

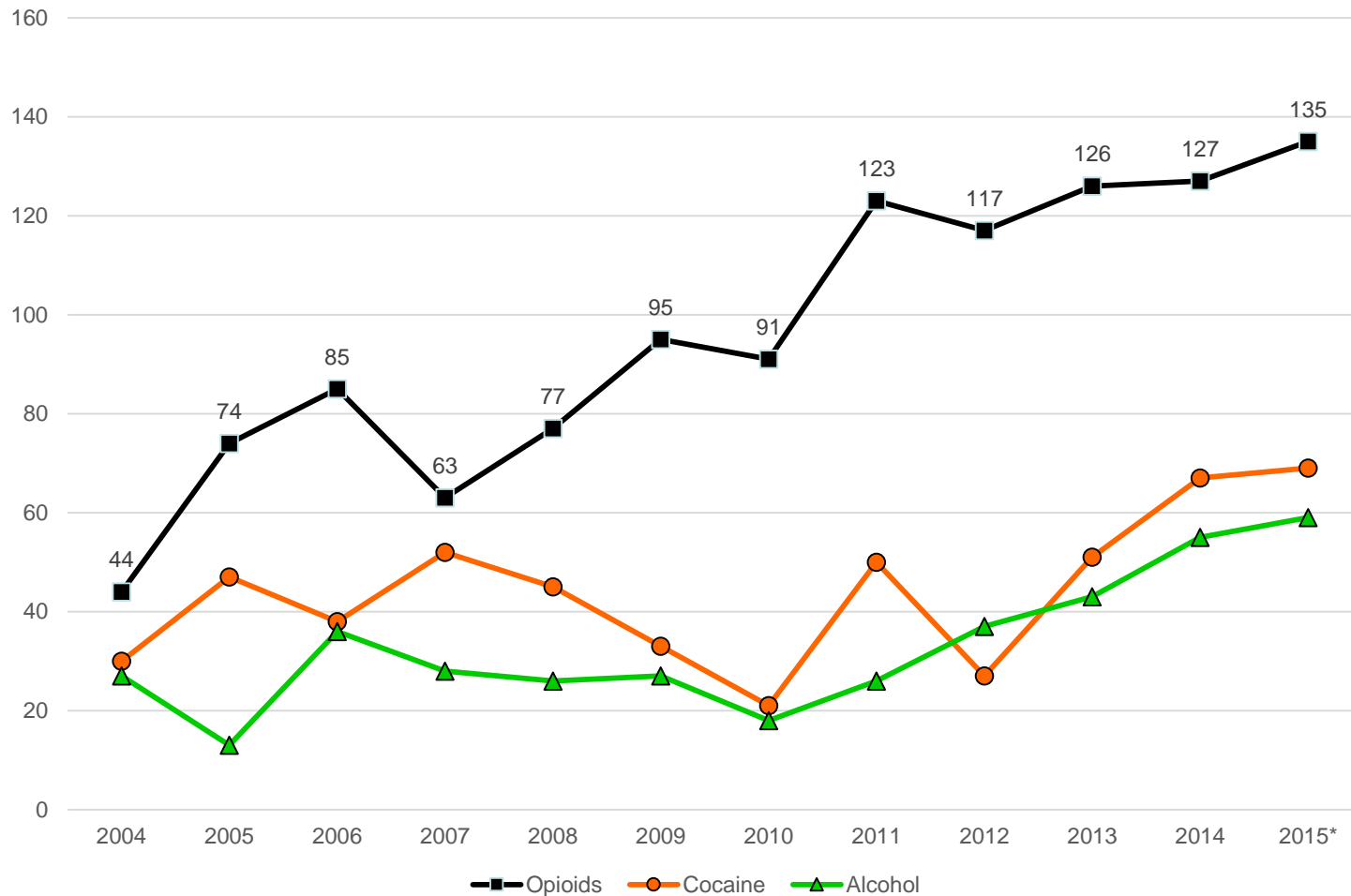
# Toronto Overdose Action Plan

Dr. Barbara Yaffe  
Acting Medical Officer of Health

March 20th, 2017

- People dying from drug overdoses is an urgent public health issue in Toronto
- Between 2004 and 2015, there was a 73% increase in overdose deaths
  - from 146 deaths in 2004 to 253 in 2015
- Of particular concern are the rising number of opioid-related deaths

# Accidental Deaths in Toronto Caused by Most Frequently Lethal Drug Types, Alone or in Combination



Source: Office of the Chief Coroner of Ontario, compilation and analysis by Toronto Public Health  
 \*Note: Data from 2015 is preliminary only and subject to change.

