

# HL7.1 Attachment 1

## Toronto Overdose Action Plan: 2019 Update Community Consultation Summary

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### Introduction

In response to the rising opioid poisoning crisis, the Toronto Board of Health endorsed the *Toronto Overdose Action Plan* in March 2017. It recommended actions for all levels of government based on community input. While many of the recommendations have been implemented, others remain outstanding. Toronto Public Health (TPH) continues to work on implementing the *Toronto Overdose Action Plan*. Status reports with details about the progress of implementation are reported annually to the Board of Health (June 2018, May 2019).

As it has been two years since the Action Plan was adopted, TPH felt it was important to update the Plan to ensure it remains focused on emerging needs in the community. This update is intended as a supplement to the original Action Plan, and includes enhanced and additional areas for action, based on input gathered through consulting with communities affected by the opioid poisoning crisis.

### Methodology

This Action Plan update report is based on input gathered through an open, online survey, and consultation groups with people who use drugs. The survey was developed by TPH staff with input from the Toronto Drug Strategy Implementation Panel, which is the multi-sectoral leadership group providing oversight and strategic advice for implementation of the *Toronto Overdose Action Plan*. The survey was promoted broadly: a total of 441 responses were received. In addition, three groups were held with 24 people who use drugs in the downtown, central-west, and north areas of the city. This report summarizes the key findings from these consultations.

### Key findings

The key themes that emerged during the consultation for the Action Plan update include the following:

- The opioid poisoning crisis in Toronto remains an urgent public health issue, and more action is needed now.
- Alternatives to the toxic illicit drug supply, including managed opioid programs (MOPs), are particularly urgent.
- Decriminalization is critical to reducing stigma, and health and social harms related to drug use.
- There are many underserved groups that are being impacted by this crisis, in particular, Indigenous and racialized communities.
- Responses are needed city-wide. There are neighbourhoods with limited services that need support, but even neighbourhoods with services would benefit from more.
- Supervised consumption services and overdose prevention sites are critical to the response, and should be implemented and funded based on community need.
- More harm reduction services/capacity in general is needed across the city in a variety of settings, including housing and shelter programs.
- Treatment programs need to be available when people are ready for them. There are too many barriers to access, and not enough capacity in the system.

- More affordable housing, of all types, is needed urgently.
- More public awareness is needed about the crisis, including how to prevent and respond to overdoses, and to help address stigma.
- Drug checking services should be available across the city in a wide range of service settings.
- Information about overdoses and toxic drugs should be shared widely.
- Trauma and grief support services are needed for people impacted by the overdose crisis, including for post-traumatic stress disorder (PTSD).

Overall, the consultation input complements the directions in the *Toronto Overdose Action Plan (2017)*, and the recently released *Toronto Indigenous Overdose Strategy (2019)*.

## Recommendations

The following recommendations for action are based on the input received from the consultation participants in this Action Plan update.

### Actions for Toronto Public Health:

1. Support and encourage the development of overdose prevention and response strategies for underserved groups in Toronto (Indigenous people, racialized communities, etc.), as identified in this consultation.
2. Support efforts to expand overdose prevention and response strategies in underserved geographic areas of Toronto, as identified in this consultation.
3. Expand advocacy calling on the federal government to decriminalize the possession of all drugs for personal use, and to explore options for the legal regulation of all drugs.
4. Expand advocacy for overdose prevention and response measures in social housing.
5. Increase advocacy for affordable, supportive and harm reduction housing.
6. Promote naloxone distribution and overdose prevention and response training to key groups identified in this consultation.
7. Provide more public education and awareness about the opioid poisoning crisis, and overdose prevention and response measures, such as naloxone.
8. Support organizations in Toronto applying to operate supervised consumption services in areas of demonstrated need.
9. Develop a communications strategy to expand the sharing of information about the opioid poisoning crisis and toxic drugs in the illicit drug supply with community stakeholders.
10. Continue to advocate for the implementation of managed opioid programs, and work with and educate community partners to implement these services in Toronto.
11. Work with community partners on strategies to support women who use substances to keep their children with them, including options for family-centred treatment.

