

**Grenfell Ministries**

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**Overdose  
Prevention  
Line  
Pilot  
Evaluation**

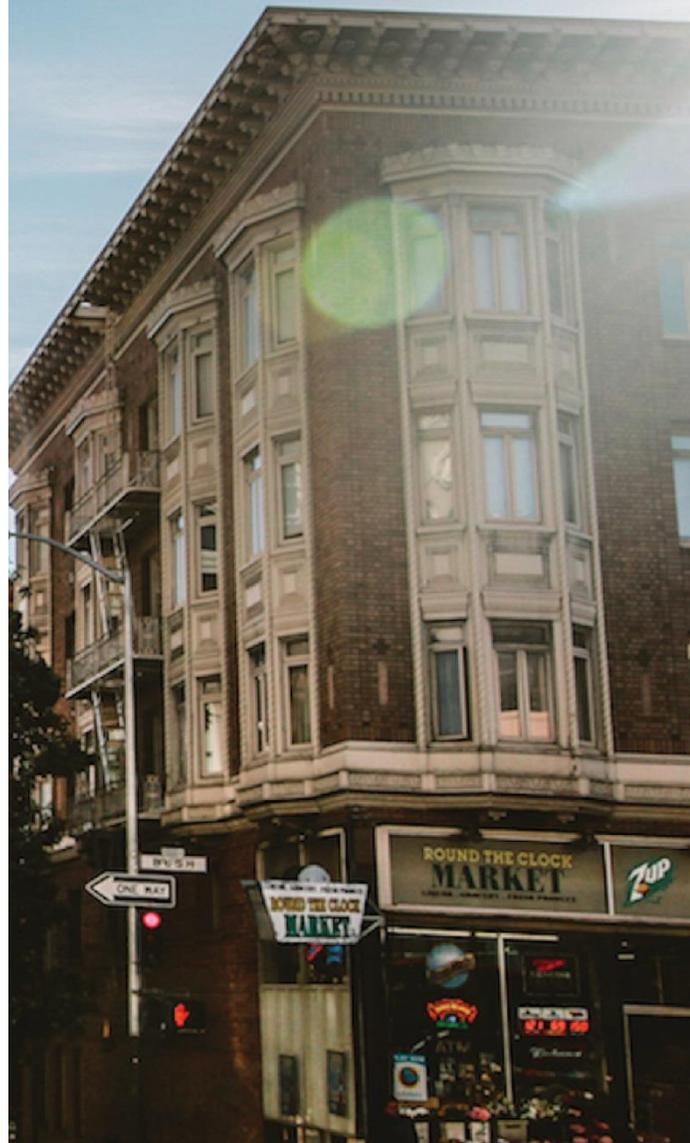
**2020 REPORT**

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## **Executive Summary**

### **Background**

According to the Government of Canada, the opioid epidemic is responsible for the death of over 14,700 people in Canada between January 2016 and September 2019 (2020). Public health data demonstrated that 72% of opioid overdose deaths in Hamilton, were males with an average age of 36 years. Death from overdose was occurring most frequently when folks use alone (Public Health, 2020). The evidence shows that there is an entire demographic of folks who use substances that would be less likely to access a safe injection site. It is researched and documented that this is due to the discrimination and stigmatization associated with substance use. Unfortunately, this is the same demographic that is dying at home alone. Based on this information and educating ourselves on the model used in the United States by Never Use Alone phone line, Grenfell Ministries founder Rebecca Morris-Miller brought to the board an innovative idea: what if we created a helpline that folks could call so that would not be alone while using. The idea was simple, people would call the line, and an operator would stay on the phone with the person while they used their substance of choice. If there were no responses provided by the person after they consumed their substance, the operator would contact emergency medical services (EMS). Grenfell Ministries Board of Directors voted unanimously to proceed with the development of the overdose prevention line.

