

Valiance Response Official White Paper

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Abstract

We are a start-up non-profit charitable EMS service aiming to specialize in providing high quality emergency care to victims of drug-facilitated sexual assault as well as additional services to promote justice for victims, increase public safety, and facilitate research to develop better practices to combat this threat. We need to exist because this issue requires a sophisticated and delicate process to be developed in order to generate more favourable outcomes for patients and victims.

1 Our cause

1.1 The Threat: Drug-Facilitated Sexual Assault

Within the City of Winnipeg there has been a troubling increase in the number of *documented* sexual offences committed, from 2020-2021 to 2021-2022 the reported instances of overall sexual violence had gone from 906 to 1008.(1) And with the available data we suspect that the prevalence of the use of Gamma-hydroxybutyric acid (GHB) by sexual predators to attempt to commit rape has also increased. On October 12th, 2022 the Winnipeg Police Service uncovered a massive stash of drugs with one of the substances uncovered being two liters of GHB.(2) This is a troubling discovery because that demonstrates that there has been significant black market for GHB distributing within Winnipeg implying that its use may be a lot higher than previously expected.

1.2 The Danger: Gamma-hydroxybutyric acid

Gamma-hydroxybutyric acid (or GHB for short) is an extremely dangerous substance and available research shows that it is the most efficient method among sexual predators to incapacitate victims for date rape. The following are some attributes of GHB that make it a main choice for these predators:

Discrete GHB is a tasteless, odorless, and colorless substance that is virtually unnoticeable to its victims. The only way to reliably suspect it has been used is recognition of the signs and symptoms after ingestion and testing of suspected sample.(3)

Very rapid onset and long duration of effects GHB can exhibit its effects in five to fifteen minutes of being ingested and its effects can last for three to six hours.(3)

Short half life of compound GHB has a half life of thirty to sixty minutes. While this means that it is easier to clear from the system for purposes of treatment it also means it is easier for predators to cover evidence of its use as GHB is seldomly documented because by the time it has been suspected that it has been used it has already been eliminated from the victims system.

Uncontrolled dosage The difference in dosage required for a predator to successfully incapacitate their victim (Approximately 3500 milligrams) and the dosage that becomes lethal is considerably narrow given that the most common form of GHB available on the street is in liquid form and it is unlikely that a sexual predator would have knowledge over what the specific concentration of the liquid is. Given that the individuals weaponizing this drug have zero due regard for the safety of their victim the threat of lethal overdoses from its use is extreme.

No tested antidote Unlike opiate substances there exists no specific antidote for GHB which means that the patient requires specific and aggressive life support until it can be cleared from the body. There exists a newer drug SCH-50911, which quickly reverses GHB overdose in mice. However, this

33 treatment has yet to be tried in humans, and it is unlikely that it will be researched for this purpose in
34 humans due to the illegal nature of clinical trials of GHB and the lack of medical indemnity coverage
35 inherent in using an untested treatment for a life-threatening overdose.

36 **Ease of manufacture** GHB is disturbingly easy to obtain or even make and there exists several uncon-
37 trolled prodrugs that convert into GHB within the bloodstream. The precursors that are used in the
38 manufacturing of GHB are also uncontrolled and unwatched.

39 **1.3 The Problem: Unique issue without specialized resources**

40 Given these qualities of the substance it can be very easy to see why it is such a threat to the public. It's
41 very hard for us to address the exact extent of its use due to the nature in which it works which is why
42 response to it needs to be targeted specifically for it and we need to be able to gather data so that more
43 research can be done on how we can react more effectively.

44 **1.4 The Solution: Sexual Violence Response and Intervention**

45 The solution we propose is to form a specialized EMS team tasked with responding to calls involving
46 sexual violence or suspected drug-facilitated sexual assault as the mechanism of injury. This team will
47 ideally consist of ambulance crews of two paramedics, one nurse, and one interventionist.

48 **Paramedic** Will perform emergency care within the Primary Care Paramedic scope as per the NOCP's
49 and patient transport.

50 **Nurse** Will perform sample collection and support for the patient as well as helping the paramedics work
51 the patient during cardiorespiratory arrest.

52 **Interventionist** Close Protection specialist assigned and cross-trained in the duties of monitoring scene
53 and ambulance safety, evidence identification, testing suspected evidence to identify substance used
54 as early as possible, and liaison with law enforcement.

