June 12, 2018

Councillor Joe Mihevc, Chair
City of Toronto Board of Health
10th floor, West Tower, City Hall
100 Queen Street West
Toronto, ON M5H 2N2

Dear Councillor Mihevc,

Parkdale Queen West Community Health Centre (Parkdale Queen West CHC) is a community-based health service organization serving south-west Toronto. We offer a broad range of services, including primary health care, dental care, harm reduction, health promotion, counselling, and community development programming. We provide services at three main clinic locations, as well as within the community.

Our harm reduction outreach programs connect with clients in a range of settings, including private residential settings, supportive housing units, and public housing. This outreach is critical in reaching individuals who are socially isolated, or who might not otherwise seek out our services due to various barriers. This outreach includes provision of harm reduction and safer drug use supplies (sterile syringe kits, pipes), safer sex supplies, and is a crucial means of connecting clients with other health services. In certain settings, we conduct nursing outreach to provide medical attention on the spot (for example, wound care or HIV testing). We also provide training and education on safe needle disposal to building staff where we provide outreach services (i.e. security guards, custodial staff) to minimize the risk of occupational exposure.

In the context of the ongoing opioid overdose crisis, we have scaled up our efforts to provide overdose prevention and education, and train individuals in the identification and reversal of opioid overdose, including how to administer naloxone. Given that the overwhelming majority of overdose incidents and overdose deaths occur in residential settings (Source: Toronto Overdose Information System, Toronto Public Health) we have developed overdose prevention initiatives targeting residential settings.

We know many overdoses are occurring in Toronto Community Housing Corporation (TCHC) buildings. This is reflected in the EMS heat maps which indicate a concentration of overdose incidents in neighborhoods where there are multiple TCHC buildings. This is also echoed significantly by our clients who live in TCHC buildings, who have impressed on us the importance of intensifying our overdose prevention and outreach efforts in TCHC buildings.
Unfortunately we have encountered serious obstacles in gaining access to TCHC buildings. These obstacles range in nature, including building managers that are not supportive of harm reduction efforts, or a lack of collaboration from TCHC staff in allowing outreach workers to enter the building or in facilitating access to space to conduct outreach activities or connect with clients. While we have at times managed to conduct outreach activities in a few TCHC buildings, these have been piecemeal and over-reliant on individualized connections with specific employees or building workers - connections which are either not sustainable longer term or do not provide access to the buildings with enough regularity.

Our hope is that the Board of Health can support our efforts in gaining access to TCHC buildings and enabling TCHC to become a partner and collaborator in response to the opioid crisis impacting its residence. This would make it possible for us to offer the harm reduction outreach and overdose prevention services we are mandated to provide in all the places in our communities where there is a need. The ongoing opioid overdose crisis and the extent this crisis has impacted those living in poverty, including TCHC residents, add considerable urgency to this issue. It is worth noting that it is also critical that these services be provided by an agency external to TCHC to ensure the confidentiality of resident’s tenancy is not adversely impacted by them accessing drug use supports.

Our needs can be summarized as follows:
- Consistent access to space within TCHC buildings within our catchment (for instance a vacant unit when available, or a recreation or program room);
- Access to space that affords a level of privacy for residents accessing services;
- Access in the evenings as this is a critical time in reaching our client-base;
- Collaboration with building management (for example, permission to place posters in public areas to promote services);
- An identified contact within TCHC leadership to whom we can address concerns regarding access and who can play a liaison role with building management when required.

We believe that Parkdale Queen West CHC and similar organizations with an established history and expertise in harm reduction can contribute essential and life-saving services to the continuum of services currently present in TCHC buildings.

We would like to thank the Board of Health for addressing these concerns.

Regards,

Angela Robertson
Executive Director