# EC7.10 Attachment 3

Reference Number	Recommendation	City Division	Actions Taken
	Recognize the urgent nature of the opioid overdose crisis and should consider and implement recommendations with the utmost urgency.	Toronto Public Health (TPH)	Toronto Public Health (TPH) continues to profile the critical nature of the opioid poisoning crisis, and continues to bring forward recommendations for action to the Board of Health. The Medical Officer of Health (MOH), Dr. de Villa, has called the opioid crisis "the defining health care issue of our time."
		Shelter, Support and Housing Administration (SSHA)	Toronto Public Health is working actively with City and community partners to implement the <i>Toronto Overdose Action Plan</i> , which is a comprehensive strategy that includes prevention, harm reduction and treatment. The Board of Health (BOH) endorsed the plan in March 2017. The Plan was recently updated informed by a broad community consultation to ensure that is remains current and responsive to emerging needs and contexts in Toronto. The BOH and City Council endorsed the updated Action Plan in June 2019.
1			Toronto Public Health's harm reduction program, The Works, delivers a range of harm reduction and overdose prevention and response services, and contracts with agencies across the city to do likewise (both safer drug use supplies and naloxone). The Works services include operation of a supervised injection service, a harm reduction supply distribution program directly for their clients and through legal agreements with approximately 50 community agencies, overdose recognition and response training, naloxone distribution to their clients and 50 agencies, including Toronto Police Service, and a low threshold opioid substitution treatment program. The Works is also one of nine supervised injections services that have opened across Toronto since 2015. The locations of each of the services are posted on the City's website at:  https://www.toronto.ca/community-people/health-wellness-care/health-programs-advice/overdose-prevention-and-response/overdose-awareness/
19	Appoint a dedicated lead, reporting directly to the Medical Officer of Health for Toronto, with the sole mandate to deal with overdose information, overdose response, and overdose prevention efforts.	TPH	The MOH was designated by City Council as the lead for the City's overdose prevention and response plan. The MOH was an active member of the Provincial Opioid Task Force, which was disbanded by the Province in June 2018.  Given the breadth of the response required, a team of TPH management and staff are working on the overdose response, which includes collaboration with other City divisions and community stakeholders. This TPH team includes the following:

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	We also recommend this person have standing on the Provincial Task Force.		<ul> <li>The Director of Strategic Support provides senior management support to the MOH on this issue, and chairs a monthly TPH Overdose Prevention &amp; Response Committee.</li> <li>Two Associate Medical Officers of Health provide senior leadership on aspects of the response related to TPHs surveillance and alert system, and harm reduction programming.</li> <li>The Toronto Drug Strategy Secretariat is coordinating implementation of the <i>Toronto Overdose Action Plan</i>, which is the primary focus of their work.</li> <li>A dedicated epidemiologist supports surveillance activities related to the overdose crisis, including maintenance of the online Toronto Overdose Information System.</li> </ul>
20	Establish, fund and coordinate an overdose response committee comprised of appropriate stakeholders, including frontline workers and people with lived experience which should:  i) Coordinate existing and future services and	TPH	(i) (ii) The Toronto Drug Strategy Implementation Panel is a multi-sectoral leadership group, which includes people who use drugs, that is providing strategic leadership and oversight for implementation of the <i>Toronto Overdose Action Plan</i> . The Panel also makes recommendations to the Board of Health on additional actions needed to respond to the opioid poisoning crisis. The Panel membership includes a director from the Shelter, Support and Housing Administration Division (SSHA).  The Toronto Drug Strategy Secretariat hosts monthly Overdose Emergency meetings where updates about the crisis are shared across a variety of sectors (e.g. harm reduction, treatment, paramedics, corrections, shelters, and City
	committees currently provided by Toronto;  ii) Provide expert advice to Toronto in its management of the opioid overdose crisis;  iii) Receive timely and relevant drug overdose data (e.g. paramedic and emergency room admissions, overdoses in		divisions), and areas for response are identified and coordinated.  (iii) Toronto Public Health updates the online Toronto Overdose Information System on a weekly basis, and provides additional updates as information becomes available. Information includes opioid deaths, calls to paramedics for suspected overdoses, emergency room visits, drug treatment data, and service use of the TPH supervised injection service. Toronto Public Health also posts data online about the deaths of people experiencing homelessness, on a quarterly basis. In addition, SSHA shares data with TPH on substance use and overdose incidents that occur in shelters.  (iv) Toronto Public Health has undertaken a number of targeted public

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	shelters, police response and coroner data); and publish publicly no later than the 26th day of every month;  iv) Assist in developing and promoting evidence-based public education resources about overdose prevention and response including bystander responsibilities, Good Samaritan legislation, and naloxone training and overdose response;  v) Assist in implement Toronto's Harm Reduction Framework across shelters, social housing providers, (e.g. community and supportive housing) and agencies that provide homeless services and supports, including overdose prevention and response measures;  vi) Review "bad drug" reporting processes and lower technological barriers to allow for easier reporting.		education initiatives, including with people who use drugs, and secondary and post-secondary students. In 2018, TPH also launched an anti-stigma campaign that was profiled through a variety of social media platforms, and posters in the subway system. Anti-stigma information and resources are also posted on the TPH web page.  (v) The SSHA and TPH are working with community service providers to implement the SSHA Harm Reduction Framework, which includes a focus on overdose prevention and response. The initial phase of implementation has been in the shelter system and 24-hour respite sites through the updating and development of the Toronto Shelter Standards and the 24-Hour Respite Standards to include information on harm reduction and overdose prevention. The next phase of the project involves release of a Harm Reduction Action Plan (expected Fall 2019) for drop-ins, followed by housing providers in phase 3.  (vi) Toronto Public Health is exploring options to improve the Report Bad Drugs web tool with community input.
21	Explore eviction prevention measures to assist people likely to lose their housing	SSHA	SSHA will be submitting a business case to the 2020 budget process to enhance funding for the Eviction Prevention in the Community (EPIC) Program. If approved

