other health harms related to substance use.

Why do we need this?

There is no question that we have an urgent health crisis and need to do more to respond to overdoses and save lives, but we also need to focus efforts on preventing overdoses from happening in the first place. The reasons that people use drugs are complex and often linked to a history of trauma and abuse. However, there are other important social factors that contribute to health harms such as overdose, including poverty and a lack of stable, quality housing. The stigma and discrimination associated with substance use is also a key factor, and is discussed in the next section of this report.

Housing is an important determinant of health, and affects physical health, mental health and well-being.⁴¹ Many people with substance use issues are vulnerable to poverty and housing instability.⁴¹ ⁴² People who use drugs often face barriers in finding and maintaining housing. These barriers include a lack of harm reduction and supportive housing options, stigma and discrimination by housing providers and landlords, and eviction from housing because of behaviours related to substance use.⁴²

The expansion of affordable and supportive housing is very important. The state of housing right now is terrible and affects individuals in many aspects of their lives.

Consultation participant

The Province of Ontario and the City of Toronto are implementing poverty reduction strategies, and the Government of Canada has taken initial steps to develop a Canadian Poverty Reduction Strategy and National Housing Strategy. These actions are urgently needed to improve the quality of life and health outcomes for people struggling on low incomes. In particular, there is a need to increase social assistance rates to levels that enable people to access stable housing and other basic needs, and to move forward with initiatives such as Basic Income, which must be sufficiently adequate to enable individuals and families to meet basic needs. Support for working people living in poverty is also needed, including increasing the minimum wage and access to meaningful, well-paid employment.

The City of Toronto is working to reduce homelessness, maintain existing (and develop new) social and affordable housing options, and advocating to the provincial and federal government to partner on these efforts. The Federation of Canadian Municipalities Big City Mayor's Caucus has created a national task force to advocate for more federal action on the opioid overdose crisis, which includes the need for federal investments in housing.

What we heard from the community

The need for decent incomes, affordable/quality housing, affordable/nutritious food, affordable child care, and other social determinants of health was strongly supported in the community consultation. Many people remarked that unless these factors are addressed, Toronto will continue to see people overdosing in the community. Among survey respondents, 95% and 97% (respectively) rated housing and poverty reduction actions as having a *very large* or *large* benefit.

Participants highlighted the need for a range of housing options, including harm reduction, transitional and supportive housing. The need for eviction prevention measures was also stressed to ensure people do not lose their housing because of substance use. The need for specific poverty reduction measures was also emphasized, including ensuring a basic income for people, and increasing social assistance benefits and employment opportunities.

Actions for all governments:

- Maintain existing (and expand the supply of) affordable and supportive housing, including harm reduction housing, and ensure that people are not evicted from their housing because of substance use.
- Expedite the implementation of poverty reduction measures, including implementing a basic income for all low-income persons, regardless of employment status, and increasing social assistance benefits and employment opportunities.

10. A public health approach to drug policy

It is time for a community dialogue on what a public health approach to drug policy in Canada would look like.

Why do we need this?

The overdose crisis has many in Canada calling for a fundamental shift in our drug policy. Our current approach has not reduced either the demand or the supply of drugs. Many are calling for a public health approach to drug policy. Some countries have already shifted their approach. In 2001, Portugal decriminalized the possession of all drugs for personal use (in certain amounts). At the same time the government increased investments in health services such as harm reduction and treatment services. Enforcement continues to be a component of Portugal's drug strategy with efforts directed to high-level drug trafficking rather than targeting people who use drugs.⁴³

In Portugal, if police find an individual with up to 10 days' worth of drugs for personal use, they refer them to a "dissuasion commission," which is a health-focused panel that gauges an individual's interest in treatment.⁴⁴ The panel can also issue sanctions. Individuals found with more than 10 days' supply of drugs are referred to a criminal court where criminal charges can

be laid.⁴⁴ In some countries, like Spain, the personal possession of drugs has never been criminalized.⁴⁴

Following decriminalization in Portugal, research found a decrease in HIV infection rates⁴⁷ and drug-related deaths.⁴⁵ Studies also suggest a steady decline in the number of "problematic" drug users,⁴⁶ and a 40% decrease in the number of people who inject drugs.⁴⁷

In Canada, the federal government is taking steps to change our drug policy with a commitment to legalize and regulate cannabis. A key reason for this action was a recognition that the harms of criminalizing cannabis far outweighed the benefits.⁴⁸ The harms associated with the criminalization of drugs are well documented, and include high rates of incarceration for non-violent drug offences and the associated consequences, stigma and discrimination, and barriers to service provision.⁵⁶ People are denied or are afraid to use the services and supports they need. People are evicted from their housing and have their children taken away. They are also forced into unsafe spaces and behaviours, which can lead to overdose and blood-borne infections like HIV and hepatitis.⁴⁹

Over the past decade, my country, Portugal, has implemented innovative policies that are people-centered, focused on health and aimed at keeping people alive while respecting human rights.

Jorge Sampaio, former President of Portugal, and member of the Global Commission on Drug Policy

The lack of support and compassion for people is perhaps the greatest harm of our current approach to drugs. People face profound stigma and discrimination, from society as a whole and from family and friends. This stigma is entrenched in our culture. There is no other group of people who are treated so poorly because of a health issue.⁵⁰ Stigma and discrimination are further compounded for groups such as pregnant and parenting women, people who are poor, and people who are impacted by colonialism and racism. Stigma is not a deterrent to drug use, it simply pushes people farther into isolation, marginalization and further harm.^{51 52}

International leaders, health organizations and others have been calling for a public health approach to drug policy for some time. In 2010, Toronto City Council became the first municipality in the world to sign the Vienna Declaration, which calls for a "*full policy reorientation*" in our approach to drugs. The Declaration calls on all governments to "*implement and evaluate a science-based public health approach to address the individual and community harms stemming from illicit drug use (and to)... decriminalise drug users...*"⁵³ The Global Commission on Drug Policy, comprised of international political and business leaders, has been calling for the decriminalization of drugs since 2011.⁵⁴

The World Health Organization recommends "*countries should work toward developing policies and laws that decriminalize injection and other use of drugs, and thereby reduce incarceration.*"⁵⁵ The Canadian Public Health Association has called on the federal government to "*plan for and implement public health-oriented legislative approaches for illegal psychoactive substances.*"⁵⁶ The Health Officers Council of British Columbia has proposed a public health approach for psychoactive substances with a comprehensive framework "*to ensure that all steps in the supply and demand chain are under careful societal control.*"⁵⁷

The time has come, in Toronto, for a community dialogue about what a public health approach to drug policy in Canada would look like. We need to include a broad range of stakeholders and drug policy experts, including people with lived experience, in a conversation that is informed by evidence and lessons learned from other countries like Portugal, which are taking a different approach.

Further, until such time as our drug laws are changed, more must be done for people who come into conflict with the law because of their substance use. People need support not punishment. We need options for people that divert them away from the criminal justice system. These should include options where police refer people to appropriate health or social services instead of arresting them. Alternative models such as restorative justice and other community and court diversion programs should be provided.

What we heard from the community

A strong theme raised in the consultations was that drug use needs to be treated as a health issue, not as a criminal issue. Many commented that the decriminalization or legalization and regulation of drugs that are currently illegal would save lives. Looking to alternative approaches used in countries such as Portugal was frequently raised. Respondents noted that unregulated drugs in the illicit drug market are always of unknown content and potency, and this is causing overdoses and other harms. Unregulated drugs may also contain dangerous adulterants, such as non-pharmaceutical fentanyl, which are being cut into heroin and other drugs or sold as pharmaceutical pills.

Efforts to address stigma against people who use drugs will likely prove limited in the context of criminalization.

Consultation participant

Participants commented that the criminal status of some drugs is the major cause of stigma related to drug use. Many said that this stigma is pervasive and is directly contributing to overdose incidents and deaths. Addressing stigma and discrimination experienced by people who use drugs was strongly supported, and considered by 92% of survey respondents as having a *very large* or *large* benefit. The shame and stigma attached to drug use mean that people are more likely to take risks, to use secretly, and to buy from unregulated street drug markets.

There were a variety of suggestions of what to do to combat stigma, largely related to decriminalizing or legalizing drugs. Some suggested that more education and training about substance use and harm reduction are needed for health care providers, first responders and others. Participants believed that this type of training would help to reduce stigma and discrimination. A common theme was the need to ensure people with lived experience were included in both the planning and implementation of anti-stigma initiatives.

Actions for the City of Toronto:

Toronto Public Health will:

- Undertake a community dialogue in Toronto on what a public health approach to drug policy should look like for Canada.

Actions for the Government of Canada:

- Develop and implement evidence-based strategies to address stigma and discrimination against people who use drugs, in consultation with people with lived experience.
- Implement a range of options for people who come into conflict with the law because of substance use with a main goal of avoiding arrest and prosecution. Options should include restorative justice and community and court-based alternative diversion programs.

