



REPORT FOR ACTION

Toronto Overdose Action Plan: Status Report 2019

Date: May 27, 2019

To: Board of Health

From: Medical Officer of Health

Wards: All

SUMMARY

The opioid poisoning crisis continues unabated in Toronto and elsewhere in Canada. The illicit drug supply has become increasingly toxic with potent opioids and other substances. Too many people in our community are dying from these preventable deaths, and many more experience serious health harms from non-fatal overdoses.

Toronto Public Health (TPH) continues to work with City and community partners on measures to help mitigate the harms of this ongoing crisis. This staff report summarizes key actions taken over the last year to implement recommendations in the *Toronto Overdose Action Plan* and recommends actions to respond to growing concerns about the harms associated with methamphetamine use, including overdose. This report also identifies additional measures to respond to the opioid poisoning crisis based on the results of a community consultation, as outlined in the attached *Toronto Overdose Action Plan: 2019 Update- Community Consultation Summary*. These measures include prevention, harm reduction, and treatment actions directed to all levels of government, including TPH.

While action has been taken over the last year to address the opioid poisoning crisis, much more is needed, in particular, strategies to help move people out of the toxic illicit drug market. Fundamentally, drug policy in Canada needs to be reoriented toward addressing drug use as a public health, rather than a criminal issue. Toronto Public Health remains committed to working with our City and community partners to respond to this ongoing crisis.

RECOMMENDATIONS

The Medical Officer of Health recommends that:

1. The Board of Health endorse the *Toronto Overdose Action Plan: 2019 Update - Community Consultation Summary*, and request the Medical Officer of Health to support implementation of the actions for Toronto Public Health, the Province of Ontario and the Government of Canada, as outlined in Attachment 1.

2. The Board of Health urge the Ministry of Health and Long-Term Care to:

- a. Increase harm reduction funding to community-based organizations to expand overdose prevention and response capacity across Toronto in areas of demonstrated need, including areas with existing services (e.g. downtown).
- b. Remove the limit of 21 Consumption and Treatment Services for Ontario and provide services in all areas of demonstrated need.
- c. Expand the Consumption and Treatment Services model to allow inhalation services.
- d. Reinstate the overdose prevention site model as an agile, low-barrier service option during the opioid poisoning crisis.
- e. Support the implementation of overdose prevention and response strategies across the social housing system.
- f. Fund a range of drug checking programs in diverse settings to meet local needs.
- g. Expand capacity across the treatment sector to eliminate waiting lists and provide more beds sector-wide, including for crisis and withdrawal management and, further, provide new treatment options based on individual need, such as managed opioid and stimulant programs.
- h. Provide dedicated bereavement and trauma supports for frontline harm reduction workers, family members, and others impacted by the opioid poisoning crisis.
- i. Increase funding to increase the availability of community-based harm reduction services for people using methamphetamine and other stimulants.
- j. Support enhanced training for service providers on supporting people who use stimulants alone or with other drugs.

3. The Board of Health urge Health Canada to:

- a. Increase funding and support for overdose prevention and response strategies at the local level.
- b. Fund a range of drug checking programs in diverse settings to meet local needs.
- c. Explore a range of safer drug supply options and supports for community service providers to implement these initiatives.
- d. Support evidence-based knowledge exchange and the development of innovative responses to reducing the harms of methamphetamine use.

4. City Council endorse the *Toronto Overdose Action Plan: 2019 Update - Community Consultation Summary*, as outlined in attachment 1.

FINANCIAL IMPACT

There is no financial impact associated with this report.

DECISION HISTORY

On June 26, 2018, City Council adopted the *Toronto Overdose Action Plan: Status Report 2018* without amendments. The Board of Health adopted the status report with amendments on June 18, 2018.

