



CCENDU Bulletin

Calling 911 in Drug Poisoning Situations

Summary

- This bulletin provides the first Canadian estimates on rates of calling 911 in drug poisoning situations.
- The probability of surviving a drug-related poisoning (overdose) depends, in part, on the speed with which the person receives appropriate care or an emergency intervention.
- Although it is recommended that 911 be called in all overdose situations, research indicates that at times bystanders are reluctant to do so for a number of reasons.
- Data collected from CCENDU members between 2013 and 2016 suggest that laypeople (i.e., members of the community who are not first responders or medical professionals) trained to administer naloxone and who had used a naloxone kit to treat an overdose did not call 911 in 30% to 65% of overdoses.
 - The number one reason for not doing so (reported by more than one third of respondents) was concern about police involvement and possible arrest.
 - The second most cited reason for not calling 911 was that people felt the person would “get better” unaided.
 - Figures presented should be interpreted with caution as there are a number of significant limitations associated with aggregating the survey responses used in developing this bulletin.
- Assuring those at the scene of a drug overdose that they will not be prosecuted for drug possession or other offenses if they call 911 and attend to the victim until authorities arrive might encourage more people to call emergency services, potentially reducing the number of fatalities or brain injuries resulting from drug poisoning.
- Good Samaritan laws, as they pertain to drug overdose situations, are laws that provide immunity from prosecution if the evidence is obtained as a direct result of the person calling 911 to help someone who has overdosed.
- It is recommended that anyone distributing naloxone to laypeople emphasize the critical importance of calling 911 in drug poisoning situations. They should also discuss strategies through which they can report the emergency without drawing specific attention to drug use “person unconscious, not breathing” (rather than “overdose”).



Background

The Importance of Calling 911 in an Overdose Situation

The probability of surviving a drug-related poisoning (overdose) depends, in part, on the speed with which the person receives appropriate care or an emergency intervention. While this is true for all drug poisoning situations, the remainder of this bulletin focuses on opioid overdose situations. Signs of an opioid overdose include respiratory depression, drowsiness or coma, unconsciousness, and pinpoint pupils.¹ Opioid-related death or brain damage resulting from a restricted supply of oxygen (anoxic brain injury) is primarily caused by respiratory depression, which restricts the supply of oxygen to the brain and leads to cardiac arrest.

The administration of naloxone by laypeople can temporarily reverse the effects of an acute opioid overdose, but it is recommended that 911 be called in opioid overdose situations, for several reasons:

- Fentanyl and novel synthetic opioids being used as active ingredients in illicit drugs such as counterfeit pharmaceuticals and powders have high potency and unknown duration of action. They might therefore cause more severe overdoses than less potent, historically more widely used opioids such as heroin or oxycodone.²
- Although naloxone is considered effective for approximately 30–60 minutes,³ it starts wearing off after 20 minutes. Since many opioids have a longer duration of action than naloxone, the individual could return to a state of overdose. After the administration of naloxone, a patient should be observed in a healthcare setting until the risk of recurrent overdose is low and vital signs have normalized.
- Naloxone has antagonistic effects and can cause withdrawal syndrome when given to an individual who is under the influence of opioids and has developed a tolerance. This withdrawal can result in the person becoming sick or agitated, or other complications depending on their health.

A Reluctance to Call 911?

Even though it is important to seek emergency medical services, research indicates that sometimes bystanders do not call 911 in drug overdose situations.⁴ The research indicates there are a number of reasons some are reluctant to seek emergency services,^{5,6,7,8,9,10} including concerns about:

- Being prosecuted for engaging in illicit activities (e.g., possession of controlled substances);
- Being in breach of conditions associated with parole or probation;
- Having an outstanding warrant;
- Having children that might be taken from them; or
- Being accused of being complicit in the overdose.

International studies found that from 52% to 75% of those witnessing an overdose reported fear of prosecution or other penalty as a reason for delaying or failing to call 911.^{11,12,13}

Given the recent public health concern about opioid deaths in Canada, members of the CCENDU network felt it was important to combine any recent data members might have access to about rates of 911 calling and barriers to doing so in order to better understand the situation in Canada.

Reports from CCENDU Representatives

CCENDU is a national, sentinel surveillance network made up of representatives from most provinces. Each representative collects quantitative information on drug harms from local data sources and



anecdotal reports from those working with drug-using populations (e.g., law enforcement, harm reduction programs) and people who use drugs. This information is collated and the risk assessed at the national level, which serves to connect local, provincial and national levels. If warranted, CCENDU issues alerts to advise first responders, healthcare practitioners, treatment providers, people who use drugs, law enforcement officials and others about drug-related health threats and what can be done to prevent and reduce harms. In August 2016, CCENDU members agreed to provide any information they had on barriers to or predictors of calling 911 in overdose situations.

