

How to Run an Overdose Prevention Site



Zoë Dodd
Toronto Overdose Prevention Society

“Hope is not a lottery ticket you can sit on the sofa and clutch, feeling lucky. It is an axe you break down doors with in an emergency. ”

-REBECCA SOLNIT

WE FIGHT FOR THOSE WE LOVE AND LOST



JANUARY 2016 TO MARCH 2019 - OPIOID OVERDOSE RELATED DEATHS NATIONALLY

More than 12, 800 opioid related deaths between January 2016 and March 2019

- **3,023** deaths occurred in 2016
- **4,120** occurred in 2017
- **4,588** deaths occurred in 2018; this means that 1 life was lost every 2 hours related to opioids
- **1,082** occurred between January and March 2019
- Prior to 2016 - PHAC was not keeping track and coroners were not systematically testing for fentanyl in post mortem despite community anger about deaths.



WE COULD HAVE BEEN MORE PREPARED - WE WERE FIGHTING FOR HARM REDUCTION'S SURVIVAL

Harper Government attacks Harm Reduction - everything is stalled, the 6% of the budget that was allocated to harm reduction by the previous government is cut

Harper Government tries to close INSITE -

In 2011, the Supreme Court of Canada ruled that the Minister of Health Leona Aglukkaq actively violated the Canadian Charter of Rights and Freedoms by trying to shut down Vancouver's supervised consumption service Insite

June 2013 - Minister Aglukkaq announces the introduction of Bill C 65 - "Respect for Communities Act"-The new bill created to only allow the opening of new supervised consumption services if politicians, police and residents in the potential communities feel that they are warranted.

March 23, 2015 Bill C-2 respect for Communities Act is Passed

November 2015 Liberals win election - Bill C 2 is not overturned



Evidence of medical benefit (scientific, individual and public health)

Description of potential impact on public safety

Law enforcement research or statistics on issues above

Info about number of people who use drugs in the neighbourhood/city

Info about number of people with infectious disease in the neighbourhood/city

Info about number of overdose deaths

Letter from Minister of Health

Description of record keeping for disposal/loss/theft/transfer of drugs/equipment

Health and safety at site: disposal, access to SIS, loss/theft of drugs

Info on any public health emergency- related to drug use, as declared by public health authority

Info on hoarding in public related to drug use

Description of drug treatment services available

Letter from Mayor

Letter from Chief of Police

Letter from Provincial Officer of Health

Letter from Minister of Community Safety and Correctional Services

Consultation and meeting with the CPSO and DNA

Description of how we will address Mayor's concerns

CVs for people in charge and key staff involved

Financing plan

Report on opinions of broad range of community groups summary letters, steps taken to address concerns

Report on opinions of provincial and professional licensing authorities for physicians and nurses

Any official reports related to establishment of SIS

Description of how we will address Police concerns

Police records past 10 years

Foreign police records check

Any other information the Minister considers relevant

Application Form

Section 56.1 Exemption for Medical Purposes under the Controlled Drugs and Substances Act for Activities at a Supervised Consumption Site



Office of Controlled Substances
Controlled Substances Directorate
Healthy Environments and Consumer Safety Branch
Health Canada