<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2018.HL27.1>

On July 16, 2018, the Board of Health adopted recommendations from the Medical Officer of Health calling on the federal government to decriminalize the possession of all drugs for personal use and scale up prevention, harm reduction, and treatment services, and to strike a multi-sectoral task force to explore options to legally regulate all drugs. <http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2018.HL28.2>

On February 25, 2019, the Board of Health adopted recommendations to support implementation of opioid substitution treatment with managed opioid programs.

<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2019.HL3.2>

On February 25, 2019, the Board of Health endorsed the *Toronto Indigenous Overdose Strategy*, and adopted with amendments, recommendations from the Medical Officer of Health to support the implementation of the strategy.

<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2019.HL3.1>

COMMENTS

Opioid overdoses in Toronto and Ontario

Preliminary data from the Office of the Chief Coroner for Ontario shows that in 2018 there were 1,363 opioid overdose deaths in Ontario, 294 of which were in Toronto.¹ These numbers are expected to increase as coroners complete investigations. In 2017, there were 1,265 deaths caused by opioids in Ontario, and 308 deaths in Toronto,² which represents a 125 percent increase since 2015. Toronto has one fifth of Ontario's population, but had one quarter of deaths due to opioid poisoning in 2017.

Over 90 percent of deaths caused by opioid poisoning in Ontario were accidental. Fentanyl and its analogues were the most commonly reported opioids causing accidental overdose deaths in Toronto, contributing to 79 percent of deaths in 2018. For the majority of deaths (75 percent), the fatal overdose occurred in a private residence. Around 60 percent of people who died were under the age of 45.³

In the first nine months of 2018, there were 6,688 opioid-related emergency department visits among Ontario residents, and there were 1,421 visits to Toronto hospitals.⁴

Further, in 2018, Toronto paramedics responded to 3,119 non-fatalⁱ and 146 fatalⁱⁱ suspected opioid overdose calls. In the first three months of 2019, paramedics responded to 1,040 non-fatal and 51 fatal suspected opioid overdose calls. Data from 2018 show that paramedics attended to a higher volume of suspected opioid overdose cases in summer months compared to winter months, and a similar increase may be expected for 2019.

Coordination

The Medical Officer of Health (MOH) is the municipal lead for the City's response to the opioid poisoning crisis. The multi-sectoral Toronto Drug Strategy Implementation Panel (the Panel) provides strategic advice and oversight for implementation of the *Toronto Overdose Action Plan* (TOAP). Over the past year, the Panel has made several recommendations related to the crisis. In particular, the Panel has recommended that the Board of Health (BOH) and City Council reaffirm the critical role that harm reduction measures such as naloxone distribution, peer support, supervised consumption services and overdose prevention sites play in saving lives and improving health, and has called on the newly elected provincial government to continue supporting and expanding existing provincially-funded prevention, harm reduction and treatment measures in Toronto. The Panel also advocated with the Ministry of Health and Long-Term Care (MOHLTC) to fund rapid implementation of managed opioid programs (MOPs).

Information sharing

Toronto Public Health provides timely data information on overdose incidents, available online from the Toronto Overdose Information System. Toronto Public Health staff also facilitate and participate in various groups to share information related to substance use and overdose, including the Toronto supervised consumption services and overdose prevention sites, a city-wide Needle Exchange Coordinating Committee, and the Research Group on Drug Use. Meetings are also convened to support emerging issues. For example, in April 2019, TPH hosted a teleconference with service providers from many sectors across the city to discuss what more could be done collectively to respond to the recent surge in overdoses. This group will continue to meet on a monthly basis to share information, and identify potential areas for collaboration.

Toronto Public Health also maintains the www.ReportBadDrugsTO.ca tool, which provides an anonymous way of making reports about reactions to toxic drugs, including overdose. Toronto Public Health staff also work with community partners to issue alerts when there are reports of spikes in the number of overdoses, including sharing information via social media.