### Actions for the Province of Ontario:

12. 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).
13. Support implementation of overdose prevention and response strategies across the social housing system.
14. Remove the limit of 21 Consumption and Treatment Services for Ontario, and provide services in areas of demonstrated need, and expand the model to allow inhalation services.
15. Reinstate the overdose prevention site model as an agile, low-barrier service option during the opioid poisoning crisis.

16. Fund a range of drug checking programs in diverse settings to meet local needs.
17. Expand capacity across the treatment sector to eliminate waiting lists and provide more beds sector-wide, including for crises and withdrawal management. And further, to provide new treatment options based on individual need, such as managed opioid and stimulant programs.
18. Provide dedicated bereavement and trauma supports for frontline harm reduction workers, family members and others impacted by the opioid poisoning crisis.

#### Actions for the Government of Canada:

19. Increase funding and support for overdose prevention and response strategies at the local level.
20. Fund a range of drug checking programs in diverse settings to meet local needs.
21. Explore a range of safer drug supply options and supports for community service providers to implement these initiatives.

## Summary of the consultation results

### Consultation participants

A total of 441 community stakeholders responded to the open online survey, and identified their interest in overdose issues as follows:

Group	%	N
I work with people who have overdosed or who are at-risk of overdose	70	306
I have family members or close friends who have overdosed or are at-risk	34	150
While I am not close to anyone who has overdosed, I feel it is an important community issue	23	102
I have been at-risk of overdose or had an overdose myself	10	45
Other	6	26

In addition, three (3) consultation groups were held with 24 people who use drugs, in the downtown, central-west, and north areas of the city.

### Underserved population groups

Survey respondents identified the following underserved groups affected by the opioid crisis:

Population group	%	N
Indigenous people	74	316
Racialized communities	66	282
Youth	64	274
Lesbian, gay, bisexual, transgender, queer communities	63	269
People with disabilities	58	248
Women	56	241
Women with children	51	219
Seniors	45	194
Men	41	178
Other	22	96

Many survey respondents felt that "everyone is underserved in this crisis", while others identified specific groups, including people experiencing homelessness, prisoners, and people with criminal justice system involvement.

People who participated in the consultation groups said that everyone in the city needs more services.

### Underserved areas of the city

The majority (87%) of survey respondents said that there are geographic areas of Toronto that are not being served well during this crisis. Key areas, in order of frequency mentioned, are noted below.

- Downtown, including Church-Wellesley and the Church-Yonge corridor
- Whole city
- Downtown east, including Moss Park and Regent Park
- Scarborough
- Etobicoke, including South Etobicoke
- Outside downtown
- Northwest Toronto, including Jane Street north areas, Rexdale, and Weston
- Parkdale
- Mid-west, including York, Eglinton West, and Pelham Park to Davenport
- East Toronto and Danforth
- West Toronto

Clearly, the opioid poisoning crisis remains a city-wide issue although there are specific geographic areas where more targeted responses are needed. The majority of overdose prevention services are located in the downtown core of the city, but survey respondents felt that even in this area there are not enough services to meet the demand.

Consultation group participants also said that more responses are needed across the whole city. They noted that in areas outside downtown where limited or no services are available, the need is critical. Particular areas noted included mid to north-west neighbourhoods (such as Jane-Finch and Etobicoke), central areas (such as Bloor-Junction-Davenport) and downtown (such as St. Jamestown). All groups felt this disparity could be addressed with more mobile services providing a range of services city-wide.

### Decriminalization and legal regulation

In July 2018, the Board of Health endorsed recommendations from the Medical Officer of Health calling on the federal government to decriminalize the possession of all drugs for personal use, and to strike a task force to explore options for regulating all drugs. These recommendations arose from the results of a community consultation that TPH undertook in spring 2018. Conducting this consultation was a key strategy in the *Toronto Overdose Action Plan* as the overdose crisis has many in Canada calling for a shift in our drug policy towards a public health approach.