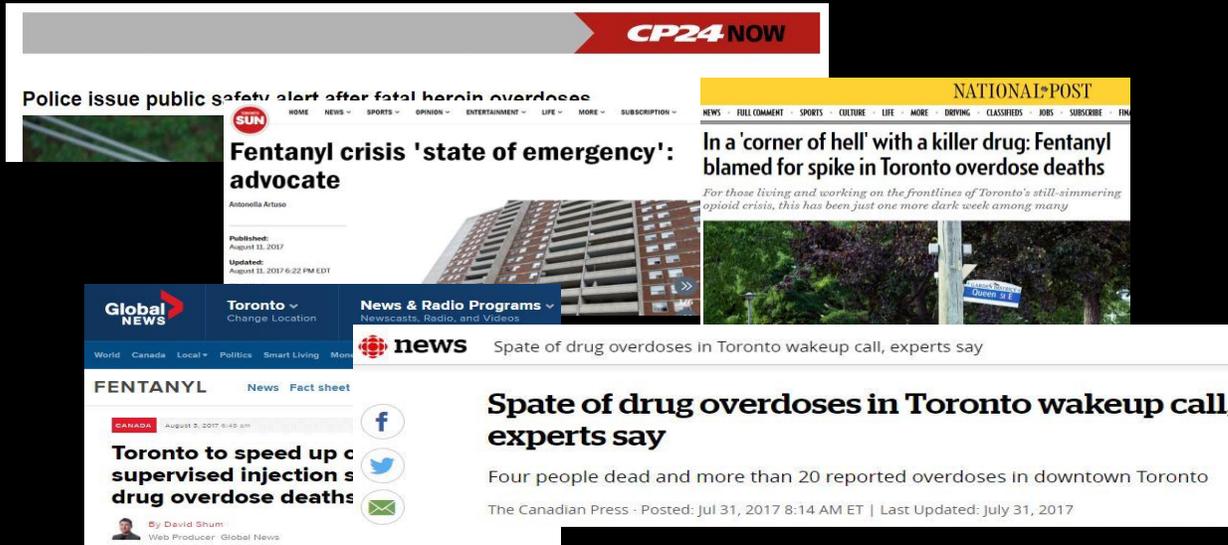
Également disponible en français sous le titre:

Formulaire de demande d'exemption de l'application de la Loi réglementant certaines drogues et autres substances pour des raisons médicales en vertu de l'article 56.1 relativement à des activités dans un site de consommation supervisée

New application for Supervised Consumption Services

- 9 pages
- Still requires community consultation and letter from Provincial or Territorial Minister
- No need for letters from:
 - local government
 - head of the police force
 - lead public health professional
 - Minister responsible for public safety
- Streamlined process

SUMMER 2017



Canadian deaths in 3 years = 11,577

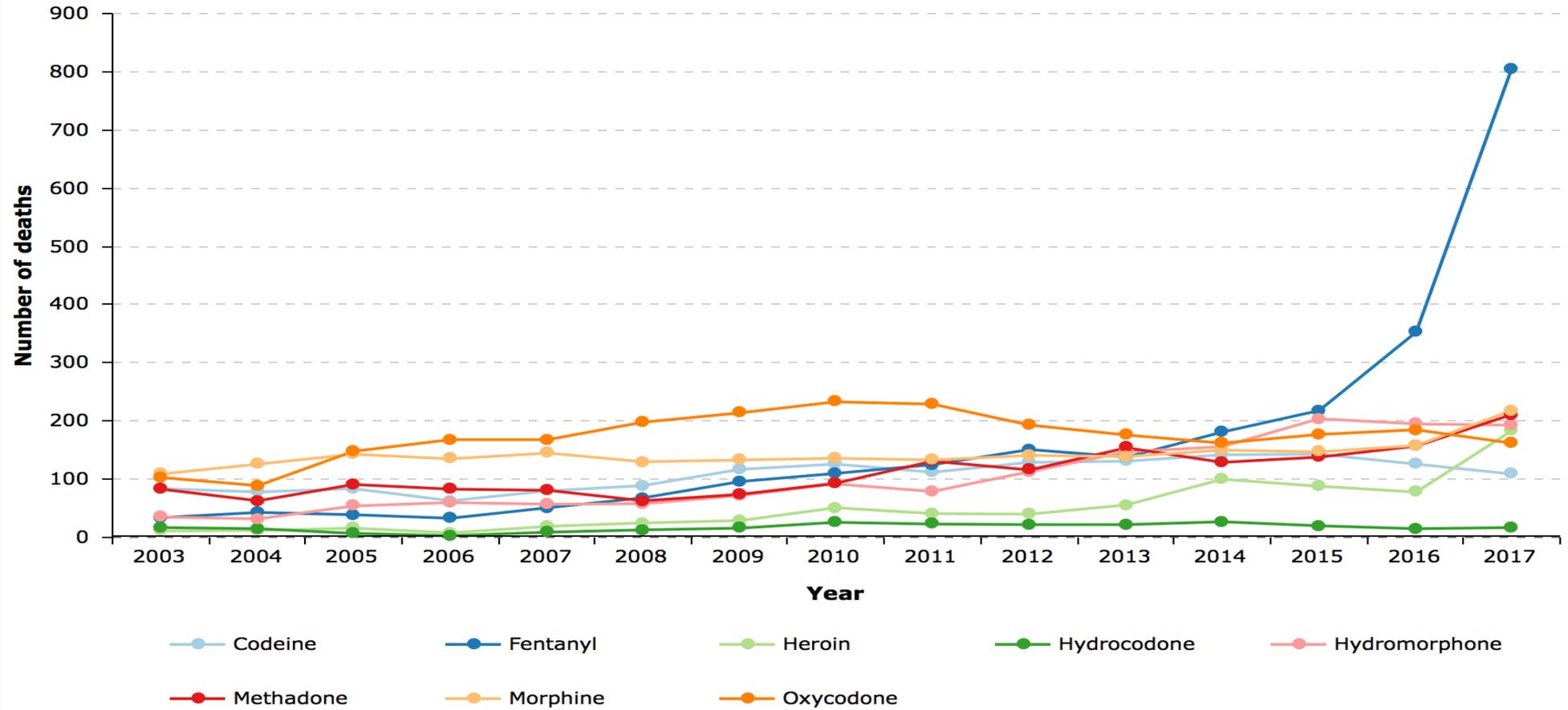
| Year | Ontario opioid-related deaths | Canada opioid-related deaths |
|------|-------------------------------|------------------------------|
| 2016 | 867 | 3,017 |
| 2017 | 1,265 | 4,100 |
| 2018 | 1,471 | 4,460 |