The most informative source of data comes from surveys completed by individuals replacing used naloxone kits in community-based naloxone programs. In these cases, individuals were asked to complete short surveys designed to better understand the nature of the naloxone administration event. Because these surveys are often developed by local programs to evaluate program efficacy and efficiency, there are enormous differences among the surveys in the questions asked, the way they are administered and so on. However, these surveys frequently ask whether 911 was called and, if not, the reason for not calling.

The following sections summarize the information provided by the six reporting CCENDU sites.

British Columbia

British Columbia (B.C.) has the most extensive data on 911 calls. Research findings prepared for their Take Home Naloxone (THN) Community Advisory Board are regularly shared with enforcement and ambulance partners through the B.C. Drug Overdose and Alert Partnership (DOAP) meetings and e-mails. This information includes instances of concern and positive encounters reported by people who use drugs about first responder interactions.

In a 2016 report, Klassen and Buxton¹⁴ found that among those who reported using a THN kit, the percentage indicating they had called 911 increased from 35% in 2013 to 64% in 2016 (see Table 1). In 2016, among those who reported not calling 911, 47% thought the situation was controlled, 38% reported fear of police, 10% said they had no phone and 14% provided another specific reason. The same report provides information about who arrived first on the scene. In about 45% of cases emergency medical service personnel were first on the scene, 43% were firefighters and 12% were law enforcement officers. However, the figure varies greatly by region and geography.

Since 2006, Vancouver Police Department (VPD) have had a policy not to attend 911 overdose calls unless requested by British Columbia Emergency Health Services (BCEHS) when they are concerned that violence occurred, that there is a threat to public safety or if the overdose was fatal.¹⁵

BCEHS has also developed a written policy similar to VPD. Police are notified when the situation is determined to be dangerous to responders or community members, or if the overdose is thought to be an attempted suicide. Any drug overdose responses not fitting these criteria are no longer reported to the police; however, field staff continually assess the scene risk and might request police assistance at any time. The policy is consistent with the recommendation in the 2016 report by the B.C. Coroners Service's Child Death Review Panel¹⁶ that BCEHS help reduce barriers for people seeking immediate medical assistance when an overdose has occurred. These policies appear to be influencing the likelihood of calling 911 in an overdose situation (see Table 1).

When examining data from surveys completed by individuals replacing used take-home naloxone kits, the authors found that people were more likely to call 911 in regions where police were less likely to attend overdose events (such as Vancouver).

Researchers in B.C. also found that one of the dominant factors influencing whether 911 is called is where the overdose occurs. When the overdose occurs in a private residence, people are less likely to call 911 than when it happens outdoors on "the street." This detail is thought to be due to a number



of factors: concern about arrest, the greater challenge of fleeing from the scene when in a private residence, the presence of illicit substances and concern that the residence will be noted by police.^{17,18}

Alberta

In 2007, the Streetworks needle exchange program community-based naloxone program in Edmonton conducted a survey of clients who completed a naloxone training session.¹⁹ Among the 50 people completing the survey, naloxone was reportedly used nine times. In eight of these cases participants reported that a telephone was nearby. However, 911 was only called once. The reasons given for not calling 911 are presented in Table 1.

Manitoba

Between January and December of 2016, over 500 individuals in Manitoba received lay responder training on overdose prevention and response, and 145 of these individuals who were at high risk of opioid overdose also received take-home naloxone kits. In all, 191 kits were distributed, 46 of which were replacement kits. Twenty-two of the kits were used in opioid overdose reversals, most of which occurred in private residences. 911 was called in only nine of the 22 events. Where 911 was called, clients reported the first responders (Winnipeg Fire Services and ambulance) to be supportive, respectful and helpful (see Table 1).

Ontario

Waterloo. In a survey of 420 people who had visited a methadone clinic or needle exchange program in 2012, Follett, Piscitelli, Munger, & Parkinson²⁰ found that 59% of respondents had witnessed an overdose. Among those who had witnessed an overdose 54% reported that 911 was not called. More recent data from the region found that between June 2014 and June 2015 there were 24 reports of naloxone being administered.²¹ Among these cases, those replacing naloxone kits reported that 911 was not called 54% of the time. The most frequently reason cited for not calling 911 was concern that the police would become involved (see Table 1).

Toronto. In 2016, Leece et al.²² conducted a process evaluation to assess the efficacy of the Prevent Overdose in Toronto (POINT) program (2011–2013). In this evaluation, among the 98 clients who reported naloxone administration events, 64% (63 out of 98) reported not calling 911. Approximately one-third of those not calling indicated they were worried police would become involved. The second most reported reason for not calling 911 was because the individual treated with naloxone got better and they decide to watch them instead.

