



PreventOD.ca

A Partnership between the County of Simcoe, District of Muskoka, LHIN & Health Unit

Report Bad Drugs Anonymously

Sometimes using street drugs means that you don't know exactly what you are taking. Even when you think you know what you are taking, you may have an unexpected reaction to that substance.

The Report Bad Drugs form allows you, or someone who supports you, to report a bad reaction to a drug in order to help others know about bad drugs that may be circulating in your community.

This Report Bad Drugs form is **completely ANONYMOUS** and no interaction with law enforcement will result. Help keep others safe by helping us make this important information publicly available. Once you complete the Report Bad Drugs form, and send it in, the information will be available for others to view on the PreventOD.ca website.

Report Bad Drugs



Three ways you can Report Bad Drugs:

1. Complete this form and mail it to:

Report Bad Drugs

County of Simcoe Emergency Management
1110 Highway #26
Midhurst, ON
L9X 1N6

2. Complete this form, scan and email it to: reportbaddrugs@simcoe.ca
3. Fill in the Report Bad Drugs form on-line at PreventOD.ca

About the Simcoe Muskoka Opioid Strategy

The Simcoe Muskoka Opioid Strategy (SMOS) is a multi-sector collaboration formed to address the opioid crisis in Simcoe and Muskoka, and the harms it is causing to individuals, families and communities. SMOS is doing so by means of a comprehensive region-wide strategy, organized by the following pillars: Prevention, Treatment, Harm Reduction, Enforcement, Emergency Management, Data & Evaluation, and Lived Experience. Through this strategy, SMOS aims to address opioid-related harms in our region, including opioid misuse, addiction, and overdose.

For resources and more information about the Simcoe Muskoka Opioid Strategy visit PreventOD.ca



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1. What drug was taken?

- | | |
|--|--|
| <input type="checkbox"/> Cannabis (<i>Mary-Jane, Weed, Pot, Kush</i>) | <input type="checkbox"/> Hydromorphone |
| <input type="checkbox"/> Cocaine (<i>Charlie, Coke, Rock, Crack, Powder</i>) | <input type="checkbox"/> Ketamine (<i>K, Special K</i>) |
| <input type="checkbox"/> Crystal Meth (<i>Tina, T, Crank, Crystal</i>) | <input type="checkbox"/> MDMA (<i>Molly, E, X, M</i>) |
| <input type="checkbox"/> Erectile Drugs (<i>EDs, Hard-Ons, Trail Mix</i>) | <input type="checkbox"/> Oxycodone (<i>Oxy, Oxycotton</i>) |
| <input type="checkbox"/> Fentanyl (<i>China White, Tango, Murder 8</i>) | <input type="checkbox"/> U-47700 (<i>Pink, U4</i>) |
| <input type="checkbox"/> GHB (<i>G, Gina</i>) | <input type="checkbox"/> Xanax |
| <input type="checkbox"/> Heroin (<i>Dope, Smack, Mojo</i>) | <input type="checkbox"/> Other |
| | <input type="checkbox"/> Unknown |

2. When was it bought? Day: _____ Month: _____ Year: _____

3. Where was it bought (Community)?

Muskoka

- | | | |
|---------------------------------------|--|---|
| <input type="checkbox"/> Bala | <input type="checkbox"/> Huntsville | <input type="checkbox"/> Muskoka Lakes |
| <input type="checkbox"/> Bracebridge | <input type="checkbox"/> Lake of Bays | <input type="checkbox"/> Wahta First Nation |
| <input type="checkbox"/> Georgian Bay | <input type="checkbox"/> MacTier | <input type="checkbox"/> Other |
| <input type="checkbox"/> Gravenhurst | <input type="checkbox"/> Moose Deer Point First Nation | <input type="checkbox"/> Unknown |

Simcoe

- | | | |
|--|---|--|
| <input type="checkbox"/> Adjala-Tosorontio | <input type="checkbox"/> Clearview | <input type="checkbox"/> Penetanguishene |
| <input type="checkbox"/> Alcona | <input type="checkbox"/> CFB Borden | <input type="checkbox"/> Rama First Nation |
| <input type="checkbox"/> Alliston | <input type="checkbox"/> Collingwood | <input type="checkbox"/> Ramara |
| <input type="checkbox"/> Angus | <input type="checkbox"/> Elmvale | <input type="checkbox"/> Severn |
| <input type="checkbox"/> Barrie (Downtown) | <input type="checkbox"/> Essa | <input type="checkbox"/> Springwater |
| <input type="checkbox"/> Barrie (North) | <input type="checkbox"/> Innisfil | <input type="checkbox"/> Stayner |
| <input type="checkbox"/> Barrie (South) | <input type="checkbox"/> Midland | <input type="checkbox"/> Tay |
| <input type="checkbox"/> Barrie | <input type="checkbox"/> New Tecumseth | <input type="checkbox"/> Tiny |
| <input type="checkbox"/> Beausoleil First Nation | <input type="checkbox"/> Orillia (Downtown) | <input type="checkbox"/> Wasaga Beach |
| <input type="checkbox"/> Bradford West Gwillimbury | <input type="checkbox"/> Orillia | <input type="checkbox"/> Other |
| | <input type="checkbox"/> Oro-Medonte | <input type="checkbox"/> Unknown |

Other (not in Simcoe or Muskoka)

4. What was the reaction from the drugs?

- | | |
|--|--|
| <input type="checkbox"/> Overdose | <input type="checkbox"/> Heart palpitations/racing heart |
| <input type="checkbox"/> Rash/Itchiness | <input type="checkbox"/> Shortness of breath/trouble breathing |
| <input type="checkbox"/> Skin lesions or abscesses | <input type="checkbox"/> Hallucinations |
| <input type="checkbox"/> Burning sensation | <input type="checkbox"/> Paranoia |
| <input type="checkbox"/> Bluish lips/fingernails | <input type="checkbox"/> Death |
| <input type="checkbox"/> Passing out/loss of consciousness | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Numbness | |

5. Other concerns about the drug:

6. Was naloxone or Narcan given?

- | | | | |
|------------------------------|-----------------------------|--|----------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Prefer not to say | <input type="checkbox"/> Unknown |
|------------------------------|-----------------------------|--|----------------------------------|

7. Was medical assistance received?

- | | | | |
|------------------------------|-----------------------------|--|----------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Prefer not to say | <input type="checkbox"/> Unknown |
|------------------------------|-----------------------------|--|----------------------------------|

8. Who is filling in this report?

- | | | | |
|--|---|---------------------------------|--|
| <input type="checkbox"/> Person who used | <input type="checkbox"/> Service provider | <input type="checkbox"/> Friend | <input type="checkbox"/> Prefer not to say |
|--|---|---------------------------------|--|

The information collected on this form is completely anonymous. No personal or identifying information will be collected. For further information about the Report Bad Drugs tool, please contact: Cathy Clark, Manager 911 & Emergency Planning, County of Simcoe, by telephone: 705-726-9300, extension 1155.