Ontario:
 19% increase from 2015 → 2016
 46% increase from 2016 → 2017
 16% increase from 2017 → 2018

- 3 approved Supervised Injection Sites in Toronto were still not open (long federal approval process: provincial government stalling funding)
- 1,265 people died in Ontario Opioid related deaths
- Increasing toxic drug supply
- “Without data” political motivations to act are low.

LIFE WON'T WAIT

Type of opioid present at death,
Ontario, 2003 – 2017



Advocacy for Government Action



VANCOUVER OPS

- Talk to each other
- Everything happening in Vancouver made it's way to us
- We grew tired of watching our community die
- We contacted Sarah Blyth
- Started a gofundme



Moss Park DPS opens on August 12th, 2017

- Toronto Overdose Prevention Society set up an unsanctioned DPS in Moss Park
- All volunteer operated
- No official approvals
- Ran for 11 months before being funded
- Total injection tent/trailer visits August 12th 2017 - July 2nd 2018 = 9062
- Total number of overdoses survived = 251



Get a
Naloxone Kit
HERE
get a kit,
get trained,
save lives!



Toronto Overdose Prevention Site (unsanctioned)

August 12, 2017-July 2 2018 – Volunteer run

Total injection visits – 9,062

Total number of overdoses survived - 261







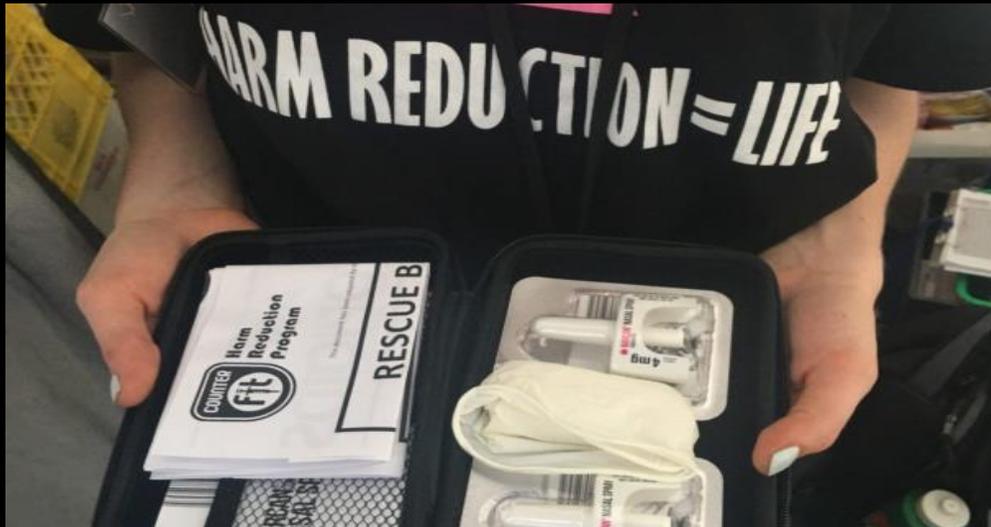


AUGUST 31st

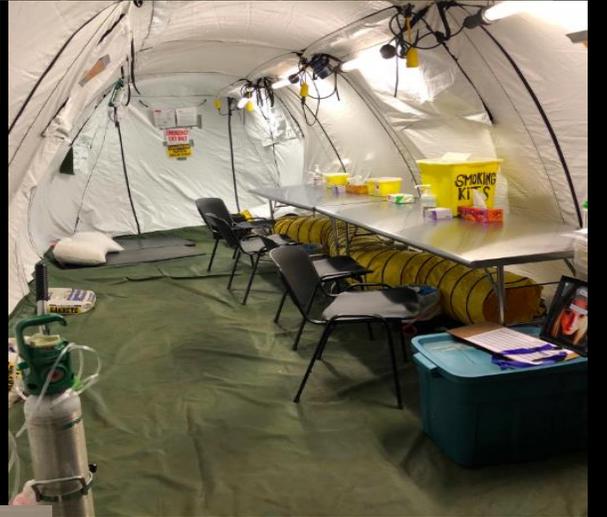
#WHYWEFIGHT ON

#OD17

1. End the war on drugs through drug decriminalization and long-term legalization and regulation.
2. Immediate Federal exemption for all proposed supervised consumption services across Canada.
3. Widespread, rapid access to the following opioid substitution therapies methadone, heroin, and hydromorphone.