Consultation participants were asked for ideas on how to advance federal action on this issue. Key suggestions from survey respondents, in order of frequency mentioned, are noted below.

- Promote the evidence about the benefits of decriminalization (e.g. the experience of Portugal, potential economic benefits)
- Increase public awareness/education about the benefits of decriminalization and the harms of criminalization
- Undertake political advocacy (e.g. with federal Members of Parliament)
- Undertake community advocacy (e.g. start a national campaign, involve people who use drugs)
- Implement de facto decriminalization in Toronto (i.e. police not charge for possession of drugs)

- Partner with other cities and groups on collective advocacy
- Engage more stakeholders in advocacy efforts (e.g. legal community, law enforcement).

Survey respondents also highlighted the urgent need for people to have access to a safe supply of drugs given the toxic nature of the illicit drug supply. This included managed opioid programs (MOPs) (e.g. hydromorphone, diacetylmorphine/pharmaceutical heroin substitution programs) as one option to provide people access to regulated drugs.

Consultation group participants also suggested advocating for decriminalization by promoting the success of other places in the world that have taken this approach. They also said that the number of deaths is so high, that this is an emergency, and information about the harms of criminalization should be shared widely. One person noted "Prohibition means people die."

## Housing

There continues to be a serious shortage of affordable and supportive housing in Toronto. The City of Toronto is actively implementing its *Affordable Housing Action Plan (2010-2020)*, and is developing a new 10-year plan. All governments have made new investments in affordable housing, however, the supply is not meeting the demand. Providing safe and affordable housing was identified as a key prevention measure in the *Toronto Overdose Action Plan*.

For the Action Plan update, survey respondents were asked to rate the level of benefit for the actions listed below.

	Very large benefit	Large benefit	Moderate benefit	No to little benefit	Total Responses	
	%	%	%	%	%	N
Social housing providers to expand harm reduction housing options across the city	66	20	10	4	100	437
Social housing providers to work with community partners to deliver overdose prevention measures onsite (e.g. overdose training for tenants and staff, peer support programs, naloxone)	69	20	8	3	100	437

Survey respondents strongly supported the need for more harm reduction housing options across Toronto, and for housing providers to work with community service providers to implement overdose prevention measures within housing settings. In their comments, respondents highlighted the urgent need for more affordable housing generally, in particular supportive housing for people with multiple complex needs, and transitional housing.

Consultation group participants said that harm reduction services should be available in a central place within housing settings (i.e. "We need a community room in every building.") They also suggested putting nasal naloxone kits near fire extinguishers in housing buildings, and offering "I have naloxone" stickers for tenant doors.

## Naloxone distribution

Broadly distributing naloxone throughout the community was a key strategy recommended in the *Toronto Overdose Action Plan* to increase access to this life-saving medication for opioid overdoses. Naloxone is now more widely available through community agencies and pharmacies in Toronto. It is also being offered to people leaving prison.

Consultation participants were asked for additional ideas for expanding naloxone distribution. Key locations for distributing naloxone suggested by survey respondents, in order of frequency mentioned, are noted below.

- Public buildings such as libraries, malls and parks
- School settings, including secondary schools, colleges and universities
- Health care settings such as doctors' offices and health centres
- More community-based services, and by agencies doing outreach
- Shelters, respite centres, and drop-in centres
- Housing settings (e.g. social housing buildings)
- Pharmacies

Consultation group participants suggested that naloxone should be more available in bathrooms in local businesses and other public places, as people have overdosed in parking garages and stairwells. Naloxone 'vending machines' with secure access were also suggested.

All groups discussed the need for naloxone and harm reduction supplies to be available from mobile vans, and from shelters. They also wanted shelter staff to be better informed about the importance of naloxone kits. One person said that some shelter workers take naloxone kits on entry, "I have to give up my kit when I walk in because there's needles in it." Participants said that shelter bathrooms were a frequent location for drug use, and should be a focus for overdose risk management.