Toronto Indigenous Overdose Strategy

Indigenous individuals and communities have experienced profound grief and loss from the opioid poisoning crisis. The need for a separate Indigenous-led process to develop an overdose prevention and response strategy for Indigenous People in Toronto was recommended in the TOAP (2017). The *Toronto Indigenous Overdose Strategy* (TIOS), released in February 2019, was developed through a process led by an Indigenous

ⁱ Patients who die after being transported to hospital may be miscategorised here as 'non-fatal' cases.

ⁱⁱ Fatal cases include those where the patient died on scene and the coroner was notified.

facilitator in collaboration with an advisory committee comprised of Indigenous service providers and community members, and Toronto Public Health staff. The resulting TIOS report is deeply rooted in the perspectives and advice received from a diverse range of Indigenous People who use/have used substances as well as Indigenous and non-Indigenous service providers.

The TIOS directs recommendations to all levels of government and community service providers in the areas of prevention, harm reduction and treatment. The recommendations are grounded in an Indigenous world view that seeks to reconnect Indigenous People to their culture and traditions as part of improving health and well-being holistically.

Toronto Public Health is strongly committed to supporting implementation of the recommendations in the TIOS, and will undertake the actions directed to TPH. Toronto Public Health will also support implementation of the TIOS in collaboration with Indigenous service providers and community members, including Indigenous People who use/have used substances, and other City divisions.

Community dialogue on a public health approach to drug policy

Toronto Public Health undertook a community dialogue process on what a public health approach to drug policy would look like in Canada, as recommended in the TOAP. Staff at TPH worked with a steering committee of drug policy experts on this initiative. In May 2018, TPH contracted Ipsos Public Affairs to facilitate the community dialogue, which included in-person sessions, interviews with people who use drugs, an open online survey, and a representative general public survey.

The MOH reported results of the community dialogue to the BOH in July 2018, which revealed that Torontonians agree the current approach to drugs in Canada is not working, and that drug use should be treated as a public health and social issue, not a criminal issue. The BOH endorsed recommendations from the MOH calling on the federal government to decriminalize the possession of all drugs for personal use while also scaling up prevention, harm reduction and treatment services, and to convene a task force to explore options for the legal regulation of all drugs.

The federal government has indicated they have no plans to decriminalize drug use or legally regulate current illicit drugs. However, TPH advocacy efforts have sparked growing support for a public health approach to drugs with endorsements by a growing number of health organizations, medical officers of health, and boards of health across the country. Toronto Public Health staff continue to identify opportunities to advocate for this federal drug policy change along with community partners.

Naloxone access and overdose training

Between April 1, 2018 and March 31, 2019, the TPH supervised consumption service (SCS) at The Works distributed 9,750 doses of naloxone to clients. During this period, 32,544 naloxone doses were also distributed to 65 agencies across the city, including community health centres, community agencies, shelters, hospitals, St. John's Ambulance, and the Toronto Police Service. In addition, The Works staff trained 806 people in overdose recognition and response between April 1, 2018 and March 31, 2019.

The Province continues to make naloxone more widely available, including a no-cost option to the public through pharmacies. In 2018, there were over 100 pharmacies providing free naloxone in Toronto, and participating pharmacies can be located through an interactive website.

The Shelter, Support & Housing Administration (SSHA) Division has taken additional action over the last year in recognition of the overdose risk for people who experience homelessness, including:

- In spring 2018, confirmed that the majority of all SSHA funded shelters and 24-hour respite sites had staff trained to recognize and respond to overdoses, and had naloxone on-site as part of their first aid kits.
- Further expansion of training in overdose prevention and response throughout the year; it is now estimated that approximately 280 directly-operated SSHA shelter staff have been trained.
- Released the *Toronto Respite Standards* in November 2018, which included a requirement for all respite centres to have staff trained to respond to overdose, have naloxone on-site, and a harm reduction policy and procedures with a section on preventing and responding to overdoses.
- Updating the *Toronto Shelter Standards* to meet the same requirements outlined in the *Toronto Respite Standards* for all 65 shelter sites funded by SSHA.
- Expansion of naloxone distribution to clients at Seaton House, the Streets to Homes Assessment and Referral Centre at 129 Peter St, and through street outreach.
- Development of a harm reduction module as part of orientation for all new SSHA staff.