4. Expand overdose prevention, harm reduction and opioid substitution in Canadian federal prisons.
5. Explicit federal funding stream for harm reduction programs and organizations led by people who use drugs.



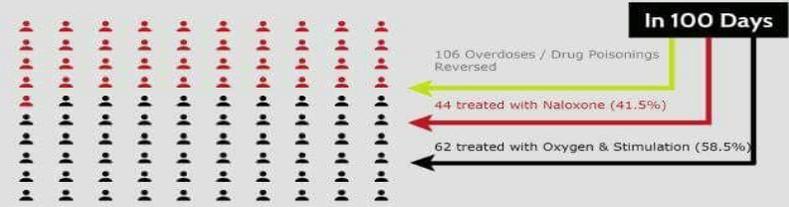




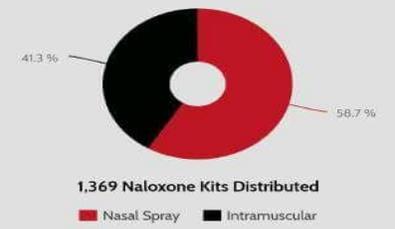


Moss Park Overdose Prevention Site

100 Days
106 Lives Saved



Moss Park OPS Site Visits



Contributions

Over \$48,000 donated by 460 community members

Over 170 volunteers help keep the site open, including people who use drugs, health care practitioners, harm reduction workers and community advocates

0 people funded to do OD prevention at the site

3 heated tents operated by EMAT, including 24 hour paid security to monitor equipments, funded by the Ministry of Health and Long Term Care.



[undme.com/torontooverdosepreventionsociety](https://www.instagram.com/torontooverdosepreventionsociety)
preventionsite@gmail.com
 OPS



Toronto Overdose
Prevention Site
THRA

What was accomplished by August 2018

4 SIS in Toronto & 3 SIS in Ottawa opened

Provincial framework announced in January 2018 for opening Overdose Prevention Sites

Provincial application process – 3 or 6 month exemption(created federal exemption process for OPS)

Funding included for organizations that currently provide harm reduction services and work with people who use drugs

18 OPS in the province were opened/approved

Moss Park OPS funded & moved inside on July 2, 2018!

OPS open in: London, Hamilton, Guelph, Kingston, Ottawa

OPS approved in: Thunder Bay, St. Catharines, Parkdale (Toronto)





Ontario Tory Leader Doug Ford says he's 'dead against' supervised-injection sites

PAOLA LORIGGIO
THE CANADIAN PRESS
APRIL 20, 2018











HOW REALISTIC IN YOUR COMMUNITY?

