

Toxic Drug and Health Alerts: Recommended Practices Guide

February 22, 2024

These are a series of recommended practices based on the limited existing evidence on drug alerts, relevant evidence on emergency alerts from other fields (e.g., weather), and preliminary consultations with stakeholders. Best practices will likely change over time. Health authorities are encouraged to regularly update their practice guides.

We have also developed a series of guiding principles that can be used to inform the implementation of these recommended practices.

Alerts should be co-designed with community members, including people who use drugs (PWUD) and Indigenous communities. Hence, these recommendations do not replace community contributions.

Audience

This guide is intended for health authorities, who will be issuing alerts using the Toxic Drug and Health Alert System. It may also be used to support drug user unions, harm reduction organizations, and First Nations who want to issue their own alerts.

Goals of alerting

The core purpose of alerting is to reduce the harms of the unregulated drug supply, including **preventing people from dying preventable deaths**. Alerts are one interim response while broader efforts are underway to pursue a regulated, safe supply and end to prohibition.

Primary Objectives

Primary objectives of each health authorities' alert goal could be:

1. Improve awareness and understanding of heightened risks to recipients of alerts.
2. Inform emergency responses in times of heightened risk.
3. Escalate emergency responses in times of heightened risk, at the individual *and* broader levels (e.g., community, health authority).

Secondary Objectives

Secondary objectives may include:

1. Cultivate knowledge exchange networks and relationships between people who use drugs, community organizations, drug checking, health authorities, and the BCCDC.
2. Improve drug literacy and harm reduction skills amongst recipients of alerts.
3. Improve access to drug checking and surveillance data.
4. Provide a platform for people who use drugs and other engaged stakeholders to communicate their risk appraisals and recommended responses.
5. Challenge stigma about drugs and drug use and provide non-stigmatizing alternatives.
6. Demonstrate attention, concern, and care to people who use drugs and communities.
7. Build capacity to target and reach specific, under-served population.

Having clear, shared goals about the alert system amongst stakeholders is conducive to effective alerting.

Protocol

All health authorities should develop a protocol for their alert system. Recommended components:

1. Roles and responsibilities
2. Involvement of people with lived and living experience
3. Information sharing processes
4. Decision-making framework
5. Alert distribution plan
6. Templates & standards guides
 - a. Posters
 - b. Texts
 - c. Language
 - d. Accessibility
7. Concurrent emergency response plan
8. Plans for:
 - a. Evenings, weekends, and holidays
 - b. Responding to media
9. Evaluation plan

Public health advisories

In addition to toxic drug emergency alerts, the system also has the capacity to issue other types of advisories that are relevant to PWUD.

Examples of topics may be:

- Heat alerts
- Significant changes in OAT or safer supply formulations that could cause harm
- Expansion of harm reduction services for a region

Decision-Making

[Appendix A](#) provides a suggested framework for decision-making.

1. Coordinate a centralized, intersectoral, transparent process for decision-making.

2. Draw from multiple forms of data.

- Include risk evaluations and knowledge from PWUD as valid form of data.
- Ensure drug checking results are contextualized – deeming a drug toxic is relative. A drug checking result on its own is not enough.
For example: A drug checking result that appears to be near pure fentanyl could be an uncut sample not intended for direct consumption rather than a highly potent street sample. Down with benzodiazepines may be expected if it was sold as “benzodope” or it could be considered an adulterated substance.
- Recognize all forms of data have limitations. For example:
 - Technical limitations of FTIR machines
 - Detection limit of 5%
 - Composition percentages indicating quantification are estimates
 - May not recognize novel substances
 - Possibility of false positives and negatives for test strips (e.g. fentanyl and benzodiazepine) depending on substance present.
 - Colours of drugs change over time and space and so are not an accurate marker to rely on.
 - Individual reports can be strongly driven by fear, grief, and shock.
 - Word-of-mouth reporting can distort over time.
 - Overdoses and other adverse responses can be underreported.
 - Some reporting is delayed (e.g., emergency department data).
 - Problem of small numbers when reporting for smaller communities (minor, random changes can appear larger because the small sample size). Small numbers may also pose a risk to confidentiality.

