# Attachment



# **Toronto Drug Strategy**

# Status Report 2016



#### Toronto Drug Strategy Status Report 2016

Toronto Drug Strategy Implementation Panel City of Toronto, Toronto: ON November 2016

This report can be downloaded at <u>www.tph.to/drugstrategy</u>.

#### November 2016

On behalf of the Toronto Drug Strategy Implementation Panel, I am pleased to present the *Toronto Drug Strategy Status Report 2016*. This report is part of our public accountability for actions taken to implement the recommendations in our municipal drug strategy.

This report documents the results of many partnerships and collaborations over the last two years toward a common goal of addressing the harms of substance use. Implementing our drug strategy is a collective effort and we rely heavily on our community partners. I would like to thank the members of the Toronto Drug Strategy Implementation Panel for their ongoing leadership, and the members of our working groups and ad hoc committees for their generous commitment of time, expertise and resources. Thanks also to the many others - researchers, service providers, community members - who have contributed to implementing our drug strategy.

There is still much to do to address substance use issues in our community. The current overdose crisis in Toronto and in communities across Canada is challenging all of us to do more to reduce harms and save lives. We remain committed to working on these issues with our community partners going forward.

Sincerely,

Councillor Joe Cressy Chair, Toronto Drug Strategy Implementation Panel

#### **Toronto Drug Strategy Implementation Panel**

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Jill Robinson	Chair, Stigma & Discrimination Working Group
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Please see <u>Appendix A</u> for membership lists of Toronto Drug Strategy groups and committees.

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# Introduction

City Council approved the Toronto Drug Strategy (TDS) in December 2005. The TDS provides a comprehensive approach to alcohol and other drug<sup>1</sup> issues in Toronto based on the integrated components of prevention, harm reduction, treatment and enforcement.

This report describes action taken to implement TDS recommendations over the last two years, since the 2014 status report was issued. It is important to note that the drug strategy does not have a dedicated program budget. Action taken has been supported by leveraging existing resources and securing external funding, where possible. The results achieved to date are thanks to the collective effort and commitment of many groups, organizations and individuals across Toronto, most of which are provided on an in-kind or volunteer basis. The TDS has helped leverage millions of dollars in federal and provincial funding to implement community-based programming in Toronto for a wide range of initiatives related to substance use.

# Summary of highlights

Details on the progress of implementing TDS recommendations over the last two years are described throughout this report; highlights include the following:

- Celebrated the 10<sup>th</sup> anniversary of the drug strategy with a community event at City Hall;
- Updated the list of priority TDS recommendations to be implemented with new areas of focus;
- Advocated with the federal and provincial governments on key drug policy issues including the need for an evidence-based federal drug strategy and a provincial overdose prevention strategy;
- Parent Action on Drugs expanded delivery of *Strengthening Families for Parents & Youth* into the francophone community;
- o Hosted sessions for service providers on Understanding the Teen Brain;
- Hosted a webinar on using evidence to inform prevention programs;
- Collaborated with Toronto Public Health programs and the Toronto Cancer Prevention Coalition on strategies to reduce alcohol-related harms;
- o Advocated for a public health approach to legalizing and regulating non-medical cannabis;
- o Collected and distributed information to the community through ReportBadDrugsTO.ca;

<sup>&</sup>lt;sup>1</sup> The term "drugs" refers to the full range of psychoactive substances the TDS is concerned with, including alcohol, illegal drugs, prescription drugs and solvents and inhalants.

- Advised on development of a harm reduction framework for Shelter, Support & Housing Administration directly-operated and funded services;
- o Developed and promoted safer partying posters for bars, clubs and entertainment venues;
- o Delivered presentations to diverse audiences on a range of substance use topics;
- Collaborated with community and research partners on a project for drug checking services;
- Delivered an advanced workshop for service providers on *Women, Substance Use, Stigma & Discrimination*;
- o Hosted education and advocacy events for International Overdose Awareness Day;
- Arranged for the City of Toronto to proclaim August 31<sup>st</sup> Overdose Awareness Day;
- o Conducted research on actions by witnesses in drug overdose situations; and,
- Supported a collaborative initiative to implement supervised injection services in Toronto.

# Progress on Recommendations

This section of the report describes highlights of action taken to implement TDS priority recommendations since the 2014 status report.

## 1. Leadership & Coordination

Leadership and co-ordination are critical to improving our collective response to alcohol and other drug issues. Through the TDS, the City of Toronto has taken on this leadership role recognizing that success depends on effective collaboration and co-operation among all stakeholders.

#### Toronto Drug Strategy Implementation Panel – Recommendation 1

The TDS Implementation Panel is a multi-sectoral group that provides leadership and oversight to ensure TDS recommendations are being implemented as well as to respond to emerging issues in the community. The Panel is chaired by a City Council member from the Board of Health with diverse membership from the areas of prevention, harm reduction, treatment and enforcement as well as representation from youth and people who are former and/or active users of alcohol/other drugs

(See <u>Appendix A</u> for the membership list). The Panel strikes working groups and ad hoc committees to implement specific TDS recommendations. Details on the status and progress of these groups are described throughout this report.



