



REPORT FOR ACTION

Toronto Overdose Action Plan: Status Report 2018

Date: June 4, 2018

To: Board of Health

From: Medical Officer of Health

Wards: All

SUMMARY

Toronto continues to be in the midst of an opioid poisoning emergency. Rates of fatal opioid poisoning and emergency room visits related to opioid poisoning are increasing. Fentanyl is prevalent in illicit opioid markets, and has replaced heroin/morphine as the most commonly present opioid in accidental overdose deaths in Toronto.

In March 2017, the Board of Health endorsed the *Toronto Overdose Action Plan*, which provides a comprehensive set of actions to prevent and respond to overdoses, targeted to all levels of government. Over the last year, the Medical Officer of Health and Toronto Public Health staff have worked with other City divisions, and community and institutional partners to implement the Action Plan recommendations. This staff report provides a summary of actions taken over the last year. The report also highlights ongoing efforts, including community dialogues on a public health approach to drug policy in Canada.

While considerable work has been done, the situation remains urgent, and more must be done. Toronto Public Health remains committed to working with our partners to scale up our response to this public health crisis in our community, and enable service providers to implement actions as recommended in the Action Plan.

RECOMMENDATIONS

The Medical Officer of Health recommends that:

1. The Board of Health reinforce with provincial and federal governments the urgency of the opioid poisoning emergency, and the critical need to scale up actions in response.
2. The Board of Health urge the Ministry of Health and Long-Term Care to extend approval of the maximum term for overdose prevention sites from the current six months to a 12-month period.
3. The Board of Health urge the Ministry of Health and Long-Term Care to support urgent implementation of managed opioid programs (i.e. pharmaceutical

heroin/diacetylmorphine and/or hydromorphone), including low barrier options, across Ontario.

FINANCIAL IMPACT

There is no financial impact associated with this report.

DECISION HISTORY

There have been a number of updates on the *Toronto Overdose Action Plan* since its endorsement by the Board of Health in March 2017, including:

On January 22, 2018, the Board of Health approved additional measures to respond to the overdose crisis, including supporting implementation of overdose prevention sites. <http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2018.HL24.4>

On October 10, 2017, City Council approved additional urgent measures to respond to the overdose crisis, including those approved by the Board of Health at its September 25, 2017 meeting. <http://app.toronto.ca/tmmis/decisionBodyProfile.do?function=doPrepare&decisionBodyId=961#Meeting-2017.CC32>

COMMENTS

Drug overdoses in Ontario and Toronto

In 2017, there were 1,261 opioid overdose deaths in Ontario¹, up from the 867 deaths in 2016, and representing a 45% increase. In Ontario, fentanyl or fentanyl analogues were detected in 66% of opioid overdose deaths from May to July and 75% of deaths from August to October. In addition, emergency room visits related to opioid overdoses in Ontario increased from 4,453 in 2016 to 7,658 in 2017, an increase of 72%. In Coroner's data for opioid overdose deaths in Ontario from May to October 2017, non-pharmaceutical opioids were a cause in about three quarters (73%) of deaths.²

Data from Toronto Paramedic Services (TPaS) show similar trends for Toronto³. Between August 7, 2017 and May 13, 2018 (approximately nine months), TPaS attended 2,186 non-fatal and 139 fatal suspected opioid overdose calls. In the past six months (from November 13, 2017 to May 13, 2018), Toronto emergency departments saw 8,101 visits for substance-related issues, including 1,533 visits for suspected overdoses.

The number of opioid poisoning deaths has increased steadily in Toronto. In 2017, there were 303 opioid overdose deaths. This represents a 63% increase in the number of people who died, compared to 2016 and a 121% increase compared to 2015. In 2017, one in four opioid overdose deaths in Ontario occurred within Toronto.