3. Involve multiple stakeholders.

- These may include people who use drugs, First Nations representatives, and social services and health providers.
- Health Authorities can reach out to drug checking service providers for additional information and context on the local unregulated market and potential collection of additional samples.
- Ensure the knowledge and perspectives of populations who have been disproportionately affected by the crisis and who have been historically excluded from decision-making are considered. E.g., youth, Indigenous people (including women and Two-Spirit people), gender diverse people, drug

dealers, people living in rural and remote communities. Building relationships before a time-sensitive event occurs is a way to ensure better incorporation of knowledge and perspectives.

4. Employ a standardized but flexible framework for deciding when to issue an alert.

- See [appendix A](#)
- There must be flexibility to recognize the broader context, including inequities. Factors like community concern, media backlash, and inequities in access to technology may prompt an alert in the absence of data reaching the typical threshold.

5. Clarify decision and approvals processes beforehand to ensure alerts can be distributed as quickly as possible.

Design

1. Create a template that is eye-catching, recognizable, and consistent.

- Ideally align this template provincially. See [appendix F](#).

2. Put the most pressing information first, include subsequent information in a logical order.

- A recommended order in the broader field of emergency alerts is: source of message, description of hazard, location, timeline, guidance for responding [see [“Content”](#) for more information on suggested content].

3. Be brief.

- Limit to the most pertinent information. Include links to provide additional information.
- Texts must be limited to 320 characters.

4. Use headings and paragraph breaks to improve readability.

5. Employ colours & graphics where possible to improve readability and accessibility.

- Bold important words.
- Include graphic representations of important concepts.
- Ensure colours and graphics adhere to accessibility guidance in [appendix D](#).

6. Use specific, clear language.

- A clear language guide is in [appendix B](#).

7. Try to standardize language.

- Recommendations of standardized language are in [appendix C](#).
- Still, recognizing language evolves and changes will need to be made over time.

8. Ensure accessibility.

- A guide for developing accessible texts and webpages is in [appendix D](#).
- Consider providing translated versions.

9. Proofread – check for inaccuracies, spelling errors, broken links, etc.

Content

Content may change depending on the hazard and who is issuing the alert (e.g., PWUD-issued alert or health authority).

1. Include the following information:

- Source of message (e.g., Northern Health)
- Title
 - Toxic drug emergency alert - For an immediate threat that aligns with the decision-making criteria in [appendix A](#).
 - Public health advisory – For other relevant information for PWUD
- Description of the hazard (e.g., fentanyl in cocaine,)
 - Be cautious including information on colour or texture, as these change over time and place. If this information is included, consider a disclaimer about the limitations.
- Impacts of the hazard (e.g., what taking the drug may feel like, heightened risks)
- Source of information (e.g., drug checking or community reports)
- Location
 - Be cautious, since drugs circulate
 - Consider privacy concerns, including the privacy of drug sellers
 - Consider town/city size. Small, rural areas, people may be more identifiable if stemming from drug checking services.
- Duration of alert
- Recommended responses
- Link to more information
 - Be sure the link goes directly to the alert webpage, rather than a generic landing page.
 - This information should be able to contextualize the alert to a greater degree (e.g., define and describe Xylazine and include theories of why it may be added to opioids).
 - This information can also increase transparency, such as by
 - Clarifying sources of the information
 - Justifying why an alert was issued
 - Explaining any inconsistencies or uncertainties

The following order is recommended, but this may be changed based on local context and need: source of message, description of hazard, location, timeline, and guidance for responding.

2. Orient to action: Emphasize what people (and organizations, community) can do.

- Make sure the recommended actions are **(a)** feasible for people **(b)** will effect meaningful change **(c)** aligned with the principles of harm reduction.

3. Consider including photos or graphics.

- Consider including a disclaimer that colour and appearance may differ between batches, and may over time and location.

4. Include transparency measures.

- Acknowledge and explain uncertainties or inconsistencies.
- Be transparent about the source of information, decision-making process.

