

OPIOIDS AND OVERDOSES

Impacts and Strategies



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Some of the charts in this report are created using OPP databases and the content cannot be altered.
Translation can be provided upon request.

MESSAGE FROM THE EXECUTIVE LEAD

On behalf of the OPP, I am proud to highlight some of our key achievements in response to the opioid crisis. Opioid overdoses and overdose deaths continue to increase at an alarming rate across Ontario, including in OPP-policed communities. The statistics and numbers presented in this report cannot capture the profound distress being felt by those impacted. Each life lost leaves behind loved ones who continue to suffer and grieve every day.

The OPP is determined to take every step possible to help our citizens, our communities and our partners who are impacted by these deadly substances. This crisis does not discriminate. It affects people from all walks of life, age groups and socio-economic backgrounds.

At the centre of our response is the spirit of the *Good Samaritan Drug Overdose Act (GSDOA)*, which is intended to save lives. The purpose of the *Act* is to reduce fear of police attending overdose events and embolden people to seek life-saving assistance and stay with a victim in the event of an overdose. This is particularly important in the face of the opioid crisis. We have embedded *GSDOA*'s spirit into our policies, procedures and, most importantly, our culture.

The focus over the past year was to establish foundational elements to respond to the opioid crisis and understand the impacts of overdoses and opioids. To position the OPP to be more proactive through analysis, new Uniform Crime Reporting codes were created. This enhanced analytical capacity ensures we can identify trends and strategically respond in the future.

Every life matters; meaning every overdose occurrence will be thoroughly investigated. We owe it to each victim to thoroughly investigate every occurrence so we can target those who produce, import and traffic these harmful and deadly substances.

The activities outlined in this report are not the end of our efforts; we have much more to do. Moving forward, the OPP is shifting its focus towards proactive and preventative strategies.



Supt. Bryan MacKillop
Ontario Provincial Police



EXECUTIVE SUMMARY

Each day, members of the Ontario Provincial Police (OPP) strive to affect positive change to shape the future of community safety in Ontario. For our 9,000 plus members, policing is a commitment to serve and to protect the fundamental rights of all people in this province. As the police service of jurisdiction for Ontario, more than 13 million residents and nearly 20 million annual visitors to the province are served by the OPP.

Our first priority is to save lives and promote public safety. The OPP recognizes lives are being lost due to the opioid crisis and has taken action. This report highlights the OPP's response to the opioid crisis, including our findings related to trends and statistics.

Statistical Highlights:

- 1,265 Ontarians lost their lives from opioid-related causes in 2017, which was up from 865 deaths in 2016. On average, based on the statistics, one person in Ontario dies every seven hours from opioids.
- OPP members attended over 620 overdose occurrences in 2016; 893 in 2017; and 1,373 in 2018. This represents a 121 per cent increase over a three-year period. Of the 1,373 overdose occurrences, there were a total of 849 suspected non-opioid related overdoses; 49 were fatal.
- Since 2016, the number of opioid-related overdoses has increased. In 2018, the OPP responded to a total of 524 suspected opioid-related overdoses; 95 were fatal. This represents a 157 per cent increase over a three-year period. For fatal suspected opioid-related overdoses, 75 per cent of the victims were male with an average age of 41 years and 25 per cent were female with an average age of 46 years.
- All types of overdose occurrences are predominant in OPP's Central and West Regions.
- Since September 2017, the OPP has been carrying naloxone. Between September 2017 and March 2019, naloxone has been used in 60 occurrences, resulting in 55 lives saved; 27 of those occurrences were in West Region, followed by 10 in each Central and North East Regions, six in both East and North West Regions and one in Highway Safety Division.
- From 2016-2018, in order of largest to smallest, the largest numbers of suspected opioids seized by the OPP were: oxycodone, hydromorphone, fentanyl (including fentanyl analogues) and heroin.¹ These opioids were also the most commonly identified by Health Canada's Drug Analysis Service (DAS) in the first quarter of 2018.

¹ Some seizures may contain multiple substances. For example, fentanyl mixed with heroin could be classified as fentanyl or heroin in these statistics.



Nationally, there were nearly 4,000 opioid-related deaths in 2017. Although it has not reached the levels seen in other parts of the country, the number of opioid-related deaths has been steadily increasing in Ontario since 2003. Provincially, in the first half of 2018, there were 629 opioid-related deaths. In 2017, there were 1,265 opioid-related deaths, a 46 per cent increase compared to 2016 and a 246 per cent increase since 2003. The number of deaths where fentanyl was present more than doubled from 2016 to 2017.

In response to the emerging trend in Western Canada and the community safety and well-being impacts that opioids can have on Ontarians, the OPP established an Opioid Working Group (OWG) in 2016 to develop a comprehensive, multi-faceted strategy. The OWG consists of a diverse representation from across the organization. OWG achievements are outlined in this report. The OWG success to date is largely due to the depth of expertise within the group and their external partnerships. Responding to the opioid crisis has a direct link to frontline activities and processes. Developing a strategic and effective response is of great importance to our communities and our partners.

The OPP adopted the definition of an ‘overdose’ from the *Good Samaritan Drug Overdose Act (GSDOA), 2017* and began embedding the spirit of the *Act* into OPP culture. This initiative prompted the review of thousands of suspected opioid, as well as non-opioid-related overdose occurrences, over the past three years. This verified data provides a baseline for future data comparisons and trends. In OPP jurisdiction, suspected drug overdoses, fatal and non-fatal, opioid-related and non-opioid-related, have all increased from 2016 to 2018.

Maintaining safety as the first priority, the OWG updated the Personal Protective Equipment (PPE) and safe handling procedures regarding the search and seizure of all illicit substances including opioids for officers and integrated the changes into policy and training. There is a three-tiered response to all drug investigations. Within each tier, there are increasing levels of PPE and corresponding training available to OPP members. The OPP’s Organized Crime Enforcement Bureau (OCEB) is able to respond to all levels of risk in relation to the search and seizure of any controlled substance. In 2018, presumptive drug testing devices (that use ion mobility spectrometry) were acquired and positioned across the province to test and identify illicit substances. These devices enable the OPP to identify officer and public safety risks as quickly as possible.

In December 2016, before it was adopted by many policing partners, and prior to Ministry of Health funding, the OPP approved the purchase of naloxone intranasal spray for frontline officers and specialized investigative teams. The acquisition and distribution of naloxone has been recognized by the Government of Ontario as an example of outstanding teamwork and collaboration with members of the OWG receiving an Amethyst Award in recognition of this successful endeavour. In 2018 alone, the OPP saved 36 lives using naloxone. Since its implementation in September 2017, the OPP has saved a total of 55 lives using naloxone.



Building on the premise that every life matters, our officers are committed to responding professionally to all overdose occurrences. Based on the 24 hours a day, 365 days of the year coverage of police service, in some circumstances an OPP officer may be the first and only available person to respond. Being mindful of the *GSDOA* legislation, which provides some legal protection for individuals who seek emergency assistance during an overdose, the OPP began taking a standardized approach in conducting thorough investigations into all overdose occurrences. Policies created to support thorough investigations embody the spirit of the *GSDOA* and provides a framework to assist and protect the overdose victim while continuing to target drug traffickers in the community. Our investigations focus on identifying individuals who are trafficking substances causing overdoses, not laying criminal charges against people suffering from problematic substance use. Thorough investigations enable the OPP to:

1. Save lives, by attending and administering first aid and naloxone if necessary;
2. Identify persons of acute elevated risk and referring them to community specific resources;
3. Identify harmful substances and advise the public; and
4. Source the substances causing harm and hold traffickers accountable through enforcement

In order to be evidence-based, increase our analytical potential and facilitate further information sharing with community partners, an investment in resources was made to improve OPP data collection and reporting. As mentioned, three years of data within our Niche Records Management System (RMS) for 2016-2018 were reviewed to identify suspected overdose occurrences. The results acquired sufficient data to produce custom reports.

The information found throughout this document is derived from the efforts of our members who poured over thousands of historic occurrences. That effort, combined with the now enhanced mandatory reporting requirements, has resulted in analytical reports that serve to enable our organization moving forward.



DATA

NOTE: The data contained in this report is subject to change.



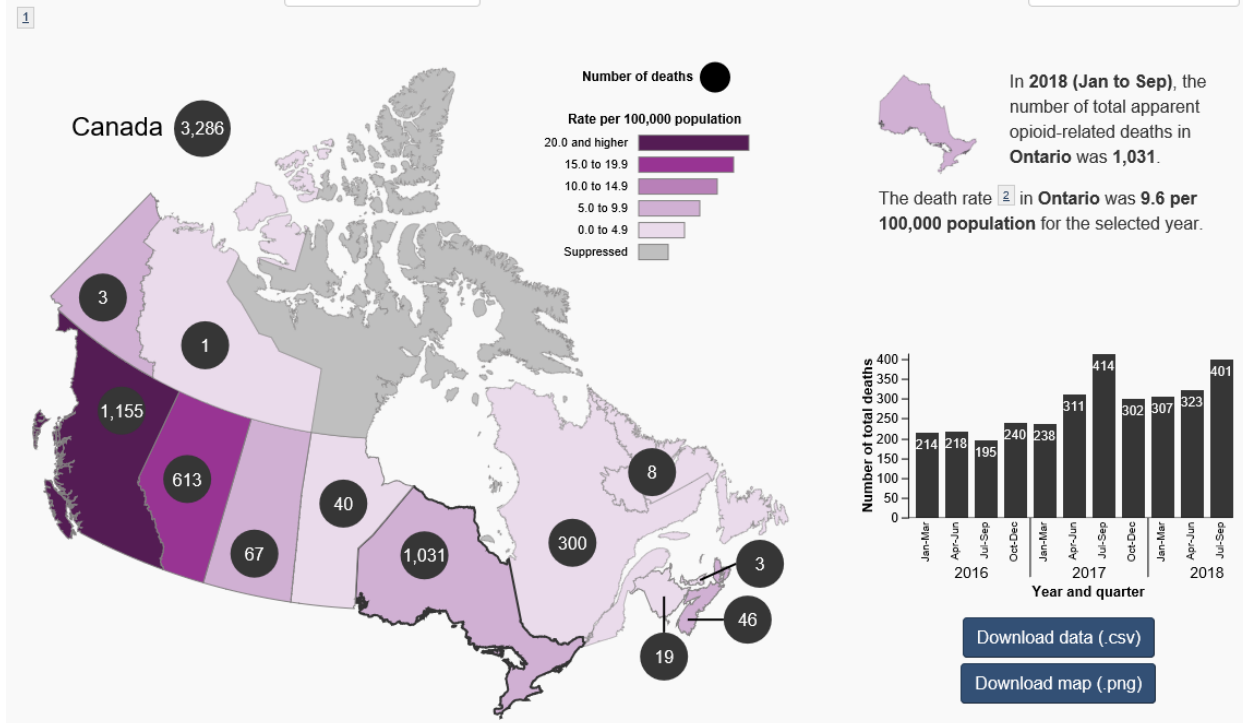
OVERDOSES IN OPP JURISDICTION

Opioid-Related Deaths Nationally & Provincially

Health Canada reported that opioid-related overdoses and deaths are a public health emergency.² Nationally, there were 3,996 opioid-related deaths in 2017, a rate of 10.9 per 100k population.³ In the first half of 2018, 2,066 apparent opioid-related deaths occurred.⁴ In addition, the United States and British Columbia have both reported decreases in life expectancy, partly due to opioid overdose-related deaths.⁵

Apparent opioid-related deaths in Canada

Figure 1. Number and rate of apparent opioid-related deaths by province or territory, in



² <https://www.canada.ca/en/health-canada/services/substance-use/problematic-prescription-drug-use/opioids/responding-canada-opioid-crisis.html>

³ <https://www.canada.ca/en/health-canada/services/substance-use/problematic-prescription-drug-use/opioids/data-surveillance-research/harms-deaths.html>

⁴ <https://www.canada.ca/en/health-canada/services/publications/healthy-living/infographic-opioid-related-harms-december-2018.html>

⁵ <https://www.canada.ca/en/health-canada/services/substance-use/problematic-prescription-drug-use/opioids/data-surveillance-research/harms-deaths/measuring-impact-on-life-expectancy.html>



Although it has not reached the levels seen in other parts of the country, the number of opioid-related deaths has been steadily increasing in Ontario since 2003. There were 629 opioid-related deaths in the first half of 2018 according to the Office of the Chief Coroner for Ontario. In 2017, there were 1,265 opioid-related deaths, a 246 per cent increase since 2003.

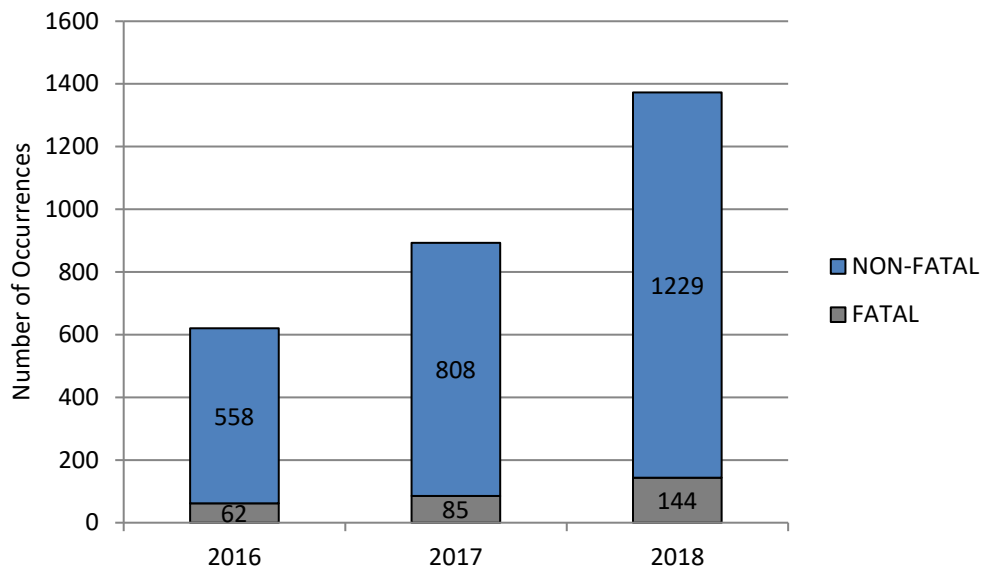
Overdoses in OPP Jurisdiction, 2016-2018

Overdoses within OPP communities are not new, but are increasing at an alarming rate. Prior to 2018, overdoses were not a defined standalone entity; rather, they were found as elements in other types of occurrences such as ambulance assist or mental health. To position the OPP to be more proactive through analysis, new Uniform Crime Reporting codes, including suspected overdose and suspected overdose – opioid related, were created in 2018. In addition to introducing new codes, a historical review of occurrences from 2016-2018 was conducted.

