

STAFF REPORT

SUBMITTED BY: Chris Frotten

DATE: February 11, 2021

SUBJECT: Naloxone Policy

ORIGIN

With an increase in opioid use and overdoses in Nova Scotia and across Canada, the use and availability of naloxone kits has become more common. In light of a past incident at our arena and the recent prevalence of opioids locally, it would be prudent to have naloxone kits in our frequently used municipal facilities. For this reason, we are proposing a policy that would outline their use.

BACKGROUND

Opioids are a class of powerful drugs that are primarily prescribed to treat severe pain. If opioids are abused, they can create feelings of intense pleasure or euphoria, and can also lead to fatal overdose, along with other medical, legal, and social problem.

Opioids have analgesic (pain relieving) and Central Nervous System (CNS) depressant effects. They slow down the activity of the CNS (brain & nervous system).

Naloxone blocks or reverses the effects of opioids, including extreme drowsiness, slowed breathing, or loss of consciousness. It is a temporary antidote to treat opioid overdoses that buys time for paramedics to arrive.

Once administered, Naloxone starts to work in approximately 1-5 minutes. Naloxone stays active in the body for about 30 to 90 minutes. Since Naloxone only temporarily reverses an opioid overdose, it is important to call 911 before administering naloxone.

Naloxone will work only for drugs in the opioid family. However, if an overdose involves multiple substances, including opioids, naloxone helps by temporarily removing the opioid. Finally, **Naloxone will not cause harm if administered in the absence of opioids.**

DISCUSSION

As naloxone is a medication, we wanted to establish guidelines governing its utilization. In our initial research, we quickly realized that there are practically no local policies relating to the use of Naloxone in

a municipal setting, therefore we crafted one from research and with the help of our solicitor. For this reason, this may be one of the first policies of the like in our area.

Although, Nova Scotia doesn't have the number of overdoses and overdose deaths being experienced in British Columbia and Alberta, the problem is moving east. From 2011 to 2015, Nova Scotia averaged 60 overdose deaths per year from opioids alone, or in combination with alcohol, benzodiazepines and other prescription and/or street drugs.

The policy outlines the deployment, training, use, maintenance and recording of Naloxone nasal spray, which is sprayed directly into the nose, where it is absorbed. It is clear and concise and will help us ensure that we limit any risk of liability to the Municipality as described in the next section.

BUDGET IMPLICATIONS

N/A

LEGAL IMPLICATIONS

The policy has been reviewed by our Solicitor. There is an increased risk of liability, similar to that of the use of AEDs, to the Municipality as municipal personnel would be administering a medication to another person. That being said, based on Health Canada's information that risk appears to be very low and it is more likely that a life will be saved. Other than the minimal increase in risk, our solicitor does not have any issues with moving ahead with the policy.

PUBLIC CONSULTATION/COMMUNICATIONS

N/A

RECOMMENDATION

Our objective is to help reduce injuries and fatalities due to Opioid-involved overdoses in the event a municipal employee could assist with a suspected overdose. For this reason and those listed above, I recommend the approval of this policy.

SUGGESTED MOTION

N/A

ATTACHMENTS

1. Draft Naloxone Policy
2. Nova Scotia's Opioid Use and Overdose Framework
3. November 23, 2020 Chronicle Herald Article



Administration and Maintenance of Naloxone Policy

1. PURPOSE

1.1 The purpose of this policy is to establish broad guidelines governing the utilization of Naloxone by trained municipal personnel. The objective is to treat and reduce injuries and fatalities due to Opioid-involved overdoses when municipal personnel are waiting for paramedics to arrive at the scene of a suspected overdose.

2. DEFINITIONS

2.1 In this policy:

a) **Opioid:** Medications or drugs that are derived from the opium poppy or that mimic the effect of an opiate. Opiate drugs are narcotic sedatives that depress activity of the central nervous system. Opioids will reduce pain, induce sleep and in overdose will cause people to stop breathing. Municipal personnel may encounter Opioids in the form of morphine, methadone, codeine, heroin, fentanyl, oxycodone and hydrocodone.

b) **Naloxone:** A prescription medication that can be used to reverse the effects of an Opioid overdose. Specifically, it displaces Opioids from the receptors in the brain that control the central nervous system and respiratory system.

c) **Opioid Overdose Emergency Treatment Kit:** At minimum should include the following:

- 1 hard case;
- 2 doses of nasal spray;
- 1 one-way breathing barrier
- 1 pair of non-latex gloves;
- 1 insert with instructions; and
- 1 card that identifies the person trained to give the Naloxone.