Tone

1. Personalize the alert.

- Use “you” or “we” pronouns
- Use relatable language
 - *Your body vs the central nervous system*
 - *Your community (Victoria) vs the south island region*
- Consider using past experiences with the hazard as a benchmark and/or share information about the epidemiology surrounding the emergency.
- Make clear how actions will (a) link to a person’s values (b) keep them safe.
 - *We use drugs more safely when we don’t feel rushed and we’re around people who care about us. Strategies some people use: visit an overdose prevention site (OPS), use with friends, try the free Lifeguard app, use in a familiar place*
 - *Start low, go slow – The drug supply is always changing. Even people with lots of experience are getting drugs or doses they aren’t used to. Learn how your body reacts. Then you can add more.*

2. Use non-stigmatizing language.

- Guides to non-stigmatizing language include:
 - [BCCDC COVID-19 Language Guide](#) for inclusive language
 - [Interior Health Language Matters](#) infographic
 - Canadian Drug Policy Coalition [Impact of Stigma and Avoiding Stigmatizing Language](#) guide

3. Avoid a sensationalistic or alarmist tone.

- This emergency is ongoing and will likely necessitate multiple alerts. Using a sensationalist or alarmist tone repeatedly reducing credibility over time.
- Sensationalism and alarmism can stigmatize.

4. **Recognize the existing knowledge of PWUD, practice humility in making recommendations.**
5. **Be caring.**
 - Practice principles cultural safety & trauma-informed care.
 - Be sensitive about the losses the alerts may be associated with.
 - Express care (though avoid being patronizing or paternalistic).

Distribution

1. **Distribute the alert through multiple mediums in addition to texts.**
 - For example, Toward the Heart website, social media, and email list to harm reduction sites and community agencies.
 - Support word-of-mouth as a highly efficient, effective medium.
2. **Support organizations to tailor the alert to suit the needs of their community.**
 - Provide a package of information that community members can use.
3. **Have a media communications plan.**
 - Consider providing a guideline to media who inquires on how to cover drug alerts.
 - Consider a response plan if media has already covered the story.
4. **Ensure alerts are removed or updated after a designated time period.**
 - A common time period is one week. In rural and remote communities, the time range may need to be longer to accommodate the duration of time that drugs circulate.
5. **Archive alerts on a publicly available platform.**
 - Ensure it is clear that alerts are archived.

Concurrent response

Develop an action plan for how your organization can deploy responses to alerts and support your community partners to do the same. While recognizing resource constraints, there are broad suggestions provided below for health authorities to work with and develop to suit their capacities and needs.

Risk reduction is achieved by much more than individual behaviour. Specific focus areas can include targeting:

- Connectedness of PWUD to each other and supports
- Communication between stakeholders

- Expanded safer supply availability and accessibility
- Overdose response preparedness
- Reduced risk environments, including targeting criminalization and isolation

For example:

- Distribute alerts over multiple channels.
- Consider issuing tailored information to disproportionately affected groups.
- Inform local emergency departments and support with additional needs.
- Liaise with local government, supporting them where possible to be informed, support harm reduction and public health efforts, and ease bylaw enforcement.
- Work with corrections facilities, hospitals, detox facilities, and treatment centres on possible changes to discharge plans during the period of increased risk.
- Extend overdose prevention site and drug checking service hours and reach where possible
- Consider emergency teams that can provide outreach services.
- Where possible, deploy emergency funds to drug user unions, harm reduction organizations, and drug checking.
- Implement initiatives in collaboration with prescribers to (re)start safer supply options.

Another important concurrent response is to continue to work secure a regulated, safe supply of drugs and end prohibition.

Additional Resources

- **Toward the Heart A-Z Resource Page** – BCCDC website of harm reduction-related resources - <https://towardtheheart.com/a-z-resource-page>
- **The Drug Resource and Education Project: A Holistic Approach to Drug Checking** – provides information on drug checking, harm reduction, and working with diverse populations in harm reduction (e.g., trans people) - <https://dredproject.ca/>
- **Warning Message Construction: Choosing Your Words** – Australian guide for emergency alerts. <https://knowledge.aidr.org.au/media/6252/guideline-warnings-choosing-your-words.pdf>

Appendices

Appendix A – Decision-making

Here is a proposed framework. It may need to be adjusted to be suitable for different regions and populations.

