

Deputation Presenter
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Toronto, ON

June 18th, 2018

Attention: Board of Health

RE: Toronto Overdose Action Plan: Status Report 2018 (Ward All)

Who we are

OpenLab at the University Health Network is a design and innovation lab dedicated to finding creative solutions that transform the way health care is delivered and experienced. Over the past year, OpenLab has been developing a way to reduce the risk associated with using drugs alone. This harm reduction strategy is powered by technology and leverages the tremendous peer response already occurring in the community.

Population Health Solutions Lab is leading an engagement strategy with the community to build and establish partnerships with people with lived experience of drug-use and with harm reduction service providers to facilitate co-design. The co-design process has involved iterative updates to the app to ensure the final prototype meets community needs.

What we are working on

Data show that over 80% of people who use drugs use alone. We learned during community consultations that people have many important reasons for using drugs alone, and simply discouraging this behaviour will not be sufficient. People will continue to use alone, and when they overdose, it won't matter that there is naloxone sitting on their kitchen table, that there is a supervised injection site just down the street, or that they can call 911 without fear.

To provide safer options for people who use drugs alone, we propose an intervention that leverages peer-to-peer networks, facilitated by a mobile smartphone app. It will serve as a platform to connect people who use drugs alone with peers in their personal networks who are trained in overdose reversal and are nearby. In partnership with UHN OpenLab and the Population Health Solutions Lab, this project has been co-designed with members of the Toronto Harm Reduction Community who have experience with both drug use and overdose reversal. Our process deploys a method of early engagement, co-design with a group of participants who will be end users of the product, and iterative prototyping in parallel with community needs assessment.

Why we are here

We are here to support the June 4, 2018 Report from the Medical Officer of Health with further recommendations. We would also like to take this opportunity to applaud the Toronto Harm Reduction Community on their brave and continued leadership during this escalating crisis.

Recommendations, as per the Medical Officer of Health

We support recommendations #1 and #2, but would like to see them go a step further:

1. The Board of Health reinforce with provincial and federal governments the urgency of the opioid poisoning emergency, and the critical need to scale up actions in response.

With the 1,261 opioid overdose deaths in Ontario in 2017, we ask that the Board of Health also urge the provincial government to declare a Provincial Public Health Emergency; we know that this can be renewed at 14-day intervals. This would assist in the scale up of a coordinated action response.

2. The Board of Health urge the Ministry of Health and Long-Term Care to extend approval of the maximum term for overdose prevention sites from the current 6 months to a 12-month period.

We ask that the Board of Health also request that these critical sites remain stable and open indefinitely until the crisis has been stabilized. Only then, under a stabilized situation, would a 12-month approval term be reasonable. As it currently stands, the frequency with which overdose prevention sites have to seek re-approval puts an unfair burden on frontline workers and organizations during a public health emergency.

We support recommendation #3 as is:

3. The Board of Health urge the Ministry of Health and Long-Term Care to support urgent implementation of managed opioid programs (i.e., pharmaceutical heroin/diacetylmorphine and/or hydromorphone), including low-barrier options, across Ontario.

In addition to the above, we ask the Board of Health consider the following:

Our Recommendations

1. The Board of Health urgently review opportunities, such as the Toronto Public Health Overdose Early Warning & Alert Partnership, to provide timely information about overdoses, or bad drugs. We are asking for information to be “pushed to the public” including real time alerts on bad drugs through multiple media including email, Twitter, Facebook, and news, among others.
2. The Board of Health ask the City of Toronto housing provider, namely the Toronto Community Housing Corporation to urgently review their current policies that discriminate against people who use drugs; Minimally, a moratorium on evicting tenants based on drug use during the opioid poisoning emergency.
3. The Board of Health request a review of the provincially mandated Landlord and Tenant Boards policies on the eviction of people who use drugs that are non-violent immediately due to the opioid poisoning emergency.
4. That the Board of Health recognizes that the eviction of people who use drugs, is a Human Rights

and Equity issue that has a direct correlation on health outcomes.

5. The Board of Health urge the Ministry of Health and Long-Term Care to work with Emergency Medical Services data to identify buildings with high rates of overdose calls and explore integrated health approaches, such as implementation of onsite Supervised Consumption Services, in these spaces.
6. The Board of Health urge the Ministry of Health and Long-Term Care to support urgent implementation of Public Naloxone Distribution within public spaces. For example, install intranasal Naloxone beside automated external defibrillators (AED) in all Public Spaces.
7. The Board of Health urge the Ministry of Health and Long-Term Care to review policies which restricts inhalation as a safety and equity issue for those who use drugs.

Without decisive action, more names will be added to the city's list of accidental and preventable overdoses. As a city, there are many people who continue to come up with reasons why those who use drugs do not belong in their neighbourhoods. Many of these reasons are grounded in ignorance and fear. People who use drugs have a human right to comprehensive healthcare and shelter in the communities they live in Toronto.

There is an ethical and moral imperative for the city to offer integrated health services, and to diversify their distribution to also include locations away from the downtown core and into surrounding neighbourhoods. Failure to do so means that there will be more deaths.

We have great trust in this committee and in city council to make a responsible and ethical decision to approve the Medical Officer of Health's recommendations. We also propose strengthening those recommendations, and to include those of our esteemed community partners presenting today and the ones we have proposed.

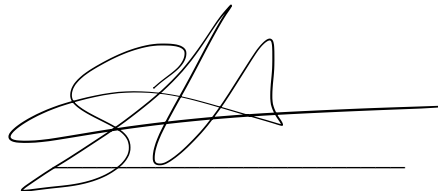
We are aware that there is, and can be vehement opposition to providing these comprehensive integrated health services to people who use drugs. You will hear any number of reasons why supervised injection services, supervised consumption sites, and overdose prevention sites are inappropriate in their locations, that they should not be in these locations for extended periods of time, or that they should not exist at all. Fortunately, it is the responsibility of this committee to make the determination about whether these proposed recommendations are endorsed and enhanced in this crisis. We trust in the decision-making process that will occur during the meeting and that as a committee, you will endorse what is right for all Torontonians.

We are optimistic that this committee will approve the proposed recommendations and listen to the community that has led the way to the most significant drug policy reforms we have seen in a generation.

Sincerely,



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