

NOVA SCOTIA DRUG REPORT – DRUGS & SUBSTANCES

November 2020 Report – Frontline Reports

FRONTLINE REPORTS

NOVA SCOTIA – There have been **73** confirmed/probable acute drug toxicity deaths in 2020 (to end of Sep), compared to **69** in Jan-Oct 2019.¹

NOVA SCOTIA - The number of (confirmed and probable) deaths due to nonpharmaceutical opioids is higher in 2020 than 2019; all eight nonpharmaceutical opioid deaths in 2020 involved fentanyl. Fentanyl was detected in addition to heroin in all (3) samples in which heroin was detected in 2020.

NOVA SCOTIA – There were **22** calls to the Poison Centre in October 2020 for opioid exposures, compared to **17** in September 2020.

NOVA SCOTIA – Details on Poison Centre calls:

- **3** calls in 2020 YTD were related to heroin (one each in January, March, and June), **2** were related to suspected illicit fentanyl (one each in May and July), and 1 to fentanyl (August) in 2020 YTD. No calls in 2020 YTD have been related to u477, or carfentanil.

CENTRAL ZONE – Follow up on a report from last month. Sackville street crime seized a pill that resembled a sweetheart candy. It was being sold as Xanax, though initial testing results were not conclusive. The sample was sent to Health Canada to confirm its composition. The sample came back positive for flualprazolam.

CENTRAL ZONE - Community report last week of crack that appeared to be laced with fentanyl or another type of sedative in HRM.

WESTERN ZONE - Community reports of a return of seniors selling hydromorphone along the south shore and an uptick in ORTx intakes.

NORTHERN ZONE - Community reports of continued presentation of sores in Pictou County assumed to be related to Levamisole added to cocaine.

NORTHERN ZONE - Community reports that crystal meth is back in a big way in Cumberland County. The Mobile Outreach Team is distributing an increase in the bowl pipes.

EASTERN ZONE – Community reports that fake Oxy 80s are circulating in Cape Breton again.

NOVA SCOTIA DRUG REPORT - OPIOIDS

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OPIOID-RELATED HARMS

of confirmed and probable¹ acute opioid toxicity deaths

35

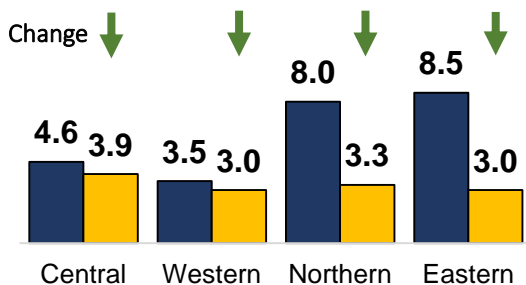
In 2020 YTD (Jan-Oct)
↓ from 2019 YTD (43)¹

8

Involved non-pharmaceutical opioids in 2020
↑ from 2019 YTD (4)¹

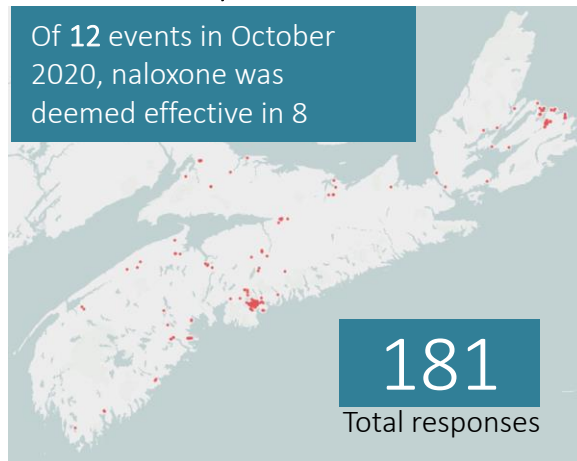
12-month rate per 100,000 population of confirmed opioid mortality by zone¹

■ Nov 2018-Oct 2019 ■ Nov 2019-Oct 2020



Location of suspected acute opioid toxicity events responded to by EHS paramedics with naloxone, Nov 2019-Oct 2020