In September 2016, the Panel approved an updated list of TDS priority recommendations for action (see Appendix B). Current TDS priorities continue to focus on key areas such as overdose prevention and the need for more services in the criminal justice

system while also taking on new initiatives such as harm reduction services for youth and alternative policing practices. The Panel will also focus on emerging drug policy issues for Toronto, including implementation of supervised injection services, legalization of non-medical cannabis, and drug checking/testing services.

An important role for the Panel is to advocate on drug policy priorities that require federal and provincial action. Some highlights of advocacy efforts over the last two years are noted below with more details provided in relevant sections throughout this report.

• Urged the federal government to develop a new evidence-based drug strategy based on the integrated components of prevention, harm reduction, treatment and enforcement once the National Anti-Drug Strategy expires in 2017.

- Urged the federal *Task Force on Marijuana Legalization and Regulation* to consider recommendations in the Toronto Board of Health report on this topic.
- Urged the federal government to provide immediate interim guidance on how municipalities should approach the possession and sale of non-medical cannabis prior to legalization.
- Urged the provincial government to develop and implement a comprehensive provincial overdose prevention strategy for all drugs giving consideration to the Municipal Drug Strategy Coordinator's Network of Ontario report, *Prescription for Life*.
- Urged the Ministry of Health and Long-Term Care to address the challenges in rolling out the pharmacy naloxone program, including proactive communication to the public about the availability of this life-saving drug.
- Urged the provincial government to suspend Bill 33 (Fentanyl Patch-for-Patch policy) and conduct an evidence-based review of this policy, including a review of any unintended negative consequences.
- Urged the Ministry of Health and Long-Term Care to restore funding cuts and service reductions to Methadone Maintenance Treatment services.

#### 10<sup>th</sup> Anniversary Celebration

In November 2015, the TDS Implementation Panel hosted a community event in the Council Chambers of City Hall to mark the 10<sup>th</sup> anniversary of the drug strategy. The purpose of the celebration

was to profile key TDS achievements over the last decade and highlight current and future drug policy priorities for Toronto. The session included a public forum and information fair with a wide range of community partners promoting their services and involvement with the drug strategy.



The overall theme of the forum was "past, present and

future" – from TDS achievements over the last decade, to the current drug overdose crisis, and



the need to scale up implementation of supervised injection services across Canada. Councillor Joe Cressy moderated the session. Presenters included Senator Larry Campbell, Councillor Gord Perks and former Councillor Kyle Rae, Medical Officer of Health, Dr. David McKeown, former Panel member and harm reduction advocate, Zoe Dodd, and TDS Secretariat staff member Susan Shepherd. Over 200 people attended the anniversary event, which provided an important opportunity to recognize the collective efforts of people across the city to reduce the harms of substance use, and to reaffirm an ongoing commitment to this work going forward.

#### Municipal Drug Strategy Coordinator's Network of Ontario

Staff in the TDS Secretariat co-founded the Municipal Drug Strategy Coordinator's Network of Ontario, which includes 30 municipalities and communities from across the province. Drug strategy coordinators and leaders meet bimonthly by teleconference to collaborate on advocacy efforts and share evidence, information and resources on diverse issues related to substance use and drug policy.

In June 2015, TDS staff worked with the Municipal Drug Strategy Coordinator's Network of Ontario to prepare the <u>Prescription for Life</u> report, advocating for federal and provincial action to expand access to naloxone among other measures. The report was supported by many groups, including the Toronto Board of Health, the Association of Local Public Health Agencies (alPHa) and the Ontario Association of Chiefs of Police. Further details on overdose prevention advocacy efforts are described later in this report.

## 2. Children and Families

A priority for the TDS is early intervention and prevention with children and their families. Fostering strong, resilient children is the best way to prevent substance use issues later in life. Recent action in this area is outlined below.

#### Prevention Working Group - Recommendations 7 and 10

The Prevention Working Group (PWG) is a subcommittee of the TDS Implementation Panel charged with expanding comprehensive prevention initiatives for children, families and youth. This diverse group includes representatives from the areas of prevention, harm reduction, treatment and enforcement (see <u>Appendix A</u> for membership).

The main focus of the PWG over the last two years has been on youth, and actions taken are outlined in the next section of this report. The PWG was one of the original working groups of the TDS, established in 2005. Working groups are intended to be time-limited, and after determining the group had met its mandate, the PWG disbanded in July 2016.

To ensure an ongoing focus on prevention, the TDS Implementation Panel will continue to advocate for prevention initiatives, in particular for sustainable funding for prevention programs that have demonstrated effectiveness.