Other City divisions have also taken action to ensure staff are prepared to respond in overdose situations. All Toronto Public Library (TPL) branches and locations are stocked with overdose emergency kits that include naloxone. It is mandatory for all staff at TPL branches to complete an overdose awareness training video module. Staff are also encouraged to attend TPH's in-person naloxone training sessions, and have been registering to attend these sessions on an ongoing basis. Further, TPL staff are sharing information on overdose prevention measures in library settings with other Ontario librarians to promote these efforts further.

Parks, Forestry and Recreation (PFR) continues to train their staff in overdose prevention using an adapted version of TPH's training module. From July 2018 to date, 83 staff were trained in overdose prevention, in addition to the 195 staff trained in 2017, and earlier in 2018. Moreover, all PFR Parks Ambassadors are trained in administering naloxone, and carry naloxone with them. In 2018, PFR increased Parks Ambassador staffing and this increased staffing will be maintained for 2019 and subsequent years.

Supervised consumption services and overdose prevention sites

Prior to April 1, 2019, there were four SCS and five overdose prevention sites (OPS) operating in Toronto with funding from the provincial Ministry of Health and Long-Term Care. In June 2018, there was a change in government, and over the summer the new provincial health minister undertook a "review of the merit" of SCS despite the large body of evidence supporting their effectiveness.

In October 2018, the Province announced it was replacing SCSs and OPSs with a new Consumption and Treatment Services (CTS) program. The new program eliminated the temporary, low-barrier OPS model, and had a more detailed application, and service and reporting requirements. The Province also set a limit of 21 services for Ontario, however, no rationale or evidence for this limit has been provided. In order to have the opportunity to continue operations, all SCSs and OPSs in Toronto reapplied under the new CTS program.

On March 29, 2019, the Province announced approval of 15 services in Ontario, including six in Toronto. However, the OPSs operated by St. Stephens Community House and Street Health were not approved, and were informed that provincial funding would cease as of April 1, 2019 allowing virtually no time for a transition plan. Both services have since secured the necessary federal legal exemptions to continue to operate in the short term, and are seeking sustainable funding options going forward. Toronto Public Health has been informed by the MOHLTC that their application for The Works SCS is still under review, and that funding will continue in the meantime. The application submitted by The Works includes a comprehensive list of wraparound services, including opioid substitution treatment, access to mental health, shelter services, primary care, healthy food, and case management. Between August 23, 2017 (opening day) and May 12, 2019, there were 45,969 visits to The Works supervised injection service, and staff responded to 845 overdoses, including 341 visits where the client required naloxone.

All Toronto SCSs and OPSs were implemented in areas of demonstrated need with a higher number located in the downtown core, which is the epicentre of the opioid crisis. Toronto paramedic data has indicated a lower incidence of death from overdoses in the downtown core, which may be attributed in part to the availability of these services. Between August 2017 to April 30, 2019, the SCSs and OPSs in Toronto have had over 106,509 client visits, and treated 1,965 overdoses.

Drug checking services

A drug checking project is expected to be operational in Toronto in spring 2019, pending approvals from Health Canada. Three SCSs, namely, Parkdale-Queen West Community Health Centre's Bathurst Street site, South Riverdale Community Health Centre, and The Works SCS, have partnered with the Centre on Drug Policy Evaluation, St. Michael's Hospital, and the Centre for Addiction and Mental Health on this project. The project has received federal funding to operate, and is awaiting federal exemptions under the *Controlled Drugs & Substances Act*.

Once operational, people will be able to test illicit market drugs through these three SCSs. The hospital laboratory partners will provide a full analysis of results to the SCSs for each sample submitted. The results will inform people using the service and harm reduction workers at these sites about potentially toxic adulterants in the drug supply. This is a particularly vital initiative in the context of the current toxic illicit drug supply.

