



REPORT FOR ACTION

Toronto Overdose Action Plan Update

Date: January 10, 2017

To: Board of Health

From: Acting Medical Officer of Health

Wards: All

SUMMARY

At its meeting of December 5, 2016, the Board of Health (BOH) asked the Acting Medical Officer of Health to develop a Toronto Overdose Action Plan, and report to the January 23, 2017 meeting of the Board on its status, implementation, and next steps. This report responds to that request.

Action is underway to develop a Toronto Overdose Action Plan that will include strategies that can be taken at the local level, building on existing efforts. Initiatives include establishing a Toronto Overdose Early Warning & Alert Partnership and holding several community forums to facilitate input from frontline service providers and people who use drugs on what should be included in the plan. Toronto Public Health (TPH) is undertaking this work in consultation with the Toronto Drug Strategy Implementation Panel, and will report to the BOH on a more comprehensive action plan in March 2017.

An urgent short-term action that can be taken to address this issue is for the Board of Health to recommend that Council approve new funding in the 2017 TPH Operating Budget of \$0.297 million gross/\$0.074 million net and four permanent positions to provide comprehensive, evidence-based overdose prevention and response training to City of Toronto staff and community agencies that work with clients at increased risk for drug overdose, and people who use opioids, their family and friends.

RECOMMENDATIONS

The Acting Medical Officer of Health recommends that:

1. The Board of Health recommend that City Council approve, as part of the 2017 budget process, a New and Enhanced Request for the Toronto Public Health 2017 Operating Budget of \$0.297 million gross/\$0.074 million net and four permanent positions for comprehensive, evidence-based overdose prevention and response training to City and community agencies that work with clients at increased risk for drug overdose, and people who use opioids, their family and friends; and
2. The Board of Health forward the above request to the Budget Committee for consideration as part of in the 2017 Budget process.

FINANCIAL IMPACT

The 2017 Preliminary Operating Budget for TPH of \$242.518 million gross and \$58.682 million net is 0.4% below the 2016 Approved Operating Budget, which is \$1.291 million net or 2.2% below the Council directed budget reduction target.

Toronto Public Health also submitted five new and enhanced service priorities totalling \$3.020 million gross and \$2.323 million net for consideration by Council during the 2017 budget process. The 2017 Preliminary Operating Budget for TPH does not include funding for these new/enhanced service priorities.

Toronto Public Health is requesting additional funding of \$0.297 million gross and \$0.074 million net, and four permanent positions for an enhanced service priority, which is 75% cost-shared by the Province, to deliver comprehensive, evidence-based overdose prevention and response training to City and community agencies that work with clients at increased risk for drug overdose, and people who use opioids, their family and friends. This enhanced service priority will result in an annualized gross impact of \$0.104 million and net impact of \$0.026 million in 2018.

This enhanced request was not included in the BOH recommended TPH 2017 Budget Submission and consequently was not referred for Budget Committee's consideration during the 2017 budget process.

The Deputy City Manager and Chief Financial Officer has reviewed this report and agrees with the financial impact information.

DECISION HISTORY

On September 22, 2015, the Board of Health approved a report from the Medical Officer of Health on trends, prevention and response for overdose in Toronto. The report highlighted concerns about the rise in drug-induced deaths in Toronto over the last decade, in particular deaths due to opioids (e.g., heroin, prescription opioids).
<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2015.HL6.4>

On July 4, 2016, the Board of Health approved a report from the Medical Officer of Health supporting implementation of small scale supervised injection services at Toronto Public Health (The Works), Queen West-Central Toronto Community Health Centre and South Riverdale Community Health Centre, and requesting the Ministry of Health and Long-Term Care to fund 100% of the capital and operating costs to implement these health services.
<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2016.HL13.2>

On July 7, 2016, City Council approved a motion to support implementation of small scale supervised injection services at Toronto Public Health (The Works), Queen West-Central Toronto Community Health Centre and South Riverdale Community Health Centre.

<http://app.toronto.ca/tmmis/viewPublishedReport.do?function=getCouncilDecisionDocumentReport&meetingId=9693>

On December 5, 2016, the Board of Health approved a motion requesting the Acting Medical Officer of Health, in coordination with the Toronto Drug Strategy Implementation Panel, to develop a Toronto Overdose Action Plan, and to report back to the January 23, 2017 meeting of the Board of Health on its status, implementation, and next steps.