#### Drug policy networks

Toronto Drug Strategy Secretariat staff participate in many networks at the local, provincial and national level, which assists with collaboration, strategic advocacy and information sharing. These groups include the following:

- Canadian Drug Policy Coalition, Supervised Consumption Service Working Group
- Canadian Drug Policy Coalition, Overdose Prevention Working Group
- Canadian Community Epidemiology Network on Drug Use (CCENDU)

- National Drug Checking Group
- Municipal Drug Strategy Coordinator's Network of Ontario
- Opioid Overdose Prevention and Naloxone Access Working Group (OOPNA)
- Toronto Cancer Prevention Coalition, Alcohol Working Group

## 3. Youth

The TDS recommends several actions related to prevention, harm reduction, treatment and enforcement initiatives for youth. A summary of actions taken over the last two years on youth-specific priorities is described below.

#### Strengthening Families for Parents & Youth (SFPY) – Recommendation 10

*Strengthening Families for Parents and Youth (aged 12-16)* is a Parent Action on Drugs (PAD) program that began as a collaborative Prevention Working Group project. This whole-family program has demonstrated significant improvements in parenting skills, family environment and family resilience, and has been delivered in communities across Toronto and Ontario.

Most recently, PAD, in partnership with Health Nexus secured provincial funding to translate and pilot a French language version of *Strengthening Families for Parents and Youth* (SFPY). Following consultation with Francophone parents, the resulting program was called *Reserver les liens entre parents et jeunes (RLPJ)*. Over the past two years, PAD has partnered with La Passerelle I.D.E. in



Toronto, a multi-service organization serving francophone newcomers of all ages, to outreach to families and provide culturally-appropriate sessions of RLPJ.

Now in its third year of a project funded through the Toronto Urban Health Fund, the *Strengthening Francophone Youth, Families and Communities* program has provided three sessions of RLPJ to families, working

with the program to present it in ways that have helped families create stronger bonds, strengthen communication between youth and their parents, and provide a conduit to other services in the community for newcomer families struggling with settlement issues.

#### Adapting an evidence-based program to the needs of the community

Families involved in the RLPJ program offered by PAD, in partnership with La Passerelle, have struggled with transportation to the program's central, downtown location, and as a result many families were late for the program. In response, the program delivery team offered double five-hour sessions of the program on a weekend day allowing families a more leisurely opportunity to participate. In addition, one mother, who felt she and others had gained so much from her involvement in RLPJ, looked for community space in a Scarborough neighbourhood. She found local program space and outreached to families in the area. As a result, during the fall 2016 cycle of RLPJ, more families have been able to attend and complete the program.

#### Understanding the Teen Brain – Recommendation 10

In 2015, the PWG partnered with the Hospital for Sick Children to deliver two sessions for frontline service providers on adolescent brain development. The interest in this topic came out

of evaluation feedback from previous PWG resiliency workshops. Presenters from the Adolescent Medicine Unit at the Hospital for Sick Children provided an overview on the science of brain development and how it relates to puberty and risk-taking behaviours. The theory was then applied to practice through a discussion of case studies. Strategies for working with parents/families with teens were also presented.



Over 300 service providers participated in these sessions from a wide variety of sectors, including health, education and social services. The

sessions were rated highly by participants, and over 95% said they would integrate the information learned in the session into their work. Attendees highlighted the need for more in-depth information on this topic to inform their work with youth.

#### Using evidence to inform prevention programming – Recommendation 10

In June 2016, the PWG partnered with HC Link to design and deliver a webinar for community service providers on evidence-based prevention programming. The purpose of the session was to broaden awareness in the substance use service sector about evidence-based prevention initiatives currently being delivered in Toronto. The session highlighted strategies

on how to integrate evidence into the development of prevention programs, including a discussion of barriers and how to address them.

The webinar included presenters from The Students Commission of Canada-Centre for Excellence in Youth Engagement, York University- YouthREX, and

Delisle Youth Services. The session was rated highly by participants. The webinar was recorded and is posted on the HC Link website at <u>www.hclinkontario.ca</u>.

"It was helpful in that it gave me models to use for youth engagement."

"It gave me ideas on what I should be looking into for planning purposes."

### 4. People who use Substances

In addition to actions targeted specifically to children, families and youth, the TDS recommends a broad range of prevention, harm reduction, treatment and enforcement actions more generally. This section documents progress made in this area over the last two years.

#### Strengthening alcohol policy - Recommendation 20

Toronto Drug Strategy Secretariat staff continued to work with colleagues in Toronto Public Health to promote and advocate for healthy public policy related to alcohol. Staff also continue to participate in the Toronto Cancer Prevention Coalition's Alcohol Working Group. This multi-sector group is focused on increasing awareness of the links between

alcohol and cancer, as well as advocating for evidence-based alcohol policy more generally. As part of its contribution, the TDS Secretariat helped in the planning and delivery of the June 2016 public forum, *Alcohol: Is our favourite drug a carcinogen*?



The TDS Secretariat also worked with Toronto Public Health to develop an alcohol policy toolkit for use in their ongoing health

promotion work with colleges and universities. The toolkit is designed to help strengthen on- and off-campus alcohol policies to reduce health and social harms of alcohol consumption for students and the broader community.