Summary of key actions to implement the Toronto Overdose Action Plan

Overall response by government:

Over the last year, all orders of government have taken action to save lives, and details related to specific initiatives are outlined in this report. New funding has been targeted to overdose prevention and response measures. The federal government's 2017 budget included \$100 million over five years, and \$22.7 million in ongoing funding for Canadian Drugs and Substances Strategy initiatives and responses to the opioid poisoning crisis. In 2016, the provincial government announced \$222 million over three years for opioid poisoning initiatives. Some of this funding is flowing through Local Health Integration Networks (LHINs). Further, as part of Ontario's 2018 budget, the Province committed \$2.1 billion for mental health and addictions. Toronto Public Health (TPH) also increased funding for overdose prevention in 2017, and details are discussed later in this report.

In October 2017, the provincial Minister of Health and Long-Term Care (MOHLTC) established an Opioid Emergency Task Force, including Toronto's Medical Officer of Health (MOH), diverse service providers, and people with lived experience, to advise and inform government responses. The MOHLTC also activated the Ministry Emergency Operations Centre to provide operational coordination during the opioid poisoning emergency. Several LHINs are, or have, developed opioid strategies. The federal government also released a Public Health Emergency Response statement.

In Toronto, Mayor John Tory worked with the Federation of Canadian Municipalities Big City Mayors' Caucus to drive advocacy efforts at a national level, supported by City staff, including staff from TPH. The Chairs of the BOH and the Toronto Drug Strategy Implementation Panel have been strong advocates on the overdose emergency. The MOH and TPH staff have worked with other City divisions, and community and institutional partners to implement the Toronto Overdose Action Plan. Toronto Public Health staff have also promoted action and advocacy through national, provincial and local committees.

Indigenous Overdose Prevention & Response Strategy:

The Toronto Overdose Action Plan recommended a separate Indigenous-led process to develop an Indigenous Overdose Prevention & Response Strategy (IOPRS) specifically for Indigenous people in Toronto. The Toronto Central LHIN funded an Indigenous facilitator to undertake this work with TPH. Working with an advisory group, a process has been designed to capture the input of Indigenous people who use drugs and the service providers who work with them, through interviews, talking circles and focus groups. The consultation phase of this initiative is underway, and will inform the content of the IOPRS.

Naloxone access and distribution:

Access to naloxone has dramatically increased over the past year. Between January 1, 2017 and April 19, 2018, TPH distributed 7,717 naloxone kits to people who use drugs. The provincial government has made naloxone available free-of-charge from participating pharmacies, including 100 pharmacies in Toronto. The Province is now providing nasal naloxone, and a health card is no longer required. In addition, the Province expanded the range of community agencies that can distribute naloxone to

people who use drugs. Toronto Public Health is rolling out this new provincial program in Toronto, and as of March 2018, a total of 33 agencies were enrolled, with more in process. In the first five months of the program, 6,883 kits were distributed to agencies for their clients. The City's Shelter, Support & Housing Administration (SSHA) division applied to have two of their directly-operated shelters participate in this expanded program, and promoted it to their funded agencies.

In January 2018, the MOHLTC announced it would also provide naloxone to fire and police services. Toronto Fire Services has been carrying naloxone since fall 2017, and in February 2018, the Toronto Police Service announced select personnel will carry it.

Some treatment services are distributing naloxone to their clients, and some hospitals have begun distribution of naloxone through emergency departments. The Province has agreed to provide naloxone to hospitals, and charged local public health units with managing this distribution. Toronto Public Health is in the process of training staff at eligible hospitals, and working with them to develop policies and procedures for naloxone distribution. The provincial Ministry of Community Safety & Correctional Services provides everyone leaving an Ontario prison with a wallet card with information on overdose risks, the *Good Samaritan Drug Overdose Act*, and how to get a free naloxone kit. Naloxone is offered to anyone being discharged from a provincial prison who may be at risk of overdose. Naloxone is also available for staff use in all provincial correctional facilities, and training for probation and parole staff is underway.