3. APPLICATION

3.1 This policy applies to all municipal personnel trained to administer Naloxone.

4. POLICY

4.1 Municipal personnel that have been trained may administer Naloxone to an individual suspected of taking an overdose of Opioids.

4.2 Required training shall consist of the following:

- CPR; and
- Use of Opioid Overdose Emergency Treatment Kit (intranasal).

5. PROCEDURES

5.1 Deployment:

5.1.1 The Chief Administrative Officer will designate Co-ordinators for the Naloxone Administration and Maintenance Program at each of the following locations:

- a) Sandy Wickens Memorial Arena
- b) Recreation Centre
- c) Administrative Centre

5.1.2 Responsibilities of each Co-ordinator will include the following:

- a) Maintain training records for personnel;
- b) Assure the supply, integrity and expiration dates of the Opioid Overdose Emergency Treatment Kits; and
- c) Assure the maintenance of the administration records.

5.1.3 Co-ordinators will ensure that only those trained in the use of Naloxone will have access and be permitted to utilize the Opioid Overdose Emergency Treatment Kits.

5.2 Training:

5.2.1 ~~The~~ Co-ordinators shall arrange for municipal personnel to be properly trained on the use of Opioid Overdose Emergency Treatment Kits. It is encouraged that Co-ordinators arrange training jointly. The Co-ordinators shall keep the Training Record up-to-date – Appendix “A”.

5.2.2 Refresher training should occur at minimum biennially and include familiarity with the assembly of the Opioid Overdose Emergency Treatment Kit and the effective administration and maintenance of Naloxone.

5.3 Naloxone Use:

5.3.1 Municipal personnel will call 911 and request an ambulance to respond to the scene where a person is in a potential Opioid overdose state.

5.3.2 Municipal personnel should use precautions and protections from blood borne pathogens and communicable diseases when administering Naloxone. Precautions include vigorously washing hands before and after exposure to blood and other body fluids. Personnel should also always wear gloves and other personal protective equipment (PPE) as recommended during training.

5.3.3 Municipal personnel will determine the need for treatment with Naloxone by evaluating the person.

If the person is suspected of having an Opioid overdose and is unresponsive with decreased or absent respiration they should administer Naloxone.

Other signs and symptoms of an Opioid overdose include the following:

- difficulty walking, talking or staying awake
- blue lips or nails
- very small pupils
- cold and clammy skin
- dizziness and confusion
- extreme drowsiness
- choking, gurgling or snoring sounds

5.3.4 Once the assessment of the person is complete, which should include but may not be limited to determining unresponsiveness and other indicators of Opioid involved overdose, municipal personnel will administer Naloxone from the Opioid Overdose Emergency Treatment Kit.

5.3.5 Municipal personnel will use proper tactics when administering Naloxone as shown in Appendix "B"; a person who is revived from an Opioid overdose may regain consciousness in an agitated and combative state and may exhibit symptoms associated with withdrawal.

5.3.6 Municipal personnel will remain with the person until paramedics arrive.

5.3.7 Municipal personnel will inform paramedics upon their arrival that Naloxone has been administered.

5.3.8 Municipal personnel will complete a Naloxone Incident Report as shown in Appendix "C".

5.4 Maintenance/Replacement of Naloxone:

5.4.1 Opioid Overdose Emergency Treatment Kits will be stored by the Co-ordinators in a manner consistent with manufacture's recommendations.

5.4.2 Used, lost, damaged or expired Opioid Overdose Emergency Treatment Kits will be replaced by the Co-ordinators as required and recorded in Appendix "D" Opioid Overdose Emergency Treatment Kit Naloxone Nasal Spray.

5.4.3 Expired Naloxone will be returned to a pharmacy for proper disposal.

6. RECORD KEEPING

6.1 Co-ordinators for each location, shall keep one binder for all reports relating to the Administration and Maintenance of Naloxone Policy. Binders are to include Appendix "A", Appendix "C" and Appendix D" of this policy as well as any other information the Co-ordinators feel is necessary.

APPENDIX "B"

How to Give **Naloxone Nasal Spray**

If you suspect
an opioid
overdose:

1 CALL 911



2 LAY PERSON ON BACK
Support neck and tilt head back



3 GIVE NALOXONE

PEEL the package open and hold the device. Do not press until ready to give naloxone.