The following graphs depict the findings for opioid and non-opioid overdoses in OPP jurisdiction, including fatal and non-fatal overdoses, as well as gender and age demographics in 2018.

Over the last three years, the total number of suspected drug overdoses has increased from 620 occurrences to 1,373 occurrences in OPP jurisdiction. This represents a 121 per cent increase over a three-year period. Some overdose victims were found to have interacted with the OPP in other prior overdose occurrences.

All Suspected Drug Overdoses in OPP Jurisdiction, 2016-2018⁶



⁶ OPP Niche RMS 08Apr2019. Data is further analyzed on pages 13-15

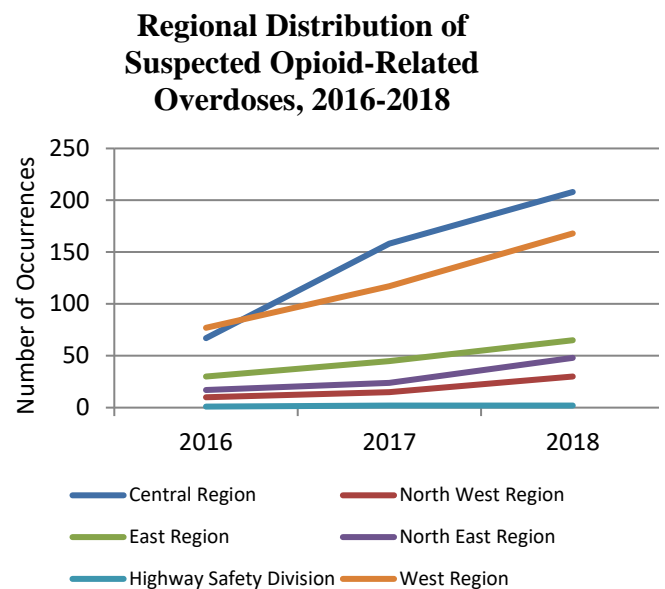
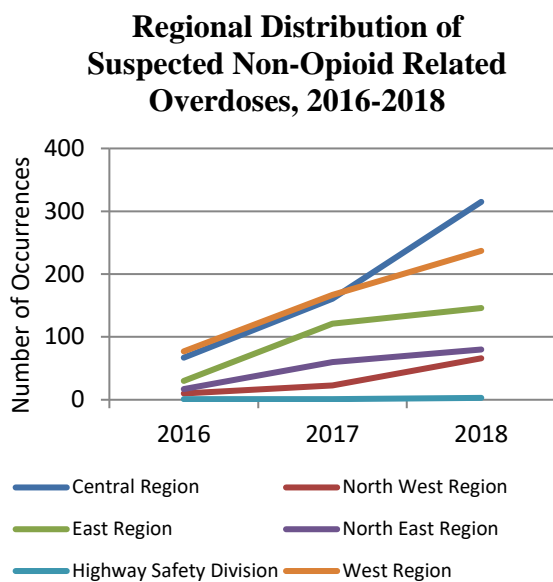
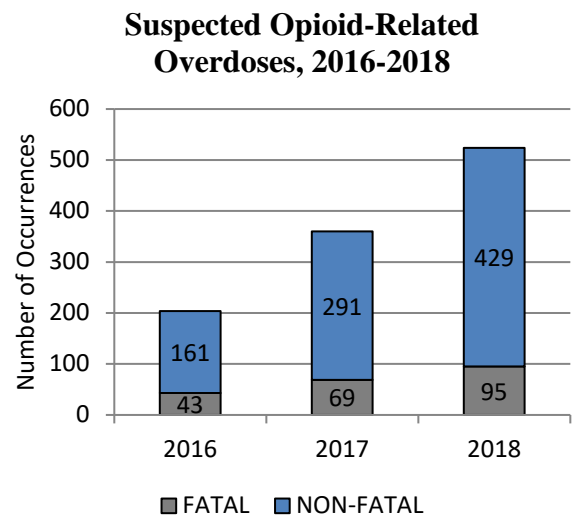
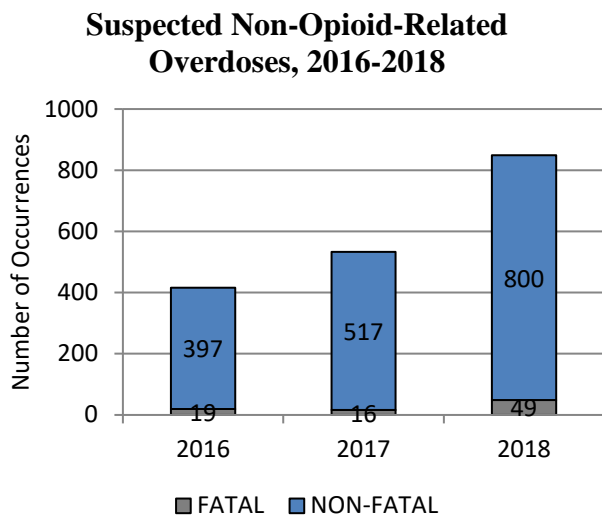


Suspected Non-Opioid-Related Overdoses in OPP Jurisdiction, 2016-2018

Since 2016, the number of suspected non-opioid drug overdose occurrences has increased. In the last three years the number of these overdoses has more than doubled. In 2018, there were a total of 849 suspected non-opioid related overdoses; unfortunately, 49 were fatal.

Suspected Opioid-Related Overdoses in OPP Jurisdiction, 2016-2018

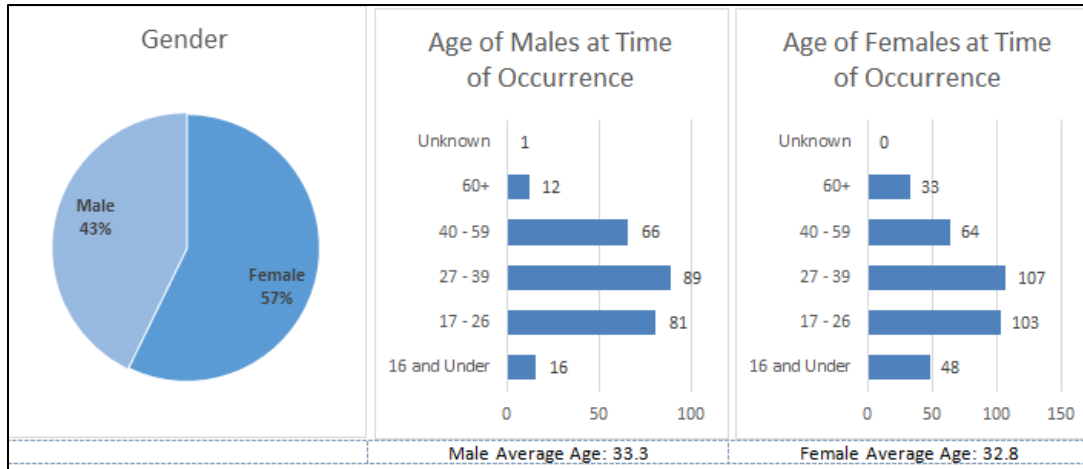
Since 2016, the number of opioid-related overdoses has also increased. In 2018, the OPP responded to a total of 524 suspected opioid-related overdoses. This represents a 157 per cent increase over a three-year period. Unfortunately, 95 were fatal.



Suspected Non-Opioid-Related Overdoses in OPP Jurisdiction, 2018

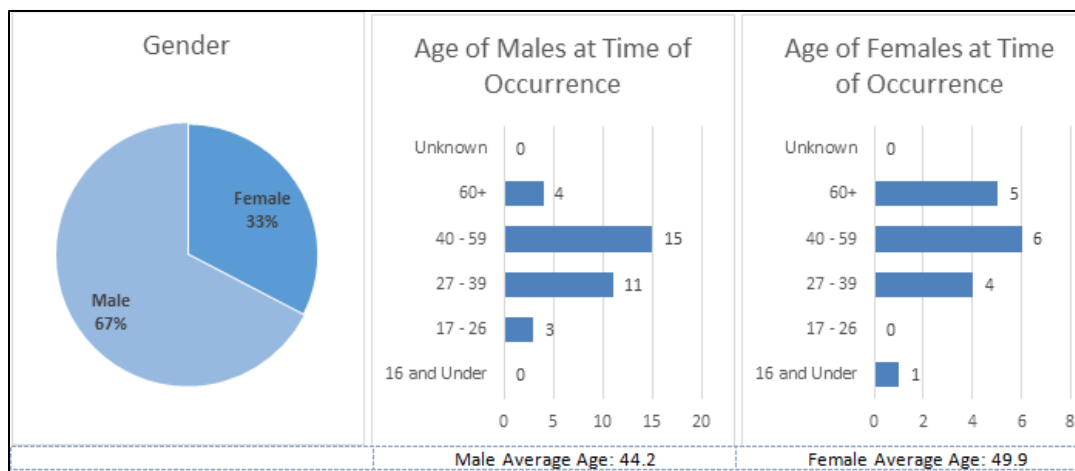
Demographics for Suspected Non-Opioid-Related Overdoses (Non-fatal), 2018

In 2018, the OPP responded to a total of 800 suspected non-opioid-related non-fatal overdoses. In terms of non-fatal overdoses most, 72 per cent, occurred in a single family dwelling (52 per cent occurred in a single home or house and 20 per cent occurred in an apartment or condominium). A total of 43 per cent were male with an average age of 33 years and 57 per cent were female with an average age of 33 years.



Demographics for Suspected Non-Opioid-Related Overdoses (Fatal), 2018

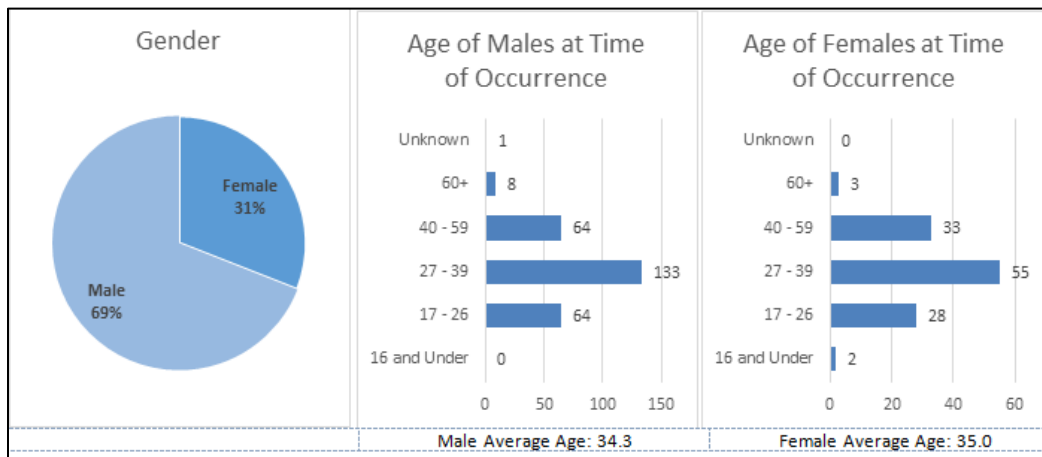
In 2018, the OPP responded to a total of 49 suspected non-opioid-related fatal overdoses. Of the 49 fatalities, most, 39 per cent occurred in a single family dwelling (27 per cent occurred in a single home or house and 12 per cent occurred in an apartment or condominium). For fatal suspected opioid-related overdoses, 67 per cent of the victims were male with an average age of 44 years and 33 per cent were female with an average age of 50 years.



Suspected Opioid-Related Overdoses in OPP Jurisdiction, 2018

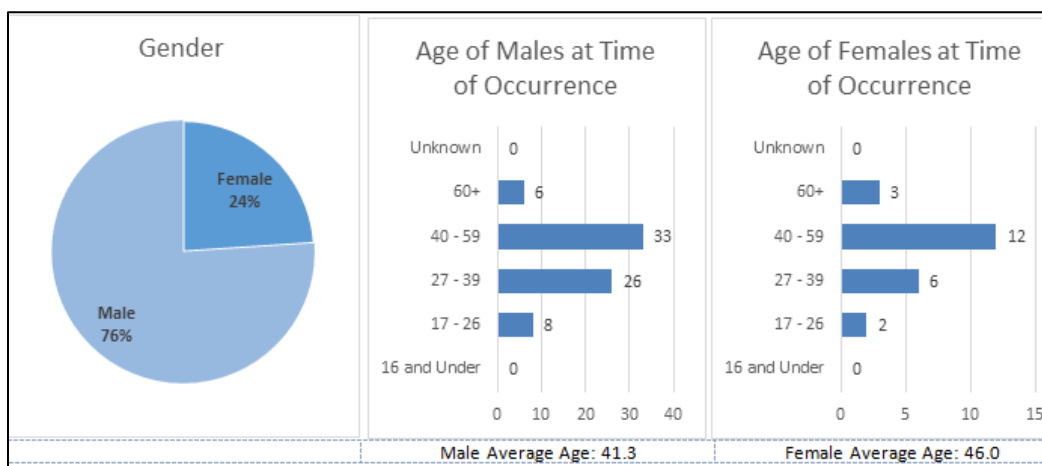
Demographics for Suspected Opioid-Related Overdoses (Non-fatal), 2018

In 2018, the OPP responded to a total of 429 suspected opioid-related non-fatal overdoses. In terms of non-fatal overdoses most, 67 per cent, occurred in a single family dwelling (44 per cent occurred in a single home or house and 23 per cent occurred in an apartment or condominium). Nearly 70 per cent were male with an average age of 34 years and just over 30 per cent were female with an average age of 35 years.



Demographics for Suspected Opioid-Related Overdoses (Fatal), 2018

In 2018, the OPP responded to a total of 95 suspected opioid-related fatal overdoses. Of the 95 fatalities, most, 76 per cent occurred in a single family dwelling (51 per cent occurred in a single home or house and 25 per cent occurred in an apartment or condominium). For fatal suspected opioid-related overdoses, over 75 per cent of the victims were male with an average age of 41 years and nearly 25 per cent were female with an average age of 46 years.



