April 2024

Overdose monitoring and response in Ontario communities: discussion summary

EST. 2008
Drug Strategy Network of Ontario

About the Drug Strategy Network of Ontario

Established in 2008, the Drug Strategy of Ontario (DSNO) is an extensive, multi-sectoral network of municipal and First Nations drug strategies grounded in a 4-pillar approach with efforts in prevention, treatment, harm reduction, and enforcement-justice systems. Members of the Network have experience and expertise in evidence-informed initiatives preventing and/or reducing the harms that can arise from consuming regulated and/or unregulated substances.

Unique in North America, the DSNO stretches across the urban, rural, and remote regions of Ontario. Almost 50 individual drug strategies and their extensive collaborating partners attempt to serve millions of Ontario residents. The DSNO receives no government funding.

www.drugstrategy.ca

Cover Photo: Overdose Awareness Day, Kitchener, 2023

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Overdose Monitoring and Response

Across Ontario, more than 20,000 residents have died from drug poisoning since 2018[i]. In the first three months of 2024, a person died every 2.5 hours[ii]. Unregulated opioids such as fentanyl and a plethora of fentanyl analogues are the primary substances involved at the time of death, with approximately half of all drug poisonings involving more than one substance[iii]. Inhalation is the most common modality suspected at fatal drug poisonings[iv,v]. Most deaths were accidental, and preventable. Data capturing injuries due to non-fatal drug poisoning emergencies and/or consumption from chronically toxic and evolving supply markets is limited[vi], but the burden on consumers and service providers is thought to be significant.

A decline in consumer demand for regulated and unregulated substances appears as unlikely as a surge in sustained funding for initiatives that prevent or delay the onset of substance use. That unregulated drug markets will be eliminated, or become safer and healthier, is unsupported by 115 years of experience and evidence in Canada. No substantial change in laws, policies, and/or funding providing consumer protections via regulation and/or replacement appears forthcoming.

Prohibitions of substances via the *Controlled Drugs and Substances Act* is a serious barrier for all stakeholders involved in monitoring and responding to fatal and non-fatal drug poisonings and/or novel substances, including the periodic surges in overdose emergencies that occur. Such challenges are not present with regulated substances such as alcohol, tobacco, or cannabis for producers, distributors, consumers, and the regulatory agencies providing oversight in the protection of consumer health and safety.

The uncontrolled nature of unregulated drug markets, including the absence of quality control standards, saddles communities with periodic surges in overdose emergencies that can overwhelm non-profit and public service providers in mitigating or preventing harm to residents who consume unregulated substances. Belleville's surge in overdoses in February 2024 led to a formal state of emergency declaration under the *Emergency Management and Civil Protection Act*, and was the latest but not the last critical incident in Ontario. Many other municipal councils

across Ontario have passed state of emergency declarations. Many more Ontario communities exist in a near-constant state of overdose alerts.

Overdose monitoring and response is a downstream measure that began selectively in Ontario when bootleg fentanyls appeared in the unregulated drug markets and drug poisoning victims surged across the province in 2015. Overdose monitoring and response is an attempt to monitor in (near) real-time for surges in overdose emergencies, and, sometimes, novel substances such as benzodiazepines and other substances that cause adverse reactions, including deaths, injuries, and disabilities. Oftentimes, monitoring systems are dependent on reports of overdose emergencies from community members and agencies, given the reluctance of many people who consume unregulated substances to call 9-1-1 out of fear of police presence, despite provisions provided via the *Good Samaritan Drug Overdose Act*. Some communities are able to incorporate 9-1-1 call volumes, and/or hospital emergency room data.

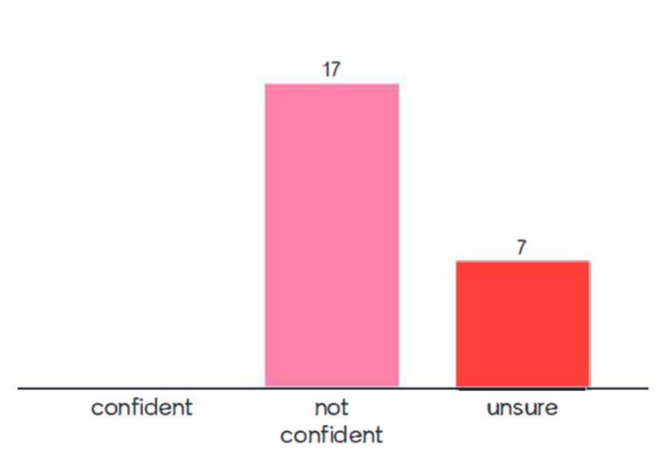
When anomalies such as a surge in overdose emergencies are detected, an Alert may be issued and distributed in the hope it reaches those residents most likely to be affected, including service providers. Many Ontario communities exist in a near-constant state of overdose alerts. It is an imperfect system compared to monitoring, alerting and response protocols in place for other important but less common causes of death and injury (e.g. food-borne illnesses, infectious diseases, and contamination of both consumable and non-consumable consumer products).

Following the surge in drug poisonings and the State of Emergency declaration in Belleville, DSNO members dedicated time and effort to address challenges and opportunities such as deficiencies in monitoring, thresholds that can trigger an Alert, and potential response systems. This is on-going work for many members across Ontario. The discussion was preceded by presentations from the Belleville area, and from a community with a mass casualty overdose monitoring and response mechanism, guided by community-informed protocols, and the Incident Management System (IMS) guidance developed by the Government of Ontario's emergency management program.