PLACE the tip in the nostril

PRESS firmly



Naloxone is for the nose. It works, even if the person is not breathing.

4 PUT PERSON IN RECOVERY POSITION

Hand supports head
Knee stops body from rolling onto stomach



5 MONITOR

Give a second dose in **5 minutes** if they don't wake up or aren't breathing properly.

Use a new spray every time.



Ask your pharmacist for naloxone



For more information visit
www.pharmacists.ca/naloxone



Remember to check the product's expiry date regularly.



APPENDIX "C"
Naloxone Incident Report

Name:

Address:

Phone Number:

(The above requested information may not be available)

Description of incident, including time and outcome:

Location of Incident: _____

Was the Overdose Emergency Treatment Kit used _____ YES _____ NO

Completed by _____ Date: _____

Nova Scotia's
Opioid Use and
Overdose **Framework**

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Nova Scotia's Opioid Use and Overdose Framework
Department of Health and Wellness
July 2017
ISBN: 978-1-55457-748-4

What We Know: The Scope of the Problem in Nova Scotia

Canada is the middle of a public health crisis of opioid use and overdose. Across the country, governments at all levels and organizations from various sectors are taking action. There has been much media coverage about illicit fentanyl and overdose deaths; however, this is only part of the issue. There are actually two distinct but related aspects to the opioid crisis.

The immediate issue is the illicit production and distribution of synthetic opioids. Synthetic opioids, such as fentanyl, are highly potent and relatively easy and inexpensive to produce. Fentanyl and other opioids are often cut into other pills or powdered street drugs in varying – sometimes deadly – amounts. Canada has seen an increase in opioid overdoses and overdose deaths associated with the arrival of illicit fentanyl in street drug supplies. Criminal organizations have become the main source of illicitly produced fentanyl in Canada.

At the same time, there is a longer standing problem of the over-prescription of opioids for pain treatment. The prescription of opioids within the Canadian health care system over the past 20 years has created large numbers of people for whom the legitimate use of these drugs has become problematic.

Nova Scotia doesn't have the number of overdoses and overdose deaths being experienced in British Columbia and Alberta, but the problem is moving east and we need to respond to prevent a bigger crisis. From 2011 to 2015, Nova Scotia averaged 60 overdose deaths per year from opioids alone, or in combination with alcohol, benzodiazepines and other prescription and/or street drugs.

In 2016, there were 53 acute opioid overdose deaths with four involving illicit fentanyl and three involving U-47700, another powerful synthetic opioid—sometimes in combination. In addition, illicit fentanyl was identified on multiple

occasions in 2016 by police in Nova Scotia. The increased availability of illicit fentanyl will not only lead to more avoidable deaths, but also has an impact on emergency first responders and health care services.

This is a complex issue and we must be thoughtful in our approach, taking care to understand the impact of our actions in a broader context. Significant consideration has been given to how we reduce the harm associated with opioid use, address illicit fentanyl in street drug supplies, and change opioid prescribing and pain management practices in a way that minimizes the the serious complications of opioid use including opioid-induced pain, opioid addiction, and diversion.

Why We're Taking Action

There are many different pathways to problematic opioid use and overdose, and people from all walks of life are involved. This includes street-involved opioid users who may have experienced adverse childhood experiences or trauma, young people experimenting with drugs, seniors who finds themselves dependent on painkillers prescribed after surgery, or an individual suffering with chronic pain from a workplace injury whose opioid use has progressed to addiction.

These are our young people, our family members, our neighbours and our most vulnerable, and they live beside us in our communities.

Part of our response to this serious public health problem is acknowledging that substance use and addiction are health and social issues, not criminal issues, and people struggling with addiction deserve to be treated with the same dignity, respect and compassion as any other person.

Opioid misuse is a complex health and social issue with a multitude of contributing factors, including:

- > social stigma related to addiction and mental health
- > our cultural norms related to taking pills and to pain management
- > aggressive and persuasive marketing of opioids by the pharmaceutical industry

- > problematic opioid prescribing practices
- > the training of health professionals in pain management
- > poverty, homelessness and unemployment
- > gaps in access to mental health and addictions treatment
- > isolation and a lack of social connectedness
- > family conflict
- > the experience of chronic pain due to injury and illness
- > trauma, including adverse childhood experiences

How We've Responded to Date

In late October 2016, government established a provincial leadership committee, co-chaired by the Departments of Health and Wellness and Justice. The purpose of this committee, and the seven working groups reporting to it, was to develop Nova Scotia's Opioid Use and Overdose Framework. From November 2016 to January 2017, the committee identified short and long term actions for: monitoring and data collection, health promotion, harm reduction, naloxone access, opioid use disorder treatment, opioid prescribing, and law enforcement.

