

Toronto Board of Health - Opioid Poisoning Crisis in Toronto - (HL23.2)

Deputation from Angela Robertson, Executive Director

November 16, 2020

This report to the Board of Health comes amidst the release last Monday of the Ontario Drug Policy Research Network, Ontario's chief coroner and forensic pathology service, Public Health Ontario and the Centre on Drug Policy Evaluation report that confirm what those of us working in harm reduction community-based services is so painfully aware of and has been declaring for years – we are in an overdose crisis that demands emergency public health response from all levels of government.

The report reveals that since June 2019 – June 2020, 24% of all people who died in Toronto were experiencing homeless, that overdose deaths have jumped by 38% in the first three-and-a-half months of the COVID-19 pandemic and projects that if the trends continue, 2,271 opioid-related deaths are expected in 2020, compared to 1,512 last year. This moment calls for immediate action and implementation of strategies that will change this trajectory. This is not a moment for more dialogue, for the intergovernmental game playing of hot-potato or passing the buck. This is a moment for Toronto Public Health and the Board of Health to declare a public health overdose emergency and resource actions accordingly.

When there was 1,265 deaths in 2017, this Board and Public Health leadership in 2018 was bold in the face of provincial government slippers dragging and denial of a crisis, the Toronto's Medical Officer of Health, Dr. Eileen de Villa, describe the public health emergency of opioid-related deaths then as "the defining health crisis of our time." This bold leadership spoke out in support of Supervised Consumption Services when the provincial government placed a pause on funding previously approved Services and withdrew funding for low-barrier Overdose Prevention Services. This leadership affirmed the research and scientific evidence that harm reduction interventions save lives and must be resources to respond to the opioid poisoning as the public health emergency that it is.

We are in a pandemic and Toronto's Public Health leadership, in the face of provincial government mixed-message and wavering, is once again at the forefront of calling for the research and scientific evidence to be used to inform public health interventions and strategies to keep us all safe, reduce the spread



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and deaths from COVID-19. Many of us are here calling for this same strident call for action to be taken to stop these preventable overdose deaths, and anything other than that is an indictment that we believe people who use drugs are disposable.

Parkdale Queen West Community Centre and our harm reduction partners know that it is essential to integrate harm reduction and overdose prevention services in all the work we do. We all need to proactively affirm and plan our services knowing that people who use drugs will be among those we serve and that they deserve responsive and dignified care. Our work with ICHA, TNG, UHN and SSHA at the COVID Recovery hotels for homeless/unsheltered community members is a testament to this; where the service model includes a continuum of harm reduction supports, including Overdose Prevention Services, Peer-Witnessing, Safer Opioid Supply, Managed Alcohol and safer supply distribution was integrated. This Board needs to demand and enable all services to take this approach or partner with others who can bring this support.

The overdose public health emergency that we are in has differential impact on Black and Indigenous community members. Proportional to Black and Indigenous people's population in Ontario their rates of deaths are higher than the general population. We know that the 'war on drugs' has been rooted in criminalizing and stigmatizing people who use drugs, and this is magnified for Black and Indigenous drug users. We are sick and tired of the anti-Black and Anti-Indigenous racism these communities face when Toronto Police Services, Toronto Paramedics and Toronto's Parks Ambassadors/Security personnel are called to intervene in an overdose event; knowing that not all responders will treat these communities in such a fashion, the reality of having had these experiences multiple times gives us pause when calling on these services. Hence, I echo the call of others that we need to get police out of overdose response. We need a health response not a policing intervention. It is not acceptable for an office responding with EMS to an overdose event in a Supervised Consumption Service to question the client and the staff demanding to know if the person was "attempting suicide"; and when challenged called that following protocol.



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We argue as harm reduction experts that the provincial government's prioritization of medical approaches to addiction, with a focus on treatment is ill advised. The strategies needed in the face of this poisoned drug supply must be one that prioritize immediate saving of lives through projects like supervised consumption sites, low-barrier overdose prevention service, investment in safer opioid supply, getting injectable formulations covered by the Ontario Drug Benefits Program, iOAT programs and this needs to be complemented by a broad spectrum of preventive health and social services , integration of harm reduction informed and treatment supports in the hospital-acute care settings and in the prisons; enabling the integration of harm reduction supports in housing Toronto Community Housing and other residential settings without fear of eviction and other strategies you will hear from my colleagues.

In conclusion, just a few months ago the City made a political decision and found \$50 million over 10 years to invest in body cameras for Toronto Police Services, in the face of evidence that cameras do not reduce instance of police violence. In the face of this decision, we cannot hear you say that you do not have the money to invest in these evidence-informed immediate lifesaving harm reduction strategies to address this public health overdose crisis.