

## PROGRAM INNOVATION

### Toronto's Drug Checking Service

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Project Manager, Toronto's Drug Checking Service

Launched in October of 2019, [Toronto's Drug Checking Service](#) is a free and anonymous public health service that aims to reduce the harms associated with substance use and, specifically, to prevent overdose. As the only drug checking service in Ontario – and one of a few across the country – Toronto's Drug Checking Service plays a vital role in uncovering the toxicity and potency of the unregulated drug supply.

Samples are collected from [five downtown Toronto community health agencies](#) and sent to CAMH or St. Michael's Hospital for analysis. Results are returned to the submitting agency and communicated to the service user, along with tailored harm-reduction strategies and social services referrals. Every other week, we share aggregated data on Toronto's un-regulated drug supply in an effort to inform care, policy and research that affect people who use drugs.

To date, the service has checked over 5,000 samples – approximately 50% of those being fentanyl. From our data, we know that fentanyl is significantly more contaminated than other drugs we check. For example, 85% of methamphetamine and 65% of cocaine substances, respectively, contain only the expected drug. By comparison, in 2021 the service found that:

- 2% of fentanyl samples contained only fentanyl – meaning the other 98% likely did not meet service users' expectations
- 48% of fentanyl substances contained both fentanyl and one or more benzodiazepine-related drug
- 11% of fentanyl substances contained both fentanyl and one or more nitazene opioid – which range in potency from being comparable to fentanyl, to being 10-20x stronger

Information generated by Toronto's Drug Checking Service can and should be used by the META:PHI community to inform clinical practice. For example, someone using 1 gm fentanyl/day is consuming the equivalent of at least ~2,800-3,500 mg of morphine /day\* (based on the median average of fentanyl found in fentanyl substances in 2021). Information like this can be used to better understand people's tolerances, to inform dosage and prescribing decisions, and to help advocate for more safer supply options for people who use drugs. We are eager to work with clinicians who have ideas about helpful resources the service could generate. If you are interested in working collaboratively with us, please email us at [drugchecking@cdpe.org](mailto:drugchecking@cdpe.org). To learn more about what we do, visit [www.drugchecking.cdpe.org](http://www.drugchecking.cdpe.org).

\*Assumptions: 10 mg sample is completely representative of the drug that sample is taken from and that fentanyl is approximately 80-100 times stronger than morphine.



## FACES OF THE FIELD



**Janelle Hannon MSW RSW**

ED Opioid Patient Navigator, Lakeridge Health Oshawa

As the Opioid Patient Navigator at Lakeridge Health Oshawa, I support patients struggling with their opioid addiction regardless of their current substance use goals. This support can range from offering someone a warm coat, to providing information on their options, to liaising community linkages. I also assist the medical team by preparing information on the patient's substance use history, use of opioid agonist therapy (OAT) and current medical needs. I work with a team of dedicated clinicians, including our addiction medicine physician and RN, inpatient NPs, and other healthcare professionals from Durham Mental Health Services, Canadian Mental Health Association and Pinewood Centre. Together we provide care and resources to assist clients in successfully transitioning from hospital to the community.

My passion for providing support to this population was born when I completed my degree in Public Health. I worked as a research assistant on a study that examined the factors putting singles at risk of homelessness in the Durham Region. It was shocking to learn that addiction and mental health were the leading causes of homelessness. This led me to a deep reflection on my positionality, privilege and community. It was then I decided to begin my career in supporting those with substance use and mental health conditions. This provoked my interest to further complete a graduate certificate in Addiction and Mental Health and eventually a Masters of Social Work. Although we are continuously being educated on the explicit and implicit stigma those with opioid addiction face, unfortunately it is still pervasive within society. The need for non-judgemental, compassionate and trauma-informed interventions is reflected in my role as I provide this education in casual conversations, meetings and presentations. While building rapport and trust with patients can be challenging at times, it brings me immense joy when they recognize I am an ally. That at one of the grimmest periods in their life, they are not alone. I envision a world where people are not shamed for their mental health or addictions, but instead greeted with a warm embrace and "How can I help?". Until then, I strive to do my part as a friend, a neighbour and a clinician.