### **Technology**

The initial research indicated that folks who are active in the substance-using communities in the United States and Canada were already providing phone and video support for friends who were using substances alone. To date no one had developed a formal program that could address this need on a larger scale. Before implementing the program, there were a few challenges that would need to be addressed. The most formidable challenge for Grenfell Ministries was that operating a formal call-in centre was beyond the scope of Grenfell Ministries both financially and physically. In order for Grenfell to run a Pilot Project to gather data it was decided that seeking out a technology that would allow volunteer operators to answer calls from the comfort of their own homes would be the only option. Access to the phone line needed to be as low barrier as possible, as those who use substances statically have lower socioeconomic status (Rehm & Probst, 2018). It was decided that having folks call in would allow for greater accessibility and anonymity.

Grenfell Ministries currently utilizes the Line2 application for our main phone line, given the needs of the Overdose Prevention Line and the fact that Grenfell Ministries is already familiar with the Line2 application, we purchase another phone line to add to our current Line2 application. The offered Elite Plan incorporated a toll-free number with unlimited calling and messaging for the United States and Canada and could be used on multiple devices. The Line2 application works on any network and

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offers 24/7 live chat support in case any technical issues arose. The plan also has a call queue function that allows for a call to be forwarded to another device when the main operator is currently on another call, allowing for two calls to be answered simultaneously by two operators at one time. Additionally, calls can be run through on multiply devices, ensuring that no calls are missed in case a volunteer's device was damaged, wet, lost access to the internet or battery failure. The Line2 application offered a practical, cost-effective solution.

## **Program Development**

An overdose prevention line had yet to be conceptualized on an organizational level. Since Grenfell Ministries was pioneering a new method of harm reduction, a pragmatic approach would require the expertise of those in our communities. Grenfell Ministries contacted the Hamilton Paramedic Service, Healthy and Safe Communities Department, members of our substance-using communities, Here 24/7, and Crisis Outreach and Support Team (COAST). Each brought unique insight into the development of the overdose prevention line. Research was also conducted on legislation that would be relevant to drug overdoses and liability protection for attending to medical emergencies. Discussion with Here 24/7 and COAST provided a clearer understanding of the scope of practice for outreach phone lines. Grenfell Ministries decided that it should not function as a crisis line, as this would tie up the line for an extraneous amount of time, and operators would then be required to have extensive and specialized training in navigating a variety of mental health crises. Our initial hope was that Here 24/7, 211 or COAST could adopt the program once the pilot proved successful, as both can manage a 24-7 call centre.

Feedback from the substance-using community indicated that having the overdose prevention line run through a peer support network was preferable. The substance-using community members also shared that they were tired of seeing images of substance-using communities depicted as dark, deprived, and hopeless images. Grenfell Ministries respected this feedback, and all promotion of the Overdose Prevention Line were images that convey non-judgment, respect, and hope. Our most popular marketing on social media continue to be the pinky promise poster and the hands forming the shape of a heart. Grenfell Ministries strongly believes that solidarity is an action word, and no program aimed at supporting marginalized communities should ever be initiated without the input of voices from the community it is meant to serve.

The Paramedic Service, Healthy, and Safe Communities Department's wisdom were crucial to the overdose prevention line development. A thorough explanation of the needs of paramedics attending an overdose was provided. Contacts of the department stated that their job would be exponentially easier if Grenfell Ministries were to request that callers, turn on a porch light, put away any pets and leave the door unlocked, if possible. Included in the phone script are also questions that are meant to assist attending paramedics. These include whether the caller has naloxone on hand, allergies, other

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medical conditions, and if others in the residency can assist during a medical emergency. Later COVID-19 screening questions were added to the script. The Paramedic Service, Healthy and Safe Communities Department also provided information on the radius of service.

