



City of Greater Sudbury Opioid Poisonings Response Plan

Web Version



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SUDBURY & DISTRICTS



Author

Community Drug Strategy for the City of Greater Sudbury (2019)

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**List of community partners involved with the Community
Drug Strategy for the City of Greater Sudbury**

Canadian Mental Health Association Sudbury/Manitoulin
City of Greater Sudbury
City of Greater Sudbury – Paramedic Services
Conseil scolaire catholique du Nouvel-Ontario
Conseil scolaire public du Grand Nord de l'Ontario
Crown Attorney
Greater Sudbury Police Service
Health Sciences North – Outpatient Addictions & Gambling
Health Sciences North – Withdrawal Management Services
Métis Nation
Monarch Recovery Services (Formerly Iris Addiction Recovery
for Women and Rockhaven Recovery)
North East Local Health Integration Network (NE LHIN)
N'Swakamok Native Friendship Centre
Ontario Aboriginal HIV/AIDS Strategy
Ontario Provincial Police
Rainbow District School Board
Réseau ACCESS Network
Social Planning Council of Sudbury
Sudbury Catholic District School Board
Public Health Sudbury & Districts
Sudbury Action Centre for Youth (SACY)

This document was adapted, with permission from Dr. Emily Groot, from Thunder Bay & District Health Unit's *Thunder Bay & District Emergency Response Plan: Opioid Poisonings* (March 5, 2018).

The Thunder Bay & District Emergency Response Plan: Opioid Poisonings was adapted, with permission from Dr. Kieran Moore and Ms. Adrienne Hansen-Taugher, from KFL&A Public Health's *Recommendations for Action: A Community Meeting in Preparation for a Mass-Casualty Opioid Overdose Event*.¹

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A Message from the Community Drug Strategy Executive Leads

We are pleased to share the Opioid Poisonings Response Plan for the City of Greater Sudbury. This plan was collaboratively developed by members of the Community Drug Strategy and affiliate partners. Our coordinated efforts have produced a comprehensive plan to ensure the approach is adopted and effectively communicated by all sectors.

This document outlines the roles and responsibilities of key stakeholders should the impacts of illicit synthetic opioids pose a risk to our system capacities within our community. Having a collaborative plan will allow us to respond effectively and in a timely manner to ensure the health and safety of our population, and ultimately, to save lives.

Being prepared for a opioid-related emergency complements our collective daily work to prevent these emergencies from happening in the first place. Our collective efforts to educate, promote health, prevent illness and injury, as well as provide treatment are core contributions to reduce the harms related to substance misuse.

Together, we are creating a safer and healthier community for all residents of the City of Greater Sudbury.

Dr. Penny Sutcliffe, MD, MHSc, FRCPC
Medical Officer of Health
Public Health Sudbury & Districts

Paul Pedersen - M.P.A., Dip.ED, C.M.M. III, M.O.M.
Chief of Police
Greater Sudbury Police Service

1. Aim

This document outlines how the Community Drug Strategy for the City of Greater Sudbury, in conjunction with its partners, will respond to a surge in opioid poisonings or detection of high-potency opioid formulations in the geographic area of the City of Greater Sudbury. Three specific circumstances are described:

1. How the Community Drug Strategy for the City of Greater Sudbury will respond to surveillance data that demonstrate an increase in opioid-related emergency department visits or emergency medical services calls but the underlying cause of the increase is unknown; and/or
2. How the Community Drug Strategy for the City of Greater Sudbury will respond to reports of the presence of high-potency or toxic opioid formulations in our community; and/or
3. How the Community Drug Strategy for the City of Greater Sudbury will respond to a mass casualty event secondary to opioid poisonings.

This document is limited to summarizing the short-term emergency response to a surge in opioid poisonings and is not intended to be a comprehensive response to opioid-related morbidity and mortality. The Community Drug Strategy recognizes the importance of longer-term interventions including anti-stigma approaches; improving access to health promotion, harm reduction, and treatment services; and enhancing system capacity to respond to surges.^{2,3} Our work continues to focus on these areas.

2. Definitions

Overdose: Describes the ingestion or application of a drug or other substance in quantities greater than are recommended or generally practiced. To assist in de-stigmatization, certain communities have adopted the term poisoning or toxicity.

Symptoms of opioid overdose include when someone cannot stay awake, walk or talk, are breathing slowly or not at all, have a limp body, not responding to noise or knuckles being rubbed hard on their breastbone, snoring or gurgling sounds, pale or blue skin (especially on their nail beds and lips), they feel cold, tiny pupils (pinpoint) or their eyes are rolled back and the person is vomiting.

The terms “toxic” or “poisonous” are preferred to “potent” or “high-strength” when referring to high-potency opioid formulations in public communications, as the former more accurately represent the risk to people who use drugs.

3. Background

Recent events across Ontario involving clusters of opioid poisonings have prompted municipalities, health system partners, and government agencies to develop plans to prepare for, respond to, and recover from these clusters. Recently, sudden clusters of drug-related emergencies have been reported in the literature in North America and other countries, and these events threaten to overwhelm current response mechanisms and result in increased mortality.^{1,4,5}

Individuals may be exposed to opioids through both prescription and non-prescription sources; non-prescription opioids refer to naturally occurring opioids, semi-synthetic opioids, and synthetic opioids that may be produced illicitly or diverted from pharmaceutical sources.^{1,6} Illicitly-obtained opioids present a higher risk for fatal and non-fatal overdose due to their variable potency, dose variability, and potential appearance as pharmaceutical products.¹

At this time, evidence for interventions that reduce the incidence of opioid poisonings is lacking.² The interventions listed in this emergency response plan are based on expert opinion.