OPIOIDS IN OPP JURISDICTION

Introduction

In 2018, the United Nations Office on Drugs and Crime (UNODC) reported that the range of drugs and drug markets is expanding and diversifying more than ever before.⁷ In Ontario, Health Canada's Drug Analysis Service (DAS) identified five opioids in the top 10 controlled substances analyzed from 1 January to 31 March 2018.⁸

**Top 10 Opioids Identified by Health Canada DAS in Ontario
(January 1 to March 31, 2018)**

Opioid	Number of opioids identified
Fentanyl	551
Heroin	436
Hydromorphone	252
Oxycodone	237
Carfentanil	131
Morphine	85
Codeine	64
Furanylfentanyl	50
Cyclopropyl fentanyl	44
U-47700	26

⁷ https://www.unodc.org/wdr2018/prelaunch/WDR18_Booklet_1_EXSUM.pdf

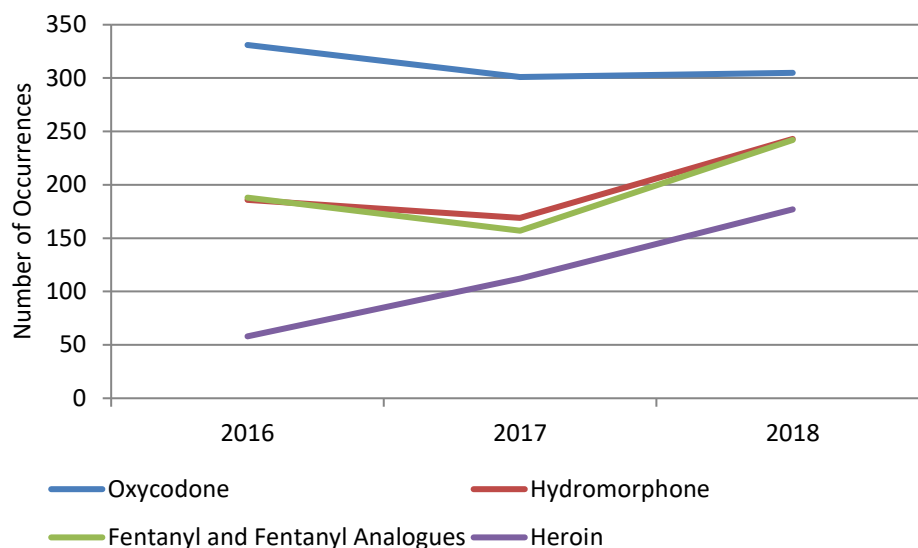
⁸ <https://www.canada.ca/en/health-canada/services/health-concerns/controlled-substances-precursor-chemicals/drug-analysis-service/drug-analysis-service-summary-report-samples-analysed.html>



OPP Suspected Opioid Seizures, 2016-2018

Since 2016, many OPP investigations have led to seizures of opioids including fentanyl. Many have involved multiple commodities some of which include other opioids (e.g. heroin, oxycodone); other non-opioids (e.g. cocaine, methamphetamine, Xanax, psilocybin, cannabis); cash and firearms. For examples of OPP major investigation summaries see Appendix.

This section discusses trends in suspected opioids seized from 2016 to 2018, particularly trends in fentanyl seizures in 2018, within OPP jurisdiction. The chart below illustrates the three-year trend of the four most commonly seized opioids by the OPP. These numbers represent the number of occurrences where each suspected opioid was seized (i.e. oxycodone, hydromorphone, fentanyl (including fentanyl analogues) and heroin).



Key Findings

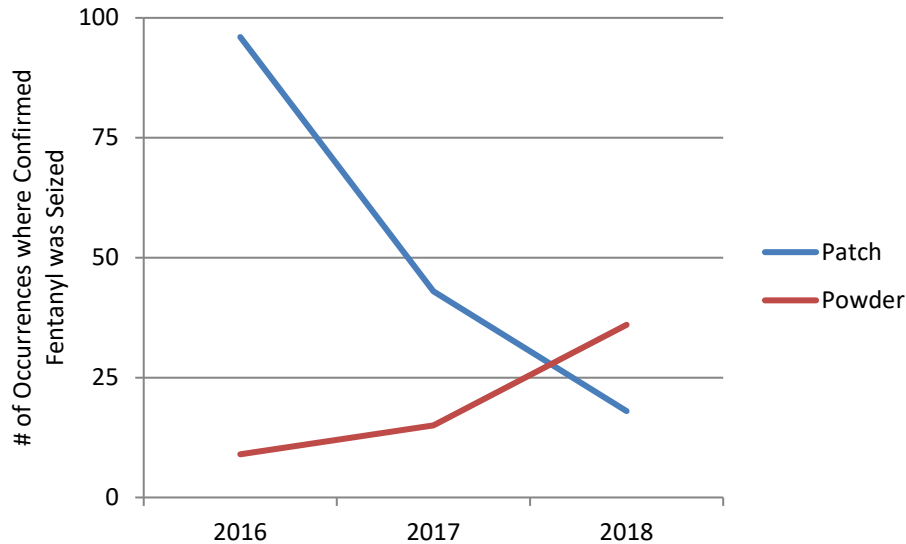
- Over the last three years, in order of largest to smallest, the largest numbers of suspected opioids seized by the OPP are oxycodone, hydromorphone, fentanyl (including fentanyl analogues) and heroin.⁹ These opioids were also the most commonly identified by Health Canada DAS in the first quarter of 2018, although the numbers are not directly comparable.
- The number of suspected hydromorphone, fentanyl (and fentanyl analogues) and heroin seizures have increased from 2016 to 2018, whereas the number of occurrences where suspected oxycodone was seized has slightly decreased.

⁹ Some seizures may contain multiple substances. For example, fentanyl mixed with heroin could be classified as fentanyl or heroin in these statistics.



OPP Fentanyl Seizure Trends, 2016-2018

The figure below illustrates the number of OPP occurrences when fentanyl powder was seized which has surpassed the number of occurrences when fentanyl patches were seized.



Key Findings

- This trend represents an increase in the presence of non-pharmaceutical fentanyl in the communities the OPP polices.
- Prior to 2016, pharmaceutical fentanyl patches were the common form of misused fentanyl.
- This trend also conservatively indicates a change in the source of fentanyl from pharmaceutical diversion to importation. No fentanyl production labs have been located or dismantled in Ontario to date.
- The reduction in the number of occurrences where fentanyl patches were seized may be partially explained by the implementation of the *Safeguarding our Communities Act (Patch-For-Patch Return Policy), 2015*.¹⁰ This Act came into force on October 1, 2016 which places controls on the prescribing and dispensing of fentanyl patches. It requires patients to return used patches to their pharmacy before new patches can be dispensed.

¹⁰ http://www.health.gov.on.ca/en/pro/programs/drugs/opdp_eo/notices/fq_exec_office_20160916.pdf



OPP Fentanyl Seizures, 2018

In 2018, there were 205 occurrences where suspected or confirmed fentanyl was seized in OPP jurisdiction. The following data is the result of a manual review of OPP occurrences where fentanyl was suspected to be seized in 2018. A fentanyl seizure is considered suspected until it has been positively identified as containing fentanyl by the Health Canada DAS. As a result, the numbers in this report are subject to change as more information becomes available.

Key Findings

- Where fentanyl was suspected to have been seized, Health Canada DAS confirmed (to date) the presence of fentanyl in 74 occurrences (36 per cent).
- Of these suspected fentanyl occurrences, 50 were seized less than three months prior to the writing of this report which is not enough time to allow for an analysis by Health Canada.
- A small percentage of suspected fentanyl seizures were identified as other substances.
- In addition to the above numbers, 17 occurrences were reported by pharmacists concerning suspected counterfeit patches being returned under the Patch-For-Patch legislation¹¹, as well as fraudulent prescriptions and one robbery at a pharmacy where fentanyl patches were reported stolen.

¹¹ http://www.health.gov.on.ca/en/pro/programs/drugs/opdp_eo/notices/fq_exec_office_20160916.pdf



OPP Geographical Distribution of Fentanyl Seizures, 2018

The table below shows the regions, including the municipalities in OPP jurisdiction, which have had more than one confirmed or suspected fentanyl seizure in 2018. Most of the fentanyl seizures (70 per cent) occurred in two regions: West Region had 36 per cent of the seizures and Central Region experienced 34 per cent.

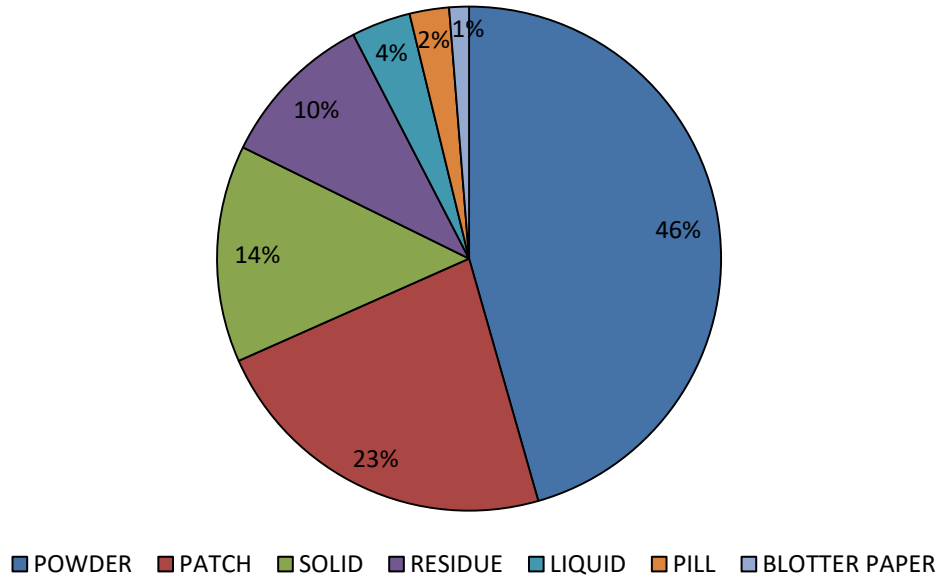
Region	Municipalities	# Confirmed Fentanyl Seizures	# Unconfirmed Fentanyl Seizures	# Total Confirmed and Unconfirmed Fentanyl Seizures
CENTRAL	Orillia	7	5	12
WEST	Norfolk County	4	6	10
CENTRAL	Bracebridge	1	8	9
WEST	Brant County	3	5	8
WEST	Ingersoll	0	6	6
CENTRAL	Brighton	0	5	5
CENTRAL	Essa Twp ¹²	2	3	5
EAST	Greater Napanee	3	2	5
NORTHWEST	Kenora	1	3	4
WEST	Puslinch Twp	2	2	4
CENTRAL	Collingwood	3	1	4
EAST	Kingston	3	1	4
EAST	Quinte West	0	3	3
WEST	Chatsworth	1	2	3
NORTHWEST	Fort Frances	1	2	3
CENTRAL	Gravenhurst	2	1	3
CENTRAL	Huntsville	2	1	3
CENTRAL	Wasaga Beach	2	1	3
EAST	Pembroke	3	0	3
WEST	Bosanquet Twp	0	2	2
CENTRAL	Caledon	0	2	2
CENTRAL	Cobourg	0	2	2
WEST	London	0	2	2
CENTRAL	Peterborough	0	2	2
WEST	Plympton-Wyoming	0	2	2
WEST	Tillsonburg	0	2	2
EAST	Laurentian Valley Twp	2	0	2
CENTRAL	Peterborough	2	0	2

¹² “Twp” is a short form for “township”



OPP Fentanyl Seizure Forms, 2018

The graph below shows the proportion of confirmed fentanyl seizures in each form by the OPP in 2018.



Key Findings

- Nearly half of the fentanyl seizures (46 per cent) were seized in the powdered form.
- There are large variations in the descriptions of fentanyl solids including playdough, putty, chunks and rocks.
- The one confirmed fentanyl seizure in the form of blotter paper was seized in Kenora. This was the first time that the OPP seized fentanyl in this form (see photo on next page).
- Seizures in the liquid and residue forms are considered to be indicative of substance consumption. It is likely that the substances were not purchased in this form.
- Confirmed fentanyl in pill form represents a small proportion of the total number of occurrences, however some occurrences seized hundreds of pills.



OPP-seized fentanyl blotter paper from North West Region



Coloured Fentanyl, 2018-2019

In addition to the various forms, fentanyl exists in many colours including, but not limited to purple, blue, white, brown, beige, grey and red. It is unknown at this time what substance is used to colour the fentanyl and for what purpose. It is possible colouration is a marketing technique. The photos below illustrate some of the substances seized by the OPP.

The current trend is purple fentanyl, sometimes referred to as “purple heroin”. The OPP has been seizing purple coloured fentanyl since December 2017. The term “purple heroin” is a purple substance found in forms including powders and solids that can contain both heroin and fentanyl and may contain other substances. The Public Health Sudbury and Districts and Greater Sudbury Police warned that carfentanil was confirmed in purple heroin seized in Greater Sudbury in December 2017 and January 2018¹³.



Drug Slang Terms for Fentanyl & Fentanyl-Heroin

Some of the colloquial terms used to describe illicit fentanyl in Ontario are:

- *Down*
- *Downtown*
- *Fatty*
- *Fenny*
- *Fent*
- *Purp*
- *Purple*
- *Purple H*
- *Purple Heroin*
- *Purple Smurf*
- *The doze*
- *The nod*
- *Popcorn*

The Royal Canadian Mounted Police (RCMP) identified additional terms for street-available fentanyl, specific to Ontario, as:

- *Green Beans*
- *Shady 80s*

¹³ <https://www.phsd.ca/alerts/drug-alert-purple-heroin-purp-with-carfentanil>

OPP Seized Fentanyl Drug Mixtures, 2016-2018

Individuals using illicit substances typically do so without any actual knowledge of what they are consuming. There is a real probability that other substances including opioids, fentanyl analogues, non-opioids, stimulants and depressants could be combined within the substance purchased. This can lead to intentional or unintentional poly-drug use and increases the likelihood of overdose. Some individuals, however, intend to purchase fentanyl, which may also contain unknown substances.

Determining what drugs are being seized and how to classify them is a challenge for law enforcement. At this time, the quantities of each of the substances identified in a drug mixture are not available from Health Canada DAS. As a result, cross contamination cannot be differentiated from purposeful mixing (poly-drug use). The table below lists other substances identified in confirmed OPP fentanyl seizures 2016-2018.