Canada has developed a highly efficient emergency dispatch system. The Canadian Radio-television and Telecommunications Commission requires all telephone and mobile wireless companies are to redirect all 9-1-1 calls to a 9-1-1 call Centre that serves the area of the cellphone tower that the wireless handset is connected to (Canadian Radio-television and Telecommunications Commission, 2020). According to the Central Ambulance Communications Centre Supervisor, once connected to the 9-1-1 emergency call centre, a land ambulance can be dispatched to anywhere in Canada if an address is provided, including indigenous communities. The Ontario's *Good Samaritan Act* protects a rescuer from any liability should they attempt to help a person in distress. Thus, providing liability protection to Grenfell Ministries Overdose Prevention Line operators, as well (e-Laws, 2012). Each province and territory has its own version of the *Good Samaritan Act*, which meant that even though emergency medical services can be dispatched anywhere in Canada, without extensive research into the variations of these Good Samaritan laws, there is a concern regarding liability in other provinces and territories (Schwartz, 1988). Taking these facts into consideration, the Overdose Prevention Line would simply serve the province of Ontario and indigenous communities located within the province.

Another question was raised, in the quest to prevent death from overdose, will those we seek to aid face punitive consequences from the criminal justice system after they recover from an overdose?

Historically, those who survive an overdose have faced charges of drug possession of a scheduled I, II, III substance (*Controlled Drugs and Substances Act*, S.C. 1996, c. 19). Those with a pre-trial release, conditional sentences as well as probation and parole conditions used to face imprisonment for overdose, when found to be in breach of conditions that prohibit substance use ("Community Corrections Parole," 2019; "Community Corrections Probation," 2019). In 2017, the Canadian federal government sought to alleviate the substance-using communities' concern of imprisonment when accessing EMS for a drug overdose by enacting the *Good Samaritan Drug Overdose Act*. The Act protects folks who experience or witness an overdose from charges of possession of a controlled substance and breach of conditions for those on pre-trial release, conditional sentences and probation and parole. However, the Act does not provide legal protection for any outstanding warrants, production and trafficking of controlled substances and crimes not outlined within the Act itself (Health Canada, 2019). Ultimately, the primary purpose of the overdose prevention line is to save lives. A substance user can not achieve a better quality of life if they are dead. *The Good Samaritan Drug Overdose Act* affords some legal protection for folks that once never existed. The Act allowed the Overdose Prevention Line to save lives and reduce the harms that are often inflicted by the criminal justice system on substance-using communities.

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## COVID-19 Adaptations

The COVID-19 pandemic led to the enactment of Canada's *Emergency Management and Civil Protection Act*, which initiated the closure of non-essential service and required citizens to follow public health requirements of social distancing and self-isolation ("Legislation and Regulation | Emergency Management Ontario," 2016). Realizing that the Harm reduction community would need time to work through new COVID-19 protocols, the board unanimously decided to keep the line running after the Pilot Project ended. The fact that operators could already use the Line2 application from the comfort of their own home allowed for the pilot to continue without hindrance, and the realization that this line was the only Ontario wide, easily accessible, contactless overdose prevention program in place Grenfell Ministries felt it was imperative that the line remains open. In consideration of COVID-19, an option has been added to the line that provides a service of mailing out harm reduction supplies to folks who are unable to connect with a supply site safely. Initially, Grenfell Ministries conducted training of volunteers in-person, which would take approximately two hours to complete. Using a software program called Course Craft, Grenfell Ministries converted their in-person training to one that can be conducted within the comfort and safety of a volunteer's home. The Course Craft application allows for volunteers to complete modules on specific components of the Overdose Prevention Line Training; information is presented in video and written format, with the ability to quiz volunteers on the knowledge gained. Feedback regarding the Course Craft software has been exceptionally positive. Since COVID-19 we have experienced reduced resources and increased isolation for our substance-using communities. The Overdose Prevention Line offers a pragmatic approach in reducing the body count from opioid deaths.