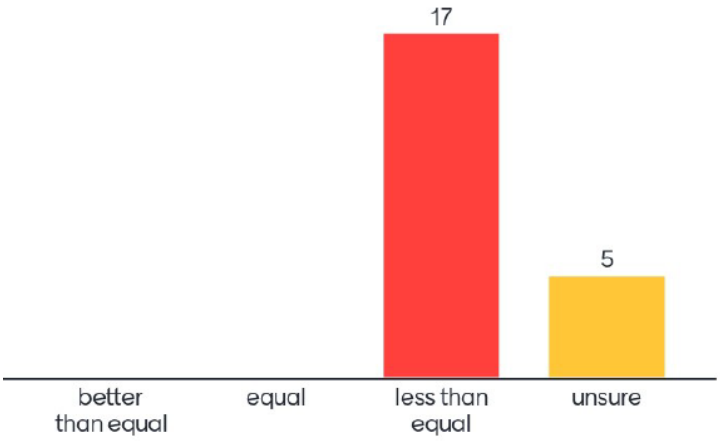
Overdose Monitoring and Response Part One: DSNO Poll

DSNO members were polled anonymously during the meeting. Not all DSNO members who were present participated.

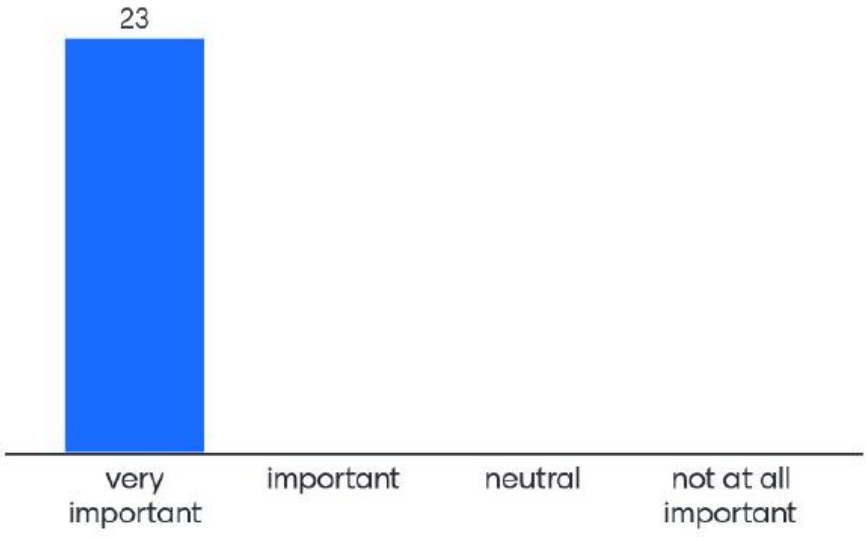
1. How confident are you that your OD Alert system accurately captures the prevalence of overdoses and/or novel, potentially life-threatening substances in the local drug market?



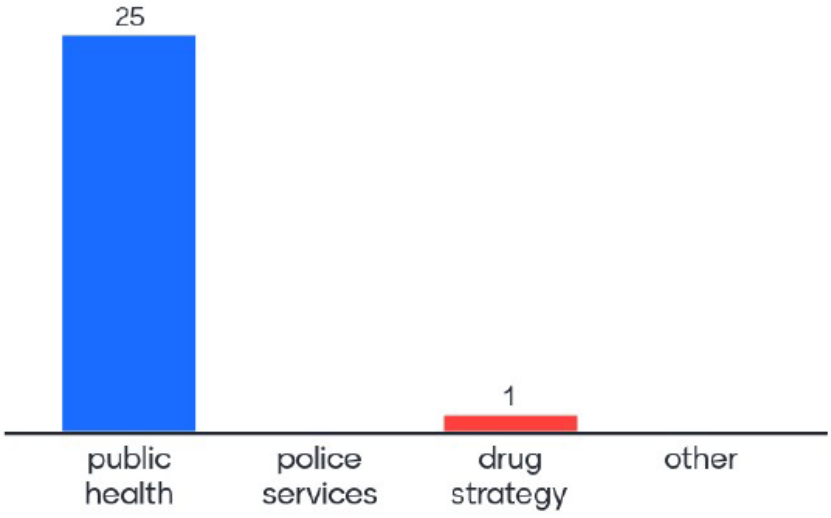
2. The OD Alert system is equal or better than the consumer safety protection mechanisms in place locally for other outbreaks such as infectious diseases, food borne illness, natural disasters etc.