Geography and transportation

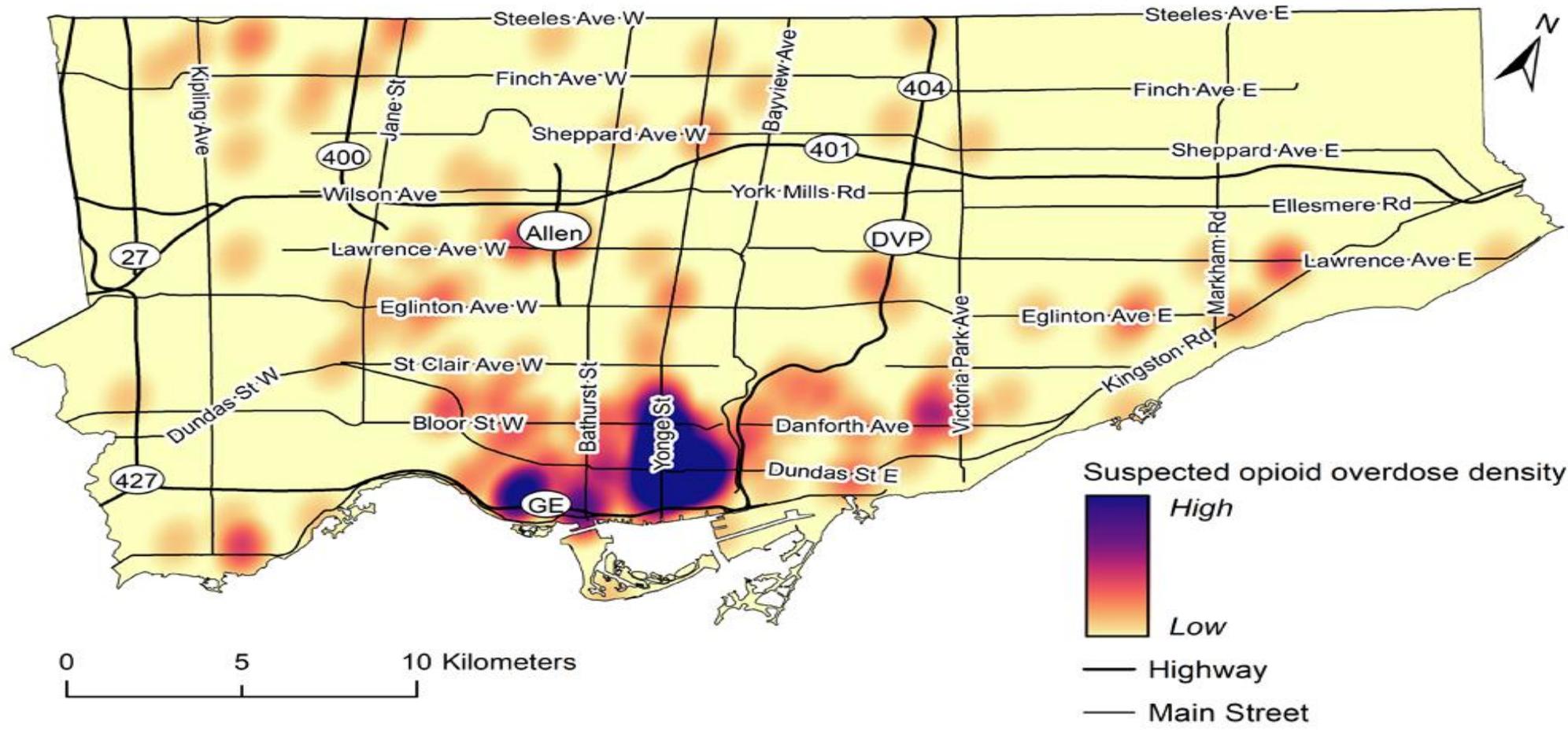
Numbers of potential service users

Resources and staffing

Connections with other services

Simple room or full facility?

What are you already doing for overdose prevention and to connect with people?



SETTING UP AN OPS WHAT SERVICES WOULD YOU OFFER?

What is the highest need in the community?

Distribution of injection & inhalation supplies?

Naloxone distribution & Training?

Injecting monitoring?

Smoking/inhalation space?

Wound care?



SETTING UP AN OPS WHAT SUPPLIES YOU WILL NEED

Doesn't have to be fancy!