In March 2017, **government announced more than \$1 million in funding** to address the increase in illicit fentanyl and other synthetic opioids in Nova Scotia. This funding was used to expand access to life-saving naloxone, and to support harm reduction throughout the province through three community-based organizations: Northern Healthy Connections Society in Truro, Mainline Needle Exchange in Halifax, and Sharp Advice Needle Exchange in Sydney.

An epidemiologist from the Public Health Agency of Canada was brought in to the Medical Examiner's Office on a two-year term, beginning mid-2016, to monitor, track and report on opioid overdose deaths in Nova Scotia.

Nova Scotia is also part of the national response to the opioid crisis in Canada, attending the National

Opioid Summit in December 2016 and participating in the national Special Advisory Committee on Opioid Overdose and Misuse, where there is a focus on developing a national approach to monitoring, plus sharing of best practices in areas such as harm reduction, access to naloxone, and treatment.

While the focus so far has been on addressing the immediate impacts from the increased availability of illicit opioids, as we move forward, we need to turn our attention to the various and longer-term issues involved with opioid use disorder treatment and opioid prescribing practices.

What's in our Framework

This framework outlines the key areas of focus to effectively respond to problematic opioid use and overdose in Nova Scotia. To fully understand the situation in Nova Scotia, and to further develop and implement the actions in this framework, we will need to collaborate with and meaningfully engage a range of stakeholders and communities.

Areas of focus:

1. Understanding the Issue

Engagement: Engaging with stakeholders and communities is a key part of developing and implementing a response to opioid misuse and overdose. Engagement will contribute to our understanding of opioid use and overdose in Nova Scotia and help us develop relevant and culturally appropriate responses. The leadership committee will:

- > Ensure that the appropriate stakeholders inform the continued development and implementation of the framework; and
- > Convene a First Voice Advisory Group made up of harm reduction organizations and front line workers who work with Nova Scotians who use illicit drugs. This advisory group with lived experience will contribute its expertise and advice to the Leadership Committee on Opioids.

Surveillance and monitoring: Enhancing surveillance, modelling and analytics, matched with qualitative analysis, are significant gaps for many, if not most, health issues in Nova Scotia. We have built capacity for a timely assessment of opioid overdose death to help prepare the province in case of a growing crisis – but there is more to learn and understand. Building a robust drug surveillance and monitoring system will help us understand opioid use in Nova Scotia, enhance evidence-informed prevention and intervention efforts, and help identify emerging trends so we can respond quickly to emergencies. Our framework includes:

- > Developing a process for sharing timely, local-level data from Emergency Health Services and hospital emergency departments on all acute drug overdoses
- > Participation in the development and implementation of a national epidemiological study on opioid use and overdose
- > Moving beyond monitoring of overdose deaths to explore what other knowledge is needed to support the actions in this framework, and to monitor its effectiveness (for example, tracking the number of naloxone kits distributed, the number of people accessing treatment, wait times for treatment, etc.)

2. Prevention

Awareness and education: Public awareness and education activities can help shift cultural norms that contribute to opioid use and overdose. To ensure Nova Scotians are well informed on the risks associated with opioid use, our framework includes:

- > Identifying opportunities to support public awareness and patient education activities led by Health Canada and monitor any need for provincial public awareness and education efforts

Youth: Teachers and school communities play an important role in building resiliency and protective factors (e.g. school connectedness, availability of supports and services, literacy and problem solving skills, positive role models) that help mitigate risk. Nova Scotia has several existing initiatives that contribute to student health and wellness in the public school system, including curriculum, Health Promoting Schools, Schools Plus, and Youth Health Centres. Our framework includes:

- > Enhancing efforts to promote student health by ensuring a focus on substance use prevention in these existing processes
- > Continuing our work with partners and stakeholders on issues related to student health and wellness at the post-secondary level, including alcohol, opioids, and other problematic substance use

Trauma-informed approaches: Trauma, including adverse childhood experiences, is a major contributor to mental illness, family dysfunction, and substance use, including opioid use and overdose. Much work has been done across Nova Scotia around trauma-informed approaches, and select health and social system care providers have been trained in this approach. This framework includes:

- > Building on this work and exploring opportunities to bring trauma-informed approaches to broader, non-health care settings (e.g. schools, workplaces, housing, justice) and to the community level

3. Harm Reduction

Naloxone: Increasing access to naloxone (the medication that can rapidly reverse an opioid overdose and prevent death) is a critical component of an effective opioid response plan. To that end, this framework includes:

- > Building on two successful pilot projects in Halifax and Cape Breton to make take-home naloxone kits available through a wide range of health care and community settings, including community pharmacies.