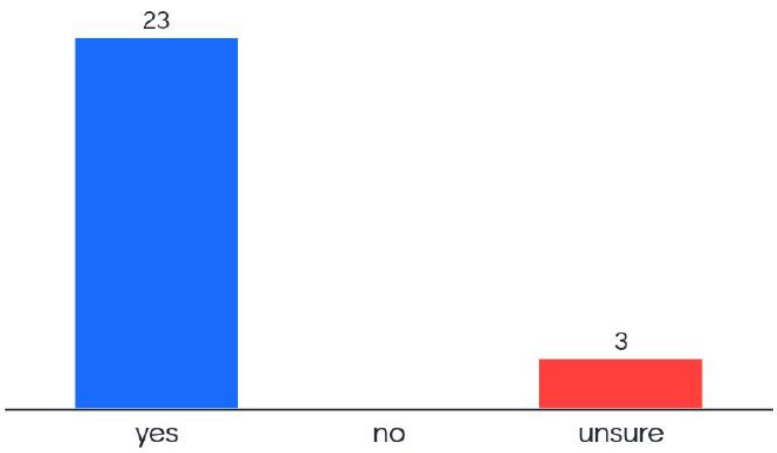
3. How important is it to you that your OD Alert system is equal to the consumer safety protection mechanisms in place locally for other outbreaks such as infectious diseases, food borne illness, natural disasters etc.?



4. Who has the primary responsibility for the OD monitoring-response system in your community?



5. The province should provide guidance and support for local OD monitoring and response



There is support for provincial guidance and supporting implementation resources. Concerns about diverse capacities and systems in place across the province were noted, particularly for monitoring systems. Overall, response systems are almost uniformly weak.

Overdose Monitoring and Response Part Two: DSNO Open Forum

A facilitated discussion using the online collaborative whiteboard platform Miro gathered individual member responses to key questions informed by DSNO members and the DSNO Advocacy Committee.

Members were asked following questions:

1) Overdose monitoring/surveillance
   a) What are the deficiencies that exist in overdose monitoring/surveillance in your community?
   b) What could improve overdose monitoring?

2) Thresholds
   a) What criteria are used to differentiate between types of alerts (e.g. between "episode" vs. "emergency"?)
   b) Is a plan in place for an "episode" in your community? (If yes, briefly describe)
   c) Is a plan in place for a community-wide emergency response? (If yes, briefly describe)

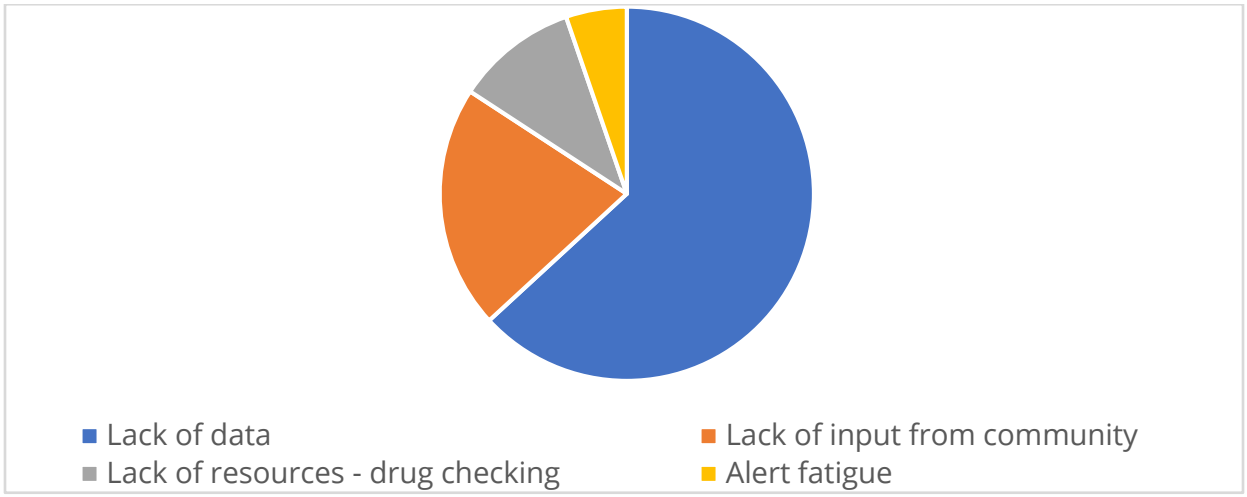
3) Communications
   a) What are the key pieces of your community's communication plan?
   b) Who are the stakeholders involved in developing the alert process in your community? (e.g. hospitals, EMS, community agencies, peer organizations, etc.)
   c) Who is the audience (i.e., who receives the communications) and what are their roles?
   d) What are the delivery mechanisms?

4) Response
   a) Beyond alerts, are any other response mechanisms in place in your community?
   b) What interventions would be desirable in responding to a surge of overdoses?