Stainless steel tables

Chairs

Mats (for OD response on the ground)

Bins for used supplies

A space
(temporary/permanent)

Sterile injection equipment

In-kind donations

Naloxone (for OD response & distribution to community)

SPO₂ monitor

Oxygen

AED

Wound care dressing materials



UNDERSTAND
THE
COMMUNITY
YOU WORK IN -
CULTURE -
HISTORY AND
THE IMPACTS
ON IT



RESPONDING TO OVERDOSE

Privilege the use of oxygen
Administration of naloxone
Injectable is preferred

Learning curve!

Community members and those with experience responding can be more level-headed in OD response than medical professionals

Teach each other to respond - train the trainer



HOW TO RESPOND TO OVERDOSE

Management of fentanyl overdose

Management of atypical overdoses

Flailing

Rigidity

Non- rousable

When to intervene

How to intervene



CONSIDERATIONS

HOURS OF OPERATION

MEDICAL VS NON MEDICAL

ASSISTED INJECTION

LOW BARRIER

DRUG SHARING

OTHER SUPPORTS

DRUG TESTING

SAFE SUPPLY PROGRAM

SPACE

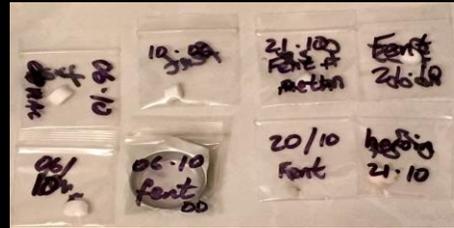
COMMUNITY INVOLVEMENT

WORKING WITH POLICE, LOCAL
COMMUNITY, MEDIA



October 2017: Collection of drug samples
 – not “scientific”

Moss Park nearby
 alleyway
 “Bad dope”
 (GI issues)
 “Fentanyl”
 21.10.17



Samples collected from Moss Park OPS
 (self-report)

| | DATE | SUSPECTED | NOTES |
|--|-------|----------------------------|---------------------------|
| 1. | 06.10 | Fentanyl | filter |
| 2. | 06.10 | Fentanyl | filter |
| 3. | 06.10 | Fentanyl | cooker |
| 4. | 06.10 | Fentanyl | + filter to be checked |
| 5. | 20.10 | Fentanyl | |
| 6. | 21.10 | Fentanyl | 925 filter |
| 7. | 21.10 | Heroin | 925 filter |
| 8. | 21.10 | Fentanyl + methamphetamine | 925 filter |
| → Suspected based on effects and white/clear chunks/crystals | | | |
| 9. | 21.10 | Fentanyl | GI issues “Bad Dope” |

Lab analysis of drug samples:
 October 2017

| Specimen #2 – Filter (fentanyl) | |
|------------------------------------|--------------|
| Carfentanyl\Norcarfentanyl | Major |
| Fentanyl\Norfentanyl | Intermediate |
| Heroin\Monoacetylmorphine\Morphine | Minor |
| Caffeine | Major |
| Ketamine | Minor |
| Theobromine | Minor |

| Specimen #4 – Filter (fentanyl) | |
|--------------------------------------|--------------|
| 4-ANPP | Intermediate |
| Acetylfentanyl | Intermediate |
| Butyrylfentanyl | Minor |
| Cyclopropylfentanyl\Crotonylfentanyl | Intermediate |
| Fentanyl\Norfentanyl | Intermediate |
| Furanylfentanyl\Norfuranylfentanyl | Intermediate |
| Valerylfentanyl | Minor |
| 6-Acetylcodeine | Intermediate |
| Heroin\Monoacetylmorphine\Morphine | Intermediate |
| Codeine | Minor |
| Methadone | Intermediate |
| Cocaine\Benzoyllecgonine | Major |
| Levamisole | Intermediate |
| Caffeine | Intermediate |
| Citalopram | Minor |
| Ephedrine | Minor |
| GHB | Minor |

January 29, 2019:

Follow up to January 14th Alert re: fentanyl/heroin reactions

In mid-January, harm reduction workers and people who use drugs reported that some drugs sold as fentanyl or heroin were causing concerning symptoms, including severe anxiety, memory lapses, erratic behaviour, hallucinations, rapid heart rate and shortness of breath. The reported symptoms lasted at least 30 minutes, up to a few hours. As a result, an alert notice was issued on January 14th (attached below).

In response to community concerns, Toronto Overdose Prevention Society members worked with the laboratory at the Centre for Addiction and Mental Health to analyze residue in used injection equipment (the dark purple coloured substance mentioned in the Jan. 14th alert notice).