Drug Mixture	2016	2017	2018
Fentanyl/ Heroin	3	7	18
Fentanyl/ Cocaine		1	5
Fentanyl/ Heroin/ Carfentanil			3
Fentanyl/ Methamphetamine			3
Carfentanil			2
Fentanyl/ Hydromorphone		1	1
Fentanyl/ Quinine	1		1
Fentanyl/ Cocaine/ Methamphetamine/ THC/ Cannabinol			1
Fentanyl/ Alprazolam			1
Fentanyl/ Morphine Derivative			1
Fentanyl/ Heroin/ Fentanyl Analogue			1

Key Findings

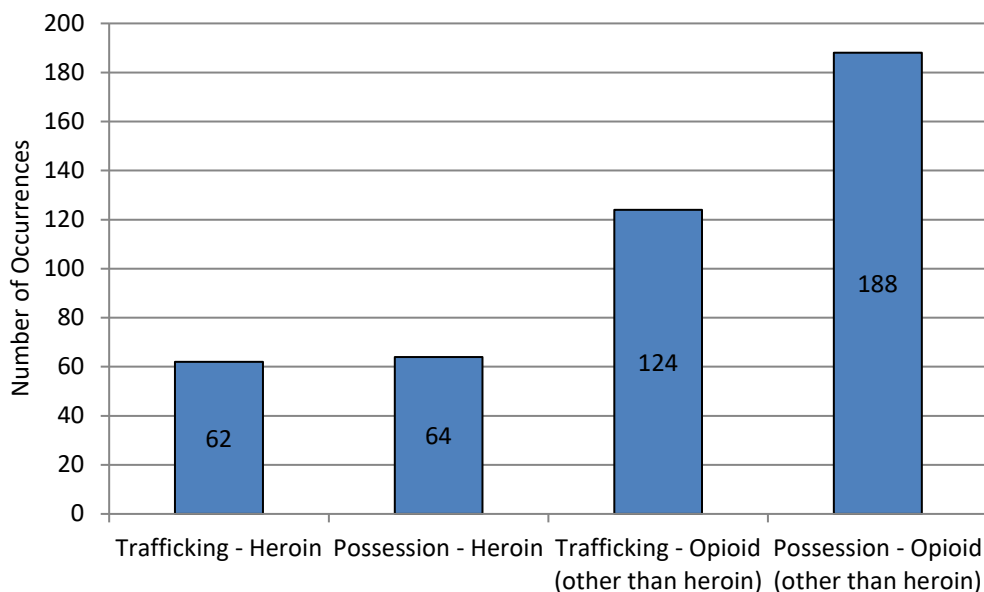
- Additional substances identified in fentanyl seizures has increased since 2016.
- Heroin was the most common substance found in fentanyl seizures in 2018. This continues the trend of finding heroin combined with fentanyl from 2016 to 2018.
- Substances containing carfentanil were noted for the first time in 2018.
- Other non-opioids such as cocaine and methamphetamine were identified in confirmed fentanyl seizures.
- Caffeine was reported as a common adulterant, as well as dimethylsulphone.



OPIOID CRIMINAL CHARGES, 2018

Statistics Canada issued additional UCR codes for all police services for the purposes of tracking charges associated to opioids, other than heroin, late in 2017. For this reason, data prior to 2018 is not available.

OPP-Laid Criminal Charges for Heroin and Opioids Other than Heroin, 2018¹⁴



Key Findings

- In 2018, there were 62 OPP occurrences where criminal charges were laid for trafficking heroin and 64 occurrences where charges were laid for possession of heroin.
- In 2018, there were 124 occurrences where charges were laid for trafficking an opioid other than heroin and 188 occurrences where charges were laid for possession of an opioid other than heroin.
- The total number of charges laid is likely to be higher than these reported numbers because more than one individual may have been charged in each occurrence.
- Of the 1,373 overdose occurrences attended by the OPP in 2018, charges were laid in 15 occurrences, (less than one per cent) of those 15; two charges were laid for possession of a controlled substance.
- In addition to these charges for trafficking and possession, the OPP has laid charges for manslaughter in three investigations as well as criminal negligence causing death in association to overdoses.

¹⁴ OPP Niche RMS 26Mar2019.



THE OPP RESPONSE



OPP OPIOID WORKING GROUP

The Opioid Working Group (OWG) was established to develop strategies and better position the OPP to respond to the opioid crisis. Many facets of the organization were included in the working group, including: Fleet, Supply and Weapons Services, Corporate Communications, Community Safety Services, Wellness Unit, the Provincial Police Academy and others. Since its inception, the OWG has continued to learn from, consult with and share promising practices externally with other police services and community agencies.

The OWG to date has implemented foundational elements to the OPP's response to the opioid crisis including: establishing safety procedures and equipment; investigative policies; mandatory training; and data collection methodology and analysis capabilities. Moving forward the OWG will shift its focus towards preventative and proactive strategies.

OFFICER & PUBLIC SAFETY

Personal Protective Equipment, Safe Handling Procedures & Three-Tiered Response

The potency of many opioids, particularly fentanyl and carfentanil, means they can be fatal in relatively small amounts, posing a serious risk to both public and officer safety. Improved safety measures were developed through enhancement to officers' Personal Protective Equipment (PPE), updated safe handling and exhibit processes and by issuing naloxone together with policies and training to all frontline officers. The new required equipment includes:

- Updated protective gloves
- Tear-proof evidence bags
- Enhanced bio hazard pouches
- Digital scales and stainless steel tables in detachments

When handling, seizing or processing any suspected controlled substance, members of the OPP must wear:

- N-95 respiratory mask
- Long sleeves
- Protective eyewear/goggle
- One pair of 8 mil nitrile gloves



Naloxone

In order to ensure officer and public safety, the OPP proactively purchased naloxone in July 2017 for distribution to its members. On December 7, 2017, the Ministry of Health and Long-Term Care (MOHLTC) and the Ministry of Community Safety and Correctional Services (MCSCS), launched an expansion of the Ontario Naloxone Program to include the distribution of naloxone to police and fire services at no cost. The OPP will receive its first shipment from MOHLTC in 2019.

Using a train-the-trainer methodology, all police officers received an in-person training session. Naloxone administration is now included in bi-annual first aid training for all officers. The acquisition and distribution of naloxone has been recognized by the Government of Ontario as an example of outstanding teamwork and collaboration as members of the OWG received an Amethyst Award in recognition of this successful initiative.

Presumptive Drug Testing Devices (Ion Mobility Spectrometry)

In 2018, presumptive drug testing devices that use ion mobility spectrometry were acquired and placed strategically across the province. These devices were used in 46 investigations in 2018, to assist officers in identifying illicit substances.



COMMUNITY OUTREACH

Collaborative Crisis Response Models

In 2016, the OPP released its OPP Mental Health Strategy: Our People, Our Communities. Of the many priorities outlined in the strategy, collaboration with mental health and addiction partners was a focus.

The OPP has engaged a mental health and addiction expert to act as Provincial Mental Health Lead to support the research, development and monitoring of collaborative crisis response models within each detachment. As of December 2018, approximately 60 per cent of OPP detachments had active teams, with others in various stages of development.

These collaborative crisis response models have police partner with health care in a formalized agreement allowing access to concurrent clinicians who respond with police in situations where there is a suspected or identified mental health and/or substance use concern. The goal of this model is to de-escalate more effectively, determine best path for service, effectively refer individuals to appropriate community resources when possible, and provide follow up to support and reduce recidivism.

The OPP has taken the lead to create a provincial working group with key provincial stakeholders to develop a framework for common approaches and core components of these models in Ontario. Specific to substance use, this will include direction related to substance use and effective, evidence based opportunities for referral services such as, but not limited to:

- Shared online calendars to offer individuals onsite screening
- Navigation to withdrawal management or treatment
- First appointment intakes for long-term case management

Community Education & Awareness

OPP members of all ranks and roles have been conducting presentations for both internal and community audiences in relation to the illicit opioid issue. Since 2018, these presentations have been tracked through RMS. Community-focused presentations are commonly delivered to schools, situation tables and municipal governance committees. In May 2018, the OPP held media consultations regarding opioids in Renfrew, Orillia and Norfolk to identify how the OPP and media can work together to effectively share opioid-related messaging.



The OPP recognizes community engagement and collaboration are critical in addressing the opioid crisis in Ontario. OPP detachments are encouraged to take an active role in the development and implementation of community opioid strategies.

THE GOOD SAMARITAN DRUG OVERDOSE ACT, 2017

At the centre of the OPP’s response to the opioid crisis is the spirit of the *Good Samaritan Drug Overdose Act (GSDOA)*, which is intended to save lives. The purpose of the *Act* is to reduce fear of police attending overdose events and embolden people to seek life-saving assistance and stay with the victim in the event of an overdose. This is particularly important in the face of the opioid crisis. As an organization, we adopted the definition of an overdose as defined within the *GSDOA*. We have embedded *GSDOA*’s spirit into our policies, procedures and, most importantly, our culture.

Efforts continue to promote the *Act* internally and externally within our communities. For example, an article entitled “In a choice between saving a life and laying a charge, we will always save a life”, was shared internally in October 2018, with over 2,800 member views. The article highlighted an occurrence where two officers successfully responded to an overdose and implemented the *GSDOA*. The article was selected and shared broadly in the Ontario Public Service. Promoting the *GSDOA* has been identified as a priority for 2019.

“S.4.1(2) CDSA - No one who seeks emergency medical or law enforcement assistance because that person, or another person, is suffering from an overdose is to be charged or convicted under subsection 4(1) if the evidence in support of that offence was obtained or discovered as a result of that person having sought assistance or having remained at the scene.”¹⁵

¹⁵ https://laws-lois.justice.gc.ca/eng/annualstatutes/2017_4/page-1.html



CONDUCTING THOROUGH OVERDOSE INVESTIGATIONS

OPP investigative practices and policies evolved in 2018 to become responsive to the rise in overdose occurrences. Both the Criminal Investigations Branch (CIB), through their Drug Death Investigations Committee, and the Organized Crime Enforcement Bureau (OCEB), through the Opioid Working Group, created a policy framework for officers to follow during overdose investigations. The policy amendments align with changes made by the Office of the Chief Coroner of Ontario, who issued an All Chiefs Memorandum stating new standards for overdose investigations, including the inclusion of a mandatory Chief Coroner's Opioid Investigative Aid.

Coupled with the *GSDOA*, the thorough investigation policy framework provides a standardized approach to overdose occurrences that protects overdose victims while continuing to target drug traffickers in our communities. To support the implementation of these policies, a mandatory training video on thorough overdose investigations was created.

The OPP recognizes it has taken a unique position in relation to overdose calls for service. Mandating officers to attend all overdose occurrences to conduct a thorough investigation is vastly different to many other Canadian police services who are not responding unless there is a fatality. The supporting rationale for the OPP response model is multi-dimensional. Thorough investigations are required in overdose occurrences to ensure critical information is gathered and that every suspected overdose is investigated equally. Thorough investigations enable the OPP to:

1. Save lives, by attending and administering first aid and naloxone if necessary;
2. Identify persons of acutely elevated risk and referring them to community specific resources;
3. Identify harmful substances and advise the public; and
4. Source the substances causing harm and hold traffickers accountable through enforcement.

DATA COLLECTION & REPORTING

In order to increase our analytical capacity to identify and respond to trends, mechanisms for data collection were implemented. In addition to adoption of new UCR codes (Overdose/Suspected Overdose and Overdose/Suspected Overdose – Opioid-Related), custom windows were added to our records management system (RMS). Amendments were also made to existing reports, such as the First Aid Intervention Report to collect naloxone usage information.



The development of the opioid/overdose “plug-in” in Niche RMS provides additional information when an opioid is involved including:

- Qualitative descriptions of opioids seized (e.g. patch, pill, powder)
- Quantitative information for opioid seizures (e.g. counts, measurements)
- Ensures that the samples are sent to Health Canada DAS for testing
- Ensures that the appropriate OPP personnel are notified
- Connects the victim of the overdose to the occurrence

Three custom reports have been created within our records management system (RMS):

1. Suspected Overdoses Report

- Total numbers of overdoses for the previous three years
- Annual, monthly, day of the week and time of day data
- Gender and age demographic data

2. Naloxone Usage Report

- Year-to-date and previous year totals
- Region specific total number of doses of naloxone administered
- Location type (e.g. residence, school)
- Gender and age demographic data

3. Opioid Summary Report

- Visual representation of types of opioids encountered
- Breakdown of the forms of each opioid encountered
- Quantities of each for of opioids seized
- Total number of occurrences where criminal charges were laid for trafficking heroin or an opioid other than heroin

These internal reports allow members to receive a “snapshot” of opioids in their area based upon a specified timeframe. The information for these reports is derived from data collected and entered into Niche RMS through occurrence information, UCR codes, the opioid/overdose “plug-in” and improvements to the First Aid Intervention Report. Compliance reports and Niche RMS report cards can be run locally to monitor and ensure data integrity. Maps showing suspected overdoses in OPP jurisdiction can also be produced. See appendix for examples of these reports.

Enhanced data collection positions the OPP to be more proactive through analysis. This information will allow the OPP to work more closely with other police services and community partners in development of preventative strategies.



CONCLUSION & FUTURE STEPS

Over the last year, OPP efforts has led to the establishment of foundational elements in response to the opioid crisis. Achievements include:

- Acquiring naloxone to save lives
- Imbedding the *GSDOA* into our policing culture
- Formalizing standards in policy for thorough overdose investigations
- Improving data collection and reporting
- Partnering with health care providers through identifying individuals at acutely elevated risk as well as implementing the collaborative crisis response models
- Communicating the important work being done by the OPP to address the opioid crisis

These initiatives have, and will continue to save lives.

Moving forward, the OPP is shifting its focus towards proactive and preventative strategies. 2019 priorities include:

- Promoting, internally and with our communities, the *Good Samaritan Drug Overdose Act*;
- Sharing data and analytics;
- Reviewing potential impacts of the decriminalization of illicit drugs on public safety; and
- Enhancing our investigative capacity through increased intelligence sharing with law enforcement partners and focusing on cyber-enabled criminality.



APPENDIX



TERMS & DEFINITIONS

Opioids

Depending on the context, opioids can be legal/licit or illegal/illicit. Opioids are a class of drugs regulated under Schedule I of the *Controlled Drugs and Substances Act (CDSA)*. Some are derived from the opium poppy plant, some are semi-synthetic and synthetic. Examples of opioids include:

- Codeine
- Fentanyl
- Heroin
- Hydromorphone
- Methadone
- Morphine
- Opium
- Oxycodone

Opioids have the potential to cause euphoria which can lead to dependence and opioid use disorder. An opioid overdose can cause respiratory depression leading to permanent brain damage or death.