Needle distribution and disposal: Currently, needle distribution and disposal services in Nova Scotia are delivered by community organizations that are under-resourced and have ever-increasing demand. A critical element of this framework includes:

- > Ensuring sustainable funding for needle distribution and disposal services through Mainline Needle Exchange (Halifax), Sharp Advice Needle Exchange (Sydney) and Northern Healthy Connections (Truro) to support ongoing efforts to prevent the transmission of HIV and Hepatitis C, provide support for marginalized and vulnerable populations, and help maintain community health and safety

Harm reduction models: Beyond the immediate action of stabilizing funding, there is also a need to review the current needle distribution and disposal services model and understand the relevance of safe consumption sites in Nova Scotia. These services are vital to ensuring Nova Scotians who use drugs remain safe from harms. This framework includes:

- > Exploring other models of harm reduction in Nova Scotia, including needle distribution and disposal, and safe consumption sites

4. Treatment and Prescribing Practices

Treatment: While treatment options exist for opioid use disorder, there is a need to enhance system capacity to increase timely and equitable access to a continuum of services and supports for individuals and families experiencing harms related to opioid use. This framework includes:

- > Expanding Pharmacare coverage of buprenorphine/naloxone (e.g., Suboxone) as an option to treat opioid use disorder for all ages
- > Increasing capacity to manage opioid addiction and overdose in primary care and emergency programs, and providing the necessary supports to providers (e.g. information, skill-building, access to expert advice or referral)

- > Expanding access to specialized NSHA-funded treatment programs

Alternative pain management: Non-pharmacological treatments for pain (e.g. physiotherapy, occupational therapy, chiropractic care) are often discussed as part of the solution to lessen reliance on opioids. However, not all Nova Scotians can afford non-pharmacological treatments. To address this disparity, our framework includes:

- > Working with partners to increase access to and affordability of alternative pain management, particularly for disadvantaged and vulnerable Nova Scotians
- > Building on work already underway with the NSHA-led Provincial Pain Management Network to update the inventory of chronic pain services in Nova Scotia, strengthen links between primary care and pain specialists, and develop recommendations for best practices in chronic pain management

Prescribing practices and provider support:

Health professionals are at the forefront of the response to opioid misuse and overdose. Supporting providers to follow best practice guidelines on opioid use will help reduce inappropriate prescribing of opioids and support efforts to taper and care for patients on high-dose opioids. Establishing prescribing thresholds will help to control initial prescriptions and prevent overprescribing of opioids for acute pain, reduce the pool of unused medications available for diversion, and reduce the rates of dependence or addiction. The framework includes:

- > Identifying and providing the supports necessary to implement new national guidelines on the use of opioids to treat chronic, non-cancer pain
- > Establishing prescribing thresholds for the treatment of acute pain, and developing a special authorization process for prescriptions that exceed those thresholds

- > Working with stakeholders to build the necessary knowledge and practice supports in primary care to address the treatment of opioid use disorder and to implement new prescribing guidelines, including appropriate tapering for existing pain patients

5. Criminal Justice and Law Enforcement

Wellness and drug treatment court programs:

Sometimes referred to as specialty courts, these programs use therapeutic, restorative approaches to support marginalized people who are criminalized because of their addictions. Therapeutic court programs address the root causes of offending behavior, and encourage plans that link people to services with the goal of promoting recovery and reducing the likelihood to reoffend. These court programs offer alternative sentences for people charged with crimes related to their opioid use disorder, while carefully managing potential risks to the public. There are various programs already in place in Nova Scotia, including a Mental Health Court Program and Drug Treatment Court Program in Dartmouth and Kentville, Wellness Courts in Port Hawkesbury and Amherst, and a Wellness and Gladue Court in the First Nation community of Wagmatcook. Our action framework includes:

