

November 13, 2020

Toronto Board of Health  
10<sup>th</sup> floor, West Tower, City Hall  
100 Queen Street West  
Toronto ON M5H 2N2

Dear Board Members:

## **Re: Board of Health Meeting No. 23 Item HL23.2: Opioid Poisoning Crisis in Toronto – Update**

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We are a collective of agencies, individual researchers, institutions, and frontline service providers who continue to witness the deaths of our clients, friends, and community members in Toronto. The COVID-19 pandemic has amplified the many systemic and socioeconomic disparities our communities experience. Recent data by the Ontario Drug Policy Research Network, Chief Coroner's Office, Public Health Ontario, and Centre for Drug Policy Evaluation show a 38% increase in overdose deaths during the first 4 months of the pandemic, which our frontline staff respond to on a daily basis. The month of October was witness to the highest number of overdose-related deaths and emergency calls since such data began being tracked in 2017 – doubling the amounts of deaths in 2018 and 2019. Furthermore, 24% of people who died of overdose in Toronto were experiencing homelessness, compared to 11% across the rest of Ontario.

If these realities are not troubling enough, we have predictors on numbers of future deaths, which project 2,200 deaths in Ontario by the end of 2020. Every one of these numbers represents a person that did not have to die; a long-term beloved client, someone who has recently lost their housing, a community member barely out of youth. Communities most impacted have intersecting identities, and the figures are insurmountable and have lasting effects on collective mental health. Bodies are piling up. Our staff and community members are in constant states of exhaustion and grieving. We are seeing increases in overdose deaths outdoors, in shelters and respites, and in hotels.

As public servants and representatives, what are you doing to stop our deaths?

We need coordinated action from the City of Toronto and Province of Ontario to ensure the following:

1. **Funding for and access to housing.** Converting unused hotels and homes into safe and accessible housing is a tremendous opportunity to maximize existing resources with new investments. New provincial restrictions (i.e. to only leave one's home for essential items) do not take into consideration those without homes, or those in unsafe homes, or the negative impacts on social disconnection and access to health and support services. Existing respite centres and proposed beds of 100 are not adequate to support the number of people in need.
2. **Funding for specific programs and communities.** Black, Indigenous, and 2SLGBTQ+ communities are impacted the most by pandemics and overdose crises. We must have funding for organizations that are Black- and Indigenous-created, led, and focused. We need support, whether to deliver services; provide for proper infrastructure, governance, and organizational development; counselling for staff due to the

many systemic oppressions they face; and free access to requested harm reduction supplies and naloxone training (i.e. through connecting with agencies such as The Works).

3. **Harm reduction and supervised consumption services**, including overdose prevention training and drug-checking services.
4. **Immediate collection of race- and gender-based data** on all deaths and access to that data. We cannot thoroughly understand the effects of the social determinants of health without accurately measuring them.

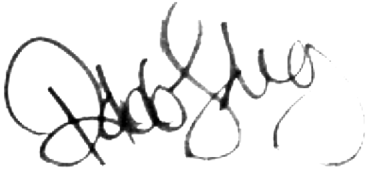
Thank you for your time, and we look forward to immediate action that can, and will, save lives.

Signed:

Canadian Institute for Substance Use Research  
Centre for Drug Policy Evaluation  
Equitable Action for Change  
Fred Victor  
The Neighbourhood Group

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