

National Overdose Response Service

Programming Connection

Want to receive publications straight to your inbox? **Subscribe now < <https://www.catie.ca/#webform-submission-subscribe-node-17705-form-ajax-content>>**

February 1, 2024
Ontario

The National Overdose Response Service (NORS) provides 24/7 access to virtual overdose prevention services (i.e., monitoring of calls). NORS also offers other harm reduction and support services. A study of the characteristics of people using NORS and the characteristics of calls completed between December 2020 and April 2023, the two most common reasons were for supervised drug consumption (61.2%) and mental health support (26.1%). Of the calls, 77 (1.2%) were associated with a drug poisoning event that required a physical (in-person) intervention.

Receive Programming Connection in your inbox:

Program description

NORS provides telephone-based supervised drug consumption support to Canadians to mitigate the risk of overdose, as well as other services (e.g., referral to crisis management line). During any call to NORS, the operator can provide harm reduction education and make referrals. The program started in December 2020 and is run by people with lived or living experience of drug use.

When a person calls NORS for the first time, they are connected anonymously with a peer/overdose prevention operator (operator) who provides a personally tailored emergency response plan to be used if the caller experiences an adverse event, which can include either a drug poisoning event or a mental health crisis. This plan can include contacting emergency medical services or a prearranged person (e.g., a friend or family member of the caller).

When a person calls into the line for supervised drug consumption support, the operator monitors the caller via the telephone while the caller uses harm reduction approaches such as using smaller doses. If the operator suspects an adverse event (e.g., lack of response to supervised drug consumption), the operator can provide community-based supports (e.g., alerting friends and family who can provide emergency support, such as naloxone administration) and refer the caller to other services.

Results

Study data were collected between December 2020 and April 2023. There were 455 unique callers to the line during this time, 6,522 total calls:

- 3,994 (61.2%) were for supervised drug consumption
- 1,703 (26.1%) were for mental health support
- 354 (5.4%) were for harm reduction education or resources
- 477 (7.3%) were for other purposes

Callers were asked to self-disclose their gender. Of the total completed calls:

- 3,235 (49.5%) were from self-identified women (average of 61.0 calls per user)
- 897 (13.7%) were from self-identified men (average of 19.2 calls per user)
- 1,070 (16.3%) were from people who identified as gender diverse (average of 212.8 calls per user)
- 1,326 (20.6%) were from people who did not disclose their gender

Overall, there were 409 (6.3%) calls from individuals reporting Indigenous identity and 5,796 (88.7%) calls from urban locations. There were 77 (1.2%) calls associated with a drug poisoning event.* Overall, there were 77 (1.2% of total calls) overdose events requiring a physical (in-person) intervention.

The following call characteristics were associated with a significantly higher likelihood of a drug poisoning event:

- calls from people who reported using opioids (6.72 greater odds), methamphetamine (3.33 greater odds) or opioids in combination with r with people reporting using all other substances
- calls occurring in British Columbia (3.55 greater odds) compared with the rest of Canada
- calls from gender-diverse people (3.32 greater odds) compared with self-identified men and women
- calls from people who injected (1.94 greater odds), smoked (2.91 greater odds) or used multiple routes to administer substances (6.54 gre substances by all other routes
- calls on Wednesdays (1.88 greater odds) compared with all other days of the week**

Calls from women (compared with men), calls from Indigenous people (compared with non-Indigenous people) and calls occurring between 6:00 less likely to be associated with drug poisonings.

Implications for service providers

NORS provides a feasible way for people to access safe consumption services. This approach may alleviate barriers for people who do not traditior services (SCS) or overdose prevention sites (OPS), including women and gender-diverse people. This approach can also alleviate barriers to super an SCS/OPS close to where they live or do not have access to an SCS/OPS that supervises the inhalation of drugs. This is especially relevant as inh

Although most NORS calls came from urban centres, this study demonstrates that this type of service can be a useful way to engage people in rura

Lastly, most of the calls to NORS were for supervised drug consumption; however, approximately a quarter of the calls were for mental health sup for this type of support in the community and the utility of peers to provide this support through a virtual approach.

Related resources

[Supervised consumption site at the Blood Ties Four Directions Centre < https://www.catie.ca/programming-connection/supervised-consumption-site-at-the-blood-ties-four-directions-centre >](https://www.catie.ca/programming-connection/supervised-consumption-site-at-the-blood-ties-four-directions-centre) - case study

[Victoria SAFER Initiative < https://www.catie.ca/programming-connection/victoria-safer-initiative >](https://www.catie.ca/programming-connection/victoria-safer-initiative) - case study

* Other adverse events included mental health emergencies and domestic violence interventions.

** The study authors hypothesize that this could be related to when social assistance payments are made in British Columbia, but there is no clear

References

- Viste D, Rioux W, Cristall N et al. Association of drug overdoses and user characteristics of Canada's national mobile/virtual overdose res Service (NORS). *BMC Public Health*. 2023;23:1869.
- Matskiv G, Marshall T, Krieg O et al. Virtual overdose monitoring services: a novel adjunctive harm reduction approach for addressing th *Journal*. 2022;28(194):E1568-72.

<https://www.addtoany.com/share?url=https%3A%2F%2Fwww.catie.ca/programming-connection%2Fnational-overdose-response-service&title=National%20Overdose%20Response%20Service>