<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2016.HL16.2>

COMMENTS

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 are preliminary only and subject to change.

Background

Toronto Public Health provides a range of harm reduction and health services for people who use drugs, including programs to prevent overdose and blood borne infections such as HIV and hepatitis B and C. The City of Toronto also contracts with 46 community agencies to deliver harm reduction services across the city.

In July 2016, the Board of Health and City Council supported a recommendation from the Medical Officer of Health to implement small scale supervised injection services at TPH (The Works), Queen West-Central Toronto Community Health Centre and South Riverdale Community Health Centre, and for the Board of Health to request 100% of capital and operating funds for these health services from the Ontario Ministry of Health and Long-Term Care. On January 9, 2016, the Ontario Minister of Health and Long-Term Care announced the Province would provide financial support for implementation of the three SISs in Toronto, although specific details of this funding are not yet known.

The Toronto Drug Strategy (TDS) is a comprehensive municipal action plan to reduce the harms of alcohol and other drugs based on the four integrated components of prevention, harm reduction, treatment and enforcement. Expanding overdose prevention strategies is a TDS implementation priority. The TDS Implementation Panel

is a multi-sectoral committee of the Board of Health that provides leadership and strategic oversight for the drug strategy.

The BOH and the TDS Implementation Panel have advocated with provincial and federal governments on specific actions to reduce overdoses and save lives. Some action has been taken.

Health Canada is implementing an *Action on Opioid Misuse* plan that includes improved prescribing practices, prescription monitoring, providing better information to Canadians about the risks of opioids, reducing easy access to unnecessary opioids, and supporting better treatment options. The federal government has also improved access to naloxone by removing it from the Prescription Drug List, and approved the use of nasal naloxone in Canada. In November 2016, Health Canada co-hosted an *Opioid Conference and Summit* with the Ontario Ministry of Health and Long-Term Care. Good Samaritan legislation is also pending at the federal level, which protects individuals from arrest for drug possession at the scene of an overdose. This bill is expected to pass, and will address a key barrier to people calling 911 during an overdose. The federal government also recently introduced Bill C-37, which will help expedite implementation of supervised injection services once passed.

The Ontario Ministry of Health and Long-Term Care released *Ontario's Opioid Strategy* in October 2016, which includes improving prescribing practices for opioids, increasing access to Opioid Substitution Treatment (e.g., Suboxone), and developing better monitoring/surveillance systems. The Ministry has also supported distribution of naloxone through public health units and hepatitis C programs, and expanded naloxone distribution through pharmacies, free-of-charge.

At its November 2016 meeting, Toronto Drug Strategy Implementation Panel members supported the need for ongoing advocacy with other orders of government, but also agreed it was critical to look at what more could be done at the local level. At its December 5, 2016 meeting, the BOH approved a motion from the Panel Chair, Councillor Joe Cressy, requesting that the Acting Medical Officer of Health, in coordination with the Panel, develop a Toronto Overdose Action Plan, and report to the BOH in January 2017 on its status, implementation, and next steps. This report responds to that request.

Current Initiatives

Toronto Public Health has taken a number of actions to monitor, prevent and respond to drug overdoses in Toronto, including the following:

- The Works harm reduction program provides education and training for people who use drugs on how to recognize and respond to a drug overdose;
- The Works started the POINT (Preventing Overdose in Toronto) program in 2011, which trains people who use drugs and their peers on how to administer naloxone to someone experiencing a drug overdose. Individuals are also provided with a take-home naloxone kit. To date, 3500 kits (two doses per kit) have been distributed with 575 administrations reported, although this is likely an underestimate as not everyone reports back on their use of naloxone;
- Targeting outreach and naloxone distribution in key areas of the city where overdoses are occurring;

- Providing low-threshold Opioid Substitution Treatment, including methadone and Suboxone;
- Seeking approvals to implement supervised injection services at three health organizations, including TPH The Works;
- Issuing alerts to the community about broad drug supply issues (e.g., contaminated heroin, carfentanil found in the local drug supply); and,
- Reporting to the BOH in September 2015 on drug-related overdose deaths in Toronto, existing overdose prevention and response strategies, and areas for advocacy with provincial and federal governments.