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	during a short period of incarceration.		EPIC will explore how it can increase support for people at risk of losing their housing while incarcerated.
			The Provincial Ontario Works Act legislates the administration of benefits for Persons Detained in Custody (see Ontario Works Act,1997: Section 2 and 7; and Section 46 of Ontario Regulation 134/98).
22	Ensure the Toronto's Street Needs Assessment includes people who are incarcerated and who are in hospitals who may experience homelessness.	SSHA	Toronto's Street Needs Assessment is conducted every two years and includes the collection of occupancy data from health and treatment and corrections facilities for individuals identified as experiencing homelessness. SSHA will work with health and correctional sector partners to explore further how specific survey methodologies and questions can help to better understand the housing needs of people in correction facilities and hospitals through the next Street Needs Assessment in 2020.
23	Address ways, including working with community agencies, to better measure the number of people who are incarcerated and may be experiencing homelessness upon release as part of the Toronto's Point in Time Count.	SSHA	SSHA have established partnerships with corrections facilities as part of the recent Street Needs Assessments to help with the identification of people experiencing homelessness when entering the corrections system.  In addition, as part of the City's shelter expansion initiative, SSHA is exploring the viability of new shelter sites across the city, including actively looking for potential shelter sites in south Etobicoke where the Toronto South Detention Centre is located.
24	Work with Toronto Public Health to avoid overdose deaths in shelter by identifying where there might be a need in the shelter system for overdose prevention sites or services, and identify appropriate partners to provide those services at or proximate to those shelters where the	SSHA	SSHA has initiated additional overdose prevention procedures, including the creation and distribution of posters, in shelters and 24-hour respite sites, such as scheduled washroom checks.  SSHA and TPH have begun discussions with medical experts in the area of managed opioid programs (MOP), and are exploring the feasibility of this type of treatment program for shelter clients. In addition, SSHA is investigating MOP options in other jurisdictions and looking at the applicability to Toronto.  SSHA staff in shelters continue to refer clients to supervised consumption services (there are currently nine operating in Toronto). Many of the services have or are

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	need is identified. Before providing any overdose prevention services on-site at a shelter, Toronto should ensure there is no net loss of any shelter beds at any such site or in the system more generally.		expanding their hours of operation, and thereby increasing access opportunity for clients using nearby shelters.  The Ministry of Health's new Consumption and Treatment Services (CTS) program has established a limit on the number of provincially-funded CTSs for Ontario (at 21), and criteria such as proximity distances of CTSs to other CTSs and other community services, that limits expansion of these services.
25	Design, implement and distribute a sticker campaign that would allow all establishments with naloxone on-site to publicly display on an exterior window the availability of naloxone, which should be included in Toronto current opioid crisis public awareness campaign.	TPH	The Works/TPH has designed stickers that indicate that have naloxone is available onsite. These stickers are being distributed to organizations that receive naloxone from TPH for distribution (free-of-charge) to the community.
26	Improve information sharing between Toronto Police Service and Toronto Public Health by, among other things:  i) Instituting quarterly reports by the Medical Officer of Health for Toronto on relevant public health issues, including the opioid overdose crisis;  ii) Having a Toronto Public	TPH  Toronto Police Services (TPS)	<ul> <li>(i) Toronto Public Health is collaborating with the Toronto Police Services Board regarding opportunities for the MOH to present to the Board.</li> <li>(ii) The MOH has accepted an invitation to participate on the Toronto Police Services Board Addiction and Mental Health Committee, the first meeting of which is scheduled for September 2019.</li> <li>(iii) Toronto Public Health welcomes the participation of the Toronto Police Service in relevant committees, including the Toronto Drug Strategy Implementation Panel, to which they have a designated seat.</li> <li>(iv) Toronto Public Health is interested in the sharing of data and information from the Toronto Police Service related to the opioid overdose crisis, which may help inform interventions.</li> </ul>

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	Health delegate sit on relevant Toronto Police Services Board advisory panels;		
	iii) Having a Toronto Police Services representative sit on relevant Toronto Public Health committees; and iv) Having the Toronto Police Service share information relevant to the opioid overdose crisis, subject to operational constraints.		
55	Report to the Office of the Chief Coroner and the parties to this inquest by no later than June 1, 2019, and annually for 5 years, in an open letter, regarding the progress made with respect to these recommendations.	Legal Services	The City of Toronto and other parties to this inquest were asked by the Chief Coroner to provide a response to the inquest recommendations by September 7, 2019. The City will meet that deadline. The City's response and this report will be available to the public. At this time, there is no request by the Chief Coroner or requirement to report annually to the Office of the Chief Coroner or any other party.