4. Plan activation triggers

The Executive Leads of the Community Drug Strategy for the City of Greater Sudbury, or designate, will activate this plan in the following situations:

1. Surveillance data demonstrate a statistically significant increase of concern in opioid-related emergency department visits or emergency medical services calls, *with an identified or suspected cause*.
2. A member of the Community Drug Strategy for the City of Greater Sudbury reports to the Executive Leads or designate that the presence of high-potency opioid formulation has been detected in our community.
3. There is a mass casualty event secondary to opioid poisonings. In this case, the receiving hospital would notify the Community Drug Strategy Executive Leads (Medical Officer of Health, Public Health Sudbury & Districts or Chief of Police of Greater Sudbury Police Service, or designates) subject to their assessment and determination of a mass casualty event.

In the event of a statistically significant increase of concern and/or the detection of a high-potency opioid formulation in the Community Drug Strategy for the City of Greater Sudbury members, as appropriate, will be requested to undertake an investigation to identify the cause. Depending on the findings the Executive Leads may issue a drug alert or a drug warning to the community. The Executive Leads or designate will alert Community Drug Strategy for the City of Greater Sudbury members via e-mail and phone (see contact information in Appendix B) and convene an emergency meeting of the Community Drug Strategy as required.

Once activation triggers are reached, Community Drug Strategy members will declare when they are in enhanced or activated response operations. Each organization will follow their usual processes for escalation, notification and activation of their emergency response plans. When multiple organizations declare they are in enhanced or emergency response operations, an Incident Management System structure may be put in place based on the requirements of each of the participating organizations. This response will be aligned with the City of Greater Sudbury Opioid Poisonings Response Plan.

5. Data sources for plan activation

5.1. Quantitative data sources

Aberration detection algorithms will be applied by Public Health Sudbury & Districts and paramedic services to the following data sources to identify whether or not a statistically significant increase of concern in opioid-related/suspected emergency department visits or emergency medical service calls has occurred:

- Number of hospital emergency department visits for overdose (including toxicity and opioid syndrome) as collected from triage notes from Health Sciences North, provided to Public Health Sudbury & Districts through Acute Care Enhanced Surveillance (ACES)
- Number of opioid-related calls to City of Greater Sudbury Paramedic Services
- Number of hospital emergency department visits for opioid poisonings, as collected by the Canadian Institute for Health Information (CIHI) through the National Ambulatory Care

Reporting System (NACRS) from all hospitals in the geographic area of Public Health Sudbury & Districts, provided to Public Health Sudbury & Districts by the Ministry of Health, noting that there is a 10-day lag in this data

Quantitative data sources will be corroborated with qualitative information. This process will be led by Public Health Sudbury & Districts with members of the Community Drug Strategy

(Quantitative data sources in development and under review.)

5.2. Qualitative data sources

The following non-exhaustive list of reports from community partners will trigger plan activation by the Executive Leads of the Community Drug Strategy for the City of Greater Sudbury or further investigation to corroborating evidence as described in section 4. Health care and other service providers are encouraged to use the notification procedure described in section 6 if they identify any of the following:

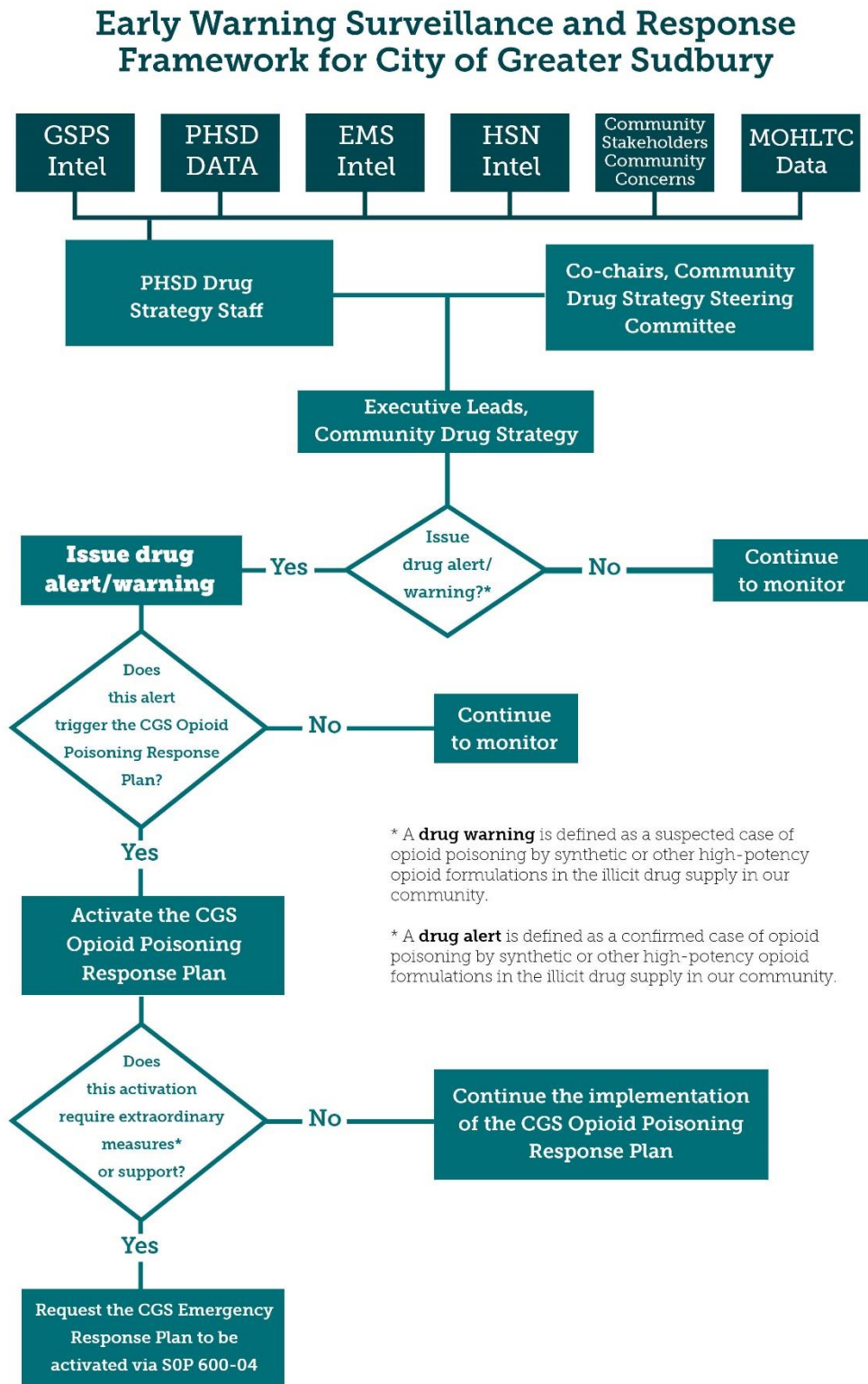
- Lab confirmation of high-potency opioid formulations in our community
- Police identification of high-potency opioid formulations circulating in our community
- Concerns of people who use drugs or their service providers
- Unusual pattern of, or increase in, emergency department visits, as recognized by clinicians
- Surge plan initiated at a hospital in response to opioid poisonings
- Opioid-related/suspected calls to City of Greater Sudbury Paramedic Services threaten to overwhelm their capacity to respond
- Quantitative evidence will be corroborated with qualitative information by Public Health Sudbury & Districts

6. Notification and activation procedures

The implementation and enhancement of early warning systems reporting is the responsibility of each community partner of the Community Drug Strategy. Roles and responsibilities (as listed in Appendix F) are shared amongst community partners to ensure timely identification and a coherent dissemination of information.

Notify the corresponding person according to the pathway outlined in Figures 1 and 2 using the contact information in Appendix A: Contact Information.

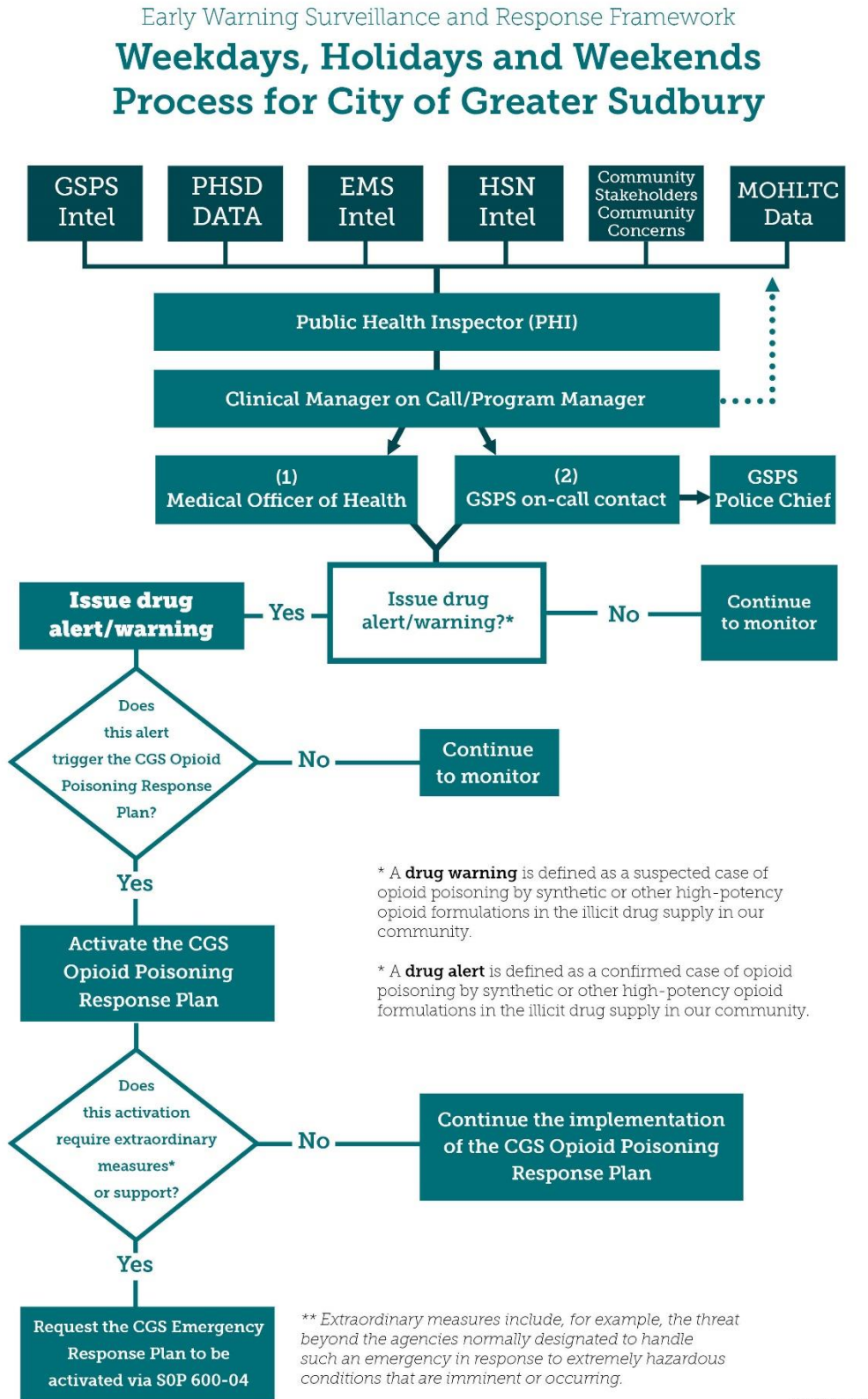
Figure 1: Early Warning Surveillance and Response Framework for the City of Greater Sudbury – During Regular Business Hours