A key gap in this area is funding for naloxone kits for community service providers to use should one of their clients overdose. More agencies can distribute naloxone to their clients now, but they do not have it available for their own use. Many community services have had people overdose in their agencies and want to have naloxone available onsite for staff to use. Toronto Public Health continues to advocate with the MOHLTC for the provision of naloxone in community agency first aid kits.

Overdose prevention and response training and support:

Toronto Public Health developed and has delivered overdose recognition, prevention and response training, and since June 2017, has trained over 1,886 staff from a variety of City divisions and community agencies. Toronto Public Health has also helped organizations develop overdose protocols, and promoted use of an Organizational Opioid Overdose Risk Assessment tool.

Other City divisions have also taken action to train staff on overdose prevention and response, and some have naloxone onsite at their service locations, including:

- All Toronto Public Library (TPL) branches and locations have emergency overdose kits onsite, including naloxone. A majority of TPL employees have completed overdose awareness training, and many have completed naloxone training, and this training is continuing.
- Parks, Forestry & Recreation (PF&R) customized TPH's overdose prevention training curriculum to meet staff requirements, and continue to deliver this training. To date, 195 staff have been trained, and more training is planned for 2018. PF&R has also equipped Parks Ambassadors, who frequently interact with vulnerable and street-involved people, with naloxone and training.

- Toronto Employment & Social Services (TESS) is working with TPH to train onsite security staff about overdose prevention and response, including naloxone administration. All TESS staff will be made aware that security staff are trained and have naloxone available to administer in case of an overdose.
- Staff in SSHA developed an overdose policy and procedure for all directly-operated shelters and winter respite services, and adapted it into a template to share with community shelters and winter respite sites. They also implemented an initiative providing naloxone in emergency kits at shelters and drop-ins (30 sites in total). Prior to receiving the kits, each agency completed a declaration confirming that staff received overdose training from TPH, and that naloxone policies and procedures were in place at the site.
- Staff in SSHA also developed an implementation plan for shelter services focused on supporting agencies to access overdose and harm reduction training and resources. They also collaborated with TPH to train over 180 City shelter staff (frontline and shift supervisors) in overdose prevention and response. And, they promoted training opportunities and overdose policy and procedure templates to community shelters, drop-in services and other agencies.
- Staff in SSHA also released a survey for all directly-operated and funded shelter, drop-in and winter respite services to identify challenges accessing naloxone, overdose training and resources, to inform further action.
- The SPIDER team in Social Development, Finance & Administration promoted the TPH overdose prevention and response training widely across the city. They also collaborated with TPH to hold a public dialogue about the overdose crisis.

In May 2018, the Medical Officer of Health (MOH) wrote to organizations that deliver first aid training in Toronto encouraging them to add overdose recognition and response training, including naloxone administration, to their first aid training, if they have not already done so. Many employees are required to take first aid training, which provides a useful access point to deliver this life-saving training.

Harm reduction services and outreach:

Harm reduction services, including outreach to people who use drugs, are critical to saving lives. Toronto Public Health prioritized funding for peer-based overdose prevention initiatives under the Toronto Urban Health Fund. In 2017, \$796,536 was allocated to 13 harm projects to implement harm reduction services and train 55 peer workers in overdose prevention. Two overdose prevention train-the-trainer sessions were conducted with 39 peer workers completing the training. Further, in fall 2017, TPH allocated an additional \$150,000 in one-time funding to expand peer outreach through the five community health agencies already distributing naloxone in Toronto.

Over the last year, TPH expanded their street and mobile outreach services at The Works, targeting areas where overdoses have been occurring most frequently. Currently, there are 45 agencies across Toronto under contract with TPH to provide harm reduction supplies and safer drug use education. The MOH has sent letters to the Executive Directors and Chairs of the Boards of Directors of the agencies that currently distribute harm reduction supplies emphasizing the urgency of responding to the overdose crisis, strategies for enhancing services, and outlining how TPH can support them in expanding their response.