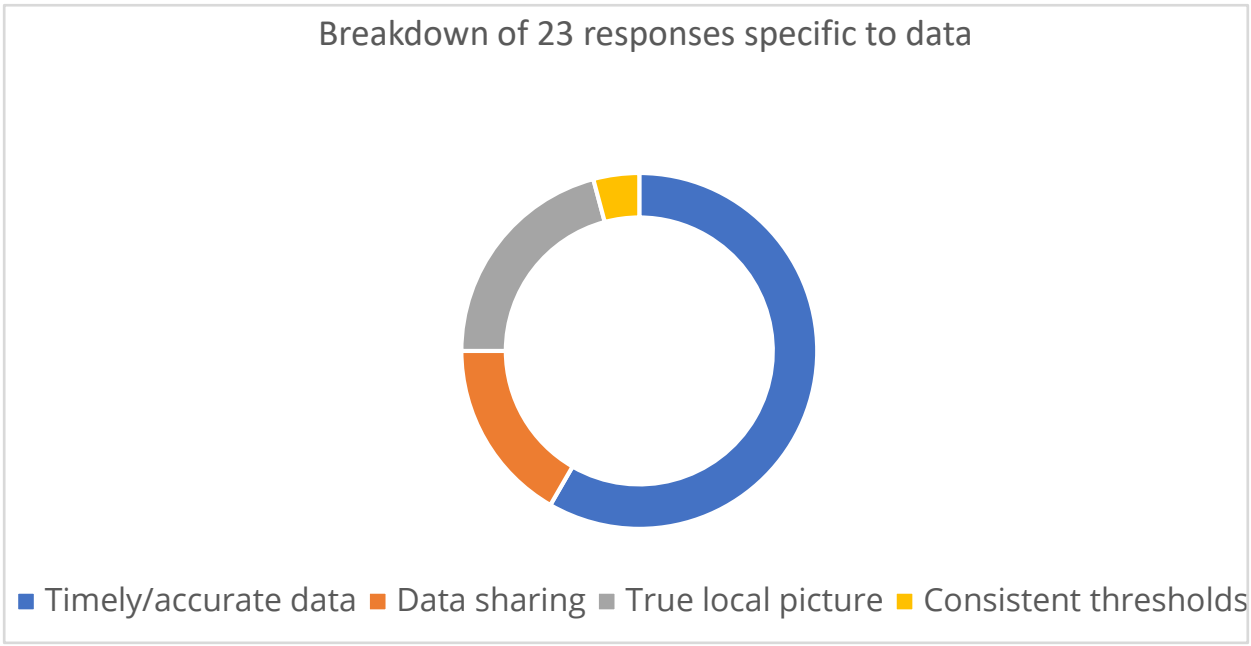
A thematic analysis was conducted with the data. Major themes are summarized below.

1. Overdose monitoring/surveillance

a) What are the deficiencies that exist in overdose monitoring/ surveillance in your community. (N = 42)



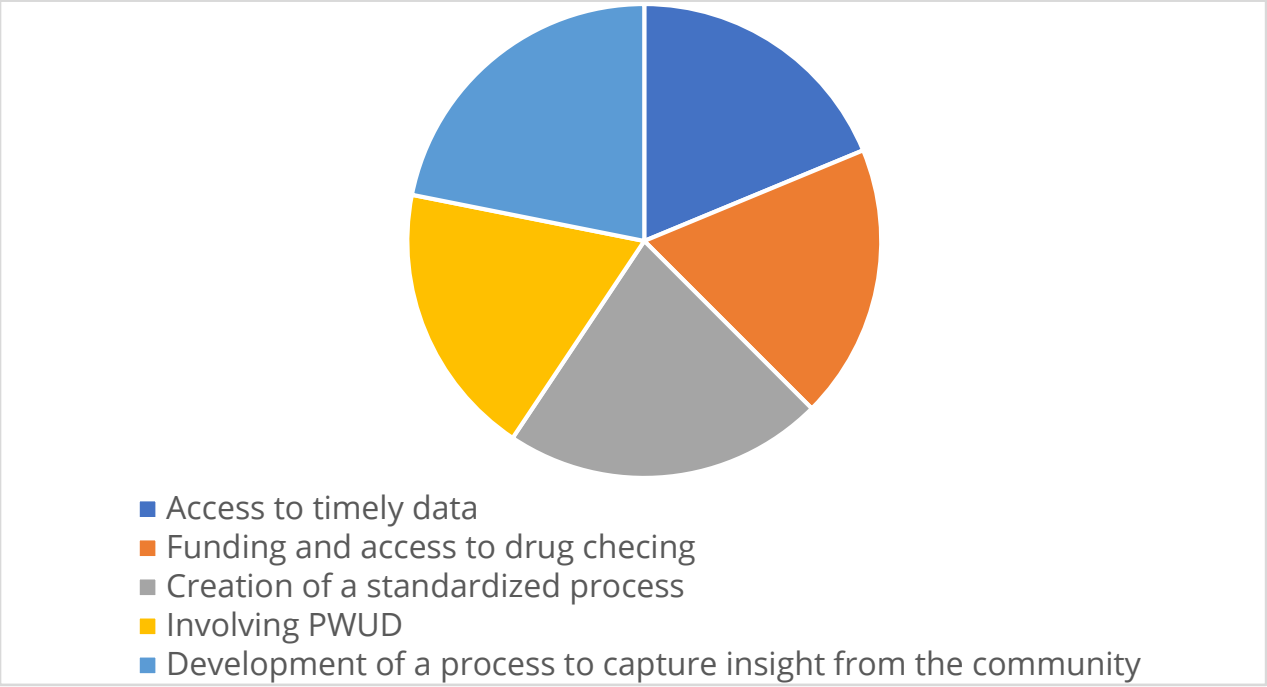
Note: numbers of responses will not add to 42, as many are captured under multiple themes.



The overwhelming majority of participants identified **access to data** as the major deficiency that exists for robust overdose monitoring/surveillance, identifying

access to timely and accurate (empirical) data as the most pressing issue. Of note five (5) people did express concern with lack of knowledge of the true picture happening in their communities given the number of poisonings being reversed in the community with no transfer to medical care. Eight (8) people also identified lack of input from people who use drugs (PWUD) and the community as a concern.