** Extraordinary measures include, for example, the threat beyond the agencies normally designated to handle such an emergency in response to extremely hazardous conditions that are imminent or occurring.

09/16/2019

Figure 2: Early Warning Surveillance and Response Framework for the City of Greater Sudbury – Outside Regular Business Hours (weekdays, holidays and weekends)



09/16/2019

7. Roles and responsibilities in the event of a surge in opioid poisonings, detection of high-potency opioid formulations, or threat to overwhelm

7.1. Health services

7.1.1. Public health: Public Health Sudbury & Districts

Surveillance and data analysis

- Continue to collect and analyze opioid-related morbidity and mortality data from partners on an ongoing basis and communicate any aberrations of concern in surveillance data to the Executive Leads or designate of the Community Drug Strategy for the City of Greater Sudbury.
- Interpret provincial data for relevance to the local context.
- Identify groups at high risk of opioid-related morbidity and mortality.
- Convey clients' on-the-ground experience to the Executive Leads or designate of the Community Drug Strategy for the City of Greater Sudbury.
- Report local data to Public Health Ontario and contribute any analytic or interpretive insights to the Ministry of Health and Public Health Ontario.

Communication

- Support coordinated messaging identified by the lead agency as described in 8.1.
- Notify people who use drugs, health care providers, and community members on the confirmed or suspected presence of high-risk opioid formulations in the community through:
 - Media release coordinated with other members of the Community Drug Strategy for the City of Greater Sudbury
 - Social media platforms of Community Drug Strategy partner organizations
 - E-mail to external health promotion drug alert distribution list
 - Community Drug Strategy website
 - Staff-client interactions via Community Drug Strategy partner organizations
 - Outreach via Community Drug Strategy partner organizations
- Communicate with the public on risk and appropriate public health measures through:
 - Media release coordinated with other members of the Community Drug Strategy for the City of Greater Sudbury
 - Social media platforms
 - E-mail to external health promotion drug alert distribution list
 - Community Drug Strategy website
 - Staff-client interactions
 - Outreach
- Notify the following community partners of confirmed or suspected presence of high-risk opioid formulations in the community *and* of aberrations in surveillance data that require further investigation:
 - Community Drug Strategy for the City of Greater Sudbury partners
 - Municipal and regional leaders (for example, police, paramedic services, hospitals, community health directors)
 - All members of the City of Greater Sudbury Community Drug Strategy (for example, executive, steering, surveillance, communications)

- Chairs of each drug strategy committee in Espanola, Manitoulin, and Sudbury East and Chapleau community partners, as appropriate
- If necessary, activate with GSPS the CGS Opioid Poisonings Response Plan. If the CGS Opioid Poisonings Response Plan is activated, inform the Chief Medical Officer of Health/Provincial Overdose Coordinator, the affected municipality/First Nations community, the Ministry of Health Emergency Operations Centre, the First Nations & Inuit Health Branch, the North East Local Health Intergration Network (NE LHIN), Public Health Ontario, Indigenous Services Canada, and neighbouring local public health agencies, as assessed necessary.
- If necessary, request the CSG Emergency Response Plan be activated. If the CSG Emergency Response Plan is activated, inform the Chief Medical Officer of Health/Provincial Overdose Coordinator, the affected municipality/First Nations community, the Ministry of Emergency Operations Centre, the First Nations & Inuit Health Branch, the NE LHIN, Public Health Ontario, Indigenous Services Canada, and neighbouring local public health agencies, as assessed necessary.

Additional media messaging is available if required. Please refer to the [Communications Toolkit](#) (PDF, 1.04 MB) found on the Community Drug Strategy website.

Harm reduction

- If epidemiological data suggests a location is at high risk of opioid-related morbidity and mortality during an event surge, focus on engaging the identified population in harm reduction services, including naloxone training and distribution and safer drug use supplies via partnerships with Réseau Access, The Point (Public Health Sudbury & Districts), Sudbury Action Centre for Youth, and The Ontario Aboriginal HIV/AIDS Strategy (OAHAS)*.
- Accelerate and/or scale-up naloxone training and distribution of naloxone to community partners where needed.
- Increase outreach resources, if required, to enhance outreach partners work in distributing naloxone.

*District office public health nurses working with the Community Drug Strategy, or their back-ups, would work in conjunction with their community partners.