Conclusion

Urgent action is needed to address the overdose crisis in Toronto and elsewhere in Canada. The impacts of fatal and non-fatal overdoses are devastating for individuals, families and communities. The *Toronto Overdose Action Plan* provides a comprehensive set of actions to both prevent and respond to drug overdoses occurring in our community. This Action Plan represents a commitment from Toronto Public Health to work with our City and community partners as well as other governments to take action on this important public health issue.

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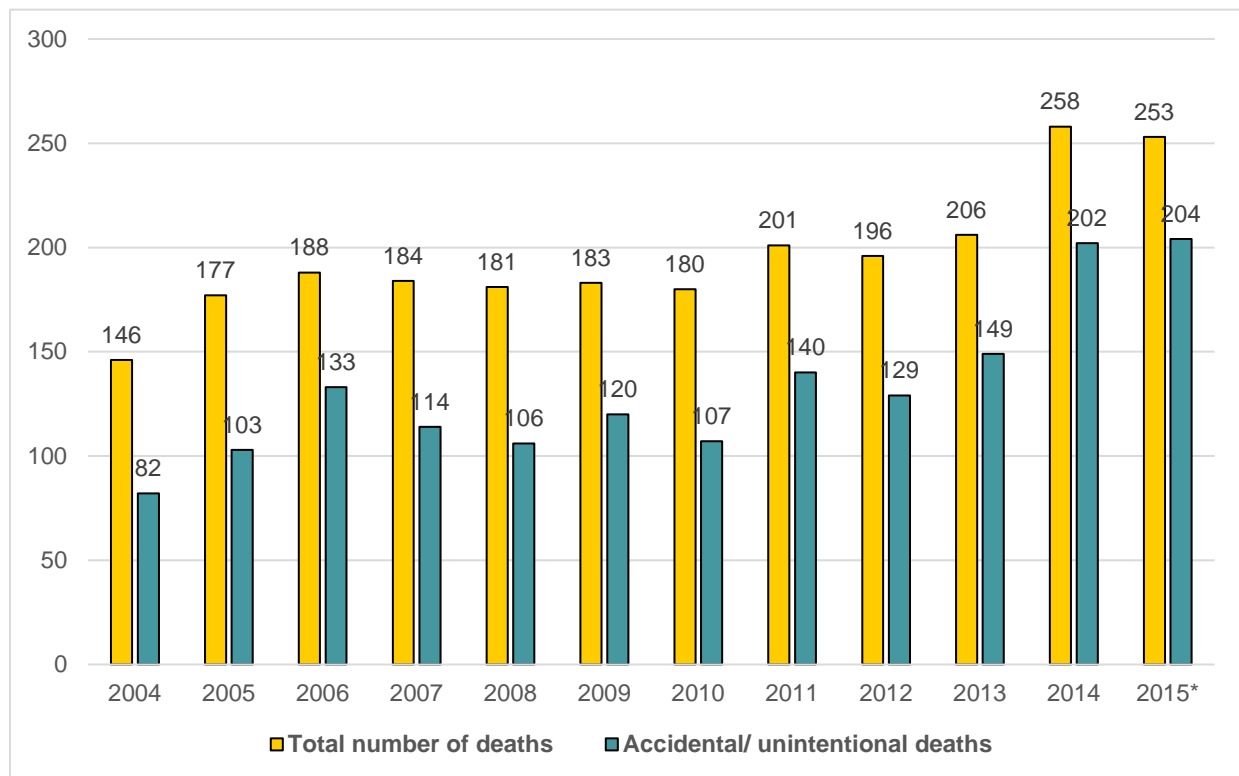
Appendix A: Drug overdose in Toronto

Deaths in Toronto caused by alcohol and other drugs

As shown in Chart 1, (preliminary) data provided by the Office of the Chief Coroner for Ontario shows that 253 deaths were caused directly by alcohol and/or other drugs in 2015. Between 2004 and 2015 there was a 73% increase in the overall number of drug toxicity (overdose) deaths. These data are for all manners of death, including accidental deaths, suicide, and deaths for which the manner of deaths could not be determined.

In (preliminary) data for 2015, 81% of all deaths caused by drug toxicity were accidental. There was a 149% increase in these deaths between 2004 and 2015 (from 82 accidental deaths to 204).

Chart 1: Deaths in Toronto caused by alcohol and/or other drug toxicity, 2004-2015*



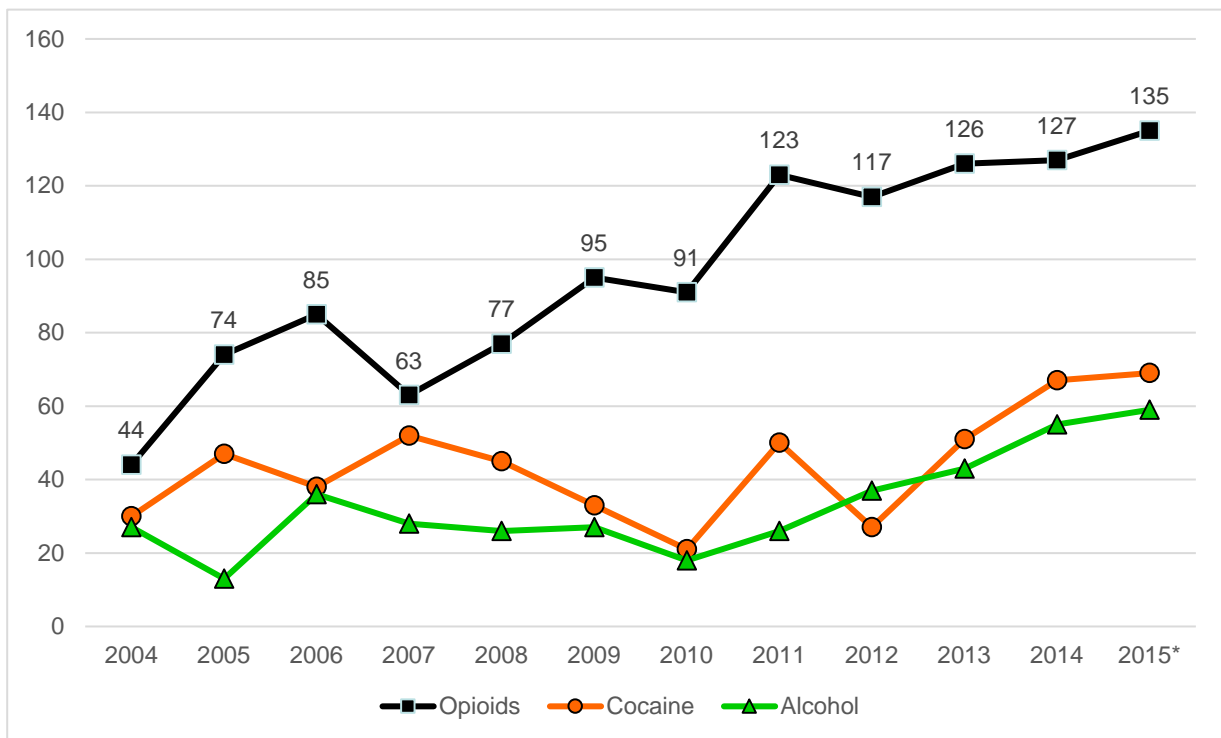
Source: Office of the Chief Coroner for Ontario, compiled and analyzed by Toronto Public Health.

*Data for 2015 are preliminary only, and may be subject to change.

Accidental deaths in Toronto by type of drug

As shown in Chart 2, among accidental deaths, the drugs most frequently noted as lethal are opioids, including heroin/morphine, fentanyl, hydromorphone, codeine, methadone and oxycodone. Cocaine and alcohol are also a frequent cause of accidental deaths. It is important to note that drugs acting in toxic combinations of two or more drugs likely caused about half of these deaths, so these numbers are not unique. For example, a death may have been caused by both heroin and alcohol acting together, so would show in both counts in Chart 2.

Chart 2: Accidental deaths in Toronto caused by most frequently lethal drug types, either alone or in toxic combinations with other drugs, 2004-2015*



As more than one drug type may be implicated in a death, these are not unique numbers.

Source: Office of the Chief Coroner for Ontario, compiled and analyzed by Toronto Public Health.