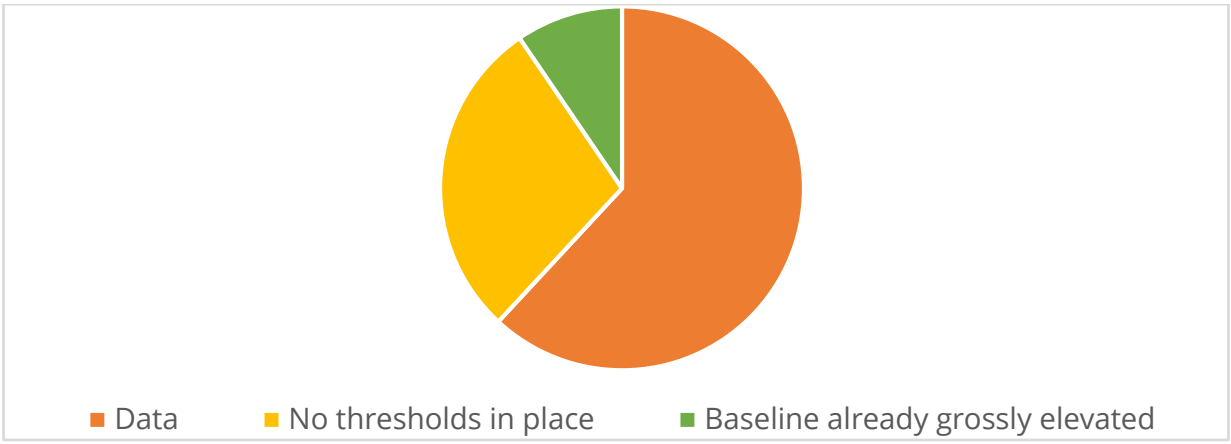
b) What could improve overdose monitoring? (N=32)



The themes identified in this question, repeat in different variations throughout the findings.

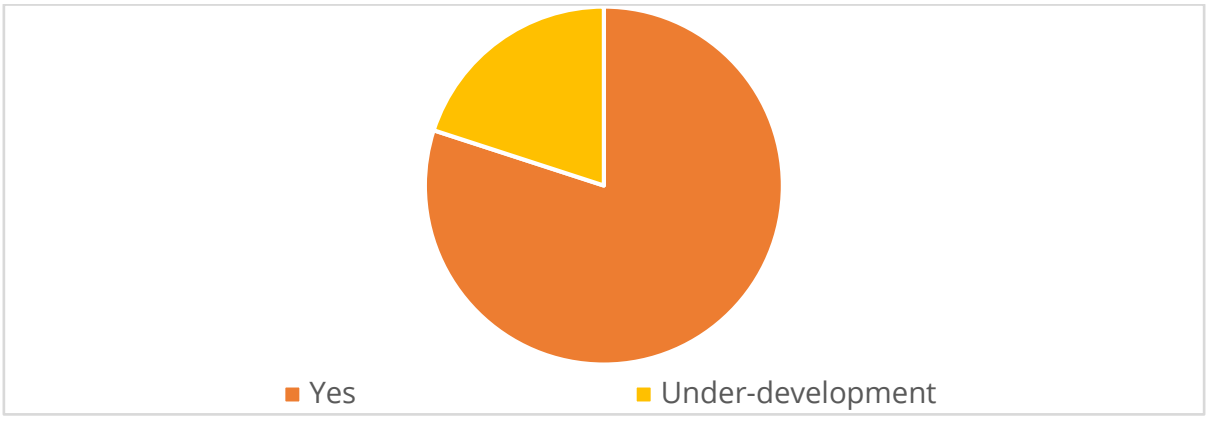
2. Thresholds

a) What criteria are used to differentiate between types of alerts – e.g. between "Episode" vs Emergency? (N=28)



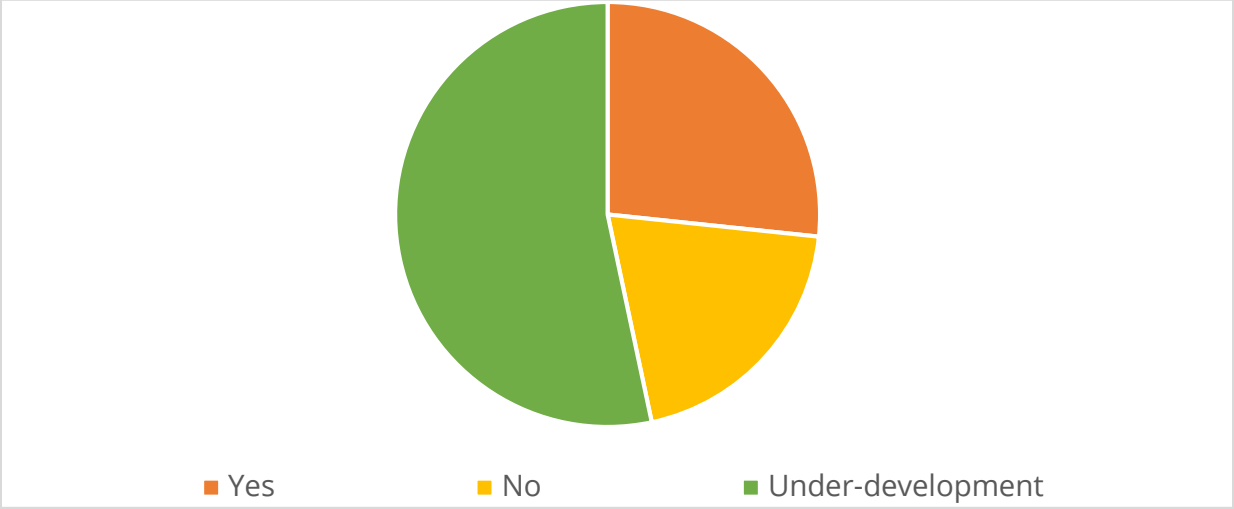
Accurate and timely data remains an overwhelming theme in identifying what constitutes an episode or emergency, and whether to issue an alert. Further breaking this down, eleven (11) responses referred to available empirical data, and two (2) to community driven data.

