



Saving Lives With A Public Health Approach to Drug Policy

Presentation to the Toronto Board of Health

July 16, 2018



Good afternoon. My name is Lynn Anne Mulrooney. I am a registered nurse and Senior Policy Analyst at the Registered Nurses' Association of Ontario, or as it often known: RNAO.

Thank you for the opportunity once again to present RNAO's recommendations on saving lives with a public health approach to drug policy. RNAO had the privilege of coming before you five years ago to speak of the need for supervised injection services (SIS) as an evidence-based policy to prevent needless deaths and improve health outcomes. At that time, we highlighted that substance use and addiction are not a result of a person's weakness, character flaw, or matter of choice. We shared the evolving science that shows us the complex factors that affect substance use. These include genetics, physical and mental illness, poverty, homelessness, historical and current experiences of trauma – can make people vulnerable to becoming addicted to any number of substances and behaviours.

RNAO's support for the city of Toronto in its implementation of SIS has only grown stronger as the overdose crisis has deepened. RNAO was among the many family members, people with lived experience, coalitions and health organizations that came before you several times in 2016 urging swift implementation of SIS across the city. When the Toronto City Council approved the Board of Health's recommendation to provide SIS at three locations, RNAO was asked to develop a best practice guideline, given our vast expertise on evidence-based guidelines' development. We responded immediately by launching a guideline on SIS. Co-chaired by Dr. David McKeown, Toronto's former medical officer of health, and Marjory Ditmars, an RN at Insite, North American's first legal SIS in Vancouver. Titled *Implementing Supervised Injection Services*, the guideline was released in February 2018 and is available for download without charge on our website. Informed by the evidence of SIS effectiveness, nurses and others have worked tirelessly to save lives by reversing overdoses at community health centres, public health units, and when necessary even in tents.

Despite the dedication and efforts of many health professionals, peer workers, and community volunteers, the death toll from the opioid poisoning crisis continues to rise. When we first came to present to you in 2013, there were 104 people who died that year in Toronto. In 2016, the death toll for opioid-related deaths was 186 people. There were 303 opioid-related deaths in 2017-- most of them preventable. That is a shocking 63 per cent increase in one year, from 2016 to 2017, of the number of Torontonians who have tragically died from opioid poisoning.

The status quo is clearly not working. While pragmatic harm reduction approaches such as SIS are a help, we need to scale these up at the same time as providing prevention and treatment services. We also need a public health approach to drug policy that includes decriminalizing the possession of all drugs for personal use as recommended by Toronto's Medical Officer of Health. The evidence presented in her report clearly demonstrates that criminalizing drugs is causing serious health and social harms. Making criminals of drug users increases their risk of death by forcing them into unsafe drug practices and spaces to avoid detection. It increases stigma and decreases access to health services for those seeking assistance. These harms are disproportionately impacting people who are already marginalized, including people who are living with low-income, experiencing homelessness, people with mental health and substance use issues, Indigenous people, people from racialized groups, women, and youth. We all share the responsibility and consequences of further marginalizing extremely vulnerable groups.

In addition to supporting Dr. de Villa's recommendation on decriminalization, RNAO also supports the second recommendation to explore options for the legal regulation of all drugs in Canada based on a public health approach. Decriminalization does not address the current problem of people dying from a poisoned drug supply. Illegal drugs cannot be regulated but legal ones can. As with other drugs such as tobacco, alcohol, and cannabis, RNAO supports legalization with strict government control and regulation based on potential for harm.

Your leadership as members of the Board of Health and as city councillors is crucial. In memory of those who have already died and for the sake of the many who will die if we don't act, RNAO urges you to pass these recommendations.

Thank you for the opportunity to share RNAO's perspective on this vital issue.