Legal opioids

Some opioids can be obtained legally with a prescription and supervision from a medical professional. Medically prescribed opioids are primarily used to reduce pain and are available in an increasing range of formulations and potencies.¹⁶

Illegal opioids

Without a valid prescription, possession or other involvements with any opioid is illegal and can be subject to law enforcement action. Some examples involving illicit opioids include:

- Possession of someone else's prescription medication;
- Possession of an opioid purchased illegally from a drug trafficker either locally or online;
- Selling or providing opioids to anyone unless authorized to do so by law.

Naloxone

Naloxone, NARCAN® intranasal spray, is used to temporarily reverse the effects of opioids¹⁷ including respiratory depression, sedation and hypotension. Although other formulations of naloxone are available, the term naloxone in this report refers to the intranasal spray form of naloxone carried by the OPP.



¹⁶ <https://www.cdc.gov/drugoverdose/opioids/index.html>

¹⁷ <https://www.narcan.com/>



Good Samaritan Drug Overdose Act (GSDOA), 2017¹⁸

In May 2017, the *Good Samaritan Drug Overdose Act (GSDOA)* was signed into federal law.¹⁹ This *Act* provides some legal protection for individuals who seek emergency assistance during an overdose. The *Act* defines overdose as:

“a physiological event induced by the introduction of a controlled substance into the body of a person that results in a life-threatening situation and that a reasonable person would believe requires emergency medical or law enforcement assistance.”

This *Act* provides some federally dictated legal protection for individuals who experience or witness an overdose and call 911 for assistance. This *Act* can protect from:

- Charges for possession of a controlled substance (i.e. drugs) under section 4(1) of the *Controlled Drugs and Substances Act*
- Breach of conditions regarding simple possession of controlled substances (i.e. drugs) in: pre-trial release, probation orders, conditional sentences and parole

Mixed Drugs

For the purposes of this report, mixed drugs are defined as samples of substances seized by the OPP which are then sent to Health Canada Drug Analysis Service (DAS) for analysis who identify that multiple substances listed in the *Controlled Drugs and Substances Act (CDSA)* were found to be present in the same sample. These substances can be opioids or other substances. At this time, the concentrations of each of the substances identified are not available. As a result, cross contamination cannot be differentiated from purposeful mixing (poly-drug use).

Suspected

The term “suspected” indicates that whatever is being described cannot be confirmed. For example: a suspected overdose or a suspected fentanyl seizure. Without pertinent medical data (e.g. toxicology report, pathologist reports) the police cannot confirm that the individual experienced an overdose or that the victim’s cause of death was a result of substance toxicity. Similarly, substances that are seized require identification by Health Canada DAS. Additional pieces of information from external agencies are often required to confirm what the police suspect.

¹⁸ https://laws-lois.justice.gc.ca/eng/annualstatutes/2017_4/page-1.html

¹⁹ <https://www.canada.ca/en/health-canada/services/substance-use/problematic-prescription-drug-use/opioids/about-good-samaritan-drug-overdose-act.html>



Example of an OPP Suspected Opioid-Related Overdoses Report, 2018

Note: A non-opioid overdose report is also available.



Suspected Drug Overdoses

Provincial

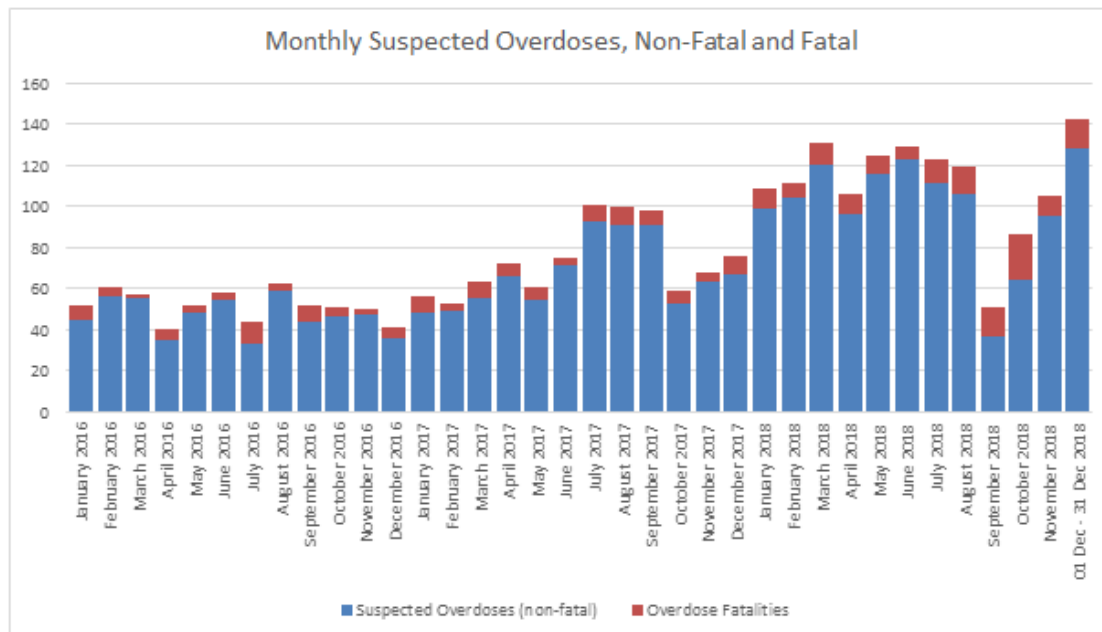
Report Period: 01 Jul 2018 to 31 Dec 2018

Generated: 08 Apr 2019 14:29

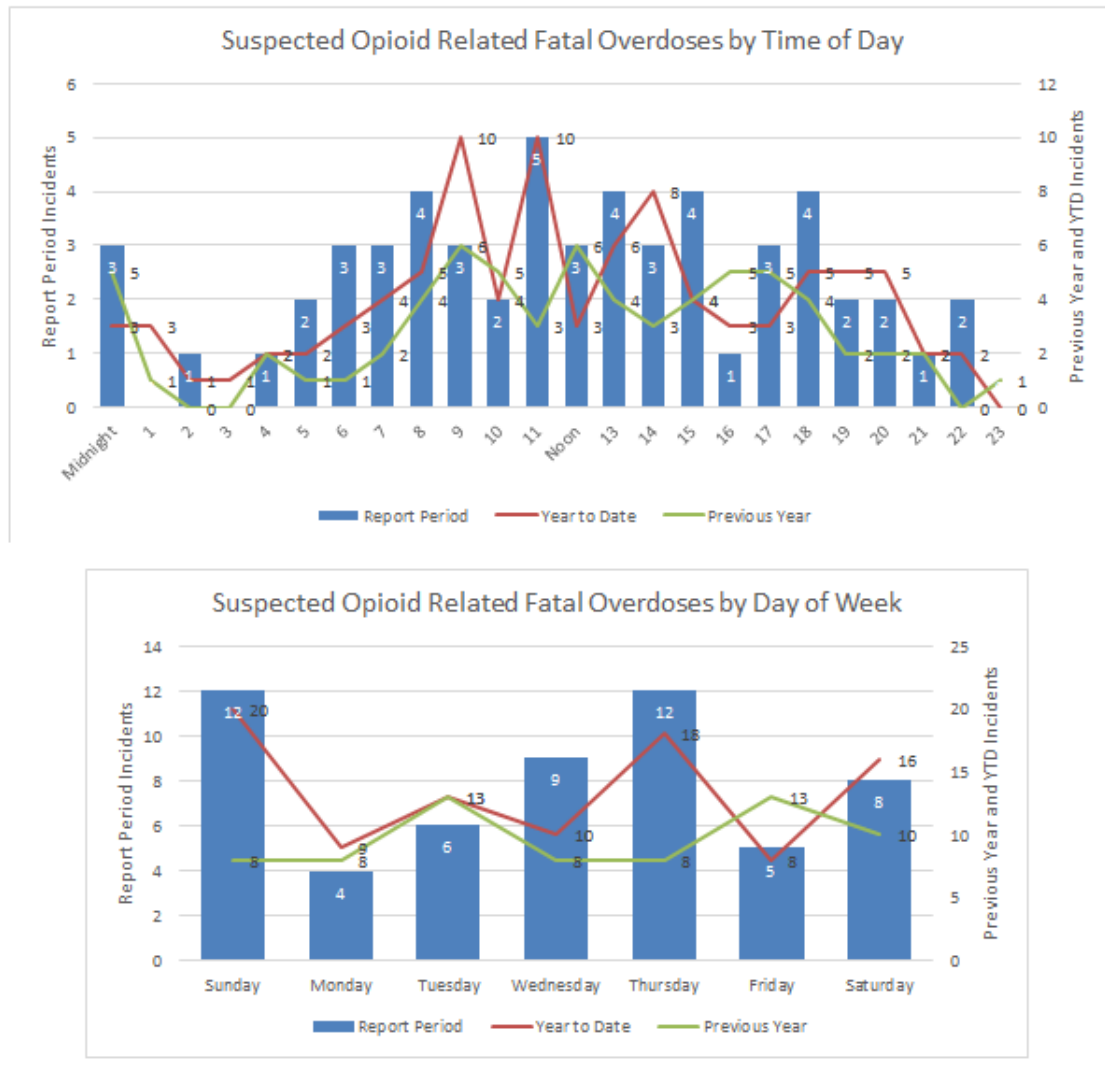
Suspected Overdose / Overdose Fatality Counts and Associated Presumptive Tests

	Report Period		2018 YTD		2017 Total		2016 Total	
	# of UCRs	# Pres. Tests	# of UCRs	# Pres. Tests	# of UCRs	# Pres. Tests	# of UCRs	# Pres. Tests
Suspected Opioid Related								
FATAL OVERDOSE/SUSPECTED OVERDOSE – OPIOID RELATED <i>UCR# 8575.0120 & 8530</i>	56	9	95	10	69	0	43	0
OVERDOSE/SUSPECTED OVERDOSE – OPIOID RELATED <i>UCR 8575.0120</i>	301	13	524	15	360	0	204	0
Suspected Non-Opioid Related								
FATAL OVERDOSE/SUSPECTED OVERDOSE <i>UCR# 8575.0115 & 8530</i>	32	5	49	6	16	0	19	0
OVERDOSE/SUSPECTED OVERDOSE <i>UCR 8575.0115</i>	344	5	849	6	533	0	416	0

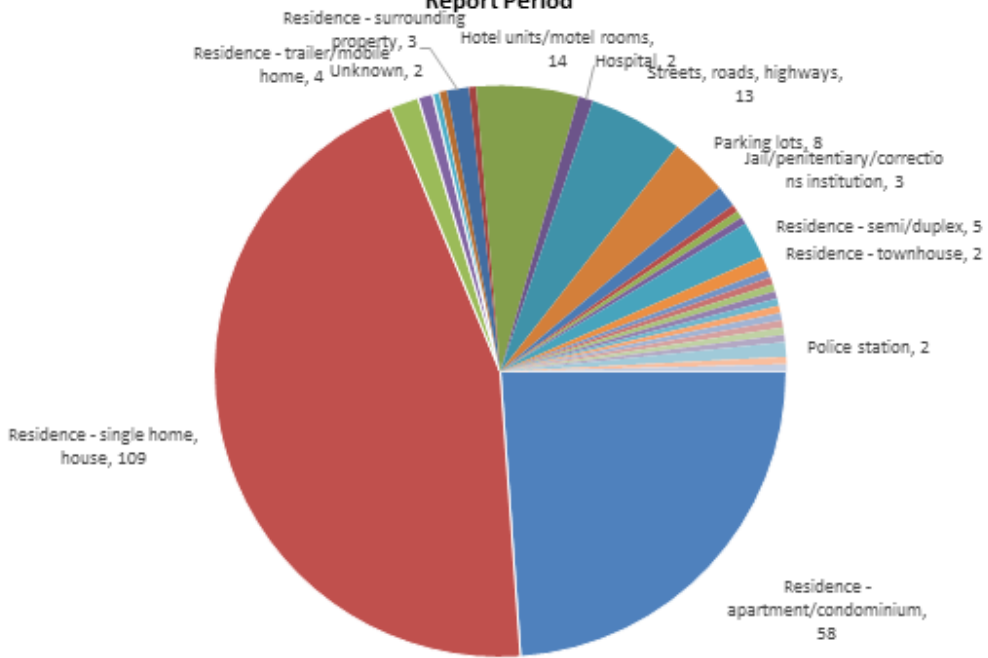
* Overdose Fatalities (and the associated presumptive tests) are included in the Suspected Overdoses counts.