Substance use treatment

Substance use treatment options have expanded with provincial funding to open more Rapid Access Addictions Medicine (RAAM) clinics. There are now 11 RAAM clinics open on a part-time basis in hospitals and community health settings in Toronto. These

walk-in clinics provide treatment on demand (including opioid substitution therapy), counselling and referrals to community programs. In January 2019, the Province of Ontario and the Government of Canada negotiated a new treatment funding agreement for \$102 million for treatment for substance use disorders in Ontario. Details of how these funds will be allocated to increase access to treatment, including for Toronto, have not been released.

Over the last year, TPH organized and participated in several meetings on MOPs with multiple stakeholders where the barriers to implementing these programs in Toronto, and the actions required to address these barriers were discussed. Toronto Public Health has been exploring the option to expand the existing opioid substitution program at The Works to include prescription hydromorphone. This has involved meeting with prescribers from other jurisdictions who are providing these services, specifically, Vancouver and Ottawa. In partnership with researchers at St Michael's Hospital, the University of Toronto and community service providers, TPH is undertaking a research study to look at the preferences of people who use drugs with regards to MOPs. The findings from the study will inform implementation of MOPs.

In February, 2018, the BOH adopted the recommendations from the MOH urging the Province to immediately fund scaled-up implementation of MOPs in Toronto and the rest of Ontario (including funding for the required concentrations of injectable hydromorphone), and to work with the federal government to address barriers to procuring, storing and transporting diacetylmorphine (pharmaceutical heroin) for use in MOPs. Toronto Public Health will continue to collaborate with relevant stakeholders to discuss and develop actions to address the barriers that prevent implementation of MOPs in Toronto.

Harm reduction and other support services

Outreach services

In response to the overwhelming demand for outreach services in the downtown east for people who use drugs, the City of Toronto added six outreach workers and one outreach supervisor at The Works in 2018 on a temporary basis. These positions were made permanent in the City's 2019 budget. From August 28, 2018 to the end of April 2019, outreach work included 9,256 contacts/interactions with clients, 608 referrals to SCSs/OPSs, over 1,925 referrals to other services including shelter, housing, primary care, and mental health services, the removal of 7,532 discarded harm reduction supplies, 2,052 interactions to educate clients on safer drug use and disposal, and the provision of 5,136 harm reduction and dietary supplies.

In addition, an outreach coordinating committee with membership from City divisions and community partners was convened to coordinate outreach, training, supports for outreach workers, and sharing information on services provided, outreach hours, routes to promote service coordination and collaboration between agencies.

Funding of community-based overdose prevention

In 2018, TPH continued to fund projects addressing substance-related harms, including a focus on overdose prevention initiatives, under the Toronto Urban Health Fund (TUHF). Nineteen harm reduction projects received funding in 2018, which included 16 three-year projects (2017 to 2020) and three, one-year projects, for approximately \$1.2

million. A range of harm reduction services and programs are provided by the funded projects, including naloxone distribution and training, health promotion, youth-focused programs, support for people who use methamphetamine, and a host of peer-based outreach services to build resiliency and prevent overdoses.

Shelters and drop-in services

As part of implementing their *Harm Reduction Framework*, SSHA continues to support shelter providers to meet requirements under the framework. In 2018, SSHA staff developed indicators and a survey to measure the progress and to inform the ongoing supports needed for implementation of this framework in shelters.

In early 2019, SSHA developed and issued a bulletin to all shelter and respite site providers on actions to increase client safety related to drug use in washrooms, including a detailed tip sheet for posting on-site. A total of 400 posters have been distributed to shelters and 24-hour respite sites.

Development of an action plan for implementation of SSHA's *Harm Reduction Framework* in drop-in services is also underway, in collaboration with their Harm Reduction Advisory Group, the Toronto Drop-in Network and a working group of peers and frontline staff from various drop-ins across Toronto. Development of the action plan will include 10 drop-in participant feedback sessions.