- **December 2016:** Board of Health requested Acting Medical Officer of Health to develop a Toronto Overdose Action Plan
- **January 2017:** Report to BOH with update on plan development + requesting resources for overdose prevention training (approved)
- TPH worked with Overdose Coordinating Committee to develop draft Action Plan to take out for consultation

- Four community consultation sessions held in January and February (160 participants)
  - Downtown, North York, Etobicoke, Scarborough
- Online survey (295 completed)
- Asked for feedback on draft Action Plan + additional suggestions

- Overall, strong support for proposed actions in draft plan + ideas for further action
- Key themes:
  - This is an urgent issue and we need to act now
  - Naloxone needs to be more widely available
  - We need to involve people with lived experience
  - Funding is needed for harm reduction and treatment
  - Police should generally not attend 911 overdose calls
  - More treatment services are needed
  - We need to address social determinants of health
  - Stigma and the legal status of drugs are contributing to overdose

# Toronto Overdose Action Plan: Prevention & Response

- The final Action Plan builds on the work already being done in the community and by governments
- Key focus is on actions at the local level + actions for other governments
- 10 broad strategies with targeted actions

All governments should develop and implement a comprehensive, evidence-based overdose prevention and response plan.



*“This action plan is long overdue. We need to act quickly.”*

Consultation participant.



Services in the community should have an overdose prevention and response plan as part of their emergency first aid protocols, where appropriate.



*“Naloxone should be required as a first aid response.”*

Consultation participant.

Address barriers to calling 911 for medical assistance during an overdose.



*“People don’t want to call for help when police are involved.”*

Consultation participant.

Supervised injection services should be available to provide a safe and hygienic place to inject drugs with onsite medical intervention in case of overdose.



*“Supervised injection services are incredibly important to reduce overdoses.”*

Consultation participant.

Drug checking programs should be available to allow people to test illicit drugs for the presence of toxic contaminants, adulterants or unexpected drugs (e.g. bootleg fentanyl).



*“Uncertainty of dose is a major cause of overdose.”*

Consultation participant.

Substance use treatment options should be available on-demand, and include a range of options to suit individual needs.



*“Different models are important, but so is individual choice.”*

Consultation participant.

# Diacetylmorphine and Hydromorphone as Treatment

- Opioid substitution treatment (OST) is the most effective treatment for opioid dependence
- Diacetylmorphine and hydromorphone are effective for people for whom methadone or Suboxone do not work
- Physicians apply to *Special Access Program* to deliver this medically supervised program
- TPH is exploring feasibility of delivering this OST option

Governments should identify and prevent potential adverse health consequences such as overdose before changing access to pharmaceutical drugs.

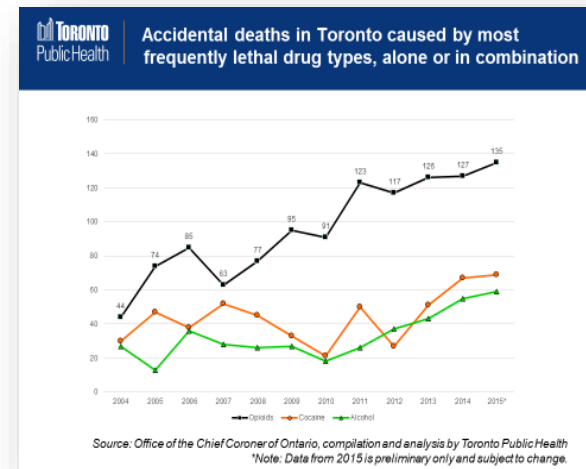


*“This crisis has been caused by short-sighted measures that restricted access to pharmaceutical opioids, leading people...to rely on the black market.”*

Consultation participant.