A 2014–2015 survey conducted by Toronto Public Health was completed by 60 people connected with harm reduction services who had witnessed an overdose. In 41 situations (68%), 911 was called, and in 10 of these cases witnesses left before emergency responders arrived. The 911 call was made immediately in 28 situations, and in 13 others witnesses waited before making the call. In 19 situations (32%) no 911 call was made. The reasons given for either delaying or not calling 911 included fear of arrest (16), previous bad experience with police (15) and fear of drugs being seized (10). In other situations, the call was either delayed or not made because someone at the scene had a warrant for their arrest (5) or feared breaking probation or parole conditions (4). In the 31 situations where respondents waited for emergency responders after calling 911, witnesses were questioned and searched in eight situations, and an arrest was reported in three situations (in one case because of a warrant, the other two unspecified). Data from this survey as well as from Leece et al. are summarized in Table 1.



Table 1. Percentage of people reporting not calling 911 when using a take-home naloxone kit^a

Program or Survey	Year	% not calling 911 ^b	# of responses given by people not calling 911
British Columbia			
B.C. Take Home Naloxone Program (2014-2016)¹⁴ (Throughout B.C.)	2013 2014 2015 2016 (Jan.-Jun.)	65% (30/46) 49% (48/97) 30% (70/233) 46% (113/311)	Jan-Jul 2016 (145 respondents noted specific reasons for not calling 911) 68 - thought the situation was controlled 55 - reported fear of police 15 - said they had no phone 21 - provided no reason
Alberta			
Streetworks (2007)¹⁹ (Edmonton)	2017	89% (8/9)	2 - person woke up with naloxone or person decided to watch them on their own 1 - concern that the police would become involved 1 - thought the person would recover unaided 1 - concerned that someone would be blamed for the overdose
Manitoba			
Street Connections Naloxone Distribution Program (2016) (Winnipeg)	2016	59% (13/22)	5 - thought the person would recover unaided 4 - preferred not to say 3 - afraid police would come/previous bad experience with police 1 - drove them to emergency services themselves
Ontario			
Waterloo Public Health and Sanguen Health Centre (2014 - 2015)	2015	54% (13/24)	9 - concern that the police would become involved 2 - belief the person would recover on their own 1 - participant brought the victim to the hospital
Process Evaluation of the Prevent Overdose in Toronto (POINT) program (2011-2013)²²	2013	64% (63/98)	32 - worried police would become involved 23 - they got better with naloxone and decided to watch them instead 20 - other 17 - thought person would recover on own 5 - missing <5 - thought that someone would be blamed for the overdose
Toronto Public Health and partners (2014-2015)	2015	32% (19/60)	Reasons given for either delaying or not calling 911 included: 16 - fear of arrest 15 - previous bad experience with police 10 - fear of drugs being seized 5 - someone at the scene had a warrant for their arrest 4 - feared breaking probation or parole conditions
Quebec			
Programme régional d'accès communautaire à la naloxone (June 2015–November 2016) (Montreal)	2016	41% (11/27)	2 - did not wish to have police involvement 2 - person felt it was not required (situation under control and full recovery) 2 - 911 was not called prior to administration and the person who overdosed refused after administration; no more details on the reason 1 - it was in a residence and the person living there refused 1 - the partner of the person who overdosed refused the call to 911; no more detail on the reason

^a Note: Results of self-report questionnaires completed by people seeking naloxone replacement kits from community naloxone programs in Canada. This is not an exhaustive and comprehensive aggregation of data from all community naloxone programs or all people consulted at harm reduction services in Canada.

^b Note: Number of survey respondents indicating they did not call 911/number of those completing questionnaire who indicated the naloxone was administered to reverse an overdose

Quebec

Montreal. From June 2015 to November 30, 2016, pharmacies reported that 33 naloxone kits were distributed to trained individuals to replace a kit that had been used. A follow-up questionnaire was



completed for 30 of these 33 kits. The naloxone from 29 of these 30 kits was administered (one dose was prepared but not administered due to ambulance arrival). A call to 911 was reported by 16 questionnaire respondents (59%) while 11 (41%) reported that no call was made (data missing for two questionnaires). Reasons for not calling are listed in Table 1. Among the 16 for whom 911 was called, nine were transported to the hospital by ambulance (missing data for two) and six indicated that the police arrived on site (two people indicated they did not know as they left the scene and one person did not answer). During the six times that police came to the scene of the overdose, the individual reported no negative interactions.

