



Overdose Awareness & Prevention in Peterborough City & County

Overdose prevention programs are needed in our community.

- There is an average of 17 overdose deaths each year in Peterborough City & County - a figure comparable to traffic deaths.¹
- Peterborough ranks 7th highest in the province for opioid related deaths.²
- In Ontario, over 300 people die each year as a result of taking prescription painkillers – a five-fold increase between 1994 and 2004. On average, patients had seen their doctor 15 times in the previous year.³

Overdose Deaths 2005-2010	
Year	Deaths
2005	17
2006	20
2007	13
2008	17
2009	15
2010	20
Total	102

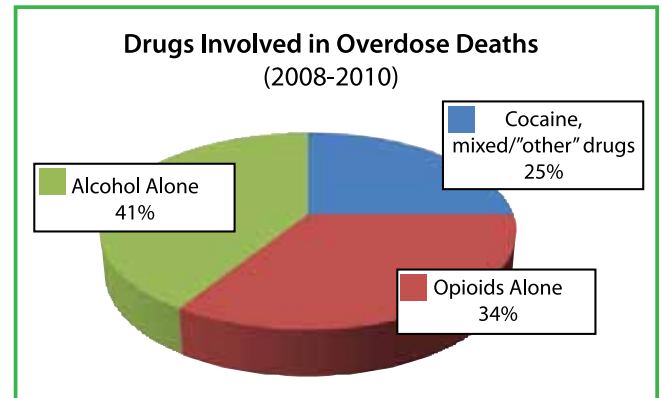
Source: Coroner Office

Overdoses in Peterborough City & County

An overdose occurs when a person uses more of a drug, or combination of drugs, than the body can handle. As a result, the brain is not able to control basic life functions. Information about overdoses is not reported or stored in any systematic way. Data from a variety of sources is presented below:

The coroner performs toxicological assessments for any sudden death that is not deemed a suicide. Between 2003-2010, 102 deaths in Peterborough City and County were deemed to be overdoses. Between 2008-2010, 47% of these fatal overdoses involved alcohol and 40% involved opioids (Oxycodone, heroin, morphine, fentanyl, methadone, etc.).⁴

Peterborough paramedics document what they see as the primary problem with a patient. In 2011, Peterborough paramedics transported 208 patients whose primary problem was recorded as overdose, and 32 patients whose primary problem was charted as a toxicological emergency⁵.



Source: Coroner Office

Hospitals record overdoses as "poisonings" and divides the drugs into three categories: alcohols, psychotropics, and narcotics (see Table 1).

The number of ED visits due to overdoses from psychotropics, narcotics, and alcohols doubled between 2003 and 2010. Overdose related hospitalizations have been increasing since 2006 for Peterborough residents⁶.

In 2010, the rate of ED visits for drug overdoses was higher among Peterborough residents compared to Ontario (see Table 2)⁷.

Hospital Data Category:	Includes:	Emergency Dept. Visit:		Hospitalization:	
		Accidental	Unknown Intent	Accidental	Unknown Intent
Psychotropics	Antidepressants, barbiturates, tranquilizers, etc.	209	204	89	33
Narcotics	Cannabis, cocaine, codeine & opioids	147	111	92	21
*Alcohols	All alcohols and fuse oil	63	54	12	<5

* "Acute alcohol intoxication" is recorded as a separate category than "poisoning by alcohol". There were 1,189 ED visits due to "Acute alcohol intoxication" between 2003-2009. (Source: Peterborough County-City Health Unit. (2011). Internal Briefing Note: Substance misuse emergency department visits.)

Hospital Data Category:	"Accidental" Poisonings		"Undetermined Intent" Poisonings	
	Peterborough Rate*	Ontario Rate*	Peterborough Rate*	Ontario Rate*
Psychotropics	27.1	19.6	24.1	11.7
Narcotics	13.2	12	12.7	6.9
Alcohols	8.1	5.5	4.3	2.6

¹Dr. Peter Clarke, Regional Supervising Coroner, personal communication. This does not include suicides as toxicology is not performed in these cases.

