

NOTICE OF MOTION

Withdrawal Management (Detox) Services in Toronto

Moved by: **Councillor Gord Perks**

Seconded by: **Councillor Shelley Carroll**

SUMMARY:

At its meeting of March 20, 2008, the Toronto Drug Strategy Implementation Panel approved four recommendations related to withdrawal management services in Toronto, for consideration by the Community Development & Recreation Committee. The withdrawal management (detox) system in Toronto has been recently redesigned, as directed by the Ministry of Health and Long-Term Care. In Ontario, withdrawal management services (WMS) must be sponsored by a hospital. Sponsoring hospitals in Toronto were operating WMS programs at a deficit. As no new provincial funding was made available, restructuring occurred within the existing funding envelope.

Key features of the system redesign include: a 24/7 centralized intake system; case management services; a reduction in residential beds (from 120 to 100); and, new community-based and day withdrawal services. The shift to non-residential services was to improve access for people outside the downtown core and to reach underserved populations including women with children and youth. In its first year, the Central Access phone line received 60,000 calls, with an average of 155 calls per day.

The residential part of the WMS system operates at 90-95% capacity with an average stay of five days. Currently, they are unable to meet the demand for residential services. Similar to the experience in Toronto shelters, they find a small group of homeless people are using a disproportionate amount of the residential services suggesting that affordable housing and associated supports is a key issue for this group. Some community-based service providers have raised concerns about the WMS redesign, in particular the reduction of residential capacity, and the impact on people who are homeless. Workers report consistent problems securing residential beds for their homeless clients.

RECOMMENDATIONS:

1. The City of Toronto urge the provincial government to increase funding for addiction treatment services in Toronto, including more resources for the full range of withdrawal management services and community and day treatment services, in particular for street-involved drug users, youth, women with children, aboriginal people and ethno-cultural communities;
2. The City of Toronto work with the Central Toronto Local Health Integration Network and the Ministry of Health and Long-Term Care to expand withdrawal management capacity as

part of a comprehensive city-wide crisis response system for people with alcohol and other drug issues;

3. The City of Toronto urge the Ministry of Health and Long-Term Care to develop a comprehensive and co-ordinated strategy for people who are homeless or who are at risk of homelessness and have issues associated with the use of alcohol and other drugs that includes:
 - a. Funding for rent supplements to ensure access to stable, affordable housing, and funding for associated health, social and addiction supports to help people maintain their housing;
 - b. Funding for a community-based Addiction Follow-up Worker pilot project to provide case management support for people on the street, leaving shelters, withdrawal management services, correctional facilities, etc, to improve long-term housing stability and facilitate co-ordinated access to health, social and addiction services. And, further that some of the case managers have expertise working with specific populations such as youth, women with children and ethno-cultural communities; and,
 - c. Reinstatement of addiction as an eligible disability under the Ontario Disability Support Program.
4. The City of Toronto continue to develop strategies to increase access for people who are homeless to recreation programs as one measure to help people make positive changes and stabilize their lives.

April 24, 2008