Needle disposal

In 2018, TPH staff developed a *Needle Disposal: Guidance Document*, in consultation with divisions across the City of Toronto, and other organizations involved in needle disposal issues. This document is a shareable resource which provides evidence-informed best practice recommendations related to safe needle disposal. The purpose of this document is to provide guidance to City divisions on development of proper needle disposal policies and procedures in non-healthcare settings, and to inform other organizations about best practices. In addition, new outdoor needle disposal drop boxes have been installed in a number of locations in the city, and a list is available on the TPH website.

Housing

Staff in TPH continue to find opportunities to promote overdose prevention and response initiatives with housing providers. In particular, TPH staff have offered policy and program support, and have shared resources and information with the Toronto Community Housing Corporation to help support implementation of overdose prevention and response measures in their housing portfolio. This work also included promoting the key role that community-based harm reduction services can play in supporting tenants. Toronto Public Health staff are also part of the City's Housing Lead Committee, and in this role are promoting the importance of supportive and harm reduction housing as key aspects of the City's new 10-year housing plan.

Anti-stigma campaign

In spring 2018, TPH launched an anti-stigma campaign. The campaign was designed to encourage dialogue on substance use, and to reduce stigma and discrimination with the goal of building supportive communities for harm reduction services in Toronto. It was developed in consultation with people who use drugs, family members and service

providers, and was based on a similar campaign used in British Columbia. Anti-stigma messages were promoted through a number of platforms, including traditional media, social media such as Facebook, Instagram, Twitter, an anti-stigma webpage, and creative posters in public places. Over 250 posters representing people from diverse backgrounds and ages, and with messages such as "*People who take drugs are our family, friends, co-workers and teammates. Understanding drug use is the first step to providing support*" were displayed in subway trains and stations, bus shelters, public libraries and some City recreational facilities between May 19 and June 17, 2018. It is estimated that the posters were viewed 2.4 million times during the campaign.

The online anti-stigma campaign received supportive response from the public and had high levels of engagement on Twitter. The TPH anti-stigma webpage received 2,070 visits by 1,434 unique visitors during the campaign period. Paid promotion on Instagram and Facebook received just under 200,000 impressions or number of views. Overall, the public campaign elicited well over 2.6 million impressions.

Methamphetamine and other stimulants

In recent years, concern has been rising among community service providers in Toronto about the impacts of increased methamphetamine use and associated harms, including overdose. Between May 2017 and March 2018, preliminary Coroner's data on accidental deaths caused by fentanyl in Ontario shows that cocaine contributed to just over one-third (38%) of these deaths and methamphetamine contributed to 14%.⁵ In most cases of deaths (in Ontario) in which stimulants were a cause, other drugs also contributed to the person's death. In preliminary Coroner's data for 2017, 90% of deaths in Ontario caused by methamphetamine, and 86% of deaths caused by cocaine also had another substance contributing to the death.⁶

The number of deaths in Ontario where cocaine and methamphetamine directly caused the death (alone or in combination with other drugs) or was one of the drugs causing death, has risen sharply. In 2012, 14 deaths across the province included methamphetamine as a cause of death; this number rose to 217 in 2017 (preliminary Coroner's data). The number of deaths by cocaine toxicity also increased during this period from 142 deaths in 2012 to 587 deaths in 2017 (preliminary Coroner's data).⁷

In March 2019, the MOH delivered a presentation to the House of Commons Standing Committee on Health to inform their examination of methamphetamine use in Canada. In Toronto, there are some supports available for people who use stimulants, and for staff working with these clients. For example, resources for gay, bisexual and queer men are available through the AIDS Committee of Toronto, St. Stephen's Community House has a crystal meth pilot project, and the Ontario Harm Reduction Network has developed high-demand webinars on methamphetamine.