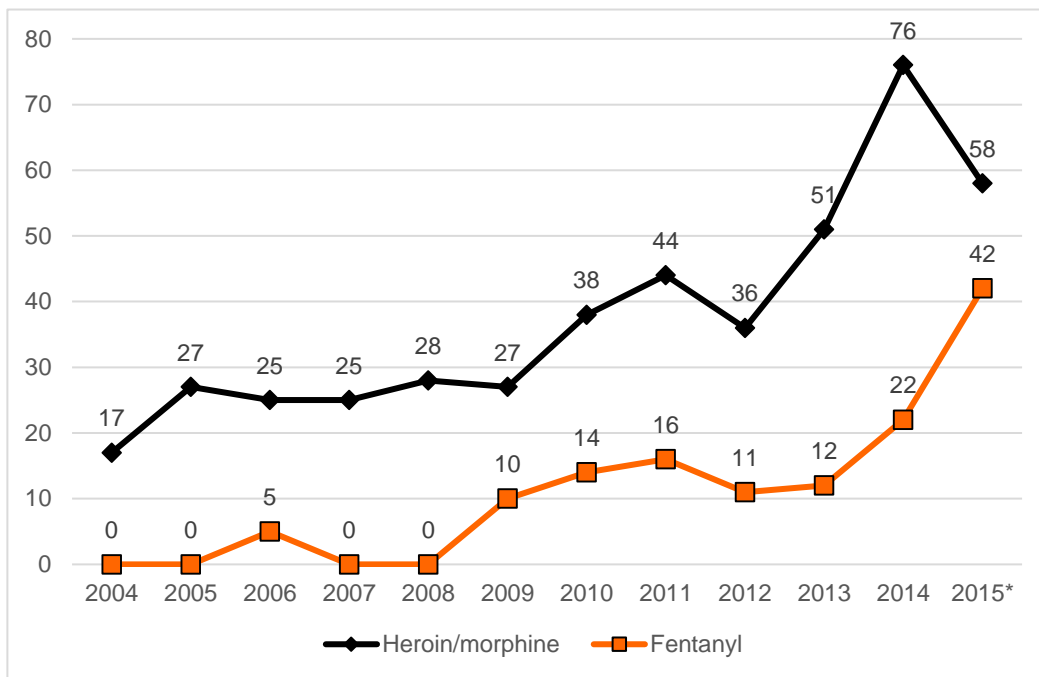
*Data for 2015 are preliminary only, and may be subject to change.

Deaths in Toronto caused by alcohol and other drugs

As shown in Chart 3, among accidental deaths caused by opioids, heroin/morphine and fentanyl were the most frequent drugs causing death. Data for heroin and morphine are combined in the chart, as in the body, heroin metabolizes very quickly to become morphine. Among 'morphine' deaths it is likely that some were caused by heroin. In preliminary data for 2015, the number of accidental deaths caused by heroin/morphine decreased by 24%, and the number of deaths caused by fentanyl nearly doubled, as shown in Chart 3.

In the Coroner's data, the type of fentanyl (non-pharmaceutical/street vs. pharmaceutical) is not specified. As noted above, a death may be caused by more than one drug acting together, so these numbers reported in Chart 2 are not necessarily unique.

Chart 3: Accidental deaths in Toronto caused by heroin or morphine (may include heroin), with accidental deaths caused by fentanyl, either alone or in toxic combinations with other drugs, 2004-2015*



Note: Where the number shows as 0, it is actually less than 5. Data is reported this way for consistency with other reports using Coroner's data.

As more than one drug type may be implicated in a death, these are not unique numbers.

Source: Office of the Chief Coroner for Ontario, compiled and analyzed by Toronto Public Health.

*Data for 2015 are preliminary only, and may be subject to change.

Appendix B: Community Consultation Summary

Toronto Public Health worked with the Toronto Drug Strategy Implementation Panel and its Overdose Coordinating Committee (OCC) to prepare a draft Toronto Overdose Action Plan based on international research and best practices.

The OCC also developed a community consultation plan to gather input on the draft Action Plan as well as ideas for additional actions. Open-invitation consultation sessions were held in Downtown Toronto, North York, Etobicoke and Scarborough in January and February 2017. In total, 160 people participated in these sessions.

Toronto Public Health also hosted an online survey, which was promoted broadly throughout the community. Paper copies of the survey were available at all community sessions. A total of 295 surveys were completed.

A wide variety of stakeholders participated in the consultations, including people who use drugs, their friends and family members, and community service providers from many sectors.

The main themes that emerged from consultation sessions and surveys are summarized below:

- **This is an urgent issue and action is needed now**

Many participants commented that governments need to act urgently to address the overdose crisis and/or that government action plans should have been developed long ago. The draft Action Plan proposed that all levels of governments should have coordinated overdose plans in place in six months, and many people remarked that this time period was far too long. Participants said that no further evidence about the overdose crisis is needed, and the time for action is now. The need for urgent action was the main comment about the recommendations for supervised injection services and overdose prevention services. Many people remarked that these services need dedicated funding to open immediately, and that there is no time to wait for government approvals.

Many participants commented on the need to ensure people with an opioid substitution treatment (OST) prescription are not refused entry into other treatment services. They also noted that other prescribed medications, such as benzodiazepines, can also be a reason for denial of treatment. Another barrier noted was the demand by many methadone clinicians for ongoing urine drug screens as part of OST. This requirement was seen as stigmatizing and demeaning, and a key reason why people leave treatment. One person stated that his urine screens were video recorded. While urine screens may be helpful initially to help determine the correct OST dosage, there are successful low-barrier models that do not require urine screens. Other barriers to OST mentioned by consultation participants were daily pharmacy visits and frequent physician visits for people who are already stable on their medication.

- **The meaningful involvement of people with lived experience in policy, planning and programming is necessary**

A common theme was the need to recognize the important role that people who use drugs have in reaching others who are at risk of overdose, including outreach, and education and training on measures such as administering naloxone. Some of the larger harm reduction services do employ people who use drugs, but it is often on a part-time basis and wages tend to be low. Some participants felt that people with lived experience could make a substantial impact on the overdose crisis if they could play a stronger role. Suggestions for roles included more outreach, working in supervised injection services, working in hospital emergency departments, and other service settings. The need for full-time, adequate wages was highlighted.

Participants also commented that governments and others that are planning services and other responses to the overdose crisis should consult and collaborate with people who use drugs. The perspectives of people with lived experience are unique, and their input is vital in developing strategies that will reach people who are most at risk.

- **Naloxone needs to be more widely available**

The availability of naloxone was identified as a critical issue by consultation participants, with suggestions about how to make this life-saving first aid drug more widely available. There was broad agreement that naloxone needs to be available onsite at services used by the public, from libraries to colleges, and even fast food restaurants. Some participants said that all harm reduction programs should be naloxone distribution points. Hospitals were also seen as places where people should be given naloxone, in particular when someone is being discharged following an overdose.

Participants focused on housing programs as a key location where naloxone should be available, for example, in Toronto Community Housing Corporation buildings. Some participants suggested that naloxone should be available to prisoners while they are in custody as well as upon release as drug use happens in prisons. Some participants commented on the pharmacy naloxone program, and said that people should not have to show a health card to receive a naloxone kit. People fear that having naloxone on their health record could have consequences because of the stigma of opioid use.

- **More funding is needed for harm reduction and treatment services**

A common theme that emerged in the consultation was the lack of funding for community agencies that serve people who use drugs. Many stressed that more funding is needed to broaden the reach of harm reduction programs, which are struggling to meet the growing demand for their services in the midst of the overdose crisis. The need for more harm reduction outreach workers was one area that was highlighted.

Participants also commented on the need for more funding for treatment services. The lack of capacity to respond to the demand for treatment was perceived to be related to funding and limited service options, particularly for withdrawal management ('detox') services.

- **More treatment services are needed**

A lack of access to treatment services of all kinds was a common theme. Further, participants highlighted the need for treatment services to be low-barrier, available quickly, and to be more flexible and comprehensive in nature. Some participants commented on the need for a wider range of approaches, from harm reduction to abstinence-based, depending on individual need. The need for more 'aftercare' supports once people have completed treatment was also identified. Some remarked that private treatment services (not covered by OHIP) should have more regulation and accountability, and that they should all be required to provide public beds funded by OHIP.

Consultation participants frequently remarked on the lack of withdrawal management services (WMS) or 'detox' services, and that these relatively low-barrier services need to be available on-demand. Some participants suggested that the supervised injection services for Toronto should be linked to WMS to ensure people have access when they want it. References were made to InSite in Vancouver, which operates a WMS in the same facility as the supervised injection service. Some participants stressed an urgent need for increased funding for WMS in Toronto, in part to accommodate people using supervised injection services who want these services.

- **Police should generally not attend 911 overdose calls**

Many participants noted that because overdose is a health issue police should not be attending 911 emergency calls. Some participants acknowledged that there will be occasions when police are needed, but police should not request names or personal information from witnesses present at the scene. Police recording names and running them through a database was viewed as a key reason that witnesses do not call for help at overdose scenes. Another perspective was that police and fire services should carry naloxone if they are attending an overdose as they may arrive before paramedics and could save a life.

- **Addressing social determinants of health is key**

A strong theme that emerged throughout the consultations was the need for decent incomes, affordable/quality housing, affordable/nutritious food, child care, and other social determinants of good health. Many remarked that unless these factors are addressed, Toronto will continue to see people overdose. Participants highlighted the need for a range of housing options, including harm reduction, transitional, and supportive housing. The need for eviction prevention measures was also noted to ensure people do not lose their housing because of substance use. Specific poverty reduction measures were suggested, including ensuring a basic income for people and increasing social assistance benefits and employment opportunities.