7.1.2. Acute care: Emergency departments

Surveillance and data analysis

Continue to collect suspected opioid-related data

- Enhance emergency department surveillance by collecting data in accordance with the Canadian Institute for Health Information's Guidelines to Support Capturing Cases of Opioid Overdose (Poisoning) and Opioid Overdose Coding Direction.
- Observe confirmed or suspected presence of high-risk opioid formulations in the community *and* of aberrations in surveillance data that require further investigation. Share observations with the Executive Leads of the City Of Greater Sudbury or designate (see contact information in Appendix A).

Manage acute opioid poisoning

- Provide emergent healthcare to individuals experiencing opioid poisoning
- Activate surge plan, if required
- Declare Code Orange, if required

- Request the deployment of the Ontario Emergency Medical Assistance Team (EMAT) if surge threatens to overwhelm local capacity.

Communication (with HSN Communications team or other internal processes, as appropriate)

- Inform the Northeast Local Health Integration Network (NE LHIN) of surveillance, data and identification of surge events related to opioid poisoning.
- Support coordinated messaging identified by the lead agency as described in 8.1.
- Notify people who use drugs, health care providers, and community members about the confirmed or suspected presence of high-risk opioid formulations in the community.
- Communicate with the public on risk and appropriate public health measures through:
 - Media release coordinated with other members of the Community Drug Strategy for the City of Greater Sudbury
 - Social media platforms, as available
 - Staff-client interactions
- Notify the Community Drug Strategy for the City of Greater Sudbury of confirmed or suspected presence of high-risk opioid formulations in the community *and* of aberrations in surveillance data that may require further investigation.
- Additional media messaging is available if required. Please refer to the [Communications Toolkit](#) (PDF, 1.04 MB) found on the Community Drug Strategy website.

Harm reduction

- If epidemiological data suggests a location is at high risk of opioid-related morbidity and mortality during an event surge event, provide naloxone training and naloxone to patients or carers or ensure they are aware of where to go for naloxone and training.
- Accelerate naloxone training and distribution of naloxone to clients and family members.

7.1.3. Primary care, mental health care, and addiction services

Health services provision

- Increase access, as required, to provide health care services for lower-acuity issues, and divert these cases from the emergency departments if required.

Harm reduction

- If epidemiological data suggests a location is at high risk of opioid-related morbidity and mortality during an event surge, focus on engaging the geographical area in harm reduction services, including naloxone training and distribution of safer drug use supplies.
- Accelerate naloxone training to clients, family and community members, as applicable.

Communication

- Support coordinated messaging identified by the lead agency as described in 8.1.
- Notify people who use drugs, carers, and community members about the confirmed or suspected presence of high-risk opioid formulations in the community. Communicate risk and appropriate harm reduction strategies through:
 - Staff-client interactions
 - Social media platforms, as applicable to the sector
 - Outreach, as applicable to the sector
 - Displaying drug alert/warning

- Additional media messaging is available if required. Please refer to the [Communications Toolkit](#) (PDF, 1.04 MB) found on the Community Drug Strategy website.

Surveillance

- Convey clients' on-the-ground experience to the co-chairs of the Community Drug Strategy for the City of Greater Sudbury, or designate (see Contact Information in Appendix A).

7.1.4. Pharmacies

Communication

- Support coordinated messaging identified by the lead agency as described in 8.1.
- Notify people who use drugs about the confirmed or suspected presence of high-risk opioid formulations in the community.
- Communicate with the public on risk and appropriate harm reduction strategies through:
 - Staff-client interactions
 - Displaying drug alert/warning
- Additional media messaging is available if required. Please refer to the [Communications Toolkit](#) (PDF, 1.04 MB) found on the Community Drug Strategy website.

Harm reduction

- If epidemiological data suggests a location is at high risk of opioid-related morbidity and mortality during an event surge, focus on engaging the geographical area in harm reduction services, including naloxone training.
- Accelerate or scale-up naloxone training to clients, family and community members.

7.1.5. North East Local Health Intergration Network

Communication

- Support coordinated messaging identified by the lead agency as described in 8.1.
- Notify health service providers about confirmed or suspected presence of high-risk opioid formulations in the community through e-mail communications and encourage sign-up for alerts from the Community Drug Strategy.
- Communicate with the public on risk and appropriate harm reduction strategies through:
 - Displaying drug alert/warning
 - Staff-client interactions
- Additional media messaging is available if required. Please refer to the [Communications Toolkit](#) (PDF, 1.04 MB) found on the Community Drug Strategy website.

Surveillance

- Interpret provincial, national and international data for relevance to the local context and communicate this information to local health system partners.
- Report local data and contribute any analytic or interpretive insights to the the Ministry of Health as required.

7.2. Emergency first responders

7.2.1. Paramedic Services: City of Greater Sudbury Paramedic

Provide primary and advanced paramedicine care

- Provide emergency medical services to individuals experiencing opioid poisoning.

Surveillance

- Continue to collect and analyze opioid-related paramedic services call data on an ongoing basis.
- Identify geographical locations with high frequencies of opioid-related paramedic services calls.

Communication

- Support coordinated messaging identified by the lead agency as described in 8.1.
- Notify the Community Drug Strategy for the City of Greater Sudbury of confirmed or suspected presence of high-risk opioid formulations in the community *and* of aberrations in surveillance data that may require further investigation.
- Notify people who use drugs, community partners, and community members about the confirmed or suspected presence of high-risk opioid formulations in the community.
- Communicate with the public on risk and appropriate harm reduction strategies through:
 - Media release, as required
 - Displaying drug alert/warning on web site or via social media, as available
- Increase coordination with response partners, if required.
- Advise the Manitoulin-Sudbury District Service Board and/or closest adjacent paramedic services
- Additional media messaging is available if required. Please refer to the [Communications Toolkit](#) (PDF, 1.04 MB) found on the Community Drug Strategy website.

