
2017 OPERATING BUDGET BRIEFING NOTE

Short-Term Measures to Prevent and Respond to Drug Overdoses

Issue/Background:

- People dying from drug overdose is a serious public health issue in Toronto, as it is elsewhere in the country. Between 2004 and 2015, there was a 73% increase in the reported number of overall drug toxicity (overdose) deaths in Toronto (from 146 in 2004 to 253 in 2015). Accidental deaths (i.e., not suicide/undetermined) represent the majority of these deaths and increased 149%, from 82 deaths in 2004 to 204 deaths in 2015. Of particular concern is the increasing role of opioids, such as heroin and fentanyl, in these deaths. Opioids, alone or in combination with other drugs, accounted for 135 or 66% of all accidental deaths in 2015. Between 2014 and 2015 deaths from heroin/morphine dropped by 24% (from 76 to 58) while deaths from fentanyl almost doubled (from 22 to 42). *These data were provided by the Officer of the Chief Coroner for Ontario and compiled and analyzed by Toronto Public Health. It is important to note that data from 2015 is preliminary only and subject to change.*
- Toronto Public Health (TPH) provides a range of programs and services to reduce drug-related harms for people who use drugs, including preventing and responding to overdose.
- The Council-approved Toronto Drug Strategy (TDS) is a comprehensive action plan to reduce the harms of alcohol and other drugs based on the integrated components of prevention, harm reduction, treatment and enforcement. Overdose prevention is a priority for TDS implementation, and several initiatives are underway.
- On December 5, 2016, the Board of Health directed the Acting Medical Officer of Health to develop a Toronto Overdose Action Plan, including a status update report to the January 23, 2017 meeting of the Board.
- Plans are underway to develop a Toronto Overdose Action Plan, and details will be provided in a report to the Board of Health on January 23, 2017.
- At its meeting of December 20, 2016, the Budget Committee requested the Acting Medical Officer of Health to provide a briefing note on any interim urgent actions and corresponding resources needed to combat the growing opioid overdose crisis in Toronto in advance of the development and implementation of the Toronto Overdose Action Plan later in 2017. This briefing note responds to that request.

Key Points:

- Training in overdose prevention and response is critical to a comprehensive response. There is a high demand for this training from City of Toronto and community service providers (e.g., shelters, drop-ins, social housing programs), and for support to develop agency overdose policies and procedures. Agencies frequently report incidents of client overdose onsite as well as in the community, and they do not have the capacity or expertise to respond.
- The need for training is urgent, and TPH is best placed to coordinate and deliver this training and policy support, building on the successful outcomes of the POINT (Preventing Overdose in Toronto) program. POINT is a peer-based initiative that provides naloxone and training to people who use drugs and their peers. Since 2011, 3500 naloxone kits (2 doses per kit) have been distributed with 575 administrations reported, although this is likely an underestimate as many people do not report back on their use of naloxone.
- Toronto is expected to experience an increase in drug overdose deaths. Without urgent and targeted support, agencies and individuals will continue to be challenged on how to prevent and respond to client overdoses onsite and in the community.
- There are not enough resources in the community to deliver this training or provide the policy support required. Toronto Public Health (The Works) frequently receives requests for training and support for policy development, but cannot meet the demand with existing resources. Toronto Public Health (The Works) does not currently have dedicated resources for this initiative, however, two FTE's at a total of \$0.183 million gross/\$0.045 million net are providing naloxone and overdose education to clients of The Works, but cannot meet the demand at community agencies for policy development and support.
- In order to provide this training and policy support, four new permanent positions are required in 2017 for \$0.297 million gross and \$0.074 million net with an annualized impact of \$0.104 million gross and \$0.026 million net in 2018. This new and enhanced service priority, which is 75% cost-shared by the Province, was not included in the BOH recommended TPH's 2017 Budget Submission and consequently is not part of the list of new/enhanced requests that have been referred to the budget process for Budget Committee's consideration during the 2017 budget process. Approval of this request would result in a TPH 2017 Operating Budget to be 0.3% below the TPH 2016 Approved Operating Budget.
- Funds would be used for two (2) Public Health Nurses and two (2) Counsellors to provide comprehensive, evidence-based overdose prevention and response training for City and community agencies working with clients at increased risk for drug overdose, and people who use opioids, their family and friends.
- The ultimate goal of this initiative is to prevent and respond to overdoses and save lives. Ideally, naloxone must be administered within two to three minutes of an overdose occurring. Calling 911 alone and waiting for paramedics to arrive with naloxone will often be too late to reverse a serious overdose.

Prepared by and Further Information: Dr.Rita Shahin, Associate Medical Officer of Health,
416-338-7924, barbara.yaffe@toronto.ca

Date: January 9, 2017