- **Stigma is contributing to overdose**

Participants commented that the illegal status of some drugs is the major cause of stigma as people are viewed as criminals. Many comments were made that this stigma is pervasive and contributes directly to overdose incidents and deaths. The shame and stigma attached to drug use means that people are more likely to take risks, to use secretly, and to buy from unregulated street drug markets. There were a variety of suggestions of what to do to combat stigma, largely to do with decriminalizing or legalizing drugs. Several people also suggested that more education and training about substance use and harm reduction is needed for health care providers

(including pharmacy staff), first responders and others. Participants believed that this type of training would help to reduce stigma and discrimination.

- **The legal status of drugs has a significant role in overdose**

A strong theme raised by consultation participants was that drug use needs to be treated as a health issue rather than as a criminal justice issue. There were many comments that the decriminalization or legalization and regulation of drugs that are currently illegal would save lives. They noted that unregulated drugs in the illicit market, in contrast to pharmaceutical drugs, are always of unknown content and potency, and this is causing overdoses and other harms. Unregulated drugs may also contain dangerous adulterants, such as non-pharmaceutical fentanyl, which are cut into heroin and other drugs or sold as fake pharmaceutical pills.⁹ Some participants also suggested that pharmaceutically produced drugs (e.g. prescription heroin) should be available on a maintenance basis so that people do not overdose on unregulated street drugs. Other impacts of criminalization raised include the fact that people who use drugs take precautionary measures to avoid potential exposure and arrest, often leading to overdose.⁵² For example, people may use drugs alone, behind closed doors or in a hurry to avoid detection.

Additional survey results

A total of 295 people completed the surveys either online or through paper copies provided at the consultation sessions.

Survey respondents indicated their interest in overdose issues, as follows:

Survey respondent interest in overdose	%
Experienced an overdose or have been at risk themselves	12%
Family and/or friends experienced an overdose or are/were at risk	17%
Colleagues or service users experienced an overdose or are/were at risk	44%
Belief that this is an important community issue	22%
Stated a specific reason (various, including personal drug use)	5%
Total:	100%

Survey respondents were also asked to rate the level of benefit for actions proposed in the draft Toronto Overdose Action Plan, as follows:

1. All governments should develop and implement a comprehensive, evidence-based overdose prevention and response plan. The plan should address overdoses resulting from all drugs with a primary focus on opioids (non-pharmaceutical and pharmaceutical).

Actions for the City of Toronto	Very large benefit	Large benefit	Moderate benefit	No to little benefit	Total Responses	
	%	%	%	%	%	N
Once the final Toronto Overdose Action Plan is approved, work with multi-sector partners, people who use drugs and their family/friends, to implement it.	77%	16%	5%	1%	100%	276
Work with an Indigenous facilitator on a dedicated process to engage the Indigenous community in identifying overdose prevention and response strategies, in accordance with the operating principles of the Toronto Indigenous Health Strategy created by the Toronto Indigenous Health Advisory Circle.	75%	19%	5%	1%	100%	274
Actions for the Province of Ontario and the Government of Canada	Very large benefit	Large benefit	Moderate benefit	No to little benefit	Total Responses	
	%	%	%	%	%	N
Develop an overdose strategy within six months, in consultation with municipalities, health and community services, people who use drugs and their family/friends.	69%	22%	7%	2%	100%	276
Dedicate resources to support and coordinate implementation of the plan.	79%	16%	4%	1%	100%	276
Work with an Indigenous facilitator on a dedicated process to engage the Indigenous community in identifying overdose prevention and response strategies.	74%	19%	4%	2%	100%	274

2. Organizations serving people at risk of overdose should have an overdose prevention and response plan as part of their emergency first aid protocols, including a naloxone component.

Actions for the City of Toronto	Very large benefit	Large benefit	Moderate benefit	No to little benefit	Total Responses	
	%	%	%	%	%	N
Develop overdose policies/protocols at City programs that serve people at risk of overdose.	79%	14%	6%	1%	100%	247
Expand overdose prevention and response training for City and community services and people who use drugs.	84%	12%	2%	2%	100%	247
Expand distribution of naloxone to people who use drugs and their family/friends.	84%	9%	5%	2%	100%	244
Develop public education resources about overdose prevention, and stigma and discrimination related to substance use.	71%	19%	8%	3%	100%	246
Develop an overdose prevention and response resource for businesses that serve people at risk of overdose (e.g., bars and clubs).	69%	22%	7%	2%	99%	245
Actions for the Province of Ontario	Very large benefit	Large benefit	Moderate benefit	No to little benefit	Total Responses	
	%	%	%	%	%	N
Ensure health and social services have overdose policies/protocols in place, in particular treatment programs.	72%	20%	6%	2%	100%	245
Fast-track provision of free naloxone to community services that serve people at risk of overdose, including agencies already distributing harm reduction supplies.	85%	12%	2%	1%	100%	243
Fast-track availability of the nasal formulation of naloxone.	80%	14%	5%	1%	100%	241
Ensure naloxone kits are given to people with a history of opioid use when leaving hospitals, treatment services, and prison.	80%	14%	4%	3%	100%	240
Ensure naloxone is available on all prison ranges for staff use.	81%	13%	2%	3%	100%	241
Ensure overdose education and naloxone is provided to opioid substitution treatment clients.	83%	14%	2%	2%	100%	236

3. Substance use treatment should be available when people need it with options to suit individual needs. In particular, opioid substitution treatment (OST), including low-threshold programs, should be available.

Actions for the City of Toronto	Very large benefit	Large benefit	Moderate benefit	No to little benefit	Total Responses	
	%	%	%	%	%	N
Explore the feasibility of providing injectable diacetylmorphine (pharmaceutical heroin) and/or hydromorphone as OST.	58%	26%	12%	4%	100%	231
Actions for the Province of Ontario	Very large benefit	Large benefit	Moderate benefit	No to little benefit	Total Responses	
	%	%	%	%	%	N
Expand the capacity and models of substance use treatment programs so the right help is there when people need it.	76%	19%	3%	2%	100%	234
Expand opioid substitution treatment (OST) options by providing access to Suboxone in emergency departments, community health centres, physician offices, etc.	71%	19%	6%	3%	100%	231
Expand OST options by providing comprehensive and integrated supports such as counselling, and access to medical care and mental health services.	79%	16%	3%	1%	100%	229
Expand OST options by supporting provision of injectable diacetylmorphine (pharmaceutical heroin) and/or hydromorphone in health clinics.	69%	20%	8%	3%	100%	229
Expand OST options by ensuring that OST is provided in a barrier-free, non-stigmatizing way.	79%	14%	4%	3%	100%	227
Expand OST options by ensuring that no one is refused entry into a substance use treatment program because they have an OST prescription.	79%	15%	5%	1%	100%	231
Actions for the Government of Canada	Very large benefit	Large benefit	Moderate benefit	No to little benefit	Total Responses	
	%	%	%	%	%	N
Fast-track access to injectable diacetylmorphine (pharmaceutical heroin) and/or hydromorphone as OST.	68%	20%	8%	4%	99%	225

4. Supervised injection services (SIS) should be available with medical intervention in case of overdose, and links to treatment and other supports and services.

Actions for the City of Toronto	Very large benefit	Large benefit	Moderate benefit	No to little benefit	Total Responses	
	%	%	%	%	%	N
Open the planned supervised injection service as soon as possible.	84%	11%	3%	2%	100%	229
Actions for the Province of Ontario	Very large benefit	Large benefit	Moderate benefit	No to little benefit	Total Responses	
	%	%	%	%	%	N
Confirm adequate funding for the three planned supervised injection services in Toronto, as soon as possible.	85%	9%	3%	3%	101%	229
Actions for the Government of Canada	Very large benefit	Large benefit	Moderate benefit	No to little benefit	Total Responses	
	%	%	%	%	%	N
Fast-track approval of the three planned supervised injection services in Toronto.	83%	10%	4%	3%	100%	228
Support urgent measures such as overdose prevention sites, similar to those in B.C.	83%	13%	2%	2%	101%	223

5. Drug checking/testing programs should be available to allow people to test illicit drugs for the presence of toxic contaminants, adulterants or unexpected drugs (e.g., bootleg fentanyl).