#### **Cannabis policy - Recommendation 24**

In 2015, the Toronto Board of Health approved a motion from the TDS Implementation Panel asking the Medical Officer of Health to report on the issue of legalizing cannabis. This request arose from a growing recognition among health organizations in Canada, including the Centre for Addiction & Mental Health, that the harms of criminalizing cannabis far outweigh the benefits and that a new approach is needed. Several other jurisdictions, including Uruguay and several U.S. states, had already legalized non- medical cannabis. In the fall of 2015, the newly elected Liberal government made a commitment to legalize and regulate non-medical cannabis in Canada.

Staff in the TDS Secretariat provided lead policy support for the Medical Officer of Health's report, <u>Legalization and Regulation of Non-Medical</u>





summarized existing research on the health impacts of cannabis, highlighted lessons learned from jurisdictions that have legalized cannabis as well as from the regulation of alcohol and tobacco. The report urged the federal government to use an evidence-based public health approach to develop

a regulatory framework for non-medical cannabis with a goal of reducing potential harms for the population as a whole. This report was also forwarded to the *Task Force on Marijuana Legalization and Regulation* for consideration in their work to develop a regulatory framework for non-medical cannabis in Canada.

The Board of Health also approved a motion from the TDS Implementation Panel urging the federal government to provide interim guidance on how municipalities should approach the possession and sale of non-medical cannabis, using a public health approach, prior to legalization. This motion came in response to local challenges related to the proliferation of cannabis dispensaries in Toronto as in other cities across the country.

#### Drug surveillance and alerts – Recommendation 25

Staff in the TDS Secretariat worked with several community partners to develop the online tool - <u>ReportBadDrugsTO.ca</u> - where people can anonymously report unusual or unexpected negative reactions to illicit drugs in Toronto, including incidence of overdose. Since the project began in December 2013, a total of 112 reports have been made to the site, which is monitored daily by TDS staff. Reports range from severe physical reactions to death, caused by a wide range of drugs. Information from the reports submitted are summarized and sent back out to the community. Anecdotal reports from people using harm reduction services are critical for monitoring what is happening in the local drug market in Toronto.

"Glad this is available to people...thank you for the work you're doing. Just want to keep people safe." *ReportBadDrugsTO.causer* 

In 2015/16, Toronto Public Health issued six drug alerts, mainly about heroin, but also on the

potential harms of mixing alcohol with opioids. Toronto Public Health also issues an alert every winter warning people about the potential presence of Levamisole in cocaine. Levamisole is a veterinary drug that can cause serious infections in humans, and effects are more likely to occur in cold weather.

A key issue for Toronto and other communities in Ontario is a lack of real-time surveillance data about drug overdoses. The TDS Secretariat is working with other TPH staff to explore the use of information from the Acute Care Enhanced Surveillance System (ACES) developed by the Kingston, Frontenac, Lennox and Addington Public Health Unit. This



database is a province-wide disease surveillance tool that can monitor overdose-related visits at

hospital emergency departments. There are some issues with the level of detail provided through ACES, but it can be helpful in the monitoring of overdose incidents in Toronto.

#### Substance use crisis service – Recommendation 27

Several years ago, the TDS Crisis Model Working Group (CMWG) developed a model for a 24hour crisis service where someone 'under the influence' could go as an alternative to a hospital emergency department. The Toronto-Central LHIN funded part of this model to build the capacity of the Gerstein Crisis Centre to work with people who use alcohol/other drugs, using a harm reduction approach. This initiative allowed the Gerstein to expand services (i.e., phone and mobile support and six residential beds) in October 2010 to help people in crisis to stabilize. The Gerstein Crisis Centre continues to operate this Substance Use Crisis Service, which provides vital support for people in crisis. However, a key component of the original 24-hour service model was a place where people could go while high or intoxicated to stabilize, 'chill out' or 'sleep it off.' A TDS Implementation Panel member and TDS staff have continued to work with the Gerstein Crisis Centre and other community partners to implement this much needed service in Toronto.

#### Housing access and options – Recommendations 43 and 44

Toronto Drug Strategy Secretariat staff continued to provide input into the redevelopment of the Seaton House men's shelter, led by the City of Toronto's Shelter, Support & Housing Administration (SSSHA) Division, which will include housing options. Further, in late 2014, the SSHA began a participatory process to develop a harm reduction framework for all of its directly delivered and funded services, which includes emergency shelters, drop-ins and housing. This action follows from a recommendation in their Council-approved, *Housing Stability Service Planning Framework*. The TDS Secretariat has been an active partner in this initiative along with several other TDS partners.

#### **Toronto Drug Treatment Court**

In 2016, TDS Secretariat staff began co-chairing the Toronto Drug Treatment Court Community Advisory Committee. The Toronto Drug Treatment Court (DTC) is the only court in Toronto that includes treatment as an integral part of the criminal justice system for people with substance use issues. For people who are interested in changing their pattern of substance use and moving toward abstinence this program can provide support over a long period of time. Toronto Drug Treatment Court clients are not expected to be abstinent, but rather to be open about their substance use and participate in the various aspects of the program.