While these types of supports and services are vital, much more is needed. Toronto Public Health staff continue to work with community partners to provide resources on addressing the harms of stimulant use. It is also recommended that the MOHLTC increase funding to increase the availability of community-based harm reduction services for people using methamphetamine and other stimulants. In addition, the MOHLTC should support enhanced training for service providers on supporting people who use stimulants alone or with other drugs. Further, Health Canada should support

evidence-based knowledge exchange, and the development of innovative responses to reducing the harms of methamphetamine use.

Update of the Toronto Overdose Action Plan

As it has been two years since the TOAP (2017) was adopted, TPH felt the plan should be updated to ensure it reflects emerging community needs. The update is intended as a supplement to the TOAP (2017), and includes additional areas for action (see Attachment 1). The update is based on input from 441 responses to an open, online survey, and three consultation groups with a total of 24 people who use drugs.

Consultation participants stressed the ongoing nature of the opioid poisoning crisis in Toronto, and the need for urgent action. They called for alternatives to the toxic illicit drug supply, including managed opioid programs, and a fundamental need to decriminalize drug use to reduce stigma, and improve health and social outcomes for people. Participants felt that many areas of the city and many groups of people, in particular, Indigenous and racialized communities, are not being well served. More harm reduction services/capacity in general is needed across the city, and supervised consumption services and overdose prevention sites are viewed as critical to the response. The need for more treatment services was raised to ensure help is available when people need it. Affordable housing of all types was flagged as an urgent priority. Participants also felt that more public education is needed about the crisis, including how to prevent and respond to overdoses, and to address stigma. Information about overdoses and toxic drugs also needs to be more widely shared. There is also a critical need for more trauma and grief supports for people impacted by the crisis. Overall, the input complements the directions in both the TOAP (2017), and the TIOS (2019).

Toronto Public Health continues to work on implementation of actions in the TOAP (2017). This update to the TOAP includes new actions targeted to the provincial and federal governments, as listed in the recommendations section of this staff report. It also identifies new actions that TPH will undertake, including:

- Supporting and encouraging the expansion of overdose initiatives in underserved geographic areas of the city and for underserved groups (Indigenous and racialized communities, etc.)
- Expanding advocacy efforts calling on the federal government to decriminalize personal possession of all drugs, and explore options for legally regulating all drugs.
- Expanding advocacy for overdose measures in social housing.
- Increasing advocacy for affordable, supportive, and harm reduction housing.
- Promoting naloxone distribution and overdose training to groups identified in the consultation.
- Providing more public education and awareness about the opioid poisoning crisis.
- Supporting organizations applying to operate supervised consumption services.
- Expanding the sharing of information about the opioid crisis with the community.
- Continuing to advocate for managed opioid programs.
- Working on strategies to support women who use substances to keep their children with them, including options for family-centred treatment.

Continuing crisis response

While action has been taken over the last year to address the opioid poisoning crisis, much more is needed, in particular, strategies to help move people out of the toxic illicit drug market. Fundamentally, drug policy in Canada needs to be reoriented toward addressing drug use as a public health rather than a criminal issue. Toronto Public Health remains committed to working with our City and community partners to respond to this ongoing crisis, and the updated Action Plan provides direction on key action areas.

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SIGNATURE

Dr. Eileen de Villa
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ATTACHMENTS

Attachment 1: Toronto Overdose Action Plan: 2019 Update

REFERENCES

1. Coroner's Opioid Investigative Aid, January to December 2018, Office of the Chief Coroner for Ontario. Data extracted on April 24, 2019.
2. Public Health Ontario. Interactive Opioid Tool. Data extracted on March 27, 2019.
3. Office of the Chief Coroner for Ontario (as noted in 1. above).
4. Public Health Ontario (as noted in 2. above).
5. Office of the Chief Coroner for Ontario. Preliminary data, provided by email correspondence, April 2, 2019.
6. Office of the Chief Coroner for Ontario (as noted in 5. above).
7. Office of the Chief Coroner for Ontario (as noted in 5. above).