Actions for the City of Toronto	Very large benefit	Large benefit	Moderate benefit	No to little benefit	Total Responses	
	%	%	%	%	%	N
Continue to work with the community to implement drug checking programs at harm reduction services and music event settings.	69%	20%	6%	4%	99%	229
Actions for the Province of Ontario	Very large benefit	Large benefit	Moderate benefit	No to little benefit	Total Responses	
	%	%	%	%	%	N
Fund and support community drug checking programs.	69%	19%	7%	4%	99%	227

Actions for the Government of Canada	Very large benefit	Large benefit	Moderate benefit	No to little benefit	Total Responses	
	%	%	%	%	%	N
Facilitate approval of Controlled Drugs and Substances Act Section 56 exemptions that are needed to operate drug checking programs.	75%	16%	4%	4%	99%	227
Clarify legal requirements for reagent testing programs in community settings.	73%	19%	5%	4%	101%	220

6. Barriers to calling 911 for medical assistance during an overdose must be eliminated.

Actions for the City of Toronto	Very large benefit	Large benefit	Moderate benefit	No to little benefit	Total Responses	
	%	%	%	%	%	N
Revise policies so police do not attend overdose events without a clear need identified (e.g. safety issue).	74%	15%	6%	5%	100%	226
Actions for the Government of Canada	Very large benefit	Large benefit	Moderate benefit	No to little benefit	Total Responses	
	%	%	%	%	%	N
Fast-track passage of the Good Samaritan bill, which protects people from arrest for drug possession at the scene of an overdose.	83%	9%	5%	3%	99%	231

7. All governments should have “real-time” overdose surveillance and monitoring systems in place.

Actions for the City of Toronto	Very large benefit	Large benefit	Moderate benefit	No to little benefit	Total Responses	
	%	%	%	%	%	N
Develop an overdose surveillance/monitoring system for Toronto as soon as possible.	62%	22%	13%	3%	99%	221
Provide clear messages/alerts about toxins or contaminants found in illicit drugs to people who use drugs and community services.	76%	18%	4%	2%	100%	222

Actions for the Province of Ontario and the Government of Canada	Very large benefit	Large benefit	Moderate benefit	No to little benefit	Total Responses	
	%	%	%	%	%	N
Develop an overdose surveillance/monitoring system as soon as possible.	63%	22%	13%	2%	100%	224
Require institutions with data about overdose to compile/share that information in a timely manner, as close to 'real time' as possible.	68%	20%	10%	1%	99%	222
Require health service providers to report fatal and non-fatal overdoses to public health.	70%	19%	8%	2%	99%	221

8. Governments should identify and address potential adverse health consequences such as overdose before changing access to prescription drugs.

Actions for the Province of Ontario and the Government of Canada	Very large benefit	Large benefit	Moderate benefit	No to little benefit	Total Responses	
	%	%	%	%	%	N
Put prevention measures in place before making changes to the availability of prescription opioids to ensure people are not forced into the illicit drug market to use more dangerous opioids.	73%	19%	5%	3%	100%	223
Consult with people who use drugs and other community stakeholders on these prevention measures.	80%	17%	3%	1%	100%	225
Create protocols for health care providers for prescribing and tapering patients off of opioids.	68%	22%	8%	3%	100%	222
Consider restricting pharmaceutical advertising of opioids to health care providers.	62%	17%	11%	9%	100%	221

9. All governments should address social factors that can lead to overdose and other health harms related to substance use.

Actions for all governments	Very large benefit	Large benefit	Moderate benefit	No to little benefit	Total Responses	
	%	%	%	%	%	N
Expand affordable and supportive housing, including harm reduction housing.	87%	8%	2%	2%	100%	218
Implement poverty reduction measures.	89%	8%	1%	2%	100%	220
Address stigma and discrimination against people who use drugs.	81%	11%	3%	5%	100%	220
Implement diversion options for people who come into conflict with the law because of substance use.	82%	12%	3%	3%	100%	217

Appendix C: Summary of Recommendations

1. Comprehensive overdose plans

All governments should develop and implement a comprehensive, evidence-based overdose prevention and response plan. The plan should address overdoses resulting from all drugs with an initial focus on opioids (non-pharmaceutical and pharmaceutical).

Actions for the City of Toronto:

Toronto Public Health will:

- Coordinate implementation of the Toronto Overdose Action Plan through the Toronto Drug Strategy Secretariat.
- Work with the Toronto Drug Strategy Implementation Panel and multi-sector partners, including people using drugs and their family/friends, to implement the Toronto Overdose Action Plan.
- Work with an Indigenous facilitator to develop and undertake a dedicated process to engage Indigenous communities in identifying overdose prevention and response strategies specific to Indigenous communities, in accordance with the operating principles of the Toronto Indigenous Health Strategy created by the Toronto Indigenous Health Advisory Circle.

Actions for the Province of Ontario:

The Ontario Ministry of Health and Long-Term Care should:

- Develop a provincial overdose strategy urgently, in consultation with multi-sector provincial, municipal, public health, and community stakeholders, and people who use drugs and their family/friends.
- Dedicate a coordinator and funding to support implementation of the provincial overdose strategy across ministries, municipalities, and sectors (e.g. hospitals, prisons), and to align it with implementation of the *Ontario Opioid Strategy*.
- Work with an Indigenous facilitator to develop and undertake a dedicated process to engage Indigenous communities to identify overdose prevention and response strategies specific to Indigenous communities across Ontario.

Actions for the Government of Canada:

Health Canada should:

- Develop a federal overdose strategy urgently, in consultation with multi-sector provincial, territorial, municipal, public health and community stakeholders, and people who use drugs and their family/friends.
- Dedicate a coordinator and funding to support implementation of the federal overdose strategy across ministries and sectors, and to align with the *Action on Opioid Misuse Plan* and provincial and territorial plans.
- Work with an Indigenous facilitator to develop and undertake a dedicated process to engage Indigenous communities to identify overdose prevention and response strategies specific to Indigenous communities across Canada.

2. Overdose protocols and naloxone

Services in the community should have an overdose prevention and response plan as part of their emergency first aid protocols, where appropriate.

Actions for the City of Toronto:

Toronto Public Health will:

- Provide overdose prevention and response training for staff in City of Toronto divisions, agencies, boards and commissions, appropriate to mandate and staff role.
- Provide overdose prevention and response training for staff in community services.
- Work with City of Toronto divisions, agencies, boards and commissions, and community service providers to develop organizational overdose policies and protocols, as appropriate.
- Continue to distribute naloxone to people who use drugs, and their friends and family, through the Preventing Overdose in Toronto (POINT) program delivered by The Works.
- Through the Toronto Urban Health Fund, prioritize funding and support for community services working on evidence-based, peer-led programming for overdose prevention and response, and other harm reduction initiatives. Funding will aim to increase the number of trained peers and sustain community capacity to assist in overdose prevention and response.
- Work with City of Toronto and community service providers, and people with lived experience, to develop and promote evidence-based public education resources about overdose prevention and response, for a wide range of audiences and settings.

The Shelter, Support & Housing Administration Division will:

- Continue to work with City and community partners to implement the division's Harm Reduction Framework across shelters, social housing providers and agencies that provide homeless services and supports, which includes overdose prevention and response measures.

Actions for the Province of Ontario:

The Ministry of Health and Long-Term Care should:

- Provide free naloxone to community services for distribution to clients, including agencies distributing harm reduction supplies.
- Provide free naloxone to community service providers (e.g. housing programs, shelter providers, drop-in services) to include in their onsite first aid kits.
- Provide nasal naloxone to community service providers, first responders and correctional facilities.
- Expand funding to harm reduction programs to increase their capacity to respond to the current overdose crisis and future program needs.
- Increase funding for full-time, appropriately paid positions for workers with lived experience to assist with overdose prevention and response and other harm reduction initiatives.
- Direct the Local Health Integration Networks to develop overdose policies and protocols, including the availability of naloxone, in provincially-funded health care services, as appropriate, with an initial focus on the substance use treatment sector.

- Work with the Local Health Integration Networks to ensure naloxone kits are provided to people in opioid substitution treatment, and people with a history of opioid use at discharge from mental health and substance use treatment services, and hospital emergency departments.
- Consult with people who have been impacted by overdose to determine what supports and services are needed to help them cope with the trauma of these experiences. Groups to consult include people who have experienced a non-fatal overdose and their family and friends, and people working in health and social services sectors.

The Ministry of Community Safety and Correctional Services should:

- Expedite the provision of naloxone kits to people at risk of overdose upon discharge from correctional institutions, and expand the criteria to include anyone with a history of opioid use.
- Ensure people inside the correctional institutions who are known to be using opioids have access to overdose prevention and response measures, including naloxone.
- Ensure all staff on the ranges in correctional facilities have access to and are trained in overdose prevention and response, including administering naloxone.
- Provide overdose prevention and response training, including administering naloxone, to staff at probation and parole offices.

3. Emergency medical care

Address barriers to calling 911 for medical assistance during an overdose.

Actions for the City of Toronto:

Toronto Public Health will:

- Work with the Toronto Police Service and the Toronto Paramedic Service to develop options that would increase the likelihood that bystanders will call 911 in the event of a drug overdose.

Actions for the Government of Canada:

- The House of Commons should urgently pass Bill C-224, the *Good Samaritan Drug Overdose Act*.
- The Ministry of Justice should develop a clear, broad-based awareness campaign about the Good Samaritan Drug Overdose Act for promotion with police departments and the general public, pending passage of the bill.

4. Supervised injection services

Supervised injection services should be available to provide a safe and hygienic place to inject drugs with onsite medical intervention in case of overdose.

Actions for the City of Toronto:

Toronto Public Health will:

- Open the planned supervised injection service at Toronto Public Health/The Works as soon as possible after receiving provincial funding and federal approval.
- Explore options to improve access to withdrawal management services and other treatment services for people using the supervised injection service.