While new investments in harm reduction services have been helpful in the response to the overdose crisis, there is still limited core funding for these services. Toronto Public Health continues to advocate for core funding to harm reduction services to support existing and expanded service delivery to people who use drugs.

In May 2017, SSHA released its *Harm Reduction Framework*. As part of the roll out of this framework, harm reduction has been incorporated into a mandatory module for all new SSHA staff. They also worked with TPH to develop an online module about harm reduction with a specific focus on overdose and naloxone administration for the Toronto Hostel Training Centre's communicable disease course, which is mandatory for all shelter staff. A harm reduction section was also included in SSHA's Home for Good funding applications that requires agencies to outline harm reduction approaches in their services.

Grief and trauma support:

A critical issue is the well-being of people who are impacted by responding to overdoses (often multiple times), and by the grief and trauma caused by the death of loved ones and community members. In 2017, the Toronto-Central LHIN provided one-time funding to the AIDS Bereavement & Resiliency Program of Ontario for a pilot project to develop and deliver trauma and grief supports for people affected by fatal and non-fatal overdoses. There is an ongoing and growing need for this type of support, and TPH continues to advocate for funding for these services.

Good Samaritan Drug Overdose Act:

Some people are afraid to call 911 for medical assistance when an overdose happens because they fear arrest if police attend the call. In response to this issue, the federal government passed the *Good Samaritan Drug Overdose Act* in 2017. This legislation protects people from arrest of certain drug possession charges at an overdose scene. The federal government has been promoting information about the new Act with posters and online information, and recently produced a wallet card. The Canadian HIV/AIDS Legal Network also worked with community partners to develop a wallet card for people who use drugs. The card provides information about the offences that the law does and does not cover. Toronto Police Service officers have been trained on this new law.

Supervised injection services:

Supervised injection services (SIS) are a critical part of the continuum of health services needed for people who use drugs. Over the last few years, the federal government has made the SIS application process easier although it is still a lengthy process. The provincial MOHLTC launched a SIS funding program in fall 2017 to support implementation of SISs across the province, including in Toronto.

Toronto Public Health opened an interim SIS at The Works in August 2017 in response to a surge in overdoses occurring at that time. The permanent SIS opened on November 8, 2017, and operates Monday to Saturday (10am-10pm). Plans are underway to expand services to Sunday. Between August 21, 2017 and April 14, 2018, there were 8,189 client visits. There with 123 visits where an overdose occurred, including 34 visits where the client required naloxone.

Three additional SISs have opened in the last year, including:

- South Riverdale Community Health Centre on November 27, 2017;
- Fred Victor Centre on February 21, 2018; and,
- Parkdale-Queen West Community Health Centre SIS on March 16, 2018.

Overdose prevention sites:

In the present overdose emergency, less formal, urgent approaches are needed and overdose prevention sites (OPSs) can help fill this role. These services are intended as a short-term, emergency response, and can be opened more quickly than a SIS. These services have been operating for some time in B.C. and Alberta.

In August 2017, the Toronto Overdose Prevention Society opened an OPS in Moss Park in response to rising overdoses in that neighbourhood. On November 15th, 2017, the federal Minister of Health announced plans to make it easier for provinces to implement OPSs. On December 7th, the provincial Minister of Health and Long-Term Care announced that he had requested and was granted a federal class exemption to allow OPSs to operate in Ontario for three or six month periods. In January 2018, the MOHLTC launched an OPS program. Given the ongoing nature of this crisis, it is likely that services will be needed over a longer term. It is therefore recommended that the Board of Health urge the MOHLTC to allow OPSs to operate for a 12-month period.

To support the scaling up of our collective response, TPH staff have been delivering presentations across the city highlighting data on where overdoses are frequently occurring, and promoting strategies for how agencies can enhance their responses to the crisis. Toronto Public Health staff have also supported agencies contemplating operating an OPS, including help with the application process. Further, TPH staff have partnered with SSHA staff to facilitate conversations with shelter and housing providers about implementing or enhancing harm reduction services, including OPSs.