Of 12 events in October 2020, naloxone was deemed effective in 8



of ED visits related to opioid or unspecified drug toxicity in Central Zone

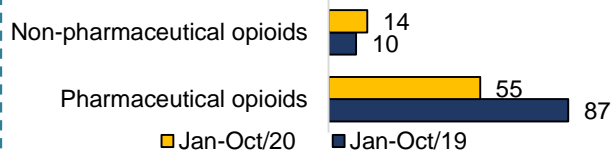


TREATMENT

As of October 27, 2020: **2013** Nova Scotians are receiving opioid substitution therapy from NSHA MH&A and Direction 180 (including **41** new clients), with **10** people on the waitlist.

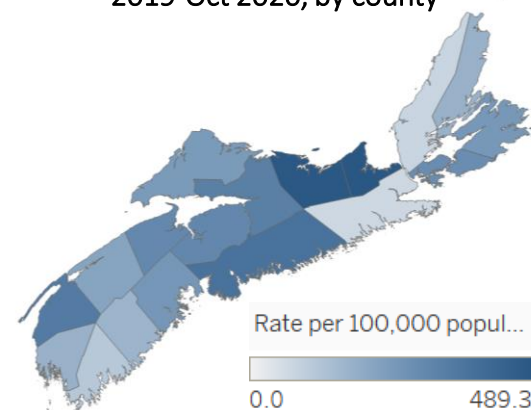
LAW ENFORCEMENT

of opioid drug seizures received by HCDAS³



HARM REDUCTION

Rate of community pharmacy naloxone distribution per 100,000 population, Nov 2019-Oct 2020, by county



Highest rates per 100,000: Antigonish (489), Pictou (488), Halifax (380), Digby (351)

Highest number of kits: Halifax (1683), Cape Breton (252), Pictou (224), Kings (189)

of naloxone kits distributed by distribution site type, Jan-Oct 2020

1322

THN Program
↓ from Jan-Oct 2019 (1712)

2468

Community Pharmacies
↓ from Jan-Oct 2019 (2879)

13

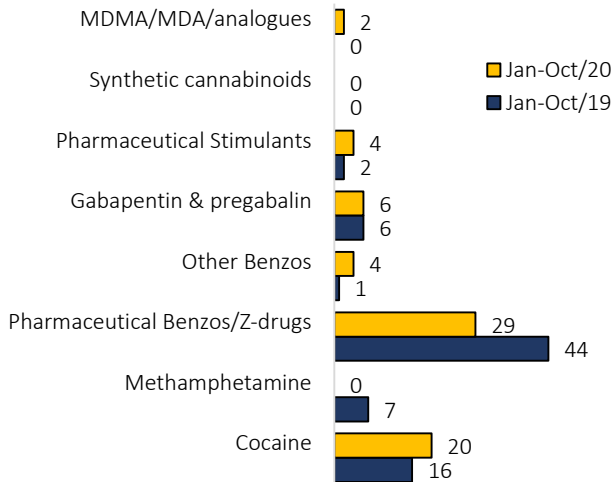
Reversals reported in 2020²
↓ from Jan-Oct 2019 (21)

NOVA SCOTIA DRUG REPORT – DRUGS & SUBSTANCES

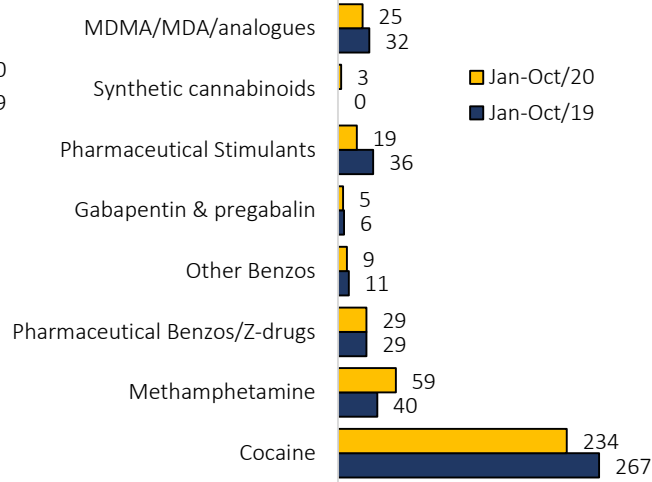
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DEATHS & SEIZURES OF SELECT OTHER DRUGS (opioids on p. 2)

