

HL3.04 Attachment 2

Attachment 2: Revised Toronto Drug Strategy Implementation Panel, Terms of Reference

Background:

City Council adopted the Toronto Drug Strategy (TDS) in December 2005. The TDS provides a comprehensive approach to alcohol and other drugs based on four components: prevention, harm reduction, treatment and enforcement. A key recommendation of the TDS is the establishment of an intersectoral committee to oversee and guide implementation of the strategy to ensure a more comprehensive and effective response to the issues associated with substance use in Toronto.

In March 2017, the Board of Health approved the *Toronto Overdose Action Plan*, which provides a comprehensive action plan to address the overdose crisis in Toronto.

Mandate:

The mandate of the TDS Implementation Panel is to provide oversight and strategic advice to the implementation of recommendations in the *Toronto Drug Strategy* and the *Toronto Overdose Action Plan*. The priority focus will be on implementation of the *Toronto Overdose Action Plan* during the overdose crisis. Specific activities include the following:

- a. Confirm the implementation priorities.
- b. Foster intersectoral relationships, collaboration and decision-making.
- c. Contribute agency and/or network resources, as possible, toward implementation of the recommendations (e.g., communications support, promotional support, staff time, funding).
- d. Advocate for action on recommendations, as approved by City Council or the Board of Health.
- e. Monitor and develop co-ordinated and comprehensive responses to new and emerging issues.
- f. Report to the Board of Health on new and emerging areas for advocacy or action, and on progress of implementation.

Task-specific and time-limited working groups will be struck to work on implementation of specific recommendations, and will report to the TDS Implementation Panel.

Membership:

The TDS Implementation Panel will be comprised of senior representatives from the four components of prevention, treatment, harm reduction and enforcement, and a Councillor from the Board of Health. Membership will also include a minimum of two (2) representatives that identify as current or former substance users and a minimum of one (1) youth representative. There is no maximum number of members. Members who are representing organizations, coalitions or networks are expected to liaise between the Panel and their respective organization or group. A City Councillor from the Board of Health will chair the meetings. The membership list is attached as Appendix A.

Working Groups:

Working groups will be struck, as required, to implement specific recommendations. Working Group chairpersons may sit as members of the TDS Implementation Panel for the lifespan of the working group.

Frequency of Meetings:

Meetings will be held every two months.

Term:

Members will be appointed for the term corresponding to the Board of Health (four years). Vacant positions will be re-appointed by the Panel within the term.

Staff Support:

Toronto Public Health staff in the Toronto Drug Strategy Secretariat will provide policy and administrative support to the Panel, including preparation of reports to the Board of Health, as required.

Reporting Path:

The Panel will report to the Board of Health.