## Overdose recognition and response training

Overdose recognition and response training was a key strategy in the *Toronto Overdose Action Plan* to build the capacity of individuals across service sectors to recognize and respond to an overdose. Since the TOAP 2017 was adopted, many City and community service workers have been trained in overdose recognition and response, including how to use naloxone. In addition, more organizations have overdose protocols in place so staff and volunteers know how to monitor agency spaces, and respond to any overdoses that occur onsite.

Consultation participants were asked where future overdose-related training should be targeted. Key suggestions from survey respondents, in order of frequency mentioned, are noted below.

- Primary health care providers
- Housing providers
- Local businesses, such as restaurants

Survey respondents also highlighted the need for more public awareness campaigns to promote overdose prevention, including the use of naloxone. Another key theme in their responses was that overdose recognition and response training, including the use of naloxone, should be mandatory in all first aid and CPR training programs.

Consultation group participants also wanted to see public awareness campaigns focused on overdose prevention. They felt it was critical that hospitals, local businesses, and housing providers are prepared to respond to overdoses. It was noted that bathrooms in particular are places where people often use drugs and are at risk. Both hospitals and fast food restaurants were seen as particular locations that should have systems in place to check on people based on how long someone has been in a bathroom. One participant noted that hospitals could have timers for this purpose that would start when someone entered; if the person did not come out, staff should check on them. Another group suggested that security staff in housing settings could be helpful if they were trained and equipped with naloxone.

### Supervised consumption services/overdose prevention sites

At the time of the community consultation for this Action Plan update there were four supervised consumption services and five overdose prevention sites operating in Toronto, located in areas highly impacted by the opioid poisoning crisis. Supervised consumption services were identified as a key strategy for responding to the crisis in the *Toronto Overdose Action Plan*.

In January 2018, the provincial government began funding overdose prevention sites as an additional emergency measure. In fall 2018, following a change in government, the Province of Ontario changed the model for both of these health services to the Consumption and Treatment Services program. They also set a limit of 21 services for the province.

For the Action Plan update, survey respondents were asked to indicate the level of benefit these types of services provide, as below.

	Very large benefit	Large benefit	Moderate benefit	No to little benefit	Total Responses	
	%	%	%	%	%	N
Consumption and Treatment Services be an option for any communities where there is a demonstrated need, including in Toronto	66%	20%	7%	7%	100%	432
Low barrier options such as overdose prevention sites be supported as part of the emergency response	74%	15%	7%	4%	100%	435
	Very large benefit	Large benefit	Moderate benefit	No to little benefit	Total Responses	
	%	%	%	%	%	N

Toronto Public Health to support community service providers to implement new supervised consumption services (e.g. injection, inhalation) where needed in Toronto	73%	16%	6%	5%	100%	434
Shelter operators to partner with health care providers to deliver supervised consumption services in or near shelters	74%	15%	7%	4%	100%	434

Survey respondents noted considerable support for these services in areas of Toronto where there is a demonstrated need, including low barrier options, and located in or near shelters. They also see a role for TPH in supporting implementation of new services.

Among the additional comments for this question, respondents highlighted the need for the provincial government to remove the province-wide limit of 21 Consumption and Treatment Services; there is no evidence to justify this cap, and services should be based on demonstrated need. Participants also stressed the need for a range of models, including standalone, small-scale and low-barrier services such as overdose prevention sites. Further, services should be integrated into a wide variety of settings (e.g. hospitals, shelters, prisons, doctor’s offices), and targeted to specific groups, including women-only programs.

Consultation group participants felt that stigma and discrimination against people who use drugs was a factor in why there were not more of these health services available. One group noted that if drug use was "de-villainized", these services would be more widely accepted. They suggested that elected officials should be invited to come to supervised consumption services to better understand their importance, including their cost-effectiveness. Participants also suggested mobile supervised consumption services could reach areas not currently served. One person said, "Safe use sites save lives and save money." Another person noted, "Keep people healthy and they'll be more productive."

Group participants also said that programs were needed for smoking, for two key reasons. The first reason was that fentanyl had now contaminated stimulants, and that there had been overdose incidents following crack cocaine smoking. The second reason given was that smoking facilities would reduce apartment takeovers in housing buildings if there were specific places for this activity.