Overdose/Suspected Overdose – Opioid Related – Fatal

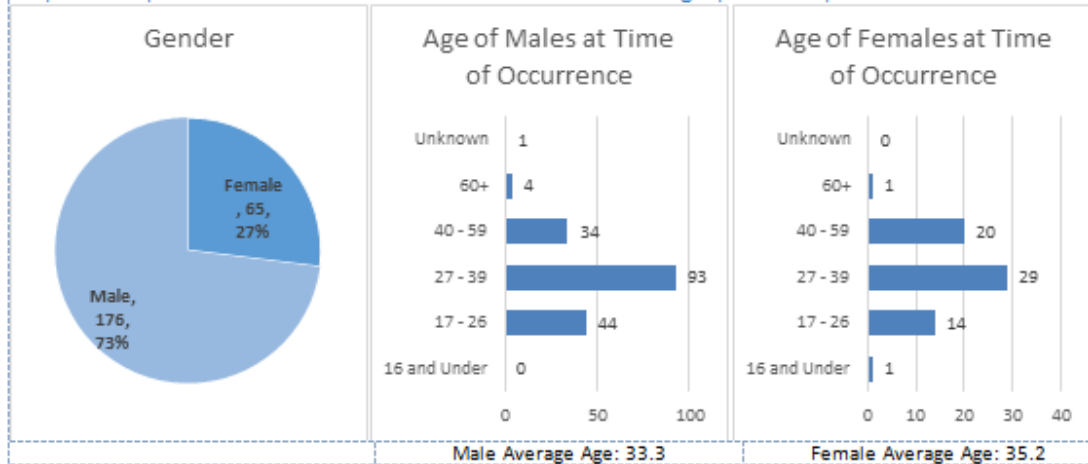


Suspected Opioid Related Non-Fatal Overdose Occurrences by Location Type - Report Period

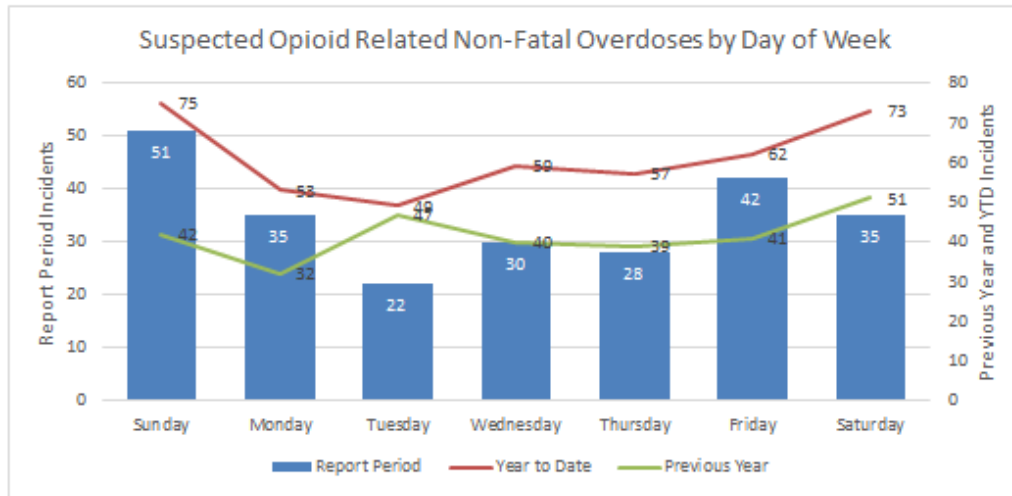
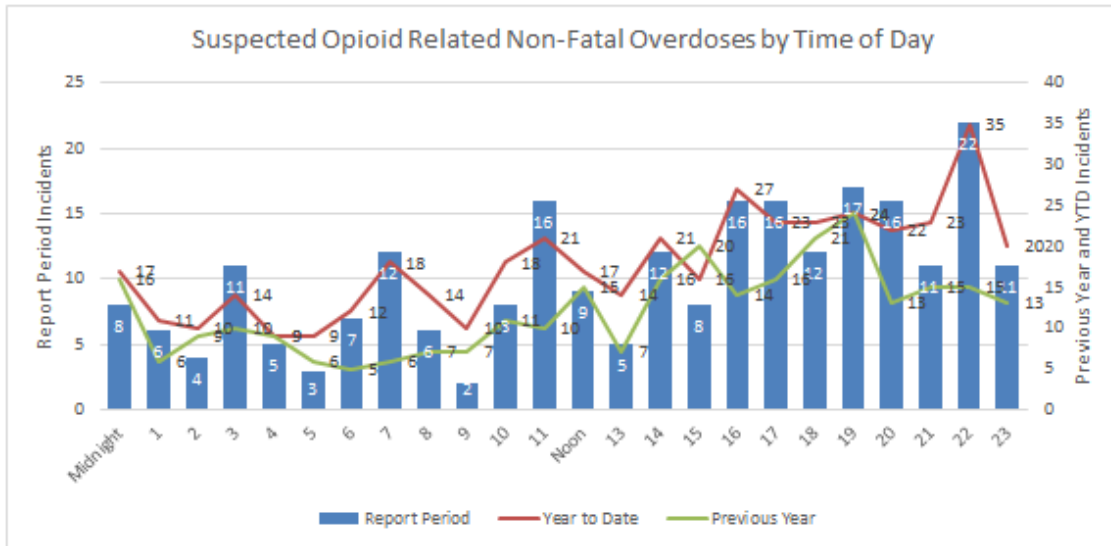


Occurrences with location types less than 1 were removed for clarity.

Suspected Opioid Related Non-Fatal Overdosed Person Demographics – Report Period



Overdose/Suspected Overdose – Opioid Related – Non-Fatal





Naloxone Usage

Provincial

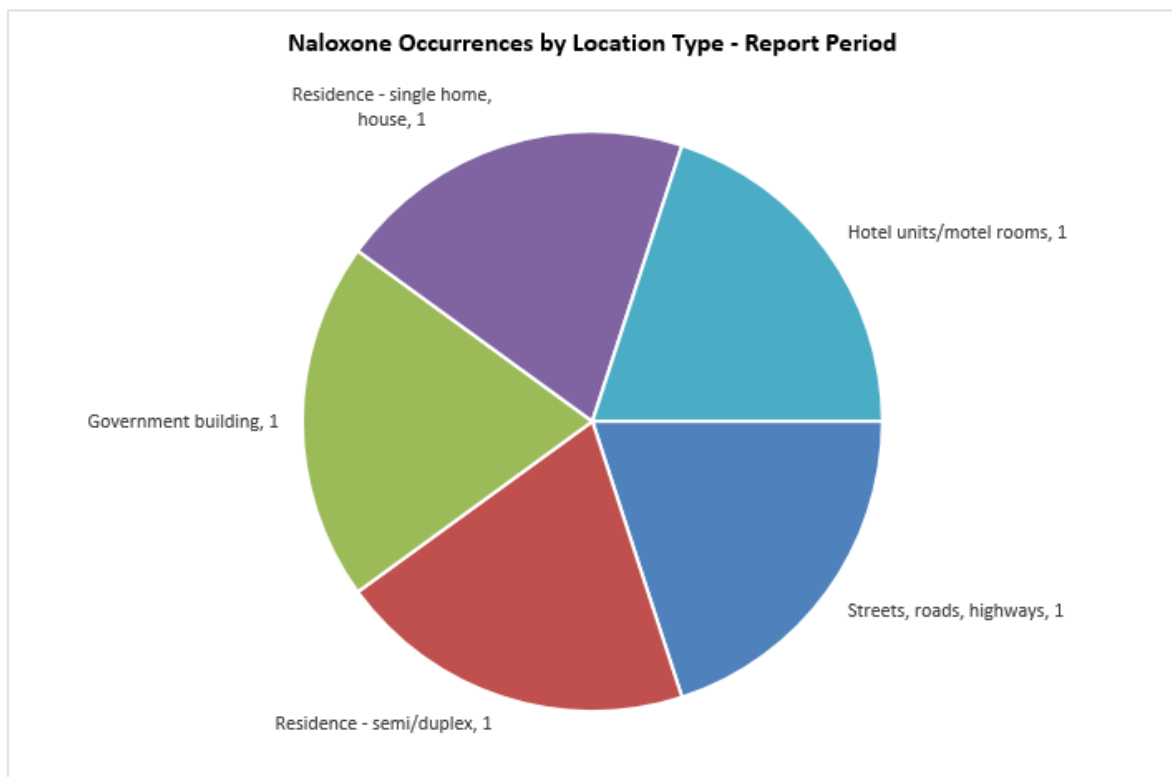
Report Period: 01 Apr 2019 to 16 Apr 2019

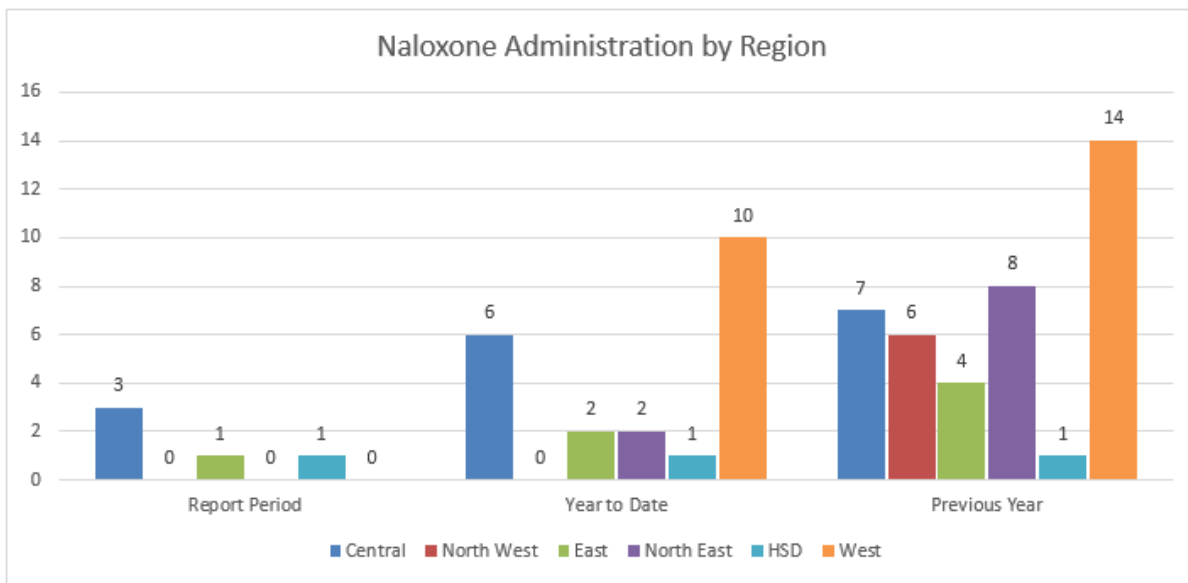
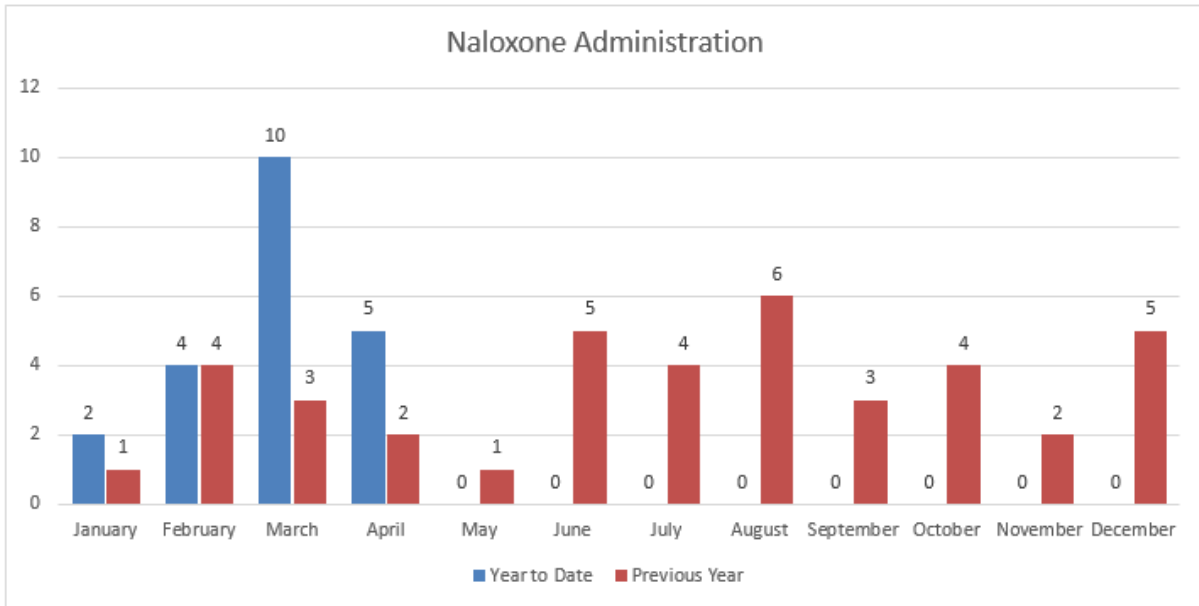
Generated: 17 Apr 2019 10:54

Naloxone Usage

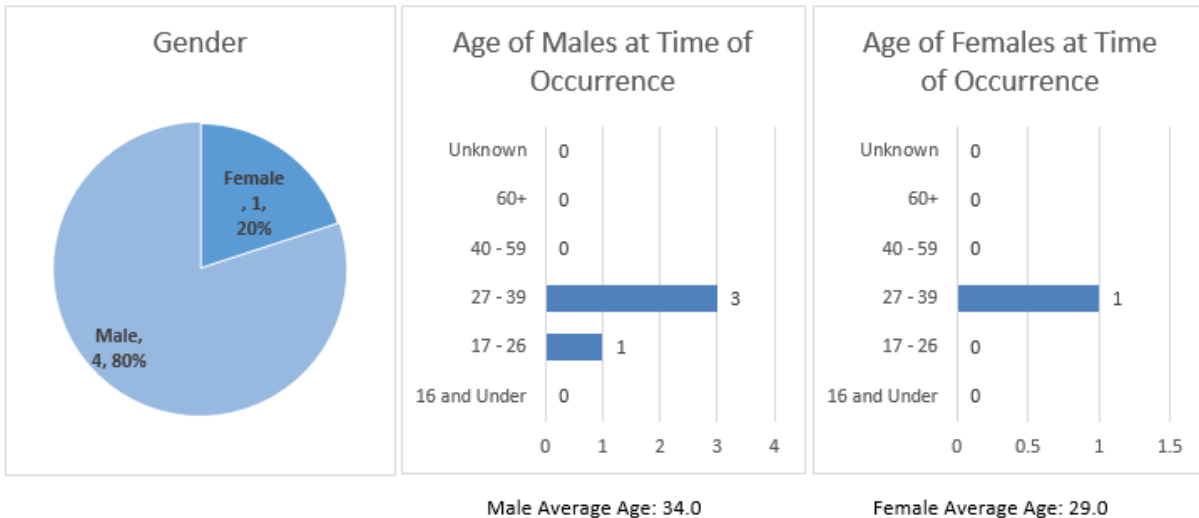
Report Period			2019 YTD			2018 Total		
Total Naloxone Occurrences	Occurrences with Fatalities	Total Doses	Total Naloxone Occurrences	Occurrences with Fatalities	Total Doses	Total Naloxone Occurrences	Occurrences with Fatalities	Total Doses
5	1	7	21	2	35	40	4	57

* Naloxone usage is a count of occurrences linked to First Aid Intervention Reports and/or the Opioid/Overdose Reporting Plugin which indicate Naloxone was administered. Fatalities are identified by the UCR code 8530 and are included the total counts. Total Doses refers to the number of 4mg nasal applicators administered.





Naloxone Recipient Demographics – Report Period



This report was designed by the RMS/GIS Unit in CTSB and is produced from Niche RMS.
This report is accurate as of the date/time generated; results for the same time period may change as updates are made to Niche.