Hazards warranting an alert may include:

- Increase in overdoses events and/or fatalities
- Cluster of increased overdoses and/or fatalities
- Emergence of concerning overdose presentations or unusual side effects clearly connected to a drug
- Significant change in the drug supply outside of regular inconsistencies
- Unexpected adulteration with significant potential or confirmed harm
- Community forecasts of increased harm, based on experiential knowledge
- Change in social conditions that heighten risk of harm. Consider including:
 - Reduction or elimination of harm reduction services
 - Added restrictions to in OAT & safer supply prescribing and dispensing practices
 - Escalations in enforcement
 - Drug seizures
 - Concurrent public health emergencies with unique implications to PWUD (e.g., extreme weather emergencies, Hib outbreak)
- Highly publicized coverage of a hazard. Consider including:
 - Substantial media coverage
 - Community demand
 - Widespread misinformation
 - Widespread upset

Sources of data may include:

- Community reports (individuals)
- Organization reports (drug user unions, harm reduction organizations, clinics, emergency departments, first responders, law enforcement)
- Drug checking data
- Surveillance data (911 calls, ER visits, overdose deaths, EHS attended events)
- Media

These criteria should not be calculated for a binary pass/fail determination. Instead, they should be used to inform and track decision-making.

| Criteria | Yes | Unclear | No |
|--|-----|---------|----|
| <p>Timeliness – Is the information current & still relevant?</p> <ul style="list-style-type: none"> • Drug test result is less than 3 days old AND/OR • Spike in overdoses is less than a week old AND/OR • Major risk event is forecasted or occurred in last 3 days | | | |
| <p>Accuracy – Can we be reasonably sure the information reflects the current situation?</p> <ul style="list-style-type: none"> • Multiple sources of information exist to validate each other AND • Information source is suited for the type of alert (e.g. drug checking results for an alert about an adulterant) | | | |
| <p>Relevance – Is the alert relevant to recipients</p> <ul style="list-style-type: none"> • Information is remarkable – it provides new or added information (not “par for the course”) AND • Information is contextualized enough to be meaningful to recipients AND • Risk has demonstrable or highly probabilistic negative outcomes (clinically significant, not just statistically significant, risk) | | | |
| <p>Efficacy – Will the alert effect meaningful change?</p> <ul style="list-style-type: none"> • Information is specific enough to be acted upon AND • We have responses (individual & broader) that will improve the situation | | | |
| <p>Risk of inaction – Would not issuing an alert increase harm?</p> <ul style="list-style-type: none"> • Information about the hazard is already in the public domain but lacks accuracy or context AND/OR • There is significant demand for an alert, and not issuing one would be a sign of disregard AND/OR • Other | | | |
| <p>Risk of action – can the potential harms of an alert be mitigated?</p> <ul style="list-style-type: none"> • Privacy can be ensured AND • Potential that the alert would incentivize people to seek out that drug has been considered and addressed | | | |

Two-Way Communication

- Memora has a feature to reach back to subscribers for more information for OD reports

Appendix B – Simple/Clear Language

Formatting

- Aim for grade 8 reading level or lower (HemmingwayApp has a downloadable version).
- Use lists, descriptive headings, and paragraph breaks.
- Keep paragraphs to one topic.
- Put the most important information first.
- Order the information in a logical sequence.

Language

- Use the active voice
- Short sentences
- Short words
- Use the verb, not the noun, form
- Use the simplest form of the verb
- Use contractions
- Use common words
- Cut unnecessary adjectives
- Specific words that convey certainty, do not leave room for interpretation
- Avoid jargon
- Avoid abbreviations, define if you use them

| Focus | Less simple language | Simpler language |
|--------------|---|---|
| Active voice | <p><i>There are a number of elevated indicators related to drug poisonings that signal the need for this advisory.</i></p> <p><i>Purple down were found to contain benzodiazepines.</i></p> | <p><i>We are sending this alert because these are high rates of overdose in your area.</i></p> <p><i>Drug checkers found benzos in purple down.</i></p> |