# 5. Neighbourhoods & Communities

The use of alcohol/other drugs has an impact on neighbourhoods and communities across the city. Several TDS recommendations focus on addressing negative impacts in neighbourhoods, and action taken over the last two years is summarized below.

#### Promoting safer nightlife – Recommendation 50

In 2015, the TDS Secretariat and the TRIP! Project worked with the AIDS Committee of Toronto (ACT), Asian Community AIDS Services (ACAS), and Toronto Public Health to develop safer partying posters. The project was the result of input from bar and club owners asking for resources that would work best in their settings.

A youth designer worked with the group to develop simple yet meaningful



posters to reinforce key health and safety strategies. Six prevention and harm reduction themes were addressed: staying hydrated, not mixing alcohol with other drugs, pacing your drinking, the buddy system, over-consumption, and sexual consent.



The posters were promoted and distributed to bars, clubs and venues across the city through a variety of media including email, social media as well as in-person. To date, over 2200 hard copies of the posters have been

distributed to a wide variety of licenced establishments, event venues and festivals in Toronto. The poster is also available for download from the TDS website at <u>www.tph.to/drugstrategy</u>.

#### Reducing harms at music festivals – Recommendation 50

In 2015, staff from the TDS Secretariat and the TRIP! Project presented at a national meeting on reducing harms at music festivals hosted by the Canadian Centre on Substance Abuse (CCSA). The purpose of the meeting was to inform the development of recommendations aimed at preventing and responding to alcohol/other drug-related harms at music festivals, and identify key areas for further action. The meeting brought together, for the first time, government policy makers, public health officials, addiction and mental health providers, harm reduction service providers, mass gathering medical providers, event promoters, police, security services and researchers to discuss this issue.

One of the strategies discussed at the Vancouver meeting was drug checking services where festival attendees can have their drugs tested to get information about the contents. In an unregulated illicit drug market the potency and composition of drugs is unknown. Many illicit drugs contain substances other than what they are marketed as and may contain harmful contaminants or adulterants. Drug checking results help inform individual decision making about

the use of drugs as well as on-site medical responses. There is also the potential to disrupt the event drug market as adulterated products are publically exposed.

The TDS Implementation Panel supported exploring the potential for a collaborative research project on drug checking in Toronto.



Staff in the TDS Secretariat and TRIP! are working with the International Centre for Science in Drug Policy and several community service providers on options to move this project forward. They also participate in a national network focused on this topic that may include collaborative projects.

#### Electronic dance music events on City property – Recommendation 50

In January 2016, the TDS Secretariat provided input into an updated *Exhibition Place Electronic Dance Music Protocol* to ensure prevention and harm reduction strategies related to substance use were included. Staff also attended the Exhibition Place Board of Governors meeting to



address questions related to the need for this protocol.

Toronto City Council has adopted a policy that ensures that these types of events will continue to be allowed on municipal property, including Exhibition Place, to help

reduce the potential for health and safety harms that are more likely if these events are driven underground.

# 6. Awareness, Education & Training

People need information on resources available in the community to help with alcohol/other drug issues. There is also a need for more evidence-based education about substance use. Recent efforts in this regard are described below.

#### Education about substance use issues – Recommendations 54, 59 and 66

In addition to the workshops discussed elsewhere in this report, staff in the TDS Secretariat regularly deliver presentations to promote evidence-based information about substance use issues. Over the last two years, TDS staff delivered 19 presentations to over 1,000 people, often in partnership with community groups and agencies.

Presentations were delivered to the following groups:

- Canadian Centre for Substance Abuse, national meeting on preventing alcohol/other drug-related harms at music festivals
- Canadian Community Epidemiology Network on Drug Use
- Issues of Substance Conference
- Alberta Harm Reduction Conference
- HC Link Conference
- The Ontario Public Health Convention
- GTA Judge's Conference
- Crown Attorneys, Finch Avenue Court
- York Region Drug Strategy, Development Group
- St. Joseph's Hospital, Withdrawal Management Program
- Model City Hall Event
- Toronto Public Health
- Peel Harm Reduction Forum
- University of Toronto, Dalla Lana School of Public Health, PhD Program

Presentation topics included the following:

- Substance use prevalence
- Substance use treatment system
- Municipal strategies to reduce harms at music events
- Supervised injection services
- Fostering youth resiliency
- How to develop a drug strategy
- Research on witness actions in overdose situations
- Overdose prevention and response
- Cannabis policy

Toronto Drug Strategy Secretariat staff also advised on the revised curriculum for the Centre for Addiction & Mental Health's online course, *Fundamentals of Addiction*.