- > Exploring opportunities to expand wellness programs in the justice system

Drug seizure information sharing: Our framework includes furthering our knowledge of illicit opioid availability in Nova Scotia by:

- > Putting processes in place to allow information sharing on drugs seized by police to assist with provincial surveillance needs, including drug identification and “hot spots”

Drug interdiction measures: Reducing the availability of illegal opioids is an important part of our framework. Measures are already in place to prevent drugs such as fentanyl from entering correctional facilities, and this framework builds on this work by:

- > Ensuring ongoing maintenance and software upgrades to ION scanners, which are a non-invasive search tool for inmates, staff and visitors, as well as for incoming mail and parcels
- > Investigating options to equip facilities with body scanning devices, which are a best practice standard in drug interdiction efforts
- > Continuing to focus resources and investigative efforts on illicit opioids

Occupational health and safety for first responders:

Opioids such as fentanyl create challenges for law enforcement due to the occupational health and safety concerns and specialized training requirements needed to handle these substances. As in other jurisdictions in Canada, police in Nova Scotia have focused enforcement efforts on illicit opioids, and now have access to specialized Clandestine Laboratory Enforcement and Response Team resources through the provincial police to deal with illegal drug labs and hazardous properties. Some police agencies also use specialized forensic officers trained in handling hazardous materials. To support these ongoing efforts, our framework includes:

- > Ensuring continued access to naloxone for law enforcement and first responders, including paramedics and community-based volunteer firefighters, to protect themselves and help overdose victims
- > Continuing to work with partners and stakeholders to mitigate risk related to opioids, and providing information and training – as well as take-home naloxone kits – to offenders who use opioids when they reintegrate into the community
- > Providing ongoing training and occupational health and safety education to investigators and first responders
- > Ensuring that policies and personal protective equipment are consistent with best practice standards across the country

Conclusion

Opioid use and overdose is a complex issue, and addressing it will require strong communication and collaboration among stakeholders.

We have made considerable progress already in Nova Scotia, particularly in terms of harm reduction and naloxone availability. Some of the measures outlined in this framework will proceed immediately; others will take time. We must be thoughtful and coordinated as we implement these actions to ensure we don't inadvertently do more harm.

The success of this framework relies on addressing fundamental, long-standing issues in our health care system – including building capacity in primary care, increasing access to mental health and addictions services, and shifting over-reliance on opioids to treat and manage pain.

We know that experiences with trauma contribute to opioid use for many individuals. We must build systems and services that recognize the links between trauma, mental health and substance use.

We cannot make progress on this framework without addressing the root causes of, and contributors to, opioid and other substance use. This is a critical element of keeping people healthy and preventing substance use in the first place. It also helps to reduce the stigma associated with substance use, addiction and mental health.

We must go back to basics with a greater focus on creating healthy and supportive families and communities as the backbone of improving our collective health.

These issues are all part of the overall transformation currently underway in the health system and Nova Scotia's Opioid Use and Overdose Framework reminds us to stay on course.

Leadership committee and working group chairs

Dr. Robert Strang,
Chief Medical Officer of Health (co-lead)

Roger Merrick, Director, Public Safety,
Nova Scotia Department of Justice (co-lead)

Kimberlee Barro, Executive Director,
Health Promotion, Nova Scotia Department
of Health and Wellness

Dr. Matthew Bowes, Chief Medical Examiner,
Nova Scotia

Dr. David Butler-Jones, Senior Medical Officer,
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Dr. Linda Courey, Senior Director,
Mental Health and Addictions,
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Dr. Gus Grant, Registrar and CEO,
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Samantha Hodder, Health Promotion Lead,
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Elaine Holmes, Director, Communicable
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Bill Moore, Deputy Chief of Police,
Halifax Regional Police (retired)

Marlene Snowman, Chief Superintendent,
Royal Canadian Mounted Police

Dr. Andrew Travers, Provincial Medical Director,
Nova Scotia Emergency Health Services (EHS)

