

Toronto Board of Health Deputation – Nov 16 2020

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Good morning members of the board. My name is Juno Zavitz, my pronouns are they/them. I would first like to thank the Board of Health, Mayor Tory and the city for today's meeting, and for the work you have done to address the needs of our most vulnerable families, friends and neighbours in the overdose crisis.

I am coming to you in representation of Breakaway, a harm reduction-based substance use support agency in Parkdale. As Breakaway's lead on grief and loss work within the opioid crisis, I am here today to speak on the urgent need for grief support in the midst of the city's opioid crisis, which has been direly exacerbated by COVID19.

We know we are living in a triple epidemic in Toronto – the opioid crisis, the housing crisis and COVID-19. What is often left out of these conversations is the fourth epidemic which is the traumatic grief seen across our sector. During this global pandemic, the world has turned its eyes to the tidal wave of loss we are faced with – deaths from the virus, loss of connection and community, and loss of income and livelihood. This is widely covered in media; we know the grief of COVID 19 will have impacts on community and individual wellbeing for many years after the pandemic is over.

What has not been covered in media is the grief and **trauma** resulting from the overdose and substance related deaths in our city. I know the committee is aware that overdose deaths are now double what they were for this period in the previous year. I know of board chair Cressy's commitment to harm reduction, and that we are all very much on the same page when it comes to supporting drug users through meaningful, dignified and evidence-based methods.

I am coming to you today not just as a harm reduction worker, but as someone who has additionally worked in the mainstream bereavement sector. Traditional grief and loss supports in Toronto do not work from the harm reduction frameworks we champion in this room, and are not equipped with the expertise found within the harm reduction sector. During this crisis, there has never existed free and accessible supports for deaths resulting from substance use, and more importantly, harm reduction informed grief support for people actively using drugs. Like many workers in harm reduction, I am also coming to you with the lived experience of a traumatic death for which specialized grief support was not available when I needed it most.

Grief support has been provided on an ad hoc basis everyday by workers, peers, and community members, and those providing support have few places to turn to that do not judge and shame drug use, especially in periods of grief. Much like the lag in years it took to instate safe consumption sites, we are years behind in addressing the epidemic of traumatic grief our communities are living with. It is overdue that there exists a strategy to relieve this pressure from frontline workers at safe consumption sites, addictions support agencies and shelters, and address the mass trauma that has been placed in the laps of people who have lost partners, children, friends and coworkers to overdose and substance related deaths.

My agency has received regular requests for grief support for frontline workers within the harm reduction sector for years. I regularly talk with managers and frontline workers who have had grief support and frontline worker support funding turned down. We have no capacity to meet these requests for support, and those frontline workers are left scrambling to support their clients while also attending to their own grief and that of their coworkers. I receive requests in my personal life regularly for local and accessible resources following overdose deaths that are non-stigmatizing and harm reduction informed that my friends and peers might turn to, and I have nowhere to send them.

Breakaway and other agencies are well positioned to provide this support, and during COVID19, we have written two funding proposals for a grief support program. One proposal was declined, and if we are successful in the second, it would not start until next summer. Even then, it is only a needs assessment and does not include direct services for service users and frontline workers.

This is the stalemate we are currently faced with from funders in social services: we are continually told we must provide evidence that there is a link between the grief of overdose deaths and increased rates of substance use, as if the number of deaths and increasing overdose rates are not evidence enough. This has delayed Breakaway's ability to provide direct services, and will continue to do so as deaths continue to occur at exponential rates during COVID19, and the grief continues to compound.

Breakaway and other agencies are ready, willing and fully capable of doing this work, but we cannot do it with our current budgets. We dream of a program hub and sector-wide network that includes immediate support following a death within our sector, support groups, individual counselling, funding for memorial events, and trainings for other workers and bereavement agencies to better understand the complexity of this type of grief.

We live in a culture that denies the existence of stigmatized deaths, and does not see the trauma that will live with communities for generations following these crises. Our ask is for funding and capacity to now implement the same strategies to address grief as have been funded across the city for active drug use, for this Board to endorse that there is an epidemic of grief, and to trust that what we know is true: grief begets increased overdoses and therefore additional grief. It is now time to acknowledge that this is not just an overdose crisis, but also an epidemic of traumatic grief that will exist long after we minimize overdose rates, decriminalize all substances, and provide everyone with stable housing. I want to thank you for your time today, and to thank all those who have been doing this work within my sector without the proper supports, who do it because it must be done.