#### Stigma & Discrimination Working Group – Recommendation 55

The Stigma & Discrimination Working Group (SDWG) was struck in 2011 and tasked with implementing recommendations from the TDS Implementation Panel report entitled *Stigma, Discrimination & Substance Use*. The group included diverse representatives from the areas of prevention, harm reduction and treatment. Over half of the group members are people with lived experience (see <u>Appendix A</u> for membership). Action taken by the SDWG since the last TDS Status Report is outlined below. In May 2016, members of the SDWG concluded that they had met their mandate and the group disbanded. The TDS Implementation Panel will continue to look for opportunities to address stigma and discrimination against people who use alcohol/other drugs as part of its ongoing work.

#### Women, Substance Use, Stigma & Discrimination – Recommendation 55

In 2015, the SDWG developed and delivered a full-day workshop for service providers focused on stigma and discrimination experienced by women. This topic was identified by participants of previous SDWG workshops as a key area for training. The session was advanced in content and

required participants to have had previous training on stigma and discrimination.

The session was facilitated by experienced members of the SDWG with presentations by women with lived experience, including Community Action for Families. The workshop explored the historical and current nature of stigma and discrimination related to women and substance use. Women shared stories of their



experiences, in particular the compounded nature of stigma and discrimination (substance use, poverty, racialization, criminal history, etc.). Practice skills and tools for individual, organizational and systemic change were discussed, including barriers and strategies to overcome them.

A total of 57 service providers participated in the workshop. The evaluations were very positive with 97% of participants stating the session met their learning goals, and 100% saying they would integrate content from the workshop into their practice.

"Keep reflecting on my own practice and ways I might contribute to barriers." "Talk to my manager about policy change."

#### Stigma and discrimination session for City staff – Recommendation 55

In 2015, the TDS Secretariat partnered with staff from Toronto Public Health to host a presentation from the Ontario Human Rights Commission of Ontario on their new *Policy on Preventing Discrimination based on Mental Health* 

*Disabilities and Addictions*. This session was targeted to staff at City of Toronto and provided an overview of

employee rights and protections under the policy, their obligations as both an employer and a service provider, and how to accommodate clients with mental health or substance use issues.

#### **Overdose prevention and response – Recommendation 57**

Drug overdose has become a significant public health issue in Toronto as it has across the country. Between 2004 and 2014 there was a 77% increase in the reported number of people dying from overdose in Toronto – from 146 in 2004 to 258 in 2014, the highest annual number to date. Of particular concern is the increasing role of opioids, such as heroin and fentanyl in these deaths.



#### Drug-induced deaths in Toronto, 2004-2014

Source: Office of the Chief Coroner for Ontario, compiled by Toronto Public Health



Staff in the TDS Secretariat provided lead policy support for the Medical Officer of Health's report, *Overdose in Toronto: Trends, Prevention and Response*, which the Board of Health approved in September 2015. The report highlighted public health concerns about overdose in Toronto and action taken by Toronto Public Health and others to prevent overdose. The report also recommended additional areas for action, including a comprehensive provincial overdose prevention strategy for all drugs informed by the recommendations in the Municipal Drug Strategy Coordinator's Network of Ontario (MDSCNO) report, *Prescription for Life*. The TDS Implementation Panel echoed its support for this action.

Staff in the TDS Secretariat have continued to work with the MDSCNO and the Opioid Overdose Prevention and Naloxone Access Working Group (OOPNA) advocating for urgent provincial action on overdose issues. Actions needed included a designated provincial lead/coordinator and an action plan to ensure an expedited, consistent approach among diverse sectors, including hospitals, prisons, pharmacists and others. The federal and provincial governments have taken some action over the last year to make naloxone more available. The Province has made naloxone available freeof-charge at pharmacies, and it will soon be provided to people at-risk of overdose upon discharge from prison. The federal government approved the nasal formulation of naloxone, which will be used by first responders such as police, and is expected to be more widely available to others in the future.

In October 2016, the provincial government released <u>Ontario's Opioid Strategy</u>. The strategy included the designation of Ontario's Chief Medical Officer of Health as the first Provincial Overdose Coordinator to improve monitoring and surveillance of opioid issues, including overdose. The strategy also included: harm reduction and overdose prevention measures, including expanded access to naloxone; treatment supports, including Suboxone (Opioid Substitution Treatment); and, enhanced physician training in prescribing and patient education.

#### **The POINT Program**

In August 2016, *The Works* at Toronto Public Health celebrated the 5th anniversary of the POINT program (Preventing Overdose in Toronto). In this program, people who use opioids are prescribed naloxone to be used during an overdose event. Naloxone can reverse the effects of an opiate overdose for up to 45 minutes. As of October 2016, *The Works* had distributed over 3000 naloxone kits, and about 575 administrations of naloxone were reported. This number is likely low as not everyone reports back on their use of the kit.

#### **Overdose Coordinating Committee – Recommendation 57**

In response to the increase in overdose incidents in Toronto, the TDS Implementation Panel formed the Overdose Coordinating Committee (ODCC) in 2015 to work on key areas of policy

and advocacy. Group members include harm reduction and treatment service providers, people who use drugs, researchers and advocates (see <u>Appendix A</u> for membership). The ODCC coordinated with initiatives and advocacy efforts locally and across Canada.

