

Toxic Drug & Health Alerts: Guiding Principles

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This document outlines recommended principles to guide the development and implementation of alerts.

Key Principles

- Honour that alerts are attending to the preventable suffering and loss of human beings
- Consider the complex tensions involved in drug alerts
- Ensure equity
- Honour Indigenous self-determination
- Recognize the autonomy and knowledge of people who are using drugs
- Recognize this crisis has structural determinants
- Appreciate that this is a novel intervention
- Act with urgency

1. Honour that alerts are attending to the preventable suffering and loss of human beings

- Recognize grief, fear, and anger.
- Apply a trauma- and violence-informed perspective to the messaging of alerts.

2. Consider the complex tensions involved in drug alerts

These include:

- The volatile, ongoing crisis suggests a need for frequent alerts **and** frequent alerts may lead to alert fatigue and disengagement.
- Gatekeeping (controlling or limiting access) isn't good **and** discernment is important.
- Repeating the same information improves consistency and validity **and** can lead to desensitization and disengagement.
- Anecdotal information can be inaccurate and harmful **and** timely and significant.

- Surveillance data and gold standard drug checking data is accurate and specific **and** can be delayed to an extent that it is no longer useful.
- Providing comprehensive, nuanced information **and** being clear and concise.
- Transparency about uncertainty **and** avoiding mistrust and confusion.
- Alerts should not be condescending or overly simplistic **and** people receiving alerts have vastly different amounts of knowledge about the drug market and harm reduction.
- Alerts need to be specific to be relevant and actionable **and** specific alerts may misrepresent the constantly-changing situation.
- Community members are demanding alerts **and** community members are critiquing and even deriding alerts.
- Collaboration is essential **and** collaboration may hinder the process, highlighting there are significant disagreements and contradictions in knowledge and beliefs about alerts.
- People have limited choices to respond to alerts within an unregulated market with widespread poverty **and** people have capacity and agency.
- Increased public and media attention toward the crisis and harm reduction can destigmatize **and** stigmatize.
- Directive, urgent messaging is most effective for emergency alerts **and** direct, urgent messaging may be harmful when repeated frequently towards a population who has faced years of alarmist, authoritative directives.
- This is a public health emergency **and** a drug market and criminal justice system are involved and will be affecting/affected.
- Providing the same information may harm some people **and** help others (e.g., potency may provide added context to some people, encourage others to seek out risky drug).

3. Ensure equity

- Target barriers to accessing alerts. Barriers can include:
 - Language & literacy
 - Cognitive & sensory
 - Knowledge & familiarity with the issue
 - Poverty
 - Stigma
 - Access to technology
 - Geography

- Pay attention to unintended consequences that may disproportionately affect already marginalized communities.
- Consider frameworks like proportionate universalism.
 - <https://www.publichealthontario.ca/-/media/documents/F/2015/focus-on-priority-populations.pdf>

4. Honour Indigenous self-determination

- Grant First Nations the autonomy to distribute their own alerts.
- Tailor alerts to Indigenous communities, providing Indigenous-specific information.
- Attend to the principles of ownership, control, access, and possession (OCAP).

5. Recognize the autonomy and knowledge of people who are using drugs

- Integrate the feedback and knowledge of PWUD into information and alerts.
- Consider supporting PWUD to create and issue their own alerts or advisories.
- Interrogate knowledge hierarchies that position clinician or technical knowledge over knowledge of lived experience. Consider the values and limitations of each.

6. Recognize this crisis has structural determinants

- Continue to support broader approaches towards a safe, regulated supply and end to prohibition.
- Any alert should be paired with a public health response.
- Refrain from providing only individual responses to this systemic issue.
- Communicate the social and structural determinants of health involved in the crisis in correspondences and to media.
- Consider how alerts may improve or harm work on the broader determinants of drug use; including stigma, criminalization, and poverty.

7. Appreciate that the Toxic Drug and Health Alerts system is a novel intervention

- Recommended practices are based on the current best available evidence, however this evidence base is limited.
- Standards and best practices may not be suitable for all contexts and demographic groups.
- Standards and best practices will likely change as more information is gathered.

8. Act with urgency

- This is an emergency. Alerts must be rapidly employed.
- Explore ways to make responses proactive rather than reactive (not waiting for people to die).