| | | |
|--|---|--|
| <p>Use short sentences</p> | <p><i>Substances move throughout our region and may be present in your community so please share this alert widely and use with caution following the harm reduction messages below.</i></p> <p><i>Purchased as ‘Adderall’ (amphetamine) this tested as methamphetamine instead. Methamphetamine is similar to but lasts longer than amphetamine and amounts in counterfeits can be inconsistent.</i></p> | <p><i>Drugs can move far, so please share this alert widely. We have included safety recommendations below. Take care.</i></p> <p><i>Bought as Adderall, but drug checking found it’s methamphetamine (meth). Meth is like Adderall but lasts longer. The fake pills can all have different doses, unlike real Adderall.</i></p> |
| <p>Use common words</p> | <p><i>Substance</i></p> <p><i>Ingest</i></p> <p><i>Approximately</i></p> | <p><i>Drug</i></p> <p><i>Swallow</i></p> <p><i>About</i></p> |
| <p>Avoid jargon</p> | <p><i>Positive for fentanyl</i></p> <p><i>Benzodiazepine induced sedation is not reversible by naloxone</i></p> | <p><i>Found fentanyl</i></p> <p><i>Naloxone (Narcan) doesn’t work on blackouts and overdoses from benzos</i></p> |
| <p>Use short words</p> | <p><i>The amount of time that</i></p> <p><i>In order to</i></p> | <p><i>How long</i></p> <p><i>To</i></p> |
| <p>Use the verb, not the noun form</p> | <p><i>Increased overdose activity</i></p> <p><i>Extended periods of sedation</i></p> | <p><i>More people overdosing</i></p> <p><i>Sedated a long time</i></p> |

| | | |
|---|--|---|
| Use the simplest form of the verb | <i>Let someone know</i> <i>Access a prescription</i> | <i>Tell someone</i> <i>Get a prescription</i> |
| Use specific language | <i>Be aware of risks if mixing with other drugs, including alcohol</i> | <i>Mixing drugs (including alcohol) increases your risk of overdose</i> |
| Cut unnecessary adjectives and adverbs | <i>Increased risk of mixing</i> <i>Your local health authority</i> | <i>Risk of mixing</i> <i>Your health authority</i> |
| Avoid abbreviations, define if you use them | <i>OPS</i> | <i>Overdose prevention site (OPS)</i> |
| Use contractions | <i>Have not</i> <i>Cannot</i> | <i>Haven't</i> <i>Can't</i> |

<https://knowledge.aidr.org.au/media/5978/guideline-warning-message-construction.pdf>

<https://www2.gov.bc.ca/gov/content/governments/services-for-government/service-experience-digital-delivery/web-content-development-guides/web-style-guide/writing-guide/plain-language>

Appendix C - Standard Language

Here is current suggestions for language standardization, recognizing language is constantly changing.

| Terms | Recommended standard | Reasoning |
|---|----------------------|--|
| Opioid crisis, unregulated drug poisoning emergency, drug toxicity crisis, overdose crisis... | Toxic drug emergency | Poisoning implies there is a poisoner. This risks criminalizing. |

| | | |
|-----------------------------|--|---|
| | | <p>Opioid crisis implies the opioids are causing the crisis rather than an unregulated market.</p> <p>Overdose crisis may not be specific enough and can imply people are simply taking too much of a dose rather than the drugs being too unpredictable to dose.</p> <p>(Toxic may also be stigmatizing)</p> |
| Toxic drug | Specific description of drug (50% fentanyl concentration, fentanyl in cocaine) | Provides more contextualized information. Less alarmist. |
| Toxic drug poisoning events | Overdose | Commonly understood, aligns with terms like “overdose prevention site”, brief, does not stigmatize with the words “toxic” or “poison” |

Appendix D – Accessible Texts & Webpages

- Use clear language (see [appendix B](#)).
- Ensure all images have an image description for screen readers.
- Instead of pasting a hyperlink, create a linked URL that is descriptive. Screen readers read out URLs, so “click here” or “h-t-t-p-dot-dot-slash-slash” are difficult to understand.