As part of its work, the ODCC organized events for Overdose Awareness Day, which is recognized internationally every year on August 31<sup>st</sup>. In 2015, the committee held an education event for community service providers about overdose issues in Toronto and prevention strategies, including the administration of naloxone. In 2015 and 2016, the OCC brought forward recommendations to the TDS Implementation Panel resulting in Major John Tory issuing a

ç	JOHN TORY MAYOR Proclamation
	Overdose Awareness Day
as a day to reme	August 31, 2016 at 31° is recognized by diverse communities across the globe return the tampin members, hereds, colleegues and neighbours, does in Toronto. It is also a time to indedicate our efforts to avert
vehicle trauma a	more Ontarians have deed as a result of drug overdose than from nd many of those lost were Toronto seudents. Overdose deaths is Toronto, increasing 77 per cent between 2004 and 2014.
citizens. On this	its is dedicated to improving the health and well-being of all day, we focus on the need to raise awareness and educate tens about these proventable deaths.
NOW THEREFO hereby proclaim Toronko.	RE, I, Maysr John Tory, on behalf of Toronto City Council, do August 31, 2016 in "Overdose Awareness Day" in The City of
	Jung San Tay
	bíl Toronto

Proclamation for Overdose Awareness Day for the City of Toronto. In 2016, the TDS Implementation Panel also held a press conference to highlight the urgency of overdose issues in Toronto.

## 7. Research & Evaluation

The Toronto Drug Strategy supports the need for ongoing research to expand the evidence base for how best to address the harms of alcohol and other drugs. Recent progress related to recommendations in this area is presented below.

#### **Research Group on Drug Use**

In 2016, TDS staff began co-chairing the Research Group on Drug Use (RGDU), a long-standing community group led by Toronto Public Health. Members of the RGDU share information about local substance use evidence and issues. The RGDU is also the Toronto site for the Canadian Community Epidemiology Network on Drug Use (CCENDU). The Canadian Centre on Substance Abuse coordinates CCENDU and among its efforts has produced <u>bulletins</u> on various substance use issues. In 2015 and 2016, CCENDU bulletins were produced on the availability of take-home naloxone in Canada, and deaths involving fentanyl in Canada. Staff in the TDS Secretariat provide data and other information to inform these bulletins drawing on the expertise of RGDU members.

#### Witness responses to overdose – Recommendation 57

Staff in the TDS Secretariat worked with RGDU members on a research project to explore the actions taken by people who had been present at an overdose. Surveys and focus groups were completed with people linked with harm reduction services who had witnessed an overdose. The majority of actions taken by respondents were practical and helpful. For example, 911 was called in 68% of situations, and most of these respondents (76%) stayed and waited for emergency responders to arrive. However, not all actions were appropriate (e.g., giving cold baths) demonstrating there is a need for information about overdose response so individuals are better equipped to deal with an overdose when it happens. The findings of this study were presented at the national Issues of Substance conference in 2015.

"I was trying anything to help her awaken." *survey participant* 

Among survey participants who either delayed calling 911 for help or did not call at all, a key reason was fear of police involvement. One of the project's recommendations, supported by many drug policy advocates in Canada, was for federal Good Samaritan legislation to protect individuals calling for help at an overdose scene from drug possession charges. Bill C-224, the *Good Samaritan Drug Overdose Act*, is before Parliament and, if adopted, would provide this protection.

#### Supervised Injection Services – Recommendation 65

In March 2016, the Medical Officer of Health (MOH) presented a report to the Board of Health (BOH), <u>Supervised Injection Services in Toronto: Next Steps</u>. The BOH approved the report's recommendation to conduct community consultations related to the implementation of small-scale integrated supervised injection services (SIS) at Toronto Public Health/The Works, the Central Toronto-Queen West Community Health Centre and South Riverdale Community Health Centre, as required by the federal government.

In July 2016, the BOH and Toronto City Council approved recommendations in the MOHs report, *Implementing Supervised Injection Services in Toronto*, to formally support implementation of

SISs at the three organizations, and to seek provincial funding to operate these health services. The three organizations plan to submit applications to Health Canada later in 2016 seeking approval to legally operate the SISs, as required under the federal *Respect for Communities Act*.



The Chair of the TDS Implementation Panel, Councillor

Cressy, provided leadership at the political level for this collaborative initiative. Staff in the TDS Secretariat provided lead policy support for the MOH reports, and project management support to the initiative generally.

The recommendation for a needs assessment and feasibility study for supervised consumption services originated in the TDS. The resulting *Toronto and Ottawa Supervised Consumption Assessment Study* (TOSCA) concluded that Toronto would benefit from multiple SISs integrated into existing health services already serving people who inject drugs. In July 2013, the BOH approved a recommendation from the MOH urging the provincial government to fund the integration of SIS into existing health services in Toronto. At the same time, the TDS Implementation Panel released the <u>Supervised Injection Services Toolkit</u> to assist decision makers with implementation of SISs.