## Data Collection

When the Pilot Project first began, it was impossible to complete a thorough needs assessment on a province-wide scale regarding when the highest substance use times for this demographic. Grenfell Ministries committed to extensive hours during the first six weeks that the line was in operation, to gather data on the time of the highest call volume. After the six weeks, it was noted that most calls occur between the afternoon and evening. Grenfell Ministries responded to this by changing the original Monday to Friday from 10:00 am-10:00 pm and Saturday and Sunday from 10:00 pm-midnight to Monday to Friday from 12:00 pm -10:00 pm and Saturday and Sunday from 12:00 pm - 12:00 am. Ideally, the line would be available 24/7, but these times accommodated both the service user and Grenfell Ministries' current resources.

Data collection of each call from the comfort of the operators' home meant that this process was also completed electronically. Each operator creates a login through the membership portal

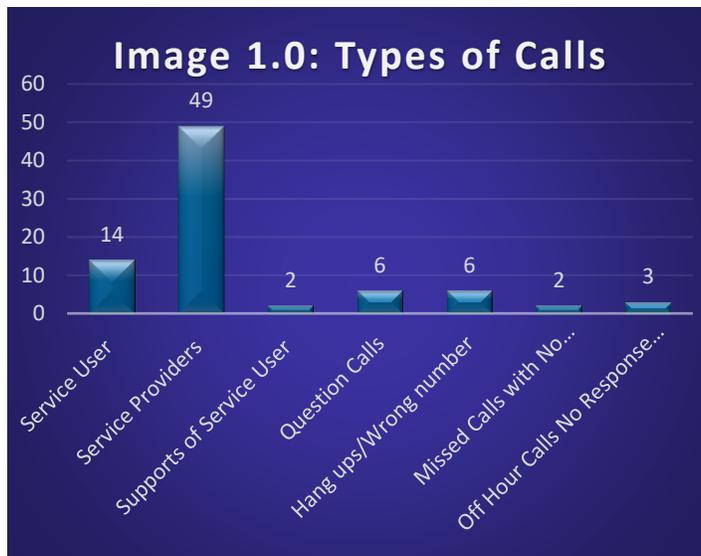
at [www.grenfellministries.org](http://www.grenfellministries.org). Each visit generates a blank form that can be filled out after each call. Some operators have found it challenging to maintain this type of digital documentation and so an email to the Phone Line Supervisor or Program Director to deliver stats was also acceptable. The data collected on each phone call was kept simple, as the process needed to be as non-invasive as possible. The data included the first two initials from the caller's first and last names, as well as the last two digits of their date of birth. The purpose was to provide a unique and anonymous data signature for each caller, and as this method is used in most safe injection sites and by public health, many callers were already familiar with this method of data collection. Other information included the type of substance being consumed, method of use and amount, the time, and date of all the calls. Location information is collected so that it can be provided to emergency medical service in case of an overdose, but only the city is documented for records. After the phone call is complete, the service provided is also noted. If someone refuses to give information to the operator and will only provide their location, they can still access the service and life-saving measures.

## Statistics

### Types of Calls

Between the program start date of February 1/2020 and May 16/2020, a total of 82 calls were received on the Overdose Prevention Line. The majority were service providers, which encompasses Social Workers, Medical Practitioners, Harm Reduction Initiatives, and Peer Support Workers. The second type of most received calls were service users.

Building trust with a population that has faced an extraordinary amount of structural harm, social stigmatization and discrimination will take time. Time that Grenfell Ministries is more than willing to invest. It is to be noted that out of all the service user's calls, emergency medical services were only dispatched once. All other service users completed consuming their substances without medical complications. Meaning 13 lives were kept safe, and one may have been saved.

