

HL23.2.7

Board of Health Deputation

Monday November 16th, 2020

RE: Report for Action -HL23.2 Opioid Poisoning Crisis in Toronto-Update

Dear Councillor Cressy and Board of Health members,

Hello and thank you for this opportunity to speak today.

I am Melody. I am a registered nurse representing Street Health and I am here today voicing my support for the recommendations given by the Medical Officer of Health regarding the opioid poisoning crisis in Toronto. Specifically, the recommendations regarding the **IMMEDIATE SCALE UP OF PREVENTION, HARM REDUCTION, AND TREATMENT SERVICES** including additional funding for long term safer supply programs and options, and immediate funding for Urgent Public Health Need Sites.

Three months ago, August 2020, was deemed the highest rates of overdose deaths since 2017. Then it was September.

Now, we have data that tells us

28 PEOPLE DIED LAST MONTH FROM SUSPECTED OPIOID OVERDOSES IN TORONTO ALONE. EACH MONTH WE ARE BREAKING RECORDS IN THE WORST WAYS.

We are losing daughters, mothers, aunts & uncles, fathers, brothers and friends, and we stand with those who are left behind as witnesses to this tragedy

with increased feelings of hopelessness.

OCTOBER 2020 HAD THE HIGHEST AMOUNT OF DRUG -RELATED FATALITIES IN TORONTO SINCE WE BEGAN TRACKING THE DATA (2017).

We know that many if not most of the opioid overdoses and the deaths are **ACCIDENTAL**. And are a direct result of the criminalization of drugs and drug users. PWUD do so for many reasons and the fact, not the **OPINION**, is that the current drug supply is poisoned. People are obtaining street drugs that are tainted with benzodiazepines which cannot be reversed with naloxone, and are often also tainted with extremely powerful opiates like carfentanyl that drastically depresses the respiratory system. The most effective way to fix this would be to decriminalize opioids and provide a regulated supply immediately .

Until that happens, we need more support for our new Safer Supply Programs so they can operate effectively. In order to make these programs more successful, **RIGHT NOW** our prescribers need access to a wider range of medications (prescription heroin, high dose injectable hydromorphone, powdered fentanyl).

Recently the Encampment Support Network released Six Demands for Immediate Action. I would happily speak to all six, but in the interest of time I will highlight number four which reads:

“All shelter and supportive housing sites must be user-friendly and include robust overdose prevention and harm reduction services “

EVERY SHELTER AND HOTEL OPERATING AS A HOUSING SITE NEEDS AN OVERDOSE PREVENTION SITE (OPS) SET UP IMMEDIATELY.

People have been displaced from their communities and cut off from their resources. For those who have left their tent communities and friends to go to a hotel site, they are finding themselves isolated and feeling unsafe as they have been relocated outside the downtown core. For those who were able to stay nearby, they are facing increased frustration and increased barriers as many community programs including Street Health are running at a reduced capacity due to COVID-19. Our clients have increased stress, lack of community connection, and an overarching fear of death from COVID-19 or overdose.

Many people I have spoken to are staying outside with their friends because they fear dying alone in a hotel room. These are not irrational or unfounded fears given the alarming rate of overdoses in Toronto as I just mentioned. COVID-19 has exacerbated risk of overdose due to physical distancing, isolation protocols (like not allowing visitors in the rooms), and displacement. The answer, however, is not in opening large congregate living spaces like the Better Living Centre giving the **PROVEN** widespread community transmission of the virus. More hotel spaces with active OPS sites are needed **IMMEDIATELY** as congregate living spaces are unacceptable. An estimated 2000 rooms are currently needed before winter arrives which is any day now.

Overdose Prevention Sites save lives.

I HAD A THOUGHT THE OTHER DAY THAT SHOOK ME, REALLY WOKE ME UP AND THIS IS WHY I NEEDED TO SPEAK TODAY. I BECAME A NURSE BEFORE NALOXONE WAS A HOUSEHOLD NAME, BEFORE WE REALLY KNEW WHAT WAS GOING ON.

NOW, 5 YEARS LATER I HAVE RESPONDED TO OVERDOSES IN ALLEY WAYS, INSIDE BARS, INSIDE HOMES, IN HOSPITAL SETTINGS AND ELSEWHERE IN THE COMMUNITY

AND OF ALL THOSE PLACES I FEEL THE MOST SUPPORTED AND CONFIDENT IS WHEN I'M AT WORK WITH THE OPS TEAM.

AS A NURSE WORKING THROUGH A HOMELESSNESS CRISIS, AN OPIOID POISONING CRISIS, AND NOW A PANDEMIC,

I ONLY WANT WORK AT A PLACE THAT HAS AN OPS TEAM AND I THINK THAT SAYS SOMETHING. I BET THERE ARE OTHER NURSES OUT THERE THAT FEEL THE SAME. I NEED THE SUPPORT AND EXPERTISE OF OUR HARM REDUCTION WORKERS TO KEEP BEING AN EFFECTIVE NURSE. I KNOW THAT RIGHT NOW, OTHER NURSES ARE RESPONDING TO OVERDOSES IN THE HOTEL SHELTER PROGRAM WITH 911 AND

HIGH DOSE NASAL NALOXONE WHICH IS OFTEN NOT NECESSARY WHEN THERE ARE TRAINED HARM REDUCTION STAFF AVAILABLE. THIS LACK OF HARM REDUCTION RESOURCES IS PUTTING EVEN MORE STRAIN ON THE HEALTH CARE SYSTEM AND IS PREVENTABLE.

Harm reduction and treatment services are ESSENTIAL SERVICES. We are exhausted and grieving and still carrying on this life saving work. Despite this need, Street Health's OPS lost provincial funding in March 2019. Our OPS currently operates **PRECARIOUSLY** on 100% funding from private donors.

To give you an idea of how busy we are:

- last year Between March 1-Oct 31, 2019 twenty-five overdoses were reversed.
- Between the same time period this year (with COVID-19 happening) March 1-Oct 31, 2020 forty-seven overdoses were reversed.

We are watching our community members deteriorate and die due to the poisoned drug supply and by the despair created by distance.

We need action now.

In summary, The BOH must urge the Minister of Health to:

1. Secure permanent funding for all harm reduction and safer supply treatment services so these services can effectively operate and meet the needs of people who use drugs for as long as these services are needed.
2. Implement immediate action to remove barriers and secure funding to open Urgent Public Health Need Sites (such as an OPS) which are led by peers and staffed by trained harm reduction staff.
 - all shelters and hotel programs currently operational and be placed at highest priority to begin operation of Urgent Public Health Need Site for harm reduction and treatment services in every new hotel added to the hotel program.
 - 20 harm reduction workers for the whole city is not enough. Each site needs full staffing and the need an OPS area to work out of .
 - 2000 more emergency shelter rooms are needed before winter arrives.
3. Grief and trauma support for all people affected by overdoses. We are tired, grieving, and working in exceptionally traumatic and precarious conditions.

Thank you for your time and consideration.

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