#### Research into deaths of people who are homeless

In 2015, several community agencies in the downtown west approached Toronto's Medical Officer of Health with concerns about a perceived increase in deaths among people who are homeless in their area, many of whom had a history of substance use. Staff in the TDS Secretariat facilitated connections between community agencies, researchers and others in order to better understand the factors involved in these deaths. This group has dedicated funding for preliminary research to lay the groundwork for a more comprehensive project.

# Conclusion

The Toronto Drug Strategy represents an important commitment from the City of Toronto and its community partners to a balanced, evidence-based approach to alcohol and other drugs in Toronto with the goal of reducing harms for individuals, families, neighbourhoods and communities. The TDS provides a policy framework for municipal decision-making on this issue and continues to function as a catalyst for action in the community.

As with other communities, Toronto continues to be challenged by substance use issues and how best to address them. Recently, the harms associated with both prescription and bootleg opioids such as fentanyl have emerged as an urgent and growing issue. More action is needed to prevent harms and save lives at a local, provincial and national level. The TDS implementation team remains committed to this work in partnership with our community, institutional and government partners.

# Appendix A: TDS committee membership

#### **Toronto Drug Strategy Implementation Panel**

- Toronto City Councillor (Chair)
- Toronto Public Health
- Black Coalition for AIDS Prevention
- Breakaway Youth & Addiction Services
- Centre for Addiction & Mental Health
- Chair, Prevention Working Group
- Chair, Stigma and Discrimination Working Group
- Chair, Criminal Justice Working Group
- Grief Recovery after Substance Use Passing (GRASP)
- John Howard Society of Toronto
- KAPOW!
- Ontario Court of Justice
- Parent Action on Drugs
- Toronto Drug Users Union
- Toronto Harm Reduction Alliance
- TRIP!
- Research Group on Drug Use
- Social Development, Finance & Administration, City of Toronto
- Toronto District School Board
- Toronto Police Service
- Women's Harm Reduction Program, South Riverdale Community Health Centre

#### **Prevention Working Group**

- Toronto Public Health (Chair)
- Centre for Addiction & Mental Health
- Hospital for Sick Children
- LOFT Community Services
- Parent Action on Drugs
- Toronto Catholic District School Board
- Toronto District School Board
- Substance Misuse Prevention, Toronto Public Health
- YMCA of Greater Toronto

#### **Stigma & Discrimination Working Group**

- Women's Harm Reduction Program, South Riverdale Community Health Centre (Chair)
- Black Coalition for AIDS Prevention
- Breakaway Youth & Addiction Services
- Empowerment Council
- Community Action for Families
- Community Members (4)
- Jac's Voice
- KAPOW!
- Ontario HIV & Substance Use Training Program
- Streets to Homes, City of Toronto
- Toronto Drug Users Union
- Toronto Employment & Social Services
- Toronto Harm Reduction Alliance
- Women's HIV/AIDS Initiative of Ontario
- YMCA of Greater Toronto, Youth Substance Abuse Program

#### **Overdose Coordinating Committee**

- Black Coalition for AIDS Prevention
- Breakaway Youth & Addiction Services
- Canadian Harm Reduction Network
- Canadian HIV/AIDS Legal Network
- Centre for Addiction & Mental Health
- Community member
- CounterFIT, South Riverdale Community Health Centre
- International Centre for Science in Drug Policy
- KAPOW!
- Toronto Drop In Network
- Toronto Drug Users Union
- Toronto Harm Reduction Alliance
- Shelter, Support & Housing Administration, City of Toronto
- Toronto Public Health (The Works)
- University of Toronto PhD Candidate

# Appendix B: TDS priority recommendations

#### **Ongoing Priorities:**

Recommendation #	Description
7	Expand prevention programs for families
10	Expand prevention programs for youth
22	Advocate for limits on concentration of licenced establishments
27	Support implementation of 24 hour crisis support service
28	Expand harm reduction services in the shelter system
35	Provide harm reduction services in jails/prisons
36	Provide treatment options to people in prison
37	Improve discharge planning for people leaving jail
43	Advocate for increased access to affordable/supportive housing
44	Advocate for/support development of harm reduction housing
53	Explore alternative community justice approaches
57	Expand overdose prevention strategies

#### **New Priorities:**

Recommendation #	Description
15	Determine what harm reduction services are needed for youth
19	Develop alternatives to prosecution for youth charged with drug-related
	offences
52	Explore alternate policing policies and practices in other jurisdictions
60	Develop strategies to promote opportunities for peer works to work in
	and deliver services

In addition, the TDS Implementation Panel approved the following new/emerging issues as areas of priority focus for the drug strategy:

- Supporting implementation of supervised injection services in Toronto
- Monitor cannabis legalization and regulation
- Support research on drug checking/testing in Toronto