7.2.2. Police services: Greater Sudbury Police Service, Anishinabek Police Service, Ontario Provincial Police

Communication

- Support coordinated messaging identified by the lead agency as described in 8.1.
- Notify the Community Drug Strategy for the City of Greater Sudbury of confirmed or suspected presence of high-risk opioid formulations in the community *and* of aberrations in surveillance data that may require further investigation.
- Notify people who use drugs, community partners, and community members about the confirmed or suspected presence of high-risk opioid formulations in the community.
- Communicate with the public on risk and appropriate harm reduction strategies through:
 - Media release, as required
 - Outreach
 - Displaying drug alert/warning
- Increase coordination with response partners, if required.
- Advise district police services/closest adjacent police service.
- Additional media messaging is available if required. Please refer to the [Communications Toolkit](#) (PDF, 1.04 MB) found on the Community Drug Strategy website.

Enforcement

- Investigate and control sources of illegal opioids.

Support paramedic services

- Assist with scene management if required.
- Support paramedic services by providing naloxone administration if required, prior to paramedic arrival.

7.2.3. Fire services

Surveillance

- Continue to collect and report to paramedic services opioid-related fire medical call data on an ongoing basis.

Communication

- Support coordinated messaging identified by the lead agency as described in 8.1.
- Notify people who use drugs, community partners, and community members about the confirmed or suspected presence of high-risk opioid formulations in the community.
- Communicate with the public on risk and appropriate harm reduction strategies through:
 - Media release, as required
 - Displaying drug alert/warning
- Increase coordination with response partners, if required.
- Advise district fire services and/or closest adjacent fire services.
- Additional media messaging is available if required. Please refer to the [Communications Toolkit](#) (PDF, 1.04 MB) found on the Community Drug Strategy website.

Support emergency first-response partners

- Support paramedic services by providing in-field first-aid and where delegated Emergency First Responder aid, including naloxone if required, prior to paramedic arrival.
- If possible, provide hazardous materials (decontamination) services and support, or request such services from outside fire services who provide these supports.
- Advise Office of the Fire Marshal and Emergency Management (OFMEM) of community situation, as required.

7.3. Other services

7.3.1. Education

Communication

- Support coordinated messaging identified by the lead agency as described in 8.1.
- Each school board will notify their respective school community members about the confirmed or suspected presence of high-risk opioid formulations in the City of Greater Sudbury.
- Communicate and educate respective school community members on opioid harms, and appropriate harm reduction strategies through:
 - Social media platforms
 - Inter-agency communication (for example, PA announcements, school assembly, class announcement)
 - Displaying drug alert/warning
 - Inter-agency counselling services
- Additional media messaging is available if required. Please refer to the [Communications Toolkit](#) (PDF, 1.04 MB) found on the Community Drug Strategy website.

7.3.2. Regional supervising coroner

Death investigation

- Activate mass fatality plan if necessary.
- Coordinate forensic pathology, body removal services, and funerary preparations as necessary.

Surveillance

- Continue to collect and analyze opioid related morbidity and mortality data.

Communication

- Support coordinated messaging identified by the lead agency as described in 8.1.
- Inform the Executive Leads or designate of the Community Drug Strategy for the City of Greater Sudbury of findings and ongoing events related to suspected and/or confirmed opioid poisoning mortality.
- Additional media messaging is available if required. Please refer to the [Communications Toolkit](#) (PDF, 1.04 MB) found on the Community Drug Strategy website.

7.3.3 Municipalities/Health Directors Indigneous Health Centers

Communication

- Support coordinated messaging identified by the lead agency as described in 8.1.
- Maintain contact with Community Drug Strategy for the City of Greater Sudbury Executive Committee regarding ongoing status.
- Notify people who use drugs, community partners, and community members about the confirmed or suspected presence of high-risk opioid formulations in the community
- Communicate with the public on risk and appropriate harm reduction strategies through:
 - Media release, as required
 - Displaying drug alert/warning
- Advise other municipalities/health directors of Indigneous health centers and/or closest adjacent municipalities.
- Additional media messaging is available if required. Please refer to the [Communications Toolkit](#) (PDF, 1.04 MB) found on the Community Drug Strategy website.

Harm reduction

- Increase coordination with response partners, if required.

Supportive measures

- Provide physical space for identified emergency measures, if required.

8. Emergency operations centre

In the event the response requires extraordinary measures and support the Community Control Group will be activated (partial or full) and convened at the Emergency Operations Centre (EOC). If it is deemed necessary, the Community Control Group may declare an emergency.

8.1. Lead agency for communication

The organization with primary jurisdiction will lead communication for an event, including issuing the first media release. For example, the investigating police service will issue the first media release regarding high-potency opioids identified through a police investigation, while a hospital experiencing a surge in visits related to opioids will issue the first media release regarding the surge, and paramedic

services would issue a release should there be multiple overdoses that is assessed to be a cluster. If multiple agencies have jurisdiction, consider consulting with the Executive Leads of Community Drug Strategy for the City of Greater Sudbury, or designate. The Community Drug Strategy for the City of Greater Sudbury will issue alerts based on quantitative and qualitative data it receives, as required.