Aggregating the Data

Aggregating the results reported by CCENDU suggest that between 2013 and 2016 there were 323 overdoses reported by those replacing take home naloxone kits. Among these 323, between 30% and 65% of those who witnessed an apparent overdose situation did not call 911. The most common reason for not calling 911 was concern about police involvement. More than one-third of respondents (44% or 142 out of 323 responses) across the years assessed gave answers suggesting that fear of police involvement prevented them from calling 911. The second most cited reason for not calling 911 was the general notion that the situation was controlled or that the person would recover on his or her own. Among the 323 responses this response was provided by 37% (120 out of 323).

These results should be interpreted with caution as there are a number of significant limitations associated with aggregating the survey responses. First, it is unclear whether questions are asked in the same way across reported surveys. Some responses might have been drawn from open-ended questions while others from fixed response formats. Further, surveys were aggregated across years, potentially obscuring any changes in frequency of 911 calling as seen in data from B.C. In the absence of any other nationally available statistics on rates of calling 911, these are the best estimates available.

Discussion

Fear of Arrest and Good Samaritan Legislation

Anecdotal reports from outreach workers suggest that it only takes a few media reports to generate rumours that create fear and subsequently decrease willingness of bystanders to call 911 in overdose situations regardless of how valid these fears may or may not be. In 2015 and 2016 there were a number of media reports that described cases in Canada in which bystanders who called 911 in an overdose situation were charged with drug possession.^{23,24}

Good Samaritan laws, as they pertain to drug overdose situations, are laws that provide immunity from prosecution if the evidence is obtained as a direct result of the person calling 911 to help someone who has overdosed.²⁵ With Good Samaritan legislation in place, rather than relying on and trusting the discretion of the responding law enforcement officers, individuals are provided some assurance that they will not be prosecuted if they call 911 and attend to the victim until authorities arrive. According to the Policy Surveillance Program, as of June 2016 37 states in the United States had adopted Good Samaritan Laws.²⁶ The most common feature of these laws is immunity from prosecution for possession of a controlled substance. However, some laws passed in states have included other provisions as well. These include immunity from prosecution for possession of drug related paraphernalia and violation of parole, as well as other protections.

The proposed “Good Samaritan Drug Overdose Act” [Bill C-224], tabled by Liberal MP Ron McKinnon (Coquitlam—Port Coquitlam, British Columbia), underwent second reading in the Senate on December 1, 2016.²⁷ When passed, the enactment would amend “the *Controlled Drugs and Substances Act* to exempt from charges for possession a person who seeks emergency medical or law enforcement assistance for themselves or another person following overdosing on a controlled substance.” The



proposed legislation would provide immunity from prosecution for possession of a controlled substance. It is unclear whether that would also include drug paraphernalia. It does not include situations in which an individual is wanted on a warrant, is in violation of parole conditions or has violated other laws. Based on the concerns identified by respondents in the data examined, expanding Good Samaritan legislation to provide a broader range of protection to those present when an overdose is reported **might** increase the likelihood of bystanders calling 911.

Implications for Law Enforcement

Given the data presented in the current CCENDU Bulletin, those working in law enforcement and public safety across Canada are encouraged to evaluate their local policies and procedures and determine whether changes could be made that might increase the likelihood of bystanders calling 911 in drug poisoning situations. As noted, since 2006, Vancouver Police have had a policy not to attend 911 overdose calls unless requested by B.C. Emergency Health Services. Data suggest that this has been associated with an increased likelihood of calling 911. There are great differences across the country as to how policing and emergency response services are organized. Therefore, it is likely that each jurisdiction will need to consider what policies and procedures they believe are most likely to increase the likelihood of bystanders calling 911 in their community.

Better Education and Counselling on Overdose Intervention

When survey responses were combined, almost one-third reported not calling 911 because they thought the situation was controlled or believed that the person would recover on their own. It is recommended that 911 be called in all overdose situations, for a number of reasons outlined above, and this message should be emphasized among laypeople trained to administer naloxone.

Others have suggested anyone distributing naloxone to laypeople could discuss ways to describe the emergency situation when calling 911 in a manner that does not draw attention to illicit drug use, but emphasizes the health emergency: “person unconscious, not breathing” (rather than overdose). The rationale for this is that if described in this manner, first responders will be more likely to respond to the situation as an emergency health situation rather than a threat to public safety.

If you have any questions, comments, information to contribute or corrections to the information contained in this bulletin or wish to subscribe and receive updates as new information becomes available, please contact CCENDU@ccsa.ca.

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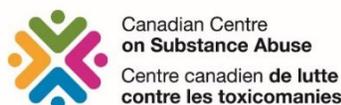
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The Canadian Community Epidemiology Network on Drug Use (CCENDU) is a nation-wide network of community level partners who share information about local trends and emerging issues in substance use and exchange knowledge and tools to support more effective data collection.

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