Registered Nurses' Association of Ontario
L'Association des infirmières et infirmiers
autorisés de l'Ontario

Councillor Joe Mihevc, Chair
Board of Health
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Sent by email: boh@toronto.ca

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Re: HL28.2 A Public Health Approach to Drug Policy

Dear Councillor Mihevc and members of the Board of Health,

The Registered Nurses' Association of Ontario (RNAO) commends Toronto Public Health and its leadership for its ongoing work to address the opioid poisoning crisis in Toronto. Despite the dedication and efforts of many health professionals, peer workers, and community volunteers, the death toll in Toronto continues to rise. In 2017, there were 303 opioid overdose deaths in Toronto – most of them preventable. That's a 63 per cent increase in the number of Torontonians who died compared to 2016, and a 121 per cent increase compared to 2015.¹ There were even more Torontonians who were treated for suspected overdoses in emergency departments. Between October 2, 2017 and July 1, 2018, there were 2,386 suspected overdose cases and 12,582 substance-related visits to hospitals across the city.²

The status quo is clearly not working. In order to address this public health emergency, RNAO supports the recommendations of Dr. Eileen de Villa, the Medical Officer of Health that:

1. The Board of Health call on the federal government to decriminalize the possession of all drugs for personal use, and scale up prevention, harm reduction, and treatment services.
2. The Board of Health call on the federal government to convene a task force, comprised of people who use drugs and policy, research, and program experts in the areas of public health, human rights, substance use, mental health, and criminal justice, to explore options for the legal regulation of all drugs in Canada, based on a public health approach.³

The evidence clearly demonstrates that criminalizing drug use is causing serious health and social harms.⁴ Making criminals of drug users increases their risk of death by forcing them into unsafe drug practices and spaces to avoid detection and decreases access to services for those seeking assistance. These harms are disproportionately impacting people who are already marginalized, including people who are living with low-income, experiencing homelessness,

people with mental health and substance use issues, Indigenous people, people from racialized groups, women, and youth.⁵ We all share the responsibility and consequences of further marginalizing extremely vulnerable groups.

While decriminalization may be a crucial first step, the danger will remain of unregulated drugs killing people due to contamination and unknown potency. As with other drugs such as tobacco, alcohol, and cannabis, RNAO supports legalization with strict government control and regulation based on potential for harm.

Opioid poisoning took the lives of at least 3,987 Canadians⁶ and 1,261 Ontarians⁷ in 2017 according to the preliminary data that is available—most of these deaths could have been prevented. Your leadership in taking a public health approach to drug policy is critical in saving lives not only in Toronto but also across our province and country.

With warmest regards,



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References:

¹ Toronto Public Health (2018). *Toronto Overdose Action Plan: Status Report 2018*. Report from the Medical Officer of Health to the Board of Health, June 4, 2018, 2. Accessed July 13, 2018:

<https://www.toronto.ca/legdocs/mmis/2018/hl/bgrd/backgroundfile-116008.pdf>

² Toronto Public Health (2018). Toronto Overdose Information System. Accessed July 13, 2018:

<https://www.toronto.ca/community-people/health-wellness-care/health-inspections-monitoring/toronto-overdose-information-system/>

³ Toronto Public Health (2018). *A Public Health Approach to Drug Policy*. Report from the Medical Officer of Health to the Board of Health, June 28, 2018. 1-2, Accessed July 13, 2018:

<https://www.toronto.ca/legdocs/mmis/2018/hl/bgrd/backgroundfile-118060.pdf>

⁴ Csete, J., Kamarulzaman, A. et al. (2016). Public health and international drug policy. *Lancet*. 387 (10026), 1427-1480.

⁵ Toronto Public Health, *A Public Health Approach to Drug Policy*, 3.

⁶ Special Advisory Committee on the Epidemic of Opioid Overdoses (2018). *National report: Apparent opioid-related deaths in Canada*. Ottawa: Public Health Agency of Canada, June 2018.

<https://www.canada.ca/en/public-health/services/publications/healthy-living/national-report-apparent-opioid-related-deaths-released-june-2018.html>

⁷ Toronto Public Health, *Toronto Overdose Action Plan: Status Report 2018*, 2.