The results showed that a very toxic synthetic cannabinoid, AMB-FUBINACA was a major component in addition to fentanyl and heroin. Other compounds in the residue included acetyl fentanyl, butyrfentanyl, caffeine, cocaine, benzocaine, phenacetin, ketamine, methamphetamine, codeine, MDMA, and acetaminophen.



Dark purple cooker residue

Due to the unregulated illicit market, there is no way of knowing at what point in the supply chain this synthetic cannabinoid was added, how much is in circulation, or if it is still present.

If someone has taken opioid drugs containing synthetic cannabinoids, they may be confused, unable to communicate clearly, and may be extremely disoriented. These symptoms will be particularly concerning to anyone who believes they only took an opioid.

If someone has ingested this substance:

- Stay with the person until the effects pass.
- Do not use any more of this drug.
- There is no specific treatment for synthetic cannabinoid reactions.
- Call 911 if in any doubt.

Please use supervised consumption services and overdose prevention sites.



416.338.7600

toronto.ca/health



January 2019 Drug Sample: Synthetic Cannabinoid + everything else

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Dark purple cooker residue

March 22, 2019
Alert: Toxic fentanyl mix

There have been reports about people experiencing severe overdoses after using pink-purple fentanyl in downtown Toronto. These overdoses usually occur immediately after using.

In response, The Works/Toronto Public Health worked with the laboratory at the Centre for Addiction and Mental Health to have a residue sample from used injection equipment tested. The analysis showed that the major components were carfentanil and caffeine, with fentanyl, heroin and heroin-related opioids also present.

Advice for people using drugs:

- Use a supervised consumption service (SCS) or an overdose prevention site (OPS). See the attached list.
- Use with someone else and take turns spotting for each other. If you must use alone, have someone check on you.
- Get naloxone. Agencies that have it include: The Works, Parkdale-Queen West CHC, Regent Park CHC, South Riverdale CHC, Fred Victor, Eva's Satellite, Sistering, Sherbourne Health Centre, Seaton House, and 129 Peter Street.
- You can also get a free naloxone kit at a pharmacy. Find out where at: www.ontario.ca/page/get-naloxone-kits-free or by calling 1-800-565-8603.

In an overdose situation get help immediately:

Call 911. Give naloxone. Stay with the person.

It is **essential** that all overdoses get medical attention!



Toronto Public Health continues to monitor data and community reports. If you know about an unexpected reaction or overdose, tell a harm reduction worker about it.

You can make an anonymous report online at ReportBadDrugsTO.ca



416.338.7600 toronto.ca/health | TORONTO Public Health

March 2019 Drug Sample: Carfentanil + caffeine

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Monthly number of suspected opioid overdose calls received by Toronto Paramedic Services, Toronto, August 3, 2017 to September 15, 2019

| Month | Non-Fatal | Fatal |
|----------|-----------|-------|
| Aug '17† | 396 | 24 |
| Sep '17 | 373 | 27 |
| Oct '17 | 238 | 13 |
| Nov '17 | 189 | 14 |
| Dec '17 | 175 | 10 |
| Jan '18 | 181 | 11 |
| Feb '18 | 178 | 6 |
| Mar '18 | 219 | 11 |
| Apr '18 | 216 | 7 |
| May '18 | 259 | 7 |
| Jun '18 | 291 | 16 |
| Jul '18 | 301 | 14 |
| Aug '18 | 340 | 15 |
| Sep '18 | 338 | 15 |
| Oct '18 | 249 | 13 |
| Nov '18 | 281 | 19 |
| Dec '18 | 266 | 12 |
| Jan '19 | 286 | 11 |
| Feb '19 | 302 | 18 |
| Mar '19 | 452 | 22 |
| Apr '19 | 403 | 17 |
| May '19 | 420 | 9 |
| June '19 | 398 | 7 |
| July '19 | 265 | 11 |
| Aug '19 | 246 | 9 |
| Sep '19† | 110 | 3 |