b) Is there a plan in place for an "episode" in your community? (N = 15)



For those respondents answering "Yes", the majority indicated sharing information with partners via established communication pathways, while two (2) indicated use of the media and one (1) the use of an "alert system".

c) Is there a plan in place for a community-wide emergency response? (N = 14)

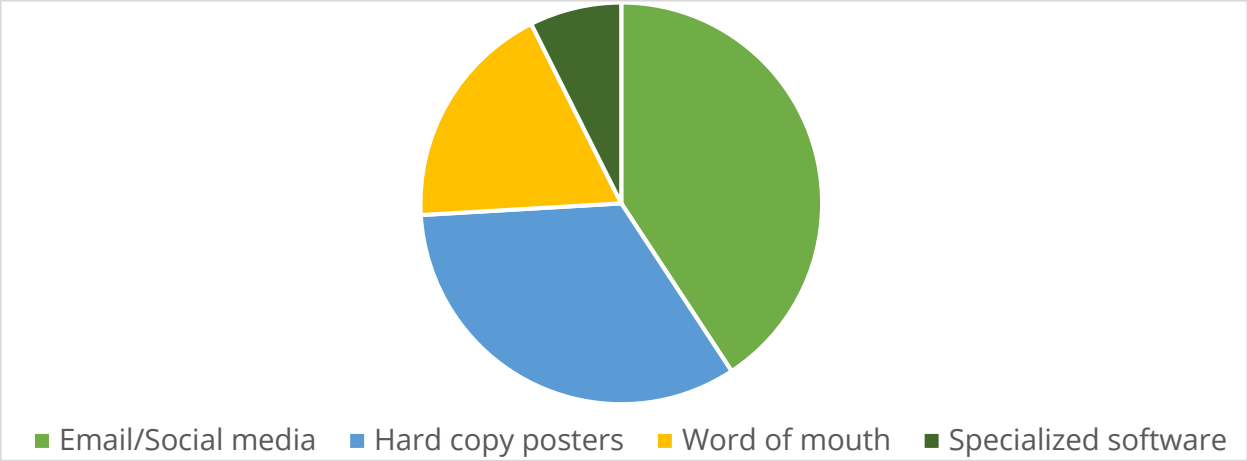


Most respondents identified that their emergency response plans were currently under review/redevelopment. One response was not included as it did not relate to the question asked, and it was not accounted for in the total number of responses.

One respondent felt that the discussion related to thresholds "opened up the idea of more policing to crack down on the people selling these substances" adding, that is "not what we want".

3. Communications

a) What are the key pieces of your community's communication plan? (N = 20- many responses contained multiple themes).

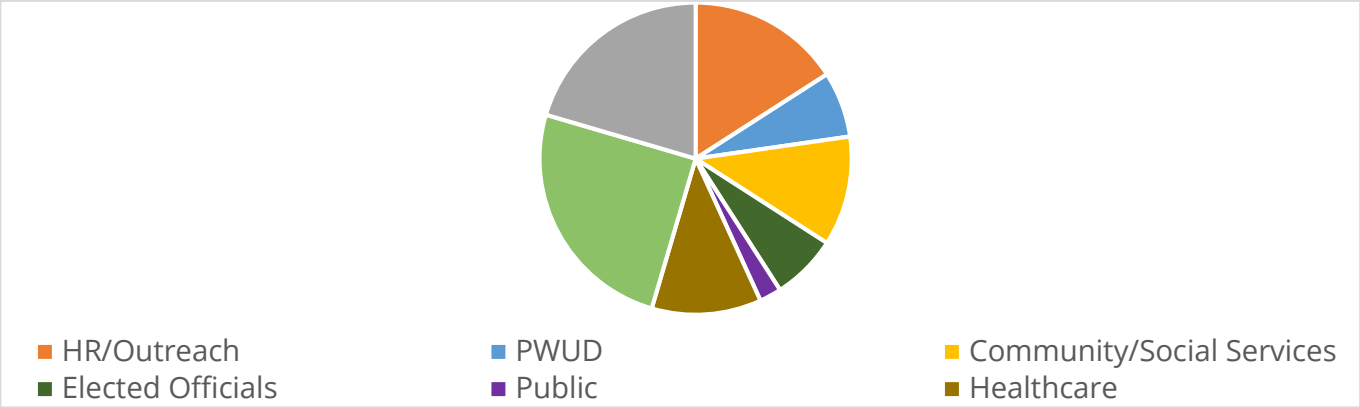


Many respondents reported using a combination of emails, social media, and printable hard copy posters as communication tools.