Actions for the Province of Ontario:

The Ministry of Health and Long-Term Care should:

- Confirm adequate funding for Toronto Public Health/The Works, Queen West-Central Toronto Community Health Centre and South Riverdale Community Health Centre to facilitate opening of the supervised injection services as soon as possible.
- As part of the provincial overdose plan, identify and fund overdose prevention and response measures for the community, such as overdose prevention services and mobile medical facilities, as may be required in an emergency.

Actions for the Government of Canada:

Health Canada should:

- Approve the supervised injection service exemption applications for Toronto Public Health/The Works, Queen West-Central Toronto Community Health Centre, and South Riverdale Community Health Centre as soon as possible to enable these services to open.

5. Drug checking programs

Drug checking programs should be available to allow people to test illicit drugs for the presence of toxic contaminants, adulterants or unexpected drugs (e.g. bootleg fentanyl).

Actions for the City of Toronto:

Toronto Public Health will:

- Continue to work with community partners to develop and implement drug checking programs and research at supervised injection services and with harm reduction programs working at music events.

Actions by the Province of Ontario:

Ministry of Health and Long-Term Care should:

- Fund community drug checking programs and research.

Actions by the Government of Canada:

Health Canada should:

- Work with communities across Canada, including Toronto, to facilitate approval of *Controlled Drugs and Substances Act* Section 56 exemptions required to implement drug checking programs; and,
- Clarify requirements for the use of reagent testing programs in community settings (i.e. are Section 56 exemptions necessary).

6. Treatment on-demand

Substance use treatment options should be available on-demand, and include a range of options to suit individual needs.

Actions for the City of Toronto:

Toronto Public Health will:

- Explore the feasibility of providing injectable diacetylmorphine (prescription heroin) and/or hydromorphone as opioid substitution treatment options through the Methadone Works program, and according to federal requirements.

Actions for the Province of Ontario:

The Ministry of Health and Long-Term Care should:

- Work with Local Health Integration Networks to increase funding to expand the capacity of the substance use treatment system, and to expand the models of treatment, from harm reduction to abstinence, to ensure people can access appropriate services when they need them.
- Work with the Local Health Integration Networks on improving the integration of substance use treatment services with primary and mental health services, including harm reduction services.
- Work with relevant professional associations, Local Health Integration Networks, hospitals and community health centres to expand the availability of on-demand opioid substitution treatment options, including:
 - Expanding access to Suboxone™ in emergency departments, community health centres, and physician offices.
 - Enabling Nurse Practitioners to prescribe and administer OST.
 - Providing more low-threshold opioid substitution treatment options.
 - Supporting the provision of injectable diacetylmorphine (prescription heroin) and/or hydromorphone, according to best practice, at appropriate health settings.
 - Expanding the provision of comprehensive and integrated supports for people receiving OST, including counselling and access to primary and mental health services.
- Address medical regulatory and practice issues so that opioid substitution treatment is provided on a barrier-free, non-stigmatizing basis.
- Ensure that no one is refused entry into a provincially-funded substance use treatment program because they have an opioid substitution treatment or any other prescription.

Actions for the Government of Canada:

- Facilitate rapid access to injectable diacetylmorphine (prescription heroin) and/or hydromorphone as an opioid substitution treatment option.

7. Pharmaceutical drug access

Governments should identify and prevent potential adverse health consequences such as overdose before changing access to pharmaceutical drugs.

Actions for the Province of Ontario:

The Ministry of Health and Long-Term Care should:

- Consult with people who use drugs and other experts before changes are made to the availability of pharmaceutical drugs, such as delisting opioids from provincial drug plans, to ensure new regulations do not force people into illicit markets.
- In consultation with people who use drugs, create protocols for health care providers for prescribing and tapering patients off of opioids that allow for a range of patient needs (e.g. develop individual transition plans).

Actions for the Government of Canada:

Health Canada should:

- Consult with people who use drugs and other experts before changes are made to the availability of pharmaceutical drugs, such as delisting opioids from federal drug plans, to ensure new regulations do not force people into illicit markets.
- Restrict pharmaceutical advertising to health care providers to help reduce overprescribing.
- Require pharmaceutical manufacturers to contribute funding to overdose prevention and response initiatives.

8. Information about overdose incidents

All governments should have “real-time” overdose surveillance and monitoring systems in place.

Actions for the City of Toronto:

Toronto Public Health will:

- Provide leadership to the Toronto Overdose Early Warning and Alert Partnership to develop an overdose information and reporting system.
- Dedicate epidemiology resource to develop and maintain appropriate public health surveillance mechanisms that will support the work of the Toronto Overdose Early Warning and Alert Partnership.
- Provide clear and practical messages and alerts about toxins or contaminants found in the illicit drug supply for people who use drugs and the agencies working with them.

Actions for the Province of Ontario:

- The Chief Medical Officer of Health should expedite development of the provincial overdose surveillance and monitoring system, and align it with national and municipal efforts.
- Resource and mandate institutions with key roles in generating data related to overdose to compile and share data in a timely manner, as close to 'real time' as possible, including:
 - The Office of the Chief Coroner for Ontario and the Centre of Forensic Sciences should be resourced to report quickly on the early results of toxicology tests.
 - Hospital emergency departments should be required to record data in a consistent and accurate way to provide systematic reporting on overdose incidents.
- The Ministry of Health and Long-Term Care should share weekly hospital overdose data reported to the Canadian Institute for Health Information with public health units as soon as possible to inform local surveillance efforts.

Actions for the Government of Canada:

The Public Health Agency of Canada should:

- Create a national overdose surveillance and monitoring system, in conjunction with the Canadian Institute for Health Information, Drug Analysis Service laboratories, the Canadian Association of Poison Control Centres, and provincial local health authorities, to ensure monitoring and sharing of information related to overdose.

Health Canada should:

- Mandate and fund institutions with data related to substance use and overdose to compile and share data in a timely manner, ideally on a real-time basis. For example, Health Canada Drug Analysis Service laboratories should conduct and report out on drug analysis tests for the community as well as for police.

9. Social factors

All governments should address systemic social factors that can lead to overdose and other health harms related to substance use.

Actions for all governments:

- Maintain existing (and expand the supply of) affordable and supportive housing, including harm reduction housing, and ensure that people are not evicted from their housing because of substance use.
- Expedite the implementation of poverty reduction measures, including implementing a basic income for all low-income persons, regardless of employment status, and increasing social assistance benefits and employment opportunities.

10. A public health approach to drug policy

It is time for a community dialogue on what a public health approach to drug policy in Canada would look like.

Actions for the City of Toronto:

Toronto Public Health will:

- Undertake a community dialogue in Toronto on what a public health approach to drug policy should look like for Canada.

Actions for the Government of Canada:

- Develop and implement evidence-based strategies to address stigma and discrimination against people who use drugs, in consultation with people with lived experience.
- Implement a range of options for people who come into conflict with the law because of substance use with a main goal of avoiding arrest and prosecution. Options should include restorative justice and community and court-based alternative diversion programs.



January 13, 2017

To: BC Chief Medical Health Officers
Dr. Peter Rothfels, Director, Clinical Services & Chief Medical Officer, WorkSafe BC

Guidance statement regarding Personal Protective Equipment for Emergency Medical Services and Health Care Workers dealing with overdose victims

The purpose of this guidance document is to recognize the differing practices used by local law enforcement officials carrying out drug seizures and executing search warrants. This has created concern within British Columbia's health care community. This guidance statement is to recommend the appropriate level of Personal Protective Equipment (PPE) required for guarding against secondary exposures to potentially harmful, illicit drugs in the health care setting

The risk of unintended fentanyl and fentanyl analogue exposures to Health Care Workers (HCWs) and Emergency Medical Services (EMS) staff treating overdose victims is extremely low. Unlike law enforcement, EMS and hospital medical staff are not exposed to environments where illicit drugs are being produced, transported or stored. In British Columbia, the epicenter of the Canadian opioid overdose epidemic, there have been no reported cases of secondary exposures of fentanyl to EMS, HCWs or private citizens administering naloxone, despite thousands of overdose reversals in the field and in health care facilities.

No additional Personal Protective Equipment is required when attending patients with drug exposures unless there is a risk of respiratory and/or bodily fluid exposure. The protective equipment used by law enforcement first responders and hazardous materials teams reflect contexts and risks beyond those found in the health care setting. While PPE, routine practices and additional precautions should continue to be used when there is a risk of respiratory and/or bodily fluid exposure, the additional practices and/or elevated levels of PPE used in other professions are not required at this time.