Several community organizations in Toronto have applied to operate an OPS. Overdose prevention sites have opened at St. Stephen's Community House and the Regent Park Community Health Centre. The OPS operated by the Toronto Overdose Prevention Society in Moss Park has received provincial approval and funding, and will be moving to an indoor location in the neighbourhood soon. Street Health has also received approval to operate an OPS, and will be opening in the near future. A fifth OPS has been approved for Toronto, and more details on this location are expected soon.

Drug checking services:

Toronto Public Health staff are working with the Centre for Drug Policy Evaluation, Toronto SISs and hospital laboratories on a drug checking project for Toronto. The project will allow people using SISs to test samples of illicit drugs so that they can make informed choices about their drug use based on the results. Funding for this project has been secured from the federal Substance Use & Addiction Program, which has enabled the project to get underway. The group is also seeking research funding for this project.

Health Canada has amended their policies to support drug checking projects applying for exemptions under the *Controlled Drugs and Substances Act*. A federal exemption is needed to protect staff and clients from drug possession offences. As the Toronto drug checking project will operate at existing SISs, an amendment to their existing federal exemption is all that is required.

The MOHLTC is providing fentanyl test strips to all SISs and OPSs operating in Ontario so that drugs may be checked for fentanyl. There have been some issues with the testing process for these strips that have now been resolved, and use of the test strips will begin soon.

Health Canada's Drug Analysis Service, which analyzes seized drug samples for law enforcement agencies, began publishing quarterly results of the substances most frequently found in drug samples. Information for 2016 and 2017 is posted online, nationally and by provinces/territories.

Substance use treatment:

Access to on-demand treatment was a key recommendation in the Toronto Overdose Action Plan, and new investments have been made in treatment over the last year. The federal government has allocated \$5 billion over 10 years to provinces and territories for mental health and addictions, and while details are not yet available, it is expected that some of this funding will go to treatment. The provincial MOHLTC has allocated new resources for substance use treatment, and chronic pain. The new funding has resulted in six Rapid Access to Addiction Medicine (RAAM) clinics in Toronto, which can quickly start someone on opioid agonist therapy (OAT), and link them with a physician for ongoing support. The TC-LHIN is funding an additional Nurse Practitioner and seven new Registered Nurses to support the five hospital-affiliated withdrawal management services in Toronto. In addition, permanent provincial funding has been secured for a much needed program for lesbian, gay, bisexual, transgender, two-spirit and queer (LGBTQT) youth at Breakaway Addiction Services.

Staff at TPH are working with community and health stakeholders on strategies to support faster implementation of new therapies to substitute toxic illicit opioids with safer, pharmaceutical opioids. In fall 2017, TPH staff worked with the Centre for Addiction & Mental Health and others to deliver a webinar on supervised injectable OAT. In April 2018, TPH hosted a stakeholder meeting on managed opioid programs (MOPs), which provide diacetylmorphine (pharmaceutical heroin) and/or hydromorphone to people who are regular opioid users. The group identified a number of barriers to the implementation of MOPs in Toronto, and discussed next steps.

Toronto Public Health is exploring the potential to expand their existing methadone and Suboxone™ program to include prescription hydromorphone. This involves learning from the experience of MOPs operating in Vancouver and Ottawa. In addition, TPH is part of a group of researchers and service providers that have applied for funding for a research study to look at the preferences of people who use drugs with regards to managed opioid programs.

The federal government has also made a regulatory change so that prescribers no longer need an exemption under the *Controlled Drugs and Substances Act* to prescribe methadone. They have also reduced barriers to prescribing diacetylmorphine (pharmaceutical heroin) by allowing programs outside of hospitals, and allowing Nurse Practitioners to prescribe. However, there are other regulatory barriers that prevent access to this treatment in Canada, including strict importation and program delivery requirements.