²Tara Gomes, ICES researcher, personal communication.

³Canadian Medical Association Journal 2009; 181[12]: 891-896.

⁴Ibid. (Information on what caused the overdose is only available for 2008-2010)

⁵Don Oettinger, Peterborough County-City EMS, Personal communication (2012).

⁶Peterborough County-City Health Unit. (2011). Internal Briefing Note: Accidental poisonings as a proxy for non-fatal substance misuse overdoses.

⁷Ibid.

Overdoses are Preventable

Changes in the availability of OxyContin are expected to lead to an increase in overdose deaths as people switch to other opioids. Already an increase in heroin availability and use of fentanyl is being seen in Peterborough. Alcohol use remains high and is often mixed with other drugs. Overdose prevention programs are now even more critically important to reduce injury and death in our community. The Peterborough Drug Strategy intends to offer overdose prevention training in late 2012.

Overdose Prevention

Anyone can overdose: first time users, long-time users, old or young. People who have taken a break from using a substance (in jail, treatment, hospital) are at higher risk since their tolerance has decreased. As well, mixing drugs or using drugs of unknown purity (such as heroin or cocaine) or strength (such as a cut-up fentanyl patch) puts someone at high risk for overdose. Training can offer practical tips to prevent an overdose situation (see right).



Emergency Response – Focus on Saving a Life

In the case of a medical emergency such as an overdose, there is reluctance to call 911 because those present fear arrest. In a 2011 survey with people in Peterborough who use drugs about one third had overdosed and over half had been present when someone overdosed. When asked whether emergency services had been

called, 1/3 said “always”, 1/3 said “sometimes” and 1/3 reported “never”⁸. To reduce overdose fatalities, it is important to reduce the fear of calling 911. The Peterborough and Lakefield Community Police Service (PLCPS) is educating all its members about overdose prevention and the importance of responding with a focus on saving a life - not on laying drug charges.

"We are clear that as a police service that our primary concern in an overdose emergency is the safety and security of individuals involved. To encourage the calling of 911, our officers are being advised that our focus will be on saving lives – not on laying drug charges." Chief Murray Rodd, PLCPS

Responding to an Overdose

Overdose commonly occurs in the user's home and in the company of others. Training people who use drugs and those that care for them on how to effectively respond to an overdose has proven to save lives⁹. This includes recognizing an overdose, calling 911, the rescue position, and basic CPR.

Many overdose programs also provide Naloxone – an antidote drug that temporarily reverses the effects of opioids. When given properly, Naloxone will quickly reverse the effects of the opioid and the person will start breathing and regain consciousness. Naloxone's effects are temporary – the overdose symptoms will likely return and so medical care is still required¹⁰. In 2012, wait times for an ambulance averaged 12 minutes in the City of Peterborough and longer than 30 minutes in some areas of Peterborough County¹¹. Similar to an epi-pen, Naloxone buys time until medical help can arrive.

Much research has proven the effectiveness of Naloxone use in a community setting to prevent opioid-related overdose deaths. In Canada, Naloxone is only available as an injectable and by prescription (it is available over the counter and in many forms elsewhere). Currently, Naloxone is being distributed by overdose prevention programs in Toronto, Edmonton, and Ottawa. The Peterborough Drug Strategy aims to provide Naloxone as part of overdose training in the future.

Agency Preparedness

Most agencies have protocols for emergencies such as fire, but many do not have a response plan for an overdose emergency. Sample protocols and other instructive resources exist to improve agency preparedness to respond to an overdose emergency.

Together we can save lives. For more information visit: www.peterboroughdrugstrategy.ca

⁸Peterborough Drug Strategy Consultation Summer 2011. 114 people with lived experience of problematic drug use were surveyed.

⁹Ontario Harm Reduction Distribution Program (2012) Community Based Naloxone Distribution Guidance Document.

¹⁰ibid.

¹¹Phil Clarke, Peterborough County-City EMS, Personal communication (2012).