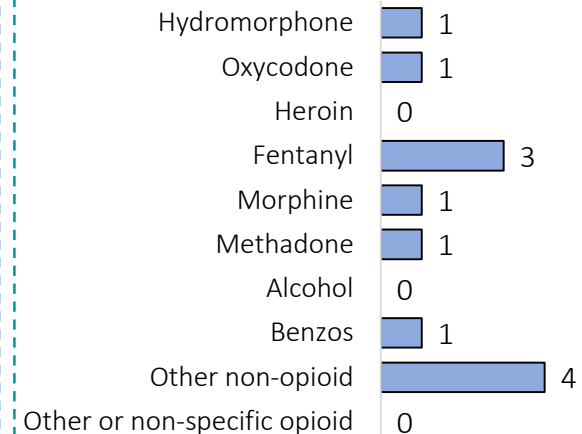
of confirmed acute toxicity deaths⁴



of confirmed drug seizures received by HCDAS^{3,4}



Suspected substances involved in 12 EHS naloxone administrations⁵, Oct 2020



Details on 436 substance-related responses by EHS, October 2020

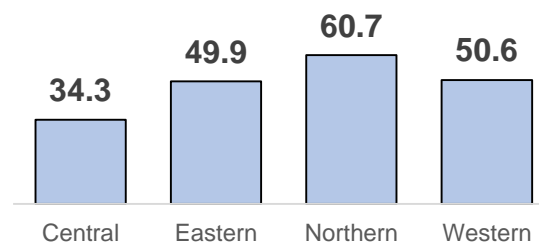
Reasons for calls and responses

37.4% were estimated to involve alcohol misuse/intoxication⁶

56.0% of calls were initially flagged as an overdose or poisoning⁷

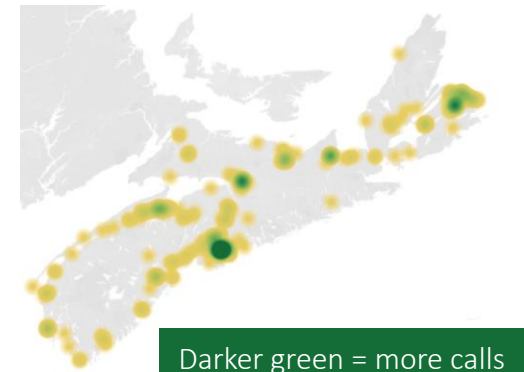
3.3% involved administration of naloxone by a paramedic or other⁸

Rate of calls (per 100,000) by health zone



Other relevant details: 24 calls involved cocaine and/or crack/cocaine, 3 MDMA analogues, and 1 methamphetamine.⁵

Density of calls across the province



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TECHNICAL NOTES

¹As of the November 2020 report, the number/rate of deaths from the previous year reflects the number reported in the year prior's Nova Scotia Drug Report, rather than the number on file as of November 2020. This provides a more realistic "apples to apples" comparison. For example, in Jan-Oct 2019, we now know there were 49 confirmed and probable acute opioid toxicity deaths, and previously used this comparator. However, back in Nov 2019 when we first reported on the Jan-Oct 2019 period, the number of deaths was 43 due to reporting delays. The data we are reporting on for Jan-Oct 2020 also experiences those same reporting delays, so 35 vs. 43 is a more accurate comparison if we are trying to gauge changes from year to year.

²THN program reversals only, Jan-Oct 2020. Likely an underestimate due to underreporting for the THN program and no required reporting for community pharmacies.

³Health Canada Drug Analysis Service.

⁴Pharmaceutical benzodiazepines/Z-drugs and stimulants indicates those sold in Canada. Synthetic cannabinoids excludes nabilone. Amphetamine listed in cause of death without methamphetamine is pharmaceutical amphetamine; amphetamine in cause of death with methamphetamine likely a metabolite of methamphetamine (nonpharm). Bars representing number of deaths/seizures are not mutually exclusive; many deaths are due to multi-drug toxicity; some samples seized test positive for multiple drugs.