## EVENTS

### RAAM monthly videoconferences:

Prescribers	March 8	8 am
Nurses	March 9	9 am
Counsellors	March 11	9 am
Addictions NP	March 30	12 pm

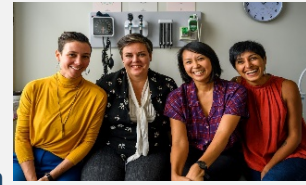
**META:PHI Webinar:** March 9 7 pm  
Guy Felicella

*If Harm Reduction Didn't Exist Then Neither Would my Recovery - Bridging the Gaps*

## PERSPECTIVES

### MATCH Program-Substance Use in Pregnancy Pathway (SUPP)

Jenna Robertson Bly RM, Andrea Luciuk RM,  
Tiffany Fung RM, Shezeen Suleman RM  
South Riverdale CHC, Toronto



In 2018 South Riverdale Community Health Centre received funding from the Ministry of Health for a team of four midwives to embed in its primary care clinic, and as a result the MATCH (Midwifery and Toronto Community Health) Program was born.

Initially, the program didn't specifically set out to create a pathway for pregnant people using drugs. However, as our team met with colleagues, stakeholders and partners it became increasingly clear that this population was underserved and often not accessing care at all.

In January of 2019 we began building partnerships and pathways that led, two years later, to the creation of MATCH SUPP, our Substance Use in Pregnancy Pathway. Now in 2022 we are continuing to strengthen an embedded, team-based, multidisciplinary midwifery model that is flexible and responsive to our clients. Our team cares for people that our systems weren't built for and aren't expecting, so we constantly have to innovate to meet individual needs. During the early part of the pandemic in the spring of 2020, this meant things like providing phones for clients, and providing care directly at the city-run "COVID Hotel" for pregnant and postpartum clients experiencing homelessness. For our clients who use drugs, this means engaging them in prenatal care as early as possible: building trust, and connecting them to a network of allied professionals to create an individualized care team of wraparound supports for parenting, addictions and mental health, and housing.

We approach all clients using a harm reduction framework beginning with identifying their goals with regards to parenting and substance use. We have built strong relationships at Michael Garron Hospital, where our midwives have hospital staff privileges. We work with an extensive number of departments - addictions/mental health, obstetrics, paediatrics, anaesthesia, pharmacy, social work, and nursing - in order to support our clients accessing the hospital for prenatal, intrapartum and postpartum care.

For clients whose goal is to parent, with their permission we work closely with Children's Aid or Native Child and Family Services prenatally in order to put plans in place. This has meant that postpartum engagement with Children's Aid is almost always with known providers and parenting plans can be made over time (often with extended hospital stays postpartum) with midwifery, social work and nursing supports. Since inception of MATCH SUPP in January 2021, our team has engaged 33 unique clients through our Substance Use in Pregnancy Pathway. Clients have provided us with very positive feedback in exit interviews conducted at discharge.

Midwifery in Ontario has historically been geared mostly toward "low-risk, normal" pregnancies. But our program is proving midwifery is well-positioned to provide support and advocacy in systems' navigation with a team-based model for people with complex social and medical needs. In addition to pregnancy, labour, birth and postpartum care, the MATCH Program offers medical abortion (up to 77d) and referral pathways for terminations at any gestational age. Referrals can be made at [www.srchc.ca/match](http://www.srchc.ca/match) or clients can self-refer by calling our clinic at 416-461-2493.

## IN THE NEWS

[Unequal Access to Addiction Care in Maritimes](#) (Dalhousie University Faculty of Medicine)

[Little-known Drug Kratom Claims Life of Kamloops Man](#) (Vancouver Sun)

[Grief, Loss, Burnout at Drug Consumption Sites](#) (Toronto Star)

[Safe Supply Prescribing Not Enough](#) (Healthy Debate)

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