- E.g., For more information, [go to the Toward the Heart website](#) instead of For more information go to <https://towardtheheart.com/alerts>
- Avoid colour alone as a signifier of meaning.
 - Format links so they are underlined rather than in a different colour
 - Pair with bold or a larger text size
- Avoid the use of emoji's and consider using exclamation marks to convey a sense of urgency. Emoji's may have an inconsistent appearance across different devices/operating systems and can incur additional costs when included in alerts sent by SMS (text).
- When using colours, make sure there is strong contrast between colours.
- Use a sans serif font and a font size of 11 point or larger.
- Align text to the left rather than using centred or justified.
- Any videos or audio should have captions and a transcript.
- Video and audio should not autoplay and should be able to be paused.
- Ensure images are formatted in line with text.
- Use as few text boxes as possible to improve readability for screen readers.
- Ensure text can be increased up to 200%.
- When making lists or tables, use code from the Web Content Accessibility Guidelines - <https://www.a11yproject.com/checklist/>.

<https://accessibility.huit.harvard.edu/creating-accessible-emails>

<https://www.a11yproject.com/checklist/>

Appendix E – Text Template

[Message source] toxic drug emergency alert: [Description of hazard] in [location].
[Timeline].

What you can do: [Brief recommended strategies]. More info at [Toward the Heart](#).

Interior Health toxic drug emergency alert: Drug checkers found fentanyl in cocaine in Kelowna on Saturday the 4th. If you get cocaine, it might have fentanyl. This could make you overdose.

Island Health toxic drug emergency alert: The overdose prevention site (OPS) on Nicol street in Nanaimo shut down today. We're so sorry. We want to make sure people still have options to stay safe & alive.

What you can do: Try the OPS at 250 Albert St, use with peers, or try the free [Lifeguard app](#) if you're alone. [More info at: Toward the Heart](#)

Metis Nation BC public health advisory: You can now use a Metis-specific overdose response app. The app can call for help if you overdose. Available throughout BC. Download for free from the [Lifeguard website](#).

Appendix F – Poster Template

Toxic Drug Emergency Alert

Logo of
alert
issuer

[Hazard]

[Description of the hazard, including context and any impacts it has.

You can **bold important information**. Use paragraph breaks for clarity.]

If useful, relevant image with image description

What you can do

- [Give piece of relevant information. Drug checking information is ~~probably~~ important for any alert that is specific to a drug.]
- [Another point such as start low, go slow]
- [Further point. Keeping in mind that the points should be relevant to the specific alert
 - So if it's about a benzo, you may emphasize 911 might have to be called because they're trickier overdoses]
- Learn more at **Toward the Heart**. We've included more strategies you can try that have helped other people

[Location]

[Start date to end date]

Toxic Drug Emergency Alert



Fentanyl in Cocaine

Drug checking found fentanyl in someone's powder cocaine. The person got the cocaine in **Kelowna**.

If you get cocaine, it might have fentanyl. That can cause an opioid overdose. We don't know if anyone's overdosed yet.



What you can do

- **See what's in your drugs.** Free & anonymous: [Drugchecking.ca](https://www.drugchecking.ca)
- **Start at a low dose** to learn how you react.
- **Be ready for an overdose.** Naloxone (Narcan) works for these overdoses.
 - Overdose prevention sites can help (455 Leon Avenue).
 - The Lifeguard app can call for help if you use alone.
- **Learn more at Toward the Heart.** We've included more strategies you can try that have helped other people

Kelowna

March 2nd to 9th 2023

Graphic credit: Northern Health & First Nations Health Authority

Toxic Drug Emergency Alert



Overdose Prevention Site (OPS) shut down

The OPS on Nicol Street has shut down. There were problems with bylaws.

People die of overdoses when they use alone. **We are worried people will die without the OPS.** We want everyone who used this OPS to stay safe & alive.



What you can do

- **Try the OPS at 250 Albert St.** Open 9AM-11PM.
- **Use with trusted people if you can.** Take turns and be ready to respond if someone overdoses (e.g., naloxone, 911).
- **The Lifeguard app** can call for help if you use alone. It's free
- **Learn more at Toward the Heart.** We've included more strategies you can try that have helped other people

Nanaimo

March 2nd to 9th

Image credit: Ian Holmes, Nanaimo News Now