Additional information shared included:

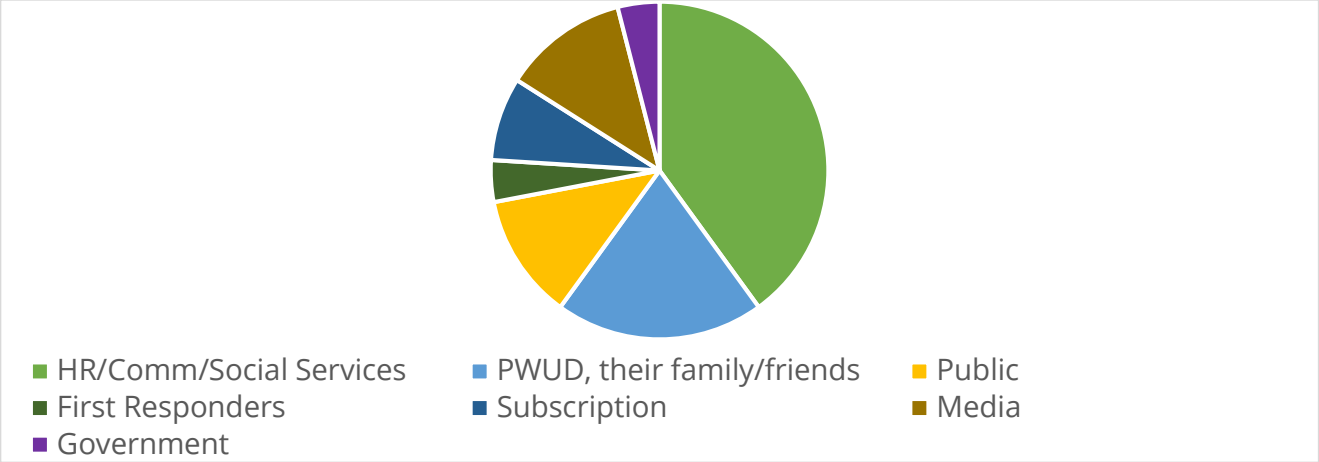
- Community partners and people with lived or living experience of consuming unregulated substances have asked for different communications materials for different audiences.
- Increase reach and knowledge of the risks associated with the current toxic drug supply, and opportunities to reduce or avoid risk.
- Ensuring the public, key partners in government and community, including elected officials, are informed about issues of toxicity, is important.

b) Who are the stakeholders involved in developing the alert process in your community. (N = 19, with many responses corresponding to multiple themes)



Public Health Units, emergency services (Police, Fire and EMS), harm reduction/outreach services, and people who consume substances (PWUD) were identified as the key partners involved in the development of a community alert process.

c) Who is the audience (who received the communications) and what are their roles. (N=16)

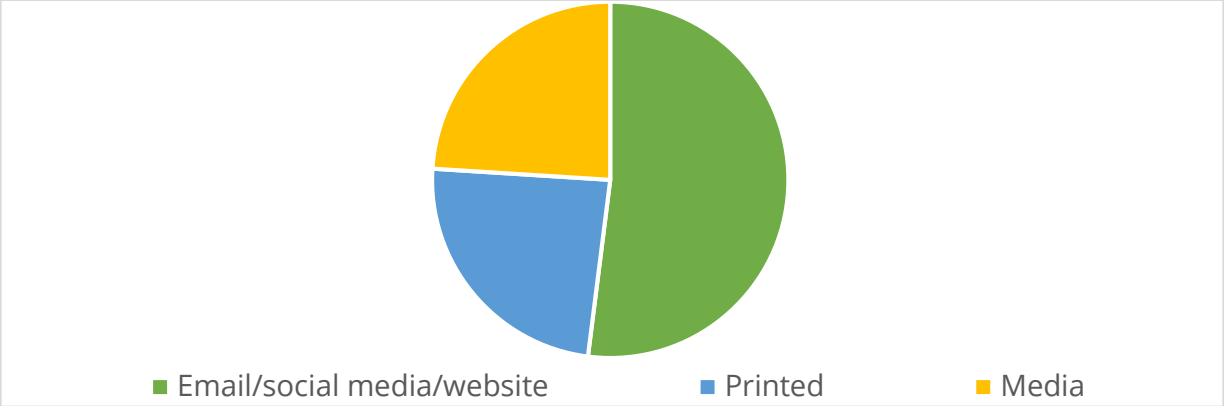


Overwhelmingly, harm reduction, community and social services, people who consume unregulated drugs, and their family and friends, make up the biggest portion of the audience for this work. A question was posed by one respondent

related to communication with school boards (some communities include school boards, others do not).

In 2023, the Addiction and Substances Policy and Programs Unit of the Health Protection and Surveillance Policy and Programs Branch of the Office of the Chief Medical Officer of Health requested that local alerts be shared with the Unit to allow for provincial tracking.