Example of an OPP Opioid Summary Report, November & December 2018

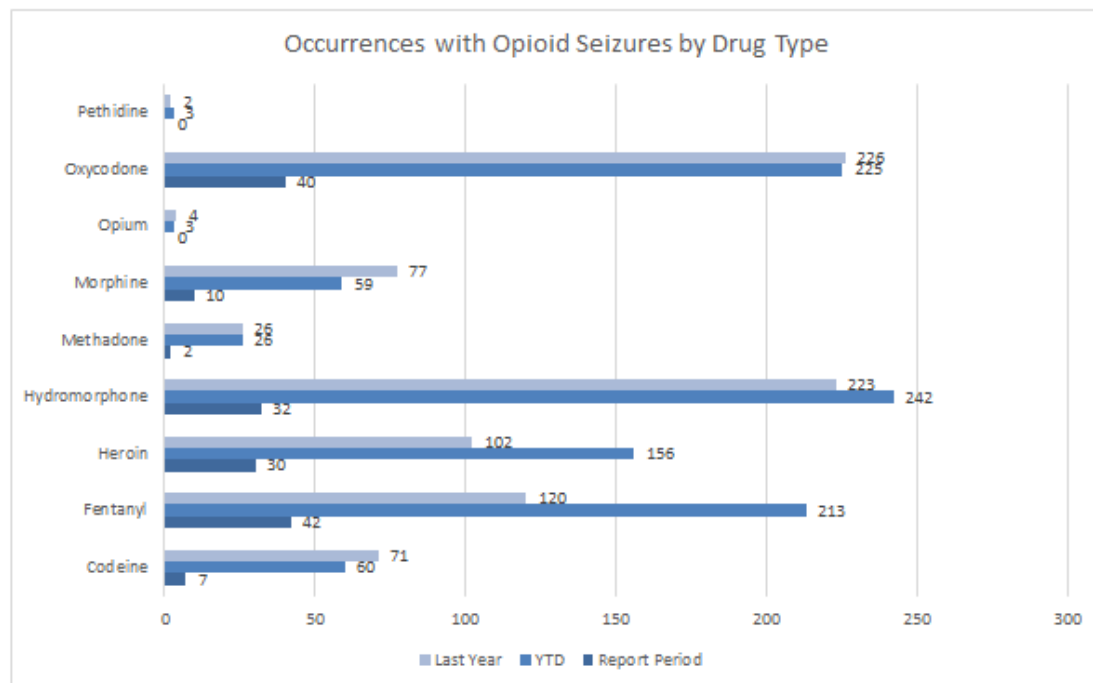


Opioid Summary

Provincial

01 Nov 2018 to 31 Dec 2018

Generated: 26 Mar 2019 13:22



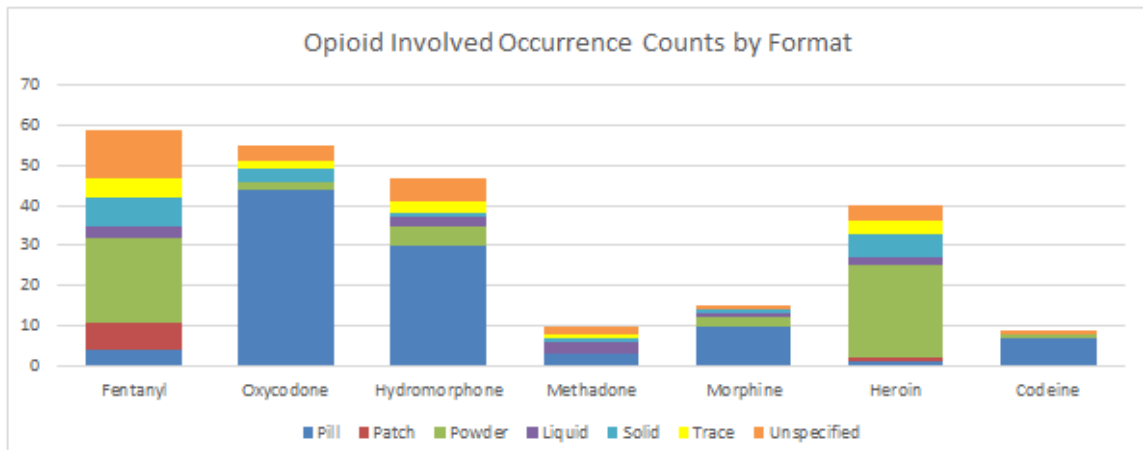
* This chart contains counts of occurrences with property linked in Niche RMS with the Seized or Seized with warrant classifications.

Opioid Classifications

Opioid Type	Seized	Seized with warrant	Found	Recovered	Surrendered	Evidence	Lost	Other
Codeine	10					6		
Fentanyl	76	42	9	2		118	2	2
Heroin	37	3	3		2	30		
Hydromorphone	54	5	4			48	1	7
Methadone	2	1				3	1	5
Morphine	15					14		4
Oxycodone	63	7	6		1	59	3	6
Totals	257	58	22	2	3	278	7	24

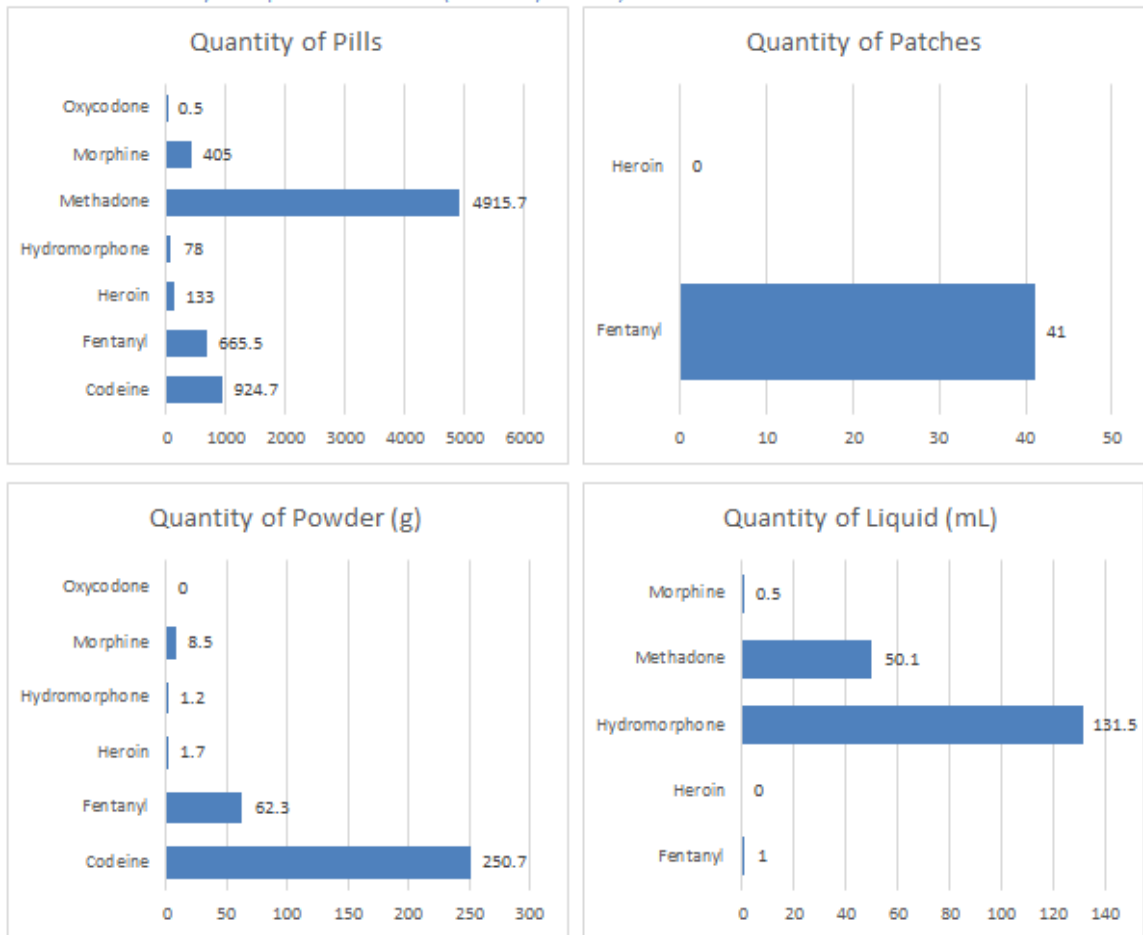
* This table contains counts of property items linked in Niche RMS with each classification. Property may have multiple classifications, so values may appear inflated.

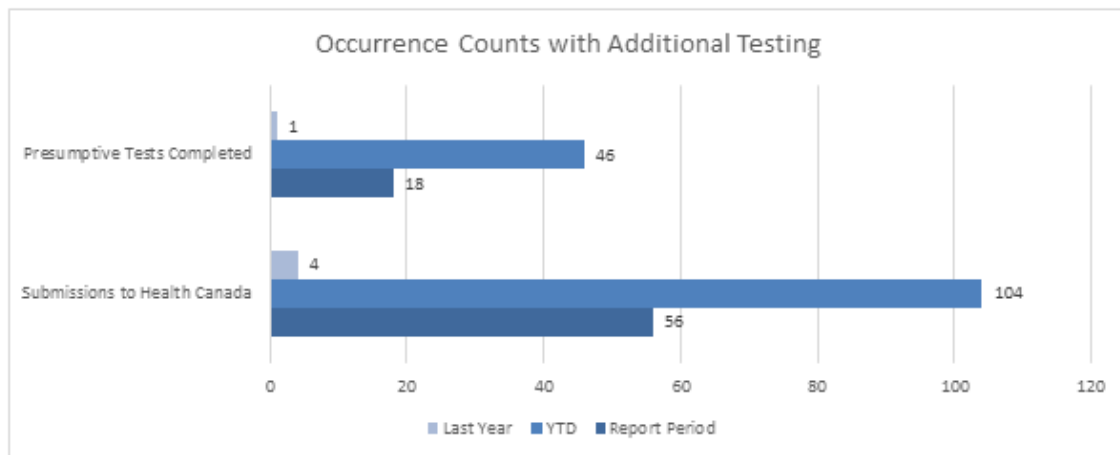
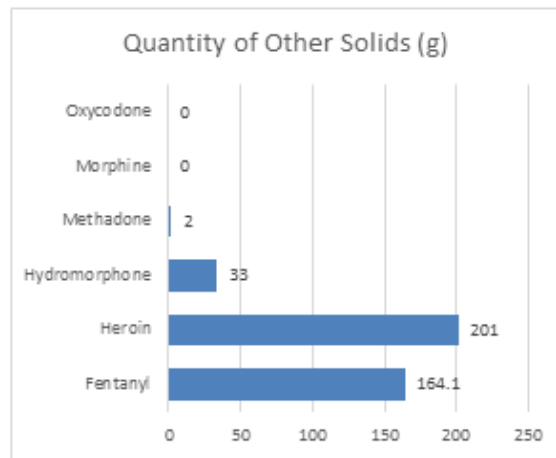


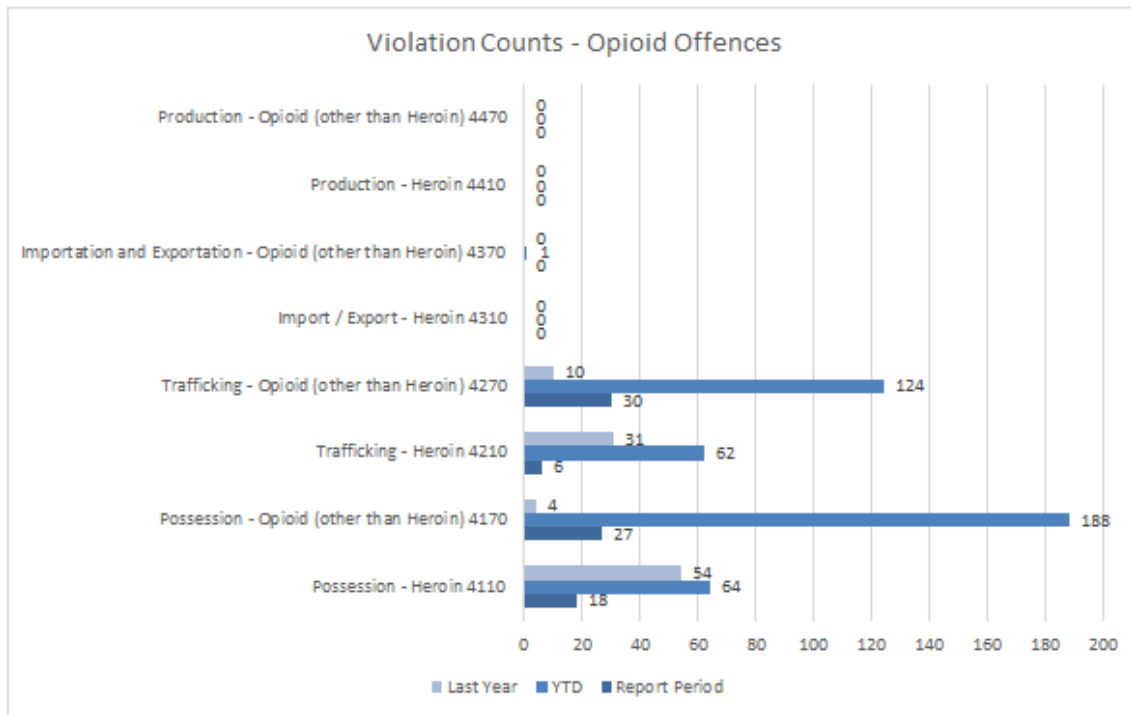


* Occurrences involving more than one form of opioid are counted more than once. Formats sourced from the Opioid/Overdose Reporting Plugin.