### Drug checking services

In unregulated illicit drug markets, people have no way of knowing the contents or potency of the drugs they are taking. To help address this issue, the *Toronto Overdose Action Plan* recommended drug checking services. The Centre on Drug Policy Evaluation is working with three supervised consumption services in Toronto on a drug checking initiative set to launch in spring 2019. This action comes as the federal government has taken measures to support implementation of drug checking services.

In the Action Plan update, participants were asked for ideas to expand the availability of drug checking services in Toronto. Key suggestions from survey respondents, in order of frequency mentioned, are noted below.



- Expand to more locations across the city
- Provide reagent test kits or fentanyl test strips
- Use better options than fentanyl strips (i.e. spectrometer laboratory equipment)
- Make drug checking available at all harm reduction services
- Make drug checking available at all supervised consumption services/overdose prevention sites
- Make drug checking available at pharmacies

Consultation group participants discussed the toxic ingredients in drugs, and supported drug checking across harm reduction services. One person wanted a way of checking drugs in housing buildings. Another person commented that “Wherever the drugs go, the testing should go.”

## Sharing data and information

### Toronto Overdose Information System

In January 2017, TPH worked with community partners to develop an online system to compile and share data and information on the overdose crisis. The Toronto Overdose Information System website can be found at: [www.toronto.ca/health/overdosestats](http://www.toronto.ca/health/overdosestats). The need for better data to inform the collective response to the overdose crisis was a key strategy in the *Toronto Overdose Action Plan*.

In the Action Plan update, participants were asked for ideas on how sharing information about the opioid poisoning crisis in Toronto could be improved. Key suggestions from survey respondents, in order of frequency mentioned, are noted below.

- Promote this online resource more broadly as many people do not know about it
- Share information (e.g. regular updates) through both traditional and social media
- Develop public and targeted communication campaigns to raise awareness about the crisis
- Send regular email updates to service providers
- Develop posters/information for community services to post

### Reactions to toxic drugs

Consultation participants were also asked for ideas about how information could be shared when there are particularly toxic drugs in circulation causing negative reactions. Key suggestions from survey respondents, in order of frequency mentioned, are noted below.

- Promote the [www.ReportBadDrugsTO.ca](http://www.ReportBadDrugsTO.ca) reporting tool as many people do not know about it
- Post alerts and reports made to Report Bad Drugs, and share widely
- Send email alerts to community services
- Promote toxic drugs information and alerts through traditional and social media
- Develop posters and other resources for community services to post

All of the consultation groups wanted to see public awareness campaigns with three key roles: 1) To make people broadly aware of the facts about the crisis; 2) To provide overdose risk information, particularly for people who are not using harm reduction programs; and, 3) To help break the stigma and judgment associated with drug use. Promotion suggestions included TTC posters and billboards. Participants felt the campaigns could highlight the number of deaths caused by overdoses, and the number of lives that have been saved through the use of naloxone kits.

All groups said that toxic drug information was important to share, and that alerts and 'bad drug' notices are helpful. It was noted that they need to be easy-to-read.

## Treatment

### Managed opioid programs (MOPs)

The need for a wide range of treatment-on demand options was a key strategy in the *Toronto Overdose Action Plan*. The provincial government has made new investments in treatment, such as Rapid Access to Addiction Treatment (RAAM) clinics, which operate part time out of Toronto hospitals and health care services. However, treatment services are still not resourced to meet the demand. Toronto Public Health continues to advocate for more treatment funding and has joined others in requesting provincial funding and support to quickly implement MOPs in which opioids such as hydromorphone and/or diacetylmorphine/pharmaceutical heroin is provided as treatment, and to help move people to a safer supply of opioids in the current crisis.

In the Action Plan update, participants were asked for ideas on how to speed up implementation of managed opioid programs. Key suggestions from survey respondents, in order of frequency mentioned, are noted below.