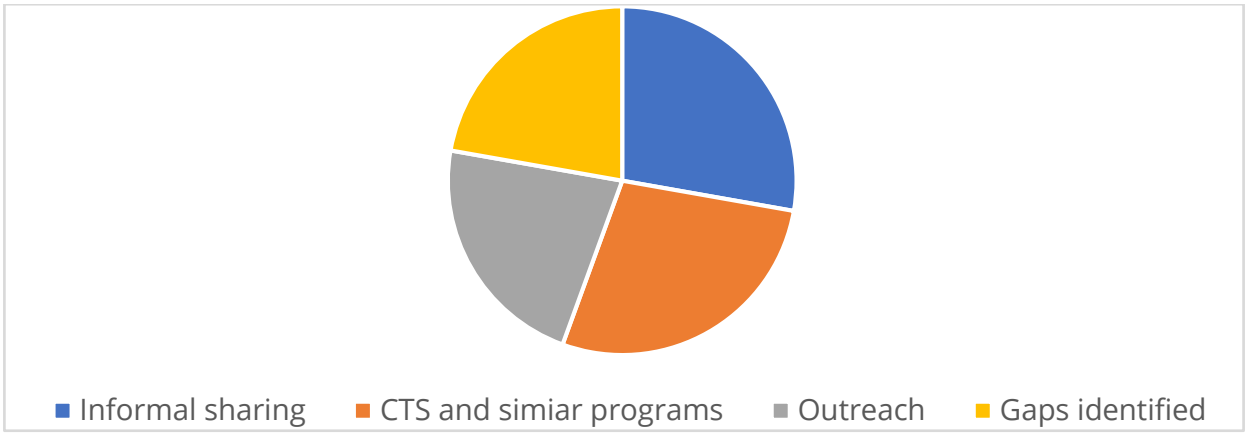
d) What are the delivery mechanisms. (N = 14)



Electronic modes of communication are the ones most frequently used (N = 13), often with a hard copy alert that can be printed and shared.

4. Response

a) Beyond alerts, are any other response mechanisms in place in your community? (N=18)

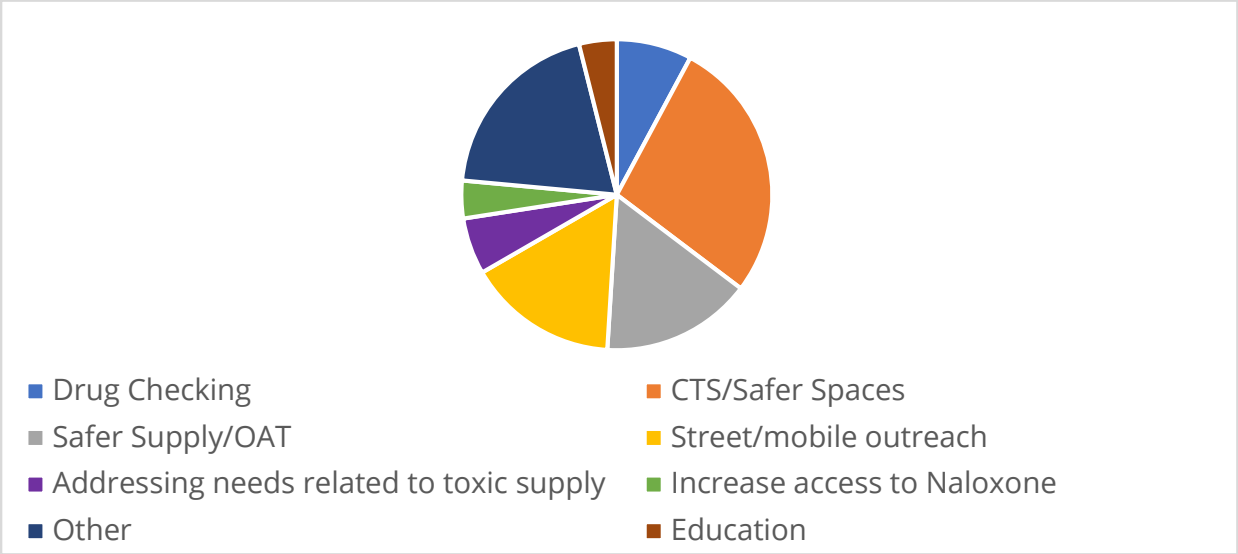


Informal information sharing appears to be an important strategy.

Gaps identified by respondents included:

- Provincial approvals (CTS) and funding for supervised consumption services (CTS/UPHNS).
- More education and awareness with those who have disclosed substance use at partner organizations.
- Increase compassion to increase access to healthcare and other services.
- Thinking of the role of drug checking services (e.g. Scatr).

b) What interventions would be desirable in responding to a surge of overdoses? (N=45)



Supervised consumption services (e.g. Consumption and Treatment Services, Urgent Public Health Needs Sites and similar type supports) were named in the overwhelming majority of responses. Respondents noted that accommodating inhalation, the lead modality suspected at the time of death, is critical but not currently supported by the province

Among the responses in the "Other" category were:

- Better primary care for PWUD including addiction care.
- More mental health and distress support.
- Increase safe shelter facilities, including beds.
- Alternate (non-police involved) emergency medical response team.
- Trauma informed supports for PWUD to debrief/counsel.
- Promotion of harm reduction messaging.
- Care and support of harm reduction workers.
- Low barrier phone line for information, referrals, debriefing, support
- Prevention efforts.
- Mobile clinics.
- Ensure non-opioid substances receive attention.

Conclusion

Communities across Ontario aspire to provide a standard of consumer protection that advances both individual and community health and safety. It is an extremely challenging environment.

This report provides a quick snapshot of overdose monitoring and response in Ontario. Time limitations did not allow a fuller discussion of barriers and opportunities.

References

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