Form and Quantity of Opioid Identified (Quantity Totals)







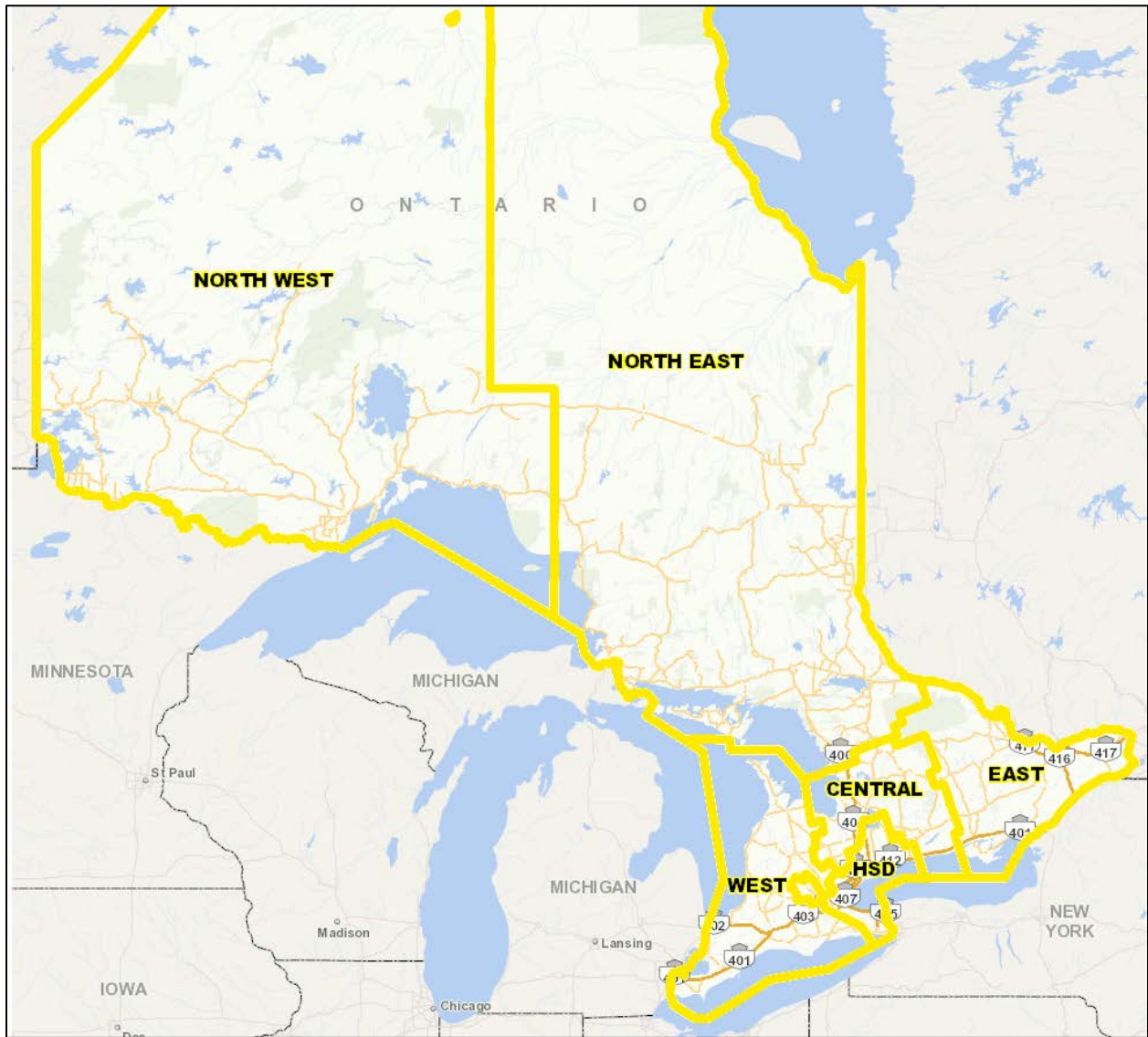
This report was designed by the RMS/GIS Unit in CTSB and is produced from Niche RMS.

Suspected overdoses are identified by UCR codes 8575.0115 and 8575.0120.

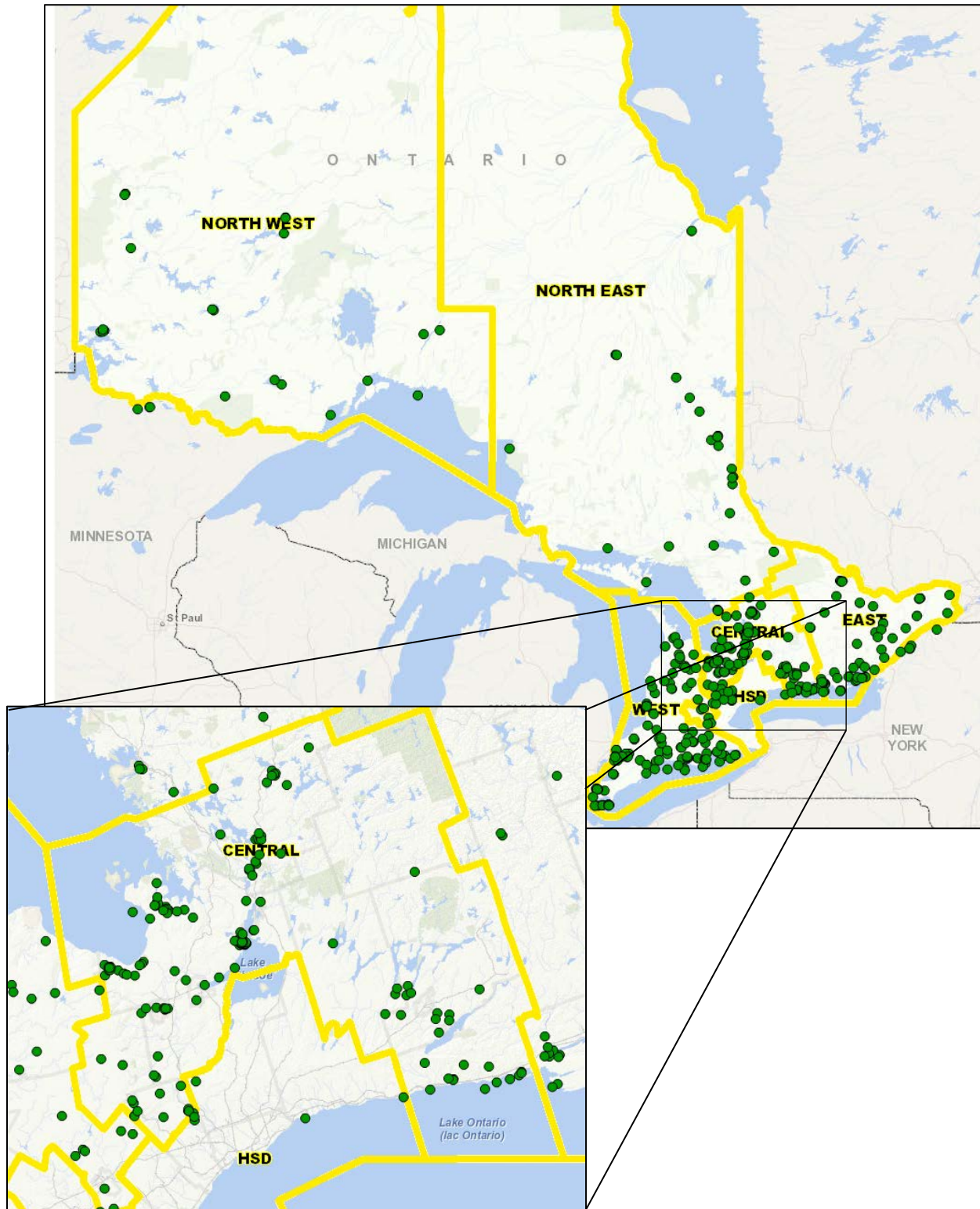
This report is accurate as of the date/time generated; results for the same time period may change as updates are made to Niche.



OPP Regions Map



Map of Suspected Opioid-Related Overdoses – Focus on Central Region, 2018²⁰






²⁰ Map extracted from Niche RMS on 08Apr2019 at 13:00.








TOWN OF HAWKESBURY



PROJECT AMBERJACK **COMPLETED FEBRUARY 2019**

 20 People Charged	 14 Search Warrants Executed	 121 Charges
---	---	---

Amount of Drugs by type and quantity:




 Over half a kilogram of cocaine	 4,000 meth tablets	 16 fentanyl patches
---	--	---

 3 firearms with ammunitions and prohibited weapons and devices	 \$189,010 CDN \$1,778 USD
--	--



 Restraining a house for asset forfeiture	 4 vehicles seized
--	---



ACROSS THE GTA (INCLUDING DURHAM, YORK, HALTON, PEEL, HAMILTON AND TORONTO)



PROJECT RENNER **COMPLETED DECEMBER 2018**

 26 People Charged	 44 Search Warrants Executed	 25 CDSA and 172 Criminal Code Charges
---	---	---

Amount of Drugs by type and quantity:

 4 kilograms of cocaine 843 grams of Fentanyl 14 grams of Heroin	 25 Xanax tablets 6 Fentanyl tablets
---	--

 20 firearms	 \$85,000 CDN
---	--

 1 residence seized	Equipment and supplies from an illegal identity card-making operation	 4 vehicles seized
--	---	---



MARATHON AND PIC RIVER

PROJECT REBOUND

COMPLETED FEBRUARY 2018



9 People Charged



6 Search Warrants Executed



52 CDSA and Criminal Code Charges

Amount of Drugs by type and quantity:



83 grams cocaine powder
8 grams crack cocaine



2,574 meth tablets
9 percocet/oxycodone tablets



1 gram psilocybin

OTTAWA AND SURROUNDING AREA (ROCKLAND, ON AND GATINEAU, QC)

PROJECT LANDSLIDE

COMPLETED NOVEMBER 2017



7 People Charged



8 Search Warrants Executed



150+ Charges

Amount of Drugs by type and quantity:



2.7 kilogram of cocaine
31.5 pounds of cannabis marihuana

¼ pound of cannabis resin (hashish)



325,000 meth tablets
250 oxycodone tablets



6 handguns
Weapons: spiked "mace", switch blades, brass knuckles, asp baton, butterfly knife, bear spray

4 long guns



\$100,000 CDN



4 vehicles seized



ONTARIO, QUEBEC AND US

PROJECT SILKSTONE

COMPLETED FEBRUARY 2017



18 People Charged



22 Search Warrants Executed



81 Charges

Amount of Drugs by type and quantity:



36.3 kilograms processed marihuana bud
8 kilograms cocaine

7.5 kilograms MDMA (ecstasy)
260 grams meth



11,500 pills containing fentanyl



7,200 marihuana plants from indoor grow operations



Cases of vapes containing THC



3 pistols
20 long guns



\$50,000 worth of casino chips



\$69,000 CDN
\$500 USD



Radio frequency (RF) detecting devices



\$5+ million in offence-related property



4 vehicles, 1 enclosed trailer and 1 snowmobile were seized as offence-related property



Equipment and supplies from an illegal identity card-making operation seized



"Colours" from an outlaw motorcycle gang

TIMMINS, CHAPLEAU, OTTAWA, BRUNSWICK HOUSE FNT, MOOSONEE, MOOSE FACTORY ISLAND

PROJECT COAST

COMPLETED MAY 2016



57 People Charged



20 Search Warrants Executed



360 Charges

Amount of Drugs by type and quantity:



706 grams of cocaine



58,000 meth tablets
2,229 oxycodone tablets
5,000 fentanyl tablets



170 fentanyl patches



Numerous long guns



3 vehicles seized



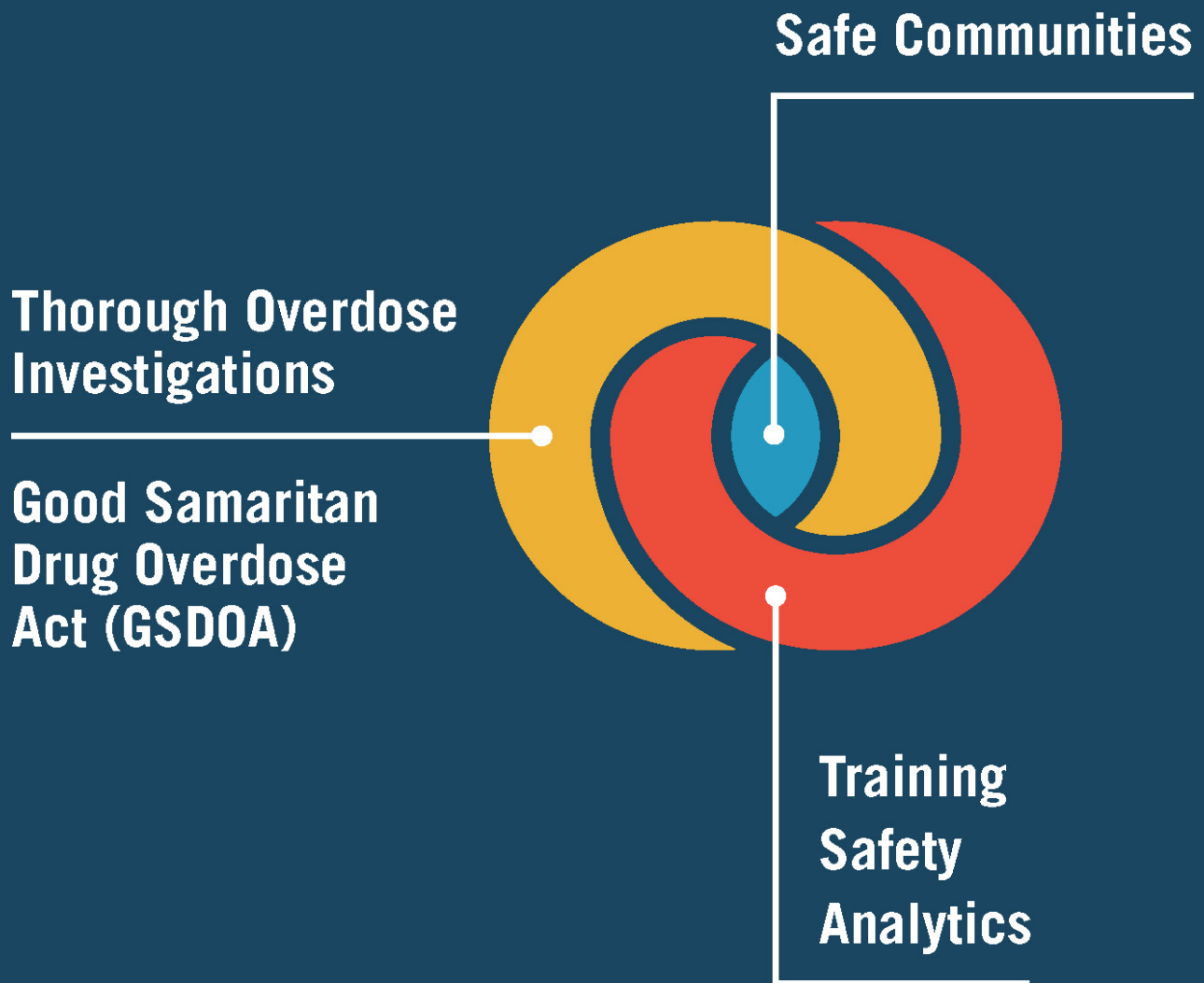
\$252,000 CDN





OPIOIDS AND OVERDOSES

Impacts and Strategies



ONTARIO PROVINCIAL POLICE
Organized Crime Enforcement Bureau