- Advocacy with funders/government for support and funding
- Public education about the value of MOPs to help increase support for this treatment
- Train physicians on how to prescribe hydromorphone and diacetylmorphine
- Provide support for prescribers to implement MOPs, in particular, seeking support from medical regulatory bodies such as the College of Physicians & Surgeons of Ontario, and the College of Nurses of Ontario.

Suggestions from the consultation groups included having "prescription heroin clinics" available similar to the one in Vancouver.

### Other types of treatment needed

Participants were also asked about other treatment issues that need to be addressed in Toronto. Key suggestions from survey respondents, in order of frequency mentioned, are noted below.

- Supports for women in treatment to keep their children with them, including engaging child welfare agencies to help keep families together
- More withdrawal management services, including residential and medical services
- Residential/longer-term treatment
- Trauma-informed treatment
- Harm reduction based treatment

Consultation group participants highlighted the need for treatment services to be available immediately when people want them. They wanted to see more crisis beds and 'detox', or withdrawal management beds. Comments included, "Detox is a big problem...I could already be dead.", and "Central intake is a crapshoot." Participants agreed that withdrawal management programs fill an important role in providing respite for time away from drug use.

Participants also discussed the need to eliminate waiting lists across the treatment system so that a range of options are available when someone feels ready. Comments included, "We shouldn't have to go on a waiting list; it's pretty sad." and "No one should need to be drug-free for 48 hours, it's just too hard." Group

participants also wanted residential treatment programs to be longer (e.g. six months). They also saw a treatment role for mobile vans (e.g. dispensing methadone, providing counselling, dispensing naloxone).

## Grief and trauma supports

People have lost many family members, friends and colleagues to the opioid poisoning crisis, which has resulted in profound trauma and grief. The need for bereavement and trauma supports was highlighted in the *Toronto Overdose Action Plan*. The provincial government has made some investments in bereavement supports, primarily for service providers. However, the supports available in no way meet the demand.

In the Action Plan update, participants were asked to identify additional grief and trauma supports needed in Toronto. Key suggestions from survey respondents, in order of frequency mentioned, are noted below.

- Bereavement supports for specific groups (e.g. family members, friends, people who use drugs, frontline workers)
- Range of counselling options (e.g. individual and group)
- Trauma counselling, including for post-traumatic stress disorder (PTSD)
- Support groups for specific groups (e.g. family members, people who use drugs, frontline workers)
- This type of mental health counselling should be covered under the Ontario Health Insurance Fund (OHIP).

Consultation group participants discussed the scale of the crisis, and the impact it is having on people in the community. Suggestions of how to address these impacts included increasing the availability of counselling services, and having dedicated grief counsellors. Some participants said they were fearful and traumatized, and one person noted that "love itself is important." Others talked about the experiences of reviving people who had overdosed (e.g. "I brought my friend back lots of times", and "He was dead, and I brought him back.")

## Other ideas to address the opioid poisoning crisis

Consultation participants were also invited to contribute their own ideas about what more could be done to address the opioid poisoning crisis in Toronto. Key suggestions from survey respondents, in order of frequency mentioned, are noted below.

- Safe (i.e. non-toxic/contaminated) supply of drugs, with various models for how they are provided, including managed opioid programs
- Housing
- Decriminalization (including de facto decriminalization where police do not charge for simple possession of drugs)
- Public education (including using social media, and in multiple languages)

All consultation groups stressed the need for more harm reduction services, both expanding existing services and adding new ones where needed. For example, participants suggested that hospitals and shelters should give out naloxone and harm reduction supplies. All groups emphasized the need to expand mobile services to provide a range of services city-wide. Services needed include harm reduction supplies and education, overdose prevention education and naloxone, supervised consumption, opioid substitution treatment, and counselling. One group wanted to see 'vending machines' that provided harm reduction supplies in under-served areas of the city. A lack of services available at night and on weekends was also identified as a key gap.

The input from consultation participants for this Action Plan update reinforces the ongoing urgency of the opioid poisoning crisis, and highlights key areas where action needs to be focused going forward.

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Toronto Public Health would like to thank everyone who participated in the consultations for this update of the *Toronto Overdose Action Plan*, in particular, people who use drugs.

April 2019