The Canadian Research Initiative in Substance Misuse produced a national clinical practice guideline⁴ for opioid use disorder that may reduce barriers to traditional OAT (i.e. methadone, Suboxone™). The guidelines include an urgent call for action at multiple levels to reduce barriers to diacetylmorphine and/or hydromorphone treatment. There are barriers offering this treatment in Toronto, including funding. It is therefore recommended that the BOH urge the MOHLTC to support urgent implementation of managed opioid programs (i.e. pharmaceutical heroin/diacetylmorphine and/or hydromorphone), including low barrier options, across Ontario.

Monitoring overdose information:

Toronto Public Health has dedicated resources to monitoring information about opioid poisonings, and reporting out to the community. The Toronto Overdose Information System is an online tool that includes data on TPaS overdose calls, hospital emergency room visits, opioid overdose deaths, and visits to the TPH SIS at The Works. In March and April 2018, TPH released more detailed information about where overdoses are happening across the city, including at a neighbourhood level and by major intersections. A map of TPaS calls by city area will be posted monthly.

Real-time monitoring related to drugs and drug poisonings continues to be challenging because of how and when information is collected. People who use drugs and harm reduction service providers continue to share information informally through their networks. The TPH/community collaborative ReportBadDrugsTO.ca website has been revised to allow people to anonymously report overdoses, and this information is provided back to the community. Toronto Public Health also continues to collaborate with community partners to send out drug alert notices, as appropriate.

Public awareness and education:

Information about overdose prevention and response is needed for many audiences. While TPH is not aware of any overdose incidents in secondary schools, there has been concern about potential overdoses among youth. In fall 2017, the MOH sent information to all school boards in Toronto about what they could do to help prevent and respond to potential overdoses, and provided information to share with parents and caregivers. The MOH also sent similar information to all college and university registrars in Toronto with information to send out to students. Local school boards and post-secondary institutions haven't taken action. For example, George Brown College is developing a protocol that will allow trained staff to administer naloxone. In February 2018, the Toronto District School Board announced that all secondary schools will have naloxone onsite, and staff will be trained in overdose prevention and response.

Provincial and federal governments have produced public education materials, including posters, to inform people about overdose risks. The federal government has also provided online information about the role of stigma in substance use and overdose. Toronto Public Health is expanding public education and launched an anti-stigma campaign on May 19, 2018 as a part of our ongoing overdose prevention and response efforts. The anti-stigma campaign aims to help start conversations about substance use. This campaign focuses on showing people how they can reduce the stigma and discrimination associated with drug use by changing our language to support people in a compassionate and respectful way, which is critical to saving lives. The creative

material from the anti-stigma campaign was adapted with permission from British Columbia's Stop Overdose B.C. campaign launched by the B.C. Ministry of Mental Health and Addictions earlier this year. The anti-stigma campaign will appear online, in TTC bus shelters, stations and subway cars, in Toronto Public Libraries and recreation centres until June 17, 2018.

Public health approach to drug policy:

The Toronto Overdose Action Plan recommended that TPH undertake a community dialogue on what a public health approach to drug policy should look like for Canada. This action came in response to a strong theme raised in the community consultations for the Toronto Overdose Action Plan calling for decriminalization or even legal regulation of drugs as part of the solution to the overdose crisis. Staff at TPH have worked with a diverse steering committee on this initiative, including development of a discussion paper and accompanying fact sheets. Toronto Public Health launched this community dialogue on May 9, 2018. A dedicated website provides information on how the public can get involved, including participating in one of two community sessions, and an online survey. Staff will report to the BOH on this issue, including the results of the community dialogue, in the summer.

Continuing efforts:

The past year has seen significant action and mobilization to prevent and respond to the opioid poisoning emergency that is affecting Toronto and other communities across Canada. The actions result from a willingness to work together and a strong commitment to respond to this public health crisis. While it is important to recognize the efforts and action taken to date, the situation remains urgent, and more must be done. Toronto Public Health remains committed to working with our partners to save lives and improve the health and well-being of people who use drugs.

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SIGNATURE

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