# #8 Information About Overdose Incidents

All governments should have “real-time” overdose surveillance and monitoring systems in place.



*“Care should be taken...to ensure confidentiality and human rights are preserved, especially around privacy issues.”*

Consultation participant.



## Toronto Overdose Information System

Toronto Public Health is collaborating with the Toronto Overdose Early Warning and Alert Partnership to provide timely information on overdose activity, with a current focus on opioids. Additional data and indicators may be added to this site as they become available.

Health service utilization

Deaths

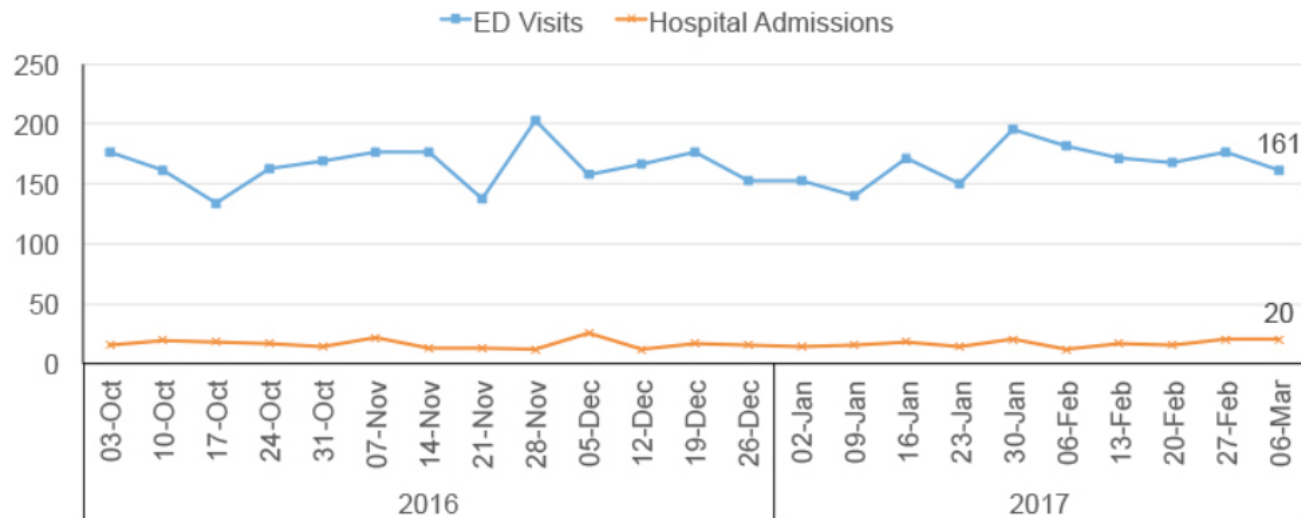
Harm reduction

Bulletins

Data Notes

Emergency department visits and hospital admissions for complications of substance use in Toronto hospitals fluctuated from October 2016 through early March 2017 but no upward or downward trend is indicated. *Note that this data source includes visits related to intoxication, addiction, overdose or withdrawal, and it is not limited to opioids. Some Toronto hospitals are also excluded from these data, including CAMH and Sunnybrook. Please see the Data Notes tab for more information on this indicator.*

**Number of substance-related emergency department visits and hospital admissions by week, Toronto hospitals, October 3, 2016 to March 12, 2017**



Source: Acute Care Enhanced Surveillance System. ED and AD Line Listings. October 3, 2016 to March 12, 2017. Extracted March 2017.

All governments should address systemic factors that can lead to overdose and other health harms related to substance use.



*“The state of housing right now is terrible and affects individuals in many aspects of their lives.”*

Consultation participant.

# #10 A Public Health Approach to Drug Policy

Community dialogue is needed to determine what a public health approach to drug policy in Canada would look like.



*“Efforts to address stigma against people who use drugs will likely prove limited in the context of criminalization.”*

Consultation participant.

**Thank you**