Initiatives are also underway through the Toronto Drug Strategy, including:

- Facilitating the Overdose Coordinating Committee, which is a subcommittee of the TDS Implementation Panel that brings together TPH, community and institutional partners that are working on overdose issues to coordinate local advocacy and hold education events;
- Initiating requests for mayoral proclamations of Overdose Awareness Day on August 31st in both 2015 and 2016;
- Administering the www.ReportBadDrugsTO.ca web-based tool where individuals in the community can anonymously report adverse drug reactions, including overdose. These individual reports are shared with the harm reduction community, health service providers and others; and,
- Collaborating with the International Centre for Science in Drug Policy, hospital laboratories and the three organizations seeking to implement supervised injection services, on a drug checking project to test individual's drugs for contaminants, adulterants or unexpected drugs (e.g., fentanyl cut into heroin).

Toronto Public Health staff at The Works and the TDS Secretariat also actively participate on provincial and national overdose networks to identify and coordinate advocacy on key policy and program areas.

Status of the Toronto Overdose Action Plan

Efforts are underway to develop a Toronto Overdose Action Plan that will build on existing initiatives, identify new areas for action at the local level, and areas for further advocacy with provincial and federal governments.

Actions underway that will feed into the Action Plan include the following:

- The Acting Medical Officer of Health is convening a multi-sectoral Toronto Overdose Early Warning & Alert Partnership with representation from the Coroner's Office, the Toronto Police Service, the Toronto Paramedic Service, the Centre for Addiction & Mental Health, emergency department physicians, harm reduction services, drug user groups, and others. The group will meet monthly and serve as a multisector forum to share "real-time" information, identify emerging issues and risks, and make recommendations for interventions to prevent and respond to drug overdose in Toronto. The first meeting of this group occurred on January 9, 2017;
- TPH will be meeting with other City divisions in January to identify opportunities for expanding overdose prevention and response initiatives in their program areas; and
- The TDS Overdose Coordinating Committee will be facilitating community forums in Central Toronto, Etobicoke, North York and Scarborough in early 2017 to hear from

community-based service providers and people who use drugs about what more is needed at the local level to respond to the issue of overdose in Toronto,

Toronto Public Health will report to the March 2017 meeting of the BOH with a comprehensive Action Plan.

Urgent, Short-Term Actions

While efforts are underway to develop a comprehensive Action Plan, there are some actions that will have significant benefits in the short term.

Supervised injection services (SIS) are a key component of a comprehensive overdose prevention and response plan. People are able to inject in a safe space under the supervision of trained staff who can provide medical assistance if necessary. On December 1, 2016, the three health organizations seeking to implement SIS in Toronto submitted applications to the federal government to obtain the necessary approvals to legally operate these services. In August 2016, they presented detailed program proposals and budgets to the Ministry of Health and Long-Term Care. On January 9, 2016, the Ontario Minister of Health and Long-Term Care announced the Province would provide financial support for implementation of the three SISs in Toronto, although specific details of this funding are not yet known.

Training in overdose prevention and response is critical to a comprehensive response. There is a high demand for this training from City and community service providers, and for support to develop agency overdose policies and procedures. However, there are not enough resources in the community to deliver this training or to provide the policy support. The Works (TPH) frequently receives requests for these supports, but cannot meet the demand with existing resources. This report includes a recommendation that the BOH refer a new and enhanced request to the 2017 Budget process for Council's consideration for the TPH 2017 Operating Budget of \$0.297 million gross/\$0.074 million net and four permanent positions for comprehensive, evidence-based overdose prevention and response training to City and community agencies that work with clients at increased risk for drug overdose, and people who use opioids, their family and friends. The four new positions include two Public Health Nurses and two Counsellors.

This program enhancement would provide training on how to respond to overdoses for staff at agencies working with clients at high-risk for overdose. In addition, naloxone would be distributed and the associated training provided to people who use opioids, their family and friends. The involvement of people with lived experience will be key to the determination of need and the development and implementation of the training.

The ultimate goal of this initiative is to prevent and respond to overdoses and to save lives. 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. 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 program. Toronto is expected to experience an increase in drug overdose deaths. Without urgent and targeted support, agencies and individuals will continue to be challenged in how to prevent and respond to client overdoses onsite and in the community.

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