Further guidance on overdose management can be found on the following website:
http://towardtheheart.com/assets/naloxone/administering-naloxone-dst-final-december-2016_229.pdf

Further guidance for Fentanyl Safety for First Responders can be found at
<https://www.fentanylsafety.com/job-specific/>

Sincerely,

P.R.W. Kendall
OBC, MBBS, MHSc, FRCPC
Provincial Health Officer

Health Authority On-Call Numbers:

Fraser Health Authority – 604-527-4806
Interior Health Authority – 1-866-457-5648
Northern Health Authority – 250-565-2000
Vancouver Coastal Health – 604-527-4893
Vancouver Island Health Authority – 1-800-204-6166

ACMT and AACT Position Statement: Preventing Occupational Fentanyl and Fentanyl Analog Exposure to Emergency Responders

The position of the American College of Medical Toxicology (ACMT) and American Academy of Clinical Toxicology (AACT), is as follows:

Fentanyl and its analogs are potent opioid receptor agonists, but the risk of clinically significant exposure to emergency responders is extremely low. To date, we have not seen reports of emergency responders developing signs or symptoms consistent with opioid toxicity from incidental contact with opioids. Incidental dermal absorption is unlikely to cause opioid toxicity. For routine handling of drug, nitrile gloves provide sufficient dermal protection. In exceptional circumstances where there are drug particles or droplets suspended in the air, an N95 respirator provides sufficient protection. Workers who may encounter fentanyl or fentanyl analogs should be trained to recognize the signs and symptoms of opioid intoxication, have naloxone readily available, and be trained to administer naloxone and provide active medical assistance. In the unlikely event of poisoning, naloxone should be administered to those with objective signs of hypoventilation or a depressed level of consciousness, and not for vague concerns such as dizziness or anxiety. In the absence of prolonged hypoxia, no persistent effects are expected following fentanyl or fentanyl analog exposures. Those with small subclinical exposures and those who awaken normally following naloxone administration will not experience long-term effects. While individual practitioners may differ, these are the positions of American College of Medical Toxicology and American Academy of Clinical Toxicology at the time written, after a review of the issue and scientific literature.

Background

Fentanyl and fentanyl analogs are potent opioid receptor agonists. Fentanyl and its analogs are increasingly implicated in overdose and death in North America among illicit opioid users. The reported mortality from synthetic opioids rose 72.2% (to 9,850) from 2014 to 2015 [1]. Due to limitations in identifying analogs, this figure likely underrepresents death from these drugs. Fentanyl analogs are distributed in North America both as substituted/adulterated powdered heroin and pressed into counterfeit tablet forms of opioids and other medications [2-4]. Authorities in the United States have reported seizures of a variety of these products including fentanyl, fentanyl precursors (e.g., N-phenyl-1-(2-phenylethyl) piperidin-4-amine), and different fentanyl analogs such as acetylfentanyl, butyrylfentanyl, and furanylfentanyl [4]. Other analogs, such as alfentanil, remifentanil, and sufentanil, are used in clinical practice.

Fentanyl is 50-100 times more potent than morphine at the mu-opioid receptor [5-8]. Carfentanil, an opioid developed for veterinary use, is 10,000 times more potent than morphine in animals, although it produces less apnea when dosed therapeutically [6, 9]. Despite its improved therapeutic index compared to morphine, very small errors in carfentanil dosing not unexpected with illicitly distributed drugs will result in lethal doses. There are limited pharmacological data on other analogs found in the illicit drug supply.

To date, there has been limited guidance for emergency responders. In June 2016, DEA published a warning to law enforcement on the dangers of fentanyl cautioning against field testing suspected fentanyl and recommending the use of gloves and a mask when such testing is conducted [10].

The US National Institute for Occupational Safety and Health (NIOSH, Centers for Disease Control) published a bulletin addressing potential danger to law enforcement, public health workers, and first responders who may be exposed to fentanyl or its analogs [11]. Citing an absence of empirical evidence, the NIOSH bulletin recommended use of a P100-rated respirator, nitrile gloves, and eye protection. For personnel performing tasks that may aerosolize fentanyl, the NIOSH bulletin recommended dermal protection such as coveralls or protective sleeves.

Given the prevalence of synthetic opioids, law enforcement and emergency medical services (EMS) agencies have become increasingly concerned about potential exposures while responding to medical calls, crime scenes, or during drug raids [10, 12, 13]. Reports of emergency responders developing symptoms after contact with these substances have described nonspecific findings such as “dizziness” or “feeling like body shutting down”, “dying” without objective signs of opioid toxicity such as respiratory depression [10]. Law enforcement and EMS must balance safety with mobility and efficiency when entering and securing potential scenes where drugs are used, distributed, or produced. We aim to address the risks of occupational exposures to ultra-potent opioids and the role of various types of personal protective equipment to reduce those risks.

Methodology

Our initial recommendations are based on the opinion and clinical experience of a task force of our members. In addition, the authors performed a literature search and drafted this position statement. This document was reviewed and approved by the ACMT Position Statement and Guidelines Committee, was sent to the ACMT Board of Directors, and then sent to the entire College membership for review. After revision by the task force, final approval was made by the ACMT Board of Directors and AACT Board of Trustees.

Inhalation Exposure Risk for Fentanyl and Fentanyl Analogs

Inhalation is an exposure route of concern if drug particles are suspended in the air. Fentanyl has potentially high bioavailability (12-100%) by inhalation [14, 15]. It is highly suspected that a weaponized aerosolized containing carfentanil and remifentanil were used to subdue hostage-takers of a Moscow theater in 2002. One hundred and twenty-five died as a result of this weaponized aerosolized exposure [16]. Although an optimized airborne dispersal device is unlikely to be encountered in a local event, we considered such a scenario for respiratory protection.

Industrial producers of fentanyl use time-weighted average occupational exposure limits (OEL-TWA) for alfentanil (1 mcg/m³), fentanyl (0.1 mcg/m³), and sufentanil (0.032 mcg/m³) to limit exposure [17]. At the highest airborne concentration encountered by workers, an unprotected individual would require nearly 200 minutes of exposure to reach a dose of 100 mcg of fentanyl.

The vapor pressure of fentanyl is very low (4.6×10^{-6} Pa) suggesting that evaporation of standing product into a gaseous phase is not a practical concern [18].

Dermal Exposure Risk for Fentanyl and Fentanyl Analogs

Fentanyl is amenable to transdermal absorption because of its low molecular weight and lipophilicity [19, 20]. Depending on the specific product, transdermal delivery systems (“patches”) take 3-13 hours to produce a therapeutic serum fentanyl concentration and 35 hours to reach peak concentration [21-24]. Absorption of liquid or aqueous fentanyl increases with larger surface area of application, duration of application, broken skin, and heat. The physical properties of fentanyl analogs are similar to fentanyl, suggesting potential for dermal absorption. In a small volunteer study, sufentanil citrate applied to the forearm and covered in an occlusive dressing was absorbed comparably to fentanyl, although exact bioavailability was not determined [25].

However, incidental dermal absorption is unlikely to cause opioid toxicity. If bilateral palmar surfaces were covered with fentanyl patches, it would take approximately 14 minutes to receive 100 mcg of fentanyl [using a body surface area of 17,000 cm², palm surface area of 0.5% [26], and fentanyl absorption of 2.5 mcg/cm²/h [24]. This extreme example illustrates that even a high dose of fentanyl prepared for transdermal administration cannot rapidly deliver a high dose.

The above calculation is based on fentanyl patch data, which overestimates the potential exposure from drug in tablet or powder form in several ways. Drug must have sufficient surface area and moisture to be efficiently absorbed. Medicinal transdermal fentanyl utilizes a matrix designed to optimize delivery, whereas tablets and powder require dissolution for absorption. Relatedly, powdered drug sits on the skin, whereas patches have adhesive to hold drug in close proximity to the skin allowing both to remain moist. Finally, the above quoted figure 2.5 mcg/cm²/h represents delivery at steady state after drug has penetrated the dermis, which overestimates the amount of absorption in the first few minutes of dermal exposure. This initial period is of most relevance in unintentional exposure, because fentanyl that is observed on skin can be rapidly removed by mechanical (brushing) means or cleansing with water. Therefore, based on our current understanding of the absorption of fentanyl and its analogs, it is very unlikely that small, unintentional skin exposures to tablets or powder would cause significant opioid toxicity, and if toxicity were to occur it would not develop rapidly, allowing time for removal.

Ocular-Facial Exposure Risk for Fentanyl and Fentanyl Analogs

Mucous membranes present opportunity for absorption of fentanyl and its analogs. Fentanyl, for example, exhibits greater than 30-fold absorption across mucous membranes when compared to skin, and is available in a formulation that utilizes transmucosal administration [27]. A healthy male veterinarian was splashed in the eyes and mouth with contents of a dart containing 1.5 mg of carfentanil and 50 mg xylazine. Despite immediately washing his face with water, he became drowsy within two minutes; he responded promptly to the administration of naltrexone [28]. It is not clear to what extent these effects were a result of carfentanil exposure. Although facial contact with liquid or powder opioids is unlikely, OSHA rated splash protection would be sufficient to prevent mucous membrane exposure.

Naloxone

Naloxone, a mu-opioid receptor antagonist, administered by parenteral, or intranasal routes, reverses opioid-related respiratory depression. The effective dose of naloxone depends on the patient's weight, amount of opioid to be reversed, and relative binding affinities at the mu receptor [8, 29]. There is scant information on human and animal naloxone reversal of fentanyl analogs. Despite anecdotal reports that higher-than-usual doses may be necessary [30], animal data suggest that standard doses of naloxone should be sufficient to reverse carfentanil [31]. While a detailed discussion of dosing and administration of naloxone is beyond the scope of this guideline, if a patient does not respond to 10 mg of naloxone, it is unlikely additional naloxone will be of value [29]. For patients who are hypoventilating and unresponsive to initial doses of naloxone, promptly assisting ventilation and oxygenation are recommended.