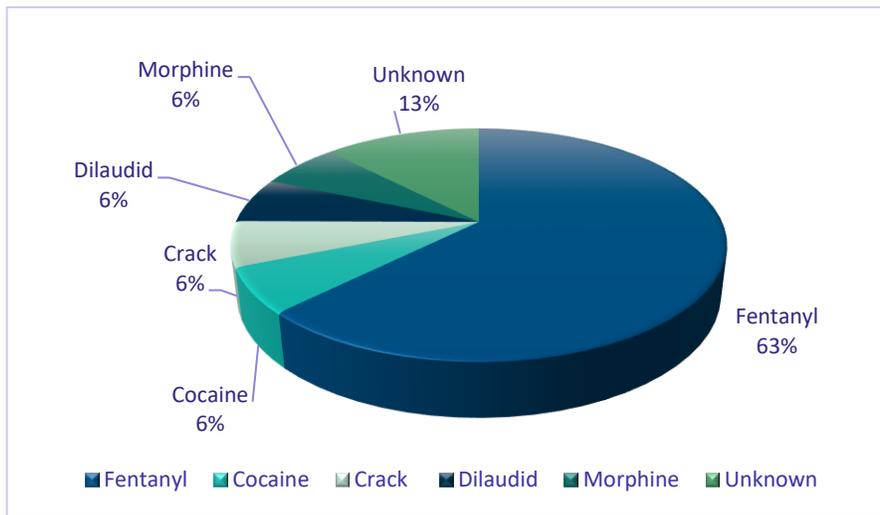


## Substance Consumption Data

The majority of callers used fentanyl, and out of 14 callers, 9 chose injection as their form of substance consumption. Second, to this method of consumption was smoking their substance, and one caller chose not to disclose their method of use. Many callers also chose not to disclose the amount of substance used. Out of data obtained, the average amount of fentanyl used per a call was 0.75 to 1.50 Points and for Dilaudid 10 mg and a 30 mg morphine tablet.