⁵Based on paramedic notes from interaction with patient/others on scene and/or suspected substances located on scene. Multiple (or no) substances can be recorded for one event. An event is counted if a substance is indicated by the individual or a bystander to the paramedic as used and contributing to the call at hand, or there is clear evidence of a substance recently used on scene (i.e., bottle missing number of pills it should contain). An event is not counted if a bystander reports that the person occasionally uses substance X, but cannot confirm it contributes to the call, if a substance does not contribute to the call at hand (i.e., used substance X 3 days ago), if it is hypothesized a substance is tainted with X, but there is no evidence, or if a call is addressing a withdrawal episode.

⁶Based on paramedic clinical impression.

⁷Based on dispatch complaint and chief complaint, includes some calls flagged by paramedics as alcohol misuse/intoxication. Disposition of call may change once a paramedic arrives on scene.

⁸**6** calls this month reported naloxone administered by another first responder (police, fire, etc.) or a bystander only, **0** by both EHS and non-EHS, and **12** reported EHS administration only.

SURVEILLANCE CASE DEFINITIONS

Medical Examiner Service

Confirmed acute drug toxicity death:

Death occurred in Nova Scotia AND Cause of death (COD) determined to be acute drug toxicity

Probable acute drug toxicity death:

Death occurred in Nova Scotia AND Positive toxicology findings for specified drug AND COD remains under investigation

Pharmaceutical fentanyl:

Evidence of patch or prescription

Non-pharmaceutical fentanyl:

No evidence of a patch AND No or unknown evidence of a prescription AND

Evidence suggesting a non-pharmaceutical origin

Non-pharmaceutical opioids detected on toxicology (e.g. fentanyl analogues, U-47700, heroin)

History or scene evidence indicating non-pharmaceutical origin

Undetermined fentanyl:

No evidence of a patch AND No or unknown evidence of a prescription AND No evidence suggesting a non-pharmaceutical origin

Poison Centre

Suspected illicit fentanyl or fentanyl analogue in exposure call to the Centre:

(Drug category is fentanyl, not described as a patch AND Route of exposure is inhalation or parenteral or ingestion AND Reason for exposure is intentional) OR Substance is a fentanyl analogue (e.g. furanyl fentanyl, carfentanil), regardless of reason for exposure or route of exposure.

Emergency Department Information System

Drug toxicity diagnosis – opioids and unspecified:

ICD9 codes 965.0-977.9 : Toxicology – heroin, methadone, codeine, morphine, oxycodone, acetaminophen+codeine, analgesics other, psychotropics other, unknown, OTC other, prescription – unknown, unknown opioid; Overdose drugs of abuse – other

Emergency Health Services (EHS)

Naloxone Administration:

Naloxone as administered IV, IM, SC, or IN by an intensive Care Paramedic, advanced care paramedic, or critical care paramedic. Event is counted regardless of effectiveness or circumstances recorded in the patient care notes. Multiple doses for one person counts as one event. All other administrations of naloxone in patient care notes are reported as non-EHS administrations (i.e., bystander, fire, police, etc.).

EHS Substance-Related Call:

Dispatch OR Chief Complaint = 'Overdose/Poisoning' OR Secondary Complaint = 'Overdose/Poisoning' OR Paramedics' Clinical Impression = 'Alcohol Misuse/Intoxication', 'Cannabis Misuse/Intoxication', OR 'Illicit Drug Misuse or Intoxication', 'Opiate/Opioid Misuse/Overdose', 'Over-the-Counter Medication Misuse/Overdose', 'Rx Medication Misuse/Overdose', 'Withdrawal, Alcohol', 'Withdrawal, Opiate/Opioid', 'Withdrawal, Other' OR Paramedics' Clinical Impression = 'Substance Abuse/Intoxication' OR Naloxone Administered = 'Yes' OR 'Cardiac Arrest Etiology' is 'Drug Poisoning' or 'Suspected Opioid Overdose'