



DRUGS OF CONCERN FORM

In response to an increase in drugs of concern entering the Northwest Territories the Chief Public Health Officer (CPHO) is requesting under Section 7 of the NWT *Public Health Act* that all health care professionals, RCMP officers, and coroners who detect a drug of concern. This information is used for urgent territorial response and public awareness of illicit drugs that pose a significant public safety risk.

What to Report:

If any of the following substances are detected in a person's toxicology or a new substance causes a cluster of unusual overdoses:

- Synthetic opioids such as Fentanyl or fentanyl analogs (ex. carfentanil)
- MPTP (1-methyl-4-phenyl-1,2,3,6-tetrahydropyridine)
- Methanol/ethylene glycol poisoning (ex. Antifreeze)
- Counterfeit medications or street drugs (ex. prescription opioids that are laced with methamphetamine)
- Designer drugs that cause severe health outcomes or death
- Cluster of unusual overdoses

How to Report

As soon as made aware report to OCPHO IMMEDIATELY	OCPHO reporting line: (867) 920-8646
Within 24 hours fill out form	Secure File Transfer (SFT): cdcu@gov.nt.ca

Form must be resubmitted if any changes or corrections via SFT.



DRUGS OF CONCERN REPORTING FORM

<input type="checkbox"/> New <input type="checkbox"/> Resubmit (what sections updated and time of last report) _____	
SECTION 1 – COMMUNITY	
Called to OCPHO: <input type="checkbox"/> Yes <input type="checkbox"/> No (why not): _____ Must be reported to (867) 920-8646	Date: _____ Time: _____
Community drug of concern found: _____	
SECTION 2 – DRUG INFORMATION	
Name of drug or suspected drug taken: _____	Other substances present (including ETOH): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Name of drug(s) they thought they were taking: _____	If yes, list other substances: _____
If able, please describe the substance that was taken and time it was taken: _____	
SECTION 3 – INFORMATION ON CARE	
Why was screening completed or how was the substance found? _____	
Was Naloxone Administered: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes: How many doses: _____ • MUST submit to APL for Urine General Toxicology Panel (UGTP) • Was it effective? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Was urine general toxicology panel ordered? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Please attached toxicology report with identifiers (Name/HCN/DOB) blacked out if available.	
SECTION 4 – REPORTING ENTITY INFORMATION	
Office of the Chief Public Health Officer Phone: (867) 920-8646 SFT: CDCU@gov.nt.ca	
Profession: <input type="checkbox"/> Healthcare Provider <input type="checkbox"/> RCMP <input type="checkbox"/> Coroner <input type="checkbox"/> Other: _____	
Site reporting from: _____	
Completed by: _____	(Sign) _____
Phone: _____	Date: _____
Comments: _____	

This form must be resubmitted if any changes or corrections.