8.2. Key messages for the public

Key messages to share in the event of the detection of a high-potency opioid formulation in the community, or a surge in opioid poisonings include:

1. What is and is not known about the event or substance.
2. Recommend harm reduction strategies:
 - a. Avoid mixing drugs, including prescribed, over the counter and illegal drugs.
 - b. Avoid drinking alcohol while using other drugs.
 - c. Use caution when switching substances—start with a lower dose than you usually would.
 - d. If you have not used in a while, start with a lower dose. Your tolerance may be lower.
 - e. Avoid using drugs when you are alone.
 - f. If supervised consumption sites are available in Sudbury, recommend accessing these services.
 - g. Carry a naloxone kit (see 8.3).
 - h. Know the [signs and symptoms](#) (Government of Canada) of an opioid overdose.

8.3. Naloxone distribution

Naloxone, a medication that reverses poisoning due to any kind of opioid, is available for free at the following locations:

- i. Public Health Sudbury & Districts – The Point
- ii. Reseau Access Network
- iii. Sudbury Action Centre for Youth
- iv. Participating community pharmacies

Naloxone is available for free at [participating pharmacies](#) (government of Ontario) in Sudbury and districts.

Naloxone and overdose awareness training are available for free from Public Health Sudbury & Districts through [The Point](#).

References:

Ontario Poison Centre Opioid [Myths and Facts](#).

9. Plan demobilization

This plan will be demobilized after:

1. The objective of the declaration has been planned and implemented
2. Surveillance data indicate that incidence of opioid poisoning has returned to a 'stable' baseline
3. The activities can be carried out by the most appropriate involved organizations on a longer term

Community Drug Strategy for the City of Greater Sudbury members will be notified via e-mail that the plan has been demobilized.

10. Debriefing

A debriefing will occur at the next Executive Community Drug Strategy for the City of Greater Sudbury meeting following plan demobilization. The debriefing will review: the incident, the decisions made, and actions taken. The Community Drug Strategy members will discuss opportunities to improve the response, and whether or not the Emergency Response Plan needs to be updated. Improvements and changes will be captured in an after-action report.

Appendix A: Contact information

Provided to Community Drug Strategy Leads for the purpose of implementing the Opioid Poisonings Response Plan.

Appendix B: Community Drug Strategy contact information

Provided to Community Drug Strategy Leads for the purpose of implementing the Opioid Poisonings Response Plan.

Appendix C: Emergency messaging for a drug alert

[insert date]



[INSERT ISSUE]

[INSERT TITLE]

What is [insert substance]?

- [insert details]
- [insert details]
- [insert details]
- [insert details]

Prevent opioid overdose / save lives:

- Avoid using drugs when you are alone. If this is not possible, ask a friend to check in on you.
- When using drugs with a friend, do not use at the same time.
- When switching substances or if you have not used in a while, start with a lower dose.
- Carry a naloxone kit.
- Use multiple doses of naloxone as needed.
- Call 911 if you suspect an overdose.
- Avoid mixing drugs, including prescribed, over the counter and illegal drugs.
- Avoid drinking alcohol while using other drugs.

Overdose symptoms include:

- Blue lips or nails
- Dizziness and confusion
- Can't be woken up
- Choking, gurgling or snoring sounds
- Slow, weak or no breathing
- Drowsiness or difficulty staying awake

For a free naloxone kit, contact Réseau ACCESS Network at 705.688.0500 or ask your local pharmacist.

www.ontario.ca/page/get-naloxone-kits-free



✉ drugstrategy@phsd.ca
☎ 705.522.9200



☎ 705.675.9171

Appendix D: Emergency messaging for a drug warning



DRUG WARNING: [INSERT ISSUE]

[Insert date]

- [Insert details]
- [Insert details]
- [Insert details]
- [Insert details]
- [Insert details]
- [Insert details]

Prevent opioid overdose / save lives:

- Avoid using drugs when you are alone. If this is not possible, ask a friend to check in on you.
- When using drugs with a friend, do not use at the same time.
- When switching substances or if you have not used in a while, start with a lower dose.
- Carry a naloxone kit.
- Use multiple doses of naloxone as needed.
- Call 911 if you suspect an overdose.
- Avoid mixing drugs, including prescribed, over the counter and illegal drugs.
- Avoid drinking alcohol while using other drugs.

Overdose symptoms include:

- blue lips or nails
- dizziness and confusion
- the person can't be woken up
- choking, gurgling or snoring sounds
- slow, weak or no breathing
- drowsiness or difficulty staying awake

For a free naloxone kit, contact *The Point* at Public Health Sudbury & Districts, Réseau Access Network, Sudbury Action Centre for Youth (SACY) or ask your local pharmacist.

www.ontario.ca/page/get-naloxone-kits-free

Please distribute this information widely to help share the message.