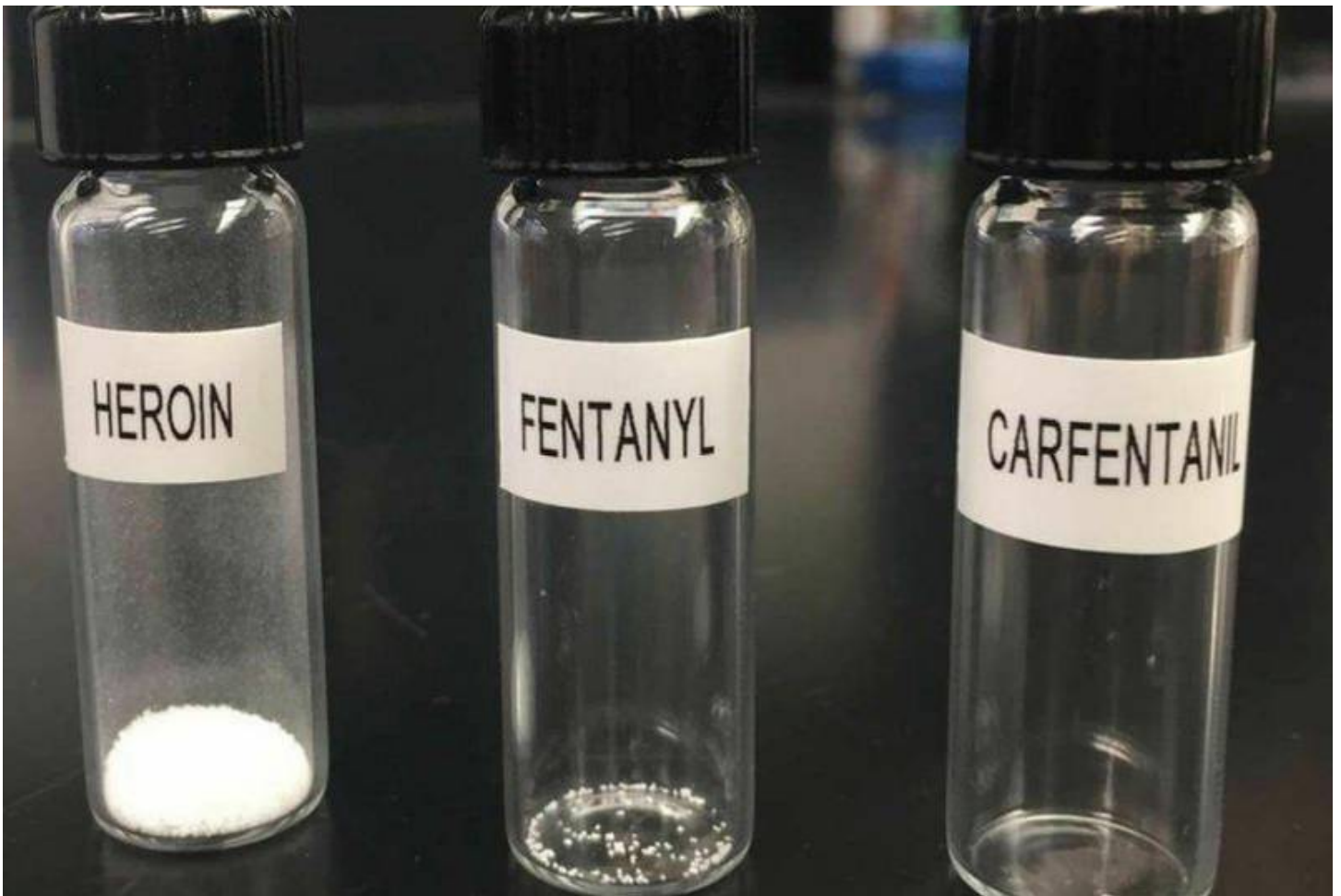
Beverley Zwicker, Registrar,
Nova Scotia College of Pharmacists

Heroin turns up in Lunenburg and Yarmouth counties

Chris Lambie (clambie@herald.ca)

Published: Nov 23, 2020 at 3:24 p.m.

Updated: Nov 24, 2020 at 8:18 a.m.



A police handout photo shows the decreasing amount of heroin, fentanyl and carfentanil in a vial that is enough to kill a person. - Contributed



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Heroin is turning up in powder seized on the streets of Lunenburg and Yarmouth counties for the first time since health officials started keeping track almost a decade ago.

And it's coming in a potentially deadly package.

"There have ... been more nonpharmaceutical opioids detected in police-seized samples received by the lab in Jan-Sept 2020 compared to Jan-Sept 2019," says the Nova Scotia frontline drug report prepared by the Department of Health and Wellness.

"Heroin was detected in seizures of powdered substances in Lunenburg and Yarmouth counties (first detection since start of data collection 2011). Fentanyl was detected in addition to heroin in all (3) samples in which heroin was detected in 2020."