Image: 1.1: Substance consumption Data

Note: One caller used three substances during the call. All were opioids



## Callers Cities

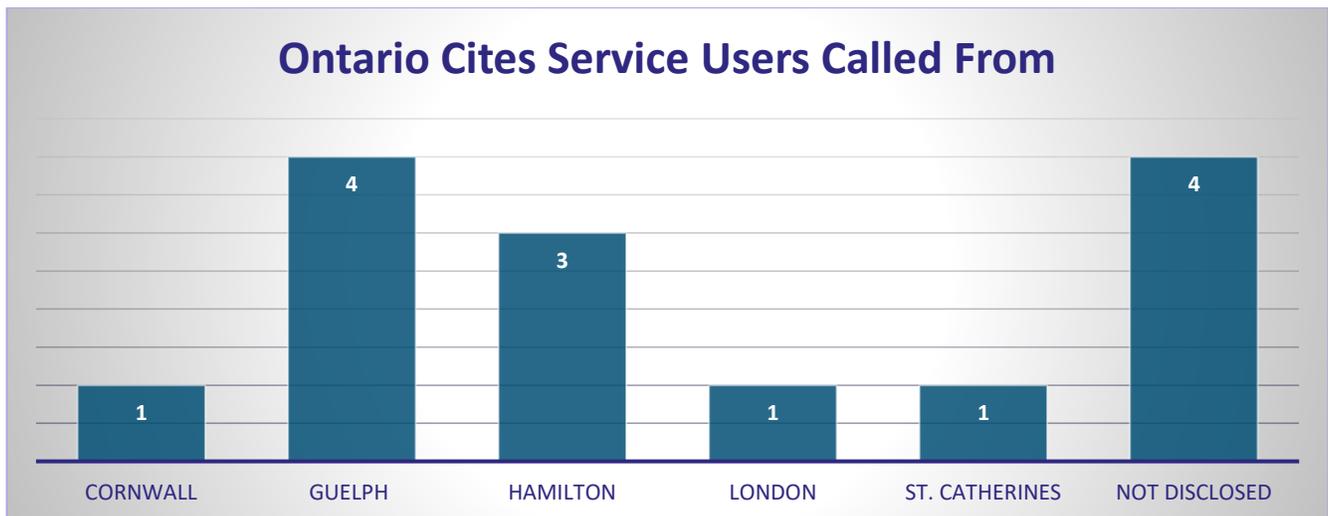


Image: 1.3 Ontario Cities Service Users Called From

## Service Providers Locations

Service Providers contacted the overdose prevention line from across Canada and a few calls from the United States with inquiries about the Overdose Prevention line’s operators. Four of the service providers did not provide their location. Since the Pilot Project’s radius of service is confined to Ontario, image 1.4 shows the calls from service provider’s locations in Ontario is provided to demonstrate the locations that have expressed the most interest in promoting the line within their respective areas. Images 1.5 show calls from the rest of Canada and the United States from Service Providers.

Ontario City	Time Called	Ontario City	Time Called
Barrie	1	Pembroke	1
Fort Frances	1	Sault Ste. Marie	1
Guelph	2	St. Thomas	1
Gravenhurst	1	Simcoe	1
Hamilton	1	Sudbury	1
Kingston	2	Thunder Bay	2
Kitchener	2	Timmins	2
London	1	Toronto	10
Lambton Country	1	Trenton	1
Ottawa	3	Total Calls from Ontario Service Providers	35

Image: 1.4 Table of Calls from Ontario Service Providers Locations

Alberta	1
British Columbia	4
Florida	1
Illinois	1
Manitoba	1
Prince Edward Island	1
New Brunswick	1
Total:	10

Image: 1.5 Table of Calls from Service Providers Across Canada and the United States

## Challenges

The Overdose Prevention Line Pilot Project afforded an opportunity to explore the dynamics of engineering a new form of harm reduction. The process of completing a needs assessment of when substance use would occur within a daily time cycle could only be completed through trial and error

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process that required offering extended hours. During the first six weeks, volunteer shifts would run twelve hours at a time to gather this data. In addition, the Line2 application though efficient, still has a few limitations. For example, if an operator's internet or phone data become unavailable for whatever reason, the volunteer will not be able to access the Line2 application. A solution for that was used to negate the likely hood of a missed call due to internet failure was to have both the phone line operator and phone line supervisor sign into the application at one time. Having multiply devices singed in reduced the chances of calls being missed. Another concern that could prove problematic in the future, as call volume increases is that the Line2 application only allows for two calls to be simultaneously answered at one time. At this time, we have not arrived at a solution.

## Recommendation

Those in substance-using communities were already offering telephone and video support, so their loved ones, friends, family, and community members would not die alone of overdose both in the United States and Canada. Grenfell Ministries heard the need and took the initiative to operationalize an overdose prevention line. As a peer-run peer-led organization of persons with lived experience, the staff at Grenfell Ministries understand that it will take time to build trust with the community that is faced with relentless structural harm, stigmatization, and discrimination. Since the start of this Pilot Project, the goal was to see it implemented on a national level in the hopes of preventing the death of our community members from an overdose. Grenfell Ministries has been in communication with an organization in Alberta that is attempting to develop a national overdose prevention line. We believe that all overdose deaths are preventable, which is why our organization advocates strongly for safe supply and decriminalization. As persons of lived experiences, as overdose survivors and those who have lost so many to the epidemic, it is Grenfell Ministries' vision to see a society that does not shame and prosecute those who use substances to the point where their lives are forever lost. Grenfell Ministries are activists and advocates for the lives of those who are dehumanized continuously within our society. The overdose prevention line is a step towards protecting our community members' lives, one that needs to be embraced, especially with the complexities of navigating a COVID-19 pandemic and the Opioid epidemic.

## Special Thanks

**Grenfell Ministries wishes to thank Marchese Health Care for there financial contribution to the line as well as their ongoing support in the community. We would also like to extend a special thank you to our volunteer Phone Line Supervisor Nicole Bellamy, without whom this project would not have been possible.**

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