Public Health
Santé publique
SUDBURY & DISTRICTS

✉ drugstrategy@phsd.ca
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☎ 705.675.9171

Appendix E: Surveillance

Table 1: Data Sources to Inform Opioid Overdose Response in Sudbury

Type of Data	Responsible Agency (data base name)	Indicator	Current Lag Time	Monitored	Anticipated Reporting
Paramedic responses	Greater Sudbury Paramedic Services and PHSD (via DSA ¹)	Number of calls for suspected opioid-related incidents	24 hours	weekday	monthly
Emergency department visits	PHSD (ACES ²)	Number of emergency department visits for suspected accidental overdoses	Near-live	weekday	monthly
	PHSD (NACRS ³ via PHO ⁴)	Number of emergency department visits for confirmed opioid overdoses	3-6 months	monthly	quarterly
Deaths	Office of the Chief Coroner of Ontario (OCCO) via PHO	Number of overdose deaths involving opioids	4-6 months	monthly	quarterly
Naloxone	PHSD & community partners & pharmacies	Number of naloxone kits distributed			monthly

¹ Data Sharing Agreement

² Acute Care Enhanced Surveillance

³ National Ambulatory Care Reporting System

⁴ Public Health Ontario

Appendix F: Role and responsibility of the Community Drug Strategy for the City of Greater Sudbury

Process

Subject: Opioid Overdose Early Warning and Surveillance

Approved By: Executive Leads of the Community Drug Strategy

Original Date: May 2019

Revised Date:

Process

This process outlines the parameters for issuing drug alerts⁵ and drug warnings⁶ by the Community Drug Strategy Executive Committee Leads for the City of Greater Sudbury.

This framework for the drug alerts and/or drug warnings will be activated by the Executive Leads for the Community Drug Strategy: Medical Officer of Health, Public Health Sudbury & Districts and Chief of Police, Greater Sudbury Police Service, or designates, in the following situations:

1. Surveillance data demonstrate a statistically significant increase of concern in opioid-related emergency department visits or emergency medical services calls, *with an identified or suspected cause*.
2. A member of the Community Drug Strategy for the City of Greater Sudbury reports to the Executive Leads or designate that the presence of high-potency opioid formulation has been detected in our community.
3. There is a mass casualty event secondary to opioid poisonings. In this case, the receiving hospital would notify the Executive Leads (Medical Officer of Health of Public Health Sudbury & Districts and Chief of Police of Greater Sudbury Police Service, or designates) subject to their assessment and determination of a mass casualty event.

Roles and Responsibilities

The Community Drug Strategy will support the implementation and/or enhancement of early warning systems in their catchment area to ensure the timely identification of, and response to a surge in suspected opioid overdoses and/or suspected and/or confirmed potent substances circulating in the community that may cause harm.

Greater Sudbury Police Service (GSPS): When made aware, designated members notify Public Health Sudbury & Districts (PHSD) drug strategy staff of suspected or confirmed substances circulating in the City of Greater Sudbury that may cause harm or threaten the safety of residents. Public Health Sudbury

⁵ A **drug alert** is defined as a confirmed case of opioid poisoning by synthetic or other high-potency opioid formulations in the illicit drug supply in our community.

⁶ A **drug warning** is defined as a suspected case of opioid poisoning by synthetic or other high-potency opioid formulations in the illicit drug supply in our community.

& Districts drug strategy staff are notified should a surge of suspected opioid or (illicit drug) fatalities occur in the City of Greater Sudbury.

Paramedic Services: When made aware, designated members notify Public Health Sudbury & Districts drug strategy staff when a surge of suspected opioid related emergency calls occurs and/or threatens to overwhelm system capacity in the City of Greater Sudbury. Public Health Sudbury & Districts staff will monitor data received from paramedic services on a daily basis during the regular work week. Public Health Sudbury & Districts' Mental Health and Addictions team are notified when the surge may cause harm or threaten the health and safety of local residents.

Health Sciences North (HSN): When made aware, designated members notify Public Health Sudbury & Districts drug strategy staff when a surge of suspected opioid related emergency visits and/or hospital admissions occurs. Public Health Sudbury & Districts drug strategy staff are notified when a surge of suspected opioid (illicit drugs) fatalities occur and may cause harm or threaten the health and safety of local residents.

Community Stakeholders/Community concerns: When made aware, designated community stakeholder/members notify Public Health Sudbury & Districts drug strategy staff when a suspected substance and/or unusual trends are noted in the City of Greater Sudbury and may cause harm or threaten the health and safety of local residents.

Public Health Sudbury & Districts (PHSD): When made aware, drug strategy staff members notify the Medical Officer of Health of the incoming reported findings from GSPS, HSN, community partners, community members, emergency medical services, Ministry of Health and any relevant internal PHSD data. PHSD staff will be required to explore additional external context with community partners.

Co-CHAIRS of the Community Drug Strategy Steering Committee: The reported findings will be shared with the Executive Leads of the Executive Committee for review and decision making.

EXECUTIVE LEADS: The Executive Leads will provide recommendations based on the reported findings with the addition of external context collected within the community partners. Executive Leads or designates have the authority to issue a drug alert and/or drug warning for the City of Greater Sudbury.

In the instances of the activation of a drug alert or drug warning Public Health Sudbury & Districts will:

- Issue a public service announcement and drug alert or drug warning that includes the following information:
 - Drug alert and/or drug warning issued
 - Criteria upon which the drug alert or drug warning is based
 - General information on opioid related impacts
 - Recommended preventative measures for the public and people who use drugs (PWUD)
 - Means by which to obtain additional information, for example, naloxone kits
 - Emphasize the need to practice harm reduction strategies
 - Emphasize sharing and distributing the drug alert or drug warning to community partners, clients, family and friends

- Communicate in a timely and comprehensive manner, with all relevant health care providers, other key stakeholders/partners and the community about urgent and emerging information about opioid poisoning for a rapid and integrated response.

In the instances that extraordinary measures or support be required, the Executive Leads or designate are responsible of notifying the Emergency Control Group to activate the CGS Emergency Response Plan.

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