Rumours of heroin

Cpl. Terry Burridge of the RCMP's Yarmouth town detachment can't recall one of his officers seizing anything recently that turned out to be heroin. But that doesn't mean it's not on the streets, he said.

"We've heard rumours that heroin has started to make somewhat of a comeback," Burridge said.

"I would say it's probably around here. It's just that we haven't seized any yet that I'm aware of. We haven't come across it yet. But usually in the drug world everything kind of makes a comeback at some point. And that's what it seems like that this is kind of doing in Nova Scotia again, possibly."

"Here's the thing that baffles me. If you're a drug trafficker – it's a business. Why would you want to put something in your product that you're selling to your clients that could kill them? Because that's killing off your clients. That's like going to Tim Hortons and lacing your coffee with arsenic."

- RCMP Cpl. Terry Burridge

He worries young recreational drug users won't know how to take heroin safely.

"Because it hasn't been around much, probably not a lot of the younger people have used it before, so I'm thinking if it comes back around it could potentially be more detrimental because they don't even know how much to take," Burridge said.

"My fear is that heroin comes back and the next thing you know you have four or five people that are overdosing on it."

Officer baffled by potentially deadly practice

He has a tough time understanding why dealers would want to lace other street drugs like cocaine with potentially deadly opioids including heroin and fentanyl.

"Here's the thing that baffles me. If you're a drug trafficker – it's a business. Why would you want to put something in your product that you're selling to your clients that could kill them? Because that's killing off your clients. That's like going to Tim Hortons and lacing your coffee with arsenic."

A drug section officer for seven years, Burrige said cocaine is likely the most common illegal addictive drug in the Yarmouth area. On the street it's typically cut substantially with baking soda and the topical anesthetics lidocaine or benzocaine.

"In Quebec it could be 99 per cent pure cocaine; by the time it reaches the streets here in Yarmouth it's probably 12-13-14 per cent," he said.

Adding opioids to the diluted cocaine would probably be done "to make it seem more powerful," he said. "They're not throwing it in for free so it's probably to give somebody that different high so that person would like that particular supplier better because he's got the better stuff."

He's talked to users who know they could be taking drugs that contain fentanyl. So they arm themselves with naloxone that's supposed to block or reverse the effects of opioids.

"They'll make sure that they're with somebody else and they'll make sure that they have the NARCAN close by," Burrige said. NARCAN is a brand name for naloxone.

He talked with a drug user last year who took a drug laced with fentanyl. "His friend had to revive him with NARCAN. He came to, got his wits about him and (he went) right back at it again," Burrige said. "He knew exactly what he was doing and his failsafe was his buddy."

All of his officers carry two



RCMP officers are trained to administer Naloxone to people they know or suspect have overdosed on an opioid. - Contributed

nasal sprays on them. "Even if you're not unconscious with an opioid, it's not going to hurt you to give it, which is one of the pluses."

According to October's frontline drug report from the Department of Health and Wellness, the number of confirmed and probable deaths due to nonpharmaceutical opioids is higher so far this year than it was last. Nova Scotia has seen seven nonpharmaceutical deaths involving fentanyl so far in 2020 compared to four in 2019 – two of which involved fentanyl and another two related to fentanyl analogues.

'Using alone together'

Meanwhile, a regional harm reduction initiative is working on app that will allow drug users to isolate safely by connecting with peers before taking potentially lethal meds. The Substance Users Network of the Atlantic Region -- a collaboration between seven harm reduction organizations across Atlantic Canada -- is trying to get the anonymous service up and running by next year.

"On the other end of that is a trained peer worker who is there to either offer advice or safer using supports as well as gets the folks' address so that if anything should happen, if they don't come back, they're able to call emergency services," said Patrick Maubert, who works at Direction 180, a community-based opioid treatment program in the North End of Halifax.

"Essentially it's using alone together is what we're aiming for."

The people offering advice are former drug users, said Maubert, himself a former substance user who has been in recovery for over three years.

“COVID has made the drug supply very toxic as far as folks knowing what’s in their substances is very much declining. With travel and mobility being very much shut down because of COVID, the supply chain is very much being tampered with. And we’re seeing lots of typically, quote-unquote safer drugs like MDMA or cocaine or crack, being laced with fentanyl ... Unfortunately, it’s only getting worse; it’s not getting better.”

Did this story inform or enhance your perspective on this subject?

1 being least likely, and 10 being most likely

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