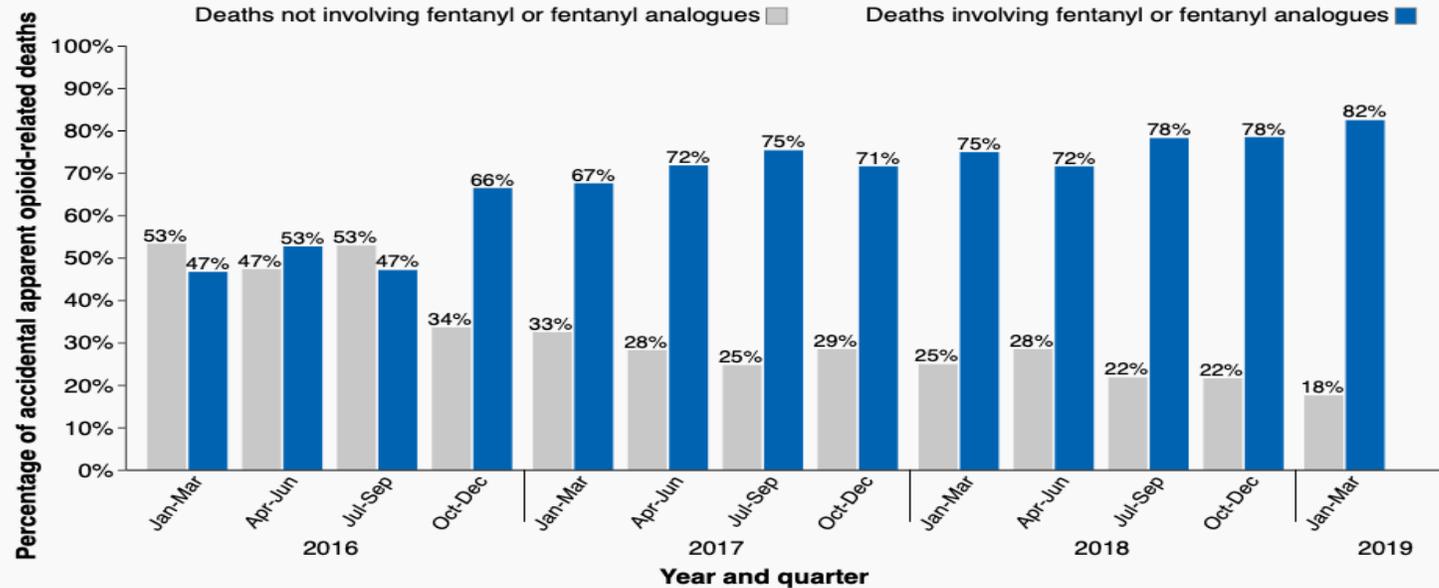
Weekly number of suspected opioid overdose calls received by Toronto Paramedic Services, Toronto, June 17 to September 15, 2019

| Week* | Non-Fatal | Fatal |
|--------|-----------|-------|
| Jun-17 | 83 | 1 |
| Jun-24 | 64 | 2 |
| Jul-01 | 77 | 2 |
| Jul-08 | 48 | 3 |
| Jul-15 | 48 | 4 |
| Jul-22 | 55 | 0 |
| Jul-29 | 79 | 2 |
| Aug-05 | 35 | 2 |
| Aug-12 | 56 | 4 |
| Aug-19 | 48 | 1 |
| Aug-26 | 75 | 2 |
| Sep-02 | 51 | 1 |
| Sep-09 | 49 | 2 |

Public health crises in Ontario this century, by deaths



Figure 4. **Percentage** of accidental apparent opioid-related deaths involving or not involving fentanyl or fentanyl analogues by quarter, January 2016 to March 2019



Next steps..

Decriminalization & Legalization

More OPS and SIS necessary within housing and shelters
In areas underserved by harm reduction and social services

Safe Supply programs

Need to divert people away from a contaminated drug supply

Need for low barrier hydromorphone and heroin prescribing models that are easy to scale up

Need for new solutions and looking seriously at how we got here - not just pharma.

Prioritize the voices of people who use drugs

Critical examination of the effectiveness of the current drug treatment system

Less talk - more evidenced informed action

Take care of those responding - build in good pay, benefits and support - show them their value

Dont' be afraid to wade in to the politics - lives depend on us.

Overdose deaths are preventable

OPS/SIS are sites of connection and community - they are more than responding to overdose (August 2017- May 2019 - all 9 sites in Toronto responded to 2,000 +overdoses)

Celebrate and memorialize those we have lost





THEY LISTEN WE LIVE.