Recommendations

The American College of Medical Toxicology and American Academy of Clinical Toxicology recognize the challenges in issuing recommendations where available data are incomplete. We believe that recommendations should be protective of emergency responders, but not result in unnecessary delays in care to patients with time-sensitive conditions. We also recognize that PPE can interfere with task performance by emergency responders and law enforcement officials. Due to the limited available data, the following recommendations primarily represent consensus expert opinion.

The position of ACMT and AACT, is as follows:

General Precautions and Management of Exposure

- Workers who may encounter fentanyl or fentanyl analogs should be trained to recognize the symptoms and objective signs of opioid intoxication, have naloxone readily available, and be trained to administer naloxone.
- For opioid toxicity to occur the drug must enter the blood and brain from the environment. Toxicity cannot occur from simply being in proximity to the drug.

- Toxicity may occur in canines utilized to detect drug. The risks are not equivalent to those in humans given the distinct contact that dogs, and not humans, have with the local environment.

Dermal precautions

- For routine handling of these drugs, nitrile gloves provide sufficient protection.
- In situations where an enclosed space is heavily contaminated with a potential highly potent opioid, water resistant coveralls should be worn.
- Incidental dermal exposures should immediately be washed with copious amounts of water. Alcohol based hand sanitizers should not be used for decontamination as they do not wash opioids off the skin and may increase dermal drug absorption.

Respiratory precautions

- In the unusual circumstance of significant airborne suspension of powdered opioids, a properly fitted N95 respirator or P100 mask is likely to provide reasonable respiratory protection.

Mucous Membrane/Splash Exposure

- OSHA-approved protection for eyes and face should be used during tasks where there exists possibility of splash to the face.

Naloxone Administration and Airway Management

- Naloxone should be administered to those with objective signs of hypoventilation from opioid intoxication.
- If hypoventilation persists following initial naloxone dose and personnel with advanced airway training are not available, repeat naloxone until reversal is seen or 10 mg is administered.
- Personnel with advanced airway training should provide airway support for patients who are in extremis or those who do not improve with naloxone.

Long-term Sequelae of Exposure

- In the absence of prolonged hypoxia, no persistent effects are expected following fentanyl or fentanyl analog exposures. Those with small subclinical exposures and those who awaken normally following naloxone administration will not experience long-term effects.

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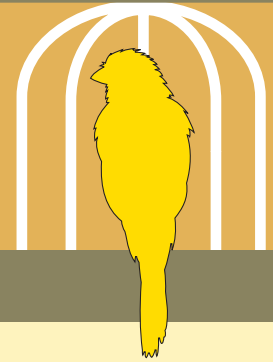
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Suspected Opioid Overdose Response: A guide for CUPE staff and members



HEALTH AND SAFETY FACT SHEET

CUPE / Canadian Union
of Public Employees

Please note: This sheet is for information purposes only. Any claims made in this sheet should not be considered as medical or legal advice.

Opioids are a class of drugs that are designed to reduce pain. Common opioids include codeine, morphine, oxycodone, fentanyl, methadone, carfentanil and heroin. Any of these can be administered as tablets, capsules, syrups, liquids for injection, nose sprays, skin patches or even suppositoriesⁱ.

In recent years, there has been a dramatic increase in overdose deaths from the non-medical use of these drugs, especially as they are often mixed with other illicit drugs such as heroin, cocaine and other kinds of non-prescription, and sometimes counterfeit, pillsⁱⁱ.

When users take too much, they may start to exhibit the signs of an overdose, including:

- Slow or weak breathing
- Dizziness, confusion, drowsiness
- Cold and clammy skin
- Pinpoint (very small) pupils
- Collapse and comaⁱ

Overdose Response

CUPE members work across all sectors of society. As the prevalence of opioid overdose increases, it is becoming more likely that our members may encounter clients, patients and members of the general public who are experiencing suspected opioid overdose reactions.

Administration of medication in various forms is a regular occurrence for CUPE members working as emergency and first responders such as paramedics, healthcare settings, and in some community social services worksites. However, administering a counter-agent medication to offset an overdose is a new and a potentially intimidating prospect for the majority of CUPE workers in other jurisdictions including municipalities, schools, libraries and some social services.

The benefit of preventing the loss of a life from an overdose is clear. That said, CUPE members must

take precautions when agreeing to treat suspected cases of opioid overdose. If an employer requests that CUPE members start acting as front line emergency responders, there are several considerations that must be addressed BEFORE workers are reasonably expected to act.

Countering an opioid overdose: Naloxone

Naloxone (aka Narcan) is a common and extremely effective counter-agent for an opioid overdose. This drug does not require a prescription, and is available in both an injection and nasal spray. It works by attaching to the same receptors in the brain as an opioid does, thus blocking the opioid's effect. Naloxone is generally considered to be safe to use, with no expected side effects. It is also believed to be safe to administer even if there are no opioids present, unless the recipient is allergic. If the user does have opioids in their system, their reactions to Naloxone could include severe withdrawal symptoms such as abdominal cramping, nausea, vomiting.

Incident Response: Consultation, participation, plan

Employers who expect their employees to respond to suspected overdose incidents must develop clear policies, protocols and procedures that are developed in consultation, and with the participation of, the workplace health and safety committee or representative. Comprehensive training must be provided to all staff on how to respond. Simply having doses of Naloxone "behind the counter" with no instruction policy or direction from the employer is not acceptable. Policies and plans must include the required personal protective equipment that will be supplied to the workers. The incident response plan must include steps to take when assessing the situation, consideration of exposure to hazards, emergency contacts and a plan for any number of unforeseen complications.

Expectations made of workers must also be made very clear. Workers must be assured that they will

be free from any form of reprisal if they attempt to respond to a suspected opioid overdose. It should be noted that some workers' compensation boards may consider administration of treatment not specifically described by employer policy and programs or a collective agreement as "volunteering." Therefore, claims for injuries or conditions sustained while performing these activities, both at or outside of work hours may not be covered by the worker's compensation board. Workers must be assured that the employer will support them legally and financially regardless of the outcome. Finally, it must be noted that not all workers will be comfortable with this task, and there must be provisions for all workers to discuss and deal with their concerns.

Personal Protective Equipment

While every workplace is different, there are some commonalities when dealing with a suspected opioid overdose. Biological concerns are very present, as a person who is overdosing is likely to vomit. Transmission of the opioid itself is also a risk. Some forms of opioids, including carfentanil, are so potent that transmission of even a few grains (either through the skin, inhaled or ingested) can be dangerous to the health of the responder.ⁱⁱ As such, the employer must provide adequate and appropriate personal protection equipment and training on its use – including proper donning and doffing techniques.

Comprehensive First Aid Training

Most people are not trained to react to emergency situations or to identify the correct steps to take during an overdose. Workers who are expected to administer naloxone should be provided with full first aid and cardiopulmonary resuscitation training with additional training on how to recognize the symptoms of an overdose. It's also possible these workers might be required to provide additional care while waiting for paramedics to arrive.

Violence Hazard Assessment

Violence towards CUPE members is an ongoing concern. Participation in a program where naloxone is administered may increase the risk in two immediate areas:

1. Workers who are administering the drug have to be in close contact with the recipient. A person who is overdosing may be unpredictable and potentially confused about their surroundings.

They may attempt to strike out if they feel threatened. Their conduct might increase the chance of injury, especially if they become aggressive during the withdrawal.

2. Once it is known that certain locations have staff that will administer naloxone, they will become defacto "safe use sites." This may potentially increase the volume of drug users, whether of opioids or other drugs.

Employers must take these factors into account and perform a violence hazard assessment to determine the proper controls to keep CUPE members safe. This assessment should be documented and conducted in consultation with the workplace health and safety committee or worker representative to help determine control measures.

Injuries and Critical Incident Stress

Employers must ensure that any CUPE member who is expected to work with suspected cases of opioid overdose will not suffer any loss of pay if they are injured in the process. Mental injury can occur as well. In addition to potential physical injury, employers must be aware that dealing with someone at the workplace who is overdosing, or worse, who dies, will create significant psychological stress for CUPE members even if they are not involved with direct incident response. Employers will need to ensure there are adequate resources to properly treat the critical incident stress response before it causes additional mental injury.

Solving the Opioid Crisis

Naloxone is an effective means for preventing fatality from an overdose, but it does not treat the problem of non-medically prescribed use of opioids. Equipping CUPE members with Naloxone kits is not a solution to the opioid crisis. Full solutions, including comprehensive health and addiction strategies, rest with the provincial and federal governments. These include supervised consumption sites, improved access to recovery and rehabilitation facilities, decriminalization, etc.

Further Information

If your employer raises the topic of administering naloxone, contact your CUPE National Servicing Representative right away.



FOR MORE INFORMATION: cupe.ca/health-and-safety

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