55 **2 Our objectives**

56 **2.1 Specialized care for patients**

57 We will consult and work closely with physicians and experts in toxicology to develop novel and evidence
58 driven treatment plans and protocols while enforcing strict compliance with scope of practice as set per
59 the NOCP'S, *Framework for the Practice of Registered Nurses in Canada*, and approval of the Medical
60 Director.

61 **2.2 Protection and safety**

62 Our interventionists will be trained to the highest standards of discipline and conduct and will be selected
63 based on interpersonal qualities and ability to solicit strong rapport with clients first. We will provide PPE for
64 our staff that exceeds conventional standards and maintain the highest levels of information and physical
65 security in all of our operations. Valiance Response will also make an effort to establish partnerships with
66 women's shelters, the government, and other non-profits to ensure our clients and patients do not fall
67 through the cracks and can remain supported until they feel safe.

68 **2.3 Justice for victims**

69 We will seek accreditation to operate a forensics capacity in order to enable us to perform on scene
70 evidence identification and testing so that we can notify law enforcement for hand-off before the assailant
71 has the opportunity to destroy any evidence or for it to become lost.

72 2.4 Research and threat analysis

73 We will perform research by anonymizing and aggregating data from collected from calls as well as main-
74 taining an open source intelligence capacity that will collect information for the purposes of maintaining
75 a database we can use to make recommendations to the government and the public interest as well as
76 predicting possible high threat areas so we can plan accordingly to minimize response times. We would
77 also like to operate a capacity to aid with research in the experimental GHB antidote *SCH-50911* so that
78 we can find ethical ways to enable researchers to perform human trials.

79 2.5 Patient and Public Advocacy

80 We will advocate to other services why they need to develop better capacities to handle this threat and
81 share with them our practices we have developed so that they may try to establish their own capacity.
82 We will also run campaigns to encourage policy makers to create stricter regulations surrounding the
83 precursors that can be used to create GHB as well as its variants and prodrugs. As well as support and
84 invest in initiatives that increase public safety in this area.

85 2.6 Education

86 In addition to sourcing high quality training for our members we will operate an external education capacity
87 to host workshops as well as specialized courses for the general public and first responders to equip more
88 people with knowledge in countering this threat.

89 3 Our plan

90 3.1 Phase one: Formation

91 This phase will begin with the Incorporation of Valiance Response as a legal entity with registered non-
92 profit charitable status. The priorities in this phase will consist of the following:

- 93 • Entrenchment of legal protections such as copyrights, insurance, building a legal team, etc.
- 94 • Establishment and review of organizational structure and assets such as communications, banking,
95 applications, etc.
- 96 • Establishment of a stable financial base of donors and supporters.
- 97 • Canvassing of people to staff roles and volunteer within the organization.
- 98 • Establishment of a clear and transparent organizational identity to solicit rapport and inspire trust
99 within the community.

100 3.2 Phase two: Establishment

101 This phase will consist of:

- 102 • Obtaining the station at *1350 Pembina, Winnipeg, Manitoba* to restore and adopt as our base of
103 operations.
- 104 • On-boarding and training of staff and volunteers.
- 105 • Conducting presence and basic first aid campaigns.
- 106 • Procurement of ambulances and other operations equipment.
- 107 • Creation and licensing of our dispatching system.
- 108 • Creation and licensing of our EMS service.
- 109 • Awareness campaign on how our dispatching service works (Noonlight API integration).
- 110 • Begin EMS operations.

111 **3.3 Phase three: Re-consolidation**

112 This phase will start upon the satisfaction of the following criteria:

- 113 • Full execution of our core mission objectives as per Section 2 of this document.
- 114 • At least three ambulances in service providing 24/7 coverage for Winnipeg.

115 At this point we would start to re-evaluate the structure of our organization and operations and address
116 any changes that need to be made to streamline and improve our service.

117 **References**

118 [1] Statistics Reports, *Monthly Statistical Report*, Winnipeg Police Service, June, 2022.

119 [2] Media Releases, *Drugs Search Warrant – Arrests: C22-237081*, Winnipeg Police Service, October
120 20th, 2022.

121 [3] Riviello RJ (2010). *Manual of Forensic Emergency Medicine: A Guide for Clinicians*, Sudbury, MA:
122 Jones and Bartlett Publishers.