



## 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 <b>IMMEDIATELY</b>	OCPHO reporting line: (867) 920-8646
Within 24 hours fill out form	Secure File Transfer (SFT): <a href="mailto:cdcu@gov.nt.ca">cdcu@gov.nt.ca</a>

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



## DRUGS OF CONCERN REPORTING FORM

New  Resubmit (what sections updated and time of last report) \_\_\_\_\_

### SECTION 1 – COMMUNITY

Called to OCPHO:  Yes  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
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Name of drug(s) they thought they were taking:	If yes, list other substances:
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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 <b>If yes:</b> How many doses: _____ <ul style="list-style-type: none"><li>• <b>MUST</b> submit to APL for <a href="#">Urine General Toxicology Panel</a> (UGTP)</li><li>• Was it effective? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</li></ul>	Was <a href="#">urine general toxicology panel</a> ordered? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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**Please attach 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](mailto:CDCU@gov.nt.ca)

Profession:  Healthcare Provider  RCMP  Coroner  Other: \_\_\_\_\_

Site reporting from:

Completed by:	(Sign)
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Phone:	Date:
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Comments:

This form must be resubmitted if any changes or corrections.